

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0001F	HEART FAILURE ASSESSED	\$0.00
0001T	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; MODUL	\$0.00
0002F	TOBACCO USE, SMOKING, ASSESSED	\$0.00
0002T	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$0.00
00030	MILEAGE-LESS THAN 100 MILES-PER MILE	\$0.00
00031	MILEAGE-MORE THAN 99 MILES	\$0.00
0003F	TOBACCO USE, NON-SMOKING, ASSESSED	\$0.00
0003T	CERVICOGRAPHY	\$0.00
0004F	TOBACCO USE CESSATION INTERVENTION, COUNSELING	\$0.00
0005F	OSTEOARTHRITIS ASSESSED	\$0.00
0005T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL CEREBROVASCULAR ARTERY STENT(S), PERCUTA	\$0.00
0006F	STATIN THERAPY, PRESCRIBED	\$0.00
0006T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL CEREBROVASCULAR ARTERY STENT(S), PERCUTA	\$0.00
0007F	BETA-BLOCKER THERAPY, PRESCRIBED	\$0.00
0007T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL CEREBROVASCULAR ARTERY STENT(S), PERCUTA	\$0.00
0008F	ACE INHIBITOR THERAPY, PRESCRIBED	\$0.00
0008T	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE	\$0.00
00090	IHS AMBULATORY SURGERY CENTER I	\$0.00
00091	IHS AMBULATORY SURGERY CENTER II	\$0.00
00092	IHS AMBULATORY SURGERY CENTER III	\$0.00
00093	IHS AMBULATORY SURGERY CENTER IV	\$0.00
00094	IHS AMBULATORY SURGERY CENTER V	\$0.00
00095	IHS AMBULATORY SURGERY CENTER VI	\$0.00
00096	IHS AMBULATORY SURGERY CENTER VII	\$0.00
00097	IHS AMBULATORY SURGERY CENTER VIII	\$0.00
00098	IHS AMBULATORY SURGERY CENTER IX	\$0.00
00099	IHS-OUTPATIENT REIMBURSEMENT RATE	\$0.00
0009F	ANGINAL SYMPTOMS AND LEVEL OF ACTIVITY, ASSESSED	\$0.00
0009T	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE	\$0.00
00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	\$22.80
00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	\$22.80

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Procedure code	Description	Medicaid fee 2013
00103	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID (EG, BLEPHAROPLASTY, PTOSIS	\$22.80
00104	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY	\$22.80
0010F	ANGINAL SYMPTOMS AND LEVEL OF ACTIVITY, ASSESSED USING A STANDARDIZED INSTRUMENT	\$0.00
0010T	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON	\$0.00
0011F	ORAL ANTIPLATELET THERAPY; PRESCRIBED (EG, ASPIRIN, CLOPIDOGREL/ PLAVIX, OR COMB	\$0.00
00120	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
00124	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
00126	ANESTHESIA FOR PROCEDURES ON EXTERNAL, MIDDLE, AND INNER EAR INCLUDING BIOPSY;	\$22.80
0012F	COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSESSMENT (INCLUDES ALL OF THE FOLLOWING	\$0.00
0012T	ARTHROSCOPY, KNEE, SURGICAL, IMPLANTATION OF OSTEOCHONDRAL GRAFT(S) FOR TREATMEN	\$0.00
0013T	ARTHROSCOPY, KNEE, SURGICAL, IMPLANTATION OF OSTEOCHONDRAL GRAFT(S) FOR TREATMEN	\$0.00
00140	ANESTHESIA FOR PROCEDURES ON EYE; NOT OTHERWISE SPECIFIED	\$22.80
00142	ANESTHESIA FOR PROCEDURES ON EYE; LENS SURGERY	\$22.80
00144	ANESTHESIA FOR PROCEDURES ON EYE; CORNEAL TRANSPLANT	\$22.80
00145	ANESTHESIA FOR PROCEDURES ON EYE; VITREORETINAL SURGERY	\$22.80
00147	ANESTHESIA FOR PROCEDURES ON EYE; IRIDECTOMY	\$22.80
00148	ANESTHESIA FOR PROCEDURES ON EYE; OPHTHALMOSCOPY	\$22.80
0014F	COMPREHENSIVE PREOPERATIVE ASSESSMENT PERFORMED FOR CATARACT SURGERY WITH INTRAO	\$0.00
0014T	MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL, KNEE (ANY METHOD)	\$0.00
0015F	MELANOMA FOLLOW UP COMPLETED (INCLUDES ASSESSMENT OF ALL OF THE FOLLOWING COMPON	\$0.00
00160	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; NOT OTHERWISE SPECIFIED	\$22.80
00162	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; RADICAL SURGERY	\$22.80
00164	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; BIOPSY, SOFT TISSUE	\$22.80
0016T	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION),	\$0.00
00170	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; NOT OTHERWISE SPECIFIED	\$22.80
00172	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; REPAIR OF CLEFT PALATE	\$22.80
00174	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; EXCISION OF	\$22.80
00176	ANESTHESIA FOR INTRAORAL PROCEDURES, INCLUDING BIOPSY; RADICAL SURGERY	\$22.80
0017T	DESTRUCTION OF MACULAR DRUSEN, PHOTOCOAGULATION	\$0.00
0018T	DELIVERY OF HIGH POWER, FOCAL MAGNETIC PULSES FOR DIRECT STIMULATION TO	\$0.00
00190	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOT OTHERWISE SPECIFIED	\$22.80

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Procedure code	Description	Medicaid fee 2013
00192	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING	\$22.80
0019T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIF	\$0.00
0020T	EXTRACORPOREAL SHOCK WAVE THERAPY; INVOLVING PLANTAR FASCIA	\$0.00
00210	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWISE SPECIFIED	\$22.80
00211	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOTOMY OR CRANIECTOMY FOR EVACUATION	\$22.80
00212	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS	\$22.80
00214	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES, INCLUDING VENTRICULOGRAPHY	\$22.80
00215	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CRANIOPLASTY OR ELEVATION OF DEPRESSED	\$22.80
00216	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROCEDURES	\$22.80
00218	ANESTHESIA FOR INTRACRANIAL PROCEDURES; PROCEDURES IN SITTING POSITION	\$22.80
0021T	INSERTION OF TRANSCERVICAL OR TRANSVAGINAL FETAL OXIMETRY SENSOR	\$0.00
00220	ANESTHESIA FOR INTRACRANIAL PROCEDURES; CEREBROSPINAL FLUID SHUNTING PROCEDURES	\$22.80
00222	ANESTHESIA FOR INTRACRANIAL PROCEDURES; ELECTROCOAGULATION OF INTRACRANIAL NERVE	\$22.80
0023T	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING GENOTYPIC	\$0.00
0024T	NON-SURGICAL SEPTAL REDUCTION THERAPY (EG, ALCOHOL ABLATION), FOR HYPERTROPHIC	\$0.00
0025T	DETERMINATION OF CORNEAL THICKNESS (EG, PACHYMETRY) WITH INTERPRETATION AND	\$0.00
0026T	LIPOPROTEIN, DIRECT MEASUREMENT, INTERMEDIATE DENSITY LIPOPROTEINS (IDL)	\$0.00
0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADHESIONS WITH DIRECT VISUALIZATION USING	\$0.00
0028T	DUAL ENERGY X-RAY ABSORPTIOMETRY (DEXA) BODY COMPOSITION STUDY, ONE OR MORE	\$0.00
0029T	TREATMENT(S) FOR INCONTINENCE, PULSED MAGNETIC NEUROMODULATION, PER DAY	\$0.00
00300	ANESTHESIA FOR ALL PROCEDURES ON THE INTEGUMENTARY SYSTEM, MUSCLES AND NERVES OF	\$22.80
0030T	ANTIPROTHROMBIN (PHOSPHOLIPID COFACTOR) ANTIBODY, EACH IG CLASS	\$0.00
0031T	SPECULOSCOPY;	\$0.00
00320	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	\$22.80
00322	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS, THYROID, LARYNX, TRACHEA AND	\$22.80
00326	ANESTHESIA FOR ALL PROCEDURES ON THE LARYNX AND TRACHEA IN CHILDREN LESS THAN 1	\$22.80
0032T	SPECULOSCOPY; WITH DIRECTED SAMPLING	\$0.00
0033T	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTIC ANEURYSM, PSEUDOANEURYSM OR	\$0.00
0034T	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTIC ANEURYSM, PSEUDOANEURYSM OR	\$0.00
00350	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOT OTHERWISE SPECIFIED	\$22.80
00352	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; SIMPLE LIGATION	\$22.80

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0035T	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$0.00
0036T	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$0.00
0037T	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH	\$0.00
0038T	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTIC ANEURYSM, PSEUDOANEURYSM OR	\$0.00
0039T	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTIC ANEURYSM, PSEUDOANEURYSM OR	\$0.00
00400	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES, ANTERI	\$22.80
00402	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
00404	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
00406	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
0040T	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$0.00
00410	ANESTHESIA FOR PROCEDURES ON THE INTEGUMENTARY SYSTEM ON THE EXTREMITIES,	\$22.80
0041T	URINALYSIS INFECTIOUS AGENT DETECTION, SEMI-QUANTITATIVE ANALYSIS OF VOLATILE	\$0.00
00420	ANESTHESIA FOR PROCEDURES ON POSTERIOR INTEGUMENTARY SYSTEM OF CHEST, INCLUDING	\$22.80
0042T	CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST	\$0.00
0043T	CARBON MONOXIDE, EXPIRED GAS ANALYSIS (EG, ETCO/HEMOLYSIS BREATH TEST)	\$0.00
0044T	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, AT REQUEST OF A PHYSICIAN, FOR MONITORING	\$0.00
00450	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; NOT OTHERWISE SPECIFIED	\$22.80
00452	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; RADICAL SURGERY	\$22.80
00454	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; BIOPSY OF CLAVICLE	\$22.80
0045T	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, AT REQUEST OF A PHYSICIAN, FOR MONITORING	\$0.00
0046T	CATHETER LAVAGE OF A MAMMARY DUCT(S) FOR COLLECTION OF CYTOLOGY SPECIMEN(S), IN	\$0.00
00470	ANESTHESIA FOR PARTIAL RIB RESECTION; NOT OTHERWISE SPECIFIED	\$22.80
00472	ANESTHESIA FOR PARTIAL RIB RESECTION; THORACOPLASTY (ANY TYPE)	\$22.80
00474	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES (EG, PECTUS EXCAVATUM)	\$22.80
0047T	CATHETER LAVAGE OF A MAMMARY DUCT(S) FOR COLLECTION OF CYTOLOGY SPECIMEN(S), IN	\$0.00
0048T	IMPLANTATION OF A VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, PERCUTANEOUS	\$0.00
0049T	PROLONGED EXTRACORPOREAL PERCUTANEOUS TRANSSEPTAL VENTRICULAR ASSIST DEVICE,	\$0.00
00500	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS	\$22.80
0050T	REMOVAL OF A VENTRICULAR ASSIST DEVICE, EXTRACORPOREAL, PERCUTANEOUS	\$0.00
0051T	IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH	\$0.00
00520	ANESTHESIA FOR CLOSED CHEST PROCEDURES; (INCLUDING BRONCHOSCOPY) NOT OTHERWISE	\$22.80

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00522	ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA	\$22.80
00524	ANESTHESIA FOR CLOSED CHEST PROCEDURES; PNEUMOCENTESIS	\$22.80
00528	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$22.80
00529	ANESTHESIA FOR CLOSED CHEST PROCEDURES; MEDIASTINOSCOPY AND DIAGNOSTIC	\$22.80
0052T	REPLACEMENT OR REPAIR OF THORACIC UNIT OF A TOTAL REPLACEMENT HEART SYSTEM	\$0.00
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION	\$22.80
00532	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION	\$22.80
00534	ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING	\$22.80
00537	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY	\$22.80
00539	ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION	\$22.80
0053T	REPLACEMENT OR REPAIR OF IMPLANTABLE COMPONENT OR COMPONENTS OF TOTAL	\$0.00
00540	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00541	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00542	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00544	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00546	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
00548	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS, PLEURA, DIAPHRAGM, AND	\$22.80
0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	\$0.00
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	\$22.80
0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WI	\$0.00
00560	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$22.80
00561	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$22.80
00562	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF CHEST;	\$22.80
00563	ANESTHESIA FOR PROCEDURES ON HEART, PERICARDIAL SAC, AND GREAT VESSELS OF	\$22.80
00566	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITHOUT PUMP OXYGENATOR	\$22.80
00567	ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING; WITH PUMP OXYGENATOR	\$0.00
0056T	COMPUTER ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE,	\$0.00
0057T	UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE D	\$0.00
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT	\$22.80
0058T	CRYOPRESERVATION; REPRODUCTIVE TISSUE, OVARIAN	\$0.00
0059T	CRYOPRESERVATION; OOCYTE(S)	\$0.00

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00600	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$22.80
00604	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT	\$22.80
0060T	ELECTRICAL IMPEDANCE SCAN OF THE BREAST, BILATERAL (RISK ASSESSMENT DEVICE FOR	\$0.00
0061T	DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR INCLUDING BREAST CARCINOMA	\$0.00
00620	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; NOT OTHERWISE SPECIFIED	\$22.80
00622	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; THORACOLUMBAR	\$22.80
00625	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$0.00
00626	ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANST	\$0.00
0062T	PERCUTANEOUS INTRADISCAL ANNULOPLASTY, ANY METHOD EXCEPT ELECTROTHERMAL, UNILATE	\$0.00
00630	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOT OTHERWISE SPECIFIED	\$22.80
00632	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; LUMBAR SYMPATHECTOMY	\$22.80
00634	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; CHEMONUCLEOLYSIS	\$22.80
00635	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR	\$22.80
0063T	PERCUTANEOUS INTRADISCAL ANNULOPLASTY, ANY METHOD, UNILATERAL OR BILATERAL	\$0.00
00640	ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE	\$22.80
0064T	SPECTROSCOPY, EXPIRED GAS ANALYSIS (EG, NITRIC OXIDE/CARBON DIOXIDE TEST)	\$0.00
0065T	OCULAR PHOTOSCREENING, WITH INTERPRETATION AND REPORT, BILATERAL	\$0.00
0066T	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY (IE, VIRTUAL COLONOSCOPY); SCREENING	\$0.00
00670	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL	\$22.80
0067T	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY (IE, VIRTUAL COLONOSCOPY); DIAGNOSTIC	\$0.00
0068T	ACOUSTIC HEART SOUND RECORDING AND COMPUTER ANALYSIS; WITH INTERPRETATION AND RE	\$0.00
0069T	ACOUSTIC HEART SOUND RECORDING AND COMPUTER ANALYSIS; ACOUSTIC HEART SOUND RECOR	\$0.00
00700	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$22.80
00702	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; PERCUTANEOUS LIVER	\$22.80
0070T	ACOUSTIC HEART SOUND RECORDING AND COMPUTER ANALYSIS; INTERPRETATION AND REPORT	\$0.00
0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	\$0.00
0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE;	\$0.00
00730	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL	\$22.80
0073T	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED	\$458.86
00740	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE	\$22.80
0074T	ONLINE EVALUATION AND MANAGEMENT SERVICE, PER ENCOUNTER, PROVIDED BY A PHYSICIAN	\$0.00

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00750	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOT OTHERWISE SPECIFIED	\$22.80
00752	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; LUMBAR AND VENTRAL (INCISIONAL)	\$22.80
00754	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; OMPHALOCELE	\$22.80
00756	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; TRANSABDOMINAL REPAIR OF	\$22.80
0075T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID	\$0.00
0076T	TRANSCATHETER PLACEMENT OF EXTRACRANIAL VERTEBRAL OR INTRATHORACIC CAROTID	\$0.00
00770	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSELS	\$22.80
0077T	IMPLANTING AND SECURING CEREBRAL THERMAL PERFUSION PROBE, INCLUDING TWIST DRILL	\$0.00
0078T	ENDOVASCULAR REPAIR USING PROSTHESIS OF ABDOMINAL AORTIC ANEURYSM, PSEUDOANEURYS	\$0.00
00790	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
00792	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
00794	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING	\$22.80
0079T	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL	\$0.00
00800	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIF	\$22.80
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY	\$22.80
0080T	ENDOVASCULAR REPAIR USING PROSTHESIS OF ABDOMINAL AORTIC ANEURYSM, PSEUDOANEURYS	\$0.00
00810	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED	\$22.80
0081T	PLACEMENT OF VISCERAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF ABDOMINAL	\$0.00
00820	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL	\$22.80
0082T	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, ONE OR MORE TREATMENT	\$0.00
00830	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED	\$22.80
00832	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS	\$22.80
00834	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	\$22.80
00836	ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED,	\$22.80
0083T	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER DAY	\$0.00
00840	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00842	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00844	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00846	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80

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00848	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
0084T	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT	\$0.00
00850	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00851	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00855	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING	\$22.80
00857	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A CESAREAN DELIVERY	\$22.80
0085T	BREATH TEST FOR HEART TRANSPLANT REJECTION	\$0.00
00860	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00862	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00864	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00865	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00866	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00868	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00869	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
0086T	LEFT VENTRICULAR FILLING PRESSURE INDIRECT MEASUREMENT BY COMPUTERIZED	\$0.00
00870	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY	\$22.80
00872	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH	\$22.80
00873	ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH	\$22.80
0087T	SPERM EVALUATION, HYALURONAN SPERM BINDING TEST	\$0.00
00880	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE	\$22.80
00882	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA	\$22.80
00884	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; TRANSVENOUS	\$22.80
0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE VOLUME REDUCTION OF TONGUE BASE, ONE OR MORE	\$0.00
0089T	ACTIGRAPHY TESTING, RECORDING, ANALYSIS AND INTERPRETATION (MINIMUM OF THREE-DAY	\$0.00
00900	ANESTHESIA FOR PROCEDURES ON PERINEAL INTEGUMENTARY SYSTEM (INCLUDING BIOPSY OF	\$22.80
00902	ANESTHESIA FOR; ANORECTAL PROCEDURE	\$22.80
00904	ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE	\$22.80
00906	ANESTHESIA FOR; VULVECTOMY	\$22.80
00908	ANESTHESIA FOR; PERINEAL PROSTATECTOMY	\$22.80
0090T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$0.00
00910	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT	\$22.80

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
00912	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$22.80
00914	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$22.80
00916	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY);	\$22.80
00918	ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH	\$22.80
0091T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISKECTO	\$0.00
00920	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00921	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00922	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00924	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00926	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00928	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
0092T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$0.00
00930	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00932	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00934	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00936	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
00938	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL	\$22.80
0093T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; SINGLE INTERSPAC	\$0.00
00940	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00942	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00944	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00946	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00948	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
0094T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBAR	\$0.00
00950	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00952	ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR	\$22.80
00955	NEURAXIAL ANALGESIA/ANESTHESIA FOR LABOR ENDING IN A VAGINAL DELIVERY (INCLUDES	\$22.80
0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH AD	\$0.00
0096T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH CERVICAL; SINGLE INTERSPA	\$0.00
0097T	REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH; SINGLE INTERSPACE, LUMBA	\$0.00
0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0099T	IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS	\$0.00
01000	ANESTHESIA FOR PROCEDURES ON ANTERIOR INTEGUMENTARY SYSTEM OF PELVIS (ANTERIOR T	\$22.80
0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR,	\$0.00
0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIF	\$0.00
0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANES	\$0.00
0103T	HOLOTRANSCOBALAMIN, QUANTITATIVE	\$0.00
0104T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING REST	\$0.00
0105T	INERT GAS REBREATHING FOR CARDIAC OUTPUT MEASUREMENT; DURING EXERCISE	\$0.00
0106T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; US	\$0.00
0107T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; US	\$0.00
0108T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; US	\$0.00
0109T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; US	\$0.00
0110T	QUANTITATIVE SENSORY TESTING (QST), TESTING AND INTERPRETATION PER EXTREMITY; US	\$0.00
01110	ANESTHESIA FOR PROCEDURES ON POSTERIOR INTEGUMENTARY SYSTEM OF PELVIS (POSTERIOR	\$22.80
01112	ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC	\$22.80
0111T	LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES	\$0.00
01120	ANESTHESIA FOR PROCEDURES ON BONY PELVIS	\$22.80
01130	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION	\$22.80
01140	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION	\$22.80
01150	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER	\$22.80
0115T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
01160	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$22.80
0116T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
01170	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT	\$22.80
01173	ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE	\$22.80
0117T	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
01180	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC	\$22.80
01190	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC	\$22.80
01200	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT	\$22.80
01202	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT	\$22.80
0120T	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
01210	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED	\$22.80
01212	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION	\$22.80
01214	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY	\$22.80
01215	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP	\$22.80
01220	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF FEMUR	\$22.80
01230	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; NOT OTHERWISE	\$22.80
01232	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; AMPUTATION	\$22.80
01234	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; RADICAL RESECTION	\$22.80
0123T	FISTULIZATION OF SCLERA FOR GLAUCOMA, THROUGH CILIARY BODY	\$0.00
01240	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF UPPER LEG	\$22.80
0124T	CONJUNCTIVAL INCISION WITH POSTERIOR EXTRASCLERAL PLACEMENT OF PHARMACOLOGICAL A	\$0.00
01250	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE	\$22.80
01260	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING	\$22.80
0126T	COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLERO	\$0.00
01270	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
01272	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
01274	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS	\$22.80
01300	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF KNEE AND/OR POPLITEAL A	\$22.80
0130T	VALIDATED, STATISTICALLY RELIABLE, RANDOMIZED, CONTROLLED, SINGLE-PATIENT CLINIC	\$0.00
01320	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
0133T	UPPER GASTROINTESTINAL ENDOSCOPY, INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE D	\$0.00
01340	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR	\$22.80
0135T	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$0.00
01360	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR	\$22.80
0137T	BIOPSY, PROSTATE, NEEDLE, SATURATION SAMPLING FOR PROSTATE MAPPING	\$0.00
01380	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT	\$22.80
01382	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT	\$22.80
01390	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$22.80
01392	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR	\$22.80
01400	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT	\$22.80
01402	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL	\$22.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
01404	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT;	\$22.80
0140T	EXHALED BREATH CONDENSATE PH	\$0.00
0141T	PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, PERCUTANEOUS	\$0.00
01420	ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT	\$22.80
0142T	PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN, OPEN	\$0.00
01430	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$22.80
01432	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS	\$22.80
0143T	LAPAROSCOPY, SURGICAL, PANCREATIC ISLET CELL TRANSPLANTATION THROUGH PORTAL VEIN	\$0.00
01440	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; NOT OTHERWISE	\$22.80
01442	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$22.80
01444	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL	\$22.80
0144T	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, INCLUDING IMAGE POSTPROCE	\$0.00
0145T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00
01460	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF LOWER LEG, ANKLE, AND F	\$22.80
01462	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG, ANKLE, AND FOOT	\$22.80
01464	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT	\$22.80
0146T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF CORONARY ARTERIES (INCLUDING NATIVE AND ANOM	\$530.39
01470	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$22.80
01472	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$22.80
01474	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG,	\$22.80
0147T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00
01480	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT	\$22.80
01482	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL	\$22.80
01484	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT;	\$22.80
01486	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL	\$22.80
0148T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00
01490	ANESTHESIA FOR LOWER LEG CAST APPLICATION, REMOVAL, OR REPAIR	\$22.80
0149T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00
01500	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT	\$22.80
01502	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT;	\$22.80
0150T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0151T	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMA	\$0.00
01520	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED	\$22.80
01522	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR	\$22.80
0152T	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$0.00
0153T	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING	\$0.00
0154T	NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMA	\$0.00
0155T	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATION ELECTR	\$0.00
0156T	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTRODES, LE	\$0.00
0157T	LAPAROTOMY, IMPLANTATION OR REPLACEMENT OF GASTRIC STIMULATION ELECTRODES, LESSE	\$0.00
0158T	LAPAROTOMY, REVISION OR REMOVAL OF GASTRIC STIMULATION ELECTRODES, LESSER CURVAT	\$0.00
0159T	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DAT	\$0.00
01600	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF SHOULDER AND AXILLA	\$22.80
0160T	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT PLANNING	\$0.00
01610	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
0161T	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT DELIVERY AND	\$0.00
01620	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR	\$22.80
01622	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT	\$22.80
0162T	ELECTRONIC ANALYSIS AND PROGRAMMING, REPROGRAMMING OF GASTRIC NEUROSTIMULATOR (I	\$0.00
01630	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
01632	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
01634	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
01636	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
01638	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND	\$22.80
0163T	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$0.00
0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, (ARTIFICIAL DISC), ANTERIOR APPROACH, EACH A	\$0.00
01650	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE	\$22.80
01652	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL	\$22.80
01654	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT	\$22.80
01656	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL	\$22.80
0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$0.00
0166T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH IMPLANT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
01670	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILLA	\$22.80
0167T	TRANSMYOCARDIAL TRANSCATHETER CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH IMPLANT	\$0.00
01680	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE	\$22.80
01682	ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; SHOULDER SPICA	\$22.80
0168T	RHINOPHOTOTHERAPY, INTRANASAL APPLICATION OF ULTRAVIOLET AND VISIBLE LIGHT, BILA	\$0.00
0169T	STEREOTACTIC PLACEMENT OF INFUSION CATHETER(S) IN THE BRAIN FOR DELIVERY OF THER	\$0.00
01700	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF UPPER ARM AND ELBOW	\$22.80
0170T	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$0.00
01710	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPP	\$22.80
01712	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
01714	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
01716	ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
0171T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY R	\$0.00
0172T	INSERTION OF POSTERIOR SPINOUS PROCESS DISTRACTION DEVICE (INCLUDING NECESSARY R	\$0.00
01730	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW	\$22.80
01732	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF ELBOW JOINT	\$22.80
0173T	MONITORING OF INTRAOCULAR PRESSURE DURING VITRECTOMY SURGERY (LIST SEPARATELY IN	\$0.00
01740	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; NOT	\$22.80
01742	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; OSTEOTOMY	\$22.80
01744	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; REPAIR OF	\$22.80
0174T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	\$0.00
01756	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; RADICAL	\$22.80
01758	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; EXCISION	\$22.80
0175T	COMPUTER AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DAT	\$0.00
01760	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES OF THE ELBOW; TOTAL	\$22.80
0176T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$0.00
01770	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$22.80
01772	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; EMBOLECTOMY	\$22.80
0177T	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$0.00
01780	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; NOT OTHERWISE	\$22.80
01782	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; PHLEBORRHAPHY	\$22.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
01784	ANESTHESIA FOR REPAIR OF ARTERIO-VEIN (A-V) FISTULA, CONGENITAL OR ACQUIRED	\$22.80
0178T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS;	\$0.00
0179T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS;	\$0.00
01800	ANESTHESIA FOR ALL PROCEDURES ON INTEGUMENTARY SYSTEM OF FOREARM, WRIST, AND HAN	\$22.80
0180T	ELECTROCARDIOGRAM, 64 LEADS OR GREATER, WITH GRAPHIC PRESENTATION AND ANALYSIS;	\$0.00
01810	ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF	\$22.80
0181T	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, BILATERAL, WITH IN	\$0.00
01820	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES	\$22.80
01829	ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES ON THE WRIST	\$22.80
0182T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION	\$0.00
01830	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	\$22.80
01832	ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC/ENDOSCOPIC PROCEDURES ON DISTAL	\$22.80
0183T	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATIO	\$0.00
01840	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; NOT	\$22.80
01842	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM, WRIST, AND HAND; EMBOLECTOMY	\$22.80
01844	ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)	\$22.80
0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)	\$0.00
01850	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE	\$22.80
01852	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY	\$22.80
0185T	MULTIVARIATE ANALYSIS OF PATIENT SPECIFIC FINDINGS WITH QUANTIFIABLE COMPUTER PR	\$0.00
01860	ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR	\$22.80
0186T	SUPRACHOROIDAL DELIVERY OF PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDIC	\$0.00
0187T	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTE	\$0.00
0188T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCED CRITICAL CARE, EVALUATION AND MAN	\$0.00
0189T	REMOTE REAL-TIME INTERACTIVE VIDEO-CONFERENCED CRITICAL CARE, EVALUATION AND MAN	\$0.00
01900	ANESTHESIA FOR INJECTION PROCEDURE FOR HYSTEROSALPINGOGRAPHY	\$22.80
01902	ANESTHESIA FOR BURR HOLE(S) FOR VENTRICULOGRAPHY	\$22.80
01904	ANESTHESIA FOR INJECTION PROCEDURE FOR PNEUMOENCEPHALOGRAPHY	\$22.80
01905	ANESTHESIA FOR MYELOGRAPHY, DISKOGRAPHY, VERTEBROPLASTY	\$22.80
01906	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; LUMBAR	\$22.80
01908	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; CERVICAL	\$22.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0190T	PLACEMENT OF INTRAOCCULAR RADIATION SOURCE APPLICATOR (LIST SEPARATELY IN ADDITIO	\$0.00
01910	ANESTHESIA FOR INJECTION PROCEDURE FOR MYELOGRAPHY; POSTERIOR FOSSA	\$22.80
01912	ANESTHESIA FOR INJECTION PROCEDURE FOR DISKOGRAPHY; LUMBAR	\$22.80
01914	ANESTHESIA FOR INJECTION PROCEDURE FOR DISKOGRAPHY; CERVICAL	\$22.80
01916	ANESTHESIA FOR DIAGNOSTIC ARTERIOGRAPHY/VENOGRAPHY	\$22.80
01918	ANESTHESIA FOR ARTERIOGRAMS, NEEDLE; RETROGRADE, BRACHIAL OR FEMORAL	\$22.80
0191T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$0.00
01920	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND	\$22.80
01921	ANESTHESIA FOR ANGIOPLASTY	\$22.80
01922	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY	\$22.80
01924	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01925	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01926	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
0192T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$0.00
01930	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01931	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE	\$22.80
01932	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01933	ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGIC PROCEDURES INVOLVING THE	\$22.80
01935	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$22.80
01936	ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD	\$22.80
0193T	TRANSURETHRAL, RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PR	\$0.00
0194T	PROCALCITONIN (PCT)	\$0.00
01951	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITH	\$22.80
01952	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	\$22.80
01953	ANESTHESIA FOR SECOND AND THIRD DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR	\$22.80
01958	ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE	\$0.00
0195T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, DISC SPACE PREPARATION, DISCECTOMY,	\$0.00
01960	ANESTHESIA FOR VAGINAL DELIVERY ONLY	\$22.80
01961	ANESTHESIA FOR CESAREAN DELIVERY ONLY	\$22.80
01962	ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY	\$22.80
01963	ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ ANESTHESIA	\$22.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
01964	ANESTHESIA FOR ABORTION PROCEDURES	\$22.80
01965	ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES	\$22.80
01966	ANESTHESIA FOR INDUCED ABORTION PROCEDURES	\$22.80
01967	NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS	\$0.00
01968	ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA	\$22.80
01969	ANESTHESIA FOR CESAREAN HYSTERECTOMY FOLLOWING NEURAXIAL LABOR	\$22.80
0196T	ARTHRODESIS, PRE-SACRAL INTERBODY TECHNIQUE, DISC SPACE PREPARATION, DISCECTOMY,	\$0.00
0197T	INTRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELI	\$0.00
0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WI	\$0.00
01990	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN-DEAD PATIENT	\$22.80
01991	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	\$22.80
01992	ANESTHESIA FOR DIAGNOSTIC OR THERAPEUTIC NERVE BLOCKS AND INJECTIONS (WHEN BLOCK	\$22.80
01995	REGIONAL INTRAVENOUS ADMINISTRATION OF LOCAL ANESTHETIC AGENT OR OTHER	\$22.80
01996	DAILY HOSPITAL MANAGEMENT OF EPIDURAL OR SUBARACHNOID CONTINUOUS DRUG	\$27.32
01999	UNLISTED ANESTHESIA PROCEDURE(S)	\$22.80
0199T	PHYSIOLOGIC RECORDING OF TREMOR USING ACCELEROMETER(S) AND/OR GYROSCOPE(S) (INCL	\$0.00
0200T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDI	\$0.00
0201T	PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, INCLUDING	\$0.00
0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT[S] REPLACEMENT), INCL	\$0.00
0203T	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION,	\$0.00
0204T	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN S	\$0.00
0205T	INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY (EG, INFRARED	\$0.00
0206T	COMPUTERIZED DATABASE ANALYSIS OF MULTIPLE CYCLES OF DIGITIZED CARDIAC ELECTRICA	\$0.00
0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND	\$0.00
0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	\$0.00
0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	\$0.00
0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED;	\$0.00
0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED; WITH SPEECH RECOGNITION	\$0.00
0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 021	\$0.00
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$0.00
0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDI	\$0.00
0223T	ACOUSTIC CARDIOGRAPHY, INCLUDING AUTOMATED ANALYSIS OF COMBINED ACOUSTIC AND ELE	\$0.00
0224T	ACOUSTIC CARDIOGRAPHY, INCLUDING AUTOMATED ANALYSIS OF COMBINED ACOUSTIC AND ELE	\$0.00
0225T	ACOUSTIC CARDIOGRAPHY, INCLUDING AUTOMATED ANALYSIS OF COMBINED ACOUSTIC AND ELE	\$0.00
0226T	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEME	\$0.00
0227T	ANOSCOPY, HIGH RESOLUTION (HRA) (WITH MAGNIFICATION AND CHEMICAL AGENT ENHANCEME	\$0.00
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH ULT	\$0.00
0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTI	\$0.00
0233T	SKIN ADVANCED GLYCATION ENDPRODUCTS (AGE) MEASUREMENT BY MULTI-WAVELENGTH FLUORE	\$0.00
0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0235T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICA	\$0.00
0239T	BIOIMPEDANCE SPECTROSCOPY (BIS), MEASURING 100 FREQUENCIES OR GREATER, DIRECT ME	\$0.00
0240T	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL J	\$0.00
0241T	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL J	\$0.00
0242T	GASTROINTESTINAL TRACT TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON,	\$0.00
0243T	INTERMITTENT MEASUREMENT OF WHEEZE RATE FOR BRONCHODILATOR OR BRONCHIAL-CHALLENG	\$0.00
0244T	CONTINUOUS MEASUREMENT OF WHEEZE RATE DURING TREATMENT ASSESSMENT OR DURING SLEE	\$0.00
0245T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL FIXATION, UNILATERAL; 1-2 RIBS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0246T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL FIXATION, UNILATERAL; 3-4 RIBS	\$0.00
0247T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL FIXATION, UNILATERAL; 5-6 RIBS	\$0.00
0248T	OPEN TREATMENT OF RIB FRACTURE REQUIRING INTERNAL FIXATION, UNILATERAL; 7 OR MOR	\$0.00
0249T	LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE	\$0.00
0250T	AIRWAY SIZING AND INSERTION OF BRONCHIAL VALVE(S), EACH LOBE (LIST SEPARATELY IN	\$0.00
0251T	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00
0252T	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00
0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESER	\$0.00
0254T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM, A	\$0.00
0255T	ENDOVASCULAR REPAIR OF ILIAC ARTERY BIFURCATION (EG, ANEURYSM, PSEUDOANEURYSM, A	\$0.00
0256T	IMPLANTATION OF CATHETER-DELIVERED PROSTHETIC AORTIC HEART VALVE; ENDOVASCULAR A	\$0.00
0257T	IMPLANTATION OF CATHETER-DELIVERED PROSTHETIC AORTIC HEART VALVE; OPEN THORACIC	\$0.00
0258T	TRANSTHORACIC CARDIAC EXPOSURE (EG, STERNOTOMY, THORACOTOMY, SUBXIPHOID) FOR CAT	\$0.00
0259T	TRANSTHORACIC CARDIAC EXPOSURE (EG, STERNOTOMY, THORACOTOMY, SUBXIPHOID) FOR CAT	\$0.00
0260T	TOTAL BODY SYSTEMIC HYPOTHERMIA, PER DAY, IN THE NEONATE 28 DAYS OF AGE OR YOUNG	\$0.00
0261T	SELECTIVE HEAD HYPOTHERMIA, PER DAY, IN THE NEONATE 28 DAYS OF AGE OR YOUNGER	\$0.00
0262T	IMPLANTATION OF CATHETER-DELIVERED PROSTHETIC PULMONARY VALVE, ENDOVASCULAR APPR	\$0.00
0263T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0264T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0265T	INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED	\$0.00
0266T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL	\$0.00
0267T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD	\$0.00
0268T	IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE	\$0.00
0269T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM	\$0.00
0270T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UN	\$0.00
0271T	REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERAT	\$0.00
0272T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION	\$0.00
0273T	INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION	\$0.00
0274T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF	\$0.00
0275T	PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTERLAMINAR APPROACH) FOR DECOMPRESSION OF	\$0.00
0276T	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0277T	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$0.00
0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY),	\$0.00
0279T	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME	\$0.00
0280T	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIME	\$0.00
0281T	PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH IMPLANT, IN	\$0.00
0282T	PERCUTANEOUS OR OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY(S), SUBCUTA	\$0.00
0283T	PERCUTANEOUS OR OPEN IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY(S), SUBCUTA	\$0.00
0284T	REVISION OR REMOVAL OF PULSE GENERATOR OR ELECTRODES, INCLUDING IMAGING GUIDANCE	\$0.00
0285T	ELECTRONIC ANALYSIS OF IMPLANTED PERIPHERAL SUBCUTANEOUS FIELD STIMULATION PULSE	\$0.00
0286T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLO	\$0.00
0287T	NEAR-INFRARED GUIDANCE FOR VASCULAR ACCESS REQUIRING REAL-TIME DIGITAL VISUALIZA	\$0.00
0288T	ANOSCOPY, WITH DELIVERY OF THERMAL ENERGY TO THE MUSCLE OF THE ANAL CANAL (EG, F	\$0.00
0289T	CORNEAL INCISIONS IN THE DONOR CORNEA CREATED USING A LASER, IN PREPARATION FOR	\$0.00
0290T	CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION	\$0.00
0291T	INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY (CORONARY NATIVE VESSEL OR GRAFT) DUR	\$0.00
0292T	INTRAVASCULAR OPTICAL COHERENCE TOMOGRAPHY (CORONARY NATIVE VESSEL OR GRAFT DURI	\$0.00
0293T	INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; COMPLETE SYSTEM, INCLUDES IMPLANTE	\$0.00
0294T	INSERTION OF LEFT ATRIAL HEMODYNAMIC MONITOR; PRESSURE SENSOR LEAD AT TIME OF IN	\$0.00
0295T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0296T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0297T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0298T	EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY	\$0.00
0299T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDIN	\$0.00
0300T	EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDIN	\$0.00
0301T	DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR WITH EXTERNALLY APPLIED FOCUSED	\$0.00
0302T	Insertion or removal and replacement of heart monitoring system	\$0.00
0303T	Insertion or removal and replacement of electrodes for heart monitoring system	by report
0304T	Insertion or removal and replacement of device for heart monitoring system	by report
0305T	Programming device evaluation of heart monitoring system with adjustment of programmed values, with analysis, review, and report	by report
0306T	Interrogation device evaluation of heart monitoring system with analysis, review, and report	by report

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0307T	Removal of heart monitoring device	by report
0308T	Insertion of prosthetic telescope in eye for the treatment of central vision	by report
0309T	Fusion of lower spine bone with removal of disc and insertion of instrumentation with image guidance	by report
0310T	Motor function mapping using non-invasive navigated transcranial magnetic stimulation for therapeutic treatment planning, upper and lower extremity	by report
0311T	Non-invasive calculation and analysis of pressure in arteries with interpretation and report	by report
0312T	Implantation of neurostimulator electrodes and pulse generator using a laparoscope with programming for vagus nerve blocking therapy for treatment of obesity	by report
0313T	Revision or replacement of neurostimulator electrodes including connection to pulse generator for vagus nerve blocking therapy for treatment of obesity	by report
0314T	Removal of pulse generator with laparoscope for vagus nerve blocking therapy for treatment of obesity	by report
0315T	Removal of pulse generator for vagus nerve blocking therapy for treatment of obesity	by report
0316T	Replacement of pulse generator for vagus nerve blocking therapy for treatment of obesity	by report
0317T	Vagus nerve blocking therapy for treatment of obesity using a laparoscope to analyze pulse generator with reprogramming	by report
0318T	Implantation prosthetic aortic heart valve via catheter through chest	by report
0319T	Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode	by report
0320T	Insertion of subcutaneous defibrillator electrode	by report
0321T	Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode	by report
0322T	Removal of subcutaneous implantable defibrillator pulse generator only	by report
0323T	Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only	by report
0324T	Removal of subcutaneous defibrillator electrode	by report
0325T	Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator	by report
0326T	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa	by report
0327T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	by report

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
0328T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis; implantable subcutaneous lead defibrillator system	by report
0500F	INITIAL PRENATAL CARE VISIT (REPORT AT FIRST PRENATAL ENCOUNTER WITH HEALTH CARE	\$0.00
0501F	PRENATAL FLOW SHEET DOCUMENTED IN MEDICAL RECORD BY FIRST PRENATAL VISIT	\$0.00
0502F	SUBSEQUENT PRENATAL CARE VISIT	\$0.00
0503F	POSTPARTUM CARE VISIT	\$0.00
0505F	HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1	\$0.00
0507F	PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1	\$0.00
0509F	URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)5	\$0.00
0513F	ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED (CKD)1	\$0.00
0514F	PLAN OF CARE FOR ELEVATED HEMOGLOBIN LEVEL DOCUMENTED FOR PATIENT RECEIVING ERYT	\$0.00
0516F	ANEMIA PLAN OF CARE DOCUMENTED (ESRD)1	\$0.00
0517F	GLAUCOMA PLAN OF CARE DOCUMENTED (EC)5	\$0.00
0518F	FALLS PLAN OF CARE DOCUMENTED (GER)5	\$0.00
0519F	PLANNED CHEMOTHERAPY REGIMEN, INCLUDING AT A MINIMUM: DRUG(S) PRESCRIBED, DOSE,	\$0.00
0520F	RADIATION DOSE LIMITS TO NORMAL TISSUES ESTABLISHED PRIOR TO THE INITIATION OF A	\$0.00
0521F	PLAN OF CARE TO ADDRESS PAIN DOCUMENTED (COA)2 (ONC)1	\$0.00
0525F	INITIAL VISIT FOR EPISODE (BKP)2	\$0.00
0526F	SUBSEQUENT VISIT FOR EPISODE (BKP)2	\$0.00
0528F	RECOMMENDED FOLLOW-UP INTERVAL FOR REPEAT COLONOSCOPY OF AT LEAST 10 YEARS DOCUM	\$0.00
0529F	INTERVAL OF 3 OR MORE YEARS SINCE PATIENT'S LAST COLONOSCOPY, DOCUMENTED (END/PO	\$0.00
0535F	DYSPNEA MANAGEMENT PLAN OF CARE, DOCUMENTED (PALL CR)5	\$0.00
0540F	GLUCORTICOID MANAGEMENT PLAN DOCUMENTED (RA)5	\$0.00
05410	ADJUST COMPLETE DENTURE,UPPER	\$0.00
0545F	PLAN FOR FOLLOW-UP CARE FOR MAJOR DEPRESSIVE DISORDER, DOCUMENTED (MDD ADOL)1	\$0.00
0550F	CYTOPATHOLOGY REPORT ON ROUTINE NONGYNECOLOGIC SPECIMEN FINALIZED WITHIN TWO WOR	\$0.00
0551F	CYTOPATHOLOGY REPORT ON NONGYNECOLOGIC SPECIMEN WITH DOCUMENTATION THAT THE SPEC	\$0.00
0555F	SYMPTOM MANAGEMENT PLAN OF CARE DOCUMENTED (HF)1	\$0.00
0556F	PLAN OF CARE TO ACHIEVE LIPID CONTROL DOCUMENTED (CAD)1	\$0.00
0557F	PLAN OF CARE TO MANAGE ANGINAL SYMPTOMS DOCUMENTED (CAD)1	\$0.00


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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
05610	REPAIR ACRYLIC SADDLE/BASE	\$0.00
0575F	HIV RNA CONTROL PLAN OF CARE, DOCUMENTED (HIV)5	\$0.00
0580F	Multidisciplinary care plan developed or updated (dsp)8	\$0.00
0581F	Patient transferred directly from anesthetizing location to critical care unit (peri2)11	\$0.00
0582F	Patient not transferred directly from anesthetizing location to critical care unit (peri2)11	\$0.00
0583F	Transfer of care checklist used (peri2)11	\$0.00
0584F	Transfer of care checklist not used (peri2)11	\$0.00
07250	SURGCL REMVL RESIDUAL TOOTH ROOTS	\$0.00
07440	EXCISION MALIGNANT TUMOR UP TO 1.25 CM	\$0.00
10001	INCISION AND DRAINAGE OF INFECTED OR NONINFECTED SEBACEOUS CYST; SECOND LESION	\$0.00
10002	INCISION AND DRAINAGE OF INFECTED OR NONINFECTED SEBACEOUS CYST; MORE THAN TWO L	\$0.00
10003	INCISION AND DRAINAGE OF INFECTED OR NONINFECTED EPITHELIAL INCLUSION CYST ("SE	\$0.00
1000F	TOBACCO USE ASSESSED (CAD, CAP, COPD, PV) (DM)	\$0.00
1001F	TOBACCO USE, NON-SMOKING, ASSESSED	\$0.00
10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	\$65.06
10022	FINE NEEDLE ASPIRATION; WITH IMAGING GUIDANCE	\$66.30
1002F	ANGINAL SYMPTOMS AND LEVEL OF ACTIVITY, ASSESSED	\$0.00
1003F	LEVEL OF ACTIVITY ASSESSED1	\$0.00
10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF	\$47.83
1004F	CLINICAL SYMPTOMS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	\$0.00
1005F	ASTHMA SYMPTOMS EVALUATED (INCLUDES DOCUMENTATION OF NUMERIC FREQUENCY OF SYMPTO	\$0.00
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$52.42
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE	\$97.47
1006F	OSTEOARTHRITIS SYMPTOMS AND FUNCTIONAL STATUS ASSESSED (MAY INCLUDE THE USE OF A	\$0.00
1007F	USE OF ANTI-INFLAMMATORY OR ANALGESIC OVER-THE-COUNTER (OTC) MEDICATIONS FOR SYM	\$0.00
10080	INCISION AND DRAINAGE OF PILONIDAL CYST	\$56.78
10081	INCISION AND DRAINAGE OF PILONIDAL CYST	\$103.48
1008F	GASTROINTESTINAL AND RENAL RISK FACTORS ASSESSED FOR PATIENTS ON PRESCRIBED OR O	\$0.00
10100	INCISION AND DRAINAGE OF ONYCHIA OR PARONYCHIA; SINGLE OR SIMPLE	\$0.00
10101	INCISION AND DRAINAGE OF ONYCHIA OR PARONYCHIA; MULTIPLE OR COMPLICATED	\$0.00
1010F	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY (CAD)1	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
1011F	ANGINA PRESENT (CAD)1	\$0.00
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$54.57
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES	\$112.70
1012F	ANGINA ABSENT (CAD)1	\$0.00
10140	INCISION AND DRAINAGE OF HEMATOMA	\$71.01
10141	INCISION AND DRAINAGE OF HEMATOMA; COMPLICATED	\$0.00
1015F	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) SYMPTOMS ASSESSED (INCLUDES ASSESSM	\$0.00
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	\$57.25
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	\$108.05
1018F	DYSPNEA ASSESSED, NOT PRESENT (COPD)	\$0.00
1019F	DYSPNEA ASSESSED, PRESENT (COPD)	\$0.00
1022F	PNEUMOCOCCUS IMMUNIZATION STATUS ASSESSED (CAP, COPD)	\$0.00
1026F	CO-MORBID CONDITIONS ASSESSED (EG, INCLUDES ASSESSMENT FOR PRESENCE OR ABSENCE O	\$0.00
1030F	INFLUENZA IMMUNIZATION STATUS ASSESSED (CAP)	\$0.00
1031F	SMOKING STATUS AND EXPOSURE TO SECOND HAND SMOKE IN THE HOME ASSESSED (ASTHMA)1	\$0.00
1032F	CURRENT TOBACCO SMOKER OR CURRENTLY EXPOSED TO SECONDHAND SMOKE (ASTHMA)1	\$0.00
1033F	CURRENT TOBACCO NON-SMOKER AND NOT CURRENTLY EXPOSED TO SECONDHAND SMOKE1	\$0.00
1034F	CURRENT TOBACCO SMOKER (CAD, CAP, COPD, PV) (DM)	\$0.00
1035F	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) (PV)	\$0.00
1036F	CURRENT TOBACCO NON-USER (CAD, CAP, COPD, PV) (DM)	\$0.00
1038F	PERSISTENT ASTHMA (MILD, MODERATE OR SEVERE) (ASTHMA)	\$0.00
1039F	INTERMITTENT ASTHMA (ASTHMA)	\$0.00
1040F	DSM-IV  CRITERIA FOR MAJOR DEPRESSIVE DISORDER DOCUMENTED AT THE INITIAL EVALUAT	\$0.00
1050F	HISTORY OBTAINED REGARDING NEW OR CHANGING MOLES (ML)5	\$0.00
1052F	TYPE, ANATOMIC LOCATION, AND ACTIVITY ALL ASSESSED (IBD)	\$0.00
1055F	VISUAL FUNCTIONAL STATUS ASSESSED (EC)5	\$0.00
1060F	DOCUMENTATION OF PERMANENT OR PERSISTENT OR PAROXYSMAL ATRIAL FIBRILLATION (STR)	\$0.00
1061F	DOCUMENTATION OF ABSENCE OF PERMANENT AND PERSISTENT AND PAROXYSMAL ATRIAL FIBRI	\$0.00
1065F	ISCHEMIC STROKE SYMPTOM ONSET OF LESS THAN 3 HOURS PRIOR TO ARRIVAL (STR)5	\$0.00
1066F	ISCHEMIC STROKE SYMPTOM ONSET GREATER THAN OR EQUAL TO 3 HOURS PRIOR TO ARRIVAL	\$0.00
1070F	ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
1071F	ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING	\$0.00
1090F	PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)5	\$0.00
1091F	URINARY INCONTINENCE CHARACTERIZED (EG FREQUENCY, VOLUME, TIMING, TYPE OF SYMPTO	\$0.00
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$23.96
11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN	\$12.45
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$415.20
11005	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$566.13
11006	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	\$520.32
11008	REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR NECROTIZING SOFT	\$211.51
1100F	PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF TWO OR MORE FALLS IN THE	\$0.00
11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATEDWITH OPEN FRACTURE	\$219.04
11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITHOPEN FX(S)/DISLOCATI	\$262.37
11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOC WITHOPEN FRACTURE(S)/DIS	\$373.19
1101F	PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF NO FALLS IN THE PAST YEA	\$0.00
11040	DEBRIDEMENT	\$20.46
11041	DEBRIDEMENT	\$33.06
11042	DEBRIDEMENT	\$44.20
11043	DEBRIDEMENT	\$125.89
11044	DEBRIDEMENT	\$172.73
11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	\$10.88
11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS	\$23.27
11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/O	\$40.48
11052	PARING OR CURETTEMENT OF BENIGN HYPERKERATOTIC SKIN LESION WITH OR WITHOUT CHEMI	\$0.00
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE L	\$15.03
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); TWO TO F	\$21.02
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THA	\$27.45
11060	SHAVING OF EPIDERMAL OR SUPERFICIAL DERMAL LESION; SINGLE LESION	\$0.00
11061	SHAVING OF EPIDERMAL OR SUPERFICIAL DERMAL LESION; TWO TO FOUR LESIONS	\$0.00
11062	SHAVING OF EPIDERMAL OR SUPERFICIAL DERMAL LESION; MORE THAN FOUR LESIONS	\$0.00
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$32.61
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE	\$16.91

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
1110F	PATIENT DISCHARGED FROM AN INPATIENT FACILITY (EG HOSPITAL, SKILLED NURSING FACI	\$0.00
1111F	DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDICATION LIST IN OUTPATIENT	\$0.00
1116F	AURICULAR OR PERIAURICULAR PAIN ASSESSED (AOE)	\$0.00
1118F	GERD SYMPTOMS ASSESSED AFTER 12 MONTHS OF THERAPY (GERD)5	\$0.00
1119F	INITIAL EVALUATION FOR CONDITION (HEP C)1	\$0.00
11200	EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$37.52
11201	EXCISION (INCLUDING SIMPLE CLOSURE OR LIGATURE STRANGULATION),	\$11.56
1121F	SUBSEQUENT EVALUATION FOR CONDITION (HEP C)1	\$0.00
1123F	ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED; ADVANCE CARE PLAN OR SURROGATE D	\$0.00
1124F	ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED IN THE MEDICAL RECORD; PATIENT DI	\$0.00
1125F	PAIN SEVERITY QUANTIFIED; PAIN PRESENT (ONC)1	\$0.00
1126F	PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT (ONC)1	\$0.00
1127F	NEW EPISODE FOR CONDITION (NMA-NO MEASURE ASSOCIATED)	\$0.00
1128F	SUBSEQUENT EPISODE FOR CONDITION (NMA-NO MEASURE ASSOCIATED)	\$0.00
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$22.28
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$35.53
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$44.16
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESIO	\$54.40
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$27.37
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$40.09
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$47.15
11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	\$60.37
1130F	BACK PAIN AND FUNCTION ASSESSED, INCLUDING ALL OF THE FOLLOWING: PAIN ASSESSMENT	\$0.00
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$31.44
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$44.16
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$51.54
11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE,	\$69.27
1134F	EPISODE OF BACK PAIN LASTING SIX WEEKS OR LESS (BKP)2	\$0.00
1135F	EPISODE OF BACK PAIN LASTING LONGER THAN SIX WEEKS (BKP)2	\$0.00
1136F	EPISODE OF BACK PAIN LASTING 12 WEEKS OR LESS (BKP)2	\$0.00
1137F	EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$42.74
11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$56.58
11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$67.58
11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$81.11
11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$92.35
11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$132.54
11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$47.53
11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$64.22
11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$73.76
11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$91.62
11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$107.64
11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE),	\$167.69
11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$58.77
11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$73.83
11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$81.88
11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$106.21
11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$138.99
11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE,	\$180.43
11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$140.23
11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$186.83
11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$128.58
11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$172.98
11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$160.66
11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS,	\$196.44
1150F	DOCUMENTATION THAT A PATIENT HAS A SUBSTANTIAL RISK OF DEATH WITHIN 1 YEAR (PALL	\$0.00
1151F	DOCUMENTATION THAT A PATIENT DOES NOT HAVE A SUBSTANTIAL RISK OF DEATH WITHIN ON	\$0.00
1152F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE PRIORITIZE COMFORT (P	\$0.00
1153F	DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE DO NOT PRIORITIZE COM	\$0.00
1157F	ADVANCE CARE PLAN OR SIMILAR LEGAL DOCUMENT PRESENT IN THE MEDICAL RECORD (COA)2	\$0.00
1158F	ADVANCE CARE PLANNING DISCUSSION DOCUMENTED IN THE MEDICAL RECORD (COA)2	\$0.00
1159F	MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)2	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$63.99
11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$82.23
11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$93.25
11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$105.83
11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$116.69
11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS	\$177.12
1160F	REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL PHARMACIST (	\$0.00
11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$64.34
11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$88.59
11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$106.25
11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$130.14
11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$153.29
11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA	\$215.24
11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$74.58
11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$110.13
11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$131.51
11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$156.43
11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$198.24
11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS	\$293.16
11700	DEBRIDEMENT OF NAILS, MANUAL; FIVE OR LESS	\$0.00
11701	DEBRIDEMENT OF NAILS, MANUAL; EACH ADDITIONAL, FIVE OR LESS	\$0.00
1170F	FUNCTIONAL STATUS ASSESSED (COA)2 (RA)5	\$0.00
11710	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; FIVE OR LESS	\$0.00
11711	DEBRIDEMENT OF NAILS, ELECTRIC GRINDER; EACH ADDITIONAL, FIVE OR LESS	\$0.00
11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	\$6.02
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) ONE TO FIVE	\$13.91
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S) SIX OR MORE	\$23.32
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$42.41
11731	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SECOND NAIL PLATE	\$0.00
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE	\$21.92
11740	EVACUATION OF SUBUNGUAL HEMATOMA	\$18.02

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN	\$90.97
11752	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN	\$143.17
11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL A	\$62.05
1175F	FUNCTIONAL STATUS FOR DEMENTIA ASSESSED AND RESULTS REVIEWED (DEM)1	\$0.00
11760	RECONSTRUCTION OF NAIL BED	\$85.15
11762	RECONSTRUCTION OF NAIL BED	\$131.96
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	\$36.42
11770	EXCISION OF PILONIDAL CYST OR SINUS	\$139.88
11771	EXCISION OF PILONIDAL CYST OR SINUS	\$303.93
11772	EXCISION OF PILONIDAL CYST OR SINUS	\$352.81
1180F	ALL SPECIFIED THROMBOEMBOLIC RISK FACTORS ASSESSED (AFIB)1	\$0.00
1181F	NEUROPSYCHIATRIC SYMPTOMS ASSESSED AND RESULTS REVIEWED (DEM)1	\$0.00
1182F	NEUROPSYCHIATRIC SYMPTOMS, ONE OR MORE PRESENT (DEM)1	\$0.00
1183F	NEUROPSYCHIATRIC SYMPTOMS, ABSENT (DEM)1	\$0.00
11900	INJECTION, INTRALESIONAL	\$19.80
11901	INJECTION, INTRALESIONAL	\$30.84
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$78.75
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$94.79
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE	\$24.44
11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$49.49
11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$61.95
11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$79.66
11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, SILICONE)	\$84.89
11960	INSERTION OF TISSUE EXPANDER(S)	\$537.58
11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	\$408.87
11971	REMOVAL OF TISSUE EXPANDER W/O INSERTION OF PROSTHESIS	\$151.08
11975	INSERTION OR REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$41.56
11976	REMOVAL WITHOUT REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$81.91
11977	REMOVAL WITH REINSERTION, IMPLANTABLE CONTRACEPTIVE CAPSULES	\$0.00
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTO	\$59.48
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$82.56

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$99.44
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	\$160.16
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$70.95
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$79.78
12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$98.58
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$125.76
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$164.67
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE,	\$181.57
1200F	SEIZURE TYPE(S) AND CURRENT SEIZURE FREQUENCY(IES) DOCUMENTED (EPI)8	\$0.00
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$75.59
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$88.07
12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$106.74
12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$138.00
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$175.13
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$260.29
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS,	\$302.17
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$118.68
12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE	\$82.03
12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$84.41
12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$104.83
12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$129.95
12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$155.98
12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$192.39
12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR	\$229.67
12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$92.51
12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$107.80
12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$140.61
12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$168.06
12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$206.57
12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR	\$245.67
12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$98.88

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$110.21
12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$140.57
12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$166.93
12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$214.30
12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$274.67
12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE,	\$318.20
1205F	ETIOLOGY OF EPILEPSY OR EPILEPSY SYNDROME(S) REVIEWED AND DOCUMENTED (EPI)8	\$0.00
1220F	PATIENT SCREENED FOR DEPRESSION (SUD)5	\$0.00
13100	REPAIR, COMPLEX, TRUNK	\$134.38
13101	REPAIR, COMPLEX, TRUNK	\$162.04
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITIO	\$52.41
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$139.51
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS	\$179.03
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SE	\$60.73
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$159.07
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK,	\$252.72
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS	\$92.13
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$176.14
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$190.43
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS	\$279.51
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (	\$100.38
13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE,	\$456.31
13300	REPAIR, UNUSUAL, COMPLICATED, OVER 7.5 CM, ANY AREA	\$278.20
14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$283.54
14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK	\$407.78
1400F	PARKINSON'S DISEASE DIAGNOSIS REVIEWED (PRKNS)8	\$0.00
14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$345.56
14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP,	\$491.98
14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$373.29
14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD,	\$503.33
14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$469.81

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS,	\$562.06
14300	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, MORE THAN 30 SQ CM,	\$646.26
14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 S	\$429.35
14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM,	\$109.64
14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	\$468.19
1450F	SYMPTOMS IMPROVED OR REMAINED CONSISTENT WITH TREATMENT GOALS SINCE LAST ASSESSM	\$0.00
1451F	SYMPTOMS DEMONSTRATED CLINICALLY IMPORTANT DETERIORATION SINCE LAST ASSESSMENT (	\$0.00
1460F	QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)1	\$0.00
1461F	NO QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)1	\$0.00
1490F	DEMENTIA SEVERITY CLASSIFIED, MILD (DEM)1	\$0.00
1491F	DEMENTIA SEVERITY CLASSIFIED, MODERATE (DEM)	\$0.00
1493F	DEMENTIA SEVERITY CLASSIFIED, SEVERE (DEM)1	\$0.00
1494F	COGNITION ASSESSED AND REVIEWED (DEM)1	\$0.00
15000	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$187.57
15001	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS,	\$43.86
15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$146.40
15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$29.76
15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$180.95
15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, B	\$59.52
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (dsp)8	\$0.00
1501F	Not initial evaluation for condition (dsp)8	\$0.00
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (dsp)8	\$0.00
1503F	Patient queried about symptoms of respiratory insufficiency (dsp)8	\$0.00
15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	\$87.56
1504F	Patient has respiratory insufficiency (dsp)8	\$0.00
15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL	\$237.75
1505F	Patient does not have respiratory insufficiency (dsp)8	\$0.00
15100	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$429.21
15101	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET	\$88.76
15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT	\$465.83
15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDIT	\$74.58

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$480.32
15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA,	\$101.82
15120	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$483.63
15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS,	\$146.33
15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF	\$376.74
15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITION	\$60.44
15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$521.45
15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HA	\$61.08
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	\$414.81
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75	\$80.49
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ C	\$100.51
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$446.71
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$112.17
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, OR	\$122.23
15170	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE	\$205.07
15171	ACELLULAR DERMAL REPLACEMENT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR E	\$60.74
15175	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$307.59
15176	ACELLULAR DERMAL REPLACEMENT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, G	\$96.08
15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$382.18
15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$72.61
15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$395.06
15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$65.26
15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$460.84
15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE	\$102.79
15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	\$676.17
15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR	\$122.51
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$53.77
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$10.61
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$128.18
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE A	\$27.19
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$61.84

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$15.08
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$131.60
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS,	\$33.59
15300	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; FIRST 100 SQ CM O	\$174.50
15301	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, TRUNK, ARMS, LEGS; EACH ADDITIONAL 1	\$39.54
15320	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$202.83
15321	ALLOGRAFT SKIN FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUTH, NECK, E	\$59.03
15330	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE P	\$174.22
15331	ACELLULAR DERMAL ALLOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EAC	\$39.54
15335	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$194.60
15336	ACELLULAR DERMAL ALLOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GEN	\$56.48
15340	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; FIRST 25 SQ CM OR LESS	\$180.64
15341	TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE; EACH ADDITIONAL 25 SQ CM	\$19.57
15342	APPLICATION OF BILAMINATE SKIN SUBSTITUTE/NEODERMIS; 25 SQ CM	\$63.77
15343	APPLICATION OF BILAMINATE SKIN SUBSTITUTE/NEODERMIS; EACH ADDITIONAL 25 SQ CM	\$13.92
15350	APPLICATION OF ALLOGRAFT, SKIN; 100 SQ CM OR LESS	\$212.91
15351	APPLICATION OF ALLOGRAFT, SKIN; EACH ADDITIONAL 100 SQ CM (LIST SEPARATELY IN	\$41.67
15360	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; TRUNK, ARMS, LEGS; FIRST 100 SQ CM	\$194.15
15361	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE; EACH ADDITIONAL 100 SQ CM, OR EACH	\$45.05
15365	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$204.97
15366	TISSUE CULTURED ALLOGENEIC DERMAL SUBSTITUTE, FACE, SCALP, EYELIDS, MOUTH, NECK,	\$56.67
15400	APPLICATION OF XENOGRAFT (HETEROGRAFT), SKIN	\$201.29
15401	Application of xenograft, skin, additional 100 sq cm	\$41.67
15420	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$231.97
15421	XENOGRAFT SKIN (DERMAL), FOR TEMPORARY WOUND CLOSURE, FACE, SCALP, EYELIDS, MOUT	\$59.87
15430	ACELLULAR XENOGRAFT IMPLANT; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY ARE	\$346.25
15431	ACELLULAR XENOGRAFT IMPLANT; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE P	\$0.00
15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	\$447.63
15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR	\$435.42
15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS	\$471.48
15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, E	\$393.68

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
15580	CROSS FINGER FLAP, INCLUDING FREE GRAFT TO DONOR SITE	\$403.57
15600	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$126.11
15610	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$150.11
15620	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$185.18
15625	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); SECTION PEDICLE OF CRO	\$102.37
15630	INTERMEDIATE "DELAY" OF ANY FLAP, PRIMARY "DELAY" OF SMALL FLAP,	\$204.34
15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO	\$239.36
15720	EXCISION OF LESION AND/OR EXCISIONAL PREPARATION OF RECIPIENT SITE AND ATTACHMEN	\$0.00
15730	EXCISION OF LESION AND/OR EXCISIONAL PREPARATION OF RECIPIENT SITE AND ATTACHMEN	\$0.00
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PAR	\$614.89
15732	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP HEAD OR NECK	\$752.66
15734	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP TRUNK	\$1,167.22
15736	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP UPPER EXTREMITY	\$903.23
15738	MUSCLE MYOCUTANEOUS OR FASCIOCUTANEOUS FLAP LOWER EXTREMITY	\$904.33
15740	GRAFT	\$566.13
15750	GRAFT	\$656.13
15755	FREE FLAP (MICROVASCULAR TRANSFER)	\$0.00
15756	FREE MUSCLE FLAP WITH/WITHOUT SKIN GRAFT WITH MICROVASCULAR ANASTOMOSIS	\$2,178.00
15757	FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,857.70
15758	FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,852.23
15760	GRAFT	\$464.80
15770	GRAFT	\$435.90
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	\$187.41
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	\$262.26
15777	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE R	\$129.62
15780	DERMABRASION	\$387.47
15781	DERMABRASION	\$252.70
15782	DERMABRASION	\$270.65
15783	DERMABRASION SUPERFICIAL ANY SITE(EG TATTOO REMOVAL)	\$208.75
15786	ABRASION	\$81.74
15787	ABRASION	\$14.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	\$127.82
15789	CHEMICAL PEEL, FACIAL; DERMAL	\$237.35
15790	CHEMICAL PEEL (CHEMEXFOLIATION); TOTAL FACE	\$0.00
15791	CHEMICAL PEEL (CHEMEXFOLIATION); REGIONAL, FACE, HAND, OR ELSEWHERE	\$0.00
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	\$157.54
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	\$199.60
15810	SALABRASION; 20 SQ CM OR LESS	\$259.01
15811	SALABRASION; OVER 20 SQ CM	\$281.82
15819	CERVICOPLASTY	\$502.17
15820	BLEPHAROPLASTY, LOWER EYELID	\$330.78
15821	BLEPHAROPLASTY, LOWER EYELID	\$362.61
15822	BLEPHAROPLASTY, UPPER EYELID	\$292.82
15823	BLEPHAROPLASTY, UPPER EYELID	\$432.04
15824	RHYTIDECTOMY; FOREHEAD	\$0.00
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)	\$0.00
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	\$0.00
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	\$0.00
15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	\$0.00
15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN,	\$766.11
15831	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ABDOMEN	\$633.41
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$592.70
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$530.86
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$533.13
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$547.68
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$459.86
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$441.37
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$387.09
15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING	\$398.25
15840	GRAFT FOR FACIAL NERVE PARALYSIS	\$770.34
15841	GRAFT FOR FACIAL NERVE PARALYSIS	\$1,189.02
15842	GRAFT FOR FACIAL NERVE PARALYSIS	\$1,977.93

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
15845	GRAFT FOR FACIAL NERVE PARALYSIS	\$724.64
15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (	\$0.00
15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	\$0.00
15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL),	\$31.93
15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA	\$33.43
15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCENIN) TO TEST	\$92.57
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	\$0.00
15877	SUCTION ASSISTED LIPECTOMY; TRUNK	\$0.00
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	\$0.00
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	\$0.00
15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY	\$361.18
15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY	\$492.19
15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$401.71
15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$549.95
15934	EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN	\$617.36
15935	EXCISION, SACRAL PRESSURE ULCER, WITH LOCAL OR REGIONAL SKIN	\$759.23
15936	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE	\$663.09
15937	EXCISION, SACRAL PRESSURE ULCER, WITH OTHER FLAP CLOSURE	\$788.36
15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$418.63
15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE	\$588.18
15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL	\$613.04
15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH LOCAL OR REGIONAL	\$694.45
15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, WITH	\$1,113.06
15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE	\$347.78
15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE	\$558.81
15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION	\$558.50
15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH LOCAL ROTATION	\$648.71
15956	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR	\$894.46
15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR	\$892.28
15960	EXCISION, HEEL PRESSURE ULCER, WITH PRIMARY SUTURE;	\$0.00
15970	EXCISION, LEG PRESSURE ULCER, WITH PRIMARY SUTURE;	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL	\$32.04
16010	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, SMALL	\$32.76
16015	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; UNDER ANESTHESIA, MEDIUM	\$117.01
16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$34.39
16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$69.98
16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT	\$81.33
16035	ESCHAROTOMY	\$209.68
16036	ESCHAROTOMY; EACH ADDITIONAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR P	\$59.53
16040	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG,	\$0.00
16041	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG,	\$0.00
16042	EXCISION BURN WOUND, WITHOUT SKIN GRAFTING, EMPLOYING ALLOPLASTIC DRESSING (EG,	\$0.00
17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$27.90
17003	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$6.38
17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$115.15
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); L	\$195.41
17107	DESTRUCT. OF CUTANEOUS VASC. PROLIFERATIVE LESIONS 10.0-50.0	\$361.72
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); O	\$635.22
17110	DESTRUCTION BY ANY METHOD OF FLAT (PLANE, JUVENILE) WARTS	\$33.45
17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM, OR MILIA; 15 OR	\$42.40
17250	CHEMICAL CAUTERIZATION OF A WOUND	\$21.11
17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$41.16
17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$52.31
17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$70.21
17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$80.98
17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$88.91
17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER	\$106.12
17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$57.13
17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$66.59
17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$80.14
17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$93.06
17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$117.37

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA;	\$141.91
17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$54.49
17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$77.57
17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$92.79
17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$117.44
17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$141.36
17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCO	\$198.19
17303	CHEMOSURGERY (MOHS' MICROGRAPHIC TECHNIQUE), FIRST STAGE, FIXED TISSUE TECHNIQUE	\$0.00
17304	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS TUMOR	\$298.50
17305	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS	\$118.29
17306	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS	\$111.12
17307	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS	\$112.05
17310	CHEMOSURGERY (MOHS MICROGRAPHIC TECHNIQUE), INCLUDING REMOVAL OF ALL GROSS	\$34.67
17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$247.08
17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$131.50
17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$221.46
17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$121.59
17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCI	\$34.41
17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	\$27.80
17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	\$55.75
17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	\$0.00
17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	\$329.32
19000	PUNCTURE ASPIRATION OF CYST OF BREAST	\$31.03
19001	PUNCTURE ASPIRATION OF CYST OF BREAST	\$15.86
19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	\$176.39
19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR	\$56.73
19100	BIOPSY OF BREAST	\$47.22
19101	BIOPSY OF BREAST	\$168.35
19102	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, USING IMAGING GUIDANCE	\$105.45
19103	BIOPSY OF BREAST; PERCUTANEOUS, AUTOMATED VACUUM ASSISTED OR ROTATING BIOPSY DEV	\$193.12
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIB	\$124.31

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY	\$231.29
19112	EXCISION OF LACTIFEROUS DUCT FISTULA	\$190.18
19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR	\$263.34
19125	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL	\$280.86
19126	EXCISION OF BREAST LESION IDENTIFIED BY PRE-OPERATIVE PLACEMENT OF RADIOLOGICAL	\$126.42
19140	MASTECTOMY FOR GYNECOMASTIA	\$276.48
19160	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$310.90
19162	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$672.89
19180	MASTECTOMY, SIMPLE, COMPLETE	\$440.52
19182	MASTECTOMY, SUBCUTANEOUS	\$402.68
19200	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	\$760.17
19220	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY	\$772.58
19240	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT	\$759.76
19260	EXCISION OF CHEST WALL TUMOR INCLUDING RIBS	\$695.15
19271	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC	\$1,001.14
19272	EXCISION OF CHEST WALL TUMOR INVOLVING RIBS, WITH PLASTIC	\$1,066.32
19290	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST;	\$47.76
19291	PREOPERATIVE PLACEMENT OF NEEDLE LOCALIZATION WIRE, BREAST; EACH ADDITIONAL LESI	\$24.19
19295	IMAGE GUIDED PLACEMENT, METALLIC LOCALIZATION CLIP, PERCUTANEOUS, DURING BREAST	\$75.00
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	\$128.15
19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR	\$70.21
19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE	\$246.79
19300	MAMMOPLASTY,REDUC,REPOSITION,ONE STAGE,UNILTRL	\$242.52
19301	MAMMOPLASTY,RED,REPOSTON,1 STAGE;BILAT	\$263.45
19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);	\$556.02
19303	MAMMOPLSTY; REDUCE,REPOSITION,TWO STAGE UNILATERAL	\$563.27
19304	MAMMOPLSTY,RED,REPOSITION; TWO STAGE; BILAT	\$350.60
19305	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY LYMPH NODES	\$690.04
19306	MASTECTOMY, RADICAL, INCLUDING PECTORAL MUSCLES, AXILLARY AND INTERNAL MAMMARY L	\$717.28
19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PE	\$721.02
19316	MASTOPEXY	\$617.47

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
19318	REDUCTION MAMMAPLASTY	\$844.14
19324	MAMMAPLASTY, AUGMENTATION	\$279.65
19325	MAMMAPLASTY, AUGMENTATION	\$418.34
19328	REMOVAL OF INTACT MAMMARY IMPLANT	\$292.70
19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	\$361.70
19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	\$351.48
19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY,	\$620.86
19350	NIPPLE/AREOLA RECONSTRUCTION	\$475.32
19355	CORRECTION OF INVERTED NIPPLES	\$371.15
19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUB	\$926.80
19360	BREAST RECONSTRUCTION WITH MUSCLE OR MYOCUTANEOUS FLAP	\$0.00
19361	BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITH OR WITHOUT PROSTHETIC IMP	\$1,075.08
19362	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS FLAP (TRAM), INCLUDING CL	\$0.00
19364	BREAST RECONSTRUCTION WITH FREE FLAP	\$1,838.78
19366	BREAST RECONSTRUCTION WITH OTHER TECHNIQUE	\$1,071.43
19367	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	\$1,315.42
19368	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	\$1,553.39
19369	BREAST RECONSTRUCTION WITH TRANSVERSE RECTUS ABDOMINIS MYOCUTANEOUS FLAP (TRAM),	\$1,477.38
19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	\$424.59
19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	\$506.66
19380	REVISION OF RECONSTRUCTED BREAST	\$502.19
19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	\$107.16
19499	UNLISTED PROCEDURE, BREAST	\$127.70
20000	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$96.95
20005	INCISION OF SOFT TISSUE ABSCESS (EG, SECONDARY TO OSTEOMYELITIS)	\$161.70
2000F	BLOOD PRESSURE MEASURED (CAD, CKD, HF, HTN)1, (DM)2,4	\$0.00
2001F	WEIGHT RECORDED (CHF, PAG)	\$0.00
2002F	CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED1	\$0.00
2003F	AUSCULTATION OF THE HEART PERFORMED1	\$0.00
2004F	INITIAL EXAMINATION OF THE INVOLVED JOINT(S) (INCLUDES VISUAL INSPECTION, PALPAT	\$0.00
20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	\$448.20

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	\$167.73
20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	\$175.84
20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	\$258.18
2010F	VITAL SIGNS (TEMPERATURE, PULSE, RESPIRATORY RATE, AND BLOOD PRESSURE) DOCUMENTE	\$0.00
2014F	MENTAL STATUS ASSESSED (CAP)1 (EM)5	\$0.00
20150	EXCISION OF EPIPHYSEAL BAR WITH/WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED TH	\$661.36
2015F	ASTHMA IMPAIRMENT ASSESSED (ASTHMA)1	\$0.00
2016F	ASTHMA RISK ASSESSED (ASTHMA)1	\$0.00
2018F	HYDRATION STATUS ASSESSED (NORMAL/MILDLY DEHYDRATED/SEVERELY DEHYDRATED) (CAP)	\$0.00
2019F	DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSEN	\$0.00
20200	BIOPSY, MUSCLE	\$83.98
20205	BIOPSY, MUSCLE	\$132.94
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	\$52.62
2020F	DILATED FUNDUS EVALUATION PERFORMED WITHIN 12 MONTHS PRIOR TO CATARACT SURGERY (	\$0.00
2021F	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE	\$0.00
20220	BIOPSY, BONE, TROCAR OR NEEDLE	\$84.38
20225	BIOPSY, BONE, TROCAR OR NEEDLE	\$102.23
2022F	DILATED RETINAL EYE EXAM WITH INTERPRETATION BY AN OPHTHALMOLOGIST OR OPTOMETRIS	\$0.00
20240	BIOPSY, EXCISIONAL	\$146.49
20245	BIOPSY, EXCISIONAL	\$367.87
2024F	SEVEN STANDARD FIELD STEREOSCOPIC PHOTOS WITH INTERPRETATION BY AN OPHTHALMOLOGI	\$0.00
20250	BIOPSY, VERTEBRAL BODY, OPEN	\$289.23
20251	BIOPSY, VERTEBRAL BODY, OPEN	\$253.09
2026F	EYE IMAGING VALIDATED TO MATCH DIAGNOSIS FROM SEVEN STANDARD FIELD STEREOSCOPIC	\$0.00
2027F	OPTIC NERVE HEAD EVALUATION PERFORMED (EC)5	\$0.00
2028F	FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUGH VISUAL INSPECTION, SENS	\$0.00
2029F	COMPLETE PHYSICAL SKIN EXAM PERFORMED (ML)5	\$0.00
2030F	HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)1	\$0.00
2031F	HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)1	\$0.00
2035F	TYMPANIC MEMBRANE MOBILITY ASSESSED WITH PNEUMATIC OTOSCOPY OR TYMPANOMETRY (OME	\$0.00
2040F	PHYSICAL EXAMINATION ON THE DATE OF THE INITIAL VISIT FOR LOW BACK PAIN PERFORME	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
2044F	DOCUMENTATION OF MENTAL HEALTH ASSESSMENT PRIOR TO INTERVENTION (BACK SURGERY OR	\$0.00
20500	INJECTION OF SINUS TRACT	\$68.94
20501	INJECTION OF SINUS TRACT	\$39.54
2050F	WOUND CHARACTERISTICS INCLUDING SIZE AND NATURE OF WOUND BASE TISSUE AND AMOUNT	\$0.00
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH	\$134.78
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH	\$155.47
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	\$46.50
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S CONTRA	\$36.71
20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS	\$39.27
20551	INJECTION; TENDON ORIGIN/INSERTION	\$43.41
20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	\$35.03
20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	\$39.29
20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT	\$165.01
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$40.93
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$42.08
2060F	PATIENT INTERVIEWED DIRECTLY ON OR BEFORE DATE OF DIAGNOSIS OF MAJOR DEPRESSIVE	\$0.00
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION	\$48.79
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	\$28.14
20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	\$130.44
20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION,	\$138.73
20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME,	\$158.66
20661	APPLICATION OF HALO, INCLUDING REMOVAL	\$308.58
20662	APPLICATION OF HALO, INCLUDING REMOVAL	\$288.62
20663	APPLICATION OF HALO, INCLUDING REMOVAL	\$263.23
20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN	\$432.00
20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	\$79.91
20670	REMOVAL OF IMPLANT	\$137.06
20680	REMOVAL OF IMPLANT	\$217.12
20690	APPLICATION OF EXTERNAL FIXATION SYSTEM (EG,	\$192.28
20692	APPLICATION OF A MULTIPLANE(PINS OR WIRES IN MORE THAN 1 PLA	\$330.69
20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYS. REQ. ANESTH	\$368.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
20694	DELETE	\$275.57
20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$615.95
20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EX	\$831.25
20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH	\$2,043.68
20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL	\$2,519.44
20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS)	\$2,601.18
20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES	\$1,745.57
20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO	\$1,638.74
20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO	\$1,715.63
20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT)	\$1,593.29
20838	REPLANTATION, FOOT	\$1,959.62
20900	BONE GRAFT, ANY DONOR AREA	\$288.13
20902	BONE GRAFT, ANY DONOR AREA	\$424.70
20910	CARTILAGE GRAFT	\$424.70
20912	CARTILAGE GRAFT	\$304.21
20920	FASCIA LATA GRAFT	\$239.98
20922	FASCIA LATA GRAFT	\$286.84
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR,	\$315.82
20926	TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS, ETC)	\$293.90
20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	\$138.47
20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	\$99.70
20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIB	\$138.47
20937	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (TH	\$150.25
20938	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BI	\$164.43
20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (EG, WICK	\$80.39
20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS	\$2,007.53
20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA ILIAC CREST	\$1,650.31
20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS FIBULA METATARSAL	\$1,817.07
20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS	\$1,687.16
20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,211.44
20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,100.99

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$1,783.10
20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS	\$2,184.25
20974	ELECTRICAL STIMULATION TO AID BONE HEALING	\$31.84
20975	ELECTRICAL STIMULATION TO AID BONE HEALING	\$118.29
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERAT	\$24.40
20982	ABLATION, BONE TUMOR(S) (EG, OSTEOID OSTEOOMA, METASTASIS) RADIOFREQUENCY, PERCUT	\$300.94
20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES	\$75.09
20986	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES	\$0.00
20987	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES	\$0.00
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	\$487.32
21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	\$120.31
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	\$163.01
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$191.57
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRA	\$250.93
21015	DELETE	\$260.21
21016	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCAL	\$285.50
21025	EXCISION OF BONE MANDIBLE	\$490.41
21026	EXCISION OF BONE FACIAL BONE(S)	\$281.68
21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE	\$426.77
21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	\$239.75
21031	EXCISION OF TORUS MANDIBULARIS	\$174.47
21032	EXCISION OF MAXILLARY TORUS PALATINUS	\$189.08
21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER	\$721.00
21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE	\$231.92
21041	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; COMPLEX	\$0.00
21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	\$528.41
21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE	\$709.72
21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG	\$675.79
21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND	\$822.74
21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG,	\$695.25
21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND	\$781.92

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	\$511.64
21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT	\$476.44
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	\$390.13
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANES	\$119.94
21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	\$667.43
21077	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$1,678.96
21079	IMPRESSION & CUSTOM PREPARATION:INTERIM OBTURATOR PROSTHESIS	\$1,129.20
21080	IMPRESSION & CUSTOM PREPARATION:DEFINITIVE OBTURATOR PROSTHE	\$1,285.36
21081	IMPRESSION & CUSTOM PREPARATION:MANDIBULAR RESECTION PROSTHE	\$1,161.63
21082	IMPRESSION & CUSTOM PREPARATION:PALATAL AUGMENTATION PROSTHE	\$1,023.73
21083	IMPRESSION& CUSTOM PREPARATION:PALATAL LIFT PROSTHESIS	\$988.24
21084	IMPRESSION & CUSTOM PREPARATION:SPEECH AID PROSTHESIS	\$1,137.00
21085	IMPRESSION & CUSTOM PREPARATION:ORAL SURGICAL SPLINT	\$519.71
21086	IMPRESSION & CUSTOM PREPARATION:AURICULAR PROSTHESIS	\$1,261.58
21087	IMPRESSION & CUSTOM PREPARATION:NASAL PROSTHESIS	\$1,232.79
21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	\$0.00
21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL	\$222.39
21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS	\$343.63
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$27.94
21120	GENIOPLASTY:AUGMENTATION(AUTOGRAFT,ALLOGRAFT,PROSTHETIC MAT)	\$313.07
21121	GENIOPLASTY:SLIDING OSTEOTOMY,SINGLE PIECE	\$388.79
21122	GENIOPLASTY:SLIDING OSTEOTOMIES,2 OR MORE OSTEOTOMIES	\$432.20
21123	GENIOPLASTY:SLIDING,AUGMENTATION W/INTERPOSITIONAL BONE GRFT	\$553.63
21125	AUGMENTATION,MANDIBULAR BODY OR ANGLE:PROSTHETIC MATERIAL	\$467.29
21127	AUGMENTATION,MANDIBULAR BODY OR ANGLE:W/BONE GRAFT ONLAY	\$520.80
21137	REDUCTION FOREHEAD:CONTOURING ONLY	\$443.98
21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GR	\$551.27
21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	\$642.92
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTIO	\$818.93
21142	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION,	\$918.27

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY	\$856.76
21144	RECONSTRUCTION MIDFACE, LEFORT I; INTRUSION, SINGLE PIECE (EG, FOR LONG FACE SYN	\$0.00
21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, ANY DIRECTION, REQUIRING BONE GR	\$858.81
21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, ANY DIRECTION, REQUIRING BONE GRAF	\$917.08
21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, ANY DIRECTION, REQUIRING	\$1,046.58
21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYND	\$1,183.44
21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDE	\$1,269.19
21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAF	\$1,327.25
21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAF	\$1,512.19
21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	\$2,110.76
21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANC	\$2,192.46
21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR A	\$1,244.06
21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADV	\$1,553.85
21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GR	\$916.68
21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AU	\$1,238.28
21181	REMOVAL BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA),	\$438.98
21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,535.08
21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,649.06
21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING I	\$1,655.66
21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (IN	\$1,088.47
21193	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOT	\$752.38
21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOT	\$837.82
21195	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXAT	\$798.52
21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	\$957.49
21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	\$671.17
21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	\$761.00
21206	OSTEOTOMY (EG, FOR PROGNATHISM, MICROGNATHISM, APERTOGNATHISM OR	\$713.15
21208	OSTEOPLASTY, FACIAL BONES	\$495.92
21209	OSTEOPLASTY, FACIAL BONES	\$374.08
21210	GRAFT, BONE	\$543.34
21215	GRAFT, BONE	\$564.66

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21230	GRAFT	\$472.74
21235	GRAFT	\$326.87
21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT	\$735.48
21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	\$684.79
21243	ARTHROPLASTY TEMPOROMANDIBULAR JNT W/PROSTHETIC JNT REPLACEM	\$975.12
21244	RECONSTRUCT OF MANDIBLE EXTRAORAL W/TRANSOSTEAL BONE PLATE	\$608.90
21245	RECONSTRUCT OF MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLANT PAR	\$541.81
21246	RECONSTRUCT MANDIBLE OR MAXILLA SUBPERIOSTEAL IMPLNT CMPLT	\$538.20
21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDE	\$1,226.97
21248	RECONST MANDIBLE OR MAXILLA ENDOSTEAL IMPLANT PARTIAL	\$581.28
21249	RECONSTRUCT MANDIBLE/MAXILLA ENDOSTEAL IMPLANT COMPLETE	\$820.61
21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCL	\$844.56
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (IN	\$849.64
21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS	\$853.11
21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS	\$1,394.56
21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS	\$1,227.52
21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL,	\$963.10
21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL,	\$1,136.98
21270	MALAR AUGMENTATION, BONE OR ALLOPLASTIC MATERIAL	\$430.07
21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	\$486.52
21280	MEDIAL CANTHOPLASTY	\$295.27
21282	LATERAL CANTHOPEXY	\$237.19
21295	REDUCTION OF MASSETER MUSCLE (EG, TREATMENT OF BENIGN	\$102.04
21296	REDUCTION OF MASSETER MUSCLE (EG, TREATMENT OF BENIGN	\$227.37
21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	\$0.00
21300	CLOSED TREATMENT OF SKULL FRACTURE WITHOUT OPERATION	\$0.00
21310	TREATMENT OF CLOSED OR OPEN NASAL FRACTURE WITHOUT	\$29.01
21315	MANIPULATIVE TREATMENT, NASAL BONE FRACTURE	\$84.80
21320	MANIPULATIVE TREATMENT, NASAL BONE FRACTURE	\$144.28
21325	OPEN TREATMENT OF NASAL FRACTURE	\$309.83
21330	OPEN TREATMENT OF NASAL FRACTURE	\$378.71

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21335	OPEN TREATMENT OF NASAL FRACTURE	\$453.77
21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	\$384.02
21337	TREATMENT OF CLOSED NASAL SEPTAL FRACTURE	\$197.82
21338	OPEN TREATMENT OF NASOETHMOID FRACTURE	\$517.51
21339	OPEN TREATMENT OF NASOETHMOID FRACTURE	\$554.27
21340	TREATMENT OF CLOSED OR OPEN NASOETHMOID COMPLEX FRACTURE,	\$479.29
21343	OPEN TX OF CLOSED OR OPEN DEPRESSED FRONTAL SINUS FRACTURE	\$911.42
21344	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING POSTERIOR WALL) FRONT	\$920.66
21345	TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II	\$384.62
21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT	\$592.85
21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT	\$726.54
21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRA	\$707.26
21355	MANIPULATIVE TREATMENT OF CLOSED OR OPEN FRACTURE OF MALAR AREA,	\$180.28
21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	\$218.17
21360	OPEN TREATMENT OF CLOSED OR OPEN DEPRESSED MALAR FRACTURE,	\$347.32
21365	OPEN TREATMENT OF CLOSED OR OPEN COMPLICATED, (EG, MULTIPLE	\$797.25
21366	OPEN TREATMENT OF COMPLICATED (EG, COMMUNUTED OR INVOLVING CRANIAL NERVE FORAMIN	\$737.68
21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$525.73
21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$501.50
21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$467.94
21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$598.54
21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE	\$544.13
21400	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$82.22
21401	TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$169.83
21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$377.59
21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"	\$645.46
21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INC	\$533.74
21421	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE)	\$340.95
21422	TREATMENT OF PALATAL OR ALVEOLAR RIDGE FRACTURES (LEFORT I TYPE)	\$463.51
21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (CO	\$574.91
21431	TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING	\$414.87

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE)	\$479.69
21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE)	\$1,267.63
21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE)	\$751.37
21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIP	\$1,157.62
21440	MANIPULATIVE TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$224.74
21445	OPEN TREATMENT OF ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	\$348.86
21450	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$247.93
21451	TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$335.23
21452	TREATMENT OF OPEN MANDIBULAR FRACTURE	\$166.87
21453	TREATMENT OF OPEN MANDIBULAR FRACTURE	\$411.66
21454	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE WITH	\$347.39
21455	CLOSED MANIPULATIVE TREATMENT BY INTERDENTAL FIXATION OF CLOSED OR OPEN MANDIBUL	\$0.00
21461	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$523.31
21462	OPEN TREATMENT OF CLOSED OR OPEN MANDIBULAR FRACTURE	\$717.68
21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	\$547.58
21470	OPEN TREATMENT OF COMPLICATED CLOSED OR OPEN MANDIBULAR	\$1,014.18
21480	UNCOMPLICATED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION,	\$54.73
21485	COMPLICATED MANIPULATIVE TREATMENT OF TEMPOROMANDIBULAR	\$294.25
21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	\$551.78
21493	CLOSED TREATMENT OF HYOID FRACTURE; WITHOUT MANIPULATION	\$0.00
21494	CLOSED TREATMENT OF HYOID FRACTURE; WITH MANIPULATION	\$296.09
21495	OPEN TREATMENT OF CLOSED OR OPEN HYOID FRACTURE	\$351.38
21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	\$290.59
21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES	\$202.17
21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES	\$322.86
21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$288.98
21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	\$106.18
21552	BIOPSY, SOFT TISSUE OF NECK OR THORAX 3 CM OR GREATER	\$214.37
21554	BIOPSY, SOFT TISSUE OF NECK OR THORAX 5 CM OR GREATER	\$350.76
21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX	\$190.68
21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX	\$275.32

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM),	\$358.00
21558	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTE	\$655.55
21600	EXCISION OF RIB, PARTIAL	\$320.49
21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	\$613.84
21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET	\$513.99
21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET	\$511.63
21620	OSTECTOMY OF STERNUM, PARTIAL	\$324.09
21627	STERNAL DEBRIDEMENT	\$523.07
21630	RADICAL RESECTION OF STERNUM	\$743.29
21632	RADICAL RESECTION OF STERNUM	\$743.48
21633	RADICAL RESECTION OF STERNUM; FOR OSTEOMYELITIS	\$0.00
21685	HYOID MYOTOMY AND SUSPENSION	\$658.65
21700	DIVISION OF SCALENUS ANTICUS	\$367.96
21705	DIVISION OF SCALENUS ANTICUS	\$474.43
21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS,	\$208.52
21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS,	\$319.45
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	\$635.27
21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$0.00
21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE	\$0.00
21750	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE	\$654.42
21800	TREATMENT OF RIB FRACTURE	\$57.43
21805	TREATMENT OF RIB FRACTURE	\$150.85
21810	TREATMENT OF RIB FRACTURE	\$299.44
21820	TREATMENT OF STERNUM FRACTURE	\$76.88
21825	TREATMENT OF STERNUM FRACTURE	\$351.23
21899	UNLISTED PROCEDURE, NECK OR THORAX	\$307.00
21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK	\$86.76
21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK	\$195.40
21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	\$231.00
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	\$223.72
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); L	\$321.37

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5	\$353.14
21935	RADICAL RESECTION OF TUMOR SOFT TISSUE BACK OR FLANK	\$808.50
21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK	\$680.58
22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERV	\$566.96
22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMB	\$562.07
22100	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS	\$451.60
22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS	\$454.81
22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS	\$463.35
22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA O	\$106.06
22105	PARTIAL RESECTION OF VERTEBRAL COMPONENT FOR TUMOR (EG, PARTIAL FACETECTOMY, WIT	\$0.00
22106	PARTIAL RESECTION OF VERTEBRAL COMPONENT FOR TUMOR (EG, PARTIAL FACETECTOMY, WIT	\$0.00
22107	PARTIAL RESECTION OF VERTEBRAL COMPONENT FOR TUMOR (EG, PARTIAL FACETECTOMY, WIT	\$0.00
22110	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS)	\$573.05
22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS)	\$573.06
22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS)	\$574.56
22116	PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRES	\$105.89
22140	RECONSTRUCTION OF SPINE WITH BONE GRAFT (AUTOGRAFT, ALLOGRAFT) AND/OR METHYLMETH	\$0.00
22141	RECONSTRUCTION OF SPINE WITH BONE GRAFT (AUTOGRAFT, ALLOGRAFT) AND/OR METHYL MET	\$0.00
22142	RECONSTRUCTION OF SPINE WITH BONE GRAFT (AUTOGRAFT, ALLOGRAFT) AND/OR METHYL MET	\$0.00
22145	RECONSTRUCTION OF SPINE FOLLOWING VERTEBRAL BODY RESECTION, EACH ADDITIONAL VERT	\$0.00
22148	HARVESTING OF BONE AUTOGRAFT FOR VERTEBRAL RECONSTRUCTION FOLLOWING VERTEBRAL CO	\$0.00
22150	RECONSTRUCTION OF SPINE WITH PREFABRICATED PROSTHETIC REPLACEMENT FOLLOWING RESE	\$0.00
22151	RECONSTRUCTION OF SPINE WITH PREFABRICATED PROSTHETIC REPLACEMENT FOLLOWING RESE	\$0.00
22152	RECONSTRUCTION OF SPINE WITH PREFABRICATED PROSTHETIC REPLACEMENT FOLLOWING RESE	\$0.00
22206	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	\$1,170.28
22207	OSTEOTOMY OF SPINE FOR CORRECTION FIXED DEFORMITY,	\$1,156.13
22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VER	\$291.29
22210	OSTEOTOMY SPINE POSTERIOR APPRCH CORRECTION OF DEFORMITY SGL	\$1,032.69
22212	OSTEOTOMY SPINE POSTERIOR APPRCH CORRECTION OF DEFORMITY SGL	\$850.29
22214	OSTEOTOMY SPINE POST APPRCH CORRECTION OF DEFORMITY SINGLE	\$864.80
22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT;	\$275.22

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
22220	OSTEOTOMY SPINE ANTERIOR APPRCH CORRECTION OF DEFORMITY SNGL	\$924.80
22222	OSTEOTOMY SPINE ANTERIOR FOR CORRECTION OF DEFORM SINGLE SEG	\$847.97
22224	OSTEOTOMY SPINE ANTERIOR CORRECTION OF DEFORMITY SINGLE_SEGM	\$927.37
22226	OSTEOTOMY OF SPINE, INCLUDING DISKECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SE	\$273.23
22230	OSTEOTOMY OF SPINE, ANY APPROACH, EACH ADDITIONAL SEGMENT	\$0.00
22305	CLOSED TREATMENT OF VERTEBRAL PROCESS FRACTURE(S)	\$102.70
22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S),	\$128.36
22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE AND/OR DISLOCATION,	\$483.91
22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	\$1,091.30
22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (I	\$1,237.44
22325	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$893.94
22326	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$1,097.16
22327	OPEN TREATMENT OF VERTEBRAL FRACTURE AND/OR	\$1,067.08
22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S),	\$205.32
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	\$73.03
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$511.92
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$474.00
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTI	\$170.64
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$423.06
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$405.55
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTI	\$192.50
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL IN	\$231.20
22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL IN	\$105.56
22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$1,192.02
22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$1,112.39
22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PR	\$278.81
22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE,	\$1,091.23
22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$1,068.88
22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, O	\$246.26
22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,114.60
22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,322.34

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE	\$1,226.82
22585	ARTHRODESIS, ANTERIOR OR ANTEROLATERAL, EACH ADDITIONAL	\$303.46
22586	Fusion of spine bones with removal of disc at lower spinal column with posterior instrumentation and image guidance	\$914.93
22590	ARTHRODESIS POSTERIOR TECH CRANIOCERVICAL W/BONE GRFT INTFIX	\$1,071.61
22595	ARTHRODESIS POST TECH C1/C2 W/BONE GRFT AND/OR INT FIX	\$1,009.66
22600	ARTHRODESIS, POSTERIOR TECHNIQUE, CERVICAL BELOW C2 SEGMENT,	\$981.00
22610	ARTHRODESIS POSTERIOR/POSTEROLATERAL TECH W/LOCAL BONE OR	\$854.36
22612	ARTHRODESIS POSTERIOR/POSTEROLATERAL TECH W/LOCAL BONE	\$1,200.94
22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONA	\$339.12
22625	ARTHRODESIS, LATERAL TRANSVERSE PROCESS TECHNIQUE, WITH LOCAL BONE OR BONE ALLOG	\$0.00
22630	ARTHRODESIS POSTERIOR INTERBODY TECH W/LOCAL BONE OR ALLOGRAF	\$1,179.48
22632	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL I	\$283.26
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTER	\$1,135.85
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTER	\$301.81
22650	ARTHRODESIS, POSTERIOR, POSTEROLATERAL OR LATERAL TRANSVERSE PROCESS TECHNIQUE,	\$0.00
22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	\$952.06
22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT	\$1,694.86
22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE V	\$1,891.39
22808	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEB	\$1,101.95
22810	ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W/WO CAST W/BONEGR	\$1,500.89
22812	ARTHRODESIS ANTERIOR FOR SPINAL DEFORMITY W/WO CAST W/BONEGR	\$1,350.45
22818	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	\$1,571.43
22819	KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT	\$1,709.99
22820	HARVESTING OF BONE AUTOGRAFT THROUGH SEPARATE INCISION (EG, ILIUM, FIBULA) FOR S	\$0.00
22830	EXPLORATION OF SPINAL FUSION	\$795.01
22840	POSTERIOR INSTRUMENTATION	\$792.17
22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	\$88.50
22842	POSTERIOR INSTRUMENTATION	\$592.14
22843	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$652.96
22844	POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIP	\$814.53

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
22845	ANTERIOR INSTRUMENTATION	\$582.00
22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	\$789.08
22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	\$582.00
22848	PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRU	\$341.73
22849	REINSERTION OF SPINAL FIXATION DEVICE	\$949.61
22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION	\$564.49
22851	APPLICATION OF PROSTHETIC DEVICE (EG, METAL CAGES, METHYLMETHACRYLATE) TO VERTEB	\$386.73
22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	\$412.09
22855	REMOVAL OF ANTERIOR INSTRUMENTATION	\$653.94
22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$940.51
22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTO	\$979.88
22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANT	\$1,137.85
22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTE	\$1,186.93
22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, SINGLE	\$1,041.29
22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR,	\$1,156.20
22899	UNLISTED PROCEDURE, SPINE	\$555.11
22900	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)	\$284.50
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	\$314.75
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	\$162.79
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	\$209.93
22904	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WA	\$488.93
22905	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WA	\$634.03
22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	\$757.48
23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS)	\$286.62
23020	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE	\$522.78
23030	INCISION AND DRAINAGE, SHOULDER AREA	\$193.66
23031	INCISION AND DRAINAGE, SHOULDER AREA	\$139.95
23035	INCISION, DEEP, WITH OPENING OF CORTEX (EG, FOR	\$572.05
23040	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION,	\$586.22
23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR	\$462.90
23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$96.44

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA	\$223.29
23071	BIOPSY, SOFT TISSUE OF SHOULDER AREA; 3 CM OR GREATER	\$199.60
23073	BIOPSY, SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	\$329.58
23075	EXCISION, TUMOR, SHOULDER AREA	\$140.08
23076	EXCISION, TUMOR, SHOULDER AREA	\$392.82
23077	RADICAL RESECTION OF TUMOR SOFT TISSUE OF SHOULDER AREA	\$782.09
23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER ARE	\$659.34
23100	ARTHROTOMY FOR BIOPSY, GLENOHUMERAL JOINT	\$403.26
23101	ARTHROTOMY FOR BIOPSY OR FOR EXCISION OF TORN	\$382.25
23105	ARTHROTOMY FOR SYNOVECTOMY	\$531.68
23106	ARTHROTOMY FOR SYNOVECTOMY	\$378.73
23107	ARTHROTOMY GLENOHUMERAL JNT W/JNT EXPLORATION W/WO REMOVAL	\$556.10
23120	CLAVICULECTOMY	\$418.42
23125	CLAVICULECTOMY	\$561.47
23130	ACROMIONECTOMY, PARTIAL OR TOTAL	\$470.30
23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$385.18
23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$580.87
23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$455.84
23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$488.66
23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$612.88
23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$515.20
23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$419.39
23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$414.51
23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$572.91
23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$527.54
23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$582.02
23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$630.56
23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	\$425.52
23195	RESECTION HUMERAL HEAD	\$585.00
23200	RADICAL RESECTION FOR TUMOR	\$709.94
23210	RADICAL RESECTION FOR TUMOR	\$707.76

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
23220	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$846.35
23221	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$1,011.11
23222	RADICAL RESECTION FOR TUMOR, PROXIMAL HUMERUS	\$1,230.57
23330	REMOVAL OF FOREIGN BODY, SHOULDER	\$107.78
23331	REMOVAL OF FOREIGN BODY, SHOULDER	\$381.05
23332	REMOVAL OF FOREIGN BODY, SHOULDER	\$665.59
23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	\$40.41
23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF	\$875.65
23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF	\$905.41
23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	\$773.34
23405	TENOMYOTOMY, SHOULDER AREA	\$520.33
23406	TENOMYOTOMY, SHOULDER AREA	\$632.89
23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR	\$724.68
23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR	\$798.21
23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY,	\$516.86
23420	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION,	\$831.01
23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	\$572.01
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF	\$584.81
23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$784.31
23455	CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$870.97
23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$882.71
23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$896.51
23465	CAPSULORRHAPHY FOR RECURRENT DISLOCATION,	\$903.64
23466	CAPSULORRHAPHY FOR RECURRENT DISLOCATION WITH ANY TYPE	\$866.09
23470	ARTHROPLASTY WITH PROXIMAL HUMERAL IMPLANT (EG, NEER TYPE OPERATION)	\$997.25
23472	ARTHROPLASTY WITH GLENOID AND PROXIMAL HUMERAL	\$1,020.01
23473	Repair of shoulder	\$1,013.30
23474	Repair of shoulder	\$1,093.31
23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION	\$594.94
23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION	\$763.58
23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$670.04

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$808.70
23500	TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$121.75
23505	TREATMENT OF CLOSED CLAVICULAR FRACTURE	\$203.37
23510	TREATMENT OF OPEN CLAVICULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23515	OPEN TREATMENT OF CLOSED OR OPEN CLAVICULAR	\$446.71
23520	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$125.02
23525	TREATMENT OF CLOSED STERNOCLAVICULAR DISLOCATION	\$190.19
23530	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR	\$426.74
23532	OPEN TREATMENT OF CLOSED OR OPEN STERNOCLAVICULAR	\$461.39
23540	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$124.45
23545	TREATMENT OF CLOSED ACROMIOCLAVICULAR DISLOCATION	\$175.57
23550	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR	\$457.08
23552	OPEN TREATMENT OF CLOSED OR OPEN ACROMIOCLAVICULAR	\$487.63
23570	TREATMENT OF CLOSED SCAPULAR FRACTURE	\$130.77
23575	TREATMENT OF CLOSED SCAPULAR FRACTURE	\$223.47
23580	TREATMENT OF OPEN SCAPULAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23585	OPEN TREATMENT OF CLOSED OR OPEN SCAPULAR FRACTURE	\$524.26
23600	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$183.80
23605	TREATMENT OF CLOSED HUMERAL (SURGICAL OR ANATOMICAL	\$312.16
23610	TREATMENT OF OPEN HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH UNCOMPLIC	\$0.00
23615	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL (SURGICAL	\$586.36
23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH	\$1,225.92
23620	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$138.66
23625	TREATMENT OF CLOSED GREATER TUBEROSITY FRACTURE	\$253.74
23630	OPEN TREATMENT OF CLOSED OR OPEN GREATER TUBEROSITY	\$464.22
23650	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$180.50
23655	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$239.70
23658	TREATMENT OF OPEN SHOULDER DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
23660	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION	\$464.21
23665	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH	\$265.46
23670	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION,	\$494.23

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
23675	TREATMENT OF CLOSED SHOULDER DISLOCATION, WITH SURGICAL	\$333.81
23680	OPEN TREATMENT OF CLOSED OR OPEN SHOULDER DISLOCATION,	\$614.28
23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING	\$153.92
23800	ARTHRODESIS, SHOULDER JOINT	\$876.10
23802	ARTHRODESIS, SHOULDER JOINT	\$878.67
23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	\$998.77
23920	DISARTICULATION OF SHOULDER	\$841.12
23921	DISARTICULATION OF SHOULDER	\$322.61
23929	UNLISTED PROCEDURE, SHOULDER	\$313.82
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$166.04
23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA	\$104.39
23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$416.26
24000	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$357.63
24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE P	\$511.08
24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$107.39
24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$286.56
24071	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 3 CM OR GREATER	\$193.99
24073	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER	\$331.61
24075	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA	\$225.58
24076	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA	\$340.26
24077	RAD RESECT OF TUMOR SOFT TISSUE OF UPPER ARM OR ELBOW AREA	\$685.30
24079	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR	\$608.72
24100	ARTHROTOMY, ELBOW	\$304.37
24101	ARTHROTOMY, ELBOW	\$385.44
24102	ARTHROTOMY, ELBOW	\$490.98
24105	EXCISION, OLECRANON BURSA	\$235.26
24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$472.26
24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$584.41
24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$670.21
24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$385.10
24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$426.91

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$472.54
24130	EXCISION, RADIAL HEAD	\$387.54
24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$631.40
24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$466.41
24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$449.34
24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$631.84
24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$476.07
24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$474.53
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CON	\$789.53
24150	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS	\$823.48
24151	RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS	\$895.14
24152	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK	\$532.44
24153	RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK	\$603.00
24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	\$657.94
24160	IMPLANT REMOVAL	\$413.36
24164	IMPLANT REMOVAL	\$365.18
24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$96.60
24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA	\$273.94
24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	\$50.57
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	\$268.70
24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE	\$559.90
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH	\$369.55
24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH	\$329.10
24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT	\$611.83
24330	FLEXOR-PLASTY, ELBOW, (EG, STEINDLER TYPE ADVANCEMENT)	\$545.74
24331	FLEXOR-PLASTY, ELBOW, (EG, STEINDLER TYPE ADVANCEMENT)	\$598.45
24332	TENOLYSIS, TRICEPS	\$363.93
24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	\$450.93
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR	\$453.94
24342	REINSERTION OF RUPTURED BICEPS TENDON, DISTAL,	\$614.56
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES H	\$724.62
24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	\$482.80
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HA	\$724.62
24350	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS);	\$305.14
24351	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH	\$337.62
24352	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH ANNULAR	\$379.43
24354	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH	\$378.45
24356	FASCIOTOMY, LATERAL OR MEDIAL (EG, TENNIS ELBOW OR EPICONDYLITIS); WITH PARTIAL	\$412.28
24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S EL	\$228.19
24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S EL	\$266.71
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S EL	\$324.38
24360	ARTHROPLASTY, ELBOW	\$729.27
24361	ARTHROPLASTY, ELBOW	\$783.88
24362	ARTHROPLASTY, ELBOW	\$817.90
24363	ARTHROPLASTY, ELBOW	\$1,077.13
24365	ARTHROPLASTY, RADIAL HEAD	\$483.37
24366	ARTHROPLASTY, RADIAL HEAD	\$552.25
24370	Revision of total elbow repair	\$960.07
24371	Revision of total elbow repair	\$1,104.37
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	\$641.55
24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON	\$854.41
24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	\$822.54
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS	\$786.24
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS	\$820.73
24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS	\$500.70
24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL	\$481.02
24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$696.94
24500	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$182.00
24505	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE	\$319.62
24506	TREATMENT OF CLOSED HUMERAL SHAFT FRACTURE; PERCUTANEOUS INSERTION OF PIN OR ROD	\$0.00
24510	TREATMENT OF OPEN HUMERAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
24515	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SHAFT	\$657.83
24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLA	\$665.38
24530	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$213.78
24531	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITHOUT MAN	\$0.00
24535	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$375.67
24536	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH MANIPU	\$0.00
24538	TREATMENT OF CLOSED HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR	\$550.73
24540	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	\$0.00
24542	TREATMENT OF OPEN HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH UNCOMPLI	\$0.00
24545	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL SUPRACONDYLAR OR	\$612.66
24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHO	\$815.91
24560	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$160.55
24565	TREATMENT OF CLOSED HUMERAL EPICONDYLAR FRACTURE, MEDIAL	\$300.33
24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERA	\$456.90
24570	TREATMENT OF OPEN HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLI	\$0.00
24575	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL EPICONDYLAR	\$559.48
24576	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$167.70
24577	TREATMENT OF CLOSED HUMERAL CONDYLAR FRACTURE, MEDIAL	\$320.54
24578	TREATMENT OF OPEN HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH UNCOMPLICAT	\$0.00
24579	OPEN TREATMENT OF CLOSED OR OPEN HUMERAL CONDYLAR FRACTURE,	\$619.22
24580	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PR	\$0.00
24581	TREATMENT OF CLOSED COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PR	\$0.00
24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL,	\$500.93
24583	TREATMENT OF OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUMERUS AND/OR PROX	\$0.00
24585	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME	\$0.00
24586	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW	\$847.62
24587	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW	\$823.20
24588	OPEN TREATMENT OF CLOSED OR OPEN COMMINUTED ELBOW FRACTURE (FRACTURE DISTAL HUME	\$0.00
24600	TREATMENT OF CLOSED ELBOW DISLOCATION	\$225.39
24605	TREATMENT OF CLOSED ELBOW DISLOCATION	\$275.73
24610	TREATMENT OF OPEN ELBOW DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
24615	OPEN TREATMENT OF CLOSED OR OPEN ELBOW DISLOCATION	\$540.99
24620	TREATMENT OF CLOSED MONTEGGIA TYPE OF FRACTURE	\$358.42
24625	TREATMENT OF OPEN MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROX	\$0.00
24635	OPEN TREATMENT OF CLOSED OR OPEN MONTEGGIA TYPE	\$869.22
24640	TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD,	\$76.75
24650	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$125.45
24655	TREATMENT OF CLOSED RADIAL HEAD OR NECK FRACTURE	\$250.88
24660	TREATMENT OF OPEN RADIAL HEAD OR NECK FRACTURE, WITH UNCOMPLICATED SOFT TISSUE C	\$0.00
24665	OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR	\$486.33
24666	OPEN TREATMENT OF CLOSED OR OPEN RADIAL HEAD OR	\$588.99
24670	TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$149.15
24675	TREATMENT OF CLOSED ULNAR FRACTURE, PROXIMAL	\$272.48
24680	TREATMENT OF OPEN ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS), WITH UNCOMPL	\$0.00
24685	OPEN TREATMENT OF CLOSED OR OPEN ULNAR FRACTURE	\$532.27
24800	ARTHRODESIS, ELBOW JOINT	\$635.88
24802	ARTHRODESIS, ELBOW JOINT	\$762.00
24900	AMPUTATION, ARM THROUGH HUMERUS	\$555.59
24920	AMPUTATION, ARM THROUGH HUMERUS	\$550.56
24925	AMPUTATION, ARM THROUGH HUMERUS	\$429.96
24930	AMPUTATION, ARM THROUGH HUMERUS	\$601.44
24931	AMPUTATION, ARM THROUGH HUMERUS	\$683.32
24935	STUMP ELONGATION, UPPER EXTREMITY	\$855.46
24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	\$0.00
25000	TENDON SHEATH INCISION	\$261.08
25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)	\$223.58
25005	TENDON SHEATH INCISION; AT WRIST FOR OTHER STENOSING TENOSYNOVITIS	\$0.00
25020	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT	\$394.24
25023	DECOMPRESSION FASCIOTOMY, WRIST, FLEXOR AND/OR EXTENSOR COMPARTMENT	\$711.07
25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	\$512.29
25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;	\$824.32
25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST	\$341.13

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST	\$306.43
25035	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$534.85
25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION,	\$424.25
25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	\$105.70
25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST	\$284.65
25071	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$203.61
25073	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; 3 CM OR GREATER	\$254.69
25075	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA	\$244.54
25076	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA	\$367.43
25077	RAD RESECT TUMOR SOFT TISSUE OF FOREARM AND/OR WRIST AREA	\$625.15
25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/	\$532.74
25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	\$368.29
25100	ARTHROTOMY, WRIST JOINT	\$276.33
25101	ARTHROTOMY, WRIST JOINT	\$322.83
25105	ARTHROTOMY, WRIST JOINT	\$417.87
25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR	\$416.79
25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	\$0.00
25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	\$279.23
25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR)	\$233.71
25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR)	\$287.86
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR	\$586.69
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR	\$532.50
25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST,	\$306.17
25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST,	\$429.29
25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$470.98
25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$528.33
25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$525.08
25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$326.61
25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$408.89
25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$353.85
25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS),	\$470.17

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$471.28
25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR	\$512.47
25170	RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA	\$708.27
25210	CARPECTOMY	\$364.86
25215	CARPECTOMY	\$535.76
25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	\$347.40
25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	\$373.26
25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	\$54.32
25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	\$346.07
25250	REMOVAL OF WRIST PROSTHESIS	\$400.62
25251	REMOVAL OF WRIST PROSTHESIS	\$608.87
25259	MANIPULATION, WRIST, UNDER ANESTHESIA	\$265.48
25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$536.92
25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$548.58
25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST	\$653.27
25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST	\$458.83
25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST	\$504.96
25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY,	\$580.23
25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES	\$465.60
25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR	\$504.49
25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR	\$515.27
25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST,	\$475.60
25300	TENODESIS AT WRIST	\$524.10
25301	TENODESIS AT WRIST	\$490.42
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR	\$568.66
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR	\$633.82
25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST	\$655.28
25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST	\$785.38
25317	FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE;	\$0.00
25318	FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE; WITH TENDON(S) TRANSFER	\$0.00
25320	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY,	\$616.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25330	ARTHROPLASTY, WRIST;	\$0.00
25331	ARTHROPLASTY, WRIST; WITH IMPLANT	\$0.00
25332	ARTHROPLASTY, WRIST	\$661.80
25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	\$755.72
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JO	\$614.19
25350	OSTEOTOMY, RADIUS	\$598.80
25355	OSTEOTOMY, RADIUS	\$662.90
25360	OSTEOTOMY	\$570.63
25365	OSTEOTOMY	\$793.95
25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY	\$787.42
25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY	\$836.25
25390	OSTEOPLASTY, RADIUS OR ULNA	\$681.93
25391	OSTEOPLASTY, RADIUS OR ULNA	\$881.02
25392	OSTEOPLASTY, RADIUS AND ULNA	\$840.02
25393	OSTEOPLASTY, RADIUS AND ULNA	\$956.62
25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	\$542.20
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA	\$727.99
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA	\$904.54
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA	\$878.30
25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA	\$1,011.65
25425	REPAIR OF DEFECT WITH AUTOGENOUS BONE GRAFT	\$921.76
25426	REPAIR OF DEFECT WITH AUTOGENOUS BONE GRAFT	\$907.78
25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARIII PROCEDURE)	\$481.62
25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLU	\$485.39
25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE,	\$602.71
25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$741.65
25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$603.59
25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$630.09
25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$669.31
25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$626.25
25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT	\$1,001.79

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25447	INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS	\$617.52
25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	\$761.68
25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$528.40
25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$586.50
25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$624.23
25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$658.38
25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$761.00
25500	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$131.07
25505	TREATMENT OF CLOSED RADIAL SHAFT FRACTURE	\$289.18
25510	TREATMENT OF OPEN RADIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
25515	OPEN TREATMENT OF CLOSED OR OPEN RADIAL SHAFT	\$531.35
25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR	\$366.03
25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION	\$710.36
25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION	\$844.86
25530	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$126.45
25535	TREATMENT OF CLOSED ULNAR SHAFT FRACTURE	\$288.08
25540	TREATMENT OF OPEN ULNAR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
25545	OPEN TREATMENT OF CLOSED OR OPEN ULNAR SHAFT	\$520.50
25560	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$148.88
25565	TREATMENT OF CLOSED RADIAL AND ULNAR SHAFT	\$322.44
25570	TREATMENT OF OPEN RADIAL AND ULNAR SHAFT FRACTURES, WITH UNCOMPLICATED SOFT TISS	\$0.00
25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FI	\$452.28
25575	OPEN TREATMENT OF CLOSED OR OPEN RADIAL AND	\$632.66
25600	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$143.02
25605	TREATMENT OF CLOSED DISTAL RADIAL FRACTURE	\$320.44
25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATIO	\$468.98
25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$466.97
25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$531.56
25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATIO	\$676.75
25610	TREATMENT OF CLOSED, COMPLEX, DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE)	\$0.00
25611	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH	\$458.12

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25615	TREATMENT OF OPEN DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEA	\$0.00
25620	OPEN TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	\$497.81
25622	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$145.67
25624	TREATMENT OF CLOSED CARPAL SCAPHOID (NAVICULAR) FRACTURE	\$245.45
25626	TREATMENT OF OPEN CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH UNCOMPLICATED SOFT	\$0.00
25628	OPEN TREATMENT OF CLOSED OR OPEN CARPAL SCAPHOID	\$495.84
25630	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$148.52
25635	TREATMENT OF CLOSED CARPAL BONE FRACTURE (EXCLUDING	\$225.68
25640	TREATMENT OF OPEN CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)),	\$0.00
25645	OPEN TREATMENT OF CLOSED OR OPEN CARPAL BONE	\$442.87
25650	TREATMENT OF CLOSED ULNAR STYLOID FRACTURE	\$158.22
25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	\$283.75
25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	\$420.71
25660	TREATMENT OF CLOSED RADIOCARPAL OR INTERCARPAL	\$242.09
25665	TREATMENT OF OPEN RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WIT	\$0.00
25670	OPEN TREATMENT OF CLOSED OR OPEN RADIOCARPAL	\$474.74
25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	\$348.57
25675	TREATMENT OF CLOSED DISTAL RADIOULNAR DISLOCATION	\$247.58
25676	OPEN TREATMENT OF CLOSED OR OPEN DISTAL RADIOULNAR	\$481.38
25680	TREATMENT OF CLOSED TRANS-SCAPHOPERILUNAR TYPE	\$301.28
25685	OPEN TREATMENT OF CLOSED OR OPEN TRANS-SCAPHOPERILUNAR	\$575.41
25690	TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	\$336.86
25695	OPEN TREATMENT OF LUNATE DISLOCATION	\$491.10
25800	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$612.50
25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$701.67
25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR	\$656.09
25820	INTERCARPAL FUSION	\$481.56
25825	INTERCARPAL FUSION	\$583.69
25830	DISTAL RADIOULNAR JOINT ARTHRODESIS AND SEGMENTAL RESECTION OF ULNA (EG, SAUVE-K	\$647.03
25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$567.81
25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$587.54

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$523.66
25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA	\$552.40
25915	KRUKENBERG PROCEDURE	\$985.32
25920	DISARTICULATION THROUGH WRIST	\$498.49
25922	DISARTICULATION THROUGH WRIST	\$433.81
25924	DISARTICULATION THROUGH WRIST	\$499.26
25927	TRANSMETACARPAL AMPUTATION	\$539.95
25929	TRANSMETACARPAL AMPUTATION	\$415.89
25931	TRANSMETACARPAL AMPUTATION	\$514.75
26010	DRAINAGE OF FINGER ABSCESS	\$96.86
26011	DRAINAGE OF FINGER ABSCESS	\$165.44
26020	DRAINAGE OF TENDON SHEATH, ONE DIGIT AND/OR PALM	\$350.06
26025	DRAINAGE OF PALMAR BURSA	\$368.91
26030	DRAINAGE OF PALMAR BURSA	\$431.70
26034	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$433.23
26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION	\$573.05
26037	DECOMPRESSIVE FASCIOTOMY HAND (EXCLUDES 26035)	\$477.49
26040	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE	\$290.99
26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE	\$409.48
26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	\$224.70
26060	TENOTOMY, SUBCUTANEOUS, SINGLE, EACH DIGIT	\$195.30
26070	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$283.34
26075	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$303.01
26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$331.00
26100	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$262.16
26105	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$312.36
26110	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$296.52
26111	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$199.03
26113	ARTHROTOMY WITH BIOPSY; 1.5 CM OR GREATER	\$262.01
26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER	\$241.72
26116	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER	\$388.42

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26117	RAD RESECT TUMOR SOFT TISSUE OF HAND OR FINGER	\$524.01
26118	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FING	\$509.39
26121	FASCIECTOMY PALMAR W/WO Z-PLASTY OTHER LOCAL TISSUE REARRANG	\$549.18
26123	FASCIECTOMY PALMAR W/WO ZPLASTY OTHER LOCAL TISSUE REARRANGE	\$628.70
26125	FASCIECTOMY PALMAR W/WO ZPLASTY OTHER LOCAL TISSUE REARRANGE	\$216.88
26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	\$427.06
26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING	\$490.87
26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT,	\$446.31
26145	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY),	\$460.12
26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$224.40
26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE	\$295.69
26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)	\$331.31
26185	SESAMOIDECTOMY, THUMB OR FINGER(SEPARATE PROCEDURE)	\$333.52
26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$402.61
26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$516.10
26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	\$385.52
26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR	\$479.70
26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$418.28
26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$403.74
26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$369.60
26250	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL	\$535.59
26255	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL	\$771.10
26260	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL	\$498.39
26261	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL	\$616.33
26262	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, DISTAL	\$420.67
26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	\$330.21
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	\$204.62
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION	\$47.45
26350	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT	\$523.67
26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT	\$596.10
26356	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN	\$671.53

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26357	FLEXOR TENDON REPAIR OR ADVANCE SINGLE SECONDARY EACH TENDON	\$616.15
26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN	\$655.37
26370	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$565.35
26372	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$644.27
26373	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT	\$615.10
26390	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE	\$605.92
26392	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON	\$756.22
26410	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE,	\$421.25
26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE,	\$497.86
26415	EXTENSOR TENDON EXCISION OMPLANTATION OF PLASTIC TUBE OR ROD	\$554.26
26416	REMOVAL TUBE OR ROD AND INSERT OF EXTENSOR TENDON GRAFT HAND	\$764.02
26418	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE,	\$421.33
26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE,	\$536.27
26426	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR,	\$491.06
26428	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR,	\$535.51
26432	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"),	\$363.23
26433	EXTENSOR TENDON REPAIR, DISTAL INSERTION ('MALLET FINGER'),	\$390.41
26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ('MALLET FINGER'),	\$448.15
26437	EXTENSOR TENDON REALIGNMENT, HAND	\$442.01
26440	TENOLYSIS, SIMPLE, FLEXOR TENDON	\$468.42
26442	TENOLYSIS, SIMPLE, FLEXOR TENDON	\$612.02
26445	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER	\$443.05
26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, DORSUM OF HAND OR	\$578.67
26450	TENOTOMY, FLEXOR, SINGLE, PALM, OPEN, EACH	\$280.05
26455	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH	\$277.92
26460	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH	\$269.72
26471	TENODESIS	\$431.43
26474	TENODESIS	\$423.67
26476	TENDON LENGTHENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	\$409.39
26477	TENDON SHORTENING, EXTENSOR, HAND OR FINGER, SINGLE, EACH	\$412.36
26478	TENDON LENGTHENING FLEXOR HAND OR FINGER SINGLE EACH	\$448.55

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26479	TENDON SHORTENING FLEXOR HAND OR FINGER SINGLE EACH	\$440.47
26480	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL	\$552.17
26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL	\$653.26
26485	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE,	\$589.51
26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE,	\$546.35
26490	OPPONENS PLASTY	\$568.97
26492	OPPONENS PLASTY	\$635.31
26494	OPPONENS PLASTY	\$623.45
26496	OPPONENS PLASTY	\$619.88
26497	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION	\$617.72
26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION	\$856.37
26499	CORRECTION CLAW FINGER, OTHER METHODS	\$613.40
26500	TENDON PULLEY RECONSTRUCTION	\$442.10
26502	TENDON PULLEY RECONSTRUCTION	\$487.90
26504	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON PROSTHESIS (SEPARATE	\$498.62
26508	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE	\$450.76
26510	CROSS INTRINSIC TRANSFER	\$425.47
26516	CAPSULODESIS FOR M-P JOINT STABILIZATION	\$493.15
26517	CAPSULODESIS FOR M-P JOINT STABILIZATION	\$582.40
26518	CAPSULODESIS FOR M-P JOINT STABILIZATION	\$571.87
26520	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE	\$487.34
26525	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE	\$490.24
26527	ARTHROPLASTY, CARPOMETACARPAL JOINT	\$0.00
26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT	\$521.48
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT	\$590.49
26535	ARTHROPLASTY INTERPHALANGEAL JOINT	\$359.11
26536	ARTHROPLASTY INTERPHALANGEAL JOINT	\$510.83
26540	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$479.17
26541	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$609.11
26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT	\$477.93
26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE,	\$484.45

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR	\$610.51
26548	REPAIR&RECONSTR FINGER VOLAR PLATE INTERPHALANGEAL JOINT	\$530.74
26550	POLLICIZATION OF A DIGIT	\$1,202.06
26551	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP AROUND" WIT	\$2,507.36
26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS GREAT TOE WRAP-AROUND WITH	\$2,485.72
26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS: GREAT TOE "WRAP-AROUND" WIT	\$2,923.25
26555	POSITIONAL CHANGE OF OTHER FINGER	\$1,019.30
26556	FREE TOE JOINT TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$2,577.84
26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$386.51
26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$695.87
26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE	\$817.15
26565	OSTEOTOMY FOR CORRECTION OF DEFORMITY	\$480.59
26567	OSTEOTOMY FOR CORRECTION OF DEFORMITY	\$477.19
26568	OSTEOPLASTY FOR LENGTHENING OF METACARPAL OR PHALANX	\$661.27
26580	REPAIR CLEFT HAND	\$1,025.86
26585	REPAIR BIFID DIGIT	\$794.94
26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT SOFT TISSUE AND BONE	\$581.87
26590	REPAIR MACRODACTYLIA	\$1,041.77
26591	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)	\$326.78
26593	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)	\$417.23
26596	EXCISION OF CONSTRICTING RING OF FINGER,	\$524.30
26597	RELEASE OF SCAR CONTRACTURE, FLEXOR OR EXTENSOR, WITH SKIN GRAFTS,	\$632.30
26600	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$117.44
26605	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$166.50
26607	TREATMENT OF CLOSED METACARPAL FRACTURE, SINGLE	\$323.57
26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	\$322.88
26610	TREATMENT OF OPEN METACARPAL FRACTURE, SINGLE, WITH UNCOMPLICATED SOFT TISSUE CL	\$0.00
26615	OPEN TREATMENT OF CLOSED OR OPEN METACARPAL	\$339.62
26641	TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB,	\$199.66
26645	TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE	\$235.74
26650	TREATMENT OF CLOSED CARPOMETACARPAL FRACTURE	\$346.20

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26655	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$0.00
26660	TREATMENT OF OPEN CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE)	\$0.00
26665	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$449.09
26670	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$187.91
26675	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$266.13
26676	TREATMENT OF CLOSED CARPOMETACARPAL DISLOCATION,	\$359.15
26680	TREATMENT OF OPEN CARPOMETACARPAL DISLOCATION, OTHER THAN BENNETT FRACTURE, SING	\$0.00
26685	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$414.75
26686	OPEN TREATMENT OF CLOSED OR OPEN CARPOMETACARPAL	\$459.42
26700	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$162.97
26705	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$216.41
26706	TREATMENT OF CLOSED METACARPOPHALANGEAL DISLOCATION,	\$304.59
26710	TREATMENT OF OPEN METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH UNCOMPLICATED SO	\$0.00
26715	OPEN TREATMENT OF CLOSED OR OPEN METACARPOPHALANGEAL	\$341.06
26720	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$94.34
26725	TREATMENT OF CLOSED PHALANGEAL SHAFT FRACTURE,	\$174.41
26727	TREATMENT OF UNSTABLE PHALANGEAL SHAFT FRACTURE,	\$303.06
26730	TREATMENT OF OPEN PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER	\$0.00
26735	OPEN TREATMENT OF CLOSED OR OPEN PHALANGEAL SHAFT FRACTURE,	\$344.51
26740	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$118.43
26742	TREATMENT OF CLOSED ARTICULAR FRACTURE, INVOLVING	\$214.01
26744	TREATMENT OF OPEN ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL	\$0.00
26746	OPEN TREATMENT OF CLOSED OR OPEN ARTICULAR FRACTURE,	\$356.56
26750	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$94.28
26755	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$154.52
26756	TREATMENT OF CLOSED DISTAL PHALANGEAL FRACTURE,	\$263.35
26760	TREATMENT OF OPEN DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH UNCOMPLICATE	\$0.00
26765	OPEN TREATMENT OF CLOSED OR OPEN DISTAL PHALANGEAL	\$259.30
26770	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$136.33
26775	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$190.88
26776	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$281.32

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
26780	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH UNCOMPLICATED	\$0.00
26785	OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL	\$266.22
26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS	\$560.16
26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH	\$519.41
26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH	\$593.06
26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS,	\$525.26
26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS,	\$572.40
26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR	\$487.55
26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR	\$541.94
26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$403.67
26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$97.39
26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$500.95
26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR	\$203.10
26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB	\$487.40
26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,	\$374.75
26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY,	\$456.57
26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA	\$470.25
26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA	\$345.22
26992	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$740.38
27000	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED	\$293.74
27001	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN	\$352.01
27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN,	\$454.23
27005	TENOTOMY, ILIOPSOAS, OPEN (SEPARATE PROCEDURE)	\$476.20
27006	TENOTOMY, ABDUCTORS OF HIP, OPEN (SEPARATE PROCEDURE)	\$505.24
27025	OBER-YOUNT FASCIOTOMY, COMBINED WITH SPICA CAST,	\$573.77
27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDI	\$496.54
27030	ARTHROTOMY, HIP, FOR INFECTION, WITH DRAINAGE	\$742.10
27033	ARTHROTOMY, HIP, FOR EXPLORATION OR REMOVAL OF	\$758.16
27035	HIP JOINT DENERVATION, INTRAPELVIC OR EXTRAPELVIC	\$910.10
27036	CAPSULECTOMY OR CAPSULOTOMY OF HIP, WITH OR WITHOUT EXCISIONOF HETEROTOPIC BONE	\$762.45
27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	\$142.78

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA	\$442.25
27043	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 3 CM OR GREATER	\$223.33
27045	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	\$354.41
27047	EXCISION, TUMOR, PELVIS AND HIP AREA	\$346.22
27048	EXCISION, TUMOR, PELVIS AND HIP AREA	\$363.96
27049	RAD RESECT OF TUMOR SOFT TISSUE OF PELVIS AND HIP AREA	\$748.98
27050	ARTHROTOMY, FOR BIOPSY	\$294.49
27052	ARTHROTOMY, FOR BIOPSY	\$407.97
27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	\$550.94
27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDI	\$550.53
27059	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDI	\$861.61
27060	EXCISION	\$317.92
27062	EXCISION	\$323.83
27065	EXCISION OF BONE CYST OR BENIGN TUMOR	\$381.13
27066	EXCISION OF BONE CYST OR BENIGN TUMOR	\$603.55
27067	EXCISION OF BONE CYST OR BENIGN TUMOR	\$798.75
27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION)	\$678.32
27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION)	\$725.12
27075	RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,387.84
27076	RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,196.52
27077	RADICAL RESECTION FOR TUMOR OR INFECTION	\$1,598.26
27078	RADICAL RESECTION FOR TUMOR OR INFECTION	\$750.93
27079	RADICAL RESECTION FOR TUMOR OR INFECTION	\$753.72
27080	COCCYGECTOMY, PRIMARY	\$367.40
27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP	\$108.17
27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP	\$430.06
27090	REMOVAL OF HIP PROSTHESIS	\$633.82
27091	REMOVAL OF HIP PROSTHESIS	\$1,224.30
27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$57.11
27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY	\$65.12
27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	\$42.43

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27097	HAMSTRING RECESSION, PROXIMAL	\$515.06
27098	ADDUCTOR TRANSFER TO ISCHIUM	\$517.41
27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER	\$639.14
27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES	\$605.99
27110	TRANSFER ILIOPSOAS	\$760.26
27111	TRANSFER ILIOPSOAS	\$712.11
27120	ACETABULOPLASTY	\$1,037.48
27122	ACETABULOPLASTY	\$914.04
27125	HEMIARTHROPLASTY OF HIP (PARTIAL HIP REPLACEMENT)	\$891.37
27126	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP	\$0.00
27127	PARTIAL HIP REPLACEMENT (HEMIARTHROPLASTY); CUP WITH ACETABULOPLASTY	\$0.00
27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL	\$1,385.91
27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT	\$1,380.47
27134	REVISION OF TOTAL HIP ARTHROPLASTY	\$1,668.92
27137	REVISION OF TOTAL HIP ARTHROPLASTY	\$1,262.71
27138	REVISION OF TOTAL HIP ARTHROPLASTY	\$1,313.61
27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER	\$826.65
27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$918.92
27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,123.29
27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,103.46
27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE	\$1,293.93
27158	OSTEOTOMY, PELVIS, BILATERAL FOR CONGENITAL MALFORMATION	\$1,016.80
27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	\$930.77
27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING	\$1,015.63
27170	BONE GRAFT FOR NONUNION, FEMORAL HEAD, NECK,	\$941.75
27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$388.67
27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$660.06
27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$807.96
27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$658.20
27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$713.19
27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS	\$775.26

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$443.51
27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$833.15
27190	TREATMENT OF CLOSED SACRAL FRACTURE	\$0.00
27192	OPEN TREATMENT OF CLOSED OR OPEN SACRAL FRACTURE	\$0.00
27193	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$276.94
27194	CLOSED TREATMENT OF PELVIC RING FRACTURE, DISLOCATION, DIASTASIS OR SUBLUXATION;	\$454.55
27195	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITHOUT MANIPULATION	\$0.00
27196	TREATMENT OF SACROILIAC AND/OR SYMPHYSIS PUBIS DISLOCATION, WITH ANESTHESIA AND	\$0.00
27200	TREATMENT OF CLOSED COCCYGEAL FRACTURE	\$102.21
27201	TREATMENT OF OPEN COCCYGEAL FRACTURE	\$0.00
27202	OPEN TREATMENT OF CLOSED OR OPEN COCCYGEAL FRACTURE	\$607.12
27210	TREATMENT OF CLOSED ILIAC, PUBIC OR ISCHIAL FRACTURE	\$0.00
27212	TREATMENT OF OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH UNCOMPLICATED SOFT TISS	\$0.00
27214	OPEN TREATMENT OF CLOSED OR OPEN ILIAC, PUBIC OR ISCHIAL FRACTURE, WITH OR WITHO	\$0.00
27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$621.37
27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCAT	\$685.24
27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATI	\$833.13
27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXAT	\$1,002.93
27220	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET)	\$331.50
27222	TREATMENT OF CLOSED ACETABULUM (HIP SOCKET)	\$619.62
27224	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	\$0.00
27225	OPEN TREATMENT OF CLOSED OR OPEN ACETABULUM (HIP SOCKET) FRACTURE(S), WITH OR WI	\$0.00
27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL	\$877.37
27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) C	\$1,264.38
27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO)	\$1,406.26
27230	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL	\$297.94
27232	TREATMENT OF CLOSED FEMORAL FRACTURE, PROXIMAL	\$590.20
27234	TREATMENT OF OPEN FEMORAL FRACTURE, PROXIMAL END, NECK, WITH UNCOMPLICATED SOFT	\$0.00
27235	TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE, PROXIMAL END, NECK,	\$732.45
27236	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE,	\$921.32
27238	TREATMENT OF CLOSED INTERTROCHANTERIC,	\$326.78

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27240	TREATMENT OF CLOSED INTERTROCHANTERIC,	\$670.30
27242	TREATMENT OF OPEN INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL	\$0.00
27244	OPEN TREATMENT OF CLOSED OR OPEN INTERTROCHANTERIC,	\$923.47
27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL	\$1,087.13
27246	TREATMENT OF CLOSED GREATER TROCHANTERIC FRACTURE,	\$280.32
27248	OPEN TREATMENT OF CLOSED OR OPEN GREATER TROCHANTERIC	\$637.47
27250	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC	\$340.91
27252	TREATMENT OF CLOSED HIP DISLOCATION, TRAUMATIC	\$490.44
27253	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION,	\$752.59
27254	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION,	\$947.13
27255	OPEN TREATMENT OF CLOSED OR OPEN HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR LIP	\$0.00
27256	TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION,	\$217.99
27257	TREATMENT OF CONGENITAL HIP DISLOCATION, BY ABDUCTION,	\$293.81
27258	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION	\$875.74
27259	OPEN TREATMENT OF CONGENITAL HIP DISLOCATION	\$1,159.68
27265	TX OF ATRAUMATIC HIP DISLOCATION HIP W/O ANESTHESIA	\$285.28
27266	TREATMENT OF ATRAUMATIC HIP DISLOCATION (EG, POST-TOTAL	\$393.81
27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	\$212.29
27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	\$259.73
27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATI	\$610.72
27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	\$143.41
27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING	\$762.16
27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	\$641.31
27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT)	\$980.16
27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT)	\$991.88
27290	INTERPELVIABDOMINAL AMPUTATION (HIND QUARTER AMPUTATION)	\$1,341.88
27295	DISARTICULATION OF HIP	\$1,027.02
27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	\$324.74
27301	INCISION AND DRAINAGE OF DEEP ABSCESS, INFECTED	\$414.94
27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$535.80
27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	\$360.89

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27306	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR	\$268.34
27307	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR	\$325.17
27310	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$570.59
27315	NEURECTOMY, HAMSTRING MUSCLE	\$365.83
27320	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$335.71
27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	\$118.71
27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA	\$280.09
27325	NEURECTOMY, HAMSTRING MUSCLE	\$342.85
27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	\$325.80
27327	EXCISION, TUMOR, THIGH OR KNEE AREA	\$253.66
27328	EXCISION, TUMOR, THIGH OR KNEE AREA	\$325.92
27329	RAD RESECT TUMOR SOFT TISSUE OF THIGH OR KNEE AREA	\$807.96
27330	ARTHROTOMY, KNEE	\$321.34
27331	ARTHROTOMY, KNEE	\$382.16
27332	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR	\$511.96
27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR	\$457.35
27334	ARTHROTOMY, KNEE, FOR SYNOVECTOMY	\$547.79
27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY	\$624.93
27337	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 3 CM OR GREATER	\$200.19
27339	ARTHROTOMY, WITH SYNOVECTOMY, KNEE; 5 CM OR GREATER	\$358.56
27340	EXCISION, PREPATELLAR BURSA	\$263.93
27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	\$368.19
27347	EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE	\$287.11
27350	PATELLECTOMY OR HEMIPATELLECTOMY	\$512.38
27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$498.75
27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$572.88
27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$615.43
27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$253.04
27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY)	\$693.17
27364	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, P	\$744.19
27365	RADICAL RESECTION FOR TUMOR, FEMUR OR KNEE, BONE	\$917.75

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27370	INJECTION PROCEDURE FOR KNEE ARTHROGRAPHY	\$40.61
27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	\$294.66
27380	SUTURE OF INFRAPATELLAR TENDON	\$455.54
27381	SUTURE OF INFRAPATELLAR TENDON	\$632.64
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE	\$491.29
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE	\$657.08
27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$329.08
27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$418.80
27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP	\$540.50
27393	LENGTHENING OF HAMSTRING TENDON	\$395.65
27394	LENGTHENING OF HAMSTRING TENDON	\$483.77
27395	LENGTHENING OF HAMSTRING TENDON	\$709.84
27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA	\$482.95
27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA	\$638.99
27400	TENDON OR MUSCLE TRANSFER, HAMSTRINGS TO FEMUR	\$540.19
27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	\$515.53
27405	REPAIR, PRIMARY, TORN	\$549.03
27407	REPAIR, PRIMARY, TORN	\$594.56
27409	REPAIR, PRIMARY, TORN	\$788.18
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	\$1,180.50
27415	SUTR RPP LIG W/WO MNSCTMY W/PES ANSRNS TRNSFR/FSCL	\$982.40
27416	ADVNCMT PES ANSERINUS SLOCUM TYPE PROC (SEP PROC)	\$481.35
27418	ANTERIOR TIBIAL TUBERCLE PLASTY FOR CHONDROMALACIA PATELLAE	\$668.21
27420	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$602.86
27422	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$605.23
27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA	\$603.09
27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	\$344.95
27427	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$580.51
27428	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$820.50
27429	LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE	\$817.42
27430	QUADRICEPS PLASTY (BENNETT OR THOMPSON TYPE)	\$573.52

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27435	CAPSULOTOMY, KNEE, POSTERIOR CAPSULAR RELEASE	\$527.24
27437	ARTHROPLASTY, PATELLA	\$534.30
27438	ARTHROPLASTY, PATELLA	\$692.99
27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	\$639.55
27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU	\$609.60
27442	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS	\$726.15
27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS	\$674.68
27445	ARTHROPLASTY, KNEE, CONSTRAINED PROSTHESIS (EG, WALLDIUS TYPE)	\$1,049.75
27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU	\$960.00
27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU	\$1,492.58
27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR	\$690.14
27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR	\$852.53
27454	OSTEOTOMY, MULTIPLE, FEMORAL SHAFT, WITH REALIGNMENT	\$983.71
27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$750.00
27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR	\$782.81
27465	OSTEOPLASTY, FEMUR	\$811.59
27466	OSTEOPLASTY, FEMUR	\$931.62
27468	OSTEOPLASTY, FEMUR	\$1,039.36
27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO	\$975.79
27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO	\$1,082.92
27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$507.16
27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$611.06
27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$725.29
27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL	\$516.30
27486	REVISION OF TOTAL KNEE ARTHROPLASTY	\$1,149.06
27487	REVISION OF TOTAL KNEE ARTHROPLASTY	\$1,483.24
27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING 'TOTAL KNEE'	\$932.68
27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$961.48
27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR	\$365.40
27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR	\$422.68
27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	\$452.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDE	\$504.67
27500	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	\$361.95
27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	\$375.61
27502	TREATMENT OF CLOSED FEMORAL SHAFT FRACTURE (INCLUDING	\$586.07
27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITH	\$587.63
27504	TREATMENT OF OPEN FEMORAL SHAFT FRACTURE (INCLUDING SUPRACONDYLAR), WITH UNCOMPL	\$0.00
27506	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL SHAFT	\$982.50
27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERC	\$842.51
27508	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END,	\$316.30
27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTUR	\$417.25
27510	TREATMENT OF CLOSED FEMORAL FRACTURE, DISTAL END,	\$484.58
27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERC	\$833.16
27512	TREATMENT OF OPEN FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH	\$0.00
27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCOND	\$1,008.97
27514	OPEN TREATMENT OF CLOSED OR OPEN FEMORAL FRACTURE,	\$973.63
27516	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$381.15
27517	TREATMENT OF CLOSED DISTAL FEMORAL EPIPHYSEAL SEPARATION	\$495.63
27518	TREATMENT OF OPEN DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH UNCOMPLICATED SOFT	\$0.00
27519	OPEN TREATMENT OF CLOSED OR OPEN DISTAL	\$846.67
27520	TREATMENT OF CLOSED PATELLAR FRACTURE, WITHOUT MANIPULATION	\$161.38
27522	TREATMENT OF OPEN PATELLAR FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27524	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR FRACTURE,	\$589.94
27530	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$227.14
27532	TREATMENT OF CLOSED TIBIAL FRACTURE, PROXIMAL (PLATEAU)	\$390.49
27534	TREATMENT OF OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH UNCOMPLICATED SOFT T	\$0.00
27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITH	\$698.67
27536	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE,	\$822.41
27537	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL FRACTURE, PROXIMAL (PLATEAU), WITH OR WI	\$0.00
27538	TREATMENT OF CLOSED INTERCONDYLAR SPINE(S)	\$274.74
27540	OPEN TREATMENT OF CLOSED OR OPEN INTERCONDYLAR	\$711.79
27550	TREATMENT OF CLOSED KNEE DISLOCATION	\$290.62

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27552	TREATMENT OF CLOSED KNEE DISLOCATION	\$395.00
27554	TREATMENT OF OPEN KNEE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27556	OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION,	\$830.62
27557	OPEN TREATMENT OF CLOSED OR OPEN KNEE DISLOCATION,	\$956.30
27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATIO	\$986.12
27560	TREATMENT OF CLOSED PATELLAR DISLOCATION	\$190.64
27562	TREATMENT OF CLOSED PATELLAR DISLOCATION	\$332.45
27564	TREATMENT OF OPEN PATELLAR DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27566	OPEN TREATMENT OF CLOSED OR OPEN PATELLAR	\$674.98
27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA	\$120.79
27580	FUSION OF KNEE, ANY TECHNIQUE	\$1,059.00
27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$684.13
27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$767.73
27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$590.54
27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$386.79
27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL	\$601.26
27598	DISARTICULATION AT KNEE	\$633.72
27600	FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$337.14
27601	FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$338.18
27602	FASCIOTOMY, LEG, FOR CLOSED SPACE DECOMPRESSION	\$399.31
27603	INCISION AND DRAINAGE, LEG OR ANKLE	\$320.62
27604	INCISION AND DRAINAGE, LEG OR ANKLE	\$246.35
27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$156.77
27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE	\$224.58
27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$526.69
27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR	\$505.00
27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE,	\$456.94
27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$107.14
27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA	\$297.78
27615	RAD RESECT TUMOR SOFT TISSUE OF LEG OR ANKLE AREA	\$715.15
27616	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE	\$609.17

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27618	EXCISION, TUMOR, LEG OR ANKLE AREA	\$270.11
27619	EXCISION, TUMOR, LEG OR ANKLE AREA	\$433.53
27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR	\$383.36
27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY	\$518.66
27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY	\$562.80
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE	\$281.06
27632	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/O	\$197.93
27634	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/O	\$321.38
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$510.59
27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$598.59
27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR,	\$635.32
27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$732.60
27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR	\$602.73
27645	RESECTION FOR TUMOR, RADICAL	\$844.88
27646	RESECTION FOR TUMOR, RADICAL	\$789.95
27647	RESECTION FOR TUMOR, RADICAL	\$673.88
27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	\$39.92
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON	\$563.24
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON	\$606.10
27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON,	\$609.96
27656	REPAIR, FASCIAL DEFECT OF LEG	\$281.61
27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$329.70
27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG	\$422.47
27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$307.34
27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG	\$365.90
27675	REPAIR FOR DISLOCATING PERONEAL TENDONS	\$425.80
27676	REPAIR FOR DISLOCATING PERONEAL TENDONS	\$494.61
27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR	\$339.55
27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR	\$411.71
27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	\$365.66
27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE	\$459.37

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	\$383.46
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$489.33
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$575.65
27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE	\$102.31
27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT,	\$430.99
27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT,	\$492.11
27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED	\$573.94
27700	ARTHROPLASTY, ANKLE	\$542.19
27702	ARTHROPLASTY, ANKLE	\$830.46
27703	ARTHROPLASTY, ANKLE	\$862.38
27704	REMOVAL OF ANKLE IMPLANT	\$443.11
27705	OSTEOTOMY	\$640.92
27707	OSTEOTOMY	\$318.71
27709	OSTEOTOMY	\$628.29
27712	OSTEOTOMY	\$791.47
27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	\$831.90
27720	REPAIR OF NONUNION OR MALUNION, TIBIA	\$897.06
27722	REPAIR OF NONUNION OR MALUNION, TIBIA	\$697.86
27724	REPAIR OF NONUNION OR MALUNION, TIBIA	\$911.50
27725	REPAIR OF NONUNION OR MALUNION, TIBIA	\$844.40
27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	\$455.21
27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	\$756.14
27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$408.16
27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$341.04
27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING	\$497.01
27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$544.44
27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING,	\$591.57
27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING)	\$610.87
27750	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$205.49
27752	TREATMENT OF CLOSED TIBIAL SHAFT FRACTURE	\$341.45
27754	TREATMENT OF OPEN TIBIAL SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27756	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT	\$464.49
27758	OPEN TREATMENT OF CLOSED OR OPEN TIBIAL SHAFT	\$726.16
27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY IN	\$819.11
27760	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$168.46
27762	TREATMENT OF CLOSED DISTAL TIBIAL FRACTURE	\$288.36
27764	TREATMENT OF OPEN DISTAL TIBIAL FRACTURE (MEDIAL MALLEOLUS), WITH UNCOMPLICATED	\$0.00
27766	OPEN TREATMENT OF CLOSED OR OPEN DISTAL TIBIAL	\$492.00
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	\$133.50
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	\$201.54
27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN	\$342.85
27780	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$149.36
27781	TREATMENT OF CLOSED PROXIMAL FIBULA OR SHAFT	\$248.39
27782	TREATMENT OF OPEN PROXIMAL FIBULA OR SHAFT FRACTURE, WITH UNCOMPLICATED SOFT TIS	\$0.00
27784	OPEN TREATMENT OF CLOSED OR OPEN PROXIMAL FIBULA	\$416.55
27786	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$157.64
27788	TREATMENT OF CLOSED DISTAL FIBULAR FRACTURE	\$232.65
27790	TREATMENT OF OPEN DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH UNCOMPLICATE	\$0.00
27792	OPEN TREATMENT OF CLOSED OR OPEN DISTAL FIBULAR	\$458.47
27800	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITHOUT MANIPULATION	\$0.00
27802	TREATMENT OF CLOSED TIBIA AND FIBULA FRACTURES, SHAFTS; WITH MANIPULATION	\$0.00
27804	TREATMENT OF OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH UNCOMPLICATED SOFT TI	\$0.00
27806	OPEN TREATMENT OF CLOSED OR OPEN TIBIA AND FIBULA FRACTURES, SHAFTS, WITH OR WIT	\$0.00
27808	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$190.58
27810	TREATMENT OF CLOSED BIMALLEOLAR ANKLE FRACTURE,	\$313.58
27812	TREATMENT OF OPEN BIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLO	\$0.00
27814	OPEN TREATMENT OF CLOSED OR OPEN BIMALLEOLAR	\$629.86
27816	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$199.34
27818	TREATMENT OF CLOSED TRIMALLEOLAR ANKLE FRACTURE	\$343.72
27820	TREATMENT OF OPEN TRIMALLEOLAR ANKLE FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CL	\$0.00
27822	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR	\$903.66
27823	OPEN TREATMENT OF CLOSED OR OPEN TRIMALLEOLAR	\$1,027.55

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$198.09
27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA	\$378.23
27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$734.66
27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$1,129.61
27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTA	\$1,265.82
27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WI	\$517.10
27830	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$218.73
27831	TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$269.07
27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT	\$401.47
27840	TREATMENT OF ANKLE DISLOCATION	\$242.22
27842	TREATMENT OF ANKLE DISLOCATION	\$289.47
27844	TREATMENT OF OPEN ANKLE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
27846	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION	\$568.00
27848	OPEN TREATMENT OF CLOSED OR OPEN ANKLE DISLOCATION	\$881.98
27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA	\$136.89
27870	ARTHRODESIS, ANKLE, ANY METHOD	\$823.12
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	\$547.56
27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$654.00
27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$725.91
27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$555.49
27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$443.28
27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA	\$540.05
27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND	\$592.29
27889	ANKLE DISARTICULATION	\$567.48
27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH D	\$384.82
27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT O	\$370.71
27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMEN	\$506.24
28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	\$123.13
28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$227.84
28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT,	\$402.52
28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR	\$452.49

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28008	FASCIOTOMY, PLANTAR AND/OR TOE, SUBCUTANEOUS	\$250.24
28010	TENOTOMY, SUBCUTANEOUS, TOE	\$171.50
28011	TENOTOMY, SUBCUTANEOUS, TOE	\$220.76
28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$301.48
28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$231.78
28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL	\$220.58
28030	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$288.69
28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	\$312.26
28039	1.5 CM OR GREATER	\$163.51
28041	Excision procedure on foot and toe	\$214.82
28043	EXCISION, TUMOR, FOOT	\$193.49
28045	EXCISION, TUMOR, FOOT	\$274.19
28046	RAD RESECT TUMOR SOFT TISSUE FOOT (EG MALIG NEOPLASM)	\$518.60
28047	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE;	\$452.42
28050	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$256.08
28052	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$219.92
28054	ARTHROTOMY FOR SYNOVIAL BIOPSY	\$220.00
28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	\$271.10
28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$302.77
28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA	\$384.31
28070	SYNOVECTOMY	\$299.10
28072	SYNOVECTOMY	\$275.51
28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	\$237.64
28086	SYNOVECTOMY, TENDON SHEATH, FOOT	\$296.63
28088	SYNOVECTOMY, TENDON SHEATH, FOOT	\$258.49
28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$245.38
28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR	\$212.58
28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$338.68
28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$453.82
28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$365.28
28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$307.68

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$410.03
28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$331.91
28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN	\$218.47
28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL	\$262.02
28111	OSTECTOMY, COMPLETE EXCISION	\$324.19
28112	OSTECTOMY, COMPLETE EXCISION	\$287.23
28113	OSTECTOMY, COMPLETE EXCISION	\$299.12
28114	OSTECTOMY, COMPLETE EXCISION	\$578.20
28116	OSTECTOMY, EXCISION OF TARSAL COALITION	\$400.10
28118	OSTECTOMY, CALCANEUS	\$357.86
28119	OSTECTOMY, CALCANEUS	\$321.08
28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$357.85
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$403.29
28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION,	\$264.02
28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	\$217.46
28130	TALECTOMY (ASTRAGALECTOMY)	\$471.12
28140	METATARSECTOMY	\$381.57
28150	PHALANGECTOMY OF TOE, SINGLE, EACH	\$259.42
28153	RESECTION, HEAD OF PHALANX, TOE	\$204.31
28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION,	\$229.00
28171	RADICAL RESECTION FOR TUMOR	\$508.61
28173	RADICAL RESECTION FOR TUMOR	\$463.31
28175	RADICAL RESECTION FOR TUMOR	\$349.11
28190	REMOVAL OF FOREIGN BODY, FOOT	\$105.05
28192	REMOVAL OF FOREIGN BODY, FOOT	\$235.60
28193	REMOVAL OF FOREIGN BODY, FOOT	\$285.12
28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$296.79
28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE	\$381.33
28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$244.71
28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE	\$362.63
28220	TENOLYSIS, FLEXOR, FOOT	\$236.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28222	TENOLYSIS, FLEXOR, FOOT	\$302.55
28225	TENOLYSIS, EXTENSOR, FOOT	\$213.60
28226	TENOLYSIS, EXTENSOR, FOOT	\$264.38
28230	TENOTOMY, OPEN, FLEXOR	\$225.06
28232	TENOTOMY, OPEN, FLEXOR	\$189.97
28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	\$179.52
28236	TRANSFER OF TENDON, ANTERIOR TIBIAL INTO TARSAL BONE	\$0.00
28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH	\$440.12
28240	TENOTOMY LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	\$238.46
28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER	\$336.59
28260	CAPSULOTOMY, MIDFOOT	\$395.28
28261	CAPSULOTOMY, MIDFOOT	\$559.57
28262	CAPSULOTOMY, MIDFOOT	\$857.87
28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	\$590.51
28270	CAPSULOTOMY FOR CONTRACTURE	\$245.55
28272	CAPSULOTOMY FOR CONTRACTURE	\$190.84
28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES)	\$275.10
28285	HAMMERTOES OPERATION	\$285.98
28286	HAMMERTOES OPERATION	\$268.04
28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY,	\$299.55
28289	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF	\$325.22
28290	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$363.19
28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$415.47
28293	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$522.40
28294	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$496.32
28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$521.64
28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$544.86
28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$478.20
28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTION	\$522.47
28300	OSTEOTOMY	\$513.63
28302	OSTEOTOMY	\$554.04

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$475.77
28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS	\$609.06
28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$326.41
28307	OSTEOTOMY METATARSAL BASE OR SHAFT SINGLE W/VO LENGTHENING	\$394.86
28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT	\$313.26
28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT	\$622.16
28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$308.71
28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL	\$298.91
28313	RECONSTR ANGULAR DEFORMITY OF TOE SOFT TISSUE PROCEDURES ONL	\$297.81
28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	\$279.30
28320	REPAIR OF NONUNION OR MALUNION	\$540.94
28322	REPAIR OF NONUNION OR MALUNION	\$427.95
28340	RECONSTR TOE MACRODACTYLY SOFT TISSUE RESECTION	\$391.32
28341	RECONSTR TOE MACRODACTYLY REQUIRING BONE RESECTION	\$458.70
28344	RECONSTRUCTION TOE(S) POLYDACTYLY	\$261.97
28345	RECONSTRUCTION TOE(S) SYNDACTYLY W/VO SKIN GRFTS EACH WEB	\$355.87
28360	RECONSTRUCTION CLEFT FOOT	\$775.12
28400	TREATMENT OF CLOSED CALCANEAL FRACTURE	\$147.87
28405	TREATMENT OF CLOSED CALCANEAL FRACTURE	\$278.19
28406	TREATMENT OF CLOSED CALCANEAL FRACTURE	\$402.22
28410	TREATMENT OF OPEN CALCANEAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
28415	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL	\$1,170.94
28420	OPEN TREATMENT OF CLOSED OR OPEN CALCANEAL	\$1,224.82
28430	TREATMENT OF CLOSED TALUS FRACTURE	\$138.29
28435	TREATMENT OF CLOSED TALUS FRACTURE	\$219.81
28436	TREATMENT OF CLOSED TALUS FRACTURE	\$302.40
28440	TREATMENT OF OPEN TALUS FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE	\$0.00
28445	OPEN TREATMENT OF CLOSED OR OPEN TALUS FRACTURE,	\$682.83
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])	\$592.04
28450	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$126.55
28455	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$171.48

