

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0001F	HEART FAILURE ASSESSED (INCLUDES	1/1/2006	\$0.01	T	NO
1	0001T	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2005	INVALID	N	NO
1	0002F	TABACCO USE, SMOKING, ASSESSED	1/1/2005	INVALID	N	NO
1	0002T	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2004	INVALID	N	NO
1	0003F	TABACCO USE, NON-SMOKING, ASSESS	1/1/2005	INVALID	N	NO
1	0003T	CERVICOGRAPHY	1/1/2007	INVALID	N	NO
1	0004F	TABACCO USE CESSATION INTERVENTI	1/1/2005	INVALID	N	NO
1	0005F	OSTEOARTHRITIS ASSESSED INCLUDES	1/1/2006	\$0.01	T	NO
1	0005T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	INVALID	N	NO
1	0006F	STATIN THERAPY, PRESCRIBED	1/1/2005	INVALID	N	NO
1	0006T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	INVALID	N	NO
1	0007F	BETA-BLOCKER THERAPY, PRESCRIBED	1/1/2005	INVALID	N	NO
1	0007T	TRANSCATHETER PLACE OF EXTRACRAN	1/1/2005	INVALID	N	NO
1	0008F	ACE INHIBITOR THERAPY, PRESCRIBE	1/1/2005	INVALID	N	NO
1	0008T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2007	INVALID	N	NO
1	0009F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	INVALID	N	NO
1	0009T	ENDOMETRIAL CRYOABLATION WITH UL	1/1/2005	INVALID	N	NO
1	0010F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	INVALID	N	NO
1	0010T	TUBERCULOSIS TEST, CELL MEDIATED	1/1/2006	INVALID	N	NO
1	0011F	ORAL ANTIPLATELET THERAPY; PRESC	1/1/2005	INVALID	N	NO
1	0012F	COMMUNITY-ACQUIRED BACTERIAL PNE	1/1/2007	\$0.01	T	NO
1	0012T	ARTHROSCOPY, KNEE, SURGICAL, IMP	1/1/2005	INVALID	N	NO
1	0013T	ARTHROSCOPY, KNEE, SURGICAL, IMP	1/1/2005	INVALID	N	NO
1	0014F	COMPREHENSIVE PREOP ASSESS FOR C	1/1/2008	\$0.01	T	NO
1	0014T	MENISCAL TRANSPLANTATION, MEDIAL	1/1/2005	INVALID	N	NO
1	0015F	MELANOMA FOLLOW UP COMPLETED	1/1/2008	\$0.01	T	NO
1	0016T	DESTRUCTION OF LOCALIZED LESION	1/1/2002	\$0.01	T	NO
1	0017T	DESTRUCTION OF MACULAR DRUSEN, P	1/1/2002	\$0.01	T	NO
1	0018T	DELIVERY OF HIGH POWER, FOCAL MA	1/1/2007	INVALID	N	NO
1	0019T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2002	\$0.01	T	NO
1	0020T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	0021T	INSERTION OF TRANSCERVICAL OR TR	1/1/2007	INVALID	N	NO
1	0023T	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2003	INVALID	N	NO
1	0024T	NON-SURGICAL SEPTAL REDUCTION TH	1/1/2008	INVALID	N	NO
1	0025T	DETERMINATION OF CORNEAL THICKNE	1/1/2004	INVALID	N	NO
1	0026T	LIPOPROTEIN, DIRECT MEASUREMENT,	1/1/2002	\$0.01	T	NO
1	0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADH	1/1/2003	\$0.01	T	NO
1	0028T	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2003	\$0.01	T	NO
1	0029T	TREATMENT(S) FOR INCONTINENCE, P	1/1/2003	\$0.01	T	NO
1	0030T	ANTIPROTHROMBIN (PHOSPHOLIPID CO	1/1/2003	\$0.01	T	NO
1	0031T	SPECULOSCOPY;	1/1/2003	\$0.01	T	NO
1	0032T	SPECULOSCOPY; WITH DIRECTED SAMP	1/1/2003	\$0.01	T	NO
1	0033T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0034T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0035T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
1	0036T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO

