



**INDEPENDENT STUDY OF
RATE METHODOLOGIES FOR SERVICES DELIVERED
BY THE DIVISIONS WITHIN THE
DELAWARE DEPARTMENT OF HEALTH
AND SOCIAL SERVICES**

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ABBREVIATIONS LIST

Abbreviation	Meaning
APM	Alternative Payment Methodology
ASC	Ambulatory Surgery Center
B&A	Burns & Associates, Inc.
CCDF	Child Care and Development Fund
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CY	Calendar Year
DCCS	Division of Child Support Services
DDDS	Division of Developmental Disability Services
DHCQ	Division of Health Care Quality
DHSS	US Department of Health and Human Services
DHSS	Delaware Department of Health and Social Services
DMEPOS	Durable Medical Equipment, Prosthetics and Orthotics, and Supplies
DMES	Delaware Medicaid Enterprise System
DMMA	Division of Medicaid and Medical Assistance
DMS	Division of Management Services
DPH	Division of Public Health
DRG	Diagnosis Related Grouping
DSAAPD	Division of Services for Aging and Adults with Physical Disabilities
DSAMH	Division of Substance Abuse and Mental Health
DSS	Division of Social Services
DSHP	Diamond State Health Plan
DSSC	Division of State Service Centers
DVI	Division of Visually Impaired
E&M	Evaluation & Management
ED	Emergency Department
ESRD	End Stage Renal Disease
FFS	Fee-For-Service
FQHC	Federally Qualified Health Center
HCBS	Home- and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
I/DD	Intellectual and Developmental Disabilities
ICF/IDD	Intermediate Care Facilities for the Intellectually/ Developmentally Disabled
IMDs	Institutions for Mental Disease
LPN	Licensed Practical Nurse
MCO	Managed Care Organization
MEI	Medicare Economic Index
NEMT	Non-Emergency Medical Transportation
OMB	Office of Management and Budget
OPPS	Outpatient Prospective Payment System
POC	Purchase of Care Program
PROMISE	Promoting Optimal Mental Health for Individuals through Supports and Empowerment
RBRVS	Resource Based Relative Value Scale
RHC	Rural Health Center
RUG	Resource Utilization Group
SFY	State Fiscal Year
SUD	Substance Use Disorder

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EXECUTIVE SUMMARY

House Bill 225 of the 150th General Assembly requires DHSS to review the methodologies and rates paid to providers for services across all Divisions.

Section 182. The Secretary of the Department of Health and Social Services shall work in partnership with the Director of the Office of Management and Budget and the Controller General on a comprehensive review of the multiple and differing methodologies used for provider rates for services delivered across the department for vulnerable and at-risk populations. Said review shall include a listing of provider rates by service, the populations served, associated federal matching funds and the most recent rate increase provided for such service. Further, the review shall include options for consideration, to the extent practical, to create a uniform and consistent methodology for addressing provider rates, to be considered annually through the budget process, in a manner that promotes access to service, addresses the workforce needs of the provider community, and establishes outcomes and metrics for the services delivered. The review and options shall be submitted to the Joint Finance Committee and the Governor by April 1 of this fiscal year.

DHSS contracted with Burns & Associates, Inc. (B&A) to provide technical assistance in the development of this report. B&A is a consulting firm founded in 2006 whose primary client base is social services departments within state governments, including Medicaid, mental health and substance abuse, intellectual and developmental disabilities (I/DD), and services to children. Since its founding, B&A has worked with 33 state agencies in 26 states. A large component of B&A's work centers around the development of provider rates and associated tasks related to rate setting.

This report provides an assessment of the methodologies used to set rates. B&A does not make an assessment of the adequacy of any particular rate per se. The over-arching goal is to provide a framework for which the DHSS can assess on a regular basis the adequacy of the rates it uses by measuring against statewide or national benchmarks.

Background on Rate Setting

There is not a single rate schedule or rate methodology in place to pay for *medical services*. In fact, the Centers for Medicare and Medicaid (CMS) have 17 different rate methodologies to cover the array of services covered in the Medicare program. Some methodologies, such as diagnostic related groupings for inpatient hospital services, were first introduced in 1983. Others, such as for home infusion therapy and opioid treatment, were just introduced in the last year. Section II of this report provides more information on the rate methodologies used by Medicare.

Unlike many of the medical service categories, there are no standard methodologies set by CMS for *home- and community-based services* (HCBS) in Medicaid waivers, primarily because these are not services offered in the Medicare program. As a result, State Medicaid Agencies have taken many approaches to developing the rates paid for HCBS. Compared to medical services, the approaches to rate setting for HCBS, though not brand new, are not as pervasive in the field as many of the methodologies for medical services.

Recommendations

Based on our review of claims and managed care encounter data from the State's data warehouse, the in-person interviews with staff involved in rate setting within each DHSS Division, and our experience setting and reviewing rates for a variety of medical and social services for other state agencies, B&A

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offers recommendations to improve the rate setting process across DHSS. These recommendations relate to medical services administered by the Division of Medicaid and Medical Assistance (DMMA), to HCBS services administered by multiple DHSS Divisions, and to contracts administered by most DHSS Divisions. Specifically, we offer recommendations on how to easily pinpoint wide variations from either industry standards or third-party benchmark data such as the prevailing wage for job categories that are employed by various provider agencies. Therefore, our recommendations are centered around ways to adapt Delaware's DHSS to common industry standards as well as ways to strengthen rate methodologies that are specific to Medicaid-covered services.

The specifics around each of the nine recommendations shown below appear in Section VIII of this report. The recommendations are provided in summary format below.

1. ***DHSS is encouraged to build rate methodologies that are specific to each service that is purchased and not to build a uniform "one size fits all" methodology. That being said, some service categories can have rate methodologies that are common in the way that they are built. The difference lies in accounting for variations based on the definition of the service being purchased.***

B&A's experience has found that there is never a single "rate schedule" covering all services that are paid by health purchasers. This is true in the commercial market as well as the public sector markets (Medicare, Medicaid, Department of Defense and Veteran's Affairs). As an example, Exhibit 1 on page II-4 itemizes the 17 different rate schedules developed for the Medicare program.

Although B&A has offered a prioritization to focus resources on areas of opportunity within the DMMA service array, B&A does not believe that this needs to be the highest priority. Specific recommendations for DMMA services appear later in this list of recommendations.

Instead, B&A suggests that priority be centered on rate schedules for which there is no CMS benchmark. B&A offers a specific recommendation below on how to build consistency in the rate methodology for these services while also adapting to the specifics of each service definition.

2. ***DHSS is encouraged to develop a long-term roadmap for assigning the periodicity of updates of rates for all of its services.***

More specifically, any guiding roadmap should also include the following:

- Track if Medicare has a comparable methodology in place that could be considered;
- Track whether DHSS will incorporate a value-based component to its rate methodology;
- Identify the resources (both internal and external) to make changes to the methodologies;
- Assess where there are gaps in current resources to complete this work;
- Identify the modes of communication to external stakeholders required when changes occur;
- Prepare, in advance, the timing and cadence of updates to align with annual budgeting;
- Prepare, in advance, the timing needed to introduce value-based initiatives into each rate methodology where it is warranted and any associated quality-based reporting needed to ensure that the value-based initiative has a positive return on investment.

B&A believes that the development of a roadmap such as the one described above could be prepared within six months to cover all significant service categories delivered by DHSS Divisions.

3. ***B&A recommends that DHSS consider augmenting the existing staff currently used to develop and maintain rate methodologies and to clearly define roles and responsibilities for the staff that perform this function.*** Specific staffing suggestions, by Division, appear in Section VIII.

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4. ***B&A recommends to all DHSS Divisions that a more formalized Public Notice process be initiated to inform providers and other stakeholders when rate changes are being contemplated.*** CMS uses the process of issuing Proposed Rules, then allows for a period of public comment, then issues a Final Rule when rate changes are made.
5. Although a Public Notice is helpful, B&A has found that ongoing communication with providers on upcoming rate changes is also essential. Therefore, ***B&A recommends that when rate methodology changes are undertaken, DHSS should build a project-specific work plan that incorporates periodic meetings with the providers affected by the rate change throughout the project.***
6. B&A found that the accuracy and completeness of the manuals that describe the rate methodologies and billing guidance to providers across DHSS were mixed or non-existent. ***B&A recommends that, for each major category of service, there should be a dedicated section in the Provider Manual that describes the rate methodology in detail and that this section is updated timely when any rate changes occur.***
7. ***With respect to opportunities to modernize the rate methodology for HCBS (non-medical services), B&A recommends that DHSS develop a process to capture provider actual costs as well as independent market-based costs to use as a comparison when setting HCBS rates. Rates for these services can be built on a model that is built “from the ground up” and specific to the Division’s needs.***

The services covered in this recommendation pertain most specifically to Division of Developmental Disability Services, the Division of Substance Abuse and Mental Health, the Division of Services for Aging and Adults with Physical Disabilities, and the Division of Social Services for child care support.

There is not a uniform method in which provider costs are captured to deliver HCBS services like there is, for example, with hospitals and nursing facilities. Even when costs can be captured, there is often a “chicken-and-egg” scenario. If the rate of payment is below-market for a service, then the costs that providers will report will be below-market because that is what the provider can afford to spend to remain financially viable.

B&A proposes that, although the rates themselves will differ, the process upon which how rates are developed can be fairly standardized if the following principles are applied for each service:

- a) Carefully review the definition of the service and the unit of measurement (e.g., per hour, per day) to ensure the Division is cognizant of what it wants to pay for.
- b) Track and maintain if there are specific federal or state rules or policies that must be factored into the cost of delivering the service.
- c) Collect cost information from providers to inform the development of a new rate.
- d) Collect market-based data *outside of provider costs* to benchmark against the costs reported by providers. For example, a provider’s wage costs may be lower than the going market rate because the current rate only supports hourly wages below market.
- e) Build and continually updated (such as annually) a “benchmark rate”—that is, what is the rate that could be supported if funds were available. The benchmark rate factors in actual provider costs and market-based conditions (e.g., the continual increase in personnel health insurance costs).
- f) When state resources are limited, if the benchmark rate is not affordable, work towards parity to get all services up to a threshold level.

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Within a service category, B&A recommends that the methodology and approach be consistent to set the rates, but that there may be variations required to account for the following:

- A client's level of need (e.g., support in the home will vary for someone with underlying medical complexities than for someone without these medical conditions);
- The group size (e.g., a 1:1 service is much more expensive than staffing a 1 employee:4 client group);
- The service setting (e.g., in-home or facility-based);
- Staff qualifications or training (e.g., RN vs LPN, licensed psychologist vs peer support);
- Geography (e.g., urban vs rural); and
- Provider supply (e.g., if providers are limited in a specific area of the state to meet the need)

B&A recommends that the following costs always be captured for consideration in the development of rates for HCBS:

- Direct worker wages
- Direct worker benefits
- Direct worker productivity (e.g., how much of an 8-hour day is client facing versus travel time, record keeping, attending training, etc.)
- Program support (e.g., the non-labor costs specific to deliver the service)
- Administration (e.g., back office costs)

It should be noted that DDDS has adopted this approach for recent updates it has made for services delivered by providers to persons with intellectual and developmental disabilities. Benchmark rates has been developed for each service, but the funding was not available to always set the rate at the benchmark level.

The DMMA has received a federal group to examine the rates paid for delivering services to individuals with substance use disorder. The process described above will be used to assess the rates to pay to providers who deliver these services. The project is just starting in June 2020 with the goal for recommendations to rate changes to be completed by March 2021.

8. Using the theme as described in the prior recommendation, other Divisions can also use this method when entering contract negotiations even if the actual rate is not published. ***B&A recommends that Divisions that use the contracting method to pay providers to develop a rate corridor that they are willing to accept from providers in the bid process that is driven by market data.***

In other words, Divisions that do not publish fee schedules per se can still use the benchmarking method to determine the range of acceptable rates offered by a bidder that they would accept under a specific service contract. Prior to accepting a provider's proposed rate, the Divisions could conduct research to "build up" the cost components of a rate to determine this acceptable range. Further, any opportunities where a value-based component such as performance targets should be explored that may influence the final rate negotiated with the provider. The Division may or may not choose to publish what this acceptable rate range would be.

This approach is most likely appropriate for the Division of Public Health, the Division of State Service Centers, the Division for Visually Impaired, and the Division of Social Services for services other than child care support.

9. With respect to services covered by the Division of Medicaid and Medical Assistance (DMMA), the DMMA has adopted protocols to keep current with Medicare rates and rate methodologies on most of

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the services that it sets rates for. When this protocol is used, it is often the case that the Medicaid rate is on par or just slightly less than the Medicare rate. An example of this is the annual update for most physician and other professional services.

Whereas the DMMA has built more refinement and processes into the services that it is responsible for than some of the other Divisions, B&A does offer some specific recommendations related to the methodology for some acute health care services:

- ***For inpatient hospital services, DHSS should consider changing its reimbursement methodology from a per discharge rate that is not based on patient acuity to a per discharge rate based on patient acuity using a diagnosis related grouping (DRG) system.*** This would align the DMMA with the way that 37 other State Medicaid Agencies and Medicare pay for hospital services.
- ***For outpatient hospital services, DHSS should consider changing its reimbursement to a more sophisticated rate structure that incentives value and efficiency such as the Medicare Outpatient Prospective Payment System or 3M's Enhanced Ambulatory Patient Grouping.*** For services where hospitals bill the DMMA different amounts and the payment, therefore, is hospital-specific, there is an opportunity for the DMMA to modernize this portion of the payment methodology by using the Medicare or 3M systems that follow the principal of paying for a combined group of related services in an outpatient visit together in one rate versus piecemeal.
- ***Although the actual per diem rates paid may differ from Medicare's, DHSS should consider immediately migrating to CMS's new methodology to pay for nursing facilities since the current methodology that has been in place for over 20 years will not be supported by CMS beginning in October 2020.*** Beginning in October 2019, CMS changed its methodology to what is called the Patient-Driven Payment Model (PDPM). The PDPM is based on a new classification system that better reflects the supports needed for today's nursing facility residents which is different from the previous grouping method established more than 20 years ago. CMS is phasing out support of its old system on September 30, 2020. This requires Medicaid agencies to follow Medicare's new PDPM method or develop an alternative to the current method.

Process Used to Inform the Recommendations

B&A used both a qualitative and quantitative approach to collecting and analyzing the rates paid for services across DHSS. In October 2019, B&A staff members convened in-person interviews with representatives from each DHSS Division to learn more about the services for which they were responsible, the clients that they serve, and the providers that they contract with. The B&A team queried each Division about the source data, if any, used to inform how individual rates are set; the process for setting rates and whether it is uniform across service categories; the current state of the provider base to deliver services and whether any challenges exist to attract and/or retain providers; and any suggestions on how the rate setting process could be improved at their Division.

In addition to collecting this feedback, the B&A team requested and received individual claim-level detail for services that are billed by providers to the Delaware Medicaid Enterprise System (DMES). B&A coordinated with a state Core Team comprised of staff from DHSS and the Office of Management and Budget (OMB) on the analytics to complete on this data and the method of presentation for this report. Additionally, measures were developed to inform a hierarchy of the recommendations that B&A would make related to opportunities for developing state-of-the-art rate methodologies across DHSS services.

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Because of the vast array of services delivered by DHSS, the services were categorized into three major groupings:

- Services covered in the Medicaid program administered by the DMMA or its contracted managed care organizations. For the review of these services, the primary data source was claims from the DMES.
- Services that are delivered in the home or community that are not medical in nature, including services offered in Medicaid waivers and administered by the DMMA or other Divisions in DHSS. Claims from the DMES were also used in this review, although there are some instances where not all data is available in the DMES.
- Services administered by other DHSS Divisions for which providers are paid by contract and not by individual claim. For the review of these services, B&A requested information from each Division through a survey instrument.

How Results are Organized in this Report

For each of the categories mentioned above, a 1-page dashboard report was created to display key information about each service category. In Section V, there are 20 dashboard reports to show information on the DMMA services. In Section VI, there are five dashboard reports to show information on the HCBS services. In Section VII, there are five dashboard reports to show information about contracts from other Divisions' services.

Within the DMMA scope of services, rankings were assigned to each of the 20 categories that assess the relative viability for rate reform. Six domains were used to make this assessment, including:

- Percent of dollars spent on this service of the total Medicaid budget (including waiver services);
- Percent of service dollars spent on this service in Medicaid managed care;
- Rates of usage of the service among Medicaid enrollees;
- Measurement of the provider base using a ratio of providers-to-Medicaid enrollees;
- Level of opportunity for DHSS to modernize its rate methodology (i.e. is there a Medicare standard); and
- Level of opportunity to add a value-based component to the rate setting methodology.

The final scoring for each service category across these domains appears in a Summary Scorecard on page IV-3 of the report.

On each dashboard report, information is also presented that states the last time the rate(s) for the service were updated, the top five procedures or revenue codes and their associated rates, and information about whether there is a Medicare equivalent rate. Where possible, DHSS's rate as a percentage of Medicare's rate is shown.

Information on HCBS rates is displayed in a similar manner in Section VI, although some items shown in Section V do not appear on Section VI reports because they are not relevant (e.g., comparisons to Medicare where none exist). Information on other DHSS Division contracts are shown in Section VII, including the total dollars contracted, the method of contracting (e.g. competitively bid or not), and the top contracts (based on dollars) for services delivered to Delawareans.

In the appendix, a listing all of all current rates available, by service category, are provided.

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SECTION I: OVERVIEW OF DELAWARE’S DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Introduction

The Delaware Department of Health and Social Services (DHSS) consists of 11 divisions. Each Division carries responsibilities specific to the services that it delivers to Delawareans. The overview/mission of each Division is shown below.¹

Child Support Services	To collect, distribute, disburse and account for child support collections from non-custodial parents to families in Delaware and across the country.
Developmental Disability Services	Valuing persons with intellectual and developmental disabilities, honoring abilities, respecting choice, achieving possibilities, and working together to support healthy, safe and fulfilling lives.
Health Care Quality	To protect those receiving services in acute, outpatient and long term care health settings through the promotion of quality care, quality of life, saafety and security for patients.
Medicaid and Medical Assistance	To improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost effective manner.
Public Health	To protect and promote the health of all people in Delaware.
Services for Aging and Adults with Physical Disabilities	To promote dignity, respect and inclusion for older adults and people with disabilities.
Social Services	To provide prompt, respectful and accurate services that promote the potential for self-sufficiency for all Delawareans.
State Service Centers	To provide convenient access to human services, assist vulnerable populations, support communities and promote volunteer and service opportunities.
Substance Abuse and Mental Health	To improve the quality of life for adults with behavioral health conditions by promoting their health and well-being, fostering their self-sufficiency and protecting those who are at risk.
Visually Impaired	To provide educational, vocational and technical support to empower and foster independence for Delawareans with visual impairments.
Management Services	Responsible for managing all of the functions that are centralized across the Department of Health and Social Services.

¹ Retrieved from Division Director testimonies to the Joint Finance Committee February 25-27, 2020.

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Legislative Request

House Bill 225 of the 150th General Assembly requires DHSS to review the methodologies and rates paid to providers for services across all Divisions.

***Section 182.** The Secretary of the Department of Health and Human Services shall work in partnership with the Director of the Office of Management and Budget and the Controller General on a comprehensive review of the multiple and differing methodologies used for provider rates for services delivered across the department for vulnerable and at-risk populations. Said review shall include a listing of provider rates by service, the populations served, associated federal matching funds and the most recent rate increase provided for such service. Further, the review shall include options for consideration, to the extent practical, to create a uniform and consistent methodology for addressing provider rates, to be considered annually through the budget process, in a manner that promotes access to service, addresses the workforce needs of the provider community, and establishes outcomes and metrics for the services delivered. The review and options shall be submitted to the Joint Finance Committee and the Governor by April 1 of this fiscal year.*

DHSS contracted with Burns & Associates, Inc. (B&A) to provide technical assistance in the development of this report. B&A is a boutique consulting firm founded in 2006 with a home office based on Phoenix, Arizona. B&A’s primary client base is social services departments within state governments, including Medicaid, mental health and substance abuse, intellectual and developmental disabilities (I/DD), and services to children. Since its founding, B&A has worked with 33 state agencies in 26 states. A large component of B&A’s work centers around the development of provider rates and associated tasks related to rate setting such as creating service definitions, billing requirements and fiscal modeling of rate changes. Another key focus area is the evaluation of public programs including the review of operations, access to services and financing.

Through its work in other states, B&A has experience either setting or examining the rates paid for many of the services that are the responsibility of DHSS divisions including the following:

Acute Care	Other Services
Inpatient hospital	Nursing facility
Outpatient hospital	Institutions for Mental Disease (IMDs)
Disproportionate share payments	Intermediate Care Facilities for the Intellectually/Developmentally Disabled (ICF/IDD)
Ambulatory surgical centers	
Physician and other specialists	Community-based services for the I/DD population (e.g. group home, foster care, day programs, in-home, supported employment)
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	
Home health agencies	Community-based services for treatment of mental health and substance abuse
Physician-administered drugs	
Anesthesia	Early intervention programs
Laboratory and radiology	Child care services
Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)	
Ambulance	
Non-emergency transportation	

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Until this engagement, B&A has completed no work in Delaware for the State or for any provider or any managed care organization under contract with the State.

Organization of this Report

This report was developed by B&A in collaboration with a Core Team comprised of individuals from DHSS, the Office of Management and Budget (OMB) and the Controller General's Office. In response to the requirements enumerated in the legislation, B&A has organized the report in the following manner:

Section II provides a brief background on common methodologies used by Medicare and state Medicaid agencies to pay for services. There is also a discussion of where value-based components have been weaved into existing payment methodologies.

Section III provides the reader with the approach used by B&A to conduct this study. One-page dashboards were developed for major service categories that offer key indicators on the total expenditures, total users and total provider base for each service category. The data used to inform B&A's assessment of opportunities for rate methodology reform are also shown on these dashboard reports. This section provides an orientation to the dashboards that are shown later in the report.

Section IV describes B&A's methodology for assessing the opportunity for rate methodology reform. Using a series of measures where the options for opportunity are ranked, a dashboard is shown to easily identify the areas of greatest opportunity across DHSS services based on the ranked score.

Section V provides the detailed findings related to the service categories that are the responsibility of the Division of Medicaid and Medical Assistance (DMMA). A total of 20 dashboards were created for different service categories. A one-page introduction appears before each dashboard report. As required by the legislation, a listing of the top provider rates by service are shown. Information about the populations served, associated federal matching funds and the most recent rate increase provided for such service are shown on each dashboard.

Section VI follows a similar pattern to Section V, but in this section, the dashboard reports are for service categories that represent home- and community-based services delivered through the DMMA or through Medicaid waivers. The services in the Medicaid waivers are the responsibility of the Division of Developmental Disabilities Services, the Division of Aging and Adults with Physical Disabilities, and the Division of Substance Abuse and Mental Health. Another component of this section is a comparison of the rates for services that are paid by multiple divisions within DHSS.

Section VII provides dashboards that summarize the methods for payment of services in the DHSS Divisions not referenced in Sections V and VI. For other DHSS Divisions, specific fee schedules have not been established. Almost all of the services are paid for through provider-specific contracts. Information on the types of contracts that have been developed are summarized in a dashboard report specific to each DHSS Division.

Section VIII summarizes B&A's recommendations related to options for the State to consider to align rate schedules with industry standards. Additionally, recommendations are made for ways to consider rate development and rate updates for services where there is currently no industry standard, particularly for services delivered in Medicaid waivers and in non-Medicaid social service divisions. The recommendations tie to ways to factor in, as the legislation requests, consistency across rate methodologies, access to service, workforce needs of the provider community, and the integration of value-based or outcome-based components in the rate methodology.

The **Appendix** to this report lists individual fee schedules by category of service.

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SECTION II: BACKGROUND ON COMMON RATE SETTING METHODOLOGIES

Introduction

When it comes to paying for medical and social services, there is not one pre-defined method for how these services are paid. In fact, it is industry standard to have multiple varying methodologies. This is because the method in which services are delivered varies—e.g., per service, per visit, per day, per hospital stay, or per episode period (such as home health visits). Although their methodologies must be approved in advance, State Medicaid Agencies have wide discretion from the Centers for Medicare and Medicaid Services (CMS) on the ways in which they pay for services. Over the years, for some services there are a few common approaches that have surfaced for specific categories of service (e.g., hospital, nursing facility and physicians). For other categories, there remains wide variation on the methodologies used for medical care services (e.g., home health, medical equipment and supplies and behavioral health services).

CMS has created a number of rate setting methodologies to pay for the variety of services that are covered in the Medicare program. Many State Medicaid Agencies have either adopted these methodologies in their Medicaid programs wholesale or have utilized key concepts from the CMS methodologies and adopted a state-specific solution for their Medicaid program.

For other services delivered at the state level, however, there is no national guidance from CMS. This is particularly true for services delivered in the home or community-based setting through Medicaid waivers. Because these types of services are not covered by Medicare, there has been no national approach to rate setting design. Further, the types of providers delivering these services are—compared to acute care medical services—often much smaller in size and less sophisticated in tracking costs at the level that is often needed to set a rate to pay for individual services. As a result, State Medicaid Agencies have historically taken very different approaches to establishing the rates paid for home- and community-based services (HCBS) for services delivered to the elderly and persons with physical disabilities, persons with intellectual and developmental disabilities (I/DD), and persons with behavioral health conditions and substance use disorders.

That being said, many State Medicaid Agencies in the last decade have re-examined the methodologies used to set the rates paid for these services. Although the criteria used may vary by states, more emphasis has been placed in the rate development process on the workforce required (i.e., the hourly wage and benefits paid to a direct service professional) and the other program-related expenses specific to the service being rendered. Further, CMS has been conducting more scrutiny on the rate methodologies developed by states when they renew their Medicaid waivers (which is required every two to five years depending upon the type of waiver pursued).

In our work assisting 13 different states on this particular topic, Burns & Associates (B&A) has also observed an unintended consequence of states pursuing different Medicaid waiver authorities with rate schedules specific to each waiver. It is often true that the responsibility for administering each Medicaid waiver lies in different divisions within state government. As a result, rate schedules for different waivers are built in isolation. Often times, however, the provider pool that delivers the services across waivers may be the same. Therefore, state divisions are competing with each other for the same labor pool across waivers depending upon the rate they pay for the same or similar services. On this matter, Delaware is no exception. B&A's review of the potential prevalence of this interaction across waivers is further discussed in Section VI of the report.

To further complicate matters, State Medicaid Agencies that contract with managed care organizations (MCOs) typically allow the MCOs to negotiate their own rates with providers for the medical services which the MCO is responsible for delivering. Although many states require that the rate set by the state

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in its fee-for-service program (the portion of the program not managed care) is the established rate “floor” that a provider may receive, that is not always the case. B&A has observed in other states that if a State Medicaid Agency has not updated its fee-for-service rate schedule for many years and the technology or efficiencies have improved such that some rates on the fee schedule have actually gone *down* in the industry, the MCOs—when they have the authority to pay less than the state’s fee-for-service rate—will often do so. This is particularly true in the area of radiology, medical equipment and supplies.

It has also been B&A’s experience that MCOs contracted in many Medicaid programs often look to the state’s fee-for-service fee schedule as a benchmark, of sorts, even if the MCO does not adopt this fee schedule as is. For example, an MCO may pay using the same *methodology* that the state’s fee-for-service program was based on even if the MCO does not pay the same *rate* as in fee-for-service. Stated simply, in states where managed care is the prevalent delivery model, the fee-for-service fee schedule is often not the true measure of what providers are being paid. This is the case in Delaware since more than 85 percent of total spending in Delaware’s Medicaid program is in the managed care model. As a result, the fee-for-service rates that are published may, in some cases, actually be utilized infrequently because the MCOs have set their own payment arrangements with providers.

Although MCOs often have the flexibility to create their own rate methodologies, B&A has found that many MCOs do not exercise this option. MCOs prefer to rely on the Medicaid fee-for-service rate schedule or choose to negotiate, for example, a rate to providers equivalent to 105% of the fee-for-service schedule. Without regular updates to the fee-for-service fee schedule, a higher degree of variability will occur over time and providers will use this to their advantage. For example, if a Medicaid fee schedule has not been updated in a number of years for a particular service, then what may have been a negotiated rate by the MCO to providers of 105% of the fee-for-service rate when the fee schedule was first updated becomes 125% of fee-for-service rate as the number of years go on that the fee-for-service rate schedule has not been updated. Yet another provider in the same pool will try to negotiate, for example, 150% of the fee-for-service rate. So, in addition to there being variability between the rate paid under fee-for-service compared to managed care, absent regular updates to the fee-for-service fee schedules, there may also be greater variability in the rate to different providers for the same service.

In most cases, states are not required to track and publicly report the rates that they pay for the services that they purchase other than at the single time that the rate is actually changed in a public notice process. This, most likely, is due to the fact that there are few instances where rate updates are required by federal law. The US Department of Health and Human Services (DHHS), through its CMS agency, does not require that periodic rate surveys must be conducted for Medicaid-covered services. But the DHHS’s Administration of Children & Families, Office of Child Care does require a survey. Once every three years, states conduct a market rate survey that reflects the variations in the rate charged for child care services by geographic area, type of provider, and age of the child.² This is a requirement as part of the Child Care and Development Fund (CCDF) which is used to fund subsidies to eligible low-income families to ensure equal access to the full range of child care available in their community.

Any rate updates are at the discretion of the states. There are some notable exceptions to this. For federally qualified health centers (FQHCs), State Medicaid Agencies must ensure that FQHCs are paid at a rate that either accounts for an annual inflation amount or an alternative rate that has been approved by CMS. This provision is memorialized in federal law. For some other Medicaid-covered services, CMS requires that State Medicaid Agencies not pay greater than what Medicare would have paid (in aggregate dollars, even if specific service rates can be higher). Specific tests are required for inpatient and outpatient hospital services, nursing facilities, and some selected durable medical equipment and supplies.

² <https://www.acf.hhs.gov/occ/faq/what-are-the-new-requirements-regarding-the-market-rate-survey-used-to-set-payment-rates>

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Rate Methodologies Used for Medical Services in the Medicare Program and Many State Medicaid Programs

The CMS website³ outlines 17 different rate methodologies for services covered by the Medicare program. Some methodologies have been in place for decades while others are brand new. For example, Medicare has been paying for inpatient hospital services on a per inpatient stay basis using diagnosis related groupings (DRGs) for 37 years. Although this rate schedule and the mapping of DRGs may change from year-to-year, this methodological approach has been consistent throughout the years. The methodology used to pay for outpatient hospital services was first introduced 20 years ago. The methodology used to pay physicians and other practitioners has been in place for 28 years. Alternatively, the rate methodology to pay for home infusion therapy will be officially implemented by Medicare on January 1, 2021 (temporary rates have been in place for CY 2020). The rates established for opioid treatment were introduced January 1, 2020.

Exhibit 1 that appears on the next page lists each of these rate methodologies. Each of these categories will have its own rate schedule. Some rate schedules list rates at the individual service level while others list rates at the individual provider level. Other rate schedules list a single rate paid to all providers.

The exhibit segments the rate schedules by the type of rate schedule.

- A **Per Service Rate** schedule means that each service will be paid a specific rate. For example, a hospital may submit an outpatient claim for an individual that presented to the emergency department (ED) with a broken arm. The claim will have individual lines billed for the ED visit, the x-ray of the arm, the cast for the arm, and perhaps some drug given to the patient. Each of these lines will have a different rate that is paid to the provider. For some lines on the claim, some ancillary services may roll into the rate paid for the primary service.
- A **Per Diem Rate** schedule means that the provider is paid for all services rendered to the patient on a single day. This type of fee schedule is often used when the type of services delivered on a day-to-day basis are fairly predictable, such as in the case of nursing facility care.
- A **Per Case Rate** schedule means that the provider is paid one rate for all services rendered during a single period of care. This methodology is often used in a hospital setting. For example, the rate paid to the provider covers the entire length of stay while the individual is an inpatient at the facility.
- A **Per Episode Rate** schedule is the newest method used by CMS. The rate developed is intended to cover a period of time that the provider is serving the patient. By paying for an entire episode, the rate recognizes that some periods in the episode will require more time commitment from the provider than other times. The rate is intended to smooth out this variation. For example, Medicare's home health episode rate is based on a 60-day period of time.

³ <https://www.cms.gov/Medicare/Medicare> Refer to the subheading Medicare Fee-for-Service Payment.

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**Exhibit 1
Types of Rate Schedules Developed by CMS for the Medicare Program**

		Acuity Adjustment?	Value Based Component?	Quality Reporting?
Per Service Rate	Ambulance	No	No	No
	Ambulatory Surgical Center	No	in progress	No
	Clinical Laboratory	No	No	No
	Durable Medical Equipment, Prosthetics & Orthotics	No	Yes	No
	Clinics	No	No	No
	Hospital Outpatient Services	No	No	No
	Physicians and Nurse Practitioners	No	Yes	Yes
Per Diem Rate	Home Infusion Therapy	Yes	No	No
	Hospice Care	No	No	Yes
	Hospital Inpatient Psychiatric Care	Yes	No	No
	Skilled Nursing Facility	Yes	No	Yes
Per Case Rate	Hospital Inpatient Acute Care	Yes	Yes	Yes
	Hospital Inpatient Rehabilitation Care	Yes	No	Yes
	Hospital Long Term Care	Yes	No	Yes
Per Episode Rate	End Stage Renal Disease Dialysis	Yes	No	Yes
	Home Health (nursing/therapies)	Yes	No	Yes
	Opioid Treatment	No	No	No

The attributes within a methodological structure of the rate schedule can also vary. As seen in the last three columns of the exhibit, CMS has sometimes built in an *acuity adjustment* to the rates set. For example, for inpatient hospital acute care there are 759 different DRG categories. The rate paid to the hospital varies based on the diagnoses presented by the patient. There are obvious distinctions, for example between cardiology-related conditions and respiratory-related conditions. But there is also segmentation in the rates paid within major condition categories. For example, there is one payment for a patient classified under a DRG for leukemia and a different payment for a patient with leukemia who is also receiving chemotherapy treatment. In the case of skilled nursing facilities, residents are assessed across a number of dimensions such as the assistance they need with activities of daily living. The per diem rate paid to the nursing facility will vary based upon the needs of the resident.

CMS continues to introduce *value-based components* into many of its reimbursement methodologies, but they do not yet exist in all methodologies. As an example, for durable medical equipment, prosthetics and orthotics (DMEPOS), there is a national fee-for-service rate schedule with some locality adjustments for individual items in this category. However, CMS introduced a competitive bid concept that is at the major metropolitan area across the country. Vendors bid to compete against (i.e. offer below) the established fee-for-service rate. Now, the DMEPOS rate schedule shows the national fee-for-service rate as well as the rate determined through the competitively-bid process in that region of the country.

Using the inpatient hospital rate schedule again as an example, CMS computes the rate of hospital readmissions among Medicare beneficiaries for each acute care hospital in the country on an annual basis. Depending upon how an individual hospital's readmission rate compares to its peers, the hospital's rate

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for a 12-month period may be reduced by one to three percent from what it could have been if the hospital has a higher-than-expected readmission rate.

The concept of *quality reporting* is also relatively new in the Medicare program. In most cases, CMS is using this reporting to capture baseline data that may later inform changes to rate development. For now, it is typically for reporting purposes only. However, this information provides another view into the value of the reimbursement paid to providers for the services rendered. Examples of quality-based reporting include online queries where users can display comparisons of nursing facility providers⁴, acute care hospitals⁵, rehabilitation hospitals⁶, long term care hospitals⁷, physicians⁸, home health agencies⁹, dialysis centers¹⁰ and hospice providers¹¹.

State Medicaid Agencies are not obligated to use the Medicare methodologies to pay for the equivalent services in its Medicaid program. But many states have adopted at some of the conceptual frameworks used CMS in the Medicare program. For example, the vast majority of State Medicaid programs pay for inpatient hospital services using some type of DRG case payment system. Most states also use an acuity-based per diem methodology to pay skilled nursing facilities. Although the methods to assign acuity levels may differ, the fundamentals of the rate methodology are similar to Medicare's approach.

Rate Methodologies Used for Medicaid Waiver Services

Unlike many of the medical service categories mentioned in the previous section, there are no standard methodologies set by CMS for home- and community-based services (HCBS) in Medicaid waivers, primarily because these are not services offered in the Medicare program. As a result, State Medicaid Agencies have taken many approaches to developing the rates paid for individual HCBS.

B&A staff have assisted many states in developing rate models that we first introduced almost 20 years ago that are now often used as a method to develop state-specific solutions. These models used cost information from HCBS providers as well as external market-based information. B&A has found that many small HCBS providers are solely funded or almost completely funded by State Medicaid Agencies. As a result, provider costs are directly related to the rates paid by the Medicaid program. If the rate is low, this will then dictate, for example, the hourly wage paid to direct service professionals. To balance against this direct relationship, B&A and others also survey independent market factors such as the average wage paid in the state for a labor category as reported in the Bureau of Labor Statistics. This information is compared to actual wages paid by providers to assess where gaps may be found in the current rate paid by the Medicaid agency.

Other factors inform the development of individual service rates using this market-based model approach. Key factors that B&A also considers in its rate development with states include:

- Fringe benefits paid to staff (e.g., health insurance, vacation and sick pay, retirement benefits);
- Assumptions for non-billable time (e.g., time that the provider cannot bill the State when not face-to-face with a client such as travel time to the client's home, training time, client file notes, etc.);

⁴ <https://www.medicare.gov/nursinghomecompare/search.html>

⁵ <https://www.medicare.gov/hospitalcompare/search.html>

⁶ <https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>

⁷ <https://www.medicare.gov/longtermcarehospitalcompare/>

⁸ <https://www.medicare.gov/physiciancompare/>

⁹ <https://www.medicare.gov/homehealthcompare/search.html>

¹⁰ <https://www.medicare.gov/dialysisfacilitycompare/#search>

¹¹ <https://www.medicare.gov/hospicecompare/>

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- Capital costs (e.g., buildings for day programs, home costs for residential programs, vehicle costs for transportation);
- Program-related expenses (e.g., costs to run adult day health activities or an I/DD day program);
- Other transportation costs in addition to vehicles (e.g., miles driven per week); and
- Administrative costs (e.g., costs to run the business not directly related to client-facing activities).

The construct of these market-based models even though the specific elements like the ones stated above may vary based on each service.

In addition to developing a standard rate for a service, other factors may need to be considered to modify the standard rate. These “modifiers” on the rate may include, but are not limited to:

- The licensure level of the professional delivering the service (e.g., an RN, LPN or Nurse Aide for in-home health or a Ph.D. or Master’s level psychologist for a behavioral health service);
- The acuity level of the individual(s) served (e.g., persons with I/DD at different functioning levels or persons with I/DD with or without medical needs as well);
- The geographic location of the individuals being served (e.g., urban versus rural differentials); and
- The staffing requirements needed to serve clients (e.g., a 1 staff-to-1 client ratio versus a 1:3 ratio).

Whereas many medical services are defined using nationally-recognized service codes and service definitions, state waiver programs may often use the same service code but the definition of the service itself can vary across states. As a result, it is not always feasible to do a state-by-state comparison of rates even on the same service code without knowing more about how each state defines the service in its program(s).

Value-based components are starting to appear in some HCBS rates, but this a fairly new concept nationally. Many states are still working on the process to provide clarity and standardization in the assumptions around the rates that they do set before introducing a value-based component. Nonetheless, there is some evidence of value-based initiatives being developed. For example, B&A is assisting one state’s I/DD waiver program in creating a value-based (i.e., incentive) payment for individuals with I/DD seeking meaningful employment. The provider’s incentive payment is defined by the length of time an individual not only obtain, but also, retain employment either with or without additional supports.

Rate Methodologies Used for Non-Medicaid Services

In B&A’s experience, we have not seen national standards or benchmarks to pay for health and human services that are delivered outside of Medicaid. This may be because there is not a federal partner such as CMS that needs to approve the rates themselves. Delaware’s DHSS is not different from other states in this regard whereby the typical method to set rates is either a subjective decision made by state policymakers as to the rate to pay for a service or a request for competitive bids from providers to determine a rate that the market will offer to the state. Some examples of services in this category include:

- Case management for grant programs
- Public health programs such as immunizations and screenings that are intended to serve the entire population
- Emergency housing

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SECTION III: APPROACH TO CONDUCT THIS STUDY

Introduction

Burns & Associates (B&A) used both a qualitative and quantitative approach to collecting and analyzing the rates paid for services across the Department of Health and Social Services (DHSS). In October 2019, B&A staff members convened in-person interviews with representatives from each DHSS Division to learn more about the services for which they were responsible, the clients that they serve, and the providers that they contract with. In addition to confirming this information, the B&A team also asked each Division about:

- The source data, if any, used to inform how individual rates are set;
- The process for setting rates and whether it is uniform across service categories;
- The current state of the provider base to deliver services and whether any challenges exist to attract and/or retain providers; and
- Any suggestions on how the rate setting process could be improved at their Division.

In addition to collecting this feedback, the B&A team requested and received individual claim-level detail for services that are billed by providers to the Delaware Medicaid Enterprise System (DMES). Within DMES, information is collected and stored on all services delivered by the Division of Medicaid and Medical Assistance (DMMA) as well as the majority of services delivered through waivers administered by Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) and the Division of Developmental Disabilities Services (DDDS). Some, but not all, of the services delivered by the Division of Substance Abuse and Mental Health (DSAMH) are also stored in the DMES. The split between what is stored and what is not stored in DMES for DSAMH services is whether or not the client is Medicaid-eligible. The service-level data for clients not eligible for Medicaid who receive services from DSAMH was not readily available for this study. Also, the data from other Divisions for non-Medicaid services is not typically captured at the individual client-service level. Therefore, this data is not reported on at that level in this report.

The service-level data stored in the DMES includes services delivered in both the fee-for-service and the managed care delivery systems. Although managed care organizations (MCO) pay providers directly (as opposed to the State doing so), the MCOs are required to submit these paid claims to the DMES on a regular basis.

B&A reviewed data from DMES over a three-year period to ensure that there were not any material changes in the data reported by year. B&A found none. Therefore, throughout this report, B&A reports on the most recent year of utilization available (State Fiscal Year, or SFY, 2019). The DMES data was delivered to B&A in January 2020. This allows for a minimum six-month period to allow time for claims during this service period to be submitted by providers to the State/the MCOs and for the MCOs to submit to the DMES.

Methodology Used to Aggregate Services

For medical services and waiver services that are submitted to DMES, DMMA groups services into categories for purposes of tracking and to report to CMS in order to claim the federal matching percentage of total expenditures. B&A used the State's category of service variable to group services for this report as well. In some cases, multiple categories of service were grouped together if the services in these categories are paid using the same rate methodology.

In Section V of this report, the categories of service are displayed that represent the services for which the DMMA is responsible for. As a whole, these are considered Medicaid non-waiver services. In Section

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VI of this report, the categories of service are displayed for home- and community-based services (HCBS) which includes Medicaid waivers. These services include those that are the responsibility of DMMA and Divisions other than the DMMA.

The categories of service included in Section V of the report include the following:

**Exhibit 2
Categories of Service Displayed in Section V of the Report**

Major Section	Sub-Section
Acute Care	Inpatient Hospital
Acute Care	Skilled Nursing Facilities and Assisted Living Facilities
Acute Care	Institutions for Mental Disease aka Psychiatric Hospitals
Acute Care	Home Health Services except Private Duty Nursing
Acute Care	Hospice Care
Outpatient Facility Care	General Acute Outpatient Hospital
Outpatient Facility Care	Ambulatory Surgical Centers
Outpatient Facility Care	End Stage Renal Disease (Dialysis) Services
Clinic Services	Federally Qualified Health Centers
Professional Services	Evaluation and Management Services (general office visits)
Professional Services	Procedure (specialty) Services
Ancillary Services	Physician-Administered Drugs
Ancillary Services	Independent Laboratory and Radiology
Ancillary Services	Durable Medical Equipment, Prosthetics and Orthotics
Substance Use Disorder	SUD Services Delivered in an Outpatient Setting
Substance Use Disorder	SUD Services Delivered in a Residential Treatment Setting
Other Medicaid Services	Children's Dental Services
Other Medicaid Services	Vision and Hearing Services
Other Medicaid Services	Emergency (Ambulance) and Non-Emergency Transportation
Other Medicaid Services	Private Duty Nursing

It was agreed with DHSS Core Team that pharmacy would be excluded from this study.

The categories of service included in Section VI of the report include the following:

**Exhibit 3
Categories of Service Displayed in Section VI of the Report**

HCBS Services Delivered by MCOs in Medicaid Managed Care (PLUS Program)
HCBS Services Delivered by the Division of Developmental Disabilities Services
HCBS Services Delivered by the Division of Substance Abuse and Mental Health (PROMISE Program)
Children's Behavioral Health Services Administered by the Department of Children, Youth and their Families
School Based Health Services

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Within each category of service, B&A computed statistics common to all categories such as the following:

- Total Expenditures
- The percentage of the total Medicaid budget (inclusive of waivers) for this category of service
- Federal Share and State Share of Expenditures
- Total individuals using this service in SFY 2019 and percent of the total Medicaid population
- Total providers delivering the service in SFY 2019
- Top 5 services paid in SFY 2019 within the category

Other attributes are tracked for each category of service such as:

- The last time that the rate(s) for this category of service were updated by DHSS
- If there is a Medicare-equivalent rate available for the category of service
- If yes, the estimated percentage of Medicare's rate paid by DHSS
- Options for modernizing the rate methodology for the category of service
- Options for adding a value-based component for the category of service

Walk Through of the Dashboard for Medicaid Services

In this section, we provide more details on what is shown on in the dashboard reports that appear in Sections V and VI. There are four main sections shown on each dashboard:

- General Information (colored in blue)
- Information Related to Rate Setting Methodology (colored in peach)
- Information Related to Value-Based Methodology (colored in green, Section V only)
- Average Payment Per Unit for the Top Five Revenue Codes or Procedures (colored in yellow)

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General Information

The General Information section is divided into:

- Expenditure Information on State Fiscal Year 2019 Incurred Services
- Population Information

In the first sub-section, the information for each service category is shown tabulated for total expenditures for SFY 2019 services (in millions) and a breakdown between the federal and state share of these dollars. The information is footnoted for the federal share because DHSS may receive different levels of federal matching dollars for different services and different categories of Medicaid enrollees. For example, the expenditures incurred for children enrolled in the State’s Title XIX Children’s Health Insurance Program have a higher federal match percentage than other children in Medicaid. As a conservative estimate, the federal share of expenditures shown is the minimum amount of federal matching dollars (i.e., the lowest federal match rate). Conversely, the state share of expenditures shown is the maximum amount that the state could potentially pay out.

For context, the total dollars for the service category are shown as a percentage of the total Medicaid budget on the right side in this section.

In the second sub-section, information is shown related to the number of Medicaid beneficiaries who used this service category (left side) and the number of providers who delivered the service (right side). It should be noted that, for some categories, the number of providers is not a unique count. Rather, it is a count of unique provider locations. This is an artifact of how providers are tracked in DMES.

Information is also shown that reports the percentage of all dollars for this service paid through the MCOs (as compared to the fee-for-service program). The percentage of the total MCO service expenditures is also shown. Note that this is not a percentage of all payments to the MCO (which are paid on a per member per month basis). Rather, it represents the percentage that this service category represents of all service payments made to providers by the two MCOs. Information on the right side gives other attributes about this service category.

GENERAL INFORMATION			
Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$89.9	Percent of Medicaid Service Budget (including waivers)	4.4%
Federal Share* of Expenditures (in millions)	\$51.8	Classification: % of Medicaid Service Budget	Medium
State Share of Expenditures (in millions)	\$38.2		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			
Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	3,057
Total Unique Users, SFY 2019	165,335	Total Providers per 1,000 Users, SFY 2019	18.5
Classification: % of Total Population Served	High	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	97.2%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	5.5%	Number of Provider Specialties in Category	168
Classification: % of MCO Expenditures	Medium		

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Information Related to Rate Setting Methodology

In this section of the dashboard, an overview of DHSS rate methodology is described. Information on the last rate update is shown and an indication if there is an equivalent rate (or rates) established by CMS in the Medicare program. If yes, it is reported if DHSS uses the Medicare methodology and an estimate as to the percentage of Medicare's rate.

Options for potential ways to modernize the rate setting methodology are summarized. A key component to updating a rate methodology is the availability of provider cost data. The status of cost data is also reported. For some services such as hospitals and nursing facilities, cost data is readily available because these providers are required to submit a cost report to CMS for Medicare once per year. For other providers such as physicians, an annual cost report is not required.

INFORMATION RELATED TO RATE SETTING METHODOLOGY			
Overview of Current Rate Methodology			
DHSS pays 100% of Medicare's resource-based, relative-value system (RBRVS) for E&M codes. Updated annually. Unlike other services, non-physician clinician rates for primary care are not discounted based on place of service. There are two rates on file--one for facilities (billed by a hospital), one for non-facilities (billed by a physician practice).			
Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	78	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low
Nothing specifically			

Information Related to Value-Based Methodology

In this section of the dashboard, B&A reports on whether or not DHSS uses a value-based component in the rate setting methodology for this service category. If yes, a brief description of this methodology is provided. An assessment is made as to the level of opportunity there may be to add in a value-based component. As reported in Section II, CMS has a value-based component in some rate schedules, but not all. If the assessment showed either a medium or high level of opportunity, then a brief description of the options that may be available for this service category is described.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY	
Does the State use value-based methods as part of these payments?	Yes
Level of opportunity to modernize current methodology	Medium
A description of those methods include:	
The State is providing per member, per month payments for care management to primary care physicians.	
Options for adding a value-based component (if level of opportunity is rated Medium or High above)	
As detailed in the Delaware State Innovation Model (SIM) Final Report (2015-2019), Delaware supported primary care practice transformation and behavioral health integration, which could serve as the basis for development of value-based components.	

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Average Payment Per Unit for the Top Procedures

Depending upon the service category, the dashboard reports show either the most common rates paid to providers or the rates for the top procedure codes billed. Some providers such as hospitals (for inpatient stays) and nursing homes have rates that are specific to each provider. In this instance, the provider-specific rates or summary information about these rates is shown.

Other provider categories share the same rate and are instructed to bill common procedural technology (often referred to as *procedure codes* or *CPT codes*). CPT codes are all numeric and are referred to as Level I codes. The Level II codes are called Healthcare Common Procedure Coding System (often shortened to *HCPCS* and called “hick pics”). These codes are alphanumeric and include non-physician services such as ambulance and other transportation, medical equipment, supplies and Medicaid waiver services. Both the CPT and HCPCS lists are maintained by the American Medical Association.

When top procedures are shown, the code is displayed with a short descriptor. The percentage that this revenue code or procedure represents of all expenditures in the category is shown along with the total expenditures in dollars. The DHSS rate is shown along with the average paid amount per unit in both fee-for-service (FFS) and by the MCOs in managed care is also shown. As mentioned previously, the average payment made by the MCOs may differ from FFS because of each MCO’s unique contract negotiations with providers. The average payment per unit for FFS may also vary from what is shown on the FFS rate schedule if there are payments made to offset the published rate that is “allowed” to be made.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES						
Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Non-Facility Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Office or other outpatient visit, established patient, 25 minutes	99214	30.6%	\$27,529,595	\$109.85	\$107.80	\$106.73
Office or other outpatient visit, established patient, 15 minutes	99213	29.4%	\$26,457,063	\$75.06	\$72.89	\$72.58
Office or other outpatient visit, new patient, 45 minutes	99204	6.0%	\$5,372,108	\$166.35	\$163.75	\$172.00
Office or other outpatient visit, new patient, 30 minutes	99203	5.7%	\$5,117,135	\$109.66	\$108.18	\$115.25
Office or other outpatient visit, established patient, 40 minutes	99215	4.1%	\$3,714,742	\$147.20	\$143.37	\$159.20

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which differs from the standard rate.

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SECTION IV: METHOD OF ASSESSING CURRENT DHSS RATE METHODOLOGIES

Methodology

In Section III, the different sections of the dashboard reports created for each service were introduced. Within each section, there were items that had a color coding with a value shown of “Low”, “Medium” or “High”. In total, six of these measures are displayed on each dashboard report.

The six measures are intended to provide a way for policy-makers to guide DHSS in the prioritizing of areas for future rate development. Each measure represents a domain that contributes to determining the level of priority. The six domains are as follows:

- **Spending, Percent of Total Budget.** When evaluating rates, it is important to understand how much a given rate schedule impacts total expenditures. Changes to individual rate schedules may have very different overall budgetary impacts. Measure #1, therefore, assesses the percentage of spending in the service category as a percentage of the total Medicaid budget.
- **Spending, Percent of Managed Care Spending.** Similar to the first domain, the percentage of expenditures as it relates to service spending by the MCOs is a key indicator. Measure #2 assesses the percentage spending in the service category as a percentage of total MCO spending. Measure #2 will differ from Measure #1 because not all Medicaid services are delivered by the MCOs in its contract with DHSS. For example, the MCOs do not pay for waiver services.
- **Usage Volume.** Similar to spending, it is important to understand the overall volume of use among the eligible population for a given service category. If the service is used by very few beneficiaries, the relative necessity for updates to the rate methodology may not be as high as a service category used by a majority of beneficiaries. Measure #3 assesses the percentage of the eligible population who used the service in SFY 2019.
- **Access to Providers.** The level of access to care and the provider base willing to deliver a service may be an indicator of payment adequacy. In other words, if there are providers in the state that deliver a service but they are not enrolled as a provider with Medicaid, this may be because the Medicaid rate is too low for them to consider enrolling. For other services, it is not that providers are available but unwilling to enroll, but rather there are few providers in the state to start with. A low base of providers to choose from means a greater sensitivity to provider accessibility. Measure #4 assesses the number of providers per 1,000 Medicaid users. The lower the number, the more likely that there may be access to care challenges.
- **Methodology Opportunity.** Methods for determining provider payment rates have evolved over time. CMS has actually made many fundamental changes in the last 10 years to a number of reimbursement methodologies in an effort to promote efficiency. State Medicaid Agencies often adopt Medicare or Medicare-like methodologies for basing their payment methodologies where there is service overlap. Or, Medicaid agencies will borrow methodologies from each other, particularly for those services that Medicare does not cover. Measure #5 is B&A’s assessment of DHSS’s opportunity to modernize its payment methodology for the service category vis a vis how Medicare or other State Medicaid Agencies have developed their own rates.
- **Value-based Opportunity.** In recent years, there is an increased focus on linking a proportion of healthcare service payments to quality of care. There are a number of generally accepted approaches to value-based purchasing the nature of which vary by service category. Measure #6 is B&A’s assessment of DHSS’s opportunity to add a value-based component to the reimbursement methodology for the service category.

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For each of the six measures, B&A assigned a level of low, medium or high. B&A defined the ranges for each measure in consultation with DHSS Core Team assigned to develop this report. For the first four measures, the data used to make the assessment comes directly from computations made by B&A using DMES data. The scores assigned to Measures #5 and #6 are subjective and based on the B&A team’s experience in setting or reviewing rates and rate methodologies for other state health and social services agencies and our experience with the Medicare reimbursement methodologies. The definitions for scoring within each measure are shown in Exhibit 4 below. The color coding ties to the section of the dashboard where each measure appears.

**Exhibit 4
Definitions of the Scores Given Based on Criteria Specific to Each Measure**

Measure	Low	Medium	High	
1	Percent of Medicaid Service Budget	Expenditures for the service category represent < 2% of the total budget for Medicaid services.	Expenditures for the service category represent 2.01 to 7.0% of the total budget for Medicaid services.	Expenditures for the service category represent > 7.01% of the total budget for Medicaid services.
2	Percent of Managed Care Spending	Expenditures for the service category represent < 2% of the total MCO service spending.	Expenditures for the service category represent 2.01 to 7.0% of the total MCO service spending.	Expenditures for the service category represent > 7.01% of the total MCO service spending.
3	Percent of Users of the Service	Users of the service category represent < 2.0% of the total Medicaid population.	Users of the service category represent 2.1 to 10.0% of the total Medicaid population.	Users of the service category represent >10.0% of the total Medicaid population.
4	Provider Access	Number of providers per 1,000 is 15.0 or greater.	Number of providers per 1,000 is between 5.01 and 14.99.	Number of providers per 1,000 is 5.0 or fewer.
5	Opportunity to Modernize Payment System	The methodology used today to set the rate is considered "cutting edge" or more innovative than how other entities pay.	The methodology used today to set the rate is considered within the norm of how other entities pay for the service.	The methodology used today to set the rate is outdated or not within the norm of how other entities pay for the service.
6	Opportunity to Add Value-Based Component	There are limited known methods in the field that could be used to add a value-based component or it is not practical for this service to do so.	There may be opportunities to add a value-based component to the rate methodology, but there is not a known method that has been tested in the field. It would need to be a Delaware-defined solution.	There are known methods in the field that could be easily leveraged to add a value-based component to the rate methodology.

Using this methodology, each measure rated low is given a score of 1; each measure rated medium is given a score of 2; and each measure rated high is given a score of 3. Therefore, 18 maximum points are available. Any service categories with a score close to 18 have the greatest opportunity for rate modernization vis a vis other service categories.

Exhibit 5 on the next page shows the results of this process for non-waiver Medicaid services. Among the 20 service categories examined, seven had a score greater than 10. Three categories had a score of 14 or greater (inpatient hospital, outpatient hospital and nursing facilities).

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**Exhibit 5
Scores Assigned to Each Measure by Service Category to Obtain Final Prioritization Score**

Dashboard Number	Service Category	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
1.1	General Acute Care Inpatient Hospital	High	High	Medium	Medium	High	High	16
1.2	Skilled Nursing Facilities and Assisted Living Facilities	High	High	Low	High	High	High	16
1.3	Psychiatric Hospitals	Low	Medium	Low	High	Medium	High	12
1.4	Home Health Agencies	Low	Medium	Low	High	Medium	High	12
1.5	Hospice Care	Low	Low	Low	High	Low	Low	8
2.1	General Acute Care Outpatient Hospital	High	High	High	Medium	High	High	17
2.2	Ambulatory Surgery Centers (ASCs)	Low	Low	Low	Medium	Low	Low	7
2.3	End Stage Renal Disease (ESRD) Services, Health Centers other than FQHCs	Low	Low	High	High	Low	Low	10
3.1	Federally Qualified Health Centers (FQHCs)	Low	Low	Medium	Medium	Low	Medium	9
4.1	Evaluation and Management Services (primarily office visits)	Medium	Medium	High	Low	Low	Medium	11
4.2	Procedure Services	High	High	High	Low	Low	Medium	13
5.1	Physician-Administered Drugs	Low	Low	Medium	Low	Low	Low	7
5.2	Independent Laboratory and Radiology	Low	Low	High	Low	Low	Medium	9
5.3	Durable Medical Equipment, Prosthetics and Orthotics	Low	Low	Medium	Low	Low	Medium	8
6.1	Substance Use Disorder Services, Outpatient	Low	Low	Medium	Low	Low	Medium	8
6.2	Substance Use Disorder Services, Residential	Low	Low	Low	Low	Medium	Medium	8
7.1	Children's Dental Services	Medium	Low	High	High	Low	Medium	12
7.2	Vision and Hearing Services	Low	Low	Medium	Medium	Low	Low	8
7.3	Non-Emergency Medical Transportation and Emergency Transportation (Ambulance)	Low	Low	Medium	Medium	Low	Low	8
7.4	Private Duty Nursing	Low	Low	Low	Low	Medium	Low	7

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SECTION V: FINDINGS RELATED TO SERVICES PAID BY THE DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

Introduction

In Section V, the summary reports for services delivered by the Division of Medicaid and Medical Assistance are presented. The design of each of the reports is the same for ease of review.

Services have been organized into seven major categories. Most of these major categories contain multiple summary reports behind them. The summary reports are segmented based on services that are similar in nature or that share a common rate schedule. The major categories are:

- Section 1: Acute Care
- Section 2: Outpatient Facility Care
- Section 3: Clinic Services
- Section 4: Professional Services
- Section 5: Ancillary Services
- Section 6: Mental Health and Substance Use Disorder Services
- Section 7: Other Medicaid Services

An introduction page is provided for each of these seven categories. In this introduction, the assessment scores that were assigned to each service under the major category are shown for convenience. [The assessment scores are also shown on each service summary page.] The highlights of the areas of greatest opportunity for DHSS to either modernize rate setting methodologies or to add value-based components to the methodology are also cited.

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Section 1: Acute Care

Section 1 includes five summary reports:

- 1.1 General Acute Care Inpatient Hospital Services
- 1.2 Skilled Nursing Home Facilities and Assisted Living Facilities
- 1.3 Institutions for Mental Disease (IMDs) (Psychiatric Hospitals)
- 1.4 Home Health Agencies except Private Duty Nursing
- 1.5 Hospice Care

Within this section, the assessment scores show that the recommendation for highest-priority related to rate reform or value-based opportunities are in the areas of inpatient hospital and skilled nursing facilities.

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
1.1	High	High	Medium	Medium	High	High	16
1.2	High	High	Low	High	High	High	16
1.3	Low	Low	Low	High	Medium	High	11
1.4	Low	Low	Low	High	Medium	High	11
1.5	Low	Low	Low	High	Low	Low	8

Discussion

The area of greatest opportunity to update rates is for inpatient hospital and nursing facility services. The inpatient hospital rates were last updated in 2008. Currently, rates are set on a per discharge basis without regard to the acuity of the patient. Medicare and most State Medicaid Agencies pay for inpatient services on a per discharge (i.e. multiple day) basis and pay different rates based on the type of service and acuity of the patient. This is achieved by assigning cases to a diagnostic related group, or DRG.

In a DRG payment system, it is also easier to track the prevalence of readmissions by examining if a patient was readmitted for the same or similar reason (i.e., the same DRG) or for an unrelated reason. The Medicare program reduces hospital payments if the readmission rate at the hospital exceeds certain targets. Some Medicaid programs either discount payments on readmission or, at minimum, track and trend readmission rates that are publicly reported.

The other area of high opportunity is the Skilled Nursing Facility rates. These rates have not undergone a full reset using current costs since 2007. Rates are set on a per diem basis which is the industry standard. DHSS has also set its per diem rates to reflect the staffing resource intensity (patient acuity) required which is also the industry standard. Medicare made a fundamental change in the tool that it uses to create patient acuity scores in 2019. The previous tool, which was used by the majority of Medicaid agencies, will not be supported by CMS beginning in October 2020. There is a high degree of opportunity to make rate setting changes in this service as soon as possible.

Both Medicare and some Medicaid agencies also utilize quality rating scores of nursing facilities. These can be used for reporting purposes only, to reward incentive payments to providers, or to cut rates for under-performing providers. DHSS does not have any of these methods in place today.

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CATEGORY OF SERVICE	1	ACUTE CARE
SUB-CATEGORY OF SERVICE	1.1	General Acute Care Inpatient Hospital

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$402.6	Percent of Medicaid Service Budget (including waivers)	19.9%
Federal Share* of Expenditures (in millions)	\$231.7	Classification: % of Medicaid Service Budget	High
State Share of Expenditures (in millions)	\$170.9		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	7
Total Unique Users, SFY 2019	20,517	Total Providers per 1,000 Users, SFY 2019	7.7
Classification: % of Total Population Served	Medium	Classification: Provider Base	Medium
Percent of Service Category Paid by MCOs	87.8%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	22.3%	Number of Provider Specialties in Category	5
Classification: % of MCO Expenditures	High		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Inpatient rates are paid per discharge. There are two types of discharge rates: 1) a general services rate and 2) a nursery services per discharge. There are three components that comprise each discharge rate: operating, capital, and medical education. Operating payment derived from fiscal year (FY) 1992 cost reports and claims data. High cost outliers are determined if the cost of discharge exceeds 4 times the hospital operating rate per discharge. Costs of the case will be determined by applying the hospital-specific cost-to-charge ratio to the allowed charges reported on the claim for discharge.

Last rate update for this service	2009	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Discharge	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Specific	Is provider cost information readily available to inform rate?	Yes
Total Unique # of Revenue Codes	215	Does the State use this cost data to inform rate?	No
Options for modernizing the methodology			High

Consider adoption of a prospective payment system (PPS) like Medicare or similar methodology using diagnosis related grouping. Tie payments of cases closer to actual costs, since the State may be paying far above costs on some cases.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	Some	Level of opportunity to modernize current methodology	High
A description of those methods include: As required by CMS, currently adjust payments for provider preventable conditions (PPC) and hospital acquired conditions (HAC).			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop a value-based framework, such as potentially preventable readmissions, to be used for holding some percent of existing payment dollars, or create additional incentive payment dollars for redistribution based on performance.

CURRENT FEE-FOR-SERVICE PER DIEMS (Note: It is not known what the managed care organizations pay the hospitals.)

Published Per Diem Rates by Hospital	Pct Spend in this Category	\$\$ Expenditures	FFS Rate, Per Discharge, Nursery	FFS Rate, Per Discharge, All Except Nursery
A.I. DuPont	31.4%	\$126,511,389	\$3,410.02	\$11,064.38
Bayhealth Medical Center	4.1%	\$16,601,793	\$1,273.65	\$3,622.14
Beebe	3.2%	\$12,811,233	\$1,406.60	\$3,879.60
Christiana Care	32.5%	\$130,797,145	\$1,973.02	\$8,270.22
Kent General	11.7%	\$47,034,715	\$1,337.55	\$4,785.95
Nanticoke Memorial	1.7%	\$6,969,829	\$1,027.61	\$3,437.90
St. Francis	4.3%	\$17,138,810	\$1,372.90	\$4,316.66

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	1	ACUTE CARE
SUB-CATEGORY OF SERVICE	1.2	Skilled Nursing Facilities and Assisted Living Facilities

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$324.9	Percent of Medicaid Service Budget (including waivers)	16.1%
Federal Share* of Expenditures (in millions)	\$187.0	Classification: % of Medicaid Service Budget	High
State Share of Expenditures (in millions)	\$137.9		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	14
Total Unique Users, SFY 2019	4,132	Total Providers per 1,000 Users, SFY 2019	3.1
Classification: % of Total Population Served	Low	Classification: Provider Base	High
Percent of Service Category Paid by MCOs	86.9%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	17.8%	Number of Provider Specialties in Category	4
Classification: % of MCO Expenditures	High		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Intermediate and skilled nursing homes are paid a per diem rate. The rates have five prospectively determined components: primary patient care, secondary patient care, support services, administration, and capital cost. Two peer groups established for the primary care rate settings: Privately-owned and State-owned. The rates also vary by patient complexity. There are 32 levels in all based on patient complexity.
 Rates paid to individual providers will also vary because an additional component to the facility's rate is based on payments that providers make through a tax paid to the state.

Last rate update for this service	2007	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Diem	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Specific	Is provider cost information readily available to inform rate?	Yes
Total Unique # of Revenue Codes	52	Does the State use this cost data to inform rate?	No

Options for modernizing the methodology **High**
 Consider adopting CMS Patient Driven Payment Model (PDMP) patient classification system for case mix adjustment purposes and the Medicare Skilled Nursing Facility (SNF) prospective payment system as the basis for an updated payment model.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Yes Level of opportunity to modernize current methodology **High**
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop a value-based framework, such as the Medicare SNF value-based payment program, by committing either a portion of the per diem payment or incentive dollars to be distributed to providers based on performance.

CURRENT FEE-FOR-SERVICE PER DIEMS (Note: It is not known what the managed care organizations pay the facilities.)

Published Per Diem Rates by Nursing Facility	Per Diem Rate
The per diem rates vary across the 38 facilities and the 32 levels in a facility, so there are 1,216 unique per diems in all. Refer to Appendix B for details.	
Minimum Value across all Nursing Facilities	\$232.51
Median Value across all Nursing Facilities	\$299.48
Maximum Value across all Nursing Facilities*	\$442.07

*There is an exception to this for a single facility that has a separate rate for ventilator-dependent residents.

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CATEGORY OF SERVICE	1	ACUTE CARE
SUB-CATEGORY OF SERVICE	1.3	Institutions for Mental Disease (IMDs) aka Psychiatric Hospitals

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$36.0	Percent of Medicaid Service Budget (including waivers)	1.8%
Federal Share* of Expenditures (in millions)	\$20.7	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$15.3		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	7
Total Unique Users, SFY 2019	2,986	Total Providers per 1,000 Users, SFY 2019	1.0
Classification: % of Total Population Served	Low	Classification: Provider Base	High
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	92.6%	Number of Provider Specialties in Category	1
Percent of MCO's Service Expenditures	2.1%		
Classification: % of MCO Expenditures	Medium		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Defaults to Medicare's methodology. Paid using a prospectively set per diem rate based on annual reported allowable Medicare cost. This is equal to previous year's total allowable cost/total # of patient bed days. The rate is recalculated annually (reimbursement year = Oct. 1-Sept. 30) and the per diem rate is not cost settled, but is limited to the upper payment limit. The per diem is equal to 93% of Medicare Inpatient Psychiatric Facility prospective payment system rate for Delaware.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Diem	What percent of Medicare rate does DHSS pay?	93%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	Yes
Total Unique # of Revenue Codes	16	Does the State use this cost data to inform rate?	No
Options for modernizing the methodology			Medium

Consider adoption of a prospective payment system (PPS) like Medicare or similar methodology using diagnosis related grouping.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	High
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop a value-based framework, such as potentially preventable readmissions, to be used for holding some percent of existing payment dollars, or create additional incentive payment dollars for redistribution based on performance.

CURRENT FEE-FOR-SERVICE PER DIEMS (Note: It is not known what the managed care organizations pay the hospitals.)

Published Per Diem Rates	Per Diem Rate
New Castle County, 93% of Medicare	\$815.70
Kent County, 93% of Medicare	\$738.14
Sussex County, 93% of Medicare	\$704.39
Rate for Partial Hospitalization, 100% of Medicare rate, all counties	\$233.52

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CATEGORY OF SERVICE	1	ACUTE CARE
SUB-CATEGORY OF SERVICE	1.4	Home Health Agencies

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$38.6	Percent of Medicaid Service Budget (including waivers)	1.9%
Federal Share* of Expenditures (in millions)	\$22.2	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$16.4		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	82
Total Unique Users, SFY 2019	3,985	Total Providers per 1,000 Users, SFY 2019	0.8
Classification: % of Total Population Served	Low	Classification: Provider Base	High
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	88.0%	Number of Provider Specialties in Category	6
Percent of MCO's Service Expenditures	2.1%		
Classification: % of MCO Expenditures	Medium		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 The agency's fee schedule rate is based upon the Home Health cost of services for a Home Health Aide, Skilled Nurse, Physical Therapist, Occupational Therapist, and Speech Therapist. Rates are arrayed to determine the 75th percentile value among enrolled Delaware Medicaid providers for each procedure code. Rates are inflated the CMS Home Health Market Basket index when funds are available.

Last rate update for this service	2015	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	Yes	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Visit	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	Yes
Total Unique # of CPT/HCPCS Codes	51	Does the State use this cost data to inform rate?	No
Options for modernizing the methodology			Medium

Move to a methodology similar to one employed by Medicare (see below) that factors in the complexity and needs of the patient.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	High
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 An episodic bundled rate could be developed to discourage over-utilization on a per visit basis. Medicare pays for home health based on a 60-day episode of care. There are provisions for a different type of payment if the patient only needs a few days of care out of the 60 days.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS**	Avg Paid per Unit MCO
Nursing care in the home by an LPN, per hour	S9124	32.3%	\$12,463,473	\$46.14	not used	\$43.31
Nursing care in the home by an RN, per hour	S9123	29.2%	\$11,277,661	\$51.50	not used	\$46.60
Skilled nursing in the home by an RN, per 15 min	G0299	19.6%	\$7,542,738	\$40.83	\$39.53	\$39.36
Home health services by an aide, per 15 min	G0156	5.8%	\$2,232,256	\$8.72	\$8.47	\$6.22
Physical therapist services in the home, per 15 min	G0151	5.6%	\$2,154,947	\$40.98	\$38.91	\$37.62

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

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CATEGORY OF SERVICE	1	ACUTE CARE
SUB-CATEGORY OF SERVICE	1.5	Hospice Care

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$2.8	Percent of Medicaid Service Budget (including waivers)	0.1%
Federal Share* of Expenditures (in millions)	\$1.6	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$1.2		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	21
Total Unique Users, SFY 2019	251	Total Providers per 1,000 Users, SFY 2019	0.0
Classification: % of Total Population Served	Low	Classification: Provider Base	High
Percent of Service Category Paid by MCOs	98.2%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	0.2%	Number of Provider Specialties in Category	2
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Reimbursement made at one of four predetermined rates for each day of hospice care. The daily rate (and hourly rate for continuous home care) is applicable to the type and intensity of services furnished to the beneficiary for that day. There are four levels of care into which each day of care is classified: routine home care, continuous home care, inpatient respite care, and general inpatient care. No Medicare reimbursement cap applied for Delaware Medicaid hospice providers.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Diem	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	9	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Level of opportunity to modernize current methodology **Low**
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)

CURRENT FEE-FOR-SERVICE PER DIEMS (Note: It is not known what the managed care organizations pay the providers.)

Published Per Diem Rates	Per Diem Rate
Routine home care (days 1 through 60)	\$194.50
Routine home care (days 61 and after)	\$153.72
Continuous home care (\$58.15 per hour x 24 hours)	\$1,395.63
Inpatient respite care	\$451.10
General inpatient care	\$1,021.25

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 2: Outpatient Facility Care

Section 2 includes three summary reports:

- 2.1 General Acute Care Outpatient Hospital
- 2.2 Ambulatory Surgery Centers (ASCs)
- 2.3 End Stage Renal Disease (ESRD) Services, Health Centers other than FQHCs

Within this section, the assessment scores show that the recommendation for highest-priority related to rate reform or value-based opportunities are in the area of outpatient hospital general acute care.

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
2.1	High	High	High	Medium	High	High	17
2.2	Low	Low	Low	Medium	Low	Low	7
2.3	Low	Low	High	High	Low	Low	10

Discussion

DHSS uses a modification of the way that Medicare and some other Medicaid agencies pay for outpatient hospital services. Since 2000, Medicare has paid using its Outpatient Prospective Payment System (OPPS). In this rate methodology, services are grouped into categories similar to what was described for inpatient hospital services. Whereas the inpatient system groups based on diagnosis, Medicare’s outpatient system groups based on procedures. Medicare has continued to increase the complexity of this payment system over time in an effort to achieve the greatest value. For example, ancillary or incidental services are not paid separately, but rather, are rolled into the payment for more significant procedures. Other services that are delivered in the same visit, such as two x-ray exams, are discounted to account for the economies of scale that are achieved to do them at the same time.

Although DHSS has defined rates for many outpatient hospital services, there is a high degree of opportunity to gain efficiencies to migrate to a rate methodology more akin to Medicare’s OPPS. Rates have not been updated since 2009. Further, some services are still paid by DHSS using a percentage of billed charges. This is both highly variable across hospitals (each hospital is paid differently for the same service) and not cost-efficient to the State.

DHSS uses Medicare’s methodology to pay for Ambulatory Surgical Centers (ASCs) and updates these rates annually. For other services in this section, although there is opportunity to add sophistication to the rate methodologies used (e.g., end stage renal disease services), the overall expenditures relative to other services is low.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	2	OUTPATIENT FACILITY CARE
SUB-CATEGORY OF SERVICE	2.1	General Acute Care Outpatient Hospital

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$341.3	Percent of Medicaid Service Budget (including waivers)	16.9%
Federal Share* of Expenditures (in millions)	\$196.4	Classification: % of Medicaid Service Budget	High
State Share of Expenditures (in millions)	\$144.9		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	19
Total Unique Users, SFY 2019	109,162	Total Providers per 1,000 Users, SFY 2019	7.3
Classification: % of Total Population Served	High	Classification: Provider Base	Medium
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	95.4%	Number of Provider Specialties in Category	2
Percent of MCO's Service Expenditures	20.5%		
Classification: % of MCO Expenditures	High		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Prospective flat visit rate for four types of outpatient services: Emergency Department (emergencies and non-emergencies), clinic, and labor/delivery room. For all other services, a hospital-specific cost-to-charge ratio (CCR) is applied that pays by multiplying the charges billed on the claim by the CCR. The CCR values are specific to defined groupings of services and are specific to each hospital in the state. Lab services delivered in the outpatient hospital setting are paid by using the DMMA lab fee schedule. The visit rates are based on hospital cost report data (when the rates were set in 2009) and are indexed forward using the CMS IPPS index. Hospital-specific CCRs were set using 1992 costs.

Last rate update for this service	2009	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Visit	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Specific	Is provider cost information readily available to inform rate?	Yes
Total Unique # of CPT/HCPCS Codes	180	Does the State use this cost data to inform rate?	No
Options for modernizing the methodology			High

Adopt a prospective payment system approach using either Medicare's Outpatient Prospective Payment System (OPPS) or 3M's Enhanced Ambulatory Patient Grouping (EAPG) methodology.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	High
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop value-based framework for holding some percent of either existing or create additional incentive payment dollars aside for use in redistribution based on performance. Metrics could be selected from Medicare's Hospital Outpatient Quality Reporting Program.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Short Descriptor of Top Revenue Codes Billed	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS**	Avg Paid per Unit MCO
Emergency Room-General Classification	450	16.1%	\$55,052,435	Hospital-specific visit rates or CCRs	\$191.71	\$349.23
Drugs Requiring Specific Identification-Drugs Requiring Detailed Coding	636	14.3%	\$48,794,309		\$875.49	\$613.32
Operating Room Services-General Classification	360	11.3%	\$38,649,581		\$2,633.75	\$2,536.50
Medical/Surgical Supplies and Devices-Other Implants	278	4.6%	\$15,720,923		\$1,020.23	\$3,984.57
Laboratory-Chemistry	301	4.6%	\$15,657,125		\$68.47	\$135.44

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	2	OUTPATIENT FACILITY CARE
SUB-CATEGORY OF SERVICE	2.2	Ambulatory Surgery Centers (ASCs)

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$8.5	Percent of Medicaid Service Budget (including waivers)	0.4%
Federal Share* of Expenditures (in millions)	\$4.9	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$3.6		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	32
Total Unique Users, SFY 2019	4,773	Total Providers per 1,000 Users, SFY 2019	6.7
Classification: % of Total Population Served	Low	Classification: Provider Base	Medium
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	98.3%	Number of Provider Specialties in Category	2
Percent of MCO's Service Expenditures	0.5%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology	
Delaware Medicaid reimburses 95% of the Medicare calculated ASC rates as reimbursement. Rates vary by three geographic regions.	

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	95%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	763	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Low
A description of those methods include:			
N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)			

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019 (New Castle Co.)	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Laparoscopic bariatric procedure, longitudinal gastrectomy	43775	13.0%	\$1,105,000	not listed	\$0.00	\$18,416.67
Esophagogastroduodenoscopy, with biopsy	43239	4.9%	\$419,062	\$401.64	\$339.94	\$311.01
Extracapsular cataract removal with insertion of intraocular lens prosthesis	66984	4.6%	\$391,927	\$1,000.61	\$852.99	\$1,019.29
Colonoscopy with removal of tumor, polyp or lesion	45385	2.9%	\$243,222	\$516.75	\$475.88	\$431.14
Colonoscopy, diagnostic procedure	45378	2.7%	\$230,245	\$392.86	\$358.88	\$334.54

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	2	OUTPATIENT FACILITY CARE
SUB-CATEGORY OF SERVICE	2.3	End Stage Renal Disease (ESRD) Services, Health Centers other than FQHCs

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$18.0	Percent of Medicaid Service Budget (including waivers)	0.9%
Federal Share* of Expenditures (in millions)	\$10.3	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$7.6		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	238
Total Unique Users, SFY 2019	41,614	Total Providers per 1,000 Users, SFY 2019	0.8
Classification: % of Total Population Served	High	Classification: Provider Base	High
Percent of Service Category Paid by MCOs	88.0%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	1.0%	Number of Provider Specialties in Category	19
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology	
Paid at 100% of the applicable Medicare rate. The rate is paid on a per treatment basis. There may be modifications to the standard rate based on locality (a local wage adjustment) or for low-volume providers.	

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Visit	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	30	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low
Adopt Medicare methodology.			

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	<input type="checkbox"/> No	Level of opportunity to modernize current methodology	Low
A description of those methods include: N/A			
Options for adding a value-based component (if level of opportunity is rated Medium or High above)			

CURRENT FEE-FOR-SERVICE PER VISIT RATES (Note: It is not known what the managed care organizations pay the providers.)

Published Per Visit Rate	Per Diem Rate	
Effective October 1, 2019, the base rate is \$239.33		
Wage adjustment* for Kent County	0.9921	
Wage adjustment for New Castle County	1.1279	
Wage adjustment for Sussex County	0.9330	
*The national average wage adjustment is 1.0000.		

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 3: Clinic Services

Section 3 includes only one summary report:

3.1 Federally Qualified Health Centers (FQHCs)

The assessment scores for FQHCs are shown below.

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
3.1	Low	Low	Medium	High	Low	Medium	10

Discussion

The term Federally Qualified Health Center is a specific designation given by the Centers for Medicare and Medicaid (CMS) to qualifying clinics. Although DHSS expenditures for FQHCs are relatively low compared to other service categories, FQHCs serve as “safety net” providers in the Medicaid program. They serve as the front line for primary care visits, immunizations, prenatal visits, pharmacy and—for those that have the infrastructure—dental visits. As part of this CMS designation, FQHCs are obligated to treat all that come to their doors.

By nature of their mission and model, CMS allows some protections to FQHCs when it comes to rates. Each FQHC is paid a rate for the “encounter”—whatever service that might entail when the patient arrives. The encounter rate is specific to each FQHC. The rate is indexed annually by the Medicare Economic Index (an inflation factor to increase the rate). Since legislation passed by Congress in 2000, FQHCs may also select an alternative payment model (APM) rate if it is more advantageous to them. Unlike the annual inflation method which uses historic costs from the FQHC, State Medicaid Agencies have discretion as to how this APM rate is designed.

DHSS is following the rules set by CMS related to options to pay FQHCs. Although there may be other options as to how to design the APM method for rate setting, this is a lower priority vis a vis other Medicaid services.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	3	CLINIC SERVICES
SUB-CATEGORY OF SERVICE	3.1	Federally Qualified Health Centers (FQHCs)

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$15.7	Percent of Medicaid Service Budget (including waivers)	0.8%
Federal Share* of Expenditures (in millions)	\$9.0	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$6.7		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	144
Total Unique Users, SFY 2019	19,303	Total Providers per 1,000 Users, SFY 2019	7.5
Classification: % of Total Population Served	Medium	Classification: Provider Base	Medium
Percent of Service Category Paid by MCOs	95.7%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	0.9%	Number of Provider Specialties in Category	31
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Two methodology options to reimburse FQHCs per-visit: 1. A prospective payment system (PPS) rate, where 100 percent of the reasonable costs based upon an average of the FQHC's 2000 audited cost reports are inflated annually by the Medicare Economic Index (MEI) or 2. For FQHCs that elect this method, an Alternative Payment Methodology (APM), equal to the per-visit cost as reported by the FQHC in its most recent cost report, subject to an audit performed by a certified public accountant as to the reasonableness of the reported costs. Wraparound payments made within 90-days of claims submission to managed care plan.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Visit	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Specific	Is provider cost information readily available to inform rate?	Yes
Total Unique # of CPT/HCPCS Codes	20	Does the State use this cost data to inform rate?	Yes
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Yes Level of opportunity to modernize current methodology Medium
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Based on work undertaken as part of the State Innovation Model, continue exploration of a value-based alternative payment methodology for FQHCs.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
FQHC visit, initial exam	G0467	38.3%	\$6,011,293		\$245.96	\$223.61
FQHC visit, established patient	G0468	4.6%	\$721,603		\$219.58	\$212.66
-La Red Health Center (both codes)				\$236.19		
-Westside Health Inc (both codes)				\$260.38		
Clinic service	T1015	32.3%	\$5,063,724	not used	not used	\$241.58
Drug test(s), definitive, utilizing drug identification method, 8-14 drug classes	G0481	8.4%	\$1,313,200	\$120.53	not used	\$102.77
Drug test(s), definitive, utilizing drug identification method, 15-21 drug classes	G0482	5.1%	\$803,837	\$162.71	\$162.71	\$70.51

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 4: Professional Services

Section 4 includes two summary reports:

- 4.1 Evaluation & Management (E&M) Services
- 4.2 Procedure Services

Within this section, the assessment scores show that there is some opportunity for value-based purchasing but low on modernizing the rate methodology itself:

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
4.1	Medium	Medium	High	Low	Low	Medium	11
4.2	High	High	High	Low	Low	Medium	13

Discussion

DHSS has adopted Medicare’s rate methodology to pay physicians, physician assistants, nurse practitioners, and other specialty providers. This methodology, known as the Resource Based Relative Value Scale (RBRVS), pays for different types of office visits or procedures based on the amount of time spent by the medical professional with the patient, the costs borne by the provider’s practice (including any medical equipment), and malpractice insurance. Each visit or procedure is “scored” using relative values to assess the magnitude of resources required. Thus, an array of over 12,000 services and procedures are given scores “relative” to each other. The scores are updated annually by CMS. Comprehensive reviews of the scores for each section (provider time, practice expense and malpractice insurance) are reviewed about once every five years by CMS in coordination with a committee from the American Medical Association.

DHSS has adopted Medicare’s RBRVS payment system and makes the annual updates that CMS releases. Providers contracted with Medicaid are paid at 100% of the Medicare RBRVS rate. As a result, there is not a need for rate methodology reform per se. However, there could be opportunities related to introducing value-based components into the rates paid, such as an incentive payment for higher quality services delivered. Any value-based component would have to be designed by DHSS since there are no prevailing national standards for value-based incentives.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	4	PROFESSIONAL SERVICES
SUB-CATEGORY OF SERVICE	4.1	Evaluation and Management Services (primarily office visits)

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$89.9	Percent of Medicaid Service Budget (including waivers)	4.4%
Federal Share* of Expenditures (in millions)	\$51.8	Classification: % of Medicaid Service Budget	Medium
State Share of Expenditures (in millions)	\$38.2		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	3,057
Total Unique Users, SFY 2019	165,335	Total Providers per 1,000 Users, SFY 2019	18.5
Classification: % of Total Population Served	High	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	97.2%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	5.5%	Number of Provider Specialties in Category	168
Classification: % of MCO Expenditures	Medium		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 DHSS pays 100% of Medicare's resource-based, relative-value system (RBRVS) for E&M codes. Updated annually. Unlike other services, non-physician clinician rates for primary care are not discounted based on place of service. There are two rates on file--one for facilities (billed by a hospital), one for non-facilities (billed by a physician practice).

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	78	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? Yes Level of opportunity to modernize current methodology **Medium**
 A description of those methods include:
 The State is providing per member, per month payments for care management to primary care physicians.

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 As detailed in the Delaware State Innovation Model (SIM) Final Report (2015-2019), Delaware supported primary care practice transformation and behavioral health integration, which could serve as the basis for development of value-based components.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Non-Facility Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Office or other outpatient visit, established patient, 25 minutes	99214	30.6%	\$27,529,595	\$109.85	\$107.80	\$106.73
Office or other outpatient visit, established patient, 15 minutes	99213	29.4%	\$26,457,063	\$75.06	\$72.89	\$72.58
Office or other outpatient visit, new patient, 45 minutes	99204	6.0%	\$5,372,108	\$166.35	\$163.75	\$172.00
Office or other outpatient visit, new patient, 30 minutes	99203	5.7%	\$5,117,135	\$109.66	\$108.18	\$115.25
Office or other outpatient visit, established patient, 40 minutes	99215	4.1%	\$3,714,742	\$147.20	\$143.37	\$159.20

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	4	PROFESSIONAL SERVICES
SUB-CATEGORY OF SERVICE	4.2	Procedure Services

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$168.5	Percent of Medicaid Service Budget (including waivers)	8.3%
Federal Share* of Expenditures (in millions)	\$97.0	Classification: % of Medicaid Service Budget	High
State Share of Expenditures (in millions)	\$71.5		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	4,245
Total Unique Users, SFY 2019	167,262	Total Providers per 1,000 Users, SFY 2019	25.4
Classification: % of Total Population Served	High	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	96.2%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	10.2%	Number of Provider Specialties in Category	181
Classification: % of MCO Expenditures	High		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Enhanced rates based on 100% of Medicare's resource-based, relative-value system (RBRVS). Updated annually. Rates are discounted based on place of service. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Psychologists at 100% of the Medicaid physician rates. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Chemical Dependency Professionals (LCDPs), Licensed Marriage and Family Therapists (LMFTs) at 75% of the Medicaid physician rates.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Mostly
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Mostly
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	4,138	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Level of opportunity to modernize current methodology Medium
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Consider adoption of value-based components, drawing upon Delaware's experience with the State Innovation Model grant, as detailed in the Delaware State Innovation Model (SIM) Final Report (2015-2019).

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Psychotherapy, 60 min with patient	90837	8.5%	\$14,353,159	\$135.88	\$107.36	\$100.69
Emergency dept visit, physician time, high severity case imminent danger	99285	4.3%	\$7,294,212	\$175.62	\$175.79	\$194.50
Emergency dept visit, physician time, high severity case not imminent danger	99284	3.9%	\$6,534,775	\$119.21	\$119.36	\$139.69
Psychotherapy, 45 min with patient	90834	3.2%	\$5,457,184	\$90.45	\$75.73	\$72.37
Emergency dept visit, physician time, moderate severity case	99283	3.2%	\$5,414,095	\$62.84	\$62.97	\$95.86

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 5: Ancillary Services

Section 5 includes three summary reports:

- 5.1 Physician-administered Drugs
- 5.2 Independent Laboratory and Radiology
- 5.3 Durable Medical Equipment, Prosthetics and Orthotics (DMEPOS)

Physician-administered drugs are those that are not filled at a pharmacy. An example of this would be chemotherapy administered in a doctor’s office. Independent lab and radiology are those providers that are not owned by a hospital, a clinic, or a doctor’s office. They perform lab tests or radiology exams. Durable medical equipment, prosthetics and orthotics covers a vast array of items (as opposed to services). Some examples include wheelchairs and associated accessories; walkers, canes and crutches; enhanced nutrition; incontinence supplies; special shoes for diabetics; oxygen and oxygen devices; and orthotic devices (e.g., for spine, knee, ankle, feet).

Within this section, the assessment scores show that the priority for rate reform or value-based purchasing fairly low:

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
5.1	Low	Low	Medium	Low	Low	Low	7
5.2	Low	Low	High	Low	Low	Medium	9
5.3	Low	Low	Medium	High	Low	Medium	10

Discussion

The services referenced in this section have either been updated fairly recently by DHSS (physician-administered drugs) or are updated on a regular basis (lab, radiology, DMEPOS). DHSS keys off of the Medicare rate schedule to pay for most of these services. Exceptions occur if Medicare does not have a rate on file. Laboratory tests are paid at 95% of the Medicare rate. Radiology services are paid at 98% of the Medicare rate. DMEPOS items are paid at 98% of the Medicare rate when one has been established.

The opportunity for modernizing the rate schedules, therefore, is low for these services. There may be an opportunity for establishing some value-based component to DMEPOS. Medicare has developed a competitive bid structure for geographic regions across the country. DHSS may consider adopting a competitive bid-like component for some DMEPOS items (e.g., providers willing to accept a rate lower than the published fee-for-service rate).

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	5	ANCILLARY SERVICES
SUB-CATEGORY OF SERVICE	5.1	Physician-Administered Drugs

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$14.1	Percent of Medicaid Service Budget (including waivers)	0.7%
Federal Share* of Expenditures (in millions)	\$8.1	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$6.0		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	1,113
Total Unique Users, SFY 2019	21,277	Total Providers per 1,000 Users, SFY 2019	52.3
Classification: % of Total Population Served	Medium	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	98.3%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	0.9%	Number of Provider Specialties in Category	102
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Actual Acquisition Cost based on invoice price if maximum unit cost is greater than or equal to \$50. For drugs where the maximum cost is less than \$50, the cost will be based on direct price or Average Sales Price (ASP) plus 6%.

Last rate update for this service	2017	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	No
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	unknown
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	268	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Yes Level of opportunity to modernize current methodology **Low**
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Given these are ancillary services, they are not ideal candidates for value-based focused efforts. Instead efforts should be focused on the prescribers and other accountable providers.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS	Avg Paid per Unit MCO
Eculizumab injection	J1300	9.2%	\$1,293,413	Priced at invoice or ASP + 6% if under \$50.	none	\$242.21
Injection, ocrelizumab	J2350	8.3%	\$1,173,317		none	\$50.78
Injection, onabotulinumtoxinA	J0585	6.1%	\$854,273		\$5.94	\$5.53
Etonogestrel implant system	J7307	5.5%	\$774,110		\$856.78	\$736.84
Injection, pegfilgrastim 6mg	J2505	5.0%	\$705,586		\$4,251.22	\$2,960.15

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	5	ANCILLARY SERVICES
SUB-CATEGORY OF SERVICE	5.2	Independent Laboratory and Radiology

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$27.1	Percent of Medicaid Service Budget (including waivers)	1.3%
Federal Share* of Expenditures (in millions)	\$15.6	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$11.5		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	1,710
Total Unique Users, SFY 2019	104,873	Total Providers per 1,000 Users, SFY 2019	16.3
Classification: % of Total Population Served	High	Classification: Provider Base	Low
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	96.1%	Number of Provider Specialties in Category	137
Percent of MCO's Service Expenditures	1.6%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Laboratory services reimbursed at usual and customary charge or a max fee for their service, whichever is lower. The max fee for each procedure will be reviewed annually and adjusted based on the current fees by an inflation factor. Radiology services reimbursed at 95% of Medicare. Independent Radiology services reimbursed at 98% of Medicare with no multiple procedure reduction.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	95-100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	1,320	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

Explore Medicare's methodology regarding rates, multiple procedure reductions and/or other caps on services (if applicable after an analysis of claims and services provided).

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Medium
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Using a value-based framework could help reduce unnecessary use of these services in the non-institutional setting to hold both direct service providers and indirect providers accountable for outcomes and cost of care.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS**	Avg Paid per Unit MCO
Drug test, presumptive, any number of drug classes, devices or procedures	80307	9.8%	\$2,668,163	\$63.36	\$67.31	\$40.18
Drug test, definitive, using methods to identify individual drugs	G0480	5.3%	\$1,446,677	\$78.34	\$78.00	\$83.46
Tissue exam by pathologist	88305	3.2%	\$863,424	\$97.57	\$58.62	\$49.20
Ultrasound without non-stress testing	76819	3.0%	\$801,565	\$90.61	\$78.34	\$67.29
Ultrasound real-time with image documentation	76816	2.6%	\$706,397	\$116.17	\$102.72	\$89.36

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	5	ANCILLARY SERVICES
SUB-CATEGORY OF SERVICE	5.3	Durable Medical Equipment, Prosthetics and Orthotics

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$22.5	Percent of Medicaid Service Budget (including waivers)	1.1%
Federal Share* of Expenditures (in millions)	\$13.0	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$9.6		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	419
Total Unique Users, SFY 2019	21,722	Total Providers per 1,000 Users, SFY 2019	19.3
Classification: % of Total Population Served	Medium	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	96.6%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	1.4%	Number of Provider Specialties in Category	61
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Reimbursement is 98% of the Medicare fee established unless the DME item is not on the Medicare fee schedule. When not, then rate is the lower of: the provider's usual and customary charges; cost + 20% (includes administration fee); or list price. Prior Authorization is applicable in certain instances.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	Yes
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	Yes
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	95-100%
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	994	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Level of opportunity to modernize current methodology Medium
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Using a value-based framework could help reduce unnecessary use of these services in the non-institutional setting to hold both direct service providers and indirect providers accountable for outcomes and cost of care.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Durable medical equipment, miscellaneous	E1399	5.7%	\$1,276,439	\$325.00	\$438.60	\$5.64
Oxygen concentrator	E1390	4.9%	\$1,102,677	\$70.39	\$69.06	\$159.69
Enteral feeding supply kit; pump fed, per day	B4035	3.1%	\$695,987	\$4.85	\$5.82	\$10.78
Continuous positive airway pressure (CPAP) device	E0601	2.9%	\$660,111	\$39.08	\$40.94	\$84.32
Enteral formula for pediatrics, 100 calories	B4161	2.3%	\$518,634	manual	\$0.00	\$1.84

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 6: Mental Health and Substance Use Disorder Services

Section 6 includes two summary reports:

- 6.1 Substance Use Disorder Services, Outpatient
- 6.2 Substance Use Disorder Services, Residential Treatment

Note that these are services covered in the regular Medicaid program. Other services related to mental health and substance use disorder that are administered by the DSAMH are discussed in Section VI of this report.

Within this section, the assessment scores show that the priority for rate reform is low. There is greater opportunity to build in a value-based component to rates:

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
6.1	Low	Low	Medium	Low	Low	Medium	8
6.2	Low	Low	Low	Low	Medium	Medium	8

Discussion

DHSS is paying close attention to access and payment rates for services in this section. The assessment of low is not because additional reform cannot be done on rate methodologies; rather, it is because this work has recently been completed and remains ongoing. In particular, DHSS received a grant from CMS in 2019 to examine and find better alternatives to how to pay for services related to treating substance use disorder. This activity is ongoing now and is scheduled to be completed in February 2021.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	6	MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES
SUB-CATEGORY OF SERVICE	6.1	Substance Use Disorder Services, Outpatient Setting

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$31.3	Percent of Medicaid Service Budget (including waivers)	1.5%
Federal Share* of Expenditures (in millions)	\$18.0	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$13.3		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	204
Total Unique Users, SFY 2019	10,718	Total Providers per 1,000 Users, SFY 2019	19.0
Classification: % of Total Population Served	Medium	Classification: Provider Base	Low
Percent of Service Category Paid by MCOs	56.9%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	1.1%	Number of Provider Specialties in Category	33
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Government and Private Providers share the same rates. The Medicaid fee schedule is equal to or less than the maximum allowable under the same Medicare rate if the service resides on the Medicare list of covered services, otherwise the state will set local rates and update annually.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	No
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	N/A
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	N/A
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	46	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Level of opportunity to modernize current methodology Medium
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop value-based framework for setting incentive payment dollars aside for use in redistribution based on performance.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Assertive community treatment program, per diem	H0040	33.9%	\$10,610,733	All rates are provider-specific	\$282.59	\$0.00
Methodone administration	H0020	24.0%	\$7,509,733		\$4.00	\$7.18
Intensive outpatient alcohol/drug treatment	H0015	9.9%	\$3,108,164		\$77.51	\$122.00
Residential acute detoxification, alcohol/drug treatment	H0011	5.7%	\$1,789,965		\$354.67	\$506.95
Substance use disorder service, clinic setting	T1015	4.7%	\$1,468,760		not paid	\$143.55

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	6	MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES
SUB-CATEGORY OF SERVICE	6.2	Substance Use Disorder Services, Residential Treatment

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$20.9	Percent of Medicaid Service Budget (including waivers)	1.0%
Federal Share* of Expenditures (in millions)	\$12.0	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$8.9		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	36
Total Unique Users, SFY 2019	1,797	Total Providers per 1,000 Users, SFY 2019	20.0
Classification: % of Total Population Served	Low	Classification: Provider Base	Low
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	48.1%	Number of Provider Specialties in Category	5
Percent of MCO's Service Expenditures	0.6%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Lessor of: Delaware Medicaid per diem rate plus additional FFS reimbursement using the Delaware Medicaid fee schedule for items covered by not inclusive of per diem; OR the facility's usual and customary charge to privately insured or private-pay beneficiaries; OR if an out of state facility, the lesser if a negotiated per diem reimbursement rate, the facility's usual and customary charge or the Delaware Medicaid per diem rate (if covered but not included in per diem then based on Delaware Medicaid fee schedule.

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	No
Do multiple DHSS divisions pay for this?	Yes	Does the State use the Medicare methodology?	N/A
Unit of Payment for Service	Per Diem	What percent of Medicare rate does DHSS pay?	N/A
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	10	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Medium

Medicare recently put forward a new payment methodology for these services that Delaware could consider adopting.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments? No Yes Level of opportunity to modernize current methodology **Medium**
 A description of those methods include:
 N/A

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 Develop value-based framework for setting incentive payment dollars aside for use in redistribution based on performance.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS**	Avg Paid per Unit MCO
Residential care not otherwise specified, per diem	T2033	51.8%	\$10,843,964	All rates are provider-specific	\$310.89	\$0.00
Alcohol and other drug treatment program, per diem	H2036	21.0%	\$4,403,422		\$273.25	\$223.02
No specific service code provided	blank	20.9%	\$4,367,361		not paid	\$499.58
Residential acute detoxification, alcohol/drug treatment	H0011	4.3%	\$895,500		not paid	\$523.38
Alcohol and other drug treatment program, halfway house, per diem	H2034	0.8%	\$157,094		not paid	\$45.91

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Section 7: Other Medicaid Services

Section 7 includes four summary reports:

- 7.1 Children’s Dental Services
- 7.2 Vision and Hearing Services
- 7.3 Non-Emergency Medical Transportation and Emergency Transportation (Ambulance)
- 7.4 Private Duty Nursing

Within this section, the assessment scores show that the priority for rate reform or value-based purchasing is greatest for dental services:

Dashboard Number	Percent of Medicaid Budget	Percent of Managed Care Spending	Beneficiary Usage Volume	Provider per 1,000 Beneficiaries	Opportunity to Modernize Payment System	Value-Based Opportunity	Total Score (highest score = 18)
7.1	Low	Low	High	High	Low	Medium	11
7.2	Low	Low	Medium	Medium	Low	Low	8
7.3	Low	Low	Medium	Medium	Low	Low	8
7.4	Low	Low	Low	Low	Medium	Low	7

Discussion

Rates for dental and vision were updated in 2019.

There may be an opportunity for a value-based payment or some other type of incentive payment for dental providers who are willing to accept a certain threshold of Medicaid clients or providers who are willing to accept Medicaid in lower-than-average access areas. State Medicaid Agencies have used different reimbursement strategies to grow their dentist provider pool which is often challenging.

Vision is a very small component of the Medicaid service budget, so this service is not as high a priority.

Non-emergency medical transportation (NEMT) is managed by DMMA directly under a broker contract. The broker coordinates trips for both the managed care and fee-for-service Medicaid populations. This contract can be deemed value-based since the broker is given a pre-paid per member per month amount per Medicaid beneficiary. The NEMT broker is then responsible for coordinating trips for beneficiaries and for paying transportation providers directly.

Rates paid for private duty nursing vary by provider. Rates are reviewed annually. The rate assumes a one nurse-to-one patient ratio, but a discounted rate may be paid if the nurse is serving more than one individual simultaneously. Because cost information to perform the service is not collected, there is an opportunity to provide more clarity related to how rates are set and what is included in the rate payment for each service. There is also an opportunity to develop modifiers to the rate to account for geographic variation, skill set of the nurse, and/or the acuity level of the patient being served.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	7	OTHER MEDICAID SERVICES
SUB-CATEGORY OF SERVICE	7.1	Children's Dental Services

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$44.9	Percent of Medicaid Service Budget (including waivers)	2.2%
Federal Share* of Expenditures (in millions)	\$25.8	Classification: % of Medicaid Service Budget	Medium
State Share of Expenditures (in millions)	\$19.1		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	235
Total Unique Users, SFY 2019	63,495	Total Providers per 1,000 Users, SFY 2019	3.7
Classification: % of Total Population Served	High	Classification: Provider Base	High
Percent of Service Category Paid by MCOs	1.1%	**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
Percent of MCO's Service Expenditures	0.0%	Number of Provider Specialties in Category	15
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology	
Paid the same as non-clinic dentists per EPSDT Dental Treatment - infants, children and adolescents.	

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	No
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	N/A
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	N/A
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	217	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Medium
A description of those methods include:			
N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)	
Develop value-based framework for adding incentive payment dollars aside for use in redistribution based on performance.	

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS**	Avg Paid per Unit MCO
Resin-based composite, two surfaces, posterior	D2392	9.7%	\$4,355,012	\$199.38	\$199.30	\$0.00
Dental prophylaxis child (teeth cleaning)	D1120	7.5%	\$3,350,533	\$59.24	\$58.96	\$0.00
Periodic oral evaluation	D0120	6.2%	\$2,799,694	\$44.07	\$43.79	\$39.71
Dental sealant per tooth	D1351	6.2%	\$2,791,361	\$47.68	\$47.65	\$0.00
Topical fluoride varnish	D1206	4.9%	\$2,208,633	\$36.12	\$35.74	\$0.00

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	7	OTHER MEDICAID SERVICES
SUB-CATEGORY OF SERVICE	7.2	Vision and Hearing

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$1.6	Percent of Medicaid Service Budget (including waivers)	0.1%
Federal Share* of Expenditures (in millions)	\$0.9	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$0.7		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	219
Total Unique Users, SFY 2019	24,555	Total Providers per 1,000 Users, SFY 2019	8.9
Classification: % of Total Population Served	Medium	Classification: Provider Base	Medium
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	76.8%	Number of Provider Specialties in Category	14
Percent of MCO's Service Expenditures	0.1%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology	
Paid based on a fee schedule.	

Last rate update for this service	2019	Does Medicare have a rate methodology for this service?	No
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	N/A
Unit of Payment for Service	Per Procedure	What percent of Medicare rate does DHSS pay?	N/A
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	88	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Low
A description of those methods include:			
N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)			

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit MCO
Vision svcs frames purchases	V2020	22.5%	\$367,862	\$62.02	\$59.81	\$48.77
Hearing screening	V5008	22.2%	\$364,031	\$16.00	\$21.00	\$7.64
Routine ophthalmological (eye) exam, new patient	S0620	14.1%	\$230,980	\$120.51	none	\$64.57
Routine ophthalmological (eye) exam, established patient	S0621	9.2%	\$150,818	\$69.20	none	\$63.08
Lens, polycarbonate or equal, per lens	V2784	6.1%	\$100,610	\$45.83	\$40.25	\$31.78

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	7	OTHER MEDICAID SERVICES
SUB-CATEGORY OF SERVICE	7.3	Emergency (Ambulance) and Non-Emergency Medical Transportation

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$11.7	Percent of Medicaid Service Budget (including waivers)	0.6%
Federal Share* of Expenditures (in millions)	\$6.7	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$5.0		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	251
Total Unique Users, SFY 2019	20,858	Total Providers per 1,000 Users, SFY 2019	12.0
Classification: % of Total Population Served	Medium	Classification: Provider Base	Medium
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	98.2%	Number of Provider Specialties in Category	17
Percent of MCO's Service Expenditures	0.7%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology			
A transportation broker is reimbursed a monthly capitated rate for each Medicaid client residing in the State to administer Non-Emergency Medical Transportation (NEMT). The broker then negotiates NEMT rates with each transportation provider. For Emergency Transportation, the rates are reimbursed as a percentage of the Medicare Fee Schedule: Ground Mileage, per Statute Mile, 22%; Advanced Life Support, Emergency Transport, 13%; Basic Life Support, Emergency Transport, 17%; Conventional Air Services, Transport One Way, 39%; Rotary Wing Air Mileage, 38%.			
Last rate update for this service	2012	Does Medicare have a rate methodology for this service?	only
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	only
Unit of Payment for Service	Per Trip	What percent of Medicare rate does DHSS pay?	100%
Is the rate(s) standard or provider-specific?	Specific	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	44	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Low
Incentives could be provided to contractors in areas of the state where transportation is an issue: high-traffic areas (seasonal/beach), rural areas (where distance and coverage are issues), areas where modality coverage issues exists.			

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Low
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019	Avg Paid per Unit FFS***	Avg Paid per Unit, NEMT Broker
Non-emergency transport, per trip	T2003	52.2%	\$6,099,494	\$10.10	Paid through NEMT broker	\$15.39
Non-emergency transport, wheelchair van, per trip	A0130	15.5%	\$1,809,603	\$11.01		\$41.00
Non-emergency transport, ambulance, basic life support, per trip	A0428	11.3%	\$1,322,842	\$35.00		\$145.86
Non-emergency transportation, per mile	S0215	2.4%	\$280,967	\$0.42		\$1.06
Emergency transport, ambulance, basic life support, per trip	A0429	9.1%	\$1,058,438	\$65.27		\$64.30

***The average paid per unit in FFS may differ from the rate on file due to variations such as modifier pricing which may differ from the standard rate.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	7	OTHER MEDICAID SERVICES
SUB-CATEGORY OF SERVICE	7.4	Private Duty Nursing

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$28.5	Percent of Medicaid Service Budget (including waivers)	1.4%
Federal Share* of Expenditures (in millions)	\$16.4	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$12.1		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	38
Total Unique Users, SFY 2019	271	Total Providers per 1,000 Users, SFY 2019	140.2
Classification: % of Total Population Served	Low	Classification: Provider Base	Low
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
Percent of Service Category Paid by MCOs	72.4%	Number of Provider Specialties in Category	5
Percent of MCO's Service Expenditures	1.3%		
Classification: % of MCO Expenditures	Low		

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology
 Individuals are reimbursed using prospectively determined rates. The unit of service for agency providers is one (1) hour. A weekly maximum limit is established for each individual based on the authorized services. Rates for agency services are reviewed annually, but have not been updated. Agencies will be reimbursed the lower of their usual and customary charges or the maximum rate. Maximum rates are established based on number of individuals: for one individual, 100% of established baseline rate; for two, 50% of 143% of baseline rate; for three, 33% of 214% of baseline rate. The rates paid in managed care for private duty nursing cannot go below the fee-for-service rate established.

Last rate update for this service	2006	Does Medicare have a rate methodology for this service?	No
Do multiple DHSS divisions pay for this?	No	Does the State use the Medicare methodology?	N/A
Unit of Payment for Service	Per Hour	What percent of Medicare rate does DHSS pay?	N/A
Is the rate(s) standard or provider-specific?	Standard	Is provider cost information readily available to inform rate?	No
Total Unique # of CPT/HCPCS Codes	2	Does the State use this cost data to inform rate?	N/A
Options for modernizing the methodology			Medium

A rate update is merited to capture the latest cost data from providers and the average number of clients that are typically served in one day. A wage survey of private duty nursing was conducted in CY2018. Information could be leveraged from this survey.

INFORMATION RELATED TO VALUE-BASED METHODOLOGY

Does the State use value-based methods as part of these payments?	No	Level of opportunity to modernize current methodology	Low
A description of those methods include: N/A			

Options for adding a value-based component (if level of opportunity is rated Medium or High above)
 There may be opportunities to build an episodic payment for clients that need private duty nursing on a long-term basis. Also, consumer feedback could be integrated into an incentive-based payment for this service.

AVERAGE PAYMENT PER UNIT FOR THE TOP PROCEDURES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	DHSS Rate in 2019 (1:1 rate)	Avg Paid per Unit FFS***	Avg Paid per Unit MCO***
Nursing care, in the home, LPN, per hour	S9124	84.1%	\$24,016,857	\$46.14	\$40.42	\$40.26
Nursing care, in the home, RN, per hour	S9123	15.9%	\$4,525,231	\$51.50	\$43.84	\$41.35

***The average paid per unit in FFS or in MCO will differ from the rate on file due to variations such as staffing for multiple clients in the same hour.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

SECTION VI: FINDINGS RELATED TO HOME AND COMMUNITY BASED SERVICES AND MEDICAID WAIVER SERVICES ADMINISTERED BY OTHER DIVISIONS

Introduction

The summary reports shown in Section VI are similar to those reported in Section V, but the reports in this section focus on home- and community-based services (HCBS). Some HCBS are administered by the Division of Medicaid and Medical Assistance because they are covered services under the Medicaid entitlement. Other services are limited to those individuals eligible for one of DHSS Medicaid waiver programs approved by the Centers for Medicare and Medicaid. The waiver programs are administered by Divisions other than the DMMA. The common theme to the services shown in Section VI is that they are not medical in nature and they are delivered in a home or community setting.

Continuing the numbering sequence from Section V, the services reported in Section VI have been classified in Section 8, HCBS Services. There are five summary reports that have been organized by the entity that administers the delivery of services. This was done because the rates that are set to pay for the services are developed by each Division separately. The summary reports are:

- 8.1 HCBS Services Delivered by the MCOs in Medicaid Managed Care (PLUS program)
- 8.2 HCBS Services Administered by the Division of Developmental Disabilities Services
- 8.3 HCBS Services Administered by the Division of Substance Abuse and Mental Health (PROMISE program)
- 8.4 Children's Behavioral Health Services Administered by the Department of Children, Youth and their Families
- 8.5 School Based Health Services

Program-specific Summaries

Total expenditures the services in this section combined are \$334.4 million in State Fiscal Year 2019. The majority of these expenditures, however, appear in summary report 8.1 (PLUS program, \$107.0 million) and summary report 8.2 (DDDS, \$174.4 million).

Five of the six assessment items used in Section V summary reports are also shown on these reports (the percentage of MCO expenditures was removed). In lieu of scoring each program individually, Burns & Associates' review yielded the same findings related to opportunities. Specific recommendations appear in Section VIII.

- With respect to opportunities to modernize the rate methodology, DHSS may consider a process recently used by the DDDS to conduct its rate update whereby provider cost data was collected. This information, however, should be aligned with market-based cost information to ensure that rates reflect current market conditions.
- With respect to opportunities for value-based components, not every service in every program may have this opportunity, but some are likely candidates for DHSS to build incentives to achieve the outcome desired. This may include, for example, employment targets for the I/DD population (e.g., an incentive payment to providers who are able to assist a beneficiary maintain a job for a defined period) or measuring readmission rates for beneficiaries with behavioral health issues or substance use disorder (e.g., an incentive payment to providers who can reduce re-hospitalizations for these populations).

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	8	HCBS and WAIVER SERVICES
SUB-CATEGORY OF SERVICE	8.1	HCBS Services Administered by the Division of Developmental Disabilities Services

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$174.4	Percent of Medicaid Service Budget (including waivers)	8.6%
Federal Share* of Expenditures (in millions)	\$100.4	Classification: % of Medicaid Service Budget	High
State Share of Expenditures (in millions)	\$74.0		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	85
Total Unique Users, SFY 2019	2,862	Total Providers per 1,000 Users, SFY 2019	29.7
Classification: % of Total Population Served	Low	Classification: Provider Base	Low
		**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
		Number of Provider Specialties in Category	7

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology

The DDDS recently undertook a rate review for all services. Provider cost data was used to inform the rates. In some cases, market-based data such as the actual hourly wage needed to retain Direct Service Professionals, was factored in.

Last rate update for these services	2019	Is provider cost information readily available to inform rate?	No
Do multiple DHSS divisions pay for this?	Yes	Does the State use this cost data to inform rate?	Yes
Total Unique # of CPT/HCPCS Codes	88	What percent of Medicare rate does DHSS pay?	N/A

Options for modernizing the methodology

The DDDS has already implemented some strategies to update its rates using provider cost data and market-based costs. Additional work could be done to align rates so that there is more alignment between payment and costs across service categories.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	Avg Paid per Service
Waiver services, not otherwise specified	T2025	52.8%	\$91,990,837	\$374.29
Habilitation, residential, waiver, per diem	T2016	22.8%	\$39,818,297	\$370.22
Day Habilitation, waiver, per diem	T2020	12.1%	\$21,086,345	\$106.42
Habilitation, pre-vocational, waiver, per diem	T2014	3.4%	\$5,957,151	\$75.14
Habilitation, supported employment, waiver, per 15 min	T2019	2.0%	\$3,516,245	\$9.99

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	8	HCBS and WAIVER SERVICES
SUB-CATEGORY OF SERVICE	8.2	HCBS Services Delivered by the MCOs in Medicaid Managed Care (PLUS Program)

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$107.0	Percent of Medicaid Service Budget (including waivers)	5.3%
Federal Share* of Expenditures (in millions)	\$61.6	Classification: % of Medicaid Service Budget	Medium
State Share of Expenditures (in millions)	\$45.4		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	225
Total Unique Users, SFY 2019	5,300	Total Providers per 1,000 Users, SFY 2019	42.5
Classification: % of Total Population Served	Low	Classification: Provider Base	Low
		**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
		Number of Provider Specialties in Category	34

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology

The managed care organizations under contract with the DMMA set their own rates to pay for the services that are covered for individuals enrolled with their MCO that are eligible for the DSHP Plus LTSS program. These are individuals who meet nursing facility level of care and individuals who meet hospital level of care and have HIV/AIDS.

Last rate update for these services	N/A	Is provider cost information readily available to inform rate?	No
Do multiple DHSS divisions pay for this?	No	Does the State use this cost data to inform rate?	No
Total Unique # of CPT/HCPCS Codes	26	What percent of Medicare rate does DHSS pay?	N/A

Options for modernizing the methodology

High

One method to update rates is to define the key cost components related to each service definition. Collect cost data from the providers. Compare the provider's cost data to market-based data such as the current competitive wage and fringe benefit package for workers. Compare the actual provider costs to market-based costs to determine misalignment. Build a rate from the ground up using a combination of these inputs. Align rates for a service so that they are comparable across providers.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	Avg Paid per Service
Homemaker service not otherwise specified, per 15 min	S5130	57.2%	\$61,172,005	\$4.81
Personal care service, per 15 min	T1019	22.0%	\$23,577,930	\$3.32
Home-delivered prepared meal	S5170	5.3%	\$5,685,116	\$7.58
Attendant care service, per 15 min	S5125	4.8%	\$5,151,420	\$5.19
Day care service, center-based, per diem	S5105	3.1%	\$3,305,361	\$83.65

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	8	HCBS and WAIVER SERVICES
SUB-CATEGORY OF SERVICE	8.3	HCBS Services Administered by the Division of Substance Abuse and Mental Health (PROMISE Program) other than SUD Treatment

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$2.4	Percent of Medicaid Service Budget (including waivers)	0.1%
Federal Share* of Expenditures (in millions)	\$1.4	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$1.0		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	3
Total Unique Users, SFY 2019	1,494	Total Providers per 1,000 Users, SFY 2019	2.0
Classification: % of Total Population Served	Low	Classification: Provider Base	High
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
		Number of Provider Specialties in Category	1

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology			
Current rate methodology is unknown.			
Last rate update for these services	TBD	Is provider cost information readily available to inform rate?	No
Do multiple DHSS divisions pay for this?	Yes	Does the State use this cost data to inform rate?	No
Total Unique # of CPT/HCPCS Codes	2	What percent of Medicare rate does DHSS pay?	N/A
Options for modernizing the methodology			High

One method to update rates is to define the key cost components related to each service definition. Collect cost data from the providers. Compare the provider's cost data to market-based data such as the current competitive wage and fringe benefit package for workers. Compare the actual provider costs to market-based costs to determine misalignment. Build a rate from the ground up using a combination of these inputs. Align rates for a service so that they are comparable across providers.

AVERAGE PAYMENT PER UNIT FOR THE TOP SERVICES (in DHSS Data Warehouse, excludes DSAMH internal warehouse)

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	Avg Paid per Service
Case management, per month	T2022	90.6%	\$2,208,217	\$248.51
Personal care service, per 15 min	T1019	9.4%	\$228,062	\$5.85

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	8	HCBS and WAIVER SERVICES
SUB-CATEGORY OF SERVICE	8.4	Children's Behavioral Health Services Administered by the Department of Children, Youth and their Families

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:

Service Expenditures, SFY 2019 (in millions)	\$41.3	Percent of Medicaid Service Budget (including waivers)	2.0%
Federal Share* of Expenditures (in millions)	\$23.8	Classification: % of Medicaid Service Budget	Medium
State Share of Expenditures (in millions)	\$17.5		

*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.

Population Information:

Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	7
Total Unique Users, SFY 2019	2,574	Total Providers per 1,000 Users, SFY 2019	2.7
Classification: % of Total Population Served	Low	Classification: Provider Base	High
		**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers	
		Number of Provider Specialties in Category	2

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology

Current rate methodology is unknown.

Last rate update for these services	TBD	Is provider cost information readily available to inform rate?	No
Do multiple DHSS divisions pay for this?	Yes	Does the State use this cost data to inform rate?	No
Total Unique # of CPT/HCPCS Codes	20	What percent of Medicare rate does DHSS pay?	N/A

Options for modernizing the methodology

High

One method to update rates is to define the key cost components related to each service definition. Collect cost data from the providers. Compare the provider's cost data to market-based data such as the current competitive wage and fringe benefit package for workers. Compare the actual provider costs to market-based costs to determine misalignment. Build a rate from the ground up using a combination of these inputs. Align rates for a service so that they are comparable across providers.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	Avg Paid per Service
No specific service identified	blank	55.1%	\$22,772,295	\$591.93
Community psychiatric supportive treatment, face-to-face, per 15 min	H0036	29.4%	\$12,159,093	\$34.33
Behavioral health, short-term residential, per diem	H0018	8.0%	\$3,314,495	\$449.85
Crisis intervention service, per 15 min	H2011	6.2%	\$2,581,220	\$89.52
Multisystemic therapy for juveniles, per 15 min	H2033	0.5%	\$206,243	\$61.49

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

CATEGORY OF SERVICE	8	HCBS and WAIVER SERVICES
SUB-CATEGORY OF SERVICE	8.5	School Based Health Services

GENERAL INFORMATION

Expenditure Information on State Fiscal Year 2019 Incurred Services:			
Service Expenditures, SFY 2019 (in millions)	\$9.3	Percent of Medicaid Service Budget (including waivers)	0.5%
Federal Share* of Expenditures (in millions)	\$5.3	Classification: % of Medicaid Service Budget	Low
State Share of Expenditures (in millions)	\$3.9		
*Note that the Federal Share shown is the minimum estimated amount. Different services may have different federal matching rates. Therefore, the value shown is the amount if all services were matched at the lowest rate from CMS.			

Population Information:			
Total Unique Number of Enrolled, SFY2019	295,743	Total Providers** Delivering Service, SFY 2019	35
Total Unique Users, SFY 2019	35,206	Total Providers per 1,000 Users, SFY 2019	1.0
Classification: % of Total Population Served	High	Classification: Provider Base	High
**The count of providers is derived from billing identification numbers such that unique specialty and/or locations are counted as separate providers			
		Number of Provider Specialties in Category	1

INFORMATION RELATED TO RATE SETTING METHODOLOGY

Overview of Current Rate Methodology			
Current rate methodology is unknown.			
Last rate update for these services	TBD	Is provider cost information readily available to inform rate?	No
Do multiple DHSS divisions pay for this?	No	Does the State use this cost data to inform rate?	No
Total Unique # of CPT/HCPCS Codes	22	What percent of Medicare rate does DHSS pay?	N/A
Options for modernizing the methodology			Medium

One method to update rates is to define the key cost components related to each service definition. Collect cost data from the providers. Compare the provider's cost data to market-based data such as the current competitive wage and fringe benefit package for workers. Compare the actual provider costs to market-based costs to determine misalignment. Build a rate from the ground up using a combination of these inputs. Align rates for a service so that they are comparable across providers.

AVERAGE PAYMENT PER UNIT FOR THE TOP FIVE SERVICES

Service Short Descriptor	Service Code	Pct Spend in this Category	\$\$ Expenditures	Avg Paid per Service
Therapeutic behavioral services, per diem	H2020	28.8%	\$2,678,281	\$271.60
Speech/hearing therapy	92508	13.3%	\$1,236,225	\$21.19
Non-emergency transportation, per diem	T2002	11.5%	\$1,067,639	\$42.51
Physician-coordinated care oversight services	G9008	10.4%	\$964,957	\$365.93
Therapeutic activities	97530	9.8%	\$909,696	\$17.29

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Services that Cross Multiple DHSS Divisions

By nature of the types of services delivered, there are some instances multiple Divisions are administering programs that have the same (or almost the same) service. This is especially true for HCBS services. It has been the experience of B&A working with other states that often a state's Divisions are competing with each other for the same provider base because the rates that they are paying for the same service will vary. The Division with the highest rate will attract the most providers.

B&A evaluated the extent to which payment rates for a given service may vary across programs within Delaware's Divisions/programs. We also assessed the degree of overlap in the specific providers that are delivering services across programs. In particular, B&A reviewed services and rates in the following programs:

- The Diamond State Health Plan – Plus program operated by the Division of Services for Aging and Adults with Physical Disabilities
- The Lifespan Waiver and the Pathways to Employment Waiver operated by the Division of Developmental Disabilities Services
- The Promoting Optimal Mental Health Through Supports and Empowerment (PROMISE) program operated by the Division of Substance Abuse and Mental Health
- The AIDS Waiver operated by the Division of Medicaid and Medical Assistance
- Rehab Services covered by the Division of Medicaid and Medical Assistance

These programs cover a variety of services, some of which are unique to a single program. For the purposes of this evaluation, B&A only considered services that are similar across multiple programs, including:

- Attendant Care
- Personal Care
- Day Habilitation / Adult Day Health
- Prevocational Training
- Individual Supported Employment
- Group Supported Employment

Exhibit 6 on the next page compares the utilization, total expenditures and the average effective rate for each of these services in the various HCBS programs. Although there is some variability in rates across the programs, the variation is usually within ten percent. The exception to this is service #5, Day Habilitation or Adult Day Health. The rate paid by DDDS is 14% higher than the rate in the PLUS program and 17% higher than what is paid in the Rehab Services portion of DMMA's services.

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Exhibit 6

Units Billed, Average Rate Paid and Spending by Each Program for Services that Cross Multiple Programs

			HCBS Services in Medicaid Managed Care (PLUS Program)	Services in the DDS Waiver	I/DD Pathways to Employment Program (not in waiver)	PROMISE Program at DSAMH	Services in the AIDS Waiver	Rehab Services Outside of Waivers
1	Attendant Care	Unit	976,479				20,892	
		Rate	\$5.15				\$4.76	
		Spending	\$5,029,959				\$99,508	
2	Personal Care from Home Health Agencies	Unit	6,547,052			0	30,920	
		Rate	\$6.29				\$6.43	
		Spending	\$41,151,230			\$0	\$198,664	
3	Personal Care - Other	Unit	13,122,318				85,118	
		Rate	\$3.31				\$3.32	
		Spending	\$43,489,922				\$282,594	
4	Day Habilitation or Adult Day Health (billed per 15 min)	Unit	0	102,234				197,844
		Rate		\$7.49				\$7.54
		Spending	\$0	\$765,620				\$1,492,375
5	Day Habilitation or Adult Day Health (billed per day)	Unit	46,956	116,541				81,607
		Rate	\$99.27	\$113.02				\$96.99
		Spending	\$4,661,274	\$13,171,124				\$7,915,221
6	Prevocational Training (billed per 15 min)	Unit		78,503				34,378
		Rate		\$7.48				\$8.23
		Spending		\$587,449				\$282,941
7	Prevocational Training (billed per day)	Unit		45,304				33,980
		Rate		\$77.91				\$71.44
		Spending		\$3,529,749				\$2,427,403
8	Supported Employment-Individual	Unit		131,505	63,584			150,114
		Rate		\$13.49	\$13.55			\$13.49
		Spending		\$1,774,521	\$861,567			\$2,025,647
9	Supported Employment-Group	Unit		135,395	5,388			63,412
		Rate		\$4.76	\$3.97			\$4.21
		Spending		\$644,134	\$21,373			\$266,905

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B&A also examined the individual providers that were paid for the services shown in Exhibit 6 to see how much overlap there was across programs. There was less overlap than expected. Where overlap did exist, the payments made to providers was usually low compared to total program expenditures. The exceptions to this were as follows:

- There are 10 providers that are paid under the DDDS waiver and the DMMA Rehab Services option for Day Habilitation or Adult Day Health when billed per 15 minutes.
 - For DDDS, these 10 providers are out of a total of 11 providers (91%).
 - For Rehab Services, these 10 providers are out of a total of 15 providers (67%).
- Similarly, there are 17 providers that are paid under the DDDS waiver and the DMMA Rehab Services for Day Habilitation or Adult Day Health when billed per day.
 - For DDDS, this is 17 out of 19 providers (89%).
 - The same is true for Rehab Services, 17 out of 19 providers (89%).
 - There are also five providers (out of 15) billing for this service in the PLUS program
- There was also overlap between DDDS and the DMMA Rehab Services for the limited number of providers that bill for Prevocational Training per 15 minutes.
 - All four providers that bill DDDS also bill DMMA.
 - Four out of the five providers that bill DMMA also bill DDDS.
- The overlap also occurred for Prevocational Training when billed per day.
 - All five providers that bill DDDS also bill DMMA.
 - Five out of the six providers that bill DMMA also bill DDDS.
- Overlap was also found for the Supported Employment, Individual service between DDDS and the DMMA Rehab Services. There were 14 providers that billed both programs.
 - For Supported Employment, Group service, there were four providers in common across the two programs.

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SECTION VII: FINDINGS RELATED TO SERVICES PAID FOR NON-MEDICAID SERVICES BY OTHER DIVISIONS

Introduction

The services that were reviewed in Sections V and VI represented those services that are billed to DHSS on a per service basis and stored in the Delaware Medicaid Enterprise System (DMES). This includes services covered in the Medicaid program. For other Divisions in DHSS, services are not paid for in this manner. The method in which services are paid is using a vendor contract.

When vendor contracts are initiated, there may or may not be a pre-determined rate that has been established by the Division to pay for the service. In most situations, the Division has requested proposals from vendors to deliver a service or set of services. The Division may establish the rate it desires to pay for the service as part of the Request for Proposal (process). In other cases, the Division may ask vendors to propose their best rate to deliver the service.

For this report, Burns & Associates (B&A) released a survey to the Divisions within DHSS other than the Division of Medicaid and Medical Assistance (DMMA) to obtain information about contracts that the Division has with providers for services rendered to Delawareans. Among the 10 Divisions other than DMMA, five Divisions provided information in the survey request. For these five Divisions, a one-page summary report appears in this section to delineate each Division's contracts and method to set rates in these contracts.

For three other Divisions (Child Support Services, Health Care Quality and Management Services), the survey was not applicable since the Divisions do not have direct client-facing activities. Another Division (Visually Impaired) had very small contracts collectively totaling \$29,000. The Division of Social Services did not provide information per se, but B&A utilized publicly-available information about the Purchase of Care (POC) program which provides child care assistance. This program is discussed below.

Purchase of Care

The Division of Social Services administers Delaware's child care assistance program. This program makes payments to child care providers on behalf of lower-income families with children under the age of 13 years to enable the caretaker to hold a job, obtain training, or meet the special needs of the child. The program relies on a combination of State General Funds and federal dollars granted through the Child Care and Development Fund (CCDF) and Temporary Assistance for Needy Families (TANF).

Provider rates vary based on the county of the provider, the age of the child (under one year, one year, two-to-five years, and six years and older), the type of provider (centers and licensed home/ large family/ relative providers), and whether or not the child has special needs. The rates are fixed and do not vary by provider; for example, all child care centers in New Castle are paid the same rate for serving a one year-old without special needs. In addition to the POC payments, the Delaware Department of Education (DOE) provides supplemental payments (referred to as "tiered reimbursement") to providers that participate in Delaware Stars, a quality rating and improvement system, and have achieved Star Level 3, Star Level 4, or Star Level 5. The payments are tiered with payments increasing as a provider's Star Level increases. The payments are significant, representing a 23 percent increase to the POC rates for Star Level 3 providers, a 43 percent increase for Star Level 4 providers, and a 57 percent increase for Star Level 5 providers.

Given that state child care programs account for a relatively small share of the child care market, state programs typically benchmark their rates to the market rates charged to families who directly pay for child care. Additionally, state programs using federal CCDF dollars must comply with federal

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regulations related to payment rates. These regulations do not dictate actual payment rates, but do require that rates be “sufficient to ensure equal access, for eligible families ... to child care services comparable to those provided to families not eligible to receive CCDF assistance...”¹² Regulations further require that payment rates be based on a market rate survey conducted within two years of the submittal of a state’s CCDF Plan (CCDF Plans must be submitted every three years so, effectively, a market rate survey must be conducted at least every three years). Federal guidance has suggested that payments established at the 75th percentile of the market rate survey – the rates at which the payment is equal to or greater than the rates charged by 75 percent of providers – would be regarded as providing equal access.¹³ Though suggested, states are not required to adopt this benchmark.

In fact, in a 2019 report, the U.S. Department of Health and Human Services’ (DHHS) Inspector General found that only six states have set rates at or above the 75th percentile for center-based care and only seven states pay at or above the 75th percentile for home-based care.¹⁴ Commenting on child care payment rates across the country, DHHS has expressed concern that “inadequate rates may violate the statutory requirements for equal access and [that] CCDF is serving a large number of vulnerable children who would benefit from access to high-quality care and for whom payment rates even higher than the 75th percentile may be necessary to afford access to such care.”¹⁵

Like nearly every state, Delaware’s child care program has not adopted the 75th percentile benchmark. As stated in the most recent study of child care rates published by the Division that was conducted in 2018¹⁶, prior to rate increases granted in 2019, DSS set rates at the 50th percentile of the most recent market rate survey. This means that the rates were equal to or greater than the market rates charged by half of the State’s child care providers.¹⁷ Effective July 1, 2019, POC payment rates were increased to 65 percent of the 75th percentile rates established by the market rate survey. Since POC rates had not been increased since 2011, the 2019 rate increases were substantial, ranging from nine to 30 percent in New Castle County.

DOE’s supplemental tiered reimbursement rates were also increased in 2019. Considering the combined POC rates and supplemental tiered rates, total payments for Star Level 5 providers exceed the 75th percentile benchmark, but the combined rates for Star Levels 3 and 4 providers – as well as Star Levels 1 and 2 providers that are not eligible for tiered reimbursement – generally remain below this benchmark.

Division-specific Summaries

Collectively, the five Divisions that reported contracts with providers that deliver services to clients had a total contract value of \$126.2 million total funds and \$79.5 million state share. This compares to \$2.26 billion in total funds reported for the service categories in Sections V and VI.¹⁸ A total of 453 different contracts were reported (the same provider can have more than one contract with a Division).

¹² 45 CFR 98.45

¹³ 63 Fed. Reg. 39959 (July 24, 1998)

¹⁴ U.S. Department of Health and Human Services. *States’ Payment Rates Under the Child Care and Development Fund Program Could Limit Access to Child Care Providers (OEI-03-15-00170)*. Washington, D.C. August 2019. Accessed at <https://www.oig.hhs.gov/oei/reports/oei-03-15-00170.pdf>.

¹⁵ 81 Fed. Reg. 67512 (September 30, 2016)

¹⁶ Horrace, William and Christopher Parmeter. *2018 Delaware Local Child Care Market Rate Survey*. Accessed at <https://dhss.delaware.gov/dhss/files/mrs2018chcareprt.pdf>.

¹⁷ Delaware Department of Health and Social Services. *Child Care and Development Fund (CCDF) Plan for Delaware, FFY 2019-2021*. Accessed at https://www.dhss.delaware.gov/dhss/dss/CCDF_State_Plan_2019-2021.pdf.

¹⁸ Total payments in the DMES for State Fiscal Year 2019 services were closer to \$2.72 billion, but some data was excluded from the study such as payments for services where Medicare, not Medicaid, was the primary payer.

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As shown in the reports on the following pages, the majority of provider contracts reported by each Division were through the competitive bid process. There was variation among the Divisions whether or not the Division set the rate paid to the provider when the Request for Proposals (RFP) was released or whether the Division requested a best offer from the provider.

Discussion

From the survey data received and face-to-face interviews with the Division staff responsible for these contracts, there appears to be some opportunities for ensuring the best value to the State. Many staff members reported that retaining and attracting providers can be challenging. As a result, the rate proposed by the provider is often accepted, even if this rate differs from its peers. There may be situations where the variation in the rates are merited, such as geographic or credentials/experience of the provider. Prior to accepting a provider's proposed rate, the Divisions could conduct research to "build up" the cost components of a rate to determine an acceptable range within a provider's proposed rate may be accepted. Further, any opportunities where a value-based component such as performance targets should be explored that may influence the final rate negotiated with the provider.

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DPH: The Division of Public Health

The Division of Public Health protects and promotes the health of all people in Delaware. The current priorities focus on improving health-related lifestyles; improving access to integrated, prevention-focused quality and safe health care as part of health system reform; achieving health equity; preventing opiate abuse and misuse; and improving performance through performance management and improving organizational culture.

CONTRACT INFORMATION

Total Division Expenditures, SFY 2019	\$ 28,861,629	Contract Types Among the highest dollar contracts shown below, 10 were developed through a competitive bid process where the provider bid a price. Other contracts have rates set by legislation or use the Medicaid fee-for-service rates.
Federal Share of Expenditures	\$ 9,439,685	
State Share of Expenditures	\$ 19,421,945	
Total Number of Provider Contracts	94	
Top Contracts (by total dollars):		

Type of Services	Contract Amount	% of Contract Dollars	Clients Served	Number of Vendors	Most Recent Update
Ryan White	\$ 10,725,363	37.2%	1,621	12	Not available
School Based Health Services	\$ 4,543,246	15.7%	11,430	7	2017
Home Visiting	\$ 3,721,506	12.9%	5	5	Not available
Healthy Women Health Babies	\$ 2,300,000	8.0%	7	7	Not available
Child Development Watch Programs	\$ 1,627,533	4.3%	100s	1	Not available
HIV/AIDS Prevention Services	\$ 1,165,348	4.0%	10,019	5	1/1/2019
Title X Services	\$ 1,030,754	3.6%	20,000	9	2/1/2020
Early Childhood Educator	\$ 715,557	2.5%	2,024	2	7/1/2015
Patient Navigators	\$ 706,729	2.4%	4,500	8	12/31/2018
Nursing Services to Non-Public Schools	\$ 539,500	1.9%	9,244	11	2017
Lab Services for DPH and DSAAPD	\$ 400,000	1.4%	1000s	1	Not available
WIC	\$ 303,505	1.1%	10,000	4	11/1/2008
Speech Language Pathology	\$ 229,838	0.8%	2,024	2	7/1/2015
WIC	\$ 185,605	0.6%	15,000	1	Not available
Nursing	\$ 109,275	0.4%	85	1	7/1/2015
Licensed Clinical Social Work	\$ 102,660	0.4%	2,024	1	7/1/2015

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DSAMH: The Division of Substance Abuse & Mental Health

The Division of Substance Abuse and Mental Health’s core services provide prevention and treatment services to Delawareans with mental health, substance use, problem gambling, and co-occurring conditions. DSAMH works to ensure that behavioral health and substance use disorder services are accessible and effective, facilitate recovery and are integrated into the community.

CONTRACT INFORMATION

Total Division Expenditures, SFY 2019	\$ 50,157,817	Contract Types A significant volume of services paid by DSAMH are paid using rates set on a fee schedule. Claims are billed to the State. The information below represents expenditures paid through contracts. Among the highest dollar contracts shown below, all were developed through a competitive bid process. Of these, DSAMH set the rate on seven contracts. The provider
Federal Share of Expenditures	\$ 9,402,907	
State Share of Expenditures	\$ 40,754,910	
Total Number of Provider Contracts	183	
Top Contracts (by total dollars):		

Type of Services	Contract Amount	% of Contract Dollars	Clients Served	Number of Vendors	Most Recent Update
Crisis Intervention Mobile	\$ 11,203,447	22.3%	2,677	43	Not available
Benefits Counseling	\$ 8,920,897	17.8%	1,377	31	Not available
Psychosocial Rehabilitation	\$ 7,148,457	14.3%	394	15	Not available
Crisis Intervention Not Mobile	\$ 5,974,713	11.9%	1,864	21	Not available
SUD Residential Treatment	\$ 5,387,666	10.7%	1,029	17	Not available
Community Transition Services	\$ 4,353,823	8.7%	7,271	21	Not available
Peer Support	\$ 2,676,038	5.3%	Not available	11	Not available
Instrumental Activities For Daily Living	\$ 2,486,859	5.0%	2,429	4	Not available
Community Psychiatric Support & Treatment	\$ 890,575	1.8%	446	4	Not available
Prevention - Adult and Youth	\$ 823,883	1.6%	Not available	10	Not available
Personal Care	\$ 230,314	0.5%	Not available	5	Not available

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DDDS: The Division of Developmental Disabilities Services

The Division of Developmental Disabilities Services provides supports and services to individuals with intellectual and developmental disabilities, including brain injury, autism (including Asperger’s disorder) and other related developmental disabilities and their families. DDDS' system is based on the principles of self-determination, person-centered thinking, self-advocacy and choice.

CONTRACT INFORMATION

Total Division Expenditures, SFY 2019	\$ 939,056	Contract Types The vast majority of services paid by DDDS are paid using rates set on a fee schedule (Refer back to Dashboard 8.1). Claims are billed to the State. The information below represents the small component of expenditures paid through contracts. Among this smaller amount, most contracts are competitively awarded whereby the DDDS set the rate in advance.
Federal Share of Expenditures	\$ -	
State Share of Expenditures	\$ 939,056	
Total Number of Provider Contracts	30	
Top Contracts (by total dollars):		

Type of Services	Contract Amount	% of Contract Dollars	Clients Served	Number of Vendors	Most Recent Update
Dental Services	\$ 569,472	60.6%	500	10	12/31/2019
Mental Health Services	\$ 200,321	21.3%	500	7	12/31/2019
Stockly Center Residents Services	\$ 51,595	5.5%	46	1	12/31/2018
Educational Services for Sexuality/ Relationships	\$ 49,000	5.2%	200	1	12/31/2019
Nutrition Services	\$ 29,895	3.2%	200	1	12/31/2019
Sign Language Interpretation	\$ 23,976	2.6%	100	1	12/31/2019
Optometry Services	\$ 4,848	0.5%	400	3	12/31/2019

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DSAAPD: The Division of Services for Aging & Adults with Physical Disabilities

The Division of Services for Aging and Adults with Physical Disabilities maintains and improves the quality of life of people with disabilities and older adults in Delaware by providing home and community-based services and long-term care. DSAAPD promotes healthy communities by administering a variety of person-centered services that promote dignity, well-being and inclusion.

CONTRACT INFORMATION

Total Division Expenditures, SFY 2019	\$ 17,365,492	Contract Types Among the highest dollar contracts shown below, all but one were developed through a competitive bid process where the provider proposed a rate to DSAAPD. One of the smaller-dollar contracts was initiated through a sole source contract.
Federal Share of Expenditures	\$ 9,512,365	
State Share of Expenditures	\$ 7,853,127	
Total Number of Provider Contracts	30	
Top Contracts (by total dollars):		

Type of Services	Contract Amount	% of Contract Dollars	Clients Served	Number of Vendors	Most Recent Update
Home Delivered Nutrition	\$ 4,862,663	28.0%	4,199	4	2019
Personal Care	\$ 3,904,158	22.5%	808	14	2019
Congregate Nutrition	\$ 1,792,654	10.3%	9,696	3	2019
Senior Community Service Employment Program	\$ 1,589,932	9.2%	248	3	2019
Adult Day Service	\$ 1,522,162	8.8%	234	7	2019
Personal Attendant Services	\$ 1,286,455	7.4%	113	2	2019
Respite Care	\$ 799,982	4.6%	159	6	2019
Lifespan Respite	\$ 341,570	2.0%	181	1	2019
Community Living	\$ 214,268	1.2%	63	1	2019
Caregiver Resource Center	\$ 210,974	1.2%	600	5	2019
Legal Services	\$ 191,166	1.1%	254	1	2019
Personal Emergency Response System	\$ 159,606	0.9%	1,105	3	2019
Alzheimer's Day Service	\$ 117,122	0.7%	47	0	2019

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DSSC: The Division of State Service Centers

The Division of State Service Centers provides direct client services to vulnerable populations, administers state and federal funds to assist low-income persons and families, and coordinates volunteer and service activities.

CONTRACT INFORMATION

Total Division Expenditures, SFY 2019	\$ 29,100,184	Contract Types Among the 13 highest dollar contracts shown below, DSSC reported that nine were procured through competitive bids. Of these, in five cases the DSSC set the price. For the other four, the bidder offered a price. One contract was not competitive, but DSSC set the rate. Information on the other contracts was not reported.
Federal Share of Expenditures	\$ 18,345,946	
State Share of Expenditures	\$ 10,754,238	
Total Number of Provider Contracts	116	
Top Contracts (by total dollars):		

Type of Services	Contract Amount	% of Contract Dollars	Clients Served	Number of Vendors	Most Recent Update
Emergency Assistance Services	\$ 3,768,948	13.0%	Not available	0	Not available
Emergency Shelter / Transitional Housing	\$ 1,658,600	5.7%	3,423	13	Not available
School Readiness	\$ 1,257,546	4.3%	166	48	4/1/2019
Replacing, Repairing Heaters & Conserving Energy	\$ 623,773	2.1%	Not available	1	Not available
Access and Visitation Program	\$ 573,000	2.0%	639	2	4/1/2019
Utility Assistance Program	\$ 569,925	2.0%	Not available	0	Not available
Improving Educational Outcomes	\$ 480,368	1.7%	2,887	6	9/1/2019
Community Food Program	\$ 433,700	1.5%	Not available	0	Not available
Food Closet / Community Food, Nutrition	\$ 433,700	1.5%	100,000	2	Not available
Veterans & Military Families	\$ 421,157	1.4%	30	2	9/1/2019
Safe Havens	\$ 400,000	1.4%	21	1	4//1/2019
Environmental Stewardship	\$ 299,568	1.0%	150,000	1	9/1/2019
Economic Opportunity	\$ 299,567	1.0%	250	1	9/1/2019

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SECTION VIII: RECOMMENDATIONS TO IMPROVE DHSS RATE SETTING PROCESSES

Introduction

Based on our review of claims and managed care encounter data from the State's data warehouse, the in-person interviews with staff involved in rate setting within each DHSS Division, and our experience setting and reviewing rates for a variety of medical and social services for other state agencies, Burns & Associates (B&A) offers recommendations to improve the rate setting process across DHSS. These recommendations relate to medical services administered by the DMMA, to HCBS services administered by multiple DHSS Divisions, and to contracts administered by most DHSS Divisions.

B&A's recommendations are intended first and foremost to suggest ways to build the framework so that rates can be reviewed efficiently on a regular basis. More specifically, we offer recommendations on how to easily pinpoint wide variations from either industry standards or third-party benchmark data such as the prevailing wage for job categories that are employed by various provider agencies. Therefore, our recommendations are centered around ways to adapt Delaware's DHSS to common industry standards as well as ways to strengthen rate methodologies that are specific to Medicaid-covered services.

Recommendations

1. ***DHSS is encouraged to build rate methodologies that are specific to each service that is purchased and not to build a uniform "one size fits all" methodology. That being said, some service categories can have rate methodologies that are common in the way that they are built. The difference lies in accounting for variations based on the definition of the service being purchased.***

B&A's experience has found that there is never a single "rate schedule" covering all services that are paid by health purchasers. This is true in the commercial market as well as the public sector markets (Medicare, Medicaid, Department of Defense and Veteran's Affairs). This was exemplified in Exhibit 1 on page II-4 that itemized the 17 different rate schedules developed for the Medicare program. Further, some rate schedules have become more common as "industry practice" while others are specific to each payer's programs.

For acute health care services in particular, B&A has often observed in our work with State Medicaid Agencies that industry practice to adopt the methodologies are those used by CMS in whole or in part. Private commercial insurance payers have also adopted some of the CMS methodologies. Within DHSS, the DMMA (the Medicaid Division) has adopted most of the CMS Medicare methodologies already. Although B&A has offered a prioritization to focus resources on areas of opportunity within the DMMA service array, B&A does not believe that this needs to be the highest priority. Specific recommendations for DMMA services appear later in this list of recommendations.

Instead, B&A suggests that priority be centered on rate schedules for which there is no CMS benchmark. These tend to be services that are payer-specific in nature such as home- and community-based services (HCBS) in Medicaid waiver programs. Whereas it is tempting to compare the rate methodologies and the rates themselves for HCBS across State Medicaid Agencies as a way to benchmark, B&A finds that a service may have the same name across states but very different definitions of the service across states. Examples of differences include the amount of time to deliver the service (e.g., 15 minutes, one hour), the location of the service delivery (e.g., in the home or in a congregate setting), and the qualifications of the personnel delivering the service (e.g., high school diploma or licensed practitioner). Consequently, these rate schedules have not evolved to the point of a generally accepted industry standard. B&A offers a specific recommendation below on how to build consistency in the rate methodology for these services while also adapting to the specifics of each service definition.

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2. *DHSS is encouraged to develop a long-term roadmap for assigning the periodicity of updates of rates for all of its services.*

More specifically, any guiding roadmap should also include the following:

- Track if Medicare has a methodology in place that could be considered in whole or in part by DHSS;
- Track whether DHSS will incorporate a value-based component to its rate methodology or quality reporting on the services being paid;
- Identify the resources (both internal and external) to make changes to the methodologies and later to update rates periodically;
- Assess where there are gaps in current resources to complete this work;
- Identify the modes of communication to external stakeholders required when changes occur (e.g., in-person meetings with providers, briefings to legislators, written provider bulletins, and updated provider billing manuals);
- Prepare, in advance, the timing and cadence of updates to align with annual legislative budget preparations;
- Prepare, in advance, the timing needed to introduce value-based initiatives into each rate methodology where it is warranted and any associated quality-based reporting needed to ensure that the value-based initiative has a positive return on investment. B&A often sees states first introduce a new rate methodology without a value-based initiative included to get the new approach on solid footing, then a value-based component is added later.

B&A believes that the development of a roadmap such as the one described above could be prepared within six months to cover all significant service categories delivered by DHSS Divisions. The implementation of activities in the roadmap, however, will require additional resources. None of the Divisions that deliver Medicaid covered services (DMMA, DSAMH, DDDS, or DSAAPD) have sufficient staffing to undertake significant rate changes immediately. It is often true that State Medicaid Agencies will hire subject matter experts to expedite the initial implementation of a new rate methodology and then will take over ongoing maintenance of the rates after the new methodology has been implemented.

3. *B&A recommends that DHSS consider augmenting the existing staff currently used to develop and maintain rate methodologies and to clearly define roles and responsibilities for the staff that perform this function.*

Although DHSS can gain efficiencies by piggy-backing off of well-established methodologies such as those developed by CMS, there remains a need for ongoing maintenance simply because the nature of the delivery of health care is changing (e.g., inpatient hospital setting vs. outpatient hospital setting vs. in a doctor's office) and the costs associated with medical and community-based services changes at different paces (e.g., the cost to conduct lab tests is predictable year-to-year, but the costs to deliver an in-home waiver service can vary quite a bit year to year depending upon the hourly wage of the staff person, their fringe benefit costs like health insurance, and gasoline costs to travel to each client's home).

B&A offers the following recommendation for maintaining the following full-time staff to support rate development and rate changes:

- Within the Division of Medicaid and Medical Assistance (DMMA)
 - 1 FTE to serve as manager and to assist in the development of value-based initiatives
 - 1 FTE to focus on hospital reimbursement (inpatient and outpatient services)
 - 1 FTE to focus on nursing facility and other nursing-related services (e.g. home health, private duty nursing)

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- 1 FTE to focus on other professional services where DMMA keys off of Medicare’s reimbursement methodologies (e.g. physicians, medical equipment, hospice, dialysis)
- 1 FTE to focus on Medicaid-only services (e.g. transportation, substance use disorder)

In addition to maintaining the fee schedules within fee-for-service, these FTEs would also serve as the liaison to the managed care organizations to oversee reimbursement of these services in managed care.

- Within the Division of Substance Abuse and Mental Health (DSAMH)
 - 1 FTE to focus on substance use disorder services
 - 1 FTE to focus on mental health services
- Within the Division of Developmental Disabilities Services (DDDS)
 - At least 1 FTE to work with this provider community on all rate updates
- Within the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD)
 - 1 FTE to work with this provider community on all rate updates
- Within the Division of Management Services (or elsewhere within DHSS)
 - A partial FTE to maintain oversight of rates/policies for services that cross multiple Divisions

Further, although not intended to be considered a definitive list, the table on the next page contains B&A’s recommendations for staffing that includes in-house and external resources.

4. ***B&A recommends to all DHSS Divisions that a more formalized Public Notice process be initiated to inform providers and other stakeholders when rate changes are being contemplated.*** CMS uses the process of issuing Proposed Rules, then allows for a period of public comment, then issues a Final Rule when rate changes are made. Although it may not need to be as elaborate as the CMS process, DHSS should consider a similar cadence to allow for more transparency on rate changes and communication of DHSS’s intent when making changes (e.g., when a value-based component is added to a methodology).

An example of this process is shown below for a July 1 implementation:

- *October to December:* Conduct required analysis of any rate changes contemplated
- *January:* Conduct informal education and discussion with providers
- *February:* Conduct education with legislators and other stakeholders, as needed
- *March:* Initiate a formal public notice process of proposed changes (with open period of at least 30 days to allow for public comment)
- *May:* Respond to formal comments in the public notice process and issue final changes
- *June:* Release other guidance materials (e.g. updated billing manual) to prepare for implementation

5. Although a Public Notice is helpful, B&A has found that ongoing communication with providers on upcoming rate changes is also essential. Therefore, ***B&A recommends that when rate methodology changes are undertaken, DHSS should build a project-specific work plan that incorporates periodic meetings with the providers affected by the rate change throughout the project.***
6. B&A found that the accuracy and completeness of the manuals that describe the rate methodologies and billing guidance to providers across DHSS were mixed or non-existent. ***B&A recommends that, for each major category of service, there should be a dedicated section in the Provider Manual that describes the rate methodology in detail and that this section is updated timely when any rate changes occur.*** As a Department, DHSS should inventory the Provider Manuals currently in the field and use examples from some of the more exemplary manuals as the basis for building the required elements in any Provider Manual.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

Specific Staffing Recommendations Tied to Recommendation #3 on the Previous Page

Service Category	Rate Methodology Change Recommended?	External Resources Needed to Change?	Could Internal Resources do Ongoing Maintenance?	Periodicity of Update
General Acute Care Inpatient Hospital	Yes	Yes	Probably yes	Every 4 years
Skilled Nursing/Assisted Living Facilities	Yes	Yes	Probably yes	At least annually
Psychiatric Hospitals	No	N/A	Yes	Annually
Home Health Agencies	Yes	Yes	Yes	Annually
Hospice Care	No	N/A	Yes	Annually
General Acute Care Outpatient Hospital	Yes	Yes	Probably no	Annually
Ambulatory Surgery Centers (ASCs)	No	N/A	Yes	Annually
Dialysis Centers	No	N/A	Yes	Annually
Federally Qualified Health Centers (FQHCs)	Maybe	Maybe	Yes	Annually
Evaluation and Management Services	No	N/A	Yes	Annually
Procedure Services	No	N/A	Yes	Annually
Physician-Administered Drugs	No	N/A	Yes	Annually
Independent Laboratory and Radiology	No	N/A	Yes	Annually
Durable Medical Equipment and Supplies	No	N/A	Yes	Annually
Children's Dental Services	Maybe	Maybe	Yes	Every 2-3 years
Vision and Hearing Services	No	N/A	Yes	Every 2-3 years
Non-Emergency Medical Transportation and Emergency Transportation (Ambulance)	No	N/A	Yes	Every 2-3 years
Private Duty Nursing	Yes	Maybe	Yes	Every 2-3 years
Substance Use Disorder Services Delivered by DSAMH and DMMA	(ongoing now)	Ongoing now	Probably yes	Every 2-3 years
Mental Health Services Delivered by DSAMH	Yes	Yes	Probably yes	Every 2-3 years
Developmental Disability Services Delivered by DDDS	No (recently completed)	N/A	Probably yes	Every 2-3 years
Community Services Delivered by DSAAPD	Yes	Yes	Probably yes	Every 2-3 years

7. *With respect to opportunities to modernize the rate methodology for HCBS (non-medical services), B&A recommends that DHSS develop a process to capture provider actual costs as well as independent market-based costs to use as a comparison when setting HCBS rates. Rates for these services can be built on a model that is built “from the ground up” and specific to the Division’s needs.*

The services covered in this recommendation pertain most specifically to Division of Developmental Disability Services, the Division of Substance Abuse and Mental Health, the Division of Services for Aging and Adults with Physical Disabilities, and the Division of Social Services for child care support.

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

There is not a uniform method in which provider costs are captured to deliver HCBS services like there is, for example, with hospitals and nursing facilities. Even when costs can be captured, there is often a “chicken-and-egg” scenario. If the rate of payment is below-market for a service, then the costs that providers will report will be below-market because that is what the provider can afford to spend to remain financially viable.

B&A proposes that, although the rates themselves will differ, the process upon which how rates are developed can be fairly standardized if the following principles are applied for each service:

- a) Carefully review the definition of the service and the unit of measurement (e.g., per hour, per day) to ensure the Division is cognizant of what it wants to pay for.
- b) Track and maintain if there are specific federal or state rules or policies that must be factored into the cost of delivering the service.
- c) Collect cost information from providers to inform the development of a new rate.
- d) Collect market-based data *outside of provider costs* to benchmark against the costs reported by providers. For example, a provider’s wage costs may be lower than the going market rate because the current rate only supports hourly wages below market.
- e) Build and continually updated (such as annually) a “benchmark rate”—that is, what is the rate that could be supported if funds were available. The benchmark rate factors in actual provider costs and market-based conditions (e.g., the continual increase in personnel health insurance costs).
- f) When state resources are limited, if the benchmark rate is not affordable, work towards parity to get all services up to a threshold level. This means that it is conceivable that, in any given year, the rates for some services stay constant or even go down while other rates go up. For example, the state can only afford—as a general rule—to pay up to 90% of every benchmark rate. Service #1 already has a rate that is at 93% of the benchmark but Service #2 has a rate at 83% of the benchmark. When rate updates occur, Service #1 does not get a rate increase (or it might even go down) so that the rate for Service #2 can get up to 90% of the benchmark.

Within a service category, B&A recommends that the methodology and approach be consistent to set the rates, but that there may be variations required to account for the following:

- A client’s level of need (e.g., support in the home will vary for someone with underlying medical complexities than for someone without these medical conditions);
- The group size (e.g., a 1:1 service is much more expensive than staffing a 1 employee:4 client group);
- The service setting (e.g., in-home or facility-based);
- Staff qualifications or training (e.g., RN vs LPN, licensed psychologist vs peer support);
- Geography (e.g., urban vs rural); and
- Provider supply (e.g., if providers are limited in a specific area of the state to meet the need)

B&A recommends that the following costs always be captured for consideration in the development of rates for HCBS:

- Direct worker wages
- Direct worker benefits
- Direct worker productivity (e.g., how much of an 8-hour day is client facing versus travel time, record keeping, attending training, etc.)
- Program support (e.g., the non-labor costs specific to deliver the service which could include building, vehicles, supplies)
- Administration (e.g., back office costs)

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

It should be noted that DDDS has adopted this approach for recent updates it has made for services delivered by providers to persons with intellectual and developmental disabilities. Benchmark rates has been developed for each service, but the funding was not available to always set the rate at the benchmark level.

The DMMA has received a federal group to examine the rates paid for delivering services to individuals with substance use disorder. The process described above will be used to assess the rates to pay to providers who deliver these services. The project is just starting in June 2020 with the goal for recommendations to rate changes to be completed by March 2021.

8. Using the theme as described in the prior recommendation, other Divisions can also use this method when entering contract negotiations even if the actual rate is not published. ***B&A recommends that Divisions that use the contracting method to pay providers to develop a rate corridor that they are willing to accept from providers in the bid process that is driven by market data.***

In other words, Divisions that do not publish fee schedules per se can still use the benchmarking method to determine the range of acceptable rates offered by a bidder that they would accept under a specific service contract. Prior to accepting a provider's proposed rate, the Divisions could conduct research to "build up" the cost components of a rate to determine this acceptable range. Further, any opportunities where a value-based component such as performance targets should be explored that may influence the final rate negotiated with the provider. The Division may or may not choose to publish what this acceptable rate range would be.

This approach is most likely appropriate for the Division of Public Health, the Division of State Service Centers, the Division for Visually Impaired, and the Division of Social Services for services other than child care support.

9. With respect to services covered by the Division of Medicaid and Medical Assistance (DMMA), the DMMA has adopted protocols to keep current with Medicare rates and rate methodologies on most of the services that it sets rates for. When this protocol is used, it is often the case that the Medicaid rate is on par or just slightly less than the Medicare rate. An example of this is the annual update for most physician and other professional services.

Whereas the DMMA has built more refinement and processes into the services that it is responsible for than some of the other Divisions, B&A does offer some specific recommendations related to the methodology for some acute health care services:

- ***For inpatient hospital services, DHSS should consider changing its reimbursement methodology from a per discharge rate that is not based on patient acuity to a per discharge rate based on patient acuity using a diagnosis related grouping (DRG) system.*** As of late 2018, 37 State Medicaid Agencies pay by DRG. The DMMA does not. CMS has paid for inpatient services in the Medicare program by DRG since 1983. If the DMMA moved to a DRG payment system, B&A recommends that the costs specific to Delaware's hospitals be factored into the calculations of the base rates and relative weights assigned to each DRG. A DRG payment system serves as the building blocks for future value-based components such as an incentive program to reduce hospital readmissions.
- ***For outpatient hospital services, DHSS should consider changing its reimbursement to a more sophisticated rate structure that incentives value and efficiency such as the Medicare Outpatient Prospective Payment System or 3M's Enhanced Ambulatory Patient Grouping.*** Some outpatient hospital services are paid off of a fee schedule, but other services are paid based off of a percentage of what the hospital charges. Each hospital can choose to charge

Independent Study of Rate Methodologies for Services Delivered by the Divisions within the Delaware Department of Health and Social Services

different amounts, so this means that some services are effectively paid a different rate depending upon which hospital is billing the service. The DMMA could modernize this portion of the payment methodology by using the Medicare or 3M systems that follow the principal of paying for a combined group of related services in an outpatient visit together in one rate versus piecemeal. The Medicare grouper is free and hospitals have operated under this methodology in the Medicare program for 20 years. The 3M grouper is proprietary and would add some cost to the DMMA, its MCOs and the hospitals that would be paid under this grouper.

- ***Although the actual per diem rates paid may differ from Medicare's, DHSS should consider immediately migrating to CMS's new methodology to pay for nursing facilities since the current methodology that has been in place for over 20 years will not be supported by CMS beginning in October 2020.*** Since 1998, CMS has paid for nursing facility services on a prospective per diem basis using an acuity adjustment on the per diem that was based on patient assignment to a Resource Utilization Group, or RUG. Critics of this methodology stated that the RUGs were too dependent on capturing the number of therapies delivered and less on the other complexities of a resident's care. Beginning in October 2019, CMS changed its methodology to what is called the Patient-Driven Payment Model (PDPM). The PDPM is based on a new classification system. With the introduction of the new classification system, the instrument used to collect information on patients is changing. With the change in this instrument, the previous RUG classifications will no longer be accurate. Since the RUG classification defines the rate paid to the nursing facility, the rates will also be inaccurate. CMS is phasing out support of the RUG system on September 30, 2020. This requires Medicaid agencies to follow Medicare's new PDPM method or develop an alternative to the former RUG method.

APPENDIX A**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Inpatient Hospital Services****Dashboard Number 1.1****Last FFS Rate Update: 10/1/2009** unless otherwise noted

Hospitals are paid on a per discharge basis. The per discharge payment is shown in Column D. The components that make up the payment are shown in Columns A, B and C. There is a different per discharge rate for nursery cases than for all other cases.

There is also a provision to make an additional payment for extraordinarily high cost costs (also known as "outliers"). If the cost of the case exceeds an outlier threshold (which is 4x the Operating portion of the rate), then the payment will include an outlier payment in addition to the per diem payment.

To determine cost of the case, the billed charges on the case are multiplied by a cost-to-charge ratio (Column F). If these costs exceed the outlier threshold (Column E), then the costs above the threshold are eligible for an outlier payment. The actual additional payment is the eligible costs multiplied by an outlier payment percentage (Column G).

Components of the Inpatient General Discharge Rate

	A	B	C	D = A+B+C	E	F	G
Hospital Name	Operating Portion	Capital Portion	Medical Education Portion	Total Per Discharge Rate	Outlier Threshold	Outlier Cost-to-Charge Ratio	Outlier Payment Percentage
A.I. DuPont	\$10,019.36	\$1,045.02	\$0.00	\$11,064.38	\$40,077.44	0.79560	70%
Bayhealth Medical Center	\$3,248.69	\$373.45	\$0.00	\$3,622.14	\$12,994.76	0.64821	70%
Beebe	\$3,323.74	\$376.34	\$179.52	\$3,879.60	\$13,294.96	0.48556	70%
Christiana Care	\$7,163.91	\$450.03	\$656.28	\$8,270.22	\$28,655.64	0.56977	70%
Kent General	\$4,349.64	\$436.31	\$0.00	\$4,785.95	\$17,398.56	0.62474	70%
Nanticoke Memorial	\$3,036.65	\$401.25	\$0.00	\$3,437.90	\$12,146.60	0.54893	70%
St. Francis	\$3,872.93	\$392.76	\$50.97	\$4,316.66	\$15,491.72	0.54496	70%

Components of the Inpatient Nursery Discharge Rate

	A	B	C	D = A+B+C
Hospital Name	Operating Portion	Capital Portion	Medical Education Portion	Total Per Discharge Rate
A.I. DuPont*	\$3,087.95	\$322.07	\$0.00	\$3,410.02
Bayhealth Medical Center	\$1,169.76	\$103.89	\$0.00	\$1,273.65
Beebe	\$1,123.27	\$103.81	\$179.52	\$1,406.60
Christiana Care	\$1,215.87	\$104.06	\$653.09	\$1,973.02
Kent General	\$1,208.28	\$129.27	\$0.00	\$1,337.55
Nanticoke Memorial	\$919.09	\$108.52	\$0.00	\$1,027.61
St. Francis	\$1,214.89	\$107.04	\$50.97	\$1,372.90

*rate effective date for this facility is 3/7/11

APPENDIX B**Delaware Division of Medicaid and Medical Assistance
Fee Schedule for Skilled Nursing Facilities
Dashboard Number 1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Arbors at New Castle**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$111.16	\$70.98	\$267.04
Rehabilitation	11	\$101.88	\$111.16	\$70.98	\$284.02
Psych-Social	12	\$93.39	\$111.16	\$70.98	\$275.53
Rehab/Psych-Soc	13	\$112.07	\$111.16	\$70.98	\$294.21
Standard	20	\$86.81	\$111.16	\$70.98	\$268.95
Rehabilitation	21	\$104.17	\$111.16	\$70.98	\$286.31
Psych-Social	22	\$95.49	\$111.16	\$70.98	\$277.63
Rehab/Psych-Soc	23	\$114.59	\$111.16	\$70.98	\$296.73
Standard	30	\$92.54	\$111.16	\$70.98	\$274.68
Rehabilitation	31	\$111.05	\$111.16	\$70.98	\$293.19
Psych-Social	32	\$101.79	\$111.16	\$70.98	\$283.93
Rehab/Psych-Soc	33	\$122.15	\$111.16	\$70.98	\$304.29
Standard	40	\$112.44	\$111.16	\$70.98	\$294.58
Rehabilitation	41	\$134.93	\$111.16	\$70.98	\$317.07
Psych-Social	42	\$123.68	\$111.16	\$70.98	\$305.82
Rehab/Psych-Soc	43	\$148.42	\$111.16	\$70.98	\$330.56
Standard	50	\$120.24	\$111.16	\$70.98	\$302.38
Rehabilitation	51	\$144.28	\$111.16	\$70.98	\$326.42
Psych-Social	52	\$132.26	\$111.16	\$70.98	\$314.40
Rehab/Psych-Soc	53	\$158.71	\$111.16	\$70.98	\$340.85
Standard	60	\$93.19	\$111.16	\$70.98	\$275.33
Rehabilitation	61	\$111.83	\$111.16	\$70.98	\$293.97
Psych-Social	62	\$102.51	\$111.16	\$70.98	\$284.65
Rehab/Psych-Soc	63	\$123.01	\$111.16	\$70.98	\$305.15
Standard	70	\$130.58	\$111.16	\$70.98	\$312.72
Rehabilitation	71	\$156.70	\$111.16	\$70.98	\$338.84
Psych-Social	72	\$143.64	\$111.16	\$70.98	\$325.78
Rehab/Psych-Soc	73	\$172.36	\$111.16	\$70.98	\$354.50
Standard	80	\$155.05	\$111.16	\$70.98	\$337.19
Rehabilitation	81	\$186.06	\$111.16	\$70.98	\$368.20
Psych-Social	82	\$170.56	\$111.16	\$70.98	\$352.70
Rehab/Psych-Soc	83	\$204.67	\$111.16	\$70.98	\$386.81

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Brandywine**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$88.76	\$58.85	\$232.51
Rehabilitation	11	\$101.88	\$88.76	\$58.85	\$249.49
Psych-Social	12	\$93.39	\$88.76	\$58.85	\$241.00
Rehab/Psych-Soc	13	\$112.07	\$88.76	\$58.85	\$259.68
Standard	20	\$86.81	\$88.76	\$58.85	\$234.42
Rehabilitation	21	\$104.17	\$88.76	\$58.85	\$251.78
Psych-Social	22	\$95.49	\$88.76	\$58.85	\$243.10
Rehab/Psych-Soc	23	\$114.59	\$88.76	\$58.85	\$262.20
Standard	30	\$92.54	\$88.76	\$58.85	\$240.15
Rehabilitation	31	\$111.05	\$88.76	\$58.85	\$258.66
Psych-Social	32	\$101.79	\$88.76	\$58.85	\$249.40
Rehab/Psych-Soc	33	\$122.15	\$88.76	\$58.85	\$269.76
Standard	40	\$112.44	\$88.76	\$58.85	\$260.05
Rehabilitation	41	\$134.93	\$88.76	\$58.85	\$282.54
Psych-Social	42	\$123.68	\$88.76	\$58.85	\$271.29
Rehab/Psych-Soc	43	\$148.42	\$88.76	\$58.85	\$296.03
Standard	50	\$120.24	\$88.76	\$58.85	\$267.85
Rehabilitation	51	\$144.28	\$88.76	\$58.85	\$291.89
Psych-Social	52	\$132.26	\$88.76	\$58.85	\$279.87
Rehab/Psych-Soc	53	\$158.71	\$88.76	\$58.85	\$306.32
Standard	60	\$93.19	\$88.76	\$58.85	\$240.80
Rehabilitation	61	\$111.83	\$88.76	\$58.85	\$259.44
Psych-Social	62	\$102.51	\$88.76	\$58.85	\$250.12
Rehab/Psych-Soc	63	\$123.01	\$88.76	\$58.85	\$270.62
Standard	70	\$130.58	\$88.76	\$58.85	\$278.19
Rehabilitation	71	\$156.70	\$88.76	\$58.85	\$304.31
Psych-Social	72	\$143.64	\$88.76	\$58.85	\$291.25
Rehab/Psych-Soc	73	\$172.36	\$88.76	\$58.85	\$319.97
Standard	80	\$155.05	\$88.76	\$58.85	\$302.66
Rehabilitation	81	\$186.06	\$88.76	\$58.85	\$333.67
Psych-Social	82	\$170.56	\$88.76	\$58.85	\$318.17
Rehab/Psych-Soc	83	\$204.67	\$88.76	\$58.85	\$352.28

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Broadmeadow**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$141.28	\$65.69	\$291.87
Rehabilitation	11	\$101.88	\$141.28	\$65.69	\$308.85
Psych-Social	12	\$93.39	\$141.28	\$65.69	\$300.36
Rehab/Psych-Soc	13	\$112.07	\$141.28	\$65.69	\$319.04
Standard	20	\$86.81	\$141.28	\$65.69	\$293.78
Rehabilitation	21	\$104.17	\$141.28	\$65.69	\$311.14
Psych-Social	22	\$95.49	\$141.28	\$65.69	\$302.46
Rehab/Psych-Soc	23	\$114.59	\$141.28	\$65.69	\$321.56
Standard	30	\$92.54	\$141.28	\$65.69	\$299.51
Rehabilitation	31	\$111.05	\$141.28	\$65.69	\$318.02
Psych-Social	32	\$101.79	\$141.28	\$65.69	\$308.76
Rehab/Psych-Soc	33	\$122.15	\$141.28	\$65.69	\$329.12
Standard	40	\$112.44	\$141.28	\$65.69	\$319.41
Rehabilitation	41	\$134.93	\$141.28	\$65.69	\$341.90
Psych-Social	42	\$123.68	\$141.28	\$65.69	\$330.65
Rehab/Psych-Soc	43	\$148.42	\$141.28	\$65.69	\$355.39
Standard	50	\$120.24	\$141.28	\$65.69	\$327.21
Rehabilitation	51	\$144.28	\$141.28	\$65.69	\$351.25
Psych-Social	52	\$132.26	\$141.28	\$65.69	\$339.23
Rehab/Psych-Soc	53	\$158.71	\$141.28	\$65.69	\$365.68
Standard	60	\$93.19	\$141.28	\$65.69	\$300.16
Rehabilitation	61	\$111.83	\$141.28	\$65.69	\$318.80
Psych-Social	62	\$102.51	\$141.28	\$65.69	\$309.48
Rehab/Psych-Soc	63	\$123.01	\$141.28	\$65.69	\$329.98
Standard	70	\$130.58	\$141.28	\$65.69	\$337.55
Rehabilitation	71	\$156.70	\$141.28	\$65.69	\$363.67
Psych-Social	72	\$143.64	\$141.28	\$65.69	\$350.61
Rehab/Psych-Soc	73	\$172.36	\$141.28	\$65.69	\$379.33
Standard	80	\$155.05	\$141.28	\$65.69	\$362.02
Rehabilitation	81	\$186.06	\$141.28	\$65.69	\$393.03
Psych-Social	82	\$170.56	\$141.28	\$65.69	\$377.53
Rehab/Psych-Soc	83	\$204.67	\$141.28	\$65.69	\$411.64

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Cadia Silverside Healthcare Services LLC**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$170.39	\$67.01	\$322.30
Rehabilitation	11	\$101.88	\$170.39	\$67.01	\$339.28
Psycho-social	12	\$93.39	\$170.39	\$67.01	\$330.79
Rehab/Psych-soc	13	\$112.07	\$170.39	\$67.01	\$349.47
Standard	20	\$86.81	\$170.39	\$67.01	\$324.21
Rehabilitation	21	\$104.17	\$170.39	\$67.01	\$341.57
Psycho-social	22	\$95.49	\$170.39	\$67.01	\$332.89
Rehab/Psych-soc	23	\$114.59	\$170.39	\$67.01	\$351.99
Standard	30	\$92.54	\$170.39	\$67.01	\$329.94
Rehabilitation	31	\$111.05	\$170.39	\$67.01	\$348.45
Psycho-social	32	\$101.79	\$170.39	\$67.01	\$339.19
Rehab/Psych-soc	33	\$122.15	\$170.39	\$67.01	\$359.55
Standard	40	\$112.44	\$170.39	\$67.01	\$349.84
Rehabilitation	41	\$134.93	\$170.39	\$67.01	\$372.33
Psycho-social	42	\$123.68	\$170.39	\$67.01	\$361.08
Rehab/Psych-soc	43	\$148.42	\$170.39	\$67.01	\$385.82
Standard	50	\$120.24	\$170.39	\$67.01	\$357.64
Rehabilitation	51	\$144.28	\$170.39	\$67.01	\$381.68
Psycho-social	52	\$132.26	\$170.39	\$67.01	\$369.66
Rehab/Psych-soc	53	\$158.71	\$170.39	\$67.01	\$396.11
Standard	60	\$93.19	\$170.39	\$67.01	\$330.59
Rehabilitation	61	\$111.83	\$170.39	\$67.01	\$349.23
Psycho-social	62	\$102.51	\$170.39	\$67.01	\$339.91
Rehab/Psych-soc	63	\$123.01	\$170.39	\$67.01	\$360.41
Standard	70	\$130.58	\$170.39	\$67.01	\$367.98
Rehabilitation	71	\$156.70	\$170.39	\$67.01	\$394.10
Psycho-social	72	\$143.64	\$170.39	\$67.01	\$381.04
Rehab/Psych-soc	73	\$172.36	\$170.39	\$67.01	\$409.76
Standard	80	\$155.05	\$170.39	\$67.01	\$392.45
Rehabilitation	81	\$186.06	\$170.39	\$67.01	\$423.46
Psycho-social	82	\$170.56	\$170.39	\$67.01	\$407.96
Rehab/Psych-soc	83	\$204.67	\$170.39	\$67.01	\$442.07

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Churchman Village**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$108.05	\$68.18	\$261.13
Rehabilitation	11	\$101.88	\$108.05	\$68.18	\$278.11
Psych-Social	12	\$93.39	\$108.05	\$68.18	\$269.62
Rehab/Psych-Soc	13	\$112.07	\$108.05	\$68.18	\$288.30
Standard	20	\$86.81	\$108.05	\$68.18	\$263.04
Rehabilitation	21	\$104.17	\$108.05	\$68.18	\$280.40
Psych-Social	22	\$95.49	\$108.05	\$68.18	\$271.72
Rehab/Psych-Soc	23	\$114.59	\$108.05	\$68.18	\$290.82
Standard	30	\$92.54	\$108.05	\$68.18	\$268.77
Rehabilitation	31	\$111.05	\$108.05	\$68.18	\$287.28
Psych-Social	32	\$101.79	\$108.05	\$68.18	\$278.02
Rehab/Psych-Soc	33	\$122.15	\$108.05	\$68.18	\$298.38
Standard	40	\$112.44	\$108.05	\$68.18	\$288.67
Rehabilitation	41	\$134.93	\$108.05	\$68.18	\$311.16
Psych-Social	42	\$123.68	\$108.05	\$68.18	\$299.91
Rehab/Psych-Soc	43	\$148.42	\$108.05	\$68.18	\$324.65
Standard	50	\$120.24	\$108.05	\$68.18	\$296.47
Rehabilitation	51	\$144.28	\$108.05	\$68.18	\$320.51
Psych-Social	52	\$132.26	\$108.05	\$68.18	\$308.49
Rehab/Psych-Soc	53	\$158.71	\$108.05	\$68.18	\$334.94
Standard	60	\$93.19	\$108.05	\$68.18	\$269.42
Rehabilitation	61	\$111.83	\$108.05	\$68.18	\$288.06
Psych-Social	62	\$102.51	\$108.05	\$68.18	\$278.74
Rehab/Psych-Soc	63	\$123.01	\$108.05	\$68.18	\$299.24
Standard	70	\$130.58	\$108.05	\$68.18	\$306.81
Rehabilitation	71	\$156.70	\$108.05	\$68.18	\$332.93
Psych-Social	72	\$143.64	\$108.05	\$68.18	\$319.87
Rehab/Psych-Soc	73	\$172.36	\$108.05	\$68.18	\$348.59
Standard	80	\$155.05	\$108.05	\$68.18	\$331.28
Rehabilitation	81	\$186.06	\$108.05	\$68.18	\$362.29
Psych-Social	82	\$170.56	\$108.05	\$68.18	\$346.79
Rehab/Psych-Soc	83	\$204.67	\$108.05	\$68.18	\$380.90

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A FHCC-Brackenville-St. Francis**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$109.77	\$68.82	\$263.49
Rehabilitation	11	\$101.88	\$109.77	\$68.82	\$280.47
Psych-Social	12	\$93.39	\$109.77	\$68.82	\$271.98
Rehab/Psych-Soc	13	\$112.07	\$109.77	\$68.82	\$290.66
Standard	20	\$86.81	\$109.77	\$68.82	\$265.40
Rehabilitation	21	\$104.17	\$109.77	\$68.82	\$282.76
Psych-Social	22	\$95.49	\$109.77	\$68.82	\$274.08
Rehab/Psych-Soc	23	\$114.59	\$109.77	\$68.82	\$293.18
Standard	30	\$92.54	\$109.77	\$68.82	\$271.13
Rehabilitation	31	\$111.05	\$109.77	\$68.82	\$289.64
Psych-Social	32	\$101.79	\$109.77	\$68.82	\$280.38
Rehab/Psych-Soc	33	\$122.15	\$109.77	\$68.82	\$300.74
Standard	40	\$112.44	\$109.77	\$68.82	\$291.03
Rehabilitation	41	\$134.93	\$109.77	\$68.82	\$313.52
Psych-Social	42	\$123.68	\$109.77	\$68.82	\$302.27
Rehab/Psych-Soc	43	\$148.42	\$109.77	\$68.82	\$327.01
Standard	50	\$120.24	\$109.77	\$68.82	\$298.83
Rehabilitation	51	\$144.28	\$109.77	\$68.82	\$322.87
Psych-Social	52	\$132.26	\$109.77	\$68.82	\$310.85
Rehab/Psych-Soc	53	\$158.71	\$109.77	\$68.82	\$337.30
Standard	60	\$93.19	\$109.77	\$68.82	\$271.78
Rehabilitation	61	\$111.83	\$109.77	\$68.82	\$290.42
Psych-Social	62	\$102.51	\$109.77	\$68.82	\$281.10
Rehab/Psych-Soc	63	\$123.01	\$109.77	\$68.82	\$301.60
Standard	70	\$130.58	\$109.77	\$68.82	\$309.17
Rehabilitation	71	\$156.70	\$109.77	\$68.82	\$335.29
Psych-Social	72	\$143.64	\$109.77	\$68.82	\$322.23
Rehab/Psych-Soc	73	\$172.36	\$109.77	\$68.82	\$350.95
Standard	80	\$155.05	\$109.77	\$68.82	\$333.64
Rehabilitation	81	\$186.06	\$109.77	\$68.82	\$364.65
Psych-Social	82	\$170.56	\$109.77	\$68.82	\$349.15
Rehab/Psych-Soc	83	\$204.67	\$109.77	\$68.82	\$383.26

APPENDIX B**Delaware Division of Medicaid and Medical Assistance
Fee Schedule for Skilled Nursing Facilities
Dashboard Number 1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Forwood Manor**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$103.73	\$45.13	\$233.76
Rehabilitation	11	\$101.88	\$103.73	\$45.13	\$250.74
Psych-Social	12	\$93.39	\$103.73	\$45.13	\$242.25
Rehab/Psych-Soc	13	\$112.07	\$103.73	\$45.13	\$260.93
Standard	20	\$86.81	\$103.73	\$45.13	\$235.67
Rehabilitation	21	\$104.17	\$103.73	\$45.13	\$253.03
Psych-Social	22	\$95.49	\$103.73	\$45.13	\$244.35
Rehab/Psych-Soc	23	\$114.59	\$103.73	\$45.13	\$263.45
Standard	30	\$92.54	\$103.73	\$45.13	\$241.40
Rehabilitation	31	\$111.05	\$103.73	\$45.13	\$259.91
Psych-Social	32	\$101.79	\$103.73	\$45.13	\$250.65
Rehab/Psych-Soc	33	\$122.15	\$103.73	\$45.13	\$271.01
Standard	40	\$112.44	\$103.73	\$45.13	\$261.30
Rehabilitation	41	\$134.93	\$103.73	\$45.13	\$283.79
Psych-Social	42	\$123.68	\$103.73	\$45.13	\$272.54
Rehab/Psych-Soc	43	\$148.42	\$103.73	\$45.13	\$297.28
Standard	50	\$120.24	\$103.73	\$45.13	\$269.10
Rehabilitation	51	\$144.28	\$103.73	\$45.13	\$293.14
Psych-Social	52	\$132.26	\$103.73	\$45.13	\$281.12
Rehab/Psych-Soc	53	\$158.71	\$103.73	\$45.13	\$307.57
Standard	60	\$93.19	\$103.73	\$45.13	\$242.05
Rehabilitation	61	\$111.83	\$103.73	\$45.13	\$260.69
Psych-Social	62	\$102.51	\$103.73	\$45.13	\$251.37
Rehab/Psych-Soc	63	\$123.01	\$103.73	\$45.13	\$271.87
Standard	70	\$130.58	\$103.73	\$45.13	\$279.44
Rehabilitation	71	\$156.70	\$103.73	\$45.13	\$305.56
Psych-Social	72	\$143.64	\$103.73	\$45.13	\$292.50
Rehab/Psych-Soc	73	\$172.36	\$103.73	\$45.13	\$321.22
Standard	80	\$155.05	\$103.73	\$45.13	\$303.91
Rehabilitation	81	\$186.06	\$103.73	\$45.13	\$334.92
Psych-Social	82	\$170.56	\$103.73	\$45.13	\$319.42
Rehab/Psych-Soc	83	\$204.67	\$103.73	\$45.13	\$353.53

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A** *Foulk Manor North*

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$110.74	\$45.13	\$240.77
Rehabilitation	11	\$101.88	\$110.74	\$45.13	\$257.75
Psych-Social	12	\$93.39	\$110.74	\$45.13	\$249.26
Rehab/Psych-Soc	13	\$112.07	\$110.74	\$45.13	\$267.94
Standard	20	\$86.81	\$110.74	\$45.13	\$242.68
Rehabilitation	21	\$104.17	\$110.74	\$45.13	\$260.04
Psych-Social	22	\$95.49	\$110.74	\$45.13	\$251.36
Rehab/Psych-Soc	23	\$114.59	\$110.74	\$45.13	\$270.46
Standard	30	\$92.54	\$110.74	\$45.13	\$248.41
Rehabilitation	31	\$111.05	\$110.74	\$45.13	\$266.92
Psych-Social	32	\$101.79	\$110.74	\$45.13	\$257.66
Rehab/Psych-Soc	33	\$122.15	\$110.74	\$45.13	\$278.02
Standard	40	\$112.44	\$110.74	\$45.13	\$268.31
Rehabilitation	41	\$134.93	\$110.74	\$45.13	\$290.80
Psych-Social	42	\$123.68	\$110.74	\$45.13	\$279.55
Rehab/Psych-Soc	43	\$148.42	\$110.74	\$45.13	\$304.29
Standard	50	\$120.24	\$110.74	\$45.13	\$276.11
Rehabilitation	51	\$144.28	\$110.74	\$45.13	\$300.15
Psych-Social	52	\$132.26	\$110.74	\$45.13	\$288.13
Rehab/Psych-Soc	53	\$158.71	\$110.74	\$45.13	\$314.58
Standard	60	\$93.19	\$110.74	\$45.13	\$249.06
Rehabilitation	61	\$111.83	\$110.74	\$45.13	\$267.70
Psych-Social	62	\$102.51	\$110.74	\$45.13	\$258.38
Rehab/Psych-Soc	63	\$123.01	\$110.74	\$45.13	\$278.88
Standard	70	\$130.58	\$110.74	\$45.13	\$286.45
Rehabilitation	71	\$156.70	\$110.74	\$45.13	\$312.57
Psych-Social	72	\$143.64	\$110.74	\$45.13	\$299.51
Rehab/Psych-Soc	73	\$172.36	\$110.74	\$45.13	\$328.23
Standard	80	\$155.05	\$110.74	\$45.13	\$310.92
Rehabilitation	81	\$186.06	\$110.74	\$45.13	\$341.93
Psych-Social	82	\$170.56	\$110.74	\$45.13	\$326.43
Rehab/Psych-Soc	83	\$204.67	\$110.74	\$45.13	\$360.54

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Gilpin Hall**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$126.23	\$72.23	\$283.36
Rehabilitation	11	\$101.88	\$126.23	\$72.23	\$300.34
Psych-Social	12	\$93.39	\$126.23	\$72.23	\$291.85
Rehab/Psych-Soc	13	\$112.07	\$126.23	\$72.23	\$310.53
Standard	20	\$86.81	\$126.23	\$72.23	\$285.27
Rehabilitation	21	\$104.17	\$126.23	\$72.23	\$302.63
Psych-Social	22	\$95.49	\$126.23	\$72.23	\$293.95
Rehab/Psych-Soc	23	\$114.59	\$126.23	\$72.23	\$313.05
Standard	30	\$92.54	\$126.23	\$72.23	\$291.00
Rehabilitation	31	\$111.05	\$126.23	\$72.23	\$309.51
Psych-Social	32	\$101.79	\$126.23	\$72.23	\$300.25
Rehab/Psych-Soc	33	\$122.15	\$126.23	\$72.23	\$320.61
Standard	40	\$112.44	\$126.23	\$72.23	\$310.90
Rehabilitation	41	\$134.93	\$126.23	\$72.23	\$333.39
Psych-Social	42	\$123.68	\$126.23	\$72.23	\$322.14
Rehab/Psych-Soc	43	\$148.42	\$126.23	\$72.23	\$346.88
Standard	50	\$120.24	\$126.23	\$72.23	\$318.70
Rehabilitation	51	\$144.28	\$126.23	\$72.23	\$342.74
Psych-Social	52	\$132.26	\$126.23	\$72.23	\$330.72
Rehab/Psych-Soc	53	\$158.71	\$126.23	\$72.23	\$357.17
Standard	60	\$93.19	\$126.23	\$72.23	\$291.65
Rehabilitation	61	\$111.83	\$126.23	\$72.23	\$310.29
Psych-Social	62	\$102.51	\$126.23	\$72.23	\$300.97
Rehab/Psych-Soc	63	\$123.01	\$126.23	\$72.23	\$321.47
Standard	70	\$130.58	\$126.23	\$72.23	\$329.04
Rehabilitation	71	\$156.70	\$126.23	\$72.23	\$355.16
Psych-Social	72	\$143.64	\$126.23	\$72.23	\$342.10
Rehab/Psych-Soc	73	\$172.36	\$126.23	\$72.23	\$370.82
Standard	80	\$155.05	\$126.23	\$72.23	\$353.51
Rehabilitation	81	\$186.06	\$126.23	\$72.23	\$384.52
Psych-Social	82	\$170.56	\$126.23	\$72.23	\$369.02
Rehab/Psych-Soc	83	\$204.67	\$126.23	\$72.23	\$403.13

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Hillside Center**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$112.87	\$70.78	\$268.55
Rehabilitation	11	\$101.88	\$112.87	\$70.78	\$285.53
Psych-Social	12	\$93.39	\$112.87	\$70.78	\$277.04
Rehab/Psych-Soc	13	\$112.07	\$112.87	\$70.78	\$295.72
Standard	20	\$86.81	\$112.87	\$70.78	\$270.46
Rehabilitation	21	\$104.17	\$112.87	\$70.78	\$287.82
Psych-Social	22	\$95.49	\$112.87	\$70.78	\$279.14
Rehab/Psych-Soc	23	\$114.59	\$112.87	\$70.78	\$298.24
Standard	30	\$92.54	\$112.87	\$70.78	\$276.19
Rehabilitation	31	\$111.05	\$112.87	\$70.78	\$294.70
Psych-Social	32	\$101.79	\$112.87	\$70.78	\$285.44
Rehab/Psych-Soc	33	\$122.15	\$112.87	\$70.78	\$305.80
Standard	40	\$112.44	\$112.87	\$70.78	\$296.09
Rehabilitation	41	\$134.93	\$112.87	\$70.78	\$318.58
Psych-Social	42	\$123.68	\$112.87	\$70.78	\$307.33
Rehab/Psych-Soc	43	\$148.42	\$112.87	\$70.78	\$332.07
Standard	50	\$120.24	\$112.87	\$70.78	\$303.89
Rehabilitation	51	\$144.28	\$112.87	\$70.78	\$327.93
Psych-Social	52	\$132.26	\$112.87	\$70.78	\$315.91
Rehab/Psych-Soc	53	\$158.71	\$112.87	\$70.78	\$342.36
Standard	60	\$93.19	\$112.87	\$70.78	\$276.84
Rehabilitation	61	\$111.83	\$112.87	\$70.78	\$295.48
Psych-Social	62	\$102.51	\$112.87	\$70.78	\$286.16
Rehab/Psych-Soc	63	\$123.01	\$112.87	\$70.78	\$306.66
Standard	70	\$130.58	\$112.87	\$70.78	\$314.23
Rehabilitation	71	\$156.70	\$112.87	\$70.78	\$340.35
Psych-Social	72	\$143.64	\$112.87	\$70.78	\$327.29
Rehab/Psych-Soc	73	\$172.36	\$112.87	\$70.78	\$356.01
Standard	80	\$155.05	\$112.87	\$70.78	\$338.70
Rehabilitation	81	\$186.06	\$112.87	\$70.78	\$369.71
Psych-Social	82	\$170.56	\$112.87	\$70.78	\$354.21
Rehab/Psych-Soc	83	\$204.67	\$112.87	\$70.78	\$388.32

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A** *Jeanne Jugan-Little Sisters of the Poor*

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$109.85	\$45.13	\$239.88
Rehabilitation	11	\$101.88	\$109.85	\$45.13	\$256.86
Psych-Social	12	\$93.39	\$109.85	\$45.13	\$248.37
Rehab/Psych-Soc	13	\$112.07	\$109.85	\$45.13	\$267.05
Standard	20	\$86.81	\$109.85	\$45.13	\$241.79
Rehabilitation	21	\$104.17	\$109.85	\$45.13	\$259.15
Psych-Social	22	\$95.49	\$109.85	\$45.13	\$250.47
Rehab/Psych-Soc	23	\$114.59	\$109.85	\$45.13	\$269.57
Standard	30	\$92.54	\$109.85	\$45.13	\$247.52
Rehabilitation	31	\$111.05	\$109.85	\$45.13	\$266.03
Psych-Social	32	\$101.79	\$109.85	\$45.13	\$256.77
Rehab/Psych-Soc	33	\$122.15	\$109.85	\$45.13	\$277.13
Standard	40	\$112.44	\$109.85	\$45.13	\$267.42
Rehabilitation	41	\$134.93	\$109.85	\$45.13	\$289.91
Psych-Social	42	\$123.68	\$109.85	\$45.13	\$278.66
Rehab/Psych-Soc	43	\$148.42	\$109.85	\$45.13	\$303.40
Standard	50	\$120.24	\$109.85	\$45.13	\$275.22
Rehabilitation	51	\$144.28	\$109.85	\$45.13	\$299.26
Psych-Social	52	\$132.26	\$109.85	\$45.13	\$287.24
Rehab/Psych-Soc	53	\$158.71	\$109.85	\$45.13	\$313.69
Standard	60	\$93.19	\$109.85	\$45.13	\$248.17
Rehabilitation	61	\$111.83	\$109.85	\$45.13	\$266.81
Psych-Social	62	\$102.51	\$109.85	\$45.13	\$257.49
Rehab/Psych-Soc	63	\$123.01	\$109.85	\$45.13	\$277.99
Standard	70	\$130.58	\$109.85	\$45.13	\$285.56
Rehabilitation	71	\$156.70	\$109.85	\$45.13	\$311.68
Psych-Social	72	\$143.64	\$109.85	\$45.13	\$298.62
Rehab/Psych-Soc	73	\$172.36	\$109.85	\$45.13	\$327.34
Standard	80	\$155.05	\$109.85	\$45.13	\$310.03
Rehabilitation	81	\$186.06	\$109.85	\$45.13	\$341.04
Psych-Social	82	\$170.56	\$109.85	\$45.13	\$325.54
Rehab/Psych-Soc	83	\$204.67	\$109.85	\$45.13	\$359.65

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Kentmere**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$124.89	\$69.83	\$279.62
Rehabilitation	11	\$101.88	\$124.89	\$69.83	\$296.60
Psych-Social	12	\$93.39	\$124.89	\$69.83	\$288.11
Rehab/Psych-Soc	13	\$112.07	\$124.89	\$69.83	\$306.79
Standard	20	\$86.81	\$124.89	\$69.83	\$281.53
Rehabilitation	21	\$104.17	\$124.89	\$69.83	\$298.89
Psych-Social	22	\$95.49	\$124.89	\$69.83	\$290.21
Rehab/Psych-Soc	23	\$114.59	\$124.89	\$69.83	\$309.31
Standard	30	\$92.54	\$124.89	\$69.83	\$287.26
Rehabilitation	31	\$111.05	\$124.89	\$69.83	\$305.77
Psych-Social	32	\$101.79	\$124.89	\$69.83	\$296.51
Rehab/Psych-Soc	33	\$122.15	\$124.89	\$69.83	\$316.87
Standard	40	\$112.44	\$124.89	\$69.83	\$307.16
Rehabilitation	41	\$134.93	\$124.89	\$69.83	\$329.65
Psych-Social	42	\$123.68	\$124.89	\$69.83	\$318.40
Rehab/Psych-Soc	43	\$148.42	\$124.89	\$69.83	\$343.14
Standard	50	\$120.24	\$124.89	\$69.83	\$314.96
Rehabilitation	51	\$144.28	\$124.89	\$69.83	\$339.00
Psych-Social	52	\$132.26	\$124.89	\$69.83	\$326.98
Rehab/Psych-Soc	53	\$158.71	\$124.89	\$69.83	\$353.43
Standard	60	\$93.19	\$124.89	\$69.83	\$287.91
Rehabilitation	61	\$111.83	\$124.89	\$69.83	\$306.55
Psych-Social	62	\$102.51	\$124.89	\$69.83	\$297.23
Rehab/Psych-Soc	63	\$123.01	\$124.89	\$69.83	\$317.73
Standard	70	\$130.58	\$124.89	\$69.83	\$325.30
Rehabilitation	71	\$156.70	\$124.89	\$69.83	\$351.42
Psych-Social	72	\$143.64	\$124.89	\$69.83	\$338.36
Rehab/Psych-Soc	73	\$172.36	\$124.89	\$69.83	\$367.08
Standard	80	\$155.05	\$124.89	\$69.83	\$349.77
Rehabilitation	81	\$186.06	\$124.89	\$69.83	\$380.78
Psych-Social	82	\$170.56	\$124.89	\$69.83	\$365.28
Rehab/Psych-Soc	83	\$204.67	\$124.89	\$69.83	\$399.39

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Milton and Hattie Kutz Home**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$115.98	\$71.00	\$271.88
Rehabilitation	11	\$101.88	\$115.98	\$71.00	\$288.86
Psych-Social	12	\$93.39	\$115.98	\$71.00	\$280.37
Rehab/Psych-Soc	13	\$112.07	\$115.98	\$71.00	\$299.05
Standard	20	\$86.81	\$115.98	\$71.00	\$273.79
Rehabilitation	21	\$104.17	\$115.98	\$71.00	\$291.15
Psych-Social	22	\$95.49	\$115.98	\$71.00	\$282.47
Rehab/Psych-Soc	23	\$114.59	\$115.98	\$71.00	\$301.57
Standard	30	\$92.54	\$115.98	\$71.00	\$279.52
Rehabilitation	31	\$111.05	\$115.98	\$71.00	\$298.03
Psych-Social	32	\$101.79	\$115.98	\$71.00	\$288.77
Rehab/Psych-Soc	33	\$122.15	\$115.98	\$71.00	\$309.13
Standard	40	\$112.44	\$115.98	\$71.00	\$299.42
Rehabilitation	41	\$134.93	\$115.98	\$71.00	\$321.91
Psych-Social	42	\$123.68	\$115.98	\$71.00	\$310.66
Rehab/Psych-Soc	43	\$148.42	\$115.98	\$71.00	\$335.40
Standard	50	\$120.24	\$115.98	\$71.00	\$307.22
Rehabilitation	51	\$144.28	\$115.98	\$71.00	\$331.26
Psych-Social	52	\$132.26	\$115.98	\$71.00	\$319.24
Rehab/Psych-Soc	53	\$158.71	\$115.98	\$71.00	\$345.69
Standard	60	\$93.19	\$115.98	\$71.00	\$280.17
Rehabilitation	61	\$111.83	\$115.98	\$71.00	\$298.81
Psych-Social	62	\$102.51	\$115.98	\$71.00	\$289.49
Rehab/Psych-Soc	63	\$123.01	\$115.98	\$71.00	\$309.99
Standard	70	\$130.58	\$115.98	\$71.00	\$317.56
Rehabilitation	71	\$156.70	\$115.98	\$71.00	\$343.68
Psych-Social	72	\$143.64	\$115.98	\$71.00	\$330.62
Rehab/Psych-Soc	73	\$172.36	\$115.98	\$71.00	\$359.34
Standard	80	\$155.05	\$115.98	\$71.00	\$342.03
Rehabilitation	81	\$186.06	\$115.98	\$71.00	\$373.04
Psych-Social	82	\$170.56	\$115.98	\$71.00	\$357.54
Rehab/Psych-Soc	83	\$204.67	\$115.98	\$71.00	\$391.65

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Manor Care - Pike Creek**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$97.21	\$63.65	\$245.76
Rehabilitation	11	\$101.88	\$97.21	\$63.65	\$262.74
Psych-Social	12	\$93.39	\$97.21	\$63.65	\$254.25
Rehab/Psych-Soc	13	\$112.07	\$97.21	\$63.65	\$272.93
Standard	20	\$86.81	\$97.21	\$63.65	\$247.67
Rehabilitation	21	\$104.17	\$97.21	\$63.65	\$265.03
Psych-Social	22	\$95.49	\$97.21	\$63.65	\$256.35
Rehab/Psych-Soc	23	\$114.59	\$97.21	\$63.65	\$275.45
Standard	30	\$92.54	\$97.21	\$63.65	\$253.40
Rehabilitation	31	\$111.05	\$97.21	\$63.65	\$271.91
Psych-Social	32	\$101.79	\$97.21	\$63.65	\$262.65
Rehab/Psych-Soc	33	\$122.15	\$97.21	\$63.65	\$283.01
Standard	40	\$112.44	\$97.21	\$63.65	\$273.30
Rehabilitation	41	\$134.93	\$97.21	\$63.65	\$295.79
Psych-Social	42	\$123.68	\$97.21	\$63.65	\$284.54
Rehab/Psych-Soc	43	\$148.42	\$97.21	\$63.65	\$309.28
Standard	50	\$120.24	\$97.21	\$63.65	\$281.10
Rehabilitation	51	\$144.28	\$97.21	\$63.65	\$305.14
Psych-Social	52	\$132.26	\$97.21	\$63.65	\$293.12
Rehab/Psych-Soc	53	\$158.71	\$97.21	\$63.65	\$319.57
Standard	60	\$93.19	\$97.21	\$63.65	\$254.05
Rehabilitation	61	\$111.83	\$97.21	\$63.65	\$272.69
Psych-Social	62	\$102.51	\$97.21	\$63.65	\$263.37
Rehab/Psych-Soc	63	\$123.01	\$97.21	\$63.65	\$283.87
Standard	70	\$130.58	\$97.21	\$63.65	\$291.44
Rehabilitation	71	\$156.70	\$97.21	\$63.65	\$317.56
Psych-Social	72	\$143.64	\$97.21	\$63.65	\$304.50
Rehab/Psych-Soc	73	\$172.36	\$97.21	\$63.65	\$333.22
Standard	80	\$155.05	\$97.21	\$63.65	\$315.91
Rehabilitation	81	\$186.06	\$97.21	\$63.65	\$346.92
Psych-Social	82	\$170.56	\$97.21	\$63.65	\$331.42
Rehab/Psych-Soc	83	\$204.67	\$97.21	\$63.65	\$365.53

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Manor Care - Wilm.**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$96.59	\$66.86	\$248.35
Rehabilitation	11	\$101.88	\$96.59	\$66.86	\$265.33
Psych-Social	12	\$93.39	\$96.59	\$66.86	\$256.84
Rehab/Psych-Soc	13	\$112.07	\$96.59	\$66.86	\$275.52
Standard	20	\$86.81	\$96.59	\$66.86	\$250.26
Rehabilitation	21	\$104.17	\$96.59	\$66.86	\$267.62
Psych-Social	22	\$95.49	\$96.59	\$66.86	\$258.94
Rehab/Psych-Soc	23	\$114.59	\$96.59	\$66.86	\$278.04
Standard	30	\$92.54	\$96.59	\$66.86	\$255.99
Rehabilitation	31	\$111.05	\$96.59	\$66.86	\$274.50
Psych-Social	32	\$101.79	\$96.59	\$66.86	\$265.24
Rehab/Psych-Soc	33	\$122.15	\$96.59	\$66.86	\$285.60
Standard	40	\$112.44	\$96.59	\$66.86	\$275.89
Rehabilitation	41	\$134.93	\$96.59	\$66.86	\$298.38
Psych-Social	42	\$123.68	\$96.59	\$66.86	\$287.13
Rehab/Psych-Soc	43	\$148.42	\$96.59	\$66.86	\$311.87
Standard	50	\$120.24	\$96.59	\$66.86	\$283.69
Rehabilitation	51	\$144.28	\$96.59	\$66.86	\$307.73
Psych-Social	52	\$132.26	\$96.59	\$66.86	\$295.71
Rehab/Psych-Soc	53	\$158.71	\$96.59	\$66.86	\$322.16
Standard	60	\$93.19	\$96.59	\$66.86	\$256.64
Rehabilitation	61	\$111.83	\$96.59	\$66.86	\$275.28
Psych-Social	62	\$102.51	\$96.59	\$66.86	\$265.96
Rehab/Psych-Soc	63	\$123.01	\$96.59	\$66.86	\$286.46
Standard	70	\$130.58	\$96.59	\$66.86	\$294.03
Rehabilitation	71	\$156.70	\$96.59	\$66.86	\$320.15
Psych-Social	72	\$143.64	\$96.59	\$66.86	\$307.09
Rehab/Psych-Soc	73	\$172.36	\$96.59	\$66.86	\$335.81
Standard	80	\$155.05	\$96.59	\$66.86	\$318.50
Rehabilitation	81	\$186.06	\$96.59	\$66.86	\$349.51
Psych-Social	82	\$170.56	\$96.59	\$66.86	\$334.01
Rehab/Psych-Soc	83	\$204.67	\$96.59	\$66.86	\$368.12

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Weston Senior Living at Highfield (Madeline Care Ctr)**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$110.68	\$45.13	\$240.71
Rehabilitation	11	\$101.88	\$110.68	\$45.13	\$257.69
Psycho-social	12	\$93.39	\$110.68	\$45.13	\$249.20
Rehab/Psych-soc	13	\$112.07	\$110.68	\$45.13	\$267.88
Standard	20	\$86.81	\$110.68	\$45.13	\$242.62
Rehabilitation	21	\$104.17	\$110.68	\$45.13	\$259.98
Psycho-social	22	\$95.49	\$110.68	\$45.13	\$251.30
Rehab/Psych-soc	23	\$114.59	\$110.68	\$45.13	\$270.40
Standard	30	\$92.54	\$110.68	\$45.13	\$248.35
Rehabilitation	31	\$111.05	\$110.68	\$45.13	\$266.86
Psycho-social	32	\$101.79	\$110.68	\$45.13	\$257.60
Rehab/Psych-soc	33	\$122.15	\$110.68	\$45.13	\$277.96
Standard	40	\$112.44	\$110.68	\$45.13	\$268.25
Rehabilitation	41	\$134.93	\$110.68	\$45.13	\$290.74
Psycho-social	42	\$123.68	\$110.68	\$45.13	\$279.49
Rehab/Psych-soc	43	\$148.42	\$110.68	\$45.13	\$304.23
Standard	50	\$120.24	\$110.68	\$45.13	\$276.05
Rehabilitation	51	\$144.28	\$110.68	\$45.13	\$300.09
Psycho-social	52	\$132.26	\$110.68	\$45.13	\$288.07
Rehab/Psych-soc	53	\$158.71	\$110.68	\$45.13	\$314.52
Standard	60	\$93.19	\$110.68	\$45.13	\$249.00
Rehabilitation	61	\$111.83	\$110.68	\$45.13	\$267.64
Psycho-social	62	\$102.51	\$110.68	\$45.13	\$258.32
Rehab/Psych-soc	63	\$123.01	\$110.68	\$45.13	\$278.82
Standard	70	\$130.58	\$110.68	\$45.13	\$286.39
Rehabilitation	71	\$156.70	\$110.68	\$45.13	\$312.51
Psycho-social	72	\$143.64	\$110.68	\$45.13	\$299.45
Rehab/Psych-soc	73	\$172.36	\$110.68	\$45.13	\$328.17
Standard	80	\$155.05	\$110.68	\$45.13	\$310.86
Rehabilitation	81	\$186.06	\$110.68	\$45.13	\$341.87
Psycho-social	82	\$170.56	\$110.68	\$45.13	\$326.37
Rehab/Psych-soc	83	\$204.67	\$110.68	\$45.13	\$360.48

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Millcroft**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$100.21	\$67.90	\$253.01
Rehabilitation	11	\$101.88	\$100.21	\$67.90	\$269.99
Psych-Social	12	\$93.39	\$100.21	\$67.90	\$261.50
Rehab/Psych-Soc	13	\$112.07	\$100.21	\$67.90	\$280.18
Standard	20	\$86.81	\$100.21	\$67.90	\$254.92
Rehabilitation	21	\$104.17	\$100.21	\$67.90	\$272.28
Psych-Social	22	\$95.49	\$100.21	\$67.90	\$263.60
Rehab/Psych-Soc	23	\$114.59	\$100.21	\$67.90	\$282.70
Standard	30	\$92.54	\$100.21	\$67.90	\$260.65
Rehabilitation	31	\$111.05	\$100.21	\$67.90	\$279.16
Psych-Social	32	\$101.79	\$100.21	\$67.90	\$269.90
Rehab/Psych-Soc	33	\$122.15	\$100.21	\$67.90	\$290.26
Standard	40	\$112.44	\$100.21	\$67.90	\$280.55
Rehabilitation	41	\$134.93	\$100.21	\$67.90	\$303.04
Psych-Social	42	\$123.68	\$100.21	\$67.90	\$291.79
Rehab/Psych-Soc	43	\$148.42	\$100.21	\$67.90	\$316.53
Standard	50	\$120.24	\$100.21	\$67.90	\$288.35
Rehabilitation	51	\$144.28	\$100.21	\$67.90	\$312.39
Psych-Social	52	\$132.26	\$100.21	\$67.90	\$300.37
Rehab/Psych-Soc	53	\$158.71	\$100.21	\$67.90	\$326.82
Standard	60	\$93.19	\$100.21	\$67.90	\$261.30
Rehabilitation	61	\$111.83	\$100.21	\$67.90	\$279.94
Psych-Social	62	\$102.51	\$100.21	\$67.90	\$270.62
Rehab/Psych-Soc	63	\$123.01	\$100.21	\$67.90	\$291.12
Standard	70	\$130.58	\$100.21	\$67.90	\$298.69
Rehabilitation	71	\$156.70	\$100.21	\$67.90	\$324.81
Psych-Social	72	\$143.64	\$100.21	\$67.90	\$311.75
Rehab/Psych-Soc	73	\$172.36	\$100.21	\$67.90	\$340.47
Standard	80	\$155.05	\$100.21	\$67.90	\$323.16
Rehabilitation	81	\$186.06	\$100.21	\$67.90	\$354.17
Psych-Social	82	\$170.56	\$100.21	\$67.90	\$338.67
Rehab/Psych-Soc	83	\$204.67	\$100.21	\$67.90	\$372.78

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Newark Manor**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$107.85	\$75.28	\$268.03
Rehabilitation	11	\$101.88	\$107.85	\$75.28	\$285.01
Psycho-social	12	\$93.39	\$107.85	\$75.28	\$276.52
Rehab/Psych-soc	13	\$112.07	\$107.85	\$75.28	\$295.20
Standard	20	\$86.81	\$107.85	\$75.28	\$269.94
Rehabilitation	21	\$104.17	\$107.85	\$75.28	\$287.30
Psycho-social	22	\$95.49	\$107.85	\$75.28	\$278.62
Rehab/Psych-soc	23	\$114.59	\$107.85	\$75.28	\$297.72
Standard	30	\$92.54	\$107.85	\$75.28	\$275.67
Rehabilitation	31	\$111.05	\$107.85	\$75.28	\$294.18
Psycho-social	32	\$101.79	\$107.85	\$75.28	\$284.92
Rehab/Psych-soc	33	\$122.15	\$107.85	\$75.28	\$305.28
Standard	40	\$112.44	\$107.85	\$75.28	\$295.57
Rehabilitation	41	\$134.93	\$107.85	\$75.28	\$318.06
Psycho-social	42	\$123.68	\$107.85	\$75.28	\$306.81
Rehab/Psych-soc	43	\$148.42	\$107.85	\$75.28	\$331.55
Standard	50	\$120.24	\$107.85	\$75.28	\$303.37
Rehabilitation	51	\$144.28	\$107.85	\$75.28	\$327.41
Psycho-social	52	\$132.26	\$107.85	\$75.28	\$315.39
Rehab/Psych-soc	53	\$158.71	\$107.85	\$75.28	\$341.84
Standard	60	\$93.19	\$107.85	\$75.28	\$276.32
Rehabilitation	61	\$111.83	\$107.85	\$75.28	\$294.96
Psycho-social	62	\$102.51	\$107.85	\$75.28	\$285.64
Rehab/Psych-soc	63	\$123.01	\$107.85	\$75.28	\$306.14
Standard	70	\$130.58	\$107.85	\$75.28	\$313.71
Rehabilitation	71	\$156.70	\$107.85	\$75.28	\$339.83
Psycho-social	72	\$143.64	\$107.85	\$75.28	\$326.77
Rehab/Psych-soc	73	\$172.36	\$107.85	\$75.28	\$355.49
Standard	80	\$155.05	\$107.85	\$75.28	\$338.18
Rehabilitation	81	\$186.06	\$107.85	\$75.28	\$369.19
Psycho-social	82	\$170.56	\$107.85	\$75.28	\$353.69
Rehab/Psych-soc	83	\$204.67	\$107.85	\$75.28	\$387.80

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Pike Creek - Cadia**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$146.78	\$64.14	\$295.82
Rehabilitation	11	\$101.88	\$146.78	\$64.14	\$312.80
Psycho-social	12	\$93.39	\$146.78	\$64.14	\$304.31
Rehab/Psych-soc	13	\$112.07	\$146.78	\$64.14	\$322.99
Standard	20	\$86.81	\$146.78	\$64.14	\$297.73
Rehabilitation	21	\$104.17	\$146.78	\$64.14	\$315.09
Psycho-social	22	\$95.49	\$146.78	\$64.14	\$306.41
Rehab/Psych-soc	23	\$114.59	\$146.78	\$64.14	\$325.51
Standard	30	\$92.54	\$146.78	\$64.14	\$303.46
Rehabilitation	31	\$111.05	\$146.78	\$64.14	\$321.97
Psycho-social	32	\$101.79	\$146.78	\$64.14	\$312.71
Rehab/Psych-soc	33	\$122.15	\$146.78	\$64.14	\$333.07
Standard	40	\$112.44	\$146.78	\$64.14	\$323.36
Rehabilitation	41	\$134.93	\$146.78	\$64.14	\$345.85
Psycho-social	42	\$123.68	\$146.78	\$64.14	\$334.60
Rehab/Psych-soc	43	\$148.42	\$146.78	\$64.14	\$359.34
Standard	50	\$120.24	\$146.78	\$64.14	\$331.16
Rehabilitation	51	\$144.28	\$146.78	\$64.14	\$355.20
Psycho-social	52	\$132.26	\$146.78	\$64.14	\$343.18
Rehab/Psych-soc	53	\$158.71	\$146.78	\$64.14	\$369.63
Standard	60	\$93.19	\$146.78	\$64.14	\$304.11
Rehabilitation	61	\$111.83	\$146.78	\$64.14	\$322.75
Psycho-social	62	\$102.51	\$146.78	\$64.14	\$313.43
Rehab/Psych-soc	63	\$123.01	\$146.78	\$64.14	\$333.93
Standard	70	\$130.58	\$146.78	\$64.14	\$341.50
Rehabilitation	71	\$156.70	\$146.78	\$64.14	\$367.62
Psycho-social	72	\$143.64	\$146.78	\$64.14	\$354.56
Rehab/Psych-soc	73	\$172.36	\$146.78	\$64.14	\$383.28
Standard	80	\$155.05	\$146.78	\$64.14	\$365.97
Rehabilitation	81	\$186.06	\$146.78	\$64.14	\$396.98
Psycho-social	82	\$170.56	\$146.78	\$64.14	\$381.48
Rehab/Psych-soc	83	\$204.67	\$146.78	\$64.14	\$415.59
Super-Skilled - Nocturnal Ventilator	99		\$711.21	\$64.14	\$775.35
Super Skilled - 24-Hour Ventilator	99		\$854.55	\$64.14	\$918.69

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Parkview**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$105.72	\$59.79	\$250.41
Rehabilitation	11	\$101.88	\$105.72	\$59.79	\$267.39
Psych-Social	12	\$93.39	\$105.72	\$59.79	\$258.90
Rehab/Psych-Soc	13	\$112.07	\$105.72	\$59.79	\$277.58
Standard	20	\$86.81	\$105.72	\$59.79	\$252.32
Rehabilitation	21	\$104.17	\$105.72	\$59.79	\$269.68
Psych-Social	22	\$95.49	\$105.72	\$59.79	\$261.00
Rehab/Psych-Soc	23	\$114.59	\$105.72	\$59.79	\$280.10
Standard	30	\$92.54	\$105.72	\$59.79	\$258.05
Rehabilitation	31	\$111.05	\$105.72	\$59.79	\$276.56
Psych-Social	32	\$101.79	\$105.72	\$59.79	\$267.30
Rehab/Psych-Soc	33	\$122.15	\$105.72	\$59.79	\$287.66
Standard	40	\$112.44	\$105.72	\$59.79	\$277.95
Rehabilitation	41	\$134.93	\$105.72	\$59.79	\$300.44
Psych-Social	42	\$123.68	\$105.72	\$59.79	\$289.19
Rehab/Psych-Soc	43	\$148.42	\$105.72	\$59.79	\$313.93
Standard	50	\$120.24	\$105.72	\$59.79	\$285.75
Rehabilitation	51	\$144.28	\$105.72	\$59.79	\$309.79
Psych-Social	52	\$132.26	\$105.72	\$59.79	\$297.77
Rehab/Psych-Soc	53	\$158.71	\$105.72	\$59.79	\$324.22
Standard	60	\$93.19	\$105.72	\$59.79	\$258.70
Rehabilitation	61	\$111.83	\$105.72	\$59.79	\$277.34
Psych-Social	62	\$102.51	\$105.72	\$59.79	\$268.02
Rehab/Psych-Soc	63	\$123.01	\$105.72	\$59.79	\$288.52
Standard	70	\$130.58	\$105.72	\$59.79	\$296.09
Rehabilitation	71	\$156.70	\$105.72	\$59.79	\$322.21
Psych-Social	72	\$143.64	\$105.72	\$59.79	\$309.15
Rehab/Psych-Soc	73	\$172.36	\$105.72	\$59.79	\$337.87
Standard	80	\$155.05	\$105.72	\$59.79	\$320.56
Rehabilitation	81	\$186.06	\$105.72	\$59.79	\$351.57
Psych-Social	82	\$170.56	\$105.72	\$59.79	\$336.07
Rehab/Psych-Soc	83	\$204.67	\$105.72	\$59.79	\$370.18

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Regal Heights**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$104.60	\$59.29	\$248.79
Rehabilitation	11	\$101.88	\$104.60	\$59.29	\$265.77
Psych-Social	12	\$93.39	\$104.60	\$59.29	\$257.28
Rehab/Psych-Soc	13	\$112.07	\$104.60	\$59.29	\$275.96
Standard	20	\$86.81	\$104.60	\$59.29	\$250.70
Rehabilitation	21	\$104.17	\$104.60	\$59.29	\$268.06
Psych-Social	22	\$95.49	\$104.60	\$59.29	\$259.38
Rehab/Psych-Soc	23	\$114.59	\$104.60	\$59.29	\$278.48
Standard	30	\$92.54	\$104.60	\$59.29	\$256.43
Rehabilitation	31	\$111.05	\$104.60	\$59.29	\$274.94
Psych-Social	32	\$101.79	\$104.60	\$59.29	\$265.68
Rehab/Psych-Soc	33	\$122.15	\$104.60	\$59.29	\$286.04
Standard	40	\$112.44	\$104.60	\$59.29	\$276.33
Rehabilitation	41	\$134.93	\$104.60	\$59.29	\$298.82
Psych-Social	42	\$123.68	\$104.60	\$59.29	\$287.57
Rehab/Psych-Soc	43	\$148.42	\$104.60	\$59.29	\$312.31
Standard	50	\$120.24	\$104.60	\$59.29	\$284.13
Rehabilitation	51	\$144.28	\$104.60	\$59.29	\$308.17
Psych-Social	52	\$132.26	\$104.60	\$59.29	\$296.15
Rehab/Psych-Soc	53	\$158.71	\$104.60	\$59.29	\$322.60
Standard	60	\$93.19	\$104.60	\$59.29	\$257.08
Rehabilitation	61	\$111.83	\$104.60	\$59.29	\$275.72
Psych-Social	62	\$102.51	\$104.60	\$59.29	\$266.40
Rehab/Psych-Soc	63	\$123.01	\$104.60	\$59.29	\$286.90
Standard	70	\$130.58	\$104.60	\$59.29	\$294.47
Rehabilitation	71	\$156.70	\$104.60	\$59.29	\$320.59
Psych-Social	72	\$143.64	\$104.60	\$59.29	\$307.53
Rehab/Psych-Soc	73	\$172.36	\$104.60	\$59.29	\$336.25
Standard	80	\$155.05	\$104.60	\$59.29	\$318.94
Rehabilitation	81	\$186.06	\$104.60	\$59.29	\$349.95
Psych-Social	82	\$170.56	\$104.60	\$59.29	\$334.45
Rehab/Psych-Soc	83	\$204.67	\$104.60	\$59.29	\$368.56

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A** *Regency Healthcare*

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$118.43	\$71.93	\$275.26
Rehabilitation	11	\$101.88	\$118.43	\$71.93	\$292.24
Psych-Social	12	\$93.39	\$118.43	\$71.93	\$283.75
Rehab/Psych-Soc	13	\$112.07	\$118.43	\$71.93	\$302.43
Standard	20	\$86.81	\$118.43	\$71.93	\$277.17
Rehabilitation	21	\$104.17	\$118.43	\$71.93	\$294.53
Psych-Social	22	\$95.49	\$118.43	\$71.93	\$285.85
Rehab/Psych-Soc	23	\$114.59	\$118.43	\$71.93	\$304.95
Standard	30	\$92.54	\$118.43	\$71.93	\$282.90
Rehabilitation	31	\$111.05	\$118.43	\$71.93	\$301.41
Psych-Social	32	\$101.79	\$118.43	\$71.93	\$292.15
Rehab/Psych-Soc	33	\$122.15	\$118.43	\$71.93	\$312.51
Standard	40	\$112.44	\$118.43	\$71.93	\$302.80
Rehabilitation	41	\$134.93	\$118.43	\$71.93	\$325.29
Psych-Social	42	\$123.68	\$118.43	\$71.93	\$314.04
Rehab/Psych-Soc	43	\$148.42	\$118.43	\$71.93	\$338.78
Standard	50	\$120.24	\$118.43	\$71.93	\$310.60
Rehabilitation	51	\$144.28	\$118.43	\$71.93	\$334.64
Psych-Social	52	\$132.26	\$118.43	\$71.93	\$322.62
Rehab/Psych-Soc	53	\$158.71	\$118.43	\$71.93	\$349.07
Standard	60	\$93.19	\$118.43	\$71.93	\$283.55
Rehabilitation	61	\$111.83	\$118.43	\$71.93	\$302.19
Psych-Social	62	\$102.51	\$118.43	\$71.93	\$292.87
Rehab/Psych-Soc	63	\$123.01	\$118.43	\$71.93	\$313.37
Standard	70	\$130.58	\$118.43	\$71.93	\$320.94
Rehabilitation	71	\$156.70	\$118.43	\$71.93	\$347.06
Psych-Social	72	\$143.64	\$118.43	\$71.93	\$334.00
Rehab/Psych-Soc	73	\$172.36	\$118.43	\$71.93	\$362.72
Standard	80	\$155.05	\$118.43	\$71.93	\$345.41
Rehabilitation	81	\$186.06	\$118.43	\$71.93	\$376.42
Psych-Social	82	\$170.56	\$118.43	\$71.93	\$360.92
Rehab/Psych-Soc	83	\$204.67	\$118.43	\$71.93	\$395.03

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **A Shipley Manor**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$84.90	\$100.83	\$66.82	\$252.55
Rehabilitation	11	\$101.88	\$100.83	\$66.82	\$269.53
Psych-Social	12	\$93.39	\$100.83	\$66.82	\$261.04
Rehab/Psych-Soc	13	\$112.07	\$100.83	\$66.82	\$279.72
Standard	20	\$86.81	\$100.83	\$66.82	\$254.46
Rehabilitation	21	\$104.17	\$100.83	\$66.82	\$271.82
Psych-Social	22	\$95.49	\$100.83	\$66.82	\$263.14
Rehab/Psych-Soc	23	\$114.59	\$100.83	\$66.82	\$282.24
Standard	30	\$92.54	\$100.83	\$66.82	\$260.19
Rehabilitation	31	\$111.05	\$100.83	\$66.82	\$278.70
Psych-Social	32	\$101.79	\$100.83	\$66.82	\$269.44
Rehab/Psych-Soc	33	\$122.15	\$100.83	\$66.82	\$289.80
Standard	40	\$112.44	\$100.83	\$66.82	\$280.09
Rehabilitation	41	\$134.93	\$100.83	\$66.82	\$302.58
Psych-Social	42	\$123.68	\$100.83	\$66.82	\$291.33
Rehab/Psych-Soc	43	\$148.42	\$100.83	\$66.82	\$316.07
Standard	50	\$120.24	\$100.83	\$66.82	\$287.89
Rehabilitation	51	\$144.28	\$100.83	\$66.82	\$311.93
Psych-Social	52	\$132.26	\$100.83	\$66.82	\$299.91
Rehab/Psych-Soc	53	\$158.71	\$100.83	\$66.82	\$326.36
Standard	60	\$93.19	\$100.83	\$66.82	\$260.84
Rehabilitation	61	\$111.83	\$100.83	\$66.82	\$279.48
Psych-Social	62	\$102.51	\$100.83	\$66.82	\$270.16
Rehab/Psych-Soc	63	\$123.01	\$100.83	\$66.82	\$290.66
Standard	70	\$130.58	\$100.83	\$66.82	\$298.23
Rehabilitation	71	\$156.70	\$100.83	\$66.82	\$324.35
Psych-Social	72	\$143.64	\$100.83	\$66.82	\$311.29
Rehab/Psych-Soc	73	\$172.36	\$100.83	\$66.82	\$340.01
Standard	80	\$155.05	\$100.83	\$66.82	\$322.70
Rehabilitation	81	\$186.06	\$100.83	\$66.82	\$353.71
Psych-Social	82	\$170.56	\$100.83	\$66.82	\$338.21
Rehab/Psych-Soc	83	\$204.67	\$100.83	\$66.82	\$372.32

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Cadbury at Lewes**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$163.47	\$45.13	\$293.74
Rehabilitation	11	\$102.17	\$163.47	\$45.13	\$310.77
Psycho-social	12	\$93.66	\$163.47	\$45.13	\$302.26
Rehab/Psych-soc	13	\$112.39	\$163.47	\$45.13	\$320.99
Standard	20	\$87.12	\$163.47	\$45.13	\$295.72
Rehabilitation	21	\$104.54	\$163.47	\$45.13	\$313.14
Psycho-social	22	\$95.83	\$163.47	\$45.13	\$304.43
Rehab/Psych-soc	23	\$114.99	\$163.47	\$45.13	\$323.59
Standard	30	\$92.87	\$163.47	\$45.13	\$301.47
Rehabilitation	31	\$111.44	\$163.47	\$45.13	\$320.04
Psycho-social	32	\$102.16	\$163.47	\$45.13	\$310.76
Rehab/Psych-soc	33	\$122.59	\$163.47	\$45.13	\$331.19
Standard	40	\$112.89	\$163.47	\$45.13	\$321.49
Rehabilitation	41	\$135.46	\$163.47	\$45.13	\$344.06
Psycho-social	42	\$124.18	\$163.47	\$45.13	\$332.78
Rehab/Psych-soc	43	\$149.01	\$163.47	\$45.13	\$357.61
Standard	50	\$120.66	\$163.47	\$45.13	\$329.26
Rehabilitation	51	\$144.79	\$163.47	\$45.13	\$353.39
Psycho-social	52	\$132.72	\$163.47	\$45.13	\$341.32
Rehab/Psych-soc	53	\$159.27	\$163.47	\$45.13	\$367.87
Standard	60	\$93.08	\$163.47	\$45.13	\$301.68
Rehabilitation	61	\$111.69	\$163.47	\$45.13	\$320.29
Psycho-social	62	\$102.39	\$163.47	\$45.13	\$310.99
Rehab/Psych-soc	63	\$122.86	\$163.47	\$45.13	\$331.46
Standard	70	\$130.83	\$163.47	\$45.13	\$339.43
Rehabilitation	71	\$157.00	\$163.47	\$45.13	\$365.60
Psycho-social	72	\$143.91	\$163.47	\$45.13	\$352.51
Rehab/Psych-soc	73	\$172.70	\$163.47	\$45.13	\$381.30
Standard	80	\$155.58	\$163.47	\$45.13	\$364.18
Rehabilitation	81	\$186.70	\$163.47	\$45.13	\$395.30
Psycho-social	82	\$171.14	\$163.47	\$45.13	\$379.74
Rehab/Psych-soc	83	\$205.37	\$163.47	\$45.13	\$413.97

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Capitol Healthcare**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$112.54	\$66.86	\$264.54
Rehabilitation	11	\$102.17	\$112.54	\$66.86	\$281.57
Psych-Social	12	\$93.66	\$112.54	\$66.86	\$273.06
Rehab/Psych-Soc	13	\$112.39	\$112.54	\$66.86	\$291.79
Standard	20	\$87.12	\$112.54	\$66.86	\$266.52
Rehabilitation	21	\$104.54	\$112.54	\$66.86	\$283.94
Psych-Social	22	\$95.83	\$112.54	\$66.86	\$275.23
Rehab/Psych-Soc	23	\$114.99	\$112.54	\$66.86	\$294.39
Standard	30	\$92.87	\$112.54	\$66.86	\$272.27
Rehabilitation	31	\$111.44	\$112.54	\$66.86	\$290.84
Psych-Social	32	\$102.16	\$112.54	\$66.86	\$281.56
Rehab/Psych-Soc	33	\$122.59	\$112.54	\$66.86	\$301.99
Standard	40	\$112.89	\$112.54	\$66.86	\$292.29
Rehabilitation	41	\$135.46	\$112.54	\$66.86	\$314.86
Psych-Social	42	\$124.18	\$112.54	\$66.86	\$303.58
Rehab/Psych-Soc	43	\$149.01	\$112.54	\$66.86	\$328.41
Standard	50	\$120.66	\$112.54	\$66.86	\$300.06
Rehabilitation	51	\$144.79	\$112.54	\$66.86	\$324.19
Psych-Social	52	\$132.72	\$112.54	\$66.86	\$312.12
Rehab/Psych-Soc	53	\$159.27	\$112.54	\$66.86	\$338.67
Standard	60	\$93.08	\$112.54	\$66.86	\$272.48
Rehabilitation	61	\$111.69	\$112.54	\$66.86	\$291.09
Psych-Social	62	\$102.39	\$112.54	\$66.86	\$281.79
Rehab/Psych-Soc	63	\$122.86	\$112.54	\$66.86	\$302.26
Standard	70	\$130.83	\$112.54	\$66.86	\$310.23
Rehabilitation	71	\$157.00	\$112.54	\$66.86	\$336.40
Psych-Social	72	\$143.91	\$112.54	\$66.86	\$323.31
Rehab/Psych-Soc	73	\$172.70	\$112.54	\$66.86	\$352.10
Standard	80	\$155.58	\$112.54	\$66.86	\$334.98
Rehabilitation	81	\$186.70	\$112.54	\$66.86	\$366.10
Psych-Social	82	\$171.14	\$112.54	\$66.86	\$350.54
Rehab/Psych-Soc	83	\$205.37	\$112.54	\$66.86	\$384.77

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Courtland Manor**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$97.13	\$75.21	\$257.48
Rehabilitation	11	\$102.17	\$97.13	\$75.21	\$274.51
Psych-Social	12	\$93.66	\$97.13	\$75.21	\$266.00
Rehab/Psych-Soc	13	\$112.39	\$97.13	\$75.21	\$284.73
Standard	20	\$87.12	\$97.13	\$75.21	\$259.46
Rehabilitation	21	\$104.54	\$97.13	\$75.21	\$276.88
Psych-Social	22	\$95.83	\$97.13	\$75.21	\$268.17
Rehab/Psych-Soc	23	\$114.99	\$97.13	\$75.21	\$287.33
Standard	30	\$92.87	\$97.13	\$75.21	\$265.21
Rehabilitation	31	\$111.44	\$97.13	\$75.21	\$283.78
Psych-Social	32	\$102.16	\$97.13	\$75.21	\$274.50
Rehab/Psych-Soc	33	\$122.59	\$97.13	\$75.21	\$294.93
Standard	40	\$112.89	\$97.13	\$75.21	\$285.23
Rehabilitation	41	\$135.46	\$97.13	\$75.21	\$307.80
Psych-Social	42	\$124.18	\$97.13	\$75.21	\$296.52
Rehab/Psych-Soc	43	\$149.01	\$97.13	\$75.21	\$321.35
Standard	50	\$120.66	\$97.13	\$75.21	\$293.00
Rehabilitation	51	\$144.79	\$97.13	\$75.21	\$317.13
Psych-Social	52	\$132.72	\$97.13	\$75.21	\$305.06
Rehab/Psych-Soc	53	\$159.27	\$97.13	\$75.21	\$331.61
Standard	60	\$93.08	\$97.13	\$75.21	\$265.42
Rehabilitation	61	\$111.69	\$97.13	\$75.21	\$284.03
Psych-Social	62	\$102.39	\$97.13	\$75.21	\$274.73
Rehab/Psych-Soc	63	\$122.86	\$97.13	\$75.21	\$295.20
Standard	70	\$130.83	\$97.13	\$75.21	\$303.17
Rehabilitation	71	\$157.00	\$97.13	\$75.21	\$329.34
Psych-Social	72	\$143.91	\$97.13	\$75.21	\$316.25
Rehab/Psych-Soc	73	\$172.70	\$97.13	\$75.21	\$345.04
Standard	80	\$155.58	\$97.13	\$75.21	\$327.92
Rehabilitation	81	\$186.70	\$97.13	\$75.21	\$359.04
Psych-Social	82	\$171.14	\$97.13	\$75.21	\$343.48
Rehab/Psych-Soc	83	\$205.37	\$97.13	\$75.21	\$377.71

APPENDIX B**Delaware Division of Medicaid and Medical Assistance
Fee Schedule for Skilled Nursing Facilities
Dashboard Number 1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Pinnacle Rehabilitation and Health Center (prior GVP)**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$115.30	\$68.26	\$268.70
Rehabilitation	11	\$102.17	\$115.30	\$68.26	\$285.73
Psych-Social	12	\$93.66	\$115.30	\$68.26	\$277.22
Rehab/Psych-Soc	13	\$112.39	\$115.30	\$68.26	\$295.95
Standard	20	\$87.12	\$115.30	\$68.26	\$270.68
Rehabilitation	21	\$104.54	\$115.30	\$68.26	\$288.10
Psych-Social	22	\$95.83	\$115.30	\$68.26	\$279.39
Rehab/Psych-Soc	23	\$114.99	\$115.30	\$68.26	\$298.55
Standard	30	\$92.87	\$115.30	\$68.26	\$276.43
Rehabilitation	31	\$111.44	\$115.30	\$68.26	\$295.00
Psych-Social	32	\$102.16	\$115.30	\$68.26	\$285.72
Rehab/Psych-Soc	33	\$122.59	\$115.30	\$68.26	\$306.15
Standard	40	\$112.89	\$115.30	\$68.26	\$296.45
Rehabilitation	41	\$135.46	\$115.30	\$68.26	\$319.02
Psych-Social	42	\$124.18	\$115.30	\$68.26	\$307.74
Rehab/Psych-Soc	43	\$149.01	\$115.30	\$68.26	\$332.57
Standard	50	\$120.66	\$115.30	\$68.26	\$304.22
Rehabilitation	51	\$144.79	\$115.30	\$68.26	\$328.35
Psych-Social	52	\$132.72	\$115.30	\$68.26	\$316.28
Rehab/Psych-Soc	53	\$159.27	\$115.30	\$68.26	\$342.83
Standard	60	\$93.08	\$115.30	\$68.26	\$276.64
Rehabilitation	61	\$111.69	\$115.30	\$68.26	\$295.25
Psych-Social	62	\$102.39	\$115.30	\$68.26	\$285.95
Rehab/Psych-Soc	63	\$122.86	\$115.30	\$68.26	\$306.42
Standard	70	\$130.83	\$115.30	\$68.26	\$314.39
Rehabilitation	71	\$157.00	\$115.30	\$68.26	\$340.56
Psych-Social	72	\$143.91	\$115.30	\$68.26	\$327.47
Rehab/Psych-Soc	73	\$172.70	\$115.30	\$68.26	\$356.26
Standard	80	\$155.58	\$115.30	\$68.26	\$339.14
Rehabilitation	81	\$186.70	\$115.30	\$68.26	\$370.26
Psych-Social	82	\$171.14	\$115.30	\$68.26	\$354.70
Rehab/Psych-Soc	83	\$205.37	\$115.30	\$68.26	\$388.93

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Atlantic Shore Rehab (prior GVT)**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$105.58	\$66.28	\$257.00
Rehabilitation	11	\$102.17	\$105.58	\$66.28	\$274.03
Psych-Social	12	\$93.66	\$105.58	\$66.28	\$265.52
Rehab/Psych-Soc	13	\$112.39	\$105.58	\$66.28	\$284.25
Standard	20	\$87.12	\$105.58	\$66.28	\$258.98
Rehabilitation	21	\$104.54	\$105.58	\$66.28	\$276.40
Psych-Social	22	\$95.83	\$105.58	\$66.28	\$267.69
Rehab/Psych-Soc	23	\$114.99	\$105.58	\$66.28	\$286.85
Standard	30	\$92.87	\$105.58	\$66.28	\$264.73
Rehabilitation	31	\$111.44	\$105.58	\$66.28	\$283.30
Psych-Social	32	\$102.16	\$105.58	\$66.28	\$274.02
Rehab/Psych-Soc	33	\$122.59	\$105.58	\$66.28	\$294.45
Standard	40	\$112.89	\$105.58	\$66.28	\$284.75
Rehabilitation	41	\$135.46	\$105.58	\$66.28	\$307.32
Psych-Social	42	\$124.18	\$105.58	\$66.28	\$296.04
Rehab/Psych-Soc	43	\$149.01	\$105.58	\$66.28	\$320.87
Standard	50	\$120.66	\$105.58	\$66.28	\$292.52
Rehabilitation	51	\$144.79	\$105.58	\$66.28	\$316.65
Psych-Social	52	\$132.72	\$105.58	\$66.28	\$304.58
Rehab/Psych-Soc	53	\$159.27	\$105.58	\$66.28	\$331.13
Standard	60	\$93.08	\$105.58	\$66.28	\$264.94
Rehabilitation	61	\$111.69	\$105.58	\$66.28	\$283.55
Psych-Social	62	\$102.39	\$105.58	\$66.28	\$274.25
Rehab/Psych-Soc	63	\$122.86	\$105.58	\$66.28	\$294.72
Standard	70	\$130.83	\$105.58	\$66.28	\$302.69
Rehabilitation	71	\$157.00	\$105.58	\$66.28	\$328.86
Psych-Social	72	\$143.91	\$105.58	\$66.28	\$315.77
Rehab/Psych-Soc	73	\$172.70	\$105.58	\$66.28	\$344.56
Standard	80	\$155.58	\$105.58	\$66.28	\$327.44
Rehabilitation	81	\$186.70	\$105.58	\$66.28	\$358.56
Psych-Social	82	\$171.14	\$105.58	\$66.28	\$343.00
Rehab/Psych-Soc	83	\$205.37	\$105.58	\$66.28	\$377.23

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Harbor Healthcare**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$110.24	\$70.92	\$266.30
Rehabilitation	11	\$102.17	\$110.24	\$70.92	\$283.33
Psych-Social	12	\$93.66	\$110.24	\$70.92	\$274.82
Rehab/Psych-Soc	13	\$112.39	\$110.24	\$70.92	\$293.55
Standard	20	\$87.12	\$110.24	\$70.92	\$268.28
Rehabilitation	21	\$104.54	\$110.24	\$70.92	\$285.70
Psych-Social	22	\$95.83	\$110.24	\$70.92	\$276.99
Rehab/Psych-Soc	23	\$114.99	\$110.24	\$70.92	\$296.15
Standard	30	\$92.87	\$110.24	\$70.92	\$274.03
Rehabilitation	31	\$111.44	\$110.24	\$70.92	\$292.60
Psych-Social	32	\$102.16	\$110.24	\$70.92	\$283.32
Rehab/Psych-Soc	33	\$122.59	\$110.24	\$70.92	\$303.75
Standard	40	\$112.89	\$110.24	\$70.92	\$294.05
Rehabilitation	41	\$135.46	\$110.24	\$70.92	\$316.62
Psych-Social	42	\$124.18	\$110.24	\$70.92	\$305.34
Rehab/Psych-Soc	43	\$149.01	\$110.24	\$70.92	\$330.17
Standard	50	\$120.66	\$110.24	\$70.92	\$301.82
Rehabilitation	51	\$144.79	\$110.24	\$70.92	\$325.95
Psych-Social	52	\$132.72	\$110.24	\$70.92	\$313.88
Rehab/Psych-Soc	53	\$159.27	\$110.24	\$70.92	\$340.43
Standard	60	\$93.08	\$110.24	\$70.92	\$274.24
Rehabilitation	61	\$111.69	\$110.24	\$70.92	\$292.85
Psych-Social	62	\$102.39	\$110.24	\$70.92	\$283.55
Rehab/Psych-Soc	63	\$122.86	\$110.24	\$70.92	\$304.02
Standard	70	\$130.83	\$110.24	\$70.92	\$311.99
Rehabilitation	71	\$157.00	\$110.24	\$70.92	\$338.16
Psych-Social	72	\$143.91	\$110.24	\$70.92	\$325.07
Rehab/Psych-Soc	73	\$172.70	\$110.24	\$70.92	\$353.86
Standard	80	\$155.58	\$110.24	\$70.92	\$336.74
Rehabilitation	81	\$186.70	\$110.24	\$70.92	\$367.86
Psych-Social	82	\$171.14	\$110.24	\$70.92	\$352.30
Rehab/Psych-Soc	83	\$205.37	\$110.24	\$70.92	\$386.53

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Harrison House of Georgetown**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$90.81	\$70.45	\$246.40
Rehabilitation	11	\$102.17	\$90.81	\$70.45	\$263.43
Psych-Social	12	\$93.66	\$90.81	\$70.45	\$254.92
Rehab/Psych-Soc	13	\$112.39	\$90.81	\$70.45	\$273.65
Standard	20	\$87.12	\$90.81	\$70.45	\$248.38
Rehabilitation	21	\$104.54	\$90.81	\$70.45	\$265.80
Psych-Social	22	\$95.83	\$90.81	\$70.45	\$257.09
Rehab/Psych-Soc	23	\$114.99	\$90.81	\$70.45	\$276.25
Standard	30	\$92.87	\$90.81	\$70.45	\$254.13
Rehabilitation	31	\$111.44	\$90.81	\$70.45	\$272.70
Psych-Social	32	\$102.16	\$90.81	\$70.45	\$263.42
Rehab/Psych-Soc	33	\$122.59	\$90.81	\$70.45	\$283.85
Standard	40	\$112.89	\$90.81	\$70.45	\$274.15
Rehabilitation	41	\$135.46	\$90.81	\$70.45	\$296.72
Psych-Social	42	\$124.18	\$90.81	\$70.45	\$285.44
Rehab/Psych-Soc	43	\$149.01	\$90.81	\$70.45	\$310.27
Standard	50	\$120.66	\$90.81	\$70.45	\$281.92
Rehabilitation	51	\$144.79	\$90.81	\$70.45	\$306.05
Psych-Social	52	\$132.72	\$90.81	\$70.45	\$293.98
Rehab/Psych-Soc	53	\$159.27	\$90.81	\$70.45	\$320.53
Standard	60	\$93.08	\$90.81	\$70.45	\$254.34
Rehabilitation	61	\$111.69	\$90.81	\$70.45	\$272.95
Psych-Social	62	\$102.39	\$90.81	\$70.45	\$263.65
Rehab/Psych-Soc	63	\$122.86	\$90.81	\$70.45	\$284.12
Standard	70	\$130.83	\$90.81	\$70.45	\$292.09
Rehabilitation	71	\$157.00	\$90.81	\$70.45	\$318.26
Psych-Social	72	\$143.91	\$90.81	\$70.45	\$305.17
Rehab/Psych-Soc	73	\$172.70	\$90.81	\$70.45	\$333.96
Standard	80	\$155.58	\$90.81	\$70.45	\$316.84
Rehabilitation	81	\$186.70	\$90.81	\$70.45	\$347.96
Psych-Social	82	\$171.14	\$90.81	\$70.45	\$332.40
Rehab/Psych-Soc	83	\$205.37	\$90.81	\$70.45	\$366.63

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Lofland Park Center (formerly Lifecare at Lofland Park)**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$118.64	\$67.06	\$270.84
Rehabilitation	11	\$102.17	\$118.64	\$67.06	\$287.87
Psych-Social	12	\$93.66	\$118.64	\$67.06	\$279.36
Rehab/Psych-Soc	13	\$112.39	\$118.64	\$67.06	\$298.09
Standard	20	\$87.12	\$118.64	\$67.06	\$272.82
Rehabilitation	21	\$104.54	\$118.64	\$67.06	\$290.24
Psych-Social	22	\$95.83	\$118.64	\$67.06	\$281.53
Rehab/Psych-Soc	23	\$114.99	\$118.64	\$67.06	\$300.69
Standard	30	\$92.87	\$118.64	\$67.06	\$278.57
Rehabilitation	31	\$111.44	\$118.64	\$67.06	\$297.14
Psych-Social	32	\$102.16	\$118.64	\$67.06	\$287.86
Rehab/Psych-Soc	33	\$122.59	\$118.64	\$67.06	\$308.29
Standard	40	\$112.89	\$118.64	\$67.06	\$298.59
Rehabilitation	41	\$135.46	\$118.64	\$67.06	\$321.16
Psych-Social	42	\$124.18	\$118.64	\$67.06	\$309.88
Rehab/Psych-Soc	43	\$149.01	\$118.64	\$67.06	\$334.71
Standard	50	\$120.66	\$118.64	\$67.06	\$306.36
Rehabilitation	51	\$144.79	\$118.64	\$67.06	\$330.49
Psych-Social	52	\$132.72	\$118.64	\$67.06	\$318.42
Rehab/Psych-Soc	53	\$159.27	\$118.64	\$67.06	\$344.97
Standard	60	\$93.08	\$118.64	\$67.06	\$278.78
Rehabilitation	61	\$111.69	\$118.64	\$67.06	\$297.39
Psych-Social	62	\$102.39	\$118.64	\$67.06	\$288.09
Rehab/Psych-Soc	63	\$122.86	\$118.64	\$67.06	\$308.56
Standard	70	\$130.83	\$118.64	\$67.06	\$316.53
Rehabilitation	71	\$157.00	\$118.64	\$67.06	\$342.70
Psych-Social	72	\$143.91	\$118.64	\$67.06	\$329.61
Rehab/Psych-Soc	73	\$172.70	\$118.64	\$67.06	\$358.40
Standard	80	\$155.58	\$118.64	\$67.06	\$341.28
Rehabilitation	81	\$186.70	\$118.64	\$67.06	\$372.40
Psych-Social	82	\$171.14	\$118.64	\$67.06	\$356.84
Rehab/Psych-Soc	83	\$205.37	\$118.64	\$67.06	\$391.07

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B** *Methodist Manor House*

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$118.72	\$45.13	\$248.99
Rehabilitation	11	\$102.17	\$118.72	\$45.13	\$266.02
Psycho-social	12	\$93.66	\$118.72	\$45.13	\$257.51
Rehab/Psych-soc	13	\$112.39	\$118.72	\$45.13	\$276.24
Standard	20	\$87.12	\$118.72	\$45.13	\$250.97
Rehabilitation	21	\$104.54	\$118.72	\$45.13	\$268.39
Psycho-social	22	\$95.83	\$118.72	\$45.13	\$259.68
Rehab/Psych-soc	23	\$114.99	\$118.72	\$45.13	\$278.84
Standard	30	\$92.87	\$118.72	\$45.13	\$256.72
Rehabilitation	31	\$111.44	\$118.72	\$45.13	\$275.29
Psycho-social	32	\$102.16	\$118.72	\$45.13	\$266.01
Rehab/Psych-soc	33	\$122.59	\$118.72	\$45.13	\$286.44
Standard	40	\$112.89	\$118.72	\$45.13	\$276.74
Rehabilitation	41	\$135.46	\$118.72	\$45.13	\$299.31
Psycho-social	42	\$124.18	\$118.72	\$45.13	\$288.03
Rehab/Psych-soc	43	\$149.01	\$118.72	\$45.13	\$312.86
Standard	50	\$120.66	\$118.72	\$45.13	\$284.51
Rehabilitation	51	\$144.79	\$118.72	\$45.13	\$308.64
Psycho-social	52	\$132.72	\$118.72	\$45.13	\$296.57
Rehab/Psych-soc	53	\$159.27	\$118.72	\$45.13	\$323.12
Standard	60	\$93.08	\$118.72	\$45.13	\$256.93
Rehabilitation	61	\$111.69	\$118.72	\$45.13	\$275.54
Psycho-social	62	\$102.39	\$118.72	\$45.13	\$266.24
Rehab/Psych-soc	63	\$122.86	\$118.72	\$45.13	\$286.71
Standard	70	\$130.83	\$118.72	\$45.13	\$294.68
Rehabilitation	71	\$157.00	\$118.72	\$45.13	\$320.85
Psycho-social	72	\$143.91	\$118.72	\$45.13	\$307.76
Rehab/Psych-soc	73	\$172.70	\$118.72	\$45.13	\$336.55
Standard	80	\$155.58	\$118.72	\$45.13	\$319.43
Rehabilitation	81	\$186.70	\$118.72	\$45.13	\$350.55
Psycho-social	82	\$171.14	\$118.72	\$45.13	\$334.99
Rehab/Psych-soc	83	\$205.37	\$118.72	\$45.13	\$369.22

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Mid-Atlantic of Delmar**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$106.06	\$71.72	\$262.92
Rehabilitation	11	\$102.17	\$106.06	\$71.72	\$279.95
Psych-Social	12	\$93.66	\$106.06	\$71.72	\$271.44
Rehab/Psych-Soc	13	\$112.39	\$106.06	\$71.72	\$290.17
Standard	20	\$87.12	\$106.06	\$71.72	\$264.90
Rehabilitation	21	\$104.54	\$106.06	\$71.72	\$282.32
Psych-Social	22	\$95.83	\$106.06	\$71.72	\$273.61
Rehab/Psych-Soc	23	\$114.99	\$106.06	\$71.72	\$292.77
Standard	30	\$92.87	\$106.06	\$71.72	\$270.65
Rehabilitation	31	\$111.44	\$106.06	\$71.72	\$289.22
Psych-Social	32	\$102.16	\$106.06	\$71.72	\$279.94
Rehab/Psych-Soc	33	\$122.59	\$106.06	\$71.72	\$300.37
Standard	40	\$112.89	\$106.06	\$71.72	\$290.67
Rehabilitation	41	\$135.46	\$106.06	\$71.72	\$313.24
Psych-Social	42	\$124.18	\$106.06	\$71.72	\$301.96
Rehab/Psych-Soc	43	\$149.01	\$106.06	\$71.72	\$326.79
Standard	50	\$120.66	\$106.06	\$71.72	\$298.44
Rehabilitation	51	\$144.79	\$106.06	\$71.72	\$322.57
Psych-Social	52	\$132.72	\$106.06	\$71.72	\$310.50
Rehab/Psych-Soc	53	\$159.27	\$106.06	\$71.72	\$337.05
Standard	60	\$93.08	\$106.06	\$71.72	\$270.86
Rehabilitation	61	\$111.69	\$106.06	\$71.72	\$289.47
Psych-Social	62	\$102.39	\$106.06	\$71.72	\$280.17
Rehab/Psych-Soc	63	\$122.86	\$106.06	\$71.72	\$300.64
Standard	70	\$130.83	\$106.06	\$71.72	\$308.61
Rehabilitation	71	\$157.00	\$106.06	\$71.72	\$334.78
Psych-Social	72	\$143.91	\$106.06	\$71.72	\$321.69
Rehab/Psych-Soc	73	\$172.70	\$106.06	\$71.72	\$350.48
Standard	80	\$155.58	\$106.06	\$71.72	\$333.36
Rehabilitation	81	\$186.70	\$106.06	\$71.72	\$364.48
Psych-Social	82	\$171.14	\$106.06	\$71.72	\$348.92
Rehab/Psych-Soc	83	\$205.37	\$106.06	\$71.72	\$383.15

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Milford Center**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$101.64	\$68.82	\$255.60
Rehabilitation	11	\$102.17	\$101.64	\$68.82	\$272.63
Psych-Social	12	\$93.66	\$101.64	\$68.82	\$264.12
Rehab/Psych-Soc	13	\$112.39	\$101.64	\$68.82	\$282.85
Standard	20	\$87.12	\$101.64	\$68.82	\$257.58
Rehabilitation	21	\$104.54	\$101.64	\$68.82	\$275.00
Psych-Social	22	\$95.83	\$101.64	\$68.82	\$266.29
Rehab/Psych-Soc	23	\$114.99	\$101.64	\$68.82	\$285.45
Standard	30	\$92.87	\$101.64	\$68.82	\$263.33
Rehabilitation	31	\$111.44	\$101.64	\$68.82	\$281.90
Psych-Social	32	\$102.16	\$101.64	\$68.82	\$272.62
Rehab/Psych-Soc	33	\$122.59	\$101.64	\$68.82	\$293.05
Standard	40	\$112.89	\$101.64	\$68.82	\$283.35
Rehabilitation	41	\$135.46	\$101.64	\$68.82	\$305.92
Psych-Social	42	\$124.18	\$101.64	\$68.82	\$294.64
Rehab/Psych-Soc	43	\$149.01	\$101.64	\$68.82	\$319.47
Standard	50	\$120.66	\$101.64	\$68.82	\$291.12
Rehabilitation	51	\$144.79	\$101.64	\$68.82	\$315.25
Psych-Social	52	\$132.72	\$101.64	\$68.82	\$303.18
Rehab/Psych-Soc	53	\$159.27	\$101.64	\$68.82	\$329.73
Standard	60	\$93.08	\$101.64	\$68.82	\$263.54
Rehabilitation	61	\$111.69	\$101.64	\$68.82	\$282.15
Psych-Social	62	\$102.39	\$101.64	\$68.82	\$272.85
Rehab/Psych-Soc	63	\$122.86	\$101.64	\$68.82	\$293.32
Standard	70	\$130.83	\$101.64	\$68.82	\$301.29
Rehabilitation	71	\$157.00	\$101.64	\$68.82	\$327.46
Psych-Social	72	\$143.91	\$101.64	\$68.82	\$314.37
Rehab/Psych-Soc	73	\$172.70	\$101.64	\$68.82	\$343.16
Standard	80	\$155.58	\$101.64	\$68.82	\$326.04
Rehabilitation	81	\$186.70	\$101.64	\$68.82	\$357.16
Psych-Social	82	\$171.14	\$101.64	\$68.82	\$341.60
Rehab/Psych-Soc	83	\$205.37	\$101.64	\$68.82	\$375.83

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Peninsula/Renaissance**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$147.27	\$66.10	\$298.51
Rehabilitation	11	\$102.17	\$147.27	\$66.10	\$315.54
Psycho-social	12	\$93.66	\$147.27	\$66.10	\$307.03
Rehab/Psych-soc	13	\$112.39	\$147.27	\$66.10	\$325.76
Standard	20	\$87.12	\$147.27	\$66.10	\$300.49
Rehabilitation	21	\$104.54	\$147.27	\$66.10	\$317.91
Psycho-social	22	\$95.83	\$147.27	\$66.10	\$309.20
Rehab/Psych-soc	23	\$114.99	\$147.27	\$66.10	\$328.36
Standard	30	\$92.87	\$147.27	\$66.10	\$306.24
Rehabilitation	31	\$111.44	\$147.27	\$66.10	\$324.81
Psycho-social	32	\$102.16	\$147.27	\$66.10	\$315.53
Rehab/Psych-soc	33	\$122.59	\$147.27	\$66.10	\$335.96
Standard	40	\$112.89	\$147.27	\$66.10	\$326.26
Rehabilitation	41	\$135.46	\$147.27	\$66.10	\$348.83
Psycho-social	42	\$124.18	\$147.27	\$66.10	\$337.55
Rehab/Psych-soc	43	\$149.01	\$147.27	\$66.10	\$362.38
Standard	50	\$120.66	\$147.27	\$66.10	\$334.03
Rehabilitation	51	\$144.79	\$147.27	\$66.10	\$358.16
Psycho-social	52	\$132.72	\$147.27	\$66.10	\$346.09
Rehab/Psych-soc	53	\$159.27	\$147.27	\$66.10	\$372.64
Standard	60	\$93.08	\$147.27	\$66.10	\$306.45
Rehabilitation	61	\$111.69	\$147.27	\$66.10	\$325.06
Psycho-social	62	\$102.39	\$147.27	\$66.10	\$315.76
Rehab/Psych-soc	63	\$122.86	\$147.27	\$66.10	\$336.23
Standard	70	\$130.83	\$147.27	\$66.10	\$344.20
Rehabilitation	71	\$157.00	\$147.27	\$66.10	\$370.37
Psycho-social	72	\$143.91	\$147.27	\$66.10	\$357.28
Rehab/Psych-soc	73	\$172.70	\$147.27	\$66.10	\$386.07
Standard	80	\$155.58	\$147.27	\$66.10	\$368.95
Rehabilitation	81	\$186.70	\$147.27	\$66.10	\$400.07
Psycho-social	82	\$171.14	\$147.27	\$66.10	\$384.51
Rehab/Psych-soc	83	\$205.37	\$147.27	\$66.10	\$418.74

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Seaford Center**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$98.65	\$69.47	\$253.26
Rehabilitation	11	\$102.17	\$98.65	\$69.47	\$270.29
Psych-Social	12	\$93.66	\$98.65	\$69.47	\$261.78
Rehab/Psych-Soc	13	\$112.39	\$98.65	\$69.47	\$280.51
Standard	20	\$87.12	\$98.65	\$69.47	\$255.24
Rehabilitation	21	\$104.54	\$98.65	\$69.47	\$272.66
Psych-Social	22	\$95.83	\$98.65	\$69.47	\$263.95
Rehab/Psych-Soc	23	\$114.99	\$98.65	\$69.47	\$283.11
Standard	30	\$92.87	\$98.65	\$69.47	\$260.99
Rehabilitation	31	\$111.44	\$98.65	\$69.47	\$279.56
Psych-Social	32	\$102.16	\$98.65	\$69.47	\$270.28
Rehab/Psych-Soc	33	\$122.59	\$98.65	\$69.47	\$290.71
Standard	40	\$112.89	\$98.65	\$69.47	\$281.01
Rehabilitation	41	\$135.46	\$98.65	\$69.47	\$303.58
Psych-Social	42	\$124.18	\$98.65	\$69.47	\$292.30
Rehab/Psych-Soc	43	\$149.01	\$98.65	\$69.47	\$317.13
Standard	50	\$120.66	\$98.65	\$69.47	\$288.78
Rehabilitation	51	\$144.79	\$98.65	\$69.47	\$312.91
Psych-Social	52	\$132.72	\$98.65	\$69.47	\$300.84
Rehab/Psych-Soc	53	\$159.27	\$98.65	\$69.47	\$327.39
Standard	60	\$93.08	\$98.65	\$69.47	\$261.20
Rehabilitation	61	\$111.69	\$98.65	\$69.47	\$279.81
Psych-Social	62	\$102.39	\$98.65	\$69.47	\$270.51
Rehab/Psych-Soc	63	\$122.86	\$98.65	\$69.47	\$290.98
Standard	70	\$130.83	\$98.65	\$69.47	\$298.95
Rehabilitation	71	\$157.00	\$98.65	\$69.47	\$325.12
Psych-Social	72	\$143.91	\$98.65	\$69.47	\$312.03
Rehab/Psych-Soc	73	\$172.70	\$98.65	\$69.47	\$340.82
Standard	80	\$155.58	\$98.65	\$69.47	\$323.70
Rehabilitation	81	\$186.70	\$98.65	\$69.47	\$354.82
Psych-Social	82	\$171.14	\$98.65	\$69.47	\$339.26
Rehab/Psych-Soc	83	\$205.37	\$98.65	\$69.47	\$373.49

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Silver Lake Center**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$105.52	\$67.10	\$257.76
Rehabilitation	11	\$102.17	\$105.52	\$67.10	\$274.79
Psych-Social	12	\$93.66	\$105.52	\$67.10	\$266.28
Rehab/Psych-Soc	13	\$112.39	\$105.52	\$67.10	\$285.01
Standard	20	\$87.12	\$105.52	\$67.10	\$259.74
Rehabilitation	21	\$104.54	\$105.52	\$67.10	\$277.16
Psych-Social	22	\$95.83	\$105.52	\$67.10	\$268.45
Rehab/Psych-Soc	23	\$114.99	\$105.52	\$67.10	\$287.61
Standard	30	\$92.87	\$105.52	\$67.10	\$265.49
Rehabilitation	31	\$111.44	\$105.52	\$67.10	\$284.06
Psych-Social	32	\$102.16	\$105.52	\$67.10	\$274.78
Rehab/Psych-Soc	33	\$122.59	\$105.52	\$67.10	\$295.21
Standard	40	\$112.89	\$105.52	\$67.10	\$285.51
Rehabilitation	41	\$135.46	\$105.52	\$67.10	\$308.08
Psych-Social	42	\$124.18	\$105.52	\$67.10	\$296.80
Rehab/Psych-Soc	43	\$149.01	\$105.52	\$67.10	\$321.63
Standard	50	\$120.66	\$105.52	\$67.10	\$293.28
Rehabilitation	51	\$144.79	\$105.52	\$67.10	\$317.41
Psych-Social	52	\$132.72	\$105.52	\$67.10	\$305.34
Rehab/Psych-Soc	53	\$159.27	\$105.52	\$67.10	\$331.89
Standard	60	\$93.08	\$105.52	\$67.10	\$265.70
Rehabilitation	61	\$111.69	\$105.52	\$67.10	\$284.31
Psych-Social	62	\$102.39	\$105.52	\$67.10	\$275.01
Rehab/Psych-Soc	63	\$122.86	\$105.52	\$67.10	\$295.48
Standard	70	\$130.83	\$105.52	\$67.10	\$303.45
Rehabilitation	71	\$157.00	\$105.52	\$67.10	\$329.62
Psych-Social	72	\$143.91	\$105.52	\$67.10	\$316.53
Rehab/Psych-Soc	73	\$172.70	\$105.52	\$67.10	\$345.32
Standard	80	\$155.58	\$105.52	\$67.10	\$328.20
Rehabilitation	81	\$186.70	\$105.52	\$67.10	\$359.32
Psych-Social	82	\$171.14	\$105.52	\$67.10	\$343.76
Rehab/Psych-Soc	83	\$205.37	\$105.52	\$67.10	\$377.99

APPENDIX B**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Skilled Nursing Facilities**Dashboard Number **1.2**Last FFS Rate Update: **6/1/2019**

Nursing Facilities are paid on a per diem basis. The per diem payment is shown in the last column 'Total Per Diem'. The components that make up the payment are shown in the preceding columns. There is a different per diem rate based on the patient's classification.