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28456	TREATMENT OF CLOSED TARSAL BONE FRACTURE (EXCEPT	\$191.82
28460	TREATMENT OF OPEN TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH UNCOMP	\$0.00
28465	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE	\$560.72
28470	TREATMENT OF CLOSED METATARSAL FRACTURE	\$119.51
28475	TREATMENT OF CLOSED METATARSAL FRACTURE	\$164.82
28476	TREATMENT OF CLOSED METATARSAL FX; WITH MANIPULATION & PERCU	\$239.80
28480	TREATMENT OF OPEN METATARSAL FRACTURE, WITH UNCOMPLICATED SOFT TISSUE CLOSURE, E	\$0.00
28485	OPEN TREATMENT OF CLOSED OR OPEN METATARSAL	\$475.03
28490	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$68.89
28495	TREATMENT OF CLOSED FRACTURE GREAT TOE, PHALANX	\$92.04
28496	TX CLOSED FRACT GREAT TOE PHALANX/PHALANGES W/MANIP&PINNING	\$169.37
28500	TREATMENT OF OPEN FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH UNCOMPLICATED S	\$0.00
28505	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE GREAT	\$357.43
28510	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$66.80
28515	TREATMENT OF CLOSED FRACTURE, PHALANX OR PHALANGES,	\$84.64
28520	TREATMENT OF OPEN FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH UNC	\$0.00
28525	OPEN TREATMENT OF CLOSED OR OPEN FRACTURE, PHALANX	\$318.49
28530	TX OF CLOSED SESAMOID FRACTURE	\$73.25
28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	\$205.28
28540	TREATMENT OF CLOSED TARSAL BONE DISLOCATION	\$133.23
28545	TREATMENT OF CLOSED TARSAL BONE DISLOCATION	\$148.27
28546	TREATMENT OF CLOSED TARSAL BONE DISLOCATION, WITH	\$212.74
28550	TREATMENT OF OPEN TARSAL BONE DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE CLOSUR	\$0.00
28555	OPEN TREATMENT OF CLOSED OR OPEN TARSAL BONE	\$428.52
28570	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION	\$113.31
28575	TREATMENT OF CLOSED TALOTARSAL JOINT DISLOCATION	\$200.22
28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATIO	\$247.88
28580	TREATMENT OF OPEN TALOTARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TISSUE C	\$0.00
28585	OPEN TREATMENT OF CLOSED OR OPEN TALOTARSAL JOINT	\$527.77
28600	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$116.12
28605	TREATMENT OF CLOSED TARSOMETATARSAL JOINT DISLOCATION	\$176.08

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
28606	TREATMENT OF CLOSED TARSOMETATARSAL JOINT	\$294.30
28610	TREATMENT OF OPEN TARSOMETATARSAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	\$0.00
28615	OPEN TREATMENT OF CLOSED OR OPEN TARSOMETATARSAL	\$664.60
28630	TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT	\$93.46
28635	TREATMENT OF CLOSED METATARSOPHALANGEAL JOINT	\$123.57
28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MA	\$164.24
28640	TREATMENT OF OPEN METATARSOPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT	\$0.00
28645	OPEN TREATMENT OF CLOSED OR OPEN METATARSOPHALANGEAL	\$294.40
28660	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$77.54
28665	TREATMENT OF CLOSED INTERPHALANGEAL JOINT	\$120.15
28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPU	\$157.29
28670	TREATMENT OF OPEN INTERPHALANGEAL JOINT DISLOCATION, WITH UNCOMPLICATED SOFT TIS	\$0.00
28675	OPEN TREATMENT OF CLOSED OR OPEN INTERPHALANGEAL	\$282.19
28705	PANTALAR ARTHRODESIS	\$876.66
28715	TRIPLE ARTHRODESIS	\$763.86
28725	SUBTALAR ARTHRODESIS	\$656.13
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,	\$611.05
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL,	\$622.71
28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH	\$566.52
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	\$440.04
28750	ARTHRODESIS, GREAT TOE	\$421.73
28755	ARTHRODESIS, GREAT TOE	\$281.15
28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT,	\$413.65
28800	AMPUTATION, FOOT	\$473.32
28805	AMPUTATION, FOOT	\$472.02
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	\$350.32
28820	AMPUTATION, TOE	\$264.00
28825	AMPUTATION, TOE	\$230.80
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANES	\$151.10
29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663	\$117.02
29010	APPLICATION OF RISSE JACKET, LOCALIZER, BODY	\$116.56

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
29015	APPLICATION OF RISSE JACKET, LOCALIZER, BODY	\$102.79
29020	APPLICATION OF TURNBUCKLE JACKET, BODY	\$88.93
29025	APPLICATION OF TURNBUCKLE JACKET, BODY	\$109.84
29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$85.46
29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$109.09
29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$115.20
29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS	\$128.01
29049	APPLICATION	\$36.09
29055	APPLICATION	\$85.66
29058	APPLICATION	\$56.82
29065	APPLICATION	\$41.56
29075	APPLICATION	\$37.14
29085	APPLICATION	\$38.35
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	\$41.36
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	\$34.95
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$24.61
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND)	\$30.49
29130	APPLICATION OF FINGER SPLINT	\$18.15
29131	APPLICATION OF FINGER SPLINT	\$22.28
29200	STRAPPING	\$24.17
29220	STRAPPING	\$25.58
29240	STRAPPING	\$27.92
29260	STRAPPING	\$21.56
29280	STRAPPING	\$20.29
29305	APPLICATION OF HIP SPICA CAST	\$107.65
29325	APPLICATION OF HIP SPICA CAST	\$118.53
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$63.14
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES)	\$67.99
29358	APPLICATION OF LONG LEG CAST BRACE	\$66.41
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	\$54.61
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$40.13

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES)	\$44.99
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	\$54.10
29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	\$22.43
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	\$91.09
29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR	\$79.98
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	\$33.01
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	\$29.94
29520	STRAPPING	\$24.76
29530	STRAPPING	\$24.67
29540	STRAPPING	\$20.58
29550	STRAPPING	\$18.91
29580	STRAPPING	\$23.14
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING ANKLE	\$15.43
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE AN	\$9.41
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	\$6.90
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FIN	\$9.41
29590	DENIS-BROWNE SPLINT STRAPPING	\$27.80
29700	REMOVAL OR BIVALVING	\$22.74
29705	REMOVAL OR BIVALVING	\$29.80
29710	REMOVAL OR BIVALVING	\$51.99
29715	REMOVAL OR BIVALVING	\$39.10
29720	REPAIR OF SPICA, BODY CAST OR JACKET	\$27.58
29730	WINDOWING OF CAST	\$28.61
29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	\$42.21
29750	WEDGING OF CLUBFOOT CAST	\$49.33
29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAG, WITH OR W/OUT SYNOV	\$364.88
29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	\$511.05
29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PRO	\$296.67
29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	\$749.02
29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	\$728.89
29815	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE	\$354.79

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
29819	ARTHROSCOPY, SHOULDER, SURGICAL	\$493.91
29820	ARTHROSCOPY, SHOULDER, SURGICAL	\$469.76
29821	ARTHROSCOPY, SHOULDER, SURGICAL	\$497.79
29822	ARTHROSCOPY, SHOULDER, SURGICAL	\$489.96
29823	ARTHROSCOPY, SHOULDER, SURGICAL	\$528.66
29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULA	\$458.72
29825	ARTHROSCOPY, SHOULDER, SURGICAL	\$495.15
29826	ARTHROSCOPY SHOULDER SURG DECOMPRESSION OF SUBACROMIAL SPACE	\$575.82
29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	\$790.52
29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	\$456.26
29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT	\$339.28
29834	ARTHROSCOPY, ELBOW, SURGICAL	\$376.86
29835	ARTHROSCOPY, ELBOW, SURGICAL	\$389.48
29836	ARTHROSCOPY, ELBOW, SURGICAL	\$440.36
29837	ARTHROSCOPY, ELBOW, SURGICAL	\$406.61
29838	ARTHROSCOPY, ELBOW, SURGICAL	\$446.88
29840	ARTHROSCOPY WRIST DIAG W/VO SYNOVIAL BIOP (SEP PROCEDURE)	\$322.26
29843	ARTHROSCOPY WRIST SURG FOR INFECTION/LAVAGE AND DRAINAGE	\$378.05
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL	\$398.38
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE	\$452.04
29846	ARTHROSCOPY WRIST SURG EXC TRIANGULAR FIBROCARILAGE JNT DEB	\$469.88
29847	ARTHROSCOPY WRIST SURG INT FIX FOR FX OR INSTABILITY	\$483.68
29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	\$329.23
29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	\$488.43
29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRA	\$733.38
29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICOND	\$655.16
29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDY	\$794.44
29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE	\$422.32
29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	\$549.15
29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHO	\$588.73
29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVECTOMY	\$570.02

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY)	\$777.30
29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	\$927.86
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR	\$1,251.04
29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY	\$298.03
29871	ARTHROSCOPY, KNEE, SURGICAL	\$411.39
29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	\$369.85
29874	ARTHROSCOPY, KNEE, SURGICAL	\$440.53
29875	ARTHROSCOPY, KNEE, SURGICAL	\$402.16
29876	ARTHROSCOPY, KNEE, SURGICAL	\$498.56
29877	ARTHROSCOPY, KNEE, SURGICAL	\$460.73
29879	ARTHROSCOPY, KNEE, SURGICAL	\$498.98
29880	ARTHROSCOPY, KNEE, SURGICAL	\$525.43
29881	ARTHROSCOPY, KNEE, SURGICAL	\$483.75
29882	ARTHROSCOPY, KNEE, SURGICAL	\$532.76
29883	ARTHROSCOPY KNEE SURG W/MENISCUS REPAIR (MEDIAL&LATERAL)	\$578.53
29884	ARTHROSCOPY, KNEE, SURGICAL	\$470.87
29885	ARTHROSCOPY KNEE SURG DRILLING FOR OSTEOCHONDritis DISSECANS	\$539.35
29886	ARTHROSCOPY, KNEE, SURGICAL	\$452.51
29887	ARTHROSCOPY, KNEE, SURGICAL	\$563.67
29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/	\$842.13
29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR	\$806.54
29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL DEFECT OF TALUS AND/OR T	\$517.99
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR D	\$542.76
29893	ENDOSCOPIC PLANTAR FASCIOTOMY	\$306.63
29894	ARTHROSCOPY, ANKLE, SURGICAL	\$450.22
29895	ARTHROSCOPY, ANKLE, SURGICAL	\$443.19
29897	ARTHROSCOPY, ANKLE, SURGICAL	\$457.68
29898	ARTHROSCOPY, ANKLE, SURGICAL	\$510.07
29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ART	\$725.35
29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY	\$328.10
29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	\$360.87

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED UL	\$386.80
29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BOD	\$308.47
29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	\$333.14
29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	\$350.92
29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	\$427.07
29909	UNLISTED PROCEDURE, ARTHROSCOPY	\$0.00
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	\$650.84
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION	\$663.01
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	\$663.01
29999	UNLISTED PROCEDURE, ARTHROSCOPY	\$0.00
30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	\$69.98
3000F	BLOOD PRESSURE 2 140/90 MM HG2	\$0.00
30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	\$72.00
3002F	BLOOD PRESSURE > 140/90 MM HG2	\$0.00
3006F	CHEST X-RAY RESULTS DOCUMENTED AND REVIEWED (CAP)	\$0.00
3008F	BODY MASS INDEX (BMI), DOCUMENTED (PV)1	\$0.00
30100	BIOPSY, INTRANASAL	\$43.47
30110	EXCISION, NASAL POLYP(S), SIMPLE	\$79.46
30115	EXCISION, NASAL POLYP(S), EXTENSIVE	\$252.65
30117	EXCISION, INTRANASAL LESION	\$194.16
30118	EXCISION, INTRANASAL LESION	\$528.83
3011F	LIPID PANEL RESULTS DOCUMENTED AND REVIEWED (MUST INCLUDE TOTAL CHOLESTEROL, HDL	\$0.00
30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	\$326.47
30124	EXCISION DERMOID CYST, NOSE	\$166.84
30125	EXCISION DERMOID CYST, NOSE	\$386.63
30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	\$224.38
30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	\$241.40
3014F	SCREENING MAMMOGRAPHY RESULTS DOCUMENTED AND REVIEWED (PV)1,2	\$0.00
30150	RHINECTOMY	\$510.57
3015F	CERVICAL CANCER SCREENING RESULTS DOCUMENTED AND REVIEWED (PV)1	\$0.00
30160	RHINECTOMY	\$569.04

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
3016F	PATIENT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD (	\$0.00
3017F	COLORECTAL CANCER SCREENING RESULTS DOCUMENTED AND REVIEWED (PV)1, 2	\$0.00
3018F	PRE-PROCEDURE RISK ASSESSMENT AND DEPTH OF INSERTION AND QUALITY OF THE BOWEL PR	\$0.00
3019F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) ASSESSMENT PLANNED POST DISCHARGE (HF)	\$0.00
30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	\$37.61
3020F	LEFT VENTRICULAR FUNCTION (LVF) ASSESSMENT (EG, ECHOCARDIOGRAPHY, NUCLEAR TEST,	\$0.00
30210	DISPLACEMENT THERAPY (PROETZ TYPE)	\$59.41
3021F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) 40% OR DOCUMENTATION OF MODERATELY OR	\$0.00
30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	\$76.03
3022F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >=40% OR DOCUMENTATION AS NORMAL OR MI	\$0.00
3023F	SPIROMETRY RESULTS DOCUMENTED AND REVIEWED (COPD)	\$0.00
3025F	SPIROMETRY TEST RESULTS DEMONSTRATE FEV1/FVC LESS THAN 70% WITH COPD SYMPTOMS (E	\$0.00
3027F	SPIROMETRY TEST RESULTS DEMONSTRATE FEV1/FVC GREATER THAN OR EQUAL TO 70% OR PAT	\$0.00
3028F	OXYGEN SATURATION RESULTS DOCUMENTED AND REVIEWED (INCLUDES ASSESSMENT THROUGH P	\$0.00
30300	REMOVAL FOREIGN BODY, INTRANASAL	\$73.73
30310	REMOVAL FOREIGN BODY, INTRANASAL	\$126.27
30320	REMOVAL FOREIGN BODY, INTRANASAL	\$288.51
3035F	OXYGEN SATURATION <= 88 % OR A PAO2 <= 55 MM HG (COPD)	\$0.00
3037F	OXYGEN SATURATION > 88% OR PAO2 > 55 MMHG (COPD)	\$0.00
3038F	PULMONARY FUNCTION TEST PERFORMED WITHIN 12 MONTHS PRIOR TO SURGERY (LUNG/ESOP C	\$0.00
30400	RHINOPLASTY, PRIMARY	\$635.65
3040F	FUNCTIONAL EXPIRATORY VOLUME (FEV1) 40% OF PREDICTED VALUE (COPD)	\$0.00
30410	RHINOPLASTY, PRIMARY	\$787.33
30420	RHINOPLASTY, PRIMARY	\$924.19
3042F	FUNCTIONAL EXPIRATORY VOLUME (FEV1) >= 40% OF PREDICTED VALUE (COPD)	\$0.00
30430	RHINOPLASTY, SECONDARY	\$584.26
30435	RHINOPLASTY, SECONDARY	\$779.68
3044F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0% (DM)2,4	\$0.00
30450	RHINOPLASTY, SECONDARY	\$1,015.67
3045F	MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0 - 9.0 % (DM)2,4	\$0.00
30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	\$553.36

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE,	\$1,050.40
30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL R	\$604.20
3046F	MOST RECENT HEMOGLOBIN A1C LEVEL > 9.0% (DM)	\$0.00
3047F	MOST RECENT HEMOGLOBIN A1C LEVEL <= 9.0% (DM)	\$0.00
3048F	MOST RECENT LDL-C 100 MG/DL (DM)	\$0.00
3049F	MOST RECENT LDL-C 100-129 MG/DL (DM)	\$0.00
3050F	MOST RECENT LDL-C >=130 MG/DL (DM)	\$0.00
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE	\$347.70
30540	REPAIR CHOANAL ATRESIA	\$424.00
30545	REPAIR CHOANAL ATRESIA	\$634.64
3055F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) LESS THAN OR EQUAL TO 35% (HF)1	\$0.00
30560	LYSIS INTRANASAL SYNECHIA	\$84.67
3056F	LEFT VENTRICULAR EJECTION FRACTION (LVEF) GREATER THAN 35% OR NO LVEF RESULT AVA	\$0.00
30580	REPAIR FISTULA	\$365.78
30600	REPAIR FISTULA	\$298.07
3060F	POSITIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)2,4	\$0.00
3061F	NEGATIVE MICROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)2,4	\$0.00
30620	RECONSTRUCTION, FUNCTIONAL, INTERNAL NOSE (SEPTAL OR OTHER	\$370.39
3062F	POSITIVE MACROALBUMINURIA TEST RESULT DOCUMENTED AND REVIEWED (DM)2,4	\$0.00
30630	REPAIR NASAL SEPTAL PERFORATIONS	\$404.60
3066F	DOCUMENTATION OF TREATMENT FOR NEPHROPATHY (EG, PATIENT RECEIVING DIALYSIS, PATI	\$0.00
3072F	LOW RISK FOR RETINOPATHY (NO EVIDENCE OF RETINOPATHY IN THE PRIOR YEAR) (DM)2,4	\$0.00
3073F	PRE-SURGICAL (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF IN	\$0.00
3074F	MOST RECENT SYSTOLIC BLOOD PRESSURE <130 MM HG (DM)2,4 (HTN,CKD)1	\$0.00
3075F	MOST RECENT SYSTOLIC BLOOD PRESSURE 130 to 139 MM HG (DM)2,4 (HTN,CKD)1	\$0.00
3076F	MOST RECENT SYSTOLIC BLOOD PRESSURE 140 MM HG (HTN) (DM)	\$0.00
3077F	MOST RECENT SYSTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 140 MM HG (HTN, CKD	\$0.00
3078F	MOST RECENT DIASTOLIC BLOOD PRESSURE LESS THAN 80 MM HG (HTN, CKD, CAD)1 (DM)2,4	\$0.00
3079F	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 - 89 MM HG (DM)2,4 (HTN,CKD)1	\$0.00
30800	CAUTERIZATION TURBINATES, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); SUPERFIC	\$0.00
30801	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$75.30

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
30802	CAUTERIZATION AND/OR ABLATION, MUCOSA OF TURBINATES, UNILATERAL OR BILATERAL, AN	\$110.57
3080F	MOST RECENT DIASTOLIC BLOOD PRESSURE GREATER THAN OR EQUAL TO 90 MM HG (HTN, CKD	\$0.00
3082F	KT/V 1.2 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1	\$0.00
3083F	KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA (KT)/VOLU	\$0.00
3084F	KT/V 3 1.7 (CLEARANCE OF UREA KT)/VOLUME (V)) (ESRD)1	\$0.00
3085F	SUICIDE RISK ASSESSED (MDD)1	\$0.00
3088F	MAJOR DEPRESSIVE DISORDER, MILD (MDD)1	\$0.00
3089F	MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)1	\$0.00
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (CAUTERIZATION)	\$44.33
30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (CAUTERIZATION WITH LOCAL	\$65.99
30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$98.64
30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL	\$107.34
3090F	MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)1	\$0.00
30915	LIGATION ARTERIES	\$384.00
3091F	MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)1	\$0.00
30920	LIGATION ARTERIES	\$559.08
3092F	MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)1	\$0.00
30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	\$74.71
3093F	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSI	\$0.00
3095F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED (OP)5	\$0.00
3096F	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED (OP)	\$0.00
31000	LAVAGE BY CANNULATION	\$63.28
31002	LAVAGE BY CANNULATION	\$128.48
3100F	CAROTID IMAGING STUDY REPORT (INCLUDES DIRECT OR INDIRECT REFERENCE TO MEASUREME	\$0.00
31020	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$203.83
31030	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$344.95
31032	SINUSOTOMY, MAXILLARY (ANTROTOMY)	\$393.24
31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	\$497.21
31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY	\$318.37
31051	SINUSOTOMY SPHENOID W/WO BIOP W/MUCOSAL STRIPPING OR REMOVAL	\$425.74
31070	SINUSOTOMY FRONTAL	\$267.60

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31071	SINUSOTOMY FRONTAL; INTRANASAL	\$0.00
31075	SINUSOTOMY FRONTAL	\$546.24
31080	SINUSOTOMY FRONTAL	\$625.70
31081	SINUSOTOMY FRONTAL	\$698.44
31084	SINUSOTOMY FRONTAL	\$785.82
31085	SINUSOTOMY FRONTAL	\$830.43
31086	SINUSOTOMY FRONTAL	\$697.73
31087	SINUSOTOMY FRONTAL	\$692.37
31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES	\$571.27
3110F	DOCUMENTATION IN FINAL CT OR MRI REPORT OF PRESENCE OR ABSENCE OF HEMORRHAGE AND	\$0.00
3111F	CT OR MRI OF THE BRAIN PERFORMED IN THE HOSPITAL WITHIN 24 HOURS OF ARRIVAL OR P	\$0.00
3112F	CT OR MRI OF THE BRAIN PERFORMED GREATER THAN 24 HOURS AFTER ARRIVAL TO THE HOSP	\$0.00
3115F	QUANTITATIVE RESULTS OF AN EVALUATION OF CURRENT LEVEL OF ACTIVITY AND CLINICAL	\$0.00
3117F	HEART FAILURE DISEASE SPECIFIC STRUCTURED ASSESSMENT TOOL COMPLETED (HF)1	\$0.00
3118F	NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCUMENTED (HF)1	\$0.00
3119F	NO EVALUATION OF LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS (HF)1	\$0.00
31200	ETHMOIDECTOMY	\$352.05
31201	ETHMOIDECTOMY	\$463.02
31205	ETHMOIDECTOMY	\$549.83
3120F	12-LEAD ECG PERFORMED (EM)5	\$0.00
31225	MAXILLECTOMY	\$1,090.57
31230	MAXILLECTOMY	\$1,235.15
31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	\$63.70
31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATU	\$104.79
31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPH	\$118.58
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARA	\$137.94
31238	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONTROL OF EPISTAXIS	\$151.74
31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	\$504.10
31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	\$144.92
31245	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00
31246	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31247	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00
31248	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00
31249	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00
31250	NASAL ENDOSCOPY, DIAGNOSTIC, WITH OR WITHOUT BIOPSY (INCLUDES EXAMINATION OF THE	\$0.00
31251	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR	\$0.00
31252	NASAL ENDOSCOPY, SURGICAL; WITH NASAL POLYPECTOMY	\$0.00
31254	NASAL ENDOSCOPY SURG W/ETHMOIDECTOMY PARTIAL	\$259.80
31255	NASAL ENDOSCOPY SURG W/ETHMOIDECTOMY ANTER & POSTER TOTAL	\$389.35
31256	NASAL ENDOSCOPY SURGICAL W/MAXILLARY ANTROSTOMY	\$184.03
31258	NASAL ENDOSCOPY, SURGICAL; WITH REMOVAL OF FOREIGN BODY(S)	\$0.00
3125F	ESOPHAGEAL BIOPSY REPORT WITH STATEMENT ABOUT DYSPLASIA (PRESENT, ABSENT, OR IND	\$0.00
31260	MAXILLARY SINUS ENDOSCOPY, DIAGNOSTIC, WITH OR WITHOUT BIOPSY (SEPARATE PROCEDUR	\$0.00
31261	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31262	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31263	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF FOREIGN BODY(S)	\$0.00
31264	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31265	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF CYST	\$0.00
31266	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31267	MAXILLARY SINUS ENDOSCOPY SURG W/REMOVAL MUCOUS MEMBRANE	\$292.23
31268	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF FUNGUS BALL	\$0.00
31269	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31270	SPHENOID ENDOSCOPY, DIAGNOSTIC, WITH OR WITHOUT BIOPSY (SEPARATE PROCEDURE)	\$0.00
31271	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE)	\$0.00
31275	SPHENOID ENDOSCOPY, SURGICAL;	\$0.00
31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT	\$442.35
31277	SPHENOID ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE	\$0.00
31280	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00
31281	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00
31282	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00
31283	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00
31284	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31285	SINUS ENDOSCOPY, TWO OR MORE SINUSES, UNILATERAL	\$0.00
31286	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND S	\$0.00
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;	\$219.33
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM	\$256.10
31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOI	\$944.19
31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENO	\$1,000.15
31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESS	\$796.88
31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL W	\$868.03
31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	\$1,021.29
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BA	\$111.46
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALL	\$132.77
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BAL	\$109.12
31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE)	\$842.27
3130F	UPPER GASTROINTESTINAL ENDOSCOPY PERFORMED (GERD)5	\$0.00
31320	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE)	\$389.30
3132F	DOCUMENTATION OF REFERRAL FOR UPPER GASTROINTESTINAL ENDOSCOPY (GERD)5	\$0.00
31360	LARYNGECTOMY	\$1,064.35
31365	LARYNGECTOMY	\$1,457.92
31367	LARYNGECTOMY	\$1,239.76
31368	LARYNGECTOMY	\$1,612.33
31370	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,226.14
31375	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,112.30
31380	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,156.09
31382	PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY)	\$1,182.54
31390	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION	\$1,634.76
31395	PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION	\$1,916.47
31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	\$631.97
3140F	UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES SUSPICION OF BARRETT'S ESOPHAG	\$0.00
3141F	UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES NO SUSPICION OF BARRETT'S ESOP	\$0.00
31420	EPIGLOTTIDECTOMY	\$632.40
3142F	BARIUM SWALLOW TEST ORDERED (GERD)1	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	\$93.64
31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TR	\$32.14
31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$30.26
3150F	FORCEPS ESOPHAGEAL BIOPSY PERFORMED (GERD)5	\$0.00
31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$79.29
31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$90.36
31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$107.27
31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE)	\$117.65
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$81.56
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$120.53
31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$115.20
31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$143.56
31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$168.53
31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$130.81
31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY	\$139.85
31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL	\$183.54
31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL	\$201.10
31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY	\$176.24
31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY	\$199.06
31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING	\$230.97
31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING	\$245.74
31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$286.01
31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH	\$434.40
3155F	CYTOGENETIC TESTING PERFORMED ON BONE MARROW AT TIME OF DIAGNOSIS OR PRIOR TO IN	\$0.00
31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY	\$286.93
31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY	\$328.97
31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	\$179.59
31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC	\$234.90
31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$53.40
31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$109.05
31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$136.25

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC	\$147.42
31579	LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/STROBOSCOPY	\$103.09
31580	LARYNGOPLASTY	\$793.80
31582	LARYNGOPLASTY	\$1,218.78
31584	LARYNGOPLASTY	\$1,040.08
31585	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITHOUT MANIPULATION	\$311.31
31586	TREATMENT OF CLOSED LARYNGEAL FRACTURE; WITH CLOSED MANIPULATIVE REDUCTION	\$508.77
31587	LARYNGOPLASTY, CRICOID SPLIT	\$654.43
31588	LARYNGOPLASTY, NOT OTHERWISE SPECIFIED (EG, FOR BURNS,	\$785.51
31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	\$567.92
31595	SECTION RECURRENT LARYNGEAL NERVE, THERAPEUTIC (SEPARATE	\$503.58
31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE)	\$259.24
31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE)	\$244.63
31603	TRACHEOSTOMY, EMERGENCY PROCEDURE	\$220.41
31605	TRACHEOSTOMY, EMERGENCY PROCEDURE	\$189.62
3160F	DOCUMENTATION OF IRON STORES PRIOR TO INITIATING ERYTHROPOIETIN THERAPY (HEM)1	\$0.00
31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	\$515.65
31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBQNT INSERTI	\$405.06
31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS	\$48.22
31613	TRACHEOSTOMA REVISION	\$294.72
31614	TRACHEOSTOMA REVISION	\$483.82
31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	\$106.53
31620	ENDOBONCHIAL ULTRASOUND (EBUS) DURING BRONCHOSCOPIC DIAGNOSTIC OR THERAPEUTIC	\$57.42
31622	BRONCHOSCOPY	\$142.83
31623	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS	\$146.59
31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	\$146.59
31625	BRONCHOSCOPY	\$182.26
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$102.20
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$49.68
31628	BRONCHOSCOPY	\$192.38
31629	BRONCHOSCOPY	\$170.33

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31630	BRONCHOSCOPY	\$197.31
31631	BRONCHOSCOPY	\$215.08
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRA	\$54.39
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRA	\$66.72
31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED	\$128.89
31635	BRONCHOSCOPY	\$192.10
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$177.90
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH	\$63.08
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH	\$198.19
31640	BRONCHOSCOPY	\$256.53
31641	BRONCHOSCOPY	\$260.69
31643	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLI	\$177.88
31645	BRONCHOSCOPY	\$169.64
31646	BRONCHOSCOPY	\$138.51
31647	Assessment of air leak, airway sizing, and insertion of bronchial valve(s) in lung airways using an endoscope	\$137.30
31648	Removal of bronchial valve(s) in lung airways using an endoscope	\$145.10
31649	Removal of bronchial valve(s) in lung airways using an endoscope	\$45.90
31651	Assessment of air leak, airway sizing, and insertion of bronchial valve(s) in lung airways using an endoscope	\$48.43
31656	BRONCHOSCOPY	\$109.20
31659	BRONCHOSCOPY; WITH OTHER BRONCHOSCOPIC PROCEDURES	\$0.00
31660	Thermal repair of lung airways using an endoscope	\$138.43
31661	Thermal repair of lung airways using an endoscope	\$145.90
31700	CATHETERIZATION, TRANSGLOTTIC (SEPARATE PROCEDURE)	\$66.58
31708	INSTILLATION OF CONTRAST MATERIAL FOR LARYNGOGRAPHY OR BRONCHOGRAPHY, WITHOUT	\$58.26
3170F	FLOW CYTOMETRY STUDIES PERFORMED AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TRE	\$0.00
31710	CATHETERIZATION FOR BRONCHOGRAPHY, WITH OR WITHOUT INSTILLATION OF CONTRAST	\$56.98
31715	TRANSTRACHEAL INJECTION FOR BRONCHOGRAPHY	\$43.00
31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	\$80.55
31719	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF INDWELLING TUBE FOR THERAPY (EG, TI	\$0.00
31720	CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$47.17
31725	CATHETER ASPIRATION (SEPARATE PROCEDURE)	\$87.57

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWE	\$136.14
31750	TRACHEOPLASTY	\$760.80
31755	TRACHEOPLASTY	\$1,008.25
31760	TRACHEOPLASTY	\$1,046.30
31766	CARINAL RECONSTRUCTION	\$1,469.78
31770	BRONCHOPLASTY	\$1,164.52
31775	BRONCHOPLASTY	\$1,266.99
31780	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS	\$1,020.72
31781	EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS	\$1,240.35
31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA	\$843.72
31786	EXCISION OF TRACHEAL TUMOR OR CARCINOMA	\$1,193.33
31800	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY	\$418.12
31805	SUTURE OF EXTERNAL TRACHEAL WOUND OR INJURY	\$758.25
31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$300.69
31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA	\$430.82
31830	REVISION OF TRACHEOSTOMY SCAR	\$301.77
32000	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	\$57.25
32001	TOTAL LUNG LAVAGE (UNILATERAL)	\$245.30
32002	THORACENTESIS WITH INSERTION OF TUBE WITH OR WITHOUT WATER SEAL (EG, FOR	\$93.44
32005	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	\$92.71
3200F	BARIUM SWALLOW TEST NOT ORDERED (GERD)5	\$0.00
32019	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$173.40
32020	TUBE THORACOSTOMY WITH OR WITHOUT WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX,	\$180.76
32035	THORACOSTOMY	\$533.31
32036	THORACOSTOMY	\$588.97
32095	THORACOTOMY LIMITED, FOR BIOPSY OF LUNG OR PLEURA	\$554.58
32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCIS	\$498.41
32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDG	\$498.41
32098	THORACOTOMY, WITH BIOPSY(IES) OF PLEURA	\$468.59
32100	THORACOTOMY, MAJOR	\$727.19
3210F	GROUP A STREP TEST PERFORMED (PHAR)2	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
32110	THORACOTOMY, MAJOR	\$855.13
32120	THORACOTOMY, MAJOR	\$698.40
32124	THORACOTOMY, MAJOR	\$739.32
32140	THORACOTOMY, MAJOR	\$832.24
32141	THORACOTOMY, MAJOR	\$819.06
32150	THORACOTOMY, MAJOR	\$789.52
32151	THORACOTOMY, MAJOR	\$792.66
3215F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS A (HEP-C)	\$0.00
32160	THORACOTOMY, MAJOR	\$544.77
3216F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B (HEP-C)	\$0.00
3218F	RNA TESTING FOR HEPATITIS C DOCUMENTED AS PERFORMED WITHIN SIX MONTHS PRIOR TO I	\$0.00
32200	PNEUMONOSTOMY, WITH OPEN DRAINAGE OF ABSCESS OR CYST	\$720.30
32201	PNEUMONOSTOMY; WITH PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST	\$210.24
3220F	HEPATITIS C QUANTITATIVE RNA TESTING DOCUMENTED AS PERFORMED AT 12 WEEKS FROM IN	\$0.00
32215	PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX	\$662.49
32220	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE)	\$1,082.94
32225	DECORTICATION, PULMONARY, (SEPARATE PROCEDURE)	\$819.89
3230F	DOCUMENTATION THAT HEARING TEST WAS PERFORMED WITHIN 6 MONTHS PRIOR TO TYMPANOST	\$0.00
32310	PLEURECTOMY	\$789.60
32315	PLEURECTOMY; PARTIAL	\$0.00
32320	DECORTICATION AND PARIETAL PLEURECTOMY	\$1,151.20
32400	BIOPSY, PLEURA	\$81.43
32402	BIOPSY, PLEURA	\$522.86
32405	BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE	\$97.07
32420	PNEUMONOCENTESIS, PUNCTURE OF LUNG FOR ASPIRATION	\$95.42
32421	THORACENTESIS, PUNCTURE OF PLEURAL CAVITY FOR ASPIRATION, INITIAL OR SUBSEQUENT	\$39.92
32422	THORACENTESIS WITH INSERTION OF TUBE, INCLUDES WATER SEAL (EG, FOR PNEUMOTHORAX)	\$65.65
32440	PNEUMONECTOMY, TOTAL	\$1,183.81
32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLO	\$1,335.44
32445	PNEUMONECTOMY, EXTRAPLEURAL	\$1,342.20
32450	PNEUMONECTOMY, EXTRAPLEURAL; WITH EMPYEMECTOMY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
32480	LOBECTOMY, TOTAL OR SEGMENTAL	\$1,046.59
32482	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)	\$1,104.21
32484	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)	\$1,139.00
32485	LOBECTOMY, TOTAL OR SEGMENTAL; WITH BRONCHOPLASTY	\$0.00
32486	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION	\$1,264.00
32488	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWING PR	\$1,339.81
32490	LOBECTOMY, TOTAL OR SEGMENTAL; WITH CONCOMITANT DECORTICATION	\$0.00
32491	EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON -BULLOUS FOR LUNG VO	\$1,143.50
32500	WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$874.18
32501	RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TI	\$239.01
32503	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,277.16
32504	RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECT	\$1,458.81
32505	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL	\$576.18
32506	THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIO	\$95.22
32507	THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION	\$95.22
3250F	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR (PATH)1	\$0.00
32520	RESECTION OF LUNG; WITH RESECTION OF CHEST WALL	\$1,248.92
32522	RESECTION OF LUNG; WITH RECONSTRUCTION OF CHEST WALL, WITHOUT PROSTHESIS	\$1,353.45
32525	RESECTION OF LUNG; WITH MAJOR RECONSTRUCTION OF CHEST WALL, WITH PROSTHESIS	\$1,455.42
32540	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY)	\$844.83
32545	EXTRAPLEURAL ENUCLEATION OF EMPYEMA (EMPYEMECTOMY); WITH LOBECTOMY	\$0.00
32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$112.08
32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), W	\$92.62
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	\$77.23
32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$97.36
32554	Removal of fluid from chest cavity	\$54.89
32555	Removal of fluid from chest cavity with imaging guidance	\$68.47
32556	Removal of fluid from chest cavity with insertion of indwelling catheter	\$75.10
32557	Removal of fluid from chest cavity with insertion of indwelling catheter and imaging guidance	\$98.76
32560	CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	\$57.74
32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$34.17

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYT	\$30.61
32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITHOUT	\$292.36
32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITH BIO	\$316.68
32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITHOUT BIOPSY	\$371.66
32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	\$420.39
32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITHOUT BIOPSY	\$351.15
32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	\$404.02
32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCI	\$189.78
32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WED	\$232.56
32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	\$161.25
3260F	PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC	\$0.00
32650	THORACOSCOPY, SURGICAL; WITH PLEURODESIS, ANY METHOD	\$618.26
32651	THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION	\$754.11
32652	THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEUR	\$1,039.64
32653	THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPO	\$739.03
32654	THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE	\$706.93
32655	THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL	\$786.30
32656	THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY	\$793.67
32657	THORACOSCOPY, SURGICAL; WITH WEDGE RESECTION OF LUNG, SINGLE OR MULTIPLE	\$817.26
32658	THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SA	\$744.12
32659	THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION	\$743.63
3265F	RIBONUCLEIC ACID (RNA) TESTING FOR HEPATITIS C VIREMIA ORDERED OR RESULTS DOCUME	\$0.00
32660	THORACOSCOPY, SURGICAL; WITH TOTAL PERICARDECTOMY	\$1,077.56
32661	THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS	\$751.23
32662	THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS	\$942.01
32663	THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL	\$1,055.84
32664	THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY	\$769.11
32665	THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLER TYPE)	\$877.00
32666	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INI	\$539.50
32667	THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), E	\$95.22
32668	THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUN	\$95.74

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
32669	THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)	\$824.96
3266F	HEPATITIS C GENOTYPE TESTING DOCUMENTED AS PERFORMED PRIOR TO INITIATION OF ANTI	\$0.00
32670	THORACOSCOPY, SURGICAL; WITH REMOVAL OF TWO LOBES (BILOBECTOMY)	\$982.66
32671	THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)	\$1,087.97
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS	\$932.45
32673	THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL	\$739.93
32674	THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPA	\$130.63
3267F	PATHOLOGY REPORT INCLUDES PT CATEGORY, PN CATEGORY, GLEASON SCORE, AND STATEMENT	\$0.00
3268F	PROSTATE-SPECIFIC ANTIGEN (PSA), AND PRIMARY TUMOR (T) STAGE, AND GLEASON SCORE	\$0.00
3269F	BONE SCAN PERFORMED PRIOR TO INITIATION OF TREATMENT OR AT ANY TIME SINCE DIAGNO	\$0.00
32700	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE);	\$0.00
32701	Thoracic target(s) delineation for stereotactic body radiation therapy	\$131.43
32705	THORACOSCOPY, EXPLORATORY (SEPARATE PROCEDURE); WITH BIOPSY	\$0.00
3270F	BONE SCAN NOT PERFORMED PRIOR TO INITIATION OF TREATMENT NOR AT ANY TIME SINCE D	\$0.00
3271F	LOW RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	\$0.00
3272F	INTERMEDIATE RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	\$0.00
3273F	HIGH RISK OF RECURRENCE, PROSTATE CANCER (PRCA)1	\$0.00
3274F	PROSTATE CANCER RISK OF RECURRENCE NOT DETERMINED OR NEITHER LOW, INTERMEDIATE N	\$0.00
3278F	SERUM LEVELS OF CALCIUM, PHOSPHORUS, INTACT PARATHYROID HORMONE (PTH) AND LIPID	\$0.00
3279F	HEMOGLOBIN LEVEL GREATER THAN OR EQUAL TO 13 G/DL (CKD,ESRD)1	\$0.00
32800	REPAIR LUNG HERNIA THROUGH CHEST WALL	\$750.84
3280F	HEMOGLOBIN LEVEL 11 G/DL TO 12.9 G/DL (CKD, ESRD)1	\$0.00
32810	CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR	\$695.69
32815	OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA	\$1,228.13
3281F	HEMOGLOBIN LEVEL LESS THAN 11 G/DL (CKD,ESRD)1	\$0.00
32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	\$1,190.57
3284F	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE OF GREATER THAN OR EQUAL TO 15% FR	\$0.00
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR	\$0.00
32851	LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS	\$1,977.21
32852	LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS	\$2,127.78
32853	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONA	\$2,412.20

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
32854	LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY	\$2,572.88
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	\$0.00
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO	\$0.00
3285F	INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE LESS THAN 15% FROM THE PRE-INTERVE	\$0.00
3288F	FALLS RISK ASSESSMENT DOCUMENTED (GER)5	\$0.00
32900	RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES	\$972.55
32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES)	\$1,060.68
32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES)	\$1,337.48
3290F	PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED (PRENATAL)1	\$0.00
3291F	PATIENT IS D (RH) POSITIVE OR SENSITIZED (PRENATAL)1	\$0.00
3292F	HIV TESTING ORDERED OR DOCUMENTED AND REVIEWED DURING THE FIRST OR SECOND PRENAT	\$0.00
3293F	ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED (PRE-CR)7	\$0.00
32940	PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING	\$992.74
3294F	GROUP B STREPTOCOCCUS (GBS) SCREENING DOCUMENTED AS PERFORMED DURING WEEK 35-37	\$0.00
32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	\$73.82
32997	TOTAL LUNG LAVAGE (UNILATERAL)	\$243.55
32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S)	\$196.01
32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	\$205.69
3300F	AMERICAN JOINT COMMITTEE ON CANCER (AJCC) STAGE DOCUMENTED AND REVIEWED (ONC)1	\$0.00
33010	PERICARDIOCENTESIS	\$105.02
33011	PERICARDIOCENTESIS	\$97.60
33015	TUBE PERICARDIOSTOMY	\$355.09
3301F	CANCER STAGE DOCUMENTED IN MEDICAL RECORD AS METASTATIC AND REVIEWED (ONC)1	\$0.00
33020	PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN	\$763.83
33025	CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE	\$757.17
3302F	AJCC CANCER STAGE 0, DOCUMENTED (ONC)1, (ML)5	\$0.00
33030	PARTIAL RESECTION FOR CHRONIC CONSTRICTIVE PERICARDITIS,	\$1,160.05
33031	COMPLT VENTRCLR DECRCTCN W/CARDPLMNRY BYPASS	\$1,163.58
33035	COMPLETE VENTRICULAR DECORTICATION, WITH	\$0.00
3303F	AJCC CANCER STAGE IA, DOCUMENTED (ONC)1, (ML)5	\$0.00
3304F	AJCC CANCER STAGE IB, DOCUMENTED (ONC)1, (ML)5	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33050	EXCISION OF PERICARDIAL CYST OR TUMOR	\$786.88
3305F	AJCC CANCER STAGE IC, DOCUMENTED (ONC)1, (ML)5	\$0.00
3306F	AJCC CANCER STAGE IIA, DOCUMENTED (ONC)1, (ML)5	\$0.00
3307F	AJCC CANCER STAGE IIB, DOCUMENTED (ONC)1, (ML)5	\$0.00
3308F	AJCC CANCER STAGE IIC, DOCUMENTED (ONC)1, (ML)5	\$0.00
3309F	AJCC CANCER STAGE IIIA, DOCUMENTED (ONC)1, (ML)5	\$0.00
33100	PERICARDIECTOMY (SEPARATE PROCEDURE)	\$0.00
3310F	AJCC CANCER STAGE IIIB, DOCUMENTED (ONC)1, (ML)5	\$0.00
3311F	AJCC CANCER STAGE IIIC, DOCUMENTED (ONC)1, (ML)5	\$0.00
33120	EXCISION OF INTRACARDIAC TUMOR, RESECTION WITH	\$1,518.25
3312F	AJCC CANCER STAGE IVA, DOCUMENTED (ONC)1, (ML)5	\$0.00
33130	RESECTION OF EXTERNAL CARDIAC TUMOR	\$1,109.81
3313F	AJCC CANCER STAGE IVB, DOCUMENTED (ONC)1, (ML)5	\$0.00
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY (SEPARATE PROCEDURE)	\$1,000.66
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME O	\$185.47
3314F	AJCC CANCER STAGE IVC, DOCUMENTED (ONC)1, (ML)5	\$0.00
3315F	ESTROGEN RECEPTOR (ER) OR PROGESTERONE RECEPTOR (PR) POSITIVE BREAST CANCER (ONC	\$0.00
3316F	ESTROGEN RECEPTOR (ER) AND PROGESTERONE RECEPTOR (PR) NEGATIVE BREAST CANCER (ON	\$0.00
3317F	PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVI	\$0.00
3318F	PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVI	\$0.00
3319F	ONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTRA	\$0.00
33200	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY THORACOTOMY	\$759.62
33201	INSERTION OF PERMANENT PACEMAKER WITH EPICARDIAL ELECTRODE(S); BY XIPHOID	\$687.92
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STE	\$534.75
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PER	\$548.53
33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$417.10
33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$488.48
33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS	\$526.97
3320F	NONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTR	\$0.00
33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE,	\$174.10
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES	\$178.79

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC	\$331.18
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	\$361.30
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DU	\$418.41
33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERT	\$227.42
33216	INSERTION, REPLACEMENT, OR REPOSITIONING OF	\$329.06
33217	INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ON	\$341.91
33218	REPAIR OF PACEMAKER	\$315.41
33219	REPAIR OF PACEMAKER; WITH REPLACEMENT OF PULSE GENERATOR	\$0.00
3321F	AJCC CANCER STAGE 0 OR IA MELANOMA, DOCUMENTED (ML)5	\$0.00
33220	REPAIR OF PACEMAKER ELECTRODE(S) ONLY; DUAL CHAMBER	\$318.39
33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	\$217.73
33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTO	\$305.76
33223	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	\$377.65
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$363.63
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACIN	\$320.77
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) E	\$350.25
33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$207.92
33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$216.65
33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PUL	\$225.37
3322F	MELANOMA GREATER THAN AJCC STAGE 0 OR IA (ML)5	\$0.00
33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$233.84
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTI	\$242.56
33232	REMOVAL OF PERMANENT PACEMAKER	\$0.00
33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	\$208.64
33234	REMOVAL OF PERMANENT PACEMAKER; AND TRANSVENOUS ELECTRODE(S), SINGLE LEAD SYSTEM	\$379.03
33235	REMOVAL OF PERMANENT PACEMAKER; AND TRANSVENOUS ELECTRODE(S), DUAL LEAD SYSTEM	\$440.85
33236	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE	\$618.86
33237	REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL LE	\$761.98
33238	REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY	\$792.35
3323F	CLINICAL TUMOR, NODE AND METASTASES (TNM) STAGING DOCUMENTED AND REVIEWED PRIOR	\$0.00
33240	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERAT	\$416.09

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	\$194.54
33242	REPAIR OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEADS	\$335.39
33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SY	\$1,040.77
33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR AND/OR LEAD SY	\$704.61
33245	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$911.56
33246	INSERTION OF EPICARDIAL SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-	\$1,220.65
33247	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR LEAD(S), BY O	\$552.23
33248	REVISION OR REMOVAL OF AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PADS AND	\$0.00
33249	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR LEAD(S), BY O	\$820.76
3324F	MRI OR CT SCAN ORDERED, REVIEWED OR REQUESTED (EPI)8	\$0.00
33250	OPERATIVE ABLATION SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR	\$1,071.50
33251	OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS	\$1,326.91
33253	OPERATIVE INCISIONS AND RECONSTRUCTION OF ATRIA FOR TREATMENT OF ATRIAL	\$1,640.55
33254	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZ	\$928.91
33255	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,117.06
33256	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCE	\$1,331.79
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$313.67
33258	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$353.45
33259	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF	\$462.14
3325F	PREOPERATIVE ASSESSMENT OF FUNCTIONAL OR MEDICAL INDICATION(S) FOR SURGERY PRIOR	\$0.00
33260	OPERATIVE ABLATION OF ARRHYTHMOGENIC FOCUS OR PATHWAY; WITHOUT CARDIOPULMONARY B	\$0.00
33261	OPERATIVE ABLATION ARRHYTHMOGENIC FOCUS/PATHWAY W/CARDIOPULM	\$1,273.64
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF	\$225.55
33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF	\$234.28
33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF	\$243.01
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMI	\$928.91
33266	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTE	\$1,267.31
33282	IMPLANTATION OF PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$309.84
33284	REMOVAL OF AN IMPLANTABLE, PATIENT-ACTIVATED CARDIAC EVENT RECORDER	\$244.35
3328F	PERFORMANCE STATUS DOCUMENTED AND REVIEWED WITHIN 2 WEEKS PRIOR TO SURGERY (LUNG	\$0.00
33300	REPAIR OF CARDIAC WOUND	\$1,015.32

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33305	REPAIR OF CARDIAC WOUND	\$1,217.30
3330F	IMAGING STUDY ORDERED (BKP)2	\$0.00
33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN	\$1,012.78
33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN	\$1,201.63
3331F	IMAGING STUDY NOT ORDERED (BKP)2	\$0.00
33320	SUTURE REPAIR OF AORTA OR GREAT VESSELS	\$957.41
33321	SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,226.68
33322	SUTURE REPAIR OF AORTA OR GREAT VESSELS	\$1,254.39
33330	INSERTION OF GRAFT, AORTA OR GREAT VESSELS	\$1,101.77
33332	INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH SHUNT BYPASS	\$1,220.51
33335	INSERTION OF GRAFT, AORTA OR GREAT VESSELS	\$1,485.54
33350	GREAT VESSEL REPAIR WITH OTHER MAJOR PROCEDURE	\$0.00
33361	Replacement of aortic valve with prosthetic valve	\$805.42
33362	Replacement of aortic valve with prosthetic valve	\$881.09
33363	Replacement of aortic valve with prosthetic valve	\$912.26
33364	Replacement of aortic valve with prosthetic valve	\$972.23
33365	Replacement of aortic valve with prosthetic valve	\$1,060.10
33367	Replacement of aortic valve with prosthetic valve on heart-lung machine	\$370.97
33368	Replacement of aortic valve with prosthetic valve on heart-lung machine	\$449.53
33369	Replacement of aortic valve with prosthetic valve on heart-lung machine	\$593.52
33400	VALVULOPLASTY, AORTIC VALVE, OPEN, WITH	\$1,557.77
33401	VALVULOPLASTY, AORTIC VALVE; OPEN, WITH INFLOW OCCLUSION	\$1,443.40
33403	VALVULOPLASTY, AORTIC VALVE; USING TRANSVENTRICULAR DILATION, WITH CARDIOPULMONA	\$1,536.42
33404	CONSTRUCTION OF APICAL-AORTIC CONDUIT	\$1,724.64
33405	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS	\$1,772.14
33406	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH HOMOGRAFT VALVE (FR	\$1,916.69
3340F	MAMMOGRAM ASSESSMENT CATEGORY OF "INCOMPLETE: NEED ADDITIONAL IMAGING EVALUATIO	\$0.00
33410	REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VA	\$1,685.57
33411	REPLACEMENT, AORTIC VALVE	\$1,929.09
33412	REPLACEMENT, AORTIC VALVE	\$2,082.30
33413	REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH H	\$2,126.28

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33414	REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE	\$1,867.92
33415	RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR	\$1,640.02
33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STEN	\$1,730.19
33417	AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS	\$1,770.89
3341F	MAMMOGRAM ASSESSMENT CATEGORY OF "NEGATIVE", DOCUMENTED (RAD)5	\$0.00
33420	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY)	\$1,152.46
33422	VALVOTOMY, MITRAL VALVE (COMMISSUROTOMY)	\$1,576.67
33425	VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$1,602.41
33426	VALVULOPLASTY MITRAL VALVE W/CARDIOPULMONARY BYPASS W/PROSTH	\$1,813.38
33427	VALVULOPLASTY MITRAL VALVE W/CARDIOPULM BYPASS RAD RECONSTR	\$1,953.84
3342F	MAMMOGRAM ASSESSMENT CATEGORY OF "BENIGN", DOCUMENTED (RAD)5	\$0.00
33430	REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS	\$2,030.56
3343F	MAMMOGRAM ASSESSMENT CATEGORY OF "PROBABLY BENIGN", DOCUMENTED (RAD)5	\$0.00
3344F	MAMMOGRAM ASSESSMENT CATEGORY OF "SUSPICIOUS", DOCUMENTED (RAD)5	\$0.00
33452	VALVOTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS	\$0.00
3345F	MAMMOGRAM ASSESSMENT CATEGORY OF "HIGHLY SUGGESTIVE OF MALIGNANCY", DOCUMENTED	\$0.00
33460	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH	\$1,437.01
33463	VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION	\$1,553.28
33464	VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION	\$1,650.52
33465	VALVULOPLASTY OR VALVECTOMY, TRICUSPID VALVE, WITH	\$1,726.50
33468	TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY	\$1,841.24
33470	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,123.38
33471	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,248.12
33472	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,294.56
33474	VALVOTOMY, PULMONARY VALVE (COMMISSUROTOMY)	\$1,412.10
33475	REPLACEMENT, PULMONARY VALVE	\$1,728.81
33476	RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR	\$1,468.53
33478	OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR	\$1,650.24
33480	REPLACEMENT AND/OR REPAIR, DOUBLE VALVE PROCEDURE, BY METHODS 33400-33465	\$0.00
33483	DOUBLE VALVE REPLACEMENT;	\$0.00
33496	REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPAS	\$1,680.98

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33500	REPAIR CORONARY ARTERIOVENOUS OR ARTERIOCARDIC CHAMBER FISTU	\$1,536.67
33501	REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARD	\$996.55
33502	ANOMALOUS CORONARY ARTERY	\$1,253.87
33503	ANOMALOUS CORONARY ARTERY	\$1,276.79
33504	ANOMALOUS CORONARY ARTERY	\$1,531.03
33505	REPAIR OF ANOMALOUS CORONARY ARTERY; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY	\$1,567.45
33506	REPAIR OF ANOMALOUS CORONARY ARTERY; BY TRANSLOCATION FROM PULMONARY ARTERY TO A	\$1,587.18
33507	REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFI	\$1,230.45
33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY AR	\$12.12
3350F	MAMMOGRAM ASSESSMENT CATEGORY OF "KNOWN BIOPSY PROVEN MALIGNANCY", DOCUMENTED	\$0.00
33510	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,525.90
33511	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,649.30
33512	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,769.08
33513	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$1,898.24
33514	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$2,005.59
33516	CORONARY ARTERY BYPASS, AUTOGENOUS GRAFT, (EG, SAPHENOUS	\$2,124.45
33517	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN	\$137.41
33518	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS	\$259.37
33519	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOU	\$380.67
3351F	NEGATIVE SCREEN FOR DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED D	\$0.00
33521	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS	\$503.04
33522	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS	\$624.95
33523	CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE	\$745.59
3352F	NO SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRES	\$0.00
33530	REOPERATION, CORONARY ARTERY BYPASS PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINA	\$313.28
33533	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT	\$1,847.57
33534	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS	\$1,718.37
33535	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS	\$1,875.81
33536	CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL	\$2,031.76
3353F	MILD TO MODERATE DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPR	\$0.00
33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	\$1,745.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33545	REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT,	\$2,095.06
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERF	\$1,622.39
3354F	CLINICALLY SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZE	\$0.00
33570	CORONARY ANGIOPLASTY (ENDARTERECTOMY) WITH OR WITHOUT GAS, ARTERIAL IMPLANTATION	\$0.00
33572	CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFL	\$215.55
33575	CORONARY ANGIOPLASTY (ENDARTERECTOMY) WITH OR WITHOUT GAS, ARTERIAL IMPLANTATION	\$0.00
33600	CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH	\$1,714.17
33602	CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH	\$1,655.27
33606	ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)	\$1,832.63
33608	REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR	\$1,906.45
33610	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE WITH SUBAORTIC OBSTRUC	\$1,863.63
33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;	\$1,931.64
33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; WIT	\$2,044.74
33615	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL	\$1,973.80
33617	REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PR	\$2,124.67
33619	REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOP	\$2,393.57
33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE	\$1,043.57
33621	TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AN	\$562.83
33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC L	\$2,202.59
33640	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$0.00
33641	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$1,283.21
33643	REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM	\$0.00
33645	DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR	\$1,525.81
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT,	\$1,769.42
33660	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR	\$1,588.62
33665	PATCH CLOSURE, ENDOCARDIAL CUSHION DEFECT, WITH OR	\$1,750.26
33670	REPAIR OF COMPLETE ATRIOVENTRICULAR CANAL, WITH	\$1,818.87
33675	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;	\$1,489.58
33676	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFU	\$1,534.13
33677	CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY	\$1,594.33
33681	CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,726.34

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33682	CLOSURE VENTRICULAR SEPTAL DEFECT	\$0.00
33684	CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,775.76
33688	CLOSURE VENTRICULAR SEPTAL DEFECT	\$1,672.44
33690	BANDING OF PULMONARY ARTERY	\$1,225.68
33692	TOTAL REPAIR TETRALOGY OF FALLOT	\$1,820.78
33694	TOTAL REPAIR TETRALOGY OF FALLOT	\$1,849.26
33696	COMPLETE REPAIR TETRALOGY OF FALLOT; WITH CLOSURE OF PREVIOUS SHUNT	\$0.00
33697	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTIO	\$1,979.80
33698	COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTIO	\$0.00
33702	REPAIR SINUS OF VALSALVA FISTULA, WITH	\$1,647.23
3370F	AJCC BREAST CANCER STAGE 0 DOCUMENTED (ONC)1	\$0.00
33710	REPAIR SINUS OF VALSALVA FISTULA, WITH	\$1,765.77
33720	REPAIR SINUS OF VALSALVA ANEURYSM, WITH	\$1,626.27
33722	CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL	\$1,702.46
33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDR	\$1,055.96
33726	REPAIR OF PULMONARY VENOUS STENOSIS	\$1,390.51
3372F	AJCC BREAST CANCER STAGE I: T1MIC, T1A OR T1B (TUMOR SIZE & 1 CM) DOCUMENTED (ON	\$0.00
33730	COMPLETE REPAIR OF ANOMALOUS VENOUS RETURN	\$1,794.03
33732	REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRI	\$1,697.63
33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY	\$1,246.81
33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS	\$1,477.64
33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY	\$1,289.88
3374F	AJCC BREAST CANCER STAGE I: T1C (TUMOR SIZE > 1 CM TO 2 CM) DOCUMENTED (ONC)1	\$0.00
33750	SHUNT	\$1,209.87
33755	SHUNT	\$1,183.11
33762	SHUNT	\$1,222.85
33764	SHUNT	\$1,224.42
33766	SHUNT	\$1,372.33
33767	SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIO	\$1,399.73
33768	ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITI	\$302.83
3376F	AJCC BREAST CANCER STAGE II DOCUMENTED (ONC)1	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33770	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	\$1,914.82
33771	REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND	\$1,886.31
33774	RPR TRANSPSTN GRT VESSLS ARTRL BAFFE PROC;W/BYPASS	\$1,742.27
33775	RPR TRNSPSTN GRT VSSLS MUSTRD TYPE;W/RMVL BND	\$1,707.99
33776	RPR TRNSPSTN GRT VSSLS MSTED TYPE;W/CLSR SPTL DFCT	\$1,832.83
33777	REPAIR TRANSPOSITION OF GRT ARTERIES ATRIAL BAFFLE PROC W/CA	\$1,751.14
33778	RPR TRANS; AORTIC PULM ART RECONST	\$2,074.92
33779	REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$2,006.94
33780	REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$2,080.11
33781	REPAIR TRANSPOSITION OF GRT ARTERIES AORTIC PULMONARY ARTERY	\$1,970.50
33782	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$1,545.14
33783	AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS	\$1,669.63
33784	REPAIR TRANSPOSITION OF GREAT VESSELS, ATRIAL BAFFLE	\$0.00
33786	TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)	\$1,917.76
33788	REPLANT PULMONARY ARTERY FOR HEMITRUNCUS	\$1,478.20
3378F	AJCC BREAST CANCER STAGE III DOCUMENTED (ONC)1	\$0.00
33800	AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA	\$991.04
33802	DIVISION OF ABERRANT VESSEL (VASCULAR RING)	\$1,105.90
33803	DIVISION OF ABERRANT VESSEL (VASCULAR RING)	\$1,128.00
3380F	AJCC BREAST CANCER STAGE IV DOCUMENTED (ONC)1	\$0.00
33813	OBLITERATION AORTOPULMONARY SEPTAL DEFECT W/O CARDIOPULM BYP	\$1,252.92
33814	OBLIT AORTOPULM SEPTAL DEFECT W/CARDIOPULM BYPASS	\$1,587.67
33820	PATENT DUCTUS ARTERIOSUS	\$1,036.76
33822	PATENT DUCTUS ARTERIOSUS	\$1,007.55
33824	PATENT DUCTUS ARTERIOSUS	\$1,225.40
3382F	AJCC COLON CANCER, STAGE 0 DOCUMENTED (ONC)1	\$0.00
33840	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,282.33
33845	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,382.19
3384F	AJCC COLON CANCER, STAGE I DOCUMENTED (ONC)1	\$0.00
33851	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED	\$1,350.69
33852	EXC COARCTATION OF AORTA W/WO ASSOCIATED PATENT DUCTUS ARTER	\$1,443.82

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC	\$1,963.33
33855	EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTER	\$0.00
33860	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS,	\$1,964.91
33861	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	\$1,979.23
33863	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPEN	\$2,049.34
33864	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH C	\$1,647.47
33865	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT CORONARY IMP	\$0.00
3386F	AJCC COLON CANCER, STAGE II DOCUMENTED (ONC)1	\$0.00
33870	TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS	\$2,349.71
33875	DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS	\$1,851.62
33877	REPAIR THORACOABDOMINAL AORTIC ANEURYSM W/GRAFT W/WO CARDIOP	\$2,429.32
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,275.48
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$1,096.96
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$810.68
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$298.70
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF	\$701.04
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH EN	\$595.15
3388F	AJCC COLON CANCER, STAGE III DOCUMENTED (ONC)1	\$0.00
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTI	\$760.49
3390F	AJCC COLON CANCER, STAGE IV DOCUMENTED (ONC)1	\$0.00
33910	PULMONARY ARTERY EMBOLECTOMY	\$1,269.60
33915	PULMONARY ARTERY EMBOLECTOMY	\$1,009.35
33916	PULM ENDARTERECTOMY W/WO EMBOLECTOMY W/CARDIOPULM BYPASS	\$1,339.99
33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	\$1,522.81
33918	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCAIZATION	\$1,512.96
33919	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY UNIFOCAIZATION	\$1,849.59
33920	REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR R	\$1,907.94
33922	TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS	\$1,421.98
33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJ	\$266.67
33925	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCAIZATION; WITHOUT CA	\$1,257.56
33926	REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCAIZATION; WITH CARDI	\$1,693.36

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO	\$0.00
33935	HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY	\$3,491.81
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO	\$0.00
33945	HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY	\$2,463.46
3394F	QUANTITATIVE HER2 IMMUNOHISTOCHEMISTRY (IHC) EVALUATION OF BREAST CANCER CONSIST	\$0.00
3395F	QUANTITATIVE NON-HER2 IMMUNOHISTOCHEMISTRY (IHC) EVALUATION OF BREAST CANCER (EG	\$0.00
33960	PROLONGED EXTRACORPOREAL CIRCULATION FOR	\$761.08
33961	PROLONGED EXTRACORPOREAL CIRCULATION FOR CARDIOPULMONARY INSUFFICIENCY; EACH ADD	\$505.50
33967	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$190.78
33968	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS	\$31.43
33970	INTRA-AORTIC BALLOON COUNTERPULSATION	\$361.17
33971	INTRA-AORTIC BALLOON COUNTERPULSATION	\$531.88
33972	INTRA-AORTIC BALLOON COUNTERPULSATION; MONITORING ONLY	\$0.00
33973	INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA	\$480.21
33974	REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDIN	\$725.10
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$1,082.61
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$1,231.77
33977	REMOVAL OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT	\$996.64
33978	REMOVAL OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT	\$1,119.97
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTR	\$1,553.95
33980	REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRIC	\$2,078.71
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR	\$0.00
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$0.00
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SI	\$0.00
33990	Insertion of lower heart chamber blood flow assist device	\$262.11
33991	Insertion of lower heart chamber blood flow assist device	\$381.92
33992	Removal of lower heart chamber blood flow assist device	\$124.06
33993	Repositioning of lower heart chamber blood flow assist device with imaging guidance	\$108.95
33999	UNLISTED PROCEDURE, CARDIAC SURGERY	\$971.74
34001	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$644.59
34051	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$718.63

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$511.52
34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$429.91
34151	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$898.46
34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$499.51
34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER	\$623.47
34401	THROMBECTOMY, DIRECT OR WITH CATHETER	\$896.66
34421	THROMBECTOMY, DIRECT OR WITH CATHETER	\$498.02
34451	THROMBECTOMY, DIRECT OR WITH CATHETER	\$975.53
34471	THROMBECTOMY, DIRECT OR WITH CATHETER	\$429.88
34490	THROMBECTOMY, DIRECT OR WITH CATHETER	\$426.14
34501	VALVULOPLASTY, FEMORAL VEIN	\$622.73
34502	RECONSTRUCTION OF VENA CAVA, ANY METHOD	\$1,299.23
3450F	DYSPNEA SCREENED, NO DYSPNEA OR MILD DYSPNEA (PALL CR)5	\$0.00
34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	\$713.05
3451F	DYSPNEA SCREENED, MODERATE OR SEVERE DYSPNEA (PALL CR)5	\$0.00
34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	\$686.53
3452F	DYSPNEA NOT SCREENED (PALL CR)5	\$0.00
34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$871.62
3455F	TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN SIX MONTHS PRIOR TO INITIA	\$0.00
3470F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, LOW (RA)5	\$0.00
3471F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, MODERATE (RA)5	\$0.00
3472F	RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, HIGH (RA)5	\$0.00
3475F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, POOR PROGNOSIS DOCUMENTED (	\$0.00
3476F	DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, GOOD PROGNOSIS DOCUMENTED (	\$0.00
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$858.38
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$946.69
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;	\$1,010.43
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$946.69
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; USING	\$916.95
34806	TRANSCATHETER PLACEMENT OF WIRELESS PHYSIOLOGIC SENSOR IN ANEURYSMAL SAC DURING	\$53.30
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDI	\$161.96

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF AORTIC ENDOVASCULAR PROSTHESIS, BY	\$264.86
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYS	\$188.37
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILIAC OCCL	\$382.53
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$515.07
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$161.96
34830	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,333.93
34831	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,441.74
34832	OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIAT	\$1,441.74
34833	OPEN ILIAC ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF INFRARENAL A	\$480.59
34834	OPEN BRACHIAL ARTERY EXPOSURE TO ASSIST IN THE DEPLOYMENT OF INFRARENAL AORTIC O	\$225.93
34900	ENDOVASCULAR GRAFT REPLACEMENT FOR REPAIR OF ILIAC ARTERY (EG, ANEURYSM, PSEUDO A	\$710.75
3490F	HISTORY OF AIDS-DEFINING CONDITION (HIV)5	\$0.00
3491F	HIV INDETERMINATE (INFANTS OF UNDETERMINED HIV STATUS BORN OF HIV-INFECTED MOTHE	\$0.00
3492F	HISTORY OF NADIR CD4+ CELL COUNT 350 CELLS/MM3 (HIV)5	\$0.00
3493F	NO HISTORY OF NADIR CD4+ CELL COUNT 350 CELLS/MM3 AND NO HISTORY OF AIDS-DEFININ	\$0.00
3494F	CD4+ CELL COUNT 200 CELLS/MM3 (HIV)5	\$0.00
3495F	CD4+ CELL COUNT 200 - 499 CELLS/MM3 (HIV)5	\$0.00
3496F	CD4+ CELL COUNT &500 CELLS/MM3 (HIV)5	\$0.00
3497F	CD4+ CELL PERCENTAGE 15% (HIV)5	\$0.00
3498F	CD4+ CELL PERCENTAGE &15% (HIV)5	\$0.00
35001	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$997.73
35002	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$979.73
35005	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$801.65
3500F	CD4+ CELL COUNT OR CD4+ CELL PERCENTAGE DOCUMENTED AS PERFORMED (HIV)5	\$0.00
35011	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$658.96
35013	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$878.57
35021	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,048.44
35022	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,068.71
3502F	HIV RNA VIRAL LOAD BELOW LIMITS OF QUANTIFICATION (HIV)5	\$0.00
3503F	HIV RNA VIRAL LOAD NOT BELOW LIMITS OF QUANTIFICATION (HIV)5	\$0.00
35045	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$642.60

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35081	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,385.32
35082	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,683.86
35091	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,668.63
35092	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,821.56
35102	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,490.48
35103	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,646.84
3510F	DOCUMENTATION THAT TUBERCULOSIS (TB) SCREENING TEST PERFORMED AND RESULTS INTERP	\$0.00
35111	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$899.67
35112	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,061.59
3511F	CHLAMYDIA AND GONORRHEA SCREENINGS DOCUMENTED AS PERFORMED (HIV)5	\$0.00
35121	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,272.25
35122	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,502.69
3512F	SYPHILIS SCREENING DOCUMENTED AS PERFORMED (HIV)5	\$0.00
35131	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$955.64
35132	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$1,112.39
3513F	HEPATITIS B SCREENING DOCUMENTED AS PERFORMED (HIV)5	\$0.00
35141	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$791.31
35142	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$860.05
3514F	HEPATITIS C SCREENING DOCUMENTED AS PERFORMED (HIV)5	\$0.00
35151	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$890.44
35152	DIRECT REPAIR OF ANEURYSM OR EXCISION (PARTIAL OR TOTAL) AND	\$938.04
3515F	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS C (HIV)5	\$0.00
35161	DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	\$969.65
35162	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GR	\$1,047.52
3517F	HEPATITIS B VIRUS (HBV) STATUS ASSESSED AND RESULTS INTERPRETED WITHIN ONE YEAR	\$0.00
35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$631.32
35182	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$1,087.90
35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA	\$666.43
35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$662.64
35189	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$1,014.35
35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA	\$650.22

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35201	REPAIR BLOOD VESSEL, DIRECT	\$613.12
35206	REPAIR BLOOD VESSEL, DIRECT	\$540.09
35207	REPAIR BLOOD VESSEL, DIRECT	\$607.12
3520F	CLOSTRIDIUM DIFFICILE TESTING PERFORMED (IBD)10	\$0.00
35211	REPAIR BLOOD VESSEL, DIRECT	\$1,173.77
35216	REPAIR BLOOD VESSEL, DIRECT	\$954.12
35221	REPAIR BLOOD VESSEL, DIRECT	\$869.18
35226	REPAIR BLOOD VESSEL, DIRECT	\$555.67
35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$756.07
35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$633.91
35241	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,235.43
35246	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,094.28
35251	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$1,062.54
35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT	\$677.99
35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$656.24
35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$595.01
35271	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$1,159.80
35276	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$985.60
35281	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$1,007.31
35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN	\$667.84
35301	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$948.13
35302	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL	\$783.06
35303	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY	\$859.88
35304	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK	\$894.39
35305	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL A	\$859.88
35306	THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBI	\$320.07
35311	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,281.64
35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$663.86
35331	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,090.09
35341	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,211.54
35351	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$989.98

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35355	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$857.11
35361	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,186.34
35363	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$1,284.85
35371	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$647.88
35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT	\$693.01
35381	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; FEMORAL AND/OR POPLITEAL,	\$817.68
35390	REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL	\$141.70
35400	ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIS	\$142.16
35450	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$551.33
35452	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$328.35
35454	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$334.88
35456	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$406.43
35458	TRANSLUMINAL ANGIOPLASTY, INTRAOPERATIVE (SEPARATE PROCEDURE)	\$516.66
35459	TRANSLUMINAL ANGIOPLASTY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$473.36
35460	TRANSLUMINAL ANGIOPLASTY, OPEN; VENOUS	\$271.37
35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANCHES	\$460.89
35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; RENAL OR VISCERAL ARTERY	\$537.85
35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; AORTIC	\$303.22
35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; ILIAC	\$322.34
35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$391.90
35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC	\$488.29
35476	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; VENOUS	\$255.57
35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; RENAL OR OTHER VISCERAL ARTERY	\$601.35
35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; AORTIC	\$357.89
35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; ILIAC	\$371.40
35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; FEMORAL-POPLITEAL	\$447.95
35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; BRACHIOCEPHALIC	\$547.08
35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN; TIBIOPERONEAL TRUNK AND BRANCHES	\$421.74
35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; RENAL OR OTHER VISCERAL ARTER	\$592.78
35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; AORTIC	\$341.52
35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; ILIAC	\$363.09

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; FEMORAL-POPLITEAL	\$448.99
35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; BRACHIOCEPHALIC	\$517.39
35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY, PERCUTANEOUS; TIBIOPERONEAL TRUNK AND BRANC	\$426.15
35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDU	\$247.21
35501	BYPASS GRAFT, WITH VEIN	\$1,004.08
35506	BYPASS GRAFT, WITH VEIN	\$1,052.45
35507	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-CAROTID	\$1,027.69
35508	BYPASS GRAFT, WITH VEIN	\$1,003.10
35509	BYPASS GRAFT, WITH VEIN	\$982.25
3550F	LOW RISK FOR THROMBOEMBOLISM (AFIB)1	\$0.00
35510	BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL	\$820.97
35511	BYPASS GRAFT, WITH VEIN	\$795.90
35512	BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL	\$952.34
35515	BYPASS GRAFT, WITH VEIN	\$877.60
35516	BYPASS GRAFT, WITH VEIN	\$846.75
35518	BYPASS GRAFT, WITH VEIN	\$845.20
3551F	INTERMEDIATE RISK FOR THROMBOEMBOLISM (AFIB)1	\$0.00
35521	BYPASS GRAFT, WITH VEIN	\$896.83
35522	BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL	\$924.60
35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL	\$378.03
35525	BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL	\$882.43
35526	BYPASS GRAFT, WITH VEIN	\$1,066.15
3552F	HIGH RISK FOR THROMBOEMBOLISM (AFIB)1	\$0.00
35531	BYPASS GRAFT, WITH VEIN	\$1,286.53
35533	BYPASS GRAFT, WITH VEIN	\$1,102.79
35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	\$1,238.77
35536	BYPASS GRAFT, WITH VEIN	\$1,207.67
35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	\$1,510.87
35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC	\$1,687.18
35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL	\$1,585.78
35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL	\$1,766.72

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35541	BYPASS GRAFT, WITH VEIN; AORTOILIAC OR BI-ILIAC	\$1,276.73
35546	BYPASS GRAFT, WITH VEIN; AORTOFEMORAL OR BIFEMORAL	\$1,291.19
35548	BYPASS GRAFT, WITH VEIN	\$1,121.57
35549	BYPASS GRAFT, WITH VEIN	\$1,218.06
35551	BYPASS GRAFT, WITH VEIN	\$1,295.70
35556	BYPASS GRAFT, WITH VEIN	\$1,114.89
35558	BYPASS GRAFT, WITH VEIN	\$785.97
3555F	PATIENT HAD INTERNATIONAL NORMALIZED RATIO (INR) MEASUREMENT PERFORMED (AFIB)1	\$0.00
35560	BYPASS GRAFT, WITH VEIN	\$1,213.63
35563	BYPASS GRAFT, WITH VEIN	\$882.48
35565	BYPASS GRAFT, WITH VEIN	\$846.00
35566	BYPASS GRAFT, WITH VEIN	\$1,380.82
35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBIAL, PERONEAL-TIBIAL, OR TIBIAL/PERONEAL TRUN	\$958.93
35571	BYPASS GRAFT, WITH VEIN	\$1,038.64
35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCED	\$270.51
35582	IN-SITU VEIN BYPASS; AORTOFEMORAL-POPLITEAL (ONLY FEMORAL-POPLITEAL PORTION IN-S	\$1,383.71
35583	IN-SITU VEIN BYPASS	\$1,181.10
35585	IN-SITU VEIN BYPASS	\$1,455.32
35587	IN-SITU VEIN BYPASS	\$1,097.42
35600	HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCE	\$199.67
35601	BYPASS GRAFT, WITH OTHER THAN VEIN	\$961.32
35606	BYPASS GRAFT, WITH OTHER THAN VEIN	\$985.94
35612	BYPASS GRAFT, WITH OTHER THAN VEIN	\$867.84
35616	BYPASS GRAFT, WITH OTHER THAN VEIN	\$865.45
35621	BYPASS GRAFT, WITH OTHER THAN VEIN	\$814.87
35623	BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL	\$876.06
35626	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,228.67
35631	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,216.27
35632	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC	\$1,176.42
35633	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC	\$1,269.81
35634	BYPASS GRAFT, WITH OTHER THAN VEIN; ILIORENAL	\$1,151.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
35636	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,059.11
35637	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,204.55
35638	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,223.42
35641	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOILIAC OR BI-ILIAC	\$1,255.77
35642	BYPASS GRAFT, WITH OTHER THAN VEIN	\$819.26
35645	BYPASS GRAFT, WITH OTHER THAN VEIN	\$827.68
35646	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,347.47
35647	BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL	\$1,143.03
35650	BYPASS GRAFT, WITH OTHER THAN VEIN	\$795.97
35651	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,317.30
35654	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,032.07
35656	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,017.18
35661	BYPASS GRAFT, WITH OTHER THAN VEIN	\$738.14
35663	BYPASS GRAFT, WITH OTHER THAN VEIN	\$811.08
35665	BYPASS GRAFT, WITH OTHER THAN VEIN	\$858.41
35666	BYPASS GRAFT, WITH OTHER THAN VEIN	\$1,087.70
35671	BYPASS GRAFT, WITH OTHER THAN VEIN	\$849.41
35681	BYPASS GRAFT, COMPOSITE	\$85.96
35682	BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS (LI	\$387.04
35683	BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO OR M	\$450.18
35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC	\$158.10
35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (	\$130.77
35691	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY	\$993.84
35693	TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY	\$721.41
35694	TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY	\$851.46
35695	TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY	\$851.24
35697	REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY (LI	\$120.78
35700	REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL) -ANTERIOR TIBIAL, POSTERIO	\$165.56
35701	EXPLORATION	\$344.74
3570F	FINAL REPORT FOR BONE SCINTIGRAPHY STUDY INCLUDES CORRELATION WITH EXISTING RELE	\$0.00
35721	EXPLORATION	\$325.09

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
3572F	PATIENT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SI	\$0.00
3573F	PATIENT NOT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARIN	\$0.00
35741	EXPLORATION	\$323.72
35761	EXPLORATION	\$324.09
35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$362.49
35820	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$600.85
35840	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$492.52
35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR	\$320.79
35870	REPAIR OF GRAFT-ENTERIC FISTULA	\$998.08
35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	\$530.37
35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GR	\$778.71
35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN	\$734.33
35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGM	\$802.65
35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$884.37
35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN;	\$938.83
35900	EXCISION OF INFECTED GRAFT;	\$0.00
35901	EXCISION OF INFECTED GRAFT; NECK	\$456.61
35903	EXCISION OF INFECTED GRAFT; EXTREMITY	\$527.44
35905	EXCISION OF INFECTED GRAFT; THORAX	\$1,127.54
35907	EXCISION OF INFECTED GRAFT; ABDOMEN	\$1,246.73
35910	EXCISION OF INFECTED GRAFT; WITH REVASCULARIZATION	\$0.00
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	\$7.48
36002	INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEU	\$116.30
36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR	\$38.41
36010	INTRODUCTION OF CATHETER	\$115.98
36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN,	\$135.35
36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BR	\$157.51
36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	\$119.61
36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	\$134.86
36015	SELECTIVE CATHETER PLACEMENT, EACH SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	\$157.82
36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR	\$149.56

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
36120	INTRODUCTION OF NEEDLE OR INTRACATHETER	\$103.31
36140	INTRODUCTION OF NEEDLE OR INTRACATHETER	\$89.83
36145	INTRODUCTION OF NEEDLE OR INTRACATHETER	\$101.92
36147	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	\$91.05
36148	INTRODUCTION OF NEEDLE AND/OR CATHETER, ARTERIOVENOUS SHUNT CREATED FOR DIALYSIS	\$24.26
36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	\$125.41
36200	INTRODUCTION OF CATHETER,	\$143.67
36215	INTRODUCTION OF CATHETER,	\$199.40
36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR	\$225.04
36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$271.17
36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$43.98
36221	Insertion of catheter into chest aorta for diagnosis or treatment	\$129.73
36222	Insertion of catheter into neck artery for diagnosis or treatment	\$177.07
36223	Insertion of catheter into neck artery for diagnosis or treatment	\$191.34
36224	Insertion of catheter into neck artery for diagnosis or treatment	\$208.95
36225	Insertion of catheter into chest artery for diagnosis or treatment	\$190.49
36226	Insertion of catheter into chest artery for diagnosis or treatment	\$209.42
36227	Insertion of catheter into neck artery for diagnosis or treatment	\$66.23
36228	Insertion of catheter into neck artery for diagnosis or treatment	\$134.97
36230	SELECTIVE CATHETER PLACEMENT, CORONARY ARTERY, SINGLE OR MULTIPLE	\$0.00
36245	INTRODUCTION OF CATHETER,	\$210.20
36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, P	\$228.92
36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELEC	\$270.60
36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD OR	\$44.55
36251	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$169.51
36252	SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY	\$220.73
36253	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$235.39
36254	SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTE	\$253.93
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP	\$478.13
36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$244.97
36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	\$188.11

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
36299	UNLISTED PROCEDURE, VASCULAR INJECTION	\$343.20
36400	VENIPUNCTURE, UNDER AGE 3 YEARS	\$11.50
36405	VENIPUNCTURE, UNDER AGE 3 YEARS	\$9.66
36406	VENIPUNCTURE, UNDER AGE 3 YEARS	\$7.17
36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING	\$7.48
36415	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	\$3.00
36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	\$0.00
36420	VENIPUNCTURE, CUTDOWN	\$42.81
36425	VENIPUNCTURE, CUTDOWN	\$38.50
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	\$33.38
36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	\$49.88
36450	EXCHANGE TRANSFUSION, BLOOD	\$105.23
36455	EXCHANGE TRANSFUSION, BLOOD	\$120.47
36460	TRANSFUSION, INTRAUTERINE, FETAL	\$304.16
36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	\$0.00
36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS	\$0.00
36470	INJECTION OF SCLEROSING SOLUTION	\$45.53
36471	INJECTION OF SCLEROSING SOLUTION	\$63.59
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$268.80
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$131.03
36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$268.80
36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL	\$131.03
36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	\$316.84
36488	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG,	\$61.36
36489	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG,	\$58.69
36490	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG,	\$79.33
36491	PLACEMENT OF CENTRAL VENOUS CATHETER (SUBCLAVIAN, JUGULAR, OR OTHER VEIN) (EG,	\$74.89
36493	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC	\$49.56
36495	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	\$0.00
36496	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	\$0.00
36497	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP OR VENOUS ACCESS PORT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	\$118.46
3650F	ELECTROENCEPHALOGRAM (EEG) ORDERED, REVIEWED OR REQUESTED (EPI)8	\$0.00
36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY,	\$42.29
36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	\$68.11
36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	\$68.11
36513	THERAPEUTIC APHERESIS; FOR PLATELETS	\$68.11
36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	\$68.11
36515	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION AND PLASMA REINFUSIO	\$68.11
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FIL	\$68.11
36520	THERAPEUTIC APHERESIS; PLASMA AND/OR CELL EXCHANGE	\$90.71
36521	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL AFFINITY COLUMN ADSORPTION AND	\$68.31
36522	PHOTOPHERESIS EXTRACORPOREAL	\$89.42
36530	INSERTION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	\$315.24
36531	REVISION OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	\$265.19
36532	REMOVAL OF IMPLANTABLE INTRAVENOUS INFUSION PUMP	\$150.00
36533	INSERTION OF IMPLANTABLE VENOUS ACCESS DEVICE, WITH OR WITHOUT SUBCUTANEOUS	\$276.54
36534	REVISION OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR	\$151.86
36535	REMOVAL OF IMPLANTABLE VENOUS ACCESS DEVICE, AND/OR SUBCUTANEOUS RESERVOIR	\$125.70
36536	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$143.91
36537	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$35.27
36550	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$23.95
36555	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YE	\$83.45
36556	INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEAR	\$79.28
36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUT	\$227.75
36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUT	\$216.36
36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBC	\$270.15
36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBC	\$260.70
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCU	\$271.38
36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING	\$260.70
36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING	\$279.29
36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$74.05

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCU	\$69.67
36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEO	\$235.48
36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEO	\$234.64
36575	REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCU	\$36.89
36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL	\$151.90
36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS P	\$173.25
36580	REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHE	\$51.12
36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER,	\$160.76
36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$235.88
36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DE	\$237.52
36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC)	\$52.10
36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE,	\$220.90
36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP	\$109.12
36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP	\$147.28
36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	\$12.68
36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, V	\$15.71
36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	\$19.39
36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$146.77
36596	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CEN	\$36.06
36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GU	\$44.70
36598	CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCE	\$93.80
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	\$15.16
36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR	\$47.24
36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR	\$82.56
36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY	\$111.18
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR	\$53.88
36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	\$61.78
36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$131.27
36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$222.78
36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$153.06
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	\$539.64

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	\$614.70
36820	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE	\$589.23
36821	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE	\$556.23
36822	INSERTION OF CANNULA(S) FOR PROLONGED EXTRACORPOREAL CIRCULATION	\$413.24
36823	INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULAT	\$904.49
36825	CREATION OF ARTERIOVENOUS FISTULA	\$560.04
36830	CREATION OF ARTERIOVENOUS FISTULA	\$718.23
36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGENOUS OR NONAUTOGENOU	\$417.83
36832	REVIS OF ARTERIOVENOUS FISTULA W/WO THROMBECTOMY AUTOGENOUS	\$611.77
36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGENOUS OR NONAUTOGENOUS	\$642.67
36834	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM (SEPARATE PROCEDURE)	\$483.96
36835	INSERTION OF THOMAS SHUNT	\$344.20
36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALY	\$902.28
36840	INSERTION MANDRIL	\$0.00
36845	ANASTOMOSIS MANDRIL	\$0.00
36860	CANNULA DECLOTTING	\$109.31
36861	CANNULA DECLOTTING	\$142.93
36870	THROMBECTOMY, PERCUTANEOUS, ARTERIOVENOUS FISTULA, AUTOGENOUS OR NONAUTOGENOUS G	\$295.12
3700F	PSYCHIATRIC DISORDERS OR DISTURBANCES ASSESSED (PRKNS)8	\$0.00
37140	ANASTOMOSIS	\$1,059.21
37145	ANASTOMOSIS	\$1,108.27
37160	ANASTOMOSIS	\$1,072.45
37180	ANASTOMOSIS	\$1,119.18
37181	ANASTOMOSIS	\$1,217.26
37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VE	\$671.45
37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VEN	\$313.63
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$326.07
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL	\$118.97
37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNA	\$178.40
37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$303.32
37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCE	\$219.50

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
37190	PLASTIC REPAIR OF ARTERIOVENOUS ANEURYSM	\$0.00
37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VAS	\$145.65
37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING	\$225.17
37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INC	\$224.93
37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	\$265.85
37197	Retrieval of foreign body of blood vessels	\$187.43
37200	TRANSCATHETER BIOPSY	\$173.66
37201	TRANSCATHETER THERAPY, INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY	\$263.51
37202	TRANSCATHETER THERAPY, INFUSION OTHER THAN FOR THROMBOLYSIS, ANY TYPE (EG, SPASM	\$288.12
37203	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTU	\$236.55
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$930.12
37205	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$373.52
37206	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$182.20
37207	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	\$388.19
37208	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), OPE	\$188.96
37209	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY	\$97.11
3720F	COGNITIVE IMPAIRMENT OR DYSFUNCTION ASSESSED (PRKNS)8	\$0.00
37210	UTERINE FIBROID EMBOLIZATION (UFE, EMBOLIZATION OF THE UTERINE ARTERIES TO TREAT	\$359.02
37211	Insertion of catheter into artery for drug infusion for blood clot	\$243.48
37212	Insertion of catheter into vein for drug infusion for blood clot	\$214.94
37213	Insertion of catheter into artery or vein for drug infusion for blood clot	\$149.84
37214	Removal of catheter into artery or vein to stop drug infusion for blood clot	\$88.94
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,	\$812.13
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,	\$782.55
37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$263.22
37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL,	\$321.35
37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$119.38
37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITI	\$135.74
37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(	\$290.08
37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(	\$390.45
37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(\$327.35

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(	\$471.53
37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$353.98
37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$456.98
37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$442.57
37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$480.99
37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$127.92
37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$210.25
37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$175.46
37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, U	\$249.04
37250	INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INTERVENTION	\$94.03
37251	INTRASVASCULAR ULTRASOUND (NON-CORONARY VESSEL) DURING THERAPEUTIC INT EACH ADDL	\$71.82
3725F	SCREENING FOR DEPRESSION PERFORMED (DEM)1	\$0.00
37500	PHLEBORRHAPHY, SUTURE OF MAJOR VEIN, WOUND OR INJURY	\$452.48
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	\$0.00
3750F	PATIENT NOT RECEIVING DOSE OF CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG/DAY*	\$0.00
3751F	Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (dsp)8	\$0.00
3752F	Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (dsp)8	\$0.00
3753F	Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy and cannot be attributed to another condition, and has an obvious cause for the neuropathy (dsp)8	\$0.00
3754F	Screening tests for diabetes mellitus reviewed, requested, or ordered (dsp)8	\$0.00
3755F	Cognitive and behavioral impairment screening performed (dsp)8	\$0.00
37565	LIGATION OF INTERNAL JUGULAR VEIN	\$414.85
3756F	Patient has pseudobulbar affect, sialorrhea, or als related symptoms (dsp)8	\$0.00
3757F	Patient does not have pseudobulbar affect, sialorrhea, or als related symptoms (dsp)8	\$0.00
3758F	Patient referred for pulmonary function testing or peak cough expiratory flow (dsp)8	\$0.00
3759F	Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (dsp)8	\$0.00
37600	LIGATION	\$450.28
37605	LIGATION	\$509.97
37606	LIGATION	\$361.85

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	\$288.88
37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	\$137.46
3760F	Patient exhibits dysphagia, weight loss, or impaired nutrition (dsp)8	\$0.00
37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$319.71
37616	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$756.33
37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$789.88
37618	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE)	\$280.01
37619	LIGATION OF INFERIOR VENA CAVA	\$991.63
3761F	Patient does not exhibit dysphagia, weight loss, or impaired nutrition (dsp)8	\$0.00
37620	INTERRUPTION, PARTIAL OR COMPLETE, OF INFERIOR VENA CAVA BY	\$523.85
3762F	Patient is dysarthric (dsp)8	\$0.00
3763F	Patient is not dysarthric (dsp)8	\$0.00
37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE,	\$314.87
37660	INTERRUPTION, PARTIAL OR COMPLETE, OF COMMON ILIAC VEIN BY	\$753.71
37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL	\$217.28
37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	\$289.39
37720	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS	\$308.58
37722	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFE	\$340.04
37730	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG AND SHORT SAPHENOUS VEINS	\$401.95
37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT	\$541.97
37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE),	\$518.74
37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE,	\$277.37
37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	\$328.08
37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	\$419.22
37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPLOPLITEAL	\$191.68
37785	LIGATION, DIVISION, AND/OR EXCISION OF SECONDARY VARICOSE	\$173.26
37788	PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT	\$1,056.31
37790	PENILE VENOUS OCCLUSIVE PROCEDURE	\$445.13
37799	UNLISTED PROCEDURE, VASCULAR SURGERY	\$475.92
38100	SPLENECTOMY (SEPARATE PROCEDURE)	\$618.85
38101	SPLENECTOMY (SEPARATE PROCEDURE)	\$620.36

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
38102	SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PRO	\$209.15
38115	REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT	\$645.06
38120	LAPAROSCOPY, SURGICAL, SPLENECTOMY	\$701.41
38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	\$0.00
38200	INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY	\$114.26
38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQU	\$0.00
38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER	\$58.87
38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND	\$0.00
38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$0.00
38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY	\$0.00
38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL	\$0.00
38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	\$0.00
38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	\$0.00
38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	\$0.00
38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME)	\$0.00
38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN	\$0.00
38220	BONE MARROW ASPIRATION	\$58.31
38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$73.80
38230	BONE MARROW HARVESTING FOR TRANSPLANTATION	\$209.12
38231	BLOOD-DERIVED PERIPHERAL STEM CELL HARVESTING FOR TRANSPLANTATION, PER	\$73.72
38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	\$112.24
38240	BONE MARROW TRANSPLANTATION	\$109.73
38241	BONE MARROW TRANSPLANTATION AUTOLOGOUS	\$109.48
38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DO	\$67.10
38243	Transplantation of donor bone marrow or blood-derived stem cells	\$72.76
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$102.07
38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS	\$265.31
38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	\$274.83
38380	SUTURE AND/OR LIGATION OF THORACIC DUCT	\$405.33
38381	SUTURE AND/OR LIGATION OF THORACIC DUCT	\$697.46

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
38382	SUTURE AND/OR LIGATION OF THORACIC DUCT	\$510.16
38500	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$147.18
38505	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$57.20
38510	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$247.97
38520	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$277.45
38525	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$236.41
38530	BIOPSY OR EXCISION OF LYMPH NODE(S)	\$332.24
38542	DISSECTION, DEEP JUGULAR NODE(S)	\$327.74
38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP	\$326.23
38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP	\$715.79
38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE)	\$509.80
38564	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE)	\$530.25
38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$442.74
38571	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$573.92
38572	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	\$667.67
38589	UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM	\$0.00
38700	SUPRAHYOID LYMPHADENECTOMY	\$567.88
38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	\$868.60
38724	CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK	\$890.72
38740	AXILLARY LYMPHADENECTOMY	\$377.81
38745	AXILLARY LYMPHADENECTOMY	\$497.46
38746	THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES	\$196.32
38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, PARA-AORTIC AND VENA CAVA	\$212.01
38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL,	\$481.70
38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN	\$822.66
38770	PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC,	\$718.11
38780	RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE,	\$873.58
38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	\$67.38
38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	\$27.71
38794	CANNULATION, THORACIC DUCT	\$194.69
38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S), INCLUDES	\$83.03

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	\$274.25
39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$436.63
39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF	\$746.97
39020	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; STERNAL S	\$0.00
39200	EXCISION OF MEDIASTINAL CYST	\$808.98
39220	EXCISION OF MEDIASTINAL TUMOR	\$994.77
39400	MEDIASTINOSCOPY, WITH OR WITHOUT BIOPSY	\$403.65
39501	REPAIR, LACERATION OF DIAPHRAGM	\$695.02
39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA, TRANSABDOMINAL, WITH OR	\$809.24
39503	REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, INCLUDING CHEST	\$3,212.48
39520	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$863.86
39530	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$832.82
39531	REPAIR, DIAPHRAGMATIC HERNIA (ESOPHAGEAL HIATAL)	\$789.81
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC	\$730.00
39541	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC	\$756.32
39545	IMBRICATION OF DIAPHRAGM FOR EVENTRATION	\$706.41
39547	IMBRICATION OF DIAPHRAGM FOR EVENTRATION; NONPARALYTIC	\$0.00
39560	RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)	\$620.52
39561	RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE	\$845.04
4000F	TOBACCO USE CESSATION INTERVENTION, COUNSELING (COPD, CAP, CAD)1, (PV)2	\$0.00
4001F	TOBACCO USE CESSATION INTERVENTION, PHARMACOLOGIC THERAPY (COPD, CAP, CAD)1, PV)	\$0.00
4002F	STATIN THERAPY, PRESCRIBED	\$0.00
4003F	PATIENT EDUCATION, WRITTEN/ORAL, APPROPRIATE FOR PATIENTS WITH HEART FAILURE PER	\$0.00
4004F	PATIENT SCREENED FOR TOBACCO USE AND RECEIVED TOBACCO CESSATION INTERVENTION (CO	\$0.00
4005F	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED	\$0.00
4006F	BETA-BLOCKER THERAPY, PRESCRIBED	\$0.00
4007F	ANTIOXIDANT VITAMIN OR MINERAL SUPPLEMENT PRESCRIBED OR RECOMMENDED (EC)	\$0.00
4008F	BETA BLOCKER THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD,HF)1	\$0.00
4009F	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
4010F	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
4011F	ORAL ANTIPLATELET THERAPY PRESCRIBED (CAD)1	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4012F	WARFARIN THERAPY PRESCRIBED1	\$0.00
4013F	STATIN THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD)1	\$0.00
4014F	WRITTEN DISCHARGE INSTRUCTIONS PROVIDED TO HEART FAILURE PATIENTS DISCHARGED HOM	\$0.00
4015F	PERSISTENT ASTHMA, PREFERRED LONG TERM CONTROL MEDICATION OR AN ACCEPTABLE ALTER	\$0.00
4016F	ANTI-INFLAMMATORY/ANALGESIC AGENT PRESCRIBED1	\$0.00
4017F	GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED1	\$0.00
4018F	THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPAT	\$0.00
4019F	DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND V	\$0.00
4025F	INHALED BRONCHODILATOR PRESCRIBED (COPD)	\$0.00
4030F	LONG TERM OXYGEN THERAPY PRESCRIBED (MORE THAN FIFTEEN HOURS PER DAY) (COPD)	\$0.00
4033F	PULMONARY REHABILITATION EXERCISE TRAINING RECOMMENDED (COPD)	\$0.00
4035F	INFLUENZA IMMUNIZATION RECOMMENDED (COPD)	\$0.00
4037F	INFLUENZA IMMUNIZATION ORDERED OR ADMINISTERED (COPD, PV, CKD, ESRD)1	\$0.00
4040F	PNEUMOCOCCAL VACCINE ADMINISTERED OR PREVIOUSLY RECEIVED (COPD)1,(PV)2	\$0.00
4041F	DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS	\$0.00
4042F	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE NEITHER GIVEN WITHIN 4 HOURS PR	\$0.00
4043F	DOCUMENTATION THAT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WI	\$0.00
4044F	DOCUMENTATION THAT AN ORDER WAS GIVEN FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAX	\$0.00
4045F	APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED (CAP)1, (EM)5	\$0.00
4046F	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE GIVEN WITHIN 4 HOURS PRIOR TO S	\$0.00
4047F	DOCUMENTATION OF ORDER FOR PROPHYLACTIC PARENTERAL ANTIBIOTICS TO BE GIVEN WITHI	\$0.00
4048F	DOCUMENTATION THAT ADMINISTRATION OF PROPHYLACTIC PARENTERAL ANTIBIOTIC WAS INIT	\$0.00
40490	BIOPSY OF LIP	\$49.51
4049F	DOCUMENTATION THAT ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHI	\$0.00
40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	\$273.21
4050F	HYPERTENSION PLAN OF CARE DOCUMENTED AS APPROPRIATE (HTN)	\$0.00
40510	EXCISION OF LIP	\$304.17
4051F	REFERRED FOR AN ARTERIOVENOUS (AV) FISTULA (ESRD, CKD)1	\$0.00
40520	EXCISION OF LIP	\$294.72
40525	EXCISION OF LIP	\$465.16
40527	EXCISION OF LIP	\$554.16

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4052F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEIN (AV) FISTULA (ESRD)	\$0.00
40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	\$320.85
4053F	HEMODIALYSIS VIA FUNCTIONING ARTERIO-VEIN (AV) GRAFT (ESRD)	\$0.00
4054F	HEMODIALYSIS VIA CATHETER (ESRD)	\$0.00
4055F	PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD)	\$0.00
4056F	APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG)	\$0.00
4058F	PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG)1	\$0.00
4060F	PSYCHOTHERAPY SERVICES PROVIDED (MDD)	\$0.00
4062F	PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD)	\$0.00
4063F	ANTIDEPRESSANT PHARMACOTHERAPY CONSIDERED AND NOT PRESCRIBED (MDD ADOL)1	\$0.00
4064F	ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD)	\$0.00
40650	REPAIR LIP, FULL THICKNESS	\$232.61
40652	REPAIR LIP, FULL THICKNESS	\$283.05
40654	REPAIR LIP, FULL THICKNESS	\$341.07
4065F	ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD)	\$0.00
4066F	ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)	\$0.00
4067F	PATIENT REFERRAL FOR ELECTROCONVULSIVE THERAPY (ECT) DOCUMENTED (MDD)	\$0.00
4069F	VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RECEIVED (IBD)10	\$0.00
40700	PLASTIC REPAIR OF CLEFT LIP	\$647.11
40701	PLASTIC REPAIR OF CLEFT LIP	\$943.20
40702	PLASTIC REPAIR OF CLEFT LIP	\$661.05
4070F	DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS RECEIVED BY END OF HOSPITAL DAY 2 (STR)5	\$0.00
40720	PLASTIC REPAIR OF CLEFT LIP	\$710.65
4073F	ORAL ANTIPLATELET THERAPY PRESCRIBED AT DISCHARGE (STR)5	\$0.00
4075F	ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE (STR)5	\$0.00
40761	PLASTIC REPAIR OF CLEFT LIP	\$772.00
4077F	DOCUMENTATION THAT TISSUE PLASMINOGEN ACTIVATOR (T-PA) ADMINISTRATION WAS CONSID	\$0.00
4079F	DOCUMENTATION THAT REHABILITATION SERVICES WERE CONSIDERED (STR)5	\$0.00
40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$74.07
40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH	\$132.92
40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$77.33

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH	\$154.14
40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	\$22.01
40808	BIOPSY, VESTIBULE OF MOUTH	\$61.15
40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$76.90
40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$118.76
40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$183.91
40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH	\$192.22
40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	\$163.92
40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY,	\$138.66
40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY	\$93.14
40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH	\$96.73
40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH	\$138.98
40840	VESTIBULOPLASTY	\$440.25
40842	VESTIBULOPLASTY	\$437.77
40843	VESTIBULOPLASTY	\$608.62
40844	VESTIBULOPLASTY	\$786.43
40845	VESTIBULOPLASTY	\$1,029.22
4084F	ASPIRIN RECEIVED WITHIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING E	\$0.00
4086F	ASPIRIN OR CLOPIDOGREL PRESCRIBED OR CURRENTLY BEING TAKEN (CAD)1	\$0.00
4090F	PATIENT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1	\$0.00
4095F	PATIENT NOT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1	\$0.00
41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$67.51
41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$74.43
41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$160.74
41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$178.83
41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$165.52
41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$200.41
4100F	BISPHOSPHONATE THERAPY, INTRAVENOUS, ORDERED OR RECEIVED (HEM)1	\$0.00
41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	\$77.74
41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$203.47
41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$224.28

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$211.30
41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA	\$263.10
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK RE	\$244.06
41100	BIOPSY OF TONGUE	\$85.88
41105	BIOPSY OF TONGUE	\$80.04
41108	BIOPSY OF FLOOR OF MOUTH	\$65.19
4110F	INTERNAL MAMMARY ARTERY GRAFT PERFORMED FOR PRIMARY, ISOLATED CORONARY ARTERY BY	\$0.00
41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	\$86.77
41112	EXCISION OF LESION OF TONGUE WITH CLOSURE	\$149.08
41113	EXCISION OF LESION OF TONGUE WITH CLOSURE	\$167.36
41114	EXCISION OF LESION OF TONGUE WITH CLOSURE	\$438.02
41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	\$112.10
41116	EXCISION, LESION OF FLOOR OF MOUTH	\$158.23
41120	GLOSSECTOMY	\$625.19
41130	GLOSSECTOMY	\$681.52
41135	GLOSSECTOMY	\$1,201.85
41140	GLOSSECTOMY	\$1,298.70
41145	GLOSSECTOMY	\$1,545.37
41150	GLOSSECTOMY	\$1,222.11
41153	GLOSSECTOMY	\$1,355.23
41155	GLOSSECTOMY	\$1,587.75
4115F	BETA BLOCKER ADMINISTERED WITHIN 24 HOURS PRIOR TO SURGICAL INCISION (CABG)6	\$0.00
4120F	ANTIBIOTIC PRESCRIBED OR DISPENSED (URI, PHAR)2, (A-BRONCH)2	\$0.00
4124F	ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED (URI, PHAR)2, (A-BRONCH)2	\$0.00
41250	REPAIR OF LACERATION 2.5 CM OR LESS	\$96.06
41251	REPAIR OF LACERATION 2.5 CM OR LESS	\$126.68
41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM	\$157.46
4130F	TOPICAL PREPARATIONS (INCLUDING OTC) PRESCRIBED FOR ACUTE OTITIS EXTERNA (AOE)	\$0.00
4131F	SYSTEMIC ANTIMICROBIAL THERAPY PRESCRIBED (AOE)	\$0.00
4132F	SYSTEMIC ANTIMICROBIAL THERAPY NOT PRESCRIBED (AOE)	\$0.00
4133F	ANTIHISTAMINES OR DECONGESTANTS PRESCRIBED OR RECOMMENDED (OME)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4134F	ANTI-HISTAMINES OR DECONGESTANTS NEITHER PRESCRIBED NOR RECOMMENDED (OME)	\$0.00
4135F	SYSTEMIC CORTICOSTEROIDS PRESCRIBED (OME)	\$0.00
4136F	SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED (OME)	\$0.00
4140F	INHALED CORTICOSTEROIDS PRESCRIBED (ASTHMA)1	\$0.00
4142F	CORTICOSTEROID SPARING THERAPY PRESCRIBED (IBD)10	\$0.00
4144F	ALTERNATIVE LONG-TERM CONTROL MEDICATION PRESCRIBED (ASTHMA)1	\$0.00
4145F	TWO OR MORE ANTI-HYPERTENSIVE AGENTS PRESCRIBED OR CURRENTLY BEING TAKEN (CAD, H	\$0.00
4148F	HEPATITIS A VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)1	\$0.00
4149F	HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)1	\$0.00
41500	FIXATION OF TONGUE, MECHANICAL, OTHER THAN SUTURE (EG, K-WIRE)	\$278.72
4150F	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)	\$0.00
41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE	\$282.40
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	\$365.09
4151F	PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)	\$0.00
41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	\$166.05
4152F	DOCUMENTATION THAT COMBINATION PEGINTERFERON AND RIBAVIRIN THERAPY CONSIDERED (H	\$0.00
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER S	\$239.18
4153F	COMBINATION PEGINTERFERON AND RIBAVIRIN THERAPY PRESCRIBED (HEP-C)	\$0.00
4154F	HEPATITIS A VACCINE SERIES RECOMMENDED (HEP-C)	\$0.00
4155F	HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)	\$0.00
4156F	HEPATITIS B VACCINE SERIES RECOMMENDED (HEP-C)	\$0.00
4157F	HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)	\$0.00
4158F	PATIENT COUNSELED ABOUT RISKS OF ALCOHOL USE (HEP-C)1	\$0.00
4159F	COUNSELING REGARDING CONTRACEPTION RECEIVED PRIOR TO INITIATION OF ANTIVIRAL TRE	\$0.00
4163F	PATIENT COUNSELING AT A MINIMUM ON ALL OF THE FOLLOWING TREATMENT OPTIONS FOR CL	\$0.00
4164F	ADJUVANT (IE, IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE FOR	\$0.00
4165F	THREE-DIMENSIONAL CONFORMAL RADIOTHERAPY (3D-CRT) OR INTENSITY MODULATED RADIATI	\$0.00
4167F	HEAD OF BED ELEVATION (30-45 DEGREES) ON FIRST VENTILATOR DAY ORDERED (CRIT)1	\$0.00
4168F	PATIENT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) AND RECEIVING MECHANICAL	\$0.00
4169F	PATIENT EITHER NOT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) OR NOT RECEIV	\$0.00
4171F	PATIENT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4172F	PATIENT NOT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1	\$0.00
4174F	COUNSELING ABOUT THE POTENTIAL IMPACT OF GLAUCOMA ON VISUAL FUNCTIONING AND QUAL	\$0.00
4175F	BEST-CORRECTED VISUAL ACUITY OF 20/40 OR BETTER (DISTANCE OR NEAR) ACHIEVED WITH	\$0.00
4176F	COUNSELING ABOUT VALUE OF PROTECTION FROM UV LIGHT AND LACK OF PROVEN EFFICACY O	\$0.00
4177F	COUNSELING ABOUT THE BENEFITS AND/OR RISKS OF THE AGE-RELATED EYE DISEASE STUDY	\$0.00
4178F	ANTI-D IMMUNE GLOBULIN RECEIVED BETWEEN 26 AND 30 WEEKS GESTATION (PRENATAL)1	\$0.00
4179F	TAMOXIFEN OR AROMATASE INHIBITOR (AI) PRESCRIBED (ONC)1	\$0.00
41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	\$61.25
41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES	\$86.78
41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES	\$145.00
4180F	ADJUVANT CHEMOTHERAPY REFERRED, PRESCRIBED, OR PREVIOUSLY RECEIVED FOR STAGE III	\$0.00
4181F	CONFORMAL RADIATION THERAPY RECEIVED (NMA-NO MEASURE ASSOC.)	\$0.00
41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$130.49
41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	\$195.52
41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$89.51
41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$137.40
41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE),	\$210.10
41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR	\$188.87
4182F	CONFORMAL RADIATION THERAPY NOT RECEIVED (NMA-NO MEASURE ASSOC.)	\$0.00
41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	\$196.46
4185F	CONTINUOUS (12-MONTHS) THERAPY WITH PROTON PUMP INHIBITOR (PPI) OR HISTAMINE H2	\$0.00
4186F	NO CONTINUOUS (12-MONTHS) THERAPY WITH EITHER PROTON PUMP INHIBITOR (PPI) OR HIS	\$0.00
41872	GINGIVOPLASTY	\$163.04
41874	ALVEOPLASTY	\$178.39
4187F	DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY PRESCRIBED OR DISPENSED (RA)2	\$0.00
4188F	APPROPRIATE ANGIOTENSIN CONVERTING ENZYME (ACE)/ANGIOTENSIN RECEPTOR BLOCKERS (A	\$0.00
41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	\$35.12
4189F	APPROPRIATE DIGOXIN THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)2	\$0.00
4190F	APPROPRIATE DIURETIC THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)2	\$0.00
4191F	APPROPRIATE ANTICONVULSANT THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)	\$0.00
4192F	PATIENT NOT RECEIVING GLUCOCORTICOID THERAPY (RA)5	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4193F	PATIENT RECEIVING 10 MG DAILY PREDNISONE (OR EQUIVALENT), OR RA ACTIVITY IS WORS	\$0.00
4194F	PATIENT RECEIVING &10 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONT	\$0.00
4195F	PATIENT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THER	\$0.00
4196F	PATIENT NOT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG	\$0.00
42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	\$61.87
4200F	EXTERNAL BEAM RADIOTHERAPY AS PRIMARY THERAPY TO PROSTATE WITH OR WITHOUT NODAL	\$0.00
4201F	EXTERNAL BEAM RADIOTHERAPY WITH OR WITHOUT NODAL IRRADIATION AS ADJUVANT OR SALV	\$0.00
42100	BIOPSY OF PALATE, UVULA	\$74.71
42104	EXCISION, LESION OF PALATE, UVULA	\$105.79
42106	EXCISION, LESION OF PALATE, UVULA	\$133.55
42107	EXCISION, LESION OF PALATE, UVULA	\$266.13
4210F	ANGIOTENSIN CONVERTING ENZYME (ACE) OR ANGIOTENSIN RECEPTOR BLOCKERS (ARB) MEDIC	\$0.00
42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	\$448.33
42140	UVULECTOMY, EXCISION OF UVULA	\$109.32
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY,	\$482.16
42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	\$102.33
42180	REPAIR, LACERATION OF PALATE	\$137.66
42182	REPAIR, LACERATION OF PALATE	\$209.41
42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	\$605.76
42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF	\$587.14
4220F	DIGOXIN MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2	\$0.00
42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF	\$754.39
42215	PALATOPLASTY FOR CLEFT PALATE	\$495.66
4221F	DIURETIC MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2	\$0.00
42220	PALATOPLASTY FOR CLEFT PALATE	\$377.89
42225	PALATOPLASTY FOR CLEFT PALATE	\$665.66
42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	\$619.03
42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	\$628.99
42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	\$493.09
42260	REPAIR OF NASOLABIAL FISTULA	\$446.59
42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	\$83.62

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	\$94.69
42300	DRAINAGE OF ABSCESS	\$92.99
42305	DRAINAGE OF ABSCESS	\$285.09
4230F	ANTICONSULSANT MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2	\$0.00
42310	DRAINAGE OF ABSCESS	\$76.92
42320	DRAINAGE OF ABSCESS	\$128.16
42325	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA);	\$129.65
42326	FISTULIZATION OF SUBLINGUAL SALIVARY CYST (RANULA); WITH PROSTHESIS	\$201.36
42330	SIALOLITHOTOMY	\$100.70
42335	SIALOLITHOTOMY	\$185.74
42340	SIALOLITHOTOMY	\$267.22
42400	BIOPSY OF SALIVARY GLAND	\$37.10
42405	BIOPSY OF SALIVARY GLAND	\$151.22
42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$242.76
42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	\$173.76
4240F	INSTRUCTION IN THERAPEUTIC EXERCISE WITH FOLLOW-UP PROVIDED TO PATIENTS DURING E	\$0.00
42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$478.66
42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$876.55
42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$1,013.54
42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$708.31
42426	EXCISION OF PAROTID TUMOR OR PAROTID GLAND	\$1,220.80
4242F	COUNSELING FOR SUPERVISED EXERCISE PROGRAM PROVIDED TO PATIENTS DURING EPISODE O	\$0.00
42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	\$412.20
42450	EXCISION OF SUBLINGUAL GLAND	\$255.15
4245F	PATIENT COUNSELED DURING THE INITIAL VISIT TO MAINTAIN OR RESUME NORMAL ACTIVITI	\$0.00
4248F	PATIENT COUNSELED DURING THE INITIAL VISIT FOR AN EPISODE OF BACK PAIN AGAINST B	\$0.00
42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY	\$265.88
42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY	\$363.40
42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$337.60
42508	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$495.40
42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$587.44

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4250F	ACTIVE WARMING USED INTRAOPERATIVELY FOR THE PURPOSE OF MAINTAINING NORMOTHERMIA	\$0.00
42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)	\$459.64
42550	INJECTION PROCEDURE FOR SIALOGRAPHY	\$46.93
4255F	DURATION OF GENERAL OR NEURAXIAL ANESTHESIA 60 MINUTES OR LONGER, AS DOCUMENTED	\$0.00
4256F	DURATION OF GENERAL OR NEURAXIAL ANESTHESIA LESS THAN 60 MINUTES, AS DOCUMENTED	\$0.00
42600	CLOSURE SALIVARY FISTULA	\$276.77
4260F	WOUND SURFACE CULTURE TECHNIQUE USED (CWC)5	\$0.00
4261F	TECHNIQUE OTHER THAN SURFACE CULTURE OF THE WOUND EXUDATE USED (EG, LEVINE/DEEP	\$0.00
42650	DILATION SALIVARY DUCT	\$36.80
4265F	USE OF WET TO DRY DRESSINGS PRESCRIBED OR RECOMMENDED (CWC)5	\$0.00
42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT	\$57.06
42665	LIGATION SALIVARY DUCT, INTRAORAL	\$154.98
4266F	USE OF WET TO DRY DRESSINGS NEITHER PRESCRIBED NOR RECOMMENDED (CWC)5	\$0.00
4267F	COMPRESSION THERAPY PRESCRIBED (CWC)5	\$0.00
4268F	PATIENT EDUCATION REGARDING THE NEED FOR LONG TERM COMPRESSION THERAPY INCLUDING	\$0.00
4269F	APPROPRIATE METHOD OF OFFLOADING (PRESSURE RELIEF) PRESCRIBED (CWC)5	\$0.00
42700	INCISION AND DRAINAGE ABSCESS	\$82.33
4270F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR 6 MONTHS OR LONGER (HIV)5	\$0.00
4271F	PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR LESS THAN 6 MONTHS OR NOT RE	\$0.00
42720	INCISION AND DRAINAGE ABSCESS	\$252.51
42725	INCISION AND DRAINAGE ABSCESS	\$504.62
4274F	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)5 (P-ESRD)1	\$0.00
4275F	HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)5	\$0.00
4279F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED (HIV)5	\$0.00
42800	BIOPSY	\$77.75
42802	BIOPSY	\$94.12
42804	BIOPSY	\$84.47
42806	BIOPSY	\$102.65
42808	EXCISION OF LESION OF PHARYNX	\$148.11
42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	\$89.50
4280F	PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED WITHIN 3 MONTHS OF LOW CD	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN	\$207.30
42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA,	\$433.27
42820	TONSILLECTOMY AND ADENOIDECTOMY	\$217.62
42821	TONSILLECTOMY AND ADENOIDECTOMY	\$245.40
42825	TONSILLECTOMY, PRIMARY OR SECONDARY	\$192.63
42826	TONSILLECTOMY, PRIMARY OR SECONDARY	\$208.79
42830	ADENOIDECTOMY, PRIMARY	\$138.25
42831	ADENOIDECTOMY, PRIMARY	\$152.17
42835	ADENOIDECTOMY, SECONDARY	\$135.32
42836	ADENOIDECTOMY, SECONDARY	\$186.13
42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$491.26
42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$758.93
42845	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR	\$1,258.65
42860	EXCISION OF TONSIL TAGS	\$134.78
42870	EXCISION LINGUAL TONSIL (SEPARATE PROCEDURE)	\$348.18
42880	EXCISION NASOPHARYNGEAL LESION (EG, FIBROMA)	\$0.00
42890	LIMITED PHARYNGECTOMY	\$673.14
42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT	\$819.60
42894	RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP	\$1,171.50
42900	SUTURE PHARYNX FOR WOUND OR INJURY	\$276.11
4290F	PATIENT SCREENED FOR INJECTION DRUG USE (HIV)5	\$0.00
4293F	PATIENT SCREENED FOR HIGH-RISK SEXUAL BEHAVIOR (HIV)5	\$0.00
42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	\$498.59
42953	PHARYNGOESOPHAGEAL REPAIR	\$659.60
42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	\$453.51
42960	CONTROL OROPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$113.60
42961	CONTROL OROPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$261.26
42962	CONTROL OROPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$388.66
42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$236.80
42971	CONTROL OF NASOPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$301.31
42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE (PRIMARY OR SECONDARY, EG,	\$360.24

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43000	ESOPHAGOTOMY, CERVICAL APPROACH; WITHOUT REMOVAL OF FOREIGN BODY	\$0.00
4300F	PATIENT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR ATRIAL	\$0.00
4301F	PATIENT NOT RECEIVING WARFARIN THERAPY FOR NONVALVULAR ATRIAL FIBRILLATION OR AT	\$0.00
43020	ESOPHAGOTOMY, CERVICAL APPROACH	\$449.01
43030	CRICOPHARYNGEAL MYOTOMY	\$463.34
43040	ESOPHAGOTOMY, THORACIC APPROACH; WITHOUT REMOVAL OF FOREIGN BODY	\$0.00
43045	ESOPHAGOTOMY, THORACIC APPROACH	\$1,003.59
4305F	PATIENT EDUCATION REGARDING APPROPRIATE FOOT CARE AND DAILY INSPECTION OF THE FE	\$0.00
4306F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR	\$0.00
43100	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR	\$476.97
43101	EXCISION OF LOCAL LESION, ESOPHAGUS, WITH PRIMARY REPAIR	\$794.20
43105	WIDE EXCISION OF MALIGNANT LESION OF CERVICAL ESOPHAGUS, WITH OR WITHOUT LARYNGE	\$0.00
43106	WIDE EXCISION OF MALIGNANT LESION OF CERVICAL ESOPHAGUS, WITH OR WITHOUT LARYNGE	\$0.00
43107	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY	\$1,487.29
43108	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION	\$1,698.39
43110	ESOPHAGECTOMY (AT UPPER TWO-THIRDS LEVEL) AND GASTRIC ANASTOMOSIS WITH VAGOTOMY;	\$0.00
43111	ESOPHAGECTOMY (AT UPPER TWO-THIRDS LEVEL) AND GASTRIC ANASTOMOSIS WITH VAGOTOMY;	\$0.00
43112	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR	\$1,588.39
43113	TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR	\$1,755.32
43115	ESOPHAGECTOMY (AT UPPER TWO-THIRDS LEVEL) WITH SEGMENT REPLACEMENT, ONE OR TWO S	\$0.00
43116	PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASC	\$1,608.11
43117	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	\$1,582.62
43118	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINA	\$1,665.09
43119	TOTAL ESOPHAGECTOMY WITH GASTROPHARYNGOSTOMY, WITHOUT THORACOTOMY	\$0.00
43120	ESOPHAGOGASTRECTOMY (LOWER THIRD) AND VAGOTOMY, COMBINED THORACICOABDOMINAL WITH	\$0.00
43121	PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT	\$1,502.45
43122	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT P	\$1,459.71
43123	PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT P	\$1,702.61
43124	TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERV	\$1,438.26
43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR	\$659.19
43135	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR	\$854.32

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43136	DIVERTICULOPEXY OF HYPOPHARYNX, WITH OR WITHOUT MYOTOMY	\$0.00
43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$86.70
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUB	\$95.64
43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$100.09
43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$195.97
43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	\$171.61
43206	Microscopic examination of esophagus using an endoscope	by report
4320F	PATIENT COUNSELED REGARDING PSYCHOSOCIAL AND PHARMACOLOGIC TREATMENT OPTIONS FOR	\$0.00
43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$137.74
43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER L	\$125.73
43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$151.24
43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$147.00
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$109.66
43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$121.78
43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$187.19
43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY)	\$197.10
4322F	CAREGIVER PROVIDED WITH EDUCATION AND REFERRED TO ADDITIONAL RESOURCES FOR SUPPO	\$0.00
43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$134.11
43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMU	\$185.05
43234	UPPER GASTROINTESTINAL ENDOSCOPY, SIMPLE PRIMARY EXAMINATION	\$105.06
43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$124.03
43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$117.71
43237	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$161.96
43238	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$200.41
43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$139.60
43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$273.09
43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$134.79
43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$273.59
43243	UPPER GI ENDOSCOPY INCL ESOPHAGUS STOMACH AND DUODE OR JEJUN	\$237.05
43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$211.38
43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$176.43

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$225.63
43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$176.43
43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$163.68
43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$150.36
4324F	PATIENT (OR CAREGIVER) QUERIED ABOUT PARKINSON'S DISEASE MEDICATION RELATED MOTO	\$0.00
43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$166.50
43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$192.26
43252	Microscopic examination of stomach and upper upper small bowel using an endoscope	by report
43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$227.96
43256	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$173.16
43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE	\$225.19
43258	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,	\$236.46
43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DU	\$230.07
4325F	MEDICAL AND SURGICAL TREATMENT OPTIONS REVIEWED WITH PATIENT (OR CAREGIVER) (PRK	\$0.00
43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$299.02
43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MU	\$309.24
43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$383.44
43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$304.33
43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$446.70
43265	ERCP W/VO BIOP AND/OR COLLECTION OF SPECIMEN FOR DESTRUCTION	\$410.83
43267	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$371.28
43268	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$383.13
43269	ERCP W/VO BIOP AND OR COLL OF SPECIMEN FOR REMOVAL AND/OR CH	\$313.23
4326F	PATIENT (OR CAREGIVER) QUERIED ABOUT SYMPTOMS OF AUTONOMIC DYSFUNCTION (PRKNS)8	\$0.00
43271	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$374.21
43272	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP),	\$339.90
43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(	\$77.91
43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH FUNDOPLASTY, WHEN PER	\$716.53
43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURE	\$837.01
43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$736.31
43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WH	\$827.44

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY	\$99.78
43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	\$0.00
4328F	PATIENT (OR CAREGIVER) QUERIED ABOUT SLEEP DISTURBANCES (PRKNS)8	\$0.00
43300	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION)	\$543.59
43305	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION)	\$912.90
4330F	COUNSELING ABOUT EPILEPSY SPECIFIC SAFETY ISSUES PROVIDED TO PATIENT (OR CAREGIV	\$0.00
43310	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH	\$1,307.79
43312	ESOPHAGOPLASTY, (PLASTIC REPAIR OR RECONSTRUCTION) THORACIC APPROACH	\$1,427.88
43313	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	\$1,939.44
43314	ESOPHAGOPLASTY FOR CONGENITAL DEFECT, (PLASTIC REPAIR OR RECONSTRUCTION), THORAC	\$2,131.62
43320	ESOPHAGOGASTROSTOMY (CARDIOPLASTY) WITH OR WITHOUT VAGOTOMY	\$832.04
43321	ESOPHAGOGASTROSTOMY (CARDIOPLASTY) WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY; TH	\$0.00
43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL PROCEDURES)	\$816.32
43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH FUNDIC PATCH (THAL-NISSEN	\$804.91
43326	ESOPHAGOGASTRIC FUNDOPLASTY; WITH GASTROPLASTY (EG, COLLIS)	\$760.18
43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY	\$510.12
43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY	\$739.67
43330	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT	\$788.67
43331	ESOPHAGOMYOTOMY ((HELLER TYPE) WITH OR WITHOUT	\$886.90
43332	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$727.48
43333	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY,	\$789.20
43334	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY	\$794.87
43335	REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY	\$855.83
43336	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$936.57
43337	REPAIR, PARAESOPHAGEAL HIATAL HERNIA, (INCLUDING FUNDOPLICATION), VIA THORACOABD	\$1,025.62
43338	ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)	\$83.78
43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY)	\$828.26
43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY)	\$867.72
43350	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$629.35
43351	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$753.65
43352	ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL	\$661.05

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43360	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	\$1,455.90
43361	GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOP	\$1,661.05
43400	LIGATION, DIRECT, ESOPHAGEAL VARICES	\$802.37
43401	TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES	\$823.13
43405	LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PE	\$853.40
4340F	COUNSELING FOR WOMEN OF CHILDBEARING POTENTIAL WITH EPILEPSY (EPI)8	\$0.00
43410	SUTURE OF ESOPHAGEAL WOUND OR INJURY	\$610.85
43415	SUTURE OF ESOPHAGEAL WOUND OR INJURY	\$931.76
43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA	\$544.08
43425	CLOSURE OF ESOPHAGOSTOMY OR FISTULA	\$853.32
43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE,	\$57.59
43451	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; S	\$0.00
43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	\$75.92
43455	DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR; UNDER FLUOROSCOPIC GUIDANCE	\$0.00
43456	DILATION OF ESOPHAGUS, BY BALLOON OR STARCK DILATOR	\$127.46
43458	DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) FOR ACHALASIA	\$128.26
43460	ESOPHAGOGASTRIC TAMPONADE, WITH BALLOON (SENGSTAACKEN TYPE)	\$157.85
43496	FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS	\$0.00
43499	UNLISTED PROCEDURE, ESOPHAGUS	\$400.67
43500	GASTROTOMY	\$413.88
43501	GASTROTOMY	\$715.48
43502	GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, M	\$823.58
4350F	COUNSELING PROVIDED ON SYMPTOM MANAGEMENT, END OF LIFE DECISIONS, AND PALLIATION	\$0.00
43510	GASTROTOMY	\$519.21
43520	PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE	\$385.94
43600	BIOPSY OF STOMACH	\$71.98
43605	BIOPSY OF STOMACH	\$436.13
43610	EXCISION, LOCAL, OF ULCER OR TUMOR OF STOMACH	\$548.92
43611	EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH	\$641.24
43620	GASTRECTOMY, TOTAL	\$1,074.97
43621	GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$1,091.22

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43622	GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE	\$1,140.80
43625	GASTRECTOMY, TOTAL; WITH REPAIR BY INTESTINAL TRANSPLANT	\$0.00
43630	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY, GASTRODUO	\$0.00
43631	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY	\$916.13
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY	\$914.94
43633	GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION	\$929.96
43634	GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH	\$1,145.89
43635	HEMIGASTRECTOMY OR DISTAL SUBTOTAL GASTRECTOMY INCLUDING PYLOROPLASTY,	\$89.79
43638	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING	\$996.80
43639	GASTRECTOMY, PARTIAL, PROXIMAL, THORACIC OR ABDOMINAL APPROACH INCLUDING	\$1,015.57
43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	\$711.96
43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY	\$724.43
43644	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND RO	\$1,170.43
43645	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND	\$1,261.31
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR EL	\$0.00
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES	\$0.00
43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$451.80
43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIV	\$541.09
43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, ST	\$395.37
43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	\$0.00
43750	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE	\$238.95
43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIAN'S SKILL	\$36.91
43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKIL	\$12.77
43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSI	\$20.48
43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL	\$36.89
43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE	\$33.74
43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECT	\$48.05
43760	CHANGE OF GASTROSTOMY TUBE	\$48.41
43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE THROUGH THE DUODENUM FOR ENTERIC NUTRI	\$82.53
43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GA	\$686.92
43771	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GAS	\$789.99

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$601.85
43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF	\$790.19
43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GAST	\$604.16
43775	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (	\$621.35
43800	PYLOROPLASTY	\$504.68
43810	GASTRODUODENOSTOMY	\$538.68
43820	GASTROJEJUNOSTOMY	\$570.69
43825	GASTROJEJUNOSTOMY	\$718.95
43830	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE)	\$380.04
43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE)	\$364.27
43832	GASTROSTOMY, PERMANENT, WITH CONSTRUCTION OF GASTRIC TUBE	\$575.55
43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER,	\$567.96
43842	GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	\$812.12
43843	GASTROPLASTY, OTHER THAN VERTICAL-BANDED, FOR MORBID OBESITY	\$803.76
43844	GASTRIC BYPASS, OTHER THAN WITH ROUX-EN-Y GASTROENTEROSTOMY, FOR MORBID OBESITY	\$0.00
43845	GASTRIC STAPLING FOR MORBID OBESITY	\$1,054.93
43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTROENTEROSTOMY	\$977.92
43847	GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMAL	\$1,072.44
43848	REVISION OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY (SEPARATE PROCEDURE	\$1,143.78
43850	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$902.25
43855	REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH	\$921.31
43860	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	\$908.24
43865	REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH	\$982.26
43870	CLOSURE OF GASTROSTOMY, SURGICAL	\$377.77
43880	CLOSURE OF GASTROCOLIC FISTULA	\$872.30
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	\$0.00
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN	\$0.00
43885	ANTERIOR GASTROPEXY FOR HIATAL HERNIA (SEPARATE PROCEDURE)	\$0.00
43886	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONL	\$195.21
43887	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	\$189.08
43888	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS POR	\$267.86

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
44005	ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) FOR ACUTE BOWEL	\$642.14
4400F	REHABILITATIVE THERAPY OPTIONS DISCUSSED WITH PATIENT (OR CAREGIVER) (PRKNS)8	\$0.00
44010	DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL	\$515.03
44015	NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL HYPERALIMENTATION	\$139.15
44020	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM	\$566.70
44021	ENTEROTOMY, SMALL BOWEL, OTHER THAN DUODENUM	\$563.70
44025	COLOTOMY, FOR EXPLORATION, BIOPSY(S), OR	\$574.86
44040	EXTERIORIZATION OF INTESTINE (MIKULICZ RESECTION WITH CRUSHING OF SPUR)	\$0.00
44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL	\$548.52
44055	CORRECTION OF MALROTATION BY LYSIS OF DUODENAL	\$775.86
44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL	\$91.02
44110	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE	\$500.46
44111	EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE	\$615.84
44120	ENTERECTOMY, RESECTION OF SMALL INTESTINE	\$901.47
44121	ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOM	\$193.63
44125	ENTERECTOMY, RESECTION OF SMALL INTESTINE	\$722.71
44126	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$1,458.50
44127	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$1,676.62
44128	ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTI	\$177.56
44130	ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE	\$596.93
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR	\$0.00
44133	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING	\$0.00
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR	\$0.00
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR	\$0.00
44137	REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE	\$0.00
44139	MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIA	\$97.26
44140	COLECTOMY, PARTIAL	\$1,036.36
44141	COLECTOMY, PARTIAL	\$947.85
44143	COLECTOMY, PARTIAL	\$978.26
44144	COLECTOMY, PARTIAL	\$918.50
44145	COLECTOMY, PARTIAL	\$1,062.19

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
44146	COLECTOMY, PARTIAL	\$1,171.58
44147	COLECTOMY, PARTIAL	\$929.29
44150	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,062.07
44151	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY	\$1,015.93
44152	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECTOMY,	\$1,205.97
44153	COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH RECTAL MUCOSECTOMY,	\$1,348.11
44155	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY	\$1,206.77
44156	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY	\$1,154.86
44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUD	\$1,395.74
44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATI	\$1,431.30
44160	COLECTOMY WITH REMOVAL OF TERMINAL ILEUM AND ILEOCOLOSTOMY	\$789.34
44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$580.32
44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$409.43
44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE	\$678.17
44188	LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$742.92
44200	LAPAROSCOPY, SURGICAL; ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$662.36
44201	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$426.38
44202	LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACOR	\$1,015.83
44203	LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS	\$172.29
44204	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS	\$997.92
44205	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH I	\$884.08
44206	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DIS	\$1,091.61
44207	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOM	\$1,193.10
44208	LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOM	\$1,293.11
44209	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	\$0.00
44210	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH IL	\$1,145.17
44211	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOA	\$1,422.83
44212	LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOS	\$1,329.66
44213	LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN	\$132.31
44227	LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RE	\$1,042.35
44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
44239	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	\$0.00
44300	ENTEROSTOMY, OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING)	\$445.37
44310	ILEOSTOMY	\$609.24
44312	REVISION OF ILEOSTOMY	\$300.83
44314	REVISION OF ILEOSTOMY	\$571.96
44316	CONTINENT ILEOSTOMY (KOCK PROCEDURE)	\$787.02
44320	COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$658.30
44322	COLOSTOMY OR SKIN LEVEL CECOSTOMY	\$653.91
44340	REVISION OF COLOSTOMY	\$302.07
44345	REVISION OF COLOSTOMY	\$562.12
44346	REVISION OF COLOSTOMY	\$613.08
44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$148.89
44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$163.43
44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$180.86
44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$210.68
44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$188.21
44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$246.38
44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND	\$250.80
44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT I	\$180.27
44372	SMALL INTEST ENDOSCOPY ENTEROSCOPY BEYOND 2ND PORTION OF DUO	\$247.79
44373	SMALL INTEST ENDOSCOPY ENTEROSCOPY BEYOND 2ND PORTION DUODEN	\$198.18
44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$258.18
44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$270.79
44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$346.40
44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLU	\$280.59
44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA	\$65.56
44382	FIBEROPTIC ILEOSCOPY THROUGH STOMA	\$78.05
44383	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILA	\$121.52
44385	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$94.81
44386	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR	\$97.78
44388	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$148.02

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
44389	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$163.35
44390	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$174.05
44391	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$224.80
44392	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$199.85
44393	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY	\$252.21
44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S	\$231.57
44397	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDIL	\$189.99
44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDU	\$21.51
4450F	SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)1	\$0.00
44600	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	\$0.00
44602	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	\$566.18
44603	SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WO	\$661.26
44604	SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUN	\$649.54
44605	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR	\$718.40
44610	SUTURE OF INTESTINE (ENTERORRHAPHY), LARGE OR SMALL, FOR PERFORATED ULCER, DIVER	\$0.00
44615	INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATI	\$627.21
44620	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE	\$499.01
44625	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE	\$648.22
44626	CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL	\$997.19
44640	CLOSURE OF INTESTINAL CUTANEOUS FISTULA	\$761.46
44650	CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA	\$793.30
44660	CLOSURE OF ENTEROVESICAL FISTULA	\$737.38
44661	CLOSURE OF ENTEROVESICAL FISTULA	\$859.00
44680	INTESTINAL PLICATION (SEPARATE PROCEDURE)	\$668.61
44700	EXCLUSION OF SMALL BOWEL FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISS	\$712.41
44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	\$118.35
44705	Assessment and overseeing preparation of donor fecal specimen	\$0.00
4470F	IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD) COUNSELING PROVIDED (HF)1	\$0.00
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT	\$0.00
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$196.81
44721	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR	\$285.28

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
44799	UNLISTED PROCEDURE, INTESTINE	\$141.75
44800	EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR	\$499.38
4480F	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR 3 MONTH	\$0.00
4481F	PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR LESS TH	\$0.00
44820	EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)	\$478.77
44850	SUTURE OF MESENTERY (SEPARATE PROCEDURE)	\$449.06
44900	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS, TRANSABDOMINAL	\$408.35
44901	INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; PERCUTANEOUS	\$179.24
44950	APPENDECTOMY	\$408.32
44955	APPENDECTOMY	\$81.19
44960	APPENDECTOMY	\$500.95
44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	\$399.90
44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	\$0.00
45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	\$208.94
45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	\$102.04
4500F	REFERRED TO AN OUTPATIENT CARDIAC REHABILITATION PROGRAM (CAD)1	\$0.00
45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR	\$232.49
45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH	\$208.84
45108	ANORECTAL MYOMECTOMY	\$270.78
4510F	PREVIOUS CARDIAC REHABILITATION FOR QUALIFYING CARDIAC EVENT COMPLETED (CAD)1	\$0.00
45110	PROCTECTOMY	\$1,146.31
45111	PROCTECTOMY	\$809.82
45112	PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH	\$1,207.43
45113	PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF	\$1,194.29
45114	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS	\$1,100.42
45116	PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS	\$938.33
45119	PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANA	\$1,211.32
45120	PROCTECTOMY, COMPLETE	\$1,161.24
45121	PROCTECTOMY CMPLT W/SUBTOTAL/TOTAL COLECTOMY W/MULT BIOPS	\$1,163.20
45123	PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH	\$720.29
45126	PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WITHOUT	\$1,595.54

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
45130	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS	\$661.22
45135	EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS	\$869.88
45136	EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY	\$1,127.88
45150	DIVISION OF STRICTURE OF RECTUM	\$305.78
45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR	\$601.34
45170	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH	\$440.73
45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (	\$286.67
45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE,	\$389.97
45180	EXCISION AND/OR ELECTRODESICCATION OF MALIGNANT TUMOR OF RECTUM, TRANSANAL APPRO	\$0.00
45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPRO	\$396.20
4525F	NEUROPSYCHIATRIC INTERVENTION ORDERED (DEM)1	\$0.00
4526F	NEUROPSYCHIATRIC INTERVENTION RECEIVED (DEM)1	\$0.00
45300	PROCTOSIGMOIDOSCOPY	\$24.58
45302	PROCTOSIGMOIDOSCOPY; WITH COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$0.00
45303	PROCTOSIGMOIDOSCOPY	\$28.68
45305	PROCTOSIGMOIDOSCOPY	\$42.18
45307	PROCTOSIGMOIDOSCOPY	\$56.36
45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$49.75
45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION	\$78.87
45310	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF POLYP OR PAPILLOMA	\$0.00
45315	PROCTOSIGMOIDOSCOPY	\$80.98
45317	PROCTOSIGMOIDOSCOPY	\$85.81
45320	PROCTO FOR ABLATION OF TUMOR	\$90.73
45321	PROCTOSIGMOIDOSCOPY	\$68.52
45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDI	\$71.12
45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$41.36
45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$65.59
45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$95.63
45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$99.55
45334	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC	\$145.76
45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	\$56.81

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
45336	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH ABLATION OF TUMOR OR MUCOSAL LESION (EG	\$0.00
45337	SIGMOIDOSCOPY FLEX FIBEROPTIC FOR DECOMPRESSION OF VOLVULUS	\$123.44
45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$124.22
45339	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	\$160.19
45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	\$68.00
45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	\$112.92
45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TR	\$164.69
45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILAT	\$121.32
45355	COLONOSCOPY, WITH STANDARD SIGMOIDOSCOPE, TRANSABDOMINAL VIA	\$138.95
45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$193.08
45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$246.25
45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$208.40
45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJ	\$166.15
45382	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$290.16
45383	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$296.73
45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), PO	\$244.59
45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE	\$276.36
45386	COLNSPY FIBRPTC BEYND SPLNC; W/RETRGRDE LAVAGE	\$180.35
45387	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC STENT P	\$236.04
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND	\$208.29
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC	\$263.46
45395	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH CO	\$1,235.31
45397	LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCE	\$1,341.80
45400	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)	\$721.42
45402	LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION	\$975.84
4540F	Disease modifying pharmacotherapy discussed (dsp)8	\$0.00
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or als related symptoms (dsp)8	\$0.00
45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	\$0.00
45500	PROCTOPLASTY	\$373.88
45505	PROCTOPLASTY	\$328.78
4550F	Options for noninvasive respiratory support discussed with patient (dsp)8	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
4551F	Nutritional support offered (dsp)8	\$0.00
45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	\$24.08
4552F	Patient offered referral to a speech language pathologist (dsp)8	\$0.00
4553F	Patient offered assistance in planning for end of life issues (dsp)8	\$0.00
45540	PROCTOPEXY FOR PROLAPSE	\$644.79
45541	PROCTOPEXY FOR PROLAPSE	\$570.98
4554F	Patient received inhalational anesthetic agent (peri2)11	\$0.00
45550	PROCTOPEXY COMBINED WITH SIGMOID RESECTION, ABDOMINAL APPROACH	\$857.06
4555F	Patient did not receive inhalational anesthetic agent (peri2)11	\$0.00
45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	\$393.09
45562	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;	\$582.24
45563	EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY	\$899.35
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (peri2)11	\$0.00
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (peri2)11	\$0.00
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (peri2)11	\$0.00
4559F	At least 1 body temperature measurement equal to or greater than 35. 5 degrees celsius (or 95. 9 degrees fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (peri2)11	\$0.00
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (peri2)11	\$0.00
4561F	Patient has a coronary artery stent (peri2)11	\$0.00
4562F	Patient does not have a coronary artery stent (peri2)11	\$0.00
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (peri2)11	\$0.00
45800	CLOSURE OF RECTOVESICAL FISTULA	\$668.58
45805	CLOSURE OF RECTOVESICAL FISTULA	\$813.06
45820	CLOSURE OF RECTOURETHRAL FISTULA	\$676.37
45825	CLOSURE OF RECTOURETHRAL FISTULA	\$788.49
45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER	\$103.00
45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER	\$93.59
45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE)	\$111.38
45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE	\$130.27

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), D	\$71.48
46000	FISTULOTOMY, SUBCUTANEOUS	\$0.00
46020	PLACEMENT OF SETON	\$170.66
46030	REMOVAL OF ANAL SETON, OTHER MARKER	\$59.39
46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS	\$218.22
46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR	\$197.76
46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	\$58.09
46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL	\$310.30
46070	INCISION, ANAL SEPTUM (INFANT)	\$141.96
46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER	\$132.61
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	\$66.73
46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	\$189.59
46210	CRYPTECTOMY	\$133.09
46211	CRYPTECTOMY	\$196.66
46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS	\$64.46
46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	\$95.01
46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	\$106.34
46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	\$222.24
46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$282.52
46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$322.65
46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE	\$345.83
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$382.85
46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$419.16
46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX	\$438.67
46270	FISTULECTOMY	\$177.65
46275	FISTULECTOMY	\$258.47
46280	FISTULECTOMY	\$331.72
46281	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$0.00
46285	FISTULECTOMY	\$195.26
46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	\$330.49
46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	\$74.51

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	\$68.75
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	\$131.05
46600	ANOSCOPY	\$20.92
46602	ANOSCOPY; FOR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	\$0.00
46604	ANOSCOPY	\$48.15
46606	ANOSCOPY	\$31.12
46608	ANOSCOPY	\$68.88
46610	ANOSCOPY	\$59.64
46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQU	\$69.42
46612	ANOSCOPY	\$103.70
46614	ANOSCOPY	\$81.48
46615	ANOSCOPY; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE T	\$104.98
46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE	\$374.95
46705	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE	\$333.61
46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	\$103.78
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA [SI	\$220.21
46710	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$653.77
46712	REPAIR OF ILEOANAL POUCH FISTULA/SINUS (EG, PERINEAL OR VAGINAL), POUCH ADVANCEM	\$1,363.74
46715	REPAIR OF CONGENITAL ANOVAGINAL FISTULA ("CUT-BACK" TYPE	\$344.51
46716	PERINEAL TRANSPLANT OF ANOVAGINAL FISTULA	\$574.51
46730	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE	\$980.40
46735	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE	\$1,157.70
46740	CONSTRUCTION OF ANUS FOR CONGENITAL ABSENCE, WITH REPAIR OF	\$1,063.47
46742	REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA; COMB	\$1,422.06
46744	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, SACROPERINE	\$1,851.74
46746	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED AB	\$2,104.97
46748	REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY, COMBINED AB	\$2,124.89
46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE	\$406.48
46751	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE	\$402.14
46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR	\$325.94
46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	\$95.92

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT	\$537.59
46761	SPHINCTEROPLASTY ANAL FOR INCONTINENCE ADULT LEVATOR MUSCLE	\$516.01
46762	SPHINCTEROPLASTY ANAL FOM INCONT ADULT IMPLANT ARTIFICIAL SP	\$463.49
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$78.82
46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$79.84
46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$80.83
46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$91.32
46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$96.50
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA,	\$147.38
46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATIO	\$88.57
46934	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL	\$179.26
46935	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; EXTERNAL	\$96.90
46936	DESTRUCTION OF HEMORRHOIDS, ANY METHOD; INTERNAL AND EXTERNAL	\$194.79
46937	CRYOSURGERY OF RECTAL TUMOR	\$140.84
46938	CRYOSURGERY OF RECTAL TUMOR	\$222.99
46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$84.74
46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION	\$75.84
46945	LIGATION OF INTERNAL HEMORRHOIDS	\$108.16
46946	LIGATION OF INTERNAL HEMORRHOIDS	\$130.00
46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	\$247.07
47000	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	\$84.69
47001	BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR	\$89.45
47010	HEPATOTOMY FOR DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	\$610.61
47011	HEPATOTOMY; FOR PERCUTANEOUS DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES	\$194.96
47015	LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBIC O	\$567.60
47100	BIOPSY OF LIVER, WEDGE (SEPARATE PROCEDURE)	\$446.90
47120	HEPATECTOMY, RESECTION OF LIVER	\$1,278.18
47122	HEPATECTOMY RESECTION OF LIVER TRISEGEMENTECTOMY	\$1,931.95
47125	HEPATECTOMY, RESECTION OF LIVER	\$1,733.96
47130	HEPATECTOMY, RESECTION OF LIVER	\$1,874.60
47134	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; PARTIAL, FROM	\$1,707.93

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
47135	LIVER TRANSPLANT, WITH OR WITHOUT RECIPIENT HEPATECTOMY	\$3,922.56
47136	LIVER ALLOTRANSPLANTATION; HETEROTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING	\$3,158.55
47140	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,268.96
47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,744.96
47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT, FROM LIVING DO	\$2,873.06
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	\$0.00
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	\$0.00
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO	\$0.00
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$244.53
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO	\$285.28
47300	MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER	\$563.07
47350	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY	\$717.82
47355	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY; WITH COMMON DUCT OR GALLBLADDER	\$0.00
47360	HEPATORRHAPHY, SUTURE OF LIVER WOUND OR INJURY	\$968.62
47361	MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEM	\$1,650.49
47362	MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF P	\$688.58
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$701.55
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$702.71
47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	\$0.00
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	\$819.09
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	\$825.52
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	\$517.98
47400	HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR	\$1,137.46
47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE,	\$774.41
47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE,	\$812.28
47440	DUODENOCHELEDOCHOTOMY, TRANSDUODENAL CHOLEDOCHOLITHOTOMY	\$0.00
47460	TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY	\$816.57
47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE,	\$485.40
47490	PERCUTANEOUS CHOLECYSTOSTOMY	\$356.49
47500	INJECTION PROCEDURE FOR PERCUTANEOUS TRANSHEPATIC	\$87.57
47505	INJECTION PROCEDURE FOR CHOLANGIOGRAPHY THROUGH AN EXISTING CATHETER (EG, PERCUT	\$38.21

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
47510	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC CATHETER	\$407.09
47511	INTRODUCTION OF PERCUTANEOUS TRANSHEPATIC STENT FOR INTERNAL AND EXTERNAL BILIAR	\$495.50
47525	CHANGE OF PERCUTANEOUS BILIARY DRAINAGE CATHETER	\$220.15
47530	REVISION AND/OR REINSERTION OF TRANSHEPATIC T-TUBE	\$250.14
47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDOCHOSCOPY)	\$131.28
47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$225.50
47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$266.10
47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$372.36
47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT	\$283.72
47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIA	\$314.28
47560	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY, WITHOUT BIOPSY	\$217.56
47561	LAPAROSCOPY, SURGICAL; WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY WITH BIOPSY	\$246.65
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	\$643.90
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$688.39
47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$679.84
47570	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$612.40
47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	\$0.00
47600	CHOLECYSTECTOMY	\$552.72
47605	CHOLECYSTECTOMY	\$744.14
47610	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$738.19
47612	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$817.80
47620	CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$823.01
47630	BILIARY DUCT STONE EXTRACTION, PERCUTANEOUS VIA T-TUBE TRACT,	\$356.28
47700	EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT	\$684.85
47701	PORTOENTEROSTOMY (EG. KASAI PROCEDURE)	\$1,148.75
47710	EXCISION OF BILE DUCT TUMOR, WITH REPAIR	\$0.00
47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAH	\$916.27
47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAH	\$1,130.34
47715	EXCISION OF CHOLEDOCHAL CYST	\$733.42
47716	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	\$625.46
47719	ANASTOMOSIS, CHOLEDOCHAL CYST, WITHOUT EXCISION	\$733.90

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
47720	CHOLECYSTOENTEROSTOMY	\$663.65
47721	CHOLECYSTOENTEROSTOMY	\$796.79
47740	CHOLECYSTOENTEROSTOMY	\$757.07
47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY	\$911.83
47760	ANASTOMOSIS, DIRECT, OF EXTRAHEPATIC BILIARY DUCTS AND	\$992.35
47765	ANASTOMOSIS, DIRECT, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT	\$1,036.82
47780	ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND	\$1,037.14
47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT	\$1,182.23
47800	RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH	\$945.73
47801	PLACEMENT OF CHOLEDOCHAL STENT	\$575.11
47802	U-TUBE HEPATICOENTEROSTOMY	\$858.76
47900	SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)	\$851.28
48000	DRAINAGE OF ABDOMEN FOR PANCREATITIS	\$994.69
48001	PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY	\$1,245.25
48005	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE	\$963.94
48020	REMOVAL OF PANCREATIC CALCULUS	\$621.50
48100	BIOPSY OF PANCREAS (SEPARATE PROCEDURE)	\$491.44
48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	\$199.01
48105	RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIC	\$1,776.88
48120	EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)	\$688.88
48140	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	\$981.85
48145	PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY	\$1,057.80
48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)	\$1,165.69
48148	EXCISION OF AMPULLA OF VATER, SIMPLE	\$728.35
48150	PANCREATECTOMY, PROXIMAL SUBTOTAL, WITH PANCREATODUODENECTOMY	\$1,960.11
48151	PANCREATECTOMY, NEAR-TOTAL, WITH PRESERVATION OF DUODENUM (CHILD TYPE PROCEDURE)	\$0.00
48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY,	\$1,828.96
48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	\$1,958.85
48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTERO	\$1,831.87
48155	PANCREATECTOMY, TOTAL	\$1,192.36
48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUESTOW-TYPE OPERATION)	\$1,022.56

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
48400	INJECTION PROCEDURE FOR INTRAOPERATIVE PANCREATOGRAPHY	\$80.64
48500	MARSUPIALIZATION OF CYST OF PANCREAS	\$642.05
48510	EXTERNAL DRAINAGE PSEUDOCYST OF PANCREAS	\$596.13
48511	EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; PERCUTANEOUS	\$210.36
48520	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT	\$704.33
48540	INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT	\$858.82
48545	PANCREATORRHAPHY FOR TRAUMA	\$737.98
48547	DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC TRAUMA	\$1,026.40
48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE ANASTOMOSIS (PUSTOW-TYPE OPERATION)	\$1,036.92
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEG	\$0.00
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$0.00
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO	\$168.75
48554	TRANSPLANTATION OF PANCREATIC ALLOGRAFT	\$1,489.62
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT	\$705.83
48999	UNLISTED PROCEDURE, PANCREAS	\$400.67
49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT	\$547.40
49002	REOPENING OF RECENT LAPAROTOMY INCISION FOR EXPLORATION,	\$498.36
49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S)	\$581.10
49020	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS,	\$830.85
49021	DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEA	\$178.63
49040	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS	\$501.68
49041	DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; PERCUTANEOUS	\$210.66
49060	DRAINAGE OF RETROPERITONEAL ABSCESS	\$581.59
49061	DRAINAGE OF RETROPERITONEAL ABSCESS; PERCUTANEOUS	\$194.96
49062	DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN	\$570.28
49080	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$58.74
49081	PERITONEOCENTESIS, ABDOMINAL PARACENTESIS, OR PERITONEAL LAVAGE	\$54.19
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	\$43.39
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	\$66.52
49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	\$60.15
49085	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$398.85

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS	\$85.89
49200	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR	\$527.64
49201	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL OR RETROPERITONEAL TUMORS OR	\$756.00
49203	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$571.70
49204	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$717.21
49205	EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1	\$831.10
49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	\$1,199.60
49220	STAGING CELIOTOMY (LAPAROTOMY) FOR HODGKIN'S DISEASE OR	\$756.34
49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE	\$395.48
49255	OMENTECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE	\$504.80
49300	PERITONEOSCOPY; WITHOUT BIOPSY	\$0.00
49301	PERITONEOSCOPY; WITH BIOPSY	\$0.00
49302	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY	\$0.00
49303	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY	\$0.00
49310	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$0.00
49311	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$0.00
49315	LAPAROSCOPY, SURGICAL; APPENDECTOMY	\$0.00
49320	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, WITH OR WIT	\$266.69
49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH BIOPSY (SINGLE OR	\$284.44
49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVI	\$295.14
49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHO	\$452.92
49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PE	\$248.28
49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNUL	\$266.83
49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST SEPARAT	\$120.33
49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION TH	\$80.38
49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$548.58
49400	PNEUMOPERITONEUM (SEPARATE PROCEDURE)	\$80.29
49401	PNEUMOPERITONEUM (SEPARATE PROCEDURE); SUBSEQUENT	\$0.00
49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	\$532.43
49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$95.96
49412	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$50.15

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR, P	\$301.18
49420	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR	\$103.28
49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR	\$290.20
49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	\$297.22
49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGIC	\$67.13
49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHE	\$34.35
49425	PERITONEAL-VENOUS SHUNT (EG, LEVEEN SHUNT)	\$584.98
49426	REVISION OF PERITONEAL-VENOUS SHUNT	\$461.01
49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PER	\$36.89
49428	LIGATION OF PERITONEAL-VENOUS SHUNT	\$252.09
49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	\$329.32
49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH	\$77.41
49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITON	\$118.49
49440	INJ PROC FOR PELVIC PNEUMOGRAPHY	\$124.56
49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC	\$139.89
49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC G	\$113.42
49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER F	\$88.90
49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, U	\$35.77
49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPI	\$49.63
49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANC	\$77.44
49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUN	\$25.33
49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODE	\$16.81
49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	\$476.47
49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (LESS THAN 37 WEEKS GESTATION AT	\$582.93
49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTO	\$310.63
49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTO	\$444.12
49500	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT	\$266.17
49501	RPR INQNL HERNIA UNDER AGE 5 W/WO HYDRCLMY;BI	\$366.73
49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER	\$320.63
49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATE	\$405.91
49510	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH ORCHIECTOMY, WITH OR WITHOUT IMPLANT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
49515	REPAIR INGUINAL HERNIA, AGE 5 OR OVER; WITH EXCISION OF HYDROCELE OR SPERMATOCELE	\$0.00
49520	REPAIR INGUINAL HERNIA, ANY AGE	\$401.86
49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	\$461.07
49525	REPAIR INGUINAL HERNIA, ANY AGE	\$373.73
49530	REPAIR INGUINAL HERNIA, ANY AGE; INCARCERATED	\$0.00
49535	REPAIR INGUINAL HERNIA, ANY AGE; STRANGULATED	\$0.00
49540	REPAIR LUMBAR HERNIA	\$425.09
49550	REPAIR FEMORAL HERNIA, GROIN INCISION	\$354.10
49552	REPAIR FEMORAL HERNIA, HENRY APPROACH	\$0.00
49553	REPAIR FEMORAL HERNIA;BILATERAL	\$379.37
49555	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	\$397.79
49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	\$454.61
49560	REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE)	\$466.02
49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$539.91
49565	REPAIR VENTRAL (INCISIONAL) HERNIA (SEPARATE PROCEDURE)	\$480.43
49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	\$556.99
49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL HERNIA REPAIR (LIST SEPA	\$213.33
49570	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT	\$264.30
49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	\$316.24
49575	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); COMPLEX	\$0.00
49580	REPAIR UMBILICAL HERNIA	\$209.11
49581	REPAIR UMBILICAL HERNIA; AGE 5 OR OVER	\$0.00
49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	\$310.03
49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	\$285.21
49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	\$319.84
49590	REPAIR SPIGELIAN HERNIA	\$374.50
49600	REPAIR OF OMPHALOCELE	\$473.64
49605	REPAIR OF OMPHALOCELE	\$2,626.52
49606	REPAIR OF OMPHALOCELE	\$816.81
49610	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION)	\$497.88
49611	REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION)	\$498.46

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
49650	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA	\$309.04
49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	\$395.21
49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$437.02
49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNI	\$545.62
49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$501.10
49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN	\$603.11
49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$502.87
49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERT	\$724.40
49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY	\$0.00
49900	SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION	\$520.10
49904	OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL	\$1,046.04
49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS) (LIST SE	\$286.03
49906	FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS	\$0.00
49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	\$695.22
50010	RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES	\$570.01
50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS (SEPARATE PROCEDURE)	\$692.83
50021	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; PERCUTANEOUS	\$177.90
50040	NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE	\$689.23
50045	NEPHROTOMY, WITH EXPLORATION	\$723.63
5005F	PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)	\$0.00
50060	NEPHROLITHOTOMY	\$886.97
50065	NEPHROLITHOTOMY	\$964.97
50070	NEPHROLITHOTOMY	\$938.50
50075	NEPHROLITHOTOMY	\$1,170.63
50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	\$764.15
50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY,	\$1,044.82
50100	TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS	\$796.71
5010F	FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN OR OTHE	\$0.00
50120	PYELOTOMY	\$752.77
50125	PYELOTOMY	\$782.35
50130	PYELOTOMY	\$831.51

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
50135	PYELOTOMY	\$966.53
5015F	DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT WAS	\$0.00
50200	RENAL BIOPSY	\$129.47
50205	RENAL BIOPSY	\$511.48
5020F	TREATMENT SUMMARY REPORT COMMUNICATED TO PHYSICIAN(S) OR OTHER QUALIFIED HEALTH	\$0.00
50220	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$841.70
50225	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$994.91
50230	NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY APPROACH	\$1,243.21
50234	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF	\$1,066.87
50236	NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF	\$1,196.92
50240	NEPHRECTOMY, PARTIAL	\$1,074.81
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAO	\$794.68
50280	EXCISION OR UNROOFING OF CYST(S) OF KIDNEY	\$746.78
50290	EXCISION OF PERINEPHRIC CYST	\$686.47
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL	\$0.00
50320	DONOR NEPHRECTOMY, WITH PREPARATION AND MAINTENANCE OF	\$1,071.86
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO	\$0.00
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR	\$0.00
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$156.77
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$137.27
50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO	\$131.16
50340	RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)	\$702.01
50360	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	\$1,582.57
50365	RENAL HOMOTRANSPLANTATION, IMPLANTATION OF GRAFT	\$1,884.60
50370	REMOVAL OF TRANSPLANTED HOMOGRAFT (EG, INFARCTED OR REJECTED	\$724.90
50380	RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY	\$956.07
50382	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$199.48
50384	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEO	\$181.64
50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STEN	\$131.59
50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETH	\$99.88
50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL STENT (EG	\$72.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURREN	\$39.82
50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE,	\$90.69
50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH	\$75.81
50392	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS	\$146.77
50393	INTRODUCTION OF URETERAL CATHETER OR STENT INTO	\$182.39
50394	INJECTION PROCEDURE FOR PYELOGRAPHY (AS NEPHROSTOGRAM,	\$34.95
50395	INTRODUCTION OF GUIDE INTO RENAL PELVIS AND/OR URETER	\$163.30
50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR	\$77.41
50398	CHANGE OF NEPHROSTOMY OR PYELOSTOMY TUBE	\$55.20
50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL	\$918.87
50405	PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL	\$1,151.74
50500	NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY	\$938.12
5050F	TREATMENT PLAN COMMUNICATED TO PROVIDER(S) MANAGING CONTINUING CARE WITHIN ONE M	\$0.00
50520	CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA	\$817.28
50525	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING	\$1,044.74
50526	CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING	\$1,029.74
50540	SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY	\$934.90
50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	\$650.50
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	\$806.44
50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	\$1,015.39
50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	\$894.84
50545	LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA FASCIA	\$939.60
50546	LAPAROSCOPY, SURGICAL; NEPHRECTOMY	\$830.93
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY FROM LIVING DONOR (EXCLUDING PREPARATIO	\$1,070.27
50548	LAPAROSCOPICALLY ASSISTED NEPHROURETERECTOMY	\$973.94
50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	\$0.00
50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$221.80
50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$225.77
50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$293.87
50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$297.92
50559	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$246.11