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June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0037T	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	INVALID	N	NO
1	0038T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0039T	ENDOVASCULAR REPIAR OF DESCENDIN	1/1/2006	INVALID	N	NO
1	0040T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
1	0041T	URINALYSIS INFECTIOUS AGENT DETE	1/1/2003	\$0.01	T	NO
1	0042T	CEREBRAL PERFUSION ANALYSIS USIN	1/1/2003	\$0.01	T	NO
1	0043T	CARBON MONOXIDE, EXPIRED GAS ANA	1/1/2003	\$0.01	T	NO
1	0044T	WHOLE BODY INTEGUMENTARY PHOTOGR	1/1/2007	INVALID	N	NO
1	0045T	WHOLE BODY INTEGUMENTARY PHOTOGR	1/1/2007	INVALID	N	NO
1	0046T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2004	\$0.01	T	NO
1	0047T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2004	\$0.01	T	NO
1	0048T	IMPLANTATION OF A VENTRICULAR AS	1/1/2004	\$0.01	T	NO
1	0049T	PROLONGED EXTRACORPOREAL PERCUTA	1/1/2004	\$0.01	T	NO
1	0050T	REMOVAL OF A VENTRICULAR ASSIST	1/1/2004	\$0.01	T	NO
1	0051T	IMPLANTATION OF A TOTAL REPLACEM	1/1/2004	\$0.01	T	NO
1	0052T	REPLACEMENT OR REPAIR OF THORACI	1/1/2004	\$0.01	T	NO
1	0053T	REPLACEMENT OR REPAIR OF IMPLANT	1/1/2004	\$0.01	T	NO
1	0054T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
1	0055T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
1	0056T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
1	0057T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2005	INVALID	N	NO
1	0058T	CRYOPRESERVATION; REPODUCTIVE T	1/1/2004	\$0.01	T	NO
1	0059T	CRYOPRESERVATION; OOCYTE(S)	1/1/2004	\$0.01	T	NO
1	0060T	ELECTRICAL IMPEDANCE SCAN OF THE	1/1/2004	\$0.01	T	NO
1	0061T	DESTRUCTION/REDUCTION OF MALIGNA	1/1/2004	\$0.01	T	NO
1	0062T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
1	0063T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
1	0064T	SPECTROSCOPY, EXPIRED GAS ANALYS	1/1/2005	\$0.01	T	NO
1	0065T	OCULAR PHOTOSCREENING, WITH INTE	1/1/2008	INVALID	N	NO
1	0066T	COMPUTED TOMOGRAPHIC (CT) COLONO	1/1/2005	\$0.01	T	NO
1	0067T	COMPUTED TOMOGRAPHIC (CT) COLONO	1/1/2005	\$0.01	T	NO
1	0068T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0069T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0070T	ACOUSTIC HEART SOUND RECORDING A	1/1/2005	\$0.01	T	NO
1	0071T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
1	0072T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
1	0073T	COMPENSATOR-BASED BEAM MODULATIO	1/1/2005	\$0.01	T	NO
1	0074T	ONLINE EVALUATION AND MANAGEMENT	1/1/2008	INVALID	N	NO
1	0075T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
1	0076T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
1	0077T	IMPLANTING AND SECURING CEREBRAL	1/1/2005	\$0.01	T	NO
1	0078T	ENDOVASCULAR REPAIR USING PROSTH	1/1/2005	\$0.01	T	NO
1	0079T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
1	0080T	ENDOVASCULAR REPAIR OF ABDOMINAL	1/1/2005	\$0.01	T	NO
1	0081T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