Provider Peer Group: **B Westminster Village**

Patient Classification	Reimb. Level	Primary Rate	Base Rate	Medicaid per day rate increase	Total Per Diem
Standard	10	\$85.14	\$116.59	\$45.13	\$246.86
Rehabilitation	11	\$102.17	\$116.59	\$45.13	\$263.89
Psych-Social	12	\$93.66	\$116.59	\$45.13	\$255.38
Rehab/Psych-Soc	13	\$112.39	\$116.59	\$45.13	\$274.11
Standard	20	\$87.12	\$116.59	\$45.13	\$248.84
Rehabilitation	21	\$104.54	\$116.59	\$45.13	\$266.26
Psych-Social	22	\$95.83	\$116.59	\$45.13	\$257.55
Rehab/Psych-Soc	23	\$114.99	\$116.59	\$45.13	\$276.71
Standard	30	\$92.87	\$116.59	\$45.13	\$254.59
Rehabilitation	31	\$111.44	\$116.59	\$45.13	\$273.16
Psych-Social	32	\$102.16	\$116.59	\$45.13	\$263.88
Rehab/Psych-Soc	33	\$122.59	\$116.59	\$45.13	\$284.31
Standard	40	\$112.89	\$116.59	\$45.13	\$274.61
Rehabilitation	41	\$135.46	\$116.59	\$45.13	\$297.18
Psych-Social	42	\$124.18	\$116.59	\$45.13	\$285.90
Rehab/Psych-Soc	43	\$149.01	\$116.59	\$45.13	\$310.73
Standard	50	\$120.66	\$116.59	\$45.13	\$282.38
Rehabilitation	51	\$144.79	\$116.59	\$45.13	\$306.51
Psych-Social	52	\$132.72	\$116.59	\$45.13	\$294.44
Rehab/Psych-Soc	53	\$159.27	\$116.59	\$45.13	\$320.99
Standard	60	\$93.08	\$116.59	\$45.13	\$254.80
Rehabilitation	61	\$111.69	\$116.59	\$45.13	\$273.41
Psych-Social	62	\$102.39	\$116.59	\$45.13	\$264.11
Rehab/Psych-Soc	63	\$122.86	\$116.59	\$45.13	\$284.58
Standard	70	\$130.83	\$116.59	\$45.13	\$292.55
Rehabilitation	71	\$157.00	\$116.59	\$45.13	\$318.72
Psych-Social	72	\$143.91	\$116.59	\$45.13	\$305.63
Rehab/Psych-Soc	73	\$172.70	\$116.59	\$45.13	\$334.42
Standard	80	\$155.58	\$116.59	\$45.13	\$317.30
Rehabilitation	81	\$186.70	\$116.59	\$45.13	\$348.42
Psych-Social	82	\$171.14	\$116.59	\$45.13	\$332.86
Rehab/Psych-Soc	83	\$205.37	\$116.59	\$45.13	\$367.09

APPENDIX C**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Psychiatric Hospital Services****Dashboard Number 1.3****Last FFS Rate Update: 10/1/2019** unless otherwise noted

Hospitals are paid on a per diem basis. The Medicaid rate is 93% of the federal rate. The federal rate is divided between a labor portion and a non-labor portion. The labor portion of the rate is adjusted for wage costs in each county of the state.

Full Per Diem - Revenue Codes 0124, 0126, 0128

	A	B	C	D	E= A*B	F= E*D	G= A*C	H= F+G	I= H*93%
Federal Fiscal Year 2020	Federal Per Diem (FPD) Base Rate	Labor Share (LS)	Non-Labor Share (NLS)	Wage Index on Labor Portion	Fed Base Rate * Labor Share	Labor Share * Wage Index	Fed Base Rate * Non-Labor Share	Total Federal Per Diem Rate	Medicaid Per Diem Rate
New Castle County	\$ 798.55	76.9%	23.1%	1.1279	\$ 614.08	\$ 692.63	\$ 184.47	\$ 877.09	\$ 815.70
Kent County	\$ 798.55	76.9%	23.1%	0.9921	\$ 614.08	\$ 609.23	\$ 184.47	\$ 793.70	\$ 738.14
Sussex County	\$ 798.55	76.9%	23.1%	0.9330	\$ 614.08	\$ 572.94	\$ 184.47	\$ 757.41	\$ 704.39

Partial Hospitalization

Revenue Code 0912 (Less Intensive)

Revenue Code 0913 (More Intensive)

The Medicaid rate is 100% of the federal rate for Partial Hospitalization.

Federal Fiscal Year 2020	Federal Per Diem Rate	Medicaid Per Diem Rate
All Counties	\$ 233.52	\$ 233.52

**** Note: IMD rate changes occur with each new Federal Fiscal Year, or 10/01 - 09/30.

For example, FFY 2020 rates shall be effective 10/01/2019 - 09/30/2020 ****

<https://www.govinfo.gov/content/pkg/FR-2019-08-06/pdf/2019-16370.pdf>

APPENDIX D**Delaware Division of Medicaid and Medical Assistance
Fee Schedule for Home Health Care Providers****Dashboard Number 1.4****Last FFS Rate Update: 10/1/2019**

Provider Name	Category	G0151	G0152	G0153	G0156	G0299	G0300
Addus Home Health	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Amedisys Home Health (dba: Home Health Care of Amer.)	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
At Home Care Agency - Home Health	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Bayada Nurses	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Beebe Hospital Home Health	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Christiana Care VNA New Castle County	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Christiana Care VNA Sussex County	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Community Alternative of Washington DC	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
EPIC Health Services	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Generations Home New Castle County	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Generations Home Sussex County	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Heartland Home Health Care	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Interim Health Care	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Kent General Hospital Home Health	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Maxim (Dover)	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Maxim (Wilmington)	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Pensinsula Home Care	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Saints Home Healthcare	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
St. Francis Hospital Home Health	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Vicdania Health Services, LLC	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
BBKSHH, LLC	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Epic Health Services DE LLC	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
Affinity Home Care Services LLC	Birth to Age 3	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83
	All Other	\$ 40.98	\$ 37.11	\$ 36.13	\$ 8.72	\$ 40.83	\$ 40.83

APPENDIX E

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Hospice Care Providers

Dashboard Number 1.5

Last FFS Rate Update: 10/1/2019

The DMMA pays 100% of the Medicare hospice care rate. Rates are updated annually in alignment with the federal fiscal year. The rate paid is on a per diem basis.

Effective October 1, 2019, the rates are as follows:

Routine home care (days 1 through 60)	\$194.50
Routine home care (days 61 and after)	\$153.72
Continuous home care	\$1,395.63 (\$58.15 per hour * 24 hours)
Inpatient respite care	\$451.10
General inpatient care	\$1,021.25

APPENDIX F**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Outpatient Hospital Services****Dashboard Number****2.1****Last FFS Rate Update:** 10/1/2009 unless otherwise noted

Some outpatient hospital services are paid at a flat visit rate as shown below.

Hospital Name	Emergency Room Rate (for Emergencies)	Emergency Room Rate (for non-Emergencies)	Clinic Rate	Delivery Room Rate
A.I. DuPont*	\$147.13	\$85.60	\$318.73	N/A
Bayhealth Med Ctr	\$228.31	\$195.77	\$169.66	\$208.20
Beebe	\$228.31	\$195.77	\$169.66	\$208.20
Christiana Care	\$228.31	\$195.77	\$169.66	\$208.20
Kent General	\$228.31	\$195.77	\$169.66	\$208.20
Nanticoke Memorial	\$228.31	\$195.77	\$169.66	\$208.20
St. Francis	\$228.31	\$195.77	\$169.66	\$208.20

*rate effective date for this facility is 3/7/11

Other outpatient hospital services are paid by multiplying the charge amount by the claim by a ratio.

Services are commonly billed using a revenue code. The ratio that is used to multiply by charges varies by hospital and by service category.

Level	Description	Revenue Codes	A.I. Dupont	Bayhealth	Beebe	Christiana Care	Kent General	Nanticoke	St. Francis
15	OR/ASC	360, 361, 369, 490, 499	0.68480	0.61760	0.38620	0.60090	0.45590	0.31580	0.45980
16	Recovery	710, 719+	0.73590	0.85790	0.37630	0.72560	0.91310	0.90860	0.00000
17	Anesthesia	370, 372, 379	0.44910	0.42270	0.24860	0.66510	0.72120	0.28220	0.98350
18	Blood	380 - 386	1.10110	0.65210	0.00000	0.69600	0.46630	0.49000	1.19820
19	Respiratory	410, 412, 419	0.35100	0.28550	0.26230	0.28560	0.23270	0.30640	0.26260
20	Therapy	420 - 424, 429 - 434, 439 - 444, 449, 472, 479	1.02210	0.50530	0.62920	1.08650	0.86720	1.04640	0.43090
21	Medical Supplies	270 - 273, 279, 290 - 293, 299, 621, 622	0.26430	0.42910	0.31400	0.26230	0.62080	0.27090	0.68240
22	Drugs	250 - 255, 257 - 259, 261 - 264, 0343, 0344	0.33610	0.67570	0.33270	1.01050	0.36900	0.24370	0.46860
23	IV	260, 269	0.33610	0.13900	0.33270	0.26230	0.19740	0.61080	0.11010

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
10004	\$0.00	\$0.00	\$0.00
10005	\$70.98	\$76.79	\$68.45
10006	\$0.00	\$0.00	\$0.00
10007	\$219.75	\$237.74	\$211.92
10008	\$0.00	\$0.00	\$0.00
10009	\$291.43	\$315.29	\$281.05
10010	\$0.00	\$0.00	\$0.00
10011	\$291.43	\$315.29	\$281.05
10012	\$0.00	\$0.00	\$0.00
10021	\$55.96	\$60.55	\$53.97
10030	\$291.43	\$315.29	\$281.05
10035	\$0.00	\$0.00	\$0.00
10036	\$0.00	\$0.00	\$0.00
10040	\$0.00	\$0.00	\$0.00
10060	\$71.32	\$77.16	\$68.78
10061	\$109.20	\$118.14	\$105.30
10080	\$156.28	\$169.08	\$150.71
10081	\$197.23	\$213.38	\$190.20
10120	\$101.01	\$109.28	\$97.41
10121	\$544.98	\$589.59	\$525.56
10140	\$104.07	\$112.59	\$100.36
10160	\$78.83	\$85.28	\$76.02
10180	\$940.15	\$1,017.11	\$906.65
11000	\$32.42	\$35.08	\$31.27
11001	\$0.00	\$0.00	\$0.00
11010	\$291.43	\$315.29	\$281.05
11012	\$940.15	\$1,017.11	\$906.65
11042	\$152.65	\$165.15	\$147.21
11043	\$237.45	\$256.89	\$228.99
11044	\$544.98	\$589.59	\$525.56
11045	\$0.00	\$0.00	\$0.00
11046	\$0.00	\$0.00	\$0.00
11047	\$0.00	\$0.00	\$0.00
11055	\$0.00	\$0.00	\$0.00
11056	\$0.00	\$0.00	\$0.00
11057	\$54.93	\$59.43	\$52.98
11102	\$71.66	\$77.53	\$69.11
11103	\$0.00	\$0.00	\$0.00
11104	\$83.48	\$90.31	\$80.50
11105	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
11106	\$109.88	\$118.87	\$105.96
11107	\$0.00	\$0.00	\$0.00
11200	\$0.00	\$0.00	\$0.00
11201	\$0.00	\$0.00	\$0.00
11300	\$0.00	\$0.00	\$0.00
11301	\$0.00	\$0.00	\$0.00
11302	\$0.00	\$0.00	\$0.00
11303	\$0.00	\$0.00	\$0.00
11305	\$0.00	\$0.00	\$0.00
11306	\$0.00	\$0.00	\$0.00
11307	\$83.48	\$90.31	\$80.50
11308	\$0.00	\$0.00	\$0.00
11310	\$81.90	\$88.60	\$78.98
11311	\$83.48	\$90.31	\$80.50
11312	\$105.10	\$113.71	\$101.36
11313	\$116.36	\$125.89	\$112.22
11400	\$87.35	\$94.51	\$84.24
11401	\$99.64	\$107.79	\$96.09
11402	\$108.86	\$117.77	\$104.98
11403	\$118.06	\$127.73	\$113.86
11404	\$544.98	\$589.59	\$525.56
11406	\$544.98	\$589.59	\$525.56
11420	\$83.94	\$90.81	\$80.95
11421	\$98.62	\$106.69	\$95.10
11423	\$118.40	\$128.10	\$114.19
11424	\$544.98	\$589.59	\$525.56
11426	\$940.15	\$1,017.11	\$906.65
11440	\$95.88	\$103.73	\$92.47
11441	\$107.82	\$116.65	\$103.98
11442	\$116.70	\$126.26	\$112.54
11443	\$129.33	\$139.91	\$124.72
11444	\$544.98	\$589.59	\$525.56
11446	\$940.15	\$1,017.11	\$906.65
11450	\$940.15	\$1,017.11	\$906.65
11451	\$940.15	\$1,017.11	\$906.65
11462	\$940.15	\$1,017.11	\$906.65
11463	\$940.15	\$1,017.11	\$906.65
11470	\$940.15	\$1,017.11	\$906.65
11471	\$940.15	\$1,017.11	\$906.65
11600	\$128.64	\$139.18	\$124.06

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
11601	\$143.32	\$155.05	\$138.21
11602	\$152.65	\$165.15	\$147.21
11603	\$165.84	\$179.42	\$159.93
11604	\$291.43	\$315.29	\$281.05
11606	\$544.98	\$589.59	\$525.56
11620	\$128.98	\$139.54	\$124.39
11621	\$143.66	\$155.42	\$138.54
11622	\$155.94	\$168.71	\$150.38
11623	\$171.30	\$185.32	\$165.19
11624	\$544.98	\$589.59	\$525.56
11626	\$940.15	\$1,017.11	\$906.65
11640	\$132.74	\$143.61	\$128.01
11641	\$148.09	\$160.22	\$142.82
11642	\$162.09	\$175.36	\$156.31
11643	\$177.44	\$191.97	\$171.12
11644	\$544.98	\$589.59	\$525.56
11646	\$940.15	\$1,017.11	\$906.65
11719	\$0.00	\$0.00	\$0.00
11720	\$0.00	\$0.00	\$0.00
11721	\$0.00	\$0.00	\$0.00
11730	\$0.00	\$0.00	\$0.00
11732	\$0.00	\$0.00	\$0.00
11750	\$93.84	\$101.52	\$90.50
11755	\$72.68	\$78.63	\$70.09
11760	\$237.45	\$256.89	\$228.99
11762	\$176.75	\$191.22	\$170.45
11765	\$0.00	\$0.00	\$0.00
11770	\$940.15	\$1,017.11	\$906.65
11771	\$940.15	\$1,017.11	\$906.65
11772	\$940.15	\$1,017.11	\$906.65
11900	\$0.00	\$0.00	\$0.00
11901	\$0.00	\$0.00	\$0.00
11920	\$117.38	\$126.99	\$113.20
11921	\$130.01	\$140.65	\$125.37
11922	\$0.00	\$0.00	\$0.00
11950	\$44.02	\$47.63	\$42.45
11951	\$56.64	\$61.28	\$54.63
11952	\$73.02	\$79.00	\$70.42
11954	\$80.87	\$87.49	\$77.99
11960	\$1,422.39	\$1,538.83	\$1,371.71

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
11970	\$2,650.57	\$2,867.57	\$2,556.13
11971	\$940.15	\$1,017.11	\$906.65
11976	\$71.32	\$77.16	\$68.78
11980	\$0.00	\$0.00	\$0.00
11981	\$0.00	\$0.00	\$0.00
11982	\$0.00	\$0.00	\$0.00
11983	\$0.00	\$0.00	\$0.00
12001	\$0.00	\$0.00	\$0.00
12002	\$0.00	\$0.00	\$0.00
12004	\$0.00	\$0.00	\$0.00
12005	\$152.65	\$165.15	\$147.21
12006	\$152.65	\$165.15	\$147.21
12007	\$83.48	\$90.31	\$80.50
12011	\$0.00	\$0.00	\$0.00
12013	\$0.00	\$0.00	\$0.00
12014	\$0.00	\$0.00	\$0.00
12015	\$83.48	\$90.31	\$80.50
12016	\$152.65	\$165.15	\$147.21
12017	\$152.65	\$165.15	\$147.21
12018	\$83.48	\$90.31	\$80.50
12021	\$152.65	\$165.15	\$147.21
12031	\$152.65	\$165.15	\$147.21
12032	\$152.65	\$165.15	\$147.21
12034	\$152.65	\$165.15	\$147.21
12035	\$152.65	\$165.15	\$147.21
12036	\$237.45	\$256.89	\$228.99
12037	\$775.26	\$838.73	\$747.64
12041	\$152.65	\$165.15	\$147.21
12042	\$152.65	\$165.15	\$147.21
12044	\$237.45	\$256.89	\$228.99
12045	\$237.45	\$256.89	\$228.99
12046	\$152.65	\$165.15	\$147.21
12047	\$775.26	\$838.73	\$747.64
12051	\$152.65	\$165.15	\$147.21
12052	\$152.65	\$165.15	\$147.21
12053	\$152.65	\$165.15	\$147.21
12054	\$152.65	\$165.15	\$147.21
12055	\$152.65	\$165.15	\$147.21
12056	\$152.65	\$165.15	\$147.21
12057	\$152.65	\$165.15	\$147.21

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
13100	\$237.45	\$256.89	\$228.99
13101	\$237.45	\$256.89	\$228.99
13102	\$0.00	\$0.00	\$0.00
13120	\$237.45	\$256.89	\$228.99
13121	\$237.45	\$256.89	\$228.99
13122	\$0.00	\$0.00	\$0.00
13131	\$152.65	\$165.15	\$147.21
13132	\$237.45	\$256.89	\$228.99
13133	\$0.00	\$0.00	\$0.00
13151	\$237.45	\$256.89	\$228.99
13152	\$237.45	\$256.89	\$228.99
13153	\$0.00	\$0.00	\$0.00
13160	\$775.26	\$838.73	\$747.64
14000	\$775.26	\$838.73	\$747.64
14001	\$775.26	\$838.73	\$747.64
14020	\$775.26	\$838.73	\$747.64
14021	\$775.26	\$838.73	\$747.64
14040	\$775.26	\$838.73	\$747.64
14060	\$775.26	\$838.73	\$747.64
14061	\$775.26	\$838.73	\$747.64
14301	\$1,422.39	\$1,538.83	\$1,371.71
14302	\$0.00	\$0.00	\$0.00
14350	\$775.26	\$838.73	\$747.64
15002	\$775.26	\$838.73	\$747.64
15003	\$0.00	\$0.00	\$0.00
15004	\$237.45	\$256.89	\$228.99
15005	\$0.00	\$0.00	\$0.00
15040	\$775.26	\$838.73	\$747.64
15050	\$237.45	\$256.89	\$228.99
15100	\$775.26	\$838.73	\$747.64
15101	\$0.00	\$0.00	\$0.00
15110	\$775.26	\$838.73	\$747.64
15111	\$0.00	\$0.00	\$0.00
15115	\$775.26	\$838.73	\$747.64
15116	\$0.00	\$0.00	\$0.00
15120	\$1,422.39	\$1,538.83	\$1,371.71
15121	\$0.00	\$0.00	\$0.00
15130	\$775.26	\$838.73	\$747.64
15131	\$0.00	\$0.00	\$0.00
15135	\$1,422.39	\$1,538.83	\$1,371.71

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
15136	\$0.00	\$0.00	\$0.00
15150	\$775.26	\$838.73	\$747.64
15151	\$0.00	\$0.00	\$0.00
15152	\$0.00	\$0.00	\$0.00
15155	\$1,422.39	\$1,538.83	\$1,371.71
15156	\$0.00	\$0.00	\$0.00
15157	\$0.00	\$0.00	\$0.00
15200	\$775.26	\$838.73	\$747.64
15201	\$0.00	\$0.00	\$0.00
15220	\$775.26	\$838.73	\$747.64
15221	\$0.00	\$0.00	\$0.00
15240	\$775.26	\$838.73	\$747.64
15241	\$0.00	\$0.00	\$0.00
15260	\$775.26	\$838.73	\$747.64
15261	\$0.00	\$0.00	\$0.00
15271	\$775.26	\$838.73	\$747.64
15273	\$1,422.39	\$1,538.83	\$1,371.71
15274	\$0.00	\$0.00	\$0.00
15275	\$775.26	\$838.73	\$747.64
15276	\$0.00	\$0.00	\$0.00
15277	\$775.26	\$838.73	\$747.64
15278	\$0.00	\$0.00	\$0.00
15570	\$775.26	\$838.73	\$747.64
15572	\$1,422.39	\$1,538.83	\$1,371.71
15574	\$775.26	\$838.73	\$747.64
15576	\$775.26	\$838.73	\$747.64
15600	\$1,422.39	\$1,538.83	\$1,371.71
15610	\$775.26	\$838.73	\$747.64
15620	\$775.26	\$838.73	\$747.64
15630	\$775.26	\$838.73	\$747.64
15650	\$775.26	\$838.73	\$747.64
15730	\$1,422.39	\$1,538.83	\$1,371.71
15731	\$1,422.39	\$1,538.83	\$1,371.71
15733	\$1,422.39	\$1,538.83	\$1,371.71
15734	\$1,422.39	\$1,538.83	\$1,371.71
15736	\$775.26	\$838.73	\$747.64
15738	\$1,422.39	\$1,538.83	\$1,371.71
15740	\$775.26	\$838.73	\$747.64
15750	\$1,422.39	\$1,538.83	\$1,371.71
15760	\$775.26	\$838.73	\$747.64

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
15769	\$1,422.39	\$1,538.83	\$1,371.71
15770	\$1,422.39	\$1,538.83	\$1,371.71
15771	\$1,422.39	\$1,538.83	\$1,371.71
15773	\$775.26	\$838.73	\$747.64
15775	\$152.65	\$165.15	\$147.21
15776	\$152.65	\$165.15	\$147.21
15777	\$0.00	\$0.00	\$0.00
15780	\$535.04	\$578.84	\$515.98
15781	\$291.43	\$315.29	\$281.05
15782	\$357.95	\$387.25	\$345.19
15783	\$152.65	\$165.15	\$147.21
15786	\$0.00	\$0.00	\$0.00
15787	\$0.00	\$0.00	\$0.00
15788	\$0.00	\$0.00	\$0.00
15792	\$0.00	\$0.00	\$0.00
15793	\$0.00	\$0.00	\$0.00
15819	\$775.26	\$838.73	\$747.64
15820	\$775.26	\$838.73	\$747.64
15821	\$775.26	\$838.73	\$747.64
15822	\$775.26	\$838.73	\$747.64
15823	\$775.26	\$838.73	\$747.64
15824	\$775.26	\$838.73	\$747.64
15825	\$1,422.39	\$1,538.83	\$1,371.71
15826	\$1,422.39	\$1,538.83	\$1,371.71
15828	\$1,422.39	\$1,538.83	\$1,371.71
15829	\$1,422.39	\$1,538.83	\$1,371.71
15830	\$2,073.73	\$2,243.50	\$1,999.85
15832	\$940.15	\$1,017.11	\$906.65
15833	\$940.15	\$1,017.11	\$906.65
15834	\$940.15	\$1,017.11	\$906.65
15835	\$940.15	\$1,017.11	\$906.65
15836	\$940.15	\$1,017.11	\$906.65
15837	\$940.15	\$1,017.11	\$906.65
15838	\$940.15	\$1,017.11	\$906.65
15839	\$940.15	\$1,017.11	\$906.65
15840	\$1,422.39	\$1,538.83	\$1,371.71
15841	\$1,422.39	\$1,538.83	\$1,371.71
15842	\$775.26	\$838.73	\$747.64
15845	\$1,422.39	\$1,538.83	\$1,371.71
15847	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
15850	\$237.45	\$256.89	\$228.99
15851	\$67.57	\$73.10	\$65.16
15852	\$0.00	\$0.00	\$0.00
15860	\$0.00	\$0.00	\$0.00
15876	\$1,422.39	\$1,538.83	\$1,371.71
15877	\$1,422.39	\$1,538.83	\$1,371.71
15878	\$775.26	\$838.73	\$747.64
15879	\$1,422.39	\$1,538.83	\$1,371.71
15920	\$940.15	\$1,017.11	\$906.65
15922	\$1,422.39	\$1,538.83	\$1,371.71
15931	\$940.15	\$1,017.11	\$906.65
15933	\$940.15	\$1,017.11	\$906.65
15934	\$1,422.39	\$1,538.83	\$1,371.71
15935	\$1,422.39	\$1,538.83	\$1,371.71
15936	\$775.26	\$838.73	\$747.64
15937	\$775.26	\$838.73	\$747.64
15940	\$940.15	\$1,017.11	\$906.65
15941	\$940.15	\$1,017.11	\$906.65
15944	\$1,422.39	\$1,538.83	\$1,371.71
15945	\$775.26	\$838.73	\$747.64
15946	\$775.26	\$838.73	\$747.64
15950	\$544.98	\$589.59	\$525.56
15951	\$940.15	\$1,017.11	\$906.65
15952	\$775.26	\$838.73	\$747.64
15953	\$1,422.39	\$1,538.83	\$1,371.71
15956	\$775.26	\$838.73	\$747.64
15958	\$1,422.39	\$1,538.83	\$1,371.71
16000	\$0.00	\$0.00	\$0.00
16020	\$0.00	\$0.00	\$0.00
16025	\$83.48	\$90.31	\$80.50
16030	\$152.65	\$165.15	\$147.21
16035	\$152.65	\$165.15	\$147.21
17000	\$0.00	\$0.00	\$0.00
17003	\$0.00	\$0.00	\$0.00
17004	\$102.03	\$110.38	\$98.39
17106	\$152.65	\$165.15	\$147.21
17107	\$237.45	\$256.89	\$228.99
17108	\$334.06	\$361.41	\$322.16
17110	\$0.00	\$0.00	\$0.00
17111	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
17250	\$0.00	\$0.00	\$0.00
17260	\$0.00	\$0.00	\$0.00
17261	\$0.00	\$0.00	\$0.00
17262	\$0.00	\$0.00	\$0.00
17263	\$0.00	\$0.00	\$0.00
17264	\$124.89	\$135.12	\$120.44
17266	\$137.51	\$148.77	\$132.61
17270	\$83.48	\$90.31	\$80.50
17271	\$83.48	\$90.31	\$80.50
17272	\$0.00	\$0.00	\$0.00
17273	\$123.18	\$133.26	\$118.79
17276	\$152.65	\$165.15	\$147.21
17280	\$0.00	\$0.00	\$0.00
17281	\$106.80	\$115.55	\$103.00
17282	\$120.12	\$129.95	\$115.84
17283	\$135.81	\$146.93	\$130.97
17284	\$149.80	\$162.06	\$144.46
17286	\$178.46	\$193.07	\$172.10
17311	\$237.45	\$256.89	\$228.99
17312	\$0.00	\$0.00	\$0.00
17313	\$237.45	\$256.89	\$228.99
17314	\$0.00	\$0.00	\$0.00
17315	\$0.00	\$0.00	\$0.00
17340	\$0.00	\$0.00	\$0.00
17360	\$0.00	\$0.00	\$0.00
17380	\$237.45	\$256.89	\$228.99
19000	\$73.70	\$79.74	\$71.08
19001	\$0.00	\$0.00	\$0.00
19020	\$544.98	\$589.59	\$525.56
19030	\$0.00	\$0.00	\$0.00
19081	\$544.98	\$589.59	\$525.56
19082	\$0.00	\$0.00	\$0.00
19083	\$544.98	\$589.59	\$525.56
19084	\$0.00	\$0.00	\$0.00
19085	\$544.98	\$589.59	\$525.56
19086	\$0.00	\$0.00	\$0.00
19100	\$544.98	\$589.59	\$525.56
19101	\$1,057.48	\$1,144.06	\$1,019.80
19105	\$1,057.48	\$1,144.06	\$1,019.80
19110	\$1,057.48	\$1,144.06	\$1,019.80

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
19112	\$1,057.48	\$1,144.06	\$1,019.80
19120	\$1,057.48	\$1,144.06	\$1,019.80
19125	\$1,057.48	\$1,144.06	\$1,019.80
19126	\$0.00	\$0.00	\$0.00
19281	\$0.00	\$0.00	\$0.00
19282	\$0.00	\$0.00	\$0.00
19283	\$0.00	\$0.00	\$0.00
19284	\$0.00	\$0.00	\$0.00
19285	\$0.00	\$0.00	\$0.00
19287	\$0.00	\$0.00	\$0.00
19288	\$0.00	\$0.00	\$0.00
19294	\$0.00	\$0.00	\$0.00
19296	\$3,948.25	\$4,271.49	\$3,807.58
19297	\$0.00	\$0.00	\$0.00
19298	\$2,073.73	\$2,243.50	\$1,999.85
19300	\$1,057.48	\$1,144.06	\$1,019.80
19301	\$1,057.48	\$1,144.06	\$1,019.80
19302	\$2,073.73	\$2,243.50	\$1,999.85
19303	\$2,073.73	\$2,243.50	\$1,999.85
19316	\$2,073.73	\$2,243.50	\$1,999.85
19318	\$2,073.73	\$2,243.50	\$1,999.85
19324	\$2,533.43	\$2,740.84	\$2,443.17
19325	\$2,533.43	\$2,740.84	\$2,443.17
19328	\$1,057.48	\$1,144.06	\$1,019.80
19330	\$1,057.48	\$1,144.06	\$1,019.80
19340	\$2,073.73	\$2,243.50	\$1,999.85
19342	\$2,533.43	\$2,740.84	\$2,443.17
19350	\$1,057.48	\$1,144.06	\$1,019.80
19355	\$1,057.48	\$1,144.06	\$1,019.80
19357	\$4,428.42	\$4,790.97	\$4,270.64
19366	\$2,073.73	\$2,243.50	\$1,999.85
19370	\$1,057.48	\$1,144.06	\$1,019.80
19371	\$1,057.48	\$1,144.06	\$1,019.80
19380	\$2,073.73	\$2,243.50	\$1,999.85
19396	\$1,057.48	\$1,144.06	\$1,019.80
20103	\$291.43	\$315.29	\$281.05
20150	\$1,216.15	\$1,315.72	\$1,172.82
20200	\$544.98	\$589.59	\$525.56
20205	\$940.15	\$1,017.11	\$906.65
20206	\$544.98	\$589.59	\$525.56

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
20220	\$544.98	\$589.59	\$525.56
20225	\$544.98	\$589.59	\$525.56
20240	\$940.15	\$1,017.11	\$906.65
20245	\$940.15	\$1,017.11	\$906.65
20250	\$1,216.15	\$1,315.72	\$1,172.82
20251	\$2,650.57	\$2,867.57	\$2,556.13
20500	\$62.78	\$67.92	\$60.54
20520	\$131.37	\$142.12	\$126.69
20525	\$940.15	\$1,017.11	\$906.65
20526	\$39.24	\$42.45	\$37.84
20527	\$42.65	\$46.14	\$41.13
20550	\$24.56	\$26.58	\$23.69
20551	\$25.93	\$28.06	\$25.01
20552	\$28.67	\$31.01	\$27.65
20553	\$33.44	\$36.18	\$32.25
20555	\$1,216.15	\$1,315.72	\$1,172.82
20600	\$23.54	\$25.47	\$22.70
20604	\$40.61	\$43.93	\$39.16
20605	\$24.56	\$26.58	\$23.69
20606	\$44.02	\$47.63	\$42.45
20610	\$29.35	\$31.75	\$28.30
20611	\$49.48	\$53.53	\$47.72
20612	\$33.10	\$35.81	\$31.92
20615	\$153.21	\$165.75	\$147.75
20650	\$1,216.15	\$1,315.72	\$1,172.82
20662	\$674.14	\$729.33	\$650.12
20663	\$1,216.15	\$1,315.72	\$1,172.82
20665	\$173.71	\$187.93	\$167.52
20670	\$544.98	\$589.59	\$525.56
20680	\$940.15	\$1,017.11	\$906.65
20690	\$3,551.58	\$3,842.34	\$3,425.04
20692	\$7,694.69	\$8,324.64	\$7,420.54
20693	\$2,650.57	\$2,867.57	\$2,556.13
20694	\$674.14	\$729.33	\$650.12
20696	\$11,224.01	\$12,142.90	\$10,824.11
20697	\$674.14	\$729.33	\$650.12
20822	\$674.14	\$729.33	\$650.12
20900	\$2,650.57	\$2,867.57	\$2,556.13
20902	\$2,650.57	\$2,867.57	\$2,556.13
20910	\$237.45	\$256.89	\$228.99

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
20912	\$1,422.39	\$1,538.83	\$1,371.71
20920	\$775.26	\$838.73	\$747.64
20922	\$775.26	\$838.73	\$747.64
20924	\$2,650.57	\$2,867.57	\$2,556.13
20930	\$0.00	\$0.00	\$0.00
20932	\$0.00	\$0.00	\$0.00
20933	\$0.00	\$0.00	\$0.00
20934	\$0.00	\$0.00	\$0.00
20936	\$0.00	\$0.00	\$0.00
20937	\$0.00	\$0.00	\$0.00
20938	\$0.00	\$0.00	\$0.00
20939	\$0.00	\$0.00	\$0.00
20950	\$291.43	\$315.29	\$281.05
20972	\$2,650.57	\$2,867.57	\$2,556.13
20973	\$2,650.57	\$2,867.57	\$2,556.13
20975	\$0.00	\$0.00	\$0.00
20979	\$0.00	\$0.00	\$0.00
20982	\$2,650.57	\$2,867.57	\$2,556.13
20983	\$3,589.21	\$3,883.05	\$3,461.33
20985	\$0.00	\$0.00	\$0.00
21010	\$997.56	\$1,079.22	\$962.01
21011	\$233.74	\$252.87	\$225.41
21012	\$544.98	\$589.59	\$525.56
21013	\$302.32	\$327.07	\$291.55
21014	\$940.15	\$1,017.11	\$906.65
21015	\$940.15	\$1,017.11	\$906.65
21016	\$940.15	\$1,017.11	\$906.65
21025	\$2,124.11	\$2,298.00	\$2,048.43
21026	\$2,124.11	\$2,298.00	\$2,048.43
21029	\$997.56	\$1,079.22	\$962.01
21030	\$296.87	\$321.17	\$286.29
21031	\$256.60	\$277.61	\$247.46
21032	\$255.24	\$276.13	\$246.14
21034	\$2,124.11	\$2,298.00	\$2,048.43
21040	\$997.56	\$1,079.22	\$962.01
21044	\$2,124.11	\$2,298.00	\$2,048.43
21046	\$2,124.11	\$2,298.00	\$2,048.43
21047	\$2,124.11	\$2,298.00	\$2,048.43
21048	\$2,124.11	\$2,298.00	\$2,048.43
21050	\$2,124.11	\$2,298.00	\$2,048.43

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
21060	\$2,124.11	\$2,298.00	\$2,048.43
21070	\$2,124.11	\$2,298.00	\$2,048.43
21073	\$243.30	\$263.21	\$234.63
21077	\$936.67	\$1,013.35	\$903.29
21079	\$660.96	\$715.07	\$637.41
21080	\$771.52	\$834.68	\$744.03
21081	\$715.21	\$773.76	\$689.73
21082	\$675.28	\$730.57	\$651.22
21083	\$665.73	\$720.24	\$642.01
21084	\$746.60	\$807.73	\$720.00
21085	\$97.28	\$105.25	\$93.82
21086	\$704.29	\$761.95	\$679.20
21087	\$704.29	\$761.95	\$679.20
21088	\$997.56	\$1,079.22	\$962.01
21100	\$2,124.11	\$2,298.00	\$2,048.43
21110	\$507.35	\$548.89	\$489.28
21116	\$0.00	\$0.00	\$0.00
21120	\$2,124.11	\$2,298.00	\$2,048.43
21121	\$997.56	\$1,079.22	\$962.01
21122	\$2,124.11	\$2,298.00	\$2,048.43
21123	\$997.56	\$1,079.22	\$962.01
21125	\$2,124.11	\$2,298.00	\$2,048.43
21127	\$2,124.11	\$2,298.00	\$2,048.43
21137	\$997.56	\$1,079.22	\$962.01
21138	\$2,124.11	\$2,298.00	\$2,048.43
21139	\$2,124.11	\$2,298.00	\$2,048.43
21150	\$2,124.11	\$2,298.00	\$2,048.43
21181	\$2,124.11	\$2,298.00	\$2,048.43
21198	\$2,124.11	\$2,298.00	\$2,048.43
21199	\$2,124.11	\$2,298.00	\$2,048.43
21206	\$2,124.11	\$2,298.00	\$2,048.43
21208	\$2,786.07	\$3,014.16	\$2,686.80
21209	\$2,124.11	\$2,298.00	\$2,048.43
21210	\$2,124.11	\$2,298.00	\$2,048.43
21215	\$2,124.11	\$2,298.00	\$2,048.43
21230	\$2,124.11	\$2,298.00	\$2,048.43
21235	\$2,124.11	\$2,298.00	\$2,048.43
21240	\$2,124.11	\$2,298.00	\$2,048.43
21242	\$2,124.11	\$2,298.00	\$2,048.43
21243	\$11,448.71	\$12,385.99	\$11,040.81

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
21244	\$2,124.11	\$2,298.00	\$2,048.43
21246	\$2,124.11	\$2,298.00	\$2,048.43
21248	\$2,124.11	\$2,298.00	\$2,048.43
21249	\$2,124.11	\$2,298.00	\$2,048.43
21260	\$2,124.11	\$2,298.00	\$2,048.43
21267	\$2,124.11	\$2,298.00	\$2,048.43
21270	\$2,124.11	\$2,298.00	\$2,048.43
21275	\$2,124.11	\$2,298.00	\$2,048.43
21280	\$997.56	\$1,079.22	\$962.01
21282	\$997.56	\$1,079.22	\$962.01
21295	\$507.35	\$548.89	\$489.28
21296	\$997.56	\$1,079.22	\$962.01
21310	\$103.02	\$111.46	\$99.35
21315	\$507.35	\$548.89	\$489.28
21320	\$997.56	\$1,079.22	\$962.01
21325	\$997.56	\$1,079.22	\$962.01
21330	\$2,124.11	\$2,298.00	\$2,048.43
21335	\$997.56	\$1,079.22	\$962.01
21336	\$1,216.15	\$1,315.72	\$1,172.82
21337	\$997.56	\$1,079.22	\$962.01
21338	\$3,101.14	\$3,355.02	\$2,990.65
21339	\$2,124.11	\$2,298.00	\$2,048.43
21340	\$997.56	\$1,079.22	\$962.01
21345	\$507.35	\$548.89	\$489.28
21355	\$997.56	\$1,079.22	\$962.01
21356	\$2,124.11	\$2,298.00	\$2,048.43
21360	\$2,124.11	\$2,298.00	\$2,048.43
21390	\$2,124.11	\$2,298.00	\$2,048.43
21400	\$211.03	\$228.30	\$203.51
21401	\$507.35	\$548.89	\$489.28
21406	\$2,124.11	\$2,298.00	\$2,048.43
21407	\$2,124.11	\$2,298.00	\$2,048.43
21421	\$997.56	\$1,079.22	\$962.01
21440	\$482.50	\$522.00	\$465.31
21445	\$2,124.11	\$2,298.00	\$2,048.43
21450	\$211.03	\$228.30	\$203.51
21451	\$507.35	\$548.89	\$489.28
21452	\$2,124.11	\$2,298.00	\$2,048.43
21453	\$2,124.11	\$2,298.00	\$2,048.43
21461	\$2,981.76	\$3,225.87	\$2,875.52

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
21462	\$2,920.21	\$3,159.28	\$2,816.16
21465	\$2,124.11	\$2,298.00	\$2,048.43
21480	\$103.02	\$111.46	\$99.35
21485	\$507.35	\$548.89	\$489.28
21490	\$997.56	\$1,079.22	\$962.01
21497	\$507.35	\$548.89	\$489.28
21501	\$940.15	\$1,017.11	\$906.65
21502	\$1,216.15	\$1,315.72	\$1,172.82
21550	\$544.98	\$589.59	\$525.56
21552	\$940.15	\$1,017.11	\$906.65
21554	\$940.15	\$1,017.11	\$906.65
21555	\$544.98	\$589.59	\$525.56
21556	\$940.15	\$1,017.11	\$906.65
21557	\$940.15	\$1,017.11	\$906.65
21558	\$940.15	\$1,017.11	\$906.65
21600	\$2,650.57	\$2,867.57	\$2,556.13
21610	\$1,216.15	\$1,315.72	\$1,172.82
21685	\$2,124.11	\$2,298.00	\$2,048.43
21700	\$2,650.57	\$2,867.57	\$2,556.13
21720	\$1,216.15	\$1,315.72	\$1,172.82
21725	\$291.43	\$315.29	\$281.05
21820	\$103.02	\$111.46	\$99.35
21920	\$168.22	\$181.99	\$162.23
21925	\$544.98	\$589.59	\$525.56
21930	\$544.98	\$589.59	\$525.56
21931	\$544.98	\$589.59	\$525.56
21932	\$940.15	\$1,017.11	\$906.65
21933	\$940.15	\$1,017.11	\$906.65
21935	\$940.15	\$1,017.11	\$906.65
21936	\$940.15	\$1,017.11	\$906.65
22102	\$2,650.57	\$2,867.57	\$2,556.13
22103	\$0.00	\$0.00	\$0.00
22310	\$103.02	\$111.46	\$99.35
22315	\$1,216.15	\$1,315.72	\$1,172.82
22505	\$674.14	\$729.33	\$650.12
22510	\$1,216.15	\$1,315.72	\$1,172.82
22511	\$1,216.15	\$1,315.72	\$1,172.82
22513	\$2,650.57	\$2,867.57	\$2,556.13
22514	\$2,650.57	\$2,867.57	\$2,556.13
22515	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
22551	\$7,960.83	\$8,612.57	\$7,677.19
22552	\$0.00	\$0.00	\$0.00
22554	\$7,967.72	\$8,620.02	\$7,683.84
22585	\$0.00	\$0.00	\$0.00
22612	\$8,138.44	\$8,804.72	\$7,848.48
22614	\$0.00	\$0.00	\$0.00
22840	\$0.00	\$0.00	\$0.00
22842	\$0.00	\$0.00	\$0.00
22845	\$0.00	\$0.00	\$0.00
22853	\$0.00	\$0.00	\$0.00
22854	\$0.00	\$0.00	\$0.00
22856	\$11,163.25	\$12,077.16	\$10,765.51
22858	\$0.00	\$0.00	\$0.00
22859	\$0.00	\$0.00	\$0.00
22867	\$11,578.02	\$12,525.89	\$11,165.51
22868	\$0.00	\$0.00	\$0.00
22869	\$9,336.61	\$10,100.98	\$9,003.96
22870	\$0.00	\$0.00	\$0.00
22900	\$940.15	\$1,017.11	\$906.65
22901	\$940.15	\$1,017.11	\$906.65
22902	\$544.98	\$589.59	\$525.56
22903	\$940.15	\$1,017.11	\$906.65
22904	\$940.15	\$1,017.11	\$906.65
22905	\$940.15	\$1,017.11	\$906.65
23000	\$940.15	\$1,017.11	\$906.65
23020	\$1,216.15	\$1,315.72	\$1,172.82
23030	\$940.15	\$1,017.11	\$906.65
23031	\$940.15	\$1,017.11	\$906.65
23035	\$674.14	\$729.33	\$650.12
23040	\$1,216.15	\$1,315.72	\$1,172.82
23044	\$1,216.15	\$1,315.72	\$1,172.82
23065	\$128.64	\$139.18	\$124.06
23066	\$940.15	\$1,017.11	\$906.65
23071	\$544.98	\$589.59	\$525.56
23073	\$940.15	\$1,017.11	\$906.65
23076	\$940.15	\$1,017.11	\$906.65
23077	\$940.15	\$1,017.11	\$906.65
23078	\$940.15	\$1,017.11	\$906.65
23100	\$1,216.15	\$1,315.72	\$1,172.82
23101	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
23105	\$2,650.57	\$2,867.57	\$2,556.13
23106	\$1,216.15	\$1,315.72	\$1,172.82
23107	\$2,650.57	\$2,867.57	\$2,556.13
23120	\$1,216.15	\$1,315.72	\$1,172.82
23125	\$1,216.15	\$1,315.72	\$1,172.82
23130	\$1,216.15	\$1,315.72	\$1,172.82
23140	\$1,216.15	\$1,315.72	\$1,172.82
23145	\$1,216.15	\$1,315.72	\$1,172.82
23146	\$2,650.57	\$2,867.57	\$2,556.13
23150	\$1,216.15	\$1,315.72	\$1,172.82
23155	\$2,650.57	\$2,867.57	\$2,556.13
23156	\$4,105.64	\$4,441.76	\$3,959.36
23170	\$1,216.15	\$1,315.72	\$1,172.82
23172	\$1,216.15	\$1,315.72	\$1,172.82
23174	\$2,650.57	\$2,867.57	\$2,556.13
23180	\$2,650.57	\$2,867.57	\$2,556.13
23182	\$2,650.57	\$2,867.57	\$2,556.13
23184	\$2,650.57	\$2,867.57	\$2,556.13
23190	\$1,216.15	\$1,315.72	\$1,172.82
23195	\$2,650.57	\$2,867.57	\$2,556.13
23330	\$291.43	\$315.29	\$281.05
23333	\$940.15	\$1,017.11	\$906.65
23334	\$940.15	\$1,017.11	\$906.65
23350	\$0.00	\$0.00	\$0.00
23395	\$2,650.57	\$2,867.57	\$2,556.13
23397	\$2,650.57	\$2,867.57	\$2,556.13
23400	\$2,650.57	\$2,867.57	\$2,556.13
23405	\$2,650.57	\$2,867.57	\$2,556.13
23406	\$3,799.68	\$4,110.75	\$3,664.30
23410	\$2,650.57	\$2,867.57	\$2,556.13
23412	\$2,650.57	\$2,867.57	\$2,556.13
23415	\$2,650.57	\$2,867.57	\$2,556.13
23420	\$2,650.57	\$2,867.57	\$2,556.13
23430	\$2,650.57	\$2,867.57	\$2,556.13
23440	\$2,650.57	\$2,867.57	\$2,556.13
23450	\$2,650.57	\$2,867.57	\$2,556.13
23455	\$2,650.57	\$2,867.57	\$2,556.13
23460	\$2,650.57	\$2,867.57	\$2,556.13
23462	\$2,650.57	\$2,867.57	\$2,556.13
23465	\$2,650.57	\$2,867.57	\$2,556.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
23466	\$2,650.57	\$2,867.57	\$2,556.13
23480	\$2,650.57	\$2,867.57	\$2,556.13
23485	\$7,429.61	\$8,037.86	\$7,164.90
23490	\$2,650.57	\$2,867.57	\$2,556.13
23491	\$7,568.51	\$8,188.13	\$7,298.86
23500	\$103.02	\$111.46	\$99.35
23505	\$674.14	\$729.33	\$650.12
23515	\$3,637.22	\$3,935.00	\$3,507.63
23520	\$674.14	\$729.33	\$650.12
23525	\$103.02	\$111.46	\$99.35
23530	\$2,650.57	\$2,867.57	\$2,556.13
23532	\$2,650.57	\$2,867.57	\$2,556.13
23540	\$103.02	\$111.46	\$99.35
23545	\$103.02	\$111.46	\$99.35
23550	\$2,650.57	\$2,867.57	\$2,556.13
23552	\$3,613.87	\$3,909.73	\$3,485.11
23570	\$103.02	\$111.46	\$99.35
23575	\$674.14	\$729.33	\$650.12
23585	\$2,650.57	\$2,867.57	\$2,556.13
23600	\$103.02	\$111.46	\$99.35
23605	\$674.14	\$729.33	\$650.12
23615	\$7,837.84	\$8,479.51	\$7,558.59
23616	\$11,034.65	\$11,938.03	\$10,641.50
23620	\$103.02	\$111.46	\$99.35
23625	\$674.14	\$729.33	\$650.12
23630	\$3,504.61	\$3,791.52	\$3,379.74
23650	\$103.02	\$111.46	\$99.35
23655	\$674.14	\$729.33	\$650.12
23660	\$2,650.57	\$2,867.57	\$2,556.13
23665	\$674.14	\$729.33	\$650.12
23670	\$2,650.57	\$2,867.57	\$2,556.13
23675	\$674.14	\$729.33	\$650.12
23680	\$7,915.77	\$8,563.82	\$7,633.74
23700	\$674.14	\$729.33	\$650.12
23800	\$2,650.57	\$2,867.57	\$2,556.13
23802	\$5,414.98	\$5,858.30	\$5,222.05
23921	\$775.26	\$838.73	\$747.64
23930	\$940.15	\$1,017.11	\$906.65
23931	\$544.98	\$589.59	\$525.56
23935	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
24000	\$1,216.15	\$1,315.72	\$1,172.82
24006	\$1,216.15	\$1,315.72	\$1,172.82
24065	\$170.61	\$184.58	\$164.54
24066	\$940.15	\$1,017.11	\$906.65
24071	\$940.15	\$1,017.11	\$906.65
24073	\$940.15	\$1,017.11	\$906.65
24075	\$544.98	\$589.59	\$525.56
24076	\$940.15	\$1,017.11	\$906.65
24077	\$940.15	\$1,017.11	\$906.65
24079	\$940.15	\$1,017.11	\$906.65
24100	\$1,216.15	\$1,315.72	\$1,172.82
24101	\$1,216.15	\$1,315.72	\$1,172.82
24102	\$1,216.15	\$1,315.72	\$1,172.82
24105	\$1,216.15	\$1,315.72	\$1,172.82
24110	\$1,216.15	\$1,315.72	\$1,172.82
24115	\$2,650.57	\$2,867.57	\$2,556.13
24116	\$2,650.57	\$2,867.57	\$2,556.13
24120	\$1,216.15	\$1,315.72	\$1,172.82
24125	\$1,216.15	\$1,315.72	\$1,172.82
24126	\$4,038.95	\$4,369.61	\$3,895.04
24130	\$1,216.15	\$1,315.72	\$1,172.82
24134	\$2,650.57	\$2,867.57	\$2,556.13
24136	\$1,216.15	\$1,315.72	\$1,172.82
24138	\$2,650.57	\$2,867.57	\$2,556.13
24140	\$1,216.15	\$1,315.72	\$1,172.82
24145	\$2,650.57	\$2,867.57	\$2,556.13
24147	\$1,216.15	\$1,315.72	\$1,172.82
24149	\$2,650.57	\$2,867.57	\$2,556.13
24152	\$2,650.57	\$2,867.57	\$2,556.13
24155	\$1,216.15	\$1,315.72	\$1,172.82
24160	\$1,216.15	\$1,315.72	\$1,172.82
24164	\$1,216.15	\$1,315.72	\$1,172.82
24200	\$139.22	\$150.62	\$134.26
24201	\$940.15	\$1,017.11	\$906.65
24220	\$0.00	\$0.00	\$0.00
24300	\$674.14	\$729.33	\$650.12
24301	\$2,650.57	\$2,867.57	\$2,556.13
24305	\$1,216.15	\$1,315.72	\$1,172.82
24310	\$1,216.15	\$1,315.72	\$1,172.82
24320	\$2,650.57	\$2,867.57	\$2,556.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
24330	\$2,650.57	\$2,867.57	\$2,556.13
24331	\$2,650.57	\$2,867.57	\$2,556.13
24332	\$1,216.15	\$1,315.72	\$1,172.82
24340	\$2,650.57	\$2,867.57	\$2,556.13
24341	\$2,650.57	\$2,867.57	\$2,556.13
24342	\$2,650.57	\$2,867.57	\$2,556.13
24343	\$1,216.15	\$1,315.72	\$1,172.82
24344	\$2,650.57	\$2,867.57	\$2,556.13
24345	\$2,650.57	\$2,867.57	\$2,556.13
24346	\$5,414.98	\$5,858.30	\$5,222.05
24357	\$1,216.15	\$1,315.72	\$1,172.82
24358	\$1,216.15	\$1,315.72	\$1,172.82
24359	\$1,216.15	\$1,315.72	\$1,172.82
24360	\$2,650.57	\$2,867.57	\$2,556.13
24361	\$11,548.35	\$12,493.79	\$11,136.89
24362	\$5,414.98	\$5,858.30	\$5,222.05
24363	\$11,539.87	\$12,484.61	\$11,128.71
24365	\$8,118.82	\$8,783.49	\$7,829.56
24366	\$8,631.49	\$9,338.13	\$8,323.96
24370	\$7,973.56	\$8,626.34	\$7,689.47
24371	\$10,342.19	\$11,188.88	\$9,973.71
24400	\$2,650.57	\$2,867.57	\$2,556.13
24410	\$5,414.98	\$5,858.30	\$5,222.05
24420	\$2,650.57	\$2,867.57	\$2,556.13
24430	\$7,587.07	\$8,208.20	\$7,316.75
24435	\$7,641.67	\$8,267.28	\$7,369.40
24470	\$1,216.15	\$1,315.72	\$1,172.82
24495	\$2,650.57	\$2,867.57	\$2,556.13
24498	\$7,481.57	\$8,094.07	\$7,215.01
24500	\$103.02	\$111.46	\$99.35
24515	\$7,389.84	\$7,994.84	\$7,126.55
24516	\$7,495.34	\$8,108.97	\$7,228.29
24530	\$103.02	\$111.46	\$99.35
24535	\$674.14	\$729.33	\$650.12
24538	\$2,650.57	\$2,867.57	\$2,556.13
24545	\$7,758.31	\$8,393.47	\$7,481.89
24546	\$10,371.17	\$11,220.23	\$10,001.65
24560	\$103.02	\$111.46	\$99.35
24565	\$674.14	\$729.33	\$650.12
24566	\$674.14	\$729.33	\$650.12

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
24575	\$7,008.66	\$7,582.44	\$6,758.95
24576	\$103.02	\$111.46	\$99.35
24577	\$674.14	\$729.33	\$650.12
24579	\$7,128.47	\$7,712.06	\$6,874.49
24582	\$2,650.57	\$2,867.57	\$2,556.13
24586	\$5,414.98	\$5,858.30	\$5,222.05
24587	\$7,810.27	\$8,449.68	\$7,532.00
24600	\$103.02	\$111.46	\$99.35
24605	\$674.14	\$729.33	\$650.12
24615	\$2,650.57	\$2,867.57	\$2,556.13
24620	\$674.14	\$729.33	\$650.12
24635	\$3,699.25	\$4,002.10	\$3,567.45
24640	\$52.89	\$57.22	\$51.01
24650	\$103.02	\$111.46	\$99.35
24655	\$674.14	\$729.33	\$650.12
24665	\$2,650.57	\$2,867.57	\$2,556.13
24666	\$8,587.49	\$9,290.53	\$8,281.52
24670	\$103.02	\$111.46	\$99.35
24675	\$674.14	\$729.33	\$650.12
24685	\$3,482.55	\$3,767.66	\$3,358.47
24800	\$2,650.57	\$2,867.57	\$2,556.13
24802	\$5,414.98	\$5,858.30	\$5,222.05
24925	\$1,216.15	\$1,315.72	\$1,172.82
25000	\$674.14	\$729.33	\$650.12
25001	\$1,216.15	\$1,315.72	\$1,172.82
25020	\$674.14	\$729.33	\$650.12
25023	\$1,216.15	\$1,315.72	\$1,172.82
25024	\$1,216.15	\$1,315.72	\$1,172.82
25028	\$1,216.15	\$1,315.72	\$1,172.82
25031	\$674.14	\$729.33	\$650.12
25035	\$2,650.57	\$2,867.57	\$2,556.13
25040	\$1,216.15	\$1,315.72	\$1,172.82
25065	\$172.66	\$186.79	\$166.51
25066	\$940.15	\$1,017.11	\$906.65
25071	\$544.98	\$589.59	\$525.56
25073	\$940.15	\$1,017.11	\$906.65
25075	\$544.98	\$589.59	\$525.56
25076	\$544.98	\$589.59	\$525.56
25077	\$940.15	\$1,017.11	\$906.65
25078	\$940.15	\$1,017.11	\$906.65

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
25085	\$1,216.15	\$1,315.72	\$1,172.82
25100	\$1,216.15	\$1,315.72	\$1,172.82
25101	\$1,216.15	\$1,315.72	\$1,172.82
25105	\$1,216.15	\$1,315.72	\$1,172.82
25107	\$1,216.15	\$1,315.72	\$1,172.82
25109	\$1,216.15	\$1,315.72	\$1,172.82
25110	\$674.14	\$729.33	\$650.12
25111	\$674.14	\$729.33	\$650.12
25112	\$674.14	\$729.33	\$650.12
25115	\$674.14	\$729.33	\$650.12
25116	\$1,216.15	\$1,315.72	\$1,172.82
25118	\$674.14	\$729.33	\$650.12
25119	\$1,216.15	\$1,315.72	\$1,172.82
25120	\$1,216.15	\$1,315.72	\$1,172.82
25125	\$674.14	\$729.33	\$650.12
25126	\$1,216.15	\$1,315.72	\$1,172.82
25130	\$1,216.15	\$1,315.72	\$1,172.82
25135	\$2,650.57	\$2,867.57	\$2,556.13
25136	\$3,511.61	\$3,799.10	\$3,386.50
25145	\$1,216.15	\$1,315.72	\$1,172.82
25150	\$1,216.15	\$1,315.72	\$1,172.82
25151	\$1,216.15	\$1,315.72	\$1,172.82
25210	\$1,216.15	\$1,315.72	\$1,172.82
25215	\$1,216.15	\$1,315.72	\$1,172.82
25230	\$1,216.15	\$1,315.72	\$1,172.82
25240	\$1,216.15	\$1,315.72	\$1,172.82
25248	\$674.14	\$729.33	\$650.12
25250	\$674.14	\$729.33	\$650.12
25251	\$1,216.15	\$1,315.72	\$1,172.82
25259	\$674.14	\$729.33	\$650.12
25260	\$1,216.15	\$1,315.72	\$1,172.82
25263	\$2,650.57	\$2,867.57	\$2,556.13
25265	\$1,216.15	\$1,315.72	\$1,172.82
25270	\$1,216.15	\$1,315.72	\$1,172.82
25272	\$1,216.15	\$1,315.72	\$1,172.82
25274	\$1,216.15	\$1,315.72	\$1,172.82
25275	\$1,216.15	\$1,315.72	\$1,172.82
25280	\$1,216.15	\$1,315.72	\$1,172.82
25290	\$1,216.15	\$1,315.72	\$1,172.82
25295	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
25300	\$1,216.15	\$1,315.72	\$1,172.82
25301	\$1,216.15	\$1,315.72	\$1,172.82
25310	\$1,216.15	\$1,315.72	\$1,172.82
25312	\$1,216.15	\$1,315.72	\$1,172.82
25315	\$2,650.57	\$2,867.57	\$2,556.13
25316	\$2,650.57	\$2,867.57	\$2,556.13
25320	\$2,650.57	\$2,867.57	\$2,556.13
25332	\$1,216.15	\$1,315.72	\$1,172.82
25335	\$1,216.15	\$1,315.72	\$1,172.82
25337	\$2,650.57	\$2,867.57	\$2,556.13
25350	\$4,106.15	\$4,442.31	\$3,959.85
25355	\$1,216.15	\$1,315.72	\$1,172.82
25360	\$2,650.57	\$2,867.57	\$2,556.13
25365	\$5,414.98	\$5,858.30	\$5,222.05
25370	\$1,216.15	\$1,315.72	\$1,172.82
25375	\$1,216.15	\$1,315.72	\$1,172.82
25390	\$3,731.94	\$4,037.47	\$3,598.98
25391	\$7,602.44	\$8,224.84	\$7,331.57
25392	\$2,650.57	\$2,867.57	\$2,556.13
25393	\$2,650.57	\$2,867.57	\$2,556.13
25394	\$1,216.15	\$1,315.72	\$1,172.82
25400	\$3,738.95	\$4,045.05	\$3,605.73
25405	\$3,697.17	\$3,999.85	\$3,565.44
25415	\$3,825.37	\$4,138.54	\$3,689.07
25420	\$2,650.57	\$2,867.57	\$2,556.13
25425	\$2,650.57	\$2,867.57	\$2,556.13
25426	\$1,216.15	\$1,315.72	\$1,172.82
25430	\$1,216.15	\$1,315.72	\$1,172.82
25431	\$2,650.57	\$2,867.57	\$2,556.13
25440	\$2,650.57	\$2,867.57	\$2,556.13
25441	\$8,829.24	\$9,552.07	\$8,514.66
25442	\$12,081.82	\$13,070.93	\$11,651.35
25443	\$3,695.61	\$3,998.16	\$3,563.94
25444	\$8,901.87	\$9,630.65	\$8,584.71
25445	\$3,734.53	\$4,040.27	\$3,601.48
25446	\$12,152.48	\$13,147.38	\$11,719.50
25447	\$1,216.15	\$1,315.72	\$1,172.82
25449	\$2,650.57	\$2,867.57	\$2,556.13
25450	\$1,216.15	\$1,315.72	\$1,172.82
25455	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
25490	\$2,650.57	\$2,867.57	\$2,556.13
25491	\$5,414.98	\$5,858.30	\$5,222.05
25492	\$1,216.15	\$1,315.72	\$1,172.82
25500	\$103.02	\$111.46	\$99.35
25505	\$674.14	\$729.33	\$650.12
25515	\$3,557.81	\$3,849.08	\$3,431.05
25520	\$674.14	\$729.33	\$650.12
25525	\$2,650.57	\$2,867.57	\$2,556.13
25526	\$3,523.30	\$3,811.75	\$3,397.77
25530	\$103.02	\$111.46	\$99.35
25535	\$103.02	\$111.46	\$99.35
25545	\$3,489.82	\$3,775.52	\$3,365.48
25560	\$103.02	\$111.46	\$99.35
25565	\$674.14	\$729.33	\$650.12
25574	\$3,753.48	\$4,060.77	\$3,619.75
25575	\$3,649.42	\$3,948.19	\$3,519.40
25600	\$103.02	\$111.46	\$99.35
25605	\$674.14	\$729.33	\$650.12
25606	\$1,216.15	\$1,315.72	\$1,172.82
25607	\$3,817.07	\$4,129.56	\$3,681.07
25608	\$3,800.72	\$4,111.88	\$3,665.30
25609	\$3,816.28	\$4,128.71	\$3,680.31
25622	\$103.02	\$111.46	\$99.35
25628	\$2,650.57	\$2,867.57	\$2,556.13
25630	\$103.02	\$111.46	\$99.35
25635	\$674.14	\$729.33	\$650.12
25645	\$1,216.15	\$1,315.72	\$1,172.82
25650	\$103.02	\$111.46	\$99.35
25651	\$1,216.15	\$1,315.72	\$1,172.82
25652	\$2,650.57	\$2,867.57	\$2,556.13
25660	\$103.02	\$111.46	\$99.35
25670	\$2,650.57	\$2,867.57	\$2,556.13
25671	\$1,216.15	\$1,315.72	\$1,172.82
25675	\$103.02	\$111.46	\$99.35
25676	\$2,650.57	\$2,867.57	\$2,556.13
25680	\$103.02	\$111.46	\$99.35
25685	\$2,650.57	\$2,867.57	\$2,556.13
25690	\$674.14	\$729.33	\$650.12
25695	\$2,650.57	\$2,867.57	\$2,556.13
25800	\$3,854.43	\$4,169.99	\$3,717.10

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
25805	\$3,832.64	\$4,146.41	\$3,696.09
25810	\$7,519.74	\$8,135.36	\$7,251.82
25820	\$3,602.97	\$3,897.94	\$3,474.60
25825	\$3,582.20	\$3,875.47	\$3,454.57
25830	\$3,512.65	\$3,800.23	\$3,387.50
25907	\$1,216.15	\$1,315.72	\$1,172.82
25922	\$674.14	\$729.33	\$650.12
25929	\$775.26	\$838.73	\$747.64
25931	\$1,216.15	\$1,315.72	\$1,172.82
26010	\$83.48	\$90.31	\$80.50
26011	\$544.98	\$589.59	\$525.56
26020	\$1,216.15	\$1,315.72	\$1,172.82
26025	\$1,216.15	\$1,315.72	\$1,172.82
26030	\$1,216.15	\$1,315.72	\$1,172.82
26034	\$674.14	\$729.33	\$650.12
26035	\$1,216.15	\$1,315.72	\$1,172.82
26037	\$1,216.15	\$1,315.72	\$1,172.82
26040	\$674.14	\$729.33	\$650.12
26045	\$1,216.15	\$1,315.72	\$1,172.82
26055	\$674.14	\$729.33	\$650.12
26060	\$674.14	\$729.33	\$650.12
26075	\$1,216.15	\$1,315.72	\$1,172.82
26080	\$674.14	\$729.33	\$650.12
26100	\$1,216.15	\$1,315.72	\$1,172.82
26105	\$1,216.15	\$1,315.72	\$1,172.82
26110	\$674.14	\$729.33	\$650.12
26111	\$544.98	\$589.59	\$525.56
26113	\$544.98	\$589.59	\$525.56
26115	\$544.98	\$589.59	\$525.56
26116	\$544.98	\$589.59	\$525.56
26117	\$940.15	\$1,017.11	\$906.65
26118	\$940.15	\$1,017.11	\$906.65
26121	\$1,216.15	\$1,315.72	\$1,172.82
26123	\$1,216.15	\$1,315.72	\$1,172.82
26125	\$0.00	\$0.00	\$0.00
26130	\$1,216.15	\$1,315.72	\$1,172.82
26135	\$1,216.15	\$1,315.72	\$1,172.82
26140	\$674.14	\$729.33	\$650.12
26145	\$674.14	\$729.33	\$650.12
26160	\$674.14	\$729.33	\$650.12

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
26170	\$674.14	\$729.33	\$650.12
26180	\$674.14	\$729.33	\$650.12
26185	\$674.14	\$729.33	\$650.12
26200	\$674.14	\$729.33	\$650.12
26205	\$2,650.57	\$2,867.57	\$2,556.13
26210	\$674.14	\$729.33	\$650.12
26215	\$1,216.15	\$1,315.72	\$1,172.82
26230	\$1,216.15	\$1,315.72	\$1,172.82
26235	\$674.14	\$729.33	\$650.12
26236	\$674.14	\$729.33	\$650.12
26250	\$1,216.15	\$1,315.72	\$1,172.82
26260	\$1,216.15	\$1,315.72	\$1,172.82
26262	\$674.14	\$729.33	\$650.12
26320	\$544.98	\$589.59	\$525.56
26340	\$674.14	\$729.33	\$650.12
26341	\$67.57	\$73.10	\$65.16
26350	\$1,216.15	\$1,315.72	\$1,172.82
26352	\$2,650.57	\$2,867.57	\$2,556.13
26356	\$1,216.15	\$1,315.72	\$1,172.82
26358	\$2,650.57	\$2,867.57	\$2,556.13
26370	\$1,216.15	\$1,315.72	\$1,172.82
26372	\$2,650.57	\$2,867.57	\$2,556.13
26373	\$1,216.15	\$1,315.72	\$1,172.82
26390	\$3,517.07	\$3,805.00	\$3,391.76
26392	\$2,650.57	\$2,867.57	\$2,556.13
26410	\$674.14	\$729.33	\$650.12
26412	\$1,216.15	\$1,315.72	\$1,172.82
26415	\$1,216.15	\$1,315.72	\$1,172.82
26416	\$1,216.15	\$1,315.72	\$1,172.82
26418	\$674.14	\$729.33	\$650.12
26420	\$1,216.15	\$1,315.72	\$1,172.82
26426	\$1,216.15	\$1,315.72	\$1,172.82
26428	\$1,216.15	\$1,315.72	\$1,172.82
26432	\$674.14	\$729.33	\$650.12
26433	\$1,216.15	\$1,315.72	\$1,172.82
26434	\$1,216.15	\$1,315.72	\$1,172.82
26437	\$1,216.15	\$1,315.72	\$1,172.82
26440	\$674.14	\$729.33	\$650.12
26442	\$1,216.15	\$1,315.72	\$1,172.82
26445	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
26449	\$1,216.15	\$1,315.72	\$1,172.82
26450	\$1,216.15	\$1,315.72	\$1,172.82
26455	\$674.14	\$729.33	\$650.12
26460	\$674.14	\$729.33	\$650.12
26471	\$1,216.15	\$1,315.72	\$1,172.82
26474	\$674.14	\$729.33	\$650.12
26476	\$1,216.15	\$1,315.72	\$1,172.82
26477	\$1,216.15	\$1,315.72	\$1,172.82
26478	\$1,216.15	\$1,315.72	\$1,172.82
26479	\$1,216.15	\$1,315.72	\$1,172.82
26480	\$1,216.15	\$1,315.72	\$1,172.82
26483	\$1,216.15	\$1,315.72	\$1,172.82
26485	\$1,216.15	\$1,315.72	\$1,172.82
26489	\$1,216.15	\$1,315.72	\$1,172.82
26490	\$1,216.15	\$1,315.72	\$1,172.82
26492	\$1,216.15	\$1,315.72	\$1,172.82
26494	\$1,216.15	\$1,315.72	\$1,172.82
26497	\$1,216.15	\$1,315.72	\$1,172.82
26498	\$1,216.15	\$1,315.72	\$1,172.82
26499	\$1,216.15	\$1,315.72	\$1,172.82
26500	\$2,650.57	\$2,867.57	\$2,556.13
26502	\$1,216.15	\$1,315.72	\$1,172.82
26508	\$1,216.15	\$1,315.72	\$1,172.82
26510	\$1,216.15	\$1,315.72	\$1,172.82
26516	\$1,216.15	\$1,315.72	\$1,172.82
26517	\$1,216.15	\$1,315.72	\$1,172.82
26518	\$2,650.57	\$2,867.57	\$2,556.13
26520	\$1,216.15	\$1,315.72	\$1,172.82
26525	\$674.14	\$729.33	\$650.12
26530	\$2,650.57	\$2,867.57	\$2,556.13
26531	\$3,802.01	\$4,113.28	\$3,666.55
26535	\$1,216.15	\$1,315.72	\$1,172.82
26536	\$3,518.11	\$3,806.13	\$3,392.76
26540	\$1,216.15	\$1,315.72	\$1,172.82
26541	\$1,216.15	\$1,315.72	\$1,172.82
26542	\$1,216.15	\$1,315.72	\$1,172.82
26545	\$1,216.15	\$1,315.72	\$1,172.82
26546	\$2,650.57	\$2,867.57	\$2,556.13
26548	\$1,216.15	\$1,315.72	\$1,172.82
26550	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
26555	\$2,650.57	\$2,867.57	\$2,556.13
26560	\$674.14	\$729.33	\$650.12
26561	\$1,216.15	\$1,315.72	\$1,172.82
26562	\$1,216.15	\$1,315.72	\$1,172.82
26565	\$1,216.15	\$1,315.72	\$1,172.82
26567	\$1,216.15	\$1,315.72	\$1,172.82
26568	\$2,650.57	\$2,867.57	\$2,556.13
26580	\$1,216.15	\$1,315.72	\$1,172.82
26587	\$1,216.15	\$1,315.72	\$1,172.82
26590	\$674.14	\$729.33	\$650.12
26591	\$1,216.15	\$1,315.72	\$1,172.82
26593	\$1,216.15	\$1,315.72	\$1,172.82
26596	\$1,216.15	\$1,315.72	\$1,172.82
26600	\$103.02	\$111.46	\$99.35
26605	\$103.02	\$111.46	\$99.35
26608	\$1,216.15	\$1,315.72	\$1,172.82
26615	\$1,216.15	\$1,315.72	\$1,172.82
26641	\$103.02	\$111.46	\$99.35
26645	\$674.14	\$729.33	\$650.12
26650	\$1,216.15	\$1,315.72	\$1,172.82
26665	\$1,216.15	\$1,315.72	\$1,172.82
26670	\$103.02	\$111.46	\$99.35
26675	\$674.14	\$729.33	\$650.12
26676	\$1,216.15	\$1,315.72	\$1,172.82
26685	\$1,216.15	\$1,315.72	\$1,172.82
26686	\$1,216.15	\$1,315.72	\$1,172.82
26700	\$103.02	\$111.46	\$99.35
26705	\$674.14	\$729.33	\$650.12
26706	\$1,216.15	\$1,315.72	\$1,172.82
26715	\$1,216.15	\$1,315.72	\$1,172.82
26720	\$103.02	\$111.46	\$99.35
26725	\$103.02	\$111.46	\$99.35
26727	\$1,216.15	\$1,315.72	\$1,172.82
26735	\$1,216.15	\$1,315.72	\$1,172.82
26740	\$103.02	\$111.46	\$99.35
26742	\$674.14	\$729.33	\$650.12
26746	\$1,216.15	\$1,315.72	\$1,172.82
26750	\$103.02	\$111.46	\$99.35
26755	\$103.02	\$111.46	\$99.35
26756	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
26765	\$1,216.15	\$1,315.72	\$1,172.82
26770	\$103.02	\$111.46	\$99.35
26775	\$109.79	\$118.78	\$105.88
26776	\$1,216.15	\$1,315.72	\$1,172.82
26785	\$1,216.15	\$1,315.72	\$1,172.82
26820	\$3,634.89	\$3,932.47	\$3,505.38
26841	\$2,650.57	\$2,867.57	\$2,556.13
26842	\$2,650.57	\$2,867.57	\$2,556.13
26843	\$2,650.57	\$2,867.57	\$2,556.13
26844	\$2,650.57	\$2,867.57	\$2,556.13
26850	\$2,650.57	\$2,867.57	\$2,556.13
26852	\$2,650.57	\$2,867.57	\$2,556.13
26860	\$1,216.15	\$1,315.72	\$1,172.82
26862	\$1,216.15	\$1,315.72	\$1,172.82
26863	\$0.00	\$0.00	\$0.00
26910	\$1,216.15	\$1,315.72	\$1,172.82
26951	\$1,216.15	\$1,315.72	\$1,172.82
26952	\$1,216.15	\$1,315.72	\$1,172.82
26990	\$1,216.15	\$1,315.72	\$1,172.82
26991	\$674.14	\$729.33	\$650.12
27000	\$674.14	\$729.33	\$650.12
27001	\$1,216.15	\$1,315.72	\$1,172.82
27003	\$2,650.57	\$2,867.57	\$2,556.13
27033	\$2,650.57	\$2,867.57	\$2,556.13
27035	\$1,216.15	\$1,315.72	\$1,172.82
27040	\$544.98	\$589.59	\$525.56
27041	\$544.98	\$589.59	\$525.56
27043	\$940.15	\$1,017.11	\$906.65
27045	\$940.15	\$1,017.11	\$906.65
27047	\$940.15	\$1,017.11	\$906.65
27048	\$940.15	\$1,017.11	\$906.65
27049	\$940.15	\$1,017.11	\$906.65
27050	\$674.14	\$729.33	\$650.12
27052	\$674.14	\$729.33	\$650.12
27059	\$940.15	\$1,017.11	\$906.65
27060	\$2,650.57	\$2,867.57	\$2,556.13
27062	\$1,216.15	\$1,315.72	\$1,172.82
27065	\$2,650.57	\$2,867.57	\$2,556.13
27066	\$1,216.15	\$1,315.72	\$1,172.82
27067	\$2,650.57	\$2,867.57	\$2,556.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27080	\$1,216.15	\$1,315.72	\$1,172.82
27086	\$544.98	\$589.59	\$525.56
27087	\$1,216.15	\$1,315.72	\$1,172.82
27093	\$0.00	\$0.00	\$0.00
27095	\$0.00	\$0.00	\$0.00
27097	\$1,216.15	\$1,315.72	\$1,172.82
27098	\$1,216.15	\$1,315.72	\$1,172.82
27100	\$2,650.57	\$2,867.57	\$2,556.13
27105	\$1,216.15	\$1,315.72	\$1,172.82
27110	\$2,650.57	\$2,867.57	\$2,556.13
27111	\$1,216.15	\$1,315.72	\$1,172.82
27198	\$103.02	\$111.46	\$99.35
27200	\$103.02	\$111.46	\$99.35
27202	\$1,216.15	\$1,315.72	\$1,172.82
27220	\$103.02	\$111.46	\$99.35
27230	\$103.02	\$111.46	\$99.35
27238	\$674.14	\$729.33	\$650.12
27246	\$103.02	\$111.46	\$99.35
27250	\$103.02	\$111.46	\$99.35
27252	\$674.14	\$729.33	\$650.12
27256	\$103.02	\$111.46	\$99.35
27257	\$674.14	\$729.33	\$650.12
27265	\$103.02	\$111.46	\$99.35
27266	\$674.14	\$729.33	\$650.12
27267	\$1,216.15	\$1,315.72	\$1,172.82
27275	\$674.14	\$729.33	\$650.12
27279	\$12,274.72	\$13,279.62	\$11,837.38
27301	\$940.15	\$1,017.11	\$906.65
27305	\$1,216.15	\$1,315.72	\$1,172.82
27306	\$1,216.15	\$1,315.72	\$1,172.82
27307	\$1,216.15	\$1,315.72	\$1,172.82
27310	\$1,216.15	\$1,315.72	\$1,172.82
27323	\$544.98	\$589.59	\$525.56
27324	\$940.15	\$1,017.11	\$906.65
27325	\$753.36	\$815.04	\$726.52
27326	\$753.36	\$815.04	\$726.52
27327	\$544.98	\$589.59	\$525.56
27328	\$940.15	\$1,017.11	\$906.65
27329	\$940.15	\$1,017.11	\$906.65
27330	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27331	\$1,216.15	\$1,315.72	\$1,172.82
27332	\$1,216.15	\$1,315.72	\$1,172.82
27333	\$1,216.15	\$1,315.72	\$1,172.82
27334	\$1,216.15	\$1,315.72	\$1,172.82
27335	\$2,650.57	\$2,867.57	\$2,556.13
27337	\$940.15	\$1,017.11	\$906.65
27339	\$940.15	\$1,017.11	\$906.65
27340	\$1,216.15	\$1,315.72	\$1,172.82
27345	\$1,216.15	\$1,315.72	\$1,172.82
27350	\$2,650.57	\$2,867.57	\$2,556.13
27355	\$1,216.15	\$1,315.72	\$1,172.82
27356	\$5,414.98	\$5,858.30	\$5,222.05
27357	\$2,650.57	\$2,867.57	\$2,556.13
27358	\$0.00	\$0.00	\$0.00
27360	\$1,216.15	\$1,315.72	\$1,172.82
27364	\$940.15	\$1,017.11	\$906.65
27369	\$0.00	\$0.00	\$0.00
27372	\$940.15	\$1,017.11	\$906.65
27380	\$2,650.57	\$2,867.57	\$2,556.13
27381	\$2,650.57	\$2,867.57	\$2,556.13
27385	\$2,650.57	\$2,867.57	\$2,556.13
27386	\$2,650.57	\$2,867.57	\$2,556.13
27390	\$1,216.15	\$1,315.72	\$1,172.82
27391	\$1,216.15	\$1,315.72	\$1,172.82
27392	\$1,216.15	\$1,315.72	\$1,172.82
27393	\$2,650.57	\$2,867.57	\$2,556.13
27394	\$2,650.57	\$2,867.57	\$2,556.13
27395	\$1,216.15	\$1,315.72	\$1,172.82
27396	\$2,650.57	\$2,867.57	\$2,556.13
27397	\$2,650.57	\$2,867.57	\$2,556.13
27400	\$2,650.57	\$2,867.57	\$2,556.13
27403	\$3,501.76	\$3,788.44	\$3,377.00
27405	\$2,650.57	\$2,867.57	\$2,556.13
27407	\$2,650.57	\$2,867.57	\$2,556.13
27409	\$2,650.57	\$2,867.57	\$2,556.13
27415	\$8,897.64	\$9,626.07	\$8,580.62
27416	\$2,650.57	\$2,867.57	\$2,556.13
27418	\$2,650.57	\$2,867.57	\$2,556.13
27420	\$2,650.57	\$2,867.57	\$2,556.13
27422	\$2,650.57	\$2,867.57	\$2,556.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27424	\$2,650.57	\$2,867.57	\$2,556.13
27425	\$1,216.15	\$1,315.72	\$1,172.82
27427	\$3,432.99	\$3,714.04	\$3,310.67
27428	\$7,296.53	\$7,893.89	\$7,036.57
27429	\$9,562.46	\$10,345.32	\$9,221.76
27430	\$2,650.57	\$2,867.57	\$2,556.13
27435	\$1,216.15	\$1,315.72	\$1,172.82
27438	\$7,437.56	\$8,046.46	\$7,172.57
27440	\$7,997.94	\$8,652.72	\$7,712.98
27441	\$5,414.98	\$5,858.30	\$5,222.05
27442	\$8,013.31	\$8,669.35	\$7,727.81
27443	\$7,816.10	\$8,455.99	\$7,537.62
27446	\$7,952.35	\$8,603.39	\$7,669.02
27447	\$8,140.56	\$8,807.01	\$7,850.52
27475	\$2,650.57	\$2,867.57	\$2,556.13
27479	\$2,650.57	\$2,867.57	\$2,556.13
27496	\$1,216.15	\$1,315.72	\$1,172.82
27497	\$1,216.15	\$1,315.72	\$1,172.82
27498	\$674.14	\$729.33	\$650.12
27499	\$2,650.57	\$2,867.57	\$2,556.13
27500	\$103.02	\$111.46	\$99.35
27501	\$103.02	\$111.46	\$99.35
27502	\$674.14	\$729.33	\$650.12
27503	\$674.14	\$729.33	\$650.12
27508	\$103.02	\$111.46	\$99.35
27509	\$2,650.57	\$2,867.57	\$2,556.13
27510	\$674.14	\$729.33	\$650.12
27516	\$103.02	\$111.46	\$99.35
27517	\$674.14	\$729.33	\$650.12
27520	\$103.02	\$111.46	\$99.35
27524	\$2,650.57	\$2,867.57	\$2,556.13
27530	\$103.02	\$111.46	\$99.35
27532	\$1,216.15	\$1,315.72	\$1,172.82
27538	\$103.02	\$111.46	\$99.35
27550	\$103.02	\$111.46	\$99.35
27552	\$674.14	\$729.33	\$650.12
27560	\$103.02	\$111.46	\$99.35
27562	\$103.02	\$111.46	\$99.35
27566	\$2,650.57	\$2,867.57	\$2,556.13
27570	\$674.14	\$729.33	\$650.12

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27594	\$1,216.15	\$1,315.72	\$1,172.82
27600	\$1,216.15	\$1,315.72	\$1,172.82
27601	\$1,216.15	\$1,315.72	\$1,172.82
27602	\$1,216.15	\$1,315.72	\$1,172.82
27603	\$940.15	\$1,017.11	\$906.65
27605	\$674.14	\$729.33	\$650.12
27606	\$1,216.15	\$1,315.72	\$1,172.82
27607	\$1,216.15	\$1,315.72	\$1,172.82
27610	\$1,216.15	\$1,315.72	\$1,172.82
27612	\$1,216.15	\$1,315.72	\$1,172.82
27613	\$161.06	\$174.24	\$155.32
27614	\$940.15	\$1,017.11	\$906.65
27615	\$940.15	\$1,017.11	\$906.65
27616	\$940.15	\$1,017.11	\$906.65
27618	\$544.98	\$589.59	\$525.56
27619	\$940.15	\$1,017.11	\$906.65
27620	\$1,216.15	\$1,315.72	\$1,172.82
27625	\$1,216.15	\$1,315.72	\$1,172.82
27626	\$1,216.15	\$1,315.72	\$1,172.82
27630	\$1,216.15	\$1,315.72	\$1,172.82
27632	\$940.15	\$1,017.11	\$906.65
27634	\$940.15	\$1,017.11	\$906.65
27635	\$1,216.15	\$1,315.72	\$1,172.82
27637	\$2,650.57	\$2,867.57	\$2,556.13
27638	\$2,650.57	\$2,867.57	\$2,556.13
27640	\$1,216.15	\$1,315.72	\$1,172.82
27641	\$1,216.15	\$1,315.72	\$1,172.82
27647	\$1,216.15	\$1,315.72	\$1,172.82
27648	\$0.00	\$0.00	\$0.00
27650	\$2,650.57	\$2,867.57	\$2,556.13
27652	\$2,650.57	\$2,867.57	\$2,556.13
27654	\$2,650.57	\$2,867.57	\$2,556.13
27656	\$1,216.15	\$1,315.72	\$1,172.82
27658	\$1,216.15	\$1,315.72	\$1,172.82
27659	\$2,650.57	\$2,867.57	\$2,556.13
27664	\$2,650.57	\$2,867.57	\$2,556.13
27665	\$2,650.57	\$2,867.57	\$2,556.13
27675	\$1,216.15	\$1,315.72	\$1,172.82
27676	\$2,650.57	\$2,867.57	\$2,556.13
27680	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27681	\$1,216.15	\$1,315.72	\$1,172.82
27685	\$1,216.15	\$1,315.72	\$1,172.82
27686	\$1,216.15	\$1,315.72	\$1,172.82
27690	\$2,650.57	\$2,867.57	\$2,556.13
27691	\$2,650.57	\$2,867.57	\$2,556.13
27692	\$0.00	\$0.00	\$0.00
27695	\$2,650.57	\$2,867.57	\$2,556.13
27696	\$2,650.57	\$2,867.57	\$2,556.13
27698	\$2,650.57	\$2,867.57	\$2,556.13
27700	\$2,650.57	\$2,867.57	\$2,556.13
27704	\$1,216.15	\$1,315.72	\$1,172.82
27705	\$3,817.59	\$4,130.12	\$3,681.57
27707	\$1,216.15	\$1,315.72	\$1,172.82
27709	\$5,414.98	\$5,858.30	\$5,222.05
27720	\$3,638.00	\$3,935.83	\$3,508.38
27726	\$3,705.99	\$4,009.39	\$3,573.95
27730	\$1,216.15	\$1,315.72	\$1,172.82
27732	\$1,216.15	\$1,315.72	\$1,172.82
27734	\$1,216.15	\$1,315.72	\$1,172.82
27740	\$1,216.15	\$1,315.72	\$1,172.82
27742	\$1,216.15	\$1,315.72	\$1,172.82
27745	\$3,692.50	\$3,994.79	\$3,560.94
27750	\$103.02	\$111.46	\$99.35
27752	\$674.14	\$729.33	\$650.12
27756	\$3,872.59	\$4,189.64	\$3,734.62
27758	\$7,651.75	\$8,278.18	\$7,379.12
27759	\$7,554.73	\$8,173.22	\$7,285.56
27760	\$103.02	\$111.46	\$99.35
27762	\$674.14	\$729.33	\$650.12
27766	\$2,650.57	\$2,867.57	\$2,556.13
27767	\$103.02	\$111.46	\$99.35
27768	\$674.14	\$729.33	\$650.12
27769	\$2,650.57	\$2,867.57	\$2,556.13
27780	\$103.02	\$111.46	\$99.35
27781	\$674.14	\$729.33	\$650.12
27784	\$2,650.57	\$2,867.57	\$2,556.13
27786	\$103.02	\$111.46	\$99.35
27788	\$103.02	\$111.46	\$99.35
27792	\$3,503.06	\$3,789.85	\$3,378.25
27808	\$103.02	\$111.46	\$99.35

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
27810	\$674.14	\$729.33	\$650.12
27814	\$3,558.59	\$3,849.92	\$3,431.80
27816	\$103.02	\$111.46	\$99.35
27818	\$674.14	\$729.33	\$650.12
27822	\$3,543.53	\$3,833.64	\$3,417.28
27823	\$3,531.87	\$3,821.01	\$3,406.03
27824	\$103.02	\$111.46	\$99.35
27825	\$674.14	\$729.33	\$650.12
27826	\$3,702.36	\$4,005.46	\$3,570.45
27827	\$7,580.17	\$8,200.75	\$7,310.10
27828	\$7,712.71	\$8,344.14	\$7,437.92
27829	\$2,650.57	\$2,867.57	\$2,556.13
27830	\$103.02	\$111.46	\$99.35
27831	\$1,216.15	\$1,315.72	\$1,172.82
27832	\$2,650.57	\$2,867.57	\$2,556.13
27840	\$103.02	\$111.46	\$99.35
27842	\$674.14	\$729.33	\$650.12
27846	\$2,650.57	\$2,867.57	\$2,556.13
27848	\$3,904.78	\$4,224.46	\$3,765.66
27860	\$1,216.15	\$1,315.72	\$1,172.82
27870	\$7,987.87	\$8,641.82	\$7,703.27
27871	\$7,698.40	\$8,328.65	\$7,424.11
27884	\$1,216.15	\$1,315.72	\$1,172.82
27889	\$2,650.57	\$2,867.57	\$2,556.13
27892	\$1,216.15	\$1,315.72	\$1,172.82
27893	\$2,650.57	\$2,867.57	\$2,556.13
27894	\$1,216.15	\$1,315.72	\$1,172.82
28001	\$170.96	\$184.95	\$164.86
28002	\$674.14	\$729.33	\$650.12
28003	\$1,216.15	\$1,315.72	\$1,172.82
28005	\$1,216.15	\$1,315.72	\$1,172.82
28008	\$1,216.15	\$1,315.72	\$1,172.82
28010	\$117.72	\$127.36	\$113.53
28011	\$674.14	\$729.33	\$650.12
28020	\$1,216.15	\$1,315.72	\$1,172.82
28022	\$1,216.15	\$1,315.72	\$1,172.82
28024	\$674.14	\$729.33	\$650.12
28035	\$753.36	\$815.04	\$726.52
28039	\$940.15	\$1,017.11	\$906.65
28041	\$940.15	\$1,017.11	\$906.65

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
28043	\$544.98	\$589.59	\$525.56
28045	\$940.15	\$1,017.11	\$906.65
28046	\$940.15	\$1,017.11	\$906.65
28047	\$940.15	\$1,017.11	\$906.65
28050	\$1,216.15	\$1,315.72	\$1,172.82
28052	\$1,216.15	\$1,315.72	\$1,172.82
28054	\$1,216.15	\$1,315.72	\$1,172.82
28055	\$753.36	\$815.04	\$726.52
28060	\$1,216.15	\$1,315.72	\$1,172.82
28062	\$1,216.15	\$1,315.72	\$1,172.82
28070	\$2,650.57	\$2,867.57	\$2,556.13
28072	\$1,216.15	\$1,315.72	\$1,172.82
28080	\$674.14	\$729.33	\$650.12
28086	\$1,216.15	\$1,315.72	\$1,172.82
28088	\$1,216.15	\$1,315.72	\$1,172.82
28090	\$674.14	\$729.33	\$650.12
28092	\$674.14	\$729.33	\$650.12
28100	\$1,216.15	\$1,315.72	\$1,172.82
28102	\$2,650.57	\$2,867.57	\$2,556.13
28103	\$2,650.57	\$2,867.57	\$2,556.13
28104	\$1,216.15	\$1,315.72	\$1,172.82
28106	\$2,650.57	\$2,867.57	\$2,556.13
28107	\$2,650.57	\$2,867.57	\$2,556.13
28108	\$674.14	\$729.33	\$650.12
28110	\$1,216.15	\$1,315.72	\$1,172.82
28111	\$1,216.15	\$1,315.72	\$1,172.82
28112	\$1,216.15	\$1,315.72	\$1,172.82
28113	\$1,216.15	\$1,315.72	\$1,172.82
28114	\$1,216.15	\$1,315.72	\$1,172.82
28116	\$1,216.15	\$1,315.72	\$1,172.82
28118	\$1,216.15	\$1,315.72	\$1,172.82
28119	\$1,216.15	\$1,315.72	\$1,172.82
28120	\$1,216.15	\$1,315.72	\$1,172.82
28122	\$1,216.15	\$1,315.72	\$1,172.82
28124	\$285.27	\$308.62	\$275.10
28126	\$1,216.15	\$1,315.72	\$1,172.82
28130	\$3,955.64	\$4,279.48	\$3,814.70
28140	\$1,216.15	\$1,315.72	\$1,172.82
28150	\$1,216.15	\$1,315.72	\$1,172.82
28160	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
28171	\$1,216.15	\$1,315.72	\$1,172.82
28173	\$1,216.15	\$1,315.72	\$1,172.82
28175	\$674.14	\$729.33	\$650.12
28190	\$172.32	\$186.42	\$166.18
28192	\$544.98	\$589.59	\$525.56
28193	\$544.98	\$589.59	\$525.56
28200	\$1,216.15	\$1,315.72	\$1,172.82
28202	\$2,650.57	\$2,867.57	\$2,556.13
28208	\$1,216.15	\$1,315.72	\$1,172.82
28210	\$2,650.57	\$2,867.57	\$2,556.13
28220	\$269.57	\$291.64	\$259.97
28222	\$1,216.15	\$1,315.72	\$1,172.82
28225	\$1,216.15	\$1,315.72	\$1,172.82
28226	\$1,216.15	\$1,315.72	\$1,172.82
28230	\$265.82	\$287.58	\$256.35
28232	\$248.07	\$268.38	\$239.23
28234	\$674.14	\$729.33	\$650.12
28238	\$2,650.57	\$2,867.57	\$2,556.13
28240	\$1,216.15	\$1,315.72	\$1,172.82
28250	\$1,216.15	\$1,315.72	\$1,172.82
28260	\$1,216.15	\$1,315.72	\$1,172.82
28261	\$674.14	\$729.33	\$650.12
28262	\$4,192.31	\$4,535.53	\$4,042.95
28264	\$674.14	\$729.33	\$650.12
28270	\$1,216.15	\$1,315.72	\$1,172.82
28272	\$239.54	\$259.15	\$231.01
28280	\$1,216.15	\$1,315.72	\$1,172.82
28285	\$1,216.15	\$1,315.72	\$1,172.82
28286	\$1,216.15	\$1,315.72	\$1,172.82
28288	\$1,216.15	\$1,315.72	\$1,172.82
28289	\$1,216.15	\$1,315.72	\$1,172.82
28291	\$4,066.19	\$4,399.09	\$3,921.32
28292	\$1,216.15	\$1,315.72	\$1,172.82
28295	\$1,216.15	\$1,315.72	\$1,172.82
28296	\$1,216.15	\$1,315.72	\$1,172.82
28297	\$3,801.75	\$4,112.99	\$3,666.30
28298	\$2,650.57	\$2,867.57	\$2,556.13
28300	\$3,545.09	\$3,835.32	\$3,418.79
28302	\$2,650.57	\$2,867.57	\$2,556.13
28304	\$2,650.57	\$2,867.57	\$2,556.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
28305	\$3,817.07	\$4,129.56	\$3,681.07
28306	\$2,650.57	\$2,867.57	\$2,556.13
28307	\$2,650.57	\$2,867.57	\$2,556.13
28308	\$1,216.15	\$1,315.72	\$1,172.82
28309	\$2,650.57	\$2,867.57	\$2,556.13
28310	\$2,650.57	\$2,867.57	\$2,556.13
28312	\$1,216.15	\$1,315.72	\$1,172.82
28313	\$1,216.15	\$1,315.72	\$1,172.82
28315	\$1,216.15	\$1,315.72	\$1,172.82
28320	\$8,393.97	\$9,081.17	\$8,094.90
28322	\$3,615.42	\$3,911.41	\$3,486.61
28340	\$1,216.15	\$1,315.72	\$1,172.82
28341	\$1,216.15	\$1,315.72	\$1,172.82
28344	\$1,216.15	\$1,315.72	\$1,172.82
28345	\$674.14	\$729.33	\$650.12
28400	\$103.02	\$111.46	\$99.35
28405	\$103.02	\$111.46	\$99.35
28406	\$2,650.57	\$2,867.57	\$2,556.13
28415	\$3,663.70	\$3,963.64	\$3,533.16
28420	\$7,800.73	\$8,439.36	\$7,522.80
28430	\$103.02	\$111.46	\$99.35
28435	\$674.14	\$729.33	\$650.12
28436	\$2,650.57	\$2,867.57	\$2,556.13
28445	\$3,439.47	\$3,721.06	\$3,316.93
28446	\$2,650.57	\$2,867.57	\$2,556.13
28450	\$103.02	\$111.46	\$99.35
28455	\$158.67	\$171.66	\$153.02
28456	\$2,650.57	\$2,867.57	\$2,556.13
28465	\$3,622.43	\$3,918.99	\$3,493.36
28470	\$103.02	\$111.46	\$99.35
28475	\$103.02	\$111.46	\$99.35
28476	\$1,216.15	\$1,315.72	\$1,172.82
28485	\$3,528.49	\$3,817.36	\$3,402.77
28490	\$93.50	\$101.15	\$90.17
28495	\$103.02	\$111.46	\$99.35
28505	\$1,216.15	\$1,315.72	\$1,172.82
28510	\$74.04	\$80.10	\$71.40
28515	\$99.98	\$108.16	\$96.41
28525	\$1,216.15	\$1,315.72	\$1,172.82
28530	\$70.98	\$76.79	\$68.45

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
28531	\$2,650.57	\$2,867.57	\$2,556.13
28540	\$103.02	\$111.46	\$99.35
28545	\$1,216.15	\$1,315.72	\$1,172.82
28546	\$674.14	\$729.33	\$650.12
28555	\$2,650.57	\$2,867.57	\$2,556.13
28570	\$103.02	\$111.46	\$99.35
28575	\$1,216.15	\$1,315.72	\$1,172.82
28576	\$2,650.57	\$2,867.57	\$2,556.13
28585	\$3,909.19	\$4,229.22	\$3,769.91
28600	\$103.02	\$111.46	\$99.35
28605	\$103.02	\$111.46	\$99.35
28606	\$1,216.15	\$1,315.72	\$1,172.82
28615	\$3,456.34	\$3,739.30	\$3,333.19
28630	\$84.28	\$91.18	\$81.28
28635	\$674.14	\$729.33	\$650.12
28636	\$1,216.15	\$1,315.72	\$1,172.82
28645	\$1,216.15	\$1,315.72	\$1,172.82
28660	\$65.17	\$70.51	\$62.85
28665	\$109.79	\$118.78	\$105.88
28666	\$1,216.15	\$1,315.72	\$1,172.82
28675	\$1,216.15	\$1,315.72	\$1,172.82
28705	\$10,947.74	\$11,844.01	\$10,557.68
28715	\$8,356.86	\$9,041.02	\$8,059.11
28725	\$7,676.13	\$8,304.56	\$7,402.64
28730	\$8,258.78	\$8,934.91	\$7,964.53
28735	\$8,341.49	\$9,024.39	\$8,044.29
28737	\$7,929.55	\$8,578.73	\$7,647.03
28740	\$3,918.79	\$4,239.62	\$3,779.17
28750	\$3,846.91	\$4,161.84	\$3,709.84
28755	\$2,650.57	\$2,867.57	\$2,556.13
28760	\$2,650.57	\$2,867.57	\$2,556.13
28810	\$1,216.15	\$1,315.72	\$1,172.82
28820	\$1,216.15	\$1,315.72	\$1,172.82
28890	\$185.29	\$200.46	\$178.69
29000	\$109.79	\$118.78	\$105.88
29010	\$109.79	\$118.78	\$105.88
29015	\$109.79	\$118.78	\$105.88
29035	\$109.79	\$118.78	\$105.88
29040	\$109.79	\$118.78	\$105.88
29044	\$63.90	\$69.13	\$61.62

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
29046	\$109.79	\$118.78	\$105.88
29049	\$58.69	\$63.49	\$56.60
29055	\$109.79	\$118.78	\$105.88
29058	\$65.85	\$71.25	\$63.51
29065	\$56.99	\$61.65	\$54.95
29075	\$52.21	\$56.48	\$50.35
29085	\$56.64	\$61.28	\$54.63
29086	\$51.53	\$55.75	\$49.69
29105	\$47.09	\$50.94	\$45.41
29125	\$0.00	\$0.00	\$0.00
29126	\$0.00	\$0.00	\$0.00
29130	\$0.00	\$0.00	\$0.00
29131	\$0.00	\$0.00	\$0.00
29200	\$17.75	\$19.20	\$17.11
29240	\$0.00	\$0.00	\$0.00
29260	\$0.00	\$0.00	\$0.00
29280	\$0.00	\$0.00	\$0.00
29305	\$109.79	\$118.78	\$105.88
29325	\$109.79	\$118.78	\$105.88
29345	\$74.39	\$80.48	\$71.74
29355	\$75.75	\$81.95	\$73.05
29358	\$95.54	\$103.36	\$92.14
29365	\$70.29	\$76.04	\$67.78
29405	\$45.72	\$49.47	\$44.10
29425	\$42.99	\$46.51	\$41.46
29435	\$63.47	\$68.67	\$61.21
29440	\$20.81	\$22.51	\$20.07
29445	\$58.69	\$63.49	\$56.60
29450	\$61.76	\$66.82	\$59.56
29505	\$54.93	\$59.43	\$52.98
29515	\$39.92	\$43.19	\$38.50
29520	\$0.00	\$0.00	\$0.00
29530	\$0.00	\$0.00	\$0.00
29540	\$13.30	\$14.39	\$12.83
29550	\$0.00	\$0.00	\$0.00
29580	\$39.92	\$43.19	\$38.50
29581	\$63.90	\$69.13	\$61.62
29584	\$63.90	\$69.13	\$61.62
29700	\$38.22	\$41.35	\$36.86
29705	\$32.42	\$35.08	\$31.27

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
29710	\$63.81	\$69.04	\$61.54
29720	\$53.57	\$57.96	\$51.66
29730	\$30.71	\$33.22	\$29.62
29740	\$50.16	\$54.27	\$48.37
29750	\$52.55	\$56.85	\$50.68
29800	\$1,216.15	\$1,315.72	\$1,172.82
29804	\$1,216.15	\$1,315.72	\$1,172.82
29805	\$1,216.15	\$1,315.72	\$1,172.82
29806	\$2,650.57	\$2,867.57	\$2,556.13
29807	\$2,650.57	\$2,867.57	\$2,556.13
29819	\$1,216.15	\$1,315.72	\$1,172.82
29820	\$2,650.57	\$2,867.57	\$2,556.13
29821	\$1,216.15	\$1,315.72	\$1,172.82
29822	\$1,216.15	\$1,315.72	\$1,172.82
29823	\$1,216.15	\$1,315.72	\$1,172.82
29824	\$1,216.15	\$1,315.72	\$1,172.82
29825	\$1,216.15	\$1,315.72	\$1,172.82
29826	\$0.00	\$0.00	\$0.00
29827	\$2,650.57	\$2,867.57	\$2,556.13
29828	\$2,650.57	\$2,867.57	\$2,556.13
29830	\$1,216.15	\$1,315.72	\$1,172.82
29834	\$1,216.15	\$1,315.72	\$1,172.82
29835	\$1,216.15	\$1,315.72	\$1,172.82
29836	\$2,650.57	\$2,867.57	\$2,556.13
29837	\$1,216.15	\$1,315.72	\$1,172.82
29838	\$1,216.15	\$1,315.72	\$1,172.82
29840	\$1,216.15	\$1,315.72	\$1,172.82
29843	\$1,216.15	\$1,315.72	\$1,172.82
29844	\$1,216.15	\$1,315.72	\$1,172.82
29845	\$1,216.15	\$1,315.72	\$1,172.82
29847	\$2,650.57	\$2,867.57	\$2,556.13
29848	\$674.14	\$729.33	\$650.12
29850	\$674.14	\$729.33	\$650.12
29851	\$674.14	\$729.33	\$650.12
29855	\$4,068.27	\$4,401.33	\$3,923.32
29856	\$7,415.83	\$8,022.95	\$7,151.61
29860	\$2,650.57	\$2,867.57	\$2,556.13
29861	\$2,650.57	\$2,867.57	\$2,556.13
29862	\$2,650.57	\$2,867.57	\$2,556.13
29863	\$1,216.15	\$1,315.72	\$1,172.82

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
29866	\$2,650.57	\$2,867.57	\$2,556.13
29867	\$8,022.86	\$8,679.68	\$7,737.02
29870	\$1,216.15	\$1,315.72	\$1,172.82
29871	\$1,216.15	\$1,315.72	\$1,172.82
29873	\$1,216.15	\$1,315.72	\$1,172.82
29874	\$1,216.15	\$1,315.72	\$1,172.82
29875	\$1,216.15	\$1,315.72	\$1,172.82
29876	\$1,216.15	\$1,315.72	\$1,172.82
29877	\$1,216.15	\$1,315.72	\$1,172.82
29879	\$1,216.15	\$1,315.72	\$1,172.82
29880	\$1,216.15	\$1,315.72	\$1,172.82
29881	\$1,216.15	\$1,315.72	\$1,172.82
29882	\$1,216.15	\$1,315.72	\$1,172.82
29883	\$1,216.15	\$1,315.72	\$1,172.82
29884	\$1,216.15	\$1,315.72	\$1,172.82
29885	\$2,650.57	\$2,867.57	\$2,556.13
29886	\$1,216.15	\$1,315.72	\$1,172.82
29887	\$2,650.57	\$2,867.57	\$2,556.13
29888	\$3,662.14	\$3,961.95	\$3,531.66
29889	\$7,244.05	\$7,837.10	\$6,985.95
29891	\$1,216.15	\$1,315.72	\$1,172.82
29892	\$2,650.57	\$2,867.57	\$2,556.13
29893	\$1,216.15	\$1,315.72	\$1,172.82
29894	\$1,216.15	\$1,315.72	\$1,172.82
29895	\$1,216.15	\$1,315.72	\$1,172.82
29897	\$1,216.15	\$1,315.72	\$1,172.82
29898	\$1,216.15	\$1,315.72	\$1,172.82
29899	\$3,436.62	\$3,717.97	\$3,314.17
29901	\$1,216.15	\$1,315.72	\$1,172.82
29902	\$674.14	\$729.33	\$650.12
29904	\$1,216.15	\$1,315.72	\$1,172.82
29905	\$2,650.57	\$2,867.57	\$2,556.13
29906	\$1,216.15	\$1,315.72	\$1,172.82
29907	\$7,433.32	\$8,041.87	\$7,168.48
29914	\$2,650.57	\$2,867.57	\$2,556.13
29915	\$2,650.57	\$2,867.57	\$2,556.13
29916	\$2,650.57	\$2,867.57	\$2,556.13
30000	\$97.28	\$105.25	\$93.82
30020	\$189.38	\$204.89	\$182.64
30100	\$101.35	\$109.64	\$97.74

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
30110	\$167.20	\$180.89	\$161.24
30115	\$997.56	\$1,079.22	\$962.01
30117	\$997.56	\$1,079.22	\$962.01
30118	\$997.56	\$1,079.22	\$962.01
30120	\$997.56	\$1,079.22	\$962.01
30124	\$507.35	\$548.89	\$489.28
30125	\$2,124.11	\$2,298.00	\$2,048.43
30130	\$997.56	\$1,079.22	\$962.01
30140	\$997.56	\$1,079.22	\$962.01
30150	\$2,124.11	\$2,298.00	\$2,048.43
30160	\$2,124.11	\$2,298.00	\$2,048.43
30200	\$78.15	\$84.54	\$75.36
30210	\$101.01	\$109.28	\$97.41
30220	\$507.35	\$548.89	\$489.28
30300	\$0.00	\$0.00	\$0.00
30310	\$997.56	\$1,079.22	\$962.01
30320	\$507.35	\$548.89	\$489.28
30400	\$2,124.11	\$2,298.00	\$2,048.43
30410	\$2,124.11	\$2,298.00	\$2,048.43
30420	\$2,124.11	\$2,298.00	\$2,048.43
30430	\$2,124.11	\$2,298.00	\$2,048.43
30435	\$2,124.11	\$2,298.00	\$2,048.43
30450	\$2,124.11	\$2,298.00	\$2,048.43
30460	\$2,124.11	\$2,298.00	\$2,048.43
30462	\$2,124.11	\$2,298.00	\$2,048.43
30465	\$2,124.11	\$2,298.00	\$2,048.43
30540	\$2,124.11	\$2,298.00	\$2,048.43
30545	\$2,124.11	\$2,298.00	\$2,048.43
30560	\$211.03	\$228.30	\$203.51
30580	\$2,124.11	\$2,298.00	\$2,048.43
30600	\$2,124.11	\$2,298.00	\$2,048.43
30620	\$2,124.11	\$2,298.00	\$2,048.43
30630	\$997.56	\$1,079.22	\$962.01
30801	\$507.35	\$548.89	\$489.28
30802	\$507.35	\$548.89	\$489.28
30901	\$0.00	\$0.00	\$0.00
30903	\$52.09	\$56.35	\$50.23
30905	\$52.09	\$56.35	\$50.23
30906	\$97.28	\$105.25	\$93.82
30915	\$1,268.13	\$1,371.95	\$1,222.95

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
30920	\$1,268.13	\$1,371.95	\$1,222.95
30930	\$997.56	\$1,079.22	\$962.01
31000	\$97.28	\$105.25	\$93.82
31002	\$507.35	\$548.89	\$489.28
31020	\$997.56	\$1,079.22	\$962.01
31030	\$2,124.11	\$2,298.00	\$2,048.43
31032	\$2,124.11	\$2,298.00	\$2,048.43
31040	\$2,124.11	\$2,298.00	\$2,048.43
31050	\$2,124.11	\$2,298.00	\$2,048.43
31051	\$2,124.11	\$2,298.00	\$2,048.43
31070	\$2,124.11	\$2,298.00	\$2,048.43
31075	\$2,124.11	\$2,298.00	\$2,048.43
31080	\$2,124.11	\$2,298.00	\$2,048.43
31081	\$2,124.11	\$2,298.00	\$2,048.43
31084	\$2,124.11	\$2,298.00	\$2,048.43
31085	\$2,124.11	\$2,298.00	\$2,048.43
31086	\$2,124.11	\$2,298.00	\$2,048.43
31087	\$2,124.11	\$2,298.00	\$2,048.43
31090	\$2,124.11	\$2,298.00	\$2,048.43
31200	\$2,124.11	\$2,298.00	\$2,048.43
31201	\$507.35	\$548.89	\$489.28
31205	\$997.56	\$1,079.22	\$962.01
31231	\$74.79	\$80.91	\$72.12
31233	\$180.54	\$195.32	\$174.11
31235	N/A	\$625.70	N/A
31237	\$578.35	\$625.70	\$557.75
31238	\$578.35	\$625.70	\$557.75
31239	\$1,170.25	\$1,266.06	\$1,128.56
31240	\$578.35	\$625.70	\$557.75
31253	\$1,792.56	\$1,939.31	\$1,728.69
31254	\$1,792.56	\$1,939.31	\$1,728.69
31255	\$1,792.56	\$1,939.31	\$1,728.69
31256	\$1,170.25	\$1,266.06	\$1,128.56
31257	\$1,792.56	\$1,939.31	\$1,728.69
31259	\$1,792.56	\$1,939.31	\$1,728.69
31267	\$1,792.56	\$1,939.31	\$1,728.69
31276	\$1,792.56	\$1,939.31	\$1,728.69
31287	\$1,792.56	\$1,939.31	\$1,728.69
31288	\$1,792.56	\$1,939.31	\$1,728.69
31295	\$1,722.17	\$1,863.16	\$1,660.81

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
31296	\$1,731.38	\$1,873.13	\$1,669.70
31297	\$1,717.73	\$1,858.36	\$1,656.53
31298	\$1,792.56	\$1,939.31	\$1,728.69
31300	\$997.56	\$1,079.22	\$962.01
31400	\$2,124.11	\$2,298.00	\$2,048.43
31420	\$2,124.11	\$2,298.00	\$2,048.43
31500	\$97.28	\$105.25	\$93.82
31502	\$97.28	\$105.25	\$93.82
31505	\$60.74	\$65.71	\$58.57
31510	\$1,170.25	\$1,266.06	\$1,128.56
31511	\$74.79	\$80.91	\$72.12
31512	\$1,170.25	\$1,266.06	\$1,128.56
31513	\$180.54	\$195.32	\$174.11
31515	\$180.54	\$195.32	\$174.11
31520	\$180.54	\$195.32	\$174.11
31525	\$578.35	\$625.70	\$557.75
31526	\$578.35	\$625.70	\$557.75
31527	\$1,170.25	\$1,266.06	\$1,128.56
31528	\$1,170.25	\$1,266.06	\$1,128.56
31529	\$1,170.25	\$1,266.06	\$1,128.56
31530	\$578.35	\$625.70	\$557.75
31531	\$1,170.25	\$1,266.06	\$1,128.56
31535	\$1,170.25	\$1,266.06	\$1,128.56
31540	\$1,170.25	\$1,266.06	\$1,128.56
31541	\$1,170.25	\$1,266.06	\$1,128.56
31545	\$1,170.25	\$1,266.06	\$1,128.56
31546	\$1,792.56	\$1,939.31	\$1,728.69
31551	\$2,124.11	\$2,298.00	\$2,048.43
31552	\$2,124.11	\$2,298.00	\$2,048.43
31553	\$2,124.11	\$2,298.00	\$2,048.43
31554	\$2,124.11	\$2,298.00	\$2,048.43
31560	\$1,792.56	\$1,939.31	\$1,728.69
31561	\$1,792.56	\$1,939.31	\$1,728.69
31570	\$1,170.25	\$1,266.06	\$1,128.56
31571	\$1,170.25	\$1,266.06	\$1,128.56
31572	\$1,170.25	\$1,266.06	\$1,128.56
31573	\$173.00	\$187.16	\$166.83
31574	\$578.35	\$625.70	\$557.75
31575	\$74.79	\$80.91	\$72.12
31576	\$578.35	\$625.70	\$557.75

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
31577	\$180.54	\$195.32	\$174.11
31578	\$1,170.25	\$1,266.06	\$1,128.56
31579	\$113.29	\$122.56	\$109.25
31580	\$2,124.11	\$2,298.00	\$2,048.43
31590	\$2,124.11	\$2,298.00	\$2,048.43
31591	\$2,124.11	\$2,298.00	\$2,048.43
31592	\$2,124.11	\$2,298.00	\$2,048.43
31603	\$507.35	\$548.89	\$489.28
31605	\$97.28	\$105.25	\$93.82
31611	\$997.56	\$1,079.22	\$962.01
31612	\$997.56	\$1,079.22	\$962.01
31613	\$997.56	\$1,079.22	\$962.01
31614	\$2,124.11	\$2,298.00	\$2,048.43
31615	\$211.03	\$228.30	\$203.51
31622	\$578.35	\$625.70	\$557.75
31623	\$578.35	\$625.70	\$557.75
31624	\$578.35	\$625.70	\$557.75
31625	\$578.35	\$625.70	\$557.75
31626	\$1,792.56	\$1,939.31	\$1,728.69
31627	\$0.00	\$0.00	\$0.00
31628	\$1,170.25	\$1,266.06	\$1,128.56
31630	\$1,170.25	\$1,266.06	\$1,128.56
31631	\$1,792.56	\$1,939.31	\$1,728.69
31632	\$0.00	\$0.00	\$0.00
31633	\$0.00	\$0.00	\$0.00
31634	\$1,792.56	\$1,939.31	\$1,728.69
31635	\$578.35	\$625.70	\$557.75
31636	\$2,623.04	\$2,837.78	\$2,529.58
31637	\$0.00	\$0.00	\$0.00
31638	\$1,792.56	\$1,939.31	\$1,728.69
31640	\$1,170.25	\$1,266.06	\$1,128.56
31641	\$1,170.25	\$1,266.06	\$1,128.56
31643	\$578.35	\$625.70	\$557.75
31645	\$578.35	\$625.70	\$557.75
31646	\$180.54	\$195.32	\$174.11
31647	\$2,336.62	\$2,527.91	\$2,253.37
31648	\$1,170.25	\$1,266.06	\$1,128.56
31649	\$578.35	\$625.70	\$557.75
31651	\$0.00	\$0.00	\$0.00
31652	\$1,170.25	\$1,266.06	\$1,128.56

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
31653	\$1,170.25	\$1,266.06	\$1,128.56
31654	\$0.00	\$0.00	\$0.00
31717	\$180.54	\$195.32	\$174.11
31720	\$0.00	\$0.00	\$0.00
31730	\$578.35	\$625.70	\$557.75
31750	\$2,124.11	\$2,298.00	\$2,048.43
31755	\$2,124.11	\$2,298.00	\$2,048.43
31820	\$997.56	\$1,079.22	\$962.01
31825	\$997.56	\$1,079.22	\$962.01
31830	\$997.56	\$1,079.22	\$962.01
32400	\$544.98	\$589.59	\$525.56
32405	\$544.98	\$589.59	\$525.56
32550	\$1,302.15	\$1,408.75	\$1,255.75
32552	\$301.23	\$325.89	\$290.49
32553	\$594.96	\$643.67	\$573.77
32554	\$301.23	\$325.89	\$290.49
32555	\$301.23	\$325.89	\$290.49
32556	\$626.92	\$678.25	\$604.58
32557	\$548.30	\$593.19	\$528.77
32960	\$301.23	\$325.89	\$290.49
32994	\$2,074.49	\$2,244.32	\$2,000.57
32998	\$2,074.49	\$2,244.32	\$2,000.57
33016	\$548.30	\$593.19	\$528.77
33206	\$6,983.27	\$7,554.98	\$6,734.46
33207	\$7,217.89	\$7,808.80	\$6,960.72
33208	\$7,391.11	\$7,996.21	\$7,127.77
33210	\$3,595.22	\$3,889.56	\$3,467.13
33211	\$5,547.05	\$6,001.18	\$5,349.42
33212	\$5,863.50	\$6,343.53	\$5,654.59
33213	\$7,290.69	\$7,887.56	\$7,030.93
33214	\$7,153.86	\$7,739.53	\$6,898.97
33215	\$1,268.13	\$1,371.95	\$1,222.95
33216	\$5,171.47	\$5,594.85	\$4,987.22
33217	\$6,309.83	\$6,826.40	\$6,085.02
33218	\$1,425.60	\$1,542.31	\$1,374.81
33220	\$2,010.99	\$2,175.62	\$1,939.34
33221	\$11,088.87	\$11,996.70	\$10,693.79
33222	\$775.26	\$838.73	\$747.64
33223	\$775.26	\$838.73	\$747.64
33224	\$7,410.84	\$8,017.55	\$7,146.80

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
33225	\$0.00	\$0.00	\$0.00
33226	\$1,268.13	\$1,371.95	\$1,222.95
33227	\$5,731.50	\$6,200.73	\$5,527.29
33228	\$7,218.77	\$7,809.75	\$6,961.57
33229	\$11,164.62	\$12,078.64	\$10,766.83
33230	\$18,863.68	\$20,408.01	\$18,191.59
33231	\$25,190.29	\$27,252.57	\$24,292.79
33233	\$5,061.29	\$5,475.65	\$4,880.96
33234	\$1,425.60	\$1,542.31	\$1,374.81
33235	\$1,845.18	\$1,996.24	\$1,779.43
33240	\$18,666.56	\$20,194.75	\$18,001.49
33241	\$1,425.60	\$1,542.31	\$1,374.81
33249	\$25,246.42	\$27,313.29	\$24,346.91
33262	\$18,440.98	\$19,950.71	\$17,783.95
33263	\$18,701.34	\$20,232.39	\$18,035.04
33264	\$25,282.90	\$27,352.76	\$24,382.10
33270	\$25,020.50	\$27,068.88	\$24,129.05
33271	\$5,918.76	\$6,403.32	\$5,707.89
33273	\$1,425.60	\$1,542.31	\$1,374.81
33274	\$10,522.17	\$11,383.60	\$10,147.28
33275	\$1,268.13	\$1,371.95	\$1,222.95
33285	\$6,293.29	\$6,808.51	\$6,069.07
33286	\$291.43	\$315.29	\$281.05
33419	\$0.00	\$0.00	\$0.00
33508	\$0.00	\$0.00	\$0.00
33866	\$0.00	\$0.00	\$0.00
34490	\$1,268.13	\$1,371.95	\$1,222.95
34713	\$0.00	\$0.00	\$0.00
34714	\$0.00	\$0.00	\$0.00
34715	\$0.00	\$0.00	\$0.00
34716	\$0.00	\$0.00	\$0.00
35188	\$2,195.26	\$2,374.99	\$2,117.05
35207	\$1,268.13	\$1,371.95	\$1,222.95
35572	\$0.00	\$0.00	\$0.00
35875	\$2,195.26	\$2,374.99	\$2,117.05
35876	\$2,195.26	\$2,374.99	\$2,117.05
36000	\$0.00	\$0.00	\$0.00
36002	\$301.23	\$325.89	\$290.49
36005	\$0.00	\$0.00	\$0.00
36010	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
36011	\$0.00	\$0.00	\$0.00
36012	\$0.00	\$0.00	\$0.00
36013	\$0.00	\$0.00	\$0.00
36014	\$0.00	\$0.00	\$0.00
36015	\$0.00	\$0.00	\$0.00
36100	\$0.00	\$0.00	\$0.00
36140	\$0.00	\$0.00	\$0.00
36160	\$0.00	\$0.00	\$0.00
36200	\$0.00	\$0.00	\$0.00
36215	\$0.00	\$0.00	\$0.00
36216	\$0.00	\$0.00	\$0.00
36217	\$0.00	\$0.00	\$0.00
36218	\$0.00	\$0.00	\$0.00
36221	\$0.00	\$0.00	\$0.00
36222	\$0.00	\$0.00	\$0.00
36223	\$0.00	\$0.00	\$0.00
36224	\$0.00	\$0.00	\$0.00
36226	\$0.00	\$0.00	\$0.00
36227	\$0.00	\$0.00	\$0.00
36228	\$0.00	\$0.00	\$0.00
36245	\$0.00	\$0.00	\$0.00
36246	\$0.00	\$0.00	\$0.00
36247	\$0.00	\$0.00	\$0.00
36248	\$0.00	\$0.00	\$0.00
36251	\$0.00	\$0.00	\$0.00
36252	\$0.00	\$0.00	\$0.00
36253	\$0.00	\$0.00	\$0.00
36254	\$0.00	\$0.00	\$0.00
36260	\$2,195.26	\$2,374.99	\$2,117.05
36261	\$2,484.99	\$2,688.43	\$2,396.46
36262	\$1,425.60	\$1,542.31	\$1,374.81
36400	\$0.00	\$0.00	\$0.00
36405	\$0.00	\$0.00	\$0.00
36406	\$0.00	\$0.00	\$0.00
36410	\$0.00	\$0.00	\$0.00
36416	\$0.00	\$0.00	\$0.00
36420	\$0.00	\$0.00	\$0.00
36425	\$0.00	\$0.00	\$0.00
36430	\$33.10	\$35.81	\$31.92
36440	\$185.38	\$200.56	\$178.78

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
36450	\$185.38	\$200.56	\$178.78
36455	\$185.38	\$200.56	\$178.78
36465	\$775.26	\$838.73	\$747.64
36466	\$775.26	\$838.73	\$747.64
36468	\$0.00	\$0.00	\$0.00
36470	\$75.75	\$81.95	\$73.05
36471	\$130.01	\$140.65	\$125.37
36473	\$1,236.95	\$1,338.21	\$1,192.88
36474	\$0.00	\$0.00	\$0.00
36475	\$1,268.13	\$1,371.95	\$1,222.95
36476	\$0.00	\$0.00	\$0.00
36478	\$1,268.13	\$1,371.95	\$1,222.95
36479	\$0.00	\$0.00	\$0.00
36481	\$0.00	\$0.00	\$0.00
36482	\$1,701.36	\$1,840.64	\$1,640.74
36500	\$0.00	\$0.00	\$0.00
36510	\$0.00	\$0.00	\$0.00
36511	\$632.36	\$684.13	\$609.83
36512	\$632.36	\$684.13	\$609.83
36513	\$185.38	\$200.56	\$178.78
36514	\$632.36	\$684.13	\$609.83
36516	\$1,824.21	\$1,973.56	\$1,759.22
36522	\$1,824.21	\$1,973.56	\$1,759.22
36555	\$548.30	\$593.19	\$528.77
36556	\$548.30	\$593.19	\$528.77
36557	\$2,195.26	\$2,374.99	\$2,117.05
36558	\$1,268.13	\$1,371.95	\$1,222.95
36560	\$1,268.13	\$1,371.95	\$1,222.95
36561	\$1,268.13	\$1,371.95	\$1,222.95
36563	\$2,195.26	\$2,374.99	\$2,117.05
36565	\$1,268.13	\$1,371.95	\$1,222.95
36566	\$2,195.26	\$2,374.99	\$2,117.05
36568	\$301.23	\$325.89	\$290.49
36569	\$548.30	\$593.19	\$528.77
36570	\$1,268.13	\$1,371.95	\$1,222.95
36571	\$1,268.13	\$1,371.95	\$1,222.95
36572	\$301.23	\$325.89	\$290.49
36573	\$548.30	\$593.19	\$528.77
36575	\$301.23	\$325.89	\$290.49
36576	\$548.30	\$593.19	\$528.77

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
36578	\$1,268.13	\$1,371.95	\$1,222.95
36580	\$548.30	\$593.19	\$528.77
36581	\$1,268.13	\$1,371.95	\$1,222.95
36582	\$1,268.13	\$1,371.95	\$1,222.95
36583	\$3,958.78	\$4,282.87	\$3,817.73
36584	\$548.30	\$593.19	\$528.77
36585	\$1,268.13	\$1,371.95	\$1,222.95
36589	\$301.23	\$325.89	\$290.49
36590	\$301.23	\$325.89	\$290.49
36591	\$0.00	\$0.00	\$0.00
36592	\$0.00	\$0.00	\$0.00
36593	\$29.69	\$32.12	\$28.63
36595	\$1,268.13	\$1,371.95	\$1,222.95
36597	\$548.30	\$593.19	\$528.77
36598	\$87.78	\$94.97	\$84.65
36600	\$0.00	\$0.00	\$0.00
36620	\$0.00	\$0.00	\$0.00
36625	\$0.00	\$0.00	\$0.00
36640	\$1,268.13	\$1,371.95	\$1,222.95
36680	\$0.00	\$0.00	\$0.00
36800	\$2,195.26	\$2,374.99	\$2,117.05
36810	\$1,268.13	\$1,371.95	\$1,222.95
36815	\$2,195.26	\$2,374.99	\$2,117.05
36818	\$2,195.26	\$2,374.99	\$2,117.05
36819	\$2,195.26	\$2,374.99	\$2,117.05
36820	\$2,195.26	\$2,374.99	\$2,117.05
36821	\$1,268.13	\$1,371.95	\$1,222.95
36825	\$2,195.26	\$2,374.99	\$2,117.05
36830	\$2,195.26	\$2,374.99	\$2,117.05
36831	\$2,195.26	\$2,374.99	\$2,117.05
36832	\$2,195.26	\$2,374.99	\$2,117.05
36833	\$2,195.26	\$2,374.99	\$2,117.05
36835	\$1,890.66	\$2,045.45	\$1,823.30
36860	\$301.23	\$325.89	\$290.49
36861	\$2,195.26	\$2,374.99	\$2,117.05
36901	\$542.20	\$586.59	\$522.89
36902	\$2,025.01	\$2,190.79	\$1,952.86
36903	\$5,974.69	\$6,463.83	\$5,761.82
36904	\$2,718.53	\$2,941.09	\$2,621.67
36905	\$3,954.96	\$4,278.74	\$3,814.05

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
36906	\$9,627.28	\$10,415.44	\$9,284.27
36907	\$0.00	\$0.00	\$0.00
36908	\$0.00	\$0.00	\$0.00
36909	\$0.00	\$0.00	\$0.00
37184	\$6,079.24	\$6,576.94	\$5,862.65
37185	\$0.00	\$0.00	\$0.00
37186	\$0.00	\$0.00	\$0.00
37187	\$2,933.85	\$3,174.04	\$2,829.32
37188	\$1,268.13	\$1,371.95	\$1,222.95
37197	\$1,268.13	\$1,371.95	\$1,222.95
37200	\$2,195.26	\$2,374.99	\$2,117.05
37212	\$1,268.13	\$1,371.95	\$1,222.95
37220	\$2,025.01	\$2,190.79	\$1,952.86
37221	\$5,843.04	\$6,321.40	\$5,634.86
37222	\$0.00	\$0.00	\$0.00
37223	\$0.00	\$0.00	\$0.00
37224	\$2,949.90	\$3,191.41	\$2,844.80
37225	\$6,311.57	\$6,828.29	\$6,086.70
37226	\$6,093.57	\$6,592.44	\$5,876.46
37227	\$10,345.34	\$11,192.29	\$9,976.74
37228	\$5,361.34	\$5,800.26	\$5,170.32
37229	\$9,726.08	\$10,522.34	\$9,379.55
37230	\$9,551.13	\$10,333.06	\$9,210.83
37231	\$10,069.06	\$10,893.40	\$9,710.31
37232	\$0.00	\$0.00	\$0.00
37233	\$0.00	\$0.00	\$0.00
37234	\$0.00	\$0.00	\$0.00
37235	\$0.00	\$0.00	\$0.00
37236	\$5,621.16	\$6,081.35	\$5,420.88
37237	\$0.00	\$0.00	\$0.00
37238	\$5,856.59	\$6,336.06	\$5,647.92
37239	\$0.00	\$0.00	\$0.00
37241	\$3,954.96	\$4,278.74	\$3,814.05
37242	\$5,764.43	\$6,236.35	\$5,559.05
37243	\$3,954.96	\$4,278.74	\$3,814.05
37246	\$2,025.01	\$2,190.79	\$1,952.86
37247	\$0.00	\$0.00	\$0.00
37248	\$2,025.01	\$2,190.79	\$1,952.86
37249	\$0.00	\$0.00	\$0.00
37252	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
37253	\$0.00	\$0.00	\$0.00
37500	\$2,195.26	\$2,374.99	\$2,117.05
37607	\$1,268.13	\$1,371.95	\$1,222.95
37609	\$544.98	\$589.59	\$525.56
37650	\$1,268.13	\$1,371.95	\$1,222.95
37700	\$1,268.13	\$1,371.95	\$1,222.95
37718	\$1,268.13	\$1,371.95	\$1,222.95
37722	\$1,268.13	\$1,371.95	\$1,222.95
37735	\$1,268.13	\$1,371.95	\$1,222.95
37761	\$548.30	\$593.19	\$528.77
37765	\$234.43	\$253.62	\$226.07
37766	\$258.31	\$279.46	\$249.11
37780	\$548.30	\$593.19	\$528.77
37785	\$1,268.13	\$1,371.95	\$1,222.95
37790	\$1,301.92	\$1,408.51	\$1,255.54
38200	\$0.00	\$0.00	\$0.00
38204	\$0.00	\$0.00	\$0.00
38206	\$632.36	\$684.13	\$609.83
38220	\$115.67	\$125.14	\$111.55
38221	\$105.78	\$114.44	\$102.01
38222	\$940.15	\$1,017.11	\$906.65
38230	\$632.36	\$684.13	\$609.83
38232	\$1,824.21	\$1,973.56	\$1,759.22
38241	\$632.36	\$684.13	\$609.83
38242	\$632.36	\$684.13	\$609.83
38243	\$632.36	\$684.13	\$609.83
38300	\$940.15	\$1,017.11	\$906.65
38305	\$940.15	\$1,017.11	\$906.65
38308	\$1,057.48	\$1,144.06	\$1,019.80
38500	\$1,057.48	\$1,144.06	\$1,019.80
38505	\$544.98	\$589.59	\$525.56
38510	\$1,057.48	\$1,144.06	\$1,019.80
38520	\$1,057.48	\$1,144.06	\$1,019.80
38525	\$1,057.48	\$1,144.06	\$1,019.80
38530	\$1,057.48	\$1,144.06	\$1,019.80
38542	\$2,074.49	\$2,244.32	\$2,000.57
38550	\$1,057.48	\$1,144.06	\$1,019.80
38555	\$2,073.73	\$2,243.50	\$1,999.85
38570	\$2,074.49	\$2,244.32	\$2,000.57
38571	\$3,392.99	\$3,670.77	\$3,272.10

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
38572	\$3,392.99	\$3,670.77	\$3,272.10
38573	\$3,392.99	\$3,670.77	\$3,272.10
38700	\$2,073.73	\$2,243.50	\$1,999.85
38740	\$2,074.49	\$2,244.32	\$2,000.57
38745	\$2,074.49	\$2,244.32	\$2,000.57
38760	\$2,073.73	\$2,243.50	\$1,999.85
38790	\$0.00	\$0.00	\$0.00
38792	N/A	\$0.00	N/A
38794	\$0.00	\$0.00	\$0.00
38900	\$0.00	\$0.00	\$0.00
40490	\$75.75	\$81.95	\$73.05
40500	\$997.56	\$1,079.22	\$962.01
40510	\$997.56	\$1,079.22	\$962.01
40520	\$997.56	\$1,079.22	\$962.01
40525	\$997.56	\$1,079.22	\$962.01
40527	\$2,124.11	\$2,298.00	\$2,048.43
40530	\$997.56	\$1,079.22	\$962.01
40650	\$211.03	\$228.30	\$203.51
40652	\$211.03	\$228.30	\$203.51
40654	\$507.35	\$548.89	\$489.28
40700	\$2,124.11	\$2,298.00	\$2,048.43
40701	\$2,124.11	\$2,298.00	\$2,048.43
40702	\$2,124.11	\$2,298.00	\$2,048.43
40720	\$997.56	\$1,079.22	\$962.01
40761	\$2,124.11	\$2,298.00	\$2,048.43
40800	\$157.30	\$170.18	\$151.70
40801	\$211.03	\$228.30	\$203.51
40804	\$0.00	\$0.00	\$0.00
40805	\$185.97	\$201.19	\$179.34
40806	\$84.62	\$91.55	\$81.61
40808	\$115.33	\$124.77	\$111.22
40810	\$153.21	\$165.75	\$147.75
40812	\$189.72	\$205.26	\$182.96
40814	\$997.56	\$1,079.22	\$962.01
40816	\$997.56	\$1,079.22	\$962.01
40818	\$211.03	\$228.30	\$203.51
40819	\$507.35	\$548.89	\$489.28
40820	\$203.03	\$219.65	\$195.79
40830	\$97.28	\$105.25	\$93.82
40831	\$211.03	\$228.30	\$203.51

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
40840	\$2,124.11	\$2,298.00	\$2,048.43
40842	\$2,124.11	\$2,298.00	\$2,048.43
40843	\$2,124.11	\$2,298.00	\$2,048.43
40844	\$2,124.11	\$2,298.00	\$2,048.43
40845	\$2,124.11	\$2,298.00	\$2,048.43
41000	\$103.73	\$112.22	\$100.03
41006	\$507.35	\$548.89	\$489.28
41007	\$507.35	\$548.89	\$489.28
41008	\$997.56	\$1,079.22	\$962.01
41009	\$211.03	\$228.30	\$203.51
41010	\$507.35	\$548.89	\$489.28
41015	\$211.03	\$228.30	\$203.51
41016	\$2,124.11	\$2,298.00	\$2,048.43
41017	\$997.56	\$1,079.22	\$962.01
41018	\$507.35	\$548.89	\$489.28
41019	\$2,124.11	\$2,298.00	\$2,048.43
41100	\$116.01	\$125.51	\$111.88
41105	\$116.01	\$125.51	\$111.88
41108	\$109.20	\$118.14	\$105.30
41110	\$154.23	\$166.86	\$148.73
41112	\$997.56	\$1,079.22	\$962.01
41113	\$997.56	\$1,079.22	\$962.01
41114	\$997.56	\$1,079.22	\$962.01
41115	\$177.78	\$192.34	\$171.45
41116	\$997.56	\$1,079.22	\$962.01
41120	\$2,124.11	\$2,298.00	\$2,048.43
41250	\$0.00	\$0.00	\$0.00
41251	\$97.28	\$105.25	\$93.82
41252	\$97.28	\$105.25	\$93.82
41510	\$997.56	\$1,079.22	\$962.01
41512	\$2,124.11	\$2,298.00	\$2,048.43
41520	\$997.56	\$1,079.22	\$962.01
41530	\$789.59	\$854.24	\$761.46
41800	\$0.00	\$0.00	\$0.00
41805	\$238.52	\$258.05	\$230.02
41806	\$286.29	\$309.72	\$276.09
41820	\$997.56	\$1,079.22	\$962.01
41821	\$507.35	\$548.89	\$489.28
41822	\$240.22	\$259.89	\$231.66
41823	\$345.66	\$373.96	\$333.35

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
41825	\$158.67	\$171.66	\$153.02
41826	\$214.97	\$232.57	\$207.31
41827	\$2,124.11	\$2,298.00	\$2,048.43
41828	\$213.95	\$231.46	\$206.32
41850	\$507.35	\$548.89	\$489.28
41870	\$507.35	\$548.89	\$489.28
41872	\$316.66	\$342.58	\$305.37
41874	\$262.40	\$283.89	\$253.05
42000	\$97.28	\$105.25	\$93.82
42100	\$92.13	\$99.67	\$88.85
42104	\$146.38	\$158.37	\$141.17
42106	\$178.80	\$193.44	\$172.43
42107	\$2,124.11	\$2,298.00	\$2,048.43
42120	\$2,124.11	\$2,298.00	\$2,048.43
42140	\$997.56	\$1,079.22	\$962.01
42145	\$2,124.11	\$2,298.00	\$2,048.43
42160	\$157.64	\$170.55	\$152.03
42180	\$211.03	\$228.30	\$203.51
42182	\$2,124.11	\$2,298.00	\$2,048.43
42200	\$2,124.11	\$2,298.00	\$2,048.43
42205	\$997.56	\$1,079.22	\$962.01
42210	\$2,124.11	\$2,298.00	\$2,048.43
42215	\$2,124.11	\$2,298.00	\$2,048.43
42220	\$2,124.11	\$2,298.00	\$2,048.43
42225	\$2,124.11	\$2,298.00	\$2,048.43
42226	\$2,124.11	\$2,298.00	\$2,048.43
42227	\$2,124.11	\$2,298.00	\$2,048.43
42235	\$2,124.11	\$2,298.00	\$2,048.43
42260	\$2,124.11	\$2,298.00	\$2,048.43
42280	\$114.65	\$124.04	\$110.57
42281	\$2,124.11	\$2,298.00	\$2,048.43
42300	\$507.35	\$548.89	\$489.28
42305	\$997.56	\$1,079.22	\$962.01
42310	\$211.03	\$228.30	\$203.51
42320	\$211.03	\$228.30	\$203.51
42330	\$138.87	\$150.24	\$133.93
42335	\$262.06	\$283.52	\$252.73
42340	\$997.56	\$1,079.22	\$962.01
42400	\$70.98	\$76.79	\$68.45
42405	\$507.35	\$548.89	\$489.28

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
42408	\$997.56	\$1,079.22	\$962.01
42409	\$997.56	\$1,079.22	\$962.01
42415	\$2,124.11	\$2,298.00	\$2,048.43
42420	\$2,124.11	\$2,298.00	\$2,048.43
42425	\$2,124.11	\$2,298.00	\$2,048.43
42440	\$2,124.11	\$2,298.00	\$2,048.43
42450	\$2,124.11	\$2,298.00	\$2,048.43
42500	\$2,124.11	\$2,298.00	\$2,048.43
42505	\$2,124.11	\$2,298.00	\$2,048.43
42507	\$2,124.11	\$2,298.00	\$2,048.43
42509	\$2,124.11	\$2,298.00	\$2,048.43
42510	\$997.56	\$1,079.22	\$962.01
42550	\$0.00	\$0.00	\$0.00
42600	\$997.56	\$1,079.22	\$962.01
42650	\$46.75	\$50.57	\$45.08
42660	\$71.32	\$77.16	\$68.78
42665	\$997.56	\$1,079.22	\$962.01
42700	\$97.28	\$105.25	\$93.82
42720	\$997.56	\$1,079.22	\$962.01
42725	\$2,124.11	\$2,298.00	\$2,048.43
42800	\$97.59	\$105.58	\$94.12
42804	\$997.56	\$1,079.22	\$962.01
42806	\$997.56	\$1,079.22	\$962.01
42808	\$997.56	\$1,079.22	\$962.01
42809	\$0.00	\$0.00	\$0.00
42810	\$997.56	\$1,079.22	\$962.01
42815	\$2,124.11	\$2,298.00	\$2,048.43
42820	\$2,124.11	\$2,298.00	\$2,048.43
42821	\$997.56	\$1,079.22	\$962.01
42825	\$2,124.11	\$2,298.00	\$2,048.43
42826	\$997.56	\$1,079.22	\$962.01
42830	\$997.56	\$1,079.22	\$962.01
42831	\$997.56	\$1,079.22	\$962.01
42835	\$997.56	\$1,079.22	\$962.01
42836	\$997.56	\$1,079.22	\$962.01
42860	\$997.56	\$1,079.22	\$962.01
42870	\$2,124.11	\$2,298.00	\$2,048.43
42890	\$2,124.11	\$2,298.00	\$2,048.43
42892	\$2,124.11	\$2,298.00	\$2,048.43
42900	\$507.35	\$548.89	\$489.28

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
42955	\$507.35	\$548.89	\$489.28
42960	\$211.03	\$228.30	\$203.51
42962	\$997.56	\$1,079.22	\$962.01
42970	\$97.28	\$105.25	\$93.82
42972	\$997.56	\$1,079.22	\$962.01
43030	\$2,124.11	\$2,298.00	\$2,048.43
43130	\$2,124.11	\$2,298.00	\$2,048.43
43180	\$2,124.11	\$2,298.00	\$2,048.43
43191	\$626.92	\$678.25	\$604.58
43192	\$626.92	\$678.25	\$604.58
43193	\$626.92	\$678.25	\$604.58
43194	\$626.92	\$678.25	\$604.58
43195	\$1,234.95	\$1,336.05	\$1,190.95
43196	\$1,234.95	\$1,336.05	\$1,190.95
43197	\$127.96	\$138.44	\$123.40
43198	\$136.49	\$147.67	\$131.63
43200	\$375.48	\$406.22	\$362.10
43201	\$626.92	\$678.25	\$604.58
43202	\$626.92	\$678.25	\$604.58
43204	\$626.92	\$678.25	\$604.58
43205	\$626.92	\$678.25	\$604.58
43206	\$626.92	\$678.25	\$604.58
43210	\$3,392.99	\$3,670.77	\$3,272.10
43211	\$626.92	\$678.25	\$604.58
43212	\$2,954.28	\$3,196.14	\$2,849.02
43213	\$626.92	\$678.25	\$604.58
43214	\$626.92	\$678.25	\$604.58
43215	\$626.92	\$678.25	\$604.58
43216	\$626.92	\$678.25	\$604.58
43217	\$626.92	\$678.25	\$604.58
43220	\$626.92	\$678.25	\$604.58
43226	\$626.92	\$678.25	\$604.58
43227	\$626.92	\$678.25	\$604.58
43229	\$1,234.95	\$1,336.05	\$1,190.95
43231	\$626.92	\$678.25	\$604.58
43232	\$626.92	\$678.25	\$604.58
43233	\$626.92	\$678.25	\$604.58
43235	\$375.48	\$406.22	\$362.10
43237	\$626.92	\$678.25	\$604.58
43238	\$626.92	\$678.25	\$604.58

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
43239	\$375.48	\$406.22	\$362.10
43240	\$1,860.30	\$2,012.60	\$1,794.02
43241	\$626.92	\$678.25	\$604.58
43242	\$626.92	\$678.25	\$604.58
43243	\$626.92	\$678.25	\$604.58
43244	\$626.92	\$678.25	\$604.58
43245	\$626.92	\$678.25	\$604.58
43246	\$626.92	\$678.25	\$604.58
43247	\$375.48	\$406.22	\$362.10
43248	\$375.48	\$406.22	\$362.10
43249	\$626.92	\$678.25	\$604.58
43250	\$626.92	\$678.25	\$604.58
43251	\$626.92	\$678.25	\$604.58
43252	\$1,234.95	\$1,336.05	\$1,190.95
43253	\$626.92	\$678.25	\$604.58
43254	\$626.92	\$678.25	\$604.58
43255	\$626.92	\$678.25	\$604.58
43257	\$1,234.95	\$1,336.05	\$1,190.95
43259	\$626.92	\$678.25	\$604.58
43260	\$1,234.95	\$1,336.05	\$1,190.95
43261	\$1,234.95	\$1,336.05	\$1,190.95
43262	\$1,234.95	\$1,336.05	\$1,190.95
43263	\$1,234.95	\$1,336.05	\$1,190.95
43264	\$1,234.95	\$1,336.05	\$1,190.95
43265	\$1,853.71	\$2,005.47	\$1,787.67
43266	\$2,992.76	\$3,237.77	\$2,886.13
43270	\$626.92	\$678.25	\$604.58
43273	\$0.00	\$0.00	\$0.00
43274	\$1,853.71	\$2,005.47	\$1,787.67
43275	\$1,234.95	\$1,336.05	\$1,190.95
43276	\$1,853.71	\$2,005.47	\$1,787.67
43277	\$1,234.95	\$1,336.05	\$1,190.95
43278	\$1,234.95	\$1,336.05	\$1,190.95
43284	\$4,842.70	\$5,239.17	\$4,670.16
43285	\$2,074.49	\$2,244.32	\$2,000.57
43450	\$375.48	\$406.22	\$362.10
43653	\$2,074.49	\$2,244.32	\$2,000.57
43752	\$173.71	\$187.93	\$167.52
43753	\$0.00	\$0.00	\$0.00
43754	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
43755	\$66.10	\$71.51	\$63.74
43756	\$375.48	\$406.22	\$362.10
43757	\$375.48	\$406.22	\$362.10
43761	\$112.22	\$121.41	\$108.22
43762	\$112.22	\$121.41	\$108.22
43763	\$112.22	\$121.41	\$108.22
43870	\$1,234.95	\$1,336.05	\$1,190.95
43886	\$1,422.39	\$1,538.83	\$1,371.71
43887	\$775.26	\$838.73	\$747.64
43888	\$1,422.39	\$1,538.83	\$1,371.71
44100	\$375.48	\$406.22	\$362.10
44312	\$1,422.39	\$1,538.83	\$1,371.71
44340	\$1,422.39	\$1,538.83	\$1,371.71
44360	\$626.92	\$678.25	\$604.58
44361	\$626.92	\$678.25	\$604.58
44363	\$626.92	\$678.25	\$604.58
44364	\$626.92	\$678.25	\$604.58
44365	\$626.92	\$678.25	\$604.58
44366	\$626.92	\$678.25	\$604.58
44369	\$626.92	\$678.25	\$604.58
44370	\$2,995.85	\$3,241.11	\$2,889.11
44372	\$626.92	\$678.25	\$604.58
44373	\$626.92	\$678.25	\$604.58
44376	\$626.92	\$678.25	\$604.58
44377	\$626.92	\$678.25	\$604.58
44378	\$626.92	\$678.25	\$604.58
44379	\$1,853.71	\$2,005.47	\$1,787.67
44380	\$375.48	\$406.22	\$362.10
44381	\$626.92	\$678.25	\$604.58
44382	\$375.48	\$406.22	\$362.10
44384	\$1,234.95	\$1,336.05	\$1,190.95
44385	\$364.94	\$394.82	\$351.94
44386	\$364.94	\$394.82	\$351.94
44388	\$364.94	\$394.82	\$351.94
44390	\$364.94	\$394.82	\$351.94
44391	\$479.76	\$519.04	\$462.67
44392	\$479.76	\$519.04	\$462.67
44394	\$479.76	\$519.04	\$462.67
44401	\$479.76	\$519.04	\$462.67
44402	\$2,783.14	\$3,010.99	\$2,683.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
44403	\$479.76	\$519.04	\$462.67
44404	\$479.76	\$519.04	\$462.67
44405	\$479.76	\$519.04	\$462.67
44406	\$479.76	\$519.04	\$462.67
44407	\$479.76	\$519.04	\$462.67
44408	\$364.94	\$394.82	\$351.94
44500	\$375.48	\$406.22	\$362.10
44701	\$0.00	\$0.00	\$0.00
45000	\$479.76	\$519.04	\$462.67
45005	\$479.76	\$519.04	\$462.67
45020	\$1,040.24	\$1,125.40	\$1,003.17
45100	\$1,040.24	\$1,125.40	\$1,003.17
45108	\$1,040.24	\$1,125.40	\$1,003.17
45150	\$479.76	\$519.04	\$462.67
45160	\$1,040.24	\$1,125.40	\$1,003.17
45171	\$1,040.24	\$1,125.40	\$1,003.17
45172	\$1,040.24	\$1,125.40	\$1,003.17
45190	\$1,040.24	\$1,125.40	\$1,003.17
45300	\$89.06	\$96.35	\$85.88
45303	\$479.76	\$519.04	\$462.67
45305	\$479.76	\$519.04	\$462.67
45307	\$1,040.24	\$1,125.40	\$1,003.17
45308	\$1,040.24	\$1,125.40	\$1,003.17
45309	\$479.76	\$519.04	\$462.67
45315	\$479.76	\$519.04	\$462.67
45317	\$479.76	\$519.04	\$462.67
45320	\$1,040.24	\$1,125.40	\$1,003.17
45321	\$1,040.24	\$1,125.40	\$1,003.17
45327	\$2,399.10	\$2,595.51	\$2,313.63
45330	\$137.51	\$148.77	\$132.61
45331	\$364.94	\$394.82	\$351.94
45332	\$479.76	\$519.04	\$462.67
45334	\$479.76	\$519.04	\$462.67
45335	\$364.94	\$394.82	\$351.94
45337	\$364.94	\$394.82	\$351.94
45338	\$479.76	\$519.04	\$462.67
45340	\$479.76	\$519.04	\$462.67
45341	\$364.94	\$394.82	\$351.94
45342	\$479.76	\$519.04	\$462.67
45346	\$479.76	\$519.04	\$462.67

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
45347	\$3,070.26	\$3,321.61	\$2,960.87
45349	\$1,040.24	\$1,125.40	\$1,003.17
45350	\$479.76	\$519.04	\$462.67
45378	\$364.94	\$394.82	\$351.94
45379	\$479.76	\$519.04	\$462.67
45380	\$479.76	\$519.04	\$462.67
45381	\$479.76	\$519.04	\$462.67
45382	\$479.76	\$519.04	\$462.67
45384	\$479.76	\$519.04	\$462.67
45385	\$479.76	\$519.04	\$462.67
45386	\$479.76	\$519.04	\$462.67
45388	\$479.76	\$519.04	\$462.67
45389	\$2,961.91	\$3,204.40	\$2,856.38
45390	\$1,040.24	\$1,125.40	\$1,003.17
45391	\$479.76	\$519.04	\$462.67
45392	\$479.76	\$519.04	\$462.67
45393	\$479.76	\$519.04	\$462.67
45398	\$479.76	\$519.04	\$462.67
45500	\$1,040.24	\$1,125.40	\$1,003.17
45505	\$1,040.24	\$1,125.40	\$1,003.17
45520	\$0.00	\$0.00	\$0.00
45541	\$1,040.24	\$1,125.40	\$1,003.17
45560	\$1,040.24	\$1,125.40	\$1,003.17
45900	\$364.94	\$394.82	\$351.94
45905	\$479.76	\$519.04	\$462.67
45910	\$479.76	\$519.04	\$462.67
45915	\$479.76	\$519.04	\$462.67
45990	\$1,040.24	\$1,125.40	\$1,003.17
46020	\$1,040.24	\$1,125.40	\$1,003.17
46030	\$479.76	\$519.04	\$462.67
46045	\$1,040.24	\$1,125.40	\$1,003.17
46050	\$364.94	\$394.82	\$351.94
46060	\$1,040.24	\$1,125.40	\$1,003.17
46070	\$1,040.24	\$1,125.40	\$1,003.17
46080	\$1,040.24	\$1,125.40	\$1,003.17
46083	\$112.22	\$121.41	\$108.22
46200	\$1,040.24	\$1,125.40	\$1,003.17
46220	\$479.76	\$519.04	\$462.67
46221	\$176.07	\$190.48	\$169.80
46230	\$1,040.24	\$1,125.40	\$1,003.17

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
46250	\$1,040.24	\$1,125.40	\$1,003.17
46255	\$1,040.24	\$1,125.40	\$1,003.17
46257	\$1,040.24	\$1,125.40	\$1,003.17
46258	\$1,040.24	\$1,125.40	\$1,003.17
46260	\$1,040.24	\$1,125.40	\$1,003.17
46261	\$1,040.24	\$1,125.40	\$1,003.17
46262	\$1,040.24	\$1,125.40	\$1,003.17
46270	\$1,040.24	\$1,125.40	\$1,003.17
46275	\$1,040.24	\$1,125.40	\$1,003.17
46280	\$1,040.24	\$1,125.40	\$1,003.17
46285	\$1,040.24	\$1,125.40	\$1,003.17
46288	\$1,040.24	\$1,125.40	\$1,003.17
46320	\$127.27	\$137.69	\$122.74
46500	\$222.83	\$241.07	\$214.89
46505	\$479.76	\$519.04	\$462.67
46600	\$0.00	\$0.00	\$0.00
46601	\$0.00	\$0.00	\$0.00
46604	\$479.76	\$519.04	\$462.67
46606	\$202.01	\$218.54	\$194.81
46607	\$479.76	\$519.04	\$462.67
46608	\$364.94	\$394.82	\$351.94
46610	\$1,040.24	\$1,125.40	\$1,003.17
46611	\$364.94	\$394.82	\$351.94
46612	\$1,040.24	\$1,125.40	\$1,003.17
46614	\$104.41	\$112.96	\$100.69
46615	\$1,040.24	\$1,125.40	\$1,003.17
46700	\$1,040.24	\$1,125.40	\$1,003.17
46706	\$1,040.24	\$1,125.40	\$1,003.17
46750	\$1,040.24	\$1,125.40	\$1,003.17
46753	\$1,040.24	\$1,125.40	\$1,003.17
46754	\$1,040.24	\$1,125.40	\$1,003.17
46760	\$1,040.24	\$1,125.40	\$1,003.17
46761	\$1,040.24	\$1,125.40	\$1,003.17
46900	\$152.65	\$165.15	\$147.21
46910	\$176.75	\$191.22	\$170.45
46916	\$83.48	\$90.31	\$80.50
46917	\$1,040.24	\$1,125.40	\$1,003.17
46922	\$1,040.24	\$1,125.40	\$1,003.17
46924	\$1,040.24	\$1,125.40	\$1,003.17
46930	\$146.38	\$158.37	\$141.17

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
46940	\$149.45	\$161.69	\$144.13
46942	\$149.11	\$161.32	\$143.80
46945	\$1,040.24	\$1,125.40	\$1,003.17
46946	\$1,040.24	\$1,125.40	\$1,003.17
46947	\$1,040.24	\$1,125.40	\$1,003.17
46948	\$1,040.24	\$1,125.40	\$1,003.17
47000	\$544.98	\$589.59	\$525.56
47001	\$0.00	\$0.00	\$0.00
47382	\$2,074.49	\$2,244.32	\$2,000.57
47383	\$2,933.43	\$3,173.59	\$2,828.92
47531	\$0.00	\$0.00	\$0.00
47532	\$0.00	\$0.00	\$0.00
47533	\$1,302.15	\$1,408.75	\$1,255.75
47534	\$1,302.15	\$1,408.75	\$1,255.75
47535	\$1,302.15	\$1,408.75	\$1,255.75
47536	\$1,302.15	\$1,408.75	\$1,255.75
47537	\$375.48	\$406.22	\$362.10
47538	\$3,147.92	\$3,405.63	\$3,035.76
47539	\$2,074.49	\$2,244.32	\$2,000.57
47540	\$2,949.28	\$3,190.73	\$2,844.20
47541	\$1,302.15	\$1,408.75	\$1,255.75
47542	\$0.00	\$0.00	\$0.00
47543	\$0.00	\$0.00	\$0.00
47544	\$0.00	\$0.00	\$0.00
47552	\$1,302.15	\$1,408.75	\$1,255.75
47553	\$1,302.15	\$1,408.75	\$1,255.75
47555	\$1,302.15	\$1,408.75	\$1,255.75
47556	\$3,074.79	\$3,326.52	\$2,965.24
47562	\$2,074.49	\$2,244.32	\$2,000.57
47563	\$2,074.49	\$2,244.32	\$2,000.57
47564	\$2,074.49	\$2,244.32	\$2,000.57
48102	\$544.98	\$589.59	\$525.56
49082	\$375.48	\$406.22	\$362.10
49083	\$375.48	\$406.22	\$362.10
49084	\$375.48	\$406.22	\$362.10
49180	\$544.98	\$589.59	\$525.56
49250	\$1,302.15	\$1,408.75	\$1,255.75
49320	\$2,074.49	\$2,244.32	\$2,000.57
49321	\$2,074.49	\$2,244.32	\$2,000.57
49322	\$2,074.49	\$2,244.32	\$2,000.57

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
49324	\$2,074.49	\$2,244.32	\$2,000.57
49325	\$2,074.49	\$2,244.32	\$2,000.57
49326	\$0.00	\$0.00	\$0.00
49327	\$0.00	\$0.00	\$0.00
49400	\$0.00	\$0.00	\$0.00
49402	\$1,302.15	\$1,408.75	\$1,255.75
49406	\$544.98	\$589.59	\$525.56
49407	\$544.98	\$589.59	\$525.56
49411	\$342.93	\$371.01	\$330.71
49418	\$1,302.15	\$1,408.75	\$1,255.75
49419	\$2,195.26	\$2,374.99	\$2,117.05
49421	\$1,302.15	\$1,408.75	\$1,255.75
49422	\$1,268.13	\$1,371.95	\$1,222.95
49423	\$626.92	\$678.25	\$604.58
49424	\$0.00	\$0.00	\$0.00
49426	\$1,302.15	\$1,408.75	\$1,255.75
49427	\$0.00	\$0.00	\$0.00
49429	\$1,268.13	\$1,371.95	\$1,222.95
49435	\$0.00	\$0.00	\$0.00
49436	\$626.92	\$678.25	\$604.58
49440	\$626.92	\$678.25	\$604.58
49441	\$626.92	\$678.25	\$604.58
49442	\$479.76	\$519.04	\$462.67
49446	\$626.92	\$678.25	\$604.58
49450	\$375.48	\$406.22	\$362.10
49451	\$375.48	\$406.22	\$362.10
49452	\$375.48	\$406.22	\$362.10
49460	\$375.48	\$406.22	\$362.10
49465	\$111.33	\$120.45	\$107.37
49495	\$1,302.15	\$1,408.75	\$1,255.75
49496	\$1,302.15	\$1,408.75	\$1,255.75
49500	\$1,302.15	\$1,408.75	\$1,255.75
49501	\$1,302.15	\$1,408.75	\$1,255.75
49505	\$1,302.15	\$1,408.75	\$1,255.75
49507	\$1,302.15	\$1,408.75	\$1,255.75
49520	\$1,302.15	\$1,408.75	\$1,255.75
49521	\$1,302.15	\$1,408.75	\$1,255.75
49525	\$1,302.15	\$1,408.75	\$1,255.75
49540	\$2,074.49	\$2,244.32	\$2,000.57
49550	\$1,302.15	\$1,408.75	\$1,255.75

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
49553	\$1,302.15	\$1,408.75	\$1,255.75
49555	\$1,302.15	\$1,408.75	\$1,255.75
49557	\$1,302.15	\$1,408.75	\$1,255.75
49560	\$1,302.15	\$1,408.75	\$1,255.75
49561	\$1,302.15	\$1,408.75	\$1,255.75
49565	\$2,074.49	\$2,244.32	\$2,000.57
49566	\$2,074.49	\$2,244.32	\$2,000.57
49568	\$0.00	\$0.00	\$0.00
49570	\$1,302.15	\$1,408.75	\$1,255.75
49572	\$1,302.15	\$1,408.75	\$1,255.75
49580	\$1,302.15	\$1,408.75	\$1,255.75
49582	\$1,302.15	\$1,408.75	\$1,255.75
49585	\$1,302.15	\$1,408.75	\$1,255.75
49587	\$1,302.15	\$1,408.75	\$1,255.75
49590	\$1,302.15	\$1,408.75	\$1,255.75
49600	\$1,302.15	\$1,408.75	\$1,255.75
49650	\$2,074.49	\$2,244.32	\$2,000.57
49651	\$2,074.49	\$2,244.32	\$2,000.57
49652	\$2,074.49	\$2,244.32	\$2,000.57
49653	\$2,074.49	\$2,244.32	\$2,000.57
49654	\$3,392.99	\$3,670.77	\$3,272.10
49655	\$3,392.99	\$3,670.77	\$3,272.10
49656	\$3,392.99	\$3,670.77	\$3,272.10
49657	\$3,392.99	\$3,670.77	\$3,272.10
50080	\$3,777.88	\$4,087.16	\$3,643.27
50081	\$3,777.88	\$4,087.16	\$3,643.27
50200	\$544.98	\$589.59	\$525.56
50382	\$746.67	\$807.80	\$720.07
50384	\$746.67	\$807.80	\$720.07
50385	\$746.67	\$807.80	\$720.07
50386	\$604.65	\$654.16	\$583.11
50387	\$746.67	\$807.80	\$720.07
50389	\$265.88	\$287.65	\$256.41
50390	\$291.43	\$315.29	\$281.05
50391	\$46.40	\$50.20	\$44.75
50396	\$265.88	\$287.65	\$256.41
50430	\$0.00	\$0.00	\$0.00
50431	\$0.00	\$0.00	\$0.00
50432	\$746.67	\$807.80	\$720.07
50433	\$1,301.92	\$1,408.51	\$1,255.54

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
50434	\$1,000.35	\$1,082.24	\$964.70
50435	\$746.67	\$807.80	\$720.07
50436	\$746.67	\$807.80	\$720.07
50437	\$1,301.92	\$1,408.51	\$1,255.54
50551	\$1,868.56	\$2,021.53	\$1,801.98
50553	\$1,868.56	\$2,021.53	\$1,801.98
50555	\$3,777.88	\$4,087.16	\$3,643.27
50557	\$3,777.88	\$4,087.16	\$3,643.27
50561	\$1,868.56	\$2,021.53	\$1,801.98
50562	\$3,777.88	\$4,087.16	\$3,643.27
50570	\$1,301.92	\$1,408.51	\$1,255.54
50572	\$265.88	\$287.65	\$256.41
50574	\$746.67	\$807.80	\$720.07
50575	\$1,868.56	\$2,021.53	\$1,801.98
50576	\$1,868.56	\$2,021.53	\$1,801.98
50580	\$1,868.56	\$2,021.53	\$1,801.98
50590	\$1,301.92	\$1,408.51	\$1,255.54
50592	\$2,074.49	\$2,244.32	\$2,000.57
50593	\$4,648.70	\$5,029.28	\$4,483.07
50606	\$0.00	\$0.00	\$0.00
50684	\$0.00	\$0.00	\$0.00
50686	\$66.10	\$71.51	\$63.74
50690	\$0.00	\$0.00	\$0.00
50693	\$1,301.92	\$1,408.51	\$1,255.54
50694	\$1,301.92	\$1,408.51	\$1,255.54
50695	\$1,301.92	\$1,408.51	\$1,255.54
50705	\$0.00	\$0.00	\$0.00
50706	\$0.00	\$0.00	\$0.00
50727	\$1,301.92	\$1,408.51	\$1,255.54
50947	\$2,074.49	\$2,244.32	\$2,000.57
50948	\$3,392.99	\$3,670.77	\$3,272.10
50951	\$1,301.92	\$1,408.51	\$1,255.54
50953	\$1,301.92	\$1,408.51	\$1,255.54
50955	\$1,868.56	\$2,021.53	\$1,801.98
50957	\$1,868.56	\$2,021.53	\$1,801.98
50961	\$1,868.56	\$2,021.53	\$1,801.98
50970	\$1,301.92	\$1,408.51	\$1,255.54
50972	\$1,301.92	\$1,408.51	\$1,255.54
50974	\$1,868.56	\$2,021.53	\$1,801.98
50976	\$1,868.56	\$2,021.53	\$1,801.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
50980	\$1,868.56	\$2,021.53	\$1,801.98
51020	\$1,301.92	\$1,408.51	\$1,255.54
51030	\$1,301.92	\$1,408.51	\$1,255.54
51040	\$746.67	\$807.80	\$720.07
51045	\$746.67	\$807.80	\$720.07
51050	\$1,868.56	\$2,021.53	\$1,801.98
51065	\$1,301.92	\$1,408.51	\$1,255.54
51080	\$940.15	\$1,017.11	\$906.65
51100	\$36.86	\$39.87	\$35.54
51101	\$99.64	\$107.79	\$96.09
51102	\$746.67	\$807.80	\$720.07
51500	\$2,074.49	\$2,244.32	\$2,000.57
51520	\$1,301.92	\$1,408.51	\$1,255.54
51535	\$1,301.92	\$1,408.51	\$1,255.54
51600	\$0.00	\$0.00	\$0.00
51605	\$0.00	\$0.00	\$0.00
51610	\$0.00	\$0.00	\$0.00
51700	\$49.48	\$53.53	\$47.72
51701	\$0.00	\$0.00	\$0.00
51702	\$0.00	\$0.00	\$0.00
51705	\$58.01	\$62.76	\$55.94
51710	\$265.88	\$287.65	\$256.41
51715	\$1,726.64	\$1,867.99	\$1,665.12
51720	\$48.46	\$52.42	\$46.73
51725	\$112.22	\$121.41	\$108.22
51726	\$112.22	\$121.41	\$108.22
51727	\$231.35	\$250.29	\$223.11
51728	\$237.49	\$256.93	\$229.03
51729	\$238.52	\$258.05	\$230.02
51736	\$0.00	\$0.00	\$0.00
51741	\$0.00	\$0.00	\$0.00
51784	\$27.64	\$29.90	\$26.65
51785	\$112.22	\$121.41	\$108.22
51792	\$0.00	\$0.00	\$0.00
51797	\$0.00	\$0.00	\$0.00
51798	\$0.00	\$0.00	\$0.00
51880	\$1,301.92	\$1,408.51	\$1,255.54
51992	\$2,764.65	\$2,990.99	\$2,666.15
52000	\$265.88	\$287.65	\$256.41
52001	\$1,301.92	\$1,408.51	\$1,255.54

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
52005	\$746.67	\$807.80	\$720.07
52007	\$1,301.92	\$1,408.51	\$1,255.54
52010	\$265.88	\$287.65	\$256.41
52204	\$746.67	\$807.80	\$720.07
52214	\$746.67	\$807.80	\$720.07
52224	\$746.67	\$807.80	\$720.07
52234	\$1,301.92	\$1,408.51	\$1,255.54
52235	\$1,301.92	\$1,408.51	\$1,255.54
52240	\$1,868.56	\$2,021.53	\$1,801.98
52250	\$1,301.92	\$1,408.51	\$1,255.54
52260	\$746.67	\$807.80	\$720.07
52265	\$256.94	\$277.97	\$247.78
52270	\$746.67	\$807.80	\$720.07
52275	\$746.67	\$807.80	\$720.07
52276	\$746.67	\$807.80	\$720.07
52277	\$1,301.92	\$1,408.51	\$1,255.54
52281	\$746.67	\$807.80	\$720.07
52282	\$1,301.92	\$1,408.51	\$1,255.54
52285	\$265.88	\$287.65	\$256.41
52287	\$746.67	\$807.80	\$720.07
52290	\$746.67	\$807.80	\$720.07
52300	\$1,301.92	\$1,408.51	\$1,255.54
52301	\$1,301.92	\$1,408.51	\$1,255.54
52305	\$1,868.56	\$2,021.53	\$1,801.98
52310	\$746.67	\$807.80	\$720.07
52315	\$746.67	\$807.80	\$720.07
52317	\$1,301.92	\$1,408.51	\$1,255.54
52318	\$1,301.92	\$1,408.51	\$1,255.54
52320	\$1,301.92	\$1,408.51	\$1,255.54
52325	\$1,868.56	\$2,021.53	\$1,801.98
52327	\$2,541.43	\$2,749.49	\$2,450.88
52330	\$1,301.92	\$1,408.51	\$1,255.54
52332	\$1,301.92	\$1,408.51	\$1,255.54
52334	\$1,301.92	\$1,408.51	\$1,255.54
52341	\$1,301.92	\$1,408.51	\$1,255.54
52342	\$1,301.92	\$1,408.51	\$1,255.54
52343	\$746.67	\$807.80	\$720.07
52344	\$1,301.92	\$1,408.51	\$1,255.54
52345	\$1,301.92	\$1,408.51	\$1,255.54
52346	\$1,868.56	\$2,021.53	\$1,801.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
52351	\$1,301.92	\$1,408.51	\$1,255.54
52352	\$1,301.92	\$1,408.51	\$1,255.54
52353	\$1,868.56	\$2,021.53	\$1,801.98
52354	\$1,868.56	\$2,021.53	\$1,801.98
52355	\$1,868.56	\$2,021.53	\$1,801.98
52356	\$1,868.56	\$2,021.53	\$1,801.98
52400	\$1,301.92	\$1,408.51	\$1,255.54
52402	\$1,301.92	\$1,408.51	\$1,255.54
52450	\$1,301.92	\$1,408.51	\$1,255.54
52500	\$1,301.92	\$1,408.51	\$1,255.54
52601	\$1,868.56	\$2,021.53	\$1,801.98
52630	\$1,868.56	\$2,021.53	\$1,801.98
52640	\$1,301.92	\$1,408.51	\$1,255.54
52647	\$1,868.56	\$2,021.53	\$1,801.98
52648	\$1,868.56	\$2,021.53	\$1,801.98
52649	\$1,868.56	\$2,021.53	\$1,801.98
53000	\$746.67	\$807.80	\$720.07
53010	\$1,868.56	\$2,021.53	\$1,801.98
53020	\$746.67	\$807.80	\$720.07
53025	\$746.67	\$807.80	\$720.07
53040	\$746.67	\$807.80	\$720.07
53060	\$77.46	\$83.80	\$74.70
53080	\$265.88	\$287.65	\$256.41
53085	\$746.67	\$807.80	\$720.07
53200	\$746.67	\$807.80	\$720.07
53210	\$1,301.92	\$1,408.51	\$1,255.54
53215	\$1,868.56	\$2,021.53	\$1,801.98
53220	\$1,301.92	\$1,408.51	\$1,255.54
53230	\$1,868.56	\$2,021.53	\$1,801.98
53235	\$1,868.56	\$2,021.53	\$1,801.98
53240	\$1,301.92	\$1,408.51	\$1,255.54
53250	\$1,301.92	\$1,408.51	\$1,255.54
53260	\$746.67	\$807.80	\$720.07
53265	\$746.67	\$807.80	\$720.07
53270	\$746.67	\$807.80	\$720.07
53275	\$746.67	\$807.80	\$720.07
53400	\$1,868.56	\$2,021.53	\$1,801.98
53405	\$1,868.56	\$2,021.53	\$1,801.98
53410	\$1,868.56	\$2,021.53	\$1,801.98
53420	\$1,868.56	\$2,021.53	\$1,801.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
53425	\$1,868.56	\$2,021.53	\$1,801.98
53430	\$1,868.56	\$2,021.53	\$1,801.98
53431	\$1,868.56	\$2,021.53	\$1,801.98
53440	\$6,189.88	\$6,696.63	\$5,969.34
53442	\$1,868.56	\$2,021.53	\$1,801.98
53444	\$12,954.38	\$14,014.93	\$12,492.83
53445	\$14,123.20	\$15,279.44	\$13,620.01
53446	\$1,868.56	\$2,021.53	\$1,801.98
53447	\$13,694.04	\$14,815.14	\$13,206.14
53449	\$1,868.56	\$2,021.53	\$1,801.98
53450	\$1,301.92	\$1,408.51	\$1,255.54
53460	\$1,301.92	\$1,408.51	\$1,255.54
53502	\$1,301.92	\$1,408.51	\$1,255.54
53505	\$1,868.56	\$2,021.53	\$1,801.98
53515	\$1,868.56	\$2,021.53	\$1,801.98
53520	\$1,868.56	\$2,021.53	\$1,801.98
53600	\$37.20	\$40.24	\$35.87
53601	\$0.00	\$0.00	\$0.00
53605	\$746.67	\$807.80	\$720.07
53620	\$82.58	\$89.34	\$79.64
53621	\$84.62	\$91.55	\$81.61
53660	\$41.63	\$45.04	\$40.15
53661	\$0.00	\$0.00	\$0.00
53665	\$746.67	\$807.80	\$720.07
53850	\$1,301.92	\$1,408.51	\$1,255.54
53852	\$1,242.40	\$1,344.12	\$1,198.14
53854	\$746.67	\$807.80	\$720.07
53855	\$657.21	\$711.01	\$633.79
53860	\$746.67	\$807.80	\$720.07
54000	\$1,301.92	\$1,408.51	\$1,255.54
54001	\$746.67	\$807.80	\$720.07
54015	\$544.98	\$589.59	\$525.56
54050	\$0.00	\$0.00	\$0.00
54055	\$75.41	\$81.59	\$72.73
54056	\$0.00	\$0.00	\$0.00
54057	\$775.26	\$838.73	\$747.64
54060	\$775.26	\$838.73	\$747.64
54065	\$775.26	\$838.73	\$747.64
54100	\$544.98	\$589.59	\$525.56
54105	\$940.15	\$1,017.11	\$906.65

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
54110	\$1,301.92	\$1,408.51	\$1,255.54
54111	\$1,868.56	\$2,021.53	\$1,801.98
54112	\$3,777.88	\$4,087.16	\$3,643.27
54115	\$940.15	\$1,017.11	\$906.65
54120	\$1,301.92	\$1,408.51	\$1,255.54
54150	\$746.67	\$807.80	\$720.07
54160	\$265.88	\$287.65	\$256.41
54161	\$746.67	\$807.80	\$720.07
54162	\$746.67	\$807.80	\$720.07
54163	\$746.67	\$807.80	\$720.07
54164	\$746.67	\$807.80	\$720.07
54200	\$66.19	\$71.61	\$63.84
54220	\$112.22	\$121.41	\$108.22
54230	\$0.00	\$0.00	\$0.00
54231	\$61.08	\$66.08	\$58.90
54235	\$41.29	\$44.67	\$39.82
54240	\$35.82	\$38.76	\$34.55
54250	\$11.60	\$12.55	\$11.19
54300	\$1,301.92	\$1,408.51	\$1,255.54
54304	\$1,301.92	\$1,408.51	\$1,255.54
54308	\$1,868.56	\$2,021.53	\$1,801.98
54312	\$1,301.92	\$1,408.51	\$1,255.54
54316	\$1,868.56	\$2,021.53	\$1,801.98
54318	\$1,301.92	\$1,408.51	\$1,255.54
54322	\$1,301.92	\$1,408.51	\$1,255.54
54324	\$1,301.92	\$1,408.51	\$1,255.54
54326	\$746.67	\$807.80	\$720.07
54328	\$1,301.92	\$1,408.51	\$1,255.54
54340	\$1,301.92	\$1,408.51	\$1,255.54
54344	\$1,868.56	\$2,021.53	\$1,801.98
54348	\$1,868.56	\$2,021.53	\$1,801.98
54352	\$1,868.56	\$2,021.53	\$1,801.98
54360	\$1,301.92	\$1,408.51	\$1,255.54
54380	\$746.67	\$807.80	\$720.07
54385	\$746.67	\$807.80	\$720.07
54400	\$13,668.84	\$14,787.88	\$13,181.84
54401	\$14,054.11	\$15,204.70	\$13,553.38
54405	\$14,125.64	\$15,282.08	\$13,622.36
54406	\$1,301.92	\$1,408.51	\$1,255.54
54408	\$1,868.56	\$2,021.53	\$1,801.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
54410	\$13,926.51	\$15,066.65	\$13,430.32
54415	\$1,301.92	\$1,408.51	\$1,255.54
54416	\$13,837.91	\$14,970.79	\$13,344.88
54420	\$746.67	\$807.80	\$720.07
54435	\$1,301.92	\$1,408.51	\$1,255.54
54437	\$1,301.92	\$1,408.51	\$1,255.54
54440	\$1,301.92	\$1,408.51	\$1,255.54
54450	\$112.22	\$121.41	\$108.22
54500	\$940.15	\$1,017.11	\$906.65
54505	\$1,301.92	\$1,408.51	\$1,255.54
54520	\$1,301.92	\$1,408.51	\$1,255.54
54522	\$1,301.92	\$1,408.51	\$1,255.54
54530	\$1,302.15	\$1,408.75	\$1,255.75
54550	\$1,302.15	\$1,408.75	\$1,255.75
54560	\$746.67	\$807.80	\$720.07
54600	\$1,301.92	\$1,408.51	\$1,255.54
54620	\$1,301.92	\$1,408.51	\$1,255.54
54640	\$1,302.15	\$1,408.75	\$1,255.75
54660	\$2,592.66	\$2,804.91	\$2,500.28
54670	\$746.67	\$807.80	\$720.07
54680	\$1,301.92	\$1,408.51	\$1,255.54
54690	\$2,074.49	\$2,244.32	\$2,000.57
54692	\$2,074.49	\$2,244.32	\$2,000.57
54700	\$746.67	\$807.80	\$720.07
54800	\$544.98	\$589.59	\$525.56
54830	\$746.67	\$807.80	\$720.07
54840	\$746.67	\$807.80	\$720.07
54860	\$746.67	\$807.80	\$720.07
54861	\$1,301.92	\$1,408.51	\$1,255.54
54865	\$1,301.92	\$1,408.51	\$1,255.54
54900	\$746.67	\$807.80	\$720.07
54901	\$1,301.92	\$1,408.51	\$1,255.54
55000	\$60.74	\$65.71	\$58.57
55040	\$1,302.15	\$1,408.75	\$1,255.75
55041	\$1,302.15	\$1,408.75	\$1,255.75
55060	\$1,301.92	\$1,408.51	\$1,255.54
55100	\$544.98	\$589.59	\$525.56
55110	\$1,301.92	\$1,408.51	\$1,255.54
55120	\$746.67	\$807.80	\$720.07
55150	\$1,301.92	\$1,408.51	\$1,255.54

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
55175	\$1,301.92	\$1,408.51	\$1,255.54
55180	\$1,868.56	\$2,021.53	\$1,801.98
55200	\$1,301.92	\$1,408.51	\$1,255.54
55250	\$746.67	\$807.80	\$720.07
55300	\$0.00	\$0.00	\$0.00
55400	\$1,301.92	\$1,408.51	\$1,255.54
55500	\$1,301.92	\$1,408.51	\$1,255.54
55520	\$1,301.92	\$1,408.51	\$1,255.54
55535	\$1,302.15	\$1,408.75	\$1,255.75
55540	\$1,302.15	\$1,408.75	\$1,255.75
55550	\$2,074.49	\$2,244.32	\$2,000.57
55600	\$746.67	\$807.80	\$720.07
55680	\$1,301.92	\$1,408.51	\$1,255.54
55700	\$746.67	\$807.80	\$720.07
55705	\$746.67	\$807.80	\$720.07
55706	\$1,301.92	\$1,408.51	\$1,255.54
55720	\$746.67	\$807.80	\$720.07
55725	\$1,301.92	\$1,408.51	\$1,255.54
55860	\$1,868.56	\$2,021.53	\$1,801.98
55870	\$73.36	\$79.37	\$70.75
55873	\$5,856.99	\$6,336.49	\$5,648.31
55874	\$1,868.56	\$2,021.53	\$1,801.98
55875	\$1,868.56	\$2,021.53	\$1,801.98
55876	\$76.77	\$83.06	\$74.04
55920	\$1,717.36	\$1,857.96	\$1,656.18
56405	\$66.19	\$71.61	\$63.84
56420	\$79.33	\$85.82	\$76.50
56440	\$1,167.98	\$1,263.60	\$1,126.37
56441	\$1,167.98	\$1,263.60	\$1,126.37
56442	\$1,167.98	\$1,263.60	\$1,126.37
56501	\$97.93	\$105.95	\$94.45
56515	\$775.26	\$838.73	\$747.64
56605	\$45.04	\$48.73	\$43.44
56606	\$0.00	\$0.00	\$0.00
56620	\$1,167.98	\$1,263.60	\$1,126.37
56625	\$1,167.98	\$1,263.60	\$1,126.37
56700	\$1,167.98	\$1,263.60	\$1,126.37
56740	\$1,167.98	\$1,263.60	\$1,126.37
56800	\$1,167.98	\$1,263.60	\$1,126.37
56805	\$1,167.98	\$1,263.60	\$1,126.37

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
56810	\$1,167.98	\$1,263.60	\$1,126.37
56820	\$57.67	\$62.39	\$55.61
56821	\$75.07	\$81.22	\$72.40
57000	\$1,167.98	\$1,263.60	\$1,126.37
57010	\$1,167.98	\$1,263.60	\$1,126.37
57020	\$1,717.36	\$1,857.96	\$1,656.18
57023	\$940.15	\$1,017.11	\$906.65
57061	\$86.67	\$93.77	\$83.59
57065	\$1,167.98	\$1,263.60	\$1,126.37
57100	\$47.09	\$50.94	\$45.41
57105	\$1,167.98	\$1,263.60	\$1,126.37
57120	\$1,717.36	\$1,857.96	\$1,656.18
57130	\$1,167.98	\$1,263.60	\$1,126.37
57135	\$1,167.98	\$1,263.60	\$1,126.37
57150	\$0.00	\$0.00	\$0.00
57155	\$1,717.36	\$1,857.96	\$1,656.18
57156	\$129.33	\$139.92	\$124.73
57160	\$32.07	\$34.70	\$30.93
57170	\$33.44	\$36.18	\$32.25
57180	\$79.33	\$85.82	\$76.50
57200	\$1,167.98	\$1,263.60	\$1,126.37
57210	\$1,167.98	\$1,263.60	\$1,126.37
57220	\$1,717.36	\$1,857.96	\$1,656.18
57230	\$1,167.98	\$1,263.60	\$1,126.37
57240	\$1,717.36	\$1,857.96	\$1,656.18
57250	\$1,717.36	\$1,857.96	\$1,656.18
57260	\$1,717.36	\$1,857.96	\$1,656.18
57265	\$1,717.36	\$1,857.96	\$1,656.18
57267	\$0.00	\$0.00	\$0.00
57268	\$1,717.36	\$1,857.96	\$1,656.18
57287	\$1,167.98	\$1,263.60	\$1,126.37
57288	\$2,318.14	\$2,507.92	\$2,235.55
57289	\$2,581.52	\$2,792.86	\$2,489.54
57291	\$1,717.36	\$1,857.96	\$1,656.18
57295	\$1,167.98	\$1,263.60	\$1,126.37
57300	\$1,167.98	\$1,263.60	\$1,126.37
57310	\$2,581.52	\$2,792.86	\$2,489.54
57320	\$1,717.36	\$1,857.96	\$1,656.18
57400	\$1,167.98	\$1,263.60	\$1,126.37
57410	\$1,167.98	\$1,263.60	\$1,126.37

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
57415	\$1,167.98	\$1,263.60	\$1,126.37
57420	\$59.72	\$64.61	\$57.59
57421	\$78.83	\$85.28	\$76.02
57426	\$2,581.52	\$2,792.86	\$2,489.54
57452	N/A	\$63.12	N/A
57454	\$68.59	\$74.20	\$66.14
57455	\$73.02	\$79.00	\$70.42
57456	\$69.61	\$75.31	\$67.13
57460	\$188.01	\$203.40	\$181.31
57461	\$200.64	\$217.07	\$193.50
57500	\$92.81	\$100.41	\$89.50
57505	\$79.17	\$85.65	\$76.35
57510	\$72.68	\$78.63	\$70.09
57511	\$93.50	\$101.15	\$90.17
57513	\$1,167.98	\$1,263.60	\$1,126.37
57520	\$1,167.98	\$1,263.60	\$1,126.37
57522	\$1,167.98	\$1,263.60	\$1,126.37
57530	\$1,717.36	\$1,857.96	\$1,656.18
57550	\$1,717.36	\$1,857.96	\$1,656.18
57556	\$1,717.36	\$1,857.96	\$1,656.18
57558	\$1,167.98	\$1,263.60	\$1,126.37
57700	\$1,167.98	\$1,263.60	\$1,126.37
57720	\$1,167.98	\$1,263.60	\$1,126.37
57800	\$38.22	\$41.35	\$36.86
58100	\$47.78	\$51.69	\$46.07
58110	\$0.00	\$0.00	\$0.00
58120	\$1,167.98	\$1,263.60	\$1,126.37
58145	\$1,167.98	\$1,263.60	\$1,126.37
58260	\$1,717.36	\$1,857.96	\$1,656.18
58262	\$1,717.36	\$1,857.96	\$1,656.18
58301	\$49.48	\$53.53	\$47.72
58321	\$41.29	\$44.67	\$39.82
58322	\$43.67	\$47.25	\$42.12
58323	\$5.81	\$6.28	\$5.60
58340	\$0.00	\$0.00	\$0.00
58345	\$1,167.98	\$1,263.60	\$1,126.37
58346	\$1,717.36	\$1,857.96	\$1,656.18
58350	\$1,717.36	\$1,857.96	\$1,656.18
58353	\$1,717.36	\$1,857.96	\$1,656.18
58356	\$1,522.55	\$1,647.20	\$1,468.31

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
58541	\$2,074.49	\$2,244.32	\$2,000.57
58542	\$3,392.99	\$3,670.77	\$3,272.10
58543	\$3,392.99	\$3,670.77	\$3,272.10
58544	\$3,392.99	\$3,670.77	\$3,272.10
58545	\$2,074.49	\$2,244.32	\$2,000.57
58546	\$3,392.99	\$3,670.77	\$3,272.10
58550	\$2,074.49	\$2,244.32	\$2,000.57
58552	\$3,392.99	\$3,670.77	\$3,272.10
58553	\$3,392.99	\$3,670.77	\$3,272.10
58554	\$3,392.99	\$3,670.77	\$3,272.10
58555	\$1,167.98	\$1,263.60	\$1,126.37
58558	\$1,167.98	\$1,263.60	\$1,126.37
58559	\$1,717.36	\$1,857.96	\$1,656.18
58560	\$1,717.36	\$1,857.96	\$1,656.18
58561	\$1,717.36	\$1,857.96	\$1,656.18
58562	\$1,167.98	\$1,263.60	\$1,126.37
58563	\$1,717.36	\$1,857.96	\$1,656.18
58565	\$1,717.36	\$1,857.96	\$1,656.18
58570	\$3,392.99	\$3,670.77	\$3,272.10
58571	\$3,392.99	\$3,670.77	\$3,272.10
58572	\$3,392.99	\$3,670.77	\$3,272.10
58573	\$3,392.99	\$3,670.77	\$3,272.10
58600	\$1,167.98	\$1,263.60	\$1,126.37
58615	\$1,167.98	\$1,263.60	\$1,126.37
58660	\$2,074.49	\$2,244.32	\$2,000.57
58661	\$2,074.49	\$2,244.32	\$2,000.57
58662	\$2,074.49	\$2,244.32	\$2,000.57
58670	\$2,074.49	\$2,244.32	\$2,000.57
58671	\$2,074.49	\$2,244.32	\$2,000.57
58672	\$2,074.49	\$2,244.32	\$2,000.57
58673	\$2,074.49	\$2,244.32	\$2,000.57
58674	\$3,392.99	\$3,670.77	\$3,272.10
58800	\$1,167.98	\$1,263.60	\$1,126.37
58805	\$1,167.98	\$1,263.60	\$1,126.37
58820	\$1,167.98	\$1,263.60	\$1,126.37
58900	\$1,167.98	\$1,263.60	\$1,126.37
58970	\$305.03	\$330.00	\$294.16
58974	\$305.03	\$330.00	\$294.16
58976	\$129.33	\$139.92	\$124.73
59000	\$62.10	\$67.18	\$59.89

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
59001	\$129.33	\$139.92	\$124.73
59012	\$129.33	\$139.92	\$124.73
59020	\$31.39	\$33.96	\$30.27
59025	\$17.75	\$19.20	\$17.11
59070	\$129.33	\$139.92	\$124.73
59072	\$180.80	\$195.60	\$174.36
59074	\$129.33	\$139.92	\$124.73
59076	\$129.33	\$139.92	\$124.73
59100	\$1,717.36	\$1,857.96	\$1,656.18
59150	\$2,074.49	\$2,244.32	\$2,000.57
59151	\$2,074.49	\$2,244.32	\$2,000.57
59160	\$1,167.98	\$1,263.60	\$1,126.37
59200	\$53.23	\$57.59	\$51.33
59300	\$105.78	\$114.44	\$102.01
59320	\$1,167.98	\$1,263.60	\$1,126.37
59412	\$1,167.98	\$1,263.60	\$1,126.37
59414	\$1,167.98	\$1,263.60	\$1,126.37
59812	\$1,167.98	\$1,263.60	\$1,126.37
59820	\$1,167.98	\$1,263.60	\$1,126.37
59821	\$1,167.98	\$1,263.60	\$1,126.37
59840	\$1,167.98	\$1,263.60	\$1,126.37
59841	\$1,167.98	\$1,263.60	\$1,126.37
59866	\$129.33	\$139.92	\$124.73
59870	\$1,167.98	\$1,263.60	\$1,126.37
59871	\$1,167.98	\$1,263.60	\$1,126.37
60000	\$507.35	\$548.89	\$489.28
60100	\$50.84	\$55.00	\$49.03
60200	\$2,074.49	\$2,244.32	\$2,000.57
60210	\$2,074.49	\$2,244.32	\$2,000.57
60212	\$2,074.49	\$2,244.32	\$2,000.57
60220	\$2,074.49	\$2,244.32	\$2,000.57
60225	\$2,074.49	\$2,244.32	\$2,000.57
60240	\$2,074.49	\$2,244.32	\$2,000.57
60280	\$2,074.49	\$2,244.32	\$2,000.57
60281	\$2,074.49	\$2,244.32	\$2,000.57
60300	\$74.39	\$80.48	\$71.74
60500	\$2,124.11	\$2,298.00	\$2,048.43
61000	\$298.62	\$323.06	\$287.98
61001	\$298.62	\$323.06	\$287.98
61020	\$387.96	\$419.72	\$374.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
61050	\$125.06	\$135.30	\$120.61
61055	\$125.06	\$135.30	\$120.61
61070	\$298.62	\$323.06	\$287.98
61215	\$2,051.96	\$2,219.95	\$1,978.85
61330	\$997.56	\$1,079.22	\$962.01
61770	\$2,051.96	\$2,219.95	\$1,978.85
61781	\$0.00	\$0.00	\$0.00
61782	\$0.00	\$0.00	\$0.00
61783	\$0.00	\$0.00	\$0.00
61790	\$753.36	\$815.04	\$726.52
61791	\$753.36	\$815.04	\$726.52
61880	\$1,745.34	\$1,888.23	\$1,683.16
61885	\$16,364.36	\$17,704.08	\$15,781.32
61886	\$22,277.86	\$24,101.70	\$21,484.12
61888	\$4,234.62	\$4,581.30	\$4,083.74
62160	\$0.00	\$0.00	\$0.00
62194	\$753.36	\$815.04	\$726.52
62225	\$2,051.96	\$2,219.95	\$1,978.85
62230	\$2,051.96	\$2,219.95	\$1,978.85
62252	\$33.10	\$35.81	\$31.92
62263	\$387.96	\$419.72	\$374.13
62264	\$387.96	\$419.72	\$374.13
62267	\$291.43	\$315.29	\$281.05
62268	\$387.96	\$419.72	\$374.13
62269	\$544.98	\$589.59	\$525.56
62270	\$298.62	\$323.06	\$287.98
62272	\$298.62	\$323.06	\$287.98
62273	\$298.62	\$323.06	\$287.98
62280	\$387.96	\$419.72	\$374.13
62281	\$387.96	\$419.72	\$374.13
62282	\$387.96	\$419.72	\$374.13
62284	\$0.00	\$0.00	\$0.00
62287	\$753.36	\$815.04	\$726.52
62290	\$0.00	\$0.00	\$0.00
62291	\$0.00	\$0.00	\$0.00
62292	\$753.36	\$815.04	\$726.52
62294	\$387.96	\$419.72	\$374.13
62302	\$0.00	\$0.00	\$0.00
62304	\$0.00	\$0.00	\$0.00
62305	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
62320	\$298.62	\$323.06	\$287.98
62321	\$298.62	\$323.06	\$287.98
62322	\$298.62	\$323.06	\$287.98
62323	\$298.62	\$323.06	\$287.98
62324	\$387.96	\$419.72	\$374.13
62325	\$387.96	\$419.72	\$374.13
62326	\$387.96	\$419.72	\$374.13
62327	\$387.96	\$419.72	\$374.13
62328	\$298.62	\$323.06	\$287.98
62329	\$298.62	\$323.06	\$287.98
62350	\$2,740.04	\$2,964.36	\$2,642.42
62355	\$753.36	\$815.04	\$726.52
62360	\$13,071.46	\$14,141.59	\$12,605.74
62361	\$13,465.76	\$14,568.17	\$12,985.99
62362	\$12,922.79	\$13,980.75	\$12,462.36
62365	\$2,051.96	\$2,219.95	\$1,978.85
62367	\$12.96	\$14.02	\$12.50
62368	\$18.09	\$19.57	\$17.44
62369	\$67.22	\$72.73	\$64.83
62370	\$62.78	\$67.92	\$60.54
62380	\$2,650.57	\$2,867.57	\$2,556.13
63001	\$2,650.57	\$2,867.57	\$2,556.13
63003	\$2,650.57	\$2,867.57	\$2,556.13
63005	\$2,650.57	\$2,867.57	\$2,556.13
63020	\$2,650.57	\$2,867.57	\$2,556.13
63030	\$2,650.57	\$2,867.57	\$2,556.13
63042	\$2,650.57	\$2,867.57	\$2,556.13
63044	\$0.00	\$0.00	\$0.00
63045	\$2,650.57	\$2,867.57	\$2,556.13
63046	\$2,650.57	\$2,867.57	\$2,556.13
63047	\$2,650.57	\$2,867.57	\$2,556.13
63055	\$2,650.57	\$2,867.57	\$2,556.13
63056	\$2,650.57	\$2,867.57	\$2,556.13
63600	\$753.36	\$815.04	\$726.52
63610	\$1,113.39	\$1,204.54	\$1,073.72
63650	\$4,268.79	\$4,618.26	\$4,116.69
63655	\$15,074.65	\$16,308.79	\$14,537.56
63661	\$753.36	\$815.04	\$726.52
63662	\$1,745.34	\$1,888.23	\$1,683.16
63663	\$4,172.94	\$4,514.57	\$4,024.26

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
63664	\$13,731.94	\$14,856.15	\$13,242.69
63685	\$22,189.15	\$24,005.73	\$21,398.58
63688	\$1,745.34	\$1,888.23	\$1,683.16
63744	\$2,051.96	\$2,219.95	\$1,978.85
63746	\$753.36	\$815.04	\$726.52
64400	\$72.34	\$78.26	\$69.76
64405	\$31.39	\$33.96	\$30.27
64408	\$38.56	\$41.71	\$37.18
64415	\$387.96	\$419.72	\$374.13
64416	\$387.96	\$419.72	\$374.13
64417	\$387.96	\$419.72	\$374.13
64418	\$40.95	\$44.30	\$39.49
64420	\$298.62	\$323.06	\$287.98
64421	\$387.96	\$419.72	\$374.13
64425	\$70.98	\$76.79	\$68.45
64430	\$387.96	\$419.72	\$374.13
64435	\$41.97	\$45.41	\$40.48
64445	\$84.62	\$91.55	\$81.61
64446	\$387.96	\$419.72	\$374.13
64447	\$45.72	\$49.47	\$44.10
64448	\$387.96	\$419.72	\$374.13
64449	\$387.96	\$419.72	\$374.13
64450	\$45.72	\$49.47	\$44.10
64451	\$298.62	\$323.06	\$287.98
64454	\$149.45	\$161.69	\$144.13
64455	\$19.45	\$21.04	\$18.76
64461	\$298.62	\$323.06	\$287.98
64462	\$0.00	\$0.00	\$0.00
64463	\$298.62	\$323.06	\$287.98
64479	\$387.96	\$419.72	\$374.13
64480	\$0.00	\$0.00	\$0.00
64483	\$387.96	\$419.72	\$374.13
64484	\$0.00	\$0.00	\$0.00
64486	\$0.00	\$0.00	\$0.00
64487	\$0.00	\$0.00	\$0.00
64489	\$0.00	\$0.00	\$0.00
64490	\$387.96	\$419.72	\$374.13
64491	\$0.00	\$0.00	\$0.00
64492	\$0.00	\$0.00	\$0.00
64493	\$387.96	\$419.72	\$374.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
64494	\$0.00	\$0.00	\$0.00
64495	\$0.00	\$0.00	\$0.00
64505	\$67.57	\$73.10	\$65.16
64510	\$387.96	\$419.72	\$374.13
64517	\$387.96	\$419.72	\$374.13
64520	\$387.96	\$419.72	\$374.13
64530	\$387.96	\$419.72	\$374.13
64553	\$4,881.60	\$5,281.25	\$4,707.68
64555	\$4,430.74	\$4,793.48	\$4,272.88
64561	\$4,428.51	\$4,791.06	\$4,270.73
64566	\$98.96	\$107.06	\$95.43
64568	\$22,642.16	\$24,495.83	\$21,835.44
64569	\$5,167.44	\$5,590.49	\$4,983.33
64570	\$2,051.96	\$2,219.95	\$1,978.85
64575	\$14,818.28	\$16,031.43	\$14,290.32
64580	\$16,110.59	\$17,429.53	\$15,536.59
64581	\$4,580.19	\$4,955.16	\$4,417.00
64585	\$1,745.34	\$1,888.23	\$1,683.16
64590	\$16,350.45	\$17,689.03	\$15,767.90
64595	\$1,745.34	\$1,888.23	\$1,683.16
64600	\$387.96	\$419.72	\$374.13
64605	\$753.36	\$815.04	\$726.52
64610	\$753.36	\$815.04	\$726.52
64611	\$71.32	\$77.16	\$68.78
64612	\$73.02	\$79.00	\$70.42
64615	\$64.49	\$69.77	\$62.19
64616	\$61.76	\$66.82	\$59.56
64617	\$83.94	\$90.81	\$80.95
64620	\$387.96	\$419.72	\$374.13
64624	\$301.30	\$325.97	\$290.57
64625	\$753.36	\$815.04	\$726.52
64630	\$387.96	\$419.72	\$374.13
64632	\$40.27	\$43.57	\$38.83
64634	\$0.00	\$0.00	\$0.00
64635	\$753.36	\$815.04	\$726.52
64636	\$0.00	\$0.00	\$0.00
64640	\$166.86	\$180.52	\$160.92
64642	\$74.73	\$80.85	\$72.07
64643	\$0.00	\$0.00	\$0.00
64644	\$92.13	\$99.67	\$88.85

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
64645	\$0.00	\$0.00	\$0.00
64646	\$75.07	\$81.22	\$72.40
64647	\$82.58	\$89.34	\$79.64
64650	\$50.84	\$55.00	\$49.03
64653	\$58.69	\$63.49	\$56.60
64680	\$387.96	\$419.72	\$374.13
64681	\$387.96	\$419.72	\$374.13
64702	\$753.36	\$815.04	\$726.52
64704	\$753.36	\$815.04	\$726.52
64708	\$753.36	\$815.04	\$726.52
64712	\$753.36	\$815.04	\$726.52
64713	\$753.36	\$815.04	\$726.52
64714	\$753.36	\$815.04	\$726.52
64716	\$753.36	\$815.04	\$726.52
64718	\$753.36	\$815.04	\$726.52
64719	\$753.36	\$815.04	\$726.52
64721	\$753.36	\$815.04	\$726.52
64722	\$753.36	\$815.04	\$726.52
64726	\$753.36	\$815.04	\$726.52
64727	\$0.00	\$0.00	\$0.00
64732	\$753.36	\$815.04	\$726.52
64734	\$753.36	\$815.04	\$726.52
64736	\$753.36	\$815.04	\$726.52
64738	\$753.36	\$815.04	\$726.52
64740	\$753.36	\$815.04	\$726.52
64742	\$753.36	\$815.04	\$726.52
64744	\$753.36	\$815.04	\$726.52
64746	\$753.36	\$815.04	\$726.52
64763	\$753.36	\$815.04	\$726.52
64766	\$753.36	\$815.04	\$726.52
64771	\$753.36	\$815.04	\$726.52
64774	\$753.36	\$815.04	\$726.52
64776	\$753.36	\$815.04	\$726.52
64778	\$0.00	\$0.00	\$0.00
64782	\$753.36	\$815.04	\$726.52
64783	\$0.00	\$0.00	\$0.00
64784	\$753.36	\$815.04	\$726.52
64786	\$2,051.96	\$2,219.95	\$1,978.85
64787	\$0.00	\$0.00	\$0.00
64788	\$753.36	\$815.04	\$726.52

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
64790	\$753.36	\$815.04	\$726.52
64792	\$2,051.96	\$2,219.95	\$1,978.85
64795	\$753.36	\$815.04	\$726.52
64802	\$753.36	\$815.04	\$726.52
64820	\$753.36	\$815.04	\$726.52
64821	\$1,216.15	\$1,315.72	\$1,172.82
64822	\$1,216.15	\$1,315.72	\$1,172.82
64823	\$1,216.15	\$1,315.72	\$1,172.82
64831	\$753.36	\$815.04	\$726.52
64832	\$0.00	\$0.00	\$0.00
64834	\$2,051.96	\$2,219.95	\$1,978.85
64835	\$2,051.96	\$2,219.95	\$1,978.85
64836	\$2,051.96	\$2,219.95	\$1,978.85
64837	\$0.00	\$0.00	\$0.00
64840	\$2,051.96	\$2,219.95	\$1,978.85
64856	\$2,051.96	\$2,219.95	\$1,978.85
64857	\$2,051.96	\$2,219.95	\$1,978.85
64858	\$753.36	\$815.04	\$726.52
64859	\$0.00	\$0.00	\$0.00
64861	\$753.36	\$815.04	\$726.52
64862	\$2,051.96	\$2,219.95	\$1,978.85
64864	\$2,051.96	\$2,219.95	\$1,978.85
64865	\$2,051.96	\$2,219.95	\$1,978.85
64872	\$0.00	\$0.00	\$0.00
64874	\$0.00	\$0.00	\$0.00
64876	\$0.00	\$0.00	\$0.00
64885	\$2,051.96	\$2,219.95	\$1,978.85
64886	\$2,051.96	\$2,219.95	\$1,978.85
64890	\$2,051.96	\$2,219.95	\$1,978.85
64891	\$2,674.74	\$2,893.72	\$2,579.45
64892	\$2,051.96	\$2,219.95	\$1,978.85
64893	\$2,051.96	\$2,219.95	\$1,978.85
64895	\$2,051.96	\$2,219.95	\$1,978.85
64896	\$2,051.96	\$2,219.95	\$1,978.85
64897	\$2,051.96	\$2,219.95	\$1,978.85
64898	\$2,051.96	\$2,219.95	\$1,978.85
64901	\$0.00	\$0.00	\$0.00
64902	\$0.00	\$0.00	\$0.00
64905	\$2,051.96	\$2,219.95	\$1,978.85
64907	\$2,051.96	\$2,219.95	\$1,978.85

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
64910	\$2,962.03	\$3,204.53	\$2,856.50
64912	\$3,235.46	\$3,500.34	\$3,120.19
64913	\$0.00	\$0.00	\$0.00
65091	\$1,281.74	\$1,386.68	\$1,236.08
65093	\$1,281.74	\$1,386.68	\$1,236.08
65101	\$1,281.74	\$1,386.68	\$1,236.08
65103	\$1,281.74	\$1,386.68	\$1,236.08
65105	\$1,281.74	\$1,386.68	\$1,236.08
65110	\$1,281.74	\$1,386.68	\$1,236.08
65112	\$1,281.74	\$1,386.68	\$1,236.08
65114	\$1,281.74	\$1,386.68	\$1,236.08
65125	\$791.32	\$856.11	\$763.13
65130	\$1,281.74	\$1,386.68	\$1,236.08
65135	\$1,281.74	\$1,386.68	\$1,236.08
65140	\$1,281.74	\$1,386.68	\$1,236.08
65150	\$1,281.74	\$1,386.68	\$1,236.08
65155	\$1,281.74	\$1,386.68	\$1,236.08
65175	\$1,281.74	\$1,386.68	\$1,236.08
65205	\$0.00	\$0.00	\$0.00
65210	\$0.00	\$0.00	\$0.00
65220	\$0.00	\$0.00	\$0.00
65222	\$0.00	\$0.00	\$0.00
65235	\$957.52	\$1,035.91	\$923.41
65260	\$957.52	\$1,035.91	\$923.41
65265	\$957.52	\$1,035.91	\$923.41
65270	\$791.32	\$856.11	\$763.13
65272	\$791.32	\$856.11	\$763.13
65275	\$1,281.74	\$1,386.68	\$1,236.08
65280	\$1,735.78	N/A	\$1,673.94
65285	\$1,735.78	\$1,877.89	\$1,673.94
65286	\$437.45	\$473.27	\$421.87
65290	\$1,281.74	\$1,386.68	\$1,236.08
65400	\$385.53	\$417.09	\$371.79
65410	\$791.32	\$856.11	\$763.13
65420	\$791.32	\$856.11	\$763.13
65426	\$791.32	\$856.11	\$763.13
65430	\$0.00	\$0.00	\$0.00
65435	\$45.38	\$49.10	\$43.77
65436	\$197.57	\$213.75	\$190.53
65450	\$129.23	\$139.81	\$124.63