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY,	\$336.24
50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT I	\$426.59
50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$339.11
50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$461.96
50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$482.34
50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	\$629.36
50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$510.44
50578	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INS	\$445.49
50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT	\$452.31
50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	\$538.30
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	\$264.93
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	\$252.36
50600	URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)	\$731.97
50605	URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES	\$664.87
5060F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO PRACTICE MANAGING PATIENT'S O	\$0.00
50610	URETEROLITHOTOMY	\$773.06
50620	URETEROLITHOTOMY	\$737.40
5062F	FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO THE PATIENT WITHIN 5 DAYS OF	\$0.00
50630	URETEROLITHOTOMY	\$750.51
50650	URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)	\$828.06
50660	URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL,	\$908.47
50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY	\$33.16
50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL	\$57.27
50688	CHANGE OF URETEROSTOMY TUBE	\$60.73
50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILIAL CONDUIT AND/OR	\$45.97
50700	URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRICTURE)	\$765.29
50715	URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR	\$889.96
50722	URETEROLYSIS FOR OVARIAN VEIN SYNDROME	\$771.44
50725	URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF	\$873.50
50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	\$410.72
50728	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FA	\$591.11

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
50740	URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS	\$883.84
50750	URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX	\$930.60
50760	URETEROURETEROSTOMY	\$887.21
50770	TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO	\$949.89
50780	URETERONEOCYSTOSTOMY, ANASTOMOSIS OF URETER TO BLADDER,	\$889.13
50782	URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER	\$935.10
50783	URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING	\$965.55
50785	URETERONEOCYSTOSTOMY, WITH BLADDER FLAP	\$989.20
50800	URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE	\$792.79
50810	URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER	\$974.91
50815	URETEROCOLON CONDUIT, INCLUDING BOWEL ANASTOMOSIS	\$1,059.57
50820	URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING BOWEL	\$1,110.05
50825	CONTINENT DIVERSION INCL BOWEL ANASTOMOSIS	\$1,518.52
50830	URINARY UNDIVERSION	\$1,458.64
50840	REPLACEMENT OF ALL OR PART OF URETER BY BOWEL SEGMENT, INCLUDING	\$953.06
50845	CUTANEOUS APPENDICO-VESICOSTOMY	\$962.69
50860	URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN	\$743.24
50900	URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)	\$667.14
50920	CLOSURE OF URETEROCUTANEOUS FISTULA	\$686.08
50930	CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)	\$878.92
50940	DELIGATION OF URETER	\$708.45
50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	\$687.48
50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT P	\$1,023.82
50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STEN	\$935.27
50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	\$0.00
50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$221.14
50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$234.04
50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$263.92
50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$266.16
50959	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION,	\$200.94
50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR	\$242.63

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$323.84
50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$253.39
50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$420.98
50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$407.22
50978	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION	\$241.96
50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION,	\$278.03
51000	ASPIRATION OF BLADDER BY NEEDLE	\$33.63
51005	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$42.26
5100F	POTENTIAL RISK FOR FRACTURE COMMUNICATED TO THE REFERRING PHYSICIAN OR OTHER QUA	\$0.00
51010	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$141.75
51020	CYSTOTOMY OR CYSTOSTOMY	\$380.45
51030	CYSTOTOMY OR CYSTOSTOMY	\$345.97
51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	\$293.18
51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE	\$352.97
51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT	\$430.94
51060	TRANSVESICAL URETEROLITHOTOMY	\$498.15
51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR	\$452.68
51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	\$329.90
51100	ASPIRATION OF BLADDER; BY NEEDLE	\$21.13
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	\$27.79
51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	\$136.10
51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL	\$494.78
51520	CYSTOTOMY	\$492.96
51525	CYSTOTOMY	\$684.56
51530	CYSTOTOMY	\$612.79
51535	CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	\$594.46
51550	CYSTECTOMY, PARTIAL	\$746.85
51555	CYSTECTOMY, PARTIAL	\$960.93
51565	CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO	\$1,037.68
51570	CYSTECTOMY, COMPLETE	\$1,121.73
51575	CYSTECTOMY, COMPLETE	\$1,459.21

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
51580	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR	\$1,433.19
51585	CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR	\$1,658.56
51590	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID	\$1,558.35
51595	CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID	\$1,861.32
51596	CYSTECTOMY COMPL W/CONTINENT DIVERSION INCL BOWEL ANASTOMOSI	\$1,963.82
51597	PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR	\$1,863.15
51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	\$32.89
51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR	\$26.01
51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	\$40.43
51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	\$30.96
51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR R	\$19.82
51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	\$21.90
51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANA	\$58.37
51705	CHANGE OF CYSTOSTOMY TUBE	\$49.55
51710	CHANGE OF CYSTOSTOMY TUBE	\$66.41
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URET	\$168.80
51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING	\$68.68
51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	\$178.89
51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$232.33
51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRES	\$152.47
51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$152.44
51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESS	\$163.51
51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL	\$30.09
51739	SOUND RECORDING OF EXTERNAL STREAM (EG, LYONS TYPE, KEITZER TYPE)	\$0.00
51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	\$51.59
51772	URETHRAL PRESSURE PROFILE STUDIES (UPP) (URETHRAL CLOSURE	\$181.65
51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE,	\$138.67
51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL	\$150.11
51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS	\$180.61
51795	VOIDING PRESSURE STUDIES (VP)	\$223.63
51797	VOIDING PRESSURE STUDIES (VP)	\$186.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	\$15.83
51800	CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON	\$825.34
51820	CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL	\$780.81
51840	ANTERIOR VESICourethroPEXY, OR URETHROPEXY	\$551.43
51841	ANTERIOR VESICourethroPEXY, OR URETHROPEXY	\$668.26
51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT	\$546.20
51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE	\$581.94
51865	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE	\$735.21
51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	\$377.65
51900	CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH	\$675.48
51920	CLOSURE OF VESICOUTERINE FISTULA	\$561.93
51925	CLOSURE OF VESICOUTERINE FISTULA	\$744.32
51940	CLOSURE OF BLADDER EXSTROPHY	\$1,282.67
51960	ENTEROCYSTOPLASTY, INCLUDING BOWEL ANASTOMOSIS	\$1,188.89
51980	CUTANEOUS VESICOSTOMY	\$548.63
51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	\$535.99
51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SY	\$582.01
51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	\$0.00
52000	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)	\$77.48
52001	CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF CLOTS	\$178.65
52005	CYSTOURETHROSCOPY,	\$115.52
52007	CYSTOURETHROSCOPY,	\$147.35
5200F	CONSIDERATION OF REFERRAL FOR A NEUROLOGICAL EVALUATION OF APPROPRIATENESS FOR S	\$0.00
52010	CYSTOURETHROSCOPY,	\$115.85
52204	CYSTOURETHROSCOPY, WITH BIOPSY	\$118.32
52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$169.94
52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$152.94
52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$243.61
52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$286.51
52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR	\$507.87
52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE,	\$196.97

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	\$165.11
52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL	\$108.76
52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$170.16
52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY	\$213.08
52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	\$242.69
52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER	\$285.52
52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL	\$112.00
52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	\$288.76
52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	\$148.90
52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL	\$144.23
52287	Examination with injection of chemical for destruction of bladder using an endoscope	\$101.84
52290	CYSTOURETHROSCOPY	\$191.23
52300	CYSTOURETHROSCOPY	\$234.19
52301	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL/BILATERAL WITH RESECTION	\$241.41
52305	CYSTOURETHROSCOPY	\$234.82
52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$143.45
52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS,	\$240.98
52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY	\$326.69
52318	LITHOLAPAXY;CRUSHING OR FRAGMENTATION OF CALCULUS;OVER 2.5CM	\$436.67
52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$237.10
52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$318.07
52327	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTI	\$234.22
52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION)	\$225.34
52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING	\$146.15
52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE	\$215.51
52335	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE	\$272.56
52336	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE	\$355.17
52337	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE	\$410.93
52338	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE	\$342.45
52339	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY (INCLUDES DILATION OF THE	\$391.45
52340	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$434.73

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, L	\$234.26
52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLO	\$253.48
52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION	\$280.74
52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, B	\$415.48
52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION ST	\$319.74
52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG	\$360.04
52347	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$207.06
52351	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	\$303.33
52352	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULA	\$256.17
52353	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETER	\$411.89
52354	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGU	\$273.46
52355	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	\$328.74
52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERI	\$433.03
52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	\$204.53
52450	TRANSURETHRAL INCISION OF PROSTATE	\$387.08
52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	\$455.39
5250F	ASTHMA DISCHARGE PLAN PROVIDED TO PATIENT (ASTHMA)1	\$0.00
52510	TRANSURETHRAL BALLOON DILATION OF THE PROSTATIC URETHRA	\$392.69
52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF	\$659.28
52606	TRANSURETHRAL FULGURATION FOR POSTOPERATIVE BLEEDING OCCURRING AFTER THE USUAL	\$369.48
52612	TRANSURETHRAL RESECTION OF PROSTATE; FIRST STAGE OF TWO-STAGE RESECTION	\$462.59
52614	TRANSURETHRAL RESECTION OF PROSTATE; SECOND STAGE OF TWO-STAGE RESECTION	\$395.59
52620	TRANSURETHRAL RESECTION; OF RESIDUAL OBSTRUCTIVE TISSUE AFTER 90 DAYS	\$358.47
52630	TRANSURETHRAL RESECTION	\$411.76
52640	TRANSURETHRAL RESECTION	\$371.84
52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BL	\$554.10
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE,	\$620.08
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOP	\$541.97
52650	TRANSURETHRAL CRYOSURGICAL REMOVAL OF PROSTATE (POSTOPERATIVE IRRIGATIONS AND AS	\$0.00
52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	\$330.54
53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE)	\$127.75

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE)	\$218.38
53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$72.72
53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE)	\$51.13
53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	\$350.40
53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	\$118.00
53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION	\$368.83
53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION	\$538.45
53200	BIOPSY OF URETHRA	\$104.35
53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY	\$574.43
53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY	\$727.62
53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	\$350.72
53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE)	\$488.48
53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE)	\$458.13
53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	\$324.96
53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	\$297.68
53260	EXCISION OR FULGURATION	\$134.32
53265	EXCISION OR FULGURATION	\$150.80
53270	EXCISION OR FULGURATION	\$127.74
53275	EXCISION OR FULGURATION	\$211.80
53400	URETHROPLASTY	\$591.90
53405	URETHROPLASTY	\$695.66
53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR	\$729.91
53415	URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR	\$877.08
53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC	\$697.18
53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC	\$731.84
53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	\$705.64
53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR	\$776.62
53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR	\$684.87
53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	\$416.54
53443	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/ OR LOWER BLADDER	\$868.46
53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	\$560.48

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT	\$774.74
53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR	\$526.92
53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING	\$633.87
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING	\$938.99
53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE	\$504.80
53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	\$284.54
53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL	\$312.65
53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG, PO	\$534.29
53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	\$377.78
53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$375.47
53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$497.65
53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY	\$630.19
53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE	\$423.26
53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$42.95
53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND	\$35.09
53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF	\$50.34
53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$57.92
53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND	\$48.13
53640	PASSAGE OF FILIFORM AND FOLLOWER FOR ACUTE VESICAL RETENTION, MALE	\$0.00
53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$25.92
53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR	\$25.88
53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION	\$31.54
53670	CATHETERIZATION, URETHRA; SIMPLE	\$18.27
53675	CATHETERIZATION, URETHRA; COMPLICATED (MAY INCLUDE DIFFICULT REMOVAL OF BALLOON	\$56.53
53800	TWO OR THREE GLASS TEST INCLUDING EXAMINATION OF URINE SPECIMEN(S), ANY METHOD	\$0.00
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	\$475.57
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	\$464.57
53853	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY WATER-INDUCED THERMOTHERAPY	\$330.37
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMEN	\$39.80
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PRO	\$144.89
54000	SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$73.34

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
54001	SLITTING OF PREPUCE, DORSAL OR LATERAL, (SEPARATE PROCEDURE)	\$103.30
54015	INCISION AND DRAINAGE OF PENIS, DEEP	\$207.58
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$55.81
54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$58.49
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$57.97
54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$75.55
54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$95.34
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA,	\$117.14
54100	BIOPSY OF PENIS	\$73.71
54105	BIOPSY OF PENIS	\$144.20
54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$496.48
54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$662.61
54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE)	\$774.16
54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE	\$333.96
54120	AMPUTATION OF PENIS	\$499.00
54125	AMPUTATION OF PENIS	\$702.97
54130	AMPUTATION OF PENIS, RADICAL	\$980.12
54135	AMPUTATION OF PENIS, RADICAL	\$1,240.88
54150	CIRCUMCISION, CLAMP PROCEDURE	\$84.95
54152	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; EXCEPT NEWBORN	\$119.74
54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP OR DORSAL	\$122.85
54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP OR DORSAL	\$156.61
54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	\$167.12
54163	REPAIR INCOMPLETE CIRCUMCISION	\$156.28
54164	FRENULOTOMY OF PENIS	\$137.66
54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE	\$50.18
54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE	\$407.32
54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	\$106.48
54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	\$66.90
54231	DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS	\$92.12
54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE,	\$43.05

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
54240	PENILE PLETHYSMOGRAPHY	\$69.80
54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	\$92.74
54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG,	\$533.72
54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR	\$634.82
54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$562.00
54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$685.61
54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING	\$844.70
54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE	\$579.02
54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$622.54
54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$806.50
54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$775.50
54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT	\$769.44
54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR	\$850.74
54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE	\$1,078.15
54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$468.25
54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$879.70
54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE,	\$843.44
54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION	\$1,162.81
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	\$574.41
54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$677.75
54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$781.26
54390	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL	\$1,045.09
54400	INSERTION OF PENILE PROSTHESIS	\$508.38
54401	INSERTION OF PENILE PROSTHESIS INFLATABLE SELF CONTAINED	\$578.64
54402	REMOVAL OR REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$448.93
54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS,	\$741.57
54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WIT	\$510.22
54407	REMOVAL, REPAIR, OR REPLACEMENT OF INFLATABLE (MULTI-COMPONENT) PENILE	\$673.77
54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS	\$537.95
54409	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE (MULTI-COMPONENT)	\$597.05
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE	\$635.77

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE	\$696.23
54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PRO	\$381.77
54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE	\$497.72
54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTA	\$611.83
54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION),	\$577.71
54430	CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT	\$513.53
54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY	\$324.87
54440	PLASTIC OPERATION OF PENIS FOR INJURY	\$0.00
54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL	\$48.69
54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	\$50.82
54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	\$165.54
54510	EXCISION OF LOCAL LESION OF TESTIS	\$254.53
54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	\$387.17
54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT	\$287.86
54522	ORCHIECTOMY, PARTIAL	\$440.50
54530	ORCHIECTOMY, RADICAL, FOR TUMOR	\$439.28
54535	ORCHIECTOMY, RADICAL, FOR TUMOR	\$589.28
54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	\$375.87
54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	\$537.78
54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT	\$335.07
54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	\$238.81
54640	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	\$384.52
54645	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR SECOND STAGE (TOREK TYPE)	\$0.00
54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	\$550.67
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	\$257.75
54670	SUTURE OR REPAIR OF TESTICULAR INJURY	\$310.18
54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL	\$604.86
54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$527.44
54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	\$534.14
54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	\$0.00
54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL	\$160.02

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
54800	BIOPSY OF EPIDIDYMIS, NEEDLE	\$111.29
54820	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$241.27
54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	\$262.74
54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	\$278.70
54860	EPIDIDYMECTOMY	\$323.78
54861	EPIDIDYMECTOMY	\$446.88
54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	\$0.00
54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS	\$617.88
54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS	\$855.31
55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS,	\$51.36
55040	EXCISION OF HYDROCELE	\$282.98
55041	EXCISION OF HYDROCELE	\$408.63
55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	\$275.85
55100	DRAINAGE OF SCROTAL WALL ABSCESS	\$121.99
55110	SCROTAL EXPLORATION	\$270.10
55120	REMOVAL OF FOREIGN BODY IN SCROTUM	\$221.61
55150	RESECTION OF SCROTUM	\$360.26
55175	SCROTOPLASTY	\$274.46
55180	SCROTOPLASTY	\$507.84
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS,	\$197.24
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE),	\$157.08
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGrams, OR	\$162.93
55400	VASOVASOSTOMY, VASOVASORRHAPHY	\$422.94
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR	\$195.72
55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL	\$285.75
55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	\$283.07
55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$301.10
55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$317.31
55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR	\$363.61
55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$309.78
55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
55600	VESICULOTOMY	\$311.00
55605	VESICULOTOMY	\$389.66
55650	VESICULECTOMY, ANY APPROACH	\$542.61
55680	EXCISION OF MULLERIAN DUCT CYST	\$274.76
55700	BIOPSY, PROSTATE	\$64.46
55705	BIOPSY, PROSTATE	\$236.92
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATI	\$248.99
55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY	\$353.65
55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY	\$429.18
55740	PROSTATOLITHOTOMY, REMOVAL OF PROSTATIC CALCULUS (SEPARATE PROCEDURE)	\$0.00
55801	PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF	\$849.68
55810	PROSTATECTOMY, PERINEAL RADICAL	\$1,094.74
55812	PROSTATECTOMY, PERINEAL RADICAL	\$1,265.80
55815	PROSTATECTOMY, PERINEAL RADICAL	\$1,490.46
55821	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$742.76
55831	PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,	\$805.70
55840	PROSTATECTOMY, RETROPUBIC RADICAL	\$1,089.53
55842	PROSTATECTOMY, RETROPUBIC RADICAL	\$1,189.66
55845	PROSTATECTOMY, RETROPUBIC RADICAL	\$1,425.77
55859	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL	\$555.07
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$642.41
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$860.85
55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF	\$1,219.77
55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	\$1,192.98
55870	ELECTROEJACULATION	\$115.99
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTI	\$840.10
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL R	\$526.09
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL	\$77.85
55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	\$245.62
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/ OR GENITALIA (EXCEPT P	\$231.25
56000	INCISION AND DRAINAGE OF PERINEAL ABSCESS (NONOBSTETRICAL)	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
56100	BIOPSY OF PERINEUM (SEPARATE PROCEDURE)	\$0.00
56200	PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)	\$0.00
56300	LAPAROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$252.03
56301	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION	\$271.66
56302	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$281.02
56303	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PEL	\$498.23
56304	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$486.29
56305	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$270.35
56306	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)	\$278.98
56307	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPH	\$500.08
56308	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE	\$645.24
56309	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)	\$568.81
56310	LAPAROSCOPY, SURGICAL; ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PR	\$642.96
56311	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE	\$427.71
56312	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	\$564.62
56313	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORT	\$658.12
56314	LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY	\$443.51
56315	LAPAROSCOPY, SURGICAL; APPENDECTOMY	\$385.86
56316	LAPAROSCOPY, SURGICAL; REPAIR OF INITIAL INGUINAL HERNIA	\$294.69
56317	LAPAROSCOPY, SURGICAL; REPAIR OF RECURRENT INGUINAL HERNIA	\$375.82
56318	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	\$494.37
56320	LAPAROSCOPY, SURGICAL; WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	\$297.30
56321	LAPAROSCOPY, SURGICAL; WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	\$0.00
56322	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	\$439.64
56323	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIV	\$525.34
56324	LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY	\$593.75
56340	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$521.52
56341	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	\$558.68
56342	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	\$653.59
56343	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	\$561.55
56344	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	\$531.13

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
56345	LAPAROSCOPY, SURGICAL; SPLENECTOMY	\$0.00
56346	LAPAROSCOPY, SURGICAL; GASTROSTOMY, TEMPORARY (TUBE OR RUBBER OR PLASTIC) (SEPAR	\$373.54
56347	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)	\$0.00
56348	LAPAROSCOPY, SURGICAL; INTESTINAL RESECTION, WITH ANASTOMOSIS (INTRA OR EXTRACOR	\$992.01
56349	LAPAROSCOPY, SURGICAL; ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, BELSEY IV, HILL,	\$802.34
56350	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$147.85
56351	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	\$196.39
56352	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$275.19
56353	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY M	\$303.52
56354	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$425.72
56355	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$212.05
56356	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	\$285.80
56360	PERITONEOSCOPY; WITHOUT BIOPSY	\$0.00
56361	PERITONEOSCOPY; WITH BIOPSY	\$0.00
56362	LAPAROSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITHOUT BIOPSY	\$216.88
56363	PERITONEOSCOPY WITH GUIDED TRANSHEPATIC CHOLANGIOGRAPHY; WITH BIOPSY	\$246.02
56399	UNLISTED PROCEDURE, LAPAROSCOPY, HYSTEROSCOPY	\$0.00
56400	INCISION AND DRAINAGE OF VULVA	\$0.00
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	\$66.23
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS, UNILATERAL	\$63.97
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	\$157.90
56441	LYSIS OF LABIAL ADHESIONS	\$112.80
56442	HYMENOTOMY, SIMPLE INCISION	\$32.99
56501	DESTRUCTION OF LESION(S), VULVA	\$69.56
56515	DESTRUCTION OF LESION(S), VULVA	\$116.35
56600	BIOPSY OF VULVA (SEPARATE PROCEDURE)	\$0.00
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	\$43.68
56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESIO	\$21.72
56620	VULVECTOMY	\$390.56
56625	VULVECTOMY	\$476.04
56630	VULVECTOMY, RADICAL	\$686.25

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
56631	VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$905.72
56632	VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$1,051.68
56633	VULVECTOMY, RADICAL, COMPLETE;	\$868.98
56634	VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$994.04
56635	VULVECTOMY, RADICAL; WITH INGUINFEMORAL LYMPHADENECTOMY	\$0.00
56637	VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINFEMORAL LYMPHADENECTOMY	\$1,162.83
56640	VULVECTOMY, RADICAL, WITH INGUINFEMORAL, ILIAC,	\$1,141.58
56700	HYMENECTOMY, PARTIAL EXCISION OF HYMEN	\$147.23
56720	HYMENOTOMY, SIMPLE INCISION	\$44.04
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	\$207.14
56800	PLASTIC REPAIR OF INTROITUS	\$199.14
56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	\$857.66
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	\$201.84
56820	COLPOSCOPY OF THE VULVA;	\$61.17
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY (S)	\$84.39
57000	COLPOTOMY	\$152.28
57010	COLPOTOMY	\$272.07
57020	COLPOCENTESIS (SEPARATE PROCEDURE)	\$61.88
57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	\$134.43
57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPO	\$216.83
57061	DESTRUCTION OF VAGINAL LESION(S)	\$60.98
57065	DESTRUCTION OF VAGINAL LESION(S)	\$155.10
57100	BIOPSY OF VAGINAL MUCOSA	\$42.10
57105	BIOPSY OF VAGINAL MUCOSA	\$84.28
57106	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;	\$264.24
57107	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	\$916.70
57108	COLPECTOMY, OBLITERATION OF VAGINA; PARTIAL	\$0.00
57109	VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	\$1,123.86
57110	COLPECTOMY, OBLITERATION OF VAGINA	\$643.00
57111	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSU	\$1,126.59
57112	VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSU	\$1,198.76

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
57120	COLPOCLEISIS (LE FORT TYPE)	\$394.59
57130	EXCISION OF VAGINAL SEPTUM	\$143.24
57135	EXCISION OF VAGINAL CYST OR TUMOR	\$140.46
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT	\$20.46
57155	INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY	\$284.13
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERA	\$64.54
57160	INSERTION OF PESSARY	\$32.66
57170	DIAPHRAGM FITTING WITH INSTRUCTIONS	\$33.81
57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS	\$71.39
57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	\$200.96
57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR	\$252.42
57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH	\$245.25
57230	PLASTIC REPAIR OF URETHROCELE (SEPARATE PROCEDURE)	\$283.50
57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT	\$347.59
57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE	\$314.47
57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	\$452.04
57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY	\$578.51
57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH	\$207.36
57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	\$372.74
57270	REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE	\$550.07
57280	COLPOPEXY, ABDOMINAL APPROACH	\$678.90
57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	\$473.24
57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	\$498.64
57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTI	\$606.07
57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL	\$336.59
57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	\$513.22
57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR	\$647.08
57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	\$561.60
57291	CONSTRUCTION OF ARTIFICIAL VAGINA	\$398.46
57292	CONSTRUCTION OF ARTIFICIAL VAGINA	\$585.17
57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	\$332.96

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
57296	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROAC	\$628.96
57300	CLOSURE OF RECTOVAGINAL FISTULA	\$421.21
57305	CLOSURE OF RECTOVAGINAL FISTULA	\$629.87
57307	CLOSURE OF RECTOVAGINAL FISTULA	\$680.95
57308	CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECO	\$491.46
57310	CLOSURE OF URETHROVAGINAL FISTULA	\$331.08
57311	CLOSURE OF URETHROVAGINAL FISTULA	\$392.72
57320	CLOSURE OF VESICOVAGINAL FISTULA	\$449.04
57330	CLOSURE OF VESICOVAGINAL FISTULA	\$584.35
57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	\$780.14
57400	DILATION OF VAGINA UNDER ANESTHESIA	\$88.07
57410	PELVIC EXAMINATION UNDER ANESTHESIA	\$70.32
57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	\$97.29
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	\$65.00
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	\$90.14
57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROS	\$464.05
57425	LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)	\$663.24
57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	\$413.30
57450	CULDOSCOPY, DIAGNOSTIC;	\$0.00
57451	CULDOSCOPY, DIAGNOSTIC; WITH BIOPSY AND/OR LYSIS OF ADHESIONS OR TUBAL STERILIZA	\$0.00
57452	COLPOSCOPY (VAGINOSCOPY)	\$56.75
57454	COLPOSCOPY (VAGINOSCOPY)	\$87.39
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	\$81.91
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURE	\$76.73
57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (L	\$114.04
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CO	\$141.67
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION,	\$40.27
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION	\$56.39
57510	CAUTERIZATION OF CERVIX	\$80.95
57511	CAUTERIZATION OF CERVIX	\$82.21
57513	CAUTERIZATION OF CERVIX	\$111.82

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
57520	BIOPSY OF CERVIX, CIRCUMFERENTIAL (CONE), WITH OR WITHOUT	\$213.26
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	\$190.06
57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX	\$248.22
57531	RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORT	\$1,293.39
57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH	\$554.03
57545	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH	\$543.41
57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$314.73
57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$500.69
57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH	\$464.27
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	\$77.77
57700	CERCLAGE OF UTERINE CERVIX (TRACHELOPLASTY)	\$178.52
57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL	\$210.64
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE	\$31.10
57820	DILATION AND CURETTAGE OF CERVICAL STUMP	\$112.36
58100	ENDOMETRIAL BIOPSY, SUCTION TYPE (SEPARATE PROCEDURE)	\$56.43
58102	OFFICE ENDOMETRIAL CURETTAGE	\$0.00
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEP	\$30.14
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC	\$173.40
58140	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS,	\$663.23
58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS,	\$436.81
58146	MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS	\$806.36
58150	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	\$837.47
58152	TOTAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL	\$764.59
58180	SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR	\$710.45
58200	TOTAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH LIMITED	\$991.85
58210	RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC AND LIMITED	\$1,320.62
58240	PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH	\$1,849.01
58260	VAGINAL HYSTERECTOMY	\$591.29
58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	\$652.63
58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF E	\$712.17
58267	VAGINAL HYSTERECTOMY	\$722.94

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
58270	VAGINAL HYSTERECTOMY	\$650.62
58275	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY	\$714.50
58280	VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL COLPECTOMY	\$720.14
58285	VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)	\$864.51
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	\$807.83
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S)	\$888.17
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S)	\$940.29
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTO	\$977.19
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENTEROCE	\$866.46
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	\$51.59
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	\$47.15
58310	ARTIFICIAL INSEMINATION;	\$0.00
58311	ARTIFICIAL INSEMINATION; WITH SPERM WASHING AND CAPACITATION	\$0.00
58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	\$43.74
58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	\$49.67
58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	\$10.61
58340	INJECTION PROCEDURE FOR HYSTEOSALPINGOGRAPHY	\$38.69
58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ES	\$213.03
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY	\$302.67
58350	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	\$56.65
58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEOSCOPIC GUIDANCE	\$167.34
58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL	\$272.46
58400	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND	\$334.02
58410	UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND	\$551.60
58520	HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)	\$503.86
58540	HYSTEROPLASTY, REPAIR OF UTERINE ANOMALY (STRASSMAN TYPE)	\$610.80
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$565.62
58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WIT	\$625.98
58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$636.34
58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	\$688.37
58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL	\$648.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR	\$818.05
58548	LAPAROSCOPY, SURGICAL, WITH RADICAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LY	\$1,203.89
58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY WITH OR WITHOUT REMOVAL OF TUBE	\$659.77
58551	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA (SINGLE OR MULTIPLE)	\$582.41
58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; W	\$631.57
58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GR	\$813.79
58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GR	\$806.59
58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$147.79
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY	\$215.73
58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	\$275.75
58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY M	\$304.09
58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	\$426.54
58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	\$212.31
58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	\$285.73
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	\$336.69
58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;	\$460.67
58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH R	\$504.43
58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;	\$570.28
58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; W	\$643.31
58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	\$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	\$0.00
58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	\$224.12
58605	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL	\$203.59
58611	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN	\$29.69
58615	OCCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALLOPE RING)	\$205.58
58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) (SEP	\$500.64
58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPH	\$510.94
58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PEL	\$508.46
58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION	\$288.81
58671	LAPAROSCOPY, SURGICAL; WITH OCCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$298.17
58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	\$548.34

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	\$583.63
58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	\$0.00
58700	SALPINGECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR BILATERAL	\$453.95
58720	SALPINGO-OOPHORECTOMY, COMPLETE OR PARTIAL, UNILATERAL OR	\$537.32
58740	LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)	\$531.20
58750	TUBOTUBAL ANASTOMOSIS	\$636.11
58752	TUBOUTERINE IMPLANTATION	\$638.01
58760	FIMBRIOPLASTY	\$555.89
58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	\$592.06
58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE	\$221.06
58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE	\$329.00
58820	DRAINAGE OF OVARIAN ABSCESS	\$209.31
58822	DRAINAGE OF OVARIAN ABSCESS	\$426.98
58823	DRAINAGE OF PELVIC ABSCESS, TRANSVAGINAL OR TRANSRECTAL APPROACH, PERCUTANEOUS (	\$179.53
58825	TRANSPOSITION OVARY(S)	\$421.25
58900	BIOPSY OF OVARY, UNILATERAL OR	\$314.19
58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR	\$426.37
58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	\$521.74
58940	OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL	\$379.92
58943	OOPHORECTOMY PARTIAL OR TOTAL UNILAT OR BILAT OVARIAN MALIGN	\$870.14
58950	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL	\$747.59
58951	RESECTION OF OVARIAN MALIGNANCY W/BILAT SALPINGO-OOPHORECTOM	\$1,090.58
58952	RESECTION OF OVARIAN MALIGNANCY WITH BILATERAL	\$1,196.09
58953	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	\$1,357.80
58954	BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY A	\$1,475.09
58956	BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL	\$968.79
58957	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTE	\$970.86
58958	RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTE	\$1,073.86
58960	LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN MALIGNANCY	\$753.90
58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL ANY METHOD	\$163.09
58972	CULTURE AND FERTILIZATION OF OOCYTE(S)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
58974	EMBRYO TRANSFER, INTRAUTERINE	\$0.00
58976	GAMETE INTRAFALLOPIAN TRANSFER ANY METHOD	\$177.29
58980	LAPAROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)	\$0.00
58982	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION	\$600.00
58983	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG, BAND, CLIP, OR	\$0.00
58984	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PEL	\$0.00
58985	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS	\$0.00
58986	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)	\$0.00
58987	LAPAROSCOPY, SURGICAL; WITH ASPIRATION (SINGLE OR MULTIPLE)	\$0.00
58988	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPH	\$0.00
58990	HYSTEROSCOPY; DIAGNOSTIC	\$0.00
58992	HYSTEROSCOPY; WITH LYSIS OF INTRAUTERINE ADHESIONS OR RESECTION OF INTRAUTERINE	\$0.00
58994	HYSTEROSCOPY; WITH REMOVAL OF SUBMUCOUS LEIOMYOMATA (ANY METHOD)	\$0.00
58996	HYSTEROSCOPY; WITH ENDOMETRIAL ABLATION (ANY METHOD)	\$0.00
58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	\$375.03
59000	AMNIOCENTESIS FOR DIAGNOSIS, ABDOMINAL APPROACH	\$60.73
59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANC	\$123.09
59012	CORDOCENTESIS INTRAUTERINE ANY METHOD	\$163.11
59015	CHORIONIC VILLUS SAMPLING	\$95.59
59020	FETAL OXYTOCIN STRESS TEST	\$53.69
59025	FETAL NON-STRESS TEST	\$32.85
59030	FETAL SCALP BLOOD SAMPLING	\$94.55
59031	FETAL SCALP BLOOD SAMPLING	\$0.00
59050	INITIATION AND/OR SUPERVISION OF INTERNAL FETAL	\$44.20
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICI	\$39.07
59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	\$301.72
59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	\$351.19
59074	FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS), INCLUD	\$286.32
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	\$287.42
59100	HYSTEROTOMY, ABDOMINAL, FOR REMOVAL OF HYDATIDIFORM MOLE	\$511.91
59120	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$546.28

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
59121	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$511.29
59125	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$0.00
59126	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$0.00
59130	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$619.91
59135	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$673.89
59136	SURG TX ECTPC PREG INTERSTITIAL IUP PARTIAL RESECT	\$587.66
59140	SURGICAL TREATMENT OF ECTOPIC PREGNANCY	\$289.90
59150	LAPAROSCOP TRMT ECTP PREG W/O SALPINGEST OOPHOREC	\$468.62
59151	LAPAROSCOP TRMT ECTP PREG W SALPINGEST OOPHORECT	\$465.12
59160	DILATION AND CURETTAGE FOR POSTPARTUM HEMORRHAGE (SEPARATE	\$158.35
59200	INSERTION OF HYGROSCOPIC CERVICAL DILATOR (EG, LAMINARIA)	\$29.09
59300	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING	\$90.70
59320	CERCLAGE OF CERVIX DURING PREGNANCY VAGINAL	\$120.55
59325	CERCLAGE OF CERVIX DURING PREGNANCY ABDOMINAL	\$193.77
59350	HYSTERORRHAPHY OF RUPTURED UTERUS	\$228.36
59400	TOTAL OBSTETRIC CARE (ALL-INCLUSIVE, "GLOBAL" CARE)	\$1,113.88
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	\$620.40
59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY, FORCEPS OR BREECH	\$684.96
59412	EXT CEPHALIC VERSION W OR W/O TOCOLYSIS IN ADD TO DELIVERY	\$86.93
59414	DELIVERY OF PLACENTA FOLLOWING DELIVERY OUTSIDE HOSP	\$82.49
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	\$256.60
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	\$397.16
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	\$84.38
59510	C.SECTION;ALL CARE & DELIVERY	\$1,500.00
59514	CAESAREAN DELIVERY ONLY;	\$930.03
59515	CESAREAN DELIVERY ONLY INCL POSTPARTUM CARE	\$1,000.00
59525	SUBTOTAL OR TOTAL HYSTERECTOMY POST CESAREAN DEL	\$355.67
59540	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	\$0.00
59541	CESAREAN SECTION, EXTRAPERITONEAL, INCLUDING IN-HOSPITAL	\$0.00
59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITH	\$1,093.81
59612	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOT	\$673.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOT	\$732.38
59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPAR	\$1,233.70
59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESA	\$784.68
59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESA	\$847.42
59812	SPONTANEOUS ABORTION ANY TRI COMPLETED SURGICALLY	\$187.22
59820	TREATMENT OF MISSED ABORTION, ANY TRIMESTER, COMPLETED MEDICALLY	\$216.21
59821	MISSED ABORTION SECOND TRIMESTER COMP SURG	\$214.16
59830	TREATMENT OF SEPTIC ABORTION	\$305.79
59840	LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$172.92
59841	LEGAL (THERAPEUTIC) ABORTION, BY DILATION	\$263.62
59850	LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$273.77
59851	LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$284.59
59852	LEGAL (THERAPEUTIC) ABORTION, BY ONE OR MORE INTRA-AMNIOTIC	\$393.30
59855	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$292.02
59856	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$352.77
59857	INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH	\$434.41
59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	\$185.70
59870	UTERINE EVACUATION & CURETTAGE FOR HYDATIDIFORM MOLE	\$276.37
59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	\$102.03
59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED	\$0.00
59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	\$0.00
60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	\$86.15
60001	ASPIRATION AND/OR INJECTION, THYROID CYST	\$50.36
6005F	RATIONALE (EG, SEVERITY OF ILLNESS AND SAFETY) FOR LEVEL OF CARE (EG, HOME, HOSP	\$0.00
60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	\$50.86
6010F	DYSPHAGIA SCREENING CONDUCTED PRIOR TO ORDER FOR OR RECEIPT OF ANY FOODS, FLUIDS	\$0.00
6015F	PATIENT RECEIVING OR ELIGIBLE TO RECEIVE FOODS, FLUIDS OR MEDICATION BY MOUTH (S	\$0.00
60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION	\$475.53
6020F	NPO (NOTHING BY MOUTH) ORDERED (STR)5	\$0.00
60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	\$558.64
60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, IN	\$742.08

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
60220	TOTAL THYROID LOBECTOMY, UNILATERAL	\$545.93
60225	TOTAL THYROID LOBECTOMY, UNILATERAL	\$707.59
60240	THYROIDECTOMY,	\$782.77
60245	THYROIDECTOMY, SUBTOTAL OR PARTIAL;	\$0.00
60246	THYROIDECTOMY, SUBTOTAL OR PARTIAL; WITH REMOVAL OF SUBSTERNAL THYROID GLAND, CE	\$0.00
60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY	\$912.70
60254	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY	\$1,225.94
60260	THYROIDECTOMY, SECONDARY	\$652.67
60270	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND, STERNAL	\$941.96
60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	\$776.92
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS	\$361.02
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS	\$428.90
60300	ASPIRATION AND/OR INJECTION, THYROID CYST	\$25.85
6030F	ALL ELEMENTS OF MAXIMAL STERILE BARRIER TECHNIQUE FOLLOWED INCLUDING: CAP AND MA	\$0.00
6040F	USE OF APPROPRIATE RADIATION DOSE REDUCTION DEVICES OR MANUAL TECHNIQUES FOR APP	\$0.00
6045F	RADIATION EXPOSURE OR EXPOSURE TIME IN FINAL REPORT FOR PROCEDURE USING FLUOROSC	\$0.00
60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$784.83
60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$934.53
60505	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S)	\$1,037.98
60512	PARATHYROID AUTOTRANSPLANTATION	\$195.50
60520	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	\$902.32
60521	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT R	\$1,020.68
60522	THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADI	\$1,160.17
60540	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$810.40
60545	ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL	\$959.47
60600	EXCISION OF CAROTID BODY TUMOR	\$947.39
60605	EXCISION OF CAROTID BODY TUMOR	\$1,041.27
60650	LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION O	\$807.07
60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	\$0.00
6070F	PATIENT QUERIED AND COUNSELED ABOUT ANTI-EPILEPTIC DRUG (AED) SIDE EFFECTS (EPI)	\$0.00
6080F	PATIENT (OR CAREGIVER) QUERIED ABOUT FALLS (PRKNS)8	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
6090F	PATIENT (OR CAREGIVER) COUNSELED ABOUT SAFETY ISSUES APPROPRIATE TO PATIENT'S ST	\$0.00
61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT,	\$87.25
61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT,	\$81.76
6100F	TIMEOUT TO VERIFY CORRECT PATIENT, CORRECT SITE, AND CORRECT PROCEDURE, DOCUMENT	\$0.00
6101F	SAFETY COUNSELING FOR DEMENTIA PROVIDED (DEM)1	\$0.00
61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	\$97.60
61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE,	\$111.31
6102F	SAFETY COUNSELING FOR DEMENTIA ORDERED (DEM)1	\$0.00
61050	CISTERNAL OR LATERAL CERVICAL PUNCTURE	\$81.80
61055	CISTERNAL OR LATERAL CERVICAL PUNCTURE	\$108.48
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION	\$78.40
61105	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$312.39
61106	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE; FOLLOWED BY OTHER SURGERY	\$0.00
61107	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$296.10
61108	TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE	\$617.54
6110F	COUNSELING PROVIDED REGARDING RISKS OF DRIVING AND THE ALTERNATIVES TO DRIVING (	\$0.00
61120	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING	\$466.09
61130	BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDI	\$0.00
61140	BURR HOLE(S) OR TREPHINE	\$888.21
61150	BURR HOLE(S) OR TREPHINE	\$958.79
61151	BURR HOLE(S) OR TREPHINE	\$554.54
61154	BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA,	\$896.50
61156	BURR HOLE(S)	\$944.90
61210	BURR HOLE(S)	\$338.18
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR	\$308.16
61250	BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY,	\$566.02
61253	BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL	\$663.72
61304	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY	\$1,288.38
61305	CRANIECTOMY OR CRANIOTOMY, EXPLORATORY	\$1,554.65
61312	CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA,	\$1,401.33
61313	CRANIECTOMY OR CRANIOTOMY EVACUATION OF HEMATOMA SUPRATENTOR	\$1,413.68

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
61314	CRANIECTOMY OR OTOMY FOR EVACUATION HEMATOMA INFRATENTORIAL	\$1,412.58
61315	CRANIECTOMY OR OTOMY EVACUATION HEMATOMA INFRATENTORIAL	\$1,528.49
61316	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN AD	\$63.17
61320	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	\$1,346.46
61321	CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL	\$1,466.71
61322	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATM	\$1,302.42
61323	CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATM	\$1,347.98
61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL	\$1,166.58
61332	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$1,476.34
61333	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$1,426.23
61334	EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH)	\$977.09
61340	OTHER CRANIAL DECOMPRESSION (EG, SUBTEMPORAL),	\$1,010.43
61343	CRANIECTOMY SUBOCCIPITAL W/CERVICAL LAMINECTOMY DECOMPRESSIO	\$1,714.04
61345	OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA	\$1,436.19
61440	CRANIOTOMY FOR SECTION OF TENTORIUM CEREBELLI (SEPARATE PROCEDURE)	\$1,348.01
61450	CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR	\$1,382.39
61458	CRANIECTOMY, SUBOCCIPITAL	\$1,559.62
61460	CRANIECTOMY, SUBOCCIPITAL	\$1,552.59
61470	CRANIECTOMY, SUBOCCIPITAL	\$1,251.57
61480	CRANIECTOMY, SUBOCCIPITAL	\$1,312.16
61490	CRANIOTOMY FOR LOBOTOMY, INCLUDING CINGULOTOMY	\$1,224.24
61500	CRANIECTOMY	\$1,053.77
61501	CRANIECTOMY	\$871.64
6150F	PATIENT NOT RECEIVING A FIRST COURSE OF ANTI-TNF (TUMOR NECROSIS FACTOR) THERAPY	\$0.00
61510	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,603.92
61512	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,900.49
61514	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,450.68
61516	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,447.85
61517	IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDIT	\$54.88
61518	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,016.50
61519	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,195.03

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
61520	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,756.59
61521	CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR	\$2,333.05
61522	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA	\$1,532.92
61524	CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA	\$1,592.78
61526	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID)	\$2,593.02
61530	CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID)	\$2,308.04
61531	SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE H	\$863.69
61533	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,093.90
61534	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$962.32
61535	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$609.65
61536	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,812.38
61537	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT EL	\$1,250.16
61538	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,585.42
61539	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,690.60
61540	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE,	\$1,508.86
61541	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,501.39
61542	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,606.25
61543	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,462.13
61544	CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY	\$1,461.91
61545	CRANIECTOMY TREPHINATION BONE FLAP CRANIECTOMY EXCISION OF	\$2,198.30
61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY	\$1,722.43
61548	HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANSNASAL OR	\$1,265.82
61550	CRANIECTOMY FOR CRANIOSTENOSIS	\$733.77
61552	CRANIECTOMY FOR CRANIOSTENOSIS	\$932.30
61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP	\$1,118.05
61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP	\$1,146.79
61558	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLE	\$1,321.95
61559	EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLE	\$1,713.64
61563	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	\$1,383.83
61564	EXCISION, INTRA- AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYS	\$1,645.74
61566	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY	\$1,500.94

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
61567	CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH	\$1,721.93
61570	CRANIECTOMY OR CRANIOTOMY	\$1,252.79
61571	CRANIECTOMY OR CRANIOTOMY	\$1,359.27
61575	TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL	\$1,921.86
61576	TRANSORAL APPROACH TO SKULL BASE BRAIN STEM OR UPPER SPINAL	\$2,529.28
61580	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	\$1,523.03
61581	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL R	\$1,711.58
61582	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERA	\$1,624.98
61583	CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERA	\$1,888.31
61584	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	\$1,797.65
61585	ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORB	\$1,996.07
61586	BICORONAL, TRANSZYGOMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL	\$1,344.89
61590	INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPA	\$2,105.65
61591	INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY	\$2,227.64
61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CA	\$2,062.58
61595	TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$1,503.46
61596	TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SK	\$1,805.30
61597	TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN	\$1,939.46
61598	TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INC	\$1,714.92
61600	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	\$1,302.50
61601	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF AN	\$1,448.08
61605	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	\$1,470.31
61606	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPO	\$2,020.58
61607	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	\$1,881.84
61608	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR	\$2,196.32
61609	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITHOUT REPAIR	\$505.41
61610	TRANSECTION OR LIGATION, CAROTID ARTERY IN CAVERNOUS SINUS; WITH REPAIR BY ANAST	\$1,495.50
61611	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR	\$368.91
61612	TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITH REPAIR BY ANASTOM	\$1,411.33
61613	OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNO	\$2,143.09
61615	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	\$1,642.86

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
61616	RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF PO	\$2,250.28
61618	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOS	\$884.60
61619	SECONDARY REPAIR OF DURA FOR CSF LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOS	\$1,070.72
61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/IN	\$399.97
61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$909.31
61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE H	\$743.41
61630	BALLOON ANGIOPLASTY, INTRACRANIAL (EG, ATHEROSCLEROTIC STENOSIS), PERCUTANEOUS	\$0.00
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG, ATHEROSCLER	\$0.00
61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL	\$0.00
61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESS	\$0.00
61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESS	\$0.00
61680	SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORI	\$1,769.67
61682	SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION SUPRATENTORI	\$3,049.05
61684	SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORI	\$2,125.53
61686	SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION INFRATENTORI	\$3,193.88
61690	SURGERY INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL SIMPLE	\$1,635.70
61692	SURG INTRACRANIAL ARTERIOVENOUS MALFORMATION DURAL CMLPX	\$2,532.51
61697	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULA	\$2,369.46
61698	SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR	\$2,275.15
61700	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL	\$2,555.11
61702	SURGERY OF INTRACRANIAL ANEURYSM, INTRACRANIAL	\$2,554.42
61703	SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH	\$918.22
61705	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,940.02
61708	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,617.98
61710	SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR	\$1,342.23
61711	ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL	\$2,012.93
61712	MICRODISSECTION, INTRACRANIAL OR SPINAL PROCEDURE (LIST SEPARATELY IN ADDITION T	\$0.00
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S)	\$1,002.65
61735	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S)	\$1,055.48
61750	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING	\$967.78
61751	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING	\$1,046.69

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
61760	STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG TERM SE	\$1,049.67
61770	STEREOTACTIC LOCALIZATION ANY METHOD INCL BURR HOLES W/INSER	\$1,195.73
61780	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); FOR INTRODUCTION	\$0.00
61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LI	\$145.92
61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LI	\$0.00
61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY	\$145.92
61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	\$611.03
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY	\$765.42
61793	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY OR LINEAR ACCELERATOR), ONE	\$1,025.81
61795	STEREOTACTIC COMPUTER ASSIST VOLUMETRIC INTRACRANIAL PROCEDU	\$234.94
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 S	\$443.59
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$119.33
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 C	\$443.59
61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$164.96
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY (LIST SEPARA	\$84.78
61850	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF	\$699.38
61855	TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBC	\$675.09
61860	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF	\$997.32
61862	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY FOR STEREOTACTIC	\$981.50
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$893.47
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$258.87
61865	CRANIECTOMY OR CRANIOTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBR	\$1,126.99
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$1,363.66
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATIO	\$380.73
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$676.02
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$722.72
61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	\$358.15
61885	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$336.51
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR O	\$432.93
61888	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR RECEIVER	\$257.28
62000	ELEVATION OF DEPRESSED SKULL FRACTURE	\$534.41

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
62005	ELEVATION OF DEPRESSED SKULL FRACTURE	\$814.15
62010	ELEVATION OF DEPRESSED SKULL FRACTURE	\$1,124.32
62100	CRANIOTOMY FOR REPAIR OF DURAL/CSF LEAK, INCLUDING SURGERY FOR	\$1,260.09
62115	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE	\$1,071.55
62116	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); WITH CRANIOPLASTY	\$1,224.54
62117	REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTO	\$1,404.89
62120	REPAIR OF ENCEPHALOCELE, INCLUDING CRANIOPLASTY	\$1,210.60
62121	CRANIOTOMY WITH REPAIR OF ENCEPHALOCELE, SKULL BASE	\$1,164.92
62140	CRANIOPLASTY FOR SKULL DEFECT	\$783.76
62141	CRANIOPLASTY FOR SKULL DEFECT	\$892.74
62142	REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$651.28
62143	REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL	\$697.98
62145	CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY	\$995.12
62146	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETE	\$843.96
62147	CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); LARGER THAN 5 CM D	\$996.16
62148	INCISION AND RETRIEVAL OF SUBCUTANEOUS CRANIAL BONE GRAFT FOR CRANIOPLASTY (LIST	\$86.72
62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHET	\$125.24
62161	NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPT	\$898.92
62162	NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST, INC	\$1,148.17
62163	NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY	\$728.29
62164	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT	\$1,244.20
62165	NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TR	\$979.06
62180	VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)	\$1,101.56
62190	CREATION OF SHUNT	\$665.86
62192	CREATION OF SHUNT	\$738.58
62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	\$206.84
62200	VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE	\$1,040.52
62201	VENTRICULOCISTERNOSTOMY 3RD VENTRICLE STEREOTACTIC METHOD	\$761.93
62220	CREATION OF SHUNT	\$782.43
62223	CREATION OF SHUNT	\$772.07
62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	\$313.32

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR	\$599.10
62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	\$62.69
62256	REMOVAL OF COMPLETE CSF SHUNT SYSTEM	\$396.88
62258	REMOVAL OF COMPLETE CSF SHUNT SYSTEM	\$839.04
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$248.50
62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONI	\$162.90
62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PAR	\$97.12
62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	\$217.91
62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	\$202.42
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	\$51.03
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID	\$65.87
62273	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH	\$94.08
62274	INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (IN	\$73.24
62275	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUT	\$71.01
62276	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUT	\$90.25
62277	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUT	\$87.22
62278	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUT	\$68.07
62279	INJECTION OF ANESTHETIC SUBSTANCE (INCLUDING NARCOTICS), DIAGNOSTIC OR THERAPEUT	\$67.72
62280	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$95.93
62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS);	\$97.27
62282	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL,	\$102.18
62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED	\$78.52
62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK,	\$420.88
62288	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, ANTISPASMODIC, CONTRAST, OR NEUROL	\$78.93
62289	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS;	\$73.98
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$131.61
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, SINGLE OR MULTIPLE	\$126.12
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY,	\$431.10
62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF	\$519.82
62298	INJECTION OF SUBSTANCE OTHER THAN ANESTHETIC, CONTRAST, OR NEUROLYTIC SOLUTIONS,	\$92.28
62310	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$68.64

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
62311	INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTA	\$57.10
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$74.20
62319	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOL	\$67.15
62350	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR	\$308.61
62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR	\$496.00
62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	\$255.38
62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$134.02
62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$246.93
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION;	\$326.60
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL	\$265.18
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$22.00
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$33.72
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$21.80
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	\$29.14
63001	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$955.82
63003	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$966.24
63005	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$898.89
63010	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, ON	\$0.00
63011	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$734.51
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH D	\$906.15
63015	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$1,166.02
63016	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$1,153.59
63017	LAMINECTOMY FOR EXPLORATION/DECOMPRESSION OF SPINAL CORD	\$961.89
63020	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$900.45
63030	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$738.67
63035	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$180.22
63040	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$1,126.14
63042	LAMINOTOMY (HEMILAMINECTOMY), FOR DECOMPRESSION OF NERVE	\$1,046.52
63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00
63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	\$0.00
63045	LAMINECTOMY INCL UNILAT OR BILAT CMPLT FACETECTOMY OR FORAMI	\$999.40

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
63046	LAMINECTOMY INCL UNIL/BILAT CMPLT FACETECTOMY OR FORAMINOTOM	\$956.79
63047	LAMINECTOMY INCL UNIL/BILAT CMPLT FACETECTOMY OR FORAMINOTOM	\$882.74
63048	LAMINECTOMY INCL UNIL/BILAT CMPLT FACETECTOMY OR FORAMINOTOM	\$186.23
63050	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,029.23
63051	LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE	\$1,174.55
63055	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD	\$1,307.28
63056	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD	\$1,192.98
63057	TRANSPEDICULAR APPROACH FOR DECOMPRESSION OF SPINAL CORD	\$267.29
63064	COSTOVERTEBRAL APPROACH FOR DECOMPRESSION OF SPINAL CORD OR	\$1,413.88
63066	COSTOVERTEBRAL APPROACH DECOMPRESSION OF SPINAL CORD OR NERV	\$167.08
63075	DISKECTOMY, ANTERIOR, FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$1,103.69
63076	DISKECTOMY, ANTERIOR, FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$233.00
63077	DISKECTOMY ANTERIOR FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$1,174.80
63078	DISKECTOMY ANTERIOR FOR DECOMPRESSION OF SPINAL CORD AND/OR	\$166.83
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,421.13
63082	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$251.15
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,556.08
63086	VERTEBRAL CORPECTOMY PARTIAL OR COMPLT TRANSTHORACIC APPROAC	\$181.70
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION),	\$1,875.07
63088	VERTEBRAL CORPECTOMY PARTIAL OR CMPLT COMBINED THORACOLUMBAR	\$245.28
63090	VERTEBRAL CORPECTOMY PART OR CMPLT TRANSPERITONEAL OR RETROP	\$1,605.39
63091	VERTEBRAL CORPECTOMY PART OR CMPLT TRANSPERITONEAL OR RETROP	\$159.50
63101	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$1,568.27
63102	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$1,568.27
63103	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, LATERAL EX	\$186.11
63170	LAMINECTOMY FOR MYELOTOMY (EG, BISCHOF OR DREZ TYPE),	\$1,147.51
63172	LAMINECTOMY FOR DRAINAGE OF INTRAMEDULLARY CYST/STRINX TO	\$1,078.66
63173	LAMINECTOMY DRAINAGE OF INTRAMEDULLARY CYST/SYRINK TO PERITO	\$1,179.10
63180	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS,	\$947.70
63182	LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS,	\$1,093.41
63185	LAMINECTOMY FOR RHIZOTOMY	\$866.90

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
63190	LAMINECTOMY FOR RHIZOTOMY	\$1,039.16
63191	LAMINECTOMY FOR SECTION OF SPINAL ACCESSORY NERVE	\$920.89
63194	LAMINECTOMY FOR CORDOTOMY, UNILATERAL, ONE STAGE	\$1,011.87
63195	LAMINECTOMY FOR CORDOTOMY, UNILATERAL, ONE STAGE	\$1,021.83
63196	LAMINECTOMY FOR CORDOTOMY, BILATERAL, ONE STAGE	\$1,146.95
63197	LAMINECTOMY FOR CORDOTOMY, BILATERAL, ONE STAGE	\$1,093.77
63198	LAMINECTOMY FOR CORDOTOMY, BILATERAL, TWO STAGES WITHIN	\$1,231.73
63199	LAMINECTOMY FOR CORDOTOMY, BILATERAL, TWO STAGES WITHIN	\$1,441.73
63200	LAMINECTOMY FOR RELEASE OF TETHERED SPINAL CORD LUMBAR	\$999.37
63250	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,024.60
63251	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS	\$2,024.89
63252	LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFO	\$2,106.70
63265	LAMINECTOMY FOR EXCISION OF INTRASPINAL LESION OTHER THAN	\$1,245.95
63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM	\$1,321.52
63267	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,063.61
63268	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$931.00
63270	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,394.55
63271	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,539.21
63272	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,411.69
63273	LAMINECTOMY EXCISION OF INTRASPINAL LESION OTHER THAN NEOPLA	\$1,280.33
63275	LAMINECTOMY FOR BIOPSY/EXCISION INTRASPINAL NEOPLASM EXTRADU	\$1,393.78
63276	LAMINECTOMY FOR BIOPSY/EXCISION INTRASPINAL NEOPLASM EXTRADU	\$1,373.20
63277	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM EXTRADURAL LUM	\$1,226.48
63278	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM EXTRADURAL SAC	\$1,209.19
63280	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,621.05
63281	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,599.67
63282	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL EXT	\$1,474.94
63283	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL SAC	\$1,297.20
63285	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,861.60
63286	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,913.64
63287	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM INTRADURAL INT	\$1,912.98

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
63290	LAMINECTOMY FOR BIOP/EXC INTRASPINAL NEOPLASM COMB EXTRADURA	\$1,953.54
63295	OSTEOPLASTIC RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY	\$231.16
63300	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION OF INTRASPIN	\$1,276.06
63301	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION INTRASPINAL	\$1,402.98
63302	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXCISION INTRASPINAL	\$1,460.08
63303	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,494.60
63304	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,596.05
63305	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,636.86
63306	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,650.31
63307	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$1,607.85
63308	VERTEBRAL CORPECTOMY PART OR CMPLT FOR EXC INTRASPINAL LESIO	\$270.46
63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD,	\$675.34
63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS,	\$402.31
63615	STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION OF LESION,	\$857.19
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 S	\$443.59
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EAC	\$137.20
63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$358.00
63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR	\$616.30
63657	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBDURAL	\$0.00
63658	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SUBARACHNOID	\$0.00
63660	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODES	\$351.13
63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLU	\$149.56
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOM	\$336.70
63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$225.02
63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTR	\$350.26
63685	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$395.96
63688	REVISION OR REMOVAL OF SPINAL NEUROSTIMULATOR RECEIVER	\$311.41
63690	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INC	\$0.00
63691	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (MAY INC	\$0.00
63700	REPAIR OF MENINGOCELE	\$854.03
63702	REPAIR OF MENINGOCELE	\$963.39

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
63704	REPAIR OF MYELOMENINGOCELE	\$1,083.99
63706	REPAIR OF MYELOMENINGOCELE	\$1,193.94
63707	REPAIR OF DURAL/CSF LEAK NOT REQUIRING LAMINECTOMY	\$671.89
63709	REPAIR OF DURAL/CSF LEAK OR PSEUDOMENINGOCELE W/LAMINECTOMY	\$845.73
63710	DURAL GRAFT, SPINAL	\$742.15
63740	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL,	\$684.14
63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTAN	\$476.90
63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	\$475.29
63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	\$339.09
63750	INSERTION, SUBARACHNOID CATHETER WITH RESERVOIR AND/OR PUMP FOR INTERMITTENT OR	\$0.00
63780	INSERTION OR REPLACEMENT, SUBARACHNOID OR EPIDURAL CATHETER, WITH RESERVOIR AND/	\$0.00
64400	INJECTION, ANESTHETIC AGENT	\$39.26
64402	INJECTION, ANESTHETIC AGENT	\$52.68
64405	INJECTION, ANESTHETIC AGENT	\$47.73
64408	INJECTION, ANESTHETIC AGENT	\$58.77
64410	INJECTION, ANESTHETIC AGENT	\$56.10
64412	INJECTION, ANESTHETIC AGENT	\$42.29
64413	INJECTION, ANESTHETIC AGENT	\$51.14
64415	INJECTION, ANESTHETIC AGENT	\$50.44
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (I	\$116.52
64417	INJECTION, ANESTHETIC AGENT	\$55.93
64418	INJECTION, ANESTHETIC AGENT	\$48.47
64420	INJECTION, ANESTHETIC AGENT	\$47.71
64421	INJECTION, ANESTHETIC AGENT	\$66.30
64425	INJECTION, ANESTHETIC AGENT	\$64.65
64430	INJECTION, ANESTHETIC AGENT	\$59.01
64435	INJECTION, ANESTHETIC AGENT	\$53.48
64440	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC, LUMBAR, SACRAL, COCC	\$59.28
64441	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVES, MULTIPLE LEVELS (EG, REGIONAL	\$78.18
64442	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, SINGLE LEV	\$68.55
64443	INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL FACET JOINT NERVE, LUMBAR, EACH ADDIT	\$44.07

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64445	INJECTION, ANESTHETIC AGENT	\$50.49
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER, (IN	\$121.82
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	\$56.86
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INC	\$111.95
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUS	\$112.15
64450	INJECTION, ANESTHETIC AGENT	\$45.03
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (	\$23.56
64470	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$66.04
64472	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$47.12
64475	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$50.52
64476	INJECTION, ANESTHETIC AGENT AND/OR STEROID, PARAVERTEBRAL FACET JOINT OR FACET J	\$35.03
64479	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$78.80
64480	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; CERVICAL OR	\$54.51
64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$67.16
64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR S	\$47.17
64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$52.70
64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$29.84
64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$30.43
64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$44.89
64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$25.51
64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEA	\$26.10
64505	INJECTION, ANESTHETIC AGENT	\$49.57
64508	INJECTION, ANESTHETIC AGENT	\$47.71
64510	INJECTION, ANESTHETIC AGENT	\$49.70
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS	\$88.29
64520	INJECTION, ANESTHETIC AGENT	\$54.25
64530	INJECTION, ANESTHETIC AGENT	\$69.29
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS)	\$8.98
64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$103.05
64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$85.39
64560	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$91.94

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	\$387.86
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR	\$74.42
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATME	\$18.55
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELE	\$411.94
64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECT	\$378.03
64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND P	\$330.08
64573	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$355.35
64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$234.46
64577	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$243.07
64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR	\$220.87
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORA	\$555.71
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	\$105.96
64590	INCISION FOR SUBCUTANEOUS PLACEMENT OF NEUROSTIMULATOR	\$139.81
64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR RECEIVER	\$98.94
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$157.01
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$222.34
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE	\$407.37
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	\$58.02
64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES E	\$92.20
64613	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); CERVICAL	\$91.18
64614	CHEMODENERVATION OF MUSCLE(S); EXTREMITY(S) AND/OR TRUNK MUSCLE(S) (EG, FOR DYST	\$124.74
64615	Injection of chemical for destruction of facial and neck nerve muscles	\$78.38
64620	DESTRUCTION BY NEUROLYTIC AGENT	\$105.63
64622	DESTRUCTION BY NEUROLYTIC AGENT	\$125.68
64623	DESTRUCTION BY NEUROLYTIC AGENT	\$45.58
64626	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$128.36
64627	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE; CERVICAL OR TH	\$42.51
64630	DESTRUCTION BY NEUROLYTIC AGENT	\$125.14
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	\$42.52
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$147.95
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$43.61

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$144.94
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGIN	\$37.94
64640	DESTRUCTION BY NEUROLYTIC AGENT	\$115.08
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	\$27.47
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER D	\$34.71
64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH	\$109.13
64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR	\$162.58
64702	NEUROPLASTY	\$248.34
64704	NEUROPLASTY	\$260.27
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$364.73
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$438.31
64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$554.15
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG	\$452.00
64716	NEUROPLASTY AND/OR TRANSPOSITION	\$336.15
64718	NEUROPLASTY AND/OR TRANSPOSITION	\$361.76
64719	NEUROPLASTY AND/OR TRANSPOSITION	\$289.07
64721	NEUROPLASTY AND/OR TRANSPOSITION	\$287.36
64722	DECOMPRESSION	\$266.26
64726	DECOMPRESSION	\$175.85
64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE	\$167.82
64732	TRANSECTION OR AVULSION OF	\$260.88
64734	TRANSECTION OR AVULSION OF	\$277.91
64736	TRANSECTION OR AVULSION OF	\$249.96
64738	TRANSECTION OR AVULSION OF	\$305.05
64740	TRANSECTION OR AVULSION OF	\$297.27
64742	TRANSECTION OR AVULSION OF	\$332.90
64744	TRANSECTION OR AVULSION OF	\$314.43
64746	TRANSECTION OR AVULSION OF	\$316.88
64752	TRANSECTION OR AVULSION OF	\$358.52
64755	TRANSECTION OR AVULSION OF	\$665.50
64760	TRANSECTION OR AVULSION OF	\$371.66

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64761	TRANSECTION OR AVULSION OF	\$316.93
64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH	\$359.23
64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC,	\$454.85
64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	\$407.11
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	\$408.90
64774	EXCISION OF NEUROMA	\$249.83
64776	EXCISION OF NEUROMA	\$249.00
64778	EXCISION OF NEUROMA	\$158.98
64782	EXCISION OF NEUROMA	\$308.39
64783	EXCISION OF NEUROMA	\$191.07
64784	EXCISION OF NEUROMA	\$478.06
64786	EXCISION OF NEUROMA	\$820.78
64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY	\$216.88
64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$244.32
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$562.18
64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA	\$728.68
64795	BIOPSY OF NERVE	\$157.68
64802	SYMPATHECTOMY, CERVICAL	\$453.43
64804	SYMPATHECTOMY, CERVICOTHORACIC	\$769.25
64809	SYMPATHECTOMY, THORACOLUMBAR	\$688.81
64818	SYMPATHECTOMY, LUMBAR	\$541.85
64820	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	\$536.69
64821	SYMPATHECTOMY; RADIAL ARTERY	\$456.60
64822	SYMPATHECTOMY; ULNAR ARTERY	\$456.60
64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	\$526.04
64830	MICRODISSECTION AND/OR MICROREPAIR OF NERVE (LIST SEPARATELY IN ADDITION TO CODE	\$0.00
64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT	\$432.62
64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT	\$234.23
64834	SUTURE OF ONE NERVE, HAND OR FOOT	\$457.54
64835	SUTURE OF ONE NERVE, HAND OR FOOT	\$531.05
64836	SUTURE OF ONE NERVE, HAND OR FOOT	\$546.47

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	\$305.47
64840	SUTURE OF POSTERIOR TIBIAL NERVE	\$680.00
64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG,	\$676.98
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG,	\$725.57
64858	SUTURE OF SCIATIC NERVE	\$835.80
64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	\$217.89
64861	SUTURE OF	\$976.31
64862	SUTURE OF	\$1,156.04
64864	SUTURE OF FACIAL NERVE	\$619.37
64865	SUTURE OF FACIAL NERVE	\$803.71
64866	ANASTOMOSIS	\$791.93
64868	ANASTOMOSIS	\$745.68
64870	ANASTOMOSIS	\$842.60
64872	SUTURE OF NERVE	\$99.05
64874	SUTURE OF NERVE	\$146.64
64876	SUTURE OF NERVE	\$160.29
64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	\$884.87
64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	\$1,048.11
64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$797.64
64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$793.31
64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$751.97
64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND,	\$845.89
64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$958.01
64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$1,084.15
64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$905.58
64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS	\$990.76
64901	NERVE GRAFT, EACH ADDITIONAL NERVE	\$556.80
64902	NERVE GRAFT, EACH ADDITIONAL NERVE	\$631.92
64905	NERVE PEDICLE TRANSFER	\$675.81
64907	NERVE PEDICLE TRANSFER	\$939.45
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NE	\$458.90

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH	\$556.87
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	\$932.99
65091	EVISCERATION OF OCULAR CONTENTS	\$447.75
65093	EVISCERATION OF OCULAR CONTENTS	\$469.40
65101	ENUCLEATION OF EYE	\$478.48
65103	ENUCLEATION OF EYE	\$506.40
65105	ENUCLEATION OF EYE	\$556.00
65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$852.84
65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$895.29
65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL	\$941.19
65125	MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLI	\$152.85
65130	INSERTION OF OCULAR IMPLANT SECONDARY	\$480.38
65135	INSERTION OF OCULAR IMPLANT SECONDARY	\$442.96
65140	INSERTION OF OCULAR IMPLANT SECONDARY	\$481.95
65150	REINSERTION OF OCULAR IMPLANT	\$430.14
65155	REINSERTION OF OCULAR IMPLANT	\$566.60
65175	REMOVAL OF OCULAR IMPLANT	\$431.60
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$25.92
65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$31.84
65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$27.67
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE	\$34.83
65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$405.55
65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$621.68
65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR	\$717.72
65270	REPAIR OF LACERATION	\$104.08
65272	REPAIR OF LACERATION	\$197.52
65273	REPAIR OF LACERATION	\$244.04
65275	REPAIR OF LACERATION	\$227.74
65280	REPAIR OF LACERATION	\$464.80
65285	REPAIR OF LACERATION	\$768.23
65286	REPAIR OF LACERATION APP OF TISSUE GLUE CORNEA WOUNDS/SCLERA	\$296.76

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR	\$339.97
65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL),	\$375.66
65410	BIOPSY OF CORNEA	\$78.54
65420	EXCISION OR TRANSPOSITION OF PTERYGIUM	\$280.89
65426	EXCISION OR TRANSPOSITION OF PTERYGIUM	\$335.82
65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	\$59.62
65435	REMOVAL OF CORNEAL EPITHELIUM	\$39.69
65436	REMOVAL OF CORNEAL EPITHELIUM	\$195.34
65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION	\$232.50
65600	TATTOO CORNEA, MECHANICAL OR CHEMICAL	\$165.44
65710	KERATOPLASTY (CORNEAL TRANSPLANT), LAMELLAR, INCLUDES AUTOGRAFTS, AND	\$733.62
65730	KERATOPLASTY (CORNEAL TRANSPLANT), PENETRATING (EXCEPT IN	\$858.72
65750	KERATOPLASTY (CORNEAL TRANSPLANT),	\$901.97
65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	\$897.20
65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	\$624.63
65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	\$0.00
65760	KERATOMILEUSIS	\$0.00
65765	KERATOPHAKIA	\$0.00
65767	EPIKERATOPLASTY	\$0.00
65770	KERATOPROSTHESIS	\$945.89
65771	RADIAL KERATOTOMY	\$0.00
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUC	\$296.15
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED	\$392.01
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RET	\$47.29
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE L	\$187.13
65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	\$583.05
65781	OCULAR SURFACE RECONSTRUCTION; IIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVI	\$884.08
65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT (INCLUDES OBTAINING	\$762.72
65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$103.10
65805	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$89.37
65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$340.60

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE)	\$322.51
65820	GONIOTOMY	\$534.43
65850	TRABECULOTOMY AB EXTERNO	\$632.31
65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS	\$219.07
65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	\$176.13
65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$354.33
65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$373.02
65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$389.73
65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL	\$417.80
65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	\$613.68
65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	\$489.70
65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	\$458.14
66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$95.98
66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE)	\$61.99
66130	EXCISION OF LESION, SCLERA	\$395.05
66150	FISTULIZATION OF SCLERA FOR GLAUCOMA	\$522.99
66155	FISTULIZATION OF SCLERA FOR GLAUCOMA	\$521.17
66160	FISTULIZATION OF SCLERA FOR GLAUCOMA	\$615.31
66165	FISTULIZATION OF SCLERA FOR GLAUCOMA	\$503.83
66170	FISTULIZATION OF SCLERA FOR GLAUCOMA	\$709.96
66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FR	\$819.06
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR S	\$630.44
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STEN	\$694.73
66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	\$856.20
66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	\$503.50
66220	REPAIR OF SCLERAL STAPHYLOMA	\$463.83
66225	REPAIR OF SCLERAL STAPHYLOMA	\$656.43
66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT,	\$374.80
66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE)	\$235.23
66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE)	\$233.30
66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$540.35

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$739.65
66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$344.58
66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$409.80
66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION	\$389.96
66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	\$345.19
66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF	\$412.36
66700	CYCLODIATHERMY	\$319.77
66702	CILIARY BODY DESTRUCTION, ANY METHOD (EG, DIATHERMY, CRYOTHERAPY, LASER, DIALYSI	\$0.00
66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	\$319.52
66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	\$384.19
66720	CYCLOCRYOTHERAPY	\$319.15
66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	\$310.48
66761	IRIDOTOMY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$205.55
66762	COREOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG,	\$224.50
66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY	\$251.09
66802	DISCISSION OF LENS CAPSULE; LASER SURGERY (ONE OR MORE STAGES)	\$0.00
66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT ('AFTER CATARACT')	\$287.31
66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT ('AFTER CATARACT')	\$147.41
66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PR	\$491.52
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT ("AFTER CATARACT"), WITH	\$419.63
66840	REMOVAL OF LENS MATERIAL	\$460.34
66850	REMOVAL OF LENS MATERIAL	\$524.10
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	\$571.50
66920	EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$511.03
66930	EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$590.37
66940	EXTRACTION OF LENS WITH OR WITHOUT IRIDECTOMY	\$534.71
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ON	\$778.50
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF	\$494.28
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF	\$584.09
66985	INSERTION OF INTRAOCULAR LENS SUBSEQUENT TO CATARACT	\$484.39
66986	EXCHANGE OF INTRAOCULAR LENS	\$673.14

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00
66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	\$0.00
67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE	\$306.43
67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE	\$369.97
67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR	\$416.20
67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA APPROACH	\$411.60
67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVI	\$590.72
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	\$135.55
67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA	\$318.92
67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS,	\$181.47
67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	\$821.70
67038	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH EPIRETINAL MEMBRANE STRIPPING	\$1,209.64
67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATI	\$847.98
67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH	\$1,214.68
67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR	\$595.81
67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING M	\$680.36
67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE	\$715.45
67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$406.49
67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$365.66
67107	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$881.22
67108	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$1,430.57
67109	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY TECHNIQUE OTHER THAN 6710	\$0.00
67110	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER	\$555.94
67112	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS	\$976.62
67113	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE	\$718.34
67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	\$326.30
67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	\$378.24
67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT	\$627.47
67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$290.59
67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE	\$266.00
67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$350.59

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$408.38
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY,	\$793.79
67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION), O	\$564.34
67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	\$216.25
67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); P	\$26.23
67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$407.87
67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG,	\$544.54
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM	\$519.84
67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE)	\$517.69
67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE)	\$572.28
67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	\$738.96
67311	STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY	\$402.54
67312	STRABISMUS SURGERY ON PATIENT NOT PREVIOUSLY OPERATED ON, ANY	\$503.99
67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	\$448.96
67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPE	\$558.10
67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR	\$429.51
67320	TRANSPOSITION OF EXTRAOCULAR MUSCLE (EG, FOR PARETIC MUSCLE),	\$246.44
67331	STRABISMUS SURGERY ON PATIENT PREVIOUSLY OPERATED ON	\$233.85
67332	STRABISMUS SURGERY ON PATIENT PREVIOUSLY OPERATED ON	\$255.37
67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCL	\$225.78
67335	ADJUSTABLE SUTURE TECHNIQUE DURING STRABISMUS SURGERY	\$133.83
67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR M	\$280.91
67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE	\$407.43
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	\$126.45
67346	BIOPSY OF EXTRAOCULAR MUSCLE	\$125.95
67350	BIOPSY OF EXTRAOCULAR MUSCLE	\$155.56
67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$630.29
67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$525.31
67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$642.90
67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL APPROACH)	\$592.26
67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOV	\$667.35

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
67415	TRANSCONJUNCTIVAL OR ASPIRATIONAL BIOPSY	\$94.41
67420	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$1,121.32
67430	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$784.07
67440	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$823.57
67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMO	\$825.08
67450	ORBITOTOMY WITH BONE FLAP, LATERAL APPROACH (EG, KROENLEIN)	\$851.67
67500	RETROBULBAR INJECTION	\$37.86
67505	RETROBULBAR INJECTION	\$33.49
67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	\$26.47
67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE)	\$618.16
67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE)	\$608.73
67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	\$742.21
67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	\$64.21
67710	SEVERING OF TARSORRHAPHY	\$54.79
67715	CANTHOTOMY (SEPARATE PROCEDURE)	\$65.79
67800	EXCISION OF CHALAZION	\$59.08
67801	EXCISION OF CHALAZION	\$78.29
67805	EXCISION OF CHALAZION	\$94.42
67808	EXCISION OF CHALAZION	\$199.12
67810	BIOPSY OF EYELID	\$58.85
67820	CORRECTION OF TRICHIASIS	\$35.21
67825	CORRECTION OF TRICHIASIS	\$71.81
67830	CORRECTION OF TRICHIASIS	\$107.30
67835	CORRECTION OF TRICHIASIS	\$325.77
67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE	\$90.12
67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	\$81.46
67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	\$78.56
67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$216.64
67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY,	\$301.15
67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	\$326.89
67901	REPAIR OF BLEPHAROPTOSIS	\$421.77

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
67902	REPAIR OF BLEPHAROPTOSIS	\$424.71
67903	REPAIR OF BLEPHAROPTOSIS	\$395.64
67904	REPAIR OF BLEPHAROPTOSIS	\$403.82
67906	REPAIR OF BLEPHAROPTOSIS	\$374.41
67908	REPAIR OF BLEPHAROPTOSIS	\$327.43
67909	REDUCTION OF OVERCORRECTION OF PTOSIS	\$343.64
67911	CORRECTION OF LID RETRACTION	\$339.60
67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOL	\$317.82
67914	REPAIR OF ECTROPION	\$220.03
67915	REPAIR OF ECTROPION	\$146.57
67916	REPAIR OF ECTROPION	\$320.44
67917	REPAIR OF ECTROPION	\$376.05
67921	REPAIR OF ENTROPION	\$204.68
67922	REPAIR OF ENTROPION	\$142.38
67923	REPAIR OF ENTROPION	\$350.65
67924	REPAIR OF ENTROPION	\$356.71
67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$153.89
67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING	\$313.08
67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	\$63.32
67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	\$371.29
67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$353.02
67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,	\$391.77
67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$569.76
67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$732.10
67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$741.54
67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF	\$435.69
68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	\$62.96
68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	\$33.35
68100	BIOPSY OF CONJUNCTIVA	\$56.12
68110	EXCISION OF LESION, CONJUNCTIVA	\$83.77
68115	EXCISION OF LESION, CONJUNCTIVA	\$115.75

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
68130	EXCISION OF LESION, CONJUNCTIVA	\$242.70
68135	DESTRUCTION OF LESION, CONJUNCTIVA	\$85.37
68200	SUBCONJUNCTIVAL INJECTION	\$21.82
68320	CONJUNCTIVOPLASTY	\$328.63
68325	CONJUNCTIVOPLASTY	\$438.26
68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC	\$427.00
68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC	\$483.18
68330	REPAIR OF SYMBLEPHARON	\$300.57
68335	REPAIR OF SYMBLEPHARON	\$413.76
68340	REPAIR OF SYMBLEPHARON	\$226.88
68360	CONJUNCTIVAL FLAP	\$276.11
68362	CONJUNCTIVAL FLAP	\$452.38
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	\$275.67
68400	INCISION, DRAINAGE OF LACRIMAL GLAND	\$86.30
68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR	\$107.86
68440	SNIP INCISION OF LACRIMAL PUNCTUM	\$54.47
68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	\$568.09
68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR	\$595.45
68510	BIOPSY OF LACRIMAL GLAND	\$225.30
68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)	\$448.26
68525	BIOPSY OF LACRIMAL SAC	\$218.07
68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	\$167.43
68540	EXCISION OF LACRIMAL GLAND TUMOR	\$565.08
68550	EXCISION OF LACRIMAL GLAND TUMOR	\$713.92
68700	PLASTIC REPAIR OF CANALICULI	\$321.70
68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	\$94.37
68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL	\$525.96
68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA	\$454.77
68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA	\$516.63
68760	CLOSURE OF LACRIMAL PUNCTUM	\$82.35
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	\$65.51

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	\$314.42
68800	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERA	\$0.00
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	\$59.78
68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION	\$112.94
68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION REQUIRING GEN ANESTHES	\$123.60
68815	PROBING OF NASOLACRIMAL DUCT, WITH/WITHOUT IRRIGATION WITH INSERTION OF TUBE/STE	\$147.46
68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALL	\$114.67
68820	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERA	\$0.00
68825	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERA	\$0.00
68830	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERA	\$0.00
68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	\$57.95
68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	\$36.19
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$69.68
69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA	\$97.79
69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	\$88.30
69090	EAR PIERCING	\$0.00
69100	BIOPSY EXTERNAL EAR	\$34.48
69105	BIOPSY EXTERNAL AUDITORY CANAL	\$43.83
69110	EXCISION EXTERNAL EAR	\$197.02
69120	EXCISION EXTERNAL EAR	\$255.86
69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	\$530.23
69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	\$150.43
69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION	\$715.85
69155	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION	\$1,079.28
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	\$35.80
69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	\$71.57
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH	\$22.98
69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE	\$38.68
69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA	\$86.47
69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	\$335.77
69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY)	\$674.12

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA,	\$965.06
69399	UNLISTED PROCEDURE, EXTERNAL EAR	\$0.00
69400	EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$37.16
69401	EUSTACHIAN TUBE INFLATION, TRANSNASAL	\$31.73
69405	EUSTACHIAN TUBE CATHETERIZATION, TRANSTYMPANIC	\$122.53
69410	FOCAL APPLICATION OF PHASE CONTROL SUBSTANCE, MIDDLE EAR (BAFFLE TECHNIQUE)	\$16.67
69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$72.56
69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE	\$97.08
69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER	\$40.09
69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR	\$78.53
69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL	\$158.37
69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL	\$455.43
69450	TYMPANOLYSIS, TRANSCANAL	\$342.78
69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	\$539.64
69502	MASTOIDECTOMY	\$727.00
69505	MASTOIDECTOMY	\$764.58
69511	MASTOIDECTOMY	\$793.37
69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	\$1,043.24
69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	\$1,809.83
69540	EXCISION AURAL POLYP	\$79.26
69550	EXCISION AURAL GLOMUS TUMOR	\$649.05
69552	EXCISION AURAL GLOMUS TUMOR	\$1,045.66
69554	EXCISION AURAL GLOMUS TUMOR	\$1,663.32
69601	REVISION MASTOIDECTOMY	\$776.40
69602	REVISION MASTOIDECTOMY	\$796.51
69603	REVISION MASTOIDECTOMY	\$821.56
69604	REVISION MASTOIDECTOMY	\$820.63
69605	REVISION MASTOIDECTOMY	\$983.87
69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION	\$190.42
69611	TYMPANIC MEMBRANE PATCHING WITH TISSUE GRAFT	\$0.00
69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	\$329.88

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$590.44
69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$758.45
69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$722.62
69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$784.69
69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$897.81
69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING	\$890.92
69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$750.22
69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$987.54
69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$903.19
69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$994.02
69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$961.59
69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY,	\$1,052.75
69650	STAPES MOBILIZATION	\$571.51
69660	STAPEDECTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY,	\$696.53
69661	STAPEDECTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY,	\$917.11
69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	\$900.11
69666	REPAIR OVAL WINDOW FISTULA	\$576.99
69667	REPAIR ROUND WINDOW FISTULA	\$577.26
69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	\$639.22
69676	TYMPANIC NEURECTOMY	\$536.51
69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	\$453.54
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE	\$0.00
69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION DEVICE	\$567.15
69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHME	\$723.52
69715	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHME	\$914.52
69717	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEM	\$748.46
69718	REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEM	\$925.85
69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL	\$849.88
69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL	\$1,228.96
69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	\$818.30
69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR	\$933.13

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER	\$511.24
69802	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY OR OTHER	\$719.78
69805	ENDOLYMPHATIC SAC OPERATION	\$768.15
69806	ENDOLYMPHATIC SAC OPERATION	\$730.32
69820	FENESTRATION SEMICIRCULAR CANAL	\$566.86
69840	REVISION FENESTRATION OPERATION	\$582.10
69905	LABYRINTHECTOMY	\$659.12
69910	LABYRINTHECTOMY	\$798.08
69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	\$1,130.49
69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	\$972.60
69950	VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH	\$1,290.71
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	\$1,402.57
69960	DECOMPRESSION INTERNAL AUDITORY CANAL	\$1,352.34
69970	REMOVAL OF TUMOR, TEMPORAL BONE	\$1,475.41
69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	\$0.00
69990	USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PRO	\$155.12
70010	MYELOGRAPHY, POSTERIOR FOSSA	\$188.91
70015	CISTERNOGRAPHY, POSITIVE CONTRAST	\$91.40
70030	RADIOLOGIC EXAMINATION, EYE,	\$21.02
70100	RADIOLOGIC EXAMINATION, MANDIBLE	\$27.78
7010F	PATIENT INFORMATION ENTERED INTO A RECALL SYSTEM THAT INCLUDES: TARGET DATE FOR	\$0.00
70110	RADIOLOGIC EXAMINATION, MANDIBLE	\$34.71
70120	RADIOLOGIC EXAMINATION, MASTOIDS	\$34.15
70130	RADIOLOGIC EXAMINATION, MASTOIDS	\$39.20
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$37.65
70140	RADIOLOGIC EXAMINATION, FACIAL BONES	\$31.49
70150	RADIOLOGIC EXAMINATION, FACIAL BONES	\$40.82
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF	\$27.12
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT	\$43.39
70190	RADIOLOGIC EXAMINATION	\$28.99
70200	RADIOLOGIC EXAMINATION	\$41.79

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
7020F	MAMMOGRAM ASSESSMENT CATEGORY (EG, MAMMOGRAPHY QUALITY STANDARDS ACT [MQSA], BRE	\$0.00
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE	\$30.52
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM	\$40.07
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$21.66
70250	RADIOLOGIC EXAMINATION, SKULL	\$30.09
7025F	PATIENT INFORMATION ENTERED INTO A REMINDER SYSTEM WITH A TARGET DUE DATE FOR TH	\$0.00
70260	RADIOLOGIC EXAMINATION, SKULL	\$48.43
70300	RADIOLOGIC EXAMINATION, TEETH	\$13.36
70310	RADIOLOGIC EXAMINATION, TEETH	\$20.56
70320	RADIOLOGIC EXAMINATION, TEETH	\$34.80
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND	\$23.89
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND	\$40.04
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	\$90.82
70336	MAGNETIC RENONANCE(EG,PROTON)IMAGING,TEMPOROMANDIBULAR JOINT	\$423.20
70350	CEPHALOGRAM, ORTHODONTIC	\$19.57
70355	ORTHOPANTOGRAM	\$26.85
70360	RADIOLOGIC EXAMINATION	\$20.82
70370	RADIOLOGIC EXAMINATION	\$44.39
70371	COMPLEX DYNAMIC PHARY. & SPEECH EVAL. BY CINE OR VIDEO REC.	\$82.48
70373	LARYNGOGRAPHY, CONTRAST	\$61.18
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$23.24
70390	SIALOGRAPHY	\$73.89
70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$203.07
70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$256.62
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN	\$310.02
70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$231.00
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$240.26
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR	\$289.71
70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$209.20
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$237.23
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA	\$288.60

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$205.75
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$268.85
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK	\$289.49
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$334.94
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED B	\$334.94
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING	\$427.26
70541	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD AND/OR NECK, WITH OR WITHOUT CONTRAST MATER	\$437.44
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST MA	\$442.17
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT CONTRAST	\$787.12
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$366.93
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$366.93
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$366.93
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$701.32
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING,	\$427.26
70552	MRI BRAIN, INCL BRAIN STEM; WITH CONTRAST	\$512.45
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT C	\$912.41
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$444.48
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	\$0.00
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$0.00
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$0.00
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	\$0.00
71010	RADIOLOGIC EXAMINATION, CHEST	\$22.95
71015	RADIOLOGIC EXAMINATION, CHEST	\$25.62
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$29.95
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$39.42
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$41.36
71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL	\$40.88
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR	\$38.10
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR	\$66.13

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS, EG, LATERAL	\$24.20
71036	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS, FLUOROSCOPIC L	\$82.50
71037	NEEDLE BIOPSY OF INTRATHORACIC LESION, INCLUDING FOLLOW-UP FILMS; COMPLETE PROCE	\$0.00
71038	FLUOROSCOPIC LOCALIZATION FOR TRANSBRONCHIAL BIOPSY OR BRUSHING	\$0.00
71040	BRONCHOGRAPHY, UNILATERAL	\$71.16
71060	BRONCHOGRAPHY, BILATERAL	\$102.20
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, SUPERVISION	\$78.41
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL	\$27.69
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL	\$37.39
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL	\$38.95
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL	\$42.36
71120	RADIOLOGIC EXAMINATION	\$31.55
71130	RADIOLOGIC EXAMINATION	\$32.05
71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$266.42
71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$304.37
71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX	\$381.88
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$382.28
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR	\$431.66
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$446.99
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$788.32
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT CO	\$438.68
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY,	\$58.32
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$22.39
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$32.09
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$46.81
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL	\$55.95
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$25.26
72070	RADIOLOGIC EXAMINATION, SPINE	\$33.59
72072	RADIOLOGIC EXAMINATION, SPINE	\$33.24
72074	RADIOLOGIC EXAMINATION, SPINE	\$39.10
72080	RADIOLOGIC EXAMINATION, SPINE	\$32.38

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
72090	RADIOLOGIC EXAMINATION, SPINE	\$37.71
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$34.48
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$47.49
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	\$57.07
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS	\$38.48
72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$266.42
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$280.60
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE	\$340.76
72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$240.34
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$280.60
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE	\$340.75
72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$247.17
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$280.60
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE	\$341.06
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$431.66
72142	MAGNETIC RESONANCE IMAGING,SPINAL CANAL & W/CONT MATERIAL	\$517.94
72143	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$0.00
72144	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND	\$0.00
72146	MRI,SPINAL CANAL & CONTENTS,THORACIC W/O CONTRAST MATERIALS	\$472.21
72147	MRI,SPINAL CONAL & CONTENTS,THORACIC W/CONTRAST MATERIAL(S)	\$517.94
72148	MRI SPINAL CANAL & CONTENTS; W/O CONTRAST LUMBAR	\$467.81
72149	MAGNETIC RESONANCE IMAGING,SPINAL CANAL W/CONTRAST MATERIAL	\$512.45
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$920.36
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$920.36
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONT	\$912.41
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	\$0.00
72170	RADIOLOGIC EXAMINATION, PELVIS	\$26.78
72180	RADIOLOGIC EXAMINATION, PELVIS	\$0.00
72190	RADIOLOGIC EXAMINATION, PELVIS	\$34.17
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED	\$369.74
72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$262.48

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$278.84
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS	\$327.07
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$373.71
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	\$431.66
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S), F	\$792.67
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$394.91
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS	\$27.12
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS	\$28.90
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO	\$28.81
72240	MYELOGRAPHY, CERVICAL	\$156.47
72255	MYELOGRAPHY, THORACIC	\$178.17
72265	MYELOGRAPHY, LUMBOSACRAL	\$166.71
72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	\$253.11
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$108.61
72285	DISKOGRAPHY, CERVICAL	\$319.32
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, VERTEB	\$0.00
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, VERTEB	\$0.00
72295	DISKOGRAPHY, LUMBAR	\$291.79
73000	RADIOLOGIC EXAMINATION	\$23.36
73010	RADIOLOGIC EXAMINATION	\$27.12
73020	RADIOLOGIC EXAMINATION, SHOULDER	\$23.44
73030	RADIOLOGIC EXAMINATION, SHOULDER	\$28.13
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY	\$90.51
73050	RADIOLOGIC EXAMINATION	\$33.51
73060	RADIOLOGIC EXAMINATION	\$28.39
73070	RADIOLOGIC EXAMINATION, ELBOW	\$23.75
73080	RADIOLOGIC EXAMINATION, ELBOW	\$25.75
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY	\$90.82
73090	RADIOLOGIC EXAMINATION	\$26.47
73092	RADIOLOGIC EXAMINATION	\$22.74
73100	RADIOLOGIC EXAMINATION, WRIST	\$25.44

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
73110	RADIOLOGIC EXAMINATION, WRIST	\$24.25
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY	\$73.79
73120	RADIOLOGIC EXAMINATION, HAND	\$28.24
73130	RADIOLOGIC EXAMINATION, HAND	\$27.34
73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO	\$21.42
73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$205.80
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$240.34
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY	\$356.88
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$342.45
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$368.37
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT; WITH	\$442.17
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY,	\$714.47
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	\$423.20
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH CONT	\$442.17
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT C	\$787.12
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	\$0.00
73500	RADIOLOGIC EXAMINATION, HIP	\$25.41
73510	RADIOLOGIC EXAMINATION, HIP	\$30.75
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS	\$36.74
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY	\$92.67
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$28.35
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD,	\$27.17
73542	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISIO	\$88.21
73550	RADIOLOGIC EXAMINATION, FEMUR, ANTEROPOSTERIOR	\$25.75
73560	RADIOLOGIC EXAMINATION, KNEE	\$23.94
73562	RADIOLOGIC EXAMINATION, KNEE	\$29.46
73564	RADIOLOGIC EXAMINATION, KNEE	\$33.09
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$25.75
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY	\$107.55
73590	RADIOLOGIC EXAMINATION	\$26.78
73592	RADIOLOGIC EXAMINATION	\$23.05

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
73600	RADIOLOGIC EXAMINATION, ANKLE	\$25.44
73610	RADIOLOGIC EXAMINATION, ANKLE	\$24.25
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY	\$90.82
73620	RADIOLOGIC EXAMINATION, FOOT	\$23.05
73630	RADIOLOGIC EXAMINATION, FOOT	\$27.46
73650	RADIOLOGIC EXAMINATION	\$24.76
73660	RADIOLOGIC EXAMINATION	\$19.45
73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$229.20
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$240.34
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY	\$292.08
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S),	\$345.26
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHO	\$368.37
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$441.87
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY,	\$714.22
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	\$423.20
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONT	\$442.38
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT C	\$787.12
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERI	\$437.70
74000	RADIOLOGIC EXAMINATION, ABDOMEN	\$27.43
74010	RADIOLOGIC EXAMINATION, ABDOMEN	\$31.13
74020	RADIOLOGIC EXAMINATION, ABDOMEN	\$35.17
74022	RADIOLOGIC EXAMINATION, ABDOMEN	\$35.27
74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$259.18
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$276.22
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN	\$362.28
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S),	\$381.03
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWE	\$372.30
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	\$147.40
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	\$235.97
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOT	\$299.96
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	\$431.45

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$446.99
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$792.67
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$438.11
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION	\$49.74
74210	RADIOLOGIC EXAMINATION	\$53.40
74220	RADIOLOGIC EXAMINATION	\$57.52
74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH	\$73.05
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF	\$132.88
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$88.76
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$89.65
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER	\$114.41
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$93.04
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$94.38
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST,	\$120.59
74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL	\$69.48
74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROC	\$68.44
74260	DUODENOGRAPHY, HYPOTONIC	\$69.06
74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$189.09
74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSI	\$243.88
74270	RADIOLOGIC EXAMINATION, COLON	\$90.00
74280	RADIOLOGIC EXAMINATION, COLON	\$124.50
74283	BARIUM ENEMA, THERAPEUTIC, FOR REDUCTION OF INTUSSUSCEPTION	\$163.58
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST	\$42.01
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST	\$17.50
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$18.78
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$0.00
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$42.49
74310	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY	\$0.00
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC	\$125.20
74327	POSTOPERATIVE BILIARY DUCT STONE REMOVAL, PERCUTANEOUS VIA	\$85.99
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM,	\$131.53

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM,	\$131.53
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND	\$137.98
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT),	\$107.55
74350	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE, RADIOLOGICAL SUPERVISION AND	\$134.04
74351	PERCUTANEOUS PLACEMENT OF GASTROSTOMY TUBE; COMPLETE PROCEDURE	\$0.00
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE	\$116.39
74356	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE; COMPLETE PROCEDURE	\$0.00
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS	\$125.82
74361	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS OR BILIAR	\$0.00
74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT P	\$235.78
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB	\$84.06
74405	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB; WITH SPECIAL HYPERTEN	\$0.00
74406	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA 20MEV	\$0.00
74407	RADIATION TREATMENT DELIVERY 2 SEPARATE TREATMENT AREAS THR	\$0.00
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE	\$93.26
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE	\$98.06
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$100.63
74425	UROGRAPHY, ANTEGRADE, (PYELOGRAM, NEPHROSTOGRAM, LOOPOGRAM)	\$57.07
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS	\$47.66
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY	\$52.61
74441	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY; COMPLETE PROCEDURE	\$0.00
74445	CORPORA CAVERNOSOGRAPHY	\$66.31
74450	URETHROCYSTOGRAPHY, RETROGRADE	\$61.21
74451	URETHROCYSTOGRAPHY, RETROGRADE; COMPLETE PROCEDURE	\$0.00
74455	URETHROCYSTOGRAPHY, VOIDING	\$65.21
74456	URETHROCYSTOGRAPHY, VOIDING; COMPLETE PROCEDURE	\$0.00
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR,	\$62.37
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO	\$155.46
74476	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	\$0.00
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER	\$155.46
74481	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
74485	DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC	\$125.20
74486	DILATION OF NEPHROSTOMY OR URETERS WITH FLUOROSCOPIC MONITORING AND RADIOGRAPHY;	\$0.00
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$48.19
74720	RADIOLOGIC EXAMINATION, ABDOMEN, FOR FETAL AGE, FETAL POSITION	\$0.00
74740	HYSTEROSALPINGOGRAPHY	\$58.16
74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND IN	\$127.35
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT	\$73.09
75500	ANGIOCARDIOGRAPHY BY CINERADIOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	\$0.00
75505	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, SINGLE PLANE, RADIOLOGICAL SUPERVISION AND I	\$0.00
75507	ANGIOCARDIOGRAPHY BY SERIALOGRAPHY, MULTI-PLANE, RADIOLOGICAL SUPERVISION AND IN	\$0.00
75519	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT SIDE, RADIOLOGICAL	\$0.00
75523	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, LEFT SIDE, RADIOLOGICAL	\$0.00
75527	CARDIAC RADIOGRAPHY, SELECTIVE CARDIAC CATHETERIZATION, RIGHT AND LEFT SIDE, RAD	\$0.00
75552	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITHOUT CONTRAST MATERIAL	\$431.97
75553	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY; WITH CONTRAST MATERIAL	\$444.25
75554	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY;	\$440.14
75555	CARDIAC MAGNETIC RESONANCE IMAGING FOR FUNCTION, WITH OR WITHOUT MORPHOLOGY;	\$438.46
75556	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	\$0.00
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$293.12
75558	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$0.00
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$313.83
75560	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$0.00
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$422.83
75562	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$0.00
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$439.32
75564	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$0.00
75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN	\$49.37
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUAT	\$44.89
75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$138.89
75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC ST	\$197.21
75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WH	\$243.98

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY	\$435.08
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY	\$460.17
75625	AORTOGRAPHY, ABDOMINAL, TRANSILUMBAR, BY SERIALOGRAPHY	\$459.80
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY,	\$571.32
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$487.09
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING	\$473.31
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE	\$467.70
75660	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, UNILATERAL, SELECTIVE	\$466.45
75662	ANGIOGRAPHY, EXTERNAL CAROTID, CEREBRAL, BILATERAL, SELECTIVE	\$479.77
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL	\$466.70
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL	\$480.22
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL	\$466.70
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL	\$480.22
75685	ANGIOGRAPHY, VERTEBRAL	\$466.14
75705	ANGIOGRAPHY, SPINAL, SELECTIVE	\$500.64
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL	\$550.27
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL	\$466.14
75717	ANGIOGRAPHY, EXTREMITY, BILATERAL; WITHOUT SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75718	ANGIOGRAPHY, EXTREMITY, BILATERAL; BY SERIALOGRAPHY, COMPLETE PROCEDURE	\$0.00
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH	\$460.17
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH	\$475.24
75726	ANGIOGRAPHY, VISCERAL	\$459.48
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	\$459.48
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	\$466.45
75736	ANGIOGRAPHY, PELVIC	\$459.48
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE	\$466.14
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE	\$479.91
75746	ANGIOGRAPHY, PULMONARY	\$459.23
75750	ANGIOGRAPHY, CORONARY, ROOT INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATI	\$0.00
75752	ANGIOGRAPHY, CORONARY, UNILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULA	\$0.00
75754	ANGIOGRAPHY, CORONARY, BILATERAL SELECTIVE INJECTION, INCLUDING LEFT VENTRICULAR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
75756	ANGIOGRAPHY, INTERNAL MAMMARY	\$461.73
75762	ANGIOGRAPHY, CORONARY BYPASS, UNILATERAL SELECTIVE INJECTION, RADIOLOGICAL SUPER	\$0.00
75766	ANGIOGRAPHY, CORONARY BYPASS, MULTIPLE SELECTIVE INJECTION, RADIOLOGICAL SUPERVI	\$0.00
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER	\$428.91
75775	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION;	\$0.00
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT)	\$120.00
75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT FISTULA/GRAFT), COMPLETE	\$152.59
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL	\$210.73
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL	\$224.19
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL	\$233.06
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL	\$246.78
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (	\$44.12
75810	SPLENOPORTOGRAPHY	\$367.45
75820	VENOGRAPHY, EXTREMITY, UNILATERAL	\$59.10
75822	VENOGRAPHY, EXTREMITY, BILATERAL	\$90.22
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY	\$459.48
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY	\$459.48
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE	\$459.48
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE	\$473.31
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE	\$459.48
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE	\$473.31
75850	VENOGRAPHY, INTRAOSSEOUS	\$0.00
75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER	\$459.80
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS	\$459.48
75872	VENOGRAPHY, EPIDURAL	\$459.48
75880	VENOGRAPHY, ORBITAL	\$59.10
75881	VENOGRAPHY, ORBITAL; COMPLETE PROCEDURE	\$0.00
75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH	\$471.06
75886	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION; COMPLETE PROC	\$0.00
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT	\$377.02
75888	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION; COMPLETE P	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
75889	HEPATIC VENOGRAPHY WEDGED OR FREE, WITH	\$459.48
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT	\$459.48
75892	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION; COMPLETE PRO	\$0.00
75893	VENOUS SAMPLING THRU CATHETER WITHOUT ANGIOGRAPHY	\$436.08
75894	TRANSCATHETER THERAPY, EMBOLIZATION (EG, PARTICULATE OR LIQUID),	\$845.96
75896	TRANSCATHETER THERAPY, INFUSION (EG, THROMBOLYSIS OTHER THAN	\$742.96
75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP	\$100.07
75900	EXCHANGE OF A PREVIOUSLY PLACED ARTERIAL CATHETER DURING THROMBOLYTIC THERAPY WI	\$710.28
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM	\$72.38
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CEN	\$68.55
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER	\$436.08
75941	PERCUTANEOUS PLACEMENT OF IVC FILTER; COMPLETE PROCEDURE	\$0.00
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) RADIOLOGICAL SUPERVISION INIT VES	\$168.13
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL) RADIOLOGICAL SUPERVISION/INT ADDL	\$93.00
75950	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	\$0.00
75951	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON), TEMPORARY, INCLUDING ANGIOG	\$0.00
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION,	\$0.00
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$0.00
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS MALF	\$0.00
75955	TRANSCATHETER INTRAVASCULAR OCCLUSION (EG, BALLOON, COIL, OR METHACRYLATE), PERM	\$0.00
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$0.00
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	\$0.00
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	\$0.00
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	\$0.00
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (NON-CORONARY VESSEL), PER	\$523.19
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF FRACTURED VENOUS	\$512.50
75962	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, PERIPHERAL ARTERY	\$539.96
75963	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, PERIPHERAL ARTERY; COMPLETE P	\$0.00
75964	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL	\$290.60
75965	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL PERIPHERAL AR	\$0.00
75966	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, VISCERAL ARTERY	\$570.95

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
75967	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, RENAL OR OTHER VISCERAL ARTER	\$0.00
75968	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL	\$290.66
75969	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, ANY METHOD, EACH ADDITIONAL VISCERAL ARTE	\$0.00
75970	TRANSCATHETER BIOPSY	\$413.98
75978	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, VENOUS & INTERPRETAT.	\$543.71
75979	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS); COMPLET	\$0.00
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING	\$234.67
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND	\$257.26
75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST	\$92.75
75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS,	\$150.54
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERP	\$540.27
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL SUPERV	\$290.97
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$571.20
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$570.08
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL RENAL OR VISCERAL ARTERY, RADIOLOGICAL	\$290.66
75998	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$57.02
76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME,	\$49.90
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A	\$113.08
76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$64.25
76005	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR	\$80.72
76006	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY,	\$19.73
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN	\$24.20
76012	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERT	\$0.00
76013	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, PER	\$0.00
76020	BONE AGE STUDIES	\$24.78
76040	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$36.74
76061	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$50.71
76062	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR	\$68.86
76065	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$35.45
76066	JOINT SURVEY, SINGLE VIEW, TWO OR MORE JOINTS (SPECIFY)	\$49.27
76070	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AXIAL	\$102.72

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
76071	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;	\$96.52
76075	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$113.64
76076	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$33.87
76077	DUAL ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, ONE OR MORE SITES;	\$30.66
76078	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), ONE OR	\$29.72
76080	RADIOLOGIC EXAMINATION, FISTULA OR SINUS TRACT STUDY	\$56.20
76082	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$15.05
76083	COMPUTER AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$15.05
76085	DIGITIZATION OF FILM RADIOGRAPHIC IMAGES WITH COMPUTER ANALYSIS FOR LESION	\$15.38
76086	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND	\$0.00
76088	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND	\$0.00
76090	MAMMOGRAPHY; UNILATERAL	\$55.38
76091	MAMMOGRAPHY; BILATERAL	\$68.13
76092	SCREENING MAMMOGRAPHY, BILATERAL (TWO VIEW FILM STUDY OF EACH BREAST)	\$48.82
76093	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S);	\$643.76
76094	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S);	\$850.70
76095	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG,	\$299.20
76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION	\$65.08
76097	LOCALIZATION OF BREAST NODULE OR CALCIFICATION BEFORE OPERATION, WITH MARKER AND	\$0.00
76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	\$20.56
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY),	\$64.05
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	\$69.91
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL)	\$80.40
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$50.43
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	\$36.74
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$0.00
76150	XERORADIOGRAPHY	\$13.91
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$0.00
76355	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$319.08
76360	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION,	\$316.83
76362	COMPUTED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$404.63

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
76365	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR CYST ASPIRATION, RADIOLOGICAL SUPERVISION A	\$316.83
76370	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$130.55
76375	CORONAL, SAGITTAL, MULTIPLANAR, OBLIQUE, 3-DIMENSIONAL AND/ OR HOLOGRAPHIC	\$149.76
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$105.59
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$132.10
76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$153.75
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$424.53
76393	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE	\$377.43
76394	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$496.84
76400	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$431.66
76490	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, TISSUE ABLATION	\$122.19
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	\$66.48
76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$72.42
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$131.77
76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY	\$84.94
76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY	\$80.25
76513	OPHTHALMIC ULTRASOUND,ECHOGRAPHY IMMERSION B-SCAN	\$74.16
76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR	\$9.23
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY,	\$53.24
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY,	\$56.60
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$56.34
76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID,	\$78.41
76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL	\$64.82
76627	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$0.00
76628	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$0.00
76645	ECHOGRAPHY, BREAST(S) (UNILATERAL OR BILATERAL),	\$66.65
76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE	\$96.88
76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE	\$70.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$106.53
76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES),	\$69.91
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$88.77
76778	ULTRASOUND, TRANSPLANTED KIDNEY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$94.21
76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	\$91.69
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$87.43
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$55.73
76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$108.78
76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; C	\$101.50
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$186.17
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$107.47
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$88.39
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$57.43
76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$84.72
76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE	\$70.34
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$74.64
76818	FETAL BIOPHYSICAL PROFILE	\$84.46
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	\$75.79
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$71.84
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$79.75
76825	ECHOCARDIOGRAPHY, FETAL HEART IN UTERO	\$125.99
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATI	\$62.27
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$87.20
76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTI	\$60.66
76830	ECHOGRAPHY, TRANSVAGINAL	\$77.68
76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	\$98.58
76855	ECHOGRAPHY, PELVIC AREA (DOPPLER)	\$0.00
76856	ECHOGRAPHY, PELVIC (NON-OBSTETRIC), B-SCAN AND/OR REAL TIME	\$90.72
76857	ECHOGRAPHY, PELVIC (NON-OBSTETRIC), B-SCAN AND/OR REAL TIME	\$56.37
76870	ECHOGRAPHY, SCROTUM AND CONTENTS	\$86.02
76872	ECHOGRAPHY, PROSTATE, TRANSRECTAL	\$90.72

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANN	\$164.68
76880	ECHOGRAPHY, EXTREMITY, B-SCAN AND/OR REAL TIME WITH IMAGE	\$81.43
76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$79.89
76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED,	\$19.66
76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, RE	\$85.79
76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC	\$70.97
76926	ECHOGRAPHY, HEAD AND TRUNK, VASCULAR SYSTEM (EG, DUPLEX DOPPLER)	\$0.00
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS	\$77.84
76931	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS; COMPLETE PROCEDURE	\$0.00
76932	ULTRASOUND GUIDANCE FOR ENDOMYOCARDIAL BIOPSY SUPERVISION	\$78.15
76933	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY; COMPLETE PROCEDURE	\$0.00
76934	ULTRASONIC GUIDANCE FOR THORACENTESIS OR ABDOMINAL PARACENTESIS, RADIOLOGICAL SU	\$76.84
76935	ULTRASONIC GUIDANCE FOR THORACENTESIS; COMPLETE PROCEDURE	\$0.00
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOU	\$293.19
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTEN	\$25.56
76938	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION, RADIOLO	\$87.97
76939	ULTRASONIC GUIDANCE FOR CYST (ANY LOCATION), OR RENAL PELVIS ASPIRATION; COMPLET	\$0.00
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUE ABLATION	\$128.56
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLO	\$105.32
76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY	\$94.48
76943	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY; COMPLETE PROCEDURE	\$0.00
76945	ULTRASONIC GUIDANCE FOR ABSCESS OR COLLECTION DRAINAGE,CMPLT	\$82.20
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS	\$65.59
76947	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS; COMPLETE PROCEDURE	\$0.00
76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVASUPERVIS. & INTERP	\$65.53
76949	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA; COMPLETE PROCEDURE	\$0.00
76950	ECHOGRAPHY FOR PLACEMENT OF RADIATION THERAPY FIELDS, B-SCAN	\$75.30
76960	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS, EXCEPT FOR B-SCAN	\$75.30
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$291.68
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$50.95
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETAT	\$82.40

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$35.86
76986	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$134.33
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$0.00
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$59.33
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$53.33
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$51.53
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$355.92
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$232.54
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$0.00
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$122.28
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$357.48
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$0.00
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG, FO	\$218.86
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION OR	\$49.86
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$12.42
77052	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$12.42
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$73.33
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$105.53
77055	MAMMOGRAPHY; UNILATERAL	\$55.29
77056	MAMMOGRAPHY; BILATERAL	\$69.09
77057	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	\$58.01
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$582.69
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$720.80
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLU	\$19.76
77072	BONE AGE STUDIES	\$15.86
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	\$30.04
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$43.20
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$63.62
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$51.17
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$38.64
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$104.66

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR S	\$74.89
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$80.74
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$28.63
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VER	\$24.96
77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE S	\$25.65
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$392.67
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$69.73
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$108.60
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING	\$161.40
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$142.39
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$225.40
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING	\$308.18
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE-DIMENSIONAL RECON	\$1,163.72
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE,	\$68.85
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARG	\$1,078.48
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$89.73
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$118.72
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED)	\$150.04
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL	\$171.17
77326	BRACHYTHERAPY ISODOSE CALCULATION	\$115.25
77327	BRACHYTHERAPY ISODOSE CALCULATION	\$169.71
77328	BRACHYTHERAPY ISODOSE CALCULATION	\$246.53
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY)	\$51.68
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$65.81
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$95.91
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION	\$156.22
77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT	\$105.25
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY	\$248.46
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$123.30
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$850.66
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$645.44

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,204.26
77380	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLE PORTCUSTOM BLOCK, WITH	\$0.00
77381	PROTON BEAM TREATMENT TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR M	\$0.00
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$58.71
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$58.71
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$66.33
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPP	\$71.07
77406	Radiation treatment delivery, 20 MeV or greater	\$58.71
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$83.58
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$68.94
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$76.99
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.81
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.41
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$82.41
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$21.11
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARR	\$460.46
77419	WEEKLY RADIOLOGY THERAPY MANAGEMENT; CONFORMAL	\$146.94
77420	WEEKLY RADIATION THERAPY MANAGEMENT; SIMPLE	\$65.70
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$110.54
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$50.74
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$66.22
77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	\$0.00
77425	WEEKLY RADIATION THERAPY MANAGEMENT; INTERMEDIATE	\$100.80
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$164.97
77430	WEEKLY RADIATION THERAPY MANAGEMENT; COMPLEX	\$0.00
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE O	\$97.14
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S) (COMPLETE COUR	\$391.40
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$439.08
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	\$183.54

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION,	\$493.81
77506	RAD.TREAT.1 AREA;SINGLE OR PARALLEL PORTS;20MEV OR GREATER	\$0.00
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	\$0.00
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	\$0.00
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	\$0.00
77525	PROTON TREATMENT DELIVERY; COMPLEX	\$0.00
77600	HYPERTHERMIA, EXTERNALLY GENERATED	\$162.14
77605	HYPERTHERMIA, EXTERNALLY GENERATED	\$218.27
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S)	\$162.14
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S)	\$217.08
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$164.02
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	\$236.88
77761	INTRACAVITARY RADIOELEMENT APPLICATION	\$231.09
77762	INTRACAVITARY RADIOELEMENT APPLICATION	\$345.48
77763	INTRACAVITARY RADIOELEMENT APPLICATION	\$486.60
77776	INTERSTITIAL RADIOELEMENT APPLICATION	\$252.65
77777	INTERSTITIAL RADIOELEMENT APPLICATION	\$349.04
77778	INTERSTITIAL RADIOELEMENT APPLICATION	\$786.81
77781	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 1-4 SOURCE POSITIONS OR	\$734.14
77782	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 5-8 SOURCE POSITIONS OR	\$767.02
77783	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; 9-12 SOURCE POSITIONS OR	\$815.31
77784	REMOTE AFTERLOADING HIGH INTENSITY BRACHYTHERAPY; OVER 12 SOURCE POSITIONS OR	\$889.48
77785	RADIOISOTOPE HANDLING & LOADING	\$182.54
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNELS	\$372.41
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHANNELS	\$553.16
77789	SURFACE APPLICATION OF RADIOELEMENT	\$59.36
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	\$58.45
78000	THYROID UPTAKE	\$39.87
78001	THYROID UPTAKE	\$53.19
78003	THYROID UPTAKE	\$45.12
78006	THYROID IMAGING, WITH UPTAKE	\$97.87

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78007	THYROID IMAGING, WITH UPTAKE	\$104.62
78010	THYROID IMAGING	\$75.71
78011	THYROID IMAGING	\$97.44
78012	Nuclear medicine imaging for thyroid uptake measurement(s)	\$56.70
78013	Nuclear medicine imaging of thyroid	\$114.70
78014	Nuclear medicine imaging of thyroid	\$165.84
78015	THYROID CARCINOMA METASTASES IMAGING	\$111.53
78016	THYROID CARCINOMA METASTASES IMAGING	\$147.10
78017	THYROID CARCINOMA METASTASES IMAGING; MULTIPLE AREAS	\$0.00
78018	THYROID CARCINOMA METASTASES IMAGING	\$213.35
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRI	\$55.02
78070	PARATHYROID IMAGING	\$136.66
78071	Imaging of parathyroid with nuclear medicine study	\$425.81
78072	Imaging of parathyroid with ct and nuclear medicine study	\$48.69
78075	ADRENAL IMAGING, CORTICAL	\$193.92
78102	BONE MARROW IMAGING	\$89.22
78103	BONE MARROW IMAGING	\$149.08
78104	BONE MARROW IMAGING	\$165.98
78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE	\$39.25
78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE	\$93.57
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE)	\$66.88
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE)	\$108.37
78122	WHOLE BLOOD VOLUME DETERMINATION,INC. SEPARATE MEASUR PLASMA	\$169.50
78130	RED CELL SURVIVAL STUDY	\$117.81
78135	RED CELL SURVIVAL STUDY	\$185.67
78140	RED CELL SPLENIC AND/OR HEPATIC SEQUESTRATION	\$153.62
78160	PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE	\$133.65
78162	RADIOIRON ORAL ABSORPTION	\$123.83
78170	RADIOIRON RED CELL UTILIZATION	\$191.03
78172	CHELATABLE IRON FOR ESTIMATION OF TOTAL BODY IRON	\$21.30
78185	SPLEEN IMAGING ONLY	\$93.94

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78186	SPLEEN IMAGING ONLY; WITH VASCULAR FLOW	\$0.00
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$232.38
78191	PLATELET SURVIVAL	\$265.36
78192	WHITE BLOOD CELL LOCALIZATION; LIMITED AREA SCANNING	\$0.00
78193	WHITE BLOOD CELL LOCALIZATION; WHOLE BODY	\$0.00
78195	LYMPHATICS AND LYMPH GLANDS IMAGING	\$177.94
78201	LIVER IMAGING	\$95.31
78202	LIVER IMAGING	\$114.86
78205	LIVER IMAGING (SPECT)	\$223.01
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$222.19
78215	LIVER AND SPLEEN IMAGING	\$115.90
78216	LIVER AND SPLEEN IMAGING	\$135.84
78220	LIVER FUNCTION STUDY WITH HEPATOBILIARY AGENTS,	\$141.85
78223	HEPATOBILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER	\$153.50
78225	LIVER-LUNG IMAGING (EG, SUBPHRENIC ABSCESS)	\$0.00
78226	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;	\$224.45
78227	HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOL	\$228.90
78230	SALIVARY GLAND IMAGING	\$90.27
78231	SALIVARY GLAND IMAGING	\$125.29
78232	SALIVARY GLAND FUNCTION STUDY	\$135.15
78258	ESOPHAGEAL MOTILITY	\$123.97
78261	GASTRIC MUCOSA IMAGING	\$162.78
78262	GASTROESOPHAGEAL REFLUX STUDY	\$166.94
78264	GASTRIC EMPTYING STUDY	\$167.02
78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	\$10.86
78268	UREA BREATH TEST, C-14; ANALYSIS	\$93.09
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST)	\$59.61
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST)	\$62.73
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH	\$87.47
78276	GASTROINTESTINAL ASPIRATE BLOOD LOSS LOCALIZATION	\$0.00
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$199.74

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78280	GASTROINTESTINAL BLOOD LOSS STUDY (EG, STOOL COUNTING)	\$0.00
78282	GASTROINTESTINAL PROTEIN LOSS	\$14.93
78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S	\$127.32
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST	\$135.39
78300	BONE IMAGING	\$106.53
78305	BONE IMAGING	\$153.23
78306	BONE IMAGING	\$188.43
78310	BONE AND/OR JOINT IMAGING; VASCULAR FLOW ONLY	\$0.00
78315	BONE IMAGING BY THREE PHASE TECHNIQUE	\$197.41
78320	BONE IMAGING TOMOGRAPHIC (SPECT)	\$235.68
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY	\$39.00
78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON	\$0.00
78381	JOINT IMAGING; MULTIPLE AREAS	\$0.00
78414	DETERMINATION OF VENTRICULAR EJECTION FRACTION WITH PROBE	\$18.27
78415	CARDIAC BLOOD POOL IMAGING, FUNCTIONAL IMAGING (EG, PHASE AND AMPLITUDE ANALYSIS	\$0.00
78425	CARDIAC REGURGITANT INDEX	\$0.00
78428	CARDIAC SHUNT DETECTION	\$106.68
78445	VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$81.15
78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$117.56
78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT) (INCLUDING ATTENUATION CORRECT	\$203.04
78453	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$102.89
78454	MYOCARDIAL PERFUSION IMAGING, PLANAR (INCLUDING QUALITATIVE OR QUANTITATIVE WALL	\$97.90
78455	VENOUS THROMBOSIS STUDY (EG, RADIOACTIVE FIBRINOGEN)	\$160.15
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$153.65
78457	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM)	\$132.32
78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM)	\$167.74
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,495.20
78460	MYOCARDIAL IMAGING, RESTING ONLY, QUANTITATIVE OR QUALITATIVE	\$111.91
78461	MYOCARDIAL IMAGING	\$204.49
78464	MYOCARDIAL IMAGING, TOMOGRAPHIC (SPECT) AT REST ONLY QUALITATIVE	\$275.99
78465	MYOCARDIAL IMAGING TOMOGRAPHIC W/EXERCISE & REDISTRIBUTION	\$489.67

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78466	MYOCARDIAL IMAGING, INFARCT AVID, AT REST QUALITATIVE	\$113.93
78468	MYOCARDIAL IMAGING, INFARCT AVID, AT REST WITH FIRST PASS_TE	\$152.13
78469	MYOCARDIAL IMAGING,INFARCT AVID, AT REST W/EMISSION COM. TOM	\$208.76
78471	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST, WALL MOTION STUDY PLUS E	\$0.00
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST	\$221.07
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STU	\$329.97
78474	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78475	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78476	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78477	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; QUANTITATIVE WALL MOTION	\$0.00
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY (	\$77.27
78479	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; SERIAL STUDIES, ANY COMB	\$0.00
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION T	\$76.52
78481	CARDIAC BLOOD POOL IMAGING,FIRST PASS TECHNIQUE	\$211.58
78483	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE; MULTIPLE STUDIES, RESTING AND	\$318.81
78484	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	\$0.00
78485	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	\$0.00
78486	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	\$0.00
78487	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; QUANTITATIVE WALL MOT	\$0.00
78489	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; SERIAL STUDIES, ANY C	\$0.00
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	\$0.00
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	\$0.00
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY	\$271.81
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT	\$200.90
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	\$63.79
78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	\$118.90
78580	PULMONARY PERFUSION IMAGING	\$142.19
78581	PULMONARY PERFUSION IMAGING; GASEOUS	\$0.00
78582	PULMONARY PERFUSION IMAGING; GASEOUS, WITH VENTILATION, REBREATHING AND WASHOUT	\$218.84
78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION	\$115.87
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION	\$228.33

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78586	PULMONARY VENTILATION IMAGING, AEROSOL	\$101.37
78587	PULMONARY VENTILATION IMAGING, AEROSOL	\$111.53
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL, ONE	\$184.94
78591	PULMONARY VENTILATION IMAGING, GASEOUS,	\$109.70
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH	\$132.87
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH	\$184.95
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/PERFUSION) STUDY	\$282.85
78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	\$133.49
78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GA	\$206.05
78600	BRAIN IMAGING, LIMITED PROCEDURE	\$112.40
78601	BRAIN IMAGING, LIMITED PROCEDURE	\$132.15
78605	BRAIN IMAGING, COMPLETE STUDY	\$133.29
78606	BRAIN IMAGING, COMPLETE STUDY	\$152.60
78607	BRAIN IMAGING, COMPLETE STUDY TOMOGRAPHIC(ECT)	\$264.77
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	\$1,495.20
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$0.00
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$64.11
78615	CEREBRAL VASCULAR FLOW	\$144.00
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$193.15
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$109.38
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$135.28
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMO	\$230.19
78650	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION	\$176.82
78652	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); TOMO	\$0.00
78655	RADIOPHARMACEUTICAL IDENTIFICATION OF EYE TUMOR	\$0.00
78660	DACRYOCYSTOGRAPHY (LACRIMAL FLOW STUDY)	\$90.87
78700	KIDNEY IMAGING	\$117.90
78701	KIDNEY IMAGING	\$136.30
78704	KIDNEY IMAGING; WITH FUNCTION STUDY (IE, IMAGING RENOGRAM)	\$159.47
78707	KIDNEY IMAGING	\$185.04
78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGIC	\$192.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHO	\$199.00
78710	KIDNEY IMAGING(SPECT)	\$221.07
78715	KIDNEY VASCULAR FLOW ONLY	\$64.42
78725	KIDNEY FUNCTION STUDY ONLY	\$73.95
78730	URINARY BLADDER RESIDUAL STUDY	\$62.88
78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	\$92.24
78760	TESTICULAR IMAGING;	\$114.39
78761	TESTICULAR IMAGING	\$133.67
78800	RADIONUCLIDE LOCALIZATION OF TUMOR	\$152.44
78801	RADIONUCLIDE LOCALIZATION OF TUMOR	\$170.40
78802	RADIONUCLIDE LOCALIZATION OF TUMOR	\$216.41
78803	TUMOR LOCALIZATION (SPECT)	\$259.27
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$320.14
78805	RADIONUCLIDE LOCALIZATION OF ABSCESS	\$140.99
78806	RADIONUCLIDE LOCALIZATION OF ABSCESS	\$252.31
78807	RADIONUCLIDE LOCALIZATION OF ABSCESS, SPECT	\$258.96
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$29.84
78810	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	\$1,495.20
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	\$0.00
78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	\$0.00
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	\$0.00
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	\$0.00
78890	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN	\$0.00
78891	GENERATION OF AUTOMATED DATA: INTERACTIVE PROCESS INVOLVING NUCLEAR PHYSICIAN	\$0.00
78990	PROVISION OF DIAGNOSTIC RADIOPHARMACEUTICAL(S)	\$10.92
79000	RADIOPHARMACEUTICAL THERAPY, HYPERTHYROIDISM; INITIAL, INCLUDING EVALUATION OF P	\$191.83
79001	RADIONUCLIDE THERAPY, HYPERTHYROIDISM; SUBSEQUENT, EACH THERAPY	\$84.41
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$152.19
79020	RADIOPHARMACEUTICAL THERAPY, THYROID SUPPRESSION (EUTHYROID CARDIAC DISEASE), IN	\$157.49

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
79030	RADIOPHARMACEUTICAL ABLATION OF GLAND FOR THYROID CARCINOMA	\$169.12
79035	RADIOPHARMACEUTICAL THERAPY FOR METASTASES OF THYROID CARCINOMA	\$186.03
79100	RADIOPHARMACEUTICAL THERAPY, POLYCYTHEMIA VERA, CHRONIC LEUKEMIA, EACH TREATMENT	\$138.48
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$158.70
79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	\$165.04
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$0.00
79400	RADIOPHARMACEUTICAL THERAPY, NONTHYROID, NONHEMATOLOGIC BY INTRAVENOUS INJECTION	\$163.31
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INF	\$222.58
79420	INTRAVASCULAR RADIOPHARMACEUTICAL THERAPY, PARTICULATE	\$0.00
79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	\$165.29
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$176.60
79900	PROVISION OF THERAPEUTIC RADIOPHARMACEUTICAL(S)	\$12.00
79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	\$32.54
80031	THERAPEUTIC QUANTITATIVE DRUG MONITORING IN BODY FLUIDS AND/OR EXCRETA (IF DRUG	\$0.00
80040	SERUM RADIOIMMUNOASSAY FOR CIRCULATING ANTIBIOTIC LEVELS	\$0.00
80042	SERUM ANTIMICROBIAL LEVEL, BIOASSAY METHOD	\$0.00
80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	\$30.51
80048	BASIC METABOLIC PANEL	\$11.70
80049	BASIC METABOLIC PANEL	\$0.00
80050	GENERAL HEALTH SCREEN PANEL	\$41.19
80051	ELECTROLYTE PANEL	\$9.69
80053	EXECUTIVE PROFILE	\$14.61
80054	COMPREHENSIVE METABOLIC PANEL	\$0.00
80055	OBSTETRIC PROFILE	\$21.14
80056	AMENORRHEA PROFILE	\$0.00
80058	HEPATIC FUNCTION PANEL	\$0.00
80059	HEPATITIS PANEL	\$0.00
80060	HYPERTENSION PANEL	\$0.00
80061	LIPID PROFILE	\$18.51
80062	CARDIAC EVALUATION (INCLUDING CORONARY RISK) PANEL	\$0.00
80063	CARDIAC INJURY PANEL;	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
80064	CARDIAC INJURY PANEL; WITH CREATINE PHOSPHOKINASE (CPK) AND/OR LACTIC DEHYDROGEN	\$0.00
80065	METABOLIC PANEL	\$0.00
80067	PULMONARY (LUNG FUNCTION) PANEL	\$0.00
80068	LUNG MATURITY PROFILE	\$0.00
80069	RENAL FUNCTION PANEL	\$12.00
80070	THYROID PANEL;	\$0.00
80071	THYROID PANEL; WITH THYROTROPIN RELEASING HORMONE (TRH)	\$0.00
80072	ARTHRITIS PANEL	\$35.67
80073	RENAL PANEL	\$0.00
80074	ACUTE HEPATITIS PANEL	\$65.82
80075	PARATHYROID PANEL	\$0.00
80076	HEPATIC FUNCTION PANEL	\$11.29
80080	PROSTATIC PANEL	\$0.00
80082	PANCREATIC PANEL	\$0.00
80084	PITUITARY PANEL	\$0.00
80085	MICROCYTIC ANEMIA PANEL	\$0.00
80086	MACROCYTIC ANEMIA PANEL	\$0.00
80088	TRANSITION PANEL (FOR MANAGEMENT OF PATIENT WITH PROVEN METASTATIC DISEASE)	\$0.00
80089	MUSCLE PANEL	\$0.00
80090	TORCH ANTIBODY PANEL	\$79.56
80091	THYROID PANEL; THIS PANEL MUST INCLUDE THE FOLLOWING TESTS: THYROXINE, TOTAL (84	\$0.00
80092	THYROID PANEL; THIS PANEL MUST INCLUDE THE FOLLOWING TESTS: THYROXINE, TOTAL (84	\$0.00
80100	DRUG, SCREEN; MULTIPLE DRUG CLASSES, EACH PROCEDURE	\$20.10
80101	DRUG, SCREEN; SINGLE DRUG CLASS, EACH DRUG CLASS	\$19.03
80102	DRUG, CONFIRMATION, EACH PROCEDURE	\$18.31
80103	TISSUE PREPARATION FOR DRUG ANALYSIS	\$0.00
80104	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHO	\$0.00
80150	AMIKACIN	\$20.83
80152	AMITRIPTYLINE	\$24.74
80154	BENZODIAZEPINES	\$25.56
80156	CARBAMAZEPINE	\$20.12

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
80157	CARBAMAZEPINE; FREE	\$11.11
80158	CYCLOSPORINE	\$24.95
80160	DESIPRAMINE	\$23.79
80162	DIGOXIN	\$18.35
80164	DIPROPYLACETIC ACID (VALPROIC ACID)	\$18.72
80166	DOXEPIN	\$13.00
80168	ETHOSUXIMIDE	\$22.58
80170	GENTAMICIN	\$22.65
80172	GOLD	\$13.66
80173	HALOPERIDOL	\$20.34
80174	IMIPRAMINE	\$14.43
80176	LIDOCAINE	\$20.30
80178	LITHIUM	\$9.13
80182	NORTRIPTYLINE	\$18.72
80184	PHENOBARBITAL	\$15.83
80185	PHENYTOIN; TOTAL	\$18.32
80186	PHENYTOIN; FREE	\$19.03
80188	PRIMIDONE	\$22.93
80190	PROCAINAMIDE;	\$14.05
80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	\$23.15
80194	QUINIDINE	\$20.17
80195	SIROLIMUS	\$11.50
80196	SALICYLATE	\$9.81
80197	TACROLIMUS	\$18.97
80198	THEOPHYLLINE	\$19.56
80200	TOBRAMYCIN	\$22.27
80201	TOPIRAMATE	\$16.48
80202	VANCOMYCIN	\$18.72
80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	\$18.92
80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	\$45.06
80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	\$72.88

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	\$65.60
80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	\$105.20
80410	CALCIUM-PENTAGASTRIN STIMULATION PANEL	\$67.34
80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	\$276.30
80414	CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE RESPONSE	\$43.30
80415	CHORIONIC GONADOTROPHIN STIMULATION PANEL; ESTRADIOL RESPONSE	\$46.85
80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	\$110.63
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	\$36.88
80418	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL	\$485.86
80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	\$60.38
80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	\$38.63
80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	\$42.34
80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	\$124.44
80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOPA ADMINISTRATION)	\$55.90
80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	\$65.76
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	\$113.24
80434	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY	\$84.78
80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	\$86.31
80436	METYRAPONE PANEL	\$76.42
80438	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	\$69.63
80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	\$92.84
80440	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; FOR HYPERPROLACTEMIA	\$48.74
80500	CLINICAL PATHOLOGY CONSULTATION	\$20.57
80502	CLINICAL PATHOLOGY CONSULTATION	\$70.69
81000	URINALYSIS	\$4.37
81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$4.37
81002	URINALYSIS	\$3.54
81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, K	\$3.10
81005	URINALYSIS	\$3.00
81007	URINALYSIS BACTERIURIA SCREEN, NON CULTURE TECH, COMMERCIAL I K	\$3.55
81010	URINALYSIS; CONCENTRATION AND DILUTION TEST	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
81012	URINALYSIS; WATER DEPRIVATION TEST WITH VASOPRESSIN RESPONSE	\$0.00
81015	URINALYSIS	\$4.20
81020	URINALYSIS	\$4.29
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	\$8.74
81030	QUANTITATIVE SEDIMENT ANALYSIS AND QUANTITATIVE PROTEIN (ADDIS COUNT)	\$0.00
81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	\$2.70
81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,	\$0.00
81201	Gene analysis (adenomatous polyposis coli), full gene sequence	\$0.00
81202	Gene analysis (adenomatous polyposis coli), known familial variants	\$0.00
81203	Gene analysis (adenomatous polyposis coli), duplication/deletion variants	\$0.00
81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE	\$0.00
81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MA	\$65.02
81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MI	\$54.19
81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OT	\$90.10
81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 228	\$0.00
81210	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE A	\$58.47
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$1,677.05
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$106.82
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER)	\$352.27
81214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$868.41
81215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$56.34
81217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS	\$56.34
81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$0.00
81221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$0.00
81222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$0.00
81223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$0.00
81224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS)	\$0.00
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METAB	\$191.47
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOL	\$255.86
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOL	\$0.00
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF G	\$0.00
81235	Gene analysis (epidermal growth factor receptor), common variants	\$135.00
81240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE	\$24.85
81241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEI	\$47.03
81242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GEN	\$0.00
81243	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	\$0.00
81244	FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE AN	\$0.00
81245	FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS	\$67.20
81250	G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, T	\$0.00
81251	GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIAN	\$0.00
81252	Gene analysis (gap junction protein, beta 2, 26kda; connexin 26), full gene sequence	\$0.00
81253	Gene analysis (gap junction protein, beta 2, 26kda; connexin 26), known familial variants	\$0.00
81254	Gene analysis (gap junction protein, beta 6, 30kda, connexin 30), common variants	\$0.00
81255	HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSI	\$0.00
81256	HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VAR	\$42.12
81257	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HY	\$0.00
81260	IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE CO	\$0.00
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$0.00
81261	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$88.87
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$0.00
81262	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), G	\$30.67
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VAR	\$0.00
81263	IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VAR	\$155.96
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL	\$0.00
81264	IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL	\$67.19
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPAR	\$0.00
81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPAR	\$248.96
81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SP	\$0.00
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$0.00
81267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$89.83
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
81268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIET	\$89.83
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617P	\$0.00
81270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617P	\$49.73
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	\$0.00
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSI	\$139.39
81280	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CA	\$0.00
81281	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CA	\$0.00
81282	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CA	\$0.00
81290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	\$0.00
81291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABIL	\$55.75
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$481.97
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$56.36
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POL	\$295.18
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POL	\$478.33
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POL	\$56.36
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POL	\$325.66
81298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$370.57
81299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$56.34
81300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER,	\$303.09
81301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CAN	\$192.50
81302	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQ	\$0.00
81303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FA	\$0.00
81304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICAT	\$0.00
81310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANT	\$35.30
81315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$70.52
81316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA)	\$73.80
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$385.58
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$56.36
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-P	\$277.45
81321	Gene analysis (phosphatase and tensin homolog), full sequence analysis	\$363.14
81322	Gene analysis (phosphatase and tensin homolog), known familial variant	\$35.30

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
81323	Gene analysis (phosphatase and tensin homolog), duplication/deletion variant	\$52.96
81324	Gene analysis (peripheral myelin protein 22), duplication/deletion analysis	\$0.00
81325	Gene analysis (peripheral myelin protein 22), full sequence analysis	\$0.00
81326	Gene analysis (peripheral myelin protein 22), known familial variant	\$0.00
81330	SMPD1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYSOSOMAL) (EG, NIEMANN-PICK DISEA	\$0.00
81331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN	\$0.00
81332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTIPROTEINASE, ANTITRYPS	\$42.12
81340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	\$88.87
81341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGE	\$27.26
81342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANG	\$88.87
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN ME	\$0.00
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM	\$0.00
81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	\$331.65
81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,	\$198.50
81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-	\$182.18
81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA	\$91.84
81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVA	\$60.00
81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AN	\$182.06
81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HL	\$100.80
81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIV	\$75.72
81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A	\$285.00
81379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE	\$276.60
81380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (E	\$146.18
81381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE O	\$78.00
81382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (	\$102.00
81383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE	\$90.00
81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1(EG, IDENTIFICATION OF SINGLE GERMLINE VAR	\$62.60
81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR	\$72.65
81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS,	\$111.58
81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNA SEQUE	\$141.00
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENC	\$181.30

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUEN	\$289.36
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNA SEQUE	\$408.66
81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNA SEQUE	\$0.00
81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLE GE	\$0.00
81479	Molecular pathology procedure	by report
81500	Oncology (ovarian), biochemical assays of two proteins (ca-125 and he4), utilizing serum, with menopausal status, algorithm reported as a risk score	\$0.00
81503	Oncology (ovarian), biochemical assays of five proteins (ca-125, apolipoprotein a1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	\$0.00
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, hba1c, insulin, hs-crp, adonectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	\$0.00
81508	Fetal congenital abnormalities, biochemical assays of two proteins (papp-a, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	\$0.00
81509	Fetal congenital abnormalities, biochemical assays of three proteins (papp-a, hcg [any form], dia), utilizing maternal serum, algorithm reported as a risk score	\$0.00
81510	Fetal congenital abnormalities, biochemical assays of three analytes (afp, ue3, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	\$0.00
81511	Fetal congenital abnormalities, biochemical assays of four analytes (afp, ue3, hcg [any form], dia) utilizing maternal serum, algorithm reported as a risk score	\$0.00
81512	Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum, algorithm reported as a risk score	\$0.00
81599	Multianalyte assay procedure with algorithmic analysis	\$0.00
82000	ACETALDEHYDE, BLOOD	\$10.39
82003	ACETAMINOPHEN, URINE	\$27.96
82005	ACETOACETIC ACID	\$0.00
82009	ACETONE	\$6.25
82010	ACETONE	\$11.29
82011	ACETYLSALICYLIC ACID; QUANTITATIVE	\$0.00
82012	ACETYLSALICYLIC ACID; QUALITATIVE	\$0.00
82013	ACETYLCHOLINESTERASE	\$15.44
82015	ACIDITY, TITRATABLE, URINE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82016	ACYLCARNITINES; QUALITATIVE, EACH SPECIMEN	\$11.62
82017	ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN (FOR CARNITINE, SEE 82379)	\$23.31
82024	ADRENOCORTICOTROPIC HORMONE (ACTH), RIA	\$53.38
82030	ADENOSINE	\$21.63
82035	ADENOSINE; 5'-TRIPHOSPHATE, BLOOD	\$0.00
82040	ALBUMIN	\$6.85
82042	ALBUMIN	\$7.15
82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	\$8.00
82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	\$6.33
82045	ALBUMIN; ISCHEMIA MODIFIED	\$28.46
82055	ALCOHOL (ETHANOL), BLOOD	\$14.93
82060	ALCOHOL (ETHANOL), BLOOD; BY GAS-LIQUID CHROMATOGRAPHY	\$0.00
82065	ALCOHOL (ETHANOL), URINE; CHEMICAL	\$0.00
82070	ALCOHOL (ETHANOL), URINE; BY GAS-LIQUID CHROMATOGRAPHY	\$0.00
82072	ALCOHOL (ETHANOL) GELATION	\$0.00
82075	ALCOHOL (ETHANOL), BREATH	\$16.66
82076	ALCOHOL; ISOPROPYL	\$0.00
82078	ALCOHOL; METHYL	\$0.00
82085	ALDOLASE, BLOOD	\$13.42
82086	ALDOLASE, BLOOD; COLORIMETRIC	\$0.00
82087	ALDOSTERONE; DOUBLE ISOTOPE TECHNIQUE	\$0.00
82088	ALDOSTERONE	\$56.32
82089	ALDOSTERONE; RIA, URINE	\$0.00
82091	ALDOSTERONE; SALINE INFUSION TEST	\$0.00
82095	ALKALOIDS, TISSUE; SCREENING	\$0.00
82096	ALKALOIDS, TISSUE; QUANTITATIVE	\$0.00
82100	ALKALOIDS, URINE; SCREENING	\$0.00
82101	ALKALOIDS, URINE	\$25.16
82103	ALPHA-1-ANTITRYPSIN; TOTAL	\$18.56
82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	\$19.98
82105	ALPHA-FETOPROTEIN; SERUM	\$23.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	\$23.18
82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	\$62.99
82108	ALUMINUM, BLOOD (SERUM)	\$21.73
82112	AMIKACIN	\$0.00
82120	AMINES, VAGINAL FLUID, QUALITATIVE	\$5.19
82126	AMINO ACID NITROGEN, ALPHA	\$0.00
82127	AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN	\$11.62
82128	AMINO ACIDS, QUALITATIVE	\$19.16
82130	AMINO ACIDS, URINE OR PLASMA, CHROMATOGRAPHIC FRACTIONATION	\$0.00
82131	AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	\$23.31
82134	AMINOHIPURATE, PARA (PAH)	\$0.00
82135	AMINOLEVULINIC ACID, DELTA (ALA)	\$22.75
82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$14.14
82137	AMINOPHYLLINE	\$0.00
82138	AMITRIPTYLINE	\$0.00
82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	\$23.31
82140	AMMONIA	\$20.14
82141	AMMONIA; URINE	\$0.00
82142	AMMONIUM CHLORIDE LOADING TEST	\$0.00
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$5.77
82145	AMPHETAMINE OR METHAMPHETAMINE, CHEMICAL, QUANTITATIVE	\$21.48
82150	AMYLASE, SERUM	\$8.96
82154	ANDROSTANEDIOL GLUCURONIDE	\$24.17
82156	AMYLASE, URINE (DIASTASE)	\$0.00
82157	ANDROSTENEDIONE, RIA	\$40.46
82159	ANDROSTERONE;	\$0.00
82160	ANDROSTERONE	\$20.96
82163	ANGIOTENSIN II, RIA	\$17.21
82164	ANGIOTENSIN-CONVERTING ENZYME	\$20.17
82165	ANILINE	\$0.00
82168	ANTIHISTAMINES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82170	ANTIMONY, URINE	\$0.00
82172	APOLIPOPROTEIN, IMMUNOASSAY	\$21.41
82173	ARGININE TOLERANCE TEST	\$0.00
82175	ARSENIC, BLOOD, URINE, GASTRIC CONTENTS, HAIR OR NAILS,	\$26.22
82180	ASCORBIC ACID (VITAMIN C), BLOOD	\$13.66
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$12.50
82205	BARBITURATES	\$15.80
82210	BARBITURATES; QUANTITATIVE AND IDENTIFICATION	\$0.00
82225	BARIUM	\$0.00
82230	BERYLLIUM, URINE	\$0.00
82231	BETA-2 MICROGLOBULIN, RIA; URINE	\$0.00
82232	BETA-2 MICROGLOBULIN, RIA	\$22.36
82235	BICARBONATE EXCRETION, URINE	\$0.00
82236	BICARBONATE LOADING TEST	\$0.00
82239	BILE ACIDS; TOTAL	\$23.67
82240	BILE ACIDS, BLOOD, FRACTIONATED	\$22.28
82245	BILE PIGMENTS, URINE	\$0.00
82247	BILIRUBIN; TOTAL	\$6.94
82248	BILIRUBIN; DIRECT	\$6.94
82250	BILIRUBIN; TOTAL OR DIRECT	\$0.00
82251	BILIRUBIN; TOTAL AND DIRECT	\$7.33
82252	BILIRUBIN	\$3.81
82260	BILIRUBIN; URINE, QUANTITATIVE	\$0.00
82261	BIOTINIDASE, EACH SPECIMEN	\$23.31
82265	BILIRUBIN; AMNIOTIC FLUID, QUANTITATIVE	\$0.00
82268	BISMUTH	\$0.00
82270	BLOOD	\$4.49
82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	\$4.54
82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, SINGLE S	\$4.54
82273	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES	\$4.49
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FE	\$13.33

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82280	BORIC ACID; BLOOD	\$0.00
82285	BORIC ACID; URINE	\$0.00
82286	BRADYKININ	\$5.77
82290	BROMIDES; BLOOD	\$0.00
82291	BROMIDES; URINE	\$0.00
82300	CADMIUM, URINE	\$19.40
82305	CAFFEINE	\$0.00
82306	CALCIFEDIOL (25-OH VITAMIN D-3), CHROMATOGRAPHIC TECHNIQUE	\$40.91
82307	CALCIFEROL (VITAMIN D), RIA	\$27.01
82308	CALCITONIN, RIA	\$37.01
82310	CALCIUM, BLOOD	\$7.12
82315	CALCIUM, BLOOD; FLUOROMETRIC	\$0.00
82320	CALCIUM, BLOOD; EMISSION FLAME PHOTOMETRY	\$0.00
82325	CALCIUM, BLOOD; ATOMIC ABSORPTION FLAME PHOTOMETRY	\$0.00
82330	CALCIUM, BLOOD	\$18.88
82331	CALCIUM, BLOOD	\$4.34
82335	CALCIUM, URINE; QUALITATIVE (SULKOWITCH)	\$0.00
82340	CALCIUM, URINE	\$8.34
82355	CALCULUS (STONE), QUALITATIVE, CHEMICAL	\$15.99
82360	CALCULUS (STONE), QUANTITATIVE	\$17.80
82365	CALCULUS (STONE), QUANTITATIVE	\$11.44
82370	CALCULUS (STONE), QUANTITATIVE	\$17.32
82372	CARBAMAZEPINE, SERUM	\$0.00
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	\$25.23
82374	CARBON DIOXIDE, COMBINING POWER OR CONTENT	\$6.76
82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN)	\$17.03
82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN)	\$5.02
82378	CARCINOEMBRYONIC ANTIGEN (CEA)	\$26.22
82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	\$23.31
82380	CAROTENE, BLOOD	\$12.75
82382	CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	\$14.41

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82383	CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	\$21.01
82384	CATECHOLAMINES (DOPAMINE, NOREPINEPHRINE, EPINEPHRINE)	\$34.90
82387	CATHEPSIN-D	\$17.44
82390	CERULOPLASMIN, CHEMICAL (COPPER OXIDASE), BLOOD	\$14.84
82397	CHEMILUMINESCENT ASSAY	\$11.84
82400	CHLORAL HYDRATE; BLOOD	\$0.00
82405	CHLORAL HYDRATE; URINE	\$0.00
82415	CHLORAMPHENICOL, BLOOD	\$10.62
82418	CHLORAZEPATE DIPOTASSIUM	\$0.00
82420	CHLORDIAZEPOXIDE; BLOOD	\$0.00
82425	CHLORDIAZEPOXIDE; URINE	\$0.00
82435	CHLORIDES	\$6.35
82436	CHLORIDES	\$6.95
82437	CHLORIDES; SWEAT (WITHOUT IONTOPHORESIS)	\$0.00
82438	CHLORIDES	\$6.76
82441	CHLORINATED HYDROCARBONS, SCREEN	\$5.03
82443	CHLOROTHIAZIDE-HYDROCHLOROTHIAZIDE	\$0.00
82465	CHOLESTEROL, SERUM	\$6.02
82470	CHOLESTEROL, SERUM; TOTAL AND ESTERS	\$0.00
82480	CHOLINESTERASE	\$10.89
82482	CHOLINESTERASE	\$6.44
82484	CHOLINESTERASE; SERUM AND RBC	\$0.00
82485	CHONDROITIN B SULFATE, QUANTITATIVE	\$17.31
82486	CHROMATOGRAPHY	\$15.14
82487	CHROMATOGRAPHY	\$13.38
82488	CHROMATOGRAPHY	\$17.91
82489	CHROMATOGRAPHY	\$15.50
82491	CHROMATOGRAPHY, QUANTITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCE LIQUID	\$24.96
82492	CHROMATOGRAPHY, QUANTITATIVE, COLUMN (EG, GAS LIQUID OR HPLC); MULTIPLE ANALYTES	\$24.96
82495	CHROMIUM, URINE	\$28.03
82507	CITRATE	\$38.43

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82512	CLONAZEPAM	\$0.00
82520	COCAINE, QUANTITATIVE	\$20.94
82523	COLLAGEN CROSS LINKS, ANY METHOD	\$25.83
82525	COPPER	\$17.15
82526	COPPER; URINE	\$0.00
82528	CORTICOSTERONE, RIA	\$18.87
82529	CORTISOL; FLUOROMETRIC, PLASMA	\$0.00
82530	CORTISOL; FREE	\$23.10
82531	CORTISOL; CPB, PLASMA	\$0.00
82532	CORTISOL; CPB, URINE	\$0.00
82533	CORTISOL	\$22.53
82534	CORTISOL; RIA, URINE	\$0.00
82536	CORTISOL; AFTER ADRENOCORTICOTROPIC HORMONE (ACTH) ADMINISTRATION	\$0.00
82537	CORTISOL; 48 HOURS AFTER CONTINUOUS ACTH INFUSION	\$0.00
82538	CORTISOL; AFTER METYRAPONE TARTRATE ADMINISTRATION	\$0.00
82539	CORTISOL; DEXAMETHASONE SUPPRESSION TEST, PLASMA AND/OR URINE	\$0.00
82540	CREATINE	\$6.40
82541	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$24.96
82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$24.96
82543	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$15.14
82544	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY (EG, GC/MS, OR HPLC/MS), ANALYTE NOT ELS	\$15.14
82545	CREATINE; URINE	\$0.00
82546	CREATINE AND CREATININE	\$0.00
82550	CREATINE PHOSPHOKINASE (CPK), BLOOD	\$9.01
82552	CREATINE PHOSPHOKINASE (CPK), BLOOD	\$18.51
82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	\$15.95
82554	CREATINE KINASE (CK), (CPK); ISOFORMS	\$9.95
82555	CREATINE PHOSPHOKINASE (CPK), BLOOD; COLORIMETRIC	\$0.00
82565	CREATININE	\$7.07
82570	CREATININE	\$7.15
82575	CREATININE	\$13.06

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82585	CRYOFIBRINOGEN, BLOOD	\$11.85
82595	CRYOGLOBULIN, BLOOD	\$8.95
82600	CYANIDE	\$16.27
82601	CYANIDE; TISSUE	\$0.00
82606	CYANOCOBALAMIN (VITAMIN B-12); BIOASSAY	\$0.00
82607	CYANOCOBALAMIN (VITAMIN B-12)	\$20.83
82608	CYANOCOBALAMIN (VITAMIN B-12)	\$19.80
82610	CYSTATIN C	\$19.00
82614	CYSTINE, BLOOD, QUALITATIVE	\$0.00
82615	CYSTINE AND HOMOCYSTINE, URINE	\$11.29
82620	CYSTINE AND HOMOCYSTINE, URINE; QUANTITATIVE	\$0.00
82624	CYSTINE AMINOPEPTIDASE	\$0.00
82626	DEHYDROEPIANDROSTERONE (DHEA), RIA	\$34.93
82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	\$30.72
82628	DESIPRAMINE	\$0.00
82633	DESOXYCORTICOSTERONE, 11-, RIA	\$25.97
82634	DEOXYCORTISOL, 11-(COMPOUND S), RIA	\$24.54
82635	DIACETIC ACID	\$0.00
82636	DIAZEPAM	\$0.00
82638	DIBUCAINE NUMBER	\$10.27
82639	DICUMAROL	\$0.00
82640	DIGITOXIN (DIGITALIS); BLOOD, RIA	\$0.00
82641	DIGITOXIN (DIGITALIS); URINE	\$0.00
82643	DIGOXIN, RIA	\$0.00
82646	DIHYDROCODEINONE	\$17.31
82649	DIHYDROMORPHINONE, QUANTITATIVE	\$21.55
82651	DIHYDROTESTOSTERONE (DHT)	\$35.68
82652	DIHYDROXYVITAMIN D, 1,25-	\$53.19
82654	DIMETHADIONE	\$11.60
82656	DOXEPIN	\$15.95
82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFI	\$24.96

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFI	\$15.14
82660	DRUG SCREEN (AMPHETAMINES, BARBITURATES, ALKALOIDS)	\$0.00
82662	IMMUNOASSAY TECHNIQUE FOR DRUGS	\$0.00
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$47.48
82666	EPIANDROSTERONE	\$18.01
82668	ERYTHROPOIETIN, BIOASSAY	\$25.97
82670	ESTRADIOL, RIA (PLACENTAL)	\$38.62
82671	ESTROGENS	\$27.08
82672	ESTROGENS	\$29.97
82673	ESTRIOL; FLUOROMETRIC	\$0.00
82674	ESTRIOL; GLC	\$0.00
82676	ESTRIOL; CHEMICAL	\$0.00
82677	ESTRIOL	\$33.43
82678	ESTRONE; CHEMICAL	\$0.00
82679	ESTRONE	\$20.93
82690	ETHCHLORVYNOL	\$14.49
82691	ETHCHLORVYNOL; URINE	\$0.00
82692	ETHOSUXIMIDE	\$0.00
82693	ETHYLENE GLYCOL	\$20.59
82694	ETIOCHOLANOLONE	\$0.00
82696	ETIOCHOLANOLONE, RIA	\$19.77
82705	FAT OR LIPIDS, FECES	\$7.04
82710	FAT OR LIPIDS, FECES	\$23.21
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$23.79
82720	FATTY ACIDS, BLOOD; ESTERIFIED	\$0.00
82725	FATTY ACIDS, BLOOD	\$18.40
82726	VERY LONG CHAIN FATTY ACIDS	\$25.23
82727	FERRIC CHLORIDE, URINE	\$0.00
82728	FERRITIN, SPECIFY METHOD (EG, RIA, IMMUNORADIOMETRIC ASSAY)	\$15.81
82730	FIBRINOGEN, QUANTITATIVE	\$0.00
82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$89.01

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82735	FLUORIDE	\$25.63
82740	FLUORIDE; URINE	\$0.00
82741	FLUCYTOSINE (5-FLUOROCYTOSINE)	\$0.00
82742	FLURAZEPAM	\$16.60
82745	FOLIC ACID (FOLATE), BLOOD; BIOASSAY	\$0.00
82746	FOLIC ACID (FOLATE), BLOOD	\$20.32
82747	FOLIC ACID; RBC	\$23.93
82750	FORMIMINOGLUTAMIC ACID (FIGLU), URINE	\$0.00
82755	FREE RADICAL ASSAY TECHNIQUE FOR DRUGS (FRAT)	\$0.00
82756	FREE THYROXINE INDEX (T-7)	\$0.00
82757	FRUCTOSE, SEMEN	\$14.54
82759	GALACTOKINASE, RBC	\$18.01
82760	GALACTOSE	\$15.47
82763	GALACTOSE; TOLERANCE TEST	\$0.00
82765	GALACTOSE; URINE	\$0.00
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE	\$17.66
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE	\$11.59
82777	Galectin-3 level	\$10.68
82780	GALLIUM	\$0.00
82784	GAMMAGLOBULIN, A, D, G, M NEPHELOMETRIC, EACH	\$10.55
82785	GAMMAGLOBULIN, E (EG, RIA, EIA)	\$22.76
82786	GAMMAGLOBULIN, SALT PRECIPITATION METHOD	\$0.00
82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	\$11.20
82790	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PO2	\$0.00
82791	GASES, BLOOD, OXYGEN SATURATION; BY MANOMETRY	\$0.00
82792	GASES, BLOOD, OXYGEN SATURATION QUANTIFICATION	\$0.00
82793	GASES, BLOOD, OXYGEN SATURATION; BY SPECTROPHOTOMETRY	\$0.00
82795	GASES, BLOOD, OXYGEN SATURATION; BY CALCULATION FROM PCO2	\$0.00
82800	GASES, BLOOD	\$11.71
82801	GASES, BLOOD; PCO2	\$0.00
82802	GASES, BLOOD; PH, PCO2 BY ELECTRODE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82803	GASES, BLOOD	\$26.74
82804	GASES, BLOOD; PO2 BY ELECTRODE	\$0.00
82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED	\$39.21
82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	\$12.06
82812	GASES, BLOOD; PO2 BY MANOMETRY	\$0.00
82817	GASES, BLOOD; PH, PCO2 BY TONOMETRY	\$0.00
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$7.80
82926	GASTRIC ACID, FREE AND TOTAL	\$4.57
82927	GASTRIC ACID, FREE AND TOTAL; EACH ADDITIONAL SPECIMEN	\$0.00
82928	GASTRIC ACID, FREE OR TOTAL	\$5.49
82929	GASTRIC ACID, FREE OR TOTAL; EACH ADDITIONAL SPECIMEN	\$0.00
82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	\$7.67
82931	GASTRIC ACID, PH TITRATION; SINGLE SPECIMEN	\$0.00
82932	GASTRIC ACID, PH TITRATION; EACH ADDITIONAL SPECIMEN	\$0.00
82938	GASTRIN (SERUM) AFTER SECRETIN STIMULATION (EG, FOR	\$14.83
82941	GASTRIN, RIA	\$24.38
82942	GLOBULIN, SERUM	\$0.00
82943	GLUCAGON, RIA	\$19.75
82944	GLUCOSAMINE	\$0.00
82945	GLUCOSE, BODY FLUID, OTHER THAN BLOOD	\$5.42
82946	GLUCAGON TOLERANCE TEST	\$20.83
82947	GLUCOSE	\$5.42
82948	GLUCOSE	\$4.37
82949	GLUCOSE; FERMENTATION	\$0.00
82950	GLUCOSE	\$6.56
82951	GLUCOSE	\$17.80
82952	GLUCOSE	\$5.42
82953	GLUCOSE	\$12.70
82954	GLUCOSE, URINE	\$0.00
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	\$13.40
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD)	\$8.38

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
82961	GLUCOSE TOLERANCE TEST, INTRAVENOUS	\$0.00
82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY	\$2.50
82963	GLUCOSIDASE, BETA	\$18.01
82965	GLUTAMATE DEHYDROGENASE, BLOOD	\$6.48
82975	GLUTAMINE (GLUTAMIC ACID AMIDE), SPINAL FLUID	\$13.28
82977	GLUTAMYL TRANSPEPTIDASE, GAMMA (GGT)	\$9.95
82978	GLUTATHIONE	\$11.95
82979	GLUTATHIONE REDUCTASE, RBC	\$5.77
82980	GLUTETHIMIDE	\$15.36
82985	GLYCOPROTEIN, ELECTROPHORESIS	\$20.83
82995	GOLD, BLOOD	\$0.00
83000	GONADOTROPIN, PITUITARY, FOLLICLE STIMULATING HORMONE (FSH); BIOASSAY	\$0.00
83001	GONADOTROPIN, PITUITARY, FOLLICLE STIMULATING HORMONE (FSH)	\$25.69
83002	GONADOTROPIN, PITUITARY, LUTEINIZING HORMONE (LH)(ICSH), RIA	\$25.60
83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	\$23.04
83004	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN); AFTER GLUCOSE TOLERANCE TEST	\$0.00
83008	GUANOSINE MONOPHOSPHATE (GMP), CYCLIC, RIA	\$14.07
83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	\$56.47
83010	HAPTOGLOBIN	\$17.38
83011	HAPTOGLOBIN; QUANTITATIVE, ELECTROPHORESIS	\$0.00
83012	HAPTOGLOBIN	\$14.41
83013	HELICOBACTER PYLORI, BREATH TEST ANALYSIS;	\$93.09
83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLEC	\$10.86
83015	HEAVY METAL SCREEN (ARSENIC, BISMUTH, MERCURY,	\$19.80
83018	HEAVY METAL SCREEN (ARSENIC, BISMUTH, MERCURY,	\$30.35
83019	HELICOBACTER PYLORI, BREATH TEST (INCLUDING DRUG AND BREATH SAMPLE COLLECTION KI	\$0.00
83020	HEMOGLOBIN	\$17.80
83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMOTOGRAPHY (EG, A2, S, C, AND/OR	\$24.96
83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	\$3.26
83030	HEMOGLOBIN	\$11.43
83033	HEMOGLOBIN	\$8.24