1	0082T	STEREOTACTIC BODY RADIATION THER	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0083T	STEREOTACTIC BODY RADIATION THER	1/1/2007	INVALID	N	NO
1	0084T	INSERTION OF A TEMPORARY PROSTAT	1/1/2005	\$0.01	T	NO
1	0085T	BREATH TEST FOR HEART TRANSPLANT	1/1/2005	\$0.01	T	NO
1	0086T	LEFT VENTRICULAR FILLING PRESSUR	1/1/2005	\$0.01	T	NO
1	0087T	SPERM EVALUATION, HYALURONAN BIN	1/1/2005	\$0.01	T	NO
1	0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE	1/1/2005	\$0.01	T	NO
1	0089T	ACTIGRAPHY TESTING, RECORDING, A	1/1/2006	\$0.01	T	NO
1	0090T	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2006	\$0.01	T	NO
1	0091T	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2007	INVALID	N	NO
1	0092T	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2006	\$0.01	T	NO
1	0093T	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2006	\$0.01	T	NO
1	0094T	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2007	INVALID	N	NO
1	0095T	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2006	\$0.01	T	NO
1	0096T	REVISION OF TOTAL DISC ARTHROPLA	1/1/2006	\$0.01	T	NO
1	0097T	REVISION OF TOTAL DISC ARTHROPLA	1/1/2007	INVALID	N	NO
1	0098T	REVISION OF TOTAL DISC ARTHROPLA	1/1/2006	\$0.01	T	NO
1	0099T	IMPLANTATION OF INTRASTROMAL COR	1/1/2006	\$0.01	T	NO
1	0100T	PLACEMENT OF A SUBCONJUNCTIVAL R	1/1/2006	\$0.01	T	NO
1	0101T	EXTRACORPOREAL SHOCK WAVE INVOLV	1/1/2006	\$0.01	T	NO
1	0102T	EXTRACORPOREAL SHOCK WAVE, HIGH	1/1/2006	\$0.01	T	NO
1	0103T	HOLOTRANSCOBALAMIN, QUANTITATIVE	1/1/2006	\$0.01	T	NO
1	0104T	INERT GAS REBREATHING FOR CARDIA	1/1/2006	\$0.01	T	NO
1	0105T	INERT GAS REBREATHING FOR CARDIA	1/1/2006	\$0.01	T	NO
1	0106T	QUANTITATIVE SENSORY TESTING (QS	1/1/2006	\$0.01	T	NO
1	0107T	QUANTITATIVE SENSORY TESTING (QS	1/1/2006	\$0.01	T	NO
1	0108T	QUANTITATIVE SENSORY TESTING (QS	1/1/2006	\$0.01	T	NO
1	0109T	QUANTITATIVE SENSORY TESTING (QS	1/1/2006	\$0.01	T	NO
1	0110T	QUANTITATIVE SENSORY TESTING (QS	1/1/2006	\$0.01	T	NO
1	0111T	LONG-CHAIN (C20-22) OMEGA-3 FATT	1/1/2006	\$0.01	T	NO
1	0115T	MEDICATION THERAPY MANAGEMENT SV	1/1/2008	INVALID	N	NO
1	0116T	MEDICATION THERAPY MANAGEMENT SV	1/1/2008	INVALID	N	NO
1	0117T	MEDICATION THERAPY MANAGEMENT SV	1/1/2008	INVALID	N	NO
1	0120T	ABLATION, CRYOSURGICAL, OF FIBRO	1/1/2007	INVALID	N	NO
1	0123T	FISTULIZATION OF SCLERA FOR GLAU	1/1/2006	\$0.01	T	NO
1	0124T	CONJUNCTIVAL INCISION W/POSTERIO	1/1/2006	\$0.01	T	NO
1	0126T	COMMON CAROTID INTIMA-MEDIA THIC	1/1/2006	\$0.01	T	NO
1	0130T	VALIDATED, STATISTICALLY RELIABL	1/1/2006	\$0.01	T	NO
1	0133T	UPPER GASTROINTESTINAL ENDOSOPY,	1/1/2008	INVALID	N	NO
1	0135T	ABLATION, RENAL TUMOR(S), UNILAT	1/1/2008	INVALID	N	NO
1	0137T	BIOPSY, PROSTATE, NEEDLE, SATURA	1/1/2006	\$0.01	T	NO
1	0140T	EXHALED BREATH CONDENSATE PH	1/1/2006	\$0.01	T	NO
1	0141T	PANCREATIC ISLET CELL TRANSPLANT	1/1/2007	\$0.01	T	NO
1	0142T	PANCREATIC ISLET CELL TRANSPLANT	1/1/2007	\$0.01	T	NO
1	0143T	LAPAROSCOPY, SURGICAL, PANCREATI	1/1/2007	\$0.01	T	NO
1	0144T	COMPUTED TOMOGRAPHY, HEART, WITH	1/1/2007	\$0.01	T	NO
1	0145T	COMPUTED TOMOGRAPHY, HEART, W/OU	1/1/2007	\$0.01	T	NO