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
65600	\$246.03	\$266.17	\$237.26
65710	\$1,735.78	\$1,877.89	\$1,673.94
65730	\$1,735.78	\$1,877.89	\$1,673.94
65750	\$1,735.78	\$1,877.89	\$1,673.94
65755	\$1,735.78	\$1,877.89	\$1,673.94
65756	\$1,735.78	\$1,877.89	\$1,673.94
65757	\$0.00	\$0.00	\$0.00
65770	\$8,400.99	\$9,088.76	\$8,101.67
65772	\$385.53	\$417.09	\$371.79
65775	\$791.32	\$856.11	\$763.13
65778	\$0.00	\$0.00	\$0.00
65779	\$0.00	\$0.00	\$0.00
65780	\$1,281.74	\$1,386.68	\$1,236.08
65781	\$1,735.78	\$1,877.89	\$1,673.94
65782	\$1,281.74	\$1,386.68	\$1,236.08
65785	\$1,735.78	\$1,877.89	\$1,673.94
65800	\$957.52	\$1,035.91	\$923.41
65810	\$957.52	\$1,035.91	\$923.41
65815	\$957.52	\$1,035.91	\$923.41
65820	\$1,735.78	\$1,877.89	\$1,673.94
65850	\$957.52	\$1,035.91	\$923.41
65855	\$128.30	\$138.81	\$123.73
65860	\$167.54	\$181.26	\$161.57
65865	\$957.52	\$1,035.91	\$923.41
65870	\$957.52	\$1,035.91	\$923.41
65875	\$957.52	\$1,035.91	\$923.41
65880	\$1,735.78	\$1,877.89	\$1,673.94
65920	\$957.52	\$1,035.91	\$923.41
65930	\$957.52	\$1,035.91	\$923.41
66020	\$957.52	\$1,035.91	\$923.41
66030	\$957.52	\$1,035.91	\$923.41
66130	\$791.32	\$856.11	\$763.13
66150	\$1,735.78	\$1,877.89	\$1,673.94
66155	\$1,735.78	\$1,877.89	\$1,673.94
66160	\$957.52	\$1,035.91	\$923.41
66170	\$957.52	\$1,035.91	\$923.41
66172	\$957.52	\$1,035.91	\$923.41
66174	\$1,735.78	\$1,877.89	\$1,673.94
66175	\$1,735.78	\$1,877.89	\$1,673.94
66179	\$1,735.78	\$1,877.89	\$1,673.94

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
66180	\$2,328.04	\$2,518.63	\$2,245.10
66183	\$2,450.74	\$2,651.37	\$2,363.42
66184	\$957.52	\$1,035.91	\$923.41
66185	\$957.52	\$1,035.91	\$923.41
66225	\$1,735.78	\$1,877.89	\$1,673.94
66250	\$791.32	\$856.11	\$763.13
66500	\$957.52	\$1,035.91	\$923.41
66505	\$957.52	\$1,035.91	\$923.41
66600	\$1,735.78	\$1,877.89	\$1,673.94
66605	\$957.52	\$1,035.91	\$923.41
66625	\$957.52	\$1,035.91	\$923.41
66630	\$957.52	\$1,035.91	\$923.41
66635	\$957.52	\$1,035.91	\$923.41
66680	\$957.52	\$1,035.91	\$923.41
66682	\$957.52	\$1,035.91	\$923.41
66700	\$957.52	\$1,035.91	\$923.41
66710	\$791.32	\$856.11	\$763.13
66711	\$957.52	\$1,035.91	\$923.41
66720	\$791.32	\$856.11	\$763.13
66740	\$791.32	\$856.11	\$763.13
66761	\$179.48	\$194.18	\$173.09
66762	\$242.18	\$262.01	\$233.55
66770	\$242.18	\$262.01	\$233.55
66820	\$957.52	\$1,035.91	\$923.41
66821	\$242.18	\$262.01	\$233.55
66830	\$957.52	\$1,035.91	\$923.41
66840	\$957.52	\$1,035.91	\$923.41
66850	\$957.52	\$1,035.91	\$923.41
66852	\$1,735.78	\$1,877.89	\$1,673.94
66920	\$957.52	\$1,035.91	\$923.41
66930	\$1,735.78	\$1,877.89	\$1,673.94
66940	\$957.52	\$1,035.91	\$923.41
66982	\$957.52	\$1,035.91	\$923.41
66983	\$957.52	\$1,035.91	\$923.41
66984	\$957.52	\$1,035.91	\$923.41
66985	\$957.52	\$1,035.91	\$923.41
66986	\$957.52	\$1,035.91	\$923.41
66987	\$2,262.61	\$2,447.85	\$2,182.00
66988	\$2,262.61	\$2,447.85	\$2,182.00
66990	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
67005	\$957.52	\$1,035.91	\$923.41
67010	\$957.52	\$1,035.91	\$923.41
67015	\$957.52	\$1,035.91	\$923.41
67025	\$957.52	\$1,035.91	\$923.41
67027	\$1,540.46	\$1,666.57	\$1,485.58
67028	\$44.70	\$48.36	\$43.11
67030	\$957.52	\$1,035.91	\$923.41
67031	\$242.18	\$262.01	\$233.55
67036	\$1,735.78	\$1,877.89	\$1,673.94
67039	\$1,735.78	\$1,877.89	\$1,673.94
67040	\$1,735.78	\$1,877.89	\$1,673.94
67041	\$1,735.78	\$1,877.89	\$1,673.94
67042	\$1,735.78	\$1,877.89	\$1,673.94
67043	\$1,735.78	\$1,877.89	\$1,673.94
67101	\$191.77	\$207.47	\$184.93
67105	\$162.09	\$175.36	\$156.31
67107	\$1,735.78	\$1,877.89	\$1,673.94
67108	\$1,735.78	\$1,877.89	\$1,673.94
67110	\$480.79	\$520.15	\$463.66
67113	\$1,735.78	\$1,877.89	\$1,673.94
67115	\$1,735.78	\$1,877.89	\$1,673.94
67120	\$957.52	\$1,035.91	\$923.41
67121	\$957.52	\$1,035.91	\$923.41
67145	\$242.18	\$262.01	\$233.55
67208	\$129.23	\$139.81	\$124.63
67210	\$242.18	\$262.01	\$233.55
67218	\$1,281.74	\$1,386.68	\$1,236.08
67220	\$242.18	\$262.01	\$233.55
67221	\$144.68	\$156.52	\$139.53
67225	\$0.00	\$0.00	\$0.00
67227	\$155.60	\$168.34	\$150.06
67228	\$169.24	\$183.10	\$163.21
67229	\$242.18	\$262.01	\$233.55
67250	\$791.32	\$856.11	\$763.13
67255	\$957.52	\$1,035.91	\$923.41
67311	\$791.32	\$856.11	\$763.13
67312	\$1,281.74	\$1,386.68	\$1,236.08
67314	\$791.32	\$856.11	\$763.13
67316	\$791.32	\$856.11	\$763.13
67318	\$791.32	\$856.11	\$763.13

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
67320	\$0.00	\$0.00	\$0.00
67331	\$0.00	\$0.00	\$0.00
67332	\$0.00	\$0.00	\$0.00
67334	\$0.00	\$0.00	\$0.00
67335	\$0.00	\$0.00	\$0.00
67340	\$0.00	\$0.00	\$0.00
67343	\$791.32	\$856.11	\$763.13
67345	\$119.43	\$129.20	\$115.17
67346	\$1,281.74	\$1,386.68	\$1,236.08
67400	\$1,281.74	\$1,386.68	\$1,236.08
67405	\$791.32	\$856.11	\$763.13
67412	\$791.32	\$856.11	\$763.13
67413	\$791.32	\$856.11	\$763.13
67414	\$1,281.74	\$1,386.68	\$1,236.08
67415	\$791.32	\$856.11	\$763.13
67420	\$1,281.74	\$1,386.68	\$1,236.08
67430	\$1,281.74	\$1,386.68	\$1,236.08
67440	\$1,281.74	\$1,386.68	\$1,236.08
67445	\$1,281.74	\$1,386.68	\$1,236.08
67450	\$1,281.74	\$1,386.68	\$1,236.08
67500	\$129.23	\$139.81	\$124.63
67515	\$34.12	\$36.92	\$32.91
67550	\$1,281.74	\$1,386.68	\$1,236.08
67560	\$1,281.74	\$1,386.68	\$1,236.08
67570	\$1,281.74	\$1,386.68	\$1,236.08
67700	\$129.23	\$139.81	\$124.63
67710	\$188.35	\$203.77	\$181.64
67715	\$791.32	\$856.11	\$763.13
67800	\$72.34	\$78.26	\$69.76
67801	\$87.69	\$94.87	\$84.57
67805	\$112.26	\$121.45	\$108.26
67808	\$791.32	\$856.11	\$763.13
67810	\$129.23	\$139.81	\$124.63
67820	\$0.00	\$0.00	\$0.00
67825	\$76.09	\$82.32	\$73.38
67830	\$385.53	\$417.09	\$371.79
67835	\$791.32	\$856.11	\$763.13
67840	\$193.14	\$208.95	\$186.26
67850	\$145.02	\$156.89	\$139.85
67875	\$385.53	\$417.09	\$371.79

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
67880	\$791.32	\$856.11	\$763.13
67882	\$791.32	\$856.11	\$763.13
67900	\$791.32	\$856.11	\$763.13
67901	\$791.32	\$856.11	\$763.13
67902	\$1,281.74	\$1,386.68	\$1,236.08
67903	\$791.32	\$856.11	\$763.13
67904	\$791.32	\$856.11	\$763.13
67906	\$1,281.74	\$1,386.68	\$1,236.08
67908	\$791.32	\$856.11	\$763.13
67909	\$791.32	\$856.11	\$763.13
67911	\$791.32	\$856.11	\$763.13
67912	\$791.32	\$856.11	\$763.13
67914	\$791.32	\$856.11	\$763.13
67915	\$221.11	\$239.22	\$213.24
67916	\$791.32	\$856.11	\$763.13
67917	\$791.32	\$856.11	\$763.13
67921	\$791.32	\$856.11	\$763.13
67922	\$213.61	\$231.09	\$206.00
67923	\$791.32	\$856.11	\$763.13
67930	\$222.48	\$240.69	\$214.55
67935	\$791.32	\$856.11	\$763.13
67938	\$129.23	\$139.81	\$124.63
67950	\$791.32	\$856.11	\$763.13
67961	\$791.32	\$856.11	\$763.13
67966	\$791.32	\$856.11	\$763.13
67971	\$791.32	\$856.11	\$763.13
67973	\$791.32	\$856.11	\$763.13
67974	\$1,281.74	\$1,386.68	\$1,236.08
67975	\$791.32	\$856.11	\$763.13
68020	\$64.83	\$70.14	\$62.52
68040	\$30.03	\$32.49	\$28.96
68100	\$122.84	\$132.90	\$118.46
68110	\$159.69	\$172.77	\$154.00
68115	\$791.32	\$856.11	\$763.13
68130	\$791.32	\$856.11	\$763.13
68135	\$83.26	\$90.08	\$80.29
68200	\$0.00	\$0.00	\$0.00
68320	\$791.32	\$856.11	\$763.13
68325	\$1,281.74	\$1,386.68	\$1,236.08
68326	\$1,281.74	\$1,386.68	\$1,236.08

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
68328	\$791.32	\$856.11	\$763.13
68330	\$957.52	\$1,035.91	\$923.41
68335	\$1,281.74	\$1,386.68	\$1,236.08
68340	\$791.32	\$856.11	\$763.13
68360	\$1,281.74	\$1,386.68	\$1,236.08
68362	\$791.32	\$856.11	\$763.13
68371	\$791.32	\$856.11	\$763.13
68400	\$219.41	\$237.37	\$211.59
68420	\$232.37	\$251.40	\$224.10
68440	\$62.78	\$67.92	\$60.54
68500	\$1,281.74	\$1,386.68	\$1,236.08
68505	\$1,281.74	\$1,386.68	\$1,236.08
68510	\$791.32	\$856.11	\$763.13
68520	\$1,281.74	\$1,386.68	\$1,236.08
68525	\$791.32	\$856.11	\$763.13
68530	\$129.23	\$139.81	\$124.63
68540	\$791.32	\$856.11	\$763.13
68550	\$1,281.74	\$1,386.68	\$1,236.08
68700	\$791.32	\$856.11	\$763.13
68705	\$129.23	\$139.81	\$124.63
68720	\$1,281.74	\$1,386.68	\$1,236.08
68745	\$1,281.74	\$1,386.68	\$1,236.08
68750	\$1,281.74	\$1,386.68	\$1,236.08
68760	\$129.23	\$139.81	\$124.63
68761	\$92.13	\$99.67	\$88.85
68770	\$791.32	\$856.11	\$763.13
68801	\$0.00	\$0.00	\$0.00
68810	\$129.23	\$139.81	\$124.63
68811	\$791.32	\$856.11	\$763.13
68815	\$791.32	\$856.11	\$763.13
68816	\$791.32	\$856.11	\$763.13
68840	\$78.83	\$85.28	\$76.02
68850	\$0.00	\$0.00	\$0.00
69000	\$123.18	\$133.26	\$118.79
69005	\$126.59	\$136.96	\$122.08
69020	\$163.79	\$177.20	\$157.95
69100	\$64.49	\$69.77	\$62.19
69105	\$103.73	\$112.22	\$100.03
69110	\$940.15	\$1,017.11	\$906.65
69120	\$2,124.11	\$2,298.00	\$2,048.43

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
69140	\$2,124.11	\$2,298.00	\$2,048.43
69145	\$940.15	\$1,017.11	\$906.65
69150	\$2,124.11	\$2,298.00	\$2,048.43
69200	\$0.00	\$0.00	\$0.00
69205	\$544.98	\$589.59	\$525.56
69209	\$0.00	\$0.00	\$0.00
69210	\$0.00	\$0.00	\$0.00
69220	\$0.00	\$0.00	\$0.00
69222	\$148.77	\$160.95	\$143.47
69300	\$997.56	\$1,079.22	\$962.01
69310	\$2,124.11	\$2,298.00	\$2,048.43
69320	\$2,124.11	\$2,298.00	\$2,048.43
69420	\$97.28	\$105.25	\$93.82
69421	\$997.56	\$1,079.22	\$962.01
69424	\$90.77	\$98.20	\$87.53
69433	\$130.69	\$141.39	\$126.03
69436	N/A	\$548.89	N/A
69440	\$997.56	\$1,079.22	\$962.01
69450	\$997.56	\$1,079.22	\$962.01
69501	\$2,124.11	\$2,298.00	\$2,048.43
69502	\$2,124.11	\$2,298.00	\$2,048.43
69505	\$2,124.11	\$2,298.00	\$2,048.43
69511	\$2,124.11	\$2,298.00	\$2,048.43
69530	\$2,124.11	\$2,298.00	\$2,048.43
69540	\$150.14	\$162.43	\$144.79
69550	\$2,124.11	\$2,298.00	\$2,048.43
69552	\$2,124.11	\$2,298.00	\$2,048.43
69601	\$2,124.11	\$2,298.00	\$2,048.43
69602	\$2,124.11	\$2,298.00	\$2,048.43
69603	\$2,124.11	\$2,298.00	\$2,048.43
69604	\$2,124.11	\$2,298.00	\$2,048.43
69605	\$2,124.11	\$2,298.00	\$2,048.43
69610	\$193.14	\$208.95	\$186.26
69620	\$997.56	\$1,079.22	\$962.01
69631	\$2,124.11	\$2,298.00	\$2,048.43
69632	\$2,124.11	\$2,298.00	\$2,048.43
69633	\$2,124.11	\$2,298.00	\$2,048.43
69635	\$2,124.11	\$2,298.00	\$2,048.43
69636	\$2,124.11	\$2,298.00	\$2,048.43
69637	\$2,124.11	\$2,298.00	\$2,048.43

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
69641	\$2,124.11	\$2,298.00	\$2,048.43
69642	\$2,124.11	\$2,298.00	\$2,048.43
69643	\$2,124.11	\$2,298.00	\$2,048.43
69644	\$2,124.11	\$2,298.00	\$2,048.43
69645	\$2,124.11	\$2,298.00	\$2,048.43
69646	\$2,124.11	\$2,298.00	\$2,048.43
69650	\$997.56	\$1,079.22	\$962.01
69660	\$2,124.11	\$2,298.00	\$2,048.43
69661	\$2,124.11	\$2,298.00	\$2,048.43
69662	\$2,124.11	\$2,298.00	\$2,048.43
69666	\$997.56	\$1,079.22	\$962.01
69667	\$997.56	\$1,079.22	\$962.01
69670	\$2,124.11	\$2,298.00	\$2,048.43
69676	\$997.56	\$1,079.22	\$962.01
69700	\$507.35	\$548.89	\$489.28
69711	N/A	\$1,079.22	N/A
69714	\$8,942.17	\$9,674.25	\$8,623.57
69715	\$10,183.91	\$11,017.65	\$9,821.07
69717	\$4,136.78	\$4,475.45	\$3,989.39
69718	\$5,414.98	\$5,858.30	\$5,222.05
69720	\$2,124.11	\$2,298.00	\$2,048.43
69740	\$2,124.11	\$2,298.00	\$2,048.43
69745	\$2,124.11	\$2,298.00	\$2,048.43
69801	\$126.59	\$136.96	\$122.08
69805	\$2,124.11	\$2,298.00	\$2,048.43
69806	\$2,124.11	\$2,298.00	\$2,048.43
69905	\$2,124.11	\$2,298.00	\$2,048.43
69910	\$2,124.11	\$2,298.00	\$2,048.43
69915	\$997.56	\$1,079.22	\$962.01
69930	\$29,024.79	\$31,400.99	\$27,990.67
69990	\$0.00	\$0.00	\$0.00
70010	\$0.00	\$0.00	\$0.00
70015	\$0.00	\$0.00	\$0.00
70030	\$0.00	\$0.00	\$0.00
70100	\$0.00	\$0.00	\$0.00
70110	\$0.00	\$0.00	\$0.00
70120	\$0.00	\$0.00	\$0.00
90648	\$0.00	\$0.00	\$0.00
90653	\$0.00	\$0.00	\$0.00
90654	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
90655	\$0.00	\$0.00	\$0.00
90656	\$0.00	\$0.00	\$0.00
90657	\$0.00	\$0.00	\$0.00
90660	\$0.00	\$0.00	\$0.00
90661	\$0.00	\$0.00	\$0.00
90662	\$0.00	\$0.00	\$0.00
90670	\$0.00	\$0.00	\$0.00
90672	\$0.00	\$0.00	\$0.00
90673	\$0.00	\$0.00	\$0.00
90674	\$0.00	\$0.00	\$0.00
90675	\$263.93	\$263.93	\$263.93
90676	\$216.15	\$216.15	\$216.15
90680	\$0.00	\$0.00	\$0.00
90682	\$0.00	\$0.00	\$0.00
90685	\$0.00	\$0.00	\$0.00
90686	\$0.00	\$0.00	\$0.00
90687	\$0.00	\$0.00	\$0.00
90688	\$0.00	\$0.00	\$0.00
90689	\$0.00	\$0.00	\$0.00
90690	\$0.00	\$0.00	\$0.00
90691	\$0.00	\$0.00	\$0.00
90696	\$0.00	\$0.00	\$0.00
90717	\$0.00	\$0.00	\$0.00
90732	\$0.00	\$0.00	\$0.00
90749	\$0.00	\$0.00	\$0.00
90756	\$0.00	\$0.00	\$0.00
91035	\$0.00	\$0.00	\$0.00
92920	\$2,856.92	\$3,090.81	\$2,755.13
92921	\$0.00	\$0.00	\$0.00
92928	\$5,727.64	\$6,196.55	\$5,523.57
92929	\$0.00	\$0.00	\$0.00
93451	\$1,299.45	\$1,405.84	\$1,253.16
93452	\$1,299.45	\$1,405.84	\$1,253.16
93453	\$1,299.45	\$1,405.84	\$1,253.16
93454	\$1,299.45	\$1,405.84	\$1,253.16
93455	\$1,299.45	\$1,405.84	\$1,253.16
93456	\$1,299.45	\$1,405.84	\$1,253.16
93457	\$1,299.45	\$1,405.84	\$1,253.16
93458	\$1,299.45	\$1,405.84	\$1,253.16
93459	\$1,299.45	\$1,405.84	\$1,253.16

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
93460	\$1,299.45	\$1,405.84	\$1,253.16
93461	\$1,299.45	\$1,405.84	\$1,253.16
93462	\$0.00	\$0.00	\$0.00
93566	\$0.00	\$0.00	\$0.00
93567	\$0.00	\$0.00	\$0.00
93568	\$0.00	\$0.00	\$0.00
93571	\$0.00	\$0.00	\$0.00
93572	\$0.00	\$0.00	\$0.00
93985	\$111.33	\$120.45	\$107.37
93986	\$53.54	\$57.93	\$51.64
0100T	\$4,531.66	\$4,902.66	\$4,370.21
0101T	\$1,216.15	\$1,315.72	\$1,172.82
0102T	\$1,216.15	\$1,315.72	\$1,172.82
0191T	\$2,569.53	\$2,779.89	\$2,477.98
0200T	\$3,654.36	\$3,953.53	\$3,524.15
0201T	\$2,650.57	\$2,867.57	\$2,556.13
0213T	\$387.96	\$419.72	\$374.13
0214T	\$0.00	\$0.00	\$0.00
0215T	\$0.00	\$0.00	\$0.00
0216T	\$387.96	\$419.72	\$374.13
0217T	\$0.00	\$0.00	\$0.00
0218T	\$0.00	\$0.00	\$0.00
0228T	\$387.96	\$419.72	\$374.13
0229T	\$0.00	\$0.00	\$0.00
0230T	\$387.96	\$419.72	\$374.13
0231T	\$0.00	\$0.00	\$0.00
0232T	\$0.00	\$0.00	\$0.00
0238T	\$9,710.97	\$10,505.99	\$9,364.98
0253T	\$2,433.57	\$2,632.80	\$2,346.86
0263T	\$1,824.21	\$1,973.56	\$1,759.22
0264T	\$1,824.21	\$1,973.56	\$1,759.22
0265T	\$1,824.21	\$1,973.56	\$1,759.22
0269T	\$2,051.96	\$2,219.95	\$1,978.85
0270T	\$1,745.34	\$1,888.23	\$1,683.16
0271T	\$1,745.34	\$1,888.23	\$1,683.16
0274T	\$2,650.57	\$2,867.57	\$2,556.13
0275T	\$2,650.57	\$2,867.57	\$2,556.13
0278T	\$0.00	\$0.00	\$0.00
0290T	\$0.00	\$0.00	\$0.00
0308T	\$19,548.74	\$21,149.15	\$18,852.24

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
0313T	\$3,266.87	\$3,534.32	\$3,150.48
0314T	\$1,745.34	\$1,888.23	\$1,683.16
0315T	\$1,745.34	\$1,888.23	\$1,683.16
0316T	\$23,222.91	\$25,124.12	\$22,395.50
0330T	\$0.00	\$0.00	\$0.00
0331T	\$0.00	\$0.00	\$0.00
0332T	\$0.00	\$0.00	\$0.00
0335T	\$4,022.59	\$4,351.91	\$3,879.27
0338T	\$2,025.01	\$2,190.79	\$1,952.86
0339T	\$2,025.01	\$2,190.79	\$1,952.86
0342T	\$1,824.21	\$1,973.56	\$1,759.22
0347T	\$0.00	\$0.00	\$0.00
0348T	\$0.00	\$0.00	\$0.00
0349T	\$0.00	\$0.00	\$0.00
0350T	\$0.00	\$0.00	\$0.00
0351T	\$0.00	\$0.00	\$0.00
0353T	\$0.00	\$0.00	\$0.00
0356T	\$0.00	\$0.00	\$0.00
0376T	\$0.00	\$0.00	\$0.00
0379T	\$0.00	\$0.00	\$0.00
0394T	\$0.00	\$0.00	\$0.00
0395T	\$0.00	\$0.00	\$0.00
0396T	\$0.00	\$0.00	\$0.00
0397T	\$0.00	\$0.00	\$0.00
0400T	\$0.00	\$0.00	\$0.00
0401T	\$0.00	\$0.00	\$0.00
0402T	\$791.32	\$856.11	\$763.13
0408T	\$17,518.66	\$18,952.88	\$16,894.49
0409T	\$14,033.85	\$15,182.78	\$13,533.84
0410T	\$4,686.41	\$5,070.08	\$4,519.44
0411T	\$4,686.41	\$5,070.08	\$4,519.44
0412T	\$1,425.60	\$1,542.31	\$1,374.81
0413T	\$1,425.60	\$1,542.31	\$1,374.81
0414T	\$14,033.85	\$15,182.78	\$13,533.84
0415T	\$301.23	\$325.89	\$290.49
0416T	\$775.26	\$838.73	\$747.64
0419T	\$237.45	\$256.89	\$228.99
0420T	\$237.45	\$256.89	\$228.99
0421T	\$3,777.88	\$4,087.16	\$3,643.27
0422T	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
0424T	\$20,898.71	\$22,609.64	\$20,154.11
0425T	\$2,837.31	\$3,069.60	\$2,736.22
0426T	\$8,876.46	\$9,603.16	\$8,560.20
0427T	\$12,080.89	\$13,069.93	\$11,650.46
0428T	\$1,745.34	\$1,888.23	\$1,683.16
0429T	\$1,745.34	\$1,888.23	\$1,683.16
0430T	\$1,745.34	\$1,888.23	\$1,683.16
0431T	\$22,513.23	N/A	\$21,711.11
0432T	\$1,745.34	\$1,888.23	\$1,683.16
0433T	\$1,745.34	\$1,888.23	\$1,683.16
0434T	\$54.19	\$58.62	\$52.26
0437T	\$0.00	\$0.00	\$0.00
0439T	\$0.00	\$0.00	\$0.00
0440T	\$753.36	\$815.04	\$726.52
0441T	\$753.36	\$815.04	\$726.52
0442T	\$3,036.57	\$3,285.17	\$2,928.38
0443T	\$0.00	\$0.00	\$0.00
0444T	\$0.00	\$0.00	\$0.00
0445T	\$0.00	\$0.00	\$0.00
0446T	\$237.45	\$256.89	\$228.99
0447T	\$83.48	\$90.31	\$80.50
0448T	\$237.45	\$256.89	\$228.99
0449T	\$2,668.44	\$2,886.90	\$2,573.36
0450T	\$0.00	\$0.00	\$0.00
0465T	\$147.91	\$160.02	\$142.64
0466T	\$0.00	\$0.00	\$0.00
0467T	\$1,745.34	\$1,888.23	\$1,683.16
0468T	\$1,745.34	\$1,888.23	\$1,683.16
0471T	\$0.00	\$0.00	\$0.00
0479T	\$152.65	\$165.15	\$147.21
0480T	\$0.00	\$0.00	\$0.00
0487T	\$0.00	\$0.00	\$0.00
0491T	\$152.65	\$165.15	\$147.21
0492T	\$0.00	\$0.00	\$0.00
0493T	\$0.00	\$0.00	\$0.00
0502T	\$0.00	\$0.00	\$0.00
0503T	\$0.00	\$0.00	\$0.00
0508T	\$0.00	\$0.00	\$0.00
0510T	\$1,216.15	\$1,315.72	\$1,172.82
0511T	\$3,455.04	\$3,737.90	\$3,331.95

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
0512T	\$152.65	\$165.15	\$147.21
0513T	\$0.00	\$0.00	\$0.00
0514T	\$0.00	\$0.00	\$0.00
0523T	\$0.00	\$0.00	\$0.00
0524T	\$1,268.13	\$1,371.95	\$1,222.95
0525T	\$5,838.67	\$6,316.67	\$5,630.65
0526T	\$4,686.41	N/A	\$4,519.44
0527T	\$4,686.41	\$5,070.08	\$4,519.44
0530T	\$1,425.60	\$1,542.31	\$1,374.81
0531T	\$1,425.60	\$1,542.31	\$1,374.81
0532T	\$1,425.60	\$1,542.31	\$1,374.81
0548T	\$4,924.51	\$5,327.67	\$4,749.05
0549T	\$2,435.69	\$2,635.10	\$2,348.91
0550T	\$1,301.92	\$1,408.51	\$1,255.54
0551T	\$112.22	\$121.41	\$108.22
0558T	\$0.00	\$0.00	\$0.00
0566T	\$125.06	\$135.30	\$120.61
0587T	\$389.25	\$421.12	\$375.38
0588T	\$125.06	\$135.30	\$120.61
A9500	\$0.00	\$0.00	\$0.00
A9501	\$0.00	\$0.00	\$0.00
A9502	\$0.00	\$0.00	\$0.00
A9503	\$0.00	\$0.00	\$0.00
A9504	\$0.00	\$0.00	\$0.00
A9505	\$0.00	\$0.00	\$0.00
A9507	\$0.00	\$0.00	\$0.00
A9508	\$0.00	\$0.00	\$0.00
A9509	\$0.00	\$0.00	\$0.00
A9510	\$0.00	\$0.00	\$0.00
A9515	\$0.00	\$0.00	\$0.00
A9516	\$0.00	\$0.00	\$0.00
A9520	\$0.00	\$0.00	\$0.00
A9521	\$0.00	\$0.00	\$0.00
A9524	\$0.00	\$0.00	\$0.00
A9526	\$0.00	\$0.00	\$0.00
A9527	\$29.70	\$29.70	\$29.70
A9528	\$0.00	\$0.00	\$0.00
A9529	\$0.00	\$0.00	\$0.00
A9531	\$0.00	\$0.00	\$0.00
A9532	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
A9536	\$0.00	\$0.00	\$0.00
A9537	\$0.00	\$0.00	\$0.00
A9538	\$0.00	\$0.00	\$0.00
A9539	\$0.00	\$0.00	\$0.00
A9540	\$0.00	\$0.00	\$0.00
A9541	\$0.00	\$0.00	\$0.00
A9542	\$0.00	\$0.00	\$0.00
A9546	\$0.00	\$0.00	\$0.00
A9547	\$0.00	\$0.00	\$0.00
A9548	\$0.00	\$0.00	\$0.00
A9550	\$0.00	\$0.00	\$0.00
A9551	\$0.00	\$0.00	\$0.00
A9552	\$0.00	\$0.00	\$0.00
A9553	\$0.00	\$0.00	\$0.00
A9554	\$0.00	\$0.00	\$0.00
A9555	\$0.00	\$0.00	\$0.00
A9556	\$0.00	\$0.00	\$0.00
A9557	\$0.00	\$0.00	\$0.00
A9558	\$0.00	\$0.00	\$0.00
A9559	\$0.00	\$0.00	\$0.00
A9560	\$0.00	\$0.00	\$0.00
A9561	\$0.00	\$0.00	\$0.00
A9562	\$0.00	\$0.00	\$0.00
A9566	\$0.00	\$0.00	\$0.00
A9567	\$0.00	\$0.00	\$0.00
A9568	\$0.00	\$0.00	\$0.00
A9569	\$0.00	\$0.00	\$0.00
A9571	\$0.00	\$0.00	\$0.00
A9572	\$0.00	\$0.00	\$0.00
A9575	\$0.00	\$0.00	\$0.00
A9576	\$0.00	\$0.00	\$0.00
A9577	\$0.00	\$0.00	\$0.00
A9578	\$0.00	\$0.00	\$0.00
A9579	\$0.00	\$0.00	\$0.00
A9580	\$0.00	\$0.00	\$0.00
A9581	\$0.00	\$0.00	\$0.00
A9582	\$0.00	\$0.00	\$0.00
A9583	\$0.00	\$0.00	\$0.00
A9584	\$0.00	\$0.00	\$0.00
A9585	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
A9586	\$2,877.40	\$2,877.40	\$2,877.40
A9587	\$0.00	\$0.00	\$0.00
A9588	\$0.00	\$0.00	\$0.00
A9597	\$0.00	\$0.00	\$0.00
A9598	\$0.00	\$0.00	\$0.00
A9698	\$0.00	\$0.00	\$0.00
A9700	\$0.00	\$0.00	\$0.00
C1713	\$0.00	\$0.00	\$0.00
C1714	\$0.00	\$0.00	\$0.00
C1715	\$0.00	\$0.00	\$0.00
C1716	\$110.62	\$110.62	\$110.62
C1717	\$305.88	\$305.88	\$305.88
C1719	\$59.81	\$59.81	\$59.81
C1721	\$0.00	\$0.00	\$0.00
C1722	\$0.00	\$0.00	\$0.00
C1724	\$0.00	\$0.00	\$0.00
C1725	\$0.00	\$0.00	\$0.00
C1726	\$0.00	\$0.00	\$0.00
C1727	\$0.00	\$0.00	\$0.00
C1728	\$0.00	\$0.00	\$0.00
C1729	\$0.00	\$0.00	\$0.00
C1730	\$0.00	\$0.00	\$0.00
C1731	\$0.00	\$0.00	\$0.00
C1732	\$0.00	\$0.00	\$0.00
C1733	\$0.00	\$0.00	\$0.00
C1749	\$0.00	\$0.00	\$0.00
C1750	\$0.00	\$0.00	\$0.00
C1751	\$0.00	\$0.00	\$0.00
C1752	\$0.00	\$0.00	\$0.00
C1753	\$0.00	\$0.00	\$0.00
C1754	\$0.00	\$0.00	\$0.00
C1755	\$0.00	\$0.00	\$0.00
C1756	\$0.00	\$0.00	\$0.00
C1757	\$0.00	\$0.00	\$0.00
C1758	\$0.00	\$0.00	\$0.00
C1759	\$0.00	\$0.00	\$0.00
C1760	\$0.00	\$0.00	\$0.00
C1762	\$0.00	\$0.00	\$0.00
C1763	\$0.00	\$0.00	\$0.00
C1764	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
C1765	\$0.00	\$0.00	\$0.00
C1766	\$0.00	\$0.00	\$0.00
C1767	\$0.00	\$0.00	\$0.00
C1768	\$0.00	\$0.00	\$0.00
C1769	\$0.00	\$0.00	\$0.00
C1770	\$0.00	\$0.00	\$0.00
C1771	\$0.00	\$0.00	\$0.00
C1772	\$0.00	\$0.00	\$0.00
C1773	\$0.00	\$0.00	\$0.00
C1776	\$0.00	\$0.00	\$0.00
C1777	\$0.00	\$0.00	\$0.00
C1778	\$0.00	\$0.00	\$0.00
C1779	\$0.00	\$0.00	\$0.00
C1780	\$0.00	\$0.00	\$0.00
C1781	\$0.00	\$0.00	\$0.00
C1782	\$0.00	\$0.00	\$0.00
C1783	\$0.00	\$0.00	\$0.00
C1784	\$0.00	\$0.00	\$0.00
C1785	\$0.00	\$0.00	\$0.00
C1786	\$0.00	\$0.00	\$0.00
C1787	\$0.00	\$0.00	\$0.00
C1788	\$0.00	\$0.00	\$0.00
C1789	\$0.00	\$0.00	\$0.00
C1813	\$0.00	\$0.00	\$0.00
C1814	\$0.00	\$0.00	\$0.00
C1815	\$0.00	\$0.00	\$0.00
C1816	\$0.00	\$0.00	\$0.00
C1817	\$0.00	\$0.00	\$0.00
C1818	\$0.00	\$0.00	\$0.00
C1819	\$0.00	\$0.00	\$0.00
C1820	\$0.00	\$0.00	\$0.00
C1821	\$0.00	\$0.00	\$0.00
C1822	\$0.00	\$0.00	\$0.00
C1830	\$0.00	\$0.00	\$0.00
C1840	\$0.00	\$0.00	\$0.00
C1841	\$67,932.13	\$67,932.13	\$67,932.13
C1842	\$67,932.13	\$67,932.13	\$67,932.13
C1874	\$0.00	\$0.00	\$0.00
C1875	\$0.00	\$0.00	\$0.00
C1876	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
C1877	\$0.00	\$0.00	\$0.00
C1878	\$0.00	\$0.00	\$0.00
C1880	\$0.00	\$0.00	\$0.00
C1881	\$0.00	\$0.00	\$0.00
C1882	\$0.00	\$0.00	\$0.00
C1883	\$0.00	\$0.00	\$0.00
C1884	\$0.00	\$0.00	\$0.00
C1885	\$0.00	\$0.00	\$0.00
C1886	\$0.00	\$0.00	\$0.00
C1887	\$0.00	\$0.00	\$0.00
C1888	\$0.00	\$0.00	\$0.00
C1889	\$0.00	\$0.00	\$0.00
C1891	\$0.00	\$0.00	\$0.00
C1892	\$0.00	\$0.00	\$0.00
C1893	\$0.00	\$0.00	\$0.00
C1894	\$0.00	\$0.00	\$0.00
C1895	\$0.00	\$0.00	\$0.00
C1896	\$0.00	\$0.00	\$0.00
C1897	\$0.00	\$0.00	\$0.00
C1898	\$0.00	\$0.00	\$0.00
C1899	\$0.00	\$0.00	\$0.00
C1900	\$0.00	\$0.00	\$0.00
C2613	\$0.00	\$0.00	\$0.00
C2614	\$0.00	\$0.00	\$0.00
C2615	\$0.00	\$0.00	\$0.00
C2616	\$16,235.18	\$16,235.18	\$16,235.18
C2617	\$0.00	\$0.00	\$0.00
C2618	\$0.00	\$0.00	\$0.00
C2619	\$0.00	\$0.00	\$0.00
C2620	\$0.00	\$0.00	\$0.00
C2621	\$0.00	\$0.00	\$0.00
C2622	\$0.00	\$0.00	\$0.00
C2623	\$0.00	\$0.00	\$0.00
C2624	\$0.00	\$0.00	\$0.00
C2625	\$0.00	\$0.00	\$0.00
C2626	\$0.00	\$0.00	\$0.00
C2627	\$0.00	\$0.00	\$0.00
C2628	\$0.00	\$0.00	\$0.00
C2629	\$0.00	\$0.00	\$0.00
C2630	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
C2631	\$0.00	\$0.00	\$0.00
C2634	\$172.80	\$172.80	\$172.80
C2635	\$53.55	\$53.55	\$53.55
C2636	\$34.23	\$34.23	\$34.23
C2638	\$32.81	\$32.81	\$32.81
C2639	\$33.85	\$33.85	\$33.85
C2640	\$79.41	\$79.41	\$79.41
C2641	\$65.92	\$65.92	\$65.92
C2642	\$72.87	\$72.87	\$72.87
C2643	\$90.92	\$90.92	\$90.92
C2645	\$4.46	\$4.46	\$4.46
C2698	\$32.81	\$32.81	\$32.81
C2699	\$33.85	\$33.85	\$33.85
C5271	\$237.45	\$256.89	\$228.99
C5272	\$0.00	\$0.00	\$0.00
C5273	\$775.26	\$838.73	\$747.64
C5274	\$0.00	\$0.00	\$0.00
C5275	\$237.45	\$256.89	\$228.99
C5276	\$0.00	\$0.00	\$0.00
C5277	\$237.45	\$256.89	\$228.99
C5278	\$0.00	\$0.00	\$0.00
C8900	\$0.00	\$0.00	\$0.00
C8901	\$0.00	\$0.00	\$0.00
C8902	\$0.00	\$0.00	\$0.00
C8903	\$0.00	\$0.00	\$0.00
C8905	\$0.00	\$0.00	\$0.00
C8906	\$0.00	\$0.00	\$0.00
C8908	\$0.00	\$0.00	\$0.00
C8909	\$0.00	\$0.00	\$0.00
C8910	\$0.00	\$0.00	\$0.00
C8911	\$0.00	\$0.00	\$0.00
C8912	\$0.00	\$0.00	\$0.00
C8913	\$0.00	\$0.00	\$0.00
C8914	\$0.00	\$0.00	\$0.00
C8918	\$0.00	\$0.00	\$0.00
C8919	\$0.00	\$0.00	\$0.00
C8920	\$0.00	\$0.00	\$0.00
C8931	\$0.00	\$0.00	\$0.00
C8932	\$0.00	\$0.00	\$0.00
C8933	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
C8934	\$0.00	\$0.00	\$0.00
C8935	\$0.00	\$0.00	\$0.00
C8936	\$0.00	\$0.00	\$0.00
C9041	\$276.93	\$276.93	\$276.93
C9046	\$0.82	\$0.82	\$0.82
C9047	\$654.92	\$654.92	\$654.92
C9054	\$0.67	\$0.67	\$0.67
C9055	\$73.51	\$73.51	\$73.51
C9113	\$0.00	\$0.00	\$0.00
C9132	\$1.91	\$1.91	\$1.91
C9248	\$0.00	\$0.00	\$0.00
C9250	\$149.00	\$149.00	\$149.00
C9254	\$0.00	\$0.00	\$0.00
C9257	\$1.92	\$1.92	\$1.92
C9285	\$0.00	\$0.00	\$0.00
C9290	\$1.19	\$1.19	\$1.19
C9293	\$0.00	\$0.00	\$0.00
C9352	\$0.00	\$0.00	\$0.00
C9353	\$0.00	\$0.00	\$0.00
C9354	\$0.00	\$0.00	\$0.00
C9355	\$0.00	\$0.00	\$0.00
C9356	\$0.00	\$0.00	\$0.00
C9358	\$0.00	\$0.00	\$0.00
C9359	\$0.00	\$0.00	\$0.00
C9360	\$0.00	\$0.00	\$0.00
C9361	\$0.00	\$0.00	\$0.00
C9362	\$0.00	\$0.00	\$0.00
C9363	\$0.00	\$0.00	\$0.00
C9364	\$0.00	\$0.00	\$0.00
C9460	\$14.56	\$14.56	\$14.56
C9462	\$0.44	\$0.44	\$0.44
C9482	\$9.49	\$9.49	\$9.49
C9488	\$29.80	\$29.80	\$29.80
C9600	\$5,851.95	\$6,331.03	\$5,643.45
C9601	\$0.00	\$0.00	\$0.00
C9725	\$364.94	\$394.82	\$351.94
C9726	\$0.00	\$0.00	\$0.00
C9727	\$507.35	\$548.89	\$489.28
C9728	\$594.96	\$643.67	\$573.77
C9738	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
C9739	\$3,102.88	\$3,356.91	\$2,992.33
C9740	\$6,532.38	\$7,067.18	\$6,299.64
C9745	\$3,175.58	\$3,435.56	\$3,062.44
C9747	\$1,868.56	\$2,021.53	\$1,801.98
C9749	\$3,231.74	\$3,496.31	\$3,116.59
C9752	\$7,058.49	\$7,636.36	\$6,807.01
C9753	\$0.00	\$0.00	\$0.00
C9754	\$8,378.69	\$9,064.64	\$8,080.17
C9755	\$8,378.69	\$9,064.64	\$8,080.17
C9757	\$7,058.49	\$7,636.36	\$6,807.01
G0104	\$137.51	\$148.77	\$132.61
G0105	\$364.94	\$394.82	\$351.94
G0121	\$364.94	\$394.82	\$351.94
G0130	\$0.00	\$0.00	\$0.00
G0186	\$242.18	\$262.01	\$233.55
G0260	\$298.62	\$323.06	\$287.98
G0276	\$2,650.57	\$2,867.57	\$2,556.13
G0429	\$49.82	\$53.90	\$48.04
G0516	\$0.00	\$0.00	\$0.00
G0517	\$0.00	\$0.00	\$0.00
G0518	\$0.00	\$0.00	\$0.00
J0120	\$0.00	\$0.00	\$0.00
J0121	\$3.27	\$3.27	\$3.27
J0122	\$0.97	\$0.97	\$0.97
J0129	\$52.11	\$52.11	\$52.11
J0130	\$0.00	\$0.00	\$0.00
J0131	\$0.00	\$0.00	\$0.00
J0132	\$0.00	\$0.00	\$0.00
J0133	\$0.00	\$0.00	\$0.00
J0135	\$1,302.57	\$1,302.57	\$1,302.57
J0153	\$0.00	\$0.00	\$0.00
J0171	\$0.00	\$0.00	\$0.00
J0178	\$897.78	\$897.78	\$897.78
J0179	\$301.70	\$301.70	\$301.70
J0180	\$174.56	\$174.56	\$174.56
J0185	\$1.99	\$1.99	\$1.99
J0202	\$1,851.71	\$1,851.71	\$1,851.71
J0207	\$961.30	\$961.30	\$961.30
J0210	\$0.00	\$0.00	\$0.00
J0220	\$70.12	\$70.12	\$70.12

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J0221	\$162.65	\$162.65	\$162.65
J0222	\$93.43	\$93.43	\$93.43
J0256	\$4.23	\$4.23	\$4.23
J0257	\$4.62	\$4.62	\$4.62
J0278	\$0.00	\$0.00	\$0.00
J0280	\$0.00	\$0.00	\$0.00
J0282	\$0.00	\$0.00	\$0.00
J0285	\$0.00	\$0.00	\$0.00
J0287	\$8.61	\$8.61	\$8.61
J0289	\$25.39	\$25.39	\$25.39
J0290	\$0.00	\$0.00	\$0.00
J0291	\$3.17	\$3.17	\$3.17
J0295	\$0.00	\$0.00	\$0.00
J0300	\$90.40	\$90.40	\$90.40
J0330	\$0.00	\$0.00	\$0.00
J0348	\$0.00	\$0.00	\$0.00
J0360	\$0.00	\$0.00	\$0.00
J0390	\$0.00	\$0.00	\$0.00
J0400	\$0.00	\$0.00	\$0.00
J0456	\$0.00	\$0.00	\$0.00
J0461	\$0.00	\$0.00	\$0.00
J0470	\$0.00	\$0.00	\$0.00
J0475	\$164.92	\$164.92	\$164.92
J0476	\$0.00	\$0.00	\$0.00
J0480	\$3,617.68	\$3,617.68	\$3,617.68
J0485	\$3.58	\$3.58	\$3.58
J0490	\$43.22	\$43.22	\$43.22
J0500	\$0.00	\$0.00	\$0.00
J0515	\$0.00	\$0.00	\$0.00
J0517	\$161.97	\$161.97	\$161.97
J0558	\$10.33	\$10.33	\$10.33
J0561	\$13.07	\$13.07	\$13.07
J0565	\$37.80	\$37.80	\$37.80
J0567	\$88.82	\$88.82	\$88.82
J0570	\$1,150.71	\$1,150.71	\$1,150.71
J0583	\$0.00	\$0.00	\$0.00
J0584	\$335.63	\$335.63	\$335.63
J0585	\$5.81	\$5.81	\$5.81
J0586	\$7.98	\$7.98	\$7.98
J0587	\$11.39	\$11.39	\$11.39

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J0588	\$4.76	\$4.76	\$4.76
J0592	\$0.00	\$0.00	\$0.00
J0593	\$72.54	\$72.54	\$72.54
J0594	\$4.65	\$4.65	\$4.65
J0595	\$0.00	\$0.00	\$0.00
J0596	\$26.68	\$26.68	\$26.68
J0597	\$48.75	\$48.75	\$48.75
J0598	\$53.66	\$53.66	\$53.66
J0599	\$9.19	\$9.19	\$9.19
J0600	\$5,314.70	\$5,314.70	\$5,314.70
J0606	\$2.33	\$2.33	\$2.33
J0610	\$0.00	\$0.00	\$0.00
J0620	\$0.00	\$0.00	\$0.00
J0630	\$2,523.66	\$2,523.66	\$2,523.66
J0636	\$0.00	\$0.00	\$0.00
J0637	\$0.00	\$0.00	\$0.00
J0638	\$105.45	\$105.45	\$105.45
J0641	\$0.16	\$0.16	\$0.16
J0642	\$1.91	\$1.91	\$1.91
J0670	\$0.00	\$0.00	\$0.00
J0690	\$0.00	\$0.00	\$0.00
J0692	\$0.00	\$0.00	\$0.00
J0694	\$0.00	\$0.00	\$0.00
J0695	\$5.63	\$5.63	\$5.63
J0696	\$0.00	\$0.00	\$0.00
J0697	\$0.00	\$0.00	\$0.00
J0698	\$0.00	\$0.00	\$0.00
J0702	\$0.00	\$0.00	\$0.00
J0706	\$0.00	\$0.00	\$0.00
J0712	\$3.02	\$3.02	\$3.02
J0713	\$0.00	\$0.00	\$0.00
J0714	\$87.43	\$87.43	\$87.43
J0715	\$0.00	\$0.00	\$0.00
J0716	\$4,581.31	\$4,581.31	\$4,581.31
J0717	\$7.80	\$7.80	\$7.80
J0720	\$0.00	\$0.00	\$0.00
J0725	\$0.00	\$0.00	\$0.00
J0735	\$0.00	\$0.00	\$0.00
J0740	\$601.73	\$601.73	\$601.73
J0743	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J0744	\$0.00	\$0.00	\$0.00
J0745	\$0.00	\$0.00	\$0.00
J0770	\$0.00	\$0.00	\$0.00
J0775	\$46.29	\$46.29	\$46.29
J0780	\$0.00	\$0.00	\$0.00
J0795	\$8.78	\$8.78	\$8.78
J0800	\$3,727.59	\$3,727.59	\$3,727.59
J0834	\$0.00	\$0.00	\$0.00
J0840	\$3,120.48	\$3,120.48	\$3,120.48
J0841	\$1,197.91	\$1,197.91	\$1,197.91
J0850	\$1,072.69	\$1,072.69	\$1,072.69
J0875	\$14.31	\$14.31	\$14.31
J0878	\$0.28	\$0.28	\$0.28
J0881	\$3.63	\$3.63	\$3.63
J0882	\$3.63	\$3.63	\$3.63
J0884	\$1.16	\$1.16	\$1.16
J0885	\$10.03	\$10.03	\$10.03
J0887	\$0.00	\$0.00	\$0.00
J0888	\$0.00	\$0.00	\$0.00
J0894	\$4.09	\$4.09	\$4.09
J0895	\$0.00	\$0.00	\$0.00
J0897	\$18.32	\$18.32	\$18.32
J0945	\$0.00	\$0.00	\$0.00
J1000	\$0.00	\$0.00	\$0.00
J1020	\$0.00	\$0.00	\$0.00
J1030	\$0.00	\$0.00	\$0.00
J1040	\$0.00	\$0.00	\$0.00
J1050	\$0.00	\$0.00	\$0.00
J1071	\$0.00	\$0.00	\$0.00
J1094	\$0.00	\$0.00	\$0.00
J1095	\$1.15	\$1.15	\$1.15
J1096	\$128.86	\$128.86	\$128.86
J1097	\$104.22	\$104.22	\$104.22
J1100	\$0.00	\$0.00	\$0.00
J1110	\$0.00	\$0.00	\$0.00
J1120	\$0.00	\$0.00	\$0.00
J1130	\$0.00	\$0.00	\$0.00
J1160	\$0.00	\$0.00	\$0.00
J1162	\$3,591.18	\$3,591.18	\$3,591.18
J1165	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J1170	\$0.00	\$0.00	\$0.00
J1190	\$187.64	\$187.64	\$187.64
J1200	\$0.00	\$0.00	\$0.00
J1205	\$0.00	\$0.00	\$0.00
J1212	\$585.95	\$585.95	\$585.95
J1230	\$0.00	\$0.00	\$0.00
J1240	\$0.00	\$0.00	\$0.00
J1245	\$0.00	\$0.00	\$0.00
J1250	\$0.00	\$0.00	\$0.00
J1260	\$0.00	\$0.00	\$0.00
J1265	\$0.00	\$0.00	\$0.00
J1267	\$0.84	\$0.84	\$0.84
J1270	\$0.00	\$0.00	\$0.00
J1300	\$218.96	\$218.96	\$218.96
J1301	\$18.52	\$18.52	\$18.52
J1303	\$214.97	\$214.97	\$214.97
J1320	\$0.00	\$0.00	\$0.00
J1322	\$229.35	\$229.35	\$229.35
J1325	\$0.00	\$0.00	\$0.00
J1327	\$3.19	\$3.19	\$3.19
J1335	\$0.00	\$0.00	\$0.00
J1364	\$0.00	\$0.00	\$0.00
J1380	\$0.00	\$0.00	\$0.00
J1410	\$293.27	\$293.27	\$293.27
J1428	\$158.98	\$158.98	\$158.98
J1430	\$421.90	\$421.90	\$421.90
J1438	\$651.28	\$651.28	\$651.28
J1439	\$1.05	\$1.05	\$1.05
J1442	\$0.91	\$0.91	\$0.91
J1447	\$0.50	\$0.50	\$0.50
J1450	\$0.00	\$0.00	\$0.00
J1451	\$8.14	\$8.14	\$8.14
J1453	\$1.88	\$1.88	\$1.88
J1454	\$286.78	\$286.78	\$286.78
J1455	\$78.16	\$78.16	\$78.16
J1458	\$377.97	\$377.97	\$377.97
J1459	\$38.80	\$38.80	\$38.80
J1460	\$38.81	\$38.81	\$38.81
J1555	\$13.31	\$13.31	\$13.31
J1556	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J1557	\$43.92	\$43.92	\$43.92
J1559	\$9.98	\$9.98	\$9.98
J1560	\$388.11	\$388.11	\$388.11
J1561	\$38.33	\$38.33	\$38.33
J1566	\$60.03	\$60.03	\$60.03
J1568	\$36.31	\$36.31	\$36.31
J1569	\$37.92	\$37.92	\$37.92
J1570	\$0.00	\$0.00	\$0.00
J1571	\$56.01	\$56.01	\$56.01
J1572	\$33.98	\$33.98	\$33.98
J1573	\$56.01	\$56.01	\$56.01
J1580	\$0.00	\$0.00	\$0.00
J1595	\$153.25	\$153.25	\$153.25
J1599	\$0.00	\$0.00	\$0.00
J1602	\$19.63	\$19.63	\$19.63
J1610	\$206.68	\$206.68	\$206.68
J1626	\$0.00	\$0.00	\$0.00
J1627	\$1.57	\$1.57	\$1.57
J1628	\$94.44	\$94.44	\$94.44
J1630	\$0.00	\$0.00	\$0.00
J1631	\$0.00	\$0.00	\$0.00
J1640	\$22.53	\$22.53	\$22.53
J1642	\$0.00	\$0.00	\$0.00
J1644	\$0.00	\$0.00	\$0.00
J1645	\$0.00	\$0.00	\$0.00
J1650	\$0.00	\$0.00	\$0.00
J1652	\$0.00	\$0.00	\$0.00
J1655	\$0.00	\$0.00	\$0.00
J1670	\$439.84	\$439.84	\$439.84
J1700	\$0.00	\$0.00	\$0.00
J1710	\$0.00	\$0.00	\$0.00
J1720	\$0.00	\$0.00	\$0.00
J1726	\$19.10	\$19.10	\$19.10
J1729	\$10.27	\$10.27	\$10.27
J1740	\$42.06	\$42.06	\$42.06
J1741	\$0.00	\$0.00	\$0.00
J1742	\$245.31	\$245.31	\$245.31
J1743	\$515.75	\$515.75	\$515.75
J1744	\$353.20	\$353.20	\$353.20
J1745	\$54.48	\$54.48	\$54.48

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J1746	\$55.46	\$55.46	\$55.46
J1750	\$13.66	\$13.66	\$13.66
J1756	\$0.00	\$0.00	\$0.00
J1786	\$40.51	\$40.51	\$40.51
J1790	\$0.00	\$0.00	\$0.00
J1800	\$0.00	\$0.00	\$0.00
J1815	\$0.00	\$0.00	\$0.00
J1817	\$0.00	\$0.00	\$0.00
J1826	\$2,162.78	\$2,162.78	\$2,162.78
J1833	\$0.75	\$0.75	\$0.75
J1840	\$0.00	\$0.00	\$0.00
J1850	\$0.00	\$0.00	\$0.00
J1885	\$0.00	\$0.00	\$0.00
J1890	\$0.00	\$0.00	\$0.00
J1930	\$60.47	\$60.47	\$60.47
J1931	\$30.54	\$30.54	\$30.54
J1940	\$0.00	\$0.00	\$0.00
J1943	\$2.63	\$2.63	\$2.63
J1944	\$2.59	\$2.59	\$2.59
J1950	\$1,207.55	\$1,207.55	\$1,207.55
J1953	\$0.00	\$0.00	\$0.00
J1956	\$0.00	\$0.00	\$0.00
J1960	\$0.00	\$0.00	\$0.00
J1980	\$0.00	\$0.00	\$0.00
J1990	\$0.00	\$0.00	\$0.00
J2001	\$0.00	\$0.00	\$0.00
J2010	\$0.00	\$0.00	\$0.00
J2020	\$0.00	\$0.00	\$0.00
J2060	\$0.00	\$0.00	\$0.00
J2062	\$0.00	\$0.00	\$0.00
J2150	\$0.00	\$0.00	\$0.00
J2170	\$0.00	\$0.00	\$0.00
J2175	\$0.00	\$0.00	\$0.00
J2180	\$0.00	\$0.00	\$0.00
J2182	\$27.83	\$27.83	\$27.83
J2185	\$0.00	\$0.00	\$0.00
J2186	\$1.71	\$1.71	\$1.71
J2210	\$0.00	\$0.00	\$0.00
J2212	\$0.00	\$0.00	\$0.00
J2248	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J2250	\$0.00	\$0.00	\$0.00
J2260	\$0.00	\$0.00	\$0.00
J2265	\$1.72	\$1.72	\$1.72
J2270	\$0.00	\$0.00	\$0.00
J2274	\$0.00	\$0.00	\$0.00
J2278	\$7.51	\$7.51	\$7.51
J2280	\$0.00	\$0.00	\$0.00
J2310	\$0.00	\$0.00	\$0.00
J2315	\$3.08	\$3.08	\$3.08
J2320	\$0.00	\$0.00	\$0.00
J2323	\$19.86	\$19.86	\$19.86
J2325	\$71.06	\$71.06	\$71.06
J2326	\$1,046.67	\$1,046.67	\$1,046.67
J2350	\$54.55	\$54.55	\$54.55
J2353	\$195.79	\$195.79	\$195.79
J2354	\$0.00	\$0.00	\$0.00
J2355	\$1.27	\$1.27	\$1.27
J2357	\$35.49	\$35.49	\$35.49
J2358	\$0.00	\$0.00	\$0.00
J2360	\$0.00	\$0.00	\$0.00
J2370	\$0.00	\$0.00	\$0.00
J2400	\$0.00	\$0.00	\$0.00
J2405	\$0.00	\$0.00	\$0.00
J2407	\$22.57	\$22.57	\$22.57
J2410	\$0.00	\$0.00	\$0.00
J2425	\$20.20	\$20.20	\$20.20
J2426	\$11.00	\$11.00	\$11.00
J2430	\$0.00	\$0.00	\$0.00
J2440	\$0.00	\$0.00	\$0.00
J2469	\$0.00	\$0.00	\$0.00
J2501	\$0.00	\$0.00	\$0.00
J2502	\$302.88	\$302.88	\$302.88
J2503	\$0.00	\$0.00	\$0.00
J2504	\$349.56	\$349.56	\$349.56
J2505	\$4,044.25	\$4,044.25	\$4,044.25
J2507	\$2,490.68	\$2,490.68	\$2,490.68
J2510	\$0.00	\$0.00	\$0.00
J2515	\$33.23	\$33.23	\$33.23
J2540	\$0.00	\$0.00	\$0.00
J2543	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J2547	\$1.60	\$1.60	\$1.60
J2550	\$0.00	\$0.00	\$0.00
J2560	\$0.00	\$0.00	\$0.00
J2562	\$330.34	\$330.34	\$330.34
J2590	\$0.00	\$0.00	\$0.00
J2650	\$0.00	\$0.00	\$0.00
J2675	\$0.00	\$0.00	\$0.00
J2680	\$0.00	\$0.00	\$0.00
J2690	\$0.00	\$0.00	\$0.00
J2700	\$0.00	\$0.00	\$0.00
J2704	\$0.00	\$0.00	\$0.00
J2710	\$0.00	\$0.00	\$0.00
J2720	\$0.00	\$0.00	\$0.00
J2724	\$14.33	\$14.33	\$14.33
J2730	\$0.00	\$0.00	\$0.00
J2760	\$362.81	\$362.81	\$362.81
J2765	\$0.00	\$0.00	\$0.00
J2770	\$396.88	\$396.88	\$396.88
J2778	\$329.92	\$329.92	\$329.92
J2780	\$0.00	\$0.00	\$0.00
J2783	\$277.71	\$277.71	\$277.71
J2785	\$0.00	\$0.00	\$0.00
J2786	\$9.15	\$9.15	\$9.15
J2788	\$0.00	\$0.00	\$0.00
J2790	\$0.00	\$0.00	\$0.00
J2791	\$0.00	\$0.00	\$0.00
J2792	\$28.30	\$28.30	\$28.30
J2794	\$9.55	\$9.55	\$9.55
J2795	\$0.00	\$0.00	\$0.00
J2796	\$70.55	\$70.55	\$70.55
J2797	\$0.89	\$0.89	\$0.89
J2798	\$9.35	\$9.35	\$9.35
J2800	\$0.00	\$0.00	\$0.00
J2805	\$0.00	\$0.00	\$0.00
J2810	\$0.00	\$0.00	\$0.00
J2820	\$41.33	\$41.33	\$41.33
J2840	\$514.07	\$514.07	\$514.07
J2850	\$33.04	\$33.04	\$33.04
J2860	\$98.36	\$98.36	\$98.36
J2916	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J2920	\$0.00	\$0.00	\$0.00
J2930	\$0.00	\$0.00	\$0.00
J2941	\$79.92	\$79.92	\$79.92
J2993	\$0.00	\$0.00	\$0.00
J2997	\$83.46	\$83.46	\$83.46
J3000	\$0.00	\$0.00	\$0.00
J3010	\$0.00	\$0.00	\$0.00
J3030	\$0.00	\$0.00	\$0.00
J3031	\$2.30	\$2.30	\$2.30
J3060	\$37.96	\$37.96	\$37.96
J3070	\$0.00	\$0.00	\$0.00
J3090	\$1.47	\$1.47	\$1.47
J3095	\$5.35	\$5.35	\$5.35
J3101	\$119.15	\$119.15	\$119.15
J3105	\$0.00	\$0.00	\$0.00
J3111	\$8.64	\$8.64	\$8.64
J3121	\$0.00	\$0.00	\$0.00
J3145	\$1.38	\$1.38	\$1.38
J3230	\$0.00	\$0.00	\$0.00
J3240	\$1,615.39	\$1,615.39	\$1,615.39
J3243	\$1.56	\$1.56	\$1.56
J3245	\$125.12	\$125.12	\$125.12
J3246	\$6.02	\$6.02	\$6.02
J3250	\$0.00	\$0.00	\$0.00
J3260	\$0.00	\$0.00	\$0.00
J3262	\$4.83	\$4.83	\$4.83
J3265	\$0.00	\$0.00	\$0.00
J3285	\$59.38	\$59.38	\$59.38
J3300	\$0.00	\$0.00	\$0.00
J3301	\$0.00	\$0.00	\$0.00
J3302	\$0.00	\$0.00	\$0.00
J3303	\$0.00	\$0.00	\$0.00
J3304	\$17.94	\$17.94	\$17.94
J3310	\$0.00	\$0.00	\$0.00
J3315	\$250.55	\$250.55	\$250.55
J3316	\$2,752.46	\$2,752.46	\$2,752.46
J3350	\$0.00	\$0.00	\$0.00
J3357	\$180.84	\$180.84	\$180.84
J3358	\$11.33	\$11.33	\$11.33
J3360	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J3364	\$0.00	\$0.00	\$0.00
J3380	\$19.23	\$19.23	\$19.23
J3385	\$328.15	\$328.15	\$328.15
J3396	\$10.55	\$10.55	\$10.55
J3397	\$207.83	\$207.83	\$207.83
J3398	\$2,766.77	\$2,766.77	\$2,766.77
J3410	\$0.00	\$0.00	\$0.00
J3411	\$0.00	\$0.00	\$0.00
J3415	\$0.00	\$0.00	\$0.00
J3420	\$0.00	\$0.00	\$0.00
J3430	\$0.00	\$0.00	\$0.00
J3465	\$0.00	\$0.00	\$0.00
J3470	\$0.00	\$0.00	\$0.00
J3471	\$0.00	\$0.00	\$0.00
J3472	\$0.00	\$0.00	\$0.00
J3473	\$0.00	\$0.00	\$0.00
J3475	\$0.00	\$0.00	\$0.00
J3480	\$0.00	\$0.00	\$0.00
J3485	\$0.00	\$0.00	\$0.00
J3486	\$0.00	\$0.00	\$0.00
J3489	\$0.00	\$0.00	\$0.00
J3490	\$0.00	\$0.00	\$0.00
J3530	\$0.00	\$0.00	\$0.00
J3590	\$0.00	\$0.00	\$0.00
J7030	\$0.00	\$0.00	\$0.00
J7040	\$0.00	\$0.00	\$0.00
J7042	\$0.00	\$0.00	\$0.00
J7050	\$0.00	\$0.00	\$0.00
J7060	\$0.00	\$0.00	\$0.00
J7070	\$0.00	\$0.00	\$0.00
J7100	\$0.00	\$0.00	\$0.00
J7110	\$0.00	\$0.00	\$0.00
J7120	\$0.00	\$0.00	\$0.00
J7121	\$0.00	\$0.00	\$0.00
J7131	\$0.00	\$0.00	\$0.00
J7170	\$44.98	\$44.98	\$44.98
J7175	\$7.14	\$7.14	\$7.14
J7177	\$2.13	\$2.13	\$2.13
J7178	\$1.14	\$1.14	\$1.14
J7180	\$8.04	\$8.04	\$8.04

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J7181	\$14.70	\$14.70	\$14.70
J7182	\$1.24	\$1.24	\$1.24
J7183	\$0.98	\$0.98	\$0.98
J7185	\$1.20	\$1.20	\$1.20
J7186	\$1.02	\$1.02	\$1.02
J7187	\$1.11	\$1.11	\$1.11
J7188	\$3.02	\$3.02	\$3.02
J7189	\$2.05	\$2.05	\$2.05
J7190	\$1.05	\$1.05	\$1.05
J7192	\$1.23	\$1.23	\$1.23
J7193	\$1.11	\$1.11	\$1.11
J7194	\$1.41	\$1.41	\$1.41
J7195	\$1.45	\$1.45	\$1.45
J7196	\$98.18	\$98.18	\$98.18
J7197	\$3.12	\$3.12	\$3.12
J7198	\$1.78	\$1.78	\$1.78
J7200	\$1.26	\$1.26	\$1.26
J7201	\$2.98	\$2.98	\$2.98
J7202	\$4.09	\$4.09	\$4.09
J7203	\$3.76	\$3.76	\$3.76
J7205	\$2.00	\$2.00	\$2.00
J7207	\$1.70	\$1.70	\$1.70
J7208	\$1.91	\$1.91	\$1.91
J7209	\$1.15	\$1.15	\$1.15
J7210	\$1.29	\$1.29	\$1.29
J7211	\$0.00	\$0.00	\$0.00
J7308	\$372.75	\$372.75	\$372.75
J7311	\$324.47	\$324.47	\$324.47
J7312	\$190.10	\$190.10	\$190.10
J7313	\$466.27	\$466.27	\$466.27
J7314	\$466.57	\$466.57	\$466.57
J7315	\$0.00	\$0.00	\$0.00
J7316	\$994.58	\$994.58	\$994.58
J7318	\$16.37	\$16.37	\$16.37
J7320	\$16.07	\$16.07	\$16.07
J7321	\$0.00	\$0.00	\$0.00
J7322	\$30.09	\$30.09	\$30.09
J7324	\$133.40	\$133.40	\$133.40
J7325	\$10.48	\$10.48	\$10.48
J7326	\$1,107.70	\$1,107.70	\$1,107.70

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J7327	\$742.21	\$742.21	\$742.21
J7328	\$2.07	\$2.07	\$2.07
J7329	\$6.84	\$6.84	\$6.84
J7331	\$11.55	\$11.55	\$11.55
J7332	\$23.92	\$23.92	\$23.92
J7336	\$3.09	\$3.09	\$3.09
J7340	\$202.00	\$202.00	\$202.00
J7342	\$28.48	\$28.48	\$28.48
J7345	\$1.38	\$1.38	\$1.38
J7500	\$0.00	\$0.00	\$0.00
J7501	\$213.47	\$213.47	\$213.47
J7502	\$0.00	\$0.00	\$0.00
J7503	\$0.00	\$0.00	\$0.00
J7504	\$1,957.04	\$1,957.04	\$1,957.04
J7505	\$0.00	\$0.00	\$0.00
J7507	\$0.00	\$0.00	\$0.00
J7508	\$0.00	\$0.00	\$0.00
J7509	\$0.00	\$0.00	\$0.00
J7510	\$0.00	\$0.00	\$0.00
J7511	\$727.45	\$727.45	\$727.45
J7512	\$0.00	\$0.00	\$0.00
J7515	\$0.00	\$0.00	\$0.00
J7516	\$0.00	\$0.00	\$0.00
J7517	\$0.00	\$0.00	\$0.00
J7518	\$0.00	\$0.00	\$0.00
J7520	\$0.00	\$0.00	\$0.00
J7525	\$201.02	\$201.02	\$201.02
J7527	\$0.00	\$0.00	\$0.00
J7599	\$0.00	\$0.00	\$0.00
J7665	\$0.00	\$0.00	\$0.00
J7674	\$0.00	\$0.00	\$0.00
J7799	\$0.00	\$0.00	\$0.00
J7999	\$0.00	\$0.00	\$0.00
J8501	\$0.00	\$0.00	\$0.00
J8510	\$23.59	\$23.59	\$23.59
J8521	\$0.00	\$0.00	\$0.00
J8530	\$0.00	\$0.00	\$0.00
J8540	\$0.00	\$0.00	\$0.00
J8560	\$71.51	\$71.51	\$71.51
J8597	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J8600	\$0.00	\$0.00	\$0.00
J8610	\$0.00	\$0.00	\$0.00
J8655	\$234.57	\$234.57	\$234.57
J8670	\$1.98	\$1.98	\$1.98
J8700	\$0.00	\$0.00	\$0.00
J8705	\$0.00	\$0.00	\$0.00
J9000	\$0.00	\$0.00	\$0.00
J9015	\$4,716.39	\$4,716.39	\$4,716.39
J9017	\$41.87	\$41.87	\$41.87
J9019	\$394.08	\$394.08	\$394.08
J9022	\$73.97	\$73.97	\$73.97
J9023	\$79.91	\$79.91	\$79.91
J9025	\$0.97	\$0.97	\$0.97
J9027	\$51.51	\$51.51	\$51.51
J9030	\$2.69	\$2.69	\$2.69
J9032	\$38.79	\$38.79	\$38.79
J9033	\$25.55	\$25.55	\$25.55
J9034	\$20.64	\$20.64	\$20.64
J9035	\$76.61	\$76.61	\$76.61
J9036	\$22.68	\$22.68	\$22.68
J9039	\$107.67	\$107.67	\$107.67
J9040	\$0.00	\$0.00	\$0.00
J9041	\$42.62	\$42.62	\$42.62
J9042	\$160.90	\$160.90	\$160.90
J9043	\$167.24	\$167.24	\$167.24
J9044	\$21.57	\$21.57	\$21.57
J9045	\$0.00	\$0.00	\$0.00
J9047	\$35.66	\$35.66	\$35.66
J9050	\$2,487.69	\$2,487.69	\$2,487.69
J9055	\$60.05	\$60.05	\$60.05
J9057	\$75.40	\$75.40	\$75.40
J9060	\$0.00	\$0.00	\$0.00
J9065	\$19.17	\$19.17	\$19.17
J9098	\$468.27	\$468.27	\$468.27
J9100	\$0.00	\$0.00	\$0.00
J9119	\$26.06	\$26.06	\$26.06
J9120	\$1,051.14	\$1,051.14	\$1,051.14
J9130	\$0.00	\$0.00	\$0.00
J9145	\$51.33	\$51.33	\$51.33
J9150	\$45.98	\$45.98	\$45.98

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J9153	\$185.65	\$185.65	\$185.65
J9155	\$3.76	\$3.76	\$3.76
J9171	\$0.92	\$0.92	\$0.92
J9173	\$71.80	\$71.80	\$71.80
J9175	\$0.00	\$0.00	\$0.00
J9176	\$6.25	\$6.25	\$6.25
J9178	\$0.00	\$0.00	\$0.00
J9179	\$110.43	\$110.43	\$110.43
J9181	\$0.00	\$0.00	\$0.00
J9185	\$0.00	\$0.00	\$0.00
J9190	\$0.00	\$0.00	\$0.00
J9200	\$0.00	\$0.00	\$0.00
J9201	\$0.00	\$0.00	\$0.00
J9202	\$478.78	\$478.78	\$478.78
J9203	\$189.57	\$189.57	\$189.57
J9204	\$190.83	\$190.83	\$190.83
J9205	\$47.35	\$47.35	\$47.35
J9206	\$0.00	\$0.00	\$0.00
J9207	\$91.27	\$91.27	\$91.27
J9208	\$0.00	\$0.00	\$0.00
J9209	\$0.00	\$0.00	\$0.00
J9210	\$747.39	\$747.39	\$747.39
J9211	\$0.00	\$0.00	\$0.00
J9213	\$386.88	\$386.88	\$386.88
J9214	\$32.50	\$32.50	\$32.50
J9217	\$218.57	\$218.57	\$218.57
J9218	\$0.00	\$0.00	\$0.00
J9225	\$3,913.80	\$3,913.80	\$3,913.80
J9226	\$34,840.81	\$34,840.81	\$34,840.81
J9228	\$147.42	\$147.42	\$147.42
J9229	\$2,160.07	\$2,160.07	\$2,160.07
J9245	\$601.72	\$601.72	\$601.72
J9250	\$0.00	\$0.00	\$0.00
J9260	\$0.00	\$0.00	\$0.00
J9261	\$145.07	\$145.07	\$145.07
J9262	\$2.76	\$2.76	\$2.76
J9263	\$0.00	\$0.00	\$0.00
J9264	\$11.92	\$11.92	\$11.92
J9266	\$16,693.04	\$16,693.04	\$16,693.04
J9267	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
J9268	\$2,003.88	\$2,003.88	\$2,003.88
J9269	\$249.68	\$249.68	\$249.68
J9270	\$0.00	\$0.00	\$0.00
J9271	\$47.75	\$47.75	\$47.75
J9280	\$75.90	\$75.90	\$75.90
J9285	\$49.56	\$49.56	\$49.56
J9293	\$26.42	\$26.42	\$26.42
J9295	\$5.45	\$5.45	\$5.45
J9299	\$26.75	\$26.75	\$26.75
J9301	\$60.34	\$60.34	\$60.34
J9302	\$57.08	\$57.08	\$57.08
J9303	\$112.59	\$112.59	\$112.59
J9305	\$67.25	\$67.25	\$67.25
J9306	\$11.99	\$11.99	\$11.99
J9307	\$280.74	\$280.74	\$280.74
J9308	\$56.69	\$56.69	\$56.69
J9309	\$107.71	\$107.71	\$107.71
J9311	\$40.73	\$40.73	\$40.73
J9312	\$89.69	\$89.69	\$89.69
J9313	\$20.98	\$20.98	\$20.98
J9315	\$209.84	\$209.84	\$209.84
J9320	\$335.02	\$335.02	\$335.02
J9325	\$48.87	\$48.87	\$48.87
J9328	\$9.87	\$9.87	\$9.87
J9330	\$45.53	\$45.53	\$45.53
J9340	\$391.41	\$391.41	\$391.41
J9351	\$0.00	\$0.00	\$0.00
J9352	\$297.29	\$297.29	\$297.29
J9354	\$30.50	\$30.50	\$30.50
J9356	\$75.22	\$75.22	\$75.22
J9357	\$1,355.03	\$1,355.03	\$1,355.03
J9360	\$0.00	\$0.00	\$0.00
J9370	\$0.00	\$0.00	\$0.00
J9371	\$2,922.04	\$2,922.04	\$2,922.04
J9390	\$0.00	\$0.00	\$0.00
J9395	\$80.71	\$80.71	\$80.71
J9400	\$7.98	\$7.98	\$7.98
J9600	\$20,763.53	\$20,763.53	\$20,763.53
J9999	\$0.00	\$0.00	\$0.00
L8600	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
L8603	\$0.00	\$0.00	\$0.00
L8604	\$0.00	\$0.00	\$0.00
L8605	\$0.00	\$0.00	\$0.00
L8606	\$0.00	\$0.00	\$0.00
L8607	\$0.00	\$0.00	\$0.00
L8609	\$0.00	\$0.00	\$0.00
L8610	\$0.00	\$0.00	\$0.00
L8612	\$0.00	\$0.00	\$0.00
L8613	\$0.00	\$0.00	\$0.00
L8614	\$0.00	\$0.00	\$0.00
L8630	\$0.00	\$0.00	\$0.00
L8631	\$0.00	\$0.00	\$0.00
L8641	\$0.00	\$0.00	\$0.00
L8642	\$0.00	\$0.00	\$0.00
L8658	\$0.00	\$0.00	\$0.00
L8659	\$0.00	\$0.00	\$0.00
L8670	\$0.00	\$0.00	\$0.00
L8679	\$0.00	\$0.00	\$0.00
L8682	\$0.00	\$0.00	\$0.00
L8690	\$0.00	\$0.00	\$0.00
L8699	\$0.00	\$0.00	\$0.00
L9900	\$0.00	\$0.00	\$0.00
P9041	\$9.97	\$9.97	\$9.97
P9045	\$49.83	\$49.83	\$49.83
P9046	\$19.93	\$19.93	\$19.93
P9047	\$49.83	\$49.83	\$49.83
Q0138	\$0.99	\$0.99	\$0.99
Q0161	\$0.00	\$0.00	\$0.00
Q0162	\$0.00	\$0.00	\$0.00
Q0163	\$0.00	\$0.00	\$0.00
Q0164	\$0.00	\$0.00	\$0.00
Q0166	\$0.00	\$0.00	\$0.00
Q0167	\$0.00	\$0.00	\$0.00
Q0169	\$0.00	\$0.00	\$0.00
Q0173	\$0.00	\$0.00	\$0.00
Q0175	\$0.00	\$0.00	\$0.00
Q0177	\$0.00	\$0.00	\$0.00
Q0180	\$0.00	\$0.00	\$0.00
Q0181	\$0.00	\$0.00	\$0.00
Q2004	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

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Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
Q2009	\$1.31	\$1.31	\$1.31
Q2017	\$2,513.42	\$2,513.42	\$2,513.42
Q2026	\$210.99	\$210.99	\$210.99
Q2028	\$3.03	\$3.03	\$3.03
Q2034	\$0.00	\$0.00	\$0.00
Q2035	\$0.00	\$0.00	\$0.00
Q2036	\$0.00	\$0.00	\$0.00
Q2037	\$0.00	\$0.00	\$0.00
Q2038	\$0.00	\$0.00	\$0.00
Q2039	\$0.00	\$0.00	\$0.00
Q2043	\$43,645.50	\$43,645.50	\$43,645.50
Q2049	\$457.96	\$457.96	\$457.96
Q2050	\$280.74	\$280.74	\$280.74
Q3027	\$50.88	\$50.88	\$50.88
Q3031	\$0.00	\$0.00	\$0.00
Q4100	\$0.00	\$0.00	\$0.00
Q4101	\$0.00	\$0.00	\$0.00
Q4102	\$0.00	\$0.00	\$0.00
Q4103	\$0.00	\$0.00	\$0.00
Q4104	\$0.00	\$0.00	\$0.00
Q4105	\$0.00	\$0.00	\$0.00
Q4106	\$0.00	\$0.00	\$0.00
Q4107	\$0.00	\$0.00	\$0.00
Q4108	\$0.00	\$0.00	\$0.00
Q4110	\$0.00	\$0.00	\$0.00
Q4112	\$0.00	\$0.00	\$0.00
Q4113	\$0.00	\$0.00	\$0.00
Q4114	\$0.00	\$0.00	\$0.00
Q4115	\$0.00	\$0.00	\$0.00
Q4116	\$0.00	\$0.00	\$0.00
Q4117	\$0.00	\$0.00	\$0.00
Q4118	\$0.00	\$0.00	\$0.00
Q4121	\$0.00	\$0.00	\$0.00
Q4122	\$0.00	\$0.00	\$0.00
Q4123	\$0.00	\$0.00	\$0.00
Q4124	\$0.00	\$0.00	\$0.00
Q4125	\$0.00	\$0.00	\$0.00
Q4126	\$0.00	\$0.00	\$0.00
Q4127	\$0.00	\$0.00	\$0.00
Q4128	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
Q4130	\$0.00	\$0.00	\$0.00
Q4132	\$0.00	\$0.00	\$0.00
Q4133	\$0.00	\$0.00	\$0.00
Q4134	\$0.00	\$0.00	\$0.00
Q4135	\$0.00	\$0.00	\$0.00
Q4136	\$0.00	\$0.00	\$0.00
Q4137	\$0.00	\$0.00	\$0.00
Q4138	\$0.00	\$0.00	\$0.00
Q4139	\$0.00	\$0.00	\$0.00
Q4140	\$0.00	\$0.00	\$0.00
Q4141	\$0.00	\$0.00	\$0.00
Q4142	\$0.00	\$0.00	\$0.00
Q4143	\$0.00	\$0.00	\$0.00
Q4145	\$0.00	\$0.00	\$0.00
Q4146	\$0.00	\$0.00	\$0.00
Q4147	\$0.00	\$0.00	\$0.00
Q4148	\$0.00	\$0.00	\$0.00
Q4149	\$0.00	\$0.00	\$0.00
Q4150	\$0.00	\$0.00	\$0.00
Q4151	\$0.00	\$0.00	\$0.00
Q4152	\$0.00	\$0.00	\$0.00
Q4153	\$0.00	\$0.00	\$0.00
Q4154	\$0.00	\$0.00	\$0.00
Q4156	\$0.00	\$0.00	\$0.00
Q4157	\$0.00	\$0.00	\$0.00
Q4158	\$0.00	\$0.00	\$0.00
Q4159	\$0.00	\$0.00	\$0.00
Q4160	\$0.00	\$0.00	\$0.00
Q4161	\$0.00	\$0.00	\$0.00
Q4162	\$0.00	\$0.00	\$0.00
Q4163	\$0.00	\$0.00	\$0.00
Q4164	\$0.00	\$0.00	\$0.00
Q4165	\$0.00	\$0.00	\$0.00
Q4166	\$0.00	\$0.00	\$0.00
Q4167	\$0.00	\$0.00	\$0.00
Q4168	\$0.00	\$0.00	\$0.00
Q4169	\$0.00	\$0.00	\$0.00
Q4170	\$0.00	\$0.00	\$0.00
Q4171	\$0.00	\$0.00	\$0.00
Q4173	\$0.00	\$0.00	\$0.00

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
Q4174	\$0.00	\$0.00	\$0.00
Q4175	\$0.00	\$0.00	\$0.00
Q4176	\$0.00	\$0.00	\$0.00
Q4177	\$0.00	\$0.00	\$0.00
Q4178	\$0.00	\$0.00	\$0.00
Q4179	\$0.00	\$0.00	\$0.00
Q4180	\$0.00	\$0.00	\$0.00
Q4181	\$0.00	\$0.00	\$0.00
Q4182	\$0.00	\$0.00	\$0.00
Q4183	\$0.00	\$0.00	\$0.00
Q4184	\$0.00	\$0.00	\$0.00
Q4185	\$0.00	\$0.00	\$0.00
Q4186	\$0.00	\$0.00	\$0.00
Q4187	\$0.00	\$0.00	\$0.00
Q4188	\$0.00	\$0.00	\$0.00
Q4189	\$0.00	\$0.00	\$0.00
Q4190	\$0.00	\$0.00	\$0.00
Q4191	\$0.00	\$0.00	\$0.00
Q4192	\$0.00	\$0.00	\$0.00
Q4193	\$0.00	\$0.00	\$0.00
Q4194	\$0.00	\$0.00	\$0.00
Q4196	\$108.17	\$108.17	\$108.17
Q4197	\$0.00	\$0.00	\$0.00
Q4198	\$0.00	\$0.00	\$0.00
Q4200	\$0.00	\$0.00	\$0.00
Q4201	\$0.00	\$0.00	\$0.00
Q4202	\$0.00	\$0.00	\$0.00
Q4203	\$0.00	\$0.00	\$0.00
Q4204	\$0.00	\$0.00	\$0.00
Q5101	\$0.52	\$0.52	\$0.52
Q5103	\$45.38	\$45.38	\$45.38
Q5104	\$49.16	\$49.16	\$49.16
Q5105	\$0.88	\$0.88	\$0.88
Q5106	\$8.86	\$8.86	\$8.86
Q5107	\$66.28	\$66.28	\$66.28
Q5108	\$296.04	\$296.04	\$296.04
Q5110	\$0.60	\$0.60	\$0.60
Q5111	\$319.69	\$319.69	\$319.69
Q5117	\$86.14	\$86.14	\$86.14
Q9950	\$18.61	\$18.61	\$18.61

APPENDIX G**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Ambulatory Surgical Centers****Dashboard Number 2.2****Last FFS Rate Update: 1/1/2020**

Procedures in the range 10004-69990 are surgical procedures. Codes starting with J are physician-administered drugs. Codes outside of these ranges are other services that may be delivered by an ambulatory surgical center.

Procedure Code	Allowed Rate by County		
	Kent	New Castle	Sussex
Q9951	\$0.00	\$0.00	\$0.00
Q9953	\$0.00	\$0.00	\$0.00
Q9954	\$0.00	\$0.00	\$0.00
Q9955	\$0.00	\$0.00	\$0.00
Q9956	\$0.00	\$0.00	\$0.00
Q9957	\$0.00	\$0.00	\$0.00
Q9958	\$0.00	\$0.00	\$0.00
Q9959	\$0.00	\$0.00	\$0.00
Q9960	\$0.00	\$0.00	\$0.00
Q9961	\$0.00	\$0.00	\$0.00
Q9962	\$0.00	\$0.00	\$0.00
Q9963	\$0.00	\$0.00	\$0.00
Q9964	\$0.00	\$0.00	\$0.00
Q9965	\$0.00	\$0.00	\$0.00
Q9966	\$0.00	\$0.00	\$0.00
Q9967	\$0.00	\$0.00	\$0.00
Q9968	\$5.80	\$5.80	\$5.80
Q9982	\$0.00	\$0.00	\$0.00
Q9983	\$0.00	\$0.00	\$0.00
Q9991	\$1,588.83	\$1,588.83	\$1,588.83
Q9992	\$1,588.83	\$1,588.83	\$1,588.83
V2630	\$0.00	\$0.00	\$0.00
V2631	\$0.00	\$0.00	\$0.00
V2632	\$0.00	\$0.00	\$0.00
V2790	\$0.00	\$0.00	\$0.00

APPENDIX H

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for End Stage Renal Disease (ESRD) Providers (Dialysis Centers)

Dashboard Number 2.3

Last FFS Rate Update: 10/1/2019

The DMMA pays 100% of the Medicare ESRD rate. Rates are updated annually in alignment with the federal fiscal year. The rate paid is on a per treatment basis. There may be modifications to the standard rate based on locality (a wage adjustment) or for low-volume providers.

Effective October 1, 2019, the base rates is \$239.33.

Wage-adjustments by locality (where 1.0000 is the national average) are as follows:

Kent County	0.9921
New Castle County	1.1279
Sussex County	0.9330

APPENDIX I

Delaware Division of Medicaid and Medical Assistance
Fee Schedule for Federally Qualified Health Centers (FQHCs)
Dashboard Number 3.1

Last FFS Rate Update: 7/1/2019

The DMMA FQHCs on a per visit basis, regardless of the service received during the visit.

Provider Name	G0466	G0467	G0468	G0469	G0470
La Red Health Center	\$ 236.19	\$ 236.19	\$ 236.19	\$ 236.19	\$ 236.19
Westside Health Inc	\$ 260.38	\$ 260.38	\$ 260.38	\$ 260.38	\$ 260.38

APPENDIX J

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Evaluation and Management Services

Dashboard Number 4.1

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for Evaluation and Management (E&M) services.

Medicare updates E&M rates every Jan 1. E&M Services are typically standard office visit codes used by physicians, physician assistants and nurse practitioners. The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99201		OFFICE OUTPATIENT NEW 10 MINUTES	\$26.83	\$46.33
99201		OFFICE OUTPATIENT NEW 10 MINUTES	\$26.83	\$46.33
99202		OFFICE OUTPATIENT NEW 20 MINUTES	\$51.15	\$76.79
99202		OFFICE OUTPATIENT NEW 20 MINUTES	\$51.15	\$76.79
99203		OFFICE OUTPATIENT NEW 30 MINUTES	\$76.53	\$108.67
99203		OFFICE OUTPATIENT NEW 30 MINUTES	\$76.53	\$108.67
99204		OFFICE OUTPATIENT NEW 45 MINUTES	\$130.89	\$165.91
99204		OFFICE OUTPATIENT NEW 45 MINUTES	\$130.89	\$165.91
99205		OFFICE OUTPATIENT NEW 60 MINUTES	\$170.95	\$209.58
99205		OFFICE OUTPATIENT NEW 60 MINUTES	\$170.95	\$209.58
99211		OFFICE OUTPATIENT VISIT 5 MINUTES	\$9.29	\$23.37
99211		OFFICE OUTPATIENT VISIT 5 MINUTES	\$9.29	\$23.37
99212		OFFICE OUTPATIENT VISIT 10 MINUTES	\$26.11	\$45.97
99212		OFFICE OUTPATIENT VISIT 10 MINUTES	\$26.11	\$45.97
99213		OFFICE OUTPATIENT VISIT 15 MINUTES	\$51.85	\$75.69
99213		OFFICE OUTPATIENT VISIT 15 MINUTES	\$51.85	\$75.69
99214		OFFICE OUTPATIENT VISIT 25 MINUTES	\$79.74	\$109.71
99214		OFFICE OUTPATIENT VISIT 25 MINUTES	\$79.74	\$109.71
99215		OFFICE OUTPATIENT VISIT 40 MINUTES	\$112.64	\$147.30
99215		OFFICE OUTPATIENT VISIT 40 MINUTES	\$112.64	\$147.30
99304		INITIAL NURSING FACILITY CARE/DAY 25 MIN	\$91.22	\$91.22
99304		INITIAL NURSING FACILITY CARE/DAY 25 MIN	\$91.22	\$91.22
99305		INITIAL NURSING FACILITY CARE/DAY 35 MIN	\$130.57	\$130.57
99305		INITIAL NURSING FACILITY CARE/DAY 35 MIN	\$130.57	\$130.57
99306		INITIAL NURSING FACILITY CARE/DAY 45 MIN	\$168.47	\$168.47
99306		INITIAL NURSING FACILITY CARE/DAY 45 MIN	\$168.47	\$168.47
99307		SBSQ NURSING FACILITY CARE/DAY E/M STA	\$44.37	\$44.37
99307		SBSQ NURSING FACILITY CARE/DAY E/M STA	\$44.37	\$44.37
99308		SBSQ NURSING FACIL CARE/DAY MINOR COM	\$69.81	\$69.81
99308		SBSQ NURSING FACIL CARE/DAY MINOR COM	\$69.81	\$69.81
99309		SBSQ NURSING FACIL CARE/DAY NEW PROBL	\$91.99	\$91.99
99309		SBSQ NURSING FACIL CARE/DAY NEW PROBL	\$91.99	\$91.99
99310		SBSQ NURS FACIL CARE/DAY UNSTABL/NEW	\$135.62	\$135.62
99310		SBSQ NURS FACIL CARE/DAY UNSTABL/NEW	\$135.62	\$135.62

APPENDIX J

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Evaluation and Management Services

Dashboard Number 4.1

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for Evaluation and Management (E&M) services.

Medicare updates E&M rates every Jan 1. E&M Services are typically standard office visit codes used by physicians, physician assistants and nurse practitioners. The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99318		E/M ANNUAL NURSING FACILITY ASSESS STA	\$96.96	\$96.96
99318		E/M ANNUAL NURSING FACILITY ASSESS STA	\$96.96	\$96.96
99341		HOME VISIT NEW PATIENT LOW SEVERITY 20	\$55.08	\$55.08
99341		HOME VISIT NEW PATIENT LOW SEVERITY 20	\$55.08	\$55.08
99342		HOME VISIT NEW PATIENT MOD SEVERITY 30	\$79.01	\$79.01
99342		HOME VISIT NEW PATIENT MOD SEVERITY 30	\$79.01	\$79.01
99343		HOME VST NEW PATIENT MOD-HI SEVERITY 4	\$129.75	\$129.75
99343		HOME VST NEW PATIENT MOD-HI SEVERITY 4	\$129.75	\$129.75
99344		HOME VISIT NEW PATIENT HI SEVERITY 60 M	\$184.19	\$184.19
99344		HOME VISIT NEW PATIENT HI SEVERITY 60 M	\$184.19	\$184.19
99345		HOME VISIT NEW PT UNSTABL/SIGNIF NEW PI	\$224.26	\$224.26
99345		HOME VISIT NEW PT UNSTABL/SIGNIF NEW PI	\$224.26	\$224.26
99347		HOME VISIT EST PT SELF LIMITED/MINOR 15	\$55.09	\$55.09
99347		HOME VISIT EST PT SELF LIMITED/MINOR 15	\$55.09	\$55.09
99348		HOME VISIT EST PT LOW-MOD SEVERITY 25 M	\$84.76	\$84.76
99348		HOME VISIT EST PT LOW-MOD SEVERITY 25 M	\$84.76	\$84.76
99349		HOME VISIT EST PT MOD-HI SEVERITY 40 MIN	\$129.85	\$129.85
99349		HOME VISIT EST PT MOD-HI SEVERITY 40 MIN	\$129.85	\$129.85
99350		HOME VST EST PT UNSTABLE/SIGNIF NEW PR	\$181.00	\$181.00
99350		HOME VST EST PT UNSTABLE/SIGNIF NEW PR	\$181.00	\$181.00
99354		PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CC	\$122.99	\$130.94
99354		PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CC	\$122.99	\$130.94
99355		PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CC	\$92.59	\$99.46
99355		PROLNG E&M/PSYCTX SVC OFFICE O/P DIR CC	\$92.59	\$99.46
99356		PROLONGED SERVICE I/P REQ UNIT/FLOOR TI	\$93.35	\$93.35
99356		PROLONGED SERVICE I/P REQ UNIT/FLOOR TI	\$93.35	\$93.35
99357		PROLONGED SVC I/P REQ UNIT/FLOOR TIME E	\$94.07	\$94.07
99357		PROLONGED SVC I/P REQ UNIT/FLOOR TIME E	\$94.07	\$94.07
99360		PHYS STANDBY SVC PROLNG PHYS ATTN EA	\$62.56	\$62.56
99360		PHYS STANDBY SVC PROLNG PHYS ATTN EA	\$62.56	\$62.56
99381		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$78.29	\$112.24
99381		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$78.29	\$112.24
99382		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$83.66	\$117.60
99382		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$83.66	\$117.60
99383		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$88.66	\$122.61

APPENDIX J

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Medicare updates E&M rates every Jan 1. E&M Services are typically standard office visit codes used by physicians, physician assistants and nurse practitioners. The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99383		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$88.66	\$122.61
99384		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$104.75	\$138.70
99384		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$104.75	\$138.70
99385		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$100.46	\$134.41
99385		INITIAL PREVENTIVE MEDICINE NEW PT AGE	\$100.46	\$134.41
99386		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$121.91	\$155.50
99386		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$121.91	\$155.50
99387		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$131.21	\$169.13
99387		INITIAL PREVENTIVE MEDICINE NEW PATIEN	\$131.21	\$169.13
99391		PERIODIC PREVENTIVE MED ESTABLISHED P/	\$71.86	\$101.47
99391		PERIODIC PREVENTIVE MED ESTABLISHED P/	\$71.86	\$101.47
99392		PERIODIC PREVENTIVE MED EST PATIENT 1-4	\$78.29	\$107.91
99392		PERIODIC PREVENTIVE MED EST PATIENT 1-4	\$78.29	\$107.91
99393		PERIODIC PREVENTIVE MED EST PATIENT 5-1	\$78.29	\$107.55
99393		PERIODIC PREVENTIVE MED EST PATIENT 5-1	\$78.29	\$107.55
99394		PERIODIC PREVENTIVE MED EST PATIENT 12-	\$88.66	\$118.28
99394		PERIODIC PREVENTIVE MED EST PATIENT 12-	\$88.66	\$118.28
99395		PERIODIC PREVENTIVE MED EST PATIENT 18-	\$91.16	\$121.14
99395		PERIODIC PREVENTIVE MED EST PATIENT 18-	\$91.16	\$121.14
99396		PERIODIC PREVENTIVE MED EST PATIENT 40-	\$99.39	\$129.00
99396		PERIODIC PREVENTIVE MED EST PATIENT 40-	\$99.39	\$129.00
99397		PERIODIC PREVENTIVE MED EST PATIENT 65)	\$104.75	\$138.70
99397		PERIODIC PREVENTIVE MED EST PATIENT 65)	\$104.75	\$138.70
99408		ALCOHOL/SUBSTANCE SCREEN & INTERVEN	\$33.97	\$36.50
99408		ALCOHOL/SUBSTANCE SCREEN & INTERVEN	\$33.97	\$36.50
99409		ALCOHOL/SUBSTANCE SCREEN & INTERVEN7	\$68.29	\$70.81
99409		ALCOHOL/SUBSTANCE SCREEN & INTERVEN7	\$68.29	\$70.81
99415		PROLNG CLINCL STAFF SVC DURING O/P E/M	\$10.11	\$10.11
99415		PROLNG CLINCL STAFF SVC DURING O/P E/M	\$10.11	\$10.11
99416		PROLNG CLINCL STAFF SVC DURING O/P E/M	\$4.33	\$4.33
99416		PROLNG CLINCL STAFF SVC DURING O/P E/M	\$4.33	\$4.33
99421		ONLINE DIGITAL E/M SVC EST PT <7 D 5-10	\$13.23	\$15.40
99421		ONLINE DIGITAL E/M SVC EST PT <7 D 5-10	\$13.23	\$15.40
99422		ONLINE DIGITAL E/M SVC EST PT <7 D 11-20	\$27.19	\$30.79
99422		ONLINE DIGITAL E/M SVC EST PT <7 D 11-20	\$27.19	\$30.79

APPENDIX J

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Evaluation and Management Services

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Medicare updates E&M rates every Jan 1. E&M Services are typically standard office visit codes used by physicians, physician assistants and nurse practitioners. The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99423		ONLINE DIGITAL E/M SVC EST PT <7 D 21+ M	\$43.28	\$49.77
99423		ONLINE DIGITAL E/M SVC EST PT <7 D 21+ M	\$43.28	\$49.77
99457		REMOTE PHYSIOLOGIC MONITORING 1ST 20 M	\$32.54	\$51.32
99457		REMOTE PHYSIOLOGIC MONITORING 1ST 20 M	\$32.54	\$51.32
99458		REMOTE PHYSIOLOGIC MONITORING EA ADD	\$32.54	\$41.92
99458		REMOTE PHYSIOLOGIC MONITORING EA ADD	\$32.54	\$41.92
99460		1ST HOSP/BIRTHING CENTER CARE PER DAY 1	\$96.49	\$96.49
99460		1ST HOSP/BIRTHING CENTER CARE PER DAY 1	\$96.49	\$96.49
99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTH	\$63.61	\$92.14
99461		1ST CARE PR DAY NML NB XCPT HOSP/BIRTH	\$63.61	\$92.14
99462		SUBQ HOSPITAL CARE PER DAY E/M NORMAL	\$42.53	\$42.53
99462		SUBQ HOSPITAL CARE PER DAY E/M NORMAL	\$42.53	\$42.53
99463		1ST HOSP/BIRTHING CENTER NB ADMIT & DS	\$111.54	\$111.54
99463		1ST HOSP/BIRTHING CENTER NB ADMIT & DS	\$111.54	\$111.54
99464		ATTN AT DELIVERY 1ST STABILIZATION OF N	\$75.40	\$75.40
99464		ATTN AT DELIVERY 1ST STABILIZATION OF N	\$75.40	\$75.40
99465		DELIVERY/BIRTHING ROOM RESUSCITATION	\$147.60	\$147.60
99465		DELIVERY/BIRTHING ROOM RESUSCITATION	\$147.60	\$147.60
99466		CRITICAL CARE INTERFACILITY TRANSPORT	\$240.86	\$240.86
99466		CRITICAL CARE INTERFACILITY TRANSPORT	\$240.86	\$240.86
99467		CRITICAL CARE INTERFACILITY TRANSPORT	\$120.79	\$120.79
99467		CRITICAL CARE INTERFACILITY TRANSPORT	\$120.79	\$120.79
99468		1ST INPATIENT CRITICAL CARE PR DAY AGE 2	\$928.44	\$928.44
99468		1ST INPATIENT CRITICAL CARE PR DAY AGE 2	\$928.44	\$928.44
99469		SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAY	\$402.05	\$402.05
99469		SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAY	\$402.05	\$402.05
99471		INITIAL PED CRITICAL CARE 29 DAYS THRU 2	\$803.72	\$803.72
99471		INITIAL PED CRITICAL CARE 29 DAYS THRU 2	\$803.72	\$803.72
99472		SUBSQ PED CRITICAL CARE 29 DAYS THRU 24	\$406.38	\$406.38
99472		SUBSQ PED CRITICAL CARE 29 DAYS THRU 24	\$406.38	\$406.38
99473		SELF-MEAS BP PT EDUCAJ/TRAING & DEV CAJ	\$11.19	\$11.19
99473		SELF-MEAS BP PT EDUCAJ/TRAING & DEV CAJ	\$11.19	\$11.19
99474		SELF-MEAS BP 2 READG 1 MIN APART BID 30	\$8.94	\$15.07
99474		SELF-MEAS BP 2 READG 1 MIN APART BID 30	\$8.94	\$15.07
99475		INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	\$565.71	\$565.71

APPENDIX J

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Evaluation and Management Services

Dashboard Number 4.1

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for Evaluation and Management (E&M) services.

Medicare updates E&M rates every Jan 1. E&M Services are typically standard office visit codes used by physicians, physician assistants and nurse practitioners. The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99475		INITIAL PED CRITICAL CARE 2 THRU 5 YEARS	\$565.71	\$565.71
99476		SUBSEQUENT PED CRITICAL CARE 2 THRU 5 Y	\$350.34	\$350.34
99476		SUBSEQUENT PED CRITICAL CARE 2 THRU 5 Y	\$350.34	\$350.34
99477		INITIAL HOSP NEONATE 28 D/< NOT CRITICAL	\$352.73	\$352.73
99477		INITIAL HOSP NEONATE 28 D/< NOT CRITICAL	\$352.73	\$352.73
99478		SUBSEQUENT INTENSIVE CARE INFANT < 1500	\$138.66	\$138.66
99478		SUBSEQUENT INTENSIVE CARE INFANT < 1500	\$138.66	\$138.66
99479		SUBSEQUENT INTENSIVE CARE INFANT 1500-2500	\$125.79	\$125.79
99479		SUBSEQUENT INTENSIVE CARE INFANT 1500-2500	\$125.79	\$125.79
99480		SUBSEQUENT INTENSIVE CARE INFANT 2501-4000	\$120.79	\$120.79
99480		SUBSEQUENT INTENSIVE CARE INFANT 2501-4000	\$120.79	\$120.79
99485		SUPERVISION INTERFACILITY TRANSPORT IN	\$78.29	\$78.29
99485		SUPERVISION INTERFACILITY TRANSPORT IN	\$78.29	\$78.29
99486		SUPERVISION INTERFACILITY TRANSPORT AI	\$68.29	\$68.29
99486		SUPERVISION INTERFACILITY TRANSPORT AI	\$68.29	\$68.29
99490		CHRON CARE MANAGEMENT SRVC 20 MIN PE	\$32.54	\$41.92
99490		CHRON CARE MANAGEMENT SRVC 20 MIN PE	\$32.54	\$41.92

APPENDIX K

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Procedure Services

Subcategory: Anesthesia

Dashboard Number 4.2

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for anesthesia services.

The rate of payment is computed as follows: \$22.62 X sum of [relative value unit + time units]

Time units are divided into 15-minute increments.

Example: If anesthesia was administered for 20 min for an ear exam (code 00124), then

Time Unit = 20 min/15 min = 1.333 min

Payment would be: \$22.62 X (4 rel units + 1.333 time units) = \$120.63

Procedure Code	Description of Procedure	Relative Value Unit
00100	ANESTHESIA SALIVARY GLANDS WITH BIOPSY	5
00102	ANESTHESIA CLEFT LIP INVOLVING PLASTIC R	6
00103	ANESTHESIA EYELID RECONSTRUCTIVE PROCEDU	5
00104	ANESTHESIA ELECTROCONVULSIVE THERAPY	4
00120	ANESTHESIA EXTERNAL MIDDLE & INNER EAR W	4
00124	ANES EXTERNAL MIDDLE & INNER EAR W/BX OT	4
00126	ANES XTRNL MID & INNER EAR W/BX TYMPANOT	4
00140	ANESTHESIA EYE NOT OTHERWISE SPECIFIED	5
00142	ANESTHESIA EYE LENS SURGERY	6
00144	ANESTHESIA EYE CORNEAL TRANSPLANT	6
00145	ANESTHESIA EYE VITREORETINAL SURGERY	6
00147	ANESTHESIA EYE IRIDECTOMY	4
00148	ANESTHESIA EYE OPHTHALMOSCOPY	4
00160	ANESTHESIA NOSE & ACCESSORY SINUSES NOS	5
00162	ANES NOSE & ACCESSORY SINUSES RADICAL SU	7
00164	ANES NOSE & ACCESSORY SINUSES BIOPSY SOF	4
00170	ANESTHESIA INTRAORAL WITH BIOPSY NOS	5
00172	ANES INTRAORAL W/BIOPSY REPAIR CLEFT PAL	6
00174	ANES INTRAORAL W/BX EXC RETROPHARYNGEAL	6
00176	ANESTHESIA INTRAORAL W/BIOPSY RADICAL SU	7
00190	ANESTHESIA FACIAL BONES OR SKULL NOS	5
00192	ANES FACIAL BONES/SKULL RAD SURG W/PROGN	7
00210	ANESTHESIA INTRACRANIAL PROCEDURE NOS	11
00211	ANES INTRACRANIAL CRANIOTOMY/CRANIECTOMY	10
00212	ANESTHESIA INTRACRANIAL PROCEDURE SUBDUR	5
00214	ANES INTRACRANIAL BURR HOLES W/VENTRICUL	9
00215	ANES INTRACRANIAL/ELEVATION DEPRSD SKULL	9
00216	ANESTHESIA INTRACRANIAL VASCULAR PROCEDU	15
00218	ANES INTRACRANIAL PROCEDURE IN SITTING P	13
00220	ANES INTRACRANIAL CEREBROSPINAL FLUID SH	10
00222	ANES INTRACRANIAL ELECTROCOAGULATION ICR	6
00300	ANES INTEG MUSC & NRV HEAD NECK&POSTERIO	5
00320	ANES ESOPH THYRD LARYNX TRACH & LYMPH NE	6
00322	ANES ESOPH THYRD LARX TRACH & LYMPH NCK	3

Procedure Code	Description of Procedure	Relative Value Unit
00326	ANESTHESIA LARYNX & TRACHEA CHILDREN <1	7
00350	ANESTHESIA MAJOR VESSELS NECK NOS	10
00352	ANESTHESIA MAJOR VESSELS NECK SIMPLE LIG	5
00400	ANES INTEG EXTREMITIES ANT TRUNK & PERIN	3
00402	ANESTHESIA RECONSTRUCTION BREAST	5
00404	ANESTHESIA RADICAL/MODIFIED RADICAL BRE	5
00406	ANES RADICAL/MODIFIED RADICAL BREAST W/	13
00410	ANES INTEG SYS ELEC CONVERSION ARRHYTHM	4
00450	ANESTHESIA CLAVICLE AND SCAPULA NOS	5
00454	ANESTHESIA CLAVICLE & SCAPULA BIOPSY CL/	3
00470	ANESTHESIA PARTIAL RIB RESECTION NOS	6
00472	ANESTHESIA PARTIAL RIB RESECTION THORAC	10
00474	ANESTHESIA PARTIAL RIB RESECTION RADICAL	13
00500	ANESTHESIA ESOPHAGUS	15
00520	ANESTHESIA CLOSED CHEST W/BRONCHOSCOPI	6
00522	ANESTHESIA CLOSED CHEST NEEDLE BIOPSY PI	4
00524	ANESTHESIA CLOSED CHEST PNEUMOCENTESIS	4
00528	ANES MEDIASTINOSCOPY&THORACSCOPY W/O	8
00530	ANES PERMANENT TRANSVENOUS PACEMAKER	4
00532	ANESTHESIA ACCESS CENTRAL VENOUS CIRCUL	4
00534	ANES TRANSVENOUS INSJ/REPLACEMENT PACI	7
00537	ANES CARDIAC ELECTROPHYSIOL STDY W/RF A	10
00539	ANESTHESIA TRACHEOBRONCHIAL RECONSTRU	18
00540	ANES THORACOTOMY & THORACOSCOPY NOS	13
00541	ANES THORACOTOMY & THORACOSCOPY W/1 L	15
00542	ANES THORACOTOMY & THORACOSCOPY DECC	15
00544	ANESTH, CHEST LINING REMOVAL	15
00546	ANES THORACOTOMY & THORACOSCOPY PULM	15
00548	ANES THORACOTOMY &THORACSCOPY TRACHI	17
00550	ANESTHESIA FOR STERNAL DEBRIDEMENT	10
00560	ANES HRT PERICARDIAL SAC& GRT VESLS W/O	15
00561	ANES HRT PERICARD SAC&GREAT VSLS W/PMP	25
00562	ANES HRT PERICRD SAC&GRT VSLS W/PMP OXT	20
00563	ANES HRT PRCRD SAC & GREAT VSL W/PUMP OX	25
00566	ANES DIRECT CABG W/O PUMP OXYGENATOR	25
00567	ANES DIRECT CABG W/PUMP OXYGENATOR	18
00580	ANES HEART TRANSPLANT/HEART/LUNG TRANS	20
00600	ANESTHESIA CERVICAL SPINE & CORD NOS	10
00604	ANES CERVICAL SPINE & CORD W/PATIENT SIT	13
00620	ANESTHESIA THORACIC SPINE & CORD NOS	10
00625	ANES THRC SPINE & CORD ANT APPR W/O 1 LU	13
00626	ANES THORACIC SPINE & CORD ANT APPR W/1	15
00630	ANESTHESIA LUMBAR REGION NOS	8
00632	ANESTHESIA LUMBAR REGION LUMBAR SYMPA	7
00635	ANES DIAGNOSTIC/THERAPEUTIC LUMBAR PUN	4
00640	ANES MANIPULATE SPINE/CLSD CRV THORC/LU	3
00670	ANESTHESIA EXTENSIVE SPINE & SPINAL CORD	13
00700	ANESTHESIA UPPER ANTERIOR ABDOMINAL WA	4

Procedure Code	Description of Procedure	Relative Value Unit
00702	ANES UPR ANT ABDL WALL PERCUTANEOUS LI	4
00730	ANESTHESIA UPPER POSTERIOR ABDOMINAL W	5
00731	ANESTHESIA UPPER GI ENDOSCOPIC PX NOS	5
00732	ANESTHESIA UPPER GI ENDOSCOPIC PX ERCP	6
00750	ANESTHESIA HERNIA REPAIR UPPER ABDOMEN	4
00752	ANES HRNA RPR UPR ABD LMBR&VENTRAL HEF	6
00754	ANES HERNIA REPAIR UPPER ABDOMEN OMPHA	7
00756	ANES HRNA REPAIR UPR ABD TABDL RPR DIPHR	7
00770	ANESTHESIA MAJOR ABDOMINAL BLOOD VESSI	15
00790	ANES INTRAPERITONEAL UPPER ABDOMEN W/L	7
00792	ANES LAPS PARTIAL HEPATECTOMY W/MGMT L	7
00794	ANES LAPAROSCOPIC PARTIAL/TOTAL PANCREA	13
00796	ANES LAPAROSCOPIC LIVER TRANSPLANT	30
00797	ANES IPR UPPER ABDOMEN LAPS GASTRIC RSTC	10
00800	ANESTHESIA LOWER ANTERIOR ABDOMINAL W	4
00802	ANES LOWER ANT ABDOMINAL WALL PANNICU	5
00811	ANESTHESIA LOWER INTST ENDOSCOPIC PX NO	4
00812	ANESTHESIA LOWER INTST ENDOSCOPIC PX SCI	3
00813	ANESTHESIA COMBINED UPPER&LOWER GI ENL	5
00820	ANESTHESIA LOWER POSTERIOR ABDOMINAL V	5
00830	ANESTHESIA HERNIA REPAIR LOWER ABDOMEN	4
00832	ANES LWR ABD VENTRAL & INCISIONAL HERNL	6
00834	ANES HERNIA REPAIR LOWER ABDOMEN NOS &	5
00836	ANES HRNA RPR LWR ABD NOS INFTS <37WK BR	6
00840	ANESTHESIA INTRAPERITONEAL LOWER ABD W	6
00842	ANES IPER LOWER ABDOMEN W/LAPS AMNIOCE	4
00844	ANES IPER LOWER ABD W/LAPS ABDOMINOPRN	7
00846	ANES IPER LOWER ABD W/LAPS RAD HYSTEREC	8
00848	ANES IPER LOWER ABD W/LAPS PELVIC EXENTE	8
00851	ANES IPER LWR ABD W/LAPS TUBAL LIGATION/	6
00860	ANES EXTRAPERITONEAL LWR ABD W/URINARY	6
00862	ANES XTRPRTL LOWER ABD UR TRACT RENAL I	7
00864	ANES XTRPRTL LWER ABD W/URINARY TRACT I	8
00865	ANES XTRPRTL LWR ABD W/URINARY TRACT R	7
00866	ANES XTRPRTL LOWER ABD W/URIN TRACT ADI	10
00868	ANES XTRPRTL LWR ABD W/URIN TRACT RENAI	10
00869	ANESTH, VASECTOMY	3
00870	ANES XTRPRTL LWR ABD W/URIN TRACT CSTOL	5
00872	ANES LITHOTRP XTRCORP SHOCK WAVE W/WA	7
00873	ANES LITHOTRP XTRCORP SHOCK WAVE W/O W	5
00880	ANESTHESIA MAJOR LOWER ABDOMINAL VESSI	15
00882	ANES MAJOR LOWER ABDOMINAL VESSELS IVC	10
00902	ANESTHESIA ANORECTAL PROCEDURE	5
00904	ANESTHESIA RADICAL PERINEAL PROCEDURE	7
00906	ANESTHESIA VULVECTOMY	4
00908	ANESTHESIA PERINEAL PROSTATECTOMY	6
00910	ANES TRANSURETHRAL W/URETHROCYSTOSCO	3
00912	ANES TRANSURETHRAL RESECTION OF BLADDE	5

Procedure Code	Description of Procedure	Relative Value Unit
00914	ANESTHESIA TRANSURETHRAL RESECTION OF I	5
00916	ANES TRURL POST-TRURL RESECTION BLEEDIN	5
00918	ANES TRURL FRAGMNTJ MANJ&/RMVL URETER.	5
00920	ANESTHESIA MALE GENITALIA INCL OPEN URE	3
00921	ANES VASECTOMY UNI/BI INCL OPEN URETHRA	3
00922	ANES SEMINAL VESICLES INCL OPEN URETHRA	6
00924	ANES UNDESCND TESTIS UNI/BI INCL OPEN URT	4
00926	ANES RAD ORCHIECTOMY INGUN INCL OPEN UF	4
00928	ANES RAD ORCHIECTOMY ABDOMINAL INCL OF	6
00930	ANES ORCHIOPEXY UNI/BI INCL OPEN URETHRA	4
00932	ANES COMPLETE AMPUTATION PENIS INCL OPE	4
00934	ANES RAD AMP PENIS W/BI INGUINAL LYMPH N	6
00936	ANES RAD AMP PENIS W/BI INGUNL&ILIAC LYM	8
00940	ANESTHESIA VAGINAL PROCEDURE W/BIOPSY N	3
00942	ANES COLPTMY VAGNC COLPRPHY INCL BX W/O	4
00944	ANESTHESIA VAGINAL HYSTERECTOMY INCL B	6
00948	ANESTHESIA CERVICAL CERCLAGE INCLUDING	4
00950	ANESTHESIA CULDOSCOPY INCLUDING BIOPSY	5
00952	ANES HYSTEROSCOPY&/HYSTEROSALPINGOGR.	4
01112	ANES BONE MARROW ASPIR&/BX ANT/PST ILIAC	5
01120	ANESTHESIA ON BONY PELVIS	6
01130	ANESTHESIA BODY CAST APPLICATION OR REV	3
01140	ANESTHESIA INTERPELVI ABDOMINAL AMPUTA	15
01150	ANES RADICAL TUMOR PELVIS XCP HINDQUAR	10
01160	ANES CLOSED SYMPHYSIS PUBIS/SACROILIAC J	4
01170	ANES OPEN SYMPHYSIS PUBIS/SACROILIAC JOI	8
01173	ANES OPN RPR DISRPJ PELVIS/COLUMN FX ACE	12
01200	ANESTHESIA CLOSED HIP JOINT PROCEDURE	4
01202	ANESTHESIA ARTHROSCOPIC HIP JOINT PROCEI	4
01210	ANESTHESIA OPEN HIP JOINT PROCEDURE NOS	6
01212	ANESTHESIA OPEN HIP JOINT DISARTICULATIO	10
01214	ANESTHESIA OPEN TOTAL HIP ARTHROPLASTY	8
01215	ANESTHESIA OPEN REVISION TOTAL HIP ARTHR	10
01220	ANESTHESIA CLOSED PROCEDURES UPPER 2/3 F	4
01230	ANESTHESIA OPEN PROCEDURES UPPER 2/3 FEM	6
01232	ANESTHESIA UPPER 2/3 FEMUR AMPUTATION	5
01234	ANES UPPER 2/3 FEMUR RADICAL RESCECTION	8
01250	ANES NERVE MUSC TENDON FASCIA & BURSAE	4
01260	ANES VEINS OF UPPER LEG INCLUDING EXPLOR	3
01270	ANESTHESIA ARTERIES UPPER LEG INCL BYPAS	8
01272	ANES ART UPPER LEG W/BYPASS GRAFT FEM AF	4
01274	ANES UPPER LEG W/BYPASS GRFT FEM ART EMI	6
01320	ANES NERVE MUSC TENDON FASCIA&BURSA KT	4
01340	ANESTHESIA CLOSED PROCEDURES LOWER 1/3 I	4
01360	ANESTHESIA OPEN PROCEDURES LOWER 1/3 FEM	5
01380	ANESTHESIA CLOSED PROCEDURES KNEE JOINT	3
01382	ANESTH DIAGNOSTIC ARTHROSCOPIC PROC KN	3
01390	ANES CLOSED PROC UPPER END TIBIA FIBULA/	3

Procedure Code	Description of Procedure	Relative Value Unit
01392	ANES OPEN PROC UPPER ENDS TIBIA FIBULA&/	4
01400	ANES OPEN/SURG ARTHROSCOPIC PROC KNEE J	4
01402	ANESTH OPEN/SURG ARTHRS TOTAL KNEE ARTI	7
01404	ANESTH OPEN/SURG ARTHRS KNEE DISARTICUI	5
01420	ANES CAST APPLICATION REMOVAL/REPAIR KN	3
01430	ANESTHESIA VEINS KNEE & POPLITEAL AREA N	3
01432	ANES KNEE & POPLITEAL ARTERY VEIN FISTUL	6
01440	ANES ARTERIES OF KNEE & POPLITEAL AREA N	8
01442	ANES ART KNEE POPLITEAL TEAEC W/WO PATC	8
01444	ANES ART KNEE POPLITEAL EXC&GRF/RPR OCC	8
01462	ANESTHESIA CLOSED PROC LOWER LEG ANKLE	3
01464	ANESTHESIA ARTHROSCOPIC PROCEDURE ANKI	3
01470	ANES NRV/MUS/TND/FASC LOWER LEG/ANKLE/F	3
01472	ANES RPR RUPTURED ACHILLES TENDON W/WO	5
01474	ANESTHESIA GASTROCNEMIUS RECESSION	5
01480	ANES OPEN PROC BONES LOWER LEG/ANKLE/FC	3
01482	ANES RADICAL RESECJ INCL BELOW KNEE AMP	4
01484	ANES OPEN OSTEOTOMY/OSTEOPLASTY TIBIA&	4
01486	ANESTHESIA OPEN TOTAL ANKLE REPLACEMEN	7
01490	ANES LOWER LEG CAST APPLICATION REMOVA	3
01500	ANESTHESIA ARTERIES LOWER LEG W/BYPASS C	8
01502	ANES ART LOWER LEG W/BYP GRAFT EMBLC DI	6
01520	ANESTHESIA VEINS OF LOWER LEG NOS	3
01522	ANES VEINS LOWER LEG VENOUS THRMBC DIR/	5
01610	ANES NRV MUSC TNDN FSCIA BURSA SHOULDEI	5
01620	ANES CLOSED HUMRL H/N STRNCLAV JOINT& S	4
01622	ANES DIAG ARTHROSCOPIC SHOULDER JOINT PI	4
01630	ANES ARTHRS HUMERAL H/N STRNCLAV & SHO	5
01632	Anesth, surgery of shoulder	6
01634	ANESTHESIA ARTHROSCOPIC SHOULDER DISAR	9
01636	ANES ARTHRS INTERTHORACOSCAPULAR AMPU	15
01638	ANES ARTHROSCOPIC TOTAL SHOULDER REPLA	10
01650	ANESTHESIA ARTERIES SHOULDER & AXILLA N	6
01652	ANESTHESIA AXILLARY-BRACHIAL ANEURYSM	10
01654	ANES ARTERIES SHOULDER & AXILLA BYPASS C	8
01656	ANESTHESIA AXILLARY-FEMORAL BYPASS GRA	10
01670	ANESTHESIA VEINS SHOULDER & AXILLA	4
01680	ANES SHOULDER CAST APPL REMOVAL/REPAIR	3
01710	ANES NRV MUSC TDN FSCA&BRS UPR ARM/ELBO	3
01712	ANESTHESIA OPEN TENOTOMY ELBOW TO SHO	5
01714	ANESTHESIA TENOPLASTY ELBOW TO SHOULDI	5
01716	ANESTHESIA BICEPS TENODESIS RUPTURE LONG	5
01730	ANESTHESIA CLOSED PROCEDURES HUMERUS &	3
01732	ANESTHESIA ELBOW JOINT DIAGNOSTIC ARTHR	3
01740	ANES OPEN/SURG ARTHROSCOPIC ELBOW PROC	4
01742	ANESTHESIA OPEN/SURG ARTHRS OSTEOTOMY	5
01744	ANES OPEN/SURG ARTHRS REPRS NON/MALUNIO	5
01756	ANESTHESIA OPEN/SURG ARTHRS RADICAL PRC	6

Procedure Code	Description of Procedure	Relative Value Unit
01758	ANESTH OPEN/SURG ARTHRS EXC CYST/TUMOR	5
01760	ANESTH OPEN/SURG ARTHRS TOTAL ELBOW RE	7
01770	ANESTHESIA ARTERIES UPPER ARM & ELBOW N	6
01772	ANESTHESIA ARTERIES UPPER ARM&ELBOW EM	6
01780	ANESTHESIA VEINS UPPER ARM & ELBOW NOS	3
01782	ANESTHESIA VEINS UPPER ARM & ELBOW PHLE	4
01810	ANES NERVE MUSCLE TDN FASCIA&BURSA FOR	3
01820	ANES RADIUS ULNA WRIST/HAND BONES CLOSI	3
01829	ANESTHESIA DIAGNOSTIC ARTHROSCOPIC PROC	3
01830	ANES ARTHRS/ENDSCPY DSTL RADIUS ULNA/WI	3
01832	ANESTHESIA ARTHRS/ENDOSCPIC TOTAL WRIST	6
01840	ANESTHESIA ARTERIES FOREARM WRIST & HAN	6
01842	ANES ARTERIES FOREARM WRIST & HAND EMB	6
01844	ANESTHESIA VASCULAR SHUNT/SHUNT REVISIO	6
01850	ANESTHESIA VEINS FOREARM WRIST & HAND N	3
01852	ANES VEINS FOREARM WRIST & HAND PHLEBOI	4
01860	ANES FOREARM WRIST/HAND CAST APPL RMVL	3
01905	ANES, SPINE INJECT, X-RAY/RE	5
01916	ANESTHESIA DIAGNOSTIC ARTERIOGRAPHY/VE	6
01920	ANES C-CATHJ W/C ANGIOGRAPHY & VENTRICU	7
01922	ANES NON-INVASIVE IMAGING/RADIATION THE	7
01924	ANESTHESIA THER IVNTL RADIOLOGICAL ARTE	6
01925	ANESTHESIA CAROTID/CORONARY THER IVNTL	8
01926	ANES ICRA ICAR/AORTIC THER IVNTL RAD ART	10
01930	ANES VENOUS/LYMPHATIC NOS THER IVNTL RA	5
01931	ANESTHESIA INTRAHEPATIC/PORTAL THER IVN'	6
01932	ANESTHESIA INTRATHORACIC/JUGULAR THER I	8
01933	ANES INTRACRANIAL THER IVNTL RAD VENS/L'	10
01935	ANESTHESIA PERQ IMAGE GUIDED SPINE DIAGN	5
01936	ANESTHESIA PERQ IMAGE GUIDED SPINE THER/	5
01951	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4	3
01952	ANES 2/3 DGR BRN EXC/DBRDMT W/WO GRFT 4-	5
01958	ANESTHESIA EXTERNAL CEPHALIC VERSION	5
01960	ANESTHESIA VAGINAL DELIVERY ONLY	5
01961	ANESTHESIA CESAREAN DELIVERY ONLY	7
01962	ANES URGENT HYSTERECTOMY FOLLOWING DE	5
01963	ANESTHESIA C HYST W/O ANY LABOR ANALG/A	8
01964	Anesth, abortion procedures	4
01965	ANESTHESIA INCOMPLETE/MISSED ABORTION	4
01966	ANESTHESIA INDUCED ABORTION	4
01967	NEURAXIAL LABOR ANALG/ANES PLND VAGIN/	5
01968	ANES CESARN DLVR FLWG NEURAXIAL LABOR	3
01969	ANES CESARN HYST FLWG NEURAXIAL LABOR .	5
01990	PHYSIOL SUPPORT HARVEST ORGAN FROM BRA	7
01991	ANES DX/THER NRV BLK/NJX OTH/THN PRONE P	3
01992	ANES DX/THER NERVE BLOCK/INJECTION PRON	5
01995	Regional anesthesia limb	5

APPENDIX L

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Procedure Services

Subcategory: Services Not Set by Medicare

Dashboard Number 4.2

Last FFS Rate Update: 1/1/2020

For most procedure services, the DMMA uses rates set by Medicare.

The following services do not have a rate set by Medicare. The rates paid by DMMA are shown below.

The Type of Rate is also shown.

Rates of \$0.00 for Manually Priced means that DMMA researches a rate each time the service is billed.

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
01996	DAILY HOSP MGMT EDRL/SARACH CONT DRUG	Default Rate	\$48.15
01999	UNLISTED ANESTHESIA PROCEDURE	Manually Priced	\$0.00
10011	FINE NEEDLE ASPIRATION BX W/MR GDN 1ST L	Manually Priced	\$0.00
10012	FINE NEEDLE ASPIRATION BX W/MR GDN EA AD	Manually Priced	\$0.00
11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTA	Default Rate	\$96.56
11981	INSJ NON-BIODEGRADABLE DRUG DELIVERY IM	Default Rate	\$106.30
11983	RMVL W/RINSJ NON-BIODEGRADABLE DRUG DL	Default Rate	\$148.87
15825	RHYTIDECTOMY NECK W/PLATYSMAL TIGHTEN	Manually Priced	\$0.00
15826	RHYTIDECTOMY GLABELLAR FROWN LINES	Manually Priced	\$0.00
15828	RHYTIDECTOMY CHEEK CHIN & NECK	Manually Priced	\$0.00
15829	RHYTIDECTOMY SMAS FLAP	Manually Priced	\$0.00
15847	EXCISION EXCESSIVE SKIN & SUBQ TISSUE AB	Manually Priced	\$0.00
15876	SUCTION ASSISTED LIPECTOMY HEAD & NECK	Manually Priced	\$0.00
15999	UNLISTED PROCEDURE EXCISION PRESSURE UL	Manually Priced	\$0.00
17999	UNLISTED PX SKIN MUC MEMBRANE & SUBQ TI	Manually Priced	\$0.00
19499	UNLISTED PROCEDURE BREAST	Manually Priced	\$0.00
20930	ALLOGRAFT FOR SPINE SURGERY ONLY MORSE	Manually Priced	\$0.00
20936	AUTOGRAFT SPINE SURGERY LOCAL FROM SAM	Manually Priced	\$0.00
20999	UNLISTED PROCEDURE MUSCSKELETAL SYSTEM	Manually Priced	\$0.00
21088	IMPRESSION & PREPARATION FACIAL PROSTHE'	Manually Priced	\$0.00
21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROC	Manually Priced	\$0.00
21299	UNLISTED CRANIOFACIAL & MAXILLOFACIAL P	Manually Priced	\$0.00
21499	UNLISTED MUSCULOSKELETAL PROCEDURE HE	Manually Priced	\$0.00
21742	REPAIR PECTUS EXCAVATM/CARINATM MINLY	Manually Priced	\$0.00
21743	REPAIR PECTUS EXCAVATM/CARINATM MINLY	Manually Priced	\$0.00
21899	UNLISTED PROCEDURE NECK/THORAX	Manually Priced	\$0.00
22899	UNLISTED PROCEDURE SPINE	Manually Priced	\$0.00
22999	UNLISTED PX ABDOMEN MUSCULOSKELETAL S	Manually Priced	\$0.00
23929	UNLISTED PROCEDURE SHOULDER	Manually Priced	\$0.00
24940	CINEPLASTY UPPER EXTREMITY COMPLETE PRC	Manually Priced	\$0.00
24999	UNLISTED PROCEDURE HUMERUS/ELBOW	Manually Priced	\$0.00
25999	UNLISTED PROCEDURE FOREARM/WRIST	Manually Priced	\$0.00
26989	UNLISTED PROCEDURE HANDS/FINGERS	Manually Priced	\$0.00
27299	UNLISTED PROCEDURE PELVIS/HIP JOINT	Manually Priced	\$0.00
27599	UNLISTED PROCEDURE FEMUR/KNEE	Manually Priced	\$0.00
27899	UNLISTED PROCEDURE LEG/ANKLE	Manually Priced	\$0.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
28899	UNLISTED PROCEDURE FOOT/TOES	Manually Priced	\$0.00
29799	UNLISTED PROCEDURE CASTING/STRAPPING	Manually Priced	\$0.00
29999	UNLISTED PROCEDURE ARTHROSCOPY	Manually Priced	\$0.00
30999	UNLISTED PROCEDURE NOSE	Manually Priced	\$0.00
31299	UNLISTED PROCEDURE ACCESSORY SINUSES	Manually Priced	\$0.00
31599	UNLISTED PROCEDURE LARYNX	Manually Priced	\$0.00
31899	UNLISTED PROCEDURE TRACHEA BRONCHI	Manually Priced	\$0.00
32999	UNLISTED PROCEDURE LUNGS & PLEURA	Manually Priced	\$0.00
33928	REMOVAL & RPLCMT TOTAL RPLCMT HEART SY	Manually Priced	\$0.00
33929	REMOVAL TOTAL RPLCMT HEART SYS FOR HEA	Manually Priced	\$0.00
33999	UNLISTED CARDIAC SURGERY	Manually Priced	\$0.00
34839	PLNNING PT SPEC FENEST VISCERAL AORTIC G	Manually Priced	\$0.00
34841	ENDOVASC VISCER AORTA REPAIR FENEST 1 EN	Manually Priced	\$0.00
34842	ENDOVASC VISCER AORTA REPAIR FENEST 2 EN	Manually Priced	\$0.00
34843	ENDOVASC VISCER AORTA REPAIR FENEST 3 EN	Manually Priced	\$0.00
34844	ENDOVASC VISCER AORTA REPR FENEST 4+ ENI	Manually Priced	\$0.00
34845	VISCER AND INFRARENAL ABDOM AORTA 1 PRC	Manually Priced	\$0.00
34846	VISCER AND INFRARENAL ABDOM AORTA 2 PRC	Manually Priced	\$0.00
34847	VISCER AND INFRARENAL ABDOM AORTA 3 PRC	Manually Priced	\$0.00
34848	VISCER AND INFRARENAL ABDOM AORTA 4+ PR	Manually Priced	\$0.00
36299	UNLISTED PROCEDURE VASCULAR INJECTION	Manually Priced	\$0.00
36415	COLLECTION VENOUS BLOOD VENIPUNCTURE	Default Rate	\$2.94
36468	INJECTIONS SCLEROSANT FOR SPIDER VEINS L	Manually Priced	\$0.00
37195	THROMBOLYSIS CEREBRAL IV INFUSION	Default Rate	\$326.02
37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	Manually Priced	\$0.00
37799	UNLISTED PROCEDURE VASCULAR SURGERY	Manually Priced	\$0.00
38129	UNLISTED LAPAROSCOPY PROCEDURE SPLEEN	Manually Priced	\$0.00
38589	UNLISTED LAPAROSCOPY PX LYMPHATIC SYSTI	Manually Priced	\$0.00
38999	UNLISTED PROCEDURE HEMIC OR LYMPHATIC S	Manually Priced	\$0.00
39499	UNLISTED PROCEDURE MEDIASTINUM	Manually Priced	\$0.00
39599	UNLISTED PROCEDURE DIAPHRAGM	Manually Priced	\$0.00
40799	UNLISTED PROCEDURE LIPS	Manually Priced	\$0.00
40899	UNLISTED PROCEDURE VESTIBULE MOUTH	Manually Priced	\$0.00
41599	UNLISTED PROCEDURE TONGUE FLOOR MOUTH	Manually Priced	\$0.00
41820	GINGIVECTOMY EXC GINGIVA EACH QUADRAN	Manually Priced	\$0.00
41821	OPRCULECTOMY EXC PRICORONAL TISSUE	Manually Priced	\$0.00
41850	DESTRUCTION LESION DENTOALVEOLAR STRUC	Manually Priced	\$0.00
41870	PERIODONTAL MUCOSAL GRAFTING	Manually Priced	\$0.00
41899	UNLISTED PROCEDURE DENTOALVEOLAR STRU	Manually Priced	\$0.00
42299	UNLISTED PROCEDURE PALATE UVULA	Manually Priced	\$0.00
42699	UNLISTED PX SALIVARY GLANDS/DUCTS	Manually Priced	\$0.00
42999	UNLISTED PROCEDURE PHARYNX ADENOIDS/TC	Manually Priced	\$0.00
43289	UNLISTED LAPAROSCOPIC PROCEDURE ESOPHA	Manually Priced	\$0.00
43496	FREE JEJUNUM TRSF W/MICROVASC ANASTOMC	Manually Priced	\$0.00
43499	UNLISTED PROCEDURE ESOPHAGUS	Manually Priced	\$0.00
43647	LAPS IMPLTJ/RPLCMT GASTRIC NSTIM ELTRD A	Manually Priced	\$0.00
43648	LAPS REVISION/RMVL GASTRIC NSTIM ELTRD A	Manually Priced	\$0.00
43659	UNLISTED LAPAROSCOPIC PROCEDURE STOMAC	Manually Priced	\$0.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
43881	IMPLTJ/RPLCMT GASTRIC NSTIM ELTRDE ANTRI	Manually Priced	\$0.00
43882	REVISION/RMVL GASTRIC NSTIM ELTRDE ANTR	Manually Priced	\$0.00
43999	UNLISTED PROCEDURE STOMACH	Manually Priced	\$0.00
44133	DONOR ENTERECTOMY OPEN LIVING DONOR	Manually Priced	\$0.00
44135	INTESTINAL ALLOTRANSPLANTATION CADAVE	Manually Priced	\$0.00
44136	INTESTINAL ALLOTRANSPLANTATION LIVING D	Manually Priced	\$0.00
44137	RMVL TRNSPLED INTESTINAL ALLOGRAFT COM	Manually Priced	\$0.00
44238	UNLISTED LAPAROSCOPY PX INTESTINE XCP RE	Manually Priced	\$0.00
44705	PREPARE FECAL MICROBIOTA FOR INSTILLATIC	Manually Priced	\$0.00
44799	UNLISTED PROCEDURE SMALL INTESTINE	Manually Priced	\$0.00
44899	UNLISTED PX MECKEL'S DIVERTICULUM & MESI	Manually Priced	\$0.00
44979	UNLISTED LAPAROSCOPY PROCEDURE APPENDI	Manually Priced	\$0.00
45399	UNLISTED PROCEDURE COLON	Manually Priced	\$0.00
45499	UNLISTED LAPAROSCOPY PROCEDURE RECTUM	Manually Priced	\$0.00
45999	UNLISTED PROCEDURE RECTUM	Manually Priced	\$0.00
46999	UNLISTED PROCEDURE ANUS	Manually Priced	\$0.00
47379	UNLIS LAPAROSCOPIC PROCEDURE LIVER	Manually Priced	\$0.00
47399	UNLISTED PROCEDURE LIVER	Manually Priced	\$0.00
47579	UNLISTED LAPAROSCOPY PROCEDURE BILIARY	Manually Priced	\$0.00
47999	UNLISTED PROCEDURE BILIARY TRACT	Manually Priced	\$0.00
48160	PANCREATECTOMY W/TRNSPLJ PANCREAS/ISLE	Manually Priced	\$0.00
48999	UNLISTED PROCEDURE PANCREAS	Manually Priced	\$0.00
49329	UNLISTED LAPAROSCOPIC PX ABD PERTONEUM	Manually Priced	\$0.00
49659	UNLIS LAPS PX HRNAP HERNIORRHAPHY HERNI	Manually Priced	\$0.00
49906	FREE OMENTAL FLAP W/MICROVASCULAR ANA	Manually Priced	\$0.00
49999	UNLISTED PROCEDURE ABDOMEN PERITONEUM	Manually Priced	\$0.00
50549	UNLISTED LAPAROSCOPY PROCEDURE RENAL	Manually Priced	\$0.00
50949	UNLISTED LAPAROSCOPY PROCEDURE URETER	Manually Priced	\$0.00
51999	UNLISTED LAPAROSCOPY PROCEDURE BLADDE	Manually Priced	\$0.00
53899	UNLISTED PROCEDURE URINARY SYSTEM	Manually Priced	\$0.00
54440	PLASTIC OPERATION PENIS INJURY	Manually Priced	\$0.00
54699	UNLISTED LAPAROSCOPY PROCEDURE TESTIS	Manually Priced	\$0.00
55559	UNLISTED LAPROSCOPY PROCEDURE SPERMAT	Manually Priced	\$0.00
55899	UNLISTED PROCEDURE MALE GENITAL SYSTEM	Manually Priced	\$0.00
58300	INSERTION INTRAUTERINE DEVICE IUD	Default Rate	\$93.35
58578	UNLISTED LAPAROSCOPY PROCEDURE UTERUS	Manually Priced	\$0.00
58579	UNLISTED HYSTEROSCOPY PROCEDURE UTERU	Manually Priced	\$0.00
58679	UNLISTED LAPAROSCOPY PROCEDURE OVIDUC	Manually Priced	\$0.00
58999	UNLISTED PX FEMALE GENITAL SYSTEM NONOI	Manually Priced	\$0.00
59400	OB CARE ANTEPARTUM VAG DLVR & POSTPART	PRB	\$0.00
59510	OB ANTEPARTUM CARE CESAREAN DLVR & POS	PRB	\$0.00
59514	CESAREAN DELIVERY ONLY	Default Rate	\$842.31
59515	CESAREAN DELIVERY ONLY W/POSTPARTUM C/	Default Rate	\$1,084.56
59612	VAGINAL DELIVERY AFTER CESAREAN DELIVEI	Default Rate	\$842.31
59614	VAGINAL DELIVERY & POSTPARTUM CARE VBA	Default Rate	\$1,084.56
59620	CESAREAN DELIVERY ATTEMPTED VBAC	Default Rate	\$842.31
59622	CESAREAN DLVRY & POSTPARTUM CARE ATTEI	Default Rate	\$1,084.56
59897	UNLISTED FETAL INVASIVE PX W/ULTRASOUND	Manually Priced	\$0.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
59898	UNLISTED LAPAROSCOPY PX MATERNITY CARE	Manually Priced	\$0.00
59899	UNLISTED PROCEDURE MATERNITY CARE & DE	Manually Priced	\$0.00
60659	UNLISTED LAPAROSCOPY PROCEDURE ENDOCR	Manually Priced	\$0.00
60699	UNLISTED PROCEDURE ENDOCRINE SYSTEM	Manually Priced	\$0.00
62380	NDSC DCMPRN SPINAL CORD 1 W/LAMOT NTRSI	Manually Priced	\$0.00
63043	LAMOT PRTL FFD EXC DISC REEXPL 1 NTRSPC	Manually Priced	\$0.00
63044	LAMOT W/PRTL FFD HRNA8 REEXPL 1 NTRSPC E	Manually Priced	\$0.00
64999	UNLISTED PROCEDURE NERVOUS SYSTEM	Manually Priced	\$0.00
65757	BACKBENCH PREPJ CORNEAL ENDOTHELIAL AL	Manually Priced	\$0.00
65760	KERATOMILEUSIS	Manually Priced	\$0.00
65765	KERATOPHAKIA	Manually Priced	\$0.00
65767	EPIKERATOPLASTY	Manually Priced	\$0.00
65771	RADIAL KERATOTOMY	Manually Priced	\$0.00
66983	ICAPSULAR CATARACT XTRJ INSJ IO LENS PRS	Manually Priced	\$0.00
66987	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPL	Manually Priced	\$0.00
66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/E	Manually Priced	\$0.00
66999	UNLISTED PROCEDURE ANTERIOR SEGMENT EY	Manually Priced	\$0.00
67299	UNLISTED PROCEDURE POSTERIOR SEGMENT	Manually Priced	\$0.00
67399	UNLISTED PROCEDURE EXTRAOCULAR MUSCLE	Manually Priced	\$0.00
67599	UNLISTED PROCEDURE ORBIT	Manually Priced	\$0.00
67999	UNLISTED PROCEDURE EYELIDS	Manually Priced	\$0.00
68399	UNLISTED PROCEDURE CONJUNCTIVA	Manually Priced	\$0.00
68899	UNLISTED PROCEDURE LACRIMAL SYSTEM	Manually Priced	\$0.00
69399	UNLISTED PROCEDURE EXTERNAL EAR	Manually Priced	\$0.00
69710	IMPLTJ/RPLCMT EMGNT BONE CNDJ DEV TEMPC	Manually Priced	\$0.00
69799	UNLISTED PROCEDURE MIDDLE EAR	Manually Priced	\$0.00
69949	UNLISTED PROCEDURE INNER EAR	Manually Priced	\$0.00
69979	UNLISTED PROCEDURE TEMPORAL BONE MIDD	Manually Priced	\$0.00

APPENDIX M**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Procedure Services****Subcategory: Medicine****Dashboard Number 4.2****Last FFS Rate Update: 1/1/2020**

For most procedure services, the DMMA uses rates set by Medicare.

The services on this list are set by DMMA or by another program, such as the Vaccines for Children program.

The Type of Rate is also shown.

Rates of \$0.00 for Manually Priced or Provider-Specific rate means that DMMA sets a rate each time the service is billed.

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
90621	MENB-FHBP RECOMBNT LIPOPROTEIN VACC 2/3	Vaccines for Children	\$8.00
90633	HEPA VACCINE 2 DOSE SCHEDULE PED/ADOLESC	Vaccines for Children	\$8.00
90634	HEPA VACCINE 3 DOSE SCHEDULE PED/ADOLESC	Vaccines for Children	\$8.00
90636	HEPATITIS A & B VACCINE HEPA-HEPB ADULT	Vaccines for Children	\$8.00
90647	HIB PRP-OMP VACCINE 3 DOSE SCHEDULE IM U	Vaccines for Children	\$8.00
90648	HIB PRP-T VACCINE 4 DOSE SCHEDULE IM USE	Vaccines for Children	\$8.00
90649	4VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Vaccines for Children	\$8.00
90650	2VHPV VACCINE 3 DOSE SCHEDULE FOR IM USE	Vaccines for Children	\$8.00
90651	9VHPV VACC 2/3 DOSE SCHED IM USE	Vaccines for Children	\$8.00
90653	IIV ADJUVANTED VACCINE FOR INTRAMUSCULAR	Manually Priced	\$0.00
90655	IIV3 VACC PRESRV FREE 0.25 ML DOSAGE IM	Vaccines for Children	\$8.00
90656	IIV3 VACC PRESERVATIVE FREE 0.5 ML DOSAGE	Vaccines for Children	\$8.00
90657	IIV3 VACCINE SPLIT VIRUS 0.25 ML DOSAGE	Vaccines for Children	\$8.00
90658	IIV3 VACCINE SPLIT VIRUS 0.5 ML DOSAGE I	Vaccines for Children	\$8.00
90660	LAIV3 VACCINE LIVE FOR INTRANASAL USE	Vaccines for Children	\$8.00
90670	PCV13 VACCINE FOR INTRAMUSCULAR USE	Vaccines for Children	\$8.00
90672	LAIV4 VACCINE FOR INTRANASAL USE	Vaccines for Children	\$8.00
90680	RV5 VACCINE 3 DOSE SCHEDULE LIVE FOR ORA	Vaccines for Children	\$8.00
90681	RV1 VACCINE 2 DOSE SCHEDULE LIVE FOR ORA	Vaccines for Children	\$8.00
90682	RIV4 VACC RECOMBINANT DNA PRSRV ANTIBIOTIC	Manually Priced	\$0.00
90685	IIV4 VACC PRSRV FREE 0.25 ML DOS FOR IM	Vaccines for Children	\$8.00
90686	IIV4 VACC PRESRV FREE 0.5 ML DOS FOR IM	Vaccines for Children	\$8.00
90687	IIV4 VACC SPLIT VIRUS 0.25 ML DOS FOR IM	Vaccines for Children	\$8.00
90688	IIV4 VACC SPLIT VIRUS 0.5 ML DOS FOR IM	Vaccines for Children	\$8.00
90694	AIIV4 VACC INACTIVATED PRSRV FR 0.5ML DO	Manually Priced	\$0.00
90696	DTAP-IPV VACCINE CHILD 4-6 YRS FOR IM US	Vaccines for Children	\$8.00
90698	DTAP-IPV/HIB VACCINE FOR INTRAMUSCULAR USE	Vaccines for Children	\$8.00
90700	DIPHTH TETANUS TOX ACELL PERTUSSIS VACC	Vaccines for Children	\$8.00
90702	DT VACCINE YOUNGER THAN 7 YRS FOR IM USE	Vaccines for Children	\$8.00
90707	MEASLES MUMPS RUBELLA VIRUS VACCINE LIVE	Vaccines for Children	\$8.00
90710	MEASLES MUMPS RUBELLA VARICELLA VACC I	Vaccines for Children	\$8.00
90713	POLIOVIRUS VACCINE INACTIVATED SUBQ/IM	Vaccines for Children	\$8.00
90714	TD VACCINE PRSRV FREE 7 YRS OR OLDER FOR	Vaccines for Children	\$8.00
90715	TDAP VACCINE 7 YRS/> IM	Vaccines for Children	\$8.00
90716	VAR VACCINE LIVE FOR SUBCUTANEOUS USE	Vaccines for Children	\$8.00
90723	DTAP-HEPB-IPV VACCINE INTRAMUSCULAR	Vaccines for Children	\$8.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
90732	PPSV23 VACCINE 2 YRS OR OLDER FOR SUBQ/I	Vaccines for Children	\$8.00
90733	MPSV4 VACCINE GROUPS ACYW-135 SUBQ USE	Vaccines for Children	\$8.00
90734	MENACWYD/MENACWY-CRM CONJ VACC GRPS	Vaccines for Children	\$8.00
90740	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 3 DOS	Vaccines for Children	\$8.00
90743	HEPB VACCINE ADOLESCENT 2 DOSE SCHEDULI	Vaccines for Children	\$8.00
90744	HEPB VACCINE PED/ADOLESC 3 DOSE SCHEDUL	Vaccines for Children	\$8.00
90746	HEPB VACCINE ADULT 3 DOSE SCHEDULE FOR I	Vaccines for Children	\$8.00
90747	HEPB VACCINE DIALYSIS/IMMUNSUP PAT 4 DOS	Vaccines for Children	\$8.00
90748	HIB-HEPB VACCINE FOR INTRAMUSCULAR USE	Vaccines for Children	\$8.00
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	Provider-specific Rate	\$0.00
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	Provider-specific Rate	\$0.00
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	Provider-specific Rate	\$0.00
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT	Provider-specific Rate	\$0.00
90853	GROUP PSYCHOTHERAPY	Provider-specific Rate	\$0.00
90863	PHARMACOLOGIC MANAGEMENT W/PSYCHOTH	Manually Priced	\$0.00
90867	REPET TMS TX INITIAL W/MAP/MOTR THRESHLI	Default Rate	\$134.62
90868	THERAP REPETITIVE TMS TX SUBSEQ DELIVERY	Default Rate	\$23.74
90869	REPET TMS TX SUBSEQ MOTR THRESHLD W/DEI	Default Rate	\$113.18
90940	HEMODIALYSIS ACCESS FLOW STUDY	Manually Priced	\$0.00
90952	ESRD RELATED SVC MONTHLY <2 YR OLD 2/3 V	Manually Priced	\$0.00
90953	ESRD RELATED SVC MONTHLY <2 YR OLD 1 VIS	Manually Priced	\$0.00
90999	UNLISTED DIALYSIS PROCEDURE INPATIENT/OU	Manually Priced	\$0.00
91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY F	Manually Priced	\$0.00
92499	UNLISTED OPHTHALMOLOGICAL SERVICE/PROC	Manually Priced	\$0.00
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY P	Provider-specific Rate	\$0.00
92508	TX SPEECH LANGUAGE VOICE COMMJ AUDITRY	Provider-specific Rate	\$0.00
92521	EVALUATION OF SPEECH FLUENCY (STUTTER C	Provider-specific Rate	\$0.00
92522	EVALUATION OF SPEECH SOUND PRODUCTION	Provider-specific Rate	\$0.00
92523	EVAL SPEECH SOUND PRODUCT LANGUAGE COI	Provider-specific Rate	\$0.00
92524	BEHAVIORAL & QUALIT ANALYSIS VOICE AND I	Provider-specific Rate	\$0.00
92531	SPONTANEOUS NYSTAGMUS W/GAZE	Manually Priced	\$0.00
92532	POSITIONAL NYSTAGMUS TEST	Manually Priced	\$0.00
92533	CALORIC VESTIBULAR TEST EACH IRRIGATION	Manually Priced	\$0.00
92534	OPTOKINETIC NYSTAGMUS TEST	Manually Priced	\$0.00
92558	EVOKED OTOACOUSTIC EMISSIONS SCREEN AU	Manually Priced	\$0.00
92560	BEKESY AUDIOMETRY SCREENING	Manually Priced	\$0.00
92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVI	Manually Priced	\$0.00
92921	PRQ TRLUML CORONARY ANGIOPLASTY ADDL]	Manually Priced	\$0.00
92925	PRQ TRLUML CORONARY ANGIO/ATHEREC ADD	Manually Priced	\$0.00
92929	PRQ TRLUML CORONARY STENT W/ANGIO ADDI	Default Rate	\$0.00
92934	PRQ TRLUML CORONARY STENT/ATH/ANGIO AC	Manually Priced	\$0.00
92938	PRQ TRLUML CORONARY BYP GRFT REVASC AC	Manually Priced	\$0.00
92944	PRQ TRLUML CORONRY CHRNIC OCCLUS REVA:	Manually Priced	\$0.00
92992	ATRIAL SEPTECT/SEPTOST TRANSVENOUS BALI	Manually Priced	\$0.00
92993	ATRIAL SEPTECT/SEPTOSTOMY BLADE METHOF	Manually Priced	\$0.00
93745	1ST SET-UP & PRGRMG PHYS/QHP OF WEARABLI	Default Rate	\$215.95
93799	UNLISTED CARDIOVASCULAR SERVICE/PROCEL	Manually Priced	\$0.00
93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTI	Manually Priced	\$0.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
94642	PENTAMIDINE AERSL INHALATION PNEUMOCYS	Default Rate	\$34.88
94772	CIRCADIAN RESPIRATRY PATTERN REC 12-24 H	Default Rate	\$167.00
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC S	Manually Priced	\$0.00
95700	EEG CONT REC W/VIDEO BY TECH MIN 8 CHANN	Default Rate	\$248.04
95705	EEG W/O VIDEO BY TECH 2-12 HR UNMONITORE	Default Rate	\$248.04
95706	EEG W/O VIDEO BY TECH 2-12 HR INTERMITTE	Default Rate	\$248.04
95707	EEG W/O VIDEO BY TECH 2-12HR CONTINUOUS	Default Rate	\$248.04
95708	EEG W/O VID BY TECH EA INCR 12-26HR UNMO	Default Rate	\$475.90
95709	EEG W/O VID BY TECH EA INCR 12-26 HR INT	Default Rate	\$475.90
95710	EEG W/O VID TECH EA INCR 12-26 HR CONT R	Default Rate	\$475.90
95711	VEEG BY TECH 2-12 HOURS UNMONITORED	Default Rate	\$248.04
95712	VEEG BY TECH 2-12 HR INTERMITTENT MONITO	Default Rate	\$248.04
95713	VEEG BY TECH 2-12 HR CONTINUOUS R-T MONI	Default Rate	\$475.90
95714	VEEG BY TECH EA INCR 12-26 HR UNMONITORE	Default Rate	\$475.90
95715	VEEG BY TECH EA INCR 12-26 HR INTERMITTE	Default Rate	\$475.90
95716	VEEG BY TECH EA INCR 12-26 HR CONT R-T M	Default Rate	\$890.77
95941	IONM REMOTE/NEARBY/>1 PATIENT IN OR PER	Manually Priced	\$0.00
95943	PARASYMP & SYMP NRV FUNCJ HRT RATE VARI	Manually Priced	\$0.00
95999	UNLIS NEUROLOGICAL/NEUROMUSCULAR DX P	Manually Priced	\$0.00
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HC	Provider-specific Rate	\$0.00
96376	THER PROPH/DX NJX EA SEQL IV PUSH SBST/D	Manually Priced	\$0.00
96377	APPL ON-BODY INJECTOR FOR TIMED SUBQ INJ	Manually Priced	\$0.00
96549	UNLISTED CHEMOTHERAPY PROCEDURE	Manually Priced	\$0.00
96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE	Manually Priced	\$0.00
97039	UNLIST MODALITY SPEC TYPE&TIME CONSTAN	Default Rate	\$11.27
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXE	Provider-specific Rate	\$0.00
97112	THER PX 1/> AREAS EACH 15 MIN NEUROMUSC	Provider-specific Rate	\$0.00
97116	THER PX 1/> AREAS EA 15 MIN GAIT TRAINING	Provider-specific Rate	\$0.00
97139	UNLISTED THERAPEUTIC PROCEDURE SPECIFY	Default Rate	\$15.30
97150	THERAPEUTIC PROCEDURES GROUP 2/> INDIVID	Provider-specific Rate	\$0.00
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15	Manually Priced	\$0.00
97161	PHYSICAL THERAPY EVALUATION LOW COMPL	Provider-specific Rate	\$0.00
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX	Provider-specific Rate	\$0.00
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE	Provider-specific Rate	\$0.00
97530	THERAPEUT ACTIVITY DIRECT PT CONTACT EAC	Provider-specific Rate	\$0.00
97542	WHEELCHAIR MGMT EA 15 MIN	Provider-specific Rate	\$0.00
97750	PHYSICAL PERFORMANCE TEST/MEAS W/REPRT	Provider-specific Rate	\$0.00
97755	ASSTV TECHNOL ASSMT DIR CNTCT W/REPRT E	Provider-specific Rate	\$0.00
97760	ORTHOTICS MGMT & TRAINING INITIAL ENCTR EA	Provider-specific Rate	\$0.00
97761	PROSTHETICS TRAINING INITIAL ENCTR EA 15	Provider-specific Rate	\$0.00
97799	UNLISTED PHYSICAL MEDICINE/REHAB SERVICE	Manually Priced	\$0.00
97802	MEDICAL NUTRITION ASSMT&IVNTJ INDIV EAC	Provider-specific Rate	\$0.00
97803	MEDICAL NUTRITION RE-ASSMT&IVNTJ INDIV E	Provider-specific Rate	\$0.00
99001	HANDLG&/OR CONVEY OF SPEC FOR TR FROM P	Default Rate	\$3.10
99050	SERVICES PROVIDED OFFICE OTH/THN REG SCH	Default Rate	\$20.00
99173	SCREENING TEST VISUAL ACUITY QUANTITATIV	Provider-specific Rate	\$0.00
99177	INSTRUMENT BASED OCULAR SCR BI W/ONSITE	Manually Priced	\$0.00
99188	APPLICATION TOPICAL FLUORIDE VARNISH BY	Default Rate	\$20.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
99199	UNLISTED SPECIAL SERVICE PROCEDURE/REPOI	Manually Priced	\$0.00
99366	TEAM CONFERENCE FACE-TO-FACE NONPHYSIC	Provider-specific Rate	\$0.00
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ S	Provider-specific Rate	\$0.00
99402	PREVENT MED COUNSEL&/RISK FACTOR REDJ S	Provider-specific Rate	\$0.00
99403	PREVENT MED COUNSEL&/RISK FACTOR REDJ S	Provider-specific Rate	\$0.00
99404	PREVENT MED COUNSEL&/RISK FACTOR REDJ S	Provider-specific Rate	\$0.00
99499	UNLISTED EVALUATION AND MANAGEMENT SE	Manually Priced	\$0.00
99510	HOME VISIT INDIV FAM/MARRIAGE COUNSELIN	Provider-specific Rate	\$0.00

APPENDIX N

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Procedure Services

Subcategory: Surgical Procedures Paid in RBRVS

Dashboard Number 4.2

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for surgical procedures. Rates are updated by Medicare every Jan 1. Medicare uses a methodology called the Resource Based Relative Value System (RBRVS). The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
10004		FINE NEEDLE ASPIRATION BX W/O IMG GD	\$44.72	\$53.03
10005		FINE NEEDLE ASPIRATION BX W/US GDN 1	\$73.98	\$131.76
10006		FINE NEEDLE ASPIRATION BX W/US GDN E	\$50.75	\$60.87
10007		FINE NEEDLE ASPIRATION BX W/FLUOR GI	\$96.19	\$303.47
10008		FINE NEEDLE ASPIRATION BX W/FLUOR GI	\$62.94	\$172.35
10009		FINE NEEDLE ASPIRATION BX W/CT GDN 1	\$117.26	\$479.81
10010		FINE NEEDLE ASPIRATION BX W/CT GDN E	\$85.07	\$288.74
10021		FINE NEEDLE ASPIRATION BX W/O IMG GD	\$57.24	\$100.57
10030		IMAGE-GUIDED CATHETER FLUID COLLEC	\$142.28	\$631.58
10035		PERQ SFT TISS LOC DEVICE PLMT 1ST LES	\$87.94	\$462.77
10036		PERQ SFT TISS LOC DEVICE PLMT ADD LES	\$44.70	\$393.88
10040		ACNE SURGERY	\$54.77	\$111.83
10060		INCISION & DRAINAGE ABSCESS SIMPLE/S	\$103.00	\$123.58
10061		INCISION & DRAINAGE ABSCESS COMPLIC	\$186.86	\$214.31
10080		INCISION & DRAINAGE PILONIDAL CYST S	\$105.89	\$215.67
10081		INCISION & DRAINAGE PILONIDAL CYST C	\$176.72	\$311.78
10120		INCISION & REMOVAL FOREIGN BODY SUE	\$105.53	\$155.00
10121		INCISION & REMOVAL FOREIGN BODY SUE	\$191.04	\$278.79
10140		I&D HEMATOMA SEROMA/FLUID COLLECT	\$122.31	\$174.31
10160		PUNCTURE ASPIRATION ABSCESS HEMATC	\$97.21	\$133.32
10180		INCISION & DRAINAGE COMPLEX PO WOU	\$183.34	\$262.42
11000		DBRDMT EXTENSVE ECZEMA/INFECT SKN U	\$29.29	\$57.82
11001		DBRDMT EXTNSVE ECZEMA/INFECT SKN E	\$14.65	\$24.04
11004		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ C	\$596.73	\$596.73
11005		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ A	\$813.11	\$813.11
11006		DBRDMT SKN SUBQ T/M/F NECRO INFCTJ C	\$733.14	\$733.14
11008		REMOVAL PROSTHETIC MATRL ABDL WAI	\$285.95	\$285.95
11010		DBRDMT W/RMVL FM FX&/DISLC SKIN&SL	\$285.27	\$487.49
11011		DBRDMT W/RMVL FM FX&/DISLC SKN SUB	\$311.25	\$542.71
11012		DBRDMT FX&/DISLC SUBQ T/M/F BONE	\$433.02	\$694.82
11042		DEBRIDEMENT SUBCUTANEOUS TISSUE 2C	\$62.67	\$128.39
11043		DEBRIDEMENT MUSCLE & FASCIA 20 SQ CI	\$160.01	\$238.38
11044		DEBRIDEMENT BONE MUSCLE &/FASCIA 20	\$234.76	\$321.42
11045		DBRDMT SUBCUTANEOUS TISSUE EA ADD	\$27.55	\$42.71
11046		DEBRIDEMENT MUSCLE &/FASCIA EA ADD	\$57.97	\$76.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
11047		DEBRIDEMENT BONE EACH ADDITIONAL 2	\$102.34	\$126.54
11055		PARING/CUTTING BENIGN HYPERKERATO	\$16.42	\$64.09
11056		PARING/CUTTING BENIGN HYPERKERATO	\$23.93	\$75.57
11057		PARING/CUTTING BENIGN HYPERKERATO	\$30.35	\$83.07
11102		TANGENTIAL BIOPSY SKIN SINGLE LESION	\$40.10	\$102.21
11103		TANGENTIAL BIOPSY SKIN EA SEP/ADDITI	\$23.28	\$54.33
11104		PUNCH BIOPSY SKIN SINGLE LESION	\$50.12	\$128.48
11105		PUNCH BIOPSY SKIN EA SEP/ADDITIONAL	\$27.20	\$61.88
11106		INCISIONAL BIOPSY SKIN SINGLE LESION	\$60.50	\$155.47
11107		INCISIONAL BIOPSY SKIN EA SEP/ADDITIO	\$32.58	\$73.38
11200		REMOVAL SKN TAGS MLT FIBRQ TAGS AN	\$75.40	\$90.57
11201		REMOVAL SK TGS MLT FIBRQ TAGS ANY A	\$16.82	\$18.98
11300		SHAVING SKIN LESION 1 TRUNK/ARM/LEG	\$35.44	\$102.24
11301		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIA	\$53.69	\$124.11
11302		SHVG SKN LESION 1 TRUNK/ARM/LEG DIA	\$63.00	\$143.53
11303		SHVG SKIN LESION 1 TRUNK/ARM/LEG DIA	\$74.10	\$157.87
11305		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.	\$40.39	\$107.56
11306		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 0.	\$51.86	\$125.88
11307		SHAVING SKIN LESION 1 S/N/H/F/G DIAM 1.	\$66.89	\$147.06
11308		SHAVING SKIN LESION 1 S/N/H/F/G DIAM >2.	\$75.43	\$157.04
11310		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM	\$47.97	\$118.38
11311		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 0.6-	\$65.50	\$140.26
11312		SHVG SKIN LESION 1 F/E/E/N/L/M DIAM 1.1-	\$77.67	\$162.18
11313		SHAVING SKIN LESION 1 F/E/E/N/L/M DIAM	\$100.95	\$189.42
11400		EXC B9 LESION MRGN XCP SK TG	\$83.67	\$128.45
11401		EXC B9 LESION MRGN XCP SK TG	\$106.22	\$156.41
11402		EXC B9 LESION MRGN XCP SK TG	\$117.33	\$173.66
11403		EXC B9 LESION MRGN XCP SK TG	\$151.79	\$200.54
11404		EXC B9 LESION MRGN XCP SK TG	\$167.18	\$227.85
11406		EXC B9 LESION MRGN XCP SK TG	\$254.20	\$325.70
11420		EXC B9 LESION MRGN XCP SK TG	\$83.96	\$129.46
11421		EXC B9 LESION MRGN XCP SK TG	\$112.26	\$163.17
11422		EXC B9 LESION MRGN XCP SK TG	\$139.24	\$183.65
11423		EXC B9 LESION MRGN XCP SK TG	\$159.62	\$208.73
11424		EXC B9 LESION MRGN XCP SK TG S/N/H/F/C	\$183.23	\$241.01
11426		EXC B9 LESION MRGN XCP SK TG S/N/H/F/C	\$282.79	\$345.63
11440		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L	\$105.61	\$142.81
11441		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0	\$133.90	\$175.42
11442		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1	\$148.58	\$195.16
11443		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2	\$182.22	\$231.69
11444		EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3	\$232.70	\$290.47
11446		EXC B9 LESION MRGN XCP SK TG F/E/E/N/L	\$331.89	\$399.77
11450		EXCISION HIDRADENITIS AXILLARY SMPL	\$264.11	\$419.75
11451		EXCISION HIDRADENITIS AXILLARY COME	\$337.51	\$522.76
11462		EXCISION HIDRADENITIS INGUINAL SMPL/	\$251.59	\$408.67
11463		EXCISION HIDRADENITIS INGUINAL COMP	\$340.40	\$531.79
11470		EXCISION H/P/P/U SIMPLE/INTERMEDIATE	\$290.92	\$445.12
11471		EXCISION H/P/P/U COMPLEX REPAIR	\$359.30	\$542.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
11600		EXCISION MAL LESION TRUNK/ARM/LEG 0	\$124.10	\$201.73
11601		EXCISION MAL LESION TRUNK/ARM/LEG 0	\$152.03	\$234.36
11602		EXCISION MAL LESION TRUNK/ARM/LEG 1	\$166.00	\$252.31
11603		EXCISION MAL LESION TRUNK/ARM/LEG 2	\$198.58	\$287.41
11604		EXCISION MAL LESION TRUNK/ARM/LEG 3	\$219.34	\$320.81
11606		EXCISION MALIGNANT LESION TRUNK/AR	\$327.80	\$459.97
11620		EXCISION MALIGNANT LESION S/N/H/F/G 0	\$125.53	\$202.81
11621		EXCISION MALIGNANT LESION S/N/H/F/G 0	\$153.11	\$235.44
11622		EXCISION MALIGNANT LESION S/N/H/F/G 1	\$173.88	\$260.54
11623		EXCISION MALIGNANT LESION S/N/H/F/G 2	\$216.12	\$306.04
11624		EXCISION MALIGNANT LESION S/N/H/F/G 3	\$245.47	\$346.58
11626		EXCISION MALIGNANT LESION S/N/H/F/G >	\$302.38	\$418.66
11640		EXCISION MALIGNANT LESION F/E/E/N/L 0.	\$128.76	\$207.49
11641		EXCISION MALIGNANT LESION F/E/E/N/L 0.	\$159.56	\$243.70
11642		EXCISION MALIGNANT LESION F/E/E/N/L 1.	\$187.13	\$276.32
11643		EXCISION MALIGNANT LESION F/E/E/N/L 2.	\$234.74	\$325.38
11644		EXCISION MALIGNANT LESION F/E/E/N/L 3.	\$291.68	\$401.46
11646		EXCISION MALIGNANT LESION F/E/E/N/L >	\$404.07	\$522.87
11719		TRIMMING NONDYSTROPHIC NAILS ANY N	\$7.86	\$14.36
11720		DEBRIDEMENT NAIL ANY METHOD 1-5	\$14.99	\$33.42
11721		DEBRIDEMENT NAIL ANY METHOD 6/>	\$25.72	\$46.30
11730		AVULSION NAIL PLATE PARTIAL/COMPLETE	\$56.14	\$112.84
11732		AVULSION NAIL PLATE PARTIAL/COMPLETE	\$17.86	\$34.10
11740		EVACUATION SUBUNGUAL HEMATOMA	\$32.30	\$54.69
11750		EXCISION NAIL MATRIX PERMANENT REM	\$104.25	\$159.86
11755		BIOPSY NAIL UNIT SEPARATE PROCEDURE	\$63.62	\$124.65
11760		REPAIR NAIL BED	\$117.95	\$199.57
11762		RECONSTRUCTION NAIL BED W/GRAFT	\$196.35	\$303.23
11765		WEDGE EXCISION SKIN NAIL FOLD	\$94.69	\$172.69
11770		EXCISION PILONIDAL CYST/SINUS SIMPLE	\$191.46	\$320.73
11771		EXCISION PILONIDAL CYST/SINUS EXTENS	\$456.92	\$621.21
11772		EXCISION PILONIDAL CYST/SINUS COMPLI	\$598.54	\$752.73
11900		INJECTION INTRALESIONAL UP TO & INCL	\$31.14	\$56.06
11901		INJECTION INTRALESIONAL >7 LESIONS	\$48.70	\$70.72
11920		TATTOOING INCL MICROPIGMENTATION 6	\$115.81	\$191.64
11921		TATTOOING INCL MICROPIGMENTATION 6	\$136.58	\$218.55
11922		TATTOOING INCL MICROPIGMENTATION E	\$30.80	\$61.50
11950		SUBCUTANEOUS INJECTION FILLING MATI	\$54.09	\$81.17
11951		SUBCUTANEOUS INJECTION FILLING MATI	\$77.02	\$110.24
11952		SUBCUTANEOUS INJECTION FILLING MATI	\$108.54	\$148.26
11954		SUBCUTANEOUS INJECTION FILLING MATI	\$117.85	\$162.98
11960		INSERTION TISSUE EXPANDER INCL SBSQ	\$1009.12	\$1009.12
11970		REPLACEMENT TISS EXPANDER PERMANE	\$632.12	\$632.12
11971		REMOVAL TISS EXPANDER W/O INSERTION	\$334.43	\$495.48
11976		REMOVAL IMPLANTABLE CONTRACEPTIV	\$97.66	\$148.93
11982		REMOVAL NON-BIODEGRADABLE DRUG D	\$78.39	\$120.64
12001		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TR	\$46.51	\$92.73
12002		SMPL REPAIR SCALP/NECK/AX/GENIT/TRU	\$61.88	\$113.52

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
12004		SIMPLE RPR SCALP/NECK/AX/GENIT/TRUN	\$76.89	\$132.51
12005		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK	\$100.09	\$175.20
12006		SMPL RPR SCALP/NECK/AX/GENIT/TRUNK	\$122.63	\$206.76
12007		SIMPLE REPAIR SCALP/NECK/AX/GENIT/TR	\$151.24	\$236.11
12011		SIMPLE REPAIR F/E/E/N/L/M 2.5CM/<	\$58.31	\$113.20
12013		SIMPLE REPAIR F/E/E/N/L/M 2.6CM-5.0 CM	\$61.48	\$118.18
12014		SIMPLE REPAIR F/E/E/N/L/M 5.1CM-7.5 CM	\$78.64	\$143.63
12015		SIMPLE REPAIR F/E/E/N/L/M 7.6CM-12.5 CM	\$99.36	\$173.75
12016		SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM	\$134.75	\$221.06
12017		SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM	\$160.13	\$160.13
12018		SIMPLE REPAIR F/E/E/N/L/M >30.0 CM	\$181.57	\$181.57
12020		TX SUPERFICIAL WOUND DEHISCENCE SIM	\$194.70	\$302.30
12021		TX SUPERFICIAL WOUND DEHISCENCE W/I	\$143.82	\$175.96
12031		REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<	\$156.40	\$257.87
12032		REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM	\$195.84	\$308.88
12034		REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM	\$211.87	\$332.11
12035		REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM	\$248.79	\$396.49
12036		REPAIR INTERMEDIATE S/A/T/E 20.1-30.0 CM	\$292.12	\$443.42
12037		REPAIR INTERMEDIATE S/A/T/E >30.0 CM	\$341.55	\$503.33
12041		REPAIR INTERMEDIATE N/H/F/XTRNL GEN	\$151.29	\$258.54
12042		REPAIR INTERMEDIATE N/H/F/XTRNL GEN	\$202.20	\$306.93
12044		REPAIR INTERMEDIATE N/H/F/XTRNL GEN	\$220.78	\$381.11
12045		REPAIR INTERMEDIATE N/H/F/XTRNL GEN	\$278.27	\$418.02
12046		RPR INTERMEDIATE N/H/F/XTRNL GENT 20	\$325.67	\$505.14
12047		REPAIR INTERMEDIATE N/H/F/XTRNL GEN	\$363.26	\$554.64
12051		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.	\$173.92	\$277.92
12052		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.	\$205.77	\$311.58
12053		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 5.	\$222.23	\$365.23
12054		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 7.	\$227.49	\$385.29
12055		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 12	\$310.39	\$500.33
12056		REPAIR INTERMEDIATE F/E/E/N/L&/MUC 20	\$398.08	\$587.30
12057		REPAIR INTERMEDIATE F/E/E/N/L&/MUC >3	\$440.32	\$624.13
13100		REPAIR COMPLEX TRUNK 1.1-2.5 CM	\$208.24	\$349.43
13101		REPAIR COMPLEX TRUNK 2.6-7.5 CM	\$256.00	\$410.19
13102		REPAIR COMPLEX TRUNK EACH ADDITION	\$75.19	\$123.22
13120		REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 C	\$239.53	\$364.47
13121		REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 C	\$268.74	\$439.90
13122		REPAIR COMPLEX SCALP/ARM/LEG EA ADI	\$86.64	\$134.30
13131		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2	\$252.27	\$399.24
13132		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7	\$315.64	\$488.25
13133		REPAIR COMPLEX F/C/C/M/N/AX/G/H/F EA /	\$132.10	\$178.68
13151		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1	\$289.86	\$435.76
13152		REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2	\$348.93	\$515.75
13153		REPAIR COMPLX EYELID/NOSE/EAR/LIP EA	\$143.92	\$195.56
13160		SECONDARY CLOSURE SURG WOUND/DEH	\$823.94	\$823.94
14000		ADJACENT TISSUE TRANSFER/REARGMT T	\$513.07	\$642.71
14001		ADJNT TIS TRNSFR/REARRANGE TRUNK	\$666.74	\$820.57
14020		ADJT TIS TRNSFR/REARGMT SCALP/ARM/L	\$575.81	\$711.23
14021		ADJT/REARRGMT SCALP/ARM/LEG 10.1-30.0	\$727.61	\$884.33
14040		ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H	\$639.36	\$774.05

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
14041		ADJT/REARGMT F/C/C/M/N/AX/G/H/F 10.1-30	\$783.72	\$946.57
14060		ADJT TIS TRNSFR/REARRGMT E/N/E/L DFC	\$681.28	\$786.00
14061		ADJT TIS REARGMT EYE/NOSE/EAR/LIP 10.	\$839.35	\$1,018.09
14301		ADJNT TIS TRNSFR/REARGMT ANY AREA 3	\$896.54	\$1,107.79
14302		ADJT TIS TRNSFR/REARGMT DEFEC EA AD	\$225.92	\$225.92
14350		FILLETED FINGER/TOE FLAP W/PREPJ RECI	\$706.68	\$706.68
15002		PREP SITE TRUNK/ARM/LEG 1ST 100 SQ CM	\$231.03	\$360.66
15003		PREP SITE TRUNK/ARM/LEG ADDL 100 SQ C	\$47.26	\$74.70
15004		PREP SITE F/S/N/H/F/G/M/D GT 1ST 100 SQ	\$273.86	\$410.72
15005		PREP SITE F/S/N/H/F/G/M/D GT ADDL 100 SQ	\$95.23	\$125.56
15040		HARVEST SKIN TISSUE CLTR SKIN AGRFT	\$128.97	\$268.72
15050		PINCH GRAFT 1/MLT SM ULCER TIP/OTH AI	\$469.80	\$602.69
15100		SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY I	\$738.40	\$891.87
15101		SPLIT AGRFT T/A/L EA 100 CM/EA 1% BDY I	\$116.11	\$194.11
15110		EPIDRM AGRFT T/A/L 1ST 100 CM/&/1% BDY	\$714.72	\$829.55
15111		EPIDRM AGRFT T/A/L EA 100 CM/EA 1% BDY	\$108.10	\$119.30
15115		EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT 1ST	\$705.14	\$818.89
15116		EPIDERMAL AGRFT F/S/N/H/F/G/M/D GT EA	\$157.23	\$172.39
15120		SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 C	\$715.14	\$874.39
15121		SPLIT AGRFT F/S/N/H/F/G/M/D GT EA 100 CM	\$139.80	\$217.43
15130		DERMAL AUTOGRAFT TRUNK/ARM/LEG 1S	\$615.03	\$741.06
15131		DERMAL AUTOGRAFT TRUNK/ARM/LEG EA	\$94.91	\$102.50
15135		DERMAL AUTOGRAFT F/S/N/H/F/G/M/D GT	\$779.31	\$897.39
15136		DERMAL AGRFT F/S/N/H/F/G/M/D GT EA 100	\$94.91	\$101.42
15150		CLTR SKIN AUTOGRAFT T/A/L 1ST 25 CM/<	\$661.06	\$728.23
15151		CLTR SKIN AGRFT T/A/L ADDL 1 CM-75 CM	\$114.89	\$124.27
15152		CLTR SKIN AGRFT T/A/L EA 100 CM/EA 1%E	\$151.10	\$160.12
15155		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT 1ST	\$759.57	\$827.45
15156		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT ADD	\$157.11	\$166.14
15157		CLTR SKIN AGRFT F/S/N/H/F/G/M/D GT EA 1	\$172.51	\$185.88
15200		FTH/GFT FREE W/DIRECT CLOSURE TRUNK	\$691.82	\$859.37
15201		FTH/GFT FR W/DIR CLSR TRNK EA ADDL 20	\$80.93	\$150.98
15220		FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20	\$626.99	\$789.50
15221		FTH/GFT FR W/DIR CLSR S/A/L EA ADDL 20	\$72.69	\$138.77
15240		FTH/GFT FR W/DIR CLSR F/C/C/M/N/AX/G/H/	\$815.72	\$952.59
15241		FTH/GT FR W/DIR CLSR F/C/C/M/N/AX/G/H/F	\$112.78	\$186.08
15260		FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L	\$867.06	\$1,023.06
15261		FTH/GFT FREE W/DIR CLSR N/E/E/L EA 20 S0	\$141.84	\$215.14
15271		APP SKN SUB GRFT T/A/L AREA/100SQ CM /	\$87.69	\$154.13
15272		APP SKN SUB GRFT T/A/L AREA/100SQ CM I	\$18.25	\$26.91
15273		APP SKN SUBGRFT T/A/L AREA/100SQ CM 1	\$208.35	\$320.66
15274		APP SKN SUB GRFT T/A/L AREA>=100SCM .	\$47.26	\$81.19
15275		SUB GRFT F/S/N/H/F/G/M/D <100SQ CM 1ST	\$98.34	\$160.82
15276		SUB GRFT F/S/N/H/F/G/M/D<100SQ CM EA A	\$26.82	\$35.13
15277		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM 1ST	\$236.26	\$351.45
15278		SUB GRFT F/S/N/H/F/G/M/D >= 100SCM ADL	\$59.79	\$95.90
15570		FRMJ DIRECT/TUBED PEDICLE W/WO TRAN	\$759.18	\$941.54
15572		FRMJ DIRECT/TUBE PEDICLE W/WO TR SC/	\$762.82	\$908.34
15574		FRMJ DIR/TUBE PEDCL W/WOTR FH/CH/CH	\$775.14	\$924.29
15576		FRMJ DIRECT/TUBED PEDICLE W/WOTR E/I	\$678.68	\$816.62

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
15600		DELAY FLAP/SECTIONING FLAP TRUNK	\$214.18	\$340.92
15610		DELAY FLAP/SECTIONING FLAP SCALP ARI	\$247.50	\$370.27
15620		DELAY FLAP/SECTIONING FLAP F/C/C/N/AX	\$332.44	\$453.04
15630		DELAY FLAP/SCTJ FLAP EYELIDS NOSE EA	\$350.67	\$469.48
15650		TRANSFER ANY PEDICLE FLAP ANY LOCA	\$391.84	\$521.49
15730		MIDFACE FLAP W/PRESERVATION OF VASC	\$945.56	\$1,543.91
15731		FOREHEAD FLAP W/PRESERVATION VASCI	\$1,027.80	\$1,151.30
15733		MUSC MYOQ/FSCQ FLAP HEAD&NECK W/N	\$1,072.99	\$1,072.99
15734		MUSC MYOCUTANEOUS/FASCIOCUTANEO	\$1,562.91	\$1,562.91
15736		MUSC MYOCUTANEOUS/FASCIOCUTANEO	\$1,265.89	\$1,265.89
15738		MUSC MYOCUTANEOUS/FASCIOCUTANEO	\$1,341.77	\$1,341.77
15740		FLAP ISLAND PEDICLE ANATOMIC NAMED	\$859.78	\$1,027.34
15750		FLAP NEUROVASCULAR PEDICLE	\$946.96	\$946.96
15756		FREE MUSCLE/MYOCUTANEOUS FLAP W/M	\$2,364.83	\$2,364.83
15757		FREE SKIN FLAP W/MICROVASCULAR ANA	\$2,350.26	\$2,350.26
15758		FREE FASCIAL FLAP W/MICROVASCULAR /	\$2,365.56	\$2,365.56
15760		GRAFT COMPOSITE W/PRIMARY CLOSURE	\$719.96	\$866.57
15769		GRAFTING OF AUTOLOGOUS SOFT TISS BY	\$497.03	\$497.03
15770		GRAFT DERMA-FAT-FASCIA	\$683.25	\$683.25
15771		GRAFTING OF AUTOLOGOUS FAT BY LIPO	\$493.39	\$594.14
15772		GRAFTING OF AUTOLOGOUS FAT BY LIPO	\$145.68	\$187.20
15773		GRAFTING OF AUTOLOGOUS FAT BY LIPO	\$498.75	\$599.51
15774		GRAFTING OF AUTOLOGOUS FAT BY LIPO	\$139.94	\$181.47
15777		IMPLNT BIO IMPLNT FOR SOFT TISSUE REI	\$223.80	\$223.80
15780		DERMABRASION TOTAL FACE	\$693.80	\$905.41
15781		DERMABRASION SEGMENTAL FACE	\$441.91	\$563.25
15782		DERMABRASION REGIONAL OTHER THAN	\$403.92	\$551.98
15783		DERMABRASION SUPERFICIAL ANY SITE	\$368.19	\$474.35
15786		ABRASION 1 LESION	\$137.94	\$246.99
15787		ABRASION EACH ADDITIONAL 4 LESIONS C	\$17.89	\$41.36
15819		CERVICOPLASTY	\$823.58	\$823.58
15820		BLEPHAROPLASTY LOWER EYELID	\$520.67	\$582.78
15821		BLEPHAROPLASTY LOWER EYELID HERNL	\$557.21	\$625.47
15822		BLEPHAROPLASTY UPPER EYELID	\$402.74	\$463.78
15823		BLEPHAROPLASTY UPPER EYELID W/EXCE	\$557.58	\$626.19
15830		EXCISION SKIN ABD INFRAUMBILICAL PAI	\$1218.19	\$1218.19
15832		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$952.81	\$952.81
15833		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$904.90	\$904.90
15834		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$922.82	\$922.82
15835		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$967.53	\$967.53
15836		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$777.03	\$777.03
15837		EXC EXCESSIVE SKIN &SUBQ TISSUE FORE	\$743.62	\$894.20
15838		EXC EXCSV SKIN & SUBQ TISSUE SUBMEN	\$664.85	\$664.85
15839		EXCISION EXCESSIVE SKIN & SUBQ TISSUI	\$761.55	\$913.21
15840		GRAFT FACIAL NERVE PARALYSIS FREE F/	\$1036.88	\$1036.88
15841		GRAFT FACIAL NERVE PARALYSIS FREE M	\$1848.75	\$1848.75
15842		GRF FACIAL NRV PALYSS FR MUSCLE FLAI	\$2815.24	\$2815.24
15845		GRF FACIAL NERVE PARALYSIS REGIONAL	\$1038.64	\$1038.64
15851		REMOVAL SUTURES UNDER ANESTHESIA C	\$46.85	\$105.35
15852		DRESSING CHANGE UNDER ANESTHESIA	\$47.94	\$47.94

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
15860		IV INJECTION TEST VASCULAR FLOW FLAP	\$112.01	\$112.01
15920		EXC COCCYGEAL PR ULC W/COCCYGEAL	\$647.53	\$647.53
15922		EXC COCCYGEAL PR ULC W/COCCYGEAL	\$817.94	\$817.94
15931		EXCISION SACRAL PRESSURE ULCER W/PR	\$723.52	\$723.52
15933		EXC SACRAL PRESSURE ULC W/PRIM SUTR	\$895.25	\$895.25
15934		EXCISION SACRAL PRESSURE ULCER W/SK	\$979.12	\$979.12
15935		EXC SACRAL PR ULCER W/SKN FLAP CLSR	\$1191.42	\$1191.42
15936		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP	\$933.17	\$933.17
15937		EXC SAC PR ULC PREPJ MUSC/MYOQ FLAP	\$1,080.19	\$1,080.19
15940		EXC ISCHIAL PRESSURE ULCER W/PRIMAR	\$727.42	\$727.42
15941		EXC ISCHIAL PR ULC W/PRIM SUTR W/OST	\$947.98	\$947.98
15944		EXC ISCHIAL PRESSURE ULCER W/SKIN FL	\$942.19	\$942.19
15945		EXC ISCHIAL PR ULC W/SKN FLAP CLSR W/	\$1,050.91	\$1,050.91
15946		EXC ISCHIAL PR ULCER W/OSTC MUSC/MY	\$1,687.97	\$1,687.97
15950		EXC TROCHANTERIC PRESSURE ULCER W/	\$631.77	\$631.77
15951		EXC TRCHNTRIC PR ULCER W/PRIM SUTR	\$922.04	\$922.04
15952		EXC TROCHANTERIC PR ULCER W/SKIN FL	\$943.69	\$943.69
15953		EXC TRCHNTRIC PR ULC W/SKN FLAP CLSI	\$1038.73	\$1038.73
15956		EXC TROCHANTERIC PR ULCER MUSC/MYO	\$1210.06	\$1210.06
15958		EXC TRCHNTRIC PR ULC MUSC/MYOQ FLA	\$1221.98	\$1221.98
16000		INITIAL TX 1ST DEGREE BURN LOCAL TX	\$47.56	\$75.01
16020		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SI	\$55.97	\$84.50
16025		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SI	\$113.93	\$157.62
16030		DRS&/DBRDMT PRTL-THKNS BURNS 1ST/SI	\$137.59	\$198.98
16035		ESCHAROTOMY FIRST INCISION	\$204.24	\$204.24
16036		ESCHAROTOMY EACH ADDITIONAL INCISI	\$84.81	\$84.81
17000		DESTRUCTION PREMALIGNANT LESION 1S	\$54.93	\$66.48
17003		DESTRUCTION PREMALIGNANT LESION 2-	\$2.15	\$6.12
17004		DESTRUCTION PREMALIGNANT LESION 15	\$100.03	\$161.05
17106		DESTRUCTION CUTANEOUS VASC PROLIFI	\$281.18	\$349.07
17107		DSTRJ CUTANEOUS VASCULAR LESIONS 10	\$364.75	\$457.19
17108		DSTRJ CUTANEOUS VASCULAR LESIONS >	\$538.11	\$651.13
17110		DESTRUCTION BENIGN LESIONS UP TO 14	\$68.61	\$114.10
17111		DESTRUCTION BENIGN LESIONS 15/>	\$83.99	\$133.82
17250		CHEMICAL CAUTERIZATION OF GRANULA	\$38.38	\$87.13
17260		DESTRUCTION MALIGNANT LESION T/A/L	\$71.72	\$98.44
17261		DESTRUCTION MAL LESION TRUNK/ARM/L	\$89.28	\$148.50
17262		DESTRUCTION MAL LESION TRUNK/ARM/L	\$114.34	\$180.06
17263		DESTRUCTION MAL LESION TRUNK/ARM/L	\$127.23	\$195.84
17264		DESTRUCTION MAL LESION TRUNK/ARM/L	\$135.82	\$209.85
17266		DESTRUCTION MAL LESION TRUNK/ARM/L	\$160.16	\$239.25
17270		DESTRUCTION MALIGNANT LESION	\$98.23	\$151.66
17271		DESTRUCTION MALIGNANT LESION	\$108.25	\$167.11
17272		DESTRUCTION MALIGNANT LESION	\$126.16	\$191.16
17273		DESTRUCTION MALIGNANT LESION	\$142.98	\$212.68
17274		DESTRUCTION MALIGNANT LESION	\$174.84	\$250.31
17276		DSTRJ MAL LESION S/N/H DESTRUCTION M	\$209.91	\$289.71
17280		DESTRUCTION MALIGNANT LESION F/E/E/I	\$88.92	\$141.64
17281		DESTRUCTION MAL LESION F/E/E/N/L/M	\$122.21	\$181.79
17282		DESTRUCTION MAL LESION F/E/E/N/L/M	\$142.27	\$209.07

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
17283		DESTRUCTION MAL LESION F/E/E/N/L/M	\$178.07	\$249.19
17284		DESTRUCTION MAL LESION F/E/E/N/L/M	\$207.77	\$283.60
17286		DESTRUCTION MAL LESION F/E/E/N/L/M >4	\$281.49	\$365.27
17311		MOHS MICROGRAPHIC H/N/H/F/G 1ST STAC	\$372.66	\$677.07
17312		MOHS MICROGRAPHIC H/N/H/F/G EACH AD	\$198.69	\$406.32
17313		MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOC	\$334.36	\$634.80
17314		MOHS TRUNK/ARM/LEG EA STAGE AFTER	\$184.00	\$388.39
17315		MOHS TRUNK/ARM/LEG EA ADDL BLOCK /	\$52.63	\$79.71
17340		CRYOTHERAPY CO2 SLUSH LIQUID N2 ACM	\$50.51	\$53.76
17360		CHEMICAL EXFOLIATION ACNE	\$95.65	\$126.34
19000		PUNCTURE ASPIRATION CYST BREAST	\$45.06	\$111.87
19001		PUNCTURE ASPIRATION BREAST EACH AD	\$22.53	\$27.95
19020		MASTOTOMY W/EXPLORATION/DRAINAGE	\$320.50	\$486.96
19030		INJECTION MAMMARY DUCTOGRAM/GAL/	\$79.36	\$172.17
19081		BX BREAST W/DEVICE 1ST LESION STEREC	\$172.33	\$624.44
19082		BX BREAST W/DEVICE ADDL LESION STER	\$86.52	\$503.97
19083		BX BREAST W/DEVICE 1ST LESION ULTRA	\$163.04	\$618.04
19084		BX BREAST W/DEVICE ADDL LESION ULTR	\$80.44	\$490.29
19085		BX BREAST W/DEVICE 1ST LESION MAGNE	\$188.76	\$943.47
19086		BX BREAST W/DEVICE ADDL LESION MAGI	\$94.01	\$750.50
19100		BX BREAST NEEDLE CORE W/O IMAGING C	\$73.01	\$158.23
19101		BIOPSY BREAST OPEN INCISIONAL	\$231.25	\$345.72
19105		ABLTY CRYOSURGICAL W/US GUID EA FIBRO	\$219.82	\$2801.73
19110		NIPPLE EXPLORATION	\$359.19	\$503.63
19112		EXCISION LACTIFEROUS DUCT FISTULA	\$327.37	\$474.70
19120		EXC CYST/ABERRANT BREAST TISSUE OPE	\$430.29	\$521.28
19125		EXC BREAST LES PREOP PLMT RAD MARKI	\$477.92	\$576.14
19126		EXC BRST LES PREOP PLMT RAD MARKER	\$167.49	\$167.49
19281		PERQ DEVICE PLACEMENT BREAST LOC 1S	\$103.67	\$250.64
19282		PERQ DEVICE PLACEMT BREAST LOC EA L	\$52.19	\$177.14
19283		PERQ BREAST LOC DEVICE PLACEMT 1ST S	\$104.75	\$278.45
19284		PERQ BREAST LOC DEVICE PLACEMT EA L	\$53.28	\$212.53
19285		PERQ BREAST LOC DEVICE PLACEMT 1ST I	\$89.02	\$467.82
19286		PERQ BREAST LOC DEVICE PLACEMT EACI	\$45.05	\$399.66
19287		PERQ BREAST LOC DEVICE PLACEMT 1ST I	\$133.00	\$796.70
19288		PERQ BREAST LOC DEVICE PLACEMT ADD	\$66.86	\$634.15
19294		PREP TUMOR CAVITY IORT W/PARTIAL MA	\$172.15	\$172.15
19296		PLMT EXPANDABLE CATH BRST FOLLOWI	\$218.77	\$4,123.04
19297		PLMT EXPANDABLE CATH BRST CONCURE	\$99.15	\$99.15
19298		PLMT RADTHX BRACHYTX BRST FOLLOWI	\$329.95	\$1025.07
19301		MASTECTOMY PARTIAL	\$683.06	\$683.06
19302		MASTECTOMY PARTIAL W/AXILLARY LYM	\$938.91	\$938.91
19303		MASTECTOMY SIMPLE COMPLETE	\$997.61	\$997.61
19305		MAST RAD W/PECTORAL MUSCLES AXILLA	\$1,184.49	\$1,184.49
19306		MAST RAD W/PECTORAL MUSC AX INT MA	\$1,257.81	\$1,257.81
19307		MAST MODF RAD W/AX LYMPH NOD W/WC	\$1253.78	\$1253.78
19316		MASTOPEXY	\$802.05	\$802.05
19318		REDUCTION MAMMAPLASTY	\$1137.12	\$1137.12
19324		MAMMAPLASTY AUGMENTATION W/O PRO	\$552.95	\$552.95
19325		MAMMAPLASTY AUGMENTATION W/PROS	\$670.43	\$670.43

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
19328		REMOVAL INTACT MAMMARY IMPLANT	\$517.72	\$517.72
19330		REMOVAL MAMMARY IMPLANT MATERIA	\$656.77	\$656.77
19340		IMMT INSJ BRST PROSTH FLWG MASTOPE2	\$1024.80	\$1024.80
19342		DLYD INSJ BRST PROSTH FLWG MASTOPE2	\$960.50	\$960.50
19350		NIPPLE/AREOLA RECONSTRUCTION	\$696.91	\$855.43
19357		BRST RCNSTJ IMMT/DLYD W/TISS EXPAND	\$1,556.53	\$1,556.53
19361		BRST RCNSTJ W/LATSMS D/SI FLAP WO PR	\$1,629.49	\$1,629.49
19364		BREAST RECONSTRUCTION FREE FLAP	\$2,856.68	\$2,856.68
19366		BREAST RECONSTRUCTION OTHER TECHN	\$1,446.85	\$1,446.85
19367		BREAST RECONSTRUCTION TRAM FLAP 1 I	\$1,845.81	\$1,845.81
19368		BREAST RECONSTRUCTION TRAM 1 PEDCI	\$2,276.90	\$2,276.90
19369		BREAST RECONSTRUCTION TRAM FLAP DC	\$2114.66	\$2114.66
19370		OPEN PERIPROSTHETIC CAPSULOTOMY BF	\$714.21	\$714.21
19371		PERIPROSTHETIC CAPSULECTOMY BREAS'	\$816.38	\$816.38
19380		REVISION RECONSTRUCTED BREAST	\$806.01	\$806.01
19396		PREPARATION MOULAGE CUSTOM BREAS'	\$149.82	\$294.98
20100		EXPLORATION PENETRATING WOUND SPX	\$625.49	\$625.49
20101		EXPLORATION PENETRATING WOUND SPX	\$218.62	\$493.42
20102		EXPL PENETRATING WOUND SPX ABDOME	\$266.26	\$530.22
20103		EXPLORATION PENETRATING WOUND SPX	\$358.70	\$595.59
20150		EXCISION EPIPHYSEAL BAR	\$1041.75	\$1041.75
20200		BIOPSY MUSCLE SUPERFICIAL	\$97.83	\$218.44
20205		BIOPSY MUSCLE DEEP	\$159.12	\$304.65
20206		BIOPSY MUSCLE PERCUTANEOUS NEEDLE	\$59.79	\$243.59
20220		BIOPSY BONE TROCAR/NEEDLE SUPERFICI	\$91.22	\$253.35
20225		BIOPSY BONE TROCAR/NEEDLE DEEP	\$135.94	\$429.15
20240		BIOPSY BONE OPEN SUPERFICIAL	\$150.67	\$150.67
20245		BIOPSY BONE OPEN DEEP	\$360.52	\$360.52
20250		BIOPSY VERTEBRAL BODY OPEN THORACI	\$408.29	\$408.29
20251		BIOPSY VERTEBRAL BODY OPEN LUMBAR	\$443.40	\$443.40
20500		INJECTION SINUS TRACT THERAPEUTIC SE	\$89.25	\$116.69
20501		INJECTION SINUS TRACT DIAGNOSTIC	\$39.33	\$140.80
20520		REMOVAL FOREIGN BODY MUSCLE/TENDON	\$151.40	\$216.76
20525		RMVL FOREIGN BODY MUSCLE/TENDON SI	\$254.91	\$489.27
20526		INJECTION THERAPEUTIC CARPAL TUNNEL	\$59.09	\$80.76
20527		INJECTION ENZYME PALMAR FASCIAL COI	\$68.09	\$87.23
20550		INJECTION 1 TENDON SHEATH/LIGAMENT	\$40.42	\$55.94
20551		INJECTION SINGLE TENDON ORIGIN/INSER	\$41.14	\$57.39
20552		INJECTION SINGLE/MLT TRIGGER POINT 1/	\$39.74	\$57.08
20553		INJECTION SINGLE/MLT TRIGGER POINT 3/	\$44.75	\$65.33
20555		PLACEMENT NEEDLES MUSCLE SUBSEQUEN	\$339.19	\$339.19
20560		NEEDLE INSERTION W/O INJECTION 1 OR 2	\$16.81	\$26.56
20561		NEEDLE INSERTION W/O INJECTION 3 OR M	\$25.39	\$39.47
20600		ARTHROCENTESIS ASPIR&/INJ SMALL JT/B	\$37.21	\$51.66
20604		ARTHROCNT ASPIR&/INJ SMALL JT/BURSA	\$47.20	\$77.89
20605		ARTHROCENTESIS ASPIR&/INJ INTERM JT/	\$38.64	\$53.45
20606		ARTHROCENTESIS ASPIR&/INJ INTERM JT/	\$54.36	\$86.14
20610		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/B	\$47.26	\$63.50
20611		ARTHROCENTESIS ASPIR&/INJ MAJOR JT/B	\$61.90	\$96.21
20612		ASPIRATION&/INJECTION GANGLION CYSI	\$42.61	\$63.19

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
20615		ASPIRATION & INJECTION TREATMENT BC	\$164.89	\$255.17
20650		INSERTION WIRE/PIN W/APPL SKELETAL T	\$162.76	\$218.36
20660		APPL CRANIAL TONG/STRCTC FRAME W/I	\$250.73	\$250.73
20661		APPLICATION HALO CRANIAL INCLUDING	\$518.40	\$518.40
20662		APPLICATION HALO PELVIC INCLUDING RI	\$531.14	\$531.14
20663		APPLICATION HALO FEMORAL INCLUDING	\$488.50	\$488.50
20664		APPL HALO 6/> PINS THIN SKULL OSTEOLC	\$898.78	\$898.78
20665		REMOVAL TONG/HALO APPLIED BY ANOTI	\$96.06	\$114.47
20670		REMOVAL IMPLANT SUPERFICIAL SEPARA	\$150.01	\$379.32
20680		REMOVAL IMPLANT DEEP	\$434.93	\$632.09
20690		APPLICATION UNIPLANE EXTERNAL FIXA7	\$617.28	\$617.28
20692		APPLICATION MULTIPLANE EXTERNAL FI2	\$1,157.21	\$1,157.21
20693		ADJUSTMENT/REVJ XTRNL FIXATION SYS7	\$457.62	\$457.62
20694		REMOVAL EXTERNAL FIXATION SYSTEM U	\$348.78	\$440.14
20696		XTRNL FIXJ W/STEREOTACTIC ADJUSTMEI	\$1,230.59	\$1,230.59
20697		XTRNL FIXJ W/STRCTC ADJUSTMENT EXC	\$2,087.56	\$2,087.56
20700		MANUAL PREP AND INSERTION DEEP DRU7	\$87.34	\$87.34
20701		REMOVAL DEEP DRUG DELIVERY DEVICE	\$65.13	\$65.13
20702		MANUAL PREP&INSJ INTRAMEDULLARY D	\$145.31	\$145.31
20703		REMOVAL INTRAMEDULLARY DRUG DELI	\$104.14	\$104.14
20704		MANUAL PREP&INSJ I-ARTIC DRUG DELIV	\$151.40	\$151.40
20705		REMOVAL INTRA-ARTICULAR DRUG DELIV	\$124.55	\$124.55
20802		REPLANTATION ARM COMPLETE AMPUTA	\$2850.22	\$2850.22
20805		REPLANTATION FOREARM COMPLETE AM	\$3393.46	\$3393.46
20808		REPLANTATION HAND COMPLETE AMPUT.	\$4102.80	\$4102.80
20816		RPLJ DGT EXCEPT THMB MTCARPHLNGL J	\$2134.96	\$2134.96
20822		RPLJ DGT EXCLUDING THMB SUBLIMIS TD	\$1836.53	\$1836.53
20824		RPLJ THMB CARP/MTCRPL JT MP JT COMPI	\$2138.58	\$2138.58
20827		RPLJ THUMB DISTAL TIP MP JOINT COMPL	\$1886.67	\$1886.67
20838		REPLANTATION FOOT COMPLETE AMPUT/	\$2889.80	\$2889.80
20900		BONE GRAFT ANY DONOR AREA MINOR/SM	\$190.91	\$418.77
20902		BONE GRAFT ANY DONOR AREA MAJOR/L	\$292.29	\$292.29
20910		CARTILAGE GRAFT COSTOCHONDRAL	\$484.64	\$484.64
20912		CARTILAGE GRAFT NASAL SEPTUM	\$488.78	\$488.78
20920		FASCIA LATA GRAFT BY STRIPPER	\$402.29	\$402.29
20922		FASCIA LATA GRAFT INCISION & AREA EX	\$501.25	\$612.47
20924		TENDON GRAFT FROM A DISTANCE	\$523.76	\$523.76
20931		ALLOGRAFT FOR SPINE SURGERY ONLY S7	\$115.36	\$115.36
20932		OSTEOARTICULAR ALLOGRAFT W/ARTICU	\$738.20	\$738.20
20933		HEMICORTICAL INTERCALARY ALLOGRAF	\$678.45	\$678.45
20934		INTERCALARY ALLOGRAFT COMPLETE	\$737.84	\$737.84
20937		AUTOGRAFT SPINE SURGERY MORSELIZEI	\$173.71	\$173.71
20938		AUTOGRAFT SPINE SURGERY BICORT/TRIC	\$191.29	\$191.29
20939		BONE MARROW ASPIRATION BONE GRFG S	\$72.71	\$72.71
20950		MNTR INTERSTITIAL FLUID PRESSURE CM	\$91.79	\$267.65
20955		BONE GRAFT MICROVASCULAR ANASTOM	\$2542.55	\$2542.55
20956		BONE GRAFT MICROVASCULAR ANAST ILI	\$2741.91	\$2741.91
20957		BONE GRAFT MICROVASCULAR ANAST ME	\$2853.11	\$2853.11
20962		BONE GRF W/MVASC ANAST OTH/THN ILIA	\$2756.65	\$2,756.65
20969		FREE OSTQ FLAP W/MVASC ANAST METAR	\$2815.01	\$2,815.01

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
20970		FREE OSTQ FLAP W/MVASC ANASTOMOSIS	\$2962.24	\$2962.24
20972		FREE OSTQ FLAP W/MVASC ANASTOMOSIS	\$2954.33	\$2954.33
20973		FR OSTQ FLAP W/MVASC ANAST GRT TOE	\$3120.45	\$3120.45
20974		ELECTRICAL STIMULATION BONE HEALIN	\$52.04	\$81.29
20975		ELECTRICAL STIMULATION BONE HEALIN	\$183.55	\$183.55
20979		LOW INTENSITY US STIMJ BONE HEALING	\$33.26	\$54.93
20982		ABLATION BONE TUMOR RF PERQ W/IMG	\$377.66	\$3936.72
20983		ABLATJ BONE TUMOR CRYO PERQ W/IMG	\$357.86	\$5,867.97
20985		CPTR-ASST SURGICAL NAVIGATION IMAGI	\$151.82	\$151.82
21010		ARTHROTOMY TEMPOROMANDIBULAR JO	\$770.23	\$770.23
21011		EXCISION TUMOR SOFT TISS FACE/SCALP	\$264.94	\$372.19
21012		EXCISION TUMOR SOFT TISS FACE/SCALP	\$348.69	\$348.69
21013		EXC TUMOR SOFT TISS FACE&SCALP SUBF	\$413.90	\$545.35
21014		EXC TUMOR SOFT TISS FACE&SCALP SUBF	\$537.97	\$537.97
21015		RAD RESECTION TUMOR SOFT TISS FACE/S	\$727.19	\$727.19
21016		RAD RESECTION TUMOR SOFT TISS FACE/S	\$1042.55	\$1042.55
21025		EXCISION BONE MANDIBLE	\$714.07	\$848.76
21026		EXCISION FACIAL BONE	\$465.73	\$577.67
21029		REMOVAL CONTOURING BENIGN TUMOR I	\$642.00	\$784.64
21030		EXC BENIGN TUMOR/CYST MAXL/ZYGOMA	\$398.98	\$505.50
21031		EXCISION TORUS MANDIBULARIS	\$288.24	\$399.82
21032		EXCISION MAXILLARY TORUS PALATINUS	\$282.80	\$400.53
21034		EXCISION MALIGNANT TUMOR MAXILLA/Z	\$1168.88	\$1335.34
21040		EXCISION BENIGN TUMOR/CYST MANDIBL	\$400.06	\$509.47
21044		EXCISION MALIGNANT TUMOR MANDIBLE	\$888.51	\$888.51
21045		EXCISION MALIGNANT TUMOR MANDIBLE	\$1243.10	\$1243.10
21046		EXC BENIGN TUMOR/CYST MNDBL INTRA-	\$1078.40	\$1078.40
21047		EXC B9 TUM/CST MNDBL XTR-ORAL OSTE	\$1,316.57	\$1,316.57
21048		EXC BENIGN TUMOR/CYST MAXL INTRA-O	\$1,093.66	\$1,093.66
21049		EXC B9 TUM/CST MAXL XTR-ORAL OSTE	\$1,242.61	\$1,242.61
21050		CONDYLECTOMY TEMPOROMANDIBULAR	\$904.19	\$904.19
21060		MENISCECTOMY PRTL/COMPL TEMPOROM	\$821.86	\$821.86
21070		CORONOIDECTOMY SEPARATE PROCEDUR	\$646.21	\$646.21
21073		MANIPULATION TMJ THERAPEUTIC REQUI	\$257.83	\$392.52
21076		IMPRESSION&PREPARATION SURG OBTUR	\$770.80	\$927.87
21077		IMPRESSION & PREPARATION ORBITAL PR	\$1,912.07	\$2,294.48
21079		IMPRESSION & PREPARATION INTERIM OB	\$1,284.31	\$1,562.36
21080		IMPRESSION & PREPJ DEFINITIVE OBTURA	\$1448.62	\$1786.61
21081		IMPRESSION & PREPJ MANDIBULAR RESEC	\$1324.47	\$1641.52
21082		IMPRESSION & PREPJ PALATAL AUGMENT.	\$1218.28	\$1520.52
21083		IMPRESSION & PREPARATION PALATAL LI	\$1130.99	\$1449.48
21084		IMPRESSION & PREPARATION SPEECH AID	\$1308.77	\$1659.04
21085		IMPRESSION & PREPARATION ORAL SURGI	\$526.84	\$720.03
21086		IMPRESSION & PREPARATION AURICULAR	\$1410.43	\$1707.62
21087		IMPRESSION & PREPARATION NASAL PROS	\$1410.43	\$1,707.62
21100		APPL HALO APPLIANCE MAXILLOFACIAL F	\$381.74	\$681.45
21110		APPL INTERDENTAL FIXATION DEVICE NO	\$707.16	\$848.71
21116		INJECTION TEMPOROMANDIBULAR JOINT	\$47.96	\$202.52
21120		GENIOPLASTY AUGMENTATION	\$539.37	\$691.40
21121		GENIOPLASTY SLIDING OSTEOTOMY SING	\$588.83	\$697.89

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
21122		GENIOPLASTY 2/> SLIDING OSTEOTOMIES	\$794.98	\$794.98
21123		GENIOP SLIDING AGMNTJ W/INTERPOSAL	\$902.60	\$902.60
21125		AGMNTJ MNDBLR BODY/ANGLE PROSTHE	\$712.22	\$2,915.31
21127		AGMNTJ MNDBLR BDY/ANGL W/GRF ONLA	\$819.68	\$4,151.60
21137		REDUCTION FOREHEAD CONTOURING ONI	\$780.10	\$780.10
21138		RDCTJ FHD CNTRG & PROSTHETIC MATRL	\$952.79	\$952.79
21139		RDCTJ FHD CNTRG & SETBACK ANT FRON	\$1,150.65	\$1,150.65
21141		RCNSTJ MIDFACE LEFORT I 1 PIECE W/O BC	\$1,378.56	\$1,378.56
21142		RCNSTJ MIDFACE LEFORT I 2 PIECES W/O F	\$1,416.83	\$1,416.83
21143		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/O	\$1,471.67	\$1,471.67
21145		RCNSTJ MIDFACE LEFORT I 1 PIECE W/BON	\$1,609.90	\$1,609.90
21146		RCNSTJ MIDFACE LEFORT I 2 PIECES W/BO	\$1,680.19	\$1,680.19
21147		RCNSTJ MIDFACE LEFORT I 3/> PIECE W/BC	\$1,770.71	\$1,770.71
21150		RCNSTJ MIDFACE LEFORT II ANTERIOR IN	\$1,694.51	\$1,694.51
21151		RCNSTJ MIDFACE LEFORT II W/BONE GRAI	\$1,865.52	\$1,865.52
21154		RCNSTJ MIDFACE LEFORT III W/O LEFORT	\$2007.33	\$2007.33
21155		RCNSTJ MIDFACE LEFORT III W/LEFORT I	\$2,227.74	\$2,227.74
21159		RCNSTJ MIDFACE LEFORT III W/FHD W/O L	\$2,671.02	\$2,671.02
21160		RCNSTJ MIDFACE LEFORT III W/FHD W/LEF	\$2,897.49	\$2,897.49
21172		RCNSTJ SUPERIOR-LATERAL ORBITAL RIM	\$2,161.80	\$2,161.80
21175		RCNSTJ BIFRONTAL SUPERIOR-LAT ORB R	\$2,307.77	\$2,307.77
21179		RCNSTJ FOREHEAD &/ SUPRAORB RIMS W/	\$1,584.35	\$1,584.35
21180		RCNSTJ FOREHEAD &/ SUPRAORBITAL RIM	\$1,772.06	\$1,772.06
21181		RCNSTJ CONTOURING BENIGN TUMOR CRI	\$769.24	\$769.24
21182		RCNSTJ ORBIT/FHD/NASETHMD EXCBONE	\$2,210.78	\$2,210.78
21183		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE	\$2,407.77	\$2,407.77
21184		RCNSTJ ORBIT/FHD/NASETHMD EXC BONE	\$2,591.50	\$2,591.50
21188		RCNSTJ MDFC OTH/THN LEFORT OSTEOT &	\$1669.54	\$1,669.54
21193		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L O	\$1282.13	\$1282.13
21194		RCNSTJ MNDBLR RAMI HRZNTL/VER/C/L O	\$1477.76	\$1,477.76
21195		RCNSTJ MNDBLR RAMI&/BODY SGTL SPLT	\$1417.78	\$1,417.78
21196		RCNSTJ MNDBLR RAMI&/BDY SGTL SPLT V	\$1467.48	\$1,467.48
21198		OSTEOTOMY MANDIBLE SEGMENTAL	\$1142.29	\$1,142.29
21199		OSTEOTOMY MANDIBLE SGMTL W/GENIO	\$1,070.22	\$1,070.22
21206		OSTEOTOMY MAXILLA SEGMENTAL	\$1,180.59	\$1,180.59
21208		OSTEOPLASTY FACIAL BONES AUGMENTA	\$778.70	\$1,753.32
21209		OSTEOPLASTY FACIAL BONES REDUCTION	\$625.67	\$825.37
21210		GRAFT BONE NASAL/MAXILLARY/MALAR	\$801.30	\$2,034.83
21215		GRAFT BONE MANDIBLE	\$832.43	\$4,229.35
21230		GRAFT RIB CRTLG AUTOGENOUS FACE/CH	\$766.23	\$766.23
21235		GRAFT EAR CRTLG AUTOGENOUS NOSE/E	\$578.19	\$743.58
21240		ARTHRP TEMPOROMANDIBULAR JOINT W/	\$1,105.59	\$1,105.59
21242		ARTHROPLASTY TEMPOROMANDIBULAR J	\$1,046.78	\$1,046.78
21243		ARTHRP TMPRMAND JOINT W/PROSTHETIC	\$1,686.51	\$1,686.51
21244		RCNSTJ MNDBL XTRORAL W/TRANSOSTEA	\$1,051.66	\$1,051.66
21245		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMF	\$961.25	\$1,241.83
21246		RCNSTJ MNDBL/MAXL SUBPRIOSTEAL IMF	\$884.44	\$884.44
21247		RCNSTJ MNDBLR CONDYLE W/BONE CART	\$1,645.78	\$1,645.78
21248		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMI	\$847.70	\$1,053.17
21249		RCNSTJ MANDIBLE/MAXL ENDOSTEAL IMI	\$1197.70	\$1,440.72

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
21255		RCNSTJ ZYGMTC ARCH/GLENOID FOSSA W	\$1409.11	\$1409.11
21256		RECONSTRUCTION ORBIT W/OSTEOTOMIE	\$1290.11	\$1290.11
21260		PERIORBITAL OSTEOTOMIES BONE GRAFT	\$1438.76	\$1438.76
21261		PERIORBITAL OSTEOTOMIES W/BONE GRA	\$2550.53	\$2550.53
21263		PERIORBITAL OSTEOTOMIES W/BONE GRA	\$2358.93	\$2358.93
21267		ORBITAL REPOSITIONING W/BONE GRAFTS	\$1682.50	\$1682.50
21268		ORBITAL REPOSITIONING W/BONE GRAFTS	\$2110.36	\$2110.36
21270		MALAR AUGMENTATION PROSTHETIC MA	\$780.26	\$1047.84
21275		SECONDARY REVISION ORBITOCRANIOFA	\$875.00	\$875.00
21280		MEDIAL CANTHOPEXY SEPARATE PROCEL	\$589.92	\$589.92
21282		LATERAL CANTHOPEXY	\$398.23	\$398.23
21295		REDUCTION MASSETER MUSCLE & BONE F	\$193.65	\$193.65
21296		REDUCTION MASSETER MUSCLE & BONE I	\$416.75	\$416.75
21310		CLOSED TREATMENT NASAL FRACTURE W	\$28.59	\$129.34
21315		CLOSED TX NASAL FRACTURE W/O STABII	\$154.68	\$280.71
21320		CLOSED TREATMENT NASAL FRACTURE W	\$136.96	\$260.10
21325		OPEN TREATMENT NASAL FRACTURE UNC	\$447.40	\$447.40
21330		OPEN TX NASAL FX COMP W/INT&/XTRNL	\$575.12	\$575.12
21335		OPEN TX NASAL FX W/CONCOMITANT OPT	\$730.15	\$730.15
21336		OPEN TX NASAL SEPTAL FRACTURE W/WC	\$653.69	\$653.69
21337		CLOSED TX NASAL SEPTAL FRACT W/WO S	\$301.93	\$420.73
21338		OPEN TX NASOETHMOID FX W/O EXTERNA	\$673.13	\$673.13
21339		OPEN TX NASOETHMOID FX W/EXTERNAL	\$764.72	\$764.72
21340		PERCUTANEOUS TX NASOETHMOID COMP	\$764.25	\$764.25
21343		OPEN TX DEPRESSED FRONTAL SINUS FRA	\$1101.14	\$1101.14
21344		OPEN TX COMPLICATED FRONTAL SINUS F	\$1,421.27	\$1,421.27
21345		CLOSED TX NASOMAXILLARY COMPLEX F	\$643.83	\$803.07
21346		OPTX NASOMAX CPLX FX LEFT II TYPE W/	\$983.47	\$983.47
21347		OPTX NASOMAX CPLX FX LEFT II TYPE RE	\$1042.69	\$1042.69
21348		OPTX NASOMAX CPLX FX LEFT II TYPE W/	\$1112.83	\$1112.83
21355		PERCUTANEOUS TX MALAR AREA FRACTU	\$329.17	\$440.39
21356		OPEN TX DEPRESSED ZYGOMATIC ARCH F	\$386.03	\$511.70
21360		OPEN TX DEPRESSED MALAR FRACTURE	\$524.91	\$524.91
21365		OPEN TX COMP FX MALAR W/INTERNAL F	\$1133.81	\$1133.81
21366		OPEN TX COMP FRACTURE MALAR AREA V	\$1327.54	\$1327.54
21385		OPEN TX ORBITAL FLOOR BLOWOUT FX TI	\$774.31	\$774.31
21386		OPEN TX ORBITAL FLOOR BLOWOUT FX PI	\$671.37	\$671.37
21387		OPEN TX ORBITAL FLOOR BLOWOUT FX C	\$808.33	\$808.33
21390		OPTX ORB FLOOR BLWT FX PRI/BITAL APP	\$823.60	\$823.60
21395		OPTX ORB FLOOR BLWT FX PRI/BITAL APP	\$1051.51	\$1051.51
21400		CLSD TX FX ORBIT EXCEPT BLOWOUT W/C	\$164.97	\$207.58
21401		CLOSED TX FX ORBIT EXCEPT BLOWOUT \	\$333.92	\$531.81
21406		OPEN TX FX ORBIT EXCEPT BLOWOUT W/C	\$600.64	\$600.64
21407		OPEN TX FX ORBIT EXCEPT BLOWOUT W/I	\$662.62	\$662.62
21408		OPEN TX FX ORBIT EXCEPT BLOWOUT W/E	\$938.39	\$938.39
21421		CLOSED TX PALATAL/MAXILLARY FX W/F	\$580.75	\$689.08
21422		OPEN TREATMENT PALATAL/MAXILLARY	\$661.69	\$661.69
21423		OPEN TX PALATAL/MAXILLARY FX COMP	\$790.23	\$790.23
21431		CLOSED TX CRANIOFACIAL SEPARATION	\$715.17	\$715.17
21432		OPEN TX CRANIOFACIAL SEP W/WIRING&/	\$745.08	\$745.08

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
21433		OPEN TX CRANIOFACIAL SEP COMPLICATI	\$1810.32	\$1810.32
21435		OPEN TX CRANIOFACIAL SEP COMP W/INT	\$1461.73	\$1461.73
21436		OPTX CRNFCL SEP LFT III TYP COMP INT F	\$2,122.77	\$2,122.77
21440		CLTX MANDIBULAR/MAXILLARY ALVEOL	\$520.00	\$645.66
21445		OPTX MANDIBULAR/MAXILLARY ALVEOL	\$644.55	\$798.38
21450		CLOSED TX MANDIBULAR FRACTURE W/O	\$481.93	\$591.71
21451		CLOSED TX MANDIBULAR FRACTURE W/M	\$648.47	\$775.22
21452		PERCUTANEOUS TX MANDIBULAR FX W/E	\$434.24	\$725.29
21453		CLOSED TX MANDIBULAR FX W/INTERDEN	\$881.96	\$1033.27
21454		OPEN TX MANDIBULAR FX W/EXTERNAL F	\$525.16	\$525.16
21461		OPEN TX MANDIBULAR FX W/O INTERDEN	\$1036.94	\$2070.42
21462		OPEN TX MANDIBULAR FX W/INTERDENT/	\$1146.18	\$2213.60
21465		OPEN TREATMENT MANDIBULAR CONDYL	\$863.38	\$863.38
21470		OPTX COMP MANDIBULAR FX MLT APPR V	\$1213.19	\$1213.19
21480		CLOSED TX TEMPOROMANDIBULAR DISLC	\$32.91	\$120.30
21485		CLOSED TX TEMPOROMANDIBULAR DISLC	\$741.74	\$907.84
21490		OPEN TREATMENT TEMPOROMANDIBULA	\$851.55	\$851.55
21497		INTERDENTAL WIRING OTHER THAN FRAC	\$589.78	\$705.34
21501		I&D DEEP ABSC/HMTMA SOFT TISSUE NEC	\$336.30	\$482.90
21502		I&D DP ABSC/HMTMA SOFT TISS NCK/THO	\$523.69	\$523.69
21510		INCISION DEEP OPENING BONE CORTEX TI	\$463.36	\$463.36
21550		BIOPSY SOFT TISSUE NECK/THORAX	\$160.32	\$269.73
21552		EXC TUMOR SOFT TIS NECK/ANT THORAX	\$462.12	\$462.12
21554		EXC TUMOR SOFT TISSUE NECK/THORAX S	\$757.28	\$757.28
21555		EXC TUMOR SOFT TISSUE NECK/ANT THOI	\$315.36	\$441.03
21556		EXC TUMOR SOFT TISS NECK/THORAX SUI	\$545.63	\$545.63
21557		RAD RESECT TUMOR SOFT TISS NECK/ANT	\$987.95	\$987.95
21558		RAD RESECT TUMOR SOFT TISS NECK/ANT	\$1,392.12	\$1,392.12
21600		EXCISION RIB PARTIAL	\$571.86	\$571.86
21601		EXCISION CHEST WALL TUMOR INCLUDIN	\$1224.76	\$1224.76
21602		EXCISION CH WAL TUM W/RIB W/O MEDST	\$1643.53	\$1643.53
21603		EXCISION CH WAL TUM W/RIB W/MEDSTN	\$1818.59	\$1818.59
21610		COSTOTRANSVERSECTOMY SEPARATE PR	\$1237.79	\$1237.79
21615		EXCISION 1ST &/CERVICAL RIB	\$639.93	\$639.93
21616		EXCISION 1ST &/CERVICAL RIB W/SYMPAT	\$741.33	\$741.33
21620		OSTECTOMY STERNUM PARTIAL	\$523.83	\$523.83
21627		STERNAL DEBRIDEMENT	\$558.12	\$558.12
21630		RADICAL RESECTION STERNUM	\$1,258.67	\$1,258.67
21632		RADICAL RESECTION STERNUM W/MEDST	\$1251.94	\$1251.94
21685		HYOID MYOTOMY & SUSPENSION	\$1009.28	\$1009.28
21700		DIVISION SCALENUS ANTICUS W/O RESCJ	\$370.86	\$370.86
21705		DIVISION SCALENUS ANTICUS RESECTION	\$556.06	\$556.06
21720		DIVISION STERNOCLEIDOMASTOID OPEN	\$538.74	\$538.74
21725		DIVISION STERNOCLEIDOMASTOID OPEN	\$559.61	\$559.61
21740		REPAIR PECTUS EXCAVATUM/CARINATUM	\$1065.98	\$1065.98
21750		CLOSE MEDIAN STERNOTOMY SEP W/WO I	\$704.06	\$704.06
21811		OPEN TX RIB FX W/FIXJ THORACOSCOPIC	\$616.99	\$616.99
21812		OPEN TX RIB FX W/FIXJ THORACOSCOPIC	\$752.71	\$752.71
21813		OPEN TX RIB FX W/FIXJ THORACOSCOPIC	\$1,029.14	\$1,029.14
21820		CLOSED TREATMENT STERNUM FRACTUR	\$149.16	\$150.24

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
21825		OPEN TX STERNUM FRACTURE W/WO SKE	\$560.78	\$560.78
21920		BIOPSY SOFT TISSUE BACK/FLANK SUPERI	\$161.40	\$263.23
21925		BIOPSY SOFT TISSUE BACK/FLANK DEEP	\$373.88	\$482.22
21930		EXCISION TUMOR SOFT TISSUE BACK/FLA	\$375.89	\$506.97
21931		EXCISION TUMOR SOFT TIS BACK/FLANK S	\$488.29	\$488.29
21932		EXC TUMOR SOFT TISS BACK/FLANK SUBF	\$687.55	\$687.55
21933		EXC TUMOR SOFT TISS BACK/FLANK SUBF	\$766.31	\$766.31
21935		RAD RESECTION TUMOR SOFT TISSUE BAC	\$1065.47	\$1065.47
21936		RAD RESECTION TUMOR SOFT TISSUE BAC	\$1,468.92	\$1,468.92
22010		I&D DEEP ABSCESS PST SPINE CRV THRC/C	\$994.47	\$994.47
22015		I&D DEEP ABSCESS PST SPINE LUMBAR SA	\$978.63	\$978.63
22100		PRTL EXC PST VRT INTRNSC B1Y LI	\$885.59	\$885.59
22101		PRTL EXC PST VRT INTRNSC B1Y LI	\$902.17	\$902.17
22102		PRTL EXC PST VRT INTRNSC B1Y LI	\$848.32	\$848.32
22103		PRTL EXC PST VRT INTRNSC B1Y LI	\$146.50	\$146.50
22110		PRTL EXC VRT BDY B1Y LES W/O SI	\$1,079.79	\$1,079.79
22112		PRTL EXC VRT BDY B1Y LES W/O SI	\$1,159.27	\$1,159.27
22114		PRTL EXC VRT BDY B1Y LES W/O SI	\$1,159.27	\$1,159.27
22116		PRTL EXC VRT BDY B1Y LES W/O SI	\$146.15	\$146.15
22206		OSTEOTOMY SPINE POSTERIOR 3 COLUM	\$2544.86	\$2544.86
22207		OSTEOTOMY SPINE POSTERIOR 3 COLUM	\$2489.46	\$2489.46
22208		OSTEOTOMY SPINE POSTERIOR 3 COLUM	\$613.65	\$613.65
22210		OSTEOTOMY SPINE PST/PSTLAT APPR 1 '	\$1,855.78	\$1,855.78
22212		OSTEOTOMY SPINE PST/PSTLAT APPR 1 '	\$1,551.04	\$1,551.04
22214		OSTEOTOMY SPINE PST/PSTLAT APPR 1 '	\$1,557.17	\$1,557.17
22216		OSTEOT SPI PST/PSTLAT APPR 1 VRT SGM I	\$378.24	\$3,478.24
22220		OSTEOTOMY SPINE W/DSKC ANT APPR 1 V	\$1698.15	\$1698.15
22222		OSTEOTOMY SPINE W/DSKC ANT APPR 1 V	\$1803.27	\$1803.27
22224		OSTEOTOMY SPINE W/DSKC ANT APPR 1 V	\$1652.85	\$1,652.85
22226		OSTEOT SPI W/DSKC ANT APPR 1 VRT SGM	\$378.24	\$3,478.24
22310		CLTX VRT BDY FX W/O MANJ REQ&W/CSTI	\$300.83	\$312.38
22315		CLTX VRT FX&/DISLC CSTING/BRACING M	\$796.82	\$909.12
22318		OPTX&/RDCTJ ODNTD FX&/DISLC ANT FIX	\$1697.62	\$1,697.62
22319		OPTX&/RDCTJ ODNTD FX&/DISLC ANT W/I	\$1888.44	\$1,888.44
22325		OPTX&/RDCTJ VRT FX&/DISLC PST 1	\$1,506.16	\$1,506.16
22326		OPTX&/RDCTJ VRT FX&/DISLC PST 1	\$1,553.00	\$1,553.00
22327		OPTX&/RDCTJ VRT FX&/DISLC PST 1	\$1568.54	\$1568.54
22328		OPTX&/RDCTJ VRT FX&/DISLC PST 1	\$292.68	\$292.68
22505		MANIPULATION SPINE REQUIRING ANESTH	\$134.81	\$134.81
22510		PERQ VERTEBROPLASTY UNI/BI INJX CERV	\$447.25	\$1870.01
22511		PERQ VERTEBROPLASTY UNI/BI INJECTION	\$419.39	\$1,852.25
22512		VERTEBROPLASTY EACH ADDL CERVICOT	\$213.13	\$880.81
22513		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI C	\$531.03	\$6,825.83
22514		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI C	\$495.26	\$6796.92
22515		PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI C	\$228.67	\$3,810.12
22532		ARTHRODESIS LATERAL EXTRACAVITARY	\$1,868.49	\$1,868.49
22533		ARTHRODESIS LATERAL EXTRACAVITARY	\$1,722.02	\$1,722.02
22534		ARTHRODESIS LAT EXTRACAVITARY EA A	\$375.38	\$375.38
22548		ARTHRD ANT TRANSORL/XTRORAL C1-C2 '	\$2,026.24	\$2,026.24
22551		ARTHRD ANT INTERBODY DECOMPRESS C	\$1,770.42	\$1,770.42

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
22552		ARTHRD ANT INTERDY CERVCL BELW C2 I	\$413.77	\$413.77
22554		ARTHRD ANT MIN DISCECT INTERBODY CI	\$1,302.88	\$1,302.88
22556		ARTHRD ANT MIN DISCECTOMY INTERBOI	\$1727.18	\$1727.18
22558		ARTHRODESIS ANTERIOR INTERBODY LUM	\$1,590.88	\$1,590.88
22585		ARTHRODESIS ANTERIOR INTERBODY EA .	\$340.59	\$340.59
22586		ARTHRODESIS PRESACRAL INTRBDY W/IN	\$2,097.93	\$2,097.93
22590		ARTHRODESIS POSTERIOR CRANIOCERVIC	\$1,636.69	\$1,636.69
22595		ARTHRODESIS POSTERIOR ATLAS-AXIS C1	\$1,560.34	\$1,560.34
22600		ARTHRODESIS PST/PSTLAT CERVICAL BEL	\$1,337.72	\$1,337.72
22610		ARTHRODESIS POSTERIOR/POSTEROLATEI	\$1,315.00	\$1,315.00
22612		ARTHRODESIS POSTERIOR/POSTEROLATEI	\$1,649.05	\$1,649.05
22614		ARTHRODESIS POSTERIOR/POSTEROLATEI	\$407.66	\$407.66
22630		ARTHRODESIS POSTERIOR INTERBODY LU	\$1,635.06	\$1,635.06
22632		ARTHRODESIS POSTERIOR INTERBODY EA	\$335.35	\$335.35
22633		ARTHDSIS POST/POSTEROLATRL/POSTINTI	\$1923.89	\$1923.89
22634		ARTHDSIS POST/POSTERLATRL/POSTINTRI	\$516.19	\$516.19
22800		ARTHRODESIS POSTERIOR SPINAL DFRM U	\$1411.68	\$1411.68
22802		ARTHRODESIS POSTERIOR SPINAL DFRM 7	\$2,188.08	\$2,188.08
22804		ARTHRODESIS POSTERIOR SPINAL DFRM 1	\$2520.41	\$2520.41
22808		ARTHRODESIS ANTERIOR SPINAL DFRM 2-	\$1905.21	\$1905.21
22810		ARTHRODESIS ANTERIOR SPINAL DFRM 4-	\$2132.47	\$2132.47
22812		ARTHRODESIS ANTERIOR SPINAL DFRM 8/	\$2290.13	\$2290.13
22818		KYPHECTOMY SINGLE OR TWO SEGMENTS'	\$2,244.95	\$2,244.95
22819		KYPHECTOMY 3 OR MORE SEGMENTS	\$2582.51	\$2582.51
22830		EXPLORATION SPINAL FUSION	\$848.28	\$848.28
22840		POSTERIOR NON-SEGMENTAL INSTRUMEN	\$790.93	\$790.93
22842		POSTERIOR SEGMENTAL INSTRUMENTATI	\$794.53	\$794.53
22843		POSTERIOR SEGMENTAL INSTRUMENTATI	\$848.95	\$848.95
22844		POSTERIOR SEGMENTAL INSTRUMENTATI	\$1,025.80	\$1,025.80
22845		ANTERIOR INSTRUMENTATION 2-3 VERTEI	\$758.37	\$758.37
22846		ANTERIOR INSTRUMENTATION 4-7 VERTEI	\$788.48	\$788.48
22847		ANTERIOR INSTRUMENTATION 8/> VERTEI	\$838.95	\$838.95
22848		PELVIC FIXATION OTHER THAN SACRUM	\$375.01	\$375.01
22849		REINSERTION SPINAL FIXATION DEVICE	\$1,353.37	\$1,353.37
22850		REMOVAL POSTERIOR NONSEGMENTAL IN	\$756.55	\$756.55
22852		REMOVAL POSTERIOR SEGMENTAL INSTR	\$726.44	\$726.44
22853		INSJ BIOMCHN DEV INTERVERTEBRAL DSC	\$269.38	\$269.38
22854		INSJ BIOMCHN DEV VRT CORPECTOMY DE	\$348.91	\$348.91
22855		REMOVAL ANTERIOR INSTRUMENTATION	\$1151.78	\$1151.78
22856		TOT DISC ARTHRP ART DISC ANT APPRO 1	\$1698.66	\$1698.66
22857		TOT DISC ARTHRP ART DISC ANT APPRO 1	\$1838.46	\$1838.46
22858		TOT DISC ARTHRP ANT APPR DISC 2ND LE'	\$532.32	\$532.32
22859		INSJ BIOMCHN DEV NTRVRT DISC SPACE V	\$348.91	\$348.91
22861		REVJ RPLCMT DISC ARTHROPLASTY ANT 1	\$2402.23	\$2402.23
22862		REVJ RPLCMT DISC ARTHROPLASTY ANT 1	\$2,395.73	\$2,395.73
22864		RMVL DISC ARTHROPLASTY ANT 1 INTERS	\$2,142.42	\$2,142.42
22865		RMVL DISC ARTHROPLASTY ANT 1 INTERS	\$2337.67	\$2337.67
22867		INSJ STABLJ DEV W/DCMPRN LUMBAR SIN	\$1014.32	\$1014.32
22868		INSJ STABLJ DEV W/DCMPRN LUMBAR SEC	\$253.62	\$253.62
22869		INSJ STABLJ DEV W/O DCMPRN LUMBAR S	\$460.35	\$460.35