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83036	HEMOGLOBIN	\$13.42
83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	\$0.00
83040	HEMOGLOBIN; METHEMOGLOBIN, ELECTROPHORETIC SEPARATION	\$0.00
83045	HEMOGLOBIN	\$4.16
83050	HEMOGLOBIN	\$10.12
83051	HEMOGLOBIN	\$6.13
83052	HEMOGLOBIN; SICKLE, TURBIDIMETRIC	\$0.00
83053	HEMOGLOBIN; SOLUBILITY, S-D, ETC	\$0.00
83055	HEMOGLOBIN	\$4.12
83060	HEMOGLOBIN	\$6.94
83065	HEMOGLOBIN	\$5.77
83068	HEMOGLOBIN	\$7.10
83069	HEMOGLOBIN	\$3.31
83070	HEMOSIDERIN, URINE	\$6.56
83071	HEMOSIDERIN, RIA	\$5.77
83080	B-HEXOSAMINIDASE, EACH ASSAY	\$23.31
83086	HISTIDINE; BLOOD, QUALITATIVE	\$0.00
83087	HISTIDINE; URINE, QUALITATIVE	\$0.00
83088	HISTAMINE	\$40.81
83090	HOMOCYSTINE	\$23.31
83093	HOMOGENITISIC ACID; BLOOD, QUALITATIVE	\$0.00
83094	HOMOGENITISIC ACID; URINE, QUALITATIVE	\$0.00
83095	HOMOGENITISIC ACID; URINE, QUANTITATIVE	\$0.00
83150	HOMOVANILLIC ACID (HVA), URINE	\$19.80
83485	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; KINETIC ULTRAVIOLET METHOD	\$0.00
83486	HYDROXYBUTYRIC DEHYDROGENASE, ALPHA (HBD), BLOOD; COLORIMETRIC METHOD	\$0.00
83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	\$14.68
83492	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); GAS LIQUID CHROMATOGRAPHY (GLC)	\$0.00
83493	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, PORTER-SILBER TYPE	\$0.00
83494	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); BLOOD, FLUOROMETRIC	\$0.00
83495	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, PORTER-SILBER TYPE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83496	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS); URINE, FLUOROMETRIC	\$0.00
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA), URINE	\$17.82
83498	HYDROXYPROGESTERONE, 17-D, RIA	\$37.54
83499	HYDROXYPROGESTERONE, 20-	\$21.13
83500	HYDROXYPROLINE, URINE	\$18.99
83505	HYDROXYPROLINE, URINE	\$20.38
83510	HYDROXYPROLINE, URINE; FREE AND TOTAL	\$0.00
83516	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITA	\$15.95
83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	\$11.72
83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	\$18.67
83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	\$17.89
83523	IMIPRAMINE	\$0.00
83524	INDICAN, URINE	\$0.00
83525	INSULIN, RIA	\$15.81
83526	INSULIN TOLERANCE TEST	\$0.00
83527	INSULIN; FREE	\$10.85
83528	INTRINSIC FACTOR LEVEL	\$13.33
83530	INULIN CLEARANCE	\$0.00
83540	IRON, SERUM	\$8.95
83545	IRON, SERUM; AUTOMATED	\$0.00
83546	IRON, SERUM; RADIOACTIVE UPTAKE METHOD	\$0.00
83550	IRON BINDING CAPACITY, SERUM	\$12.08
83555	IRON BINDING CAPACITY, SERUM; AUTOMATED	\$0.00
83565	IRON BINDING CAPACITY, SERUM; RADIOACTIVE UPTAKE METHOD	\$0.00
83570	ISOCITRIC DEHYDROGENASE (IDH), BLOOD	\$7.42
83571	ISOCITRIC DEHYDROGENASE (IDH), BLOOD; COLORIMETRIC	\$0.00
83576	ISONICOTINIC ACID HYDRAZIDE (INH)	\$0.00
83578	KANAMYCIN	\$0.00
83582	KETOGENIC STEROIDS, URINE	\$11.88
83583	KETOGENIC STEROIDS, URINE; 11-DESOXY: 11-OXY RATIO	\$0.00
83584	KETOGLUTARATE, ALPHA	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83586	KETOSTEROIDS, 17- (17-KS), BLOOD	\$10.73
83587	KETOSTEROIDS, 17- (17-KS), BLOOD; FRACTIONATION, ALPHA/BETA	\$0.00
83588	KETOSTEROIDS, 17- (17-KS), BLOOD; RIA	\$0.00
83589	KETOSTEROIDS, 17- (17-KS), URINE; TOTAL	\$0.00
83590	KETOSTEROIDS, 17- (17-KS), URINE; FRACTIONATION, ALPHA/BETA	\$0.00
83593	KETOSTEROIDS, 17- (17-KS), URINE	\$22.05
83597	KETOSTEROIDS, 17- (17-KS), URINE; 11-DESOXY: 11-OXY RATIO	\$0.00
83599	KETOSTEROIDS, 17-OH, RIA	\$0.00
83600	KYNURENIC ACID	\$0.00
83605	LACTATE (LACTIC ACID)	\$14.76
83610	LACTIC DEHYDROGENASE (LDH), RIA	\$0.00
83615	LACTIC DEHYDROGENASE (LDH), BLOOD	\$8.35
83620	LACTIC DEHYDROGENASE (LDH), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
83624	LACTIC DEHYDROGENASE (LDH), BLOOD; HEAT OR UREA INHIBITION (TOTAL NOT INCLUDED)	\$0.00
83625	LACTIC DEHYDROGENASE (LDH), BLOOD	\$10.73
83626	LACTIC DEHYDROGENASE (LDH), BLOOD; ISOENZYMES, CHEMICAL SEPARATION	\$0.00
83628	LACTIC DEHYDROGENASE, LIVER (LLDH)	\$0.00
83629	LACTIC DEHYDROGENASE (LDH), URINE	\$0.00
83630	LACTOFERRIN, FECAL, QUALITATIVE	\$16.45
83631	LACTIC DEHYDROGENASE (LDH), CSF	\$16.45
83632	LACTOGEN, HUMAN PLACENTAL (HPL) CHORIONIC SOMATOMAMMOTROPIN,	\$16.94
83633	LACTOSE, URINE	\$4.61
83634	LACTOSE, URINE	\$9.66
83645	LEAD, SCREENING; BLOOD	\$0.00
83650	LEAD, SCREENING; URINE	\$0.00
83655	LEAD, QUANTITATIVE	\$16.72
83660	LEAD, QUANTITATIVE; URINE	\$0.00
83661	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO), AMNIOTIC FLUID	\$18.43
83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	\$15.86
83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	\$26.43
83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	\$26.43

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83670	LEUCINE AMINOPEPTIDASE (LAP), BLOOD	\$7.68
83675	LEUCINE AMINOPEPTIDASE (LAP), BLOOD; COLORIMETRIC	\$0.00
83680	LEUCINE AMINOPEPTIDASE (LAP), URINE	\$0.00
83681	LEUCINE TOLERANCE TEST	\$0.00
83685	LIDOCAINE	\$0.00
83690	LIPASE, BLOOD	\$9.52
83695	LIPOPROTEIN (A)	\$12.66
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	\$47.43
83700	LIPIDS, BLOOD	\$9.44
83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEI	\$24.28
83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN	\$30.86
83705	LIPIDS, BLOOD; FRACTIONATED (CHOLESTEROL, TRIGLYCERIDES, PHOSPHOLIPIDS)	\$0.00
83715	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION	\$15.56
83716	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF	\$0.00
83717	LIPOPROTEIN, BLOOD; ULTRACENTRIFUGATION AND QUANTITATION	\$0.00
83718	LIPOPROTEIN HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	\$11.31
83719	LIPOPROTEIN VERY LOW DENSITY CHOLESTEROL (VLDL CHOLESTEROL)	\$9.76
83720	LIPOPROTEIN CHOLESTEROL FRACTIONATION CALCULATION BY FORMULA	\$0.00
83721	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL	\$13.18
83725	LITHIUM, BLOOD, QUANTITATIVE	\$0.00
83727	LUTEINIZING RELEASING FACTOR (LRH), RIA	\$14.41
83728	LYSERGIC ACID DIETHYLAMIDE (LSD), RIA	\$0.00
83730	MACROGLOBULINS (SIA TEST)	\$0.00
83735	MAGNESIUM, BLOOD	\$9.26
83740	MAGNESIUM, BLOOD; FLUOROMETRIC	\$0.00
83750	MAGNESIUM, BLOOD; ATOMIC ABSORPTION	\$0.00
83755	MAGNESIUM, URINE; CHEMICAL	\$0.00
83760	MAGNESIUM, URINE; FLUOROMETRIC	\$0.00
83765	MAGNESIUM, URINE; ATOMIC ABSORPTION	\$0.00
83775	MALATE DEHYDROGENASE, KINETIC ULTRAVIOLET METHOD	\$6.18
83785	MANGANESE, BLOOD OR URINE	\$20.62

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83788	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS), ANALYTE NOT ELSEWHE	\$24.96
83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY (MS, MS/ MS), ANALYTE NOT ELSEWHE	\$24.96
83790	MANNITOL CLEARANCE	\$0.00
83795	MELANIN, URINE, QUALITATIVE	\$0.00
83799	MEPERIDINE, QUANTITATIVE	\$0.00
83805	MEPROBAMATE, BLOOD OR URINE	\$24.36
83825	MERCURY, QUANTITATIVE	\$22.47
83830	MERCURY, QUANTITATIVE; URINE	\$0.00
83835	METANEPHRINES, URINE	\$23.41
83840	METHADONE	\$22.56
83842	METHAPYRILENE	\$0.00
83845	METHAQUALONE	\$0.00
83857	METHEMALBUMIN	\$14.84
83858	METHSUXIMIDE, SERUM	\$12.43
83859	METHYPRYLON	\$0.00
83860	MORPHINE; SCREENING	\$0.00
83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TE	\$23.58
83862	MORPHINE; RIA	\$0.00
83864	MUCOPOLYSACCHARIDES, ACID, BLOOD	\$16.69
83865	MUCOPOLYSACCHARIDES, ACID, URINE; QUANTITATIVE	\$0.00
83866	MUCOPOLYSACCHARIDES, ACID, URINE	\$8.26
83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	\$8.10
83873	MYELIN BASIC PROTEIN, CSF, RIA	\$14.42
83874	MYOGLOBIN, ELECTROPHORESIS	\$17.84
83875	MYOGLOBIN, URINE	\$0.00
83876	MYELOPEROXIDASE (MPO)	\$0.00
83880	NALORPHINE	\$28.46
83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	\$18.79
83885	NICKEL, URINE	\$20.54
83887	NICOTINE	\$19.85
83890	NUCLEAR MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION	\$5.54

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83891	MOLECULAR DIAGNOSTICS; ISOLATION OR EXTRACTION OF HIGHLY PURIFIED NUCLEIC ACID	\$5.54
83892	NUCLEAR MOLECULAR DIAGNOSTICS; ENZYMATIC DIGESTION	\$5.54
83893	MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION	\$5.54
83894	NUCLEAR MOLECULAR DIAGNOSTICS; SEPARATION (EG, DOT BLOT, ELECTROPHORESIS)	\$5.54
83895	NITROGEN, TOTAL; URINE, 24-HOUR SPECIMEN	\$0.00
83896	NUCLEAR MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE, EACH	\$5.54
83897	MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER (EG, SOUTHERN, NORTHERN)	\$5.54
83898	NUCLEAR MOLECULAR DIAGNOSTICS; NUCLEIC ACID PROBE WITH AMPLIFICATION, EG, POLYME	\$23.17
83900	NITROGEN, TOTAL	\$28.10
83901	MOLECULAR DIAGNOSTICS; AMPLIFICATION OF PATIENT NUCLEIC ACID, MULTIPLEX, EACH MU	\$23.17
83902	MOLECULAR DIAGNOSTICS AMPLIFICATION EG POLYMERASE CHAIN REACTION (PCR) REVERSE T	\$19.61
83903	MOLECULAR DIAGNOSTICS; MUTATION SCANNING, BY PHYSICAL PROPERTIES (EG, SINGLE STR	\$23.17
83904	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY SEQUENCING, SINGLE SEGMENT, EA	\$23.17
83905	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC TRANSCRIPTION,	\$14.05
83906	MOLECULAR DIAGNOSTICS; MUTATION IDENTIFICATION BY ALLELE SPECIFIC TRANSLATION, S	\$14.05
83907	MOLECULAR DIAGNOSTICS; LYSIS OF CELLS PRIOR TO NUCLEIC ACID EXTRACTION (EG, STOO	\$13.06
83908	MOLECULAR DIAGNOSTICS; SIGNAL AMPLIFICATION OF PATIENT NUCLEIC ACID, EACH NUCLEI	\$16.39
83909	MOLECULAR DIAGNOSTICS; SEPARATION AND IDENTIFICATION BY HIGH RESOLUTION TECHNIQU	\$16.39
83910	NONPROTEIN NITROGEN (NPN), BLOOD	\$0.00
83912	NUCLEIC ACID PROBE, WITH ELECTROPHORESIS W/EXAM & REPORT	\$5.60
83913	MOLECULAR DIAGNOSTICS; RNA STABILIZATION	\$0.00
83914	MUTATION IDENTIFICATION BY ENZYMATIC LIGATION OR PRIMER EXTENSION, SINGLE SEGMEN	\$16.39
83915	NUCLEOTIDASE 5'-	\$9.35
83916	OLIGOCLONAL IMMUNE GLOBULIN (IG), CSF, BY ELECTROPHORESIS	\$27.79
83917	ORGANIC ACIDS; SCREEN, QUALITATIVE	\$0.00
83918	ORGANIC ACIDS	\$22.75
83919	ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN	\$22.75
83920	ORNITHINE CARBAMYL TRANSFERASE (OCT)	\$0.00
83921	ORGANIC ACID, SINGLE, QUANTITATIVE	\$22.75
83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	\$26.89
83930	OSMOLALITY	\$9.13

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
83935	OSMOLALITY	\$9.42
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$41.26
83938	OUABAIN	\$0.00
83945	OXALATE, URINE	\$17.80
83946	OXAZEPAM	\$0.00
83947	OXYBUTYRIC ACID, BETA	\$0.00
83948	OXYCODINONE	\$0.00
83949	OXYTOCINASE, RIA	\$0.00
83950	ONCOPROTEIN, HER-2/NEU	\$53.99
83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	\$0.00
83965	PARALDEHYDE, BLOOD, QUANTITATIVE	\$0.00
83970	PARATHORMONE (PARATHYROID HORMONE), RIA	\$57.04
83971	PENICILLIN, URINE	\$0.00
83972	PENTAZOCINE	\$0.00
83973	PENTOSE, URINE, QUALITATIVE	\$0.00
83975	PEPSINOGEN, BLOOD	\$0.00
83985	PESTICIDE OTHER THAN CHLORINATED HYDROCARBONS, BLOOD, URINE, OR OTHER MATERIAL	\$0.00
83986	PH, BODY FLUID, EXCEPT BLOOD	\$4.95
83987	PH; EXHALED BREATH CONDENSATE	\$22.74
83992	PHENCYCLIDINE (PCP)	\$12.32
83993	CALPROTECTIN, FECAL	\$27.42
83995	PHENOL, BLOOD OR URINE	\$0.00
84005	PHENOLSULFONPHTHALEIN (PSP) TEST, URINE	\$0.00
84021	PHENOTHIAZINE, URINE; QUALITATIVE, CHEMICAL	\$0.00
84022	PHENOTHIAZINE, URINE	\$13.06
84030	PHENYLALANINE (PKU), BLOOD	\$7.61
84031	PHENYLALANINE (PKU), BLOOD; FLUOROMETRIC	\$0.00
84033	PHENYLBUTAZONE	\$0.00
84035	PHENYLKETONES	\$3.07
84037	PHENYLKETONES; URINE, QUALITATIVE	\$0.00
84038	PHENYLPROPANOLAMINE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84039	PHENYLPYRUVIC ACID; BLOOD	\$0.00
84040	PHENYLPYRUVIC ACID; URINE	\$0.00
84045	PHENYTOIN	\$0.00
84060	PHOSPHATASE, ACID	\$6.19
84061	PHOSPHATASE, ACID; FORENSIC EXAMINATION	\$6.64
84065	PHOSPHATASE, ACID; PROSTATIC FRACTION	\$0.00
84066	PHOSPHATASE, ACID	\$13.35
84075	PHOSPHATASE, ALKALINE, BLOOD	\$7.15
84078	PHOSPHATASE, ALKALINE, BLOOD	\$6.12
84080	PHOSPHATASE, ALKALINE, BLOOD	\$20.44
84081	PHOSPHATYDYLGLYCEROL	\$22.84
84082	PHOSPHATES, TUBULAR REABSORPTION OF (TRP)	\$0.00
84083	PHOSPHOGLUCOMUTASE, ISOENZYMES	\$0.00
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$5.65
84087	PHOSPHOHEXOSE ISOMERASE	\$8.65
84090	PHOSPHOLIPIDS, BLOOD	\$0.00
84100	PHOSPHORUS (PHOSPHATE)	\$6.56
84105	PHOSPHORUS (PHOSPHATE)	\$7.15
84106	PORPHOBILINOGEN, URINE	\$3.59
84110	PORPHOBILINOGEN, URINE	\$11.68
84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	\$90.64
84118	PORPHYRINS, COPRO-, URINE; QUANTITATIVE	\$0.00
84119	PORPHYRINS, COPRO-, URINE	\$11.90
84120	PORPHYRINS	\$20.33
84121	PORPHYRINS; URO-, COPRO- AND PORPHOBILINOGEN, URINE	\$0.00
84126	PORPHYRINS, FECES, QUANTITATIVE	\$21.35
84127	PORPHYRINS, FECES; QUALITATIVE	\$9.77
84128	PORPHYRINS, PLASMA	\$0.00
84132	POTASSIUM	\$6.35
84133	POTASSIUM	\$5.94
84134	PREALBUMIN	\$20.16

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84135	PREGNANEDIOL	\$16.04
84136	PREGNANEDIOL; OTHER METHOD (SPECIFY)	\$0.00
84138	PREGNANETRIOL	\$15.88
84139	PREGNANETRIOL; OTHER METHOD (SPECIFY)	\$0.00
84140	PREGNENOLONE	\$28.58
84141	PRIMIDONE	\$0.00
84142	PROCAINAMIDE	\$0.00
84143	17-HYDROXYPREGNENOLONE	\$19.13
84144	PROGESTERONE, ANY METHOD	\$28.83
84145	PROCALCITONIN (PCT)	\$27.76
84146	PROLACTIN (MAMMOTROPIN), RIA	\$26.78
84147	PROPOXYPHENE	\$0.00
84149	PROPRANOLOL	\$0.00
84150	PROSTAGLANDIN, ANY ONE, RIA	\$34.50
84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	\$25.42
84153	PROSTATE SPECIFIC ANTIGEN (PSA)	\$25.42
84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	\$25.42
84155	PROTEIN, TOTAL, SERUM	\$5.06
84156	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE	\$3.69
84157	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID, CEREB	\$3.69
84160	PROTEIN, TOTAL, SERUM	\$2.80
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	\$20.80
84165	PROTEIN, TOTAL, SERUM	\$14.84
84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH	\$24.92
84170	PROTEIN, TOTAL, AND ALBUMIN/GLOBULIN RATIO	\$0.00
84175	PROTEIN; ELECTROPHORESIS, OTHER SOURCES REQUIRING CONCENTRATION (EG, CSF URINE)	\$0.00
84176	PROTEIN, SPECIAL STUDIES (EG, MONOCLONAL PROTEIN ANALYSIS)	\$0.00
84180	PROTEIN, URINE; QUANTITATIVE, 24-HOUR SPECIMEN	\$0.00
84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$14.28
84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$15.09
84185	PROTEIN, URINE; BENICE-JONES	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84190	PROTEIN, URINE; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	\$0.00
84195	PROTEIN, SPINAL FLUID; SEMI-QUANTITATIVE (PANDY)	\$0.00
84200	PROTEIN, SPINAL FLUID; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	\$0.00
84201	PROTIRELIN, THYROTROPIN RELEASING HORMONE (TRH) TEST	\$0.00
84202	PROTOPORPHYRIN, RBC	\$19.83
84203	PROTOPORPHYRIN, RBC	\$7.22
84205	PROTRIPTYLENE	\$0.00
84206	PROINSULIN, RIA	\$23.03
84207	PYRIDOXINE (VITAMIN B-6)	\$26.36
84208	PYROPHOSPHATE VS URATE, CRYSTALS (POLARIZATION)	\$0.00
84210	PYRUVATE, BLOOD	\$15.01
84220	PYRUVIC KINASE, RBC	\$7.91
84228	QUININE	\$9.76
84230	QUINIDINE, BLOOD	\$0.00
84231	RADIOIMMUNOASSAY (RIA) NOT ELSEWHERE SPECIFIED	\$0.00
84232	RELEASING FACTOR	\$0.00
84233	RECEPTOR ASSAY	\$53.99
84234	RECEPTOR ASSAY	\$54.38
84235	RECEPTOR ASSAY	\$73.12
84236	RECEPTOR ASSAY; PROGESTERONE AND ESTROGEN	\$0.00
84238	RECEPTOR ASSAY	\$50.53
84244	RENIN (ANGIOTENSIN I)	\$30.40
84246	RENIN (ANGIOTENSIN I); FUROSEMIDE TEST	\$0.00
84252	RIBOFLAVIN (VITAMIN B-2)	\$15.99
84255	SELENIUM, BLOOD, URINE OR TISSUE	\$35.28
84260	SEROTONIN, BLOOD	\$42.81
84270	SEX HORMONE BINDING GLOBULIN (SHBG)	\$13.11
84275	SIALIC ACID, BLOOD	\$11.26
84285	SILICA, BLOOD, URINE OR TISSUE	\$19.74
84295	SODIUM	\$6.65
84300	SODIUM	\$6.72

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84302	SODIUM; OTHER SOURCE	\$6.79
84305	SOMATOMEDIN	\$29.38
84307	SOMATOSTATIN	\$15.32
84310	SORBITOL DEHYDROGENASE, SERUM	\$0.00
84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	\$9.66
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$2.10
84318	STERCIBILIN, QUALITATIVE, FECES	\$0.00
84324	STRYCHNINE	\$0.00
84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	\$16.43
84376	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUALITATIVE, EACH SPECIMEN	\$7.61
84377	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE, EACH SPECIMEN	\$4.61
84378	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); SINGLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84379	SUGARS (MON-, DI, AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE, EACH SPECIMEN	\$9.66
84392	SULFATE, URINE	\$3.98
84395	SULFONAMIDE, BLOOD, CHEMICAL	\$0.00
84402	TESTOSTERONE; FREE	\$35.19
84403	TESTOSTERONE, BLOOD, RIA	\$35.68
84405	TESTOSTERONE, URINE, RIA	\$0.00
84406	TESTOSTERONE, BINDING PROTEIN	\$0.00
84407	TETRACAINE	\$0.00
84408	TETRAHYDROCANNABINOL THC (MARIJUANA)	\$0.00
84409	TETRAHYDROCORTISONE OR TETRAHYDROCORTISOL	\$0.00
84410	THALLIUM, BLOOD OR URINE	\$0.00
84420	THEOPHYLLINE, BLOOD OR SALIVA	\$0.00
84425	THIAMINE (VITAMIN B-1)	\$26.36
84430	THIOCYANATE, BLOOD	\$9.76
84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	\$18.54
84432	THYROGLOBULIN	\$22.20
84434	THIORIDAZINE	\$0.00
84435	THYROXINE, (T-4), CPB OR RESIN UPTAKE	\$0.00
84436	THYROXINE, TRUE (TT-4), RIA	\$9.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84437	THYROXINE (T-4) NEONATAL	\$8.95
84439	THYROXINE, FREE (FT-4), RIA (UNBOUND T-4 ONLY)	\$12.46
84442	THYROXINE BINDING GLOBULIN (TBG)	\$20.44
84443	THYROID STIMULATING HORMONE (TSH), RIA OR EIA	\$23.21
84444	THYROTROPIN RELEASING FACTOR (TRF)	\$0.00
84445	THYROTROPIN RELEASING FACTOR (TRF), RIA	\$32.92
84446	TOCOPHEROL ALPHA (VITAMIN E)	\$19.60
84447	TOXICOLOGY, SCREEN; GENERAL	\$0.00
84448	TOXICOLOGY, SCREEN; SEDATIVE (ACID AND NEUTRAL DRUGS, VOLATILES)	\$0.00
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$24.87
84450	TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD	\$7.14
84455	TRANSAMINASE, GLUTAMIC OXALOACETIC (SGOT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
84460	TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD	\$7.32
84465	TRANSAMINASE, GLUTAMIC PYRUVIC (SGPT), BLOOD; COLORIMETRIC OR FLUOROMETRIC	\$0.00
84466	TRANSFERRIN	\$17.65
84472	TRICHLOROETHANOL	\$0.00
84474	TRICHLOROACETIC ACID	\$0.00
84476	TRIFLUOPERAZINE	\$0.00
84478	TRIGLYCERIDES, BLOOD	\$7.95
84479	TRIIODOTHYRONINE (T-3), RESIN UPTAKE	\$8.95
84480	TRIIODOTHYRONINE TRUE (TT-3), RIA	\$19.60
84481	TRIIODOTHYRONINE, FREE (FT-3), RIA (UNBOUND T-3 ONLY)	\$23.41
84482	TRIDOTHYRONINE (T-3); REVERSE	\$21.78
84483	TRIMETHADIONE	\$0.00
84484	TROPONIN	\$13.60
84485	TRYPSIN, DUODENAL FLUID	\$6.29
84488	TRYPSIN, FECES	\$6.12
84490	TRYPSIN, FECES	\$6.38
84510	TYROSINE, BLOOD	\$8.72
84512	TROPONIN, QUALITATIVE	\$10.64
84520	UREA NITROGEN, BLOOD (BUN)	\$5.45

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84525	UREA NITROGEN, BLOOD (BUN)	\$4.02
84540	UREA NITROGEN, URINE	\$6.56
84545	UREA NITROGEN, CLEARANCE	\$9.12
84550	URIC ACID	\$6.25
84555	URIC ACID; URICASE, ULTRAVIOLET METHOD	\$0.00
84560	URIC ACID, URINE	\$6.56
84565	UROBILIN, URINE	\$7.73
84570	UROBILIN, URINE; QUANTITATIVE, TIMED SPECIMEN	\$0.00
84575	UROBILIN, FECES, QUANTITATIVE	\$0.00
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$10.46
84578	UROBILINOGEN, URINE	\$2.72
84580	UROBILINOGEN, URINE	\$5.95
84583	UROBILINOGEN, URINE	\$4.21
84584	UROPEPSIN, URINE	\$0.00
84585	VANILLYMANDELIC ACID (VMA), URINE	\$21.42
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$46.25
84588	VASOPRESSIN (ANTIDIURETIC HORMONE), RIA	\$46.91
84589	VISCOSITY	\$0.00
84590	VITAMIN A, BLOOD	\$16.02
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$9.72
84595	VITAMIN A, BLOOD; INCLUDING CAROTENE	\$0.00
84597	VITAMIN K	\$18.94
84600	VOLATILES (ACETIC ANHYDRIDE, CARBON TETRACHLORIDE,	\$13.47
84605	VOLUME, BLOOD, DYE METHOD (EVANS BLUE);	\$0.00
84610	VOLUME, BLOOD, DYE METHOD (EVANS BLUE); INCLUDING TOTAL PLASMA AND TOTAL BLOOD C	\$0.00
84613	WARFARIN	\$0.00
84615	XANTHURENIC ACID	\$0.00
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$9.93
84630	ZINC, QUANTITATIVE	\$15.74
84635	ZINC, QUANTITATIVE; URINE	\$0.00
84681	C-PEPTIDE, ANY METHOD	\$28.75

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
84695	GENTAMICIN	\$0.00
84702	GONADOTROPIN, CHORIONIC	\$20.80
84703	GONADOTROPIN, CHORIONIC	\$10.38
84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	\$21.03
84800	THYROID STIMULATING HORMONE (TSH), NEONATAL	\$0.00
84810	TOBRAMYCIN	\$0.00
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMON	\$8.41
85000	BLEEDING TIME; DUKE	\$0.00
85002	BLEEDING TIME	\$6.22
85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	\$9.04
85005	BLOOD COUNT; BASOPHIL COUNT, DIRECT	\$0.00
85007	BLOOD COUNT	\$4.76
85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	\$4.76
85009	BLOOD COUNT	\$5.14
85012	BLOOD COUNT; EOSINOPHIL COUNT, DIRECT	\$0.00
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	\$3.27
85014	BLOOD COUNT	\$3.27
85018	BLOOD COUNT	\$3.27
85021	BLOOD COUNT; HEMOGRAM, AUTOMATED (RBC, WBC, HGB, HCT AND INDICES ONLY)	\$7.72
85022	BLOOD COUNT; HEMOGRAM, AUTOMATED, AND MANUAL DIFFERENTIAL WBC COUNT (CBC)	\$7.59
85023	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND MANUAL DIFFERENTIAL	\$11.71
85024	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTOMATED PARTIAL	\$11.70
85025	BLOOD COUNT	\$10.74
85027	BLOOD COUNT	\$8.95
85029	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	\$0.00
85030	ADDITIONAL AUTOMATED HEMOGRAM INDICES (EG, RED CELL DISTRIBUTION WIDTH (RDW), ME	\$0.00
85031	BLOOD COUNT; HEMOGRAM, MANUAL, COMPLETE CBC (RBC, WBC, HGB, HCT, DIFFERENTIAL	\$0.00
85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	\$6.01
85041	BLOOD COUNT	\$4.20
85044	BLOOD COUNT	\$5.94
85045	BLOOD COUNT RETICULOCYTE COUNT, FLOW CYTOMETRY	\$5.59

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	\$7.72
85048	BLOOD COUNT	\$3.52
85049	BLOOD COUNT; PLATELET, AUTOMATED	\$6.25
85055	RETICULATED PLATELET ASSAY	\$18.20
85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN	\$15.19
85095	BONE MARROW; ASPIRATION ONLY	\$58.43
85097	BONE MARROW SMEAR AND/OR CELL BLOCK	\$34.18
85100	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION, STAINING AND INTERPRETATION	\$0.00
85101	BONE MARROW SMEAR AND/OR CELL BLOCK; ASPIRATION AND STAINING ONLY	\$0.00
85102	BONE MARROW BIOPSY, NEEDLE OR TROCAR	\$165.81
85103	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND INTERPRETATION	\$0.00
85105	BONE MARROW BIOPSY, NEEDLE OR TROCAR; INTERPRETATION ONLY	\$0.00
85109	BONE MARROW BIOPSY, NEEDLE OR TROCAR; STAINING AND PREPARATION ONLY	\$0.00
85130	CHROMOGENIC SUBSTRATE ASSAY	\$16.44
85170	CLOT RETRACTION	\$3.03
85171	CLOT RETRACTION; QUANTITATIVE	\$0.00
85172	CLOT RETRACTION; INHIBITION BY DRUGS	\$0.00
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$3.81
85210	CLOTTING	\$17.95
85220	CLOTTING	\$24.39
85230	CLOTTING	\$24.75
85240	CLOTTING	\$24.75
85242	CLOTTING; FACTOR VIII (AHG), TWO STAGE	\$0.00
85244	CLOTTING	\$17.12
85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	\$31.72
85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	\$31.72
85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS	\$31.72
85250	CLOTTING	\$26.31
85260	CLOTTING	\$24.75
85270	CLOTTING	\$24.75
85280	CLOTTING	\$22.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
85290	CLOTTING	\$13.70
85291	CLOTTING	\$7.45
85292	CLOTTING	\$15.88
85293	CLOTTING	\$15.88
85300	CLOTTING INHIBITORS OR ANTICOAGULANTS	\$16.38
85301	CLOTTING INHIBITORS OR ANTICOAGULANTS	\$9.07
85302	CLOTTING INHIBITORS OR ANTICOAGULANTS	\$16.61
85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	\$19.11
85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S ASSAY	\$16.02
85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	\$21.18
85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	\$21.41
85310	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBOPLASTIN	\$0.00
85311	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBINASE	\$0.00
85320	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIPROTHROMBOPLASTIN	\$0.00
85330	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTIFACTOR VIII	\$0.00
85335	FACTOR INHIBITOR TEST	\$17.99
85337	THROMBOMODULIN	\$8.74
85340	CLOTTING INHIBITORS OR ANTICOAGULANTS; CROSS RECALCIFICATION TIME (MIXTURES)	\$0.00
85341	CLOTTING INHIBITORS OR ANTICOAGULANTS; PTT INHIBITION TEST	\$0.00
85345	COAGULATION TIME	\$3.61
85347	COAGULATION TIME	\$5.88
85348	COAGULATION TIME	\$3.12
85360	EUGLOBULIN LYSIS	\$7.04
85362	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP)	\$9.52
85363	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); ETHANOL GEL	\$0.00
85364	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); HEMAGGLUTINATION INHIBITION (ME	\$0.00
85365	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); IMMUNOELECTROPHORESIS	\$0.00
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	\$7.22
85367	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PRECIPITATION	\$0.00
85368	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PROTAMINE PARACOAGULATION (PPP)	\$0.00
85369	FIBRIN DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); STAPHYLOCOCCAL CLUMPING	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	\$9.52
85371	FIBRINOGEN, SEMIQUANTITATIVE; LATEX	\$0.00
85372	FIBRINOGEN, SEMIQUANTITATIVE; TURBIDIMETRIC	\$0.00
85376	FIBRINOGEN; THROMBIN WITH PLASMA DILUTION	\$0.00
85377	FIBRINOGEN; THROMBIN TIME DILUTION	\$0.00
85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	\$9.86
85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	\$14.06
85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR VEN	\$14.22
85384	FIBRINOGEN; ACTIVITY	\$11.74
85385	FIBRINOGEN; ANTIGEN	\$7.12
85390	FIBRINOLYSINS	\$4.33
85392	FIBRINOLYSINS; WITH EACA CONTROL	\$0.00
85395	FIBRINOLYSINS; SEMIQUANTITATIVE	\$0.00
85396	FIBRINOLYSINS;	\$13.22
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$0.00
85398	FIBRINOLYSIS, QUANTITATIVE	\$0.00
85400	FIBRINOLYTIC MECHANISMS	\$12.22
85410	FIBRINOLYTIC MECHANISMS	\$10.66
85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	\$23.76
85420	FIBRINOLYTIC MECHANISMS	\$5.48
85421	FIBRINOLYTIC MECHANISMS	\$8.54
85426	FIBRINOLYTIC MECHANISMS; VON WILLEBRAND FACTOR ASSAY	\$0.00
85441	HEINZ BODIES	\$3.53
85445	HEINZ BODIES	\$5.71
85460	HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	\$10.69
85461	HEMOGLOBIN OR RBCS, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	\$5.56
85475	HEMOLYSIN, ACID	\$12.26
85520	HEPARIN ASSAY	\$15.81
85525	HEPARIN NEUTRALIZATION	\$16.12
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$11.89
85535	IRON STAIN (RBC OR BONE MARROW SMEARS)	\$8.95

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
85536	IRON STAIN, PERIPHERAL BLOOD	\$5.42
85538	LEDER STAIN (ESTERASE) BLOOD OR BONE MARROW	\$0.00
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$11.88
85544	LUPUS ERYTHEMATOSUS (LE) CELL PREP	\$0.00
85547	MECHANICAL FRAGILITY, RBC	\$7.21
85548	MORPHOLOGY OF RED BLOOD CELLS, ONLY	\$0.00
85549	MURAMIDASE, SERUM	\$15.73
85555	OSMOTIC FRAGILITY, RBC	\$5.60
85556	OSMOTIC FRAGILITY, RBC; INCUBATED, QUALITATIVE	\$0.00
85557	OSMOTIC FRAGILITY, RBC	\$11.20
85560	PEROXIDASE STAIN, WBC	\$0.00
85575	PLATELET; IN VITRO	\$0.00
85576	PLATELET	\$22.53
85577	PLATELET; RETENTION (IN VITRO), GLASS BEAD	\$0.00
85580	PLATELET; COUNT (REES-ECKER)	\$0.00
85585	PLATELET; ESTIMATION ON SMEAR, ONLY	\$0.00
85590	PLATELET; MANUAL COUNT	\$0.00
85595	PLATELET; AUTOMATED COUNT	\$6.18
85597	PLATELET NEUTRALIZATION	\$24.84
85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	\$25.30
85610	PROTHROMBIN TIME	\$5.43
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$5.43
85612	PROTHROMBIN TIME	\$13.22
85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	\$13.22
85615	PROTHROMBIN UTILIZATION (CONSUMPTION)	\$0.00
85618	PROTHROMBIN-PROCONVERTIN, P&P (OWREN)	\$0.00
85630	RED BLOOD CELL SIZE (PRICE-JONES)	\$0.00
85632	RED BLOOD CELL PEROXIDE HEMOLYSIS	\$0.00
85635	REPTILASE TEST	\$8.26
85650	SEDIMENTATION RATE (ESR); WINTROBE TYPE	\$0.00
85651	SEDIMENTATION RATE (ESR)	\$4.91

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	\$3.73
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$7.63
85665	STREPTOKINASE TITER (PLASMINOGEN ACTIVATOR)	\$0.00
85667	T-CELL DEPLETION (ANY METHOD) OF BONE MARROW FOR TRANSPLANTATION	\$0.00
85670	THROMBIN TIME	\$7.98
85675	THROMBIN TIME	\$5.75
85700	THROMBOPLASTIN GENERATION TEST; SCREENING (HICKS-PITNEY)	\$0.00
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$13.31
85710	THROMBOPLASTIN GENERATION TEST; DEFINITIVE, WITH PLATELET SUBSTITUTE	\$0.00
85711	THROMBOPLASTIN GENERATION TEST; WITH PATIENT'S PLATELETS	\$0.00
85720	THROMBOPLASTIN GENERATION TEST; ALL FACTORS	\$0.00
85730	THROMBOPLASTIN TIME, PARTIAL (PTT)	\$8.30
85732	THROMBOPLASTIN TIME, PARTIAL (PTT)	\$8.95
85810	VISCOSITY	\$16.14
85820	VISCOSITY; SERUM OR PLASMA	\$0.00
85999	UNLISTED HEMATOLOGY PROCEDURE	\$12.34
86000	AGGLUTININS	\$9.26
86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN	\$7.30
86002	AGGLUTININS; FEBRILE PANEL (TYPHOID O & H, PARATYPHOID A & B, BRUCELLA AND PROTE	\$0.00
86003	ALLERGEN SPECIFIC IGE; QUANTITATIVE, EACH PANEL OF UP TO 12 ALLERGENS	\$7.22
86004	AGGLUTININS; WARM	\$0.00
86005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK OR DISK)	\$1.73
86006	ANTIBODY, NON-RBC, QUALITATIVE; FIRST ANTIGEN, SLIDE OR TUBE	\$0.00
86007	ANTIBODY, NON-RBC, QUALITATIVE; EACH ADDITIONAL ANTIGEN	\$0.00
86008	ANTIBODY, NON-RBC, QUANTITATIVE; FIRST ANTIGEN	\$0.00
86009	ANTIBODY, NON-RBC, QUANTITATIVE; EACH ADDITIONAL ANTIGEN	\$0.00
86011	ANTIBODY, DETECTION, LEUKOCYTE ANTIBODY	\$0.00
86014	ANTIBODY, PLATELET ANTIBODIES (AGGLUTININS)	\$0.00
86016	ANTIBODY SCREEN, RBC, EACH SERUM	\$0.00
86017	ANTIBODIES, RBC, SALINE	\$0.00
86021	ANTIBODY IDENTIFICATION	\$20.80

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86022	ANTIBODY IDENTIFICATION	\$25.38
86023	ANTIBODY IDENTIFICATION	\$15.20
86031	ANTI HUMAN GLOBULIN TEST; DIRECT (COOMBS) (BROAD, IGG AND NON-IGG), EACH	\$0.00
86032	ANTI HUMAN GLOBULIN TEST; INDIRECT, QUALITATIVE (BROAD, GAMMA OR NONGAMMA), EACH	\$0.00
86033	ANTI HUMAN GLOBULIN TEST; INDIRECT, TITER (BROAD, GAMMA OR NONGAMMA), EACH	\$0.00
86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	\$16.70
86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	\$15.43
86060	ANTISTREPTOLYSIN O	\$10.09
86063	ANTISTREPTOLYSIN O	\$7.98
86064	B CELLS, TOTAL COUNT	\$52.70
86066	ANTITRYPSIN, ALPHA-1; PI (PROTEASE INHIBITOR) TYPING	\$0.00
86067	ANTITRYPSIN, ALPHA-1; OTHER METHOD (SPECIFY)	\$0.00
86070	BLOOD COMPATIBILITY TEST; CROSSMATCH BY IMMEDIATE SPIN TECHNIQUE ONLY	\$0.00
86074	BLOOD CROSSMATCH	\$0.00
86077	BLOOD BANK PHYSICIAN SERVICES	\$51.86
86078	BLOOD BANK PHYSICIAN SERVICES	\$52.33
86079	BLOOD BANK PHYSICIAN SERVICES	\$52.37
86080	BLOOD TYPING; ABO ONLY	\$0.00
86082	BLOOD TYPING; ABO AND RHO(D)	\$0.00
86083	BLOOD TYPING; ABO, RH(D) AND RBC ANTIBODY SCREENING	\$0.00
86084	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, P	\$0.00
86085	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT'S SERUM, PER U	\$0.00
86095	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO, AND/OR RHO(D)	\$0.00
86105	BLOOD TYPING; RH GENOTYPING, COMPLETE	\$0.00
86115	BLOOD TYPING; ANTI-RH IMMUNOGLOBULIN TESTING (RHOGAM TYPE)	\$0.00
86120	BLOOD TYPING	\$0.00
86130	COLLECTION AND PROCESSING FOR TRANSFUSION OF INTRAOPERATIVELY SALVAGED BLOOD	\$0.00
86140	C-REACTIVE PROTEIN	\$7.15
86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)	\$17.20
86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	\$35.54
86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	\$35.16

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY	\$22.20
86149	CARCINOEMBRYONIC ANTIGEN (CEA); GEL DIFFUSION	\$0.00
86151	CARCINOEMBRYONIC ANTIGEN (CEA); RIA OR EIA	\$0.00
86152	Cell enumeration using immunologic selection and identification in fluid specimen	\$127.69
86153	Cell enumeration using immunologic selection and identification in fluid specimen	\$20.97
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$13.40
86156	COLD AGGLUTININ; SCREEN	\$9.26
86157	COLD AGGLUTININ; TITER	\$11.14
86158	COMPLEMENT; C'1 ESTERASE	\$0.00
86159	COMPLEMENT; C'2 ESTERASE	\$0.00
86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	\$16.59
86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	\$16.59
86162	COMPLEMENT	\$28.08
86163	COMPLEMENT; C'3 ESTERASE	\$0.00
86164	COMPLEMENT; C'4 ESTERASE	\$0.00
86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	\$8.40
86185	COUNTERELECTROPHORESIS, EACH ANTIGEN	\$7.50
86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	\$12.66
86215	DEOXYRIBONUCLEASE, ANTIBODY	\$18.32
86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	\$18.99
86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	\$16.73
86235	ANTIBODY TO SPECIFIC NUCLEAR ANTIGEN, ANY METHOD, EACH	\$24.78
86243	FC RECEPTOR ASSAY, SPECIFY METHOD	\$17.21
86244	FETO-PROTEIN, ALPHA-1, RIA OR EIA	\$0.00
86255	FLUORESCENT ANTIBODY	\$16.66
86256	FLUORESCENT ANTIBODY	\$16.66
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY, RIA	\$13.19
86280	HEMAGGLUTINATION INHIBITION TEST (HAI), EACH	\$6.86
86281	HEMOLYSINS, ACID (FOR PAROXYSMAL HEMOGLOBINURIA) (HAM TEST)	\$0.00
86282	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	\$0.00
86283	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED WITH GLUCOSE (EG, ATP)	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86288	HEPATITIS B CORE ANTIGEN (HBCAG), RIA	\$0.00
86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMO	\$16.45
86298	HEPATITIS A ANTIBODY (HAAB) (EG, RIA, EIA); IGG ANTIBODY	\$0.00
86300	HETEROPHILE ANTIBODIES	\$28.76
86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	\$28.76
86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	\$28.76
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	\$29.81
86308	HETEROPHILE ANTIBODIES; SCREENING	\$7.15
86309	HETEROPHILE ANTIBODIES; TITER	\$5.42
86310	HETEROPHILE ANTIBODIES	\$6.18
86312	HIV (HTLV-III) ANTIBODY DETECTION; IMMUNOASSAY	\$0.00
86314	HIV (HTLV-III) ANTIBODY DETECTION; CONFIRMATORY TEST (EG, WESTERN BLOT)	\$0.00
86316	IMMUNOASSAY FOR TUMOR ANTIGEN (EG, PROSTATE SPECIFIC ANTIGEN,	\$28.76
86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIGEN OR ANTIBODY, EACH	\$20.72
86318	IMMUNOASSAY FOR CHEMICAL CONSTITUENT	\$17.89
86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	\$0.00
86320	IMMUNOELECTROPHORESIS	\$22.10
86325	IMMUNOELECTROPHORESIS	\$22.53
86327	IMMUNOELECTROPHORESIS	\$19.02
86329	IMMUNODIFFUSION	\$11.77
86331	IMMUNODIFFUSION	\$10.05
86332	IMMUNE COMPLEX ASSAY CIQ BINDING CELL	\$32.38
86333	IMMUNE COMPLEX ASSAY; RAJI CELL	\$0.00
86334	IMMUNOFIXATION ELECTROPHORESIS	\$30.87
86335	IMMUNOGLOBULIN TYPING (GC, GM, INV), EACH	\$30.87
86336	INHIBIN A	\$18.09
86337	INSULIN ANTIBODIES, RIA	\$29.59
86338	INSULIN FACTOR ANTIBODIES, RIA	\$0.00
86340	INTRINSIC FACTOR ANTIBODIES, RIA	\$20.83
86341	ISLET CELL ANTIBODY	\$25.15
86342	IRRADIATION OF BLOOD PRODUCTS, EACH	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$10.45
86344	LEUKOCYTE PHAGOCYTOSIS	\$6.70
86349	LEUKOCYTE TRANSFUSION (LEUKAPHERESIS)	\$0.00
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETEC	\$97.30
86353	LYMPHOCYTE TRANSFORMATION, SPONTANEOUS BLASTOGENESIS OR PHYTOMITOGEN	\$41.09
86355	B CELLS, TOTAL COUNT	\$36.89
86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECI	\$25.28
86357	LYMPHOCYTES	\$31.62
86358	LYMPHOCYTES; B-CELL EVALUATION	\$0.00
86359	T CELLS; TOTAL COUNT	\$52.13
86360	T CELLS; T4 AND T8, INCLUDING RATIO	\$64.93
86361	T CELLS; ABSOLUTE CD4 COUNT	\$25.00
86367	STEM CELLS (IE, CD34), TOTAL COUNT	\$36.89
86376	MICROSOMAL ANTIBODY (THYROID)	\$20.11
86377	MICROSOMAL ANTIBODY (THYROID); OTHER METHOD (SPECIFY)	\$0.00
86378	MIGRATION INHIBITORY FACTOR TEST (MIF)	\$16.51
86379	NATURAL KILLER (NK) CELLS, TOTAL COUNT	\$52.70
86382	NEUTRALIZATION TEST, VIRAL	\$14.17
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$9.55
86385	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL);	\$0.00
86386	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN S	\$22.61
86403	PARTICLE AGGLUTINATION, RAPID TEST FOR	\$14.08
86404	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$0.00
86405	PRECIPITIN TEST FOR BLOOD (SPECIES IDENTIFICATION)	\$0.00
86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	\$14.58
86410	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86411	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86412	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86417	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH DR	\$0.00
86418	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	\$0.00
86419	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH IN	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86420	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL RE	\$0.00
86421	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE; UP TO 5 TE	\$0.00
86422	RADIOALLERGOSORBENT TEST, IN VITRO TESTING FOR ALLERGEN-SPECIFIC IGE (EG, RAST,	\$0.00
86423	RADIOIMMUNOSORBENT TEST (RIST) IGE, QUANTITATIVE	\$0.00
86430	RHEUMATOID FACTOR, LATEX FIXATION	\$7.85
86431	RHEUMATOID FACTOR; QUANTITATIVE	\$7.85
86455	SKIN TEST; ANERGY TESTING, ONE OR MORE ANTIGENS	\$0.00
86480	SKIN TEST;CAT SCRATCH FEVER	\$51.95
86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERAT	\$87.22
86485	SKIN TEST; CANDIDA	\$13.04
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	\$3.31
86490	SKIN TEST	\$7.69
86510	SKIN TEST	\$8.45
86540	SKIN TEST	\$7.89
86580	SKIN TEST	\$6.68
86585	SKIN TEST; TUBERCULOSIS, TINE TEST	\$6.00
86586	UNLISTED ANTIGEN, EACH	\$0.00
86587	STEM CELLS (IE, CD34), TOTAL COUNT	\$52.70
86588	STREPTOCOCCUS, SCREEN, DIRECT	\$0.00
86590	STREPTOKINASE, ANTIBODY	\$15.24
86592	SYPHILIS TEST	\$5.90
86593	SYPHILIS TEST	\$6.09
86594	THYROID AUTOANTIBODIES	\$0.00
86600	TOXOPLASMOSIS, DYE TEST	\$0.00
86602	ANTIBODY; ACTINOMYCES	\$8.53
86603	ANTIBODY; ADENOVIRUS	\$10.79
86606	ANTIBODY; ASPIRGILLUS	\$20.80
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$17.81
86611	ANTIBODY; BARTONELLA	\$14.22
86612	ANTIBODY; BLASTOMYCES	\$10.82
86615	ANTIBODY; BORDETELLA	\$11.06

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86617	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY TEST (EG, WESTERN BLO	\$21.40
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$23.54
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$11.21
86622	ANTIBODY; BRUCELLA	\$12.35
86625	ANTIBODY; CAMPYLOBACTER	\$11.00
86628	ANTIBODY; CANDIDA	\$16.60
86630	TRANSFER FACTOR TEST (TFT)	\$0.00
86631	ANTIBODY; CHLAMYDIA	\$16.35
86632	ANTIBODY; CHLAMYDIA, IGM	\$17.55
86635	ANTIBODY; COCCIDIOIDES	\$9.62
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$10.16
86641	ANTIBODY; CRYPTOCOCCUS	\$12.08
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$19.89
86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	\$23.28
86648	ANTIBODY; DIPHTHERIA	\$21.02
86650	TREPONEMA ANTIBODIES, FLUORESCENT, ABSORBED (FTA-ABS)	\$0.00
86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	\$11.06
86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	\$11.06
86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	\$11.06
86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	\$11.06
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$10.92
86662	TREPONEMA PALLIDUM TEST, OTHER, SPECIFY (EG, TPIA, TPA, TPMB, TPCF, RPCF)	\$0.00
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$18.13
86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	\$21.14
86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	\$25.07
86666	ANTIBODY; EHRlichia	\$8.53
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$8.72
86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	\$16.95
86674	ANTIBODY; GIARDIA LAMBLIA	\$20.34
86677	ANTIBODY; HELICOBACTER PYLORI	\$20.05
86681	ADRENAL CORTEX ANTIBODIES, RIA	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.60
86683	ANTIBODY; HEMOGLOBIN, FECAL	\$0.00
86684	ANTIBODY; HEMOPHILUS INFLUENZA	\$13.28
86685	ANTI-ACHR (ACETYLCHOLINE RECEPTOR) ANTIBODY TITER	\$0.00
86687	HTLV I, ANTIBODY DETECTION IMMUNOASSAY	\$11.60
86688	ANTIBODY; HTLV-II	\$11.74
86689	HTLV I, ANTIBODY DETECTION CONFIRMATORY TEST	\$26.75
86692	ANTIBODY; HEPATITIS, DELTA AGENT	\$23.72
86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	\$19.89
86695	ANTIBODY; HERPES SIMPLEX, TYPE I	\$18.23
86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	\$27.05
86698	ANTIBODY; HISTOPLASMA	\$10.48
86701	ANTIBODY; HIV-1	\$12.28
86702	ANTIBODY; HIV-2	\$18.69
86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	\$18.96
86704	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	\$16.66
86705	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY	\$16.27
86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	\$14.84
86707	HEPATITIS BE ANTIBODY (HBEAB)	\$15.98
86708	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM	\$17.12
86709	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	\$15.55
86710	ANTIBODY; INFLUENZA VIRUS	\$11.36
86711	Analysis for antibody to john cunningham virus	\$11.87
86713	ANTIBODY; LEGIONELLA	\$21.15
86717	ANTIBODY; LEISHMANIA	\$10.27
86720	ANTIBODY; LEPTOSPIRA	\$18.23
86723	ANTIBODY; LISTERIA MONOCYTOGENES	\$11.06
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$10.79
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	\$10.01
86732	ANTIBODY; MUCORMYCOSIS	\$11.06
86735	ANTIBODY; MUMPS	\$18.03

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86738	ANTIBODY; MYCOPLASMA	\$18.31
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$11.06
86744	ANTIBODY; NOCARDIA	\$11.06
86747	ANTIBODY; PARVOVIRUS	\$20.77
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$11.06
86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	\$10.39
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$10.81
86757	ANTIBODY; RICKETTSIA	\$26.75
86759	ANTIBODY; ROTAVIRUS	\$11.06
86762	ANTIBODY; RUBELLA	\$19.89
86765	ANTIBODY; RUBEOLA	\$17.81
86768	ANTIBODY; SALMONELLA	\$11.06
86771	ANTIBODY; SHIGELLA	\$11.06
86774	ANTIBODY; TETANUS	\$12.41
86777	ANTIBODY; TOXOPLASMA	\$19.89
86778	ANTIBODY; TOXOPLASMA, IGM	\$19.90
86780	ANTIBODY; TREPONEMA PALLIDUM	\$18.97
86781	ANTIBODY; TREPONEMA PALLIDUM, CONFIRMATORY TEST (EG, FTA-ABS)	\$18.30
86784	ANTIBODY; TRICHINELLA	\$17.36
86787	ANTIBODY; VARICELLA-ZOSTER	\$17.81
86788	ANTIBODY; WEST NILE VIRUS, IGM	\$23.54
86789	ANTIBODY; WEST NILE VIRUS	\$20.11
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$17.81
86793	ANTIBODY; YERSINIA	\$11.06
86800	THYROGLOBULIN ANTIBODY, RIA	\$21.98
86803	HEPATITIS C ANTIBODY;	\$19.73
86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)	\$21.40
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRATION	\$44.08
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TITRATIO	\$39.68
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY STAN	\$28.22
86808	LYMPHOCYTOTOXICITY ASSAY,VISUAL CROSSMATCH W/O TITRATION	\$24.88

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86812	TISSUE TYPING	\$35.66
86813	TISSUE TYPING	\$80.13
86816	TISSUE TYPING	\$38.49
86817	TISSUE TYPING	\$88.98
86821	TISSUE TYPING	\$47.33
86822	TISSUE TYPING	\$30.64
86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$77.76
86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETR	\$25.92
86828	Assessment of antibody to human leukocyte antigens (hla) for the presence or absence of antibody(ies) to hla class i and class ii hla antigens	\$27.77
86829	Assessment of antibody to human leukocyte antigens (hla) for the presence or absence of antibody(ies) to hla class i and class ii hla antigens	\$24.48
86830	Assessment of antibody to human leukocyte antigens (hla) with antibody identification by qualitative panel using complete hla phenotypes, hla class i	\$66.59
86831	Assessment of antibody to human leukocyte antigens (hla) with antibody identification by qualitative panel using complete hla phenotypes, hla class ii	\$57.08
86832	Assessment of antibody to human leukocyte antigens (hla) with high definition qualitative panel for identification of antibody specificities, hla class i	\$104.64
86833	Assessment of antibody to human leukocyte antigens (hla) with high definition qualitative panel for identification of antibody specificities, hla class ii	\$95.13
86834	Assessment of antibody to human leukocyte antigens (hla), hla class i	\$294.89
86835	Assessment of antibody to human leukocyte antigens (hla) with solid phase assays, hla class ii	\$266.36
86849	UNLISTED IMMUNOLOGY PROCEDURE	\$18.98
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$19.65
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$16.20
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$55.70
86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	\$7.42
86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	\$7.90
86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	\$7.15
86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	\$32.95
86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86900	BLOOD TYPING; ABO	\$4.12
86901	BLOOD TYPING; RH (D)	\$8.22
86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN T	\$5.38
86903	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USING REAGENT SERUM, P	\$6.63
86904	BLOOD TYPING; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNI	\$4.02
86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	\$5.28
86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	\$10.71
86910	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN	\$0.00
86911	BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; EACH ADDITIONAL ANTIGEN	\$0.00
86915	BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MODIFICATION OR TREATMENT TO	\$0.00
86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	\$20.80
86921	COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE	\$20.80
86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	\$20.80
86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	\$0.00
86927	FRESH FROZEN PLASMA, THAWING, EACH UNIT	\$5.35
86930	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT;	\$9.00
86931	FROZEN BLOOD, EACH UNIT; THAWING	\$0.00
86932	FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING	\$0.00
86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	\$11.32
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$16.73
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	\$54.60
86950	LEUKOCYTE TRANSFUSION	\$0.00
86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), E	\$0.00
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	\$16.20
86970	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86971	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86972	PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR	\$0.00
86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$0.00
86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	\$0.00
86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH	\$0.00
86978	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT	\$9.00
86999	UNLISTED IMMUNOLOGY PROCEDURE	\$21.15
87001	ANIMAL INOCULATION, SMALL ANIMAL	\$11.08
87003	ANIMAL INOCULATION, SMALL ANIMAL	\$14.11
87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR	\$9.23
87040	CULTURE, BACTERIAL, DEFINITIVE	\$14.27
87045	CULTURE, BACTERIAL, DEFINITIVE	\$13.04
87046	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMI	\$7.91
87060	CULTURE, BACTERIAL, DEFINITIVE; THROAT OR NOSE	\$10.67
87070	CULTURE, BACTERIAL, DEFINITIVE	\$11.90
87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIF	\$7.91
87072	CULTURE OR DIRECT BACTERIAL IDENTIFICATION METHOD, EACH ORGANISM, BY COMMERCIAL	\$11.16
87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENT	\$7.91
87075	CULTURE, BACTERIAL, ANY SOURCE	\$13.08
87076	CULTURE, BACTERIAL, ANY SOURCE	\$11.16
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE	\$11.16
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE	\$9.16
87082	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (S	\$0.00
87083	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (S	\$0.00
87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY	\$11.90
87085	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (S	\$11.90
87086	CULTURE, BACTERIAL, URINE	\$11.16
87087	CULTURE, BACTERIAL, URINE; COMMERCIAL KIT	\$0.00
87088	CULTURE, BACTERIAL, URINE	\$10.55
87101	CULTURE, FUNGI, ISOLATION	\$10.66
87102	CULTURE, FUNGI, ISOLATION	\$11.61
87103	CULTURE, FUNGI, ISOLATION BLOOD	\$12.46
87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS	\$14.27
87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	\$14.42
87109	CULTURE, MYCOPLASMA, ANY SOURCE	\$21.26
87110	CULTURE, CHLAMYDIA	\$27.08

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB,	\$13.63
87117	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA); CONCEN	\$15.99
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$15.13
87140	CULTURE, TYPING	\$7.71
87143	CULTURE, TYPING	\$10.51
87145	CULTURE, TYPING; PHAGE METHOD	\$0.00
87147	CULTURE, TYPING	\$7.15
87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	\$27.71
87150	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PR	\$50.27
87151	CULTURE, TYPING; SEROLOGIC METHOD, SPECIATION	\$0.00
87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$4.39
87153	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE	\$165.22
87155	CULTURE, TYPING; PRECIPITIN METHOD, GROUPING, PER ANTISERUM	\$0.00
87158	CULTURE, TYPING	\$4.39
87163	CULTURE, ANY SOURCE, ADDITIONAL IDENTIFICATION METHODS REQUIRED (USE IN ADDITION	\$15.30
87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL,	\$9.01
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL,	\$9.47
87168	MACROSCOPIC EXAMINATION; ARTHROPOD	\$5.40
87169	MACROSCOPIC EXAMINATION; PARASITE	\$5.90
87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	\$5.90
87174	ENDOTOXIN, BACTERIAL (PYROGENS); CHEMICAL	\$0.00
87175	ENDOTOXIN, BACTERIAL (PYROGENS); BIOLOGICAL ASSAY (EG, LIMULUS LYSATE)	\$0.00
87176	ENDOTOXIN, BACTERIAL (PYROGENS)	\$4.93
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$12.30
87181	SENSITIVITY STUDIES, ANTIBIOTIC	\$2.57
87184	SENSITIVITY STUDIES, ANTIBIOTIC	\$9.53
87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMAS	\$2.57
87186	SENSITIVITY STUDIES, ANTIBIOTIC	\$11.94
87187	SENSITIVITY STUDIES,ANTIBIOTIC MBC(USE IN ADDIT.87186-87188)	\$8.69
87188	SENSITIVITY STUDIES, ANTIBIOTIC	\$5.56
87190	SENSITIVITY STUDIES, ANTIBIOTIC	\$7.81

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87192	SENSITIVITY STUDIES, ANTIBIOTIC; FUNGI, EACH DRUG	\$0.00
87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	\$9.79
87198	CYTOMEGALOVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)	\$0.00
87199	ENTEROVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)	\$0.00
87205	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$5.90
87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$7.42
87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$8.37
87208	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; DIRECT OR CONCENTRATED, DRY, FOR OVA	\$0.00
87209	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME,	\$17.57
87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION	\$5.90
87211	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET AND DRY MOUNT, FOR OVA AND PARAS	\$0.00
87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	\$5.90
87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM	\$27.28
87250	VIRUS IDENTIFICATION	\$27.02
87252	VIRUS IDENTIFICATION	\$36.02
87253	VIRUS IDENTIFICATION TISSUE CULTURE,ADDITIONAL STUDIES_ISOLA	\$12.39
87254	VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STA	\$16.39
87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN	\$42.92
87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADE	\$10.06
87265	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; BOR	\$16.58
87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS,	\$16.76
87269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA	\$12.02
87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CHL	\$16.58
87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CYTOMEGALOVIR	\$16.76
87272	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRY	\$16.58
87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLE	\$10.06
87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; HER	\$16.58
87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B V	\$16.58
87276	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; INF	\$16.58
87277	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA MI	\$10.06
87278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; LEG	\$16.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA	\$10.06
87280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; RES	\$16.58
87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS	\$10.06
87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA	\$10.06
87285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; TRE	\$10.06
87290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; VAR	\$10.06
87299	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE, NOT	\$16.58
87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FO	\$10.06
87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87320	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$12.02
87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87338	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.27
87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$14.43
87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$15.92
87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$13.76
87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$10.06
87389	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$34.12
87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$20.92
87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$20.92
87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$10.06
87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE	\$16.58
87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	\$16.58
87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	\$13.25
87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE O	\$8.03
87470	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	\$16.81
87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	\$29.42
87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND	\$35.91
87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, D	\$16.81
87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, A	\$29.42
87477	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGDORFERI, Q	\$35.91
87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT	\$27.71
87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIF	\$29.42
87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, QUANTI	\$35.00
87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, D	\$16.81
87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, A	\$29.42
87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, Q	\$35.91
87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$27.71
87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$48.50
87492	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS,	\$29.30
87493	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE,	\$50.27
87495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, DIRECT	\$16.81
87496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, AMPLIF	\$48.50
87497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS, QUANTI	\$59.20
87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS, AMPLIFIED	\$49.04
87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (	\$49.04
87501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, REVERS	\$72.22
87502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MU	\$119.75
87503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MU	\$29.22
87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$27.71

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$29.42
87512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS,	\$35.00
87515	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, DIRE	\$16.81
87516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, AMPL	\$48.50
87517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS, QUAN	\$59.20
87520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, DIRECT PRO	\$27.71
87521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, AMPLIFIED	\$48.50
87522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C, QUANTIFICA	\$59.20
87525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, DIRECT PRO	\$16.81
87526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, AMPLIFIED	\$29.42
87527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HEPATITIS G, QUANTIFICA	\$35.00
87528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, D	\$16.81
87529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, A	\$46.44
87530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES SIMPLEX VIRUS, Q	\$59.20
87531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, DIRECT	\$16.81
87532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, AMPLIFI	\$29.42
87533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HERPES VIRUS-6, QUANTIF	\$35.00
87534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, DIRECT PROBE TEC	\$16.81
87535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, AMPLIFIED PROBE	\$48.50
87536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-1, QUANTIFICATION	\$117.59
87537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, DIRECT PROBE TEC	\$16.81
87538	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, AMPLIFIED PROBE	\$29.42
87539	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HIV-2, QUANTIFICATION	\$35.91
87540	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	\$16.81
87541	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	\$29.42
87542	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); LEGIONELLA PNEUMOPHILA,	\$35.00
87550	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, D	\$16.81
87551	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, A	\$29.42
87552	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA SPECIES, Q	\$35.91
87555	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	\$27.71
87556	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	\$48.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87557	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA TUBERCULOS	\$35.91
87560	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	\$27.71
87561	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	\$29.42
87562	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOBACTERIA AVIUM-INTR	\$35.91
87580	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$16.81
87581	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$29.42
87582	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA PNEUMONIAE,	\$35.00
87590	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$27.71
87591	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$48.50
87592	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NEISSERIA GONORRHOEAE,	\$35.91
87620	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	\$16.81
87621	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	\$48.29
87622	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); PAPILLOMAVIRUS, HUMAN,	\$35.00
87631	Detection test for respiratory virus, multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 3-5 targets	\$105.80
87632	Detection test for respiratory virus, multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 6-11 targets	\$176.02
87633	Detection test for respiratory virus, multiplex reverse transcription and amplified probe technique, multiple types or subtypes, 12-25 targets	\$343.75
87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$49.04
87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS,	\$49.04
87650	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	\$27.71
87651	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	\$29.42
87652	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A,	\$35.00
87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B,	\$49.04
87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS,	\$20.17
87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	\$28.02
87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	\$48.50
87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); NOT OTHERWISE SPECIFIED	\$35.91
87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; DIR	\$33.62
87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMP	\$58.84

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$10.06
87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	\$16.58
87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.58
87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATIO	\$16.76
87810	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAM	\$16.58
87850	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NEISS	\$16.58
87880	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREP	\$16.58
87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT O	\$16.58
87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATE	\$127.48
87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE	\$355.78
87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIR	\$256.16
87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$486.21
87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESIS	\$35.94
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$0.00
87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER RE	\$181.44
87910	Analysis test for cytomegalovirus	\$212.33
87912	Analysis test for hepatitis b virus	\$212.33
87999	UNLISTED MICROBIOLOGY PROCEDURE	\$7.90
88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$35.00
88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$47.63
88107	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$64.69
88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, WITH	\$44.09
88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG,	\$93.30
88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$322.52
88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MOR	\$272.50
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$13.13
88130	SEX CHROMATIN IDENTIFICATION	\$12.61
88140	SEX CHROMATIN IDENTIFICATION	\$11.05
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETAT	\$22.89

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$28.00
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$16.99
88144	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$0.00
88145	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN	\$0.00
88147	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER P	\$15.73
88148	CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MA	\$21.00
88150	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL	\$14.60
88152	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH MANUAL CYTO	\$8.86
88153	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENIN	\$8.86
88154	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-A	\$14.60
88155	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL	\$7.59
88156	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, THE BETHESDA SYSTEM (TBS), UP TO THR	\$0.00
88158	WITH MANUAL CYTOTECHNOLOGIST SCREENING AND AUTOMATED RESCREENING UNDER PHYSICIAN	\$0.00
88160	CYTOPATHOLOGY, ANY OTHER SOURCE	\$33.12
88161	CYTOPATHOLOGY, ANY OTHER SOURCE	\$35.90
88162	CYTOPATHOLOGY, ANY OTHER SOURCE	\$44.05
88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENI	\$14.60
88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	\$14.60
88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	\$8.86
88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SC	\$8.86
88170	FINE NEEDLE ASPIRATION; SUPERFICIAL TISSUE (EG, THYROID, BREAST, PROSTATE)	\$51.02
88171	FINE NEEDLE ASPIRATION; DEEP TISSUE UNDER RADIOLOGIC GUIDANCE	\$87.34
88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT	\$39.40
88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT	\$87.10
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$29.85
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVA	\$37.01
88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUD	\$18.12
88180	FLOW CYTOMETRY; EACH CELL SURFACE, CYTOPLASMIC OR NUCLEAR MARKER	\$20.97
88182	FLOW CYTOMETRY	\$68.89
88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$40.70
88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL	\$19.96

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	\$51.09
88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	\$63.76
88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	\$84.00
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	\$15.32
88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS LYMPHOCYTE	\$161.00
88233	TISSUE CULT. FOR CHROMOSOME ANALYSIS SKIN OR OTHER SOL. TISS	\$117.98
88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS	\$146.52
88237	TISSUE CULTURE FOR CHROMOSOME ANALYSIS BONE MARROW CELLS	\$125.68
88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS OTHER TISSUE	\$123.67
88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	\$3.76
88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	\$3.76
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 25 CELLS	\$95.85
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES SCORE 100 CELLS	\$145.18
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (E	\$145.18
88250	CHROMOSOME ANALYSIS FOR FRAGILE X ASSOCIATED WITH FRAGILE X-LINKED MENTAL RETARD	\$0.00
88260	CHROMOSOME ANALYSIS; COUNT 5 CELLS, SCREENING, WITH BANDING	\$0.00
88261	CHROMOSOME ANALYSIS	\$148.16
88262	CHROMOSOME ANALYSIS	\$124.02
88263	CHROMOSOME ANALYSIS COUNT 45 CELLS FOR MOSAICISM,2 KARYOTYYP	\$125.98
88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	\$104.48
88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS,	\$178.88
88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT	\$139.43
88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	\$29.60
88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG	\$22.45
88273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (	\$44.40
88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	\$29.18
88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	\$55.50
88280	CHROMOSOME ANALYSIS	\$34.68
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE	\$28.43
88285	CHROMOSOME ANALYSIS	\$15.92
88289	CHROMOSOME ANALYSIS ADDITIONAL HIGH RESOLUTION STUDY	\$13.11

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	\$16.54
88300	SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	\$13.56
88302	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$29.54
88304	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$38.92
88305	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$66.67
88307	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$118.35
88309	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION	\$165.80
88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION	\$12.61
88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$51.28
88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$37.43
88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR	\$63.31
88317	INTERPRETATION AND REPORT BY TREATING PHYSICIAN OF PREVIOUSLY DIAGNOSED HISTOLOG	\$0.00
88318	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL	\$51.83
88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY	\$99.23
88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	\$70.99
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING	\$85.05
88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND	\$106.09
88329	CONSULTATION DURING SURGERY	\$37.40
88331	CONSULTATION DURING SURGERY	\$61.43
88332	CONSULTATION DURING SURGERY	\$26.58
88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$62.55
88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQ	\$32.70
88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE),	\$57.22
88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY	\$60.22
88347	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY INDIRECT METHOD	\$61.12
88348	ELECTRON MICROSCOPY	\$273.83
88349	ELECTRON MICROSCOPY	\$109.19
88355	MORPHOMETRIC ANALYSIS	\$266.70
88356	MORPHOMETRIC ANALYSIS	\$178.32
88358	MORPHOMETRIC ANALYSIS TUMOR	\$46.95
88360	WHOLE ORGAN SECTIONS FOR SPECIAL STUDIES	\$84.56

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR)	\$107.70
88362	NERVE TEASING PREPARATION	\$171.05
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE	\$10.40
88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	\$82.14
88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR QUALITATIVE)	\$163.50
88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR QUALITATIVE)	\$94.81
88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	\$18.63
88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOFLUORESCENCE	\$19.07
88375	Microscopic imaging using an endoscope, interpretation and report, real-time or referred	by report
88380	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); L	\$0.00
88381	MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); M	\$126.26
88384	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 11 THROUGH 50 PROBES	\$0.00
88385	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 51 THROUGH 250 PROBES	\$215.83
88386	ARRAY-BASED EVALUATION OF MULTIPLE MOLECULAR PROBES; 251 THROUGH 500 PROBES	\$223.97
88387	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYSIS	\$19.67
88388	MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYSIS	\$11.44
88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	\$22.00
88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$4.21
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$0.00
88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	\$0.00
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$0.00
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHHEMOGLOBIN	\$0.00
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	\$0.00
89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY	\$44.44
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, URINE, SPUTUM)	\$6.53
89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, URINE, SPUTUM)	\$7.61
89055	LEUKOCYTE COUNT, FECAL	\$5.96
89060	CRYSTAL IDENTIFICATION BY COMPENSATED POLARIZING LENS	\$9.88
89100	DUODENAL INTUBATION AND ASPIRATION	\$31.62
89105	DUODENAL INTUBATION AND ASPIRATION	\$25.97
89125	FAT STAIN, FECES, URINE, OR SPUTUM	\$5.96

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
89130	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$22.13
89132	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC, EACH	\$9.19
89135	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$39.59
89136	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$11.14
89140	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$42.56
89141	GASTRIC INTUBATION, ASPIRATION, AND FRACTIONAL COLLECTIONS	\$46.57
89160	MEAT FIBERS, FECES	\$5.09
89190	NASAL SMEAR FOR EOSINOPHILS	\$6.56
89205	OCCULT BLOOD, ANY SOURCE EXCEPT FECES	\$0.00
89220	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	\$11.23
89225	STARCH GRANULES, FECES	\$3.36
89230	SWEAT COLLECTION BY IONTOPHORESIS	\$3.14
89235	WATER LOAD TEST	\$4.61
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$10.50
89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	\$0.00
89251	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF	\$0.00
89252	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE (ANY METHOD)	\$0.00
89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	\$0.00
89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	\$0.00
89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	\$0.00
89256	PREPARATION OF CRYOPRESERVED EMBRYOS FOR TRANSFER (INCLUDES THAW)	\$0.00
89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	\$0.00
89258	CRYOPRESERVATION; EMBRYO(S)	\$0.00
89259	CRYOPRESERVATION; SPERM	\$0.00
89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR	\$0.00
89261	SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR	\$0.00
89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	\$0.00
89268	INSEMINATION OF OOCYTES	\$0.00
89272	EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	\$0.00
89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	\$0.00
89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR	\$0.00
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR	\$0.00
89300	SEMEN ANALYSIS	\$12.32
89310	SEMEN ANALYSIS	\$7.22
89320	SEMEN ANALYSIS	\$16.66
89321	SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	\$16.66
89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOG	\$21.65
89325	SPERM ANTIBODIES	\$8.95
89329	SPERM EVALUATION	\$17.58
89330	SPERM EVALUATION	\$8.30
89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILI	\$27.37
89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	\$0.00
89342	STORAGE, (PER YEAR); EMBRYO(S)	\$0.00
89343	STORAGE, (PER YEAR); SPERM/SEMEN	\$0.00
89344	STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	\$0.00
89346	STORAGE, (PER YEAR); OOCYTE(S)	\$0.00
89350	SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)	\$0.00
89352	THAWING OF CRYOPRESERVED; EMBRYO(S)	\$0.00
89353	THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT	\$0.00
89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN	\$0.00
89355	STARCH GRANULES, FECES	\$0.00
89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT	\$0.00
89360	SWEAT COLLECTION BY IONTOPHORESIS	\$16.49
89365	WATER LOAD TEST UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$0.00
89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	\$0.00
89399	UNLISTED MISCELLANEOUS PATHOLOGY TEST	\$14.11
90030	OFFICE AND OTHER OUTPATIENT MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVIC	\$0.00
90050	OFFICE MEDICAL SERVICE, ESTABLISHED PATIENT	\$48.18
90060	OFFICE MEDICAL SERVICE, ESTABLISHED PATIENT	\$48.18
90115	HOME MEDICAL SERVICE, NEW PATIENT; INTERMEDIATE SERVICE	\$0.00
90130	HOME MEDICAL SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90215	INITIAL HOSPITAL CARE; INTERMEDIATE HISTORY AND EXAMINATION, INITIATION OF DIAGN	\$0.00
90225	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$0.00
90280	SUBSEQUENT HOSPITAL CARE, EACH DAY; COMPREHENSIVE SERVICES	\$0.00
90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90282	SUBSEQUENT HOSPITAL CARE, EACH DAY; NORMAL NEWBORN SERVICES	\$0.00
90283	IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE	\$0.00
90284	IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH	\$0.00
90287	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE	\$0.00
90288	BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE	\$0.00
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE	\$0.00
90296	DIPHtheria ANTITOXIN, EQUINE, ANY ROUTE	\$0.00
90350	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90360	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90370	SUBSEQUENT CARE, SKILLED NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR LONG-T	\$0.00
90371	HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	\$0.00
90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR S	\$0.00
90378	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONAL ANTIBODY, RECOMBINANT, FOR INTRAMUSCULAR	\$0.00
90379	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIV), HUMAN, FOR INTRAVENOUS U	\$0.00
90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE	\$4.00
90385	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	\$0.00
90386	RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE	\$0.00
90389	TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90396	VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	\$0.00
90399	UNLISTED IMMUNE GLOBULIN	\$0.00
90410	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	\$0.00
90415	REST HOME (EG, BOARDING HOME), DOMICILIARY, OR CUSTODIAL CARE FACILITY MEDICAL S	\$0.00
90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	\$0.00
90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRAT	\$0.00
90465	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS, INTRADE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90466	IMMUNIZATION ADMINISTRATION UNDER 8 YEARS OF AGE (INCLUDES PERCUTANEOUS,	\$0.00
90467	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	\$0.00
90468	IMMUNIZATION ADMINISTRATION UNDER AGE 8 YEARS (INCLUDES INTRANASAL OR ORAL	\$0.00
90470	H1N1 IMMUNIZATION ADMINISTRATION (INTRAMUSCULAR, INTRANASAL), INCLUDING COUNSELI	\$0.00
90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$4.00
90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$4.00
90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR	\$0.00
90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL	\$0.00
90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	\$4.00
90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	\$4.00
90520	EMERGENCY DEPARTMENT SERVICE, NEW PATIENT; COMPREHENSIVE SERVICE	\$0.00
90530	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; MINIMAL SERVICE	\$0.00
90560	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; INTERMEDIATE SERVICE	\$0.00
90580	EMERGENCY DEPARTMENT SERVICE, ESTABLISHED PATIENT; COMPREHENSIVE SERVICE	\$0.00
90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS USE	\$4.00
90585	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS	\$4.00
90586	BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICA	\$4.00
90592	CHOLERA VACCINE, LIVE, FOR ORAL USE	\$0.00
90620	INITIAL CONSULTATION; COMPREHENSIVE	\$0.00
90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$4.00
90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCU	\$4.00
90634	HEPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE-3 DOSE SCHEDULE, FOR INTRAMUSCU	\$4.00
90636	HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR	\$4.00
90641	FOLLOW-UP CONSULTATION; LIMITED	\$0.00
90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C & Y AND HEMOPHILUS INFLUENZA B VAC	\$0.00
90645	HEMOPHILUS INFLUENZA B VACCINE (HIB), HBOC CONJUGATE (4 DOSE SCHEDULE), FOR INTR	\$4.00
90646	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-D CONJUGATE, FOR BOOSTER USE ONLY, INT	\$4.00
90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR I	\$4.00
90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INT	\$4.00
90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE	\$4.00
90650	CONFIRMATORY CONSULTATION	\$4.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90651	CONFIRMATORY CONSULTATION; INTERMEDIATE	\$0.00
90653	Vaccine for influenza virus for injection into muscle	\$4.00
90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	\$4.00
90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR CHILDREN 6-35 MONTH	\$4.00
90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS	\$4.00
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 6-35 MONTHS DOSAGE, FOR INTRAMUSCULAR OR J	\$4.00
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR INTRAMUSCULA	\$4.00
90659	INFLUENZA VIRUS VACCINE, WHOLE VIRUS, FOR INTRAMUSCULAR OR JET INJECTION USE	\$4.00
90660	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	\$4.00
90661	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND A	\$0.00
90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY	\$4.00
90663	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, H1N1	\$4.00
90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE	\$4.00
90665	LYME DISEASE VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	\$4.00
90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, F	\$4.00
90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTR	\$4.00
90668	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, FOR INTRAMUSCULAR US	\$4.00
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, FOR INTRAMUSCULAR USE	\$4.00
90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	\$4.00
90672	Vaccine for influenza for nasal administration	\$4.00
90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	\$4.00
90676	RABIES VACCINE, FOR INTRADERMAL USE	\$4.00
90680	ROTAVIRUS VACCINE, TETRAVALENT, LIVE, FOR ORAL USE	\$4.00
90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	\$4.00
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	\$4.00
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	\$4.00
90687	Influenza virus vaccine, quadrivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	\$4.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90688	Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	\$4.00
90690	TYPHOID VACCINE, LIVE, ORAL	\$4.00
90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE	\$4.00
90692	TYPHOID VACCINE, HEAT- AND PHENOL-INACTIVATED (H-P), FOR SUBCUTANEOUS OR INTRADE	\$4.00
90693	TYPHOID VACCINE, ACETONE-KILLED, DRIED (AKD), FOR SUBCUTANEOUS OR JET INJECTION	\$4.00
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE,	\$4.00
90698	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA	\$4.00
90700	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCI	\$4.00
90701	IMMUNIZATION, ACTIVE	\$4.00
90702	IMMUNIZATION, ACTIVE	\$4.00
90703	IMMUNIZATION, ACTIVE	\$4.00
90704	IMMUNIZATION, ACTIVE	\$4.00
90705	IMMUNIZATION, ACTIVE	\$4.00
90706	IMMUNIZATION, ACTIVE	\$4.00
90707	IMMUNIZATION, ACTIVE	\$4.00
90708	IMMUNIZATION, ACTIVE	\$4.00
90709	RUBELLA AND MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE	\$0.00
90710	IMMUNIZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	\$4.00
90711	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND INJECTABLE PO	\$0.00
90712	IMMUNIZATION, ACTIVE	\$4.00
90713	IMMUNIZATION, ACTIVE	\$4.00
90714	IMMUNIZATION, ACTIVE	\$4.00
90715	TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), FOR USE IN I	\$4.00
90716	IMMUNIZATION, ACTIVE; VARICELLA (CHICKEN POX) VACCINE	\$4.00
90717	IMMUNIZATION, ACTIVE	\$4.00
90718	IMMUNIZATION, ACTIVE	\$4.00
90719	IMMUNIZATION, ACTIVE	\$4.00
90720	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS, AND PERTUSSIS (DTP) AND HEMOPHILUS IN	\$4.00
90721	IMMUNIZATION, ACTIVE; DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCI	\$4.00
90723	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND POLIO	\$4.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90724	IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE	\$0.00
90725	IMMUNIZATION, ACTIVE	\$4.00
90726	IMMUNIZATION, ACTIVE; RABIES VACCINE	\$0.00
90727	IMMUNIZATION, ACTIVE	\$4.00
90728	IMMUNIZATION, ACTIVE; BCG VACCINE	\$0.00
90730	IMMUNIZATION, ACTIVE; HEPATITIS A VACCINE	\$0.00
90731	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE	\$0.00
90732	IMMUNIZATION, ACTIVE	\$4.00
90733	IMMUNIZATION, ACTIVE	\$4.00
90734	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135 (TETRAVALENT), FOR	\$4.00
90735	IMMUNIZATION, ACTIVE; ENCEPHALITIS VIRUS VACCINE	\$4.00
90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	\$4.00
90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	\$4.00
90739	Vaccine for hepatitis b adult dosage (2 dose schedule) injection into muscle	\$4.00
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE)	\$4.00
90741	IMMUNIZATION, PASSIVE; IMMUNE SERUM GLOBULIN, HUMAN (ISG)	\$0.00
90742	IMMUNIZATION, PASSIVE; SPECIFIC HYPERIMMUNE SERUM GLOBULIN (EG, HEPATITIS B, MEA	\$0.00
90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	\$4.00
90744	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; NEWBORN TO 11 YEARS	\$4.00
90745	HEPATITIS B VACCINE, ADOLESCENT/HIGH RISK INFANT DOSAGE, FOR INTRAMUSCULAR USE	\$0.00
90746	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; 20 YEARS AND ABOVE	\$4.00
90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT,	\$4.00
90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HEMOPHILUS INFLUENZA B (HIB) VACCINE	\$4.00
90749	UNLISTED IMMUNIZATION PROCEDURE	\$4.00
90760	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	\$41.29
90761	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$18.53
90765	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$50.53
90766	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$18.53
90767	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$30.69
90768	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$17.51
90769	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$95.83

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90770	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EA	\$8.97
90771	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); AD	\$43.34
90772	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); S	\$11.90
90773	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); I	\$13.60
90774	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); I	\$37.68
90775	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	\$17.41
90776	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); E	\$0.00
90779	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL I	\$4.00
90780	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER D	\$37.06
90781	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, ADMINISTERED BY PHYSICIAN OR UNDER	\$18.53
90782	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED); S	\$3.68
90783	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED);	\$13.60
90784	THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY MATERIAL INJECTED);	\$5.00
90785	Interactive complexity	\$4.77
90788	INTRAMUSCULAR INJECTION OF ANTIBIOTIC (SPECIFY)	\$4.00
90791	Psychiatric diagnostic evaluation	\$104.43
90792	Psychiatric diagnostic evaluation with medical services	\$104.43
90798	INTRAVENOUS THERAPY FOR SEVERE OR INTRACTABLE ALLERGIC DISEASE IN PHYSICIAN'S OF	\$0.00
90799	UNLISTED THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION	\$4.00
90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION INCLUDING HISTORY,	\$104.43
90802	INTERACTIVE PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION USING PLAY EQUIPMENT, P	\$105.53
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$46.62
90805	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$52.02
90806	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$75.00
90807	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$78.00
90808	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$110.09
90809	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$114.24
90810	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$54.19
90811	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$59.28
90812	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$76.16
90813	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$80.06

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90814	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$106.44
90815	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$110.89
90816	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$48.61
90817	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$53.38
90818	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$90.00
90819	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$78.00
90821	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$112.08
90822	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$115.60
90823	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$57.12
90824	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$61.26
90826	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$78.47
90827	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES, L	\$82.04
90828	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$109.30
90829	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, USING PLAY EQUIPMENT, PHYSICAL DEVICES,	\$111.95
90830	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF PERSONALITY, PSYC	\$0.00
90832	Psychotherapy, 30 minutes with patient and/or family member	\$46.62
90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	\$42.15
90834	Psychotherapy, 45 minutes with patient and/or family member	\$75.00
90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	\$68.43
90837	Psychotherapy, 60 minutes with patient and/or family member	\$110.09
90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	\$110.68
90839	Psychotherapy for crisis; first 60 minutes	by report
90840	Psychotherapy for crisis; each additional 30 minutes	by report
90841	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING	\$25.36
90843	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING	\$42.00
90844	INDIVIDUAL MEDICAL PSYCHOTHERAPY BY A PHYSICIAN, WITH CONTINUING	\$78.00
90845	MEDICAL PSYCHOANALYSIS	\$65.82
90846	FAMILY MEDICAL PSYCHOTHERAPY(WITHOUT_THE PATIENT PRESENT)	\$71.55

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90847	FAMILY MEDICAL PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) BY	\$82.73
90849	MULTIPLE-FAMILY GROUP MEDICAL PSYCHOTHERAPY BY A PHYSICIAN,	\$25.38
90853	GROUP MEDICAL PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY	\$27.20
90857	INTERACTIVE GROUP MEDICAL PSYCHOTHERAPY	\$24.88
90862	CHEMOTHERAPY MANAGEMENT, INCLUDING PRESCRIPTION, USE, AND REVIEW	\$38.28
90863	Management of prescriptions and review of medication, when performed with psychotherapy	\$0.00
90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM	\$0.00
90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; INITIA	\$0.00
90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$0.00
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQ	\$69.49
90870	ELECTROCONVULSIVE THERAPY	\$70.99
90871	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); MULTIPLE SEIZURES,	\$122.66
90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	\$0.00
90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY	\$0.00
90880	MEDICAL HYPNOTHERAPY	\$83.76
90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS,	\$0.00
90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL	\$0.00
90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PR	\$0.00
90900	BIOFEEDBACK TRAINING; BY ELECTROMYOGRAM APPLICATION (EG, IN TENSION HEADACHE, MU	\$0.00
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$0.00
90902	BIOFEEDBACK TRAINING; IN CONDUCTION DISORDER (EG, ARRHYTHMIA)	\$0.00
90904	BIOFEEDBACK TRAINING; REGULATION OF BLOOD PRESSURE (EG, IN ESSENTIAL HYPERTENSIO	\$0.00
90906	BIOFEEDBACK TRAINING; REGULATION OF SKIN TEMPERATURE OR PERIPHERAL BLOOD FLOW	\$0.00
90908	BIOFEEDBACK TRAINING; BY ELECTROENCEPHALOGRAM APPLICATION (EG, IN ANXIETY, INSOM	\$0.00
90910	BIOFEEDBACK TRAINING; BY ELECTRO-OCULOGRAM APPLICATION (EG, IN BLEPHAROSPASM)	\$0.00
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$0.00
90915	BIOFEEDBACK TRAINING; OTHER	\$0.00
90918	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS UND	\$424.09
90919	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$338.03
90920	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$294.07
90921	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES PER FULL MONTH; FOR PATIENTS	\$200.55

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90922	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$13.98
90923	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$11.05
90924	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$9.68
90925	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER	\$6.70
90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	\$62.86
90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR	\$108.49
90939	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND	\$0.00
90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENO	\$0.00
90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL,	\$63.76
90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL,	\$106.32
90951	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), STABILIZING	\$599.20
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	\$0.00
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER TH	\$0.00
90954	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), STABILIZING	\$487.27
90955	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), MAINTENANCE	\$277.33
90956	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), MAINTENANCE	\$187.91
90957	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), MAINTENANCE	\$392.90
90958	HEMODIALYSIS, FOR END-STAGE RENAL DISEASE (ESRD), MAINTENANCE	\$265.66
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEAR	\$174.23
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$176.35
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$141.94
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS O	\$102.26
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$337.71
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$279.92
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH	\$266.34
90966	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE AND/OR	\$140.18
90967	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE AND/OR	\$12.24
90968	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE AND/OR	\$9.40
90969	PERITONEAL DIALYSIS FOR ACUTE RENAL FAILURE AND/OR	\$9.19
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MO	\$4.93
90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE,	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE	\$0.00
90995	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, PER FULL MONTH	\$0.00
90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	\$94.90
90998	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES (LESS THAN FULL MONTH), PER DAY	\$0.00
91000	ESOPHAGEAL INTUBATION AND COLLECTION OF WASHINGS FOR	\$36.49
91010	ESOPHAGEAL MOTILITY STUDY	\$142.41
91011	ESOPHAGEAL MOTILITY STUDY	\$169.02
91012	ESOPHAGEAL MOTILITY STUDY	\$181.49
91013	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL J	\$15.67
91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	\$149.71
91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	\$163.36
91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	\$83.53
91032	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GAS	\$85.56
91033	ESOPHAGUS, ACID REFLUX TEST, WITH INTRALUMINAL PH ELECTRODE FOR DETECTION OF GAS	\$111.63
91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S)	\$188.96
91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH	\$375.51
91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$118.50
91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER	\$100.39
91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	\$368.65
91052	GASTRIC ANALYSIS TEST WITH INJECTION OF STIMULANT OF	\$81.11
91055	GASTRIC INTUBATION, WASHINGS, AND PREPARING SLIDES	\$97.28
91060	GASTRIC SALINE LOAD TEST	\$28.84
91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	\$42.00
91100	INTESTINAL BLEEDING TUBE, PASSAGE, POSITIONING AND MONITORING	\$44.21
91105	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT (EG, FOR INGESTED POI	\$18.20
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$738.30
91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS	\$575.70
91112	Transit and pressure measurement of stomach through colon with wireless capsule	\$814.39
91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDI	\$95.06
91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON	\$363.85
91122	ANORECTAL MANOMETRY	\$173.36

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
91123	PULSED IRRIGATION OF FECAL IMPACTION	\$0.00
91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;	\$0.00
91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	\$0.00
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION	\$48.16
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION	\$81.31
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION,	\$37.49
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION,	\$60.20
92015	DETERMINATION OF REFRACTIVE STATE	\$0.00
92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL	\$85.43
92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL	\$72.95
92020	GONIOSCOPY WITH MEDICAL DIAGNOSTIC EVALUATION (SEPARATE	\$12.68
92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AN	\$21.67
92060	SENSORIMOTOR EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$34.76
92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND	\$28.32
92070	FITTING OF CONTACT LENS FOR TREATMENT OF DISEASE, INCLUDING SUPPLY OF	\$39.87
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	\$20.90
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	\$59.01
92081	VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$38.66
92082	VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$43.89
92083	VISUAL FIELD EXAMINATION WITH MEDICAL DIAGNOSTIC EVALUATION	\$47.92
92100	SERIAL TONOMETRY WITH MEDICAL DIAGNOSTIC EVALUATION (SEPARATE	\$30.48
92120	TONOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION, RECORDING	\$38.91
92130	TONOGRAPHY WITH WATER PROVOCATION	\$43.58
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTE	\$24.30
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INT	\$29.56
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INT	\$29.56
92135	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING (EG, SCANNING LASER) WITH IN	\$46.41
92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS PO	\$60.08
92140	PROVOCATIVE TESTS FOR GLAUCOMA, WITH MEDICAL DIAGNOSTIC	\$27.79
92225	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY	\$23.34
92226	OPHTHALMOSCOPY, EXTENDED AS FOR RETINAL DETACHMENT (MAY	\$21.09

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WI	\$8.20
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIAB	\$20.07
92230	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$49.97
92235	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$86.15
92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) W/INTERPRETATION/RPT	\$181.38
92250	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$49.50
92260	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$11.55
92265	OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE	\$57.24
92270	ELECTRO-OCULOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$58.07
92275	ELECTRORETINOGRAPHY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$73.00
92280	VISUALLY EVOKED POTENTIAL (RESPONSE) STUDY, WITH MEDICAL DIAGNOSTIC EVALUATION	\$0.00
92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR	\$25.47
92284	DARK ADAPTATION EXAMINATION, WITH MEDICAL DIAGNOSTIC	\$53.59
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC	\$40.37
92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL	\$93.11
92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL	\$43.86
92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$139.79
92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$56.23
92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$68.83
92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND	\$47.13
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$73.26
92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$23.82
92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$38.28
92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF	\$23.40
92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH	\$12.41
92326	REPLACEMENT OF CONTACT LENS	\$42.27
92330	PRESCRIPTION, FITTING, AND SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE), WITH ME	\$55.44
92335	PRESCRIPTION OF OCULAR PROSTHESIS (ARTIFICIAL EYE) AND DIRECTION OF FITTING AND	\$24.15
92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA	\$28.88
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA	\$34.44
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA	\$62.82

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	\$0.00
92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	\$0.00
92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	\$100.00
92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS	\$150.00
92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN,	\$33.74
92370	REPAIR AND REFITTING SPECTACLES	\$10.00
92371	REPAIR AND REFITTING SPECTACLES	\$21.49
92392	SUPPLY OF LOW VISION AIDS (A LOW VISION AID IS ANY LENS OR DEVICE USED TO AID	\$75.00
92393	SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE)	\$0.00
92395	SUPPLY OF PERMANENT PROSTHESIS FOR APHAKIA; SPECTACLES	\$0.00
92396	SUPPLY OF PERMANENT PROSTHESIS FOR APHAKIA; CONTACT LENSES	\$0.00
92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	\$65.23
92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	\$78.41
92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	\$8.73
92506	MEDICAL EVALUATION SPEECH, LANGUAGE AND/OR HEARING PROBLEMS	\$34.29
92507	SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$21.05
92508	SPEECH, LANGUAGE OR HEARING THERAPY, WITH CONTINUING MEDICAL	\$11.15
92510	AURAL REHABILITATION FOLLOWING COCHLEAR IMPLANT (INCLUDES EVALUATION OF AURAL	\$88.44
92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	\$39.44
92512	NASAL FUNCTION STUDIES, EG, RHINOMANOMETRY	\$23.08
92516	FACIAL NERVE FUNCTION STUDIES	\$18.42
92520	LARYNGEAL FUNCTION STUDIES	\$32.28
92525	EVALUATION OF SWALLOWING AND ORAL FUNCTION FOR FEEDING	\$80.95
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	\$22.46
92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	\$0.00
92532	POSITIONAL NYSTAGMUS TEST	\$22.00
92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION	\$28.00
92534	OPTOKINETIC NYSTAGMUS TEST	\$0.00
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	\$47.51
92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION	\$35.89
92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH	\$36.89

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92543	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL	\$17.05
92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL	\$29.23
92545	OSCILLATING TRACKING TEST, WITH RECORDING	\$26.01
92546	TORSION SWING TEST, WITH RECORDING	\$57.44
92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS	\$5.21
92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	\$75.05
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	\$10.22
92551	SCREENING TEST, PURE TONE, AIR ONLY	\$10.13
92552	PURE TONE AUDIOMETRY (THRESHOLD)	\$15.10
92553	PURE TONE AUDIOMETRY (THRESHOLD)	\$22.15
92555	SPEECH AUDIOMETRY	\$12.92
92556	SPEECH AUDIOMETRY	\$19.35
92557	BASIC COMPREHENSIVE AUDIOMETRY (92553 AND 92556 COMBINED), (PURE	\$40.56
92558	EVOLED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION P	\$0.00
92559	AUDIOMETRIC TESTING OF GROUPS	\$0.00
92560	BEKESY AUDIOMETRY; SCREENING	\$0.00
92561	BEKESY AUDIOMETRY	\$24.03
92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	\$13.85
92563	TONE DECAY TEST	\$12.92
92564	SHORT INCREMENT SENSITIVITY INDEX (SISI)	\$16.29
92565	STENGER TEST, PURE TONE	\$13.54
92566	IMPEDANCE TESTING	\$0.00
92567	TYMPANOMETRY	\$17.78
92568	ACOUSTIC REFLEX TESTING	\$12.92
92569	ACOUSTIC REFLEX DECAY TEST	\$13.85
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC	\$14.52
92571	FILTERED SPEECH TEST	\$13.23
92572	STAGGERED SPONDAIC WORD TEST	\$3.06
92573	LOMBARD TEST	\$11.90
92574	SWINGING STORY TEST	\$0.00
92575	SENSORINEURAL ACUITY LEVEL TEST	\$10.17

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	\$15.35
92577	STENGER TEST, SPEECH	\$24.27
92578	DELAYED AUDITORY FEEDBACK TEST	\$0.00
92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	\$24.34
92580	ELECTRODERMAL AUDIOMETRY	\$0.00
92581	EVOKED RESPONSE (EEG) AUDIOMETRY	\$0.00
92582	CONDITIONING PLAY AUDIOMETRY	\$24.34
92583	SELECT PICTURE AUDIOMETRY	\$30.14
92584	ELECTROCOCHLEOGRAPHY	\$83.43
92585	BRAINSTEM EVOKED RESPONSE RECORDING	\$102.83
92586	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE	\$53.88
92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT O	\$50.22
92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON	\$66.75
92589	CENTRAL AUDITORY FUNCTION TEST(S) (SPECIFY)	\$18.10
92590	HEARING AID EXAMINATION AND SELECTION	\$82.87
92591	HEARING AID EXAMINATION AND SELECTION	\$100.00
92592	HEARING AID CHECK	\$42.65
92593	HEARING AID CHECK	\$59.75
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	\$0.00
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	\$0.00
92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	\$19.97
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL	\$49.72
92598	MODIFICATION OF VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION	\$53.62
92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROG	\$105.52
92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUEN	\$73.97
92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING	\$70.98
92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROG	\$48.36
92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	\$0.00
92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PR	\$45.54
92607	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE C	\$88.11
92608	EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE C	\$17.26

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMM	\$47.70
92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	\$88.36
92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	\$88.36
92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	\$49.97
92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDI	\$26.99
92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$49.97
92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR	\$24.15
92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	\$72.92
92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TE	\$30.08
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIV	\$0.00
92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	\$36.09
92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	\$8.94
92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	\$35.47
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	\$56.67
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST S	\$16.69
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	\$88.44
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	\$88.44
92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	\$41.55
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	\$0.00
92920	Balloon dilation of narrowed or blocked major coronary artery or branch	\$324.64
92921	Balloon dilation of narrowed or blocked major coronary artery or branch	by report
92924	Removal of plaque of major coronary artery or branch	\$385.94
92925	Removal of plaque of major coronary artery or branch	by report
92928	Catheter insertion of stent in major coronary artery or branch	\$360.43
92929	Catheter placement of stent in major coronary artery or branch	by report
92933	Removal of plaque and insertion of stent in major coronary artery or branch	\$403.04
92934	Removal of plaque and insertion of stent in major coronary artery or branch	by report
92937	Any combination of insertion of stent, removal of plaque and balloon dilation of coronary vessel	\$359.99
92938	Any combination of insertion of stent, removal of plaque and balloon dilation of coronary vessel	by report
92941	Any combination of insertion of stent, removal of plaque and balloon dilation of coronary vessel during heart attack	\$403.82

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
92943	Any combination of insertion of stent, removal of plaque and balloon dilation of coronary vessel	\$403.82
92944	Any combination of insertion of stent, removal of plaque and balloon dilation of coronary vessel	by report
92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	\$168.25
92953	TEMPORARY TRANSCUTANEOUS PACING	\$11.61
92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF	\$125.14
92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL (SEPARATE	\$176.85
92970	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST	\$172.04
92971	CARDIOASSIST-METHOD OF CIRCULATORY ASSIST	\$78.33
92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO	\$129.06
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INT	\$140.52
92975	THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY	\$340.98
92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	\$265.85
92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL/GRAFT) DURING THERAPEUTIC INTERVENTION	\$229.41
92979	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL/GRAFT) DURING THERAPEUTIC EACH ADDL	\$138.64
92980	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$812.21
92981	TRANSCATHETER PLACEMENT OF AN INTRACORONARY STENT(S), PERCUTANEOUS, WITH OR WITH	\$228.04
92982	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	\$600.24
92984	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY	\$162.42
92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	\$1,018.07
92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	\$1,053.82
92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	\$799.62
92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON, RASHKIND TYPE (INC	\$603.65
92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES	\$0.00
92995	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLA	\$661.24
92996	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH OR WITHOUT BALLOON ANGIOPLA	\$178.22
92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	\$637.24
92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL	\$278.81
93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$23.63
93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$15.16
93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS	\$8.47
93012	TELEPHONIC OR TELEMETRIC TRANSMISSION OF	\$155.61

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93014	TELEPHONIC OR TELEMETRIC TRANSMISSION OF	\$24.16
93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$92.98
93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXER	\$21.45
93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$55.90
93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL	\$15.63
93024	ERGONOVINE PROVOCATION TEST	\$98.73
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	\$211.93
93040	RHYTHM ECG, ONE TO THREE LEADS	\$12.20
93041	RHYTHM ECG, ONE TO THREE LEADS	\$4.93
93042	RHYTHM ECG, ONE TO THREE LEADS	\$7.26
93045	RHYTHM ECG, ONE TO THREE LEADS	\$0.00
93201	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; WITH SUPERVISION DURING RECORDING WITH	\$0.00
93202	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; TRACING ONLY, WITHOUT INTERPRETATION A	\$0.00
93204	PHONOCARDIOGRAM WITH OR WITHOUT ECG LEAD; INTERPRETATION AND REPORT	\$0.00
93205	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	\$0.00
93208	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	\$0.00
93209	PHONOCARDIOGRAM WITH ECG LEAD, WITH INDIRECT CAROTID ARTERY AND/OR JUGULAR VEIN	\$0.00
93210	PHONOCARDIOGRAM, INTRACARDIAC	\$0.00
93220	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; WITH INTERPRETATION AND REPORT	\$0.00
93221	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; TRACING ONLY, WITHOUT INTERPRETATIO	\$0.00
93222	VECTORCARDIOGRAM (VCG), WITH OR WITHOUT ECG; INTERPRETATION AND REPORT ONLY	\$0.00
93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24HOURS BY CONTINUOUS	\$140.59
93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24HRS BY CONTINUOUS ECG	\$41.05
93226	ELECTROCARDIOGRAPHIC MONITOR 24HRS BY CONTIN. ORIG. ECG WAVE	\$72.56
93227	ELECTROCARDIOGRAPHIC MONITORING 24HRS,WITH VISUAL SUPERIMPOS	\$26.97
93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	\$15.81
93229	EXTERNAL MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CO	\$0.00
93230	ELECTROCARDIOGRAPHIC ORIG. ECG WAVEFORM RECORD & STORAGE	\$149.57
93231	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$50.60
93232	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$72.00
93233	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$26.97

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93235	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$109.61
93236	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$86.28
93237	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS	\$23.32
93255	APEXCARDIOGRAPHY	\$0.00
93268	PATIENT DEMAND SINGLE EVENT ECG RECORDING	\$205.43
93270	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$41.05
93271	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$155.61
93272	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A SYSTEM SUCH AS	\$23.85
93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	\$52.13
93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$36.04
93280	CARDIAC FLUOROSCOPY	\$42.76
93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$49.99
93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$46.03
93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$56.03
93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$65.63
93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVIC	\$31.21
93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BE	\$17.62
93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BE	\$23.02
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND	\$28.12
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND	\$42.97
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND	\$20.22
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND	\$26.86
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND	\$24.20
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE L	\$39.20
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MUL	\$23.04
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MUL	\$41.72
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MUL	\$25.27
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	\$15.81
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP REC	\$18.58
93299	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVA	\$0.00
93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; COMPLETE	\$187.44

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES/FOLLOW UP LTD STD	\$100.97
93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$177.92
93307	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$175.94
93308	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D)	\$92.06
93312	ECHOCARDIOGRAPHY,REAL TIME W/DOC., TRANSESOPHAGEAL	\$223.29
93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MOD	\$46.11
93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MOD	\$179.58
93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENIAL CARDIAC ANOMALIES; INCLUDING PROB	\$242.18
93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC PLACEMENT OF PROBE ONLY	\$47.37
93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY/IMAGE ACQUISITION, INTERPRETATION AND REPORT	\$199.34
93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING	\$0.00
93320	DOPPLER ECHOCARDIOGRAPHY	\$77.00
93321	DOPPLER ECHOCARDIOGRAPHY; FLUOR LIMITED	\$45.25
93325	DOPPLER COLORFLOW VELOCITY FOR MAPPING EKG	\$100.18
93350	ECHOCARDIOGRAPHY,REAL-TIME WITH IMAGE DOCUMENTATION	\$99.58
93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUD	\$183.31
93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY (LIST SEP	\$25.79
93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CA	\$531.31
93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTR	\$578.76
93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTIO	\$757.45
93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$597.65
93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$697.72
93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$747.25
93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$847.25
93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$720.79
93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$795.43
93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$849.58
93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INT	\$975.23
93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY T	\$123.11
93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSI	\$65.51
93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HE	\$170.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93501	RIGHT HEART CATHETERIZATION	\$719.33
93503	RIGHT HEART CATHETERIZATION	\$138.23
93505	ENDOMYOCARDIAL BIOPSY	\$275.05
93508	CATHETER PLACEMENT IN CORONARY ARTERY(S), ARTERIAL CORONARY CONDUIT(S), AND/OR V	\$607.00
93510	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL	\$0.00
93511	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL	\$0.00
93514	LEFT HEART CATHETERIZATION, RETROGRADE, FROM THE BRACHIAL	\$1,513.52
93524	COMBINED TRANSSEPTAL AND RETROGRADE LEFT HEART CATHETERIZATION	\$1,875.07
93526	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART	\$0.00
93527	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT	\$0.00
93528	COMBINED RIGHT HEART CATHETERIZATION WITH LEFT VENTRICULAR	\$0.00
93529	COMBINED RIGHT HEART CATHETERIZATION AND LEFT HEAR CATHETERI	\$0.00
93530	RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES	\$767.74
93531	COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION,	\$0.00
93532	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$2,024.52
93533	COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION	\$1,829.82
93536	PERCUTANEOUS INSERTION OF INTRA-AORTIC BALLOON CATHETER	\$262.13
93539	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$21.59
93540	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION; FOR SELECTIVE OPACIFICATION	\$23.11
93541	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.36
93542	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.36
93543	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$15.90
93544	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$13.61
93545	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION	\$21.59
93546	COMBINED LEFT HEART CATHETERIZATION AND LEFT VENTRICULAR ANGIOGRAPHY	\$0.00
93547	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	\$0.00
93548	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	\$0.00
93549	COMBINED RIGHT AND LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, O	\$0.00
93550	COMBINED RIGHT AND LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, O	\$0.00
93551	SELECTIVE OPACIFICATION OF AORTOCORONARY BYPASS GRAFTS, ONE OR MORE CORONARY ART	\$0.00
93552	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93553	COMBINED LEFT HEART CATHETERIZATION, SELECTIVE CORONARY ANGIOGRAPHY, ONE OR MORE	\$0.00
93555	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$237.06
93556	IMAGING SUPERVISION, INTERPRETATION AND REPORT FOR INJECTION PROCEDURE(S) DURING	\$358.37
93561	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION,	\$43.92
93562	INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION,	\$19.25
93563	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$34.77
93564	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$35.32
93565	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$26.71
93566	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$26.71
93567	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$30.17
93568	INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION	\$27.36
93571	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEA	\$219.12
93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEA	\$170.28
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIAL COMMUNICATION (IE,	\$719.01
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULAR SEPTAL DEFECT WIT	\$963.22
93600	BUNDLE OF HIS RECORDING	\$124.21
93602	INTRA-ATRIAL RECORDING	\$139.08
93603	RIGHT VENTRICULAR RECORDING	\$165.09
93605	RIGHT VENTRICULAR RECORDING	\$0.00
93607	LEFT VENTRICULAR RECORDING	\$197.20
93608	LEFT VENTRICULAR RECORDING	\$0.00
93609	INTRAVENTRICULAR MAPPING OF TACHYCARDIA SITE W/ CATH MULT SI	\$380.28
93610	INTRA-ATRIAL PACING	\$186.21
93612	INTRAVENTRICULAR PACING	\$195.76
93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITI	\$238.63
93615	RHYTHM ECG; ESOPHGL LEAD	\$49.26
93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT	\$80.70
93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	\$353.96
93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDI	\$637.92
93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIA	\$900.80
93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND	\$0.00
93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST	\$0.00
93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY TO TEST EFFECTIVENESS	\$278.41
93630	LEFT VENTRICULAR ENDOCARDIAL RESECTION, WITH OR WITHOUT	\$0.00
93631	LFT VENTRICULAR ENDO RESECT,W/WO CRYOABL,W/MAP	\$565.96
93640	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR	\$421.81
93641	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEADS (INCLUDES DEFI	\$547.26
93642	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR (INCLUDES DEFIBRILLA	\$491.76
93650	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TR	\$550.26
93651	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF SUPRAVE	\$848.33
93652	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS; FOR TREATMENT OF VENTRIC	\$896.93
93653	Evaluation and insertion of catheters for creation of complete heart block	\$492.16
93654	Evaluation and insertion of catheters for recording, pacing, and attempted induction of abnormal heart rhythm	\$656.92
93655	Insertion of catheters for treatment of abnormal heart rhythm	\$246.13
93656	Evaluation and insertion of catheters for recording, pacing, and treatment of abnormal heart rhythm	\$657.09
93657	Insertion of catheters for treatment of abnormal heart rhythm	\$246.27
93660	AUTONOMIC NERVOUS SYSTEM EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE E	\$120.87
93662	INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION,	\$0.00
93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION	\$0.00
93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	\$29.00
93720	PLETHYSMOGRAPHY, TOTAL BODY	\$33.11
93721	PLETHYSMOGRAPHY, TOTAL BODY	\$23.71
93722	PLETHYSMOGRAPHY, TOTAL BODY	\$8.75
93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOG	\$344.84
93727	ELECTRONIC ANALYSIS OF IMPLANTABLE LOOP RECORDER (ILR) SYSTEM (INCLUDES	\$20.74
93731	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$37.42
93732	ELECTRONIC ANALYSIS OF DUAL-CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$55.03
93733	ELECTRONIC ANALYSIS OF DUAL CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE	\$33.42
93734	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$29.77
93735	ELECTRONIC ANALYSIS OF SINGLE CHAMBER PACEMAKER SYSTEM (INCLUDES EVALUATION OF	\$47.48
93736	ELECTRONIC ANALYSIS OF SINGLE CHAMBER INTERNAL PACEMAKER SYSTEM (MAY INCLUDE	\$29.47

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93737	ELECTRONIC ANALYSIS OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$36.24
93738	ELECTRONIC ANALYSIS OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	\$54.72
93740	TEMPERATURE GRADIENT STUDIES	\$0.00
93741	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$54.89
93742	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$69.11
93743	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$62.08
93744	ELECTRONIC ANALYSIS OF PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES	\$77.71
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PRO	\$0.00
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR O	\$22.14
93760	THERMOGRAM; CEPHALIC	\$0.00
93762	THERMOGRAM; PERIPHERAL	\$0.00
93770	DETERMINATION OF VENOUS PRESSURE	\$40.26
93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM	\$48.38
93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM	\$23.17
93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM	\$13.07
93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM	\$12.15
93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION	\$9.96
93798	PHYSICIAN SERVICES FOR O/P CARDIAC REHAB. W/ECG MONITORING	\$15.38
93850	NON-INVASIVE STUDIES OF CEREBRAL ARTERIES OTHER THAN CAROTID (EG, PERIORBITAL FL	\$0.00
93870	NON-INVASIVE STUDIES OF CAROTID ARTERIES, IMAGING (EG, FLOW IMAGING BY ULTRASONI	\$0.00
93875	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTRACRANIAL ARTERIES, BILATERAL, (EG, PERIO	\$66.32
93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	\$161.52
93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	\$102.54
93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	\$200.44
93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED ST	\$127.36
93890	NON-INVASIVE STUDIES OF UPPER EXTREMITY ARTERIES (EG,	\$186.62
93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION	\$198.64
93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH	\$194.68
93920	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY ARTERIES, BILATERAL, WITH OR WITHO	\$0.00
93921	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY ARTERIES, BILATERAL, WITH OR WITHO	\$0.00
93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEV	\$76.40

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE L	\$117.07
93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWI	\$138.14
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$192.13
93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR	\$116.39
93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILA	\$156.25
93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR	\$103.76
93960	QUANTITATIVE VENOUS FLOW STUDIES (EG, CAPACITANCE AND OUTFLOW MEASUREMENT OF CAL	\$0.00
93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, BILATERAL, (EG, CONTINUOUS	\$81.28
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$169.29
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANE	\$112.56
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$244.58
93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR R	\$149.97
93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; C	\$149.97
93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; F	\$105.87
93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE ST	\$173.48
93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP O	\$130.77
93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRELESS PRESSURE SENSOR IN ANEURYSMA	\$24.04
93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AN	\$111.49
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	\$0.00
94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$59.64
94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$43.79
94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTI	\$31.91
94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT	\$0.00
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL	\$24.25
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH	\$46.82
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILA	\$71.99
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITA	\$15.12
94014	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; INCLUDES REIN	\$33.77
94015	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; RECORDING (IN	\$15.08
94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REV	\$20.42
94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND	\$46.78

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH	\$61.45
94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	\$7.54
94160	VITAL CAPACITY SCREENING TESTS: TOTAL CAPACITY, WITH TIMED FORCED EXPIRATORY VOL	\$0.00
94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	\$14.25
94240	FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME: HELIUM METHOD,	\$35.23
94250	EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE	\$19.04
94260	THORACIC GAS VOLUME	\$21.36
94350	DETERMINATION OF MALDISTRIBUTION OF INSPIRED GAS: MULTIPLE	\$29.99
94360	DETERMINATION OF RESISTANCE TO AIRFLOW, OSCILLATORY OR	\$31.54
94370	DETERMINATION OF AIRWAY CLOSING VOLUME, SINGLE BREATH TESTS	\$24.68
94375	RESPIRATORY FLOW VOLUME LOOP	\$29.49
94400	BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)	\$32.56
94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	\$31.34
94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$40.46
94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	\$57.86
94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUB	\$43.49
94620	PULMONARY STRESS TESTING, SIMPLE OR COMPLEX	\$80.15
94621	PULMONARY STRESS TESTING; COMPLEX (INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2	\$104.05
94640	NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	\$13.32
94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII	\$5.50
94644	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$27.58
94645	CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUC	\$10.46
94650	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH	\$0.00
94651	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH	\$0.00
94652	INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) TREATMENT, AIR OR OXYGEN, WITH	\$0.00
94656	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET	\$57.93
94657	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET	\$36.94
94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP),	\$39.67
94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION	\$29.54
94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION,	\$14.35
94665	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND	\$20.34
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND	\$16.41
94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$54.46
94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$70.85
94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS	\$53.03
94700	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST ONL	\$0.00
94705	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); REST AND	\$0.00
94710	ANALYSIS OF ARTERIAL BLOOD GAS (OXYGEN SATURATION, PO2, PCO2, CO2, PH); THREE OR	\$0.00
94715	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	\$0.00
94720	CARBON MONOXIDE DIFFUSING CAPACITY, ANY METHOD	\$40.47
94725	MEMBRANE DIFFUSION CAPACITY	\$82.07
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RE	\$36.14
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, D	\$28.22
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	\$28.22
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	\$36.28
94750	PULMONARY COMPLIANCE STUDY, ANY METHOD	\$40.02
94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$2.29
94761	NONIVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$4.77
94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION	\$19.84
94770	CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER	\$23.83
94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR	\$0.00
94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$0.00
94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$0.00
94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$0.00
94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATT	\$0.00
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	\$14.47
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSER	\$5.03
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	\$20.00
95000	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; UP TO 30	\$0.00
95001	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 31-60 TE	\$0.00
95002	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; 61-90 TE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95003	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS; MORE THA	\$0.00
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$3.37
95005	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	\$0.00
95006	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	\$0.00
95007	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	\$0.00
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH D	\$8.42
95011	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ANTIBIOTICS, BIOLOGICALS, STI	\$0.00
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$14.38
95014	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	\$0.00
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL	\$8.42
95016	INTRACUTANEOUS (INTRADERMAL) TESTS, WITH ANTIBIOTICS, BIOLOGICALS, STINGING INSE	\$0.00
95017	Allergy testing with venoms into skin, immediate type reaction, including test interpretation and report	\$2.28
95018	Allergy testing with drugs or biologicals into skin, immediate type reaction, including test interpretation and report	\$4.42
95020	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95021	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95022	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95023	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE REACTION-	\$0.00
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$4.93
95027	SKIN END POINT TITRATION	\$4.93
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTI	\$7.73
95030	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95031	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95032	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95033	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95034	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED REACTION--2	\$0.00
95040	PATCH OR APPLICATION TESTS; UP TO 10 TESTS	\$0.00
95041	PATCH OR APPLICATION TESTS; 11-20 TESTS	\$0.00
95042	PATCH OR APPLICATION TESTS; 21-30 TESTS	\$0.00
95043	PATCH OR APPLICATION TESTS; MORE THAN 30 TESTS	\$0.00
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$6.80

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95050	PHOTO PATCH TESTS; UP TO 10 TESTS	\$0.00
95051	PHOTO PATCH TESTS; MORE THAN 10 TESTS	\$0.00
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$8.36
95056	PHOTO TESTS	\$5.87
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$11.73
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$6.80
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING	\$73.17
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING	\$93.43
95075	INGESTION CHALLENGE TEST (EG, METABISULFITE)	\$52.64
95076	Ingestion of test items for allergies, initial 120 minutes	\$44.53
95078	PROVOCATIVE TESTING (EG, RINKEL TEST)	\$8.61
95079	Ingestion of test items for allergies, additional 60 minutes	\$44.53
95080	PASSIVE TRANSFER TESTS; UP TO 10 TESTS	\$0.00
95105	MEDICAL CONFERENCE SERVICES (EG, USE OF MECHANICAL AND ELECTRIC DEVICES, CLIMATO	\$0.00
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING	\$12.97
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUD	\$16.72
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN THE OFFICE OR INSTITUTION OF	\$0.00
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$3.38
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.38
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.38
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF	\$3.80
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN	\$3.38
95170	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF	\$3.38
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN,	\$80.90

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLU	\$104.01
95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBC	\$18.98
95782	Sleep monitoring of patient (younger than 6 years) in sleep lab	\$712.82
95783	Sleep monitoring of patient (younger than 6 years) in sleep lab with continued pressured respiratory assistance by mask or breathing tube	\$760.49
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION,	\$142.99
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN S	\$65.05
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF	\$0.00
95805	MULTIPLE SLEEP LATENCY TESTING RECORDING, ANALYSIS & INTERPRE	\$488.08
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING OF, HEART RATE, OXYGEN SATURATIO	\$209.21
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF SLEEP OTHER THAN SLEEP STAGING, ATTENDED BY	\$347.15
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED	\$404.78
95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, AT	\$534.28
95811	POLYSOMNOGRAPHY; OF SLEEP, ATTENDED BY A TECHNOLOGIST SLEEP STAGING WITH 4 OR MO	\$583.76
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; UP TO ONE HOUR	\$129.83
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$170.24
95816	EEG INCLUDING RECORDING AWAKE & DROWSY, WITH HYPERVENTILATION	\$121.57
95817	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY, WITH HYPERVENTI	\$0.00
95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE, DROWSY,	\$103.13
95821	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP, WITH HYPERVENTI	\$0.00
95822	ELECTROENCEPHALOGRAM (EEG)	\$144.59
95823	ELECTROENCEPHALOGRAM (EEG); PHYSICAL OR PHARMACOLOGICAL ACTIVATION ONLY	\$0.00
95824	ELECTROENCEPHALOGRAM (EEG)	\$43.18
95826	ELECTROENCEPHALOGRAM (EEG); INTRACEREBRAL (DEPTH) EEG ONLY	\$0.00
95827	ELECTROENCEPHALOGRAM (EEG)	\$126.31
95828	POLYSOMNOGRAPHY (RECORDING, ANALYSIS AND INTERPRETATION OF THE MULTIPLE SIMULTAN	\$0.00
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$936.19
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR	\$70.81
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$12.30
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$12.25
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$16.91

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE)	\$25.96
95842	MUSCLE TESTING, ELECTRICAL: REACTION OF DEGENERATION, CHRONAXIE, GALVANIC/TETANU	\$0.00
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$7.89
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE)	\$5.33
95857	TENSILON TEST FOR MYASTHENIA GRAVIS	\$22.24
95858	TENSILON TEST FOR MYASTHENIA GRAVIS; WITH ELECTROMYOGRAPHIC RECORDING	\$76.99
95860	ELECTROMYOGRAPHY	\$59.08
95861	ELECTROMYOGRAPHY	\$98.48
95863	ELECTROMYOGRAPHY	\$118.33
95864	ELECTROMYOGRAPHY	\$156.68
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$82.98
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$55.22
95867	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES	\$55.97
95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES	\$84.46
95869	ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG,	\$25.46
95870	NEEDLE ELECTROMYOGRAPHY; OTHER THAN PARASPINAL (EG, ABDOMEN, THORAX)	\$25.46
95872	ELECTROMYOGRAPHY, SINGLE FIBER, ANY TECHNIQUE	\$82.21
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$20.36
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$20.64
95875	ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID DETERMINATION	\$63.77
95880	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AN	\$0.00
95881	DEVELOPMENTAL TESTING (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE	\$0.00
95882	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$0.00
95883	NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH REP	\$0.00
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$37.36
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PER	\$57.31
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(	\$51.40
95900	NERVE CONDUCTION, VELOCITY AND/OR LATENCY STUDY	\$42.16
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE, ANY/ALL SITE	\$44.68
95904	NERVE CONDUCTION, VELOCITY AND/OR LATENCY STUDY	\$36.04
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), A	\$41.42

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95907	Nerve transmission studies, 1-2 studies	\$61.79
95908	Nerve transmission studies, 3-4 studies	\$76.22
95909	Nerve transmission studies, 5-6 studies	\$91.27
95910	Nerve transmission studies, 7-8 studies	\$120.05
95911	Nerve transmission studies, 9-10 studies	\$122.85
95912	Nerve transmission studies, 11-12 studies	\$169.58
95913	Nerve transmission studies, 13 or more studies	\$196.29
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR	\$108.99
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$47.70
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPA	\$50.78
95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$83.82
95924	Testing of autonomic (sympathetic) nervous system function, at least 5 minutes of tilt	\$95.96
95925	SOMATOSENSORY TESTING (EG, CEREBRAL EVOKED POTENTIALS),	\$59.31
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$59.31
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$59.94
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$135.06
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$140.86
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR FL	\$65.38
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$54.08
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$30.64
95935	'H' OR 'F' REFLEX STUDY, BY ELECTRODIAGNOSTIC TESTING	\$0.00
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN GASTROCNEMIUS/SO	\$31.69
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION,	\$40.81
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$201.45
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	\$312.05
95940	Continuous monitoring of nervous system during operation, each 15 minutes	\$19.98
95941	Continuous monitoring of nervous system during operation, per hour	\$0.00
95943	Testing of autonomic (parasympathetic and sympathetic) nervous system function	by report
95950	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS,	\$230.74
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS,	\$227.20
95952	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS, BY ATTACHED ELECTRODES OR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 1	\$334.74
95954	PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING	\$166.30
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY	\$116.80
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR M	\$599.51
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS	\$134.27
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$254.26
95961	FUNCTIONAL CORTICAL MAPING,INITIAL HOUR OF PHYSICIAN ATTEND	\$168.18
95962	FUNCTIONAL CORTICAL MAPPING,EACH ADDITIONAL HOUR OF PHYSICIA	\$175.92
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	\$0.00
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	\$0.00
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	\$0.00
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$16.65
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$28.64
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$55.14
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$33.82
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$115.07
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$65.70
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$139.18
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$67.59
95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$21.16
95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$8.40
95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$16.58
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$45.46
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$27.76
95992	CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER D	\$0.00
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$68.30
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D	\$81.50
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$15.78
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$14.66
96004	REVIEW AND INTERPRETATION BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSION	\$69.60
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE W	\$0.00
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$59.90
96102	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$0.00
96103	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY, INT	\$16.31
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AN	\$59.90
96110	DEVELOPMENTAL SCREENING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRU	\$0.00
96111	DEVELOPMENTAL TESTING, (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE	\$59.90
96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	\$59.90
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDG	\$61.95
96117	NEUROPSYCHOLOGICAL TESTING BATTERY (EG, HALSTEAD-REITAN, LURIA, WAIS-R) WITH	\$59.90
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$61.69
96119	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY, WECH	\$0.00
96120	NEUROPSYCHOLOGICAL TESTING (EG, WISCONSIN CARD SORTING TEST), ADMINISTERED BY A	\$18.17
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSE	\$41.65
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$19.58
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORA	\$19.06
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	\$18.24
96153	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MOR	\$3.99
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH TH	\$17.70
96155	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITHOUT	\$17.14
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	\$38.10
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITI	\$10.81
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$46.51
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$14.27
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$23.03
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	\$13.30
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); IN	\$102.89
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EA	\$10.00
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); AD	\$50.39
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$13.87
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$11.75

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$36.88
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$15.80
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	\$0.00
96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL	\$0.00
96400	CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCA	\$4.73
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NE	\$34.54
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLA	\$30.04
96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	\$30.10
96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	\$43.07
96408	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE	\$32.13
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBS	\$80.60
96410	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR	\$48.31
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTA	\$46.33
96412	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS,	\$38.31
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGL	\$113.96
96414	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF	\$44.17
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOU	\$38.31
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLO	\$122.71
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQ	\$55.33
96420	CHEMOTHERAPY ADMINISTRATION,INTRA-ARTERIAL PUSH TECHNIQUE	\$72.79
96422	CHEMOTHERAPY ADMIN,INTRA-ARTERIAL INFUSION TECHNIQUE,UP TO 1	\$127.61
96423	CHEMOTHERAPY ADMIN,INTRA-ARTERIAL INFUSION TECHNIQUE,1-8 HRS	\$52.00
96425	CHEMOTHERAPY ADMIN,INTRA-ARTERIAL INFUSION TECHNIQUE	\$118.52
96440	CHEMOTHERAPY INTROCAVITARY	\$144.80
96445	CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY	\$134.52
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CA	\$13.16
96450	CHEMOTHERAPY LUMBAR PUNCTURE	\$118.87
96520	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$29.64
96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	\$101.13
96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SY	\$72.83
96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	\$20.64

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
96530	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	\$35.25
96535	CHEMOTHERAPY INJECTION, COMPLEX, REQUIRING THORACENTESIS	\$0.00
96538	CHEMOTHERAPY INJECTION, REQUIRING LUMBAR PUNCTURE, ADMINISTERED	\$0.00
96540	CHEMOTHERAPY INJECTION, INTRATHECAL VIA RESERVOIR, SINGLE OR	\$0.00
96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERV	\$82.55
96545	PROVISION OF CHEMOTHERAPY AGENT	\$0.00
96549	UNLISTED CHEMOTHERAPY PROCEDURE	\$41.60
96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN	\$50.24
96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$58.12
96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU	\$29.40
96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	\$13.29
96902	MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE EXAMINER (EXCLUDING	\$0.00
96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH	\$0.00
96910	PHOTOCHEMOTHERAPY	\$25.74
96912	PHOTOCHEMOTHERAPY	\$32.74
96913	PHOTOCHEMOTHERAPY FOR SEVERE PHOTORESPONSIVE DERMATOSES	\$45.05
96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN	\$45.75
96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ C	\$46.58
96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	\$83.40
97001	PHYSICAL THERAPY EVALUATION	\$46.55
97002	PHYSICAL THERAPY RE-EVALUATION	\$20.66
97003	OCCUPATIONAL THERAPY EVALUATION	\$44.99
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$20.03
97005	ATHLETIC TRAINING EVALUATION	\$0.00
97006	ATHLETIC TRAINING RE-EVALUATION	\$0.00
97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$10.08
97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$13.69
97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$11.85
97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$12.49
97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$6.82
97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; MICROWAVE	\$4.50

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$11.89
97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$4.50
97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$4.50
97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$5.63
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$13.64
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$13.64
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$11.39
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$9.52
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$16.04
97039	PHYSICAL MEDICINE TREATMENT TO ONE AREA	\$10.37
97110	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$17.65
97112	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$18.58
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$20.09
97114	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; FUNCTIO	\$0.00
97116	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$16.70
97118	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; ELECTRI	\$0.00
97120	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; IONTOPH	\$0.00
97122	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; TRACTIO	\$0.00
97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$15.39
97126	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; CONTRAS	\$0.00
97128	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; ULTRASO	\$0.00
97139	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES,	\$12.02
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAI	\$20.55
97145	PHYSICAL MEDICINE TREATMENT TO ONE AREA, EACH ADDITIONAL 15 MINUTES	\$0.00
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$14.78
97220	HUBBARD TANK; INITIAL 30 MINUTES, EACH VISIT	\$0.00
97221	HUBBARD TANK; EACH ADDITIONAL 15 MINUTES, UP TO ONE HOUR	\$0.00
97240	POOL THERAPY OR HUBBARD TANK WITH THERAPEUTIC EXERCISES; INITIAL 30 MINUTES, EAC	\$0.00
97241	POOL THERAPY OR HUBBARD TANK WITH THERAPEUTIC EXERCISES; EACH ADDITIONAL 15 MINU	\$0.00
97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS	\$0.00
97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARAT	\$0.00
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)	\$0.00
97500	ORTHOTICS TRAINING (DYNAMIC BRACING, SPLINTING), UPPER AND/ OR LOWER EXTREMITIES	\$0.00
97501	ORTHOTICS TRAINING (DYNAMIC BRACING, SPLINTING), UPPER AND/ OR LOWER EXTREMITIES	\$0.00
97504	ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES),	\$18.83
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES	\$18.89
97521	PROSTHETIC TRAINING; EACH ADDITIONAL 15 MINUTES	\$0.00
97530	KINETIC ACTIVITIES TO INCREASE COORDINATION, STRENGTH	\$18.32
97531	KINETIC ACTIVITIES TO INCREASE COORDINATION, STRENGTH AND/OR RANGE OF MOTION, ON	\$0.00
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (	\$16.63
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$17.81
97535	SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM	\$19.20
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG	\$18.95
97540	TRAINING IN ACTIVITIES OF DAILY LIVING (SELF CARE SKILLS AND/ OR DAILY LIFE MANA	\$0.00
97541	TRAINING IN ACTIVITIES OF DAILY LIVING (SELF CARE SKILLS AND/ OR DAILY LIFE MANA	\$0.00
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	\$17.54
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	\$0.00
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	\$0.00
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$37.07
97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$47.04
97601	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S); SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$40.76
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOUT ANE	\$20.46
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$18.49
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$20.32
97700	OFFICE VISIT, INCLUDING ONE OF THE FOLLOWING TESTS OR MEASUREMENTS, WITH REPORT	\$0.00
97701	OFFICE VISIT, INCLUDING ONE OF THE FOLLOWING TESTS OR MEASUREMENTS, WITH REPORT	\$0.00
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$11.82
97720	EXTREMITY TESTING FOR STRENGTH, DEXTERITY, OR STAMINA; INITIAL 30 MINUTES, EACH	\$0.00
97721	EXTREMITY TESTING FOR STRENGTH, DEXTERITY, OR STAMINA; EACH ADDITIONAL 15 MINUTE	\$0.00
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACI	\$19.83
97752	MUSCLE TESTING WITH TORQUE CURVES DURING ISOMETRIC AND ISOKINETIC EXERCISE, MECH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXIST	\$25.87
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$17.21
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$17.70
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$12.11
97770	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, I	\$20.25
97780	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION	\$0.00
97781	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION	\$0.00
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$13.40
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$13.40
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$5.20
97810	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MIN	\$0.00
97811	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL	\$0.00
97813	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES	\$0.00
97814	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15	\$0.00
98910	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	\$0.00
98912	MEDICAL CONFERENCE BY PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSION	\$0.00
98920	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98921	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98922	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	\$22.01
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED	\$30.70
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED	\$37.99
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED	\$43.75
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED	\$53.93
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS	\$0.00
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	\$0.00
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	\$0.00
98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	\$0.00
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN	\$0.00
98961	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN	\$0.00
98962	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$0.00
98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$0.00
98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN	\$0.00
98969	ONLINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HE	\$0.00
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LABORAT	\$0.00
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH	\$0.00
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA	\$0.00
99024	POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO	\$0.00
99025	INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES	\$14.00
99026	HOSPITAL MANDATED ON CALL SERVICE; IN-HOSPITAL, EACH HOUR	\$0.00
99027	HOSPITAL MANDATED ON CALL SERVICE; OUT-OF-HOSPITAL, EACH HOUR	\$0.00
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H	\$0.00
99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, O	\$0.00
99052	SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE	\$23.46
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	\$0.00
99054	SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE	\$0.00
99056	SERVICE(S) TYPICALLY PROVIDED IN THE OFFICE, PROVIDED OUT OF THE OFFICE AT REQUE	\$37.80
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	\$0.00
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	\$0.00
99064	EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE	\$0.00
99065	EMERGENCY CARE FACILITY SERVICES: WHEN THE NON-HOSPITAL-BASED PHYSICIAN IS CALLE	\$0.00
99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER Q	\$0.00
99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, FOR THE PATIENT'S EDU	\$2.63
99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, OR THE REVIEW OF MEDICAL	\$125.00
99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	\$22.00
99090	ANALYSIS OF CLINICAL DATA STORED IN COMPUTERS (EG, ECGS, BLOOD PRESSURES,	\$0.00
99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG, ECG, BLOOD PRESSURE, GLUC	\$0.00
99141	SEDATION WITH OR WITHOUT ANALGESIA (CONSCIOUS SEDATION); INTRAVENOUS, INTRAMUSCU	\$0.00
99142	SEDATION WITH OR WITHOUT ANALGESIA (CONSCIOUS SEDATION); ORAL, RECTAL AND/OR	\$0.00
99143	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00
99144	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99145	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00
99148	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00
99149	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00
99150	MODERATE SEDATION SERVICES (OTHER THAN THOSE SERVICES DESCRIBED BY CODES 00100-0	\$0.00
99151	PROLONGED PHYSICIAN ATTENDANCE REQUIRING PHYSICIAN DETENTION BEYOND USUAL SERVIC	\$0.00
99155	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT	\$0.00
99156	MEDICAL CONFERENCE BY PHYSICIAN REGARDING MEDICAL MANAGEMENT	\$0.00
99160	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	\$0.00
99162	CRITICAL CARE, INITIAL, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DI	\$0.00
99170	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT	\$89.60
99171	CRITICAL CARE, SUBSEQUENT FOLLOW-UP VISIT; BRIEF EXAMINATION, EVALUATION AND/OR	\$0.00
99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL QUANTITATIVE	\$0.00
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$0.00
99174	INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BI	\$0.00
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND	\$46.30
99178	ADMINISTRATION AND MEDICAL INTERPRETATION OF DEVELOPMENTAL TESTS	\$0.00
99180	HYPERBARIC OXYGEN THERAPY; INITIAL	\$0.00
99182	HYPERBARIC OXYGEN THERAPY; SUBSEQUENT	\$0.00
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	\$74.57
99185	HYPOTHERMIA	\$21.02
99186	HYPOTHERMIA	\$66.31
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$0.00
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$0.00
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$0.00
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$14.85
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	\$0.00
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$24.13
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$48.03
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$68.82
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$99.17
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$122.28

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$9.17
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$24.13
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$36.31
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$56.46
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$83.57
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PH	\$50.53
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$53.33
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$87.31
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$116.67
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$53.33
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$87.63
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$116.67
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PAT	\$0.00
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PAT	\$0.00
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PAT	\$0.00
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$27.32
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$42.31
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$59.39
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$95.13
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$128.86
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$157.96
99238	HOSPITAL DISCHARGE DAY MANAGEMENT	\$50.28
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$65.64
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$34.65
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$70.83
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$90.55
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$124.60
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$161.44
99251	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$34.27
99252	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$58.26
99253	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$77.90

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99254	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$108.71
99255	INITIAL INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$148.14
99261	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT, WHICH REQUIRES AT L	\$20.28
99262	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES AT	\$36.53
99263	FOLLOW-UP INPATIENT CONSULTATION FOR AN ESTABLISHED PATIENT WHICH REQUIRES AT	\$54.01
99271	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$24.74
99272	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$46.51
99273	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$65.34
99274	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$89.26
99275	CONFIRMATORY CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES	\$116.93
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$15.42
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$23.95
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$48.05
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$73.66
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$115.85
99288	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL DIRECTION OF EMERGENCY MED	\$16.59
99289	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFA	\$150.46
99290	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN	\$77.49
99291	CRITICAL CARE, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES AND DIRECTION O	\$144.08
99292	CRITICAL CARE, INCLUDING THE DIAGNOSTIC AND THERAPEUTIC SERVICES EACH ADDITIONAL	\$71.82
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$168.72
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$144.00
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	\$300.00
99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MAN	\$144.00
99297	SUBSEQUENT NEONATAL INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	\$108.00
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$89.43
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$81.77
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$78.79
99301	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING AN ANNUAL NU	\$46.61
99302	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSING	\$60.71
99303	EVALUATION AND MANAGEMENT OF A NEW OR ESTABLISHED PATIENT INVOLVING A NURSING	\$81.15

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$46.61
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$60.71
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$74.08
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$23.47
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$39.23
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.90
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$68.61
99311	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$25.33
99312	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$39.23
99313	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$53.90
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$45.08
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS MORE THAN 30 MINUT	\$57.25
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$45.34
99321	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$32.22
99322	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$38.70
99323	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$60.82
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$36.37
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$53.19
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$76.94
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$109.29
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$139.40
99331	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$27.83
99332	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$36.46
99333	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$45.15
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$28.20
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$44.54
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$68.51
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$107.32
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$0.00
99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$0.00
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$44.73

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$63.95
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$93.85
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$119.66
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$140.70
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$35.41
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$53.81
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$80.79
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$116.22
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.64
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$66.34
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-	\$68.89
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-	\$56.45
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO-	\$38.23
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT PATIENT	\$0.00
99360	STANDBY SERVICE, REQUIRING PROLONGED ATTENDANCE, EACH 30 MINUTES (EG, OPERATIVE	\$0.00
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI	\$0.00
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH	\$0.00
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$0.00
99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$0.00
99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$0.00
99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$0.00
99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS	\$0.00
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	\$0.00
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	\$0.00
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	\$0.00
99374	SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT)	\$0.00
99375	SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT)	\$0.00
99376	PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH GREATER THAN 60 MINU	\$0.00
99377	SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MUL	\$0.00
99378	SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MUL	\$0.00
99379	SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99380	SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLE	\$0.00
99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENS	\$48.67
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL EARLY CHILDHOOD (AGE 1	\$66.86
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL LATE CHILDHOOD (AGE 5	\$65.52
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL ADOLESCENT (AGE 12 THR	\$59.27
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 18-39 YEARS	\$61.58
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 40-64 YEARS	\$59.80
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 65 YEARS AND OVER	\$51.38
99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREH	\$34.35
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL EARLY CHILDHOOD (AG	\$33.27
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL LATE CHILDHOOD (AGE	\$40.89
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL ADOLESCENT (AGE 12	\$45.94
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 18-39 YEARS	\$53.86
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 40-64 YEARS	\$55.27
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL 65 YEARS AND OVER	\$50.97
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$0.00
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$0.00
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$0.00
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$0.00
99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3	\$9.63
99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 M	\$19.82
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AU	\$0.00
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AU	\$0.00
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$0.00
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$0.00
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEAL	\$0.00
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	\$0.00
99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$58.30
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING	\$48.69
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL	\$31.69
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION	\$74.71

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	\$47.24
99438	INFANT CARE TO ONE YEAR OF AGE, WITH A MAXIMUM OF 12 OFFICE VISITS DURING REGULA	\$0.00
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST	\$92.63
99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$0.00
99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$0.00
99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE BY A PHYSICIAN OR OTHER QUALIFIED HE	\$0.00
99444	ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN OR OTHER QUALIF	\$0.00
99450	BASIC LIFE AND/OR DISABILITY EXAMINATION THAT INCLUDES: MEASUREMENT OF HEIGHT, W	\$0.00
99455	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT IN	\$0.00
99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING	\$0.00
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$57.63
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SE	\$48.69
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBO	\$30.80
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT	\$74.71
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL	\$62.60
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE VENTILATION	\$122.74
99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFA	\$199.35
99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFA	\$102.67
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	\$300.00
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MAN	\$144.00
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$168.72
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MA	\$144.00
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$300.00
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MA	\$144.00
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE	\$144.08
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$118.49
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$108.34
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$104.40
99485	Supervision of interfacility transport care of the critical patient, 24 months of age or younger, first 30 minutes	\$0.00
99486	Supervision of interfacility transport care of the critical patient, 24 months of age or younger, each additional 30 minutes	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99487	Complex chronic care coordination services; first hour with no face-to-face visit, per calendar month	\$0.00
99488	Complex chronic care coordination services; first hour with 1 face-to-face visit, per calendar month	\$0.00
99489	Complex chronic care coordination services; each additional 30 minutes, per calendar month	\$0.00
99495	Transitional care management services with communication with the patient and/or caregiver within 2 business days of discharge, medical decision making of at least moderate complexity during the service period face-to-face visit, within 14 calendar days o	\$0.00
99496	Transitional care management services with communication with the patient and/or caregiver within 2 business days of discharge, medical decision making of high complexity during the service period face-to-face visit, within 7 calendar days of discharge	\$0.00
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	\$32.99
99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	\$0.00
99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	\$0.00
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY,	\$0.00
99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	\$0.00
99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	\$0.00
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	\$0.00
99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND E	\$5.20
99508	HOME VISIT FOR POLYSOMNOGRAPHY AND SLEEP STUDIES	\$0.00
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	\$0.00
99539	UNLISTED HOME VISIT SERVICE OR PROCEDURE	\$0.00
99551	HOME INFUSION FOR PAIN MANAGEMENT (INTRAVENOUS OR SUBCUTANEOUS), PER VISIT	\$0.00
99552	HOME INFUSION FOR PAIN MANAGEMENT (EPIDURAL OR INTRATHECAL), PER VISIT	\$0.00
99553	HOME INFUSION FOR TOCOLYTIC THERAPY, PER VISIT	\$0.00
99554	HOME INFUSION FOR HEMATOPOIETIC HORMONES (EG, ERYTHROPOIETIN, G-CSF, CM-CSF) OR	\$0.00
99555	HOME INFUSION FOR CHEMOTHERAPY, PER VISIT	\$0.00
99556	HOME INFUSION FOR ANTIBIOTICS/ANTIFUNGALS/ANTIVIRALS, PER VISIT	\$0.00
99557	HOME INFUSION OF CONTINUOUS ANTICOAGULANT THERAPY (EG, HEPARIN), PER VISIT	\$0.00
99558	HOME INFUSION OF IMMUNOTHERAPY, PER VISIT	\$0.00
99559	HOME INFUSION OF PERITONEAL DIALYSIS, PER VISIT	\$0.00
99560	HOME INFUSION OF ENTERAL NUTRITION, PER VISIT	\$0.00
99561	HOME INFUSION OF HYDRATION THERAPY, PER VISIT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
99562	HOME INFUSION OF TOTAL PARENTERAL NUTRITION, PER VISIT	\$0.00
99563	HOME ADMINISTRATION OF AEROSOLIZED PENTAMIDINE, PER VISIT	\$0.00
99564	HOME INFUSION FOR ANTI-HEMOPHILIC AGENTS (EG, FACTOR VIII), PER VISIT	\$0.00
99565	HOME INFUSION OF ALPHA-1-PROTEINASE INHIBITOR (EG, PROLASTIN), PER VISIT	\$0.00
99566	HOME INFUSION FOR UNINTERRUPTED, LONG-TERM INTRAVENOUS TREATMENT (EG,	\$0.00
99567	HOME INFUSION OF SYMPATHOMIMETIC AGENTS (EG, DOBUTAMINE), PER VISIT	\$0.00
99568	HOME INFUSION OF MISCELLANEOUS DRUGS, PER VISIT	\$0.00
99569	HOME INFUSION, EACH ADDITIONAL THERAPY GIVEN ON SAME DAY (LIST SEPARATELY IN	\$0.00
99600	INPATIENT ALTERNATIVE CARE	\$83.20
99601	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS)	\$16.64
99602	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS) EACH	\$0.00
99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, F	\$0.00
A0010	AMBULANCE SERVICE, BASIC LIFE SUPPORT (BLS) BASE RATE, EMERGENCY TRANSPORT, ONE	\$0.00
A0020	AMBULANCE SERVICE, (BLS) PER MILE, TRANSPORT, ONE WAY	\$0.00
A0021	AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)	\$0.00
A0030	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, TRANSPORT, ONE WAY	\$0.00
A0040	AMBULANCE SERVICE, AIR, HELICOPTER SERVICE, TRANSPORT	\$0.00
A0050	AMBULANCE SERVICE, EMERGENCY, WATER, SPECIAL TRANSPORTATION SERVICES	\$0.00
A0060	AMBULANCE SERVICE, WAITING TIME, ONE HALF (1/2) HOUR INCREMENTS	\$0.00
A0080	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER	\$0.00
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY	\$0.00
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	\$0.00
A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	\$0.00
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER	\$0.00
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	\$0.00
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR	\$0.00
A0150	NON-EMERGENCY TRANSPORTATION, AMBULANCE, BASE RATE ONE WAY	\$0.00
A0160	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	\$0.00
A0180	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A0200	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT	\$0.00
A0220	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS) BASE RATE, ALL INCLUSIVE SERVICES	\$0.00
A0221	AMBULANCE SERVICE, (ALS) PER MILE, TRANSPORT, ONE WAY	\$0.00
A0222	AMBULANCE SERVICE, RETURN TRIP, TRANSPORT	\$0.00
A0223	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS) BASE RATE, WHERE NONREUSABLE ALS	\$0.00
A0225	AMB SERV NEONATAL TRANS BASE RATE EMER TRANSPORT ONE WAY	\$245.70
A0300	AMBULANCE SERVICE, BASIC LIFE SUPPORT (BLS), NON-EMERGENCY TRANSPORT, ALL INCLUS	\$0.00
A0302	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT, ALL INCLUSIVE (MILEAGE AND SUPPLIES	\$0.00
A0304	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS), NON-EMERGENCY TRANSPORT, NO SPEC	\$0.00
A0306	AMBULANCE SERVICES, ALS, NON-EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDE	\$0.00
A0308	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	\$0.00
A0310	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDERED,	\$0.00
A0320	AMBUANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT, SUPPLIES INCLUDED, MILEAGE SEPAR	\$0.00
A0322	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT, SUPPLIES INCLUDED, MILEAGE SEPARATE	\$0.00
A0324	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES REN	\$0.00
A0326	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDER	\$0.00
A0328	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	\$0.00
A0330	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDERED,	\$0.00
A0340	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT, MILEAGE INCLUDED, DISPOSABLE SU	\$0.00
A0342	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT, MILEAGE INCLUDED, DISPOSABLE SUPPLI	\$0.00
A0344	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES REN	\$0.00
A0346	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDER	\$0.00
A0348	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	\$0.00
A0350	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDERED,	\$0.00
A0360	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT, MILEAGE AND DISPOSABLE SUPPLIES	\$0.00
A0362	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT, MILEAGE AND DISPOSABLE SUPPLIES SEP	\$0.00
A0364	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES REN	\$0.00
A0366	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDER	\$0.00
A0368	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERE	\$0.00
A0370	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, SPECIALIZED ALS SERVICES RENDERED,	\$0.00
A0380	BLS MILEAGE (PER MILE)	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A0382	BLS ROUTINE DISPOSABLE SUPPLIES	\$0.00
A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS	\$0.00
A0390	ALS MILEAGE (PER MILE)	\$5.84
A0392	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (TO BE USED ONLY IN	\$0.00
A0394	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY	\$0.00
A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; ESOPHAGEAL INTUBATION	\$0.00
A0398	ALS ROUTINE DISPOSABLE SUPPLIES	\$0.00
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS	\$0.00
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	\$0.00
A0424	EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR (FIXED OR ROTARY WINGED);	\$0.00
A0425	GROUND MILEAGE, PER STATUTE MILE	\$1.95
A0426	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS	\$245.70
A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1	\$0.00
A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT, (BLS)	\$204.74
A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS-EMERGENCY)	\$0.00
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	\$2,880.00
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	\$2,880.00
A0432	PARAMEDIC INTERCEPT (PI), RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER	\$0.00
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	\$0.00
A0434	SPECIALTY CARE TRANSPORT (SCT)	\$0.00
A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	\$0.00
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	\$0.00
A0800	AMBULANCE TRANSPORT PROVIDED BETWEEN THE HOURS OF 7PM AND 7AM	\$0.00
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST	\$0.00
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	\$0.00
A0999	UNLISTED AMBULANCE SERVICE	\$0.00
A4190	TRANSPARENT FILM, EACH	\$0.00
A4200	GAUZE PADS, MEDICATED OR NON-MEDICATED, EACH	\$0.00
A4201	GELFOAM, PER BOTTLE	\$0.00
A4202	GAUZE, ELASTIC, ALL TYPES, PER ROLL	\$0.00
A4203	GAUZE, NON-ELASTIC, PER ROLL	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4204	ABSORPTIVE DRESSING (E.G. HYDROCOLLOID), ADHESIVE OR NON-ADHESIVE, EACH	\$0.00
A4205	NON-ABSORPTIVE DRESSING (E.G. HYDROGEL), ADHESIVE OR NON-ADHESIVE, EACH	\$0.00
A4206	SYRINGE W/NEEDLE,STERILE 1CC	\$0.16
A4207	SYRINGE W/NEEDLES , STERILE 2CC	\$0.16
A4208	SYRINGE W/NEEDLE, STERILE 3CC	\$0.16
A4209	SYRINGE W/NEEDLE STERILE 5CC OR GREATER	\$0.21
A4210	NEEDLE FREE INJECTION DEVICE	\$0.21
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS	\$0.00
A4212	HUBER-TYPE NEEDLE, EACH	\$3.64
A4213	SYRINGE STERILE 20CC OR GREATER	\$0.52
A4214	STERILE SALINE OR WATER, 30 CC VIAL	\$1.41
A4215	NEEDLES ONLY STERILE ANY SIZE	\$0.10
A4216	HEMOSTATIC CELLULOSE ANY SIZE (EG. SURGICAL)	\$0.60
A4217	STERILE WATER/SALINE, 500 ML	\$2.43
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	\$0.67
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	\$0.00
A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG	\$24.04
A4222	INFUSION SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST	\$47.71
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG	\$0.00
A4230	INFUSION SET FOR EXTERNAL INSULIN PUMP, NON NEEDLE CANNULA TYPE	\$9.06
A4231	INFUSION SET FOR EXTERNAL INSULIN PUMP, NEEDLE TYPE	\$3.88
A4232	SYRINGE WITH NEEDLE FOR EXTERNAL INSULIN PUMP STERILE 3CC	\$2.61
A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESS	\$0.72
A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME BLO	\$3.27
A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOS	\$2.11
A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD G	\$1.51
A4244	ALCOHOL OR PEROXIDE, PER PINT	\$0.73
A4245	ALCOHOL WIPES, PER BOX	\$0.01
A4246	BETADINE OR PHISOHEX SOLUTION PER PINT	\$6.17
A4247	BETADINE OR IODINE SWABS/WIPES PER BOX	\$5.82
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS 100 TABS OR STRIPS	\$24.00
A4252	BLOOD KETONE TEST OR REAGENT STRIP, EACH	\$0.00
A4253	BLOOD GLUCOSE TEST OR REGENT STRIPS FOR HOME GLUCOSE MONITOR	\$35.50
A4254	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD	\$2.80
A4255	AFJ SLK	\$4.30
A4256	NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS	\$5.08
A4257	REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH	\$12.75
A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	\$18.30
A4259	LANCETS, PER BOX	\$7.00
A4260	LEVONORGESTREL (CONTRACEPTIVE) IMPLANTS SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	\$0.00
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	\$15.00
A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	\$0.00
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH	\$31.60
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY	\$0.00
A4265	PARAFFIN	\$3.39
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	\$0.00
A4267	CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH	\$0.26
A4268	CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH	\$2.50
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE (E.G., FOAM, GEL), EACH	\$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	\$0.00
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	\$4.95
A4281	TUBING FOR BREAST PUMP, REPLACEMENT	\$0.00
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	\$0.00
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT	\$0.00
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	\$0.00
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT	\$0.00
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	\$0.00
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	\$0.00
A4300	IMPLANTABLE VASCULAR ACCESS PORTAL/CATH, VENOUS, ARTERIAL, PERI	\$3.43
A4301	IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RESERVOIR (VENOUS, ARTERIAL OR E	\$3.43
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR	\$15.95

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR	\$15.95
A4310	INSERTION TRAY W/O DRAINAGE BAG & W/O CATH (ACCESSORIES ONLY	\$9.76
A4311	INSERTION TRAY/W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TYPE	\$14.13
A4312	INSERT TRAY W/O DRAINAGE BAG W/INDWELLING CATH FOLEY TWOWAY	\$15.02
A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-	\$17.05
A4314	CATHETERIZATION TRAY	\$17.58
A4315	INSER TRAY W/DRAINAGE BAG W/INDWELLING CATH FOLEY TWO WAY AL	\$20.36
A4316	INSERT TRAY W/DRAINAGE BAG W/INDWELLING CATH FOLEY THREE WAY	\$20.36
A4319	STERILE WATER IRRIGATION SOLUTION, 1000 ML	\$6.19
A4320	IRRIGATION TRAY FOR BLADDER IRRIG W/BULB OR PISTON SYRINGE	\$2.86
A4321	THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION	\$0.00
A4322	IRRIGATION SYRINGE BULB OR PISTON	\$2.60
A4323	STERILE SALINE IRRIGATION SOLUTION, 1000 ML.	\$5.28
A4324	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH	\$2.27
A4325	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH	\$1.87
A4326	MALE EXT CATH SPECILITY TYPE EG.INFLATABLE,FACEPLATE,EACH	\$9.37
A4327	FEMALE CATH URINARY COLL DEVICE MEATAL CUP EACH	\$38.49
A4328	FEMALE EXT URINARY COLL DEVICE POUCH EACH	\$8.75
A4329	EXTERNAL CATHETER STARTER SET, MALE/FEMALE, INCLUDES CATHETERS/URINARY	\$15.70
A4330	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE	\$5.64
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE	\$3.30
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	\$0.13
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	\$2.94
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	\$2.81
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS	\$0.66
A4336	INCONTINENCE SUPPLY, URETHRAL INSERT, ANY TYPE, EACH	\$0.00
A4338	CATH,FOLEY TFLN CTD W/30ML BAG	\$8.32
A4340	INDWELLING CATH SPECIALTY TYPE EG. COUDE,MUSHROOM,WING	\$18.18
A4342	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX	\$0.00
A4343	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, LATEX WITH TEFLON COATING	\$0.00
A4344	INDWELLING CATH FOLEY TYPE TWO WAY ALL SILICONE	\$11.56

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4346	INDWELLING CATH FOLEY TYPE THREE WAY FOR CONT IRRIGATION	\$12.30
A4347	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE, WITH OR WITHOUT ANTI-REFLUX DEV	\$1.42
A4348	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR,	\$26.55
A4349	URINARY COLLECTION AND RETENTION SYSTEM, LEG BAG WITH TUBE	\$1.87
A4351	INTERMITTENT URINARY CATHETER STRAIGHT TIP	\$1.20
A4352	INTERMITTENT URINARY CATH,COUDE_(CURVED)TIP	\$6.43
A4353	CATHETER INSERTION TRAY WITH CATHETER INCLUDING TUBING AND DRAINAGE BAG	\$7.48
A4354	CATHETER INSERTION TRAY WITHOUT CATHETER INCLUDING TUBING AND DRAINAGE BAG	\$11.50
A4355	3-WAY IRRIGATION SET FOR CATHETER	\$7.02
A4356	EXT URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR	\$33.48
A4357	URINARY DRAINAGE BAG	\$10.81
A4358	URINARY LEG BAG	\$7.04
A4359	URINARY SUSPENSORY WITHOUT LEG BAG, EACH	\$30.07
A4360	DISPOSABLE EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE, WITH PAD AND/OR POUCH,	\$0.67
A4361	OSTOMY FACE PLATE	\$28.88
A4362	OSTOMY SKIN BARRIER	\$3.65
A4363	SKIN BARRIER LIQUID,POWDER,PASTE PER OZ (SPRAY,BRUSH,ECT)	\$1.20
A4364	OSTOMY SKIN BOND OR CEMENT	\$2.33
A4365	OSTOMY BAG, DISPOSABLE/CLOSED	\$12.23
A4366	OSTOMY BAG, REUSEABLE OR DRAINABLE	\$0.78
A4367	OSTOMY BELT	\$7.52
A4368	STOMA WICKS	\$0.27
A4369	TAIL CLOSURES	\$1.79
A4370	OSTOMY SKIN BARRIER, PASTE, PER OZ	\$2.78
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	\$3.60
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	\$4.52
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN	\$6.77
A4374	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.10
A4375	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$18.54
A4376	OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$51.39
A4377	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.63