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June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0146T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2007	\$0.01	T	NO
1	0147T	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2007	\$0.01	T	NO
1	0148T	CARDIAC STRUCTURE AND MORPHOLOGY	1/1/2007	\$0.01	T	NO
1	0149T	CARDIAC STRUCTURE AND MORPHOLOGY	1/1/2007	\$0.01	T	NO
1	0150T	CARDIAC STRUCTURE AND MORPHOLOGY	1/1/2007	\$0.01	T	NO
1	0151T	COMPUTED TOMOGRAPHY, HEART, W/OU	1/1/2007	\$0.01	T	NO
1	0153T	TRANSCATHETER PLACEMENT OF WIREL	1/1/2008	INVALID	N	NO
1	0154T	NONINVASIVE PHYSIOLOGIC STUDY OF	1/1/2008	INVALID	N	NO
1	0155T	LAPAROSCOPY, SURGICAL; IMPLANTAT	1/1/2007	\$0.01	T	NO
1	0156T	LAPAROSCOPY, SURGICAL; REVISION	1/1/2007	\$0.01	T	NO
1	0157T	LAPAROTOMY, IMPLANTATION OR REPL	1/1/2007	\$0.01	T	NO
1	0158T	LAPAROTOMY, REVISION OR REMOVAL	1/1/2007	\$0.01	T	NO
1	0159T	COMPUTER-AIDED DETECTION, INCLUD	1/1/2007	\$0.01	T	NO
1	0160T	THERAPEUTIC REPETITIVE TRANSCRAN	1/1/2007	\$0.01	T	NO
1	0161T	THERAPEUTIC REPETITIVE TRANSCRAN	1/1/2007	\$0.01	T	NO
1	0162T	ELECTRONIC ANALYSIS AND PROGRAMM	1/1/2007	\$0.01	T	NO
1	0163T	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2007	\$0.01	T	NO
1	0164T	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2007	\$0.01	T	NO
1	0165T	REVISION OF TOTAL DISC ARTHROPLA	1/1/2007	\$0.01	T	NO
1	0166T	TRANSMYOCARDIAL TRANSCATHETER CL	1/1/2007	\$0.01	T	NO
1	0167T	TRANSMYOCARDIAL TRANSCATHETER CL	1/1/2007	\$0.01	T	NO
1	0168T	RHINOPHOTOTHERAPY, INTRANASAL AP	1/1/2007	\$0.01	T	NO
1	0169T	STEREOTACTIC PLACEMENT OF INFUSI	1/1/2007	\$0.01	T	NO
1	0170T	REPAIR OF ANORECTAL FISTULA WITH	1/1/2007	\$0.01	T	NO
1	0171T	INSERTION OF POSTERIOR SPINOUS P	1/1/2008	\$0.01	T	NO
1	0172T	INSERT OF POST SPINOUS PROCESS D	1/1/2008	\$0.01	T	NO
1	0173T	MONITORING OF INTRAOCULAR PRESSU	1/1/2008	\$0.01	T	NO
1	0174T	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$0.01	T	NO
1	0175T	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$0.01	T	NO
1	0176T	TRANSLUMINAL DILATION OF AQUEOUS	1/1/2008	\$0.01	T	NO
1	0177T	TRANSLUMINAL DILATION OF AQUEOUS	1/1/2008	\$0.01	T	NO
1	0178T	ELECTROCARDIOGRAM, 64 LEADS OR G	1/1/2008	\$0.01	T	NO
1	0179T	ELECTROCARDIOGRAM, 64 LEADS OR G	1/1/2008	\$0.01	T	NO
1	0180T	ELECTROCARDIOGRAM, 64 LEADS OR G	1/1/2008	\$0.01	T	NO
1	0181T	CORNEAL HYSTERESIS DETERMINATION	1/1/2008	\$0.01	T	NO
1	0182T	HIGH DOSE RATE ELECTRONIC BRACHY	1/1/2008	\$0.01	T	NO
1	0183T	LOW FREQUENCY, NON-CONTACT, NON-	1/1/2008	\$0.01	T	NO
1	0184T	EXCISION OF RECTAL TUMOR, TRANSA	1/1/2008	\$0.01	T	NO
1	0185T	MULTIVARIATE ANALYSIS OF PT SPEC	1/1/2008	\$0.01	T	NO
1	0186T	SUPRACHOROIDAL DELIVERY OF PHARM	1/1/2008	\$0.01	T	NO
1	0187T	SCANNING COMPUTERIZED OPHTHALMIC	1/1/2008	\$0.01	T	NO
1	0188T	REMOTE REALTIME INTERACTIVE VIDE	7/1/2008	\$0.01	T	NO
1	0189T	REMOTE REALTIME INTERACTIVE VIDE	7/1/2008	\$0.01	T	NO
1	0190T	PLACEMENT OF INTRAOCULAR RADIATI	7/1/2008	NC	9	NO
1	0191T	INSERTION OF ANTERIOR SEGMENT AQ	7/1/2008	NC	9	NO