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
22870		INSJ STABLJ DEV W/O DCMPRN LUMBAR S	\$128.42	\$128.42
22900		EXC TUMOR SOFT TISSUE ABDL WALL SUI	\$584.32	\$584.32
22901		EXC TUMOR SOFT TISSUE ABDL WALL SUI	\$693.54	\$693.54
22902		EXC TUMOR SOFT TISSUE ABDOMINAL W/	\$343.30	\$473.66
22903		EXC TUMOR SOFT TISSUE ABDOMINAL W/	\$456.04	\$456.04
22904		RAD RESECTION TUMOR SOFT TISSUE ABL	\$1093.86	\$1093.86
22905		RAD RESECTION TUMOR SOFT TISSUE ABL	\$1382.04	\$1382.04
23000		REMOVAL SUBDELTOID CALCAREOUS DEI	\$377.93	\$593.15
23020		CAPSULAR CONTRACTURE RELEASE	\$714.49	\$714.49
23030		I&D SHOULDER DEEP ABSCESS/HEMATOM	\$257.48	\$447.42
23031		I&D SHOULDER INFECTED BURSA	\$215.58	\$415.63
23035		INCISION BONE CORTEX SHOULDER AREA	\$704.48	\$704.48
23040		ARTHROTOMY GLENOHUMERAL JT EXPL/I	\$742.81	\$742.81
23044		ARTHRT ACROMCLAV STRNCLAV JT EXPL	\$585.77	\$585.77
23065		BIOPSY SOFT TISSUE SHOULDER SUPERFIC	\$168.88	\$229.18
23066		BIOPSY SOFT TISSUE SHOULDER DEEP	\$373.33	\$584.58
23071		EXCISION TUMOR SOFT TISSUE SHOULDEF	\$435.70	\$435.70
23073		EXC TUMOR SOFT TISSUE SHOULDER SUBI	\$721.32	\$721.32
23075		EXCISION TUMOR SOFT TISSUE SHOULDEF	\$338.71	\$517.46
23076		EXC TUMOR SOFT TISS SHOULDER SUBFA	\$560.59	\$560.59
23077		RAD RESECTION TUMOR SOFT TISSUE SHC	\$1173.53	\$1173.53
23078		RAD RESECTION TUMOR SOFT TISSUE SHC	\$1490.93	\$1490.93
23100		ARTHROTOMY GLENOHUMERAL JOINT W/	\$520.40	\$520.40
23101		ARTHRT ACROMCLAV/STRNCLAV JT W/BX	\$472.26	\$472.26
23105		ARTHRT GLENOHUMRL JT W/SYNOVECTO	\$658.25	\$658.25
23106		ARTHRT GLENOHUMRL JT STRNCLAV JT W	\$516.11	\$516.11
23107		ARTHRT GLENOHMRL JT W/JT EXPL W/VO	\$682.60	\$682.60
23120		CLAVICULECTOMY PARTIAL	\$605.00	\$605.00
23125		CLAVICULECTOMY TOTAL	\$734.57	\$734.57
23130		PARTIAL REPAIR OR REMOVAL OF SHOULI	\$634.42	\$634.42
23140		EXC/CURTG BONE CYST/BENIGN TUMOR C	\$572.64	\$572.64
23145		EXC/CURTG BONE CST/B9 TUM CLAV/SCAF	\$719.88	\$719.88
23146		EXC/CURTG BONE CST/B9 TUM CLAV/SCAF	\$643.65	\$643.65
23150		EXC/CURTG BONE CYST/BENIGN TUMOR P	\$690.17	\$690.17
23155		EXC/CURTG BONE CYST/BENIGN TUM PRO	\$823.85	\$823.85
23156		EXC/CURTG BONE CYST/BENIGN TUM PRO	\$701.97	\$701.97
23170		SEQUESTRECTOMY CLAVICLE	\$581.27	\$581.27
23172		SEQUESTRECTOMY SCAPULA	\$587.35	\$587.35
23174		SEQUESTRECTOMY HUMERAL HEAD SURC	\$786.71	\$786.71
23180		PARTIAL EXCISION BONE CLAVICLE	\$688.32	\$688.32
23182		PARTIAL EXCISION BONE SCAPULA	\$682.01	\$682.01
23184		PARTIAL EXCISION BONE PROXIMAL HUM	\$763.67	\$763.67
23190		OSTECTOMY SCAPULA PARTIAL	\$593.41	\$593.41
23195		RESECTION HUMERAL HEAD	\$773.91	\$773.91
23200		RADICAL RESECTION TUMOR CLAVICLE	\$1564.49	\$1564.49
23210		RADICAL RESECTION TUMOR SCAPULA	\$1838.06	\$1838.06
23220		RADICAL RESECTION BONE TUMOR PROXI	\$2020.67	\$2020.67
23330		REMOVAL FOREIGN BODY SHOULDER SUE	\$171.63	\$298.37
23333		REMOVAL SHOULDER FOREIGN BODY DEE	\$479.70	\$479.70
23334		PROSTHESIS REMOVAL HUMERAL/GLENOI	\$1,104.91	\$1,104.91

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
23335		PROSTHESIS REMOVAL HUMERAL AND GL	\$1317.24	\$1317.24
23350		INJECTION SHOULDER ARTHROGRAPHY/ C	\$52.56	\$156.56
23395		MUSCLE TRANSFER SHOULDER/UPPER ARI	\$1329.40	\$1329.40
23397		MUSCLE TRANSFER SHOULDER/UPPER ARI	\$1,182.62	\$1,182.62
23400		SCAPULOPEXY	\$1,006.82	\$1,006.82
23405		TENOTOMY SHOULDER AREA 1 TENDON	\$641.23	\$641.23
23406		TENOTOMY SHOULDER MULTIPLE THRU S	\$795.96	\$795.96
23410		OPEN REPAIR OF ROTATOR CUFF ACUTE	\$849.21	\$849.21
23412		OPEN REPAIR OF ROTATOR CUFF CHRONIC	\$882.88	\$882.88
23415		CORACOACROMIAL LIGAMENT RELEAS W.	\$721.42	\$721.42
23420		RECONSTRUCTION ROTATOR CUFF AVULS	\$1,006.63	\$1,006.63
23430		TENODESIS LONG TENDON BICEPS	\$770.76	\$770.76
23440		RESECTION/TRANSPLANTATION LONG TEI	\$782.79	\$782.79
23450		CAPSULORRHAPHY ANTERIOR PUTTI-PLA	\$981.99	\$981.99
23455		CAPSULORRHAPHY ANTERIOR W/LABRAL	\$1029.51	\$1029.51
23460		CAPSULORRHAPHY ANTERIOR WITH BONI	\$1,128.59	\$1,128.59
23462		CAPSULORRHAPHY ANTERIOR W/CORACO	\$1107.69	\$1107.69
23465		CAPSULORRHAPHY GLENOHUMERAL JT P	\$1159.04	\$1159.04
23466		CAPSULORRHAPHY GLENOHUMRL JT MUL	\$1148.81	\$1148.81
23470		ARTHROPLASTY GLENOHUMRL JT HEMIAI	\$1244.51	\$1244.51
23472		ARTHROPLASTY GLENOHUMERAL JOINT I	\$1504.48	\$1504.48
23473		REVIS SHOULDER ARTHRPLSTY HUMERAL	\$1678.13	\$1678.13
23474		REVIS SHOULDER ARTHRPLSTY HUMERAL	\$1813.13	\$1813.13
23480		OSTEOTOMY CLAVICLE W/WO INTERNAL I	\$849.86	\$849.86
23485		OSTEOTOMY CLAV W/WO INT FIXJ W/BON	\$990.91	\$990.91
23490		PROPH TX W/WO METHYLMETHACRYLATI	\$892.15	\$892.15
23491		PROPH TX W/WO METHYLMETHACRYLATI	\$1051.97	\$1051.97
23500		CLSD TX CLAVICULAR FRACTURE W/O MA	\$231.77	\$227.08
23505		CLSD TX CLAVICULAR FRACTURE W/MANJ	\$345.05	\$368.52
23515		OPEN TX CLAVICULAR FRACTURE INTERN	\$745.01	\$745.01
23520		CLSD TX STERNOCLAVICULAR DISLC W/O	\$243.29	\$244.37
23525		CLOSED TX STERNOCLAVICULAR DISLC W	\$370.70	\$402.84
23530		OPEN TX STERNOCLAVICULAR DISLC ACU	\$593.76	\$593.76
23532		OPTX STRNCLAV DISLC ACUTE/CHRONIC	\$646.84	\$646.84
23540		CLSD TX ACROMIOCLAVICULAR DISLC W/	\$238.55	\$239.64
23545		CLSD TX ACROMIOCLAVICULAR DISLC W/	\$320.33	\$354.28
23550		OPEN TX ACROMIOCLAVICULAR DISLC AC	\$592.62	\$592.62
23552		OPTX ACROMCLAV DISLC ACUTE/CHRONI	\$675.76	\$675.76
23570		CLOSED TX SCAPULAR FRACTURE W/O MA	\$247.58	\$240.36
23575		CLTX SCAPULAR FX W/MANJ W/WO SKELE	\$389.26	\$418.86
23585		OPEN TX SCAPULAR FX W/INTERNAL FIXA	\$1014.21	\$1014.21
23600		CLTX PROXIMAL HUMERAL FRACTURE W/	\$320.56	\$339.70
23605		CLTX PROX HUMRL FX W/MANJ W/WO SKE	\$440.10	\$483.07
23615		OPEN TREATMENT PROXIMAL HUMERAL F	\$914.46	\$914.46
23616		OPEN PROX HUMERAL FRACTURE PROSTH	\$1281.82	\$1281.82
23620		CLTX GREATER HUMERAL TUBEROSITY F	\$265.90	\$277.10
23625		CLTX GRTER HUMERAL TUBEROSITY FX W	\$362.96	\$392.93
23630		OPEN TREATMENT GRTER HUMERAL TUBI	\$806.66	\$806.66
23650		CLSD TX SHOULDER DISLC W/MANIPULAT	\$300.06	\$329.67
23655		CLSD TX SHOULDER DISLC W/MANIPULAT	\$417.86	\$417.86

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
23660		OPEN TX ACUTE SHOULDER DISLOCATION	\$604.50	\$604.50
23665		CLTX SHOULDER DISLC W/FX HUMERAL T	\$409.61	\$442.83
23670		OPEN TX SHOULDER DISLC W/HUMERAL T	\$904.36	\$904.36
23675		CLTX SHOULDER DISLC W/SURG/ANTMCL	\$518.92	\$570.92
23680		OPEN TX SHOULDER DISLOCATION W/NEC	\$962.77	\$962.77
23700		MANJ W/ANES SHOULDER JOINT W/FIXATI	\$201.98	\$201.98
23800		ARTHRODESIS GLENOHUMERAL JOINT	\$1063.43	\$1063.43
23802		ARTHRODESIS GLENOHUMERAL JT W/AUT	\$1327.66	\$1327.66
23900		INTERTHORACOSCAPULAR AMPUTATION	\$1436.97	\$1436.97
23920		DISARTICULATION SHOULDER	\$1164.12	\$1164.12
23921		DISRTCJ SHOULDER SECONDARY CLSR/SC	\$484.90	\$484.90
23930		I&D UPPER ARM/ELBOW DEEP ABSCESS/HI	\$219.45	\$367.86
23931		INCISION&DRAINAGE UPPER ARM/ELBOW	\$160.47	\$298.40
23935		INC DEEP W/OPENING BONE CORTEX HUM	\$528.97	\$528.97
24000		ARTHRT ELBOW W/EXPLORATION DRAINAGE	\$494.46	\$494.46
24006		ARTHRT ELBOW CAPSULAR EXCISION CAPS	\$736.31	\$736.31
24065		BIOPSY SOFT TISSUE UPPER ARM/ELBOW S	\$168.97	\$266.47
24066		BIOPSY SOFT TISSUE UPPER ARM/ELBOW I	\$429.49	\$642.17
24071		EXC TUMOR SOFT TISSUE UPPER ARM/ELB	\$420.65	\$420.65
24073		EXC TUMOR SOFT TISS UPPER ARM/ELBW	\$721.32	\$721.32
24075		EXC TUMOR SOFT TISS UPPER ARM/ELBOV	\$339.78	\$535.14
24076		EXC TUMOR SOFT TISS UPR ARM/ELBOW S	\$562.75	\$562.75
24077		RAD RESECT TUMOR SOFT TISS UPPER ARI	\$1078.82	\$1078.82
24079		RAD RESECT TUMOR SOFT TISS UPPER ARI	\$1374.94	\$1374.94
24100		ARTHROTOMY ELBOW W/SYNOVIAL BIOPSY	\$432.51	\$432.51
24101		ARTHRT ELBOW W/JNT EXPL W/WOBX W/A	\$518.54	\$518.54
24102		ARTHROTOMY ELBOW W/SYNOVECTOMY	\$637.77	\$637.77
24105		EXCISION OLECRANON BURSA	\$365.65	\$365.65
24110		EXCISION/CURTG BONE CYST/BENIGN TUM	\$607.43	\$607.43
24115		EXC/CURTG BONE CYST/BENIGN TUMOR H	\$763.20	\$763.20
24116		EXC/CURTG BONE CYST/BENIGN TUM HUM	\$891.75	\$891.75
24120		EXC/CURTG BONE CYST/BENIGN TUMOR H	\$550.41	\$550.41
24125		EXC/CURTG BONE CST/B9 TUM H/N RDS/OI	\$642.90	\$642.90
24126		EXC/CURTG BONE CST/B9 TUM H/N RDS/OI	\$671.54	\$671.54
24130		EXCISION RADIAL HEAD	\$527.14	\$527.14
24134		SEQUESTRECTOMY SHAFT/DISTAL HUMER	\$773.62	\$773.62
24136		SEQUESTRECTOMY RADIAL HEAD OR NEC	\$653.95	\$653.95
24138		SEQUESTRECTOMY OLECRANON PROCESS	\$704.10	\$704.10
24140		PARTIAL EXCISION BONE HUMERUS	\$727.39	\$727.39
24145		PARTIAL EXCISION BONE RADIAL HEAD/N	\$614.18	\$614.18
24147		PARTIAL EXCISION BONE OLECRANON PRO	\$645.58	\$645.58
24149		RAD RESCJ CAPSL TISS&HTRTPC BONE ELI	\$1215.03	\$1215.03
24150		RADICAL RESECTION TUMOR SHAFT/DISTA	\$1605.99	\$1605.99
24152		RADICAL RESECTION TUMOR RADIAL HEA	\$1395.10	\$1395.10
24155		RESECTION ELBOW JOINT ARTHRECTOMY	\$882.43	\$882.43
24160		PROSTHESIS REMOVAL HUMERAL AND UL	\$1302.62	\$1302.62
24164		PROSTHESIS REMOVAL RADIAL HEAD	\$746.64	\$746.64
24200		RMVL FOREIGN BODY UPPER ARM/ELBOW	\$145.30	\$222.95
24201		REMOVAL FOREIGN BODY UPPER ARM/ELI	\$374.93	\$566.32
24220		INJECTION ELBOW ARTHROGRAPHY	\$69.73	\$183.84

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
24300		MANIPULATION ELBOW UNDER ANESTHESIA	\$440.27	\$440.27
24301		MUSCLE/TENDON TRANSFER UPPER ARM/ELBOW	\$775.71	\$775.71
24305		TENDON LENGTHENING UPPER ARM/ELBOW	\$599.10	\$599.10
24310		TENOTOMY OPEN ELBOW TO SHOULDER EXTENSORS	\$487.58	\$487.58
24320		TENOPLASTY ELBOW TO SHOULDER SINGLE	\$808.69	\$808.69
24330		FLEXOR-PLASTY ELBOW	\$743.15	\$743.15
24331		FLEXOR-PLASTY ELBOW W/EXTENSOR AD	\$814.06	\$814.06
24332		TENOLYSIS TRICEPS	\$634.71	\$634.71
24340		TENODESIS BICEPS TENDON ELBOW SEPARATE	\$635.71	\$635.71
24341		REPAIR TENDON/MUSCLE UPPER ARM/ELBOW	\$770.39	\$770.39
24342		REPAIR TENDON/MUSCLE UPPER ARM/ELBOW	\$802.89	\$802.89
24343		REPAIR LATERAL COLLATERAL LIGAMENT	\$732.64	\$732.64
24344		REPAIR LATERAL COLLATERAL LIGAMENT	\$1132.15	\$1132.15
24345		REPAIR MEDIAL COLLATERAL LIGAMENT	\$726.14	\$726.14
24346		REPAIR MEDIAL COLLATERAL LIGAMENT	\$1,139.38	\$1,139.38
24357		TENOTOMY ELBOW LATERAL/MEDIAL PEEL	\$429.77	\$429.77
24358		TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE	\$544.35	\$544.35
24359		TENOTOMY ELBOW LATERAL/MEDIAL DEBRIDE	\$684.71	\$684.71
24360		ARTHROPLASTY ELBOW W/MEMBRANE	\$933.41	\$933.41
24361		ARTHROPLASTY ELBOW W/DISTAL HUMERUS	\$1,043.38	\$1,043.38
24362		ARTHROPLASTY ELBOW W/IMPLANT&FUSION	\$1098.51	\$1098.51
24363		ARTHROPLASTY ELBOW W/DISTAL HUMERUS	\$1504.90	\$1504.90
24365		ARTHROPLASTY RADIAL HEAD	\$662.15	\$662.15
24366		ARTHROPLASTY RADIAL HEAD W/IMPLANT	\$706.90	\$706.90
24370		REVISION ELBOW ARTHROPLASTY HUMERAL/ULNA	\$1599.79	\$1599.79
24371		REVISION ELBOW ARTHROPLASTY HUMERAL/ULNA	\$1845.47	\$1845.47
24400		OSTEOTOMY HUMERUS W/WO INTERNAL FIXATION	\$852.13	\$852.13
24410		OSTEOTOMY HUMERUS W/INTERNAL FIXATION	\$1095.01	\$1095.01
24420		OSTEOPLASTY HUMERUS	\$1061.41	\$1061.41
24430		REPAIR NON/MALUNION HUMERUS W/O GRAFT	\$1093.49	\$1093.49
24435		REPAIR NON/MALUNION HUMERUS W/ILIA	\$1113.12	\$1113.12
24470		HEMIEPIPHYSEAL ARREST	\$694.85	\$694.85
24495		DECOMPRESSION FASCIA OF ARM W/BRACHIAL	\$841.37	\$841.37
24498		PROPHYLACTIC TX W/WO METHYLMETHACRYLATE	\$897.14	\$897.14
24500		CLAVICLE TX HUMERAL SHAFT FRACTURE W/C	\$339.84	\$369.45
24505		CLAVICLE TX HUMERAL SHAFT FX W/MANIPULATION	\$464.48	\$515.04
24515		CLAVICLE TX HUMERAL SHAFT FX W/PLATE/SCREW	\$909.86	\$909.86
24516		CLAVICLE TX HUMERAL SHAFT FX W/IMPLANT	\$889.24	\$889.24
24530		CLAVICLE TX SUPRACONDYLAR/TRANSCONDYLAR HUMERUS	\$357.75	\$391.70
24535		CLAVICLE TX SUPRACONDYLAR/TRANSCONDYLAR HUMERUS	\$586.37	\$636.92
24538		CLAVICLE TX SUPRACONDYLAR/TRANSCONDYLAR HUMERUS	\$789.74	\$789.74
24545		OPEN TX HUMERAL SUPRACONDYLAR FRACTURE	\$962.41	\$962.41
24546		OPEN TX HUMERAL SUPRACONDYLAR FRACTURE	\$1074.88	\$1074.88
24560		CLAVICLE TX HUMERAL EPICONDYLAR FX MEDIAL	\$302.15	\$338.98
24565		CLAVICLE TX HUMERAL EPICONDYLAR FX MEDIAL	\$507.98	\$554.93
24566		CLAVICLE TX HUMERAL EPICONDYLAR FX MEDIAL	\$743.17	\$743.17
24575		OPEN TX HUMERAL EPICONDYLAR FRACTURE	\$758.00	\$758.00
24576		CLAVICLE TX HUMERAL CONDYLAR FX MEDIAL/L	\$319.08	\$356.63
24577		CLAVICLE TX HUMERAL CONDYLAR FX MEDIAL/L	\$521.94	\$570.69
24579		OPEN TREATMENT HUMERAL CONDYLAR	\$860.73	\$860.73

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
24582		PRQ SKEL FIXJ HUMRL CNDYLR FX MEDIA	\$838.30	\$838.30
24586		OPTX PERIARTICULAR FRACTURE &/DISLC	\$1126.08	\$1126.08
24587		OPTX PRIARTICULAR FX&/DISLC ELBW W/	\$1126.79	\$1126.79
24600		TREATMENT CLOSED ELBOW DISLOCATIO	\$348.37	\$382.68
24605		TREATMENT CLOSED ELBOW DISLOCATIO	\$489.64	\$489.64
24615		OPEN TX ACUTE/CHRONIC ELBOW DISLOC	\$738.79	\$738.79
24620		CLOSED TX MONTEGGIA FX DISLOCATION	\$573.67	\$573.67
24635		OPEN TX MONTEGGIA FRACTURE DISLOC/	\$697.07	\$697.07
24640		CLTX RDL HEAD SUBLXTJ CHLD NURSEM/	\$80.96	\$103.70
24650		CLOSED TX RADIAL HEAD/NECK FX W/O M	\$250.14	\$270.00
24655		CLOSED TX RADIAL HEAD/NECK FX W/MA	\$412.16	\$455.49
24665		OPEN TX RADIAL HEAD/NECK FRACTURE	\$677.08	\$677.08
24666		OPEN TX RADIAL HEAD/NECK FRACTURE I	\$758.64	\$758.64
24670		CLOSED TX ULNAR FRACTURE PROXIMAL	\$273.77	\$300.50
24675		CLOSED TX ULNAR FRACTURE PROXIMAL	\$430.43	\$473.76
24685		OPEN TREATMENT ULNAR FRACTURE PRO	\$675.99	\$675.99
24800		ARTHRODESIS ELBOW JOINT LOCAL	\$860.40	\$860.40
24802		ARTHRODESIS ELBOW JOINT W/AUTOGEN	\$1038.01	\$1038.01
24900		AMPUTATION ARM THRU HUMERUS W/PRI	\$763.89	\$763.89
24920		AMPUTATION ARM THRU HUMERUS OPEN	\$758.50	\$758.50
24925		AMP ARM THRU HUMERUS SECONDARY CI	\$586.64	\$586.64
24930		AMPUTATION ARM THRU HUMERUS RE-AM	\$801.84	\$801.84
24931		AMPUTATION ARM THRU HUMERUS W/MI	\$965.52	\$965.52
24935		STUMP ELONGATION UPPER EXTREMITY	\$1229.73	\$1229.73
25000		INCISION EXTENSOR TENDON SHEATH WR	\$349.88	\$349.88
25001		INCISION FLEXOR TENDON SHEATH WRIS	\$354.81	\$354.81
25020		DCMPRN FASCT F/ARM&WRST FLXR/XTNS	\$659.85	\$659.85
25023		DCMPRN FASCT F/ARM&/WRST FLXR/XTNS	\$1238.30	\$1238.30
25024		DCMPRN FASCT F/ARM&/WRST FLXR&XTN	\$809.43	\$809.43
25025		DCMPRN FASCT F/ARM&/WRST FLXR&XTN	\$1246.29	\$1246.29
25028		I&D FOREARM&/WRIST DEEP ABSCESS/HE	\$613.62	\$613.62
25031		INCISION & DRAINAGE FOREARM&/WRIST	\$362.15	\$362.15
25035		INCISION DEEP BONE CORTEX FOREARM&	\$603.43	\$603.43
25040		ARTHRT RDCRPL/MIDCARPL JT W/EXPL DF	\$580.39	\$580.39
25065		BIOPSY SOFT TISSUE FOREARM&/WRIST SI	\$164.69	\$265.07
25066		BIOPSY SOFT TISSUE FOREARM&/WRIST D	\$369.72	\$369.72
25071		EXC TUMOR SOFT TISS FOREARM AND/WR	\$439.30	\$439.30
25073		EXC TUMOR SFT TISS FOREARM&/WRIST S	\$553.50	\$553.50
25075		EXC TUMOR SOFT TISSUE FOREARM &/WR	\$326.20	\$522.28
25076		EXC TUMOR SOFT TISS FOREARM&/WRIST	\$534.92	\$534.92
25077		RAD RESECT TUMOR SOFT TISS FOREARM.	\$919.56	\$919.56
25078		RAD RESCJ TUM SOFT TISSUE FOREARM&/	\$1205.64	\$1205.64
25085		CAPSULOTOMY WRIST	\$463.99	\$463.99
25100		ARTHROTOMY WRIST JOINT WITH BIOPSY	\$359.03	\$359.03
25101		ARTHRT WRST W/JT EXPL W/VO BX W/VO	\$417.47	\$417.47
25105		ARTHROTOMY WRIST JOINT WITH SYNOV.	\$501.35	\$501.35
25107		ARTHROTOMY DSTL RADIOULNAR JOINT I	\$635.89	\$635.89
25109		EXC TENDON FOREARM&/WRIST FLEXOR/	\$555.40	\$555.40
25110		EXCISION LESION TENDON SHEATH FORE/	\$353.24	\$353.24
25111		EXCISION GANGLION WRIST DORSAL/VOL	\$331.84	\$331.84

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
25112		EXCISION GANGLION WRIST DORSAL/VOL	\$400.21	\$400.21
25115		RAD EXC BURSA SYNVA WRST/F/ARM TDN	\$782.34	\$782.34
25116		RAD EXC BURSA SYNVA WRST/F/ARM TDN	\$620.80	\$620.80
25118		SYNOVECTOMY EXTENSOR TENDON SHTE	\$393.43	\$393.43
25119		SYNVCT XTNSR TDN SHTH WRST 1 RESCJ I	\$512.80	\$512.80
25120		EXCISION/CURETTAGE CYST/TUMOR RADI	\$517.47	\$517.47
25125		EXC/CURTG CYST/TUMOR RADIUS/ULNA V	\$613.89	\$613.89
25126		EXC/CURTG CYST/TUMOR RADIUS/ULNA V	\$618.55	\$618.55
25130		EXCISION/CURETTAGE CYST/TUMOR CARI	\$463.37	\$463.37
25135		EXC/CURTG CYST/TUMOR CARPAL BONES	\$578.45	\$578.45
25136		EXC/CURTG CYST/TUMOR CARPAL BONES	\$513.21	\$513.21
25145		SEQUESTRECTOMY FOREARM &/WRIST	\$536.83	\$536.83
25150		PARTIAL EXCISION BONE ULNA	\$584.06	\$584.06
25151		PARTIAL EXCISION BONE RADIUS	\$603.04	\$603.04
25170		RADICAL RESECTION TUMOR RADIUS OR U	\$1526.48	\$1526.48
25210		CARPECTOMY 1 BONE	\$506.71	\$506.71
25215		CARPECTOMY ALL BONES PROXIMAL ROV	\$638.91	\$638.91
25230		RADICAL STYLOIDECTOMY SEPARATE PRO	\$446.43	\$446.43
25240		EXCISION DISTAL ULNA PARTIAL/COMPLE	\$443.21	\$443.21
25246		INJECTION WRIST ARTHROGRAPHY	\$76.52	\$188.82
25248		EXPL W/REMOVAL DEEP FOREIGN BODY F	\$429.50	\$429.50
25250		REMOVAL WRIST PROSTHESIS SEPARATE I	\$550.07	\$550.07
25251		REMOVAL WRIST PROSTH COMPLICATED '	\$744.95	\$744.95
25259		MANIPULATION WRIST UNDER ANESTHES	\$437.01	\$437.01
25260		RPR TDN/MUSC FLXR F/ARM&/WRST PRIM	\$652.33	\$652.33
25263		RPR TDN/MUSC FLXR F/ARM&/WRIST SEC 1	\$652.70	\$652.70
25265		RPR TDN/MUSC FLXR F/ARM&/WRISTSEC F	\$774.40	\$774.40
25270		RPR TDN/MUSC XTNSR F/ARM&/WRIST PRI	\$509.22	\$509.22
25272		RPR TDN/MUSC XTNSR F/ARM&/WRIST SEC	\$577.30	\$577.30
25274		RPR TDN/MUSC XTNSR F/ARM&/WRST SEC	\$688.33	\$688.33
25275		RPR TENDON SHEATH EXTENSOR F/ARM&	\$694.82	\$694.82
25280		LNPTH/SHRT FLXR/XTNSR TDN F/ARM&/W	\$584.78	\$584.78
25290		TNOT FLXR/XTNSR TENDON FOREARM&/W	\$450.02	\$450.02
25295		TNOLS FLXR/XTNSR TENDON FOREARM&/	\$543.60	\$543.60
25300		TENODESIS WRIST FLEXORS FINGERS	\$707.07	\$707.07
25301		TENODESIS WRIST EXTENSORS FINGERS	\$665.04	\$665.04
25310		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WR	\$640.39	\$640.39
25312		TDN TRNSPLJ/TR FLXR/XTNSR F/ARM&/WR	\$742.76	\$742.76
25315		FLEXOR ORIGIN SLIDE FOREARM &/WRIST	\$797.58	\$797.58
25316		FLEXOR ORIGIN SLIDE F/ARM&/WRST TEN	\$947.74	\$947.74
25320		CAPSL-RHPHY/RCNSTJ WRST OPN CARPL I	\$1,016.77	\$1,016.77
25332		ARTHRO WRST W/VO INTERPOS W/VO XTI	\$871.77	\$871.77
25335		CENTRALIZATION WRST ULNA	\$977.46	\$977.46
25337		RCNSTJ STABLJ DSTL U/DSTL JT 2 SOFT TI	\$915.47	\$915.47
25350		OSTEOTOMY RADIUS DISTAL THIRD	\$698.37	\$698.37
25355		OSTEOTOMY RADIUS MIDDLE/PROXIMAL '	\$791.88	\$791.88
25360		OSTEOTOMY ULNA	\$676.52	\$676.52
25365		OSTEOTOMY RADIUS & ULNA	\$948.45	\$948.45
25370		MLT OSTEOTOMIES W/RELIGNMT IMED RC	\$1045.34	\$1045.34
25375		MLT OSTEOTOMIES W/RELIGNMT IMED RC	\$988.58	\$988.58

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
25390		OSTEOPLASTY RADIUS/ULNA SHORTENING	\$795.39	\$795.39
25391		OSTEOPLASTY RADIUS/ULNA LENGTHENING	\$1032.24	\$1032.24
25392		OSTEOPLASTY RADIUS & ULNA SHORTENING	\$1050.87	\$1050.87
25393		OSTEOPLASTY RADIUS&ULNA LENGTHENING	\$1170.45	\$1170.45
25394		OSTEOPLASTY CARPAL BONE SHORTENING	\$812.30	\$812.30
25400		RPR NONUNION/MALUNION RADIUS/ULNA	\$830.84	\$830.84
25405		RPR NONUNION/MALUNION RADIUS/ULNA	\$1073.75	\$1073.75
25415		RPR NONUNION/MALUNION RADIUS&ULNA	\$1002.88	\$1002.88
25420		RPR NONUNION/MALUNION RADIUS&ULNA	\$1,208.49	\$1,208.49
25425		REPAIR DEFECT W/AUTOGRAFT RADIUS/ULNA	\$998.23	\$998.23
25426		REPAIR DEFECT W/AUTOGRAFT RADIUS&ULNA	\$1,164.01	\$1,164.01
25430		INSERTION VASCULAR PEDICLE CARPAL BONE	\$755.83	\$755.83
25431		REPAIR NONUNION CARPAL BONE EACH BONE	\$816.61	\$816.61
25440		RPR NONUNION SCAPHOID CARPAL BONE W/	\$793.59	\$793.59
25441		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$970.65	\$970.65
25442		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$834.89	\$834.89
25443		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$810.95	\$810.95
25444		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$857.15	\$857.15
25445		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$746.71	\$746.71
25446		ARTHROPLASTY W/PROSTHETIC REPLACEMENT	\$1213.75	\$1213.75
25447		ARTHROPLASTY INTERPOS INTERCARPAL/METACARPAL	\$856.55	\$856.55
25449		ARTHROPLASTY W/REMOVAL IMPLANT WRIST	\$1070.89	\$1070.89
25450		EPIPHYSIOLYSIS ARRST EPIPHYSIOLYSIS/STAPLING	\$638.24	\$638.24
25455		EPIPHYSIOLYSIS ARRST EPIPHYSIOLYSIS/STAPLING	\$753.31	\$753.31
25490		PROPHYLACTIC TX N/P/PLTW/ W/WO METHYLACRYLATE	\$743.91	\$743.91
25491		PROPHYLACTIC TX N/P/PLTW/ W/WO METHYLMETHACRYLATE	\$764.64	\$764.64
25492		PROPHYLACTIC TX N/P/PLTW/ W/WO METHYLMETHACRYLATE	\$937.75	\$937.75
25500		CLOSED TX RADIAL SHAFT FRACTURE W/OUT	\$260.45	\$286.82
25505		CLOSED TX RADIAL SHAFT FRACTURE W/OUT	\$474.20	\$520.43
25515		OPEN TREATMENT RADIAL SHAFT FRACTURE	\$692.38	\$692.38
25520		CLTCLX RDL SHFT FX&CLTCLX DISC DSTL RADI	\$558.88	\$591.74
25525		OPEN RDL SHAFT FX CLOSED RAD/ULN JT	\$815.70	\$815.70
25526		OPEN RDL SHAFT FX OPEN RAD/ULN JT DIS	\$988.42	\$988.42
25530		CLOSED TX ULNAR SHAFT FRACTURE W/OUT	\$247.28	\$270.39
25535		CLOSED TX ULNAR SHAFT FRACTURE W/OUT	\$468.11	\$506.02
25545		OPEN TREATMENT OF ULNAR SHAFT FRACTURE	\$643.71	\$643.71
25560		CLOSED TX RADIAL&ULNAR SHAFT FRACTURE	\$262.63	\$292.96
25565		CLOSED TX RADIAL&ULNAR SHAFT FRACTURE	\$480.13	\$533.22
25574		OPEN TX RADIAL&ULNAR SHAFT FX W/FIX	\$696.72	\$696.72
25575		OPEN TX RADIAL&ULNAR SHAFT FX W/FIX	\$932.52	\$932.52
25600		CLTCLX DSTL RADIAL FX/EPIPHYSIOLYSIS SEP W/O	\$325.72	\$341.97
25605		CLTCLX DSTL RDL FX/EPIPHYSIOLYSIS SEP W/MANJ	\$528.68	\$559.37
25606		PERCUTANEOUS SKEL FIX DISTAL RADIAL FX/EPIPHYSIOLYSIS	\$685.77	\$685.77
25607		OPTX DSTL RADIAL X-ARTIC FX/EPIPHYSIOLYSIS	\$760.60	\$760.60
25608		OPTX DSTL RADIAL I-ARTIC FX/EPIPHYSIOLYSIS	\$852.98	\$852.98
25609		OPTX DSTL RADIAL I-ARTIC FX/EPIPHYSIOLYSIS	\$1085.26	\$1085.26
25622		CLOSED TX CARPAL SCAPHOID FRACTURE	\$289.97	\$314.88
25624		CLOSED TX CARPAL SCAPHOID FRACTURE	\$453.61	\$499.11
25628		OPEN TX CARPAL SCAPHOID NAVICULAR JOINT	\$743.57	\$743.57
25630		CLTCLX CARPAL BONE FX W/O MANJ EACH BONE	\$292.01	\$315.12

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
25635		CLTX CARPAL BONE FX W/MANJ EACH BO	\$432.02	\$475.00
25645		OPEN TX CARPAL BONE FRACTURE OTH/TI	\$589.82	\$589.82
25650		CLOSED TREATMENT ULNAR STYLOID FRAC	\$312.49	\$335.96
25651		PRQ SKELETAL FIXATION ULNAR STYLOID	\$504.35	\$504.35
25652		OPEN TREATMENT ULNAR STYLOID FRAC	\$643.29	\$643.29
25660		CLTX RDCRPL/INTERCARPL DISLC 1/> BON	\$428.58	\$428.58
25670		OPEN TX RADIOCARPAL/INTERCARPAL DI	\$628.84	\$628.84
25671		PRQ SKELETAL FIXJ DISTAL RADIOULNAR	\$549.15	\$549.15
25675		CLOSED TX DISTAL RADIOULNAR DISLOC	\$414.19	\$457.16
25676		OPEN TX DISTAL RADIOULNAR DISLC ACU	\$653.29	\$653.29
25680		CLTX TRANS-SCAPHOPRILUNAR TYP FX DI	\$542.41	\$542.41
25685		OPEN TX TRANS-SCAPHOPERILUNAR FRAC	\$761.05	\$761.05
25690		CLOSED TX LUNATE DISLOCATION W/MAN	\$502.59	\$502.59
25695		OPEN TREATMENT LUNATE DISLOCATION	\$656.42	\$656.42
25800		ARTHRODESIS WRIST COMPLETE W/O BON	\$756.72	\$756.72
25805		ARTHRODESIS WRIST W/SLIDING GRAFT	\$876.85	\$876.85
25810		ARTHRODESIS WRIST W/ILIAC/OTHER AUT	\$896.21	\$896.21
25820		ARTHRODESIS WRIST LIMITED W/O BONE	\$652.90	\$652.90
25825		ARTHRODESIS WRIST LIMITED W/AUTOGR	\$800.96	\$800.96
25830		ARTHRO DSTL RAD/ULN JT SGM TL RSCJ UI	\$1010.52	\$1010.52
25900		AMPUTATION FOREARM THROUGH RADIU	\$736.02	\$736.02
25905		AMP FOREARM THRU RADIUS & ULNA OPE	\$726.29	\$726.29
25907		AMP F/ARM THRU RADIUS&ULNA SEC CLO	\$635.34	\$635.34
25909		AMP FOREARM THRU RADIUS&ULNA RE-A	\$709.46	\$709.46
25915		KRUKENBERG PROCEDURE	\$1211.12	\$1211.12
25920		DISARTICULATION THROUGH WRIST	\$738.85	\$738.85
25922		DISARTICULATION THRU WRIST SEC CLOS	\$650.37	\$650.37
25924		DISARTICULATION THRU WRIST RE-AMPU	\$720.91	\$720.91
25927		TRANSMETACARPAL AMPUTATION	\$861.96	\$861.96
25929		TRANSMETACARPAL AMPUTATION SEC CI	\$618.14	\$618.14
25931		TRANSMETACARPAL AMPUTATION RE-AM	\$794.61	\$794.61
26010		DRAINAGE FINGER ABSCESS SIMPLE	\$142.53	\$310.44
26011		DRAINAGE FINGER ABSCESS COMPLICATE	\$190.95	\$449.14
26020		DRAINAGE TENDON SHEATH DIGIT&/PALM	\$572.78	\$572.78
26025		DRAINAGE OF PALMAR BURSA SINGLE BU	\$435.03	\$435.03
26030		DRAINAGE OF PALMAR BURSA MULTIPLE	\$507.73	\$507.73
26034		INCISION BONE CORTEX HAND/FINGER	\$564.23	\$564.23
26035		DECOMPRESSION FINGERS&/HAND INJECT	\$887.86	\$887.86
26037		DECOMPRESSIVE FASCIOTOMY HAND	\$585.40	\$585.40
26040		FASCIOTOMY PALMAR PERCUTANEOUS	\$323.20	\$323.20
26045		FASCIOTOMY PALMAR OPEN PARTIAL	\$485.25	\$485.25
26055		TENDON SHEATH INCISION	\$298.47	\$562.43
26060		TENOTOMY PERCUTANEOUS SINGLE EACH	\$266.07	\$266.07
26070		ARTHRT EXPL DRG/RMVL LOOSE/FB CARP	\$331.33	\$331.33
26075		ARTHRT EXPL DRG/RMVL LOOSE/FB MTCA	\$346.08	\$346.08
26080		ARTHRT EXPL DRG/RMVL LOOSE/FB IPHA	\$406.09	\$406.09
26100		ARTHROTOMY BIOPSY CARP/MTCRPL JOIN	\$348.67	\$348.67
26105		ARTHROTOMY BIOPSY MTCARPHLNGL JOI	\$351.18	\$351.18
26110		ARTHROTOMY BIOPSY INTERPHALANGEA	\$333.21	\$333.21
26111		EX TUM/VASC MALF SFT TISS HAND/FNGR	\$430.16	\$430.16

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
26113		EX TUM/VASC MAL SFT TIS HAND/FNGR SU	\$565.41	\$565.41
26115		EXC TUM/VASC MAL SFT TISS HAND/FNGR	\$341.36	\$548.27
26116		EXC TUM/VAS MAL SFT TIS HAND/FNGR SU	\$542.86	\$542.86
26117		RAD RESECT TUMOR SOFT TISSUE HAND/F	\$769.33	\$769.33
26118		RAD RESCJ TUM SOFT TISSUE HAND/FINGE	\$1089.74	\$1089.74
26121		FASCT PALM W/WO Z-PLASTY TISSUE REA	\$618.18	\$618.18
26123		FASCT PRTL PALMAR 1 DGT PROX IPHAL J	\$862.46	\$862.46
26125		FASCT PRTL PALMR ADDL DGT PROX IPHA	\$281.81	\$281.81
26130		SYNOVECTOMY CARPOMETACARPAL JOIN	\$481.36	\$481.36
26135		SYNVCT MTCARPHLNGL JT W/INTRNSC RL	\$571.18	\$571.18
26140		SYNVCT PROX IPHAL JT W/XTNSR RCNSTJ	\$522.85	\$522.85
26145		SYNVCT TDN SHTH RAD FLXR TDN PALM&	\$531.43	\$531.43
26160		EXC LESION TDN SHTH/JT CAPSL HAND/FN	\$324.59	\$588.20
26170		EXCISION TENDON PALM FLEXOR/EXTENS	\$420.31	\$420.31
26180		EXCISION TENDON FINGER FLEXOR/EXTEN	\$461.25	\$461.25
26185		SESAMOIDECTOMY THUMB/FINGER SEPAF	\$570.07	\$570.07
26200		EXCISION/CURETTAGE CYST/TUMOR METL	\$466.87	\$466.87
26205		EXC/CURETTAGE CYST/TUMOR METACARP	\$625.31	\$625.31
26210		EXCISION/CURETTAGE CYST/TUMOR PHAI	\$458.74	\$458.74
26215		EXC/CURETTAGE CYST/TUMOR PHALANX	\$584.48	\$584.48
26230		PARTIAL EXCISION BONE METACARPAL	\$516.64	\$516.64
26235		PARTIAL EXCISION PROXIMAL/MIDDLE PH	\$509.49	\$509.49
26236		PARTIAL EXCISION DISTAL PHALANX FINC	\$455.78	\$455.78
26250		RADICAL RESECTION TUMOR METACARPA	\$1104.35	\$1104.35
26260		RAD RESECTION TUMOR PROX/MIDDLE PH	\$827.31	\$827.31
26262		RADICAL RESECTION TUMOR DISTAL PHA	\$652.57	\$652.57
26320		REMOVAL IMPLANT FROM FINGER/HAND	\$359.35	\$359.35
26340		MANIPULATION FINGER JOINT UNDER ANI	\$352.07	\$352.07
26341		MANIPLATN PALAR FASCIAL CRD POST IN.	\$78.61	\$109.66
26350		RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRA	\$748.25	\$748.25
26352		RPR/ADVMNT FLXR TDN N/Z/2 W/FR GRAF	\$838.02	\$838.02
26356		RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GI	\$820.53	\$820.53
26357		RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GI	\$919.47	\$919.47
26358		RPR/ADVMNT FLXR TDN ZONE 2 W/FR GRA	\$1017.58	\$1017.58
26370		RPR/ADVMNT TDN W/NTC SUPFCIS TDN PR	\$789.94	\$789.94
26372		RPR/ADVMNT TDN W/NTC SUPFCIS TDN W	\$924.84	\$924.84
26373		RPR/ADVMNT TDN W/NTC SUPFCIS TDN W	\$887.95	\$887.95
26390		EXC FLXR TDN W/IMPLTJ SYNTH ROD DLY	\$879.12	\$879.12
26392		RMVL SYNTH ROD & INSJ FLXR TDN GRF E	\$1014.70	\$1014.70
26410		REPAIR EXTENSOR TENDON HAND W/O GR	\$595.52	\$595.52
26412		REPAIR EXTENSOR TENDON HAND W/GRA	\$709.82	\$709.82
26415		EXC XTNSR TDN W/IMPLTJ SYNTH ROD DL	\$854.32	\$854.32
26416		RMVL SYNTH ROD & INSJ XTNSR TDN GRF	\$926.35	\$926.35
26418		REPAIR EXTENSOR TENDON FINGER W/O C	\$612.65	\$612.65
26420		REPAIR EXTENSOR TENDON FINGER W/GR	\$742.81	\$742.81
26426		RPR XTNSR TDN CNTRL SLIP TISS W/LAT B	\$518.89	\$518.89
26428		RPR XTNSR TDN CNTRL SLIP SEC W/FR GRI	\$795.30	\$795.30
26432		CLTX DSTL XTNSR TDN INSJ W/WO PERCU	\$528.67	\$528.67
26433		REPAIR EXTENSOR TENDON DISTAL INSE	\$561.61	\$561.61
26434		REPAIR EXTENSOR TENDON DISTAL INSE	\$686.48	\$686.48

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
26437		REALIGNMENT EXTENSOR TENDON HAND	\$657.72	\$657.72
26440		TENOLYSIS FLEXOR TENDON PALM/FINGE	\$648.76	\$648.76
26442		TENOLYSIS FLEXOR TENDON PALM&FING	\$997.74	\$997.74
26445		TENOLYSIS EXTENSOR TENDON HAND/FIN	\$604.71	\$604.71
26449		TENOLYSIS CPLX XTNSR TENDON FINGER	\$716.68	\$716.68
26450		TENOTOMY FLEXOR PALM OPEN EACH TE	\$439.30	\$439.30
26455		TENOTOMY FLEXOR FINGER OPEN EACH I	\$436.07	\$436.07
26460		TENOTOMY EXTENSOR HAND/FINGER OPE	\$426.06	\$426.06
26471		TENODESIS PROXIMAL INTERPHALANGEA	\$650.18	\$650.18
26474		TENODESIS DISTAL JOINT EACH	\$638.85	\$638.85
26476		LENGTHENING TENDON EXTENSOR HAND.	\$630.26	\$630.26
26477		SHORTENING TENDON EXTENSOR HAND/F	\$614.01	\$614.01
26478		LENGTHENING TENDON FLEXOR HAND/FI	\$655.92	\$655.92
26479		SHORTENING TENDON FLEXOR HAND/FIN	\$664.64	\$664.64
26480		TR/TRNSPL TDN CARP/MTCRPL HAND W/O	\$787.61	\$787.61
26483		TENDON TRANSFER TRANSPLANT CARP/M	\$878.51	\$878.51
26485		TRANSFER/TRANSPLANT TENDON PALMAI	\$842.35	\$842.35
26489		TRANSFER/TRANSPLANT TENDON PALMAI	\$976.03	\$976.03
26490		OPPONENSPLASTY SUPFCIS TDN TR TYP E.	\$836.57	\$836.57
26492		OPPONENSPLASTY TDN TR W/GRF EA TDN	\$928.01	\$928.01
26494		OPPONENSPLASTY HYPOTHENAR MUSC TI	\$840.15	\$840.15
26496		OPPONENSPLASTY OTHER METHODS	\$895.52	\$895.52
26497		TR TDN RESTORE INTRNSC FUNCJ RING&S	\$907.83	\$907.83
26498		TR TDN RESTORE INTRNSC FUNCJ ALL 4 FI	\$1194.06	\$1194.06
26499		CORRECTION CLAW FINGER OTHER METH	\$871.66	\$871.66
26500		RCNSTJ TENDON PULLEY EACH W/LOCAL '	\$656.20	\$656.20
26502		RCNSTJ TDN PULLEY EA TDN W/TDN/FSCA	\$749.49	\$749.49
26508		RELEASE THENAR MUSCLE	\$668.82	\$668.82
26510		CROSS INTRINSIC TRANSFER EACH TENDC	\$634.45	\$634.45
26516		CAPSULODESIS MTCARPHLNGL JOINT SIN	\$739.72	\$739.72
26517		CAPSULODESIS MTCARPHLNGL JOINT 2 DI	\$866.65	\$866.65
26518		CAPSULODESIS MTCARPHLNGL JOINT 3/4 I	\$878.12	\$878.12
26520		CAPSULECTOMY/CAPSULOTOMY MTCARP	\$681.10	\$681.10
26525		CAPSULECTOMY/CAPSULOTOMY IPHAL JC	\$682.89	\$682.89
26530		ARTHROPLASTY METACARPOPHALANGEA	\$556.88	\$556.88
26531		ARTHROPLASTY INTERPHALANGEA	\$648.31	\$648.31
26533		ARTHROPLASTY INTERPHALANGEA	\$447.85	\$447.85
26536		ARTHROPLASTY INTERPHALANGEA	\$748.79	\$748.79
26540		RPR COLTRL LIGM MTCARPHLNGL/IPHAL	\$694.24	\$694.24
26541		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W	\$838.98	\$838.98
26542		RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W	\$716.09	\$716.09
26545		RCNSTJ COLTRL LIGM IPHAL JT 1 W/GRF E.	\$746.70	\$746.70
26546		RPR NON-UNION MTCRPL/PHALANX	\$1039.43	\$1039.43
26548		RPR & RCNSTJ FINGER VOLAR PLATE INTE	\$798.12	\$798.12
26550		POLLICIZATION DIGIT	\$1701.53	\$1701.53
26551		TR TOE-TO-HAND W/MVASC ANAST GRT T	\$3,411.96	\$3,411.96
26553		TR TOE-TO-HAND W/MVASC ANAST OTH/T	\$3,389.73	\$3,389.73
26554		TR TOE-TO-HAND W/MVASC ANAST OTH/T	\$3,952.83	\$3,952.83
26555		TR FNGR AXH POS W/O MVASC ANAST	\$1421.52	\$1421.52
26556		TRANSFER FREE TOE JOINT W/MVASC ANA	\$3521.44	\$3521.44

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
26560		REPAIR SYNDACTYLY EACH SPACE W/SKII	\$625.84	\$625.84
26561		REPAIR SYNDACTYLY EACH SPACE W/SKII	\$989.11	\$989.11
26562		REPAIR SYNDACTYLY EACH SPACE COMPI	\$1395.00	\$1395.00
26565		OSTEOTOMY METACARPAL EACH	\$713.21	\$713.21
26567		OSTEOTOMY PHALANX FINGER EACH	\$717.51	\$717.51
26568		OSTEOPLASTY LENGTHENING METACARP.	\$940.58	\$940.58
26580		REPAIR CLEFT HAND	\$1570.71	\$1570.71
26587		RCNSTJ POLYDACTYLOUS DIGIT SOFT TIS	\$1077.64	\$1077.64
26590		REPAIR MACRODACTYLIA EACH DIGIT	\$1462.94	\$1462.94
26591		REPAIR INTRINSIC MUSCLES HAND EACH I	\$469.13	\$469.13
26593		RELEASE INTRINSIC MUSCLES HAND EACH	\$634.50	\$634.50
26596		EXC CONSTRICTING RING FNGR W/MLT Z-I	\$807.77	\$807.77
26600		CLTX METACARPAL FX W/O MANIPULATIC	\$289.71	\$305.59
26605		CLTX METACARPAL FX W/MANIPULATION	\$303.56	\$335.35
26607		CLTX METACARPAL FX W/MANJ W/XTRNL	\$501.63	\$501.63
26608		PRQ SKELETAL FIXJ METACARPAL FX EAC	\$495.45	\$495.45
26615		OPEN TX METACARPAL FRACTURE SINGLI	\$593.97	\$593.97
26641		CLTX CARPO/METACARPAL DISLOCATION	\$357.89	\$395.08
26645		CLTX CARPO/METACARPAL FX DISLC THU	\$406.41	\$444.68
26650		PRQ SKELETAL FIX CARPO/METACARPAL I	\$494.48	\$494.48
26665		OPEN TX CARPOMETACARPAL FRACTURE	\$646.24	\$646.24
26670		CLTX CARPO/METACARPL DISLC THMB M	\$318.31	\$354.06
26675		CLTX CARPO/MTCRPL DISLC THUMB MAN.	\$433.72	\$473.80
26676		PRQ SKEL FIXJ CARPO/MTCRPL DISLC THM	\$522.08	\$522.08
26685		OPEN TX CARPOMETACARPAL DISLOCATE	\$593.97	\$593.97
26686		OPTX CARP/MTCRPL DISLC THMB CPLX M	\$645.77	\$645.77
26700		CLTX METACARPOPHALANGEAL DISLC W/	\$317.96	\$342.87
26705		CLTX METACARPOPHALANGEAL DISLC W/	\$395.68	\$434.67
26706		PRQ SKEL FIXJ METACARPOPHALANGEAL	\$456.22	\$456.22
26715		OPEN TREATMENT METACARPOPHALANG	\$591.10	\$591.10
26720		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/	\$191.20	\$203.48
26725		CLTX PHLNGL FX PROX/MIDDLE PX/F/T W/	\$313.44	\$350.28
26727		PRQ SKEL FIXJ PHLNGL SHFT FX PROX/MII	\$486.85	\$486.85
26735		OPEN TX PHALANGEAL SHAFT FRACTURE	\$614.01	\$614.01
26740		CLTX ARTCLR FX INVG MTCRPHLNGL/IPH	\$224.62	\$237.26
26742		CLTX ARTCLR FX INVG MTCARPHLNGL/IP	\$346.04	\$383.95
26746		OPEN TX ARTICULAR FRACTURE MCP/IP JC	\$766.97	\$766.97
26750		CLTX DSTL PHLNGL FX FNGR/THMB W/O M	\$192.26	\$191.18
26755		CLTX DSTL PHLNGL FX FNGR/THMB W/MA	\$282.51	\$327.65
26756		PRQ SKEL FIXJ DSTL PHLNGL FX FNGR/THI	\$435.29	\$435.29
26765		OPEN TX DISTAL PHALANGEAL FRACTURE	\$517.68	\$517.68
26770		CLTX IPHAL JT DISLC W/MANJ W/O ANES	\$265.95	\$290.15
26775		CLTX IPHAL JT DISLC W/MANJ REQ ANES	\$357.64	\$396.64
26776		PRQ SKEL FIXJ IPHAL JT DISLC W/MANJ	\$461.08	\$461.08
26785		OPEN TX INTERPHALANGEAL JOINT DISLC	\$563.88	\$563.88
26820		FUSION OPPOSITION THUMB W/AUTOGENC	\$828.35	\$828.35
26841		ARTHRD CARPO/METACARPAL JT THUMB	\$763.90	\$763.90
26842		ARTHRD CRP/MTACRPL JT THMB W/VO IN	\$821.09	\$821.09
26843		ARTHRD CARP/MTCRPL JT DGT OTHER TH	\$777.78	\$777.78
26844		ARTHRD CARP/MTCRPL JT DGT OTH/THN I	\$860.57	\$860.57

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
26850		ARTHRODESIS METACARPOPHALANGEAL	\$728.62	\$728.62
26852		ARTHRODESIS MTCRPL JT W/VO INT FIXJ '	\$833.62	\$833.62
26860		ARTHRODESIS INTERPHALANGEAL JT W/W	\$598.35	\$598.35
26861		ARTHRODESIS IPHAL JT W/VO INT FIXJ EA	\$106.71	\$106.71
26862		ARTHRODESIS IPHAL JT W/VO INT FIXJ W/	\$761.26	\$761.26
26863		ARTHRODESIS IPHAL JT W/VO INT FIXJ W/	\$237.04	\$237.04
26910		AMP MTCRPL W/FINGER/THUMB W/VO IN7	\$759.34	\$759.34
26951		AMP F/TH 1/2 JT/PHALANX W/NEURECT W/	\$688.39	\$688.39
26952		AMP F/TH 1/2 JT/PHALANX W/NEURECT LO	\$679.49	\$679.49
26990		I&D PELVIS/HIP JT AREA DEEP ABSCESS/HI	\$677.30	\$677.30
26991		I&D PELVIS/HIP JOINT AREA INFECTED BU	\$543.79	\$734.81
26992		INCISION BONE CORTEX PELVIS&/HIP JOIN	\$1,023.99	\$1,023.99
27000		TENOTOMY ADDUCTOR HIP PERCUTANEO	\$417.69	\$417.69
27001		TENOTOMY ADDUCTOR HIP OPEN	\$560.35	\$560.35
27003		TX ADDUXOR SUBQ OPN W/OBTURATOR N	\$618.15	\$618.15
27005		TENOTOMY HIP FLEXOR OPEN SEPARATE	\$748.42	\$748.42
27006		TENOTOMY ABDUCTORS&/EXTENSOR HIP	\$742.24	\$742.24
27025		FASCIOTOMY HIP/THIGH ANY TYPE	\$950.99	\$950.99
27027		DECOMPRESSION FASCIOTOMY PELVIC CC	\$925.63	\$925.63
27030		ARTHROTOMY HIP W/DRAINAGE	\$972.27	\$972.27
27033		ARTHROTOMY HIP EXPLORATION/REMOV.	\$1008.14	\$1008.14
27035		DNRVTJ HIP JT INTRAPEL/XTRPEL INTRA-/	\$1183.21	\$1183.21
27036		CAPSLCTOMY/CAPSUL HIP W/RLS HIP FLXI	\$1,047.72	\$1,047.72
27040		BIOPSY SOFT TISSUE PELVIS&HIP AREA SU	\$205.04	\$355.61
27041		BIOPSY SOFT TISSUE PELVIS&HIP DEEP/SU	\$722.72	\$722.72
27043		EXCISION TUMOR SOFT TISSUE PELVIS&HI	\$486.48	\$486.48
27045		EXC TUMOR SOFT TISSUE PELVIS & HIP SU	\$765.94	\$765.94
27047		EXC TUMOR SOFT TISSUE PELVIS & HIP SU	\$373.00	\$499.39
27048		EXC TUMOR SOFT TISSUE PELVIS & HIP SU	\$631.71	\$631.71
27049		RAD RESECT TUMOR SOFT TISSUE PELVIS	\$1385.65	\$1385.65
27050		ARTHROTOMY W/BIOPSY SACROILIAC JOI	\$415.71	\$415.71
27052		ARTHROTOMY W/BIOPSY HIP JOINT	\$597.41	\$597.41
27054		ARTHROTOMY W/SYNOVECTOMY HIP JOIN	\$710.59	\$710.59
27057		DCMPRN FASCIOTOMY PELVIC CMPRT DBI	\$1,049.62	\$1,049.62
27059		RAD RESECTION TUMOR SOFT TISS PELVIS	\$1,878.83	\$1,878.83
27060		EXCISION ISCHIAL BURSA	\$480.85	\$480.85
27062		EXCISION TROCHANTERIC BURSA/CALCIFI	\$469.71	\$469.71
27065		EXCISION BONE CYST/BNIGN TUMOR SUPI	\$538.27	\$538.27
27066		EXCISION BONE CYST/BENIGN TUMOR DEI	\$838.84	\$838.84
27067		EXC B1 CST/B9 TUM W/AGRFT REQ SEP INC	\$1,071.74	\$1,071.74
27070		PARTIAL EXCISION SUPERFICIAL PELVIS	\$908.34	\$908.34
27071		PARTIAL EXCISION DEEP PELVIS	\$978.70	\$978.70
27075		RAD RESCT TUMOR WING OF ILIUM 1 PUBI	\$2169.60	\$2169.60
27076		RAD RESCT TUMOR ILIUM ACETABULUM I	\$2626.14	\$2626.14
27077		RADICAL RESCTION TUMOR INNOMINATE	\$2930.49	\$2930.49
27078		RAD RESCT TUMOR ISCHIAL TUBEROSITY,	\$2138.44	\$2138.44
27080		COCCYGECTOMY PRIMARY	\$530.53	\$530.53
27086		RMVL FOREIGN BODY PELVIS/HIP SUBCUT	\$173.06	\$316.06
27087		REMOVAL FOREIGN BODY PELVIS/HIP DEE	\$637.85	\$637.85
27090		REMOVAL HIP PROSTHESIS SEPARATE PRC	\$860.98	\$860.98

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27091		RMVL HIP PROSTH COMP W/TOT HIP PROS	\$1,654.64	\$1,654.64
27093		INJECTION HIP ARTHROGRAPHY W/O ANES	\$71.54	\$223.93
27095		INJECTION HIP ARTHROGRAPHY W/ANEST	\$86.97	\$301.11
27096		INJECT SI JOINT ARTHRGRPHY&/ANES/STE	\$85.52	\$165.70
27097		RELEASE/RECESSION HAMSTRING PROXIM	\$706.59	\$706.59
27098		TRANSFER ADDUCTOR ISCHIUM	\$718.84	\$718.84
27100		TR XTRNL OBLQ MUSC TRCHNTR W/FSCAI	\$857.18	\$857.18
27105		TR PARASPI MUSC HIP FASC/TDN XTN GRF	\$898.71	\$898.71
27110		TRANSFER ILIOPSOAS GREATER TROCHAN	\$1,005.07	\$1,005.07
27111		TRANSFER ILIOPSOAS FEMORAL NECK	\$933.45	\$933.45
27120		ACETABULOPLASTY	\$1,346.37	\$1,346.37
27122		ACETABULOPLASTY RESECTION FEMORAL	\$1,140.72	\$1,140.72
27125		HEMIARTHROPLASTY HIP PARTIAL	\$1,172.94	\$1,172.94
27130		ARTHRP ACETBLR/PROX FEM PROSTC AGR	\$1,405.19	\$1,405.19
27132		CONV PREV HIP TOT HIP ARTHRP W/WO AC	\$1,736.29	\$1,736.29
27134		REVJ TOT HIP ARTHRP BTH W/WO AGRFT/	\$1,984.52	\$1,984.52
27137		REVJ TOT HIP ARTHRP ACTBLR W/WO AGR	\$1525.50	\$1525.50
27138		REVJ TOT HIP ARTHRP FEM ONLY W/WO A	\$1585.65	\$1585.65
27140		OSTEOTOMY&TRANSFER GREATER TROCI	\$926.85	\$926.85
27146		OSTEOTOMY ILIAC ACETABULAR/INNOMI	\$1324.16	\$1324.16
27147		OSTEOTOMY ILIAC ACETABULAR/INNOMI	\$1,519.69	\$1,519.69
27151		OSTEOTOMY ILIAC ACETABULAR/INNOMI	\$1,644.29	\$1,644.29
27156		OSTEOT ILIAC ACTBLR/INNOMINATE BONI	\$1772.84	\$1772.84
27158		OSTEOTOMY PELVIS BILATERAL	\$1,451.97	\$1,451.97
27161		OSTEOTOMY FEMORAL NECK SEPARATE P	\$1264.01	\$1264.01
27165		OSTEOT INTERTRCHNTRIC/SUBTRCHNTRI	\$1422.38	\$1422.38
27170		B1 GRF FEM H/N INTERTRCHNTRIC/SUBTR	\$1217.58	\$1217.58
27175		TX SLP FEMORAL EPIPHYSIS TRCJ W/O REI	\$689.92	\$689.92
27176		TX SLP FEM EPIPHYSIS SINGLE/MULTIPL P	\$952.79	\$952.79
27177		OPTX SLP FEM EPIPHYSIS SINGLE/MULT PI	\$1154.09	\$1154.09
27178		OPTX SLP FEM EPIPHYSIS CLSD MANJ SINC	\$952.79	\$952.79
27179		OPTX SLP FEM EPIPHYSIS OSTPL FEM NCK	\$1,012.91	\$1,012.91
27181		OPTX SLP FEM EPIPHYSIS OSTEOT&INT FD	\$1160.55	\$1160.55
27185		EPIPHYSL ARRST EPIPHYSIOD/STAPLING T	\$743.15	\$743.15
27187		PROPH TX N/P/PLTWR W/WO MMA FEM NC	\$1,031.19	\$1,031.19
27197		CLSD TX PELVIC RING FX W/O MANIPULA	\$132.09	\$132.09
27198		CLSD TX PELVIC RING FX W/MANIPULATIO	\$316.76	\$316.76
27200		CLOSED TREATMENT COCCYGEAL FRACTI	\$194.00	\$191.12
27202		OPEN TREATMENT COCCYGEAL FRACTUR	\$548.35	\$548.35
27215		OPTX ILIAC TUBRST AVLS/WING FX FIXJ II	\$624.28	\$624.28
27216		PERQ SKELETAL FIXATION PST PELVIC BO	\$925.56	\$925.56
27217		OPTX ANT PELVIC BONE FX&/DISLC INT FI	\$868.71	\$868.71
27218		OPTX POST PEL BONE FX&/DISLC INT FIXJ	\$1197.64	\$1197.64
27220		CLTX ACETABULUM HIP/SOCKT FX W/O M	\$438.79	\$444.93
27222		CLTX ACETABULM HIP/SOCKT FX MANJ W	\$1,008.50	\$1,008.50
27226		OPTX PST/ANT ACTBLR WALL FX W/INT FI	\$1094.42	\$1094.42
27227		OPTX ACTBLR FX INVG ANT/PST 1 COLUM	\$1714.76	\$1714.76
27228		OPTX ACTBLR FX INVG ANT&POST 2 COLU	\$1947.82	\$1947.82
27230		CLTX FEM FX PROX END NCK W/O MANJ	\$490.99	\$498.58
27232		CLTX FEM FX PROX END NCK W/MANJ W/V	\$774.66	\$774.66

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27235		PRQ SKEL FIXJ FEMORAL FX PROX END NE	\$940.47	\$940.47
27236		OPTX FEM FX PROX END NCK INT FIXJ/PRC	\$1237.80	\$1237.80
27238		CLTX INTER/PERI/SUBTROCHANTERIC FEM	\$480.19	\$480.19
27240		CLTX INTR/PERI/SBTRCHNTC FEMORAL FX	\$987.35	\$987.35
27244		TX INTER/PR/SUBTRCHNTRIC FEMORAL FX	\$1,273.98	\$1,273.98
27245		TX INTER/PR/SUBTRCHNTRIC FEM FX IMEI	\$1272.53	\$1272.53
27246		CLTX GREATER TROCHANTERIC FX W/O M	\$399.06	\$401.58
27248		OPEN TREATMENT GREATER TROCHANTE	\$773.34	\$773.34
27250		CLTX HIP DISLOCATION TRAUMATIC W/O	\$190.49	\$190.49
27252		CLTX HIP DISLOCATION TRAUMATIC REQ	\$782.24	\$782.24
27253		OPTX HIP DISLOCATION TRAUMATIC W/O	\$975.91	\$975.91
27254		OPTX HIP DISLC TRAUMTC W/ACTBLR WA	\$1319.44	\$1319.44
27256		TX SPONTAN HIP DISLC ABDCT SPLNT/TRC	\$246.95	\$314.48
27257		TX SPON HIP DISLC ABDCT SPLNT/TRCJ W/	\$374.21	\$374.21
27258		OPTX SPON HIP DISLC RPLCMT FEM HEAD	\$1,150.79	\$1,150.79
27259		OPTX SPON HIP DISLC RPLCMT FEM HEAD	\$1,603.57	\$1,603.57
27265		CLTX POST HIP ARTHRP DISLC W/O ANES	\$418.34	\$418.34
27266		CLTX POST HIP ARTHRP DISLC REQ ANES	\$602.64	\$602.64
27267		CLOSED TX FEMORAL FRACTURE PROX HI	\$451.79	\$451.79
27268		CLOSED TX FEMORAL FRACTURE PROX HI	\$560.37	\$560.37
27269		OPEN TX FEMORAL FRACTURE PROXIMAL	\$1289.86	\$1289.86
27275		MANIPULATION HIP JOINT GENERAL ANES	\$188.74	\$188.74
27279		ARTHRODESIS SACROILIAC JOINT PERCUT	\$908.83	\$908.83
27280		ARTHRODESIS SACROILIAC JOINT W/OBTA	\$1406.02	\$1406.02
27282		ARTHRODESIS SYMPHYSIS PUBIS W/OBTA	\$887.62	\$887.62
27284		ARTHRODESIS HIP JOINT W/OBTAINING GF	\$1670.53	\$1670.53
27286		ARTHROD HIP JT W/OBTG GRF W/SUBTRCHN	\$1708.39	\$1708.39
27290		INTERPELVIABDOMINAL AMPUTATION	\$1684.15	\$1684.15
27295		DISARTICULATION HIP	\$1305.36	\$1305.36
27301		I&D DEEP ABSC BURSA/HEMATOMA THIGH	\$521.91	\$698.13
27303		INC DEEP W/OPNG BONE CORTEX FEMUR/I	\$663.95	\$663.95
27305		FASCIOTOMY ILIOTIBIAL OPEN	\$497.66	\$497.66
27306		TENOTOMY PRQ ADDUCTOR/HAMSTRING	\$353.94	\$353.94
27307		TENOTOMY PRQ ADDUCTOR/HAMSTRING	\$496.64	\$496.64
27310		ARTHRT KNE W/EXPL DRG/RMVL FB	\$757.13	\$757.13
27323		BIOPSY SOFT TISSUE THIGH/KNEE AREA S	\$182.23	\$284.43
27324		BIOPSY SOFT TISSUE THIGH/KNEE AREA D	\$418.09	\$418.09
27325		NEURECTOMY HAMSTRING MUSCLE	\$580.55	\$580.55
27326		NEURECTOMY POPLITEAL	\$535.79	\$535.79
27327		EXCISION TUMOR SOFT TISSUE THIGH/KN	\$323.31	\$501.34
27328		EXC TUMOR SOFT TISSUE THIGH/KNEE SU	\$646.14	\$646.14
27329		RAD RESECT TUMOR SOFT TISSUE THIGH/I	\$1079.91	\$1079.91
27330		ARTHROTOMY KNEE W/SYNOVIAL BIOPSY	\$425.62	\$425.62
27331		ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/	\$490.88	\$490.88
27332		ARTHRT W/EXC SEMILUNAR CRTLG KNEE	\$666.57	\$666.57
27333		ARTHRT W/EXC SEMILUNAR CRTLG KNEE	\$607.09	\$607.09
27334		ARTHROTOMY W/SYNOVECTOMY KNEE A	\$708.79	\$708.79
27335		ARTHRT W/SYNVCT KNE ANT&POST W/PO	\$792.23	\$792.23
27337		EXCISON TUMOR SOFT TISSUE THIGH/KNE	\$434.26	\$434.26
27339		EXC TUMOR SOFT TISSUE THIGH/KNEE SU	\$782.92	\$782.92

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27340		EXCISION PREPATELLAR BURSA	\$384.15	\$384.15
27345		EXCISION SYNOVIAL CYST POPLITEAL SP/	\$500.23	\$500.23
27347		EXCISION LESION MENISCUS/CAPSULE KN	\$545.04	\$545.04
27350		PATELLECTOMY/HEMIPATELLECTOMY	\$675.48	\$675.48
27355		EXCISION/CURETTAGE CYST/TUMOR FEMI	\$625.99	\$625.99
27356		EXCISION/CURETTAGE CYST/TUMOR FEMI	\$765.03	\$765.03
27357		EXCISION/CURETTAGE CYST/TUMOR FEMI	\$844.64	\$844.64
27358		EXCISION/CURETTAGE CYST/TUMOR FEMI	\$287.52	\$287.52
27360		PRTL EXC BONE FEMUR PROX TIBIA&/FIBI	\$908.76	\$908.76
27364		RAD RESECTION TUMOR SOFT TIS THIGH/I	\$1620.28	\$1620.28
27365		RADICAL RESECTION TUMOR FEMOR OR K	\$2137.72	\$2137.72
27369		NJX PX CNTRST KNE ARTHG CNTRST ENHI	\$42.21	\$161.38
27372		REMOVAL FOREIGN BODY DEEP THIGH/KN	\$415.83	\$620.21
27380		SUTURE INFRAPATELLAR TENDON PRIMA	\$629.17	\$629.17
27381		SUTR INFRAPATELLAR TDN 2 RCNSTJ W/FS	\$837.62	\$837.62
27385		SUTURE QUADRICEPS/HAMSTRING RUPTU	\$609.57	\$609.57
27386		SUTR QUADRICEPS/HAMSTRING MUSC RP	\$874.98	\$874.98
27390		TENOTOMY OPEN HAMSTRING KNEE HIP S	\$463.69	\$463.69
27391		TENOTOMY OPN HAMSTRING KNEE HIP M	\$584.00	\$584.00
27392		TENOTOMY OPEN HAMSTRING KNEE HIP M	\$737.46	\$737.46
27393		LENGTHENING HAMSTRING TENDON SING	\$527.06	\$527.06
27394		LENGTHENING HAMSTRING TENDON MUL	\$677.23	\$677.23
27395		LENGTHENING HAMSTRING TENDON MUL	\$911.24	\$911.24
27396		TRANSPLANT/TRANSFER THIGH XTNSR TC	\$638.20	\$638.20
27397		TRANSPLANT/TRANSFER THIGH XTNSR TC	\$947.14	\$947.14
27400		TRANSFER TENDON/MUSCLE HAMSTRING	\$719.19	\$719.19
27403		ARTHROTOMY W/MENISCUS REPAIR KNEE	\$665.75	\$665.75
27405		RPR PRIMARY TORN LIGM&/CAPSULE KNE	\$699.47	\$699.47
27407		REPAIR PRIMARY TORN LIGM&/CAPSULE I	\$823.13	\$823.13
27409		RPR 1 TORN LIGM&/CAPSL KNE COLTRL&C	\$1,001.49	\$1,001.49
27412		AUTOLOGOUS CHONDROCYTE IMPLANTA'	\$1709.69	\$1709.69
27415		OSTEOCHONDRAL ALLOGRAFT KNEE OPE	\$1422.18	\$1422.18
27416		OSTEOCHONDRAL AUTOGRAFT KNEE OPE	\$1015.70	\$1015.70
27418		ANTERIOR TIBIAL TUBERCLEPLASTY	\$857.76	\$857.76
27420		RCNSTJ DISLOCATING PATELLA	\$769.99	\$769.99
27422		RCNSTJ DISLC PATELLA W/XTNSR RELIGN	\$770.38	\$770.38
27424		RCNSTJ DISLC PATELLA W/PATELLECTOM	\$774.34	\$774.34
27425		LATERAL RETINACULAR RELEASE OPEN	\$465.21	\$465.21
27427		LIGAMENTOUS RECONSTRUCTION KNEE E	\$736.28	\$736.28
27428		LIGAMENTOUS RECONSTRUCTION KNEE II	\$1,154.71	\$1,154.71
27429		LIGMOUS RCNSTJ AGMNTJ KNE INTRA-AR'	\$1,298.86	\$1,298.86
27430		QUADRICEPSPLASTY	\$767.88	\$767.88
27435		CAPSULOTOMY POSTERIOR CAPSULAR RE	\$837.92	\$837.92
27437		ARTHROPLASTY PATELLA W/O PROSTHES	\$682.21	\$682.21
27438		ARTHROPLASTY PATELLA W/PROSTHESIS	\$871.70	\$871.70
27440		ARTHROPLASTY KNEE TIBIAL PLATEAU	\$826.26	\$826.26
27441		ARTHROPLASTY KNEE TIBIAL PLATEAU DBRDMT&	\$853.47	\$853.47
27442		ARTHROPLASTY FEM CONDYLES/TIBIAL P	\$903.60	\$903.60
27443		ARTHROPLASTY FEM CONDYLES/TIBL PLATU KNE	\$841.61	\$841.61
27445		ARTHROPLASTY KNEE HINGE PROSTHESIS	\$1,300.81	\$1,300.81

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27446		ARTHRP KNEE CONDYLE&PLATEAU MEDL	\$1,200.31	\$1,200.31
27447		ARTHRP KNE CONDYLE&PLATU MEDIAL&	\$1403.39	\$1403.39
27448		OSTEOTOMY FEMUR SHAFT/SUPRACONDY	\$850.55	\$850.55
27450		OSTEOTOMY FEMUR SHAFT/SUPRACONDY	\$1051.57	\$1051.57
27454		OSTEOT MLT W/RELIGNMT IMED ROD FEM	\$1342.80	\$1342.80
27455		OSTEOT PROX TIBIA FIB EXC/OSTEOT BEF	986.13	986.13
27457		OSTEOT PROX TIBIA FIB EXC/OSTEOT AFT	\$996.63	\$996.63
27465		OSTEOPLASTY FEMUR SHORTENING EXCL	\$1,296.51	\$1,296.51
27466		OSTEOPLASTY FEMUR LENGTHENING	\$1,227.14	\$1,227.14
27468		OSTPL FEMUR CMBN LNGTH&SHRT W/FEM	\$1390.78	\$1390.78
27470		RPR NON/MAL FEMUR DSTL H/N W/O GRF	\$1220.35	\$1220.35
27472		RPR NON/MAL FEMUR DSTL H/N W/ILIAC/A	\$1309.08	\$1309.08
27475		ARREST EPIPHYSEAL DISTAL FEMUR	\$685.82	\$685.82
27477		ARREST EPIPHYSEAL TIBIA & FIBULA PRO	\$758.86	\$758.86
27479		ARRST EPIPHYSL CMBN DSTL FEMUR PRO	\$951.93	\$951.93
27485		ARRST HEMIEPIPHYSL DSTL FEMUR/PROX	\$694.74	\$694.74
27486		REVJ TOTAL KNEE ARTHRP W/WO ALGRFT	\$1458.06	\$1458.06
27487		REVJ TOT KNEE ARTHRP FEM&ENTIRE TIB	\$1,823.30	\$1,823.30
27488		RMVL PROSTH TOT KNEE PROSTH MMA W	\$1,243.94	\$1,243.94
27495		PROPH TX N/P/PLTWR W/WO METHYLMET	\$1168.66	\$1168.66
27496		DECOMPRESSION FASCIOTOMY THIGH&/K	\$563.79	\$563.79
27497		DCMPRN FASCT THIGH&/KNEE DBRDMT M	\$601.92	\$601.92
27498		DCMPRN FASCIOTOMY THIGH&/KNEE MLT	\$677.65	\$677.65
27499		DCMPRN FASCT THIGH&/KNEE MLT DBRD	\$725.65	\$725.65
27500		CLOSED TX FEMORAL SHAFT FX W/O MAN	\$496.88	\$538.40
27501		CLTX SPRCONDYLR/TRNSCONDYLR FEM FX V	\$514.49	\$522.80
27502		CLTX FEM SHFT FX W/MANJ W/WO SKIN/SI	\$786.40	\$786.40
27503		CLTX SPRCONDYLR/TRNSCONDYLR FEM FX V	\$829.05	\$829.05
27506		OPTX FEM SHFT FX W/INSJ IMED IMPLT W/	\$1385.16	\$1385.16
27507		OPTX FEM SHFT FX W/PLATE/SCREWS W/W	\$1006.15	\$1006.15
27508		CLTX FEM FX DSTL END MEDIAL/LAT CON	\$513.18	\$541.70
27509		PRQ SKELETAL FIXJ FEMORAL FX DISTAL	\$684.42	\$684.42
27510		CLTX FEM FX DSTL END MEDIAL/LAT CON	\$704.15	\$704.15
27511		OPEN TX FEMORAL SUPRACONDYLAR FRA	\$1,035.43	\$1,035.43
27513		OPEN TX FEMORAL SUPRACONDYLAR FRA	\$1286.79	\$1286.79
27514		OPEN TX FEMORAL FRACTURE DISTAL ME	\$1003.19	\$1003.19
27516		CLTX DISTAL FEMORAL EPIPHYSL SEPARA	\$496.52	\$529.39
27517		CLTX DSTL FEM EPIPHYSL SEP W/MANJ W/	\$711.00	\$711.00
27519		OPEN TX DISTAL FEMORAL EPIPHYSEAL S	\$924.44	\$924.44
27520		CLOSED TX PATELLAR FRACTURE W/O MA	\$306.81	\$332.45
27524		OPTX PATLLR FX W/INT FIXJ/PATLLC&SOF	\$779.33	\$779.33
27530		CLTX TIBIAL FX PROXIMAL W/O MANIPUL	\$292.93	\$312.80
27532		CLTX TIBIAL FX PROXIMAL W/WO MANJ W	\$596.61	\$637.42
27535		OPEN TX TIBIAL FRACTURE PROXIMAL UN	\$930.50	\$930.50
27536		OPTX TIBIAL FX PROX BICONDYLAR W/WO	\$1231.06	\$1231.06
27538		CLTX INTERCONDYLAR SPI&/TUBRST FX F	\$459.22	\$492.80
27540		OPEN TX INTERCONDYLAR SPINE/TUBRST	\$838.78	\$838.78
27550		CLOSED TX KNEE DISLOCATION W/O ANES	\$501.02	\$540.37
27552		CLOSED TX KNEE DISLOCATION W/ANEST	\$650.82	\$650.82
27556		OPEN TX KNEE DISLOCATION W/O LIGAME	\$909.77	\$909.77

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27557		OPEN TX KNEE DISLOCATION W/LIGAMEN	\$1085.58	\$1085.58
27558		OPEN TX KNEE DISLOCATION W/REPAIR/R	\$1237.40	\$1237.40
27560		CLOSED TX PATELLAR DISLOCATION W/O	\$354.71	\$385.77
27562		CLOSED TX PATELLAR DISLOCATION W/AI	\$502.82	\$502.82
27566		OPTX PATELLAR DISLC W/WO PRTL/TOT P.	\$925.81	\$925.81
27570		MANIPULATION KNEE JOINT UNDER GENE	\$155.79	\$155.79
27580		ARTHRODESIS KNEE ANY TECHNIQUE	\$1512.24	\$1512.24
27590		AMPUTATION THIGH THROUGH FEMUR AN	\$824.34	\$824.34
27591		AMP THI THRU FEMUR LVL IMMT FITG TQ	\$1000.29	\$1000.29
27592		AMPUTATION THIGH THRU FEMUR OPEN C	\$701.40	\$701.40
27594		AMP THIGH THRU FEMUR SEC CLOSURE/SC	\$530.32	\$530.32
27596		AMPUTATION THIGH THROUGH FEMUR RE	\$741.32	\$741.32
27598		DISARTICULATION KNEE	\$738.11	\$738.11
27600		DCMPRN FASCT LEG ANT&/LAT COMPART	\$419.74	\$419.74
27601		DCMPRN FASCT LEG POST COMPARTMENT	\$461.97	\$461.97
27602		DCMPRN FASCT LEG ANT&/LAT&PST CMPI	\$502.61	\$502.61
27603		INCISION & DRAINAGE LEG/ANKLE ABSCE	\$402.82	\$550.87
27604		INCISION & DRAINAGE LEG/ANKLE INFECT	\$344.64	\$490.88
27605		TENOTOMY PRQ ACHILLES TENDON SPX L	\$191.31	\$353.44
27606		TENOTOMY PRQ ACHILLES TENDON SPX G	\$286.35	\$286.35
27607		INCISION LEG/ANKLE	\$626.02	\$626.02
27610		ARTHROTOMY ANKLE W/EXPL DRAINAGE	\$670.90	\$670.90
27612		ARTHRT PST CAPSUL RLS ANKLE W/WO AC	\$576.42	\$576.42
27613		BIOPSY SOFT TISSUE LEG/ANKLE AREA SU	\$164.95	\$259.56
27614		BIOPSY SOFT TISSUE LEG/ANKLE AREA DE	\$419.48	\$597.87
27615		RAD RESECTION TUMOR SOFT TISSUE LEG	\$1062.57	\$1062.57
27616		RAD RESECTION TUMOR SOFT TISSUE LEG	\$1319.82	\$1319.82
27618		EXC TUMOR SOFT TISSUE LEG/ANKLE SUB	\$315.00	\$487.25
27619		EXC TUMOR SOFT TISSUE LEG/ANKLE SUB	\$477.04	\$477.04
27620		ARTHRT ANKLE W/EXPL W/WO BX W/WO F	\$462.63	\$462.63
27625		ARTHROTOMY W/SYNOVECTOMY ANKLE	\$596.47	\$596.47
27626		ARTHROTOMY W/SYNOVECTOMY ANKLE '	\$625.03	\$625.03
27630		EXCISION LESION TENDON SHEATH/CAPSI	\$371.54	\$568.33
27632		EXCISION TUMOR SOFT TISSUE LEG/ANKL	\$428.11	\$428.11
27634		EXC TUMOR SOFT TISSUE LEG/ANKLE SUB	\$707.23	\$707.23
27635		EXCISION/CURETTAGE BONE CYST/TUMOI	\$601.41	\$601.41
27637		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBU	\$774.29	\$774.29
27638		EXC/CURETTAGE CYST/TUMOR TIBIA/FIBU	\$792.35	\$792.35
27640		PARTIAL EXCISION BONE TIBIA	\$859.95	\$859.95
27641		PARTIAL EXCISION BONE FIBULA	\$684.25	\$684.25
27645		RADICAL RESECTION OF TUMOR TIBIA	\$1838.06	\$1838.06
27646		RADICAL RESECTION TUMOR BONE FIBUL	\$1595.29	\$1595.29
27647		RADICAL RESECTION OF TUMOR TALUS OI	\$1048.48	\$1048.48
27648		INJECTION ANKLE ARTHROGRAPHY	\$54.39	\$206.42
27650		REPAIR PRIMARY OPEN/PRQ RUPTURED AC	\$679.51	\$679.51
27652		RPR PRIMARY OPEN/PRQ RUPTURED ACHI	\$686.25	\$686.25
27654		REPAIR SECONDARY ACHILLES TENDON W	\$736.23	\$736.23
27656		REPAIR FASCIAL DEFECT LEG	\$409.94	\$656.58
27658		REPAIR FLEXOR TENDON LEG PRIMARY W	\$381.19	\$381.19
27659		RPR FLEXOR TENDON LEG SECONDARY W	\$485.24	\$485.24

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27664		RPR EXTENSOR TENDON LEG PRIMARY W/	\$372.37	\$372.37
27665		RPR EXTENSOR TENDON LEG SECONDRY \	\$428.26	\$428.26
27675		RPR DISLOC PERONEAL TENDON W/O FIBU	\$506.77	\$506.77
27676		REPAIR DISLOCATING PERONEAL TENDON	\$618.37	\$618.37
27680		TENOLYSIS FLXR/XTNSR TENDON LEG&/A	\$438.22	\$438.22
27681		TNOLS FLXR/XTNSR TDN LEG&/ANKLE ML	\$534.75	\$534.75
27685		LNGTH/SHRT TENDON LEG/ANKLE 1 TEND	\$478.96	\$683.33
27686		LNGTH/SHRT TDN LEG/ANKLE MLT TDN S/	\$559.66	\$559.66
27687		GASTROCNEMIUS RECESSION	\$469.35	\$469.35
27690		TR/TRNSPL 1 TDN W/MUSC REDIRION/RER	\$660.02	\$660.02
27691		TR/TRNSPL 1 TDN W/MUSC REDIRION/RER	\$769.49	\$769.49
27692		TR/TRNSPL 1 TDN W/MUSC REDIRION/RER	\$107.72	\$107.72
27695		RPR PRIMARY DISRUPTED LIGAMENT ANK	\$489.78	\$489.78
27696		RPR PRIM DISRUPTED LIGM ANKLE BTH C	\$576.54	\$576.54
27698		REPAIR SECONDARY DISRUPTED LIGAMEN	\$659.08	\$659.08
27700		ARTHROPLASTY ANKLE	\$633.76	\$633.76
27702		ARTHROPLASTY ANKLE W/IMPLANT	\$998.21	\$998.21
27703		ARTHROPLASTY ANKLE REVISION TOTAL	\$1,155.43	\$1,155.43
27704		REMOVAL ANKLE IMPLANT	\$592.86	\$592.86
27705		OSTEOTOMY TIBIA	\$784.12	\$784.12
27707		OSTEOTOMY FIBULA	\$412.43	\$412.43
27709		OSTEOTOMY TIBIA & FIBULA	\$1208.25	\$1208.25
27712		OSTEOT MLT W/RELIGNMT IMED ROD	\$1141.20	\$1141.20
27715		OSTEOPLASTY TIBIA & FIBULA LENGTHEN	\$1110.34	\$1110.34
27720		REPAIR NONUNION/MALUNION TIBIA W/O	\$906.48	\$906.48
27722		REPAIR NONUNION/MALUNION TIBIA W/SI	\$924.50	\$924.50
27724		RPR NON/MAL TIBIA W/ILIAC/OTH AGRFT	\$1305.53	\$1305.53
27725		RPR NON/MAL TIBIA SYNOSTOSIS W/FIBUI	\$1259.21	\$1259.21
27726		REPAIR FIBULA NONUNION/MALUNION W/	\$991.40	\$991.40
27727		REPAIR CONGENITAL PSEUDARTHROSIS T	\$1,074.57	\$1,074.57
27730		ARREST EPIPHYSEAL OPEN DISTAL TIBIA	\$607.37	\$607.37
27732		ARREST EPIPHYSEAL OPEN DISTAL FIBUL/	\$465.53	\$465.53
27734		ARREST EPIPHYSEAL OPEN DISTAL TIBIA&	\$679.74	\$679.74
27740		ARREST EPIPHYSEAL ANY METHOD TIBIA	\$732.78	\$732.78
27742		ARRST EPIPHYSL ANY METH TIBFIB&DSTI	\$804.83	\$804.83
27745		PROPH TX N/P/PLTWR W/WO METHYLMETI	\$787.57	\$787.57
27750		CLTX TIBIAL SHAFT FX W/O MANIPULATIC	\$329.75	\$356.11
27752		CLTX TIBIAL SHAFT FX W/MANJ W/WO SKI	\$509.17	\$553.58
27756		PRQ SKELETAL FIXATION TIBIAL SHAFT FI	\$594.50	\$594.50
27758		OPTX TIBIAL SHFT FX W/PLATE/SCREWS W	\$926.26	\$926.26
27759		TX TIBL SHFT FX IMED IMPLT W/WO SCRE'	\$1034.32	\$1034.32
27760		CLTX MEDIAL MALLEOLUS FX W/O MANIP	\$316.47	\$343.55
27762		CLTX MEDIAL MALLS FX W/MANJ W/WO SI	\$448.19	\$494.06
27766		OPEN TREATMENT MEDIAL MALLEOLUS F	\$624.60	\$624.60
27767		CLOSED TREATMENT PST MALLEOLUS FR/	\$294.74	\$296.19
27768		CLOSED TREATMENT PST MALLEOLUS FR/	\$458.11	\$458.11
27769		OPEN TREATMENT POSTERIOR MALLEOLU	\$754.88	\$754.88
27780		CLTX PROX FIBULA/SHFT FX W/O MANJ	\$290.31	\$316.30
27781		CLTX PROX FIBULA/SHFT FX W/MANJ	\$411.82	\$446.48
27784		OPEN TREATMENT PROXIMAL FIBULA/SH/	\$735.63	\$735.63

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
27786		CLTX DSTL FIBULAR FX LAT MALLS W/O M	\$296.35	\$323.79
27788		CLTX DSTL FIBULAR FX LAT MALLS W/MA	\$398.43	\$438.51
27792		OPEN TX DISTAL FIBULAR FRACTURE LAT	\$669.29	\$669.29
27808		CLOSED TX BIMALLEOLAR ANKLE FRACTI	\$312.59	\$344.01
27810		CLOSED TX BIMALLEOLAR ANKLE FRACTI	\$437.80	\$484.02
27814		OPEN TREATMENT BIMALLEOLAR ANKLE	\$793.63	\$793.63
27816		CLTX TRIMALLEOLAR ANKLE FX W/O MAN	\$300.29	\$336.40
27818		CLTX TRIMALLEOLAR ANKLE FX W/MANII	\$449.89	\$502.24
27822		OPEN TX TRIMALLEOLAR ANKLE FX W/O F	\$896.24	\$896.24
27823		OPEN TX TRIMALLEOLAR ANKLE FX W/FIX	\$1013.67	\$1013.67
27824		CLTX FX W8 BRG ARTCLR PRTN DSTL TIBI	\$314.26	\$327.25
27825		CLTX FX W8 BRG ARTCLR PRTN DSTL TIB '	\$511.12	\$564.20
27826		OPEN TREATMENT FRACTURE DISTAL TIB	\$880.77	\$880.77
27827		OPEN TREATMENT FRACTURE DISTAL TIB	\$1,149.70	\$1,149.70
27828		OPEN TREATMENT FRACTURE DISTAL TIB	\$1366.29	\$1366.29
27829		OPEN TX DISTAL TIBIOFIBULAR JOINT DIS	\$724.88	\$724.88
27830		CLTX PROX TIBFIB JT DISLC W/O ANES	\$369.18	\$399.14
27831		CLTX PROX TIBFIB JT DISLC REQ ANES	\$417.52	\$417.52
27832		OPEN TX PROX TIBFIB JOINT DISLOCATE E	\$782.68	\$782.68
27840		CLOSED TX ANKLE DISLOCATION W/O ANI	\$388.97	\$388.97
27842		CLTX ANKLE DISLC REQ ANES W/WO PRQ	\$509.42	\$509.42
27846		OPTX ANKLE DISLOCATION W/O REPAIR/IT	\$738.91	\$738.91
27848		OPTX ANKLE DISLOCATION W/REPAIR/INT	\$827.02	\$827.02
27860		MANIPULATION ANKLE UNDER GENERAL	\$176.06	\$176.06
27870		ARTHRODESIS ANKLE OPEN	\$1057.64	\$1057.64
27871		ARTHRODESIS TIBIOFIBULAR JOINT PROX	\$712.94	\$712.94
27880		AMPUTATION LEG THROUGH TIBIA&FIBUI	\$943.60	\$943.60
27881		AMP LEG THRU TIBFIB W/IMMT FITG TQ W	\$890.05	\$890.05
27882		AMPUTATION LEG THRU TIBIA&FIBULA O	\$620.04	\$620.04
27884		AMP LEG THRU TIBIA&FIBULA SEC CLOSU	\$593.84	\$593.84
27886		AMP LEG THRU TIBIA&FIBULA RE-AMPUT	\$679.49	\$679.49
27888		AMP ANKLE-MALLI TIBFIB W/PLSTC CLSR	\$678.93	\$678.93
27889		ANKLE DISARTICULATION	\$666.43	\$666.43
27892		DCMPRN FASCT LEG ANT&/LAT W/DBRDM	\$569.69	\$569.69
27893		DCMPRN FASCT LEG PST W/DBRDMT MUSC	\$632.19	\$632.19
27894		DCMPRN FASCT LEG ANT&/LAT&PST W/DE	\$871.67	\$871.67
28001		INCISION&DRAINAGE BURSA FOOT	\$176.93	\$289.60
28002		I&D BELOW FASCIA FOOT 1 BURSAL SPACI	\$329.78	\$457.97
28003		I&D BELOW FASCIA FOOT MULTIPLE AREA	\$578.08	\$723.97
28005		INCISION BONE CORTEX FOOT	\$595.94	\$595.94
28008		FASCIOTOMY FOOT&/TOE	\$304.17	\$448.98
28010		TENOTOMY PERCUTANEOUS TOE SINGLE '	\$214.75	\$240.02
28011		TENOTOMY PERCUTANEOUS TOE MULTIPI	\$290.26	\$326.01
28020		ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTI	\$371.42	\$557.02
28022		ARTHRT W/EXPL DRG/RMVL LOOSE/FB MT	\$335.48	\$505.20
28024		ARTHRT W/EXPL DRG/RMVL LOOSE/FB IPH	\$312.16	\$473.57
28035		RELEASE TARSAL TUNNEL	\$365.95	\$545.43
28039		EXCISION TUMOR SOFT TIS FOOT/TOE SUB	\$356.11	\$513.55
28041		EXC TUMOR SOFT TISSUE FOOT/TOE SUBF	\$468.24	\$468.24
28043		EXCISION TUMOR SOFT TISSUE FOOT/TOE	\$269.48	\$407.06

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
28045		EXC TUMOR SOFT TISSUE FOOT/TOE SUBF	\$357.17	\$504.49
28046		RAD RESECTION TUMOR SOFT TISSUE FOC	\$739.93	\$739.93
28047		RAD RESECTION TUMOR SOFT TISSUE FOC	\$1076.77	\$1076.77
28050		ARTHRT W/BX INTERTARSAL/TARSOMETA	\$287.66	\$437.52
28052		ARTHRTOMY W/BX METATARSOPHALANG	\$293.27	\$461.90
28054		ARTHRTOMY W/BX INTERPHALANGEAL JC	\$241.87	\$386.68
28055		NEURECTOMY INTRINSIC MUSCULATURE	\$398.98	\$398.98
28060		FASCIECTOMY PLANTAR FASCIA PARTIAL	\$371.28	\$541.36
28062		FASCIOTOMY PLANTAR FASCIA RADICAL :	\$418.99	\$602.79
28070		SYNVCT INTERTARSAL/TARSOMETATARS.	\$365.23	\$548.31
28072		SYNOVECTOMY METATARSOPHALANGEA	\$330.83	\$505.25
28080		EXCISION INTERDIGITAL MORTON NEURO	\$380.95	\$545.62
28086		SYNOVECTOMY TENDON SHEATH FOOT FI	\$366.13	\$556.42
28088		SYNOVECTOMY TENDON SHEATH FOOT E	\$283.92	\$449.30
28090		EXC LESION TENDON SHEATH/CAPSULE W	\$316.47	\$484.38
28092		EXC LESION TENDON SHEATH/CAPSULE W	\$277.88	\$438.93
28100		EXCISION/CURETTAGE CYST/TUMOR TALU	\$429.56	\$633.23
28102		EXC/CURTG CST/B9 TUM TALUS/CLCNS W/	\$629.29	\$629.29
28103		EXC/CURETTAGE CYST/TUMOR TALUS/CAI	\$402.38	\$402.38
28104		EXC/CURTG BONE CYST/B9 TUMORTARSAI	\$365.58	\$548.30
28106		EXC/CURTG CST/B9 TUM TARSAL/METAR \	\$441.74	\$441.74
28107		EXC/CURTG CST/B9 TUM TARSAL/METAR \	\$358.45	\$529.98
28108		EXC/CURTG CST/B9 TUM PHALANGES FOO	\$297.11	\$454.91
28110		OSTECTOMY PRTL 5TH METAR HEAD SPX	\$299.31	\$480.23
28111		OSTECTOMY COMPLETE 1ST METATARSAI	\$334.22	\$506.10
28112		OSTECTOMY COMPLETE OTHER METATAR	\$322.58	\$505.65
28113		OSTECTOMY COMPLETE 5TH METATARSA	\$436.63	\$608.51
28114		OSTC COMPL ALL METAR HEADS W/PRTL I	\$854.26	\$1094.76
28116		OSTECTOMY TARSAL COALITION	\$595.38	\$790.02
28118		OSTECTOMY CALCANEUS	\$431.57	\$622.24
28119		OSTECTOMY CALCANEUS SPUR W/WO PLN	\$372.27	\$542.71
28120		PARTIAL EXCISION BONE TALUS/CALCANI	\$513.66	\$701.43
28122		PRTL EXC B1 TARSAL/METAR B1 XCP TALU	\$452.18	\$616.48
28124		PARTICAL EXCISION BONE PHALANX TOE	\$342.24	\$495.70
28126		RESECTION PARTIAL/COMPLETE PHALANC	\$254.84	\$406.87
28130		TALECTOMY ASTRAGALECTOMY	\$652.62	\$652.62
28140		METATARSECTOMY	\$449.82	\$609.43
28150		PHALANGECTOMY TOE EACH TOE	\$287.03	\$436.53
28153		RESECTION CONDYLE DISTAL END PHALA	\$273.89	\$428.45
28160		HEMIPHALANGECTOMY/INTERPHALANGE	\$275.65	\$430.57
28171		RAD RESCJ TUMOR TARSAL EXCEPT TALU	\$1151.03	\$1151.03
28173		RADICAL RESECTION TUMOR METATARSA	\$759.91	\$759.91
28175		RADICAL RESECTION TUMOR PHALANX OI	\$488.20	\$488.20
28190		REMOVAL FOREIGN BODY FOOT SUBCUTA	\$137.97	\$261.47
28192		REMOVAL FOREIGN BODY FOOT DEEP	\$322.85	\$484.99
28193		REMOVAL FOREIGN BODY FOOT COMPLIC	\$380.76	\$548.67
28200		RPR TDN FLXR FOOT 1/2 W/O FREE GRAFG	\$334.43	\$511.74
28202		RPR TENDON FLXR FOOT SEC W/FREE GRA	\$445.51	\$626.06
28208		REPAIR TENDON EXTENSOR FOOT 1/2 EAC	\$326.61	\$499.58
28210		RPR TENDON XTNSR FOOT SEC W/FREE GR	\$432.44	\$610.11

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
28220		TENOLYSIS FLEXOR FOOT SINGLE TENDON	\$312.43	\$467.35
28222		TENOLYSIS FLEXOR FOOT MULTIPLE TENDONS	\$368.56	\$537.56
28225		TENOLYSIS EXTENSOR FOOT SINGLE TENDON	\$272.10	\$433.15
28226		TENOLYSIS EXTENSOR FOOT MULTIPLE TENDONS	\$407.44	\$636.38
28230		TX OPN TENDON FLEXOR FOOT SINGLE/MULTIPLE	\$292.37	\$451.26
28232		TX OPEN TENDON FLEXOR TOE 1 TENDON	\$249.13	\$398.99
28234		TENOTOMY OPEN EXTENSOR FOOT/TOE EACH	\$273.31	\$424.61
28238		RCNSTJ PST TIBL TDN W/EXC ACCESSORY	\$500.30	\$689.16
28240		TENOTOMY LENGTHENING/RLS ABDUCTOR	\$303.15	\$464.56
28250		DIVISION PLANTAR FASCIA & MUSCLE SPY	\$417.89	\$601.69
28260		CAPSULOTOMY MIDFOOT MEDIAL RELEASE	\$536.31	\$725.16
28261		CAPSULOTOMY MIDFOOT W/TENDON LENGTHENING	\$970.74	\$1244.10
28262		CAPSUL MIDFOOT W/PST TALOTIBL CAPSUL	\$1169.73	\$1450.31
28264		CAPSULOTOMY MIDTARSAL	\$796.88	\$1047.85
28270		CAPSUL MTTARPHLNGL JT W/WO TENORR	\$345.53	\$510.55
28272		CAPSULOTOMY IPHAL JOINT EACH JOINT	\$259.74	\$404.18
28280		SYNDACTYLIZATION TOES	\$359.41	\$532.73
28285		CORRECTION HAMMERTOES	\$392.11	\$556.05
28286		CORRECTION COCK-UP 5TH TOE W/PLASTIC	\$306.64	\$463.00
28288		OSTC PRTL EXOSTC/CONDYLC METAR HEA	\$446.79	\$631.32
28289		HALLUX RIGIDUS W/CHEILECTOMY 1ST MET	\$473.77	\$739.91
28291		HALLUX RIGIDUS W/CHEILECTOMY 1ST MET	\$505.33	\$756.30
28292		CORRJ HALLUX VALGUS W/SESMDC W/RE	\$499.12	\$750.45
28295		CORRJ HALLUX VALGUS W/SESMDC W/PRO	\$579.07	\$1025.76
28296		CORRJ HALLUX VALGUS W/SESMDC W/DIS	\$530.47	\$941.05
28297		CORRJ HALLUX VALGUS W/SESMDC W/1M	\$623.48	\$1088.57
28298		CORRJ HALLUX VALGUS W/SESMDC W/PRO	\$513.77	\$873.80
28299		CORRJ HALLUX VALGUS W/SESMDC W/2 O	\$601.80	\$1045.95
28300		OSTEOTOMY CALCANEUS W/WO INTERNA	\$673.10	\$673.10
28302		OSTEOTOMY TALUS	\$741.02	\$741.02
28304		OSTEOTOMY TARSAL BONES OTH/THN CA	\$623.42	\$847.67
28305		OSTEOT TARSAL OTH/THN CALCANEUS/TA	\$691.31	\$691.31
28306		OSTEOT W/WO LNGTH SHRT/CORRJ 1ST MI	\$413.95	\$628.44
28307		OSTEOT W/WO LNGTH SHRT/CORRJ METAI	\$428.84	\$642.98
28308		OSTEOT W/WO LNGTH SHRT/CORRJ METAI	\$393.27	\$590.43
28309		OSTEOT W/WO LNGTH SHRT/ANGULAR CO	\$912.72	\$912.72
28310		OSTEOT SHRT CORRJ PROX PHALANX 1ST	\$370.83	\$566.91
28312		OSTEOT SHRT CORRJ OTH PHALANGES AN	\$326.88	\$520.79
28313		RCNSTJ ANGULAR DFRM TOE SOFT TISSU	\$366.73	\$543.66
28315		SESAMOIDECTOMY FIRST TOE SPX	\$336.10	\$499.32
28320		REPAIR NONUNION/MALUNION TARSAL BO	\$632.84	\$632.84
28322		RPR NON/MALUNION METARSAL W/WO BC	\$593.56	\$810.58
28340		RCNSTJ TOE MACRODUCTYLY SOFT TISSU	\$424.52	\$594.60
28341		RCNSTJ TOE MACRODUCTYLY REQUIRING	\$505.66	\$688.74
28344		RECONSTRUCTION TOE POLYDUCTYLY	\$288.02	\$440.40
28345		RCNSTJ TOE SYNDACTYLY W/WO SKIN GR	\$375.97	\$538.10
28360		RECONSTRUCTION CLEFT FOOT	\$1130.86	\$1130.86
28400		CLOSED TX CALCANEAL FRACTURE W/O M	\$235.33	\$254.82
28405		CLOSED TX CALCANEAL FRACTURE W/MA	\$361.52	\$399.08
28406		PRQ SKELETAL FIXJ CALCANEAL FRACTUI	\$559.21	\$559.21

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
28415		OPEN TREATMENT CALCANEAL FRACTURE	\$1157.24	\$1157.24
28420		OPEN TREATMENT CALCANEAL FRACTURE	\$1330.65	\$1330.65
28430		CLOSED TX TALUS FRACTURE W/O MANIP	\$216.59	\$246.21
28435		CLOSED TX TALUS FRACTURE W/MANIPUI	\$334.36	\$375.89
28436		PRQ SKELETAL FIXATION TALUS FRACTUI	\$483.16	\$483.16
28445		OPEN TREATMENT TALUS FRACTURE	\$1071.88	\$1071.88
28446		OPEN OSTEOCHONDRAL AUTOGRAFT TAL	\$1266.99	\$1266.99
28450		TX TARSAL BONE FX XCP TALUS&CALCN	\$196.47	\$218.14
28455		TX TARSAL BONE FX XCP TALUS&CALCN	\$265.52	\$296.94
28456		PRQ SKEL FIXJ TARSL FX XCP TALUS&CAL	\$350.24	\$350.24
28465		OPEN TX TARSAL FRACTURE XCP TALUS &	\$651.91	\$651.91
28470		CLOSED TX METATARSAL FRACTURE W/O	\$210.19	\$225.00
28475		CLTX METAR FX W/MANJ	\$233.87	\$264.56
28476		PRQ SKEL FIXJ METAR FX W/MANJ	\$379.46	\$379.46
28485		OPEN TREATMENT METATARSAL FRACTU	\$569.92	\$569.92
28490		CLTX FX GRT TOE PHLX/PHLG W/O MANJ	\$127.59	\$146.36
28495		CLTX FX GRT TOE PHLX/PHLG W/MANJ	\$152.60	\$183.29
28496		PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/	\$248.96	\$467.43
28505		OPEN TX FRACTURE GREAT TOE/PHALANX	\$513.22	\$686.55
28510		CLTX FX PHLX/PHLG OTH/THN GRT TOE W	\$122.53	\$124.70
28515		CLTX FX PHLX/PHLG OTH/THN GRT TOE W	\$146.52	\$167.83
28525		OPEN TX FRACTURE PHALANX/PHALANGE	\$416.30	\$592.89
28530		CLOSED TREATMENT SESAMOID FRACTUF	\$103.42	\$118.58
28531		OPEN TX SESAMOID FRACTURE W/WO INT	\$187.15	\$350.01
28540		CLTX TARSAL DISLC OTH/THN TALOTARS,	\$179.76	\$199.99
28545		CLTX TARSAL DISLC OTH/THN TALOTARS,	\$273.82	\$311.74
28546		PRQ SKEL FIXJ TARSL DISLC XCP TALOTAI	\$353.93	\$602.73
28555		OPEN TREATMENT TARSAL BONE DISLOC/	\$672.05	\$883.30
28570		CLOSED TX TALOTARSAL JOINT DISLC W/	\$198.42	\$236.34
28575		CLOSED TX TALOTARSAL JOINT DISLOCA	\$343.77	\$382.42
28576		PRQ SKEL FIXJ TALOTARSAL JT DISLC W/M	\$399.90	\$399.90
28585		OPEN TREATMENT TALOTARSAL JOINT DI	\$702.67	\$894.78
28600		CLOSED TX TARSOMETATARSAL DISLOCA	\$190.34	\$222.47
28605		CLOSED TX TARSOMETATARSAL DISLOCA	\$307.97	\$344.45
28606		PRQ SKEL FIXJ TARS JT DISLC W/MANJ	\$401.44	\$401.44
28615		OPEN TREATMENT TARSOMETATARSAL JC	\$840.52	\$840.52
28630		CLTX METATARSOPHLNGL JT DISLC W/O /	\$114.64	\$161.23
28635		CLTX METATARSOPHLNGL JT DISLC REQ /	\$136.55	\$180.98
28636		PRQ SKEL FIXJ METATARSOPHLNGL JT DIS	\$205.83	\$322.83
28645		OPEN TX METATARSOPHALANGEAL JOINT	\$501.66	\$679.69
28660		CLTX INTERPHALANGEAL JOINT DISLOCA	\$93.94	\$122.83
28665		CLTX INTERPHALANGEAL JOINT DISLOCA	\$133.30	\$158.22
28666		PRQ SKEL FIXJ INTERPHALANGEAL JOINT	\$171.57	\$171.57
28675		OPEN TREATMENT INTERPHALANGEAL JO	\$416.67	\$590.00
28705		ARTHRODESIS PANTALAR	\$1270.27	\$1270.27
28715		ARTHRODESIS TRIPLE	\$972.36	\$972.36
28725		ARTHRODESIS SUBTALAR	\$805.58	\$805.58
28730		ARTHRD MIDTARSL/TARSOMETATARSAL I	\$760.34	\$760.34
28735		ARTHRD MIDTARSL/TARS MLT/TRANSVRS	\$801.79	\$801.79
28737		ARTHRD W/TDN LNGTH&ADVMNT TARSL	\$712.48	\$712.48

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
28740		ARTHRODESIS MIDTARSOMETATARSAL SI	\$641.54	\$869.03
28750		ARTHRODESIS GREAT TOE METATARSOPH	\$602.55	\$825.72
28755		ARTHRODESIS GREAT TOE INTERPHALAN	\$343.39	\$528.28
28760		ARTHROD W/XTNSR HALLUCIS LONGUS TR	\$594.65	\$809.52
28800		AMPUTATION FOOT MIDTARSAL	\$552.24	\$552.24
28805		AMPUTATION FOOT TRANSMETARSAL	\$746.64	\$746.64
28810		AMPUTATION METATARSAL W/TOE SINGL	\$443.24	\$443.24
28820		AMPUTATION TOE METATARSOPHALANGI	\$405.38	\$578.71
28825		AMPUTATION TOE INTERPHALANGEAL JO	\$379.97	\$553.30
28890		ESWT HI NRG PHYS/QHP W/US GDN INVG P	\$228.58	\$329.68
29000		APPLICATION HALO TYPE BODY CAST	\$200.00	\$348.77
29010		APPLICATION RISSER JACKET LOCALIZER	\$164.33	\$274.46
29015		APPLICATION RISSER JACKET LOCALIZER	\$185.81	\$295.59
29035		APPLICATION BODY CAST SHOULDER HIP	\$146.41	\$256.55
29040		APPLICATION BODY CAST SHOULDER HIP	\$177.61	\$293.87
29044		APPLICATION BODY CAST SHOULDER HIP	\$171.51	\$288.15
29046		APPLICATION BODY CAST SHOULDER HIP	\$192.67	\$315.81
29049		APPLICATION CAST FIGURE-OF-8	\$71.77	\$100.29
29055		APPLICATION CAST SHOULDER SPICA	\$140.99	\$223.69
29058		APPLICATION CAST PLASTER VELPEAU	\$97.19	\$126.07
29065		APPLICATION CAST SHOULDER HAND LON	\$69.96	\$97.05
29075		APPLICATION CAST ELBOW FINGER SHOR	\$63.15	\$87.35
29085		APPLICATION CAST HAND & LOWER FORE	\$68.88	\$96.32
29086		APPLICATION CAST FINGER	\$52.76	\$79.84
29105		APPLICATION LONG ARM SPLINT SHOULD	\$43.28	\$83.00
29125		APPLICATION SHORT ARM SPLINT FOREAF	\$40.54	\$65.46
29126		APPLICATION SHORT ARM SPLINT DYNAM	\$50.20	\$78.37
29130		APPLICATION FINGER SPLINT STATIC	\$30.44	\$42.36
29131		APPLICATION FINGER SPLINT DYNAMIC	\$35.10	\$53.16
29200		STRAPPING THORAX	\$19.30	\$33.38
29240		STRAPPING SHOULDER	\$19.30	\$31.58
29260		STRAPPING ELBOW/WRIST	\$20.02	\$30.85
29280		STRAPPING HAND/FINGER	\$21.46	\$31.58
29305		APPLICATION HIP SPICA CAST 1 LEG	\$162.53	\$249.19
29325		APPL HIP SPICA CAST ONE&ONE-HALF SPI	\$182.60	\$276.13
29345		APPLICATION LONG LEG CAST THIGH-TOE	\$102.91	\$138.30
29355		APPLICATION LONG LEG CAST WALKER/A	\$110.06	\$144.74
29358		APPLICATION LONG LEG CAST BRACE	\$106.14	\$162.12
29365		APPLICATION CYLINDER CAST THIGH ANK	\$89.67	\$124.70
29405		APPLICATION SHORT LEG CAST BELOW KI	\$60.61	\$81.19
29425		APPLICATION SHORT LEG CAST WALKING	\$57.00	\$77.94
29435		APPLICATION PATELLAR TENDON BEARIN	\$84.25	\$116.75
29440		ADDING WALKER PREVIOUSLY APPLIED C	\$29.67	\$44.12
29445		APPLICATION RIGID TOTAL CONTACT LEG	\$105.23	\$133.40
29450		APPL CLUBFOOT CAST MOLDING/MANJ LC	\$116.63	\$147.32
29505		APPLICATION LONG LEG SPLINT THIGH AN	\$52.00	\$86.67
29515		APPLICATION SHORT LEG SPLINT CALF FO	\$50.90	\$72.21
29520		STRAPPING HIP	\$19.66	\$35.91
29530		STRAPPING KNEE	\$19.30	\$31.21
29540		STRAPPING ANKLE &/FOOT	\$18.21	\$29.05

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
29550		STRAPPING TOES	\$11.79	\$19.36
29580		STRAPPING UNNA BOOT	\$28.24	\$64.71
29581		APPL MLTLAYR COMPRES LEG BELOW KN	\$28.57	\$91.40
29584		APPL MLTLAYR COMPRES SYS UPARM LW	\$16.79	\$85.40
29700		REMOVAL/BIVALVING GAUNTLET BOOT/B	\$34.37	\$63.98
29705		REMOVAL/BIVALVING FULL ARM/FULL LE	\$46.91	\$65.33
29710		RMVL/BIVALV SHO/HIP SPICA MINERVA/RJ	\$86.34	\$124.97
29720		REPAIR SPICA BODY CAST/JACKET	\$45.15	\$85.59
29730		WINDOWING CAST	\$44.75	\$63.16
29740		WEDGING CAST EXCEPT CLUBFOOT CAST	\$72.36	\$101.25
29750		WEDGING CLUBFOOT CAST	\$80.96	\$109.85
29800		ARTHRS TEMPOROMANDIBULR JT DX W/W	\$546.43	\$546.43
29804		ARTHROSCOPY TEMPOROMANDIBULAR JC	\$636.68	\$636.68
29805		ARTHROSCOPY SHOULDER DX W/WO SYN	\$486.18	\$486.18
29806		ARTHROSCOPY SHOULDER SURGICAL CAP	\$1094.99	\$1094.99
29807		ARTHROSCOPY SHOULDER SURGICAL REP	\$1071.04	\$1071.04
29819		ARTHROSCOPY SHOULDER SURGICAL REM	\$606.60	\$606.60
29820		ARTHROSCOPY SHOULDER SURG SYNOVE	\$555.26	\$555.26
29821		ARTHROSCOPY SHOULDER SURG SYNOVE	\$613.41	\$613.41
29822		ARTHROSCOPY SHOULDER SURG DEBRIDE	\$596.58	\$596.58
29823		ARTHROSCOPY SHOULDER SURG DEBRIDE	\$649.28	\$649.28
29824		ARTHROSCOPY SHOULDER DISTAL CLAVIC	\$698.06	\$698.06
29825		ARTHROSCOPY SHOULDER AHESIOLYSIS V	\$606.60	\$606.60
29826		ARTHROSCOPY SHOULDER W/CORACOACI	\$180.81	\$180.81
29827		ARTHROSCOPY SHOULDER ROTATOR CUF	\$1108.12	\$1108.12
29828		ARTHROSCOPY SHOULDER BICEPS TENOD	\$950.85	\$950.85
29830		ARTHROSCOPY ELBOW DIAG W/WO SYNO	\$472.17	\$472.17
29834		ARTHROSCOPY ELBOW SURGICAL W/REM	\$509.09	\$509.09
29835		ARTHROSCOPY ELBOW SURGICAL SYNOVI	\$526.32	\$526.32
29836		ARTHROSCOPY ELBOW SURGICAL SYNOVI	\$604.11	\$604.11
29837		ARTHROSCOPY ELBOW SURGICAL DEBRID	\$545.25	\$545.25
29838		ARTHROSCOPY ELBOW SURGICAL DEBRID	\$612.33	\$612.33
29840		ARTHROSCOPY WRIST DIAG W/WO SYNOV	\$466.14	\$466.14
29843		ARTHROSCOPY WRIST INFECTION LAVAGI	\$502.37	\$502.37
29844		ARTHROSCOPY WRIST SURGICAL SYNOVE	\$516.62	\$516.62
29845		ARTHROSCOPY WRIST SURGICAL SYNOVE	\$603.03	\$603.03
29846		ARTHRS WRST EXC&/RPR TRIANG FIBROC	\$540.25	\$540.25
29847		ARTHROSCOPY WRIST SURG INT FIXJ FX/II	\$562.48	\$562.48
29848		NDSC WRST SURG W/RLS TRANSVRS CARP	\$527.15	\$527.15
29850		ARTHROSCOPY AID TX SPINE&/FX KNEE W	\$645.00	\$645.00
29851		ARTHROSCOPY AID TX SPINE&/FX KNEE W	\$963.44	\$963.44
29855		ARTHRS AID TIBIAL FRACTURE PROXIMAL	\$809.45	\$809.45
29856		ARTHRS AID TIBIAL FX PROX UNICONDYL	\$1025.38	\$1025.38
29860		ARTHROSCOPY HIP DIAGNOSTIC W/WO SY	\$690.12	\$690.12
29861		ARTHROSCOPY HIP SURGICAL W/REMOVA	\$746.60	\$746.60
29862		ARTHRS HIP DEBRIDEMENT/SHAVING ART	\$841.02	\$841.02
29863		ARTHROSCOPY HIP SURGICAL W/SYNOVE	\$843.54	\$843.54
29866		ARTHROSCOPY KNEE OSTEOCHONDRAL A	\$1087.65	\$1087.65
29867		ARTHROSCOPY KNEE OSTEOCHONDRAL A	\$1323.71	\$1323.71
29868		ARTHROSCOPY KNEE MENISCAL TRNSPLJ	\$1732.62	\$1732.62

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
29870		ARTHROSCOPY KNEE DIAGNOSTIC W/WO :	\$423.78	\$590.25
29871		ARTHROSCOPY KNEE INFECTION LAVAGE	\$531.34	\$531.34
29873		ARTHROSCOPY KNEE LATERAL RELEASE	\$547.10	\$547.10
29874		ARTHROSCOPY KNEE REMOVAL LOOSE/FC	\$556.36	\$556.36
29875		ARTHROSCOPY KNEE SYNOVECTOMY LIM	\$513.41	\$513.41
29876		ARTHROSCOPY KNEE SYNOVECTOMY 2/>C	\$676.10	\$676.10
29877		ARTHRS KNEE DEBRIDEMENT/SHAVING AI	\$642.45	\$642.45
29879		ARTHRS KNEE ABRASION ARTHRP/MLT DF	\$684.71	\$684.71
29880		ARTHRS KNEE W/MENISCECTOMY MED&L	\$580.81	\$580.81
29881		ARTHRS KNE SURG W/MENISCECTOMY ME	\$559.69	\$559.69
29882		ARTHROSCOPY KNEE W/MENISCUS RPR M	\$716.53	\$716.53
29883		ARTHROSCOPY KNEE W/MENISCUS RPR M	\$870.68	\$870.68
29884		ARTHROSCOPY KNEE W/LYSIS ADHESIONS	\$640.29	\$640.29
29885		ARTHRS KNEE DRILL OSTEOCHONDRITIS I	\$780.85	\$780.85
29886		ARTHRS KNEE DRILLING OSTEOCHOND DI	\$658.25	\$658.25
29887		ARTHRS KNEE DRLG OSTEOCHOND DISSEC	\$777.27	\$777.27
29888		ARTHRS AIDED ANT CRUCIATE LIGM RPR/	\$1015.26	\$1015.26
29889		ARTHRS AIDED PST CRUCIATE LIGM RPR/A	\$1266.43	\$1266.43
29891		ARTHRS ANKLE EXC OSTCHNDRL DFCT W/	\$692.63	\$692.63
29892		ARTHRS AID RPR LES/TALAR DOME FX/TIB	\$672.80	\$672.80
29893		ENDOSCOPIC PLANTAR FASCIOTOMY	\$443.73	\$657.86
29894		ARTHROSCOPY ANKLE W/REMOVAL LOOS	\$515.81	\$515.81
29895		ARTHROSCOPY ANKLE SURGICAL SYNOVI	\$480.16	\$480.16
29897		ARTHROSCOPY ANKLE SURGICAL DEBRID	\$516.55	\$516.55
29898		ARTHROSCOPY ANKLE SURGICAL DEBRID	\$582.02	\$582.02
29899		ARTHROSCOPY ANKLE SURGICAL W/ANKI	\$1067.03	\$1067.03
29900		ARTHROSCOPY METACARPOPHALANGEAL	\$515.15	\$515.15
29901		ARTHRS METACARPOPHALANGEAL JOINT	\$554.50	\$554.50
29902		ARTHRS MTCARPHLNGL JT W/RDCTJ UR C	\$588.87	\$588.87
29904		ARTHRS SUBTALAR JOINT REMOVE LOOSE	\$659.25	\$659.25
29905		ARTHROSCOPY SUBTALAR JOINT WITH SY	\$533.95	\$533.95
29906		ARTHROSCOPY SUBTALAR JOINT WITH DE	\$686.15	\$686.15
29907		ARTHROSCOPY SUBTALAR JOINT SUBTAL.	\$907.30	\$907.30
29914		ARTHROSCOPY HIP W/FEMOROPLASTY	\$1029.51	\$1029.51
29915		ARTHROSCOPY HIP W/ACETABULOPLASTY	\$1060.04	\$1060.04
29916		ARTHROSCOPY HIP W/LABRAL REPAIR	\$1060.39	\$1060.39
30000		DRAINAGE ABSCESS/HEMATOMA NASAL I	\$121.28	\$258.50
30020		DRAINAGE ABSCESS/HEMATOMA NASAL S	\$122.01	\$261.03
30100		BIOPSY INTRANASAL	\$68.48	\$145.04
30110		EXCISION NASAL POLYP SIMPLE	\$132.73	\$245.40
30115		EXCISION NASAL POLYP EXTENSIVE	\$456.29	\$456.29
30117		EXCISION/DESTRUCTION INTRANASAL LE	\$340.27	\$954.15
30118		EXCISION/DESTRUCTION INTRANASAL LE	\$792.52	\$792.52
30120		EXCISION/SURGICAL PLANING SKIN NOSE	\$437.75	\$524.77
30124		EXCISION DERMOID CYST NOSE SIMPLE SI	\$299.14	\$299.14
30125		EXC DERMOID CYST NOSE COMPLEX UNDI	\$644.74	\$644.74
30130		EXCISION INFERIOR TURBINATE PARTIAL/	\$405.52	\$405.52
30140		SUBMUCOUS RESCJ INFERIOR TURBINATE	\$182.97	\$290.21
30150		RHINECTOMY PARTIAL	\$806.43	\$806.43
30160		RHINECTOMY TOTAL	\$811.25	\$811.25

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
30200		INJECTION TURBINATE THERAPEUTIC	\$59.54	\$114.42
30210		DISPLACEMENT THERAPY PROETZ TYPE	\$101.24	\$152.52
30300		REMOVAL FOREIGN BODY INTRANASAL O	\$116.07	\$194.43
30310		REMOVAL FOREIGN BODY INTRANASAL G	\$208.40	\$208.40
30320		RMVL FOREIGN BODY INTRANASAL LATEI	\$476.77	\$476.77
30400		RHINP PRIM LAT&ALAR CRTLG&/ELVTN I	\$1234.41	\$1234.41
30410		RHINP PRIM COMPLETE XTRNL PARTS	\$1432.11	\$1432.11
30420		RHINOPLASTY PRIMARY W/MAJOR SEPTAI	\$1447.54	\$1447.54
30430		RHINOPLASTY SECONDARY MINOR REVISI	\$1069.30	\$1069.30
30450		RHINOPLASTY SECONDARY MAJOR REVISI	\$1788.48	\$1788.48
30460		RHINP DFRM W/COLUM LNGTH TIP ONLY	\$856.97	\$856.97
30462		RHINP DFRM COLUM LNGTH TIP SEPTUM C	\$1648.05	\$1648.05
30465		REPAIR NASAL VESTIBULAR STENOSIS	\$1024.16	\$1024.16
30520		SEPTOPLASTY/SUBMUCOUS RESECT W/WO	\$662.23	\$662.23
30540		REPAIR CHOANAL ATRESIA INTRANASAL	\$726.75	\$726.75
30545		REPAIR CHOANAL ATRESIA TRANSPALATI	\$992.41	\$992.41
30560		LYSIS INTRANASAL SYNECHIA	\$144.48	\$300.48
30580		REPAIR FISTULA OROMAXILLARY	\$488.58	\$639.53
30600		REPAIR FISTULA ORONASAL	\$442.39	\$605.97
30620		SEPTAL/OTHER INTRANASAL DERMATOPL	\$655.81	\$655.81
30630		REPAIR NASAL SEPTAL PERFORATIONS	\$662.44	\$662.44
30801		ABLTJ SOFT TISS INFERIOR TURBINATES UP	\$147.46	\$222.57
30802		ABLTJ SOF TISS INF TURBS UNI/BI SUPFC II	\$200.41	\$282.75
30901		CONTROL NASAL HEMORRHAGE ANTERIO	\$58.65	\$147.12
30903		CONTROL NASAL HEMORRHAGE ANTERIO	\$81.54	\$233.56
30905		CTRL NSL HEMRRG PST NASAL PACKS&/C/	\$109.84	\$347.09
30906		CTRL NSL HEMRRG PST NASAL PACKS&/C/	\$140.28	\$361.28
30915		LIGATION ARTERIES ETHMOIDAL	\$601.70	\$601.70
30920		LIGATION ARTERIES INT MAXILLARY TRA	\$872.41	\$872.41
30930		FRACTURE NASAL INFERIOR TURBINATE I	\$121.01	\$121.01
31000		LAVAGE CANNULATION MAXILLARY SINUS	\$108.43	\$186.06
31002		LAVAGE CANNULATION SPHENOID SINUS	\$193.61	\$193.61
31020		SINUSOTOMY MAXILLARY ANTROTOMY II	\$381.17	\$486.62
31030		SINUSOTOMY MAXILLARY RAD W/O RMVI	\$527.68	\$663.46
31032		SINUSOT MAX ANTRT RAD W/RMVL ANTR	\$593.42	\$593.42
31040		PTERYGOMAXILLARY FOSSA SURGERY AN	\$805.96	\$805.96
31050		SINUSOTOMY SPHENOID W/WO BIOPSY	\$509.25	\$509.25
31051		SINUSOT SPHENOID W/MUCOSAL STRIPPIN	\$682.33	\$682.33
31070		SINUSOTOMY FRONTAL EXTERNAL SIMPL	\$464.26	\$464.26
31075		SINUSOTOMY FRONTAL TRANSORBITAL U	\$819.81	\$819.81
31080		SINUSOTOMY FRNT OBLITERATIVE W/O FI	\$1,079.93	\$1,079.93
31081		SINUSOT FRNT OBLIT W/O OSTPL FLAP CO	\$1161.51	\$1161.51
31084		SINUSOT FRNT OBLIT W/OSTPL FLAP BROV	\$1203.00	\$1203.00
31085		SINUSOT FRNT OBLIT W/OSTPL FLAP CORC	\$1242.37	\$1242.37
31086		SINUSOT FRNT NONOBLIT W/OSTPL FLAP I	\$1171.17	\$1171.17
31087		SINUSOT FRNT NONOBLIT W/OSTPL FLAP C	\$1121.23	\$1121.23
31090		SINUSOT UNI 3/> PARANSL SINUSES	\$1089.77	\$1089.77
31200		ETHMOIDECTOMY INTRANASAL ANTERIO	\$612.99	\$612.99
31201		ETHMOIDECTOMY INTRANASAL TOTAL	\$789.60	\$789.60
31205		ETHMOIDECTOMY EXTRANASAL TOTAL	\$945.60	\$945.60

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
31225		MAXILLECTOMY W/O ORBITAL EXENTERA	\$1869.61	\$1869.61
31230		MAXILLECTOMY W/ORBITAL EXENTERAT	\$2074.39	\$2074.39
31231		NASAL ENDOSCOPY DIAGNOSTIC UNI/BI SI	\$65.15	\$197.31
31233		NASAL/SINUS ENDOSCOPY DX MAXILLAR'	\$137.53	\$267.89
31235		NASAL/SINUS ENDOSCOPY DX SPHENOID S	\$162.56	\$305.20
31237		NASAL/SINUS NDSC SURG W/BX POLYPECT	\$162.59	\$259.00
31238		NASAL/SINUS NDSC SURG W/CONTROL NA	\$170.82	\$255.32
31239		NASAL/SINUS NDSC SURG W/DACRYOCSTC	\$623.96	\$623.96
31240		NASAL/SINUS NDSC SURG W/CONCHA BUL	\$161.86	\$161.86
31241		NASAL/SINUS NDSC W/LIG SPHENOPALATI	\$456.96	\$456.96
31253		NASAL/SINUS NDSC TOT W/FRNT SINS EXP	\$515.30	\$515.30
31254		NASAL/SINUS NDSC W/PARTIAL ETHMOIDI	\$249.83	\$430.74
31255		NASAL/SINUS NDSC W/TOTAL ETHOIDECTO	\$333.19	\$333.19
31256		NASAL/SINUS ENDOSCOPY W/MAXILLARY	\$185.07	\$185.07
31257		NASAL/SINUS NDSC TOTAL WITH SPHENOI	\$458.77	\$458.77
31259		NASAL/SINUS NDSC TOT W/SPHENDT W/SP	\$485.60	\$485.60
31267		NSL/SINUS NDSC MAX ANTROST W/RMVL '	\$272.36	\$272.36
31276		NASAL/SINUS NDSC W/RMVL TISS FROM FI	\$388.65	\$388.65
31287		NASAL/SINUS ENDOSCOPY W/SPHENOIDO	\$206.90	\$206.90
31288		NSL/SINUS NDSC SPHENDT RMVL TISS SPH	\$240.17	\$240.17
31290		NASAL/SINUS NDSC RPR CEREBRSP FLUID	\$1,171.49	\$1,171.49
31291		NASAL/SINUS NDSC RPR CEREBSP FLUID L	\$1,251.91	\$1,251.91
31292		NASAL/SINUS NDSC SURG MEDIAL/INF ORI	\$1,017.98	\$1,017.98
31293		NASAL/SINUS NDSC SURG MEDIAL&INF OF	\$1,099.85	\$1,099.85
31294		NASAL/SINUS NDSC SURG W/OPTIC NERVE	\$1,259.43	\$1,259.43
31295		NASAL/SINUS NDSC SURG W/DILATION MA	\$161.82	\$1,931.95
31296		NASAL/SINUS NDSC SURG W/DILATION FR	\$184.36	\$1,958.11
31297		NASAL/SINUS NDSC SURG W/DILATION SPI	\$147.51	\$1,916.92
31298		NASAL/SINUS NDSC SURG W/DILATION FRI	\$262.71	\$3,684.91
31300		LARYNGOTOMY W/RMVL TUMOR/LARYNC	\$1,296.38	\$1,296.38
31360		LARYNGECTOMY TOTAL W/O RADICAL NE	\$2123.26	\$2123.26
31365		LARYNGECTOMY TOTAL W/RADICAL NEC	\$2626.33	\$2626.33
31367		LARYNGECTOMY STOT SUPRAGLOTTIC W.	\$2245.32	\$2245.32
31368		LARYNGECTOMY STOT SUPRAGLOTTIC W.	\$2490.43	\$2490.43
31370		PARTIAL LARYNGECTOMY HEMILARYGEC	\$2110.02	\$2110.02
31375		PARTIAL LARYNGECTOMY HEMILARYNG I	\$2002.84	\$2002.84
31380		PARTIAL LARYNGECTOMY HEMILARYNG .	\$1974.93	\$1974.93
31382		PARTIAL LARYNG HEMILARYNG ANTERO-	\$2165.83	\$2165.83
31390		PHARYNGOLARYNGECTOMY W/RAD NECK	\$2905.70	\$2905.70
31395		PHARYNGOLARYNGECTOMY W/RAD NECK	\$3062.83	\$3062.83
31400		ARYTENOIDECTOMY/ARYTENOIDOPEXY >	\$1005.77	\$1005.77
31420		EPIGLOTTIDECTOMY	\$842.28	\$842.28
31500		INTUBATION ENDOTRACHEAL EMERGENC	\$147.94	\$147.94
31502		TRACHEOTOMY TUBE CHANGE PRIOR TO I	\$36.13	\$36.13
31505		LARYNGOSCOPY INDIRECT DIAGNOSTIC S	\$49.87	\$89.24
31510		LARYNGOSCOPY INDIRECT W/BIOPSY	\$123.58	\$217.83
31511		LARYNGOSCOPY INDIRECT W/REMOVAL F	\$135.74	\$216.98
31512		LARYNGOSCOPY INDIRECT W/REMOVAL L	\$131.45	\$215.23
31515		LARYNGOSCOPY W/WO TRACHEOSCOPY A	\$112.45	\$212.11
31520		LARYNGOSCOPY W/WO TRACHEOSCOPY E	\$159.00	\$159.00

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
31525		LARYNGOSCOPY W/WO TRACHEOSCOPY E	\$163.30	\$256.82
31526		LARYNGOSCOPY W/WO TRACHEOSCOPY V	\$159.71	\$159.71
31528		LARYNGOSCOPY W/WO TRACHEOSCOPY V	\$146.46	\$146.46
31530		LARYNGOSCOPY W/FOREIGN BODY REMO	\$204.08	\$204.08
31531		LARYNGOSCOPY FOREIGN BODY RMVL MI	\$216.25	\$216.25
31535		LARYNGOSCOPY DIRECT OPERATIVE W/BI	\$192.99	\$192.99
31536		LARYNGOSCOPY W/BIOPSY MICROSCOPE/	\$214.82	\$214.82
31540		LARYNGOSCOPY EXC TUM&/STRIPPING CO	\$246.66	\$246.66
31541		LARGSC EXC TUM&/STRPG CORDS/EPIGL M	\$269.20	\$269.20
31545		LARGSC MICRO/TELESCOPE RMVL LES VO	\$369.74	\$369.74
31546		LARGSC MICRO/TELESCOPE RMVL LES VO	\$561.86	\$561.86
31551		LARYNGOPLASTY LARYNGEAL STEN W/O	\$1562.86	\$1562.86
31552		LARYNGOPLASTY LARYNGEAL STEN W/O	\$1507.77	\$1507.77
31553		LARYNGOPLASTY LARYNGEAL STEN W/ST	\$1716.79	\$1716.79
31554		LARYNGOPLASTY LARYNGEAL STEN W/ST	\$1717.16	\$1717.16
31560		LARYNGOSCOPY DIRECT OPERATIVE W/AI	\$319.63	\$319.63
31561		LARGSC ARYTENOIDECTOMY MICROSCOP	\$348.60	\$348.60
31570		LARYNGOSCOPE INJECTION VOCAL CORD	\$233.79	\$347.54
31571		LARGSC W/NJX VOCAL CORD THER W/MIC	\$254.16	\$254.16
31572		LARYNGOSCOPY FLEXIBLE ABLATJ DESTJ	\$184.41	\$531.42
31573		LARYNGOSCOPY FLEXIBLE THERAPEUTIC	\$151.12	\$281.11
31574		LARYNGOSCOPY FLEXIBLE W/INJECTION /	\$151.12	\$1028.97
31575		LARYNGOSCOPY FLEXIBLE DIAGNOSTIC	\$68.12	\$125.54
31576		LARYNGOSCOPY FLEXIBLE W/BIOPSY(IES)	\$121.07	\$274.54
31578		LARYNGOSCOPY FLEXIBLE RMVL LESION(\$150.76	\$309.29
31579		LARYNGOSCOPY FLX/RGD TELESCOPIC W/	\$122.16	\$196.19
31580		LARYNGOPLASTY LARYN WEB W/KEEL ST	\$1302.13	\$1302.13
31584		LARYNGOPLASTY W/OPEN REDUCTION FR	\$1441.04	\$1441.04
31587		LARYNGOPLASTY CRICOID SPLIT W/O GRA	\$1214.02	\$1214.02
31591		LARYNGOPLASTY MEDIALIZATION UNLIA	\$1103.70	\$1103.70
31592		CRICOTRACHEAL RESECTION	\$1759.29	\$1759.29
31600		TRACHEOSTOMY PLANNED SEPARATE PRO	\$318.15	\$318.15
31601		TRACHEOSTOMY PLANNED UNDER 2 YEAI	\$462.38	\$462.38
31603		TRACHEOSTOMY EMERGENCY PROCEDUR	\$332.72	\$332.72
31605		TRACHEOSTOMY EMERGENCY CRICOTHYI	\$346.94	\$346.94
31610		TRACHEOSTOMY FENESTRATION W/SKIN I	\$978.85	\$978.85
31611		CONSTJ TRACHEOESOPHGL FSTL&INSJ SP	\$542.87	\$542.87
31612		TRACHEAL PNXR PRQ W/TRANSTRACHEAI	\$49.00	\$88.36
31613		TRACHEOSTOMA REVJ SMPL W/O FLAP RO	\$447.13	\$447.13
31615		TRACHEOBRNCHSC THRU EST TRACHS INC	\$117.48	\$175.26
31622		BRNCHSC INCL FLUOR GDNCE DX W/CELL	\$135.53	\$247.48
31623		BRNCHSC BRUSHING/PROTECTED BRUSHI	\$136.56	\$275.22
31624		BRNCHSC W/BRNCL ALVEOLAR LAVAGE	\$138.37	\$257.17
31625		BRONCHOSCOPY BRONCHIAL/ENDOBRNCI	\$160.87	\$352.25
31626		BRONCHOSCOPY W/PLMT FIDUCIAL MARK	\$203.78	\$858.11
31627		BRONCHOSCOPY W/CPTR-ASST IMAGE-GU	\$99.34	\$1310.12
31628		BRONCHOSCOPY W/TRANSBRONCHIAL LU	\$180.86	\$373.68
31629		BRONCHOSCOPY NEEDLE BX TRACHEA M.	\$191.94	\$462.41
31630		BRNCHSC W/TRACHEAL/BRONCHIAL DILA	\$204.57	\$204.57
31631		BRONCHOSCOPY W/PLACEMENT TRACHEA	\$234.61	\$234.61

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
31632		BRONCHOSCOPY W/TRANSBRONCHIAL LU	\$51.10	\$65.18
31633		BRONCHOSCOPY W/TRANSBRONCL NDL A	\$65.02	\$80.92
31634		BRONCHOSCOPY BALLOON OCCLUSION	\$197.37	\$1765.65
31635		BRONCHOSCOPY W/REMOVAL FOREIGN BO	\$180.93	\$290.34
31636		BRNCHSC W/PLACEMENT BRNCL STENT 15	\$226.33	\$226.33
31637		BRONCHOSCOPY EACH MAJOR BRONCHUS	\$79.34	\$79.34
31638		BRNCHSC REVJ TRACHEAL/BRNCL STENT	\$256.36	\$256.36
31640		BRONCHOSCOPY W/EXCISION TUMOR	\$257.78	\$257.78
31641		BRNCHSC W/DSTRJ TUM RELIEF STENOSIS	\$263.51	\$263.51
31643		BRNCHSC W/PLMT CATH INTRCV RADIOEL	\$180.16	\$180.16
31645		BRONCHOSCOPY W/THER ASPIR TRACHBR	\$151.23	\$270.04
31646		BRONCHOSCOPY W/THER ASPIR TRACHBR	\$145.87	\$145.87
31647		BRNCHSC OCCLUSION&INSERT BRONCH V	\$217.02	\$217.02
31648		BRNCHSC REMOVAL BRONCHIAL VALVE I	\$206.29	\$206.29
31649		BRNCHSC REMOVAL BRONCHIAL VALVE E	\$69.66	\$69.66
31651		BRNCHSC OCCLUSION&INSERT BRONCH V	\$76.09	\$76.09
31652		BRNCHSC EBUS GUIDED SAMPL 1/2 NODE S	\$228.05	\$1,126.48
31653		BRNCHSC EBUS GUIDED SAMPL 3/> NODE S	\$253.07	\$1,174.96
31654		BRNSCHSC TNDSC EBUS DX/TX INTERVEN	\$69.32	\$124.93
31660		BRONCHOSCOPIC THERMOPLASTY ONE LC	\$200.48	\$200.48
31661		BRONCHOSCOPIC THERMOPLASTY 2/> LOE	\$212.62	\$212.62
31717		CATHETERIZATION W/BRONCHIAL BRUSH	\$109.03	\$279.10
31720		CATHETER ASPIRATION NASOTRACHEAL S	\$56.86	\$56.86
31725		CATH ASPIR TRACHEOBRNCL FIBERSCOPE	\$81.08	\$81.08
31730		TTRACH INTRO NDL WIRE DIL/STENT/TUBI	\$154.89	\$1220.50
31750		TRACHEOPLASTY CERVICAL	\$1405.01	\$1405.01
31755		TRACHEOPLASTY TRACHEOPHARYNGEAL	\$1767.14	\$1767.14
31760		TRACHEOPLASTY INTRATHORACIC	\$1419.34	\$1419.34
31766		CARINAL RECONSTRUCTION	\$1838.71	\$1838.71
31770		BRONCHOPLASTY GRAFT REPAIR	\$1375.98	\$1375.98
31775		BRONCHOPLASTY EXCISION STENOSIS & A	\$1445.49	\$1445.49
31780		EXCISION TRACHEAL STENOSIS&ANASTOI	\$1225.74	\$1225.74
31781		EXC TRACHEAL STENOSIS&ANAST CERVIC	\$1433.45	\$1433.45
31785		EXCISION TRACHEAL TUMOR/CARCINOMA	\$1103.73	\$1103.73
31786		EXCISION TRACHEAL TUMOR/CARCINOMA	\$1490.92	\$1490.92
31800		SUTURE TRACHEAL WOUND/INJURY CERV	\$730.95	\$730.95
31805		SUTURE TRACHEAL WOUND/INJURY INTR	\$843.86	\$843.86
31820		SURG CLSR TRACHEOSTOMY/FISTULA W/C	\$334.86	\$446.08
31825		SURG CLSR TRACHEOSTOMY/FISTULA W/P	\$490.31	\$615.62
31830		REVISION TRACHEOSTOMY SCAR	\$361.95	\$476.43
32035		THORACOSTOMY W/RIB RESECTION EMPY	\$752.51	\$752.51
32036		THORACOSTOMY OPEN FLAP DRAINAGE E	\$806.16	\$806.16
32096		THORACTOMY W/DX BX LUNG INFILTRAT	\$828.88	\$828.88
32097		THORACTOMY W/DX BX LUNG NODULE/M	\$829.61	\$829.61
32098		THORACOTOMY W/BIOPSY OF PLEURA	\$786.34	\$786.34
32100		THORACOTOMY WITH EXPLORATION	\$837.55	\$837.55
32110		THORCOM CTRL TRAUMTC HEMRRG&/RPF	\$1,518.08	\$1,518.08
32120		THORACOTOMY POSTOPERATIVE COMPLI	\$902.58	\$902.58
32124		THORACOTOMY OPN INTRAPLEURAL PNEI	\$958.01	\$958.01
32140		THORCOM W/REMOVAL OF CYST	\$1023.83	\$1023.83

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
32141		THORACOTOMY W/RESECTION BULLAE	\$1576.32	\$1576.32
32150		THORCOM W/RMVL INTRAPLEURAL FB/FIE	\$1,037.82	\$1,037.82
32151		THORCOM W/RMVL IPUL FB	\$1,038.85	\$1,038.85
32160		THORACOTOMY W/CARDIAC MASSAGE	\$822.72	\$822.72
32200		PNEUMONOSTOMY W/OPEN DRAINAGE AE	\$1,174.45	\$1,174.45
32215		PLEURAL SCARIFICATION REPEAT PNEUM	\$824.55	\$824.55
32220		DECORTICATION PULMONARY TOTAL SEP	\$1,643.76	\$1,643.76
32225		DECORTICATION PULMONARY PARTIAL SI	\$1,028.48	\$1,028.48
32310		PLEURECTOMY PARIETAL SEPARATE PRO	\$943.29	\$943.29
32320		DECORTICATION & PARIETAL PLEURECTO	\$1,652.49	\$1,652.49
32400		BIOPSY PLEURA PERCUTANEOUS NEEDLE	\$88.63	\$163.74
32405		BIOPSY LUNG/MEDIASTINUM PERCUTANE	\$92.64	\$407.89
32440		REMOVAL OF LUNG PNEUMONECTOMY	\$1,619.97	\$1,619.97
32442		REMOVAL LUNG PNEUMONECTOMY RESX	\$3171.07	\$3171.07
32445		REMOVAL LUNG PNEUMONECTOMY EXTR	\$3660.55	\$3660.55
32480		RMVL LUNG OTHER THAN PNEUMONECTC	\$1530.08	\$1530.08
32482		RMVL LUNG OTHER THAN PNEUMONECT 2	\$1,640.11	\$1,640.11
32484		RMVL LUNG OTHER THAN PNEUMONECT 1	\$1483.00	\$1483.00
32486		RMVL LUNG XCP TOT PNEUMONECTOMY :	\$2436.71	\$2436.71
32488		RMVL LUNG OTHER/THAN PNUMEC COMPI	\$2476.37	\$2476.37
32491		RMVL LUNG OTH/THN PNUMEC RESXN-PL	\$1520.99	\$1520.99
32501		RESCJ&BRONCHOPLASTY PFRMD TM LOBI	\$251.81	\$251.81
32503		RESCJ APICAL LUNG TUMOR W/O CHEST W	\$1858.17	\$1858.17
32504		RESCJ APICAL LUNG TUMOR W/CHEST WA	\$2117.51	\$2117.51
32505		THORACOTOMY W/THERAPEUTIC WEDGE	\$963.27	\$963.27
32506		THORACOTOMY W/THERAP WEDGE RESEX	\$161.67	\$161.67
32507		THORACOTOMY W/DX WEDGE RESEXN & .	\$161.67	\$161.67
32540		EXTRAPLEURAL ENUCLEATION EMPYEMA	\$1793.53	\$1793.53
32550		INSERTION INDWELLING TUNNELED PLEU	\$213.54	\$808.64
32551		TUBE THORACOSTOMY INCLUDES WATER	\$163.09	\$163.09
32552		RMVL NDWELLG TUNNELED PLEURAL CA'	\$162.98	\$189.35
32553		PLMT NTRSTL DEV RADJ THX GID PRQ INT	\$184.83	\$543.41
32554		THORACENTESIS NEEDLE/CATH PLEURA V	\$92.57	\$227.62
32555		THORACENTESIS NEEDLE/CATH PLEURA V	\$115.08	\$318.39
32556		PERQ DRAINAGE PLEURA INSERT CATH W	\$127.24	\$686.60
32557		PERQ DRAINAGE PLEURA INSERT CATH W	\$157.25	\$632.10
32560		INSTLJ VIA CHEST TUBE/CATH AGENT FOF	\$80.45	\$265.70
32561		INSTLJ VIA CH TUBE/CATH AGENT FBRNL'	\$69.69	\$95.32
32562		INSTLJ CH TUBE/CATH AGENT FBRNLYSIS	\$62.54	\$86.01
32601		THORSC DX LUNGS/PERICAR/MED/PLEURA	\$319.64	\$319.64
32604		THORACOSCOPY DX PERICARDIAL SAC W/	\$496.34	\$496.34
32606		THORACOSCOPY DX MEDIASTINAL SPACE	\$478.85	\$478.85
32607		THORACOSCOPY W/DX BX OF LUNG INFIL'	\$319.27	\$319.27
32608		THORACOSCOPY W/DX BX OF LUNG NODU	\$392.25	\$392.25
32609		THORACOSCOPY WITH BIOPSYIES OF PLEI	\$265.94	\$265.94
32650		THORACOSCOPY W/PLEURODESIS	\$688.11	\$688.11
32651		THORACOSCOPY W/PARTIAL PULMONARY	\$1132.52	\$1132.52
32652		THRSC TOT PULM DCRTCTJ INTRAPLEURA	\$1,718.32	\$1,718.32
32653		THORACOSCOPY RMVL INTRAPLEURAL FE	\$1098.16	\$1098.16
32654		THORACOSCOPY CONTROL TRAUMATIC H	\$1201.27	\$1201.27

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
32655		THORACOSCOPY W/RESECTION BULLAE W	\$987.98	\$987.98
32656		THORACOSCOPY W/PARIETAL PLEURECTC	\$829.14	\$829.14
32658		THORACOSCOPY W/RMVL CLOT/FB FROM	\$737.85	\$737.85
32659		THRSC CRTJ PRCRD WINDOW/PRTL RESCJ	\$756.15	\$756.15
32661		THORACOSCOPY W/EXC PERICARDIAL CY	\$824.77	\$824.77
32662		THORACOSCOPY W/EXC MEDIASTINAL CY	\$922.13	\$922.13
32663		THORACOSCOPY W/LOBECTOMY SINGLE I	\$1447.27	\$1447.27
32664		THORACOSCOPY W/THORACIC SYMPATHE	\$875.91	\$875.91
32665		THORACOSCOPY W/ESOPHAGOMYOTOMY	\$1274.10	\$1274.10
32666		THORACOSCOPY W/THERA WEDGE RESEX	\$898.19	\$898.19
32667		THORACOSCOPY W/THERA WEDGE RESEX	\$162.03	\$162.03
32668		THORACOSCOPY W/DX WEDGE RESEXN AI	\$162.03	\$162.03
32669		THORACOSCOPY W/SEGMENTECTOMY	\$1,390.07	\$1,390.07
32670		THORACOSCOPY W/BILOBECTOMY	\$1,659.77	\$1,659.77
32671		THORACOSCOPY W/PNEUMONECTOMY	\$1,837.50	\$1,837.50
32672		THORACOSCOPY W/RESEXN-PLICAJ EMPH	\$1,575.69	\$1,575.69
32673		THORACOSCOPY RESEXN THYMUS UNI/BI	\$1,259.13	\$1,259.13
32674		THORCOSCPY W/MEDIASTINL & REGIONL	\$222.85	\$222.85
32701		THORAX STEREOTACTIC RADIATION TARC	\$221.36	\$221.36
32800		REPAIR LUNG HERNIA THROUGH CHEST W	\$977.01	\$977.01
32810		CLSR CH WALL FLWG OPN FLAP DRG EMP	\$930.46	\$930.46
32815		OPEN CLOSURE MAJOR BRONCHIAL FISTU	\$2895.97	\$2,895.97
32820		MAJOR RECONSTRUCTION CHEST WALL P	\$1374.70	\$1374.70
32851		LUNG TRANSPLANT 1 W/O CARDIOPULMO	\$3394.42	\$3,394.42
32852		LUNG TRANSPLANT 1 W/CARDIOPULMON	\$3687.13	\$3687.13
32853		LUNG TRANSPLANT 2 W/O CARDIOPULMO	\$4757.48	\$4757.48
32854		LUNG TRANSPLANT 2 W/CARDIOPULMON	\$5052.56	\$5052.56
32900		RESECTION RIBS EXTRAPLEURAL ALL STA	\$1469.73	\$1469.73
32905		THORACOPLASTY SCHEDE TYPE/EXTRAPL	\$1380.44	\$1380.44
32906		THORACOP SCHEDE TYP/XTRPLEURAL CL	\$1,705.95	\$1,705.95
32940		PNEUMONOLYSIS XTRPRIOSTEAL W/FILLI	\$1,274.92	\$1,274.92
32960		PNEUMOTHORAX THER INTRAPLEURAL IN	\$93.64	\$129.39
32994		ABLATION THER 1+ PULM TUMORS PERQ C	\$457.48	\$5,620.20
32997		TOTAL LUNG LAVAGE UNILATERAL	\$351.49	\$351.49
32998		ABLATION THER 1+ PULM TUMORS PERQ F	\$456.40	\$3,590.79
33016		PERICARDIOCENTESIS W/IMG GUIDANCE V	\$245.09	\$245.09
33017		PERQ PRCRD DRG 6YR+ W/O CONGENITAL	\$254.00	\$254.00
33018		PERQ PRCRD DRG 0-5YR/ANY AGE W/CGEN	\$289.34	\$289.34
33019		PERQ PERICARDIAL DRG W/INSJ NDWELLC	\$235.02	\$235.02
33020		PERICARDIOTOMY REMOVAL CLOT/FOREI	\$855.32	\$855.32
33025		CRTJ PERICARDIAL WINDOW/PRTL RESECJ	\$797.03	\$797.03
33030		PRICARDIECTOMY STOT/COMPL W/O CARI	\$2071.20	\$2071.20
33031		PRICARDIECTOMY STOT/COMPL W/CARDP	\$2565.97	\$2565.97
33050		RESECTION PERICARDIAL CYST/TUMOR	\$1038.84	\$1038.84
33120		EXC INTRACARDIAC TUMOR RESCJ CARDI	\$2171.41	\$2171.41
33130		RESECTION EXTERNAL CARDIAC TUMOR	\$1415.37	\$1415.37
33140		TRANSMYOCARDIAL LASER REVASCULAR	\$1615.44	\$1615.44
33141		TRANSMYOCRD LASER REVSC PFRMD TM	\$136.63	\$136.63
33202		INSERTION EPICARDIAL ELECTRODE OPEN	\$797.75	\$797.75
33203		INSERTION EPICARDIAL ELECTRODE ENDC	\$834.91	\$834.91

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33206		INS NEW/RPLCMT PRM PACEMAKR W/TRA	\$472.26	\$472.26
33207		INS NEW/RPLC PRM PACEMAKER W/TRANS	\$498.64	\$498.64
33208		INS NEW/RPLCMT PRM PM W/TRANSV ELT	\$541.97	\$541.97
33210		INSJ/RPLCMT TEMP TRANSVNS 1CHMBR EI	\$169.59	\$169.59
33211		INSJ/RPLCMT TEMP TRANSVNS 2CHMBR P	\$175.32	\$175.32
33212		INS PM PLS GEN W/EXIST SINGLE LEAD	\$333.97	\$333.97
33213		INS PACEMAKER PULSE GEN ONLY W/EXIS	\$348.64	\$348.64
33214		UPG PACEMAKER SYS CONVERT 1CHMBR	\$497.66	\$497.66
33215		RPSG PREV IMPLTED PM/DFB R ATR/R VEN	\$322.82	\$322.82
33216		INSJ 1 TRANSVNS ELTRD PERM PACEMAKI	\$386.74	\$386.74
33217		INSJ 2 TRANSVNS ELTRD PERM PACEMAKI	\$380.98	\$380.98
33218		RPR 1 TRANSVNS ELTRD PRM PM/PACING I	\$401.44	\$401.44
33220		RPR 2 TRANSVNS ELECTRODES PRM PM/IM	\$390.93	\$390.93
33221		INS PACEMAKER PULSE GEN ONLY W/EXIS	\$375.95	\$375.95
33222		RELOCATION OF SKIN POCKET FOR PACEM	\$352.83	\$352.83
33223		RELOCATE SKIN POCKET IMPLANTABLE D	\$425.75	\$425.75
33224		INSJ ELTRD CAR VEN SYS ATTCH PREV PM	\$536.28	\$536.28
33225		INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM	\$488.62	\$488.62
33226		RPSG PREV IMPLTED CAR VEN SYS L VENI	\$515.52	\$515.52
33227		REMOVL PERM PM PLSE GEN W/REPL PLSE C	\$351.90	\$351.90
33228		REMOVL PERM PM PLS GEN W/REPL PLSE GI	\$368.37	\$368.37
33229		REMOVL PERM PM PLS GEN W/REPL PLSE GI	\$389.54	\$389.54
33230		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST	\$397.34	\$397.34
33231		INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST	\$417.78	\$417.78
33233		REMOVAL PERMANENT PACEMAKER PULS	\$239.60	\$239.60
33234		RMVL TRANSVNS PM ELTRD 1 LEAD SYS A	\$504.86	\$504.86
33235		RMVL TRANSVNS PM ELTRD DUAL LEAD S	\$662.95	\$662.95
33236		RMVL PRM EPICAR PM&ELTRDS THORCOM	\$807.75	\$807.75
33237		RMVL PRM EPICAR PM&ELTRDS THORCOM	\$866.39	\$866.39
33238		RMVL PRM TRANSVENOUS ELECTRODE TH	\$972.84	\$972.84
33240		INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXIS	\$379.43	\$379.43
33241		REMOVAL IMPLANTABLE DEFIB PULSE GE	\$222.32	\$222.32
33243		RMVL 1/DUAL CHAMBER DEFIB ELECTROI	\$1418.93	\$1418.93
33244		RMVL1/DUAL CHMBR IMPLTBL DFB ELTRI	\$899.66	\$899.66
33249		INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1	\$953.58	\$953.58
33250		ABLATION ARRHYTHMOGENIC FOCI/PATH	\$1,507.65	\$1,507.65
33251		ABLATION ARRHYTHMOGENIC FOCI/PATH	\$1,684.85	\$1,684.85
33254		ABLATION & RECONSTRUCTION ATRIA LIM	\$1399.36	\$1399.36
33255		ABLATION & RCNSTJ ATRIA EXTNSV W/O I	\$1685.14	\$1685.14
33256		ABLATION & RCNSTJ ATRIA EXTNSV W/BY	\$2007.12	\$2007.12
33257		ATRIA ABLATE & RCNSTJ W/OTHER PROCE	\$601.70	\$601.70
33258		ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTE	\$672.50	\$672.50
33259		ATRIA ABLTJ & RCNSTJ W/OTHER PX EXTE	\$873.10	\$873.10
33261		OPRATIVE ABLTJ VENTR ARRHYTHMOGEN	\$1669.68	\$1,669.68
33262		RMVL IMPLTBL DFB PLSE GEN W/REPL PLS	\$388.09	\$388.09
33263		RMVL IMPLTBL DFB PLSE GEN W/RPLCMT	\$403.48	\$403.48
33264		RMVL IMPLTBL DFB PLS GEN W/RPLCMT P	\$421.75	\$421.75
33265		NDSC ABLATION & RCNSTJ ATRIA LIMITEI	\$1,406.95	\$1,406.95
33266		NDSC ABLATION & RCNSTJ ATRIA EXTEN '	\$1,912.39	\$1,912.39
33270		INS/RPLCMNT PERM SUBQ IMPLTBL DFB W	\$588.61	\$588.61

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33271		INSJ OF SUBQ IMPLANTABLE DEFIBRILLAT	\$471.71	\$471.71
33272		RMVL OF SUBQ IMPLANTABLE DEFIBRILL	\$360.85	\$360.85
33273		REPOS PREVIOUSLY IMPLANTED SUBQ IMI	\$415.18	\$415.18
33274		TCAT INSJ/RPL PERM LEADLESS PACEMAK	\$505.87	\$505.87
33275		TCAT REMOVAL PERM LEADLESS PM RIGE	\$553.48	\$553.48
33285		INSERTION SUBQ CARDIAC RHYTHM MON	\$92.01	\$5,161.57
33286		REMOVAL SUBCUTANEOUS CARDIAC RHY	\$90.59	\$136.81
33289		TCAT IMPL WRLS P-ART PRS SNR L-T HEMO	\$341.77	\$341.77
33300		REPAIR CARDIAC WOUND W/O BYPASS	\$2,542.88	\$2,542.88
33305		REPAIR CARDIAC WOUND W/CARDIOPULM	\$4,256.15	\$4,256.15
33310		CARDIOT EXPL W/RMVL FB ATR/VENTR TH	\$1,209.70	\$1,209.70
33315		CARDIOT EXPL RMVL FB ATR/VENTR THRI	\$1982.87	\$1982.87
33320		SUTR RPR AORTA/GRT VSL W/O SHUNT/CA	\$1090.02	\$1090.02
33321		SUTR RPR AORTA/GREAT VESSEL W/SHUN	\$1,229.32	\$1,229.32
33322		SUTURE REPAIR AORTA/GREAT VESSEL W	\$1,439.43	\$1,439.43
33330		INSJ GRAFT AORTA/GREAT VESSEL W/O SH	\$1,475.10	\$1,475.10
33335		INSJ GRAFT AORTA/GREAT VESSEL W/BYP	\$1,937.58	\$1,937.58
33361		REPLACE AORTIC VALVE PERQ FEMORAL	\$1,258.08	\$1,258.08
33362		REPLACE AORTIC VALVE OPENFEMORAL	\$1,370.77	\$1,370.77
33363		REPLACE AORTIC VALVE OPEN AXILLRY A	\$1,421.21	\$1,421.21
33364		REPLACE AORTIC VALVE OPEN ILIAC ARTI	\$1,421.30	\$1,421.30
33365		REPLACE AORTIC VALVE OPEN TRANSAOF	\$1,502.23	\$1,502.23
33366		TRANSCATHETER TRANSAPICAL REPLACE	\$1,635.87	\$1,635.87
33367		REPLACE AORTIC VALVE W/BYP PRQ ART/	\$654.36	\$654.36
33368		REPLACE AORTIC VALVE W/BYP OPEN AR	\$771.50	\$771.50
33369		REPLACE AORTA VALVE W/BYP CNTRL AR	\$1,018.29	\$1,018.29
33390		VALVULOPLASTY AORTIC VALVE OPEN CL	\$2,000.93	\$2,000.93
33391		VALVULOPLASTY AORTIC VALVE OPEN CL	\$2,377.83	\$2,377.83
33404		CONSTRUCTION APICAL-AORTIC CONDUIT	\$1811.78	\$1811.78
33405		RPLCMT PROST AORTIC VALVE OPEN XCP	\$2,353.37	\$2,353.37
33406		RPLCMT AORTIC VALVE OPN ALLOGRAFT	\$2,986.69	\$2,986.69
33410		RPLCMT AORTIC VALVE OPN W/STENTLES	\$2,637.11	\$2,637.11
33411		RPLCMT AORTIC VALVE ANNULUS ENLGM	\$3,485.24	\$3,485.24
33412		REPLACEMENT AORTIC VALVE KONNO PR	\$3,272.67	\$3,272.67
33413		REPLACEMENT AORTIC&PULMON VALVES	\$3,349.87	\$3,349.87
33414		RPR VENTR O/F TRC OBSTRCTJ PATCH ENLC	\$2,227.27	\$2,227.27
33415		RESECTION/INCISION SUBVALVULAR TISS	\$2,105.19	\$2,105.19
33416		VENTRICULOMYOTOMY-MYECTOMY	\$2,095.09	\$2,095.09
33417		AORTOPLASTY SUPRAVALVULAR STENOS	\$1,726.52	\$1,726.52
33418		TCAT MITRAL VALVE REPAIR INITIAL PRO	\$1,866.91	\$1,866.91
33419		TCAT MITRAL VALVE REPAIR ADDL PROST	\$440.79	\$440.79
33420		VALVOTOMY MITRAL VALVE CLOSED HEAR	\$1,502.29	\$1,502.29
33422		VALVOTOMY MITRAL VALVE OPEN HEAR	\$1,724.14	\$1,724.14
33425		VALVULOPLASTY MITRAL VALVE W/CARI	\$2,832.81	\$2,832.81
33426		VLVP MITRAL VALVE W/CARD BYP W/PRO	\$2,469.36	\$2,469.36
33427		VLVP MITRAL VALVE W/BYPASS RAD RCN	\$2,532.47	\$2,532.47
33430		REPLACEMENT MITRAL VALVE W/CARDIO	\$2,904.17	\$2,904.17
33440		RPLCMT AORTIC VALVE BY TLCJ AUTOL P	\$3,557.92	\$3,557.92
33460		VALVECTOMY TRICUSPID VALVE W/CARD	\$2,493.54	\$2,493.54
33463		VALVULOPLASTY TRICUSPID VALVE W/O	\$3,201.42	\$3,201.42

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33464		VALVULOPLASTY TRICUSPID VALVE W/RI	\$2,530.77	\$2,530.77
33465		REPLACEMENT TRICUSPID VALVE W/CARI	\$2,858.77	\$2,858.77
33468		TRICUSPID VALVE RPSG&PLCTJ EBSTEIN /	\$2,542.08	\$2,542.08
33470		VALVOTOMY PULMONARY VALVE CLSD F	\$1,282.04	\$1,282.04
33471		VALVOTOMY PULM VALVE CLSD HEART V	\$1,370.86	\$1,370.86
33474		VALVOTOMY PULMONARY VALVE OPEN F	\$2,257.22	\$2,257.22
33475		REPLACEMENT PULMONARY VALVE	\$2,417.81	\$2,417.81
33476		R VENTRIC RESCJ INFUND STEN W/VO COI	\$1575.92	\$1575.92
33477		TCAT PULMONARY VALVE IMPLANTATIO	\$1,410.61	\$1,410.61
33478		OUTFLOW TRACT AGMNTJ W/VO COMMIS	\$1,628.51	\$1,628.51
33496		RPR NON-STRUCT PROSTC VALVE DYSFUN	\$1,724.81	\$1,724.81
33500		RPR CORONARY AV/ARTERIOCAR CHMBR	\$1,617.82	\$1,617.82
33501		RPR CORONARY AV/ARTERIOCAR CHMBR	\$1,155.61	\$1,155.61
33502		RPR ANOM CORONARY ART PULM ART OR	\$1,321.24	\$1,321.24
33503		RPR ANOM CORONARY ARTERY PULM AR	\$1372.54	\$1372.54
33504		RPR ANOM CORONARY ART PULM ART OR	\$1517.27	\$1517.27
33505		RPR ANOM CORON ART W/CONSTJ INTRAP	\$2139.66	\$2139.66
33506		RPR ANOM CORONARY ART FROM PULM A	\$2129.47	\$2129.47
33507		RPR ANOM AORTIC ORIGIN CORONARY AR	\$1785.40	\$1785.40
33508		NDSC SURG W/VIDEO-ASSISTED HARVEST	\$17.17	\$17.17
33510		CORONARY ARTERY BYPASS 1 CORONARY	\$2005.64	\$2005.64
33511		CORONARY ARTERY BYPASS 2 CORONARY	\$2,201.37	\$2,201.37
33512		CORONARY ARTERY BYPASS 3 CORONARY	\$2,507.28	\$2,507.28
33513		CORONARY ARTERY BYPASS 4 CORONARY	\$2,573.36	\$2,573.36
33514		CORONARY ARTERY BYPASS 5 CORONARY	\$2,707.75	\$2,707.75
33516		CORONARY ARTERY BYPASS 6/+ CORO	\$2,805.83	\$2,805.83
33517		CORONARY ARTERY BYP W/VEIN	\$194.58	\$194.58
33518		CORONARY ARTERY BYP W/VEIN	\$427.44	\$427.44
33519		CORONARY ARTERY BYP W/VEIN	\$565.15	\$565.15
33521		CORONARY ARTERY BYP W/VEIN	\$678.54	\$678.54
33522		CORONARY ARTERY BYP W/VEIN	\$760.43	\$760.43
33523		CORONARY ARTERY BYP W/VEIN &ARTER	\$864.15	\$864.15
33530		ROPRTJ CAB/VALVE PX > 1 MO AFTER ORIC	\$545.83	\$545.83
33533		CABG W/ARTERIAL GRAFT SINGLE ARTERI	\$1,939.47	\$1,939.47
33534		CABG W/ARTERIAL GRAFT TWO ARTERIAL	\$2,279.00	\$2,279.00
33535		CABG W/ARTERIAL GRAFT THREE ARTERL	\$2,541.55	\$2,541.55
33536		CABG W/ARTERIAL GRAFT FOUR/>ARTERL	\$2,738.62	\$2,738.62
33542		MYOCARDIAL RESECTION	\$2,725.02	\$2,725.02
33545		RPR POSTINFR CJ VENTRICULAR SEPTAL D	\$3,187.73	\$3,187.73
33548		SURG VENTRICULAR RSTRJ PX W/PROSTC	\$3,070.44	\$3,070.44
33572		CORONARY ENDARTERCOMY OPEN ANY M	\$238.93	\$238.93
33600		CLOSURE ATRIOVENTRICULAR VALVE SU	\$1,779.10	\$1,779.10
33602		CLOSURE SEMILUNAR VALVE AORTIC/PUL	\$1,727.24	\$1,727.24
33606		ANAST PULMONARY ART AORTA DAMUS-]	\$1,841.67	\$1,841.67
33608		RPR CAR ANOMAL XCP PULM ATRESIA VE	\$1,864.96	\$1,864.96
33610		RPR CAR ANOMAL SURG ENLGMNT VENT	\$1,838.49	\$1,838.49
33611		RPR 2 OUTLET R VNTRC W/INTRAVENTR T	\$2,022.31	\$2,022.31
33612		RPR 2 OUTLET R VNTRC RPR R VENTR O/F	\$2,075.96	\$2,075.96
33615		RPR CAR ANOMAL CLSR SEPTL DFCT SMPI	\$2,069.08	\$2,069.08
33617		RPR COMPLEX CARDIAC ANOMALY MODII	\$2,242.22	\$2,242.22

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33619		RPR 1 VNTRC W/O/F OBSTRCTJ&AORTIC ARC	\$2,837.77	\$2,837.77
33620		APPLICATION RIGHT & LEFT PULMONARY	\$1,709.57	\$1,709.57
33621		TRANSTHORACIC CATHETER INSERTION F	\$963.41	\$963.41
33622		RECONSTRUCTION COMPLEX CARDIAC AN	\$3,564.78	\$3,564.78
33641		RPR ATRIAL SEPTAL DFCT SECUNDUM W/I	\$1,698.59	\$1,698.59
33645		DIR/PTCH CLS SINUS VENOSUS W/VO ANO	\$1,794.13	\$1,794.13
33647		RPR ATRIAL & VENTRIC SEPTAL DFCT DIR	\$1,883.16	\$1,883.16
33660		RPR INCPLT/PRTL AV CANAL W/VO AV VA	\$1,820.58	\$1,820.58
33665		RPR INTRM/TRANSJ AV CANAL W/VO AV V	\$1,983.32	\$1,983.32
33670		RPR COMPL AV CANAL W/VO PROSTC VAI	\$2,045.96	\$2,045.96
33675		CLOSURE MULTIPLE VENTRICULAR SEPTA	\$2,043.42	\$2,043.42
33676		CLOSURE MULTIPLE VSD W/RESECTION	\$2,097.07	\$2,097.07
33677		CLOSURE MULTIPLE VSD W/REMOVAL AR	\$2,179.35	\$2,179.35
33681		CLSR 1 VENTRICULAR SEPTAL DEFECT W/	\$1,906.97	\$1,906.97
33684		CLSR V-SEPTL DFCT W/PULM VLVT/INFUN	\$1,957.57	\$1,957.57
33688		CLSR V-SEPTAL DFCT W/RMVL P-ART BAN	\$1,953.76	\$1,953.76
33690		BANDING PULMONARY ARTERY	\$1,242.20	\$1,242.20
33692		COMPL RPR TETRALOGY FALLOT W/O PUL	\$2,028.51	\$2,028.51
33694		COMPL RPR T-FALLOT W/O PULM ATRESIA	\$2,022.31	\$2,022.31
33697		COMPL RPR T-FALLOT W/PULM ATRESIA	\$2,130.33	\$2,130.33
33702		RPR SINUS VALSALVA FISTULA	\$1,601.57	\$1,601.57
33710		RPR SINUS VALSALVA FISTULA W/RPR V-S	\$2,125.68	\$2,125.68
33720		RPR SINUS VALSALVA ANEURYSM	\$1,602.64	\$1,602.64
33722		CLOSURE AORTICO-LEFT VENTRICULAR T	\$1,686.14	\$1,686.14
33724		REPAIR ISOLATED PARTIAL PULM VENOUS	\$1,594.15	\$1,594.15
33726		REPAIR PULMONARY VENOUS STENOSIS	\$2106.37	\$2106.37
33730		COMPLETE RPR ANOMALOUS PULMONAR	\$2,077.98	\$2,077.98
33732		RPR COR TRIATM/SUPVALVR RING RESCJ I	\$1,707.22	\$1,707.22
33735		ATRIAL SEPTECTOMY/SEPTOSTOMY CLOS	\$1,341.28	\$1,341.28
33736		ATRIAL SEPTECTOMY/SEPTOSTOMY OPEN	\$1,456.10	\$1,456.10
33737		ATRIAL SEPTECT/SEPTOST OPN HRT W/INF	\$1,343.67	\$1,343.67
33750		SHUNT SUBCLAVIAN PULMONARY ARTER	\$1,308.41	\$1,308.41
33755		SHUNT ASCENDING AORTA PULMONARY A	\$1,363.10	\$1,363.10
33762		SHUNT DESCENDING AORTA PULMONARY	\$1,328.80	\$1,328.80
33764		SHUNT CENTRAL W/PROSTHETIC GRAFT	\$1,363.10	\$1,363.10
33766		SHUNT SUPERIOR VENA CAVA PULMONAR	\$1,382.10	\$1,382.10
33767		SHUNT SUPERIOR VENA CAVA PULM ARTE	\$1,473.66	\$1,473.66
33768		ANASTOMOSIS CAVOPULMARY 2ND SUPRI	\$432.10	\$432.10
33770		RPR TRPOS GREAT VSLS W/O ENLGI	\$2,195.65	\$2,195.65
33771		RPR TRPOS GREAT VSLS W/ENLGM	\$2,259.84	\$2,259.84
33774		RPR TRPOS GREAT VSLS ATRIAL BA	\$1,863.60	\$1,863.60
33775		RPR TRPOS GREAT VSLS ATR BAFFI	\$1,920.00	\$1,920.00
33776		RPR TRPOS GRT VSL ATR BAFFLE W/CLSR	\$2,029.95	\$2,029.95
33777		RPR TRPOS GRT VSL ATR BAFFLE W/BYP S	\$1,961.28	\$1,961.28
33778		RPR TRPOS GRT VESSEL AORTIC PULMONA	\$2,435.69	\$2,435.69
33779		RPR TGV AORTIC PULM ART RCNSTJ W/RM	\$2,411.98	\$2,411.98
33780		RPR TGV AORTIC P-ART RCNSTJ W/CLSR V	\$2,455.68	\$2,455.68
33781		RPR TGV AORTIC P-ART RCNSTJ RPR SBPU	\$2,399.34	\$2,399.34
33782		A-ROOT TLCJ VSD PULM STNS RPR W/O C C	\$3,351.22	\$3,351.22
33783		A-ROOT TLCJ VSD PULM STNS RPR W/RIME	\$3,623.81	\$3,623.81

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33786		TOTAL REPAIR TRUNCUS ARTERIOSUS	\$2,361.76	\$2,361.76
33788		REIMPLANTATION ANOMALOUS PULMONA	\$1,588.84	\$1,588.84
33800		AORTIC SUSPENSION TRACHEAL DECOMPI	\$1,022.07	\$1,022.07
33802		DIVISION ABERRANT VESSEL VASCULAR F	\$1,122.26	\$1,122.26
33803		DIVISION ABERRANT VESSEL W/REANASTO	\$1,193.12	\$1,193.12
33813		OBLTRJ AORTOPULMONARY SEPTAL DEFE	\$1,283.94	\$1,283.94
33814		OBLTRJ AORTOPULMONARY SEPTAL DEFE	\$1,577.36	\$1,577.36
33820		REPAIR PATENT DUCTUS ARTERIOSUS LIG	\$1,002.15	\$1,002.15
33822		RPR PATENT DUXUS ARTERIOSUS DIV UNI	\$1,056.51	\$1,056.51
33824		RPR PATENT DUXUS ARTERIOSUS DIV 18 Y	\$1,222.41	\$1,222.41
33840		EXC COARCJ AORTA W/WO PDA W/DIRECT	\$1,282.50	\$1,282.50
33845		EXCISION COARCTATION AORTA W/WO PL	\$1,380.62	\$1,380.62
33851		EXC COARCJ AORTA W/L SUBCLAV ART/PE	\$1,317.56	\$1,317.56
33852		RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTO	\$1448.84	\$1448.84
33853		RPR HYPOPLSTC A-ARCH W/AGRFT/PROSTO	\$1,898.58	\$1,898.58
33858		AS-AORT GRF W/CARD BYP F/AORTIC DISS	\$3525.72	\$3525.72
33859		AS-AORT GRF W/CARD BYP F/AORTIC DS O	\$2,531.24	\$2,531.24
33863		AS-AORT GRF W/CARD BYP & AORTIC ROC	\$3,270.62	\$3,270.62
33864		ASCENDING AORTA GRF VALVE SPARE RO	\$3,341.46	\$3,341.46
33866		AORTIC HEMIARCH GRAFT W/ISOL & CTRL	\$958.26	\$958.26
33871		TRANSVRS A-ARCH GRF W/CARD BYP PRFI	\$3,389.81	\$3,389.81
33875		DESCENDING THORACIC AORTA GRAFT W	\$2,845.07	\$2,845.07
33877		RPR THORACOABDOMINAL AORTIC ANEUI	\$3,761.56	\$3,761.56
33880		EVASC RPR DTA COVERAGE ART ORIGIN 1	\$1862.13	\$1862.13
33881		EVASC RPR DTA EXP COVERAGE W/O ART	\$1,598.57	\$1,598.57
33883		PLMT PROX XTN PROSTH EVASC RPR DTA	\$1,157.32	\$1,157.32
33884		PLMT PROX XTN PROSTH EVASC RPR DTA	\$411.06	\$411.06
33886		PLMT DSTL XTN PROSTH DLYD AFTER EV	\$992.76	\$992.76
33889		OPN SUBCLA CRTD ART TRPOS NCK INC UI	\$820.55	\$820.55
33891		BYP GRF W/DESCENDING THORACIC AORT	\$1003.35	\$1003.35
33910		PULMONARY ARTERY EMBOLECTOMY W/O	\$2762.23	\$2762.23
33915		PULMONARY ARTERY EMBOLECTOMY W/O	\$1427.24	\$1427.24
33916		PULMONARY ENDARTERCOMY W/WO EME	\$4381.29	\$4381.29
33917		RPR PULMONARY ART STENOSIS RCNSTJ V	\$1507.96	\$1507.96
33920		RPR PULMONARY ATRESIA W/CONSTJ/RPL	\$1877.16	\$1877.16
33922		TRANSECTION PULMONARY ARTERY W/C	\$1438.83	\$1438.83
33924		LIG&TKDN SYSIC-TO-PULM ART SHUNT W	\$296.53	\$296.53
33925		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ	\$1780.04	\$1780.04
33926		RPR P-ART ARBORIZJ ANOMAL UNIFCLIZJ	\$2506.17	\$2506.17
33927		IMPLTJ TOTAL RPLCMT HEART SYS W/RCP	\$2649.15	\$2649.15
33935		HEART-LUNG TRNSPL W/RECIPIENT CARDI	\$5140.82	\$5140.82
33945		HEART TRANSPLANT W/WO RECIPIENT CA	\$5049.91	\$5049.91
33946		ECMO/ECLS INITIATION VENO-VENOUS	\$320.09	\$320.09
33947		ECMO/ECLS INITIATION VENO-ARTERIAL	\$355.88	\$355.88
33948		ECMO/ECLS DAILY MANAGEMENT EACH D	\$247.79	\$247.79
33949		ECMO/ECLS DAILY MANAGEMENT EA DAY	\$240.64	\$240.64
33951		ECMO/ECLS INSJ OF PRPH CANNULA BIRTH	\$440.32	\$440.32
33952		ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS	\$444.29	\$444.29
33953		ECMO/ECLS INSJ OF PRPH CANNULA BIRTH	\$490.74	\$490.74
33954		ECMO/ECLS INSJ OF PRPH CANNULA 6 YRS	\$494.36	\$494.36

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
33955		ECMO/ECLS INSJ OF CENTRAL CANNULA B	\$860.95	\$860.95
33956		ECMO/ECLS INSJ OF CENTRAL CANNULA 6	\$866.72	\$866.72
33957		ECMO/ECLS REPOS PERIPH CANNULA PERC	\$191.75	\$191.75
33958		ECMO/ECLS REPOS PERPH CANNULA PRQ 6	\$191.75	\$191.75
33959		ECMO/ECLS REPOS PERPH CANNULA OPEN	\$242.89	\$242.89
33962		ECMO/ECLS REPOS PERPH CANNULA OPEN	\$242.89	\$242.89
33963		ECMO/ECLS REPOS CENTRAL PERPH CANN	\$485.38	\$485.38
33964		ECMO/ECLS ECLS REPOS CENTRAL CNULA	\$512.22	\$512.22
33965		ECMO/ECLS RMVL OF PERPH CANNULA PE	\$191.75	\$191.75
33966		ECMO/ECLS RMVL OF PRPH CANNULA PRQ	\$245.76	\$245.76
33967		INSERTION INTRA-AORTIC BALLOON ASSI	\$268.70	\$268.70
33968		REMOVAL INTRA-AORTIC BALLOON ASSIS	\$35.05	\$35.05
33969		ECMO/ECLS RMVL OF PERPH CANNULA OP	\$282.95	\$282.95
33970		INSJ INTRA-AORT BALO ASSIST DEV VIA F	\$367.38	\$367.38
33971		RMVL I-AORT BALO ASST DEV W/RPR FEM	\$729.40	\$729.40
33973		INSJ I-AORT BALO ASSIST DEV VIA ASCEN	\$531.94	\$531.94
33974		RMVL ASCENDING-AORTA BALO DEV W/R	\$920.31	\$920.31
33975		INSJ VENTRIC ASSIST DEV XTRCORP SINGI	\$1355.00	\$1355.00
33976		INSJ VENTRIC ASSIST DEV XTRCORP BIVEI	\$1647.43	\$1647.43
33977		REMOVAL VENTR ASSIST DEVICE XTRCOR	\$1167.19	\$1167.19
33978		REMOVAL VENTR ASSIST DEVICE XTRCOR	\$1379.56	\$1379.56
33979		INSJ VENTR ASSIST DEV IMPLTABLE ICOR	\$2020.96	\$2020.96
33980		RMVL VENTR ASSIST DEV IMPLTABLE ICO	\$1844.62	\$1844.62
33981		RPLCMT XTRCORP VAD 1/BIVENTR PUMP 1	\$863.42	\$863.42
33982		PLCMT VAD PMP IMPLTBL ICORP 1 VENTR	\$2,028.71	\$2,028.71
33983		RPLCMT VAD PMP IMPLTBL ICORP 1 VNTR	\$2398.30	\$2398.30
33984		ECMO/ECLS RMVL PRPH CANNULA OPEN 6	\$295.11	\$295.11
33985		ECMO/ECLS REMOVAL OF CENTRAL CANN	\$532.95	\$532.95
33986		ECMO/ECLS RMVL OF CENTRAL CANNULA	\$543.37	\$543.37
33987		ARTERY EXPOS/GRAFT ARTERY PERFUSIO	\$216.03	\$216.03
33988		INSERT LEFT HEART VENT BY THORACIC I	\$806.93	\$806.93
33989		RMVL LEFT HEART VENT BY THORACIC IN	\$512.22	\$512.22
33990		INSJ PERQ VAD W/IMAGING ARTERY ACCE	\$440.81	\$440.81
33991		INSJ PERQ VAD TRNSPTAL W/IMAGE ART&	\$646.89	\$646.89
33992		REMOVAL PERCUTANEOUS VAD DIFFEREN	\$206.79	\$206.79
33993		REPOSITION VAD W/IMAGING DIFFERENT	\$180.31	\$180.31
34001		EMBLC/THRMBC CATH CRTD SUBCLA/INN	\$949.91	\$949.91
34051		EMBLC/THRMBC INNOMINATE SUBCLAVI	\$1,026.19	\$1,026.19
34101		EMBLC/THRMBC AX BRACH INNOMINATE	\$621.99	\$621.99
34111		EMBLC/THRMBC W/VO CATH RADIAL/ULN	\$625.23	\$625.23
34151		EMBLC/THRMBC RNL CELIAC MESENTRY 1	\$1,445.96	\$1,445.96
34201		EMBLC/THRMBC FEMORAL POPLITEAL AO	\$1,066.81	\$1,066.81
34203		EMBLC/THRMBC POPLITEAL-TIBIO-PRONE	\$988.20	\$988.20
34401		THRMBC DIR/W/CATH VENA CAVA ILIAC V	\$1,510.20	\$1,510.20
34421		THRMBC DIR/W/CATH V/C ILIAC FEMPOP V	\$771.67	\$771.67
34451		THRMBC DIR/W/CATH V/C ILIAC FEMPOP V	\$1,491.52	\$1,491.52
34471		THRMBC DIR/W/CATH SUBCLAVIAN VEIN I	\$1,119.78	\$1,119.78
34490		THRMBC DIR/W/CATH AXILL&SUBCLAVIA	\$662.80	\$662.80
34501		VALVULOPLASTY FEMORAL VEIN	\$925.17	\$925.17
34502		RECONSTRUCTION VENA CAVA ANY METH	\$1601.85	\$1601.85

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
34510		VENOUS VALVE TRANSPOSITION ANY VEI	\$1060.10	\$1060.10
34520		CROSS-OVER VEIN GRAFT VENOUS SYSTEI	\$1026.88	\$1026.88
34530		SAPHENOPOPLITEAL VEIN ANASTOMOSIS	\$974.81	\$974.81
34701		EVASC RPR DPLMNT AORTO-AORTIC NDGI	\$1293.56	\$1293.56
34702		EVASC RPR DPLMNT AORTO-AORTIC NDGI	\$1930.37	\$1930.37
34703		EVASC RPR DPLMNT AORTO-UN-ILIAC NDC	\$1426.45	\$1426.45
34704		EVASC RPR DPLMNT AORTO-UN-ILIAC NDC	\$2376.05	\$2376.05
34705		EVASC RPR DPLMNT AORTO-BI-ILIAC NDG	\$1592.78	\$1592.78
34706		EVASC RPR DPLMNT AORTO-BI-ILIAC NDG	\$2401.32	\$2401.32
34707		EVASC RPR DPLMNT ILIO-ILIAC NDGFT	\$1207.27	\$1207.27
34708		EVASC RPR DPLMNT ILIO-ILIAC NDGFT RP	\$1,926.48	\$1,926.48
34709		PLACEMENT XTN PROSTH FOR ENDOVASC	\$336.82	\$336.82
34710		DLYD PLACEMENT XTN PROSTH FOR EVA	\$834.02	\$834.02
34711		DLYD PLACEMENT XTN PROSTH FOR EVA	\$310.36	\$310.36
34712		TRANSCATHETER DLVR ENHNCD FIXATIO	\$687.15	\$687.15
34713		PERQ ACCESS & CLOSURE FEM ART FOR D	\$129.79	\$129.79
34714		OPN FEM ART EXPOS W/CNDT CRTJ DLVR I	\$281.49	\$281.49
34715		OPN AX/SUBCLA ART EXPOS DLVR EVASC	\$311.80	\$311.80
34716		OPN AXILLARY/SUBCLAVIAN ART EXPOS V	\$386.30	\$386.30
34717		EVASC RPR ILIAC ART TM OF A-ILIAC ART	\$462.64	\$462.64
34718		EVASC RPR ILIAC ART N/A A-ILIAC ART NE	\$1,290.53	\$1,290.53
34808		EVASC PLACEMENT ILIAC ARTERY OCCLU	\$207.68	\$207.68
34812		OPN FEM ART EXPOS DLVR EVASC PROSTH	\$214.90	\$214.90
34813		PLMT FEM-FEM PROSTC GRF EVASC AORT	\$246.71	\$246.71
34820		OPN ILIAC ART EXPOS PROSTH/ILIAC OCCI	\$364.01	\$364.01
34830		OPN RPR ARYSM RPR ARTL TRAUMA TUBE	\$1,831.13	\$1,831.13
34831		OPN RPR ARYSM RPR ARTL TRMA AORTOE	\$2,004.13	\$2,004.13
34832		OPN RPR ARYSM RPR ARTL TRMA AORTO-	\$1,969.47	\$1,969.47
34833		OPN ILIAC ART EXPOS CRTJ PROSTH EST C	\$419.74	\$419.74
34834		OPN BRACHIAL ARTERY EXPOS DLVR EVA	\$134.78	\$134.78
35001		DIR RPR ANEURYSM CAROTID-SUBCLAVIA	\$1,166.51	\$1,166.51
35002		DIR RPR RUPTD ANEURYSM CAROTID-SUB	\$1,180.23	\$1,180.23
35005		DIR RPR ANEURYSM VERTEBRAL ARTERY	\$1,032.97	\$1,032.97
35011		DIR RPR ANEURYSM AXIL-BRACHIAL ARM	\$1,042.72	\$1,042.72
35013		DIR RPR RUPTD ANEURYSM AXIL-BRACHL	\$1,311.88	\$1,311.88
35021		DIR RPR ANEURYSM INNOMINATE/SUBCLA	\$1,304.46	\$1,304.46
35022		DIR RPR RUPTD ANEURYSM INNOMINATE/	\$1,492.58	\$1,492.58
35045		DIR RPR RUPTD ANEURYSM RADIAL/ULNA	\$1,017.72	\$1,017.72
35081		DIR RPR ANEURYSM ABDOMINAL AORTA	\$1,800.22	\$1,800.22
35082		DIR RPR RUPTD ANEURYSM ABDOMINAL A	\$2271.03	\$2271.03
35091		DIR RPR ANEURYSM ABDOM AORTA W/VI	\$1,860.31	\$1,860.31
35092		DIR RPR RUPTD ANEURSM ABDOM AORTA	\$2,709.55	\$2,709.55
35102		DIR RPR ANEURYSM ABDOM AORTA W/ILI	\$1,954.32	\$1,954.32
35103		DIR RPR RUPTD ANEURYSM ABDOM AORT	\$2,326.23	\$2,326.23
35111		DIR RPR ANEURYSM SPLENIC ARTERY	\$1380.01	\$1380.01
35112		DIR RPR RUPTD ANEURYSM SPLENIC ARTE	\$1698.16	\$1698.16
35121		DIR RPR ANEURYSM HEPATIC/CELIAC/REN	\$1642.73	\$1642.73
35122		DIR RPR RUPTD ANEURSM HEPATIC/CELIA	\$1964.82	\$1964.82
35131		DIR RPR ANEURYSM & GRAFT ILIAC ARTEI	\$1,431.95	\$1,431.95
35132		DIR RPR RUPTD ANEURYSM & GRAFT ILIA	\$1,698.16	\$1,698.16

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
35141		DIR RPR ANEURYSM & GRAFT COMMON FI	\$1,146.24	\$1,146.24
35142		DIR RPR RUPTD ANEURYSM & GRF COMM	\$1382.75	\$1382.75
35151		DIR RPR ANEURYSM & GRAFT POPLITEAL	\$1,286.71	\$1,286.71
35152		DIR RPR RUPTD ANEURYSM & GRF POPLIT	\$1,451.53	\$1,451.53
35180		REPAIR CONGENITAL AV FISTULA HEAD &	\$910.53	\$910.53
35182		RPR CONGENITAL AV FISTULA THORAX &	\$1,853.86	\$1,853.86
35184		RPR CONGENITAL AV FISTULA EXTREMITI	\$1,001.07	\$1,001.07
35188		RPR/TRAUMATIC AV FISTULA HEAD & NEC	\$1,326.28	\$1,326.28
35189		RPR/TRAUMATIC AV FISTULA THORAX & /	\$1,568.05	\$1,568.05
35190		RPR/TRAUMATIC AV FISTULA EXTREMITIE	\$792.59	\$792.59
35201		REPAIR BLOOD VESSEL DIRECT NECK	\$978.55	\$978.55
35206		REPAIR BLOOD VESSEL DIRECT UPPER EX	\$811.86	\$811.86
35207		REPAIR BLOOD VESSEL DIRECT HAND FIN	\$780.10	\$780.10
35211		RPR BLOOD VESSEL DIRECT INTRATHORA	\$1440.44	\$1440.44
35216		RPR BLOOD VESSEL DIRECT INTRATHORA	\$2,151.04	\$2,151.04
35221		RPR BLOOD VESSEL DIRECT INTRA-ABDOM	\$1,526.07	\$1,526.07
35226		RPR BLOOD VESSEL DIRECT LOWER EXTR	\$864.93	\$864.93
35231		REPAIR BLOOD VESSEL W/VEIN GRAFT NE	\$1,303.12	\$1,303.12
35236		REPAIR BLOOD VESSEL W/VEIN GRAFT UP	\$1,044.44	\$1,044.44
35241		RPR BLOOD VESSEL VEIN GRAFT INTRATH	\$1486.14	\$1486.14
35246		RPR BLOOD VESSEL VEIN GRF INTRATHOR	\$1,620.92	\$1,620.92
35251		REPAIR BLOOD VESSEL VEIN GRAFT INTR	\$1814.75	\$1814.75
35256		REPAIR BLOOD VESSEL VEIN GRAFT LOWE	\$1,065.57	\$1,065.57
35261		REPAIR BLOOD VESSEL W/GRAFT OTHER/I	\$1,016.89	\$1,016.89
35266		RPR BLOOD VSL GRF OTH/THN VEIN UPPEI	\$898.95	\$898.95
35271		RPR BLOOD VSL GRF OTH/THN VEIN INTR	\$1,430.33	\$1,430.33
35276		RPR BLOOD VSL GRF OTH/THN VEIN INTR	\$1,508.77	\$1,508.77
35281		RPR BLVSL W/GRFT OTHER/THAN VEIN IN	\$1,692.94	\$1,692.94
35286		RPR BLVSL W/GRF OTHER/THAN VEIN LOW	\$971.92	\$971.92
35301		TEAEC W/PATCH GRF CAROTID VERTB SUI	\$1,177.17	\$1,177.17
35302		TEAEC W/GRAFT SUPERFICIAL FEMORAL /	\$1166.24	\$1166.24
35303		TEAEC W/GRAFT POPLITEAL ARTERY	\$1287.86	\$1287.86
35304		TEAEC W/GRAFT TIBIOPERONEAL TRUNK	\$1325.98	\$1325.98
35305		TEAEC W/GRAFT TIBIAL/PERONEAL ART 1:	\$1,273.77	\$1,273.77
35306		TEAEC W/GRAFT EA ADDL TIBIAL/PERONE	\$463.25	\$463.25
35311		TEAEC W/WO PATCH GRF SUBCLAV INNOM	\$1,614.95	\$1,614.95
35321		TEAEC W/WO PATCH GRF AXILLARY-BRAC	\$928.19	\$928.19
35331		TEAEC W/WO PATCH GRAFT ABDOMINAL	\$1,510.71	\$1,510.71
35341		TEAEC W/WO PATCH GRAFT MESENTERIC	\$1,430.24	\$1,430.24
35351		TEAEC W/WO PATCH GRAFT ILIAC	\$1,334.64	\$1,334.64
35355		TEAEC W/WO PATCH GRAFT ILIOFEMORAI	\$1,072.76	\$1,072.76
35361		TEAEC W/WO PATCH GRAFT COMBINED AC	\$1,581.64	\$1,581.64
35363		TEAEC W/WO PATCH GRAFT COMBINED AC	\$1,687.44	\$1,687.44
35371		TEAEC W/WO PATCH GRAFT COMMON FEM	\$849.76	\$849.76
35372		TEAEC W/WO PATCH GRAFT DEEP PROFUN	\$1,017.80	\$1,017.80
35390		ROPRTJ CRTD TEAEC > 1 MO AFTER ORIGI	\$166.28	\$166.28
35400		ANGIOSCOPY NON-CORONARY VESSEL/GR	\$154.46	\$154.46
35500		HARVEST UXTR VEIN 1 SGM LOWER EXTR	\$332.16	\$332.16
35501		BYPASS W/VEIN COMMON-IPSILATERAL C	\$1,517.24	\$1,517.24
35506		BYPASS W/VEIN CAROTID-SUBCLV/SUBCL	\$1,323.44	\$1,323.44

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
35508		BYPASS W/VEIN CAROTID-VERTEBRAL	\$1,377.94	\$1,377.94
35509		BYPASS W/VEIN CAROTID-CONTRALATER	\$1,468.28	\$1,468.28
35510		BYPASS W/VEIN CAROTID-BRACHIAL	\$1,276.62	\$1,276.62
35511		BYPASS W/VEIN SUBCLAVIAN-SUBCLAVIA	\$1,164.00	\$1,164.00
35512		BYPASS W/VEIN SUBCLAVIAN-BRACHIAL	\$1,252.32	\$1,252.32
35515		BYPASS W/VEIN SUBCLAVIAN-VERTEBRAI	\$1,377.94	\$1,377.94
35516		BYPASS W/VEIN SUBCLAVIAN-AXILLARY	\$1,266.96	\$1,266.96
35518		BYPASS W/VEIN AXILLARY-AXILLARY	\$1,186.52	\$1,186.52
35521		BYPASS W/VEIN AXILLARY-FEMORAL	\$1,273.86	\$1,273.86
35522		BYPASS W/VEIN AXILLARY-BRACHIAL	\$1,265.70	\$1,265.70
35523		BYPASS W/VEIN BRACHIAL-ULNAR/-RADI	\$1,332.72	\$1,332.72
35525		BYPASS W/VEIN BRACHIAL-BRACHIAL	\$1,180.86	\$1,180.86
35526		BYPASS W/VEIN AORTOSUBCLAV/CAROTI	\$1,794.70	\$1,794.70
35531		BYPASS W/VEIN AORTOCELIAC/AORTOME	\$2,025.22	\$2,025.22
35533		BYPASS W/VEIN AXILLARY-FEMORAL-FEM	\$1565.20	\$1565.20
35535		BYPASS W/VEIN HEPATORENAL	\$1,978.41	\$1,978.41
35536		BYPASS W/VEIN SPLENORENAL	\$1,756.42	\$1,756.42
35537		BYPASS W/VEIN AORTOILIAC	\$2,167.52	\$2,167.52
35538		BYPASS W/VEIN AORTOBI-ILIAC	\$2429.20	\$2429.20
35539		BYPASS W/VEIN AORTOFEMORAL	\$2,279.75	\$2,279.75
35540		BYPASS W/VEIN AORTOBIFEMORAL	\$2,541.77	\$2,541.77
35556		BYPASS W/VEIN FEMORAL-POPLITEAL	\$1,457.04	\$1,457.04
35558		BYPASS W/VEIN FEMORAL-FEMORAL	\$1,279.07	\$1,279.07
35560		BYPASS W/VEIN AORTORENAL	\$1,771.08	\$1,771.08
35563		BYPASS W/VEIN ILIOILIAC	\$1,373.95	\$1,373.95
35565		BYPASS W/VEIN ILIOFEMORAL	\$1,361.09	\$1,361.09
35566		BYP FEM-ANT TIBL PST TIBL PRONEAL AR	\$1,738.35	\$1,738.35
35570		BYP TIBL-TIBL/PRONEAL-TIBL/TIBL/PRON	\$1,530.56	\$1,530.56
35571		BYP W/VEIN POP-TIBL-PRONEAL ART/OTH	\$1,378.95	\$1,378.95
35572		HARVEST FEMPOP VEIN 1 SGM VASC RCNS	\$359.05	\$359.05
35583		IN-SITU VEIN BYPASS FEMORAL-POPLITEA	\$1,502.39	\$1,502.39
35585		IN-SITU FEM-ANT TIBL PST TIBL/PRONEAL	\$1,741.61	\$1,741.61
35587		IN-SITU VEIN BYP POP-TIBL PRONEAL	\$1,418.32	\$1,418.32
35600		HARVEST UPPER EXTREMITY ARTERY 1 SI	\$266.12	\$266.12
35601		BYP OTH/THN VEIN COMMON-IPSILATERA	\$1454.34	\$1454.34
35606		BYP OTH/THN VEIN CAROTID-SUBCLAVIAI	\$1,219.46	\$1,219.46
35612		BYP OTH/THN VEIN SUBCLAVIAN-SUBCLA	\$1,083.69	\$1,083.69
35616		BYP OTH/THN VEIN SUBCLAVIAN-AXILLAI	\$1,145.05	\$1,145.05
35621		BYP OTH/THN VEIN AXILLARY-FEMORAL	\$1,140.76	\$1,140.76
35623		BYP OTH/THN VEIN AXILLARY-POPLITEAL	\$1,363.94	\$1,363.94
35626		BYPASS NOT VEIN AORTOSUBCLA/CAROTI	\$1,650.43	\$1,650.43
35631		BYP OTH/THN VEIN AORTOCELIAC AORTO	\$1,925.69	\$1,925.69
35632		BYPASS GRAFT W/OTHER THAN VEIN ILIO	\$1,877.97	\$1,877.97
35633		BYPASS GRAFT W/OTHER THAN VEIN ILIO	\$2,062.05	\$2,062.05
35634		BYPASS GRAFT W/OTHER THAN VEIN ILIO	\$1,837.94	\$1,837.94
35636		BYP OTH/THN VEIN SPLENORENAL	\$1656.70	\$1656.70
35637		BYP OTH/THN VEIN AORTOILIAC	\$1724.28	\$1724.28
35638		BYP OTH/THN VEIN AORTOBI-ILIAC	\$1813.54	\$1813.54
35642		BYP OTH/THN VEIN CAROTID-VERTEBRAL	\$1023.39	\$1023.39
35645		BYP OTH/THN VEIN SUBCLAVIAN-VERTEB	\$982.85	\$982.85

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
35646		BYP OTH/THN VEIN AORTOBIFEMORAL	\$1784.97	\$1784.97
35647		BYP OTH/THN VEIN AORTOFEMORAL	\$1609.34	\$1609.34
35650		BYP OTH/THN VEIN AXILLARY-AXILLARY	\$1,061.05	\$1,061.05
35654		BYP OTH/THN VEIN AXILLARY-FEMORAL-]	\$1,424.78	\$1,424.78
35656		BYP OTH/THN VEIN FEMORAL-POPLITEAL	\$1123.72	\$1123.72
35661		BYP OTH/THN VEIN FEMORAL-FEMORAL	\$1127.39	\$1127.39
35663		BYP OTH/THN VEIN ILIOILIAC	\$1263.86	\$1263.86
35665		BYP OTH/THN VEIN ILIOFEMORAL	\$1220.97	\$1220.97
35666		BYP OTH/THN VEIN FEM-ANT TIBL PST TIB	\$1324.66	\$1324.66
35671		BYP OTH/THN VEIN POPLITEAL-TIBIAL/-PE	\$1168.34	\$1168.34
35681		BYPASS COMPOSITE GRAFT PROSTHETIC &	\$84.40	\$84.40
35682		BYP AUTOG COMPOSIT 2 SEG VEINS FROM	\$367.88	\$367.88
35683		BYP AUTOG COMPOSIT 3/> SEG FROM 2/> L	\$425.00	\$425.00
35685		PLMT VEIN PATCH/CUFF DSTL ANAST BYP	\$206.64	\$206.64
35686		CRTJ DSTL ARVEN FSTL LXTR BYP SURG N	\$167.29	\$167.29
35691		TRPOS&/RIMPLTJ VERTEBRAL CAROTID A]	\$981.78	\$981.78
35693		TRPOS&/RIMPLTJ VERTEBRAL SUBCLAVIA	\$865.44	\$865.44
35694		TRPOS&/RIMPLTJ SUBCLAVIAN CAROTID /	\$1025.75	\$1025.75
35695		TRPOS&/RIMPLTJ CAROTID SUBCLAVIAN /	\$1,064.71	\$1,064.71
35697		RIMPLTJ VISC ART INFRARNL AORTIC PRO	\$153.37	\$153.37
35700		ROPRTJ > 1 MO AFTER ORIGINAL OPRATIO	\$158.75	\$158.75
35701		EXPLORATION N/FLWD SURG NECK ARTEF	\$453.27	\$453.27
35702		EXPLORATION N/FLWD SURG UPPER EXTR	\$426.05	\$426.05
35703		EXPLORATION N/FLWD SURG LOWER EXTI	\$432.36	\$432.36
35800		EXPL PO HEMRRG THROMBOSIS/INFCTJ NC	\$745.62	\$745.62
35820		EXPL PO HEMRRG THROMBOSIS/INFCTJ CF	\$2085.54	\$2085.54
35840		EXPL PO HEMRRG THROMBOSIS/INFCTJ AF	\$1248.14	\$1248.14
35860		EXPL PO HEMRRG THROMBOSIS/INFCTJ XI	\$870.01	\$870.01
35870		RPR GRF-ENTERIC FSTL	\$1293.53	\$1293.53
35875		THRMBC ARTL/VEN GRF OTH/THN HEMO C	\$619.20	\$619.20
35876		THRMBC ARTL/VEN GRF XCP HEMO GRF/F	\$984.61	\$984.61
35879		REVJ LXTR ARTL BYP OPN VEIN PATCH AN	\$962.43	\$962.43
35881		REVJ LXTR ARTL BYP OPN W/SGMTL VEIN	\$1061.82	\$1061.82
35883		REVISION FEMORAL ANAST OPEN NONAU	\$1249.81	\$1249.81
35884		REVISION FEMORAL ANAST OPEN W/AUTC	\$1288.04	\$1288.04
35901		EXCISION INFECTED NECK GRAFT	\$488.96	\$488.96
35903		EXCISION INFECTED GRAFT EXTREMITY	\$587.68	\$587.68
35905		EXCISION INFECTED GRAFT THORAX	\$1841.02	\$1841.02
35907		EXCISION INFECTED GRAFT ABDOMEN	\$1979.22	\$1,979.22
36000		INTRODUCTION NEEDLE/INTRACATHETER	\$9.29	\$28.43
36002		INJECTION PX PRQ TX EXTREMITY PSEUD	\$108.76	\$158.95
36005		NJX PX XTR VNGRPH W/INTRO NDL/INTRA	\$49.33	\$304.28
36010		INTRO CATHETER SUPERIOR/INFERIOR VE	\$114.06	\$541.97
36011		SLCTV CATH PLMT VEN SYS 1ST ORDER BI	\$163.40	\$889.21
36012		SLCTV CATH PLMT VEN SYS 2ND ORDER/>	\$180.17	\$903.11
36013		INTRO CATHETER RIGHT HEART/MAIN PUI	\$126.16	\$821.28
36014		SLCTV CATHETER PLMT LEFT/RIGHT PULM	\$157.67	\$855.70
36015		SLCTV CATH PLMT SEGMENTAL/SUBSEGM	\$178.72	\$926.93
36100		INTRO NEEDLE/INTRACATH CAROTID/VER	\$158.42	\$535.05
36140		INTRO OF NEEDLE OR INTRACATHETER UI	\$92.98	\$492.36

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
36160		INTRO NEEDLE/INTRACATH AORTIC TRAN	\$129.05	\$561.29
36200		INTRODUCTION CATHETER AORTA	\$145.18	\$607.03
36215		SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPH	\$219.19	\$1,107.15
36216		SLCTV CATHJ 1ST 2ND ORD THRC/BRCH/CI	\$282.54	\$1173.39
36217		SLCTV CATHJ 3RD+ ORD SLCTV THRC/BRC	\$340.52	\$1,944.56
36218		SLCTV CATHJ EA 2ND+ ORD THRC/BRCH/C	\$53.65	\$235.64
36221		NONSLCTV CATH THOR AORTA ANGIO INT	\$208.50	\$1,082.74
36222		SLCTV CATH CAROTID/INNOM ART ANGIO	\$293.03	\$1,281.01
36223		SLCTV CATH CAROTID/INNOM ART ANGIO	\$328.54	\$1644.76
36224		SLCTV CATH INTRNL CAROTID ART ANGIC	\$373.43	\$2124.79
36225		SLCTV CATH SUBCLAVIAN ART ANGIO VE	\$327.46	\$1576.88
36226		SLCTV CATH VERTEBRAL ART ANGIO VER	\$368.01	\$2008.51
36227		SLCTV CATH XTRNL CAROTID ANGIO XTR	\$122.07	\$255.67
36228		SLCTV CATH INTRCRNL BRNCH ANGIO INT	\$249.87	\$1358.10
36245		SLCTV CATHJ EA 1ST ORD ABDL PEL/LXTR	\$246.39	\$1376.65
36246		SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR	\$262.82	\$883.92
36247		SLCTV CATHJ 3RD+ ORD SLCTV ABDL PEL/	\$312.84	\$1557.93
36248		SLCTV CATHJ EA 2ND+ ORD ABDL PEL/LXJ	\$50.39	\$141.02
36251		SLCTV CATH 1STORD W/WO ART PUNCT/FI	\$268.55	\$1433.11
36252		SLCTV CATH 1STORD W/WO ART PUNCT/FI	\$373.15	\$1542.41
36253		SUPSLCTV CATH 2ND+ORD RENAL&ACCES	\$369.93	\$2269.70
36254		SUPSLCTV CATH 2ND+ORD RENAL&ACCES	\$429.97	\$2221.42
36260		INSJ IMPLANTABLE INTRA-ARTERIAL INFU	\$678.48	\$678.48
36261		REVJ IMPLANTED INTRA-ARTERIAL INFUS	\$421.41	\$421.41
36262		REMOVAL IMPLANTED INTRA-ARTERIAL I	\$321.44	\$321.44
36400		VNPNXR <3 YEARS PHY/QHP SKILL FEMRA	\$19.30	\$27.24
36405		VNPNXR <3 YEARS PHYS/QHP SKILL SCALI	\$15.73	\$23.67
36406		VNPNXR <3 YEARS PHYS/QHP SKILL OTHEI	\$8.94	\$16.88
36410		VNPNXR 3 YEARS/> PHYS/QHP SKILL	\$9.65	\$17.60
36420		VENIPUNCTURE CUTDOWN UNDER AGE 1	\$49.68	\$49.68
36425		VENIPUNCTURE CUTDOWN AGE 1 YR/>	\$41.13	\$41.13
36430		TRANSFUSION BLOOD/BLOOD COMPONENT	\$35.75	\$35.75
36440		PUSH TRANSFUSION BLOOD 2 YR/UNDER	\$52.54	\$52.54
36450		EXCHNG TRANSFUSION BLOOD NEWBORN	\$176.18	\$176.18
36455		EXCHNG TRANSFUSION BLOOD OTHER/TH	\$131.63	\$131.63
36456		PRTL EXCHANGE TRANSFUSE BLOOD/PLSM	\$104.75	\$104.75
36460		TRANSFUSION INTRAUTERINE FETAL	\$361.30	\$361.30
36465		NJX NONCMPND SCLEROSANT SINGLE INC	\$124.45	\$1549.73
36466		NJX NONCMPND SCLEROSANT MULTIPLE I	\$159.50	\$1719.12
36470		INJECTION SCLEROSANT SINGLE INCMPTN	\$39.34	\$111.55
36471		INJECTION SCLEROSANT MULTIPLE INCMI	\$79.39	\$201.09
36473		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCI	\$185.24	\$1457.42
36474		ENDOVEN ABLTJ INCMPTNT VEIN MCHNCI	\$92.98	\$296.28
36475		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF	\$289.39	\$1,403.05
36476		ENDOVEN ABLTJ INCMPTNT VEIN XTR RF	\$140.19	\$316.77
36478		ENDOVEN ABLTJ INCMPTNT VEIN XTR LA	\$288.31	\$1089.97
36479		ENDOVEN ABLTJ INCMPTNT VEIN XTR LA	\$141.63	\$333.74
36481		PRQ PORTAL VEIN CATHETERIZATION AN	\$341.70	\$1969.92
36482		ENDOVEN ABLTI THER CHEM ADHESIVE 1	\$185.96	\$1,949.24
36483		ENDOVEN ABLTI THER CHEM ADHESIVE S	\$93.35	\$159.79

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
36500		VEN CATHJ SLCTV ORGAN BLD SAMPLING	\$189.21	\$189.21
36510		CATHJ UMBILICAL VEIN DX/THER NB	\$55.40	\$84.65
36511		THERAPEUTIC APHERESIS WHITE BLOOD C	\$112.70	\$112.70
36512		THERAPEUTIC APHERESIS RED BLOOD CEI	\$111.61	\$111.61
36513		THERAPEUTIC APHERESIS PLATELETS	\$112.70	\$112.70
36514		THERAPEUTIC APHERESIS PLASMA PHERE	\$98.35	\$691.29
36516		THER APHERESIS W/EXTRACORPOREAL IM	\$87.30	\$2,001.16
36522		PHOTOPHERESIS EXTRACORPOREAL	\$100.91	\$1970.71
36555		INSJ NON-TUNNELED CENTRAL VENOUS C	\$87.09	\$192.18
36556		INSJ NON-TUNNELED CENTRAL VENOUS C	\$87.92	\$218.64
36557		INSERT TUNNELED CVC W/O SUBQ PORT/P	\$331.51	\$1129.92
36558		INSJ TUNNELED CVC W/O SUBQ PORT/PMP	\$270.24	\$834.28
36560		INSJ TUNNELED CTR VAD W/SUBQ PORT U	\$397.01	\$1348.52
36561		INSJ TUNNELED CTR VAD W/SUBQ PORT A	\$348.71	\$1102.33
36563		INSJ TUNNELED CTR VAD W/SUBQ PUMP	\$379.69	\$1,221.79
36565		INSJ TUN VAD REQ 2 CATH 2 SITS W/O SUB	\$347.65	\$900.50
36566		INSJ TUN VAD REQ 2 CATH 2 SITS W/SUBQ	\$374.11	\$4771.64
36568		INSERTION PICC W/O IMG GDN < 5 YR	\$95.67	\$95.67
36569		INSERTION PICC W/O IMG GDN 5 YR/>	\$97.59	\$97.59
36570		INSJ PRPH CTR VAD W/SUBQ PORT UNDER	\$344.40	\$1525.58
36571		INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 Y	\$323.45	\$1335.26
36572		INSERTION PICC W/RS&I < 5 YR	\$93.66	\$444.65
36573		INSERTION PICC W/RS&I 5 YR/>	\$87.58	\$410.05
36575		RPR TUN/NON-TUN CTR VAD CATH W/O SU	\$36.12	\$164.68
36576		RPR CTR VAD W/SUBQ PORT/PMP CTR/PRP	\$191.65	\$349.45
36578		RPLCMT CATH CTR VAD SUBQ PORT/PMP	\$210.98	\$482.90
36580		RPLCMT COMPL NON-TUN CVC COMP	\$68.29	\$223.92
36581		RPLCMT COMPL TUN CVC W/O COMPI	\$189.70	\$825.61
36582		RPLCMT COMPL TUN CTR VAD COMPI	\$300.74	\$1017.53
36583		RPLCMT COMPL TUN CTR VAD COMPI	\$340.82	\$1299.56
36584		COMPLETE REPLACEMENT PICC RS&I	\$61.84	\$357.59
36585		RPLCMT COMPL PRPH CTR VAD W/SUBQ P	\$281.45	\$1132.21
36589		RMVL TUN CVC W/O SUBQ PORT/PMP	\$142.17	\$170.70
36590		RMVL TUN CTR VAD W/SUBQ PORT/PMP C	\$197.36	\$229.50
36591		COLLECT BLOOD FROM IMPLANT VENOUS	\$25.27	\$25.27
36592		COLLECT BLOOD FROM CATHETER VENOU	\$28.53	\$28.53
36593		DECLOT BY THROMBOLYTIC AGENT IMPL	\$32.14	\$32.14
36595		MCHNL RMVL PRICATH OBSTR CV DEV VL	\$188.42	\$644.13
36596		MCHNL RMVL INTRAL OBSTR CV DEV THR	\$45.11	\$124.91
36597		RPSG PREVIOUSLY PLACED CVC UNDER FI	\$62.56	\$136.23
36598		CNTRST NJX RAD EVAL CTR VAD FLUOR I	\$38.25	\$123.83
36600		ARTERIAL PUNCTURE WITHDRAWAL BLOC	\$16.08	\$30.89
36620		ARTL CATHJ/CANNULJ MNTR/TRANSFUSIC	\$45.70	\$45.70
36625		ARTL CATHJ/CANNULJ MNTR/TRANSFUSIC	\$109.40	\$109.40
36640		ARTL CATHJ PROLNG NFS THER CHEMOTX	\$118.42	\$118.42
36660		CATHETERIZATION UMBILICAL NEWBORN	\$70.40	\$70.40
36680		PLACEMENT NEEDLE INTRAOSSEOUS INFU	\$62.21	\$62.21
36800		INSJ CANNULA HEMO OTH PURPOSE SPX V	\$126.93	\$126.93
36810		INSJ CANNULA HEMO OTH PURPOSE SPX A	\$218.57	\$218.57
36815		INSJ CANNULA HEMO OTH SPX ARVEN XTI	\$140.21	\$140.21

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
36818		ARVEN ANAST OPN UPR ARM CEPHALIC V.	\$719.82	\$719.82
36819		ARVEN ANAST OPN UPR ARM BASILIC VEI	\$761.24	\$761.24
36820		ARVEN ANAST OPN F/ARM VEIN TRPOS	\$758.82	\$758.82
36821		ARTERIOVENOUS ANASTOMOSIS OPEN DII	\$691.18	\$691.18
36823		INSJ CNULA ISLTD XC-CIRCJ REG CHEMOT	\$1458.26	\$1,458.26
36825		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST	\$827.24	\$827.24
36830		CRTJ ARVEN FSTL XCP DIR ARVEN ANAST	\$694.72	\$694.72
36831		THRMBC OPN ARVEN FSTL W/O REVJ DIAL	\$640.72	\$640.72
36832		REVJ OPN ARVEN FSTL W/O THRMBC DIAL	\$786.41	\$786.41
36833		REVJ OPN ARVEN FSTL W/THRMBC DIAL G	\$843.32	\$843.32
36835		INSERTION THOMAS SHUNT SEPARATE PR	\$496.62	\$496.62
36838		DSTL REVSC&INTERVAL LIG UXTR HEMO .	\$1,191.34	\$1,191.34
36860		XTRNL CANNULA DECLTNG SPX W/O BALC	\$115.60	\$253.55
36861		XTRNL CANNULA DECLTNG SPX W/BALO C	\$144.95	\$144.95
36901		INTRO CATH DIALYSIS CIRCUIT DX ANGR	\$175.19	\$710.72
36902		INTRO CATH DIALYSIS CIRCUIT W/TRLUM	\$248.09	\$1,332.85
36903		INTRO CATH DIALYSIS CIRCUIT W/TCAT PI	\$328.89	\$5,280.73
36904		PERQ THRMBC/NFS DIALYSIS CIRCUIT IMC	\$383.92	\$1973.14
36905		PERQ THRMBC/NFS DIAL CIRCUIT TRLUMI	\$460.41	\$2,477.91
36906		PERQ THRMBC/NFS DIAL CIRCUIT TCAT PL	\$531.53	\$6,554.41
36907		TRLUML BALO ANGIOP CTR DIALYSIS SEG	\$151.91	\$708.37
36908		STENT PLMT CENTRAL DIA YLSIS SEG PFR	\$215.18	\$2,151.06
36909		DIALYSIS CIRCUIT VASC EMBOLI OCCLS EV	\$208.38	\$2,049.66
37140		VENOUS ANASTOMOSIS OPEN PORTOCAV/	\$2424.15	\$2,424.15
37145		VENOUS ANASTOMOSIS OPEN RENOPORT/	\$2247.67	\$2,247.67
37160		VENOUS ANASTOMOSIS OPEN CAVAL-MES	\$2308.90	\$2308.90
37180		VENOUS ANASTOMOSIS OPEN SPLENOREN	\$2219.76	\$2219.76
37181		VENOUS ANASTOMOSIS OPEN SPLENOREN	\$2424.15	\$2424.15
37182		INSJ TRANSVNS INTRAHEPATC PORTOSYS	\$848.37	\$848.37
37183		REVJ TRANSVNS INTRAHEPATIC PORTOSY	\$386.30	\$6354.64
37184		PRIM PRQ TRLUML MCHNL THRMBC N-CO	\$452.09	\$2,018.20
37185		PRIM PRQ TRLUML MCHNL THRMBC N-CO	\$170.55	\$609.30
37186		SEC PRQ TRLUML THRMBC N-CORONARY I	\$253.48	\$1,355.21
37187		PRQ TRANSLUMINAL MECHANICAL THROI	\$407.97	\$1983.83
37188		PRQ TRLUML MCHNL THRMBC VEIN REPE	\$289.66	\$1,669.80
37191		INS INTRVAS VC FILTR W/WO VAS ACS VSI	\$231.67	\$2,455.00
37192		REPSNG INTRVAS VC FILTR W/WO ACS VSI	\$358.18	\$1379.03
37193		RTRVL INTRVAS VC FILTR W/WO ACS VSL	\$362.10	\$1,624.53
37197		PRQ TRANSCATHETER RTRVL INTRVAS FB	\$312.46	\$1,645.67
37200		TRANSCATHETER BIOPSY	\$225.12	\$225.12
37211		THROMBOLYSIS ARTERIAL INFUSION ICRA/	\$401.14	\$401.14
37212		THROMBOLYSIS VENOUS INFUSION W/IMA	\$350.70	\$350.70
37213		THROMBOLYSIS ART/VENOUS INFSN W/IM	\$241.64	\$241.64
37214		CESSATION THROMBOLYTIC THER W/CAT	\$127.63	\$127.63
37215		TCAT IV STENT CRV CRTD ART EMBOLIC F	\$1039.53	\$1,039.53
37216		TCAT IV STENT CRV CRTD ART W/O EMBO	\$1011.41	\$1,011.41
37217		TCATH STENT PLACEMT RETROGRAD CAR	\$1122.31	\$1,122.31
37218		TCATH STENT PLACEMT ANTEGRADE CAR	\$850.39	\$850.39
37220		REVASCULARIZATION ILIAC ARTERY ANG	\$416.98	\$2,960.60
37221		REVSC OPN/PRQ ILIAC ART W/STNT PLMT	\$514.61	\$4,009.39

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
37222		REVASCULARIZATION ILIAC ART ANGIOPL	\$193.80	\$765.43
37223		REVSC OPN/PRQ ILIAC ART W/STNT & ANG	\$221.33	\$1,964.39
37224		REVSC OPN/PRQ FEM/POP W/ANGIOPLASTY	\$463.12	\$3,521.68
37225		REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIO	\$627.32	\$11,582.53
37226		REVSC OPN/PRQ FEM/POP W/STNT/ANGIOPL	\$541.44	\$10,286.23
37227		REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/	\$754.59	\$14,892.58
37228		REVSC OPN/PRQ TIB/PERO W/ANGIOPLAST	\$564.65	\$5,069.79
37229		REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIO	\$731.34	\$11,625.89
37230		REVSC OPN/PRQ TIB/PERO W/STNT/ANGIO	\$727.14	\$10,456.04
37231		REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/A	\$788.26	\$14476.69
37232		REVSC OPN/PRQ TIB/PERO W/ANGIOPLAST	\$208.46	\$1,047.67
37233		REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIO	\$338.97	\$1285.79
37234		REVSC OPN/PRQ TIB/PERO W/STNT/ANGIO	\$296.88	\$3,984.86
37235		REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/A	\$418.47	\$4197.44
37236		OPEN/PERQ PLACEMENT INTRAVASCULAR	\$462.39	\$3457.76
37237		OPEN/PERQ PLACEMENT INTRAVASCULAR	\$220.97	\$1918.89
37238		OPEN/PERQ PLACEMENT INTRAVASCULAR	\$317.53	\$3258.74
37239		OPEN/PERQ PLACEMENT INTRAVASC STEM	\$158.44	\$1509.69
37241		VASCULAR EMBOLIZATION OR OCCLUSIO	\$454.05	\$5057.79
37242		VASCULAR EMBOLIZATION OR OCCLUSIO	\$495.03	\$7822.94
37243		VASCULAR EMBOLIZE/OCCLUDE ORGAN T	\$582.44	\$9872.96
37244		VASCULAR EMBOLIZATION OR OCCLUSIO	\$689.72	\$7242.71
37246		TRLML BALO ANGIOPL OPEN/PERQ IMG S&I	\$361.81	\$2,103.41
37247		TRLML BALO ANGIOPL OPEN/PERQ IMG S&I	\$177.65	\$739.54
37248		TRLML BALO ANGIOPL OPEN/PERQ W/IMG S	\$308.87	\$1547.10
37249		TRLML BALO ANGIOPL OPEN/PERQ W/IMG S	\$151.57	\$564.30
37252		INTRAVASCULAR US NONCORONARY RS&	\$94.04	\$1201.19
37253		INTRAVASCULAR US NONCORONARY RS&	\$75.45	\$193.53
37500		VASC ENDOSCOPY SURG W/LIG PERFORAT	\$657.35	\$657.35
37565		LIGATION INTERNAL JUGULAR VEIN	\$749.57	\$749.57
37600		LIGATION EXTERNAL CAROTID ARTERY	\$759.82	\$759.82
37605		LIGATION INTERNAL/COMMON CAROTID A	\$766.52	\$766.52
37606		LIG INT/COMMON CAROTID ART W/GRADU	\$743.05	\$743.05
37607		LIG/BANDING ANGIOACCESS ARTERIOVEN	\$388.94	\$388.94
37609		LIGATION/BIOPSY TEMPORAL ARTERY	\$212.92	\$321.25
37615		LIGATION MAJOR ARTERY NECK	\$549.21	\$549.21
37616		LIGATION MAJOR ARTERY CHEST	\$1146.50	\$1146.50
37617		LIGATION MAJOR ARTERY ABDOMEN	\$1382.33	\$1382.33
37618		LIGATION MAJOR ARTERY EXTREMITY	\$402.42	\$402.42
37619		INS INTRVAS VC FILTR W/WO VAS ACS VSI	\$1803.85	\$1803.85
37650		LIGATION OF FEMORAL VEIN	\$475.55	\$475.55
37660		LIGATION OF COMMON ILIAC VEIN	\$1,372.68	\$1,372.68
37700		LIG&DIV LONG SAPH VEIN SAPHFEM JUNC	\$253.70	\$253.70
37718		LIGJ DIVJ & STRIPPING SHORT SAPHENOUS	\$436.88	\$436.88
37722		LIGJ DIVJ&STRIP LONG SAPH SAPHFEM JU	\$490.16	\$490.16
37735		LIGJ & DIVJ RADICAL STRIP LONG/SHORT	\$602.87	\$602.87
37760		LIG PRFRATR VEIN SUBFSCAL RAD INCL SI	\$648.06	\$648.06
37761		LIG PRFRATR VEIN SUBFSCAL OPEN INCL I	\$562.60	\$562.60
37765		STAB PHLEBT VARICOSE VEINS 1 XTR 10-2	\$282.07	\$455.41
37766		STAB PHLEBT VARICOSE VEINS 1 XTR > 20	\$345.37	\$532.06

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
37780		LIGJ & DIV SHORT SAPH VEIN SAPHENOPO	\$242.45	\$242.45
37785		LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTE	\$267.36	\$366.30
37788		PENILE REVASCULARIZATION ARTERY W/	\$1306.57	\$1306.57
37790		PENILE VENOUS OCCLUSIVE PROCEDURE	\$502.23	\$502.23
38100		SPLENECTOMY TOTAL SEPARATE PROCEED	\$1202.90	\$1202.90
38101		SPLENECTOMY TOTAL EN BLOC W/OTHER	\$1216.28	\$1216.28
38102		SPLENC TOT EN BLOC EXTNSV DS CONJUN	\$273.06	\$273.06
38115		RPR RPTD SPLEEN SPLENORRHAPHY W/WC	\$1331.33	\$1331.33
38120		LAPAROSCOPIC SURGICAL SPLENECTOMY	\$1098.74	\$1098.74
38200		INJECTION PROCEDURE SPLENOPORTOGR.	\$137.64	\$137.64
38206		BLD-DRV HEMATOP PROGEN CELL HRVG 1	\$86.96	\$86.96
38220		DIAGNOSTIC BONE MARROW ASPIRATION	\$71.96	\$171.63
38221		DIAGNOSTIC BONE MARROW BIOPSIES	\$71.55	\$160.74
38222		DIAGNOSTIC BONE MARROW BIOPSIES & /	\$80.13	\$177.63
38230		BONE MARROW HARVEST TRANSPLANTA7	\$211.96	\$211.96
38232		BONE MARROW HARVEST TRANSPLANTA7	\$206.18	\$206.18
38240		TRNSPLJ ALLOGENEIC HEMATOPOIETIC CI	\$242.73	\$242.73
38241		TRNSPLJ AUTOLOGOUS HEMATOPOIETIC C	\$179.70	\$179.70
38242		ALLOGENEIC LYMPHOCYTE INFUSIONS	\$129.97	\$129.97
38243		TRNSPLJ HEMATOPOIETIC CELL BOOST	\$124.90	\$124.90
38300		DRG LYMPH NODE ABSC/LYMPHADENITIS	\$212.20	\$338.23
38305		DRG LYMPH NODE ABSC/LYMPHADENITIS	\$506.82	\$506.82
38308		LYMPHANGIOTOMY/OTH OPRATIONS LYM	\$472.07	\$472.07
38380		SUTR&/LIG THORACIC DUCT CERVICAL AF	\$586.37	\$586.37
38381		SUTR&/LIG THORACIC DUCT THORACIC AI	\$831.96	\$831.96
38382		SUTR&/LIG THORACIC DUCT ABDOMINAL	\$703.38	\$703.38
38500		BX/EXC LYMPH NODE OPEN SUPERFICIAL	\$264.54	\$347.60
38505		BX/EXC LYMPH NODE NEEDLE SUPERFICIA	\$72.34	\$127.60
38510		BX/EXC LYMPH NODE OPEN DEEP CERVICA	\$433.09	\$541.78
38520		BX/EXC LYMPH NODE OPN DP CRV NODE \	\$481.70	\$481.70
38525		BX/EXC LYMPH NODE OPEN DEEP AXILLA	\$455.30	\$455.30
38530		BX/EXC LYMPH NODE OPEN INT MAMMAR	\$585.75	\$585.75
38531		OPEN BIOPSY/EXCISION INGUINOFEMORA	\$448.60	\$448.60
38550		EXC CSTIC HYGROMA AX/CRV W/O DP NEU	\$534.76	\$534.76
38555		EXC CSTIC HYGROMA AX/CRV W/DP NEUR	\$1059.07	\$1059.07
38562		LMTD LMPHADEC STAGING SPX PEL&PAR.	\$731.29	\$731.29
38564		LMTD LMPHADEC STAGING SPX RPR AORTI	\$731.86	\$731.86
38570		LAPS SURG RETROPERITONEAL LYMPH NC	\$529.67	\$529.67
38571		LAPS SURG BILATERAL TOTAL PELVIC LM	\$685.98	\$685.98
38572		LAPS BI TOT PEL LMPHADEC & PRI-AORTIC	\$942.32	\$942.32
38573		LAPS W/BI TOT PEL LMPHADEC & OMNTC	\$1200.03	\$1200.03
38700		SUPRAHYOID LYMPHADENECTOMY	\$826.77	\$826.77
38720		CERVICAL LYMPHADENECTOMY	\$1379.95	\$1379.95
38724		CERVICAL LYMPHADEC MODIFIED RADICA	\$1487.93	\$1487.93
38740		AXILLARY LYMPHADENECTOMY SUPERFI	\$727.19	\$727.19
38745		AXILLARY LYMPHADENECTOMY COMPLE	\$915.50	\$915.50
38746		THORCOM THRC W/MEDSTNL & REGIONAI	\$222.49	\$222.49
38747		ABDL LMPHADEC REG CELIAC GSTR PORT	\$278.43	\$278.43
38760		INGUINOFEM LMPHADEC SUPFC W/CLOQU	\$870.10	\$870.10
38765		INGUINOFEM LMPHADEC SUPFC W/PEL LM	\$1,350.78	\$1,350.78