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4378	OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$33.18
A4379	OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$16.23
A4380	ILEOSTOMY SET	\$40.31
A4381	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.98
A4382	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$26.59
A4383	OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$30.47
A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$10.41
A4385	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CO	\$5.49
A4386	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$7.28
A4387	OSTOMY POUCH CLOSED, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXIT	\$4.62
A4388	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, (1 PIECE), EACH	\$4.71
A4389	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 PIECE	\$6.70
A4390	ILEAL BLADDER SET	\$10.40
A4391	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CON	\$7.66
A4392	OSTOMY POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEX	\$8.18
A4393	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEX	\$9.04
A4394	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	\$2.76
A4395	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.05
A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	\$40.48
A4397	IRRIGATION SUPPLY SLEEVE	\$1.83
A4398	IRRIGATION SUPPLY;BAGS	\$14.93
A4399	IRRIGATION SUPPLY; CONE/CATHETER	\$10.31
A4400	OSTOMY ITTIGATION SET	\$63.84
A4402	OSTOMY LUBRICANT	\$4.00
A4404	OSTOMY RINGS	\$1.83
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	\$3.40
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$5.74
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR,	\$8.76
A4408	OSTOMY SKIN BARRIER, WTIH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.87
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$6.22
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$9.04

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4411	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVE	\$3.06
A4412	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$1.62
A4413	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE	\$5.50
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-I	\$4.93
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-I	\$6.00
A4416	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$2.75
A4417	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FILTE	\$3.72
A4418	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.81
A4419	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER (2	\$1.74
A4420	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$1.83
A4421	OSTOMY SUPPLY MISC	\$4.68
A4422	OSTOMY ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) FOR USE IN OSTOMY POUCH TO	\$0.12
A4423	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2 PIE	\$1.86
A4424	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$4.75
A4425	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FILTER	\$3.58
A4426	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE SYSTEM)	\$2.73
A4427	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$2.78
A4428	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE TAP	\$6.51
A4429	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH FAUC	\$8.25
A4430	URETEROSTOMY SET	\$8.52
A4431	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE (1	\$6.22
A4432	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON-LOCKING FLANGE, WITH FAUCET-T	\$3.59
A4433	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$3.34
A4434	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	\$3.76
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	\$6.64
A4440	NOT OTHERWISE CLASSIFIED URETEROSTOMY SUPPLIES	\$0.00
A4450	AHDESIVE TAPE ALL SIZES	\$0.09
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.36
A4453	MICROPOROUS TAPE ALL SIZES	\$0.00
A4454	TAPE, ALL TYPES, ALL SIZES	\$0.86

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4455	ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIVE)	\$1.70
A4456	ADHESIVE REMOVER, WIPES, ANY TYPE, EACH	\$0.28
A4458	ENEMA BAG WITH TUBING, REUSABLE	\$1.86
A4460	ELASTIC BANDAGE, PER ROLL (E.G. COMPRESSION BANDAGE)	\$5.41
A4461	SURGICAL DRESSING HOLDER, NON-REUSABLE, EACH	\$3.29
A4462	ABDOMINAL DRESSING HOLDER, EACH	\$3.53
A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	\$0.00
A4464	JOINT SUPPORTIVE DEVICE/GARMENT, ELASTIC OR EQUAL, EACH	\$0.00
A4465	NON-ELASTIC BINDER FOR EXTREMITY	\$8.10
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL	\$0.00
A4470	GRAVLEE JET WASHER	\$0.00
A4480	VABRA ASPIRATOR	\$0.00
A4481	THRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH	\$0.53
A4483	MOISTURE EXCHANGER, DISPOSABLE, FOR USE WITH INVASIVE MECHANICAL VENTILATION	\$5.20
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	\$11.44
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	\$11.44
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH EACH	\$7.28
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	\$11.44
A4520	INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH	\$0.00
A4521	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL SIZE, EACH	\$0.62
A4522	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, MEDIUM SIZE, EACH	\$0.66
A4523	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH	\$0.00
A4524	ADULT-SIZED INCONTINENCE PRODUCT, DIAPER, EXTRA LARGE SIZE, EACH	\$0.69
A4525	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL SIZE, EACH	\$0.00
A4526	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, MEDIUM SIZE, EACH	\$0.00
A4527	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH	\$0.00
A4528	ADULT-SIZED INCONTINENCE PRODUCT, BRIEF, EXTRA-LARGE SIZE, EACH	\$0.00
A4529	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, SMALL/MEDIUM SIZE, EACH	\$0.00
A4530	CHILD-SIZED INCONTINENCE PRODUCT, DIAPER, LARGE SIZE, EACH	\$0.00
A4531	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, SMALL/MEDIUM SIZE, EACH	\$0.00
A4532	CHILD-SIZED INCONTINENCE PRODUCT, BRIEF, LARGE SIZE, EACH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4533	YOUTH-SIZED INCONTINENCE PRODUCT, DIAPER, EACH	\$0.00
A4534	YOUTH-SIZED INCONTINENCE PRODUCT, BRIEF, EACH	\$0.00
A4535	DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH	\$0.00
A4536	PROTECTIVE UNDERWEAR, WASHABLE, ANY SIZE, EACH	\$0.00
A4537	UNDER PAD, REUSABLE/WASHABLE, ANY SIZE, EACH	\$0.00
A4538	DIAPER, REUSABLE, PROVIDED BY A DIAPER SERVICE, EACH DIAPER	\$0.00
A4550	SURGICAL TRAYS	\$5.20
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)	\$0.30
A4555	PRIMARY SURGICAL DRESSING KIT, (E.G., STERILE DRESSINGS, PADS, ETC.)	\$0.00
A4556	ELECTRODES (EG.APNEA MONITOR)	\$10.41
A4557	LEAD WIRES (EG.APNEA MONITOR)	\$15.74
A4558	CONDUCTIVE PASTE OR GEL	\$6.84
A4559	COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OZ	\$0.00
A4560	PESSARY	\$0.00
A4561	PESSARY, RUBBER, ANY TYPE	\$0.00
A4562	PESSARY, NON RUBBER, ANY TYPE	\$0.00
A4565	SLINGS	\$10.40
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONT	\$0.00
A4570	SPLINT	\$10.40
A4572	RIB BELT	\$10.40
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	\$0.00
A4580	CAST SUPPLIES	\$14.56
A4581	SUPPLIES RISER JACKET	\$0.00
A4590	SPECIAL CASTING MATERIALS,HEXCELITE AND LIGHT CAST	\$20.80
A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	\$26.00
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	\$0.00
A4601	LITHIUM ION BATTERY FOR NON-PROSTHETIC USE, REPLACEMENT	\$0.00
A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEV	\$60.46
A4605	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH	\$16.00
A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	\$40.43
A4608	TRANSTRACHEAL OXYGEN CATHETER, EACH	\$52.53

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4609	TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, FOR LESS THAN 72 HOURS OF USE, EACH	\$14.30
A4610	MEDICATION SUPPLIES TO BE USED IN DURABLE MEDICAL EQUIPMENT, PRESCRIBED BY A PHY	\$0.00
A4611	BATTERY HEAVY DUTY REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$7.25
A4612	BATTERY CABLES;REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$8.46
A4613	BATTERY CHARGER;REPLACEMENT FOR PATIENT OWNED VENTILATOR	\$9.21
A4614	PEAK EXPIRATORY FLOW RATE METER, HAND HELD	\$23.59
A4615	CANULA, NASAL	\$2.16
A4616	AEROSOL TUBING %PER FOOT<	\$0.07
A4617	MOUTH PIECE	\$5.20
A4618	IPPB SUPPLIES	\$7.31
A4619	FACE TENT	\$1.21
A4620	VARIABLE CONCENTRATION MASK	\$0.65
A4621	TRACHEOTOMY MASK OR COLLAR	\$1.39
A4622	TRACHEOSTOMY OR LARYNGECTOMY TUBE	\$24.28
A4623	TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)	\$3.50
A4624	TRACHEAL SUCTION CATH ANY TYPE EACH	\$2.60
A4625	TRACHEOSTOMY CARE OR CLEANING STARTER KIT	\$6.24
A4626	TRACHEOSTOMY CLEANING BRUSH EACH	\$1.93
A4627	APACER, BAG OR RESERVOIR W/WO MASK USE W/ METERED DOSE INHAL	\$20.80
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH	\$2.92
A4629	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$3.81
A4630	REPLACEMENT BATTERIES. MEDICALLY NECESSARY TENS OWNED BY PT.	\$5.20
A4631	REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRONIC WHEEL CHAIR OWNED BY	\$132.36
A4632	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP, ANY TYPE, EACH	\$0.00
A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	\$41.04
A4634	REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL	\$0.00
A4635	UNDERARM PAD CRUTCH REPLACEMENT EACH	\$1.03
A4636	REPLACEMENT, HAND GRIP. CANE. CRUTHCH. OR WALKER, EACH	\$0.44
A4637	ASDF	\$0.00
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH	\$0.50
A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	\$287.21

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4640	REPLACEMENT PAD FOR MED. NEC. ALTERNATING PRESSURE PAD OWNED	\$6.10
A4641	RADIOPHARMACEUTICAL, DIAGNOSTIC, NOT OTHERWISE CLASSIFIED	\$0.00
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURI	\$0.00
A4643	SUPPLY OF ADDITIONAL HIGH DOSE CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE	\$0.00
A4644	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (100-199 MGS OF IODINE)	\$0.00
A4645	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (200-299 MGS OF IODINE)	\$0.00
A4646	SUPPLY OF LOW OSMOLAR CONTRAST MATERIAL (300-399 MGS OF IODINE)	\$0.00
A4647	SUPPLY OF PARAMAGNETIC CONTRAST MATERIAL, EG., GADOLINIUM	\$0.00
A4648	TISSUE MARKER, IMPLANTABLE, ANY TYPE, EACH	\$0.00
A4649	SURGICAL SUPPLY; MISCELLANEOUS	\$0.00
A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	\$0.00
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	\$0.00
A4652	MICROCAPILLARY TUBE SEALANT	\$0.00
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	\$0.61
A4655	NEEDLES AND SYRINGES FOR DIALYSIS	\$0.00
A4656	NEEDLE, ANY SIZE, EACH	\$0.10
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, FOR DIALYSIS, EACH	\$0.16
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS W/CUFF STETHOSCOPE	\$25.00
A4663	BLOOD PRESSURE CUFF ONLY	\$0.00
A4670	AUTOMATIC BLOOD PRESSURE MONITOR	\$15.00
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	\$0.00
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	\$0.00
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	\$0.00
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER	\$0.00
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	\$0.00
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	\$0.00
A4700	STANDARD DIALYSATE SOLUTION, EACH	\$0.00
A4705	BICARBONATE DIALYSATE SOLUTION, EACH	\$0.00
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	\$0.00
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	\$0.00
A4712	WATER, STERILE, FOR INJECTION, PER 10 ML	\$0.21
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL	\$0.00
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	\$0.00
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN	\$0.00
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML	\$0.00
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH	\$0.00
A4735	LOCAL/TOPICAL ANESTHETICS FOR DIALYSIS ONLY	\$0.00
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	\$0.00
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	\$0.00
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH	\$0.00
A4750	BLOOD TUBING ARTERIAL OR VENOUS EACH	\$22.50
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH	\$0.00
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH	\$0.00
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET	\$0.00
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	\$0.00
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50	\$0.00
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50	\$0.00
A4772	DEXTROSTICK OR GLUCOSE TEST STRIPS PER BOX	\$0.62
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50	\$0.00
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50	\$0.00
A4780	STERILIZING AGENT FOR DIALYSIS EQUIPMENT, PER GALLON	\$0.00
A4790	CLEANSING AGENTS FOR EQUIPMENT FOR DIALYSIS ONLY	\$0.00
A4800	HEPARIN FOR DIALYSIS AND ANTIDOTE, ANY STRENGTH, PORCINE OR BEEF, UP TO 1000	\$0.00
A4801	HEPARIN, ANY TYPE, FOR HEMODIALYSIS, PER 1000 UNITS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	\$0.00
A4820	HEMODIALYSIS KIT SUPPLIES	\$0.00
A4850	HEMOSTATS WITH RUBBER TIPS FOR DIALYSIS	\$0.00
A4860	DISPOSABLE CATHETER CAPS	\$0.87
A4880	STORAGE TANKS UTILIZED IN CONNECTION WITH WATER PURIFICATION SYSTEM,	\$0.00
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT	\$0.00
A4900	CONTINUOUS AMBULATORY PERITONEAL DIALYSIS (CAPD) SUPPLY KIT	\$0.00
A4901	CONTINUOUS CYCLING PERITONEAL DIALYSIS (CCPD) SUPPLY KIT	\$0.00
A4905	INTERMITTENT PERITONEAL DIALYSIS (IPD) SUPPLY KIT	\$0.00
A4910	NON-MEDICAL SUPPLIES FOR DIALYSIS, (I.E., SCALE, SCISSORS, STOPWATCH, ETC.)	\$0.00
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	\$0.00
A4912	GOMCO DRAIN BOTTLE	\$0.00
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED	\$0.00
A4914	PREPARATION KITS	\$0.00
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH	\$0.00
A4919	DIALYZER HOLDER, EACH	\$0.00
A4920	HARVARD PRESSURE CLAMP, EACH	\$0.00
A4921	MEASURING CYLINDER, ANY SIZE, EACH	\$0.00
A4927	GLOVES,STERILE OR NON STERILE PER PAIR	\$0.11
A4928	SURGICAL MASK, FOR DIALYSIS, PER 20	\$5.60
A4929	TOURNIQUET FOR DIALYSIS, EACH	\$0.00
A4930	GLOVES, STERILE, PER PAIR	\$0.75
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	\$2.00
A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	\$2.00
A5051	COLOSTOMY BAGS DISPOSABLE	\$2.07
A5052	POUCH,CLOSED,W/O BARRIER ATTACHED 1 PIECE	\$1.49
A5053	POUCH, CLOSED FOR USE ON FACEPLATE	\$2.14
A5054	POUCH,CLOSED FOR USE ON BARRIER W FLANGE 2 PIECE	\$1.79
A5055	STOMA CAP	\$1.46
A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PI	\$5.01
A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONV	\$11.17

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A5061	COLOSTOMY BAGS REUSABLE	\$3.52
A5062	POUCH,DRAINABLE,W/O BARRIER ATTACHED 1 PIECE	\$2.27
A5063	POUCH,DRAINABLE,FOR USE ON BARRIER W/FLANGE 2 PIECE SYSTEM	\$2.70
A5064	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	\$3.23
A5065	POUCH, DRAINABLE, FOR USE ON FACEPLATE; PLASTIC OR RUBBER	\$0.00
A5071	UROSTOMY BAGS DISPOSABLE	\$6.01
A5072	POUCH,URINARY;W/O BARRIER ATTACHED 1 PIECE	\$4.24
A5073	POUCH/URINARY;FOR USE ON BARRIER W/FLANGE 2 PIECE	\$3.55
A5074	POUCH, URINARY, WITH FACEPLATE ATTACHED; PLASTIC OR RUBBER	\$3.23
A5075	POUCH, URINARY, FOR USE ON FACEPLATE; PLASTIC OR RUBBER	\$3.60
A5081	CONTINENT DEVICE;PLUG FOR CONTINENT STOMA	\$3.89
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	\$10.62
A5083	CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA	\$0.00
A5093	OSTOMY ACCESSORY CONVEX INSERT	\$2.09
A5102	BEDSIDE DRAINAGE BOTTLE RIGID OR EXPANDABLE	\$24.21
A5105	URINARY SUSPENSORY W/LEG BAG W OR W/O TUBE	\$61.69
A5112	URINARY LEG BAG; LATEX	\$33.44
A5113	LEG STRAP LATEX PER SET	\$3.72
A5114	LEG STRAP; FOAM OR FABRIC, PER SET	\$11.29
A5119	SKIN BARRIER, WIPES OR SWABS, PER BOX 50	\$12.56
A5120	SKIN BARRIER, WIPES OR SWABS, EACH	\$0.25
A5121	SKIN BARRIER;SOLID 6X6 OR EQUIVALENT EACH	\$9.11
A5122	SKIN BARRIER;SOLID 8X8 OR EQUIVALENT EACH	\$15.22
A5123	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), ANY SIZE, EACH	\$4.46
A5126	ADHESIVE; DISC OR FOAM PAD	\$1.16
A5131	APPLIANCE CLEANER;INCONTINENCE AND OSTOMY APPLIANCES PER16OZ	\$17.83
A5149	INCONTINENCE/OSTOMY SUPPLY; MISCELLANEOUS	\$0.00
A5200	PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$11.29
A5500	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$59.36
A5501	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$176.00
A5502	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE	\$32.49

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$27.54
A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$27.54
A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$27.54
A5506	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$27.54
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	\$27.54
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-M	\$25.00
A5509	FOR DIABETICS ONLY, DIRECT FORMED, MOLDED TO FOOT WITH EXTERNAL HEAT SOURCE	\$33.00
A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT	\$15.62
A5511	FOR DIABETICS ONLY, CUSTOM-MOLDED FROM MODEL OF PATIENT'S FOOT, MULTIPLE	\$33.00
A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER	\$25.26
A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT	\$37.69
A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING	\$5.00
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	\$30.96
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	\$2.28
A6020	COLLAGEN BASED WOUND DRESSING, WOUND COVER, EACH DRESSING	\$0.94
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	\$17.88
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ	\$20.05
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	\$190.30
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	\$5.90
A6025	GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL,	\$0.00
A6154	WOUND POUCH, EACH	\$15.37
A6196	ALGINATE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING	\$7.86
A6197	ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR E	\$17.62
A6198	ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING	\$18.00
A6199	ALGINATE DRESSING, WOUND FILLER, PER 6 INCHES	\$5.66
A6200	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH D	\$9.50
A6201	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 S	\$20.80
A6202	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH	\$34.60
A6203	COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER,	\$3.90
A6204	COMPOSITE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 S	\$7.27

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A6205	COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	\$7.12
A6206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.57
A6207	CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH D	\$4.75
A6208	CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING	\$0.00
A6209	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER	\$7.83
A6210	FOAM DRESSING. WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL	\$16.82
A6211	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORD	\$30.61
A6212	FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE	\$10.11
A6213	FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL	\$10.39
A6214	FORM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIV	\$10.72
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM	\$0.00
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESI	\$0.08
A6217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$0.45
A6218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE	\$0.94
A6219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORD	\$0.63
A6220	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO	\$1.66
A6221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BO	\$4.16
A6222	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LE	\$2.22
A6223	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ.	\$2.53
A6224	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ.	\$3.78
A6228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$3.88
A6229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAT 16 SQ. IN. BUT LE	\$3.88
A6230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHO	\$3.88
A6231	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR L	\$4.46
A6232	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16	\$6.57
A6233	GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ.	\$18.30
A6234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIV	\$6.81
A6235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$17.25
A6236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHES	\$29.16
A6237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE A	\$8.48
A6238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN	\$23.76

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A6239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE	\$13.12
A6240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	\$12.77
A6241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	\$2.74
A6242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BO	\$6.50
A6243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR E	\$13.20
A6244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$42.08
A6245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHES	\$7.76
A6246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR E	\$10.63
A6247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADH	\$25.68
A6248	HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE	\$16.91
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE	\$0.00
A6251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT	\$2.10
A6252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LE	\$4.05
A6253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHO	\$6.85
A6254	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH AN	\$1.30
A6255	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LE	\$3.22
A6256	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH	\$6.85
A6257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.63
A6258	TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EAC	\$4.48
A6259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	\$8.50
A6260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	\$0.00
A6261	WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED	\$0.00
A6262	WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED	\$0.00
A6263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER LINEAR YARD	\$0.26
A6264	GAUZE, NON-ELASTIC, NON-STERILE, PER LINEAR YARD	\$0.34
A6265	TAPE, ALL TYPES, PER 18 SQUARE INCHES	\$0.13
A6266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YAR	\$2.06
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE B	\$0.13
A6403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUA	\$0.45
A6404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$0.46
A6405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	\$0.34

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A6406	GAUZE, NON-ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	\$0.82
A6407	PACKING STRIPS, NON-IMPREGNATED, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD	\$1.13
A6410	EYE PAD, STERILE, EACH	\$0.39
A6411	EYE PAD, NON-STERILE, EACH	\$0.25
A6412	EYE PATCH, OCCLUSIVE, EACH	\$0.17
A6413	ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH	\$0.00
A6421	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR	\$0.00
A6422	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$1.17
A6424	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.00
A6426	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE WIDTH GREATER THAN OR	\$0.41
A6428	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR	\$0.00
A6430	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE LESS THAN	\$0.00
A6432	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE LESS THAN	\$0.00
A6434	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25	\$0.00
A6436	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN	\$0.00
A6438	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, LOAD RESISTANCE GREATER	\$0.00
A6440	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN	\$11.38
A6441	PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL	\$0.67
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THR	\$0.17
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.29
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN	\$0.49
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE I	\$0.32
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR E	\$0.41
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR E	\$0.67
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES,	\$1.16
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL T	\$1.75
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL T	\$2.00
A6451	MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO	\$4.00
A6452	HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN O	\$5.91
A6453	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INC	\$0.61
A6454	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQU	\$0.77

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A6455	SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQU	\$1.39
A6456	ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN O	\$1.28
A6457	TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD	\$1.14
A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	\$0.00
A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	\$0.00
A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	\$0.00
A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	\$0.00
A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	\$0.00
A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	\$0.00
A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	\$0.00
A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	\$0.00
A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS (VEST),	\$0.00
A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS (LEOTARD),	\$0.00
A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM	\$0.00
A6512	COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED	\$0.00
A6513	COMPRESSION BURN MASK, FACE AND/OR NECK, PLASTIC OR EQUAL, CUSTOM FABRICATED	\$0.00
A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	\$28.08
A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	\$38.48
A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	\$40.00
A6533	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	\$20.80
A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	\$26.00
A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	\$33.28
A6536	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	\$95.00
A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	\$104.00
A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	\$104.00
A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	\$28.08
A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	\$28.08
A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MMHG, EACH	\$28.08
A6542	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	\$28.08
A6543	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	\$28.08
A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	\$1.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH	\$0.00
A6549	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	\$28.08
A6550	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR	\$24.82
A6551	CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR	\$24.40
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$7.30
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	\$30.90
A7002	TUBING, USED WITH SUCTION PUMP, EACH	\$3.58
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABL	\$2.08
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	\$1.64
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPO	\$28.18
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	\$13.36
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.93
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$0.00
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	\$0.00
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	\$21.28
A7011	CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET	\$2.08
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	\$2.81
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	\$0.76
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.36
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.44
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$11.88
A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OX	\$12.78
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	\$0.51
A7019	SALINE SOLUTION, PER 10 ML, METERED DOSE DISPENSER, FOR USE WITH INHALATION	\$0.26
A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONL	\$0.00
A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATI	\$397.50
A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATI	\$28.75
A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVIC	\$186.52
A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, EACH	\$49.54
A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	\$20.24
A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	\$69.77
A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	\$40.53
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	\$28.41
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$117.64
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$41.46
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.94
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$38.64
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$3.23
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.26
A7040	ONE WAY CHEST DRAIN VALVE	\$35.20
A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	\$66.14
A7042	IMPLANTED PLEURAL CATHETER, EACH	\$159.65
A7043	VACUUM DRAINAGE BOTTLE AND TUBING FOR USE WITH IMPLANTED CATHETER	\$27.36
A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	\$120.91
A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	\$0.00
A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACE	\$19.51
A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	\$100.18
A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH	\$47.61
A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTU	\$10.81
A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	\$0.64
A7505	HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYST	\$4.46
A7506	ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEO	\$0.32
A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA	\$2.37
A7508	HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXC	\$2.74
A7509	FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOS	\$1.41
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE, NON-CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR	\$47.48
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE (PVC), SILICONE OR EQU	\$47.05
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL (STERILIZABLE AND REUSA	\$45.16
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH	\$25.23
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH	\$77.40
A7525	TRACHEOSTOMY MASK, EACH	\$2.07

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH	\$3.37
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	\$3.37
A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$15.33
A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	\$15.33
A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	\$15.33
A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSO	\$15.33
A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	\$0.00
A9150	NON-PRESCRIPTION DRUGS	\$0.00
A9152	SINGLE VITAMIN/MINERAL/TRACE ELEMENT, ORAL, PER DOSE, NOT OTHERWISE SPECIFIED	\$0.00
A9153	MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE,	\$0.00
A9155	ARTIFICIAL SALIVA, 30 ML	\$0.00
A9160	NON-COVERED SVC. BY PODIATRIST	\$0.00
A9170	NON-COVERED SVC. BY CHIROPRACTOR	\$0.00
A9180	PEDICULOSIS (LICE INFESTATION) TREATMENT, TOPICAL, FOR ADMINISTRATION BY	\$0.00
A9190	PERSONAL COMFORT ITEM	\$0.00
A9250	NURSING HOME RENTALS	\$0.00
A9260	NON-CERTIFIED PHYSICAL THERAPISTS	\$0.00
A9270	NON-COVERED ITEM OR SERVICE	\$0.00
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COM	\$0.00
A9273	HOT WATER BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE	\$0.00
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPP	\$0.00
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	\$0.00
A9276	SENSOR; INVASIVE (E.G. SUBCUTANEOUS), DISPOSABLE, FOR USE WITH INTERSTITIAL CONT	\$0.00
A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING S	\$0.00
A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONIT	\$0.00
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACC	\$0.00
A9280	ALERT OR ALARM DEVICE, NOT OTHERWISE CLASSIFIED	\$0.00
A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	\$0.00
A9282	WIG, ANY TYPE, EACH	\$0.00
A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	\$0.00
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A9290	DESCRIPTION OF SERVICE DOES NOT INDICATE HOSPITAL VISIT.	\$0.00
A9300	EXERCISE EQUIPMENT	\$0.00
A9500	Technetium tc-99m sestamibi, diagnostic, per study dose	\$83.20
A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	\$0.00
A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M TETROF	\$83.20
A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$31.20
A9504	TECHNETIUM TC-99M APCITIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	\$0.00
A9505	Thallium tl-201 thallous chloride, diagnostic, per millicurie	\$59.80
A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB P	\$1,855.00
A9508	IODINE I-131 IOBENGUANE SULFATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00
A9509	IODINE I-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	\$0.00
A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DISOFEN	\$79.17
A9511	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M,	\$0.00
A9512	TECHNETIUM TC-99M PERTECHNETATE, DIAGNOSTIC, PER MILLICURIE	\$0.00
A9513	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$0.00
A9514	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$0.00
A9515	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$38.00
A9516	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, I-123 SODIUM IODIDE CAPS	\$36.40
A9517	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, I-131 SODIUM IODIDE CAP	\$117.25
A9518	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, I-131 SODIUM IODIDE	\$146.57
A9519	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$85.00
A9520	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$0.00
A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M EXAMET	\$231.44
A9522	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM-111 IBRITUMOMAB	\$0.00
A9523	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, YTTRIUM 90 IBRITUMOMAB	\$0.00
A9524	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IODINATED I-131 SERUM AL	\$17.68
A9525	SUPPLY OF LOW OR ISO-OSMOLAR CONTRAST MATERIAL, 10 MG OF IODINE	\$0.29
A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N-13, PER DOSE	\$20.80
A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	\$0.00
A9528	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM IODIDE CAPSULE, PER	\$20.80
A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM IODIDE SOLUTION, PE	\$20.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A9530	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I-131 SODIUM IODIDE SOLUTION, P	\$20.00
A9531	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM IODIDE, PER MICROCU	\$11.50
A9532	IODINE I-125 SERUM ALBUMIN, DIAGNOSTIC, PER 5 MICROCURIES	\$0.00
A9533	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, I-131 TOSITUMOMAB, PER	\$0.00
A9534	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, I-131 TOSITUMOMAB, PER	\$0.00
A9535	INJECTION, METHYLENE BLUE, 1 ML	\$4.10
A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	\$0.00
A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00
A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	\$0.00
A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00
A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10	\$0.00
A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURI	\$0.00
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICUR	\$2,260.00
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO 40 MIL	\$0.00
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE	\$0.00
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE	\$0.00
A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	\$0.00
A9547	INDIUM IN-111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00
A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	\$0.00
A9549	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLIC	\$14.56
A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$0.00
A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00
A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIE	\$0.00
A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIE	\$0.00
A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	\$0.00
A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE	\$15.60
A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00
A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	\$40.00
A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURI	\$0.00
A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30	\$55.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$9.00
A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00
A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIE	\$0.00
A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	\$2,675.00
A9565	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER MILLICURIE	\$1,500.00
A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	\$0.00
A9567	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLI	\$0.00
A9568	TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	\$0.00
A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC,	\$0.00
A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	\$0.00
A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	\$0.00
A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	\$0.00
A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	\$0.00
A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	\$0.00
A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML	\$0.00
A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPE	\$0.00
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	\$0.00
A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	\$0.00
A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	\$0.00
A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	\$0.00
A9584	IODINE 1-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	\$0.00
A9585	INJECTION, GADOBUTROL, 0.1 ML	\$0.00
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	\$0.00
A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	\$892.46
A9603	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI	\$0.00
A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURI	\$0.00
A9605	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, SAMARIUM SM 153 LEXIDRONAMM, 50 MCI	\$3,485.00
A9698	NON-RADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	\$0.00
A9699	RADIOPHARMACEUTICAL, THERAPEUTIC, NOT OTHERWISE CLASSIFIED	\$0.00
A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	\$0.00
A9900	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS C	\$1.25

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
A9901	DME DELIVERY, SET UP, AND/OR DISPENSING SERVICE COMPONENT OF ANOTHER HCPCS CODE	\$0.00
A9998	CONV. NO PROCEDURE	\$0.00
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED	\$0.00
B4034	ENTERAL FEEDING SUPPLY KIT;SYRINGE MONTHLY	\$5.20
B4035	ENTERAL FEEDING SUPPLY KIT;PUMP FED MONTHLY	\$10.26
B4036	ENTERAL FEEDING SUPPLY KIT;GRAVITY FED MONTHLY	\$6.78
B4081	NASOGASTRIC TUBING WITH STYLET	\$19.17
B4082	NASOGASTRIC TUBING WITHOUT STYLET	\$13.50
B4083	STOMACH TUBE-LEVINE TYPE	\$2.17
B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	\$15.60
B4085	GASTROSTOMY TUBE, SILICONE WITH SLIDING RING, EACH	\$36.40
B4086	GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD OR LOW	\$33.71
B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANY MATERIAL, ANY TYPE, EACH	\$38.22
B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	\$38.22
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE	\$5.00
B4102	ENTERAL FORMULA, FOR ADULTS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	\$0.00
B4103	ENTERAL FORMULA, FOR PEDIATRICS, USED TO REPLACE FLUIDS AND ELECTROLYTES (E.G.	\$0.00
B4104	ADDITIVE FOR ENTERAL FORMULA (E.G. FIBER)	\$0.17
B4149	ENTERAL FORMULA, BLENDERIZED NATURAL FOODS WITH INTACT NUTRIENTS, INCLUDES	\$0.94
B4150	ENTERAL FORMULAE;CATEGORY I;SEMI-SYNTHETIC INTACT PROTEIN/PR	\$0.56
B4151	ENTERAL FORMULAE; CATEGORY I; NATURAL INTACT PROTEIN/PROTEIN ISOLATES, ADMINISTE	\$1.31
B4152	ENTERAL FORMULAE;CATEGORY II;INTACT PROTEIN/PROTEIN ISOLATES	\$0.49
B4153	ENTERAL FORMULAE;CATEGORY III;HYDROLIZED PROTEIN/AMINO ACIDS	\$1.59
B4154	ENTERAL FORMULAE;CAT IV;DEFINED FORMULA FOR SPECIAL METABOLI	\$1.12
B4155	ENT FORMULAE;CAT V;MODULAR COMPONENTS,100 CALORIES-1 UNIT	\$0.87
B4157	ENTERAL FORMULA, NUTRITIONALLY COMPLETE, FOR SPECIAL METABOLIC NEEDS FOR	\$1.12
B4158	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE WITH INTACT NUTRIENTS,	\$0.56
B4159	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE SOY BASED WITH INTACT	\$0.56
B4160	ENTERAL FORMULA, FOR PEDIATRICS, NUTRITIONALLY COMPLETE CALORICALLY DENSE	\$0.49
B4161	ENTERAL FORMULA, FOR PEDIATRICS, HYDROLYZED/AMINO ACIDS AND PEPTIDE CHAIN	\$1.59
B4162	ENTERAL FORMULA, FOR PEDIATRICS, SPECIAL METABOLIC NEEDS FOR INHERITED DISEASE	\$1.12

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
B4164	PARENTERAL NUTRITION SOLUTION;CARBOHYDRATES (DEXTROSE)HOMEMI	\$9.89
B4168	PARENTERAL NUTR SOLUTION;AMINO ACID,3.5% HOMEMIX	\$14.41
B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) -	\$0.00
B4176	PARENTERAL NUTRI SOLUTIONS;AMINO ACID;7%-8.5% HOMEMIX	\$27.88
B4178	PARENTERAL NUTRITION SOLUTION;AMINO ACIDS,GREATER THAN 8.5%	\$33.47
B4180	PARENTL NUTR SOLUTIONS;CARBOHY,GREATER THAN 50% HOMEMIX	\$14.18
B4184	PARENTERAL NUTRITION SOLUTION; LIPIDS, 10% WITH ADMINISTRATION SET (500 ML = 1	\$0.00
B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	\$6.53
B4186	PARENTERAL NUTRITION SOLUTION, LIPIDS, 20% WITH ADMINISTRATION SET (500 ML = 1	\$0.00
B4189	PARNTL NUTR SOLU;COMPOUNDED AMINO ACID/CARBOHY/W/ELECTROLYTE	\$145.60
B4193	PARNTL NUTR SOLU;COMPOUND AMINO/CARBOHY W/ELECTROLYTES,TRACE	\$197.60
B4197	PARENTL NUTR SOLU;COMPOUND AMINO/CARBOHY W/ELECTROLYTES TRAC	\$239.20
B4199	PARENTL NUTR SOLU;COMPOUND AMINO/CARBOHY/ W/ELECTROLYTES	\$280.80
B4216	PARENTL NUTR;ADDITIVES(VITS,TRACE ELEMENTS,HEPARIN,ELECTRO)	\$4.49
B4220	PARENTERAL NUTR SUPPLY KIT FOR 1 MONTH PREMIX	\$6.76
B4222	PARENTERAL NUTR SUPPLY KIT FOR 1 MONTH HOMEMIX	\$5.74
B4224	PARENTERAL NUTR ADMIN KIT FOR 1 MONTH	\$20.80
B5000	PARENTL NUTR SOLU;COMPOUND AMINO/CARBOHY/ W/ELECTROLYTES	\$10.40
B5100	PARENTL NUTR SOLU;COMPOUND AMINO/CARBOHY/ W/ELECTROLYTES	\$4.06
B5200	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH	\$0.00
B9000	ENTERAL NUTRTION INFUSION PUMP - WITHOUT ALARM	\$79.80
B9002	ENTERAL NUTRITION INFUSION PUMP; W/ALARM	\$74.80
B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	\$2,262.63
B9006	PARENTERAL NUTR INFUSION PUMP;STATIONARY	\$2,262.63
B9998	NOC FOR ENTERAL SUPPLIES	\$0.00
B9999	NOC FOR PARENTERAL SUPPLIES	\$0.00
C1000	CLOSURE, ARTERIAL VASCULAR DEVICE, PERCLOSE CLOSER ARTERIAL VASCULAR CLOSURE	\$0.00
C1001	CATHETER, DIAGNOSTIC ULTRASOUND, ACUNAV DIAGNOSTIC ULTRASOUND CATHETER	\$0.00
C1003	CATHETER, LIVEWIRE TC ABLATION CATHETER 402132, 402133, 402134, 402135, 402136,	\$0.00
C1004	FAST-CATH, SWARTZ, SAFL, CSTA, SEPT, RAMP GUIDING INTRODUCER	\$0.00
C1005	INTRAOCULAR LENS, SENSAR SOFT ACRYLIC ULTRAVIOLET LIGHT ABSORBING POSTERIOR CHAM	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1006	INTRAOCULAR LENS, ARRAY MULTIFOCAL SILICONE POSTERIOR CHAMBER INTRAOCULAR LENS	\$0.00
C1007	PROSTHESIS, PENILE, AMS 700 PENILE PROSTHESIS, AMS AMBICOR PENILE PROSTHESIS,	\$0.00
C1008	STENT, UROLUME, COOK HARRISON FETAL BLADDER STENT	\$0.00
C1009	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	\$0.00
C1010	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOREduced, CMV NEGATIVE, EACH UNIT	\$0.00
C1011	PLATELET, HLA-MATCHED LEUKOREduced, APHERESIS/PHERESIS, EACH UNIT	\$0.00
C1012	PLATELET CONCENTRATE, LEUKOREduced, IRRADIATED, EACH UNIT	\$0.00
C1013	PLATELET CONCENTRATE, LEUKOREduced, EACH UNIT	\$0.00
C1014	PLATELET, LEUKOREduced, APHERESIS/PHERESIS, EACH UNIT	\$0.00
C1015	PLATELETS, PHERESIS, LEUKOCYTE-REDUCED, CMV NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
C1016	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOREduced, FROZEN, DEGLYCEROL, WASHED, EACH	\$0.00
C1017	PLATELET, LEUKOREduced, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	\$0.00
C1018	WHOLE BLOOD, LEUKOREduced, IRRADIATED, EACH UNIT	\$0.00
C1019	PLATELET, LEUKOREduced, IRRADIATED, APHERESIS/PHERESIS, EACH UNIT	\$0.00
C1020	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTE-REDUCED, IRRADIATED,	\$0.00
C1021	RED BLOOD CELLS, LEUKOCYTE-REDUCED, CMV NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
C1022	PLASMA, FROZEN WITHIN 24 HOURS OF COLLECTION, EACH UNIT	\$0.00
C1024	QUINOPRISTIN/DALFOPRISTIN, 10ML, SYNERCID IV	\$0.00
C1025	CATHETER, MARINR CS CATHETER	\$0.00
C1026	CATHETER ABLATION, RF PERFORMR, 5F RF MARINR	\$0.00
C1027	STENT, CORONARY, MAGIC WALLSTENT EXTRA SHORT OR SHORT CORONARY SELF-EXPANDING	\$0.00
C1028	SLING FIXATION SYSTEM FOR TREATMENT OF STRESS URINARY INCONTINENCE, PRECISION	\$0.00
C1029	CATHETER, BALLOON DILATATION, CONTROLLED RADIAL EXPANSION (CRE) BALLOON	\$0.00
C1030	CATHETER, BALLOON DILATATION, MARSHAL, BLUE MAX 20, ULTRA-THIN DIAMOND,	\$0.00
C1031	ELECTRODE, NEEDLE, ABLATION, MR COMPATIBLE LEVEEN, MODIFIED LEVEEN NEEDLE ELECTR	\$0.00
C1033	CATHETER, IMAGING, SONICATH ULTRA MODEL 37-410 ULTRASOUND IMAGING CATHETER,	\$0.00
C1034	CATHETER, CORONARY ANGIOPLASTY, SURPASS SUPERFUSION CATHETER, LONG 30 SURPASS	\$0.00
C1035	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY, ULTRA ICE 6F, 12.5 MHZ CATHETER (WITH	\$0.00
C1036	PORT/RESERVOIR, VENOUS ACCESS DEVICE, VAXCEL IMPLANTABLE VASCULAR ACCESS	\$0.00
C1037	CATHETER, VAXCEL CHRONIC DIALYSIS CATHETER, MEDCOMP BIO FLEX TESIO CATHETER,	\$0.00
C1038	CATHETER, IMAGING, ULTRACROSS 2.9F 30MHZ CORONARY IMAGING CATHETER, ULTRACROSS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1039	STENT, TRACHEOBRONCHIAL, WALLSTENT TRACHEOBRONCHIAL ENDOPROSTHESIS (COVERED),	\$0.00
C1040	STENT, SELF-EXPANDABLE FOR CREATION OF INTRAHEPATIC SHUNTS, WALLSTENT	\$0.00
C1042	STENT, BILIARY, WALLSTENT BILIARY ENDOPROSTHESIS WITH UNISTEP PLUS DELIVERY	\$0.00
C1043	ATHERECTOMY SYSTEM, CORONARY, ROTABLATOR ROTALINK ATHERECTOMY CATHETER AND	\$0.00
C1045	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, I-131 MIBG ◆IOBENGUANE S	\$0.00
C1047	CATHETER, DIAGNOSTIC, NAVI-STAR DIAGNOSTIC DEFLECTABLE TIP CATHETER, NOGA-STAR	\$0.00
C1048	GENERATOR, BIPOLAR PULSE, CYBERONICS NEUROCYBERNETIC PROSTHESIS GENERATOR	\$0.00
C1050	PROTEIN A IMMUNOADSORPTION, PROSORBA COLUMN	\$0.00
C1051	CATHETER, THROMBECTOMY, OASIS THROMBECTOMY CATHETER, FOGARTY ADHERENT CLOT	\$0.00
C1053	CATHETER, DIAGNOSTIC, ENSITE 3000 CATHETER	\$0.00
C1054	CATHETER, THROMBECTOMY, HYDROLYSER 6F MECHANICAL THROMBECTOMY CATHETER,	\$0.00
C1055	CATHETER, TRANSESOPHAGEAL 210 ATRIAL PACING CATHETER, TRANSESOPHAGEAL 210-S	\$0.00
C1056	CATHETER, GYNECARE THERMACHOICE II CATHETER, COOK INTRAUTERINE INSEMINATION	\$0.00
C1057	TISSUE MARKER, 11-GAUGE MICROMARK II TISSUE MARKER	\$0.00
C1058	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1059	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANTATION, CARTICEL	\$0.00
C1060	STENT, CORONARY, ACS MULTI-LINK TRISTAR CORONARY STENT SYSTEM AND DELIVERY	\$0.00
C1061	CATHETER, CORONARY GUIDE, ACS VIKING GUIDING CATHETER, CARDIMA VUEPORT BALLOON	\$0.00
C1063	LEAD, DEFIBRILLATOR, ENDOTAK ENDURANCE EZ, ENDOTAK ENDURANCE RX, ENDOTAK	\$0.00
C1064	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, SODIUM IODIDE I-131,	\$0.00
C1065	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, SODIUM IODIDE I-131,	\$0.00
C1066	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111 SATUMOMAB	\$0.00
C1067	STENT, BILIARY, MEGALINK BILIARY STENT, PALMAZ BALLOON EXPANDABLE STENT AND	\$0.00
C1068	PACEMAKER, DUAL CHAMBER, PULSAR DDD, UNITY VDDR (MODEL 292-07)	\$0.00
C1069	PACEMAKER, DUAL CHAMBER, DISCOVERY DR	\$0.00
C1071	PACEMAKER, SINGLE CHAMBER, PULSAR MAX SR, PULSAR SR, VIGOR SSI	\$0.00
C1072	CATHETER, BALLOON DILATATION, CORONARY, RX ESPRIT, RX GEMINI, RX SOLARIS, OTW	\$0.00
C1073	MORCELLATOR, LAPAROSCOPIC, GYNECARE X-TRACT LAPAROSCOPIC MORCELLATOR	\$0.00
C1074	CATHETER, PERIPHERAL DILATATION, RX VIATRAC 14 PERIPHERAL DILATATION CATHETER,	\$0.00
C1075	LEAD, PACEMAKER, SELUTE PICOTIP, SELUTE, SWEET PICOTIP RX, SWEET TIP RX,	\$0.00
C1076	DEFIBRILLATOR, SINGLE CHAMBER, AUTOMATIC, IMPLANTABLE, VENTAK MINI IV, VENTAK	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1077	DEFIBRILLATOR, SINGLE CHAMBER, AUTOMATIC, IMPLANTABLE, VENTAK PRIZM VR, VENTAK	\$0.00
C1078	DEFIBRILLATOR, DUAL CHAMBER, AUTOMATIC, IMPLANTABLE, VENTAK PRIZM, VENTAK AV	\$0.00
C1079	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CYANOCOBALAMIN CO	\$0.00
C1084	DENILEUKIN DIFTITOX, 300 MCG, ONTAK IV	\$0.00
C1086	TEMOZOLOMIDE, 5 MG, TEMODAR	\$0.00
C1087	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, SODIUM IODIDE 1-123 PER	\$0.00
C1088	LASER OPTIC TREATMENT SYSTEM, INDIGO LASEROPTIC TREATMENT SYSTEM	\$0.00
C1089	SUPPLY OF RADIOHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CYANOCOBALAMIN CO 57, 0.5	\$0.00
C1090	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CHLORIDE,	\$0.00
C1091	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111	\$0.00
C1092	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111 PENTETATE,	\$0.00
C1094	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1095	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1096	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1097	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1098	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1099	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1100	GUIDE WIRE, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, MEDTRONIC AVE GT1	\$0.00
C1101	CATHETER, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY GUIDE, MEDTRONIC AVE	\$0.00
C1102	GENERATOR, PULSE, NEUROSTIMULATOR, MEDTRONIC SYNERGY NEUROSTIMULATOR GENERATOR	\$0.00
C1103	DEFIBRILLATOR, IMPLANTABLE, MICRO JEWEL, MICRO JEWEL II	\$0.00
C1104	CATHETER, ABLATION, RF CONDUCTR MC 4MM, RF CONDUCTR MC 5MM (MODELS 6042, 7544)	\$0.00
C1105	PACEMAKER, DUAL CHAMBER, SIGMA 300 VDD	\$0.00
C1106	NEUROSTIMULATOR, PATIENT PROGRAMMER, SYNERGY EZ PATIENT PROGRAMMER	\$0.00
C1107	CATHETER, DIAGNOSTIC, ELECTROPHYSIOLOGY, TORQR, SOLOIST, DYNAMIC XT DECAPOLAR	\$0.00
C1109	ANCHOR, IMPLANTABLE, MITEK GII ANCHOR, MITEK KNOTLESS, MITEK TACIT, MITEK	\$0.00
C1110	CATHETER, DIAGNOSTIC, ELECTROPHYSIOLOGY, STABLE MAPPER	\$0.00
C1111	STENT GRAFT SYSTEM, ANEURX AORTO-UNI-ILIAC-STENT GRAFT SYSTEM	\$0.00
C1112	STENT GRAFT SYSTEM, ANEURX STENT GRAFT SYSTEM	\$0.00
C1113	STENT GRAFT SYSTEM, TALENT ENDOLUMINAL SPRING STENT GRAFT SYSTEM	\$0.00
C1114	STENT GRAFT SYSTEM, TALENT SPRING STENT GRAFT SYSTEM	\$0.00

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Procedure code	Description	Medicaid fee 2013
C1115	LEAD, PACEMAKER, 5038S, 5038, 5038L, 2188 CORONARY SINUS LEAD, 4057M, 4058M,	\$0.00
C1116	LEAD, PACEMAKER, CAPSURE SP NOVUS, CAPSURE SP, CAPSURE, EXCELLENCE +, S+, PS+,	\$0.00
C1117	ENDOGRAFT SYSTEM, ANCURE ENDOGRAFT DELIVERY SYSTEM	\$0.00
C1118	PACEMAKER, DUAL CHAMBER, SIGMA 300 DR, LEGACY II DR, LEGACY II S	\$0.00
C1119	LEAD, DEFIBRILLATOR, SPRINT 6932, SPRINT 6943	\$0.00
C1120	LEAD, DEFIBRILLATOR, SPRINT 6942, SPRINT 6945	\$0.00
C1121	DEFIBRILLATOR, IMPLANTABLE, GEM	\$0.00
C1122	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1123	DEFIBRILLATOR, IMPLANTABLE, GEM II VR, GEM III VR (MODEL 7231)	\$0.00
C1124	LEAD, NEUROSTIMULATOR, KIT, INTERSTIM TEST STIMULATION LEAD KIT	\$0.00
C1125	PACEMAKER, SINGLE CHAMBER, KAPPA 400 SR, TOPAZ II SR, TOPAZ3/TOPAZ SR (MODEL	\$0.00
C1126	PACEMAKER, DUAL CHAMBER, KAPPA 700 DR (ALL MODELS), CLARITY DR (MODELS 860,	\$0.00
C1127	PACEMAKER, SINGLE CHAMBER, KAPPA 700 SR, CLARITY SR (MODELS 560, 562, 565)	\$0.00
C1128	PACEMAKER, DUAL CHAMBER, KAPPA 700 D, RUBY II D, RUBY 3/RUBY 3 D (MODEL 740),	\$0.00
C1129	PACEMAKER, KAPPA 700 VDD	\$0.00
C1130	PACEMAKER, DUAL CHAMBER, SIGMA 200 D, LEGACY II D	\$0.00
C1131	PACEMAKER, DUAL CHAMBER, SIGMA 200 DR	\$0.00
C1132	PACEMAKER, SINGLE CHAMBER, SIGMA 200 SR, LEGACY II SR	\$0.00
C1133	PACEMAKER, SINGLE CHAMBER, SIGMA 300 SR, VITA SR, VITA 2 SR (MODEL 530)	\$0.00
C1134	PACEMAKER, DUAL CHAMBER, SIGMA 300 D	\$0.00
C1135	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE, ENTITY DR 5326L, ENTITY DR 5326R,	\$0.00
C1136	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE, AFFINITY DR 5330L, AFFINITY DR 5330R,	\$0.00
C1137	SEPTAL DEFECT IMPLANT SYSTEM, CARDIOSEAL SEPTAL OCCLUSION SYSTEM, CARDIOSEAL	\$0.00
C1143	PACEMAKER, DUAL CHAMBER, ADDVENT 2060BL, PARAGON III (MODELS 2314L, 2315 M/S)	\$0.00
C1144	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE, AFFINITY SR 5130, AFFINITY SR	\$0.00
C1145	VASCULAR CLOSURE DEVICE, ANGIO-SEAL 6 FRENCH VASCULAR CLOSURE DEVICE (MODEL	\$0.00
C1146	ENDOTRACHEAL TUBE, VETT TRACHEOBRONCHIAL TUBE	\$0.00
C1147	LEAD, PACEMAKER, AV PLUS DX 1368/52, AV PLUS DX 1368/58, AV PLUS DX 1368/65	\$0.00
C1148	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, CONTOUR MD V-175, CONTOUR MD	\$0.00
C1149	PACEMAKER, DUAL CHAMBER, NON-RATE RESPONSIVE, ENTITY DC 5226R, ENTITY DC 5226	\$0.00
C1151	LEAD, PACEMAKER, PASSIVE PLUS DX 1343K/46, PASSIVE PLUS DX 1343K/52, PASSIVE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1152	ACCESS SYSTEM, DIALYSIS, LIFESITE ACCESS SYSTEM	\$0.00
C1153	PACEMAKER, SINGLE CHAMBER, REGENCY SC+ 2402L	\$0.00
C1154	LEAD, DEFIBRILLATOR, SPL SP01, SP02, SPL SP04, 6721L, 6721M, 6721S, 6939 OVAL	\$0.00
C1155	REPLIFORM TISSUE REGENERATION MATRIX, PER 8 SQUARE CENTIMETERS	\$0.00
C1156	PACEMAKER, SINGLE CHAMBER, AFFINITY SR 5131M/S, TEMPO VR 1102, TRILOGY SR+	\$0.00
C1157	PACEMAKER, DUAL CHAMBER, TRILOGY DC+2318L, SYNCHRONY III (MODELS 2028L, 2029	\$0.00
C1158	LEAD, DEFIBRILLATOR, TVL SV01, TVL SV02, TVL SV04	\$0.00
C1159	LEAD, DEFIBRILLATOR, TVL RV02, TVL RV06, TVL RV07	\$0.00
C1160	LEAD, DEFIBRILLATOR, TVL-ADX 1559/65	\$0.00
C1161	LEAD, PACEMAKER, TENDRIL DX 1388K/46, TENDRIL DX 1388K/52, TENDRIL DX 1388K/58,	\$0.00
C1162	PACEMAKER, DUAL-CHAMBER, AFFINITY DR 5331 M/S, TEMPO DR 2102, TRILOGY DR+	\$0.00
C1163	LEAD, PACEMAKER, TENDRIL SDX 1488T/46, TENDRIL SDX 1488T/52, TENDRIL SDX	\$0.00
C1164	BRACHYTHERAPY SEED, I-125 SEED	\$0.00
C1166	INJECTION, CYTARABINE LIPOSOME, PER 10 MG	\$0.00
C1167	INJECTION, EPIRUBICIN HYDROCHLORIDE, 2 MG	\$0.00
C1170	BIOPSY DEVICE, BREAST, ABBI DEVICE	\$0.00
C1171	SITE MARKER DEVICE, DISPOSABLE, AUTO SUTURE SITE MARKER DEVICE	\$0.00
C1172	BALLOON, TISSUE DISSECTOR, SPACEMAKER TISSUE DISSECTION BALLOON, SPACEMAKER	\$0.00
C1173	STENT, CORONARY, S540 OVER-THE-WIRE CORONARY STENT SYSTEM, S670 WITH DISCRETE	\$0.00
C1174	NEEDLE, BRACHYTHERAPY, BARD BRACHYSTAR BRACHYTHERAPY NEEDLE	\$0.00
C1175	BIOPSY DEVICE, MIBB DEVICE	\$0.00
C1176	BIOPSY DEVICE, MAMMOTOME HH HAND-HELD PROBE WITH SMARTVAC VACUUM SYSTEM	\$0.00
C1177	BIOPSY DEVICE, 11-GAUGE MAMMOTOME PROBE WITH VACUUM CANNISTER	\$0.00
C1178	INJECTION, BUSULFAN, PER 6 MG	\$0.00
C1179	BIOPSY DEVICE, 14-GAUGE MAMMOTOME PROBE WITH VACUUM CANNISTER	\$0.00
C1180	PACEMAKER, SINGLE CHAMBER, VIGOR SR	\$0.00
C1181	PACEMAKER, SINGLE CHAMBER, MERIDIAN SSI	\$0.00
C1182	PACEMAKER, SINGLE CHAMBER, PULSAR SSI	\$0.00
C1183	PACEMAKER, SINGLE CHAMBER, JADE II S, SIGMA 300 S, JADE 3/JADE 3S (MODEL 340)	\$0.00
C1184	PACEMAKER, SINGLE CHAMBER, SIGMA 200 S, SIGMA 100 S	\$0.00
C1188	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, SODIUM IODIDE I-131,	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1200	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1201	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1202	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1203	INJECTION, VISUDYNE (VERTEPORFIN)	\$0.00
C1205	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
C1207	OCTREOTIDE ACETATE, 1 MG	\$0.00
C1300	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	\$0.00
C1302	LEAD, DEFIBRILLATOR, TVL SQ01	\$0.00
C1303	LEAD, DEFIBRILLATOR, CAPSURE FIX 6940, CAPSURE FIX 4068-110	\$0.00
C1304	CATHETER, IMAGING, SONICATH ULTRA MODEL 37-416 ULTRASOUND IMAGING CATHETER,	\$0.00
C1305	APLIGRAF, PER 44 SQUARE CENTIMETERS	\$0.00
C1306	LEAD, NEUROSTIMULATOR, CYBERONICS NEUROCYBERNETIC PROSTHESIS LEAD, OCTAD LEAD	\$0.00
C1311	PACEMAKER, DUAL CHAMBER, TRILOGY DR+/DAO	\$0.00
C1312	STENT, CORONARY, MAGIC WALLSTENT MINI CORONARY SELF EXPANDING STENT WITH	\$0.00
C1313	STENT, CORONARY, MAGIC WALLSTENT MEDIUM CORONARY SELF EXPANDING STENT WITH	\$0.00
C1314	STENT, CORONARY, MAGIC WALLSTENT LONG CORONARY SELF EXPANDING STENT WITH	\$0.00
C1315	PACEMAKER, DUAL CHAMBER, VIGOR DR, MERIDIAN DR, VIGOR DDD, VISTA DDD	\$0.00
C1316	PACEMAKER, DUAL CHAMBER, MERIDIAN DDD	\$0.00
C1317	PACEMAKER, SINGLE CHAMBER, DISCOVERY SR	\$0.00
C1318	PACEMAKER, SINGLE CHAMBER, MERIDIAN SR	\$0.00
C1319	STENT, ENTERAL, WALLSTENT ENTERAL ENDOPROSTHESIS AND UNISTEP DELIVERY SYSTEM	\$0.00
C1320	STENT, ILIAC, WALLSTENT ILIAC ENDOPROSTHESIS WITH UNISTEP PLUS DELIVERY SYSTEM,	\$0.00
C1321	ELECTRODE, DISPOSABLE, PALATE SOMNOPLASTY COAGULATING ELECTRODE, BASE OF TONGUE	\$0.00
C1322	ELECTRODE, DISPOSABLE, TURBINATE SOMNOPLASTY COAGULATING ELECTRODE	\$0.00
C1323	ELECTRODE, DISPOSABLE, VAPR ELECTRODE, VAPR T THERMAL ELECTRODE	\$0.00
C1324	ELECTRODE, DISPOSABLE, LIGASURE DISPOSABLE ELECTRODE	\$0.00
C1325	BRACHYTHERAPY SEED, PALLADIUM-103 SEED	\$0.00
C1326	CATHETER, THROMBECTOMY, ANGIOJET RHEOLYTIC THROMBECTOMY CATHETER	\$0.00
C1328	EXTERNAL TRANSMITTER, NEUROSTIMULATION SYSTEM, ANS RENEW SPINAL CORD STIMULATOR	\$0.00
C1329	ELECTRODE, DISPOSABLE, GYNECARE VERSAPOINT RESECTOSCOPIC SYSTEM BIPOLAR ELECTROD	\$0.00
C1333	STENT, BILIARY, PALMAZ CORINTHIAN TRANSHEPATIC BILIARY STENT AND DELIVERY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1334	STENT, CORONARY, PALMAZ-SCHATZ CROWN STENT, MINI-CROWN STENT, CROSSFLEX LC	\$0.00
C1335	MESH, HERNIA, PROLENE POLYPROPYLENE HERNIA SYSTEM, PROLENE SOFT MESH	\$0.00
C1336	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE, CONSTANT FLOW IMPLANTABLE PUMP	\$0.00
C1337	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE, ISOMED INFUSION PUMP MODEL	\$0.00
C1348	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, SODIUM IODIDE I-131,	\$0.00
C1350	BRACHYTHERAPY, PER SOURCE, PROSTASEED I-125	\$0.00
C1351	LEAD, PACEMAKER, CAPSUREFIX, SUREFIX, PIROUET +, S+	\$0.00
C1352	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, GEM II DR	\$0.00
C1353	NEUROSTIMULATOR, IMPLANTABLE, ITREL II/SOLETRA IMPLANTABLE NEUROSTIMULATOR AND	\$0.00
C1354	PACEMAKER, DUAL CHAMBER, KAPPA 400 DR, DIAMOND II 820 DR	\$0.00
C1355	PACEMAKER, DUAL CHAMBER, KAPPA 600 DR, VITA DR	\$0.00
C1356	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, PROFILE MD V-186HV3	\$0.00
C1357	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, ANGSTROM MD V-190HV3	\$0.00
C1358	PACEMAKER, DUAL CHAMBER, NON-RATE RESPONSIVE, AFFINITY DC 5230R, AFFINITY DC	\$0.00
C1359	PACEMAKER, DUAL CHAMBER, PULSAR DR, PULSAR MAX DR	\$0.00
C1360	OCULAR PHOTODYNAMIC THERAPY	\$0.00
C1361	RECORDER, CARDIAC EVENT, IMPLANTABLE, REVEAL, REVEAL PLUS	\$0.00
C1362	STENT, BILIARY, RX HERCULINK 14 BILIARY STENT, OTW MEGALINK SDS BILIARY STENT	\$0.00
C1363	DEFIBRILLATOR, IMPLANTABLE, DUAL CHAMBER, GEM DR, GEM III DR (MODEL 7275)	\$0.00
C1364	DEFIBRILLATOR, DUAL CHAMBER, PHOTON DR V-230HV3	\$0.00
C1365	GUIDE WIRE, PERIPHERAL, HI-TORQUE SPARTACORE 14 GUIDE WIRE, HI-TORQUE MEMCORE	\$0.00
C1366	GUIDE WIRE, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, HI-TORQUE IRON MAN,	\$0.00
C1367	GUIDE WIRE, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, HI-TORQUE CROSS IT,	\$0.00
C1368	INFUSION SYSTEM, ON-Q PAIN MANAGEMENT SYSTEM, ON-Q SOAKER PAIN MANAGEMENT SYSTEM	\$0.00
C1369	INTERNAL RECEIVER, NEUROSTIMULATION SYSTEM, ANS RENEW SPINAL CORD STIMULATOR	\$0.00
C1370	SINGLE USE DEVICE FOR TREATMENT OF FEMALE STRESS URINARY INCONTINENCE,	\$0.00
C1371	STENT, BILIARY, SYMPHONY NITINOL STENT TRANSHEPATIC BILIARY SYSTEM, NIR BILIARY	\$0.00
C1372	STENT, BILIARY, SMART CORDIS NITINOL STENT AND DELIVERY SYSTEM, CORDIS SMART	\$0.00
C1375	STENT, CORONARY, NIR ON RANGER STENT DELIVERY SYSTEM, NIR W/SOX STENT SYSTEM,	\$0.00
C1376	LEAD, NEUROSTIMULATOR, ANS RENEW SPINAL CORD STIMULATION SYSTEM LEAD (WITH OR	\$0.00
C1377	LEAD, NEUROSTIMULATOR, SPECIFY 3988 LEAD	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1378	LEAD, NEUROSTIMULATOR, INERSTIM THERAPY 3080 LEAD, INTERSTIM THERAPY 3886 LEAD	\$0.00
C1379	LEAD, NEUROSTIMULATOR, PISCES-QUAD COMPACT 3887 LEAD	\$0.00
C1420	ANCHOR SYSTEM, STAPLETAC2 BONE ANCHOR SYSTEM WITH DERMIS, STAPLETAC2 BONE	\$0.00
C1421	ANCHOR SYSTEM, STAPLETAC2 BONE ANCHOR SYSTEM WITHOUT DERMIS	\$0.00
C1450	ORTHOSPHERE SPHERICAL INTERPOSITIONAL ARTHROPLASTY	\$0.00
C1451	ORTHOSPHERE SPHERICAL INTERPOSITIONAL ARTHROPLASTY KIT	\$0.00
C1500	ATHERECTOMY SYSTEM, PERIPHERAL, ROTABLATOR ROTATIONAL ANGIOPLASTY SYSTEM WITH	\$0.00
C1531	STENT, COLORECTAL, BARD MEMOTHERM COLORECTAL STENT MODEL S30R060	\$0.00
C1700	NEEDLE, BRACHYTHERAPY, AUTHENTIC MICK TP BRACHYTHERAPY NEEDLE, COOK UROLOGICAL	\$0.00
C1701	NEEDLE, BRACHYTHERAPY, MEDTEC MT-BT-5201-25 BRACHYTHERAPY NEEDLE, AVID MEDICAL	\$0.00
C1702	NEEDLE, BRACHYTHERAPY, WWMT BRACHYTHERAPY NEEDLE, NUCLETRON PANCREAS FLEXIBLE	\$0.00
C1703	NEEDLE, BRACHYTHERAPY, MENTOR PROSTATE BRACHYTHERAPY NEEDLE	\$0.00
C1704	NEEDLE, BRACHYTHERAPY, MEDTEC MT-BT-5001-25, MT-BT-5051-25	\$0.00
C1705	NEEDLE, BRACHYTHERAPY, BEST FLEXI NEEDLE BRACHYTHERAPY SEED IMPLANTATION (13G,	\$0.00
C1706	NEEDLE, BRACHYTHERAPY, INDIGO PROSTATE SEEDING NEEDLE	\$0.00
C1707	NEEDLE, BRACHYTHERAPY, VARISOURCE INTERSTITIAL IMPLANT NEEDLE	\$0.00
C1708	NEEDLE, BRACHYTHERAPY, UROMED PROSTATE SEEDING NEEDLE	\$0.00
C1709	NEEDLE, BRACHYTHERAPY, REMINGTON MEDICAL BRACHYTHERAPY NEEDLE	\$0.00
C1710	NEEDLE, BRACHYTHERAPY, US BIOPSY PROSTATE SEEDING NEEDLE	\$0.00
C1711	NEEDLE, BRACHYTHERAPY, MD TECH P.S.S. PROSTATE SEEDING SET (NEEDLE)	\$0.00
C1712	NEEDLE, BRACHYTHERAPY, IMAGYN MEDICAL TECHNOLOGIES ISOSTAR PROSTATE	\$0.00
C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO-BONE (IMPLANTABLE)	\$0.00
C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	\$0.00
C1715	BRACHYTHERAPY NEEDLE	\$0.00
C1716	BRACHYTHERAPY SOURCE, NON-STRANDED, GOLD-198, PER SOURCE	\$0.00
C1717	BRACHYTHERAPY SOURCE, NON-STRANDED, HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$0.00
C1718	BRACHYTHERAPY SOURCE, IODINE 125, PER SOURCE	\$0.00
C1719	BRACHYTHERAPY SOURCE, NON-STRANDED, NON-HIGH DOSE RATE IRIIDIUM-192, PER SOURCE	\$0.00
C1720	BRACHYTHERAPY SOURCE, PALLADIUM 103, PER SOURCE	\$0.00
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)	\$0.00
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1723	CATHETER, ABLATION, NON-CARDIAC	\$0.00
C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	\$0.00
C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE,	\$0.00
C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	\$0.00
C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	\$0.00
C1728	CATHETER, BRACHYTHERAPY SEED ADMINISTRATION	\$0.00
C1729	CATHETER, DRAINAGE	\$0.00
C1730	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER	\$0.00
C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE	\$0.00
C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTOR MAPPING	\$0.00
C1733	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00
C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONOSCOPE DEVICE (IMPLANTABLE)	\$0.00
C1750	CATHETER, HEMODIALYSIS/PERITONEAL, LONG-TERM	\$0.00
C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE (OTHER THAN	\$0.00
C1752	CATHETER, HEMODIALYSIS/PERITONEAL, SHORT-TERM	\$0.00
C1753	CATHETER, INTRAVASCULAR ULTRASOUND	\$0.00
C1754	CATHETER, INTRADISCAL	\$0.00
C1755	CATHETER, INTRASPINAL	\$0.00
C1756	CATHETER, PACING, TRANSESOPHAGEAL	\$0.00
C1757	CATHETER, THROMBECTOMY/EMBOLECTOMY	\$0.00
C1758	CATHETER, URETERAL	\$0.00
C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	\$0.00
C1760	CLOSURE DEVICE, VASCULAR (IMPLANTABLE/INSERTABLE)	\$0.00
C1762	CONNECTIVE TISSUE, HUMAN (INCLUDES FASCIA LATA)	\$0.00
C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	\$0.00
C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	\$0.00
C1765	ADHESION BARRIER	\$0.00
C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER	\$0.00
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE	\$0.00
C1768	GRAFT, VASCULAR	\$0.00
C1769	GUIDE WIRE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	\$0.00
C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	\$0.00
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	\$0.00
C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	\$0.00
C1774	INJECTION, DARBEPOETIN ALFA (FOR NON ESRD USE), PER 1 MCG	\$0.00
C1775	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, FLUORODEOXYGLUCOSE F18	\$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	\$0.00
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	\$0.00
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00
C1779	LEAD, PACEMAKER, TRANSVENOUS VDD SINGLE PASS	\$0.00
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	\$0.00
C1781	MESH (IMPLANTABLE)	\$0.00
C1782	MORCELLATOR	\$0.00
C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	\$0.00
C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	\$0.00
C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00
C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	\$0.00
C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	\$0.00
C1788	PORT, INDWELLING (IMPLANTABLE)	\$0.00
C1789	PROSTHESIS, BREAST (IMPLANTABLE)	\$0.00
C1790	BRACHYTHERAPY SEED, NUCLETRON IRIIDIUM 192 HDR, MDS NORDION THERASPHERE	\$0.00
C1791	BRACHYTHERAPY SEED, NYCOMED AMERSHAM I-125 (ONCOSEED, RAPID STRAND)	\$0.00
C1792	BRACHYTHERAPY SEED, UROMED SYMMETRA I-125	\$0.00
C1793	BRACHYTHERAPY SEED, BARD INTERSOURCE-103 PALLADIUM SEED 1031L, 1031C,	\$0.00
C1794	BRACHYTHERAPY SEED, BARD ISOSEED 103 PALLADIUM SEED PD3S111L, PD3S111P	\$0.00
C1795	BRACHYTHERAPY SEED, BARD BRACHYSOURCE-125 IODINE SEED 1251L, 1251C,	\$0.00
C1796	BRACHYTHERAPY SEED, SOURCE TECH MEDICAL I-125 SEED MODEL STM 1251	\$0.00
C1797	BRACHYTHERAPY SEED, DRAXIMAGE I-125 SEED MODEL LS-1	\$0.00
C1798	BRACHYTHERAPY SEED, SYNCOR I-125 PHARMASEED MODEL BT-125-1	\$0.00
C1799	BRACHYTHERAPY SEED, I-PLANT IODINE 125 MODEL 3500	\$0.00
C1800	BRACHYTHERAPY SEED, MENTOR PDGOLD PD-103	\$0.00

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Procedure code	Description	Medicaid fee 2013
C1801	BRACHYTHERAPY SEED, MENTOR IOGOLD I-125	\$0.00
C1802	BRACHYTHERAPY SEED, BEST IRIIDIUM 192, BEST DUMMY RIBBON BRACHYTHERAPY SEED	\$0.00
C1803	BRACHYTHERAPY SEED, BEST INDUSTRIES IODINE 125	\$0.00
C1804	BRACHYTHERAPY SEED, BEST INDUSTRIES PALLADIUM 103	\$0.00
C1805	BRACHYTHERAPY SEED, IMAGYN ISOSTAR IODINE-125 INTERSTITIAL BRACHYTHERAPY SEED	\$0.00
C1806	BRACHYTHERAPY SEED, BEST INDUSTRIES GOLD 198	\$0.00
C1810	CATHETER, BALLOON DILATATION, D114S OVER-THE-WIRE BALLOON DILATATION CATHETER	\$0.00
C1811	ANCHOR, SURGICAL DYNAMICS ANCHORSEW, SURGICAL DYNAMICS S.D. SORB EZ TAC,	\$0.00
C1812	ANCHOR, OBL 2.0MM MINI TAC ACHOR, OBL 2.8MM HS ANCHOR, OBL 2.8MM S ANCHOR, OBL	\$0.00
C1813	PROSTHESIS, PENILE, INFLATABLE	\$0.00
C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	\$0.00
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)	\$0.00
C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	\$0.00
C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	\$0.00
C1818	INTEGRATED KERATOPROSTHESIS	\$0.00
C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING	\$0.00
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	\$0.00
C1830	POWERED BONE MARROW BIOPSY NEEDLE	\$0.00
C1840	LENS, INTRAOCULAR (TELESCOPIC)	\$0.00
C1850	REPLIFORM TISSUE REGENERATION MATRIX, PER 14 OR 21 SQUARE CENTIMETERS	\$0.00
C1851	REPLIFORM TISSUE REGENERATION MATRIX, PER 24 OR 28 SQUARE CENTIMETERS	\$0.00
C1852	TRANSCYTE, PER 247 SQUARE CENTIMETERS	\$0.00
C1853	SUSPEND TUTOPLAST PROCESSED FASCIA LATA, PER 8 OR 14 SQUARE CENTIMETERS	\$0.00
C1854	SUSPEND TUTOPLAST PROCESSED FASCIA LATA, PER 24 OR 28 SQUARE CENTIMETERS	\$0.00
C1855	SUSPEND TUTOPLAST PROCESSED FASCIA LATA, PER 36 SQUARE CENTIMETERS	\$0.00
C1856	SUSPEND TUTOPLAST PROCESSED FASCIA LATA, PER 48 SQUARE CENTIMETERS	\$0.00
C1857	SUSPEND TUTOPLAST PROCESSED FASCIA LATA, PER 84 SQUARE CENTIMETERS	\$0.00
C1858	DURADERM ACELLULAR ALLOGRAFT, PER 8 OR 14 SQUARE CENTIMETERS	\$0.00
C1859	DURADERM ACELLULAR ALLOGRAFT, PER 21, 24, OR 28 SQUARE CENTIMETERS	\$0.00
C1860	DURADERM ACELLULAR ALLOGRAFT, PER 48 SQUARE CENTIMETERS	\$0.00
C1861	DURADERM ACELLULAR ALLOGRAFT, PER 36 SQUARE CENTIMETERS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1862	DURADERM ACELLULAR ALLOGRAFT, PER 72 SQUARE CENTIMETERS	\$0.00
C1863	DURADERM ACELLULAR ALLOGRAFT, PER 84 SQUARE CENTIMETERS	\$0.00
C1864	BARD SPERMA TEX MESH, PER 13.44 SQUARE CENTIMETERS	\$0.00
C1865	BARD FASLATA ALLOGRAFT TISSUE, PER 8 OR 14 SQUARE CENTIMETERS	\$0.00
C1866	BARD FASLATA ALLOGRAFT TISSUE, PER 24 OR 28 SQUARE CENTIMETERS	\$0.00
C1867	BARD FASLATA ALLOGRAFT TISSUE, PER 36 OR 48 SQUARE CENTIMETERS	\$0.00
C1868	BARD FASLATA ALLOGRAFT TISSUE, PER 96 SQUARE CENTIMETERS	\$0.00
C1869	GORE THYROPLASTY DEVICE, PER 8, 12, 30, OR 37.5 SQUARE CENTIMETERS (0.6MM)	\$0.00
C1870	DERMMATRIX SURGICAL MESH, PER 16 SQUARE CENTIMETERS	\$0.00
C1871	DERMMATRIX SURGICAL MESH, PER 32 OR 64 SQUARE CENTIMETERS	\$0.00
C1872	DERMAGRAFT, PER 37.5 SQUARE CENTIMETERS	\$0.00
C1873	BARD 3DMAX MESH, MEDIUM OR LARGE SIZE	\$0.00
C1874	STENT, COATED/COVERED, WITH DELIVERY SYSTEM	\$0.00
C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	\$0.00
C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	\$0.00
C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	\$0.00
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC (IMPLANTABLE)	\$0.00
C1879	TISSUE MARKER (IMPLANTABLE)	\$0.00
C1880	VENA CAVA FILTER	\$0.00
C1881	DIALYSIS ACCESS SYSTEM (IMPLANTABLE)	\$0.00
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00
C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	\$0.00
C1884	EMBOLIZATION PROTECTIVE SYSTEM	\$0.00
C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	\$0.00
C1886	CATHETER, EXTRAVASCULAR TISSUE ABLATION, ANY MODALITY (INSERTABLE)	\$0.00
C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	\$0.00
C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	\$0.00
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	\$0.00
C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00
C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE,	\$0.00
C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, OTHER THAN INTRACARDIAC ELECTROPHYSIOLOGI	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	\$0.00
C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COIL	\$0.00
C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	\$0.00
C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	\$0.00
C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMBINATION (IMPLANTABLE)	\$0.00
C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	\$0.00
C1929	CATHETER, MAVERICK MONORAIL PTCA CATHETER, MAVERICK OVER-THE-WIRE PTCA CATHETER	\$0.00
C1930	CATHETER, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, COYOTE DILATATION	\$0.00
C1931	CATHETER, TALON BALLOON DILATATION CATHETER	\$0.00
C1932	CATHETER, SCIMED REMEDY CORONARY BALLOON DILATATION INFUSION CATHETER (20MM),	\$0.00
C1933	CATHETER, OPTI-PLAST CENTURION 5.5F PTA CATHETER (SHAFT LENGTH 50 CM TO 120	\$0.00
C1934	CATHETER, ULTRAVERSE 3.5F BALLOON DILATATION CATHETER, INTERVENTIONAL	\$0.00
C1935	CATHETER, WORKHORSE PTA BALLOON CATHETER	\$0.00
C1936	CATHETER, UROMAX ULTRA HIGH PRESSURE BALLOON DILATATION CATHETER WITH HYDROPLUS	\$0.00
C1937	CATHETER, SYNERGY BALLOON DILATATION CATHETER, EXPLORER ST (6 FR), EXPLORER 360	\$0.00
C1938	CATHETER, BARD UROFORCE BALLOON DILATATION CATHETER, COOK UROLOGICAL URODYNAMIC	\$0.00
C1939	CATHETER, NINJA PTCA DILATATION CATHETER, RAPTOR PTCA DILATATION CATHETER, NC	\$0.00
C1940	CATHETER, CORDIS POWERFLEX EXTREME PTA BALLOON CATHETER, CORDIS POWERFLEX PLUS	\$0.00
C1941	CATHETER, JUPITER PTA BALLOON DILATATION CATHETER, CORDIS OPTA PROPTA	\$0.00
C1942	CATHETER, CORDIS MAXI LD PTA BALLOON CATHETER	\$0.00
C1943	CATHETER, RX CROSSSAIL CORONARY DILATATION CATHETER, OTW OPENSAIL CORONARY	\$0.00
C1944	CATHETER, RAPID EXCHANGE SINGLE-USE BILIARY BALLOON DILATATION CATHETER,	\$0.00
C1945	CATHETER, CORDIS SAVVY PTA DILATATION CATHETER	\$0.00
C1946	CATHETER, R1S RAPID EXCHANGE PRE-DILATATION BALLOON CATHETER	\$0.00
C1947	CATHETER, GAZELLE BALLOON DILATATION CATHETER	\$0.00
C1948	CATHETER, PURSUIT BALLOON ANGIOPLASTY CATHETER, COOK ACCENT BALLOON ANGIOPLASTY	\$0.00
C1949	CATHETER, ENDOSONICS ORACLE MEGASONICS FIVE-64 F/X PTCA CATHETER	\$0.00
C1979	CATHETER, ENDOSONICS VISIONS PV 8.2F INTRAVASCULAR ULTRASOUND IMAGING CATHETER,	\$0.00
C1980	CATHETER, ATLANTIS SR CORONARY IMAGING CATHETER	\$0.00
C1981	CATHETER ,CORONARY ANGIOPLASTY BALLOON, ADANTE, BONNIE, BONNIE 15MM, BONNIE	\$0.00
C2000	CATHETER, ORBITER ST STEERABLE ELECTRODE CATHETER	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C2001	CATHETER, CONSTELLATION DIAGNOSTIC CATHETER	\$0.00
C2002	CATHETER, IRVINE INQUIRY STEERABLE ELECTROPHYSIOLOGY 5F CATHETER, LIVEWIRE	\$0.00
C2003	CATHETER, IRVINE INQUIRY STEERABLE ELECTROPHYSIOLOGY 6F CATHETER	\$0.00
C2004	CATHETER, ELECTROPHYSIOLOGY, BIOSENSE WEBSTER DEFLECTABLE TIP ELECTROPHYSIOLOGY	\$0.00
C2005	CATHETER, ELECTROPHYSIOLOGY, EP DEFLECTABLE TIP CATHETER (HEXAPOLAR SMALL	\$0.00
C2006	CATHETER, ELECTROPHYSIOLOGY, EP DEFLECTABLE TIP CATHETER (DECAPOLAR SMALL	\$0.00
C2007	CATHETER, ELECTROPHYSIOLOGY, IRVINE LUMA-CATH 6F FIXED CURVE ELECTROPHYSIOLOGY	\$0.00
C2008	CATHETER, ELECTROPHYSIOLOGY, IRVINE LUMA-CATH 7F STEERABLE ELECTROPHYSIOLOGY	\$0.00
C2009	CATHETER, ELECTROPHYSIOLOGY, IRVINE LUMA-CATH 7F STEERABLE ELECTROPHYSIOLOGY	\$0.00
C2010	CATHETER, DIAGNOSTIC, ELECTROPHYSIOLOGY, RESPONSE FIXED CURVE CATHETER, SUPREME	\$0.00
C2011	CATHETER, ELECTROPHYSIOLOGY, DEFLECTABLE TIP CATHETER (QUADRAPOLAR SMALL	\$0.00
C2012	CATHETER, ABLATION, BIOSENSE WEBSTER CELSIUS BRAIDED TIP ABLATION CATHETER,	\$0.00
C2013	CATHETER, ABLATION, BIOSENSE WEBSTER CELSIUS LARGE DOME ABLATION CATHETER	\$0.00
C2014	CATHETER, ABLATION, BIOSENSE WEBSTER CELSIUS II ASYMMETRICAL ABLATION CATHETER	\$0.00
C2015	CATHETER, ABLATION, BIOSENSE WEBSTER CELSIUS II SYMMETRICAL ABLATION CATHETER	\$0.00
C2016	CATHETER, ABLATION, NAVI-STAR DS DIAGNOSTIC/ABLATION CATHETER, NAVI-STAR	\$0.00
C2017	CATHETER, ABLATION, NAVI-STAR DIAGNOSTIC/ABLATION DEFLECTABLE TIP CATHETER	\$0.00
C2018	CATHETER, ABLATION, POLARIS T ABLATION CATHETER, MECA ABLATION CATHETER,	\$0.00
C2019	CATHETER, EP MEDSYSTEMS DEFLECTABLE ELECTROPHYSIOLOGY CATHETER, EP MEDSYSTEMS	\$0.00
C2020	CATHETER, ABLATION, BLAZER II XP, BLAZER II 6F, BLAZER II HIGH TORQUE DISTAL	\$0.00
C2021	CATHETER, EP MEDSYSTEMS SILVERFLEX ELECTROPHYSIOLOGY CATHETER, NON-DEFLECTABLE	\$0.00
C2022	CATHETER, ABLATION, CARDIAC PATHWAYS CHILLI COOLED ABLATION CATHETER MODELS	\$0.00
C2023	CATHETER, ABLATION, CARDIAC PATHWAYS CHILLI COOLED ABLATION CATHETER, STANDARD	\$0.00
C2100	CATHETER, ELECTROPHYSIOLOGY, CARDIAC PATHWAYS CS REFERENCE CATHETER, BOSTON	\$0.00
C2101	CATHETER, ELECTROPHYSIOLOGY, CARDIAC PATHWAYS RV REFERENCE CATHETER, BOSTON	\$0.00
C2102	CATHETER, ELECTROPHYSIOLOGY, CARDIAC PATHWAYS 7F RADII CATHETER	\$0.00
C2103	CATHETER, ELECTROPHYSIOLOGY, CARDIAC PATHWAYS 7F RADII CATHETER WITH TRACKING,	\$0.00
C2104	CATHETER, ELECTROPHYSIOLOGY, LASSO DEFLECTABLE CIRCULAR TIP MAPPING CATHETER,	\$0.00
C2151	CATHETER, VERIPATH PERIPHERAL GUIDING CATHETER	\$0.00
C2152	CATHETER, CORDIS 5F, 6F, 7F, 8F, 9F, 10F VISTA BRITE TIP GUIDING CATHETER,	\$0.00
C2153	CATHETER, ELECTROPHYSIOLOGY, BARD VIKING FIXED CURVE CATHETER (BIPOLAR,	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C2200	CATHETER, ARROW-TREROTOLA PERCUTANEOUS THROMBOLYTIC DEVICE CATHETER	\$0.00
C2300	CATHETER, VARISOURCE STANDARD CATHETER, NUCLETRON NASOPHARYNGEAL BRACHYTHERAPY	\$0.00
C2597	CLINICATH PERIPHERALLY INSERTED MIDLINE CATHETER (PICC) DUAL-LUMEN POLYFLOW	\$0.00
C2598	CATHETER, CLINICATH PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) SINGLE-LUMEN	\$0.00
C2599	CLINICATH PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) SINGLE-LUMEN POLYFLOW	\$0.00
C2600	CATHETER, GOLD PROBE SINGLE-USE ELECTROHEMOSTASIS CATHETER	\$0.00
C2601	CATHETER, BARD DUAL LUMEN URETERAL CATHETER, COOK UROLOGICAL URETERAL	\$0.00
C2602	CATHETER, SPECTRANETICS 1.4/1.7MM VITESSE CONCENTRIC LASER CATHETER,	\$0.00
C2603	CATHETER, SPECTRANETICS 2.0MM VITESSE COS CONCENTRIC LASER CATHETER	\$0.00
C2604	CATHETER, SPECTRANETICS 2.0MM VITESSE E ECCENTRIC LASER CATHETER	\$0.00
C2605	CATHETER, SPECTRANETICS EXTREME LASER CATHETER, SPECTRANETICS EXTREME 0.9MM	\$0.00
C2606	CATHETER, ORATEC SPINECATH XL INTRADISCAL CATHETER	\$0.00
C2607	CATHETER, ORATEC SPINECATH INTRADISCAL CATHETER	\$0.00
C2608	CATHETER, SCIMED 6F WISEGUIDE GUIDE CATHETER, CYBER GUIDE CATHETER, MERIT	\$0.00
C2609	CATHETER, FLEXIMA BILIARY DRAINAGE CATHETER WITH LOCKING PIGTAIL, FLEXIMA	\$0.00
C2610	CATHETER, ARROW FLEX TIP PLUS INTRASPINAL CATHETER KIT	\$0.00
C2611	CATHETER, MEDTRONIC PS MEDICAL ALGOLINE INTRASPINAL CATHETER SYSTEM/KIT 81102,	\$0.00
C2612	CATHETER, MEDTRONIC INDURA INTRASPINAL CATHETER, MYELOTec VIDEO GUIDED	\$0.00
C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	\$0.00
C2615	SEALANT, PULMONARY, LIQUID	\$0.00
C2616	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTRIUM-90, PER SOURCE	\$0.00
C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	\$0.00
C2618	PROBE, CRYOABLATION	\$0.00
C2619	PACEMAKER, DUAL CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00
C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	\$0.00
C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	\$0.00
C2622	PROSTHESIS, PENILE, NON-INFLATABLE	\$0.00
C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	\$0.00
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	\$0.00
C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	\$0.00
C2628	CATHETER, OCCLUSION	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	\$0.00
C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	\$0.00
C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	\$0.00
C2632	BRACHYTHERAPY SOLUTION, IODINE-125, PER MCI	\$0.00
C2637	BRACHYTHERAPY SOURCE, NON-STRANDED, YTTERBIUM-169, PER SOURCE	\$0.00
C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125, PER SOURCE	\$0.00
C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	\$0.00
C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE	\$0.00
C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE	\$0.00
C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE	\$0.00
C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	\$0.00
C2676	CATHETER, RESPONSE CV CATHETER	\$0.00
C2698	BRACHYTHERAPY SOURCE, STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE	\$0.00
C2699	BRACHYTHERAPY SOURCE, NON-STRANDED, NOT OTHERWISE SPECIFIED, PER SOURCE	\$0.00
C2700	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, MYCROPHYLAX PLUS	\$0.00
C2701	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, PHYLAX XM	\$0.00
C2702	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, VENTAK PRIZM 2 VR 1860	\$0.00
C2703	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, VENTAK PRIZM VR HE 1857, 1858	\$0.00
C2704	DEFIBRILLATOR, SINGLE CHAMBER, IMPLANTABLE, VENTAK MINI IV+ 1793, 1796	\$0.00
C2801	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, ELA MEDICAL DEFENDER IV DR MODEL 612	\$0.00
C2802	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, PHYLAX AV	\$0.00
C2803	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, VENTAK PRIZM DR HE MODELS 1853, 1858,	\$0.00
C2804	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, VENTAK PRIZM 2 DR 1861	\$0.00
C2805	DEFIBRILLATOR, DUAL CHAMBER, IMPLANTABLE, JEWEL AF 7250	\$0.00
C2806	DEFIBRILLATOR, IMPLANTABLE, GEM VR 7227	\$0.00
C2807	DEFIBRILLATOR, IMPLANTABLE, CONTAK CD 1823	\$0.00
C2808	DEFIBRILLATOR, IMPLANTABLE, CONTAK TR 1241	\$0.00
C3001	LEAD, DEFIBRILLATOR, IMPLANTABLE, KAINOX SL, KAINOX RV	\$0.00
C3002	LEAD, DEFIBRILLATOR, IMPLANTABLE, EASYTRAK 4510, 4511, 4512, 4513	\$0.00
C3003	LEAD, DEFIBRILLATOR, IMPLANTABLE, ENDOTAK SQ ARRAY XP (MODEL 0085), ENDOTAK SQ	\$0.00
C3004	LEAD, DEFIBRILLATOR, IMPLANTABLE, INTERVENE 497-23, 497-24	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C3400	PROSTHESIS, BREAST, MENTOR SALINE-FILLED CONTOUR PROFILE, MENTOR SILTEX	\$0.00
C3401	PROSTHESIS, BREAST, MENTOR SALINE-FILLED SPECTRUM, MCGHAN BIOCURVE ROUND,	\$0.00
C3500	PROSTHESIS, PENILE, MENTOR ALPHA I INFLATABLE PENILE PROSTHESIS, MENTOR ALPHA I	\$0.00
C3510	PROSTHESIS, AMS SPHINCTER 800 URINARY PROSTHESIS	\$0.00
C3551	GUIDE WIRE, PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY, CHOICE, LUGE,	\$0.00
C3552	GUIDE WIRE, HI-TORQUE WHISPER, ZEBRA SINGLE-USE EXCHANGE GUIDEWIRE	\$0.00
C3553	GUIDE WIRE, CORDIS STABILIZER MARKER WIRE STEERABLE GUIDEWIRE, CORDIS WIZDOM	\$0.00
C3554	GUIDE WIRE, JINDO TAPERED PERIPHERAL GUIDEWIRE	\$0.00
C3555	GUIDE WIRE, WHOLEY HI-TORQUE PLUS GUIDE WIRE SYSTEM, 145CM, 190CM, 300CM	\$0.00
C3556	GUIDE WIRE, ENDOSONICS CARDIOMETRICS WAVEWIRE PRESSURE GUIDE WIRE,	\$0.00
C3557	GUIDEWIRE, HYTEK GUIDEWIRE, BIOTRONIK GALEO HYDRO GUIDE WIRE, MICROVENA ULTRA	\$0.00
C3800	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE, SYNCHROMED EL INFUSION PUMP,	\$0.00
C3801	INFUSION PUMP, ARROW/MICROJECT PCA SYSTEM	\$0.00
C3851	INTRAOCULAR LENS, STAAR ELASTIC ULTRAVIOLET-ABSORBING SILICONE POSTERIOR	\$0.00
C4000	PACEMAKER, SINGLE CHAMBER, ELA MEDICAL OPUS G MODEL 4621, 4624	\$0.00
C4001	PACEMAKER, SINGLE CHAMBER, ELA MEDICAL OPUS S MODEL 4121, 4124	\$0.00
C4002	PACEMAKER, SINGLE CHAMBER, ELA MEDICAL TALENT MODEL 113	\$0.00
C4003	PACEMAKER, SINGLE CHAMBER, KAIROS SR	\$0.00
C4004	PACEMAKER, SINGLE CHAMBER, ACTROS SR+, ACTROS SR-B+	\$0.00
C4005	PACEMAKER, SINGLE CHAMBER, PHILOS SR, PHILOS SR-B	\$0.00
C4006	PACEMAKER, SINGLE CHAMBER, PULSAR MAX II SR 1180, 1181	\$0.00
C4007	PACEMAKER, SINGLE CHAMBER, MARATHON SR 291-09, 292-09R, 292-09X	\$0.00
C4008	PACEMAKER, SINGLE CHAMBER, DISCOVERY II SSI 481	\$0.00
C4009	PACEMAKER, SINGLE CHAMBER, DISCOVERY II SR 1184, 1185, 1186, 1187	\$0.00
C4300	PACEMAKER, DUAL CHAMBER, INTEGRITY AFX DR MODEL 5342, INTEGRITY U DR 5336	\$0.00
C4301	PACEMAKER, DUAL CHAMBER, INTEGRITY AFX DR MODEL 5346	\$0.00
C4302	PACEMAKER, DUAL CHAMBER, AFFINITY VDR 5430	\$0.00
C4303	PACEMAKER, DUAL CHAMBER, ELA BRIO MODEL 112 PACEMAKER SYSTEM	\$0.00
C4304	PACEMAKER, DUAL CHAMBER, ELA MEDICAL BRIO MODEL 212, TALENT MODEL 213, TALENT	\$0.00
C4305	PACEMAKER, DUAL CHAMBER, ELA MEDICAL BRIO MODEL 222	\$0.00
C4306	PACEMAKER, DUAL CHAMBER, ELA MEDICAL BRIO MODEL 220	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C4307	PACEMAKER, DUAL CHAMBER, KAIROS DR	\$0.00
C4308	PACEMAKER, DUAL CHAMBER, INOS 2, INOS 2+	\$0.00
C4309	PACEMAKER, DUAL CHAMBER, ACTROS DR+, ACTROS D+, ACTROS DR-A+, ACTROS SLR+	\$0.00
C4310	PACEMAKER, DUAL CHAMBER, ACTROS DR-B+	\$0.00
C4311	PACEMAKER, DUAL CHAMBER, PHILOS DR, PHILOS DR-B, PHILOS SLR	\$0.00
C4312	PACEMAKER, DUAL CHAMBER, PULSAR MAX II DR 1280	\$0.00
C4313	PACEMAKER, DUAL CHAMBER, MARATHON DR 293-09, 294-09, 294-09R, 294-10	\$0.00
C4314	PACEMAKER, DUAL CHAMBER, MOMENTUM DR 294-23	\$0.00
C4315	PACEMAKER, DUAL CHAMBER, SELECTION AFM 902 SLC 902C	\$0.00
C4316	PACEMAKER, DUAL CHAMBER, DISCOVERY II DR 1283, 1284, 1285, 1286	\$0.00
C4317	PACEMAKER, DUAL CHAMBER, DISCOVERY II DDD 981	\$0.00
C4600	LEAD, PACEMAKER, SYNOX, POLYROX, ELOX, RETROX, SL-BP, ELC, PR-B PERMANENT	\$0.00
C4601	LEAD, PACEMAKER, AESCULA LV 1055K	\$0.00
C4602	LEAD, PACEMAKER, TENDRIL SDX 1488K/46, TENDRIL SDX 1488K/52, TENDRIL SDX	\$0.00
C4603	LEAD, PACEMAKER, OSCOR PR 4015, 4016, 4017, 4018, FLEXION 4015, 4016, 4017,	\$0.00
C4604	LEAD, PACEMAKER, CRYSTALLINE ACTFIX ICF09, CAPSUREFIX NOVUS 5076	\$0.00
C4605	LEAD, PACEMAKER, CAPSURE EPI 4968	\$0.00
C4606	LEAD, PACEMAKER, FLEXTEND 4080, 4081, 4082	\$0.00
C4607	LEAD, PACEMAKER, FINELINE II 4452, 4453, 4454, 4455, 4477, 4478, FINELINE II EZ	\$0.00
C5000	STENT, BILIARY, BX VELOCITY WITH HEPACOAAT ON RAPTOR STENT SYSTEM (28 OR 33MM IN	\$0.00
C5001	STENT, BILIARY, BARD MEMOTHERM-FLEX BILIARY STENT (SMALL/MEDIUM DIAMETER)	\$0.00
C5002	STENT, BILIARY, BARD MEMOTHERM-FLEX BILIARY STENT, LARGE DIAMETER	\$0.00
C5003	STENT, BILIARY, BARD MEMOTHERM-FLEX BILIARY STENT, X-LARGE DIAMETER	\$0.00
C5004	STENT, BILIARY, CORDIS PALMAZ CORINTHIAN IQ TRANSHEPATIC BILIARY STENT	\$0.00
C5005	STENT, BILIARY, CORDIS PALMAZ CORINTHIAN IQ TRANSHEPATIC BILIARY STENT AND	\$0.00
C5006	STENT, BILIARY, CORDIS MEDIUM PALMAZ TRANSHEPATIC BILIARY STENT AND DELIVERY	\$0.00
C5007	STENT, BILIARY, CORDIS PALMAZ XL TRANSHEPATIC BILIARY STENT (40MM LENGTH)	\$0.00
C5008	STENT, BILIARY, CORDIS PALMAZ XL TRANSHEPATIC BILIARY STENT (50MM LENGTH)	\$0.00
C5009	STENT, BILIARY, BILIARY VISTAFLEX STENT	\$0.00
C5010	STENT, BILIARY, RAPID EXCHANGE SINGLE-USE BILIARY STENT SYSTEM	\$0.00
C5011	STENT, BILIARY, INTRASTENT, INTRASTENT LP,, WILSON-COOK ST2 SOEHENDRA TANNENBAUM	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C5012	STENT, BILIARY, INTRASTENT DOUBLESTRUT LD, INTRASTENT DOUBLE STRUT PARA MOUNT	\$0.00
C5013	STENT, BILIARY, INTRASTENT DOUBLESTRUT, INTRASTENT DOUBLESTRUT XS	\$0.00
C5014	STENT, BILIARY, MEDTRONIC AVE BRIDGE STENT SYSTEM--BILIARY INDICATION (10MM,	\$0.00
C5015	STENT, BILIARY, MEDTRONIC AVE BRIDGE STENT SYSTEM--BILIARY INDICATION (40-60MM,	\$0.00
C5016	STENT, BILIARY, WALLSTENT SINGLE-USE COVERED BILIARY ENDOPROSTHESIS WITH	\$0.00
C5017	STENT, BILIARY, WALLSTENT RP BILIARY ENDOPROSTHESIS WITH UNISTEP PLUS DELIVERY	\$0.00
C5018	STENT, BILIARY, WALLSTENT RP BILIARY ENDOPROSTHESIS WITH UNISTEP PLUS DELIVERY	\$0.00
C5019	STENT, BILIARY, FLEXIMA SINGLE-USE BILIARY STENT SYSTEM	\$0.00
C5020	STENT, BILIARY, CORDIS SMART NITINOL STENT TRANSHEPATIC BILIARY SYSTEM (20MM	\$0.00
C5021	STENT, BILIARY, CORDIS SMART NITINOL STENT TRANSHEPATIC BILIARY SYSTEM (40 OR	\$0.00
C5022	STENT, BILIARY, CORDIS SMART NITINOL STENT TRANSHEPATIC BILIARY SYSTEM (80MM IN	\$0.00
C5023	STENT, BILIARY, BX VELOCITY TRANSHEPATIC BILIARY STENT AND DELIVERY SYSTEM (8	\$0.00
C5024	STENT, BILIARY, BX VELOCITY TRANSHEPATIC BILIARY STENT AND DELIVERY SYSTEM	\$0.00
C5025	STENT, BILIARY, BX VELOCITY TRANSHEPATIC BILIARY STENT AND DELIVERY SYSTEM	\$0.00
C5026	STENT, BILIARY, BX VELOCITY TRANSHEPATIC BILIARY STENT AND DELIVERY SYSTEM (28	\$0.00
C5027	STENT, BILIARY, BX VELOCITY WITH HEPACOA ON RAPTOR STENT SYSTEM (8 OR 13MM IN	\$0.00
C5028	STENT, BILIARY, BX VELOCITY WITH HEPACOA ON RAPTOR STENT SYSTEM (18MM IN	\$0.00
C5029	STENT, BILIARY, BX VELOCITY WITH HEPACOA ON RAPTOR STENT SYSTEM (23MM IN	\$0.00
C5030	STENT, CORONARY, S660 DISCRETE TECHNOLOGY OVER-THE-WIRE CORONARY STENT SYSTEM	\$0.00
C5031	STENT, CORONARY, S660 DISCRETE TECHNOLOGY OVER-THE-WIRE CORONARY STENT SYSTEM	\$0.00
C5032	STENT, CORONARY, S660 DISCRETE TECHNOLOGY OVER-THE-WIRE CORONARY STENT SYSTEM	\$0.00
C5033	STENT, CORONARY, NIROYAL ADVANCE PREMOUNTED STENT SYSTEM (9MM), TENAX-XR STENT	\$0.00
C5034	STENT, CORONARY, NIROYAL ADVANCE PREMOUNTED STENT SYSTEM (12MM/15MM)	\$0.00
C5035	STENT, CORONARY, NIROYAL ADVANCE PREMOUNTED STENT SYSTEM (18MM)	\$0.00
C5036	STENT, CORONARY, NIROYAL ADVANCE PREMOUNTED STENT SYSTEM (25MM)	\$0.00
C5037	STENT, CORONARY, NIROYAL ADVANCE PREMOUNTED STENT SYSTEM (31MM)	\$0.00
C5038	STENT, CORONARY, BX VELOCITY BALLOON-EXPANDABLE STENT WITH RAPTOR OVER-THE-WIRE	\$0.00
C5039	STENT, PERIPHERAL, INTRACOIL PERIPHERAL STENT (40MM STENT LENGTH), DYNALINK	\$0.00
C5040	STENT, PERIPHERAL, INTRACOIL PERIPHERAL STENT (60MM STENT LENGTH)	\$0.00
C5041	STENT, CORONARY, MEDTRONIC BESTENT 2 OVER-THE-WIRE CORONARY STENT SYSTEM (24MM,	\$0.00
C5042	STENT, CORONARY, MEDTRONIC BESTENT 2 OVER-THE-WIRE CORONARY STENT SYSTEM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C5043	STENT, CORONARY, MEDTRONIC BESTENT 2 OVER-THE-WIRE CORONARY STENT SYSTEM	\$0.00
C5044	STENT, CORONARY, MEDTRONIC BESTENT 2 OVER-THE-WIRE CORONARY STENT SYSTEM (9MM,	\$0.00
C5045	STENT, CORONARY, MULTILINK TETRA CORONARY STENT SYSTEM	\$0.00
C5046	STENT, CORONARY, RADIUS 20MM SELF EXPANDING STENT WITH OVER THE WIRE DELIVERY	\$0.00
C5047	STENT, CORONARY, NIROYAL ELITE PREMOUNTED STENT SYSTEM 15MM, 25MM, OR 31MM	\$0.00
C5048	STENT, CORONARY, GR II CORONARY STENT	\$0.00
C5130	STENT, COLON, WILSON-COOK COLONIC Z-STENT	\$0.00
C5131	STENT, COLORECTAL, BARD MEMOTHERM COLORECTAL STENT MODEL S30R060	\$0.00
C5132	STENT, COLORECTAL, BARD MEMOTHERM COLORECTAL STENT MODEL S30R080	\$0.00
C5133	STENT, COLORECTAL, BARD MEMOTHERM COLORECTAL STENT MODEL S30R100	\$0.00
C5134	STENT, ENTERAL, WALLSTENT ENTERAL ENDOPROSTHESIS AND UNISTEP DELIVERY SYSTEM	\$0.00
C5279	STENT, URETERAL, BOSTON SCIENTIFIC CONTOUR SOFT PERCUFLEX STENT WITH HYDROPLUS	\$0.00
C5280	STENT, URETERAL, BARD INLAY DOUBLE PIGTAIL URETERAL STENT, COOK KLEIN RECTAL	\$0.00
C5281	STENT, TRACHEOBRONCHIAL, WALLGRAFT TRACHEOBRONCHIAL ENDOPROSTHESIS WITH UNISTEP	\$0.00
C5282	STENT, TRACHEOBRONCHIAL, WALLGRAFT TRACHEOBRONCHIAL ENDOPROSTHESIS WITH UNISTEP	\$0.00
C5283	STENT, SELF-EXPANDABLE FOR CREATION OF INTRAHEPATIC SHUNTS, WALLSTENT	\$0.00
C5284	STENT, TRACHEOBRONCHIAL, ULTRAFLEX TRACHEOBRONCHIAL ENDOPROSTHESIS (COVERED AND	\$0.00
C5600	VASCULAR CLOSURE DEVICE, VASOSEAL ES (EXTRAVASCULAR SECURITY) DEVICE	\$0.00
C5601	VASCULAR CLOSURE DEVICE, VASCULAR SOLUTIONS DUETT SEALING DEVICE 1000	\$0.00
C6001	MESH, HERNIA, BARD COMPOSIX MESH, PER 8 OR 21 INCHES, ATRIUM HERNIA/SURGICAL	\$0.00
C6002	MESH, HERNIA, BARD COMPOSIX MESH, PER 32 INCHES	\$0.00
C6003	MESH, HERNIA, BARD COMPOSIX MESH, PER 48 INCHES	\$0.00
C6004	MESH, HERNIA, BARD COMPOSIX MESH, PER 80 INCHES	\$0.00
C6005	MESH, HERNIA, BARD COMPOSIX MESH, PER 140 INCHES	\$0.00
C6006	MESH, HERNIA, BARD COMPOSIX MESH, PER 144 INCHES	\$0.00
C6012	PELVICOL ACELLULAR COLLAGEN MATRIX, PER 8 OR 14 QUARE CENTIMETERS, CONTIGEN	\$0.00
C6013	PELVICOL ACELLULAR COLLAGEN MATRIX, PER 21, 24, OR 28 SQUARE CENTIMETERS	\$0.00
C6014	PELVICOL ACELLULAR COLLAGEN MATRIX, PER 40 SQUARE CENTIMETERS	\$0.00
C6015	PELVICOL ACELLULAR COLLAGEN MATRIX, PER 48 SQUARE CENTIMETERS	\$0.00
C6016	PELVICOL ACELLULAR COLLAGEN MATRIX, PER 96 SQUARE CENTIMETERS	\$0.00
C6017	GORE-TEX DUALMESH BIOMATERIAL, PER 75 OR 96 SQUARE CENTIMETERS (1MM THICK)	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C6018	GORE-TEX DUALMESH BIOMATERIAL, PER 150 SQUARE CENTIMETERS OVAL SHAPED (1MM	\$0.00
C6019	GORE-TEX DUALMESH BIOMATERIAL, PER 285 SQUARE CENTIMETERS OVAL SHAPED (1MM	\$0.00
C6020	GORE-TEX DUALMESH BIOMATERIAL, PER 432 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6021	GORE-TEX DUALMESH BIOMATERIAL, PER 600 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6022	GORE-TEX DUALMESH BIOMATERIAL, PER 884 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6023	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 75 OR 96 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6024	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 150 SQUARE CENTIMETERS OVAL SHAPED (1MM	\$0.00
C6025	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 285 SQUARE CENTIMETERS OVAL SHAPED	\$0.00
C6026	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 432 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6027	GORE-TEX DUALMESHPLUS BIOMATERIAL, PER 600 SQUARE CENTIMETERS (1MM THICK)	\$0.00
C6028	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 884 SQUARE CENTIMETERS OVAL SHAPED (1MM	\$0.00
C6029	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 150 SQUARE CENTIMETERS OVAL SHAPED (2MM	\$0.00
C6030	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 285 SQUARE CENTIMETERS OVAL SHAPED (2MM	\$0.00
C6031	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 432 SQUARE CENTIMETERS (2MM THICK)	\$0.00
C6032	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 600 SQUARE CENTIMETERS (2MM THICK)	\$0.00
C6033	GORE-TEX DUALMESH PLUS BIOMATERIAL, PER 884 SQUARE CENTIMETERS (2MM THICK)	\$0.00
C6034	BARD RECONIX EPTFE RECONSTRUCTION PATCH 150 SQUARE CENTIMETERS (2MM THICK)	\$0.00
C6035	BARD RECONIX EPTFE RECONSTRUCTION PATCH 150 SQUARE CENTIMETERS (1MM THICK), 75	\$0.00
C6036	BARD RECONIX EPTFE RECONSTRUCTION PATCH 50/75 SQUARE CENTIMETERS (1MM THICK),	\$0.00
C6037	BARD RECONIX EPTFE RECONSTRUCTION PATCH 300 SQUARE CENTIMETERS (1 MM THICK)	\$0.00
C6038	BARD RECONIX EPTFE RECONSTRUCTION PATCH 600 SQUARE CENTIMETERS (1MM THICK), 300	\$0.00
C6039	BARD RECONIX EPTFE RECONSTRUCTION PATCH 884 SQUARE CENTIMETERS OVAL SHAPED (1MM	\$0.00
C6040	BARD RECONIX EPTFE RECONSTRUCTION PATCH 600 SQUARE CENTIMETERS (2MM THICK)	\$0.00
C6041	BARD RECONIX EPTFE RECONSTRUCTION PATCH 884 SQUARE CENTIMETERS OVAL SHAPED (2MM	\$0.00
C6050	SLING FIXATION SYSTEM FOR TREATMENT OF STRESS URINARY INCONTINENCE, FEMALE	\$0.00
C6051	DEPUY ORTHOTECH RESTORE, STRATASIS URETHRAL SLING, 20/40 CM	\$0.00
C6052	STRATASIS URETHRAL SLING, 60 CM	\$0.00
C6053	SURGISIS SOFT TISSUE GRAFT, PER 70CM, 105CM, OR 140CM	\$0.00
C6054	SURGISIS ENHANCED STRENGTH SOFT TISSUE GRAFT, PER 4.2CM, 20CM, 28CM OR 40CM	\$0.00
C6055	SURGISIS ENHANCED STRENGTH SOFT TISSUE GRAFT, PER 52.5CM, 60CM, OR 70CM	\$0.00
C6056	SURGISIS ENHANCED STRENGTH SOFT TISSUE GRAFT, PER 105CM, 140CM	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C6057	SURGISIS HERNIA GRAFT, PER 195CM	\$0.00
C6058	SUGIPRO HERNIA MATE PLUG, MEDIUM OR LARGE	\$0.00
C6080	SLING FIXATION SYSTEM FOR TREATMENT OF STRESS URINARY INCONTINENCE, MALE	\$0.00
C6200	VASCULAR GRAFT, EXXCEL SOFT EPTFE VASCULAR GRAFT, EXXCEL EPTFE VASCULAR GRAFT	\$0.00
C6201	VASCULAR GRAFT, IMPRA VENAFLOR VASCULAR GRAFT WITH CARBON (STRAIGHT GRAFT, 10CM	\$0.00
C6202	VASCULAR GRAFT, IMPRA VENAFLOR VASCULAR GRAFT WITH CARBON, STRAIGHT GRAFT 30CM	\$0.00
C6203	VASCULAR GRAFT, IMPRA VENAFLOR VASCULAR GRAFT WITH CARBON, STRAIGHT GRAFT (50CM	\$0.00
C6204	VASCULAR GRAFT, IMPRA VENAFLOR VASCULAR GRAFT WITH CARBON, STEPPED GRAFT 20CM,	\$0.00
C6205	VASCULAR GRAFT, IMPRA CARBOFLO VASCULAR GRAFT (STRAIGHT GRAFT, 10CM IN LENGTH),	\$0.00
C6206	VASCULAR GRAFT, IMPRA CARBOFLO VASCULAR GRAFT, STRAIGHT GRAFT 20CM IN LENGTH	\$0.00
C6207	VASCULAR GRAFT, IMPRA CARBOFLO VASCULAR GRAFT, STRAIGHT GRAFT 30CM, 35CM OR	\$0.00
C6208	VASCULAR GRAFT, IMPRA CARBOFLO VASCULAR GRAFT, STRAIGHT GRAFT (50CM IN LENGTH),	\$0.00
C6209	VASCULAR GRAFT, IMPRA CARBOFLO VASCULAR GRAFT, CENTERFLEX STRAIGHT GRAFT (40CM	\$0.00
C6210	EXXCEL EPTFE VASCULAR GRAFT (LESS THAN 6MM IN DIAMETER), HEMASHIELD WOVEN	\$0.00
C6300	STENT GRAFT SYSTEM, VANGUARD III BIFURCATED ENDOVASCULAR AORTIC GRAFT	\$0.00
C6500	SHEATH, GUIDING, PREFACE BRAIDED GUIDING SHEATH (ANTERIOR CURVE, MULTIPURPOSE	\$0.00
C6501	SHEATH, SOFT-TIP SHEATHS	\$0.00
C6502	SHEATH, ELECTROPHYSIOLOGY, PERRY EXCHANGE DILATOR	\$0.00
C6525	SPECTRANETICS LASER SHEATH 12F 500-001, 14F 500-012, 16F 500-013	\$0.00
C6600	PROBE, MICROVASIVE SWISS F/G LITHOCLAST FLEXIBLE PROBE .89MM, MICROVASIVE SWISS	\$0.00
C6650	INTRODUCER, GUIDING, FAST-CATH TWO-PIECE GUIDING INTRODUCER (MODELS 406869,	\$0.00
C6651	INTRODUCER, GUIDING, SEAL-AWAY CS GUIDING INTRODUCER 407508, 407510	\$0.00
C6652	INTRODUCER, BARD SAFETY EXCALIBUR INTRODUCER, BARD RADSTIC MICROINTRODUCER,	\$0.00
C6700	SYNTHETIC ABSORBABLE SEALANT, FOCAL SEAL-L, PERFLUORON (PER 2ML VIAL, 5ML VIAL	\$0.00
C8099	SPECTRANETICS LEAD LOCKING DEVICE (MODELS 518-018, 518-019, 518-020), OSCOR	\$0.00
C8100	ADHESION BARRIER, ADCON-L	\$0.00
C8102	SURGI-VISION ESOPHAGEAL STYLET INTERNAL COIL	\$0.00
C8103	CAPIO SUTURE CAPTURING DEVICE, STANDARD OR OPEN ACCESS	\$0.00
C8500	CATHETER, ATHERECTOMY, ATHEROCATH-GTO ATHERECTOMY CATHETER	\$0.00
C8501	PACEMAKER, SINGLE CHAMBER, VIGOR SSI	\$0.00
C8502	CATHETER, DIAGNOSTIC, ELECTROPHYSIOLOGY, LIVEWIRE STEERABLE ELECTROPHYSIOLOGY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C8503	CATHETER, SYNCHROMED VASCULAR CATHETER MODEL 8702	\$0.00
C8504	CLOSURE DEVICE, VASOSEAL VASCULAR HEMOSTASIS DEVICE	\$0.00
C8505	INFUSION PUMP, IMPLANTABLE, PROGRAMMABLE, SYNCHROMED INFUSION PUMP	\$0.00
C8506	LEAD, PACEMAKER, 4057M, 4058M, 4557M, 4558M, 5058	\$0.00
C8507	LEAD, PACEMAKER, 6721L, 6721M, 6721S, 6939 OVAL PATCH LEAD	\$0.00
C8508	LEAD, DEFIBRILLATOR, CAPSURE 4965	\$0.00
C8509	LEAD, DEFIBRILLATOR, TRANSVENE 6933, TRANSVENE 6937	\$0.00
C8510	LEAD, DEFIBRILLATOR, DP-3238	\$0.00
C8511	LEAD, DEFIBRILLATOR, ENDOTAK DSP	\$0.00
C8512	LEAD, NEUROSTIMULATION, ON-POINT MODEL 3987, PISCES-QUAD PLUS MODEL 3888,	\$0.00
C8513	LEAD, NEUROSTIMULATION, PISCES-QUAD MODEL 3487A, RESUME II MODEL 3587A	\$0.00
C8514	PROSTHESIS, PENILE, DURA II PENILE PROSTHESIS	\$0.00
C8515	PROSTHESIS, PENILE, MENTOR ALPHA I NARROW-BASE INFLATABLE PENILE PROSTHESIS	\$0.00
C8516	PROSTHESIS, PENILE, MENTOR ACU-FORM MALLEABLE PENILE PROSTHESIS, MENTOR	\$0.00
C8517	PROSTHESIS, PENILE, AMBICOR PENILE PROSTHESIS	\$0.00
C8518	PACEMAKER, DUAL CHAMBER, VIGOR DDD	\$0.00
C8519	PACEMAKER, DUAL CHAMBER, VISTA DDD	\$0.00
C8520	PACEMAKER, SINGLE CHAMBER, LEGACY II S	\$0.00
C8521	RECEIVER/TRANSMITTER, NEUROSTIMULATOR, MEDTRONIC MATTIX	\$0.00
C8522	STENT, BILIARY, PALMAZ BALLOON EXPANDABLE STENT	\$0.00
C8523	STENT, BILIARY, WALLSTENT TRANSHEPATIC BILIARY ENDOPROSTHESIS	\$0.00
C8524	STENT, ESOPHAGEAL, WALLSTENT ESOPHAGEAL PROSTHESIS	\$0.00
C8525	STENT, ESOPHAGEAL, WALLSTENT ESOPHAGEAL PROSTHESIS (DOUBLE)	\$0.00
C8526	OPTIPLAST XT 5F PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY CATHETER (VARIOUS SIZES)	\$0.00
C8528	MS CLASSIQUE BALLOON DILATATION CATHETER	\$0.00
C8529	ISMUS CATH DEFLECTABLE 20-POLE CATHETER/CRISTA CATH II DEFLECTABLE 20-POLE	\$0.00
C8530	MENTOR SILTEX GEL-FILLED MAMMARY PROSTHESIS, SMOOTH-SURFACE GEL-FILLED MAMMARY	\$0.00
C8531	WILSON-COOK ESOPHAGEAL Z METAL EXPANDABLE STENT	\$0.00
C8532	STENT, ESOPHAGEAL, ULTRAFLEX ESOPHAGEAL STENT SYSTEM	\$0.00
C8533	CATHETER, SYNCHROMED VASCULAR CATHETER MODEL 8700A, MODEL 8700V	\$0.00
C8534	PROSTHESIS, PENILE, AMS MALLEABLE 650 PENILE PROSTHESIS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C8535	STENT, BILIARY, SPIRAL Z BILIARY METAL EXPANDABLE STENT, ZA BILIARY METAL	\$0.00
C8536	STENT, ESOPHAGEAL, ESOPHAGEAL Z METAL EXPANDABLE STENT WITH DUA ANTI-REFLUX	\$0.00
C8539	WILSON-COOK QUANTUM DILATATION BALLOON	\$0.00
C8540	FLEX-EZ (ESOPHAGEAL) BALLOON DILATOR 3302, 3304, 3306	\$0.00
C8541	CARSON ZERO TIP BALLOON DILATATION CATHETERS WITH HYDROPLUS COATING KIT,	\$0.00
C8542	URETHRAMAX HIGH PRESSURE URETHRAL BALLOON DILATATION CATHETER/KIT	\$0.00
C8543	AMPLATZ RENAL DILATOR SET	\$0.00
C8550	CATHETER, LIVEWIRE EP CATHETER, 7F CSM 401935, 5F DECAPOLAR 401938, 401939,	\$0.00
C8551	CATHETER, LIVEWIRE EP CATHETER, 7F DUO-DECAPOLAR 401932	\$0.00
C8552	CATHETER, SANTURO FIXED CURVE CATHETER	\$0.00
C8597	GUIDE WIRE, CORDIS WISDOM ST STEERABLE GUIDEWIRE 537-114, 537-114J, 537-114X,	\$0.00
C8598	GUIDE WIRE, CORDIS SV GUIDEWIRE 5CM DISTAL TAPER CONFIGURATION (MODELS 503-558,	\$0.00
C8599	GUIDE WIRE, CORDIS STABILIZER XS STEERABLE GUIDEWIRE 527-914, 527-914J,	\$0.00
C8600	GUIDE WIRE, CORDIS SHINOBI PLUS STEERABLE GUIDEWIRE 547-214, 547-214X	\$0.00
C8650	INTRODUCER, COOK EXTRA LARGE CHECK-FLO INTRODUCER	\$0.00
C8724	LEAD, NEUROSTIMULATION, OCTAD LEAD 3898-33/389861	\$0.00
C8725	LEAD, NEUROSTIMULATION, SYMMIX LEAD 3982	\$0.00
C8748	LEAD, DEFIBRILLATOR, ENDOTAK SQ PATCH 0047, 0063	\$0.00
C8749	LEAD, DEFIBRILLATOR, ENDOTAK SQ ARRAY 0048, 0049	\$0.00
C8750	PACEMAKER, DUAL CHAMBER, UNITY VDDR 292-07	\$0.00
C8775	LEAD, PACEMAKER, 2188 CORONARY SINUS LEAD	\$0.00
C8776	LEAD, PACEMAKER, INNOMEDICA SUTURELESS MYOCARDIAL 4045, 4058, 4046, 4047	\$0.00
C8777	LEAD, PACEMAKER, UNIPASS 425-02, 425-04, 425-06	\$0.00
C8800	STENT, BILIARY, LARGE PALMAZ BALLOON EXPANDABLE STENT WITH DELIVERY SYSTEM	\$0.00
C8801	STENT, BILIARY, COOK Z STENT GIANTURCO-ROSCHE BILIARY DESIGN	\$0.00
C8802	STENT, BILIARY, COOK OASIS ONE ACTION STENT INTRODUCTORY SYSTEM	\$0.00
C8830	STENT, CORONARY, COOK GIANTURCO-ROUBIN FLEX-STENT CORONARY STENT	\$0.00
C8890	PERFLUORON, PER 2ML	\$0.00
C8891	PERFLUORON, PER 5ML VIAL OR 7ML VIAL	\$0.00
C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	\$0.00
C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$0.00
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	\$0.00
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL	\$0.00
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$0.00
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	\$0.00
C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL	\$0.00
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST;	\$0.00
C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$0.00
C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	\$0.00
C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$0.00
C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	\$0.00
C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	\$0.00
C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$0.00
C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	\$0.00
C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	\$0.00
C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	\$0.00
C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$0.00
C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$0.00
C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST, OR WITHOUT CONTRAST FOLLOW	\$0.00
C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WI	\$0.00
C8930	TRANSTHORACIC ECHOCARDIOGRAPHY, WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY W	\$0.00
C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	\$0.00
C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	\$0.00
C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, SPINA	\$0.00
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	\$0.00
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, UPPER	\$0.00
C8950	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS, UP TO 1 HR	\$0.00
C8951	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS,EACH ADD.HR(LIST IN ADDIT. TO C8950	\$0.00
C8952	THERAPEUTIC, PROPHYLACTIC INJECTION, INTRAVENOUS PUSH	\$0.00
C8953	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE	\$0.00
C8954	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR	\$0.00
C8955	CHEMO.ADMIN.INTRAVENOUS; INFUSION TECHNIQUE EACH ADDIT. HR LIST IN ADD.TO C8954	\$0.00
C8956	REFILL AND MAINT. OF PORTABLE OR IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY	\$0.00
C8957	IV INFUSION FOR THERAPY/DIAG;INITIATION OF PROLONGED INFUSION>8 HRS./PUMP	\$0.00
C9000	INJECTION, SODIUM CHROMATE CR51, PER 0.25 MCI	\$0.00
C9001	LINEZOLID INJECTION, PER 200MG	\$0.00
C9002	TENECTEPLASE, PER 50MG/VIAL	\$0.00
C9003	PALIVIZUMAB-RSV-IGM, PER 50 MG	\$0.00
C9004	INJECTION, GEMTUZUMAB OZOGAMICIN, PER 5 MG	\$0.00
C9005	INJECTION, RETEPLASE, 18.8 MG (ONE SINGLE-USE VIAL)	\$0.00
C9006	INJECTION, TACROLIMUS, PER 5 MG (1 AMP)	\$0.00
C9007	BACLOFEN INTRATHECAL SCREENING KIT (1 AMP)	\$0.00
C9008	BACLOFEN INTRATHECAL REFILL KIT, PER 500 MCG	\$0.00
C9009	BACLOFEN INTRATHECAL REFILL KIT, PER 2000 MCG	\$0.00
C9010	BACLOFEN INTRATHECAL REFILL KIT, PER 4000 MCG	\$0.00
C9011	INJECTION, CAFFEINE CITRATE, PER 1ML	\$0.00
C9012	INJECTION, ARSENIC TRIOXIDE, PER 1 MG/KG	\$0.00
C9013	SUPPLY OF CO 57 COBALTOUS CHLORIDE, RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT	\$0.00
C9017	LOMUSTINE, 10 MG	\$0.00
C9018	BOTULINUM TOXIN TYPE B, PER 100 UNITS	\$0.00
C9019	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$0.00
C9020	SIROLIMUS TABLET, 1 MG	\$0.00
C9100	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IODINATED I-131	\$0.00
C9102	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, 51 SODIUM CHROMATE, PER	\$0.00
C9103	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, SODIUM IOTHALAMATE	\$0.00
C9104	ANTI-THYMOCYTE GLOBULIN, PER 25 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C9105	INJECTION, HEPATITIS B IMMUNE GLOBULIN, PER 1 ML	\$0.00
C9106	SIROLIMUS, PER 1 MG/ML	\$0.00
C9107	INJECTION, TINZAPARIN SODIUM, PER 2ML VIAL	\$0.00
C9108	INJECTION, THYROTROPIN ALPHA, 1.1 MG	\$0.00
C9109	INJECTION, TIROFIBAN HYDROCHLORIDE, 6.25 MG	\$0.00
C9110	INJECTION, ALEMTUZUMAB, PER 10 MG/ ML	\$0.00
C9111	INJECTION, BIVALIRUDIN, 250 MG PER VIAL	\$0.00
C9112	INJECTION, PERFLUTREN LIPID MICROSPHERE, PER 2 ML VIAL	\$0.00
C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	\$0.00
C9114	INJECTION, NESIRITIDE, PER 1.5 MG VIAL	\$0.00
C9115	INJECTION, ZOLEDRONIC ACID, PER 2 MG	\$0.00
C9116	INJECTION, ERTAPENEM SODIUM, PER 1 GRAM VIAL	\$0.00
C9117	INJECTION, YTTRIUM-90 IBRITUMOMAB TIUXETAN, PER MCI	\$0.00
C9118	INJECTION, INDIUM-111 IBRITUMOMAB TIUXETAN, PER MCI	\$0.00
C9119	INJECTION, PEGFILGRASTIM, PER 6 MG SINGLE DOSE VIAL	\$0.00
C9120	INJECTION, FULVESTRANT, PER 50 MG	\$0.00
C9121	INJECTION, ARGATROBAN, PER 5 MG	\$0.00
C9123	TRANSCYTE, PER 247 SQUARE CENTIMETERS	\$0.00
C9200	ORCEL, PER 36 SQUARE CENTIMETERS	\$0.00
C9201	DERMAGRAFT, PER 37.5 SQUARE CENTIMETERS	\$0.00
C9202	INJECTION, SUSPENSION OF MICROSPHERES OF HUMAN SERUM ALBUMIN WITH	\$0.00
C9203	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER 10 ML VIAL	\$0.00
C9208	INJECTION, AGALSIDASE BETA, PER 1 MG	\$0.00
C9209	INJECTION, LARONIDASE, PER 2.9 MG	\$0.00
C9218	INJECTION, AZACITIDINE, PER 1 MG	\$0.00
C9224	INJECTION, GALSULFASE, PER 5 MG	\$0.00
C9225	INJECTION, FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT, PER 0.59 MG	\$0.00
C9232	INJECTION, IDURSULFASE, 1 MG	\$0.00
C9233	INJECTION, RANIBIZUMAB, 0.5 MG	\$0.00
C9234	INJECTION, ALGLUCOSIDASE ALFA, 10 MG	\$0.00
C9235	INJECTION, PANITUMUMAB, 10 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C9238	INJECTION, LEVETIRACETAM, 10 MG	\$0.00
C9239	INJECTION, TEMSIROLIMUS, 1 MG	\$0.00
C9245	INJECTION, ROMIPLOSTIM, 10 MCG	\$0.00
C9246	INJECTION, GADOXETATE DISODIUM, PER ML	\$0.00
C9247	IOBENGUANE, I-123, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	\$0.00
C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	\$0.00
C9250	HUMAN PLASMA FIBRIN SEALANT, VAPOR-HEATED, SOLVENT-DETERGENT (ARTISS), 2ML	\$0.00
C9254	INJECTION, LACOSAMIDE, 1 MG	\$0.00
C9255	INJECTION, PALIPERIDONE PALMITATE, 1 MG	\$0.00
C9256	INJECTION, DEXAMETHASONE INTRAVITREAL IMPLANT, 0.1 MG	\$0.00
C9257	INJECTION, BEVACIZUMAB, 0.25 MG	\$0.00
C9270	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUI	\$0.00
C9272	INJECTION, DENOSUMAB, 1 MG	\$0.00
C9273	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$0.00
C9274	CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), 1 VIAL	\$0.00
C9275	INJECTION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG, PER STUDY DOSE	\$0.00
C9276	INJECTION, CABAZITAXEL, 1 MG	\$0.00
C9277	INJECTION, ALGLUCOSIDASE ALFA (LUMIZYME), 1 MG	\$0.00
C9278	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$0.00
C9279	INJECTION, IBUPROFEN, 100 MG	\$0.00
C9285	LIDOCAINE 70 MG/TETRACAINE 70 MG, PER PATCH	\$0.00
C9286	INJECTION, BELATACEPT, 1 MG	\$0.00
C9287	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	\$0.00
C9290	Injection, bupivacaine liposome, 1 mg	\$0.00
C9292	Injection, pertuzumab, 10 mg	\$0.00
C9293	Injection, glucarpidase, 10 units	\$0.00
C9294	Injection, taliglucerase alfa, 10 units	\$0.00
C9295	Injection, carfilzomib, 1 mg	\$0.00
C9296	Injection, ziv-aflibercept, 1 mg	\$0.00
C9350	MICROPOROUS COLLAGEN TUBE OF NON-HUMAN ORIGIN, PER CENTIMETER LENGTH	\$0.00
C9351	ACELLULAR DERMAL TISSUE MATRIX OF NON-HUMN ORIGIN, PER SQUARE CENTIMETER (DO NOT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE), PER CENTIMETER LEN	\$0.00
C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENT	\$0.00
C9356	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX (TEN	\$0.00
C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEN	\$0.00
C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	\$0.00
C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGI	\$0.00
C9361	COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CENTIMETER L	\$0.00
C9362	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE	\$0.00
C9363	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
C9364	PORCINE IMPLANT, PERMACOL, PER SQUARE CENTIMETER	\$0.00
C9366	EPIFIX, PER SQUARE CENTIMETER	\$0.00
C9367	SKIN SUBSTITUTE, ENDOFORM DERMAL TEMPLATE, PER SQUARE CENTIMETER	\$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	\$0.00
C9400	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL	\$0.00
C9401	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, BRAND NAME,	\$0.00
C9402	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, I-131 SODIUM IODIDE	\$0.00
C9403	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM IODIDE CAPSULE,	\$0.00
C9404	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I-131 SODIUM IODIDE SOLUTION,	\$0.00
C9405	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I-131 SODIUM IODIDE SOLUTION,	\$0.00
C9410	INJECTION, DEXRAZOXANE HYDROCHLORIDE, BRAND NAME, PER 250 MG	\$0.00
C9411	INJECTION, PAMIDRONATE DISODIUM, BRAND NAME, PER 30 MG	\$0.00
C9413	SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION, BRAND	\$0.00
C9414	ETOPOSIDE, ORAL, BRAND NAME, 50 MG	\$0.00
C9415	DOXORUBICIN HCL, BRAND NAME, 10 MG	\$0.00
C9417	BLEOMYCIN SULFATE, BRAND NAME, 15 UNITS	\$0.00
C9418	CISPLATIN, POWDER OR SOLUTION, BRAND NAME, PER 10 MG	\$0.00
C9419	INJECTION, CLADRIBINE, BRAND NAME, PER 1 MG	\$0.00
C9420	CYCLOPHOSPHAMIDE, BRAND NAME, 100 MG	\$0.00
C9421	CYCLOPHOSPHAMIDE, LYOPHILIZED, BRAND NAME, 100 MG	\$0.00
C9422	CYTARABINE, BRAND NAME, 100 MG	\$0.00
C9423	DACARBAZINE, BRAND NAME, 100 MG	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C9424	DAUNORUBICIN, BRAND NAME, 10 MG	\$0.00
C9425	ETOPOSIDE, BRAND NAME, 10 MG	\$0.00
C9426	FLOXURIDINE, BRAND NAME, 500 MG	\$0.00
C9427	IFOSFAMIDE, BRAND NAME, 1 GM	\$0.00
C9428	MESNA, BRAND NAME, 200 MG	\$0.00
C9429	IDARUBICIN HYDROCHLORIDE, BRAND NAME, 5 MG	\$0.00
C9430	LEUPROLIDE ACETATE, BRAND NAME, PER 1 MG	\$0.00
C9431	PACLITAXEL, BRAND NAME, 30 MG	\$0.00
C9432	MITOMYCIN, BRAND NAME, 5 MG	\$0.00
C9433	THIOTEPA, BRAND NAME, 15 MG	\$0.00
C9438	CYCLOSPORINE, ORAL, BRAND NAME, 100 MG	\$0.00
C9500	PLATELETS, IRRADIATED, EACH UNIT	\$0.00
C9501	PLATELETS, PHERESIS, EACH UNIT	\$0.00
C9502	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	\$0.00
C9503	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	\$0.00
C9504	RED BLOOD CELLS, DEGLYCEROLIZED, EA UNIT	\$0.00
C9505	RED BLOOD CELLS, IRRADIATED, EACH UNIT	\$0.00
C9506	GRANULOCYTES, PHERESIS, EACH UNIT	\$0.00
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed;ásingle major coronary artery or branch	\$0.00
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed;á each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0.00
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed;ásingle major coronary artery or branch	\$0.00
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed;áeach additional branch of a major coronary artery (list separately in addition to code for primary procedure)	\$0.00
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed;	\$0.00
C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including	\$0.00
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty;ásingle vessel	\$0.00
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty;á each additional coronary a	\$0.00
C9700	WATER INDUCED THERMOTHERAPY	\$0.00
C9701	STRETTA SYSTEM	\$0.00
C9702	CHECKMATE INTRAVASCULAR BRACHYTHERAPY SYSTEM, NOVOSTE BETA-CATH INTRAVASCULAR	\$0.00
C9703	BARD ENDOSCOPIC SUTURING SYSTEM	\$0.00
C9708	PREVIEW TREATMENT PLANNING SOFTWARE	\$0.00
C9711	H.E.L.P. APHERESIS SYSTEM	\$0.00
C9713	NON-CONTACT LASER VAPORIZATION OF PROSTATE, INCLUDING COAGULATION CONTROL OF	\$0.00
C9716	CREATIONS OF THERMAL ANAL LESIONS BY RADIOFREQUENCY ENERGY	\$0.00
C9723	DYNAMIC INFRARED BLOOD PERFUSION IMAGING (DIRI)	\$0.00
C9724	ENDOSCOPIC FULL-THICKNESS PLICATION OF THE STOMACH USING ENDOSCOPIC PLICATION SY	\$0.00
C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAP	\$0.00
C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THE	\$0.00
C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS	\$0.00
C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG,	\$0.00
C9732	INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRYSTALLINE LENS	\$0.00
C9733	Non-ophthalmic fluorescent vascular angiography	\$0.00
C9800	DERMAL INJECTION PROCEDURE(S) FOR FACIAL LIPODYSTROPHY SYNDROME (LDS) AND PROVIS	\$0.00
C9898	RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY	\$0.00
C9899	IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D0110	INITIAL ORAL EXAMINATION	\$0.00
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$29.12
D0130	EMERGENCY ORAL EXAMINATION	\$0.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$29.12
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMA	\$0.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$29.12
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	\$0.00
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE	\$0.00
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	\$0.00
D0190	Screening of a patient	\$0.00
D0191	Assessment of a patient	\$0.00
D0210	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$58.24
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$10.92
D0230	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$6.76
D0240	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE	\$18.72
D0250	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE	\$36.40
D0260	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE	\$20.80
D0270	BITEWING - SINGLE RADIOGRAPHIC IMAGE	\$10.19
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$18.93
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$19.11
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$25.48
D0275	BITEWINGS-EACH ADDITIONAL FILM	\$0.00
D0277	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES	\$46.80
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY RADIOGRAPHIC IMAGE	\$67.60
D0310	SIALOGRAPHY	\$67.60
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	\$0.00
D0321	OTHER TEMPOROMANDIBULAR JOINT RADIOGRAPHIC IMAGES, BY REPORT	\$0.00
D0322	TOMOGRAPHIC SURVEY	\$0.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$47.32
D0340	CEPHALOMETRIC RADIOGRAPHIC IMAGE	\$62.40
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$26.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	\$0.00
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES	\$0.00
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES	\$0.00
D0364	Cone beam ct capture and interpretation with limited field of view - less than one whole jaw	\$0.00
D0365	Cone beam ct capture and interpretation with field of view of one full dental arch - mandible	\$0.00
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$0.00
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	\$0.00
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	\$0.00
D0369	Maxillofacial mri capture and interpretation	\$0.00
D0370	Maxillofacial ultrasound capture and interpretation	\$0.00
D0371	Sialoendoscopy capture and interpretation	\$0.00
D0380	Cone beam ct image capture with limited field of view - less than one whole jaw	\$0.00
D0381	Cone beam ct image capture with field of view of one full dental arch - mandible	\$0.00
D0382	Cone beam ct image capture with field of view of one full dental arch - maxilla, with or without cranium	\$0.00
D0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	\$0.00
D0384	Cone beam ct image capture for tmj series including two or more exposures	\$0.00
D0385	Maxillofacial mri image capture	\$0.00
D0386	Maxillofacial ultrasound image capture	\$0.00
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0.00
D0410	BACTERIOLOGIC STUDIES FOR DETERMINATION OF PATHOLOGIC AGENTS	\$0.00
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	\$36.40
D0416	VIRAL CULTURE	\$0.00
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	\$0.00
D0418	ANALYSIS OF SALIVA SAMPLE	\$0.00
D0420	CARIES SUSCEPTIBILITY TESTS	\$0.00
D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES	\$0.00
D0425	CARIES SUSCEPTIBILITY TESTS	\$0.00
D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	\$0.00
D0460	PULP VITALITY TESTS	\$0.00
D0470	DIAGNOSTIC CASTS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D0471	DIAGNOSTIC PHOTOGRAPHS	\$0.00
D0472	ACCESSION OF TISSUE, GROSS EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN	\$0.00
D0473	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, PREPARATION AND	\$0.00
D0474	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC EXAMINATION, INCLUDING ASSESSMENT OF	\$0.00
D0475	DECALCIFICATION PROCEDURE	\$0.00
D0476	SPECIAL STAINS FOR MICROORGANISMS	\$0.00
D0477	SPECIAL STAINS, NOT FOR MICROORGANISMS	\$0.00
D0478	IMMUNOHISTOCHEMICAL STAINS	\$0.00
D0479	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION	\$0.00
D0480	ACCESSION OF EXFOLIATIVE CYTOLOGIC SMEARS, MICROSCOPIC EXAMINATION, PREPARATION	\$0.00
D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	\$0.00
D0482	DIRECT IMMUNOFLUORESCENCE	\$0.00
D0483	INDIRECT IMMUNOFLUORESCENCE	\$0.00
D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	\$0.00
D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	\$0.00
D0486	ACCESSION OF TRANSEPIHELIAL CYTOLOGIC SAMPLE, MICROSCOPIC EXAMINATION, PREPARAT	\$0.00
D0501	HISTOPATHOLOGIC EXAMINATIONS	\$0.00
D0502	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT	\$0.00
D1110	PROPHYLAXIS-ADULT	\$36.40
D1120	PROPHYLAXIS-CHILD	\$26.00
D1201	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-CHILD	\$30.16
D1202	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	\$0.00
D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD	\$4.16
D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT	\$4.16
D1205	TOPICAL APPLICATION OF FLUORIDE (INCLUDING PROPHYLAXIS)-ADULT	\$40.56
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$4.16
D1208	Topical application of fluoride	\$4.16
D1310	NUTRITIONAL COUNSELING FOR THE CONTROL OF DENTAL DISEASE	\$0.00
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	\$0.00
D1330	ORAL HYGIENE INSTRUCTION	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D1351	SEALANT-PER TOOTH	\$24.32
D1352	PREVENTIVE RESIN RESTORATION IN A MODERATE TO HIGH CARIES RISK PATIENT - PERMANENT	\$0.00
D1510	SPACE MAINTAINER-FIXED UNILATERAL	\$115.44
D1515	SPACE MAINTAINER-FIXED BILATERAL	\$149.76
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	\$85.61
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL	\$158.08
D1550	RECEMENTATION OF SPACE MAINTAINER	\$31.20
D1555	REMOVAL OF FIXED SPACE MAINTAINER	\$0.00
D2210	SILICATE CEMENT-PER RESTORATION	\$0.00
D2330	RESIN-ONE SURFACE, ANTERIOR	\$0.00
D2331	RESIN-TWO SURFACES, ANTERIOR	\$0.00
D2332	RESIN-THREE SURFACES, ANTERIOR	\$0.00
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	\$0.00
D2336	COMPOSITE RESIN CROWN-ANTERIOR-PRIMARY	\$0.00
D2337	RESIN-BASED COMPOSITE CROWN, ANTERIOR-PERMANENT	\$0.00
D2380	RESIN-ONE SURFACE, POSTERIOR-PRIMARY	\$0.00
D2381	RESIN-TWO SURFACES, POSTERIOR-PRIMARY	\$0.00
D2382	RESIN-THREE OR MORE SURFACES, POSTERIOR-PRIMARY	\$0.00
D2385	RESIN-ONE SURFACE, POSTERIOR-PERMANENT	\$0.00
D2386	RESIN-TWO SURFACES, POSTERIOR-PERMANENT	\$0.00
D2387	RESIN-THREE OR MORE SURFACES, POSTERIOR-PERMANENT	\$0.00
D2388	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR PERMANENT	\$0.00
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$0.00
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$0.00
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$0.00
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$0.00
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$0.00
D2410	GOLD FOIL-ONE SURFACE	\$0.00
D2420	GOLD FOIL-TWO SURFACES	\$0.00
D2430	GOLD FOIL-THREE SURFACES	\$0.00
D2510	INLAY-METALLIC-ONE SURFACE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D2520	INLAY-METALLIC-TWO SURFACES	\$0.00
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	\$0.00
D2540	ONLAY-METALLIC-PER TOOTH (IN ADDITION TO INLAY)	\$0.00
D2542	ONLAY-METALLIC-TWO SURFACES	\$0.00
D2543	ONLAY - METALLIC - THREE SURFACES	\$0.00
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	\$0.00
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	\$0.00
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	\$0.00
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	\$0.00
D2640	ONLAY-PORCELAIN/CERAMIC-PER TOOTH (IN ADDITION TO INLAY)	\$0.00
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	\$0.00
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	\$0.00
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	\$0.00
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	\$0.00
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$0.00
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	\$0.00
D2660	ONLAY-COMPOSITE/RESIN-PER TOOTH (IN ADDITION TO INLAY-LABORATORY PROCESSED)	\$0.00
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	\$0.00
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	\$0.00
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	\$0.00
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	\$0.00
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	\$0.00
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	\$0.00
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00
D2722	CROWN-RESIN WITH NOBLE METAL	\$0.00
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	\$0.00
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$0.00
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$0.00
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$234.00
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	\$0.00
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D2782	CROWN - 3/4 CAST NOBLE METAL	\$0.00
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0.00
D2790	CROWN-FULL CAST HIGH NOBLE METAL	\$0.00
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$0.00
D2792	CROWN-FULL CAST NOBLE METAL	\$234.00
D2794	CROWN-TITANIUM	\$0.00
D2799	PROVISIONAL CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR	\$0.00
D2810	CROWN-3/4 CAST METALLIC	\$0.00
D2910	RECEMENT INLAY, ONLAY OR PARTIAL COVERAGE RESTORATION	\$28.08
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	\$0.00
D2920	RECEMENT CROWN	\$28.08
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$0.00
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$74.36
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	\$80.60
D2932	PREFABRICATED RESIN CROWN	\$46.80
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	\$0.00
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$0.00
D2940	PROTECTIVE RESTORATION	\$0.00
D2950	CORE BUILD-UP, INCLUDING ANY PINS	\$62.40
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$15.60
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	\$74.88
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	\$0.00
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$74.88
D2955	POST REMOVAL	\$0.00
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$0.00
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	\$0.00
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	\$0.00
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	\$0.00
D2970	TEMPORARY CROWN (FRACTURED TOOTH)	\$46.80
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE	\$0.00
D2975	COPING	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D2980	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$0.00
D2981	Inlay repair necessitated by restorative material failure	\$0.00
D2982	Onlay repair necessitated by restorative material failure	\$0.00
D2983	Veneer repair necessitated by restorative material failure	\$0.00
D2990	Resin infiltration of incipient smooth surface lesions	\$0.00
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT	\$0.00
D3110	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$0.00
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$0.00
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION) REMOVAL OF PULP CORONAL TO	\$67.60
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$0.00
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELO	\$0.00
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RES	\$0.00
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL	\$0.00
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	\$260.00
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	\$338.00
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	\$416.00
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	\$0.00
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	\$0.00
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	\$0.00
D3340	FOUR OR MORE CANALS (EXCLUDING FINAL RESTORATION)	\$0.00
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	\$0.00
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	\$0.00
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	\$0.00
D3350	APEXIFICATION (PER TREATMENT VISIT)	\$0.00
D3351	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INITIAL VISIT (APICAL CLOSURE/	\$80.29
D3352	APEXIFICATION/RECALCIFICATION/PULPAL REGENERATION-INTERIM MEDICATION REPLACEMENT	\$36.40
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL	\$36.40
D3354	PULPAL REGENERATION (COMPLETION OF REGENERATIVE TREATMENT IN AN IMMATURE PERMANE	\$0.00
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	\$260.00
D3411	APICOECTOMY (PER TOOTH)-EACH ADDITIONAL ROOT	\$0.00
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	\$338.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	\$416.00
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	\$0.00
D3430	RETROGRADE FILLING-PER ROOT	\$0.00
D3440	APICAL CURETTAGE	\$0.00
D3450	ROOT AMPUTATION-PER ROOT	\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	\$0.00
D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	\$0.00
D3910	SURGICAL PROCEDURE FOR ISOLATION OF TOOTH WITH RUBBER DAM	\$0.00
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	\$0.00
D3940	RECALCIFICATION OR REPAIR (PERFORATIONS, ROOT RESORPTION, ETC.)	\$0.00
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	\$0.00
D3960	BLEACHING OF DISCOLORED TOOTH	\$0.00
D3999	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT	\$0.00
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$187.20
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED S	\$20.68
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0.00
D4220	GINGIVAL CURETTAGE, SURGICAL, PER QUADRANT, BY REPORT	\$0.00
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	\$0.00
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	\$0.00
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH	\$49.92
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH	\$0.00
D4245	APICALLY POSITIONED FLAP	\$0.00
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	\$0.00
D4250	MUCOGINGIVAL SURGERY-PER QUADRANT	\$0.00
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEE	\$450.00
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEE	\$250.00
D4262	BONE REPLACEMENT GRAFT-MULTIPLE SITES (INCLUDING FLAP ENTRY AND CLOSURE)	\$0.00
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	\$0.00
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	\$0.00
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	\$0.00
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES	\$0.00
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$0.00
D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	\$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDURE	\$0.00
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	\$0.00
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH	\$0.00
D4275	SOFT TISSUE ALLOGRAFT	\$0.00
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	\$0.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$0.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$0.00
D4320	PROVISIONAL SPLINTING-INTRACORONAL	\$0.00
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	\$0.00
D4340	PERIODONTAL SCALING AND ROOT PLANING-ENTIRE MOUTH	\$0.00
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$90.00
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	\$48.00
D4345	PERIODONTAL SCALING PERFORMED IN THE PRESENCE OF GINGIVAL INFLAMMATION	\$0.00
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS	\$0.00
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA CONTROLLED RELEASE VEHICLE INTO D	\$0.00
D4910	PERIODONTAL MAINTENANCE	\$0.00
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	\$0.00
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	\$0.00
D5110	COMPLETE DENTURE - MAXILLARY	\$520.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$520.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$416.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$416.00
D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$416.00
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	\$416.00
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$520.00
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES	\$520.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D5215	UPPER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	\$0.00
D5216	LOWER PARTIAL-HIGH NOBLE CAST BASE WITH ACRYLIC SADDLES (INCLUDING ANY CONVENTIO	\$0.00
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	\$0.00
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND	\$0.00
D5280	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE HIGH NOBLE CASTING, CLASP ATTACHM	\$0.00
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND	\$0.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$41.81
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	\$37.44
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$28.08
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$26.21
D5510	REPAIR BROKEN COMPLETE DENTURE BASE	\$43.68
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	\$49.92
D5610	REPAIR RESIN DENTURE BASE	\$45.43
D5620	REPAIR CAST FRAMEWORK	\$49.92
D5630	REPAIR OR REPLACE BROKEN CLASP	\$49.92
D5640	REPLACE BROKEN TEETH-PER TOOTH	\$43.68
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	\$72.80
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	\$42.01
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	\$0.00
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	\$0.00
D5710	REBASE COMPLETE MAXILLARY DENTURE	\$135.20
D5711	REBASE COMPLETE MANDIBULAR DENTURE	\$135.20
D5720	REBASE MAXILLARY PARTIAL DENTURE	\$90.95
D5721	REBASE MANDIBULAR PARTIAL DENTURE	\$90.95
D5730	RELINE COMPLETE MAXILLARY DENTURE (CHAIRSIDE)	\$78.00
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	\$78.00
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	\$78.00
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	\$87.36
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	\$140.40
D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	\$145.60
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	\$116.48

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	\$121.68
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	\$104.00
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	\$104.00
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	\$160.16
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	\$160.16
D5850	TISSUE CONDITIONING, MAXILLARY	\$40.77
D5851	TISSUE CONDITIONING, MANDIBULAR	\$0.00
D5860	OVERDENTURE-COMPLETE, BY REPORT	\$0.00
D5861	OVERDENTURE-PARTIAL, BY REPORT	\$0.00
D5862	PRECISION ATTACHMENT, BY REPORT	\$0.00
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE	\$0.00
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	\$0.00
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	\$0.00
D5911	FACIAL MOULAGE (SECTIONAL)	\$0.00
D5912	FACIAL MOULAGE (COMPLETE)	\$0.00
D5913	NASAL PROSTHESIS	\$0.00
D5914	AURICULAR PROSTHESIS	\$0.00
D5915	ORBITAL PROSTHESIS	\$0.00
D5916	OCULAR PROSTHESIS	\$0.00
D5917	COMPOSITE FACIAL PROSTHESIS	\$0.00
D5918	REPLACEMENT PROSTHESIS	\$0.00
D5919	FACIAL PROSTHESIS	\$0.00
D5920	OCULAR IMPLANT	\$0.00
D5921	ORBITAL IMPLANT	\$0.00
D5922	NASAL SEPTAL PROSTHESIS	\$0.00
D5923	OCULAR PROSTHESIS, INTERIM	\$0.00
D5924	CRANIAL PROSTHESIS	\$0.00
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS	\$0.00
D5926	NASAL PROSTHESIS, REPLACEMENT	\$0.00
D5927	AURICULAR PROSTHESIS, REPLACEMENT	\$0.00
D5928	ORBITAL PROSTHESIS, REPLACEMENT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D5929	FACIAL PROSTHESIS, REPLACEMENT	\$0.00
D5931	OBTURATOR PROSTHESIS, SURGICAL	\$0.00
D5932	OBTURATOR PROSTHESIS, DEFINITIVE	\$0.00
D5933	OBTURATOR PROSTHESIS, MODIFICATION	\$0.00
D5934	MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$0.00
D5935	MANDIBULAR RESECTION PROSTHESIS WITHOUT GUIDE FLANGE	\$0.00
D5936	OBTURATOR/PROSTHESIS, INTERIM	\$0.00
D5937	TRISMUS APPLIANCE (NOT FOR TM TREATMENT)	\$0.00
D5951	FEEDING AID	\$0.00
D5952	SPEECH AID PROSTHESIS, PEDIATRIC	\$0.00
D5953	SPEECH AID PROSTHESIS, ADULT	\$0.00
D5954	PALATAL AUGMENTATION PROSTHESIS	\$0.00
D5955	PALATAL LIFT PROSTHESIS, DEFINITIVE	\$0.00
D5956	OBTURATOR	\$0.00
D5957	SPEECH BULB	\$0.00
D5958	PALATAL LIFT PROSTHESIS, INTERIM	\$0.00
D5959	PALATAL LIFT PROSTHESIS, MODIFICATION	\$0.00
D5960	SPEECH AID PROSTHESIS, MODIFICATION	\$0.00
D5971	SIMPLE IMPLANT	\$0.00
D5972	COMPLEX IMPLANT	\$0.00
D5973	SUBPERIOSTEAL IMPLANT	\$0.00
D5974	ENDOSSEOUS IMPLANT (IN THE BONE)	\$0.00
D5976	MANDIBULAR STAPLE IMPLANT	\$0.00
D5982	SURGICAL STENT	\$0.00
D5983	RADIATION CARRIER	\$0.00
D5984	RADIATION SHIELD	\$0.00
D5985	RADIATION CONE LOCATOR	\$0.00
D5986	FLUORIDE GEL CARRIER	\$0.00
D5987	COMMISSURE SPLINT	\$0.00
D5988	SURGICAL SPLINT	\$0.00
D5991	TOPICAL MEDICAMENT CARRIER	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D5992	ADJUST MAXILLOFACIAL PROSTHETIC APPLIANCE	\$0.00
D5993	MAINTENANCE AND CLEANING OF A MAXILLOFACIAL PROSTHESIS (EXTRA OR INTRAORAL) OTHE	\$0.00
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	\$0.00
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	\$0.00
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEA	\$0.00
D6020	ABUTMENT PLACEMENT OR SUBSTITUTION: ENDOSTEAL IMPLANT	\$0.00
D6030	ENDOSSEOUS IMPLANT (IN THE BONE)	\$0.00
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	\$0.00
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	\$0.00
D6051	Interim abutment	\$0.00
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$0.00
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$0.00
D6055	CONNECTING BAR - IMPLANT SUPPORTED OR ABUTMENT SUPPORTED	\$0.00
D6056	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT	\$0.00
D6057	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT	\$0.00
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$0.00
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	\$0.00
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	\$0.00
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	\$0.00
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	\$0.00
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	\$0.00
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	\$0.00
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$0.00
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY,	\$0.00
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	\$0.00
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	\$0.00
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	\$0.00
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY	\$0.00
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	\$0.00
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	\$0.00
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	\$0.00
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	\$0.00
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM	\$0.00
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR	\$0.00
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	\$0.00
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	\$0.00
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF	\$0.00
D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	\$0.00
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	\$0.00
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	\$0.00
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	\$0.00
D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	\$0.00
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	\$0.00
D6100	IMPLANT REMOVAL, BY REPORT	\$0.00
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	\$0.00
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	\$0.00
D6103	Bone graft for repair of periimplant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	\$0.00
D6104	Bone graft at time of implant placement	\$0.00
D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$0.00
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)	\$0.00
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	\$0.00
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	\$0.00
D6210	PONTIC-CAST HIGH NOBLE METAL	\$0.00
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	\$0.00
D6212	PONTIC-CAST NOBLE METAL	\$0.00
D6214	PONTIC - TITANIUM	\$0.00
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	\$0.00
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$0.00
D6245	PONTIC - PORCELAIN/CERAMIC	\$0.00
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	\$0.00
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00
D6252	PONTIC-RESIN WITH NOBLE METAL	\$0.00
D6253	PROVISIONAL PONTIC - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESSARY PRIOR	\$0.00
D6254	INTERIM PONTIC	\$0.00
D6519	INLAY/ONLAY - PORCELAIN/CERAMIC	\$0.00
D6520	INLAY-METALLIC-TWO SURFACES	\$0.00
D6530	INLAY-METALLIC-THREE OR MORE SURFACES	\$0.00
D6540	ONLAY-METALLIC-PER TOOTH (IN ADDITION TO INLAY)	\$0.00
D6543	ONLAY-METALLIC - THREE SURFACES	\$0.00
D6544	ONLAY-METALLIC - FOUR OR MORE SURFACES	\$0.00
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	\$0.00
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	\$0.00
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	\$0.00
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$0.00
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$0.00
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$0.00
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$0.00
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$0.00
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	\$0.00
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$0.00
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	\$0.00
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	\$0.00
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	\$0.00
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	\$0.00
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	\$0.00
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	\$0.00
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	\$0.00
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D6624	INLAY - TITANIUM	\$0.00
D6634	ONLAY - TITANIUM	\$0.00
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	\$0.00
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	\$0.00
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$0.00
D6722	CROWN-RESIN WITH NOBLE METAL	\$0.00
D6740	CROWN - PORCELAIN/CERAMIC	\$0.00
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$0.00
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	\$0.00
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	\$0.00
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	\$0.00
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	\$0.00
D6782	CROWN - 3/4 CAST NOBLE METAL	\$0.00
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	\$0.00
D6790	CROWN-FULL CAST HIGH NOBLE METAL	\$0.00
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$0.00
D6792	CROWN-FULL CAST NOBLE METAL	\$0.00
D6793	PROVISIONAL RETAINER CROWN - FURTHER TREATMENT OR COMPLETION OF DIAGNOSIS NECESS	\$0.00
D6794	CROWN - TITANIUM	\$0.00
D6795	INTERIM RETAINER CROWN	\$0.00
D6920	CONNECTOR BAR	\$0.00
D6930	RECEMENT BRIDGE	\$0.00
D6940	STRESS BREAKER	\$0.00
D6950	PRECISION ATTACHMENT	\$0.00
D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICAT	\$0.00
D6971	CAST POST AS PART OF BRIDGE RETAINER	\$0.00
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER	\$0.00
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	\$0.00
D6975	COPING	\$0.00
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	\$0.00
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D6980	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE	\$0.00
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	\$0.00
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	\$0.00
D7111	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH	\$0.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$0.00
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING REMOVAL OF BONE AND/OR SECTIONING OF	\$145.60
D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	\$167.44
D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$245.44
D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	\$302.64
D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	\$302.64
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	\$99.84
D7251	CORONECTOMY - INTENTIONAL PARTIAL TOOTH REMOVAL	\$0.00
D7260	ORAL ANTRAL FISTULA CLOSURE	\$99.84
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	\$0.00
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED	\$98.80
D7271	TOOTH IMPLANTATION	\$0.00
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND	\$98.80
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	\$78.00
D7281	SURGICAL EXPOSURE OF IMPACTED OR UNERUPTED TOOTH TO AID ERUPTION	\$78.00
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	\$0.00
D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	\$78.00
D7285	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)	\$78.00
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$78.00
D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION	\$0.00
D7288	BRUSH BIOPSY - TRANSEPITHELIAL SAMPLE COLLECTION	\$0.00
D7290	SURGICAL REPOSITIONING OF TEETH	\$0.00
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	\$0.00
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING	\$0.00
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	\$0.00
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	\$0.00
D7295	HARVEST OF BONE FOR USE IN AUTOGENOUS GRAFTING PROCEDURE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH SPAC	\$93.60
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$36.40
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - FOUR OR MORE TEETH OR TOOTH	\$78.00
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	\$31.20
D7340	VESTIBULOPLASTY-RIDGE EXTENSION (SECOND EPITHELIALIZATION)	\$0.00
D7350	VESTIBULOPLASTY-RIDGE EXTENSION (INCLUDING SOFT TISSUE GRAFTS, MUSCLE	\$0.00
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$104.00
D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM	\$104.00
D7412	EXCISION OF BENIGN LESION, COMPLICATED	\$0.00
D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM	\$208.00
D7414	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM	\$260.00
D7415	EXCISION OF MALIGNANT LESION, COMPLICATED	\$0.00
D7420	RADICAL EXCISION-LESION DIAMETER GREATER THAN 1.25 CM	\$104.00
D7430	EXCISION OF BENIGN TUMOR-LESION DIAMETER UP TO 1.25 CM	\$130.00
D7431	EXCISION OF BENIGN TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$104.00
D7440	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER UP TO 1.25 CM	\$208.00
D7441	EXCISION OF MALIGNANT TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$260.00
D7450	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$104.00
D7451	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN 1.25 CM	\$104.00
D7460	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER UP TO 1.25 CM	\$104.00
D7461	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR-LESION DIAMETER GREATER THAN	\$130.00
D7465	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHODS, BY REPORT	\$78.00
D7470	REMOVAL OF EXOSTOSIS-MAXILLA OR MANDIBLE	\$0.00
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$78.00
D7472	REMOVAL OF TORUS PALATINUS	\$0.00
D7473	REMOVAL OF TORUS MANDIBULARIS	\$0.00
D7480	PARTIAL OSTECTOMY (GUTTERING OR SAUCERIZATION)	\$78.00
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	\$0.00
D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE	\$0.00
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$62.40
D7511	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED	\$62.40