1	0192T	INSERTION OF ANTERIOR SEGMENT AQ	7/1/2008	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	0500F	INITIAL PRENATAL CARE VISIT	1/1/2005	\$0.01	T	NO
1	0501F	PRENATAL FLOW SHEET DOCUMENTED I	1/1/2005	\$0.01	T	NO
1	0502F	SUBSEQUENT PRENATAL CARE VISIT	1/1/2005	\$0.01	T	NO
1	0503F	POSTPARTUM CARE VISIT	1/1/2005	\$0.01	T	NO
1	0505F	HEMODIALYSIS PLAN OF CARE DOCUME	1/1/2008	\$0.01	T	NO
1	0507F	PERITONEAL DIALYSIS PLAN OF CARE	1/1/2008	\$0.01	T	NO
1	0509F	URINARY INCONTINENCE PLAN OF CAR	1/1/2008	\$0.01	T	NO
1	0513F	ELEVATED BLOOD PRESSURE PLAN OF	1/1/2008	\$0.01	T	NO
1	0514F	PLAN OF CARE FOR ELEVATED HEMOGL	1/1/2008	\$0.01	T	NO
1	0516F	ANEMIA PLAN OF CARE DOCUMENTED	1/1/2008	\$0.01	T	NO
1	0517F	GLAUCOMA PLAN OF CARE DOCUMENTED	1/1/2008	\$0.01	T	NO
1	0518F	FALLS PLAN OF CARE DOCUMENTED	1/1/2008	\$0.01	T	NO
1	0519F	PLANNED CHEMOTHERAPY REGIMEN	1/1/2008	\$0.01	T	NO
1	0520F	NORMAL TISSUE DOSE CONSTRAINTS E	1/1/2008	\$0.01	T	NO
1	0521F	PLAN OF CARE TO ADDRESS PAIN DOC	1/1/2008	\$0.01	T	NO
1	0525F	INITIAL VISIT FOR EPIDOSE (BKP)	1/1/2008	\$0.01	T	NO
1	0526F	SUBSEQUENT VISIT FOR EPISODE (BK	1/1/2008	\$0.01	T	NO
1	1000F	TOBACCO USE, SMOKING, ASSESSED	1/1/2005	\$0.01	T	NO
1	1001F	TOBACCO USE, NON-SMOKING, ASSESS	1/1/2007	INVALID	N	NO
1	1002F	ANGINAL SYMPTOMS AND LEVEL OF AC	1/1/2005	\$0.01	T	NO
1	1003F	LEVEL OF ACTIVITY ASSESSED	1/1/2006	\$0.01	T	NO
1	1004F	CLINICAL SYMPTOMS OF VOLUME OVER	1/1/2006	\$0.01	T	NO
1	1005F	ASTHMA SYMPTOMS EVALUATED (INC P	1/1/2006	\$0.01	T	NO
1	1006F	OSTEOARTHRITIS SYMPTOMS AND FUNC	1/1/2006	\$0.01	T	NO
1	1007F	USE OF ANTI-INFLAMMATORY OR ANAL	1/1/2006	\$0.01	T	NO
1	1008F	GASTROINTESTINAL AND RENAL RISK	1/1/2006	\$0.01	T	NO
1	1015F	CHRONIC OBSTRUCTIVE PULMONARY DI	1/1/2007	\$0.01	T	NO
1	1018F	DYSPNEA ASSESSED, NOT PRESENT (C	1/1/2007	\$0.01	T	NO
1	1019F	DYSPNEA ASSESSED, PRESENT (COPD)	1/1/2007	\$0.01	T	NO
1	1022F	PNEUMOCOCCUS IMMUNIZATION STATUS	1/1/2007	\$0.01	T	NO
1	1026F	CO-MORBID CONDITIONS ASSESSED (C	1/1/2007	\$0.01	T	NO
1	1030F	INFLUENZA IMMUNIZATION STATUS AS	1/1/2007	\$0.01	T	NO
1	1034F	CURRENT TOBACCO SMOKER	1/1/2007	\$0.01	T	NO
1	1035F	CURRENT SMOKELESS TOBACCO USER	1/1/2007	\$0.01	T	NO
1	1036F	CURRENT TOBACCO NON-USER	1/1/2007	\$0.01	T	NO
1	1038F	PERSISTENT ASTHMA	1/1/2007	\$0.01	T	NO
1	1039F	INTERMITTENT ASTHMA	1/1/2007	\$0.01	T	NO
1	1040F	DSM-IV CRITERIA FOR MAJOR DEPRES	1/1/2008	\$0.01	T	NO
1	1050F	HISTORY OBTAINED REGARDING NEW O	1/1/2008	\$0.01	T	NO
1	1055F	VISUAL FUNCTIONAL STATUS ASSESSE	1/1/2008	\$0.01	T	NO
1	1060F	DOCUMENTATION OF PERMANENT OR PE	1/1/2008	\$0.01	T	NO
1	1061F	DOCUMENTATION OF ABSENCE OF PERM	1/1/2008	\$0.01	T	NO
1	1065F	ISCHEMIC STROKE SYMPTOM ONSET OF	1/1/2008	\$0.01	T	NO
1	1066F	ISCHEMIC STROKE SYMPTOM ONSET GR	1/1/2008	\$0.01	T	NO
1	1070F	ALARM SYMPTOMS (INVOL WEIGHT LOS	1/1/2008	\$0.01	T	NO
1	1071F	ALARM SYMPTOMS (INVOL WT LOSS, D	1/1/2008	\$0.01	T	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	1080F	SURROGATE DECISION MAKER OR ADVA	1/1/2008	\$0.01	T	NO