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
38770		PEL LMPHADEC W/XTRNL ILIAC HYPOGST	\$831.17	\$831.17
38780		RPR TABDL LMPHADEC EXTNSV W/PEL AC	\$1071.24	\$1071.24
38790		INJECTION PROCEDURE LYMPHANGIOGRA	\$84.55	\$84.55
38792		INJ RADIOACTIVE TRACER FOR ID OF SENI	\$34.69	\$85.24
38794		CANNULATION THORACIC DUCT	\$305.24	\$305.24
38900		INTRAOP SENTINEL LYMPH NODE ID W/DY	\$144.25	\$144.25
39000		MEDIAST W/EXPL DRG RMVL FB/BX CRV A	\$513.92	\$513.92
39010		MEDIAST W/EXPL DRG RMVL FB/BX TTHRO	\$814.72	\$814.72
39200		RESECTION OF MEDIASTINAL CYST	\$902.58	\$902.58
39220		RESECTION MEDIASTINAL TUMOR	\$1174.35	\$1174.35
39401		MEDIASTINOSCOPY INCLUDES MEDIASTIN	\$319.67	\$319.67
39402		MEDIASTINOSCOPY WITH LYMPH NODE BI	\$418.04	\$418.04
39501		REPAIR LACERATION DIAPHRAGM ANY AF	\$887.63	\$887.63
39503		RPR NEONATAL DIPHRG HERNIA W/VO CH	\$6198.63	\$6198.63
39540		RPR DIPHRG HRNA OTH/THN NEONATAL T	\$906.46	\$906.46
39541		RPR DIPHRG HRNA OTH/THN NEONATAL T	\$978.80	\$978.80
39545		IMBRICATION DIAPHRAGM EVENTRATION	\$925.91	\$925.91
39560		RESCJ DIAPHRAGM W/SIMPLE REPAIR	\$829.23	\$829.23
39561		RESCJ DIAPHRAGM W/COMPLEX REPAIR	\$1,285.00	\$1,285.00
40490		BIOPSY OF LIP	\$72.67	\$127.56
40500		VERMILIONECTOMY LIP SHV W/MUCOSAL	\$373.22	\$528.86
40510		EXC LIP TRANSVRS WEDGE EXC W/PRIM C	\$360.40	\$501.96
40520		EXC LIP V-EXC W/PRIM DIR LINR CLSR	\$365.83	\$511.00
40525		EXC LIP FULL THKNS RCNSTJ W/LOCAL FL	\$569.42	\$569.42
40527		EXC LIP FULL THKNS RCNSTJ W/CROSS LIP	\$635.38	\$635.38
40530		RESCJ LIP > ONE-FOURTH W/O RCNSTJ	\$412.03	\$560.81
40650		RPR LIP FULL THICKNESS VERMILION ONL	\$315.45	\$477.23
40652		RPR LIP FULL THICKNESS HALF/< VERTICA	\$366.76	\$522.75
40654		RPR LIP FULL THKNS >ONE-HALF VERT HE	\$436.26	\$594.06
40700		PLSTC RPR CL LIP/NSL DFRM PRIM PRTL/CO	\$1048.17	\$1048.17
40701		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 STC	\$1241.22	\$1241.22
40702		PLSTC RPR CL LIP/NSL DFRM PRIM BI 1 2 S	\$1041.62	\$1041.62
40720		PLSTC RPR CL LIP/NSL DFRM SEC RECRTJ I	\$1069.55	\$1069.55
40761		PLSTC RPR CL LIP/NSL DFRM W/CROSS LIP	\$1127.83	\$1127.83
40800		DRG ABSC CST HMTMA VESTIBULE MOUT	\$127.91	\$214.57
40801		DRG ABSC CST HMTMA VESTIBULE MOUT	\$213.85	\$308.81
40804		RMVL EMBEDDED FB VESTIBULE MOUTH	\$121.74	\$202.62
40805		RMVL EMBEDDED FB VESTIBULE MOUTH	\$215.20	\$305.11
40806		INCISION LABIAL FRENUM FRENOTOMY	\$31.25	\$102.39
40808		BIOPSY VESTIBULE MOUTH	\$88.64	\$163.40
40810		EXC LES MUCOSA & SBMCSL VESTIBULE M	\$127.13	\$216.32
40812		EXC LESION MUCOSA & SBMCSL VESTIBUL	\$195.56	\$294.51
40814		EXC LESION MUCOSA & SBMCSL VESTIBUL	\$301.85	\$391.04
40816		EXC LESION MUCOSA&SBMCSL VESTIBUL	\$316.17	\$411.49
40818		EXC MUCOSA VESTIBULE MOUTH AS DON	\$279.46	\$376.96
40819		EXC FRENUM LABIAL/BUCCAL	\$217.87	\$289.74
40820		DSTRJ LES/SCAR VESTIBULE MOUTH PHYS	\$171.90	\$267.24
40830		CLOSURE LACERATION VESTIBULE MOUT	\$173.83	\$287.22
40831		CLOSURE LACERATION VESTIBULE MOUT	\$238.44	\$366.28
40840		VESTIBULOPLASTY ANTERIOR	\$645.95	\$859.36

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
40842		VESTIBULOPLASTY POSTERIOR UNILATER	\$702.31	\$941.36
40843		VESTIBULOPLASTY POSTERIOR BILATERA	\$910.58	\$1227.27
40844		VESTIBULOPLASTY ENTIRE ARCH	\$1226.27	\$1541.88
40845		VESTIBULOPLASTY CPLX W/RIDGE XTN M	\$1248.00	\$1510.17
41000		INTRAORAL I&D TONGUE/FLOOR LINGUAL	\$112.32	\$163.24
41005		INTRAORAL I&D TONGUE/FLOOR SUBLNGI	\$118.48	\$223.20
41006		INTRAORAL I&D TONGUE/FLOOR SUBLNGI	\$245.61	\$352.50
41007		INTRAORAL I&D TONGUE/FLOOR SUBMEN	\$238.09	\$346.07
41008		INTRAORAL I&D TONGUE/FLOOR SUBMND	\$267.22	\$395.05
41009		INTRAORAL I&D TONGUE/FLOOR MASTIC/A	\$293.80	\$424.53
41010		INCISION LINGUAL FRENUM FRENOTOMY	\$111.00	\$215.00
41015		XTRORAL I&D ABSC CST/HMTMA FLOOR M	\$319.97	\$416.75
41016		XTRORAL I&D ABSC CST/HMTMA FLOOR M	\$356.02	\$467.61
41017		XTRORAL I&D ABSC CST/HMTMA FLOOR M	\$353.86	\$465.80
41018		XTRORAL I&D FLOOR MASTICATOR SPACE	\$411.09	\$523.76
41019		PLACEMENT NEEDLE HEAD/NECK RADIOE	\$497.29	\$497.29
41100		BIOPSY TONGUE ANTERIOR TWO-THIRDS	\$108.31	\$179.81
41105		BIOPSY TONGUE POSTERIOR ONE-THIRD	\$111.53	\$181.59
41108		BIOPSY FLOOR MOUTH	\$90.42	\$159.40
41110		EXCISION LESION TONGUE W/O CLOSURE	\$133.88	\$226.32
41112		EXC LESION TONGUE W/CLSR ANTERIOR T	\$252.38	\$344.10
41113		EXC LESION TONGUE W/CLSR POSTERIOR	\$278.50	\$373.83
41114		EXC LESION TONGUE W/CLSR W/LOCAL TC	\$636.00	\$636.00
41115		EXCISION LINGUAL FRENUM FRENECTOM	\$149.28	\$260.87
41116		EXCISION LESION FLOOR MOUTH	\$221.85	\$341.74
41120		GLOSSECTOMY <ONE-HALF TONGUE	\$1091.59	\$1091.59
41130		GLOSSECTOMY HEMIGLOSSECTOMY	\$1348.83	\$1348.83
41135		GLOSSECTOMY PRTL W/UNI RADICAL NEC	\$2225.69	\$2225.69
41140		GLSSC COMPL/TOT W/WOTRACHS W/O RAI	\$2237.39	\$2237.39
41145		GLSSC COMPL/TOT W/WO TRACHS W/UNI I	\$2830.81	\$2830.81
41150		GLSSC COMPOSIT W/RESCJ FLOOR & MANI	\$2252.91	\$2252.91
41153		GLSSC COMPOSIT RESCJ FLOOR SUPRAHYC	\$2453.19	\$2453.19
41155		GLSSC COMPOSIT RESCJ FLR MNDBLR RES	\$3088.92	\$3088.92
41250		RPR LAC 2.5 CM/< MOUTH&/ANT TWO-THI	\$158.96	\$287.15
41251		RPR LAC 2.5 CM/< PST ONE-THIRD TONGUE	\$189.10	\$317.66
41252		RPR LAC TONGUE FLOOR MOUTH > 2.6 CM	\$215.45	\$329.93
41510		SUTURE TONGUE LIP MICROGNATHIA	\$459.31	\$459.31
41512		TONGUE BASE SUSPENSION PERMANENT S	\$676.02	\$676.02
41520		FRENOPLASTY SURG REVJ FRENUM EG W/	\$254.19	\$365.41
41530		SUBMUCOSAL ABLTJ TONGUE RF 1/> SITE	\$383.47	\$977.49
41800		DRG ABSC CST HMTMA FROM DENTOALVI	\$157.14	\$301.95
41805		RMVL EMBEDDED FB FROM DENTALVLR S	\$195.02	\$304.43
41806		RMVL EMBEDDED FB FROM DENTOALVEO	\$282.37	\$412.00
41822		EXC FIBROUS TUBEROSITIES DENTOALVE	\$204.95	\$355.52
41823		EXC OSS TUBEROSITIES DENTOALVEOLAR	\$368.90	\$523.09
41825		EXC LESION/TUMOR DENTOALVEOLAR ST	\$123.12	\$222.78
41826		EXC LESION/TUMOR DENTOALVEOLAR ST	\$211.07	\$322.29
41827		EXC LESION/TUMOR DENTALVEOLAR STR	\$308.19	\$458.77
41828		EXC HYPRPLSTC ALVEOLAR MUCOSA EA C	\$230.56	\$357.67
41830		ALVEOLECTOMY W/CURTG OSTEITIS/SEQU	\$319.96	\$470.17

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
41872		GINGIVOPLASTY EACH QUADRANT SPECIF	\$306.83	\$461.37
41874		ALVEOLOPLASTY EACH QUADRANT SPECI	\$258.69	\$402.77
42000		DRAINAGE ABSCESS PALATE UVULA	\$106.95	\$161.47
42100		BIOPSY PALATE UVULA	\$110.51	\$151.67
42104		EXC LESION PALATE UVULA W/O CLOSURE	\$139.95	\$223.01
42106		EXC LESION PALATE UVULA W/SMPL PRIM	\$174.37	\$274.04
42107		EXC LESION PALATE UVULA W/LOCAL FLAP	\$348.98	\$476.81
42120		RESCJ PALATE/EXTENSIVE RESCJ LESION	\$1031.64	\$1031.64
42140		UVULECTOMY EXCISION UVULA	\$160.17	\$289.44
42145		PALATOPHARYNGOPLASTY	\$709.89	\$709.89
42160		DSTRJ LESION PALATE/UVULA THERMAL C	\$148.89	\$241.33
42180		REPAIR LACERATION PALATE <2 CM	\$189.34	\$257.58
42182		REPAIR LACERATION PALATE >2 CM/COMI	\$263.03	\$335.26
42200		PALATOP CL PALATE SOFT&/HARD PALAT	\$977.88	\$977.88
42205		PALATOPLASTY W/CLSR ALVEOLAR RIDGI	\$1019.18	\$1019.18
42210		PALATOP CLSR ALVEOLAR RIDGE GRF ALV	\$1136.92	\$1136.92
42215		PALATOPLASTY CLEFT PALATE MAJOR RE	\$741.39	\$741.39
42220		PALATOPLASTY CLEFT PALATE SEC LNGT	\$609.81	\$609.81
42225		PALATOP CL PALATE ATTACHMENT PHAR	\$1014.70	\$1014.70
42226		LENGTHENING PALATE & PHARYNGEAL F	\$907.84	\$907.84
42227		LENGTHENING PALATE W/ISLAND FLAP	\$848.86	\$848.86
42235		REPAIR ANTERIOR PALATE W/VOMER FLA	\$743.32	\$743.32
42260		REPAIR NASOLABIAL FISTULA	\$680.05	\$854.11
42281		INSJ PIN-RETAINED PALATAL PROSTHESIS	\$166.51	\$234.04
42300		DRAINAGE ABSCESS PAROTID SIMPLE	\$157.50	\$219.25
42305		DRAINAGE ABSCESS PAROTID COMPLICAT	\$439.07	\$439.07
42310		DRG ABSC SUBMAXILLARY/SUBLINGUAL I	\$136.74	\$179.35
42320		DRAINAGE ABSCESS SUBMAXILLARY INTI	\$180.39	\$262.72
42330		SIALOT SUBMNDBLR SUBLNGL/PRTD UNCL	\$168.18	\$238.24
42335		SIALOLITHOTOMY SUBMNDBLR SUBMAX	\$264.36	\$415.30
42340		SIALOLITHOTOMY PRTD XTRORAL/COMP	\$346.01	\$509.95
42400		BIOPSY SALIVARY GLAND NEEDLE	\$55.20	\$106.11
42405		BIOPSY SALIVARY GLAND INCISIONAL	\$232.26	\$309.17
42408		EXC SUBLINGUAL SALIVARY CYST RANUL	\$359.39	\$540.30
42409		MARSUPIALIZATION SUBLNGL SALIVARY	\$230.31	\$374.04
42410		EXC PRTD TUM/PRTD GLND LAT LOBE W/C	\$641.76	\$641.76
42415		EXC PRTD TUM/PRTD GLND LAT DSJ&PRSI	\$1083.41	\$1083.41
42420		EXC PRTD TUM/PRTD GLND TOT DSJ&PRSI	\$1217.23	\$1217.23
42425		EXCISION PAROTID TUMOR/GLAND TOTAL	\$858.59	\$858.59
42426		EXC PRTD TUM/PRTD GLND TOT W/UNI RA	\$1388.22	\$1388.22
42440		EXCISION SUBMANDIBULAR SUBMAXILLA	\$422.91	\$422.91
42450		EXCISION OF SUBLINGUAL GLAND	\$369.47	\$473.83
42500		PLSTC RPR SALIVARY DUX SIALODOCHOP	\$348.33	\$448.35
42505		PLSTC RPR SALIVARY DUX SIALODOCHOP	\$463.26	\$574.84
42507		PAROTID DUCT DIVERSION BILATERAL WI	\$511.68	\$511.68
42509		PAROTID DUCT DVRJ BI W/EXC BOTH SUBI	\$848.97	\$848.97
42510		PAROTID DUCT DVRJ BILATERAL WITH LI	\$629.40	\$629.40
42550		INJECTION PROCEDURE SIALOGRAPHY	\$65.42	\$157.87
42600		CLOSURE SALIVARY FISTULA	\$358.17	\$523.56
42650		DILATION SALIVARY DUCT	\$59.18	\$80.85

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
42660		DILAT&CATHJ SALIVARY DUCT W/WO INJ	\$90.42	\$126.53
42665		LIGATION SALIVARY DUCT INTRAORAL	\$214.21	\$353.23
42700		I&D ABSCESS PERITONSILLAR	\$138.52	\$196.29
42720		I&D ABSC RTRPHRNGL/PARAPHARYNGEAI	\$399.34	\$464.34
42725		I&D ABSC RTRPHRNGL/PARAPHARYNGEAI	\$826.25	\$826.25
42800		BIOPSY OROPHARYNX	\$115.52	\$161.39
42804		BIOPSY NASOPHARYNX VISIBLE LESION S	\$117.41	\$203.35
42806		BX NASOPHARYNX SURVEY UNKNOWN PF	\$136.73	\$227.73
42808		EXCISION/DESTRUCTION LESION PHARYN	\$167.05	\$234.57
42809		REMOVAL FOREIGN BODY PHARYNX	\$127.59	\$207.03
42810		EXC BRANCHIAL CLEFT CYST CONFINED S	\$290.74	\$395.46
42815		EXC BRANCHIAL CLEFT CYST BELOW SUB	\$560.25	\$560.25
42820		TONSILLECTOMY & ADENOIDECTOMY <A	\$296.08	\$296.08
42821		TONSILLECTOMY & ADENOIDECTOMY AG	\$309.00	\$309.00
42825		TONSILLECTOMY PRIMARY/SECONDARY <	\$269.73	\$269.73
42826		TONSILLECTOMY PRIMARY/SECONDARY /	\$258.20	\$258.20
42830		ADENOIDECTOMY PRIMARY <AGE 12	\$213.47	\$213.47
42831		ADENOIDECTOMY PRIMARY AGE 12/>	\$231.08	\$231.08
42835		ADENOIDECTOMY SECONDARY<AGE 12	\$197.72	\$197.72
42836		ADENOIDECTOMY SECONDARY AGE 12/>	\$247.11	\$247.11
42842		RADICAL RESECTION TONSIL W/O CLOSUR	\$1032.89	\$1032.89
42844		RADICAL RESCJ TONSIL CLOSURE W/LOCA	\$1423.24	\$1423.24
42845		RADICAL RESCJ TONSIL CLOSURE W/OTHE	\$2290.51	\$2290.51
42860		EXCISION TONSIL TAGS	\$193.80	\$193.80
42870		EXC/DSTRJ LINGUAL TONSIL ANY METHOI	\$603.06	\$603.06
42890		LIMITED PHARYNGECTOMY	\$1462.63	\$1462.63
42892		RESCJ LAT PHRNGL WALL/PYRIFORM SINL	\$1,921.97	\$1,921.97
42894		RESCJ PHRNGL WALL CLSR W/FLP OR FLP '	\$2428.46	\$2428.46
42900		SUTURE PHARYNX WOUND/INJURY	\$342.46	\$342.46
42950		PHARYNGOPLASTY PLSTC/RCNSTV OPRAI	\$821.18	\$821.18
42953		PHARYNGOESOPHAGEAL REPAIR	\$983.07	\$983.07
42955		PHARYNGOSTOMY FSTLJ PHARYNX XTRN	\$779.42	\$779.42
42960		CONTROL OROPHARYNGEAL HEMORRHAC	\$169.56	\$169.56
42961		CTRL OROPHARYNGEAL HEMORRHAGE CC	\$427.44	\$427.44
42962		CTRL OROPHARYNGEAL HEMORRHAGE W	\$526.97	\$526.97
42970		CTRL NASOPHARYNGEAL HEMRRG SMPL \	\$420.55	\$420.55
42971		CTRL NASOPHARYNGEAL HEMRRG COMP	\$464.20	\$464.20
42972		CTRL NASOPHARYNGEAL HEMORRHAGE \	\$520.01	\$520.01
43020		ESOPHAGOTOMY CERVICAL APPR W/RMV	\$583.30	\$583.30
43030		CRICOPHARYNGEAL MYOTOMY	\$533.53	\$533.53
43045		ESOPHAGOTOMY THORACIC APPR W/RMV	\$1347.95	\$1347.95
43100		EXC LESION ESOPHOGUS W/PRIM RPR CER	\$645.32	\$645.32
43101		EXC LESION ESOPHAGUS W/PRIM RPR THR	\$1042.03	\$1042.03
43107		TOT ESOPHAGECTOMY W/O THORCOM W/	\$3099.33	\$3099.33
43108		TOT ESOPHG W/O THORCOM COLON NTRP	\$4636.25	\$4636.25
43112		TOTAL ESOPHAGECTOMY W/THORCOM W/	\$3625.05	\$3625.05
43113		TOT ESOPHG W/THORCOM W/COLON NTRF	\$4525.75	\$4525.75
43116		PRTL ESOPHAGECTOMY CERVICAL W/FRE	\$5190.41	\$5190.41
43117		PRTL ESOPHAGECTOMY DSTL W/WO PROX GASTR	\$3377.83	\$3377.83
43118		PRTL ESOPHAGECTOMY DSTL W/WO PROX GASTRC W	\$3772.28	\$3772.28

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
43121		PRTL ESOPHAGEC W/WO PROX GASTREC/F	\$2963.86	\$2963.86
43122		PRTL ESOPHG THORACOABD W/WO PROXC	\$2662.83	\$2662.83
43123		PRTL ESPHG THORACOABDL/ABDL APPR N	\$4693.90	\$4693.90
43124		TOT/PRTL ESPHG W/O RCNSTJ W/CRV ESOI	\$3956.14	\$3956.14
43130		DIVERTICULECTOMY HYPOPHARYNX/ESO	\$811.77	\$811.77
43135		DIVERTICULECTOMY HYPOPHARYNX/ESO	\$1525.20	\$1525.20
43180		ESOPHAGOSCP RIG TRANSORAL HYPOPHA	\$561.51	\$561.51
43191		ESOPHAGOSCOPY RIGID TRANSORAL DIAC	\$158.67	\$158.67
43192		ESOPHAGOSCOPY RIGID TRANSORAL INJ S	\$174.05	\$174.05
43193		ESOPHAGOSCOPY RIGID TRANSORAL WITI	\$173.69	\$173.69
43194		ESOPHAGOSCOPY RIG TRANSORAL REMOV	\$198.59	\$198.59
43195		ESOPHAGOSCOPY RIGID TRANSORAL BALI	\$189.06	\$189.06
43196		ESOPHAGOSCOPY RIG TRANSORAL GUIDE	\$201.58	\$201.58
43197		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL	\$85.88	\$198.54
43198		ESOPHAGOSCOPY FLEXIBLE TRANSNASAL	\$102.33	\$218.61
43200		ESOPHAGOSCOPY FLEXIBLE TRANSORAL I	\$90.26	\$248.07
43201		ESOPHAGOSCOPY FLEXIBLE TRANSORAL '	\$106.71	\$247.91
43202		ESOPHAGOSCOPY FLEXIBLE TRANSORAL '	\$106.35	\$347.21
43204		ESOPHAGOSCOPY FLEX TRANSORAL INJEC	\$139.61	\$139.61
43205		ESPHGOSCOPY FLEX W/BAND LIGATION E	\$145.70	\$145.70
43206		ESOPHAGOSCOPY TRANSORAL W/OPTICAI	\$137.10	\$292.75
43210		EGD PARTIAL/COMPL ESOPHAGOGASTRIC	\$447.72	\$447.72
43211		ESOPHAGOSCOPY FLEXIBLE TRANSORAL I	\$242.28	\$242.28
43212		ESOPHAGOSCOPY TRANSORAL STENT PLA	\$196.12	\$196.12
43213		ESOPHAGOSCOPY RETROGRADE DILATE B	\$267.70	\$1261.09
43214		ESOPHAGOSCOPY DILATE ESOPHAGUS BA	\$199.00	\$199.00
43215		ESOPHAGOSCOPY FLEXIBLE REMOVAL FO	\$146.06	\$394.14
43216		ESPHAGOSCOPY FLEX LESION REMOVAL I	\$138.19	\$402.88
43217		ESOPHAGOSCOPY FLEXIB LESION REMOV,	\$165.37	\$411.28
43220		ESOPHAGOSCOPY FLEX BALLOON DILAT <	\$121.74	\$1038.58
43226		ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE I	\$134.25	\$366.80
43227		ESOPHAGOSCOPY FLEXIBLE W/BLEEDING	\$170.01	\$637.28
43229		ESOPHAGOSCOPY FLEX TRANSORAL LESIC	\$204.01	\$713.89
43231		ESOPHAGOSCOPY FLEXIBLE TRANSORAL I	\$164.28	\$164.28
43232		ESOPHAGOSCOPY INTRA/TRANSMURAL NI	\$205.75	\$205.75
43233		EGD ESOPHAGUS BALLOON DILATION 30 M	\$236.93	\$236.93
43235		ESOPHAGOGASTRODUODENOSCOPY TRAN	\$126.74	\$287.07
43236		ESOPHAGOGASTRODUODENOSCOPY SUBM	\$142.84	\$383.33
43237		ESOPHAGOGASTRODUODENOSCOPY US SC	\$201.85	\$201.85
43238		EGD INTRMURAL US NEEDLE ASPIRATE/BI	\$239.77	\$239.77
43239		EGD TRANSORAL BIOPSY SINGLE/MULTIPI	\$142.84	\$382.61
43240		EGD TRANSORAL TRANSMURAL DRAINAG	\$405.40	\$405.40
43241		EGD INTRALUMINAL TUBE/CATHETER INS	\$146.39	\$146.39
43242		EGD INTRMURAL NEEDLE ASPIR/BIOP ALT	\$271.24	\$271.24
43243		EGD INJECTION SCLEROSIS ESOPHGL/GAS'	\$245.13	\$245.13
43244		EGD BAND LIGATION ESOPHGAL/GASTRI	\$253.36	\$253.36
43245		EGD DILATION GASTRIC/DUODENAL STRIC	\$181.84	\$604.69
43246		EGD PERCUTANEOUS PLACEMENT GASTRO	\$207.59	\$207.59
43247		EGD FLEXIBLE FOREIGN BODY REMOVAL	\$182.90	\$380.06
43248		EGD INSERT GUIDE WIRE DILATOR PASSA	\$171.09	\$398.22

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
43249		EGD BALLOON DILATION ESOPHAGUS <30	\$158.21	\$1119.84
43250		EGD FLEX REMOVAL LESION(S) BY HOT BI	\$176.84	\$444.42
43251		EGD REMOVAL TUMOR POLYP/OTHER LES	\$202.58	\$488.57
43252		EGD FLEX TRANSORAL W/OPTICAL ENDOM	\$174.68	\$332.47
43253		EGD US GUIDED TRANSMURAL INJXN/FIDI	\$271.97	\$271.97
43254		EGD TRANSORAL ENDOSCOPIC MUCOSAL	\$279.11	\$279.11
43255		EGD TRANSORAL CONTROL BLEEDING AN	\$207.22	\$673.04
43257		EGD DELIVER THERMAL ENERGY SPHNCT	\$241.22	\$241.22
43259		EDG US EXAM SURGICAL ALTER STOM DU	\$233.69	\$233.69
43260		ERCPC DX COLLECTION SPECIMEN BRUSHIN	\$333.13	\$333.13
43261		ERCPC W/BIOPSY SINGLE/MULTIPLE	\$349.22	\$349.22
43262		ERCPC W/SPHINCTEROTOMY/PAPILLOTOMY	\$368.54	\$368.54
43263		ERCPC W/PRESSURE MEASUREMENT SPHINC	\$368.54	\$368.54
43264		ERCPC REMOVE CALCULI/DEBRIS BILIARY/I	\$375.33	\$375.33
43265		ERCPC DESTRUCTION/LITHOTRIPSY CALCU	\$447.60	\$447.60
43266		EGD ENDOSCOPIC STENT PLACEMENT W/V	\$225.09	\$225.09
43270		EGD ABLATE TUMOR POLYP/LESION W/DII	\$231.90	\$732.76
43273		ENDOSCOPIC PAPILLA CANNULATION BILI	\$124.14	\$124.14
43274		ERCPC STENT PLACEMENT BILIARY/PANCR	\$478.00	\$478.00
43275		ERCPC REMOVE FOREIGN BODY/STENT BILI	\$388.57	\$388.57
43276		ERCPC BILIARY/PANC DUCT STENT EXCHAN	\$497.31	\$497.31
43277		ERCPC BALLOON DILATE BILIARY/PANC DU	\$390.72	\$390.72
43278		ERCPC TUMOR/POLYP/LESION ABLATION W	\$447.61	\$447.61
43279		LAPS ESOPHAGOMYOTOMY W/FUNDOPLA	\$1,344.59	\$1,344.59
43280		LAPS SURG ESOPG/GSTR FUNDOPLASTY	\$1,127.46	\$1,127.46
43281		LAPS RPR PARAESPHGL HRNA INCL FUNDI	\$1,612.03	\$1,612.03
43282		LAPS RPR PARAESPHGL HRNA INCL FUNDI	\$1,812.45	\$1,812.45
43283		LAPS ESOPHAGEAL LENGTHENING ADDL	\$164.59	\$164.59
43284		LAPS ESOPHGL SPHNCTR AGMNTJ PLMT D	\$678.74	\$678.74
43285		REMOVAL ESOPHAGEAL SPHINCTER AGMI	\$699.14	\$699.14
43286		ESOPHAGECTOMY TOTAL NEAR TOTAL W/	\$3,304.32	\$3,304.32
43287		ESOPHAGECTOMY DISTAL 2/3 W/LAPAROS	\$3,739.74	\$3,739.74
43288		ESOPHAGECTOMY TOTAL NEAR TOTAL W/	\$3,931.12	\$3,931.12
43300		ESPHGP CRV APPR W/O RPR TRACHEOESOP	\$633.93	\$633.93
43305		ESPHGP CRV APPR W/RPR TRACHEOESOPH	\$1,120.11	\$1,120.11
43310		ESPHGP THRC APPR W/O RPR TRACHEOESOP	\$1,536.36	\$1,536.36
43312		ESPHGP THRC APPR W/RPR TRACHEOESOP	\$1,652.18	\$1,652.18
43313		ESPHGP CGEN DFCT THRC APPR W/O RPR F	\$2832.87	\$2832.87
43314		ESPHGP CGEN DFCT THRC APPR W/RPR FS	\$3,052.39	\$3,052.39
43320		EGST W/WO VAGOTOMY&PYLOROPLASTY	\$1,459.53	\$1,459.53
43325		ESOPG/GSTR FUNDOPLASTY W/FUNDIC PA	\$1,419.10	\$1,419.10
43327		ESOPG/GSTR FUNDOPLASTY W/LAPAROTO	\$856.19	\$856.19
43328		ESOPG/GSTR FUNDOPLASTY W/THORACOT	\$1,166.96	\$1,166.96
43330		ESOPHAGOMYOTOMY HELLER TYPE ABDOM	\$1,395.47	\$1,395.47
43331		ESOPHAGOMYOTOMY HELLER TYPE THOR	\$1,387.78	\$1,387.78
43332		RPR PARAESOPH HIATAL HERNIA W/LAPT	\$1,207.20	\$1,207.20
43333		LAPT RPR PARAESOPH HIATAL HERNIA W/	\$1,318.56	\$1,318.56
43334		RPR PARAESOPH HIATAL HERNIA W/THOR	\$1,296.55	\$1,296.55
43335		RPR PARAESOPH HIATAL HERNIA W/THOR	\$1,386.95	\$1,386.95
43336		RPR PARAESOPH HIATAL HERNIA THORCC	\$1,504.45	\$1,504.45

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
43337		RPR PARAESOPH HIATAL HERNIA THORCC	\$1,605.34	\$1,605.34
43338		ESOPHAGUS LENGTHENING	\$120.56	\$120.56
43340		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRC	\$1440.92	\$1440.92
43341		ESOPHAGOJEJUNOSTOMY W/O TOT GSTRC	\$1451.10	\$1451.10
43351		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL TF	\$1363.39	\$1363.39
43352		ESOPHAGOSTOMY FSTLJ ESOPH XTRNL CF	\$1,103.76	\$1,103.76
43360		GI RCNSTJ PREV ESPHG/EXCLUSION W/STC	\$2,334.13	\$2,334.13
43361		GI RCNSTJ PREV ESPHG/EXCLUSION W/COI	\$2815.57	\$2815.57
43400		LIGATION DIRECT ESOPHAGEAL VARICES	\$1590.53	\$1590.53
43405		LIG/STAPLING G-ESOP JUNCT PRE-ESOPHG	\$1507.90	\$1507.90
43410		SUTR ESOPHGL WND/INJ CRV APPR	\$1,052.02	\$1,052.02
43415		SUTR ESOPHGL WND/INJ TTHRC/TABDL AF	\$2,668.60	\$2,668.60
43420		CLSR ESOPHAGOSTOMY/FSTL CRV APPR	\$1,042.07	\$1,042.07
43425		CLSR ESOPHAGOSTOMY/FSTL TTHRC/TABI	\$1,494.37	\$1,494.37
43450		DILATION ESOPH UNGUIDED SOUND/BOUC	\$81.30	\$175.18
43453		DILATION ESOPHAGUS GUIDE WIRE	\$88.45	\$904.55
43460		ESOPG/GSTR TAMPONADE W/BALO SENGS	\$219.37	\$219.37
43500		GASTROTOMY W/EXPLORATION/FOREIGN	\$817.83	\$817.83
43501		GASTROTOMY W/SUTURE REPAIR BLEEDII	\$1,406.81	\$1,406.81
43502		GASTROTOMY W/SUTR RPR PRE-ESOPG/GA	\$1594.09	\$1594.09
43510		GSTRT W/ESOPHGL DILAT&INSJ PRM INTR	\$990.33	\$990.33
43520		PYLOROMYOTOMY CUTTING PYLORIC MU	\$713.87	\$713.87
43605		BIOPSY STOMACH LAPAROTOMY	\$875.86	\$875.86
43610		EXC LOCAL ULCER/BENIGN TUMOR STOM.	\$1,023.64	\$1,023.64
43611		EXC LOCAL MALIGNANT TUMOR STOMAC	\$1276.15	\$1276.15
43620		GSTRCT TOT W/ESOPHAGOENTEROSTOMY	\$2072.96	\$2072.96
43621		GSTRCT TOT W/ROUX-EN-Y RCNSTJ	\$2370.93	\$2370.93
43622		GSTRCT TOT W/FRMJ INTSTINAL POUCH A	\$2417.99	\$2417.99
43631		GSTRCT PRTL DSTL W/GASTRODUODENOS	\$1514.88	\$1514.88
43632		GSTRCT PRTL DSTL W/GASTROJEJUNOSTO	\$2125.11	\$2125.11
43633		GSTRCT PRTL DSTL W/ROUX-EN-Y RCNSTJ	\$2009.86	\$2009.86
43634		GSTRCT PRTL DSTL W/FRMJ INTSTINAL PC	\$2223.30	\$2223.30
43635		VAGOTOMY PFRMD W/PRTL DSTL GSTRCT	\$117.75	\$117.75
43640		VGTM Y W/PYLORPLSTY W/WO GASTROST	\$1230.34	\$1230.34
43641		VGTM Y W/PYLOROPLASTY W/WO GASTRC	\$1257.67	\$1257.67
43644		LAPS GSTR RSTCV PX W/BYP ROUX-EN-Y L	\$1814.63	\$1814.63
43645		LAPS GSTR RSTCV PX W/BYP&SM INT RCN	\$1,931.97	\$1,931.97
43651		LAPS SURG TRNSXJ VAGUS NRV TRUNCAL	\$683.79	\$683.79
43652		LAPS SURG TRNSXJ VAGUS NRV SLCTV/HI	\$798.68	\$798.68
43653		LAPS SURG GASTROSTOMY W/O CONSTJ G	\$599.41	\$599.41
43752		NASO/ORO-GASTRIC TUBE PLMT REQ PHY:	\$42.19	\$42.19
43753		GASTRIC INTUBATJ & ASPIRAJ W/PHYS SK	\$23.24	\$23.24
43754		GASTRIC INTUBAT DX W/ASPIRATION SIN	\$36.97	\$186.82
43755		GASTRIC INTUBATION DX & ASPIRATJ MU	\$60.90	\$176.09
43756		DUODENAL INTUBAT W/IMAG GUIDED SIN	\$52.32	\$256.35
43757		DUODENAL INTUBAT W/IMAG GUIDED MU	\$78.78	\$351.78
43761		REPOS NASO/ORO GASTRIC FEEDING TUBE	\$107.64	\$125.34
43762		PERQ REPLACEMENT GTUBE NOT REQ REV	\$39.33	\$232.52
43763		PERQ REPLACEMENT GTUBE REQ REVJ GS	\$87.38	\$347.37
43770		LAPS GASTRIC RESTRICTIVE PROCEDURE	\$1,175.55	\$1,175.55

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
43771		LAPS GASTRIC RESTRICTIVE PX REVISION	\$1,335.52	\$1,335.52
43772		LAPS GASTRIC RESTRICTIVE PX REMOVE I	\$994.00	\$994.00
43773		LAPS GASTRIC RESTRICTIVE PX REMOVE&	\$1,335.52	\$1,335.52
43774		LAPS GASTRIC RESTRICTIVE PX REMOVE I	\$1,003.36	\$1,003.36
43775		LAPS GSTRC RSTRIC TIV PX LONGITUDINA	\$1,165.65	\$1,165.65
43800		PYLOROPLASTY	\$974.29	\$974.29
43810		GASTRODUODENOSTOMY	\$1,063.82	\$1,063.82
43820		GASTROJEJUNOSTOMY W/O VAGOTOMY	\$1,403.23	\$1,403.23
43825		GASTROJEJUNOSTOMY W/VAGOTOMY AN	\$1,369.33	\$1,369.33
43830		GASTROSTOMY OPN W/O CONSTJ GSTR TU	\$732.52	\$732.52
43831		GASTROSTOMY OPN NEONATAL FEEDING	\$628.30	\$628.30
43832		GASTROSTOMY OPN W/CONSTJ GSTR TUBI	\$1,086.32	\$1,086.32
43840		GASTRORRHAPHY SUTR PRF8 DUOL/GSTR	\$1420.77	\$1420.77
43842		GASTRIC RSTCV W/O BYP VERTICAL-BANI	\$1195.41	\$1195.41
43843		GSTR RSTCV W/O BYP OTH/THN VER-BANI	\$1340.37	\$1340.37
43845		GASTRIC RSTCV W/PRTL GASTRECTOMY 5	\$2,033.96	\$2,033.96
43846		GASTRIC RSTCV W/BYP W/SHORT LIMB 15(\$1697.19	\$1697.19
43847		GASTRIC RSTCV W/BYP W/SM INT RCNSTJ	\$1887.48	\$1887.48
43848		REVISION OPEN GASTRIC RESTRICTIVE PX	\$2,023.06	\$2,023.06
43850		REVJ GASTRODUOL ANAST W/RCNSTJ W/O	\$1,703.26	\$1,703.26
43855		REVJ GASTRODUOL ANAST W/RCNSTJ W/V	\$1,766.97	\$1,766.97
43860		REVJ GSTR/JJ ANAST W/RCNSTJ W/O VGTM	\$1708.86	\$1708.86
43865		REVJ GSTR/JJ ANAST W/RCNSTJ W/VGTM	\$1,787.73	\$1,787.73
43870		CLOSURE GASTROSTOMY SURG	\$740.88	\$740.88
43880		CLOSURE GASTROCOLIC FISTULA	\$1661.91	\$1661.91
43886		GSTR RSTCV PX OPN REVJ SUBQ PORT COM	\$379.67	\$379.67
43887		GSTR RSTCV PX OPN RMVL SUBQ PORT CC	\$341.55	\$341.55
43888		GSTR RSTCV OPN RMVL & RPLCMT SUBQ I	\$482.74	\$482.74
44005		ENTEROLSS FRING INTSTINAL ADHESION :	\$1,140.63	\$1,140.63
44010		DUODENOTOMY EXPLORATION/BX/FOREI	\$891.42	\$891.42
44015		TUBE/NEEDLE CATH JEJUNOSTOMY ANY M	\$148.51	\$148.51
44020		ENTEROTOMY SM INT OTH/THN DUO EXPL	\$1016.49	\$1016.49
44021		ENTEROTOMY SM INT OTH/THN DUO DCM	\$1,016.43	\$1,016.43
44025		COLOTOMY EXPLORATION/BIOPSY/FOREI	\$1024.62	\$1024.62
44050		RDCTJ VOLVULUS INTUSSUSCEPTION INT	\$976.03	\$976.03
44055		CORRJ MALROTATION BANDS&/RDCTJ VO	\$1,555.10	\$1,555.10
44100		BX INTESTINE CAPSULE TUBE PRORAL 1/>	\$111.25	\$111.25
44110		EXC 1/> SMALL/LARGE LESIONS INTESTINI	\$878.90	\$878.90
44111		EXC 1/> SM/LG LESIONS INTESTNE MULT E	\$1,018.82	\$1,018.82
44120		ENTRC RESCJ SMALL INTESTINE 1 RESCJ &	\$1,275.91	\$1,275.91
44121		ENTERECTOMY RESCJ SMALL INTESTINE I	\$251.93	\$251.93
44125		ENTERECTOMY RESCJ SMALL INTESTINE \	\$1,229.36	\$1,229.36
44126		ENTRC RESCJ ATRESIA RESCJ & ANAST W/	\$2,581.17	\$2,581.17
44127		ENTRC RESCJ ATRESIA RESCJ & ANAST SG	\$2,984.51	\$2,984.51
44128		ENTRC RESCJ ATRESIA EA RESCJ & ANAST	\$254.47	\$254.47
44130		ENTEROENTEROST ANAST INT W/VO CUT.	\$1,370.93	\$1,370.93
44139		MOBLJ SPLENIC FLXR PFRMD CONJUNCT V	\$125.96	\$125.96
44140		COLECTOMY PARTIAL W/ANASTOMOSIS	\$1,399.21	\$1,399.21
44141		COLECTOMY PRTL W/SKIN LEVEL CECOST	\$1899.92	\$1899.92
44143		COLECTOMY PRTL W/END COLOSTOMY &	\$1733.81	\$1733.81

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
44144		COLECTOMY PRTL W/COLOST/ILEOST & M	\$1,841.76	\$1,841.76
44145		COLECTOMY PRTL W/COLOPROCTOSTOMY	\$1,720.73	\$1,720.73
44146		COLECTOMY PRTL W/COLOPROCTOSTOMY	\$2,194.28	\$2,194.28
44147		COLECTOMY PRTL ABDOMINAL & TRANS/	\$2019.28	\$2019.28
44150		COLCT TOT ABDL W/O PRCTECT W/ILEOST	\$1,940.19	\$1,940.19
44151		COLCT TOT ABDL W/O PRCTECT W/CONTI	\$2,255.23	\$2,255.23
44155		COLECTOMY TOT ABDL W/PROCTECTOMY	\$2,151.37	\$2,151.37
44156		COLECTOMY TOT ABDL W/PROCTECTOMY	\$2,414.64	\$2,414.64
44157		COLECTOMY TOT ABD W/PROCTECTOMY I	\$2,289.86	\$2,289.86
44158		COLCT TTL ABD W/PRCTECT ILEOANAL AP	\$2,347.12	\$2,347.12
44160		COLECTOMY PRTL W/RMVL TERMINAL ILI	\$1,294.28	\$1,294.28
44180		LAPAROSCOPY ENTEROLYSIS SEPARATE P	\$959.55	\$959.55
44186		LAPAROSCOPY SURGICAL JEJUNOSTOMY	\$680.04	\$680.04
44187		LAPAROSCOPY SURG ILEOSTOMY/JEJUNO	\$1,139.67	\$1,139.67
44188		LAPAROSCOPY SURG COLOSTOMY/SKN LV	\$1269.78	\$1269.78
44202		LAPS ENTERECT RESCJ 1 SMALL INTEST RI	\$1,444.67	\$1,444.67
44203		LAPAROSCOPY SMALL INTESTINE RESCJ &	\$250.49	\$250.49
44204		LAPAROSCOPY COLECTOMY PARTIAL W/A	\$1,600.52	\$1,600.52
44205		LAPS COLECTOMY PRTL W/RMVL TERMIN.	\$1,389.96	\$1,389.96
44206		LAPS COLECTOMY PRTL W/END CLST & CI	\$1,818.69	\$1,818.69
44207		LAPS COLECTOMY PRTL W/COLOPXTSTMY	\$1,886.17	\$1,886.17
44208		LAPS COLECTMY PRTL W/COLOPXTSTMY I	\$2054.44	\$2054.44
44210		LAPS COLECTOMY TOT W/O PRCTECT W/II	\$1,838.32	\$1,838.32
44211		LAPS COLCT TTL ABD W/PRCTECT ILEOAN	\$2,191.35	\$2,191.35
44212		LAPS COLECTOMY ABDL W/PROCTECTOM	\$2113.31	\$2113.31
44213		LAPS MOBLJ SPLENIC FLXR PFRMD W/PRTI	\$194.28	\$194.28
44227		LAPS CLSR NTRSTM LG/SM INT W/RESCJ &	\$1733.00	\$1733.00
44300		PLACEMENT ENTEROSTOMY/CECOSTOMY	\$879.09	\$879.09
44310		ILEOSTOMY/JEJUNOSTOMY NON-TUBE	\$1083.64	\$1083.64
44312		REVJ ILEOSTOMY SIMPLE RLS SUPERFICIA	\$616.95	\$616.95
44314		REVJ ILEOSTOMY COMPLIC RCNSTJ IN-DEI	\$1045.05	\$1045.05
44316		CONTINENT ILEOSTOMY KOCK PROCEDUF	\$1477.81	\$1477.81
44320		COLOSTOMY/SKIN LEVEL CECOSTOMY	\$1250.36	\$1250.36
44322		COLOSTOMY/SKN LVL CECOSTOMY W/MU	\$1049.03	\$1049.03
44340		REVJ COLOSTOMY SMPL RLS SUPFC SCAR	\$647.37	\$647.37
44345		REVJ COLOSTOMY COMP RCNSTJ IN-DEPTI	\$1091.77	\$1091.77
44346		REVJ COLOSTOMY W/RPR PARACLST HERI	\$1230.64	\$1230.64
44360		ENDOSCOPY UPPER SMALL INTESTINE	\$148.20	\$148.20
44361		ENDOSCOPY UPPER SMALL INTESTINE W/I	\$163.58	\$163.58
44363		ENTEROSCOPY > 2ND PRTN W/RMVL FORE	\$198.28	\$198.28
44364		ENTEROSCOPY > 2ND PRTN W/RMVL LESIC	\$211.15	\$211.15
44365		ENTEROSCOPY > 2ND PRTN W/RMVL LESIC	\$187.54	\$187.54
44366		ENTEROSCOPY > 2ND PRTN W/CONTROL B	\$248.00	\$248.00
44369		ENTEROSCOPY > 2ND PRTN ABLTJ LESION	\$254.07	\$254.07
44370		ENTEROSCOPY > 2ND PRTN TNDSC STENT	\$275.24	\$275.24
44372		ENTEROSCOPY > 2ND PRTN W/PLMT PRQ T	\$248.00	\$248.00
44373		ENTEROSCOPY > 2ND PRTN CONV GSTRST	\$198.65	\$198.65
44376		ENTEROSC >2ND PRTN W/ILEUM W/VO CO	\$293.41	\$293.41
44377		ENTEROSC >2ND PRTN W/ILEUM W/BX SIN	\$308.80	\$308.80
44378		ENTEROSCOPY > 2ND PRTN ILEUM CONTR	\$397.15	\$397.15

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
44379		ENTEROSCOPY > 2ND PRN W/ILEUM W/ST	\$422.25	\$422.25
44380		ILEOSCOPY THRU STOMA DX W/COLLJ SPE	\$57.68	\$187.32
44382		ILEOSCOPY STOMA W/BX SINGLE/MULTIPI	\$75.22	\$293.32
44385		NDSC EVAL INTSTINAL POUCH DX W/COLI	\$74.48	\$205.56
44386		NDSC EVAL INTSTINAL POUCH W/BX SING	\$92.02	\$307.60
44388		COLONOSCOPY STOMA DX INCLUDING CO	\$161.81	\$312.38
44389		COLONOSCOPY STOMA W/BIOPSY SINGLE/	\$177.90	\$411.53
44390		COLONOSCOPY STOMA W/RMVL FOREIGN	\$217.24	\$403.20
44391		COLONOSCOPY STOMA CONTROL BLEEDIN	\$237.98	\$693.69
44392		COLONOSCOPY STOMA RMVL LES BY HOT	\$206.89	\$380.21
44394		COLONOSCOPY STOMA W/RMVL TUM POL	\$233.34	\$435.20
44401		COLONOSCOPY STOMA ABLATION LESION	\$250.51	\$2894.88
44402		COLONOSCOPY STOMA W/ENDOSCOPIC ST	\$270.54	\$270.54
44403		COLONOSCOPY STOMA W/ENDOSCOPIC M	\$313.82	\$313.82
44404		COLONOSCOPY STOMA W/SUBMUCOSAL II	\$177.89	\$409.37
44405		COLONOSCOPY STOMA W/BALLOON DILA	\$188.97	\$572.83
44406		COLONOSCOPY STOMA W/ENDOSCOPIC UI	\$236.91	\$236.91
44407		COLONOSCOPY STOMA W/US GUID NDL ASP	\$284.48	\$284.48
44408		COLONOSCOPY THROUGH STOMA WITH D	\$239.05	\$239.05
44602		ENTERORRHAPHY SINGLE PERFORATION	\$1,471.06	\$1,471.06
44603		ENTERORRHAPHY MULTIPLE PERFORATIC	\$1688.11	\$1688.11
44604		SUTR LG INTESTINE 1/MULT PERFORAT W/	\$1102.13	\$1102.13
44605		SUTR LG INTESTINE 1/MULT PERFORAT W/	\$1358.30	\$1358.30
44615		INTSTINAL STRICTUROPLASTY W/WO DILA	\$1123.08	\$1123.08
44620		CLOSURE ENTEROSTOMY LG/SMALL INTE	\$901.10	\$901.10
44625		CLSR NTRSTM LG/SM RESCJ & ANAST OTH	\$1051.99	\$1051.99
44626		CLSR NTRSTM LG/SM RESCJ & COLORECT	\$1665.85	\$1665.85
44640		CLOSURE INTESTINAL CUTANEOUS FISTUI	\$1456.87	\$1456.87
44650		CLSR ENTEROENTERIC/ENTEROCOLIC FST	\$1505.86	\$1505.86
44660		CLSR ENTEROVES FSTL W/O INTSTINAL/BI	\$1385.81	\$1385.81
44661		CLSR ENTEROVES FSTL W/INTESTINE&/BL	\$1613.38	\$1613.38
44680		INTESTINAL PLICATION SEPARATE PROCE	\$1105.49	\$1105.49
44700		EXCLUSION SM INT FROM PELVIS MESH/PI	\$1040.31	\$1040.31
44701		INTRAOPERATIVE COLONIC LAVAGE	\$177.88	\$177.88
44800		EXC MECKEL'S DIVERTICULUM/OMPHALO	\$801.59	\$801.59
44820		EXCISION LESION MESENTERY SEPARATE	\$870.42	\$870.42
44850		SUTURE MESENTERY SEPARATE PROCEDU	\$776.65	\$776.65
44900		INCISION AND DRAINAGE APPENDICEAL A	\$817.95	\$817.95
44950		APPENDECTOMY	\$670.90	\$670.90
44955		APPENDEC INDICATED PURPOSE OTH MAJ	\$86.96	\$86.96
44960		APPENDEC RPTD APPENDIX ABSC/PRITON	\$915.54	\$915.54
44970		LAPAROSCOPIC APPENDECTOMY	\$626.72	\$626.72
45000		TRANSRECTAL DRAINAGE OF PELVIC ABS	\$442.71	\$442.71
45005		I&D SUBMUCOSAL ABSCESS RECTUM	\$168.32	\$301.57
45020		I&D DP SUPRALEVATOR PELVIRCT/RETRO	\$594.29	\$594.29
45100		BX ANORECTAL WALL ANAL APPROACH	\$310.27	\$310.27
45108		ANORECTAL MYOMECTIONY	\$386.29	\$386.29
45110		PRCTECT COMPL CMBN ABDOMINOPRNL \	\$1,902.63	\$1,902.63
45111		PRCTECT PRTL RESCJ RECTUM TABDL APF	\$1128.18	\$1128.18
45112		PRCTECT CMBN ABDOMINOPRNL PULL-TH	\$1,930.95	\$1,930.95

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
45113		PRCTECT PRTL W/MUCOSEC ILEOANAL AN	\$1940.22	\$1940.22
45114		PRCTECT PRTL W/ANAST ABDL & TRANS	\$1899.13	\$1899.13
45116		PRCTECT PRTL W/ANAST TRANS SAC APPR	\$1599.32	\$1599.32
45119		PRCTECT CMBN PULL-THRU W/RSVR W/NT	\$1995.78	\$1995.78
45120		PRCTECT COMPL W/PULL-THRU PX & ANA	\$1667.39	\$1667.39
45121		PRCTECT COMPL W/STOT/TOT COLCT W/M	\$1821.65	\$1821.65
45123		PRCTECT PRTL W/O ANAST PRNL APPR	\$1154.42	\$1154.42
45126		PELVIC EXENTERATION COLORECTAL MA	\$2869.13	\$2869.13
45130		EXC RCT PROCIDENTIA W/ANAST PERINEA	\$1123.54	\$1123.54
45135		EXC RCT PROCIDENTIA W/ANAST ABDL &	\$1338.51	\$1338.51
45136		EXC ILEOANAL RSVR W/ILEOSTOMY	\$1855.17	\$1855.17
45150		DIVISION STRICTURE RECTUM	\$435.74	\$435.74
45160		EXC RCT TUM PROCTOTOMY TRANS SAC/T	\$1069.16	\$1069.16
45171		EXC RCT TUM NOT INCL MUSCULARIS PRC	\$627.73	\$627.73
45172		EXC RCT TUM INCL MUSCULARIS PROPRIA	\$842.66	\$842.66
45190		DESTRUCTION RECTAL TUMOR TRANS ANA	\$724.74	\$724.74
45300		PROCTOSGMDSC RGD DX W/WO COLLJ SPI	\$49.41	\$126.69
45303		PROCTOSGMDSC RIGID W/DILATION	\$87.74	\$983.28
45305		PROCTOSGMDSC RIGID W/BX SINGLE/MUL	\$75.23	\$166.60
45307		PROCTOSGMDSC RIGID W/RMVL FOREIGN	\$100.64	\$191.64
45308		PROCTOSGMDSC RIGID RMVL 1 LESION CA	\$87.45	\$188.91
45309		PROCTOSGMDSC RIGID RMVL 1 LESION SN	\$93.17	\$195.36
45315		PROCTOSGMDSC RIGID RMVL MULT TUMOR	\$110.35	\$213.27
45317		PROCTOSGMDSC RIGID CONTROL BLEEDING	\$114.92	\$207.73
45320		PROCTOSGMDSC RIGID ABLATION LESION	\$109.27	\$207.86
45321		PROCTOSGMDSC RIGID DCM PRN VOLVULI	\$107.85	\$107.85
45327		PROCTOSGMDSC RIGID TNDSC STENT PLM	\$122.17	\$122.17
45330		SIGMOIDOSCOPY FLX DX W/COLLJ SPEC B	\$57.70	\$179.39
45331		SIGMOIDOSCOPY FLX W/BIOPSY SINGLE/M	\$73.79	\$282.15
45332		SIGMOIDOSCOPY FLX W/RMVL FOREIGN B	\$108.86	\$271.35
45333		SIGMOIDOSCOPY FLX W/RMVL TUMOR BY	\$97.05	\$321.30
45334		SIGMOIDOSCOPY FLX CONTROL BLEEDING	\$121.01	\$541.70
45335		SGMDSC FLX DIREC SBMCSL NJX ANY SBS	\$68.43	\$273.18
45337		SGMDSC FLX W/DCM PRN W/PLMT DCM PRN	\$119.51	\$119.51
45338		SGMDSC FLX RMVL TUM POLYP/OTH LES	\$124.23	\$290.34
45340		SIGMOIDOSCOPY FLX TNDSC BALO DILAT	\$80.23	\$465.89
45341		SIGMOIDOSCOPY FLX NDSC US XM	\$127.81	\$127.81
45342		SIGMOIDOSCOPY FLX TNDSC US GID NDL	\$175.02	\$175.02
45346		SIGMOIDOSCOPY FLX ABLATION TUMOR I	\$165.37	\$2824.55
45347		SIGMOIDOSCOPY FLX PLACEMENT OF ENL	\$158.91	\$158.91
45349		SGMDSC FLX WITH ENDOSCOPIC MUCOSA	\$205.07	\$205.07
45350		SIGMOIDOSCOPY FLX WITH WITH BAND L	\$104.57	\$642.25
45378		COLONOSCOPY FLX DX W/COLLJ SPEC WH	\$191.49	\$338.46
45379		COLONOSCOPY FLX W/REMOVAL OF FORE	\$247.29	\$436.51
45380		COLONOSCOPY W/BIOPSY SINGLE/MULTIP	\$207.22	\$436.16
45381		COLSC FLX WITH DIRECTED SUBMUCOSAI	\$207.22	\$432.92
45382		COLSC FLEXIBLE W/CONTROL BLEEDING	\$267.67	\$720.50
45384		COLSC FLX W/REMOVAL LESION BY HOT E	\$236.21	\$486.45
45385		COLSC FLX W/RMVL OF TUMOR POLYP LE	\$263.02	\$455.13
45386		COLSC FLEXIBLE W/TRANSENDOSCOPIC B	\$218.67	\$626.72

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
45388		COLONOSCOPY FLX ABLATION TUMOR PO	\$280.20	\$2991.02
45389		COLONOSCOPY FLX WITH ENDOSCOPIC ST	\$299.51	\$299.51
45390		COLONOSCOPY FLX W/ENDOSCOPIC MUCC	\$343.14	\$343.14
45391		COLSC FLX W/NDSC US XM RCTM ET AL LM	\$265.87	\$265.87
45392		COLSC FLX W/US GUID NDL ASPIR/BX W/U	\$314.18	\$314.18
45393		COLONOSCOPY FLEXIBLE WITH DECOMPR	\$261.52	\$261.52
45395		LAPS PROCTECTOMY ABDOMINOPERINEA	\$2,036.86	\$2,036.86
45397		LAPS PROCTECTOMY COMBINED PULL-TH	\$2,214.85	\$2,214.85
45398		COLONOSCOPY FLEXIBLE WITH BAND LIG	\$244.45	\$805.61
45400		LAPAROSCOPY PROCTOPEXY PROLAPSE	\$1,176.86	\$1,176.86
45402		LAPAROSCOPY PROCTOPEXY PROLAPSE S	\$1,570.78	\$1,570.78
45500		PROCTOPLASTY STENOSIS	\$587.16	\$587.16
45505		PROCTOPLASTY PROLAPSE MUCOUS MEM	\$618.21	\$618.21
45520		PERIRECTAL INJ SCLEROSING SOLUTION P	\$41.24	\$160.41
45540		PROCTOPEXY ABDOMINAL APPROACH	\$1097.76	\$1097.76
45541		PROCTOPEXY PERINEAL APPROACH	\$979.94	\$979.94
45550		PROCTOPEXY W/SIGMOID RESCJ ABDL API	\$1517.52	\$1517.52
45560		REPAIR RECTOCELE SEPARATE PROCEDUF	\$716.95	\$716.95
45562		EXPL RPR & PRESACRAL DRG RECTAL INJ	\$1172.26	\$1172.26
45563		EXPL RPR & PRESACRAL DRG RECTAL INJ	\$1730.60	\$1730.60
45800		CLOSURE RECTOVESICAL FISTULA	\$1323.85	\$1323.85
45805		CLSR RECTOVESICAL FISTULA W/COLOSTO	\$1533.92	\$1533.92
45820		CLOSURE RECTOURETHRAL FISTULA	\$1327.44	\$1327.44
45825		CLOSURE RECTOURETHRAL FISTULA W/CO	\$1603.18	\$1603.18
45900		RDCTJ PROCIDENTIA UNDER ANES SEPARA	\$220.19	\$220.19
45905		DILAT ANAL SPHNCTR SPX UNDER ANES C	\$174.28	\$174.28
45910		DILAT RCT STRIX SPX UNDER ANES OTH/T	\$198.58	\$198.58
45915		RMVL FECAL IMPACTION/FB SPX UNDER A	\$238.48	\$355.84
45990		ANRCT XM SURG REQ ANES GENERAL SPI/	\$109.93	\$109.93
46020		PLACEMENT SETON	\$244.72	\$290.94
46030		REMOVAL ANAL SETON OTHER MARKER	\$92.87	\$148.48
46040		I&D ISCHIORECTAL&/PERIRECTAL ABSCESS	\$436.34	\$565.25
46045		I&D INTRAMURAL IM/ABSC TRANSANAL A	\$454.13	\$454.13
46050		I&D PERIANAL ABSCESS SUPERFICIAL	\$102.27	\$225.77
46060		I&D ISCHIORCT/INTRAMURAL ABSC W/WO	\$499.00	\$499.00
46070		INCISION ANAL SEPTUM INFANT	\$274.81	\$274.81
46080		SPHINCTEROTOMY ANAL DIVISION SPHINC	\$164.81	\$278.19
46083		INCISION THROMBOSED HEMORRHOID EX	\$112.28	\$198.58
46200		FISSURECTOMY INCL SPHINCTEROTOMY \	\$342.64	\$476.60
46220		EXCISION SINGLE EXTERNAL PAPILLA OR	\$123.03	\$235.33
46221		HEMORRHOIDECTOMY INTERNAL RUBBER	\$198.10	\$281.88
46230		EXCISION MULTIPLE EXTERNAL PAPILLAE	\$179.19	\$303.06
46250		HEMORRHOIDECTOMY XTRNL 2/> COLUMI	\$329.65	\$489.63
46255		HEMORRHOIDECTOMY NTRNL & XTRNL 1	\$369.37	\$534.76
46257		HEMORRHOID NTRNL & XTRNL 1 COLUMN	\$442.99	\$442.99
46258		HRHC 1 COL/GRP W/FSTULECTMY INCL FS	\$492.15	\$492.15
46260		HEMORRHOIDECTOMY INT & XTRNL 2/> C	\$497.37	\$497.37
46261		HRHC NTRNL & XTRNL 2/> COLUMN/GROU	\$543.41	\$543.41
46262		HRHC 2/> COL/GRP W/FSTULECTMY INCL F	\$576.55	\$576.55
46270		SURG TX ANAL FISTULA SUBQ	\$410.20	\$541.28

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
46275		SURG TX ANAL FISTULA INTERSPHINCTER	\$431.60	\$570.26
46280		TX ANAL FSTL TRANS/SUPRA/XTRASPHNC	\$491.76	\$491.76
46285		SURG TX ANAL FISTULA 2ND STAGE	\$431.24	\$567.01
46288		CLSR ANAL FSTL W/RCT ADVMNT FLAP	\$571.55	\$571.55
46320		EXC THROMBOSED HEMORRHOID XTRNL	\$115.42	\$203.17
46500		INJECTION SCLEROSING SOLUTION HEMOI	\$186.87	\$307.48
46505		CHEMODENERVATION INTERNAL ANAL SF	\$251.13	\$307.09
46600		ANOSCOPY DX W/COLLJ SPEC BR/WA SPX `	\$41.96	\$105.88
46601		ANOSCOPY DX W/HRA &CHEM AGNTS ENF	\$97.02	\$147.22
46604		ANOSCOPY W/DILATION	\$67.71	\$685.21
46606		ANOSCOPY W/BX SINGLE/MULTIPLE	\$77.73	\$263.35
46607		ANOSCOPY DX W/HRA &CHEM AGNTS ENF	\$130.65	\$206.49
46608		ANOSCOPY W/RMVL FOREIGN BODY	\$87.45	\$276.66
46610		ANOSCOPY W/RMVL LESION CAUTERY	\$83.84	\$262.94
46611		ANOSC RMVL 1 TUM POLYP/OTH LES SNAF	\$82.74	\$208.04
46612		ANOSC RMVL MULT TUMORS CAUTERY/SN	\$98.89	\$320.62
46614		ANOSCOPY CONTROL BLEEDING	\$66.29	\$151.51
46615		ANOSCOPY ABLATION LESION	\$94.55	\$165.33
46700		ANOPLASTY PLASTIC OPERATION STRICTU	\$679.92	\$679.92
46705		ANOPLASTY PLASTIC OPERATION STRICTU	\$586.24	\$586.24
46706		REPAIR ANAL FISTULA W/FIBRIN GLUE	\$184.36	\$184.36
46707		REPAIR ANORECTAL FISTULA PLUG	\$517.08	\$517.08
46710		RPR ILEOANAL POUCH FSTL/POUCH ADVM	\$1158.65	\$1158.65
46712		RPR ILEOANAL POUCH FSTL/POUCH ADVM	\$2328.83	\$2328.83
46715		RPR LW IMPERFORATE ANUS W/ANOPRNL	\$573.50	\$573.50
46716		RPR LW IMPERFORATE ANUS W/TRPOS FIS	\$1270.76	\$1270.76
46730		RPR HI IMPRF ANUS W/O FSTL PRNL/SACR	\$2059.90	\$2059.90
46735		RPR HI IMPRF ANUS W/O FISTULA CMBN A	\$2374.85	\$2374.85
46740		RPR HI IMPRF ANUS W/FSTL PRNL/SACROP	\$2248.89	\$2248.89
46742		RPR HI IMPRF ANUS W/FSTL TABDL & SACI	\$2604.63	\$2604.63
46744		RPR CLOACAL ANOMALY SACROPERINEAI	\$3691.31	\$3691.31
46746		RPR CLOACAL ANOMALY CMBN ABDL&SA	\$4072.56	\$4072.56
46748		RPR CLOACAL ANOMALY CMBN ABDL & S	\$4420.12	\$4420.12
46750		SPHNCTROP ANAL INCONTINENCE/PROLA	\$779.09	\$779.09
46751		SPHNCTROP ANAL INCONTINENCE/PROLA	\$689.63	\$689.63
46753		GRAFT THIERSCH RCT INCONTINENCE &P	\$643.26	\$643.26
46754		RMVL THIERSCH WIRE/SUTURE ANAL CAN	\$242.54	\$334.26
46760		SPHINCTEROPLASTY ANAL MUSCLE TRAN	\$1131.99	\$1131.99
46761		SPHNCTROP ANAL LEVATOR MUSC IMBRC	\$954.77	\$954.77
46900		DSTRJ LESION ANUS SIMPLE CHEMICAL	\$140.56	\$243.47
46910		DSTRJ LESION ANUS SMPL ELTRDSICCATI	\$137.67	\$265.86
46916		DSTRJ LESION ANUS SIMPLE CRYOSURGEF	\$145.61	\$251.77
46917		DSTRJ LESION ANUS SIMPLE LASER SURG	\$131.90	\$431.61
46922		DSTRJ LESION ANUS SIMPLE SURG EXCISI	\$140.92	\$301.98
46924		DSTRJ LESION ANUS EXTENSIVE	\$186.32	\$553.92
46930		DESTRUCTION INTERNAL HEMORRHOID T	\$155.52	\$220.16
46940		CURTG/CAUT ANAL FISSURE W/DILAT SPH	\$149.00	\$253.36
46942		CURTG/CAUT ANAL FISSURE W/DILAT SPH	\$133.98	\$241.58
46945		INT HRHC BY LIGATION SINGLE HROID W/	\$345.83	\$345.83
46946		INT HRHC BY LIGATION 2+ HROID W/O IMC	\$389.82	\$389.82

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
46947		HEMORRHOIDOPEXY STAPLING	\$399.76	\$399.76
46948		INT HRHC TRANSANAL HROID DARTLZJ 2+	\$456.08	\$456.08
47000		BIOPSY LIVER NEEDLE PERCUTANEOUS	\$91.58	\$318.72
47001		BX LVR NDL DONE PURPOSE TM OTH MAJ	\$108.80	\$108.80
47010		HEPATOTOMY OPEN DRAINAGE ABSCESS/	\$1,262.56	\$1,262.56
47015		LAPT W/ASPIR &/NJX HEPATC PARASITIC C	\$1,217.18	\$1,217.18
47100		BIOPSY LIVER WEDGE	\$883.13	\$883.13
47120		HEPATECTOMY RESCJ PARTIAL LOBECTOI	\$2435.83	\$2,435.83
47122		HEPATECTOMY RESCJ TRISEGMENTECTOM	\$3584.11	\$3,584.11
47125		HEPATECTOMY RESCJ TOTAL LEFT LOBEC	\$3,215.48	\$3,215.48
47130		HEPATECTOMY RESCJ TOTAL RIGHT LOBE	\$3,453.48	\$3,453.48
47135		LVR ALTRNSPLJ ORTHOTOPIC PRTL/WHL I	\$5,624.97	\$5,624.97
47300		MARSUPIALIZATION CST/ABSC LVR	\$1,179.44	\$1,179.44
47350		MGMT LVR HEMRRG SMPL SUTR LVR WNI	\$1428.53	\$1428.53
47360		MGMT LVR HEMRRG CPLX SUTR WND/INJ	\$1962.78	\$1962.78
47361		MGMT LVR HEMRRG EXPL WND DBRDMT	\$3162.60	\$3162.60
47362		MGMT LVR HEMRRG RE-EXPL WND RMVL	\$1516.47	\$1516.47
47370		LAPS SURG ABLTJ 1/> LVR TUM RF	\$1304.10	\$1,304.10
47371		LAPS SURG ABLTJ 1 > LVR TUM CRYOSUR	\$1313.49	\$1,313.49
47380		ABL TJ OPN 1/> LVR TUM RF	\$1507.98	\$1,507.98
47381		ABL TJ OPN 1/> LVR TUM CRYOSURG	\$1547.57	\$1547.57
47382		ABL TJ 1/> LVR TUM PRQ RF	\$767.80	\$4516.80
47383		ABLATION 1/> LIVER TUMOR PERQ CRYOA	\$471.28	\$7,040.52
47400		HEPATCOTOMY/HEPATCOSTOMY W/EXPL	\$2253.05	\$2,253.05
47420		CHOLEDOCHOT/OST W/O SPHNCTROTOMY	\$1400.60	\$1,400.60
47425		CHOLEDOCHOT/OST W/SPHNCTROTOMY/S	\$1429.72	\$1,429.72
47460		TRANSDUOL SPHINCTEROT/PLASTY W/WC	\$1328.09	\$1328.09
47480		CHOLECSTOT/CHOLECSTOST W/EXPL DRG	\$918.34	\$918.34
47490		CHOLECYSTOSTOMY PRQ W/IMAGING & C	\$343.80	\$343.80
47531		NJX CHOLANGIO PRQ W/IMG GID RS&I EXI	\$72.98	\$396.17
47532		NJX CHOLANGIO PRQ W/IMG GID RS&I NEV	\$220.22	\$869.49
47533		PRQ PLMT BILIARY DRG CATH W/IMG GID	\$275.95	\$1289.93
47534		PRQ PLMT BILIARY DRG CATH W/IMG GID	\$384.92	\$1465.35
47535		CONV EXT BIL DRG CATH TO INT-EXT BIL	\$203.04	\$1015.89
47536		EXCHANGE BILIARY DRG CATHETER PRQ	\$137.30	\$715.43
47537		REMOVAL BILIARY DRG CATHETER REQ F	\$99.78	\$461.61
47538		PLMT BILE DUCT STENT PRQ EXISTING AC	\$245.59	\$4398.30
47539		PLMT BILE DUCT STENT PRQ NEW ACCESS	\$440.29	\$4,847.59
47540		PLMT BILE DUCT STENT PRQ NEW ACCESS	\$457.48	\$4945.66
47541		PLMT ACCESS THRU BILIARY TREE INTO S	\$344.57	\$1,246.61
47542		BALLOON DILAT BILIARY DUCT/AMPULLA	\$141.50	\$532.22
47543		ENDOLUMINAL BX BILIARY TREE PRQ AN	\$150.45	\$474.72
47544		REMOVAL BILIARY DUCT &/GLBLDR CALC	\$162.58	\$1,020.21
47550		BILIARY NDSC INTRAOPERATIVE	\$172.14	\$172.14
47552		BILIARY ENDO PRQ T-TUBE DX W/COLLEC	\$284.28	\$284.28
47553		BILIARY NDSC PRQ T-TUBE W/BX SINGLE/I	\$287.01	\$287.01
47554		BILIARY ENDOSCOPY PRQ VIA T-TUBE W/F	\$538.10	\$538.10
47555		BILIARY NDSC PRQ T-TUBE W/DIL DUCT W	\$341.27	\$341.27
47556		BILIARY NDSC PRQ T-TUBE DILAT STRIX V	\$386.60	\$386.60
47562		LAPAROSCOPY SURG CHOLECYSTECTOMY	\$687.59	\$687.59

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
47563		LAPS SURG CHOLECYSTECTOMY W/CHOLA	\$748.46	\$748.46
47564		LAPS SURG CHOLECSTC W/EXPL COMMON	\$1,163.62	\$1,163.62
47570		LAPAROSCOPY SURG CHOLECYSTOENETE	\$810.37	\$810.37
47600		CHOLECYSTECTOMY	\$1,116.58	\$1,116.58
47605		CHOLECYSTECTOMY W/CHOLANGIOGRAP	\$1,174.93	\$1,174.93
47610		CHOLECYSTECTOMY W/EXPLORATION CO	\$1,311.62	\$1,311.62
47612		CHOLECYSTECTOMY EXPL DUCT CHOLED	\$1,333.87	\$1,333.87
47620		CHOLECSTC EXPL DUX SPHNCTROTOMY/S	\$1,439.80	\$1,439.80
47700		EXPL CONGENITAL ATRESIA BILE DUCTS	\$1,104.10	\$1,104.10
47701		PORTOENETEROSTOMY	\$1,816.77	\$1,816.77
47711		EXC BILE DUX TUM W/VO PRIM RPR XTRH	\$1,627.55	\$1,627.55
47712		EXC BILE DUX TUM W/VO PRIM RPR INTR	\$2,089.74	\$2,089.74
47715		EXCISION CHOLEDOCHAL CYST	\$1,392.20	\$1,392.20
47720		CHOLECYSTOENTEROSTOMY DIRECT	\$1,207.87	\$1,207.87
47721		CHOLECYSTOENTEROSTOMY W/GASTROE	\$1416.88	\$1416.88
47740		CHOLECYSTOENTEROSTOMY ROUX-EN-Y	\$1373.94	\$1373.94
47741		CHOLECSTONTRSTM ROUX-EN-Y W/GASTR	\$1,543.93	\$1,543.93
47760		ANAST XTRHEPATC BILIARY DUCTS & GI T	\$2,352.41	\$2,352.41
47765		ANAST INTRAHEPATC DUCTS & GI TRACT	\$3,179.11	\$3,179.11
47780		ANAST ROUX-EN-Y XTRHEPATC BILIARY I	\$2,583.63	\$2,583.63
47785		ANAST ROUX-EN-Y INTRAHEPATC BILIAR	\$3,395.87	\$3,395.87
47800		RCNSTJ PLSTC BILIARY DUCTS W/END-TO-	\$1,647.27	\$1,647.27
47801		PLACEMENT CHOLEDOCHAL STENT	\$1,165.28	\$1,165.28
47802		U-TUBE HEPATICOENTEROSTOMY	\$1,596.65	\$1,596.65
47900		SUTURE EXTRAHEPATIC BILE DUCT PRE-E	\$1,424.95	\$1,424.95
48000		PLACE DRAIN PERIPANCREATIC ACUTE PA	\$1,970.76	\$1,970.76
48001		PLACE DRAIN PERIPANCREATIC W/CHOLE	\$2,414.20	\$2,414.20
48020		REMOVAL PANCREATIC CALCULUS	\$1,231.68	\$1,231.68
48100		BIOPSY PANCREAS OPEN	\$923.13	\$923.13
48102		BIOPSY PANCREA PERCUTANEOUS NEEDL	\$247.42	\$553.64
48105		RESECT/DBRDMT PANCREAS NECROTIZING	\$2,963.86	\$2,963.86
48120		EXCISION LESION PANCREAS	\$1,153.65	\$1,153.65
48140		PNCRTECT DSTL STOT W/O PNCRTCOJEJUN	\$1,632.40	\$1,632.40
48145		PNCRTECT DSTL STOT W/PNCRTCOJEJUNC	\$1,708.05	\$1,708.05
48146		PNCRTECT DSTL NR-TOT W/PRSRV DUO CH	\$1,969.29	\$1,969.29
48148		EXCISION AMPULLA VATER	\$1,306.12	\$1,306.12
48150		PNCRTECT PROX STOT W/PANCREATOJEJU	\$3254.94	\$3254.94
48152		PNCRTECT WHIPPLE W/O PANCREATOJEJU	\$3,024.56	\$3,024.56
48153		PNCRTECT W/PANCREATOJEJUNOSTOMY	\$3241.97	\$3241.97
48154		PNCRTECT PROX STOT W/O PANCREATOJE	\$3,037.45	\$3,037.45
48155		PANCREATECTOMY TOTAL	\$1,891.86	\$1,891.86
48500		MARSUPIALIZATION PANCREATIC CYST	\$1,203.27	\$1,203.27
48510		EXTERNAL DRAINAGE PSEUDOCYST OF PA	\$1147.07	\$1147.07
48520		INT ANAST PANCREATIC CYST GI TRACT L	\$1141.51	\$1141.51
48540		INT ANAST PANCREATIC CYST GI TRACT R	\$1369.61	\$1369.61
48545		PANCREATORRHAPHY INJURY	\$1407.01	\$1407.01
48547		DUOL EXCLUSION W/GASTROJEJUNOSTOM	\$1875.15	\$1875.15
48548		PANCREATICOJEJUNOSTOMY SIDE-TO-SID	\$1739.46	\$1,739.46
48554		TRANSPLANTATION PANCREATIC ALLOGE	\$2,669.01	\$2,669.01
48556		RMVL TRANSPLANTED PANCREATIC ALLC	\$1,330.79	\$1,330.79

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
49000		EXPLORATORY LAPAROTOMY CELIOTOM	\$801.70	\$801.70
49002		REOPENING RECENT LAPAROTOMY	\$1,090.13	\$1,090.13
49010		EXPL RETROPERITONEUM W/VO BX SPX	\$962.73	\$962.73
49013		PREPERITONEAL PEL PACK F/HEMRRG ASS	\$454.63	\$454.63
49014		REEXPL PEL WND W/RMVL PREPERITONEA	\$376.04	\$376.04
49020		DRAINAGE PERITON ABSCESS/LOCAL PERI	\$1660.36	\$1660.36
49040		DRAINAGE SUBDIAPHRAGMATIC/SUBPHRI	\$1044.48	\$1044.48
49060		DRAINAGE OF RETROPERITONEAL ABSCESS	\$1146.72	\$1146.72
49062		DRG XTRAPERITONEAL LYMPHOCELE PER	\$801.89	\$801.89
49082		ABDOM PARACENTESIS DX/THER W/O IMA	\$76.64	\$209.51
49083		ABDOM PARACENTESIS DX/THER W/IMAGI	\$111.26	\$308.05
49084		PERITONEAL LAVAGE W/VO IMAGING GUI	\$113.08	\$113.08
49180		BX ABDL/RETROPERITONEAL MASS PRQ N	\$86.84	\$174.59
49185		SCLEROTHERAPY FLUID COLLECTION PRQ	\$124.07	\$1205.59
49203		EXCISION/DESTRUCTION OPEN ABDOMINA	\$1241.92	\$1241.92
49204		EXC/DESTRUCTION OPEN ABDMNL TUMOI	\$1582.96	\$1582.96
49205		EXC/DESTRUCTION OPEN ABDOMINAL TU	\$1813.09	\$1813.09
49215		EXC PRESAC/SACROCOCCYGEAL TUMOR	\$2308.91	\$2308.91
49220		STAGING LAPAROTOMY HODGKINS DISEA	\$1015.99	\$1015.99
49250		UMBILECTOMY OMPHALECTOMY EXC UM	\$612.49	\$612.49
49255		OMNTC EIPLOECTOMY RESCJ OMENTUM	\$819.01	\$819.01
49320		LAPS ABD PRTM&OMENTUM DX W/VO SPI	\$341.84	\$341.84
49321		LAPAROSCOPY SURG W/BX SINGLE/MULTI	\$359.02	\$359.02
49322		LAPS SURG W/ASPIR CAVITY/CYST SINGLE	\$388.70	\$388.70
49323		LAPS SURG W/DRG LYMPHOCELE PRTL CA	\$667.83	\$667.83
49324		LAPS INSERTION TUNNELED INTRAPERITC	\$406.25	\$406.25
49325		LAPS W/REVISION INTRAPERITONEAL CAT	\$433.43	\$433.43
49326		LAPAROSCOPY W/OMENTOPEXY	\$197.53	\$197.53
49327		LAPS W/INSERTION NTRSTL DEV W/IMG GI	\$136.36	\$136.36
49400		INJECTION AIR/CONTRAST PERITONEAL C	\$95.80	\$148.87
49402		REMOVAL PERITONEAL FOREIGN BODY FF	\$892.99	\$892.99
49405		IMAGE-GUIDE FLUID COLLXN DRAINAGE C	\$204.09	\$905.73
49406		IMG-GUIDE FLUID COLLXN DRAINAG CATH	\$203.73	\$905.36
49407		IMAGE FLUID COLLXN DRAINAG CATH TR	\$216.25	\$743.46
49411		INTERSTITIAL DEV PLMT RADIATION THEI	\$190.60	\$500.79
49412		PLACEMENT INTRSTL DEV OPN W/IMG GU	\$86.26	\$86.26
49418		INSJ INTRAPERITONEAL CATHETER W/IMC	\$210.26	\$1229.66
49419		INSERTION TUNNEL INTRAPERITONEAL C	\$448.44	\$448.44
49421		INSERTION TUNNEL INTRAPERITONEAL C	\$237.97	\$237.97
49422		REMOVAL TUNNELED INTRAPERITONEAL	\$231.21	\$231.21
49423		EXCHNG ABSC/CST DRG CATH RAD GID SP	\$73.26	\$612.39
49424		CNTRST NJX ASSMT ABSC/CST VIA DRG C	\$39.69	\$172.57
49425		INSERTION PERITONEAL-VENOUS SHUNT	\$742.60	\$742.60
49426		REVIS PERITONEAL-VENOUS SHUNT	\$697.01	\$697.01
49427		INJECT EVALUATE PREVIOUS PERITONEAI	\$40.34	\$40.34
49428		LIGATION PERITONEAL-VENOUS SHUNT	\$450.74	\$450.74
49429		RMVL PERITONEAL-VENOUS SHUNT	\$478.61	\$478.61
49435		INSJ SUBQ EXTENSION INTRAPERITONEAL	\$125.23	\$125.23
49436		DELAYED CREATION EXIT SITE EMBEDDE	\$194.32	\$194.32
49440		INSERT GASTROSTOMY TUBE PERCUTANE	\$212.07	\$960.28

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
49441		INSERT DUODENOSTOMY/JEJUNOSTOMY T	\$250.06	\$1087.82
49442		INSERT CECOSTOMY/OTHER COLONIC TUI	\$214.70	\$909.10
49446		CONVERT GASTROSTOMY-GASTRO-JEJUNO	\$153.67	\$923.19
49450		REPLACE GASTROSTOMY/CECOSTOMY TU	\$68.26	\$676.72
49451		REPLACE DUODENOSTOMY/JEJUNOSTOMY	\$93.29	\$733.17
49452		REPLACEMENT GASTRO-JEJUNOSTOMY TU	\$143.67	\$897.29
49460		OBSTRUCTIVE MATERIAL REMOVAL FROM	\$50.41	\$750.60
49465		CONTRAST INJECTION PERQ RADIOLOGIC	\$31.81	\$156.40
49491		RPR 1ST INGUN HRNA PRETERM INFT RDC	\$831.33	\$831.33
49492		RPR 1ST INGUN HRNA PRETERM INFT INCA	\$1000.65	\$1000.65
49495		RPR 1ST INGUN HRNA FULL TERM INFT <6	\$426.17	\$426.17
49496		RPR 1ST INGUN HRNA FULL TERM INFT <6	\$640.82	\$640.82
49500		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS REI	\$429.97	\$429.97
49501		RPR 1ST INGUN HRNA AGE 6 MO-5 YRS INC	\$631.83	\$631.83
49505		RPR 1ST INGUN HRNA AGE 5 YRS/> REDUC	\$543.70	\$543.70
49507		RPR 1ST INGUN HRNA AGE 5 YRS/> INCARC	\$611.74	\$611.74
49520		RPR RECT INGUINAL HERNIA ANY AGE R	\$659.30	\$659.30
49521		RPR RECT INGUN HERNIA ANY AGE INCA	\$748.46	\$748.46
49525		RPR INGUN HERNIA SLIDING ANY AGE	\$598.82	\$598.82
49540		REPAIR LUMBAR HERNIA	\$703.69	\$703.69
49550		RPR 1ST FEM HRNA ANY AGE REDUCIBLE	\$601.32	\$601.32
49553		RPR 1ST FEM HERNIA ANY AGE INCARCER	\$658.62	\$658.62
49555		RPR RECT FEM HERNIA REDUCIBLE	\$628.55	\$628.55
49557		RPR RECT FEM HRNA INCARCERATED	\$755.24	\$755.24
49560		REPAIR FIRST ABDOMINAL WALL HERNIA	\$770.25	\$770.25
49561		RPR 1ST INCAL/VNT HERNIA INCARCERAT	\$970.34	\$970.34
49565		RPR RECT INCAL/VNT HERNIA REDUCIBL	\$801.80	\$801.80
49566		RPR RECT INCAL/VNT HERNIA INCARCER	\$979.28	\$979.28
49568		IMPLANT MESH OPN HERNIA RPR/DEBRIDI	\$279.15	\$279.15
49570		RPR EPIGASTRIC HERNIA REDUCIBLE SPX	\$434.55	\$434.55
49572		RPR EPIGASTRIC HERNIA INCARCERATED	\$539.78	\$539.78
49580		RPR UMBILICAL HERNIA < 5 YRS REDUCIB	\$347.62	\$347.62
49582		RPR UMBILICAL HERNIA < 5 YRS INCARCE	\$503.69	\$503.69
49585		RPR UMBILICAL HRNA 5 YRS/> REDUCIBLE	\$464.61	\$464.61
49587		RPR UMBILICAL HERNIA AGE 5 YRS/> INCA	\$496.85	\$496.85
49590		RPR SPIGELIAN HERNIA	\$597.75	\$597.75
49600		RPR SMALL OMPHALOCELE W/PRIMARY C	\$765.75	\$765.75
49605		RPR LG OMPHALOCELE/GASTROSCHISIS W	\$5,177.28	\$5,177.28
49606		RPR LG OMPHALOCELE/GASTROSCHISIS R	\$1185.51	\$1185.51
49610		RPR OMPHALOCELE GROSS TYP OPRATION	\$721.31	\$721.31
49611		RPR OMPHALOCELE GROSS TYP OPRATION	\$635.09	\$635.09
49650		LAPAROSCOPY SURG RPR INITIAL INGUIN	\$448.11	\$448.11
49651		LAPS SURG RPR RECURRENT INGUINAL HE	\$583.57	\$583.57
49652		LAPS REPAIR HERNIA EXCEPT INCAL/INGU	\$777.11	\$777.11
49653		LAP RPR HRNA XCPT INCAL/INGUN NCRC8	\$970.20	\$970.20
49654		LAPAROSCOPY REPAIR INCISIONAL HERNI	\$882.33	\$882.33
49655		LAPS RPR INCISIONAL HERNIA NCRC8/STR	\$1,079.00	\$1,079.00
49656		LAPS RPR RECURRENT INCISIONAL HERNL	\$957.13	\$957.13
49657		LAPS RPR RECURRENT INCAL HRNA NCRC	\$1,379.62	\$1,379.62
49900		SEC ABDOMINAL WALL SUTURE EVISCER/	\$851.24	\$851.24

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
49904		OMENTAL FLAP EXTRA-ABDOMINAL	\$1,453.83	\$1,453.83
49905		OMENTAL FLAP INTRA-ABDOMINAL	\$368.57	\$368.57
50010		RNL EXPL X NECESSITATING OTH SPEC PX	\$760.62	\$760.62
50020		DRAINAGE PERIRENAL/RENAL ABSCESS O	\$1,046.42	\$1,046.42
50040		NEPHROSTOMY/NEPHROTOMY W/DRAINAGE	\$952.91	\$952.91
50045		NEPHROTOMY W/EXPLORATION	\$962.95	\$962.95
50060		NEPHROLITHOTOMY REMOVAL STAGE 1	\$1,177.81	\$1,177.81
50065		NEPHROLITHOTOMY SECONDARY FOR CA	\$1,248.96	\$1,248.96
50070		NEPHROLITHOTOMY COMP CGEN KDN AB	\$1,224.28	\$1,224.28
50075		NEPHROLITHOTOMY RMVL LG STAGHORN	\$1,506.10	\$1,506.10
50080		PRQ NEPHROSTOLITHOTOMY/PYELOSTOL	\$897.79	\$897.79
50081		PRQ NEPHROSTOLITHOTOMY/PYELOSTOL	\$1320.21	\$1320.21
50100		TRNSXJ/REPOSITIONING ABERRANT RENA	\$1,127.44	\$1,127.44
50120		PYELOTOMY W/EXPLORATION	\$980.80	\$980.80
50125		PYELOTOMY W/DRAINAGE PYELOSTOMY	\$1,014.43	\$1,014.43
50130		PYELOTOMY W/REMOVAL CALCULUS	\$1,067.35	\$1,067.35
50135		PYELOTOMY COMPLICATED	\$1,158.86	\$1,158.86
50200		RENAL BIOPSY PRQ TROCAR/NEEDLE	\$132.36	\$557.38
50205		RENAL BIOPSY SURG EXPOSURE KIDNEY	\$785.94	\$785.94
50220		NEPHRECTOMY W/PRTL URETERECTOMY	\$1084.79	\$1084.79
50225		NEPHRECTOMY W/PRTL URETERECT OPN	\$1242.72	\$1,242.72
50230		NEPHRECTOMY W/PRTL URETERECT OPEN	\$1325.11	\$1325.11
50234		NEPHRECTOMY W/TOT URETERECT&BLDF	\$1345.92	\$1345.92
50236		NEPHRECTOMY TOT URETEREC&BLDR CU	\$1513.40	\$1513.40
50240		NEPHRECTOMY PARTIAL	\$1369.67	\$1369.67
50250		OPEN ABLATION RENAL MASS CRYOSURG	\$1257.32	\$1257.32
50280		EXCISION/UNROOFING CYST KIDNEY	\$991.00	\$991.00
50290		EXCISION PERINEPHRIC CYST	\$928.27	\$928.27
50320		DONOR NEPHRECTOMY OPEN LIVING DON	\$1,567.24	\$1,567.24
50340		RECIPIENT NEPHRECTOMY SEPARATE PRC	\$988.72	\$988.72
50360		RENAL ALTRNSPLJ IMPLTJ GRF W/O RCP N	\$2519.51	\$2519.51
50365		RENAL ALTRNSPLJ IMPLTJ GRF W/RCP NEF	\$2993.67	\$2993.67
50370		RMVL TRNSPLD RENAL ALLOGRAFT	\$1256.32	\$1,256.32
50380		RENAL AUTOTRNSPLJ REIMPLANTATION F	\$2095.93	\$2095.93
50382		RMVL & RPLCMT INTLY DWELLING URETE	\$265.55	\$1128.59
50384		REMOVAL INDWELLING URETERAL STENT	\$237.65	\$921.58
50385		REMOVE & REPLACE INDWELL URETERAL	\$226.03	\$1110.02
50386		REMOVE INT DWELL URETERAL STENT TR	\$167.40	\$760.70
50387		RMVL & RPLCMT XTRNL ACCESSIBLE NEP	\$86.83	\$563.13
50389		RMVL NFROS TUBE REQ FLUORO GUIDANC	\$55.39	\$385.44
50390		ASPIR &/NJX RENAL CYST/PELVIS NEEDLE	\$99.00	\$99.00
50391		INSTLJ THER AGENT RENAL PELVIS&/URE	\$101.89	\$127.16
50396		MANOMETRIC STDS THRU TUBE/NDWELL	\$120.24	\$120.24
50400		PYELOPLASTY SIMPLE	\$1,202.58	\$1,202.58
50405		PYELOPLASTY COMPLICATED	\$1,442.11	\$1,442.11
50430		NJX PX ANTEGRDE NFROSGRM &/URTRGR	\$159.53	\$582.38
50431		NJX PX ANTEGRDE NFROSGRM &/URTRGR	\$67.31	\$265.20
50432		PLMT NEPHROSTOMY CATH PRQ NEW ACC	\$213.12	\$911.50
50433		PLMT NEPHROURETERAL CATH PRQ NEW	\$264.57	\$1,179.25
50434		CONVERT NEPHROSTOMY CATH TO NEPHI	\$198.81	\$939.08

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
50435		EXCHANGE NEPHROSTOMY CATHETER PR	\$103.05	\$577.90
50436		PERQ DILATION XST TRC ENDOUROLOGIC	\$155.62	\$155.62
50437		PERQ DILATION XST TRC NEW ACCESS REL	\$260.71	\$260.71
50500		NEPHRORRHAPHY SUTURE KIDNEY WOUN	\$1285.77	\$1285.77
50520		CLOSURE NEPHROCUTANEOUS/PYELOCUT	\$1209.04	\$1209.04
50525		CLSR NEPHROVISCERAL FISTULA W/VISC I	\$1534.45	\$1534.45
50526		CLSR NEPHROVISCERAL FISTULA W/VISC I	\$1645.05	\$1645.05
50540		SYMPHYSIOTOMY HORSESHOE KDN W/WC	\$1185.32	\$1185.32
50541		LAPAROSCOPY SURG ABLATION RENAL C'	\$948.12	\$948.12
50542		LAPS ABLTJ RENAL MASS LESION W/INTRA	\$1204.32	\$1204.32
50543		LAPAROSCOPY SURG PARTIAL NEPHRECTO	\$1538.43	\$1538.43
50544		LAPAROSCOPY SURG PYELOPLASTY	\$1286.33	\$1286.33
50545		LAPAROSCOPY RADICAL NEPHRECTOMY	\$1382.95	\$1382.95
50546		LAPAROSCOPY NEPHRECTOMY W/PARTIAL	\$1244.51	\$1,244.51
50547		LAPAROSCOPY DONOR NEPHRECTOMY LI'	\$1670.25	\$1,670.25
50548		LAPAROSCOPY NEPHRECTOMY W/TOTAL I	\$1390.73	\$1390.73
50551		RENAL ENDOSCOPY NEPHROSTOMY W/WC	\$303.30	\$371.18
50553		RENAL NDSC NEPHROST W/URETERAL CA'	\$323.31	\$396.62
50555		RENAL NDSC NEPHROS/PYELOSTOMY BIOI	\$352.64	\$425.58
50557		RENAL NDSC NEPHROS/PYELOSTOMY FUL	\$357.29	\$432.76
50561		RENAL NDSC NEPHROS/PYELOSTOMY RMV	\$406.26	\$489.31
50562		RENAL NDSC NEPHROS/PYELOSTOMY RES	\$598.44	\$598.44
50570		RENAL NDSC NEPHROTOMY W/WO IRRIGA	\$507.07	\$507.07
50572		RNL NDSC NFROT W/URTRL CATHJ W/WO I	\$548.54	\$548.54
50574		RENAL NDSC NEPHROTOMY W/BIOPSY	\$583.22	\$583.22
50575		RNL NDSC NFROT/PLOT W/ENDOPYELOTOMI	\$738.03	\$738.03
50576		RNL NDSC NFROT FULGURATION &/INCISI	\$581.79	\$581.79
50580		RNL NDSC NFROT/PLOT W/RMVL FB/CALCI	\$626.83	\$626.83
50590		LITHOTRIPSY XTRCORP SHOCK WAVE	\$587.83	\$759.35
50592		ABLTJ 1/> RENAL TUMOR PRQ UNI RADIOF	\$354.78	\$3,289.49
50593		ABLATION RENAL TUMOR UNILATERAL PI	\$475.98	\$4448.13
50600		URTROSTOMY W/EXPL/DRG SEPARATE PRO	\$969.62	\$969.62
50605		URETEROTOMY INSERTION INDWELLING S	\$1033.84	\$1033.84
50606		ENDOLUMINAL BX URTR &/RNL PELVIS NC	\$157.59	\$641.11
50610		URTROLITHOTOMY UPPER ONE-THIRD UR	\$976.44	\$976.44
50620		URTROLITHOTOMY MIDDLE ONE-THIRD U	\$933.90	\$933.90
50630		URTROLITHOTOMY LOWER ONE-THIRD UF	\$922.10	\$922.10
50650		URETRECTOMY W/BLADDER CUFF SEPA	\$1073.49	\$1073.49
50660		URETRECTOMY TOT ECTOPIC URETER CM	\$1,181.39	\$1,181.39
50684		INJ PX URETEROGRAPHY/URETEROPYLOG	\$51.96	\$120.22
50686		MANOMETRIC STDS THRU URTROST/NDWI	\$90.93	\$144.74
50688		CHNG URTROST TUBE/XTRNLLY ACCESSIE	\$80.26	\$80.26
50690		NJX VISUALIZATION ILEAL CONDUIT&/UR	\$72.33	\$110.98
50693		PLMT URTRL STENT PRQ PRE-EXISTING NE	\$211.70	\$1,069.33
50694		PLMT URTRL STNT PRQ NEW ACESS W/O S'	\$278.18	\$1,187.09
50695		PLMT URTRL STENT PRQ NEW ACCESS W/S	\$356.46	\$1,437.96
50700		URETEROPLASTY PLASTIC OPERATION UR	\$956.16	\$956.16
50705		URETERAL EMBOLIZATION/OCCCLUSION W	\$182.42	\$1,949.66
50706		BALLOON DILAT URETERAL STRICTURE W	\$189.39	\$971.55
50715		URETEROLYSIS W/WORPSG URETER RETRO	\$1,244.49	\$1,244.49

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
50722		URETEROLYSIS FOR OVARIAN VEIN SYNDI	\$1,067.49	\$1,067.49
50725		URTROLSS RETROCAVAL URTR W/REANAS	\$1,139.57	\$1,139.57
50727		REVJ URINARY-CUTANEOUS ANASTAMOSI	\$526.14	\$526.14
50728		REVJ UR-CUTAN ANAST RPR FSCAL DFCT &	\$761.74	\$761.74
50740		EXC URACHAL CYST/SINUS W/WO UMBILIC	\$1277.04	\$1277.04
50750		URETEROCALYCOSTOMY ANAST URETER	\$1191.76	\$1191.76
50760		URETEROURETEROSTOMY	\$1169.66	\$1169.66
50770		TRANSURETEROURETEROSTOMY ANAST U	\$1,191.76	\$1,191.76
50780		URETERONEOCYSTOSTOMY ANAST 1 URE'	\$1145.14	\$1145.14
50782		URETERONEOCYSTOSTOMY ANAST DUPLI	\$1,110.60	\$1,110.60
50783		URETERONEOCYSTOSTOMY W/URETERAL	\$1,164.58	\$1,164.58
50785		URTRONEOCSTOST W/VESICO-PSOAS HITC	\$1,254.08	\$1,254.08
50800		URETEROENTEROSTOMY ANAST URETER	\$957.39	\$957.39
50810		URETEROSIGMOIDOSTOMY W/SIGMOID BI	\$1461.70	\$1461.70
50815		URETEROCOLON CONDUIT INTESTINE AN/	\$1264.51	\$1264.51
50820		URETEROILEAL CONDUIT W/INTESTINE AN	\$1357.83	\$1357.83
50825		CONTINENT DVRJ W/INT ANAST ANY SGM	\$1712.24	\$1712.24
50830		URINARY UNIDIVERSION	\$1861.91	\$1861.91
50840		RPLCMT ALL/PART URETER INTESTINE SG	\$1270.59	\$1270.59
50845		CUTANANEOUS APPENDICO-VESICOSTOM	\$1292.94	\$1292.94
50860		URETEROSTOMY TRANSPLANTATION URE	\$976.89	\$976.89
50900		URETERORRHAPHY SUTURE URETER SEPA	\$869.99	\$869.99
50920		CLOSURE URETEROCUTANEOUS FISTULA	\$910.03	\$910.03
50930		CLOSURE URETEROCUTANEOUS FISTULA	\$1138.85	\$1138.85
50940		DELIGATION URETER	\$916.47	\$916.47
50945		LAPAROSCOPY URTROLITHOTOMY	\$1004.24	\$1004.24
50947		LAPS URTRONEOCSTOST W/CSTSC&URTRI	\$1432.76	\$1432.76
50948		LAPS URTRONEOCSTOST W/O CSTSC&URT	\$1316.06	\$1316.06
50951		URETERAL ENDOSCOPY VIA URETEROSTO	\$315.81	\$388.39
50953		URETERAL ENDOSCOPY VIA URETEROST V	\$336.54	\$411.66
50955		URETERAL ENDOSCOPY VIA URETEROSTO	\$364.09	\$439.91
50957		URETERAL ENDOSCOPY W/DEST&INC W/V	\$366.23	\$444.23
50961		URETERAL ENDOSCOPY VIA URETEROST V	\$326.90	\$399.84
50970		URETERAL ENDOSCOPY VIA URETEROTOM	\$382.30	\$382.30
50972		NDSC URETEROTOMY URTRL CATHJ W/WC	\$369.79	\$369.79
50974		URETERAL ENDOSCOPY VIA URETEROT W	\$487.77	\$487.77
50976		URETERAL ENDOSC VIA URETEROT W/DES	\$481.33	\$481.33
50980		NDSC URETEROTOMY RMVL FB/CALCULU;	\$368.00	\$368.00
51020		CYSTOTOMY/CYSTOSTOMY FULG&INSJ R	\$483.84	\$483.84
51030		CSTOTOMY/CSTOST CRYOSURG DSTRJ INT	\$487.38	\$487.38
51040		CYSTOSTOMY CYSTOTOMY W/DRAINAGE	\$298.81	\$298.81
51045		CYSTOTOMY W/INSJ URETERAL CATH/STE	\$517.02	\$517.02
51050		CYSTOLITHOTOMY CYSTOTOMY W/RMVL	\$486.94	\$486.94
51060		TRANSVESICAL URETROLITHOTOMY	\$601.46	\$601.46
51065		CYSTOTOMY W/CALCULUS BASKET XTRJ&	\$598.57	\$598.57
51080		DRG PRIVESICAL/PREVESICAL SPACE ABSO	\$422.24	\$422.24
51100		ASPIRATION BLADDER NEEDLE	\$40.03	\$70.01
51101		ASPIRATION BLADDER TROCAR/INTRACA	\$53.27	\$146.08
51102		ASPIRATION BLADDER INSERT SUPRAPUB	\$150.25	\$243.42
51500		EXC URACHAL CYST/SINUS W/WO UMBILIC	\$657.58	\$657.58

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
51520		CYSTOTOMY SIMPLE EXCISION VESICAL N	\$614.69	\$614.69
51525		CYSTOTOMY EXCISE BLADDER DIVERTICI	\$887.85	\$887.85
51530		CYSTOTOMY EXCISION BLADDER TUMOR	\$795.94	\$795.94
51535		CYSTOTOMY EXCISE/INCISE/REPAIR URET	\$806.67	\$806.67
51550		CYSTECTOMY PARTIAL SIMPLE	\$995.61	\$995.61
51555		CYSTECTOMY PARTIAL COMPLICATED	\$1308.83	\$1308.83
51565		CSTC PRTL W/RIMPLTJ URTR IN BLDR URT	\$1345.04	\$1345.04
51570		CYSTECTOMY COMPLETE SEPARATE PROC	\$1524.33	\$1524.33
51575		CYSTECTOMY W/BI PELVIC LYMPHADENE	\$1883.73	\$1883.73
51580		CYSTECTOMY W/URETEROSIGMOIDOSTOM	\$1958.93	\$1958.93
51585		CYSTECTOMY W/URETEROSIGMOID BI PEI	\$2180.59	\$2180.59
51590		CSTC COMPL W/URTROILEAL CONDUIT/BL	\$1999.25	\$1999.25
51595		CSTC COMPL W/CONDUIT/SIGMOID BLDR I	\$2260.97	\$2260.97
51596		CSTC COMPL W/CONTINENT DVRJ OPN NEI	\$2431.67	\$2431.67
51597		PELVIC EXENTERATION COMPLETE MALIC	\$2371.03	\$2371.03
51600		NJX CSTOGRAPY/VOIDING URETHROCSTO	\$45.76	\$211.87
51605		NJX & PLACEMENT CHAIN CONTRAST&/UF	\$40.11	\$40.11
51610		NJX RETROGRADE URETHROCSTOGRAPY	\$66.26	\$123.31
51700		BLDR IRRIGATION SMPL LAVAGE &/INSTL	\$32.18	\$76.97
51701		INSJ NON-NDWELLG BLADDER CATHETER	\$27.19	\$45.96
51702		INSJ TEMP NDWELLG BLADDER CATHETEI	\$26.46	\$62.57
51703		INSJ TEMP NDWELLG BLADDER CATHETEI	\$79.76	\$142.95
51705		CHANGE CYSTOSTOMY TUBE SIMPLE	\$53.69	\$97.39
51710		CHANGE CYSTOSTOMY TUBE COMPLICAT	\$81.62	\$135.44
51715		NDSC NJX IMPLT MATRL URT&/BLDR NCK	\$207.13	\$351.21
51720		BLADDER INSTILLATION ANTICARCINOGE	\$45.04	\$85.49
51725	26	SIMPLE CYSTOMETROGRAM	\$77.93	\$77.93
51725	TC	SIMPLE CYSTOMETROGRAM	\$139.39	\$139.39
51725		SIMPLE CYSTOMETROGRAM	\$217.32	\$217.32
51726	26	BLADDER PRESSURE MEASUREMENT DUR	\$86.85	\$86.85
51726	TC	BLADDER PRESSURE MEASUREMENT DUR	\$209.45	\$209.45
51726		BLADDER PRESSURE MEASUREMENT DUR	\$296.29	\$296.29
51727	26	COMPLEX CYSTOMETROGRAM URETHRAL	\$110.11	\$110.11
51727	TC	COMPLEX CYSTOMETROGRAM URETHRAL	\$245.55	\$245.55
51727		COMPLEX CYSTOMETROGRAM URETHRAL	\$355.67	\$355.67
51728	26	COMPLEX CYSTOMETROGRAM VOIDING P	\$107.95	\$107.95
51728	TC	COMPLEX CYSTOMETROGRAM VOIDING P	\$252.06	\$252.06
51728		COMPLEX CYSTOMETROGRAM VOIDING P	\$360.00	\$360.00
51729	26	COMPLX CYSTOMETRO W/VOID PRESS & U	\$130.85	\$130.85
51729	TC	COMPLX CYSTOMETRO W/VOID PRESS & U	\$253.13	\$253.13
51729		COMPLX CYSTOMETRO W/VOID PRESS & U	\$383.98	\$383.98
51736	TC	SIMPLE UROFLOMETRY	\$5.42	\$5.42
51736	26	SIMPLE UROFLOMETRY	\$8.58	\$8.58
51736		SIMPLE UROFLOMETRY	\$13.99	\$13.99
51741	TC	COMPLEX UROFLOMETRY	\$5.78	\$5.78
51741	26	COMPLEX UROFLOMETRY	\$8.94	\$8.94
51741		COMPLEX UROFLOMETRY	\$14.72	\$14.72
51784	TC	EMG STDS ANAL/URTL SPHNCTR OTH/THN	\$29.62	\$29.62
51784	26	EMG STDS ANAL/URTL SPHNCTR OTH/THN	\$39.33	\$39.33
51784		EMG STDS ANAL/URTL SPHNCTR OTH/THN	\$68.94	\$68.94

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
51785	26	NDL EMG STDS EMG ANAL/URTL SPHNCTR	\$95.28	\$95.28
51785	TC	NDL EMG STDS EMG ANAL/URTL SPHNCTR	\$288.16	\$288.16
51785		NDL EMG STDS EMG ANAL/URTL SPHNCTR	\$383.43	\$383.43
51792	26	STIMULUS EVOKED RESPONSE	\$56.48	\$56.48
51792	TC	STIMULUS EVOKED RESPONSE	\$197.17	\$197.17
51792		STIMULUS EVOKED RESPONSE	\$253.64	\$253.64
51797	26	VOID PRESSURE STUDIES INTRAABDOMIN	\$41.47	\$41.47
51797	TC	VOID PRESSURE STUDIES INTRAABDOMIN	\$124.58	\$124.58
51797		VOID PRESSURE STUDIES INTRAABDOMIN	\$166.05	\$166.05
51798		MEAS POST-VOIDING RESIDUAL URINE&/B	\$10.48	\$10.48
51800		CSTOPLASTY/CSTOURTP PLSTC ANY	\$1077.78	\$1077.78
51820		CSTOURTP W/UNI/BI URTRONEOCSTOST	\$1120.02	\$1120.02
51840		ANT VESICOURETHROPEXY/URETHROPEX	\$705.45	\$705.45
51841		ANT VESICOURETHROPEXY/URETHROPEX	\$816.54	\$816.54
51845		ABDOMINO-VAG VESICAL NCK SSP W/WO	\$601.36	\$601.36
51860		CYSTORRHAPHY SUTR BLDR WND INJ/RPT	\$771.63	\$771.63
51865		CYSTORRHAPHY SUTR BLDR WND INJ/RPT	\$929.56	\$929.56
51880		CLOSURE CYSTOSTOMY SEPARATE PROCE	\$481.58	\$481.58
51900		CLSR VESICOVAGINAL FISTUL AABDL APP	\$851.79	\$851.79
51920		CLOSURE VESICOUTERINE FISTULA	\$788.51	\$788.51
51925		CLSR VESICOUTERINE FISTULA W/HYSTER	\$1100.57	\$1100.57
51940		CLOSURE EXSTROPHY BLADDER	\$1695.62	\$1695.62
51960		ENTEROCYSTOPLASTY W/INTESTINAL AN.	\$1431.15	\$1431.15
51980		CUTANEOUS VESICOSTOMY	\$736.95	\$736.95
51990		LAPAROSCOPY URETHRAL SUSPENSION S7	\$772.65	\$772.65
51992		LAPAROSCOPY SLING OPERATION STRESS	\$869.75	\$869.75
52000		CYSTOURETHROSCOPY	\$83.34	\$215.50
52001		CYSTO W/IRRIG & EVAC MULTIPLE OBSTRI	\$295.79	\$426.52
52005		CYSTO BLADDER W/URETERAL CATHETER	\$136.35	\$301.01
52007		CYSTO W/URTRL CATHJ BRUSH BX URTR&	\$170.30	\$486.28
52010		CYSTO W/EJACULATORY DUCT CATHETER	\$170.30	\$407.55
52204		CYSTOURETHROSCOPY WITH BIOPSY	\$145.62	\$394.78
52214		CYSTO W/DESTRUCTION OF LESIONS	\$181.98	\$749.63
52224		CYSTO W/REMOVAL OF LESIONS SMALL	\$210.57	\$782.93
52234		CYSTO W/REMOVAL OF TUMORS SMALL	\$253.25	\$253.25
52235		CYSTOURETHROSCOPY W/DEST &/RMVL M	\$297.23	\$297.23
52240		CYSTOURETHROSCOPY W/DEST &/RMVL T	\$404.50	\$404.50
52250		CYSTOURETHROSCOPY INSJ RADIOACT SE	\$246.81	\$246.81
52260		CYSTOURETHROSCOPY W/DIL BLADDER G	\$217.51	\$217.51
52265		CYSTOURETHROSCOPY W/DIL BLADDER L	\$168.19	\$390.63
52270		CYSTOURETHROSCOPY W/INTERNAL URE	\$187.10	\$412.43
52275		CYSTOURETHROSCOPY W/INTERNAL URE	\$256.10	\$541.01
52276		CYSTOURETHROSCOPY W/INTERNAL URE	\$272.56	\$272.56
52277		CYSTOURETHROSCOPY W/RESECT EXTERN	\$332.61	\$332.61
52281		CYSTO CALIBRATION DILAT URTRL STRIX/S	\$156.37	\$329.34
52282		CYSTOURETHROSCOPY INSERTION PERM I	\$348.38	\$348.38
52283		CYSTOURETHROSCOPY W/STEROID INJEC	\$207.86	\$334.24
52285		CYSTOURETHROSCOPY TX FEMALE URETI	\$201.78	\$332.87
52287		CYSTOURETHROSCOPY INJ CHEMODENER	\$174.91	\$369.19
52290		CYSTOURETHROSCOPY W/URETERAL MEA	\$251.47	\$251.47

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
52300		CYSTO W/RESCJ/FULG ORTHOPIC URETERO	\$288.28	\$288.28
52301		CYSTO W/RESECT ECTOPIC URETEROCELE	\$298.65	\$298.65
52305		CYSTO INC/RESCJ ORIFICE BLDR DIVERTIC	\$287.56	\$287.56
52310		CYSTO W/SIMPLE REMOVAL STONE & STE	\$155.61	\$296.80
52315		CYSTO W/COMPLEX REMOVAL STONE & S	\$282.92	\$476.83
52317		LITHOLAPAXY SMPL/SM <2.5 CM	\$359.04	\$898.18
52318		LITHOLAPAXY COMP/LG > 2.5 CM	\$488.47	\$488.47
52320		CYSTOURETHROSCOPY W/RMVL URETERA	\$254.30	\$254.30
52325		CYSTO FRAGMENTATION URETERAL STON	\$329.72	\$329.72
52327		CYSTO W/SUBURTRIC NJX IMPLT MATRL	\$271.37	\$271.37
52330		CYSTO MANJ W/O RMVL URETERAL STON	\$271.81	\$596.09
52332		CYSTO W/INSERT URETERAL STENT	\$159.58	\$466.16
52334		CYSTO INSJ URTRL GD WIRE PRQ NFROS R	\$188.54	\$188.54
52341		CYSTO W/TX URETERAL STRICTURE	\$292.95	\$292.95
52342		CYSTO W/TX URETEROPELVIC JUNCTION S	\$317.96	\$317.96
52343		CYSTO W/TX INTRA-RENAL STRICTURE	\$355.15	\$355.15
52344		CYSTO W/URTROSCOPY W/TX URETERAL S	\$380.17	\$380.17
52345		CYSTO W/URTROSCOPY W/TX URTROPEL J	\$406.63	\$406.63
52346		CYSTO W/URTROSCOPY W/TX INTRA-REN/	\$459.89	\$459.89
52351		CYSTO W/URTROSCOPY&/PYELOSOCOPY D	\$311.52	\$311.52
52352		CYSTO W/URETEROSCOPY W/RMVL/MANJ	\$365.88	\$365.88
52353		CYSTO W/URETEROSCOPY W/LITHOTRIPSY	\$404.50	\$404.50
52354		CYSTO/PYELOSOCOPY BX&/FULGURATION	\$430.23	\$430.23
52355		CYSTO/PYELOSOCOPY RESCJ PELVIC TUMO	\$482.07	\$482.07
52356		CYSTO/URETERO W/LITHOTRIPSY &INDWI	\$428.43	\$428.43
52400		CYSTO INC FULG/RESCJ URTRL VALVES/FOI	\$493.07	\$493.07
52402		CSTO W/TRURL RESCJ/INC EJACULATORY	\$275.30	\$275.30
52441		CYSTO INSERTION TRANSPROSTATIC IMPI	\$217.10	\$1395.39
52442		CYSTO INSERTION TRANSPROSTATIC IMPI	\$52.19	\$1017.06
52450		TRANSURETHRAL INCISION PROSTATE	\$486.68	\$486.68
52500		TRANSURETHRAL RESECTION BLADDER N	\$504.91	\$504.91
52601		TRURL ELECTROSURG RESCJ PROSTATE B	\$753.25	\$753.25
52630		TRURL RESCJ RESIDUAL/REGROWTH OBST	\$415.46	\$415.46
52640		TRURL RESCJ POSTOP BLADDER NECK COI	\$326.82	\$326.82
52647		LASER COAGULATION OF PROSTATE FOR I	\$669.00	\$1667.82
52648		LASER VAPORIZATION OF PROSTATE FOR	\$713.69	\$1720.46
52649		LASER ENUCLEATION PROSTATE W/MORC	\$852.90	\$852.90
52700		TRURL DRAINAGE PROSTATIC ABSCESS	\$455.78	\$455.78
53000		URTT/URTS XTRNL SPX PENDULOUS URET	\$152.98	\$152.98
53010		URETHROTOMY/URETHROSTOMY XT SPX	\$304.25	\$304.25
53020		MEATOTOMY CUTTING MEATUS SPX EXCI	\$100.19	\$100.19
53025		MEATOTOMY CUTTING MEATUS SPX INFA	\$69.83	\$69.83
53040		DRAINAGE DEEP PERIURETHRAL ABSCESS	\$405.35	\$405.35
53060		DRG OF SKENE'S GLAND ABSCESS OR CYS	\$171.94	\$192.88
53080		DRG PERINEAL URINARY XTRVASATION U	\$433.68	\$433.68
53085		DRG PERINEAL URINARY XTRVASATION C	\$670.51	\$670.51
53200		BIOPSY URETHRA	\$146.34	\$162.59
53210		URETHRECTOMY TOT W/CYSTOST FEMAL	\$807.14	\$807.14
53215		URETHRECTOMY TOT W/CYSTOST MALE	\$959.68	\$959.68
53220		EXC/FULGURATION CARCINOMA URETHR	\$466.54	\$466.54

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
53230		EXC URETHRAL DIVERTICULUM SPX FEM/	\$629.38	\$629.38
53235		EXC URETHRAL DIVERTICULUM SPX MALI	\$653.99	\$653.99
53240		MARSUPIALIZATION URTL DIVERTICULUM	\$437.57	\$437.57
53250		EXCISION OF BULBOURETHRAL GLAND	\$408.97	\$408.97
53260		EXC/FULGURATION URETHRAL POLYP DS1	\$186.92	\$210.39
53265		EXC/FULGURATION URETHRAL CARUNCLI	\$194.07	\$231.26
53270		EXCISION OR FULGURATION SKENES GLAI	\$189.75	\$214.30
53275		EXCISION/FULGURATION URETHRAL PROI	\$271.33	\$271.33
53400		URETHROPLASTY 1ST STG FISTULA/DIVER	\$828.94	\$828.94
53405		URETHROPLASTY 2ND STAGE W/URINARY	\$902.53	\$902.53
53410		URETHROPLASTY 1 STG RECNST MALE AN	\$1011.24	\$1011.24
53415		URTP TRANSPUBIC/PRNL 1 STG RCNSTJ/RP	\$1167.84	\$1167.84
53420		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHI	\$869.56	\$869.56
53425		URTP 2-STG RCNSTJ/RPR PROSTAT/URETHI	\$967.87	\$967.87
53430		URETHROPLASTY RCNSTJ FEMALE URETH	\$1004.53	\$1004.53
53431		URTP W/TUBULARIZATION POST URT&/LW	\$1192.14	\$1192.14
53440		SLING OPERATION CORRJ MALE URINARY I	\$778.06	\$778.06
53442		RMVL/REVJ SLING MALE URINARY INCON	\$809.77	\$809.77
53444		INSERTION TANDEM CUFF	\$820.24	\$820.24
53445		INSJ INFLATABLE URETHRAL/BLADDER NI	\$779.34	\$779.34
53446		REMLV INFLATABLE URETHRAL/BLADDEF	\$663.37	\$663.37
53447		RMVL & RPLCMT NFLTL URETHRAL/BLAD	\$835.00	\$835.00
53448		RMVL & RPLCMT NFLTBL NCK SPHNCTR T	\$1321.68	\$1321.68
53449		RPR NFLTBL URETHRAL/BLADDER NECK S	\$632.56	\$632.56
53450		URETHROMEATOPLASTY W/MUCOSAL AD	\$422.57	\$422.57
53460		URETHROMEATOPLASTY W/PRTL EXC DS1	\$472.61	\$472.61
53500		URETHROLSS TRVG SEC OPN W/CSTO	\$775.01	\$775.01
53502		URETHRORRHAPHY SUTR URETHRAL WOI	\$501.59	\$501.59
53505		URETHRORRHAPHY SUTR URETHRAL WOI	\$501.23	\$501.23
53510		URETHRORRHAPHY SUTR URETHRAL WOI	\$652.57	\$652.57
53515		URTORR SUTR URETHRAL WND/INJ PROST	\$822.39	\$822.39
53520		CLSR URETHROSTOMY/URETHROQ FSTL M	\$575.70	\$575.70
53600		DILAT URETHRAL STRIX DILATOR MALE 1	\$65.45	\$87.11
53601		DILAT URETHRAL STRIX DILATOR MALE S	\$55.10	\$82.91
53605		DILAT URETHRAL STRIX/VESICAL NCK DII	\$66.86	\$66.86
53620		DILAT URETHRAL STRIX FILIFORM & FOLI	\$89.79	\$151.54
53621		DILAT URETHRAL STRIX FILIFORM & FOLI	\$74.04	\$143.01
53660		DILAT FEMALE URETHRA W/SUPPOSITORY	\$42.96	\$72.57
53661		DILAT FEMALE URT W/SUPPOSITORY&/INS	\$41.88	\$71.48
53665		DILAT FEMALE URETHRA GENERAL/CNDJ	\$39.69	\$39.69
53850		TRURL DSTRJ PRSTATE TISS MICROWAVE	\$361.88	\$1598.31
53852		TRURL DSTRJ PRSTATE TISS RF THERMOTI	\$387.62	\$1549.65
53854		TRURL DSTRJ PRST8 TISS RF WV THERMOI	\$387.26	\$1845.04
53855		INSERT TEMP PROSTATIC URETH STENT W	\$85.45	\$760.72
53860		TRURL RF FEMALE BLADDER NECK STRS U	\$230.84	\$2156.25
54000		SLITTING PREPUCE DORSAL/LATERAL SPX	\$111.84	\$161.31
54001		SLITTING PREPUCE DORSAL/LAT SPX XCP	\$143.99	\$199.24
54015		I&D PENIS DEEP	\$316.06	\$316.06
54050		DSTRJ LESION PENIS SIMPLE CHEMICAL	\$107.30	\$137.63
54055		DSTRJ LESION PENIS SIMPLE ELECTRODES	\$95.77	\$128.99

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
54056		DSTRJ LESION PENIS SIMPLE CRYOSURGEI	\$111.98	\$143.40
54057		DSTRJ LESION PENIS SIMPLE LASER	\$97.55	\$141.60
54060		DSTRJ LESION PENIS SIMPLE SURG EXCISI	\$134.02	\$192.88
54065		DSTRJ LESION PENIS EXTENSIVE	\$175.65	\$225.13
54100		BIOPSY PENIS SEPARATE PROCEDURE	\$125.39	\$203.75
54105		BIOPSY PENIS DEEP STRUCTURES	\$219.51	\$277.64
54110		EXCISION OF PENILE PLAQUE	\$645.01	\$645.01
54111		EXC PENILE PLAQUE GRAFT &/5 CM LENG	\$826.98	\$826.98
54112		EXC PENILE PLAQUE GRAFT > 5 CM LENGT	\$968.64	\$968.64
54115		REMOVAL FOREIGN BODY DEEP PENILE TI	\$438.36	\$468.69
54120		AMPUTATION PENIS PARTIAL	\$652.54	\$652.54
54125		AMPUTATION PENIS COMPLETE	\$842.07	\$842.07
54130		AMPUTATION PENIS RADW/BI INGUINOFEL	\$1232.96	\$1232.96
54135		AMPUTATION PENIS RADICAL W/LYMPH N	\$1562.59	\$1562.59
54150		CIRCUMCISION W/CLAMP/OTH DEV W/BLC	\$101.57	\$157.90
54160		CIRCUMCISION NEONATE	\$149.25	\$225.81
54161		CIRCUMCISION AGE >28 DAYS	\$203.37	\$203.37
54162		LYSIS/EXCISION PENILE POSTCIRCUMCISI	\$205.90	\$265.12
54163		REPAIR INCOMPLETE CIRCUMCISION	\$224.67	\$224.67
54200		INJECTION PEYRONIE DISEASE	\$86.45	\$113.89
54205		NJX PEYRONIE W/SURG EXPOS PLAQUE	\$549.98	\$549.98
54220		IRRIGATION CORPORA CAVERNOSA PRIAP	\$138.13	\$217.93
54230		INJECTION CORPORA CAVERNOSOGRAPY	\$81.63	\$102.94
54300		PENIS STRAIGHTENING CHORDEE	\$666.53	\$666.53
54304		PENIS CORRJ CHORDEE/1ST STAGE HYPOS	\$774.13	\$774.13
54308		URETHROPLASTY 2ND STAGE HYPOSPADL	\$739.45	\$739.45
54312		URETHROPLASTY 2ND STAGE HYPOSPADL	\$846.07	\$846.07
54316		URETHROPLASTY 2ND STAGE HYPOSPADL	\$1029.47	\$1029.47
54318		URETHROPLASTY 3RD STG HYPOSPADIAS	\$735.22	\$735.22
54322		1 STG DSTL HYPOSPADIAS RPR W/SMPL MI	\$808.07	\$808.07
54324		1 STG DSTL HYPOSPADIAS RPR W/URTP SK	\$1000.48	\$1000.48
54326		1 STG DSTL HYPOSPADIAS RPR URTP SKN I	\$975.84	\$975.84
54328		1 STAGE DSTL HYPOSPADIAS RPR W/EXTE	\$969.41	\$969.41
54332		1 STAGE PROX PENILE/PENOSCROTAL HYP	\$1046.28	\$1046.28
54336		1 STG PERINEAL HYPOSPADIAS RPR W/GRI	\$1229.11	\$1229.11
54340		RPR HYPOSPADIAS COMPLCTJS CLSR INC/I	\$588.59	\$588.59
54344		RPR HYPOSPADIAS COMPLCTJS MOBLJ FLA	\$977.99	\$977.99
54348		RPR HYPOSPADIAS COMPLCTJS DSJ & URT	\$1045.58	\$1045.58
54352		RPR HYPOSPADIAS CRIPPLE W/DSJ & EXC	\$1463.63	\$1463.63
54360		PLASTIC RPR PENIS CORRECT ANGULATIO	\$745.14	\$745.14
54380		PLASTIC RPR PENIS EPISPADIAS DSTL SPH	\$826.39	\$826.39
54385		PLASTIC PENIS EPISPADIAS DSTL SPHNCTI	\$960.56	\$960.56
54390		PLASTIC RPR PENIS EPISPADIAS W/EXSTR	\$1283.03	\$1283.03
54420		CORPORA CAVERNOSA-SAPHENOUS VEIN	\$727.65	\$727.65
54430		CORPORA CAVERNOSA-CORPUS SPONGIOS	\$660.46	\$660.46
54435		CORPORA CAVERNOSA-GLANS PENIS FSTL	\$429.04	\$429.04
54437		REPAIR OF TRAUMATIC CORPOREAL TEAR	\$697.06	\$697.06
54438		REPLANTATION PENIS COMP AMPUTATION	\$1382.52	\$1382.52
54450		FORESKN MANJ W/LSS PREPUTIAL ADS&S	\$59.36	\$70.91
54500		BIOPSY TESTIS NEEDLE SEPARATE PROCE	\$76.60	\$76.60

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
54505		BIOPSY TESTIS INCISIONAL SEPARATE PRO	\$217.00	\$217.00
54512		EXC XTRPARENCHYMAL LESION TESTIS	\$557.01	\$557.01
54520		ORCHIECTOMY SIMPLE SCROTAL/INGUINAL	\$336.67	\$336.67
54522		ORCHIECTOMY PARTIAL	\$608.88	\$608.88
54530		ORCHIECTOMY RADICAL TUMOR INGUINA	\$523.88	\$523.88
54535		ORCHIECTOMY RADICAL TUMOR W/ABDO	\$769.12	\$769.12
54550		EXPL UNDESCENDED TESTIS INGUIN/SCROT.	\$508.38	\$508.38
54560		EXPL UNDESCENDED TESTIS W/ABDOMINL	\$710.11	\$710.11
54600		RDCTJ TORSION TESTIS W/WO FIXJ CLAT TE	\$467.97	\$467.97
54620		FIXATION CONTRALATERAL TESTIS SEPAI	\$309.28	\$309.28
54640		ORCHIOPEXY INGUINAL OR SCROTAL APP.	\$449.15	\$449.15
54650		ORCHIOPEXY ABDL APPROACH INTRA-ABI	\$735.60	\$735.60
54670		SUTURE/REPAIR TESTICULAR INJURY	\$420.82	\$420.82
54680		TRANSPLANTATION TESTIS TO THIGH	\$814.18	\$814.18
54690		LAPAROSCOPY SURGICAL ORCHIECTOMY	\$677.82	\$677.82
54692		LAPAROSCOPY ORCHIOPEXY INTRA-ABDC	\$783.65	\$783.65
54700		I&D EPIDIDYMIS TESTIS&/SCROTAL SPACE	\$221.35	\$221.35
54800		BIOPSY EPIDIDYMIS NEEDLE	\$129.86	\$129.86
54830		EXCISION LOCAL LESION EPIDIDYMIS	\$383.96	\$383.96
54840		EXCISION SPERMATOCELE W/WO EPIDIDY	\$331.99	\$331.99
54860		EPIDIDYMECTOMY UNILATERAL	\$432.22	\$432.22
54861		EPIDIDYMECTOMY BILATERAL	\$586.42	\$586.42
54865		EXPLORATION EPIDIDYMIS W/WO BIOPSY	\$370.01	\$370.01
54900		EPIDIDYMOVASOSTOMY ANAST EPIDIDYM	\$827.82	\$827.82
54901		EPIDIDYMOVASOSTOMY ANAST EPIDIDYM	\$1093.20	\$1093.20
55000		PNXR ASPIR HYDROCELE TUNICA VAGIS V	\$87.37	\$121.67
55040		EXCISION HYDROCELE UNILATERAL	\$348.15	\$348.15
55041		EXCISION HYDROCELE BILATERAL	\$528.17	\$528.17
55060		RPR TUNICA VAGINALIS HYDROCELE BOT	\$392.92	\$392.92
55100		DRAINAGE SCROTAL WALL ABSCESS	\$172.06	\$230.92
55110		SCROTAL EXPLORATION	\$400.77	\$400.77
55120		REMOVAL FOREIGN BODY SCROTUM	\$364.98	\$364.98
55150		RESECTION SCROTUM	\$508.52	\$508.52
55175		SCROTOPLASTY SIMPLE	\$374.65	\$374.65
55180		SCROTOPLASTY COMPLICATED	\$716.07	\$716.07
55250		VASECTOMY UNI/BI SPX W/POSTOP SEMEN	\$234.76	\$370.90
55500		EXC HYDROCELE SPERMATIC CORD UNI SP	\$406.62	\$406.62
55520		EXC LESION SPERMATIC CORD SEPARATE	\$473.23	\$473.23
55530		EXC VARICOCELE/LIGATION SPERMATIC V	\$362.80	\$362.80
55535		EXC VARICOCELE/LIGATION SPERMATIC V	\$444.37	\$444.37
55540		EXC VARICOCELE/LIGATION VEINS W/HER	\$575.67	\$575.67
55550		LAPS LIGATION SPERMATIC VEINS VARIC	\$442.92	\$442.92
55600		VESICULOTOMY	\$435.08	\$435.08
55605		VESICULOTOMY COMPLICATED	\$539.61	\$539.61
55650		VESICULECTOMY ANY APPROACH	\$741.61	\$741.61
55680		EXCISION MULLERIAN DUCT CYST	\$357.78	\$357.78
55700		PROSTATE NEEDLE BIOPSY ANY APPROAC	\$134.83	\$254.72
55705		BIOPSY PROSTATE INCISIONAL ANY APPR	\$274.56	\$274.56
55706		BX PROSTATE STRTCTC SATURATION SAM	\$384.90	\$384.90
55720		PROSTATOTOMY EXTERNAL DRG ABSCESS	\$467.21	\$467.21

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
55725		PROSTATOTOMY EXTERNAL DRG ABSCESS	\$613.69	\$613.69
55801		PROSTATECTOMY PERINEAL SUBTOTAL	\$1131.47	\$1131.47
55810		PROSTATECTOMY PERINEAL RADICAL	\$1354.46	\$1354.46
55812		PROSTATECTOMY PERINEAL RADICAL W/I	\$1662.81	\$1662.81
55815		PROSTATECTOMY PERINEAL RAD W/BI PEI	\$1821.54	\$1821.54
55821		PROSTATECTOMY SUPRAPUBIC SUBTOTAL	\$903.20	\$903.20
55831		PROSTATECTOMY RETROPUBIC SUBTOTAL	\$977.56	\$977.56
55840		PROSTATECTOMY RETROPUBIC W/NO NEI	\$1209.74	\$1209.74
55842		PROSTECT RETROPUBIC RAD W/NO NRV S	\$1210.47	\$1210.47
55845		PROSTECT RETROPUB RAD W/NO NRV SPA	\$1408.88	\$1408.88
55860		EXPOS PROSTATE ANY APPROACH INSJ RA	\$904.60	\$904.60
55862		EXPOS PROSTATE INSJ RADIOACT SBST W/	\$1133.15	\$1133.15
55865		EXPOS PROSTATE INSJ RADIOAC SBST W/B	\$1379.95	\$1379.95
55866		LAPS PROSTECT RETROPUBIC RAD W/NRV	\$1491.45	\$1491.45
55873		CRYOSURGICAL ABLATION PROSTATE W/I	\$789.50	\$6331.38
55874		TRANSPERINEAL PLMT BIODEGRADABLE I	\$170.66	\$3,143.28
55875		TRANSPERINEAL PLMT NDL/CATHS PROST	\$794.61	\$794.61
55876		PLMT INTERSTITIAL DEV RADIAT TX PROS	\$104.17	\$149.31
55920		PLACEMENT NEEDLE PELVIC ORGAN RAD	\$468.32	\$468.32
56405		I&D VULVA/PERINEAL ABSCESS	\$123.09	\$132.48
56420		I&D OF BARTHOLINS GLAND ABSCESS	\$106.51	\$160.67
56440		MARSUPIALIZATION BARTHOLINS GLAND	\$188.08	\$188.08
56441		LYSIS LABIAL ADHESIONS	\$152.06	\$169.39
56442		HYMENOTOMY SIMPLE INCISION	\$48.76	\$48.76
56501		DESTRUCTION LESIONS VULVA SIMPLE	\$129.17	\$168.54
56515		DESTRUCTION LESIONS VULVA EXTENSIV	\$213.98	\$260.20
56605		BIOPSY VULVA/PERINEUM 1 LESION SPX	\$62.62	\$93.32
56606		BIOPSY VULVA/PERINEUM EACH ADDL LE	\$30.77	\$39.80
56620		VULVECTOMY SIMPLE PARTIAL	\$570.97	\$570.97
56625		VULVECTOMY SIMPLE COMPLETE	\$666.99	\$666.99
56630		VULVECTOMY RADICAL PARTIAL	\$970.19	\$970.19
56631		VULVECTOMY RAD PRTL UNI INGUINOFEM	\$1211.76	\$1211.76
56632		VULVECTOMY RAD PRTL BI INGUINOFEM	\$1443.18	\$1443.18
56633		VULVECTOMY RADICAL COMPLETE	\$1252.23	\$1252.23
56634		VULVECTOMY RAD COMPL UNI INGUINOF	\$1321.03	\$1321.03
56637		VULVECTOMY RAD COMPL BI INGUINOFEL	\$1534.12	\$1534.12
56640		VULVECTOMY RAD COMPL ILIAC & PELVI	\$1553.24	\$1553.24
56700		PRTL HYMENECTOMY/REVJ HYMENAL RIN	\$203.63	\$203.63
56740		EXC BARTHOLINS GLAND/CYST	\$319.57	\$319.57
56800		PLASTIC REPAIR INTROITUS	\$256.87	\$256.87
56805		CLITOROPLASTY INTERSEX STATE	\$1204.07	\$1204.07
56810		PERINEOPLASTY RPR PERINEUM NONOBS	\$276.55	\$276.55
56820		COLPOSCOPY VULVA	\$88.42	\$123.08
56821		COLPOSCOPY VULVA W/BIOPSY	\$118.10	\$163.96
57000		COLPOTOMY W/EXPLORATION	\$203.90	\$203.90
57010		COLPOTOMY W/DRAINAGE PELVIC ABSCE	\$464.08	\$464.08
57020		COLPOCENTESIS SEPARATE PROCEDURE	\$84.08	\$113.69
57022		I&D VAGINAL HEMATOMA OBSTETRICAL/I	\$182.75	\$182.75
57023		I&D VAGINAL HEMATOMA NON-OBSTETRI	\$328.08	\$328.08
57061		DESTRUCTION VAGINAL LESIONS SIMPLE	\$110.91	\$145.57

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
57065		DESTRUCTION VAGINAL LESIONS EXTENS	\$186.40	\$228.64
57100		BIOPSY VAGINAL MUCOSA SIMPLE	\$67.98	\$99.04
57105		BIOPSY VAGINAL MUCOSA EXTENSIVE	\$141.01	\$163.76
57106		VAGINECTOMY PARTIAL REMOVAL VAGIN	\$533.79	\$533.79
57107		VAGINECTOMY PRTL RMVL VAG WALL & I	\$1486.90	\$1486.90
57109		VAGNC PRTL RMVL VAG WALL W/BI TOT I	\$1766.94	\$1766.94
57110		VAGINECTOMY COMPLETE REMOVAL VAG	\$935.88	\$935.88
57111		VAGINECTOMY COMPL RMVL VAG WALL & I	\$1766.94	\$1766.94
57112		VAGNC COMPL RMVL VAG WALL TOT PEL	\$1890.07	\$1890.07
57120		COLPOCLEISIS LE FORT TYPE	\$541.32	\$541.32
57130		EXCISION VAGINAL SEPTUM	\$173.14	\$212.86
57135		EXCISION VAGINAL CYST/TUMOR	\$187.82	\$228.99
57150		IRRIGATION VAGINA&/APPL MEDICAMENT	\$27.91	\$55.35
57155		INSERTION UTERINE TANDEM&/VAGINAL	\$290.87	\$390.90
57156		INSERTION VAGINAL RADIATION DEVICE	\$153.86	\$219.94
57160		FIT&INSJ PESSARY/OTH INTRAVAGINAL SI	\$48.28	\$70.32
57170		DIAPHRAGM/CERVICAL CAP FITTING W/IN	\$49.36	\$72.47
57180		INTRO ANY HEMOSTATIC AGENT/PACK VA	\$119.04	\$178.62
57200		COLPORRHAPHY SUTURE INJURY VAGINA	\$328.84	\$328.84
57210		COLPOPERINEORRHAPHY SUTURE INJ VAC	\$396.77	\$396.77
57220		PLASTIC URETHRAL SPHINCTER VAGINAL	\$346.67	\$346.67
57230		PLASTIC REPAIR URETHROCELE	\$424.63	\$424.63
57240		ANTERIOR COLPORRAPHY RPR CYSTOCEL	\$626.33	\$626.33
57250		POST COLPORRHAPHY RECTOCELE W/WO	\$630.31	\$630.31
57260		CMBND ANTERPOST COLPORRAPHY W/CY	\$803.07	\$803.07
57265		CMBND ANTERPOST COLPORRAPHY W/CY	\$901.47	\$901.47
57267		INSJ MESH/PROSTH PELVIC FLOOR DEFECT	\$262.51	\$262.51
57268		REPAIR ENTEROCELE VAGINAL APPROACH	\$514.61	\$514.61
57270		REPAIR ENTEROCELE ABDOMINAL APPRO.	\$839.33	\$839.33
57280		COLPOPEXY ABDOMINAL APPROACH	\$997.70	\$997.70
57282		COLPOPEXY VAGINAL EXTRAPERITONEAL	\$544.02	\$544.02
57283		COLPOPEXY VAGINAL INTRAPERITONEAL	\$725.18	\$725.18
57284		PARAVAGINAL DEFECT REPAIR OPEN ABD	\$854.85	\$854.85
57285		PARAVAGINAL DEFECT REPAIR VAGINAL	\$711.84	\$711.84
57287		RMVL/REVJ SLING STRESS INCONTINENCE	\$740.96	\$740.96
57288		SLING OPERATION STRESS INCONTINENCE	\$758.86	\$758.86
57289		PEREYRA PX W/ANTERIOR COLPORRHAPH	\$811.25	\$811.25
57291		CONSTRUCTION ARTIFICIAL VAGINA W/O	\$561.73	\$561.73
57292		CONSTRUCTION ARTIFICIAL VAGINA W/GI	\$856.84	\$856.84
57295		REVJ/RMVL PROSTHETIC VAGINAL GRAFT	\$509.79	\$509.79
57296		REVJ W/RMVL PROSTHETIC VAGINAL GRA	\$980.81	\$980.81
57300		CLSR RECTOVAGINAL FISTULA VAGINAL/	\$611.17	\$611.17
57305		CLSR RECTOVAGINAL FISTULA ABDOMIN/	\$1001.71	\$1001.71
57307		CLSR RECTOVAG FSTL ABDL APPR W/CON	\$1088.45	\$1088.45
57308		CLSR RECTOVAG FSTL TPRNL PRNL BDY R	\$680.58	\$680.58
57310		CLOSURE URETHROVAGINAL FISTULA	\$496.13	\$496.13
57311		CLSR URETHROVAG FSTL W/BULBOCAVEF	\$561.56	\$561.56
57320		CLOSURE VESICOVAGINAL FISTULA VAGI	\$567.72	\$567.72
57330		CLSR VESICOVAG FSTL TRANSVESICAL&V	\$782.83	\$782.83
57335		VAGINOPLASTY INTERSEX STATE	\$1215.92	\$1215.92

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
57400		DILATION VAGINA W/ANESTHESIA OTHER	\$136.41	\$136.41
57410		PELVIC EXAMINATION W/ANESTHESIA OT.	\$109.95	\$109.95
57415		REMOVAL IMPACTED VAG FB SPX W/ANES	\$175.28	\$175.28
57420		COLPOSCOPY ENTIRE VAGINA W/CERVIX I	\$93.78	\$129.53
57421		COLPOSCOPY ENTIRE VAGINA W/VAGINA/	\$127.05	\$174.35
57423		PARAVAGINAL DEFECT REPAIR LAPAROSC	\$960.49	\$960.49
57425		LAPAROSCOPY COLPOPEXY SUSPENSION V	\$1,013.43	\$1,013.43
57426		REVISION PROSTHETIC VAGINAL GRAFT L	\$890.63	\$890.63
57452		COLPOSCOPY CERVIX UPPER/ADJACENT V	\$94.55	\$123.80
57454		COLPOSCOPY CERVIX BX CERVIX & ENDO	\$139.26	\$168.87
57455		COLPOSCOPY CERVIX UPPR/ADJCNT VAGI	\$114.16	\$159.30
57456		COLPOSCOPY CERVIX ENDOCERVICAL CU	\$105.57	\$149.62
57460		COLPOSCOPY CERVIX VAG LOOP ELTRD B	\$166.81	\$315.58
57461		COLPOSCOPY CERVIX VAG ELTRD CONIZA	\$192.85	\$353.91
57500		BIOPSY CERVIX SINGLE/MULT/EXCISION C	\$77.73	\$147.79
57505		ENDOCERVICAL CURETTAGE NOT DONE A	\$104.11	\$132.63
57510		CAUTERY CERVIX ELECTRO/THERMAL	\$117.82	\$155.37
57511		CAUTERY CERVIX CRYOCAUTERY INITIAL	\$145.60	\$179.54
57513		CAUTERY CERVIX LASER ABLATION	\$145.24	\$182.43
57520		CONIZATION CERVIX W/VO D&C RPR KNIF	\$295.06	\$344.17
57522		CONIZATION CERVIX W/VO D&C RPR ELTI	\$258.45	\$296.01
57530		TRACHELECTOMY CERVICECTOMY AMP C	\$373.54	\$373.54
57531		RAD TRACHELECTOMY W/BI PEL LMPHAD	\$1,896.03	\$1,896.03
57540		EXCISION CERVICAL STUMP ABDOMINAL	\$817.86	\$817.86
57545		EXC CERVICAL STUMP ABDL APPR W/PELV	\$862.21	\$862.21
57550		EXCISION CERVICAL STUMP VAGINAL APF	\$436.89	\$436.89
57555		EXC CRV STUMP VAG APPR W/ANT &/POST	\$635.80	\$635.80
57556		EXC CRV STUMP VAG APPR W/RPR NTRCL	\$602.15	\$602.15
57558		DILATION & CURETTAGE CERVICAL STUM	\$126.58	\$148.61
57700		CERCLAGE UTERINE CERVIX NONOBSTETI	\$347.29	\$347.29
57720		TRACHELORRHAPHY PLSTC RPR UTERINE	\$334.51	\$334.51
57800		DILATION CERVICAL CANAL INSTRUMENT	\$49.79	\$72.19
58100		ENDOMETRIAL BX W/VO ENDOCERVIX BX	\$66.54	\$100.48
58110		ENDOMETRIAL BX CONJUNCT W/COLPOSC	\$42.57	\$52.32
58120		DILATION & CURETTAGE DX&/THER NONC	\$235.02	\$289.90
58140		MYOMECTOMY 1-4 MYOMAS W/250 GM/< A	\$963.90	\$963.90
58145		MYOMECTOMY 1-4 MYOMAS 250 GM/< VAC	\$581.81	\$581.81
58146		MYOMECTOMY 5/> MYOMAS &/>250 GM AI	\$1,202.03	\$1,202.03
58150		TOTAL ABDOMINAL HYSTERECT W/VO RM	\$1,047.25	\$1,047.25
58152		TOT ABD HYST W/VO RMVL TUBE OVARY	\$1,300.91	\$1,300.91
58180		SUPRACERVICAL ABDL HYSTER W/VO RM	\$996.70	\$996.70
58200		TOT ABD HYST W/PARAORTIC & PELVIC L'	\$1397.39	\$1397.39
58210		RAD ABDL HYSTERECTOMY W/BI PELVIC I	\$1875.05	\$1875.05
58240		PEL EXNTJ GYNECOLOGIC MAL	\$3000.80	\$3000.80
58260		VAGINAL HYSTERECTOMY UTERUS 250 GM	\$866.53	\$866.53
58262		VAG HYST 250 GM/< W/RMVL TUBE&/OVAI	\$962.01	\$962.01
58263		VAG HYST 250 GM/< W/RMVL TUBE OVARY	\$1033.57	\$1033.57
58267		VAG HYST 250 GM/< W/COLPO-URTCSTOPE	\$1106.64	\$1106.64
58270		VAGINAL HYSTERECTOMY 250 GM/< W/RP	\$924.79	\$924.79
58275		VAGINAL HYSTERECTOMY W/TOT/PRTL V.	\$1026.08	\$1026.08

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
58280		VAG HYSTER W/TOT/PRTL VAGINECT W/RI	\$1099.80	\$1099.80
58285		VAGINAL HYSTERECTOMY RADICAL SCHAF	\$1449.25	\$1449.25
58290		VAGINAL HYSTERECTOMY UTERUS > 250 C	\$1197.73	\$1197.73
58291		VAG HYST > 250 GM RMVL TUBE&/OVARY	\$1297.54	\$1297.54
58292		VAG HYST > 250 GM RMVL TUBE&/OVARY	\$1367.66	\$1367.66
58293		VAG HYST >250 GM COLPOURTCSTOPEXY	\$1,420.95	\$1,420.95
58294		VAGINAL HYSTERECTOMY >250 GM RPR E	\$1,268.56	\$1,268.56
58301		REMOVAL INTRAUTERINE DEVICE IUD	\$69.76	\$104.42
58340		CATH & SALINE/CONTRAST SONOHYSTER/	\$59.12	\$199.23
58346		INSERTION HEYMAN CAPSULES CLINICAL	\$488.93	\$488.93
58353		ENDOMETRIAL ABLTJ THERMAL W/O HYS	\$234.29	\$1,027.64
58356		ENDOMETRIAL CRYOABLATION W/US & EI	\$366.80	\$1875.87
58400		UTERINE SUSPENSION W/VO SHORTENINC	\$470.78	\$470.78
58410		UTERINE SUSP W/VO SHORT LIGAMNTS W	\$844.32	\$844.32
58520		HYSTERORRHAPHY REPAIR RUPT UTERUS	\$826.79	\$826.79
58540		HYSTEROPLASTY RPR UTERINE ANOMALY	\$950.93	\$950.93
58541		LAPAROSCOPY SUPRACERVICAL HYSTERE	\$754.10	\$754.10
58542		LAPS SUPRACRV HYSTERECT 250 GM/< RM	\$858.22	\$858.22
58543		LAPS SUPRACERVICAL HYSTERECTOMY >	\$872.18	\$872.18
58544		LAPS SUPRACRV HYSTEREC >250 G RMVL	\$939.08	\$939.08
58545		LAPS MYOMECTOMY EXC 1-4 MYOMAS 250	\$933.32	\$933.32
58546		LAPS MYOMECTOMY EXC 5/> MYOMAS >2:	\$1,163.59	\$1,163.59
58548		LAPS W/RAD HYST W/BILAT LMPHADEC RI	\$1,933.18	\$1,933.18
58550		LAPS VAGINAL HYSTERECTOMY UTERUS :	\$916.22	\$916.22
58552		LAPS W/VAG HYSTERECT 250 GM/&RMVL :	\$1021.09	\$1021.09
58553		LAPS W/VAGINAL HYSTERECTOMY > 250 C	\$1170.39	\$1170.39
58554		LAPS VAGINAL HYSTERECT > 250 GM RMV	\$1364.90	\$1364.90
58555		HYSTEROSCOPY DIAGNOSTIC SEPARATE F	\$158.23	\$333.00
58558		HYSTEROSCOPY BX ENDOMETRIUM&/POL	\$241.22	\$1428.17
58559		HYSTEROSCOPY LYSIS INTRAUTERINE AD	\$298.10	\$298.10
58560		HYSTEROSCOPY DIV/RESCJ INTRAUTERIN]	\$327.79	\$327.79
58561		HYSTEROSCOPY REMOVAL LEIOMYOMAT.	\$375.01	\$375.01
58562		HYSTEROSCOPY REMOVAL IMPACTED FOI	\$231.55	\$406.33
58563		HYSTEROSCOPY ENDOMETRIAL ABLATIOI	\$256.95	\$2005.79
58565		HYSTEROSCOPY BI TUBE OCCLUSION W/PI	\$464.66	\$1861.41
58570		LAPAROSCOPY W TOTAL HYSTERECTOMY	\$823.24	\$823.24
58571		LAPS TOTAL HYSTERECT 250 GM/< W/RMV	\$928.55	\$928.55
58572		LAPAROSCOPY TOTAL HYSTERECTOMY U	\$1069.43	\$1069.43
58573		LAPAROSCOPY TOT HYSTERECTOMY >250	\$1254.16	\$1254.16
58575		LAPS TOT HYSTERECTOMY RESJ MALIGNA	\$1965.90	\$1965.90
58600		LIG/TRNSXJ FLP TUBE ABDL/VAG APPR UN	\$381.87	\$381.87
58605		LIG/TRNSXJ FLP TUBE ABDL/VAG POSTPAI	\$345.72	\$345.72
58611		LIG/TRNSXJ FALOPIAN TUBE CESAREAN D	\$80.13	\$80.13
58615		OCCLUSION FLP TUBE DEV VAG/SUPRAPU]	\$259.40	\$259.40
58660		LAPAROSCOPY W/LYSIS OF ADHESIONS	\$703.56	\$703.56
58661		LAPAROSCOPY W/RMVL ADNEXAL STRUC	\$675.15	\$675.15
58662		LAPS FULG/EXC OVARY VISCERA/PERITON	\$738.66	\$738.66
58670		LAPAROSCOPY FULGURATION OVIDUCTS	\$382.95	\$382.95
58671		LAPAROSCOPY W/PLMT OCCLUSION DEVI	\$382.23	\$382.23
58672		LAPAROSCOPY FIMBRIOPLASTY	\$762.81	\$762.81

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
58673		LAPAROSCOPY SALPINGOSTOMY	\$828.67	\$828.67
58674		LAPS ABLTJ UTERINE FIBROIDS W/INTRAC	\$847.79	\$847.79
58700		SALPINGECTOMY COMPLETE/PARTIAL UN	\$820.22	\$820.22
58720		SALPINGO-OOPHORECTOMY COMPL/PRTL	\$772.59	\$772.59
58740		LYSIS OF ADHESIONS SALPINX/OVARY	\$929.71	\$929.71
58770		SALPINGOSTOMY	\$894.01	\$894.01
58800		DRAINAGE OVARIAN CYST UNI/BI SPX VAC	\$319.71	\$357.26
58805		DRAINAGE OVARIAN CYST UNI/BI SPX ABI	\$433.96	\$433.96
58820		DRAINAGE OVARIAN ABSCESS VAGINAL A	\$339.52	\$339.52
58822		DRAINAGE OVARIAN ABSCESS ABDOMINA	\$737.02	\$737.02
58825		TRANSPOSITION OVARY	\$731.98	\$731.98
58900		BIOPSY OVARY UNI/BI SEPARATE PROCED	\$443.63	\$443.63
58920		WEDGE RESCJ/BISCTJ OVARY UNI/BI	\$738.03	\$738.03
58925		OVARIAN CYSTECTOMY UNI/BI	\$787.27	\$787.27
58940		OOPHORECTOMY PARTIAL/TOTAL UNI/BI	\$560.87	\$560.87
58943		OOPHORECTOMY PRTL/TOT UNI/BI OVARI	\$1206.07	\$1206.07
58950		RESCJ OVARIAN/TUBAL/PERITONEAL MAL	\$1170.55	\$1170.55
58951		RESCJ PRIM PRTL MAL W/BSO & OMNTC T	\$1480.94	\$1480.94
58952		RESCJ PRIM PRTL MAL W/BSO & OMNTC R	\$1681.94	\$1681.94
58953		BSO W/OMENECTOMY TAH&RAD DEBUL	\$2062.61	\$2062.61
58954		BSO W/OMENECTOMY TAH DEBULKING V	\$2235.10	\$2235.10
58956		BSO W/TOT OMENTECTOMY & HYSTERECT	\$1401.89	\$1401.89
58957		RESECTJ RECUR OVARIAN/TUBAL/PERITON	\$1627.98	\$1627.98
58958		RESECTION RECUR MAL W/OMENECTOMY	\$1802.28	\$1802.28
58960		LAPT STG/RESTG OVARIAN TUBAL/PRIM M	\$1002.54	\$1002.54
59000		AMNIOCENTESIS DIAGNOSIC	\$83.48	\$124.64
59001		AMNIOCENTESIS THER AMNIOTIC FLUID R	\$185.52	\$185.52
59012		CORDOCENTESIS INTRAUTERINE	\$210.21	\$210.21
59015		CHORIONIC VILLUS SAMPLING	\$136.82	\$161.73
59020	TC	FETAL CONTRACTION STRESS TEST	\$33.58	\$33.58
59020	26	FETAL CONTRACTION STRESS TEST	\$38.30	\$38.30
59020		FETAL CONTRACTION STRESS TEST	\$71.88	\$71.88
59025	TC	FETAL NONSTRESS TEST	\$19.14	\$19.14
59025	26	FETAL NONSTRESS TEST	\$30.06	\$30.06
59025		FETAL NONSTRESS TEST	\$49.20	\$49.20
59030		FETAL SCALP BLOOD SAMPLING	\$117.42	\$117.42
59050		FETAL MONITORING LABOR PHYS WRITTE	\$53.35	\$53.35
59051		FETAL MONITR LABOR PHYS WRITTN REPR	\$44.04	\$44.04
59070		TRANSABDOMINAL AMNIOINFUSION W/UI	\$321.96	\$416.93
59072		FETAL UMBILICAL CORD OCCLUSION W/UI	\$544.28	\$544.28
59074		FETAL FLUID DRAINAGE W/ULTRASOUND	\$321.96	\$400.67
59076		FETAL SHUNT PLACEMENT W/ULTRASOUN	\$544.28	\$544.28
59100		HYSTEROTOMY ABDOMINAL	\$883.66	\$883.66
59120		TX ECTOPIC PREGNANCY ABDOMINAL/VA	\$841.76	\$841.76
59121		TX ECTOPIC PREGNANCY W/O SALPING&/C	\$842.81	\$842.81
59130		TX ECTOPIC PREGNANCY ABDL PREGNAN	\$981.00	\$981.00
59135		TX ECTOPIC PREGNANCY NTRSTL REQ TO	\$969.89	\$969.89
59136		TX ECTOPIC PREGNANCY NTRSTL PRTL RE	\$930.15	\$930.15
59140		TX ECTOPIC PREGNANCY CERVICAL W/EV	\$427.76	\$427.76
59150		LAPS TX ECTOPIC PREG W/O SALPING&/OC	\$816.68	\$816.68

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
59151		LAPS TX ECTOPIC PREG W/SALPING&/OOP	\$797.27	\$797.27
59160		CURETTAGE POSTPARTUM	\$189.61	\$248.47
59200		INSERTION CERVICAL DILATOR SEPARATE	\$46.54	\$92.04
59300		EPISIOTOMY/VAG RPR OTH/THN ATTENDII	\$152.60	\$220.84
59320		CERCLAGE CERVIX PREGNANCY VAGINAL	\$156.90	\$156.90
59325		CERCLAGE CERVIX PREGNANCY ABDOMIN	\$251.78	\$251.78
59350		HYSTERORRHAPHY RUPTURED UTERUS	\$292.14	\$292.14
59409		VAGINAL DELIVERY ONLY	\$842.31	\$842.31
59410		VAGINAL DELIVERY ONLY W/POSTPARTUM	\$1084.56	\$1084.56
59414		DELIVERY PLACENTA SEPARATE PROCEDU	\$95.23	\$95.23
59430		POSTPARTUM CARE ONLY SEPARATE PRO	\$144.98	\$213.95
59525		STOT/TOT HYSTERECTOMY AFTER CESARI	\$504.80	\$504.80
59812		TX INCOMPLETE ABORTION ANY TRIMEST	\$315.14	\$354.87
59820		TX MISSED ABORTION FIRST TRIMESTER S	\$386.07	\$425.80
59821		TX MISSED ABORTION SECOND TRIMESTE	\$382.34	\$424.22
59830		TX SEPTIC ABORTION SURGICAL	\$470.40	\$470.40
59840		INDUCED ABORTION DILATION AND CURE	\$224.87	\$245.46
59841		INDUCED ABORTION DILATION & EVACUA	\$382.78	\$422.14
59850		INDUCED ABORTION 1/> AMNIOTIC INJX W	\$402.51	\$402.51
59851		INDUCE ABORT 1/> AMNIOT NJXS DLVR FE	\$431.75	\$431.75
59852		INDUCE ABORT 1/> AMNIOT NJXS DLVR FE	\$594.51	\$594.51
59855		INDUCED ABORT 1/> VAG SUPPOSITORIES	\$438.34	\$438.34
59856		INDUCED ABORT 1/> VAG SUPP DLVR FETU	\$514.57	\$514.57
59857		INDUCED ABORT 1/> VAG SUPPOS DLVR FE	\$602.25	\$602.25
59870		UTERINE EVACUATION & CURETTAGE HYI	\$527.83	\$527.83
59871		REMOVAL CERCLAGE SUTURE UNDER ANI	\$137.94	\$137.94
60000		I&D THYROGLOSSAL DUCT CYST INFECTE	\$156.86	\$179.25
60100		BIOPSY THYROID PERCUTANEOUS CORE N	\$80.43	\$114.01
60200		EXC CYST/ADENOMA THYROID/TRANSECT	\$685.97	\$685.97
60210		PRTL THYROID LOBECTOMY UNI W/WO IS'	\$730.85	\$730.85
60212		PRTL THYROID LOBEC UNI W/CONTRATLA	\$1,069.46	\$1,069.46
60220		TOTAL THYROID LOBECTOMY UNI W/WO I	\$728.70	\$728.70
60225		TOTAL THYROID LOBEC UNI W/CONTRAL/	\$962.63	\$962.63
60240		THYROIDECTOMY TOTAL/COMPLETE	\$950.24	\$950.24
60252		THYROIDECTOMY TOTAL/SUBTOTAL LMT	\$1,365.51	\$1,365.51
60254		THYROIDECTOMY TOTAL/SUBTOTAL RAD	\$1,725.81	\$1,725.81
60260		THYROIDECTOMY RMVL REMAINING TISS	\$1,126.23	\$1,126.23
60270		THYROIDECT W/SUBSTERNAL SPLIT/TRAN	\$1,413.65	\$1,413.65
60271		THYROIDECTOMY SUBSTERNAL CERVICAL	\$1091.53	\$1091.53
60280		EXCISION THYROGLOSSAL DUCT CYST/SIP	\$457.21	\$457.21
60281		EXCISION THYROGLOSSAL DUCT CYST/SIP	\$604.23	\$604.23
60300		ASPIRATION AND/OR INJECTION THYROID	\$50.76	\$116.49
60500		PARATHYROIDECTOMY/EXPLORATION PA	\$1001.96	\$1001.96
60502		PARATHYROIDECTOMY/EXPLOR PARATHY	\$1343.24	\$1343.24
60505		PARATHYRDEC/EXPL PARATHYR MEDSTN	\$1436.83	\$1436.83
60512		PARATHYROID AUTOTRANSPLANTATION .	\$251.57	\$251.57
60520		THYMECTOMY PRTL/TOT TRANSCERVICAL	\$1088.94	\$1088.94
60521		THYMECTOMY PRTL/TOT W/O RAD MEDSI	\$1161.19	\$1161.19
60522		THYMECTOMY PRTL/TOT RAD MEDSTNL I	\$1412.84	\$1412.84
60540		ADRENALECTOMY W/EXPL W/WO BX ABD	\$1,110.84	\$1,110.84

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
60545		ADRENALECTOMY EXPL W/EXC RETROPEI	\$1,280.51	\$1,280.51
60600		EXC CAROTID BODY TUMOR W/O EXC CAR	\$1,420.67	\$1,420.67
60605		EXC CAROTID BODY TUMOR W EXC CARO	\$1,724.84	\$1,724.84
60650		LAPAROSCOPY ADRENALECTOMY PRTL/C	\$1,239.45	\$1,239.45
61000		SUBDURAL TAP FONTANELLE/SUTUR INFA	\$116.56	\$116.56
61001		SUBDURAL TAP FONTANELLE/SUTUR INFA	\$110.83	\$110.83
61020		VENTRICULAR PUNCTURE PREVIOUS BUR	\$108.65	\$108.65
61026		VENTRICULAR PUNCTURE PREVIOUS BUR	\$110.35	\$110.35
61050		CISTERNAL/LATERAL C1-C2 PUNCTURE W/	\$87.32	\$87.32
61055		CISTERNAL/LATERAL C1-C2 PUNCTURE W/	\$127.47	\$127.47
61070		PUNCTURE SHUNT TUBE/RESERVOIR ASPH	\$58.40	\$58.40
61105		TWIST DRILL HOLE SUBDURAL/VENTRICU	\$475.71	\$475.71
61107		TWIST DRILL HOLE IMPLT VENTRICULAR C	\$325.36	\$325.36
61108		TWIST DRILL HOLE EVAC&/DRG SUBDURA	\$926.84	\$926.84
61120		BURR HOLE VENTRICULAR PUNCTURE	\$772.26	\$772.26
61140		BURR HOLE/TREPHINE W/BX BRAIN/INTRA	\$1,310.79	\$1,310.79
61150		BURR HOLE/TREPHINE W/DRG BRAIN ABSO	\$1,399.14	\$1,399.14
61151		BURR HOLE/TREPHINE W/SBSQ TAPPING IC	\$1,027.04	\$1,027.04
61154		BURR HOLE W/EVAC&/DRG HEMATOMA X	\$1,315.92	\$1,315.92
61156		BURR HOLE W/ASPIR HEMATOMA/CYST IN	\$1,285.40	\$1,285.40
61210		BURR HOLE IMPLANT VENTRICULAR CATH	\$381.63	\$381.63
61215		INSJ SUBQ RSVR PUMP/INFUSION SYSTEM	\$523.54	\$523.54
61250		BURR HOLE/TREPHINE SUPRATENTORIAL	\$896.60	\$896.60
61253		BURR HOLE/TREPHINE INFRATENTORIAL U	\$1,027.04	\$1,027.04
61304		CRANIECTOMY/CRANIOTOMY EXPL SUPRA	\$1,700.55	\$1,700.55
61305		CRANIECTOMY/CRANIOTOMY EXPL INFRA	\$2,078.16	\$2,078.16
61312		CRANIECTOMY HMTMA SUPRATENTORIAI	\$2,150.33	\$2,150.33
61313		CRANIECTOMY HMTMA SUPRATENTORIAI	\$2,053.16	\$2,053.16
61314		CRANIECTOMY HMTMA INFRATENTORIAL	\$1,892.13	\$1,892.13
61315		CRANIECTOMY HMTMA SUPRATENTORIAI	\$2,140.11	\$2,140.11
61316		INCISION & SUBCUTANEOUS PLMT CRANL	\$91.02	\$91.02
61320		CRANIECTOMY/CRANIOTMY DRG ABSCESS	\$1,966.82	\$1,966.82
61321		CRANIECTOMY/CRANIOTMY DRG ABSCESS	\$2,203.24	\$2,203.24
61322		CRANIECT/CRANIOT W/WO DURAPLASTY	\$2464.23	\$2464.23
61323		CRANIECT/CRANIOT W/WO DURAPLASTY	\$2,482.98	\$2,482.98
61330		DECOMPRESSION ORBIT ONLY TRANSCRA	\$1,856.32	\$1,856.32
61333		EXPL ORBIT TRANSCRANIAL APPROACH W	\$2,094.09	\$2,094.09
61340		SUBTEMPORAL CRANIAL DECOMPRESSION	\$1,491.70	\$1,491.70
61343		CRNEC SUBOCCIPITAL CRV LAM DCMPRN	\$2,274.40	\$2,274.40
61345		OTHER CRANIAL DECOMPRESSION POSTEI	\$2,113.98	\$2,113.98
61450		CRNEC STPL SCTJ COMPRESSION/DCMPRN	\$1,989.45	\$1,989.45
61458		CRNEC SOPL EXPL/DCMPRN CRNL NRV	\$2,082.75	\$2,082.75
61460		CRANIECTOMY SUBOCCIPITAL SECTION 1/	\$2,181.35	\$2,181.35
61500		CRANIECTOMY W/EXCISION TUMOR/LESIC	\$1,358.44	\$1,358.44
61501		CRANIECTOMY OSTEOMYELITIS	\$1,179.31	\$1,179.31
61510		CRANIEC TREPHINE BONE FLP BRAIN TUM	\$2,272.41	\$2,272.41
61512		CRNEC TREPHINE BONE FLAP MENINGIOM	\$2,646.95	\$2,646.95
61514		CRNEC TREPHINE BONE FLAP BRAIN ABSC	\$1,977.40	\$1,977.40
61516		CRNEC TREPHINE BONE FLAP FENEST CYS	\$1,938.00	\$1,938.00
61517		IMPLTJ BRAIN INTRACAVITARY CHEMOTI	\$90.66	\$90.66

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
61518		CRNEC EXC BRAIN TUMOR INFRATENTORI	\$2,866.92	\$2,866.92
61519		CRNEC EXC TUM INFRATENTOR/POST FOS	\$3,063.74	\$3,063.74
61520		CRNEC TUM INFRATTL/POSTFOSSA CRBLC	\$3,888.35	\$3,888.35
61521		CRNEC TUM INFRATTL/PFOSSA MIDLINE T	\$3,307.52	\$3,307.52
61522		CRNEC INFRATNTORIAL/POST FOSSA EXC	\$2,266.64	\$2,266.64
61524		CRNEC INFRATNTOR/POSTFOSSA EXC/FEN	\$2,157.70	\$2,157.70
61526		CRNEC TRANSTEMPOR EXC CEREBELLOPC	\$3,472.88	\$3,472.88
61530		CRNEC EXC CEREBELLOPNTIN ANGLE TUM	\$3,196.66	\$3,196.66
61531		SUBDURAL IMPLTJ ELECTRODES SEIZURE	\$1,263.53	\$1,263.53
61533		CRANIOT SUBDURAL IMPLT ELCTRD SEIZU	\$1,580.20	\$1,580.20
61534		CRANIOT EPILEPTOGENIC FOC W/O ELECT	\$1,704.73	\$1,704.73
61535		CRANIOT RMVL EPID/SUBDURL ELCTRD W	\$1,034.43	\$1,034.43
61536		CRANIOT EPILEPTOGENIC FOCUS W/ELECT	\$2,674.83	\$2,674.83
61537		CRANIOT TEMPORAL LOBE W/O ELECTROG	\$2,557.39	\$2,557.39
61538		CRANIOT LOBEC TEMPORAL LOBE W/ELEC	\$2,765.32	\$2,765.32
61539		CRANIOT LOBECTOMY OTH/THN TEMPORA	\$2,447.26	\$2,447.26
61540		CRANIOT LOBECTOMY OTH/THN TEMPORA	\$2,258.03	\$2,258.03
61541		CRANIOTOMY TRANSECTION CORPUS CAL	\$2,226.86	\$2,226.86
61543		CRANIOTOMY PARTIAL/SUBTOTAL HEMIS	\$2,251.59	\$2,251.59
61544		CRANIOTOMY EXCISION/COAGULATION C	\$1,967.95	\$1,967.95
61545		CRANIOTOMY EXCISION CRANIOPHARYNG	\$3,309.97	\$3,309.97
61546		CRANIOT HYPOPHYSEC/EXC PITUITARY TI	\$2,391.35	\$2,391.35
61548		HYPOPHYSEC/EXC PITUITARY TUM TRANS	\$1,620.31	\$1,620.31
61550		CRANIECTOMY CRANIOSYNOSTOSIS 1 CRA	\$1,228.92	\$1,228.92
61552		CRANIECT CRANIOSYNOSTOSIS MULT CRA	\$1,533.80	\$1,533.80
61556		CRANIEC CRANIOSYNOSTOSIS FRONT/PAR	\$1,767.02	\$1,767.02
61557		CRANIECTOMY CRANIOSYNOSTOSIS BIFRO	\$1,741.41	\$1,741.41
61558		XTN CRANIECT MULTIPLE SUTURE CRANI	\$1,945.27	\$1,945.27
61559		XTN CRNEC MLT SUTR CRANIOSYNOSTOS	\$2,480.97	\$2,480.97
61563		EXC BENIGN TUM CRANIAL BONE W/O OPT	\$2,052.98	\$2,052.98
61564		EXC BENIGN TUM CRANIAL BONE W/OPTIC	\$2,493.61	\$2,493.61
61566		CRANIOTOMY SELECTIVE AMYGDALOHIP	\$2,325.77	\$2,325.77
61567		CRANIOTOMY MULTIPLE SUBPIAL TRANSI	\$2,651.36	\$2,651.36
61570		CRANIECTOMY/CRANIOTOMY EXC FOREIC	\$1,935.16	\$1,935.16
61571		CRANIECTOMY/CRANIOTOMY TX PENETR	\$2,061.30	\$2,061.30
61575		TRNSRAL SKULL BSE/BR STEM/CORD BX/D	\$2,597.77	\$2,597.77
61576		TRNSRL SKUL BSE/BR STM/CORD BX/DCMI	\$4,354.88	\$4,354.88
61580		CRANIOFACIAL ANT CRANIAL FOSSA W/O	\$2,529.40	\$2,529.40
61581		CRANIOFACIAL ANT CRANIAL FOSSA W/OI	\$2,746.05	\$2,746.05
61582		CRANFCL ANT CRANIAL FOSSA UNI/BI CRA	\$3,186.37	\$3,186.37
61583		CRANFCL ANT CRANIAL FOSSA UNI/BIFRN	\$2,989.96	\$2,989.96
61584		ORBITOCRANIAL ANT CRANIAL FOSSA W/O	\$2,973.77	\$2,973.77
61585		ORBITOCRANIAL ANT CRANIAL FOSSA W/O	\$3,375.10	\$3,375.10
61586		BICORONAL TRANSZYGMTC&/LEFORT I W	\$2,558.29	\$2,558.29
61590		INFRATEMPORAL MID CRANIAL FOSSA W/	\$3,141.83	\$3,141.83
61591		INFRATEMPO MID CRANIAL FOSSA W/WO I	\$3,176.93	\$3,176.93
61592		ORBITOCRNL APPR MID CRANIAL FOSSA T	\$3,291.70	\$3,291.70
61595		TRANSTEMP APPR POST CRAN FOSSA DCO	\$2,447.54	\$2,447.54
61596		TRANSCOCHLR POST CRNL FOSSA W/WO M	\$2,510.45	\$2,510.45
61597		TRNSCONDLR POST CRNL FOSSA DCOMPR	\$3,048.39	\$3,048.39

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
61598		TRANSPTRSAL POST CRNL FOSSA CLIVUS/	\$2,958.53	\$2,958.53
61600		RESCJ/EXC LES BASE ANT CRANIAL FOSSA	\$2,200.26	\$2,200.26
61601		RESCJ/EXC LES BASE ANT CRNL FOSSA INI	\$2497.88	\$2497.88
61605		RESCJ/EXC LES INFRATEMPOR FOSSA SPAC	\$2230.59	\$2230.59
61606		RESCJ/EXC LES ITPRL FOSSA SPACE APEX I	\$3040.79	\$3040.79
61607		RESCJ/EXC LES PARASELLAR SINUS CLIVU	\$2770.68	\$2770.68
61608		RESCJ/EXC LES PARASELLAR SINUS CLIVU	\$3378.59	\$3378.59
61611		TRNSXJ/LIG CAROTID ARTERY PETROUS C	\$485.92	\$485.92
61613		OBLTRJ CAROTID ARYSM ARTVEN CAROT	\$3,421.17	\$3,421.17
61615		RESCJ/EXC LES BASE POST CRNL FOSSA JU	\$2,917.75	\$2,917.75
61616		RESCJ/EXC LES BASE PCF FORAMEN VRT B	\$3,444.68	\$3,444.68
61618		SECONDARY RPR DURA CSF LEAK FREE TI	\$1,321.51	\$1,321.51
61619		SEC RPR DURA CSF LEAK LOCAL/REGIONA	\$1,455.81	\$1,455.81
61623		EVASC TEMP BALLOON ARTL OCCLUSION	\$592.89	\$592.89
61624		TCAT PERMANENT OCCLUSION/EMBOLEZA	\$1,193.62	\$1,193.62
61626		TCAT PERMANT OCCLUSION/EMBOLEZATI	\$916.19	\$916.19
61630		BALLOON ANGIOPLASTY INTRACRANIAL I	\$1,415.80	\$1,415.80
61635		TCAT PLMT IV STENT ICRA W/BALO ANGIO	\$1,504.54	\$1,504.54
61640		BALLOON DILAT INTRACRANIAL VASOSP/	\$499.50	\$499.50
61641		PERQ BALO DILA IC VSPSM EA VSL SM VA	\$175.41	\$175.41
61642		PERQ BALO DILA IC VSPSM EA VSL DIFF V	\$350.82	\$350.82
61645		PERQ ART TRLUML M-THROMBEC & NFS II	\$865.79	\$865.79
61650		EVASC INTRACRANIAL PROLNG ADMN RX	\$591.07	\$591.07
61651		EVASC INTRACRANIAL PROLNG ADMN RX	\$253.12	\$253.12
61680		INTRACRANIAL ARVEN MALFRMJ SUI	\$2,335.45	\$2,335.45
61682		INTRACRANIAL ARVEN MALFRMJ SUI	\$4,436.18	\$4,436.18
61684		INTRACRANIAL ARVEN MALFRMJ INF	\$2,951.63	\$2,951.63
61686		INTRACRANIAL ARVEN MALFRMJ INF	\$4,811.21	\$4,811.21
61690		INTRACRANIAL ARVEN MALFRMJ DU	\$2,260.61	\$2,260.61
61692		INTRACRANIAL ARVEN MALFRMJ DU	\$3804.19	\$3804.19
61697		COMPLX INTRACRANIAL ARYSM CAROTIE	\$4397.75	\$4397.75
61698		CPLX INTRACRANIAL ARYSM VERTEBROB	\$4949.88	\$4949.88
61700		SIMPLE INTRACRANIAL ARYSM CAROTID C	\$3541.11	\$3541.11
61702		SIMPLE INTRACRANIAL ARYSM VERTEBRO	\$4,198.32	\$4,198.32
61703		ICRA CRV APPL OCCLUDING CLAMP CRV C	\$1,405.69	\$1,405.69
61705		ARYSM VASC MALFRMJ/CRTD-OCCLUSION	\$2699.56	\$2699.56
61708		ARYSM VASC MALFRMJ/ICRA ELECTROTH	\$2,640.06	\$2,640.06
61710		ARYSM VASC MALFRMJ IA EMBOLIZATION	\$2226.32	\$2226.32
61711		ANAST ARTL EXTRACRANIAL-INTRACRAN	\$2686.82	\$2686.82
61720		CRTJ LES STRTCTC BURR GLOBUS PALLID	\$1,314.56	\$1,314.56
61735		CRTJ LES STRTCTC BURR SUBCORTICAL S	\$1,648.01	\$1,648.01
61750		STEREOTACTIC BX ASPIR/EXC BURR INTR	\$1,457.52	\$1,457.52
61751		STRTCTC BX ASPIR/EXC BURR ICRA LESIO	\$1426.64	\$1426.64
61760		STRTCTC IMPLTJ ELTRD CEREBRUM SEIZU	\$1,635.71	\$1,635.71
61770		STRTCTC LOCLZJ INSJ CATH/PRB PLMT RA	\$1679.72	\$1679.72
61781		STRTCTC CPTR ASSTD PX CRANIAL INTRA	\$244.02	\$244.02
61782		STRTCTC CPTR ASSTD PX EXTRADURAL C	\$179.26	\$179.26
61783		STEREOTACTIC COMPUTER ASSISTED PX S	\$242.21	\$242.21
61790		CREATE LESION STRTCTC PRQ NEUROLYT	\$908.10	\$908.10
61791		CREATE LES STRTCTC PRQ NEUROLYTIC T	\$1164.01	\$1164.01

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
61796		STEREOTACTIC RADIOSURGERY 1 SIMPLE	\$1,048.85	\$1,048.85
61797		STRCTC RADIOSURGERY EA ADDL CRAN	\$227.55	\$227.55
61798		STEREOTACTIC RADIOSURGERY 1 COMPLI	\$1,427.17	\$1,427.17
61799		STRCTC RADIOSURGERY EA ADDL CRAN	\$314.62	\$314.62
61800		APPL STRCTC HEADFRAME STEREOTACT	\$157.75	\$157.75
61850		TWIST/BURR HOLE IMPLTJ NSTIM ELTRD C	\$1,017.73	\$1,017.73
61860		CRNEC/CRX IMPLTJ NSTIM ELTRD CERE CC	\$1,619.17	\$1,619.17
61863		STRCTC IMPLTJ NSTIM ELTRD W/O RECOI	\$1,554.95	\$1,554.95
61864		STRCTC IMPLTJ NSTIM ELTRD W/O RECOI	\$293.84	\$293.84
61867		STRCTC IMPLTJ NSTIM ELTRD W/RECORI	\$2,363.39	\$2,363.39
61868		STRCTC IMPLTJ NSTIM ELTRD W/RECORI	\$517.80	\$517.80
61870		CRNEC IMPLTJ NSTIM ELTRD CEREBELLAI	\$1,225.29	\$1,225.29
61880		REVJ/RMVL INTRACRANIAL NEUROSTIMU	\$596.65	\$596.65
61885		INSJ/RPLCMT CRANIAL NEUROSTIM PULSE	\$536.07	\$536.07
61886		INSJ/RPLCMT CRANIAL NEUROSTIM GENEI	\$886.56	\$886.56
61888		REVJ/RMVL NEUROSTIMULATOR PULSE GI	\$408.65	\$408.65
62000		ELEVATION DEPRESSED SKULL FX SIMPLE	\$1067.26	\$1067.26
62005		ELVTN DEPRS SKL FX COMPOUND/COMMI	\$1,314.92	\$1,314.92
62010		ELVTN DEPRS SKL FX W/RPR DURA&DBRI	\$1,588.17	\$1,588.17
62100		CRX RPR DURAL/CSF LEAK RHINORRHEA/C	\$1,635.76	\$1,635.76
62115		RDCTJ CRANIOMEGALIC SKULL W/O GRAF	\$1,736.20	\$1,736.20
62117		RDCTJ CRANIOMEGALIC CRANIO&RECNSI	\$2,035.70	\$2,035.70
62120		RPR ENCEPHALOCELE SKULL VAULT W/CF	\$2,176.98	\$2,176.98
62121		CRANIOTOMY FOR ENCEPHALOCELE REPA	\$1614.57	\$1614.57
62140		CRANIOPLASTY SKULL DEFECT </5 CM DI/	\$1,060.76	\$1,060.76
62141		CRANIOPLASTY SKULL DEFECT >5 CM DIA	\$1180.97	\$1180.97
62142		RMVL BONE FLAP/PROSTHETIC PLATE SKI	\$915.92	\$915.92
62143		RPLCMT BONE FLAP/PROSTHETIC PLATE S	\$1,077.26	\$1,077.26
62145		CRANIOPLASTY SKULL DEFECT REPARATI	\$1,473.28	\$1,473.28
62146		CRANIOPLASTY W/AUTOGRAFT </ 5 CM DI	\$1,169.06	\$1,169.06
62147		CRANIOPLASTY W/AUTOGRAFT > 5 CM DI/	\$1471.13	\$1471.13
62148		INCISE&RETRIEVAL SUBQ CRANIOPLASTY	\$131.52	\$131.52
62160		NUNDSC ICRA PLMT/RPLCMT VENTR CATH	\$196.01	\$196.01
62161		NUNDSC ICRA DSJ ADS FENESTRATION SEI	\$1565.50	\$1565.50
62162		NUNDSC ICRA FENESTEXC CYST W/VENTR	\$1955.59	\$1955.59
62163		NEUROENDOSCOPY ICRA W/RETRIEVAL FC	\$1268.17	\$1268.17
62164		NEUROENDOSCOPY ICRA W/RETRIEVAL FC	\$2,165.52	\$2,165.52
62165		NUNDSC ICRA EXC PITUITRY TUM TRNSNS	\$1573.37	\$1573.37
62180		VENTRICULOCISTERNOSTOMY	\$1655.47	\$1655.47
62190		CRTJ SHUNT SARACH/SDRL-ATR-JUG-AUR	\$957.29	\$957.29
62192		CRTJ SHUNT SARACH/SDRL-PRTL-PLEURAI	\$1015.91	\$1015.91
62194		RPLCMT/IRRG SUBARACHNOID/SUBDURAI	\$504.80	\$504.80
62200		VENTRICULOCISTERNOSTOMY 3RD VENTI	\$1424.58	\$1424.58
62201		VENTRICULOCISTERNOSTOMY 3RD VNTRC	\$1248.55	\$1248.55
62220		CRTJ SHUNT VENTRICULO-ATR-JUG-AUR	\$1021.28	\$1021.28
62223		CRTJ SHUNT VENTRICULO-PERITNEAL-PLI	\$1076.92	\$1076.92
62225		RPLCMT/IRRG VENTRICULAR CATH	\$544.67	\$544.67
62230		RPLCMT/REVJ CSF SHUNT VALVE/CATH SE	\$870.62	\$870.62
62252	TC	REPRGRMG PROGRAMMABLE CEREBROSP	\$35.39	\$35.39
62252	26	REPRGRMG PROGRAMMABLE CEREBROSP	\$47.65	\$47.65

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
62252		REPRGRMG PROGRAMMABLE CEREBROSP	\$83.05	\$83.05
62256		RMVL COMPL CSF SHUNT SYSTEM W/O RP	\$623.52	\$623.52
62258		RMVL COMPLETE CSF SHUNT SYSTEM W/R	\$1149.07	\$1149.07
62263		PRQ LYSIS EPIDURAL ADHESIONS MULT SI	\$318.76	\$629.32
62264		PRQ LYSIS EPIDURAL ADHESIONS MULT SI	\$250.82	\$450.15
62267		PRQ ASPIR PULPOSUS/INTERVERTEBRAL C	\$162.37	\$272.87
62268		PERCUTANEOUS ASPIRATION SPINAL COR	\$266.19	\$266.19
62269		BIOPSY SPINAL CORD PERCUTANEOUS NEI	\$273.62	\$273.62
62270		DIAGNOSTIC LUMBAR SPINAL PUNCTURE	\$64.00	\$142.73
62272		THERAPEUTIC SPINAL PUNCTURE DRAINA	\$90.90	\$187.68
62273		INJECTION EPIDURAL BLOOD/CLOT PATCH	\$116.59	\$175.81
62280		INJX/INFUSION NEUROLYTIC SUBSTANCE	\$175.59	\$364.08
62281		INJX/INFUS NEUROLYT SUBST EPIDURAL C	\$163.99	\$245.25
62282		INJX/INFUS NEUROLYT SBST EPIDURAL LU	\$147.91	\$315.11
62284		INJECTION PROCEDURE MYELOGRAPHY/C	\$89.47	\$203.59
62287		DCMPRN PERQ NUCLEUS PULPOSUS 1/> LE	\$600.50	\$600.50
62290		INJECTION PX DISCOGRAPHY EACH LEVEL	\$171.40	\$362.42
62291		INJECTION PX DISCOGRPHY EA LVL CERVI	\$163.50	\$343.33
62292		INJECTION PX CHEMONUCLEOLYSIS 1/MLI	\$597.85	\$597.85
62294		NJX ARTERIAL OCCLUSION ARVEN MALFR	\$981.85	\$981.85
62302		MYELOGRAPHY VIA LUMBAR INJECTION F	\$125.19	\$264.93
62303		MYELOGRAPHY VIA LUMBAR INJECTION F	\$125.19	\$269.99
62304		MYELOGRAPHY VIA LUMBAR INJECT RS&I	\$123.40	\$261.35
62305		MYELOGRAPHY VIA LUMBAR INJECTION F	\$128.40	\$284.41
62320		NJX DX/THER SBST INTRLMNR CRV/THRC	\$102.33	\$167.70
62321		NJX DX/THER SBST INTRLMNR CRV/THRC	\$110.56	\$265.11
62322		NJX DX/THER SBST INTRLMNR LMBR/SAC	\$86.94	\$153.38
62323		NJX DX/THER SBST INTRLMNR LMBR/SAC	\$102.33	\$262.31
62324		NJX DX/THER SBST INTRLMNR CRV/THRC	\$92.17	\$145.62
62325		NJX DX/THER SBST INTRLMNR CRV/THRC	\$111.88	\$249.45
62326		NJX DX/THER SBST INTRLMNR LMBR/SAC	\$90.06	\$150.01
62327		NJX DX/THER SBST INTRLMNR LMBR/SAC	\$103.36	\$254.31
62328		DIAGNOSTIC LUMBAR SPINAL PUNCTURE	\$92.63	\$266.32
62329		THERAPEUTIC SPINAL PNXR DRAINAGE CS	\$116.67	\$330.81
62350		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH PMP	\$410.34	\$410.34
62351		IMPLTJ REVJ/RPSG ITHCL/EDRL CATH W/L	\$901.15	\$901.15
62355		RMVL PREVIOUSLY IMPLTED ITHCL/EDRL	\$279.48	\$279.48
62360		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS SU	\$324.20	\$324.20
62361		IMPLTJ/RPLCMT FS NON-PRGRBL PUMP	\$442.36	\$442.36
62362		IMPLTJ/RPLCMT ITHCL/EDRL DRUG NFS PF	\$395.41	\$395.41
62365		RMVL SUBQ RSVR/PUMP INTRATHECAL/EF	\$304.19	\$304.19
62367		ELECT ANLYS IMPLT ITHCL/EDRL PMP W/C	\$26.11	\$32.97
62368		ELECT ANALYS IMPLT ITHCL/EDRL PUMP	\$36.85	\$46.24
62369		ELECT ANLYS IMPLT ITHCL/EDRL PMP W/F	\$36.85	\$98.24
62370		ELEC ANLYS IMPLT ITHCL/EDRL PMP W/RE	\$47.91	\$101.72
63001		LAM W/O FACETEC FORAMOT/DSKC 1/2 VR	\$1,280.94	\$1,280.94
63003		LAMINECTOMY W/O FFD 1/2 VERT SEG THO	\$1,281.95	\$1,281.95
63005		LAMINECTOMY W/O FFD 1/2 VERT SEG LUM	\$1,235.31	\$1,235.31
63011		LAMINECTOMY W/O FFD 1/2 VERT SEG SAC	\$1126.43	\$1126.43
63012		LAMINECTOMY W/RMVL ABNORMAL FACI	\$1,238.69	\$1,238.69

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
63015		LAMINECTOMY W/O FFD > 2 VERT SEG CEI	\$1533.89	\$1533.89
63016		LAMINECTOMY W/O FFD > 2 VERT SEG THO	\$1,578.05	\$1,578.05
63017		LAMINECTOMY W/O FFD > 2 VERT SEG LUI	\$1305.28	\$1305.28
63020		LAMNOTMY INCL W/DCMPRSN NRV ROOT	\$1,200.74	\$1,200.74
63030		LAMNOTMY INCL W/DCMPRSN NRV ROOT	\$1008.35	\$1008.35
63035		LAMNOTMY W/DCMPRSN NRV EACH ADDI	\$198.80	\$198.80
63040		LAMOT PRTL FFD EXC DISC REEXPL 1 NTR	\$1444.54	\$1444.54
63042		LAMOT PRTL FFD EXC DISC REEXPL 1 NTR	\$1,346.00	\$1,346.00
63045		LAM FACETECTOMY & FORAMOTOMY 1 SI	\$1333.84	\$1333.84
63046		LAM FACETECTOMY & FORAMOTOMY 1 SI	\$1,272.78	\$1,272.78
63047		LAM FACETECTOMY & FORAMOTOMY 1 SI	\$1144.09	\$1144.09
63048		LAM FACETECTOMY&FORAMTOMY 1 SGM	\$219.59	\$219.59
63050		LAMOP CERVICAL W/DCMPRN SPI CORD 2/	\$1560.31	\$1560.31
63051		LAMOPLASTY CERVICAL DCMPRN CORD 2	\$1,769.75	\$1,769.75
63055		TRANSPEDICULAR DCMPRN SPINAL CORD	\$1,686.34	\$1,686.34
63056		TRANSPEDICULAR DCMPRN SPINAL CORD	\$1544.51	\$1544.51
63057		TRANSPEDICULAR DCMPRN 1 SEG EA THO	\$332.43	\$332.43
63064		COSTOVERTEBRAL DCMPRN SPINAL CORE	\$1,847.47	\$1,847.47
63066		COSTOVERTEBRAL DCMPRN SPINE CORD	\$213.93	\$213.93
63075		DISCECTOMY ANT DCMPRN CORD CERVIC	\$1,401.93	\$1,401.93
63076		DISCECTOMY ANT DCMPRN CORD CERVIC	\$255.77	\$255.77
63077		DISCECTOMY ANT DCMPRN CORD THORA	\$1,563.44	\$1,563.44
63078		DISCECTOMY ANT DCMPRN CORD THORA	\$215.37	\$215.37
63081		VERTEBRAL CORPECTOMY ANT DCMPRN	\$1,826.53	\$1,826.53
63082		VERTEBRAL CORPECTOMY DCMPRN CERV	\$276.55	\$276.55
63085		VERTEBRAL CORPECTOMY DCMPRN CORI	\$1,997.41	\$1,997.41
63086		VERTEBRAL CORPECTOMY DCMPRN CORI	\$198.06	\$198.06
63087		VCRPEC THORACOLMBR DCMPRN LWR TH	\$2,501.36	\$2,501.36
63088		VCRPEC THORACOLMBR DCMPRN LWR TH	\$266.09	\$266.09
63090		VCRPEC TRANSPRTL/RPR DCMPRN THRC L	\$2,038.10	\$2,038.10
63091		VCRPEC TRANSPRTL/RPR DCMPRN THRC L	\$185.49	\$185.49
63101		VERTEB CORPECT LAT XTRCAVITARY DCI	\$2,411.84	\$2,411.84
63102		VERTEB CORPECT LAT XTRCAVITARY DCI	\$2,348.91	\$2,348.91
63103		VCRPEC LAT XTRCAVITARY DCMPRN THR	\$305.56	\$305.56
63170		LAM W/MYELOTOMY CERVICAL/THORACI	\$1,648.08	\$1,648.08
63172		LAM W/DRG INTRMEDULLARY CYST/SYRI	\$1,434.77	\$1,434.77
63173		LAM W/DRG INTRMEDULRY CYST/SYRINX	\$1,785.68	\$1,785.68
63180		LAM&SCTJ DENTATE LIG W/WO DURAL GF	\$1,537.34	\$1,537.34
63182		LAM&SCTJ DENTATE LIG W/WO DURAL GF	\$1,687.85	\$1,687.85
63185		LAMINECTOMY W/RHIZOTOMY 1/2 SEGME	\$1,188.63	\$1,188.63
63190		LAMINECTOMY W/RHIZOTOMY > 2 SEGME	\$1,291.31	\$1,291.31
63191		LAMINECTOMY W/SECTION SPINAL ACCES	\$1,426.58	\$1,426.58
63194		LAM CORDOTOMY SCTJ 1 SPINOTHALMIC	\$1,652.10	\$1,652.10
63195		LAM CORDOTOMY SCTJ 1 SPINOTHALMIC	\$1,587.34	\$1,587.34
63196		LAM CORDOTOMY SCTJ BOTH SPINOTHAL	\$1,842.98	\$1,842.98
63197		LAM CORDOTOMY SCTJ BOTH SPINOTHAL	\$1,770.63	\$1,770.63
63198		LAM CORDOTOMY SCTJ BOTH TRACTS 2 S'	\$2,164.56	\$2,164.56
63199		LAM CORDOTOMY SCTJ BOTH TRACTS 2 S'	\$2,268.12	\$2,268.12
63200		LAMINECTOMY RELEASE TETHERED SPIN	\$1,584.89	\$1,584.89
63250		LAM EXC/OCLUSION AVM SPINAL CORD	\$3,083.04	\$3,083.04

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
63251		LAM EXC/OCCLUSION AVM SPINAL CORD	\$3,151.26	\$3,151.26
63252		LAM EXC/OCCLUSION AVM SPI CORD THO	\$3,150.54	\$3,150.54
63265		LAM EXC/EVAC ISPI LES OTH/THN NEO XD	\$1,731.36	\$1,731.36
63266		LAM EXC/EVAC ISPI LES OTH/THN NEO XD	\$1,784.00	\$1,784.00
63267		LAM EXC/EVAC ISPI LESION OTH/THN NEO	\$1422.98	\$1422.98
63268		LAM EXC/EVAC ISPI LES OTH/THN NEO XD	\$1,467.84	\$1,467.84
63270		LAM EXC ISPI LES OTH/THN NEO IDRL CER	\$2,151.96	\$2,151.96
63271		LAM EXC ISPI LES OTH/THN NEO IDRL THC	\$2,145.74	\$2,145.74
63272		LAM EXC ISPI LES OTH/THN NEO IDRL LUM	\$1,957.33	\$1,957.33
63273		LAM EXC ISPI LES OTH/THN NEO IDRL SAC	\$1,932.29	\$1,932.29
63275		LAMINECTOMY BX/EXC ISPI NEO XDRL CE	\$1,869.72	\$1,869.72
63276		LAMINECTOMY BX/EXC ISPI NEO XDRL TH	\$1,855.00	\$1,855.00
63277		LAMINECTOMY BX/EXC ISPI NEO XDRL LU	\$1,616.85	\$1,616.85
63278		LAMINECTOMY BX/EXC ISPI NEO XDRL SA	\$1646.67	\$1646.67
63280		LAM BX/EXC ISPI NEO IDRL XMED CERVIC	\$2,195.77	\$2,195.77
63281		LAM BX/EXC ISPI NEO IDRL XMED THORAC	\$2170.27	\$2170.27
63282		LAM BX/EXC ISPI NEO IDRL XMED LUMBA	\$2,046.98	\$2,046.98
63283		LAM BX/EXC ISPI NEO IDRL SACRAL	\$1967.89	\$1967.89
63285		LAM BX/EXC ISPI NEO IDRL IMED CERVIC/	\$2712.58	\$2,712.58
63286		LAM BX/EXC ISPI NEO IDRL IMED THORAC	\$2680.29	\$2680.29
63287		LAM BX/EXC ISPI NEO IDRL IMED THORAC	\$2847.33	\$2847.33
63290		LAM BX/EXC ISPI NEO XDRL-IDRL LES ANY	\$2896.43	\$2896.43
63295		OSTPL RCNSTJ DORSAL SPI ELMNTS FLWG	\$342.21	\$342.21
63300		VCRPEC LES 1 SGM XDRL CERVICAL	\$1905.69	\$1905.69
63301		VCRPEC LES 1 SGM XDRL THORACIC TTHR	\$2284.68	\$2284.68
63302		VCRPEC LES 1 SEG XDRL THRC THORACOL	\$2257.09	\$2257.09
63303		VCRPEC LES 1 SEG XDRL LMBR/SAC TRAN	\$2,399.24	\$2,399.24
63304		VERTEBRAL CORPECTOMY EXC LES 1 SEG	\$2,434.48	\$2,434.48
63305		VERTEBRAL CORPECTOMY LES 1 SEG IDRI	\$2,592.52	\$2,592.52
63306		VERTEBRL CORPECT LES 1 SEG IDRL THRC	\$2,547.73	\$2,547.73
63307		VCRPEC LES 1 SEG IDRL LMBR/SAC TRANS	\$2494.94	\$2494.94
63308		VERTEBRAL CORPECTOMY EXC INDRL LE	\$335.70	\$335.70
63600		CREATION LES SPINAL CORD STEREOTAC	\$1,129.14	\$1,129.14
63610		STRCTC STIMJ SPI CORD PRQ SPX N/FLWI	\$600.46	\$600.46
63620		STEREOTACTIC RADIOSURGERY 1 SPINAL	\$1158.13	\$1158.13
63621		STEREOTACTIC RADIOSURGERY EA ADDL	\$261.59	\$261.59
63650		PRQ IMPLTJ NSTIM ELECTRODE ARRAY EP	\$427.06	\$1952.73
63655		LAM IMPLTJ NSTIM ELTRDS PLATE/PADDL	\$861.47	\$861.47
63661		RMVL SPINAL NSTIM ELTRD PRQ ARRAY II	\$334.28	\$658.91
63662		RMVL SPINAL NSTIM ELTRD PLATE/PADDI	\$871.90	\$871.90
63663		REVJ INCL RPLCMT NSTIM ELTRD PRQ RA	\$465.40	\$876.34
63664		REVJ INCL RPLCMT NSTIM ELTRD PLT/PDL	\$907.39	\$907.39
63685		INSJ/RPLCMT SPI NPGR DIR/INDUXIVE COU	\$371.78	\$371.78
63688		REVJ/RMVL IMPLANTED SPINAL NEUROST	\$383.65	\$383.65
63700		REPAIR MENINGOCELE < 5 CM DIAMETER	\$1349.67	\$1349.67
63702		REPAIR MENINGOCELE > 5 CM DIAMETER	\$1476.52	\$1476.52
63704		REPAIR MYELOMENINGOCELE < 5 CM DIAI	\$1713.69	\$1713.69
63706		REPAIR MYELOMENINGOCELE > 5 CM DIAI	\$1906.84	\$1906.84
63707		RPR DURAL/CEREBROSPINAL FLUID LEAK	\$962.05	\$962.05
63709		RPR DURAL/CSF LEAK/PSEUDOMENINGOC	\$1149.00	\$1149.00

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
63710		DURAL GRAFT SPINAL	\$1126.01	\$1126.01
63740		CRTJ SHUNT LMBR SARACH-PRTL-PLEURA	\$1010.50	\$1010.50
63741		CRTJ SHUNT LMBR SARACH-PRTL-PLEURA	\$699.16	\$699.16
63744		RPLCMT IRRIGATION/REVJ LUMBOSARACI	\$704.69	\$704.69
63746		RMVL ENTIRE LUMBOSARACH SHUNT SYS	\$624.62	\$624.62
64400		INJECTION AA&/STRD TRIGEMINAL NERVE	\$51.62	\$109.75
64405		INJECTION AA&/STRD GREATER OCCIPITA	\$55.49	\$74.26
64408		INJECTION AA&/STRD VAGUS NERVE	\$44.75	\$70.75
64415		INJECTION AA&/STRD BRACHIAL PLEXUS	\$65.38	\$115.57
64416		INJECTION AA&/STRD BRACHIAL PLEXUS C	\$66.02	\$66.02
64417		INJECTION AA&/STRD AXILLARY NERVE	\$62.52	\$139.81
64418		INJECTION AA&/STRD SUPRASCAPULAR N	\$58.64	\$86.81
64420		INJECTION AA&/STRD INTERCOSTAL NRV	\$61.54	\$102.35
64421		INJECTION AA&/STRD INTERCOSTAL NRV	\$26.10	\$34.76
64425		INJECTION AA&/STRD ILIOINGUINAL IH NE	\$57.25	\$114.67
64430		INJECTION AA&/STRD PUDENDAL NERVE	\$56.89	\$92.28
64435		INJECTION AA&/STRD PARACERVICAL NEI	\$45.11	\$75.08
64445		INJECTION AA&/STRD SCIATIC NERVE	\$55.45	\$128.39
64446		INJECTION AA&/STRD SCIATIC NERVE CON	\$61.03	\$61.03
64447		INJECTION AA&/STRD FEMORAL NERVE	\$54.67	\$90.79
64448		INJECTION AA&/STRD FEMORAL NERVE CO	\$63.17	\$63.17
64449		INJECTION AA&/STRD LUMBAR PLEXUS CO	\$63.97	\$63.97
64450		INJECTION AA&/STRD OTHER PERIPHERAL	\$44.02	\$78.33
64451		INJECTION AA&/STRD NERVES NRVTG SI J	\$81.90	\$215.50
64454		INJECTION AA&/STRD GENICULAR NRV BR	\$84.43	\$217.68
64455		NJX ANES&/STEROID PLANTAR COMMON I	\$35.72	\$49.44
64461		PVB THORACIC SINGLE INJECTION SITE W	\$79.24	\$134.50
64462		PVB THORACIC SECOND & ADDL INJ SITE V	\$50.70	\$75.62
64463		PVB THORACIC CONT CATHETER INFUSIOI	\$85.31	\$204.83
64479		NJX ANES&/STRD W/IMG TFRML	\$134.94	\$260.96
64480		NJX ANES&/STRD W/IMG TFRML	\$64.37	\$129.73
64483		NJX ANES&/STRD W/IMG TFRML	\$114.91	\$242.03
64484		NJX ANES&/STRD W/IMG TFRML	\$53.65	\$106.36
64486		TAP BLOCK UNILATERAL BY INJECTION(S)	\$57.83	\$113.81
64487		TAP BLOCK UNILATERAL BY CONTINUOUS	\$66.02	\$185.55
64488		TAP BLOCK BILATERAL BY INJECTION(S)	\$71.38	\$139.63
64489		TAP BLOCK BILATERAL BY CONTINUOUS I	\$80.30	\$287.58
64490		NJX DX/THER AGT PVRT FACET J	\$108.82	\$194.77
64491		NJX DX/THER AGT PVRT FACET J	\$61.87	\$97.62
64492		NJX DX/THER AGT PVRT FACET J	\$62.58	\$98.33
64493		NJX DX/THER AGT PVRT FACET J	\$92.37	\$177.22
64494		NJX DX/THER AGT PVRT FACET J	\$53.28	\$90.84
64495		NJX DX/THER AGT PVRT FACET J	\$54.00	\$90.84
64505		INJECTION ANES AGENT SPHENOPALATINI	\$100.05	\$130.02
64510		NJX ANES STELLATE GANGLION CRV SYM	\$77.36	\$142.00
64517		INJECTION ANES SUPERIOR HYPOGASTRIC	\$128.84	\$196.37
64520		INJECTION ANES LMBR/THRC PARAVERTB	\$85.24	\$219.21
64530		INJX ANES CELIAC PLEXUS W/WO RADIOI	\$95.23	\$220.17
64553		PRQ IMPLTJ NEUROSTIMULATOR ELTRD C	\$368.39	\$2073.17
64555		PRQ IMPLTJ NEUROSTIMULATOR ELTRD P	\$353.41	\$1919.89

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
64561		PRQ IMPLTJ NEUROSTIM ELTRD SACRAL N	\$313.85	\$768.48
64566		POST TIB NEUROSTIMULATION PRQ NEEDI	\$32.18	\$129.32
64568		INC IMPLTJ CRNL NRV NSTIM ELTRDS & PI	\$647.54	\$647.54
64569		REVISION/REPLMT NEUROSTIMLATOR ELI	\$785.22	\$785.22
64570		REMOVAL CRNL NRV NSTIM ELTRDS & PU	\$756.62	\$756.62
64575		INC IMPLTJ PERIPH NERVE NEUROSTIMUL	\$351.61	\$351.61
64580		INC IMPLTJ NSTIM ELTRD NEUROMUSCUL	\$321.76	\$321.76
64581		INC IMPLTJ NEUROSTIMULATOR ELTRD S/	\$685.88	\$685.88
64585		REVJ/RMVL PERIPHERAL NEUROSTIMULA'	\$148.40	\$253.48
64590		INSERTION/RPLCMT PERIPHERAL/GASTRIC	\$165.91	\$272.44
64595		REVISION/RMVL PERIPHERAL/GASTRIC NP	\$130.52	\$244.63
64600		DSTRJ TRIGEMINAL NRV SUPRAORB INFR/	\$236.16	\$458.25
64605		DSTRJ NEUROLYTIC TRIGEMINAL NRV 2/3	\$365.04	\$640.57
64610		DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV R/	\$501.52	\$801.60
64611		CHEMODENERV PAROTID&SUBMANDIBL S	\$108.54	\$124.78
64612		CHEMODNRVTJ MUSC MUSC INNERVATED	\$120.25	\$137.21
64615		CHEMODERVATE FACIAL/TRIGEM/CERV M	\$127.25	\$155.06
64616		CHEMODENERVATION MUSCLE NECK UNI	\$112.61	\$137.16
64617		CHEMODENERVATION MUSCLE LARYNX U	\$112.03	\$166.20
64620		DSTRJ NEUROLYTIC AGENT INTERCOSTAL	\$180.12	\$213.71
64624		DESTRUCTION NEUROLYTIC AGT GENICUI	\$151.44	\$416.49
64625		RADIOFREQUENCY ABLTJ NRV NRVTG SI J	\$200.09	\$508.83
64630		DSTRJ NEUROLYTIC AGENT PUDENDAL NI	\$194.85	\$249.02
64632		DSTRJ NEUROLYTIC PLANTAR COMMON D	\$69.40	\$89.63
64633		DSTR NROLYTC AGNT PARVERTEB FCT SN	\$231.26	\$429.15
64634		DSTR NROLYTC AGNT PARVERTEB FCT AL	\$70.09	\$192.14
64635		DSTR NROLYTC AGNT PARVERTEB FCT SN	\$228.05	\$424.49
64636		DSTR NROLYTC AGNT PARVERTEB FCT AL	\$61.50	\$175.25
64640		DSTRJ NEUROLYTIC AGENT OTHER PERIPI	\$121.02	\$253.55
64642		CHEMODENERVATION ONE EXTREMITY 1-	\$110.73	\$150.45
64643		CHEMODENERVATION 1 EXTREMITY EA A	\$73.75	\$95.06
64644		CHEMODENERVATION 1 EXTREMITY 5 OR	\$120.76	\$175.65
64645		CHEMODENERVATION 1 EXTREMITY EA A	\$84.87	\$120.26
64646		CHEMODENERVATION OF TRUNK MUSCLE	\$118.96	\$158.32
64647		CHEMODENERVATION OF TRUNK 6 OR MO	\$139.39	\$182.72
64650		CHEMODENERVATION ECCRINE GLANDS I	\$42.61	\$82.69
64653		CHEMODENERVATION ECCRINE GLANDS C	\$54.79	\$100.29
64680		DSTRJ NEUROLYTIC W/WO RAD MONITOR	\$166.87	\$343.46
64681		DSTRJ NULYT W/WORAD MNTR SUPRIOR F	\$268.88	\$580.16
64702		NEUROPLASTY DIGITAL 1/BOTH SAME DIC	\$520.00	\$520.00
64704		NEUROPLASTY NERVE HAND/FOOT	\$331.94	\$331.94
64708		NEURP MAJOR PRPH NRV ARM/LEG OPN O'	\$520.67	\$520.67
64712		NEURP MAJOR PRPH NRV OPN ARM/LEG SC	\$607.90	\$607.90
64713		NEURP MAJOR PRPH NRV OPN ARM/LEG BI	\$809.14	\$809.14
64714		NEURP MAJOR PRPH NRV OPN ARM/LEG LI	\$757.56	\$757.56
64716		NEUROPLASTY &/TRANSPOSITION CRANIA	\$531.17	\$531.17
64718		NEUROPLASTY &/TRANSPOSITION ULNAR	\$615.19	\$615.19
64719		NEUROPLASTY &/TRANSPOSITION ULNAR	\$415.95	\$415.95
64721		NEUROPLASTY &/TRANSPOS MEDIAN NRV	\$444.12	\$450.26
64722		DECOMPRESSION UNSPECIFIED NERVE	\$371.24	\$371.24

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
64726		DECOMPRESSION PLANTAR DIGITAL NERV	\$276.90	\$276.90
64727		INTERNAL NEUROLYSIS REQ OPERATING M	\$188.70	\$188.70
64732		TRANSECTION/AVULSION SUPRAORBITAL	\$458.31	\$458.31
64734		TRANSECTION/AVULSION INFRAORBITAL	\$517.55	\$517.55
64736		TRANSECTION/AVULSION MENTAL NERVE	\$358.72	\$358.72
64738		TRANSECTION/AVULSION INF ALVEOLAR I	\$466.11	\$466.11
64740		TRANSECTION/AVULSION LINGUAL NERVI	\$484.23	\$484.23
64742		TRANSECTION/AVULSION FACIAL NRV DIF	\$503.76	\$503.76
64744		TRANSECTION/AVULSION GREATER OCCIF	\$512.78	\$512.78
64746		TRANSECTION/AVULSION PHRENIC NERVE	\$446.20	\$446.20
64760		TRANSECTION/AVULSION VAGUS NERVE /	\$538.48	\$538.48
64763		TRNSXJ/AVLSN OBTURAT NRV XPELV W/W	\$533.08	\$533.08
64766		TRNSXJ/AVLSN OBTURAT NRV INPELV W/A	\$657.77	\$657.77
64771		TRANSECTION/AVULSION OTH CRANIAL N	\$628.43	\$628.43
64772		TRANSECTION/AVULSION OTH SPINAL NR'	\$583.46	\$583.46
64774		EXC NEUROMA CUTAN NRV SURGLY IDEN	\$423.46	\$423.46
64776		EXC NEUROMA DIGITAL NERVE 1 OR BOTI	\$402.60	\$402.60
64778		EXCISION NEUROMA DIGITAL NRV EA ADI	\$189.41	\$189.41
64782		EXC NEUROMA HAND/FOOT XCP DIGITAL	\$470.56	\$470.56
64783		EXC NEUROMA HAND/FOOT EA NRV XCP S	\$225.94	\$225.94
64784		EXC NEUROMA MAJOR PERIPHERAL NRV I	\$755.35	\$755.35
64786		EXCISION NEUROMA SCIATIC NERVE	\$1046.81	\$1046.81
64787		IMPLANTATION NERVE END BONE/MUSCL	\$249.10	\$249.10
64788		EXC NEUROFIBROMA/NEUROLEMMOMA C	\$416.18	\$416.18
64790		EXC NEUROFIBROMA/NEUROLEMMOMA M	\$865.12	\$865.12
64792		EXC NEUROFIBROMA/NEUROLEMMOMA E	\$1,095.02	\$1,095.02
64795		BIOPSY NERVE	\$199.60	\$199.60
64802		SYMPATHECTOMY CERVICAL	\$862.87	\$862.87
64804		SYMPATHECTOMY CERVICOTHORACIC	\$1,225.51	\$1,225.51
64809		SYMPATHECTOMY THORACOLUMBAR	\$1123.56	\$1123.56
64818		SYMPATHECTOMY LUMBAR	\$808.08	\$808.08
64820		SYMPATHECTOMY DIGITAL ARTERIES EA	\$754.19	\$754.19
64821		SYMPATHECTOMY RADIAL ARTERY	\$719.19	\$719.19
64822		SYMPATHECTOMY ULNAR ARTERY	\$719.19	\$719.19
64823		SYMPATHECTOMY SUPERFICIAL PALMAR	\$817.31	\$817.31
64831		SUTURE DIGITAL NERVE HAND/FOOT 1 NE	\$712.41	\$712.41
64832		SUTR DIGITAL NRV HAND/FOOT EA DGTAI	\$348.43	\$348.43
64834		SUTURE 1 NERVE HAND/FOOT COMMON SI	\$766.45	\$766.45
64835		SUTURE 1 NERVE MEDIAN MOTOR THENAI	\$845.79	\$845.79
64836		SUTURE 1 NERVE ULNAR MOTOR	\$845.79	\$845.79
64837		SUTURE EACH ADDITIONAL NERVE HAND/	\$380.98	\$380.98
64840		SUTURE POSTERIOR TIBIAL NERVE	\$996.63	\$996.63
64856		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/	\$1,047.72	\$1,047.72
64857		SUTR PRPH NRV ARM/LEG XCP SCIATIC W/	\$1,091.01	\$1,091.01
64858		SUTURE SCIATIC NERVE	\$1,219.64	\$1,219.64
64859		SUTURE EACH ADDITIONAL PERIPHERAL N	\$258.89	\$258.89
64861		SUTURE BRACHIAL PLEXUS	\$1568.58	\$1568.58
64862		SUTURE LUMBAR PLEXUS	\$1426.30	\$1426.30
64864		SUTURE FACIAL NERVE EXTRACRANIAL	\$889.65	\$889.65
64865		SUTURE FACIAL NERVE INFRATEMPORAL	\$1,121.52	\$1,121.52

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
64866		ANASTOMOSIS FACIAL-SPINAL ACCESSOR	\$1317.62	\$1317.62
64868		ANASTOMOSIS FACIAL HYPOGLOSSAL	\$1,027.17	\$1,027.17
64872		SUTURE NERVE REQ SECONDARY/DELAYE	\$121.38	\$121.38
64874		SUTURE NERVE REQ XTNSV MOBIL/TRPOS	\$180.82	\$180.82
64876		SUTURE NERVE REQ SHORTENING BONE E	\$204.45	\$204.45
64885		NERVE GRAFT HEAD/NECK </ 4 CM	\$1140.97	\$1140.97
64886		NERVE GRAFT HEAD/NECK >4 CM	\$1316.23	\$1316.23
64890		NERVE GRAFT 1 STRAND HAND/FOOT </4 C	\$1119.71	\$1119.71
64891		NRV GRF 1 STRAND HAND/FOOT >4 CM	\$1190.99	\$1190.99
64892		NERVE GRAFT 1 STRAND ARM/LEG <4 CM	\$1,088.54	\$1,088.54
64893		NERVE GRAFT 1 STRAND ARM/LEG >4 CM	\$1,161.63	\$1,161.63
64895		NERVE GRAFT MLT STRANDS HAND/FOOT	\$1,376.12	\$1,376.12
64896		NERVE GRAFT MLT STRANDS HAND/FOOT	\$1483.99	\$1483.99
64897		NERVE GRAFT MLT STRANDS ARM/LEG </4	\$1314.52	\$1314.52
64898		NERVE GRAFT MLT STRANDS ARM/LEG >4	\$1423.48	\$1423.48
64901		NERVE GRAFT EACH NERVE 1 STRAND	\$620.16	\$620.16
64902		NERVE GRAFT EACH NERVE MULTIPLE STI	\$719.00	\$719.00
64905		NERVE PEDICLE TRANSFER FIRST STAGE	\$1057.81	\$1057.81
64907		NERVE PEDICAL TRANSFER SECOND STAG	\$1350.30	\$1350.30
64910		NERVE REPAIR W/CONDUIT EACH NERVE	\$815.34	\$815.34
64911		NERVE REPAIR W/AUTOGENOUS VEIN GRA	\$1060.92	\$1060.92
64912		NERVE REPAIR W/NERVE ALLOGRAFT FIRS	\$945.34	\$945.34
64913		NERVE REPAIR W/NERVE ALLOGRAFT EA /	\$184.77	\$184.77
65091		EVISCERATION OCULAR CONTENTS W/O I	\$701.06	\$701.06
65093		EVISCERATION OCULAR CONTENTS W/IME	\$694.32	\$694.32
65101		ENUCLEATION OF EYE W/O IMPLANT	\$807.40	\$807.40
65103		ENUCLEATION EYE IMPLT MUSC X ATTAC	\$837.10	\$837.10
65105		ENUCLEATION EYE IMPLT MUSC ATTACHI	\$917.77	\$917.77
65110		EXENTERATION ORBIT REMVL ORBITAL C	\$1292.82	\$1292.82
65112		EXENTERATION ORBIT RMVL ORBIT CONT	\$1490.31	\$1490.31
65114		EXNTJ ORBIT RMVL ORB CNTS W/MUSC/M	\$1559.04	\$1559.04
65125		MODIFICAJ OC IMPLT W/PLMT/RPLCMT PE	\$296.56	\$466.27
65130		INSJ OC IMPLT SEC AFTER EVSC SCLL SHEI	\$803.36	\$803.36
65135		INSJ OC IMPLT AFTER ENCL MUSC X ATTA	\$813.74	\$813.74
65140		INSJ OC IMPLT AFTER ENCL MUSC ATTACI	\$879.37	\$879.37
65150		REINSERTION OCULAR IMPLT W/VO CONJ	\$648.42	\$648.42
65155		REINSERTION OCULAR IMPLT RNFCMT &/.	\$919.12	\$919.12
65175		REMOVAL OCULAR IMPLANT	\$728.07	\$728.07
65205		REMOVAL FB EYE CONJUNCTIVAL SUPERF	\$29.71	\$38.01
65210		RMVL FB XTRNL EYE EMBED SCJNCL/SCLI	\$37.23	\$46.62
65220		RMVL FB XTRNL EYE CORNEAL W/O SLIT I	\$42.60	\$61.01
65222		RMVL FB XTRNL EYE CORNEAL W/SLIT LA	\$52.28	\$69.25
65235		RMVL FB INTRAOCULAR ANT CHAMBER E	\$729.76	\$729.76
65260		RMVL FB IO FROM POST SEG MAG XTRJ AN	\$987.17	\$987.17
65265		RMVL FB IO FROM POST SEG NONMAGNET	\$1,108.64	\$1,108.64
65270		RPR LAC CJNC W/VO NONPERFOR LAC SCI	\$143.06	\$285.69
65272		RPR LAC CJNC MOBLJ& REARGMT W/O HO	\$358.68	\$528.40
65273		RPR LAC CJNC MOBLJ & REARGMT W/HOSI	\$387.29	\$387.29
65275		RPR LAC CORNEA NONPERFOR W/VO RMV	\$470.11	\$594.68
65280		RPR LAC CORNEA&/SCLERA PERFOR X INV	\$681.32	\$681.32

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
65285		RPR LAC CORN&/SCLRA PERF W/REPOS/RE	\$1126.53	\$1126.53
65286		RPR LAC APPL TISSUE GLUE WOUND CORN	\$503.87	\$716.57
65290		RPR WND EXTRAOCULAR MUSCLE TENDO	\$498.51	\$498.51
65400		EXCISION LESION CORNEA XCP PTERYGIU	\$611.02	\$696.97
65410		BIOPSY CORNEA	\$104.67	\$146.56
65420		EXCISION/TRANSPOSITION PTERYGIUM W.	\$382.65	\$539.73
65426		EXCISION/TRANSPOSITION PTERYGIUM W.	\$485.39	\$676.79
65430		CORNEA SCRAPING DIAGNOSTIC SMEAR &	\$103.95	\$117.67
65435		RMVL CORNEAL EPITHELIUM W/VO CHEM	\$71.02	\$83.65
65436		RMVL CORNEAL EPITHELIUM W/APPL CHE	\$375.18	\$393.23
65450		DSTRJ LESION CRYOTHER PHOTO/THERMC	\$325.70	\$331.84
65600		MULTIPLE PUNCTURES ANTERIOR CORNEA	\$344.81	\$420.65
65710		KERATOPLASTY ANTERIOR LAMELLAR	\$1142.53	\$1142.53
65730		KERATOPLASTY PENTRG EXCEPT APHAKI	\$1263.58	\$1263.58
65750		KERATOPLASTY PENETRAING APHAKIA	\$1270.16	\$1270.16
65755		KERATOPLASTY PENETRATING PSEUDOPE	\$1264.44	\$1264.44
65756		KERATOPLASTY ENDOTHELIAL	\$1198.69	\$1198.69
65770		KERATOPROSTHESIS	\$1418.16	\$1418.16
65772		CRNL RELAXING INC CORRJ INDUCED AST	\$410.80	\$459.90
65775		CRNL WEDGE RESCJ CORRJ INDUCED ASTI	\$571.61	\$571.61
65778		PLACE AMNIOTIC MEMBRA OCULAR SURF	\$55.45	\$1436.67
65779		PLACE AMNIOTIC MEMBRANE OCULAR SU	\$152.88	\$1241.97
65780		OCULAR SURFACE RECONSTRUCTION AMI	\$676.22	\$676.22
65781		OCULAR SURFACE RECONSTRUCTION LIM	\$1350.75	\$1350.75
65782		OCCULAR SURFACE RECONSTRUCTION LI	\$1166.21	\$1166.21
65785		IMPLANTATION INTRASTROMAL CORNEAL	\$448.91	\$2432.82
65800		PARACENTESIS ANT CHAMB EYE ASPIR AQU	\$92.37	\$121.61
65810		PARACENTESIS ANT CHAM RMVL VITREOU	\$471.44	\$471.44
65815		PARACEN ANT CHAM RMVL BLOOD W/VO	\$483.62	\$654.78
65820		GONIOTOMY	\$797.34	\$797.34
65850		TRABECULOTOMY AB EXTERNO	\$855.62	\$855.62
65855		TRABECULOPLASTY BY LASER SURGERY	\$210.40	\$250.84
65860		SEVERING ADHESIONS ANTERIOR SEGME	\$254.86	\$314.81
65865		SEVERING ADS ANT SEG INCAL TQ SPX GC	\$482.66	\$482.66
65870		SEVERING ADS ANT SEG INCAL SPX ANT S	\$601.69	\$601.69
65875		SEVERING ADS ANT SEG INCAL SPX POST S	\$641.19	\$641.19
65880		SEVERING ADS ANT SEG INCAL SPX CORN	\$674.85	\$674.85
65900		RMVL EPITHELIAL DOWNGROWTH ANT CI	\$995.49	\$995.49
65920		RMVL IMPLANTED MATERIAL ANTERIO SE	\$802.54	\$802.54
65930		RMVL BLOOD CLOT ANTERIOR SEGMENT I	\$649.55	\$649.55
66020		INJX ANTERIOR CHAMBER EYE AIR/LIQUI	\$132.75	\$197.38
66030		INJX ANTERIOR CHAMBER EYE MEDICATI	\$111.98	\$176.62
66130		EXCISION LESION SCLERA	\$574.38	\$715.57
66150		FSTLJ SCLERA GLAUCOMA TREPHIN W/IRI	\$890.73	\$890.73
66155		FSTLJ SCLERA GLAUCOMA THERMOCAUT	\$890.02	\$890.02
66160		FSTLJ SCLERA SCLERECTOMY PUNCH/SCIS	\$1002.06	\$1002.06
66170		FSTLJ SCLERA GLAUCOMA TRABECULECT	\$1109.94	\$1109.94
66172		FSTLJ SCLERA GLC TRBEC AB EXTERNO SC	\$1209.13	\$1209.13
66174		TRLUML DILAT AQUEOUS CANAL W/O DEV	\$959.93	\$959.93
66175		TRLUML DILAT AQUEOUS CANAL W/DEVIC	\$1005.39	\$1005.39

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
66179		AQUEOUS SHUNT EXTRAOCULAR RESERV	\$1095.10	\$1095.10
66180		AQUEOUS SHUNT EXTRAOC EQUAT PLATE	\$1155.97	\$1155.97
66183		INSERT ANTER DRAINAGE DEV W/O EXTR	\$1044.60	\$1044.60
66184		REVJ SHUNT EXTRAOCULAR RESERVOIR V	\$798.43	\$798.43
66185		REVJ AQUEOUS SHUNT EXTRAOCULAR RE	\$859.66	\$859.66
66225		REPAIR SCLERAL STAPHYLOMA W/GRAFT	\$946.68	\$946.68
66250		REVJ/RPR OPRATIVE WOUND ANTERIOR SI	\$564.65	\$767.59
66500		IRIDOTOMY STAB INC SPX XCP TRANSFIXI	\$379.32	\$379.32
66505		IRIDOTOMY STAB INC SPX TRANSFIXION	\$414.14	\$414.14
66600		IRDEC CRNLSCLRL/CRNL SCTJ RMVL LES	\$883.36	\$883.36
66605		IRDEC CRNLSCLRL/CRNL SCTJ CYCLECTOM	\$1095.35	\$1095.35
66625		IRDEC CRNLSCLRL/CRNL SCTJ PRPH GLC S	\$435.24	\$435.24
66630		IRDEC CRNLSCLRL/CRNL SCTJ SECTOR GL	\$576.11	\$576.11
66635		IRDEC CRNLSCLRL/CRNL SCTJ OPTICAL SP	\$581.12	\$581.12
66680		REPAIR IRIS CILIARY BODY	\$527.10	\$527.10
66700		CILIARY BODY DESTRUCTION DIATHERM	\$397.76	\$459.87
66710		CILIARY BODY DSTRJ CYCLOPHOTOCOAG	\$397.76	\$450.85
66711		ECP CILIARY BODY DSTRJ W/O RMVL CRY	\$510.90	\$510.90
66720		CILIARY BODY DESTRUCTION CRYOTHER	\$413.86	\$470.19
66740		CILIARY BODY DESTRUCTION CYCLODIAL	\$397.76	\$446.88
66761		IRIDOTOMY/IRRIDECTIONY LASER SURG P	\$239.64	\$305.01
66762		IRIDOPLASTY PHOTOCOAGULATION 1/> SE	\$430.86	\$485.03
66770		DSTRJ CYST/LESION IRIS/CILIARY BODY	\$488.97	\$538.80
66820		DISCISSION SECONDARY MEMBRANOUS C	\$437.72	\$437.72
66821		POST-CATARACT LASER SURGERY	\$316.33	\$337.64
66825		REPOSITIONING IO LENS PROSTHESIS REQ	\$807.39	\$807.39
66830		RMVL SEC MEMBRANOUS CTRC CORNEO-S	\$720.12	\$720.12
66840		RMVL LENS MATERIAL ASPIR TQ 1/> STAG	\$704.38	\$704.38
66850		RMVL LENS MATERIAL PHACOFRAGMENT	\$802.61	\$802.61
66852		RMVL LENS MATERIAL PARS PLANA W/WC	\$854.88	\$854.88
66920		RMVL LENS MATERIAL INTRACAPSULAR	\$763.12	\$763.12
66930		REMOVAL LENS MATRL INTRACAPSULAR	\$869.58	\$869.58
66940		REMOVAL LENS MATERIAL EXTRACAPSUI	\$794.76	\$794.76
66982		XCAPSL CTRC RMVL INSJ IO LENS PROSTH	\$760.16	\$760.16
66984		XCAPSL CTRC RMVL INSJ IO LENS PROSTH	\$554.04	\$554.04
66985		INSJ IO LENS PROSTHESIS NOT W/CONCUR	\$779.08	\$779.08
66986		EXCHANGE INTRAOCULAR LENS	\$919.44	\$919.44
66990		USE OPHTHALMIC ENDOSCOPE	\$91.29	\$91.29
67005		RMVL VITREOUS ANT APPR PARTIAL REMO	\$479.35	\$479.35
67010		RMVL VITREOUS ANT APPR SUBTOT RMVI	\$549.51	\$549.51
67015		ASPIRATION/RELEASE VITREOUS SUBRETI	\$601.10	\$601.10
67025		INJ SUBSTITUTE PARS PLANA/LIMBL W/WC	\$640.68	\$750.45
67027		IMPLTJ INTRAVITREAL DRUG DLVR SYS RI	\$863.08	\$863.08
67028		INTRAVITREAL NJX PHARMACOLOGIC AG'	\$99.99	\$102.52
67030		DISCISSION VITREOUS STRANS PARS PLAN	\$552.17	\$552.17
67031		SEVERING VITREOUS STRANS LASER 1/> S'	\$360.92	\$397.04
67036		VITRECTOMY MECHANICAL PARS PLANA	\$912.28	\$912.28
67039		VITRECTOMY MCHNL PARS PLNA FOCAL E	\$976.72	\$976.72
67040		VTRECTOMY MCHNL PARS PLNA ENDOLA'	\$1055.48	\$1055.48
67041		VITRECTOMY PARS PLANA REMOVE PRER	\$1166.45	\$1166.45

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
67042		VITRECTOMY PARS PLANA REMOVE INT M	\$1166.10	\$1166.10
67043		VITRECTOMY PARS PLANA REMOVE SUBR	\$1230.54	\$1230.54
67101		RPR RETINAL DTCHMNT DRG SUBRETINAI	\$288.86	\$337.24
67105		RPR RETINAL DTCHMNT DRG SUBRETINAI	\$278.80	\$301.55
67107		REPAIR RETINAL DETACHMENT SCLERAL	\$1146.05	\$1146.05
67108		RPR RETINAL DTCHMNT W/VITRECTOMY	\$1214.06	\$1214.06
67110		RPR RETINAL DTCHMNT INJECTION AIR/O	\$824.80	\$901.36
67113		RPR COMPLEX RETINA DETACH VITRECT	\$1356.80	\$1356.80
67115		RELEASE ENCIRCLING MATERIAL POSTER	\$505.95	\$505.95
67120		RMVL IMPLNT MATL POSTERIOR SEGMENT	\$563.57	\$678.40
67121		RMVL IMPLT MATRL POSTERIOR SEGMENT	\$919.07	\$919.07
67141		PROPH RTA DTCHMNT W/O DRG 1/> SESS C	\$493.29	\$533.01
67145		PROPH RTA DTCHMNT W/O DRG 1/> SESS	\$504.03	\$536.53
67208		DSTRJ LOCLZD LESION RETINA 1/> SESS CI	\$584.94	\$609.86
67210		DSTRJ LOCLZD LESION RETINA 1/> SESS PC	\$506.54	\$525.68
67218		DSTRJ LESION RETINA 1/> SESS RADJ IMPL	\$1412.43	\$1412.43
67220		DSTRJ LESION CHOROID PC 1/> SESS	\$506.54	\$541.57
67221		DSTRJ LESION CHOROID PHOTODYNAMIC	\$215.57	\$285.63
67225		DSTRJ LESION CHOROID PDT 2ND EYE 1 SE	\$29.01	\$30.45
67227		DESTRUCTION RETINOPATHY CRYOTHERA	\$259.60	\$298.96
67228		TREATMENT EXTENSIVE RETINOPATHY PI	\$309.69	\$346.88
67229		EXTENSIVE RETINOPATHY 1/> SESS PRETE	\$1181.28	\$1181.28
67250		SCLERAL REINFORCEMENT SPX W/O GRAF	\$855.46	\$855.46
67255		SCLERAL REINFORCEMENT SPX W/GRAFT	\$694.34	\$694.34
67311		STRABISMUS RECESSIO/RESCJ 1 HRZN TL	\$605.83	\$605.83
67312		STRABISMUS RECESSIO/RESCJ 2 HRZN TL	\$727.97	\$727.97
67314		STRABISMUS RECESSIO/RESCJ 1 VER MUS	\$687.98	\$687.98
67316		STRABISMUS RECESSIO/RESCJ 2/MORE VI	\$816.13	\$816.13
67318		STRABISMUS ANY SUPERIOR OBLIQUE MU	\$718.14	\$718.14
67320		TRANSPOSITION PROCEDURE EXTRAOCUL	\$325.77	\$325.77
67331		STRABISMUS PREVIOUS EYE X INVOLVE E	\$309.66	\$309.66
67332		STRABISMUS SCARRING EO MUSC/RSTCV I	\$335.43	\$335.43
67334		STRABISMUS POST FIXJ SUTR TQ W/WO MI	\$305.01	\$305.01
67335		PLACEMENT ADJUSTABLE SUTURE STRAB	\$149.27	\$149.27
67340		STRABISMUS EXPL&/RPR DETACHED EXT	\$362.29	\$362.29
67343		RLS XTNSV SCAR TISS W/O DETACHING EC	\$667.20	\$667.20
67345		CHEMODENERVATION EXTRAOCULAR MU	\$221.60	\$248.31
67346		BIOPSY EXTRAOCULAR MUSCLE	\$195.29	\$195.29
67400		ORBITOTOMY W/O BONE FLAP EXPL W/WC	\$1000.52	\$1000.52
67405		ORBITOTOMY W/O BONE FLAP EXPL W/DR	\$860.38	\$860.38
67412		ORBITOTOMY W/O BONE FLAP W/REMOVA	\$937.44	\$937.44
67413		ORBITOTOMY W/O BONE FLAP W/RMVL FC	\$926.28	\$926.28
67414		ORBITOTOMY W/O BONE FLAP W/RMVL BC	\$1419.84	\$1419.84
67415		FINE NEEDLE ASPIRATION ORBITAL CONT	\$105.97	\$105.97
67420		ORBITOTOMY BONE FLAP/WINDOW LAT R	\$1706.31	\$1706.31
67430		ORBITOTOMY BONE FLAP/WINDOW LATEI	\$1339.61	\$1339.61
67440		ORBITOTOMY BONE FLAP/WINDOW LATEI	\$1297.60	\$1297.60
67445		ORBITOTOMY BONE FLAP/WINDOW LAT R	\$1495.05	\$1495.05
67450		ORBITOTOMY BONE FLAP/WINDOW LAT E	\$1346.77	\$1346.77
67500		RETROBULBAR INJECTION MEDICATION S	\$62.21	\$74.13