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$55.33
D7521	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED	\$525.90
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$31.20
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES-MUSCULOSKELETAL SYSTEM	\$208.00
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	\$182.00
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY	\$260.00
D7610	MAXILLA-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7620	MAXILLA-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7630	MANDIBLE-OPEN REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7640	MANDIBLE-CLOSED REDUCTION (TEETH IMMOBILIZED IF PRESENT)	\$0.00
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$0.00
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$0.00
D7670	ALVEOLUS - CLOSED REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$0.00
D7671	ALVEOLUS - OPEN REDUCTION, MAY INCLUDE STABILIZATION OF TEETH	\$0.00
D7680	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$0.00
D7710	MAXILLA-OPEN REDUCTION	\$0.00
D7720	MAXILLA-CLOSED REDUCTION	\$0.00
D7730	MANDIBLE-OPEN REDUCTION	\$0.00
D7740	MANDIBLE-CLOSED REDUCTION	\$0.00
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION	\$0.00
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION	\$0.00
D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH	\$0.00
D7771	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH	\$0.00
D7780	FACIAL BONES-COMPLICATED REDUCTION WITH FIXATION AND MULTIPLE SURGICAL	\$0.00
D7810	OPEN REDUCTION OF DISLOCATION	\$0.00
D7820	CLOSED REDUCTION OF DISLOCATION	\$0.00
D7830	MANIPULATION UNDER ANESTHESIA	\$0.00
D7840	CONDYLECTOMY	\$0.00
D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT	\$0.00
D7852	DISC REPAIR	\$0.00
D7854	SYNOVECTOMY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D7856	MYOTOMY	\$0.00
D7858	JOINT RECONSTRUCTION	\$0.00
D7860	ARTHROTOMY	\$0.00
D7865	ARTHROPLASTY	\$0.00
D7870	ARTHROCENTESIS	\$0.00
D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE	\$0.00
D7872	ARTHROSCOPY-DIAGNOSIS, WITH OR WITHOUT BIOPSY	\$0.00
D7873	ARTHROSCOPY-SURGICAL: LAVAGE AND LYSIS OF ADHESIONS	\$0.00
D7874	ARTHROSCOPY-SURGICAL: DISC REPOSITIONING AND STABILIZATION	\$0.00
D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY	\$0.00
D7876	ARTHROSCOPY-SURGICAL: DISCECTOMY	\$0.00
D7877	ARTHROSCOPY-SURGICAL: DEBRIDEMENT	\$0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$0.00
D7899	UNSPECIFIED TMD THERAPY, BY REPORT	\$0.00
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$119.60
D7911	COMPLICATED SUTURE-UP TO 5 CM	\$182.00
D7912	COMPLICATED SUTURE-GREATER THAN 5 CM	\$208.00
D7920	SKIN GRAFT (IDENTIFY DEFECT COVERED, LOCATION, AND TYPE OF GRAFT)	\$0.00
D7921	Collection and application of autologous blood concentrate product	\$0.00
D7940	OSTEOPLASTY-FOR ORTHOGNATHIC DEFORMITIES	\$0.00
D7941	OSTEOTOMY - MANDIBULAR RAMI	\$0.00
D7942	OSTEOTOMY-RAMUS, OPEN	\$0.00
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCLUDES OBTAINING THE GRAFT	\$0.00
D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL	\$0.00
D7945	OSTEOTOMY-BODY OF MANDIBLE	\$0.00
D7946	LEFORT I (MAXILLA-TOTAL)	\$0.00
D7947	LEFORT I (MAXILLA-SEGMENTED)	\$0.00
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLASIA OR	\$0.00
D7949	LEFORT II OR LEFORT III-WITH BONE GRAFT	\$0.00
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA - AUTOGE	\$0.00
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES VIA A LATERAL OPEN APPROACH	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D7952	Sinus augmentation via a vertical approach	\$0.00
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION - PER SITE	\$0.00
D7955	REPAIR OF MAXILLOFACIAL SOFT AND/OR HARD TISSUE DEFECT	\$0.00
D7960	FRENULECTOMY - ALSO KNOWN AS FRENECTOMY OR FRENOTOMY - SEPARATE PROCEDURE NOT IN	\$75.00
D7963	FRENULOPLASTY	\$0.00
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH	\$208.00
D7971	EXCISION OF PERICORONAL GINGIVA	\$32.03
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	\$0.00
D7980	SIALOLITHOTOMY	\$0.00
D7981	EXCISION OF SALIVARY GLAND, BY REPORT	\$0.00
D7982	SIALODOCHOPLASTY	\$0.00
D7983	CLOSURE OF SALIVARY FISTULA	\$0.00
D7990	EMERGENCY TRACHEOTOMY	\$0.00
D7991	CORONOIDECTOMY	\$0.00
D7992	EMINENECTOMY	\$0.00
D7993	IMPLANT-FACIAL BONES (HOMOLOGOUS, HETEROLOGOUS, OR ALLOPLASTIC)	\$0.00
D7994	IMPLANT-OTHER THAN FACIAL BONES	\$0.00
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	\$0.00
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	\$0.00
D7997	APPLIANCE REMOVAL (NOT BY DENTIST WHO PLACED APPLIANCE), INCLUDES REMOVAL OF	\$0.00
D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	\$0.00
D7999	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	\$0.00
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$0.00
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$0.00
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$0.00
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$0.00
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	\$0.00
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$0.00
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	\$0.00
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	\$0.00
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D8110	REMOVABLE APPLIANCE THERAPY	\$0.00
D8120	FIXED APPLIANCE THERAPY	\$0.00
D8210	REMOVABLE APPLIANCE THERAPY	\$0.00
D8220	FIXED APPLIANCE THERAPY	\$0.00
D8360	REMOVABLE APPLIANCE THERAPY	\$0.00
D8370	FIXED APPLIANCE THERAPY	\$0.00
D8460	CLASS I MALOCCLUSION	\$0.00
D8470	CLASS II MALOCCLUSION	\$0.00
D8480	CLASS III MALOCCLUSION	\$0.00
D8560	CLASS I MALOCCLUSION	\$0.00
D8570	CLASS II MALOCCLUSION	\$0.00
D8580	CLASS III MALOCCLUSION	\$0.00
D8650	TREATMENT OF THE ATYPICAL OR EXTENDED SKELETAL CASE	\$0.00
D8660	PRE-ORTHODONTIC VISIT	\$0.00
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	\$0.00
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF	\$0.00
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	\$0.00
D8691	REPAIR OF ORTHODONTIC APPLIANCE	\$0.00
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	\$0.00
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	\$0.00
D8750	POST-TREATMENT STABILIZATION	\$0.00
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	\$0.00
D9001	PROVIDER ADJUSTMENT FOR DENTAL CLAIM	\$0.00
D9002	MEDICARE COINSURANCE	\$0.00
D9005	HMO COPAYMENT	\$0.00
D9007	ADDITIONAL PAYMENT	\$0.00
D9008	MEDICARE DEDUCTIBLE	\$0.00
D9011	TOTAL CHARGE	\$0.00
D9014	THIRD PARTY LIABILITY FOR DENTAL CLAIMS	\$0.00
D9017	GROSS ADJUSTMENT	\$0.00
D9019	TOTAL SERVICE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D9020	TAX ON DENTAL ENCOUNTERS	\$0.00
D9022	PATIENT'S SHARE	\$0.00
D9070	INTEREST	\$0.00
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	\$59.28
D9120	FIXED PARTIAL DENTURE SECTIONING	\$0.00
D9210	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0.00
D9211	REGIONAL BLOCK ANESTHESIA	\$0.00
D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA	\$0.00
D9215	LOCAL ANESTHESIA IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	\$0.00
D9220	DEEP SEDATION/GENERAL ANESTHESIA-FIRST 30 MINUTES	\$0.00
D9221	DEEP SEDATION/GENERAL ANESTHESIA-EACH ADDITIONAL 15 MINUTES	\$0.00
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS, ANALGESIA	\$55.99
D9240	INTRAVENOUS SEDATION	\$0.00
D9241	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES	\$208.00
D9242	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES	\$52.00
D9248	NON-INTRAVENOUS CONSCIOUS SEDATION	\$0.00
D9310	CONSULTATION - DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN RE	\$66.56
D9410	HOUSE/EXTENDED CARE FACILITY CALL	\$0.00
D9420	HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$0.00
D9430	OFFICE VISIT FOR OBSERVATION (DURING REGULARLY SCHEDULED HOURS) NO OTHER	\$0.00
D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS	\$60.00
D9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING	\$0.00
D9610	THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$0.00
D9612	THERAPEUTIC PARENTERAL DRUGS, TWO OR MORE ADMINISTRATIONS, DIFFERENT MEDICATIONS	\$0.00
D9630	OTHER DRUGS AND/OR MEDICAMENTS, BY REPORT	\$0.00
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$0.00
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	\$0.00
D9920	BEHAVIOR MANAGEMENT, BY REPORT	\$0.00
D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	\$0.00
D9940	OCCUSAL GUARDS, BY REPORT	\$0.00
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD	\$0.00
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	\$0.00
D9951	OCCLUSAL ADJUSTMENT-LIMITED	\$0.00
D9952	OCCLUSAL ADJUSTMENT-COMPLETE	\$0.00
D9960	COMPLETION OF CLAIM FORM	\$0.00
D9970	ENAMEL MICROABRASION	\$0.00
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	\$0.00
D9972	EXTERNAL BLEACHING - PER ARCH - PERFORMED IN OFFICE	\$0.00
D9973	EXTERNAL BLEACHING - PER TOOTH	\$0.00
D9974	INTERNAL BLEACHING - PER TOOTH	\$0.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$0.00
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	\$0.00
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS,	\$0.00
E0110	CRUTCHES,FOREARM INC VARIOUS MATERIALS,ADJ OR FIXED PAIR CMP	\$0.00
E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS,	\$0.00
E0113	CRUTCH UNDERARM,WOOD,ADJ/FIXED, EACH, W/PAD, TIP OR HANDGRIP	\$0.00
E0114	CRUTCHES UNDERARM,ALUMINUM,ADJ OR FIXED,PAIR,W/PADS,TIPS,HAN	\$0.00
E0116	CRUTCH UNDERARM,ALUMINUM,ADJ OR FIXED,W/PAD,TIP,HANDGRIP	\$0.00
E0117	CRUTCH, UNDERARM, ARTICULATING, SPRING ASSISTED, EACH	\$19.27
E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	\$0.00
E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	\$0.00
E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	\$0.00
E0141	WALKER WHEELED, WITHOUT SEAT	\$0.00
E0143	FOLDING WALKER,WHEELED,W/O SEAT	\$0.00
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	\$11.99
E0145	WALKER, WHEELED, WITH SEAT AND CRUTCH ATTACHMENTS	\$395.20
E0146	FOLDING WALKER, WHEELED, WITH SEAT	\$329.68
E0147	HEAVY DUTY/MULT BREAKING SYST/VARIABLE WHEEL RESIST WALKER	\$0.00
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	\$0.00
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0150	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	\$0.00
E0151	HANDGRIP,CANE, CRUTCH, OR WALKER	\$0.00
E0152	TIP, CANE, CRUTCH, WALKER	\$0.00
E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	\$8.87
E0154	PLATFORM ATTACHMENT/WALKER/EACH	\$0.00
E0155	WHEEL ATTACHMENT,RIGID PICK-UP WALKER	\$0.00
E0156	SEAT ATTACHMENT/WALKER	\$0.00
E0157	CRUTCH ATTACHMENT/WALKER/EACH	\$0.00
E0158	LEG EXTENSIONS FOR A WALKER	\$0.00
E0159	BRAKE ATTACHMENT FOR WHEELED WALKER	\$0.00
E0160	SITZ TYPE BATH, PORTABLE, FITS OVER COMMODO SEAT	\$7.39
E0161	SITZ TYPE BATH/PORT/FITS OVER COMMODO SEAT/W FAUCET ATTACHME	\$1.89
E0162	SITZ BATH CHAIR	\$9.95
E0163	COMMODO CHAIR,STATIONARY,WITH FIXED ARMS	\$9.36
E0164	COMMODO CHAIR, MOBILE, WITH FIXED ARMS	\$93.60
E0165	COMMODO CHAIR,STATIONARY,W DETACHABLE ARMS	\$9.36
E0166	COMMODO CHAIR, MOBILE, WITH DETACHABLE ARMS	\$0.00
E0167	PAIL OR PAN FOR USE WITH COMMODO CHAIR, REPLACEMENT ONLY	\$13.01
E0168	COMMODO CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHO	\$15.09
E0169	COMMODO CHAIR WITH SEAT LIFT MECHANISM	\$0.00
E0170	COMMODO CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	\$188.04
E0171	COMMODO CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	\$34.70
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	\$0.00
E0175	FOOT REST FOR USE WITH COMMODO CHAIR, EACH	\$5.81
E0176	AIR PRESSURE PAD OR CUSHION, NONPOSITIONING	\$155.19
E0177	WATER PRESSURE PAD OR CUSHION, NONPOSITIONING	\$155.19
E0178	GEL OR GEL-LIKE PRESSURE PAD OR CUSHION, NONPOSITIONING	\$155.19
E0179	DRY PRESSURE PAD OR CUSHION, NONPOSITIONING	\$52.95
E0180	PRESSURE PAD, ALTERNATING WITH PUMP	\$312.00
E0181	PRESSURE PAD,ALTERNATING W/PUMP,HEAVY DUTY	\$33.28
E0182	PUMP FOR ALTERNATION PRESSURE PAD	\$30.12

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0183	FLOTATION PAD FOR WHEELCHAIR	\$0.00
E0184	FLOTATION MATTRESS, DRY	\$10.87
E0185	DECUBITUS CARE PAD, FLOTATION OR GEL PAD, W/FORAM LEVEL PAD	\$36.18
E0186	AIR	\$41.43
E0187	WATER	\$41.43
E0188	SYNTHETIC SHEEPSKIN PAD	\$3.10
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	\$10.81
E0190	POSITIONING CUSHION/PILLOW/WEDGE, ANY SHAPE OR SIZE, INCLUDES ALL COMPONENTS AND	\$0.00
E0191	HEEL OR ELBOW PROTECTOR EACH	\$0.93
E0192	LOW PRESSURE AND POSITIONING EQUALIZATION PAD, FOR WHEELCHAIR	\$421.03
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	\$0.00
E0194	AIR FLUIDIZED BED	\$3,410.32
E0195	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED	\$0.00
E0196	GEL	\$41.43
E0197	AIR PRESSURE PAD FOR MATTRESS	\$36.18
E0198	WATER PRESSURE PAD FOR MATTRESS	\$36.18
E0199	DRY PRESSURE PAD FOR MATTRESS	\$8.09
E0200	HEAT LAMP, W/O STAND INCL BULB, OR INFRARED ELEMENT	\$10.70
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	\$56.14
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	\$0.00
E0205	HEAT LAMP, W/STAND, INCL BULB, OR INFRARED ELEMENT	\$125.06
E0210	ELECTRIC HEAT PAD, STANDARD	\$89.64
E0215	ELECTRIC HEAT PAD, MOIST	\$86.80
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	\$647.82
E0218	WATER CIRCULATING COLD PAD WITH PUMP	\$50.00
E0220	HOT WATER BOTTLE	\$9.13
E0221	INFRARED HEATING PAD SYSTEM	\$2,113.46
E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	\$0.00
E0230	ICE CAP OR COLLAR	\$8.26
E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND	\$0.00
E0232	WARMING CARD FOR USE WITH THE NON CONTACT WOUND WARMING DEVICE AND NON CONTACT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0235	PARAFFIN BATH UNIT,PORTABLE(SEE MED SUPPLY CODE A4265 FOR PA	\$52.75
E0236	PUMP FOR WATER CIRCULATING PAD	\$92.62
E0237	WATER CIRCULATING HEAT/COLD PAD WITH PUMP	\$0.00
E0238	NON ELECTRIC HEAT PAD MOIST	\$7.85
E0239	HYDROCOLLATOR UNIT/PORTABLE	\$1,692.56
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	\$10.40
E0241	BATH TUB WALL RAIL, EACH	\$2.60
E0242	BATH TUB RAIL,FLOOR BASE	\$4.16
E0243	TOILET RAIL,EACH	\$5.41
E0244	RAISED TOILET SEAT	\$5.20
E0245	TUB STOOL OR BENCH	\$10.40
E0246	TRANSFER TUB RAIL ATTACHMENT	\$9.36
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	\$11.00
E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING	\$15.00
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	\$15.37
E0250	HOSPITAL BED, WITH SIDE RAILS, FIXED HEIGHT, WITH MATTRESS	\$94.30
E0251	HOSP BED,W/SIDE RAILS,FIXED HGT,W/O MATTRESS	\$84.70
E0252	HOSPITAL BED, FIXED HEIGHT, WITH MATTRESS	\$0.00
E0255	HOSPITAL BED, WITH SIDE RAILS VARIABLE HEIGHT, HI-LO, WITH	\$111.42
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	\$73.62
E0260	HOSP BED W/SIDE RAILS,SEMI ELECT, HEAD & FOOT ADJ,W/MATTRESS	\$213.72
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS	\$187.72
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$2,365.00
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE	\$0.00
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER	\$0.00
E0271	MATTRESS, INNERSPRING	\$0.00
E0272	MATTRESS,FOAM RUBBER	\$0.00
E0273	BED BOARD	\$0.00
E0274	OVER-BED TABLE	\$194.48
E0275	BED PAN, STANDARD, METAL OR PLASTIC	\$18.61
E0276	BED PAN, FRACTURE, METAL OR PLASTIC	\$17.02

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0277	ALTERNATING PRESSURE MATTRESS	\$703.50
E0280	BED CRADLE,ANY TYPE	\$0.00
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	\$94.30
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$84.70
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	\$111.42
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	\$73.26
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH	\$210.69
E0295	HOSPITAL BED,SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHO	\$187.72
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE	\$0.00
E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE	\$0.00
E0298	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$0.00
E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	\$0.00
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUN	\$380.10
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 60	\$1,000.00
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUN	\$286.65
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 60	\$1,155.00
E0305	BED SIDE RAILS, HALF LENGTH	\$0.00
E0310	BED SIDE RAILS,FULL LENGTH	\$0.00
E0315	BED ACCESSORIES;BOARDS OR TABLES,ANY TYPE	\$76.00
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	\$190.46
E0325	URINAL, MALE, ANY MATERIAL	\$9.06
E0326	URINAL, FEMALE, ANY MATERIAL	\$17.40
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, F	\$0.00
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES,	\$0.00
E0330	URINAL, MALE, DAY/NIGHT	\$0.00
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM	\$0.00
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND	\$0.00
E0370	AIR PRESSURE ELEVATOR FOR HEEL	\$0.00
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LE	\$451.75
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	\$548.13
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	\$581.41

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0400	OXYGEN CONTENTS, GASEOUS, PER CUBIC FOOT (INCLUDES ALL CHARGES FOR USE OF THE CO	\$0.00
E0405	OXYGEN CONTENTS, GASEOUS, PER 100 CUBIC FEET (INCLUDES ALL CHARGES FOR USE OF TH	\$0.00
E0415	OXYGEN CONTENTS, LIQUID, PER 100 POUNDS	\$0.00
E0416	OXYGEN REFILL FOR PORTABLE GASEOUS SYSTEMS ONLY, UP TO 23 CUBIC FEET, (INCLUDES	\$0.00
E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT	\$0.00
E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER,	\$0.00
E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIE	\$0.00
E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQU	\$0.00
E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESER	\$32.08
E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PE	\$0.00
E0440	OXYGEN SYSTEM, LIQUID, STATIONARY, INCLUDES USE OF RESERVOIR,	\$329.68
E0441	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEM	\$77.45
E0442	OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE WITH OWNED LIQUID STATIONARY SYSTEMS	\$77.45
E0443	PORTABLE OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS	\$0.00
E0444	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SY	\$0.00
E0445	OXYGEN TENT; EXC CROUP OR PEDIATRIC TENTS	\$320.00
E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES A	\$0.00
E0450	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE	\$0.00
E0451	VOLUME VENTILATOR; PORTABLE (INCLUDES BATTERY, BATTERY CHARGER AND BATTERY CABLE	\$0.00
E0452	INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE (CPAP	\$1,456.00
E0453	THERAPEUTIC VENTILATOR; SUITABLE FOR USE 12 HOURS OR LESS PER DAY	\$0.00
E0454	PRESSURE VENTILATOR WITH PRESSURE CONTROL, PRESSURE SUPPORT AND FLOW TRIGGERING	\$1,400.14
E0455	OXYGEN TENT, EXCL CROUP OR PEDIATRIC TENTS	\$20.00
E0457	CHEST SHELL (CUIRASS)	\$614.51
E0458	NEGATIVE PRESSURE PUMP	\$0.00
E0459	CHEST WRAP	\$93.68
E0460	NEGATIVE PRESSURE VENTILATOR; PORTABLE (EG. PORTA-LUNG)	\$704.83
E0461	VOLUME CONTROL VENTILATOR, WITHOUT PRESSURE SUPPORT MODE, MAY INCLUDE PRESSURE	\$0.00
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	\$0.00
E0463	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE	\$0.00
E0464	PRESSURE SUPPORT VENTILATOR WITH VOLUME CONTROL MODE, MAY INCLUDE PRESSURE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEA	\$0.00
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATU	\$0.00
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATUR	\$0.00
E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	\$0.00
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	\$0.00
E0482	COUGH STIMULATING DEVICE, ALTERNATING POSITIVE AND NEGATIVE AIRWAY PRESSURE	\$0.00
E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR-PULSE GENERATOR SYSTEM, (INCLUDES HOSE	\$1,063.13
E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	\$36.92
E0485	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	\$5.00
E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR	\$5.00
E0487	SPIROMETER, ELECTRONIC, INCLUDES ALL ACCESSORIES	\$0.00
E0500	IPPB W/MANUAL VALVES EXT POWER SOURCE,INCL CYLINDER REG,NEBU	\$1,134.64
E0505	IPPB MACHINES WITH MANUAL VALVES ELECTRICALLY DRIVEN WITH INTERNAL POWER SOURCE,	\$0.00
E0510	IPPB MACHINES WITH AUTOMATIC VALVES, EXTERNAL POWER SOURCE INCLUDES CYLINDER REG	\$0.00
E0515	IPPB MACHINES WITH AUTOMATIC VALVES, ELECTRICALLY DRIVEN WITH INTERNAL COMPRESSO	\$0.00
E0550	HUMIDIFIER,DURABLE FOR EXT SUPPLEMENTAL HUMIDIFICATION W/IPP	\$143.52
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE	\$5.00
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING	\$0.00
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$0.00
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$0.00
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF-	\$75.90
E0570	NEBULIZER, WITH COMPRESSOR E.G., DEVILBISS PULMO-AID	\$13.00
E0571	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	\$28.37
E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	\$36.03
E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$38.09
E0575	NEBULIZER, SELF-CONTAINED, ULTRASONIC	\$13.00
E0580	NEBULIZER,DURABLE,GLASS OR AUTOCLAVABLE,BOTTLE TYPE,FOR USE	\$0.00
E0585	NEBULIZER,W/COMPRESSOR AND HEATER	\$57.96
E0590	DISPENSING FEE COVERED DRUG ADMINISTERED THROUGH DME NEBULIZER	\$0.00
E0600	SUCTION PUMP, HOME MODEL, PORTABLE	\$44.79
E0601	NASAL CONTINUOUS AIRWAY PRESSURE(CPAP)DEVICE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0602	BREAST PUMP, ALL TYPES	\$29.52
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	\$0.00
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE	\$0.00
E0605	VAPORIZER, ROOM TYPE	\$75.56
E0606	POSTURAL DRAINAGE BOARD	\$228.80
E0607	HOME BLOOD GLUCOSE MONITOR	\$73.51
E0608	APNEA MONITOR	\$239.20
E0609	BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG., VOICE SYNTHESIZERS AUTOMATIC	\$504.96
E0610	PACEMAKER MONITOR,SELF CONT,(CHECKS BATTERY DEPLETION,INCL	\$499.30
E0615	PACEMAKER MONITOR,SELF CHECKS BATTERY DELPETION AND OTHER	\$486.71
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	\$500.00
E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	\$304.05
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	\$85.00
E0619	APNEA MONITOR, WITH RECORDING FEATURE	\$0.00
E0620	SEAT LIFT CHAIR, MOTORIZED TO ASSIST PATIENT IN STANDING AND SITTING	\$0.05
E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	\$97.00
E0625	PATIENT LIFT,KARTOP,BATHROOM OR TOILET	\$100.00
E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	\$357.15
E0628	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-ELECTRIC	\$357.15
E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	\$357.15
E0630	PATIENT LIFT,HYDRAULIC, W/SEAT OR SLING	\$1,303.12
E0635	PATIENT LIFT,ELECTRIC W/SEAT OR SLING	\$142.55
E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE	\$1,054.56
E0637	COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH	\$0.00
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER	\$0.00
E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	\$0.00
E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	\$0.00
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE I	\$0.00
E0642	STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIAT	\$0.00
E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL,	\$0.00
E0651	PNEUMATIC COMPRESSOR,SEGMENTAL HOME MODEL W/O CALIBRATED GRA	\$666.57

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0652	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/CALIBRATED GRADI	\$6,600.54
E0655	PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR HALF ARM	\$96.95
E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	\$0.00
E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	\$0.00
E0660	PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR,FULL LEG	\$119.16
E0665	PNEUMATIC APPLIANCE FOR USE W PNEUMATIC COMPRESSOR,FULL ARM	\$111.44
E0666	PNEUMATIC APPLIANCE FOR USE W/PNEUMATIC COMPRESSOR,HALF LEG	\$94.79
E0667	PNEUMATIC APPLIANCE FOR USE W/SEGMENTAL PNEUMATIC COMPRESSOR	\$553.95
E0668	PNEUMATIC APPLIANCE FOR USE W/SEGMENTAL PNEUMATIC COMPRESSOR	\$474.25
E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	\$198.00
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	\$222.66
E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	\$448.57
E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	\$348.56
E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	\$289.61
E0674	IRON LUNG	\$0.00
E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION/DEFLATION CYCLE,	\$0.00
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE S	\$0.00
E0690	ULTRAVIOLET CABINET, APPROPRIATE FOR HOME USE	\$2,021.35
E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROT	\$898.59
E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROT	\$1,128.37
E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROT	\$1,390.98
E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BU	\$4,427.34
E0700	SAFETY EQUIPMENT(EG.BELT,HARNESS OR VEST)	\$48.10
E0701	HELMET WITH FACE GUARD AND SOFT INTERFACE MATERIAL, PREFABRICATED	\$153.35
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	\$55.64
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)	\$18.39
E0720	TENS,TWO LEAD,LOCALIZED STIMULATION	\$487.78
E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	\$532.82
E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS	\$594.69
E0740	INCONTINENCE TREATMENT SYSTEM, PELVIC FLOOR STIMULATOR, MONITOR, SENSOR AND/OR	\$522.87
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	\$0.00
E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	\$0.00
E0747	OSTEOGENESIS STIMULATOR/_ (NON-INVASIVE)	\$243.07
E0748	OSTEOGENIC STIMULATOR, NONINVASIVE, SPINAL APPLICATIONS	\$243.07
E0749	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)	\$235.36
E0750	IMPLANTABLE ELECTRICAL NERVE STIMULATOR, SPINAL CORD	\$0.00
E0751	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, OR COMBINATION OF EXTERNAL TRANSMIT	\$0.00
E0752	IMPLANTABLE NEUROSTIMULATOR ELECTRODE, EACH	\$0.00
E0753	IMPLANTABLE NEUROSTIMULATOR ELECTRODES, PER GROUP OF FOUR	\$0.00
E0754	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE	\$0.00
E0755	ELECTRONIC SALIVARY REFLEX STIMULATION (INTRA-ORAL/NON-INVAS	\$100.00
E0756	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR	\$0.00
E0757	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	\$0.00
E0758	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	\$0.00
E0759	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT	\$0.00
E0760	OSTOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	\$2,912.05
E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC	\$100.00
E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ALL ACCESSOR	\$0.00
E0764	FUNCTIONAL NEUROMUSCULAR STIMULATION, TRANSCUTANEOUS STIMULATION OF SEQUENTIAL M	\$1,077.58
E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUS	\$84.13
E0769	ELECTRICAL STIMULATION OR ELECTROMAGNETIC WOUND TREATMENT DEVICE, NOT OTHERWISE	\$84.13
E0770	FUNCTIONAL ELECTRICAL STIMULATOR, TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUS	\$0.00
E0776	IV POLE	\$15.60
E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	\$18.42
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	\$10.68
E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	\$0.00
E0782	INFUSION PUMP, IMPLANTABLE, NON-PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00
E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G.,	\$0.00
E0784	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN	\$0.00
E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE	\$0.00
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0790	PARENTERAL INFUSION PUMP, PORTABLE	\$0.00
E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	\$0.00
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	\$5.00
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTIO	\$6.44
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	\$51.53
E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	\$6.44
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	\$53.38
E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	\$0.00
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	\$4.69
E0870	TRACTION FRAME ATT TO FOOTBOARD, SIMPLE EXTREMITY TRACTION	\$8.92
E0880	TRACTION STAND; FREE STANDING, SIMPLE EXTREMITY TRACTION	\$9.57
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRAC-	\$9.60
E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	\$16.42
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB	\$19.04
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, AT	\$49.85
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FR	\$114.47
E0920	FRACTURE FRAME, ATTACHED TO BED, INCL WEIGHTS	\$6.44
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	\$13.52
E0935	PASSIVE MOTION EXERCISE DEVICE	\$2.15
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	\$0.00
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE W/GRAB BAR	\$36.59
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE	\$66.29
E0942	CERVICAL HEAD HARNESS/HALTER	\$2.75
E0943	CERVICAL PILLOW	\$14.19
E0944	PELVIC BELT/HARNESS/BOOT	\$3.57
E0945	EXTREMITY BELT/HARNESS	\$4.79
E0946	FRACTURE FRAME DUAL W/CROSS BARS, ATTACHED TO BED	\$497.12
E0947	FRACTURE FRAME, ATTACHEMENTS FOR COMPLEX PELVIC TRACTION	\$479.17
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	\$469.39
E0950	TRAY	\$89.58
E0951	LOOP HEEL EACH	\$22.34

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0952	LOOP TOE EACH	\$0.00
E0953	PNEUMATIC TIRE, EACH	\$0.00
E0954	SEMI-PNEUMATIC CASTER, EACH	\$0.00
E0955	WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTI	\$0.00
E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIX	\$0.00
E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNT	\$0.00
E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO 1 ARM DR	\$43.54
E0959	AMPUTEE ADAPTER(DEVICE USED TO COMPENSATE FOR TRANSFER OF	\$5.48
E0960	WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE	\$0.00
E0961	BRAKE EXTENSION FOR WHEELCHAIR	\$2.14
E0962	1" CUSHION, FOR WHEELCHAIR	\$52.05
E0963	2" CUSHION, FOR WHEELCHAIR	\$78.35
E0964	3" CUSHION, FOR WHEELCHAIR	\$86.18
E0965	4" CUSHION, FOR WHEELCHAIR	\$97.96
E0966	HOOK ON HEAD REST EXTENSION	\$8.84
E0967	WHEELCHAIR HAND RIMS W/8 VERTICAL RUBBER TIPPED PROJECTIONS	\$6.46
E0968	COMMODE SEAT,WHEELCHAIR	\$17.49
E0969	NARROWING DEVICE,WHEELCHAIR	\$16.93
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	\$0.00
E0971	ANTI=TIPPING DEVICE WHEELCHAIRS	\$0.00
E0972	WHEELCHAIR ACCESSORY, TRANSFER BOARD OR DEVICE, EACH	\$0.00
E0973	ADJ HEIGHT DETACHABLE ARMS,DESK OR FULL LENGTH,WHEELCHAIR	\$10.95
E0974	GRADE-AID(DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) W/C	\$5.03
E0975	REINFORCED SEAT UPHOLSTERY, WHEELCHAIR	\$0.00
E0976	REINFORCED BACK, WHEELCHAIR, UPHOLSTERY OR OTHER MATERIAL	\$0.00
E0977	WEDGE CUSHION, WHEELCHAIR	\$22.63
E0978	BELT SAFETY W/AIRPLANE BUCKLE WHEELCHAIR	\$4.33
E0979	BELT, SAFETY WITH VELCRO CLOSURE, WHEELCHAIR	\$0.00
E0980	SAFETY VEST,WHEELCHAIR	\$2.99
E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH	\$0.00
E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORI	\$235.68
E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORI	\$116.69
E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	\$18.25
E0986	MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST, EACH	\$413.47
E0988	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR	\$0.00
E0990	ELEVATING LEG REST EACH	\$0.00
E0991	UPHOLSTERY SEAT	\$0.00
E0992	SOLID SEAT INSERT	\$6.50
E0993	BACK, UPHOLSTERY	\$0.00
E0994	ARM REST,EACH	\$3.30
E0995	CALF REST,EACH	\$3.15
E0996	TIRE, SOLID, EACH	\$0.00
E0997	CASTER WITH A FORK	\$169.31
E0998	CASTER WITHOUT FORK	\$135.78
E0999	PNEUMATIC TIRE WITH WHEEL	\$72.50
E1000	TIRE, PNEUMATIC CASTER	\$0.00
E1001	WHEEL, SINGLE	\$73.28
E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	\$0.00
E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTIO	\$0.00
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR	\$0.00
E1005	REPLACEMENT, BATTERIES FOR MEDICALLY NECESSARY ELECTRIC	\$0.00
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOU	\$0.00
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH M	\$0.00
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH P	\$0.00
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG	\$97.22
E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYST	\$0.00
E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPEN	\$50.00
E1012	INTEGRATED SEATING SYSTEM, PLANAR, FOR PEDIATRIC WHEELCHAIR	\$0.00
E1013	INTEGRATED SEATING SYSTEM, CONTOURED, FOR PEDIATRIC WHEELCHAIR	\$0.00
E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	\$32.86
E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	\$11.46

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	\$0.00
E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR,	\$13.14
E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, E	\$13.14
E1019	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, HEAVY DUTY FEATURE, PATIENT WEIGHT	\$0.00
E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	\$0.00
E1021	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, EXTRA HEAVY DUTY FEATURE, WEIGHT	\$0.00
E1025	LATERAL THORACIC SUPPORT, NON-CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH	\$0.00
E1026	LATERAL THORACIC SUPPORT, CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES	\$0.00
E1027	LATERAL/ANTERIOR SUPPORT, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)	\$0.00
E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWA	\$0.00
E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	\$0.00
E1030	ROLLABOUT CHAIR, WITHOUT ARMS	\$0.00
E1031	WHLCHR,STNDRD,DETACH DESK	\$54.41
E1035	GERIATRIC CHAIR	\$613.20
E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA-WIDE, WITH INTEGRATED SEAT, OPER	\$0.00
E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	\$97.64
E1038	TRANSPORT CHAIR, ADULT SIZE	\$40.01
E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY 250 POUNDS OR	\$40.01
E1040	ROLLABOUT CHAIR, WITH FIXED OR REMOVABLE ARMS	\$0.00
E1050	FULLY-RECLIN W/C, FIXED FULL LENGTH ARMS, SWING AWAY DET ELEV	\$182.95
E1060	FULLY RECLIN W/C DETACH ARMS, DESK, OR FULL LENGTH , DET LEG	\$119.14
E1065	POWER ATT(TO CONVERT W/C TO MOTORIZED WHEELCHAIR)	\$2,922.58
E1066	BATTERY CHARGER	\$0.00
E1067	PROPORTIONAL CONTRL DEVICE(MAY BE ADDED TO W/C W/MICRO SWITC	\$0.00
E1069	DEEP CYCLE BATTERY	\$0.00
E1070	FULLY-RECLIN W/C, DET ARMS , SWING AWAY DET FOOTREST	\$117.06
E1083	HEMI/ W/C FIXED FULL LENGTH ARMS, SWING AWAY DET ELEVAT LEG	\$96.20
E1084	HEMI-W/C, DET ARMS DESK OR FULL LNGTH ARMS, SWING AWAY LEG	\$112.84
E1085	HEMI-W/C FIXED FULL LGNTH ARMS, SWING AWAY DET FOOT RESTS	\$76.96
E1086	HEMI-W/C DET ATMS DESK OR FULL, SWING AWAY DET FOOTRESTS	\$96.20
E1087	HIGH STRENGTH LTWGT W/C, FIXED FULL ARMS, SWING AWAY DET ELEVA	\$165.56

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1088	HIGH STRENGTH LTWGT W/C,DET ARMS DESK OR FULL,DET ELEV LEG	\$126.88
E1089	HIGH STRGTH LTWGT W/C,FIXED ARMS,SWING AWAY DET FOOTRESTS	\$139.41
E1090	HIGH STRENGTH LTWGT W/C,DET ARMS DESK OR FULL,DRT FOOT RESTS	\$119.08
E1091	YOUTH WHEELCHAIR, ANY TYPE	\$0.00
E1092	WIDE HEAVY DUTY W/C,DET ARMS DESK OR FULL,SWING DET ELEV LEG	\$109.95
E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL	\$177.97
E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING	\$0.00
E1110	SEMI-RECLIN W/C DET ARMS,ELEVATING LEG REST	\$135.20
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING	\$57.72
E1140	WHEELCHAIR,DETACH ARMS,DESK/FULL LENGTH,SWING DETACH FOOTRES	\$57.72
E1150	W/C,DET ARMS,_DESK OR FULL SWING AWAY DET ELEVATING LEGRESTS	\$83.20
E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE	\$74.36
E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	\$235.92
E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY	\$86.55
E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS,	\$83.08
E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH)	\$126.78
E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH)	\$116.54
E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH)	\$111.51
E1195	HEAVY DUTY W/C,FIXED OR FULL ARMS,SWING DET ELEVAT LEGRESTS	\$147.78
E1200	AMPUTEE W/C,FIXED FULL ARMS,SWING DETACH FOOTREST	\$101.83
E1210	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LE	\$0.00
E1211	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY,	\$3,844.44
E1212	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	\$0.00
E1213	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY	\$0.00
E1220	W/C;SPECIALLY SIZED OR CONSTRUCTED,AND JUSTIFICATION	\$268.01
E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	\$43.16
E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	\$74.36
E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	\$70.69
E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	\$79.82
E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	\$37.36
E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	\$13.34
E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	\$36.40
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	\$0.00
E1230	POWER OPER VEHICLE(3 WHEEL NON-HIGHWAY) INDICATE BRAND NAME	\$196.46
E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTE	\$189.20
E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYS	\$192.45
E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SY	\$199.41
E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING	\$192.89
E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	\$167.16
E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	\$147.48
E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$148.77
E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	\$0.00
E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	\$0.00
E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH)	\$105.04
E1250	LTWGT W/C FIXED FULL ARMS,SWING DETACH FOOTREST	\$63.11
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL	\$63.11
E1270	LTWGT W/C, FIXED FULL ARMS, SWING DETACH ELEVATING LEGRESTS	\$63.11
E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL	\$148.09
E1285	HEAVY DUTY W/C, FIXED FULL ARMS, SWING AWAY DET FOOTREST	\$109.92
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHAB	\$109.92
E1295	HEAVY DUTY W/C, FIXED FULL ARMS, ELEVATING LEGREST	\$131.19
E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	\$49.94
E1297	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	\$8.92
E1298	SPECIAL W/C SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	\$43.35
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	\$0.00
E1310	WHIRLPOOL, NON-PORTABLE (BUILT IN TYPE)	\$231.93
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL O	\$14.00
E1350	REPAIR OR NON-ROUTINE SERVICE (E.G., BREAKING DOWN SEALED COMPONENTS) REQUIRING	\$54.08
E1353	REGULATOR	\$29.75
E1354	OXYGEN ACCESSORY, WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, A	\$0.00
E1355	STAND/RACK	\$22.40

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1356	OXYGEN ACCESSORY, BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR, ANY TYPE, RE	\$0.00
E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEME	\$0.00
E1358	OXYGEN ACCESSORY, DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEM	\$0.00
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	\$139.15
E1374	VARIABLE CONCENTRATION MASK	\$0.00
E1375	NEBULIZER PORTABLE WITH SMALL COMPRESSOR, WITH LIMITED FLOW	\$0.00
E1377	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 244 CU. FT.	\$0.00
E1378	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 488 CU. FT.	\$0.00
E1379	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 732 CU. FT.	\$0.00
E1380	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 976 CU. FT.	\$0.00
E1381	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1220 CU. FT.	\$0.00
E1382	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1464 CU. FT.	\$0.00
E1383	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1708 CU. FT.	\$0.00
E1384	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO 1952 CU. FT.	\$0.00
E1385	OXYGEN CONCENTRATOR, HIGH HUMIDITY SYSTEM EQUIV. TO OVER 1952 CU. FT.	\$0.00
E1388	OXYGEN CONCENTRATOR, EQUIVALENT TO 244 CUBIC FEET	\$0.00
E1389	OXYGEN CONCENTRATOR, EQUIVALENT TO 488 CUBIC FEET	\$0.00
E1390	OX	\$0.00
E1391	OXYGEN CONCENTRATOR, EQUIV TO 976 CU FT	\$0.00
E1392	OXYGEN CONCENTRATOR EQUIV TO 1220 CUBIC FEET	\$32.08
E1393	OXYGEN CONCENTRATOR, EQUIVALENT TO 1464 CUBIC FEET	\$0.00
E1394	OXYGEN CONCENTRATOR, EQUIVALENT TO 1708 CUBIC FEET	\$0.00
E1395	OXYGEN CONCENTRATOR, EQUIVALENT TO 1952 CUBIC FEET	\$0.00
E1396	OXYGEN CONCENTRATOR, EQUIVALENT TO OVER 1952 CUBIC FEET	\$0.00
E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS	\$0.00
E1400	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE DOES NOT EXCEED 2	\$0.00
E1401	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 2 LIT	\$0.00
E1402	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 3 LIT	\$0.00
E1403	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 4 LIT	\$0.00
E1404	OXYGEN CONCENTRATOR, MANUFACTURER SPECIFIED MAXIMUM FLOW RATE GREATER THAN 5 LIT	\$0.00
E1405	OXYGEN & WATER VAPOR ENRICHING SYST W/HEATED DELIVERY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1406	OXYGEN & WATER VAPOR ENRICHING SYST W/O HEATED DELIVERY	\$0.00
E1500	CENTRIFUGE, FOR DIALYSIS	\$5.00
E1510	KIDNEY DIALYSATE DELIVERY SYST,KIDNEY MACHINE,PUMP RECIRCULA	\$5.00
E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	\$5.00
E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	\$5.00
E1540	PRESSURE ALARM FOR DIALYSIS	\$5.00
E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	\$5.00
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	\$5.00
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	\$5.00
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS,ANY SIZE EACH	\$5.00
E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	\$5.00
E1590	HEMODIALYSIS MACHINE	\$5.00
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	\$5.00
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	\$5.00
E1600	DELIVERY AND/OR INSTALLATION CHRGS FOR RENAL DIALYSIS EQUIP	\$5.00
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	\$5.00
E1615	DEIONIZER WATER PURIFICATION SYSTEM	\$5.00
E1620	BLOOD PUMP FOR DIALYSIS	\$5.00
E1625	WATER SOFTENING SYSTEM	\$5.00
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	\$5.00
E1632	WEARABLE ARTIFICIAL KIDNEY	\$5.00
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	\$5.00
E1635	COMPACT PORTABLE TRAVEL HEMODIALYZER SYSTEM	\$5.00
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	\$0.00
E1637	HEMOSTATS, EACH	\$0.00
E1638	HEATING PAD, FOR PERITONEAL DIALYSIS, ANY SIZE, EACH	\$5.00
E1639	SCALE, FOR DIALYSIS, EACH	\$5.00
E1640	REPLACEMENT COMPONENTS FOR HEMODIALYSIS AND/OR PERITONEAL DIALYSIS MACHINES	\$0.00
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED	\$0.00
E1700	JAW MOTION REHABILITATION SYSTEM	\$41.49
E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	\$11.45

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	\$23.05
E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	\$138.27
E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION ADJU	\$121.43
E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE, INCLUDES SOFT INTERFACE	\$326.80
E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	\$138.27
E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION ADJU	\$99.66
E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	\$138.27
E1811	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUS	\$126.22
E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	\$85.99
E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	\$138.27
E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION ADJU	\$128.23
E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION / SUPINATION DEVICE	\$130.90
E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/FLEXION DEVICE	\$8.33
E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE	\$10.51
E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	\$138.27
E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENSION AND/OR FLEXION, WITH OR WITHOUT	\$0.00
E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION / ABDUCTION / ROTATION DEVICE, INCLUDES SOFT	\$371.93
E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	\$453.00
E1900	SYNTHESIZED SPEECH AUGMENTATIVE COMMUNICATION DEVICE WITH DYNAMIC DISPLAY	\$0.00
E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DE	\$50.00
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	\$48.77
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	\$48.80
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	\$18.86
E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	\$283.52
E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL	\$37.31
E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$40.29
E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 IN	\$40.71
E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	\$69.15
E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	\$3.19
E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	\$4.00
E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	\$4.27

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	\$0.00
E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	\$0.00
E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH	\$0.00
E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$12.56
E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	\$0.61
E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), A	\$3.01
E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$4.49
E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$0.94
E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	\$0.50
E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	\$0.50
E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	\$0.50
E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	\$2.98
E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, E	\$3.21
E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$2.49
E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED	\$2.09
E2223	MANUAL WHEELCHAIR ACCESSORY, VALVE, ANY TYPE, REPLACEMENT ONLY, EACH	\$0.56
E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	\$7.34
E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT O	\$1.74
E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$3.79
E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	\$0.00
E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	\$0.00
E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	\$0.00
E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCL	\$0.00
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$50.00
E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	\$50.00
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	\$50.00
E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	\$50.00
E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAM	\$0.00
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	\$0.00
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	\$0.00
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER	\$0.00
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL RE	\$201.67
E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUD	\$32.03
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR	\$0.00
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTI	\$0.00
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES	\$0.00
E2323	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE	\$0.00
E2324	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE	\$0.00
E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING A	\$0.00
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, IN	\$0.00
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRO	\$0.00
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NO	\$0.00
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM,	\$0.00
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL	\$0.00
E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 20-23 INCHES	\$35.85
E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES	\$53.76
E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 OR 21 INCHES	\$38.08
E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22-25 INCHES	\$60.92
E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DE	\$0.00
E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	\$0.00
E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CE	\$0.00
E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH	\$12.20
E2361	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL,	\$0.00
E2362	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$9.04
E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CE	\$0.00
E2364	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$12.20
E2365	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, A	\$0.00
E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE	\$10.65
E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATT	\$0.00
E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	\$0.00
E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	\$0.00
E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, A	\$0.00
E2372	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH	\$15.08
E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, C	\$0.00
E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYS	\$16.92
E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELE	\$0.00
E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$0.00
E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRO	\$0.00
E2378	Power wheelchair component, actuator, replacement only	\$55.41
E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ON	\$0.00
E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLA	\$0.00
E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), A	\$0.00
E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$0.00
E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMEN	\$0.00
E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT	\$0.00
E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,	\$0.00
E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, E	\$0.00
E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	\$0.00
E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, R	\$0.00
E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY	\$0.00
E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED W	\$0.00
E2393	POWER WHEELCHAIR ACCESSORY, VALVE FOR PNEUMATIC TIRE TUBE, ANY TYPE, REPLACEMENT	\$0.70
E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONL	\$0.00
E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ON	\$0.00
E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	\$0.00
E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	\$0.00
E2399	POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL	\$0.00
E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	\$0.00
E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS TH	\$39.11
E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER	\$119.59
E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER	\$157.76

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, GREATER	\$231.29
E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY S	\$357.67
E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MES	\$676.82
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL AS	\$50.00
E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	\$50.00
E2599	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	\$0.00
E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	\$0.00
E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	\$0.00
E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	\$0.00
E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	\$0.00
E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	\$0.00
E2610	WHEELCHAIR SEAT CUSHION, POWERED	\$0.00
E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	\$0.00
E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	\$0.00
E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	\$0.00
E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	\$0.00
E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	\$0.00
E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	\$0.00
E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	\$0.00
E2618	WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), FOR USE	\$15.37
E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	\$0.00
E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$0.00
E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	\$0.00
E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES,	\$0.00
E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER,	\$0.00
E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS	\$0.00
E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 IN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
E2626	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2627	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2628	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2629	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,	\$0.00
E2630	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND	\$0.00
E2631	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM	\$0.00
E2632	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER A	\$0.00
E2633	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	\$0.00
E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	\$0.00
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	\$0.00
E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	\$0.00
G0001	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S)	\$3.00
G0002	OFFICE PROCEDURE, INSERTION OF TEMPORARY INDWELLING CATHETER, FOLEY TYPE	\$26.29
G0003	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPTO	\$332.28
G0004	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP	\$321.24
G0005	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP	\$50.13
G0006	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP	\$243.20
G0007	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTON MEMORY LOOP	\$27.92
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	\$0.00
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	\$0.00
G0010	ADMINISTRATION OF HEPATITIS B VACCINE	\$0.00
G0015	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP(S) AND	\$243.20
G0016	POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIPS(S) AND	\$27.92
G0020	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBDURATOR PROSTHESIS	\$0.00
G0021	IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS	\$0.00
G0025	COLLAGEN SKIN TEST KIT	\$9.95
G0026	FECAL LEUCOCYTE EXAMINATION	\$5.90
G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	\$8.99
G0030	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047); SINGLE	\$0.00
G0031	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING PREVIOUS PET, G0030-G0047);	\$0.00
G0032	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); SINGLE STUDY,	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0033	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST SPECT, 78464); MULTIPLE	\$0.00
G0034	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); SINGLE	\$0.00
G0035	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS SPECT, 78465); MULTIPLE	\$0.00
G0036	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY,	\$0.00
G0037	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING CORONARY ANGIOGRAPHY,	\$0.00
G0038	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL	\$0.00
G0039	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS PLANAR MYOCARDIAL	\$0.00
G0040	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350);	\$0.00
G0041	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECHOCARDIOGRAM, 93350);	\$0.00
G0042	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM,	\$0.00
G0043	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS NUCLEAR VENTRICULOGRAM,	\$0.00
G0044	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); SINGLE STUDY,	\$0.00
G0045	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING REST ECG, 93000); MULTIPLE	\$0.00
G0046	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); SINGLE STUDY,	\$0.00
G0047	PET MYOCARDIAL PERFUSION IMAGING, (FOLLOWING STRESS ECG, 93015); MULTIPLE	\$0.00
G0050	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND	\$34.16
G0051	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$37.94
G0052	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$12.13
G0053	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT	\$8.61
G0054	BLOOD CHOLESTEROL TEST, BY CHOLESTEROL MONITORING DEVICE APPROVED BY FDA FOR HOM	\$4.47
G0055	GLUCOSE POST DOSE (INCLUDES GLUCOSE) DIRECT MEASUREMENT BY A GLUCOSE TESTING DEV	\$5.53
G0056	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY GLUCOSE TESTING DEVICE AP	\$15.68
G0057	GLUCOSE TOLERANCE TEST (GTT), BY DIRECT MEASUREMENT BY A GLUCOSE TESTING DEVICE	\$4.64
G0058	AUTOMATED MULTICHANNEL TEST; 20 CLINICAL CHEMISTRY TESTS	\$15.78
G0059	AUTOMATED MULTICHANNEL TEST; 21 CLINICAL CHEMISTRY TESTS	\$16.27
G0060	AUTOMATED MULTICHANNEL TEST, 22 CLINICAL CHENISTRY TESTS	\$16.77
G0061	LUNG VOLUME REDUCTION SURGERY (REDUCTION PNEUMOPLASTY) EG, LUNG SHAVING, LUNG CO	\$0.00
G0062	PERIPHERAL SKELETAL BONE MINERAL DENSITY STUDIES (E.G., RADIUS, WRIST, HEEL).	\$41.19
G0063	CENTRAL SKELETAL BONE MINERAL DENSITY STUDIES (E.G., SPINE, PELVIS).	\$137.13
G0064	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF A HOME HEALTH AGENCY (PATIENT N	\$80.26
G0065	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPL	\$80.26

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0066	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIR	\$0.00
G0071	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$50.43
G0072	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$61.59
G0073	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$78.43
G0074	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$86.80
G0075	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$133.61
G0076	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$145.70
G0077	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPR	\$64.06
G0078	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPR	\$76.16
G0079	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE IN AN OFFICE OR OUTPATIENT FACILITY, APPRO	\$84.84
G0080	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPR	\$93.83
G0081	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPR	\$119.25
G0082	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPR	\$132.27
G0083	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$54.46
G0084	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$72.61
G0085	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$84.94
G0086	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$94.24
G0087	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$143.84
G0088	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE	\$157.48
G0089	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$57.25
G0090	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$70.89
G0091	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$89.28
G0092	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$99.51
G0093	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$140.70
G0094	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE, IN AN INPATIENT HOSPITAL, PARTIAL HOSPITA	\$156.83
G0095	HEPATIC FUNCTION PANEL A ((WITH BILIRUBIN, TOTAL AND DIRECT); ALBUMIN, SERUM; BI	\$0.00
G0096	BASIC METABOLIC PANEL (CARBON DIOXIDE (BICARBONATE); CHLORIDE-BLOOD; CREATININE-	\$0.00
G0097	ELECTROLYTES PANEL (CARBON DIOXIDE; CHLORIDE-BLOOD; POTASSIUM-SERUM; SODIUM-SERU	\$0.00
G0098	COMPREHENSIVE METABOLIC PANEL (ALBUMIN-SERUM; BILIRUBIN-TOTAL; CALCIUM-TOTAL; CH	\$0.00
G0100	HIV-1 (VIRAL LOAD - QUANTITATIVE)	\$0.00
G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	\$23.84

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	\$9.02
G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	\$25.42
G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	\$55.97
G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK	\$189.81
G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARI	\$140.76
G0107	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, 1-3 SIMULTANEOUS	\$4.49
G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER SESSION	\$34.21
G0109	DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, PER INDIVIDUAL	\$20.15
G0110	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, INDIVIDUAL	\$46.33
G0111	NETT PULM-REHAB; EDUCATION/SKILLS TRAINING, GROUP	\$14.52
G0112	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, INITIAL	\$91.66
G0113	NETT PULM-REHAB; NUTRITIONAL GUIDANCE, SUBSEQUENT	\$65.90
G0114	NETT PULM-REHAB; PSYCHOSOCIAL CONSULTATION	\$60.64
G0115	NETT PULM-REHAB; PSYCHOLOGICAL TESTING	\$60.95
G0116	NETT PULM-REHAB; PSYCHOSOCIAL COUNSELLING	\$55.99
G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHAL	\$25.39
G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION	\$9.29
G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM	\$140.76
G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR	\$211.36
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	\$0.00
G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0124	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$22.89
G0125	PET IMAGING REGIONAL OR WHOLE BODY; SINGLE PULMONARY NODULE	\$2,397.11
G0126	PET LUNG IMAGING OF SOLITARY PULMONARY NODULES, USING	\$2,418.09
G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	\$8.27
G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED	\$4.41
G0129	OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL T	\$0.00
G0130	SINGLE ENERGY X-RAY (SEXA) ABSORPTIOMETRY BONE DENSITY STUDY ONE OR MORE SITES	\$45.36
G0131	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES; AXIAL	\$116.32
G0132	COMPUTERIZED TOMOGRAPHY BONE MINERAL DENSITY STUDY, ONE OR MORE SITES;	\$46.07
G0133	ULTRASOUND BONE MINERAL DENSITY STUDY, ONE OR MORE SITES APPENDICULAR SKELETON	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYST	\$21.72
G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED I	\$28.00
G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYS	\$15.73
G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYST	\$21.00
G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPI	\$0.00
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR H	\$0.00
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH	\$0.00
G0154	DIRECT SKILLED NURSING SERVICES OF A LICENSED NURSE (LPN OR RN) IN THE HOME HEAL	\$0.00
G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 M	\$0.00
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15	\$0.00
G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALT	\$0.00
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME H	\$0.00
G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING	\$0.00
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SET	\$0.00
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALT	\$0.00
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE	\$0.00
G0163	POSTERIOR EMISSION TOMOGRAPHY (PET), WHOLE BODY, FOR RECURRENCE OF COLORECTAL	\$0.00
G0164	POSITRON EMISSION TOMOGRAPHY (PET), WHOLE BODY FOR RECURRENCE OF MELANOMA CANCER	\$0.00
G0165	POSITRON EMISSION TOMOGRAPHY (PET) WHOLE BODY FOR RECURRENCE OF MELANOMA/MET CANC	\$2,400.36
G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	\$4.05
G0167	HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN ATTENDANCE, PER TREATMENT	\$32.32
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	\$23.82
G0169	REMOVAL OF DEVITALIZED TISSUE, WITHOUT USE OF ANESTHESIA (CONSCIOUS SEDATION, LO	\$35.26
G0170	APPLICATION OF TISSUE CULTURED SKIN GRAFTS, INCLUDING BILAMINATE SKIN SUBSTITUTE	\$128.70
G0171	APPLICATION OF TISSUE CULTURED SKIN GRAFTS, INCLUDING BILAMINATE SKIN SUBSTITUTE	\$109.31
G0172	TRAINING AND EDUCATIONAL SERVICES FURNISHED AS A COMPONENT OF A PARTIAL HOSPIT	\$0.00
G0173	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY	\$0.00
G0174	INTENSITY MODULATED RADIATION THERAPY (IMRT) DELIVERY TO ONE OR MORE TREATMENT	\$0.00
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR	\$0.00
G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF	\$0.00
G0178	INTENSITY MODULATED RADIATION THERAPY (IMRT) PLAN, INCLUDING DOSE VOLUME	\$0.00
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$47.36
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$55.63
G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED	\$92.25
G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NO	\$103.97
G0183	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOLOROIDAL NEOVASCULAR	\$0.00
G0184	OCULAR PHOTODYNAMIC THERAPY TREATMENT, SECOND EYE; DESTRUCTION OF LOCALIZED	\$29.06
G0185	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$0.00
G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL	\$0.00
G0187	DESTRUCTION OF MACULAR DRUSEN, PHOTOCOAGULATION (ONE OR MORE SESSIONS)	\$0.00
G0188	FULL LENGTH RADIOGRAPHY OF LOWER EXTREMITY, WHICH INCLUDES HIP, KNEE AND ANKLE	\$0.00
G0190	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$0.00
G0191	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	\$0.00
G0192	INTRANASAL OR ORAL ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION	\$0.00
G0193	ENDOSCOPIC STUDY OF SWALLOWING FUNCTION (ALSO FIBEROPTIC ENDOSCOPIC EVALUATION	\$0.00
G0194	SENSORY TESTING DURING ENDOSCOPIC STUDY OF SWALLOWING (ADD ON CODE) REFERRED	\$0.00
G0195	CLINICAL EVALUATION OF SWALLOWING FUNCTION (NOT INVOLVING INTERPRETATION OF	\$88.58
G0196	EVALUATION OF SWALLOWING INVOLVING SWALLOWING OF RADIO-OPAQUE MATERIALS	\$88.58
G0197	EVALUATION OF PATIENT FOR PRESCRIPTION OF SPEECH GENERATING DEVICES	\$81.75
G0198	PATIENT ADAPTATION AND TRAINING FOR USE OF SPEECH GENERATING DEVICES	\$59.77
G0199	RE-EVALUATION OF PATIENT USING SPEECH GENERATING DEVICES	\$61.12
G0200	EVALUATION OF PATIENT FOR PRESCRIPTION OF VOICE PROSTHETIC	\$81.75
G0201	MODIFICATION OR TRAINING IN USE OF VOICE PROSTHETIC	\$59.77
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$137.84
G0203	SCREENING MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGES ANALYZED FOR	\$0.00
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$145.19
G0205	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR POT	\$91.91
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	\$117.19
G0207	DIAGNOSTIC MAMMOGRAPHY, FILM PROCESSED TO PRODUCE DIGITAL IMAGE ANALYZED FOR POT	\$75.43

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0210	PET IMAGING WHOLE BODY; DIAGNOSIS; LUNG CANCER, NON-SMALL CELL	\$0.00
G0211	PET IMAGING WHOLE BODY; INITIAL STAGING; LUNG CANCER; NON-SMALL CELL (REPLACES	\$0.00
G0212	PET IMAGING WHOLE BODY; RESTAGING; LUNG CANCER; NON-SMALL	\$0.00
G0213	PET IMAGING WHOLE BODY; DIAGNOSIS; COLORECTAL	\$0.00
G0214	PET IMAGING WHOLE BODY; INITIAL STAGING; COLORECTAL	\$0.00
G0215	PET IMAGING WHOLE BODY; RESTAGING; COLORECTAL CANCER (REPLACES G0163)	\$0.00
G0216	PET IMAGING WHOLE BODY; DIAGNOSIS; MELANOMA	\$0.00
G0217	PET IMAGING WHOLE BODY; INITIAL STAGING; MELANOMA	\$0.00
G0218	PET IMAGING WHOLE BODY; RESTAGING; MELANOMA (REPLACES G0165)	\$0.00
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	\$0.00
G0220	PET IMAGING WHOLE BODY; DIAGNOSIS; LYMPHOMA	\$0.00
G0221	PET IMAGING WHOLE BODY; INITIAL STAGING; LYMPHOMA (REPLACES G0164)	\$0.00
G0222	PET IMAGING WHOLE BODY; RESTAGING; LYMPHOMA (REPLACES G0164)	\$0.00
G0223	PET IMAGING WHOLE BODY OR REGIONAL; DIAGNOSIS; HEAD AND NECK CANCER; EXCLUDING	\$0.00
G0224	PET IMAGING WHOLE BODY OR REGIONAL; INITIAL STAGING; HEAD AND NECK CANCER;	\$0.00
G0225	PET IMAGING WHOLE BODY OR REGIONAL; RESTAGING; HEAD AND NECK CANCER, EXCLUDING	\$0.00
G0226	PET IMAGING WHOLE BODY; DIAGNOSIS; ESOPHAGEAL CANCER	\$0.00
G0227	PET IMAGING WHOLE BODY; INITIAL STAGING; ESOPHAGEAL CANCER	\$0.00
G0228	PET IMAGING WHOLE BODY; RESTAGING; ESOPHAGEAL CANCER	\$0.00
G0229	PET IMAGING; METABOLIC BRAIN IMAGING FOR PRE-SURGICAL EVALUATION OF REFRACTORY	\$0.00
G0230	PET IMAGING; METABOLIC ASSESSMENT FOR MYOCARDIAL VIABILITY FOLLOWING	\$0.00
G0231	PET, WHOLE BODY, FOR RECURRENCE OF COLORECTAL OR COLORECTAL METASTATIC CANCER;	\$0.00
G0232	PET, WHOLE BODY, FOR STAGING AND CHARACTERIZATION OF LYMPHOMA; GAMMA CAMERAS	\$0.00
G0233	PET, WHOLE BODY, FOR RECURRENCE OF MELANOMA OR MELANOMA METASTATIC CANCER;	\$0.00
G0234	PET, REGIONAL OR WHOLE BODY, FOR SOLITARY PULMONARY NODULE FOLLOWING CT OR FOR	\$0.00
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	\$0.00
G0236	DIGITIZATION OF FILM RADIOGRAPHIC IMAGES WITH COMPUTER ANALYSIS FOR LESION	\$15.38
G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES,	\$18.91
G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY	\$12.74
G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN SERVICES DESC	\$8.70
G0240	CRITICAL CARE SERVICE DELIVERED BY A PHYSICIAN, FACE TO FACE; DURING	\$153.86

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0241	EACH ADDITIONAL 30 MINUTES (LIST SEPARATELY IN ADDITION TO G0240)	\$76.92
G0242	MULTI-SOURCE PHOTON STEREOTACTIC RADIOSURGERY (COBALT 60 MULTI-SOURCE	\$0.00
G0243	MULTI-SOURCE PHOTON STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR	\$0.00
G0244	OBSERVATION CARE PROVIDED BY A FACILITY TO A PATIENT WITH CHF, CHEST PAIN, OR	\$0.00
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$33.87
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETI	\$17.09
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEU	\$20.56
G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICA	\$167.67
G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WIT	\$100.48
G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$7.06
G0251	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING	\$0.00
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF	\$0.00
G0253	PET IMAGING FOR BREAST CANCER, FULL AND PARTIAL-RING PET SCANNERS ONLY,	\$1,788.18
G0254	PET IMAGING FOR BREAST CANCER, FULL AND PARTIAL- RING PET SCANNERS ONLY,	\$1,788.18
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT) PER LIMB,	\$0.00
G0256	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED PALLADIUM SEEDS, INCLUDING	\$0.00
G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL	\$0.00
G0258	INTRAVENOUS INFUSION DURING SEPARATELY PAYABLE OBSERVATION STAY, PER	\$0.00
G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	\$0.00
G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID	\$0.00
G0261	PROSTATE BRACHYTHERAPY USING PERMANENTLY IMPLANTED IODINE SEEDS, INCLUDING	\$0.00
G0262	SMALL INTESTINAL IMAGING; INTRALUMINAL, FROM LIGAMENT OF TREITZ TO THE ILEO	\$613.55
G0263	DIRECT ADMISSION OF PATIENT WITH DIAGNOSIS OF CONGESTIVE HEART FAILURE, CHEST	\$0.00
G0264	INITIAL NURSING ASSESSMENT OF PATIENT DIRECTLY ADMITTED TO OBSERVATION WITH	\$0.00
G0265	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS FOR THERAPEUTIC USE, EACH CELL	\$6.27
G0266	THAWING AND EXPANSION OF FROZEN CELLS FOR THERAPEUTIC USE, EACH ALIQUOT	\$6.27
G0267	BONE MARROW OR PERIPHERAL STEM CELL HARVEST, MODIFICATION OR TREATMENT TO	\$0.00
G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERV	\$24.13
G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE,	\$0.00
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$0.00
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0272	NASO/ORO GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC	\$12.76
G0273	RADIOPHARMACEUTICAL BIODISTRIBUTION, SINGLE OR MULTIPLE SCANS ON ONE OR MORE	\$367.08
G0274	RADIOPHARMACEUTICAL THERAPY, NON-HODGKIN'S LYMPHOMA, INCLUDES ADMINISTRATION OF	\$160.89
G0275	RENAL ARTERY ANGIOGRAPHY (UNILATERAL OR BILATERAL) PERFORMED AT THE TIME OF CARD	\$9.80
G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION,	\$9.80
G0279	EXTRACORPOREAL SHOCK WAVE THERAPY; INVOLVING ELBOW EPICONDYLITIS	\$0.00
G0280	EXTRACORPOREAL SHOCK WAVE THERAPY; INVOLVING OTHER THAN ELBOW EPICONDYLITIS OR	\$0.00
G0281	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE II	\$9.73
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE	\$0.00
G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHE	\$9.73
G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING	\$317.98
G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEMEN	\$62.31
G0290	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	\$0.00
G0291	TRANSCATHETER PLACEMENT OF A DRUG ELUTING INTRACORONARY STENT(S), PERCUTANEOUS,	\$0.00
G0292	ADMINISTRATION(S) OF EXPERIMENTAL DRUG(S) ONLY IN A MEDICARE QUALIFYING CLINICAL	\$0.00
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	\$0.00
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	\$0.00
G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN	\$0.00
G0296	PET IMAGING, FULL AND PARTIAL RING PET SCANNER ONLY, FOR RESTAGING OF	\$0.00
G0297	INSERTION OF SINGLE CHAMBER PACING CARDIOVERTER DEFIBRILLATOR PULSE GENERATOR	\$0.00
G0298	INSERTION OF DUAL CHAMBER PACING CARDIOVERTER DEFIBRILLATOR PULSE GENERATOR	\$0.00
G0299	INSERTION OR REPOSITIONING OF ELECTRODE LEAD FOR SINGLE CHAMBER PACING	\$0.00
G0300	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR DUAL CHAMBER PACING	\$0.00
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE	\$0.00
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15	\$0.00
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS	\$0.00
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF	\$0.00
G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND AUTOMAT	\$6.52
G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	\$5.42
G0308	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0309	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0310	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0311	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0312	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0313	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0314	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES, DURING THE COURSE OF	\$0.00
G0315	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0316	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0317	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0318	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$0.00
G0319	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES DURING THE COURSE OF TREATMENT,	\$212.44
G0320	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$0.00
G0321	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$0.00
G0322	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$0.00
G0323	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PATIENTS PER	\$0.00
G0324	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$0.00
G0325	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$0.00
G0326	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$0.00
G0327	END STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS (LESS THAN	\$0.00
G0328	COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3	\$0.00
G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	\$2.06
G0332	SERVICES FOR INTRAVENOUS INFUSION OF IMMUNOGLOBULIN PRIOR TO ADMINISTRATION (THI	\$0.00
G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEF	\$0.00
G0336	PET IMAGING, BRAIN IMAGING FOR THE DIFFERENTIAL DIAGNOSIS OF ALZHEIMER'S	\$0.00
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$0.00
G0338	LINEAR-ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY PLAN, INCLUDING DOSE VOLUME	\$0.00
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	\$0.00
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	\$0.00
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$0.00
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$0.00
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AND	\$0.00
G0344	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0345	INTRAVENOUS INFUSION, HYDRATION; INITIAL, UP TO ONE HOUR	\$0.00
G0346	EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS (LIST SEPARATELY IN ADDITION TO	\$0.00
G0347	INTRAVENOUS INFUSION, FOR THERAPEUTIC/DIAGNOSTIC (SPECIFY SUBSTANCE OR DRUG);	\$0.00
G0348	EACH ADDITIONAL HOUR, UP TO EIGHT (8) HOURS (LIST SEPARATELY IN ADDITION TO	\$0.00
G0349	ADDITIONAL SEQUENTIAL INFUSION, UP TO ONE HOUR (LIST SEPARATELY IN ADDITION TO	\$0.00
G0350	CONCURRENT INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	\$0.00
G0351	THERAPEUTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS	\$0.00
G0353	INTRAVENOUS PUSH, SINGLE OR INITIAL SUBSTANCE/DRUG	\$0.00
G0354	EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH (LIST SEPARATELY IN ADDITION TO	\$0.00
G0355	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR NON-HORMONAL	\$0.00
G0356	HORMONAL ANTINEOPLASTIC	\$0.00
G0357	INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	\$0.00
G0358	INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY IN	\$0.00
G0359	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO ONE HOUR,	\$0.00
G0360	EACH ADDITIONAL HOUR, ONE TO EIGHT (8) HOURS (LIST SEPARATELY IN ADDITION TO	\$0.00
G0361	INITIATION OF PROLONGED CHEMOTHERAPY INFUSION (MORE THAN EIGHT HOURS),	\$0.00
G0362	EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT SUBSTANCE/DRUG), UP TO ONE HOUR	\$0.00
G0363	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS (DO NOT	\$0.00
G0364	BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME	\$0.00
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE	\$0.00
G0366	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND	\$0.00
G0367	TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A COMPONENT OF	\$0.00
G0368	INTERPRETATION AND REPORT ONLY, PERFORMED AS A COMPONENT OF THE INITIAL	\$0.00
G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILI	\$0.00
G0375	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3	\$0.00
G0376	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 M	\$0.00
G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR	\$0.00
G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	\$0.00
G0380	LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPAR	\$0.00
G0381	LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPAR	\$0.00
G0382	LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPAR	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0383	LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPAR	\$0.00
G0384	LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPAR	\$0.00
G0389	ULTRASOUND B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOR ABDOMINAL AORTI	\$66.13
G0390	TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE SERVICE	\$0.00
G0392	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$325.70
G0393	TRANSLUMINAL BALLOON ANGIOPLASTY, PERCUTANEOUS; FOR MAINTENANCE OF HEMODIALYSIS	\$207.40
G0394	BLOOD OCCULT TEST (E.G., GUAIAC), FECES, FOR SINGLE DETERMINATION FOR COLORECTAL	\$0.00
G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	\$24.04
G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G.,	\$46.92
G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM O	\$0.00
G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 C	\$0.00
G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CH	\$0.00
G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO	\$0.00
G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE I	\$0.00
G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATI	\$0.00
G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PE	\$0.00
G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND	\$22.91
G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY	\$41.21
G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND	\$58.97
G0409	SOCIAL WORK AND PSYCHOLOGICAL SERVICES, DIRECTLY RELATING TO AND/OR FURTHERING T	\$0.00
G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITAL	\$0.00
G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMA	\$0.00
G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S)	\$423.21
G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCAT	\$617.82
G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE	\$585.76
G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTUR	\$796.60
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURA	\$425.37
G0417	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURA	\$826.94
G0418	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURA	\$1,418.57
G0419	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURA	\$1,685.75
G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE;	\$0.00
G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH	\$0.00
G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WIT	\$0.00
G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PE	\$0.00
G0425	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 30	\$48.15
G0426	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 50	\$65.65
G0427	TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT, TYPICALLY 70	\$96.56
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CMI, COL	\$0.00
G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (L	\$8.94
G0430	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES OTHER THAN CHROMATOGRAPHIC METHO	\$0.00
G0431	DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (	\$0.00
G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1	\$0.00
G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA)	\$0.00
G0434	DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAI	\$0.00
G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2,	\$0.00
G0436	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INT	\$7.47
G0437	SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INT	\$16.47
G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	\$0.00
G0439	ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS),	\$0.00
G0440	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE;	\$0.00
G0441	APPLICATION OF TISSUE CULTURED ALLOGENEIC SKIN SUBSTITUTE OR DERMAL SUBSTITUTE;	\$0.00
G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	\$5.71
G0443	BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES	\$14.33
G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	\$5.71
G0445	HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTION;	\$14.33
G0446	INTENSIVE BEHAVIORAL THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK, INDIVIDUAL,	\$14.33
G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	\$14.33
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM	\$0.00
G0449	ANNUAL FACE-TO-FACE OBESITY SCREENING, 15 MINUTES	\$0.00
G0450	SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS, INCLUDES LABORATORY TESTS FOR CHL	\$0.00
G0451	DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G0452	Molecular pathology procedure; physician interpretation and report	\$11.51
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	\$16.29
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	\$5.47
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	\$32.30
G0456	Negative pressure wound therapy, (e. G. Vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions f	by report
G0457	Negative pressure wound therapy, (e. G. Vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions f	by report
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	\$0.00
G0908	MOST RECENT HEMOGLOBIN (HGB) LEVEL > 12.0 G/DL	\$0.00
G0909	HEMOGLOBIN LEVEL MEASUREMENT NOT DOCUMENTED, REASON NOT GIVEN	\$0.00
G0910	MOST RECENT HEMOGLOBIN LEVEL <= 12.0 G/DL	\$0.00
G0911	ASSESSED LEVEL OF ACTIVITY AND SYMPTOMS	\$0.00
G0912	LEVEL OF ACTIVITY AND SYMPTOMS NOT ASSESSED	\$0.00
G0913	IMPROVEMENT IN VISUAL FUNCTION ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGER	\$0.00
G0914	PATIENT CARE SURVEY WAS NOT COMPLETED BY PATIENT	\$0.00
G0915	IMPROVEMENT IN VISUAL FUNCTION NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SU	\$0.00
G0916	SATISFACTION WITH CARE ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	\$0.00
G0917	PATIENT SATISFACTION SURVEY WAS NOT COMPLETED BY PATIENT	\$0.00
G0918	SATISFACTION WITH CARE NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY	\$0.00
G0919	INFLUENZA IMMUNIZATION ORDERED OR RECOMMENDED (TO BE GIVEN AT ALTERNATE LOCATION	\$0.00
G0920	TYPE, ANATOMIC LOCATION, AND ACTIVITY ALL DOCUMENTED	\$0.00
G0921	DOCUMENTATION OF PATIENT REASON(S) FOR NOT BEING ABLE TO ASSESS (E.G., PATIENT R	\$0.00
G0922	NO DOCUMENTATION OF DISEASE TYPE, ANATOMIC LOCATION, AND ACTIVITY, REASON NOT GI	\$0.00
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG	\$0.00
G8006	ACUTE MYOCARDIAL INFARCTION: PATIENT DOCUMENTED TO HAVE RECEIVED ASPIRIN AT ARRI	\$0.00
G8007	ACUTE MYOCARDIAL INFARCTION: PATIENT NOT DOCUMENTED TO HAVE RECEIVED ASPIRIN AT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8008	CLINICIAN DOCUMENTED THAT ACUTE MYOCARDIAL INFARCTION PATIENT WAS NOT AN ELIGIBL	\$0.00
G8009	ACUTE MYOCARDIAL INFARCTION: PATIENT DOCUMENTED TO HAVE RECEIVED BETA-BLOCKER AT	\$0.00
G8010	ACUTE MYOCARDIAL INFARCTION: PATIENT NOT DOCUMENTED TO HAVE RECEIVED BETA-BLOCKE	\$0.00
G8011	CLINICIAN DOCUMENTED THAT ACUTE MYOCARDIAL INFARCTION PATIENT WAS NOT AN ELIGIBL	\$0.00
G8012	PNEUMONIA: PATIENT DOCUMENTED TO HAVE RECEIVED ANTIBIOTIC WITHIN 4 HOURS OF PRES	\$0.00
G8013	PNEUMONIA: PATIENT NOT DOCUMENTED TO HAVE RECEIVED ANTIBIOTIC WITHIN 4 HOURS OF	\$0.00
G8014	CLINICIAN DOCUMENTED THAT PNEUMONIA PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AN	\$0.00
G8015	DIABETIC PATIENT WITH MOST RECENT HEMOGLOBIN A1C LEVEL (WITHIN THE LAST 6 MONTHS	\$0.00
G8016	DIABETIC PATIENT WITH MOST RECENT HEMOGLOBIN A1C LEVEL (WITHIN THE LAST 6 MONTHS	\$0.00
G8017	CLINICIAN DOCUMENTED THAT DIABETIC PATIENT WAS NOT ELIGIBLE CANDIDATE FOR HEMOGL	\$0.00
G8018	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC PATIENT FOR THE REQUIRED TIME F	\$0.00
G8019	DIABETIC PATIENT WITH MOST RECENT LOW-DENSITY LIPOPROTEIN (WITHIN THE LAST 12 MO	\$0.00
G8020	DIABETIC PATIENT WITH MOST RECENT LOW-DENSITY LIPOPROTEIN (WITHIN THE LAST 12 MO	\$0.00
G8021	CLINICIAN DOCUMENTED THAT DIABETIC PATIENT WAS NOT ELIGIBLE CANDIDATE FOR LOW-DE	\$0.00
G8022	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC PATIENT FOR THE REQUIRED TIME F	\$0.00
G8023	DIABETIC PATIENT WITH MOST RECENT BLOOD PRESSURE (WITHIN THE LAST 6 MONTHS) DOCU	\$0.00
G8024	DIABETIC PATIENT WITH MOST RECENT BLOOD PRESSURE (WITHIN THE LAST 6 MONTHS) DOCU	\$0.00
G8025	CLINICIAN DOCUMENTED THAT THE DIABETIC PATIENT WAS NOT ELIGIBLE CANDIDATE FOR BL	\$0.00
G8026	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC PATIENT FOR THE REQUIRED TIME F	\$0.00
G8027	HEART FAILURE PATIENT WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD) DOCUMENT	\$0.00
G8028	HEART FAILURE PATIENT WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD) NOT DOCU	\$0.00
G8029	CLINICIAN DOCUMENTED THAT HEART FAILURE PATIENT WAS NOT AN ELIGIBLE CANDIDATE FO	\$0.00
G8030	HEART FAILURE PATIENT WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD) DOCUMENT	\$0.00
G8031	HEART FAILURE PATIENT WITH LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD) NOT DOCU	\$0.00
G8032	CLINICIAN DOCUMENTED THAT HEART FAILURE PATIENT WAS NOT ELIGIBLE CANDIDATE FOR B	\$0.00
G8033	PRIOR MYOCARDIAL INFARCTION - CORONARY ARTERY DISEASE PATIENT DOCUMENTED TO BE O	\$0.00
G8034	PRIOR MYOCARDIAL INFARCTION - CORONARY ARTERY DISEASE PATIENT NOT DOCUMENTED TO	\$0.00
G8035	CLINICIAN DOCUMENTED THAT PRIOR MYOCARDIAL INFARCTION - CORONARY ARTERY DISEASE	\$0.00
G8036	CORONARY ARTERY DISEASE PATIENT DOCUMENTED TO BE ON ANTIPLATELET THERAPY	\$0.00
G8037	CORONARY ARTERY DISEASE PATIENT NOT DOCUMENTED TO BE ON ANTIPLATELET THERAPY	\$0.00
G8038	CLINICIAN DOCUMENTED THAT CORONARY ARTERY DISEASE PATIENT WAS NOT ELIGIBLE CANDI	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8039	CORONARY ARTERY DISEASE - PATIENT WITH LOW-DENSITY LIPOPROTEIN DOCUMENTED TO BE	\$0.00
G8040	CORONARY ARTERY DISEASE - PATIENT WITH LOW-DENSITY LIPOPROTEIN DOCUMENTED TO BE	\$0.00
G8041	CLINICIAN DOCUMENTED THAT CORONARY ARTERY DISEASE PATIENT WAS NOT ELIGIBLE CANDI	\$0.00
G8051	PATIENT (FEMALE) DOCUMENTED TO HAVE BEEN ASSESSED FOR OSTEOPOROSIS	\$0.00
G8052	PATIENT (FEMALE) NOT DOCUMENTED TO HAVE BEEN ASSESSED FOR OSTEOPOROSIS	\$0.00
G8053	CLINICIAN DOCUMENTED THAT (FEMALE) PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR OST	\$0.00
G8054	PATIENT NOT DOCUMENTED FOR THE ASSESSMENT FOR FALLS WITHIN LAST 12 MONTHS	\$0.00
G8055	PATIENT DOCUMENTED FOR THE ASSESSMENT FOR FALLS WITHIN LAST 12 MONTHS	\$0.00
G8056	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR THE FALLS AS	\$0.00
G8057	PATIENT DOCUMENTED TO HAVE RECEIVED HEARING ASSESSMENT	\$0.00
G8058	PATIENT NOT DOCUMENTED TO HAVE RECEIVED HEARING ASSESSMENT	\$0.00
G8059	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR HEARING ASSE	\$0.00
G8060	PATIENT DOCUMENTED FOR THE ASSESSMENT OF URINARY INCONTINENCE	\$0.00
G8061	PATIENT NOT DOCUMENTED FOR THE ASSESSMENT OF URINARY INCONTINENCE	\$0.00
G8062	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR URINARY INCO	\$0.00
G8075	END STAGE RENAL DISEASE PATIENT WITH DOCUMENTED DIALYSIS DOSE OF URR GREATER THA	\$0.00
G8076	END STAGE RENAL DISEASE PATIENT WITH DOCUMENTED DIALYSIS DOSE OF URR LESS THAN 6	\$0.00
G8077	CLINICIAN DOCUMENTED THAT END STAGE RENAL DISEASE PATIENT WAS NOT AN ELIGIBLE CA	\$0.00
G8078	END STAGE RENAL DISEASE PATIENT WITH DOCUMENTED HEMATOCRIT GREATER THAN OR EQUAL	\$0.00
G8079	END STAGE RENAL DISEASE PATIENT WITH DOCUMENTED HEMATOCRIT LESS THAN 33 (OR HEMO	\$0.00
G8080	CLINICIAN DOCUMENTED THAT END STAGE RENAL DISEASE PATIENT WAS NOT AN ELIGIBLE CA	\$0.00
G8081	END STAGE RENAL DISEASE PATIENT REQUIRING HEMODIALYSIS VASCULAR ACCESS DOCUMENTE	\$0.00
G8082	END STAGE RENAL DISEASE PATIENT REQUIRING HEMODIALYSIS DOCUMENTED TO HAVE RECEIV	\$0.00
G8085	END-STAGE RENAL DISEASE PATIENT REQUIRING HEMODIALYSIS VASCULAR ACCESS WAS NOT A	\$0.00
G8093	NEWLY DIAGNOSED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENT DOCUMENTED	\$0.00
G8094	NEWLY DIAGNOSED CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) PATIENT NOT DOCUMEN	\$0.00
G8099	OSTEOPOROSIS PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED CALCIUM AND VITAMIN D SU	\$0.00
G8100	CLINICIAN DOCUMENTED THAT OSTEOPOROSIS PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR	\$0.00
G8103	NEWLY DIAGNOSED OSTEOPOROSIS PATIENTS DOCUMENTED TO HAVE BEEN TREATED WITH ANTIR	\$0.00
G8104	CLINICIAN DOCUMENTED THAT NEWLY DIAGNOSED OSTEOPOROSIS PATIENT WAS NOT AN ELIGIB	\$0.00
G8106	WITHIN 6 MONTHS OF SUFFERING A NONTRAUMATIC FRACTURE, FEMALE PATIENT 65 YEARS OF	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8107	CLINICIAN DOCUMENTED THAT FEMALE PATIENT 65 YEARS OF AGE OR OLDER WHO SUFFERED A	\$0.00
G8108	PATIENT DOCUMENTED TO HAVE RECEIVED INFLUENZA VACCINATION DURING INFLUENZA SEASO	\$0.00
G8109	PATIENT NOT DOCUMENTED TO HAVE RECEIVED INFLUENZA VACCINATION DURING INFLUENZA S	\$0.00
G8110	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR INFLUENZA VA	\$0.00
G8111	PATIENT (FEMALE) DOCUMENTED TO HAVE RECEIVED A MAMMOGRAM DURING THE MEASUREMENT	\$0.00
G8112	PATIENT (FEMALE) NOT DOCUMENTED TO HAVE RECEIVED A MAMMOGRAM DURING THE MEASUREM	\$0.00
G8113	CLINICIAN DOCUMENTED THAT FEMALE PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MAMMO	\$0.00
G8114	CLINICIAN DID NOT PROVIDE CARE TO PATIENT FOR THE REQUIRED TIME OF MAMMOGRAPHY M	\$0.00
G8115	PATIENT DOCUMENTED TO HAVE RECEIVED PNEUMOCOCCAL VACCINATION	\$0.00
G8116	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PNEUMOCOCCAL VACCINATION	\$0.00
G8117	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PNEUMOCOCCAL	\$0.00
G8126	PATIENT DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION DURING THE EN	\$0.00
G8127	PATIENT NOT DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION DURING TH	\$0.00
G8128	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIDEPRESSA	\$0.00
G8129	PATIENT DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION FOR AT LEAST	\$0.00
G8130	PATIENT NOT DOCUMENTED AS BEING TREATED WITH ANTIDEPRESSANT MEDICATION FOR AT LE	\$0.00
G8131	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIDEPRESSA	\$0.00
G8152	PATIENT DOCUMENTED TO HAVE RECEIVED ANTIBIOTIC PROPHYLAXIS ONE HOUR PRIOR TO INC	\$0.00
G8153	PATIENT NOT DOCUMENTED TO HAVE RECEIVED ANTIBIOTIC PROPHYLAXIS ONE HOUR PRIOR TO	\$0.00
G8154	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIBIOTIC P	\$0.00
G8155	PATIENT WITH DOCUMENTED RECEIPT OF THROMBOEMBOLISM PROPHYLAXIS	\$0.00
G8156	PATIENT WITHOUT DOCUMENTED RECEIPT OF THROMBOEMBOLISM PROPHYLAXIS	\$0.00
G8157	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR THROMBOEMBOL	\$0.00
G8158	PATIENT DOCUMENTED TO HAVE RECEIVED CORONARY ARTERY BYPASS GRAFT WITH USE OF INT	\$0.00
G8159	PATIENT DOCUMENTED TO HAVE RECEIVED CORONARY ARTERY BYPASS GRAFT WITHOUT USE OF	\$0.00
G8160	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CORONARY ART	\$0.00
G8161	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT DOCUMENTED TO HAVE RECEIVED P	\$0.00
G8162	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT NOT DOCUMENTED TO HAVE RECEIV	\$0.00
G8163	CLINICIAN DOCUMENTED THAT PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT WAS	\$0.00
G8164	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT DOCUMENTED TO HAVE PROLONGED	\$0.00
G8165	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT NOT DOCUMENTED TO HAVE PROLON	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8166	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT DOCUMENTED TO HAVE REQUIRED S	\$0.00
G8167	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT DID NOT REQUIRE SURGICAL RE-E	\$0.00
G8170	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT DOCUMENTED TO HAVE BEEN DISCH	\$0.00
G8171	PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT NOT DOCUMENTED TO HAVE BEEN D	\$0.00
G8172	CLINICIAN DOCUMENTED THAT PATIENT WITH ISOLATED CORONARY ARTERY BYPASS GRAFT WAS	\$0.00
G8182	CLINICIAN HAS NOT PROVIDED CARE FOR THE CARDIAC PATIENT FOR THE REQUIRED TIME FO	\$0.00
G8183	PATIENT WITH HEART FAILURE AND ATRIAL FIBRILLATION DOCUMENTED TO BE ON WARFARIN	\$0.00
G8184	CLINICIAN DOCUMENTED THAT PATIENT WITH HEART FAILURE AND ATRIAL FIBRILLATION WAS	\$0.00
G8185	PATIENTS DIAGNOSED WITH SYMPTOMATIC OSTEOARTHRITIS WITH DOCUMENTED ANNUAL ASSESS	\$0.00
G8186	CLINICIAN DOCUMENTED THAT SYMPTOMATIC OSTEOARTHRITIS PATIENT WAS NOT AN ELIGIBLE	\$0.00
G8191	CLINICIAN DOCUMENTED TO HAVE GIVEN ORDER FOR PROPHYLACTIC ANTIBIOTIC TO BE GIVEN	\$0.00
G8192	CLINICIAN DOCUMENTED TO HAVE GIVEN THE PROPHYLACTIC ANTIBIOTIC WITHIN ONE HOUR (	\$0.00
G8193	CLINICIAN DID NOT DOCUMENT THAT AN ORDER FOR PROPHYLACTIC ANTIBIOTIC TO BE GIVEN	\$0.00
G8194	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PROPHYLACTIC	\$0.00
G8195	CLINICIAN DOCUMENTED TO HAVE GIVEN THE PROPHYLACTIC ANTIBIOTIC WITHIN ONE HOUR (	\$0.00
G8196	CLINICIAN DID NOT DOCUMENT A PROPHYLACTIC ANTIBIOTIC WAS ADMINISTERED WITHIN ONE	\$0.00
G8197	PATIENT DOCUMENTED TO HAVE ORDER FOR PROPHYLACTIC ANTIBIOTIC TO BE GIVEN WITHIN	\$0.00
G8198	PATIENT DOCUMENTED TO HAVE ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL P	\$0.00
G8199	CLINICIAN DOCUMENTED TO HAVE GIVEN CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PRO	\$0.00
G8200	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS NOT DOCUMENTED	\$0.00
G8201	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROB	\$0.00
G8202	CLINICIAN DOCUMENTED AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS	\$0.00
G8203	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTICS WERE DISCONTINUED WITHIN 24 H	\$0.00
G8204	CLINICIAN DID NOT DOCUMENT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBI	\$0.00
G8205	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PROPHYLACTIC	\$0.00
G8206	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN	\$0.00
G8207	CLINICIAN DOCUMENTED AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS	\$0.00
G8208	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTICS WERE DISCONTINUED WITHIN 48 H	\$0.00
G8209	CLINICIAN DID NOT DOCUMENT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBI	\$0.00
G8210	CLINICIAN DOCUMENTED PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DISCONTINUATION O	\$0.00
G8211	CLINICIAN DOCUMENTED THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8212	CLINICIAN DOCUMENTED AN ORDER WAS GIVEN FOR APPROPRIATE VENOUS THROMBOEMBOLISM (	\$0.00
G8213	CLINICIAN DOCUMENTED TO HAVE GIVEN VTE PROPHYLAXIS WITHIN 24 HRS PRIOR TO INCISI	\$0.00
G8214	CLINICIAN DID NOT DOCUMENT AN ORDER WAS GIVEN FOR APPROPRIATE VENOUS THROMBOEMBO	\$0.00
G8215	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR VENOUS THROM	\$0.00
G8216	PATIENT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY TWO	\$0.00
G8217	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY 2	\$0.00
G8218	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DVT PROPHYLAXIS BY END OF HOSPITAL DAY	\$0.00
G8219	PATIENT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY 2	\$0.00
G8220	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DVT PROPHYLAXIS BY END OF HOSPITAL DAY 2	\$0.00
G8221	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DVT PROPHYLA	\$0.00
G8222	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED ANTIPLATELET THERAPY AT DISCHARGE	\$0.00
G8223	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PRESCRIPTION FOR ANTIPLATELET THERAPY AT	\$0.00
G8224	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIPLATELET	\$0.00
G8225	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED AN ANTICOAGULANT AT DISCHARGE	\$0.00
G8226	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PRESCRIPTION FOR ANTICOAGULANT THERAPY A	\$0.00
G8227	PATIENT NOT DOCUMENTED TO HAVE PERMANENT, PERSISTENT, OR PAROXYSMAL ATRIAL FIBRI	\$0.00
G8228	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTICOAGULAN	\$0.00
G8229	PATIENT DOCUMENTED TO HAVE BEEN ADMINISTERED OR CONSIDERED FOR T-PA	\$0.00
G8230	PATIENT NOT ELIGIBLE FOR T-PA ADMINISTRATION, ISCHEMIC STROKE SYMPTOM ONSET OF M	\$0.00
G8231	PATIENT NOT DOCUMENTED TO HAVE RECEIVED T-PA OR NOT DOCUMENTED TO HAVE BEEN CONS	\$0.00
G8232	PATIENT DOCUMENTED TO HAVE RECEIVED DYSPHAGIA SCREENING PRIOR TO TAKING ANY FOOD	\$0.00
G8234	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DYSPHAGIA SCREENING	\$0.00
G8235	PATIENT NOT RECEIVING OR INELIGIBLE TO RECEIVE FOOD, FLUIDS OR MEDICATION BY MOU	\$0.00
G8236	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DYSPHAGIA SC	\$0.00
G8237	PATIENT DOCUMENTED TO HAVE RECEIVED ORDER FOR REHABILITATION SERVICES OR DOCUMEN	\$0.00
G8238	PATIENT NOT DOCUMENTED TO HAVE RECEIVED ORDER FOR OR CONSIDERATION FOR REHABILIT	\$0.00
G8239	INTERNAL CAROTID STENOSIS PATIENT BELOW 30%, REFERENCE TO MEASUREMENTS OF DISTAL	\$0.00
G8240	INTERNAL CAROTID STENOSIS PATIENT IN THE 30-99% RANGE, AND NO DOCUMENTATION OF R	\$0.00
G8241	CLINICIAN DOCUMENTED THAT PATIENT WHOSE FINAL REPORT OF THE CAROTID IMAGING STUD	\$0.00
G8242	PATIENT DOCUMENTED TO HAVE RECEIVED CT OR MRI WITH PRESENCE OR ABSENCE OF HEMORR	\$0.00
G8243	PATIENT NOT DOCUMENTED TO HAVE RECEIVED CT OR MRI AND THE PRESENCE OR ABSENCE OF	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8245	CLINICIAN DOCUMENTED PRESENCE OR ABSENCE ALARM SYMPTOMS	\$0.00
G8246	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MEDICAL HISTORY REVIEW WITH ASSESSMENT	\$0.00
G8247	PATIENT WITH ALARM SYMPTOM(S) DOCUMENTED TO HAVE HAD UPPER ENDOSCOPY PERFORMED O	\$0.00
G8248	PATIENT WITH AT LEAST ONE ALARM SYMPTOM NOT DOCUMENTED TO HAVE HAD UPPER ENDOSCO	\$0.00
G8249	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR UPPER ENDOSC	\$0.00
G8250	PATIENT WITH SUSPICION OF BARRETT'S ESOPHAGUS IN ENDOSCOPY REPORT AND DOCUMENTED	\$0.00
G8251	PATIENT NOT DOCUMENTED TO HAVE RECEIVED AN ESOPHAGEAL BIOPSY WHEN SUSPICION OF B	\$0.00
G8252	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ESOPHAGEAL B	\$0.00
G8253	PATIENT DOCUMENTED TO HAVE RECEIVED AN ORDER FOR A BARIUM SWALLOW TEST	\$0.00
G8254	PATIENT WITH NO DOCUMENTATION ORDER FOR BARIUM SWALLOW TEST	\$0.00
G8255	CLINICIAN DOCUMENTATION THAT PATIENT WAS AN ELIGIBLE CANDIDATE FOR BARIUM SWALLO	\$0.00
G8256	CLINICIAN DOCUMENTED RECONCILIATION OF DISCHARGE MEDICATIONS WITH CURRENT MEDICA	\$0.00
G8257	CLINICIAN HAS NOT DOCUMENTED RECONCILIATION OF DISCHARGE MEDICATIONS WITH CURREN	\$0.00
G8258	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DISCHARGE MEDICATIONS REVIEW	\$0.00
G8259	PATIENT DOCUMENTED TO HAVE SURROGATE DECISION MAKER OR ADVANCE CARE PLAN IN MEDI	\$0.00
G8260	PATIENT NOT DOCUMENTED TO HAVE SURROGATE DECISION MAKER OR ADVANCE CARE PLAN IN	\$0.00
G8261	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR SURROGATE DE	\$0.00
G8262	PATIENT DOCUMENTED TO HAVE BEEN ASSESSED FOR PRESENCE OR ABSENCE OF URINARY INCO	\$0.00
G8263	PATIENT NOT DOCUMENTED TO HAVE BEEN ASSESSED FOR PRESENCE OR ABSENCE OF URINARY	\$0.00
G8264	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AN ASSESSMEN	\$0.00
G8265	PATIENT DOCUMENTED TO HAVE RECEIVED CHARACTERIZATION OF URINARY INCONTINENCE	\$0.00
G8266	PATIENT NOT DOCUMENTED TO HAVE RECEIVED CHARACTERIZATION OF URINARY INCONTINENCE	\$0.00
G8267	PATIENT DOCUMENTED TO HAVE RECEIVED A PLAN OF CARE FOR URINARY INCONTINENCE	\$0.00
G8268	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PLAN OF CARE FOR URINARY INCONTINENCE	\$0.00
G8269	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME TO DEVELOP	\$0.00
G8270	PATIENT DOCUMENTED TO HAVE RECEIVED SCREENING FOR FALL RISK (2 OR MORE FALLS IN	\$0.00
G8271	PATIENT WITH NO DOCUMENTATION OF SCREENING FOR FALL RISKS (2 OR MORE FALLS IN TH	\$0.00
G8272	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FALL RISK	\$0.00
G8273	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME TO SCREEN	\$0.00
G8274	CLINICIAN HAS NOT DOCUMENTED PRESENCE OR ABSENCE OF ALARM SYMPTOMS	\$0.00
G8275	PATIENT DOCUMENTED TO HAVE MEDICAL HISTORY TAKEN WHICH INCLUDED ASSESSMENT OF NE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8276	PATIENT NOT DOCUMENTED TO HAVE RECEIVED MEDICAL HISTORY WITH ASSESSMENT OF NEW O	\$0.00
G8277	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MEDICAL HISTORY REVIEW WITH ASSESSMENT	\$0.00
G8278	PATIENT DOCUMENTED TO HAVE RECEIVED COMPLETE PHYSICAL SKIN EXAM	\$0.00
G8279	PATIENT NOT DOCUMENTED TO HAVE RECEIVED A COMPLETE PHYSICAL SKIN EXAM	\$0.00
G8280	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COMPLETE PHYSICAL SKIN EXAM DURING THE	\$0.00
G8281	PATIENT DOCUMENTED TO HAVE RECEIVED COUNSELING TO PERFORM A SELF-EXAMINATION	\$0.00
G8282	PATIENT NOT DOCUMENTED TO HAVE RECEIVED COUNSELING TO PERFORM A SELF-EXAMINATION	\$0.00
G8283	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COUNSELING TO PERFORM SELF-EXAMINATION	\$0.00
G8284	PATIENT DOCUMENTED TO HAVE RECEIVED A PRESCRIPTION FOR PHARMACOLOGIC THERAPY FOR	\$0.00
G8285	PATIENT NOT DOCUMENTED TO HAVE RECEIVED PHARMACOLOGIC THERAPY	\$0.00
G8286	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PHARMACOLOGI	\$0.00
G8287	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR THE PH	\$0.00
G8288	PATIENT DOCUMENTED TO HAVE RECEIVED CALCIUM AND VITAMIN D OR COUNSELING ON BOTH	\$0.00
G8289	PATIENT WITH NO DOCUMENTATION OF CALCIUM AND VITAMIN D USE OR COUNSELING REGARDI	\$0.00
G8290	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CALCIUM A	\$0.00
G8291	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR THE CA	\$0.00
G8292	COPD PATIENT WITH SPIROMETRY RESULTS DOCUMENTED	\$0.00
G8293	COPD PATIENT WITHOUT SPIROMETRY RESULTS DOCUMENTED	\$0.00
G8294	COPD PATIENT WAS NOT ELIGIBLE FOR SPIROMETRY RESULTS	\$0.00
G8295	COPD PATIENT DOCUMENTED TO HAVE RECEIVED INHALED BRONCHODILATOR THERAPY	\$0.00
G8296	COPD PATIENT NOT DOCUMENTED TO HAVE INHALED BRONCHODILATOR THERAPY PRESCRIBED	\$0.00
G8297	COPD PATIENT WAS NOT ELIGIBLE FOR INHALED BRONCHODILATOR THERAPY	\$0.00
G8298	PATIENT DOCUMENTED TO HAVE RECEIVED OPTIC NERVE HEAD EVALUATION	\$0.00
G8299	PATIENT NOT DOCUMENTED TO HAVE RECEIVED OPTIC NERVE HEAD EVALUATION	\$0.00
G8300	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR OPTIC NERVE	\$0.00
G8301	CLINICIAN HAS NOT PROVIDED CARE FOR THE PRIMARY OPEN-ANGLE GLAUCOMA PATIENT FOR	\$0.00
G8302	PATIENT DOCUMENTED TO HAVE A SPECIFIC TARGET INTRAOCULAR PRESSURE RANGE GOAL	\$0.00
G8303	PATIENT NOT DOCUMENTED TO HAVE A SPECIFIC TARGET INTRAOCULAR PRESSURE RANGE GOAL	\$0.00
G8304	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR A SPECIFIC T	\$0.00
G8305	CLINICIAN HAS NOT PROVIDED CARE FOR THE PRIMARY OPEN-ANGLE GLAUCOMA PATIENT FOR	\$0.00
G8306	PRIMARY OPEN-ANGLE GLAUCOMA PATIENT WITH INTRAOCULAR PRESSURE ABOVE THE TARGET R	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8307	PRIMARY OPEN-ANGLE GLAUCOMA PATIENT WITH INTRAOCULAR PRESSURE AT OR BELOW GOAL,	\$0.00
G8308	PRIMARY OPEN-ANGLE GLAUCOMA PATIENT WITH INTRAOCULAR PRESSURE ABOVE THE TARGET R	\$0.00
G8309	PATIENT DOCUMENTED TO HAVE BEEN PRESCRIBED/RECOMMENDED ANTIOXIDANT VITAMIN OR MI	\$0.00
G8310	PATIENT NOT DOCUMENTED TO HAVE BEEN PRESCRIBED/RECOMMENDED AT LEAST ONE ANTIOXID	\$0.00
G8311	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIOXIDA	\$0.00
G8312	CLINICIAN HAS NOT PROVIDED CARE FOR THE AGE-RELATED MACULAR DEGENERATION PATIENT	\$0.00
G8313	PATIENT DOCUMENTED TO HAVE RECEIVED MACULAR EXAM, INCLUDING DOCUMENTATION OF THE	\$0.00
G8314	PATIENT NOT DOCUMENTED TO HAVE RECEIVED MACULAR EXAM WITH DOCUMENTATION OF PRESE	\$0.00
G8315	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR MACULAR E	\$0.00
G8316	CLINICIAN HAS NOT PROVIDED CARE FOR THE AGE-RELATED MACULAR DEGENERATION PATIENT	\$0.00
G8317	PATIENT DOCUMENTED TO HAVE VISUAL FUNCTIONAL STATUS ASSESSED	\$0.00
G8318	PATIENT DOCUMENTED NOT TO HAVE VISUAL FUNCTIONAL STATUS ASSESSED	\$0.00
G8319	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ASSESSMENT O	\$0.00
G8320	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME F	\$0.00
G8321	PATIENT DOCUMENTED TO HAVE HAD PRE-SURGICAL AXIAL LENGTH, CORNEAL POWER MEASUREM	\$0.00
G8322	PATIENT NOT DOCUMENTED TO HAVE HAD PRE-SURGICAL AXIAL LENGTH, CORNEAL POWER MEAS	\$0.00
G8323	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PRE-SURGI	\$0.00
G8324	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME F	\$0.00
G8325	PATIENT DOCUMENTED TO HAVE RECEIVED FUNDUS EVALUATION WITHIN SIX MONTHS PRIOR TO	\$0.00
G8326	PATIENT NOT DOCUMENTED TO HAVE RECEIVED FUNDUS EVALUATION WITHIN SIX MONTHS PRIO	\$0.00
G8327	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR PRE-SURGICAL FUNDUS EVALUATION	\$0.00
G8328	CLINICIAN HAS NOT PROVIDED CARE FOR THE CATARACT PATIENT FOR THE REQUIRED TIME F	\$0.00
G8329	PATIENT DOCUMENTED TO HAVE RECEIVED DILATED MACULAR OR FUNDUS EXAM WITH LEVEL OF	\$0.00
G8330	PATIENT NOT DOCUMENTED TO HAVE RECEIVED DILATED MACULAR OR FUNDUS EXAM WITH LEVE	\$0.00
G8331	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR DILATED M	\$0.00
G8332	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC RETINOPATHY PATIENT FOR THE REQ	\$0.00
G8333	PATIENT DOCUMENTED TO HAVE HAD FINDINGS OF MACULAR OR FUNDUS EXAM COMMUNICATED T	\$0.00
G8334	DOCUMENTATION OF FINDINGS OF MACULAR OR FUNDUS EXAM NOT COMMUNICATED TO THE PHYS	\$0.00
G8335	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR THE FINDI	\$0.00
G8336	CLINICIAN HAS NOT PROVIDED CARE FOR THE DIABETIC RETINOPATHY PATIENT FOR THE REQ	\$0.00
G8337	CLINICIAN DOCUMENTED THAT COMMUNICATION WAS SENT TO THE PHYSICIAN MANAGING ONGOI	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8338	CLINICIAN HAS NOT DOCUMENTED THAT COMMUNICATION WAS SENT TO THE PHYSICIAN MANAGI	\$0.00
G8339	PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR COMMUNICATION WITH THE PHYSICIAN MANAG	\$0.00
G8340	PATIENT DOCUMENTED TO HAVE HAD CENTRAL DEXA PERFORMED AND RESULTS DOCUMENTED OR	\$0.00
G8341	PATIENT NOT DOCUMENTED TO HAVE HAD CENTRAL DEXA MEASUREMENT OR PHARMACOLOGIC THE	\$0.00
G8342	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CENTRAL DEXA	\$0.00
G8343	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR CENTRA	\$0.00
G8344	PATIENT DOCUMENTED TO HAVE HAD CENTRAL DEXA ORDERED OR PERFORMED AND RESULTS DOC	\$0.00
G8345	PATIENT NOT DOCUMENTED TO HAVE HAD CENTRAL DEXA MEASUREMENT ORDERED OR PERFORMED	\$0.00
G8346	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR CENTRAL DEXA	\$0.00
G8347	CLINICIAN HAS NOT PROVIDED CARE FOR THE PATIENT FOR THE REQUIRED TIME FOR CENTRA	\$0.00
G8351	PATIENT NOT DOCUMENTED TO HAVE HAD ECG	\$0.00
G8354	PATIENT NOT DOCUMENTED TO HAVE RECEIVED OR TAKEN ASPIRIN 24 HOURS BEFORE EMERGEN	\$0.00
G8357	PATIENT NOT DOCUMENTED TO HAVE HAD ECG	\$0.00
G8360	PATIENT NOT DOCUMENTED TO HAVE VITAL SIGNS RECORDED AND REVIEWED	\$0.00
G8362	PATIENT NOT DOCUMENTED TO HAVE OXYGEN SATURATION ASSESSED	\$0.00
G8365	PATIENT NOT DOCUMENTED TO HAVE MENTAL STATUS ASSESSED	\$0.00
G8367	PATIENT NOT DOCUMENTED TO HAVE APPROPRIATE EMPIRIC ANTIBIOTIC PRESCRIBED	\$0.00
G8370	ASTHMA PATIENTS WITH NUMERIC FREQUENCY OF SYMPTOMS OR PATIENT COMPLETION OF AN A	\$0.00
G8371	CHEMOTHERAPY DOCUMENTED AS NOT RECEIVED OR PRESCRIBED FOR STAGE III COLON CANCER	\$0.00
G8372	CHEMOTHERAPY DOCUMENTED AS RECEIVED OR PRESCRIBED FOR STAGE III COLON CANCER PAT	\$0.00
G8373	CHEMOTHERAPY PLAN DOCUMENTED PRIOR TO CHEMOTHERAPY ADMINISTRATION	\$0.00
G8374	CHEMOTHERAPY PLAN NOT DOCUMENTED PRIOR TO CHEMOTHERAPY ADMINISTRATION	\$0.00
G8375	CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) PATIENT WITH NO DOCUMENTATION OF BASELINE FLO	\$0.00
G8376	CLINICIAN DOCUMENTATION THAT BREAST CANCER PATIENT WAS NOT ELIGIBLE FOR TAMOXIFE	\$0.00
G8377	CLINICIAN DOCUMENTATION THAT COLON CANCER PATIENT IS NOT ELIGIBLE FOR CHEMOTHERA	\$0.00
G8378	CLINICIAN DOCUMENTATION THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR RADIATION	\$0.00
G8379	DOCUMENTATION OF RADIATION THERAPY RECOMMENDED WITHIN 12 MONTHS OF FIRST OFFICE	\$0.00
G8380	FOR PATIENTS WITH ER OR PR POSITIVE, STAGE IC-III BREAST CANCER, CLINICIAN DID N	\$0.00
G8381	FOR PATIENTS WITH ER OR PR POSITIVE, STAGE IC-III BREAST CANCER, CLINICIAN DOCUM	\$0.00
G8382	MULTIPLE MYELOMA PATIENTS WITH NO DOCUMENTATION OF PRESCRIBED OR RECEIVED INTRAV	\$0.00
G8383	NO DOCUMENTATION OF RADIATION THERAPY RECOMMENDED WITHIN 12 MONTHS OF FIRST OFFI	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8384	BASELINE CYTOGENETIC TESTING NOT PERFORMED IN PATIENTS WITH MYELOYDYSPLASTIC SYND	\$0.00
G8385	DIABETIC PATIENTS WITH NO DOCUMENTATION OF HEMOGLOBIN A1C LEVEL (WITHIN THE LAST	\$0.00
G8386	DIABETIC PATIENTS WITH NO DOCUMENTATION OF LOW-DENSITY LIPOPROTEIN (WITHIN THE L	\$0.00
G8387	END-STAGE RENAL DISEASE PATIENT WITH A HEMATOCRIT OR HEMOGLOBIN NOT DOCUMENTED	\$0.00
G8388	END-STAGE RENAL DISEASE PATIENT WITH URR OR KT/V VALUE NOT DOCUMENTED, BUT OTHER	\$0.00
G8389	MYELOYDYSPLASTIC SYNDROME (MDS) PATIENTS WITH NO DOCUMENTATION OF IRON STORES PRI	\$0.00
G8390	DIABETIC PATIENTS WITH NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT (WITHIN TH	\$0.00
G8391	PATIENTS WITH PERSISTENT ASTHMA, NO DOCUMENTATION OF PREFERRED LONG TERM CONTROL	\$0.00
G8395	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR M	\$0.00
G8396	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR DOCUMENTED	\$0.00
G8397	DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENC	\$0.00
G8398	DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED	\$0.00
G8399	PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED O	\$0.00
G8400	PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS NOT DOCUMENT	\$0.00
G8401	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR SCREENING OR	\$0.00
G8402	TOBACCO (SMOKE) USE CESSATION INTERVENTION, COUNSELING	\$0.00
G8403	TOBACCO (SMOKE) USE CESSATION INTERVENTION NOT COUNSELED	\$0.00
G8404	LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED	\$0.00
G8405	LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED	\$0.00
G8406	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR LOWER EXTREM	\$0.00
G8407	ABI MEASURED AND DOCUMENTED	\$0.00
G8408	ABI MEASUREMENT WAS NOT OBTAINED	\$0.00
G8409	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ABI MEASUREM	\$0.00
G8410	FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED	\$0.00
G8415	FOOTWEAR EVALUATION WAS NOT PERFORMED	\$0.00
G8416	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR EVA	\$0.00
G8417	CALCULATED BMI ABOVE NORMAL PARAMETERS AND A FOLLOW-UP PLAN WAS DOCUMENTED	\$0.00
G8418	CALCULATED BMI BELOW NORMAL PARAMETERS AND A FOLLOW-UP PLAN WAS DOCUMENTED	\$0.00
G8419	CALCULATED BMI OUTSIDE NORMAL PARAMETERS, NO FOLLOW-UP PLAN DOCUMENTED	\$0.00
G8420	CALCULATED BMI WITHIN NORMAL PARAMETERS AND DOCUMENTED	\$0.00
G8421	BMI NOT CALCULATED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8422	PATIENT NOT ELIGIBLE FOR BMI CALCULATION	\$0.00
G8423	DOCUMENTED THAT PATIENT WAS SCREENED AND EITHER INFLUENZA VACCINATION STATUS IS	\$0.00
G8424	INFLUENZA VACCINE STATUS WAS NOT SCREENED	\$0.00
G8425	INFLUENZA VACCINE STATUS SCREENED, PATIENT NOT CURRENT AND COUNSELING WAS NOT PR	\$0.00
G8426	DOCUMENTED THAT PATIENT WAS NOT APPROPRIATE FOR SCREENING AND/OR COUNSELING ABOU	\$0.00
G8427	ELIGIBLE PROFESSIONAL ATTESTS TO DOCUMENTING THE PATIENT'S CURRENT MEDICATIONS T	\$0.00
G8428	CURRENT MEDICATIONS NOT DOCUMENTED BY THE ELIGIBLE PROFESSIONAL, REASON NOT GIVE	\$0.00
G8429	INCOMPLETE OR NO PROVIDER DOCUMENTATION THAT PATIENT'S CURRENT MEDICATIONS WITH	\$0.00
G8430	ELIGIBLE PROFESSIONAL ATTESTS THE PATIENT IS NOT ELIGIBLE FOR MEDICATION DOCUMEN	\$0.00
G8431	POSITIVE SCREEN FOR CLINICAL DEPRESSION WITH A DOCUMENTED FOLLOW-UP PLAN	\$0.00
G8432	CLINICAL DEPRESSION SCREENING NOT DOCUMENTED, REASON NOT GIVEN	\$0.00
G8433	SCREENING FOR CLINICAL DEPRESSION NOT DOCUMENTED, PATIENT NOT ELIGIBLE/APPROPRIA	\$0.00
G8434	DOCUMENTATION OF COGNITIVE IMPAIRMENT SCREENING USING A STANDARDIZED TOOL	\$0.00
G8435	NO DOCUMENTATION OF COGNITIVE IMPAIRMENT SCREENING USING A STANDARDIZED TOOL	\$0.00
G8436	PATIENT NOT ELIGIBLE/NOT APPROPRIATE FOR COGNITIVE IMPAIRMENT SCREENING	\$0.00
G8437	DOCUMENTATION OF CLINICIAN AND PATIENT INVOLVEMENT WITH THE DEVELOPMENT OF A PLA	\$0.00
G8438	NO DOCUMENTATION OF CLINICIAN AND PATIENT INVOLVEMENT WITH THE DEVELOPMENT OF A	\$0.00
G8439	DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR CO-DEVELOPING A PLAN OF CARE INCL	\$0.00
G8440	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION)	\$0.00
G8441	NO DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTI	\$0.00
G8442	DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR PAIN ASSESSMENT	\$0.00
G8443	ALL PRESCRIPTIONS CREATED DURING THE ENCOUNTER WERE GENERATED USING A QUALIFIED	\$0.00
G8445	NO PRESCRIPTIONS WERE GENERATED DURING THE ENCOUNTER, PROVIDER DOES HAVE ACCESS	\$0.00
G8446	PROVIDER DOES HAVE ACCESS TO A QUALIFIED E-PRESCRIBING SYSTEM AND SOME OR ALL OF	\$0.00
G8447	PATIENT ENCOUNTER WAS DOCUMENTED USING AN EHR SYSTEM THAT HAS BEEN CERTIFIED BY	\$0.00
G8448	PATIENT ENCOUNTER WAS DOCUMENTED USING A PQRI QUALIFIED EHR OR OTHER ACCEPTABLE	\$0.00
G8449	PATIENT ENCOUNTER WAS NOT DOCUMENTED USING AN EMR DUE TO SYSTEM REASONS SUCH AS,	\$0.00
G8450	BETA-BLOCKER THERAPY PRESCRIBED	\$0.00
G8451	CLINICIAN DOCUMENTED PATIENT WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) <40%	\$0.00
G8452	BETA-BLOCKER THERAPY NOT PRESCRIBED	\$0.00
G8453	TOBACCO USE CESSATION INTERVENTION, COUNSELING	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8454	TOBACCO USE CESSATION INTERVENTION NOT COUNSELED, REASON NOT SPECIFIED	\$0.00
G8455	CURRENT TOBACCO SMOKER	\$0.00
G8456	CURRENT SMOKELESS TOBACCO USER	\$0.00
G8457	CURRENT TOBACCO NON-USER	\$0.00
G8458	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR GENOTYPE TEST	\$0.00
G8459	CLINICIAN DOCUMENTED THAT PATIENT IS RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS	\$0.00
G8460	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR QUANTITATIVE	\$0.00
G8461	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C	\$0.00
G8462	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR COUNSELING RE	\$0.00
G8463	PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C DOCUMENTED	\$0.00
G8464	CLINICIAN DOCUMENTED THAT PROSTATE CANCER PATIENT IS NOT AN ELIGIBLE CANDIDATE F	\$0.00
G8465	HIGH RISK OF RECURRENCE OF PROSTATE CANCER	\$0.00
G8466	CLINICIAN DOCUMENTED THAT PATIENT IS NOT AN ELIGIBLE CANDIDATE FOR SUICIDE RISK	\$0.00
G8467	DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSI	\$0.00
G8468	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
G8469	CLINICIAN DOCUMENTED THAT PATIENT WITH A LEFT VENTRICULAR EJECTION FRACTION (LVE	\$0.00
G8470	PATIENT WITH LEFT VENTRICULAR EJECTION FRACTION (LVEF) >=40% OR DOCUMENTATION AS	\$0.00
G8471	LEFT VENTRICULAR EJECTION FRACTION (LVEF) WAS NOT PERFORMED OR DOCUMENTED	\$0.00
G8472	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
G8473	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
G8474	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
G8475	ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (A	\$0.00
G8476	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF <130 MM/HG AND A DIASTO	\$0.00
G8477	MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF >=130 MM/HG AND/OR A DI	\$0.00
G8478	BLOOD PRESSURE MEASUREMENT NOT PERFORMED OR DOCUMENTED, REASON NOT GIVEN	\$0.00
G8479	CLINICIAN PRESCRIBED ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSI	\$0.00
G8480	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANGIOTENSIN	\$0.00
G8481	CLINICIAN DID NOT PRESCRIBE ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANG	\$0.00
G8482	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED	\$0.00
G8483	INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED FOR REASONS DOCUMENTED BY	\$0.00
G8484	INFLUENZA IMMUNIZATION WAS NOT ORDERED OR ADMINISTERED, REASON NOT GIVEN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8485	I INTEND TO REPORT THE DIABETES MELLITUS (DM) MEASURES GROUP	\$0.00
G8486	I INTEND TO REPORT THE PREVENTIVE CARE MEASURES GROUP	\$0.00
G8487	I INTEND TO REPORT THE CHRONIC KIDNEY DISEASE (CKD) MEASURES GROUP	\$0.00
G8488	CLINICIAN INTENDS TO REPORT THE END STAGE RENAL DISEASE (ESRD) MEASURE GROUP	\$0.00
G8489	I INTEND TO REPORT THE CORONARY ARTERY DISEASE (CAD) MEASURES GROUP	\$0.00
G8490	I INTEND TO REPORT THE RHEUMATOID ARTHRITIS (RA) MEASURES GROUP	\$0.00
G8491	I INTEND TO REPORT THE HIV/AIDS MEASURES GROUP	\$0.00
G8492	I INTEND TO REPORT THE PERIOPERATIVE CARE MEASURES GROUP	\$0.00
G8493	I INTEND TO REPORT THE BACK PAIN MEASURES GROUP	\$0.00
G8494	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE DIABETES MELLITUS (DM) ME	\$0.00
G8495	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CHRONIC KIDNEY DISEASE (C	\$0.00
G8496	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PREVENTIVE CARE MEASURES	\$0.00
G8497	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY BYPASS GR	\$0.00
G8498	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CORONARY ARTERY DISEASE (	\$0.00
G8499	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE RHEUMATOID ARTHRITIS (RA)	\$0.00
G8500	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HIV/AIDS MEASURES GROUP H	\$0.00
G8501	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PERIOPERATIVE CARE MEASUR	\$0.00
G8502	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE BACK PAIN MEASURES GROUP	\$0.00
G8503	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQ	\$0.00
G8504	DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR	\$0.00
G8505	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS NOT GIVEN WITHIN ONE HOUR (IF FLU	\$0.00
G8506	PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN R	\$0.00
G8507	PROVIDER DOCUMENTATION THAT PATIENT IS NOT ELIGIBLE FOR PATIENT VERIFICATION OF	\$0.00
G8508	DOCUMENTATION OF PAIN ASSESSMENT (INCLUDING LOCATION, INTENSITY AND DESCRIPTION)	\$0.00
G8509	DOCUMENTATION OF POSITIVE PAIN ASSESSMENT; NO DOCUMENTATION OF A FOLLOW-UP PLAN,	\$0.00
G8510	NEGATIVE SCREEN FOR CLINICAL DEPRESSION, FOLLOW-UP NOT REQUIRED	\$0.00
G8511	POSITIVE SCREEN FOR CLINICAL DEPRESSION DOCUMENTED, FOLLOW UP PLAN NOT DOCUMENTE	\$0.00
G8512	PAIN SEVERITY QUANTIFIED; PAIN PRESENT	\$0.00
G8513	ABI MEASURED AND DOCUMENTED	\$0.00
G8514	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ABI MEASUREM	\$0.00
G8515	ABI MEASUREMENT WAS NOT OBTAINED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8516	PATIENT SCREENED FOR FUTURE FALLS RISK; DOCUMENTATION OF TWO OR MORE FALLS IN TH	\$0.00
G8517	PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF NO FALLS IN THE PAST YEA	\$0.00
G8518	CLINICAL STAGE PRIOR TO SURGERY FOR LUNG CANCER AND ESOPHAGEAL CANCER RESECTION	\$0.00
G8519	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT ELIGIBLE FOR CLINICAL STAGE PRIOR TO S	\$0.00
G8520	CLINICIAN STAGE PRIOR TO SURGERY FOR LUNG CANCER AND ESOPHAGEAL CANCER RESECTION	\$0.00
G8521	ANTIPLATELET THERAPY RECEIVED (ASA [81-325 MG/DAY] AND/OR CLOPIDOGREL [75 MG/DAY	\$0.00
G8522	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ANTIPLATELET	\$0.00
G8523	ANTIPLATELET THERAPY NOT RECEIVED 48 HOURS PRIOR TO CEA AND AT DISCHARGE, REASON	\$0.00
G8524	PATCH CLOSURE USED FOR PATIENT UNDERGOING CONVENTIONAL CEA	\$0.00
G8525	CLINICIAN DOCUMENTED THAT PATIENT DID NOT RECEIVE CONVENTIONAL CEA	\$0.00
G8526	PATCH CLOSURE NOT USED FOR PATIENT UNDERGOING CONVENTIONAL CEA, REASON NOT SPECI	\$0.00
G8527	DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS	\$0.00
G8528	CLINICIAN DOCUMENTED THAT PATIENT WAS INELIGIBLE FOR PROPHYLACTIC ANTIBIOTIC SEL	\$0.00
G8529	ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS NOT DOCUMENTED,	\$0.00
G8530	AUTOGENOUS AV FISTULA RECEIVED	\$0.00
G8531	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR AUTOGENOUS A	\$0.00
G8532	CLINICIAN DOCUMENTED THAT PATIENT RECEIVED VASCULAR ACCESS OTHER THAN AUTOGENOUS	\$0.00
G8533	PARTICIPATION BY A PHYSICIAN OR OTHER CLINICIAN IN SYSTEMATIC CLINICAL DATABASE	\$0.00
G8534	DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN AND FOLLOW-UP PLAN	\$0.00
G8535	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, PATIENT NOT ELIGIBLE	\$0.00
G8536	NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, REASON NOT GIVEN	\$0.00
G8537	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, PATIENT NOT	\$0.00
G8538	ELDER MALTREATMENT SCREEN DOCUMENTED, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT	\$0.00
G8539	DOCUMENTATION OF A FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL AND D	\$0.00
G8540	DOCUMENTATION THAT THE PATIENT IS NOT ELIGIBLE FOR A FUNCTIONAL OUTCOME ASSESSME	\$0.00
G8541	FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL NOT DOCUMENTED, REASON N	\$0.00
G8542	DOCUMENTATION OF A FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; NO F	\$0.00
G8543	DOCUMENTATION OF A FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; CARE	\$0.00
G8544	I INTEND TO REPORT THE CORONARY ARTERY BYPASS GRAFT (CABG) MEASURES GROUP	\$0.00
G8545	I INTEND TO REPORT THE HEPATITIS C MEASURES GROUP	\$0.00
G8546	I INTEND TO REPORT THE COMMUNITY-ACQUIRED PNEUMONIA (CAP) MEASURES GROUP	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8547	I INTEND TO REPORT THE ISCHEMIC VASCULAR DISEASE (IVD) MEASURES GROUP	\$0.00
G8548	I INTEND TO REPORT THE HEART FAILURE (HF) MEASURES GROUP	\$0.00
G8549	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HEPATITIS C MEASURES GROU	\$0.00
G8550	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE COMMUNITY-ACQUIRED PNEUMO	\$0.00
G8551	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HEART FAILURE (HF) MEASUR	\$0.00
G8552	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE ISCHEMIC VASCULAR DISEASE	\$0.00
G8553	PRESCRIPTION(S) GENERATED AND TRANSMITTED VIA A QUALIFIED ERX SYSTEM OR A CERTIF	\$0.00
G8556	REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS OF TH	\$0.00
G8557	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE	\$0.00
G8558	NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDERS O	\$0.00
G8559	PATIENT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DISORDE	\$0.00
G8560	PATIENT HAS A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVIOUS 90 DAY	\$0.00
G8561	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WI	\$0.00
G8562	PATIENT DOES NOT HAVE A HISTORY OF ACTIVE DRAINAGE FROM THE EAR WITHIN THE PREVI	\$0.00
G8563	PATIENT NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DIS	\$0.00
G8564	PATIENT WAS REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN DIS	\$0.00
G8565	VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRESSIVE HEARING LOSS	\$0.00
G8566	PATIENT IS NOT ELIGIBLE FOR THE "REFERRAL FOR OTOLOGIC EVALUATION FOR SUDDEN OR	\$0.00
G8567	PATIENT DOES NOT HAVE VERIFICATION AND DOCUMENTATION OF SUDDEN OR RAPIDLY PROGRE	\$0.00
G8568	PATIENT WAS NOT REFERRED TO A PHYSICIAN (PREFERABLY A PHYSICIAN WITH TRAINING IN	\$0.00
G8569	PROLONGED INTUBATION (>24 HRS) REQUIRED	\$0.00
G8570	PROLONGED INTUBATION (>24 HRS) NOT REQUIRED	\$0.00
G8571	DEVELOPMENT OF DEEP STERNAL WOUND INFECTION WITHIN 30 DAYS POSTOPERATIVELY	\$0.00
G8572	NO DEEP STERNAL WOUND INFECTION	\$0.00
G8573	STROKE FOLLOWING ISOLATED CABG SURGERY	\$0.00
G8574	NO STROKE FOLLOWING ISOLATED CABG SURGERY	\$0.00
G8575	DEVELOPED POSTOPERATIVE RENAL FAILURE OR REQUIRED DIALYSIS	\$0.00
G8576	NO POSTOPERATIVE RENAL FAILURE/DIALYSIS NOT REQUIRED	\$0.00
G8577	RE-EXPLORATION REQUIRED DUE TO MEDIASTINAL BLEEDING WITH OR WITHOUT TAMPONADE, G	\$0.00
G8578	RE-EXPLORATION NOT REQUIRED DUE TO MEDIASTINAL BLEEDING WITH OR WITHOUT TAMPONAD	\$0.00
G8579	ANTIPLATELET MEDICATION AT DISCHARGE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8580	ANTIPLATELET MEDICATION CONTRAINDICATED	\$0.00
G8581	NO ANTIPLATELET MEDICATION AT DISCHARGE	\$0.00
G8582	BETA-BLOCKER AT DISCHARGE	\$0.00
G8583	BETA-BLOCKER CONTRAINDICATED	\$0.00
G8584	NO BETA-BLOCKER AT DISCHARGE	\$0.00
G8585	ANTI-LIPID TREATMENT AT DISCHARGE	\$0.00
G8586	ANTI-LIPID TREATMENT CONTRAINDICATED	\$0.00
G8587	NO ANTI-LIPID TREATMENT AT DISCHARGE	\$0.00
G8588	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140 MMHG	\$0.00
G8589	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MMHG	\$0.00
G8590	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90 MMHG	\$0.00
G8591	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MMHG	\$0.00
G8592	NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT, REASON NOT GIVEN	\$0.00
G8593	LIPID PROFILE RESULTS DOCUMENTED AND REVIEWED (MUST INCLUDE TOTAL CHOLESTEROL, H	\$0.00
G8594	LIPID PROFILE NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8595	MOST RECENT LDL-C < 100 MG/DL	\$0.00
G8596	LDL-C WAS NOT PERFORMED	\$0.00
G8597	MOST RECENT LDL-C >= 100 MG/DL	\$0.00
G8598	ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY USED	\$0.00
G8599	ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY NOT USED, REASON NOT GIVEN	\$0.00
G8600	IV T-PA INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WEL	\$0.00
G8601	IV T-PA NOT INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WEL	\$0.00
G8602	IV T-PA NOT INITIATED WITHIN THREE HOURS (<= 180 MINUTES) OF TIME LAST KNOWN WEL	\$0.00
G8603	SCORE ON THE SPOKEN LANGUAGE COMPREHENSION FUNCTIONAL COMMUNICATION MEASURE AT D	\$0.00
G8604	SCORE ON THE SPOKEN LANGUAGE COMPREHENSION FUNCTIONAL COMMUNICATION MEASURE AT D	\$0.00
G8605	PATIENT TREATED FOR SPOKEN LANGUAGE COMPREHENSION BUT NOT SCORED ON THE SPOKEN L	\$0.00
G8606	SCORE ON THE ATTENTION FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGHER	\$0.00
G8607	SCORE ON THE ATTENTION FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT HIG	\$0.00
G8608	PATIENT TREATED FOR ATTENTION BUT NOT SCORED ON THE ATTENTION FUNCTIONAL COMMUNI	\$0.00
G8609	SCORE ON THE MEMORY FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGHER THA	\$0.00
G8610	SCORE ON THE MEMORY FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT HIGHER	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8611	PATIENT TREATED FOR MEMORY BUT NOT SCORED ON THE MEMORY FUNCTIONAL COMMUNICATION	\$0.00
G8612	SCORE ON THE MOTOR SPEECH FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGH	\$0.00
G8613	SCORE ON THE MOTOR SPEECH FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT	\$0.00
G8614	PATIENT TREATED FOR MOTOR SPEECH BUT NOT SCORED ON THE MOTOR SPEECH COMPREHENSIO	\$0.00
G8615	SCORE ON THE READING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGHER TH	\$0.00
G8616	SCORE ON THE READING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT HIGHE	\$0.00
G8617	PATIENT TREATED FOR READING BUT NOT SCORED ON THE READING FUNCTIONAL COMMUNICATI	\$0.00
G8618	SCORE ON THE SPOKEN LANGUAGE EXPRESSION FUNCTIONAL COMMUNICATION MEASURE AT DISC	\$0.00
G8619	SCORE ON THE SPOKEN LANGUAGE EXPRESSION FUNCTIONAL COMMUNICATION MEASURE AT DISC	\$0.00
G8620	PATIENT TREATED FOR SPOKEN LANGUAGE EXPRESSION BUT NOT SCORED ON THE SPOKEN LANG	\$0.00
G8621	SCORE ON THE WRITING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGHER TH	\$0.00
G8622	SCORE ON THE WRITING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT HIGHE	\$0.00
G8623	PATIENT TREATED FOR WRITING BUT NOT SCORED ON THE WRITING FUNCTIONAL COMMUNICATI	\$0.00
G8624	SCORE ON THE SWALLOWING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS HIGHER	\$0.00
G8625	SCORE ON THE SWALLOWING FUNCTIONAL COMMUNICATION MEASURE AT DISCHARGE WAS NOT HI	\$0.00
G8626	PATIENT TREATED FOR SWALLOWING BUT NOT SCORED ON THE SWALLOWING FUNCTIONAL COMMU	\$0.00
G8627	SURGICAL PROCEDURE PERFORMED WITHIN 30 DAYS FOLLOWING CATARACT SURGERY FOR MAJOR	\$0.00
G8628	SURGICAL PROCEDURE NOT PERFORMED WITHIN 30 DAYS FOLLOWING CATARACT SURGERY FOR M	\$0.00
G8629	DOCUMENTATION OF ORDER FOR PROPHYLACTIC PARENTERAL ANTIBIOTIC TO BE GIVEN WITHIN	\$0.00
G8630	DOCUMENTATION THAT ADMINISTRATION OF PROPHYLACTIC PARENTERAL ANTIBIOTICS WAS INI	\$0.00
G8631	CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR ORDERING PRO	\$0.00
G8632	PROPHYLACTIC PARENTERAL ANTIBIOTICS WERE NOT ORDERED TO BE GIVEN OR GIVEN WITHIN	\$0.00
G8633	PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBE	\$0.00
G8634	CLINICIAN DOCUMENTED PATIENT NOT AN ELIGIBLE CANDIDATE TO RECEIVE PHARMACOLOGIC	\$0.00
G8635	PHARMACOLOGIC THERAPY FOR OSTEOPOROSIS WAS NOT PRESCRIBED, REASON NOT GIVEN	\$0.00
G8636	INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED	\$0.00
G8637	CLINICIAN DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO RECEIVE THE INFLUENZA IMMUN	\$0.00
G8638	INFLUENZA IMMUNIZATION NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT OTHER	\$0.00
G8639	INFLUENZA IMMUNIZATION WAS ADMINISTERED OR PREVIOUSLY RECEIVED	\$0.00
G8640	CLINICIAN HAS DOCUMENTED THAT PATIENT IS NOT ELIGIBLE TO RECEIVE THE INFLUENZA I	\$0.00
G8641	INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT O	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8642	THE ELIGIBLE PROFESSIONAL PRACTICES IN A RURAL AREA WITHOUT SUFFICIENT HIGH SPEE	\$0.00
G8643	THE ELIGIBLE PROFESSIONAL PRACTICES IN AN AREA WITHOUT SUFFICIENT AVAILABLE PHAR	\$0.00
G8644	ELIGIBLE PROFESSIONAL DOES NOT HAVE PRESCRIBING PRIVILEGES	\$0.00
G8645	I INTEND TO REPORT THE ASTHMA MEASURES GROUP	\$0.00
G8646	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE ASTHMA MEASURES GROUP HAV	\$0.00
G8647	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY	\$0.00
G8648	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE KNEE SUCCESSFULLY	\$0.00
G8649	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED	\$0.00
G8650	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE KNEE NOT MEASURED	\$0.00
G8651	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY C	\$0.00
G8652	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE HIP SUCCESSFULLY C	\$0.00
G8653	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED	\$0.00
G8654	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE HIP NOT MEASURED	\$0.00
G8655	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR	\$0.00
G8656	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LOWER LEG, FOOT OR	\$0.00
G8657	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT O	\$0.00
G8658	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LOWER LEG, FOOT O	\$0.00
G8659	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCE	\$0.00
G8660	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE LUMBAR SPINE SUCCE	\$0.00
G8661	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT	\$0.00
G8662	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE LUMBAR SPINE NOT	\$0.00
G8663	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFU	\$0.00
G8664	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE SHOULDER SUCCESSFU	\$0.00
G8665	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEAS	\$0.00
G8666	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE SHOULDER NOT MEAS	\$0.00
G8667	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HA	\$0.00
G8668	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HA	\$0.00
G8669	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR H	\$0.00
G8670	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE ELBOW, WRIST OR H	\$0.00
G8671	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MAN	\$0.00
G8672	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE NECK, CRANIUM, MAN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8673	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MA	\$0.00
G8674	RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORES FOR THE NECK, CRANIUM, MA	\$0.00
G8675	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140 MM HG	\$0.00
G8676	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90 MM HG	\$0.00
G8677	MOST RECENT SYSTOLIC BLOOD PRESSURE < 130 MM HG	\$0.00
G8678	MOST RECENT SYSTOLIC BLOOD PRESSURE 130 TO 139 MM HG	\$0.00
G8679	MOST RECENT DIASTOLIC BLOOD PRESSURE < 80 MM HG	\$0.00
G8680	MOST RECENT DIASTOLIC BLOOD PRESSURE 80 - 89 MM HG	\$0.00
G8681	PATIENT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART FAILURE DURING THE MEASUR	\$0.00
G8682	LVF TESTING PERFORMED DURING THE MEASUREMENT PERIOD	\$0.00
G8683	LVF TESTING NOT PERFORMED, PATIENT NOT ELIGIBLE	\$0.00
G8684	PATIENT NOT HOSPITALIZED WITH PRINCIPAL DIAGNOSIS OF HEART FAILURE DURING THE ME	\$0.00
G8685	LVF TESTING NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8686	CURRENTLY A TOBACCO SMOKER OR CURRENT EXPOSURE TO SECONDHAND SMOKE	\$0.00
G8687	CURRENTLY A TOBACCO NON-USER AND NO EXPOSURE TO SECONDHAND SMOKE	\$0.00
G8688	CURRENTLY A SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) AND NO EXPOSURE TO SECONDHA	\$0.00
G8689	TOBACCO USE NOT ASSESSED, REASON NOT OTHERWISE SPECIFIED	\$0.00
G8690	CURRENT TOBACCO SMOKER OR CURRENT EXPOSURE TO SECONDHAND SMOKE	\$0.00
G8691	CURRENT TOBACCO NON-USER AND NO EXPOSURE TO SECONDHAND SMOKE	\$0.00
G8692	CURRENT SMOKELESS TOBACCO USER (EG, CHEW, SNUFF) AND NO EXPOSURE TO SECONDHAND S	\$0.00
G8693	TOBACCO USE NOT ASSESSED, REASON NOT SPECIFIED	\$0.00
G8694	LEFT VENTRIUCULAR EJECTION FRACTION (LVEF) < 40%	\$0.00
G8695	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS MILDLY DEPR	\$0.00
G8696	ANTITHROMBOTIC THERAPY PRESCRIBED AT DISCHARGE	\$0.00
G8697	ANTITHROMBOTIC THERAPY NOT PRESCRIBED FOR DOCUMENTED REASONS (E.G., PATIENTS ADM	\$0.00
G8698	ANTITHROMBOTIC THERAPY WAS NOT PRESCRIBED AT DISCHARGE, REASON NOT GIVEN	\$0.00
G8699	REHABILITATION SERVICES (OCCUPATIONAL, PHYSICAL OR SPEECH) ORDERED AT OR PRIOR T	\$0.00
G8700	REHABILITATION SERVICES (OCCUPATIONAL, PHYSICAL OR SPEECH) NOT INDICATED AT OR P	\$0.00
G8701	REHABILITATION SERVICES WERE NOT ORDERED, REASON NOT OTHERWISE SPECIFIED	\$0.00
G8702	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE GIVEN WITHIN 4 HOURS PRIOR TO S	\$0.00
G8703	DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE NEITHER GIVEN WITHIN 4 HOURS PR	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8704	12-LEAD ELECTROCARDIOGRAM (ECG) PERFORMED	\$0.00
G8705	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING A 12-LEAD ELECTROCARDIOGRA	\$0.00
G8706	DOCUMENTATION OF PATIENT REASON(S) FOR NOT PERFORMING A 12-LEAD ELECTROCARDIOGRA	\$0.00
G8707	12-LEAD ELECTROCARDIOGRAM (ECG) NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8708	PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC	\$0.00
G8709	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC FOR DOCUMENTED MEDICAL REASON(S)	\$0.00
G8710	PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC	\$0.00
G8711	PRESCRIBED OR DISPENSED ANTIBIOTIC	\$0.00
G8712	ANTIBIOTIC NOT PRESCRIBED OR DISPENSED	\$0.00
G8713	SPKT/V GREATER THAN OR EQUAL TO 1.2 (SINGLE-POOL CLEARANCE OF UREA [KT] / VOLUME	\$0.00
G8714	HEMODIALYSIS TREATMENT PERFORMED EXACTLY THREE TIMES PER WEEK FOR > 90 DAYS	\$0.00
G8715	HEMODIALYSIS TREATMENT PERFORMED LESS THAN THREE TIMES PER WEEK OR GREATER THAN	\$0.00
G8716	DOCUMENTATION OF REASON(S) FOR PATIENT NOT HAVING GREATER THAN OR EQUAL TO 1.2 (	\$0.00
G8717	SPKT/V LESS THAN 1.2 (SINGLE-POOL CLEARANCE OF UREA [KT] / VOLUME [V]), REASON N	\$0.00
G8718	TOTAL KT/V GREATER THAN OR EQUAL TO 1.7 PER WEEK (TOTAL CLEARANCE OF UREA [KT] /	\$0.00
G8720	TOTAL KT/V LESS THAN 1.7 PER WEEK (TOTAL CLEARANCE OF UREA [KT] / VOLUME [V]), R	\$0.00
G8721	PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC	\$0.00
G8722	MEDICAL REASON(S) DOCUMENTED FOR NOT INCLUDING PT CATEGORY, PN CATEGORY AND HIST	\$0.00
G8723	SPECIMEN SITE IS OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR	\$0.00
G8724	PT CATEGORY, PN CATEGORY AND HISTOLOGIC GRADE WERE NOT DOCUMENTED IN THE PATHOLO	\$0.00
G8725	FASTING LIPID PROFILE PERFORMED (TRIGLYCERIDES, LDL-C, HDL-C AND TOTAL CHOLESTER	\$0.00
G8726	CLINICIAN HAS DOCUMENTED REASON FOR NOT PERFORMING FASTING LIPID PROFILE (E.G.,	\$0.00
G8727	PATIENT RECEIVING HEMODIALYSIS, PERITONEAL DIALYSIS OR KIDNEY TRANSPLANTATION	\$0.00
G8728	FASTING LIPID PROFILE NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8730	PAIN ASSESSMENT DOCUMENTED AS POSITIVE UTILIZING A STANDARDIZED TOOL AND A FOLLO	\$0.00
G8731	PAIN ASSESSMENT DOCUMENTED AS NEGATIVE, NO FOLLOW-UP PLAN IS REQUIRED	\$0.00
G8732	NO DOCUMENTATION OF PAIN ASSESSMENT, REASON NOT GIVEN	\$0.00
G8733	DOCUMENTATION OF A POSITIVE ELDER MALTREATMENT SCREEN AND DOCUMENTED FOLLOW-UP P	\$0.00
G8734	ELDER MALTREATMENT SCREEN DOCUMENTED AS NEGATIVE, NO FOLLOW-UP REQUIRED	\$0.00
G8735	ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED,	\$0.00
G8736	MOST CURRENT LDL-C <100MG/DL	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8737	MOST CURRENT LDL-C >=100MG/DL	\$0.00
G8738	LEFT VENTRICULAR EJECTION FRACTION (LVEF) < 40% OR DOCUMENTATION OF SEVERELY OR	\$0.00
G8739	LEFT VENTRICULAR EJECTION FRACTION (LVEF) >= 40% OR DOCUMENTATION AS NORMAL OR M	\$0.00
G8740	LEFT VENTRICULAR EJECTION FRACTION (LVEF) NOT PERFORMED OR ASSESSED, REASON NOT	\$0.00
G8741	PATIENT NOT TREATED FOR SPOKEN LANGUAGE COMPREHENSION DISORDER	\$0.00
G8742	PATIENT NOT TREATED FOR ATTENTION DISORDER	\$0.00
G8743	PATIENT NOT TREATED FOR MEMORY DISORDER	\$0.00
G8744	PATIENT NOT TREATED FOR MOTOR SPEECH DISORDER	\$0.00
G8745	PATIENT NOT TREATED FOR READING DISORDER	\$0.00
G8746	PATIENT NOT TREATED FOR SPOKEN LANGUAGE EXPRESSION DISORDER	\$0.00
G8747	PATIENT NOT TREATED FOR WRITING DISORDER	\$0.00
G8748	PATIENT NOT TREATED FOR SWALLOWING DISORDER	\$0.00
G8749	ABSENCE OF SIGNS OF MELANOMA (COUGH, DYSPNEA, TENDERNESS, LOCALIZED NEUROLOGIC S	\$0.00
G8750	PRESENCE OF SIGNS OF MELANOMA (COUGH, DYSPNEA, TENDERNESS, LOCALIZED NEUROLOGIC	\$0.00
G8751	SMOKING STATUS AND EXPOSURE TO SECOND HAND SMOKE IN THE HOME NOT ASSESSED, REASO	\$0.00
G8752	MOST RECENT SYSTOLIC BLOOD PRESSURE < 140MMHG	\$0.00
G8753	MOST RECENT SYSTOLIC BLOOD PRESSURE >= 140MMHG	\$0.00
G8754	MOST RECENT DIASTOLIC BLOOD PRESSURE < 90MMHG	\$0.00
G8755	MOST RECENT DIASTOLIC BLOOD PRESSURE >= 90MMHG	\$0.00
G8756	NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT, REASON NOT GIVEN	\$0.00
G8757	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CHRONIC OBSTRUCTIVE PULMO	\$0.00
G8758	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE INFLAMMATORY BOWEL DISEAS	\$0.00
G8759	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE SLEEP APNEA MEASURES GROU	\$0.00
G8760	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE EPILEPSY MEASURES GROUP H	\$0.00
G8761	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE DEMENTIA MEASURES GROUP H	\$0.00
G8762	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE PARKINSON'S DISEASE MEASU	\$0.00
G8763	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE HYPERTENSION (HTN) MEASUR	\$0.00
G8764	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CARDIOVASCULAR PREVENTION	\$0.00
G8765	ALL QUALITY ACTIONS FOR THE APPLICABLE MEASURES IN THE CATARACT MEASURES GROUP H	\$0.00
G8767	LIPID PANEL RESULTS DOCUMENTED AND REVIEWED (MUST INCLUDE TOTAL CHOLESTEROL, HDL	\$0.00
G8768	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING LIPID PROFILE (E.G. PATIEN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8769	LIPID PROFILE NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8770	URINE PROTEIN TEST RESULT DOCUMENTED AND REVIEWED	\$0.00
G8771	DOCUMENTATION OF DIAGNOSIS OF CHRONIC KIDNEY DISEASE	\$0.00
G8772	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING URINE PROTEIN TEST (E.G. P	\$0.00
G8773	URINE PROTEIN TEST WAS NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8774	SERUM CREATININE TEST RESULT DOCUMENTED AND REVIEWED	\$0.00
G8775	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING SERUM CREATININE TEST (E.G	\$0.00
G8776	SERUM CREATININE TEST NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8777	DIABETES SCREENING TEST PERFORMED	\$0.00
G8778	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING DIABETES SCREENING TEST (E	\$0.00
G8779	DIABETES SCREENING TEST NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8780	COUNSELING FOR DIET AND PHYSICAL ACTIVITY PERFORMED	\$0.00
G8781	DOCUMENTATION OF MEDICAL REASON(S) FOR PATIENT NOT RECEIVING COUNSELING FOR DIET	\$0.00
G8782	COUNSELING FOR DIET AND PHYSICAL ACTIVITY NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8783	NORMAL BLOOD PRESSURE READING DOCUMENTED, FOLLOW-UP NOT REQUIRED	\$0.00
G8784	BLOOD PRESSURE READING NOT DOCUMENTED, PATIENT NOT ELIGIBLE/NOT APPROPRIATE	\$0.00
G8785	BLOOD PRESSURE READING NOT DOCUMENTED, REASON NOT GIVEN	\$0.00
G8786	SEVERITY OF ANGINA ASSESSED ACCORDING TO LEVEL OF ACTIVITY	\$0.00
G8787	ANGINA ASSESSED AS PRESENT	\$0.00
G8788	ANGINA ASSESSED AS ABSENT	\$0.00
G8789	SEVERITY OF ANGINA NOT ASSESSED ACCORDING TO LEVEL OF ACTIVITY	\$0.00
G8790	MOST RECENT OFFICE VISIT SYSTOLIC BLOOD PRESSURE <130 MM HG	\$0.00
G8791	MOST RECENT OFFICE VISIT SYSTOLIC BLOOD PRESSURE, 130 TO 139 MM HG	\$0.00
G8792	MOST RECENT OFFICE VISIT SYSTOLIC BLOOD PRESSURE >=140 MM HG	\$0.00
G8793	MOST RECENT OFFICE VISIT DIASTOLIC BLOOD PRESSURE, <80 MM HG	\$0.00
G8794	MOST RECENT OFFICE VISIT DIASTOLIC BLOOD PRESSURE, 80 - 89 MM HG	\$0.00
G8795	MOST RECENT OFFICE VISIT DIASTOLIC BLOOD PRESSURE >=90 MM HG	\$0.00
G8796	BLOOD PRESSURE MEASUREMENT NOT DOCUMENTED, REASON NOT GIVEN	\$0.00
G8797	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF ESOPHAGUS	\$0.00
G8798	SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF PROSTATE	\$0.00
G8799	ANTICOAGULATION ORDERED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8800	ANTICOAGULATION NOT ORDERED FOR REASONS DOCUMENTED BY CLINICIAN	\$0.00
G8801	ANTICOAGULATION WAS NOT ORDERED, REASON NOT GIVEN	\$0.00
G8802	PREGNANCY TEST (URINE OR SERUM) ORDERED	\$0.00
G8803	PREGNANCY TEST (URINE OR SERUM) NOT ORDERED FOR REASONS DOCUMENTED BY CLINICIAN	\$0.00
G8805	PREGNANCY TEST (URINE OR SERUM) WAS NOT ORDERED, REASON NOT SPECIFIED	\$0.00
G8806	PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND	\$0.00
G8807	TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT PERFORMED FOR REASONS DOCUMENTED	\$0.00
G8808	PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT ORDERED, REASON N	\$0.00
G8809	RH-IMMUNOGLOBULIN (RHOGAM) ORDERED	\$0.00
G8810	RH-IMMUNOGLOBULIN (RHOGAM) NOT ORDERED FOR REASONS DOCUMENTED BY CLINICIAN (E.G.	\$0.00
G8811	DOCUMENTATION RH-IMMUNOGLOBULIN (RHOGAM) WAS NOT ORDERED, REASON NOT GIVEN	\$0.00
G8812	PATIENT IS NOT ELIGIBLE FOR FOLLOW-UP CTA, DUPLEX, OR MRA (E.G., PATIENT DEATH,	\$0.00
G8813	FOLLOW-UP CTA, DUPLEX, OR MRA OF THE ABDOMEN AND PELVIS PERFORMED	\$0.00
G8814	FOLLOW-UP CTA, DUPLEX, OR MRA OF THE ABDOMEN AND PELVIS NOT PERFORMED	\$0.00
G8815	STATIN THERAPY NOT PRESCRIBED FOR DOCUMENTED REASONS (E.G., MEDICAL INTOLERANCE	\$0.00
G8816	STATIN MEDICATION PRESCRIBED AT DISCHARGE	\$0.00
G8817	STATIN THERAPY NOT PRESCRIBED AT DISCHARGE, REASON NOT GIVEN	\$0.00
G8818	PATIENT DISCHARGE TO HOME NO LATER THAN POST-OPERATIVE DAY #7	\$0.00
G8819	ANEURYSM MINOR DIAMETER <= 5.5 CM	\$0.00
G8820	ANEURYSM MINOR DIAMETER 5.6-6.0 CM	\$0.00
G8821	ABDOMINAL AORTIC ANEURYSM IS NOT INFARENAL	\$0.00
G8822	MALE PATIENTS WITH ANEURYSMS MINOR DIAMETER >6 CM	\$0.00
G8823	FEMALE PATIENTS WITH ANEURYSM MINOR DIAMETER >6CM	\$0.00
G8824	FEMALE PATIENTS WITH ANEURYSM MINOR DIAMETER 5.6-6.0 CM	\$0.00
G8825	PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #7	\$0.00
G8826	PATIENT DISCHARGE TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING EVAR	\$0.00
G8827	ANEURYSM MINOR DIAMETER <= 5.5 CM FOR WOMEN	\$0.00
G8828	ANEURYSM MINOR DIAMETER <= 5.5 CM FOR MEN	\$0.00
G8829	ANEURYSM MINOR DIAMETER 5.6-6.0 CM FOR MEN	\$0.00
G8830	ANEURYSM MINOR DIAMETER >6CM FOR MEN	\$0.00
G8831	ANEURYSM MINOR DIAMETER >6CM FOR WOMEN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8832	ANEURYSM MINOR DIAMETER 5.6-6.0 CM FOR WOMEN	\$0.00
G8833	PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #2 FOLLOWING EVAR	\$0.00
G8834	PATIENT DISCHARGED TO HOME NO LATER THAN POST-OPERATIVE DAY #2 FOLLOWING CEA	\$0.00
G8835	ASYMPTOMATIC PATIENT WITH NO HISTORY OF ANY TRANSIENT ISCHEMIC ATTACK OR STROKE	\$0.00
G8836	SYMPTOMATIC PATIENT WITH IPSILATERAL STROKE OR TIA WITHIN 120 DAYS PRIOR TO CEA	\$0.00
G8837	OTHER SYMPTOMATIC PATIENT WITH IPSILATERAL CAROTID TERRITORY TIA OR STROKE > 120	\$0.00
G8838	PATIENT NOT DISCHARGED TO HOME BY POST-OPERATIVE DAY #2 FOLLOWING CEA	\$0.00
G8839	SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR ABSENCE OF SNORING AND DAYT	\$0.00
G8840	DOCUMENTATION OF REASON(S) FOR NOT PERFORMING AN ASSESSMENT OF SLEEP SYMPTOMS (E	\$0.00
G8841	SLEEP APNEA SYMPTOMS NOT ASSESSED, REASON NOT GIVEN	\$0.00
G8842	APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) MEASURED AT TH	\$0.00
G8843	DOCUMENTATION OF REASON(S) FOR NOT MEASURING AN APNEA HYPOPNEA INDEX (AHI) OR A	\$0.00
G8844	APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) NOT MEASURED A	\$0.00
G8845	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	\$0.00
G8846	MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIR	\$0.00
G8847	POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED	\$0.00
G8848	MILD OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBA	\$0.00
G8849	DOCUMENTATION OF REASON(S) FOR NOT PRESCRIBING POSITIVE AIRWAY PRESSURE THERAPY	\$0.00
G8850	POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED, REASON NOT GIVEN	\$0.00
G8851	OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY, DOCUMENT	\$0.00
G8852	POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED	\$0.00
G8853	POSITIVE AIRWAY PRESSURE THERAPY NOT PRESCRIBED	\$0.00
G8854	DOCUMENTATION OF REASON(S) FOR NOT OBJECTIVELY MEASURING ADHERENCE TO POSITIVE A	\$0.00
G8855	OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY NOT PERFO	\$0.00
G8856	REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION PERFORMED	\$0.00
G8857	PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE (E.G.,	\$0.00
G8858	REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION NOT PERFORMED, REASON NOT GIV	\$0.00
G8859	PATIENT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG/DAY FOR 60 OR GR	\$0.00
G8860	PATIENTS WHO HAVE RECEIVED DOSE OF CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG	\$0.00
G8861	CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED OR DOCUMENTED, REVIEW OF	\$0.00
G8862	PATIENTS NOT RECEIVING CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG/DAY FOR 60	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8863	PATIENTS NOT ASSESSED FOR RISK OF BONE LOSS, REASON NOT GIVEN	\$0.00
G8864	PNEUMOCOCCAL VACCINE ADMINISTERED OR PREVIOUSLY RECEIVED	\$0.00
G8865	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING	\$0.00
G8866	DOCUMENTATION OF PATIENT REASON(S) FOR NOT ADMINISTERING OR PREVIOUSLY RECEIVING	\$0.00
G8867	PNEUMOCOCCAL VACCINE NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT GIVEN	\$0.00
G8868	PATIENTS RECEIVING A FIRST COURSE OF ANTI-TNF THERAPY	\$0.00
G8869	PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B AND IS RECEIVING A FIRST COURSE O	\$0.00
G8870	HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED AND IS RECEIVI	\$0.00
G8871	PATIENT NOT RECEIVING A FIRST COURSE OF ANTI-TNF THERAPY	\$0.00
G8872	EXCISED TISSUE EVALUATED BY IMAGING INTRAOPERATIVELY TO CONFIRM SUCCESSFUL INCLU	\$0.00
G8873	PATIENTS WITH NEEDLE LOCALIZATION SPECIMENS WHICH ARE NOT AMENABLE TO INTRAOPERA	\$0.00
G8874	EXCISED TISSUE NOT EVALUATED BY IMAGING INTRAOPERATIVELY TO CONFIRM SUCCESSFUL I	\$0.00
G8875	CLINICIAN DIAGNOSED BREAST CANCER PREOPERATIVELY BY A MINIMALLY INVASIVE BIOPSY	\$0.00
G8876	DOCUMENTATION OF REASON(S) FOR NOT PERFORMING MINIMALLY INVASIVE BIOPSY TO DIAGN	\$0.00
G8877	CLINICIAN DID NOT ATTEMPT TO ACHIEVE THE DIAGNOSIS OF BREAST CANCER PREOPERATIVE	\$0.00
G8878	SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED	\$0.00
G8879	CLINICALLY NODE NEGATIVE (T1N0M0) OR T2N0M0) INVASIVE BREAST CANCER	\$0.00
G8880	DOCUMENTATION OF REASON(S) SENTINEL LYMPH NODE BIOPSY NOT PERFORMED (E.G., CANCE	\$0.00
G8881	STAGE OF BREAST CANCER IS GREATER THAN T1N0M0 OR T2N0M0	\$0.00
G8882	SENTINEL LYMPH NODE BIOPSY PROCEDURE NOT PERFORMED	\$0.00
G8883	BIOPSY RESULTS REVIEWED, COMMUNICATED, TRACKED AND DOCUMENTED	\$0.00
G8884	CLINICIAN DOCUMENTED REASON THAT PATIENT'S BIOPSY RESULTS WERE NOT REVIEWED	\$0.00
G8885	BIPSY RESULTS NOT REVIEWED, COMMUNICATED, TRACKED OR DOCUMENTED	\$0.00
G8886	MOST RECENT BLOOD PRESSURE UNDER CONTROL	\$0.00
G8887	DOCUMENTATION OF MEDICAL REASON(S) FOR MOST RECENT BLOOD PRESSURE NOT BEING UNDE	\$0.00
G8888	MOST RECENT BLOOD PRESSURE NOT UNDER CONTROL, RESULTS DOCUMENTED AND REVIEWED	\$0.00
G8889	NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT, REASON NOT GIVEN	\$0.00
G8890	MOST RECENT LDL-C UNDER CONTROL, RESULTS DOCUMENTED AND REVIEWED	\$0.00
G8891	DOCUMENTATION OF MEDICAL REASON(S) FOR MOST RECENT LDL-C NOT UNDER CONTROL (E.G.	\$0.00
G8892	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PERFORMING LDL-C TEST (E.G. PATIENTS	\$0.00
G8893	MOST RECENT LDL-C NOT UNDER CONTROL, RESULTS DOCUMENTED AND REVIEWED	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8894	LDL-C NOT PERFORMED, REASON NOT GIVEN	\$0.00
G8895	ORAL ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY PRESCRIBED	\$0.00
G8896	DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING ORAL ASPIRIN OR OTHER ANT	\$0.00
G8897	ORAL ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY WAS NOT PRESCRIBED, REASON NOT GIVE	\$0.00
G8898	I INTEND TO REPORT THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) MEASURES GRO	\$0.00
G8899	I INTEND TO REPORT THE INFLAMMATORY BOWEL DISEASE (IBD) MEASURES GROUP	\$0.00
G8900	I INTEND TO REPORT THE SLEEP APNEA MEASURES GROUP	\$0.00
G8901	I INTEND TO REPORT THE EPILEPSY MEASURES GROUP	\$0.00
G8902	I INTEND TO REPORT THE DEMENTIA MEASURES GROUP	\$0.00
G8903	I INTEND TO REPORT THE PARKINSON'S DISEASE MEASURES GROUP	\$0.00
G8904	I INTEND TO REPORT THE HYPERTENSION (HTN) MEASURES GROUP	\$0.00
G8905	I INTEND TO REPORT THE CARDIOVASCULAR PREVENTION MEASURES GROUP	\$0.00
G8906	I INTEND TO REPORT THE CATARACT MEASURES GROUP	\$0.00
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility	\$0.00
G8908	Patient documented to have received a burn prior to discharge	\$0.00
G8909	Patient documented not to have received a burn prior to discharge	\$0.00
G8910	Patient documented to have experienced a fall within asc	\$0.00
G8911	Patient documented not to have experienced a fall within ambulatory surgical center	\$0.00
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	\$0.00
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	\$0.00
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	\$0.00
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	\$0.00
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	\$0.00
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	\$0.00
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8919	Most recent systolic blood pressure < 140 mmhg	\$0.00
G8920	Most recent systolic blood pressure >= 140 mmhg	\$0.00
G8921	Most recent diastolic blood pressure < 90 mmhg	\$0.00
G8922	Most recent diastolic blood pressure >= 90 mmhg	\$0.00
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	\$0.00
G8924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e. G. , dyspnea, cough/sputum, wheezing)	\$0.00
G8925	Spirometry test results demonstrate fev1/fvc >=60% or patient does not have copd symptoms	\$0.00
G8926	Spirometry test not performed or documented, reason not given	\$0.00
G8927	Adjuvant chemotherapy referred, prescribed or previously received for ajcc stage iii, colon cancer	\$0.00
G8928	Adjuvant chemotherapy not prescribed or previously received, reason given	\$0.00
G8929	Adjuvant chemotherapy not prescribed or previously received, reason not given	\$0.00
G8930	Assessment of depression severity not documented, reason not given	\$0.00
G8931	Assessment of depression severity not documented, reason not given	\$0.00
G8932	Suicide risk assessed at the initial evaluation	\$0.00
G8933	Suicide risk not assessed at the initial evaluation, reason not given	\$0.00
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	\$0.00
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	\$0.00
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	\$0.00
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	\$0.00
G8938	Bmi is calculated, but patient not eligible for follow-up plan	\$0.00
G8939	Pain assessment documented, follow-up plan not documented, patient not eligible/appropriate	\$0.00
G8940	Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate	\$0.00
G8941	Elder maltreatment screen documented, patient not eligible for follow-up	\$0.00
G8942	Documented functional outcomes assessment and care plan within the previous 30 days	\$0.00
G8943	Ldl-c result not present or not within 12 months prior	\$0.00
G8944	Ajcc melanoma cancer stage 0 through iic melanoma	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8945	Aneurysm minor diameter <= 6 cm for men	\$0.00
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e. G. , high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial	\$0.00
G8947	One or more neuropsychiatric symptoms	\$0.00
G8948	No neuropsychiatric symptoms	\$0.00
G8949	Documentation of patient reason(s) for patient not receiving counseling for diet and physical activity (e. G. , patient is not willing to discuss diet or exercise interventions to help control blood pressure, or the patient said he/she refused to make the	\$0.00
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	\$0.00
G8951	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, patient not eligible/not appropriate	\$0.00
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	\$0.00
G8953	All quality actions for the applicable measures in the oncology measures group have been performed for this patient	\$0.00
G8954	Complete and appropriate patient data were reported to a qualified clinical database registry	\$0.00
G8955	Most recent assessment of adequacy of volume management	\$0.00
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	\$0.00
G8957	Patient not receiving maintenance hemodialysis in an outpatient dialysis facility	\$0.00
G8958	Assessment of adequacy of volume management not documented, reason not given	\$0.00
G8959	Clinician treating major depressive disorder communicates to clinician treating comorbid condition	\$0.00
G8960	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given	\$0.00
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	\$0.00
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	\$0.00
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci within 2 years	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci within 2 years (e.G. , symptomatic patient, patient greater than 2 years since pci, initial evaluation, etc)	\$0.00
G8965	Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment	\$0.00
G8966	Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment	\$0.00
G8967	Warfarin or another oral anticoagulant that is fda approved prescribed	\$0.00
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e. G. , allergy, risk of bleeding, transient or reversible causes of atrial fibrillation, other medical reasons including, b	\$0.00
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e. G. , economic, social, and/or religious impediments, noncompliance or patient refusal, other patient reasons)	\$0.00
G8970	No risk factors or one moderate risk factor for thromboembolism	\$0.00
G8971	Warfarin or another oral anticoagulant that is fda approved not prescribed, reason not given	\$0.00
G8972	One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism	\$0.00
G8973	Most recent hemoglobin (hgb) level < 10 g/dl	\$0.00
G8974	Hemoglobin level measurement not documented, reason not given	\$0.00
G8975	Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e. G. , patients who have non-renal etiologies of anemia [e. G. , sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia relate	\$0.00
G8976	Most recent hemoglobin (hgb) level >= 10 g/dl	\$0.00
G8977	I intend to report the oncology measures group	\$0.00
G8978	Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8979	Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	\$0.00
G8980	Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8981	Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8982	Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	\$0.00
G8983	Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8984	Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8985	Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8986	Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8987	Self care functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8988	Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	\$0.00
G8989	Self care functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8990	Other physical or occupational primary functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8991	Other physical or occupational primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	\$0.00
G8992	Other physical or occupational primary functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8993	Other physical or occupational subsequent functional limitation, current status, at therapy episode outset and at reporting intervals	\$0.00
G8994	Other physical or occupational subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	\$0.00
G8995	Other physical or occupational subsequent functional limitation, discharge status, at discharge from therapy or to end reporting	\$0.00
G8996	Swallowing functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G8997	Swallowing functional limitation, projected goal status, at initial therapy treatment/outset and at discharge from therapy	\$0.00
G8998	Swallowing functional limitation, discharge status, at discharge from therapy/end of reporting on limitation	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G8999	Motor speech functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9001	COORDINATED CARE FEE, INITIAL RATE	\$0.00
G9002	COORDINATED CARE FEE, MAINTENANCE RATE	\$0.00
G9003	COORDINATED CARE FEE, RISK ADJUSTED HIGH, INITIAL	\$0.00
G9004	COORDINATED CARE FEE, RISK ADJUSTED LOW, INITIAL	\$0.00
G9005	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE	\$0.00
G9006	COORDINATED CARE FEE, HOME MONITORING	\$0.00
G9007	COORDINATED CARE FEE, SCHEDULED TEAM CONFERENCE	\$0.00
G9008	COORDINATED CARE FEE, PHYSICIAN COORDINATED CARE OVERSIGHT SERVICES	\$0.00
G9009	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 3	\$0.00
G9010	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 4	\$0.00
G9011	COORDINATED CARE FEE, RISK ADJUSTED MAINTENANCE, LEVEL 5	\$0.00
G9012	OTHER SPECIFIED CASE MANAGEMENT SERVICE NOT ELSEWHERE CLASSIFIED	\$0.00
G9013	ESRD DEMO BASIC BUNDLE LEVEL I	\$0.00
G9014	ESRD DEMO EXPANDED BUNDLE INCLUDING VENOUS ACCESS AND RELATED SERVICES	\$0.00
G9016	SMOKING CESSATION COUNSELING, INDIVIDUAL, IN THE ABSENCE OF OR IN ADDITION TO	\$0.00
G9017	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE AS A MEDICARE APPROVED	\$0.00
G9018	ZANAMIVIR, INHALATION POWDER ADMINISTERED THROUGH INHALER, PER 10 MG (FOR USE	\$0.00
G9019	OSELTAMIVIR PHOSPHATE, ORAL, PER 75 MG (FOR USE AS A MEDICARE APPROVED	\$0.00
G9020	RIMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE AS A MEDICARE APPROVED	\$0.00
G9033	AMANTADINE HYDROCHLORIDE, ORAL BRAND, PER 100 MG (FOR USE IN A MEDICARE-APPROVED	\$0.00
G9041	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$0.00
G9042	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$0.00
G9043	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$0.00
G9044	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV	\$0.00
G9050	ONCOLOGY; PRIMARY FOCUS OF VISIT; WORK-UP, EVALUATION, OR STAGING AT THE TIME OF	\$0.00
G9051	ONCOLOGY; PRIMARY FOCUS OF VISIT; TREATMENT DECISION-MAKING AFTER DISEASE IS STA	\$0.00
G9052	ONCOLOGY; PRIMARY FOCUS OF VISIT; SURVEILLANCE FOR DISEASE RECURRENCE FOR PATIEN	\$0.00
G9053	ONCOLOGY; PRIMARY FOCUS OF VISIT; EXPECTANT MANAGEMENT OF PATIENT WITH EVIDENCE	\$0.00
G9054	ONCOLOGY; PRIMARY FOCUS OF VISIT; SUPERVISING, COORDINATING OR MANAGING CARE OF	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G9055	ONCOLOGY; PRIMARY FOCUS OF VISIT; OTHER, UNSPECIFIED SERVICE NOT OTHERWISE LISTED	\$0.00
G9056	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT ADHERES TO GUIDELINES (FOR USE IN A ME	\$0.00
G9057	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES AS A RESULT OF	\$0.00
G9058	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES BECAUSE THE TR	\$0.00
G9059	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES BECAUSE THE PA	\$0.00
G9060	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES FOR REASON(S)	\$0.00
G9061	ONCOLOGY; PRACTICE GUIDELINES; PATIENT'S CONDITION NOT ADDRESSED BY AVAILABLE GU	\$0.00
G9062	ONCOLOGY; PRACTICE GUIDELINES; MANAGEMENT DIFFERS FROM GUIDELINES FOR OTHER REAS	\$0.00
G9063	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEA	\$0.00
G9064	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEA	\$0.00
G9065	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEA	\$0.00
G9066	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; STAGE III B- IV	\$0.00
G9067	ONCOLOGY; DISEASE STATUS; LIMITED TO NON-SMALL CELL LUNG CANCER; EXTENT OF DISEA	\$0.00
G9068	ONCOLOGY; DISEASE STATUS; LIMITED TO SMALL CELL AND COMBINED SMALL CELL/NON-SMAL	\$0.00
G9069	ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL AND COMB	\$0.00
G9070	ONCOLOGY; DISEASE STATUS; SMALL CELL LUNG CANCER, LIMITED TO SMALL CELL AND COMB	\$0.00
G9071	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9072	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9073	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9074	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9075	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9076	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9077	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMIN	\$0.00
G9078	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMIN	\$0.00
G9079	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMIN	\$0.00
G9080	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; AFTER INIT	\$0.00
G9081	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; NON-CASTRA	\$0.00
G9082	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; CASTRATE;	\$0.00
G9083	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; EXTENT OF	\$0.00
G9084	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00
G9085	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G9086	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00
G9087	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00
G9088	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00
G9089	ONCOLOGY; DISEASE STATUS; COLON CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCINO	\$0.00
G9090	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9091	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9092	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9093	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9094	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9095	ONCOLOGY; DISEASE STATUS; RECTAL CANCER, LIMITED TO INVASIVE CANCER, ADENOCARCIN	\$0.00
G9096	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMO	\$0.00
G9097	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMO	\$0.00
G9098	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMO	\$0.00
G9099	ONCOLOGY; DISEASE STATUS; ESOPHAGEAL CANCER, LIMITED TO ADENOCARCINOMA OR SQUAMO	\$0.00
G9100	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINA	\$0.00
G9101	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINA	\$0.00
G9102	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINA	\$0.00
G9103	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINA	\$0.00
G9104	ONCOLOGY; DISEASE STATUS; GASTRIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOMINA	\$0.00
G9105	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA AS PREDOM	\$0.00
G9106	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; POST R1	\$0.00
G9107	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; UNRESECT	\$0.00
G9108	ONCOLOGY; DISEASE STATUS; PANCREATIC CANCER, LIMITED TO ADENOCARCINOMA; EXTENT O	\$0.00
G9109	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVIT	\$0.00
G9110	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVIT	\$0.00
G9111	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVIT	\$0.00
G9112	ONCOLOGY; DISEASE STATUS; HEAD AND NECK CANCER, LIMITED TO CANCERS OF ORAL CAVIT	\$0.00
G9113	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOG	\$0.00
G9114	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOG	\$0.00
G9115	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; PATHOLOG	\$0.00
G9116	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; EVIDENCE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G9117	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO EPITHELIAL CANCER; EXTENT O	\$0.00
G9118	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9119	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9120	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA; LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9121	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9122	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9123	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9124	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9125	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, LIMITED TO FOLLICULAR LYMPHOMA	\$0.00
G9126	ONCOLOGY; DISEASE STATUS; OVARIAN CANCER, LIMITED TO PATHOLOGICALLY STAGE PATIEN	\$0.00
G9127	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; SMOLDER	\$0.00
G9128	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; STAGE I	\$0.00
G9129	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA	\$0.00
G9130	ONCOLOGY; DISEASE STATUS; LIMITED TO MULTIPLE MYELOMA, SYSTEMIC DISEASE; EXTENT	\$0.00
G9131	ONCOLOGY; DISEASE STATUS; INVASIVE FEMALE BREAST CANCER (DOES NOT INCLUDE DUCTAL	\$0.00
G9132	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RE	\$0.00
G9133	ONCOLOGY; DISEASE STATUS; PROSTATE CANCER, LIMITED TO ADENOCARCINOMA; HORMONE-RE	\$0.00
G9134	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; S	\$0.00
G9135	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; S	\$0.00
G9136	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, TRANSFORMED FROM ORIGINAL CELL	\$0.00
G9137	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; R	\$0.00
G9138	ONCOLOGY; DISEASE STATUS; NON-HODGKIN'S LYMPHOMA, ANY CELLULAR CLASSIFICATION; D	\$0.00
G9139	ONCOLOGY; DISEASE STATUS; CHRONIC MYELOGENOUS LEUKEMIA, LIMITED TO PHILADELPHIA	\$0.00
G9140	FRONTIER EXTENDED STAY CLINIC DEMONSTRATION; FOR A PATIENT STAY IN A CLINIC APPR	\$0.00
G9141	INFLUENZA A (H1N1) IMMUNIZATION ADMINISTRATION (INCLUDES THE PHYSICIAN COUNSELIN	\$0.00
G9142	INFLUENZA A (H1N1) VACCINE, ANY ROUTE OF ADMINISTRATION	\$0.00
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBE	\$0.00
G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS,	\$0.00
G9148	National committee for quality assurance - level i medical home	\$0.00
G9149	National committee for quality assurance - level 2 medical home	\$0.00
G9150	National committee for quality assurance - level 3 medical home	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G9151	Mapcp demonstration - state provided services	\$0.00
G9152	Mapcp demonstration - community health teams	\$0.00
G9153	Mapcp demonstration - physician incentive pool	\$0.00
G9156	EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN	\$0.00
G9157	Transesophageal doppler use for cardiac monitoring	\$0.00
G9158	Motor speech functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9159	Spoken language comprehension functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9160	Spoken language comprehension functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9161	Spoken language comprehension functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9162	Spoken language expression functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9163	Spoken language expression functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9164	Spoken language expression functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9165	Attention functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9166	Attention functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9167	Attention functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9168	Memory functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9169	Memory functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9170	Memory functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9171	Voice functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
G9172	Voice functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9173	Voice functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9174	Other speech language pathology functional limitation, current status at time of initial therapy treatment/episode outset and reporting intervals	\$0.00
G9175	Other speech language pathology functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy/end of reporting on limitation	\$0.00
G9186	Motor speech functional limitation, projected goal status at initial therapy treatment/outset and at discharge from therapy	\$0.00
H0001	ALCOHOL AND/OR DRUG ASSESSMENT	\$0.00
H0002	BEHAVIORAL HEALTH SCREENING TO DETERMINE ELIGIBILITY FOR ADMISSION TO TREATMENT	\$0.00
H0003	ALCOHOL AND/OR DRUG SCREENING; LABORATORY ANALYSIS OF SPECIMENS FOR PRESENCE OF	\$0.00
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	\$0.00
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	\$0.00
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	\$0.00
H0007	ALCOHOL AND/OR DRUG SERVICES; CRISIS INTERVENTION (OUTPATIENT)	\$0.00
H0008	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	\$0.00
H0009	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (HOSPITAL INPATIENT)	\$0.00
H0010	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0011	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0013	ALCOHOL AND/OR DRUG SERVICES; ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION	\$0.00
H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	\$0.00
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT (TREATMENT PROGRAM THAT	\$0.00
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN	\$0.00
H0017	BEHAVIORAL HEALTH; RESIDENTIAL (HOSPITAL RESIDENTIAL TREATMENT PROGRAM),	\$0.00
H0018	BEHAVIORAL HEALTH; SHORT-TERM RESIDENTIAL (NON-HOSPITAL RESIDENTIAL TREATMENT	\$0.00
H0019	BEHAVIORAL HEALTH; LONG-TERM RESIDENTIAL (NON-MEDIAL, NON-ACUTE CARE IN A	\$0.00
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE (FOR STAFF AND PERSONNEL NOT EMPLOYED BY	\$0.00
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	\$0.00
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE (PLANNED APPROACH TO REACH A TARGETED	\$0.00
H0024	BEHAVIORAL HEALTH PREVENTION INFORMATION DISSEMINATION SERVICE (ONE-WAY DIRECT	\$0.00
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICES WITH	\$0.00
H0026	ALCOHOL AND/OR DRUG PREVENTION PROCESS SERVICE, COMMUNITY-BASED (DELIVERY OF	\$0.00
H0027	ALCOHOL AND/OR DRUG PREVENTION ENVIRONMENTAL SERVICE (BROAD RANGE OF EXTERNAL	\$0.00
H0028	ALCOHOL AND/OR DRUG PREVENTION PROBLEM IDENTIFICATION AND REFERRAL SERVICE	\$0.00
H0029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVES SERVICE (SERVICES FOR POPULATIONS	\$0.00
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE	\$0.00
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	\$0.00
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	\$0.00
H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION	\$0.00
H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES	\$0.00
H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	\$0.00
H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$0.00
H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	\$0.00
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES	\$0.00
H0039	ASSERTIVE COMMUNITY TREATMENT, FACE-TO-FACE, PER 15 MINUTES	\$0.00
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	\$0.00
H0041	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	\$0.00
H0042	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH	\$0.00
H0043	SUPPORTED HOUSING, PER DIEM	\$0.00
H0044	SUPPORTED HOUSING, PER MONTH	\$0.00
H0045	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	\$0.00
H0046	MENTAL HEALTH SERVICES, NOT OTHERWISE SPECIFIED	\$0.00
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED	\$0.00
H0048	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS	\$0.00
H0049	ALCOHOL AND/OR DRUG SCREENING	\$0.00
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES	\$0.00
H1000	PRENATAL CARE, AT-RISK ASSESSMENT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
H1001	PRENATAL CARE, AT-RISK ENHANCED SERVICE; ANTEPARTUM MANAGEMENT	\$0.00
H1002	PRENATAL CARE, AT RISK ENHANCED SERVICE; CARE COORDINATION	\$0.00
H1003	PRENATAL CARE, AT-RISK ENHANCED SERVICE; EDUCATION	\$0.00
H1004	PRENATAL CARE, AT-RISK ENHANCED SERVICE; FOLLOW-UP HOME VISIT	\$0.00
H1005	PRENATAL CARE, AT-RISK ENHANCED SERVICE PACKAGE (INCLUDES H1001-H1004)	\$0.00
H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	\$0.00
H1011	FAMILY ASSESSMENT BY LICENSED BEHAVIORAL HEALTH PROFESSIONAL FOR STATE DEFINED	\$0.00
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	\$0.00
H2001	REHABILITATION PROGRAM, PER 1/2 DAY	\$0.00
H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	\$0.00
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	\$0.00
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR	\$0.00
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM	\$0.00
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES	\$0.00
H2015	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES	\$0.00
H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	\$0.00
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES	\$0.00
H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	\$0.00
H2019	THERAPEUTIC BEHAVIORAL SERVICES, PER 15 MINUTES	\$0.00
H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	\$0.00
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	\$0.00
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	\$0.00
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	\$0.00
H2024	SUPPORTED EMPLOYMENT, PER DIEM	\$0.00
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	\$0.00
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	\$0.00
H2027	PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES	\$0.00
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	\$0.00
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	\$0.00
H2030	MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES	\$0.00
H2031	MENTAL HEALTH CLUBHOUSE SERVICES, PER DIEM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
H2032	ACTIVITY THERAPY, PER 15 MINUTES	\$0.00
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	\$0.00
H2034	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM	\$0.00
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR	\$0.00
H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	\$0.00
H2037	DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PER 15	\$0.00
H5010	THERAPY, INDIVIDUAL, BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	\$0.00
H5020	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP, 45-50 MINUTES, PER PERSON, PE	\$0.00
H5025	PSYCHOTHERAPY, GROUP (MAXIMUM 8 PERSONS PER GROUP; 90 MINUTES, PER PERSON, PER S	\$0.00
H5030	OTHER SERVICES BY SOCIAL WORKER, PSY. NURSE, ETC. PER HR.	\$0.00
H5040	RESIDENTIAL CARE IN PUBLIC INSTITUTION	\$0.00
H5050	RESIDENTIAL CARE IN PRIVATE INSTITUTION	\$0.00
H5060	PUBLIC SPECIAL SCHOOLS OR DAY CARE CENTERS	\$0.00
H5090	SPECIAL CLASS PRIVATE	\$0.00
H5100	SPECIAL CLASS PRIVATE PROPRIETARY	\$0.00
H5110	SUMMER TREATMENT CAMP	\$0.00
H5120	SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME	\$0.00
H5130	VISITING TEACHER SERVICES	\$0.00
H5160	READING THERAPY	\$0.00
H5170	OTHER SPECIAL EDUCATION OR VOCATIONAL SERVICES	\$0.00
H5180	TRANSPORTATION FOR HANDICAPPED	\$0.00
H5190	NURSING CARE, HOME	\$0.00
H5200	NURSING CARE, OTHER	\$0.00
H5220	REHABILITATIVE EVALUATION, 0-20 MINUTES	\$0.00
H5230	REHABILITATIVE EVALUATION, 21-40 MINUTES	\$0.00
H5240	REHABILITATIVE EVALUATION, 41-60 MINUTES	\$0.00
H5299	REHABILITATIVE EVALUATION, NOT OTHERWISE CLASSIFIED	\$0.00
J0110	ADMINISTRATION OF INJECTION, INCLUDING THE COST OF DRUG	\$0.00
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	\$0.00
J0128	INJECTION, ABARELIX, 10 MG	\$0.00
J0129	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0130	INJECTION ABCIXIMAB, 10 MG	\$0.00
J0131	INJECTION, ACETAMINOPHEN, 10 MG	\$0.00
J0132	INJECTION, ACETYLCYSTEINE, 100 MG	\$0.00
J0133	INJECTION, ACYCLOVIR, 5 MG	\$0.00
J0135	INJECTION, ADALIMUMAB, 20 MG	\$0.00
J0140	INJECTION, ACTH, UP TO 40 UNITS	\$0.00
J0150	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY	\$0.00
J0151	INJECTION, ADENOSINE, 90 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE	\$0.00
J0152	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY	\$0.00
J0160	INJECTION, ADENOSINE-5-MONOPHOSPHATE, ALSO KNOWN AS ADENOCREST, OR ADENOLIN FORT	\$0.00
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	\$0.00
J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	\$0.00
J0178	Injection, aflibercept, 1 mg	\$0.00
J0180	INJECTION, AGALSIDASE BETA, 1 MG	\$0.00
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	\$0.00
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	\$0.00
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS	\$0.00
J0207	INJECTION, AMIFOSTINE, 500 MG	\$0.00
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	\$0.00
J0215	INJECTION, ALEFACEPT, 0.5 MG	\$0.00
J0220	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	\$0.00
J0221	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	\$0.00
J0230	INJECTION, ALLERGY DESENSITIZATION, ALLPYRAL	\$0.00
J0240	INJECTION, ALLERGY DESENSITIZATION, EMULSION NOT SPECIFIED	\$0.00
J0255	INJECTION, ALPHA REDISOL	\$0.00
J0256	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	\$0.00
J0257	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	\$0.00
J0260	INJECTION, ALTO PRED, UP TO 20 MG	\$0.00
J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00
J0275	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00
J0278	INJECTION, AMIKACIN SULFATE, 100 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	\$0.00
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	\$0.00
J0285	INJECTION, AMPHOTERICIN B, 50 MG	\$0.00
J0286	INJECTION, AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	\$0.00
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	\$0.00
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	\$0.00
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	\$0.00
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	\$0.00
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$0.00
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	\$0.00
J0310	INJECTION, ANDRESTRAQ, UP TO 1 ML	\$0.00
J0320	INJECTION, ANDRONAQ, UP TO 50MG	\$0.00
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	\$0.00
J0340	INJECTION, NANDROLONE PHENPROPIONATE, UP TO 50 MG	\$0.00
J0348	INJECTION, ANIDULAFUNGIN, 1 MG	\$0.00
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	\$0.00
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	\$0.00
J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	\$0.00
J0365	INJECTION, APROTONIN, 10,000 KIU	\$0.00
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	\$0.00
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	\$0.00
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	\$0.00
J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	\$0.00
J0410	INJECTION, ARIDOSE, 10 CC VIAL	\$0.00
J0420	INJECTION, ARISTOCORT FORTE, UP TO 40 MG OR 1 CC	\$0.00
J0430	INJECTION, ARISTOSPAN, UP TO 40 MG	\$0.00
J0440	INJECTION, ATABRINE HCL, UP TO 200 MG OR 10 CC VIAL	\$0.00
J0450	INJECTION, ARTHROLATE, UP TO 50 MG	\$0.00
J0456	INJECTION, AZITHROMYCIN, 500 MG	\$0.00
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	\$0.00
J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0470	INJECTION, DIMERCAPROL, PER 100 MG	\$0.00
J0475	INJECTION, BACLOFEN, 10 MG	\$0.00
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	\$0.00
J0480	INJECTION, BASILIXIMAB, 20 MG	\$0.00
J0485	Injection, belatacept, 1 mg	\$0.00
J0490	INJECTION, BENADRYL HCL, UP TO 50 MG	\$0.00
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	\$0.00
J0510	INJECTION, BENZQUINAMIDE HCL, UP TO 50 MG	\$0.00
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	\$0.00
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	\$0.00
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	\$0.00
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000	\$0.00
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000	\$0.00
J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	\$0.00
J0559	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 2500 UNITS	\$0.00
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	\$0.00
J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	\$0.00
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	\$0.00
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	\$0.00
J0583	INJECTION, BIVALIRUDIN, 1 MG	\$0.00
J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	\$0.00
J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	\$0.00
J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	\$0.00
J0588	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT	\$0.00
J0590	INJECTION, ETHYLNOREPINEPHRINE HCL, 1 ML	\$0.00
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	\$0.00
J0594	INJECTION, BUSULFAN, 1 MG	\$0.00
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	\$0.00
J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	\$0.00
J0598	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), CINRYZE, 10 UNITS	\$0.00
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	\$0.00
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	\$0.00
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	\$0.00
J0635	INJECTION, CALCITRIOL, 1 MCG AMP.	\$0.00
J0636	INJECTION, CALCITRIOL, 0.1 MCG	\$0.00
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$0.00
J0638	INJECTION, CANAKINUMAB, 1 MG	\$0.00
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	\$0.00
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	\$0.00
J0650	INJECTION, CALSCORBATE, UP TO 100 MG	\$0.00
J0660	INJECTION, CAMUSOL	\$0.00
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	\$0.00
J0680	INJECTION, DESLANOSIDE, UP TO 0.4 MG	\$0.00
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	\$0.00
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	\$0.00
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	\$0.00
J0695	INJECTION, CEFONICID SODIUM, 1 GRAM	\$0.00
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	\$0.00
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	\$0.00
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	\$0.00
J0700	INJECTION, BETAMETHASONE, UP TO 6 MG	\$0.00
J0702	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	\$0.00
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	\$0.00
J0706	INJECTION, CAFFEINE CITRATE, 5MG	\$0.00
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	\$0.00
J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	\$0.00
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	\$0.00
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	\$0.00
J0716	Injection, centruiroides immune f(ab)2, up to 120 milligrams	\$0.00
J0718	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	\$0.00
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	\$0.00
J0730	INJECTION, CHLORPHENIRAMINE MALEATE, PER 10 MG	\$0.00
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	\$0.00
J0740	INJECTION, CIDOFOVIR, 375 MG	\$0.00
J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	\$0.00
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	\$0.00
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	\$0.00
J0750	INJECTION, COGENTIN MESYLATE, UP TO 1 MG	\$0.00
J0760	INJECTION, COLCHICINE, PER 1MG	\$0.00
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	\$0.00
J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	\$0.00
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	\$0.00
J0790	INJECTION, NIKETHAMIDE, UP TO 1.5 ML	\$0.00
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM	\$0.00
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	\$0.00
J0810	INJECTION, CORTISONE, UP TO 50 MG	\$0.00
J0820	INJECTION, CORTIGEL 40, UP TO 40 UNITS	\$0.00
J0830	INJECTION, CORTROPHIN ZINC HYDROXIDE, UP TO 40 UNITS	\$0.00
J0833	INJECTION, COSYNTROPIN, NOT OTHERWISE SPECIFIED, 0.25 MG	\$0.00
J0834	INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	\$0.00
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	\$0.00
J0840	INJECTION, WARFARIN SODIUM, UP TO 50 MG	\$0.00
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	\$0.00
J0860	INJECTION, CRYSTODIGIN, DIGITOXIN, UP TO 0.2 MG	\$0.00
J0870	INJECTION, CYCLAIN	\$0.00
J0878	INJECTION, DAPTOMYCIN, 1 MG	\$0.00
J0880	INJECTION, DARBEPOETIN ALFA, 5 MCG	\$0.00
J0881	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	\$0.00
J0882	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)	\$0.00
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	\$0.00
J0886	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J0890	Injection, peginesatide, 0. 1 mg (for esrd on dialysis)	\$0.00
J0894	INJECTION, DECITABINE, 1 MG	\$0.00
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	\$0.00
J0897	INJECTION, DENOSUMAB, 1 MG	\$0.00
J0900	INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	\$0.00
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	\$0.00
J0960	INJECTION, DELATESTRYL, UP TO 200 MG	\$0.00
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	\$0.00
J0980	INJECTION, DELUTEVAL 2X, UP TO 1 ML	\$0.00
J0990	INJECTION, DEMEROL HCL, UP TO 100 MG	\$0.00
J0995	INJECTION, DEPINAR	\$0.00
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	\$0.00
J1010	INJECTION, DEPO-HEPARIN SODIUM, 20,000 UNITS	\$0.00
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$0.00
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	\$0.00
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	\$0.00
J1050	Injection, medroxyprogesterone acetate, 1 mg	\$0.00
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	\$0.00
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	\$0.00
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	\$0.00
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	\$0.00
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	\$0.00
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	\$0.00
J1090	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 50 MG	\$0.00
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	\$0.00
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	\$0.00
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	\$0.00
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	\$0.00
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	\$0.00
J1140	INJECTION, DI-GENIK, UP TO 1 ML	\$0.00
J1150	INJECTION, DIGITALINE NATIVELLE, UP TO 0.4 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1155	INJECTION, DIGITOXIN	\$0.00
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	\$0.00
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$0.00
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	\$0.00
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	\$0.00
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	\$0.00
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	\$0.00
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$0.00
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	\$0.00
J1210	INJECTION, DIURNAL-PENICILLIN, UP TO 500,000 UNITS	\$0.00
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	\$0.00
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	\$0.00
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	\$0.00
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	\$0.00
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	\$0.00
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	\$0.00
J1265	INJECTION, DOPAMINE HCL, 40 MG	\$0.00
J1267	INJECTION, DORIPENEM, 10 MG	\$0.00
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	\$0.00
J1280	INJECTION, DURABOLIN, DURABOLIN-50, UP TO 50 MG	\$0.00
J1290	INJECTION, ECALLANTIDE, 1 MG	\$0.00
J1300	INJECTION, ECULIZUMAB, 10 MG	\$0.00
J1310	INJECTION, E-IONATE-P.A., UP TO 5 MG	\$0.00
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	\$0.00
J1324	INJECTION, ENFUVIRTIDE, 1 MG	\$0.00
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	\$0.00
J1327	INJECTION, EPTIFIBATIDE, 5 MG	\$0.00
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	\$0.00
J1340	INJECTION, AQUEOUS OR SALINE PLACEBO	\$0.00
J1350	INJECTION, ERYTHROMYCIN-IM, UP TO 100 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1360	INJECTION, ERTHROMYCIN-IV, UP TO 500 MG	\$0.00
J1362	INJECTION, ERYTHROMYCIN GLUCEPTATE, PER 250 MG	\$0.00
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	\$0.00
J1370	INJECTION, ESCHATIN, UP TO 10 ML	\$0.00
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	\$0.00
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	\$0.00
J1400	INJECTION, ESTRADIOL, UP TO 0.25 MG	\$0.00
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	\$0.00
J1420	INJECTION, ESTRONOL, UP TO 2 MG OR 20,000 UNITS	\$0.00
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	\$0.00
J1435	INJECTION, ESTRONE, PER 1 MG	\$0.00
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	\$0.00
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	\$0.00
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	\$0.00
J1450	INJECTION FLUCONAZOLE, 200 MG	\$0.00
J1451	INJECTION, FOMEPIZOLE, 15 MG	\$0.00
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG	\$0.00
J1453	INJECTION, FOSAPREPITANT, 1 MG	\$0.00
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	\$0.00
J1457	INJECTION, GALLIUM NITRATE, 1 MG	\$0.00
J1458	INJECTION, GALSULFASE, 1 MG	\$0.00
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$0.00
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	\$0.00
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	\$0.00
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	\$0.00
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	\$0.00
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	\$0.00
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	\$0.00
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	\$0.00
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	\$0.00
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	\$0.00
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQU	\$0.00
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	\$0.00
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	\$0.00
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID),	\$0.00
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG	\$0.00
J1563	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	\$0.00
J1564	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 10 MG	\$0.00
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	\$0.00
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWIS	\$0.00
J1567	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	\$0.00
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID	\$0.00
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID),	\$0.00
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	\$0.00
J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	\$0.00
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHI	\$0.00
J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	\$0.00
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	\$0.00
J1590	INJECTION, GATIFLOXACIN, 10MG	\$0.00
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG	\$0.00
J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), NOT OTHE	\$0.00
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	\$0.00
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$0.00
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	\$0.00
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	\$0.00
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	\$0.00
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$0.00
J1640	INJECTION, HEMIN, 1 MG	\$0.00
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	\$0.00
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	\$0.00
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	\$0.00
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	\$0.00
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	\$0.00
J1660	INJECTION, HISTAMINE, UP TO 2.75 MG	\$0.00
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	\$0.00
J1675	INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS	\$0.00
J1680	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG	\$0.00
J1690	INJECTION, PREDNISOLONE TEBUTATE, UP TO 20 MG	\$0.00
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	\$0.00
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	\$0.00
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	\$0.00
J1725	INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	\$0.00
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	\$0.00
J1739	INJECTION, HYDROXYPROGESTERONE CAPROATE 125 MG/ML	\$0.00
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	\$0.00
J1741	Injection, ibuprofen, 100 mg	\$0.00
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$0.00
J1743	INJECTION, IDURSULFASE, 1 MG	\$0.00
J1744	Injection, icatibant, 1 mg	\$0.00
J1745	INJECTION INFliximab, 10 MG	\$0.00
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$0.00
J1751	INJECTION, IRON DEXTRAN 165, 50 MG	\$0.00
J1752	INJECTION, IRON DEXTRAN 267, 50 MG	\$0.00
J1755	INJECTION, IRON SUCROSE, 20MG	\$0.00
J1756	INJECTION, IRON SUCROSE, 1 MG	\$0.00
J1760	INJECTION, IRON DEXTRAN, 2 CC	\$0.00
J1770	INJECTION, IRON DEXTRAN, 5 CC	\$0.00
J1780	INJECTION, IRON DEXTRAN, 10 CC	\$0.00
J1785	INJECTION, IMIGLUCERASE, PER UNIT	\$0.00
J1786	INJECTION, IMIGLUCERASE, 10 UNITS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	\$0.00
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	\$0.00
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	\$0.00
J1815	INJECTION, INSULIN, PER 5 UNITS	\$0.00
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	\$0.00
J1820	INJECTION, INSULIN, UP TO 100 UNITS	\$0.00
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG	\$0.00
J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	\$0.00
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00
J1835	INJECTION, ITRACONAZOLE, 50 MG	\$0.00
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	\$0.00
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	\$0.00
J1860	INJECTION, KAPPADIONE, UP TO 10 MG	\$0.00
J1870	INJECTION, KENALOG-10	\$0.00
J1880	INJECTION, KENALOG-40	\$0.00
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.00
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	\$0.00
J1900	INJECTION, KONAKION, UP TO 10 MG	\$0.00
J1910	INJECTION, KUTAPRESSIN, UP TO 2 ML	\$0.00
J1920	INJECTION, LANOXIN, UP TO 0.5 MG	\$0.00
J1930	INJECTION, LANREOTIDE, 1 MG	\$0.00
J1931	INJECTION, LARONIDASE, 0.1 MG	\$0.00
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	\$0.00
J1945	INJECTION, LEPIRUDIN, 50 MG	\$0.00
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$0.00
J1953	INJECTION, LEVETIRACETAM, 10 MG	\$0.00
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	\$0.00
J1956	INJECTION, LEVOFLOXACIN, 250 MG	\$0.00
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	\$0.00
J1970	INJECTION, METHOTRIMEPAZINE, UP TO 20 MG	\$0.00
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	\$0.00
J2000	INJECTION, LIDOCAINE HCL, 50 CC	\$0.00
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	\$0.00
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	\$0.00
J2020	INJECTION, LINEZOLID, 200MG	\$0.00
J2040	INJECTION, LIQUAEMIN SODIUM, UP TO 1000 UNITS	\$0.00
J2050	INJECTION, LIVER, UP TO 20 MCG	\$0.00
J2060	INJECTION, LORAZEPAM, 2 MG	\$0.00
J2070	INJECTION, LORIDINE, 500 MG	\$0.00
J2080	INJECTION, LORIDINE, 1 GR	\$0.00
J2090	INJECTION, LUFYLLIN, UP TO 500 MG	\$0.00
J2100	INJECTION, LUMINAL SODIUM, UP TO 120 MG	\$0.00
J2110	INJECTION, MAL-O-FEM AQUASPENSION, UP TO 1 ML	\$0.00
J2120	INJECTION, MAL-O-FEM IN OIL, UP TO 1 ML	\$0.00
J2130	INJECTION, MALOGEN AQUASPENSION, UP TO 50 MG	\$0.00
J2140	INJECTION, MALOGEN LA IN OIL, UP TO 200 MG	\$0.00
J2150	INJECTION, MANNITOL, 25% IN 50 ML	\$0.00
J2160	INJECTION, CYCLIZINE LACTATE, UP TO 50 MG	\$0.00
J2170	INJECTION, MECASERMIN, 1 MG	\$0.00
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	\$0.00
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	\$0.00
J2185	INJECTION, MEROPENEM, 100 MG	\$0.00
J2190	INJECTION, MERSALYL WITH THEOPHYLLINE, UP TO 2 ML	\$0.00
J2200	INJECTION, METHAPYRILENE HYDROCHLORIDE, HISTADYL, UP TO 20 MG	\$0.00
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	\$0.00
J2212	Injection, methylnaltrexone, 0. 1 mg	\$0.00
J2230	INJECTION, METRAZOL, UP TO 100 MG	\$0.00
J2240	INJECTION, METOCURINE IODIDE, UP TO 2 MG	\$0.00
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG	\$0.00
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	\$0.00
J2260	INJECTION, MILRINONE LACTATE, 5 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	\$0.00
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$0.00
J2271	INJECTION, MORPHINE SULFATE, 100MG	\$0.00
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	\$0.00
J2278	INJECTION, ZICONOTIDE, 1 MICROGRAM	\$0.00
J2280	INJECTION, MOXIFLOXACIN, 100 MG	\$0.00
J2290	INJECTION, MYOCHRSYNE, UP TO 50 MG	\$0.00
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	\$0.00
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$0.00
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	\$0.00
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	\$0.00
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	\$0.00
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	\$0.00
J2323	INJECTION, NATALIZUMAB, 1 MG	\$0.00
J2324	INJECTION, NESIRITIDE, 0.25 MG	\$0.00
J2325	INJECTION, NESIRITIDE, 0.1 MG	\$0.00
J2330	INJECTION, THIOTHIXENE, UP TO 4 MG	\$0.00
J2340	INJECTION, NEO-HOMBREOL, UP TO 50 MG	\$0.00
J2350	INJECTION, NIACINAMIDE, NIACIN, UP TO 100 MG	\$0.00
J2352	INJECTION, OCTREOTIDE ACETATE, 1 MG	\$0.00
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$0.00
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS	\$0.00
J2355	INJECTION, OPRELVEKIN, 5 MG	\$0.00
J2357	INJECTION, OMALIZUMAB, 5 MG	\$0.00
J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	\$0.00
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	\$0.00
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	\$0.00
J2380	INJECTION, NEOPAVRIN, UP TO 60 MG	\$0.00
J2390	INJECTION, NEOTHYLLINE, UP TO 500 MG	\$0.00
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	\$0.00
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	\$0.00
J2420	INJECTION, NYLOXIN, UP TO 3 ML	\$0.00
J2425	INJECTION, PALIFERMIN, 50 MICROGRAMS	\$0.00
J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	\$0.00
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	\$0.00
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	\$0.00
J2450	INJECTION, OUABAIN, UP TO 0.5 MG	\$0.00
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	\$0.00
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	\$0.00
J2470	INJECTION, PAN HEPARIN, UP TO 1000 UNITS	\$0.00
J2480	INJECTION, HYDROCHLORIDES OF OPIUM ALKALOIDS, UP TO 20 MG	\$0.00
J2490	INJECTION, PARALDEHYDE, UP TO 5 ML	\$0.00
J2495	INJECTION, TRIDIHEXETHYL CHLORIDE PER 10 MG	\$0.00
J2500	INJECTION, PARICALCITOL, 5 MCG	\$0.00
J2501	INJECTION, PARICALCITOL, 1 MCG	\$0.00
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	\$0.00
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	\$0.00
J2505	INJECTION, PEGFILGRASTIM, 6 MG	\$0.00
J2507	INJECTION, PEGLOTICASE, 1 MG	\$0.00
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$0.00
J2512	INJECTION, PENTAGASTRIN, PER 2 ML	\$0.00
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	\$0.00
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	\$0.00
J2520	INJECTION, THIOPENTAL SODIUM	\$0.00
J2530	INJECTION, PERMAPEN ISOJECT, UP TO 600,000 UNITS	\$0.00
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	\$0.00
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	\$0.00
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-CO	\$0.00
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	\$0.00
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	\$0.00
J2562	INJECTION, PLERIXAFOR, 1 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J2570	INJECTION, PHYATROMINE-H, UP TO 2 ML	\$0.00
J2580	INJECTION, PIROMEN, UP TO 4 MCG	\$0.00
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	\$0.00
J2595	INJECTION, VASOPRESSIN TANNATE	\$0.00
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	\$0.00
J2600	INJECTION, POSTERIOR PITUITARY, UP TO 10 UNITS	\$0.00
J2610	INJECTION, PLASMANATE, UP TO 250 ML	\$0.00
J2620	INJECTION, POLYCILLIN N, UP TO 500 MG	\$0.00
J2630	INJECTION, PREDALONE, UP TO 1 ML	\$0.00
J2640	INJECTION, PREDNISOLONE SODIUM PHOSPHATE, TO 20 MG	\$0.00
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	\$0.00
J2655	INJECTION, PREMARIN	\$0.00
J2660	INJECTION, PRINCIPEN-N, UP TO 500 MG	\$0.00
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	\$0.00
J2672	INJECTION, PROPANTHELINE BROMIDE	\$0.00
J2675	INJECTION, PROGESTERONE, PER 50 MG	\$0.00
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	\$0.00
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	\$0.00
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	\$0.00
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	\$0.00
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	\$0.00
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	\$0.00
J2725	INJECTION, PROTIRELIN, PER 250 MCG	\$0.00
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	\$0.00
J2740	INJECTION, PYRILGIN	\$0.00
J2750	INJECTION, RABIES VACCINE, PER DOSE	\$0.00
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	\$0.00
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	\$0.00
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	\$0.00
J2778	INJECTION, RANIBIZUMAB, 0.1 MG	\$0.00
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J2783	INJECTION, RASBURICASE, 0.5 MG	\$0.00
J2785	INJECTION, REGADENOSON, 0.1 MG	\$0.00
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	\$0.00
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	\$0.00
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVE	\$0.00
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	\$0.00
J2793	INJECTION, RILONACEPT, 1 MG	\$0.00
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	\$0.00
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	\$0.00
J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	\$0.00
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	\$0.00
J2805	INJECTION, SINCALIDE, 5 MICROGRAMS	\$0.00
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	\$0.00
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	\$0.00
J2825	INJECTION, SARRACENIA PURPUREA PLANT	\$0.00
J2830	INJECTION, SAVACORT-S, UP TO 1 ML	\$0.00
J2840	INJECTION, SAVACORT-50, UP TO 50 MG	\$0.00
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	\$0.00
J2860	INJECTION, SECOBARBITAL SODIUM, UP TO 250 MG	\$0.00
J2870	INJECTION, SEMESTRIN, UP TO 2 MG	\$0.00
J2880	INJECTION, SERPASIL, UP TO 5 MG	\$0.00
J2890	INJECTION, SMALL POX (FOR TREATMENT ONLY).	\$0.00
J2900	INJECTION, SODASONE	\$0.00
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	\$0.00
J2912	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	\$0.00
J2914	INJECTION, SODIUM SALICYLATE	\$0.00
J2915	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 62.5 MG	\$0.00
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	\$0.00
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	\$0.00
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	\$0.00
J2940	INJECTION, SOMATREM, 1 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J2941	INJECTION, SOMATROPIN, 1 MG	\$0.00
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	\$0.00
J2960	INJECTION, SPARTOCIN, UP TO 150 MG	\$0.00
J2970	INJECTION, METHICILLIN SODIUM, UP TO 1 GM	\$0.00
J2975	INJECTION, STAPHYLOCOCCUS TOXOID	\$0.00
J2980	INJECTION, TRIFLUOPERAZINE HCL, UP TO 2 MG	\$0.00
J2990	INJECTION, STERANE, UP TO 25 MG	\$0.00
J2993	INJECTION, RETEPLASE, 18.1 MG	\$0.00
J2994	INJECTION RETEPLASE, 37.6 MG (TWO SINGLE USE VIALS)	\$0.00
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	\$0.00
J2996	INJECTION, ALTEPLASE RECOMBINANT, PER 10 MG	\$0.00
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	\$0.00
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	\$0.00
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	\$0.00
J3020	INJECTION, SUCOSTRIN, UP TO 20 MG	\$0.00
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	\$0.00
J3040	INJECTION, SYMPTROL, UP TO 3 ML	\$0.00
J3050	INJECTION, DECAMETHONIUM BROMIDE, UP TO 2 MG	\$0.00
J3060	INJECTION, SYNKAYVITE, UP TO 10 MG	\$0.00
J3070	INJECTION, PENTAZOCINE, 30 MG	\$0.00
J3080	INJECTION, CHLORPROTHIXENE, UP TO 50 MG	\$0.00
J3090	INJECTION, T-E IONATE-P.A., UP TO 2 ML	\$0.00
J3095	INJECTION, TELEVANCIN, 10 MG	\$0.00
J3100	INJECTION, TENECTEPLASE, 50MG	\$0.00
J3101	INJECTION, TENECTEPLASE, 1 MG	\$0.00
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	\$0.00
J3110	INJECTION, TERIPARATIDE, 10 MCG	\$0.00
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	\$0.00
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	\$0.00
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	\$0.00
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J3160	INJECTION, TESTROGEN, UP TO 2 ML	\$0.00
J3170	INJECTION, TESTATE, UP TO 1 ML.	\$0.00
J3180	INJECTION, TETANUS TOXOID, UP TO 1 ML	\$0.00
J3190	INJECTION, TETRACYN, UP TO 250 MG	\$0.00
J3200	INJECTION, THEELIN, UP TO 1 MG	\$0.00
J3210	INJECTION, THIODYNE, UP TO 50 MG	\$0.00
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	\$0.00
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	\$0.00
J3243	INJECTION, TIGECYCLINE, 1 MG	\$0.00
J3245	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	\$0.00
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	\$0.00
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	\$0.00
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	\$0.00
J3262	INJECTION, TOCILIZUMAB, 1 MG	\$0.00
J3265	INJECTION, TORSEMIDE, 10 MG/ML	\$0.00
J3270	INJECTION, IMIPRAMINE HCL, UP TO 25 MG	\$0.00
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	\$0.00
J3285	INJECTION, TREPROSTINIL, 1 MG	\$0.00
J3290	INJECTION, TOTACILLIN-N, UP TO 500 MG	\$0.00
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	\$0.00
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	\$0.00
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	\$0.00
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	\$0.00
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	\$0.00
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	\$0.00
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	\$0.00
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	\$0.00
J3330	INJECTION, ULACORT	\$0.00
J3340	INJECTION, CRYPTENAMINE ACETATE, UP TO 2 ML	\$0.00
J3350	INJECTION, UREA, UP TO 40 GM	\$0.00
J3355	INJECTION, UROFOLLITROPIN, 75 IU	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J3357	INJECTION, USTEKINUMAB, 1 MG	\$0.00
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	\$0.00
J3364	INJECTION, UROKINASE, 5000 IU VIAL	\$0.00
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	\$0.00
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	\$0.00
J3380	INJECTION, ISOXSUPRINE HCL, UP TO 10 MG	\$0.00
J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	\$0.00
J3390	INJECTION, METHOXAMINE HCL, UP TO 20 MG	\$0.00
J3395	INJECTION, VERTEPORFIN, 15MG	\$0.00
J3396	INJECTION, VERTEPORFIN, 0.1 MG	\$0.00
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	\$0.00
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	\$0.00
J3411	INJECTION, THIAMINE HCL, 100 MG	\$0.00
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	\$0.00
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	\$0.00
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	\$0.00
J3440	INJECTION, VONTROL, UP TO 40 MG	\$0.00
J3450	INJECTION, MEPHENTERMINE SULFATE, UP TO 30 MG	\$0.00
J3460	INJECTION, WYCILLIN, UP TO 600,000 UNITS	\$0.00
J3465	INJECTION, VORICONAZOLE, 10 MG	\$0.00
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	\$0.00
J3471	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 US	\$0.00
J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	\$0.00
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	\$0.00
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	\$0.00
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	\$0.00
J3485	INJECTION, ZIDOVUDINE, 10 MG	\$0.00
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	\$0.00
J3487	INJECTION, ZOLEDRONIC ACID (ZOMETA), 1 MG	\$0.00
J3488	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	\$0.00
J3490	UNCLASSIFIED DRUGS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J3500	VITAMIN THERAPY	\$0.00
J3510	CELLULAR THERAPY	\$0.00
J3520	EDETATE DISODIUM, PER 150 MG	\$0.00
J3530	NASAL VACCINE INHALATION	\$0.00
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	\$0.00
J3540	AUTOGENOUS BLOOD EXTRACT, INTRAVENOUS OR INTRAMUSCULAR INJECTIONS	\$0.00
J3550	INTRA-ARTERIAL OXYGEN INJECTION	\$0.00
J3560	ADRENAL CORTEX EXTRACT	\$0.00
J3570	LAETRILE, AMYGDALIN, VITAMIN B17	\$0.00
J3590	UNCLASSIFIED BIOLOGICS	\$0.00
J3780	INJECTION, POTASSIUM CHLORIDE, 2 MEQ	\$0.00
J6015	TYPHUS	\$0.00
J6025	CHOLERA	\$0.00
J6045	SMALLPOX	\$0.00
J7000	VIAL OF ALLERGY VACCINE	\$0.00
J7010	VIAL OF ALLERGY VACCINE, SINGLE DOSE	\$0.00
J7020	VIAL OF ALLERGY VACCINE, MULTIPLE DOSE, COST PER DOSE	\$0.00
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.00
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	\$0.00
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.00
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	\$0.00
J7051	STERILE SALINE OR WATER, UP TO 5 CC	\$0.00
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	\$0.00
J7070	INFUSION, D5W, 1000 CC	\$0.00
J7080	INFUSION, ALBUMISOL 5%, 500 ML VIAL	\$0.00
J7090	INFUSION, ALBUMISOL 25%, 50 ML VIAL	\$0.00
J7100	INFUSION, DEXTRAN 40, 500 ML	\$0.00
J7110	INFUSION, DEXTRAN 75, 500 ML	\$0.00
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	\$0.00
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	\$0.00
J7131	HYPERTONIC SALINE SOLUTION, 1 ML	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J7140	PRESCRIPTION DRUG, ORAL, DISPENSED IN PHYSICIAN'S OFFICE	\$0.00
J7150	PRESCRIPTION DRUG, ORAL CHEMOTHERAPY FOR MALIGNANT DISEASE	\$0.00
J7160	PRESCRIPTION, LEGEND, DRUG APPETITE DEPRESSANT	\$0.00
J7170	PRESCRIPTION, LEGEND, DRUG, CONTRACEPTIVES	\$0.00
J7178	Injection, human fibrinogen concentrate, 1 mg	\$0.00
J7180	PRESCRIPTION, LEGEND, DRUG, FOR MENTAL OR NERVOUS CONDITION	\$0.00
J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	\$0.00
J7184	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, PER 100 IU VWF:RCO	\$0.00
J7185	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	\$0.00
J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER	\$0.00
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF:RCO	\$0.00
J7188	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	\$0.00
J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	\$0.00
J7190	FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER I.U.	\$0.00
J7191	FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER I.U.	\$0.00
J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFI	\$0.00
J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	\$0.00
J7194	FACTOR IX, COMPLEX, PER I.U.	\$0.00
J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	\$0.00
J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	\$0.00
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	\$0.00
J7198	ANTI-INHIBITOR, PER I.U.	\$0.00
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	\$0.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$0.00
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	\$0.00
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH	\$0.00
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	\$0.00
J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	\$0.00
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	\$0.00
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE	\$0.00
J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	\$0.00
J7311	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	\$0.00
J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	\$0.00
J7315	Mitomycin, ophthalmic, 0. 2 mg	\$0.00
J7316	SODIUM HYALURONATE, 5 MG FOR INTRA-ARTICULAR INJECTION	\$0.00
J7317	SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION	\$0.00
J7318	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, 1 MG	\$0.00
J7319	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, PER IN	\$0.00
J7320	HYLAN G-F 20, 16 MG, FOR INTRA ARTICULAR INJECTION	\$201.24
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER	\$102.06
J7322	HYALURONAN OR DERIVATIVE, SYNVISCO, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$178.16
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$110.87
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$171.37
J7325	HYALURONAN OR DERIVATIVE, SYNVISCO OR SYNVISCO-ONE, FOR INTRA-ARTICULAR INJECTION,	\$0.00
J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$0.00
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	\$0.00
J7335	CAPSAICIN 8% PATCH, PER 10 SQUARE CENTIMETERS	\$0.00
J7340	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOEN	\$0.00
J7341	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEE	\$0.00
J7342	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	\$0.00
J7343	DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT O	\$0.00
J7344	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	\$0.00
J7345	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEE	\$0.00
J7346	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER BI	\$0.00
J7347	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEER	\$0.00
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEER	\$0.00
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEER	\$0.00
J7350	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER BI	\$0.00
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	\$0.00
J7502	CYCLOSPORINE, ORAL, 100 MG	\$0.00
J7503	CYCLOSPORINE, PARENTERAL, PER 50 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	\$0.00
J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	\$0.00
J7506	PREDNISONE, ORAL, PER 5MG	\$0.00
J7507	TACROLIMUS, ORAL, PER 1 MG	\$0.00
J7508	TACROLIMUS, ORAL, PER 5 MG	\$0.00
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	\$0.00
J7510	PREDNISOLONE ORAL, PER 5 MG	\$0.00
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	\$0.00
J7513	DACLIZUMAB, PARENTERAL, 25 MG	\$0.00
J7515	CYCLOSPORINE, ORAL, 25 MG	\$0.00
J7516	CYCLOSPORIN, PARENTERAL, 250 MG	\$0.00
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	\$0.00
J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	\$0.00
J7520	SIROLIMUS, ORAL, 1 MG	\$0.00
J7525	TACROLIMUS, PARENTERAL, 5 MG	\$0.00
J7527	Everolimus, oral, 0. 25 mg	\$0.00
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	\$0.00
J7602	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FD	\$0.00
J7603	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FD	\$0.00
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$0.00
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOU	\$0.00
J7607	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$0.00
J7608	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,	\$0.00
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UN	\$0.00
J7610	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CO	\$0.00
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	\$0.00
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7613	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMI	\$0.00
J7614	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7615	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J7616	ALBUTEROL, UP TO 5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED	\$0.00
J7617	LEVALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED	\$0.00
J7618	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADM	\$0.00
J7619	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION ADM	\$0.00
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINA	\$0.00
J7621	ALBUTEROL, ALL FORMULATIONS, INCLUDING SEPARATED ISOMERS, UP TO 5 MG (ALBUTEROL)	\$0.00
J7622	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.00
J7624	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.00
J7625	ALBUTEROL SULFATE, 0.5%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
J7626	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADM	\$0.00
J7627	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, U	\$0.00
J7628	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THRO	\$0.00
J7629	BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THRO	\$0.00
J7630	CROMOLYN SODIUM, PER 20 MG, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
J7631	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.00
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.00
J7633	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADM	\$0.00
J7634	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, C	\$0.00
J7635	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CON	\$0.00
J7636	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNI	\$0.00
J7637	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.00
J7638	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.00
J7639	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7640	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, U	\$0.00
J7641	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME,	\$0.00
J7642	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$0.00
J7643	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DM	\$0.00
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOU	\$0.00
J7645	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$0.00
J7647	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.00
J7648	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J7649	ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$0.00
J7650	ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH D	\$0.00
J7651	ISOETHARINE HYDROCHLORIDE, 0.125%, PER ML, INHALATION SOLUTION ADMINISTERED THRO	\$0.00
J7652	ISOETHARINE HYDROCHLORIDE, 0.167%, PER ML, INHALATION SOLUTION ADMINISTERED THRO	\$0.00
J7653	ISOETHARINE HYDROCHLORIDE, 0.2%, PER ML, INHALATION SOLUTION ADMINISTERED THROUG	\$0.00
J7654	ISOETHARINE HYDRCHLORIDE, 0.25%, PER ML, INHALATION SOLUTION ADMINISTERED THROUG	\$0.00
J7655	ISOETHARINE HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUG	\$0.00
J7657	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	\$0.00
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUND	\$0.00
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUND	\$0.00
J7660	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH	\$0.00
J7665	ISOPROTERENOL HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTERED THRO	\$0.00
J7667	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FO	\$0.00
J7668	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COM	\$0.00
J7669	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COM	\$0.00
J7670	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED TH	\$0.00
J7672	METAPROTERENOL SULFATE, 0.6%, PER 2.5 ML, INHALATION SOLUTION ADMINISTERED THROU	\$0.00
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	\$0.00
J7675	METAPROTERENOL SULFATE, 5.0%, PER ML, INHALATION SOLUTION ADMINISTERED THROUGH D	\$0.00
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED T	\$0.00
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$0.00
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROU	\$0.00
J7682	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNI	\$0.00
J7683	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.00
J7684	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME	\$0.00
J7685	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, U	\$0.00
J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, A	\$0.00
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	\$0.00
J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	\$0.00
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J8501	APREPITANT, ORAL, 5 MG	\$0.00
J8510	BUSULFAN; ORAL, 2 MG	\$0.00
J8515	CABERGOLINE, ORAL, 0.25 MG	\$0.00
J8520	CAPECITABINE, ORAL, 150 MG	\$0.00
J8521	CAPECITABINE, ORAL, 500 MG	\$0.00
J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG	\$0.00
J8540	DEXAMETHASONE, ORAL, 0.25 MG	\$0.00
J8560	ETOPOSIDE; ORAL, 50 MG	\$0.00
J8561	EVEROLIMUS, ORAL, 0.25 MG	\$0.00
J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	\$0.00
J8565	GEFITINIB, ORAL, 250 MG	\$0.00
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	\$0.00
J8600	MELPHALAN; ORAL, 2 MG	\$0.00
J8610	METHOTREXATE; ORAL, 2.5 MG	\$0.00
J8650	NABILONE, ORAL, 1 MG	\$0.00
J8700	TEMOZOLOMIDE, ORAL, 5 MG	\$0.00
J8705	TOPOTECAN, ORAL, 0.25 MG	\$0.00
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	\$0.00
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	\$0.00
J9001	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	\$0.00
J9002	Injection, doxorubicin hydrochloride, liposomal, doxil, 10 mg	\$0.00
J9010	INJECTION, ALEMTUZUMAB, 10 MG	\$0.00
J9015	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	\$0.00
J9017	INJECTION, ARSENIC TRIOXIDE, 1 MG	\$0.00
J9019	Injection, asparaginase (erwinaze), 1,000 iu	\$0.00
J9020	INJECTION, ASPARAGINASE, NOT OTHERWISE SPECIFIED, 10,000 UNITS	\$0.00
J9025	INJECTION, AZACITIDINE, 1 MG	\$0.00
J9027	INJECTION, CLOFARABINE, 1 MG	\$0.00
J9031	BCG (INTRAVESICAL) PER INSTILLATION	\$0.00
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	\$0.00
J9035	INJECTION, BEVACIZUMAB, 10 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J9040	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	\$0.00
J9041	INJECTION, BORTEZOMIB, 0.1 MG	\$0.00
J9042	Injection, brentuximab vedotin, 1 mg	\$0.00
J9043	INJECTION, CABAZITAXEL, 1 MG	\$0.00
J9045	INJECTION, CARBOPLATIN, 50 MG	\$0.00
J9050	INJECTION, CARMUSTINE, 100 MG	\$0.00
J9055	INJECTION, CETUXIMAB, 10 MG	\$0.00
J9060	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	\$0.00
J9062	CISPLATIN, 50 MG	\$0.00
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$0.00
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$0.00
J9080	CYCLOPHOSPHAMIDE, 200 MG	\$0.00
J9090	CYCLOPHOSPHAMIDE, 500 MG	\$0.00
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	\$0.00
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	\$0.00
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	\$0.00
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	\$0.00
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	\$0.00
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	\$0.00
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	\$0.00
J9098	INJECTION, CYTARABINE LIPOSOME, 10 MG	\$0.00
J9100	INJECTION, CYTARABINE, 100 MG	\$0.00
J9110	INJECTION, CYTARABINE, 500 MG	\$0.00
J9120	INJECTION, DACTINOMYCIN, 0.5 MG	\$0.00
J9130	DACARBAZINE, 100 MG	\$0.00
J9140	DACARBAZINE, 200 MG	\$0.00
J9150	INJECTION, DAUNORUBICIN, 10 MG	\$0.00
J9151	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$0.00
J9155	INJECTION, DEGARELIX, 1 MG	\$0.00
J9160	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	\$0.00
J9162	DEPO-PROVERA AQ., UP TO 1000 MGM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J9165	INJECTION, DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$0.00
J9170	INJECTION, DOCETAXEL, 20 MG	\$0.00
J9171	INJECTION, DOCETAXEL, 1 MG	\$0.00
J9175	INJECTION, ELLIOTTS' B SOLUTION, 1 ML	\$0.00
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	\$0.00
J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	\$0.00
J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	\$0.00
J9181	INJECTION, ETOPOSIDE, 10 MG	\$0.00
J9182	ETOPOSIDE, 100 MG	\$0.00
J9185	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	\$0.00
J9190	INJECTION, FLUOROURACIL, 500 MG	\$0.00
J9200	INJECTION, FLOXURIDINE, 500 MG	\$0.00
J9201	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG	\$0.00
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	\$0.00
J9206	INJECTION, IRINOTECAN, 20 MG	\$0.00
J9207	INJECTION, IXABEPILONE, 1 MG	\$0.00
J9208	INJECTION, IFOSFAMIDE, 1 GRAM	\$0.00
J9209	INJECTION, MESNA, 200 MG	\$0.00
J9210	HEXAMETHYLMELAMINE	\$0.00
J9211	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	\$0.00
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	\$0.00
J9213	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	\$0.00
J9214	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	\$0.00
J9215	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	\$0.00
J9216	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	\$0.00
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$0.00
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$0.00
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	\$0.00
J9220	LOMUSTINE, CYCLOHEXYL, CHLORETHYL NITROSOUREA, AVAILABLE IN CAPSULE ONLY	\$0.00
J9225	HISTRELIN IMPLANT (VANTAS), 50 MG	\$0.00
J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J9228	INJECTION, IPILIMUMAB, 1 MG	\$0.00
J9230	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$0.00
J9240	MEDROXYPROGESTERONE ACETATE, 100 MG	\$0.00
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$0.00
J9250	METHOTREXATE SODIUM, 5 MG	\$0.00
J9260	METHOTREXATE SODIUM, 50 MG	\$0.00
J9261	INJECTION, NELARABINE, 50 MG	\$0.00
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$0.00
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	\$0.00
J9265	INJECTION, PACLITAXEL, 30 MG	\$0.00
J9266	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	\$0.00
J9268	INJECTION, PENTOSTATIN, 10 MG	\$0.00
J9270	INJECTION, PLICAMYCIN, 2.5 MG	\$0.00
J9280	INJECTION, MITOMYCIN, 5 MG	\$0.00
J9290	MITOMYCIN, 20 MG	\$0.00
J9291	MITOMYCIN, 40 MG	\$0.00
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	\$0.00
J9295	POLYESTRADIOL PHOSPHATE 40 MG	\$0.00
J9300	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	\$0.00
J9302	INJECTION, OFATUMUMAB, 10 MG	\$0.00
J9303	INJECTION, PANITUMUMAB, 10 MG	\$0.00
J9305	INJECTION, PEMETREXED, 10 MG	\$0.00
J9307	INJECTION, PRALATREXATE, 1 MG	\$0.00
J9310	INJECTION, RITUXIMAB, 100 MG	\$0.00
J9315	INJECTION, ROMIDEPSIN, 1 MG	\$0.00
J9320	INJECTION, STREPTOZOCIN, 1 GRAM	\$0.00
J9328	INJECTION, TEMOZOLOMIDE, 1 MG	\$0.00
J9330	INJECTION, TEMSIROLIMUS, 1 MG	\$0.00
J9340	INJECTION, THIOTEPA, 15 MG	\$0.00
J9350	INJECTION, TOPOTECAN, 4 MG	\$0.00
J9351	INJECTION, TOPOTECAN, 0.1 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
J9355	INJECTION, TRASTUZUMAB, 10 MG	\$0.00
J9357	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	\$0.00
J9360	INJECTION, VINBLASTINE SULFATE, 1 MG	\$0.00
J9370	VINCRIStINE SULFATE, 1 MG	\$0.00
J9375	VINCRIStINE SULFATE, 2 MG	\$0.00
J9380	VINCRIStINE SULFATE, 5 MG	\$0.00
J9381	CEFTRIAXONE SODIUM, UP TO 1 GM	\$0.00
J9390	INJECTION, VINOReLBINE TARTRATE, 10 MG	\$0.00
J9395	INJECTION, FULVESTRANT, 25 MG	\$0.00
J9600	INJECTION, PORFIMER SODIUM, 75 MG	\$0.00
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	\$0.00
K0001	STANDARD WHEELCHAIR	\$65.72
K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	\$66.78
K0003	LIGHTWEIGHT WHEELCHAIR	\$85.74
K0004	HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR	\$189.39
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	\$196.33
K0006	HEAVY DUTY WHEELCHAIR	\$166.41
K0007	EXTRA HEAVY DUTY WHEELCHAIR	\$207.90
K0008	CUSTOM MANUAL WHEELCHAIR/BASE	\$0.00
K0009	OTHER MANUAL WHEELCHAIR/BASE	\$0.00
K0010	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR	\$3,221.92
K0011	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL	\$4,311.00
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR	\$2,402.09
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE	\$0.00
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE	\$0.00
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH	\$0.00
K0016	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, COMPLETE ASSEMBLY, EACH	\$172.91
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH	\$0.00
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION EACH	\$0.00
K0019	ARM PAD, EACH	\$0.00
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0021	ANTI-TIPPING DEVICE, EACH	\$116.81
K0022	REINFORCED BACK UPHOLSTERY	\$37.06
K0023	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FOAM, ATTACHED WITH STRAPS	\$261.23
K0024	SOLID BACK INSERT, PLANAR BACK, SINGLE DENSITY FORM, WITH ADJUSTABLE HOOK-ON HAR	\$247.87
K0025	HOOK-ON HEADREST EXTENSION	\$72.86
K0026	BACK UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	\$43.96
K0027	BACK UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH	\$43.96
K0028	MANUAL, FULLY RECLINING BACK	\$609.22
K0029	REINFORCED SEAT UPHOLSTERY	\$37.69
K0030	SOLID SEAT INSERT, PLANAR SEAT, SINGLE DENSITY FOAM	\$121.85
K0031	SAFETY BELT/PELVIC STRAP, EACH	\$43.36
K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWEIGHT OR HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR	\$32.39
K0033	SEAT UPHOLSTERY FOR WHEELCHAIR TYPE OTHER THAN ULTRALIGHTWEIGHT OR HIGH	\$32.39
K0034	HEEL LOOP,EACH	\$33.92
K0035	HEEL LOOP WITH ANKLE STRAP, EACH	\$20.21
K0036	TOE LOOP, EACH	\$33.92
K0037	HIGH MOUNT FLIP-UP FOOTREST, EACH	\$0.00
K0038	LEG STRAP, EACH	\$0.00
K0039	LEG STRAP, H STYLE, EACH	\$0.00
K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	\$0.00
K0041	LARGE SIZE FOOTPLATE, EACH	\$0.00
K0042	STANDARD SIZE FOOTPLATE, EACH	\$0.00
K0043	FOOTREST, LOWER EXTENSION TUBE, EACH	\$0.00
K0044	FOOTREST, UPPER HANGER BRACKET, EACH	\$0.00
K0045	FOOTREST, COMPLETE ASSEMBLY	\$0.00
K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH	\$0.00
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH	\$0.00
K0048	ELEVATING LEGREST, COMPLETE ASSEMBLY	\$137.80
K0049	CALF PAD, EACH	\$28.88
K0050	RATCHET ASSEMBLY	\$0.00
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EACH	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH	\$0.00
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH	\$0.00
K0054	SEAT WIDTH OF 10", 11", 12", 15", 17", OR 20" FOR A HIGH STRENGTH, LIGHTWEIGHT	\$84.82
K0055	SEAT DEPTH OF 15", 17", OR 18" FOR A HIGH STRENGTH, LIGHTWEIGHT OR	\$77.10
K0056	SEAT HEIGHT < 17" OR < OR EQUAL TO 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTR	\$9.36
K0057	SEAT WIDTH 19" OR 20" FOR HEAVY DUTY OR EXTRA HEAVY DUTY CHAIR	\$100.66
K0058	SEAT DEPTH 17" OR 18" FOR MOTORIZED/POWER WHEELCHAIR	\$48.92
K0059	PLASTIC COATED HANDRIM, EACH	\$25.71
K0060	STEEL HANDRIM, EACH	\$22.50
K0061	ALUMINUM HANDRIM, EACH	\$31.91
K0062	HANDRIM WITH 8-10 VERTICAL OR OBLIQUE PROJECTIONS, EACH	\$49.44
K0063	HANDRIM WITH 12-16 VERTICAL OR OLBIQUE PROJECTIONS, EACH	\$66.02
K0064	ZERO PRESSURE TUBE (FLAT FREE INSERTS), ANY SIZE, EACH	\$24.64
K0065	SPOKE PROTECTORS	\$4.36
K0066	SOLID TIRE, ANY SIZE, EACH	\$26.61
K0067	PNEUMATIC TIRE, ANY SIZE, EACH	\$39.61
K0068	PNEUMATIC TIRE TUBE, EACH	\$4.76
K0069	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, EACH	\$9.84
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH	\$18.02
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH	\$10.77
K0072	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	\$6.08
K0073	CASTER PIN LOCK,EACH	\$3.29
K0074	PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$37.00
K0075	SEMI-PNEUMATIC CASTER TIRE, ANY SIZE, EACH	\$24.37
K0076	SOLID CASTER TIRE, ANY SIZE, EACH	\$20.72
K0077	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH	\$5.78
K0078	PNEUMATIC CASTER TIRE TUBE, EACH	\$7.79
K0079	WHEEL LOCK EXTENSION, PAIR	\$35.19
K0080	ANTI-ROLLBACK DEVICE, PAIR	\$82.91
K0081	WHEEL LOCK ASSEMBLY, COMPLETE, EACH	\$32.98
K0082	22 NF NON-SEALED LEAD ACID BATTERY, EACH	\$100.63