1	1090F	PRESENCE OR ABSENCE OF URINARY I	1/1/2008	\$0.01	T	NO
1	1091F	URINARY INCONTINENCE CHARACTERIZ	1/1/2008	\$0.01	T	NO
1	1100F	PATIENT SCREENED FOR FUTURE FALL	1/1/2008	\$0.01	T	NO
1	1101F	PT SCREENED FOR FUTURE FALL RISK	1/1/2008	\$0.01	T	NO
1	1110F	PT DISCHARGED FROM AN INPT FACIL	1/1/2008	\$0.01	T	NO
1	1111F	DISCHARGE MEDICATIONS RECONCILED	1/1/2008	\$0.01	T	NO
1	1116F	AURICULAR OR PERIAURICULAR PAIN	1/1/2008	\$0.01	T	NO
1	1118F	GERD SYMPTOMS ASSESSED AFTER 12	1/1/2008	\$0.01	T	NO
1	1119F	INITIAL EVALUATION FOR DONCITION	1/1/2008	\$0.01	T	NO
1	1121F	SUBSEQUENT EVALUATION FOR CONDIT	1/1/2008	\$0.01	T	NO
1	1123F	ADVANCE CARE PLANNING DISCUSSED	1/1/2008	\$0.01	T	NO
1	1124F	ADVANCE CARE PLANNING DISCUSSED	1/1/2008	\$0.01	T	NO
1	1125F	PAIN SEVERITY QUANTIFIED; PAIN P	1/1/2008	\$0.01	T	NO
1	1126F	PAIN SEVERITY QUANTIFIED; NO PAI	1/1/2008	\$0.01	T	NO
1	1127F	NEW EPISODE FOR CONDITION	1/1/2008	\$0.01	T	NO
1	1128F	SUBSEQUENT EPISODE FOR CONDITION	1/1/2008	\$0.01	T	NO
1	1130F	BACK PAIN AND FUNCTION ASSESSED,	1/1/2008	\$0.01	T	NO
1	1134F	EPISODE OF BACK PAIN LASTING SIX	1/1/2008	\$0.01	T	NO
1	1135F	EPISODE OF BACK PAIN LASTING LON	1/1/2008	\$0.01	T	NO
1	1136F	EPISODE OF BACK PAIN LASTING 12	1/1/2008	\$0.01	T	NO
1	1137F	EPISODE OF BACK PAIN LASTING LON	1/1/2008	NC	9	NO
1	2000F	BLOOD PRESSURE, MEASURED	1/1/2005	\$0.01	T	NO
1	2001F	WEIGHT RECORDED	1/1/2006	\$0.01	T	NO
1	2002F	CLINICAL SIGNS OF VOLUME OVERLOA	1/1/2006	\$0.01	T	NO
1	2003F	AUSCULTATION OF THE HEART PERFOR	1/1/2007	INVALID	N	NO
1	2004F	INITIAL EXAM OF THE INVOLVED JOI	1/1/2006	\$0.01	T	NO
1	2010F	VITAL SIGNS DOCUMENTED AND REVIE	1/1/2007	\$0.01	T	NO
1	2014F	MENTAL STATUS ASSESSED (CAP)(EM)	1/1/2007	\$0.01	T	NO
1	2018F	HYDRATION STATUS ASSESSED	1/1/2007	\$0.01	T	NO
1	2019F	DILATED MACULAR EXAM PERFORMED,	1/1/2008	\$0.01	T	NO
1	2020F	DILATED FUNDUS EVALUATION PERFOR	1/1/2008	\$0.01	T	NO
1	2021F	DIALTED MACULAR OR FUNDUS EXAM P	1/1/2008	\$0.01	T	NO
1	2022F	DILATED RETINAL EYE EXAM WITH IN	1/1/2007	\$0.01	T	NO
1	2024F	SEVEN STANDARD FIELD STEREOSCOPI	1/1/2007	\$0.01	T	NO
1	2026F	EYE IMAGING VALIDATED TO MATCH D	1/1/2007	\$0.01	T	NO
1	2027F	OPTIC NERVE HEAD EVALUATION PERF	1/1/2008	\$0.01	T	NO
1	2028F	FOOT EXAMINATION PERFORMED	1/1/2007	\$0.01	T	NO
1	2029F	COMPLETE PHYSICAL SKIN EXAM PERF	1/1/2008	\$0.01	T	NO
1	2030F	HYDRATION STATUS DOCUMENTED, NOR	1/1/2008	\$0.01	T	NO
1	2031F	HYDRATION STATUS DOCUMENTED, DEH	1/1/2008	\$0.01	T	NO
1	2035F	TYMPANIC MEMBRANE MOBILITY ASSES	1/1/2008	\$0.01	T	NO
1	2040F	PHYSICAL EXAM ON THE DATE OF THE	1/1/2008	\$0.01	T	NO
1	2044F	DOCUMENTATION OF MENTAL HEALTH A	1/1/2008	\$0.01	T	NO
1	3000F	BLOOD PRESSURE < OR = TO 140/90	1/1/2007	INVALID	N	NO
1	3002F	BLOOD PRESSURE > 140/90 MM HG2	1/1/2007	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	3006F	CHEST X-RAY RESULTS DOCUMENTED A	1/1/2007	\$0.01	T	NO
1	3011F	LIPID PANEL RESUTLS DOCUMENTED A	1/1/2007	\$0.01	T	NO
1	3014F	SCREENING MAMMOGRAPHY RESULTS DO	1/1/2007	\$0.01	T	NO
1	3017F	COLORECTAL CANCER SCREENING RESU	1/1/2007	\$0.01	T	NO