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
67505		RETROBULBAR INJECTION ALCOHOL	\$70.88	\$84.24
67515		INJECTION MEDICATION/OTHER SUBST TE	\$59.91	\$64.96
67550		ORBITAL IMPLANT INSERTION	\$1041.75	\$1041.75
67560		ORBITAL IMPLANT REMOVAL/REVISION	\$1067.17	\$1067.17
67570		OPTIC NERVE DECOMPRESSION	\$1280.94	\$1280.94
67700		BLEPHAROTOMY DRAINAGE ABSCESS EYE	\$117.71	\$285.26
67710		SEVERING TARSORRHAPHY	\$98.74	\$240.66
67715		CANTHOTOMY SEPARATE PROCEDURE	\$108.75	\$258.97
67800		EXCISION CHALAZION SINGLE	\$104.34	\$130.70
67801		EXCISION CHALAZION MULTIPLE SAME LI	\$134.05	\$165.46
67805		EXCISION CHALAZION MULTIPLE DIFFERE	\$166.00	\$205.36
67808		EXC CHALAZION ANES REQ HOSPIZATION	\$373.86	\$373.86
67810		INCISIONAL BIOPSY EYELID SKIN & LID M.	\$71.60	\$184.63
67820		CORRECTION TRICHIASIS EPILATION FORC	\$28.72	\$26.91
67825		CORRECTION TRICHIASIS EPILATION OTH/	\$123.11	\$135.39
67830		CORRECTION TRICHIASIS INCCISION LID M	\$139.19	\$274.24
67835		CORRJ TRICHIASIS INC LID MRGN W/FR MI	\$445.86	\$445.86
67840		EXC LESION EYELID W/O CLSR/W/SIMPLE I	\$159.96	\$284.53
67850		DESTRUCTION LESION LID MARGIN </ 1 CM	\$134.51	\$220.08
67875		TEMPORARY CLOSURE EYELIDS SUTURE	\$97.51	\$180.20
67880		CONSTJ INTERMARGIN ADHES/TARSORRH	\$372.77	\$470.64
67882		CONSTJ INTERMARGIN ADHES/TARSOR/CA	\$478.55	\$578.22
67900		REPAIR BROW PTOSIS	\$515.70	\$657.25
67901		RPR BLEPHAROPTOSIS FRONTALIS MUSC S	\$593.28	\$795.14
67902		RPR BLEPHAROPT FRONTALIS MUSC AUTC	\$735.11	\$735.11
67903		RPR BLEPHAROPTOSIS LEVATOR RESCJ/AI	\$489.85	\$610.46
67904		RPR BLEPHAROPTOSIS LEVATOR RESCJ/AI	\$605.37	\$751.25
67906		RPR BLEPHAROPTOSIS SUPERIOR RECTUS	\$513.82	\$513.82
67908		RPR BLPOS CONJUNCTIVO-TARSO-MUSC-L	\$434.51	\$525.15
67909		REDUCTION OVERCORRECTION PTOSIS	\$445.21	\$554.27
67911		CORRECTION LID RETRACTION	\$568.77	\$568.77
67912		CORRJ LAGOPHTHALMOS IMPLTJ UPR EYE	\$494.27	\$924.35
67914		REPAIR ECTROPION SUTURE	\$331.69	\$490.94
67915		REPAIR ECTROPION THERMOCAUTERIZAT	\$199.70	\$311.65
67916		REPAIR ECTROPION EXCISION TARSAL WE	\$435.86	\$616.78
67917		REPAIR ECTROPION EXTENSIVE	\$463.79	\$628.83
67921		REPAIR ENTROPION SUTURE	\$314.50	\$481.34
67922		REPAIR ENTROPION THERMOCAUTERIZAT	\$198.26	\$302.99
67923		REPAIR ENTROPION EXCISION TARSAL WE	\$436.59	\$616.78
67924		REPAIR ENTROPION EXTENSIVE	\$463.79	\$656.63
67930		SUTR WND EYELID/MARGIN/TARSUS/CONJ	\$242.91	\$375.44
67935		SUTR WND EYELID/MARGIN/TARSUS/CONJ	\$448.77	\$607.66
67938		REMOVAL EMBEDDED FOREIGN BODY EYI	\$117.72	\$265.05
67950		CANTHOPLASTY	\$469.91	\$590.16
67961		EXCISION & REPAIR EYELID < ONE-FOURT	\$461.31	\$592.39
67966		EXCISION & REPAIR EYELID ONE-FOURTH	\$665.86	\$788.28
67971		RCNSTJ EYELID FULL THICKNESS </TWO-I	\$733.21	\$733.21
67973		RCNSTJ EYELID FULL THICKNESS LOWER I	\$943.17	\$943.17
67974		RCNSTJ EYELID FULL THICKNESS UPPER E	\$941.03	\$941.03
67975		RCNSTJ EYELID FULL THICKNESS SECOND	\$694.92	\$694.92

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
68020		INCISION CONJUNCTIVA DRAINAGE OF CY	\$111.55	\$122.39
68040		EXPRESSION CONJUNCTIVAL FOLLICLES	\$50.11	\$63.83
68100		BIOPSY CONJUNCTIVA	\$97.51	\$182.02
68110		EXCISION LESION CONJUNCTIVA <1 CM	\$149.99	\$238.45
68115		EXCISION LESION CONJUNCTIVA > 1 CM	\$185.79	\$330.59
68130		EXCISION LESION CONJUNCTIVA ADJACEN	\$417.65	\$557.39
68135		DESTRUCTION LESION CONJUNCTIVA	\$152.12	\$160.06
68200		SUBCONJUNCTIVAL INJECTION	\$35.50	\$42.72
68320		CONJUNCTIVOPLASTY W/GRF/XTNSV REA	\$546.84	\$750.50
68325		CONJUNCTIVOPLASTY W/BUCCAL MUC MI	\$665.67	\$665.67
68326		CJP RCNSTJ CUL-DE-SAC BUCCAL GRF/XTN	\$653.51	\$653.51
68328		CONJUNCTPL CUL-DE-SAC W/BUCCAL MUC	\$718.69	\$718.69
68330		RPR SYMBLEPHARON CONJUNCTIVOPLAS	\$466.76	\$627.45
68335		RPR SYMBLEPHARON FR GRF CJNC/BUCCA	\$655.66	\$655.66
68340		RPR & DIV SYMBLEPHARON W/WO CONFO	\$403.63	\$591.05
68360		CONJUNCTIVAL FLAP BRIDGE/PARTIAL SP	\$415.80	\$548.33
68362		CONJUNCTIVAL FLAP TOTAL	\$664.24	\$664.24
68371		HARVESTING CONJUNCIVAL ALLOGRAPH	\$418.73	\$418.73
68400		INCISION DRAINAGE LACRIMAL GLAND	\$133.05	\$298.80
68420		INCISION DRAINAGE LACRIMAL SAC	\$170.29	\$336.40
68440		SNIP INCISION LACRIMAL PUNCTUM	\$100.59	\$104.93
68500		EXCISION LACRIMAL GLAND XCPT TUMOR	\$1028.94	\$1028.94
68505		EXCISION LACRIMAL GLAND XCPT TUMOR	\$1024.29	\$1024.29
68510		BIOPSY LACRIMAL GLAND	\$295.86	\$463.78
68520		EXCISION LACRIMAL SAC	\$720.49	\$720.49
68525		BIOPSY LACRIMAL SAC	\$267.43	\$267.43
68530		RMVL FB/DACRYOLITH LACRIMAL PASSAG	\$259.13	\$441.49
68540		EXC LACRIMAL GLAND TUMOR FRONTAL	\$968.95	\$968.95
68550		EXC LACRIMAL GLAND TUMOR W/OSTEOT	\$1196.33	\$1196.33
68700		PLASTIC REPAIR CANALICULI	\$612.27	\$612.27
68705		CORRECTION EVERTED PUNCTUM CAUTEI	\$167.89	\$258.52
68720		DACRYOCSTORHINOSTOMY	\$793.90	\$793.90
68745		CONJUNCTIVORHINOSTOMY W/O TUBE	\$796.82	\$796.82
68750		CONJUNCTIVORHINOSTOMY INSJ TUBE/ST	\$831.38	\$831.38
68760		CLSR LACRIMAL PUNCTUM THERMOCAUT	\$147.48	\$218.26
68761		CLSR LACRIMAL PUNCTUM PLUG EACH	\$119.15	\$150.92
68770		CLOSURE LACRIMAL FISTULA SPX	\$636.97	\$636.97
68801		DILATION LACRIMAL PUNCTUM W/WO IRE	\$78.29	\$93.45
68810		PROBE NASOLACRIMAL DUCT W/WC	\$129.19	\$162.05
68811		PROBE NASOLACRIMAL DUCT W/WC	\$137.02	\$137.02
68815		PROBE NASOLACRIMAL DUCT W/WC	\$225.00	\$397.24
68816		PROBE NASOLACRIMAL DUCT WITH	\$159.59	\$802.72
68840		PROBE LACRIMAL CANALICULI W/WO IRR	\$117.39	\$132.93
68850		INJECTION CONTRAST MEDIUM DACRYOC	\$57.00	\$64.58
69000		DRAINAGE EXTERNAL EAR ABSCESS/HEM	\$124.53	\$192.05
69005		DRAINAGE EXTERNAL EAR ABSCESS/HEM	\$161.38	\$222.04
69020		DRAINAGE EXTERNAL AUDITORY CANAL	\$144.01	\$235.73
69100		BIOPSY EXTERNAL EAR	\$49.05	\$100.32
69105		BIOPSY EXTERNAL AUDITORY CANAL	\$63.84	\$144.00
69110		EXCISION EXTERNAL EAR PARTIAL SIMPL	\$333.27	\$473.38

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
69120		EXCISION EXTERNAL EAR COMPLETE AMF	\$400.84	\$400.84
69140		EXCISION EXOSTOSIS EXTERNAL AUDITOI	\$893.83	\$893.83
69145		EXCISION SOFT TIS LESION EXTERNAL AU	\$256.43	\$408.09
69150		RAD EXC XTRNL AUDITORY CANAL LES W	\$1049.15	\$1049.15
69155		RAD EXC XTRNL AUDITORY CANAL LES N	\$1,672.39	\$1,672.39
69200		RMVL FB XTRNL AUDITORY CANAL W/O A	\$48.35	\$83.02
69205		RMVL FB XTRNL AUDITORY CANAL ANES	\$99.39	\$99.39
69209		REMOVAL IMPACTED CERUMEN IRRIGATI	\$14.45	\$14.45
69210		REMOVAL IMPACTED CERUMEN INSTRUM	\$34.35	\$48.79
69220		DEBRIDEMENT MASTOIDECTOMY CAVITY	\$52.29	\$80.82
69222		DEBRIDEMENT MASTOIDECTOMY CAVITY	\$136.83	\$216.63
69300		OTOPLASTY PROTRUDING EAR W/WO SIZE	\$470.77	\$634.00
69310		RECONSTRUCTION EXTERNAL AUDITORY	\$1,113.36	\$1,113.36
69320		RCNSTJ XTRNL AUD CANAL CONGENITAL	\$1,560.78	\$1,560.78
69420		MYRINGOTOMY ASPIR&/EUSTACHIAN TUI	\$121.70	\$191.03
69421		MYRINGOTOMY ASPIR&/EUSTACHIAN TUI	\$151.10	\$151.10
69424		VENTILATING TUBE RMVL REQUIRING GE	\$62.02	\$130.28
69433		TYMPANOSTOMY LOCAL/TOPICAL ANESTI	\$133.52	\$202.13
69436		TYMPANOSTOMY GENERAL ANESTHESIA	\$160.73	\$160.73
69440		MIDDLE EAR EXPL THRU POSTAUR/EAR C/	\$700.50	\$700.50
69501		TRANSMASTOID ANTROTOMY	\$731.49	\$731.49
69502		MASTOIDECTOMY COMPLETE	\$972.41	\$972.41
69505		MASTOIDECTOMY MODIFIED RADICAL	\$1,228.84	\$1,228.84
69511		MASTOIDECTOMY RADICAL	\$1,258.90	\$1,258.90
69530		PETROUS APICECTOMY RADICAL MASTOI	\$1,687.31	\$1,687.31
69535		RESCJ TEMPORAL BONE EXTERNAL APPRC	\$2,705.05	\$2,705.05
69540		EXCISION AURAL POLYP	\$128.63	\$209.88
69550		EXCISION AURAL GLOMUS TUMOR TRANS	\$1,061.98	\$1,061.98
69552		EXCISION AURAL GLOMUS TUMOR TRANS	\$1,601.65	\$1,601.65
69554		EXCISION AURAL GLOMUS TUMOR EXTEN	\$2,566.41	\$2,566.41
69601		REVJ MASTOIDECTOMY RSLTG COMPL MA	\$1,047.79	\$1,047.79
69602		REVJ MASTOIDECTOMY RSLTG MODF RAE	\$1108.29	\$1108.29
69603		REVJ MASTOIDECTOMY RSLTG RAD MAST	\$1286.45	\$1286.45
69604		REVJ MASTOIDECTOMY RSLTG TYMPANO	\$1,132.62	\$1,132.62
69605		REVJ MASTOIDECTOMY W/APICECTOMY	\$1592.13	\$1592.13
69610		TYMPANIC MEMB RPR W/WO PREPJ PERFO	\$295.23	\$385.87
69620		MYRINGOPLASTY	\$498.79	\$720.88
69631		TYMPANOPLASTY W/O MASTOIDECT W/O	\$900.78	\$900.78
69632		TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/O	\$1097.15	\$1097.15
69633		TYMPANOPLASTY W/O MASTOIDECT 1ST/RI	\$1063.18	\$1063.18
69635		TYMPP ANTRT/MASTOID W/O OSSICULAR	\$1,260.09	\$1,260.09
69636		TYMPP ANTRT/MASTOID W/OSSICULAR CH	\$1,409.30	\$1,409.30
69637		TMPP ANTRT/MASTOIDOTOMY PROSTHESI	\$1,402.86	\$1,402.86
69641		TMPP MASTOIDECTOMY W/O OSSICULAR	\$1,060.35	\$1,060.35
69642		TMPP MASTOIDECTOMY W/OSSICULAR CH	\$1,362.23	\$1,362.23
69643		TMPP MASTOIDECT NTC/RCNSTED WALL N	\$1,244.55	\$1,244.55
69644		TMPP MASTOIDECT NTC/RCNSTED CANAL	\$1,508.75	\$1,508.75
69645		TYMPANOPLASTY MASTOIDECTOMY RAD	\$1,484.83	\$1,484.83
69646		TYMPANOPLASTY MASTOIDECTOMY RAD	\$1573.52	\$1573.52
69650		STAPES MOBILIZATION	\$816.77	\$816.77

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
69660		STAPEDECTOMY/STAPEDOTOMY	\$942.36	\$942.36
69662		REVISION STAPEDECTOMY/STAPEDOTOMY	\$1173.41	\$1173.41
69666		REPAIR OVAL WINDOW FISTULA	\$823.58	\$823.58
69667		REPAIR ROUND WINDOW FISTULA	\$822.86	\$822.86
69670		MASTOID OBLITERATION SEPARATE PROC	\$963.10	\$963.10
69676		TYMPANIC NEURECTOMY	\$845.72	\$845.72
69700		CLOSURE POSTAURICULAR FISTULA MASTOID	\$685.35	\$685.35
69711		RMVL/RPR EMGNT BONE CONDY DEV TEMPORAL	\$861.84	\$861.84
69714		IMPLTJ OSSEOINTEGRATED TEMPORAL BONE	\$1,080.13	\$1,080.13
69715		IMPLJ OSSEOINTEGRATED TEMPORAL BONE	\$1336.33	\$1336.33

APPENDIX O

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Procedure Services

Subcategory: Non-Surgical Procedures Paid in RBRVS

Dashboard Number 4.2

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for non-surgical procedures. Rates are updated by Medicare every Jan 1. Medicare uses a methodology called the Resource Based Relative Value System (RBRVS). The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
90785		PSYCHOTHERAPY COMPLEX INTERACTIVE	\$13.91	\$15.36
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	\$126.24	\$143.94
90792		PSYCHIATRIC DIAGNOSTIC EVAL W/MEDIC	\$141.28	\$159.34
90832		PSYCHOTHERAPY W/PATIENT 30 MINUTES	\$63.12	\$70.34
90833		PSYCHOTHERAPY W/PATIENT W/E&M SRV	\$65.65	\$72.15
90834		PSYCHOTHERAPY W/PATIENT 45 MINUTES	\$84.16	\$93.55
90836		PSYCHOTHERAPY W/PATIENT W/E&M SRV	\$83.13	\$91.44
90837		PSYCHOTHERAPY W/PATIENT 60 MINUTES	\$125.89	\$139.97
90838		PSYCHOTHERAPY W/PATIENT W/E&M SRV	\$109.18	\$120.01
90839		PSYCHOTHERAPY FOR CRISIS INITIAL 60 M	\$131.59	\$146.04
90840		PSYCHOTHERAPY FOR CRISIS EACH ADDL	\$63.12	\$69.98
90845		PSYCHOANALYSIS	\$90.25	\$99.28
90846		FAMILY PSYCHOTHERAPY W/O PATIENT PI	\$101.65	\$102.37
90847		FAMILY PSYCHOTHERAPY W/PATIENT PRE	\$105.57	\$105.93
90849		MULTIPLE FAMILY GROUP PSYCHOTHERA	\$29.30	\$36.52
90853		GROUP PSYCHOTHERAPY	\$24.97	\$27.85
90870		ELECTROCONVULSIVE THERAPY	\$110.99	\$178.87
90885		PSYCHIATRIC EVAL HOSPITAL RECORDS E	\$51.13	\$51.13
90887		INTERPJ/EXPLNAJ RESULTS PSYCHIATRIC	\$77.22	\$89.50
90912		BFB TRAIING W/EMG &/MANOMETRY 1ST 1	\$45.02	\$81.50
90913		BFB TRAIING W/EMG&/MANOMETRY EA AI	\$25.01	\$32.96
90935		HEMODIALYSIS PROCEDURE W/ PHYS/QHP	\$74.33	\$74.33
90937		HEMODIALYSIS PX REPEAT EVAL W/WO RI	\$106.13	\$106.13
90945		DIALYSIS OTHER/THAN HEMODIALYSIS 1 I	\$87.29	\$87.29
90947		DIALYSIS OTH/THN HEMODIALY REPEAT F	\$126.51	\$126.51
90951		ESRD RELATED SVC MONTHLY & <=	\$950.83	\$950.83
90954		ESRD RELATED SVC MONTHLY 2-11	\$824.66	\$824.66
90955		ESRD RELATED SVC MONTHLY 2-11	\$464.81	\$464.81
90956		ESRD RELATED SVC MONTHLY 2-11	\$323.67	\$323.67
90957		ESRD RELATED SVC MONTHLY 12-1	\$654.24	\$654.24
90958		ESRD RELATED SVC MONTHLY 12-1	\$444.47	\$444.47
90959		ESRD RELATED SVC MONTHLY 12-1	\$300.79	\$300.79
90960		ESRD RELATED SVC MONTHLY 20&	\$288.69	\$288.69
90961		ESRD RELATED SVC MONTHLY 20/>	\$242.59	\$242.59
90962		ESRD RELATED SVC MONTHLY 20&	\$187.20	\$187.20

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
90963		ESRD SVC HOME DIALYSIS FULL MONTH <	\$552.71	\$552.71
90964		ESRD SVC HOME DIALYSIS FULL MONTH 2	\$483.40	\$483.40
90965		ESRD SVC HOME DIALYSIS FULL MONTH 1	\$461.97	\$461.97
90966		ESRD SVC HOME DIALYSIS FULL MONTH 2	\$242.23	\$242.23
90967		ESRD RELATED SVC <FULL MONTH <2 YR (\$18.23	\$18.23
90968		ESRD RELATED SVC <FULL MONTH 2-11 YF	\$16.09	\$16.09
90969		ESRD RELATED SVC <FULL MONTH 12-19 Y	\$15.38	\$15.38
90970		ESRD RELATED SVC <FULL MONTH 20/>YR	\$8.23	\$8.23
90997		HEMOPERFUSION	\$91.47	\$91.47
91010	26	ESOPHAGEAL MOTILITY STUDY W/INTERP	\$67.57	\$67.57
91010	TC	ESOPHAGEAL MOTILITY STUDY W/INTERP&RPT	\$137.58	\$137.58
91010		ESOPHAGEAL MOTILITY STUDY W/INTERP	\$205.15	\$205.15
91013	26	ESOPHAGEAL MOTILITY STD W/I&R STIM/I	\$9.65	\$9.65
91013	TC	ESOPHAGEAL MOTILITY STD W/I&R STIM/PERFU	\$16.61	\$16.61
91013		ESOPHAGEAL MOTILITY STD W/I&R STIM/I	\$26.26	\$26.26
91020	26	GASTRIC MOTILITY MANOMETRIC STUDIE	\$75.79	\$75.79
91020	TC	GASTRIC MOTILITY MANOMETRIC STUDIES	\$188.86	\$188.86
91020		GASTRIC MOTILITY MANOMETRIC STUDIE	\$264.65	\$264.65
91022	26	DUODENAL MOTILITY MANOMETRIC STUI	\$75.79	\$75.79
91022	TC	DUODENAL MOTILITY MANOMETRIC STUDY	\$95.70	\$95.70
91022		DUODENAL MOTILITY MANOMETRIC STUI	\$171.49	\$171.49
91030	26	ESOPHAGUS ACID PERFUSION TEST ESOPH	\$47.91	\$47.91
91030	TC	ESOPHAGUS ACID PERFUSION TEST ESOPHAGITI	\$93.88	\$93.88
91030		ESOPHAGUS ACID PERFUSION TEST ESOPH	\$141.80	\$141.80
91034	26	GASTROESOPHAG REFLX TEST W/CATH PH	\$51.49	\$51.49
91034	TC	GASTROESOPHAG REFLX TEST W/CATH PH ELTRD	\$143.36	\$143.36
91034		GASTROESOPHAG REFLX TEST W/CATH PH	\$194.84	\$194.84
91035	26	GASTROESOPHAG REFLX TEST W/TELE	\$84.75	\$84.75
91035	TC	GASTROESOPHAG REFLX TEST W/TELE	\$409.49	\$409.49
91035		GASTROESOPHAG REFLX TEST W/TELE	\$494.24	\$494.24
91037	26	GASTROESOPHAG REFLX TEST W/INTRLUM	\$51.13	\$51.13
91037	TC	GASTROESOPHAG REFLX TEST W/INTRLUM	\$118.44	\$118.44
91037		GASTROESOPHAG REFLX TEST W/INTR	\$169.57	\$169.57
91038	26	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRI	\$57.92	\$57.92
91038	TC	ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRI	\$391.08	\$391.08
91038		ESOPHGL FUNCJ G-ESOP RFLX IMPD ELTRI	\$449.00	\$449.00
91040	26	ESOPHGL BALO DISTENSION DX STD W/PR	\$52.21	\$52.21
91040	TC	ESOPHGL BALO DISTENSION DX STD W/PR	\$467.27	\$467.27
91040		ESOPHGL BALO DISTENSION DX STD W/PR	\$519.49	\$519.49
91065	26	BREATH HYDROGEN/METHANE TEST	\$10.37	\$10.37
91065	TC	BREATH HYDROGEN/METHANE TEST	\$71.14	\$71.14
91065		BREATH HYDROGEN/METHANE TEST	\$81.51	\$81.51
91110	26	GI IMAG INTRALUMINAL ESOPHAGUS-ILEI	\$130.85	\$130.85
91110	TC	GI IMAG INTRALUMINAL ESOPHAGUS-ILEI	\$747.85	\$747.85
91110		GI IMAG INTRALUMINAL ESOPHAGUS-ILEI	\$878.70	\$878.70
91111	26	GASTROINTESTINAL TRACT IMAGING ESO	\$52.92	\$52.92
91111	TC	GASTROINTESTINAL TRACT IMAGING ESO	\$786.49	\$786.49
91111		GASTROINTESTINAL TRACT IMAGING ESO	\$839.41	\$839.41

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
91112	26	GI TRANSIT & PRES MEAS WIRELESS CAPS	\$110.48	\$110.48
91112	TC	GI TRANSIT & PRES MEAS WIRELESS CAPS	\$1,368.59	\$1,368.59
91112		GI TRANSIT & PRES MEAS WIRELESS CAPS	\$1479.07	\$1479.07
91117		COLON MOTILITY STDY MIN 6 HR CONT RE	\$140.27	\$140.27
91120	26	RECTAL SESATION TONE & COMPLIANCE 7	\$50.40	\$50.40
91120	TC	RECTAL SESATION TONE & COMPLIANCE 7	\$447.05	\$447.05
91120		RECTAL SESATION TONE & COMPLIANCE 7	\$497.46	\$497.46
91122	26	ANORECTAL MANOMETRY	\$91.15	\$91.15
91122	TC	ANORECTAL MANOMETRY	\$165.38	\$165.38
91122		ANORECTAL MANOMETRY	\$256.53	\$256.53
91132	26	ELECTROGASTROGRAPHY DX TRANSCUT/	\$27.53	\$27.53
91132	TC	ELECTROGASTROGRAPHY DX TRANSCUT/	\$302.97	\$302.97
91132		ELECTROGASTROGRAPHY DX TRANSCUT/	\$330.50	\$330.50
91133	26	ELECTROGASTROGRAPHY DX TRANSCUT`	\$34.68	\$34.68
91133	TC	ELECTROGASTROGRAPHY DX TRANSCUT`	\$319.58	\$319.58
91133		ELECTROGASTROGRAPHY DX TRANSCUT`	\$354.26	\$354.26
91200	26	LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$14.30	\$14.30
91200	TC	LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$23.47	\$23.47
91200		LIVER ELASTOGRAPHY W/O IMAG W/I&R	\$37.78	\$37.78
92002		OPHTH MEDICAL XM&EVAL INTERMEDIA7	\$47.92	\$85.11
92004		OPHTH MEDICAL XM&EVAL COMPRE NEW	\$99.07	\$151.78
92012		OPHTH MEDICAL XM&EVAL INTERMEDIA7	\$52.60	\$89.43
92014		OPHTH MEDICAL XM&EVAL COMPRHNSV	\$79.77	\$127.44
92015		DETERMINATION REFRACTIVE STATE	\$20.02	\$20.38
92018		OPHTH XM&EVAL ANES W/WO MANJ GLOI	\$145.29	\$145.29
92019		OPHTH XM&EVAL ANES W/WO MANJ GLOI	\$74.06	\$74.06
92020		GONIOSCOPY SEPARATE PROCEDURE	\$21.11	\$27.97
92025	TC	COMPUTERIZED CORNEAL TOPOGRAPHY U	\$17.34	\$17.34
92025	26	COMPUTERIZED CORNEAL TOPOGRAPHY U	\$20.04	\$20.04
92025		COMPUTERIZED CORNEAL TOPOGRAPHY U	\$37.37	\$37.37
92060	TC	SENSORMOTOR XM W/MLT MEAS OCULAR	\$26.00	\$26.00
92060	26	SENSORMOTOR XM W/MLT MEAS OCULAR	\$38.27	\$38.27
92060		SENSORMOTOR XM W/MLT MEAS OCULAR	\$64.27	\$64.27
92065	26	ORTHOPTIC &/PLEOPTIC TRAINING W/MED	\$18.22	\$18.22
92065	TC	ORTHOPTIC &/PLEOPTIC TRAINING W/MED	\$35.39	\$35.39
92065		ORTHOPTIC &/PLEOPTIC TRAINING W/MED	\$53.61	\$53.61
92081	26	VISUAL FIELD XM UNI/BI W/INTERPRETJ LJ	\$16.45	\$16.45
92081	TC	VISUAL FIELD XM UNI/BI W/INTERPRETJ LJ	\$17.70	\$17.70
92081		VISUAL FIELD XM UNI/BI W/INTERPRETJ LJ	\$34.14	\$34.14
92082	26	VISUAL FIELD XM UNI/BI W/INTERP	\$21.81	\$21.81
92082	TC	VISUAL FIELD XM UNI/BI W/INTERP	\$26.36	\$26.36
92082		VISUAL FIELD XM UNI/BI W/INTERP	\$48.18	\$48.18
92083	26	VISUAL FIELD XM UNI/BI W/INTERP	\$27.90	\$27.90
92083	TC	VISUAL FIELD XM UNI/BI W/INTERP	\$36.11	\$36.11
92083		VISUAL FIELD XM UNI/BI W/INTERP	\$64.01	\$64.01
92100		SERIAL TONOMETRY SPX W/MLT MEAS IN	\$33.62	\$83.82
92132	TC	CMPTR OPHTHALMIC DX IMG ANT SEGMT	\$15.17	\$15.17
92132	26	CMPTR OPHTHALMIC DX IMG ANT SEGMT	\$16.82	\$16.82

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
92132		CMPTR OPHTHALMIC DX IMG ANT SEGMENT	\$31.98	\$31.98
92133	TC	COMPUTERIZED OPHTHALMIC IMAGING O	\$15.17	\$15.17
92133	26	COMPUTERIZED OPHTHALMIC IMAGING O	\$22.54	\$22.54
92133		COMPUTERIZED OPHTHALMIC IMAGING O	\$37.70	\$37.70
92134	TC	COMPUTERIZED OPHTHALMIC IMAGING R	\$15.53	\$15.53
92134	26	COMPUTERIZED OPHTHALMIC IMAGING R	\$25.76	\$25.76
92134		COMPUTERIZED OPHTHALMIC IMAGING R	\$41.29	\$41.29
92136	26	OPH BMTRY PRTL COHER INTRFRMTRY IO	\$31.49	\$31.49
92136	TC	OPH BMTRY PRTL COHER INTRFRMTRY IO	\$31.78	\$31.78
92136		OPH BMTRY PRTL COHER INTRFRMTRY IO	\$63.27	\$63.27
92145	TC	CORNEA HYSTERESIS DETERMIN IMPULSE	\$7.22	\$7.22
92145	26	CORNEA HYSTERESIS DETERMIN IMPULSE	\$7.89	\$7.89
92145		CORNEA HYSTERESIS DETERMIN IMPULSE	\$15.11	\$15.11
92201		OPSCPY EXTND RTA DRAWING & SCL DEPI	\$23.27	\$25.43
92202		OPSCPY EXTND OPTIC NRV/MACULA DRAV	\$15.03	\$16.11
92227		REMOTE IMG DX RETINL DIS W/ALYS & RE	\$13.72	\$13.72
92228	TC	REMOTE IMAGING MGT RETINAL DISEASE	\$13.36	\$13.36
92228	26	REMOTE IMAGING MGT RETINAL DISEASE	\$21.11	\$21.11
92228		REMOTE IMAGING MGT RETINAL DISEASE	\$34.47	\$34.47
92230		FLUORESCEIN ANGIOSCOPY INTERPRETATI	\$33.99	\$78.40
92235	26	FLUORESCEIN ANGRPH W/MULTIFRAME I&	\$43.66	\$43.66
92235	TC	FLUORESCEIN ANGRPH W/MULTIFRAME I&	\$61.75	\$61.75
92235		FLUORESCEIN ANGRPH W/MULTIFRAME I&	\$105.41	\$105.41
92240	26	INDOCYANINE-GREEN ANGRPH W/MULTIF	\$47.97	\$47.97
92240	TC	INDOCYANINE-GREEN ANGRPH W/MULTIF	\$157.08	\$157.08
92240		INDOCYANINE-GREEN ANGRPH W/MULTIF	\$205.05	\$205.05
92242	26	FLUORESCEIN ICG ANGRPH W/MULTIFRAM	\$55.11	\$55.11
92242	TC	FLUORESCEIN ICG ANGRPH W/MULTIFRAM	\$186.69	\$186.69
92242		FLUORESCEIN ICG ANGRPH W/MULTIFRAM	\$241.80	\$241.80
92250	26	FUNDUS PHOTOGRAPHY W/INTERPRETATI	\$21.81	\$21.81
92250	TC	FUNDUS PHOTOGRAPHY W/INTERPRETATI	\$23.83	\$23.83
92250		FUNDUS PHOTOGRAPHY W/INTERPRETATI	\$45.65	\$45.65
92260		OPHTHALMODYNAMOMETRY	\$11.09	\$19.76
92265	TC	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BC	\$40.81	\$40.81
92265	26	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BC	\$47.24	\$47.24
92265		NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BC	\$88.04	\$88.04
92270	26	ELECTRO-OCULOGRAPY W/INTERPRETATI	\$43.27	\$43.27
92270	TC	ELECTRO-OCULOGRAPY W/INTERPRETATI	\$54.89	\$54.89
92270		ELECTRO-OCULOGRAPY W/INTERPRETATI	\$98.16	\$98.16
92273	26	FULL FIELD ELECTRORETINOGRAPHY W/I&	\$37.55	\$37.55
92273	TC	FULL FIELD ELECTRORETINOGRAPHY W/I&	\$94.97	\$94.97
92273		FULL FIELD ELECTRORETINOGRAPHY W/I&	\$132.53	\$132.53
92274	26	MULTIFOCAL ELECTRORETINOGRAPHY W	\$33.26	\$33.26
92274	TC	MULTIFOCAL ELECTRORETINOGRAPHY W	\$56.33	\$56.33
92274		MULTIFOCAL ELECTRORETINOGRAPHY W	\$89.59	\$89.59
92283	26	COLOR VISION XM EXTENDED ANOMALOS	\$9.30	\$9.30
92283	TC	COLOR VISION XM EXTENDED ANOMALOS	\$44.41	\$44.41
92283		COLOR VISION XM EXTENDED ANOMALOS	\$53.71	\$53.71
92284	26	DARK ADAPTATION XM W/INTERPRETATIC	\$12.88	\$12.88
92284	TC	DARK ADAPTATION XM W/INTERPRETATIC	\$47.67	\$47.67

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
92284		DARK ADAPTATION XM W/INTERPRETATIC	\$60.54	\$60.54
92285	26	XTRNL OCULAR PHOTOG W/I&R DOCMT M	\$3.22	\$3.22
92285	TC	XTRNL OCULAR PHOTOG W/I&R DOCMT M	\$19.14	\$19.14
92285		XTRNL OCULAR PHOTOG W/I&R DOCMT M	\$22.36	\$22.36
92286	TC	ANT SGM IMAGING W/MICROSCOPY ENDO	\$16.97	\$16.97
92286	26	ANT SGM IMAGING W/MICROSCOPY ENDO	\$22.54	\$22.54
92286		ANT SGM IMAGING W/MICROSCOPY ENDO	\$39.51	\$39.51
92287	26	ANT SGM IMAGING W/FLUOROSCEIN ANGI	\$47.24	\$47.24
92287	TC	ANT SGM IMAGING W/FLUOROSCEIN ANGI	\$109.05	\$109.05
92287		ANT SGM IMAGING W/FLUOROSCEIN ANGI	\$156.29	\$156.29
92502		OTOLARYNGOLOGIC EXAM UNDER GENE	\$96.34	\$96.34
92504		BINOCULAR MICROSCOPY SEPARATE DX F	\$9.65	\$29.52
92507		TX SPEECH LANG VOICE COMMJ &/AUDITC	\$80.57	\$80.57
92508		TX SPEECH LANGUAGE VOICE COMMJ AUI	\$24.38	\$24.38
92511		NASOPHARYNGOSCOPY W/ENDOSCOPE SP	\$38.68	\$114.51
92512		NASAL FUNCTION STUDIES	\$28.96	\$60.74
92516		FACIAL NERVE FUNCTION STUDIES	\$23.25	\$69.83
92520		LARYNGEAL FUNCTION STUDIES	\$41.86	\$81.94
92521		EVALUATION OF SPEECH FLUENCY (STUT	\$114.99	\$114.99
92522		EVALUATION OF SPEECH SOUND PRODUC	\$93.82	\$93.82
92523		EVAL SPEECH SOUND PRODUCT LANGUAC	\$197.03	\$197.03
92524		BEHAVIORAL & QUALIT ANALYSIS VOICE	\$91.65	\$91.65
92526		TX SWALLOWING DYSFUNCTION&/ORAL F	\$88.85	\$88.85
92537	TC	CALORIC VESTIBULAR TEST W/REC BI BITI	\$10.11	\$10.11
92537	26	CALORIC VESTIBULAR TEST W/REC BI BITI	\$32.18	\$32.18
92537		CALORIC VESTIBULAR TEST W/REC BI BITI	\$42.30	\$42.30
92538	TC	CALORIC VESTIBULAR TEST W/REC BI MOI	\$6.50	\$6.50
92538	26	CALORIC VESTIBULAR TEST W/REC BI MOI	\$16.45	\$16.45
92538		CALORIC VESTIBULAR TEST W/REC BI MOI	\$22.95	\$22.95
92540	TC	VSTBLR FUNCJ NYSTAG FOVL&PERPH STII	\$28.17	\$28.17
92540	26	VSTBLR FUNCJ NYSTAG FOVL&PERPH STII	\$80.82	\$80.82
92540		VSTBLR FUNCJ NYSTAG FOVL&PERPH STII	\$108.99	\$108.99
92541	TC	SPONTANEOUS NYSTAGMUS TEST	\$4.33	\$4.33
92541	26	SPONTANEOUS NYSTAGMUS TEST	\$21.45	\$21.45
92541		SPONTANEOUS NYSTAGMUS TEST	\$25.79	\$25.79
92542	TC	POSITIONAL NYSTAGMUS TEST	\$4.33	\$4.33
92542	26	POSITIONAL NYSTAGMUS TEST	\$25.74	\$25.74
92542		POSITIONAL NYSTAGMUS TEST	\$30.08	\$30.08
92544	TC	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIF	\$3.25	\$3.25
92544	26	OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIF	\$14.66	\$14.66
92544		OPTKINETIC NYSTAG BIDIR/FOVEAL/PERIF	\$17.91	\$17.91
92545	TC	OSCILLATING TRACKING TEST W/RECORD	\$3.25	\$3.25
92545	26	OSCILLATING TRACKING TEST W/RECORD	\$13.59	\$13.59
92545		OSCILLATING TRACKING TEST W/RECORD	\$16.84	\$16.84
92546	26	SINUSOIDAL VERTICAL AXIS ROTATIONAL	\$15.38	\$15.38
92546	TC	SINUSOIDAL VERTICAL AXIS ROTATIONAL	\$98.23	\$98.23
92546		SINUSOIDAL VERTICAL AXIS ROTATIONAL	\$113.59	\$113.59
92547		USE VERTICAL ELECTRODES	\$8.66	\$8.66
92548	TC	CDP-SOT 6 CONDITIONS W/INTERPRETATIC	\$15.17	\$15.17
92548	26	CDP-SOT 6 CONDITIONS W/INTERPRETATIC	\$35.40	\$35.40

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
92548		CDP-SOT 6 CONDITIONS W/INTERPRETATIC	\$50.56	\$50.56
92549	TC	CDP-SOT 6 CONDITIONS W/I&R W/MCT & A	\$18.78	\$18.78
92549	26	CDP-SOT 6 CONDITIONS W/I&R W/MCT & A	\$45.77	\$45.77
92549		CDP-SOT 6 CONDITIONS W/I&R W/MCT & A	\$64.54	\$64.54
92550		TYMPANOMETRY AND REFLEX THRESHOL	\$22.57	\$22.57
92551		SCREENING TEST PURE TONE AIR ONLY	\$11.92	\$11.92
92552		PURE TONE AUDIOMETRY AIR ONLY	\$32.13	\$32.13
92553		PURE TONE AUDIOMETRY AIR & BONE	\$39.00	\$39.00
92555		SPEECH AUDIOMETRY THRESHOLD	\$24.20	\$24.20
92556		SPEECH AUDIOMETRY THRESHOLD SPEEC	\$38.64	\$38.64
92557		COMPRE AUDIOMETRY THRESHOLD EVAL	\$33.27	\$38.68
92561		BEKESY AUDIOMETRY DIAGNOSTIC	\$39.72	\$39.72
92562		LOUDNESS BALANCE BINAURAL/MONAU	\$45.14	\$45.14
92563		tone DECAY TEST	\$31.06	\$31.06
92564		SHORT INCREMENT SENSITIVITY INDEX	\$24.20	\$24.20
92565		STENGER TEST PURE TONE	\$15.89	\$15.89
92567		TYMPANOMETRY	\$11.09	\$16.14
92568		ACOUSTIC REFLEX THRESHOLD	\$15.74	\$16.10
92570		ACOUSTIC IMMIT TEST TYMPANOM/ACOU	\$30.40	\$33.65
92571		FILTERED SPEECH TEST	\$27.44	\$27.44
92572		STAGGERED SPONDAIC WORD	\$35.39	\$35.39
92575		SENSORINEURAL ACUITY LEVEL	\$66.44	\$66.44
92576		SYNTHETIC SENTENCE IDENTIFICATION TI	\$36.84	\$36.84
92577		STENGER TEST SPEECH	\$14.08	\$14.08
92579		VISUAL REINFORCEMENT AUDIOMETRY	\$38.99	\$47.29
92582		CONDITIONING PLAY AUDIOMETRY	\$74.75	\$74.75
92583		SELECT PICTURE AUDIOMETRY	\$49.11	\$49.11
92584		ELECTROCOCHLEOGRAPHY	\$75.11	\$75.11
92585	26	AUDITORY EVOKED POTENTIALS COMPRE	\$27.18	\$27.18
92585	TC	AUDITORY EVOKED POTENTIALS COMPRE	\$110.50	\$110.50
92585		AUDITORY EVOKED POTENTIALS COMPRE	\$137.68	\$137.68
92586		AUDITORY EVOKED POTENTIALS LIMITED	\$96.78	\$96.78
92587	TC	DISTORT PRODUCT EVOKED OTOACOUSTI	\$3.62	\$3.62
92587	26	DISTORT PRODUCT EVOKED OTOACOUSTI	\$18.95	\$18.95
92587		DISTORT PRODUCT EVOKED OTOACOUSTI	\$22.57	\$22.57
92588	TC	DISTR T PROD EVOKD OTOACOUSTIC EMSN	\$4.69	\$4.69
92588	26	DISTR T PROD EVOKD OTOACOUSTIC EMSN	\$29.68	\$29.68
92588		DISTR T PROD EVOKD OTOACOUSTIC EMSN	\$34.38	\$34.38
92601		ANALYSIS COCHLEAR IMPLT PT <7 YR PRC	\$128.42	\$169.59
92602		ANALYSIS COCHLEAR IMPLT PT <7 YR SBS	\$72.62	\$106.20
92603		ANALYSIS COCHLEAR IMPLT 7 YR/> PRGRM	\$124.48	\$158.06
92604		ANALYSIS COCHLEAR IMPLT 7 YR/> SBSQ I	\$69.39	\$94.67
92605		EVAL RX N-SP-GEN AUGMT ALT COMMUN	\$91.16	\$96.58
92606		THER SVC N-SP-GENRATJ DEV PRGRMG&M	\$73.29	\$85.57
92607		RX SP-GENRATJ AUGMNT&COMUNICAJ DE	\$131.19	\$131.19
92608		RX SP-GENRATJ AUGMNT&COMUNICAJ DE	\$52.71	\$52.71
92609		THER SP-GENRATJ DEV PRGRMG&MODIFIC	\$110.43	\$110.43
92610		EVAL ORAL&PHARYNGEAL SWLNG FUNCJ	\$74.06	\$88.50
92611		MOTION FLUOR EVAL SWLNG FUNCJ C/V R	\$93.90	\$93.90
92612		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C	\$69.75	\$204.08

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
92613		FLEXIBLE ENDOSCOPIC EVAL SWALLOW C	\$38.62	\$38.62
92614		FLEXIBLE ENDOSCOPIC EVAL LARYN SEN	\$68.31	\$151.72
92615		FLEXIBLE ENDOSCOPIC EVAL LARYN SEN	\$33.98	\$33.98
92616		FLEXIBLE NDSC EVAL SWLNG&LARYN SEI	\$101.93	\$220.73
92617		FLEXIBLE NDSC EVAL SWLNG&LARYN SEI	\$42.20	\$42.20
92618		EVAL RX N-SP-GEN AUGMT ALT COMMUN	\$33.97	\$34.33
92640		ANALYSIS W/PRGRMG AUD BRAINSTEM IM	\$98.01	\$116.07
92920		PRQ TRLUML CORONARY ANGIOPLASTY C	\$551.39	\$551.39
92924		PRQ TRLUML CORONARY ANGIO/ATHEREC	\$657.31	\$657.31
92928		PRQ TRLUML CORONARY STENT W/ANGIO	\$613.29	\$613.29
92933		PRQ TRLUML CORONRY STENT/ATH/ANGIO	\$688.44	\$688.44
92937		PRQ TRLUML CORONARY BYP GRFT REVA	\$612.58	\$612.58
92941		PRQ TRLUML CORONRY TOT OCCLUS REV.	\$689.51	\$689.51
92943		PRQ TRLUML CORONRY CHRONIC OCCLUS	\$689.51	\$689.51
92950		CARDIOPULMONARY RESUSCITATION	\$191.46	\$328.68
92960		CARDIOVERSION ELECTIVE ARRHYTHMIA	\$111.61	\$161.81
92970		CARDIOASSIST-METH CIRCULATORY ASSI	\$196.44	\$196.44
92971		CARDIOASSIST-METH CIRCULATORY ASSI	\$104.17	\$104.17
92973		PRQ TRANSLUMINAL CORONARY MECHAN	\$183.20	\$183.20
92974		TCAT PLACEMENT RADJ DLVR DEV SBSQ C	\$167.45	\$167.45
92975		THROMBOLYSIS INTRACORONARY NFS SL	\$391.09	\$391.09
92977		THROMBOLYSIS CORONARY INTRAVENOL	\$54.54	\$54.54
92978	26	ENDOLUMINAL CORONARY IVUS OCT I&R	\$98.01	\$98.01
92979	26	ENDOLUMINAL CORONARY IVUS OCT I&R ADDL V	\$79.06	\$79.06
92986		PRQ BALLOON VALVULOPLASTY AORTIC	\$1,367.06	\$1,367.06
92987		PRQ BALLOON VALVULOPLASTY MITRAL	\$1,409.99	\$1,409.99
92990		PRQ BALLOON VALVULOPLASTY PULMON	\$1,126.64	\$1,126.64
92997		PRQ TRLUML PULMONARY ART BALLOON	\$661.48	\$661.48
92998		PRQ TRLUML PULMONARY ART BALLOON	\$335.27	\$335.27
93000		ECG ROUTINE ECG W/LEAST 12 LDS W/I&R	\$17.25	\$17.25
93005		ECG ROUTINE ECG W/LEAST 12 LDS TRCG C	\$8.66	\$8.66
93010		ECG ROUTINE ECG W/LEAST 12 LDS I&R OP	\$8.58	\$8.58
93015		CV STRS TST XERS&/OR RX CONT ECG W/S	\$71.82	\$71.82
93017		CV STRS TST XERS&/OR RX CONT ECG TRC	\$34.31	\$34.31
93018		CV STRS TST XERS&/OR RX CONT ECG I&R	\$15.00	\$15.00
93024	TC	ERGONOVINE PROVOCATION TST	\$53.09	\$53.09
93024	26	ERGONOVINE PROVOCATION TST	\$58.24	\$58.24
93024		ERGONOVINE PROVOCATION TST	\$111.33	\$111.33
93025	26	MICROVOLT T-WAVE ASSESS VENTRICUL/	\$37.52	\$37.52
93025	TC	MICROVOLT T-WAVE ASSESS VENTRICUL/	\$105.80	\$105.80
93025		MICROVOLT T-WAVE ASSESS VENTRICULAR ARRH	\$143.33	\$143.33
93040		RHYTHM ECG 1-3 LEADS W/INTERPRETATI	\$12.93	\$12.93
93041		RHYTHM ECG 1-3 LEADS TRACING ONLY W	\$5.78	\$5.78
93042		RHYTHM ECG 1-3 LEADS INTERPRETATION	\$7.14	\$7.14
93050	TC	ART PRESS WAVEFORM ANALYS CENTRAL	\$7.95	\$7.95
93050	26	ART PRESS WAVEFORM ANALYS CENTRAL	\$8.58	\$8.58
93050		ART PRESS WAVEFORM ANALYS CENTRAL ART PR	\$16.52	\$16.52
93224		XTRNL ECG & 48 HR RECORD SCAN STOR V	\$89.64	\$89.64
93225		XTRNL ECG & 48 HR RECORDING	\$26.00	\$26.00
93226		EXTERNAL ECG SCANNING ANALYSIS REP	\$36.84	\$36.84

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93227		XTRNL ECG CONTINUOUS RHYTHM W/I&R	\$26.81	\$26.81
93228		XTRNL MOBILE CV TELEMETRY W/I&REPC	\$27.18	\$27.18
93229		XTRNL MOBILE CV TELEMETRY W/TECHN	\$716.08	\$716.08
93260	TC	PRGRMG DEV EVAL IMPLANTABLE SUBQ I	\$29.25	\$29.25
93260	26	PRGRMG DEV EVAL IMPLANTABLE SUBQ I	\$43.96	\$43.96
93260		PRGRMG DEV EVAL IMPLANTABLE SUBQ LEAD DF	\$73.22	\$73.22
93261	TC	INTERROGATION EVAL F2F IMPLANT SUBC	\$29.25	\$29.25
93261	26	INTERROGATION EVAL F2F IMPLANT SUBC	\$37.89	\$37.89
93261		INTERROGATION EVAL F2F IMPLANT SUBQ LEAD	\$67.14	\$67.14
93264		REMOTE MNTR WIRELESS P-ART PRS SNR I	\$36.83	\$51.27
93268		XTRNL PT ACTIV ECG TRANSMIS W/R&I </>	\$203.39	\$203.39
93270		XTRNL PT ACTIVATED ECG RECORD MONI	\$9.03	\$9.03
93271		XTRNL PT ACTIVATED ECG REC DWNLD 30	\$168.64	\$168.64
93272		XTRNL PT ACTIVTD ECG DWNLD W/R&I </>	\$25.73	\$25.73
93278	26	SIGNAL AVERAGED ELECTROCARDIOGRA	\$12.87	\$12.87
93278	TC	SIGNAL AVERAGED ELECTROCARDIOGRA	\$17.70	\$17.70
93278		SIGNAL AVERAGED ELECTROCARDIOGRA	\$30.57	\$30.57
93279	TC	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1	\$28.89	\$28.89
93279	26	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1	\$32.88	\$32.88
93279		PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1	\$61.77	\$61.77
93280	TC	PROGRAM EVAL IMPLANTABLE IN PERSN I	\$33.58	\$33.58
93280	26	PROGRAM EVAL IMPLANTABLE IN PERSN I	\$39.32	\$39.32
93280		PROGRAM EVAL IMPLANTABLE IN PERSN I	\$72.90	\$72.90
93281	TC	PROGRAM EVAL IMPLANTABLE IN	\$34.31	\$34.31
93281	26	PROGRAM EVAL IMPLANTABLE IN	\$43.61	\$43.61
93281		PROGRAM EVAL IMPLANTABLE IN	\$77.91	\$77.91
93282	TC	PRGRMNG DEV EVAL IMPLANTABLE IN PE	\$31.06	\$31.06
93282	26	PRGRMNG DEV EVAL IMPLANTABLE IN PE	\$43.61	\$43.61
93282		PRGRMNG DEV EVAL IMPLANTABLE IN PE	\$74.67	\$74.67
93283	TC	PRGRMG EVAL IMPLANTABLE IN PRSN DU	\$33.95	\$33.95
93283	26	PRGRMG EVAL IMPLANTABLE IN PRSN DU	\$59.34	\$59.34
93283		PRGRMG EVAL IMPLANTABLE IN PRSN DU	\$93.29	\$93.29
93284	TC	PRGRMG EVAL IMPLANTABLE IN PERSON I	\$36.48	\$36.48
93284	26	PRGRMG EVAL IMPLANTABLE IN PERSON I	\$64.34	\$64.34
93284		PRGRMG EVAL IMPLANTABLE IN PERSON I	\$100.81	\$100.81
93285	26	PRGRMG DEV EVAL SCRMS PHYS/QHP IN P	\$26.81	\$26.81
93285	TC	PRGRMG DEV EVAL SCRMS PHYS/QHP IN P	\$27.80	\$27.80
93285		PRGRMG DEV EVAL SCRMS PHYS/QHP IN P	\$54.62	\$54.62
93286	26	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP	\$15.73	\$15.73
93286	TC	PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP	\$25.27	\$25.27
93286		PERI-PX DEV EVAL PM/LDLS PM PHYS/QHP	\$41.01	\$41.01
93287	TC	PERI-PX DEV EVAL & PROG SING/DUAL/MU	\$25.27	\$25.27
93287	26	PERI-PX DEV EVAL & PROG SING/DUAL/MU	\$23.60	\$23.60
93287		PERI-PX DEV EVAL & PROG SING/DUAL/MU	\$48.87	\$48.87
93288	26	INTERROG DEV EVAL PM/LDLS PM PHYS/Q	\$21.44	\$21.44
93288	TC	INTERROG DEV EVAL PM/LDLS PM PHYS/Q	\$28.53	\$28.53
93288		INTERROG DEV EVAL PM/LDLS PM PHYS/Q	\$49.97	\$49.97
93289	TC	INTERROG EVAL F2F 1/DUAL/MLT LEADS I	\$28.89	\$28.89
93289	26	INTERROG EVAL F2F 1/DUAL/MLT LEADS I	\$38.24	\$38.24
93289		INTERROG EVAL F2F 1/DUAL/MLT LEADS I	\$67.13	\$67.13

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93290	26	INTERROG DEV EVAL ICPMS PHYS/QHP IN	\$22.16	\$22.16
93290	TC	INTERROG DEV EVAL ICPMS PHYS/QHP IN	\$26.00	\$26.00
93290		INTERROG DEV EVAL ICPMS PHYS/QHP IN	\$48.17	\$48.17
93291	26	INTERROG DEV EVAL SCRMS PHYS/QHP IN	\$18.94	\$18.94
93291	TC	INTERROG DEV EVAL SCRMS PHYS/QHP IN	\$24.92	\$24.92
93291		INTERROG DEV EVAL SCRMS PHYS/QHP IN	\$43.86	\$43.86
93292	26	INTERROGATION EVAL IN PERSON WR DEI	\$21.81	\$21.81
93292	TC	INTERROGATION EVAL IN PERSON WR DEI	\$23.83	\$23.83
93292		INTERROGATION EVAL IN PERSON WR DEI	\$45.64	\$45.64
93293	26	TRANSTELEPHONIC RHYTHM STRIP PACEM	\$15.37	\$15.37
93293	TC	TRANSTELEPHONIC RHYTHM STRIP PACEM	\$37.19	\$37.19
93293		TRANSTELEPHONIC RHYTHM STRIP PACEM	\$52.56	\$52.56
93294		REM INTERROG PM/LDLS PM <90 D PHYS/Q	\$31.82	\$31.82
93295		INTERROGATION EVAL REMOTE </90 D 1/2/	\$38.97	\$38.97
93296		REM INTERROG PM/LDLS PM/IDS <90 D TEC	\$26.00	\$26.00
93297		REM INTERROG ICPMS <30 D PHYS/QHP	\$27.53	\$27.53
93298		REM INTERROG SCRMS <30 D PHYS/QHP	\$27.89	\$27.89
93303	26	COMPLETE TTHRC ECHO CONGENITAL CA	\$64.67	\$64.67
93303	TC	COMPLETE TTHRC ECHO CONGENITAL CA	\$172.24	\$172.24
93303		COMPLETE TTHRC ECHO CONGENITAL CA	\$236.92	\$236.92
93304	26	F-UP/LIMITED TTHRC ECHO CONGENITAL C	\$37.16	\$37.16
93304	TC	F-UP/LIMITED TTHRC ECHO CONGENITAL C	\$125.67	\$125.67
93304		F-UP/LIMITED TTHRC ECHO CONGENITAL C	\$162.83	\$162.83
93306	26	ECHO TTHRC R-T 2D W/WOM-MODE COMPI	\$74.31	\$74.31
93306	TC	ECHO TTHRC R-T 2D W/WOM-MODE COMPI	\$136.49	\$136.49
93306		ECHO TTHRC R-T 2D W/WOM-MODE COMPI	\$210.82	\$210.82
93307	26	ECHO TRANSTHORAC R-T 2D W/VO M-MOI	\$45.74	\$45.74
93307	TC	ECHO TRANSTHORAC R-T 2D W/VO M-MOI	\$97.86	\$97.86
93307		ECHO TRANSTHORAC R-T 2D W/VO M-MOI	\$143.60	\$143.60
93308	26	ECHO TRANSTHORC R-T 2D W/VO M-MODI	\$26.08	\$26.08
93308	TC	ECHO TRANSTHORC R-T 2D W/VO M-MODI	\$74.39	\$74.39
93308		ECHO TRANSTHORC R-T 2D W/VO M-MODI	\$100.47	\$100.47
93312	26	ECHO TRANSESOPHAG R-T 2D W/PRB IMG	\$111.46	\$111.46
93312	TC	ECHO TRANSESOPHAG R-T 2D W/PRB IMG	\$138.67	\$138.67
93312		ECHO TRANSESOPHAG R-T 2D W/PRB IMG	\$250.12	\$250.12
93313		ECHO R-T 2D W/PROBE PLACEMENT ONLY	\$11.78	\$11.78
93314	26	ECHO TRANSESOPHAG R-T 2D IMG ACQUIS	\$92.55	\$92.55
93314	TC	ECHO TRANSESOPHAG R-T 2D IMG ACQUIS	\$147.70	\$147.70
93314		ECHO TRANSESOPHAG R-T 2D IMG ACQUIS	\$240.25	\$240.25
93315	26	ECHO TRANSESOPHAG CONGEN PROBE PL	\$131.10	\$131.10
93316		ECHO TRANSESOPHAG CONGEN PROBE PL	\$27.85	\$27.85
93317	26	ECHO TRANSESOPHAG IMAGE ACQUISJ IN	\$93.28	\$93.28
93318	26	ECHO TRANSESOPHAG MONTR CARDIAC P	\$106.11	\$106.11
93320	26	DOPPLER ECHOCARD PULSE WAVE W/SPEC	\$18.58	\$18.58
93320	TC	DOPPLER ECHOCARD PULSE WAVE W/SPEC	\$35.75	\$35.75
93320		DOPPLER ECHOCARD PULSE WAVE W/SPEC	\$54.33	\$54.33
93321	26	DOP ECHOCARD PULSE WAVE W/SPECTRA	\$7.51	\$7.51
93321	TC	DOP ECHOCARD PULSE WAVE W/SPECTRA	\$19.50	\$19.50
93321		DOP ECHOCARD PULSE WAVE W/SPECTRA	\$27.01	\$27.01
93325	26	DOP ECHOCARD COLOR FLOW VELOCITY I	\$3.21	\$3.21

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93325	TC	DOP ECHOCARD COLOR FLOW VELOCITY I	\$22.03	\$22.03
93325		DOP ECHOCARD COLOR FLOW VELOCITY I	\$25.24	\$25.24
93350	26	ECHO TTHRC R-T 2D W/WO M-MODE COMP	\$72.18	\$72.18
93350	TC	ECHO TTHRC R-T 2D W/WO M-MODE COMP	\$120.61	\$120.61
93350		ECHO TTHRC R-T 2D W/WO M-MODE COMP	\$192.79	\$192.79
93351	26	ECHO TTHRC R-T 2D W/WO M-MODE REST&	\$86.47	\$86.47
93351	TC	ECHO TTHRC R-T 2D W/WO M-MODE REST&	\$152.03	\$152.03
93351		ECHO TTHRC R-T 2D W/WO M-MODE REST&	\$238.49	\$238.49
93352		USE OF ECHO CONTRAST AGENT DURING S	\$34.20	\$34.20
93355		ECHO TEE GUID TCAT ICAR/VESSEL STRUC	\$235.16	\$235.16
93356		MYOCRD STRAIN IMG SPECKLE TRCK ASSI	\$12.15	\$40.68
93451	26	RIGHT HEART CATH O2 SATURATION & CA	\$135.95	\$135.95
93451	TC	RIGHT HEART CATH O2 SATURATION & CA	\$727.27	\$727.27
93451		RIGHT HEART CATH O2 SATURATION & CA	\$863.21	\$863.21
93452	26	L HRT CATH W/NJX L VENTRICULOGRAPH	\$245.03	\$245.03
93452	TC	L HRT CATH W/NJX L VENTRICULOGRAPH	\$688.27	\$688.27
93452		L HRT CATH W/NJX L VENTRICULOGRAPH	\$933.29	\$933.29
93453	26	R & L HRT CATH W/NJX L VENTRICULOG I	\$328.04	\$328.04
93453	TC	R & L HRT CATH W/NJX L VENTRICULOG I	\$874.60	\$874.60
93453		R & L HRT CATH W/NJX L VENTRICULOG I	\$1202.64	\$1202.64
93454	26	CATH PLACEMENT & NJX CORONARY ART	\$247.89	\$247.89
93454	TC	CATH PLACEMENT & NJX CORONARY ART	\$687.55	\$687.55
93454		CATH PLACEMENT & NJX CORONARY ART	\$935.44	\$935.44
93455	26	CATH PLMT & NJX CORONARY ART/GRFT /	\$288.67	\$288.67
93455	TC	CATH PLMT & NJX CORONARY ART/GRFT /	\$774.21	\$774.21
93455		CATH PLMT & NJX CORONARY ART/GRFT /	\$1062.89	\$1062.89
93456	26	CATH PLMT R HRT & ARTS W/NJX & ANGIC	\$322.67	\$322.67
93456	TC	CATH PLMT R HRT & ARTS W/NJX & ANGIC	\$861.24	\$861.24
93456		CATH PLMT R HRT & ARTS W/NJX & ANGIC	\$1183.90	\$1183.90
93457	26	CATH PLMT R HRT/ARTS/GRFTS W/NJX& A	\$364.17	\$364.17
93457	TC	CATH PLMT R HRT/ARTS/GRFTS W/NJX& A	\$946.82	\$946.82
93457		CATH PLMT R HRT/ARTS/GRFTS W/NJX& A	\$1311.00	\$1311.00
93458	26	CATH PLMT L HRT & ARTS W/NJX & ANGIC	\$306.21	\$306.21
93458	TC	CATH PLMT L HRT & ARTS W/NJX & ANGIC	\$789.02	\$789.02
93458		CATH PLMT L HRT & ARTS W/NJX & ANGIC	\$1095.23	\$1095.23
93459	26	CATH PLMT L HRT/ARTS/GRFTS WNJX & A	\$346.99	\$346.99
93459	TC	CATH PLMT L HRT/ARTS/GRFTS WNJX & A	\$844.99	\$844.99
93459		CATH PLMT L HRT/ARTS/GRFTS WNJX & A	\$1191.97	\$1191.97
93460	26	R & L HRT CATH WINJX HRT ART& L VENT	\$388.13	\$388.13
93460	TC	R & L HRT CATH WINJX HRT ART& L VENTR IM	\$930.93	\$930.93
93460		R & L HRT CATH WINJX HRT ART& L VENT	\$1319.06	\$1319.06
93461	26	R& L HRT CATH W/INJEC HRT ART/GRFT&]	\$429.26	\$429.26
93461	TC	R& L HRT CATH W/INJEC HRT ART/GRFT& L VE	\$1047.21	\$1047.21
93461		R& L HRT CATH W/INJEC HRT ART/GRFT&]	\$1476.47	\$1476.47
93462		LEFT HEART CATH BY TRANSEPTAL PUNC	\$218.35	\$218.35
93463		MEDICATION ADMIN & HEMODYNAMIC MEASURMEN	\$100.78	\$100.78
93464	26	PHYSIOLOGIC EXERCISE STUDY & HEMOD	\$90.77	\$90.77
93464	TC	PHYSIOLOGIC EXERCISE STUDY & HEMOD	\$157.08	\$157.08
93464		PHYSIOLOGIC EXERCISE STUDY & HEMODYNAMIC	\$247.85	\$247.85
93503		INSERTION FLOW DIRECTED CATHETER FC	\$91.03	\$91.03

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93505	26	ENDOMYOCARDIAL BIOPSY	\$231.14	\$231.14
93505	TC	ENDOMYOCARDIAL BIOPSY	\$494.71	\$494.71
93505		ENDOMYOCARDIAL BIOPSY	\$725.86	\$725.86
93530	26	R HRT CATHETERIZATION CONGENITAL CARDIAC	\$210.98	\$210.98
93531	26	CMBN R HRT & RETROGRADE L HRT CATH	\$438.00	\$438.00
93532	26	CMBN R HRT T-SEPTAL L HRT CATHJ NTC S	\$546.97	\$546.97
93533	26	CMBN R HRT T-SEPTAL L HRT CATHJ SEPT.	\$366.31	\$366.31
93561	26	INDIC DIL STD ARTL&/OR VEN CATHJ W/OUTP	\$46.80	\$46.80
93562	26	INDIC DIL STD ARTL&/OR VEN CATHJ SBSO	\$37.87	\$37.87
93563		NJX SEL HRT ART CONGENITAL HRT CATH	\$59.73	\$59.73
93564		NJX SEL HRT ART/GRFT CONGENITAL HRT CATH	\$63.70	\$63.70
93565		NJX SEL L VENT/ATRIAL ANGIO HRT CATH W/S	\$46.14	\$46.14
93566		NJX SEL R VENT/ATRIAL ANGIO HRT CATH	\$47.94	\$150.50
93567		NJX SUPRAVALV AORTOG HRT CATH W/S&S	\$54.75	\$127.69
93568		NJX PULMONARY ANGIO HRT CATH W/S&I	\$49.02	\$138.21
93571	26	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS	\$75.84	\$75.84
93572	26	IV DOP VEL&/OR PRESS C/FLO RSRV MEAS	\$54.73	\$54.73
93580		PRQ TCAT CLSR CGEN INTRATRL COMUNICAJ W/	\$1011.94	\$1011.94
93581		PRQ TCAT CLSR CGEN VENTR SEPTAL DFC	\$1378.79	\$1378.79
93582		PERCUTAN TRANSCATH CLOSURE PAT DU	\$690.23	\$690.23
93583		PERCUTANEOUS TRANSCATHETER SEPTAI	\$771.47	\$771.47
93590		PERQ TRANSCATH CLS PARAVALVR LEAK	\$1116.33	\$1116.33
93591		PERQ TRANSCATH CLS PARAVALVR LEAK	\$925.46	\$925.46
93592		PERQ TRANSCATH CLS PARAVALVR LEAK	\$406.74	\$406.74
93600	26	BUNDLE OF HIS RECORDING	\$123.49	\$123.49
93602	26	INTRA-ATRIAL RECORDING	\$120.95	\$120.95
93603	26	RIGHT VENTRICULAR RECORDING	\$120.95	\$120.95
93609	26	INTRA-VENTRIC&/ATRIAL MAPG TACHYCA	\$288.11	\$288.11
93610	26	INTRA-ATRIAL PACING	\$169.60	\$169.60
93612	26	INTRAVENTRICULAR PACING	\$167.80	\$167.80
93613		INTRACARDIAC ELECTROPHYSIOLOGIC 3E	\$308.95	\$308.95
93615	26	ESOPHGL REC ATRIAL W/WO VENTRICULA	\$38.96	\$38.96
93616	26	ESOPHGL REC ATRIAL W/WO VENTR ELEC	\$61.46	\$61.46
93618	26	INDUCTION ARRHYTHMIA ELECTRICAL PA	\$228.67	\$228.67
93619	26	COMPRE ELECTROPHYSIOLOGIC W/O ARRJ	\$405.48	\$405.48
93620	26	COMPRE ELECTROPHYSIOLOGIC ARRHYTI	\$649.91	\$649.91
93621	26	COMPRE ELECTROPHYSIOL XM W/LEFT AT	\$121.69	\$121.69
93622	26	COMPRE ELECTROPHYSIOL XM W/LEFT VE	\$178.22	\$178.22
93623	26	PROGRAMMED STIMJ & PACG AFTER IV DF	\$164.28	\$164.28
93624	26	ELECTROPHYSIOLOGIC FOLLOW-UP W/PAC	\$248.98	\$248.98
93631	26	INTRAOP EPICAR& ENDOCAR PACG& MAP	\$409.18	\$409.18
93640	26	EPHYS EVAL PACG CVDFB LDS INITIAL IM	\$185.00	\$185.00
93641	26	EPHYS EVAL PACG CVDFB LDS W/TSTG OF	\$323.87	\$323.87
93642	TC	EPHYS EVAL PACG CVDFB PRGRMG/REPRC	\$83.42	\$83.42
93642	26	EPHYS EVAL PACG CVDFB PRGRMG/REPRC	\$264.83	\$264.83
93642		EPHYS EVAL PACG CVDFB PRGRMG/REPRC	\$348.24	\$348.24
93644	TC	EPHYS EVAL SUBQ IMPLANTABLE DEFIBR	\$52.72	\$52.72
93644	26	EPHYS EVAL SUBQ IMPLANTABLE DEFIBR	\$148.97	\$148.97
93644		EPHYS EVAL SUBQ IMPLANTABLE DEFIBR	\$201.69	\$201.69
93650		ICAR CATHETER ABLATION ATRIOVENTR	\$614.74	\$614.74

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93653		EPHYS EVAL W/ABLATION SUPRAVENT AF	\$869.53	\$869.53
93654		EPHYS EVAL W/ABLATION VENTRICULAR	\$1164.50	\$1164.50
93655		ICAR CATHETER ABLATION ARRHYTHMIA	\$443.55	\$443.55
93656		EPHYS EVL TRNSPTL TX ATRIAL FIB ISOLA	\$1167.75	\$1167.75
93657		ABLATE L/R ATRIAL FIBRIL W/ISOLATED P	\$443.19	\$443.19
93660	TC	CARDIOVASCULAR FUNCTION EVAL W/TII	\$66.08	\$66.08
93660	26	CARDIOVASCULAR FUNCTION EVAL W/TII	\$95.41	\$95.41
93660		CARDIOVASCULAR FUNCTION EVAL W/TII	\$161.50	\$161.50
93662	26	INTRACARD ECHOCARD W/THER/DX IVNTI	\$145.85	\$145.85
93701		BIOMPEDANCE-DERIVED PHYSIOLOGIC CV	\$26.72	\$26.72
93702		BIS EXTRACELLULAR FLUID ALYS LYMPH	\$140.84	\$140.84
93724	TC	ELECTRONIC ANALYSIS ANTITACHY PACE	\$39.00	\$39.00
93724	26	ELECTRONIC ANALYSIS ANTITACHY PACE	\$248.75	\$248.75
93724		ELECTRONIC ANALYSIS ANTITACHY PACE	\$287.75	\$287.75
93750		INTERROGATION VAD IN PRSON W/PHYS/C	\$49.35	\$58.74
93770		DERMINATION OF VENOUS PRESSUE	\$8.22	\$8.22
93784		AMBULATORY BP MNTR W/SW 24 HR+ REC	\$47.11	\$47.11
93786		AMBULATORY BP MNTR W/SW 24 HR+ REC	\$23.11	\$23.11
93788		AMBULATORY BP MNTR W/SW 24 HR+ SCA	\$5.06	\$5.06
93790		AMBULATORY BP MNTR W/SW 24 HR+ REV	\$18.93	\$18.93
93797		OUTPATIENT CARDIAC REHAB W/O CONT I	\$8.94	\$16.51
93798		OUTPATIENT CARDIAC REHAB W/CONT EC	\$14.30	\$25.85
93880	26	DUPLEX SCAN EXTRACRANIAL ART COMP	\$40.39	\$40.39
93880	TC	DUPLEX SCAN EXTRACRANIAL ART COMP	\$162.86	\$162.86
93880		DUPLEX SCAN EXTRACRANIAL ART COMP	\$203.24	\$203.24
93882	26	DUPLEX SCAN EXTRACRANIAL ART UNI/LI	\$25.74	\$25.74
93882	TC	DUPLEX SCAN EXTRACRANIAL ART UNI/LI	\$105.45	\$105.45
93882		DUPLEX SCAN EXTRACRANIAL ART UNI/LI	\$131.18	\$131.18
93886	26	TRANSCRANIAL DOPPLER STDY INTRACRA	\$48.27	\$48.27
93886	TC	TRANSCRANIAL DOPPLER STDY INTRACRA	\$229.30	\$229.30
93886		TRANSCRANIAL DOPPLER STDY INTRACRA	\$277.58	\$277.58
93888	26	TRANSCRANIAL DOPPLER STDY INTRACRA	\$26.82	\$26.82
93888	TC	TRANSCRANIAL DOPPLER STDY INTRACRA	\$112.31	\$112.31
93888		TRANSCRANIAL DOPPLER STDY INTRACRA	\$139.13	\$139.13
93890	26	TRANSCRANIAL DOPPLER INTRACRAN	\$52.56	\$52.56
93890	TC	TRANSCRANIAL DOPPLER INTRACRAN	\$229.30	\$229.30
93890		TRANSCRANIAL DOPPLER INTRACRAN	\$281.86	\$281.86
93892	26	TRANSCRANIAL DOPPLER INTRACRAN	\$61.14	\$61.14
93892	TC	TRANSCRANIAL DOPPLER INTRACRAN	\$111.95	\$111.95
93892		TRANSCRANIAL DOPPLER INTRACRAN	\$173.09	\$173.09
93893	26	TRANSCRAN DOPPLER INTRACRAN ART M	\$61.14	\$61.14
93893	TC	TRANSCRAN DOPPLER INTRACRAN ART M	\$111.95	\$111.95
93893		TRANSCRAN DOPPLER INTRACRAN ART M	\$173.09	\$173.09
93922	26	NON-INVAS PHYSIOLOGIC STD EXTREMIT'	\$12.87	\$12.87
93922	TC	NON-INVAS PHYSIOLOGIC STD EXTREMIT'	\$73.67	\$73.67
93922		NON-INVAS PHYSIOLOGIC STD EXTREMIT'	\$86.53	\$86.53
93923	26	NON-INVASIVE PHYSIOLOGIC STUDY EXTI	\$22.51	\$22.51
93923	TC	NON-INVASIVE PHYSIOLOGIC STUDY EXTI	\$112.31	\$112.31
93923		NON-INVASIVE PHYSIOLOGIC STUDY EXTI	\$134.82	\$134.82
93924	26	N-INVAS PHYSIOLOGIC STD LXTR ART COM	\$25.02	\$25.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
93924	TC	N-INVAS PHYSIOLOGIC STD LXTR ART COM	\$141.55	\$141.55
93924		N-INVAS PHYSIOLOGIC STD LXTR ART COM	\$166.57	\$166.57
93925	26	DUP-SCAN LXTR ART/ARTL BPGS CO	\$39.66	\$39.66
93925	TC	DUP-SCAN LXTR ART/ARTL BPGS CO	\$218.83	\$218.83
93925		DUP-SCAN LXTR ART/ARTL BPGS CO	\$258.49	\$258.49
93926	26	DUP-SCAN LXTR ART/ARTL BPGS UI	\$24.66	\$24.66
93926	TC	DUP-SCAN LXTR ART/ARTL BPGS UI	\$112.31	\$112.31
93926		DUP-SCAN LXTR ART/ARTL BPGS UI	\$136.96	\$136.96
93930	26	DUP-SCAN UXTR ART/ARTL BPGS CO	\$40.75	\$40.75
93930	TC	DUP-SCAN UXTR ART/ARTL BPGS CO	\$169.36	\$169.36
93930		DUP-SCAN UXTR ART/ARTL BPGS CO	\$210.11	\$210.11
93931	26	DUP-SCAN UXTR ART/ARTL BPGS UI	\$25.02	\$25.02
93931	TC	DUP-SCAN UXTR ART/ARTL BPGS UNI/LMT	\$106.16	\$106.16
93931		DUP-SCAN UXTR ART/ARTL BPGS UI	\$131.18	\$131.18
93970	26	DUP-SCAN XTR VEINS COMPLETE BILATEF	\$35.03	\$35.03
93970	TC	DUP-SCAN XTR VEINS COMPLETE BILATEF	\$163.58	\$163.58
93970		DUP-SCAN XTR VEINS COMPLETE BILATEF	\$198.61	\$198.61
93971	26	DUP-SCAN XTR VEINS UNILATERAL/LIMITI	\$22.51	\$22.51
93971	TC	DUP-SCAN XTR VEINS UNILATERAL/LIMITI	\$101.47	\$101.47
93971		DUP-SCAN XTR VEINS UNILATERAL/LIMITI	\$123.98	\$123.98
93975	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$58.25	\$58.25
93975	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$223.89	\$223.89
93975		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$282.14	\$282.14
93976	26	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$40.39	\$40.39
93976	TC	DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$112.31	\$112.31
93976		DUP-SCAN ARTL FLO ABDL/PEL/SCROT&R	\$152.69	\$152.69
93978	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$40.02	\$40.02
93978	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$151.66	\$151.66
93978		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$191.69	\$191.69
93979	26	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$25.02	\$25.02
93979	TC	DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$98.23	\$98.23
93979		DUP-SCAN AORTA IVC ILIAC VASCL/BPGS	\$123.24	\$123.24
93980	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL C	\$61.75	\$61.75
93980	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL C	\$62.53	\$62.53
93980		DUP-SCAN ARTL INFL&VEN O/F PEN VSL C	\$124.28	\$124.28
93981	26	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F	\$21.80	\$21.80
93981	TC	DUP-SCAN ARTL INFL&VEN O/F PEN VSL F	\$53.09	\$53.09
93981		DUP-SCAN ARTL INFL&VEN O/F PEN VSL F	\$74.88	\$74.88
93985	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$39.31	\$39.31
93985	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$232.19	\$232.19
93985		DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$271.50	\$271.50
93986	26	DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$25.38	\$25.38
93986	TC	DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$112.31	\$112.31
93986		DUPLEX SCAN ARTL INFL&VEN O/F HEMO	\$137.68	\$137.68
93990	26	DUPLEX SCAN HEMODIALYSIS ACCESS	\$25.38	\$25.38
93990	TC	DUPLEX SCAN HEMODIALYSIS ACCESS	\$112.31	\$112.31
93990		DUPLEX SCAN HEMODIALYSIS ACCESS	\$137.68	\$137.68
94010	26	SPMTRY W/VC EXPIRATORY FLO W/WO M	\$8.58	\$8.58
94010	TC	SPMTRY W/VC EXPIRATORY FLO W/WO M	\$27.44	\$27.44
94010		SPMTRY W/VC EXPIRATORY FLO W/WO M	\$36.02	\$36.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
94011		MEAS SPIROMTRC FORCD EXPIRATORY FL	\$87.92	\$87.92
94012		MEAS SPIRO FRCD EXP FLO PRE&POST BR	\$143.31	\$143.31
94013		MEASUREMENT LUNG VOLUMES INFANT/C	\$19.65	\$19.65
94014		PT-INITIATE SPIROMETRIC RECORDING PH	\$56.78	\$56.78
94015		PATIENT-INITIATED SPIROMETRIC RECORI	\$31.06	\$31.06
94016		PATIENT-INITIATED SPIROMETRIC PHYS/Q	\$25.73	\$25.73
94060	26	BRNCDILAT RSPSE SPMTRY PRE&POST-BR	\$13.22	\$13.22
94060	TC	BRNCDILAT RSPSE SPMTRY PRE&POST-BR	\$46.94	\$46.94
94060		BRNCDILAT RSPSE SPMTRY PRE&POST-BR	\$60.16	\$60.16
94070	26	BRNCSPSM PROVOCATION EVAL MLT SPM	\$28.93	\$28.93
94070	TC	BRNCSPSM PROVOCATION EVAL MLT SPM	\$31.06	\$31.06
94070		BRNCSPSM PROVOCATION EVAL MLT SPM	\$59.99	\$59.99
94150	26	VITAL CAPACITY TOTAL SEPARATE PROCI	\$3.94	\$3.94
94150	TC	VITAL CAPACITY TOTAL SEPARATE PROCI	\$21.67	\$21.67
94150		VITAL CAPACITY TOTAL SEPARATE PROCI	\$25.61	\$25.61
94200	26	MAX BREATHING CAPACITY MAXIMAL VC	\$4.66	\$4.66
94200	TC	MAX BREATHING CAPACITY MAXIMAL VC	\$18.05	\$18.05
94200		MAX BREATHING CAPACITY MAXIMAL VC	\$22.73	\$22.73
94250	26	EXPIRED GAS COLLECTION QUANT 1 PROC	\$5.72	\$5.72
94250	TC	EXPIRED GAS COLLECTION QUANT 1 PROC	\$22.03	\$22.03
94250		EXPIRED GAS COLLECTION QUANT 1 PROC	\$27.74	\$27.74
94375	26	RESPIRATORY FLOW VOLUME LOOP	\$15.00	\$15.00
94375	TC	RESPIRATORY FLOW VOLUME LOOP	\$24.56	\$24.56
94375		RESPIRATORY FLOW VOLUME LOOP	\$39.56	\$39.56
94400	26	BREATHING RESPONSE TO CO2	\$19.65	\$19.65
94400	TC	BREATHING RESPONSE TO CO2	\$37.55	\$37.55
94400		BREATHING RESPONSE TO CO2	\$57.20	\$57.20
94450	26	BREATHING RESPONSE TO HYPOXIA	\$19.29	\$19.29
94450	TC	BREATHING RESPONSE TO HYPOXIA	\$48.39	\$48.39
94450		BREATHING RESPONSE TO HYPOXIA	\$67.68	\$67.68
94452	26	HIGH ALTITUDE SIMULATJ TEST W/PHYS II	\$14.64	\$14.64
94452	TC	HIGH ALTITUDE SIMULATJ TEST W/PHYS II	\$38.64	\$38.64
94452		HIGH ALTITUDE SIMULATJ TEST W/PHYS II	\$53.28	\$53.28
94453	26	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/	\$19.29	\$19.29
94453	TC	HIGH ALTITUDE SIMULATJ W/PHYS I&R W/	\$53.80	\$53.80
94453		HIGH ALTITUDE SIMULATJ W/PHYS I&R W/	\$73.10	\$73.10
94610		INTRAPULMONARY SURFACTANT ADMINI	\$56.81	\$56.81
94617	26	EXERCISE TEST FOR BRONCHOSPASM	\$33.94	\$33.94
94617	TC	EXERCISE TEST FOR BRONCHOSPASM	\$58.86	\$58.86
94617		EXERCISE TEST FOR BRONCHOSPASM	\$92.80	\$92.80
94618	TC	PULMONARY STRESS TESTING	\$10.83	\$10.83
94618	26	PULMONARY STRESS TESTING	\$23.22	\$23.22
94618		PULMONARY STRESS TESTING	\$34.06	\$34.06
94621	26	CARDIOPULMONARY EXERCISE TESTING	\$71.11	\$71.11
94621	TC	CARDIOPULMONARY EXERCISE TESTING	\$90.64	\$90.64
94621		CARDIOPULMONARY EXERCISE TESTING	\$161.75	\$161.75
94640		PRESSURIZED/NONPRESSURIZED INHALAT	\$18.05	\$18.05
94644		CONTINUOUS INHALATION TREATMENT 1:	\$54.53	\$54.53
94645		CONTINUOUS INHALATION TREATMENT E	\$16.97	\$16.97
94664		DEMO&/EVAL OF PT UTILIZ AERSL GEN/NE	\$16.97	\$16.97

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
94680	26	O2 UPTK EXP GAS ANALYSIS REST&XERS I	\$12.87	\$12.87
94680	TC	O2 UPTK EXP GAS ANALYSIS REST&XERS I	\$41.53	\$41.53
94680		O2 UPTK EXP GAS ANALYSIS REST&XERS I	\$54.39	\$54.39
94681	26	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT %	\$10.37	\$10.37
94681	TC	O2 UPTK EXP GAS ALYS W/CO2 OUTPUT %	\$43.34	\$43.34
94681		O2 UPTK EXP GAS ALYS W/CO2 OUTPUT %	\$53.70	\$53.70
94690	26	O2 UPTAKE EXP GAS ANALYSIS REST INDI	\$3.94	\$3.94
94690	TC	O2 UPTAKE EXP GAS ANALYSIS REST INDI	\$47.67	\$47.67
94690		O2 UPTAKE EXP GAS ANALYSIS REST INDI	\$51.61	\$51.61
94726	26	PLETHYSMOGRAPHY LUNG VOLUMES W/V	\$12.50	\$12.50
94726	TC	PLETHYSMOGRAPHY LUNG VOLUMES W/V	\$41.89	\$41.89
94726		PLETHYSMOGRAPHY LUNG VOLUMES W/V	\$54.39	\$54.39
94727	26	GAS DILUT/WASHOUT LUNG VOL W/VO DI	\$12.50	\$12.50
94727	TC	GAS DILUT/WASHOUT LUNG VOL W/VO DI	\$31.78	\$31.78
94727		GAS DILUT/WASHOUT LUNG VOL W/VO DI	\$44.28	\$44.28
94728	26	AIRWAY RESISTANCE BY OSCILLOMETRY	\$12.87	\$12.87
94728	TC	AIRWAY RESISTANCE BY OSCILLOMETRY	\$28.53	\$28.53
94728		AIRWAY RESISTANCE BY OSCILLOMETRY	\$41.40	\$41.40
94729	26	CO DIFFUSING CAPACITY	\$9.29	\$9.29
94729	TC	CO DIFFUSING CAPACITY	\$48.03	\$48.03
94729		CO DIFFUSING CAPACITY	\$57.32	\$57.32
94750	26	PULMONARY COMPLIANCE STUDY	\$11.07	\$11.07
94750	TC	PULMONARY COMPLIANCE STUDY	\$78.36	\$78.36
94750		PULMONARY COMPLIANCE STUDY	\$89.43	\$89.43
94760		NONINVASIVE EAR/PULSE OXIMETRY SINC	\$2.53	\$2.53
94761		NONINVASIVE EAR/PULSE OXIMETRY MUI	\$3.97	\$3.97
94762		NONINVASIVE EAR/PULSE OXIMETRY OVE	\$26.72	\$26.72
94770		CARBON DIOXIDE EXP GAS DETER INFRAR	\$7.51	\$7.51
95004		PERCUTANEOUS TESTS W/ALLERGENIC EX	\$4.33	\$4.33
95012		NITRIC OXIDE EXPIRED GAS DETERMINAT	\$20.23	\$20.23
95017		ALLG TSTG PERQ & IC VENOMS IMMED RE	\$3.94	\$8.63
95018		ALLG TEST PERQ & IC DRUG/BIOL IMMED I	\$7.14	\$21.59
95024		INTRACUTANEOUS TESTS W/ALLERGENIC	\$1.08	\$8.30
95027		INTRACUTANEOUS TESTS W/ALLERGENIC	\$5.05	\$5.05
95028		IC TSTS W/ALLGIC XTRCS DLYD TYP RXN V	\$13.00	\$13.00
95044		PATCH/APPLICATION TEST SPECIFY NUMB	\$5.42	\$5.42
95052		PHOTO PATCH TEST SPECIFY NUMBER TST	\$6.50	\$6.50
95056		PHOTO TESTS	\$47.30	\$47.30
95060		OPHTHALMIC MUCOUS MEMBRANE TESTS	\$35.75	\$35.75
95065		DIRECT NASAL MUCOUS MEMBRANE TEST	\$26.36	\$26.36
95070		INHLJ BRNCL CHALLENGE TSTG W/HISTAM	\$33.58	\$33.58
95071		INHLJ BRNCL CHALLENGE TSTG W/AGS/GA	\$38.28	\$38.28
95076		INGESTION CHALLENGE TEST INITIAL 120	\$76.13	\$120.90
95079		INGESTION CHALLENGE TEST EACH ADDL	\$70.05	\$85.94
95115		PROF SVCS ALLG IMMNTX X W/PRV ALLGI	\$9.39	\$9.39
95117		PROF SVCS ALLG IMMNTX X W/PRV ALLGI	\$10.83	\$10.83
95144		PREPJ& ANTIGEN PRV ALLERGEN IMMUNC	\$3.21	\$15.13
95145		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$31.39
95146		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$57.74
95147		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$58.10

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
95148		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$84.83
95149		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$112.63
95165		PREPJ& ALLERGEN IMMUNOTHERAPY 1/M	\$3.21	\$14.78
95170		PREPJ& ANTIGEN ALLERGEN IMMUNOTHE	\$3.21	\$11.16
95180		RAPID DESENSITIZATION PROCEDURE EAC	\$105.47	\$138.69
95249		CONT GLUC MONITORING PATIENT PROVII	\$55.62	\$55.62
95250		CONT GLUC MNTR PHYSICIAN/QHP PROVII	\$152.75	\$152.75
95251		CONTINUOUS GLUCOSE MONITORING ANA	\$36.47	\$36.47
95717		EEG PHYS/QHP 2-12 HR WITHOUT VIDEO	\$103.66	\$105.11
95718		EEG PHYS/QHP 2-12 HR WITH VEEG	\$136.27	\$138.43
95719		EEG PHYS/QHP EA INCR>12HR<26HR AFTEI	\$160.92	\$162.73
95720		EEG PHYS/QHP EA INCR>12HR<26HR AFTEI	\$211.02	\$214.28
95721		EEG COMPLETE STD PHYS/QHP>36 HR<60 F	\$211.75	\$216.08
95722		EEG COMPLETE STD PHYS/QHP>36 HR<60 F	\$257.52	\$262.22
95723		EEG COMPLETE STD PHYS/QHP>60 HR<84 F	\$262.20	\$267.97
95724		EEG COMPLETE STD PHYS/QHP>60 HR<84 F	\$328.34	\$334.85
95725		EEG COMPLETE STD PHYS/QHP>84 HR W/O	\$298.33	\$305.91
95726		EEG COMPLETE STD PHYS/QHP>84 HR W/V	\$414.90	\$423.20
95782	26	POLYSOM <6 YRS SLEEP STAGE 4/> ADI	\$128.26	\$128.26
95782	TC	POLYSOM <6 YRS SLEEP STAGE 4/> ADI	\$790.83	\$790.83
95782		POLYSOM <6 YRS SLEEP STAGE 4/> ADI	\$919.10	\$919.10
95783	26	POLYSOM <6 YRS SLEEP W/CPAP/BILVI	\$139.34	\$139.34
95783	TC	POLYSOM <6 YRS SLEEP W/CPAP/BILVI	\$837.78	\$837.78
95783		POLYSOM <6 YRS SLEEP W/CPAP/BILVI	\$977.12	\$977.12
95805	26	MLT SLEEP LATENCY/MAINT OF WAKEFUL	\$60.03	\$60.03
95805	TC	MLT SLEEP LATENCY/MAINT OF WAKEFUL	\$362.20	\$362.20
95805		MLT SLEEP LATENCY/MAINT OF WAKEFUL	\$422.22	\$422.22
95806	26	SLEEP STD AIRFLOW HRT RATE&O2 SAT EI	\$45.73	\$45.73
95806	TC	SLEEP STD AIRFLOW HRT RATE&O2 SAT EI	\$72.94	\$72.94
95806		SLEEP STD AIRFLOW HRT RATE&O2 SAT EI	\$118.68	\$118.68
95807	26	SLEEP STD REC VNTJ RESPIR ECG/HRT RAI	\$62.51	\$62.51
95807	TC	SLEEP STD REC VNTJ RESPIR ECG/HRT RAI	\$351.72	\$351.72
95807		SLEEP STD REC VNTJ RESPIR ECG/HRT RAI	\$414.24	\$414.24
95808	26	POLYSOM ANY AGE SLEEP STAGE 1-3 ADD	\$88.99	\$88.99
95808	TC	POLYSOM ANY AGE SLEEP STAGE 1-3 ADD	\$575.25	\$575.25
95808		POLYSOM ANY AGE SLEEP STAGE 1-3 ADD	\$664.24	\$664.24
95810	26	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM	\$123.26	\$123.26
95810	TC	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM	\$496.89	\$496.89
95810		POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM	\$620.15	\$620.15
95811	26	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL	\$127.90	\$127.90
95811	TC	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL	\$520.00	\$520.00
95811		POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL	\$647.90	\$647.90
95812	26	ELECTROENCEPHALOGRAM EXTEND MON	\$58.65	\$58.65
95812	TC	ELECTROENCEPHALOGRAM EXTEND MON	\$276.25	\$276.25
95812		ELECTROENCEPHALOGRAM EXTEND MON	\$334.90	\$334.90
95813	26	EEG EXTENDED MONITORING 61-119 MINU	\$89.05	\$89.05
95813	TC	EEG EXTENDED MONITORING 61-119 MINU	\$327.16	\$327.16
95813		EEG EXTENDED MONITORING 61-119 MINU	\$416.23	\$416.23
95816	26	ELECTROENCEPHALOGRAM W/REC AWAK	\$58.65	\$58.65
95816	TC	ELECTROENCEPHALOGRAM W/REC AWAK	\$312.72	\$312.72

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
95816		ELECTROENCEPHALOGRAM W/REC AWAK	\$371.37	\$371.37
95819	26	ELECTROENCEPHALOGRAM W/REC AWAK	\$59.02	\$59.02
95819	TC	ELECTROENCEPHALOGRAM W/REC AWAK	\$382.05	\$382.05
95819		ELECTROENCEPHALOGRAM W/REC AWAK	\$441.07	\$441.07
95822	26	ELECTROENCEPHALOGRAM REC COMA/SL	\$59.02	\$59.02
95822	TC	ELECTROENCEPHALOGRAM REC COMA/SL	\$340.88	\$340.88
95822		ELECTROENCEPHALOGRAM REC COMA/SL	\$399.90	\$399.90
95824	26	ELECTROENCEPHALOGRAM CERE DEATH	\$40.05	\$40.05
95829	26	ELECTROCORTICOGRAM SURGERY SPX	\$344.49	\$344.49
95829	TC	ELECTROCORTICOGRAM SURGERY SPX	\$1563.23	\$1563.23
95829		ELECTROCORTICOGRAM SURGERY SPX	\$1907.72	\$1907.72
95836		ECOG IMPLANTED BRAIN NPGT W/REC I&F	\$114.17	\$114.17
95852		ROM MEAS&REPT HAND W/WO COMPARI	\$6.09	\$19.44
95857		CHOLINESTERASE INHIBITOR CHALLENGE	\$30.78	\$56.42
95860	26	NDL EMG 1 XTR W/WO RELATED PARASPI	\$53.30	\$53.30
95860	TC	NDL EMG 1 XTR W/WO RELATED PARASPI	\$68.97	\$68.97
95860		NDL EMG 1 XTR W/WO RELATED PARASPI	\$122.27	\$122.27
95861	26	NDL EMG 2 XTR W/WO RELATED PARASPI	\$84.41	\$84.41
95861	TC	NDL EMG 2 XTR W/WO RELATED PARASPI	\$90.64	\$90.64
95861		NDL EMG 2 XTR W/WO RELATED PARASPI	\$175.05	\$175.05
95863	26	NDL EMG 3 XTR W/WO RELATED PARASPI	\$101.93	\$101.93
95863	TC	NDL EMG 3 XTR W/WO RELATED PARASPI	\$114.47	\$114.47
95863		NDL EMG 3 XTR W/WO RELATED PARASPI	\$216.40	\$216.40
95864	26	NDL EMG 4 XTR W/WO RELATED PARASPI	\$108.73	\$108.73
95864	TC	NDL EMG 4 XTR W/WO RELATED PARASPI	\$145.53	\$145.53
95864		NDL EMG 4 XTR W/WO RELATED PARASPI	\$254.25	\$254.25
95865	TC	NEEDLE ELECTROMYOGRAPHY LAR	\$70.05	\$70.05
95865	26	NEEDLE ELECTROMYOGRAPHY LAR	\$85.84	\$85.84
95865		NEEDLE ELECTROMYOGRAPHY LAR	\$155.89	\$155.89
95866	26	NEEDLE ELECTROMYOGRAPHY HEM	\$68.32	\$68.32
95866	TC	NEEDLE ELECTROMYOGRAPHY HEM	\$69.34	\$69.34
95866		NEEDLE ELECTROMYOGRAPHY HEM	\$137.64	\$137.64
95867	26	NEEDLE ELECTROMYOGRAPHY CRA	\$43.64	\$43.64
95867	TC	NEEDLE ELECTROMYOGRAPHY CRA	\$66.08	\$66.08
95867		NEEDLE ELECTROMYOGRAPHY CRA	\$109.72	\$109.72
95868	26	NEEDLE ELECTROMYOGRAPHY CRA	\$64.38	\$64.38
95868	TC	NEEDLE ELECTROMYOGRAPHY CRA	\$79.45	\$79.45
95868		NEEDLE ELECTROMYOGRAPHY CRA	\$143.82	\$143.82
95869	26	NEEDLE EMG THRC PARASPI MUSC EXCLU	\$20.38	\$20.38
95869	TC	NEEDLE EMG THRC PARASPI MUSC EXCLU	\$77.27	\$77.27
95869		NEEDLE EMG THRC PARASPI MUSC EXCLU	\$97.67	\$97.67
95870	26	NEEDLE EMG LMTD STD MUSC 1 XTR/NON	\$20.38	\$20.38
95870	TC	NEEDLE EMG LMTD STD MUSC 1 XTR/NON	\$71.86	\$71.86
95870		NEEDLE EMG LMTD STD MUSC 1 XTR/NON	\$92.25	\$92.25
95873	26	ELECTRICAL STIMULATION GUID W/CHEM	\$20.38	\$20.38
95873	TC	ELECTRICAL STIMULATION GUID W/CHEM	\$57.78	\$57.78
95873		ELECTRICAL STIMULATION GUID W/CHEM	\$78.16	\$78.16
95874	26	NEEDLE EMG GUID W/CHEMODENERVATIK	\$20.03	\$20.03
95874	TC	NEEDLE EMG GUID W/CHEMODENERVATIK	\$60.31	\$60.31
95874		NEEDLE EMG GUID W/CHEMODENERVATIK	\$80.33	\$80.33

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
95875	26	ISCHEMIC LIMB XERS TST SPEC ACQUISJ M	\$60.08	\$60.08
95875	TC	ISCHEMIC LIMB XERS TST SPEC ACQUISJ M	\$75.83	\$75.83
95875		ISCHEMIC LIMB XERS TST SPEC ACQUISJ M	\$135.92	\$135.92
95885	26	NEEDLE EMG EA EXTREMITY W/PARASPIN	\$18.95	\$18.95
95885	TC	NEEDLE EMG EA EXTREMITY W/PARASPIN	\$44.78	\$44.78
95885		NEEDLE EMG EA EXTREMITY W/PARASPIN	\$63.73	\$63.73
95886	26	NEEDLE EMG EA EXTREMTY W/PARASPINI	\$46.85	\$46.85
95886	TC	NEEDLE EMG EA EXTREMTY W/PARASPINI	\$52.00	\$52.00
95886		NEEDLE EMG EA EXTREMTY W/PARASPINI	\$98.85	\$98.85
95887	26	NEEDLE EMG NONEXTREMTY MSCLES W/	\$38.62	\$38.62
95887	TC	NEEDLE EMG NONEXTREMTY MSCLES W/	\$47.67	\$47.67
95887		NEEDLE EMG NONEXTREMTY MSCLES W/	\$86.29	\$86.29
95905	26	MOTOR &/SENS NRV CNDJ PRECONF ELTRI	\$2.86	\$2.86
95905	TC	MOTOR &/SENS NRV CNDJ PRECONF ELTRI	\$52.36	\$52.36
95905		MOTOR &/SENS NRV CNDJ PRECONF ELTRI	\$55.22	\$55.22
95907	TC	NERVE CONDUCTION STUDIES 1-2 STUDIES	\$42.25	\$42.25
95907	26	NERVE CONDUCTION STUDIES 1-2 STUDIES	\$55.09	\$55.09
95907		NERVE CONDUCTION STUDIES 1-2 STUDIES	\$97.33	\$97.33
95908	TC	NERVE CONDUCTION STUDIES 3-4 STUDIES	\$54.89	\$54.89
95908	26	NERVE CONDUCTION STUDIES 3-4 STUDIES	\$68.67	\$68.67
95908		NERVE CONDUCTION STUDIES 3-4 STUDIES	\$123.56	\$123.56
95909	TC	NERVE CONDUCTION STUDIES 5-6 STUDIES	\$65.72	\$65.72
95909	26	NERVE CONDUCTION STUDIES 5-6 STUDIES	\$82.26	\$82.26
95909		NERVE CONDUCTION STUDIES 5-6 STUDIES	\$147.98	\$147.98
95910	TC	NERVE CONDUCTION STUDIES 7-8 STUDIES	\$84.50	\$84.50
95910	26	NERVE CONDUCTION STUDIES 7-8 STUDIES	\$110.16	\$110.16
95910		NERVE CONDUCTION STUDIES 7-8 STUDIES	\$194.67	\$194.67
95911	TC	NERVE CONDUCTION STUDIES 9-10 STUDIE	\$96.78	\$96.78
95911	26	NERVE CONDUCTION STUDIES 9-10 STUDIE	\$136.26	\$136.26
95911		NERVE CONDUCTION STUDIES 9-10 STUDIE	\$233.03	\$233.03
95912	TC	NERVE CONDUCTION STUDIES 11-12 STUDI	\$104.36	\$104.36
95912	26	NERVE CONDUCTION STUDIES 11-12 STUDI	\$162.36	\$162.36
95912		NERVE CONDUCTION STUDIES 11-12 STUDI	\$266.72	\$266.72
95913	TC	NERVE CONDUCTION STUDIES 13/> STUDIE	\$115.91	\$115.91
95913	26	NERVE CONDUCTION STUDIES 13/> STUDIE	\$192.76	\$192.76
95913		NERVE CONDUCTION STUDIES 13/> STUDIE	\$308.67	\$308.67
95921	TC	TSTG ANS FUNCJ CARDIOVAGAL INNERVA	\$41.17	\$41.17
95921	26	TSTG ANS FUNCJ CARDIOVAGAL INNERVA	\$46.11	\$46.11
95921		TSTG ANS FUNCJ CARDIOVAGAL INNERVA	\$87.28	\$87.28
95922	26	TSTG ANS FUNCJ VASOMOTOR ADRENERG	\$49.32	\$49.32
95922	TC	TSTG ANS FUNCJ VASOMOTOR ADRENERG	\$50.92	\$50.92
95922		TSTG ANS FUNCJ VASOMOTOR ADRENERG	\$100.24	\$100.24
95923	26	TESTING AUTONOMIC NERVOUS SYSTEM I	\$46.83	\$46.83
95923	TC	TESTING AUTONOMIC NERVOUS SYSTEM I	\$84.14	\$84.14
95923		TESTING AUTONOMIC NERVOUS SYSTEM I	\$130.97	\$130.97
95924	TC	TSTG ANS FUNCJ PARASYMP&SYMP W/5 M	\$63.19	\$63.19
95924	26	TSTG ANS FUNCJ PARASYMP&SYMP W/5 M	\$89.73	\$89.73
95924		TSTG ANS FUNCJ PARASYMP&SYMP W/5 M	\$152.92	\$152.92
95925	26	SHORT-LATENCY SOMATOSSENS EP STD UP	\$28.61	\$28.61
95925	TC	SHORT-LATENCY SOMATOSSENS EP STD UP	\$113.75	\$113.75

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
95925		SHORT-LATENCY SOMATOSENS EP STD UP	\$142.35	\$142.35
95926	26	SHORT-LATENCY SOMATOSENS EP STD LV	\$27.88	\$27.88
95926	TC	SHORT-LATENCY SOMATOSENS EP STD LV	\$107.61	\$107.61
95926		SHORT-LATENCY SOMATOSENS EP STD LV	\$135.49	\$135.49
95927	26	SHORT-LATENCY SOMATOSENS EP STD TR	\$27.52	\$27.52
95927	TC	SHORT-LATENCY SOMATOSENS EP STD TR	\$107.61	\$107.61
95927		SHORT-LATENCY SOMATOSENS EP STD TR	\$135.13	\$135.13
95928	26	CTR MOTOR EP STD TRANSCRNL MOTOR S	\$81.54	\$81.54
95928	TC	CTR MOTOR EP STD TRANSCRNL MOTOR S	\$148.06	\$148.06
95928		CTR MOTOR EP STD TRANSCRNL MOTOR S	\$229.59	\$229.59
95929	26	CTR MOTOR EP STD TRANSCRNL MOTOR S	\$81.54	\$81.54
95929	TC	CTR MOTOR EP STD TRANSCRNL MOTOR S	\$154.92	\$154.92
95929		CTR MOTOR EP STD TRANSCRNL MOTOR S	\$236.45	\$236.45
95930	26	VISUAL EP TESTING CNS EXCEPT GLAUCO	\$18.95	\$18.95
95930	TC	VISUAL EP TESTING CNS EXCEPT GLAUCO	\$48.75	\$48.75
95930		VISUAL EP TESTING CNS EXCEPT GLAUCO	\$67.71	\$67.71
95933	26	ORBICULARIS OCULI REFLX ELECTRODIAC	\$32.19	\$32.19
95933	TC	ORBICULARIS OCULI REFLX ELECTRODIAC	\$51.64	\$51.64
95933		ORBICULARIS OCULI REFLX ELECTRODIAC	\$83.83	\$83.83
95937	26	NEUROMUSCULAR JUNCT TSTG EA NRV AI	\$35.41	\$35.41
95937	TC	NEUROMUSCULAR JUNCT TSTG EA NRV AI	\$60.31	\$60.31
95937		NEUROMUSCULAR JUNCT TSTG EA NRV AI	\$95.72	95.72
95938	26	SHORT-LATENCY SOMATOSENS EP STD UP	\$47.22	\$47.22
95938	TC	SHORT-LATENCY SOMATOSENS EP STD UP	\$309.11	\$309.11
95938		SHORT-LATENCY SOMATOSENS EP STD UP	\$356.32	\$356.32
95939	26	CTR MOTR EP STD TRANSCRNL MOTR STIM	\$121.95	\$121.95
95939	TC	CTR MOTR EP STD TRANSCRNL MOTR STIM	\$412.75	\$412.75
95939		CTR MOTR EP STD TRANSCRNL MOTR STIM	\$534.70	\$534.70
95940		IONM 1 ON 1 IN OR W/ATTENDANCE EACH	\$33.63	\$33.63
95957	26	DIGITAL ANALYSIS ELECTROENCEPHALOC	\$105.12	\$105.12
95957	TC	DIGITAL ANALYSIS ELECTROENCEPHALOC	\$155.28	\$155.28
95957		DIGITAL ANALYSIS ELECTROENCEPHALOC	\$260.40	\$260.40
95961	TC	FUNCJAL CORT&SUBCORT MAPG COI	\$150.59	\$150.59
95961	26	FUNCJAL CORT&SUBCORT MAPG COI	\$165.28	\$165.28
95961		FUNCJAL CORT&SUBCORT MAPG COI	\$315.85	\$315.85
95962	TC	FUNCJAL CORT&SUBCORT MAPG COI	\$90.64	\$90.64
95962	26	FUNCJAL CORT&SUBCORT MAPG COI	\$176.33	\$176.33
95962		FUNCJAL CORT&SUBCORT MAPG COI	\$266.97	\$266.97
95965	26	MAGNETOENCEPHALOGRAPHY SPON BRA	\$429.48	\$429.48
95966	26	MAGNETOENCEPHALOGRAPY EVOKED FIE	\$217.81	\$217.81
95967	26	MAGNETOENCEPHALOGRAPY EVOKED FIE	\$190.27	\$190.27
95970		ELEC ALYS IMPLT NPGT PHYS/QHP W/O PR	\$19.32	\$19.68
95971		ELEC ALYS IMPLT NPGT SMPL SP/PN NPGT	\$41.85	\$51.59
95972		ELEC ALYS IMPLT NPGT CPLX SP/PN PRGR]	\$42.55	\$58.08
95976		ELEC ALYS IMPLT SMPL CN NPGT PRGRMC	\$41.50	\$42.23
95977		ELEC ALYS IMPLT CPLX CN NPGT PRGRMC	\$54.38	\$55.11
95980		ELEC ALYS NSTIM PLS GEN GASTRIC INTR.	\$47.26	\$47.26
95981		ELEC ALYS NSTIM GEN GASTRIC SBSQ W/C	\$18.26	\$36.32
95982		ELEC ALYS NSTIM PLS GEN GASTRIC SBSQ	\$37.94	\$57.80
95983		ELEC ALYS IMPLT BRN NPGT PRGRMG 1ST	\$51.52	\$52.24

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
95984		ELEC ALYS IMPLT BRN NPGT PRGRMG EA .	\$45.44	\$46.17
95990		REFILL&MAINTENANCE PUMP DRUG DLVF	\$92.08	\$92.08
95991		RFL&MAIN IMPLT PMP/RSVR DLVR SPI/BR	\$41.48	\$116.60
95992		CANALITH REPOSITIONING PROCEDURE	\$38.60	\$45.46
96020	26	TEST SELECT & ADMN FUNCTL BRAIN MAI	\$166.10	\$166.10
96110		DEVELOPMENTAL SCREEN W/SCORING & I	\$10.11	\$10.11
96125		STANDARDIZED COGNITIVE PERFORMANC	\$111.04	\$111.04
96127		BEHAV ASSMT W/SCORE & DOCD/STAND II	\$5.06	\$5.06
96130		PSYCHOLOGICAL TST EVAL SVC PHYS/QHI	\$109.87	\$120.71
96131		PSYCHOLOGICAL TST EVAL SVC PHYS/QHI	\$84.54	\$92.86
96132		NEUROPSYCHOLOGICAL TST EVAL PHYS/C	\$108.43	\$135.14
96133		NEUROPSYCHOLOGICAL TST EVAL PHYS/C	83.47	101.52
96136		PSYL/NRPSYCL TST PHYS/QHP 2+ TST 1ST 3	\$24.99	\$47.74
96137		PSYCL/NRPSYCL TST PHYS/QHP 2+ TST EA	\$19.62	\$43.82
96146		PSYCL/NRPSYCL TST ELEC PLATFORM AU7	\$2.17	\$2.17
96156		HEALTH BEHAVIOR ASSESSMENT/RE-ASSE	\$89.53	\$98.92
96158		HEALTH BEHAVIOR IVNTJ INDIV F2F 1ST 30	\$60.99	\$67.48
96159		HEALTH BEHAVIOR IVNTJ INDIV F2F EA AI	\$21.04	\$23.57
96161		CAREGIVER HLTH RISK ASSMT SCORE DOC	\$2.53	\$2.53
96164		HEALTH BEHAVIOR IVNTJ GROUP F2F 1ST :	\$8.92	\$10.00
96165		HEALTH BEHAVIOR IVNTJ GROUP F2F EA A	\$3.92	\$4.65
96167		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F 1	\$65.27	\$72.49
96168		HEALTH BEHAVIOR IVNTJ FAM W/PT F2F E	\$23.18	\$25.71
96170		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F	\$78.29	\$82.27
96171		HEALTH BEHAVIOR IVNTJ FAM W/O PT F2F	\$28.61	\$30.05
96360		IV INFUSION HYDRATION INITIAL 31 MIN-1	\$34.57	\$34.57
96361		IV INFUSION HYDRATION EACH ADDITION	\$13.67	\$13.67
96365		IV INFUSION THERAPY/PROPHYLAXIS /DX	\$72.11	\$72.11
96366		IV INFUSION THERAPY PROPHYLAXIS/DX I	\$21.93	\$21.93
96367		IV INFUSION THER PROPH ADDL SEQUENT	\$31.32	\$31.32
96368		IV NFS THERAPY PROPHYLAXIS/DX CONCI	\$21.22	\$21.22
96369		SUBCUTANEOUS INFUSION INITIAL 1 HR W	\$162.02	\$162.02
96370		SUBCUTANEOUS INFUSION EACH ADDITIO	\$15.44	\$15.44
96371		SUBQ INFUSION ADDITIONAL PUMP INFUS	\$64.64	\$64.64
96372		THERAPEUTIC PROPHYLACTIC/DX INJECTI	\$14.36	\$14.36
96374		THER PROPH/DX NJX IV PUSH SINGLE/1ST :	\$39.98	\$39.98
96375		THERAPEUTIC INJECTION IV PUSH EACH N	\$16.56	\$16.56
96401		CHEMOTX ADMN SUBQ/IM NON-HORMON/	\$80.06	\$80.06
96402		CHEMOTX ADMN SUBQ/IM HORMONAL AN	\$32.04	\$32.04
96405		CHEMOTHERAPY ADMINISTRATION INTRA	\$30.06	\$84.58
96406		CHEMOTHERAPY ADMINISTRATION INTRA	\$46.88	\$129.94
96409		CHEMOTX ADMN IV PUSH TQ 1/1ST SBST/D	\$110.01	\$110.01
96411		CHEMOTX ADMN IV PUSH TQ EA SBST/DRU	\$59.84	\$59.84
96413		CHEMOTX ADMN IV NFS TQ UP 1 HR 1/1ST :	\$142.49	\$142.49
96415		CHEMOTHERAPY ADMN IV INFUSION TQ E	\$30.60	\$30.60
96416		CHEMOTX ADMN TQ INIT PROLNG CHEMO	\$142.53	\$142.53
96417		CHEMOTX ADMN IV NFS TQ EA SEQL NFS 1	\$69.23	\$69.23
96420		CHEMOTHERAPY ADMIN INTRA-ARTERIAL	\$105.72	\$105.72
96422		CHEMOTHERAPY ADMIN INTRA-ARTERIAL	\$173.61	\$173.61
96423		CHEMOTHERAPY ADMN INTRAARTERIAL I	\$80.44	\$80.44

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
96425		CHEMOTX ADMN IA NFS >8 HR PRTBLE IMI	\$184.08	\$184.08
96440		CHEMOTX ADMN PLEURAL CAVITY REQ&'	\$127.82	\$910.34
96446		CHEMOTX ADMN PRTL CAVITY PORT/CATI	\$26.18	\$204.92
96450		CHEMOTX ADMN CNS REQ SPINAL PUNCTI	\$80.81	\$182.64
96521		REFILLING & MAINTENANCE PORTABLE PI	\$149.03	\$149.03
96522		REFILL&MAINTENANCE PUMP DRUG DLVF	\$124.48	\$124.48
96523		IRRIGAJ IMPLNTD VENOUS ACCESS DRUG	\$28.15	\$28.15
96542		CHEMOTX NJX SUBARACHND/INTRAVENT	\$43.31	\$133.94
96567		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ]	\$136.14	\$136.14
96570		PDT NDSC ABL ABNOR TISS VIA ACTIVJ R	\$58.29	\$58.29
96571		PDT NDSC ABL ABNOR TISS VIA ACTIVJ R	\$26.79	\$26.79
96573		PDT DSTR PRMLG LES SKN ILLUM/ACTIVJ]	\$217.49	\$217.49
96574		DEBRIDEMENT PRMLG HYPERKERATOTIC	\$273.18	\$273.18
96900		ACTINOTHERAPY ULTRAVIOLET LIGHT	\$22.75	\$22.75
96902		MCRSCP XM HAIR PLUCK/CLIP FOR CNTS/S	\$21.45	\$22.89
96910		PHOTOCHEMOTX TAR&UVB/PETROLATUM	\$118.44	\$118.44
96912		PHOTOCHEMOTX PSORALENS&ULTRAVIO	\$101.11	\$101.11
96913		PHOTOCHEMOTHERAPY DERMATOSES 4-8	\$146.61	\$146.61
96920		LASER SKIN DISEASE PSORIASIS TOT AREA	\$67.28	\$165.87
96921		LASER SKIN DISEASE PSORIASIS 250-500 SQ	\$75.51	\$181.67
96922		LASER SKIN DISEASE PSORIASIS >500 SQ C	\$122.03	\$247.70
96931		RCM CELULR & SUBCELULR SKN IMGNG II	\$175.44	\$175.44
96932		RCM CELULR & SUBCELULR SKN IMGNG II	\$128.92	\$128.92
96933		RCM CELULR & SUBCELULR SKN IMGNG I	\$46.52	\$46.52
96934		RCM CELULR & SUBCELULR SKN IMGNG II	\$106.85	\$106.85
96935		RCM CELULR & SUBCELULR SKN IMGNG II	\$62.48	\$62.48
96936		RCM CELULR & SUBCELULR SKN IMGNG I	\$44.37	\$44.37
97010		APPLICATION MODALITY 1/> AREAS HOT/C	\$6.47	\$6.47
97012		APPL MODALITY 1/> AREAS TRACTION ME	\$15.40	\$15.40
97014		APPL MODALITY 1/> AREAS ELEC STIMJ UT	\$14.71	\$14.71
97016		APPL MODALITY 1/> AREAS VASOPNEUMA	\$12.54	\$12.54
97018		APPL MODALITY 1/> AREAS PARAFFIN BA	\$6.11	\$6.11
97022		APPLICATION MODALITY 1/> AREAS WHIR	\$18.33	\$18.33
97024		APPLICATION MODALITY 1/> AREAS DIATI	\$7.19	\$7.19
97026		APPLICATION MODALITY 1/> AREAS INFRA	\$6.47	\$6.47
97028		APPL MODALITY 1/> AREAS ULTRAVIOLET	\$8.26	\$8.26
97032		APPL MODALITY 1/> AREAS ELEC STIMJ EA	\$15.03	\$15.03
97033		APPL MODALITY 1/> AREAS IONTOPHORES	\$21.17	\$21.17
97034		APPL MODALITY 1/> AREAS CONTRAST BA	\$15.42	\$15.42
97035		APPL MODALITY 1/> AREAS ULTRASOUND	\$14.69	\$14.69
97036		APPL MODALITY 1/> AREAS HUBBARD TAP	\$35.97	\$35.97
97110		THERAPEUTIC PX 1/> AREAS EACH 15 MIN	\$31.18	\$31.18
97112		THER PX 1/> AREAS EACH 15 MIN NEUROM	\$35.85	\$35.85
97113		THER PX 1/> AREAS EACH 15 MIN AQUA TH	\$39.46	\$39.46
97116		THER PX 1/> AREAS EA 15 MIN GAIT TRAIN	\$30.82	\$30.82
97124		THER PX 1/> AREAS EACH 15 MINUTES MA	\$29.78	\$29.78
97129		THER IVNTJ COG FUNCJ CNTCT 1ST 15 MIN	\$23.93	\$24.29
97130		THER IVNTJ COG FUNCJ CNTCT EA ADDL 1	\$23.22	\$23.22
97140		MANUAL THERAPY TQS 1/> REGIONS EACH	\$28.67	\$28.67
97150		THERAPEUTIC PROCEDURES GROUP 2/> IN	\$18.62	\$18.62

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
97161		PHYSICAL THERAPY EVALUATION LOW CO	\$87.11	\$87.11
97162		PHYSICAL THERAPY EVALUATION MOD CO	\$87.11	\$87.11
97163		PHYSICAL THERAPY EVALUATION HIGH C	\$87.11	\$87.11
97164		PHYSICAL THERAPY RE-EVAL EST PLAN C.	\$59.91	\$59.91
97165		OCCUPATIONAL THERAPY EVAL LOW COM	\$92.53	\$92.53
97166		OCCUPATIONAL THERAPY EVAL MOD COM	\$92.17	\$92.17
97167		OCCUPATIONAL THERAPY EVAL HIGH COI	\$92.17	\$92.17
97168		OCCUPATIONAL THER RE-EVAL EST PLAN	\$63.88	\$63.88
97530		THERAPEUT ACTIVITY DIRECT PT CONTACT	\$40.21	\$40.21
97533		SENSORY INTEGRATIVE TECHNIQUES EAC	\$52.83	\$52.83
97535		SELF-CARE/HOME MGMT TRAINING EACH	\$34.79	\$34.79
97537		COMMUNITY/WORK REINTEGRATION TRA	\$33.33	\$33.33
97542		WHEELCHAIR MGMT EA 15 MIN	\$33.69	\$33.69
97597		DEBRIDEMENT OPEN WOUND 20 SQ CM/<	\$37.51	\$98.54
97598		DEBRIDEMENT OPEN WOUND EACH ADDIT	\$26.46	\$47.04
97605		NEGATIVE PRESSURE WOUND THERAPY D	\$26.43	\$44.48
97606		NEGATIVE PRESSURE WOUND THERAPY D	\$28.57	\$52.40
97750		PHYSICAL PERFORMANCE TEST/MEAS W/R	\$35.52	\$35.52
97755		ASSTV TECHNOL ASSMT DIR CNTCT W/REI	\$39.03	\$39.03
97760		ORTHOTICS MGMT & TRAING INITIAL ENC	\$50.29	\$50.29
97761		PROSTHETICS TRAINING INITIAL ENCTR E	\$42.71	\$42.71
97763		ORTHOTICS/PROSTH MGMT &/TRAING SBS	\$53.91	\$53.91
98925		OSTEOPATHIC MANIPULATIVE TX 1-2 BOD	\$24.31	\$31.90
98926		OSTEOPATHIC MANIPULATIVE TX 3-4 BOD	\$36.82	\$46.21
98927		OSTEOPATHIC MANIPULATIVE TX 5-6 BOD	\$48.25	\$60.16
98928		OSTEOPATHIC MANIPULATIVE TX 7-8 BOD	\$60.39	\$73.39
98929		OSTEOPATHIC MANIPULATIVE TX 9-10 BOI	\$73.98	\$87.70
98940		CHIROPRACTIC MANIPULATIVE TX SPINAL	\$22.86	\$28.65
98941		CHIROPRACTIC MANIPULATIVE TX SPINAL	\$35.02	\$41.15
98942		CHIROPRACTIC MANIPULATIVE TX SPINAL	\$47.52	\$53.66
98960		EDUCATION&TRAINING SELF-MGMT NONF	\$27.80	\$27.80
99151		MOD SED SAME PHYS/QHP INITIAL 15 MIN	\$23.93	\$75.57
99152		MOD SED SAME PHYS/QHP INITIAL 15 MIN	\$12.50	\$51.51
99153		MOD SED SAME PHYS/QHP EACH ADDL 15	\$10.83	\$10.83
99155		MOD SED OTHER PHYS/QHP INITIAL 15 MIN	\$86.76	\$86.76
99156		MOD SED OTHER PHYS/QHP INITIAL 15 MIN	\$79.30	\$79.30
99157		MOD SED OTHER PHYS/QHP EACH ADDL 15	\$64.70	\$64.70
99170		ANOGENITAL XM MAGNIFY CHILD/SUSPEC	\$87.92	\$160.86
99173		SCREENING TEST VISUAL ACUITY QUANTI	\$2.89	\$2.89
99174		INSTRUMENT BASED OCULAR SCR BI W/RM	\$5.78	\$5.78
99175		IPECAC/SIMILAR ADMN EMESIS&OBS STOP	\$25.27	\$25.27
99183		PHYS/QHP ATTN&SUPVJ HYPRBARIC OXYC	\$113.01	\$113.01
99184		INITIAT SELECTIVE HEAD/BODY HYPOTHE	\$226.21	\$226.21
99195		PHLEBOTOMY THERAPEUTIC SEPARATE PI	\$102.92	\$102.92
99217		OBSERVATION CARE DISCHARGE MANAGI	\$73.35	\$73.35
99217		OBSERVATION CARE DISCHARGE MANAGI	\$73.35	\$73.35
99218		INITIAL OBSERVATION CARE/DAY 30 MINU	\$100.82	\$100.82
99218		INITIAL OBSERVATION CARE/DAY 30 MINU	\$100.82	\$100.82
99219		INITIAL OBSERVATION CARE/DAY 50 MINU	\$136.94	\$136.94

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
99219		INITIAL OBSERVATION CARE/DAY 50 MINU	\$136.94	\$136.94
99220		INITIAL OBSERVATION CARE/DAY 70 MINU	\$186.63	\$186.63
99220		INITIAL OBSERVATION CARE/DAY 70 MINU	\$186.63	\$186.63
99221		INITIAL HOSPITAL CARE/DAY 30 MINUTES	\$103.00	\$103.00
99221		INITIAL HOSPITAL CARE/DAY 30 MINUTES	\$103.00	\$103.00
99222		INITIAL HOSPITAL CARE/DAY 50 MINUTES	\$139.10	\$139.10
99222		INITIAL HOSPITAL CARE/DAY 50 MINUTES	\$139.10	\$139.10
99223		INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$204.16	\$204.16
99223		INITIAL HOSPITAL CARE/DAY 70 MINUTES	\$204.16	\$204.16
99224		SBSQ OBSERVATION CARE/DAY 15 MINUTI	\$40.04	\$40.04
99224		SBSQ OBSERVATION CARE/DAY 15 MINUTI	\$40.04	\$40.04
99225		SBSQ OBSERVATION CARE/DAY 25 MINUTI	\$73.29	\$73.29
99225		SBSQ OBSERVATION CARE/DAY 25 MINUTI	\$73.29	\$73.29
99226		SBSQ OBSERVATION CARE/DAY 35 MINUTI	\$105.48	\$105.48
99226		SBSQ OBSERVATION CARE/DAY 35 MINUTI	\$105.48	\$105.48
99231		SBSQ HOSPITAL CARE/DAY 15 MINUTES	\$39.68	\$39.68
99231		SBSQ HOSPITAL CARE/DAY 15 MINUTES	\$39.68	\$39.68
99232		SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$72.93	\$72.93
99232		SBSQ HOSPITAL CARE/DAY 25 MINUTES	\$72.93	\$72.93
99233		SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$105.11	\$105.11
99233		SBSQ HOSPITAL CARE/DAY 35 MINUTES	\$105.11	\$105.11
99234		OBSERVATION/INPATIENT HOSPITAL CARI	\$134.79	\$134.79
99234		OBSERVATION/INPATIENT HOSPITAL CARI	\$134.79	\$134.79
99235		OBSERVATION/INPATIENT HOSPITAL CARI	\$170.55	\$170.55
99235		OBSERVATION/INPATIENT HOSPITAL CARI	\$170.55	\$170.55
99236		OBSERVATION/INPATIENT HOSPITAL CARI	\$219.51	\$219.51
99236		OBSERVATION/INPATIENT HOSPITAL CARI	\$219.51	\$219.51
99238		HOSPITAL DISCHARGE DAY MANAGEMEN'	\$73.72	\$73.72
99238		HOSPITAL DISCHARGE DAY MANAGEMEN'	\$73.72	\$73.72
99239		HOSPITAL DISCHARGE DAY MANAGEMEN'	\$108.05	\$108.05
99239		HOSPITAL DISCHARGE DAY MANAGEMEN'	\$108.05	\$108.05
99281		EMERGENCY DEPARTMENT VISIT LIMITED	\$22.86	\$22.86
99281		EMERGENCY DEPARTMENT VISIT LIMITED	\$22.86	\$22.86
99282		EMERGENCY DEPARTMENT VISIT LOW/MC	\$43.93	\$43.93
99282		EMERGENCY DEPARTMENT VISIT LOW/MC	\$43.93	\$43.93
99283		EMERGENCY DEPARTMENT VISIT MODER/	\$65.70	\$65.70
99283		EMERGENCY DEPARTMENT VISIT MODER/	\$65.70	\$65.70
99284		EMERGENCY DEPARTMENT VISIT HIGH/UR	\$120.70	\$120.70
99284		EMERGENCY DEPARTMENT VISIT HIGH/UR	\$120.70	\$120.70
99285		EMERGENCY DEPT VISIT HIGH SEVERITY&	\$175.31	\$175.31
99285		EMERGENCY DEPT VISIT HIGH SEVERITY&	\$175.31	\$175.31
99291		CRITICAL CARE ILL/INJURED PATIENT INI	\$224.42	\$282.55
99291		CRITICAL CARE ILL/INJURED PATIENT INI	\$224.42	\$282.55
99292		CRITICAL CARE ILL/INJURED PATIENT ADI	\$112.94	\$124.84
99292		CRITICAL CARE ILL/INJURED PATIENT ADI	\$112.94	\$124.84
G0279	TC	TOMOSYNTHESIS, MAMMO	\$25.27	\$25.27
G0279	TC	TOMOSYNTHESIS, MAMMO	\$25.27	\$25.27
G0279	26	TOMOSYNTHESIS, MAMMO	\$30.38	\$30.38

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
G0279	26	TOMOSYNTHESIS, MAMMO	\$30.38	\$30.38
G0279		TOMOSYNTHESIS, MAMMO	\$55.65	\$55.65
G0279		TOMOSYNTHESIS, MAMMO	\$55.65	\$55.65
G0297	26	LDCT FOR LUNG CA SCREEN	\$51.82	\$51.82
G0297	26	LDCT FOR LUNG CA SCREEN	\$51.82	\$51.82
G0297	TC	LDCT FOR LUNG CA SCREEN	\$189.58	\$189.58
G0297	TC	LDCT FOR LUNG CA SCREEN	\$189.58	\$189.58
G0297		LDCT FOR LUNG CA SCREEN	\$241.40	\$241.40
G0297		LDCT FOR LUNG CA SCREEN	\$241.40	\$241.40
G0416	TC	PROSTATE BIOPSY, ANY MTHD	\$162.50	\$162.50
G0416	TC	PROSTATE BIOPSY, ANY MTHD	\$162.50	\$162.50
G0416	26	PROSTATE BIOPSY, ANY MTHD	\$183.70	\$183.70
G0416	26	PROSTATE BIOPSY, ANY MTHD	\$183.70	\$183.70
G0416		PROSTATE BIOPSY, ANY MTHD	\$346.20	\$346.20
G0416		PROSTATE BIOPSY, ANY MTHD	\$346.20	\$346.20
G0452	26	MOLECULAR PATHOLOGY INTERPR	\$18.94	\$18.94
G0452	26	MOLECULAR PATHOLOGY INTERPR	\$18.94	\$18.94
G2061		QUAL NONMD EST PT 5-10M	\$12.14	\$12.14
G2061		QUAL NONMD EST PT 5-10M	\$12.14	\$12.14
G2062		QUAL NONMD EST PT 11-20M	\$21.43	\$21.43
G2062		QUAL NONMD EST PT 11-20M	\$21.43	\$21.43
G2063		QUAL NONMD EST PT 21>MIN	\$33.22	\$33.58
G2063		QUAL NONMD EST PT 21>MIN	\$33.22	\$33.58
G2082		VISIT ESKETAMINE 56M OR LESS	\$25.39	\$759.87
G2082		VISIT ESKETAMINE 56M OR LESS	\$25.39	\$759.87
G2083		VISIT ESKETAMINE, > 56M	\$25.39	\$1110.51
G2083		VISIT ESKETAMINE, > 56M	\$25.39	\$1110.51

APPENDIX P

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Physician-Administered Drugs

Dashboard Number 5.1

Last FFS Rate Update: N/A

There are not published rates per se for Physician-Administered drugs.

The DMMA pays either: (a) the invoice price or (b) Average Sales Price (ASP) + 6% if the unit cost of the product is under \$50.

APPENDIX Q

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Independent Laboratory and Radiology

Subcategory: Services Not Paid in RBRVS

Dashboard Number 5.2

Last FFS Rate Update: 1/1/2020

For most radiology services, the DMMA uses rates set by Medicare.

Some radiology services do not have a rate set by Medicare. The rates paid by DMMA are shown below.

Also, Medicare has a separate rate schedule for laboratory services outside of its RBRVS methodology.

Rates of \$0.00 for Manually Priced means that DMMA researches a rate each time the service is billed.

Procedure Code	Description of Procedure	Type of Rate	Rate
76140	CONSLTJ X-RAY XM MADE ELSEWHERE WRTTN	Default Rate	\$38.59
76496	UNLISTED FLUOROSCOPIC PROCEDURE	Manually Priced	\$0.00
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDU	Manually Priced	\$0.00
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE	Manually Priced	\$0.00
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEI	Manually Priced	\$0.00
76999	UNLISTED US PROCEDURE	Manually Priced	\$0.00
77299	UNLIS PX THER RADIOL CLINICAL TX PLANNIN	Manually Priced	\$0.00
77371	RADIATION DELIVERY STEREOTACTIC CRANIAI	Default Rate	\$1,188.49
77385	INTENSITY MODULATED RADIATION TX DLVR S	Default Rate	\$528.05
77386	INTENSITY MODULATED RADIATION TX DLVR C	Default Rate	\$528.05
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ	Manually Priced	\$0.00
77399	UNLIS MEDICAL RADJ DOSIM TX DEV SPEC SVC	Manually Priced	\$0.00
77402	RADIATION TREATMENT DELIVERY 1 MEV+ SIM	Default Rate	\$120.26
77407	RADIATION TX DELIVERY 1 MEV => INTERMEDI	Default Rate	\$231.63
77412	RADIATION TREATMENT DELIVERY 1 MEV => C	Default Rate	\$231.63
77423	HIGH ENERGY NEUTRON RADJ TX DLVR 1/> ISO	Manually Priced	\$0.00
77424	INTRAOP RADIAJ TX DELIVER XRAY SINGLE TX	Manually Priced	\$0.00
77425	INTRAOP RADIAJ TX DELIVER ELECTRONS SNGI	Manually Priced	\$0.00
77499	UNLISTED PROCEDURE THERAPEUTIC RADIOLO	Manually Priced	\$0.00
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSA7	Manually Priced	\$0.00
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATIC	Manually Priced	\$0.00
77523	PROTON TX DELIVERY INTERMEDIATE	Manually Priced	\$0.00
77525	PROTON TX DELIVERY COMPLEX	Manually Priced	\$0.00
77799	UNLISTED PROCEDURE CLINICAL BRACHYTHER	Manually Priced	\$0.00
78099	UNLISTED ENDOCRINE PX DX NUCLEAR MEDICI	Manually Priced	\$0.00
78199	UNLIS HEMATOP RET/ENDO&LYMPHATIC DX NU	Manually Priced	\$0.00
78267	UREA BREATH TEST C-14 ISOTOPIC ACQUISJ A	Manually Priced	\$0.00
78268	UREA BREATH TEST C-14 ISOTOPIC ANALYSIS	Manually Priced	\$0.00
78299	UNLISTED GASTROINTESTINAL PX DX NUCLEAF	Manually Priced	\$0.00
78399	UNLISTED MUSCULOSKELETAL PX DX NUCLEAI	Manually Priced	\$0.00
78429	MYOCDR IMG PET METAB EVAL SINGLE STUDY	Default Rate	\$770.74
78430	MYOCDR IMG PET PRFUJ 1STD REST/STRESS CN	Default Rate	\$766.46
78431	MYOCDR IMG PET PRFUJ MLT STD RST&STRS CN	Default Rate	\$1163.51
78432	MYOCDR IMG PET PRFUJ W/METAB DUAL RADIC	Default Rate	\$1,407.26
78433	MYOCDR IMG PET PRFUJ W/METAB 2RTRACER C	Default Rate	\$1,416.55
78434	AQMBF PET REST AND PHARMACOLOGIC STRES	Manually Priced	\$0.00

Procedure Code	Description of Procedure	Type of Rate	Rate
78459	MYOCDR IMG PET METAB EVAL SINGLE STUDY	Default Rate	\$1,349.69
78491	MYOCDR IMG PET PRFUJ SINGLE STUDY REST/S	Default Rate	\$1,334.77
78492	MYOCDR IMG PET PRFUJ MULTIPLE STUDY RES	Default Rate	\$1472.89
78499	UNLISTED CARDIOVASCULAR PX DX NUCLEAR	Manually Priced	\$0.00
78599	UNLISTED RESPIRATORY PX DX NUCLEAR MEDI	Manually Priced	\$0.00
78608	BRAIN IMAGING PET METABOLIC EVALUATION	Default Rate	\$1505.15
78609	BRAIN IMAGING PET PERFUSION EVALUATION	Default Rate	\$77.21
78699	UNLISTED NERVOUS SYSTEM PX DX NUCLEAR M	Manually Priced	\$0.00
78799	UNLISTED GENITOURINARY PX DX NUCLEAR M	Manually Priced	\$0.00
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK	Default Rate	\$1349.36
78812	PET IMAGING SKULL BASE TO MID-THIGH	Default Rate	\$1537.65
78814	PET IMAGING CT FOR ATTENUATION LIMITED A	Default Rate	\$1551.23
78815	PET IMAGING CT ATTENUATION SKULL BASE M	Default Rate	\$1564.10
78816	PET IMAGING FOR CT ATTENUATION WHOLE BC	Default Rate	\$1565.16
78999	UNLISTED MISCELLANEOUS PX DX NUCLEAR M	Manually Priced	\$0.00
79999	RP THERAPY UNLISTED PROCEDURE	Manually Priced	\$0.00
80047	BASIC METABOLIC PANEL CALCIUM IONIZED	Default Rate	\$13.46
80048	BASIC METABOLIC PANEL CALCIUM TOTAL	Default Rate	\$8.29
80050	GENERAL HEALTH PANEL	Default Rate	\$16.32
80051	ELECTROLYTE PANEL	Default Rate	\$6.87
80053	COMPREHENSIVE METABOLIC PANEL	Default Rate	\$10.35
80055	OBSTETRIC PANEL	Default Rate	\$46.85
80061	LIPID PANEL	Default Rate	\$13.12
80069	RENAL FUNCTION PANEL	Default Rate	\$8.51
80074	ACUTE HEPATITIS PANEL	Default Rate	\$46.68
80076	HEPATIC FUNCTION PANEL	Default Rate	\$8.01
80081	OBSTETRIC PANEL	Default Rate	\$73.36
80145	DRUG ASSAY ADALIMUMAB	Default Rate	\$37.80
80150	DRUG SCREEN QUANTITATIVE AMIKACIN	Default Rate	\$14.78
80155	DRUG ASSAY CAFFEINE	Default Rate	\$37.80
80156	DRUG ASSAY CARBAMAZEPINE TOTAL	Default Rate	\$14.28
80157	DRUG ASSAY CARBAMAZEPINE FREE	Default Rate	\$12.99
80158	DRUG ASSAY CYCLOSPORINE	Default Rate	\$17.69
80159	DRUG ASSAY CLOZAPINE	Default Rate	\$19.75
80162	DRUG SCREEN QUANTITATIVE DIGOXIN TOTAL	Default Rate	\$13.01
80163	DRUG SCREEN QUANTITATIVE DIGOXIN FREE	Default Rate	\$13.01
80164	DRUG ASSAY VALPROIC DIPROPYLACETIC ACID	Default Rate	\$13.27
80165	DRUG SCREEN QUANT DIPROPYLACETIC ACID F	Default Rate	\$13.27
80168	DRUG SCREEN QUANTITATIVE ETHOSUXIMIDE	Default Rate	\$16.01
80169	DRUG ASSAY EVEROLIMUS	Default Rate	\$13.46
80170	DRUG SCREEN QUANTITATIVE GENTAMICIN	Default Rate	\$16.05
80171	DRUG SCREEN QUANTITATIVE GABAPENTIN	Default Rate	\$21.24
80173	DRUG SCREEN QUANTITATIVE HALOPRIDOL	Default Rate	\$15.46
80175	DRUG SCREEN QUANTITATIVE LAMOTRIGINE	Default Rate	\$12.99
80176	DRUG SCREEN QUANTITATIVE LIDOCAINE	Default Rate	\$14.40
80177	DRUG SCREEN QUANTITATIVE LEVETIRACETAM	Default Rate	\$12.99
80178	DRUG SCREEN QUANTITATIVE LITHIUM	Default Rate	\$6.48
80180	DRUG SCREEN QUANTITATIVE MYCOPHENOLAM	Default Rate	\$17.69

Procedure Code	Description of Procedure	Type of Rate	Rate
80183	DRUG SCREEN QUANTITATIVE OXCARBAZEPINI	Default Rate	\$12.99
80184	DRUG SCREEN QUANTITATIVE PHENOBARBITAI	Default Rate	\$14.99
80185	DRUG SCREEN QUANTITATIVE PHENYTOIN TOT	Default Rate	\$12.99
80186	DRUG SCREEN QUANTITATIVE PHENYTOIN FREI	Default Rate	\$13.48
80187	DRUG ASSAY POSACONAZOLE	Default Rate	\$26.57
80188	DRUG SCREEN QUANTITATIVE PRIMIDONE	Default Rate	\$16.26
80190	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	Default Rate	\$58.80
80192	DRUG SCREEN QUANTITATIVE PROCAINAMIDE	Default Rate	\$16.42
80194	DRUG SCREEN QUANTITATIVE QUINIDINE	Default Rate	\$14.31
80195	DRUG SCREEN QUANTITATIVE SIROLIMUS	Default Rate	\$13.46
80197	DRUG SCREEN QUANTITATIVE TACROLIMUS	Default Rate	\$13.46
80198	DRUG SCREEN QUANTITATIVE THEOPHYLLINE	Default Rate	\$13.86
80199	DRUG SCREEN QUANTITATIVE TIAGABINE	Default Rate	\$26.57
80200	DRUG SCREEN QUANTITATIVE TOBRAMYCIN	Default Rate	\$15.81
80201	DRUG SCREEN QUANTITATIVE TOPIRAMATE	Default Rate	\$11.68
80202	DRUG SCREEN QUANTITATIVE VANCOMYCIN	Default Rate	\$13.27
80203	DRUG SCREEN QUANTITATIVE ZONISAMIDE	Default Rate	\$12.99
80230	DRUG ASSAY INFLIXIMAB	Default Rate	\$37.80
80235	DRUG ASSAY LACOSAMIDE	Default Rate	\$26.57
80280	DRUG ASSAY VEDOLIZUMAB	Default Rate	\$37.80
80285	DRUG ASSAY VORICONAZOLE	Default Rate	\$26.57
80299	QUANTITATION DRUG NOT ELSEWHERE SPECIFI	Default Rate	\$18.27
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS	Default Rate	\$12.35
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR C	Default Rate	\$16.80
80307	DRUG TST PRSMV INSTRMNT CHEM ANALYZER	Default Rate	\$60.90
80400	ACTH STIMULATION PANEL ADRENAL INSUFFIC	Default Rate	\$31.97
80402	ACTH STIMULATION PANEL 21 HYDROXYLASE I	Default Rate	\$85.22
80406	ACTH STIMJ PANEL 3 BETA-HYDROXYDEHYD DI	Default Rate	\$76.69
80408	ALDOSTERONE SUPPRESSION EVALUATION PAN	Default Rate	\$122.99
80410	CALCITONIN STIMULATION PANEL	Default Rate	\$78.76
80412	CORTICOTROPIC RELEASING HORM STIMJ PANE	Default Rate	\$785.59
80414	CHORNC GONAD STIMJ PANEL TSTOSTERONE RI	Default Rate	\$50.61
80415	CHORNC GONAD STIMJ PANEL ESTRADIOL RESF	Default Rate	\$54.77
80416	RENAL VEIN RENIN STIMULATION PANEL	Default Rate	\$205.13
80417	PERIPHERAL VEIN RENIN STIMULATION PANEL	Default Rate	\$43.11
80418	COMBINED RAPID ANT PITUITARY EVALUATION	Default Rate	\$567.89
80420	DEXMETHASONE SUPPRESSION PANEL 48 HR	Default Rate	\$158.64
80422	GLUCOSE TOLERANCE PANEL INSULINOMA	Default Rate	\$45.15
80424	GLUCOSE TOLERANCE PANEL PHEOCHROMOCY	Default Rate	\$49.49
80426	GONADOTROPIN RELEASING HORMONE STIMJ P	Default Rate	\$145.44
80428	GROWTH HORMONE STIMULATION PANEL	Default Rate	\$65.37
80430	GROWTH HORMONE SUPRJ PANEL GLUCOSE AD	Default Rate	\$126.74
80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PAN	Default Rate	\$162.30
80434	INSULIN TOLERANCE PANEL ACTH INSUFFICIEN	Default Rate	\$279.33
80435	INSULIN TOLERANCE PANEL GROWTH HORM DI	Default Rate	\$100.94
80436	METYRAPONE PANEL	Default Rate	\$89.34
80438	THYROTROPIN RELEASING HORMONE STMLJ PA	Default Rate	\$49.40
80439	THYROTROPIN RELEASING HORMONE STMLJ PA	Default Rate	\$65.87

Procedure Code	Description of Procedure	Type of Rate	Rate
80500	CLINICAL PATHOLOGY CONSULTATION LIMITEI	Default Rate	\$22.88
80502	CLINICAL PATHOLOGY CONSULTATION COMPR	Default Rate	\$76.36
81000	URINLS DIP STICK/TABLET REAGNT NON-AUTO	Default Rate	\$3.94
81001	URNLS DIP STICK/TABLET REAGENT AUTO MICF	Default Rate	\$3.11
81002	URNLS DIP STICK/TABLET RGNT NON-AUTO W/C	Default Rate	\$3.41
81003	URNLS DIP STICK/TABLET RGNT AUTO W/O MIC	Default Rate	\$2.21
81005	URINALYSIS QUAL/SEMIQUANT EXCEPT IMMUN	Default Rate	\$2.13
81007	URINALYSIS BACTERIURIA SCR XCPT CULTURE	Default Rate	\$29.38
81015	URINALYSIS MICROSCOPIC ONLY	Default Rate	\$2.99
81020	URINALYSIS 2/3 GLASS TEST	Default Rate	\$4.61
81025	URINE PREGNANCY TEST VISUAL COLOR CMPR	Default Rate	\$8.44
81050	VOLUME MEASUREMENT TIMED COLLECTION E	Default Rate	\$3.57
81099	UNLISTED URINALYSIS PROCEDURE	Manually Priced	\$0.00
81105	HPA-1 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81106	HPA-2 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81107	HPA-3 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81108	HPA-4 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81109	HPA-5 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81110	HPA-6 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81111	HPA-9 GENOTYPING ANALYSIS COMMON VA	Default Rate	\$119.78
81112	HPA-15 GENOTYPING GENE ANALYSIS COMMON	Default Rate	\$119.78
81120	IDH1 COMMON VARIANTS	Default Rate	\$189.39
81121	IDH2 COMMON VARIANTS	Default Rate	\$289.87
81161	DMD DUPLICATION/DELETION ANALYSIS	Default Rate	\$273.42
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/	Default Rate	\$1788.38
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE	Default Rate	\$917.28
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL A	Default Rate	\$572.55
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANAL	Default Rate	\$554.44
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYS	Default Rate	\$295.32
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYS	Default Rate	\$277.22
81170	ABL1 GENE ANALYSIS KINASE DOMAIN VARIAN	Default Rate	\$294.00
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMA	Default Rate	\$134.26
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF	Default Rate	\$269.33
81175	ASXL1 GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$662.97
81176	ASXL1 GENE ANALYSIS TARGETED SEQ ANALYS	Default Rate	\$237.06
81177	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMA	Default Rate	\$134.26
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORM	Default Rate	\$134.26
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORM	Default Rate	\$134.26
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORM	Default Rate	\$134.26
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORM	Default Rate	\$134.26
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNO	Default Rate	\$134.26
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMA	Default Rate	\$134.26
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNO	Default Rate	\$134.26
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMA	Default Rate	\$134.26
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMA	Default Rate	\$134.26
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$269.33
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARI	Default Rate	\$181.50
81200	ASPA GENE ANALYSIS COMMON VARIANTS	Manually Priced	\$0.00

Procedure Code	Description of Procedure	Type of Rate	Rate
81201	APC GENE ANALYSIS FULL GENE SEQUENCE	Manually Priced	\$0.00
81202	APC GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Manually Priced	\$0.00
81203	APC GENE ANALYSIS DUPLICATION/DELETION VARIANTS	Manually Priced	\$0.00
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES	Default Rate	\$134.26
81206	BCR/ABL1 MAJOR BREAKPNT QUALITATIVE/QUANTITATIVE	Default Rate	\$160.68
81207	BCR/ABL1 MINOR BREAKPNT QUALITATIVE/QUANTITATIVE	Default Rate	\$141.94
81209	BLM GENE ANALYSIS 2281DEL6INS7 VARIANT	Manually Priced	\$0.00
81212	BRCA1 BRCA 2 GEN ALYS 185DELAG 5385INSC	Default Rate	\$431.20
81215	BRCA1 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$367.75
81216	BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS	Manually Priced	\$0.00
81217	BRCA2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$367.75
81218	CEBPA GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$237.06
81219	CALR GENE ANALYSIS COMMON VARIANTS IN FIBROSIS	Default Rate	\$119.20
81220	CFTR GENE ANALYSIS COMMON VARIANTS	Default Rate	\$545.47
81230	CYP3A4 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81231	CYP3A5 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81232	DYPD GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81233	BTK GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.89
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL	Default Rate	\$134.26
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$277.22
81237	EZH2 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.89
81238	F9 FULL GENE SEQUENCE	Default Rate	\$588.00
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES	Default Rate	\$269.33
81240	F2 GENE ANALYSIS 20210G >A VARIANT	Default Rate	\$64.38
81241	F5 COAGULATION FACTOR V ANAL LEIDEN VARIANTS	Default Rate	\$71.90
81242	FANCC GENE ANALYSIS COMMON VARIANT	Manually Priced	\$0.00
81243	FMR1 ANALYSIS EVAL TO DETECT ABNORMAL	Manually Priced	\$0.00
81247	G6PD GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81248	G6PD GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$367.75
81249	G6PD GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$588.00
81251	GBA GLUCOSIDASE/BETA/ACID ANAL COMM VARIANTS	Manually Priced	\$0.00
81255	HEXA GENE ANALYSIS COMMON VARIANTS	Manually Priced	\$0.00
81258	HBA1/HBA2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$367.75
81259	HBA1/HBA2 GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$588.00
81269	HBA1/HBA2 GENE ANALYSIS DUP/DEL VARIANT	Default Rate	\$198.35
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES	Default Rate	\$134.26
81272	KIT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Default Rate	\$322.92
81273	KIT GENE ANALYSIS D816 VARIANT(S)	Default Rate	\$122.37
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLIANT	Default Rate	\$269.33
81276	KRAS GENE ANALYSIS ADDITIONAL VARIANT(S)	Default Rate	\$189.39
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS	Default Rate	\$1136.80
81283	IFNL3 GENE ANALYSIS RS12979860 VARIANT	Default Rate	\$71.90
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL	Default Rate	\$134.26
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLIANT	Default Rate	\$269.33
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$269.33
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$181.50
81290	MCOLN1 MUCOLIPIN1 GENE ANALYSIS COMMON VARIANTS	Manually Priced	\$0.00
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANTS	Default Rate	\$171.89

Procedure Code	Description of Procedure	Type of Rate	Rate
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$285.53
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE	Default Rate	\$277.22
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANTS	Default Rate	\$295.32
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE	Default Rate	\$269.33
81311	NRAS GENE ANALYSIS VARIANTS IN EXON 2&3	Default Rate	\$289.87
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL	Default Rate	\$134.26
81314	PDGFRA GENE ANALYSIS TARGETED SEQUENCE	Default Rate	\$322.92
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$285.53
81321	PTEN GENE ANALYSIS FULL SEQUENCE ANALYSIS	Default Rate	\$588.00
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS	Default Rate	\$188.16
81328	SLCO1B1 GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81329	SMN1 GENE ANALYSIS DOSAGE/DELETION ANALYSIS	Default Rate	\$134.26
81330	SMPD1 GENE ANALYSIS COMMON VARIANTS	Manually Priced	\$0.00
81333	TGFBI GENE ANALYSIS COMMON VARIANTS	Default Rate	\$134.26
81334	RUNX1 GENE ANALYSIS TARGETED SEQUENCE	Default Rate	\$322.92
81335	TPMT GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL	Default Rate	\$134.26
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL	Default Rate	\$134.26
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS	Default Rate	\$181.50
81346	TYMS GENE ANALYSIS COMMON VARIANTS	Default Rate	\$171.31
81361	HBB COMMON VARIANTS	Default Rate	\$171.31
81362	HBB KNOWN FAMILIAL VARIANTS	Default Rate	\$367.75
81363	HBB DUPLICATION/DELETION VARIANTS	Default Rate	\$198.35
81364	HBB FULL GENE SEQUENCE	Default Rate	\$318.09
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Default Rate	\$62.68
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Manually Priced	\$0.00
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Default Rate	\$269.33
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANALYSIS	Manually Priced	\$0.00
81413	CARION CHNNLPATH GENOMIC SEQUENCE ANALYSIS INC 1	Default Rate	\$573.20
81414	CARION CHNNLPATH DUP/DEL GEN ANALYSIS PANEL	Default Rate	\$573.20
81422	FETAL CHROMOSOMAL MICRODELETION GENOMIC	Default Rate	\$743.87
81432	HEREDITARY BRSTCA-RELATED GEN SEQ ANALYSIS	Manually Priced	\$0.00
81433	HEREDITARY BRSTCA-RELATED DUP/DEL ANALYSIS	Manually Priced	\$0.00
81434	HEREDITARY RETINAL DSRDRS GEN SEQ ANALYSIS	Manually Priced	\$0.00
81437	HEREDITARY NURONDCRN TUM DSRDRS GEN SEQ ANALYSIS	Manually Priced	\$0.00
81438	HEREDITARY NURONDCRN TUM DSRDRS DUP/DEL ANALYSIS	Manually Priced	\$0.00
81439	HEREDITARY CARDIOMYOPATHY GEN SEQ ANALYSIS	Default Rate	\$573.20
81442	NOONAN SPECTRUM DISORDERS GEN SEQ ANALYSIS	Manually Priced	\$0.00
81443	GENETIC TESTING FOR SEVERE INHERITED CONDUCTION	Default Rate	\$2399.59
81448	HEREDITARY PERIPHERAL NEUROPATHY GEN SEQ ANALYSIS	Default Rate	\$573.20
81479	UNLISTED MOLECULAR PATHOLOGY PROCEDURE	Manually Priced	\$0.00
81493	CORONARY DISEASE MRNA GENE EXPRESSION 23	Manually Priced	\$0.00
81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCORING	Manually Priced	\$0.00
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 1	Default Rate	\$3795.54
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 2	Default Rate	\$3795.54
81520	ONCOLOGY BREAST MRNA GENE EXPRESSION PRFL HYBRID 5	Default Rate	\$2460.01
81521	ONCOLOGY BREAST MRNA MICRORNA GENE EXPRESSION PRFL	Default Rate	\$3795.54
81522	ONCOLOGY BREAST MRNA GENE EXPRESSION PRFL 1	Default Rate	\$3795.54

Procedure Code	Description of Procedure	Type of Rate	Rate
81525	ONCOLOGY COLON MRNA GENE EXPRESSION 12	Manually Priced	\$0.00
81528	ONCOLOGY COLORECTAL SCREENING QUAN 10	Default Rate	\$498.69
81535	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEM	Default Rate	\$567.87
81536	ONCOLOGY GYNE LIVE TUM CELL CLTR&CHEM	Default Rate	\$174.01
81538	ONCOLOGY LUNG MS 8-PROTEIN SIGNATURE	Manually Priced	\$0.00
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 I	Default Rate	\$744.80
81540	ONCOLOGY TUM UNKNOWN ORIGIN MRNA 92 G	Manually Priced	\$0.00
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46	Default Rate	\$3795.54
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL :	Manually Priced	\$0.00
81545	ONCOLOGY THYROID GENE EXPRESSION 142 GE	Manually Priced	\$0.00
81551	ONC PRST8 PRMTR METHYLATION PRFL R-T PCR	Manually Priced	\$0.00
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 1	Manually Priced	\$0.00
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRES	Manually Priced	\$0.00
81596	NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM AI	Default Rate	\$70.75
82009	KETONE BODIES SERUM QUALITATIVE	Default Rate	\$4.43
82010	KETONE BODIES SERUM QUANTITATIVE	Default Rate	\$8.01
82013	ASSAY OF ACETYLCHOLINESTERASE	Default Rate	\$12.04
82016	ACYLCARNITINES QUALITATIVE EACH SPECIME	Default Rate	\$16.16
82017	ACYLCARNITINES QUANTIATIVE EACH SPECIMI	Default Rate	\$16.53
82024	ADRENOCORTICOTROPIC HORMONE ACTH	Default Rate	\$37.85
82030	ADENOSINE 5-MONOPHOSPHATE CYCLIC	Default Rate	\$25.28
82040	ALBUMIN SERUM PLASMA/WHOLE BLOOD	Default Rate	\$4.85
82042	OTHER SOURCE ALBUMIN QUANTITATIVE EACH	Default Rate	\$7.62
82043	URINE ALBUMIN QUANTITATIVE	Default Rate	\$5.66
82044	URINE ALBUMIN SEMIQUANTITATIVE	Default Rate	\$6.11
82045	ALBUMIN ISCHEMIA MODIFIED	Default Rate	\$33.26
82075	ASSAY OF ALCOHOL BREATH	Default Rate	\$29.40
82085	ASSAY OF ALDOLASE	Default Rate	\$9.52
82088	ASSAY OF ALDOSTERONE	Default Rate	\$39.94
82103	ALPHA-1-ANTITRYPSIN TOTAL	Default Rate	\$13.17
82104	ALPHA-1-ANTITRYPSIN PHENOTYPE	Default Rate	\$14.17
82105	ALPHA-FETOPROTEIN SERUM	Default Rate	\$16.43
82106	ALPHA-FETOPROTEIN AMNIOTIC FLUID	Default Rate	\$16.66
82107	AFP-L3 FRACTION ISOFORM & TOTAL AFP W/RA	Default Rate	\$63.12
82108	ASSAY OF ALUMINUM	Default Rate	\$24.97
82120	AMINES VAGINAL FLUID QUALITATIVE	Default Rate	\$5.87
82127	AMINO ACIDS 1 QUALITATIVE EACH SPECIMEN	Default Rate	\$13.90
82128	AMINO ACIDS MULTIPLE QUALITATIVE EACH SI	Default Rate	\$13.59
82131	AMINO ACIDS 1 QUANTITATIVE EACH SPECIMEN	Default Rate	\$22.52
82135	AMINOLEVULINIC ACID DELTA	Default Rate	\$16.12
82136	AMINO ACIDS 2-5 AMINO ACIDS QUANTITATIVE	Default Rate	\$19.22
82139	AMINO ACIDS 6/> AMINO ACIDS QUANTITATIVE	Default Rate	\$16.53
82140	ASSAY OF AMMONIA	Default Rate	\$14.28
82143	AMNIOTIC FLU SCAN	Default Rate	\$9.16
82150	ASSAY OF AMYLASE	Default Rate	\$6.35
82154	ANDROSTANEDIOL GLUCURONIDE	Default Rate	\$28.25
82157	ANDROSTENEDIONE	Default Rate	\$28.69
82160	ANDROSTERONE	Default Rate	\$25.04
82163	ANGIOTENSIN II	Default Rate	\$20.11

Procedure Code	Description of Procedure	Type of Rate	Rate
82164	ANGIOTENSIN I-CONVERTING ENZYME	Default Rate	\$14.31
82172	APOLIPOPROTEIN EACH	Default Rate	\$20.67
82175	ASSAY OF ARSENIC	Default Rate	\$18.59
82180	ASSAY OF ASCORBIC ACID BLOOD	Default Rate	\$9.69
82190	ATOMIC ABSRPJ SPECTROSCOPY EA ANALYTE	Default Rate	\$15.58
82232	BETA-2 MICROGLOBULIN	Default Rate	\$15.86
82239	BILE ACIDS TOTAL	Default Rate	\$16.78
82240	BILE ACIDS CHOLYLGLYCINE	Default Rate	\$26.05
82247	BILIRUBIN TOTAL	Default Rate	\$4.92
82248	BILIRUBIN DIRECT	Default Rate	\$4.92
82252	BILIRUBIN FECES QUALITATIVE	Default Rate	\$4.47
82261	BIOTINIDASE EACH SPECIMEN	Default Rate	\$16.53
82270	BLOOD OCCULT PEROXIDASE ACTV QUAL FECE	Default Rate	\$4.29
82271	BLOOD OCCULT PEROXIDASE ACTV QUAL OTHE	Default Rate	\$5.21
82272	BLOOD OCCULT PEROXIDASE ACTV QUAL FECE	Default Rate	\$4.15
82274	BLOOD OCCULT FECAL HGB DETER IA QUAL FE	Default Rate	\$15.60
82286	BRADYKININ	Default Rate	\$5.06
82300	CADMIUM	Default Rate	\$23.17
82306	25 HYDROXY INCLUDES FRACTIONS IF PERFORM	Default Rate	\$29.01
82308	CALCITONIN	Default Rate	\$26.25
82310	CALCIUM TOTAL	Default Rate	\$5.06
82330	CALCIUM IONIZED	Default Rate	\$13.41
82331	CALCIUM AFTER CALCIUM INFUSION TEST	Default Rate	\$13.07
82340	CALCIUM URINE QUANTITATIVE TIMED SPECIM	Default Rate	\$5.91
82355	CALCULUS QUALITATIVE ANALYSIS	Default Rate	\$11.35
82360	CALCULUS QUANTITATIVE CHEMICAL	Default Rate	\$12.61
82365	CALCULUS INFRARED SPECTROSCOPY	Default Rate	\$12.64
82370	CALCULUS XRAY DIFFRACTION	Default Rate	\$12.27
82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	Default Rate	\$17.70
82374	CARBON DIOXIDE BICARBONATE	Default Rate	\$4.78
82375	CARBOXYHEMOGLOBIN QUANTITATIVE	Default Rate	\$12.07
82376	CARBOXYHEMOGLOBIN QUALITATIVE	Default Rate	\$13.79
82378	CARCINOEMBRYONIC ANTIGEN CEA	Default Rate	\$18.58
82379	CARNITINE QUANTITATIVE EACH SPECIMEN	Default Rate	\$16.53
82380	CAROTENE	Default Rate	\$9.04
82382	CATECHOLAMINES TOTAL URINE	Default Rate	\$26.75
82383	CATECHOLAMINES BLOOD	Default Rate	\$28.50
82384	CATECHOLAMINES FRACTIONATED	Default Rate	\$24.75
82387	CATHEPSIN-D	Default Rate	\$17.70
82390	CERULOPLASMIN	Default Rate	\$10.53
82397	CHEMILUMINESCENT ASSAY	Default Rate	\$13.84
82415	CHLORAMPHENICOL	Default Rate	\$12.42
82435	CHLORIDE BLD	Default Rate	\$4.51
82436	CHLORIDE URINE	Default Rate	\$5.64
82438	CHLORIDE OTHER SOURCE	Default Rate	\$4.90
82441	CHLORINATED HYDROCARBONS SCREEN	Default Rate	\$5.89
82465	CHOLESTEROL SERUM/WHOLE BLOOD TOTAL	Default Rate	\$4.26
82480	CHOLINESTERASE SERUM	Default Rate	\$7.71
82482	CHOLINESTERASE RBC	Default Rate	\$9.61

Procedure Code	Description of Procedure	Type of Rate	Rate
82485	CHONDROITIN B SULFATE QUANTITATIVE	Default Rate	\$20.24
82495	ASSAY OF CHROMIUM	Default Rate	\$19.87
82507	ASSAY OF CITRATE	Default Rate	\$27.24
82523	COLLAGEN CROSS LINKS ANY METHOD	Default Rate	\$18.31
82525	ASSAY OF COPPER	Default Rate	\$12.16
82528	CORTICOSTERONE	Default Rate	\$22.07
82530	CORTISOL FREE	Default Rate	\$16.38
82533	CORTISOL TOTAL	Default Rate	\$15.97
82540	ASSAY OF CREATINE	Default Rate	\$4.55
82542	COL-CHR/MS NONDRUG ANALYTE NES QUAL/QI	Default Rate	\$23.61
82550	CREATINE KINASE TOTAL	Default Rate	\$6.38
82552	CREATINE KINASE ISOENZYMES	Default Rate	\$13.12
82553	CREATINE KINASE MB FRACTION ONLY	Default Rate	\$11.32
82554	CREATINE KINASE ISOFORMS	Default Rate	\$11.63
82565	CREATININE BLOOD	Default Rate	\$5.02
82570	CREATININE OTHER SOURCE	Default Rate	\$5.08
82575	CREATININE CLEARANCE	Default Rate	\$9.27
82585	ASSAY OF CRYOFIBRN	Default Rate	\$13.86
82595	CRYOGLOBULIN QUALITATIVE/SEMI-QUANTITA	Default Rate	\$6.34
82600	ASSAY OF CYANIDE	Default Rate	\$19.01
82607	CYANOCOBALAMIN VITAMIN B-12	Default Rate	\$14.78
82608	CYANOCOBALAMIN VIT B-12 UNSAT BINDING C.	Default Rate	\$14.03
82610	CYSTATIN C	Default Rate	\$18.15
82615	CSTINE&HOMOCSTINE URINE QUALITATIVE	Default Rate	\$9.36
82626	DEHYDROEPIANDROSTERONE	Default Rate	\$24.76
82627	DEHYDROEPIANDROSTERONE-SULFATE	Default Rate	\$21.79
82633	DESOXYCORTICOSTERONE 11-	Default Rate	\$30.36
82634	DEOXYCORTISOL 11-	Default Rate	\$28.69
82638	ASSAY OF DIBUCAINE NUMBER	Default Rate	\$12.01
82642	DIHYDROTESTOSTERONE (DHT)	Default Rate	\$28.69
82652	1 25 DIHYDROXY INCLUDES FRACTIONS IF PER	Default Rate	\$37.73
82656	ELASTASE PANCREATIC FECAL QUAL/SEMI-QUA	Default Rate	\$11.30
82657	NZYM ACTIV BLD CELLS/TISS NONRADACT SUB	Default Rate	\$21.73
82658	NZYM ACTV BLOOD CELLS/TISS RADACT SUBST	Default Rate	\$43.15
82664	ELCTROPHORETIC TECHNIQUE NOT ELSEWHEREI	Default Rate	\$60.27
82668	ASSAY OF ERYTHROPOIETIN	Default Rate	\$18.41
82670	ASSAY OF ESTRADIOL	Default Rate	\$27.38
82671	ASSAY OF ESTROGENS FRACTIONATED	Default Rate	\$31.65
82672	ASSAY OF ESTROGENS TOTAL	Default Rate	\$21.27
82677	ASSAY OF ESTRIBOL	Default Rate	\$23.70
82679	ASSAY OF ESTRONE	Default Rate	\$24.45
82693	ASSAY OF ETHYLENE GLYCOL	Default Rate	\$14.60
82696	ASSAY OF ETIOCHOLANOLONE	Default Rate	\$25.72
82705	FAT/LIPIDS FECES QUALITATIVE	Default Rate	\$5.00
82710	FAT/LIPIDS FECES QUANTITATIVE	Default Rate	\$16.46
82715	FAT DIFFIAL FECES QUANTITATIVE	Default Rate	\$22.51
82725	FATTY ACIDS NONESTERIFIED	Default Rate	\$18.39
82726	VERY LONG CHAIN FATTY ACIDS	Default Rate	\$19.36
82728	ASSAY OF FERRITIN	Default Rate	\$13.36

Procedure Code	Description of Procedure	Type of Rate	Rate
82731	FTL FIBRONECTIN CERVICOVAG SECRETIONS SI	Default Rate	\$63.12
82735	ASSAY OF FLUORIDE	Default Rate	\$18.17
82746	ASSAY OF FOLIC ACID SERUM	Default Rate	\$14.41
82747	ASSAY OF FOLIC ACID RBC	Default Rate	\$17.30
82757	ASSAY OF FRUCTOSE SEMEN	Default Rate	\$16.99
82759	ASSAY OF GALACTOKINASE RBC	Default Rate	\$21.05
82760	ASSAY OF GALACTOSE	Default Rate	\$10.98
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERA	Default Rate	\$20.65
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERA	Default Rate	\$11.51
82777	GALECTIN-3	Default Rate	\$43.37
82784	ASSAY OF GAMMAGLOBULIN IGA IGD IGG IGM I	Default Rate	\$9.11
82785	ASSAY OF GAMMAGLOBULIN IGE	Default Rate	\$16.13
82787	GAMMAGLOBULIN IMMUNOGLOBULIN SUBCLA	Default Rate	\$7.86
82800	GASES BLOOD PH ONLY	Default Rate	\$10.78
82803	BLOOD GASES ANY COMBINATION PH PCO2 PO2	Default Rate	\$25.55
82805	GASES BLOOD PH DIRECT MEAS XCPT PULSE OX	Default Rate	\$77.19
82810	GASES BLOOD O2 SATURATION ONLY DIRECT M	Default Rate	\$9.57
82820	HGB-O2 AFFINITY PO2 50% SATURATION OXYGE	Default Rate	\$13.07
82930	GASTRIC ACID ANALYSIS W/PH EACH SPECIMEN	Default Rate	\$6.58
82938	GASTRIN AFTER SECRETIN STIMULATION	Default Rate	\$17.34
82941	ASSAY OF GASTRIN	Default Rate	\$17.28
82943	ASSAY OF GLUCAGON	Default Rate	\$14.00
82945	GLUCOSE BODY FLUID OTHER THAN BLOOD	Default Rate	\$3.85
82946	GLUCOSE TOLERANCE TEST	Default Rate	\$17.41
82947	GLUCOSE QUANTITATIVE BLOOD XCPT REAGEN	Default Rate	\$3.85
82948	GLUCOSE BLOOD REAGENT STRIP	Default Rate	\$4.94
82950	GLUCOSE POST GLUCOSE DOSE	Default Rate	\$4.66
82951	GLUCOSE TOLERANCE TEST GTT 3 SPECIMENS	Default Rate	\$12.61
82952	GLUCOSE TOLERANCE EA ADDL BEYOND 3 SPEC	Default Rate	\$3.84
82955	GLUC-6-PHOSPHATE DEHYDROGENASE QUANTI	Default Rate	\$9.51
82960	GLUC-6-PHOSPHATE DEHYDROGENASE SCREEN	Default Rate	\$5.93
82962	GLUC BLD GLUC MNTR DEV CLEARED FDA SPEC	Default Rate	\$3.21
82963	ASSAY OF GLUCOSIDASE BETA	Default Rate	\$21.05
82965	ASSAY OF GLUTAMATE DEHYDROGENASE	Default Rate	\$12.89
82977	ASSAY OF GLUTAMYLTRASE GAMMA	Default Rate	\$7.06
82978	ASSAY OF GLUTATHIONE	Default Rate	\$15.14
82979	ASSAY OF GLUTATHIONE REDUCTASE RBC	Default Rate	\$9.25
82985	ASSAY OF GLYCATED PROTEIN	Default Rate	\$16.42
83001	GONADOTROPIN FOLLICLE STIMULATING HORM	Default Rate	\$18.21
83002	GONADOTROPIN LUTEINIZING HORMONE	Default Rate	\$18.15
83003	ASSAY OF GROWTH HORMONE HUMAN	Default Rate	\$16.34
83009	HPYLORI BLOOD ANAL UREASE ACT NON-RADA	Default Rate	\$66.01
83010	ASSAY OF HAPTOGLOBIN QUANTITATIVE	Default Rate	\$12.33
83012	ASSAY OF HAPTOGLOBIN PHENOTYPES	Default Rate	\$26.35
83013	HPYLORI BREATH ANAL UREASE ACT NON-RAD	Default Rate	\$66.01
83014	HPYLORI DRUG ADMINISTRATION	Default Rate	\$7.70
83015	HEAVY METAL QUALITATIVE ANY ANALYTES	Default Rate	\$20.52
83018	HEAVY METAL QUANTIAIVE EACH NES	Default Rate	\$21.52
83020	HEMOGLOBIN FRACTJ/QUANTJ ELECTROPHORE	Default Rate	\$12.61

Procedure Code	Description of Procedure	Type of Rate	Rate
83021	HEMOGLOBIN FRACTJ/QUANTJ CHROMOTOGRA	Default Rate	\$17.70
83026	HEMOGLOBIN COPPER SULFATE METHOD NON-	Default Rate	\$3.93
83030	HEMOGLOBIN F FETAL CHEMICAL	Default Rate	\$10.53
83033	HEMOGLOBIN F FETAL QUALITATIVE	Default Rate	\$7.84
83036	HEMOGLOBIN GLYCOSYLATED A1C	Default Rate	\$9.52
83037	HGB GLYCOSYLATED DEVICE CLEARED FDA HC	Default Rate	\$9.52
83045	HEMOGLOBIN METHEMOGLOBIN QUALITATIVE	Default Rate	\$6.36
83050	HEMOGLOBIN METHEMOGLOBIN QUANTITATIV	Default Rate	\$8.04
83051	ASSAY OF HEMOGLOBIN PLASMA	Default Rate	\$7.16
83060	HEMOGLOBIN SULFHEMOGLOBIN QUANTITATI	Default Rate	\$8.62
83065	HEMOGLOBIN THERMOLABILE	Default Rate	\$8.82
83068	HEMOGLOBIN UNSTABLE SCREEN	Default Rate	\$9.28
83069	ASSAY OF HEMOGLOBIN URINE	Default Rate	\$3.87
83070	ASSAY OF HEMOSIDERIN QUALITATIVE	Default Rate	\$4.66
83080	ASSAY OF B-HEXOSAMINIDASE EACH ASSAY	Default Rate	\$16.53
83088	ASSAY OF HISTAMINE	Default Rate	\$28.94
83090	ASSAY OF HOMOCYSTEINE	Default Rate	\$17.56
83150	ASSAY OF HOMO VANILLIC ACID	Default Rate	\$21.96
83491	HYDROXYCORTICOSTEROIDS 17	Default Rate	\$17.54
83497	ASSAY OF HYDROXYINDOLACETIC ACID 5-HIAA	Default Rate	\$12.64
83498	ASSAY OF HYDROXYPROGESTERONE 17-D	Default Rate	\$26.63
83500	ASSAY OF HYDROXYPROLINE FREE	Default Rate	\$22.20
83505	ASSAY OF HYDROXYPROLINE TOTAL	Default Rate	\$23.81
83516	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL MU	Default Rate	\$11.30
83518	IMMUNOASSAY ANALYTE QUAL/SEMIQUAL SIN	Default Rate	\$9.45
83519	IMMUNOASSAY ANALYTE QUANT RADIOIMMUN	Default Rate	\$18.03
83520	IMMUNOASSAY ANALYTE QUANTITATIVE NOS	Default Rate	\$16.92
83525	ASSAY OF INSULIN TOTAL	Default Rate	\$11.20
83527	ASSAY OF INSULIN FREE	Default Rate	\$12.69
83528	ASSAY OF INTRINSIC FACTOR	Default Rate	\$19.42
83540	ASSAY OF IRON	Default Rate	\$6.34
83550	IRON BINDING CAPACITY	Default Rate	\$8.57
83570	ISOCITRIC DEHYDROGENASE	Default Rate	\$8.67
83582	ASSAY OF KETOGENIC STEROIDS FRACTIONATI	Default Rate	\$15.16
83586	ASSAY OF KETOSTEROIDS 17- TOTAL	Default Rate	\$12.54
83593	KETOSTEROIDS 17- FRACTIONATION	Default Rate	\$27.93
83605	ASSAY OF LACTATE	Default Rate	\$11.34
83615	LACTATE DEHYDROGENASE LDH	Default Rate	\$5.92
83625	LACTATE DEHYDROGENASE ISOENZYMES SEP&	Default Rate	\$12.53
83630	LACTOFERRIN FECAL QUALITATIVE	Default Rate	\$19.31
83631	LACTOFERRIN FECAL QUANTITATIVE	Default Rate	\$19.24
83632	LACTOGEN HPL HUMAN CHORIONIC SOMATOM.	Default Rate	\$19.82
83633	LACTOSE URINE QUALITATIVE	Default Rate	\$11.03
83655	ASSAY OF LEAD	Default Rate	\$11.87
83661	FETAL LUNG MATURITY LECITHIN SPHINGOMY]	Default Rate	\$21.55
83662	FETAL LUNG MATURITY FOAM STABILITY TEST	Default Rate	\$18.53
83663	FETAL LUNG MATURITY FLUORESCENCE POLAF	Default Rate	\$18.53
83664	FETAL LUNG MATURITY LAMELLAR BODY DEN	Default Rate	\$18.93
83670	LEUCINE AMINOPEPTIDASE LAP	Default Rate	\$9.61

Procedure Code	Description of Procedure	Type of Rate	Rate
83690	ASSAY OF LIPASE	Default Rate	\$6.75
83695	LIPOPROTEIN (A)	Default Rate	\$14.03
83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2	Default Rate	\$45.38
83700	LIPOPROTEIN BLOOD ELECTROPHORECTIC SEP&	Default Rate	\$11.03
83701	LIPOPROTEIN BLOOD HIGH RESOLTJ&QUANTJ S	Default Rate	\$33.18
83704	LIPOPROTEIN BLOOD QUAN NUMBERS & SUBCL	Default Rate	\$33.51
83718	LIPOPROTEIN DIR MEAS HIGH DENSITY CHOLE	Default Rate	\$8.03
83719	LIPOPROTEIN DIRECT MEASUREMENT VLDL CH	Default Rate	\$12.50
83721	LIPOPROTEIN DIRECT MEASUREMENT LDL CHO	Default Rate	\$10.29
83722	DIR MEAS LIPOPROTEIN SMALL DENSE LDL CHC	Default Rate	\$33.51
83727	LUTEINIZING RELEASING FACTOR	Default Rate	\$16.85
83735	ASSAY OF MAGNESIUM	Default Rate	\$6.57
83775	ASSAY OF MALATE DEHYDROGENASE	Default Rate	\$7.22
83785	ASSAY OF MANGANESE	Default Rate	\$26.12
83789	MASS SPECT&TANDEM MASS SPECT NONDRG A	Default Rate	\$23.63
83825	ASSAY OF MERCURY QUANTITATIVE	Default Rate	\$15.93
83835	METANEPHRINES	Default Rate	\$16.60
83857	METHEMALBUMIN	Default Rate	\$10.53
83861	MICROFLUIDIC ANALYSIS TEAR OSMOLARITY	Default Rate	\$22.03
83864	MUCOPOLYSACCHARIDES ACID QUANTITATIVE	Default Rate	\$27.93
83872	MUCIN SYNOVIAL FLUID ROPES TEST	Default Rate	\$5.74
83873	MYELIN BASIC PROTEIN CEREBROSPINAL FLUIE	Default Rate	\$16.86
83874	MYOGLOBIN	Default Rate	\$12.66
83876	MYELOPEROXIDASE MPO	Default Rate	\$49.84
83880	NATRIURETIC PEPTIDE	Default Rate	\$38.47
83883	ASSAY OF NEPHELOMETRY EACH ANALYTE NE	Default Rate	\$13.33
83885	ASSAY OF NICKEL	Default Rate	\$24.02
83915	ASSAY OF NUCLEOTIDASE 5'-	Default Rate	\$10.93
83916	OLIGOCLONAL IMMUNE	Default Rate	\$26.84
83918	ORGANIC ACIDS TOTAL QUANTITATIVE EACH S	Default Rate	\$23.13
83919	ORGANIC ACIDS QUALITATIVE EACH SPECIMEN	Default Rate	\$16.12
83921	ORGANIC ACID 1 QUANTITATIVE	Default Rate	\$20.79
83930	ASSAY OF OSMOLALITY BLOOD	Default Rate	\$6.48
83935	ASSAY OF OSMOLALITY URINE	Default Rate	\$6.68
83937	ASSAY OF OSTEOCALCIN	Default Rate	\$29.25
83945	ASSAY OF OXALATE	Default Rate	\$14.16
83950	ONCOPROTEIN HER-2/NEU	Default Rate	\$63.12
83951	ONCOPROTEIN DES-GAMMA-CARBOXY-PROTHR	Default Rate	\$63.12
83970	ASSAY OF PARATHORMONE	Default Rate	\$40.45
83986	PH BODY FLUID NOT ELSEWHERE SPECIFIED	Default Rate	\$3.51
83987	PH EXHALED BREATH CONDENSATE	Default Rate	\$3.51
83992	ASSAY OF PHENCYCLIDINE	Default Rate	\$19.77
83993	ASSAY OF CALPROTECTIN FECAL	Default Rate	\$19.24
84030	ASSAY OF PHENYLALANINE BLOOD	Default Rate	\$5.39
84035	ASSAY OF PHENYLKETONES QUALITATIVE	Default Rate	\$3.90
84060	ASSAY OF PHOSPHATASE ACID TOTAL	Default Rate	\$7.49
84066	ASSAY OF PHOSPHATASE ACID PROSTATIC	Default Rate	\$9.47
84075	ASSAY OF PHOSPHATASE ALKALINE	Default Rate	\$5.08
84078	ASSAY OF PHOSPHATASE ALKALINE HEAT STAI	Default Rate	\$8.09

Procedure Code	Description of Procedure	Type of Rate	Rate
84080	ASSAY OF PHOSPHATASE ALKALINE ISOENZYM	Default Rate	\$14.48
84081	PHOSPHATIDYLGLYCEROL	Default Rate	\$16.19
84085	PHOSPHOGLUCONATE 6-DEHYD RBC	Default Rate	\$9.25
84087	ASSAY OF PHOSPHOHEXOSE ISOMERASE	Default Rate	\$10.52
84100	ASSAY OF PHOSPHORUS INORGANIC	Default Rate	\$4.65
84105	ASSAY OF PHOSPHORUS INORGANIC URINE	Default Rate	\$5.66
84106	PORPHOBILINOGEN URINE QUALITATIVE	Default Rate	\$5.70
84110	ASSAY OF PORPHOBILINOGEN URINE QUANTITATIVE	Default Rate	\$8.27
84112	EVAL C/V AMNIOTIC FLUID PROTEIN QUAL EA	Default Rate	\$96.15
84119	PORPHYRINS URINE QUALITATIVE	Default Rate	\$13.09
84120	PORPHYRINS URINE QUANTITATION & FRACTIO	Default Rate	\$14.42
84126	PORPHYRINS FECES QUANTITATIVE	Default Rate	\$38.33
84132	POTASSIUM SERUM PLASMA/WHOLE BLOOD	Default Rate	\$4.66
84133	POTASSIUM URINE	Default Rate	\$4.64
84134	PREALBUMIN	Default Rate	\$14.30
84135	PREGNANEDIOL	Default Rate	\$20.84
84138	PREGNANETRIOL	Default Rate	\$20.63
84140	PREGNENOLONE	Default Rate	\$20.26
84143	17-HYDROXYPREGNENOLONE	Default Rate	\$22.35
84144	ASSAY OF PROGESTERONE	Default Rate	\$20.44
84145	PROCALCITONIN (PCT)	Default Rate	\$26.68
84146	ASSAY OF PROLACTIN	Default Rate	\$18.99
84150	ASSAY OF PROSTAGLANDIN EACH	Default Rate	\$40.93
84152	ASSAY OF PROSTATE SPECIFIC ANTIGEN COMPL	Default Rate	\$18.02
84153	ASSAY OF PROSTATE SPECIFIC ANTIGEN TOTAL	Default Rate	\$18.02
84154	ASSAY OF PROSTATE SPECIFIC ANTIGEN FREE	Default Rate	\$18.02
84155	PROTEIN XCPT REFRACTOMETRY SERUM PLASMA	Default Rate	\$3.60
84156	PROTEIN TOTAL XCPT REFRACTOMETRY URINE	Default Rate	\$3.60
84157	PROTEIN TOTAL XCPT REFRACTOMETRY OTH SI	Default Rate	\$3.92
84160	PROTEIN TOTAL REFRACTOMETRY ANY SRC	Default Rate	\$5.50
84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A	Default Rate	\$14.75
84165	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ	Default Rate	\$10.53
84166	PROTEIN ELECTROPHORETIC FRACTJ&QUANTJ OTH FLUS CONC	Default Rate	\$17.47
84181	PROTEIN WESTERN BLOT I&R BLOOD/OTHER FLU	Default Rate	\$16.69
84182	PROTEIN WESTERN BLOT BLOOD/OTH FLU IMMUNO	Default Rate	\$28.63
84202	PROTOPORPHYRIN RBC QUANTITATIVE	Default Rate	\$14.06
84203	PROTOPORPHYRIN RBC SCREEN	Default Rate	\$9.55
84206	ASSAY OF PROINSULIN	Default Rate	\$26.16
84207	ASSAY OF PYRIDOXAL PHOSPHATE	Default Rate	\$27.54
84210	ASSAY OF PYRUVATE	Default Rate	\$14.19
84220	ASSAY OF PYRUVATE KINASE	Default Rate	\$9.25
84228	ASSAY OF QUININE	Default Rate	\$11.40
84233	ASSAY OF RECEPTOR ASSAY ESTROGEN	Default Rate	\$86.12
84234	ASSAY OF RECEPTOR ASSAY PROGESTERONE	Default Rate	\$63.58
84235	RECEPTOR ASSAY ENDOCRINE OTH/THN ESTRG	Default Rate	\$69.81
84238	RECEPTOR ASSAY NON-ENDOCRINE SPECIFY RE	Default Rate	\$35.84
84244	ASSAY OF RENIN	Default Rate	\$21.55
84252	ASSAY OF RIBOFLAVIN-VITAMIN B-2	Default Rate	\$19.84
84255	ASSAY OF SELENIUM	Default Rate	\$25.02

Procedure Code	Description of Procedure	Type of Rate	Rate
84260	ASSAY OF SEROTONIN	Default Rate	\$30.36
84270	ASSAY OF SEX HORMONE BINDING GLOBULIN	Default Rate	\$21.30
84275	ASSAY OF SIALIC ACID	Default Rate	\$13.17
84285	ASSAY OF SILICA	Default Rate	\$24.71
84295	SODIUM SERUM PLASMA OR WHOLE BLOOD	Default Rate	\$4.71
84300	ASSAY OF URINE SODIUM	Default Rate	\$4.96
84302	ASSAY OF SODIUM OTHER SOURCE	Default Rate	\$4.76
84305	ASSAY OF SOMATOMEDIN	Default Rate	\$20.83
84307	ASSAY OF SOMATOSTATIN	Default Rate	\$17.91
84311	SPECTROPHOTOMETRY ANALYT NOT ELSEWHE	Default Rate	\$7.94
84315	SPECIFIC GRAVITY EXCEPT URINE	Default Rate	\$3.21
84375	SUGARS CHROMATOGRAPHIC TLC/PAPER CHRO	Default Rate	\$38.22
84376	SUGARS MONO DI&OLIGOS 1 QUALITATAIVE EA	Default Rate	\$5.39
84377	SUGARS MONO DI&OLIGOS MLT QUALITATIVE I	Default Rate	\$5.39
84378	SUGARS MONO DI&OLIGOS 1 QUANTITATIVE EA	Default Rate	\$11.30
84379	SUGARS MONO DI&OLIGOS MLT QUANTITATIVE	Default Rate	\$11.30
84392	ASSAY OF SULFATE URINE	Default Rate	\$5.38
84402	ASSAY OF TESTOSTERONE FREE	Default Rate	\$24.96
84403	ASSAY OF TESTOSTERONE TOTAL	Default Rate	\$25.29
84410	ASSAY BIOVLBL TESTOSTERONE DIRECT MEASI	Default Rate	\$50.25
84425	ASSAY OF THIAMINE-VITAMIN B-1	Default Rate	\$20.81
84430	ASSAY OF THIOCYANATE	Default Rate	\$11.40
84431	THROMBOXANE METABOLITE W/WO THROMBO	Default Rate	\$34.41
84432	ASSAY OF THYROGLOBULIN	Default Rate	\$15.74
84436	ASSAY OF THYROXINE TOTAL	Default Rate	\$6.73
84437	ASSAY OF THYROXINE REQUIRING ELUTION	Default Rate	\$6.34
84439	ASSAY OF FREE THYROXINE	Default Rate	\$8.84
84442	ASSAY OF THYROXINE BINDING GLOBULIN	Default Rate	\$14.48
84443	ASSAY OF THYROID STIMULATING HORMONE T	Default Rate	\$16.46
84445	THYROID STIMULATING IMMUNE GLOBULINS T	Default Rate	\$49.84
84446	ASSAY OF TOCOPHEROL ALPHA VITAMIN E	Default Rate	\$13.90
84449	ASSAY OF TRANCORTIN CORTISOL BINDING GI	Default Rate	\$17.64
84450	TRANSFERASE ASPARTATE AMINO AST SGOT	Default Rate	\$5.08
84460	TRANSFERASE ALANINE AMINO ALT SGPT	Default Rate	\$5.19
84466	ASSAY OF L7383TRANSFERRIN	Default Rate	\$12.50
84478	ASSAY OF TRIGLYCERIDES	Default Rate	\$5.63
84479	THYROID HORM UPTK/THYROID HORMONE BINI	Default Rate	\$6.34
84480	ASSAY OF TRIIODOTHYRONINE T3 TOTAL TT3	Default Rate	\$13.90
84481	ASSAY OF TRIIODOTHYRONINE T3 FREE	Default Rate	\$16.60
84482	TRIIODOTHYRONINE T3 REVERSE	Default Rate	\$15.44
84484	ASSAY OF TROPONIN QUANTITATIVE	Default Rate	\$12.22
84485	ASSAY OF TRYPSIN DUODENAL FLUID	Default Rate	\$7.06
84488	ASSAY OF TRYPSIN FECES QUALITATIVE	Default Rate	\$7.15
84490	TRYPSIN FECES QUANTITATIVE 24-HR COLLECT	Default Rate	\$9.73
84510	ASSAY OF TYROSINE	Default Rate	\$10.42
84512	ASSAY OF TROPONIN QUALITATIVE	Default Rate	\$9.89
84520	ASSAY OF UREA NITROGEN QUANTITATIVE	Default Rate	\$3.87
84525	ASSAY OF UREA NITROGEN SEMIQUANTITATIVI	Default Rate	\$5.03
84540	ASSAY OF UREA NITROGEN URINE	Default Rate	\$5.45

Procedure Code	Description of Procedure	Type of Rate	Rate
84545	UREA NITROGEN CLEARANCE	Default Rate	\$7.06
84550	ASSAY OF BLOOD/URIC ACID	Default Rate	\$4.43
84560	ASSAY OF URIC ACID OTHER SOURCE	Default Rate	\$4.98
84577	ASSAY OF UROBILINOGEN FECES QUANTITATIV	Default Rate	\$16.46
84578	ASSAY OF UROBILINOGEN URINE QUALITATIVE	Default Rate	\$4.38
84580	UROBILINOGEN URINE QUANTITATIVE TIMED S	Default Rate	\$9.36
84583	ASSAY OF UROBILINOGEN URINE SEMIQUANTIT	Default Rate	\$5.93
84585	ASSAY OF VANILLYLMANDELIC ACID URINE	Default Rate	\$15.19
84586	ASSAY OF VASOACTIVE INTESTINAL PEPTIDE	Default Rate	\$34.62
84588	ASSAY OF VASOPRESSIN ANTI-DIURETIC HORMO	Default Rate	\$33.26
84590	ASSAY OF VITAMIN A	Default Rate	\$11.38
84591	ASSAY OF VITAMIN NOT OTHERWISE SPECIFIED	Default Rate	\$16.72
84597	ASSAY OF VITAMIN K	Default Rate	\$13.45
84600	ASSAY OF VOLATILES	Default Rate	\$16.77
84620	XYLOSE ABSORPTION TEST BLOOD &/URINE	Default Rate	\$12.65
84630	ASSAY OF ZINC	Default Rate	\$11.16
84681	ASSAY OF C-PEPTIDE	Default Rate	\$20.39
84702	GONADOTROPIN CHORIONIC QUANTITATIVE	Default Rate	\$14.75
84703	GONADOTROPIN CHORIONIC QUALITATIVE	Default Rate	\$7.37
84704	GONADOTROPIN CHORIONIC HCG FREE BETA CI	Default Rate	\$14.98
84999	UNLISTED CHEMISTRY PROCEDURE	Manually Priced	\$0.00
85002	BLEEDING TIME TEST	Default Rate	\$4.72
85004	BLOOD COUNT AUTOMATED DIFFERENTIAL WB	Default Rate	\$6.34
85007	BLOOD COUNT SMEAR MCRSCP W/MNL DIFRNTI	Default Rate	\$3.72
85008	BLD COUNT SMEAR MCRSCP W/O MNL DIFRNTL	Default Rate	\$3.36
85009	BLOOD COUNT MANUAL DIFRNTL WBC COUNT I	Default Rate	\$4.97
85013	BLOOD COUNT SPUN MICROHEMATOCRIT	Default Rate	\$6.86
85014	BLOOD COUNT HEMATOCRIT	Default Rate	\$2.32
85018	BLOOD COUNT HEMOGLOBIN	Default Rate	\$2.32
85025	BLOOD COUNT COMPLETE AUTO&AUTO DIFRNT	Default Rate	\$7.61
85027	BLOOD COUNT COMPLETE AUTOMATED	Default Rate	\$6.34
85032	BLOOD COUNT MANUAL CELL COUNT EACH	Default Rate	\$4.22
85041	BLOOD COUNT RED BLOOD CELL AUTOMATED	Default Rate	\$2.96
85044	BLOOD COUNT RETICULOCYTE AUTOMATED	Default Rate	\$4.22
85045	BLOOD COUNT RETICULOCYTE AUTOMATED	Default Rate	\$3.91
85046	BLOOD COUNT RETICULOCYTES AUTO 1/> CELL	Default Rate	\$5.46
85048	BLOOD COUNT LEUKOCYTE WBC AUTOMATED	Default Rate	\$2.49
85049	BLOOD COUNT PLATELET AUTOMATED	Default Rate	\$4.39
85055	RETICULATED PLATELET ASSAY	Default Rate	\$35.03
85060	BLOOD SMEAR PERIPHERAL INTERP PHYS W/WF	Default Rate	\$25.45
85097	BONE MARROW SMEAR INTERPRETATION	Default Rate	\$104.59
85130	CHROMOGENIC SUBSTRATE ASSAY	Default Rate	\$11.65
85170	BLOOD CLOT RETRACTION	Default Rate	\$15.97
85175	CLOT LYSIS TIME WHOLE BLOOD DILUTION	Default Rate	\$19.96
85210	CLOTting FACTOR II PROTHROMBIN SPECIFIC	Default Rate	\$12.72
85220	CLOTting FACTOR V ACG/PROACCELERIN LABI	Default Rate	\$17.30
85230	CLOTting FACTOR VII PROCONVERTIN STABLE	Default Rate	\$17.54
85240	CLOTting FACTOR VIII AHG 1 STAGE	Default Rate	\$17.54
85244	CLOTting FACTOR VIII RELATED ANTIGEN	Default Rate	\$20.01

Procedure Code	Description of Procedure	Type of Rate	Rate
85245	CLOTTING FACTOR VIII VW FACTOR RISTOCETI	Default Rate	\$22.48
85246	CLOTTING FACTOR VIII VW FACTOR ANTIGEN	Default Rate	\$22.48
85247	CLOTTING FACTOR VIII MULTIMETRIC ANALYSI	Default Rate	\$22.48
85250	CLOTTING FACTOR IX PTC/CHRISTMAS	Default Rate	\$18.66
85260	CLOTTING FACTOR X STUART-PROWER	Default Rate	\$17.54
85270	CLOTTING FACTOR XI PTA	Default Rate	\$17.54
85280	CLOTTING FACTOR XII HAGEMAN	Default Rate	\$18.96
85290	CLOTTING FACTOR XIII FIBRIN STABILIZING	Default Rate	\$16.01
85291	CLOTTING FACTOR XIII FIBRN STABILIZ SCRE	Default Rate	\$8.93
85292	CLOTTING PREKALLIKREIN ASSAY FLETCHER F	Default Rate	\$18.55
85293	CLOTTING HI MOLEC WEIGHT KININOGEN ASSA	Default Rate	\$18.55
85300	CLOTTING INHIBITORS ANTITHROMBIN III ACT	Default Rate	\$11.61
85301	CLOTTING INHIBITRS ANTITHROMBN III ANTIG	Default Rate	\$10.59
85302	CLOTTING INHIBITORS PROTEIN C ANTIGEN	Default Rate	\$11.77
85303	CLOTTING INHIBITORS PROTEIN C ACTIVITY	Default Rate	\$13.56
85305	CLOTTING INHIBITORS PROTEIN S TOTAL	Default Rate	\$11.38
85306	CLOTTING INHIBITORS PROTEIN S FREE	Default Rate	\$15.01
85307	ACTIVATED PROTEIN C APC RESISTANCE ASSAY	Default Rate	\$15.01
85335	FACTOR INHIBITOR TEST	Default Rate	\$12.61
85337	THROMBOMODULIN	Default Rate	\$16.92
85345	COAGULATION TIME LEE AND WHITE	Default Rate	\$4.60
85347	COAGULATION TIME ACTIVATED	Default Rate	\$4.19
85348	COAGULATION TIME OTHER METHODS	Default Rate	\$4.40
85360	EUGLOBULIN LYSIS	Default Rate	\$8.24
85362	FIBRIN DGRADJ SPLT PRODUXS AGGLUJ SLIDE	Default Rate	\$6.75
85366	FIBRIN DGRADJ SPLT PRODUXS PARACOAGJ	Default Rate	\$78.85
85370	FIBRIN DGRADJ SPLT PRODUCTS QUANTITATIVI	Default Rate	\$12.18
85378	FIBRIN DGRADJ PRODUCTS D-DIMER QUAL/SEM	Default Rate	\$9.53
85379	FIBRIN DGRADJ PRODUCTS D-DIMER QUANTITA	Default Rate	\$9.98
85380	FIBRIN DGRADJ PRODUCTS D-DIMER ULTRASEN	Default Rate	\$9.98
85384	FIBRINOGEN ACTIVITY	Default Rate	\$9.53
85385	FIBRINOGEN ANTIGEN	Default Rate	\$14.17
85390	FIBRINOLYSINS/COAGULOPATHY SCREEN INTEI	Default Rate	\$15.17
85396	COAGJ/FBRNLYS ASSAY WHOLE BLOOD ADDITI	Default Rate	\$21.84
85397	COAGJ&FIBRINOLYSIS FUNCTIONAL ACTV NOS	Default Rate	\$30.24
85400	FIBRINOLYTIC FACTORS & INHIBITORS PLASMI	Default Rate	\$7.56
85410	FBRNLYC FACTORS&INHIBITORS ALPHA-2 ANTI	Default Rate	\$7.56
85415	FBRNLYC FACTORS&INHIBITORS PLSMNG ACTI	Default Rate	\$16.85
85420	FBRNLYC FACTORS&INHIBITRS PLSMNG XCPT /	Default Rate	\$6.40
85421	FBRNLYC FACTORS&INHIBITORS PLSMNG AGIC	Default Rate	\$9.98
85441	HEINZ BODIES DIRECT	Default Rate	\$4.12
85445	HEINZ BODIES INDUCED ACETYL PHENYLHYDR	Default Rate	\$6.68
85460	HGB/RBCS FETAL FETOMATERNAL HEMRRG DIF	Default Rate	\$7.58
85461	HGB/RBCS FETAL FETOMATERNAL HEMRRG RO	Default Rate	\$9.17
85475	HEMOLYSIN ACID	Default Rate	\$8.69
85520	HEPARIN ASSAY	Default Rate	\$12.83
85525	HEPARIN NEUTRALIZATION	Default Rate	\$11.60
85530	HEPARIN-PROTAMINE TOLERANCE TST	Default Rate	\$12.83
85536	IRON STAIN PERIPHERAL BLOOD	Default Rate	\$6.74

Procedure Code	Description of Procedure	Type of Rate	Rate
85540	WBC ALKALINE PHOSPHATASE COUNT	Default Rate	\$8.43
85547	MECHANICAL FRAGILITY RBC	Default Rate	\$8.43
85549	MURAMIDASE	Default Rate	\$18.38
85555	OSMOTIC FRAGILITY RBC UNINCUBATED	Default Rate	\$7.32
85557	OSMOTIC FRAGILITY RBC INCUBATED	Default Rate	\$13.09
85576	PLATELET AGGREGATION IN VITRO EACH AGEN	Default Rate	\$24.41
85597	PHOSPHOLIPID NEUTRALIZATION PLATELET	Default Rate	\$17.62
85598	PHOSPHOLIPID NEUTRALIZATION HEXAGONAL	Default Rate	\$17.62
85610	PROTHROMBIN TIME	Default Rate	\$4.20
85611	PROTHROMBIN TIME SUBSTITUTION PLASMA FF	Default Rate	\$3.86
85612	RUSSELL VIPER VENON TIME UNDILUTED	Default Rate	\$17.14
85613	RUSSELL VIPER VENOM TIME DILUTED	Default Rate	\$9.39
85635	REPTILASE TEST	Default Rate	\$9.65
85651	SEDIMENTATION RATE RBC NON-AUTOMATED	Default Rate	\$4.18
85652	SEDIMENTATION RATE RBC AUTOMATED	Default Rate	\$2.65
85660	SICKLING RBC REDUCTION	Default Rate	\$5.40
85670	THROMBIN TIME PLASMA	Default Rate	\$5.65
85675	THROMBIN TIME TITER	Default Rate	\$6.71
85705	THROMBOPLASTIN INHIBITION TISSUE	Default Rate	\$9.44
85730	THROMBOPLASTIN TIME PARTIAL PLASMA/WHC	Default Rate	\$5.89
85732	THROMBOPLASTIN TIME PRTL SUBSTIT PLASMA	Default Rate	\$6.34
85810	VISCOSITY	Default Rate	\$11.44
85999	UNLISTED HEMATOLOGY & COAGULATION PRO	Manually Priced	\$0.00
86000	AGGLUTININS FEBRILE EACH ANTIGEN	Default Rate	\$6.84
86001	ALLERGEN SPECIFIC IGG QUAN/SEMIQUAN EA A	Default Rate	\$7.66
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRA	Default Rate	\$5.12
86005	ALLERGEN SPEC IGE QUAL MULTIALLERGEN SC	Default Rate	\$7.81
86008	ALLERGEN SPEC IGE RECOMBINANT/PURIFIED C	Default Rate	\$17.57
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIB	Default Rate	\$14.75
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBO	Default Rate	\$18.00
86023	ANTIBODY IDENTIFICATION PLATELET IMMUNC	Default Rate	\$12.21
86038	ANTINUCLEAR ANTIBODIES ANA	Default Rate	\$11.85
86039	ANTINUCLEAR ANTIBODIES ANA TITER	Default Rate	\$10.94
86060	ANTISTREPTOLYSIN O TITER	Default Rate	\$7.15
86063	ANTISTREPTOLYSIN O SCREEN	Default Rate	\$5.65
86140	C-REACTIVE PROTEIN	Default Rate	\$5.08
86141	C-REACTIVE PROTEIN HIGH SENSITIVITY	Default Rate	\$12.69
86146	BETA 2 GLYCOPROTEIN I ANTIBODY EACH	Default Rate	\$24.94
86147	CARDIOLIPIN ANTIBODY EACH IG CLASS	Default Rate	\$24.94
86148	ANTI-PHOSPHATIDYLSERINE ANTIBODY	Default Rate	\$15.75
86152	CELL ENUMERATION IMMUNE SELECTJ & ID FLI	Default Rate	\$245.76
86153	CELL ENUMERATION IMMUNE SELECTJ & ID PH	Manually Priced	\$0.00
86155	CHEMOTAXIS ASSAY SPECIFY METHOD	Default Rate	\$15.67
86156	COLD AGGLUTININ SCREEN	Default Rate	\$7.91
86157	COLD AGGLUTININ TITER	Default Rate	\$7.90
86160	COMPLEMENT ANTIGEN EACH COMPONENT	Default Rate	\$11.76
86161	COMPLEMENT FUNCTIONAL ACTIVITY EACH CC	Default Rate	\$11.76
86162	COMPLEMENT TOTAL HEMOLYTIC	Default Rate	\$19.91
86171	COMPLEMENT FIXATION TESTS EACH ANTIGEN	Default Rate	\$9.81

Procedure Code	Description of Procedure	Type of Rate	Rate
86200	CYCLIC CITRULLINATED PEPTIDE ANTIBODY	Default Rate	\$12.69
86215	DEOXYRIBONUCLEASE ANTIBODY	Default Rate	\$12.99
86225	DNA ANTIBODY NATIVE/DOUBLE STRANDED	Default Rate	\$13.47
86226	DNA ANTIBODY SINGLE STRANDED	Default Rate	\$11.87
86235	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY	Default Rate	\$17.57
86255	FLUORESCENT NONNFCT AGT ANTB SCREEN EA	Default Rate	\$11.81
86256	FLUORESCENT NONNFCT AGT ANTB TITER EA A	Default Rate	\$11.81
86277	GROWTH HORMONE HUMAN ANTIBODY	Default Rate	\$15.43
86280	HEMAGGLUTINATION INHIBITION TEST HAI	Default Rate	\$8.03
86294	IMMUNOASSAY TUMOR ANTIGEN QUAL/SEMIQU	Default Rate	\$25.06
86300	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIV	Default Rate	\$20.39
86301	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIV	Default Rate	\$20.39
86304	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIV	Default Rate	\$20.39
86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	Default Rate	\$20.39
86308	HETEROPHILE ANTIBODIES SCREEN	Default Rate	\$5.08
86309	HETEROPHILE ANTIBODIES TITER	Default Rate	\$6.34
86310	HETEROPHILE ANTIBODIES TITER AFTER ABSOF	Default Rate	\$7.22
86316	IMMUNOASSAY TUMOR ANTIGEN QUANTITATIV	Default Rate	\$20.39
86317	IMMUNOASSAY INFECTIOUS AGENT ANTIBODY	Default Rate	\$14.69
86318	IMMUNOASSAY NFCT AGT ANTB QUAL/SEMIQU	Default Rate	\$17.73
86320	IMMUNOELECTROPHORESIS SERUM	Default Rate	\$29.32
86325	IMMUNOELECTROPHORESIS OTHER FLUIDS COM	Default Rate	\$22.67
86327	IMMUNOELECTROPHORESIS CROSSED	Default Rate	\$29.32
86329	IMMUNODIFFUSION NOT ELSEWHERE SPECIFIEI	Default Rate	\$13.77
86331	IMMUNODIFFUSION GEL DIFFUSION QUAL EA A	Default Rate	\$11.74
86332	IMMUNE COMPLEX ASSAY	Default Rate	\$23.88
86334	IMMUNOFIXJ ELECTROPHORESIS SERUM	Default Rate	\$21.89
86335	IMMUNOFIXJ ELECTROPHORESIS OTHER FLUIDS	Default Rate	\$28.76
86336	INHIBIN A	Default Rate	\$15.28
86337	INSULIN ANTIBODIES	Default Rate	\$20.98
86340	INTRINSIC FACTOR ANTIBODIES	Default Rate	\$14.78
86341	ISLET CELL ANTIBODY	Default Rate	\$23.10
86343	LEUKOCYTE HISTAMINE RELEASE TEST LHR	Default Rate	\$12.21
86344	LEUKOCYTE PHAGOCYTOSIS	Default Rate	\$10.18
86352	CELLULAR FUNCTION ASSAY STIMUL&DETECT	Default Rate	\$133.14
86353	LYMPHOCYTE TR MITOGEN/AG INDUCED BLAST	Default Rate	\$48.05
86355	B CELLS TOTAL COUNT	Default Rate	\$36.98
86356	MONONUCLEAR CELL ANTIGEN QUANTITATIVE	Default Rate	\$26.24
86357	NATURAL KILLER CELLS TOTAL COUNT	Default Rate	\$36.98
86359	T CELLS TOTAL COUNT	Default Rate	\$36.98
86360	T CELLS ABSOLUTE CD4&CD8 COUNT RATIO	Default Rate	\$46.04
86361	T CELLS ABSOLUTE CD4 COUNT	Default Rate	\$26.24
86367	STEM CELLS TOTAL COUNT	Default Rate	\$76.22
86376	MICROSOMAL ANTIBODIES EACH	Default Rate	\$14.26
86382	NEUTRALIZATION TEST VIRAL	Default Rate	\$16.57
86384	NITROBLUE TETRAZOLIUM DYE TEST NTD	Default Rate	\$13.34
86386	NUCLEAR MATRIX PROTEIN 22 NMP22 QUALITA'	Default Rate	\$21.34
86403	PARTICLE AGGLUTINATION SCREEN EACH ANTI	Default Rate	\$11.31
86406	PARTICLE AGGLUTINATION TITER EACH ANTIBO	Default Rate	\$10.43

Procedure Code	Description of Procedure	Type of Rate	Rate
86430	RHEUMATOID FACTOR QUALITATIVE	Default Rate	\$6.02
86431	RHEUMATOID FACTOR QUANTITATIVE	Default Rate	\$5.56
86480	TB CELL MEDIATED ANTIGN RESPNSE GAMMA I	Default Rate	\$60.74
86481	TB ANTIGEN RESPONSE GAMMA INTERFERON T	Default Rate	\$98.00
86485	SKIN TEST CANDIDA	Default Rate	\$15.56
86486	SKIN TEST UNLISTED ANTIGEN EACH	Manually Priced	\$0.00
86490	SKIN TEST COCCIDIOIDOMYCOSIS	Default Rate	\$11.81
86510	SKIN TEST HISTOPLASMOSIS	Default Rate	\$12.97
86580	SKIN TEST TUBERCULOSIS INTRADERMAL	Default Rate	\$5.00
86590	STREPTOKINASE ANTIBODY	Default Rate	\$12.41
86592	SYPHILIS TEST NON-TREPONEMAL ANTIBODY Q	Default Rate	\$4.18
86593	SYPHILIS TEST QUANTITATIVE	Default Rate	\$4.31
86602	ANTIBODY ACTINOMYCES	Default Rate	\$9.98
86603	ANTIBODY ADENOVIRUS	Default Rate	\$12.61
86606	ANTIBODY ASPERGILLUS	Default Rate	\$14.75
86609	ANTIBODY BACTERIUM NOT ELSEWHERE SPECI	Default Rate	\$12.62
86611	ANTIBODY BARTONELLA	Default Rate	\$9.98
86612	ANTIBODY BLASTOMYCES	Default Rate	\$12.64
86615	ANTIBODY BORDETELLA	Default Rate	\$12.93
86617	ANTIBODY BORRELIA BURGENDORFERI CONFIRM/	Default Rate	\$15.18
86618	ANTIBODY BORRELIA BURGENDORFERI LYME DISI	Default Rate	\$16.69
86619	ANTIBODY BORRELIA RELAPSING FEVER	Default Rate	\$13.11
86622	ANTIBODY BRUCELLA	Default Rate	\$8.75
86625	ANTIBODY CAMPYLOBACTER	Default Rate	\$12.86
86628	ANTIBODY CANDIDA	Default Rate	\$11.77
86631	ANTIBODY CHLAMYDIA	Default Rate	\$11.58
86632	ANTIBODY CHLAMYDIA IGM	Default Rate	\$12.43
86635	ANTIBODY COCCIDIOIDES	Default Rate	\$11.24
86638	ANTIBODY COXIELLA BURNETII Q FEVER	Default Rate	\$11.88
86641	ANTIBODY CRYPTOCOCCUS	Default Rate	\$14.12
86644	ANTIBODY CYTOMEGALOVIRUS CMV	Default Rate	\$14.10
86645	ANTIBODY CYTOMEGALOVIRUS CMV IGM	Default Rate	\$16.51
86648	ANTIBODY DIPHTHERIA	Default Rate	\$14.91
86651	ANTIBODY ENCEPHALITIS CALIFORNIA LA CRO	Default Rate	\$12.93
86652	ANTIBODY ENCEPHALITIS EASTERN EQUINE	Default Rate	\$12.93
86653	ANTIBODY ENCEPHALITIS ST. LOUIS	Default Rate	\$12.93
86654	ANTIBODY ENCEPHALITIS WESTRN EQUINE	Default Rate	\$12.93
86658	ANTIBODY ENTEROVIRUS	Default Rate	\$12.77
86663	ANTIBODY EPSTEIN-BARR EB VIRUS EARLY ANT	Default Rate	\$12.86
86664	ANTIBODY EPSTEIN-BARR EB VIRUS NUCLEAR A	Default Rate	\$14.98
86665	ANTIBODY EPSTEIN-BARR EB VIRUS VIRAL CAP	Default Rate	\$17.78
86666	ANTIBODY EHRlichia	Default Rate	\$9.98
86668	ANTIBODY FRANCISELLA TULARENSIS	Default Rate	\$13.88
86671	ANTIBODY FUNGUS NOT ELSEWHERE SPECIFIEI	Default Rate	\$12.01
86674	ANTIBODY GIARDIA LAMBLIA	Default Rate	\$14.43
86677	ANTIBODY HELICOBACTER PYLORI	Default Rate	\$16.51
86682	ANTIBODY HELMINTH NOT ELSEWHERE SPECIF	Default Rate	\$12.75
86684	ANTIBODY HAEMOPHILUS INFLUENZA	Default Rate	\$15.52
86687	ANTIBODY HTLV-I	Default Rate	\$8.91

Procedure Code	Description of Procedure	Type of Rate	Rate
86688	ANTIBODY HTLV-II	Default Rate	\$13.72
86689	ANTIBODY HTLV/HIV ANTIBODY CONFIRMATOI	Default Rate	\$18.96
86692	ANTIBODY HEP DELTA AGENT	Default Rate	\$16.82
86694	ANTIBODY HERPES SMPLX NON-SPECIFIC TYPE	Default Rate	\$14.10
86695	ANTIBODY HERPES SMPLX TYPE 1	Default Rate	\$12.93
86696	ANTIBODY HERPES SMPLX TYPE 2	Default Rate	\$18.96
86698	ANTIBODY HISTOPLASMA	Default Rate	\$13.51
86701	ANTIBODY HIV-1	Default Rate	\$8.71
86702	ANTIBODY HIV-2	Default Rate	\$13.25
86703	ANTIBODY HIV-1&HIV-2 SINGLE RESULT	Default Rate	\$13.44
86704	HEPATITIS B CORE ANTIBODY HBCAB TOTAL	Default Rate	\$11.81
86705	HEPATITIS B CORE ANTIBODY HBCAB IGM ANTI	Default Rate	\$11.53
86706	HEPATITIS B SURF ANTIBODY HBSAB	Default Rate	\$10.53
86707	HEPATITIS BE ANTIBODY HBEAB	Default Rate	\$11.34
86708	HEPATITIS A ANTIBODY HAAB	Default Rate	\$12.14
86709	HEPATITIS ANTIBODY HAAB IGM ANTIBODY	Default Rate	\$11.03
86710	ANTIBODY INFLUENZA VIRUS	Default Rate	\$13.28
86711	ANTIBODY JOHN CUNNINGHAM VIRUS	Default Rate	\$16.55
86713	ANTIBODY LEGIONELLA	Default Rate	\$14.99
86717	ANTIBODY LEISHMANIA	Default Rate	\$12.01
86720	ANTIBODY LEPTOSPIRA	Default Rate	\$15.88
86723	ANTIBODY LISTERIA MONOCYTOGENES	Default Rate	\$12.93
86727	ANTIBODY LYMPHOCYTIC CHORIOMENINGITIS	Default Rate	\$12.61
86732	ANTIBODY MUCORMYCOSIS	Default Rate	\$14.70
86735	ANTIBODY MUMPS	Default Rate	\$12.79
86738	ANTIBODY MYCOPLSM	Default Rate	\$12.98
86741	ANTIBODY NEISSERIA MENINGITIDIS	Default Rate	\$12.93
86744	ANTIBODY NOCARDIA	Default Rate	\$15.67
86747	ANTIBODY PARVOVIRUS	Default Rate	\$14.73
86750	ANTIBODY PLASMODIUM MALARIA	Default Rate	\$12.93
86753	ANTIBODY PROTOZOA NES	Default Rate	\$12.14
86756	ANTIBODY RESPIRATORY SYNCIAL VIRUS	Default Rate	\$15.57
86757	ANTIBODY RICKETTSIA	Default Rate	\$18.96
86759	ANTIBODY ROTAVIRUS	Default Rate	\$17.87
86762	ANTIBODY RUBELLA	Default Rate	\$14.10
86765	ANTIBODY RUBEOLA	Default Rate	\$12.62
86768	ANTIBODY SALMONELLA	Default Rate	\$12.93
86771	ANTIBODY SHIGELLA	Default Rate	\$23.99
86774	ANTIBODY TETANUS	Default Rate	\$14.50
86777	ANTIBODY TOXOPLASMA	Default Rate	\$14.10
86778	ANTIBODY TOXOPLASMA IGM	Default Rate	\$14.12
86780	ANTIBODY TREPONEMA PALLIDUM	Default Rate	\$12.98
86784	ANTIBODY TRICHINELLA	Default Rate	\$12.31
86787	ANTIBODY VARICELLA-ZOSTER	Default Rate	\$12.62
86788	ANTIBODY WEST NILE VIRUS IGM	Default Rate	\$16.51
86789	ANTIBODY WEST NILE VIRUS	Default Rate	\$14.10
86790	ANTIBODY VIRUS NOT ELSEWHERE SPECIFIFED	Default Rate	\$12.62
86793	ANTIBODY YERSINIA	Default Rate	\$12.93
86794	ZIKA VIRUS IGM ANTIBODY	Default Rate	\$16.51

Procedure Code	Description of Procedure	Type of Rate	Rate
86800	THYROGLOBULIN ANTIBODY	Default Rate	\$15.59
86803	HEPATITIS C ANTIBODY	Default Rate	\$13.98
86804	HEPATITIS C ANTIBODY CONFIRMATORY TEST	Default Rate	\$15.18
86805	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH	Default Rate	\$185.72
86806	LYMPHOCYTOTOXICITY ASSAY VIS CROSSMATCH	Default Rate	\$46.64
86807	SERUM SCREENING % REACTIVE ANTIBODY ST/	Default Rate	\$77.08
86808	SERUM SCREENING % REACTIVE ANTIBODY QU	Default Rate	\$29.09
86812	HLA TYPING A/B/C SINGLE ANTIGEN	Default Rate	\$25.29
86813	HLA TYPING A/B/C MULTIPLE ANTIGENS	Default Rate	\$56.84
86816	HLA TYPING DR/DQ SINGLE ANTIGEN	Default Rate	\$29.57
86817	HLA TYPING DR/DQ MULTIPLE ANTIGENS	Default Rate	\$104.02
86821	HLA TYPING LYMPHOCYTE CULTURE MIXED	Default Rate	\$35.83
86825	HLA CROSSMATCH NONCYTOTOXIC 1ST SERUM	Default Rate	\$107.30
86826	HLA CROSSMATCH NONCYTOTOXIC ADDL SERU	Default Rate	\$35.80
86828	ANTIBODY HLA CLASS I & CLASS II ANTIGENS	Default Rate	\$62.91
86829	ANTIBODY HLA CLASS I OR CLASS II ANTIGEN	Default Rate	\$62.91
86830	ANTIBODY HLA CLASS I PHENOTYPE PANEL QU	Default Rate	\$93.61
86831	ANTIBODY HLA CLASS II PHENOTYPE PANEL QU	Default Rate	\$80.24
86832	ANTIBODY HLA CLASS I HIGH DEFINITION PAN	Default Rate	\$317.28
86833	ANTIBODY HLA CLASS II HIGH DEFINITION PA	Default Rate	\$319.28
86834	ANTIBODY HLA CLASS I SEMIQUANTITATIVE PA	Default Rate	\$350.41
86835	ANTIBODY HLA CLASS II SEMIQUANTITATIVE P	Default Rate	\$316.50
86849	UNLISTED IMMUNOLOGY	Manually Priced	\$0.00
86850	ANTIBODY SCREEN RBC EACH SERUM TECHNIQ	Default Rate	\$9.57
86860	ANTIBODY ELUTION RBC EACH ELUTION	Default Rate	\$24.37
86870	ANTIBODY ID RBC ANTIBODIES EA PANEL EA S	Default Rate	\$15.00
86880	ANTIHUMAN GLOBULIN DIRECT EACH ANTISER	Default Rate	\$5.28
86885	ANTIHUMAN GLOBULIN INDIRECT QUAL EA REAGE	Default Rate	\$5.61
86886	ANTIHUMAN GLOBULIN INDIRECT EACH ANTIBO	Default Rate	\$5.08
86890	AUTOL BLD/COMPONENT COLLJ STORAGE PREC	Manually Priced	\$0.00
86891	AUTOL BLD/COMPONENT COLLJ STORAGE SALV	Manually Priced	\$0.00
86900	BLOOD TYPING SEROLOGIC ABO	Default Rate	\$2.93
86901	BLOOD TYPING SEROLOGIC RH (D)	Default Rate	\$2.93
86902	BLOOD TYPE ANTIGEN DONOR REAGENT SERUM	Default Rate	\$6.22
86904	BLOOD TYPING ANTIGEN SCREEN PATIENT SERI	Default Rate	\$16.01
86905	BLOOD TYPING RBC ANTIGENS OTH/THN ABO/R	Default Rate	\$3.75
86906	BLOOD TYPING SEROLOGIC RH PHENOTYPING C	Default Rate	\$7.60
86920	COMPATIBILITY EACH UNIT IMMEDIATE SPIN T	Default Rate	\$36.00
86921	COMPATIBILITY EACH UNIT INCUBATION	Default Rate	\$36.00
86922	COMPATIBILITY EACH UNIT ANTIGLOBULIN	Default Rate	\$36.00
86923	COMPATIBILITY EACH UNIT ELECTRONIC	Default Rate	\$36.00
86927	FRESH FROZEN PLASMA THAWING EACH UNIT	Default Rate	\$180.33
86930	FROZEN BLOOD EACH UNIT FREEZING	Manually Priced	\$0.00
86931	FROZEN BLOOD EACH UNIT THAWING	Manually Priced	\$0.00
86932	FROZEN BLOOD EACH UNIT FREEZING & THAWI	Manually Priced	\$0.00
86940	HEMOLYSINS&AGGLUTININS AUTO SCREEN EA	Default Rate	\$8.59
86941	HEMOLYSINS&AGGLUTININS INCUBATED	Default Rate	\$11.87
86945	IRRADIATION BLOOD PRODUCT EACH UNIT	Default Rate	\$42.00
86950	LEUKOCYTE TRANSFUSION	Manually Priced	\$0.00

Procedure Code	Description of Procedure	Type of Rate	Rate
86960	VOLUME REDUCTION BLOOD/BLOOD PRODUCT	Manually Priced	\$0.00
86965	POOLING PLATELETS/OTHER BLOOD PRODUCTS	Manually Priced	\$0.00
86970	PRETX RBC ANTIBODY INCUBAT W/CHEM AGNT	Manually Priced	\$0.00
86971	PRETX RBC ANTIBODY INCUBAT W/ENZYMES EL	Manually Priced	\$0.00
86972	PRETX RBC ANTIBODY INCUBAT W/DENSITY GR	Manually Priced	\$0.00
86975	PRETX SERUM RBC ANTIBODY INCUBATION DR1	Manually Priced	\$0.00
86976	PRETX SERUM RBC ANTIBODY IDENTIFICATION	Manually Priced	\$0.00
86977	PRETX SERUM RBC ANTB ID INCUBATION INHIB	Manually Priced	\$0.00
86978	PRETX SERUM RBC ANTIBODY ID DIFFIAL EACH	Manually Priced	\$0.00
86985	SPLITTING BLOOD/BLOOD PRODUCTS EACH UNI	Default Rate	\$101.80
86999	UNLISTED TRANSFUSION MEDICINE PROCEDUR	Manually Priced	\$0.00
87003	ANIMAL INOCULATION SMALL ANIMAL W/OBS&	Default Rate	\$16.50
87015	CONCENTRATION INFECTIOUS AGENTS	Default Rate	\$6.55
87040	CULTURE BACTERIAL BLOOD AEROBIC W/ID ISC	Default Rate	\$10.11
87045	CUL BACT STOOL AEROBIC ISOL SALMONELLA&	Default Rate	\$9.25
87046	CUL BACT STOOL AEROBIC ADDL PATHOGENS&	Default Rate	\$9.25
87070	CUL BACT XCPT URINE BLOOD/STOOL AEROBIC	Default Rate	\$8.45
87071	CUL BACT QUAN AEROBIC ISOL XCPT UR BLOOI	Default Rate	\$9.69
87073	CUL BACT QUAN ANAERC ISOL XCPT UR BLOOD	Default Rate	\$9.47
87075	CULTURE BACTERIAL ANY SOURCE ANAEROBIC	Default Rate	\$9.28
87076	CUL BACT ANAEROBIC ADDL METHS DEFINITIV	Default Rate	\$7.92
87077	CUL BACT AEROBIC ADDL METHS DEFINITIVE E	Default Rate	\$7.92
87081	CUL PRSMPTV PTHGNC ORGANISM SCR N W/COL	Default Rate	\$6.50
87084	CUL PRSMPTV PTHGNC ORGANISMS SCR DNS CI	Default Rate	\$26.53
87086	CULTURE BACTERIAL QUANTTATIVE COLONY C	Default Rate	\$7.91
87088	CULTURE BCT ISOL&PRSMPTV ID ISOLATE EA U	Default Rate	\$7.93
87101	CUL FNGI MOLD/YEAST PRSMPTV ID SKN HAIR/	Default Rate	\$7.56
87102	CULTURE FNGI MOLD/YEAST PRSMPTV OTH XCI	Default Rate	\$8.24
87103	CULTURE FNGI MOLD/YEAST ISOL PRSMPTV ISC	Default Rate	\$20.05
87106	CULTURE FUNGI DEFINITIVE ID EACH ORGANIS	Default Rate	\$10.11
87107	CULTURE FUNGI DEFINITIVE ID EACH ORGANIS	Default Rate	\$10.11
87109	CULTURE MYCOPLASMA ANY SOURCE	Default Rate	\$15.08
87110	CULTURE CHLAMYDIA ANY SOURCE	Default Rate	\$19.21
87116	CULTURE TUBERCLE/OTH ACID-FAST BACILLI A	Default Rate	\$10.58
87118	CULTURE MYCOBACTERIAL DEFINITIVE ID EA I	Default Rate	\$14.32
87140	CULTURE TYPING IMMUNOFLUORESCENT EACH	Default Rate	\$5.46
87143	CULTURE TYPING GAS/HIGH PRES LIQ CHROMA'	Default Rate	\$12.27
87147	CULTURE TYPING IMMUNOLOGIC OTH/THN IMM	Default Rate	\$5.08
87149	CULTURE TYPING NUCLEIC ACID PROBE DIR EA	Default Rate	\$19.65
87150	CULTYP NUC ACID AMP PRB CULT/ISOLATE EA	Default Rate	\$34.39
87152	CULTURE TYPING IDENTIFJ PULSE FIELD GEL	Default Rate	\$7.59
87153	CULTYP NUCLEIC ACID SEQUENCING METH EA I	Default Rate	\$113.05
87158	CULTURE TYPING OTHER METHODS	Default Rate	\$7.59
87164	DARK FIELD EXAM ANY SOURCE W/SPECIMEN C	Default Rate	\$10.53
87166	DARK FIELD EXAM ANY SOURCE W/O SPECIMEN	Default Rate	\$11.07
87168	MACROSCOPIC EXAMINATION ARTHROPOD	Default Rate	\$4.18
87169	MACROSCOPIC EXAMINATION PARASITE	Default Rate	\$4.22
87172	PINWORM EXAMINATION	Default Rate	\$4.18
87176	HOMOGENIZATION TISSUE CULTURE	Default Rate	\$5.76

Procedure Code	Description of Procedure	Type of Rate	Rate
87177	OVA&PARASITES DIRECT SMEARS CONCENTRA'	Default Rate	\$8.72
87181	SUSCEPTIBLTY STDY ANTIMICRBIAL AGNT AGA	Default Rate	\$4.66
87184	SUSCEPTIBILITY STUDY ANTIMICROBIAL DISK	Default Rate	\$7.33
87185	SUSCEPTIBILITY STUDY ANTIMICROBIAL ENZYI	Default Rate	\$4.66
87186	SUSCEPTIBLTY STDY ANTIMICRBIAL MICRO/AG	Default Rate	\$8.48
87187	SUSCEPTIBLTY STDY ANTMCRB MICRO/AGAR D	Default Rate	\$39.37
87188	SC STD ANTMCRB AGT MACROBROTH DIL METH	Default Rate	\$6.51
87190	SUSCEPTIBLTY STDY ANTMCRB MYCOBACT PRO	Default Rate	\$7.16
87197	SERUM BACTERICIDAL TITER	Default Rate	\$14.72
87205	SMR PRIM SRC GRAM/GIEMSA STAIN BCT FUNGI	Default Rate	\$4.18
87206	SMR PRIM SRC FLUORESCENT&/AFS BCT FNGI P	Default Rate	\$5.28
87207	SMR PRIM SRC SPEC STAIN BODIES/PARASITS	Default Rate	\$5.87
87209	SMR PRIM SRC CPLX SPEC STAIN OVA&PARASIT	Default Rate	\$17.62
87210	SMR PRIM SRC WET MOUNT NFCT AGT	Default Rate	\$5.70
87220	TISS KOH SLIDE SAMPS SKN/HR/NLS FNGI/ECT	Default Rate	\$4.18
87230	TOXIN/ANTITOXIN ASSAY TISSUE CULTURE	Default Rate	\$19.35
87250	VIRUS INOCULATION EGGS/SM ANIMAL OBS&D'	Default Rate	\$19.17
87252	VIRUS TISS CUL INOCULATION CYTOPATHIC EF	Default Rate	\$25.55
87253	VIRUS TISSUE CULTURE ADDL STDY/ID EACH I	Default Rate	\$19.80
87254	VIRUS CENTRIFUGE ENHNCD ID IMFLUOR STAIN	Default Rate	\$19.17
87255	VIRUS ID NON-IMMUNOLOGIC OTH/THN CYTOP/	Default Rate	\$33.18
87260	IAADI ADENOVIRUS	Default Rate	\$14.14
87265	IAADI BORDETELLA PRTUSSIS/PARAPRTUSSIS	Default Rate	\$11.74
87267	IAADI ENTEROVIRUS DIRECT FLUORESCENT AN	Default Rate	\$13.15
87269	IAADI GIARDIA	Default Rate	\$13.34
87270	IAADI CHLAMYDIA TRACHOMATIS	Default Rate	\$11.74
87271	IAADI CYTOMEGALOVIRUS DIR FLUORESCENT /	Default Rate	\$13.15
87272	IAADI CRYPTOSPORIDIUM	Default Rate	\$11.74
87273	IAADI HERPES SMPLX VIRUS TYPE 2	Default Rate	\$11.74
87274	IAADI HERPES SMPLX VIRUS TYPE 1	Default Rate	\$11.74
87275	IAADI INFLUENZA B VIRUS	Default Rate	\$12.01
87276	IAADI INFFLUENZA A VIRUS	Default Rate	\$15.75
87278	IAADI LEGIONELLA PNEUMOPHILA	Default Rate	\$15.29
87279	IAADI PARAINFLUENZA VIRUS EACH TYPE	Default Rate	\$16.10
87280	IAADI RESPIRATORY SYNCTIAL VIRUS	Default Rate	\$13.15
87281	IAADI PNEUMOCUSTIS CARINII	Default Rate	\$11.74
87283	IAADI RUBEOLA	Default Rate	\$59.58
87285	IAADI TREPONEMA PALLIDUM	Default Rate	\$11.94
87290	IAADI VARICELLA ZOSTER VIRUS	Default Rate	\$13.15
87299	IAADI NOT OTHERWISE SPECIFIED EACH ORGAN	Default Rate	\$15.78
87300	IAADI POLYV MLT ORGANISMS EA POLYV ANTI	Default Rate	\$11.74
87301	IAAD IA ADENOVIRUS ENTERIC TYP 40/41	Default Rate	\$11.74
87305	IAAD IA QUAL/SEMIQUAN MULTIPLE STEP ASPE	Default Rate	\$11.74
87320	IAAD IA CHLAMYDIA TRACHOMATIS	Default Rate	\$14.70
87324	IAAD IA CLOSTRIDIUM DIFFICILE TOXIN	Default Rate	\$11.74
87327	IAAD IA CRYPTOCOCCUS NEOFORMANS	Default Rate	\$13.15
87328	IAAD IA CRYPTOSPORIDIUM	Default Rate	\$13.54
87329	IAAD IA GIARDIA	Default Rate	\$11.74
87332	IAAD IA CYTOMEGALOVIRUS	Default Rate	\$11.74

Procedure Code	Description of Procedure	Type of Rate	Rate
87335	IAAD IA ESCHERICHIA COLI 0157	Default Rate	\$12.41
87336	IAAD IA ENTAMOEBA HISTOLYTICA DISPAR GRI	Default Rate	\$15.68
87337	IAAD IA ENTAMOEBA HISTOLYTICA GRP	Default Rate	\$11.74
87338	IAAD IA HPYLORI STOOL	Default Rate	\$14.09
87339	IAAD IA HPYLORI	Default Rate	\$15.68
87340	IAAD IA HEPATITIS B SURFACE ANTIGEN	Default Rate	\$10.12
87341	IAAD IA HEPATITIS B SURFACE AG NEUTRALIZ	Default Rate	\$10.12
87350	IAAD IA HEPATITIS BE ANTIGEN	Default Rate	\$11.30
87380	IAAD IA HEPATITIS DELTA ANTIGEN	Default Rate	\$17.99
87385	IAAD IA HISTOPLASM CAPSULATUM	Default Rate	\$12.99
87389	IAAD IA HIV-1 AG W/HIV-1 & HIV-2 ANTBDY	Default Rate	\$23.60
87390	IAAD IA HIV-1	Default Rate	\$23.58
87391	IAAD IA HIV-2	Default Rate	\$21.46
87400	IAAD IA INFLUENZA A/B EACH	Default Rate	\$13.85
87420	IAAD IA RESPIRATORY SYNCTIAL VIRUS	Default Rate	\$13.63
87425	IAAD IA ROTAVIRUS	Default Rate	\$11.74
87427	IAAD IA SHIGA-LIKE TOXIN	Default Rate	\$11.74
87430	IAAD IA STREPTOCOCCUS GROUP A	Default Rate	\$16.47
87449	IAAD IA MULT STEP METHOD NOS EACH ORGAN	Default Rate	\$11.74
87450	IAAD IA SINGLE STEP METHOD NOS EA ORGANI	Default Rate	\$9.40
87451	IAAD IA POLYV MLT ORGANISMS EA POLYV AN	Default Rate	\$10.30
87471	IADNA BARTONELLA AMPLIFIED PROBE TECHN	Default Rate	\$34.39
87472	IADNA BARTONELLA HENSELAE&QUINTANA QU	Default Rate	\$41.98
87475	IADNA BORRELIA BURGDORFERI DIRECT PROBE	Default Rate	\$19.65
87476	IADNA BORRELIA BURGDORFERI AMPLIFIED PR	Default Rate	\$34.39
87480	IADNA CANDIDA SPECIES DIRECT PROBE TQ	Default Rate	\$19.65
87481	IADNA CANDIDA SPECIES AMPLIFIED PROBE TQ	Default Rate	\$34.39
87482	IADNA CANDIDA SPECIES QUANTIFICATION	Default Rate	\$54.63
87483	CNS DNA/RNA AMP PROBE MULTIPLE SUBTYPES	Default Rate	\$408.44
87485	IADNA CHLAMYDIA PNEUMONIAE DIRECT PROFI	Default Rate	\$19.65
87486	IADNA CHLAMYDIA PNEUMONIAE AMPLIFIED P	Default Rate	\$34.39
87487	IADNA CHLAMYDIA PNEUMONIAE QUANTIFICA	Default Rate	\$41.98
87490	IADNA CHLAMYDIA TRACHOMATIS DIRECT PRC	Default Rate	\$22.30
87491	IADNA CHLAMYDIA TRACHOMATIS AMPLIFIED	Default Rate	\$34.39
87492	IADNA CHLAMYDIA TRACHOMATIS QUANTIFIC.	Default Rate	\$52.40
87493	INF AGENT DET NUCLEIC ACID CLOSTRIDIUM A	Default Rate	\$36.52
87495	IADNA CYTOMEGALOVIRUS DIRECT PROBE TQ	Default Rate	\$29.43
87496	IADNA CYTOMEGALOVIRUS AMPLIFIED PROBE	Default Rate	\$34.39
87497	IADNA CYTOMEGALOVIRUS QUANTIFICATION	Default Rate	\$41.98
87498	IADNA ENTEROVIRUS AMPLIF PROBE & REVRSE	Default Rate	\$34.39
87500	INFECTIOUS AGENT DNA/RNA VANCOMYCIN RE	Default Rate	\$34.39
87501	INFECTIOUS AGENT DNA/RNA INFLUENZA EA T	Default Rate	\$50.28
87502	INFECTIOUS AGENT DNA/RNA INFLUENZA 1ST 2	Default Rate	\$93.88
87503	INFCT AGENT DNA/RNA INFLUENZA >2 TYPES EA	Default Rate	\$28.64
87505	INFCT AGENT DNA/RNA GASTROINTESTINAL PA	Default Rate	\$125.72
87506	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE	Default Rate	\$257.73
87507	IADNA-DNA/RNA GI PTHGN MULTIPLEX PROBE	Default Rate	\$408.44
87510	IADNA GARDNERELLA VAGINALIS DIRECT PROI	Default Rate	\$19.65
87511	IADNA GARDNERELLA VAGINALIS AMPLIFIED P	Default Rate	\$34.39

Procedure Code	Description of Procedure	Type of Rate	Rate
87512	IADNA GARDNERELLA VAGINALIS QUANTIFICA	Default Rate	\$40.92
87516	IADNA HEPATITIS B VIRUS AMPLIFIED PROBE	Default Rate	\$34.39
87517	IADNA HEPATITIS B VIRUS QUANTIFICATION	Default Rate	\$41.98
87520	IADNA HEPATITIS C DIRECT PROBE TECHNIQUE	Default Rate	\$30.60
87521	IADNA HEPATITIS C AMPLIFIED PROBE&REVRSE	Default Rate	\$34.39
87522	IADNA HEPATITIS C QUANT & REVERSE TRANSC	Default Rate	\$41.98
87525	IADNA HEPATITIS G DIRECT PROBE TECHNIQUE	Default Rate	\$29.20
87526	IADNA HEPATITIS G AMPLIFIED PROBE TECHN	Default Rate	\$38.47
87527	IADNA HEPATITIS G QUANTIFICATION	Default Rate	\$40.92
87528	IADNA HERPES SIMPLX VIRUS DIRECT PROBE T	Default Rate	\$19.65
87529	IADNA HERPES SOMPLX VIRUS AMPLIFIED PROI	Default Rate	\$34.39
87530	IADNA HERPES SOMPLX VIRUS QUANTIFICATIO	Default Rate	\$41.98
87531	IADNA HERPES VIRUS-6 DIRECT PROBE TQ	Default Rate	\$56.84
87532	IADNA HERPES VIRUS-6 AMPLIFIED PROBE TQ	Default Rate	\$34.39
87533	IADNA HERPES VIRUS-6 QUANTIFICATION	Default Rate	\$40.92
87534	IADNA HIV-1 DIRECT PROBE TECHNIQUE	Default Rate	\$21.48
87535	IADNA HIV-1 AMPLIFIED PROBE & REVERSE TR	Default Rate	\$34.39
87536	IADNA HIV-1 QUANT & REVERSE TRANSCRIPTIO	Default Rate	\$83.40
87537	IADNA HIV-2 DIRECT PROBE TECHNIQUE	Default Rate	\$21.48
87538	IADNA HIV-2 AMPLIFIED PROBE & REVERSE TR	Default Rate	\$34.39
87539	IADNA HIV-2 QUANT & REVERSE TRANSCRIPTIO	Default Rate	\$57.45
87540	IADNA LEGIONELLA PNEUMOPHILA DIRECT PRO	Default Rate	\$19.65
87541	IADNA LEGIONELLA PNEUMOPHILA AMPLIFIED	Default Rate	\$34.39
87542	IADNA LEGIONELLA PNEUMOPHILA QUANTIFIC	Default Rate	\$40.92
87550	IADNA MYCOBACTERIA SPECIES DIRECT PROBE	Default Rate	\$19.65
87551	IADNA MYCOBACTERIA SPECIES AMPLIFIED PRO	Default Rate	\$47.28
87552	IADNA MYCOBACTERIA SPECIES QUANTIFICATI	Default Rate	\$41.98
87555	IADNA MYCOBACTERIA TUBERCULOSIS DIR PRI	Default Rate	\$26.34
87556	IADNA MYCOBACTERIA TUBERCULOSIS AMP PR	Default Rate	\$40.85
87557	IADNA MYCOBACTERIA TUBERCULOSIS QUANT	Default Rate	\$41.98
87560	IADNA MYCOBACTERIA AVIUM-INTRACLRE DIR	Default Rate	\$26.74
87561	IADNA MYCOBACTERIA AVIUM-INTRACLRE AM	Default Rate	\$34.39
87562	IADNA MYCOBACTERIA AVIUM-INTRACELLULA	Default Rate	\$41.98
87563	IADNA MYCOPLASMA GENITALIUM AMPLIFIED	Default Rate	\$34.39
87580	IADNA MYCOPLSM PNEUMONIAE DIRECT PROBI	Default Rate	\$19.65
87581	IADNA MYCOPLSM PNEUMONIAE AMPLIFIED PR	Default Rate	\$34.39
87582	IADNA MYCOPLSM PNEUMONIAE QUANTIFICAT	Default Rate	\$296.57
87590	IADNA NEISSERIA GONORRHOEAE DIRECT PROI	Default Rate	\$26.34
87591	IADNA NEISSERIA GONORRHOEAE AMPLIFIED P	Default Rate	\$34.39
87592	IADNA NEISSERIA GONORRHOEAE QUANTIFICA	Default Rate	\$41.98
87623	IADNA HUMAN PAPILOMAVIRUS LOW-RISK TY	Default Rate	\$34.39
87624	IADNA HUMAN PAPILOMAVIRUS HIGH-RISK TY	Default Rate	\$34.39
87625	IADNA HUMAN PAPILOMAVIRUS TYPES 16 & 18	Default Rate	\$39.74
87631	IADNA RESPIRATRY PROBE & REV TRNSCR 3-5	Default Rate	\$139.78
87632	IADNA RESPIRATRY PROBE & REV TRNSCR 6-11	Default Rate	\$213.70
87633	IADNA RESPIRATRY PROBE & REV TRNSCR 12-2	Default Rate	\$408.44
87634	IADNA DNA/RNA RSV AMPLIFIED PROBE TECHN	Default Rate	\$68.80
87640	IADNA S AUREUS AMPLIFIED PROBE TQ	Default Rate	\$34.39
87641	IADNA S AUREUS METHICILLIN RESIST AMP PR	Default Rate	\$34.39

Procedure Code	Description of Procedure	Type of Rate	Rate
87650	IADNA STREPTOCOCCUS GROUP A DIRECT PROI	Default Rate	\$19.65
87651	IADNA STREPTOCOCCUS GROUP A AMPLIFIED P	Default Rate	\$34.39
87652	IADNA STREPTOCOCCUS GROUP A QUANTIFICA	Default Rate	\$40.92
87653	IADNA STREPTOCOCCUS GROUP B AMPLIFIED P	Default Rate	\$34.39
87660	IADNA TRICHOMONAS VAGINALIS DIRECT PROI	Default Rate	\$19.65
87661	IADNA TRICHOMONAS VAGINALIS AMPLIFIED P	Default Rate	\$34.39
87662	IADNA DNA/RNA ZIKA VIRUS AMPLIFIED PROBE	Default Rate	\$50.28
87797	IADNA NOS DIRECT PROBE TQ EACH ORGANISM	Default Rate	\$29.43
87798	IADNA NOS AMPLIFIED PROBE TQ EACH ORGAN	Default Rate	\$34.39
87799	IADNA NOS QUANTIFICATION EACH ORGANISM	Default Rate	\$41.98
87800	IADNA MULTIPLE ORGANISMS DIRECT PROBE T	Default Rate	\$42.80
87801	IADNA MULTIPLE ORGANISMS AMPLIFIED PROB	Default Rate	\$68.80
87802	IAADIADOO STREPTOCOCCUS GROUP B	Default Rate	\$12.48
87803	IAADIADOO CLOSTRIDIUM DIFFICILE TOXIN	Default Rate	\$15.68
87804	IAADIADOO INFLUENZA	Default Rate	\$16.22
87806	IAADIADOO HIV1 ANTIGEN W/HIV1 & HIV2 ANT	Default Rate	\$32.11
87807	IAADIADOO RESPIRATORY SYNCTIAL VIRUS	Default Rate	\$12.84
87808	IAADIADOO TRICHOMONAS VAGINALIS	Default Rate	\$14.98
87809	INFECTIOUS AGENT IMMUNOASSAY OPTICAL AI	Default Rate	\$21.32
87810	CHLAMYDIA TRACHOMATIS	Default Rate	\$34.58
87850	IAADIADOO NEISSERIA GONORRHOEAE	Default Rate	\$24.07
87880	IAADIADOO STREPTOCOCCUS GROUP A	Default Rate	\$16.20
87899	IAADIADOO NOT OTHERWISE SPECIFIED	Default Rate	\$15.75
87900	NFCT AGT DRUG SUSCEPT PHENOTYPE PREDICT	Default Rate	\$127.74
87901	NFCT GEXYP NUCLEIC ACID HIV REV TRNSCR&I	Default Rate	\$252.30
87902	NFCT AGNT GENOTYP NUCLEIC ACID HEPATITIS	Default Rate	\$252.30
87903	NFCT PHEXYP RESIST TISS CUL HIV FIRST 1-	Default Rate	\$478.89
87904	NFCT PHEXYP RESIST TISS CUL HIV EA ADDL	Default Rate	\$25.55
87905	INFECTIOUS AGENT ENZYMATIC ACTV OTH/THI	Default Rate	\$11.98
87906	NFCT GEXYP DNA/RNA HIV 1 OTHER REGION	Default Rate	\$126.16
87999	UNLISTED MICROBIOLOGY	Manually Priced	\$0.00
88104	CYTP FLU WASHGS/BRUSHINGS XCPT C/V SMRS	Default Rate	\$51.49
88106	CYTP FLU BR/WA XCPT C/V FILTER METH ONLY	Default Rate	\$46.46
88108	CYTP CONCENTRATION SMEARS & INTERPRETA	Default Rate	\$53.81
88112	CYTP SLCTV CELL ENHANCEMENT INTERPJ XCP	Default Rate	\$123.81
88120	CYTP INSITU HYBRID URINE SPEC 3-5 PROBES	Manually Priced	\$0.00
88121	CYTP INSITU HYBRID URNE SPEC 3-5 PROBES	Default Rate	\$543.28
88125	CYTOPATHOLOGY FORENSIC	Default Rate	\$20.54
88130	SEX CHROMATIN IDENTIFICATION BARR BODIE	Default Rate	\$17.62
88140	SEX CHROMATIN IDENTJ PERIPHERAL BLOOD SI	Default Rate	\$7.83
88141	CYTP CERVICAL/VAGINAL REQ INTERP PHYSICI	Default Rate	\$23.24
88142	CYTP CERV/VAG AUTO THIN LAYER PREP MNL S	Default Rate	\$19.85
88143	CYTP C/V FLU AUTO THIN MNL SCR&RESCR PHY	Default Rate	\$22.58
88147	CYTP SMRS C/V SCR AUTOMATED SYSTEM PHYS	Default Rate	\$49.55
88148	CYTP SMRS C/V SCR AUTO SYS MNL RESCR PHY	Default Rate	\$15.68
88150	CYTP SLIDES C/V MNL SCR UNDER PHYS	Default Rate	\$14.82
88152	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	Default Rate	\$27.09
88153	CYTP SLIDES C/V MNL SCR&RESCR PHYS	Default Rate	\$23.55
88155	CYTP SLIDES C/V DEFINITIVE HORMONAL EVAL	Default Rate	\$14.36

Procedure Code	Description of Procedure	Type of Rate	Rate
88160	CYTP SMRS ANY OTH SRC SCR&INTERPJ	Default Rate	\$55.77
88161	CYTP SMRS ANY OTH SRC PREPJ SCR&INTERPJ	Default Rate	\$54.23
88162	CYTP SMRS ANY OTH SRC EXTND STD > 5 SLID	Default Rate	\$56.99
88164	CYTP SLIDES CERV/VAG MNL SCR N PHYSICIAN	Default Rate	\$14.82
88165	CYTP SLIDES C/V MNL SCR&RESCR PHYS SUPV	Default Rate	\$41.38
88166	CYTP SLIDES C/V MNL SCR&CPTR RESCR PHYS	Default Rate	\$14.82
88167	CYTP SLIDES C/V MNL SCR&CPTR RESCR CELL	Default Rate	\$14.82
88172	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD	Default Rate	\$49.53
88173	CYTP EVAL FINE NEEDLE ASPIRATE INTERP &	Default Rate	\$122.91
88174	CYTP C/V AUTO THIN LYR PREPJ SCR SYS PHY	Default Rate	\$24.86
88175	CYTP C/V AUTO THIN LYR PREPJ SCR MNL RES	Default Rate	\$26.08
88177	CYTP FINE NDL ASPIRATE IMMT CYTOHIST STD	Default Rate	\$27.77
88182	FLOW CYTOMETRY CELL CYCLE/DNA ANALYSIS	Default Rate	\$93.14
88184	FLOW CYTOMETRY CELL SURF MARKER TECHL	Default Rate	\$49.26
88185	FLOW CYTOMETRY CELL SURF MARKER TECHL	Default Rate	\$24.22
88187	FLOW CYTOMETRY INTERPJ 2-8 MARKERS	Default Rate	\$63.03
88188	FLOW CYTOMETRY INTERPJ 9-15 MARKERS	Default Rate	\$83.19
88189	FLOW CYTOMETRY INTERPRETATION 16/> MAR	Default Rate	\$109.59
88199	UNLISTED CYTOPATHOLOGY PROCEDURE	Manually Priced	\$0.00
88230	TISS CUL NON-NEO DISORDERS LYMPHOCYTE	Default Rate	\$114.16
88233	TISS CUL NON-NEO DISORDERS SKN/OTH SOLID	Default Rate	\$137.92
88235	TISS CUL NON-NEO DISORDERS AMNIOTIC/CHOI	Default Rate	\$147.29
88237	TISS CUL NEO DISORDERS BONE MARROW BLOC	Default Rate	\$140.88
88239	TISS CUL NEO DISORDERS SOLID TUMOR	Default Rate	\$144.57
88240	CRYOPRSRV FRZING&STORAGE CELLS EA CELL	Default Rate	\$12.81
88241	THAWING&EXPANSION FROZEN CELLS EACH AI	Default Rate	\$11.85
88245	CHRMSM BREAKAGE BASELINE SISTER 20-25 CL	Default Rate	\$169.71
88248	CHRMSM BREAKAGE BASELINE BREAKAGE 50-1	Default Rate	\$169.71
88249	CHRMSM BREAKAGE SYNDS SCORE 100 CLL	Default Rate	\$169.71
88261	CHRMSM COUNT 5 CELL 1KARYOTYPE BANDING	Default Rate	\$259.05
88262	CHRMSM COUNT 15-20 CLL 2KARYOTYP BANDIN	Default Rate	\$122.98
88263	CHRMSM COUNT 45 CELL MOSAICISM 2KARYOT	Default Rate	\$147.28
88264	CHRMSM ANALYZE 20-25 CELLS	Default Rate	\$141.72
88267	CHRMSM ALYS AMNIOTIC/VILLUS 15 CELL 1KAF	Default Rate	\$184.80
88269	CHRMSM SITU AMNIOTIC CLL 6-12 COLONIES 1	Default Rate	\$170.19
88271	MOLECULAR CYTOGENETICS DNA PROBE EACH	Default Rate	\$20.99
88272	MOLECULAR CYTOGENETICS CHRMOML ISH 3-5	Default Rate	\$39.89
88273	MOLECULAR CYTOGENETICS CHRMOML ISH 10-	Default Rate	\$34.11
88274	MOLECULAR CYTOGENETICS INTERPHASE ISH 2	Default Rate	\$41.53
88275	MOLEC CYTG INTERPHASE ISH ANALYZE 100-30	Default Rate	\$50.17
88280	CHRMSM ANALYSIS ADDL KARYOTYP EACH STI	Default Rate	\$32.80
88283	CHRMSM ANALYSIS ADDL SPECIALIZED BANDIN	Default Rate	\$67.23
88285	CHRMSM ANALYSIS ADDL CELLS COUNTED EAC	Default Rate	\$26.37
88289	CHRMSM ANALYSIS ADDL HIGH RESOLUTION S'	Default Rate	\$33.74
88291	CYTOGENETICS&MOLEC CYTOGENETICS INTER	Default Rate	\$31.20
88299	UNLISTED CYTOGENETIC STUDY	Manually Priced	\$0.00
88300	LEVEL I SURG PATHOLOGY GROSS EXAMINATIC	Default Rate	\$14.46
88302	LEVEL II SURG PATHOLOGY GROSS&MICROSCO	Default Rate	\$32.51
88304	LEVEL III SURG PATHOLOGY GROSS&MICROSCC	Default Rate	\$42.89

Procedure Code	Description of Procedure	Type of Rate	Rate
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCC	Default Rate	\$97.57
88307	LEVEL V SURG PATHOLOGY GROSS&MICROSCO	Default Rate	\$166.79
88309	LEVEL VI SURG PATHOLOGY GROSS&MICROSCC	Default Rate	\$217.13
88311	DECALCIFICATION PROCEDURE	Default Rate	\$17.46
88312	SPECIAL STAIN GROUP 1 MICROORGANISMS I&F	Default Rate	\$73.61
88313	SPCL STN 2 I&R EXCPT MICROORG/ENZYME/IMC	Default Rate	\$51.85
88314	SPECIAL STAIN I&R HISTOCHEMICAL W/FROZEN	Default Rate	\$52.71
88319	SPECIAL STAIN I&R GROUP III ENZYME CONSI	Default Rate	\$94.40
88321	CONSLTJ&REPRT SLIDES PREPARED ELSEWHER	Default Rate	\$82.65
88325	CONSLTJ COMPRE REVIEW REPRT REFERRED M	Default Rate	\$199.53
88329	PATHOLOGY CONSULTATION DURING SURGERY	Default Rate	\$50.44
88331	PATH CONSLTJ SURG 1ST BLK FROZEN SCTJ 1	Default Rate	\$85.84
88332	PATH CONSLTJ SURG EA ADDL BLK FROZEN SEC	Default Rate	\$42.97
88333	PATH CONSLTJ SURG CYTOLOGIC EXAM INITIAI	Default Rate	\$90.40
88334	PATH CONSLTJ SURG CYTOLOGIC EXAM ADDL S	Default Rate	\$52.97
88341	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SI	Default Rate	\$68.03
88342	IMHISTOCHEM/CYTCHM 1ST ANTIBODY STAIN F	Default Rate	\$86.31
88344	IMHISTOCHEM/CYTCHM EA MULTIPLEX ANTIBC	Default Rate	\$117.66
88346	IMMUNOFLUORESCENCE PER SPEC 1ST SINGL A	Default Rate	\$90.16
88348	ELECTRON MICROSCOPY DIAGNOSTIC	Default Rate	\$388.66
88350	IMMUNOFLUORESCENCE PER SPEC ADD SINGL /	Default Rate	\$74.34
88355	MORPHOMETRIC ANALYSIS SKELETAL MUSCLE	Default Rate	\$175.05
88356	MORPHOMETRIC ANALYSIS NERVE	Default Rate	\$231.50
88358	MORPHOMETRIC ANALYSIS TUMOR	Default Rate	\$63.47
88360	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTIBO	Default Rate	\$106.57
88361	M/PHMTRC ALYS TUMOR IMHCHEM EA ANTBDY	Default Rate	\$141.54
88362	NERVE TEASING PREPARATIONS	Default Rate	\$256.79
88363	EXAM & SELECT ARCHIVE TISSUE MOLECULAR	Default Rate	\$23.32
88364	IN SITU HYBRIDIZATION EA ADDL PROBE STAI	Default Rate	\$97.94
88365	IN SITU HYBRIDIZATION 1ST PROBE STAIN	Default Rate	\$122.58
88366	IN SITU HYBRIDIZATION EA MULTIPLEX PROBE	Default Rate	\$150.21
88367	M/PHMTRC ALYS ISH CPTR-ASST TECH 1ST PRO	Default Rate	\$200.25
88368	M/PHMTRC ALYS IN SITU HYBRIDIZATION EA P	Default Rate	\$143.52
88369	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL PER SF	Default Rate	\$74.11
88371	PROTEIN ANAL TISSUE WESTERN BLOT W/INTEF	Default Rate	\$21.79
88372	PROTEIN ALYS WSTRN BLOT I&R IMMUNOLOGIC	Default Rate	\$25.70
88373	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR PER S	Default Rate	\$60.80
88374	M/PHMTRC ALYS ISH QUANT/SEMIQ CPTR EACH	Default Rate	\$206.05
88377	M/PHMTRC ALYS ISH QUANT/SEMIQ MNL EACH	Default Rate	\$215.14
88380	MICRODISSECTION PREP IDENTIFIED TARGET L	Manually Priced	\$0.00

APPENDIX R

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Evaluation and Management Services

Subcategory: Radiology Procedures Paid in RBRVS

Dashboard Number 5.2

Last FFS Rate Update: 1/1/2020

The DMMA pays 100% of the Medicare rate for radiology procedures. Rates are updated by Medicare every Jan 1. Medicare uses a methodology called the Resource Based Relative Value System (RBRVS). The 'facility rate' would be billed by a hospital. The 'non-facility rate' would be billed by a physician's office.