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0083	22 NF SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	\$113.07
K0084	GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH	\$74.56
K0085	GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	\$150.78
K0086	U-1 NON-SEALED LEAD ACID BATTERY, EACH	\$100.63
K0087	U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASS MAT)	\$90.95
K0088	BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR	\$102.81
K0089	BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR	\$415.72
K0090	REAR WHEEL TIRE FOR POWER WHEELCHAIR, ANY SIZE, EACH	\$61.76
K0091	REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEELCHAIR, ANY SIZE,	\$16.84
K0092	REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR, COMPLETE, EACH	\$197.08
K0093	REAR WHEEL, ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER WHEELCHAIR,	\$123.13
K0094	WHEEL TIRE FOR POWER BASE, ANY SIZE, EACH	\$40.10
K0095	WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE, ANY SIZE, EACH	\$56.46
K0096	WHEEL ASSEMBLY FOR POWER BASE, COMPLETE, EACH	\$226.12
K0097	WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER BASE, ANY SIZE, EACH	\$49.17
K0098	DRIVE BELT FOR POWER WHEELCHAIR	\$2.61
K0099	FRONT CASTER FOR POWER WHEELCHAIR, EACH	\$65.58
K0100	WHEELCHAIR ADAPTER FOR AMPUTEE, PAIR (DEVICE USED TO COMPENSATE FOR TRANSFER OF	\$90.44
K0101	ONE-ARM DRIVE ATTACHMENT, EACH	\$0.00
K0102	CRUTCH AND CANE HOLDER, EACH	\$35.14
K0103	TRANSFER BOARD,<25"	\$55.19
K0104	CYLINDER TANK CARRIER, EACH	\$96.28
K0105	IV HANGER	\$9.76
K0106	ARM TROUGH, EACH	\$86.87
K0107	WHEELCHAIR TRAY	\$93.16
K0108	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	\$0.00
K0109	CUSTOMIZATION OF WHEELCHAIR BASE FRAME (OPTIONS OR ACCESSORIES)	\$21.91
K0110	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK	\$18.35
K0111	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG	\$36.42
K0112	TRUNK SUPPORT DEVICE, VEST TYPE, WITH INNER FRAME, PREFABRICATED	\$191.74
K0113	TRUNK SUPPORT DEVICE, VEST TYPE, WITHOUT INNER FRAME, PREFABRICATED	\$116.96

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0114	BACK SUPPORT SYSTEM FOR USE WITH A WHEELCHAIR, WITH INNER FRAME, PREFABRICATED	\$739.54
K0115	ORTHOTIC SEATING SYSTEM, BACK MODULE, POSTERIORLATERAL CONTROL, WITH OR WITHOUT	\$824.90
K0116	ORTHOTIC SEATING SYSTEM, COMBINED BACK AND SEAT MODULE, CUSTOM FABRICATED FOR AT	\$1,721.77
K0117	UNLISTED ITEM, ORTHOTIC SEATING, BACK MODULE	\$0.00
K0118	TENS SUPPLIES - ONE MONTH SUPPLY FOR TENS, 2 LEAD	\$23.35
K0119	AZATHIOPRINE - ORAL, TAB, 50 MG	\$1.18
K0120	AZATHIOPRINE - PARENTERAL, 100 MG	\$91.96
K0121	CYCLOSPORINE - ORAL, 25 MG	\$1.25
K0122	CYCLOSPORINE - PARENTERAL, 250 MG	\$22.28
K0123	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHMOCYTE GLOBULIN - PARENTERAL, 250 MG	\$0.00
K0124	MONOCLONAL ANTIBODIES - PARENTERAL, 5 MG	\$0.00
K0125	PREDNISONE - ORAL, 5 MG	\$0.04
K0126	REPLACE SOFT INTERFACE MATERIAL, MULTI-PODUS TYPE SPLINT	\$102.44
K0127	REPLACE SOFT INTERFACE MATERIAL, ANKLE CONTRACTURE SPINT	\$15.16
K0128	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	\$11.07
K0129	ANKLE CONTRACTURE SPLINT	\$108.14
K0130	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE	\$49.78
K0131	SPRING-POWERED DEVICE FOR LANCET	\$17.16
K0132	MALE EXTERNAL CATHETER WITH OR WITHOUT ADHESIVE, WITH OR WITHOUT ANTI-REFLUX DEV	\$1.14
K0133	INTERMITTENT URINARY CATHETER, DISPOSABLE; STRAIGHT TIP	\$1.45
K0134	INTERMITTENT URINARY CATHETER, DISPOSABLE; COUDE (CURVED) TIP	\$2.91
K0135	INTERMITTENT URINARY CATHETER, REUSABLE; STRAIGHT TIP	\$1.38
K0136	INTERMITTENT URINARY CATHETER, REUSABLE, COUDE (CURVED) TIP	\$8.16
K0137	SKIN BARRIER; LIQUID (SPRAY, BRUSH, ETC.), PER OZ.	\$1.47
K0138	SKIN BARRIER; PASTE, PER OZ.	\$2.78
K0139	SKIN BARRIER; POWDER, PER OZ.	\$2.96
K0140	ACETYLCYSTEINE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
K0141	ALBUTEROL SULFATE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED THROUGH	\$0.00
K0142	CROMOLYN SODIUM, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED THROUGH DM	\$0.00
K0143	ISOETHARINE HYDROCHLORIDE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED	\$0.00
K0144	ISOPROTHERENOL HYDROCHLORIDE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTER	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0145	METAPROTERENOL, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
K0146	TERBUTALINE, COMPOUNDED, PER MG, INHALATION SOLUTION ADMINISTERED THROUGH DME	\$0.00
K0147	GASTROSTOMY TUBE, SILICONE WITH SLIDING RING	\$0.00
K0148	HYDROGEL DRESSING, EACH	\$3.66
K0149	HYDROCOLLOID DRESSING, EACH	\$5.99
K0150	ALGINATE DRESSING, EACH	\$0.00
K0151	FOAM DRESSING, EACH	\$65.37
K0152	PASTES, POWDERS, GRANULES, BEADS, CONTACT LAYERS	\$0.00
K0153	COMPOSITE DRESSING, EACH	\$0.00
K0154	WOUND POUCH, EACH	\$14.97
K0162	PROGRESSIVE LENS, EACH LENS	\$0.00
K0163	VACUUM ERECTION SYSTEM	\$355.53
K0164	OROPHARYNGEAL SUCTION CATHETER, EACH	\$3.53
K0165	TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY	\$3.81
K0166	METHYLPREDNISOLONE - ORAL, 4 MG	\$0.52
K0167	PREDNISOLONE - ORAL, 5 MG	\$0.03
K0168	ADMINISTRATION SET, SMALL VOL NON-FILTERED,PNEUMATIC NEBULIZER, DISPOSABLE	\$2.16
K0169	SMALL VOLUME NON-FILTERED PNEUMATIC NEBULIZER,DISPOSABLE	\$1.68
K0170	ADMINISTRATION SET, SMALL VOL, NON-FILTERED, PNEUMATIC NEBULIZER, NON-DISPOSABLE	\$29.31
K0171	ADMINISTRATION SET, SMALL VOL FILTERED PNEUMATIC NEBULIZER	\$9.07
K0172	LARGE VOLUME NEBULIZER, DISPOSABLE UNFILLED, USED WITH AEROSOL COMPRESSOR	\$4.39
K0173	LARGE VOL NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	\$10.46
K0174	RESERVOIR, NON-DISPOSABLE, USED W LGE VOL ULTRASONIC NEBULIZER	\$39.99
K0175	CORRUGATED TUBING, DISPOSABLE, USED W LGE VOL NEBULIZER 100 FEET	\$22.13
K0176	CORRUGATED TUBING, NON-DISPOSABLE, USED W LGE VOL NEBULIZER,TEN FEET	\$2.11
K0177	WATER COLLECTION DEVICE, USED W LARGE VOLUME NEBULIZER	\$2.92
K0178	FILTER, DISPOSABLE, USED W AEROSOL COMPRESSOR	\$0.79
K0179	FILTER, NON-DISPOSABLE,USED W AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	\$4.26
K0180	AEROSOL MASK, USED WITH DME NEBULIZER	\$1.50
K0181	DOME AND MOUTHPIECE, USED W SMALL VOL ULTRASONIC NEBULIZER	\$6.88
K0182	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1,000 ML	\$0.37

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0183	NASAL APPLICATION DEVICE USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$68.56
K0184	NASAL SINGLE PIECE INTERFACE, REPLACEMENT FOR NASAL APPLICATION DEVICE, PAIR OR	\$22.81
K0185	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$37.82
K0186	CHIN STRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.83
K0187	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$38.33
K0188	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$3.20
K0189	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$13.16
K0190	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP	\$8.01
K0191	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP	\$31.46
K0192	TUBING, USED WITH SUCTION PUMP	\$3.65
K0193	CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE W HUMIDIFIER	\$0.00
K0194	INTERMITTENT ASSIST DEVICE W CONTINUOUS POSITIVE PRESSURE, WHUMIDIFIER	\$0.00
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)	\$17.07
K0196	ALGINATE DRESSING,WOUND COVER,PAD SIZE 16 SQ IN OR LESS EA DRESSING	\$7.64
K0197	ALGINATE DRESSING,WOUND COVER,PAD SIZE > 16 BUT <= TO 48 SQ IN.,EACH DRESSING	\$17.14
K0198	ALGINATE DRESSING,WOUND COVER,PAD SIZE MORE THAN 48 SQ IN,EADRESSING	\$0.00
K0199	ALGINATE DRESSING,WOUND FILLER, PER 6 INCHES	\$5.50
K0203	COMPOSITE DRESSING, PAD SIZE 16 SQ.IN.,OR LESS,WITH ANY SIZEADHESIVE BORDER, EAC	\$2.56
K0204	COMPOSITE DRESSING,PAD SIZE > 16 BUT <= TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	\$4.49
K0205	COMPOSITE DRESSING,PAD SIZE > 48 SQ. IN.,WITH ANY SIZE ADHESIVE BORDER,EACH DRES	\$7.40
K0206	CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING	\$1.57
K0207	CONTACT LAYER,MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING	\$2.71
K0208	CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING	\$5.54
K0209	FOAM DRESSING,WOUND COVER,PAD SIZE 16 SQ. IN. OR LESS, WITH OUT ADHESIVE BORDER	\$7.83
K0210	FOAM DRESSING,WOUND COVER,PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO 48 SQ	\$16.82
K0211	FOAM DRESSING,WOUND COVER,PAD SIZE MORE THAN 48 SQ. IN., W/OADHESIVE BORDER, EAC	\$30.61
K0212	FOAM DRESSING,WOUND COVER,PAD SIZE 16 SQ. IN. OR LESS,WITH ANY SIZE ADHESIVE	\$10.11
K0213	FOAM DRESSING,WOUND COVER,PAD SIZE > 16 BUT <= 48 SQ. IN., WITH ANY SIZE ADHESIV	\$0.00
K0214	FOAM DRESSING,WOUND COVER,PAD SIZE > 48 SQ. IN., WITH ANY SZADHESIVE BORDER, EAC	\$10.72
K0215	FOAM DRESSING, WOUND FILLER, PER GRAM	\$3.78
K0216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESI	\$0.08

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0217	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUA	\$0.45
K0218	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHE	\$0.95
K0219	GAUZE, NON-IMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER	\$0.44
K0220	GAUZE, NON-IMPREGNATED, PAD SIZE > 16 BUT <= TO 48 SQ. IN., WITH ANY SIZE ADHESIVE	\$1.07
K0221	GAUZE, NON-IMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORD	\$0.00
K0222	GAUZE, IMPREGNATED, O/T WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHE	\$2.22
K0223	GAUZE, IMPREGNATED, O/T WATER OR NORMAL SALINE, PAD SIZE > 16 <= TO 48 SQ. IN. W/O	\$2.53
K0224	GAUZE, IMPREGNATED, O/T WATER OR NORMAL SALINE, PAD SIZE > 48 W/O ADHESIVE BORDER	\$3.78
K0228	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIV	\$0.00
K0229	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE > 16 BUT <= TO 48 SQ. IN. W/O A	\$2.28
K0230	GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHES	\$0.00
K0234	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE > 16 SQ. IN. OR < W/O ADHESIVE BORDER	\$6.82
K0235	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE > 16 BUT <= 48 SQ. IN., W/O ADHESIVE BO	\$17.25
K0236	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., W/O ADHESIVE BOR	\$28.37
K0237	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESI	\$7.26
K0238	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE > 16 <= TO 48 SQ. IN., WITH ANY SIZE AD	\$23.76
K0239	HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE AD	\$29.56
K0240	HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE	\$12.77
K0241	HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM	\$2.42
K0242	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS W/O ADHESIVE BORDER, EAC	\$6.32
K0243	HYDROGEL DRESSING, WOUND COVER, PAD SIZE > 16 BUT <= TO 48 SQ. IN., W/O ADHESIVE BOR	\$12.83
K0244	HYDROGEL DRESSING, WOUND COVER, PAD SIZE > 48 SQ. IN., W/O ADHESIVE BORDER, EACH DRES	\$28.69
K0245	HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY ADHESIVE BORD	\$7.55
K0246	HYDROGEL DRESSING, WOUND COVER, PAD SIZE > 16 BUT <= TO 48 SQ. IN., WITH ANY SIZE AD	\$10.34
K0247	HYDROGEL DRESSING, WOUND COVER, PAD SIZE > 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER	\$24.77
K0248	HYDROGEL DRESSING, WOUND FILLER, GEL PER FLUID OUNCE	\$16.91
K0249	HYDROGEL DRESSING, WOUND FILLER, DRY FORM, PER GRAM	\$0.90
K0250	SKIN SEALANTS, PRETECTANTS, MOISTURIZERS, ANY TYPE, ANY SIZE	\$0.00
K0251	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, W/O ADHESIVE	\$2.10
K0252	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE > 16 BUT <= TO 48 SQ. IN. W/O	\$2.81
K0253	SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE > 48 SQ. IN., W/O ADHESIVE BOR	\$6.85

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0254	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER,PAD SIZE 16 SQ.IN.OR LESS WITH ANY SIZ	\$1.27
K0255	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER,PAD SIZE > 48 SQ. IN.,WITH ANY SIZE AD	\$2.95
K0256	SPECIALTY ABSORPTIVE DRESSING,WOUND COVER,PAD SIZE > 48 SQ. IN.,WITH ANY SIZE AD	\$0.00
K0257	TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING	\$0.72
K0258	TRANSPARENT FILM, > 16 BUT <= TO 48 SQ. IN., EACH DRESSING	\$4.48
K0259	TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING	\$8.50
K0260	WOUND CLEANSERS, ANY TYPE, ANY SIZE	\$0.00
K0261	WOUND FILLER, NOT ELSEWHERE CLASSIFIED, GEL/PASTE, PER FLUIDOUNCE	\$0.00
K0262	WOUND FILLER, NOT ELSEWHER CLASSIFIED, DRY FORM, PER GRAM	\$0.00
K0263	GAUZE, ELASTIC, NON-STERILE, ALL TYPES, PER LINEAR YARD	\$0.26
K0264	GAUZE, NON-ELASTIC, NON-STERILE, PER LINEAR YARD	\$0.34
K0265	TAPE, ALL TYPES, PER 18 SQUARE INCHES	\$0.20
K0266	GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YAR	\$1.85
K0267	REPLACEMENT BATTERY, ANY TYPE, FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCO	\$9.64
K0268	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$103.16
K0269	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	\$0.00
K0270	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	\$0.00
K0271	POUCH, DRAINABLE; WITH FACEPLATE ATTACHED; REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0272	POUCH, DRAINABLE; WITHOUT FACEPLATE ATTACHED; REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0273	POUCH, URINARY; WITH FACEPLATE ATTACHED; REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0274	POUCH, URINARY; WITHOUT FACEPLATE ATTACHED; REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0275	OSTOMY FACEPLATE; CONVEX; REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0276	OSTOMY FACEPLATE; CONVEX; CUSTOM FITTED REUSABLE; RUBBER OR VINYL, EACH	\$0.00
K0277	SKIN BARRIER; SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, E	\$4.48
K0278	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), STANDARD WEAR, WITH BU	\$6.69
K0279	SKIN BARRIER; WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BU	\$9.03
K0280	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE	\$3.32
K0281	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	\$0.14
K0282	WATER, DISTILLED, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	\$0.00
K0283	SALINE SOLUTION, PER 10 ML, METERED DOSE DISPENSER, FOR USE WITH INHALATION DRUG	\$0.34
K0284	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR EXTENDED DRUG INFUSION	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0285	REPAIR OF PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$0.00
K0400	ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH	\$4.86
K0401	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE SHELF DEPTH INLAY SHOE OR CUSTOM M	\$0.00
K0402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE B	\$0.14
K0403	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 BUT LESS THAN OR EQUAL TO	\$0.45
K0404	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE	\$0.00
K0405	GAUZE, ELASTIC, STERILE, ALL TYPES, PER LINEAR YARD	\$0.34
K0406	GAUZE, NON-ELASTIC, STERILE, PER LINEAR YARD	\$0.82
K0407	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT	\$2.29
K0408	URINARY CATHETER ANCHORING DEVICE, LEG STRAP	\$2.81
K0409	STERILE WATER IRRIGATION SOLUTION, 1000 ML	\$6.14
K0410	MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH	\$2.25
K0411	MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH	\$1.87
K0412	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	\$0.00
K0413	NONPOWERED ADJUSTABLE ZONE PRESSURE-REDUCING AIR MATTRESS OVERLAY	\$0.00
K0414	POWERED AIR OVERLAY FOR MATTRESS	\$0.00
K0415	PRESCRIPTION ANTIEMETIC DRUG, ORAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL	\$0.00
K0416	PRESCRIPTION ANTIEMETIC DRUG, RECTAL, PER 1 MG, FOR USE IN CONJUNCTION WITH ORAL	\$0.00
K0417	EXTERNAL INFUSION PUMP, MECHANICAL, REUSABLE, FOR SHORT TERM DRUG INFUSION	\$11.11
K0418	CYCLOSPORIN, ORAL, PER 100 MG	\$0.00
K0419	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$18.40
K0420	POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$50.98
K0421	POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.60
K0422	POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH	\$32.92
K0423	POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH	\$16.10
K0424	POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH	\$39.99
K0425	POUCH, URINARY, FOR USE ON FACEPLATE, PLASTIC, EACH	\$4.94
K0426	POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH	\$26.37
K0427	POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH	\$30.22
K0428	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	\$10.33
K0429	SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY	\$5.45

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0430	SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT	\$7.22
K0431	POUCH, CLOSED; WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1 P	\$4.32
K0432	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXIT	\$4.67
K0433	POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (	\$6.65
K0434	POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (	\$10.32
K0435	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITHOUT BUILT-IN CONVEXITY	\$7.60
K0436	POUCH, URINARY, WITH STANDARD WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1	\$7.10
K0437	POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN CONVEXITY (1P	\$9.82
K0438	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID, PER FLUID OUNCE	\$2.74
K0439	OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET	\$0.05
K0440	NASAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$2,098.90
K0441	MIDFACIAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$2,529.96
K0442	ORBITAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$2,842.64
K0443	UPPER FACIAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$3,183.76
K0444	HEMI-FACIAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$3,524.88
K0445	AURICULAR PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$2,219.20
K0446	PARTIAL FACIAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$2,274.12
K0447	NASAL SEPTAL PROSTHESIS - PROVIDED BY A NON-PHYSICIAN	\$1,165.49
K0448	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT - PROVIDED BY A NON-PHYSICIAN	\$0.00
K0449	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE I	\$18.82
K0450	ADHESIVE, LIQUID, FOR USE WITH FACIAL PROSTHESIS ONLY, PER OUNCE	\$0.00
K0451	ADHESIVE REMOVER, WIPES, FOR USE WITH FACIAL PROSTHESIS, PER BOX OF 50	\$0.00
K0452	WHEELCHAIR BEARINGS, ANY TYPE	\$7.01
K0453	INJECTION, AMPHOTERICIN B, 50 MG	\$0.00
K0454	NON-POWERED, ADVANCED PRESSURE-REDUCING MATTRESS	\$0.00
K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	\$339.20
K0456	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	\$0.00
K0457	EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR, EACH	\$149.71
K0458	HEAVY DUTY WALKER, WITHOUT WHEELS, EACH	\$126.04
K0459	HEAVY DUTY WHEELED WALKER, EACH	\$221.41
K0460	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0461	POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO POWER OPERATED VEHICLE, TILLER	\$1,286.22
K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	\$0.00
K0501	AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER	\$0.00
K0503	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PE	\$0.00
K0504	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER	\$0.00
K0505	ALBUTEROL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MIL	\$0.00
K0506	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER M	\$0.00
K0507	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILL	\$0.00
K0508	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED	\$0.00
K0509	BITOLTEROL MESYLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR	\$0.00
K0511	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, P	\$0.00
K0512	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM,	\$0.00
K0513	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER	\$0.00
K0514	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER	\$0.00
K0515	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM,	\$0.00
K0516	GLYCOPYRRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, P	\$0.00
K0518	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR	\$0.00
K0519	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM	\$0.00
K0520	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, P	\$0.00
K0521	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FO	\$0.00
K0522	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM,	\$0.00
K0523	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRAT	\$0.00
K0524	METAPROTERENOL SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE	\$0.00
K0525	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED	\$0.00
K0526	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FOR	\$0.00
K0527	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM,	\$0.00
K0528	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER	\$0.00
K0529	STERILE WATER OR STERILE SALINE, 1000 ML, USED WITH LARGE VOLUME NEBULIZER	\$2.72
K0530	NEBULIZER, DURABLE, GLASS , OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH	\$127.85
K0531	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	\$284.32
K0532	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE	\$2,440.10

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0533	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE	\$0.00
K0534	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPACITY, WITH BACK UP RATE	\$0.00
K0535	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE 16 SQUARE INCH O	\$0.00
K0536	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT PAD SIZE MORE THAN 16 SQ	\$0.00
K0537	GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ	\$0.00
K0538	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	\$0.00
K0539	DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR	\$27.28
K0540	CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR	\$24.40
K0541	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES, LESS	\$374.13
K0542	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE-RECORDED MESSAGES,	\$1,446.05
K0543	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY	\$3,421.71
K0544	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF	\$6,475.12
K0545	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL	\$0.00
K0546	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	\$0.00
K0547	ACCESSORY FOR SPEECH GENERATING DEVICE, NOT OTHERWISE CLASSIFIED	\$0.00
K0548	INJECTION, INSULIN LISPRO, UP TO 50 UNITS	\$0.00
K0549	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350	\$0.00
K0550	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN	\$0.00
K0551	RESIDUAL LIMB SUPPORT SYSTEM, SOLID BASE WITH ADJUSTABLE DROP HOOKS, MOUNTS TO	\$384.53
K0552	SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, SYRINGE TYPE CARTRIDGE, STERILE, EACH	\$0.00
K0556	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$783.89
K0557	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM	\$653.24
K0558	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$1,035.59
K0559	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET	\$1,035.59
K0561	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	\$0.00
K0562	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	\$0.00
K0563	OSTOMY SKIN BARRIER WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$0.00
K0564	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$0.00
K0565	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$0.00
K0566	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR,	\$0.00
K0567	OSTOMY POUCH, DRAINABLE, WITH KARAYA BASED BARRIER ATTACHED, WITHOUT BUILT-IN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0568	OSTOMY POUCH, DRAINABLE, WITH STANDARD WEAR BARRIER ATTACHED, WITHOUT BUILT-IN	\$0.00
K0569	OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON BARRIER WITH FLANGE (2 PIECE	\$0.00
K0570	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$0.00
K0571	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT	\$0.00
K0572	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	\$0.00
K0573	TAPE, WATERPROOF, PER 18 SQUARE INCHES	\$0.00
K0574	ADDITION TO OSTOMY POUCH, FILTER, INTEGRAL OR ADDED SEPARATELY TO POUCH, EACH	\$0.00
K0575	ADDITION TO OSTOMY POUCH, RUSTLE-FREE MATERIAL, PER POUCH	\$0.00
K0576	ADDITION TO OSTOMY POUCH, FRICTION AND IRRITANT-REDUCING, ABSORBENT, INTERFACE	\$0.00
K0577	ADDITION TO OSTOMY POUCH, ODOR BARRIER, INCORPORATED INTO POUCH LAMINATE, PER	\$0.00
K0578	ADDITION TO OSTOMY POUCH, FAUCET-TYPE TAP WITH VALVE FOR DRAINING URINARY	\$0.00
K0579	ADDITION TO OSTOMY POUCH, ABSORBENT MATERIAL (SHEET/PAD/CRYSTAL PACKET) TO	\$0.00
K0580	ADDITION TO OSTOMY POUCH, FLANGE LOCKING	\$0.00
K0581	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$2.75
K0582	OSTOMY POUCH, CLOSED, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$3.72
K0583	OSTOMY POUCH, CLOSED; WITHOUT BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$1.81
K0584	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (2 PIECE),	\$1.74
K0585	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$0.00
K0586	OSTOMY POUCH, CLOSED; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$0.00
K0587	OSTOMY POUCH, DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER (1 PIECE), EACH	\$4.75
K0588	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE, WITH FILTER (2 PIECE	\$3.58
K0589	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE	\$2.36
K0590	OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER (2	\$0.00
K0591	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET-TYPE	\$6.51
K0592	OSTOMY POUCH, URINARY, WITH BARRIER ATTACHED, WITH BUILT-IN CONVEXITY, WITH	\$7.52
K0593	OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT-IN	\$8.52
K0594	OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET-TYPE TAP WITH VALVE	\$5.08
K0595	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE, WITH FAUCET-TYPE TAP	\$3.59
K0596	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE (2 PIECE), EACH	\$3.34
K0597	OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET-TYPE	\$3.76
K0600	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0601	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 1	\$1.10
K0602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, SILVER OXIDE, 3	\$6.36
K0603	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, ALKALINE, 1.5 V	\$0.57
K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VO	\$6.09
K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VO	\$14.60
K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GA	\$2,268.20
K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EAC	\$194.23
K0608	REPLACEMENT GARMENT FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	\$12.14
K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TY	\$483.65
K0618	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID	\$0.00
K0619	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID	\$0.00
K0620	TUBULAR ELASTIC DRESSING, ANY WIDTH, PER LINEAR YARD	\$0.00
K0628	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT	\$24.22
K0629	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF	\$33.00
K0630	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	\$0.00
K0631	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION	\$0.00
K0632	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID	\$0.00
K0633	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID	\$0.00
K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L1	\$0.00
K0635	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR	\$0.00
K0636	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS,	\$0.00
K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	\$60.41
K0638	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR	\$0.00
K0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S),	\$0.00
K0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	\$0.00
K0641	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	\$0.00
K0642	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	\$0.00
K0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR	\$0.00
K0644	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	\$0.00
K0645	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID	\$0.00
K0646	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND	\$0.00
K0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S)	\$0.00
K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S),	\$0.00
K0669	WHEELCHAIR ACCESSORY, SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE	\$25.00
K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE, ALL COMPONENTS,	\$0.00
K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	\$0.00
K0733	PWR WHEELCHAIR ACC, 12-24 AMP HR BATTERY, EACH	\$0.00
K0734	SKIN PROTECT WHEELCHAIR SEAT CUSHION, <22" WIDE, ANY DEPTH	\$33.15
K0735	SKIN PROTECT WHEELCHAIR SEAT CUSHION, >22"WIDE, ANY DEPTH	\$42.19
K0736	SKIN PROTECT/POSITION WHEELCHAIR CUSHION, ADJ, <22" WIDE	\$33.42
K0737	SKIN PROTECT/POSITION WHEELCHAIR CUSHION, >22" WIDE	\$42.30
K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OX	\$34.34
K0739	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT OTHER THAN OXYGEN EQU	\$14.00
K0740	REPAIR OR NONROUTINE SERVICE FOR OXYGEN EQUIPMENT REQUIRING THE SKILL OF A TECHN	\$0.00
K0741	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL, INCLUDES PORTABLE CONTAINER, REGULATOR,	\$0.00
K0742	PORTABLE OXYGEN CONTENTS, GASEOUS, 1 MONTH'S SUPPLY = 1 UNIT, FOR CLUSTER HEADAC	\$0.00
K0743	SUCTION PUMP, HOME MODEL, PORTABLE, FOR USE ON WOUNDS	\$0.00
K0744	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0745	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0746	ABSORPTIVE WOUND DRESSING FOR USE WITH SUCTION PUMP, HOME MODEL, PORTABLE, PAD S	\$0.00
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCL	\$0.00
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 P	\$0.00
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO	\$0.00
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCL	\$196.46
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 P	\$201.46
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO	\$206.46
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	\$129.28
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT	\$241.24
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	\$308.78
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CA	\$351.63
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$336.74

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEI	\$257.66
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAP	\$330.77
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	\$399.75
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$402.37
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	\$484.27
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	\$443.32
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	\$626.93
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	\$533.09
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	\$690.82
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 P	\$634.37
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIEN	\$442.59
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGH	\$442.59
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$405.74
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT	\$420.75
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	\$484.27
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$433.23
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/	\$626.93
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEA	\$807.36
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	\$431.86
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$431.86
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	\$519.96
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	\$528.44
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$508.07
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	\$521.03
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 30	\$500.96
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	\$708.26
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACI	\$727.56
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGH	\$963.86
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPAC	\$910.51
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$567.23
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT	\$578.60

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	\$703.76
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$671.17
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT	\$1,005.41
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	\$568.14
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	\$703.76
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SE	\$1,005.41
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID S	\$1,196.45
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI	\$0.00
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T	\$0.00
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA	\$0.00
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT	\$0.00
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$0.00
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT	\$0.00
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK	\$0.00
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT	\$0.00
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK	\$0.00
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIE	\$0.00
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA	\$0.00
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,	\$0.00
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BAC	\$0.00
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	\$0.00
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA	\$50.00
L0100	CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT INTERFACE, MOLDED TO PATIENT MO	\$53.45
L0110	CRANIAL ORTHOSIS (HELMET), WITH OR WITHOUT SOFT-INTERFACE, NON-MOLDED	\$96.70
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INT	\$0.00
L0113	CRANIAL CERVICAL ORTHOSIS, TORTICOLLIS TYPE, WITH OR WITHOUT JOINT, WITH OR WITH	\$0.00
L0120	CERVICAL,FLEXIBLE,NON-ADJUSTABLE (FOAM COLLAR)	\$23.71
L0130	CERVICAL,FLEXIBLE,THERMOPLASTIC COLLAR,MOLDED TO PATIENT	\$123.49
L0140	CERVICAL,SEMI-RIGID,ADJUSTABLE (PLASTIC COLLAR)	\$26.99
L0150	CERVICAL,SEMI-RIGID,ADJUSTABLE MOLDED CHIN CUP,(PLASTIC COL)	\$67.92
L0160	CERVICAL,SEMI-RIGID,WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	\$85.95

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L0170	CERVICAL,COLLAR,MOLDED TO PATIENT MODEL	\$412.90
L0172	CERVICAL,COLLAR,SEMI-RIGID THERMOPLASTIC FOAM,TWO PIECE	\$78.38
L0174	CERVICAL,COLLAR,SEMI-RIGID,THERMOPLASTIC FOAM,TWO PIECE WITH	\$211.18
L0180	CERVICAL,MULTIPLE POST COLLAR,OCCIPITAL/MANDIBULAR SUPPORT	\$230.90
L0190	CERVICAL,MULTIPLE POST COLLAR,OCCIPITAL/MANDIBULAR SUPPORT	\$346.13
L0200	CERVICAL,MULTIPLE POST COLLAR,OCCIPITAL/MANDIBULAR SUPPORTS	\$403.40
L0210	THORACIC,RIB BELT,CUSTOM FITTED	\$24.10
L0220	THORACIC,RIB BELT,CUSTOM FABRICATED	\$39.80
L0300	THORACIC-LUMBAR-SACRAL-ORTHOSIS (TLSO), FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	\$147.23
L0310	TLSO, FLEXIBLE, (DORSO-LUMBAR SURGICAL SUPPORT), CUSTOM FABRICATED	\$123.91
L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, ELASTIC TYPE, WITH RIGID	\$180.00
L0317	TLSO, FLEXIBLE DORSO-LUMBAR SURGICAL SUPPORT, HYPEREXTENSION, ELASTIC TYPE,	\$223.70
L0320	TLSO, ANTERIOR-POSTERIOR CONTROL (TAYLOR TYPE), WITH APRON FRONT	\$267.17
L0321	TLSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL,	\$330.52
L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT-TAYLOR TYPE), WITH APRON FRONT	\$326.53
L0331	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR	\$385.34
L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL (ARNOLD, MAGNUSON, STEINDLER TYP	\$489.20
L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET,	\$534.33
L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, FLEXION COMPRESSION JACKET	\$534.33
L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, HYPEREXTENSION (JEWETT,	\$278.62
L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH EXTENSIONS	\$578.16
L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL	\$843.03
L0391	TLSO, ANTERIOR-POSTERIOR-LATERAL-ROTARY CONTROL, WITH RIGID OR SEMI-RIGID	\$502.28
L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL MOLDED TO PATIENT MODEL, WITH	\$843.03
L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO-PIECE CONSTRUCTION ,	\$1,369.62
L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, TWO PIECE CONSTRUCTION ,	\$1,538.01
L0430	SPINAL ORTHOSIS, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH INTERFACE MATERIAL,	\$795.99
L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH OVERLAPPING FRONT SECTION,	\$1,028.61
L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV	\$118.75
L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAV	\$390.10
L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO A	\$163.51

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L0456	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL A	\$468.91
L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHEL	\$420.46
L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHEL	\$473.25
L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SH	\$588.65
L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHE	\$700.78
L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON W	\$245.42
L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR	\$280.16
L0470	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON	\$528.08
L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID ANTERIOR AND LATERAL FRAME EXTEND	\$280.28
L0474	TLSO, TRIPLANAR CONTROL, RIGID POSTERIOR FRAME WITH FLEXIBLE SOFT APRON ANTERIOR	\$682.30
L0476	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SH	\$1,406.97
L0478	TLSO, SAGITTAL-CORONAL CONTROL, FLEXION COMPRESSION JACKET, TWO RIGID PLASTIC SH	\$1,783.45
L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$792.06
L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MUL	\$145.78
L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER,	\$1,002.92
L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MUL	\$1,129.24
L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MUL	\$473.25
L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING	\$133.37
L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLAST	\$362.08
L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLA	\$41.12
L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FLEXIBLE, (LUMBO-SACRAL SUPPORT)	\$60.41
L0510	LSO, FLEXIBLE (LUMBO-SACRAL SUPPORT), CUSTOM FABRICATED	\$123.69
L0515	LSO, ANTERIOR-POSTERIOR CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANEL, PREFAB	\$81.72
L0520	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL (KNIGHT, WILCOX TYPES), WITH APRON FRONT	\$255.29
L0530	LSO, ANTERIOR-POSTERIOR CONTROL (MACAUSLAND TYPE), WITH APRON FRONT	\$187.60
L0540	LSO, LUMBAR FLEXION (WILLIAMS FLEXION TYPE)	\$267.76
L0550	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL	\$843.03
L0560	LSO, ANTERIOR-POSTERIOR LATERAL CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE	\$1,440.34
L0561	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, WITH RIGID OR SEMI-RIGID POSTERIOR PANE	\$271.24
L0565	LSO, ANTERIOR-POSTERIOR-LATERAL CONTROL, CUSTOM FITTED	\$793.50
L0600	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT),	\$77.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L0610	SACROILIAC, FLEXIBLE (SACROILIAC SURGICAL SUPPORT), CUSTOM FABRICATED	\$77.18
L0620	SACROILIAC, SEMI-RIGID (GOLDTHWAITE, OSGOOD TYPES), WITH APRON FRONT	\$77.18
L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$58.10
L0622	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION AB	\$193.11
L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	\$9.68
L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PA	\$32.18
L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 T	\$43.27
L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTE	\$36.75
L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POS	\$193.79
L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	\$39.55
L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTEN	\$32.29
L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERI	\$76.36
L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$483.98
L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANE	\$84.13
L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$135.19
L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PAN	\$21.15
L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$844.18
L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIO	\$1,070.07
L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$624.97
L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTER	\$621.81
L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$624.97
L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTE	\$493.33
L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES(CTL SO),MOLDED TO PT	\$1,343.75
L0710	CTL SO,ANTERIOR-POSTERIOR-LATERAL-CONTROL,MOLDED TO PATIENT	\$1,374.77
L0800	HALO PROCEDURES,CERVICAL HALO WITH PELVIC FIXATION	\$0.00
L0810	HALO PROCEDURE,CERVICAL HALO INCORPORATED INTO JACKET VEST	\$1,849.84
L0820	HALO PROCEDURE,CERVICAL HALO INCORPORATED INTO PLASTER BODY	\$1,280.28
L0830	HALO PROCEDURE,CERVICAL HALO INCORPORATED INTO MILWAUKEE TYP	\$2,737.33
L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS A	\$528.06
L0860	ADDITION TO HALO PROCEDURES, MAGNETIC REASONANCE IMAGE COMPATIBLE SYSTEM	\$805.04
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	\$101.62

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L0900	TORSO SUPPORT, PTOSIS SUPPORT	\$148.53
L0910	TORSO SUPPORT, PTOSIS SUPPORT, CUSTOM FABRICATED	\$148.53
L0920	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT	\$137.69
L0930	TORSO SUPPORT, PENDULOUS ABDOMEN SUPPORT, CUSTOM FABRICATED	\$148.53
L0940	TORSO SUPPORT, POSTSURGICAL SUPPORT	\$100.93
L0950	TORSO SUPPORT, POST SURGICAL SUPPORT, CUSTOM FABRICATED	\$100.93
L0960	TORSO SUPPORT, POST SURGICAL SUPPORT, PADS FOR POST SURGICAL SUPPORT	\$5.01
L0970	TLISO,CORSET FRONT	\$87.05
L0972	LSO,CORSET FRONT	\$77.89
L0974	TLISO,FULL CORSET	\$112.25
L0976	LSO,FULL CORSET	\$76.73
L0978	AXILLARY CRUTCH EXTENSION	\$272.30
L0980	PERONEAL STRAPS,PAIR	\$6.74
L0982	STOCKING SUPPORTER GRIPS,SET OF FOUR (4)	\$8.15
L0984	PROTECTIVE BODY SOCK, EACH	\$35.49
L0986	ADDITION TO SPINAL ORTHOSIS, RIGID OR SEMI-RIGID ABDOMINAL PANEL, PREFABRICATED	\$109.12
L0999	ADDITION TO SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	\$0.00
L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS(CILSO)INCLUSIVE	\$1,596.75
L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATE	\$60.00
L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUST	\$1,508.96
L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS(CTLISO)	\$35.43
L1020	ADDDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,KYPHOSIS PAD	\$72.56
L1025	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,KYPHOSIS PAD,FLOATIN	\$73.64
L1030	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,LUMBAR BOLSTER PAD	\$32.44
L1040	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,LUMBAR OR LUMBAR RIB	\$65.25
L1050	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,STERNAL PAD	\$55.76
L1060	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,THORACIC PAD	\$67.19
L1070	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,TRAPEZIUS SLING	\$56.99
L1080	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,OUTRIGGER	\$32.44
L1085	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,OUTRIGGER,BILATERAL	\$118.79
L1090	ADDITION TO CTLISO OR SCOLIOSIS ORTHOSIS,LUMBAR SLING	\$65.95

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,RING FLANGE,PLASTIC	\$105.14
L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS,RING FLANGE,PLASTIC	\$205.91
L1120	ADDITION TO CTLSO,SCOLIOSIS ORTHOSIS,COVER FOR UPRIGHT,EACH	\$45.01
L1200	THORACIC-LUMBAR-SACRAL ORTHOSIS(TLSO),INCLUSIVE OR FURNISHIN	\$1,347.53
L1210	ADDITION TO TLSO,(LOW PROFILE),LATERAL THORACIC EXTENSION	\$187.31
L1220	ADDITION TO TLSO,(LOW PROFILE),ANTERIOR THORACIC EXTENSION	\$163.24
L1230	ADDITION TO TLSO,(LOW PROFILE)MILWAUKEE TYPE SUPERSTRUCTURE	\$276.65
L1240	ADDITION TO TLSO,,(LOW PROFILE),LUMBAR DEROTATION PAD	\$58.18
L1250	ADDITION TO TLSO,(LOW PROFILE),ANTERIOR ASIS PAD	\$43.94
L1260	ADDITION TO TLSO,(LOW PROFILE),ANTERIOR THORACIC DEROTATION	\$48.45
L1270	ADDITION TO TLSO,(LOW PROFILE),ABDOMINAL PAD	\$65.37
L1280	ADDITION TO TLSO,(LOW PROFILE),RIB GUSSET(ELASTIC)EACH	\$65.66
L1290	ADDITION TO TLSO,(LOW PROFILE),LATERAL TROCHANTERIC PAD	\$91.99
L1300	OTHER SCOLIOSIS PROCEDURE,BODY JACKET MOLDED TO PATIENT MODE	\$1,184.61
L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	\$1,034.44
L1499	UNLISTED PROCEDURE FOR SPINAL ORTHOSIS	\$39.00
L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSIS(THKAO),MOBILITY FRAME	\$1,416.27
L1510	THKAO,STANDING FRAME	\$888.72
L1520	THKAO,SWIVEL WALKER	\$1,900.93
L1600	HIP ORTHOSIS (HO),ABDUCTION CONTROL OF HIP JOINTS,FLEXIBLE	\$79.47
L1610	HO,ABDUCTION CONTROL OF HIP JOINTS,FLEXIBLE,FREJKA COVER ONL	\$29.65
L1620	HO,ABDUCTION CONTROL OF HIP JOINTS,FLEXIBLE,PAVLIK HARNESS	\$80.81
L1630	HO,ABDUCTION CONTROL OF HIP JOINTS,SEMI-FLEXIBLE(VON ROSEN)	\$89.57
L1640	HO,ABDUCTION CONTROL OF HIP JOINTS,STATIC,PELVIC BAND	\$192.89
L1650	HO,ABDUCTION CONTROL OF HIP JOINTS,STATIC,ADJUSTABLE,CUSTOM	\$126.12
L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR, ADULT	\$168.06
L1660	HO,ABDUCTION CONTROL OF HIP JOINTS,STATIC,PLASTIC,CUSTOM FIT	\$76.55
L1670	HO,ABDUCTION CONTROL OF HIP JOINTS,DYNAMIC,ATTACHED TO SHOE	\$0.00
L1680	HO,ABDUCTION CONTROL OF HIP JOINTS,DYNAMIC,PELVIC CONTROL	\$1,263.81
L1685	HO,ABDUCTION CONTROL OF HIP JOINT,POST-OPERATIVE HIP ABDUCT	\$1,077.14
L1686	HO,ABDUCTION CONTROL OF HIP JOINT,POST OPERATIVE HIP,CUSTOM	\$680.29

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L1690	COMBINATION, BILATERAL, LUMBO-SACRAL, HIP, FEMUR ORTHOSIS PROVIDING ADDUCTION AN	\$911.67
L1700	LEGG PERTHES ORTHOSIS,TORONTO TYPE	\$1,317.41
L1710	LEGG PERTHES ORTHOSIS,NEWINGTON TYPE	\$1,458.77
L1720	LEGG PERTHES ORTHOSIS,TRILATERAL,(TACHDIJAN TYPE)	\$1,284.26
L1730	LEGG PERTHES ORTHOSIS,SCOTTISH RITE TYPE	\$947.32
L1750	LEGG PERTHES ORTHOSIS, LEGG PERTHES SLING (SAM BROWN TYPE), PREFABRICATED,	\$97.38
L1755	LEGG PERTHES ORTHOSIS,PATTEN BOTTOM TYPE	\$1,029.45
L1800	KNEE ORTHOSIS (KO), ELASTIC WITH STAYS	\$39.83
L1810	KO,ELASTIC WITH JOINTS	\$65.53
L1815	KO,ELASTIC WITH CONDYLAR PADS	\$56.37
L1820	KO,ELASTIC WITH CONDYLAR PADS AND JOINTS	\$76.34
L1825	KO,ELASTIC KNEE CAP	\$22.77
L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	\$87.51
L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUD	\$138.76
L1832	KO,ADJUSTABLE KNEE JOINTS,POSITIONAL ORTHOSIS,RIGID SUPPORT	\$342.56
L1834	KO,WITHOUT KNEE JOINT,RIGID,MOLDED TO PATIENT MODEL	\$483.72
L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFAB	\$62.90
L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED	\$631.28
L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTEN	\$42.63
L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT,	\$849.37
L1845	KO/DBL UPRIGHT,THIGH & CALF,W/ADJ FLEX& EXT JNT,MEDIAL-LATER	\$403.56
L1846	KO,DBL UPRIGHT,THIGH&CALF,W/ADJ FLEXION&EXT JNT,MEDIAL-LATER	\$744.02
L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WITH ADJUSTABLE JOINT, WITH INFLATABLE AIR SUPPORT	\$271.16
L1850	KO/SWEDISH TYPE	\$222.29
L1855	KNEE ORTHOSIS, MOLDED PLASTIC, THIGH AND CALF SECTIONS, WITH DOUBLE UPRIGHT	\$98.47
L1858	KNEE ORTHOSIS, MOLDED PLASTIC, POLYCENTRIC KNEE JOINTS, PNEUMATIC KNEE PADS	\$8.98
L1860	KO,MODIFICATION OF SUPRACONDYLAR PROSTH SOCKET,MOLDED TO PAT	\$780.56
L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, THIGH AND CALF LACERS WITH KNEE JOINTS,	\$68.51
L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, NON-MOLDED THIGH AND CALF CUFFS/LACERS WITH KNEE	\$48.94
L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE UPRIGHT, THIGH AND CALF, WITH FUNCTIONAL ACTIVE	\$814.33
L1900	ANKLE-FT ORTHOSIS,SPRING WIRE,DORIFLEXION ASSIST CALF BAND	\$146.01

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L1901	ANKLE ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NE	\$8.35
L1902	AFO,ANKLE GAUNTLET,CUSTOM FITTED	\$45.66
L1904	AFO,MOLDED ANKLE GAUNTLET,MOLDED TO PATIENT MODEL	\$389.39
L1906	AFO/MULTILIGAMENTUS ANKLE SUPPORT	\$125.17
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICAT	\$265.28
L1910	AFO.POSTERIOR,SINGLE BAR,CLASP ATTACHMENT TO SHOE COUNTER	\$206.26
L1920	AFO,SINGLE UPRIGHT W/STATIC OR ADJ STOP(PHELPS OR PERLSTEIN)	\$157.25
L1930	AFO/CUSTOM FITTED,PLASTIC	\$180.74
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	\$420.71
L1940	AFO, MOLDED TO PATIENT MODEL, PLASTIC	\$334.24
L1945	AFO,MOLDED TO PATIENT MODEL,PLASTIC,RIGID ANTERIOR TIBIAL	\$624.75
L1950	AFO/SPIRAL/MOLDED TO PATIENT MODEL(IRM TYPE) PLASTIC	\$522.07
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTI	\$395.95
L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC	\$383.21
L1970	AFO/PLASTIC MOLDED TO PATIENT MODEL,W/ANKLE JOINT	\$361.72
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED,	\$220.98
L1980	AFO,SGL UPRIGHT FREE PLANTAR DORSIFLEXION,SOLID STIRRUP,CALF	\$312.57
L1990	AFO/DBL UPRIGHT FREE PLANTAR DORSIFLEXION,SOLID STIRRUP,CALF	\$367.42
L2000	KNEE-ANKLE-FOOT-ORTHOSSES,SGL UPRIGHT,FREE KNEE,FREE ANKLE,	\$1,011.11
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	\$1,931.89
L2010	KAFO,SGL UPRIGHT,FREE ANKLE,SOLID STIRRUP,THIGH&CALF BANDS,	\$883.52
L2020	KAFO,DBL UPRIGHT,FREE KNEE,FREE ANKLE,SOLID STIRRUP,THIGH	\$1,262.37
L2030	KAFO/DBL UPRIGHT,FREE ANKLE,SOLID STIRRUP,THIGH&CALF BANDS/	\$764.12
L2034	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOT	\$1,016.93
L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	\$88.21
L2036	KAFO,FULL PLASTIC,DOUBLE UPRIGHT,FREE KNEE,MOLDED TO PATIENT	\$1,088.63
L2037	KAFO,FULL PLASTIC,SGL UPRIGHT,FREE KNEE,MOLDED TO PATIENT	\$1,106.81
L2038	KAFO,FULL PLASTIC,W/O KNEE JNT,MULTI-AXIS ANKLE,MOLDED TO	\$761.44
L2039	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, POLY-AXIAL HINGE,	\$1,815.80
L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS TORSION CONTROL,BILAT ROTATION{	\$79.09
L2050	HKAFO,TORSION CONTROL,BIL TORSION CABLES,HIP JNT,PELVIC BAND	\$402.91

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L2060	HKAFO,TORSION CONTROL,BIL TORSION CABLES,BALL BEARING HIP JN	\$493.79
L2070	HKAFO,TORSION CONTROL,UNIL ROTATION STRAPS,PELVIC BAND/BELT	\$73.64
L2080	HKAFO,TORSION CONTROL,UNIL TORSION CABLE,HIP JNT,PELVIC BAND	\$260.29
L2090	HKAFO,TORSION CONTROL,UNIL TORSION CABLE,BALL BEARING HIP JN	\$349.73
L2102	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, PLASTER	\$296.85
L2104	ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS,	\$285.43
L2106	AFO,FX ORTHOSIS,TIBIAL FX CAST ORTHOSIS,THERMOPLASTIC TYPE	\$577.01
L2108	AFO,FX ORTHOSIS, TIBIAL FX CAST ORTHOSIS,MOLDED TO PATIENT	\$652.45
L2112	AFO,FX ORTHOSIS,TIBIAL FX ORTHOSIS,SOFT CUSTOM FITTED	\$278.42
L2114	AFO,FX ORTHOSIS,TIBIAL FX ORTHOSIS, SEMI-RIGID CUSTOM FITTED	\$442.48
L2116	AFO,FX ORTHOSIS,TIBIAL FX ORTHOSIS,RIGID CUSTOM FITTED	\$551.26
L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$570.86
L2124	KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS,	\$789.21
L2126	KAFO,FX ORTHOSIS,FEMORAL FX CAST ORTHOSIS,THERMOPLASTIC TYPE	\$715.88
L2128	KAFO,FX ORTHOSIS,FEMORAL FX CAST ORTHOSIS,MOLDED TO PATIENT{	\$1,095.10
L2132	KAFO,FX ORTHOSIS,FEMORAL FX CAST ORTHOSIS,SOFT CUSTOM FITTED	\$417.55
L2134	KAFO,FX ORTHOSIS,FEMORAL FX CAST ORTHOSIS,SEMIRIGID CUSTOM	\$655.07
L2136	KAFO,FX ORTHOSIS,FEMORAL FX CAST ORTHOSIS,RIGID CUSTOM FITTE	\$885.48
L2180	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,PLASTIC SHOE INSERT	\$106.64
L2182	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,DROP LOCK KNEE JOINT	\$51.50
L2184	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,LTD MOTION KNEE JNT	\$46.27
L2186	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,ADJ MOTION KNEE JNT	\$70.78
L2188	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,QUADRILATERAL BRIM	\$45.01
L2190	ADDITION TO LOWER EXTREMITY FX ORTHOSIS,WAIST BELT	\$31.73
L2192	ADDITION TO LOWER EXTREMITY ORTHOSIS,HIP JNT,PELVIC BAND,	\$288.79
L2200	ADDITIONAL TO LOWER EXTREMITY LTD ANKLE MOTION EACH JOINT	\$52.18
L2210	ADDITION TO LOWER EXTREMITY,DORSIFLEXION ASSIST(PLANTAR	\$64.58
L2220	ADDITION TO LOWER EXTREMITY,DORSIFLEXION AND PLANTAR FLEXION	\$77.39
L2230	ADDITION TO LOWER EXTREMITY,SPLIT FLAT CALIPER STIRRUPS AND	\$86.84
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	\$7.34
L2240	ADDITION TO LOWER EXTREMITY,ROUND CALIPER AND PLATE ATTACH	\$86.26

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L2250	ADDITION TO LOWER EXTREMITY,FOOT PLATE,MOLDED TO PATIENT MOD	\$382.09
L2260	ADDITION TO LOWER EXTREMITY,REINFORCED SOLID STIRRUPS	\$329.86
L2265	ADDITION TO LOWER EXTREMITY,LONG TONGUE STIRRUP	\$138.46
L2270	ADDITION TO LOWER EXTREMITY,VARUS/VALGUS CORRECTION(T) STRAP	\$51.47
L2275	ADDITION TO LOWER EXTREMITY, VARUS/VULGUS CORRECTION, PLASTIC MODIFICATION, PADD	\$83.43
L2280	ADDITION TO LOWER EXTREMITY,MOLDED INNER BOOT	\$340.37
L2300	ADDITION TO LOWER EXTREMITY,ABDUCTION BAR JOINTED ADJ	\$252.68
L2310	ADDITION TO LOWER EXTREMITY,ABDUCTION BAR-STRAIGHT	\$133.97
L2320	ADDITION TO LOWER EXTREMITY,NON-MOLDED LACER	\$128.11
L2330	ADDITION TO LOWER EXTREMITY,LACER MOLDED TO PATIENT MODEL	\$355.37
L2335	ADDITION TO LOWER EXTREMITY,ANTERIOR SWING BAND	\$182.14
L2340	ADDITION TO LOWER EXTREMITY,PER-TIBIAL SHELL,MOLDED TO PATIE	\$301.55
L2350	ADDITION TO LOWER EXTREMITY,PROSTHETIC TYPE,(BK) SOCKET	\$995.04
L2360	ADDITION TO LOWER EXTREMITY,EXTENDED STEEL SHANK	\$32.72
L2370	ADDITION TO LOWER EXTREMITY,PATTEN BOTTOM	\$282.82
L2375	ADDITION TO LOWER EXTREMITY,TORSION CONTROL,ANKLE JOINT	\$81.01
L2380	ADDITION TO LOWER EXTREMITY,TORSION CONTROL,STRAIGHT KNEE	\$95.66
L2385	ADDITION TO LOWER EXTREMITY,STRAIGHT KNEE JOINT,HEAVY DUTY	\$88.81
L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE	\$114.64
L2390	ADDITION TO LOWER EXTREMITY,OFFSET KNEE JOINT,EACH JOINT	\$89.59
L2395	ADDITION TO LOWER EXTREMITY,OFFSET KNEE JOINT,HEAVY DUTY	\$98.74
L2397	ADDITION TO LOWER EXTREMITY ORTHOSIS, SUSPENSION SLEEVE	\$56.84
L2405	ADDITION TO KNEE JOINT,DROP LOCK,EACH JOINT	\$41.10
L2415	ADDITION TO KNEE JOINT,CAM LOCK(SWISS,FRENCH,BAIL TYPES)	\$57.26
L2425	ADDITION TO KNEE JOINT,DISC OR DIAL LOCK FOR ADJUSTABLE KNEE	\$67.58
L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION,	\$67.58
L2435	ADDITION TO KNEE JOINT, POLYCENTRIC JOINT, EACH JOINT	\$112.21
L2475	ADDITION TO KNEE JOINT,BAIL LOCK,EACH JOINT	\$0.00
L2492	ADDITION TO KNEE JOINT,LIFT LOOP FOR DROP LOCK RING	\$58.97
L2500	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,GLUTEAL	\$221.54
L2510	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,QUADRILATER	\$475.07

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L2520	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,QUADRILATER	\$299.85
L2525	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,ISCHIAL CON	\$742.64
L2526	ADDITION TO LOWER EXTREM,THIGH/WEIGHT BEARING,ISCHIAL CONTAI	\$406.87
L2530	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,LACER,NONMO	\$216.31
L2540	ADDITION TO LOWER EXTREMITY,THIGH/WEIGHT BEARING,LACER,MOLDE	\$354.49
L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING,HIGH ROLL	\$239.17
L2560	ADDITION TO LOWER EXTREMITY,GLUTEAL/ISCHIAL WEIGHT BEARING	\$0.00
L2570	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,HIP JOINT,CLEVIS	\$474.60
L2580	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,PELVIC SLING	\$356.24
L2600	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,HIP JOINT,CLEVIS	\$207.90
L2610	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,HIP JNT,CLEVIS	\$230.82
L2620	ADDITION TO LOWER EXTREMITY,PELVIC CNTRL,HIP JNT,HEAVY DUTY	\$219.42
L2622	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,HIP JOINT,ADJ FLE	\$275.04
L2624	ADDITION TO LOWER EXTREMITY,PELVIC CONT,HIP JOINT,ADJ FLEX	\$344.43
L2626	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,RECIPROCATING HIP	\$0.00
L2627	ADDITION TO LOWER EXTREMITY,PELVIC CNTRL,PLASTIC,MOLDED TO	\$627.76
L2628	ADDITION TO LOWER EXTREMITY,PELVIC CONTROL,METAL FRAME,RECIP	\$837.46
L2630	ADDITION TO LOWER EXTREMITY,PELVIC CNTRL,BAND & BELT,UNIL	\$180.77
L2640	ADDITION TO LOWER EXTREMITY,PELVIC CNTRL,BAND&BELT,BILATERAL	\$376.91
L2650	ADDITION TO LOWER EXTREMITY,PELVIC & THORACIC CNTRL,GLUTEAL	\$68.40
L2660	ADDITION TO LOWER EXTREMITY,THORACIC CNTRL,THORACIC BAND	\$120.75
L2670	ADDITION TO LOWER EXTREMITY,THORACIC CNTRL,PARASPINAL UPRGTS	\$102.91
L2680	ADDITION TO LOWER EXTREMITY,THORACIC CONTROL,LATERAL SUPPORT	\$90.39
L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS,PLATING CHROME OR NICKE	\$36.56
L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	\$106.78
L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS,EXTENSION,PER EXTENSION	\$62.29
L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	\$61.43
L2770	ADDITION TO LOWER EXTREMITY ORTHOSIS,STAINLESS STEE-PER BAR	\$46.96
L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS,NON-CORROSIVE FINISH	\$48.74
L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS,DROP LOCK RETAINER,EACH	\$28.68
L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS,KNEE CONTROL,FULL KNEE	\$68.92

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS,KNEE CONTROL,KNEE CAP	\$84.76
L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS,KNEE CONTROL,CONDYLAR	\$68.28
L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS,SOFT INTERFACE FOR MOLD	\$102.02
L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS,SOFT INTERFACE FOR MOLD	\$85.90
L2840	ADDDITION TO LOWER EXTREMITY ORTHOSIS,TIBIAL LENGTH SOCK	\$21.25
L2850	ADDITION TO LOWER EXTREMITY ORTHOSIS,FEMORAL LENGTH SOCK,FX	\$35.74
L2860	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	\$267.64
L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION	\$0.00
L2999	UNLISTED PROCEDURES FOR LOWER EXTREMITY ORTHOSES	\$29.12
L3000	FOOT,INSERT,REMOVABLE,MOLDED TO PATIENT MODEL,"UCB" TYPE	\$148.10
L3001	FOOT,INSERT,REMOVABLE,MOLDED TO PATIENT MODEL SPENCO,EACH	\$62.35
L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE	\$76.14
L3003	FOOT,INSERT,REMOVABLE,MOLDED TO PATIENT MODEL,SILICONE GEL,E	\$82.15
L3010	FOOT,INSSER,REMOVABLE,MOLDED TO PATIENT MODEL,LONGITUDINAL	\$82.15
L3020	FOOT,INSERT,REMOVABLE,MOLDED TO PATIENT MODEL LONGITUDINAL	\$93.55
L3030	FOOT,INSERT,REMOVABLE,FORMED TO PATIENT FOOT,EACH	\$35.98
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENG	\$5.99
L3040	FOOT,ARCH SUPPORT,REMOVABLE,PREMOLDED,LONGITUDINAL,EACH	\$22.18
L3050	FOOT,ARCH SUPPORT,REMOVABLE,PREMOLDED,METATARSAL,EACH	\$22.18
L3060	FOOT,ARCH SUPPORT,REMOVABLE,PREMOLDED,LONGITUDINAL/METATARSA	\$34.78
L3070	FOOT,ARCH SUPPORT,NON-REMOVABLE ATTACHED TO SHOE,LONGITUDINA	\$14.98
L3080	FOOT,ARCH SUPPORT,NON-REMOVABLE ATTACHED TO SHOE,METATARSAL	\$14.98
L3090	FOOT,ARCH SUPPORT,NON-REMOVABLE ATTACHED TO SHOE,LONGITUDINA	\$19.19
L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	\$20.38
L3140	FOOT,ABDUCTION ROTATION BARS,ATTACHED TO SHOE	\$41.98
L3150	FOOT,ABDUCTION ROTATION BARS,CLAMPED TO SHOE	\$38.38
L3160	FOOT,TORQUE HEELS	\$3.01
L3170	FOOT,PLASTIC HEEL STABILZER	\$23.99
L3201	ORTHOPEDIC SHOE,OXFORD WITH SUPINATOR OR PRONATOR,INFANT	\$2.00
L3202	ORTHOPEDIC SHOE,OXFORD WITH SUPINATOR OR PRONATOR,CHILD	\$2.00
L3203	ORTHOPEDIC SHOE,OXFORD WITH SUPINATOR OR PRONATOR,JUNIOR	\$2.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3204	ORTHOPEDIC SHOE,HIGHTOP WITH SUPINATOR OR PRONATOR,INFANT	\$2.00
L3206	ORTHOPEDIC SHOE,HIGHTOP WITH SUPINATOR OR PRONATOR,CHILD	\$3.00
L3207	ORTHOPEDIC SHOE,HIGHTOP WITH SUPINATOR OR PRONATOR,JUNIOR	\$3.00
L3208	SURGICAL BOOT,EACH,INFANT	\$3.00
L3209	SUURGICAL BOOT,EACH CHILD	\$3.00
L3211	SURGICAL BOOT,EACH,JUNIOR	\$3.00
L3212	BENESCH BOOT,PAIR,INFANT	\$6.13
L3213	BENESCH BOOT,PAIR,CHILD	\$6.13
L3214	BENESCH BOOT,PAIR,JUNIOR	\$6.13
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	\$5.37
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	\$5.37
L3217	ORTHOPEDIC FOOTWEAR,LADIES SHOES,HIGHTOP,DEPTH INLAY	\$6.84
L3218	ORTHOPEDIC FOOTWEAR, LADIES SURGICAL BOOT, EACH	\$35.17
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	\$5.37
L3221	ORTHOPEDIC FOOTWEAR,MENS SHOES,DEPTH INLAY	\$6.84
L3222	ORTHOPEDIC FOOTWEAR,MENS SHOES,HIGHTOP,DEPTH INLAY	\$6.84
L3223	ORTHOPEDIC FOOTWEAR, MENS SURGICAL BOOT, EACH	\$26.00
L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (	\$74.31
L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (OR	\$55.34
L3230	ORTHOPEDIC FOOTWEAR,CUSTOM SHOES,DEPTH INLAY	\$8.55
L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE,	\$8.55
L3251	FOOT,SHOE MOLDED TO PATIENT MODEL,SILICONE SHOE,EACH	\$8.55
L3252	FOOT,SHOE MOLDED TO PATIENT MODEL,PLASTAZOTE,CUSTOM FABRICAT	\$8.55
L3253	FOOT,MOLDED SHOE PLASTAZOTE CUSTOM FITTED,EACH	\$8.55
L3254	NON-STANDARD SIZE OR WIDTH	\$8.55
L3255	NON-STANDARD SIZE OR LENGTH	\$8.55
L3257	ORTHOPEDIC FOOTWEAR,ADDITIONAL CHARGE FOR SPLIT SIZE	\$8.55
L3260	AMBULATORY SURGICAL BOOT,EACH	\$2.28
L3265	PLASTAZOTE SANDAL,EACH	\$2.28
L3300	LIFT,ELEVATION,HEEL,TAPERED TO METATARSALS,PER INCH	\$24.58
L3310	LIFT ELEVATION,HEEL AND SOLE,NEOPRENE,PER INCH	\$52.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3320	LIFT,ELEVATION,HEEL AND SOLE,CORK,PER INCH	\$0.23
L3330	LIFT,ELEVATION,METAL EXTENSION(SKATE)	\$266.82
L3332	LIFT,ELEVATION,INSIDE SHOE,TAPERED,UP TO ONE-HALF INCH	\$34.78
L3334	LIFT,ELEVATION,HEEL,PER INCH	\$17.99
L3340	HEEL WEDGE,SACH	\$40.18
L3350	HEEL WEDGE	\$10.80
L3360	SOLE WEDGE,OUTSIDE SOLE	\$16.79
L3370	SOLE WEDGE, BETWEEN SOLE	\$23.37
L3380	CLUBFOOT WEDGE	\$23.37
L3390	OUTFLARE WEDGE	\$23.37
L3400	METATARSAL BAR WEDGE,ROCKER	\$19.19
L3410	METATARSAL BAR WEDGE,BETWEEN SOLE	\$43.76
L3420	FULL SOLE AND HEEL WEDGE,BETWEEN SOLE	\$25.78
L3430	HEEL,COUNTER,PLASTIC REINFORCED	\$75.55
L3440	HEEL,COUNTER,LEATHER REINFORCE	\$35.98
L3450	HEEL,SACH CUSHION TYPE	\$49.76
L3455	HEEL,NEW LEATHER,STANDARD	\$19.19
L3460	HEEL,NEW RUBBER,STANDARD	\$16.18
L3465	HEEL,THOMAS WITH WEDGE	\$27.59
L3470	HEEL,THOMAS EXTENDED TO BALL	\$29.38
L3480	HEEL,PAD AND DEPRESSION FOR SPUR	\$29.38
L3485	HEEL,PAD,REMOVABLE FOR SPUR	\$1.95
L3500	MISCELLANEOUS SHOE ADDITION,INSOLE,LEATHER	\$13.79
L3510	MISCELLANEOUS SHOE ADDITION,INSOLE,RUBBER	\$13.79
L3520	MISCELLANEOUS SHOE ADDITION,INSOLE,FELT COVERED WITH LEATHER	\$14.98
L3530	MISCELLANEOUS SHOE ADDITION,SOLE,HALF	\$14.98
L3540	MISCELLANEOUS SHOE ADDITION,SOLE,FULL	\$23.99
L3550	MISCELLANEOUS SHOE ADDITION,TOE TAP,STANDARD	\$4.19
L3560	MISCELLANEOUS SHOE ADDITION,TOE TAP,HORSESHOE	\$10.80
L3570	MISCELLANEOUS SHOE ADDITION,SPECIAL EXTENSION TO INSTEP	\$40.18
L3580	MISCELLANEOUS SHOE ADDITION,CONVERT INSTEP TO VELCRO CLOSURE	\$30.58

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3590	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOF	\$25.18
L3595	MISCELLANEOUS SHOE ADDITION, MARCH BAR	\$19.78
L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER	\$35.98
L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLA	\$47.36
L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIR	\$35.98
L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRR	\$47.36
L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROW	\$20.38
L3649	UNLISTED PROCEDURES FOR FOOT ORTHOPEDIC SHOES, SHOE MODIFICAT	\$36.40
L3650	SHOULDER ORTHOSIS, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER	\$41.53
L3651	SHOULDER ORTHOSIS, SINGLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND	\$28.25
L3652	SHOULDER ORTHOSIS, DOUBLE SHOULDER, ELASTIC, PREFABRICATED, INCLUDES FITTING AND	\$85.14
L3660	SO, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS & WEBBIN	\$57.20
L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	\$84.70
L3671	SHOULDER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFA	\$386.62
L3672	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	\$480.79
L3673	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	\$524.01
L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT A	\$0.00
L3675	SO, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL	\$75.29
L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES F	\$13.08
L3700	ELBOW ORTHOSES (EO), ELASTIC WITH STAYS	\$45.77
L3701	ELBOW ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NE	\$8.74
L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRI	\$123.89
L3710	EO, ELASTIC WITH METAL JOINTS	\$67.12
L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION	\$599.65
L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/FLEXION	\$646.73
L3740	EO, DOUBLE UPRIGHT WITH FOREARME/ARM CUFFS, ADJUSTABLE POSITIO	\$972.27
L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUD	\$214.57
L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABR	\$46.13
L3763	ELBOW WRIST HAND ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, ST	\$550.16
L3764	ELBOW WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS	\$582.59
L3765	ELBOW WRIST HAND FINGER ORTHOSIS, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERF	\$550.16

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3766	ELBOW WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTI	\$582.59
L3800	WRIST HAND FINGER ORTHOSIS, SHORT OPPONENS, NO ATTACHMENTS, CUSTOM-FABRICATED	\$14.96
L3805	WRIST HAND FINGER ORTHOSIS, LONG OPPONENS, NO ATTACHMENT, CUSTOM-FABRICATED	\$15.55
L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BA	\$30.49
L3807	WHFO, EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUM	\$107.29
L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MAT	\$18.94
L3810	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB ABDUCTION ("C") BAR	\$3.91
L3815	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SECOND M.P. ABDUCTION ASSIST	\$3.99
L3820	WHFO, ADDITION TO SHORT AND LONG OPPONENS, I.P. EXTENSION ASSIST, WITH M.P.	\$8.01
L3825	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION STOP	\$3.99
L3830	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. EXTENSION ASSIST	\$5.70
L3835	WHFO, ADDITION TO SHORT AND LONG OPPONENS, M.P. SPRING EXTENSION ASSIST	\$6.53
L3840	WHFO, ADDITION TO SHORT AND LONG OPPONENS, SPRING SWIVEL THUMB	\$3.56
L3845	WHFO, ADDITION TO SHORT AND LONG OPPONENS, THUMB I.P. EXTENSION ASSIST, WITH	\$4.15
L3850	WHO, ADDITION TO SHORT AND LONG OPPONENS, ACTION WRIST, WITH DORSIFLEXION ASSIST	\$7.12
L3855	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL	\$10.44
L3860	WHFO, ADDITION TO SHORT AND LONG OPPONENS, ADJUSTABLE M.P. FLEXION CONTROL AND	\$13.06
L3890	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE	\$26.76
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION	\$0.00
L3900	WHFO,DYNAMIC FLEXOR HINGE,RECIPROCAL WRIST EXTENSION/FLEXION	\$763.00
L3901	WHFO,DYNAMIC FLEXOR HINGE,RECIPROCAL WRIST,CABLE DRIVEN	\$941.24
L3902	WRIST HAND FINGER ORTHOSIS, EXTERNAL POWERED, COMPRESSED GAS, CUSTOM-FABRICATED	\$1,198.81
L3904	WHFO,EXTERNAL POWERED,ELECTRIC	\$2,508.92
L3905	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURN	\$425.51
L3906	WHFO,WRIST GAUNTLET,MOLDED TO PATIENT MODEL	\$255.64
L3907	WRIST HAND FINGER ORTHOSIS, WRIST GAUNTLET WITH THUMB SPICA, CUSTOM-FABRICATED	\$55.57
L3908	WHFO,WRIST EXTENSION CONTROL COCK-UP,CANVAS OR LEATHER DESIG	\$49.46
L3909	WRIST ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT (E.G. NE	\$6.05
L3910	WRIST HAND FINGER ORTHOSIS, SWANSON DESIGN, PREFABRICATED, INCLUDES FITTING AND	\$25.52
L3911	WRIST HAND FINGER ORTHOSIS, ELASTIC, PREFABRICATED, INCLUDES FITTING AND ADJUSTM	\$10.63
L3912	WHFO,FLEXION GLOVE WITH ELASTIC FINGER CONTROL	\$67.78

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3913	HAND FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM	\$116.21
L3914	WRIST HAND ORTHOSIS, WRIST EXTENSION COCK-UP, PREFABRICATED, INCLUDES	\$78.37
L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TU	\$35.68
L3916	WRIST HAND FINGER ORTHOSIS, WRIST EXTENSION COCK-UP WITH OUTRIGGER,	\$8.43
L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND	\$45.32
L3918	HAND FINGER ORTHOSIS, KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND	\$6.64
L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRIC	\$116.21
L3920	HAND FINGER ORTHOSIS, KNUCKLE BENDER WITH OUTRIGGER, PREFABRICATED, INCLUDES	\$7.95
L3921	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TUR	\$137.83
L3922	HAND FINGER ORTHOSIS, KNUCKLE BENDER, TWO SEGMENT TO FLEX JOINTS,	\$7.95
L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJU	\$16.69
L3924	WRIST HAND FINGER ORTHOSIS, OPPENHEIMER, PREFABRICATED, INCLUDES FITTING AND	\$7.95
L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), NO	\$51.93
L3926	WRIST HAND FINGER ORTHOSIS, THOMAS SUSPENSION, PREFABRICATED, INCLUDES FITTING	\$7.95
L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL (PIP)/DISTAL INTERPHALANGEAL (DIP), WI	\$0.00
L3928	HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH CLOCK SPRING, PREFABRICATED,	\$4.27
L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLES, ELA	\$91.24
L3930	WRIST HAND FINGER ORTHOSIS, FINGER EXTENSION, WITH WRIST SUPPORT,	\$4.86
L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKLE	\$195.96
L3932	FINGER ORTHOSIS, SAFETY PIN, SPRING WIRE, PREFABRICATED, INCLUDES FITTING AND	\$3.68
L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED,	\$91.55
L3934	FINGER ORTHOSIS, SAFETY PIN, MODIFIED, PREFABRICATED, INCLUDES FITTING AND	\$3.68
L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED	\$94.79
L3936	WRIST HAND FINGER ORTHOSIS, PALMER, PREFABRICATED, INCLUDES FITTING AND	\$5.93
L3938	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, PREFABRICATED, INCLUDES FITTING AND	\$7.12
L3940	WRIST HAND FINGER ORTHOSIS, DORSAL WRIST, WITH OUTRIGGER ATTACHMENT,	\$8.07
L3942	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING	\$7.12
L3944	HAND FINGER ORTHOSIS, REVERSE KNUCKLE BENDER, WITH OUTRIGGER, PREFABRICATED,	\$8.07
L3946	HAND FINGER ORTHOSIS, COMPOSITE ELASTIC, PREFABRICATED, INCLUDES FITTING AND	\$8.31
L3948	FINGER ORTHOSIS, FINGER KNUCKLE BENDER, PREFABRICATED, INCLUDES FITTING AND	\$3.80
L3950	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH KNUCKLE BENDER AND	\$11.04

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L3952	WRIST HAND FINGER ORTHOSIS, COMBINATION OPPENHEIMER, WITH REVERSE KNUCKLE AND	\$12.94
L3954	HAND FINGER ORTHOSIS, SPREADING HAND, PREFABRICATED, INCLUDES FITTING AND	\$6.88
L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	\$0.00
L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, ABDUCTION POSITIONING	\$503.26
L3961	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INC	\$720.88
L3962	SEHOW, ABDUCTION POSITIONING, ERBS PALSEY DESIGN	\$458.11
L3963	SHOULDER ELBOW WRIST HAND ORTHOSIS, MOLDED SHOULDER, ARM, FOREARM AND WRIST,	\$913.38
L3964	SEWHO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED	\$74.21
L3965	SEWHO-RADIAL ARM SUPPORT. ATTACHED TO WHEELCHAIR, BALANCED	\$103.82
L3966	SEWHO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED	\$77.06
L3967	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$851.12
L3968	SEWHO, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR	\$91.33
L3969	SEWHO, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT	\$76.39
L3970	SEWHO, ADDITION TO MOBILE ARM AUPPORT, ELEVATIONG PROXIMAL ARM	\$29.11
L3971	SHOULDER ELBOW WRIST HAND ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NO	\$807.91
L3972	SEWHO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL	\$14.27
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THO	\$851.12
L3974	SEWHO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR	\$12.55
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, WITHOUT JOINTS,	\$720.88
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$720.88
L3977	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, SHOULDER CAP DESIGN, INCLUDES ONE OR	\$807.91
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIG	\$851.12
L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	\$232.34
L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR	\$358.76
L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	\$230.32
L3985	UPPER EXTREMITY FRACTURE ORTHOSIS, FOREARM, HAND WITH WRIST HINGE,	\$55.37
L3986	UPPER EXTREMITY FRACTURE ORTHOSIS, COMBINATION OF HUMERAL, RADIUS/ULNAR, WRIST,	\$55.45
L3995	ADDITION TO UPPER EXTREMITY ORTHOSIS, SOCK, FRACTURE OR EQUAL	\$18.58
L3999	UNLISTED PROCEDURES FOR UPPER LIMB ORTHOSIS	\$73.84
L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	\$865.76
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	\$0.50

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L4010	REPLACE TRILATERAL SOCKET BRIM	\$507.05
L4020	REPLACE QUADRILATERAL SOCKET BRIM,MOLDED TO PATIENT MODLE	\$563.36
L4030	REPLACE QUADRILATERAL SOCKET BRIM,CUSTOM FITTED	\$361.73
L4040	REPLACE MOLDED THIGH LACER	\$328.73
L4045	REPLACE NON-MOLDED THIGH LACER	\$290.08
L4050	REPLACE MOLDED CALF LACER	\$424.41
L4055	REPLACE NON-MOLDED CALF LACER	\$269.71
L4060	REPLACE HIGH ROLL CUFF	\$271.14
L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	\$373.08
L4080	REPLACE METAL BANDS KAFO,PROXIMAL THIGH	\$54.16
L4090	REPLACE METAL BANDS KAFO-AFO,CALF OR DISTAL THIGH	\$51.49
L4100	REPLACE LEATHER CUFF KAFO,PROXIMAL THIGH	\$66.96
L4110	REPLACE LEATHER CUFF KAFO-AFO,CALF OR DISTAL THIGHT	\$66.12
L4130	REPLACE PRETIBIAL SHELL	\$551.14
L4200	REPAIR OF ORTHOTIC DEVICE, HOURLY RATE	\$0.00
L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$14.00
L4210	REPAIR OF ORTHOTIC DEVICE,REPAIR OR REPLACE MINOR PARTS	\$21.02
L4310	MULTI-POUNDS OR EQUAL ORTHOTIC PREPARATORY MANAGEMENT SYSTEM	\$255.52
L4320	ADDITION TO AFO,MULTI-PODUS ORTHOTIC PREPARATORY MANAGEMENT	\$86.10
L4350	PNEUMATIC ANKLE CONTROL SPLING(AIRCAST OR EQUAL)	\$81.51
L4360	PNEUMATIC WALKING SPLING(AIRCAST OR EQUAL)	\$157.58
L4370	PNEUMATIC FULL LEG SPLINT(AIRCAST OR EQUAL)	\$85.65
L4380	PNEUMATIC KNEE SPLINT(AIRCAST OR EQUAL)	\$45.25
L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FI	\$74.75
L4390	REPLACE SOFT INTERFACE MATERIAL, MULTI-PODUS TYPE SPLINT	\$118.27
L4392	REPLACE SOFT INTERFACE MATERIAL, ANKLE CONTRACTURE SPLINT	\$10.91
L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	\$7.95
L4396	ANKLE CONTRACTURE SPLINT	\$77.80
L4398	FOOT DROP SPINT, RECUMBENT POSITIONING DEVICE	\$35.81
L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM,	\$0.00
L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH,TOE FILLER	\$302.50

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5010	PARTIAL FOOT,MOLDED SOCKET,ANKLE HEIGHT,WITH TOE FILLER	\$680.89
L5020	PARTIAL FOOT,MOLDED SOCKET,TIBIAL TUBERCLE,HEIGHT W/TOE FILL	\$1,427.30
L5050	ANKLE,SYMES,MOLDED SOCKET,SACH FOOT	\$1,363.65
L5060	ANKLE,SYMES,METAL FRAME,MOLDED LEATHER SOCKET,ARTICULATED	\$1,866.29
L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	\$1,335.91
L5105	BELOW KNEE,PLASTIC SOCKET,JOINTS AND THIGH LACER,SACH FOOT	\$2,648.43
L5110	BELOW KNEE,WOOD SOCKET,JOINTS AND THIGH LACER,SACH FOOT	\$0.00
L5150	KNEE DISARTICULATION,MOLDED SOCKET,EXTERNAL KNEE JOINTS,SHIN	\$2,593.85
L5160	KNEE DISARTICULATION,MOLDED SOCKET,BENT KNEE CONFIGURATION	\$2,938.52
L5200	ABOVE KNEE,MOLDED SOCKET,SINGLE AXIS CONSTANT FRICTION KNEE	\$2,021.27
L5210	ABOVE KNEE,SHORT PROSTHESIS,NO KNEE JOINT,WITH FOOT BLOCKS	\$1,602.44
L5220	ABOVE KNEE,SHORT PROSTHESIS,NO KNEE JOINT,WITH ARTICULATED	\$2,198.48
L5230	ABOVE KNEE,FOR PROXIMAL FOCAL DEFICIENCY,CONSTANT FRICTION	\$2,783.15
L5250	HIP DISARTICULATION,CANADIAN TYPE;MOLDED SOCKET,HIP JOINT	\$4,453.97
L5270	HIP DISARTICULATION,TILT TABLE TYPE;MOLDED SOCKET,LOCKING	\$4,551.59
L5280	HEMIPELVICTOMY,CANADIAN TYPE;MOLDED SOCKET,HIP JOINT,SINGLE	\$5,083.14
L5300	BELOW KNEE, MOLDED SOCKET, SACH FOOT, ENDOSKELETAL SYSTEM, INCLUDING SOFT COVER	\$2,208.53
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	\$1,695.83
L5310	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SACH FOOT ENDOSKELETAL SY	\$3,419.69
L5311	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHI	\$2,064.60
L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON,	\$0.00
L5320	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS	\$3,823.39
L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS	\$2,637.25
L5330	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, ENDO- SKELETAL SYSTEM, HIP JO	\$4,512.07
L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOIN	\$2,886.55
L5340	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SI	\$4,512.07
L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SI	\$5,082.35
L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION	\$844.32
L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION	\$168.16
L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION OF INIT	\$1,056.97
L5430	IMMEDIATE POST SURG. OR EARLY FITTING,APPLICAT. OF INIT. RIG	\$299.51

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5450	IMMEDIATE POST SURG. OR EARLY FIT.,APPLIC. OF NON-WT BEARING	\$166.00
L5460	IMMEDIATE POST SURG. OR EARLY FITTING,APPLIC. NON-WT BEARING	\$190.06
L5500	INITIAL,BELOW KNEE "PTB" TYPE SOCKET,"USMC"OR EQUAL PYLON	\$882.99
L5505	INITIAL,ABOVE KNEE-KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET	\$1,182.52
L5510	PREPARATORY,BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL	\$906.99
L5520	PREPARATORY,BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL	\$956.90
L5530	PREPARATORY,BELOW KNEE "PTB" TYPE SOCKET, "USMC" OR EQUAL	\$1,275.68
L5535	PREPARATORY,BELOW KNEE PTB TYPE SOCKET, USMC OR EQUAL PYLON	\$1,396.75
L5540	PREPARATORY,BELOW KNEE PTB,TYPE SOCKET USMC OR EQUAL PYLON	\$1,229.29
L5560	PREPARATORY,ABOVE KNEE-KNEE DISARTICULATION,ISCHIAL LEVEL	\$1,212.13
L5570	PREPARATORY,ABOVE KNEE-KNEE DISARTICULATION,ISCHIAL LEVEL	\$1,347.61
L5580	PREPARATORY,ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL	\$1,628.20
L5585	PREPARATORY,ABOVE KNEE DISARTICULATION,ISCHIAL LEVEL SOCKET	\$1,449.79
L5590	PREPARATORY,ABOVE KNEE-KNEE DISARTICULATION,LAMINATED SOCKET	\$1,723.08
L5595	PREPARATORY,HIP DISARTICULATION-HEMIPELVECTOMY,PYLON	\$4,400.50
L5600	PREPARATORY,HIP DISARTICULATION-HEMIPELVECTOMY,LAMINATED	\$3,959.33
L5610	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,HYDRACADENCE SYSTEM	\$1,282.07
L5611	ADDITION TO LOWER EXTREMITY,ABOVE KNEE-KNEE DISARTICULATION	\$1,079.75
L5613	ADDITION TO LOWER EXTREMITY,ABOVE KNEE-KNEE DISARTICULATION	\$1,792.79
L5614	ADDITION TO LOWER EXTREMITY, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WIT	\$860.88
L5616	ADDITION TO LOWER EXTREM.,ABOVE KNEE,UNIVERSAL MULTIPLEX SYST	\$729.20
L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNING UNIT, ABOVE KNEE OR BELO	\$285.44
L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	\$146.17
L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	\$150.76
L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET,KNEE DISARTICULATIO	\$195.97
L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKER, ABOVE KNEE	\$220.04
L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET,HIP DISARTICULATION	\$281.57
L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVICTOMY	\$238.33
L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	\$124.96
L5630	ADDITION TO LOWER EXTREMITY,SYMES TYPE,EXPANDABLE WALL SOCKE	\$289.75
L5631	ADDITION TO LOWER EXTREMITY,ABOVE KNEE OR KNEE DISARTICULATI	\$224.09

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5632	ADDITION TO LOWER EXTREMITY,SYMES TYPE,"PTB" BRIM DESIGN SOC	\$126.15
L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING	\$262.99
L5636	ADDITION TO LOWER EXTREMITY,SYMES TYPE,MEDIAL OPENING SOCKET	\$130.64
L5637	ADDITION TO LOWER EXTREMITY,BELOW KNEE, TOTAL CONTACT	\$192.43
L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	\$368.90
L5639	ADDITION TO LOWER EXTREMITY,BELOW KNEE,WOOD SOCKET	\$985.39
L5640	ADDITION TO LOWER EXTREMITY,KNEE DISARTICULATION,LEATH. SOCK	\$410.71
L5642	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,LEATHER SOCKET	\$256.45
L5643	ADDITION TO LOWER EXTREMITY,HIP DISARTICULATION,FLEXIBLE	\$796.52
L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	\$278.32
L5645	ADDITION TO LOWER EXTREMITY,BELOW KNEE,FLEXIBLE INNER SOCKET	\$493.31
L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	\$227.42
L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	\$624.62
L5648	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,AIR CUSHION SOCKET	\$214.66
L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L	\$997.82
L5650	ADDITIONS TO LOWER EXTREMITY,TOTAL CONTACT,ABOVE KNEE	\$345.92
L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE,FLEXIBLE INNER SOCK	\$543.77
L5652	ADDITION TO LOWER EXTREMITY,SUCTION SUSPENSION,ABOVE KNEE	\$110.48
L5653	ADDITION TO LOWER EXTREMITY,KNEE DISARTICULATION,EXPANDABLE	\$330.47
L5654	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,SYMES	\$206.97
L5655	ADDITION TO LOWER EXTREMITY,SOCKET,INSERT,BELOW KNEE	\$181.15
L5656	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,KNEE DISARTICULATI	\$262.18
L5658	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,ABOVE KNEE	\$185.86
L5660	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, SILICONE GEL OR EQUAL	\$338.41
L5661	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,MULTI-DUROMETER SY	\$398.15
L5662	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE, SILICONE GEL OR EQUAL	\$338.41
L5663	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION, SILICONE GEL	\$409.65
L5664	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE, SILICONE GEL OR EQUAL	\$409.65
L5665	ADDITION TO LOWER EXTREMITY,SOCKET INSERT,MULTI-DUROMETER	\$412.36
L5666	ADDITION TO LOWER EXTREMITY,BELOW KNEE,CUFF SUSPENSION	\$52.10
L5667	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION	\$1,446.63