1	3020F	LEFT VENTRICULAR FUNCTION ASSESS	1/1/2007	\$0.01	T	NO
1	3021F	LEFT VENTRICULAR EJECTION FRACTI	1/1/2007	\$0.01	T	NO
1	3022F	LEFT VENTRICULAR EJECTION FRACTI	1/1/2007	\$0.01	T	NO
1	3023F	SPIROMETRY RESULTS DOCUMENTED AN	1/1/2007	\$0.01	T	NO
1	3025F	SPIROMETRY TEST RESULTS DEMONSTR	1/1/2007	\$0.01	T	NO
1	3027F	SPIROMETRY TEST RESULTS DEMONSTR	1/1/2007	\$0.01	T	NO
1	3028F	OXYGEN SATURATION RESULTS DOCUME	1/1/2007	\$0.01	T	NO
1	3035F	OXYGEN SATURATION <=88% OR A PA0	1/1/2007	\$0.01	T	NO
1	3037F	OXYGEN SATURATION >88% OR PA02 >	1/1/2007	\$0.01	T	NO
1	3040F	FUNCTIONAL EXPIRATORY VOLUME (FE	1/1/2007	\$0.01	T	NO
1	3042F	FUNCTIONAL EXPIRATORY VOLUME (FE	1/1/2007	\$0.01	T	NO
1	3044F	MOST RECENT HEMOGLOBIN A1C LEVEL	1/1/2008	\$0.01	T	NO
1	3045F	MOST RECENT HEMOGLOBIN A1C LEVEL	1/1/2008	\$0.01	T	NO
1	3046F	MOST RECENT HEMOGLOBIN A1C LEVEL	1/1/2007	\$0.01	T	NO
1	3047F	MOST RECENT HEMOGLOBIN A1C LEVEL	1/1/2008	INVALID	N	NO
1	3048F	MOST RECENT LDL-C 100 MG/DL	1/1/2007	\$0.01	T	NO
1	3049F	MOST RECENT LDL-C 100-129 MG/DL	1/1/2007	\$0.01	T	NO
1	3050F	MOST RECENT LDL-C >= 130 MG/DL	1/1/2007	\$0.01	T	NO
1	3060F	POSITIVE MICROALBUMINURIA TEST R	1/1/2007	\$0.01	T	NO
1	3061F	NEGATIVE MICROALBUMINURIA TEST R	1/1/2007	\$0.01	T	NO
1	3062F	POSITIVE MACROALBUMINURIA TEST R	1/1/2007	\$0.01	T	NO
1	3066F	DOCUMENTATION OF TREATMENT FOR N	1/1/2007	\$0.01	T	NO
1	3072F	LOW RISK FOR RETINOPATHY	1/1/2007	\$0.01	T	NO
1	3073F	PRE-SURGICAL AXIAL LENGTH, CORNE	1/1/2008	\$0.01	T	NO
1	3074F	MOST RECENT SYSTOLIC BLOOD PRESS	1/1/2008	\$0.01	T	NO
1	3075F	MOST RECENT SYSTOLIC BLOOD PRESS	1/1/2008	\$0.01	T	NO
1	3076F	MOST RECENT SYSTOLIC BLOOD PRESS	1/1/2008	INVALID	N	NO
1	3077F	MOST RECENT SYSTOLIC BLOOD PRESS	1/1/2007	\$0.01	T	NO
1	3078F	MOST RECENT DIASTOLIC BLOOD PRES	1/1/2007	\$0.01	T	NO
1	3079F	MOST RECENT DIASTOLIC BLOOD PRES	1/1/2007	\$0.01	T	NO
1	3080F	MOST RECENT DIASTOLIC BLOOD PRES	1/1/2007	\$0.01	T	NO
1	3082F	KT/V <1.2 (CLEARANCE OF UREA/VOL	1/1/2008	\$0.01	T	NO
1	3083F	KT/V EQUAL TO OR GREATER THAN 1.	1/1/2008	\$0.01	T	NO
1	3084F	KT/V >= 1.7	1/1/2008	\$0.01	T	NO
1	3085F	SUICIDE RISK ASSESSED (MDD)	1/1/2008	\$0.01	T	NO
1	3088F	MAJOR DEPRESSIVE DISORDER, MILD	1/1/2008	\$0.01	T	NO
1	3089F	MAJOR DEPRESSIVE DISORDER, MODER	1/1/2008	\$0.01	T	NO
1	3090F	MAJOR DEPRESSIVE DISORDER, SEVER	1/1/2008	\$0.01	T	NO
1	3091F	MAJOR DEPRESSIVE DISORDER, SEVER	1/1/2008	\$0.01	T	NO
1	3092F	MAJOR DEPRESSIVE DISORDER, IN RE	1/1/2008	\$0.01	T	NO
1	3093F	DOCUMENTATION OF NEW DIAGNOSIS O	1/1/2008	\$0.01	T	NO
1	3095F	CENTRAL DUAL-ENERGY X-RAY ABSORP	1/1/2008	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	3096F	CENTRAL DUAL-ENERGY X-RAY ABSORP	1/1/2008	\$0.01	T	NO
1	3100F	CAROTID IMAGING STUDY REPORT	1/1/2008	\$0.01	T	NO
1	3110F	PRESENCE OR ABSENCE OF HEMORRHAG	1/1/2008	\$0.01	T	NO
1	3111F	CT OR MRI OF THE BRAIN PERFORMED	1/1/2008	\$0.01	T	NO
1	3112F	CT OR MRI OF THE BRAIN PERFORMED	1/1/2008	\$0.01	T	NO
1	3120F	12-LEAD ECG PERFORMED	1/1/2008	\$0.01	T	NO
1	3130F	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$0.01	T	NO