Sometimes, the rate is split between a professional (modifier 26) and technical (TC) component.

The professional component is performed by a human being. The technical component is the payment for equipment use.

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
70010		MYELOGRAPHY POST FOSSA RS&I	\$61.49	\$61.49
70015	26	CISTERNOGRAPHY POSITIVE CONTRAST R	\$60.40	\$60.40
70015	TC	CISTERNOGRAPHY POSITIVE CONTRAST R	\$105.09	\$105.09
70015		CISTERNOGRAPHY POSITIVE CONTRAST R	\$165.48	\$165.48
70030	26	RADIOLOGIC EXAMINATION EYE DETECT	\$8.58	\$8.58
70030	TC	RADIOLOGIC EXAMINATION EYE DETECT	\$22.75	\$22.75
70030		RADIOLOGIC EXAMINATION EYE DETECT	\$31.33	\$31.33
70100	26	RADIOLOGIC EXAMINATION MANDIBLE PI	\$9.29	\$9.29
70100	TC	RADIOLOGIC EXAMINATION MANDIBLE PI	\$27.80	\$27.80
70100		RADIOLOGIC EXAMINATION MANDIBLE PI	\$37.10	\$37.10
70110	26	RADIOLOG EXAM MANDIBLE COMPL MINI	\$12.87	\$12.87
70110	TC	RADIOLOG EXAM MANDIBLE COMPL MINI	\$29.97	\$29.97
70110		RADIOLOG EXAM MANDIBLE COMPL MINI	\$42.84	\$42.84
70120	26	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS	\$9.29	\$9.29
70120	TC	RADIOLOGIC EXAM MASTOIDS < 3 VIEWS	\$27.80	\$27.80
70120		RADIOLOGIC EXAM MASTOIDS < 3 VIEWS	\$37.10	\$37.10
70130	26	RADEX MASTOIDS COMPL MINIMUM 3 VIE	\$17.51	\$17.51
70130	TC	RADEX MASTOIDS COMPL MINIMUM 3 VIE	\$42.97	\$42.97
70130		RADEX MASTOIDS COMPL MINIMUM 3 VIE	\$60.49	\$60.49
70134	26	RADEX INTERNAL AUDITORY MEATI COM	\$17.88	\$17.88
70134	TC	RADEX INTERNAL AUDITORY MEATI COM	\$39.36	\$39.36
70134		RADEX INTERNAL AUDITORY MEATI COM	\$57.23	\$57.23
70140	26	RADEX FACIAL BONES < 3 VIEWS	\$10.37	\$10.37
70140	TC	RADEX FACIAL BONES < 3 VIEWS	\$21.31	\$21.31
70140		RADEX FACIAL BONES < 3 VIEWS	\$31.67	\$31.67
70150	26	RADEX FACIAL BONES COMPLETE M	\$13.58	\$13.58
70150	TC	RADEX FACIAL BONES COMPLETE M	\$32.86	\$32.86
70150		RADEX FACIAL BONES COMPLETE M	\$46.44	\$46.44
70160	26	RADEX NASAL BONES COMPLETE MINIMU	\$8.94	\$8.94
70160	TC	RADEX NASAL BONES COMPLETE MINIMU	\$27.80	\$27.80
70160		RADEX NASAL BONES COMPLETE MINIMU	\$36.74	\$36.74
70170	26	DACRYOCSTOGRAPY NASOLACRIMAL DU	\$15.00	\$15.00
70190	26	RADEX OPTIC FORAMINA	\$11.45	\$11.45
70190	TC	RADEX OPTIC FORAMINA	\$27.44	\$27.44
70190		RADEX OPTIC FORAMINA	\$38.89	\$38.89
70200	26	RADEX ORBITS COMPLETE MINIMUM 4 VII	\$14.30	\$14.30

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
70200	TC	RADEX ORBITS COMPLETE MINIMUM 4 VII	\$32.86	\$32.86
70200		RADEX ORBITS COMPLETE MINIMUM 4 VII	\$47.16	\$47.16
70210	26	RADEX SINUSES PARANASAL <3 VIEWS	\$8.94	\$8.94
70210	TC	RADEX SINUSES PARANASAL <3 VIEWS	\$22.39	\$22.39
70210		RADEX SINUSES PARANASAL <3 VIEWS	\$31.33	\$31.33
70220	26	RADEX SINUSES PARANASAL COMPL MIN]	\$11.44	\$11.44
70220	TC	RADEX SINUSES PARANASAL COMPL MIN]	\$25.64	\$25.64
70220		RADEX SINUSES PARANASAL COMPL MIN]	\$37.08	\$37.08
70240	26	RADIOLOGIC EXAMINATION SELLA TURCI	\$10.02	\$10.02
70240	TC	RADIOLOGIC EXAMINATION SELLA TURCI	\$23.83	\$23.83
70240		RADIOLOGIC EXAMINATION SELLA TURCI	\$33.85	\$33.85
70250	26	RADIOLOGIC EXAMINATION SKULL 4/> VI	\$10.38	\$10.38
70250	TC	RADIOLOGIC EXAMINATION SKULL 4/> VI	\$25.64	\$25.64
70250		RADIOLOGIC EXAMINATION SKULL 4/> VI	\$36.02	\$36.02
70260	26	RADIOLOGIC EXAM SKULL COMPLETE MII	\$14.66	\$14.66
70260	TC	RADIOLOGIC EXAM SKULL COMPLETE MII	\$29.97	\$29.97
70260		RADIOLOGIC EXAM SKULL COMPLETE MII	\$44.63	\$44.63
70300	26	RADIOLOGIC EXAMINATION TEETH 1 VIEV	\$5.72	\$5.72
70300	TC	RADIOLOGIC EXAMINATION TEETH 1 VIEV	\$8.31	\$8.31
70300		RADIOLOGIC EXAMINATION TEETH 1 VIEV	\$14.03	\$14.03
70310	26	RADIOLOGIC EXAM TEETH PRTL EXAM < I	\$7.86	\$7.86
70310	TC	RADIOLOGIC EXAM TEETH PRTL EXAM < I	\$31.78	\$31.78
70310		RADIOLOGIC EXAM TEETH PRTL EXAM < I	\$39.64	\$39.64
70320	26	RADIOLOGIC EXAM TEETH COMPLETE FUI	\$11.80	\$11.80
70320	TC	RADIOLOGIC EXAM TEETH COMPLETE FUI	\$44.41	\$44.41
70320		RADIOLOGIC EXAM TEETH COMPLETE FUI	\$56.21	\$56.21
70328	26	RADEX TEMPOROMANDBLE JT OP.	\$9.29	\$9.29
70328	TC	RADEX TEMPOROMANDBLE JT OP.	\$24.56	\$24.56
70328		RADEX TEMPOROMANDBLE JT OP.	\$33.85	\$33.85
70330	26	RADEX TEMPOROMANDBLE JT OP.	\$12.51	\$12.51
70330	TC	RADEX TEMPOROMANDBLE JT OP.	\$39.72	\$39.72
70330		RADEX TEMPOROMANDBLE JT OP.	\$52.23	\$52.23
70332	26	TEMPOROMANDBLE JT ARTHROGRAPHY F	\$27.52	\$27.52
70332	TC	TEMPOROMANDBLE JT ARTHROGRAPHY F	\$54.89	\$54.89
70332		TEMPOROMANDBLE JT ARTHROGRAPHY F	\$82.41	\$82.41
70336	26	MRI TEMPOROMANDIBULAR JOINT	\$75.05	\$75.05
70336	TC	MRI TEMPOROMANDIBULAR JOINT	\$233.28	\$233.28
70336		MRI TEMPOROMANDIBULAR JOINT	\$308.33	\$308.33
70350	TC	CEPHALOGRAM ORTHODONTIC	\$8.31	\$8.31
70350	26	CEPHALOGRAM ORTHODONTIC	\$9.30	\$9.30
70350		CEPHALOGRAM ORTHODONTIC	\$17.60	\$17.60
70355	TC	ORTHOPANTOGRAM	\$8.66	\$8.66
70355	26	ORTHOPANTOGRAM	\$10.73	\$10.73
70355		ORTHOPANTOGRAM	\$19.39	\$19.39
70360	26	RADIOLOGIC EXAMINATION NECK SOFT T	\$9.29	\$9.29
70360	TC	RADIOLOGIC EXAMINATION NECK SOFT T	\$21.67	\$21.67
70360		RADIOLOGIC EXAMINATION NECK SOFT T	\$30.96	\$30.96
70370	26	RADEX PHARYNX/LARX W/FLUOR&/MAGN	\$14.99	\$14.99
70370	TC	RADEX PHARYNX/LARX W/FLUOR&/MAGN	\$74.75	\$74.75
70370		RADEX PHARYNX/LARX W/FLUOR&/MAGN	\$89.75	\$89.75

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
70371	26	CPLX DYNAMIC PHARYNGEAL&SP EVAL C	\$43.26	\$43.26
70371	TC	CPLX DYNAMIC PHARYNGEAL&SP EVAL C	\$65.72	\$65.72
70371		CPLX DYNAMIC PHARYNGEAL&SP EVAL C	\$108.98	\$108.98
70380	26	RADIOLOGIC EXAMINATION SALIVARY GI	\$8.58	\$8.58
70380	TC	RADIOLOGIC EXAMINATION SALIVARY GI	\$27.80	\$27.80
70380		RADIOLOGIC EXAMINATION SALIVARY GI	\$36.39	\$36.39
70390	26	SIALOGRAPHY RS&I	\$19.30	\$19.30
70390	TC	SIALOGRAPHY RS&I	\$94.61	\$94.61
70390		SIALOGRAPHY RS&I	\$113.91	\$113.91
70450	26	CT HEAD/BRAIN W/O CONTRAST MATERIA	\$43.25	\$43.25
70450	TC	CT HEAD/BRAIN W/O CONTRAST MATERIA	\$73.67	\$73.67
70450		CT HEAD/BRAIN W/O CONTRAST MATERIA	\$116.91	\$116.91
70460	26	CT HEAD/BRAIN W/CONTRAST MATERIAL	\$57.18	\$57.18
70460	TC	HEAD/BRAIN W/CONTRAST MATERIAL	\$107.97	\$107.97
70460		HEAD/BRAIN W/CONTRAST MATERIAL	\$165.15	\$165.15
70470	26	HEAD/BRAIN W/O & W/CONTRAST MATER]	\$64.33	\$64.33
70470	TC	HEAD/BRAIN W/O & W/CONTRAST MATER]	\$129.27	\$129.27
70470		HEAD/BRAIN W/O & W/CONTRAST MATER]	\$193.61	\$193.61
70480	26	CT ORBIT SELLA/POST FOSSA/EAR W/O CO	\$64.69	\$64.69
70480	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O CO	\$112.31	\$112.31
70480		CT ORBIT SELLA/POST FOSSA/EAR W/O CO	\$176.99	\$176.99
70481	26	CT ORBIT SELLA/POST FOSSA/EAR W/CON	\$57.18	\$57.18
70481	TC	CT ORBIT SELLA/POST FOSSA/EAR W/CON	\$169.36	\$169.36
70481		CT ORBIT SELLA/POST FOSSA/EAR W/CON	\$226.54	\$226.54
70482	26	CT ORBIT SELLA/POST FOSSA/EAR W/O & \	\$63.96	\$63.96
70482	TC	CT ORBIT SELLA/POST FOSSA/EAR W/O & \	\$182.36	\$182.36
70482		CT ORBIT SELLA/POST FOSSA/EAR W/O & \	\$246.33	\$246.33
70486	26	CT MAXILLOFACIAL W/O CONTRAST MATI	\$43.61	\$43.61
70486	TC	CT MAXILLOFACIAL W/O CONTRAST MATI	\$97.50	\$97.50
70486		CT MAXILLOFACIAL W/O CONTRAST MATI	\$141.11	\$141.11
70487	26	CT MAXILLOFACIAL W/CONTRAST MATER	\$57.18	\$57.18
70487	TC	CT MAXILLOFACIAL W/CONTRAST MATER	\$111.95	\$111.95
70487		CT MAXILLOFACIAL W/CONTRAST MATER	\$169.13	\$169.13
70488	26	CT MAXILLOFACIAL W/O & W/CONTRAST	\$64.33	\$64.33
70488	TC	CT MAXILLOFACIAL W/O & W/CONTRAST	\$141.91	\$141.91
70488		CT MAXILLOFACIAL W/O & W/CONTRAST	\$206.24	\$206.24
70490	26	CT SOFT TISSUE NECK W/O CONTRAST MA	\$65.04	\$65.04
70490	TC	CT SOFT TISSUE NECK W/O CONTRAST MA	\$101.47	\$101.47
70490		CT SOFT TISSUE NECK W/O CONTRAST MA	\$166.52	\$166.52
70491	26	CT SOFT TISSUE NECK W/CONTRAST MATI	\$70.05	\$70.05
70491	TC	CT SOFT TISSUE NECK W/CONTRAST MATI	\$135.05	\$135.05
70491		CT SOFT TISSUE NECK W/CONTRAST MATI	\$205.10	\$205.10
70492	26	CT SOFT TISSUE NECK W/O & W/CONTRAS'	\$82.57	\$82.57
70492	TC	CT SOFT TISSUE NECK W/O & W/CONTRAS'	\$165.38	\$165.38
70492		CT SOFT TISSUE NECK W/O & W/CONTRAS'	\$247.95	\$247.95
70496	26	CT ANGIOGRAPHY HEAD W/CONTRAST/NC	\$88.63	\$88.63
70496	TC	CT ANGIOGRAPHY HEAD W/CONTRAST/NC	\$182.36	\$182.36
70496		CT ANGIOGRAPHY HEAD W/CONTRAST/NC	\$270.99	\$270.99
70498	26	CT ANGIOGRAPHY NECK W/CONTRAST/NC	\$88.63	\$88.63
70498	TC	CT ANGIOGRAPHY NECK W/CONTRAST/NC	\$182.36	\$182.36

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
70498		CT ANGIOGRAPHY NECK W/CONTRAST/NC	\$270.99	\$270.99
70540	26	MRI ORBIT FACE &/NECK W/O CONTRAST	\$67.89	\$67.89
70540	TC	MRI ORBIT FACE &/NECK W/O CONTRAST	\$196.44	\$196.44
70540		MRI ORBIT FACE &/NECK W/O CONTRAST	\$264.35	\$264.35
70542	26	MRI ORBIT FACE & NECK W/CONTRAST ML	\$82.57	\$82.57
70542	TC	MRI ORBIT FACE & NECK W/CONTRAST ML	\$231.47	\$231.47
70542		MRI ORBIT FACE & NECK W/CONTRAST ML	\$314.03	\$314.03
70543	26	MRI ORBIT FACE & NECK W/O & W/CONTR	\$108.28	\$108.28
70543	TC	MRI ORBIT FACE & NECK W/O & W/CONTR	\$286.36	\$286.36
70543		MRI ORBIT FACE & NECK W/O & W/CONTR	\$394.64	\$394.64
70544	26	MRA HEAD W/O CONTRST MATERIAL	\$60.76	\$60.76
70544	TC	MRA HEAD W/O CONTRST MATERIAL	\$187.78	\$187.78
70544		MRA HEAD W/O CONTRST MATERIAL	\$248.53	\$248.53
70545	26	MRA HEAD W/CONTRAST MATERIAL	\$60.76	\$60.76
70545	TC	MRA HEAD W/CONTRAST MATERIAL	\$198.97	\$198.97
70545		MRA HEAD W/CONTRAST MATERIAL	\$259.73	\$259.73
70546	26	MRA HEAD W/O & W/CONTRAST MATERIA	\$75.41	\$75.41
70546	TC	MRA HEAD W/O & W/CONTRAST MATERIA	\$301.53	\$301.53
70546		MRA HEAD W/O & W/CONTRAST MATERIA	\$376.94	\$376.94
70547	26	MRA NECK W/O CONTRST MATERIAL	\$61.11	\$61.11
70547	TC	MRA NECK W/O CONTRST MATERIAL	\$188.50	\$188.50
70547		MRA NECK W/O CONTRST MATERIAL	\$249.62	\$249.62
70548	26	MRA NECK W/CONTRAST MATERIAL	\$76.13	\$76.13
70548	TC	MRA NECK W/CONTRAST MATERIAL	\$202.59	\$202.59
70548		MRA NECK W/CONTRAST MATERIAL	\$278.70	\$278.70
70549	26	MRA NECK W/O &W/CONTRAST MATERIAI	\$91.49	\$91.49
70549	TC	MRA NECK W/O &W/CONTRAST MATERIAI	\$303.69	\$303.69
70549		MRA NECK W/O &W/CONTRAST MATERIAI	\$395.19	\$395.19
70551	26	MRI BRAIN BRAIN STEM W/O CONTRAST M	\$75.41	\$75.41
70551	TC	MRI BRAIN BRAIN STEM W/O CONTRAST M	\$150.59	\$150.59
70551		MRI BRAIN BRAIN STEM W/O CONTRAST M	\$226.00	\$226.00
70552	26	MRI BRAIN BRAIN STEM W/CONTRAST MA	\$90.42	\$90.42
70552	TC	MRI BRAIN BRAIN STEM W/CONTRAST MA	\$222.44	\$222.44
70552		MRI BRAIN BRAIN STEM W/CONTRAST MA	\$312.87	\$312.87
70553	26	MRI BRAIN BRAIN STEM W/O W/CONTRAS	\$116.15	\$116.15
70553	TC	MRI BRAIN BRAIN STEM W/O W/CONTRAS	\$253.50	\$253.50
70553		MRI BRAIN BRAIN STEM W/O W/CONTRAS	\$369.65	\$369.65
70554	26	MRI BRAIN FUNCTIONAL W/O PHYSICIAN .	\$106.86	\$106.86
70554	TC	MRI BRAIN FUNCTIONAL W/O PHYSICIAN .	\$331.13	\$331.13
70554		MRI BRAIN FUNCTIONAL W/O PHYSICIAN .	\$437.99	\$437.99
70555	26	MRI BRAIN FUNCTIONAL W/PHYSICIAN AI	\$127.58	\$127.58
70557	26	MRI BRAIN OPEN INTRACRANIAL PX W/O C	\$163.89	\$163.89
70558	26	MRI BRAIN OPEN INTRACRANIAL PX W/CC	\$174.17	\$174.17
70559	26	MRI BRAIN OPEN INTRACRANIAL PX W/O d	\$166.95	\$166.95
71045	26	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$9.29	\$9.29
71045	TC	RADIOLOGIC EXAM CHEST SINGLE VIEW	\$16.61	\$16.61
71045		RADIOLOGIC EXAM CHEST SINGLE VIEW	\$25.90	\$25.90
71046	26	RADIOLOGIC EXAM CHEST 2 VIEWS	\$11.07	\$11.07
71046	TC	RADIOLOGIC EXAM CHEST 2 VIEWS	\$22.03	\$22.03
71046		RADIOLOGIC EXAM CHEST 2 VIEWS	\$33.10	\$33.10

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
71047	26	RADIOLOGIC EXAM CHEST 3 VIEWS	\$13.95	\$13.95
71047	TC	RADIOLOGIC EXAM CHEST 3 VIEWS	\$27.80	\$27.80
71047		RADIOLOGIC EXAM CHEST 3 VIEWS	\$41.75	\$41.75
71048	26	RADIOLOGIC EXAM CHEST 4+ VIEWS	\$16.44	\$16.44
71048	TC	RADIOLOGIC EXAM CHEST 4+ VIEWS	\$28.89	\$28.89
71048		RADIOLOGIC EXAM CHEST 4+ VIEWS	\$45.33	\$45.33
71100	26	RADEX RIBS UNILATERAL 2 VIEWS	\$11.44	\$11.44
71100	TC	RADEX RIBS UNILATERAL 2 VIEWS	\$24.56	\$24.56
71100		RADEX RIBS UNILATERAL 2 VIEWS	\$36.00	\$36.00
71101	26	RADEX RIBS UNI W/POSTEROANT CH MINI	\$13.58	\$13.58
71101	TC	RADEX RIBS UNI W/POSTEROANT CH MINI	\$27.80	\$27.80
71101		RADEX RIBS UNI W/POSTEROANT CH MINI	\$41.39	\$41.39
71110	26	RADEX RIBS BILATERAL 3 VIEWS	\$15.01	\$15.01
71110	TC	RADEX RIBS BILATERAL 3 VIEWS	\$28.53	\$28.53
71110		RADEX RIBS BILATERAL 3 VIEWS	\$43.54	\$43.54
71111	26	RADEX RIBS BI W/POSTEROANT CH MINIM	\$16.44	\$16.44
71111	TC	RADEX RIBS BI W/POSTEROANT CH MINIM	\$35.39	\$35.39
71111		RADEX RIBS BI W/POSTEROANT CH MINIM	\$51.83	\$51.83
71120	26	RADEX STERNUM MINIMUM 2 VIEWS	\$10.37	\$10.37
71120	TC	RADEX STERNUM MINIMUM 2 VIEWS	\$22.75	\$22.75
71120		RADEX STERNUM MINIMUM 2 VIEWS	\$33.11	\$33.11
71130	26	RADEX STERNOCLAVICULAR JT/JTS MINIM	\$11.44	\$11.44
71130	TC	RADEX STERNOCLAVICULAR JT/JTS MINIM	\$28.89	\$28.89
71130		RADEX STERNOCLAVICULAR JT/JTS MINIM	\$40.33	\$40.33
71250	26	CT THORAX W/O CONTRAST MATERIAL	\$58.61	\$58.61
71250	TC	CT THORAX W/O CONTRAST MATERIAL	\$101.47	\$101.47
71250		CT THORAX W/O CONTRAST MATERIAL	\$160.08	\$160.08
71260	26	CT THORAX W/CONTRAST MATERIAL	\$63.26	\$63.26
71260	TC	CT THORAX W/CONTRAST MATERIAL	\$135.42	\$135.42
71260		CT THORAX W/CONTRAST MATERIAL	\$198.68	\$198.68
71270	26	CT THORAX W/O & W/CONTRAST MATERI/	\$69.69	\$69.69
71270	TC	CT THORAX W/O & W/CONTRAST MATERI/	\$165.38	\$165.38
71270		CT THORAX W/O & W/CONTRAST MATERI/	\$235.07	\$235.07
71275	26	CT ANGIOGRAPHY CHEST W/CONTRAST/N	\$92.21	\$92.21
71275	TC	CT ANGIOGRAPHY CHEST W/CONTRAST/N	\$182.36	\$182.36
71275		CT ANGIOGRAPHY CHEST W/CONTRAST/N	\$274.57	\$274.57
71550	26	MRI CHEST W/O CONTRAST MATERIAL	\$74.34	\$74.34
71550	TC	MRI CHEST W/O CONTRAST MATERIAL	\$232.92	\$232.92
71550		MRI CHEST W/O CONTRAST MATERIAL	\$307.26	\$307.26
71551	26	MRI CHEST W/CONTRAST MATERIAL	\$87.56	\$87.56
71551	TC	MRI CHEST W/CONTRAST MATERIAL	\$356.05	\$356.05
71551		MRI CHEST W/CONTRAST MATERIAL	\$443.61	\$443.61
71552	26	MRI CHEST W/O & W/CONTRAST MATERIA	\$113.64	\$113.64
71552	TC	MRI CHEST W/O & W/CONTRAST MATERIA	\$382.05	\$382.05
71552		MRI CHEST W/O & W/CONTRAST MATERIA	\$495.69	\$495.69
71555	26	MRA CHEST W/O & W/CONTRAST MATERI/	\$90.77	\$90.77
71555	TC	MRA CHEST W/O & W/CONTRAST MATERI/	\$298.64	\$298.64
71555		MRA CHEST W/O & W/CONTRAST MATERI/	\$389.40	\$389.40
72020	26	RADEX SPINE 1 VIEW SPECIFY LEVEL	\$8.22	\$8.22
72020	TC	RADEX SPINE 1 VIEW SPECIFY LEVEL	\$16.25	\$16.25

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
72020		RADEX SPINE 1 VIEW SPECIFY LEVEL	\$24.47	\$24.47
72040	26	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$11.44	\$11.44
72040	TC	RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$27.09	\$27.09
72040		RADEX SPINE CERVICAL 2 OR 3 VIEWS	\$38.52	\$38.52
72050	26	RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$13.95	\$13.95
72050	TC	RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$37.19	\$37.19
72050		RADEX SPINE CERVICAL 4 OR 5 VIEWS	\$51.14	\$51.14
72052	26	RADEX SPINE CERVICAL 6 OR MORE VIEW	\$15.37	\$15.37
72052	TC	RADEX SPINE CERVICAL 6 OR MORE VIEW	\$44.78	\$44.78
72052		RADEX SPINE CERVICAL 6 OR MORE VIEW	\$60.14	\$60.14
72070	26	RADEX SPINE THORACIC 2 VIEWS	\$10.37	\$10.37
72070	TC	RADEX SPINE THORACIC 2 VIEWS	\$21.67	\$21.67
72070		RADEX SPINE THORACIC 2 VIEWS	\$32.04	\$32.04
72072	26	RADEX SPINE THORACIC 3 VIEWS	\$11.80	\$11.80
72072	TC	RADEX SPINE THORACIC 3 VIEWS	\$27.09	\$27.09
72072		RADEX SPINE THORACIC 3 VIEWS	\$38.88	\$38.88
72074	26	RADEX SPINE THORACIC MINIMUM 4 VIEW	\$12.50	\$12.50
72074	TC	RADEX SPINE THORACIC MINIMUM 4 VIEW	\$31.06	\$31.06
72074		RADEX SPINE THORACIC MINIMUM 4 VIEW	\$43.56	\$43.56
72080	26	RADEX SPINE THORACOLUMBAR JUNCTIC	\$11.08	\$11.08
72080	TC	RADEX SPINE THORACOLUMBAR JUNCTIC	\$23.47	\$23.47
72080		RADEX SPINE THORACOLUMBAR JUNCTIC	\$34.55	\$34.55
72081	26	RADEX ENTIR THRC LMBR CRV SA	\$13.58	\$13.58
72081	TC	RADEX ENTIR THRC LMBR CRV SA	\$28.53	\$28.53
72081		RADEX ENTIR THRC LMBR CRV SA	\$42.11	\$42.11
72082	26	RADEX ENTIR THRC LMBR CRV SA	\$16.44	\$16.44
72082	TC	RADEX ENTIR THRC LMBR CRV SA	\$52.00	\$52.00
72082		RADEX ENTIR THRC LMBR CRV SA	\$68.44	\$68.44
72083	26	RADEX ENTIR THRC LMBR CRV SA	\$18.59	\$18.59
72083	TC	RADEX ENTIR THRC LMBR CRV SA	\$61.02	\$61.02
72083		RADEX ENTIR THRC LMBR CRV SA	\$79.63	\$79.63
72084	26	RADEX ENTIR THRC LMBR CRV SA	\$21.09	\$21.09
72084	TC	RADEX ENTIR THRC LMBR CRV SA	\$73.30	\$73.30
72084		RADEX ENTIR THRC LMBR CRV SA	\$94.39	\$94.39
72100	26	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$11.44	\$11.44
72100	TC	RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$27.09	\$27.09
72100		RADEX SPINE LUMBOSACRAL 2/3 VIEWS	\$38.52	\$38.52
72110	26	RADEX SPINE LUMBOSACRAL MINIMUM 4	\$13.22	\$13.22
72110	TC	RADEX SPINE LUMBOSACRAL MINIMUM 4	\$35.75	\$35.75
72110		RADEX SPINE LUMBOSACRAL MINIMUM	\$48.97	\$48.97
72114	26	RADEX SPINE LUMBSACL COMPL W/BEND	\$15.37	\$15.37
72114	TC	RADEX SPINE LUMBSACL COMPL W/BEND	\$44.78	\$44.78
72114		RADEX SPINE LUMBSACL COMPL W/BEND	\$60.14	\$60.14
72120	26	RADEX SPINE LUMBOSACRAL ONLY BEND	\$11.44	\$11.44
72120	TC	RADEX SPINE LUMBOSACRAL ONLY BEND	\$28.53	\$28.53
72120		RADEX SPINE LUMBOSACRAL ONLY BEND	\$39.96	\$39.96
72125	26	CT CERVICAL SPINE W/O CONTRAST MATI	\$50.75	\$50.75
72125	TC	CT CERVICAL SPINE W/O CONTRAST MATI	\$106.89	\$106.89
72125		CT CERVICAL SPINE W/O CONTRAST MATI	\$157.63	\$157.63
72126	26	CT CERVICAL SPINE W/CONTRAST MATER	\$61.83	\$61.83

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
72126	TC	CT CERVICAL SPINE W/CONTRAST MATER	\$136.14	\$136.14
72126		CT CERVICAL SPINE W/CONTRAST MATER	\$197.97	\$197.97
72127	26	CT CERVICAL SPINE W/O &W/CONTRAST M	\$64.33	\$64.33
72127	TC	CT CERVICAL SPINE W/O &W/CONTRAST M	\$169.00	\$169.00
72127		CT CERVICAL SPINE W/O &W/CONTRAST M	\$233.33	\$233.33
72128	26	CT THORACIC SPINE W/O CONTRAST MATI	\$50.75	\$50.75
72128	TC	CT THORACIC SPINE W/O CONTRAST MATI	\$106.89	\$106.89
72128		CT THORACIC SPINE W/O CONTRAST MATI	\$157.63	\$157.63
72129	26	CT THORACIC SPINE W/CONTRAST MATER	\$61.83	\$61.83
72129	TC	CT THORACIC SPINE W/CONTRAST MATER	\$137.58	\$137.58
72129		CT THORACIC SPINE W/CONTRAST MATER	\$199.41	\$199.41
72130	26	CT THORACIC SPINE W/O & W/CONTRAST I	\$64.33	\$64.33
72130	TC	CT THORACIC SPINE W/O & W/CONTRAST I	\$169.36	\$169.36
72130		CT THORACIC SPINE W/O & W/CONTRAST I	\$233.69	\$233.69
72131	26	CT LUMBAR SPINE W/O CONTRAST MATEF	\$50.75	\$50.75
72131	TC	CT LUMBAR SPINE W/O CONTRAST MATEF	\$106.16	\$106.16
72131		CT LUMBAR SPINE W/O CONTRAST MATEF	\$156.92	\$156.92
72132	26	CT LUMBAR SPINE W/CONTRAST MATERI/	\$61.83	\$61.83
72132	TC	CT LUMBAR SPINE W/CONTRAST MATERI/	\$136.49	\$136.49
72132		CT LUMBAR SPINE W/CONTRAST MATERI/	\$198.32	\$198.32
72133	26	CT LUMBAR SPINE W/O & W/CONTRAST M.	\$63.96	\$63.96
72133	TC	CT LUMBAR SPINE W/O & W/CONTRAST M.	\$168.28	\$168.28
72133		CT LUMBAR SPINE W/O & W/CONTRAST M.	\$232.24	\$232.24
72141	26	MRI SPINAL CANAL CERVICAL W/O CONTI	\$75.41	\$75.41
72141	TC	MRI SPINAL CANAL CERVICAL W/O CONTI	\$144.44	\$144.44
72141		MRI SPINAL CANAL CERVICAL W/O CONTI	\$219.85	\$219.85
72142	26	MRI SPINAL CANAL CERVICAL W/CONTRA	\$90.79	\$90.79
72142	TC	MRI SPINAL CANAL CERVICAL W/CONTRA	\$228.94	\$228.94
72142		MRI SPINAL CANAL CERVICAL W/CONTRA	\$319.73	\$319.73
72146	26	MRI SPINAL CANAL THORACIC W/O CONTI	\$75.41	\$75.41
72146	TC	MRI SPINAL CANAL THORACIC W/O CONTI	\$144.44	\$144.44
72146		MRI SPINAL CANAL THORACIC W/O CONTI	\$219.85	\$219.85
72147	26	MRI SPINAL CANAL THORACIC W/CONTRA	\$90.42	\$90.42
72147	TC	MRI SPINAL CANAL THORACIC W/CONTRA	\$227.13	\$227.13
72147		MRI SPINAL CANAL THORACIC W/CONTRA	\$317.56	\$317.56
72148	26	MRI SPINAL CANAL LUMBAR W/O CONTR/	\$75.41	\$75.41
72148	TC	MRI SPINAL CANAL LUMBAR W/O CONTR/	\$144.80	\$144.80
72148		MRI SPINAL CANAL LUMBAR W/O CONTR/	\$220.22	\$220.22
72149	26	MRI SPINAL CANAL LUMBAR W/CONTRAS'	\$90.42	\$90.42
72149	TC	MRI SPINAL CANAL LUMBAR W/CONTRAS'	\$224.24	\$224.24
72149		MRI SPINAL CANAL LUMBAR W/CONTRAS'	\$314.67	\$314.67
72156	26	MRI SPINAL CANAL CERVICAL W/O & W/C	\$116.15	\$116.15
72156	TC	MRI SPINAL CANAL CERVICAL W/O & W/C	\$256.39	\$256.39
72156		MRI SPINAL CANAL CERVICAL W/O & W/C	\$372.54	\$372.54
72157	26	MRI SPINAL CANAL THORACIC W/O & W/C	\$116.15	\$116.15
72157	TC	MRI SPINAL CANAL THORACIC W/O & W/C	\$257.11	\$257.11
72157		MRI SPINAL CANAL THORACIC W/O & W/C	\$373.26	\$373.26
72158	26	MRI SPINAL CANAL LUMBAR W/O & W/CO	\$116.15	\$116.15
72158	TC	MRI SPINAL CANAL LUMBAR W/O & W/CO	\$255.66	\$255.66
72158		MRI SPINAL CANAL LUMBAR W/O & W/CO	\$371.81	\$371.81

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
72159	26	MRA SPINAL CANAL W/WO CONTRAST MA	\$91.49	\$91.49
72159	TC	MRA SPINAL CANAL W/WO CONTRAST MA	\$312.72	\$312.72
72159		MRA SPINAL CANAL W/WO CONTRAST MA	\$404.21	\$404.21
72170	26	RADIOLOGIC EXAMINATION PELVIS 1/2 VI	\$8.94	\$8.94
72170	TC	RADIOLOGIC EXAMINATION PELVIS 1/2 VI	\$19.86	\$19.86
72170		RADIOLOGIC EXAMINATION PELVIS 1/2 VI	\$28.80	\$28.80
72190	26	RADIOLOGIC EXAM PELVIS COMPL MINIM	\$12.87	\$12.87
72190	TC	RADIOLOGIC EXAM PELVIS COMPL MINIM	\$28.17	\$28.17
72190		RADIOLOGIC EXAM PELVIS COMPL MINIM	\$41.03	\$41.03
72191	26	CT ANGIOGRAPHY PELVIS W/CONTRAST/N	\$90.77	\$90.77
72191	TC	CT ANGIOGRAPHY PELVIS W/CONTRAST/N	\$182.36	\$182.36
72191		CT ANGIOGRAPHY PELVIS W/CONTRAST/N	\$273.13	\$273.13
72192	26	CT PELVIS W/O CONTRAST MATERIAL	\$55.04	\$55.04
72192	TC	CT PELVIS W/O CONTRAST MATERIAL	\$92.08	\$92.08
72192		CT PELVIS W/O CONTRAST MATERIAL	\$147.12	\$147.12
72193	26	CT PELVIS W/CONTRAST MATERIAL	\$58.61	\$58.61
72193	TC	CT PELVIS W/CONTRAST MATERIAL	\$182.36	\$182.36
72193		CT PELVIS W/CONTRAST MATERIAL	\$240.97	\$240.97
72194	26	CT PELVIS W/O & W/CONTRAST MATERIAL	\$61.83	\$61.83
72194	TC	CT PELVIS W/O & W/CONTRAST MATERIAL	\$182.36	\$182.36
72194		CT PELVIS W/O & W/CONTRAST MATERIAL	\$244.19	\$244.19
72195	26	MRI PELVIS W/O CONTRAST MATERIAL	\$74.34	\$74.34
72195	TC	MRI PELVIS W/O CONTRAST MATERIAL	\$195.36	\$195.36
72195		MRI PELVIS W/O CONTRAST MATERIAL	\$269.70	\$269.70
72196	26	MRI PELVIS W/CONTRAST MATERIAL	\$87.92	\$87.92
72196	TC	MRI PELVIS W/CONTRAST MATERIAL	\$226.77	\$226.77
72196		MRI PELVIS W/CONTRAST MATERIAL	\$314.70	\$314.70
72197	26	MRI PELVIS W/O & W/CONTRAST MATERIA	\$110.78	\$110.78
72197	TC	MRI PELVIS W/O & W/CONTRAST MATERIA	\$284.92	\$284.92
72197		MRI PELVIS W/O & W/CONTRAST MATERIA	\$395.69	\$395.69
72198	26	MRA PELVIS W/WO CONTRAST MATERIAL	\$90.05	\$90.05
72198	TC	MRA PELVIS W/WO CONTRAST MATERIAL	\$301.16	\$301.16
72198		MRA PELVIS W/WO CONTRAST MATERIAL	\$391.22	\$391.22
72200	26	RADIOLOGIC EXAMINATION SACROILIAC	\$8.94	\$8.94
72200	TC	RADIOLOGIC EXAMINATION SACROILIAC	\$23.47	\$23.47
72200		RADIOLOGIC EXAMINATION SACROILIAC	\$32.41	\$32.41
72202	26	RADIOLOGIC EXAM SACROILIAC JOINTS 3.	\$11.80	\$11.80
72202	TC	RADIOLOGIC EXAM SACROILIAC JOINTS 3.	\$26.72	\$26.72
72202		RADIOLOGIC EXAM SACROILIAC JOINTS 3.	\$38.51	\$38.51
72220	26	RADEX SACRUM & COCCYX MINIMUM 2 V	\$8.94	\$8.94
72220	TC	RADEX SACRUM & COCCYX MINIMUM 2 V	\$22.75	\$22.75
72220		RADEX SACRUM & COCCYX MINIMUM 2 V	\$31.69	\$31.69
72240	26	MYELOGRAPHY CERVICAL RS&I	\$46.46	\$46.46
72240	TC	MYELOGRAPHY CERVICAL RS&I	\$66.44	\$66.44
72240		MYELOGRAPHY CERVICAL RS&I	\$112.91	\$112.91
72255	26	MYELOGRAPHY THORACIC RS&I	\$48.27	\$48.27
72255	TC	MYELOGRAPHY THORACIC RS&I	\$66.44	\$66.44
72255		MYELOGRAPHY THORACIC RS&I	\$114.72	\$114.72
72265	26	MYELOGRAPY LUMBOSACRAL RS&I	\$41.45	\$41.45
72265	TC	MYELOGRAPY LUMBOSACRAL RS&I	\$62.84	\$62.84

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
72265		MYELOGRAPHY LUMBOSACRAL RS&I	\$104.28	\$104.28
72270	26	MYELOGRAPHY 2/MORE REGIONS RS&I	\$68.27	\$68.27
72270	TC	MYELOGRAPHY 2/MORE REGIONS RS&I	\$75.47	\$75.47
72270		MYELOGRAPHY 2/MORE REGIONS RS&I	\$143.74	\$143.74
72275	26	EPIDUROGRAPHY RS&I	\$40.04	\$40.04
72275	TC	EPIDUROGRAPHY RS&I	\$92.81	\$92.81
72275		EPIDUROGRAPHY RS&I	\$132.85	\$132.85
72285	26	DISKOGRAPHY CERVICAL/THORACIC RS&I	\$60.05	\$60.05
72285	TC	DISKOGRAPHY CERVICAL/THORACIC RS&I	\$63.92	\$63.92
72285		DISKOGRAPHY CERVICAL/THORACIC RS&I	\$123.97	\$123.97
72295	26	DISKOGRAPHY LUMBAR RS&I	\$43.26	\$43.26
72295	TC	DISKOGRAPHY LUMBAR RS&I	\$65.36	\$65.36
72295		DISKOGRAPHY LUMBAR RS&I	\$108.61	\$108.61
73000	26	RADEX CLAVICLE COMPLETE	\$8.58	\$8.58
73000	TC	RADEX CLAVICLE COMPLETE	\$23.11	\$23.11
73000		RADEX CLAVICLE COMPLETE	\$31.69	\$31.69
73010	26	RADEX SCAPULA COMPLETE	\$9.30	\$9.30
73010	TC	RADEX SCAPULA COMPLETE	\$18.78	\$18.78
73010		RADEX SCAPULA COMPLETE	\$28.08	\$28.08
73020	26	RADEX SHOULDER 1 VIEW	\$7.87	\$7.87
73020	TC	RADEX SHOULDER 1 VIEW	\$13.72	\$13.72
73020		RADEX SHOULDER 1 VIEW	\$21.59	\$21.59
73030	26	RADEX SHOULDER COMPLETE MINIMUM 2	\$9.65	\$9.65
73030	TC	RADEX SHOULDER COMPLETE MINIMUM 2	\$23.83	\$23.83
73030		RADEX SHOULDER COMPLETE MINIMUM 2	\$33.49	\$33.49
73040	26	RADEX SHOULDER ARTHROGRAPHY RS&I	\$27.88	\$27.88
73040	TC	RADEX SHOULDER ARTHROGRAPHY RS&I	\$94.25	\$94.25
73040		RADEX SHOULDER ARTHROGRAPHY RS&I	\$122.13	\$122.13
73050	26	RADEX A-C JOINTS BI W/WO WEIGHTED DI	\$9.65	\$9.65
73050	TC	RADEX A-C JOINTS BI W/WO WEIGHTED DI	\$22.03	\$22.03
73050		RADEX A-C JOINTS BI W/WO WEIGHTED DI	\$31.68	\$31.68
73060	26	RADEX HUMERUS MINIMUM 2 VIEWS	\$8.58	\$8.58
73060	TC	RADEX HUMERUS MINIMUM 2 VIEWS	\$23.11	\$23.11
73060		RADEX HUMERUS MINIMUM 2 VIEWS	\$31.69	\$31.69
73070	26	RADEX ELBOW 2 VIEWS	\$8.58	\$8.58
73070	TC	RADEX ELBOW 2 VIEWS	\$20.23	\$20.23
73070		RADEX ELBOW 2 VIEWS	\$28.80	\$28.80
73080	26	RADEX ELBOW COMPLETE MINIMUM 3 VII	\$8.94	\$8.94
73080	TC	RADEX ELBOW COMPLETE MINIMUM 3 VII	\$22.39	\$22.39
73080		RADEX ELBOW COMPLETE MINIMUM 3 VII	\$31.33	\$31.33
73085	26	RADEX ELBOW ARTHROGRAPHY RS&I	\$29.68	\$29.68
73085	TC	RADEX ELBOW ARTHROGRAPHY RS&I	\$84.86	\$84.86
73085		RADEX ELBOW ARTHROGRAPHY RS&I	\$114.55	\$114.55
73090	26	RADEX FOREARM 2 VIEWS	\$8.58	\$8.58
73090	TC	RADEX FOREARM 2 VIEWS	\$20.58	\$20.58
73090		RADEX FOREARM 2 VIEWS	\$29.16	\$29.16
73092	26	RADEX UPPER EXTREMITY INFANT MINIM	\$8.22	\$8.22
73092	TC	RADEX UPPER EXTREMITY INFANT MINIM	\$22.39	\$22.39
73092		RADEX UPPER EXTREMITY INFANT MINIM	\$30.62	\$30.62
73100	26	RADEX WRIST 2 VIEWS	\$8.58	\$8.58

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
73100	TC	RADEX WRIST 2 VIEWS	\$24.56	\$24.56
73100		RADEX WRIST 2 VIEWS	\$33.13	\$33.13
73110	26	RADEX WRIST COMPLETE MINIMUM 3 VIE	\$8.94	\$8.94
73110	TC	RADEX WRIST COMPLETE MINIMUM 3 VIE	\$30.33	\$30.33
73110		RADEX WRIST COMPLETE MINIMUM 3 VIE	\$39.27	\$39.27
73115	26	RADEX WRIST ARTHROGRAPHY RS&I	\$28.61	\$28.61
73115	TC	RADEX WRIST ARTHROGRAPHY RS&I	\$99.67	\$99.67
73115		RADEX WRIST ARTHROGRAPHY RS&I	\$128.27	\$128.27
73120	26	RADEX HAND 2 VIEWS	\$8.58	\$8.58
73120	TC	RADEX HAND 2 VIEWS	\$22.03	\$22.03
73120		RADEX HAND 2 VIEWS	\$30.62	\$30.62
73130	26	RADEX HAND MINIMUM 3 VIEWS	\$8.94	\$8.94
73130	TC	RADEX HAND MINIMUM 3 VIEWS	\$26.36	\$26.36
73130		RADEX HAND MINIMUM 3 VIEWS	\$35.30	\$35.30
73140	26	RADEX FINGR MINIMUM 2 VIEWS	\$7.15	\$7.15
73140	TC	RADEX FINGR MINIMUM 2 VIEWS	\$28.89	\$28.89
73140		RADEX FINGR MINIMUM 2 VIEWS	\$36.04	\$36.04
73200	26	CT UPPER EXTREMITY W/O CONTRAST MA	\$50.75	\$50.75
73200	TC	CT UPPER EXTREMITY W/O CONTRAST MA	\$112.31	\$112.31
73200		CT UPPER EXTREMITY W/O CONTRAST MA	\$163.05	\$163.05
73201	26	CT UPPER EXTREMITY W/CONTRAST MATI	\$58.61	\$58.61
73201	TC	CT UPPER EXTREMITY W/CONTRAST MATI	\$166.84	\$166.84
73201		CT UPPER EXTREMITY W/CONTRAST MATI	\$225.44	\$225.44
73202	26	CT UPPER EXTREMITY W/O & W/CONTRAS	\$61.83	\$61.83
73202	TC	CT UPPER EXTREMITY W/O & W/CONTRAS	\$182.36	\$182.36
73202		CT UPPER EXTREMITY W/O & W/CONTRAS	\$244.19	\$244.19
73206	26	CT ANGIOGRAPHY UPPER EXTREMITY	\$90.77	\$90.77
73206	TC	CT ANGIOGRAPHY UPPER EXTREMITY	\$182.36	\$182.36
73206		CT ANGIOGRAPHY UPPER EXTREMITY	\$273.13	\$273.13
73218	26	MRI UPPER EXTREMITY OTH THAN JT W/O	\$68.62	\$68.62
73218	TC	MRI UPPER EXTREMITY OTH THAN JT W/O	\$233.28	\$233.28
73218		MRI UPPER EXTREMITY OTH THAN JT W/O	\$301.90	\$301.90
73219	26	MRI UPPER EXTREMITY OTH THAN JT W/C	\$82.93	\$82.93
73219	TC	MRI UPPER EXTREMITY OTH THAN JT W/C	\$312.72	\$312.72
73219		MRI UPPER EXTREMITY OTH THAN JT W/C	\$395.65	\$395.65
73220	26	MRI UPPER EXTREM OTHER THAN JT W/O	\$108.64	\$108.64
73220	TC	MRI UPPER EXTREM OTHER THAN JT W/O	\$377.00	\$377.00
73220		MRI UPPER EXTREM OTHER THAN JT W/O	\$485.64	\$485.64
73221	26	MRI ANY JT UPPER EXTREMITY W/O CONT	\$69.71	\$69.71
73221	TC	MRI ANY JT UPPER EXTREMITY W/O CONT	\$163.22	\$163.22
73221		MRI ANY JT UPPER EXTREMITY W/O CONT	\$232.93	\$232.93
73222	26	MRI ANY JT UPPER EXTREMITY W/CONTR	\$82.93	\$82.93
73222	TC	MRI ANY JT UPPER EXTREMITY W/CONTR	\$287.81	\$287.81
73222		MRI ANY JT UPPER EXTREMITY W/CONTR	\$370.72	\$370.72
73223	26	MRI ANY JT UPPER EXTREMITY W/O & W/C	\$108.64	\$108.64
73223	TC	MRI ANY JT UPPER EXTREMITY W/O & W/C	\$349.56	\$349.56
73223		MRI ANY JT UPPER EXTREMITY W/O & W/C	\$458.19	\$458.19
73225	26	MRA UPPER EXTREMITY W/WO CONTRAS	\$88.28	\$88.28
73225	TC	MRA UPPER EXTREMITY W/WO CONTRAS	\$312.72	\$312.72
73225		MRA UPPER EXTREMITY W/WO CONTRAS	\$401.00	\$401.00

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
73501	26	RADEX HIP UNILATERAL WITH PELVIS 1 V	\$9.65	\$9.65
73501	TC	RADEX HIP UNILATERAL WITH PELVIS 1 V	\$22.39	\$22.39
73501		RADEX HIP UNILATERAL WITH PELVIS 1 V	\$32.05	\$32.05
73502	26	RADEX HIP UNILATERAL WITH PELVIS 2-3	\$11.44	\$11.44
73502	TC	RADEX HIP UNILATERAL WITH PELVIS 2-3	\$34.31	\$34.31
73502		RADEX HIP UNILATERAL WITH PELVIS 2-3	\$45.75	\$45.75
73503	26	RADEX HIP UNILATERAL WITH PELVIS MII	\$13.95	\$13.95
73503	TC	RADEX HIP UNILATERAL WITH PELVIS MII	\$42.61	\$42.61
73503		RADEX HIP UNILATERAL WITH PELVIS MII	\$56.56	\$56.56
73521	26	RADEX HIPS BILATERAL WITH PELVIS 2 VI	\$11.44	\$11.44
73521	TC	RADEX HIPS BILATERAL WITH PELVIS 2 VI	\$28.89	\$28.89
73521		RADEX HIPS BILATERAL WITH PELVIS 2 VI	\$40.33	\$40.33
73522	26	RADEX HIPS BILATERAL WITH PELVIS 3-4	\$15.01	\$15.01
73522	TC	RADEX HIPS BILATERAL WITH PELVIS 3-4	\$37.55	\$37.55
73522		RADEX HIPS BILATERAL WITH PELVIS 3-4	\$52.57	\$52.57
73523	26	RADEX HIPS BILATERAL WITH PELVIS MIN	\$16.08	\$16.08
73523	TC	RADEX HIPS BILATERAL WITH PELVIS MIN	\$43.70	\$43.70
73523		RADEX HIPS BILATERAL WITH PELVIS MIN	\$59.78	\$59.78
73525	26	RADEX HIP ARTHROGRAPHY RS&I	\$30.05	\$30.05
73525	TC	RADEX HIP ARTHROGRAPHY RS&I	\$94.97	\$94.97
73525		RADEX HIP ARTHROGRAPHY RS&I	\$125.02	\$125.02
73551	26	RADIOLOGIC EXAMINATION FEMUR 1 VIE'	\$8.58	\$8.58
73551	TC	RADIOLOGIC EXAMINATION FEMUR 1 VIE'	\$20.94	\$20.94
73551		RADIOLOGIC EXAMINATION FEMUR 1 VIE'	\$29.53	\$29.53
73552	26	RADIOLOGIC EXAMINATION FEMUR MINI	\$9.29	\$9.29
73552	TC	RADIOLOGIC EXAMINATION FEMUR MINI	\$25.64	\$25.64
73552		RADIOLOGIC EXAMINATION FEMUR MINI	\$34.94	\$34.94
73560	26	RADIOLOGIC EXAMINATION KNEE 1/2 VIE'	\$8.58	\$8.58
73560	TC	RADIOLOGIC EXAMINATION KNEE 1/2 VIE'	\$25.27	\$25.27
73560		RADIOLOGIC EXAMINATION KNEE 1/2 VIE'	\$33.86	\$33.86
73562	26	RADIOLOGIC EXAMINATION KNEE 3 VIEW	\$9.65	\$9.65
73562	TC	RADIOLOGIC EXAMINATION KNEE 3 VIEW	\$29.97	\$29.97
73562		RADIOLOGIC EXAMINATION KNEE 3 VIEW	\$39.63	\$39.63
73564	26	RADIOLOGIC EXAM KNEE COMPLETE 4/MC	\$11.44	\$11.44
73564	TC	RADIOLOGIC EXAM KNEE COMPLETE 4/MC	\$32.86	\$32.86
73564		RADIOLOGIC EXAM KNEE COMPLETE 4/MC	\$44.30	\$44.30
73565	26	RADIOLOGIC EXAM BOTH KNEES STANDI	\$8.95	\$8.95
73565	TC	RADIOLOGIC EXAM BOTH KNEES STANDI	\$30.33	\$30.33
73565		RADIOLOGIC EXAM BOTH KNEES STANDI	\$39.28	\$39.28
73580	26	RADIOLOGIC EXAM KNEE ARTHROGRAPH	\$29.33	\$29.33
73580	TC	RADIOLOGIC EXAM KNEE ARTHROGRAPH	\$109.05	\$109.05
73580		RADIOLOGIC EXAM KNEE ARTHROGRAPH	\$138.39	\$138.39
73590	26	RADIOLOGIC EXAMINATION TIBIA & FIBU	\$8.22	\$8.22
73590	TC	RADIOLOGIC EXAMINATION TIBIA & FIBU	\$22.75	\$22.75
73590		RADIOLOGIC EXAMINATION TIBIA & FIBU	\$30.97	\$30.97
73592	26	RADEX LOWER EXTREMITY INFANT MINI	\$8.22	\$8.22
73592	TC	RADEX LOWER EXTREMITY INFANT MINI	\$22.39	\$22.39
73592		RADEX LOWER EXTREMITY INFANT MINI	\$30.62	\$30.62
73600	26	RADIOLOGIC EXAMINATION ANKLE 2 VIE'	\$8.58	\$8.58
73600	TC	RADIOLOGIC EXAMINATION ANKLE 2 VIE'	\$23.47	\$23.47

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
73600		RADIOLOGIC EXAMINATION ANKLE 2 VIE	\$32.06	\$32.06
73610	26	RADEX ANKLE COMPLETE MINIMUM 3 VIE	\$8.94	\$8.94
73610	TC	RADEX ANKLE COMPLETE MINIMUM 3 VIE	\$26.36	\$26.36
73610		RADEX ANKLE COMPLETE MINIMUM 3 VIE	\$35.30	\$35.30
73615	26	RADEX ANKLE ARTHROGRAPHY RS&I	\$29.68	\$29.68
73615	TC	RADEX ANKLE ARTHROGRAPHY RS&I	\$100.39	\$100.39
73615		RADEX ANKLE ARTHROGRAPHY RS&I	\$130.08	\$130.08
73620	26	RADIOLOGIC EXAMINATION FOOT 2 VIEW	\$7.86	\$7.86
73620	TC	RADIOLOGIC EXAMINATION FOOT 2 VIEW	\$20.23	\$20.23
73620		RADIOLOGIC EXAMINATION FOOT 2 VIEW	\$28.09	\$28.09
73630	26	RADEX FOOT COMPLETE MINIMUM 3 VIEW	\$8.58	\$8.58
73630	TC	RADEX FOOT COMPLETE MINIMUM 3 VIEW	\$24.56	\$24.56
73630		RADEX FOOT COMPLETE MINIMUM 3 VIEW	\$33.13	\$33.13
73650	26	RADEX CALCANEUS MINIMUM 2 VIEWS	\$8.22	\$8.22
73650	TC	RADEX CALCANEUS MINIMUM 2 VIEWS	\$20.23	\$20.23
73650		RADEX CALCANEUS MINIMUM 2 VIEWS	\$28.44	\$28.44
73660	26	RADEX TOE MINIMUM 2 VIEWS	\$6.79	\$6.79
73660	TC	RADEX TOE MINIMUM 2 VIEWS	\$21.67	\$21.67
73660		RADEX TOE MINIMUM 2 VIEWS	\$28.46	\$28.46
73700	26	CT LOWER EXTREMITY W/O CONTRAST M.	\$50.75	\$50.75
73700	TC	CT LOWER EXTREMITY W/O CONTRAST M.	\$106.16	\$106.16
73700		CT LOWER EXTREMITY W/O CONTRAST M.	\$156.92	\$156.92
73701	26	CT LOWER EXTREMITY W/CONTRAST MA	\$58.61	\$58.61
73701	TC	CT LOWER EXTREMITY W/CONTRAST MA	\$137.58	\$137.58
73701		CT LOWER EXTREMITY W/CONTRAST MA	\$196.20	\$196.20
73702	26	CT LOWER EXTREMITY W/O & W/CONTRA	\$61.47	\$61.47
73702	TC	CT LOWER EXTREMITY W/O & W/CONTRA	\$174.77	\$174.77
73702		CT LOWER EXTREMITY W/O & W/CONTRA	\$236.24	\$236.24
73706	26	CT ANGIOGRAPHY LOWER EXTREMITY	\$95.05	\$95.05
73706	TC	CT ANGIOGRAPHY LOWER EXTREMITY	\$182.36	\$182.36
73706		CT ANGIOGRAPHY LOWER EXTREMITY	\$277.41	\$277.41
73718	26	MRI LOWER EXTREM OTH/THN JT W/O COI	\$68.26	\$68.26
73718	TC	MRI LOWER EXTREM OTH/THN JT W/O COI	\$192.83	\$192.83
73718		MRI LOWER EXTREM OTH/THN JT W/O COI	\$261.09	\$261.09
73719	26	MRI LOWER EXTREM OTH/THN JT W/CONT	\$82.57	\$82.57
73719	TC	MRI LOWER EXTREM OTH/THN JT W/CONT	\$226.42	\$226.42
73719		MRI LOWER EXTREM OTH/THN JT W/CONT	\$308.97	\$308.97
73720	26	MRI LOWER EXTREM OTH/THN JT W/O & W	\$108.28	\$108.28
73720	TC	MRI LOWER EXTREM OTH/THN JT W/O & W	\$287.08	\$287.08
73720		MRI LOWER EXTREM OTH/THN JT W/O & W	\$395.36	\$395.36
73721	26	MRI EXTREM W/O CONTRAST MATANY JT	\$68.62	\$68.62
73721	TC	MRI EXTREM W/O CONTRAST MATANY JT	\$163.22	\$163.22
73721		MRI EXTREM W/O CONTRAST MATANY JT	\$231.84	\$231.84
73722	26	MRI JT LOWER EXTREM W/CONTRAST MA'	\$82.93	\$82.93
73722	TC	MRI JT LOWER EXTREM W/CONTRAST MA'	\$288.52	\$288.52
73722		MRI JT LOWER EXTREM W/CONTRAST MA'	\$371.45	\$371.45
73723	26	MRI ANY JT LOWER EXTREM W/O & W/COI	\$108.64	\$108.64
73723	TC	MRI ANY JT LOWER EXTREM W/O & W/COI	\$348.83	\$348.83
73723		MRI ANY JT LOWER EXTREM W/O & W/COI	\$457.47	\$457.47
73725	26	MRA LOWER EXTREMITY W/WO CONTRAS	\$91.12	\$91.12

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
73725	TC	MRA LOWER EXTREMITY W/VO CONTRAS	\$300.80	\$300.80
73725		MRA LOWER EXTREMITY W/VO CONTRAS	\$391.92	\$391.92
74018	26	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$9.29	\$9.29
74018	TC	RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$20.23	\$20.23
74018		RADIOLOGIC EXAM ABDOMEN 1 VIEW	\$29.52	\$29.52
74019	26	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$11.80	\$11.80
74019	TC	RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$24.56	\$24.56
74019		RADIOLOGIC EXAM ABDOMEN 2 VIEWS	\$36.35	\$36.35
74021	26	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$13.58	\$13.58
74021	TC	RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$28.53	\$28.53
74021		RADIOLOGIC EXAM ABDOMEN 3+ VIEWS	\$42.11	\$42.11
74022	26	RADIOLOGIC EXAM COMPLETE ACUTE AB	\$16.08	\$16.08
74022	TC	RADIOLOGIC EXAM COMPLETE ACUTE AB	\$32.86	\$32.86
74022		RADIOLOGIC EXAM COMPLETE ACUTE AB	\$48.94	\$48.94
74150	26	CT ABDOMEN W/O CONTRAST MATERIAL	\$60.40	\$60.40
74150	TC	CT ABDOMEN W/O CONTRAST MATERIAL	\$90.64	\$90.64
74150		CT ABDOMEN W/O CONTRAST MATERIAL	\$151.04	\$151.04
74160	26	CT ABDOMEN W/CONTRAST MATERIAL	\$64.69	\$64.69
74160	TC	CT ABDOMEN W/CONTRAST MATERIAL	\$182.36	\$182.36
74160		CT ABDOMEN W/CONTRAST MATERIAL	\$247.05	\$247.05
74170	26	CT ABDOMEN W/O & W/CONTRAST MATEF	\$71.12	\$71.12
74170	TC	CT ABDOMEN W/O & W/CONTRAST MATEF	\$182.36	\$182.36
74170		CT ABDOMEN W/O & W/CONTRAST MATEF	\$253.49	\$253.49
74174	26	CT ANGIO ABD&PLVIS CNTRST MTRL W/W	\$110.78	\$110.78
74174	TC	CT ANGIO ABD&PLVIS CNTRST MTRL W/W	\$299.72	\$299.72
74174		CT ANGIO ABD&PLVIS CNTRST MTRL W/W	\$410.50	\$410.50
74175	26	CT ANGIOGRAPHY ABDOMEN W/CONTRAS	\$91.85	\$91.85
74175	TC	CT ANGIOGRAPHY ABDOMEN W/CONTRAS	\$182.36	\$182.36
74175		CT ANGIOGRAPHY ABDOMEN W/CONTRAS	\$274.20	\$274.20
74176	26	CT ABDOMEN & PELVIS W/O CONTRAST M	\$88.28	\$88.28
74176	TC	CT ABDOMEN & PELVIS W/O CONTRAST M	\$114.11	\$114.11
74176		CT ABDOMEN & PELVIS W/O CONTRAST M	\$202.39	\$202.39
74177	26	CT ABDOMEN & PELVIS W/CONTRAST MA	\$92.57	\$92.57
74177	TC	CT ABDOMEN & PELVIS W/CONTRAST MA	\$239.05	\$239.05
74177		CT ABDOMEN & PELVIS W/CONTRAST MA	\$331.62	\$331.62
74178	26	CT ABDOMEN & PELVIS W/O CONTRST 1/>	\$101.50	\$101.50
74178	TC	CT ABDOMEN & PELVIS W/O CONTRST 1/>	\$271.20	\$271.20
74178		CT ABDOMEN & PELVIS W/O CONTRST 1/>	\$372.68	\$372.68
74181	26	MRI ABDOMEN W/O CONTRAST MATERIAL	\$74.34	\$74.34
74181	TC	MRI ABDOMEN W/O CONTRAST MATERIAL	\$153.83	\$153.83
74181		MRI ABDOMEN W/O CONTRAST MATERIAL	\$228.17	\$228.17
74182	26	MRI ABDOMEN W/CONTRAST MATERIAL	\$87.92	\$87.92
74182	TC	MRI ABDOMEN W/CONTRAST MATERIAL	\$268.67	\$268.67
74182		MRI ABDOMEN W/CONTRAST MATERIAL	\$356.58	\$356.58
74183	26	MRI ABDOMEN W/O & W/CONTRAST MATE	\$110.78	\$110.78
74183	TC	MRI ABDOMEN W/O & W/CONTRAST MATE	\$285.64	\$285.64
74183		MRI ABDOMEN W/O & W/CONTRAST MATE	\$396.42	\$396.42
74185	26	MRA ABDOMEN W/VO CONTRAST MATER	\$90.41	\$90.41
74185	TC	MRA ABDOMEN W/VO CONTRAST MATER	\$302.60	\$302.60
74185		MRA ABDOMEN W/VO CONTRAST MATER	\$393.02	\$393.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
74190	26	PERITONEOGRAM RS&I	\$23.58	\$23.58
74210	26	RADIOLOGIC EXAM PHRNX&/CRV ESOPH C	\$30.02	\$30.02
74210	TC	RADIOLOGIC EXAM PHRNX&/CRV ESOPH C	\$65.72	\$65.72
74210		RADIOLOGIC EXAM PHRNX&/CRV ESOPH C	\$95.75	\$95.75
74220	26	RADIOLOGIC EXAM ESOPHAGUS SINGLE C	\$30.38	\$30.38
74220	TC	RADIOLOGIC EXAM ESOPHAGUS SINGLE C	\$67.17	\$67.17
74220		RADIOLOGIC EXAM ESOPHAGUS SINGLE C	\$97.54	\$97.54
74221	26	RADIOLOGIC EXAM ESOPHAGUS DOUBLE	\$35.38	\$35.38
74221	TC	RADIOLOGIC EXAM ESOPHAGUS DOUBLE	\$74.75	\$74.75
74221		RADIOLOGIC EXAM ESOPHAGUS DOUBLE	\$110.13	\$110.13
74230	26	RADIOLOGIC EXAM SWALLOW FUNCTION	\$26.80	\$26.80
74230	TC	RADIOLOGIC EXAM SWALLOW FUNCTION	\$104.36	\$104.36
74230		RADIOLOGIC EXAM SWALLOW FUNCTION	\$131.16	\$131.16
74235	26	RMVL FB ESOPHAGEAL W/USE BALLOON C	\$60.40	\$60.40
74240	26	RADIOLOGIC EXAM UPR GI TRC SINGE	\$41.11	\$41.11
74240	TC	RADIOLOGIC EXAM UPR GI TRC SINGE	\$80.89	\$80.89
74240		RADIOLOGIC EXAM UPR GI TRC SINGE	\$121.99	\$121.99
74246	26	RADIOLOGIC EXAM UPR GI TRC DOUI	\$45.75	\$45.75
74246	TC	RADIOLOGIC EXAM UPR GI TRC DOUI	\$94.61	\$94.61
74246		RADIOLOGIC EXAM UPR GI TRC DOUI	\$140.36	\$140.36
74248	26	RADIOLOGIC SMALL INTESTINE FOLLOW-'	\$35.38	\$35.38
74248	TC	RADIOLOGIC SMALL INTESTINE FOLLOW-'	\$48.03	\$48.03
74248		RADIOLOGIC SMALL INTESTINE FOLLOW-'	\$83.41	\$83.41
74250	26	RADIOLOGIC EXAM SMALL INT SINGLE CC	\$41.46	\$41.46
74250	TC	RADIOLOGIC EXAM SMALL INT SINGLE CC	\$81.25	\$81.25
74250		RADIOLOGIC EXAM SMALL INT SINGLE CC	\$122.72	\$122.72
74251	26	RADIOLOGIC EXAM SMALL INT DOUBLE C	\$59.33	\$59.33
74251	TC	RADIOLOGIC EXAM SMALL INT DOUBLE C	\$182.36	\$182.36
74251		RADIOLOGIC EXAM SMALL INT DOUBLE C	\$241.69	\$241.69
74261	TC	CT COLONOGRPHY DX IMAGE POSTPROCE	\$112.31	\$112.31
74261	26	CT COLONOGRPHY DX IMAGE POSTPROCE	\$121.51	\$121.51
74261		CT COLONOGRPHY DX IMAGE POSTPROCE	\$233.82	\$233.82
74262	26	CT COLONOGRPHY DX IMAGE POSTPROCE	\$126.51	\$126.51
74262	TC	CT COLONOGRPHY DX IMAGE POSTPROCE	\$182.36	\$182.36
74262		CT COLONOGRPHY DX IMAGE POSTPROCE	\$308.88	\$308.88
74263	26	CT COLONOGRAPHY SCREENING IMAGE P	\$116.16	\$116.16
74263	TC	CT COLONOGRAPHY SCREENING IMAGE P	\$646.38	\$646.38
74263		CT COLONOGRAPHY SCREENING IMAGE P	\$762.54	\$762.54
74270	26	RADIOLOGIC EXAM COLON SINGLE	\$52.54	\$52.54
74270	TC	RADIOLOGIC EXAM COLON SINGLE	\$103.64	\$103.64
74270		RADIOLOGIC EXAM COLON SINGLE	\$156.17	\$156.17
74280	26	RADIOLOGIC EXAM COLON DOUBLE	\$63.61	\$63.61
74280	TC	RADIOLOGIC EXAM COLON DOUBLE	\$161.05	\$161.05
74280		RADIOLOGIC EXAM COLON DOUBLE	\$224.67	\$224.67
74283	26	THERAPEUTIC ENEMA RDCTJ INTUSSUSCE	\$105.10	\$105.10
74283	TC	THERAPEUTIC ENEMA RDCTJ INTUSSUSCE	\$146.61	\$146.61
74283		THERAPEUTIC ENEMA RDCTJ INTUSSUSCE	\$251.71	\$251.71
74290	26	CHOLECYSTOGRAPHY ORAL CONTRST	\$16.08	\$16.08
74290	TC	CHOLECYSTOGRAPHY ORAL CONTRST	\$67.17	\$67.17
74290		CHOLECYSTOGRAPHY ORAL CONTRST	\$83.25	\$83.25

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
74300	26	CHOLANGIOGRAPHY&/PANCREATOGRAPY	\$18.23	\$18.23
74301	26	CHOLANGIO&/PANCREATOGRAPHY ADDL	\$10.72	\$10.72
74328	26	ENDOSCOPIC CATHJ BILIARY DUCTAL SY	\$36.10	\$36.10
74329	26	ENDOSCOPIC CATHJ PANCREATIC DUCTAL	\$36.10	\$36.10
74330	26	CMBN NDSC CATHJ BILIARY&PNCRTC DU	\$46.47	\$46.47
74340	26	INTRO LONG GI TUBE W/MULT FLUORO &	\$27.52	\$27.52
74355	26	PERCUTANEOUS PLACEMENT ENTEROCLY	\$38.96	\$38.96
74360	26	INTRALUMINAL DILATION STRICTURES&/	\$28.61	\$28.61
74363	26	PRQ TRANSHEPATC DILAT BILIARY DUCT	\$44.32	\$44.32
74400	26	UROGRAPHY IV W/VO KUB W/VO TOMOG	\$24.66	\$24.66
74400	TC	UROGRAPHY IV W/VO KUB W/VO TOMOG	\$105.09	\$105.09
74400		UROGRAPHY IV W/VO KUB W/VO TOMOG	\$129.74	\$129.74
74410	26	UROGRAPHY INFUSION DRIP &/BOLUS TEC	\$24.29	\$24.29
74410	TC	UROGRAPHY INFUSION DRIP &/BOLUS TEC	\$107.61	\$107.61
74410		UROGRAPHY INFUSION DRIP &/BOLUS TEC	\$131.91	\$131.91
74415	26	UROGRAPY INFUSION DRIP &/BOLUS TECH	\$24.66	\$24.66
74415	TC	UROGRAPY INFUSION DRIP &/BOLUS TECH	\$129.63	\$129.63
74415		UROGRAPY INFUSION DRIP &/BOLUS TECH	\$154.29	\$154.29
74420	26	X-RAY URINARY TRACT EXAM WITH CON	\$25.73	\$25.73
74420	TC	X-RAY URINARY TRACT EXAM WITH CON	\$49.11	\$49.11
74420		X-RAY URINARY TRACT EXAM WITH CON	\$74.83	\$74.83
74425	26	UROGRAPHY ANTEGRADE RS&I	\$25.37	\$25.37
74425	TC	UROGRAPHY ANTEGRADE RS&I	\$106.53	\$106.53
74425		UROGRAPHY ANTEGRADE RS&I	\$131.90	\$131.90
74430	26	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$16.08	\$16.08
74430	TC	CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$24.56	\$24.56
74430		CYSTOGRAPHY MINIMUM 3 VIEWS RS&I	\$40.64	\$40.64
74440	26	VASOGRAPY VESICULOGRAPY/EPIDIDYM	\$18.58	\$18.58
74440	TC	VASOGRAPY VESICULOGRAPY/EPIDIDYM	\$74.75	\$74.75
74440		VASOGRAPY VESICULOGRAPY/EPIDIDYM	\$93.33	\$93.33
74445	26	CORPORA CAVERNOSOGRAPY RS&I	\$55.73	\$55.73
74450	26	URETHROCYSTOGRAPHY RETROGRADE R	\$16.43	\$16.43
74455	26	URETHROCYSTOGRAPHY VOIDING RS&I	\$16.43	\$16.43
74455	TC	URETHROCYSTOGRAPHY VOIDING RS&I	\$82.33	\$82.33
74455		URETHROCYSTOGRAPHY VOIDING RS&I	\$98.76	\$98.76
74470	26	RADEX RENAL CYST STUDY TRANSLUMB	\$26.80	\$26.80
74485	26	DILATION URETERS/URETHRA RS&I	\$40.73	\$40.73
74485	TC	DILATION URETERS/URETHRA RS&I	\$74.03	\$74.03
74485		DILATION URETERS/URETHRA RS&I	\$114.76	\$114.76
74710	26	PELVIMETRY W/WOPLACENTAL LOCALIZ	\$17.51	\$17.51
74710	TC	PELVIMETRY W/WOPLACENTAL LOCALIZ	\$22.75	\$22.75
74710		PELVIMETRY W/WOPLACENTAL LOCALIZ	\$40.27	\$40.27
74712	26	FETAL MRI W/PLACNTL MATRNL PLVC IM	\$151.53	\$151.53
74712	TC	FETAL MRI W/PLACNTL MATRNL PLVC IM	\$232.92	\$232.92
74712		FETAL MRI W/PLACNTL MATRNL PLVC IM	\$384.44	\$384.44
74713	26	FETAL MRI W/PLACNTL MATRNL PLVC IM	\$93.99	\$93.99
74713	TC	FETAL MRI W/PLACNTL MATRNL PLVC IM	\$138.31	\$138.31
74713		FETAL MRI W/PLACNTL MATRNL PLVC IM	\$232.30	\$232.30
74740	26	HYSTEOSALPINGOGRAPHY RS&I	\$19.30	\$19.30
74740	TC	HYSTEOSALPINGOGRAPHY RS&I	\$72.23	\$72.23

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
74740		HYSTEROSALPINGOGRAPHY RS&I	\$91.52	\$91.52
74775	26	PERINEOGRAM	\$31.45	\$31.45
75557	26	CARDIAC MRI MORPHOLOGY & FUNCTION	\$117.20	\$117.20
75557	TC	CARDIAC MRI MORPHOLOGY & FUNCTION	\$206.92	\$206.92
75557		CARDIAC MRI MORPHOLOGY & FUNCTION	\$324.12	\$324.12
75559	26	CARDIAC MRI W/O CONTRAST W/STRESS I	\$143.96	\$143.96
75559	TC	CARDIAC MRI W/O CONTRAST W/STRESS I	\$306.22	\$306.22
75559		CARDIAC MRI W/O CONTRAST W/STRESS I	\$450.18	\$450.18
75561	26	CARDIAC MRI W/WO CONTRAST & FURTHI	\$128.99	\$128.99
75561	TC	CARDIAC MRI W/WO CONTRAST & FURTHI	\$296.47	\$296.47
75561		CARDIAC MRI W/WO CONTRAST & FURTHI	\$425.46	\$425.46
75563	26	CARDIAC MRI W/W/O CONTRAST W/STRES	\$149.00	\$149.00
75563	TC	CARDIAC MRI W/W/O CONTRAST W/STRES	\$354.97	\$354.97
75563		CARDIAC MRI W/W/O CONTRAST W/STRES	\$503.97	\$503.97
75565	26	CARDIAC MRI FOR VELOCITY FLOW MAPP	\$12.50	\$12.50
75565	TC	CARDIAC MRI FOR VELOCITY FLOW MAPP	\$40.81	\$40.81
75565		CARDIAC MRI FOR VELOCITY FLOW MAPP	\$53.31	\$53.31
75572	26	CT HEART CONTRAST EVAL CARDIAC STR	\$87.91	\$87.91
75572	TC	CT HEART CONTRAST EVAL CARDIAC STR	\$164.31	\$164.31
75572		CT HEART CONTRAST EVAL CARDIAC STR	\$252.21	\$252.21
75573	26	CT HRT CONTRST CARDIAC STRUCT&MOR	\$128.29	\$128.29
75573	TC	CT HRT CONTRST CARDIAC STRUCT&MOR	\$182.36	\$182.36
75573		CT HRT CONTRST CARDIAC STRUCT&MOR	\$310.65	\$310.65
75574	26	CTA HRT CORNRY ART/BYPASS GRFTS CO	\$119.71	\$119.71
75574	TC	CTA HRT CORNRY ART/BYPASS GRFTS CO	\$182.36	\$182.36
75574		CTA HRT CORNRY ART/BYPASS GRFTS CO	\$302.07	\$302.07
75600	26	AORTOGRAPHY THORACIC W/O SERIALOC	\$25.38	\$25.38
75600	TC	AORTOGRAPHY THORACIC W/O SERIALOC	\$178.39	\$178.39
75600		AORTOGRAPHY THORACIC W/O SERIALOC	\$203.77	\$203.77
75605	26	AORTOGRAPHY THORACIC SERIALOGRAP	\$55.73	\$55.73
75605	TC	AORTOGRAPHY THORACIC SERIALOGRAP	\$76.20	\$76.20
75605		AORTOGRAPHY THORACIC SERIALOGRAP	\$131.93	\$131.93
75625	TC	AORTOGRAPHY ABDOMINAL SERIALOGR/	\$69.70	\$69.70
75625	26	AORTOGRAPHY ABDOMINAL SERIALOGR/	\$71.11	\$71.11
75625		AORTOGRAPHY ABDOMINAL SERIALOGR/	\$140.81	\$140.81
75630	TC	AORTOGRAPHY ABDL BI ILIOFEM LOW EX	\$73.67	\$73.67
75630	26	AORTOGRAPHY ABDL BI ILIOFEM LOW EX	\$98.98	\$98.98
75630		AORTOGRAPHY ABDL BI ILIOFEM LOW EX	\$172.65	\$172.65
75635	26	CTA ABDL AORTA&BI ILIOFEM W/CONTR	\$119.71	\$119.71
75635	TC	CTA ABDL AORTA&BI ILIOFEM W/CONTR	\$182.36	\$182.36
75635		CTA ABDL AORTA&BI ILIOFEM W/CONTR	\$302.07	\$302.07
75705	26	ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$118.39	\$118.39
75705	TC	ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$136.49	\$136.49
75705		ANGIOGRAPHY SPINAL SELECTIVE RS&I	\$254.89	\$254.89
75710	TC	ANGIOGRAPHY EXTREMITY UNILATERAL	\$78.72	\$78.72
75710	26	ANGIOGRAPHY EXTREMITY UNILATERAL	\$87.55	\$87.55
75710		ANGIOGRAPHY EXTREMITY UNILATERAL	\$166.28	\$166.28
75716	TC	ANGIOGRAPHY EXTREMITY BILATERAL R	\$80.53	\$80.53
75716	26	ANGIOGRAPHY EXTREMITY BILATERAL R	\$96.82	\$96.82
75716		ANGIOGRAPHY EXTREMITY BILATERAL R	\$177.36	\$177.36

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
75726	TC	ANGIOGRAPHY VISCERAL SLCTV/SUPRAS	\$87.39	\$87.39
75726	26	ANGIOGRAPHY VISCERAL SLCTV/SUPRAS	\$99.30	\$99.30
75726		ANGIOGRAPHY VISCERAL SLCTV/SUPRAS	\$186.70	\$186.70
75731	26	ANGIOGRAPHY ADRENAL UNILATERAL SI	\$57.90	\$57.90
75731	TC	ANGIOGRAPHY ADRENAL UNILATERAL SI	\$107.61	\$107.61
75731		ANGIOGRAPHY ADRENAL UNILATERAL SI	\$165.51	\$165.51
75733	26	ANGIOGRAPHY ADRENAL BILATERAL SLC	\$64.67	\$64.67
75733	TC	ANGIOGRAPHY ADRENAL BILATERAL SLC	\$114.11	\$114.11
75733		ANGIOGRAPHY ADRENAL BILATERAL SLC	\$178.78	\$178.78
75736	26	ANGIOGRAPHY PELVIC SLCTV/SUPRASLC	\$55.01	\$55.01
75736	TC	ANGIOGRAPHY PELVIC SLCTV/SUPRASLC	\$97.86	\$97.86
75736		ANGIOGRAPHY PELVIC SLCTV/SUPRASLC	\$152.87	\$152.87
75741	26	ANGIOGRAPHY PULMONARY UNILATERAL	\$63.95	\$63.95
75741	TC	ANGIOGRAPHY PULMONARY UNILATERAL	\$80.89	\$80.89
75741		ANGIOGRAPHY PULMONARY UNILATERAL	\$144.83	\$144.83
75743	26	ANGIOGRAPHY PULMONARY BILATERAL	\$81.46	\$81.46
75743	TC	ANGIOGRAPHY PULMONARY BILATERAL	\$81.97	\$81.97
75743		ANGIOGRAPHY PULMONARY BILATERAL	\$163.43	\$163.43
75746	26	ANGRPH PULMONARY NONSLCTV CATH/V	\$56.10	\$56.10
75746	TC	ANGRPH PULMONARY NONSLCTV CATH/V	\$90.28	\$90.28
75746		ANGRPH PULMONARY NONSLCTV CATH/V	\$146.37	\$146.37
75756	26	ANGIOGRAPHY INTERNAL MAMMARY RS&	\$56.82	\$56.82
75756	TC	ANGIOGRAPHY INTERNAL MAMMARY RS&	\$109.42	\$109.42
75756		ANGIOGRAPHY INTERNAL MAMMARY RS&	\$166.24	\$166.24
75774	26	ANGRPH SLCTV EA VSL STUDIED AFTER B	\$49.30	\$49.30
75774	TC	ANGRPH SLCTV EA VSL STUDIED AFTER B	\$59.95	\$59.95
75774		ANGRPH SLCTV EA VSL STUDIED AFTER B	\$109.25	\$109.25
75801	26	LYMPHANGIOGRAPHY EXTREMITY ONLY	\$43.99	\$43.99
75803	26	LYMPHANGIOGRAPHY EXTREMITY ONLY	\$59.33	\$59.33
75805	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINA	\$41.46	\$41.46
75807	26	LYMPHANGIOGRAPHY PELVIC/ABDOMINA	\$56.44	\$56.44
75809	26	SHUNTOGRAM INDWELLING NONVASCUL	\$23.95	\$23.95
75809	TC	SHUNTOGRAM INDWELLING NONVASCUL	\$68.61	\$68.61
75809		SHUNTOGRAM INDWELLING NONVASCUL	\$92.56	\$92.56
75810	26	SPLENOPORTOGRAPY RS&I	\$50.31	\$50.31
75820	26	VENOGRAPHY EXTREMITY UNILATERAL F	\$35.03	\$35.03
75820	TC	VENOGRAPHY EXTREMITY UNILATERAL F	\$74.39	\$74.39
75820		VENOGRAPHY EXTREMITY UNILATERAL F	\$109.41	\$109.41
75822	26	VENOGRAPHY EXTREMITY BILATERAL RS	\$52.53	\$52.53
75822	TC	VENOGRAPHY EXTREMITY BILATERAL RS	\$75.47	\$75.47
75822		VENOGRAPHY EXTREMITY BILATERAL RS	\$128.00	\$128.00
75825	26	VENOGRAPHY CAVAL INFERIOR SERIALO	\$56.10	\$56.10
75825	TC	VENOGRAPHY CAVAL INFERIOR SERIALO	\$71.50	\$71.50
75825		VENOGRAPHY CAVAL INFERIOR SERIALO	\$127.60	\$127.60
75827	26	VENOGRAPHY CAVAL SUPERIOR SERIALO	\$56.46	\$56.46
75827	TC	VENOGRAPHY CAVAL SUPERIOR SERIALO	\$76.20	\$76.20
75827		VENOGRAPHY CAVAL SUPERIOR SERIALO	\$132.65	\$132.65
75831	26	VENOGRAPHY RENAL UNILATERAL SELEC	\$55.01	\$55.01
75831	TC	VENOGRAPHY RENAL UNILATERAL SELEC	\$78.00	\$78.00
75831		VENOGRAPHY RENAL UNILATERAL SELEC	\$133.02	\$133.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
75833	26	VENOGRAPHY RENAL BILATERAL SELECT	\$73.61	\$73.61
75833	TC	VENOGRAPHY RENAL BILATERAL SELECT	\$86.31	\$86.31
75833		VENOGRAPHY RENAL BILATERAL SELECT	\$159.92	\$159.92
75840	26	VENOGRAPHY ADRENAL UNILATERAL SEI	\$57.90	\$57.90
75840	TC	VENOGRAPHY ADRENAL UNILATERAL SEI	\$84.86	\$84.86
75840		VENOGRAPHY ADRENAL UNILATERAL SEI	\$142.76	\$142.76
75842	26	VENOGRAPHY ADRENAL BILATERAL SELI	\$76.13	\$76.13
75842	TC	VENOGRAPHY ADRENAL BILATERAL SELI	\$97.86	\$97.86
75842		VENOGRAPHY ADRENAL BILATERAL SELI	\$173.99	\$173.99
75860	26	VENOGRAPHY VENOUS SINUS/JUGULAR C	\$56.82	\$56.82
75860	TC	VENOGRAPHY VENOUS SINUS/JUGULAR C	\$83.06	\$83.06
75860		VENOGRAPHY VENOUS SINUS/JUGULAR C	\$139.88	\$139.88
75870	26	VENOGRAPHY SUPERIOR SAGITTAL SINUS	\$64.77	\$64.77
75870	TC	VENOGRAPHY SUPERIOR SAGITTAL SINUS	\$121.33	\$121.33
75870		VENOGRAPHY SUPERIOR SAGITTAL SINUS	\$186.10	\$186.10
75872	26	VENOGRAPHY EPIDURAL RS&I	\$57.90	\$57.90
75872	TC	VENOGRAPHY EPIDURAL RS&I	\$84.86	\$84.86
75872		VENOGRAPHY EPIDURAL RS&I	\$142.76	\$142.76
75880	26	VENOGRAPHY ORBITAL RS&I	\$35.38	\$35.38
75880	TC	VENOGRAPHY ORBITAL RS&I	\$84.86	\$84.86
75880		VENOGRAPHY ORBITAL RS&I	\$120.24	\$120.24
75885	26	PRQ TRANSHEPATC PORTOGRAPY HEMOD	\$68.93	\$68.93
75885	TC	PRQ TRANSHEPATC PORTOGRAPY HEMOD	\$82.33	\$82.33
75885		PRQ TRANSHEPATC PORTOGRAPY HEMOD	\$151.27	\$151.27
75887	26	PRQ TRANSHEPATC PORTOGRAPY W/O HE	\$69.66	\$69.66
75887	TC	PRQ TRANSHEPATC PORTOGRAPY W/O HE	\$82.69	\$82.69
75887		PRQ TRANSHEPATC PORTOGRAPY W/O HE	\$152.35	\$152.35
75889	26	HEPATC VNGRPH WDG/FR HEMODYN EVA	\$54.64	\$54.64
75889	TC	HEPATC VNGRPH WDG/FR HEMODYN EVA	\$82.33	\$82.33
75889		HEPATC VNGRPH WDG/FR HEMODYN EVA	\$136.98	\$136.98
75891	26	HEPATC VNGRPH WDG/FR W/O HEMODYN	\$55.73	\$55.73
75891	TC	HEPATC VNGRPH WDG/FR W/O HEMODYN	\$83.42	\$83.42
75891		HEPATC VNGRPH WDG/FR W/O HEMODYN	\$139.15	\$139.15
75893	26	VENOUS SAMPLING THRU CATH W/WO AN	\$27.52	\$27.52
75893	TC	VENOUS SAMPLING THRU CATH W/WO AN	\$89.55	\$89.55
75893		VENOUS SAMPLING THRU CATH W/WO AN	\$117.08	\$117.08
75894	26	TRANSCATHETER EMBOLIZATION ANY MI	\$72.99	\$72.99
75898	26	ANGRPH CATH F-UP STD TCAT OTHER TH/	\$91.59	\$91.59
75901	26	MECHANICAL RMVL PERICATHETER	\$23.93	\$23.93
75901	TC	MECHANICAL RMVL PERICATHETER	\$197.89	\$197.89
75901		MECHANICAL RMVL PERICATHETER	\$221.82	\$221.82
75902	26	MECHANICAL RMVL INTRALUMINAL	\$19.30	\$19.30
75902	TC	MECHANICAL RMVL INTRALUMINAL	\$67.17	\$67.17
75902		MECHANICAL RMVL INTRALUMINAL	\$86.47	\$86.47
75956	26	EVASC RPR DESCND THORCIC AORTA SUB	\$350.26	\$350.26
75957	26	EVASC RPR DESCND THORCIC AORTA CEL	\$299.86	\$299.86
75958	26	PLMT PROX XTN PRSTH EVASC DESC THOI	\$198.70	\$198.70
75959	26	PLMT DSTL XTN PRSTH EVASC DESC THOF	\$174.76	\$174.76
75970	26	TRANSCATHETER BIOPSY RS&I	\$40.37	\$40.37
75984	26	CHANGE PRQ TUBE/DRAINAGE CATH W C	\$35.37	\$35.37

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
75984	TC	CHANGE PRQ TUBE/DRAINAGE CATH W CC	\$65.00	\$65.00
75984		CHANGE PRQ TUBE/DRAINAGE CATH W CC	\$100.37	\$100.37
75989	26	RADIOLOGICAL GUIDANCE PRQ DRG W/PL	\$59.32	\$59.32
75989	TC	RADIOLOGICAL GUIDANCE PRQ DRG W/PL	\$63.92	\$63.92
75989		RADIOLOGICAL GUIDANCE PRQ DRG W/PL	\$123.24	\$123.24
76000	26	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/	\$15.73	\$15.73
76000	TC	FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/	\$26.72	\$26.72
76000		FLUOROSCOPY UP TO 1 HOUR PHYSICIAN/	\$42.45	\$42.45
76010	26	RADEX FROM NOSE RECTUM FOREIGN BO	\$9.29	\$9.29
76010	TC	RADEX FROM NOSE RECTUM FOREIGN BO	\$19.86	\$19.86
76010		RADEX FROM NOSE RECTUM FOREIGN BO	\$29.16	\$29.16
76080	26	RADEX ABSCESS/FISTULA/SINUS TRACT R	\$26.44	\$26.44
76080	TC	RADEX ABSCESS/FISTULA/SINUS TRACT R	\$33.58	\$33.58
76080		RADEX ABSCESS/FISTULA/SINUS TRACT R	\$60.03	\$60.03
76098	26	RADIOLOGICAL EXAMINATION SURGICAL	\$16.08	\$16.08
76098	TC	RADIOLOGICAL EXAMINATION SURGICAL	\$27.44	\$27.44
76098		RADIOLOGICAL EXAMINATION SURGICAL	\$43.53	\$43.53
76100	26	RADEX 1 PLNE BODY SECTION OTH/THN W	\$31.48	\$31.48
76100	TC	RADEX 1 PLNE BODY SECTION OTH/THN W	\$67.53	\$67.53
76100		RADEX 1 PLNE BODY SECTION OTH/THN W	\$99.00	\$99.00
76101	26	RADEX CPLX MOTION BDY SCTJ OTH/THN	\$27.87	\$27.87
76101	TC	RADEX CPLX MOTION BDY SCTJ OTH/THN	\$71.86	\$71.86
76101		RADEX CPLX MOTION BDY SCTJ OTH/THN	\$99.72	\$99.72
76102	26	RADEX CPLX MOTION BDY SCTJ OTH/THN	\$31.83	\$31.83
76102	TC	RADEX CPLX MOTION BDY SCTJ OTH/THN	\$112.31	\$112.31
76102		RADEX CPLX MOTION BDY SCTJ OTH/THN	\$144.14	\$144.14
76120	26	CINERADIOGRAPY/VIDRADIOGRAPY XCPI	\$19.30	\$19.30
76120	TC	CINERADIOGRAPY/VIDRADIOGRAPY XCPI	\$91.00	\$91.00
76120		CINERADIOGRAPY/VIDRADIOGRAPY XCPI	\$110.30	\$110.30
76125	26	CINERADIOGRAPY/VIDRADIOGRAPY ROU	\$13.58	\$13.58
76376	26	3D RENDERING W/INTERP & POSTPROCESS	\$10.01	\$10.01
76376	TC	3D RENDERING W/INTERP & POSTPROCESS	\$13.36	\$13.36
76376		3D RENDERING W/INTERP & POSTPROCESS	\$23.36	\$23.36
76377	TC	3D RENDERING W/INTERP&POSTPROC DIF]	\$32.50	\$32.50
76377	26	3D RENDERING W/INTERP&POSTPROC DIF]	\$40.39	\$40.39
76377		3D RENDERING W/INTERP&POSTPROC DIF]	\$72.89	\$72.89
76380	26	CT LIMITED/LOCALIZED FOLLOW UP STUI	\$48.95	\$48.95
76380	TC	CT LIMITED/LOCALIZED FOLLOW UP STUI	\$79.80	\$79.80
76380		CT LIMITED/LOCALIZED FOLLOW UP STUI	\$128.76	\$128.76
76390	26	MRI SPECTROSCOPY	\$71.48	\$71.48
76390	TC	MRI SPECTROSCOPY	\$360.39	\$360.39
76390		MRI SPECTROSCOPY	\$431.87	\$431.87
76391	26	MAGNETIC RESONANCE ELASTOGRAPHY	\$56.48	\$56.48
76391	TC	MAGNETIC RESONANCE ELASTOGRAPHY	\$179.10	\$179.10
76391		MAGNETIC RESONANCE ELASTOGRAPHY	\$235.58	\$235.58
76506	26	ECHOENCEPHALOGRAPHY REAL TIME IM	\$32.53	\$32.53
76506	TC	ECHOENCEPHALOGRAPHY REAL TIME IM	\$84.50	\$84.50
76506		ECHOENCEPHALOGRAPHY REAL TIME IM	\$117.03	\$117.03
76510	TC	OPH US DX B-SCAN&QUAN A-SCAN SM PT	\$44.05	\$44.05
76510	26	OPH US DX B-SCAN&QUAN A-SCAN SM PT	\$48.02	\$48.02

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
76510		OPH US DX B-SCAN&QUAN A-SCAN SM PT	\$92.07	\$92.07
76511	TC	OPHTHALMIC ULTRASOUND DX QUAN A-S	\$26.36	\$26.36
76511	26	OPHTHALMIC ULTRASOUND DX QUAN A-S	\$36.50	\$36.50
76511		OPHTHALMIC ULTRASOUND DX QUAN A-S	\$62.86	\$62.86
76512	TC	OPHTHALMIC ULTRASOUND DX B-SCAN W	\$21.67	\$21.67
76512	26	OPHTHALMIC ULTRASOUND DX B-SCAN W	\$31.84	\$31.84
76512		OPHTHALMIC ULTRASOUND DX B-SCAN W	\$53.51	\$53.51
76513	26	OPH US DX ANT SGM US IMMERSION B-SC	\$36.49	\$36.49
76513	TC	OPH US DX ANT SGM US IMMERSION B-SC	\$64.64	\$64.64
76513		OPH US DX ANT SGM US IMMERSION B-SC	\$101.13	\$101.13
76514	TC	OPHTHALMIC US DX CORNEAL PACHYME	\$3.97	\$3.97
76514	26	OPHTHALMIC US DX CORNEAL PACHYME	\$8.23	\$8.23
76514		OPHTHALMIC US DX CORNEAL PACHYME	\$12.20	\$12.20
76516	26	OPHTHALMIC BIOMETRY US ECHOGRAPY	\$23.27	\$23.27
76516	TC	OPHTHALMIC BIOMETRY US ECHOGRAPY	\$25.64	\$25.64
76516		OPHTHALMIC BIOMETRY US ECHOGRAPY	\$48.90	\$48.90
76519	26	OPH BMTRY US ECHOGRAPY A-SCAN IO LI	\$31.49	\$31.49
76519	TC	OPH BMTRY US ECHOGRAPY A-SCAN IO LI	\$36.11	\$36.11
76519		OPH BMTRY US ECHOGRAPY A-SCAN IO LI	\$67.60	\$67.60
76529	26	OPHTHALMIC ULTRASONIC FOREIGN BOD	\$33.28	\$33.28
76529	TC	OPHTHALMIC ULTRASONIC FOREIGN BOD	\$51.27	\$51.27
76529		OPHTHALMIC ULTRASONIC FOREIGN BOD	\$84.55	\$84.55
76536	26	US SOFT TISSUE HEAD & NECK REAL TIME	\$28.60	\$28.60
76536	TC	US SOFT TISSUE HEAD & NECK REAL TIME	\$89.19	\$89.19
76536		US SOFT TISSUE HEAD & NECK REAL TIME	\$117.79	\$117.79
76604	26	US CHEST REAL TIME W/IMAGE DOCUMEN	\$29.30	\$29.30
76604	TC	US CHEST REAL TIME W/IMAGE DOCUMEN	\$50.92	\$50.92
76604		US CHEST REAL TIME W/IMAGE DOCUMEN	\$80.21	\$80.21
76641	26	US BREAST UNI REAL TIME WITH IMAGE C	\$36.81	\$36.81
76641	TC	US BREAST UNI REAL TIME WITH IMAGE C	\$71.86	\$71.86
76641		US BREAST UNI REAL TIME WITH IMAGE C	\$108.67	\$108.67
76642	26	US BREAST UNI REAL TIME WITH IMAGE L	\$34.31	\$34.31
76642	TC	US BREAST UNI REAL TIME WITH IMAGE L	\$54.53	\$54.53
76642		US BREAST UNI REAL TIME WITH IMAGE L	\$88.84	\$88.84
76700	26	US ABDOMINAL REAL TIME W/IMAGE DOC	\$41.46	\$41.46
76700	TC	US ABDOMINAL REAL TIME W/IMAGE DOC	\$83.42	\$83.42
76700		US ABDOMINAL REAL TIME W/IMAGE DOC	\$124.88	\$124.88
76705	26	US ABDOMINAL REAL TIME W/IMAGE LIM	\$29.66	\$29.66
76705	TC	US ABDOMINAL REAL TIME W/IMAGE LIM	\$62.84	\$62.84
76705		US ABDOMINAL REAL TIME W/IMAGE LIM	\$92.49	\$92.49
76706	26	US ABDOMINAL AORTA REAL TIME SCREE	\$27.88	\$27.88
76706	TC	US ABDOMINAL AORTA REAL TIME SCREE	\$87.75	\$87.75
76706		US ABDOMINAL AORTA REAL TIME SCREE	\$115.63	\$115.63
76770	26	US RETROPERITONEAL REAL TIME W/IMA	\$37.16	\$37.16
76770	TC	US RETROPERITONEAL REAL TIME W/IMA	\$77.64	\$77.64
76770		US RETROPERITONEAL REAL TIME W/IMA	\$114.81	\$114.81
76775	26	US RETROPERITONEAL REAL TIME W/IMA	\$29.30	\$29.30
76775	TC	US RETROPERITONEAL REAL TIME W/IMA	\$30.33	\$30.33
76775		US RETROPERITONEAL REAL TIME W/IMA	\$59.64	\$59.64
76776	26	US TRNSPLNT KIDNEY REAL TIME W/IMAC	\$38.96	\$38.96

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
76776	TC	US TRNSPLNT KIDNEY REAL TIME W/IMAC	\$119.89	\$119.89
76776		US TRNSPLNT KIDNEY REAL TIME W/IMAC	\$158.85	\$158.85
76800	26	ULTRASOUND SPINAL CANAL & CONTENT	\$59.35	\$59.35
76800	TC	ULTRASOUND SPINAL CANAL & CONTENT	\$85.95	\$85.95
76800		ULTRASOUND SPINAL CANAL & CONTENT	\$145.29	\$145.29
76801	26	US PREGNANT UTERUS 14 WK TRANSABDI	\$50.39	\$50.39
76801	TC	US PREGNANT UTERUS 14 WK TRANSABDI	\$73.67	\$73.67
76801		US PREGNANT UTERUS 14 WK TRANSABDI	\$124.06	\$124.06
76802	TC	US PREG UTERUS 14 WK TRANSABDL EACI	\$22.03	\$22.03
76802	26	US PREG UTERUS 14 WK TRANSABDL EACI	\$41.81	\$41.81
76802		US PREG UTERUS 14 WK TRANSABDL EACI	\$63.84	\$63.84
76805	26	US PREG UTERUS AFTER 1ST TRIMEST 1/1S	\$50.39	\$50.39
76805	TC	US PREG UTERUS AFTER 1ST TRIMEST 1/1S	\$91.72	\$91.72
76805		US PREG UTERUS AFTER 1ST TRIMEST 1/1S	\$142.12	\$142.12
76810	TC	US PREG UTERUS > 1ST TRIMESTER ABDL	\$42.97	\$42.97
76810	26	US PREG UTERUS > 1ST TRIMESTER ABDL	\$50.04	\$50.04
76810		US PREG UTERUS > 1ST TRIMESTER ABDL	\$93.01	\$93.01
76811	TC	US PREG UTERUS W/DETAIL FETAL ANAT	\$84.14	\$84.14
76811	26	US PREG UTERUS W/DETAIL FETAL ANAT	\$95.78	\$95.78
76811		US PREG UTERUS W/DETAIL FETAL ANAT	\$179.91	\$179.91
76812	26	US PREG UTERUS DETAIL FETAL ANAT EX	\$89.70	\$89.70
76812	TC	US PREG UTERUS DETAIL FETAL ANAT EX	\$111.95	\$111.95
76812		US PREG UTERUS DETAIL FETAL ANAT EX	\$201.64	\$201.64
76813	26	US FETAL NUCHAL TRANSLUCENCY 1ST G	\$59.68	\$59.68
76813	TC	US FETAL NUCHAL TRANSLUCENCY 1ST G	\$63.19	\$63.19
76813		US FETAL NUCHAL TRANSLUCENCY 1ST G	\$122.87	\$122.87
76814	TC	US FETAL NUCHAL TRANSLUCENCY EA AI	\$29.62	\$29.62
76814	26	US FETAL NUCHAL TRANSLUCENCY EA AI	\$50.03	\$50.03
76814		US FETAL NUCHAL TRANSLUCENCY EA AI	\$79.64	\$79.64
76815	26	US PREGNANT UTERUS LIMITED 1/> FETUS	\$32.88	\$32.88
76815	TC	US PREGNANT UTERUS LIMITED 1/> FETUS	\$52.36	\$52.36
76815		US PREGNANT UTERUS LIMITED 1/> FETUS	\$85.24	\$85.24
76816	26	US PREG UTERUS REAL TIME F/U TRNSABI	\$42.88	\$42.88
76816	TC	US PREG UTERUS REAL TIME F/U TRNSABI	\$71.86	\$71.86
76816		US PREG UTERUS REAL TIME F/U TRNSABI	\$114.75	\$114.75
76817	26	US PREG UTERUS REAL TIME W/IMAGE DC	\$37.88	\$37.88
76817	TC	US PREG UTERUS REAL TIME W/IMAGE DC	\$59.22	\$59.22
76817		US PREG UTERUS REAL TIME W/IMAGE DC	\$97.11	\$97.11
76818	26	FETAL BIOPHYSICAL PROFILE NON-STRES	\$52.89	\$52.89
76818	TC	FETAL BIOPHYSICAL PROFILE NON-STRES	\$66.81	\$66.81
76818		FETAL BIOPHYSICAL PROFILE NON-STRES	\$119.70	\$119.70
76819	26	FETAL BIOPHYSICAL PROFILE W/O NON-SI	\$38.96	\$38.96
76819	TC	FETAL BIOPHYSICAL PROFILE W/O NON-SI	\$49.11	\$49.11
76819		FETAL BIOPHYSICAL PROFILE W/O NON-SI	\$88.06	\$88.06
76820	TC	DOPPLER VELOCIMETRY FETAL UMBILIC/	\$22.03	\$22.03
76820	26	DOPPLER VELOCIMETRY FETAL UMBILIC/	\$25.37	\$25.37
76820		DOPPLER VELOCIMETRY FETAL UMBILIC/	\$47.40	\$47.40
76821	26	DOPPLER VELOCIMETRY FETAL MIDDLE C	\$35.02	\$35.02
76821	TC	DOPPLER VELOCIMETRY FETAL MIDDLE C	\$56.69	\$56.69
76821		DOPPLER VELOCIMETRY FETAL MIDDLE C	\$91.71	\$91.71

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
76825	26	ECHO FETAL CARDIOVASC W/WO M-MODI	\$83.25	\$83.25
76825	TC	ECHO FETAL CARDIOVASC W/WO M-MODI	\$194.28	\$194.28
76825		ECHO FETAL CARDIOVASC W/WO M-MODI	\$277.54	\$277.54
76826	26	ECHO FETAL CARDIOVASC W/WO M-MODI	\$41.45	\$41.45
76826	TC	ECHO FETAL CARDIOVASC W/WO M-MODI	\$123.50	\$123.50
76826		ECHO FETAL CARDIOVASC W/WO M-MODI	\$164.95	\$164.95
76827	26	DOPPLER ECHO FETAL SPECTRAL DISPLA	\$28.94	\$28.94
76827	TC	DOPPLER ECHO FETAL SPECTRAL DISPLA	\$45.50	\$45.50
76827		DOPPLER ECHO FETAL SPECTRAL DISPLA	\$74.44	\$74.44
76828	TC	DOPPLER ECHO FETAL SPECTRAL PULS F/I	\$24.56	\$24.56
76828	26	DOPPLER ECHO FETAL SPECTRAL PULS F/I	\$28.23	\$28.23
76828		DOPPLER ECHO FETAL SPECTRAL PULS F/I	\$52.78	\$52.78
76830	26	US TRANSVAGINAL	\$35.03	\$35.03
76830	TC	US TRANSVAGINAL	\$89.92	\$89.92
76830		US TRANSVAGINAL	\$124.94	\$124.94
76831	26	SALINE INFUS SONOHYSTEROGRAPHY W/O	\$36.46	\$36.46
76831	TC	SALINE INFUS SONOHYSTEROGRAPHY W/O	\$84.50	\$84.50
76831		SALINE INFUS SONOHYSTEROGRAPHY W/O	\$120.95	\$120.95
76856	26	US PELVIC NONOBSTETRIC REAL-TIME IM	\$34.66	\$34.66
76856	TC	US PELVIC NONOBSTETRIC REAL-TIME IM	\$76.56	\$76.56
76856		US PELVIC NONOBSTETRIC REAL-TIME IM	\$111.22	\$111.22
76857	TC	US PELVIC NONOBSTETRIC IMAGE DCMTN	\$24.20	\$24.20
76857	26	US PELVIC NONOBSTETRIC IMAGE DCMTN	\$25.01	\$25.01
76857		US PELVIC NONOBSTETRIC IMAGE DCMTN	\$49.21	\$49.21
76870	26	US SCROTUM & CONTENTS	\$32.16	\$32.16
76870	TC	US SCROTUM & CONTENTS	\$74.39	\$74.39
76870		US SCROTUM & CONTENTS	\$106.55	\$106.55
76872	26	US TRANSRECTAL	\$33.94	\$33.94
76872	TC	US TRANSRECTAL	\$112.31	\$112.31
76872		US TRANSRECTAL	\$146.25	\$146.25
76873	26	US TRANSRCT PRSTATE VOL BRACHYTX F	\$79.35	\$79.35
76873	TC	US TRANSRCT PRSTATE VOL BRACHYTX F	\$98.94	\$98.94
76873		US TRANSRCT PRSTATE VOL BRACHYTX F	\$178.29	\$178.29
76881	26	US COMPL JOINT R-T W/IMAGE DOCUMEN	\$31.80	\$31.80
76881	TC	US COMPL JOINT R-T W/IMAGE DOCUMEN	\$46.94	\$46.94
76881		US COMPL JOINT R-T W/IMAGE DOCUMEN	\$78.75	\$78.75
76882	26	US LMTD JOINT/OTH NONVASC XTR STRUC	\$24.66	\$24.66
76882	TC	US LMTD JOINT/OTH NONVASC XTR STRUC	\$33.22	\$33.22
76882		US LMTD JOINT/OTH NONVASC XTR STRUC	\$57.88	\$57.88
76885	26	US INFT HIPS R-T IMG DYNAMIC REQ PHYS	\$37.52	\$37.52
76885	TC	US INFT HIPS R-T IMG DYNAMIC REQ PHYS	\$79.80	\$79.80
76885		US INFT HIPS R-T IMG DYNAMIC REQ PHYS	\$117.34	\$117.34
76886	26	US INFT HIPS R-T IMG LMTD STATIC PHYS/	\$31.45	\$31.45
76886	TC	US INFT HIPS R-T IMG LMTD STATIC PHYS/	\$75.47	\$75.47
76886		US INFT HIPS R-T IMG LMTD STATIC PHYS/	\$106.92	\$106.92
76932	26	US ENDOMYOCARDIAL BIOPSY RS&I	\$35.04	\$35.04
76936	26	US CMPRN RPR ARTL PSEUDOARYSM/ARV	\$98.99	\$98.99
76936	TC	US CMPRN RPR ARTL PSEUDOARYSM/ARV	\$175.14	\$175.14
76936		US CMPRN RPR ARTL PSEUDOARYSM/ARV	\$274.13	\$274.13
76937	26	US VASC ACCESS SITS VSL PATENCY NDL	\$14.65	\$14.65

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
76937	TC	US VASC ACCESS SITS VSL PATENCY NDL	\$22.39	\$22.39
76937		US VASC ACCESS SITS VSL PATENCY NDL	\$37.03	\$37.03
76940	26	US &MNTR PARENCHYMAL TISSUE ABLATI	\$104.76	\$104.76
76941	26	US INTRAUTERINE FTL TFUJ/CORDOCNTS	\$67.90	\$67.90
76942	TC	US GUIDANCE NEEDLE PLACEMENT IMG S	\$26.00	\$26.00
76942	26	US GUIDANCE NEEDLE PLACEMENT IMG S	\$32.14	\$32.14
76942		US GUIDANCE NEEDLE PLACEMENT IMG S	\$58.14	\$58.14
76945	26	US GUIDANCE CHORIONIC VILLUS SAMPL	\$33.59	\$33.59
76946	TC	US GUIDANCE AMNIOCENTESIS IMG S&I	\$13.72	\$13.72
76946	26	US GUIDANCE AMNIOCENTESIS IMG S&I	\$18.93	\$18.93
76946		US GUIDANCE AMNIOCENTESIS IMG S&I	\$32.66	\$32.66
76965	TC	US GUIDANCE INTERSTITIAL RADIOELMEI	\$25.64	\$25.64
76965	26	US GUIDANCE INTERSTITIAL RADIOELMEI	\$68.98	\$68.98
76965		US GUIDANCE INTERSTITIAL RADIOELMEI	\$94.63	\$94.63
76970	26	US STUDY FOLLOW UP	\$19.65	\$19.65
76970	TC	US STUDY FOLLOW UP	\$70.78	\$70.78
76970		US STUDY FOLLOW UP	\$90.42	\$90.42
76975	26	GI ENDOSCOPIC US S&I	\$42.18	\$42.18
76977	26	US BONE DENSITY MEAS & INTERP PERIPE	\$2.86	\$2.86
76977	TC	US BONE DENSITY MEAS & INTERP PERIPE	\$4.33	\$4.33
76977		US BONE DENSITY MEAS & INTERP PERIPE	\$7.19	\$7.19
76978	26	ULTRASOUND TRGT DYNAMIC MICROBUE	\$81.84	\$81.84
76978	TC	ULTRASOUND TRGT DYNAMIC MICROBUE	\$249.89	\$249.89
76978		ULTRASOUND TRGT DYNAMIC MICROBUE	\$331.73	\$331.73
76979	26	ULTRASOUND TRGT DYNAMIC MICROBUE	\$43.61	\$43.61
76979	TC	ULTRASOUND TRGT DYNAMIC MICROBUE	\$182.00	\$182.00
76979		ULTRASOUND TRGT DYNAMIC MICROBUE	\$225.61	\$225.61
76981	26	ULTRASOUND ELASTOGRAPHY PARENCH	\$30.02	\$30.02
76981	TC	ULTRASOUND ELASTOGRAPHY PARENCH	\$79.45	\$79.45
76981		ULTRASOUND ELASTOGRAPHY PARENCH	\$109.47	\$109.47
76982	26	ULTRASOUND ELASTOGRAPHY FIRST TAR	\$30.02	\$30.02
76982	TC	ULTRASOUND ELASTOGRAPHY FIRST TAR	\$67.53	\$67.53
76982		ULTRASOUND ELASTOGRAPHY FIRST TAR	\$97.55	\$97.55
76983	26	ULTRASOUND ELASTOGRAPHY EA ADDL	\$25.37	\$25.37
76983	TC	ULTRASOUND ELASTOGRAPHY EA ADDL	\$34.66	\$34.66
76983		ULTRASOUND ELASTOGRAPHY EA ADDL	\$60.04	\$60.04
76998	26	ULTRASONIC GUIDANCE INTRAOPERATIV	\$64.38	\$64.38
77001	26	FLURO CENTRAL VENOUS ACCESS DEV I	\$18.94	\$18.94
77001	TC	FLURO CENTRAL VENOUS ACCESS DEV I	\$78.72	\$78.72
77001		FLURO CENTRAL VENOUS ACCESS DEV I	\$97.66	\$97.66
77002	26	FLUOROSCOPIC GUIDANCE NEEDLE PLAC]	\$28.24	\$28.24
77002	TC	FLUOROSCOPIC GUIDANCE NEEDLE PLAC]	\$81.61	\$81.61
77002		FLUOROSCOPIC GUIDANCE NEEDLE PLAC]	\$109.86	\$109.86
77003	26	FLUOR NEEDLE/CATH SPINE/PARASPINAL	\$30.38	\$30.38
77003	TC	FLUOR NEEDLE/CATH SPINE/PARASPINAL	\$72.23	\$72.23
77003		FLUOR NEEDLE/CATH SPINE/PARASPINAL	\$102.60	\$102.60
77011	26	CT GUIDANCE STEREOTACTIC LOCALIZAI	\$64.73	\$64.73
77011	TC	CT GUIDANCE STEREOTACTIC LOCALIZAI	\$171.88	\$171.88
77011		CT GUIDANCE STEREOTACTIC LOCALIZAI	\$236.61	\$236.61
77012	26	CT GUIDANCE NEEDLE PLACEMENT	\$75.04	\$75.04

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
77012	TC	CT GUIDANCE NEEDLE PLACEMENT	\$78.00	\$78.00
77012		CT GUIDANCE NEEDLE PLACEMENT	\$153.05	\$153.05
77013	26	CT GUIDANCE &MONITORING VISC TISS A	\$193.62	\$193.62
77014	26	CT GUIDANCE RADIATION THERAPY FLDS	\$45.78	\$45.78
77014	TC	CT GUIDANCE RADIATION THERAPY FLDS	\$78.36	\$78.36
77014		CT GUIDANCE RADIATION THERAPY FLDS	\$124.14	\$124.14
77021	26	MRI GUIDANCE NEEDLE PLACEMENT RS&	\$73.96	\$73.96
77021	TC	MRI GUIDANCE NEEDLE PLACEMENT RS&	\$398.30	\$398.30
77021		MRI GUIDANCE NEEDLE PLACEMENT RS&	\$472.26	\$472.26
77022	26	MRI GUIDANCE FOR PARENCHYMAL TISSU	\$218.76	\$218.76
77046	26	MRI BREAST WITHOUT CONTRAST MATER	\$73.63	\$73.63
77046	TC	MRI BREAST WITHOUT CONTRAST MATER	\$174.77	\$174.77
77046		MRI BREAST WITHOUT CONTRAST MATER	\$248.40	\$248.40
77047	26	MRI BREAST WITHOUT CONTRAST MATER	\$81.12	\$81.12
77047	TC	MRI BREAST WITHOUT CONTRAST MATER	\$173.70	\$173.70
77047		MRI BREAST WITHOUT CONTRAST MATER	\$254.82	\$254.82
77048	26	MRI BREAST W/OUT&WITH CONTRAST W/A	\$106.14	\$106.14
77048	TC	MRI BREAST W/OUT&WITH CONTRAST W/A	\$287.44	\$287.44
77048		MRI BREAST W/OUT&WITH CONTRAST W/A	\$393.58	\$393.58
77049	26	MRI BREAST WITHOUT&WITH CONTRAST	\$116.51	\$116.51
77049	TC	MRI BREAST WITHOUT&WITH CONTRAST	\$286.36	\$286.36
77049		MRI BREAST WITHOUT&WITH CONTRAST	\$402.87	\$402.87
77053	26	MAMMARY DUCTOGRAM OR GALACT	\$18.23	\$18.23
77053	TC	MAMMARY DUCTOGRAM OR GALACT	\$39.36	\$39.36
77053		MAMMARY DUCTOGRAM OR GALACT	\$57.58	\$57.58
77054	26	MAMMARY DUCTOGRAM OR GALACT	\$22.87	\$22.87
77054	TC	MAMMARY DUCTOGRAM OR GALACT	\$51.64	\$51.64
77054		MAMMARY DUCTOGRAM OR GALACT	\$74.51	\$74.51
77063	TC	SCREENING DIGITAL BREAST TOMOSYNTI	\$25.27	\$25.27
77063	26	SCREENING DIGITAL BREAST TOMOSYNTI	\$30.38	\$30.38
77063		SCREENING DIGITAL BREAST TOMOSYNTI	\$55.65	\$55.65
77065	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$41.46	\$41.46
77065	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$94.61	\$94.61
77065		DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$136.07	\$136.07
77066	26	DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$50.75	\$50.75
77066	TC	DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$120.61	\$120.61
77066		DIAGNOSTIC MAMMOGRAPHY COMPUTER	\$171.36	\$171.36
77067	26	SCREENING MAMMOGRAPHY BI 2-VIEW BI	\$38.96	\$38.96
77067	TC	SCREENING MAMMOGRAPHY BI 2-VIEW BI	\$100.03	\$100.03
77067		SCREENING MAMMOGRAPHY BI 2-VIEW BI	\$138.98	\$138.98
77071		MANUAL APPL STRESS PFRMD PHYS/QHP I	\$53.96	\$53.96
77072	26	BONE AGE STUDIES	\$9.65	\$9.65
77072	TC	BONE AGE STUDIES	\$15.89	\$15.89
77072		BONE AGE STUDIES	\$25.54	\$25.54
77073	26	BONE LENGTH STUDIES	\$13.95	\$13.95
77073	TC	BONE LENGTH STUDIES	\$30.69	\$30.69
77073		BONE LENGTH STUDIES	\$44.64	\$44.64
77074	26	RADIOLOGIC EXAMINATION OSSEOUS	\$22.52	\$22.52
77074	TC	RADIOLOGIC EXAMINATION OSSEOUS	\$41.53	\$41.53
77074		RADIOLOGIC EXAMINATION OSSEOUS	\$64.04	\$64.04

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
77075	26	RADIOLOGIC EXAMINATION OSSEOUS	\$28.23	\$28.23
77075	TC	RADIOLOGIC EXAMINATION OSSEOUS	\$68.25	\$68.25
77075		RADIOLOGIC EXAMINATION OSSEOUS	\$96.49	\$96.49
77076	26	RADIOLOGIC EXAMINATION OSSEOUS	\$35.38	\$35.38
77076	TC	RADIOLOGIC EXAMINATION OSSEOUS	\$68.97	\$68.97
77076		RADIOLOGIC EXAMINATION OSSEOUS	\$104.35	\$104.35
77077	26	JOINT SURVEY SINGLE VIEW 2 OR MORE JO	\$17.52	\$17.52
77077	TC	JOINT SURVEY SINGLE VIEW 2 OR MORE JO	\$28.89	\$28.89
77077		JOINT SURVEY SINGLE VIEW 2 OR MORE JO	\$46.41	\$46.41
77078	26	CT BONE MINERL DENSITY STUDY 1/> SITE	\$12.50	\$12.50
77078	TC	CT BONE MINERL DENSITY STUDY 1/> SITE	\$79.80	\$79.80
77078		CT BONE MINERL DENSITY STUDY 1/> SITE	\$92.32	\$92.32
77080	26	DXABONE DENSITY STUDY 1/> SITES AXIA	\$10.01	\$10.01
77080	TC	DXABONE DENSITY STUDY 1/> SITES AXIA	\$29.97	\$29.97
77080		DXABONE DENSITY STUDY 1/> SITES AXIA	\$39.97	\$39.97
77081	26	DXABONE DENSITY STUDY 1/>SITES APPE	\$10.37	\$10.37
77081	TC	DXABONE DENSITY STUDY 1/>SITES APPE	\$22.39	\$22.39
77081		DXABONE DENSITY STUDY 1/>SITES APPE	\$32.75	\$32.75
77084	26	BONE MARROW BLOOD SUPPLY	\$81.49	\$81.49
77084	TC	BONE MARROW BLOOD SUPPLY	\$233.28	\$233.28
77084		BONE MARROW BLOOD SUPPLY	\$314.77	\$314.77
77261		THERAPEUTIC RADIOLOGY TX PLANNING	\$72.98	\$72.98
77262		THERAPEUTIC RADIOLOGY TX PLANNING	\$110.53	\$110.53
77263		THERAPEUTIC RADIOLOGY TX PLANNING	\$172.76	\$172.76
77280	26	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$38.27	\$38.27
77280	TC	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$244.83	\$244.83
77280		THER RAD SIMULAJ-AIDED FIELD SETTINC	\$283.10	\$283.10
77285	26	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$59.03	\$59.03
77285	TC	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$415.28	\$415.28
77285		THER RAD SIMULAJ-AIDED FIELD SETTINC	\$474.30	\$474.30
77290	26	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$84.40	\$84.40
77290	TC	THER RAD SIMULAJ-AIDED FIELD SETTINC	\$423.21	\$423.21
77290		THER RAD SIMULAJ-AIDED FIELD SETTINC	\$507.61	\$507.61
77293	26	RESPIRATORY MOTION MANAGEMENT SIM	\$108.36	\$108.36
77293	TC	RESPIRATORY MOTION MANAGEMENT SIM	\$351.72	\$351.72
77293		RESPIRATORY MOTION MANAGEMENT SIM	\$460.08	\$460.08
77295	26	3-D RADIOTHERAPY PLAN DOSE-VOLUME	\$230.29	\$230.29
77295	TC	3-D RADIOTHERAPY PLAN DOSE-VOLUME	\$265.78	\$265.78
77295		3-D RADIOTHERAPY PLAN DOSE-VOLUME	\$496.07	\$496.07
77300	26	BASIC RADIATION DOSIMETRY CALCULA	\$33.25	\$33.25
77300	TC	BASIC RADIATION DOSIMETRY CALCULA	\$34.31	\$34.31
77300		BASIC RADIATION DOSIMETRY CALCULA	\$67.56	\$67.56
77301	26	NTSTY MODUL RADTHX PLN DOSE-VOL HI	\$428.75	\$428.75
77301	TC	NTSTY MODUL RADTHX PLN DOSE-VOL HI	\$1517.38	\$1517.38
77301		NTSTY MODUL RADTHX PLN DOSE-VOL HI	\$1946.13	\$1946.13
77306	26	TELETHX ISODOSE PLN SMPL W/DOS	\$75.45	\$75.45
77306	TC	TELETHX ISODOSE PLN SMPL W/DOS	\$76.56	\$76.56
77306		TELETHX ISODOSE PLN SMPL W/DOS	\$152.01	\$152.01
77307	TC	TELETHX ISODOSE PLN CPLX W/BAS	\$138.67	\$138.67
77307	26	TELETHX ISODOSE PLN CPLX W/BAS	\$155.91	\$155.91

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
77307		TELETHX ISODOSE PLN CPLX W/BAS	\$294.58	\$294.58
77316	26	BRACHYTX ISODOSE PLN SMPL W/DOS	\$75.45	\$75.45
77316	TC	BRACHYTX ISODOSE PLN SMPL W/DOS	\$146.61	\$146.61
77316		BRACHYTX ISODOSE PLN SMPL W/DOS	\$222.07	\$222.07
77317	26	BRACHYTX ISODOSE PLN INTERMED V	\$99.06	\$99.06
77317	TC	BRACHYTX ISODOSE PLN INTERMED W/DC	\$192.11	\$192.11
77317		BRACHYTX ISODOSE PLN INTERMED V	\$291.17	\$291.17
77318	26	BRACHYTX ISODOSE PLN CPLX W/DOSIME	\$155.55	\$155.55
77318	TC	BRACHYTX ISODOSE PLN CPLX W/DOSIME	\$260.72	\$260.72
77318		BRACHYTX ISODOSE PLN CPLX W/DOSIME	\$416.27	\$416.27
77321	TC	SPEC TELETHX PORT PLN PARTS HEMIBDY	\$44.41	\$44.41
77321	26	SPEC TELETHX PORT PLN PARTS HEMIBDY	\$51.86	\$51.86
77321		SPEC TELETHX PORT PLN PARTS HEMIBDY	\$96.28	\$96.28
77331	TC	SPEC DOSIM ONLY PRESCRIBED TREATING	\$19.14	\$19.14
77331	26	SPEC DOSIM ONLY PRESCRIBED TREATING	\$46.84	\$46.84
77331		SPEC DOSIM ONLY PRESCRIBED TREATING	\$65.98	\$65.98
77332	TC	TX DEVICES DESIGN & CONSTRUCTION SII	\$23.83	\$23.83
77332	26	TX DEVICES DESIGN & CONSTRUCTION SII	\$24.31	\$24.31
77332		TX DEVICES DESIGN & CONSTRUCTION SII	\$48.15	\$48.15
77333	26	TX DEVICES DESIGN & CONSTRUCTION IN	\$40.41	\$40.41
77333	TC	TX DEVICES DESIGN & CONSTRUCTION IN	\$82.33	\$82.33
77333		TX DEVICES DESIGN & CONSTRUCTION IN	\$122.75	\$122.75
77334	26	TX DEVICES DESIGN & CONSTRUCTION CC	\$62.23	\$62.23
77334	TC	TX DEVICES DESIGN & CONSTRUCTION CC	\$67.53	\$67.53
77334		TX DEVICES DESIGN & CONSTRUCTION CC	\$129.75	\$129.75
77336		CONTINUING MEDICAL PHYSICS CONSLTJ	\$81.25	\$81.25
77338	26	MLC IMRT DESIGN & CONSTRUCTION PER	\$230.29	\$230.29
77338	TC	MLC IMRT DESIGN & CONSTRUCTION PER	\$265.06	\$265.06
77338		MLC IMRT DESIGN & CONSTRUCTION PER	\$495.34	\$495.34
77370		SPEC MEDICAL RADJ PHYSICS CONSLTJ	\$126.75	\$126.75
77372		RADIATION DELIVERY STEREOTACTIC CR	\$1069.96	\$1069.96
77373		STEREOTACTIC BODY RADIATION DELIVE	\$1231.38	\$1231.38
77401		RADIATION TX DELIVERY SUPERFICIAL&/	\$24.92	\$24.92
77417		THERAPEUTIC RADIOLOGY PORT IMAGES	\$11.55	\$11.55
77427		RADIATION TREATMENT MANAGEMENT 5	\$194.67	\$194.67
77431		RADIATION THERAPY MGMT 1/2 FRACTIOI	\$108.10	\$108.10
77432		STEREOTACTIC RADIATION TX MANAGEMEN	\$434.94	\$434.94
77435		STEREOTACTIC BODY RADIATION MANAC	\$656.76	\$656.76
77469		INTRAOPERATIVE RADIATION TREATMEN	\$325.59	\$325.59
77470	TC	SPECIAL TREATMENT PROCEDURE	\$26.00	\$26.00
77470	26	SPECIAL TREATMENT PROCEDURE	\$109.79	\$109.79
77470		SPECIAL TREATMENT PROCEDURE	\$135.79	\$135.79
77620	26	HYPERTHERMIA INTRACAVITARY PROBES	\$87.31	\$87.31
77620	TC	HYPERTHERMIA INTRACAVITARY PROBES	\$536.97	\$536.97
77620		HYPERTHERMIA INTRACAVITARY PROBES	\$624.27	\$624.27
77750	TC	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLL	\$122.78	\$122.78
77750	26	NFS/INSTLJ RADIOELMNT SLN 3 MO FOLL	\$268.19	\$268.19
77750		NFS/INSTLJ RADIOELMNT SLN 3 MO FOLL	\$390.97	\$390.97
77761	TC	INTRACAVITARY RADIATION SOURCE	\$204.39	\$204.39
77761	26	INTRACAVITARY RADIATION SOURCE API	\$206.68	\$206.68

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
77761		INTRACAVITARY RADIATION SOURCE AP	\$411.07	\$411.07
77762	TC	INTRACAVITARY RADIATION SOURCE	\$234.37	\$234.37
77762	26	INTRACAVITARY RADIATION SOURCE	\$310.04	\$310.04
77762		INTRACAVITARY RADIATION SOURCE	\$544.40	\$544.40
77763	TC	INTRACAVITARY RADIATION SOURCE	\$302.61	\$302.61
77763	26	INTRACAVITARY RADIATION SOURCE	\$465.59	\$465.59
77763		INTRACAVITARY RADIATION SOURCE	\$768.20	\$768.20
77778	TC	INTERSTITIAL RADIATION SOURCE APPLIC	\$412.03	\$412.03
77778	26	INTERSTITIAL RADIATION SOURCE APPLIC	\$470.21	\$470.21
77778		INTERSTITIAL RADIATION SOURCE APPLIC	\$882.25	\$882.25
77789	26	SURFACE APPLIC LOW DOSE RATE RADIOI	\$62.23	\$62.23
77789	TC	SURFACE APPLIC LOW DOSE RATE RADIOI	\$68.25	\$68.25
77789		SURFACE APPLIC LOW DOSE RATE RADIOI	\$130.48	\$130.48
77790		SUPERVISION HANDLING LOADING RADIA	\$15.53	\$15.53
78012	26	THYROID UPTAKE SINGLE/MULTIPLE QUA	\$9.65	\$9.65
78012	TC	THYROID UPTAKE SINGLE/MULTIPLE QUA	\$74.39	\$74.39
78012		THYROID UPTAKE SINGLE/MULTIPLE QUA	\$84.04	\$84.04
78013	26	THYROID IMAGING WITH VASCULAR FLO'	\$18.22	\$18.22
78013	TC	THYROID IMAGING WITH VASCULAR FLO'	\$179.83	\$179.83
78013		THYROID IMAGING WITH VASCULAR FLO'	\$198.06	\$198.06
78014	26	THYROID UPTAKE W/BLOOD FLOW SNGLE	\$24.66	\$24.66
78014	TC	THYROID UPTAKE W/BLOOD FLOW SNGLE	\$222.80	\$222.80
78014		THYROID UPTAKE W/BLOOD FLOW SNGLE	\$247.46	\$247.46
78015	26	THYROID CARCINOMA METASTASES LMT]	\$33.59	\$33.59
78015	TC	THYROID CARCINOMA METASTASES LMT]	\$198.25	\$198.25
78015		THYROID CARCINOMA METASTASES LMT]	\$231.84	\$231.84
78016	26	THYROID CARCINOMA METASTASES ADD.	\$34.59	\$34.59
78016	TC	THYROID CARCINOMA METASTASES ADD.	\$256.75	\$256.75
78016		THYROID CARCINOMA METASTASES ADD.	\$291.34	\$291.34
78018	26	THYROID CARCINOMA METASTASES WHC	\$41.80	\$41.80
78018	TC	THYROID CARCINOMA METASTASES WHC	\$281.31	\$281.31
78018		THYROID CARCINOMA METASTASES WHC	\$323.10	\$323.10
78020	26	THYROID CARCINOMA METASTASES UPT/	\$28.21	\$28.21
78020	TC	THYROID CARCINOMA METASTASES UPT/	\$57.06	\$57.06
78020		THYROID CARCINOMA METASTASES UPT/	\$85.27	\$85.27
78070	26	PARATHYROID PLANAR IMAGING	\$39.30	\$39.30
78070	TC	PARATHYROID PLANAR IMAGING	\$266.50	\$266.50
78070		PARATHYROID PLANAR IMAGING	\$305.80	\$305.80
78071	26	PARATHYROID PLANAR IMAGING W/WO S	\$59.31	\$59.31
78071	TC	PARATHYROID PLANAR IMAGING W/WO S	\$305.50	\$305.50
78071		PARATHYROID PLANAR IMAGING W/WO S	\$364.81	\$364.81
78072	26	PARATHYROID IMAGING W/TOMOGRAPHI	\$77.88	\$77.88
78072	TC	PARATHYROID IMAGING W/TOMOGRAPHI	\$382.05	\$382.05
78072		PARATHYROID IMAGING W/TOMOGRAPHI	\$459.93	\$459.93
78075	26	ADRENAL IMAGING CORTEX &/MEDULLA	\$37.52	\$37.52
78075	TC	ADRENAL IMAGING CORTEX &/MEDULLA	\$425.03	\$425.03
78075		ADRENAL IMAGING CORTEX &/MEDULLA	\$462.55	\$462.55
78102	26	BONE MARROW IMAGING LIMITED AREA	\$26.79	\$26.79
78102	TC	BONE MARROW IMAGING LIMITED AREA	\$148.77	\$148.77
78102		BONE MARROW IMAGING LIMITED AREA	\$175.57	\$175.57

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78103	26	BONE MARROW IMAGING MULTIPLE ARE/	\$35.35	\$35.35
78103	TC	BONE MARROW IMAGING MULTIPLE ARE/	\$188.14	\$188.14
78103		BONE MARROW IMAGING MULTIPLE ARE/	\$223.49	\$223.49
78104	26	BONE MARROW IMAGING WHOLE BODY	\$39.30	\$39.30
78104	TC	BONE MARROW IMAGING WHOLE BODY	\$218.11	\$218.11
78104		BONE MARROW IMAGING WHOLE BODY	\$257.41	\$257.41
78110	26	PLASMA VOL RADIOPHARM VOL DILUTIO	\$8.20	\$8.20
78110	TC	PLASMA VOL RADIOPHARM VOL DILUTIO	\$63.55	\$63.55
78110		PLASMA VOL RADIOPHARM VOL DILUTIO	\$71.77	\$71.77
78111	26	PLASMA VOL RADIOPHARM VOL DILUTE S	\$9.63	\$9.63
78111	TC	PLASMA VOL RADIOPHARM VOL DILUTE S	\$66.44	\$66.44
78111		PLASMA VOL RADIOPHARM VOL DILUTE S	\$76.08	\$76.08
78120	26	RED CELL VOLUME DETERMINATION SPX	\$9.99	\$9.99
78120	TC	RED CELL VOLUME DETERMINATION SPX	\$63.55	\$63.55
78120		RED CELL VOLUME DETERMINATION SPX	\$73.55	\$73.55
78121	26	RED CELL VOLUME DETERMINATION SPX	\$13.92	\$13.92
78121	TC	RED CELL VOLUME DETERMINATION SPX	\$66.44	\$66.44
78121		RED CELL VOLUME DETERMINATION SPX	\$80.36	\$80.36
78130	26	RED CELL SURVIVAL STUDY	\$26.04	\$26.04
78130	TC	RED CELL SURVIVAL STUDY	\$103.28	\$103.28
78130		RED CELL SURVIVAL STUDY	\$129.32	\$129.32
78135	26	RBC SURVIVAL STUDY DIFFERNTL ORGAN	\$27.11	\$27.11
78135	TC	RBC SURVIVAL STUDY DIFFERNTL ORGAN	\$261.44	\$261.44
78135		RBC SURVIVAL STUDY DIFFERNTL ORGAN	\$288.55	\$288.55
78140	26	LABELED RBC SEQUESTRATION DIFFERNI	\$26.04	\$26.04
78140	TC	LABELED RBC SEQUESTRATION DIFFERNI	\$88.84	\$88.84
78140		LABELED RBC SEQUESTRATION DIFFERNI	\$114.88	\$114.88
78185	26	SPLEEN IMAGING ONLY W/WO VASCULAR	\$17.12	\$17.12
78185	TC	SPLEEN IMAGING ONLY W/WO VASCULAR	\$158.89	\$158.89
78185		SPLEEN IMAGING ONLY W/WO VASCULAR	\$176.01	\$176.01
78191	26	PLATELET SURVIVAL STUDY	\$26.04	\$26.04
78191	TC	PLATELET SURVIVAL STUDY	\$103.28	\$103.28
78191		PLATELET SURVIVAL STUDY	\$129.32	\$129.32
78195	26	LYMPHATICS & LYMPH NODES IMAGING	\$58.95	\$58.95
78195	TC	LYMPHATICS & LYMPH NODES IMAGING	\$306.95	\$306.95
78195		LYMPHATICS & LYMPH NODES IMAGING	\$365.89	\$365.89
78201	26	LIVER IMAGING STATIC ONLY	\$21.43	\$21.43
78201	TC	LIVER IMAGING STATIC ONLY	\$175.50	\$175.50
78201		LIVER IMAGING STATIC ONLY	\$196.93	\$196.93
78202	26	LIVER IMAGING W/VASCULAR FLOW	\$24.28	\$24.28
78202	TC	LIVER IMAGING W/VASCULAR FLOW	\$187.78	\$187.78
78202		LIVER IMAGING W/VASCULAR FLOW	\$212.06	\$212.06
78215	26	LIVER & SPLEEN IMAGING STATIC ONLY	\$24.29	\$24.29
78215	TC	LIVER & SPLEEN IMAGING STATIC ONLY	\$177.30	\$177.30
78215		LIVER & SPLEEN IMAGING STATIC ONLY	\$201.61	\$201.61
78216	26	LIVER & SPLEEN IMAGING W/VASCULAR F	\$27.51	\$27.51
78216	TC	LIVER & SPLEEN IMAGING W/VASCULAR F	\$105.45	\$105.45
78216		LIVER & SPLEEN IMAGING W/VASCULAR F	\$132.95	\$132.95
78226	26	HEPATOBIILIARY SYST IMAGING INCLUDI	\$36.80	\$36.80
78226	TC	HEPATOBIILIARY SYST IMAGING INCLUDI	\$301.53	\$301.53

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78226		HEPATOBIILIARY SYST IMAGING INCLUDI	\$338.33	\$338.33
78227	26	HEPATOBI SYST IMAG INC GB W/PHARM	\$45.38	\$45.38
78227	TC	HEPATOBI SYST IMAG INC GB W/PHARM	\$411.67	\$411.67
78227		HEPATOBI SYST IMAG INC GB W/PHARM	\$457.05	\$457.05
78230	26	SALIVARY GLAND IMAGING	\$22.87	\$22.87
78230	TC	SALIVARY GLAND IMAGING	\$157.08	\$157.08
78230		SALIVARY GLAND IMAGING	\$179.96	\$179.96
78231	26	SALIVARY GLAND IMAGING SERIAL IMAG	\$22.11	\$22.11
78231	TC	SALIVARY GLAND IMAGING SERIAL IMAG	\$86.67	\$86.67
78231		SALIVARY GLAND IMAGING SERIAL IMAG	\$108.78	\$108.78
78232	26	SALIVARY GLAND FUNCTION STUDY	\$19.97	\$19.97
78232	TC	SALIVARY GLAND FUNCTION STUDY	\$86.67	\$86.67
78232		SALIVARY GLAND FUNCTION STUDY	\$106.64	\$106.64
78258	26	ESOPHAGEAL MOTILITY	\$35.36	\$35.36
78258	TC	ESOPHAGEAL MOTILITY	\$187.78	\$187.78
78258		ESOPHAGEAL MOTILITY	\$223.14	\$223.14
78261	26	GASTRIC MUCOSA IMAGING	\$29.24	\$29.24
78261	TC	GASTRIC MUCOSA IMAGING	\$181.28	\$181.28
78261		GASTRIC MUCOSA IMAGING	\$210.52	\$210.52
78262	26	GASTROESOPHAGEAL REFLUX STUDY	\$33.95	\$33.95
78262	TC	GASTROESOPHAGEAL REFLUX STUDY	\$213.41	\$213.41
78262		GASTROESOPHAGEAL REFLUX STUDY	\$247.36	\$247.36
78264	26	GASTRIC EMPTYING IMAGING STUDY	\$39.31	\$39.31
78264	TC	GASTRIC EMPTYING IMAGING STUDY	\$304.05	\$304.05
78264		GASTRIC EMPTYING IMAGING STUDY	\$343.36	\$343.36
78265	26	GASTRIC EMPTYNG IMAG STD W/SM BWL	\$48.95	\$48.95
78265	TC	GASTRIC EMPTYNG IMAG STD W/SM BWL	\$357.14	\$357.14
78265		GASTRIC EMPTYNG IMAG STD W/SM BWL	\$406.09	\$406.09
78266	26	GSTRC EMPTNG IMAG STD W/SM BWL COI	\$49.98	\$49.98
78266	TC	GSTRC EMPTNG IMAG STD W/SM BWL COI	\$393.97	\$393.97
78266		GSTRC EMPTNG IMAG STD W/SM BWL COI	\$443.95	\$443.95
78278	26	ACUTE GASTROINTESTINAL BLOOD LOSS	\$49.68	\$49.68
78278	TC	ACUTE GASTROINTESTINAL BLOOD LOSS	\$309.84	\$309.84
78278		ACUTE GASTROINTESTINAL BLOOD LOSS	\$359.50	\$359.50
78282	26	GASTROINTESTINAL PROTEIN LOSS	\$16.41	\$16.41
78290	26	INTESTINE IMAGING	\$33.58	\$33.58
78290	TC	INTESTINE IMAGING	\$306.95	\$306.95
78290		INTESTINE IMAGING	\$340.53	\$340.53
78291	26	PERITONEAL-VENOUS SHUNT PATENCY TI	\$43.59	\$43.59
78291	TC	PERITONEAL-VENOUS SHUNT PATENCY TI	\$219.56	\$219.56
78291		PERITONEAL-VENOUS SHUNT PATENCY TI	\$263.15	\$263.15
78300	26	BONE &/JOINT IMAGING LIMITED AREA	\$31.45	\$31.45
78300	TC	BONE &/JOINT IMAGING LIMITED AREA	\$205.11	\$205.11
78300		BONE &/JOINT IMAGING LIMITED AREA	\$236.56	\$236.56
78305	26	BONE &/JOINT IMAGING MULTIPLE AREAS	\$41.82	\$41.82
78305	TC	BONE &/JOINT IMAGING MULTIPLE AREAS	\$244.83	\$244.83
78305		BONE &/JOINT IMAGING MULTIPLE AREAS	\$286.64	\$286.64
78306	26	BONE &/JOINT IMAGING WHOLE BODY	\$43.24	\$43.24
78306	TC	BONE &/JOINT IMAGING WHOLE BODY	\$267.58	\$267.58
78306		BONE &/JOINT IMAGING WHOLE BODY	\$310.83	\$310.83

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78315	26	BONE &/JOINT IMAGING 3 PHASE STUDY	\$51.10	\$51.10
78315	TC	BONE &/JOINT IMAGING 3 PHASE STUDY	\$306.22	\$306.22
78315		BONE &/JOINT IMAGING 3 PHASE STUDY	\$357.32	\$357.32
78350	26	BONE DENSITY 1/> SITES 1 PHOTON ABSOR	\$11.07	\$11.07
78350	TC	BONE DENSITY 1/> SITES 1 PHOTON ABSOR	\$21.67	\$21.67
78350		BONE DENSITY 1/> SITES 1 PHOTON ABSOR	\$32.74	\$32.74
78351		BONE DENSITY 1/> SITES DUAL PHOTON AB	\$15.73	\$15.73
78414	26	CARD-VASC HEMODYNAM W/WO PHARM/	\$22.15	\$22.15
78428	26	CARDIAC SHUNT DETECTION	\$38.23	\$38.23
78428	TC	CARDIAC SHUNT DETECTION	\$152.75	\$152.75
78428		CARDIAC SHUNT DETECTION	\$190.97	\$190.97
78445	26	NONCARDIAC VASCULAR FLOW IMAGING	\$25.74	\$25.74
78445	TC	NONCARDIAC VASCULAR FLOW IMAGING	\$176.22	\$176.22
78445		NONCARDIAC VASCULAR FLOW IMAGING	\$201.97	\$201.97
78451	26	MYOCARDIAL SPECT SINGLE STUDY AT RI	\$67.88	\$67.88
78451	TC	MYOCARDIAL SPECT SINGLE STUDY AT RI	\$279.13	\$279.13
78451		MYOCARDIAL SPECT SINGLE STUDY AT RI	\$347.02	\$347.02
78452	26	MYOCARDIAL SPECT MULTIPLE STUDIES	\$80.04	\$80.04
78452	TC	MYOCARDIAL SPECT MULTIPLE STUDIES	\$404.08	\$404.08
78452		MYOCARDIAL SPECT MULTIPLE STUDIES	\$484.11	\$484.11
78453	26	MYOCARDIAL PERFUSION PLANAR 1 STUI	\$50.39	\$50.39
78453	TC	MYOCARDIAL PERFUSION PLANAR 1 STUI	\$261.81	\$261.81
78453		MYOCARDIAL PERFUSION PLANAR 1 STUI	\$312.20	\$312.20
78454	26	MYOCARDIAL PERFUSION PLANAR MULTI	\$67.54	\$67.54
78454	TC	MYOCARDIAL PERFUSION PLANAR MULTI	\$380.25	\$380.25
78454		MYOCARDIAL PERFUSION PLANAR MULTI	\$447.79	\$447.79
78456	26	ACUTE VENOUS THROMBOSIS IMAGING PI	\$48.94	\$48.94
78456	TC	ACUTE VENOUS THROMBOSIS IMAGING PI	\$269.03	\$269.03
78456		ACUTE VENOUS THROMBOSIS IMAGING PI	\$317.97	\$317.97
78457	26	VENOUS THROMBOSIS IMAGING VENOGR	\$37.87	\$37.87
78457	TC	VENOUS THROMBOSIS IMAGING VENOGR	\$143.00	\$143.00
78457		VENOUS THROMBOSIS IMAGING VENOGR	\$180.87	\$180.87
78458	26	VENOUS THROMBOSIS IMAGING VENOGR	\$46.11	\$46.11
78458	TC	VENOUS THROMBOSIS IMAGING VENOGR	\$165.75	\$165.75
78458		VENOUS THROMBOSIS IMAGING VENOGR	\$211.86	\$211.86
78466	26	MYOCARDIAL IMAGING INFARCT AVID PL	\$35.75	\$35.75
78466	TC	MYOCARDIAL IMAGING INFARCT AVID PL	\$170.44	\$170.44
78466		MYOCARDIAL IMAGING INFARCT AVID PL	\$206.19	\$206.19
78468	26	MYOCDR IMG INFARCT AVID PLNR EJEC F	\$39.30	\$39.30
78468	TC	MYOCDR IMG INFARCT AVID PLNR EJEC F	\$159.25	\$159.25
78468		MYOCDR IMG INFARCT AVID PLNR EJEC F	\$198.55	\$198.55
78469	26	MYOCDR INFARCT AVID PLNR TOMOG SPI	\$45.74	\$45.74
78469	TC	MYOCDR INFARCT AVID PLNR TOMOG SPI	\$184.52	\$184.52
78469		MYOCDR INFARCT AVID PLNR TOMOG SPI	\$230.26	\$230.26
78472	26	CARD BLOOD POOL GATED PLANAR 1 STU	\$48.95	\$48.95
78472	TC	CARD BLOOD POOL GATED PLANAR 1 STU	\$185.61	\$185.61
78472		CARD BLOOD POOL GATED PLANAR 1 STU	\$234.56	\$234.56
78473	26	CARD BL POOL GATED MLT STDY WAL MC	\$71.80	\$71.80
78473	TC	CARD BL POOL GATED MLT STDY WAL MC	\$225.69	\$225.69
78473		CARD BL POOL GATED MLT STDY WAL MC	\$297.50	\$297.50

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78481	26	CARD BL POOL PLANAR 1 STDY WAL MOT	\$48.95	\$48.95
78481	TC	CARD BL POOL PLANAR 1 STDY WAL MOT	\$132.16	\$132.16
78481		CARD BL POOL PLANAR 1 STDY WAL MOT	\$181.12	\$181.12
78483	26	CARD BL POOL PLNR MLT STDY WAL MOI	\$72.53	\$72.53
78483	TC	CARD BL POOL PLNR MLT STDY WAL MOI	\$175.50	\$175.50
78483		CARD BL POOL PLNR MLT STDY WAL MOI	\$248.03	\$248.03
78494	26	CARD BL POOL GATED SPECT REST WAL M	\$58.96	\$58.96
78494	TC	CARD BL POOL GATED SPECT REST WAL M	\$174.06	\$174.06
78494		CARD BL POOL GATED SPECT REST WAL M	\$233.01	\$233.01
78496	TC	CARD BL POOL GATED 1 STDY REST RT VE	\$19.50	\$19.50
78496	26	CARD BL POOL GATED 1 STDY REST RT VE	\$24.66	\$24.66
78496		CARD BL POOL GATED 1 STDY REST RT VE	\$44.15	\$44.15
78579	26	PULMONARY VENTILATION IMAGING	\$24.29	\$24.29
78579	TC	PULMONARY VENTILATION IMAGING	\$169.00	\$169.00
78579		PULMONARY VENTILATION IMAGING	\$193.30	\$193.30
78580	26	PULMONARY PERFUSION IMAGING PARTI	\$36.80	\$36.80
78580	TC	PULMONARY PERFUSION IMAGING PARTI	\$207.28	\$207.28
78580		PULMONARY PERFUSION IMAGING PARTI	\$244.08	\$244.08
78582	26	PULMONARY VENTILATION & PERFUSION	\$53.24	\$53.24
78582	TC	PULMONARY VENTILATION & PERFUSION	\$290.70	\$290.70
78582		PULMONARY VENTILATION & PERFUSION	\$343.93	\$343.93
78597	26	QUANT DIFFERENTIAL PULM PERFUSION V	\$35.71	\$35.71
78597	TC	QUANT DIFFERENTIAL PULM PERFUSION V	\$171.17	\$171.17
78597		QUANT DIFFERENTIAL PULM PERFUSION V	\$206.88	\$206.88
78598	26	QUANT DIFF PULM PRFUSION & VENTLAJ	\$41.44	\$41.44
78598	TC	QUANT DIFF PULM PRFUSION & VENTLAJ	\$272.27	\$272.27
78598		QUANT DIFF PULM PRFUSION & VENTLAJ	\$313.72	\$313.72
78600	26	BRAIN IMAGING <4 STATIC VIEWS	\$22.16	\$22.16
78600	TC	BRAIN IMAGING <4 STATIC VIEWS	\$167.56	\$167.56
78600		BRAIN IMAGING <4 STATIC VIEWS	\$189.71	\$189.71
78601	26	BRAIN IMAGING <4 STATIC VIEWS W/VASC	\$25.37	\$25.37
78601	TC	BRAIN IMAGING <4 STATIC VIEWS W/VASC	\$198.25	\$198.25
78601		BRAIN IMAGING <4 STATIC VIEWS W/VASC	\$223.62	\$223.62
78605	26	BRAIN IMAGING MINIMUM 4 STATIC VIEW	\$26.80	\$26.80
78605	TC	BRAIN IMAGING MINIMUM 4 STATIC VIEW	\$179.11	\$179.11
78605		BRAIN IMAGING MINIMUM 4 STATIC VIEW	\$205.92	\$205.92
78606	26	BRAIN IMAGING MIN 4 STATIC VIEWS W V	\$31.80	\$31.80
78606	TC	BRAIN IMAGING MIN 4 STATIC VIEWS W V	\$309.11	\$309.11
78606		BRAIN IMAGING MIN 4 STATIC VIEWS W V	\$340.91	\$340.91
78610	26	BRAIN IMAGING VASCULAR FLOW ONLY	\$15.00	\$15.00
78610	TC	BRAIN IMAGING VASCULAR FLOW ONLY	\$164.31	\$164.31
78610		BRAIN IMAGING VASCULAR FLOW ONLY	\$179.31	\$179.31
78630	26	CEREBROSPINAL FLUID FLOW W/O M	\$33.95	\$33.95
78630	TC	CEREBROSPINAL FLUID FLOW W/O M	\$314.53	\$314.53
78630		CEREBROSPINAL FLUID FLOW W/O M	\$348.47	\$348.47
78635	26	CEREBROSPINAL FLUID FLOW W/O M	\$31.10	\$31.10
78635	TC	CEREBROSPINAL FLUID FLOW W/O M	\$317.41	\$317.41
78635		CEREBROSPINAL FLUID FLOW W/O M	\$348.51	\$348.51
78645	26	CEREBROSPINAL FLUID FLOW W/O M	\$27.86	\$27.86
78645	TC	CEREBROSPINAL FLUID FLOW W/O M	\$306.95	\$306.95

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78645		CEREBROSPINAL FLUID FLOW W/O M	\$334.81	\$334.81
78650	26	CEREBROSPINAL FLUID LEAK DETECTION	\$26.04	\$26.04
78650	TC	CEREBROSPINAL FLUID LEAK DETECTION	\$258.55	\$258.55
78650		CEREBROSPINAL FLUID LEAK DETECTION	\$284.59	\$284.59
78660	26	RADIOPHARMACEUTICAL DACRYOCYSTO	\$26.80	\$26.80
78660	TC	RADIOPHARMACEUTICAL DACRYOCYSTO	\$163.22	\$163.22
78660		RADIOPHARMACEUTICAL DACRYOCYSTO	\$190.02	\$190.02
78700	26	KIDNEY IMAGING MORPHOLOGY	\$22.15	\$22.15
78700	TC	KIDNEY IMAGING MORPHOLOGY	\$154.19	\$154.19
78700		KIDNEY IMAGING MORPHOLOGY	\$176.34	\$176.34
78701	26	KIDNEY IMAGING MORPHOOGY W/VASCU	\$24.29	\$24.29
78701	TC	KIDNEY IMAGING MORPHOOGY W/VASCU	\$201.14	\$201.14
78701		KIDNEY IMAGING MORPHOOGY W/VASCU	\$225.44	\$225.44
78707	26	KIDNEY IMG VASCULAR FLOW	\$47.52	\$47.52
78707	TC	KIDNEY IMG VASCULAR FLOW	\$192.47	\$192.47
78707		KIDNEY IMG MORPHOLOGY VASCULAR FI	\$239.99	\$239.99
78708	26	KIDNEY IMG VASCULAR FLOW	\$59.66	\$59.66
78708	TC	KIDNEY IMG VASCULAR FLOW	\$122.42	\$122.42
78708		KIDNEY IMG VASCULAR FLOW	\$182.08	\$182.08
78709	26	KIDNEY IMG VASCULAR FLOW	\$68.95	\$68.95
78709	TC	KIDNEY IMG VASCULAR FLOW	\$309.47	\$309.47
78709		KIDNEY IMG VASCULAR FLOW	\$378.42	\$378.42
78725	26	KIDNEY FUNCJ STUDY NON-IMG RADIOISC	\$18.22	\$18.22
78725	TC	KIDNEY FUNCJ STUDY NON-IMG RADIOISC	\$93.53	\$93.53
78725		KIDNEY FUNCJ STUDY NON-IMG RADIOISC	\$111.74	\$111.74
78730	26	URINARY BLADDER RESIDUAL STUDY	\$7.87	\$7.87
78730	TC	URINARY BLADDER RESIDUAL STUDY	\$70.41	\$70.41
78730		URINARY BLADDER RESIDUAL STUDY	\$78.28	\$78.28
78740	26	URETERAL REFLUX STUDY RP VOIDING C'	\$27.51	\$27.51
78740	TC	URETERAL REFLUX STUDY RP VOIDING C'	\$196.44	\$196.44
78740		URETERAL REFLUX STUDY RP VOIDING C'	\$223.95	\$223.95
78761	26	TESTICULAR IMAGING WITH VASCULAR F	\$36.09	\$36.09
78761	TC	TESTICULAR IMAGING WITH VASCULAR F	\$182.36	\$182.36
78761		TESTICULAR IMAGING WITH VASCULAR F	\$218.46	\$218.46
78800	26	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY	\$32.53	\$32.53
78800	TC	RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY	\$234.36	\$234.36
78800		RP LOCLZJ TUM PLNR 1 AREA SINGLE DAY	\$266.88	\$266.88
78801	26	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 /	\$36.81	\$36.81
78801	TC	RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 /	\$256.39	\$256.39
78801		RP LOCLZJ TUM PLNR 2+AREA 1+D IMG/1 /	\$293.20	\$293.20
78802	26	RP LOCLZJ TUM PLNR WHOLE BODY SINGI	\$38.94	\$38.94
78802	TC	RP LOCLZJ TUM PLNR WHOLE BODY SINGI	\$283.11	\$283.11
78802		RP LOCLZJ TUM PLNR WHOLE BODY SINGI	\$322.05	\$322.05
78803	26	RP LOCLZJ TUM SPECT 1 AREA SINGLE DA	\$53.23	\$53.23
78803	TC	RP LOCLZJ TUM SPECT 1 AREA SINGLE DA	\$347.74	\$347.74
78803		RP LOCLZJ TUM SPECT 1 AREA SINGLE DA	\$400.98	\$400.98
78804	26	RP LOCLZJ TUM PLNR WHOLE BODY 2+ D^	\$50.02	\$50.02
78804	TC	RP LOCLZJ TUM PLNR WHOLE BODY 2+ D^	\$630.86	\$630.86
78804		RP LOCLZJ TUM PLNR WHOLE BODY 2+ D^	\$680.88	\$680.88
78808		NJX RP LOCLZJ NON-IMG PROBE STUDY	\$41.07	\$41.07

Procedure Code	Modifier	Description of Procedure	Facility Rate	Non-Facility Rate
78813	26	PET IMAGING WHOLE BODY	\$94.28	\$94.28
78830	26	RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY	\$72.88	\$72.88
78830	TC	RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY	\$434.41	\$434.41
78830		RP LOCLZJ TUM SPECT W/CT 1 AREA 1 DAY	\$507.30	\$507.30
78831	26	RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 A	\$88.95	\$88.95
78831	TC	RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 A	\$644.94	\$644.94
78831		RP LOCLZJ TUM SPECT 2 AREA 1D IMG/1 A	\$733.89	\$733.89
78832	26	RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1	\$103.61	\$103.61
78832	TC	RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1	\$851.49	\$851.49
78832		RP LOCLZJ TUM SPECT CT 2AREA 1D IMG/1	\$955.10	\$955.10
78835	26	RADIOPHARMACEUTICAL QUANTIFICATIO	\$22.86	\$22.86
78835	TC	RADIOPHARMACEUTICAL QUANTIFICATIO	\$83.42	\$83.42
78835		RADIOPHARMACEUTICAL QUANTIFICATIO	\$106.28	\$106.28
79005	TC	RP THERAPY ORAL ADMINISTRATION	\$51.27	\$51.27
79005	26	RP THERAPY ORAL ADMINISTRATION	\$89.33	\$89.33
79005		RP THERAPY ORAL ADMINISTRATION	\$140.60	\$140.60
79101	TC	RP THERAPY INTRAVENOUS ADMINISTRATION	\$52.00	\$52.00
79101	26	RP THERAPY INTRAVENOUS ADMINISTRATION	\$99.72	\$99.72
79101		RP THERAPY INTRAVENOUS ADMINISTRATION	\$151.71	\$151.71
79200	TC	RP THERAPY INTRACAVITARY ADMINISTRATION	\$54.16	\$54.16
79200	26	RP THERAPY INTRACAVITARY ADMINISTRATION	\$84.16	\$84.16
79200		RP THERAPY INTRACAVITARY ADMINISTRATION	\$138.34	\$138.34
79300	26	RP THERAPY INTERSTITIAL RADIOACTIVE	\$67.40	\$67.40
79403	TC	RP THER RADIOLBLD MONOCLONAL ANTI	\$83.06	\$83.06
79403	26	RP THER RADIOLBLD MONOCLONAL ANTI	\$110.40	\$110.40
79403		RP THER RADIOLBLD MONOCLONAL ANTI	\$193.45	\$193.45
79440	TC	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$40.44	\$40.44
79440	26	RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$84.16	\$84.16
79440		RP THERAPY INTRA-ARTICULAR ADMINISTRATION	\$124.61	\$124.61
79445	26	RP THERAPY INTRA-ARTERIAL PARTICULATE	\$115.73	\$115.73

APPENDIX S**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Durable Medical Equipment, Prosthetics and Orthotics****Dashboard Number****5.3****Last FFS Rate Update:****1/1/2020**

Rates of \$0.00 for Manually Priced means that DMMA researches a rate each time the service is billed.

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A4206	1 CC STERILE SYRINGE&NEEDLE	Default Rate	\$0.22
A4207	2 CC STERILE SYRINGE&NEEDLE	Default Rate	\$0.20
A4208	3 CC STERILE SYRINGE&NEEDLE	Default Rate	\$0.18
A4209	5+ CC STERILE SYRINGE&NEEDLE	Default Rate	\$0.36
A4210	NONNEEDLE INJECTION DEVICE	Default Rate	\$1.50
A4212	NON CORING NEEDLE OR STYLET	Manually Priced	\$0.00
A4213	20+ CC SYRINGE ONLY	Manually Priced	\$0.00
A4215	STERILE NEEDLE	Manually Priced	\$0.00
A4216	STERILE WATER/SALINE, 10 ML	Default Rate	\$0.51
A4217	STERILE WATER/SALINE, 500 ML	Default Rate	\$3.64
A4218	STERILE SALINE OR WATER	Manually Priced	\$0.00
A4221	SUPP NON-INSULIN INF CATH/WK	Default Rate	\$20.60
A4222	INFUSION SUPPLIES WITH PUMP	Default Rate	\$39.07
A4223	INFUSION SUPPLIES W/O PUMP	Manually Priced	\$0.00
A4224	SUPPLY INSULIN INF CATH/WK	Default Rate	\$20.60
A4225	SUP/EXT INSULIN INF PUMP SYR	Default Rate	\$2.76
A4226	WEEKLY SUPPLY MAINT CGS PUMP	Manually Priced	\$0.00
A4230	INFUS INSULIN PUMP NON NEEDL	Manually Priced	\$0.00
A4231	INFUSION INSULIN PUMP NEEDLE	Manually Priced	\$0.00
A4232	SYRINGE W/NEEDLE INSULIN 3CC	Manually Priced	\$0.00
A4233	ALKALIN BATT FOR GLUCOSE MON	Manually Priced	\$0.00
A4234	J-CELL BATT FOR GLUCOSE MON	Manually Priced	\$0.00
A4235	LITHIUM BATT FOR GLUCOSE MON	Default Rate	\$1.00
A4236	SILVR OXIDE BATT GLUCOSE MON	Manually Priced	\$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	Default Rate	\$1.00
A4245	ALCOHOL WIPES PER BOX	Default Rate	\$10.00
A4246	BETADINE/PHISOHEX SOLUTION	Default Rate	\$10.00
A4247	BETADINE/IODINE SWABS/WIPES	Default Rate	\$8.00
A4248	CHLORHEXIDINE ANTISEPT	Manually Priced	\$0.00
A4250	URINE REAGENT STRIPS/TABLETS	Default Rate	\$17.25
A4252	BLOOD KETONE TEST OR STRIP	Manually Priced	\$0.00
A4280	BRST PRSTHS ADHSV ATTCHMNT	Default Rate	\$6.02
A4281	REPLACEMENT BREASTPUMP TUBE	Manually Priced	\$0.00
A4282	REPLACEMENT BREASTPUMP ADPT	Manually Priced	\$0.00
A4283	REPLACEMENT BREASTPUMP CAP	Manually Priced	\$0.00
A4284	REPLCMNT BREAST PUMP SHIELD	Manually Priced	\$0.00
A4285	REPLCMNT BREAST PUMP BOTTLE	Manually Priced	\$0.00
A4286	REPLCMNT BREASTPUMP LOK RING	Manually Priced	\$0.00
A4290	SACRAL NERVE STIM TEST LEAD	Manually Priced	\$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	Default Rate	\$17.04

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A4306	DRUG DELIVERY SYSTEM <=50 ML	Default Rate	\$29.64
A4310	INSERT TRAY W/O BAG/CATH	Default Rate	\$8.31
A4311	CATHETER W/O BAG 2-WAY LATEX	Default Rate	\$14.63
A4312	CATH W/O BAG 2-WAY SILICONE	Default Rate	\$17.82
A4313	CATHETER W/BAG 3-WAY	Default Rate	\$21.10
A4314	CATH W/DRAINAGE 2-WAY LATEX	Default Rate	\$27.88
A4315	CATH W/DRAINAGE 2-WAY SILCNE	Default Rate	\$29.98
A4316	CATH W/DRAINAGE 3-WAY	Default Rate	\$31.31
A4320	IRRIGATION TRAY	Default Rate	\$5.84
A4322	IRRIGATION SYRINGE	Default Rate	\$3.43
A4326	MALE EXTERNAL CATHETER	Default Rate	\$12.53
A4327	FEM URINARY COLLECT DEV CUP	Default Rate	\$49.10
A4328	FEM URINARY COLLECT POUCH	Default Rate	\$12.13
A4330	STOOL COLLECTION POUCH	Default Rate	\$8.32
A4331	EXTENSION DRAINAGE TUBING	Default Rate	\$3.69
A4332	LUBE STERILE PACKET	Default Rate	\$0.13
A4333	URINARY CATH ANCHOR DEVICE	Default Rate	\$2.57
A4334	URINARY CATH LEG STRAP	Default Rate	\$5.72
A4335	INCONTINENCE SUPPLY	Manually Priced	\$0.00
A4338	INDWELLING CATHETER LATEX	Default Rate	\$12.26
A4340	INDWELLING CATHETER SPECIAL	Default Rate	\$36.89
A4344	CATH INDW FOLEY 2 WAY SILICN	Default Rate	\$15.81
A4346	CATH INDW FOLEY 3 WAY	Default Rate	\$19.80
A4349	DISPOSABLE MALE EXTERNAL CAT	Default Rate	\$2.34
A4351	STRAIGHT TIP URINE CATHETER	Default Rate	\$2.01
A4352	COUDE TIP URINARY CATHETER	Default Rate	\$7.47
A4353	INTERMITTENT URINARY CATH	Default Rate	\$8.12
A4354	CATH INSERTION TRAY W/BAG	Default Rate	\$13.59
A4355	BLADDER IRRIGATION TUBING	Default Rate	\$10.36
A4356	EXT URETH CLMP OR COMPR DVC	Default Rate	\$53.00
A4357	BEDSIDE DRAINAGE BAG	Default Rate	\$10.68
A4358	URINARY LEG OR ABDOMEN BAG	Default Rate	\$7.70
A4360	DISPOSABLE EXT URETHRAL DEV	Manually Priced	\$0.00
A4361	OSTOMY FACE PLATE	Default Rate	\$21.21
A4362	SOLID SKIN BARRIER	Default Rate	\$4.03
A4363	OSTOMY CLAMP, REPLACEMENT	Manually Priced	\$0.00
A4364	ADHESIVE, LIQUID OR EQUAL	Default Rate	\$3.42
A4366	OSTOMY VENT	Manually Priced	\$0.00
A4367	OSTOMY BELT	Default Rate	\$8.55
A4369	SKIN BARRIER LIQUID PER OZ	Default Rate	\$2.82
A4371	SKIN BARRIER POWDER PER OZ	Default Rate	\$4.23
A4372	SKIN BARRIER SOLID 4X4 EQUIV	Default Rate	\$4.87
A4373	SKIN BARRIER WITH FLANGE	Default Rate	\$7.28
A4375	DRAINABLE PLASTIC PCH W FCPL	Default Rate	\$19.95
A4376	DRAINABLE RUBBER PCH W FCPLT	Default Rate	\$55.28
A4377	DRAINABLE PLSTIC PCH W/O FP	Default Rate	\$4.98
A4378	DRAINABLE RUBBER PCH W/O FP	Default Rate	\$35.72

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A4379	URINARY PLASTIC POUCH W FCPL	Default Rate	\$17.45
A4380	URINARY RUBBER POUCH W FCPLT	Default Rate	\$43.37
A4381	URINARY PLASTIC POUCH W/O FP	Default Rate	\$5.38
A4382	URINARY HVY PLSTC PCH W/O FP	Default Rate	\$28.60
A4383	URINARY RUBBER POUCH W/O FP	Default Rate	\$32.75
A4384	OSTOMY FACEPLT/SILICONE RING	Default Rate	\$11.17
A4385	OST SKN BARRIER SLD EXT WEAR	Default Rate	\$5.92
A4387	OST CLSD POUCH W ATT ST BARR	Default Rate	\$2.61
A4388	DRAINABLE PCH W EX WEAR BARR	Default Rate	\$5.07
A4389	DRAINABLE PCH W ST WEAR BARR	Default Rate	\$7.22
A4390	DRAINABLE PCH EX WEAR CONVEX	Default Rate	\$11.16
A4391	URINARY POUCH W EX WEAR BARR	Default Rate	\$8.21
A4392	URINARY POUCH W ST WEAR BARR	Default Rate	\$9.49
A4393	URINE PCH W EX WEAR BAR CONV	Default Rate	\$10.50
A4394	OSTOMY POUCH LIQ DEODORANT	Default Rate	\$3.01
A4395	OSTOMY POUCH SOLID DEODORANT	Default Rate	\$0.05
A4396	PERISTOMAL HERNIA SUPPRT BLT	Default Rate	\$47.03
A4397	IRRIGATION SUPPLY SLEEVE	Default Rate	\$5.56
A4398	OSTOMY IRRIGATION BAG	Default Rate	\$16.06
A4399	OSTOMY IRRIG CONE/CATH W BRS	Default Rate	\$14.25
A4400	OSTOMY IRRIGATION SET	Default Rate	\$56.78
A4402	LUBRICANT PER OUNCE	Default Rate	\$1.62
A4404	OSTOMY RING EACH	Default Rate	\$1.86
A4405	NONPECTIN BASED OSTOMY PASTE	Default Rate	\$3.97
A4406	PECTIN BASED OSTOMY PASTE	Default Rate	\$6.65
A4407	EXT WEAR OST SKN BARR <=4SQ"	Default Rate	\$10.18
A4408	EXT WEAR OST SKN BARR >4SQ"	Default Rate	\$11.47
A4409	OST SKN BARR CONVEX <=4 SQ I	Default Rate	\$7.22
A4410	OST SKN BARR EXTND >4 SQ	Default Rate	\$10.50
A4411	OST SKN BARR EXTND =4SQ	Manually Priced	\$0.00
A4412	OST POUCH DRAIN HIGH OUTPUT	Manually Priced	\$0.00
A4413	2 PC DRAINABLE OST POUCH	Default Rate	\$6.40
A4414	OST SKNBAR W/O CONV<=4 SQ IN	Default Rate	\$5.72
A4415	OST SKN BARR W/O CONV >4 SQI	Default Rate	\$6.96
A4416	OST PCH CLSD W BARRIER/FILTR	Default Rate	\$3.20
A4417	OST PCH W BAR/BLTINCONV/FLTR	Manually Priced	\$0.00
A4418	OST PCH CLSD W/O BAR W FILTR	Manually Priced	\$0.00
A4419	OST PCH FOR BAR W FLANGE/FLT	Default Rate	\$2.01
A4420	OST PCH CLSD FOR BAR W LK FL	Manually Priced	\$0.00
A4421	OSTOMY SUPPLY MISC	Default Rate	\$200.00
A4422	OST POUCH ABSORBENT MATERIAL	Default Rate	\$0.13
A4423	OST PCH FOR BAR W LK FL/FLTR	Default Rate	\$2.16
A4424	OST PCH DRAIN W BAR & FILTER	Default Rate	\$5.53
A4425	OST PCH DRAIN FOR BARRIER FL	Default Rate	\$4.16
A4426	OST PCH DRAIN 2 PIECE SYSTEM	Default Rate	\$3.17
A4427	OST PCH DRAIN/BARR LK FLNG/F	Default Rate	\$3.23
A4428	URINE OST POUCH W FAUCET/TAP	Default Rate	\$7.57

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A4429	URINE OST POUCH W BLTINCONV	Default Rate	\$9.58
A4430	OST URINE PCH W B/BLTIN CONV	Default Rate	\$9.89
A4431	OST PCH URINE W BARRIER/TAPV	Default Rate	\$7.22
A4432	OS PCH URINE W BAR/FANGE/TAP	Default Rate	\$4.17
A4433	URINE OST PCH BAR W LOCK FLN	Default Rate	\$3.89
A4434	OST PCH URINE W LOCK FLNG/FT	Default Rate	\$4.37
A4435	1PC OST PCH DRAIN HGH OUTPUT	Manually Priced	\$0.00
A4450	NON-WATERPROOF TAPE	Manually Priced	\$0.00
A4452	WATERPROOF TAPE	Manually Priced	\$0.00
A4455	ADHESIVE REMOVER PER OUNCE	Default Rate	\$1.63
A4456	ADHESIVE REMOVER, WIPES	Manually Priced	\$0.00
A4458	REUSABLE ENEMA BAG	Manually Priced	\$0.00
A4459	MANUAL PUMP ENEMA, REUSABLE	Manually Priced	\$0.00
A4461	SURGICL DRESS HOLD NON-REUSE	Manually Priced	\$0.00
A4463	SURGICAL DRESS HOLDER REUSE	Manually Priced	\$0.00
A4467	BELT STRAP SLEEV GRMNT COVER	Manually Priced	\$0.00
A4470	GRAVLEE JET WASHER	Manually Priced	\$0.00
A4480	VABRA ASPIRATOR	Default Rate	\$20.00
A4483	MOISTURE EXCHANGER	Default Rate	\$2.86
A4490	ABOVE KNEE SURGICAL STOCKING	Default Rate	\$60.00
A4495	THIGH LENGTH SURG STOCKING	Default Rate	\$60.00
A4500	BELOW KNEE SURGICAL STOCKING	Default Rate	\$30.00
A4510	FULL LENGTH SURG STOCKING	Default Rate	\$60.00
A4553	NONDISP UNDERPADS, ALL SIZES	Manually Priced	\$0.00
A4554	DISPOSABLE UNDERPADS	Default Rate	\$0.20
A4555	CA TX E-STIM ELECTR/TRANSDUC	Manually Priced	\$0.00
A4556	ELECTRODES, PAIR	Manually Priced	\$0.00
A4557	LEAD WIRES, PAIR	Default Rate	\$9.93
A4558	CONDUCTIVE GEL OR PASTE	Default Rate	\$5.39
A4561	PESSARY RUBBER, ANY TYPE	Default Rate	\$23.18
A4562	PESSARY, NON RUBBER,ANY TYPE	Default Rate	\$57.71
A4563	VAG INSER RECTAL CONTROL SYS	Default Rate	\$126.05
A4565	SLINGS	Default Rate	\$8.94
A4566	SHOULD SLING/VEST/ABRESTRAIN	Manually Priced	\$0.00
A4570	SPLINT	Default Rate	\$50.00
A4595	TENS SUPPL 2 LEAD PER MONTH	Default Rate	\$10.22
A4600	SLEEVE, INTER LIMB COMP DEV	Manually Priced	\$0.00
A4601	LITH ION NON PROSTH RECHARGE	Manually Priced	\$0.00
A4602	REPLACE LITHIUM BATTERY 1.5V	Manually Priced	\$0.00
A4604	TUBING WITH HEATING ELEMENT	Default Rate	\$39.65
A4605	TRACH SUCTION CATH CLOSE SYS	Manually Priced	\$0.00
A4606	OXYGEN PROBE USED W OXIMETER	Manually Priced	\$0.00
A4608	TRANSTRACHEAL OXYGEN CATH	Default Rate	\$58.23
A4611	HEAVY DUTY BATTERY	Default Rate	\$187.94
A4612	BATTERY CABLES	Default Rate	\$65.00
A4613	BATTERY CHARGER	Default Rate	\$137.96
A4614	HAND-HELD PEFR METER	Default Rate	\$27.63
A4615	CANNULA NASAL	Default Rate	\$0.85

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A4616	TUBING (OXYGEN) PER FOOT	Default Rate	\$0.07
A4617	MOUTH PIECE	Default Rate	\$3.60
A4618	BREATHING CIRCUITS	Default Rate	\$10.33
A4619	FACE TENT	Default Rate	\$2.04
A4620	VARIABLE CONCENTRATION MASK	Default Rate	\$0.70
A4623	TRACHEOSTOMY INNER CANNULA	Default Rate	\$7.61
A4624	TRACHEAL SUCTION TUBE	Default Rate	\$2.74
A4625	TRACH CARE KIT FOR NEW TRACH	Default Rate	\$8.04
A4626	TRACHEOSTOMY CLEANING BRUSH	Default Rate	\$3.70
A4628	OROPHARYNGEAL SUCTION CATH	Default Rate	\$4.25
A4629	TRACHEOSTOMY CARE KIT	Default Rate	\$5.40
A4630	REPL BAT T.E.N.S. OWN BY PT	Default Rate	\$6.59
A4633	UVL REPLACEMENT BULB	Default Rate	\$47.67
A4634	REPLACEMENT BULB TH LIGHTBOX	Manually Priced	\$0.00
A4635	UNDERARM CRUTCH PAD	Default Rate	\$5.05
A4636	HANDGRIP FOR CANE ETC	Default Rate	\$3.15
A4637	REPL TIP CANE/CRUTCH/WALKER	Default Rate	\$1.75
A4638	REPL BATT PULSE GEN SYS	Manually Priced	\$0.00
A4639	INFRARED HT SYS REPLCMNT PAD	Default Rate	\$287.21
A4640	ALTERNATING PRESSURE PAD	Default Rate	\$50.34
A4653	PD CATHETER ANCHOR BELT	Manually Priced	\$0.00
A4660	SPHYG/BP APP W CUFF AND STET	Default Rate	\$20.00
A4663	DIALYSIS BLOOD PRESSURE CUFF	Default Rate	\$6.27
A4670	AUTOMATIC BP MONITOR, DIAL	Manually Priced	\$0.00
A4671	DISPOSABLE CYCLER SET	Manually Priced	\$0.00
A4672	DRAINAGE EXT LINE, DIALYSIS	Manually Priced	\$0.00
A4673	EXT LINE W EASY LOCK CONNECT	Manually Priced	\$0.00
A4674	CHEM/ANTISEPT SOLUTION, 8OZ	Manually Priced	\$0.00
A4728	DIALYSATE SOLUTION, NON-DEX	Manually Priced	\$0.00
A4927	NON-STERILE GLOVES	Default Rate	\$6.19
A4930	STERILE, GLOVES PER PAIR	Default Rate	\$0.44
A5051	POUCH CLSD W BARR ATTACHED	Default Rate	\$2.40
A5052	CLSD OSTOMY POUCH W/O BARR	Default Rate	\$1.73
A5053	CLSD OSTOMY POUCH FACEPLATE	Default Rate	\$2.01
A5054	CLSD OSTOMY POUCH W/FLANGE	Default Rate	\$2.09
A5055	STOMA CAP	Default Rate	\$1.65
A5056	1 PC OST POUCH W FILTER	Manually Priced	\$0.00
A5057	1 PC OST POU W BUILT-IN CONV	Manually Priced	\$0.00
A5061	POUCH DRAINABLE W BARRIER AT	Default Rate	\$4.10
A5062	DRNBLE OSTOMY POUCH W/O BARR	Default Rate	\$2.59
A5063	DRAIN OSTOMY POUCH W/FLANGE	Default Rate	\$3.14
A5071	URINARY POUCH W/BARRIER	Default Rate	\$6.98
A5072	URINARY POUCH W/O BARRIER	Default Rate	\$4.10
A5073	URINARY POUCH ON BARR W/FLNG	Default Rate	\$3.69
A5081	STOMA PLUG OR SEAL, ANY TYPE	Default Rate	\$3.85
A5082	CONTINENT STOMA CATHETER	Default Rate	\$13.82
A5083	STOMA ABSORPTIVE COVER	Manually Priced	\$0.00
A5093	OSTOMY ACCESSORY CONVEX INSE	Default Rate	\$2.26

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A5102	BEDSIDE DRAIN BTL W/WO TUBE	Default Rate	\$26.03
A5105	URINARY SUSPENSORY	Default Rate	\$47.37
A5112	URINARY LEG BAG	Default Rate	\$34.19
A5113	LATEX LEG STRAP	Default Rate	\$5.48
A5114	FOAM/FABRIC LEG STRAP	Default Rate	\$10.40
A5120	SKIN BARRIER, WIPE OR SWAB	Manually Priced	\$0.00
A5121	SOLID SKIN BARRIER 6X6	Default Rate	\$7.60
A5122	SOLID SKIN BARRIER 8X8	Default Rate	\$12.68
A5126	DISK/FOAM PAD +OR- ADHESIVE	Default Rate	\$1.52
A5131	APPLIANCE CLEANER	Default Rate	\$18.41
A5200	PERCUTANEOUS CATHETER ANCHOR	Default Rate	\$13.14
A5500	DIAB SHOE FOR DENSITY INSERT	Manually Priced	\$0.00
A5501	DIABETIC CUSTOM MOLDED SHOE	Manually Priced	\$0.00
A5503	DIABETIC SHOE W/ROLLER/ROCKR	Manually Priced	\$0.00
A5504	DIABETIC SHOE WITH WEDGE	Manually Priced	\$0.00
A5505	DIAB SHOE W/METATARSAL BAR	Manually Priced	\$0.00
A5506	DIABETIC SHOE W/OFF SET HEEL	Manually Priced	\$0.00
A5507	MODIFICATION DIABETIC SHOE	Manually Priced	\$0.00
A5508	DIABETIC DELUXE SHOE	Manually Priced	\$0.00
A5510	COMPRESSION FORM SHOE INSERT	Manually Priced	\$0.00
A5512	MULTI DEN INSERT DIRECT FORM	Manually Priced	\$0.00
A5513	MULTI DEN INSERT CUSTOM MOLD	Manually Priced	\$0.00
A5514	MULT DEN INSERT DIR CARV/CAM	Default Rate	\$44.96
A6000	WOUND WARMING WOUND COVER	Manually Priced	\$0.00
A6010	COLLAGEN BASED WOUND FILLER	Default Rate	\$35.98
A6011	COLLAGEN GEL/PASTE WOUND FIL	Default Rate	\$2.65
A6021	COLLAGEN DRESSING <=16 SQ IN	Default Rate	\$24.42
A6022	COLLAGEN DRSG >16<=48 SQ IN	Default Rate	\$24.42
A6023	COLLAGEN DRESSING >48 SQ IN	Default Rate	\$221.09
A6024	COLLAGEN DSG WOUND FILLER	Default Rate	\$7.19
A6196	ALGINATE DRESSING <=16 SQ IN	Default Rate	\$8.55
A6197	ALGINATE DRSG >16 <=48 SQ IN	Default Rate	\$19.10
A6198	ALGINATE DRESSING > 48 SQ IN	Default Rate	\$15.68
A6199	ALGINATE DRSG WOUND FILLER	Default Rate	\$6.14
A6203	COMPOSITE DRSG <= 16 SQ IN	Default Rate	\$3.91
A6204	COMPOSITE DRSG >16<=48 SQ IN	Default Rate	\$7.23
A6205	COMPOSITE DRSG > 48 SQ IN	Default Rate	\$5.94
A6206	CONTACT LAYER <= 16 SQ IN	Default Rate	\$2.07
A6207	CONTACT LAYER >16<= 48 SQ IN	Default Rate	\$8.53
A6208	CONTACT LAYER > 48 SQ IN	Default Rate	\$7.00
A6209	FOAM DRSG <=16 SQ IN W/O BDR	Default Rate	\$8.68
A6210	FOAM DRG >16<=48 SQ IN W/O B	Default Rate	\$23.15
A6211	FOAM DRG > 48 SQ IN W/O BRDR	Default Rate	\$34.12
A6212	FOAM DRG <=16 SQ IN W/BORDER	Default Rate	\$11.28
A6213	FOAM DRG >16<=48 SQ IN W/BDR	Default Rate	\$9.82
A6214	FOAM DRG > 48 SQ IN W/BORDER	Default Rate	\$11.96
A6215	FOAM DRESSING WOUND FILLER	Manually Priced	\$0.00
A6216	NON-STERILE GAUZE<=16 SQ IN	Default Rate	\$0.05

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A6217	NON-STERILE GAUZE>16<=48 SQ	Default Rate	\$0.41
A6218	NON-STERILE GAUZE > 48 SQ IN	Default Rate	\$0.41
A6219	GAUZE <= 16 SQ IN W/BORDER	Default Rate	\$1.11
A6220	GAUZE >16 <=48 SQ IN W/BORDR	Default Rate	\$3.01
A6221	GAUZE > 48 SQ IN W/BORDER	Default Rate	\$2.46
A6222	GAUZE <=16 IN NO W/SAL W/O B	Default Rate	\$2.48
A6223	GAUZE >16<=48 NO W/SAL W/O B	Default Rate	\$2.82
A6224	GAUZE > 48 IN NO W/SAL W/O B	Default Rate	\$4.19
A6228	GAUZE <= 16 SQ IN WATER/SAL	Default Rate	\$2.30
A6229	GAUZE >16<=48 SQ IN WATR/SAL	Default Rate	\$4.19
A6230	GAUZE > 48 SQ IN WATER/SALNE	Default Rate	\$3.44
A6231	HYDROGEL DSG<=16 SQ IN	Default Rate	\$5.43
A6232	HYDROGEL DSG>16<=48 SQ IN	Default Rate	\$7.97
A6233	HYDROGEL DRESSING >48 SQ IN	Default Rate	\$22.28
A6234	HYDROCOLLD DRG <=16 W/O BDR	Default Rate	\$7.60
A6235	HYDROCOLLD DRG >16<=48 W/O B	Default Rate	\$19.54
A6236	HYDROCOLLD DRG > 48 IN W/O B	Default Rate	\$31.66
A6237	HYDROCOLLD DRG <=16 IN W/BDR	Default Rate	\$9.19
A6238	HYDROCOLLD DRG >16<=48 W/BDR	Default Rate	\$26.49
A6239	HYDROCOLLD DRG > 48 IN W/BDR	Default Rate	\$21.74
A6240	HYDROCOLLD DRG FILLER PASTE	Default Rate	\$14.23
A6241	HYDROCOLLOID DRG FILLER DRY	Default Rate	\$2.99
A6242	HYDROGEL DRG <=16 IN W/O BDR	Default Rate	\$7.04
A6243	HYDROGEL DRG >16<=48 W/O BDR	Default Rate	\$14.32
A6244	HYDROGEL DRG >48 IN W/O BDR	Default Rate	\$45.64
A6245	HYDROGEL DRG <= 16 IN W/BDR	Default Rate	\$8.45
A6246	HYDROGEL DRG >16<=48 IN W/B	Default Rate	\$11.54
A6247	HYDROGEL DRG > 48 SQ IN W/B	Default Rate	\$27.63
A6248	HYDROGEL DRSG GEL FILLER	Default Rate	\$18.88
A6251	ABSORPT DRG <=16 SQ IN W/O B	Default Rate	\$2.31
A6252	ABSORPT DRG >16 <=48 W/O BDR	Default Rate	\$3.78
A6253	ABSORPT DRG > 48 SQ IN W/O B	Default Rate	\$7.36
A6254	ABSORPT DRG <=16 SQ IN W/BDR	Default Rate	\$1.39
A6255	ABSORPT DRG >16<=48 IN W/BDR	Default Rate	\$3.53
A6256	ABSORPT DRG > 48 SQ IN W/BDR	Default Rate	\$2.89
A6257	TRANSPARENT FILM <= 16 SQ IN	Default Rate	\$1.79
A6258	TRANSPARENT FILM >16<=48 IN	Default Rate	\$5.00
A6259	TRANSPARENT FILM > 48 SQ IN	Default Rate	\$12.70
A6261	WOUND FILLER GEL/PASTE /OZ	Manually Priced	\$0.00
A6262	WOUND FILLER DRY FORM / GRAM	Manually Priced	\$0.00
A6266	IMPREG GAUZE NO H20/SAL/YARD	Default Rate	\$2.23
A6402	STERILE GAUZE <= 16 SQ IN	Default Rate	\$0.13
A6403	STERILE GAUZE>16 <= 48 SQ IN	Default Rate	\$0.49
A6404	STERILE GAUZE > 48 SQ IN	Default Rate	\$0.41
A6407	PACKING STRIPS, NON-IMPREG	Default Rate	\$2.18
A6410	STERILE EYE PAD	Manually Priced	\$0.00
A6411	NON-STERILE EYE PAD	Manually Priced	\$0.00
A6412	OCCLUSIVE EYE PATCH	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A6441	PAD BAND W>=3" <5"/YD	Default Rate	\$0.80
A6442	CONFORM BAND N/S W<3"/YD	Default Rate	\$0.18
A6443	CONFORM BAND N/S W>=3" <5"/YD	Default Rate	\$0.32
A6444	CONFORM BAND N/S W>=5"/YD	Manually Priced	\$0.00
A6445	CONFORM BAND S W <3"/YD	Default Rate	\$0.37
A6446	CONFORM BAND S W>=3" <5"/YD	Default Rate	\$0.46
A6447	CONFORM BAND S W >=5"/YD	Default Rate	\$0.80
A6448	LT COMPRES BAND <3"/YD	Default Rate	\$1.34
A6449	LT COMPRES BAND >=3" <5"/YD	Default Rate	\$2.04
A6450	LT COMPRES BAND >=5"/YD	Manually Priced	\$0.00
A6451	MOD COMPRES BAND W>=3" <5"/YD	Manually Priced	\$0.00
A6452	HIGH COMPRES BAND W>=3" <5" YD	Default Rate	\$6.86
A6453	SELF-ADHER BAND W <3"/YD	Default Rate	\$0.73
A6454	SELF-ADHER BAND W>=3" <5"/YD	Default Rate	\$0.91
A6455	SELF-ADHER BAND >=5"/YD	Default Rate	\$1.62
A6456	ZINC PASTE BAND W >=3" <5"/YD	Default Rate	\$1.47
A6457	TUBULAR DRESSING	Default Rate	\$1.32
A6460	SYNTHETIC DRSG <= 16 SQ IN	Manually Priced	\$0.00
A6461	SYNTHETIC DRSG >16<=48 SQ IN	Manually Priced	\$0.00
A6501	COMPRES BURNGARMENT BODYSUIT	Manually Priced	\$0.00
A6502	COMPRES BURNGARMENT CHINSTRP	Manually Priced	\$0.00
A6503	COMPRES BURNGARMENT FACEHOOD	Manually Priced	\$0.00
A6504	CMPRSBURNGARMENT GLOVE-WRIST	Manually Priced	\$0.00
A6505	CMPRSBURNGARMENT GLOVE-ELBOW	Manually Priced	\$0.00
A6506	CMPRSBURNGRMNT GLOVE-AXILLA	Manually Priced	\$0.00
A6507	CMPRS BURNGARMENT FOOT-KNEE	Manually Priced	\$0.00
A6508	CMPRS BURNGARMENT FOOT-THIGH	Manually Priced	\$0.00
A6509	COMPRES BURN GARMENT JACKET	Manually Priced	\$0.00
A6510	COMPRES BURN GARMENT LEOTARD	Manually Priced	\$0.00
A6511	COMPRES BURN GARMENT PANTY	Manually Priced	\$0.00
A6512	COMPRES BURN GARMENT, NOC	Manually Priced	\$0.00
A6513	COMPRESS BURN MASK FACE/NECK	Manually Priced	\$0.00
A6530	COMPRESSION STOCKING BK18-30	Manually Priced	\$0.00
A6531	COMPRESSION STOCKING BK30-40	Manually Priced	\$0.00
A6532	COMPRESSION STOCKING BK40-50	Manually Priced	\$0.00
A6533	GC STOCKING THIGHLNGTH 18-30	Manually Priced	\$0.00
A6534	GC STOCKING THIGHLNGTH 30-40	Manually Priced	\$0.00
A6535	GC STOCKING THIGHLNGTH 40-50	Manually Priced	\$0.00
A6536	GC STOCKING FULL LNGTH 18-30	Manually Priced	\$0.00
A6537	GC STOCKING FULL LNGTH 30-40	Manually Priced	\$0.00
A6538	GC STOCKING FULL LNGTH 40-50	Manually Priced	\$0.00
A6539	GC STOCKING WAISTLNGTH 18-30	Manually Priced	\$0.00
A6540	GC STOCKING WAISTLNGTH 30-40	Manually Priced	\$0.00
A6541	GC STOCKING WAISTLNGTH 40-50	Manually Priced	\$0.00
A6544	GC STOCKING GARTER BELT	Manually Priced	\$0.00
A6545	GRAD COMP NON-ELASTIC BK	Manually Priced	\$0.00
A6549	G COMPRESSION STOCKING	Manually Priced	\$0.00
A6550	NEG PRES WOUND THER DRSG SET	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A7000	DISPOSABLE CANISTER FOR PUMP	Default Rate	\$7.80
A7001	NONDISPOSABLE PUMP CANISTER	Default Rate	\$34.66
A7002	TUBING USED W SUCTION PUMP	Default Rate	\$4.03
A7003	NEBULIZER ADMINISTRATION SET	Default Rate	\$1.48
A7004	DISPOSABLE NEBULIZER SML VOL	Default Rate	\$1.24
A7005	NONDISPOSABLE NEBULIZER SET	Default Rate	\$10.65
A7006	FILTERED NEBULIZER ADMIN SET	Default Rate	\$6.86
A7007	LG VOL NEBULIZER DISPOSABLE	Default Rate	\$3.03
A7008	DISPOSABLE NEBULIZER PREFILL	Default Rate	\$12.77
A7009	NEBULIZER RESERVOIR BOTTLE	Default Rate	\$44.02
A7010	DISPOSABLE CORRUGATED TUBING	Default Rate	\$15.03
A7012	NEBULIZER WATER COLLEC DEVIC	Default Rate	\$2.71
A7013	DISPOSABLE COMPRESSOR FILTER	Default Rate	\$0.54
A7014	COMPRESSOR NONDISPOS FILTER	Default Rate	\$3.20
A7015	AEROSOL MASK USED W NEBULIZE	Default Rate	\$1.21
A7016	NEBULIZER DOME & MOUTHPIECE	Default Rate	\$7.58
A7017	NEBULIZER NOT USED W OXYGEN	Default Rate	\$111.41
A7018	WATER DISTILLED W/NEBULIZER	Default Rate	\$0.32
A7020	INTERFACE, COUGH STIM DEVICE	Manually Priced	\$0.00
A7025	REPLACE CHEST COMPRESS VEST	Default Rate	\$434.94
A7026	REPLACE CHST CMPRSS SYS HOSE	Default Rate	\$33.39
A7027	COMBINATION ORAL/NASAL MASK	Manually Priced	\$0.00
A7028	REPL ORAL CUSHION COMBO MASK	Manually Priced	\$0.00
A7029	REPL NASAL PILLOW COMB MASK	Manually Priced	\$0.00
A7030	CPAP FULL FACE MASK	Default Rate	\$88.77
A7031	REPLACEMENT FACEMASK INTERFA	Default Rate	\$33.29
A7032	REPLACEMENT NASAL CUSHION	Default Rate	\$18.48
A7033	REPLACEMENT NASAL PILLOWS	Default Rate	\$15.28
A7034	NASAL APPLICATION DEVICE	Default Rate	\$53.84
A7035	POS AIRWAY PRESS HEADGEAR	Default Rate	\$18.19
A7036	POS AIRWAY PRESS CHINSTRAP	Default Rate	\$10.27
A7037	POS AIRWAY PRESSURE TUBING	Default Rate	\$11.84
A7038	POS AIRWAY PRESSURE FILTER	Default Rate	\$2.10
A7039	FILTER, NON DISPOSABLE W PAP	Default Rate	\$6.02
A7040	ONE WAY CHEST DRAIN VALVE	Manually Priced	\$0.00
A7041	WATER SEAL DRAIN CONTAINER	Manually Priced	\$0.00
A7044	PAP ORAL INTERFACE	Default Rate	\$78.34
A7045	REPL EXHALATION PORT FOR PAP	Default Rate	\$12.30
A7046	REPL WATER CHAMBER, PAP DEV	Default Rate	\$12.56
A7047	RESP SUCTION ORAL INTERFACE	Manually Priced	\$0.00
A7048	VACUUM DRAIN BOTTLE/TUBE KIT	Manually Priced	\$0.00
A7501	TRACHEOSTOMA VALVE W DIAPHRA	Default Rate	\$122.01
A7502	REPLACEMENT DIAPHRAGM/FPLATE	Default Rate	\$58.00
A7503	HMES FILTER HOLDER OR CAP	Default Rate	\$13.18
A7504	TRACHEOSTOMA HMES FILTER	Default Rate	\$0.80
A7505	HMES OR TRACH VALVE HOUSING	Default Rate	\$5.45
A7506	HMES/TRACHVALVE ADHESIVEDISK	Default Rate	\$0.38
A7507	INTEGRATED FILTER & HOLDER	Default Rate	\$2.89

Service or Product Code	Description of Service/Product	Type of Rate	Rate
A7508	HOUSING & INTEGRATED ADHESIV	Default Rate	\$3.33
A7509	HEAT & MOISTURE EXCHANGE SYS	Default Rate	\$1.64
A7520	TRACH/LARYN TUBE NON-CUFFED	Manually Priced	\$0.00
A7521	TRACH/LARYN TUBE CUFFED	Default Rate	\$54.65
A7522	TRACH/LARYN TUBE STAINLESS	Manually Priced	\$0.00
A7523	TRACHEOSTOMY SHOWER PROTECT	Manually Priced	\$0.00
A7524	TRACHEOSTOMA STENT/STUD/BTTN	Manually Priced	\$0.00
A7525	TRACHEOSTOMY MASK	Default Rate	\$2.40
A7526	TRACHEOSTOMY TUBE COLLAR	Default Rate	\$3.94
A7527	TRACH/LARYN TUBE PLUG/STOP	Manually Priced	\$0.00
A8000	SOFT PROTECT HELMET PREFAB	Manually Priced	\$0.00
A8001	HARD PROTECT HELMET PREFAB	Manually Priced	\$0.00
A8002	SOFT PROTECT HELMET CUSTOM	Manually Priced	\$0.00
A8003	HARD PROTECT HELMET CUSTOM	Manually Priced	\$0.00
A8004	REPL SOFT INTERFACE, HELMET	Manually Priced	\$0.00
A9155	ARTIFICIAL SALIVA	Manually Priced	\$0.00
A9272	DISP WOUND SUCT, DRSG/ACCESS	Manually Priced	\$0.00
A9274	EXT AMB INSULIN DELIVERY SYS	Manually Priced	\$0.00
A9276	DISPOSABLE SENSOR, CGM SYS	Manually Priced	\$0.00
A9277	EXTERNAL TRANSMITTER, CGM	Manually Priced	\$0.00
A9278	EXTERNAL RECEIVER, CGM SYS	Manually Priced	\$0.00
A9280	ALERT DEVICE, NOC	Manually Priced	\$0.00
A9283	FOOT PRESS OFF LOAD SUPP DEV	Manually Priced	\$0.00
A9285	INVERSION EVERSION COR DEVIC	Manually Priced	\$0.00
A9286	ANY HYGIENIC ITEM, DEVICE	Manually Priced	\$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML	Manually Priced	\$0.00
A9576	INJ PROHANCE MULTIPACK	Manually Priced	\$0.00
A9577	INJ MULTIHANCE	Manually Priced	\$0.00
A9578	INJ MULTIHANCE MULTIPACK	Manually Priced	\$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	Manually Priced	\$0.00
A9581	GADOXETATE DISODIUM INJ	Manually Priced	\$0.00
A9583	GADOFOSVESET TRISODIUM INJ	Manually Priced	\$0.00
A9585	GADOBUTROL INJECTION	Manually Priced	\$0.00
A9900	SUPPLY/ACCESSORY/SERVICE	Manually Priced	\$0.00
A9999	DME SUPPLY OR ACCESSORY, NOS	Manually Priced	\$0.00
B4034	ENTER FEED SUPKIT SYR BY DAY	Default Rate	\$3.05
B4035	ENTERAL FEED SUPP PUMP PER D	Default Rate	\$4.93
B4036	ENTERAL FEED SUP KIT GRAV BY	Default Rate	\$4.15
B4081	ENTERAL NG TUBING W/ STYLET	Default Rate	\$16.18
B4082	ENTERAL NG TUBING W/O STYLET	Default Rate	\$11.55
B4083	ENTERAL STOMACH TUBE LEVINE	Default Rate	\$1.73
B4087	GASTRO/JEJUNO TUBE, STD	Manually Priced	\$0.00
B4088	GASTRO/JEJUNO TUBE, LOW-PRO	Manually Priced	\$0.00
B4100	FOOD THICKENER ORAL	Manually Priced	\$0.00
B4102	EF ADULT FLUIDS AND ELECTRO	Manually Priced	\$0.00
B4103	EF PED FLUID AND ELECTROLYTE	Manually Priced	\$0.00
B4104	ADDITIVE FOR ENTERAL FORMULA	Manually Priced	\$0.00
B4105	ENZYME CARTRIDGE ENTERAL NUT	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
B4149	EF BLENDERIZED FOODS	Manually Priced	\$0.00
B4150	EF COMPLET W/INTACT NUTRIENT	Default Rate	\$0.37
B4152	EF CALORIE DENSE>/=1.5KCAL	Default Rate	\$0.31
B4153	EF HYDROLYZED/AMINO ACIDS	Default Rate	\$1.12
B4154	EF SPEC METABOLIC NONINHERIT	Default Rate	\$0.63
B4155	EF INCOMPLETE/MODULAR	Default Rate	\$0.71
B4157	EF SPECIAL METABOLIC INHERIT	Manually Priced	\$0.00
B4158	EF PED COMPLETE INTACT NUT	Manually Priced	\$0.00
B4159	EF PED COMPLETE SOY BASED	Manually Priced	\$0.00
B4160	EF PED CALORIC DENSE>/=0.7KC	Manually Priced	\$0.00
B4161	EF PED HYDROLYZED/AMINO ACID	Manually Priced	\$0.00
B4162	EF PED SPECMETABOLIC INHERIT	Manually Priced	\$0.00
B4185	PN SOLN NOS 10 GRAMS LIPIDS	Manually Priced	\$0.00
B4187	OMEGAVEN, 10 GRAMS LIPIDS	Manually Priced	\$0.00
B4220	PARENTERAL SUPPLY KIT PREMIX	Default Rate	\$9.66
B4224	PARENTERAL ADMINISTRATION KI	Default Rate	\$30.16
B9002	ENTER NUTR INF PUMP ANY TYPE	Default Rate	\$599.60
B9004	PARENTERAL INFUS PUMP PORTAB	Default Rate	\$3043.90
B9006	PARENTERAL INFUS PUMP STATIO	Default Rate	\$3043.90
B9998	ENTERAL SUPP NOT OTHERWISE C	Manually Priced	\$0.00
B9999	PARENTERAL SUPP NOT OTHRWS C	Manually Priced	\$0.00
C9041	INJ, COAGULATION FACTOR XA	Manually Priced	\$0.00
C9046	COCAINE HCL NASAL SOLUTION	Manually Priced	\$0.00
C9047	INJECTION, CAPLACIZUMAB-YHDP	Manually Priced	\$0.00
C9054	INJECTION, LEFAMULIN	Manually Priced	\$0.00
C9055	INJ, BREXANOLONE	Manually Priced	\$0.00
E0100	CANE ADJUST/FIXED WITH TIP	Default Rate	\$24.49
E0105	CANE ADJUST/FIXED QUAD/3 PRO	Default Rate	\$57.06
E0110	CRUTCH FOREARM PAIR	Default Rate	\$84.43
E0111	CRUTCH FOREARM EACH	Default Rate	\$61.86
E0112	CRUTCH UNDERARM PAIR WOOD	Default Rate	\$42.99
E0113	CRUTCH UNDERARM EACH WOOD	Default Rate	\$24.56
E0114	CRUTCH UNDERARM PAIR NO WOOD	Default Rate	\$54.83
E0116	CRUTCH UNDERARM EACH NO WOOD	Default Rate	\$27.64
E0117	UNDERARM SPRINGASSIST CRUTCH	Manually Priced	\$0.00
E0118	CRUTCH SUBSTITUTE	Manually Priced	\$0.00
E0130	WALKER RIGID ADJUST/FIXED HT	Default Rate	\$43.29
E0135	WALKER FOLDING ADJUST/FIXED	Default Rate	\$43.29
E0140	WALKER W TRUNK SUPPORT	Manually Priced	\$0.00
E0141	RIGID WHEELED WALKER ADJ/FIX	Default Rate	\$45.25
E0143	WALKER FOLDING WHEELED W/O S	Default Rate	\$45.25
E0144	ENCLOSED WALKER W REAR SEAT	Default Rate	\$304.66
E0147	WALKER VARIABLE WHEEL RESIST	Default Rate	\$390.89
E0148	HEAVYDUTY WALKER NO WHEELS	Default Rate	\$77.20
E0149	HEAVY DUTY WHEELED WALKER	Default Rate	\$213.53
E0153	FOREARM CRUTCH PLATFORM ATTA	Default Rate	\$80.62
E0154	WALKER PLATFORM ATTACHMENT	Default Rate	\$49.02
E0155	WALKER WHEEL ATTACHMENT,PAIR	Default Rate	\$21.28

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0156	WALKER SEAT ATTACHMENT	Default Rate	\$14.69
E0157	WALKER CRUTCH ATTACHMENT	Default Rate	\$48.75
E0158	WALKER LEG EXTENDERS SET OF4	Default Rate	\$20.79
E0160	SITZ TYPE BATH OR EQUIPMENT	Default Rate	\$29.72
E0161	SITZ BATH/EQUIPMENT W/FAUCET	Default Rate	\$26.03
E0162	SITZ BATH CHAIR	Default Rate	\$169.27
E0163	COMMODOE CHAIR WITH FIXED ARM	Default Rate	\$48.94
E0165	COMMODOE CHAIR WITH DETACHARM	Default Rate	\$158.00
E0167	COMMODOE CHAIR PAIL OR PAN	Default Rate	\$10.79
E0168	HEAVYDUTY/WIDE COMMODOE CHAIR	Default Rate	\$109.36
E0170	COMMODOE CHAIR ELECTRIC	Manually Priced	\$0.00
E0171	COMMODOE CHAIR NON-ELECTRIC	Manually Priced	\$0.00
E0172	SEAT LIFT MECHANISM TOILET	Manually Priced	\$0.00
E0175	COMMODOE CHAIR FOOT REST	Default Rate	\$65.41
E0181	PRESS PAD ALTERNATING W/ PUM	Default Rate	\$244.80
E0182	REPLACE PUMP, ALT PRESS PAD	Default Rate	\$235.90
E0184	DRY PRESSURE MATTRESS	Default Rate	\$152.12
E0185	GEL PRESSURE MATTRESS PAD	Default Rate	\$165.13
E0186	AIR PRESSURE MATTRESS	Default Rate	\$182.80
E0187	WATER PRESSURE MATTRESS	Default Rate	\$209.20
E0188	SYNTHETIC SHEEPSKIN PAD	Default Rate	\$24.31
E0189	LAMBSWOOL SHEEPSKIN PAD	Default Rate	\$45.64
E0190	POSITIONING CUSHION	Manually Priced	\$0.00
E0191	PROTECTOR HEEL OR ELBOW	Default Rate	\$11.61
E0193	POWERED AIR FLOTATION BED	Default Rate	\$6956.30
E0194	AIR FLUIDIZED BED	Manually Priced	\$0.00
E0196	GEL PRESSURE MATTRESS	Default Rate	\$287.60
E0197	AIR PRESSURE PAD FOR MATTRES	Default Rate	\$211.98
E0198	WATER PRESSURE PAD FOR MATTR	Default Rate	\$211.98
E0199	DRY PRESSURE PAD FOR MATTRES	Default Rate	\$30.40
E0200	HEAT LAMP WITHOUT STAND	Default Rate	\$92.10
E0202	PHOTOTHERAPY LIGHT W/ PHOTOM	Default Rate	\$564.10
E0203	THERAPEUTIC LIGHTBOX TABLETP	Manually Priced	\$0.00
E0205	HEAT LAMP WITH STAND	Default Rate	\$191.63
E0210	ELECTRIC HEAT PAD STANDARD	Default Rate	\$37.93
E0215	ELECTRIC HEAT PAD MOIST	Default Rate	\$82.30
E0217	WATER CIRC HEAT PAD W PUMP	Default Rate	\$490.25
E0221	INFRARED HEATING PAD SYSTEM	Manually Priced	\$0.00
E0225	HYDROCOLLATOR UNIT	Default Rate	\$383.78
E0231	WOUND WARMING DEVICE	Manually Priced	\$0.00
E0232	WARMING CARD FOR NWT	Manually Priced	\$0.00
E0235	PARAFFIN BATH UNIT PORTABLE	Default Rate	\$155.40
E0236	PUMP FOR WATER CIRCULATING P	Default Rate	\$358.90
E0239	HYDROCOLLATOR UNIT PORTABLE	Default Rate	\$522.58
E0240	BATH/SHOWER CHAIR	Manually Priced	\$0.00
E0241	BATH TUB WALL RAIL	Manually Priced	\$0.00
E0242	BATH TUB RAIL FLOOR	Manually Priced	\$0.00
E0243	TOILET RAIL	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0244	TOILET SEAT RAISED	Manually Priced	\$0.00
E0245	TUB STOOL OR BENCH	Manually Priced	\$0.00
E0246	TRANSFER TUB RAIL ATTACHMENT	Manually Priced	\$0.00
E0247	TRANS BENCH W/VO COMM OPEN	Manually Priced	\$0.00
E0248	HDTRANS BENCH W/VO COMM OPEN	Manually Priced	\$0.00
E0249	PAD WATER CIRCULATING HEAT U	Default Rate	\$115.72
E0250	HOSP BED FIXED HT W/ MATTRES	Default Rate	\$880.70
E0251	HOSP BED FIXD HT W/O MATTRES	Default Rate	\$667.40
E0255	HOSPITAL BED VAR HT W/ MATTR	Default Rate	\$1,058.30
E0256	HOSPITAL BED VAR HT W/O MATT	Manually Priced	\$0.00
E0260	HOSP BED SEMI-ELECTR W/ MATT	Default Rate	\$1,013.10
E0261	HOSP BED SEMI-ELECTR W/O MAT	Default Rate	\$1,238.10
E0265	HOSP BED TOTAL ELECTR W/ MAT	Default Rate	\$1632.70
E0266	HOSP BED TOTAL ELEC W/O MATT	Default Rate	\$1359.80
E0271	MATTRESS INNERSPRING	Default Rate	\$111.14
E0272	MATTRESS FOAM RUBBER	Default Rate	\$135.20
E0273	BED BOARD	Manually Priced	\$0.00
E0274	OVER-BED TABLE	Manually Priced	\$0.00
E0275	BED PAN STANDARD	Default Rate	\$14.49
E0276	BED PAN FRACTURE	Default Rate	\$12.52
E0277	POWERED PRES-REDU AIR MATTRS	Manually Priced	\$0.00
E0280	BED CRADLE	Default Rate	\$31.40
E0290	HOSP BED FX HT W/O RAILS W/M	Default Rate	\$673.30
E0291	HOSP BED FX HT W/O RAIL W/O	Default Rate	\$489.00
E0292	HOSP BED VAR HT NO SR W/MATT	Default Rate	\$701.60
E0293	HOSP BED VAR HT NO SR NO MAT	Default Rate	\$644.30
E0294	HOSP BED SEMI-ELECT W/ MATTR	Default Rate	\$1,177.20
E0295	HOSP BED SEMI-ELECT W/O MATT	Default Rate	\$1,147.10
E0296	HOSP BED TOTAL ELECT W/ MATT	Default Rate	\$1479.10
E0297	HOSP BED TOTAL ELECT W/O MAT	Default Rate	\$1077.10
E0300	ENCLOSED PED CRIB HOSP GRADE	Manually Priced	\$0.00
E0301	HD HOSP BED, 350-600 LBS	Manually Priced	\$0.00
E0302	EX HD HOSP BED > 600 LBS	Manually Priced	\$0.00
E0303	HOSP BED HVY DTY XTRA WIDE	Manually Priced	\$0.00
E0304	HOSP BED XTRA HVY DTY X WIDE	Manually Priced	\$0.00
E0305	RAILS BED SIDE HALF LENGTH	Default Rate	\$160.00
E0310	RAILS BED SIDE FULL LENGTH	Default Rate	\$103.13
E0316	BED SAFETY ENCLOSURE	Manually Priced	\$0.00
E0325	URINAL MALE JUG-TYPE	Default Rate	\$8.99
E0326	URINAL FEMALE JUG-TYPE	Default Rate	\$9.64
E0328	PED HOSPITAL BED, MANUAL	Manually Priced	\$0.00
E0329	PED HOSPITAL BED SEMI/ELECT	Manually Priced	\$0.00
E0371	NONPOWER MATTRESS OVERLAY	Manually Priced	\$0.00
E0372	POWERED AIR MATTRESS OVERLAY	Manually Priced	\$0.00
E0373	NONPOWERED PRESSURE MATTRESS	Manually Priced	\$0.00
E0424	STATIONARY COMPRESSED GAS 02	Default Rate	\$1.00
E0425	GAS SYSTEM STATIONARY COMPRE	Manually Priced	\$0.00
E0430	OXYGEN SYSTEM GAS PORTABLE	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0431	PORTABLE GASEOUS O2	Manually Priced	\$0.00
E0433	PORTABLE LIQUID OXYGEN SYS	Manually Priced	\$0.00
E0434	PORTABLE LIQUID O2	Manually Priced	\$0.00
E0435	OXYGEN SYSTEM LIQUID PORTABL	Manually Priced	\$0.00
E0439	STATIONARY LIQUID O2	Manually Priced	\$0.00
E0440	OXYGEN SYSTEM LIQUID STATION	Manually Priced	\$0.00
E0441	STATIONARY O2 CONTENTS, GAS	Default Rate	\$46.79
E0442	STATIONARY O2 CONTENTS, LIQ	Default Rate	\$46.79
E0443	PORTABLE O2 CONTENTS, GAS	Default Rate	\$42.75
E0444	PORTABLE O2 CONTENTS, LIQUID	Default Rate	\$42.75
E0445	OXIMETER NON-INVASIVE	Manually Priced	\$0.00
E0446	TOPICAL OX DELIVER SYS, NOS	Manually Priced	\$0.00
E0447	PORT O2 CONT, LIQ OVER 4 LPM	Default Rate	\$64.12
E0457	CHEST SHELL	Manually Priced	\$0.00
E0459	CHEST WRAP	Default Rate	\$458.40
E0462	ROCKING BED W/ OR W/O SIDE R	Default Rate	\$2625.00
E0465	HOME VENT INVASIVE INTERFACE	Manually Priced	\$0.00
E0466	HOME VENT NON-INVASIVE INTER	Manually Priced	\$0.00
E0467	HOME VENT MULTI-FUNCTION	Manually Priced	\$0.00
E0470	RAD W/O BACKUP NON-INV INTFC	Manually Priced	\$0.00
E0471	RAD W/BACKUP NON INV INTRFC	Manually Priced	\$0.00
E0472	RAD W BACKUP INVASIVE INTRFC	Manually Priced	\$0.00
E0480	PERCUSSOR ELECT/PNEUM HOME M	Default Rate	\$395.80
E0481	INTRPULMNRY PERCUSS VENT SYS	Manually Priced	\$0.00
E0482	COUGH STIMULATING DEVICE	Manually Priced	\$0.00
E0483	HI FREQ CHEST WALL OSCIL SYS	Manually Priced	\$0.00
E0484	NON-ELEC OSCILLATORY PEP DVC	Default Rate	\$42.91
E0485	ORAL DEVICE/APPLIANCE PREFAB	Manually Priced	\$0.00
E0486	ORAL DEVICE/APPLIANCE CUSFAB	Manually Priced	\$0.00
E0487	ELECTRONIC SPIROMETER	Manually Priced	\$0.00
E0500	IPPB ALL TYPES	Manually Priced	\$0.00
E0550	HUMIDIF EXTENS SUPPLE W IPPB	Default Rate	\$451.60
E0560	HUMIDIFIER SUPPLEMENTAL W/ I	Default Rate	\$171.73
E0561	HUMIDIFIER NONHEATED W PAP	Default Rate	\$69.45
E0562	HUMIDIFIER HEATED USED W PAP	Default Rate	\$135.72
E0565	COMPRESSOR AIR POWER SOURCE	Default Rate	\$547.50
E0570	NEBULIZER WITH COMPRESSION	Default Rate	\$144.90
E0572	AEROSOL COMPRESSOR ADJUST PR	Manually Priced	\$0.00
E0574	ULTRASONIC GENERATOR W SVNEB	Manually Priced	\$0.00
E0575	NEBULIZER ULTRASONIC	Default Rate	\$530.00
E0585	NEBULIZER W/ COMPRESSOR & HE	Default Rate	\$315.90
E0601	CONT AIRWAY PRESSURE DEVICE	Manually Priced	\$0.00
E0603	ELECTRIC BREAST PUMP	Default Rate	\$135.00
E0604	HOSP GRADE ELEC BREAST PUMP	Manually Priced	\$0.00
E0605	VAPORIZER ROOM TYPE	Default Rate	\$30.69
E0606	DRAINAGE BOARD POSTURAL	Default Rate	\$175.60
E0610	PACEMAKER MONITR AUDIBLE/VIS	Default Rate	\$276.32
E0615	PACEMAKER MONITR DIGITAL/VIS	Default Rate	\$489.71