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5668	ADDITION TO LOWER EXTREMITY,BELOW KNEE,MOLDED DISTAL CUSHION	\$73.26
L5669	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, SOCKET INSERT, SUCTION	\$927.20
L5670	ADDITION TO LOWER EXTREMITY,BELOW KNEE,MOLDED SUPRACONDYLAR	\$195.23
L5671	ADDITION TO LOWER EXTREMITY, BELOW KNEE / ABOVE KNEE SUSPENSION LOCKING MECHANIS	\$382.21
L5672	ADDITION TO LOWER EXTREMITY,BELOW KNEE,REMOVABLE MEDIAL BRIM	\$156.15
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXIST	\$470.33
L5674	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE, ANY MATERIAL, EACH	\$73.43
L5675	ADDITION TO LOWER EXTREMITY, BELOW KNEE, SUSPENSION SLEEVE, HEAVY DUTY, ANY MAT	\$106.64
L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE,KNEE JOINTS,SINGLE	\$259.25
L5677	ADDITIONS TO LOWER EXTREMITY,BELOW KNEE JOINTS,POLYCENTRIC	\$426.59
L5678	ADDITIONS TO LOWER EXTREMITY,BELOW KNEE,JOINT COVERS,PAIR	\$42.22
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXIST	\$391.94
L5680	ADDITION TO LOWER EXTREMITY,BELOW KNEE,THIGH LACER,NONMOLDED	\$154.37
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INS	\$621.35
L5682	ADDITION TO LOWER EXTREMITY,BELOW KNEE,THIGH LACER,GLUTEAL	\$490.16
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INS	\$621.35
L5684	ADDITION TO LOWER EXTREMITY,BELOW KNEE,FORK STRAP	\$55.14
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	\$60.50
L5686	ADDITION TO LOWER EXTREMITY,BELOW KNEE,BACK CHECK(EXT. CONT)	\$32.13
L5688	ADDITION TO LOWER EXTREMITY,BELOW KNEE,WAIST BELT,WEBBING	\$56.23
L5690	ADDITION TO LOWER EXTREMITY,BELOW KNEE,WAIST BELT,PADDED & L	\$68.65
L5692	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,PELVIC CONTROL BELT	\$115.36
L5694	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,PELVIC CONTROL BELT	\$147.77
L5695	ADDITION TO LOWER EXTREMITY,ABOVE KNEE,PELVIC CONTROL,SLEEVE	\$109.08
L5696	ADDITION TO LOWER EXTREMITY,ABOVE KNEE OR KNEE DISARTICULAT	\$143.37
L5697	ADDITION TO LOWER EXTREMITY,ABOVE KNEE OR KNEE DISARTICULATI	\$62.29
L5698	ADDITION TO LOWER EXTREMITY,ABOVE KNEE DISARTICULATION,SILES	\$70.70
L5699	ALL LOWER EXTREMITY PROSTHESES,SHOULDER HARNESS	\$223.78
L5700	ALL LOWER EXTREMITY PROSTHESES,FOOT,EXTERNAL KEEL,SACH FOOT	\$1,514.74
L5701	ALL LOWER EXTREMITY PROSTHESES,SAFE FOOT	\$2,050.79
L5702	ALL LOWER EXTREMITY PROSTHESES,FOOT,SINGLE AXIS ANKLE/FOOT	\$3,138.63

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5703	ALL LOWER EXTREMITY PROSTHESES,ENERGY STORING FOOT	\$1,226.65
L5704	ALL LOWER EXTREMITY PROSTHESES,FOOT,MULTIAXIAL ANKLE/FOOT	\$444.89
L5705	ALL LOWER EXTREMITY PROSTHESES,FLEX FOOT SYSTEM	\$497.59
L5706	ALL EXOSKELETAL LOVER EXTREMITY PROSTHESES,AXIAL ROTATION UN	\$491.78
L5707	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES,AXIAL ROTATION	\$656.73
L5709	ALL LOWER EXTREMITY PROSTHESES,MULTI-AXIAL ROTATION UNIT	\$0.00
L5710	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,MANUAL LOC	\$329.38
L5711	ADDITION EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,MANUAL LOC	\$387.04
L5712	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FRICTION	\$382.69
L5714	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,VARIABLE	\$246.06
L5716	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,MECHANICAL	\$600.34
L5718	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,FRICTION	\$647.06
L5722	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,PNEUMATIC	\$560.77
L5724	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWIN	\$994.34
L5726	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,EXTERNAL	\$1,014.29
L5728	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWIN	\$1,845.55
L5780	ADDITION,EXOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,PNEUMATIC	\$920.90
L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$1,890.05
L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT	\$1,992.54
L5785	ADDITION,EXOSKELETAL SYSTEM,BELOW KNEE,ULTRA-LIGHT MATERIAL	\$285.22
L5790	ADDITION,EXOSKELETAL SYSTEM,ABOVE KNEE,ULTRA-LIGHT MATERIAL	\$458.34
L5795	ADDITION,EXOSKELETAL SYSTEM,HIP DISARTICULATION,ULTRA-LIGHT	\$591.40
L5810	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,MANUAL LO	\$443.88
L5811	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,MANUAL LO	\$649.18
L5812	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FRICTION	\$496.29
L5814	HAFHASOIF JO	\$1,894.69
L5816	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,MECHANICA	\$795.29
L5818	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,POLYCENTRIC,FRICTION	\$801.31
L5822	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,PNEUMATIC	\$789.20
L5824	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWI	\$1,385.18
L5826	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONT	\$1,593.19

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5828	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,FLUID SWI	\$1,948.24
L5830	ADDITION,ENDOSKELETAL KNEE-SHIN SYSTEM,SINGLE AXIS,PNEUMATIC	\$1,652.94
L5840	ADDITION, ENDOSKELETAL KNEE/SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTR	\$1,891.71
L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	\$846.67
L5846	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING	\$4,274.02
L5847	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE	\$12,193.31
L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENIN	\$507.96
L5850	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULAT	\$61.12
L5855	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASS	\$182.36
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	\$0.00
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	\$0.00
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	\$13,248.06
L5910	ADDITION,ENDOSKELETAL SYSTEM,BELOW KNEE,ALIGNABLE SYSTEM	\$159.58
L5920	ADDITION,ENDOSKELETAL SYSTEM,ABOVE KNEE OR HIP DISARTICULAT	\$257.22
L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP DISARTICU	\$221.45
L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	\$1,717.16
L5940	ADDITION,ENDOSKELETAL SYSTEM,BELOW KNEE,ULTRA-LIGHT MATERIAL	\$275.36
L5950	ADDITION,ENDOSKELETA SYSTEM,ABOVE KNEE,ULTRA-LIGHT MATERIAL	\$394.82
L5960	ADDITION,ENDOSKELETAL SYSTEM,HIP DISARTICULATION,ULTRA-LIGHT	\$477.00
L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CON	\$0.00
L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE CO	\$350.06
L5964	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, FLEXIBLE PROTECTIVE OUTER SURFACE COV	\$550.92
L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, FLEXIBLE PROTECTIVE OUTER SU	\$708.19
L5968	ALL LOWER EXTREMITY PROSTHESIS, ANKLE, MULTIAXIAL SHOCK ABSORBING SYSTEM	\$1,716.58
L5970	ALL LOWER EXTREMITY PROSTHESES,FOOT,EXTERNAL KEEL,SACH FOOT	\$137.00
L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMEN	\$137.00
L5972	ALL LOWER EXTREMITY PROSTHESES,FLEXIBLE KEEL FOOT(SAFE,STEN)	\$288.47
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION	\$0.00
L5974	ALL LOWER EXTREMITY PROTHESES,FOOT,SINGLE AXIS ANKLE/FOOT	\$208.31
L5975	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL	\$218.99

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L5976	ALL LOWER EXTREMITY PROSTHESES,ENERGY STORING FOOT	\$472.48
L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER	\$256.36
L5979	ALL LOWER EXTREMITY PROSTHESES, MULTIAXIAL ANKLE/FOOT, DYNAMIC RESPONSE	\$1,325.96
L5980	ALL LOWER EXTREMITY PROSTHESES,FLEX FOOT SYSTEM	\$2,281.74
L5981	ALL LOWER EXTREMITY PROSTHESES, FLEX-WALK SYSTEM OR EQUAL	\$1,567.68
L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES,AXIAL ROTATION	\$422.15
L5984	ALL ENDOSKELETAL LOWER EXTREMITY,PROSTHESES,AXIAL ROTATION	\$461.35
L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROTHESES, DYNAMIC PROSTHETIC PYLON	\$144.06
L5986	ALL LOWER EXTREMITY PROSTHESES,MULTI-AXIAL ROTATION UNIT	\$540.53
L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	\$540.65
L5988	ALL LOWER EXTREMITY PROSTHESIS, COMBINATION VERTICAL SHOCK AND MULTIAXIAL ROTATI	\$943.67
L5989	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL SYSTEM, PYLON WITH INTEGRAT	\$2,438.65
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	\$148.97
L5993	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, FOOT ONLY, (FOR PATI	\$50.00
L5994	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, KNEE ONLY, (FOR PATI	\$50.00
L5995	ADDITION TO LOWER EXTREMITY PROSTHESIS, HEAVY DUTY FEATURE, OTHER THAN FOOT OR K	\$50.00
L5999	LOWER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L6000	PARTIAL HAND,ROBIN-AIDS,THUMB REMAINING (OR EQUAL)	\$1,156.04
L6010	PARTIAL HAND,ROBIN-AIDS,LITTLE AND/OR RING FINGER REMAINING	\$1,308.42
L6020	PARTIAL HAND,ROBIN-AIDS,NO FINGER REMAINING (OR EQUAL)	\$1,198.14
L6025	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHESIS, EXTERNAL POWE	\$3,780.13
L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	\$1,545.88
L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW	\$2,357.53
L6100	BELOW ELBOW,MOLDED SOCKET,FLEXIBLE ELBOW HINGE,TRICEPS PAD	\$1,087.80
L6110	BELOW ELBOW,MOLDED SOCKET,(MUENSTER OR NORTHWESTERN SUSPEN.)	\$1,462.83
L6120	BELOW ELBOW,MOLDED DOUBLE WALL SPLIT SOCKET,STEP-UP HINGES	\$1,643.53
L6130	BELOW ELBOW,MOLDED DOUBLE WALL SPLIT SOCKET,STUMP ACTIVATED	\$2,193.93
L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	\$2,157.85
L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING	\$3,255.65
L6250	ABOVE ELBOW,MOLDED DOUBLE WALL SOCKET,INTERNAL LOCKING ELBOW	\$2,077.22
L6300	SHOULDER DISARTICULATION,MOLDED SOCKET,SHOULDER BULKHEAD	\$2,711.83

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L6310	SHOULDER DISARTICULATION,PASSIVE RESTORATION(COMPLETE PROST)	\$2,186.69
L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	\$1,855.29
L6350	INTERSCAPULAR THORACIC,MOLDED SOCKET,SHOULDER BULKHEAD	\$3,425.17
L6360	INTERSCAPULAR THORACIC,PASSIVE RESTORATION(COMPLETE PROSTH)	\$2,933.03
L6370	INTERSCAPULAR THORACIC,PASSIVE RESTORATION(SHOULDER CAP ONL)	\$1,537.57
L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION OF INIT	\$699.76
L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION OF INIT	\$875.01
L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING,SHOULDER DISARTICUL	\$1,143.18
L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING,EACH ADDITIONAL CAS	\$277.55
L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING,APPLICATION OF RIGI	\$278.47
L6400	BELOW ELBOW,MOLDED SOCKET,ENDOSKELETAL SYSTEM,INCLUDING SOFT	\$1,665.84
L6450	ELBOW DISARTICULATION,MOLDED SOCKET,ENDOSKELETAL SYSTEM	\$1,955.43
L6500	ABOVE ELBOW,MOLDED SOCKET,ENDOSKELETAL SYSTEM,INCLUDING SOFT	\$1,777.67
L6550	SHOULDER DISARTICULATION,MOLDED SOCKET,ENDOSKELETAL SYSTEM	\$2,929.10
L6570	INTERSCAPULAR THORACIC,MOLDED SOCKET,ENDOSKELETAL SYSTEM	\$3,393.71
L6580	PREPARATORY,WRIST DISARTICULATION OR BELOW ELBOW,SINGLE WALL	\$950.62
L6582	PREPARATORY,WRIST DISARTICULATION OR BELOW ELBOW,DIRECT FORM	\$723.67
L6584	PREPARATORY,ELBOW DISARTICULATION OR ABOVE ELBOW,MOLD. TO PT	\$1,168.16
L6586	PREPARATORY,ELBOW DISARTICULATION OR ABOVE ELBOW,DIRECT FORM	\$984.65
L6588	PREPARATORY,SHOULDER DISARTICULATION OR INTERSCAPULAR THORAC	\$1,676.66
L6589	FAIR LEAD CABLE CONTROL, USMC OR EQUAL PYLON, NO COVER, MOLDED TO PATIENT MODEL	\$0.00
L6590	PREPARATORY,SHOULDER DISARTICULATION OR INTERSCAPULAR	\$1,476.86
L6600	UPPER EXTREMITY ADDITIONS,POLYCENTRIC HINGE, PAIR	\$160.89
L6605	UPPER EXTREMITY ADDITIONS,SINGLE PIVOT HINGE, PAIR	\$167.08
L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	\$139.61
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY	\$30.42
L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	\$92.45
L6616	UPPER EXTREMITY ADDITION,ADDITIONAL DISCONNECT INSERT	\$32.32
L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	\$201.97
L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRI	\$169.03
L6623	UPPER EXTREMITY ADDITION,SPRING ASSISTED ROTATIONAL WRIST	\$286.18

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	\$278.32
L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	\$466.88
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER	\$197.62
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR	\$91.58
L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	\$100.96
L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	\$28.52
L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	\$129.00
L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	\$223.18
L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE W	\$1,181.29
L6639	UPPER EXTREMITY ADDITION, HEAVY DUTY FEATURE, ANY ELBOW	\$112.71
L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	\$141.79
L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	\$104.81
L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	\$135.46
L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT	\$234.20
L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJU	\$1,489.87
L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	\$245.27
L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	\$1,536.59
L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	\$244.49
L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	\$61.39
L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	\$82.19
L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	\$25.27
L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	\$46.87
L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TY	\$129.51
L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF "8" EIGHT TYPE	\$79.86
L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF "8", FOR DUAL CONT	\$97.18
L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TER	\$21.92
L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION	\$177.50
L6682	UPPER EXTREMITY ADDITION, TEST SOCKET ELBOW DISARTICULATION	\$160.85
L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION	\$301.55
L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	\$43.32
L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WR	\$306.29

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L6688	UPPER EXTREMITY ADDITION,FRAME TYPE SOCKET,ABOVE ELBOW	\$336.58
L6689	UPPER EXTREMITY ADDITION,FRAME TYPE SOCKET,SHOULDER DISARTIC	\$375.71
L6690	UPPER EXTREMITY ADDITION,FRAME TYPE SOCKET,INTERSCAPULAR	\$438.70
L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	\$241.43
L6692	UPPER EXTREMITY ADDITION,SILICONE GEL INSERT OR EQUAL, EACH	\$419.09
L6693	UPPER EXTREMITY ADDITION, EXTERNAL LOCKING ELBOW, FOREARM COUNTERBALANCE	\$1,341.08
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$470.33
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$391.94
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$621.35
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	\$621.35
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	\$382.21
L6700	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #3	\$494.36
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	\$29.81
L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	\$653.14
L6705	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5	\$279.72
L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$38.91
L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$143.43
L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	\$93.28
L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	\$135.11
L6710	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5X	\$310.99
L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE	\$0.00
L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE	\$0.00
L6715	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #5XA	\$306.54
L6720	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #6	\$778.65
L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA	\$0.00
L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA	\$0.00
L6725	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7	\$353.95
L6730	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #7LO	\$661.06
L6735	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8	\$286.95

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L6740	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #8X	\$381.33
L6745	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #88X	\$276.86
L6750	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10P	\$266.65
L6755	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #10X	\$268.30
L6760	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL,MODEL #10AW	\$0.00
L6765	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #12P	\$353.93
L6770	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #99X	\$268.30
L6775	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #555	\$383.24
L6780	TERMINAL DEVICE, HOOK, DORRANCE, OR EQUAL, MODEL #SS555	\$441.84
L6785	TERMINAL DEVICE,HOOK,DORRANCE,OR EQUAL,MODEL #SSS555	\$0.00
L6790	TERMINAL DEVICE, HOOK-ACCU HOOK, OR EQUAL	\$279.73
L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR EQUAL	\$1,084.64
L6800	TERMINAL DEVICE, HOOK-APRL VC, OR EQUAL	\$1,084.64
L6805	TERMINAL DEVICE,MODIFIER WRIST FLEXION UNIT	\$218.03
L6806	TERMINAL DEVICE, HOOK, TRS GRIP, GRIP III, VC, OR EQUAL	\$1,027.55
L6807	TERMINAL DEVICE, HOOK, GRIP I, GRIP II, VC, OR EQUAL	\$909.33
L6808	TERMINAL DEVICE, HOOK, TRS ADEPT, INFANT OR CHILD, VC, OR EQUAL	\$813.90
L6809	TERMINAL DEVICE, HOOK, TRS SUPER SPORT, PASSIVE	\$280.65
L6810	TERMINAL DEVICE,PINCHER TOOL,OTTO BOCK OR EQUAL	\$111.41
L6825	TERMINAL DEVICE, HAND, DORRANCE, VO	\$970.47
L6830	TERMINAL DEVICE, HAND, APRL, VC	\$1,027.55
L6835	TERMINAL DEVICE, HAND, SIERRA, VO	\$913.38
L6840	TERMINAL DEVICE, HAND, BECKER IMPERIAL	\$799.21
L6842	TERMINAL DEVICE,HAND,BECKER IMPERIAL	\$0.00
L6845	TERMINAL DEVICE, HAND, BECKER LOCK GRIP	\$627.94
L6850	TERMINAL DEVICE, HAND, BECKER PLYLITE	\$627.94
L6855	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO	\$627.94
L6860	TERMINAL DEVICE, HAND, ROBIN-AIDS, VO SOFT	\$542.31
L6865	TERMINAL DEVICE, HAND, PASSIVE HAND	\$265.46
L6867	TERMINAL DEVICE, HAND, DETROIT INFANT HAND (MECHANICAL)	\$785.84
L6868	TERMINAL DEVICE, HAND, PASSIVE INFANT HAND, (STEEPER, HOSMER OR EQUAL)	\$188.60

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L6869	TERMINAL DEVICE,HAND,PASSIVE INFANT HAND,HOSMER OR EQUAL	\$0.00
L6870	TERMINAL DEVICE, HAND, CHILD MITT	\$221.54
L6872	TERMINAL DEVICE, HAND, NYU CHILD HAND	\$729.72
L6873	TERMINAL DEVICE, HAND, MECHANICAL INFANT HAND, STEEPER OR EQUAL	\$228.34
L6875	TERMINAL DEVICE, HAND, BOCK, VC	\$765.34
L6880	TERMINAL DEVICE, HAND, BOCK, VO	\$448.34
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	\$1,931.19
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVI	\$1,464.89
L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL,	\$876.46
L6884	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT MODEL, FOR US	\$1,835.12
L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO P	\$2,933.03
L6890	TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,PRODUCTION GLOVE	\$115.99
L6895	TERMINAL DEVICE,GLOVE FOR ABOVE HANDS,CUSTOM GLOVE	\$273.75
L6900	HAND RESTORATION,PARTIAL HAND,WITH GLOVE,THUMB OR ONE FINGE	\$1,053.77
L6905	HAND RESTORATION,PARTIAL HAND,WITH GLOVE,MULT. FINGERS REMA	\$1,132.34
L6910	HAND RESTORATION(CASTS,SHADING & MEASURMENTS INCL)PARTIAL HA	\$1,010.26
L6915	HAND RESTORATION,REPLACEMENT GLOVE FOR ABOVE	\$429.50
L6920	WRIST DISARTICULATION,EXTERNAL POWER,SELF-SUSPENDED INNERSOC	\$3,879.54
L6925	WRIST DISARTICULATION,MYOELECTRONIC CONTROL OF TERMINAL DEVI	\$4,421.80
L6930	BELOW ELBOW,EXTERNAL POWER,SWITCH CONTROL OF TERMINAL DEVICE	\$3,590.40
L6935	BELOW ELBOW,EXTERNAL POWER,MYOELECTRONIC CONTROL OF TERMINAL	\$4,158.00
L6940	ELBOW DISARTICULATION,SWITCH CONTROL OT TERMINAL DEVICE	\$4,560.01
L6945	ELBOW DISARTICULATION,MYOELECTRONIC CONTROL OF TERMINAL DEVI	\$5,248.23
L6950	ABOVE ELBOW,EXTERNAL POWER,MOLDED INNER SOCKET,SWITCH CONTRO	\$5,083.82
L6955	ABOVE ELBOW,EXTERNAL POWER,MOLDED INNER SOCKET,MYOELECTRONIC	\$6,075.04
L6960	SHOULDER DISARTICULATION,EXTERNAL POWER,SWITCH CONTROL	\$6,625.82
L6965	SHOULDER DISARTICULATION,EXTERNAL POWER,MYOELECTRONIC CONTRO	\$7,696.48
L6970	INTERSCAPULAR-THORACIC,EXTERNAL POWER,SWITCH CONTROL	\$8,161.18
L6975	INTERSCAPULAR-THORACIC,EXTERNAL POWER,MYOELECTRONIC CONTROL	\$9,584.89
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$293.44
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	\$528.43

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	\$295.80
L7010	ELECTRONIC HAND, OTTO BOCK, STEEPER OR EQUAL, SWITCH CONTROLLED	\$2,357.53
L7015	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	\$4,153.75
L7020	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, SWITCH CONTROLLED	\$2,469.80
L7025	ELECTRONIC HAND, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	\$2,256.50
L7030	ELECTRONIC HAND, SYSTEM TEKNIK, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY	\$4,153.75
L7035	ELECTRONIC GREIFER, OTTO BOCK OR EQUAL, MYOELECTRONICALLY CONTROLLED	\$2,319.97
L7040	PREHENSILE ACTUATOR,HOSMER OR EQUAL,SWITCH CONTROLLED	\$1,479.73
L7045	ELECTRONIC HOOK,CHILD,MICHIGAN OR EQUAL,SWITCH CONTROLLED	\$701.30
L7160	ELECTRONIC ELBOW, BOSTON OR EQUAL, SWITCH CONTROLLED	\$11,226.35
L7165	ELECTRONIC ELBOW, BOSTON OR EQUAL, MYOELECTRONICALLY CONTROLLED	\$13,247.09
L7170	ELECTRONIC ELBOW,HOSMER OR EQUAL,SWITCH CONTROLLED	\$2,969.58
L7180	ELECTRONIC ELBOW,UTAH OR EQUAL,MYOELECTRONICALLY CONTROLLED	\$18,827.33
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	\$18,927.16
L7185	ELECTRONIC ELBOW,ADOLESCENT,VARIETY VILLAGE OR EQUAL,SWITCH	\$3,110.95
L7186	ELECTRONIC ELBOW,CHILD,VARIETY VILLAGE OR EQUAL,SWITCH CONTR	\$4,383.56
L7190	ELECTRONIC ELBOW,ADOLESCENT,VARIETY VILLAGE OR EQUAL,MYOELEC	\$4,090.73
L7191	ELECTRONIC ELBOW,CHILD,VARIETY VILLAGE OR EQUAL,MYOELECTRONI	\$4,312.67
L7260	ELECTRONIC WRIST ROTATOR,OTTO BOCK OR EQUAL	\$1,309.03
L7261	ELECTRONIC WRIST ROTATOR,FOR UTAH ARM	\$2,376.98
L7266	SERVO CONTROL,STEEPER OR EQUAL	\$513.76
L7272	ANALOGUE CONTROL,UNB OR EQUAL	\$1,098.94
L7274	PROPORTIONAL CONTROL,12 VOLT,UTAH OR EQUAL	\$3,437.72
L7360	SIX VOLT BATTERY,OTTO BOCK OR EQUAL,EACH	\$128.38
L7362	BATTERY CHARGER,SIX VOLT,OTTO BOCK OR EQUAL	\$134.84
L7364	TWELVE VOLT BATTERY,UTAH OR EQUAL,EACH	\$247.06
L7366	BATTERY CHARGER,TWELVE VOLT,UTAH OR EQUAL	\$323.22
L7367	LITHIUM ION BATTERY, REPLACEMENT	\$183.91
L7368	LITHIUM ION BATTERY CHARGER	\$238.40
L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRA	\$144.77
L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT	\$162.07

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$175.03
L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ACRYL	\$173.96
L7404	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ACRYLIC MAT	\$262.55
L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR T	\$343.38
L7499	UPPER EXTREMITY PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L7500	REPAIR OF PROSTHETIC DEVICE,HOURLY RATE(EXCLUDES V3014 REP)	\$56.00
L7510	REPAIR PROSTHETIC DEVICE,REPAIR OR REPLACE MINOR PARTS	\$7.80
L7520	REPAIR PROSTHETIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	\$14.00
L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	\$0.00
L7611	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L7612	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LI	\$0.00
L7613	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, PE	\$0.00
L7614	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, PE	\$0.00
L7621	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MA	\$0.00
L7622	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MA	\$0.00
L7900	MALE VACUUM ERECTION SYSTEM	\$410.44
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	\$17.19
L8000	BREAST PROSTHESIS,MASTECTOMY BRA	\$34.21
L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, UNILA	\$98.74
L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTEGRATED BREAST PROSTHESIS FORM, BILAT	\$129.88
L8010	BREAST PROSTHESIS,MASTECTOMY SLEEVE	\$35.30
L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	\$46.35
L8020	BREAST PROSTHESIS,MASTECTOMY FORM	\$175.95
L8030	BREAST PROSTHESIS,SILICONE OR EQUAL	\$229.69
L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	\$0.00
L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	\$0.00
L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	\$1,730.61
L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	\$0.00
L8040	NASAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,269.52
L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,530.25
L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,865.62

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,209.50
L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$3,553.37
L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,237.14
L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$2,292.50
L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	\$1,174.90
L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	\$0.00
L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTE I	\$18.82
L8100	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH	\$28.08
L8110	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH	\$38.48
L8120	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH	\$0.00
L8130	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH	\$20.80
L8140	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH	\$26.00
L8150	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH	\$33.28
L8160	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 18-30 MMHG, EACH	\$0.00
L8170	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MMHG, EACH	\$104.00
L8180	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MMHG, EACH	\$0.00
L8190	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MMHG, EACH	\$0.00
L8195	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 30-40 MMHG, EACH	\$0.00
L8210	GRADIENT COMPRESSION STOCKING, CUSTOM MADE	\$131.36
L8220	GRADIENT COMPRESSION STOCKING, LYMPHEDEMA	\$0.00
L8230	GRADIENT COMPRESSION STOCKING, GARTER BELT	\$0.00
L8239	GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED	\$17.77
L8300	TRUSS,SINGLE WITH STANDARD PAD	\$102.55
L8310	TRUSS,DOUBLE WITH STANDARD PADS	\$110.27
L8320	TRUSS,ADDITION TO STANDARD PAD,WATER PAD	\$41.59
L8330	TRUSS,ADDITION TO STANDARD PAD,SCROTAL PAD	\$38.87
L8400	PROSTHETIC SHEATH,BELOW KNEE,EACH	\$12.32
L8410	PROSTHETIC SHEATH,ABOVE KNEE,EACH	\$14.19
L8415	PROSTHETIC SHEATH,UPPER LIMB,EACH	\$12.64
L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER, BELOW KNEE OR ABOVE KNEE,	\$38.37
L8420	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	\$13.85

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L8430	PROSTHETIC SOCK,WOOL,ABOVE KNEE,EACH	\$14.65
L8435	PROSTHETIC SOCK,WOOL,UPPER LIMB, EACH	\$13.85
L8440	PROSTHETIC SHRINKER,BELOW KNEE,EACH	\$38.87
L8460	PROSTHETIC SHRINKER,ABOVE KNEE,EACH	\$72.55
L8465	PROSTHETIC SHRINKER,UPPER LIMB, EACH	\$22.03
L8470	STUMP SOCK,SINGLE PLU,FITTING,BELOW KNEE,EACH	\$4.73
L8480	STUMP SOCK,SINGLE PLY,FITTING,ABOVE KNEE,EACH	\$5.54
L8485	STUMP SOCK, SINGLE PLY, FITTING, UPPER LIMB, EACH	\$6.88
L8490	ADDITION TO PROSTHETIC SHEATH/SOCK, AIR SEAL SUCTION RETENTION SYSTEM	\$99.66
L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	\$38.93
L8500	ARTIFICIAL LARYNX,ANY TYPE	\$442.19
L8501	TRACHEOSTOMY SPEAKING VALVE	\$69.71
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE	\$2.00
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	\$19.79
L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER	\$51.59
L8510	VOICE AMPLIFIER	\$119.36
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, WITH OR WITHOUT VALVE, REPLA	\$34.36
L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS,	\$1.59
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS, PIPET, BRUSH, OR E	\$2.45
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	\$44.54
L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	\$51.83
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	\$47.00
L8603	INJECTABLE BULKING AGENT, COLLAGEN IMPLANT, URINARY TRACT, 2.5 ML SYRINGE,	\$322.40
L8604	INJECTABLE BULKING AGENT, DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT, URINARY	\$0.00
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	\$653.97
L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE,	\$0.00
L8609	ARTIFICIAL CORNEA	\$440.82
L8610	OCULAR	\$44.09
L8611	ORBITAL IMPLANT	\$0.00
L8612	AQUEOUS SHUNT	\$45.77

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L8613	OSSICULA	\$19.35
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$0.00
L8615	HEADSET/HEADPIECE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$30.51
L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$71.07
L8617	TRANSMITTING COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$62.07
L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	\$17.74
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR, REPLACEMENT	\$561.58
L8620	RADIAL HEAD IMPLANT	\$0.00
L8621	ZINC AIR BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT, EACH	\$0.47
L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	\$0.25
L8623	DISTAL ULNA	\$48.63
L8624	LITHIUM ION BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE SPEECH PROCESSOR, EAR L	\$0.00
L8625	TRAPEZIUM IMPLANT	\$0.00
L8626	WRIST IMPLANT	\$0.00
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	\$0.00
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	\$0.00
L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, R	\$0.00
L8630	METACARPOPHALANGEAL JOINT	\$281.81
L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL (E.G., STAINL	\$1,653.92
L8640	PATELLA IMPLANT	\$0.00
L8641	METATARSAL JOINT	\$292.79
L8642	HALLUX IMPLANT	\$237.49
L8655	FLEXOR TENDON IN HAND OR FINGER, IMPLANT	\$0.00
L8656	EXTENSOR TENDON IN HAND OR FINGER, IMPLANT	\$0.00
L8657	TENDON OTHER THAN HAND OR FINGER, IMPLANT	\$0.00
L8658	INTERPHALANGEAL JOINT	\$255.29
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, 2 OR MORE PIECES, METAL (E.G., STAINLE	\$1,450.65
L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC	\$419.05
L8680	BILIARY STENT, ENDOPROSTHESIS (PERMANENT)	\$349.23
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULA	\$92.36
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	\$4,532.45

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR R	\$3,989.59
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEURO	\$569.58
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDE	\$9,941.84
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INC	\$6,343.69
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES	\$12,938.31
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLU	\$8,255.68
L8689	EXTERNAL RECHARGING SYSTEM FOR IMPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	\$1,416.44
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	\$3,515.70
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	\$1,970.66
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT	\$0.00
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	\$0.00
L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEURO	\$12.53
L8699	PROSTHETIC IMPLANT, NOT OTHERWISE SPECIFIED	\$0.00
L9900	ORTHOTIC AND PROSTHETIC SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER	\$0.00
L9999	SALES TAX, ORTHOTIC/PROSTHETIC/ OTHER	\$0.00
M0005	OFFICE VISITS WITH TWO OR MORE MODALITIES TO THE SAME AREA, INITIAL 30 MINUTES,	\$21.84
M0007	OFFICE VISITS INCLUDING COMBINATION OF ANY MODALITY(S) AND PROCEDURE(S), INITIAL	\$13.90
M0008	OFFICE VISIT INCLUDING COMBINATION OF ANY MODALITY(S) AND PROCEDURE(S), EACH ADD	\$9.20
M0009	NOT OTHERWISE CLASSIFIED, OFFICE VISITS	\$0.00
M0019	NOT OTHERWISE CLASSIFIED, HOME VISITS	\$0.00
M0021	PER DIEM INPATIENT HOSPITAL CARE WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PE	\$0.00
M0022	I.C.U. CARE FOLLOW-UP WHEN ONE OR MORE VISITS ARE MADE PER 24 HOUR PERIOD	\$0.00
M0023	ROUTINE NEWBORN CARE, INHOSPITAL, INITIAL VISIT ONLY	\$0.00
M0024	CHEMOTHERAPY(FOR MALIGNANCIES, FOLLOW-UP VISIT FOR PURPOSES OF MONITORING)	\$0.00
M0029	NOT OTHERWISE CLASSIFIED, HOSPITAL VISITS	\$0.00
M0039	NOT OTHERWISE CLASSIFIED, SNF, ECF, OR ICF VISITS	\$0.00
M0049	NOT OTHERWISE CLASSIFIED, NH, BOARDING HOME, DOMICILLARY, CUSTODIAL CARE FACILIT	\$0.00
M0059	NOT OTHERWISE CLASSIFIED, EMERGENCY ROOM SERVICES	\$0.00
M0064	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	\$18.84
M0070	INSULIN SHOCK THERAPY, HYPOGLYCEMIA, SUBCOMA, PER TREATMENT	\$0.00
M0071	ORTHOMOLECULAR THERAPY	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
M0072	IMMUNOTHERAPY FOR MALIGNANT DISEASE	\$0.00
M0075	CELLULAR THERAPY	\$0.00
M0076	PROLOTHERAPY	\$0.00
M0080	HYPERTHERMIA THERAPY (TO INCLUDE SYSTEMIC THERMOTHERAPY, REGIONAL HYPERTHERMIA,	\$0.00
M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING	\$0.00
M0101	CUTTING OR REMOVAL OF CORNS,CALLUSES PREVENTIVE	\$18.80
M0260	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH UNILATERAL MYRINGOTOMY AND TU	\$0.00
M0261	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUB	\$0.00
M0299	NOT OTHERWISE CLASSIFIED, SPECIAL OTORHINOLARYNGOLOGIC SERVICES	\$0.00
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	\$0.00
M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM	\$0.00
M0302	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	\$34.41
M0399	NOT OTHERWISE CLASSIFIED, CARDIOVASCULAR SERVICES	\$0.00
M0520	ELECTRONIC PACEMAKER ANALYSIS, PULSE MONITOR	\$0.00
M0525	SINGLE LEAD EKG WITH ANALYSIS OF PACEMAKER RATE	\$0.00
M0526	COMPUTER TRACING AND INTERPRETATION OF ECGS	\$0.00
M0530	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, UP TO	\$0.00
M0535	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, 12 THR	\$0.00
M0540	SIGNAL-AVERAGING EKG	\$0.00
M0560	PNEUMOPLETHYSMOGRAPHY VENOUS OCCLUSIVE	\$0.00
M0575	ELECTROENCEPHALOGRAM (EEG), INTERPRETATION AND REPORT ONLY	\$0.00
M0580	TRANSTELEPHONIC ELECTROENCEPHALOGRAMS; COMPLETE PROCEDURE	\$0.00
M0585	ACHILLES REFLEX RESPONSE,ELECTRICAL RECORDING (ART)	\$16.80
M0590	MONITORING ECG,EEG,OR PRESSURE IN INTRATHORACTIC OR OTHER CR	\$92.40
M0601	PSYCHOLOGICAL TESTING, WITH WRITTEN REPOR,PER HOUR	\$56.20
M0702	BRIEF,OSTEO MANIP THERAPY NOT IP UP TO 2 BODY REGIONS	\$25.20
M0704	LTD OSTEO MANIP THERAPY NOT IP UP TO 4 BODY REGIONS	\$25.90
M0706	INTERM OSTEO MANIP THERAPY,NOT IP,UP TO 6 BODY REGIONS	\$87.50
M0708	EXT OSTEO MANIP THERAPY,NOT IP, UP TO 8 BODY REGIONS	\$44.98
M0710	COMPR OSTEO MANIP THERAPY,NOT IP, UP TO 10 BODY REGIONS	\$120.94
M0722	BRIEF IP HOSP OMT UP TO 2 BODY REGIONS	\$36.53

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
M0724	LTD IP HOSP OMT UP TO 4 BODY REGIONS	\$51.62
M0726	INTERM IP HOSP OMT (UP TO SIX BODY REGIONS	\$99.60
M0728	EXT IP HOSP OMT (UP TO 8 BODY REGIONS)	\$45.84
M0730	COMPR IP HOSP OMT (UP TO 10 BODY REGIONS)	\$57.64
M0799	PHYSICAL MEDICINE, NOT OTHERWISE CLASSIFIED,	\$0.00
M0900	EXC, REVISION OR REMOVAL OF A-V SHUNT ANASTOMOSIS W/WO GRAFT	\$281.16
M0910	INSERTION CATHETERS FEMORAL VEIN, UNILATERAL OR BILATERAL FOR DIALYSIS	\$0.00
M0945	OUTPATIENT DIALYSIS RELATED PHYSICIANS' SERVICES EITHER PROVIDED BY THE PHYSICIA	\$5.22
M0974	SELF DIALYSIS TRAINING, ANY MODE, COMPLETED COURSE	\$0.00
M0978	SELF DIALYSIS TRAINING, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION	\$0.00
M0982	SELF-DIALYSIS, RETRAINING, ANY MODE, PER TRAINING SESSION	\$0.00
M0994	DIAFILTRATION AND/OR HEMOFILTRATION	\$0.00
M9999	NOT OTHERWISE CLASSIFIED, CRITICAL CARE	\$0.00
P0999	NOT OTHERWISE CLASSIFIED, SPECIAL PATHOLOGY SERVICES	\$0.00
P2028	CEPHALIN FLOCCULATION, BLOOD	\$0.00
P2029	CONGO RED, BLOOD	\$0.00
P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	\$0.00
P2032	ICTERUS INDEX, BLOOD	\$0.00
P2033	THYMOL TURBIDITY, BLOOD	\$0.00
P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	\$6.95
P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$14.60
P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING	\$13.75
P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	\$21.60
P9005	ADMINISTRATION FEE CHARGE BY A PROVIDER FOR SUPPLYING BLOOD OR BLOOD DERIVATIVES	\$0.00
P9007	HANDLING CHARGE FOR PURCHASED LAB SERVICES BLOOD ONLY	\$0.00
P9010	BLOOD(WHOLE), FOR TRANSFUSION, PER UNIT	\$94.00
P9011	BLOOD, SPLIT UNIT	\$0.00
P9012	CRYOPRECIPITATE, EACH UNIT	\$0.00
P9013	FIBRINOGEN UNIT	\$0.00
P9015	GLOBULIN, RH IMMUNE, 1 ML.	\$0.00
P9016	RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
P9017	PLASMA, SINGLE DONOR, FRESH FROZEN, EACH UNIT	\$59.50
P9018	PLASMA PROTEIN FRACTION, EACH UNIT	\$0.00
P9019	PLATELET CONCENTRATE, EACH UNIT	\$59.50
P9020	PLATELET RICH PLASMA, EACH UNIT	\$0.00
P9021	RED BLOOD CELLS, EACH UNIT	\$94.00
P9022	WASHED RED BLOOD CELLS, EACH UNIT	\$145.00
P9023	PLASMA, POOLED MULTIPLE DONOR, SOLVENT/DETERGENT TREATED, FROZEN, EACH UNIT	\$0.00
P9024	FACTOR VIII DILUTION, EACH BOTTLE.	\$0.00
P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	\$0.00
P9032	PLATELETS, IRRADIATED, EACH UNIT	\$0.00
P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9034	PLATELETS, PHERESIS, EACH UNIT	\$575.00
P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	\$580.00
P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	\$0.00
P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	\$0.00
P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	\$0.00
P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	\$0.00
P9042	INFUSION, ALBUMIN (HUMAN), 25%, 10 ML	\$0.00
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	\$0.00
P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	\$0.00
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	\$0.00
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	\$0.00
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$0.00
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	\$0.00
P9050	GRANULOCYTES, PHERESIS, EACH UNIT	\$0.00
P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	\$0.00
P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, APHERESIS/PHERESIS, EACH UNIT	\$0.00
P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED,	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, APHERESIS/PHERESIS, EACH UNIT	\$0.00
P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	\$0.00
P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED,	\$0.00
P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	\$0.00
P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	\$0.00
P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	\$0.00
P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECI	\$0.00
P9604	TRAVEL ALLOWANCE 1 WAY IN CONNECT. WITH MEDI.NECES.LAB.SPEC.	\$2.76
P9605	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN (S), SINGLE HOME BOUND, NURSING	\$5.10
P9610	CATHERIZATION FOR COLLECTION OF SPECIMEN (S),	\$5.10
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVIC	\$3.00
P9615	CATHERIZATION FOR COLLECTION OF SPECIMEN (S) (MULT.PATIENTS)	\$3.00
Q0009	MONOCLONAL ANTIBODIES(E.G.,MUROMONAB CD3; ORTHOCLONE).	\$0.00
Q0019	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0020	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0021	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORGINAL ECG WAVEFORM	\$0.00
Q0022	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0023	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0024	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0025	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0026	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM	\$0.00
Q0027	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0028	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0029	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0030	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0031	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0032	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS COMPUTERIZED MONITORI	\$0.00
Q0034	ADMINISTRATION OF INFLUENZA VACCINE TO MEDICARE BENEFICIARIES BY PARTICIPATING D	\$0.00
Q0035	CARDIOKYMOGRAPHY	\$24.94
Q0036	OXYGEN CONCENTRATOR, HIGH HUMIDITY	\$0.00
Q0038	OXYGEN CONTENTS, GASEOUS, PER UNIT (FOR USE WITH OWNED GASEOUS STATIONARY SYSTEM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q0039	OXYGEN CONTENTS, LIQUID, PER UNIT, (FOR USE WITH OWNED STATIONARY LIQUID SYSTEMS	\$0.00
Q0040	PORTABLE OXYGEN CONTENTS, GASEOUS PER UNIT (FOR USE ONLY WITH PORTABLE GASEOUS S	\$0.00
Q0041	PORTABLE OXYGEN CONTENTS, LIQUID, PER UNIT (FOR USE ONLY WITH PORTABLE LIQUID SY	\$0.00
Q0042	STATIONARY COMPRESSED GAS SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT), REGULATOR	\$0.00
Q0043	STATIONARY LIQUID OXYGEN SYSTEM RENTAL, INCLUDES CONTENTS (PER UNIT)' USE OF RES	\$0.00
Q0044	BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT	\$0.00
Q0046	PORTABLE LIQUID OXYGEN SYSTEM RENTAL, INCLUDES FLOWMETER, REFILL ADAPTOR, CONTEN	\$0.00
Q0047	ANESTHESIA FOR BLEPHAROPLASTY	\$0.00
Q0048	OTHER HEMOPHILIA CLOTTING FACTORS, EG ANTI-INHIBITORS, ONE INTERNATIONAL UNIT (O	\$0.00
Q0049	AIR FLUIDIZED BED	\$0.00
Q0057	LEUPROLIDE ACETATE FOR DEPOT SUSPENSION, 7.5 MG	\$0.00
Q0059	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD)	\$0.00
Q0060	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNI	\$0.00
Q0061	SCREENING, PAPANICOLAOU SMEAR,CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING	\$0.00
Q0062	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY (ANY METHOD WITH CHOLANGIOGRAPHY)	\$0.00
Q0063	SCREENING, PAP SMEARS; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINA	\$0.00
Q0064	REMOTE AFTERLOAD BRACHYTHERAPY, 1-4 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0065	REMOTE AFTERLOAD BRACHYTHERAPY, 5-8 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0066	ASSESSMENT OF CARDIAC OUTPUT BY ELECTRICAL BIOIMPEDANCE	\$0.00
Q0067	REMOTE AFTERLOAD BRACHYTHERAPY, MORE THAN 12 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0068	EXTRACORPOREAL PLASMAPHERESIS: IMMUNOADSORPTION WITH STAPHYLOCOCCAL PROTEIN A CO	\$103.16
Q0069	MAGNETIC RESONANCE (EG., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$802.47
Q0070	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; W	\$0.00
Q0071	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; W	\$0.00
Q0072	MAGNETIC RESONANCE (EG., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBER; WIT	\$0.00
Q0073	HALLUX IMPLANT	\$0.00
Q0074	AQUEOUS SHUNT	\$0.00
Q0076	REMOTE AFTERLOAD BRACHYTHERAPY, 9-12 SOURCE POSITIONS OR CATHETERS	\$0.00
Q0077	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FO	\$0.00
Q0078	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - ELECTRIC	\$0.00
Q0079	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE - NON-ELECTRIC	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q0080	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	\$0.00
Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	\$30.00
Q0082	ACTIVITY THERAPY FURNISHED IN CONNECTION WITH PARTIAL HOSPITALIZATION (EG MUSIC,	\$0.00
Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEO	\$5.00
Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	\$48.31
Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHNIQUE(S) (EG	\$48.31
Q0086	PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT	\$0.00
Q0087	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	\$0.00
Q0088	INJECTION, CALCITRIOL, 1 MCG AMP	\$0.00
Q0089	INJECTION, IV., UROKINASE, 250,000 I.U. VIAL	\$0.00
Q0090	INJECTION, CEFOXITIN SODIUM, 1 GM	\$0.00
Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL	\$19.67
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$8.27
Q0093	FILGRASTIM (G-CSF), PER 100 MCG	\$0.00
Q0094	SARGRAMOSTIM (GM-CSF), PER 250 MCG	\$0.00
Q0095	URINE PREGNANCY TEST, VISUAL COLOR COMPARISON TEST	\$0.00
Q0096	OVULATION TEST KITS, VISUAL COLOR COMPARISON TEST FOR HUMAN LUTEINIZING HORMONE	\$0.00
Q0097	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON AUTOMATED	\$0.00
Q0098	GLUCOSE, BLOOD; BY GLUCOSE MONITOR'G DEVCE CLR'D BY THE FDA SPCFCLLY 4 HOME USE	\$4.91
Q0100	URINALYSIS BY DIP STICK OR TABLET FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONE	\$3.97
Q0101	MICROHUMATOCRIT, SPUN	\$3.67
Q0102	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	\$5.51
Q0103	PHYSICAL THERAPY EVALUATION, INITIAL	\$47.77
Q0104	PHYSICAL THERAPY RE-EVALUATION, PERIODIC	\$17.47
Q0109	OCCUPATIONAL THERAPY EVALUATION, INITIAL	\$49.20
Q0110	OCCUPATION THERAPY RE-EVALUATION, PERIODIC	\$17.47
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS	\$5.90
Q0112	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS	\$5.90
Q0113	PINWORM EXAMINATIONS	\$7.47
Q0114	FERN TEST	\$9.88
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS	\$13.68

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q0116	HEMOGLOBIN BY SINGLE ANALYTE INSTRUMENTS WITH SELF-CONTAINED OR COMPONENT FEATUR	\$0.00
Q0117	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$58.20
Q0118	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY	\$0.00
Q0119	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT(S), PER SHOE.	\$0.00
Q0120	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$0.00
Q0121	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$0.00
Q0122	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$0.00
Q0123	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLA	\$0.00
Q0124	ADMINISTRATION OF MEDICARE COVERED VACCINE (PNEUMOCOCCAL), INFLUENZA, OR HEPATIT	\$0.00
Q0126	IMMUNOASSAY, INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE	\$0.00
Q0127	CYCLOPHOSPHAMIDE; ORAL, 25 MG	\$0.00
Q0128	ETOPOSIDE; ORAL, 50 MG	\$18.22
Q0129	METHOTREXATE; ORAL, 2.5 MG	\$0.00
Q0130	MELPHALAN; ORAL, 2 MG	\$0.00
Q0132	DISPENSING FEE FOR COVERED DRUG ADMINISTERED THROUGH DME NEBULIZER	\$0.00
Q0133	FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF	\$0.00
Q0135	ADDITIONAL HIGH DOSE INJECTION OF CONTRAST MATERIAL(S) DURING MAGNETIC RESONANCE	\$0.00
Q0136	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	\$0.00
Q0137	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	\$0.00
Q0138	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD	\$0.00
Q0139	INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD	\$0.00
Q0140	INJECTION, POTASSIUM CHLORIDE, 2 MEQ	\$0.00
Q0141	INJECTION, MAGNESIUM SULFATE, 500 MG	\$0.00
Q0142	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201	\$0.00
Q0143	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC SESTAMIBI,	\$0.00
Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	\$0.00
Q0156	INFUSION, ALBUMIN (HUMAN), 5%, 500 ML	\$0.00
Q0157	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	\$0.00
Q0159	ADENOSINE INJECTION 90 MG	\$0.00
Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	\$0.00
Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q0162	CATHERIZATION FOR COLLECTION OF SPECIMEN(S), SINGLE PATIENT,ALL POS	\$0.00
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0164	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00
Q0165	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00
Q0166	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00
Q0167	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00
Q0168	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00
Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0170	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION	\$0.00
Q0174	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00
Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00
Q0176	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A	\$0.00
Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00
Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00
Q0179	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC,	\$0.00
Q0180	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR	\$0.00
Q0181	UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS	\$0.00
Q0182	ALPROSTADIL URETHRAL SUPPOSITORY, ADMINISTERED UNDER DIRECT PHYSICIAN SUPERVISIO	\$0.00
Q0183	DERMAL TISSUE, OF HUMAN ORIGIN, WITH AND WITHOUT OTHER BIOENGINEERED OR PROCESSE	\$0.00
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR	\$0.00
Q0185	DERMAL AND EPIDERMAL, TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR	\$0.00
Q0186	PARAMEDIC INTERCEPT, RURAL AREA, TRANSPORT FURNISHED BY A VOLUNTEER AMBULANCE CO	\$0.00
Q0187	FACTOR VIIA (COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	\$0.00
Q0188	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	\$0.00
Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	\$0.00
Q0479	POWER MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	\$0.00
Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REP	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICU	\$0.00
Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$0.00
Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR A	\$0.00
Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEME	\$0.00
Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE,	\$0.00
Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULA	\$0.00
Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONL	\$0.00
Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLA	\$0.00
Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEM	\$0.00
Q0491	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	\$0.00
Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, RE	\$0.00
Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST	\$0.00
Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSI	\$0.00
Q0495	BATTERY/POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICUL	\$0.00
Q0496	BATTERY, OTHER THAN LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VEN	\$0.00
Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEV	\$0.00
Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	\$0.00
Q0499	BELT/VEST/BAG FOR USE TO CARRY EXTERNAL PERIPHERAL COMPONENTS OF ANY TYPE VENTRI	\$0.00
Q0500	FILTERS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, R	\$0.00
Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVI	\$0.00
Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	\$0.00
Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, EACH	\$0.00
Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE	\$0.00
Q0505	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH VENTRICULAR ASSIST DEVICE	\$0.00
Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR AS	\$0.00
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING	\$0.00
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE	\$0.00
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE	\$0.00
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS	\$0.00
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS	\$0.00
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q1001	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 1 AS DEFINED IN FEDERAL REGISTER	\$0.00
Q1002	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 2 AS DEFINED IN FEDERAL REGISTER	\$0.00
Q1003	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3 (REDUCED SPHERICAL ABERRATION)	\$0.00
Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	\$0.00
Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	\$0.00
Q2001	ORAL, CABERGOLINE, 0.5 MG	\$0.00
Q2002	INJECTION, ELLIOTTS B SOLUTION, PER ML	\$0.00
Q2003	INJECTION, APROTININ, 10,000 KIU	\$0.00
Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN,	\$0.00
Q2005	INJECTION, CORTICORELIN OVINE TRIFLUTATE, PER DOSE	\$0.00
Q2006	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$0.00
Q2007	INJECTION, ETHANOLAMINE OLEATE, 100 MG	\$0.00
Q2008	INJECTION, FOMEPIZOLE, 15 MG	\$0.00
Q2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	\$0.00
Q2010	INJECTION, GLATIRAMER ACETATE, PER DOSE	\$0.00
Q2011	INJECTION, HEMIN, PER 1 MG	\$0.00
Q2012	INJECTION, PEGADEMASE BOVINE, 25 IU	\$0.00
Q2013	INJECTION, PENTASTARCH, 10% SOLUTION, PER 100 ML	\$0.00
Q2014	INJECTION, SERMORELIN ACETATE, 0.5 MG	\$0.00
Q2015	INJECTION, SOMATREM, 5 MG	\$0.00
Q2016	INJECTION, SOMATROPIN, 1 MG	\$0.00
Q2017	INJECTION, TENIPOSIDE, 50 MG	\$0.00
Q2018	INJECTION, UROFOLLITROPIN, 75 IU	\$0.00
Q2019	INJECTION, BASILIXIMAB, 20 MG	\$0.00
Q2020	INJECTION, HISTRELIN ACETATE, 10 MCG	\$0.00
Q2021	INJECTION, LEPIRUDIN, 50 MG	\$0.00
Q2022	VON WILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	\$0.00
Q2026	INJECTION, RADIESSE, 0.1 ML	\$0.00
Q2027	INJECTION, SCULPTRA, 0.1 ML	\$0.00
Q2034	Influenza virus vaccine, split virus, for intramuscular use (agriflu)	\$0.00
Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS O	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS O	\$0.00
Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS O	\$0.00
Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS O	\$0.00
Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS O	\$0.00
Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM	\$0.00
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	\$0.00
Q3000	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, RUBIDIUM RB-82, PER DOSE	\$0.00
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH	\$0.00
Q3002	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, GALLIUM GA 67, PER MCI	\$0.00
Q3003	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M	\$0.00
Q3004	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, XENON XE 133, PER 10 MCI	\$40.00
Q3005	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC-99M	\$0.00
Q3006	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M	\$0.00
Q3007	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, SODIUM PHOSPHATE P32,	\$0.00
Q3008	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM 111-IN	\$1,500.00
Q3009	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M	\$1.47
Q3010	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M -	\$55.00
Q3011	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CHROMIC PHOSPHATE P32	\$0.00
Q3012	SUPPLY OF ORAL RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, CYANOCOBALAMIN	\$0.00
Q3013	INJECTION, VERTEPORFIN, 15 MG	\$0.00
Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	\$20.00
Q3017	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT (ALS) ASSESSMENT, NO OTHER ALS	\$0.00
Q3019	ALS VEHICLE USED, EMERGENCY TRANSPORT, NO ALS LEVEL SERVICES FURNISHED	\$0.00
Q3020	ALS VEHICLE USED, NON-EMERGENCY TRANSPORT, NO ALS LEVEL SERVICE FURNISHED	\$102.38
Q3021	INJECTION, HEPATITIS B VACCINE, PEDIATRIC OR ADOLESCENT, PER DOSE	\$0.00
Q3022	INJECTION, HEPATITIS B VACCINE, ADULT, PER DOSE	\$0.00
Q3023	INJECTION, HEPATITIS B VACCINE, IMMUNOSUPPRESSED PATIENTS (INCLUDING RENAL DIALY	\$0.00
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	\$0.00
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	\$0.00
Q3030	SODIUM HYALURONATE PER 20 TO 25 MG DOSE, FOR INTRA-ARTICULAR INJECTION	\$0.00
Q3031	COLLAGEN SKIN TEST	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, PLASTER	\$0.00
Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	\$0.00
Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4004	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4005	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.50
Q4006	CAST SUPPLIES, LONG ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.00
Q4007	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4008	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$10.36
Q4009	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), PLASTER	\$6.14
Q4010	CAST SUPPLIES, SHORT ARM CAST, ADULT (11 YEARS +), FIBERGLASS	\$14.20
Q4011	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4012	CAST SUPPLIES, SHORT ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$6.92
Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$0.00
Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS	\$18.88
Q4015	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$0.00
Q4016	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), PEDIATRIC (0-10	\$9.44
Q4017	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$6.47
Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$10.32
Q4019	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4020	CAST SUPPLIES, LONG ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$5.16
Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	\$4.79
Q4022	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$8.64
Q4023	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4024	CAST SUPPLIES, SHORT ARM SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$3.11
Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	\$0.00
Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	\$24.00
Q4029	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$38.92
Q4031	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$10.27

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q4032	CAST SUPPLIES, LONG LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4033	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), PLASTER	\$0.00
Q4034	CAST SUPPLIES, LONG LEG CYLINDER CAST, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4035	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4036	CAST SUPPLIES, LONG LEG CYLINDER CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	\$11.69
Q4038	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), FIBERGLASS	\$20.00
Q4039	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4040	CAST SUPPLIES, SHORT LEG CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$14.20
Q4041	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$0.00
Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$0.00
Q4043	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$0.00
Q4044	CAST SUPPLIES, LONG LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4045	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), PLASTER	\$5.94
Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	\$13.27
Q4047	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), PLASTER	\$4.12
Q4048	CAST SUPPLIES, SHORT LEG SPLINT, PEDIATRIC (0-10 YEARS), FIBERGLASS	\$0.00
Q4049	FINGER SPLINT, STATIC	\$1.50
Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CASTS	\$0.00
Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS,	\$0.00
Q4054	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	\$0.00
Q4055	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	\$0.00
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN	\$0.00
Q4075	INJECTION, ACYCLOVIR, 5 MG	\$0.00
Q4076	INJECTION, DOPAMINE HCL, 40 MG	\$0.00
Q4077	INJECTION, TREPROSTINIL, 1 MG	\$0.00
Q4079	INJECTION, NATALIZUMAB, 1 MG	\$0.00
Q4080	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMIN	\$0.00
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	\$0.00
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITIO	\$0.00
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q4101	APLIGRAF, PER SQUARE CENTIMETER	\$0.00
Q4102	OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4103	OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4104	INTEGRA BILAYER MATRIX WOUND DRESSING (BMWD), PER SQUARE CENTIMETER	\$0.00
Q4105	INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	\$0.00
Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4107	GRAFTJACKET, PER SQUARE CENTIMETER	\$0.00
Q4108	INTEGRA MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	\$0.00
Q4110	PRIMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4111	GAMMAGRAFT, PER SQUARE CENTIMETER	\$0.00
Q4112	CYMETRA, INJECTABLE, 1CC	\$0.00
Q4113	GRAFTJACKET XPRESS, INJECTABLE, 1CC	\$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	\$0.00
Q4115	ALLOSKIN, PER SQUARE CENTIMETER	\$0.00
Q4116	ALLODERM, PER SQUARE CENTIMETER	\$0.00
Q4117	HYALOMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4118	MATRISTEM MICROMATRIX, 1 MG	\$0.00
Q4119	MATRISTEM WOUND MATRIX, PSMX, RS, OR PSM, PER SQUARE CENTIMETER	\$0.00
Q4120	MATRISTEM BURN MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4121	THERASKIN, PER SQUARE CENTIMETER	\$0.00
Q4122	DERMACELL, PER SQUARE CENTIMETER	\$0.00
Q4123	ALLOSKIN RT, PER SQUARE CENTIMETER	\$0.00
Q4124	OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQUARE CENTIMETER	\$0.00
Q4125	ARTHROFLEX, PER SQUARE CENTIMETER	\$0.00
Q4126	MEMODERM, DERMASpan, TRANZGRAFT OR INTEGUPLY, PER SQUARE CENTIMETER	\$0.00
Q4127	TALYMED, PER SQUARE CENTIMETER	\$0.00
Q4128	FLEX HD, ALLOPATCH HD, OR MATRIX HD, PER SQUARE CENTIMETER	\$0.00
Q4129	UNITE BIOMATRIX, PER SQUARE CENTIMETER	\$0.00
Q4130	STRATTICE TM, PER SQUARE CENTIMETER	\$0.00
Q4131	Epifix, per square centimeter	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q4132	Grafix core, per square centimeter	\$0.00
Q4133	Grafix prime, per square centimeter	\$0.00
Q4134	Hmatrix, per square centimeter	\$0.00
Q4135	Mediskin, per square centimeter	\$0.00
Q4136	Ez-derm, per square centimeter	\$0.00
Q5001	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	\$0.00
Q5002	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY	\$0.00
Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY (LTC) OR NON-SKILLED NU	\$0.00
Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY (SNF)	\$0.00
Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL	\$0.00
Q5006	HOSPICE CARE PROVIDED IN INPATIENT HOSPICE FACILITY	\$0.00
Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	\$0.00
Q5008	HOSPICE CARE PROVIDED IN INPATIENT PSYCHIATRIC FACILITY	\$0.00
Q5009	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)	\$0.00
Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	\$0.00
Q9920	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 20 OR LESS	\$0.00
Q9921	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 21	\$0.00
Q9922	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 22	\$0.00
Q9923	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 23	\$0.00
Q9924	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 24	\$0.00
Q9925	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 25	\$0.00
Q9926	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 26	\$0.00
Q9927	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 27	\$0.00
Q9928	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 28	\$0.00
Q9929	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 29	\$0.00
Q9930	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 30	\$0.00
Q9931	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 31	\$0.00
Q9932	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 32	\$0.00
Q9933	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 33	\$0.00
Q9934	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 34	\$0.00
Q9935	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 35	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Q9936	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 36	\$0.00
Q9937	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 37	\$0.00
Q9938	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 38	\$0.00
Q9939	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 39	\$0.00
Q9940	INJECTION OF EPO, PER 1000 UNITS, AT PATIENT HCT OF 40 OR ABOVE	\$0.00
Q9945	LOW OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9946	LOW OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9947	LOW OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9948	LOW OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9949	LOW OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.36
Q9950	LOW OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.23
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9952	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$0.00
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$0.00
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER 100 ML	\$0.00
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	\$0.00
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$0.00
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$0.00
Q9958	HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9959	HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9961	HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9962	HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9963	HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.00
Q9964	HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER M	\$0.00
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML	\$1.81
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	\$1.14
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	\$0.30
Q9968	INJECTION, NON-RADIOACTIVE, NON-CONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE	\$0.00
Q9969	Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	\$10.00
R0009	NOT OTHERWISE CLASSIFIED, HEAD AND NECK	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
R0070	TRANS OF PORTABLE XRAY EQ AND PERSONNEL TO HOME OR NH PER TR	\$67.71
R0075	TRANS OF PORTABLE XRAY EQ AND PERSONNEL TO HOME OR NH PER TR	\$28.68
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	\$0.00
R0109	NOT OTHERWISE CLASSIFIED, SPINE AND PELVIS	\$0.00
R0129	NOT OTHERWISE CLASSIFIED, UPPER EXTREMITY	\$0.00
R0159	NOT OTHERWISE CLASSIFIED, LOWER EXTREMITY	\$0.00
R0209	NOT OTHERWISE CLASSIFIED, GASTROINTESTINAL TRACT	\$0.00
R0259	NOT OTHERWISE CLASSIFIED, URINARY TRACT	\$0.00
R0309	NOT OTHERWISE CLASSIFIED, GYNECOLOGICAL AND OBSTETRICAL	\$0.00
R0359	NOT OTHERWISE CLASSIFIED, VEINS AND LYMPHATICS	\$0.00
R0599	NOT OTHERWISE CLASSIFIED, TRANSCATHETER THERAPY AND BIOPSY	\$0.00
S0009	INJECTION, BUTORPHANOL TARTRATE, 1 MG	\$0.00
S0010	INJECTION, SOMATREM, 5 MG	\$0.00
S0011	INJECTION, SOMATROPIN, 5 MG	\$0.00
S0012	BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG	\$0.00
S0014	TACRINE HYDROCHLORIDE, 10 MG	\$0.00
S0016	INJECTION, AMIKACIN SULFATE, 500 MG	\$0.00
S0017	INJECTION, AMINOCAPROIC ACID, 5 GRAMS	\$0.00
S0020	INJECTION, BUPIVICAINE HYDROCHLORIDE, 30 ML	\$0.00
S0021	INJECTION, CEFOPERAZONE SODIUM, 1 GRAM	\$0.00
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	\$0.00
S0024	INJECTION, CIPROFLOXACIN, 200 MG	\$0.00
S0028	INJECTION, FAMOTIDINE, 20 MG	\$0.00
S0029	INJECTION, FLUCONAZOLE, 400 MG	\$0.00
S0030	INJECTION, METRONIDAZOLE, 500 MG	\$0.00
S0032	INJECTION, NAFCILLIN SODIUM, 2 GRAMS	\$0.00
S0034	INJECTION, OFLOXACIN, 400 MG	\$0.00
S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML	\$0.00
S0040	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GRAMS	\$0.00
S0071	INJECTION, ACYCLOVIR SODIUM, 50 MG	\$0.00
S0072	INJECTION, AMIKACIN SULFATE, 100 MG	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S0073	INJECTION, AZTREONAM, 500 MG	\$0.00
S0074	INJECTION, CEFOTETAN DISODIUM, 500 MG	\$0.00
S0077	INJECTION, CLINDAMYCIN PHOSPHATE, 300 MG	\$0.00
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	\$0.00
S0079	INJECTION, OCTREOTIDE ACETATE, 100 MCG (FOR DOSES OVER 1 MG USE J2352 OR C1207)	\$0.00
S0080	INJECTION, PENTAMIDINE ISETHIONATE, 300 MG	\$0.00
S0081	INJECTION, PIPERACILLIN SODIUM, 500 MG	\$0.00
S0085	INJECTION, GATIFLOXACIN, 200 MG	\$0.00
S0086	INJECTION, VERTEPORFIN, 15 MG	\$0.00
S0087	ALEMTUZUMAB INJECTION, 30 MG	\$0.00
S0088	IMATINIB, 100 MG	\$0.00
S0090	SILDENAFIL CITRATE, 25 MG	\$0.00
S0091	GRANISETRON HYDROCHLORIDE, 1MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	\$0.00
S0092	INJECTION, HYDROMORPHONE HYDROCHLORIDE, 250 MG (LOADING DOSE FOR INFUSION PUMP)	\$0.00
S0093	INJECTION, MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)	\$0.00
S0096	INJECTION, ITRACONAZOLE, 200 MG	\$0.00
S0097	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$0.00
S0098	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE, 62.5 MG	\$0.00
S0104	ZIDOVUDINE, ORAL, 100 MG	\$0.00
S0106	BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS	\$0.00
S0107	INJECTION, OMALIZUMAB, 25 MG	\$0.00
S0108	MERCAPTOPYRINE, ORAL, 50 MG	\$0.00
S0112	INJECTION, DARBEPOETIN ALFA, 1 MCG	\$0.00
S0114	INJECTION, TREPROSTINIL SODIUM, 0.5 MG	\$0.00
S0115	BORTEZOMIB, 3.5 MG	\$0.00
S0116	BEVACIZUMAB, 100 MG	\$0.00
S0117	TRETINOIN, TOPICAL, 5 GRAMS	\$0.00
S0119	ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, U	\$0.00
S0122	INJECTION, MENOTROPINS, 75 IU	\$0.00
S0124	INJECTION, UROFOLLITROPIN, PURIFIED, 75 IU	\$0.00
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S0128	INJECTION, FOLLITROPIN BETA, 75 IU	\$0.00
S0130	INJECTION, CHORIONIC GONADOTROPIN, 5000 UNITS	\$0.00
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG	\$0.00
S0133	HISTRELIN, IMPLANT, 50 MG	\$0.00
S0136	CLOZAPINE, 25 MG	\$0.00
S0137	DIDANOSINE (DDI), 25 MG	\$0.00
S0138	FINASTERIDE, 5 MG	\$0.00
S0139	MINOXIDIL, 10 MG	\$0.00
S0140	SAQUINAVIR, 200 MG	\$0.00
S0141	ZALCITABINE (DDC), 0.375 MG	\$0.00
S0142	COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATE	\$0.00
S0143	AZTREONAM, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER	\$0.00
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML	\$0.00
S0146	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG PER 0.5 ML	\$0.00
S0147	INJECTION, ALGLUCOSIDASE ALFA, 20 MG	\$0.00
S0148	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG	\$0.00
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50ML	\$0.00
S0156	EXEMESTANE, 25 MG	\$0.00
S0157	BECAPLERMIN GEL 0.01%, 0.5 GM	\$0.00
S0158	INJECTION, LARONIDASE, 0.58 MG	\$0.00
S0159	INJECTION, AGALSIDASE BETA, 35 MG	\$0.00
S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	\$0.00
S0161	CALCITROL, 0.25 MG	\$0.00
S0162	INJECTION, EFALIZUMAB, 125 MG	\$0.00
S0164	INJECTION, PANTOPRAZOLE SODIUM, 40 MG	\$0.00
S0169	CALCITROL, 0.25 MICROGRAM	\$0.00
S0170	ANASTROZOLE, ORAL, 1MG	\$0.00
S0171	INJECTION, BUMETANIDE, 0.5MG	\$0.00
S0172	CHLORAMBUCIL, ORAL, 2MG	\$0.00
S0173	DEXAMETHASONE, ORAL, 4MG	\$0.00
S0174	DOLASETRON MESYLATE, ORAL 50MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S0175	FLUTAMIDE, ORAL, 125MG	\$0.00
S0176	HYDROXYUREA, ORAL, 500MG	\$0.00
S0177	LEVAMISOLE HYDROCHLORIDE, ORAL, 50MG	\$0.00
S0178	LOMUSTINE, ORAL, 10MG	\$0.00
S0179	MEGESTROL ACETATE, ORAL, 20MG	\$0.00
S0180	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	\$0.00
S0181	ONDANSETRON HYDROCHLORIDE, ORAL, 4MG (FOR CIRCUMSTANCES FALLING UNDER THE	\$0.00
S0182	PROCARBAZINE HYDROCHLORIDE, ORAL, 50MG	\$0.00
S0183	PROCHLORPERAZINE MALEATE, ORAL, 5MG (FOR CIRCUMSTANCES FALLING UNDER THE	\$0.00
S0187	TAMOXIFEN CITRATE, ORAL, 10MG	\$0.00
S0189	TESTOSTERONE PELLET, 75MG	\$0.00
S0190	MIFEPRISTONE, ORAL, 200 MG	\$81.05
S0191	MISOPROSTOL, ORAL, 200 MCG	\$2.36
S0194	DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL, 100 CAPSULES	\$0.00
S0195	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, INTRAMUSCULAR, FOR CHILDREN FROM	\$0.00
S0196	INJECTABLE POLY-L-LACTIC ACID, RESTORATIVE IMPLANT, 1 ML, FACE (DEEP DERMIS,	\$0.00
S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	\$0.00
S0198	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	\$0.00
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL	\$0.00
S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	\$0.00
S0206	PROCEDURE PERFORMED IN SURGERY SUITE IN PHYSICIAN'S OFFICE (LIST SEPARATELY IN	\$0.00
S0207	PARAMEDIC INTERCEPT, NON-HOSPITAL-BASED ALS SERVICE (NON-VOLUNTARY),	\$0.00
S0208	PARAMEDIC INTERCEPT, HOSPITAL-BASED ALS SERVICE (NON-VOLUNTARY), NON-TRANSPORT	\$0.00
S0209	WHEELCHAIR VAN, MILEAGE, PER MILE	\$0.00
S0215	NON-EMERGENCY TRANSPORTATION; MILEAGE	\$1.95
S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH	\$0.00
S0221	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH	\$0.00
S0250	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY	\$0.00
S0255	HOSPICE REFERRAL VISIT (ADVISING PATIENT AND FAMILY OF CARE OPTIONS) PERFORMED	\$0.00
S0257	COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE	\$0.00
S0260	HISTORY AND PHYSICAL (OUTPATIENT OR OFFICE) RELATED TO SURGICAL PROCEDURE (LIST	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S0265	GENETIC COUNSELING, UNDER PHYSICIAN SUPERVISION, EACH 15 MINUTES	\$0.00
S0270	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, STANDARD MONTHLY CASE RATE (PER 30 DA	\$0.00
S0271	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, HOSPICE MONTHLY CASE RATE (PER 30 DAY	\$0.00
S0272	PHYSICIAN MANAGEMENT OF PATIENT HOME CARE, EPISODIC CARE MONTHLY CASE RATE (PER	\$0.00
S0273	PHYSICIAN VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	\$0.00
S0274	NURSE PRACTITIONER VISIT AT MEMBER'S HOME, OUTSIDE OF A CAPITATION ARRANGEMENT	\$0.00
S0280	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN	\$0.00
S0281	MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE	\$0.00
S0302	COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE	\$0.00
S0310	HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE	\$0.00
S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	\$0.00
S0316	DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT	\$0.00
S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	\$0.00
S0320	TELEPHONE CALLS BY A REGISTERED NURSE TO A DISEASE MANAGEMENT PROGRAM MEMBER	\$0.00
S0340	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE,	\$0.00
S0341	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE,	\$0.00
S0342	LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE,	\$0.00
S0345	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A HOME COMPUTERIZED TELEMETRY STATION	\$0.00
S0346	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A HOME COMPUTERIZED TELEMETRY STATION	\$0.00
S0347	ELECTROCARDIOGRAPHIC MONITORING UTILIZING A HOME COMPUTERIZED TELEMETRY STATION	\$0.00
S0353	Treatment planning and care coordination management for cancer, initial treatment	\$0.00
S0354	Treatment planning and care coordination management for cancer, established patient with a change of regimen	\$0.00
S0390	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND	\$0.00
S0395	IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE	\$0.00
S0400	GLOBAL FEE FOR EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY TREATMENT OF KIDNEY	\$0.00
S0500	DISPOSABLE CONTACT LENS, PER LENS	\$0.00
S0504	SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	\$0.00
S0506	BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	\$0.00
S0508	TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	\$0.00
S0510	NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	\$0.00
S0512	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S0514	COLOR CONTACT LENS, PER LENS	\$0.00
S0516	SAFETY EYEGLOSS FRAMES	\$0.00
S0518	SUNGLASSES FRAMES	\$0.00
S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	\$0.00
S0581	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	\$0.00
S0590	INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY	\$0.00
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	\$0.00
S0595	DISPENSING NEW SPECTACLE LENSES FOR PATIENT SUPPLIED FRAME	\$0.00
S0596	Phakic intraocular lens for correction of refractive error	\$0.00
S0601	SCREENING PROCTOSCOPY	\$0.00
S0605	DIGITAL RECTAL EXAMINATION, ANNUAL	\$0.00
S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	\$0.00
S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	\$0.00
S0613	ANNUAL GYNECOLOGICAL EXAMINATION; CLINICAL BREAST EXAMINATION WITHOUT PELVIC EVA	\$0.00
S0618	AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL AND DEGREE OF	\$0.00
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	\$0.00
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT	\$0.00
S0622	PHYSICAL EXAM FOR COLLEGE, NEW OR ESTABLISHED PATIENT (LIST SEPARATELY IN	\$0.00
S0625	RETINAL TELESSCREENING BY DIGITAL IMAGING OF MULTIPLE DIFFERENT FUND US AREAS TO	\$0.00
S0630	REMOVAL OF SUTURES; BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY	\$0.00
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)	\$0.00
S0810	PHOTOREFRACTIVE KERATECTOMY (PRK)	\$0.00
S0812	PHOTOTHERAPEUTIC KERATECTOMY (PTK)	\$0.00
S0820	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL	\$0.00
S0830	ULTRASOUND PACHYMETRY TO DETERMINE CORNEAL THICKNESS, WITH INTERPRETATION AND RE	\$0.00
S1001	DELUXE ITEM, PATIENT AWARE (LIST IN ADDITION TO CODE FOR BASIC ITEM)	\$0.00
S1002	CUSTOMIZED ITEM (LIST IN ADDITION TO CODE FOR BASIC ITEM)	\$0.00
S1015	IV TUBING EXTENSION SET	\$0.00
S1016	NON-PVC (POLYVINYL CHLORIDE) INTRAVENOUS ADMINISTRATION SET, FOR USE WITH DRUGS	\$0.00
S1025	INHALED NITRIC OXIDE FOR THE TREATMENT OF HYPOXIC RESPIRATORY FAILURE IN THE	\$0.00
S1030	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, PURCHASE (FOR PHYSICIAN	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S1031	CONTINUOUS NONINVASIVE GLUCOSE MONITORING DEVICE, RENTAL, INCLUDING SENSOR,	\$0.00
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUST	\$0.00
S1090	Mometasone furoate sinus implant, 370 micrograms	\$0.00
S2050	DONOR ENTERECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT; FROM CADAVER D	\$0.00
S2052	TRANSPLANTATION OF SMALL INTESTINE ALLOGRAFT (THERE ARE CPT CODES AVAILABLE FOR	\$0.00
S2053	TRANSPLANTATION OF SMALL INTESTINE AND LIVER ALLOGRAFTS	\$0.00
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	\$0.00
S2055	HARVESTING OF DONOR MULTIVISCERAL ORGANS, WITH PREPARATION AND MAINTENANCE OF	\$0.00
S2060	LOBAR LUNG TRANSPLANTATION	\$0.00
S2061	DONOR LOBECTOMY (LUNG) FOR TRANSPLANTATION, LIVING DONOR	\$0.00
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION	\$0.00
S2066	BREAST RECONSTRUCTION WITH GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCLUDING HARVE	\$0.00
S2067	BREAST RECONSTRUCTION OF A SINGLE BREAST WITH "STACKED" DEEP INFERIOR EPIGASTRIC	\$0.00
S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SU	\$0.00
S2070	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH ENDOSCOPIC LASER	\$0.00
S2075	LAPAROSCOPY, SURGICAL; REPAIR INCISIONAL OR VENTRAL HERNIA	\$0.00
S2076	LAPAROSCOPY, SURGICAL; REPAIR UMBILICAL HERNIA	\$0.00
S2077	LAPAROSCOPY, SURGICAL; IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL O	\$0.00
S2078	LAPAROSCOPIC SUPRACERVICAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT	\$0.00
S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY (HELLER TYPE)	\$0.00
S2080	LASER-ASSISTED UVULOPALATOPLASTY (LAUP)	\$0.00
S2082	LAPAROSCOPY, SURGICAL; GASTRIC RESTRICTIVE PROCEDURE, ADJUSTABLE GASTRIC BAND	\$0.00
S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR	\$0.00
S2085	LAPAROSCOPY, GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESI	\$0.00
S2090	ABLATION, OPEN, ONE OR MORE RENAL TUMOR(S); CRYOSURGICAL	\$0.00
S2091	ABLATION, PERCUTANEOUS, ONE OR MORE RENAL TUMOR(S); CRYOSURGICAL	\$0.00
S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTION, PERCUTANEOUS,	\$0.00
S2102	ISLET CELL TISSUE TRANSPLANT FROM PANCREAS; ALLOGENEIC	\$0.00
S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN	\$0.00
S2107	ADOPTIVE IMMUNOTHERAPY I.E. DEVELOPMENT OF SPECIFIC ANTI-TUMOR REACTIVITY (E.G.	\$0.00
S2109	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION (PREPARATION OF AUTOLOGOUS CULTURED CHOND	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE (CHONDROCYTE CELLS)	\$0.00
S2113	ARTHROSCOPY, KNEE, SURGICAL FOR IMPLANTATION OF CULTURED ANALOGOUS CHONDROCYTES	\$0.00
S2114	ARTHROSCOPY, SHOULDER, SURGICAL; TENODESIS OF BICEPS	\$0.00
S2115	OSTEOTOMY, PERIACETABULAR, WITH INTERNAL FIXATION	\$0.00
S2117	ARTHROEREISIS, SUBTALAR	\$0.00
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCLUDING ACETABULAR AND FEMORAL COMPONENT	\$0.00
S2120	LOW DENSITY LIPOPROTEIN (LDL) APHERESIS USING HEPARIN-INDUCED EXTRACORPOREAL	\$0.00
S2130	ENDOLUMINAL RADIOFREQUENCY ABLATION OF REFLUXING SAPHENOUS VEIN	\$0.00
S2135	NEUROLYSIS, BY INJECTION, OF METATARSAL NEUROMA/INTERDIGITAL NEURITIS, ANY	\$0.00
S2140	CORD BLOOD HARVESTING FOR TRANSPLANTATION, ALLOGENEIC	\$0.00
S2142	CORD BLOOD-DERIVED STEM-CELL TRANSPLANTATION, ALLOGENEIC	\$0.00
S2150	BONE MARROW OR BLOOD-DERIVED STEM CELLS (PERIPHERAL OR UMBILICAL), ALLOGENEIC	\$0.00
S2152	SOLID ORGAN(S), COMPLETE OR SEGMENTAL, SINGLE ORGAN OR COMBINATION OF ORGANS;	\$0.00
S2180	DONOR LEUKOCYTE INFUSION (E.G. DLI, DONOR LYMPHOCYTE INFUSION, DONOR BUFFY COAT	\$0.00
S2190	SUBCUTANEOUS IMPLANTATION OF MEDICATION PELLET(S)	\$0.00
S2202	ECHOSCLEROTHERAPY	\$0.00
S2204	TRANSMYOCARDIAL LASER REVASCULARIZATION	\$0.00
S2205	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING	\$0.00
S2206	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING	\$0.00
S2207	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING	\$0.00
S2208	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING	\$0.00
S2209	MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY INVOLVING	\$0.00
S2210	CRYOSURGICAL ABLATION (IN SITU DESTRUCTION) OF TUMOROUS TISSUE, ONE OR MORE	\$0.00
S2211	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CAROTID ARTERY, PERCUTANEOUS,	\$0.00
S2213	IMPLANTATION OF GASTRIC ELECTRICAL STIMULATION DEVICE	\$0.00
S2220	THROMBECTOMY, CORONARY; BY MECHANICAL MEANS (E.G. USING RHEOLYTIC CATHETER)	\$0.00
S2225	MYRINGOTOMY, LASER-ASSISTED	\$0.00
S2230	IMPLANTATION OF MAGNETIC COMPONENT OF SEMI-IMPLANTABLE HEARING DEVICE ON	\$0.00
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT	\$0.00
S2250	UTERINE ARTERY EMBOLIZATION FOR UTERINE FIBROIDS	\$0.00
S2260	INDUCED ABORTION, 17 TO 24 WEEKS	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S2262	ABORTION FOR MATERNAL INDICATION, 25 WEEKS OR GREATER	\$0.00
S2265	INDUCED ABORTION, 25 TO 28 WEEKS	\$0.00
S2266	INDUCED ABORTION, 29 TO 31 WEEKS	\$0.00
S2267	INDUCED ABORTION, 32 WEEKS OR GREATER	\$0.00
S2270	INSERTION OF VAGINAL CYLINDER FOR APPLICATION OF RADIATION SOURCE OR CLINICAL BR	\$0.00
S2300	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY	\$0.00
S2325	HIP CORE DECOMPRESSION	\$0.00
S2340	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD	\$0.00
S2341	CHEMODENERVATION OF ADDUCTOR MUSCLE(S) OF VOCAL CORD	\$0.00
S2342	NASAL ENDOSCOPY FOR POST-OPERATIVE DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC	\$0.00
S2344	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ENLARGEMENT OF SINUS OSTIUM OPENING USING	\$0.00
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL	\$0.00
S2350	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S),	\$0.00
S2351	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S),	\$0.00
S2360	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL	\$0.00
S2361	EACH ADDITIONAL CERVICAL VERTEBRAL BODY (LIST SEPARATELY IN ADDITION TO CODE	\$0.00
S2362	KYPHOPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION	\$0.00
S2363	KYPHOPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION; EACH	\$0.00
S2370	INTRADISCAL ELECTROTHERMAL THERAPY; SINGLE INTERSPACE	\$0.00
S2371	EACH ADDITIONAL INTERSPACE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$0.00
S2400	REPAIR, CONGENITAL DIAPHRAGMATIC HERNIA IN THE FETUS USING TEMPORARY TRACHEAL	\$0.00
S2401	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	\$0.00
S2402	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE	\$0.00
S2403	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORMED IN	\$0.00
S2404	REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE PERFORMED IN UTERO	\$0.00
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO	\$0.00
S2409	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT	\$0.00
S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME	\$0.00
S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN	\$0.00
S3000	DIABETIC INDICATOR; RETINAL EYE EXAM, DILATED, BILATERAL	\$0.00
S3005	PERFORMANCE MEASUREMENT, EVALUATION OF PATIENT SELF ASSESSMENT, DEPRESSION	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S3600	STAT LABORATORY REQUEST (SITUATIONS OTHER THAN S3601)	\$0.00
S3601	EMERGENCY STAT LABORATORY CHARGE FOR PATIENT WHO IS HOMEBOUND OR RESIDING IN A	\$0.00
S3620	NEWBORN METABOLIC SCREENING PANEL, INCLUDES TEST KIT, POSTAGE AND THE	\$0.00
S3625	MATERNAL SERUM TRIPLE MARKER SCREEN INCLUDING ALPHA-FETOPROTEIN (AFP), ESTRIO	\$0.00
S3626	MATERNAL SERUM QUADRUPLE MARKER SCREEN INCLUDING ALPHA-FETOPROTEIN (AFP), ESTRIO	\$0.00
S3628	PLACENTAL ALPHA MICROGLOBULIN-1 RAPID IMMUNOASSAY FOR DETECTION OF RUPTURE OF FE	\$0.00
S3630	EOSINOPHIL COUNT, BLOOD, DIRECT	\$0.00
S3645	HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE	\$0.00
S3650	SALIVA TEST, HORMONE LEVEL; DURING MENOPAUSE	\$0.00
S3652	SALIVA TEST, HORMONE LEVEL; TO ASSESS PRETERM LABOR RISK	\$0.00
S3655	ANTISPERM ANTIBODIES TEST (IMMUNOBEAD)	\$0.00
S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN TEST	\$0.00
S3701	IMMUNOASSAY FOR NUCLEAR MATRIX PROTEIN 22 (NMP-22), QUANTITATIVE	\$0.00
S3708	GASTROINTESTINAL FAT ABSORPTION STUDY	\$0.00
S3711	CIRCULATING TUMOR CELL TEST	\$0.00
S3713	KRAS MUTATION ANALYSIS TESTING	\$0.00
S3721	Prostate cancer antigen 3 (pca3) testing	\$0.00
S3722	DOSE OPTIMIZATION BY AREA UNDER THE CURVE (AUC) ANALYSIS, FOR INFUSIONAL 5-FLUOR	\$0.00
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)	\$0.00
S3818	COMPLETE GENE SEQUENCE ANALYSIS; BRCA1 GENE	\$0.00
S3819	COMPLETE GENE SEQUENCE ANALYSIS; BRCA2 GENE	\$0.00
S3820	COMPLETE BRCA1 AND BRCA2 GENE SEQUENCE ANALYSIS FOR SUSCEPTIBILITY TO BREAST	\$0.00
S3822	SINGLE MUTATION ANALYSIS (IN INDIVIDUAL WITH A KNOWN BRCA1 OR BRCA2 MUTATION IN	\$0.00
S3823	THREE-MUTATION BRCA1 AND BRCA2 ANALYSIS FOR SUSCEPTIBILITY TO BREAST AND	\$0.00
S3828	COMPLETE GENE SEQUENCE ANALYSIS; MLH1 GENE	\$0.00
S3829	COMPLETE GENE SEQUENCE ANALYSIS; MLH2 GENE	\$0.00
S3830	COMPLETE MLH1 AND MLH2 GENE SEQUENCE ANALYSIS FOR HEREDITARY NONPOLYPOSIS	\$0.00
S3831	SINGLE-MUTATION ANALYSIS (IN INDIVIDUAL WITH A KNOWN MLH1 AND MLH2 MUTATION IN	\$0.00
S3833	COMPLETE APC GENE SEQUENCE ANALYSIS FOR SUSCEPTIBILITY TO FAMILIAL ADENOMATOUS	\$0.00
S3834	SINGLE-MUTATION ANALYSIS (IN INDIVIDUAL WITH A KNOWN APC MUTATION IN THE	\$0.00
S3835	COMPLETE GENE SEQUENCE ANALYSIS FOR CYSTIC FIBROSIS GENETIC TESTING	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S3837	COMPLETE GENE SEQUENCE ANALYSIS FOR HEMOCHROMATOSIS GENETIC TESTING	\$0.00
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE FOR	\$0.00
S3841	GENETIC TESTING FOR RETINOBLASTOMA	\$0.00
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE	\$0.00
S3843	DNA ANALYSIS OF THE F5 GENE FOR SUSCEPTIBILITY TO FACTOR V LEIDEN THROMBOPHILIA	\$0.00
S3844	DNA ANALYSIS OF THE CONNEXIN 26 GENE (GJB2) FOR SUSCEPTIBILITY TO CONGENITAL,	\$0.00
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA	\$0.00
S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA	\$0.00
S3847	GENETIC TESTING FOR TAY-SACHS DISEASE	\$0.00
S3848	GENETIC TESTING FOR GAUCHER DISEASE	\$0.00
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASE	\$0.00
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA	\$0.00
S3851	GENETIC TESTING FOR CANAVAN DISEASE	\$0.00
S3852	DNA ANALYSIS FOR APOE E4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER'S DISEASE	\$0.00
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY	\$0.00
S3854	GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREAT	\$0.00
S3855	GENETIC TESTING FOR DETECTION OF MUTATIONS IN THE PRESENILIN - 1 GENE	\$0.00
S3860	GENETIC TESTING, COMPREHENSIVE CARDIAC ION CHANNEL ANALYSIS, FOR VARIANTS IN 5 M	\$0.00
S3861	GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AN	\$0.00
S3862	GENETIC TESTING, FAMILY-SPECIFIC ION CHANNEL ANALYSIS, FOR BLOOD-RELATIVES OF IN	\$0.00
S3865	COMPREHENSIVE GENE SEQUENCE ANALYSIS FOR HYPERTROPHIC CARDIOMYOPATHY	\$0.00
S3866	GENETIC ANALYSIS FOR A SPECIFIC GENE MUTATION FOR HYPERTROPHIC CARDIOMYOPATHY (H	\$0.00
S3870	COMPARATIVE GENOMIC HYBRIZATION (CGH) MICROARRAY TESTING FOR DEVELOPMENTAL DELAY	\$0.00
S3890	DNA ANALYSIS, FECAL, FOR COLORECTAL CANCER SCREENING	\$0.00
S3900	SURFACE ELECTROMYOGRAPHY (EMG)	\$0.00
S3902	BALLISTOCARDIOGRAM	\$0.00
S3904	MASTERS TWO STEP	\$0.00
S3905	NON-INVASIVE ELECTRODIAGNOSTIC TESTING WITH AUTOMATIC COMPUTERIZED HAND-HELD DEV	\$0.00
S3906	TRANSFUSION, DIRECT, BLOOD OR BLOOD COMPONENTS	\$0.00
S4005	INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESULTING IN DELIVERY)	\$0.00
S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S4013	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE	\$0.00
S4014	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	\$0.00
S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFIED, CASE RATE	\$0.00
S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	\$0.00
S4017	INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION, CASE RATE	\$0.00
S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	\$0.00
S4020	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	\$0.00
S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	\$0.00
S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	\$0.00
S4023	DONOR EGG CYCLE, INCOMPLETE, CASE RATE	\$0.00
S4025	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE	\$0.00
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	\$0.00
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	\$0.00
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	\$0.00
S4030	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VISIT	\$0.00
S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT	\$0.00
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	\$0.00
S4036	INTRAVAGINAL CULTURE (IVC), CASE RATE	\$0.00
S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	\$0.00
S4040	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	\$0.00
S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND	\$0.00
S4980	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM, EACH	\$0.00
S4981	INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	\$0.00
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMPLANTS	\$0.00
S4990	NICOTINE PATCHES, LEGEND	\$0.00
S4991	NICOTINE PATCHES, NON-LEGEND	\$0.00
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	\$0.00
S4995	SMOKING CESSATION GUM	\$0.00
S5000	PRESCRIPTION DRUG, GENERIC	\$0.00
S5001	PRESCRIPTION DRUG, BRAND NAME	\$0.00
S5002	FAT EMULSION 10% IN 250 ML, WITH ADMINISTRATION SET	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S5003	FAT EMULSION 20% IN 250 ML, WITH ADMINISTRATION SET	\$0.00
S5010	5% DEXTROSE AND 0.45% NORMAL SALINE, 1000 ML	\$0.00
S5011	5% DEXTROSE IN LACTATED RINGER'S, 1000 ML	\$0.00
S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML	\$0.00
S5013	5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE,	\$0.00
S5014	5% DEXTROSE/0.45% NORMAL SALINE WITH POTASSIUM CHLORIDE AND MAGNESIUM SULFATE,	\$0.00
S5016	ANTIBIOTIC ADMINISTRATION SUPPLIES (WITH PUMP), PER DAY	\$0.00
S5017	ANTIBIOTIC ADMINISTRATION SUPPLIES (WITHOUT PUMP), PER DAY	\$0.00
S5018	PAIN THERAPY ADMINISTRATION SUPPLIES (PCA OR CONTINUOUS), PER DAY	\$0.00
S5019	CHEMOTHERAPY ADMINISTRATION SUPPLIES (WITH PUMP), PER DIEM	\$0.00
S5020	CHEMOTHERAPY ADMINISTRATION SUPPLIES (WITHOUT PUMP), PER DIEM	\$0.00
S5021	HYDRATION THERAPY ADMINISTRATION SUPPLIES, PER DIEM	\$0.00
S5022	GROWTH HORMONE THERAPY (E.G., PROTROPIN, HUMATROPE)	\$0.00
S5025	INFUSION PUMP RENTAL, PER DIEM	\$0.00
S5035	HOME INFUSION THERAPY, ROUTINE SERVICE OF INFUSION DEVICE (E.G. PUMP	\$0.00
S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)	\$0.00
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES	\$0.00
S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	\$0.00
S5102	DAY CARE SERVICES, ADULT; PER DIEM	\$0.00
S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	\$0.00
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	\$0.00
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	\$0.00
S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	\$0.00
S5111	HOME CARE TRAINING, FAMILY; PER SESSION	\$0.00
S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	\$0.00
S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	\$0.00
S5120	CHORE SERVICES; PER 15 MINUTES	\$0.00
S5121	CHORE SERVICES; PER DIEM	\$0.00
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	\$0.00
S5126	ATTENDANT CARE SERVICES; PER DIEM	\$0.00
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S5131	HOMEMAKER SERVICE, NOS; PER DIEM	\$0.00
S5135	COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES	\$0.00
S5136	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	\$0.00
S5140	FOSTER CARE, ADULT; PER DIEM	\$0.00
S5141	FOSTER CARE, ADULT; PER MONTH	\$0.00
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	\$0.00
S5146	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	\$0.00
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	\$0.00
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	\$0.00
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	\$65.00
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND TES	\$43.00
S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	\$65.00
S5165	HOME MODIFICATIONS; PER SERVICE	\$0.00
S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	\$0.00
S5175	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL; PER ORDER	\$0.00
S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	\$0.00
S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	\$0.00
S5185	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	\$0.00
S5190	WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN	\$0.00
S5199	PERSONAL CARE ITEM, NOS, EACH	\$0.00
S5497	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, NOT OTHERWISE CLASSIFIED;	\$0.00
S5498	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, SIMPLE (SINGLE LUMEN),	\$0.00
S5501	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, COMPLEX (MORE THAN ONE	\$0.00
S5502	HOME INFUSION THERAPY, CATHETER CARE / MAINTENANCE, IMPLANTED ACCESS DEVICE,	\$0.00
S5503	MAINTENANCE OF IMPLANTED VASCULAR ACCESS DEVICE, INCLUDING SUPPLIES; PER DIEM	\$0.00
S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	\$0.00
S5518	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR CATHETER REPAIR	\$0.00
S5520	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	\$0.00
S5521	HOME INFUSION THERAPY, ALL SUPPLIES (INCLUDING CATHETER) NECESSARY FOR A	\$0.00
S5522	HOME INFUSION THERAPY, INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS	\$0.00
S5523	HOME INFUSION THERAPY, INSERTION OF MIDLINE VENOUS CATHETER, NURSING SERVICES ON	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S5550	INSULIN, RAPID ONSET, 5 UNITS	\$0.00
S5551	INSULIN, MOST RAPID ONSET (LISPRO OR ASPART); 5 UNITS	\$0.00
S5552	INSULIN, INTERMEDIATE ACTING (NPH OR LENTE); 5 UNITS	\$0.00
S5553	INSULIN, LONG ACTING; 5 UNITS	\$0.00
S5560	INSULIN DELIVERY DEVICE, REUSABLE PEN; 1.5 ML SIZE	\$0.00
S5561	INSULIN DELIVERY DEVICE, REUSABLE PEN; 3 ML SIZE	\$0.00
S5565	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP; 150 UNITS	\$0.00
S5566	INSULIN CARTRIDGE FOR USE IN INSULIN DELIVERY DEVICE OTHER THAN PUMP; 300 UNITS	\$0.00
S5570	INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN); 1.5 ML SIZE	\$0.00
S5571	INSULIN DELIVERY DEVICE, DISPOSABLE PEN (INCLUDING INSULIN); 3 ML SIZE	\$0.00
S8001	RADIOFREQUENCY STIMULATION OF THE THALAMUS FOR TREMOR ACCOMPLISHED BY	\$0.00
S8002	SUPPLY OF DIAGNOSTIC RADIOPHARMACEUTICAL, INDIUM-111	\$0.00
S8003	SUPPLY OF THERAPEUTIC RADIOIMMUNOPHARMACEUTICAL, YTTRIUM-90	\$0.00
S8004	RADIOIMMUNOPHARMACEUTICAL LOCALIZATION OF TARGETED CELLS; WHOLE BODY	\$0.00
S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PROTON	\$0.00
S8035	MAGNETIC SOURCE IMAGING	\$0.00
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)	\$0.00
S8040	TOPOGRAPHIC BRAIN MAPPING	\$0.00
S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD	\$0.00
S8048	ISOLATED LIMB PERFUSION	\$0.00
S8049	INTRAOPERATIVE RADIATION THERAPY (SINGLE ADMINISTRATION)	\$0.00
S8055	ULTRASOUND GUIDANCE FOR MULTIFETAL PREGNANCY REDUCTION(S), TECHNICAL COMPONENT	\$0.00
S8060	SUPPLY OF CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY (USE IN ADDITION TO ECHO	\$0.00
S8075	COMPUTER ANALYSIS OF FULL-FIELD DIGITAL MAMMOGRAM AND FURTHER PHYSICIAN REVIEW	\$0.00
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL,	\$0.00
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDENCE	\$0.00
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)	\$0.00
S8095	WIG (FOR MEDICALLY-INDUCED OR CONGENITAL HAIR LOSS)	\$0.00
S8096	PORTABLE PEAK FLOW METER	\$0.00
S8097	ASTHMA KIT (INCLUDING BUT NOT LIMITED TO PORTABLE PEAK EXPIRATORY FLOW METER,	\$0.00
S8100	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITHOUT MASK	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	\$0.00
S8105	OXIMETER FOR MEASURING BLOOD OXYGEN LEVELS NONINVASIVELY	\$0.00
S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICES)	\$0.00
S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT EQUALS 1 CUBIC FOOT	\$0.00
S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT EQUALS 1 POUND	\$0.00
S8130	INTERFERENTIAL CURRENT STIMULATOR, 2 CHANNEL	\$0.00
S8131	INTERFERENTIAL CURRENT STIMULATOR, 4 CHANNEL	\$0.00
S8180	TRACHEOSTOMY SHOWER PROTECTOR	\$0.00
S8181	TRACHEOSTOMY TUBE HOLDER	\$0.00
S8182	HUMIDIFIER, HEATED, USED WITH VENTILATOR, NON-SERVO-CONTROLLED	\$0.00
S8183	HUMIDIFIER, HEATED, USED WITH VENTILATOR, DUAL SERVO-CONTROLLED WITH TEMPERATURE	\$0.00
S8185	FLUTTER DEVICE	\$0.00
S8186	SWIVEL ADAPTOR	\$0.00
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED	\$0.00
S8190	ELECTRONIC SPIROMETER (OR MICROSPIROMETER)	\$0.00
S8200	CHEST COMPRESSION VEST	\$0.00
S8205	CHEST COMPRESSION SYSTEM GENERATOR AND HOSES (FOR USE WITH CHEST COMPRESSION	\$0.00
S8210	MUCUS TRAP	\$0.00
S8260	ORAL ORTHOTIC FOR TREATMENT OF SLEEP APNEA, INCLUDES FITTING, FABRICATION, AND	\$0.00
S8262	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE, EACH	\$0.00
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE	\$0.00
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	\$0.00
S8300	SACRAL NERVE STIMULATION TEST LEAD KIT	\$0.00
S8301	INFECTION CONTROL SUPPLIES, NOT OTHERWISE SPECIFIED	\$0.00
S8400	INCONTINENCE PANTS, EACH	\$0.00
S8401	CHILD-SIZE INCONTINENCE GARMENT, DIAPER, EACH	\$0.00
S8402	DIAPERS, EACH	\$0.00
S8403	ADULT-SIZED INCONTINENCE GARMENT, DISPOSABLE, PULL-UP BRIEF, EACH	\$0.00
S8404	CHILD-SIZE INCONTINENCE GARMENT, DISPOSABLE, PULL-UP BRIEF, EACH	\$0.00
S8405	DISPOSABLE LINER/SHIELD FOR INCONTINENCE, EACH	\$0.00
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	\$0.00
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE	\$0.00
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	\$0.00
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT	\$0.00
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE	\$0.00
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT	\$0.00
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT	\$0.00
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	\$0.00
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	\$0.00
S8429	GRADIENT PRESSURE EXTERIOR WRAP	\$0.00
S8430	PADDING FOR COMPRESSION BANDAGE, ROLL	\$0.00
S8431	COMPRESSION BANDAGE, ROLL	\$0.00
S8433	SKIN SUPPORT FOR BREAST PROSTHESIS, EACH	\$0.00
S8450	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFIER)	\$0.00
S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE	\$0.00
S8452	SPLINT, PREFABRICATED, ELBOW	\$0.00
S8460	CAMISOLE, POST-MASTECTOMY	\$0.00
S8490	INSULIN SYRINGES (100 SYRINGES, ANY SIZE)	\$0.00
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	\$0.00
S8940	EQUESTRIAN/HIPPOTHERAPY, PER SESSION	\$0.00
S8945	PHYSICAL MEDICINE TREATMENT (CONSTANT ATTENDANCE BY PROVIDER) TO ONE AREA,	\$0.00
S8948	APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR	\$0.00
S8950	COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINUTES	\$0.00
S8990	PHYSICAL OR MANIPULATIVE THERAPY PERFORMED FOR MAINTENANCE RATHER THAN	\$0.00
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER	\$0.00
S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	\$0.00
S9007	ULTRAFILTRATION MONITOR	\$0.00
S9015	AUTOMATED EEG MONITORING	\$0.00
S9022	DIGITAL SUBTRACTION ANGIOGRAPHY (USE IN ADDITION TO CPT CODE FOR THE PROCEDURE	\$0.00
S9023	XENON REGIONAL CEREBRAL BLOOD FLOW STUDIES	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9024	PARANASAL SINUS ULTRASOUND	\$0.00
S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	\$0.00
S9033	GAIT ANALYSIS	\$0.00
S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY FOR GALL STONES (IF PERFORMED WITH ERCP,	\$0.00
S9035	MEDICAL EQUIPMENT OR SUPPLIES DISTRIBUTED BY HOME CARE PROVIDER WITHOUT	\$0.00
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING	\$0.00
S9056	COMA STIMULATION PER DIEM	\$0.00
S9061	HOME ADMINISTRATION OF AEROSOLIZED DRUG THERAPY (E.G., PENTAMIDINE);	\$0.00
S9075	SMOKING CESSATION TREATMENT	\$0.00
S9083	GLOBAL FEE URGENT CARE CENTERS	\$0.00
S9085	MENISCAL ALLOGRAFT TRANSPLANTATION	\$0.00
S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION TO CODE FOR	\$0.00
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION	\$0.00
S9092	CANOLITH REPOSITIONING, PER VISIT	\$0.00
S9098	HOME VISIT, PHOTOTHERAPY SERVICES (E.G. BILI-LITE), INCLUDING EQUIPMENT RENTAL,	\$0.00
S9105	EVALUATION BY OCULARIST	\$0.00
S9109	CONGESTIVE HEART FAILURE TELEMONTORING, EQUIPMENT RENTAL, INCLUDING TELESCALE,	\$0.00
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	\$0.00
S9117	BACK SCHOOL, PER VISIT	\$0.00
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER	\$0.00
S9123	NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR (USE FOR GENERAL	\$0.00
S9124	NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE, PER HOUR	\$0.00
S9125	RESPIRE CARE, IN THE HOME, PER DIEM	\$0.00
S9126	HOSPICE CARE, IN THE HOME, PER DIEM	\$0.00
S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	\$0.00
S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	\$0.00
S9129	OCCUPATIONAL THERAPY, IN THE HOME, PER DIEM	\$0.00
S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	\$0.00
S9140	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER	\$0.00
S9141	DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO MD PROVIDER	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9145	INSULIN PUMP INITIATION, INSTRUCTION IN INITIAL USE OF PUMP (PUMP NOT INCLUDED)	\$0.00
S9150	EVALUATION BY OCULARIST	\$0.00
S9152	SPEECH THERAPY, RE-EVALUATION	\$0.00
S9200	NURSING SERVICES AND ALL NECESSARY SUPPLIES (INCLUDING PCA PUMP RENTAL) FOR	\$0.00
S9208	HOME MANAGEMENT OF PRETERM LABOR, INCLUDING ADMINISTRATIVE SERVICES,	\$0.00
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANES (PPROM), INCLUDING	\$0.00
S9210	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR CONTINUOUS,	\$0.00
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES,	\$0.00
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES,	\$0.00
S9213	HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES,	\$0.00
S9216	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR GESTATIONAL	\$0.00
S9217	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR POSTPARTUM	\$0.00
S9218	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR PREECLAMPSIA	\$0.00
S9220	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME	\$0.00
S9225	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME	\$0.00
S9230	NURSING SERVICES AND ALL NECESSARY EQUIPMENT AND SUPPLIES FOR HOME	\$0.00
S9300	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME ENTERAL FEEDING BY	\$0.00
S9308	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME ENTERAL FEEDING BY PUMP,	\$0.00
S9310	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR HOME PARENTERAL NUTRITION	\$0.00
S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,	\$0.00
S9326	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) PAIN MANAGEMENT	\$0.00
S9327	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) PAIN	\$0.00
S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE	\$0.00
S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES,	\$0.00
S9330	HOME INFUSION THERAPY, CONTINUOUS (TWENTY-FOUR HOURS OR MORE) CHEMOTHERAPY	\$0.00
S9331	HOME INFUSION THERAPY, INTERMITTENT (LESS THAN TWENTY-FOUR HOURS) CHEMOTHERAPY	\$0.00
S9335	HOME THERAPY, HEMODIALYSIS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	\$0.00
S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G.	\$0.00
S9338	HOME INFUSION THERAPY, IMMUNOTHERAPY, ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	\$0.00
S9341	HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES,	\$0.00
S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES,	\$0.00
S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G. FACTOR	\$0.00
S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR (E.G., PROLASTIN);	\$0.00
S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUS OR	\$0.00
S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY (E.G.,	\$0.00
S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES,	\$0.00
S9351	HOME INFUSION THERAPY, CONTINUOUS OR INTERMITTENT ANTI-EMETIC INFUSION THERAPY;	\$0.00
S9353	HOME INFUSION THERAPY, CONTINUOUS INSULIN INFUSION THERAPY; ADMINISTRATIVE	\$0.00
S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9357	HOME INFUSION THERAPY, ENZYME REPLACEMENT INTRAVENOUS THERAPY; (E.G.	\$0.00
S9359	HOME INFUSION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUS THERAPY; (E.G.	\$0.00
S9361	HOME INFUSION THERAPY, DIURETIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES,	\$0.00
S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE	\$0.00
S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ADMINISTRATIVE	\$0.00
S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); ONE LITER PER DAY,	\$0.00
S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN ONE LITER	\$0.00
S9367	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN TWO LITERS	\$0.00
S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION (TPN); MORE THAN THREE LITERS	\$0.00
S9370	HOME THERAPY, INTERMITTENT ANTI-EMETIC INJECTION THERAPY; ADMINISTRATIVE	\$0.00
S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJECTION THERAPY (E.G. HEPARIN);	\$0.00
S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9374	HOME INFUSION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE	\$0.00
S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN	\$0.00
S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN	\$0.00
S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY,	\$0.00
S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED;	\$0.00
S9381	DELIVERY OR SERVICE TO HIGH RISK AREAS REQUIRING ESCORT OR EXTRA PROTECTION,	\$0.00
S9395	NURSING SERVICES AND ALL NECESSARY SUPPLIES AND ADDITIVES FOR HOME IV HYDRATION	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9401	ANTICOAGULATION CLINIC, INCLUSIVE OF ALL SERVICES EXCEPT LABORATORY TESTS, PER	\$0.00
S9420	NURSING SERVICES AND ALL NECESSARY SUPPLIES FOR INTERIM HOME MAINTENANCE OF	\$0.00
S9423	NURSING SERVICES, PATIENT ASSESSMENT AND EDUCATION, FOLLOW-UP VISITS,	\$0.00
S9425	NURSING SERVICES AND ALL NECESSARY SUPPLIES AND ADDITIVES FOR HOME IV	\$0.00
S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES	\$0.00
S9433	MEDICAL FOOD NUTRITIONALLY COMPLETE, ADMINISTERED ORALLY, PROVIDING 100% OF NUTR	\$0.00
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM	\$0.00
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	\$0.00
S9436	CHILDBIRTH PREPARATION/LAMAZE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9437	CHILDBIRTH REFRESHER CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9438	CESAREAN BIRTH CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9439	VBAC (VAGINAL BIRTH AFTER CESAREAN) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9441	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9442	BIRTHING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9443	LACTATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9444	PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER,	\$0.00
S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER	\$0.00
S9447	INFANT SAFETY (INCLUDING CPR) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9449	WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9453	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9454	STRESS MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$0.00
S9455	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	\$0.00
S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	\$0.00
S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	\$0.00
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	\$0.00
S9472	CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	\$0.00
S9473	PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	\$0.00
S9474	ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY,	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9475	AMBULATORY SETTING SUBSTANCE ABUSE TREATMENT OR DETOXIFICATION SERVICES, PER	\$0.00
S9476	VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	\$0.00
S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	\$0.00
S9482	FAMILY STABILIZATION SERVICES, PER 15 MINUTES	\$0.00
S9484	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER HOUR	\$0.00
S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	\$0.00
S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES,	\$0.00
S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY;	\$0.00
S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	\$0.00
S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	\$0.00
S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	\$0.00
S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY	\$0.00
S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6	\$0.00
S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4	\$0.00
S9524	NURSING SERVICES RELATED TO HOME IV THERAPY, PER DIEM	\$0.00
S9526	SKILLED NURSING VISITS FOR BLOOD PRODUCT ADMINISTRATION, INCLUDING PUMP AND ALL	\$0.00
S9527	INSERTION OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), INCLUDING	\$0.00
S9528	INSERTION OF MIDLINE CENTRAL VENOUS CATHETER, INCLUDING NURSING SERVICES AND	\$0.00
S9529	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING	\$0.00
S9533	PAIN MANAGEMENT, INTRAVENOUS, EPIDURAL OR SUBCUTANEOUS, INCLUDING SOLUTION,	\$0.00
S9535	ADMINISTRATION OF HEMATOPOIETIC HORMONES (E.G. ERYTHROPOIETIN, G-CSF, GM-CSF)	\$0.00
S9537	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY (E.G.ERYTHROPOIETIN,	\$0.00
S9538	HOME TRANSFUSION OF BLOOD PRODUCT(S); ADMINISTRATIVE SERVICES, PROFESSIONAL	\$0.00
S9539	ADMINISTRATION OF ANTIBIOTICS, INTRAVENOUSLY, IN THE HOME SETTING, INCLUDING	\$0.00
S9542	HOME INJECTABLE THERAPY, NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE	\$0.00
S9543	ADMINISTRATION OF MEDICATION, INTRAMUSCULARLY, EPIDURALLY OR SUBCUTANEOUSLY, IN	\$0.00
S9545	ADMINISTRATION OF IMMUNE GLOBULIN, INTRAVENOUSLY, IN THE HOME SETTING,	\$0.00
S9546	HOME INFUSION OF BLOOD PRODUCTS, NURSING SERVICES, PER VISIT	\$0.00
S9550	HOME IV THERAPY, HYDRATION FLUIDS AND ELECTROLYTES, INCLUDING ALL NURSING CARE,	\$0.00
S9555	ADDITIONAL HOME INFUSION THERAPY, INCLUDING ALL NURSING CARE, EQUIPMENT, AND	\$0.00
S9558	HOME INJECTABLE THERAPY; GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES,	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
S9559	HOME INJECTABLE THERAPY, INTERFERON, INCLUDING ADMINISTRATIVE SERVICES,	\$0.00
S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY (E.G.; LEUPROLIDE, GOSERELIN),	\$0.00
S9562	HOME INJECTABLE THERAPY, PALIVIZUMAB, INCLUDING ADMINISTRATIVE SERVICES,	\$0.00
S9590	HOME THERAPY, IRRIGATION THERAPY (E.G. STERILE IRRIGATION OF AN ORGAN OR	\$0.00
S9800	HOME THERAPY; PROVISION OF INFUSION, SPECIALTY DRUG ADMINISTRATION, AND/OR	\$0.00
S9802	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, NURSING SERVICES; PER VISIT (UP TO	\$0.00
S9803	HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, NURSING SERVICES; EACH ADDITIONAL	\$0.00
S9810	HOME THERAPY; PROFESSIONAL PHARMACY SERVICES FOR PROVISION OF INFUSION,	\$0.00
S9900	SERVICES BY A JOURNAL-LISTED CHRISTIAN SCIENCE PRACTITIONER FOR THE PURPOSE OF H	\$0.00
S9970	HEALTH CLUB MEMBERSHIP, ANNUAL	\$0.00
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	\$0.00
S9976	LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED	\$0.00
S9977	MEALS, PER DIEM, NOT OTHERWISE SPECIFIED	\$0.00
S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE	\$0.00
S9982	MEDICAL RECORDS COPYING FEE, PER PAGE	\$0.00
S9986	NOT MEDICALLY NECESSARY SERVICE (PATIENT IS AWARE THAT SERVICE NOT MEDICALLY	\$0.00
S9988	SERVICES PROVIDED AS PART OF A PHASE I CLINICAL TRIAL	\$0.00
S9989	SERVICES PROVIDED OUTSIDE OF THE UNITED STATES OF AMERICA (LIST IN ADDITION TO	\$0.00
S9990	SERVICES PROVIDED AS PART OF A PHASE II CLINICAL TRIAL	\$0.00
S9991	SERVICES PROVIDED AS PART OF A PHASE III CLINICAL TRIAL	\$0.00
S9992	TRANSPORTATION COSTS TO AND FROM TRIAL LOCATION AND LOCAL TRANSPORTATION COSTS	\$0.00
S9994	LODGING COSTS (E.G., HOTEL CHARGES) FOR CLINICAL TRIAL PARTICIPANT AND ONE	\$0.00
S9996	MEALS FOR CLINICAL TRIAL PARTICIPANT AND ONE CAREGIVER/COMPANION	\$0.00
S9999	SALES TAX	\$0.01
T1000	PRIVATE DUTY / INDEPENDENT NURSING SERVICE(S) - LICENSED, UP TO 15 MINUTES	\$0.00
T1001	NURSING ASSESSMENT / EVALUATION	\$0.00
T1002	RN SERVICES, UP TO 15 MINUTES	\$0.00
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES	\$0.00
T1004	SERVICES OF A QUALIFIED NURSING AIDE, UP TO 15 MINUTES	\$0.00
T1005	RESPIRE CARE SERVICES, UP TO 15 MINUTES	\$78.70
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR	\$0.00
T1008	DAY TREATMENT FOR INDIVIDUAL ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES	\$0.00
T1009	CHILD SITTING SERVICES FOR CHILDREN OF THE INDIVIDUAL RECEIVING ALCOHOL AND/OR	\$0.00
T1010	MEALS FOR INDIVIDUALS RECEIVING ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES (WHEN	\$0.00
T1011	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, NOT OTHERWISE CLASSIFIED	\$0.00
T1012	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT	\$0.00
T1013	SIGN LANGUAGE OR ORAL INTERPRETER SERVICES	\$9.36
T1014	TELEHEALTH TRANSMISSION, PER MINUTE, PROFESSIONAL SERVICES BILL SEPARATELY	\$0.00
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE	\$0.00
T1016	CASE MANAGEMENT, EACH 15 MINUTES	\$336.00
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	\$0.00
T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	\$0.00
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A	\$0.00
T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A	\$0.00
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	\$20.00
T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT,	\$0.00
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL	\$0.00
T1024	EVALUATION AND TREATMENT BY AN INTEGRATED, SPECIALTY TEAM CONTRACTED TO PROVIDE	\$0.00
T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO	\$0.00
T1026	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO	\$0.00
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES	\$0.00
T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY	\$0.00
T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY	\$0.00
T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	\$0.00
T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	\$0.00
T1500	DIAPER/INCONTINENT PANT, REUSABLE/WASHABLE, ANY SIZE, EACH	\$0.00
T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH	\$0.00
T1503	ADMINISTRATION OF MEDICATION, OTHER THAN ORAL AND/OR INJECTABLE, BY A HEALTH CAR	\$0.00
T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND	\$0.00
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CL	\$31.47
T2001	NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	\$0.00
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	\$0.00
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	\$4.92
T2005	NON-EMERGENCY TRANSPORTATION; STRETCHER VAN	\$0.00
T2006	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	\$0.00
T2007	TRANSPORTATION WAITING TIME, AIR AMBULANCE AND NON-EMERGENCY VEHICLE, ONE-HALF	\$0.00
T2010	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL I IDENTIFICATION	\$0.00
T2011	PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR) LEVEL II EVALUATION, PER	\$0.00
T2012	HABILITATION, EDUCATIONAL; WAIVER, PER DIEM	\$0.00
T2013	HABILITATION, EDUCATIONAL, WAIVER; PER HOUR	\$0.00
T2014	HABILITATION, PREVOCATIONAL, WAIVER; PER DIEM	\$0.00
T2015	HABILITATION, PREVOCATIONAL, WAIVER; PER HOUR	\$0.00
T2016	HABILITATION, RESIDENTIAL, WAIVER; PER DIEM	\$0.00
T2017	HABILITATION, RESIDENTIAL, WAIVER; 15 MINUTES	\$0.00
T2018	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER DIEM	\$0.00
T2019	HABILITATION, SUPPORTED EMPLOYMENT, WAIVER; PER 15 MINUTES	\$0.00
T2020	DAY HABILITATION, WAIVER; PER DIEM	\$0.00
T2021	DAY HABILITATION, WAIVER; PER 15 MINUTES	\$0.00
T2022	CASE MANAGEMENT, PER MONTH	\$0.00
T2023	TARGETED CASE MANAGEMENT; PER MONTH	\$0.00
T2024	SERVICE ASSESSMENT/PLAN OF CARE DEVELOPMENT, WAIVER	\$0.00
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED (NOS)	\$0.00
T2026	SPECIALIZED CHILDCARE, WAIVER; PER DIEM	\$0.00
T2027	SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES	\$0.00
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	\$0.56
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	\$0.66
T2030	ASSISTED LIVING, WAIVER; PER MONTH	\$0.00
T2031	ASSISTED LIVING; WAIVER, PER DIEM	\$0.00
T2032	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	\$0.00
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	\$0.00
T2034	CRISIS INTERVENTION, WAIVER; PER DIEM	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
T2035	UTILITY SERVICES TO SUPPORT MEDICAL EQUIPMENT AND ASSISTIVE TECHNOLOGY/DEVICES,	\$0.00
T2036	THERAPEUTIC CAMPING, OVERNIGHT, WAIVER; EACH SESSION	\$0.00
T2037	THERAPEUTIC CAMPING, DAY, WAIVER; EACH SESSION	\$0.00
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	\$0.00
T2039	VEHICLE MODIFICATIONS, WAIVER; PER SERVICE	\$0.00
T2040	FINANCIAL MANAGEMENT, SELF-DIRECTED, WAIVER; PER 15 MINUTES	\$0.00
T2041	SUPPORTS BROKERAGE, SELF-DIRECTED, WAIVER; PER 15 MINUTES	\$0.00
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM	\$0.00
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR	\$0.00
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	\$0.00
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	\$0.00
T2046	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	\$0.00
T2048	BEHAVIORAL HEALTH; LONG-TERM CARE RESIDENTIAL (NON-ACUTE CARE IN A RESIDENTIAL	\$0.00
T2049	NON-EMERGENCY TRANSPORTATION; STRETCHER VAN, MILEAGE; PER MILE	\$0.00
T2101	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY	\$0.00
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH	\$0.62
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH	\$0.66
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH	\$0.66
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH	\$0.69
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.75
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.75
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.94
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.85
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM	\$0.00
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH	\$0.00
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.00
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,	\$0.00
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH	\$0.00
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH	\$0.00
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH	\$0.00
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	\$0.00

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Procedure code	Description	Medicaid fee 2013
T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	\$0.00
T4538	DIAPER SERVICE, REUSABLE DIAPER, EACH DIAPER	\$0.00
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	\$0.00
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	\$0.00
T4541	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, LARGE, EACH	\$0.30
T4542	INCONTINENCE PRODUCT, DISPOSABLE UNDERPAD, SMALL SIZE, EACH	\$0.00
T4543	DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, BARIATRIC, EACH	\$0.00
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS	\$0.00
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	\$0.56
V2020	FRAMES, PURCHASES	\$20.12
V2025	DELUXE FRAME	\$55.00
V2100	SPHERE SINGLE VISION PLANO TO PLUS OR MINUS 4.00 PER LENS	\$25.27
V2101	SPHERE SNGL VISION PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D	\$28.63
V2102	SPHERE SGL VISION PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D	\$36.18
V2103	SPHEROCYLINDER SGL VISION PLANO TO PLUS OR MINUS 4.00D SPHER	\$25.15
V2104	SPHEROCYLINDER SGL VISION PLANO TO PLUS OR MINUS 4.00D SPHER	\$24.82
V2105	SPHEROCYL SGL VISION PLANO TO + OR - 4.00D 4.25 TO 6.00D CYL	\$25.15
V2106	SPHEROCYL SGL VISION PLANO + OR - 4.00D SPHERE 6.00D PER LEN	\$29.15
V2107	SPHEROCYL SGL VISION + OR - 4.25 TO + OR - 7.00,.12 TO 2.00D	\$30.54
V2108	SPHEROCYL SGL VISION + OR - PER LENS	\$28.79
V2109	SPHEROCYL SGL VISION + OR - PER LENS	\$33.20
V2110	SPHEROCYL SGL VISION + OR - PER LENS	\$28.18
V2111	SPHEROCYL SGL VISION + OR - PER LENS	\$33.21
V2112	SPHEROCYL SGL VISION + OR - PER LENS	\$35.14
V2113	SPHEROCYL SGL VISION + OR - PER LENS	\$27.74
V2114	SPHEROCYL SGL VISION OVER + OR - PER LENS	\$32.17
V2115	LENTICULAR (MYODISC) PER LENS SINGLE VISION	\$83.47
V2116	LENTICULAR LENS, NONASPHERIC, PER LENS, SINGLE VISION	\$83.47
V2117	LENTICULAR, ASPHERIC, PER LENS, SINGLE VISION	\$83.47
V2118	ANISEIKONIC LENS SINGLE VISION	\$90.89
V2121	LENTICULAR LENS, PER LENS, SINGLE	\$69.31

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS	\$52.00
V2200	SPHERE BIFOCAL PLANO TO + OR - 4.00D PER LENS	\$41.45
V2201	SPHERE BIFOCAL + OR - 4.12 TO + OR - 7.00D PER LENS	\$44.26
V2202	SPHERE BIFOCAL + OR - 7.12 TO + OR - 20.00D PER LENS	\$39.81
V2203	SPHEROCYL BIFOCAL PLANO TO + OR - 4.00D,.12 TO 2.00D PER LEN	\$38.50
V2204	SPHEROCYL BIFOCAL PLANO TO + OR - 4.00D, 2.12 TO 4.00D PER L	\$40.16
V2205	SPHEROCYL BIFOCAL + OR - 4.00D, 4.25 TO 6.00D CYL PER LENS	\$39.67
V2206	SPHEROCYL BIFOCAL + OR - 4.00D, OVER 6.00D CYL PER LENS	\$42.13
V2207	SPHEROCYL BIFOCAL + OR - 4.25 TO + OR - 7.00D,.12 TO 2.00D	\$40.04
V2208	SPHEROCYL BIFOCAL + OR - 4.25 TO +OR- 7.00D,2.12 TO 4.00D	\$41.12
V2209	SPHEROCYL BIF + OR - 4.25 TO +OR-7.00D,4.25 TO 6.00D PER LEN	\$41.62
V2210	SPHEROCYL BIF +OR- 4.25 TO +OR- 7.00D,OVER 6.00D PER LENS	\$40.92
V2211	SPHEROCYL BIF +OR-7.25 TO +OR- 12.00D,25 TO 2.25D PER LENS	\$51.73
V2212	SPHEROCYL BIF +OR- 7.25 TO +OR- 12.00D,2.25 TO 4.00D PER LEN	\$48.08
V2213	SPHEROCYL BIF +OR- 7.25 TO +OR- 12.00D,4.15 TO 6.00D PER LEN	\$46.31
V2214	SPHEROCYL BIF SPHERE OVER +OR- 12.00D PER LENS	\$51.22
V2215	LENTICULAR (MYODISC) PER LENS BIFOCAL	\$129.14
V2216	LENTICULAR, NONASPHERIC, PER LENS, BIFOCAL	\$51.07
V2217	LENTICULAR, ASPHERIC LENS, BIFOCAL	\$66.85
V2218	ANISEIKONIC PER LENS BIFOCAL	\$102.85
V2219	BIFOCAL SEG WIDTH OVER 28MM	\$17.78
V2220	BIFOCAL ADD OVER 3.25D	\$21.58
V2221	LENTICULAR LENS, PER LENS, BIFOCAL	\$88.64
V2299	SPECIALTY BIFOCAL (BY REPORT)	\$0.00
V2300	SPHERE TRIF PLANO TO +OR- 4.00D PER LENS	\$50.16
V2301	SPHERE TRIF +OR- 4.12 TO +OR- 7.00D PER LENS	\$50.16
V2302	SPHERE TRIF +OR- 7.12 TO +OR- 20.00,PER LENS	\$50.16
V2303	SPHEROCYL TRI PLANO TO+OR-4.00D, .12-2.00D CYL PER LENS	\$54.15
V2304	SPHEROCYL TRIF PLANO TO +OR- 4.00D, 2.25-4.00D CYL PER LENS	\$58.46
V2305	SPHEROCYL TRI PLANO TO +OR- 4.00D, 4.25 TO 6.00 CYL PER LENS	\$58.46
V2306	SPHEROCYL TRIF PLANO TO+OR- 4.00D, OVER 6.00D CYL PER LENS	\$58.46

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
V2307	SPHEROCYL TRIF +OR- 4.25 TO +OR- 7.00D, .12 TO 2.00D PER LEN	\$58.46
V2308	SPHEROCYL TRIF +OR- 4.25 TO +OR-7.00D, 2.12 TO 4.00D PER LEN	\$58.46
V2309	SPHEROCYL TRIF +OR- 4.25 RO +OR- 7.00D, 4.25 TO 6.00 PER LEN	\$58.46
V2310	SPHEROCYL TRIF +OR- 4.25 TO +OR- 7.00D, OVER 6.00D PER LENS	\$58.46
V2311	SPHEROCYL TRIF +OR- 7.25 TO +OR- 12.00D, .25 TO 2.25D PER LE	\$60.03
V2312	SPHEROCYL TRIF +OR- 7.25 TO +OR- 12.00D, 2.25 TO 4.00D PER L	\$76.48
V2313	SPHEROCYL TRIF +OR- 7.25 TO +OR- 12.00D, 4.25 TO 6.00D PER L	\$83.87
V2314	SPHEROCYL TRIF SPHERE OVER +OR- 12.00D, PER LENS	\$69.16
V2315	LENTICULAR (MYODISC) PER LENS TRIFOCAL	\$87.56
V2316	LENTICULAR NONASPHERIC, PER LENS, TRIFOCAL	\$72.88
V2317	LENTICULAR, ASPHERIC LENS, TRIFOCAL	\$75.78
V2318	ANISEIKONIC LENS TRIFOCAL	\$174.82
V2319	TRIFOCAL SEG WIDTH OVER 28MM	\$20.10
V2320	TRIFOCAL ADD OVER 3.25D	\$9.11
V2321	LENTICULAR LENS, PER LENS, TRIFOCAL	\$138.47
V2399	SPECIALTY TRIFOCAL (BY REPORT)	\$0.00
V2410	VARIABLE ASPHERICITY LENS SGL VISION FULL FIELD GLASS OR PLA	\$74.27
V2430	VARIABLE ASPHERICITY LENS BIF FULL FIELD GLASS OR PLASTIC	\$99.02
V2500	CONTACT LENS PMMA SPHERICAL PER LENS	\$76.22
V2501	CONTACT LENS PMMA TORIC OR PRISM BALLAST PER LENS	\$110.05
V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	\$110.05
V2503	CONTACT LENS PMMA COLOR VISION DEFICIENCY PER LENS	\$116.75
V2510	CONTACT LENS GAS PERMEABLE SPHERICAL PER LENS	\$97.91
V2511	CONTACT LENS GAS PERMEABLE TORIC PRISM BALLAST PER LENS	\$123.49
V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL, PER LENS	\$129.99
V2513	CONTACT LENS GAS PERMEABLE EXTENDED WEAR PER LENS	\$129.99
V2520	CONTACT LENS HYDROPHILIC SPHERICAL PER LENS	\$83.88
V2521	CONTACT LENS HYDROPHILIC TORIC OR PRISM BALLAST PER LENS	\$118.74
V2522	CONTACT LENS, HYDROPHILIC, BIFOCAL, PER LENS	\$118.74
V2523	CONTACT LENS HYDROPHILIC EXTENDED WEAR PER LENS	\$121.60
V2530	CONTACT LENS SCLERAL PER LENS (FOR MODIFICATION SEE 92325)	\$104.88

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, S	\$426.92
V2599	NOT OTHERWISE CLASSIFIED CONTACT LENS	\$59.80
V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	\$0.00
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	\$0.00
V2615	TELESCOPIC & OTHER COMPOUND LENS SYSTEM INC DISTANCE VISION	\$542.88
V2621	PROSTHETIC, EYE PLASTIC, STOCK	\$0.00
V2622	PROSTHETIC, EYE, GLASS, CUSTOM	\$0.00
V2623	PROSTHETIC EYE PLASTIC CUSTOM	\$1,216.99
V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	\$28.01
V2625	ENLARGEMENT OF OCULAR PROSTHESIS	\$331.46
V2626	REDUCTION OF OCULAR PROSTHESIS	\$210.88
V2627	SCLERAL COVER SHELL	\$999.32
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	\$221.68
V2629	NOT OTHERWISE CLASSIFIED PROSTHETIC EYE	\$364.00
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	\$197.46
V2631	IRIS SUPPORTED INTRAOCULAR LENS	\$0.00
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	\$311.40
V2700	BALANCE LENS PER LENS	\$39.13
V2702	DELUXE LENS FEATURE	\$0.00
V2710	SLAB OFF PRISM, GLASS OR PLASTIC, PER LENS	\$69.85
V2715	PRISM PER LENS	\$15.66
V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	\$58.77
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS	\$22.69
V2740	TINT, PLASTIC, ROSE 1 OR 2 PER LENS	\$9.36
V2741	TINT, PLASTIC, OTHER THAN ROSE 1-2, PER LENS	\$8.11
V2742	TINT, GLASS ROSE 1 OR 2, PER LENS	\$5.74
V2743	TINT, GLASS OTHER THAN ROSE 1 OR 2, PER LENS	\$6.91
V2744	TINT,PHOTOCHROMATIC,PER LENS	\$8.54
V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROA	\$5.38
V2750	ANTI REFLECTIVE COATING, PER LENS	\$20.63
V2755	U-V LENS, PER LENS	\$9.15

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
V2756	EYE GLASS CASE	\$1.56
V2760	SCRATCH RESISTANT COATING, PER LENS	\$14.38
V2761	MIRROR COATING, ANY TYPE, SOLID, GRADIENT OR EQUAL, ANY LENS MATERIAL, PER LENS	\$0.00
V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	\$28.15
V2770	OCCLUDER LENS, PER LENS	\$20.54
V2780	OVERSIZE LENS, PER LENS	\$10.98
V2781	PROGRESSIVE LENS, PER LENS	\$0.00
V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE,	\$30.41
V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.	\$34.28
V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	\$30.00
V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	\$0.00
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS, PER LENS	\$0.00
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	\$0.00
V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	\$0.00
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	\$0.00
V2797	VISION SUPPLY, ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	\$0.00
V2799	NOT OTHERWISE CLASSIFIED	\$1.56
V5000	BASIC AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING THE MEASURING OF HEAR	\$0.00
V5001	COMPREHENSIVE AUDIOLOGIC ASSESSMENT - HEARING ASSESSMENT INCLUDING A BASIC AUDIO	\$0.00
V5002	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED ELECTROPHYSIO	\$0.00
V5003	ASSESSMENT OF VESTIBULAR AND/OR AUDIOLOGIC FUNCTION BY SPECIALIZED BEHAVIORAL TE	\$0.00
V5008	HEARING SCREENING	\$0.00
V5010	ASSESSMENT FOR HEARING AID	\$52.00
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	\$80.00
V5012	COMPLETE COCHLEAR IMPLANT REHABILITATION INCLUDING ADJUSTING AND TESTING OF EQUI	\$0.00
V5014	REPAIR/MODIFICATION OF A HEARING AID	\$142.05
V5016	UNLISTED AUDIOLOGIC PROCEDURE (SPECIFY)	\$0.00
V5020	CONFORMITY EVALUATION	\$0.00
V5030	HEARING AID MONAURAL BODY WORN AIR CONDUCTION	\$442.00
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	\$0.00
V5050	HEARING AID, MONAURAL, IN THE EAR	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
V5060	HEARING AID,MONAURAL,BEHIND THE EAR	\$312.00
V5070	GLASSES, AIR CONDUCTION	\$0.00
V5080	GLASSES, BONE CONDUCTION	\$0.00
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	\$0.00
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	\$0.00
V5100	HEARING AID, BILATERAL, BODY WORN	\$0.00
V5110	DISPENSING FEE, BILATERAL	\$0.00
V5120	BINAURAL, BODY	\$0.00
V5130	BINAURAL, IN THE EAR	\$0.00
V5140	BINAURAL, BEHIND THE EAR	\$0.00
V5150	BINAURAL, GLASSES	\$0.00
V5160	DISPENSING FEE, BINAURAL	\$0.00
V5170	HEARING AID, CROS, IN THE EAR	\$0.00
V5180	HEARING AID, CROS, BEHIND THE EAR	\$0.00
V5190	HEARING AID, CROS, GLASSES	\$0.00
V5200	DISPENSING FEE, CROS	\$0.00
V5210	HEARING AID, BICROS, IN THE EAR	\$0.00
V5220	HEARING AID, BICROS, BEHIND THE EAR	\$0.00
V5230	HEARING AID, BICROS, GLASSES	\$0.00
V5240	DISPENSING FEE, BICROS	\$0.00
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	\$0.00
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	\$0.00
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	\$0.00
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	\$0.00
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	\$0.00
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	\$0.00
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	\$312.00
V5248	HEARING AID, ANALOG, BINAURAL, CIC	\$0.00
V5249	HEARING AID, ANALOG, BINAURAL, ITC	\$0.00
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	\$0.00
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	\$0.00

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Procedure code	Description	Medicaid fee 2013
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	\$0.00
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE;CHILD:DIGITAL OR ANALOG	\$0.00
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	\$0.00
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	\$0.00
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	\$0.00
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	\$0.00
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	\$0.00
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	\$0.00
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	\$0.00
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	\$0.00
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	\$0.00
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	\$30.00
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	\$0.00
V5266	BATTERY FOR USE IN HEARING DEVICE	\$1.25
V5267	HEARING AID OR ASSISTIVE LISTENING DEVICE/SUPPLIES/ACCESSORIES, NOT OTHERWISE SP	\$0.00
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	\$0.00
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	\$0.00
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	\$0.00
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	\$0.00
V5272	ASSISTIVE LISTENING DEVICE, TDD	\$0.00
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	\$0.00
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	\$0.00
V5275	EAR IMPRESSION, EACH	\$20.00
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	\$0.00
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	\$0.00
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	\$0.00
V5284	Assistive listening device, personal fm/dm, ear level receiver	\$0.00
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	\$0.00
V5286	Assistive listening device, personal blue tooth fm/dm receiver	\$0.00
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	\$0.00
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	\$0.00

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Procedure code	Description	Medicaid fee 2013
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	\$0.00
V5290	Assistive listening device, transmitter microphone, any type	\$0.00
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED;ADULTS: DIGITAL OR ANALOG	\$0.00
V5299	HEARING SERVICE, MISCELLANEOUS	\$0.00
V5301	BASIC ASSESSMENT OF SPECIFIC SINGLE SPEECH, VOICE, LANGUAGE COGNITIVE/ COMMUNICA	\$0.00
V5310	COMPREHENSIVE ASSESSMENT OF SPEECH, VOICE, LANGUAGE SYSTEMS, ORAL/ PHARYNGEAL SE	\$0.00
V5321	ASSESSMENT FOR ORAL OR LARYNGEAL PROTHESIS OR ARTIFICIAL LARYNX (EXCLUDES V5010	\$0.00
V5322	ASSESSMENT FOR AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES V5010 HEARI	\$0.00
V5330	TREATMENT FOR SPEECH, LANGUAGE, ORAL/PHARYNGEAL AND/OR COMMUNICATION DISORDER, P	\$0.00
V5335	REPAIR/MODIFICATION OF ORAL OR LARYNGEAL PROTHESIS OR ARTIFICIAL LARYNX	\$0.00
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES	\$0.00
V5360	UNLISTED SPEECH-LANGUAGE SERVICE (SPECIFY)	\$0.00
V5362	SPEECH SCREENING	\$0.00
V5363	LANGUAGE SCREENING	\$0.00
V5364	DYSPHAGIA SCREENING	\$0.00
W0110	ADMINISTRATION OF INJECTION, INCLUDING COST OF THE DRUG	\$4.00
W0120	CHILDRENS CAPITATED DENTAL, CURRENT MONTH	\$0.00
W0121	CHILDRENS CAPITATED DENTAL, PREVIOUS MONTH	\$0.00
W0125	PET IMAGING OF CHEST;SOLITARY PULMONARY NODULE	\$0.00
W0126	PET (POSITRON EMISSION TOMOGRAPHY) IMAGING OF CHEST, LUNG CANCER STAGING	\$0.00
W0371	ALL INCLUSIVE DAILY VAC THERAPY	\$104.00
W0372	ALL INCLUSIVE VAC THERAPY AND SUPPORT, SURFACE	\$121.68
W0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON EMERGENCY, PEDIATRIC TRANSPORT TEAM	\$102.38
W0430	OUT OF STATE AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT ONE-WAY	\$24,960.00
W0431	UNUSUAL OUT OF STATE AMBULANCE SERVICE, CONVENTIONAL AIR SERVICE, ONE-WAY	\$0.00
W0451	PEEP VALUE FOR USE IN SUBACUTE FACILITY	\$0.00
W0452	RESUSCITATIONNAMBU BAG FOR USE IN SUBACUTE FACILITY ADULT	\$0.00
W0453	RESUSCITATION AMBU BAG FOR USE IN SUBACUTE FACILITY, CHILD	\$0.00
W0454	ENRICHMENT KIT FOR USE WITH VENTILATOR IN SUBACUTE FACILITY	\$0.00
W0455	RESERROUN BAY FOR USE WITH VENTILATOR IN SUBACUTE FACILITY	\$0.00
W0552	SKILLED NURSING SERVICES BY RN FOR EPSDT SERVICES IN THE HOME	\$50.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W0553	SKILLED NURSING SERVICES BY LPN FOR EPSDT SERVICES IN THE HOME	\$31.20
W0554	SKILLED NURSING SERVICES BY RN FOR EPSDT SERVICES IN THE HOME;MULTIPLE PATIENTS	\$70.00
W0572	PERSONAL CARE SERVICES BY A NURSE AIDE FOR EPSDT SERVICES INTHE HOME	\$20.00
W0600	AUTOFEED CHAMBER FOR MR730 FISHER & PAYKEL VENTILATOR/HEATERSUBACUTE FACILITY	\$0.00
W0601	STERILE WATER FOR HUMIDIFIER FOR USE IN SUBACUTE FACILITY, 1LITER	\$0.00
W0602	STERILE WATER FOR SACTIONING FOR USE IN SUBACUTE FACILITY, 1LITER	\$0.00
W0603	CIRCUIT COVERS FOR MR730 FISHER & PAYKEL VENTILATOR HEATER FOR USE IN SUBACUTE	\$0.00
W0608	MEDICAID NEGOTIATED APNEA MONITOR	\$208.00
W1330	AUGMENTATIVE COMMUNICATION DEVICE	\$0.00
W1340	REPAIR OR NON-ROUTINE SERVICE FOR AUGMENTATIVE COMMUNICATIONDEVICE. LABOR COMP.	\$0.00
W1350	REPAIR OR NON ROUTINE SERVICE FOR AUGMENTATIVE COMMUNICATIONDEVICE, PARTS COMP.	\$0.00
W1402	SNF/ICF OXYGEN CONCENTRATION	\$171.60
W4081	BUTTON G TUBE REPLACEMENT KIT	\$0.00
W4082	EXTENSION SET FOR BUTTON TYPE TUBE/DECOMPRESSION TUBE	\$0.00
W4084	GLOBAL IMPLANTED SINGLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	\$0.00
W4085	GLOBAL IMPLANTED DOUBLE LUMEN VASCULAR ACCESS DEVICE SERVICES AND SUPPLIES	\$0.00
W4086	SKIN LEVEL GASTROSTOMY TUBE	\$0.00
W4087	GLOBAL SINGLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICE & SUPPLIES	\$0.00
W4088	GLOBAL DOUBLE LUMEN TUNNELED EXTERNAL VASCULAR ACCESS DEVICESERVICES AND SUPPLI	\$0.00
W4089	GLOBAL PICC SERVICES AND SUPPLIES	\$0.00
W4090	MIDLINE AND PICC LINE INSERTION SUPPLIES	\$0.00
W4091	MIDLINE & PICC LINE FULL SERVICES	\$0.00
W4206	INSULIN SYRINGE FOR HOME USE ONLY, EACH	\$0.21
W4335	DIAPERS, ADULT SMALL/ALL CHILDRENS, EACH	\$0.62
W4336	DIAPERS, ADULT EXTRA LARGE, EACH	\$0.69
W4554	UNDER PADS, SMALL, EACH	\$0.17
W4600	DAY CARE SERVICES,ADULT;PER DIEM	\$0.00
W4601	ATTENDANT CARE DAILY	\$0.00
W4602	HOME CARE TRAINING,NON-FAMILY,PER 15 MINUTES	\$0.00
W4603	HOME CARE TRAINING,NON-FAMILY,PER 15 MINUTES,SPECIALIZED SERVICES (DD/MR)	\$0.00
W4604	HOME CARE TRAINING,NON-FAMILY,PER SESSION,COUNSELING & TRAINING	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W4605	COMPANION CARE,ADULT,PER DAY	\$0.00
W4606	HABILITATION:PRE-VOCATIONAL,EACH,15 MINUTES	\$0.00
W4607	DAY HABILITAION;PER DAY	\$0.00
W4608	HOME CARE TRAINING,FAMILY,PER 15 MINUTES	\$0.00
W4609	CHORE SERVICES,PER DAY	\$0.00
W4610	SMES;ADAPTIVE DEVICES,ASSISTED TECHNOLOGY,NOT OTHERWISE	\$0.00
W4611	CRISIS INTERVENTION,NOS,EACH DAY	\$0.00
W4612	HOME DELIVERED MEALS,INCLUDING PREPARATION,EACH MEAL	\$0.00
W4613	HOME MODIFICATION/EACH SERVICE	\$0.00
W4614	DAY HABILITAION;PER 15 MINUTES	\$0.00
W4615	OTHER HABILITATION;NOS;PER DAY	\$0.00
W4616	INTERPRETOR,PER SERVICE	\$0.00
W4617	NON-CLINICAL MEDICATION MANAGEMENT,PER DAY	\$0.00
W4618	MOVING ASSISTANCE;PER MOVE	\$0.00
W4619	EMERGENCY RESPONSE SYSTEM,INSTALLATION & TESTING ONLY	\$0.00
W4620	EMERGENCY RESPONSE SYSTEM,MONTHLY FEE ONLY	\$0.00
W4621	OTHER HABILITATION,NOS,PER 15 MINUTES	\$0.00
W4622	WAIVER CASE MANAGEMENT,COMPREHENSIVE,ALL-INCLUSIVE,PER 15 MINUTES	\$0.00
W4623	VEHICLE	\$0.00
W4624	WAIVER SCREENING SERVICES/PREASSESSMENT/LOC DETERMINATION	\$0.00
W4625	WAIVER SERVICE COORDINATION	\$0.00
W4626	ONGOING MONITORING FOR INDIVIDUALS COVERED UNDER THE WAIVER	\$0.00
W4627	WAIVER CASE MANAGEMENT,COMPREHENSIVE,ALL INCLUSIVE,PER MONTH	\$564.82
W4628	UTILITY COVERAGE,PER UTILITY	\$0.00
W4629	PEST CONTROL,PER VISIT	\$0.00
W4630	EMERGENCY ASSISTANCE SERVICES,(HI-PER HOUR)	\$0.00
W4631	HABILITAION;RESIDENTIAL HAB/INDEP.LIVING SKILLS DEVELOPMENT;EACH 15 MIN.	\$4.50
W4632	SPECIALIZED SUPPLIES	\$0.00
W4633	WAIVER SERVICE ASSESSMENT/POC DEVELOPMENT;INITIAL;EACH	\$135.00
W4634	HABILITATION,RESIDENTIAL HAB/INDEP LIVING SKILLS DEVELOPMENT;PER DAY	\$0.00
W4635	HABILITATION SUPPORTED EMPLOYMENT,EACH 15 MINUTES	\$4.50

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W4636	TRANSPORTATION,NOT OTHERWISE COVERED UNDER BASIC PLAN EACH ONE WAY TRIP	\$0.00
W4637	TRANSPORTATION,NOT OTHERWISE COVERED UNDER BASIC PLAN EACH ONE WAY TRIP	\$0.00
W4638	HOMEMAKER,SEPARATE SERVICE,NOS,EACH 15 MINUTES	\$0.00
W4639	HOME CARE TRAINING,FAMILY,PER SESSION	\$0.00
W4640	SPECIALIZED DRAIN/TUBE ATTACHMENT DEVICE, EACH	\$0.00
W4641	OXI-SENSOR-NEONATAL PEDIATRIC, FOR USE IN SUBACUTE FACILITY,EACH	\$0.00
W4642	YANKUER TUBE, EACH	\$0.00
W4643	FILTER FOR VENTILATOR SUBACUTE FACILITY; EACH	\$0.00
W4644	HUMIDIFIER CONNECTION FOR SUBACUTE FACILITY, EACH	\$0.00
W4645	SPECIALIZED TRACHEOSTOMY TUBE, I.E. BIVONA	\$0.00
W4646	PEEP VALVE WITH ADAPTER, EACH	\$0.00
W4647	FOAM TRACHEOSTOMY HOLDER, EACH	\$0.00
W4648	TRACHEOSTOMY TIES FOR USE IN SUBACUTE FACILITY	\$0.00
W4649	NEBULIZER CONNECTOR FOR SUBACUTE FACILITY, EACH	\$0.00
W4650	QUARTERLY MAINTENANCE OF SPECIALIZED TRACHEOSTOMY TUBE (I.E.BIVONA)	\$0.00
W4651	FOSTER CARE,ADULT;PER DIEM	\$0.00
W4652	EMERGENCY RESPONSE SYSTEM,INSTALLATION AND PURCHASE	\$0.00
W4653	ENGINEERING EVALUATION OR ASSESSMENT HOME MODIFICATION	\$0.00
W4654	ADULT RESIDENTIAL CARE/COMM SUPP LIVING,ASSISTED LIVING;PER DAY	\$42.38
W4655	OTHER RESIDENTIAL CARE/COMMUNITY SUPPORTED LIVING,NOS,PER DAY	\$0.00
W4656	TRANSPORTATION,NOT OTHERWISE COVERED UNDER BASIC PLAN BENEFIT,EACH	\$0.00
W4657	MEDICALLY FRAGILE DAY CARE, SPECIALIZED CHILD CARE, CENTER BASED, PER DAY	\$0.00
W4658	UNSKILLED RESPITE CARE,NOT HOSPICE,DAILY	\$0.00
W4659	SKILLED RESPITE CARE,NOT HOSPICE,DAILY	\$0.00
W4660	OUT OF HOME RESPITE-OTHER,NOT HOSPICE,PER DIEM	\$0.00
W4661	OUT OF HOME RESPITE-LTCF,NOT HOSPICE,PER DIEM	\$0.00
W4662	ATTENDANT CARE,PER 15 MINUTES	\$0.00
W4663	DAY CARE SERVICES,ADULT;PER HALF DAY	\$0.00
W4664	HOME CARE TRAINING,PATIENT,PER SESSION	\$0.00
W4665	UNSKILLED RESPITE CARE,NOT HOSPICE,PER 15 MINUTES	\$0.00
W4666	SKILLED RESPITE CARE,NOT HOSPICE,PER 15 MINUTES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W4667	DAY CARE SVCS,ADULT,TRANSPORTATION SVCS,COVERED SEPARATELY	\$0.00
W4668	HOME CARE TRAINING,PATIENT,PER 15 MINUTES	\$0.00
W4669	FOSTER CARE,CHILD,THERAPEUTIC;PER DAY	\$0.00
W4670	CHORE SERVICES,PER 15 MINUTES	\$0.00
W4671	CRIMINAL CHECK,PER EVENT	\$0.00
W4672	SPECIALIZED CHILD CARE,CENTER BASED,PER DAY	\$0.00
W4673	WAIVER CASE MANAGEMENT SERVICES,NOS	\$0.00
W4674	WAIVER ADMINISTRATION SERVICES,NOS	\$0.00
W4675	WAIVER RATE CELL/MONTHLY CAP PAYMENT	\$0.00
W4676	RESIDENTIAL/SUPPORTED LIVING;ROOM AND BOARD	\$22.58
W4709	COMPANION CARE,ADULT,PER 15 MINUTES	\$0.00
W4927	STERILE GLOVES, PER PAIR	\$0.75
W4928	GLOVES, NON-STERILE, NON-LATEX; PER PAIR	\$0.27
W5120	SPECIALIZED CARE NURSING HOME, CONVALESCENT HOSPITAL, CONVALESCENT HOME	\$0.00
W5640	OTC MEDICATION FOR CONSTIPATION IN SNF; PER RECIPIENT/MONTH	\$0.00
W5920	CONDOMS FOR FAMILY PLANNING, EACH	\$0.00
W5940	VAGINAL DELIVERY (COMPREHENSIVE PRENATAL & POSTPARTUM CARE)	\$0.00
W5941	VAGINAL DELIVERY, INCL. IN-HOSPITAL POST-PARTUM VISITS	\$0.00
W5942	PRENATAL AND POSTPARTUM CARE ONLY (COMPREHENSIVE CARE)	\$416.00
W5950	CESAREAN SECTION DELIVERY INCL. PRENATAL AND POSTPARTUM CARE(COMPREHENSIVE CARE)	\$0.00
W5951	CESAREAN SECTION DELIVERY ONLY (INCL. IN-HOSPITAL POST-PARTUM VISITS)	\$1,000.00
W7890	DIAG RADIOPHARMACEUTICAL FLUORODEOXYGLUCOSE (FDG) FOR PET (POSITRON EMM TOMOGRA	\$600.00
W8389	HIV-1, DNA-PCR, QUANTITATIVE	\$0.00
W8390	HIV-1 DRUG RESISTANCE TESTING; GENOTYPING	\$420.00
W9000	MEDICAL CLINIC VISIT (ONLY DOH-TYPE CLINICS FOR NON-PHYSICIAN SERVICES)	\$10.40
W9001	EPSDT SUPERVISION OF REGISTERED CLINICAL NUTRITIONIST, 1 HOUR	\$0.00
W9006	ADDITIONAL PUMP REPAIRS/SERVICING; INCL. RENTAL DURING REPAIR	\$0.00
W9070	EMERGENCY RESPONDER SYSTEM FOR USE IN HOME; MONTHLY RATE	\$31.47
W9073	GLOBAL INTRATHECAL PAIN MANAGEMENT (VIA IMPLANTABLE INFUSIONPUMP) SERVICE AND S	\$0.00
W9074	PREPROGRAMMING OF IMPLANTABLE INFUSION PUMP	\$0.00
W9075	GLOBAL MISCELLANEOUS IV THERAPY SERVICES AND SUPPLIES	\$0.00

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W9076	GLOBAL IV OR SUBQ (W/ PCA) OR EPIDURAL CHRONIC PAIN MANAGEMENT; PER DAY	\$0.00
W9078	GLOBAL IV HYDRATION SERVICES AND SUPPLIES; PER DAY	\$0.00
W9079	GLOBAL IV ANTI-INFECTIVE SERVICES AND SUPPLIES; PER DAY	\$0.00
W9080	DHS FORM 1156 - NEW PATIENT	\$0.00
W9081	DHS FORM 1156 ESTABLISHED PATIENT	\$0.00
W9082	OUTER ISLAND TRAVEL FOR DENTAL WORK DONE IN HOSPITAL	\$0.00
W9083	BHMC PLAN CRISIS INTERVENTION, CONTACT BY TELEPHONE	\$0.00
W9084	BHMC PLAN CRISIS INTERVENTION, TELEPHONE CONTACT, W/ PERSONAL CONTACT	\$0.00
W9085	BHMS PLAN OUTREACH ATTEMPT, NO CONTACT MADE	\$0.00
W9086	BHMC PLAN OUTREACH WITH CONTACT	\$0.00
W9087	BHMC PLAN BIOPHYSICAL REHABILITATION, SOCIAL SKILLS, INDIVIDUAL OR GROUP	\$0.00
W9088	BHMC PLAN BIOPSYCHOSOCIAL REHABILITATION, SOCIAL REHABILITATION, RECREATION	\$0.00
W9090	BHMC PLAN PER VOCATIONAL REHABILITATION; INDIVIDUAL OR GROUP	\$0.00
W9100	VISION SCREENING	\$12.48
W9119	CARDIAC REHABILITATION VISIT	\$0.00
W9199	OTHER VISION MATERIAL TECHNICAL SERVICING	\$0.00
W9200	METHADONE TREATMENT (EXCLUDES COUNSELING)	\$5.72
W9204	PSYCHIATRIC CLINIC GROUP THERAPY BY NON-PHYSICIAN/NON-PSYCHOLOGIST (DOH ONLY)	\$15.00
W9205	PSYCHIATRIC CLINIC VISIT (DOH CLINICS ONLY)	\$15.00
W9206	DHS 1271 EVALUATION	\$93.60
W9207	DHS 1271 REEVALUATION	\$0.00
W9213	TANF MENTAL/MEDICAL DISABILITY DETERINATION PERFORMED BY QUEST	\$77.00
W9220	MMPI TESTING	\$0.00
W9640	GLOBAL IV CHEMOTHERAPY SERVICES AND SUPPLIES	\$0.00
W9770	WORK CAPACITY EVALUATION	\$0.00
W9775	INITIAL EVALUATION REPORT	\$55.02
W9776	RE-EVALUATION BY REPORT	\$48.05
W9777	EVALUATION BY OCCUPATIONAL THERAPIST	\$0.00
W9778	INITIAL PEDIATRIC REHABILITATIVE EVALUATION FOR CHILD < 21 IN SUBACUTE LOC	\$104.00
W9779	PEDIATRIC REHABILITATIVE INTERVENTION FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$72.80
W9780	1270 GENERAL ASSISTANCE/AID TO THE DISABLED REVIEW COMMITTEEDISABILITY EVALUATIO	\$94.86

Note: Any procedure code with payment of \$0.00 is a non-covered service.

Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
W9781	1270 GENERAL ASSISTANCE/AID TO DISABLES REVIEW COMMITTEE EVALUATION; COMPLEX	\$156.00
W9801	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 1HOUR	\$104.00
W9802	QUEST PSYCHIATRIC EVALUATION FOR DETERMINATION OF SMI, 2 HOURS	\$208.00
W9803	QUEST PSYCHIATRIC EVALUATION FOR THE DETERMINATION OF SMI, 3HOURS	\$312.00
W9805	QUEST CHILD BEHAVIORAL HEALTH EVAL OF ELIG IN FELIX WAIHEE CLASS, 2HRS	\$0.00
W9880	CASE MGMT, INPATIENT HOSPITAL FOR VENT DEPENDENT/TRACH CHILD PRIOR TO INITIAL	\$1,260.00
W9881	CASE MGMT FOR VENT DEPENDENT/TRACH CHILD LIVING AT HOME	\$840.00
W9882	CASE MGMT FOR NON-VENT DEPENDENT/NON-TRACH CHILD WITH SIGNIFICANT MEDICAL	\$336.00
W9883	CASE MANAGEMENT FOR CHILD WITH SIGNIFICANT MEDICAL NEEDS	\$84.00
W9884	ADDITIONAL OR UNUSUAL CASE MGMT SERVICES TO ADDRESS CHANGING MEDICAL NEEDS, UNIT	\$28.00
W9890	CASE ASSESSMENT	\$9.75
W9891	CASE PLANNING	\$9.75
W9892	ONGOING MONITORING AND SERVICE COORDINATION	\$9.75
W9893	TARGETED CASE MANAGEMENT, GLOBAL, MONTHLY RATE	\$0.00
W9900	ALL INCLUSIVE FAMILY PLANNING SERVICE	\$48.16
W9970	SPECIALTY MOLDED UPPER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$148.00
W9971	SPECIALTY MOLDED LOWER EXTREMITY SPLINT FOR CHILD < 21 IN SUBACUTE LEVEL OF CARE	\$168.00
W9984	CHIROPRACTIC MANIPULATION, EXTENDED	\$0.00
X2000	CHIROPRACTIC MANIPULATION, EXTENDED	\$0.00
Z9000	EPSDT EXAMINATION	\$0.00
Z9001	PROVIDER ADJUSTMENT	\$0.00
Z9002	MEDICARE CO-INSURANCE	\$0.00
Z9004	MEDICARE PAID	\$0.00
Z9005	HMO CO-PAYMENT	\$0.00
Z9007	ADDITIONAL PAYMENT	\$0.00
Z9008	MEDICARE DEDUCTIBLE	\$0.00
Z9011	TOTAL CHARGE	\$0.00
Z9014	THIRD PARTY LIABILITY	\$0.00
Z9017	GROSS ADJUSTMENT	\$0.00
Z9019	TOTAL SERVICE	\$0.00
Z9020	TAX	\$0.01

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Medicaid Fee Schedule without mods effective 01/01/2013

Procedure code	Description	Medicaid fee 2013
Z9022	PATIENTS SHARE	\$0.00
Z9060	QUEST ENABLING SERVICE, LANGUAGE TRANSLATION, PER 15 MINUTES	\$9.36
Z9061	QUEST ENABLING SERVICE, NON-COMPLIANCE COUNSELING, PER 15 MINUTES	\$0.00
Z9070	INTEREST	\$0.00
Z9300	GINGIVECTOMY, OSSEOUS OR MUCOGINIGVAL SURGERY, PER TOOTH	\$0.00
Z9306	ALVEOLECTOMY, PER TOOTH	\$0.00
Z9309	GINGEVECTOMY, PER TOOTH	\$0.00
Z9330	EPSDT, DENTAL SCREENING	\$0.00
Z9400	LENSES, SINGLE VISION, PER PAIR	\$0.00
Z9401	LENSES, BIFOCAL, PER PAIR	\$0.00
Z9408	LENS, SINGLE VISION, PER LENS	\$0.00
Z9409	LENS, BIFOCAL, PER LENS	\$0.00
Z9415	NOSE PADS	\$8.32
Z9416	EYEGASSES CASE	\$1.56
Z9440	MANAGED CARE EPSDT SCREENING RISK LEAD ASSESSMENT SRLA	\$0.00
Z9499	OTHER OPHTHALMIC MATERIAL	\$0.00
Z9910	QUEST ENABLING SERVICE, GROUND TRANSPORTATION PER MILE	\$0.00
Z9998	CONV. NO PROCEDURE	\$0.00
Z9999	CONV. NO DETAIL	\$0.00

Note: Any procedure code with payment of \$0.00 is a non-covered service.