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0617	AUTOMATIC EXT DEFIBRILLATOR	Manually Priced	\$0.00
E0618	APNEA MONITOR	Default Rate	\$3000.00
E0619	APNEA MONITOR W RECORDER	Manually Priced	\$0.00
E0621	PATIENT LIFT SLING OR SEAT	Default Rate	\$83.97
E0625	PATIENT LIFT BATHROOM OR TOI	Manually Priced	\$0.00
E0627	SEAT LIFT MECH, ELECTRIC ANY	Default Rate	\$228.87
E0629	SEAT LIFT MECH, NON-ELECTRIC	Default Rate	\$228.87
E0630	PATIENT LIFT HYDRAULIC	Default Rate	\$911.20
E0635	PATIENT LIFT ELECTRIC	Default Rate	\$1091.00
E0636	PT SUPPORT & POSITIONING SYS	Manually Priced	\$0.00
E0637	COMBINATION SIT TO STAND SYS	Manually Priced	\$0.00
E0638	STANDING FRAME SYS	Manually Priced	\$0.00
E0639	MOVEABLE PATIENT LIFT SYSTEM	Manually Priced	\$0.00
E0640	FIXED PATIENT LIFT SYSTEM	Manually Priced	\$0.00
E0641	MULTI-POSITION STND FRAM SYS	Manually Priced	\$0.00
E0642	DYNAMIC STANDING FRAME	Manually Priced	\$0.00
E0650	PNEUMA COMPRESOR NON-SEGMENT	Default Rate	\$836.69
E0651	PNEUM COMPRESSOR SEGMENTAL	Default Rate	\$1066.96
E0652	PNEUM COMPRES W/CAL PRESSURE	Default Rate	\$6087.13
E0655	PNEUMATIC APPLIANCE HALF ARM	Default Rate	\$106.58
E0656	SEGMENTAL PNEUMATIC TRUNK	Manually Priced	\$0.00
E0657	SEGMENTAL PNEUMATIC CHEST	Manually Priced	\$0.00
E0660	PNEUMATIC APPLIANCE FULL LEG	Default Rate	\$168.86
E0665	PNEUMATIC APPLIANCE FULL ARM	Default Rate	\$135.29
E0666	PNEUMATIC APPLIANCE HALF LEG	Default Rate	\$136.37
E0667	SEG PNEUMATIC APPL FULL LEG	Default Rate	\$376.14
E0668	SEG PNEUMATIC APPL FULL ARM	Default Rate	\$436.35
E0669	SEG PNEUMATIC APPLI HALF LEG	Default Rate	\$202.22
E0670	SEG PNEUM INT LEGS/TRUNK	Manually Priced	\$0.00
E0675	PNEUMATIC COMPRESSION DEVICE	Manually Priced	\$0.00
E0676	INTER LIMB COMPRESS DEV NOS	Manually Priced	\$0.00
E0691	UVL PNL 2 SQ FT OR LESS	Manually Priced	\$0.00
E0692	UVL SYS PANEL 4 FT	Manually Priced	\$0.00
E0693	UVL SYS PANEL 6 FT	Manually Priced	\$0.00
E0694	UVL MD CABINET SYS 6 FT	Manually Priced	\$0.00
E0700	SAFETY EQUIPMENT	Manually Priced	\$0.00
E0705	TRANSFER DEVICE	Manually Priced	\$0.00
E0710	RESTRAINTS ANY TYPE	Manually Priced	\$0.00
E0720	TENS TWO LEAD	Default Rate	\$66.27
E0730	TENS FOUR LEAD	Default Rate	\$66.03
E0731	CONDUCTIVE GARMENT FOR TENS/	Default Rate	\$85.13
E0744	NEUROMUSCULAR STIM FOR SCOLI	Default Rate	\$824.90
E0745	NEUROMUSCULAR STIM FOR SHOCK	Default Rate	\$806.30
E0747	ELEC OSTEOGEN STIM NOT SPINE	Default Rate	\$4173.02
E0748	ELEC OSTEOGEN STIM SPINAL	Default Rate	\$4301.21
E0755	ELECTRONIC SALIVARY REFLEX S	Manually Priced	\$0.00
E0761	NONTHERM ELECTROMGNTC DEVICE	Manually Priced	\$0.00
E0762	TRANS ELEC JT STIM DEV SYS	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0764	FUNCTIONAL NEUROMUSCULARSTIM	Manually Priced	\$0.00
E0765	NERVE STIMULATOR FOR TX N&V	Manually Priced	\$0.00
E0766	ELEC STIM CANCER TREATMENT	Manually Priced	\$0.00
E0769	ELECTRIC WOUND TREATMENT DEV	Manually Priced	\$0.00
E0770	FUNCTIONAL ELECTRIC STIM NOS	Manually Priced	\$0.00
E0776	IV POLE	Default Rate	\$146.30
E0779	AMB INFUSION PUMP MECHANICAL	Default Rate	\$15.67
E0780	MECH AMB INFUSION PUMP <8HRS	Default Rate	\$12.05
E0781	EXTERNAL AMBULATORY INFUS PU	Default Rate	\$2,361.60
E0784	EXT AMB INFUSN PUMP INSULIN	Manually Priced	\$0.00
E0787	CGS DOSE ADJ INSULIN INF PMP	Manually Priced	\$0.00
E0791	PARENTERAL INFUSION PUMP STA	Default Rate	\$2421.20
E0830	AMBULATORY TRACTION DEVICE	Manually Priced	\$0.00
E0840	TRACT FRAME ATTACH HEADBOARD	Default Rate	\$72.35
E0849	CERVICAL PNEUM TRAC EQUIP	Manually Priced	\$0.00
E0850	TRACTION STAND FREE STANDING	Default Rate	\$103.73
E0855	CERVICAL TRACTION EQUIPMENT	Default Rate	\$480.86
E0856	CERVIC COLLAR W AIR BLADDERS	Manually Priced	\$0.00
E0860	TRACT EQUIP CERVICAL TRACT	Default Rate	\$44.77
E0870	TRACT FRAME ATTACH FOOTBOARD	Default Rate	\$122.04
E0880	TRAC STAND FREE STAND EXTREM	Default Rate	\$123.97
E0890	TRACTION FRAME ATTACH PELVIC	Default Rate	\$118.89
E0900	TRAC STAND FREE STAND PELVIC	Default Rate	\$126.53
E0910	TRAPEZE BAR ATTACHED TO BED	Default Rate	\$180.80
E0911	HD TRAPEZE BAR ATTACH TO BED	Manually Priced	\$0.00
E0912	HD TRAPEZE BAR FREE STANDING	Manually Priced	\$0.00
E0920	FRACTURE FRAME ATTACHED TO B	Default Rate	\$415.70
E0930	FRACTURE FRAME FREE STANDING	Default Rate	\$372.00
E0935	CONT PAS MOTION EXERCISE DEV	Manually Priced	\$0.00
E0936	CPM DEVICE, OTHER THAN KNEE	Manually Priced	\$0.00
E0940	TRAPEZE BAR FREE STANDING	Default Rate	\$313.20
E0941	GRAVITY ASSISTED TRACTION DE	Default Rate	\$363.00
E0942	CERVICAL HEAD HARNESS/HALTER	Default Rate	\$23.05
E0944	PELVIC BELT/HARNESS/BOOT	Default Rate	\$53.29
E0945	BELT/HARNESS EXTREMITY	Default Rate	\$51.49
E0946	FRACTURE FRAME DUAL W CROSS	Default Rate	\$532.90
E0947	FRACTURE FRAME ATTACHMNTS PE	Default Rate	\$704.55
E0948	FRACTURE FRAME ATTACHMNTS CE	Default Rate	\$681.46
E0950	TRAY	Default Rate	\$70.09
E0951	LOOP HEEL	Default Rate	\$11.80
E0952	TOE LOOP/HOLDER, EACH	Default Rate	\$16.46
E0953	W/C LATERAL THIGH/KNEE SUP	Default Rate	\$71.00
E0954	FOOT BOX, ANY TYPE EACH FOOT	Default Rate	\$51.65
E0955	CUSHIONED HEADREST	Manually Priced	\$0.00
E0956	W/C LATERAL TRUNK/HIP SUPPOR	Manually Priced	\$0.00
E0957	W/C MEDIAL THIGH SUPPORT	Manually Priced	\$0.00
E0958	WHLCHR ATT- CONV 1 ARM DRIVE	Default Rate	\$445.40
E0959	AMPUTEE ADAPTER	Default Rate	\$43.15

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E0960	W/C SHOULDER HARNESS/STRAPS	Manually Priced	\$0.00
E0961	WHEELCHAIR BRAKE EXTENSION	Default Rate	\$18.93
E0966	WHEELCHAIR HEAD REST EXTENSI	Default Rate	\$64.05
E0967	MAN WC RIM/PROJECTION REP EA	Default Rate	\$68.88
E0968	WHEELCHAIR COMMODE SEAT	Default Rate	\$161.60
E0969	WHEELCHAIR NARROWING DEVICE	Default Rate	\$169.83
E0970	WHEELCHAIR NO. 2 FOOTPLATES	Default Rate	\$46.08
E0971	WHEELCHAIR ANTI-TIPPING DEVI	Default Rate	\$28.03
E0973	W/CH ACCESS DET ADJ ARMREST	Default Rate	\$49.78
E0974	W/CH ACCESS ANTI-ROLLBACK	Default Rate	\$66.35
E0978	W/C ACC,SAF BELT PELV STRAP	Default Rate	\$23.02
E0980	WHEELCHAIR SAFETY VEST	Default Rate	\$38.40
E0981	SEAT UPHOLSTERY, REPLACEMENT	Manually Priced	\$0.00
E0982	BACK UPHOLSTERY, REPLACEMENT	Manually Priced	\$0.00
E0983	ADD PWR JOYSTICK	Manually Priced	\$0.00
E0984	ADD PWR TILLER	Manually Priced	\$0.00
E0985	W/C SEAT LIFT MECHANISM	Manually Priced	\$0.00
E0986	MAN W/C PUSH-RIM POWR SYSTEM	Manually Priced	\$0.00
E0988	LEVER-ACTIVATED WHEEL DRIVE	Manually Priced	\$0.00
E0990	WHEELCHAIR ELEVATING LEG RES	Default Rate	\$63.41
E0992	WHEELCHAIR SOLID SEAT INSERT	Default Rate	\$67.67
E0994	WHEELCHAIR ARM REST	Default Rate	\$18.41
E0995	WC CALF REST, PAD REPLACEMNT	Default Rate	\$26.47
E1002	PWR SEAT TILT	Manually Priced	\$0.00
E1003	PWR SEAT RECLINE	Manually Priced	\$0.00
E1004	PWR SEAT RECLINE MECH	Manually Priced	\$0.00
E1005	PWR SEAT RECLINE PWR	Manually Priced	\$0.00
E1006	PWR SEAT COMBO W/O SHEAR	Manually Priced	\$0.00
E1007	PWR SEAT COMBO W/SHEAR	Default Rate	\$7855.70
E1008	PWR SEAT COMBO PWR SHEAR	Default Rate	\$7903.65
E1009	ADD MECH LEG ELEVATION	Manually Priced	\$0.00
E1010	ADD PWR LEG ELEVATION	Manually Priced	\$0.00
E1011	PED WC MODIFY WIDTH ADJUSTM	Manually Priced	\$0.00
E1012	CTR MOUNT PWR ELEV LEG REST	Manually Priced	\$0.00
E1014	RECLINING BACK ADD PED W/C	Manually Priced	\$0.00
E1015	SHOCK ABSORBER FOR MAN W/C	Manually Priced	\$0.00
E1016	SHOCK ABSORBER FOR POWER W/C	Manually Priced	\$0.00
E1017	HD SHCK ABSRBR FOR HD MAN WC	Manually Priced	\$0.00
E1018	HD SHCK ABSRBER FOR HD POWWC	Manually Priced	\$0.00
E1020	RESIDUAL LIMB SUPPORT SYSTEM	Manually Priced	\$0.00
E1028	W/C MANUAL SWINGAWAY	Default Rate	\$162.36
E1029	W/C VENT TRAY FIXED	Manually Priced	\$0.00
E1030	W/C VENT TRAY GIMBALED	Manually Priced	\$0.00
E1031	ROLLABOUT CHAIR WITH CASTERS	Default Rate	\$529.90
E1035	PATIENT TRANSFER SYSTEM <300	Manually Priced	\$0.00
E1036	PATIENT TRANSFER SYSTEM >300	Manually Priced	\$0.00
E1037	TRANSPORT CHAIR, PED SIZE	Manually Priced	\$0.00
E1038	TRANSPORT CHAIR PT WT<=300LB	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E1039	TRANSPORT CHAIR PT WT >300LB	Manually Priced	\$0.00
E1050	WHELCHR FXD FULL LENGTH ARMS	Default Rate	\$917.40
E1060	WHEELCHAIR DETACHABLE ARMS	Default Rate	\$1135.60
E1070	WHEELCHAIR DETACHABLE FOOT R	Default Rate	\$838.60
E1083	HEMI-WHEELCHAIR FIXED ARMS	Default Rate	\$709.40
E1084	HEMI-WHEELCHAIR DETACHABLE A	Default Rate	\$883.70
E1085	HEMI-WHEELCHAIR FIXED ARMS	Default Rate	\$623.40
E1086	HEMI-WHEELCHAIR DETACHABLE A	Default Rate	\$757.10
E1087	WHEELCHAIR LIGHTWT FIXED ARM	Default Rate	\$1,139.60
E1088	WHEELCHAIR LIGHTWEIGHT DET A	Default Rate	\$1,358.29
E1089	WHEELCHAIR LIGHTWT FIXED ARM	Default Rate	\$1082.80
E1090	WHEELCHAIR LIGHTWEIGHT DET A	Default Rate	\$1042.60
E1092	WHEELCHAIR WIDE W/ LEG RESTS	Default Rate	\$1157.70
E1093	WHEELCHAIR WIDE W/ FOOT REST	Default Rate	\$995.60
E1100	WHCHR S-RECL FXD ARM LEG RES	Default Rate	\$935.10
E1110	WHEELCHAIR SEMI-RECL DETACH	Default Rate	\$778.30
E1130	WHLCHR STAND FXD ARM FT REST	Default Rate	\$420.70
E1140	WHEELCHAIR STANDARD DETACH A	Default Rate	\$647.00
E1150	WHEELCHAIR STANDARD W/ LEG R	Default Rate	\$901.80
E1160	WHEELCHAIR FIXED ARMS	Default Rate	\$563.00
E1161	MANUAL ADULT WC W TILTINSPAC	Manually Priced	\$0.00
E1170	WHLCHR AMPU FXD ARM LEG REST	Default Rate	\$804.60
E1171	WHEELCHAIR AMPUTEE W/O LEG R	Default Rate	\$643.40
E1172	WHEELCHAIR AMPUTEE DETACH AR	Default Rate	\$827.40
E1180	WHEELCHAIR AMPUTEE W/ FOOT R	Default Rate	\$776.00
E1190	WHEELCHAIR AMPUTEE W/ LEG RE	Default Rate	\$1054.70
E1195	WHEELCHAIR AMPUTEE HEAVY DUT	Default Rate	\$961.90
E1200	WHEELCHAIR AMPUTEE FIXED ARM	Default Rate	\$689.20
E1220	WHLCHR SPECIAL SIZE/CONSTRC	Manually Priced	\$0.00
E1221	WHEELCHAIR SPEC SIZE W FOOT	Default Rate	\$428.10
E1222	WHEELCHAIR SPEC SIZE W/ LEG	Default Rate	\$610.70
E1223	WHEELCHAIR SPEC SIZE W FOOT	Default Rate	\$666.80
E1224	WHEELCHAIR SPEC SIZE W/ LEG	Default Rate	\$731.10
E1225	MANUAL SEMI-RECLINING BACK	Default Rate	\$426.30
E1226	MANUAL FULLY RECLINING BACK	Default Rate	\$332.73
E1227	WHEELCHAIR SPEC SZ SPEC HT A	Default Rate	\$322.09
E1228	WHEELCHAIR SPEC SZ SPEC HT B	Default Rate	\$214.50
E1229	PEDIATRIC WHEELCHAIR NOS	Manually Priced	\$0.00
E1230	POWER OPERATED VEHICLE	Default Rate	\$2364.20
E1231	RIGID PED W/C TILT-IN-SPACE	Manually Priced	\$0.00
E1232	FOLDING PED WC TILT-IN-SPACE	Manually Priced	\$0.00
E1233	RIG PED WC TLTNSPC W/O SEAT	Manually Priced	\$0.00
E1234	FLD PED WC TLTNSPC W/O SEAT	Manually Priced	\$0.00
E1235	RIGID PED WC ADJUSTABLE	Manually Priced	\$0.00
E1236	FOLDING PED WC ADJUSTABLE	Manually Priced	\$0.00
E1237	RGD PED WC ADJSTABL W/O SEAT	Manually Priced	\$0.00
E1238	FLD PED WC ADJSTABL W/O SEAT	Manually Priced	\$0.00
E1239	PED POWER WHEELCHAIR NOS	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E1240	WHCHR LITWT DET ARM LEG REST	Default Rate	\$1138.90
E1250	WHEELCHAIR LIGHTWT FIXED ARM	Default Rate	\$684.70
E1260	WHEELCHAIR LIGHTWT FOOT REST	Manually Priced	\$0.00
E1270	WHEELCHAIR LIGHTWEIGHT LEG R	Default Rate	\$604.40
E1280	WHCHR H-DUTY DET ARM LEG RES	Default Rate	\$1,005.00
E1285	WHEELCHAIR HEAVY DUTY FIXED	Default Rate	\$923.50
E1290	WHEELCHAIR HVY DUTY DETACH A	Default Rate	\$958.20
E1295	WHEELCHAIR HEAVY DUTY FIXED	Default Rate	\$1046.20
E1296	WHEELCHAIR SPECIAL SEAT HEIG	Default Rate	\$485.49
E1297	WHEELCHAIR SPECIAL SEAT DEPT	Default Rate	\$103.30
E1298	WHEELCHAIR SPEC SEAT DEPTH/W	Default Rate	\$443.69
E1300	WHIRLPOOL PORTABLE	Manually Priced	\$0.00
E1310	WHIRLPOOL NON-PORTABLE	Default Rate	\$2494.73
E1352	O2 FLOW REG POS INSPIR PRESS	Manually Priced	\$0.00
E1353	OXYGEN SUPPLIES REGULATOR	Manually Priced	\$0.00
E1354	WHEELED CART, PORT CYL/CONC	Manually Priced	\$0.00
E1355	OXYGEN SUPPLIES STAND/RACK	Default Rate	\$24.79
E1357	BATTERY CHARGER, PORT CONC	Manually Priced	\$0.00
E1358	DC POWER ADAPTER, PORT CONC	Manually Priced	\$0.00
E1372	OXY SUPPL HEATER FOR NEBULIZ	Default Rate	\$118.23
E1390	OXYGEN CONCENTRATOR	Manually Priced	\$0.00
E1391	OXYGEN CONCENTRATOR, DUAL	Manually Priced	\$0.00
E1392	PORTABLE OXYGEN CONCENTRATOR	Manually Priced	\$0.00
E1399	DURABLE MEDICAL EQUIPMENT MI	Default Rate	\$325.00
E1405	O2/WATER VAPOR ENRICH W/HEAT	Manually Priced	\$0.00
E1406	O2/WATER VAPOR ENRICH W/O HE	Manually Priced	\$0.00
E1510	KIDNEY DIALYSATE DELIVRY SYS	Manually Priced	\$0.00
E1520	HEPARIN INFUSION PUMP	Manually Priced	\$0.00
E1530	REPLACEMENT AIR BUBBLE DETEC	Manually Priced	\$0.00
E1540	REPLACEMENT PRESSURE ALARM	Manually Priced	\$0.00
E1550	BATH CONDUCTIVITY METER	Manually Priced	\$0.00
E1560	REPLACE BLOOD LEAK DETECTOR	Manually Priced	\$0.00
E1570	ADJUSTABLE CHAIR FOR ESRD PT	Manually Priced	\$0.00
E1575	TRANSDUCER PROTECT/FLD BAR	Manually Priced	\$0.00
E1580	UNIPUNCTURE CONTROL SYSTEM	Manually Priced	\$0.00
E1590	HEMODIALYSIS MACHINE	Manually Priced	\$0.00
E1592	AUTO INTERM PERITONEAL DIALY	Manually Priced	\$0.00
E1594	CYCLER DIALYSIS MACHINE	Manually Priced	\$0.00
E1600	DELI/INSTALL CHRG HEMO EQUIP	Manually Priced	\$0.00
E1610	REVERSE OSMOSIS H2O PURI SYS	Manually Priced	\$0.00
E1615	DEIONIZER H2O PURI SYSTEM	Manually Priced	\$0.00
E1620	REPLACEMENT BLOOD PUMP	Manually Priced	\$0.00
E1625	WATER SOFTENING SYSTEM	Manually Priced	\$0.00
E1630	RECIPROCATING PERITONEAL DIA	Manually Priced	\$0.00
E1632	WEARABLE ARTIFICIAL KIDNEY	Manually Priced	\$0.00
E1634	PERITONEAL DIALYSIS CLAMP	Manually Priced	\$0.00
E1635	COMPACT TRAVEL HEMODIALYZER	Manually Priced	\$0.00
E1636	SORBENT CARTRIDGES PER 10	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E1699	DIALYSIS EQUIPMENT NOC	Manually Priced	\$0.00
E1802	ADJST FOREARM PRO/SUP DEVICE	Manually Priced	\$0.00
E1812	KNEE EXT/FLEX W ACT RES CTRL	Manually Priced	\$0.00
E1831	STATIC STR TOE DEV EXT/FLEX	Manually Priced	\$0.00
E1841	STATIC STR SHLDR DEV ROM ADJ	Manually Priced	\$0.00
E1902	AAC NON-ELECTRONIC BOARD	Manually Priced	\$0.00
E2000	GASTRIC SUCTION PUMP HME MDL	Default Rate	\$1.00
E2100	BLD GLUCOSE MONITOR W VOICE	Manually Priced	\$0.00
E2101	BLD GLUCOSE MONITOR W LANCE	Manually Priced	\$0.00
E2120	PULSE GEN SYS TX ENDOLYMP FL	Manually Priced	\$0.00
E2201	MAN W/CH ACC SEAT W>=20"<24"	Manually Priced	\$0.00
E2202	SEAT WIDTH 24-27 IN	Manually Priced	\$0.00
E2203	FRAME DEPTH LESS THAN 22 IN	Manually Priced	\$0.00
E2204	FRAME DEPTH 22 TO 25 IN	Manually Priced	\$0.00
E2205	MANUAL WC ACCESSORY, HANDRIM	Manually Priced	\$0.00
E2206	MAN WC WHL LOCK COMP REPL EA	Default Rate	\$34.48
E2207	CRUTCH AND CANE HOLDER	Manually Priced	\$0.00
E2208	CYLINDER TANK CARRIER	Manually Priced	\$0.00
E2209	ARM TROUGH EACH	Manually Priced	\$0.00
E2210	WHEELCHAIR BEARINGS	Manually Priced	\$0.00
E2211	PNEUMATIC PROPULSION TIRE	Manually Priced	\$0.00
E2212	PNEUMATIC PROP TIRE TUBE	Manually Priced	\$0.00
E2213	PNEUMATIC PROP TIRE INSERT	Manually Priced	\$0.00
E2214	PNEUMATIC CASTER TIRE EACH	Manually Priced	\$0.00
E2215	PNEUMATIC CASTER TIRE TUBE	Manually Priced	\$0.00
E2216	FOAM FILLED PROPULSION TIRE	Manually Priced	\$0.00
E2217	FOAM FILLED CASTER TIRE EACH	Manually Priced	\$0.00
E2218	FOAM PROPULSION TIRE EACH	Manually Priced	\$0.00
E2219	FOAM CASTER TIRE ANY SIZE EA	Manually Priced	\$0.00
E2220	SOLID PROPULS TIRE, REPL, EA	Manually Priced	\$0.00
E2221	SOLID CASTER TIRE REPL, EACH	Manually Priced	\$0.00
E2222	SOLID CASTER INTEG WHL, REPL	Manually Priced	\$0.00
E2224	PROPULSION WHL EXCL TIRE REP	Manually Priced	\$0.00
E2225	CASTER WHEEL EXCLUDES TIRE	Manually Priced	\$0.00
E2226	CASTER FORK REPLACEMENT ONLY	Manually Priced	\$0.00
E2227	GEAR REDUCTION DRIVE WHEEL	Manually Priced	\$0.00
E2228	MWC ACC, WHEELCHAIR BRAKE	Manually Priced	\$0.00
E2230	MANUAL STANDING SYSTEM	Manually Priced	\$0.00
E2231	SOLID SEAT SUPPORT BASE	Manually Priced	\$0.00
E2291	PLANAR BACK FOR PED SIZE WC	Manually Priced	\$0.00
E2292	PLANAR SEAT FOR PED SIZE WC	Manually Priced	\$0.00
E2293	CONTOUR BACK FOR PED SIZE WC	Manually Priced	\$0.00
E2294	CONTOUR SEAT FOR PED SIZE WC	Manually Priced	\$0.00
E2295	PED DYNAMIC SEATING FRAME	Manually Priced	\$0.00
E2300	PWR SEAT ELEVATION SYS	Manually Priced	\$0.00
E2301	PWR STANDING	Manually Priced	\$0.00
E2310	ELECTRO CONNECT BTW CONTROL	Manually Priced	\$0.00
E2311	ELECTRO CONNECT BTW 2 SYS	Default Rate	\$2141.40

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E2312	MINI-PROP REMOTE JOYSTICK	Manually Priced	\$0.00
E2313	PWC HARNESS, EXPAND CONTROL	Manually Priced	\$0.00
E2321	HAND INTERFACE JOYSTICK	Manually Priced	\$0.00
E2322	MULT MECH SWITCHES	Manually Priced	\$0.00
E2323	SPECIAL JOYSTICK HANDLE	Manually Priced	\$0.00
E2324	CHIN CUP INTERFACE	Manually Priced	\$0.00
E2325	SIP AND PUFF INTERFACE	Manually Priced	\$0.00
E2326	BREATH TUBE KIT	Manually Priced	\$0.00
E2327	HEAD CONTROL INTERFACE MECH	Manually Priced	\$0.00
E2328	HEAD/EXTREMITY CONTROL INTER	Manually Priced	\$0.00
E2329	HEAD CONTROL NONPROPORTIONAL	Manually Priced	\$0.00
E2330	HEAD CONTROL PROXIMITY SWITC	Manually Priced	\$0.00
E2331	ATTENDANT CONTROL	Manually Priced	\$0.00
E2340	W/C WDTN 20-23 IN SEAT FRAME	Manually Priced	\$0.00
E2341	W/C WDTN 24-27 IN SEAT FRAME	Manually Priced	\$0.00
E2342	W/C DPTH 20-21 IN SEAT FRAME	Manually Priced	\$0.00
E2343	W/C DPTH 22-25 IN SEAT FRAME	Manually Priced	\$0.00
E2351	ELECTRONIC SGD INTERFACE	Manually Priced	\$0.00
E2358	GR 34 NONSEALED LEADACID	Manually Priced	\$0.00
E2359	GR34 SEALED LEADACID BATTERY	Manually Priced	\$0.00
E2360	22NF NONSEALED LEADACID	Default Rate	\$115.21
E2361	22NF SEALED LEADACID BATTERY	Default Rate	\$109.39
E2362	GR24 NONSEALED LEADACID	Default Rate	\$103.25
E2363	GR24 SEALED LEADACID BATTERY	Default Rate	\$133.12
E2364	U1NONSEALED LEADACID BATTERY	Default Rate	\$112.09
E2365	U1 SEALED LEADACID BATTERY	Default Rate	\$71.79
E2366	BATTERY CHARGER, SINGLE MODE	Default Rate	\$138.92
E2367	BATTERY CHARGER, DUAL MODE	Default Rate	\$355.91
E2368	PWR WC DRIVEWHEEL MOTOR REPL	Manually Priced	\$0.00
E2369	PWR WC DRIVEWHEEL GEAR REPL	Manually Priced	\$0.00
E2370	PWR WC DR WH MOTOR/GEAR COMB	Manually Priced	\$0.00
E2371	GR27 SEALED LEADACID BATTERY	Manually Priced	\$0.00
E2372	GR27 NON-SEALED LEADACID	Manually Priced	\$0.00
E2373	HAND/CHIN CTRL SPEC JOYSTICK	Manually Priced	\$0.00
E2374	HAND/CHIN CTRL STD JOYSTICK	Manually Priced	\$0.00
E2375	NON-EXPANDABLE CONTROLLER	Manually Priced	\$0.00
E2376	EXPANDABLE CONTROLLER, REPL	Manually Priced	\$0.00
E2377	EXPANDABLE CONTROLLER, INITL	Manually Priced	\$0.00
E2378	PW ACTUATOR REPLACEMENT	Manually Priced	\$0.00
E2381	PNEUM DRIVE WHEEL TIRE	Manually Priced	\$0.00
E2382	TUBE, PNEUM WHEEL DRIVE TIRE	Manually Priced	\$0.00
E2383	INSERT, PNEUM WHEEL DRIVE	Manually Priced	\$0.00
E2384	PNEUMATIC CASTER TIRE	Manually Priced	\$0.00
E2385	TUBE, PNEUMATIC CASTER TIRE	Manually Priced	\$0.00
E2386	FOAM FILLED DRIVE WHEEL TIRE	Manually Priced	\$0.00
E2387	FOAM FILLED CASTER TIRE	Manually Priced	\$0.00
E2388	FOAM DRIVE WHEEL TIRE	Manually Priced	\$0.00
E2389	FOAM CASTER TIRE	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E2390	SOLID DRIVE WHEEL TIRE	Manually Priced	\$0.00
E2391	SOLID CASTER TIRE	Manually Priced	\$0.00
E2392	SOLID CASTER TIRE, INTEGRATE	Manually Priced	\$0.00
E2394	DRIVE WHEEL EXCLUDES TIRE	Manually Priced	\$0.00
E2395	CASTER WHEEL EXCLUDES TIRE	Manually Priced	\$0.00
E2396	CASTER FORK	Manually Priced	\$0.00
E2397	PWC ACC, LITH-BASED BATTERY	Manually Priced	\$0.00
E2398	WC DYNAMIC POS BACK HARDWARE	Manually Priced	\$0.00
E2402	NEG PRESS WOUND THERAPY PUMP	Manually Priced	\$0.00
E2500	SGD DIGITIZED PRE-REC <=8MIN	Manually Priced	\$0.00
E2502	SGD PREREC MSG >8MIN <=20MIN	Manually Priced	\$0.00
E2504	SGD PREREC MSG>20MIN <=40MIN	Manually Priced	\$0.00
E2506	SGD PREREC MSG > 40 MIN	Manually Priced	\$0.00
E2508	SGD SPELLING PHYS CONTACT	Manually Priced	\$0.00
E2510	SGD W MULTI METHODS MSG/ACCS	Manually Priced	\$0.00
E2511	SGD SFTWRE PRGRM FOR PC/PDA	Manually Priced	\$0.00
E2512	SGD ACCESSORY, MOUNTING SYS	Manually Priced	\$0.00
E2599	SGD ACCESSORY NOC	Manually Priced	\$0.00
E2601	GEN W/C CUSHION WIDTH < 22 IN	Manually Priced	\$0.00
E2602	GEN W/C CUSHION WIDTH >=22 IN	Manually Priced	\$0.00
E2603	SKIN PROTECT WC CUS WD <22IN	Manually Priced	\$0.00
E2604	SKIN PROTECT WC CUS WD>=22IN	Manually Priced	\$0.00
E2605	POSITION WC CUSH WIDTH <22 IN	Manually Priced	\$0.00
E2606	POSITION WC CUSH WIDTH>=22 IN	Manually Priced	\$0.00
E2607	SKIN PRO/POS WC CUS WD <22IN	Manually Priced	\$0.00
E2608	SKIN PRO/POS WC CUS WD>=22IN	Manually Priced	\$0.00
E2609	CUSTOM FABRICATE W/C CUSHION	Manually Priced	\$0.00
E2610	POWERED W/C CUSHION	Manually Priced	\$0.00
E2611	GEN USE BACK CUSH WIDTH <22IN	Manually Priced	\$0.00
E2612	GEN USE BACK CUSH WIDTH>=22IN	Manually Priced	\$0.00
E2613	POSITION BACK CUSH WD <22IN	Manually Priced	\$0.00
E2614	POSITION BACK CUSH WD>=22IN	Manually Priced	\$0.00
E2615	POS BACK POST/LAT WIDTH <22IN	Manually Priced	\$0.00
E2616	POS BACK POST/LAT WIDTH>=22IN	Manually Priced	\$0.00
E2617	CUSTOM FAB W/C BACK CUSHION	Manually Priced	\$0.00
E2619	REPLACE COVER W/C SEAT CUSH	Manually Priced	\$0.00
E2620	WC PLANAR BACK CUSH WD <22IN	Manually Priced	\$0.00
E2621	WC PLANAR BACK CUSH WD>=22IN	Manually Priced	\$0.00
E2622	ADJ SKIN PRO W/C CUS WD<22IN	Manually Priced	\$0.00
E2623	ADJ SKIN PRO WC CUS WD>=22IN	Manually Priced	\$0.00
E2624	ADJ SKIN PRO/POS CUS<22IN	Manually Priced	\$0.00
E2625	ADJ SKIN PRO/POS WC CUS>=22	Manually Priced	\$0.00
E2626	SEO MOBILE ARM SUP ATT TO WC	Manually Priced	\$0.00
E2627	ARM SUPP ATT TO WC RANCHO TY	Manually Priced	\$0.00
E2628	MOBILE ARM SUPPORTS RECLININ	Manually Priced	\$0.00
E2629	FRICTION DAMPENING ARM SUPP	Manually Priced	\$0.00
E2630	MONOSUSPENSION ARM/HAND SUPP	Manually Priced	\$0.00
E2631	ELEVAT PROXIMAL ARM SUPPORT	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
E2632	OFFSET/LAT ROCKER ARM W/ELA	Manually Priced	\$0.00
E2633	MOBILE ARM SUPPORT SUPINATOR	Manually Priced	\$0.00
E8000	POSTERIOR GAIT TRAINER	Manually Priced	\$0.00
E8001	UPRIGHT GAIT TRAINER	Manually Priced	\$0.00
E8002	ANTERIOR GAIT TRAINER	Manually Priced	\$0.00
G0123	SCREEN CERV/VAG THIN LAYER	Default Rate	\$28.00
G0151	HHCP-SERV OF PT,EA 15 MIN	Provider-specific Rate	\$0.00
G0152	HHCP-SERV OF OT,EA 15 MIN	Provider-specific Rate	\$0.00
G0153	HHCP-SVS OF S/L PATH,EA 15MN	Provider-specific Rate	\$0.00
G0156	HHCP-SVS OF AIDE,EA 15 MIN	Provider-specific Rate	\$0.00
G0175	OPPS SERVICE,SCHED TEAM CONF	Provider-specific Rate	\$0.00
G0176	OPPS/PHP;ACTIVITY THERAPY	Provider-specific Rate	\$0.00
G0177	OPPS/PHP; TRAIN & EDUC SERV	Provider-specific Rate	\$0.00
G0235	PET NOT OTHERWISE SPECIFIED	Manually Priced	\$0.00
G0252	PET IMAGING INITIAL DX	Default Rate	\$521.95
G0255	CURRENT PERCEP THRESHOLD TST	Manually Priced	\$0.00
G0257	UNSCHED DIALYSIS ESRD PT HOS	Manually Priced	\$0.00
G0259	INJECT FOR SACROILIAC JOINT	Manually Priced	\$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Manually Priced	\$0.00
G0270	MNT SUBS TX FOR CHANGE DX	Manually Priced	\$0.00
G0271	GROUP MNT 2 OR MORE 30 MINS	Manually Priced	\$0.00
G0278	ILIAC ART ANGIO,CARDIAC CATH	Default Rate	\$13.85
G0281	ELEC STIM UNATTEND FOR PRESS	Manually Priced	\$0.00
G0282	ELECT STIM WOUND CARE NOT PD	Manually Priced	\$0.00
G0288	RECON, CTA FOR SURG PLAN	Default Rate	\$234.70
G0289	ARTHRO, LOOSE BODY + CHONDRO	Default Rate	\$84.90
G0299	HHS/HOSPICE OF RN EA 15 MIN	Provider-specific Rate	\$0.00
G0300	HHS/HOSPICE OF LPN EA 15 MIN	Provider-specific Rate	\$0.00
G0328	FECAL BLOOD SCRNM IMMUNOASSAY	Manually Priced	\$0.00
G0432	EIA HIV-1/HIV-2 SCREEN	Default Rate	\$19.04
G0433	ELISA HIV-1/HIV-2 SCREEN	Default Rate	\$18.33
G0435	ORAL HIV-1/HIV-2 SCREEN	Manually Priced	\$0.00
G0448	PLACE PERM PACING CARDIOVERT	Manually Priced	\$0.00
G0452	MOLECULAR PATHOLOGY INTERPR	Manually Priced	\$0.00
G0459	TELEHEALTH INPT PHARM MGMT	Manually Priced	\$0.00
G0460	AUTOLOGOUS PRP FOR ULCERS	Manually Priced	\$0.00
G0466	FQHC VISIT NEW PATIENT	Provider-specific Rate	\$0.00
G0467	FQHC VISIT, ESTAB PT	Provider-specific Rate	\$0.00
G0468	FQHC VISIT, IPPE OR AWV	Provider-specific Rate	\$0.00
G0469	FQHC VISIT, MH NEW PT	Provider-specific Rate	\$0.00
G0470	FQHC VISIT, MH ESTAB PT	Provider-specific Rate	\$0.00
G0472	HEP C SCREEN HIGH RISK/OTHER	Manually Priced	\$0.00
G0473	GROUP BEHAVE COUNS 2-10	Manually Priced	\$0.00
G0480	DRUG TEST DEF 1-7 CLASSES	Default Rate	\$78.34
G0481	DRUG TEST DEF 8-14 CLASSES	Default Rate	\$120.53
G0482	DRUG TEST DEF 15-21 CLASSES	Default Rate	\$162.71
G0483	DRUG TEST DEF 22+ CLASSES	Default Rate	\$210.93
G0498	CHEMO EXTEND IV INFUS W/PUMP	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
G0499	HEPB SCREEN HIGH RISK INDIV	Default Rate	\$30.78
G0659	DRUG TEST DEF SIMPLE ALL CL	Manually Priced	\$0.00
G6001	ECHO GUIDANCE RADIOTHERAPY	Default Rate	\$51.69
G6002	STEREOSCOPIC X-RAY GUIDANCE	Default Rate	\$75.66
G6003	RADIATION TREATMENT DELIVERY	Default Rate	\$163.31
G6004	RADIATION TREATMENT DELIVERY	Default Rate	\$126.46
G6005	RADIATION TREATMENT DELIVERY	Default Rate	\$141.27
G6006	RADIATION TREATMENT DELIVERY	Default Rate	\$140.55
G6007	RADIATION TREATMENT DELIVERY	Default Rate	\$259.76
G6008	RADIATION TREATMENT DELIVERY	Default Rate	\$147.87
G6009	RADIATION TREATMENT DELIVERY	Default Rate	\$193.65
G6010	RADIATION TREATMENT DELIVERY	Default Rate	\$193.65
G6011	RADIATION TREATMENT DELIVERY	Default Rate	\$277.83
G6012	RADIATION TREATMENT DELIVERY	Default Rate	\$230.14
G6013	RADIATION TREATMENT DELIVERY	Default Rate	\$259.04
G6014	RADIATION TREATMENT DELIVERY	Default Rate	\$259.04
G6015	RADIATION TX DELIVERY IMRT	Default Rate	\$404.32
G9002	MCCD,MAINTENANCE RATE	Provider-specific Rate	\$0.00
G9005	MCCD, RISK ADJ, MAINTENANCE	Provider-specific Rate	\$0.00
G9006	MCCD, HOME MONITORING	Provider-specific Rate	\$0.00
G9007	MCCD, SCH TEAM CONF	Provider-specific Rate	\$0.00
G9008	MCCD,PHYS COOR-CARE OVRSGHT	Provider-specific Rate	\$0.00
G9009	MCCD, RISK ADJ, LEVEL 3	Provider-specific Rate	\$0.00
G9011	MCCD, RISK ADJ, LEVEL 5	Provider-specific Rate	\$0.00
G9012	OTHER SPECIFIED CASE MGMT	Provider-specific Rate	\$0.00
G9361	DOC RSN ELECT C-SEC/INDUCT	Manually Priced	\$0.00
H0001	ALCOHOL AND/OR DRUG ASSESS	Provider-specific Rate	\$0.00
H0004	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0005	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0010	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0011	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0012	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0014	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0015	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0018	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0019	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0020	ALCOHOL AND/OR DRUG SERVICES	Provider-specific Rate	\$0.00
H0020	ALCOHOL AND/OR DRUG SERVICES	Default Rate	\$4.00
H0031	MH HEALTH ASSESS BY NON-MD	Provider-specific Rate	\$0.00
H0032	MH SVC PLAN DEV BY NON-MD	Provider-specific Rate	\$0.00
H0036	COMM PSY FACE-FACE PER 15MIN	Provider-specific Rate	\$0.00
H0037	COMM PSY SUP TX PGM PER DIEM	Provider-specific Rate	\$0.00
H0038	SELF-HELP/PEER SVC PER 15MIN	Provider-specific Rate	\$0.00
H0039	ASSER COM TX FACE-FACE/15MIN	Provider-specific Rate	\$0.00
H0040	ASSERT COMM TX PGM PER DIEM	Provider-specific Rate	\$0.00
H0045	RESPITE NOT-IN-HOME PER DIEM	Provider-specific Rate	\$0.00
H0046	MENTAL HEALTH SERVICE, NOS	Provider-specific Rate	\$0.00
H0048	SPEC COLL NON-BLOOD:A/D TEST	Provider-specific Rate	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
H2011	CRISIS INTERVEN SVC, 15 MIN	Provider-specific Rate	\$0.00
H2014	SKILLS TRAIN AND DEV, 15 MIN	Provider-specific Rate	\$0.00
H2015	COMP COMM SUPP SVC, 15 MIN	Provider-specific Rate	\$0.00
H2017	PSYSOC REHAB SVC, PER 15 MIN	Provider-specific Rate	\$0.00
H2018	PSYSOC REHAB SVC, PER DIEM	Provider-specific Rate	\$0.00
H2019	THER BEHAV SVC, PER 15 MIN	Provider-specific Rate	\$0.00
H2020	THER BEHAV SVC, PER DIEM	Provider-specific Rate	\$0.00
H2021	COM WRAP-AROUND SV, 15 MIN	Provider-specific Rate	\$0.00
H2023	SUPPORTED EMPLOY, PER 15 MIN	Provider-specific Rate	\$0.00
H2033	MULTISYS THER/JUVENILE 15MIN	Provider-specific Rate	\$0.00
H2034	A/D HALFWAY HOUSE, PER DIEM	Provider-specific Rate	\$0.00
H2036	A/D TX PROGRAM, PER DIEM	Provider-specific Rate	\$0.00
K0001	STANDARD WHEELCHAIR	Default Rate	\$418.80
K0002	STND HEMI (LOW SEAT) WHLCHR	Manually Priced	\$0.00
K0003	LIGHTWEIGHT WHEELCHAIR	Manually Priced	\$0.00
K0004	HIGH STRENGTH LTWT WHLCHR	Manually Priced	\$0.00
K0005	ULTRALIGHTWEIGHT WHEELCHAIR	Default Rate	\$2147.80
K0006	HEAVY DUTY WHEELCHAIR	Manually Priced	\$0.00
K0007	EXTRA HEAVY DUTY WHEELCHAIR	Manually Priced	\$0.00
K0008	CSTM MANUAL WHEELCHAIR/BASE	Manually Priced	\$0.00
K0009	OTHER MANUAL WHEELCHAIR/BASE	Manually Priced	\$0.00
K0010	STND WT FRAME POWER WHLCHR	Manually Priced	\$0.00
K0011	STND WT PWR WHLCHR W CONTROL	Manually Priced	\$0.00
K0012	LTWT PORTBL POWER WHLCHR	Manually Priced	\$0.00
K0013	CUSTOM POWER WHLCHR BASE	Manually Priced	\$0.00
K0014	OTHER POWER WHLCHR BASE	Manually Priced	\$0.00
K0015	DETACH NON-ADJ HT ARMST REP	Default Rate	\$146.20
K0017	DETACH ADJUST ARMREST BASE	Default Rate	\$46.81
K0018	DETACH ADJUST ARMST UPPER	Default Rate	\$26.46
K0019	ARM PAD REPL, EACH	Default Rate	\$12.98
K0020	FIXED ADJUST ARMREST PAIR	Default Rate	\$45.86
K0037	HI MOUNT FLIP-UP FOOTREST EA	Default Rate	\$44.04
K0038	LEG STRAP EACH	Default Rate	\$23.39
K0039	LEG STRAP H STYLE EACH	Default Rate	\$50.23
K0040	ADJUSTABLE ANGLE FOOTPLATE	Default Rate	\$48.54
K0041	LARGE SIZE FOOTPLATE EACH	Default Rate	\$48.01
K0042	STANDARD SIZE FTPLATE REP EA	Default Rate	\$30.83
K0043	FTRST LOWR EXTEN TUBE REP EA	Default Rate	\$19.03
K0044	FTRST UPR HANGER BRAC REP EA	Default Rate	\$16.56
K0045	FTRST COMPL ASSEMBLY REPL EA	Default Rate	\$54.47
K0046	ELEV LGRST LWR EXTEN REPL EA	Default Rate	\$19.16
K0047	ELEV LEGRST UPR HANGR REP EA	Default Rate	\$67.70
K0050	RATCHET ASSEMBLY REPLACEMENT	Default Rate	\$31.41
K0051	CAM REL ASM FT/LEGRST REP EA	Default Rate	\$49.69
K0052	SWINGAWAY DETACH FTREST REPL	Default Rate	\$63.60
K0053	ELEVATE FOOTREST ARTICULATE	Default Rate	\$81.30
K0056	SEAT HT <17 OR >=21 LTWT WC	Default Rate	\$86.28
K0065	SPOKE PROTECTORS	Default Rate	\$44.01

Service or Product Code	Description of Service/Product	Type of Rate	Rate
K0069	RR WHL COMPL SOL TIRE REP EA	Default Rate	\$90.51
K0070	RR WHL COMPL PNE TIRE REP EA	Default Rate	\$177.59
K0071	FR CSTR COMP PNE TIRE REP EA	Default Rate	\$102.84
K0072	FR CSTR SEMI-PNE TIRE REP EA	Default Rate	\$64.49
K0073	CASTER PIN LOCK EACH	Default Rate	\$33.60
K0077	FR CSTR ASMB SOL TIRE REP EA	Default Rate	\$48.25
K0098	DRIVE BELT FOR PWC, REPL	Default Rate	\$22.60
K0105	IV HANGER	Default Rate	\$93.20
K0108	W/C COMPONENT-ACCESSORY NOS	Manually Priced	\$0.00
K0195	ELEVATING WHLCHAIR LEG RESTS	Manually Priced	\$0.00
K0552	SUP/EXT NON-INS INF PUMP SYR	Manually Priced	\$0.00
K0553	THER CGM SUPPLY ALLOWANCE	Default Rate	\$222.77
K0554	THER CGM RECEIVER/MONITOR	Default Rate	\$226.16
K0601	REPL BATT SILVER OXIDE 1.5 V	Manually Priced	\$0.00
K0602	REPL BATT SILVER OXIDE 3 V	Manually Priced	\$0.00
K0603	REPL BATT ALKALINE 1.5 V	Manually Priced	\$0.00
K0604	REPL BATT LITHIUM 3.6 V	Manually Priced	\$0.00
K0605	REPL BATT LITHIUM 4.5 V	Manually Priced	\$0.00
K0606	AED GARMENT W ELEC ANALYSIS	Manually Priced	\$0.00
K0607	REPL BATT FOR AED	Manually Priced	\$0.00
K0608	REPL GARMENT FOR AED	Manually Priced	\$0.00
K0609	REPL ELECTRODE FOR AED	Manually Priced	\$0.00
K0669	SEAT/BACK CUS NO DMEPDAC VER	Manually Priced	\$0.00
K0672	REMOVABLE SOFT INTERFACE LE	Manually Priced	\$0.00
K0730	CTRL DOSE INH DRUG DELIV SYS	Manually Priced	\$0.00
K0733	12-24HR SEALED LEAD ACID	Manually Priced	\$0.00
K0738	PORTABLE GAS OXYGEN SYSTEM	Manually Priced	\$0.00
K0739	REPAIR/SVC DME NON-OXYGEN EQ	Provider-specific Rate	\$0.00
K0739	REPAIR/SVC DME NON-OXYGEN EQ	Default Rate	\$27.38
K0743	PORTABLE HOME SUCTION PUMP	Manually Priced	\$0.00
K0744	ABSORP DRG <= 16 SUC PUMP	Manually Priced	\$0.00
K0745	ABSORP DRG >16<=48 SUC PUMP	Manually Priced	\$0.00
K0746	ABSORP DRG >48 SUC PUMP	Manually Priced	\$0.00
K0800	POV GROUP 1 STD UP TO 300LBS	Manually Priced	\$0.00
K0801	POV GROUP 1 HD 301-450 LBS	Manually Priced	\$0.00
K0802	POV GROUP 1 VHD 451-600 LBS	Manually Priced	\$0.00
K0806	POV GROUP 2 STD UP TO 300LBS	Manually Priced	\$0.00
K0807	POV GROUP 2 HD 301-450 LBS	Manually Priced	\$0.00
K0808	POV GROUP 2 VHD 451-600 LBS	Manually Priced	\$0.00
K0812	POWER OPERATED VEHICLE NOC	Manually Priced	\$0.00
K0813	PWC GP 1 STD PORT SEAT/BACK	Manually Priced	\$0.00
K0814	PWC GP 1 STD PORT CAP CHAIR	Manually Priced	\$0.00
K0815	PWC GP 1 STD SEAT/BACK	Manually Priced	\$0.00
K0816	PWC GP 1 STD CAP CHAIR	Manually Priced	\$0.00
K0820	PWC GP 2 STD PORT SEAT/BACK	Manually Priced	\$0.00
K0821	PWC GP 2 STD PORT CAP CHAIR	Manually Priced	\$0.00
K0822	PWC GP 2 STD SEAT/BACK	Manually Priced	\$0.00
K0823	PWC GP 2 STD CAP CHAIR	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
K0824	PWC GP 2 HD SEAT/BACK	Manually Priced	\$0.00
K0825	PWC GP 2 HD CAP CHAIR	Manually Priced	\$0.00
K0826	PWC GP 2 VHD SEAT/BACK	Manually Priced	\$0.00
K0827	PWC GP VHD CAP CHAIR	Manually Priced	\$0.00
K0828	PWC GP 2 XTRA HD SEAT/BACK	Manually Priced	\$0.00
K0829	PWC GP 2 XTRA HD CAP CHAIR	Manually Priced	\$0.00
K0830	PWC GP2 STD SEAT ELEVATE S/B	Manually Priced	\$0.00
K0831	PWC GP2 STD SEAT ELEVATE CAP	Manually Priced	\$0.00
K0835	PWC GP2 STD SING POW OPT S/B	Manually Priced	\$0.00
K0836	PWC GP2 STD SING POW OPT CAP	Manually Priced	\$0.00
K0837	PWC GP 2 HD SING POW OPT S/B	Manually Priced	\$0.00
K0838	PWC GP 2 HD SING POW OPT CAP	Manually Priced	\$0.00
K0839	PWC GP2 VHD SING POW OPT S/B	Manually Priced	\$0.00
K0840	PWC GP2 XHD SING POW OPT S/B	Manually Priced	\$0.00
K0841	PWC GP2 STD MULT POW OPT S/B	Manually Priced	\$0.00
K0842	PWC GP2 STD MULT POW OPT CAP	Manually Priced	\$0.00
K0843	PWC GP2 HD MULT POW OPT S/B	Manually Priced	\$0.00
K0848	PWC GP 3 STD SEAT/BACK	Manually Priced	\$0.00
K0849	PWC GP 3 STD CAP CHAIR	Manually Priced	\$0.00
K0850	PWC GP 3 HD SEAT/BACK	Manually Priced	\$0.00
K0851	PWC GP 3 HD CAP CHAIR	Manually Priced	\$0.00
K0852	PWC GP 3 VHD SEAT/BACK	Manually Priced	\$0.00
K0853	PWC GP 3 VHD CAP CHAIR	Manually Priced	\$0.00
K0854	PWC GP 3 XHD SEAT/BACK	Manually Priced	\$0.00
K0855	PWC GP 3 XHD CAP CHAIR	Manually Priced	\$0.00
K0856	PWC GP3 STD SING POW OPT S/B	Manually Priced	\$0.00
K0857	PWC GP3 STD SING POW OPT CAP	Manually Priced	\$0.00
K0858	PWC GP3 HD SING POW OPT S/B	Manually Priced	\$0.00
K0859	PWC GP3 HD SING POW OPT CAP	Manually Priced	\$0.00
K0860	PWC GP3 VHD SING POW OPT S/B	Manually Priced	\$0.00
K0861	PWC GP3 STD MULT POW OPT S/B	Manually Priced	\$0.00
K0862	PWC GP3 HD MULT POW OPT S/B	Manually Priced	\$0.00
K0863	PWC GP3 VHD MULT POW OPT S/B	Manually Priced	\$0.00
K0864	PWC GP3 XHD MULT POW OPT S/B	Manually Priced	\$0.00
K0868	PWC GP 4 STD SEAT/BACK	Manually Priced	\$0.00
K0869	PWC GP 4 STD CAP CHAIR	Manually Priced	\$0.00
K0870	PWC GP 4 HD SEAT/BACK	Manually Priced	\$0.00
K0871	PWC GP 4 VHD SEAT/BACK	Manually Priced	\$0.00
K0877	PWC GP4 STD SING POW OPT S/B	Manually Priced	\$0.00
K0878	PWC GP4 STD SING POW OPT CAP	Manually Priced	\$0.00
K0879	PWC GP4 HD SING POW OPT S/B	Manually Priced	\$0.00
K0880	PWC GP4 VHD SING POW OPT S/B	Manually Priced	\$0.00
K0884	PWC GP4 STD MULT POW OPT S/B	Manually Priced	\$0.00
K0885	PWC GP4 STD MULT POW OPT CAP	Manually Priced	\$0.00
K0886	PWC GP4 HD MULT POW S/B	Manually Priced	\$0.00
K0890	PWC GP5 PED SING POW OPT S/B	Manually Priced	\$0.00
K0891	PWC GP5 PED MULT POW OPT S/B	Manually Priced	\$0.00
K0898	POWER WHEELCHAIR NOC	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
K0900	CSTM DME OTHER THAN WHEELCHR	Manually Priced	\$0.00
K1002	CES SYSTEM W/SUPPLIES ACCESS	Manually Priced	\$0.00
K1003	WHIRLPOOL TUB WALKIN PORTABL	Manually Priced	\$0.00
L0112	CRANIAL CERVICAL ORTHOSIS	Manually Priced	\$0.00
L0113	CRANIAL CERVICAL TORTICOLLIS	Manually Priced	\$0.00
L0120	CERV FLEX N/ADJ FOAM PRE OTS	Default Rate	\$26.19
L0130	FLEX THERMOPLASTIC COLLAR MO	Default Rate	\$185.15
L0140	CERVICAL SEMI-RIGID ADJUSTAB	Default Rate	\$61.23
L0150	CERV SEMI-RIG ADJ MOLDED CHN	Default Rate	\$112.32
L0160	CERV SR WIRE OCC/MAN PRE OTS	Default Rate	\$146.71
L0170	CERVICAL COLLAR MOLDED TO PT	Default Rate	\$604.12
L0172	CERV COL SR FOAM 2PC PRE OTS	Default Rate	\$130.99
L0174	CERV SR 2PC THOR EXT PRE OTS	Default Rate	\$257.33
L0180	CER POST COL OCC/MAN SUP ADJ	Default Rate	\$356.83
L0190	CERV COLLAR SUPP ADJ CERV BA	Default Rate	\$464.02
L0200	CERV COL SUPP ADJ BAR & THOR	Default Rate	\$483.74
L0220	THOR RIB BELT CUSTOM FABRICA	Default Rate	\$132.11
L0450	TLSO FLEX TRUNK/THOR PRE OTS	Manually Priced	\$0.00
L0452	TLSO FLEX CUSTOM FAB THORACI	Manually Priced	\$0.00
L0454	TLSO TRNK SJ-T9 PRE CST	Manually Priced	\$0.00
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	Manually Priced	\$0.00
L0456	TLSO FLEX TRNK SJ-SS PRE CST	Manually Priced	\$0.00
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	Manually Priced	\$0.00
L0458	TLSO 2MOD SYMPHIS-XIPHO PRE	Manually Priced	\$0.00
L0460	TLSO 2 SHL SYMPHYS-STERN CST	Manually Priced	\$0.00
L0462	TLSO 3MOD SACRO-SCAP PRE	Default Rate	\$1220.88
L0464	TLSO 4MOD SACRO-SCAP PRE	Manually Priced	\$0.00
L0466	TLSO R FRAM SOFT ANT PRE CST	Manually Priced	\$0.00
L0467	TLSO R FRAM SOFT PRE OTS	Manually Priced	\$0.00
L0468	TLSO RIG FRAM PELVIC PRE CST	Manually Priced	\$0.00
L0469	TLSO RIG FRAM PELVIC PRE OTS	Manually Priced	\$0.00
L0470	TLSO RIGID FRAME PRE SUBCLAV	Manually Priced	\$0.00
L0472	TLSO RIGID FRAME HYPEREX PRE	Manually Priced	\$0.00
L0480	TLSO RIGID PLASTIC CUSTOM FA	Manually Priced	\$0.00
L0482	TLSO RIGID LINED CUSTOM FAB	Manually Priced	\$0.00
L0484	TLSO RIGID PLASTIC CUST FAB	Manually Priced	\$0.00
L0486	TLSO RIGIDLINED CUST FAB TWO	Manually Priced	\$0.00
L0488	TLSO RIGID LINED PRE ONE PIE	Manually Priced	\$0.00
L0490	TLSO RIGID PLASTIC PRE ONE	Manually Priced	\$0.00
L0491	TLSO 2 PIECE RIGID SHELL	Manually Priced	\$0.00
L0492	TLSO 3 PIECE RIGID SHELL	Manually Priced	\$0.00
L0621	SIO FLEX PELVIC/SACR PRE OTS	Manually Priced	\$0.00
L0622	SIO FLEX PELVISACRAL CUSTOM	Manually Priced	\$0.00
L0623	SIO RIG PNL PELV/SAC PRE OTS	Manually Priced	\$0.00
L0624	SIO PANEL CUSTOM	Manually Priced	\$0.00
L0625	LO FLEX L1-BELOW L5 PRE OTS	Manually Priced	\$0.00
L0626	LO SAG RIG PNL STAYS PRE CST	Manually Priced	\$0.00
L0627	LO SAG RI AN/POS PNL PRE CST	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L0628	LSO FLEX NO RI STAYS PRE OTS	Manually Priced	\$0.00
L0629	LSO FLEX W/RIGID STAYS CUST	Manually Priced	\$0.00
L0630	LSO R POST PNL SJ-T9 PRE CST	Default Rate	\$158.36
L0631	LSO SAG R AN/POS PNL PRE CST	Manually Priced	\$0.00
L0632	LSO SAG RIGID FRAME CUST	Manually Priced	\$0.00
L0633	LSO SC R POS/LAT PNL PRE CST	Manually Priced	\$0.00
L0634	LSO FLEXION CONTROL CUSTOM	Manually Priced	\$0.00
L0635	LSO SAGIT RIGID PANEL PREFAB	Manually Priced	\$0.00
L0636	LSO SAGITTAL RIGID PANEL CUS	Manually Priced	\$0.00
L0637	LSO SC R ANT/POS PNL PRE CST	Manually Priced	\$0.00
L0638	LSO SAG-CORONAL PANEL CUSTOM	Manually Priced	\$0.00
L0639	LSO S/C SHELL/PANEL PREFAB	Manually Priced	\$0.00
L0640	LSO S/C SHELL/PANEL CUSTOM	Manually Priced	\$0.00
L0641	LO RIG POS PNL L1-L5 PRE OTS	Manually Priced	\$0.00
L0642	LO SAG RI AN/POS PNL PRE OTS	Manually Priced	\$0.00
L0643	LSO SAG CTR RIGI POS PRE OTS	Manually Priced	\$0.00
L0648	LSO SAG R AN/POS PNL PRE OTS	Manually Priced	\$0.00
L0649	LSO SC R POS/LAT PNL PRE OTS	Manually Priced	\$0.00
L0650	LSO SC R ANT/POS PNL PRE OTS	Manually Priced	\$0.00
L0651	LSO SAG-CO SHELL PNL PRE OTS	Manually Priced	\$0.00
L0700	CTLISO A-P-L CONTROL MOLDED	Default Rate	\$1914.97
L0710	CTLISO A-P-L CONTROL W/ INTER	Default Rate	\$1956.38
L0810	HALO CERVICAL INTO JCKT VEST	Default Rate	\$2446.70
L0820	HALO CERVICAL INTO BODY JACK	Default Rate	\$2,196.08
L0830	HALO CERV INTO MILWAUKEE TYP	Default Rate	\$3094.91
L0859	MRI COMPATIBLE SYSTEM	Manually Priced	\$0.00
L0861	HALO REPL LINER/INTERFACE	Manually Priced	\$0.00
L0970	TLISO CORSET FRONT	Default Rate	\$125.96
L0972	LSO CORSET FRONT	Default Rate	\$113.13
L0974	TLISO FULL CORSET	Default Rate	\$168.00
L0976	LSO FULL CORSET	Default Rate	\$149.79
L0978	AXILLARY CRUTCH EXTENSION	Default Rate	\$197.71
L0980	PERONEAL STRAPS PAIR PRE OTS	Default Rate	\$21.58
L0982	STOCKING SUP GRIPS 4 PRE OTS	Default Rate	\$15.25
L0984	PROTECT BODY SOCK EA PRE OTS	Default Rate	\$63.32
L0999	ADD TO SPINAL ORTHOSIS NOS	Manually Priced	\$0.00
L1000	CTLISO MILWAUKEE INITIAL MODEL	Default Rate	\$1921.29
L1001	CTLISO INFANT IMMOBILIZER	Manually Priced	\$0.00
L1005	TENSION BASED SCOLIOSIS ORTH	Manually Priced	\$0.00
L1010	CTLISO AXILLA SLING	Default Rate	\$62.87
L1020	KYPHOSIS PAD	Default Rate	\$80.97
L1025	KYPHOSIS PAD FLOATING	Default Rate	\$154.55
L1030	LUMBAR BOLSTER PAD	Default Rate	\$59.59
L1040	LUMBAR OR LUMBAR RIB PAD	Default Rate	\$77.98
L1050	STERNAL PAD	Default Rate	\$94.01
L1060	THORACIC PAD	Default Rate	\$112.75
L1070	TRAPEZIUS SLING	Default Rate	\$110.09
L1080	OUTRIGGER	Default Rate	\$61.93

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L1085	OUTRIGGER BIL W/ VERT EXTENS	Default Rate	\$167.54
L1090	LUMBAR SLING	Default Rate	\$110.84
L1100	RING FLANGE PLASTIC/LEATHER	Default Rate	\$177.00
L1110	RING FLANGE PLAS/LEATHER MOL	Default Rate	\$239.24
L1120	COVERS FOR UPRIGHT EACH	Default Rate	\$40.46
L1200	FURNISH INITIAL ORTHOSIS ONLY	Default Rate	\$1467.70
L1210	LATERAL THORACIC EXTENSION	Default Rate	\$245.11
L1220	ANTERIOR THORACIC EXTENSION	Default Rate	\$234.15
L1230	MILWAUKEE TYPE SUPERSTRUCTUR	Default Rate	\$600.19
L1240	LUMBAR DEROTATION PAD	Default Rate	\$81.14
L1250	ANTERIOR ASIS PAD	Default Rate	\$81.14
L1260	ANTERIOR THORACIC DEROTATION	Default Rate	\$82.84
L1270	ABDOMINAL PAD	Default Rate	\$84.16
L1280	RIB GUSSET (ELASTIC) EACH	Default Rate	\$96.80
L1290	LATERAL TROCHANTERIC PAD	Default Rate	\$76.63
L1300	BODY JACKET MOLD TO PATIENT	Default Rate	\$1,725.42
L1310	POST-OPERATIVE BODY JACKET	Default Rate	\$1,772.87
L1499	SPINAL ORTHOSIS NOS	Manually Priced	\$0.00
L1600	HO FLEX FREJKA W/COV PRE CST	Default Rate	\$120.71
L1610	HO FREJKA COV ONLY PRE CST	Default Rate	\$53.27
L1620	HO FLEX PAVLIK HARNS PRE CST	Default Rate	\$150.87
L1630	ABDUCT CONTROL HIP SEMI-FLEX	Default Rate	\$158.73
L1640	PELV BAND/SPREAD BAR THIGH C	Default Rate	\$483.18
L1650	HO ABDUCTION HIP ADJUSTABLE	Default Rate	\$244.51
L1652	HO BI THIGHCUFFS W SPRDR BAR	Manually Priced	\$0.00
L1660	HO ABDUCTION STATIC PLASTIC	Default Rate	\$160.31
L1680	PELVIC & HIP CONTROL THIGH C	Default Rate	\$1141.34
L1685	POST-OP HIP ABDUCT CUSTOM FA	Default Rate	\$1164.80
L1686	HO POST-OP HIP ABDUCTION	Default Rate	\$1075.54
L1690	COMBINATION BILATERAL HO	Default Rate	\$1890.83
L1700	LEG PERTHES ORTH TORONTO TYP	Default Rate	\$1430.50
L1710	LEGG PERTHES ORTH NEWINGTON	Default Rate	\$1674.56
L1720	LEGG PERTHES ORTHOSIS TRILAT	Default Rate	\$1234.35
L1730	LEGG PERTHES ORTH SCOTTISH R	Default Rate	\$1,060.19
L1755	LEGG PERTHES PATTEN BOTTOM T	Default Rate	\$1682.46
L1810	KO ELASTIC WITH JOINTS	Default Rate	\$92.25
L1812	KO ELASTIC W/JOINTS PRE OTS	Manually Priced	\$0.00
L1820	KO ELAS W/ CONDYLE PADS & JO	Default Rate	\$142.92
L1830	KO IMMOB CANVAS LONG PRE OTS	Default Rate	\$86.92
L1831	KNEE ORTH POS LOCKING JOINT	Manually Priced	\$0.00
L1832	KO ADJ JNT POS R SUP PRE CST	Default Rate	\$662.49
L1833	KO ADJ JNT POS R SUP PRE OTS	Manually Priced	\$0.00
L1834	KO W/O JOINT RIGID MOLDED TO	Default Rate	\$727.16
L1836	KO RIGID W/O JOINTS PRE OTS	Manually Priced	\$0.00
L1840	KO DEROT ANT CRUCIATE CUSTOM	Default Rate	\$968.59
L1843	KO SINGLE UPRIGHT PRE CST	Default Rate	\$877.36
L1844	KO W/ADJ JT ROT CNTRL MOLDED	Default Rate	\$1520.72
L1845	KO DOUBLE UPRIGHT PRE CST	Default Rate	\$910.45

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L1846	KO W ADJ FLEX/EXT ROTAT MOLD	Default Rate	\$1116.29
L1847	KO DBL UPRIGHT W/AIR PRE CST	Default Rate	\$562.41
L1848	KO DBL UPRIGHT W/AIR PRE OTS	Manually Priced	\$0.00
L1850	KO SWEDISH TYPE PRE OTS	Default Rate	\$284.74
L1851	KO SINGLE UPRIGHT PREFAB OTS	Default Rate	\$877.36
L1852	KO DOUBLE UPRIGHT PREFAB OTS	Default Rate	\$910.45
L1860	KO SUPRACONDYLAR SOCKET MOLD	Default Rate	\$1005.17
L1900	AFO SPRNG WIR DRNFLX CALF BD	Default Rate	\$252.70
L1902	AFO ANKLE GAUNTLET PRE OTS	Default Rate	\$87.33
L1904	AFO MOLDED ANKLE GAUNTLET	Default Rate	\$525.13
L1906	AFO MULTILIG ANK SUP PRE OTS	Default Rate	\$112.65
L1907	AFO SUPRAMALLEOLAR CUSTOM	Manually Priced	\$0.00
L1907	AFO SUPRAMALLEOLAR CUSTOM	PRT	\$651.84
L1910	AFO SING BAR CLASP ATTACH SH	Default Rate	\$255.84
L1920	AFO SING UPRIGHT W/ ADJUST S	Default Rate	\$327.48
L1930	AFO PLASTIC	Default Rate	\$221.60
L1932	AFO RIG ANT TIB PREFAB TCF/=	Manually Priced	\$0.00
L1940	AFO MOLDED TO PATIENT PLASTI	Default Rate	\$463.26
L1945	AFO MOLDED PLAS RIG ANT TIB	Default Rate	\$1107.57
L1950	AFO SPIRAL MOLDED TO PT PLAS	Default Rate	\$734.37
L1951	AFO SPIRAL PREFABRICATED	Manually Priced	\$0.00
L1960	AFO POS SOLID ANK PLASTIC MO	Default Rate	\$553.88
L1970	AFO PLASTIC MOLDED W/ANKLE J	Default Rate	\$666.55
L1971	AFO W/ANKLE JOINT, PREFAB	Manually Priced	\$0.00
L1980	AFO SING SOLID STIRRUP CALF	Default Rate	\$343.79
L1990	AFO DOUB SOLID STIRRUP CALF	Default Rate	\$417.55
L2000	KAFO SING FRE STIRR THI/CALF	Default Rate	\$989.25
L2005	KAFO SNG/DBL MECHANICAL ACT	Manually Priced	\$0.00
L2010	KAFO SNG SOLID STIRRUP W/O J	Default Rate	\$922.82
L2020	KAFO DBL SOLID STIRRUP BAND/	Default Rate	\$1161.96
L2030	KAFO DBL SOLID STIRRUP W/O J	Default Rate	\$1,054.80
L2034	KAFO PLA SIN UP W/WO K/A CUS	Manually Priced	\$0.00
L2035	KAFO PLASTIC PEDIATRIC SIZE	Default Rate	\$171.10
L2036	KAFO PLAS DOUB FREE KNEE MOL	Default Rate	\$1801.02
L2037	KAFO PLAS SING FREE KNEE MOL	Default Rate	\$1,680.26
L2038	KAFO W/O JOINT MULTI-AXIS AN	Default Rate	\$1,706.88
L2040	HKAFO TORSION BIL ROT STRAPS	Default Rate	\$207.01
L2050	HKAFO TORSION CABLE HIP PELV	Default Rate	\$446.22
L2060	HKAFO TORSION BALL BEARING J	Default Rate	\$543.87
L2070	HKAFO TORSION UNILAT ROT STR	Default Rate	\$139.65
L2080	HKAFO UNILAT TORSION CABLE	Default Rate	\$336.93
L2090	HKAFO UNILAT TORSION BALL BR	Default Rate	\$410.75
L2106	AFO TIB FX CAST PLASTER MOLD	Default Rate	\$636.91
L2108	AFO TIB FX CAST MOLDED TO PT	Default Rate	\$1108.97
L2112	AFO TIBIAL FRACTURE SOFT	Default Rate	\$510.07
L2114	AFO TIB FX SEMI-RIGID	Default Rate	\$639.77
L2116	AFO TIBIAL FRACTURE RIGID	Default Rate	\$736.11
L2126	KAFO FEM FX CAST THERMOPLAS	Default Rate	\$1231.38

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L2128	KAFO FEM FX CAST MOLDED TO P	Default Rate	\$1743.71
L2132	KAFO FEMORAL FX CAST SOFT	Default Rate	\$945.38
L2134	KAFO FEM FX CAST SEMI-RIGID	Default Rate	\$1008.79
L2136	KAFO FEMORAL FX CAST RIGID	Default Rate	\$1204.06
L2180	PLAS SHOE INSERT W ANK JOINT	Default Rate	\$112.37
L2182	DROP LOCK KNEE	Default Rate	\$93.10
L2184	LIMITED MOTION KNEE JOINT	Default Rate	\$127.28
L2186	ADJ MOTION KNEE JNT LERMAN T	Default Rate	\$176.54
L2188	QUADRILATERAL BRIM	Default Rate	\$338.07
L2190	WAIST BELT	Default Rate	\$87.36
L2192	PELVIC BAND & BELT THIGH FLA	Default Rate	\$383.58
L2200	LIMITED ANKLE MOTION EA JNT	Default Rate	\$44.54
L2210	DORSIFLEXION ASSIST EACH JOI	Default Rate	\$64.47
L2220	DORSI & PLANTAR FLEX ASS/RES	Default Rate	\$76.71
L2230	SPLIT FLAT CALIPER STIRR & P	Default Rate	\$71.88
L2232	ROCKER BOTTOM, CONTACT AFO	Manually Priced	\$0.00
L2240	ROUND CALIPER AND PLATE ATTA	Default Rate	\$88.96
L2250	FOOT PLATE MOLDED STIRRUP AT	Default Rate	\$360.68
L2260	REINFORCED SOLID STIRRUP	Default Rate	\$187.78
L2265	LONG TONGUE STIRRUP	Default Rate	\$110.32
L2270	VARUS/VALGUS STRAP PADDED/LI	Default Rate	\$51.72
L2275	PLASTIC MOD LOW EXT PAD/LINE	Default Rate	\$121.95
L2280	MOLDED INNER BOOT	Default Rate	\$426.42
L2300	ABDUCTION BAR JOINTED ADJUST	Default Rate	\$267.39
L2310	ABDUCTION BAR-STRAIGHT	Default Rate	\$133.89
L2320	NON-MOLDED LACER	Default Rate	\$192.74
L2330	LACER MOLDED TO PATIENT MODE	Default Rate	\$403.45
L2335	ANTERIOR SWING BAND	Default Rate	\$249.09
L2340	PRE-TIBIAL SHELL MOLDED TO P	Default Rate	\$539.24
L2350	PROSTHETIC TYPE SOCKET MOLDE	Default Rate	\$931.33
L2360	EXTENDED STEEL SHANK	Default Rate	\$48.47
L2370	PATTEN BOTTOM	Default Rate	\$314.06
L2375	TORSION ANK & HALF SOLID STI	Default Rate	\$132.65
L2380	TORSION STRAIGHT KNEE JOINT	Default Rate	\$115.32
L2385	STRAIGHT KNEE JOINT HEAVY DU	Default Rate	\$125.47
L2387	ADD LE POLY KNEE CUSTOM KAFO	Manually Priced	\$0.00
L2390	OFFSET KNEE JOINT EACH	Default Rate	\$105.06
L2395	OFFSET KNEE JOINT HEAVY DUTY	Default Rate	\$146.56
L2397	SUSPENSION SLEEVE LOWER EXT	Default Rate	\$114.18
L2405	KNEE JOINT DROP LOCK EA JNT	Default Rate	\$85.24
L2415	KNEE JOINT CAM LOCK EACH JOI	Default Rate	\$118.76
L2425	KNEE DISC/DIAL LOCK/ADJ FLEX	Default Rate	\$140.16
L2430	KNEE JNT RATCHET LOCK EA JNT	Default Rate	\$140.16
L2492	KNEE LIFT LOOP DROP LOCK RIN	Default Rate	\$127.26
L2500	THI/GLUT/ISCHIA WGT BEARING	Default Rate	\$304.44
L2510	TH/WGHT BEAR QUAD-LAT BRIM M	Default Rate	\$683.05
L2520	TH/WGHT BEAR QUAD-LAT BRIM C	Default Rate	\$450.58
L2525	TH/WGHT BEAR NAR M-L BRIM MO	Default Rate	\$1,215.66

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L2526	TH/WGHT BEAR NAR M-L BRIM CU	Default Rate	\$693.73
L2530	THIGH/WGHT BEAR LACER NON-MO	Default Rate	\$220.09
L2540	THIGH/WGHT BEAR LACER MOLDED	Default Rate	\$396.04
L2550	THIGH/WGHT BEAR HIGH ROLL CU	Default Rate	\$269.04
L2570	HIP CLEVIS TYPE 2 POSIT JNT	Default Rate	\$446.18
L2580	PELVIC CONTROL PELVIC SLING	Default Rate	\$434.75
L2600	HIP CLEVIS/THRUST BEARING FR	Default Rate	\$238.06
L2610	HIP CLEVIS/THRUST BEARING LO	Default Rate	\$252.16
L2620	PELVIC CONTROL HIP HEAVY DUT	Default Rate	\$283.53
L2622	HIP JOINT ADJUSTABLE FLEXION	Default Rate	\$321.44
L2624	HIP ADJ FLEX EXT ABDUCT CONT	Default Rate	\$310.19
L2627	PLASTIC MOLD RECIPRO HIP & C	Default Rate	\$1692.64
L2628	METAL FRAME RECIPRO HIP & CA	Default Rate	\$1664.97
L2630	PELVIC CONTROL BAND & BELT U	Default Rate	\$231.96
L2640	PELVIC CONTROL BAND & BELT B	Default Rate	\$314.80
L2650	PELV & THOR CONTROL GLUTEAL	Default Rate	\$134.03
L2660	THORACIC CONTROL THORACIC BA	Default Rate	\$174.59
L2670	THORAC CONT PARASPINAL UPRIG	Default Rate	\$169.31
L2680	THORAC CONT LAT SUPPORT UPRI	Default Rate	\$156.83
L2750	PLATING CHROME/NICKEL PR BAR	Default Rate	\$78.30
L2755	CARBON GRAPHITE LAMINATION	Default Rate	\$127.74
L2760	EXTENSION PER EXTENSION PER	Default Rate	\$56.92
L2768	ORTHO SIDEBAR DISCONNECT	Manually Priced	\$0.00
L2780	NON-CORROSIVE FINISH	Default Rate	\$63.40
L2785	DROP LOCK RETAINER EACH	Default Rate	\$29.81
L2795	KNEE CONTROL FULL KNEECAP	Default Rate	\$80.85
L2800	KNEE CAP MEDIAL OR LATERAL P	Default Rate	\$124.27
L2810	KNEE CONTROL CONDYLAR PAD	Default Rate	\$97.55
L2820	SOFT INTERFACE BELOW KNEE SE	Default Rate	\$81.35
L2830	SOFT INTERFACE ABOVE KNEE SE	Default Rate	\$88.00
L2840	TIBIAL LENGTH SOCK FX OR EQU	Default Rate	\$52.02
L2850	FEMORAL LGTH SOCK FX OR EQUA	Default Rate	\$58.00
L2861	TORSION MECHANISM KNEE/ANKLE	Manually Priced	\$0.00
L2999	LOWER EXTREMITY ORTHOSIS NOS	Manually Priced	\$0.00
L3000	FT INSERT UCB BERKELEY SHELL	Default Rate	\$307.16
L3001	FOOT INSERT REMOV MOLDED SPE	Manually Priced	\$0.00
L3002	FOOT INSERT PLASTAZOTE OR EQ	Manually Priced	\$0.00
L3003	FOOT INSERT SILICONE GEL EAC	Manually Priced	\$0.00
L3010	FOOT LONGITUDINAL ARCH SUPPO	Manually Priced	\$0.00
L3020	FOOT LONGITUD/METATARSAL SUP	Default Rate	\$193.99
L3030	FOOT ARCH SUPPORT REMOV PREM	Manually Priced	\$0.00
L3031	FOOT LAMIN/PREPREG COMPOSITE	Manually Priced	\$0.00
L3040	FT ARCH SUPRT PREMOLD LONGIT	Manually Priced	\$0.00
L3050	FOOT ARCH SUPP PREMOLD METAT	Manually Priced	\$0.00
L3060	FOOT ARCH SUPP LONGITUD/META	Manually Priced	\$0.00
L3070	ARCH SUPRT ATT TO SHO LONGIT	Manually Priced	\$0.00
L3080	ARCH SUPP ATT TO SHOE METATA	Manually Priced	\$0.00
L3090	ARCH SUPP ATT TO SHOE LONG/M	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L3100	HALLUS-VALGUS NT DYN PRE OTS	Manually Priced	\$0.00
L3140	ABDUCTION ROTATION BAR SHOE	Manually Priced	\$0.00
L3150	ABDUCT ROTATION BAR W/O SHOE	Manually Priced	\$0.00
L3160	SHOE STYLED POSITIONING DEV	Manually Priced	\$0.00
L3170	FOOT PLAS HEEL STABI PRE OTS	Manually Priced	\$0.00
L3201	OXFORD W SUPINAT/PRONAT INF	Manually Priced	\$0.00
L3202	OXFORD W/ SUPINAT/PRONATOR C	Manually Priced	\$0.00
L3203	OXFORD W/ SUPINATOR/PRONATOR	Manually Priced	\$0.00
L3204	HIGHTOP W/ SUPP/PRONATOR INF	Manually Priced	\$0.00
L3206	HIGHTOP W/ SUPP/PRONATOR CHI	Manually Priced	\$0.00
L3207	HIGHTOP W/ SUPP/PRONATOR JUN	Manually Priced	\$0.00
L3208	SURGICAL BOOT EACH INFANT	Manually Priced	\$0.00
L3209	SURGICAL BOOT EACH CHILD	Manually Priced	\$0.00
L3211	SURGICAL BOOT EACH JUNIOR	Manually Priced	\$0.00
L3212	BENESCH BOOT PAIR INFANT	Manually Priced	\$0.00
L3213	BENESCH BOOT PAIR CHILD	Manually Priced	\$0.00
L3214	BENESCH BOOT PAIR JUNIOR	Manually Priced	\$0.00
L3215	ORTHOPEDIC FTWEAR LADIES OXF	Default Rate	\$86.72
L3216	ORTHOPED LADIES SHOES DPTH I	Manually Priced	\$0.00
L3217	LADIES SHOES HIGHTOP DEPTH I	Manually Priced	\$0.00
L3219	ORTHOPEDIC MENS SHOES OXFORD	Default Rate	\$89.02
L3221	ORTHOPEDIC MENS SHOES DPTH I	Manually Priced	\$0.00
L3222	MENS SHOES HIGHTOP DEPTH INL	Manually Priced	\$0.00
L3224	WOMAN'S SHOE OXFORD BRACE	Default Rate	\$62.32
L3225	MAN'S SHOE OXFORD BRACE	Default Rate	\$63.99
L3230	CUSTOM SHOES DEPTH INLAY	Manually Priced	\$0.00
L3250	CUSTOM MOLD SHOE REMOV PROST	Manually Priced	\$0.00
L3251	SHOE MOLDED TO PT SILICONE S	Manually Priced	\$0.00
L3252	SHOE MOLDED PLASTAZOTE CUST	Manually Priced	\$0.00
L3253	SHOE MOLDED PLASTAZOTE CUST	Manually Priced	\$0.00
L3254	ORTH FOOT NON-STNDARD SIZE/W	Manually Priced	\$0.00
L3255	ORTH FOOT NON-STANDARD SIZE/	Manually Priced	\$0.00
L3257	ORTH FOOT ADD CHARGE SPLIT S	Manually Priced	\$0.00
L3260	AMBULATORY SURGICAL BOOT EAC	Manually Priced	\$0.00
L3265	PLASTAZOTE SANDAL EACH	Manually Priced	\$0.00
L3300	SHO LIFT TAPER TO METATARSAL	Manually Priced	\$0.00
L3310	SHOE LIFT ELEV HEEL/SOLE NEO	Manually Priced	\$0.00
L3320	SHOE LIFT ELEV HEEL/SOLE COR	Manually Priced	\$0.00
L3330	LIFTS ELEVATION METAL EXTENS	Manually Priced	\$0.00
L3332	SHOE LIFTS TAPERED TO ONE-HA	Manually Priced	\$0.00
L3334	SHOE LIFTS ELEVATION HEEL /I	Manually Priced	\$0.00
L3340	SHOE WEDGE SACH	Manually Priced	\$0.00
L3350	SHOE HEEL WEDGE	Manually Priced	\$0.00
L3360	SHOE SOLE WEDGE OUTSIDE SOLE	Manually Priced	\$0.00
L3370	SHOE SOLE WEDGE BETWEEN SOLE	Manually Priced	\$0.00
L3380	SHOE CLUBFOOT WEDGE	Manually Priced	\$0.00
L3390	SHOE OUTFLARE WEDGE	Manually Priced	\$0.00
L3400	SHOE METATARSAL BAR WEDGE RO	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L3410	SHOE METATARSAL BAR BETWEEN	Manually Priced	\$0.00
L3420	FULL SOLE/HEEL WEDGE BTWEEN	Manually Priced	\$0.00
L3430	SHO HEEL COUNT PLAST REINFOR	Manually Priced	\$0.00
L3440	HEEL LEATHER REINFORCED	Manually Priced	\$0.00
L3450	SHOE HEEL SACH CUSHION TYPE	Manually Priced	\$0.00
L3455	SHOE HEEL NEW LEATHER STANDA	Manually Priced	\$0.00
L3460	SHOE HEEL NEW RUBBER STANDAR	Manually Priced	\$0.00
L3465	SHOE HEEL THOMAS WITH WEDGE	Manually Priced	\$0.00
L3470	SHOE HEEL THOMAS EXTEND TO B	Manually Priced	\$0.00
L3480	SHOE HEEL PAD & DEPRESS FOR	Manually Priced	\$0.00
L3485	SHOE HEEL PAD REMOVABLE FOR	Manually Priced	\$0.00
L3500	ORTHO SHOE ADD LEATHER INSOL	Manually Priced	\$0.00
L3510	ORTHOPEDIC SHOE ADD RUB INSL	Manually Priced	\$0.00
L3520	O SHOE ADD FELT W LEATH INSL	Manually Priced	\$0.00
L3530	ORTHO SHOE ADD HALF SOLE	Manually Priced	\$0.00
L3540	ORTHO SHOE ADD FULL SOLE	Manually Priced	\$0.00
L3550	O SHOE ADD STANDARD TOE TAP	Manually Priced	\$0.00
L3560	O SHOE ADD HORSESHOE TOE TAP	Manually Priced	\$0.00
L3570	O SHOE ADD INSTEP EXTENSION	Manually Priced	\$0.00
L3580	O SHOE ADD INSTEP VELCRO CLO	Manually Priced	\$0.00
L3590	O SHOE CONVERT TO SOF COUNTE	Manually Priced	\$0.00
L3595	ORTHO SHOE ADD MARCH BAR	Manually Priced	\$0.00
L3600	TRANS SHOE CALIP PLATE EXIST	Manually Priced	\$0.00
L3610	TRANS SHOE CALIPER PLATE NEW	Default Rate	\$98.24
L3620	TRANS SHOE SOLID STIRRUP EXI	Manually Priced	\$0.00
L3630	TRANS SHOE SOLID STIRRUP NEW	Manually Priced	\$0.00
L3640	SHOE DENNIS BROWNE SPLINT BO	Manually Priced	\$0.00
L3649	ORTHOPEDIC SHOE MODIFICA NOS	Manually Priced	\$0.00
L3650	SO 8 ABD RESTRAINT PRE OTS	Default Rate	\$62.29
L3660	SO 8 AB RSTR CAN/WEB PRE OTS	Manually Priced	\$0.00
L3670	SO ACRO/CLAV CAN WEB PRE OTS	Manually Priced	\$0.00
L3671	SO CAP DESIGN W/O JNTS CF	Manually Priced	\$0.00
L3674	SO AIRPLANE W/VO JOINT CF	Manually Priced	\$0.00
L3675	SO VEST CANVAS/WEB PRE OTS	Manually Priced	\$0.00
L3677	SO HARD PLAS STABILI PRE CST	Manually Priced	\$0.00
L3678	SO HARD PLAS STABILI PRE OTS	Manually Priced	\$0.00
L3702	EO W/O JOINTS CF	Manually Priced	\$0.00
L3710	EO ELAS W/METAL JNTS PRE OTS	Default Rate	\$143.24
L3720	FOREARM/ARM CUFFS FREE MOTIO	Default Rate	\$639.15
L3730	FOREARM/ARM CUFFS EXT/FLEX A	Default Rate	\$826.31
L3740	CUFFS ADJ LOCK W/ ACTIVE CON	Default Rate	\$979.66
L3760	EO ADJ JT PREFAB CUSTOM FIT	Default Rate	\$445.02
L3761	EO, ADJ LOCK JOINT PREFAB OT	Default Rate	\$445.02
L3762	EO RIGID W/O JOINTS PRE OTS	Manually Priced	\$0.00
L3763	EWHO RIGID W/O JNTS CF	Manually Priced	\$0.00
L3764	EWHO W/JOINT(S) CF	Manually Priced	\$0.00
L3765	EWHFO RIGID W/O JNTS CF	Manually Priced	\$0.00
L3766	EWHFO W/JOINT(S) CF	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L3806	WHFO W/JOINT(S) CUSTOM FAB	Manually Priced	\$0.00
L3807	WHFO W/O JOINTS PRE CST	Default Rate	\$222.52
L3808	WHFO, RIGID W/O JOINTS	Manually Priced	\$0.00
L3809	WHFO W/O JOINTS PRE OTS	Manually Priced	\$0.00
L3891	TORSION MECHANISM WRIST/ELBO	Manually Priced	\$0.00
L3900	HINGE EXTENSION/FLEX WRIST/F	Default Rate	\$1297.55
L3901	HINGE EXT/FLEX WRIST FINGER	Default Rate	\$1473.53
L3904	WHFO ELECTRIC CUSTOM FITTED	Default Rate	\$2684.34
L3905	WHO W/NONTORSION JNT(S) CF	Manually Priced	\$0.00
L3906	WHO W/O JOINTS CF	Default Rate	\$391.84
L3908	WHO COCK-UP NONMOLDE PRE OTS	Default Rate	\$61.66
L3912	HFO FLEXION GLOVE PRE OTS	Default Rate	\$106.82
L3913	HFO W/O JOINTS CF	Manually Priced	\$0.00
L3915	WHO NONTORSION JNTS PRE CST	Manually Priced	\$0.00
L3916	WHO NONTORSION JNTS PRE OTS	Manually Priced	\$0.00
L3917	METACARP FX ORTHOSIS PRE CST	Manually Priced	\$0.00
L3918	METACARP FX ORTHOSIS PRE OTS	Manually Priced	\$0.00
L3919	HO W/O JOINTS CF	Manually Priced	\$0.00
L3921	HFO W/JOINT(S) CF	Manually Priced	\$0.00
L3923	HFO WITHOUT JOINTS PRE CST	Default Rate	\$85.89
L3924	HFO WITHOUT JOINTS PRE OTS	Manually Priced	\$0.00
L3925	FO PIP DIP JNT/SPRNG PRE OTS	Manually Priced	\$0.00
L3927	FO PIP DIP NO JT SPR PRE OTS	Manually Priced	\$0.00
L3929	HFO NONTORSION JNTS PRE CST	Manually Priced	\$0.00
L3930	HFO NONTORSION JNTS PRE OTS	Manually Priced	\$0.00
L3931	WHFO NONTORSION JOINT PREFAB	Manually Priced	\$0.00
L3933	FO W/O JOINTS CF	Manually Priced	\$0.00
L3935	FO NONTORSION JOINT CF	Manually Priced	\$0.00
L3956	ADD JOINT UPPER EXT ORTHOSIS	Manually Priced	\$0.00
L3960	SEWHO AIRPLAN DESIG ABDU POS	Default Rate	\$674.27
L3961	SEWHO CAP DESIGN W/O JNTS CF	Manually Priced	\$0.00
L3962	SEWHO ERBS PALSEY DESIGN ABD	Default Rate	\$657.69
L3967	SEWHO AIRPLANE W/O JNTS CF	Manually Priced	\$0.00
L3971	SEWHO CAP DESIGN W/JNT(S) CF	Manually Priced	\$0.00
L3973	SEWHO AIRPLANE W/JNT(S) CF	Manually Priced	\$0.00
L3975	SEWHFO CAP DESIGN W/O JNT CF	Manually Priced	\$0.00
L3976	SEWHFO AIRPLANE W/O JNTS CF	Manually Priced	\$0.00
L3977	SEWHFO CAP DESGN W/JNT(S) CF	Manually Priced	\$0.00
L3978	SEWHFO AIRPLANE W/JNT(S) CF	Manually Priced	\$0.00
L3980	UP EXT FX ORTHOS HUMERAL NOS	Default Rate	\$293.52
L3981	UE FX ORTH SHOUL CAP FOREARM	Manually Priced	\$0.00
L3982	UPPER EXT FX ORTHOSIS RAD/UL	Default Rate	\$342.20
L3984	UPPER EXT FX ORTHOSIS WRIST	Default Rate	\$315.50
L3995	SOCK FRACTURE OR EQUAL EACH	Default Rate	\$32.69
L3999	UPPER LIMB ORTHOSIS NOS	Manually Priced	\$0.00
L4000	REPL GIRDLE MILWAUKEE ORTH	Default Rate	\$1289.51
L4002	REPLACE STRAP, ANY ORTHOSIS	Manually Priced	\$0.00
L4010	REPLACE TRILATERAL SOCKET BR	Default Rate	\$628.66

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L4020	REPLACE QUADLAT SOCKET BRIM	Default Rate	\$879.20
L4030	REPLACE SOCKET BRIM CUST FIT	Default Rate	\$472.94
L4040	REPLACE MOLDED THIGH LACER	Default Rate	\$385.93
L4045	REPLACE NON-MOLDED THIGH LAC	Default Rate	\$307.28
L4050	REPLACE MOLDED CALF LACER	Default Rate	\$386.73
L4055	REPLACE NON-MOLDED CALF LACE	Default Rate	\$250.42
L4060	REPLACE HIGH ROLL CUFF	Default Rate	\$297.70
L4070	REPLACE PROX & DIST UPRIGHT	Default Rate	\$263.62
L4080	REPL MET BAND KAFO-AFO PROX	Default Rate	\$108.13
L4090	REPL MET BAND KAFO-AFO CALF/	Default Rate	\$85.32
L4100	REPL LEATH CUFF KAFO PROX TH	Default Rate	\$112.04
L4110	REPL LEATH CUFF KAFO-AFO CAL	Default Rate	\$84.40
L4130	REPLACE PRETIBIAL SHELL	Default Rate	\$473.29
L4205	ORTHO DVC REPAIR PER 15 MIN	Default Rate	\$22.13
L4210	ORTH DEV REPAIR/REPL MINOR P	Manually Priced	\$0.00
L4350	ANKLE CONTROL ORTHO PRE OTS	Default Rate	\$93.76
L4360	PNEUMAT WALKING BOOT PRE CST	Default Rate	\$288.24
L4361	PNEUMA/VAC WALK BOOT PRE OTS	Manually Priced	\$0.00
L4370	PNEUM FULL LEG SPLNT PRE OTS	Default Rate	\$190.62
L4386	NON-PNEUM WALK BOOT PRE CST	Default Rate	\$155.02
L4387	NON-PNEUM WALK BOOT PRE OTS	Manually Priced	\$0.00
L4392	REPLACE AFO SOFT INTERFACE	Default Rate	\$23.00
L4394	REPLACE FOOT DROP SPINT	Default Rate	\$16.78
L4396	STATIC OR DYNAMI AFO PRE CST	Default Rate	\$164.07
L4397	STATIC OR DYNAMI AFO PRE OTS	Manually Priced	\$0.00
L4398	FOOT DROP SPLINT PRE OTS	Default Rate	\$75.54
L4631	AFO, WALK BOOT TYPE, CUS FAB	Manually Priced	\$0.00
L5000	SHO INSERT W ARCH TOE FILLER	Default Rate	\$556.23
L5010	MOLD SOCKET ANK HGT W/ TOE F	Default Rate	\$1,214.99
L5020	TIBIAL TUBERCLE HGT W/ TOE F	Default Rate	\$1,977.75
L5050	ANK SYMES MOLD SCKT SACH FT	Default Rate	\$2290.32
L5060	SYMES MET FR LEATH SOCKET AR	Default Rate	\$2756.43
L5100	MOLDED SOCKET SHIN SACH FOOT	Default Rate	\$2385.90
L5105	PLAST SOCKET JTS/THGH LACER	Default Rate	\$3786.94
L5150	MOLD SCKT EXT KNEE SHIN SACH	Default Rate	\$3504.59
L5160	MOLD SOCKET BENT KNEE SHIN S	Default Rate	\$3,811.87
L5200	KNE SING AXIS FRIC SHIN SACH	Default Rate	\$3320.47
L5210	NO KNEE/ANKLE JOINTS W/ FT B	Default Rate	\$2,421.68
L5220	NO KNEE JOINT WITH ARTIC ALI	Default Rate	\$2752.68
L5230	FEM FOCAL DEFIC CONSTANT FRI	Default Rate	\$3796.48
L5250	HIP CANAD SING AXI CONS FRIC	Default Rate	\$5178.07
L5270	TILT TABLE LOCKING HIP SING	Default Rate	\$5,132.70
L5280	HEMIPELVECT CANAD SING AXIS	Default Rate	\$5,081.38
L5301	BK MOLD SOCKET SACH FT ENDO	Manually Priced	\$0.00
L5312	KNEE DISART, SACH FT, ENDO	Manually Priced	\$0.00
L5321	AK OPEN END SACH	Manually Priced	\$0.00
L5331	HIP DISART CANADIAN SACH FT	Manually Priced	\$0.00
L5341	HEMIPELVECTOMY CANADIAN SACH	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L5400	POSTOP DRESS & 1 CAST CHG BK	Default Rate	\$1,201.10
L5410	POSTOP DSG BK EA ADD CAST CH	Default Rate	\$526.24
L5420	POSTOP DSG & 1 CAST CHG AK/D	Default Rate	\$1,516.95
L5430	POSTOP DSG AK EA ADD CAST CH	Default Rate	\$669.60
L5450	POSTOP APP NON-WGT BEAR DSG	Default Rate	\$428.35
L5460	POSTOP APP NON-WGT BEAR DSG	Default Rate	\$631.36
L5500	INIT BK PTB PLASTER DIRECT	Default Rate	\$1,281.73
L5505	INIT AK ISCHAL PLSTR DIRECT	Default Rate	\$1,735.80
L5510	PREP BK PTB PLASTER MOLDED	Default Rate	\$1,452.93
L5520	PERP BK PTB THERMOPLS DIRECT	Default Rate	\$1,435.15
L5530	PREP BK PTB THERMOPLS MOLDED	Default Rate	\$1,816.60
L5535	PREP BK PTB OPEN END SOCKET	Default Rate	\$1,790.25
L5540	PREP BK PTB LAMINATED SOCKET	Default Rate	\$1890.42
L5560	PREP AK ISCHIAL PLAST MOLDED	Default Rate	\$1939.65
L5570	PREP AK ISCHIAL DIRECT FORM	Default Rate	\$2016.55
L5580	PREP AK ISCHIAL THERMO MOLD	Default Rate	\$2354.19
L5585	PREP AK ISCHIAL OPEN END	Default Rate	\$2553.39
L5590	PREP AK ISCHIAL LAMINATED	Default Rate	\$2399.08
L5595	HIP DISARTIC SACH THERMOPLS	Default Rate	\$4216.93
L5600	HIP DISART SACH LAMINAT MOLD	Default Rate	\$4599.51
L5610	ABOVE KNEE HYDRACADENCE	Default Rate	\$2066.20
L5611	AK 4 BAR LINK W/FRIC SWING	Default Rate	\$1607.92
L5613	AK 4 BAR LING W/HYDRAUL SWIG	Default Rate	\$2445.75
L5614	4-BAR LINK ABOVE KNEE W/SWNG	Default Rate	\$1653.23
L5616	AK UNIV MULTIPLEX SYS FRICT	Default Rate	\$1355.42
L5617	AK/BK SELF-ALIGNING UNIT EA	Default Rate	\$548.15
L5618	TEST SOCKET SYMES	Default Rate	\$315.78
L5620	TEST SOCKET BELOW KNEE	Default Rate	\$277.45
L5622	TEST SOCKET KNEE DISARTICULA	Default Rate	\$423.73
L5624	TEST SOCKET ABOVE KNEE	Default Rate	\$404.28
L5626	TEST SOCKET HIP DISARTICULAT	Default Rate	\$568.27
L5628	TEST SOCKET HEMIPELVECTOMY	Default Rate	\$538.23
L5629	BELOW KNEE ACRYLIC SOCKET	Default Rate	\$411.02
L5630	SYME TYP EXPANDABL WALL SCKT	Default Rate	\$447.89
L5631	AK/KNEE DISARTIC ACRYLIC SOC	Default Rate	\$535.60
L5632	SYMES TYPE PTB BRIM DESIGN S	Default Rate	\$221.59
L5634	SYMES TYPE POSTER OPENING SO	Default Rate	\$303.57
L5636	SYMES TYPE MEDIAL OPENING SO	Default Rate	\$254.28
L5637	BELOW KNEE TOTAL CONTACT	Default Rate	\$339.67
L5638	BELOW KNEE LEATHER SOCKET	Default Rate	\$485.68
L5639	BELOW KNEE WOOD SOCKET	Default Rate	\$1139.37
L5640	KNEE DISARTICULAT LEATHER SO	Default Rate	\$693.69
L5642	ABOVE KNEE LEATHER SOCKET	Default Rate	\$621.04
L5643	HIP FLEX INNER SOCKET EXT FR	Default Rate	\$1553.30
L5644	ABOVE KNEE WOOD SOCKET	Default Rate	\$589.45
L5645	BK FLEX INNER SOCKET EXT FRA	Default Rate	\$796.28
L5646	BELOW KNEE CUSHION SOCKET	Default Rate	\$546.80
L5647	BELOW KNEE SUCTION SOCKET	Default Rate	\$793.85

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L5648	ABOVE KNEE CUSHION SOCKET	Default Rate	\$657.05
L5649	ISCH CONTAINMT/NARROW M-L SO	Default Rate	\$1994.70
L5650	TOT CONTACT AK/KNEE DISART S	Default Rate	\$487.20
L5651	AK FLEX INNER SOCKET EXT FRA	Default Rate	\$1198.49
L5652	SUCTION SUSP AK/KNEE DISART	Default Rate	\$435.10
L5653	KNEE DISART EXPAND WALL SOCK	Default Rate	\$580.82
L5654	SOCKET INSERT SYMES	Default Rate	\$330.98
L5655	SOCKET INSERT BELOW KNEE	Default Rate	\$280.23
L5656	SOCKET INSERT KNEE ARTICULAT	Default Rate	\$394.75
L5658	SOCKET INSERT ABOVE KNEE	Default Rate	\$384.43
L5661	MULTI-DUROMETER SYMES	Default Rate	\$668.06
L5665	MULTI-DUROMETER BELOW KNEE	Default Rate	\$510.99
L5666	BELOW KNEE CUFF SUSPENSION	Default Rate	\$75.93
L5668	BK MOLDED DISTAL CUSHION	Default Rate	\$101.38
L5670	BK MOLDED SUPRACONDYLAR SUSP	Default Rate	\$308.63
L5671	BK/AK LOCKING MECHANISM	Manually Priced	\$0.00
L5672	BK REMOVABLE MEDIAL BRIM SUS	Default Rate	\$377.11
L5673	SOCKET INSERT W LOCK MECH	Manually Priced	\$0.00
L5676	BK KNEE JOINTS SINGLE AXIS P	Default Rate	\$361.64
L5677	BK KNEE JOINTS POLYCENTRIC P	Default Rate	\$492.06
L5678	BK JOINT COVERS PAIR	Default Rate	\$39.62
L5679	SOCKET INSERT W/O LOCK MECH	Default Rate	\$584.27
L5680	BK THIGH LACER NON-MOLDED	Default Rate	\$345.64
L5681	INTL CUSTM CONG/LATYP INSERT	Manually Priced	\$0.00
L5682	BK THIGH LACER GLUT/ISCHIA M	Default Rate	\$624.12
L5683	INITIAL CUSTOM SOCKET INSERT	Manually Priced	\$0.00
L5684	BK FORK STRAP	Default Rate	\$48.03
L5685	BELOW KNEE SUS/SEAL SLEEVE	Default Rate	\$125.49
L5686	BK BACK CHECK	Default Rate	\$64.78
L5688	BK WAIST BELT WEBBING	Default Rate	\$60.96
L5690	BK WAIST BELT PADDED AND LIN	Default Rate	\$118.04
L5692	AK PELVIC CONTROL BELT LIGHT	Default Rate	\$137.01
L5694	AK PELVIC CONTROL BELT PAD/L	Default Rate	\$181.05
L5695	AK SLEEVE SUSP NEOPRENE/EQUA	Default Rate	\$189.92
L5696	AK/KNEE DISARTIC PELVIC JOIN	Default Rate	\$207.55
L5697	AK/KNEE DISARTIC PELVIC BAND	Default Rate	\$84.31
L5698	AK/KNEE DISARTIC SILESIA BA	Default Rate	\$104.86
L5699	SHOULDER HARNESS	Default Rate	\$186.08
L5700	REPLACE SOCKET BELOW KNEE	Default Rate	\$2875.10
L5701	REPLACE SOCKET ABOVE KNEE	Default Rate	\$3566.83
L5702	REPLACE SOCKET HIP	Default Rate	\$4,495.45
L5703	SYMES ANKLE W/O (SACH) FOOT	Manually Priced	\$0.00
L5704	CUSTOM SHAPE COVER BK	Default Rate	\$586.22
L5705	CUSTOM SHAPE COVER AK	Default Rate	\$1,074.78
L5706	CUSTOM SHAPE CVR KNEE DISART	Default Rate	\$1048.30
L5707	CUSTOM SHAPE CVR HIP DISART	Default Rate	\$1408.38
L5710	KNE-SHIN EXO SNG AXI MNL LOC	Default Rate	\$358.93
L5711	KNEE-SHIN EXO MNL LOCK ULTRA	Default Rate	\$544.49

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L5712	KNEE-SHIN EXO FRICT SWG & ST	Default Rate	\$430.03
L5714	KNEE-SHIN EXO VARIABLE FRICT	Default Rate	\$443.46
L5716	KNEE-SHIN EXO MECH STANCE PH	Default Rate	\$727.36
L5718	KNEE-SHIN EXO FRICT SWG & STA	Default Rate	\$909.13
L5722	KNEE-SHIN PNEUM SWG FRICT EXO	Default Rate	\$948.71
L5724	KNEE-SHIN EXO FLUID SWING PH	Default Rate	\$1506.36
L5726	KNEE-SHIN EXT JNTS FLD SWG E	Default Rate	\$1978.01
L5728	KNEE-SHIN FLUID SWG & STANCE	Default Rate	\$2,464.35
L5780	KNEE-SHIN PNEUM/HYDRA PNEUM	Default Rate	\$1,188.19
L5781	LOWER LIMB PROS VACUUM PUMP	Manually Priced	\$0.00
L5782	HD LOW LIMB PROS VACUUM PUMP	Manually Priced	\$0.00
L5785	EXOSKELETAL BK ULTRALT MATER	Default Rate	\$518.50
L5790	EXOSKELETAL AK ULTRA-LIGHT M	Default Rate	\$717.57
L5795	EXOSKEL HIP ULTRA-LIGHT MATE	Default Rate	\$1,071.52
L5810	ENDOSKEL KNEE-SHIN MNL LOCK	Default Rate	\$498.48
L5811	ENDO KNEE-SHIN MNL LCK ULTRA	Default Rate	\$727.84
L5812	ENDO KNEE-SHIN FRICT SWG & ST	Default Rate	\$564.16
L5814	ENDO KNEE-SHIN HYDRAL SWG PH	Default Rate	\$3638.50
L5816	ENDO KNEE-SHIN POLYC MCH STA	Default Rate	\$848.73
L5818	ENDO KNEE-SHIN FRICT SWG & ST	Default Rate	\$958.38
L5822	ENDO KNEE-SHIN PNEUM SWG FRC	Default Rate	\$1859.34
L5824	ENDO KNEE-SHIN FLUID SWING P	Default Rate	\$1530.46
L5826	MINIATURE KNEE JOINT	Default Rate	\$3090.15
L5828	ENDO KNEE-SHIN FLUID SWG/STA	Default Rate	\$2917.39
L5830	ENDO KNEE-SHIN PNEUM/SWG PHA	Default Rate	\$2,072.93
L5840	MULTI-AXIAL KNEE/SHIN SYSTEM	Default Rate	\$3655.36
L5845	KNEE-SHIN SYS STANCE FLEXION	Default Rate	\$1756.01
L5848	KNEE-SHIN SYS HYDRAUL STANCE	Manually Priced	\$0.00
L5850	ENDO AK/HIP KNEE EXTENS ASSI	Default Rate	\$132.55
L5855	MECH HIP EXTENSION ASSIST	Default Rate	\$308.21
L5856	ELEC KNEE-SHIN SWING/STANCE	Manually Priced	\$0.00
L5857	ELEC KNEE-SHIN SWING ONLY	Manually Priced	\$0.00
L5858	STANCE PHASE ONLY	Manually Priced	\$0.00
L5859	KNEE-SHIN PRO FLEX/EXT CONT	Manually Priced	\$0.00
L5910	ENDO BELOW KNEE ALIGNABLE SY	Default Rate	\$364.01
L5920	ENDO AK/HIP ALIGNABLE SYSTEM	Default Rate	\$529.52
L5925	ABOVE KNEE MANUAL LOCK	Default Rate	\$335.33
L5930	HIGH ACTIVITY KNEE FRAME	Default Rate	\$3297.64
L5940	ENDO BK ULTRA-LIGHT MATERIAL	Default Rate	\$500.60
L5950	ENDO AK ULTRA-LIGHT MATERIAL	Default Rate	\$845.68
L5960	ENDO HIP ULTRA-LIGHT MATERIA	Default Rate	\$1012.99
L5961	ENDO POLY HIP, PNEU/HYD/ROT	Manually Priced	\$0.00
L5962	BELOW KNEE FLEX COVER SYSTEM	Default Rate	\$586.60
L5964	ABOVE KNEE FLEX COVER SYSTEM	Default Rate	\$1,050.74
L5966	HIP FLEXIBLE COVER SYSTEM	Default Rate	\$1,353.51
L5968	MULTIAXIAL ANKLE W DORSIFLEX	Default Rate	\$3560.21
L5969	AK/FT POWER ASST INCL MOTORS	Manually Priced	\$0.00
L5970	FOOT EXTERNAL KEEL SACH FOOT	Default Rate	\$219.08

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L5971	SACH FOOT, REPLACEMENT	Manually Priced	\$0.00
L5972	FLEXIBLE KEEL FOOT	Default Rate	\$351.72
L5973	ANK-FOOT SYS DORS-PLANT FLEX	Manually Priced	\$0.00
L5974	FOOT SINGLE AXIS ANKLE/FOOT	Default Rate	\$296.75
L5975	COMBO ANKLE/FOOT PROSTHESIS	Default Rate	\$454.18
L5976	ENERGY STORING FOOT	Default Rate	\$558.89
L5978	FT PROSTH MULTIAXIAL ANKL/FT	Default Rate	\$291.24
L5979	MULTI-AXIAL ANKLE/FT PROSTH	Default Rate	\$2,337.00
L5980	FLEX FOOT SYSTEM	Default Rate	\$3700.21
L5981	FLEX-WALK SYS LOW EXT PROSTH	Default Rate	\$3,198.35
L5982	EXOSKELETAL AXIAL ROTATION U	Default Rate	\$576.94
L5984	ENDOSKELETAL AXIAL ROTATION	Default Rate	\$571.82
L5985	LWR EXT DYNAMIC PROSTH PYLON	Default Rate	\$276.67
L5986	MULTI-AXIAL ROTATION UNIT	Default Rate	\$635.76
L5987	SHANK FT W VERT LOAD PYLON	Default Rate	\$7,047.79
L5988	VERTICAL SHOCK REDUCING PYLO	Default Rate	\$1,957.19
L5990	USER ADJUSTABLE HEEL HEIGHT	Manually Priced	\$0.00
L5999	LOWR EXTREMITY PROSTHES NOS	Manually Priced	\$0.00
L6000	PART HAND THUMB REM	Default Rate	\$1,326.01
L6010	PART HAND LITTLE/RING	Default Rate	\$1,475.63
L6020	PART HAND NO FINGERS	Default Rate	\$1,375.79
L6026	PART HAND MYO EXCLU TERM DEV	Manually Priced	\$0.00
L6050	WRST MLD SCK FLX HNG TRI PAD	Default Rate	\$1,895.78
L6055	WRST MOLD SOCK W/EXP INTERFA	Default Rate	\$3,013.42
L6100	ELB MOLD SOCK FLEX HINGE PAD	Default Rate	\$1,920.72
L6110	ELBOW MOLD SOCK SUSPENSION T	Default Rate	\$2,037.24
L6120	ELBOW MOLD DOUB SPLT SOC STE	Default Rate	\$2,374.12
L6130	ELBOW STUMP ACTIVATED LOCK H	Default Rate	\$2583.48
L6200	ELBOW MOLD OUTSID LOCK HINGE	Default Rate	\$2722.57
L6205	ELBOW MOLDED W/ EXPAND INTER	Default Rate	\$4,536.87
L6250	ELBOW INTER LOC ELBOW FORARM	Default Rate	\$2,679.92
L6300	SHLDER DISART INT LOCK ELBOW	Default Rate	\$3,718.10
L6310	SHOULDER PASSIVE RESTOR COMP	Default Rate	\$3,057.65
L6320	SHOULDER PASSIVE RESTOR CAP	Default Rate	\$1,705.48
L6350	THORACIC INTERN LOCK ELBOW	Default Rate	\$3,909.01
L6360	THORACIC PASSIVE RESTOR COMP	Default Rate	\$3,209.08
L6370	THORACIC PASSIVE RESTOR CAP	Default Rate	\$2,415.93
L6380	POSTOP DSG CAST CHG WRST/ELB	Default Rate	\$1,304.81
L6382	POSTOP DSG CAST CHG ELB DIS/	Default Rate	\$1,561.40
L6384	POSTOP DSG CAST CHG SHLDER/T	Default Rate	\$1,905.34
L6386	POSTOP EA CAST CHG & REALIGN	Default Rate	\$456.92
L6388	POSTOP APPLICAT RIGID DSG ON	Default Rate	\$438.73
L6400	BELOW ELBOW PROSTH TISS SHAP	Default Rate	\$2320.59
L6450	ELB DISART PROSTH TISS SHAP	Default Rate	\$3076.85
L6500	ABOVE ELBOW PROSTH TISS SHAP	Default Rate	\$3079.37
L6550	SHLDR DISAR PROSTH TISS SHAP	Default Rate	\$3805.54
L6570	SCAP THORAC PROSTH TISS SHAP	Default Rate	\$4617.43
L6580	WRIST/ELBOW BOWDEN CABLE MOL	Default Rate	\$1611.78

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L6582	WRIST/ELBOW BOWDEN CBL DIR F	Default Rate	\$1373.53
L6584	ELBOW FAIR LEAD CABLE MOLDED	Default Rate	\$2224.88
L6586	ELBOW FAIR LEAD CABLE DIR FO	Default Rate	\$1946.30
L6588	SHDR FAIR LEAD CABLE MOLDED	Default Rate	\$3212.89
L6590	SHDR FAIR LEAD CABLE DIRECT	Default Rate	\$2938.90
L6600	POLYCENTRIC HINGE PAIR	Default Rate	\$198.30
L6605	SINGLE PIVOT HINGE PAIR	Default Rate	\$185.10
L6610	FLEXIBLE METAL HINGE PAIR	Default Rate	\$166.15
L6611	ADDITIONAL SWITCH, EXT POWER	Manually Priced	\$0.00
L6615	DISCONNECT LOCKING WRIST UNI	Default Rate	\$204.88
L6616	DISCONNECT INSERT LOCKING WR	Default Rate	\$86.31
L6620	FLEXION/EXTENSION WRIST UNIT	Default Rate	\$321.55
L6621	FLEX/EXT WRIST W/VO FRICTION	Manually Priced	\$0.00
L6623	SPRING-ASS ROT WRST W/ LATCH	Default Rate	\$736.02
L6624	FLEX/EXT/ROTATION WRIST UNIT	Manually Priced	\$0.00
L6625	ROTATION WRST W/ CABLE LOCK	Default Rate	\$535.58
L6628	QUICK DISCONN HOOK ADAPTER O	Default Rate	\$547.32
L6629	LAMINATION COLLAR W/ COUPLIN	Default Rate	\$146.01
L6630	STAINLESS STEEL ANY WRIST	Default Rate	\$215.08
L6632	LATEX SUSPENSION SLEEVE EACH	Default Rate	\$71.74
L6635	LIFT ASSIST FOR ELBOW	Default Rate	\$199.22
L6637	NUDGE CONTROL ELBOW LOCK	Default Rate	\$413.53
L6638	ELEC LOCK ON MANUAL PW ELBOW	Manually Priced	\$0.00
L6640	SHOULDER ABDUCTION JOINT PAI	Default Rate	\$282.21
L6641	EXCURSION AMPLIFIER PULLEY T	Default Rate	\$187.56
L6642	EXCURSION AMPLIFIER LEVER TY	Default Rate	\$267.04
L6645	SHOULDER FLEXION-ABDUCTION J	Default Rate	\$324.30
L6646	MULTIPO LOCKING SHOULDER JNT	Manually Priced	\$0.00
L6647	SHOULDER LOCK ACTUATOR	Manually Priced	\$0.00
L6648	EXT PWRD SHLDER LOCK/UNLOCK	Manually Priced	\$0.00
L6650	SHOULDER UNIVERSAL JOINT	Default Rate	\$337.80
L6655	STANDARD CONTROL CABLE EXTRA	Default Rate	\$74.97
L6660	HEAVY DUTY CONTROL CABLE	Default Rate	\$91.60
L6665	TEFLON OR EQUAL CABLE LINING	Default Rate	\$52.37
L6670	HOOK TO HAND CABLE ADAPTER	Default Rate	\$49.65
L6672	HARNESS CHEST/SHLDER SADDLE	Default Rate	\$168.27
L6675	HARNESS FIGURE OF 8 SING CON	Default Rate	\$119.85
L6676	HARNESS FIGURE OF 8 DUAL CON	Default Rate	\$121.03
L6677	UE TRIPLE CONTROL HARNESS	Manually Priced	\$0.00
L6680	TEST SOCK WRIST DISART/BEL E	Default Rate	\$231.54
L6682	TEST SOCK ELBW DISART/ABOVE	Default Rate	\$259.50
L6684	TEST SOCKET SHLDR DISART/THO	Default Rate	\$347.87
L6686	SUCTION SOCKET	Default Rate	\$646.90
L6687	FRAME TYP SOCKET BEL ELBOW/W	Default Rate	\$575.65
L6688	FRAME TYP SOCK ABOVE ELB/DIS	Default Rate	\$556.84
L6689	FRAME TYP SOCKET SHOULDER DI	Default Rate	\$672.44
L6690	FRAME TYP SOCK INTERSCAP-THO	Default Rate	\$728.22
L6691	REMOVABLE INSERT EACH	Default Rate	\$435.50

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L6692	SILICONE GEL INSERT OR EQUAL	Default Rate	\$558.10
L6693	LOCKINGELBOW FOREARM CNTRBAL	Default Rate	\$2781.42
L6694	ELBOW SOCKET INS USE W/LOCK	Manually Priced	\$0.00
L6695	ELBOW SOCKET INS USE W/O LCK	Manually Priced	\$0.00
L6696	CUS ELBO SKT IN FOR CON/ATYP	Manually Priced	\$0.00
L6697	CUS ELBO SKT IN NOT CON/ATYP	Manually Priced	\$0.00
L6698	BELOW/ABOVE ELBOW LOCK MECH	Manually Priced	\$0.00
L6703	TERM DEV, PASSIVE HAND MITT	Manually Priced	\$0.00
L6704	TERM DEV, SPORT/REC/WORK ATT	Manually Priced	\$0.00
L6706	TERM DEV MECH HOOK VOL OPEN	Manually Priced	\$0.00
L6707	TERM DEV MECH HOOK VOL CLOSE	Manually Priced	\$0.00
L6708	TERM DEV MECH HAND VOL OPEN	Manually Priced	\$0.00
L6709	TERM DEV MECH HAND VOL CLOSE	Manually Priced	\$0.00
L6711	PED TERM DEV, HOOK, VOL OPEN	Manually Priced	\$0.00
L6712	PED TERM DEV, HOOK, VOL CLOS	Manually Priced	\$0.00
L6713	PED TERM DEV, HAND, VOL OPEN	Manually Priced	\$0.00
L6714	PED TERM DEV, HAND, VOL CLOS	Manually Priced	\$0.00
L6715	TERM DEVICE, MULTI ART DIGIT	Manually Priced	\$0.00
L6721	HOOK/HAND, HVY DTY, VOL OPEN	Manually Priced	\$0.00
L6722	HOOK/HAND, HVY DTY, VOL CLOS	Manually Priced	\$0.00
L6805	TERM DEV MODIFIER WRIST UNIT	Default Rate	\$359.23
L6810	TERM DEV PRECISION PINCH DEV	Default Rate	\$195.81
L6880	ELEC HAND IND ART DIGITS	Manually Priced	\$0.00
L6881	TERM DEV AUTO GRASP FEATURE	Manually Priced	\$0.00
L6883	REPLC SOCKT BELOW E/W DISA	Manually Priced	\$0.00
L6884	REPLC SOCKT ABOVE ELBOW DISA	Manually Priced	\$0.00
L6885	REPLC SOCKT SHLDR DIS/INTERC	Manually Priced	\$0.00
L6890	PREFAB GLOVE FOR TERM DEVICE	Default Rate	\$169.74
L6895	CUSTOM GLOVE FOR TERM DEVICE	Default Rate	\$617.81
L6900	HAND RESTORAT THUMB/1 FINGER	Default Rate	\$1,603.39
L6905	HAND RESTORATION MULTIPLE FI	Default Rate	\$1,574.08
L6910	HAND RESTORATION NO FINGERS	Default Rate	\$1,615.90
L6915	HAND RESTORATION REPLACMNT G	Default Rate	\$624.76
L6920	WRIST DISARTICUL SWITCH CTRL	Default Rate	\$7692.66
L6925	WRIST DISART MYOELECTRONIC C	Default Rate	\$8433.38
L6930	BELOW ELBOW SWITCH CONTROL	Default Rate	\$7,277.44
L6935	BELOW ELBOW MYOELECTRONIC CT	Default Rate	\$8,611.59
L6940	ELBOW DISARTICULATION SWITCH	Default Rate	\$9,487.47
L6945	ELBOW DISART MYOELECTRONIC C	Default Rate	\$10,611.55
L6950	ABOVE ELBOW SWITCH CONTROL	Default Rate	\$10054.69
L6955	ABOVE ELBOW MYOELECTRONIC CT	Default Rate	\$12,228.45
L6960	SHLDR DISARTIC SWITCH CONTRO	Default Rate	\$12,982.37
L6965	SHLDR DISARTIC MYOELECTRONIC	Default Rate	\$14,871.26
L6970	INTERSCAPULAR-THOR SWITCH CT	Default Rate	\$15,983.62
L6975	INTERSCAP-THOR MYOELECTRONIC	Default Rate	\$17646.13
L7007	ADULT ELECTRIC HAND	Manually Priced	\$0.00
L7008	PEDIATRIC ELECTRIC HAND	Manually Priced	\$0.00
L7009	ADULT ELECTRIC HOOK	Manually Priced	\$0.00

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L7040	PREHENSILE ACTUATOR	Default Rate	\$2903.17
L7045	PEDIATRIC ELECTRIC HOOK	Default Rate	\$1613.06
L7170	ELECTRONIC ELBOW HOSMER SWIT	Default Rate	\$5851.66
L7180	ELECTRONIC ELBOW SEQUENTIAL	Default Rate	\$34845.08
L7181	ELECTRONIC ELBO SIMULTANEOUS	Manually Priced	\$0.00
L7185	ELECTRON ELBOW ADOLESCENT SW	Default Rate	\$5991.13
L7186	ELECTRON ELBOW CHILD SWITCH	Default Rate	\$9148.95
L7190	ELBOW ADOLESCENT MYOELECTRON	Default Rate	\$7800.22
L7191	ELBOW CHILD MYOELECTRONIC CT	Default Rate	\$9854.17
L7259	ELECTRONIC WRIST ROTATOR ANY	Manually Priced	\$0.00
L7360	SIX VOLT BAT OTTO BOCK/EQ EA	Default Rate	\$298.19
L7362	BATTERY CHRGR SIX VOLT OTTO	Default Rate	\$268.64
L7364	TWELVE VOLT BATTERY UTAH/EQU	Default Rate	\$496.56
L7366	BATTERY CHRGR 12 VOLT UTAH/E	Default Rate	\$668.99
L7367	REPLACEMNT LITHIUM IONBATTER	Manually Priced	\$0.00
L7368	LITHIUM ION BATTERY CHARGER	Manually Priced	\$0.00
L7400	ADD UE PROST BE/WD, ULTLITE	Manually Priced	\$0.00
L7401	ADD UE PROST A/E ULTLITE MAT	Manually Priced	\$0.00
L7402	ADD UE PROST S/D ULTLITE MAT	Manually Priced	\$0.00
L7403	ADD UE PROST B/E ACRYLIC	Manually Priced	\$0.00
L7404	ADD UE PROST A/E ACRYLIC	Manually Priced	\$0.00
L7405	ADD UE PROST S/D ACRYLIC	Manually Priced	\$0.00
L7499	UPPER EXTREMITY PROSTHES NOS	Manually Priced	\$0.00
L7510	PROSTHETIC DEVICE REPAIR REP	Manually Priced	\$0.00
L7520	REPAIR PROSTHESIS PER 15 MIN	Default Rate	\$30.08
L7600	PROSTHETIC DONNING SLEEVE	Manually Priced	\$0.00
L7700	PROS SOC INSERT GASKET/SEAL	Default Rate	\$143.81
L8000	MASTECTOMY BRA	Default Rate	\$36.44
L8001	BREAST PROSTHESIS BRA & FORM	Manually Priced	\$0.00
L8002	BRST PRSTH BRA & BILAT FORM	Manually Priced	\$0.00
L8010	MASTECTOMY SLEEVE	Manually Priced	\$0.00
L8015	EXT BREASTPROSTHESIS GARMENT	Default Rate	\$58.73
L8020	MASTECTOMY FORM	Default Rate	\$249.68
L8030	BREAST PROSTHES W/O ADHESIVE	Default Rate	\$323.15
L8031	BREAST PROSTHESIS W ADHESIVE	Manually Priced	\$0.00
L8032	REUSABLE NIPPLE PROSTHESIS	Manually Priced	\$0.00
L8035	CUSTOM BREAST PROSTHESIS	Default Rate	\$3589.32
L8039	BREAST PROSTHESIS NOS	Manually Priced	\$0.00
L8040	NASAL PROSTHESIS	Default Rate	\$2497.10
L8041	MIDFACIAL PROSTHESIS	Default Rate	\$3009.85
L8042	ORBITAL PROSTHESIS	Default Rate	\$3381.85
L8043	UPPER FACIAL PROSTHESIS	Default Rate	\$3787.71
L8044	HEMI-FACIAL PROSTHESIS	Default Rate	\$4193.47
L8045	AURICULAR PROSTHESIS	Default Rate	\$2927.39
L8046	PARTIAL FACIAL PROSTHESIS	Default Rate	\$2705.46
L8047	NASAL SEPTAL PROSTHESIS	Default Rate	\$1386.58
L8048	UNSPEC MAXILLOFACIAL PROSTH	Manually Priced	\$0.00
L8049	REPAIR MAXILLOFACIAL PROSTH	Default Rate	\$15.69

Service or Product Code	Description of Service/Product	Type of Rate	Rate
L8300	TRUSS SINGLE W/ STANDARD PAD	Default Rate	\$84.19
L8310	TRUSS DOUBLE W/ STANDARD PAD	Default Rate	\$132.91
L8320	TRUSS ADDITION TO STD PAD WA	Default Rate	\$59.59
L8330	TRUSS ADD TO STD PAD SCROTAL	Default Rate	\$49.27
L8400	SHEATH BELOW KNEE	Default Rate	\$17.33
L8410	SHEATH ABOVE KNEE	Default Rate	\$23.15
L8415	SHEATH UPPER LIMB	Default Rate	\$22.76
L8417	PROS SHEATH/SOCK W GEL CUSHN	Default Rate	\$73.62
L8420	PROSTHETIC SOCK MULTI PLY BK	Default Rate	\$20.45
L8430	PROSTHETIC SOCK MULTI PLY AK	Default Rate	\$22.09
L8435	PROS SOCK MULTI PLY UPPER LM	Default Rate	\$20.98
L8440	SHRINKER BELOW KNEE	Default Rate	\$41.74
L8460	SHRINKER ABOVE KNEE	Default Rate	\$66.51
L8465	SHRINKER UPPER LIMB	Default Rate	\$58.88
L8470	PROS SOCK SINGLE PLY BK	Default Rate	\$6.66
L8480	PROS SOCK SINGLE PLY AK	Default Rate	\$9.19
L8485	PROS SOCK SINGLE PLY UPPER L	Default Rate	\$11.54
L8499	UNLISTED MISC PROSTHETIC SER	Manually Priced	\$0.00
L8500	ARTIFICIAL LARYNX	Default Rate	\$878.17
L8501	TRACHEOSTOMY SPEAKING VALVE	Default Rate	\$120.56
L8505	ARTIFICIAL LARYNX, ACCESSORY	Manually Priced	\$0.00
L8507	TRACH-ESOPH VOICE PROS PT IN	Manually Priced	\$0.00
L8509	TRACH-ESOPH VOICE PROS MD IN	Manually Priced	\$0.00
L8510	VOICE AMPLIFIER	Manually Priced	\$0.00
L8511	INDWELLING TRACH INSERT	Manually Priced	\$0.00
L8512	GEL CAP FOR TRACH VOICE PROS	Manually Priced	\$0.00
L8513	TRACH PROS CLEANING DEVICE	Manually Priced	\$0.00
L8514	REPL TRACH PUNCTURE DILATOR	Manually Priced	\$0.00
L8515	GEL CAP APP DEVICE FOR TRACH	Manually Priced	\$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	Default Rate	\$217.54
L8608	ARG II EXT COM/SUP/ACC MISC	Manually Priced	\$0.00
L8609	ARTIFICIAL CORNEA	Manually Priced	\$0.00
L8615	COCH IMPLANT HEADSET REPLACE	Manually Priced	\$0.00
L8616	COCH IMPLANT MICROPHONE REPL	Manually Priced	\$0.00
L8617	COCH IMPLANT TRANS COIL REPL	Manually Priced	\$0.00
L8618	COCH IMPLANT TRAN CABLE REPL	Manually Priced	\$0.00
L8619	COCH IMP EXT PROC/CONTR RPLC	Default Rate	\$8354.26
L8621	REPL ZINC AIR BATTERY	Manually Priced	\$0.00
L8622	REPL ALKALINE BATTERY	Manually Priced	\$0.00
L8623	LITH ION BATT CID, NON-EARLVL	Manually Priced	\$0.00
L8624	LITH ION BATT CID, EAR LEVEL	Manually Priced	\$0.00
L8625	CHARGER COCH IMPL/AOI BATTERY	Default Rate	\$185.02
L8627	CID EXT SPEECH PROCESS REPL	Manually Priced	\$0.00

APPENDIX T

Delaware Division of Substance Abuse and Mental Health

Substance Use Disorder Services, Outpatient Setting	Dashboard Number	6.1
Substance Use Disorder Services, Residential Treatment	Dashboard Number	6.2

Refer to Appendix Z and AA at the end of this section for DSAMH services.

APPENDIX U**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Children's Dental Services****Dashboard Number****7.1****Last FFS Rate Update:****4/1/2018**

If the maximum rate allowed= \$0, it means that DMMA does not allow payment.

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D0110	INITIAL ORAL EXAMINATION	\$0.00
D0120	PERIODIC ORAL EVALUATION	\$44.07
D0130	EMERGENCY ORAL EXAMINATION	\$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$65.02
D0145	ORAL EVALUATION, PT < 3YRS	\$57.79
D0150	COMPREHENSVE ORAL EVALUATION	\$75.85
D0160	EXTENSV ORAL EVAL PROB FOCUS	\$131.48
D0170	RE-EVAL,EST PT,PROBLEM FOCUS	\$61.40
D0171	RE-EVAL POST-OP VISIT	\$0.00
D0180	COMP PERIODONTAL EVALUATION	\$83.80
D0190	SCREENING OF A PATIENT	\$0.00
D0191	ASSESSMENT OF A PATIENT	\$0.00
D0210	INTRAOR COMPLETE FILM SERIES	\$114.14
D0220	INTRAORAL PERIAPICAL FIRST	\$26.01
D0230	INTRAORAL PERIAPICAL EA ADD	\$22.39
D0240	INTRAORAL OCCLUSAL FILM	\$34.68
D0250	EXTRAORAL 2D PROJECT IMAGE	\$0.00
D0251	EXTRAORAL POSTERIOR IMAGE	\$0.00
D0260	EXTRAORAL EA ADDITIONAL FILM	\$0.00
D0270	DENTAL BITEWING SINGLE IMAGE	\$25.28
D0272	DENTAL BITEWINGS TWO IMAGES	\$39.73
D0273	BITEWINGS - THREE IMAGES	\$47.68
D0274	BITEWINGS FOUR IMAGES	\$57.07
D0275	BITEWINGS-EACH ADDITIONAL FILM	\$0.00
D0277	VERT BITEWINGS 7 TO 8 IMAGES	\$83.80
D0290	SKULL/FACIAL BONE IMAGE	\$0.00
D0310	DENTAL SALIOGRAPHY	\$0.00
D0320	DENTAL TMJ ARTHROGRAM INCL I	\$0.00
D0321	OTHER TMJ IMAGES BY REPORT	\$0.00
D0322	DENTAL TOMOGRAPHIC SURVEY	\$416.82
D0330	PANORAMIC IMAGE	\$97.52
D0340	2D CEPHALOMETRIC IMAGE	\$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	\$59.24
D0351	3D PHOTOGRAPHIC IMAGE	\$0.00
D0360	Cone beam ct	\$0.00
D0362	Cone beam, two dimensional	\$0.00
D0363	CONE BEAM, THREE DIMENSIONAL	\$0.00
D0364	CONE BEAM CT CAPT & INTERP	\$0.00
D0365	CONE BEAM CT INTERPRETE MAN	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D0366	CONE BEAM CT INTERPRETE MAX	\$0.00
D0367	CONE BEAM CT INTERP BOTH JAW	\$0.00
D0368	CONE BEAM CT INTERPRETE TMJ	\$0.00
D0369	MAX MRI CAPTURE & INTERPRETE	\$0.00
D0370	MAX ULTRASOUND CAPT & INTERP	\$0.00
D0371	SIALOENDOSCOPY CAPT & INTERP	\$0.00
D0380	CONE BEAM CT CAPTURE LIMITED	\$0.00
D0381	CONE BEAM CT CAPT MANDIBLE	\$0.00
D0382	CONE BEAM CT CAPT MAXILLA	\$0.00
D0383	CONE BEAM CT BOTH JAWS	\$0.00
D0384	CONE BEAM CT CAPTURE TMJ	\$0.00
D0385	MAX MRI IMAGE CAPTURE	\$0.00
D0386	MAX ULTRASOUND IMAGE CAPTURE	\$0.00
D0391	IMTERPRETE DIAGNOSTIC IMAGE	\$0.00
D0393	TRTMNT SIMULATION 3D IMAGE	\$0.00
D0394	DIGITAL SUB 2 OR MORE IMAGES	\$0.00
D0395	FUSION 2 OR MORE 3D IMAGES	\$0.00
D0410	BACTERIOLOGIC STUDIES FOR DETERMINA	\$0.00
D0411	HBA1C IN OFFICE TESTING	\$0.00
D0414	LAB PROCESS MICROBIAL SPEC	\$0.00
D0415	COLLECTION OF MICROORGANISMS	\$0.00
D0416	VIRAL CULTURE	\$0.00
D0417	COLLECT & PREP SALIVA SAMPLE	\$0.00
D0418	ANALYSIS OF SALIVA SAMPLE	\$0.00
D0420	CARIES SUSCEPTIBILITY TESTS	\$0.00
D0421	GEN TST SUSCEPT ORAL DISEASE	\$0.00
D0422	COLLECT & PREP GENETIC SAMP	\$0.00
D0423	GENETIC TEST SPEC ANALYSIS	\$0.00
D0425	CARIES SUSCEPTIBILITY TEST	\$0.00
D0431	DIAG TST DETECT MUCOS ABNORM	\$0.00
D0460	PULP VITALITY TEST	\$0.00
D0470	DIAGNOSTIC CASTS	\$0.00
D0471	DIAGNOSTIC PHOTOGRAPHS	\$0.00
D0472	GROSS EXAM, PREP & REPORT	\$0.00
D0473	MICRO EXAM, PREP & REPORT	\$0.00
D0474	MICRO W EXAM OF SURG MARGINS	\$0.00
D0475	DECALCIFICATION PROCEDURE	\$0.00
D0476	SPEC STAINS FOR MICROORGANIS	\$0.00
D0477	SPEC STAINS NOT FOR MICROORG	\$0.00
D0478	IMMUNOHISTOCHEMICAL STAINS	\$0.00
D0479	TISSUE IN-SITU HYBRIDIZATION	\$0.00
D0480	CYTOPATH SMEAR PREP & REPORT	\$0.00
D0481	ELECTRON MICROSCOPY	\$0.00
D0482	DIRECT IMMUNOFLUORESCENCE	\$0.00
D0483	INDIRECT IMMUNOFLUORESCENCE	\$0.00
D0484	CONSULT SLIDES PREP ELSEWHERE	\$0.00
D0485	CONSULT INC PREP OF SLIDES	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D0486	ACCESS OF TRANSEP CYTOL SAMP	\$0.00
D0501	HISTOPATHOLOGIC EXAMINATIONS	\$0.00
D0502	OTHER ORAL PATHOLOGY PROCEDU	\$0.00
D0600	NON-IONIZING DIAG PROC	\$0.00
D0601	CARIES RISK ASSESS LOW RISK	\$0.00
D0602	CARIES RISK ASSESS MOD RISK	\$0.00
D0603	CARIES RISK ASSESS HIGH RISK	\$0.00
D0999	UNSPECIFIED DIAGNOSTIC PROCE	\$104.03
D1110	DENTAL PROPHYLAXIS ADULT	\$78.02
D1120	DENTAL PROPHYLAXIS CHILD	\$59.24
D1201	TOPICAL FLUOR W PROPHY CHILD	\$0.00
D1202	TOPICAL APPLICATION OF FLUORIDE	\$0.00
D1203	Topical app fluoride child	\$0.00
D1204	Topical app fluoride adult	\$0.00
D1205	TOPICAL FLUORIDE W/ PROPHY A	\$0.00
D1206	TOPICAL FLUORIDE VARNISH	\$36.12
D1208	TOPICAL APP FLUORID EX VRNSH	\$33.23
D1310	NUTRI COUNSEL-CONTROL CARIES	\$0.00
D1320	TOBACCO COUNSELING	\$0.00
D1330	ORAL HYGIENE INSTRUCTION	\$0.00
D1351	DENTAL SEALANT PER TOOTH	\$47.68
D1352	PREV RESIN REST, PERM TOOTH	\$0.00
D1353	SEALANT REPAIR PER TOOTH	\$0.00
D1354	INT CARIES MED APP PER TOOTH	\$0.00
D1510	SPACE MAINTAINER FXD UNILAT	\$265.84
D1515	FIXED BILAT SPACE MAINTAINER	\$355.42
D1520	REMOVE UNILAT SPACE MAINTAIN	\$0.00
D1525	REMOVE BILAT SPACE MAINTAIN	\$0.00
D1550	RECEMENT SPACE MAINTAINER	\$72.96
D1555	REMOVE FIX SPACE MAINTAINER	\$70.07
D1575	DIST SPACE MAINT, FIXED UNIL	\$0.00
D1999	UNSPECIFIED PREVENTIVE PROC	\$0.00
D2110	AMALGAM ONE SURFACE PRIMARY	\$0.00
D2120	AMALGAM TWO SURFACES PRIMARY	\$0.00
D2130	AMALGAM THREE SURFACES PRIMA	\$0.00
D2131	AMALGAM FOUR/MORE SURF PRIMA	\$0.00
D2140	AMALGAM ONE SURFACE PERMANEN	\$123.53
D2150	AMALGAM TWO SURFACES PERMANE	\$154.59
D2160	AMALGAM THREE SURFACES PERMA	\$192.16
D2161	AMALGAM 4 OR > SURFACES PERM	\$223.94
D2210	SILCATE CEMENT PER RESTORAT	\$0.00
D2330	RESIN ONE SURFACE-ANTERIOR	\$143.76
D2331	RESIN TWO SURFACES-ANTERIOR	\$174.82
D2332	RESIN THREE SURFACES-ANTERIO	\$213.83
D2335	RESIN 4/> SURF OR W INCIS AN	\$266.57
D2336	COMPOSITE RESIN CROWN	\$0.00
D2337	COMPO RESIN CROWN ANT-PERM	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D2380	RESIN ONE SURF POSTER PRIMAR	\$0.00
D2381	RESIN TWO SURF POSTER PRIMAR	\$0.00
D2382	RESIN THREE/MORE SURF POST P	\$0.00
D2385	RESIN ONE SURF POSTER PERMAN	\$0.00
D2386	RESIN TWO SURF POSTER PERMAN	\$0.00
D2387	RESIN THREE/MORE SURF POST P	\$0.00
D2388	RESIN FOUR/MORE, POST PERM	\$0.00
D2390	ANT RESIN-BASED CMPST CROWN	\$388.65
D2391	POST 1 SRFC RESINBASED CMPST	\$158.21
D2392	POST 2 SRFC RESINBASED CMPST	\$199.38
D2393	POST 3 SRFC RESINBASED CMPST	\$246.34
D2394	POST >=4SRFC RESINBASED CMPST	\$291.13
D2410	DENTAL GOLD FOIL ONE SURFACE	\$0.00
D2420	DENTAL GOLD FOIL TWO SURFACE	\$0.00
D2430	DENTAL GOLD FOIL THREE SURFA	\$0.00
D2510	DENTAL INLAY METALIC 1 SURF	\$0.00
D2520	DENTAL INLAY METALLIC 2 SURF	\$0.00
D2530	DENTAL INLAY METL 3/MORE SUR	\$0.00
D2540	ONLAY-METALLIC-PER TOOTH (IN	\$0.00
D2542	DENTAL ONLAY METALLIC 2 SURF	\$0.00
D2543	DENTAL ONLAY METALLIC 3 SURF	\$0.00
D2544	DENTAL ONLAY METL 4/MORE SUR	\$0.00
D2610	INLAY PORCELAIN/CERAMIC 1 SU	\$0.00
D2620	INLAY PORCELAIN/CERAMIC 2 SU	\$0.00
D2630	DENTAL ONLAY PORC 3/MORE SUR	\$0.00
D2642	DENTAL ONLAY PORCELIN 2 SURF	\$0.00
D2643	DENTAL ONLAY PORCELIN 3 SURF	\$0.00
D2644	DENTAL ONLAY PORC 4/MORE SUR	\$0.00
D2650	INLAY COMPOSITE/RESIN ONE SU	\$0.00
D2651	INLAY COMPOSITE/RESIN TWO SU	\$0.00
D2652	DENTAL INLAY RESIN 3/MRE SUR	\$0.00
D2662	DENTAL ONLAY RESIN 2 SURFACE	\$0.00
D2663	DENTAL ONLAY RESIN 3 SURFACE	\$0.00
D2664	DENTAL ONLAY RESIN 4/MRE SUR	\$0.00
D2710	CROWN RESIN-BASED INDIRECT	\$806.92
D2712	CROWN 3/4 RESIN-BASED COMPOS	\$0.00
D2720	CROWN RESIN W/ HIGH NOBLE ME	\$0.00
D2721	CROWN RESIN W/ BASE METAL	\$0.00
D2722	CROWN RESIN W/ NOBLE METAL	\$0.00
D2740	CROWN PORCELAIN/CERAMIC	\$0.00
D2750	CROWN PORCELAIN W/ H NOBLE M	\$0.00
D2751	CROWN PORCELAIN FUSED BASE M	\$889.27
D2752	CROWN PORCELAIN W/ NOBLE MET	\$922.50
D2780	CROWN 3/4 CAST HI NOBLE MET	\$0.00
D2781	CROWN 3/4 CAST BASE METAL	\$0.00
D2782	CROWN 3/4 CAST NOBLE METAL	\$0.00
D2783	CROWN 3/4 PORCELAIN/CERAMIC	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D2790	CROWN FULL CAST HIGH NOBLE M	\$0.00
D2791	CROWN FULL CAST BASE METAL	\$873.38
D2792	CROWN FULL CAST NOBLE METAL	\$922.50
D2794	CROWN-TITANIUM	\$0.00
D2799	PROVISIONAL CROWN	\$374.93
D2810	CROWN 3/4 CAST METALLIC	\$0.00
D2910	RECEMENT INLAY ONLAY OR PART	\$98.97
D2915	RECEMENT CAST OR PREFAB POST	\$100.41
D2920	RE-CEMENT OR RE-BOND CROWN	\$98.97
D2921	REATTACH TOOTH FRAGMENT	\$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	\$0.00
D2930	PREFAB STNLSS STEEL CRWN PRI	\$228.28
D2931	PREFAB STNLSS STEEL CROWN PE	\$269.46
D2932	PREFABRICATED RESIN CROWN	\$298.35
D2933	PREFAB STAINLESS STEEL CROWN	\$306.30
D2934	PREFAB STEEL CROWN PRIMARY	\$0.00
D2940	PROTECTIVE RESTORATION	\$109.08
D2941	INT THERAPEUTIC RESTORATION	\$0.00
D2949	RESTORATIVE FOUNDATION	\$0.00
D2950	CORE BUILD-UP INCL ANY PINS	\$229.00
D2951	TOOTH PIN RETENTION	\$63.57
D2952	POST AND CORE CAST + CROWN	\$351.09
D2953	EACH ADDTNL CAST POST	\$265.84
D2954	PREFAB POST/CORE + CROWN	\$288.96
D2955	POST REMOVAL	\$249.23
D2957	EACH ADDTNL PREFAB POST	\$175.54
D2960	LAMINATE LABIAL VENEER	\$0.00
D2961	LAB LABIAL VENEER RESIN	\$0.00
D2962	LAB LABIAL VENEER PORCELAIN	\$0.00
D2970	TEMP CROWN (FRACTURED TOOTH)	\$0.00
D2971	ADD PROC CONSTRUCT NEW CROWN	\$0.00
D2975	COPING	\$0.00
D2980	CROWN REPAIR	\$252.84
D2981	INLAY REPAIR	\$0.00
D2982	ONLAY REPAIR	\$0.00
D2983	VENEER REPAIR	\$0.00
D2990	RESIN INFILTRATION OF LESION	\$0.00
D2999	DENTAL UNSPEC RESTORATIVE PR	\$197.94
D3110	PULP CAP DIRECT	\$0.00
D3120	PULP CAP INDIRECT	\$0.00
D3220	THERAPEUTIC PULPOTOMY	\$176.13
D3221	GROSS PULPAL DEBRIDEMENT	\$200.21
D3222	PART PULP FOR APEXOGENESIS	\$249.06
D3230	PULPAL THERAPY ANTERIOR PRIM	\$234.61
D3240	PULPAL THERAPY POSTERIOR PRI	\$256.62
D3310	END THXPY, ANTERIOR TOOTH	\$632.27
D3320	END THXPY, PREMOLAR TOOTH	\$723.09

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D3330	END THXPY, MOLAR TOOTH	\$878.58
D3331	NON-SURG TX ROOT CANAL OBS	\$0.00
D3332	INCOMPLETE ENDODONTIC TX	\$377.02
D3333	INTERNAL ROOT REPAIR	\$295.15
D3340	FOUR OR MORE CANALS (EXCLUDING FINA	\$0.00
D3346	RETREAT ROOT CANAL ANTERIOR	\$736.85
D3347	RETREAT ROOT CANAL PREMOLAR	\$829.04
D3348	RETREAT ROOT CANAL MOLAR	\$994.85
D3350	APEXIFICATION (PER TREATMENT VISIT)	\$0.00
D3351	APEXIFICATION/RECALC INITIAL	\$303.41
D3352	APEXIFICATION/RECALC INTERIM	\$222.22
D3353	APEXIFICATION/RECALC FINAL	\$442.38
D3354	PULPAL REGENERATION	\$0.00
D3355	PULPAL REGENERATION INITIAL	\$0.00
D3356	PULPAL REGENERATION INTERIM	\$0.00
D3357	PULPAL REGENERATION COMPLETE	\$0.00
D3410	APICOECTOMY - ANTERIOR	\$597.18
D3411	APICOECTOMY (PER TOOTH) - EACH ADDI	\$0.00
D3421	ROOT SURGERY PREMOLAR	\$674.24
D3425	ROOT SURGERY MOLAR	\$752.67
D3426	ROOT SURGERY EA ADD ROOT	\$352.26
D3427	PERIRADICULAR SURGERY	\$0.00
D3428	BONE GRAFT PERI PER TOOTH	\$0.00
D3429	BONE GRAFT PERI EACH ADDL	\$0.00
D3430	RETROGRADE FILLING	\$238.05
D3431	BIOLOGICAL MATERIALS	\$0.00
D3432	GUIDED TISSUE REGENERATION	\$0.00
D3440	APICAL CURETTAGE	\$0.00
D3450	ROOT AMPUTATION	\$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	\$0.00
D3470	INTENTIONAL REPLANTATION	\$0.00
D3910	ISOLATION- TOOTH W RUBB DAM	\$0.00
D3920	TOOTH SPLITTING	\$0.00
D3940	RECALCIFICATION OR REPAIR (PERFORAT	\$0.00
D3950	CANAL PREP/FITTING OF DOWEL	\$0.00
D3960	BLEACHING OF DISCOLORED TOOT	\$0.00
D3999	ENDODONTIC PROCEDURE	\$251.12
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	\$535.26
D4211	GINGIVECTOMY/PLASTY 1 TO 3	\$281.39
D4212	GINGIVECTOMY/PLASTY REST	\$250.43
D4220	GINGIVAL CURETTAGE PER QUADR	\$0.00
D4230	ANA CROWN EXP 4 OR> PER QUAD	\$0.00
D4231	ANA CROWN EXP 1-3 PER QUAD	\$0.00
D4240	GINGIVAL FLAP PROC W/ PLANIN	\$0.00
D4241	GNGVL FLAP W ROOTPLAN 1-3 TH	\$0.00
D4245	APICALLY POSITIONED FLAP	\$0.00
D4249	CROWN LENGTHEN HARD TISSUE	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D4260	OSSEOUS SURGERY 4 OR MORE	\$919.86
D4261	OSSEOUS SURG 1 TO 3 TEETH	\$745.10
D4262	BONE REPLACEMENT GRAFT-MULTIPLE SIT	\$0.00
D4263	BONE REPLCE GRAFT FIRST SITE	\$562.10
D4264	BONE REPLCE GRAFT EACH ADD	\$456.83
D4265	BIO MTRLS TO AID SOFT/OS REG	\$478.85
D4266	GUIDED TISS REGEN RESORBLE	\$631.58
D4267	GUIDED TISS REGEN NONRESORB	\$765.06
D4268	SURGICAL REVISION PROCEDURE	\$0.00
D4270	PEDICLE SOFT TISSUE GRAFT PR	\$720.34
D4271	Free soft tissue graft proc	\$0.00
D4272	APICALLY REPOSITIONING FLAP PROCEDU	\$0.00
D4273	AUTO TISSUE GRAFT 1ST TOOTH	\$931.55
D4274	MESIAL/DISTAL WEDGE PROC	\$559.34
D4275	NON-AUTO GRAFT 1ST TOOTH	\$878.58
D4276	CON TISSUE W DBLE PED GRAFT	\$937.74
D4277	SOFT TISSUE GRAFT FIRSTTOOTH	\$0.00
D4278	SOFT TISSUE GRAFT ADDL TOOTH	\$0.00
D4283	AUTO TISSUE GRAFT ADDL TOOTH	\$0.00
D4285	NON-AUTO GRAFT ADDL TOOTH	\$0.00
D4320	PROVISION SPLNT INTRACORONAL	\$439.63
D4321	PROVISIONAL SPLINT EXTRACORO	\$404.54
D4340	PERIODONTAL SCALING AND ROOT PLANIN	\$0.00
D4341	PERIODONTAL SCALING & ROOT	\$215.34
D4342	PERIODONTAL SCALING 1-3TEETH	\$162.37
D4346	SCALING GINGIV INFLAMMATION	\$0.00
D4355	FULL MOUTH DEBRIDEMENT	\$153.42
D4381	LOCALIZED DELIVERY ANTIMICRO	\$0.00
D4910	PERIODONTAL MAINT PROCEDURES	\$116.27
D4920	UNSCHEDULED DRESSING CHANGE	\$88.06
D4921	GINGIVAL IRRIGATION PER QUAD	\$0.00
D4999	UNSPECIFIED PERIODONTAL PROC	\$140.35
D5110	DENTURES COMPLETE MAXILLARY	\$1,484.02
D5120	DENTURES COMPLETE MANDIBLE	\$1,497.78
D5130	DENTURES IMMEDIAT MAXILLARY	\$0.00
D5140	DENTURES IMMEDIAT MANDIBLE	\$0.00
D5211	DENTURES MAXILL PART RESIN	\$1,177.17
D5212	DENTURES MAND PART RESIN	\$1,177.17
D5213	DENTURES MAXILL PART METAL	\$1,524.61
D5214	DENTURES MANDIBL PART METAL	\$1,529.42
D5215	UPPER PARTIAL - HIGH NOBLE CAST BAS	\$0.00
D5216	LOWER PARTIAL - HIGH NOBLE CAST BAS	\$0.00
D5221	IMMED MAX PART DENTURE RESIN	\$0.00
D5222	IMMED MAN PART DENTURE RESIN	\$0.00
D5223	IMMED MAX PART DENT METAL	\$0.00
D5224	IMMED MAND PART DENT METAL	\$0.00
D5225	MAXILLARY PART DENTURE FLEX	\$1,306.51

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D5226	MANDIBULAR PART DENTURE FLEX	\$1,299.63
D5280	REMOVABLE UNILATERAL PARTIAL	\$0.00
D5281	REMOVABLE PARTIAL DENTURE	\$0.00
D5410	DENTURES ADJUST CMPLT MAXIL	\$77.06
D5411	DENTURES ADJUST CMPLT MAND	\$75.68
D5421	DENTURES ADJUST PART MAXILL	\$75.68
D5422	DENTURES ADJUST PART MANDBL	\$75.68
D5510	DENTUR REPR BROKEN COMPL BAS	\$0.00
D5511	REP BROKE COMP DENT BASE MAN	\$0.00
D5512	REP BROKE COMP DENT BASE MAX	\$0.00
D5520	REPLACE DENTURE TEETH COMPLT	\$163.06
D5610	DENTURES REPAIR RESIN BASE	\$0.00
D5611	REP RESIN PART DENT BASE MAN	\$0.00
D5612	REP RESIN PART DENT BASE MAX	\$0.00
D5620	REP PART DENTURE CAST FRAME	\$0.00
D5621	REP CAST PART FRAME MAN	\$0.00
D5622	REP CAST PART FRAME MAX	\$0.00
D5630	REP PARTIAL DENTURE CLASP	\$227.73
D5640	REPLACE PART DENTURE TEETH	\$169.94
D5650	ADD TOOTH TO PARTIAL DENTURE	\$196.08
D5660	ADD CLASP TO PARTIAL DENTURE	\$228.42
D5670	REPLC TTH&ACRLC ON MTL FRMWK	\$635.71
D5671	REPLC TTH&ACRLC MANDIBULAR	\$646.72
D5710	DENTURES REBASE CMPLT MAXIL	\$0.00
D5711	DENTURES REBASE CMPLT MAND	\$0.00
D5720	DENTURES REBASE PART MAXILL	\$0.00
D5721	DENTURES REBASE PART MANDBL	\$0.00
D5730	DENTURE RELN CMPLT MAXIL CH	\$323.36
D5731	DENTURE RELN CMPLT MAND CHR	\$320.61
D5740	DENTURE RELN PART MAXIL CHR	\$315.10
D5741	DENTURE RELN PART MAND CHR	\$316.48
D5750	DENTURE RELN CMPLT MAX LAB	\$398.35
D5751	DENTURE RELN CMPLT MAND LAB	\$398.35
D5760	DENTURE RELN PART MAXIL LAB	\$388.72
D5761	DENTURE RELN PART MAND LAB	\$389.41
D5810	DENTURE INTERM CMPLT MAXILL	\$757.49
D5811	DENTURE INTERM CMPLT MANDBL	\$772.62
D5820	DENTURE INTERM PART MAXILL	\$610.94
D5821	DENTURE INTERM PART MANDBL	\$603.38
D5850	DENTURE TISS CONDITN MAXILL	\$177.50
D5851	DENTURE TISS CONDTIN MANDBL	\$175.44
D5860	OVERDENTURE COMPLETE	\$0.00
D5861	OVERDENTURE PARTIAL	\$0.00
D5862	PRECISION ATTACHMENT	\$0.00
D5863	OVERDENTURE COMPLETE MAX	\$0.00
D5864	OVERDENTURE PARTIAL MAX	\$0.00
D5865	OVERDENTURE COMPLETE MANDIB	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D5866	OVERDENTURE PARTIAL MANDIB	\$0.00
D5867	REPLACEMENT OF PRECISION ATT	\$0.00
D5875	PROSTHESIS MODIFICATION	\$0.00
D5899	REMOVABLE PROSTHODONTIC PROC	\$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	\$0.00
D5926	REPLACEMENT NASAL PROSTHESIS	\$0.00
D5927	AURICULAR REPLACEMENT	\$0.00
D5928	ORBITAL REPLACEMENT	\$0.00
D5929	FACIAL REPLACEMENT	\$0.00
D5931	SURGICAL OBTURATOR	\$0.00
D5932	POSTSURGICAL OBTURATOR	\$0.00
D5933	REFITTING OF OBTURATOR	\$0.00
D5934	MANDIBULAR FLANGE PROSTHESIS	\$0.00
D5935	MANDIBULAR DENTURE PROSTH	\$0.00
D5936	TEMP OBTURATOR PROSTHESIS	\$0.00
D5937	TRISMUS APPLIANCE	\$590.30
D5951	FEEDING AID	\$0.00
D5952	PEDIATRIC SPEECH AID	\$0.00
D5953	ADULT SPEECH AID	\$0.00
D5954	SUPERIMPOSED PROSTHESIS	\$0.00
D5955	PALATAL LIFT PROSTHESIS	\$0.00
D5956	OBTURATOR	\$0.00
D5957	SPEECH BULB	\$0.00
D5958	INTRAORAL CON DEF INTER PLT	\$0.00
D5959	INTRAORAL CON DEF MOD PALAT	\$0.00
D5960	MODIFY SPEECH AID PROSTHESIS	\$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 APPLICATOR	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D5984	RADIATION SHIELD	\$0.00
D5985	RADIATION CONE LOCATOR	\$0.00
D5986	FLUORIDE APPLICATOR	\$175.44
D5987	COMMISSURE SPLINT	\$0.00
D5988	SURGICAL SPLINT	\$0.00
D5991	VESICULOBULLOUS DISEASE CARR	\$194.02
D5992	ADJUST MAX PROST APPLIANCE	\$0.00
D5993	MAIN/CLEAN MAX PROSTHESIS	\$0.00
D5994	PERIDONTAL MEDICAMENT	\$0.00
D5999	MAXILLOFACIAL PROSTHESIS	\$0.00
D6010	ODONTICS ENDOSTEAL IMPLANT	\$0.00
D6011	SECOND STAGE IMPLANT SURGERY	\$0.00
D6012	ENDOSTEAL IMPLANT	\$0.00
D6013	SURGICAL PLACE MINI IMPLANT	\$0.00
D6020	ODONTICS ABUTMENT PLACEMENT	\$0.00
D6040	ODONTICS EPOSTEAL IMPLANT	\$0.00
D6050	ODONTICS TRANSOSTEAL IMPLNT	\$0.00
D6051	INTERIM ABUTMENT	\$0.00
D6052	SEMI PRECISION ATTACH ABUT	\$0.00
D6053	IMPLNT/ABTMNT SPVRT REMV DNT	\$0.00
D6054	IMPLNT/ABTMNT SPVRT REMVPRTL	\$0.00
D6055	IMPLANT CONNECTING BAR	\$0.00
D6056	PREFABRICATED ABUTMENT	\$0.00
D6057	CUSTOM ABUTMENT	\$0.00
D6058	ABUTMENT SUPPORTED CROWN	\$0.00
D6059	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6060	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6061	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6062	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6063	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6064	ABUTMENT SUPPORTED MTL CROWN	\$0.00
D6065	IMPLANT SUPPORTED CROWN	\$0.00
D6066	IMPLANT SUPPORTED MTL CROWN	\$0.00
D6067	IMPLANT SUPPORTED MTL CROWN	\$0.00
D6068	ABUTMENT SUPPORTED RETAINER	\$0.00
D6069	ABUTMENT SUPPORTED RETAINER	\$0.00
D6070	ABUTMENT SUPPORTED RETAINER	\$0.00
D6071	ABUTMENT SUPPORTED RETAINER	\$0.00
D6072	ABUTMENT SUPPORTED RETAINER	\$0.00
D6073	ABUTMENT SUPPORTED RETAINER	\$0.00
D6074	ABUTMENT SUPPORTED RETAINER	\$0.00
D6075	IMPLANT SUPPORTED RETAINER	\$0.00
D6076	IMPLANT SUPPORTED RETAINER	\$0.00
D6077	IMPLANT SUPPORTED RETAINER	\$0.00
D6078	IMPLNT/ABUT SUPRTD FIXD DENT	\$0.00
D6079	IMPLNT/ABUT SUPRTD FIXD DENT	\$0.00
D6080	IMPLANT MAINTENANCE	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D6081	SCALE & DEBRIDE, SINGLE IMP	\$0.00
D6085	PROVISIONAL IMPLANT CROWN	\$0.00
D6090	REPAIR IMPLANT	\$0.00
D6091	REPL SEMI/PRECISION ATTACH	\$0.00
D6092	RECEMENT SUPP CROWN	\$0.00
D6093	RECEMENT SUPP PART DENTURE	\$0.00
D6094	ABUT SUPPORT CROWN TITANIUM	\$0.00
D6095	ODONTICS REPR ABUTMENT	\$0.00
D6096	REMOVE BROKEN IMP RET SCREW	\$0.00
D6100	REMOVAL OF IMPLANT	\$0.00
D6101	DEBRIDEMENT OF A PERIIMPLANT	\$0.00
D6102	DEBRIDEMENT & CONTOURING	\$0.00
D6103	BONE GRAFT REPAIR PERIMPLANT	\$0.00
D6104	BONE GRAFT TIME OF IMPLANT	\$0.00
D6110	IMPLNT/ABUT REMOV DENT MAX	\$0.00
D6111	IMPLNT/ABUT REMOV DENT MAND	\$0.00
D6112	IMP/ABUT REM DENT PART MAX	\$0.00
D6113	IMP/ABUT REM DENT PART MAND	\$0.00
D6114	IMPLNT/ABUT FIXED DENT MAX	\$0.00
D6115	IMPLNT/ABUT FIXED DENT MAND	\$0.00
D6116	IMP/ABUT FIXED DENT PART MAX	\$0.00
D6117	IMP/ABUT FIXED DENT PART MAN	\$0.00
D6118	IMP/ABUT INT FIXED DENT MAN	\$0.00
D6119	INT/ABUT INT FIXED DENT MAX	\$0.00
D6190	RADIO/SURGICAL IMPLANT INDEX	\$0.00
D6194	ABUT SUPPORT RETAINER TITANI	\$0.00
D6199	IMPLANT PROCEDURE	\$0.00
D6205	PONTIC-INDIRECT RESIN BASED	\$0.00
D6210	PROSTHODONT HIGH NOBLE METAL	\$0.00
D6211	BRIDGE BASE METAL CAST	\$893.71
D6212	BRIDGE NOBLE METAL CAST	\$899.22
D6214	PONTIC TITANIUM	\$0.00
D6240	BRIDGE PORCELAIN HIGH NOBLE	\$0.00
D6241	BRIDGE PORCELAIN BASE METAL	\$928.11
D6242	BRIDGE PORCELAIN NOBEL METAL	\$910.91
D6245	BRIDGE PORCELAIN/CERAMIC	\$0.00
D6250	BRIDGE RESIN W/HIGH NOBLE	\$0.00
D6251	BRIDGE RESIN BASE METAL	\$0.00
D6252	BRIDGE RESIN W/NOBLE METAL	\$0.00
D6253	PROVISIONAL PONTIC	\$0.00
D6254	Interim pontic	\$0.00
D6519	INLAY/ONLAY PORCE/CERAMIC	\$0.00
D6520	DENTAL RETAINER TWO SURFACES	\$0.00
D6530	RETAINER METALLIC 3+ SURFACE	\$0.00
D6540	ONLAY-METALLIC-PER TOOTH (IN	\$0.00
D6543	DENTAL RETAINR ONLAY 3 SURF	\$0.00
D6544	DENTAL RETAINR ONLAY 4/MORE	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D6545	DENTAL RETAINR CAST METL	\$737.54
D6548	PORCELAIN/CERAMIC RETAINER	\$0.00
D6549	RESIN RETAINER	\$0.00
D6600	PORCELAIN/CERAMIC INLAY 2SRF	\$0.00
D6601	PORC/CERAM INLAY >= 3 SURFAC	\$0.00
D6602	CST HGH NBLE MTL INLAY 2 SRF	\$0.00
D6603	CST HGH NBLE MTL INLAY >=3SR	\$0.00
D6604	CST BSE MTL INLAY 2 SURFACES	\$0.00
D6605	CST BSE MTL INLAY >= 3 SURFA	\$0.00
D6606	CAST NOBLE METAL INLAY 2 SUR	\$0.00
D6607	CST NOBLE MTL INLAY >=3 SURF	\$0.00
D6608	ONLAY PORC/CRMC 2 SURFACES	\$0.00
D6609	ONLAY PORC/CRMC >=3 SURFACES	\$0.00
D6610	ONLAY CST HGH NBL MTL 2 SRFC	\$0.00
D6611	ONLAY CST HGH NBL MTL >=3SRF	\$0.00
D6612	ONLAY CST BASE MTL 2 SURFACE	\$0.00
D6613	ONLAY CST BASE MTL >=3 SURFA	\$0.00
D6614	ONLAY CST NBL MTL 2 SURFACES	\$0.00
D6615	ONLAY CST NBL MTL >=3 SURFAC	\$0.00
D6624	INLAY TITANIUM	\$0.00
D6634	ONLAY TITANIUM	\$0.00
D6710	CROWN-INDIRECT RESIN BASED	\$0.00
D6720	RETAIN CROWN RESIN W HI NBLE	\$0.00
D6721	CROWN RESIN W/BASE METAL	\$0.00
D6722	CROWN RESIN W/NOBLE METAL	\$0.00
D6740	CROWN PORCELAIN/CERAMIC	\$0.00
D6750	CROWN PORCELAIN HIGH NOBLE	\$0.00
D6751	CROWN PORCELAIN BASE METAL	\$886.83
D6752	CROWN PORCELAIN NOBLE METAL	\$912.29
D6780	CROWN 3/4 HIGH NOBLE METAL	\$0.00
D6781	CROWN 3/4 CAST BASED METAL	\$0.00
D6782	CROWN 3/4 CAST NOBLE METAL	\$0.00
D6783	CROWN 3/4 PORCELAIN/CERAMIC	\$0.00
D6790	CROWN FULL HIGH NOBLE METAL	\$0.00
D6791	CROWN FULL BASE METAL CAST	\$891.65
D6792	CROWN FULL NOBLE METAL CAST	\$913.66
D6793	PROVISIONAL RETAINER CROWN	\$0.00
D6794	CROWN TITANIUM	\$0.00
D6795	Interim retainer crown	\$0.00
D6920	DENTAL CONNECTOR BAR	\$0.00
D6930	RECEMENT/BOND PART DENTURE	\$145.17
D6940	STRESS BREAKER	\$0.00
D6950	PRECISION ATTACHMENT	\$0.00
D6970	Post & core plus retainer	\$0.00
D6971	CAST POST BRIDGE RETAINER	\$0.00
D6972	Prefab post & core plus reta	\$0.00
D6973	Core build up for retainer	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D6975	COPING	\$0.00
D6976	Each addtnl cast post	\$0.00
D6977	Each addtl prefab post	\$0.00
D6980	FIXED PARTIAL REPAIR	\$333.68
D6985	PEDIATRIC PARTIAL DENTURE FX	\$0.00
D6999	FIXED PROSTHODONTIC PROC	\$0.00
D7110	ORAL SURGERY SINGLE TOOTH	\$0.00
D7111	EXTRACTION CORONAL REMNANTS	\$116.27
D7120	EACH ADD TOOTH EXTRACTION	\$0.00
D7130	TOOTH ROOT REMOVAL	\$0.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$158.24
D7210	REM IMP TOOTH W MUCOPER FLP	\$238.74
D7220	IMPACT TOOTH REMOV SOFT TISS	\$266.94
D7230	IMPACT TOOTH REMOV PART BONY	\$334.37
D7240	IMPACT TOOTH REMOV COMP BONY	\$407.30
D7241	IMPACT TOOTH REM BONY W/COMP	\$470.59
D7250	TOOTH ROOT REMOVAL	\$259.38
D7251	CORONECTOMY	\$0.00
D7260	ORAL ANTRAL FISTULA CLOSURE	\$0.00
D7261	PRIMARY CLOSURE SINUS PERF	\$0.00
D7270	TOOTH REIMPLANTATION	\$474.03
D7271	TOOTH IMPLANTATION	\$0.00
D7272	TOOTH TRANSPLANTATION	\$598.56
D7280	EXPOSURE OF UNERUPTED TOOTH	\$401.10
D7281	EXPOSURE TOOTH AID ERUPTION	\$0.00
D7282	MOBILIZE ERUPTED/MALPOS TOOT	\$403.86
D7283	PLACE DEVICE IMPACTED TOOTH	\$397.66
D7285	BIOPSY OF ORAL TISSUE HARD	\$0.00
D7286	BIOPSY OF ORAL TISSUE SOFT	\$0.00
D7287	EXFOLIATIVE CYTOLOG COLLECT	\$0.00
D7288	BRUSH BIOPSY	\$0.00
D7290	REPOSITIONING OF TEETH	\$0.00
D7291	TRANSSEPTAL FIBEROTOMY	\$0.00
D7292	SCREW RETAINED PLATE	\$0.00
D7293	TEMP ANCHORAGE DEV W FLAP	\$0.00
D7294	TEMP ANCHORAGE DEV W/O FLAP	\$0.00
D7295	BONE HARVEST,AUTO GRAFT PROC	\$0.00
D7296	CORTICOTOMY, 1-3 TEETH	\$0.00
D7297	CORTICOTOMY, 4 OR MORE TEETH	\$0.00
D7310	ALVEOPLASTY W/ EXTRACTION	\$253.18
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	\$0.00
D7320	ALVEOPLASTY W/O EXTRACTION	\$368.77
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	\$0.00
D7340	VESTIBULOPLASTY RIDGE EXTENS	\$0.00
D7350	VESTIBULOPLASTY EXTEN GRAFT	\$0.00
D7410	RAD EXC LESION UP TO 1.25 CM	\$0.00
D7411	EXCISION BENIGN LESION>1.25C	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D7412	EXCISION BENIGN LESION COMPL	\$0.00
D7413	EXCISION MALIG LESION<=1.25C	\$0.00
D7414	EXCISION MALIG LESION>1.25CM	\$0.00
D7415	EXCISION MALIG LES COMPLICAT	\$0.00
D7420	LESION > 1.25 CM	\$0.00
D7430	EXC BENIGN TUMOR TO 1.25 CM	\$0.00
D7431	BENIGN TUMOR EXC > 1.25 CM	\$0.00
D7440	MALIG TUMOR EXC TO 1.25 CM	\$0.00
D7441	MALIG TUMOR > 1.25 CM	\$0.00
D7450	REM ODONTOGEN CYST TO 1.25CM	\$0.00
D7451	REM ODONTOGEN CYST > 1.25 CM	\$0.00
D7460	REM NONODONTO CYST TO 1.25CM	\$0.00
D7461	REM NONODONTO CYST > 1.25 CM	\$0.00
D7465	LESION DESTRUCTION	\$0.00
D7470	REM EXOSTOSIS MAXILLA/MANDIB	\$0.00
D7471	REM EXOSTOSIS ANY SITE	\$0.00
D7472	REMOVAL OF TORUS PALATINUS	\$0.00
D7473	REMOVE TORUS MANDIBULARIS	\$0.00
D7480	PARTIAL OSTECTOMY	\$0.00
D7485	SURG REDUCT OSSEOUSTUBEROSIT	\$0.00
D7490	MAXILLA OR MANDIBLE RESECTIO	\$0.00
D7510	I&D ABSC INTRAORAL SOFT TISS	\$205.71
D7511	INCISION/DRAIN ABSCESS INTRA	\$300.66
D7520	I&D ABSCESS EXTRAORAL	\$420.37
D7521	INCISION/DRAIN ABSCESS EXTRA	\$554.53
D7530	REMOVAL FB SKIN/AREOLAR TISS	\$0.00
D7540	REMOVAL OF FB REACTION	\$0.00
D7550	REMOVAL OF SLOUGHED OFF BONE	\$0.00
D7560	MAXILLARY SINUSOTOMY	\$0.00
D7610	MAXILLA OPEN REDUCT SIMPLE	\$0.00
D7620	CLSD REDUCT SIMPL MAXILLA FX	\$0.00
D7630	OPEN RED SIMPL MANDIBLE FX	\$0.00
D7640	CLSD RED SIMPL MANDIBLE FX	\$0.00
D7650	OPEN RED SIMP MALAR/ZYGOM FX	\$0.00
D7660	CLSD RED SIMP MALAR/ZYGOM FX	\$0.00
D7670	CLOSD RDUCTN SPLINT ALVEOLUS	\$0.00
D7671	ALVEOLUS OPEN REDUCTION	\$0.00
D7680	REDUCT SIMPLE FACIAL BONE FX	\$0.00
D7710	MAXILLA OPEN REDUCT COMPOUND	\$0.00
D7720	CLSD REDUCT COMPD MAXILLA FX	\$0.00
D7730	OPEN REDUCT COMPD MANDBLE FX	\$0.00
D7740	CLSD REDUCT COMPD MANDBLE FX	\$0.00
D7750	OPEN RED COMP MALAR/ZYGMA FX	\$0.00
D7760	CLSD RED COMP MALAR/ZYGMA FX	\$0.00
D7770	OPEN REDUC COMPD ALVEOLUS FX	\$0.00
D7771	ALVEOLUS CLSD REDUC STBLZ TE	\$0.00
D7780	REDUCT COMPND FACIAL BONE FX	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D7810	TMJ OPEN REDUCT-DISLOCATION	\$0.00
D7820	CLOSED TMP MANIPULATION	\$0.00
D7830	TMJ MANIPULATION UNDER ANEST	\$0.00
D7840	REMOVAL OF TMJ CONDYLE	\$0.00
D7850	TMJ MENISCECTOMY	\$0.00
D7852	TMJ REPAIR OF JOINT DISC	\$0.00
D7854	TMJ EXCISN OF JOINT MEMBRANE	\$0.00
D7856	TMJ CUTTING OF A MUSCLE	\$0.00
D7858	TMJ RECONSTRUCTION	\$0.00
D7860	TMJ CUTTING INTO JOINT	\$0.00
D7865	TMJ RESHAPING COMPONENTS	\$0.00
D7870	TMJ ASPIRATION JOINT FLUID	\$0.00
D7871	LYSIS + LAVAGE W CATHETERS	\$0.00
D7872	TMJ DIAGNOSTIC ARTHROSCOPY	\$0.00
D7873	TMJ ARTHROSCOPY LYSIS ADHESN	\$0.00
D7874	TMJ ARTHROSCOPY DISC REPOSIT	\$0.00
D7875	TMJ ARTHROSCOPY SYNOVECTOMY	\$0.00
D7876	TMJ ARTHROSCOPY DISCECTOMY	\$0.00
D7877	TMJ ARTHROSCOPY DEBRIDEMENT	\$0.00
D7880	OCCLUSAL ORTHOTIC APPLIANCE	\$0.00
D7881	OCC ORTHOTIC DEVICE ADJUST	\$0.00
D7899	TMJ UNSPECIFIED THERAPY	\$0.00
D7910	DENT SUTUR RECENT WND TO 5CM	\$255.94
D7911	DENTAL SUTURE WOUND TO 5 CM	\$0.00
D7912	SUTURE COMPLICATE WND > 5 CM	\$0.00
D7920	DENTAL SKIN GRAFT	\$0.00
D7921	COLLECT & APPL BLOOD PRODUCT	\$0.00
D7940	RESHAPING BONE ORTHOGNATHIC	\$0.00
D7941	BONE CUTTING RAMUS CLOSED	\$0.00
D7942	BONE CUTTING RAMUS OPEN	\$0.00
D7943	CUTTING RAMUS OPEN W/GRAFT	\$0.00
D7944	BONE CUTTING SEGMENTED	\$0.00
D7945	BONE CUTTING BODY MANDIBLE	\$0.00
D7946	RECONSTRUCTION MAXILLA TOTAL	\$0.00
D7947	RECONSTRUCT MAXILLA SEGMENT	\$0.00
D7948	RECONSTRUCT MIDFACE NO GRAFT	\$0.00
D7949	RECONSTRUCT MIDFACE W/GRAFT	\$0.00
D7950	MANDIBLE GRAFT	\$0.00
D7951	SINUS AUG W BONE OR BONE SUB	\$0.00
D7952	SINUS AUGMENTATION VERTICAL	\$0.00
D7953	BONE REPLACEMENT GRAFT	\$0.00
D7955	REPAIR MAXILLOFACIAL DEFECTS	\$0.00
D7960	FRENULECTOMY/FRENECTOMY	\$368.77
D7963	FRENULOPLASTY	\$0.00
D7970	EXCISION HYPERPLASTIC TISSUE	\$422.43
D7971	EXCISION PERICORONAL GINGIVA	\$228.42
D7972	SURG REDCT FIBROUS TUBEROSIT	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D7979	NON-SURGICAL SIALOLITHOTOMY	\$0.00
D7980	SURGICAL SIALOLITHOTOMY	\$0.00
D7981	EXCISION OF SALIVARY GLAND	\$0.00
D7982	SIALODOCHOPLASTY	\$0.00
D7983	CLOSURE OF SALIVARY FISTULA	\$0.00
D7990	EMERGENCY TRACHEOTOMY	\$0.00
D7991	DENTAL CORONOIDECTOMY	\$0.00
D7992	EMINENECTOMY	\$0.00
D7993	IMPLANT-FACIAL BONES (HOMOLOGOUS,	\$0.00
D7994	IMPLANT-OTHER THAN FACIAL BONES	\$0.00
D7995	SYNTHETIC GRAFT FACIAL BONES	\$0.00
D7996	IMPLANT MANDIBLE FOR AUGMENT	\$0.00
D7997	APPLIANCE REMOVAL	\$0.00
D7998	INTRAORAL PLACE OF FIX DEV	\$0.00
D7999	ORAL SURGERY PROCEDURE	\$0.00
D8010	LIMITED DENTAL TX PRIMARY	\$0.00
D8020	LIMITED DENTAL TX TRANSITION	\$2,445.15
D8030	LIMITED DENTAL TX ADOLESCENT	\$0.00
D8040	LIMITED DENTAL TX ADULT	\$0.00
D8050	INTERCEP DENTAL TX PRIMARY	\$0.00
D8060	INTERCEP DENTAL TX TRANSITN	\$0.00
D8070	COMPRE DENTAL TX TRANSITION	\$0.00
D8080	COMPRE DENTAL TX ADOLESCENT	\$0.00
D8090	COMPRE DENTAL TX ADULT	\$4,216.06
D8110	REMOVABLE APPLIANCE THERAPY	\$0.00
D8120	FIXED APPLIANCE THERAPY	\$0.00
D8210	ORTHODONTIC REM APPLIANCE TX	\$0.00
D8220	FIXED APPLIANCE THERAPY HABT	\$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	\$0.00
D8660	PREORTHODONTIC TX VISIT	\$352.94
D8670	PERIODIC ORTHODONTIC TX VISIT	\$232.54
D8680	ORTHODONTIC RETENTION	\$425.18
D8681	REMOVABLE RETAINER ADJUST	\$0.00
D8690	ORTHODONTIC TREATMENT	\$0.00
D8691	REPAIR ORTHO APPLIANCE	\$0.00
D8692	REPLACEMENT RETAINER	\$275.20
D8693	REBOND/RECEMENT RETAINERS	\$0.00
D8694	REPAIR FIXED RETAINERS	\$0.00
D8695	REMOVE FIXED ORTHO APPLIANCE	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D8750	POST-TREATMENT STABILIZATION	\$0.00
D8999	ORTHODONTIC PROCEDURE	\$0.00
D9110	TX DENTAL PAIN MINOR PROC	\$109.80
D9120	FIX PARTIAL DENTURE SECTION	\$0.00
D9210	DENT ANESTHESIA W/O SURGERY	\$0.00
D9211	REGIONAL BLOCK ANESTHESIA	\$0.00
D9212	TRIGEMINAL BLOCK ANESTHESIA	\$0.00
D9215	LOCAL ANESTHESIA	\$0.00
D9219	EVAL FOR DEEP SED/GEN ANESTH	\$0.00
D9220	GENERAL ANESTHESIA	\$0.00
D9221	GENERAL ANESTHESIA EA AD 15M	\$0.00
D9222	DEEP ANEST, 1ST 15 MIN	\$0.00
D9223	GENERAL ANESTH EA ADDL 15 MI	\$246.00
D9230	ANALGESIA	\$66.46
D9239	IV MOD SEDATION, 1ST 15 MIN	\$0.00
D9240	INTRAVENOUS SEDATION	\$0.00
D9241	INTRAVENOUS SEDATION	\$0.00
D9242	IV SEDATION EA AD 15 M	\$0.00
D9243	IV SEDATION EA ADDL 15M	\$166.87
D9248	SEDATION (NON-IV)	\$265.12
D9310	DENTAL CONSULTATION	\$0.00
D9311	CONSULT W/MED HLTH CARE PROF	\$0.00
D9410	DENTAL HOUSE CALL	\$0.00
D9420	HOSPITAL/ASC CALL	\$0.00
D9430	OFFICE VISIT DURING HOURS	\$0.00
D9440	OFFICE VISIT AFTER HOURS	\$148.81
D9450	CASE PRESENTATION TX PLAN	\$0.00
D9610	DENT THERAPEUTIC DRUG INJECT	\$90.30
D9612	THERA PAR DRUGS 2 OR > ADMIN	\$153.87
D9630	DRUGS/MEDS DISP FOR HOME USE	\$0.00
D9910	DENT APPL DESENSITIZING MED	\$0.00
D9911	APPL DESENSITIZING RESIN	\$0.00
D9920	BEHAVIOR MANAGEMENT	\$129.31
D9930	TREATMENT OF COMPLICATIONS	\$106.92
D9931	CLEAN/INSPECT REM APPLIANCE	\$0.00
D9932	CLEAN & INSPECT REM DENT MAX	\$0.00
D9933	CLEAN & INSPECT REM DENT MAN	\$0.00
D9934	CLEAN REM PART DENTURE MAX	\$0.00
D9935	CLEAN REM PART DENTURE MAND	\$0.00
D9940	DENTAL OCCLUSAL GUARD	\$497.73
D9941	FABRICATION ATHLETIC GUARD	\$0.00
D9942	REPAIR/RELINE OCCLUSAL GUARD	\$0.00
D9943	OCCLUSAL GUARD ADJUSTMENT	\$0.00
D9950	OCCLUSION ANALYSIS	\$0.00
D9951	LIMITED OCCLUSAL ADJUSTMENT	\$0.00
D9952	COMPLETE OCCLUSAL ADJUSTMENT	\$0.00
D9960	COMPLETION OF CLAIM FORM	\$0.00

Procedure Code	Procedure Code Description	Maximum Rate Allowed
D9970	ENAMEL MICROABRASION	\$0.00
D9971	ODONTOPLASTY 1-2 TEETH	\$0.00
D9972	EXTRNL BLEACHING PER ARCH	\$0.00
D9973	EXTRNL BLEACHING PER TOOTH	\$0.00
D9974	INTRNL BLEACHING PER TOOTH	\$0.00
D9975	EXTERNAL BLEACHING HOME APP	\$0.00
D9985	SALES TAX	\$0.00
D9986	MISSED APPOINTMENT	\$0.00
D9987	CANCELLED APPOINTMENT	\$0.00
D9991	CASE MGMT, APPT BARRIERS	\$0.00
D9992	CASE MGMT, CARE COORDINATION	\$0.00
D9993	CASE MGMT, INTERVIEWING	\$0.00
D9994	CASE MGMT, PT EDUCATION	\$0.00
D9995	TELEDENTISTRY REAL-TIME	\$0.00
D9996	TELEDENTISTRY DENT REVIEW	\$0.00
D9999	ADJUNCTIVE PROCEDURE	\$0.00

APPENDIX V**Delaware Division of Medicaid and Medical Assistance****Fee Schedule for Vision and Hearing Services****Dashboard Number****7.2****Last FFS Rate Update:****1/1/2020**

Rates of \$0.00 for Manually Priced means that DMMA researches a rate each time the service is billed.

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
V2020	VISION SVCS FRAMES PURCHASES	Default Rate	\$62.57
V2025	EYEGLASSES DELUX FRAMES	Manually Priced	\$0.00
V2100	LENS SPHER SINGLE PLANO 4.00	Default Rate	\$48.03
V2101	SINGLE VISN SPHERE 4.12-7.00	Default Rate	\$50.33
V2102	SINGL VISN SPHERE 7.12-20.00	Default Rate	\$74.14
V2103	SPHEROCYLINDR 4.00D/12-2.00D	Default Rate	\$45.26
V2104	SPHEROCYLINDR 4.00D/2.12-4D	Default Rate	\$49.04
V2105	SPHEROCYLINDER 4.00D/4.25-6D	Default Rate	\$54.57
V2106	SPHEROCYLINDER 4.00D/>6.00D	Default Rate	\$60.56
V2107	SPHEROCYLINDER 4.25D/12-2D	Default Rate	\$56.14
V2108	SPHEROCYLINDER 4.25D/2.12-4D	Default Rate	\$59.63
V2109	SPHEROCYLINDER 4.25D/4.25-6D	Default Rate	\$65.97
V2110	SPHEROCYLINDER 4.25D/OVER 6D	Default Rate	\$65.10
V2111	SPHEROCYLINDR 7.25D/.25-2.25	Default Rate	\$66.74
V2112	SPHEROCYLINDR 7.25D/2.25-4D	Default Rate	\$74.06
V2113	SPHEROCYLINDR 7.25D/4.25-6D	Default Rate	\$77.17
V2114	SPHEROCYLINDER OVER 12.00D	Default Rate	\$90.44
V2115	LENS LENTICULAR BIFOCAL	Default Rate	\$80.04
V2118	LENS ANISEIKONIC SINGLE	Default Rate	\$97.58
V2121	LENTICULAR LENS, SINGLE	Manually Priced	\$0.00
V2199	LENS SINGLE VISION NOT OTH C	Manually Priced	\$0.00
V2200	LENS SPHER BIFOC PLANO 4.00D	Default Rate	\$66.15
V2201	LENS SPHERE BIFOCAL 4.12-7.0	Default Rate	\$72.42
V2202	LENS SPHERE BIFOCAL 7.12-20.	Default Rate	\$87.50
V2203	LENS SPHCYL BIFOCAL 4.00D/.1	Default Rate	\$68.25
V2204	LENS SPHCY BIFOCAL 4.00D/2.1	Default Rate	\$71.95
V2205	LENS SPHCY BIFOCAL 4.00D/4.2	Default Rate	\$77.80
V2206	LENS SPHCY BIFOCAL 4.00D/OVE	Default Rate	\$83.58
V2207	LENS SPHCY BIFOCAL 4.25-7D/.	Default Rate	\$73.87
V2208	LENS SPHCY BIFOCAL 4.25-7/2.	Default Rate	\$79.25
V2209	LENS SPHCY BIFOCAL 4.25-7/4.	Default Rate	\$84.76
V2210	LENS SPHCY BIFOCAL 4.25-7/OV	Default Rate	\$94.77
V2211	LENS SPHCY BIFO 7.25-12/.25-	Default Rate	\$87.66
V2212	LENS SPHCYL BIFO 7.25-12/2.2	Default Rate	\$91.35
V2213	LENS SPHCYL BIFO 7.25-12/4.2	Default Rate	\$86.35
V2214	LENS SPHCYL BIFOCAL OVER 12.	Default Rate	\$111.42
V2215	LENS LENTICULAR BIFOCAL	Default Rate	\$94.84
V2218	LENS ANISEIKONIC BIFOCAL	Default Rate	\$134.59
V2219	LENS BIFOCAL SEG WIDTH OVER	Default Rate	\$59.25
V2220	LENS BIFOCAL ADD OVER 3.25D	Default Rate	\$48.05

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
V2221	LENTICULAR LENS, BIFOCAL	Manually Priced	\$0.00
V2299	LENS BIFOCAL SPECIALITY	Manually Priced	\$0.00
V2300	LENS SPHERE TRIFOCAL 4.00D	Default Rate	\$79.06
V2301	LENS SPHERE TRIFOCAL 4.12-7.	Default Rate	\$92.67
V2302	LENS SPHERE TRIFOCAL 7.12-20	Default Rate	\$109.12
V2303	LENS SPHCY TRIFOCAL 4.0/.12-	Default Rate	\$72.42
V2304	LENS SPHCY TRIFOCAL 4.0/2.25	Default Rate	\$84.67
V2305	LENS SPHCY TRIFOCAL 4.0/4.25	Default Rate	\$98.04
V2306	LENS SPHCYL TRIFOCAL 4.00/>6	Default Rate	\$104.10
V2307	LENS SPHCY TRIFOCAL 4.25-7/.	Default Rate	\$96.06
V2308	LENS SPHC TRIFOCAL 4.25-7/2.	Default Rate	\$99.84
V2309	LENS SPHC TRIFOCAL 4.25-7/4.	Default Rate	\$104.37
V2310	LENS SPHC TRIFOCAL 4.25-7/>6	Default Rate	\$110.74
V2311	LENS SPHC TRIFO 7.25-12/.25-	Default Rate	\$100.00
V2312	LENS SPHC TRIFO 7.25-12/2.25	Default Rate	\$100.60
V2313	LENS SPHC TRIFO 7.25-12/4.25	Default Rate	\$104.35
V2314	LENS SPHCYL TRIFOCAL OVER 12	Default Rate	\$134.05
V2315	LENS LENTICULAR TRIFOCAL	Default Rate	\$119.08
V2318	LENS ANISEIKONIC TRIFOCAL	Default Rate	\$186.30
V2319	LENS TRIFOCAL SEG WIDTH > 28	Default Rate	\$66.09
V2320	LENS TRIFOCAL ADD OVER 3.25D	Default Rate	\$69.71
V2321	LENTICULAR LENS, TRIFOCAL	Manually Priced	\$0.00
V2399	LENS TRIFOCAL SPECIALITY	Manually Priced	\$0.00
V2410	LENS VARIAB ASPHERICITY SING	Default Rate	\$103.91
V2430	LENS VARIABLE ASPHERICITY BI	Default Rate	\$116.09
V2499	VARIABLE ASPHERICITY LENS	Manually Priced	\$0.00
V2500	CONTACT LENS PMMA SPHERICAL	Default Rate	\$108.15
V2501	CNTCT LENS PMMA-TORIC/PRISM	Default Rate	\$147.03
V2502	CONTACT LENS PMMA BIFOCAL	Default Rate	\$193.48
V2503	CNTCT LENS PMMA COLOR VISION	Default Rate	\$186.54
V2510	CNTCT GAS PERMEABLE SPHERICL	Default Rate	\$146.21
V2511	CNTCT TORIC PRISM BALLAST	Default Rate	\$189.59
V2512	CNTCT LENS GAS PERMBL BIFOCL	Default Rate	\$233.28
V2513	CONTACT LENS EXTENDED WEAR	Default Rate	\$190.11
V2520	CONTACT LENS HYDROPHILIC	Default Rate	\$135.47
V2521	CNTCT LENS HYDROPHILIC TORIC	Default Rate	\$213.75
V2522	CNTCT LENS HYDROPHIL BIFOCL	Default Rate	\$190.73
V2523	CNTCT LENS HYDROPHIL EXTEND	Default Rate	\$188.50
V2530	CONTACT LENS GAS IMPERMEABLE	Default Rate	\$254.64
V2531	CONTACT LENS GAS PERMEABLE	Default Rate	\$530.48
V2599	CONTACT LENS/ES OTHER TYPE	Manually Priced	\$0.00
V2600	HAND HELD LOW VISION AIDS	Manually Priced	\$0.00
V2610	SINGLE LENS SPECTACLE MOUNT	Manually Priced	\$0.00
V2615	TELESCOP/OTHR COMPOUND LENS	Manually Priced	\$0.00
V2623	PLASTIC EYE PROSTH CUSTOM	Default Rate	\$895.82
V2624	POLISHING ARTIFICIAL EYE	Default Rate	\$81.01
V2625	ENLARGEMNT OF EYE PROSTHESIS	Default Rate	\$369.37
V2626	REDUCTION OF EYE PROSTHESIS	Default Rate	\$199.11

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
V2627	SCLERAL COVER SHELL	Default Rate	\$1,285.93
V2628	FABRICATION & FITTING	Default Rate	\$303.63
V2629	PROSTHETIC EYE OTHER TYPE	Manually Priced	\$0.00
V2630	ANTER CHAMBER INTRAOCUL LENS	Manually Priced	\$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	Manually Priced	\$0.00
V2632	POST CHMBR INTRAOCULAR LENS	Manually Priced	\$0.00
V2700	BALANCE LENS	Default Rate	\$53.73
V2710	GLASS/PLASTIC SLAB OFF PRISM	Default Rate	\$75.05
V2715	PRISM LENS/ES	Default Rate	\$12.27
V2718	FRESNELL PRISM PRESS-ON LENS	Default Rate	\$29.55
V2730	SPECIAL BASE CURVE	Default Rate	\$21.04
V2744	TINT PHOTOCHROMATIC LENS/ES	Default Rate	\$16.37
V2750	ANTI-REFLECTIVE COATING	Manually Priced	\$0.00
V2760	SCRATCH RESISTANT COATING	Default Rate	\$20.51
V2782	LENS, 1.54-1.65 P/1.60-1.79G	Default Rate	\$63.07
V2783	LENS, >= 1.66 P/>=1.80 G	Default Rate	\$71.10
V2784	LENS POLYCARB OR EQUAL	Default Rate	\$46.24
V2785	CORNEAL TISSUE PROCESSING	Manually Priced	\$0.00
V2790	AMNIOTIC MEMBRANE	Manually Priced	\$0.00
V2799	MISC VISION ITEM OR SERVICE	Manually Priced	\$0.00
V5008	HEARING SCREENING	PRB	\$0.00
V5008	HEARING SCREENING	Default Rate	\$16.00
V5014	HEARING AID REPAIR/MODIFYING	Manually Priced	\$0.00
V5030	BODY-WORN HEARING AID AIR	Manually Priced	\$0.00
V5040	BODY-WORN HEARING AID BONE	Manually Priced	\$0.00
V5050	HEARING AID MONAURAL IN EAR	Manually Priced	\$0.00
V5060	BEHIND EAR HEARING AID	Manually Priced	\$0.00
V5070	GLASSES AIR CONDUCTION	Manually Priced	\$0.00
V5080	GLASSES BONE CONDUCTION	Manually Priced	\$0.00
V5090	HEARING AID DISPENSING FEE	Default Rate	\$400.00
V5095	IMPLANT MID EAR HEARING PROS	Manually Priced	\$0.00
V5100	BODY-WORN BILAT HEARING AID	Manually Priced	\$0.00
V5120	BODY-WORN BINAUR HEARING AID	Manually Priced	\$0.00
V5130	IN EAR BINAURAL HEARING AID	Manually Priced	\$0.00
V5140	BEHIND EAR BINAUR HEARING AI	Manually Priced	\$0.00
V5150	GLASSES BINAURAL HEARING AID	Manually Priced	\$0.00
V5171	HEARING AID MONAURAL ITE	Manually Priced	\$0.00
V5172	HEARING AID MONAURAL ITC	Manually Priced	\$0.00
V5181	HEARING AID MONAURAL BTE	Manually Priced	\$0.00
V5190	HEARING AID MONAURAL GLASSES	Manually Priced	\$0.00
V5211	HEARING AID BINAURAL ITE/ITE	Manually Priced	\$0.00
V5212	HEARING AID BINAURAL ITE/ITC	Manually Priced	\$0.00
V5213	HEARING AID BINAURAL ITE/BTE	Manually Priced	\$0.00
V5214	HEARING AID BINAURAL ITC/ITC	Manually Priced	\$0.00
V5215	HEARING AID BINAURAL ITC/BTE	Manually Priced	\$0.00
V5221	HEARING AID BINAURAL BTE/BTE	Manually Priced	\$0.00
V5230	HEARING AID BINAURAL GLASSES	Manually Priced	\$0.00
V5242	HEARING AID, MONAURAL, CIC	Manually Priced	\$0.00

Procedure or Service Code	Description of Procedure	Type of Rate	Rate
V5243	HEARING AID, MONAURAL, ITC	Manually Priced	\$0.00
V5244	HEARING AID, PROG, MON, CIC	Manually Priced	\$0.00
V5245	HEARING AID, PROG, MON, ITC	Manually Priced	\$0.00
V5246	HEARING AID, PROG, MON, ITE	Manually Priced	\$0.00
V5247	HEARING AID, PROG, MON, BTE	Manually Priced	\$0.00
V5248	HEARING AID, BINAURAL, CIC	Manually Priced	\$0.00
V5249	HEARING AID, BINAURAL, ITC	Manually Priced	\$0.00
V5250	HEARING AID, PROG, BIN, CIC	Manually Priced	\$0.00
V5251	HEARING AID, PROG, BIN, ITC	Manually Priced	\$0.00
V5252	HEARING AID, PROG, BIN, ITE	Manually Priced	\$0.00
V5253	HEARING AID, PROG, BIN, BTE	Manually Priced	\$0.00
V5254	HEARING ID, DIGIT, MON, CIC	Manually Priced	\$0.00
V5255	HEARING AID, DIGIT, MON, ITC	Manually Priced	\$0.00
V5256	HEARING AID, DIGIT, MON, ITE	Manually Priced	\$0.00
V5257	HEARING AID, DIGIT, MON, BTE	Manually Priced	\$0.00
V5258	HEARING AID, DIGIT, BIN, CIC	Manually Priced	\$0.00
V5259	HEARING AID, DIGIT, BIN, ITC	Manually Priced	\$0.00
V5260	HEARING AID, DIGIT, BIN, ITE	Manually Priced	\$0.00
V5261	HEARING AID, DIGIT, BIN, BTE	Manually Priced	\$0.00
V5262	HEARING AID, DISP, MONAURAL	Manually Priced	\$0.00
V5263	HEARING AID, DISP, BINAURAL	Manually Priced	\$0.00
V5266	BATTERY FOR HEARING DEVICE	Manually Priced	\$0.00
V5267	HEARING AID SUP/ACCESS/DEV	Manually Priced	\$0.00
V5298	HEARING AID NOC	Manually Priced	\$0.00
V5299	HEARING SERVICE	PRB	\$0.00
V5336	REPAIR COMMUNICATION DEVICE	Manually Priced	\$0.00
V5362	SPEECH SCREENING	Default Rate	\$16.00
V5363	LANGUAGE SCREENING	Default Rate	\$16.00
V5364	DYSPHAGIA SCREENING	Default Rate	\$16.00

APPENDIX W

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Ambulance and Non-Emergency Transportation

Dashboard Number

7.3

Last FFS Rate Update:

1/1/2020

Rates of \$0.00 for Manually Priced means that DMMA researches a rate each time the service is billed.

Service or Product Code	Description of Service/Product	Type of Rate	Rate
Emergency			
A0225	Emergency, Neonatal Transport	Default Rate	\$95.00
A0380	Emergency, Basic Life Support Ambulance, Per Mile	Default Rate	\$2.54
A0390	Emergency, Advanced Life Support Ambulance, Per Mile	Default Rate	\$2.54
A0422	Emergency, ALS or BLS, Oxygen and Oxygen Supplies	Default Rate	\$12.00
A0424	Emergency, Extra Ambulance Attendant (ALS or BLS)	Manually Priced	\$0.00
A0427	Emergency, Advanced Life Support Ambulance	Default Rate	\$59.89
A0429	Emergency, Basic Life Support Ambulance	Default Rate	\$65.95
A0431	Emergency, Air Transport, Rotary Wing	Default Rate	\$2,163.53
A0436	Emergency, Air Transport, Rotary Wing, Per Mile	Default Rate	\$13.59

****Non-Emergency****

For most non-emergency medical transportation, DMMA hires a broker to coordinate trips.

The broker negotiates the rate paid to each transportation provider. Therefore, rates shown here are the default rates if and when DMMA is paying the provider instead of the transportation broker.

A0130	Non-Emergency, Wheelchair Van	Default Rate	\$11.01
A0426	Non-Emergency, Advanced Life Support Ambulance	Default Rate	\$35.00
A0428	Non-Emergency, Basic Life Support Ambulance	Default Rate	\$35.00
A0090	Non-Emergency, Per Mile Rate, Vehicle from Individual	Default Rate	\$0.20
A0100	Non-Emergency, Taxi	Provider-specific Rate	\$0.00
A0110	Non-Emergency, Bus	Provider-specific Rate	\$0.00
A0120	Non-Emergency, Mini-Bus	Provider-specific Rate	\$0.00
A0130	Non-Emergency, Wheelchair Van	Provider-specific Rate	\$0.00
A0170	Non-Emergency, Parking Fees/Tools	Provider-specific Rate	\$0.00

APPENDIX X

Delaware Division of Medicaid and Medical Assistance

Fee Schedule for Private Duty Nursing

Dashboard Number 7.4

Last FFS Rate Update: 2006

There are two baseline rates for Private Duty Nursing:

S9123, nursing in the home provided by a registered nurse, per hour	\$51.50
S9124, nursing in the home provided by a licensed practical nurse, per hour	\$46.14

The baseline rates normally represent services provided by one nurse to one individual.

An adjusted reimbursement rate per individual will be established for medically necessary services delivered to up to 3 clients.

Maximum rates per nurse per hour are established according to the following table:

		<u>Max RN</u>	<u>Max LPN</u>
One individual	100% of established baseline rate	\$51.50	\$46.14
Two individuals	50% of 143% of baseline rate	\$36.82	\$32.99
Three individuals	33% of 214% of baseline rate	\$36.37	\$32.58

APPENDIX Y

Delaware Division of Developmental Disabilities Services Fee-for-Service Rate Methodology Summary

This Schedule Last Updated 10/04/2019

Service Name	Date Last Updated (YTD)	Number of Authorized DDDS Providers	Computed Unit	FY20 Rate	Staffing Ratios								
					1:1	1:2	1:3	1:4	1:5	1:6	1:7	1:8	
Residential Habilitation (NGH/CLA)	7/1/2019	28	Hour	\$26.89									
Residential Habilitation (Shared Living)	7/1/2019	101	Hour	\$9.80									
Supported Living	7/1/2019	6	Hour	\$41.25									
Day Habilitation	7/1/2019	26	Hour	Facility - \$28.04 Non-Facility - \$31.09									
			15 Minute	Facility - \$7.01 Non-Facility - \$7.77									
Pre-Vocational Service	7/1/2019	17	Hour	Facility - \$28.04 Non-Facility - 31.09									
			15 Minute	Facility - \$7.01 Non-Facility - \$7.77									
Individual Supported Employment & Group Supported Employment	7/1/2019	21	15 Minute	Based on staff:consumer ratio	\$13.55	\$6.81	\$4.71	\$3.67	\$3.04	\$2.62	\$2.32	\$2.09	
Community Participation	7/1/2018	2	15 Minute	Based on staff:consumer ratio	\$10.62	\$5.53							
Nursing Consultation	7/1/2013	14	15 Minute	\$13.36									
Behavioral Consultation	7/1/2013	12	15 Minute	\$14.08									
Assistive Technology	7/1/2014	1	15 Minute	Licensed - \$24.02 Non-Licensed \$20.10									
Respite	10/1/2018	6	Hour	HHA - \$28.46 PASA - \$25.41 Res. Hab. Setting - \$26.89 Shared Living - \$9.80									
Personal Care Services	10/1/2018	7	Hour	HHA - \$28.46 PASA - \$25.41									
			15 Minute	HHA - \$7.12 PASA - \$6.35									
Employment Navigator Rate	7/1/2018	1	Week	\$141.31									
Benefits Counseling	7/1/2014	2	15 Minute	\$17.28									
Career Exploration & Assessment	7/1/2014	3	15 Minute	\$10.11									
Financial Coaching Plus	7/1/2014	1	15 Minute	\$16.72									
ICF-IID Facility Services	10/1/2018	1	Per Diem	\$1,324.07									

* Note - services that are manually priced are not included

APPENDIX Z

Delaware Division of Substance Abuse and Mental Health

This Schedule Last Updated 07/01/2014

Service Code	Modifier			Service Description	Unit	Rate for Physician or Psychologist	Rate for LCSW, LMFT or LPCMH
	1	2	3				
MENTAL HEALTH							
+90785				Interactive complexity, used in conjunction with codes for diagnostic psychiatric evaluation or psychotherapy	n/a	\$26.89	\$26.89
90791				Psychiatric diagnostic evaluation	Per evaluation	\$131.78	\$98.84
90792				Psychiatric diagnostic evaluation with medical services	Per evaluation	\$146.15	N/A
90832				Psychotherapy, 30 minutes with patient and/or family member	Per evaluation	\$63.89	\$47.92
+90833				Psychotherapy, 30 minutes with patient and/or family member when performed with an E&M service	Per evaluation	\$66.08	N/A
90834				Psychotherapy, 45 minutes with patient and/or family member	Per evaluation	\$84.95	\$63.71
+90836				Psychotherapy, 45 minutes with patient and/or family member when performed with an E&M service	Per evaluation	\$83.95	N/A
90837				Psychotherapy, 60 minutes with patient and/or family member	Per evaluation	\$127.43	\$95.47
+90838				Psychotherapy, 60 minutes with patient and/or family member when performed with an E&M service	Per evaluation	\$110.75	N/A
90839				Psychotherapy for crisis; first 60 minutes	Per evaluation	\$133.14	\$99.86
+90840				Psychotherapy for crisis; each additional 30 minutes	Per evaluation	\$63.52	\$47.64
90845				Psychoanalysis	Per evaluation	\$91.78	N/A
90846				Family psychotherapy (without the patient present)	Per evaluation	\$103.18	\$77.39
90847				Family psychotherapy (conjoint psychotherapy) (with patient present)	Per evaluation	\$106.73	\$80.05
90849				Multiple-family group psychotherapy	Per evaluation	\$34.42	\$25.82
90853				Group psychotherapy (other than of a multiple-family group)	Per evaluation	\$25.71	\$19.28
90870				Electroconvulsive therapy (includes necessary monitoring)	Per treatment	\$179.15	N/A
90855				Psychological evaluation of records		\$50.15	N/A
96101				Psychological testing includes psycho diagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology	Per hour	\$80.34	N/A
96102				Psychological testing with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Per hour	\$64.52	N/A
96103				Psychological testing with qualified health care professional interpretation and report	Per test	\$28.33	N/A
96118				Neuropsychological testing per hour of the psychologist's or physician's time, both face to-face time administering tests to the patient and time interpreting these test results and preparing the report	Per hour	\$98.79	N/A
96119				Neuropsychological testing with qualified healthcare professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Per hour	\$81.48	N/A
96120				Neuropsychological testing, administered by computer, with qualified healthcare professional interpretation and report	Per hour	\$48.96	N/A
96150				Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment.	15 min	\$21.79	N/A
96151				Health and behavior assessment, each 15 minutes face-to-face with the patient; re-assessment	Per evaluation	\$20.71	N/A
96152				Health and behavior intervention, each 15 minutes, face-to-face; individual	Per evaluation	\$20.00	N/A
96153				Health and behavior intervention, each 15 minutes, face-to-face; group (two or more patients).	Per evaluation	\$4.66	N/A
96154				Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	Per evaluation	\$19.65	N/A

APPENDIX Z

Delaware Division of Substance Abuse and Mental Health

This Schedule Last Updated 07/01/2014

Service Code	Modifier			Service Description	Unit	Rate for Physician or Psychologist	Rate for LCSW, LMFT or LPCMH
	1	2	3				
99211	HE			Office or other outpatient visit for the E&M of an established patient that may not require the presence of a physician, typically 5 min	Per visit	\$20.17	N/A
99201				Office or other outpatient visit for the E&M of a new patient, typically 10 min	Per evaluation	\$44.66	N/A
99202				Office or other outpatient visit for the E&M of a new patient, typically 20 min	Per evaluation	\$75.91	N/A
99203				Office or other outpatient visit for the E&M of a new patient, typically 30 min	Per evaluation	\$109.74	N/A
99204				Office or other outpatient visit for the E&M of a new patient, typically 45 min	Per evaluation	\$166.75	N/A
99205				Office or other outpatient visit for the E&M of a new patient, typically 60 min	Per evaluation	\$209.09	N/A
99211				Office or other outpatient visit for the E&M of an established patient, typically 5 min	Per evaluation	\$20.17	N/A
99212				Office or other outpatient visit for the E&M of an established patient, typically 10 min	Per evaluation	\$44.28	N/A
99213				Office or other outpatient visit for the E&M of an established patient, typically 15 min	Per evaluation	\$73.69	N/A
99214				Office or other outpatient visit for the E&M of an established patient, typically 25 min	Per evaluation	\$108.51	N/A
99215				Office or other outpatient visit for the E&M of an established patient, typically 40 min	Per evaluation	\$146.20	N/A
+99354				Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	First hour	\$101.14	\$75.86
+99355				Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 min	30 min	\$98.23	\$73.67
99408				Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention (SBI) services, 15 to 30 min	Per evaluation	\$35.48	N/A
99409				Alcohol and/or substance (other than tobacco) abuse structured screening and brief intervention (SBI) services, over 30 min	Per evaluation	\$69.15	N/A
Q3014				Telehealth Facility Fee		\$23.76	\$17.82

SUBSTANCE USE DISORDER

+90785	HF			Interactive complexity, used in conjunction with codes for diagnostic psychiatric evaluation or psychotherapy	n/a	\$13.92	\$10.44
90832	HF			Psychotherapy, 30 minutes with patient and/or family member	Per evaluation	\$63.89	\$47.92
90834	HF			Psychotherapy, 45 minutes with patient and/or family member	Per evaluation	\$84.95	\$63.71
90837	HF			Psychotherapy, 60 minutes with patient and/or family member	Per evaluation	\$127.43	\$95.47
90839	HF			Psychotherapy for crisis; first 60 minutes	Per evaluation	\$133.14	\$99.86
+90840	HF			Psychotherapy for crisis; each additional 30 minutes	Per evaluation	\$63.52	\$47.64
90846	HF			Family psychotherapy (without the patient present)	Per evaluation	\$103.18	\$77.39
90847	HF			Family psychotherapy (conjoint psychotherapy) (with patient present)	Per evaluation	\$106.73	\$80.05
90849	HF			Multiple-family group psychotherapy	Per evaluation	\$34.42	\$25.82
90853	HF			Group psychotherapy (other than of a multiple - family group)	Per evaluation	\$25.71	\$19.28

APPENDIX Z

Delaware Division of Substance Abuse and Mental Health

This Schedule Last Updated 07/01/2014

Service Code	Modifier			Service Description	Unit	Rate for Physician or Psychologist	Rate for LCSW, LMFT or LPCMH
	1	2	3				
						Rate Per Unit	
H0001	HF			Alcohol and/or drug assessment (ASAM Level .5 or 1)	one session	\$77.30	
H0001	U1			Alcohol and/or drug assessment (ASAM Level .5 or 1), home/community	one session	\$90.26	
H0004	HF			Behavioral health counseling and therapy (ASAM Level .5 or 1).	15 min	\$19.33	
H0004	HF	U1		Behavioral health counseling and therapy (ASAM Level .5 or 1), home/community	15 min	\$22.57	
H0005	HF			Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1)	45 min	\$9.66	
H0005	U1			Alcohol and/or drug services, group counseling by a clinician (ASAM Level 1), home/community	45 min	\$11.28	
H0010				Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM)	Per diem	\$290.70	
H0010	HW			Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Level 3.2-WM), room and board portion	Per diem	\$58.10	
H0011				Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM)	Per diem	\$354.67	
H0011	HW			Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Level 3.7-WM), room and board portion	Per diem	\$65.84	
H0012				Alcohol and/or drug abuse service; subacute detoxification (residential addiction program outpatient)	Per diem	\$334.27	
H0014	TD			Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM), Registered Nurse	60 min	\$104.45	
H0014				Alcohol and/or drug abuse services; ambulatory detoxification (Level 2-WM), Unlicensed Practitioner	60 min	\$77.30	
H0015				Alcohol and/or drug services, intensive outpatient, for individuals under age 18	Per hour	\$77.30	
H0015	HQ			Alcohol and/or drug services, intensive outpatient, unlicensed	Per diem	\$103.09	
H0015	HQ	HK		Alcohol and/or drug services, intensive outpatient, licensed, minimum 9 but not more than 19 contact hours per week	Per diem	\$126.79	
H0015	HQ	U1		Alcohol and/or drug services, intensive outpatient, unlicensed, home/community	Per diem	\$120.37	
H0015	HQ	HK	TG	Alcohol and/or drug services, intensive outpatient, licensed, minimum 20 contact hours per week	Per diem	\$190.18	
H0015	HQ	TG		Alcohol and/or drug services, intensive outpatient, unlicensed, minimum 20 contact hours per week	Per diem	\$154.64	
H0015	HQ	TG	U1	Alcohol and/or drug services, intensive outpatient, unlicensed, home/community, minimum 20 contact hours per week	Per diem	\$180.56	
H0020				Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed or certified program). Limited to one per day	Per service	\$4.00	
H0038	HF			Self-help/peer services, substance abuse program	15 min	\$14.75	
H0048	HF			Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Per service	\$8.20	
H2034				Alcohol and/or drug abuse halfway house services, per diem (Level 3.1)	Per diem	\$150.53	
H2034	HW			Alcohol and/or drug abuse halfway house services, per diem (Level 3.1), room and board only	Per diem	\$41.14	
H2036	HI			Alcohol and/or drug abuse halfway house services, per diem (Level 3.3), 10 beds and under, cognitive impairment	Per diem	\$273.25	

APPENDIX Z

Delaware Division of Substance Abuse and Mental Health

This Schedule Last Updated 07/01/2014

Service Code	Modifier			Service Description	Unit	Rate for Physician or Psychologist	Rate for LCSW, LMFT or LPCMH
	1	2	3				
H2036	HI			Alcohol and/or drug abuse halfway house services, per diem (Level 3.3), 11-16 beds, cognitive impairment	Per diem	\$273.25	
H2036				Alcohol and/or drug abuse halfway house services, per diem (Level 3.5), 11-16 beds, no cognitive impairment	Per diem	\$189.44	
H2036	TG			Alcohol and/or drug abuse halfway house services, per diem (Level 3.7)	Per diem	\$291.65	
H2036	HW			Alcohol and/or drug abuse halfway house services, per diem (Level 3.7), room and board only	Per diem	\$45.84	
J0571				Buprenorphine, oral, 1 mg	1 unit	\$0.44	
J0572				Buprenorphine/naloxone, oral, less than or equal to 3 mg	1 unit	\$4.25	
J0573				Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	1 unit	\$7.03	
J0574				Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	1 unit	\$8.02	
J0575				Buprenorphine/naloxone, oral, greater than 10 mg	1 unit	\$12.48	
J2315				Injection, naltrexone, depot form, 1 mg	1 unit	\$3.18	
T1502	HF			Office or other outpatient visit for injection of MH medications	Per service	\$20.17	
99211	HE			Office or other outpatient visit for injection of Vivitrol	Per service	\$20.17	

CRISIS INTERVENTION

H2011				Crisis Intervention service, mobile crisis team	15 min	\$146.99	
S9485				Crisis Intervention mental health services	Per diem	\$766.52	

APPENDIX AA**Delaware Division of Substance Abuse and Mental Health****Services Covered in the PROMISE Program (Promoting Optimal Mental Health through Supports and Empowerment)****This Schedule Last Updated 04/29/2015**

Service Code	Mod 1	Mod 2	Service Description	Unit	Rate
H2014	SE		Benefits Counseling	15 min.	\$17.28
T2022	TG		Care Management, without peer, high touch	Per month	\$625.73
T2022	TF		Care Management, without peer, medium touch	Per month	\$426.33
T2022			Care Management, without peer, low touch	Per month	\$162.13
T2022	HT	TG	Care Management, with peer, high touch	Per month	\$508.19
T2022	HT	TF	Care Management, with peer, medium touch	Per month	\$346.03
T2022	HT		Care Management, with peer, low touch	Per month	\$136.01
H0036			Community Psychiatric Support and Treatment (CPST), face-to-face, office setting	15 min.	\$20.64
H0036	U1		Community Psychiatric Support and Treatment (CPST), face-to-face, community setting	15 min.	\$22.71
H0040	HO		Evidence-Based Practice, ACT, Master's Level, New Team First Year Rate, Small	Per diem	\$208.21
H0040	HO		Evidence-Based Practice, ACT, Master's Level, New Team First Year Rate, Large	Per diem	\$195.91
H0040	HO		Evidence-Based Practice, ACT, Master's Level, Established Team, Small	Per diem	\$197.09
H0040	HO		Evidence-Based Practice, ACT, Master's Level, Established Team, Large	Per diem	\$187.15
H0040	HN		Evidence-Based Practice, ACT, Bachelor's Level, New Team First Year Rate, Small	Per diem	\$177.04
H0040	HN		Evidence-Based Practice, ACT, Bachelor's Level, New Team First Year Rate, Large	Per diem	\$165.80
H0040	HN		Evidence-Based Practice, ACT, Bachelor's Level, Established Team, Small	Per diem	\$167.59
H0040	HN		Evidence-Based Practice, ACT, Bachelor's Level, Established Team, Large	Per diem	\$158.39
H0040	HM		Evidence-Based Practice, ACT, Less Than Bachelor's Level, New Team First Year Rate, Small	Per diem	\$170.88
H0040	HM		Evidence-Based Practice, ACT, Less Than Bachelor's Level, New Team First Year Rate, Large	Per diem	\$159.83
H0040	HM		Evidence-Based Practice, ACT, Less Than Bachelor's Level, Established Team, Small	Per diem	\$161.76
H0040	HM		Evidence-Based Practice, ACT, Less Than Bachelor's Level, Established Team, Large	Per diem	\$152.69
H0040	AM		Evidence-Based Practice, ACT, Physician Team Member Level, New Team First Year Rate, Small	Per diem	\$685.11
H0040	AM		Evidence-Based Practice, ACT, Physician Team Member Level, New Team First Year Rate, Large	Per diem	\$658.31
H0040	AM		Evidence-Based Practice, ACT, Physician Team Member Level, Established Team, Small	Per diem	\$648.54
H0040	AM		Evidence-Based Practice, ACT, Physician Team Member Level, Established Team, Large	Per diem	\$628.90
H0040	HP		Evidence-Based Practice, ACT, Nurse Practitioner Team Member Level, New Team First Year Rate, Small	Per diem	\$518.71
H0040	HP		Evidence-Based Practice, ACT, Nurse Practitioner Team Member Level, New Team First Year Rate, Large	Per diem	\$496.96
H0040	HP		Evidence-Based Practice, ACT, Nurse Practitioner Team Member Level, Established Team, Small	Per diem	\$491.03
H0040	HP		Evidence-Based Practice, ACT, Nurse Practitioner Team Member Level, Established Team, Large	Per diem	\$474.76
H0040	TD		Evidence-Based Practice, ACT, RN Team Member Level, New Team First Year Rate, Small	Per diem	\$256.54
H0040	TD		Evidence-Based Practice, ACT, RN Team Member Level, New Team First Year Rate, Large	Per diem	\$242.74
H0040	TD		Evidence-Based Practice, ACT, RN Team Member Level, Established Team, Small	Per diem	\$242.85
H0040	TD		Evidence-Based Practice, ACT, RN Team Member Level, Established Team, Large	Per diem	\$231.89
H0037	HO		Evidence-Based Practice, ACT, Team Lead Master's Level Therapist, New Team First Year Rate, Small	Per diem	\$197.80
H0037	HO		Evidence-Based Practice, ACT, Team Lead Master's Level Therapist, New Team First Year Rate, Large	Per diem	\$186.11

APPENDIX AA**Delaware Division of Substance Abuse and Mental Health****Services Covered in the PROMISE Program (Promoting Optimal Mental Health through Supports and Empowerment)****This Schedule Last Updated 04/29/2015**

Service Code	Mod 1	Mod 2	Service Description	Unit	Rate
H0037	HO		Evidence-Based Practice, ACT, Team Lead Master's Level Therapist, Established Team, Small	Per diem	\$187.24
H0037	HO		Evidence-Based Practice, ACT, Team Lead Master's Level Therapist, Established Team, Large	Per diem	\$177.80
H0037	HN		Evidence-Based Practice, ACT, Team Lead Bachelor's Level Therapist, New Team First Year Rate, Small	Per diem	\$168.19
H0037	HN		Evidence-Based Practice, ACT, Team Lead Bachelor's Level Therapist, New Team First Year Rate, Large	Per diem	\$157.51
H0037	HN		Evidence-Based Practice, ACT, Team Lead Bachelor's Level Therapist, Established Team, Small	Per diem	\$159.21
H0037	HN		Evidence-Based Practice, ACT, Team Lead Bachelor's Level Therapist, Established Team, Large	Per diem	\$150.47
H0037	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Small	Per diem	\$162.33
H0037	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Large	Per diem	\$151.84
H0037	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Small	Per diem	\$153.67
H0037	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Large	Per diem	\$145.05
H0037	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Small	Per diem	\$650.85
H0037	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Large	Per diem	\$625.39
H0037	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Small	Per diem	\$616.11
H0037	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Large	Per diem	\$597.45
H0037	HP		Evidence-Based Practice, ACT, Nurse Practitioner/APRN, New Team First Year Rate, Small	Per diem	\$492.78
H0037	HP		Evidence-Based Practice, ACT, Nurse Practitioner/APRN, New Team First Year Rate, Large	Per diem	\$472.11
H0037	HP		Evidence-Based Practice, ACT, Nurse Practitioner/APRN, Established Team, Small	Per diem	\$466.48
H0037	HP		Evidence-Based Practice, ACT, Nurse Practitioner/APRN, Established Team, Large	Per diem	\$451.02
H0037	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Small	Per diem	\$243.72
H0037	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Large	Per diem	\$230.60
H0037	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Small	Per diem	\$230.71
H0037	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Large	Per diem	\$220.30
H0039	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, New Team First Year Rate, Small	15 min	\$54.25
H0039	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, New Team First Year Rate, Large	15 min	\$52.59
H0039	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, Established Team, Small	15 min	\$29.49
H0039	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, Established Team, Large	15 min	\$28.53
H0039	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, New Team First Year Rate, Small	15 min	\$43.97
H0039	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, New Team First Year Rate, Large	15 min	\$42.37
H0039	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, Established Team, Small	15 min	\$24.29
H0039	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, Established Team, Large	15 min	\$23.35
H0039	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Small	15 min	\$43.97
H0039	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Large	15 min	\$42.37
H0039	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Small	15 min	\$23.46
H0039	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Large	15 min	\$22.52
H0039	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Small	15 min	\$140.42
H0039	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Large	15 min	\$139.24

APPENDIX AA

Delaware Division of Substance Abuse and Mental Health

Services Covered in the PROMISE Program (Promoting Optimal Mental Health through Supports and Empowerment)

This Schedule Last Updated 04/29/2015

Service Code	Mod 1	Mod 2	Service Description	Unit	Rate
H0039	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Small	15 min	\$114.00
H0039	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Large	15 min	\$113.03
H0039	HP		Evidence-Based Practice, ACT, APRN, New Team First Year Rate, Small	15 min	\$75.72
H0039	HP		Evidence-Based Practice, ACT, APRN, New Team First Year Rate, Large	15 min	\$74.54
H0039	HP		Evidence-Based Practice, ACT, APRN, Established Team, Small	15 min	\$61.60
H0039	HP		Evidence-Based Practice, ACT, APRN, Established Team, Large	15 min	\$60.74
H0039	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Small	15 min	\$42.69
H0039	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Large	15 min	\$41.51
H0039	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Small	15 min	\$35.01
H0039	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Large	15 min	\$34.04
H0036	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, New Team First Year Rate, Small	15 min	\$35.42
H0036	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, New Team First Year Rate, Large	15 min	\$35.10
H0036	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, Established Team, Small	15 min	\$30.25
H0036	HO		Evidence-Based Practice, ACT, Team Lead and Master's Level Therapist, Established Team, Large	15 min	\$29.93
H0036	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, New Team First Year Rate, Small	15 min	\$28.54
H0036	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, New Team First Year Rate, Large	15 min	\$28.22
H0036	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, Established Team, Small	15 min	\$24.47
H0036	HN		Evidence-Based Practice, ACT, Bachelor's Level Therapist, Established Team, Large	15 min	\$24.15
H0036	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Small	15 min	\$73.81
H0036	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, New Team First Year Rate, Large	15 min	\$73.63
H0036	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Small	15 min	\$60.49
H0036	AM		Evidence-Based Practice, ACT, Doctor/Psychiatrist, Established Team, Large	15 min	\$60.31
H0036	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Small	15 min	\$28.54
H0036	HM		Evidence-Based Practice, ACT, Peer/high school, New Team First Year Rate, Large	15 min	\$28.22
H0036	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Small	15 min	\$24.47
H0036	HM		Evidence-Based Practice, ACT, Peer/high school, Established Team, Large	15 min	\$24.15
H0036	HP		Evidence-Based Practice, ACT, APRN, New Team First Year Rate, Small	15 min	\$38.60
H0036	HP		Evidence-Based Practice, ACT, APRN, New Team First Year Rate, Large	15 min	\$38.42
H0036	HP		Evidence-Based Practice, ACT, APRN, Established Team, Small	15 min	\$31.72
H0036	HP		Evidence-Based Practice, ACT, APRN, Established Team, Large	15 min	\$31.54
H0036	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Small	15 min	\$22.42
H0036	TD		Evidence-Based Practice, ACT, Nurse, New Team First Year Rate, Large	15 min	\$22.23
H0036	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Small	15 min	\$18.51
H0036	TD		Evidence-Based Practice, ACT, Nurse, Established Team, Large	15 min	\$18.31
T2028			Community Transition Services, specialized supply not otherwise specified		Market rate
T2028			Community Transition Services, utility services		Market rate

APPENDIX AA**Delaware Division of Substance Abuse and Mental Health****Services Covered in the PROMISE Program (Promoting Optimal Mental Health through Supports and Empowerment)****This Schedule Last Updated 04/29/2015**

Service Code	Mod 1	Mod 2	Service Description	Unit	Rate
T2028			Community Transition Services, waiver, per service		Market rate
T2033			Community-based Residential Alternatives, Tier 1, supervised apartment	Per diem	\$74.02
T2033	TF		Community-based Residential Alternatives, Tier 2, residential, day	Per diem	\$53.23
T2033	TF	UJ	Community-based Residential Alternatives, Tier 2, residential, night	Per diem	\$40.76
T2033	TG		Community-based Residential Alternatives, Tier 3, up to 5 residents in group home	Per diem	\$328.53
T2033	TG		Community-based Residential Alternatives, Tier 3, 6-8 residents in group home	Per diem	\$328.36
T2033	TG		Community-based Residential Alternatives, Tier 3, 9-10 residents in group home	Per diem	\$262.69
T2033	HK		Community-based Residential Alternatives, Tier 4, up to 5 residents in group home	Per diem	\$399.28
T2033	HK		Community-based Residential Alternatives, Tier 4, 6-8 residents in group home	Per diem	\$328.36
T2033	HK		Community-based Residential Alternatives, Tier 4, 9-10 residents in group home	Per diem	\$262.69
T2013	SE		Financial Coaching Plus	Per hour	\$66.88
S5120			Instrumental Activities of Daily Living/Chore, home health agency	15 min	\$6.58
S5120			Instrumental Activities of Daily Living/Chore, personal assistance agency	15 min	\$5.85
H2023	SE		Individual Employment Support Services, Year 1	15 min	\$18.51
H2023	SE		Individual Employment Support Services, Year 2	15 min	\$18.30
A0090			Non-Medical Transportation, per mile	per mile	broker rate
A0100			Non-Medical Transportation, taxi	per trip	broker rate
A0110			Non-Medical Transportation, bus	per trip	broker rate
A0120			Non-Medical Transportation, mini-bus	per trip	broker rate
A0130			Non-Medical Transportation, wheelchair van	per trip	broker rate
A0170			Non-Medical Transportation, parking fees, tools, other	per trip	broker rate
T2003			Non-Medical Transportation, encounter/trip	per trip	broker rate
S9123			Nursing, in the home, RN	Per hour	\$51.50
S9124			Nursing, in the home, LPN	Per hour	\$46.14
H0038			Peer Supports, individual	15 min	\$14.75
H0038	HQ		Peer Supports, group setting	15 min	\$3.69
T1019			Personal Care, home health agency	15 min	\$6.58
T1019	U1		Personal Care, personal assistance agency	15 min	\$5.85
H2017	HN		Psychosocial Rehabilitation, office, 1:1	15 min	\$16.64
H2017	HN	HQ	Psychosocial Rehabilitation, office, group	15 min	\$4.16
H2017	HN	U1	Psychosocial Rehabilitation, community setting, 1:1	15 min	\$18.40
S5150			Respite, home health agency	15 min	\$6.58
S5150			Respite, personal services agency	15 min	\$5.85
T2033			Respite, in supervised apartment, Tier 1	Per diem	\$74.02
T2033	TF		Respite, in supervised apartment, Tier 2, day	Per diem	\$53.23
T2033	TF	UJ	Respite, in supervised apartment, Tier 2, night	Per diem	\$40.76

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Service Code	Mod 1	Mod 2	Service Description	Unit	Rate
T2033	TG		Respite, Tier 3, up to 5 residents in group home	Per diem	\$328.53
T2033	TG		Respite, Tier 3, 6-8 residents in group home	Per diem	\$328.36
T2033	TG		Respite, Tier 3, 9-10 residents in group home	Per diem	\$262.69
T2033	HK		Respite, Tier 4, up to 5 residents in group home	Per diem	\$399.28
T2033	HK		Respite, Tier 4, 6-8 residents in group home	Per diem	\$328.36
T2033	HK		Respite, Tier 4, 9-10 residents in group home	Per diem	\$262.69
T2019	UN		Short Term Small Group Supported Employment, 2 clients	15 min	\$6.81
T2019	UP		Short Term Small Group Supported Employment, 3 clients	15 min	\$4.71
T2019	UQ		Short Term Small Group Supported Employment, 4 clients	15 min	\$3.67

ACT = Assertive Community Treatment

ICM = Intensive Care Management