1	3132F	DOCUMENTATION OF REFERRAL FOR UP	1/1/2008	\$0.01	T	NO
1	3140F	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$0.01	T	NO
1	3141F	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$0.01	T	NO
1	3142F	BARIUM SWALLOW TEST ORDERED	1/1/2008	\$0.01	T	NO
1	3150F	FORCEPS ESOPHAGEAL BIOPSY PERFOR	1/1/2008	\$0.01	T	NO
1	3155F	CYTOGENETIC TESTING PERFORMED ON	1/1/2008	\$0.01	T	NO
1	3160F	DOCUMENTATION OF IRON STORES PRI	1/1/2008	\$0.01	T	NO
1	3170F	FLOW CYTOMETRY STUDIES PERF AT T	1/1/2008	\$0.01	T	NO
1	3200F	BARIUM SWALLOW TEST NOT ORDERED	1/1/2008	\$0.01	T	NO
1	3210F	GROUP A STREP TEST PERFORMED	1/1/2008	\$0.01	T	NO
1	3215F	PATIENT HAS DOCUMENTED IMMUNITY	1/1/2008	\$0.01	T	NO
1	3216F	PATIENT HAS DOCUMENTED IMMUNITY	1/1/2008	\$0.01	T	NO
1	3218F	RNA TESTING FOR HEPATITIS C DOCU	1/1/2008	\$0.01	T	NO
1	3220F	HEP C QUANTITATIVE RNA TESTING D	1/1/2008	\$0.01	T	NO
1	3230F	DOCUMENTATION THAT HEARING TEST	1/1/2008	\$0.01	T	NO
1	3260F	PT CATEGORY, PN CATEGORY, AND HI	1/1/2008	\$0.01	T	NO
1	3265F	RIBONUCLEIC ACID TESTING FOR HEP	1/1/2008	\$0.01	T	NO
1	3266F	HEPATITIS C GENOTYPE TESTING DOC	1/1/2008	\$0.01	T	NO
1	3268F	PROSTATE-SPECIFIC ANTIGEN, AND P	1/1/2008	\$0.01	T	NO
1	3269F	BONE SCAN PERFORMED PRIOR TO INI	1/1/2008	\$0.01	T	NO
1	3270F	BONE SCAN NOT PERFORMED PRIOR TO	1/1/2008	\$0.01	T	NO
1	3271F	LOW RISK OF RECURRENCE, PROSTATE	1/1/2008	\$0.01	T	NO
1	3272F	INTERMEDIATE RISK OF RECURRENCE,	1/1/2008	\$0.01	T	NO
1	3273F	HIGH RISK OF RECURRENCE, PROSTAT	1/1/2008	\$0.01	T	NO
1	3274F	PROSTATE CANCER RISK OF RECURREN	1/1/2008	\$0.01	T	NO
1	3278F	SERUM LEVELS OF CALCIUM, PHOSPHO	1/1/2008	\$0.01	T	NO
1	3279F	HEMOGLOBIN LEVEL GREATER THANOR	1/1/2008	\$0.01	T	NO
1	3280F	HEMOGLOBIN LEVEL 11 G/DL TO 12.9	1/1/2008	\$0.01	T	NO
1	3281F	HEMOGLOBIN LEVEL LESS THAN 11 G/	1/1/2008	\$0.01	T	NO
1	3284F	INTRAOCULAR PRESSURE REDUCED BY	1/1/2008	\$0.01	T	NO
1	3285F	INTRAOCULAR PRESSURE REDUCED BY	1/1/2008	\$0.01	T	NO
1	3288F	FALLS RISK ASSESSMENT DOCUMENTED	1/1/2008	\$0.01	T	NO
1	3290F	PATIENT IS D (RH) NEGATIVE AND U	1/1/2008	\$0.01	T	NO
1	3291F	PATIENT IS D (RH) POSITIVE OR SE	1/1/2008	\$0.01	T	NO
1	3292F	HIV TESTING ORDERED OR DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3300F	AMERICAN JOINT COMMITTEE ON CANC	1/1/2008	\$0.01	T	NO
1	3301F	CANCER STAGE DOCUMENTED IN MEDIC	1/1/2008	\$0.01	T	NO
1	3302F	AJCC CANCER STAGE 0, DOCUMENTED	1/1/2008	\$0.01	T	NO
1	3303F	AJCC CANCER STAGE IA, DOCUMENTED	1/1/2008	\$0.01	T	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	3304F	AJCC CANCER STAGE IB, DOCUMENTED	1/1/2008	\$0.01	T	NO
1	3305F	AJCC CANCER STAGE IC, DOCUMENTED	1/1/2008	\$0.01	T	NO
1	3306F	AJCC CANCER STAGE IIA, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3307F	AJCC CANCER STAGE IIB, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3308F	AJCC CANCER STAGE IIC, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3309F	AJCC CANCER STAGE IIIA, DOCUMENT	1/1/2008	\$0.01	T	NO
1	3310F	AJCC CANCER STAGE IIIB, DOCUMENT	1/1/2008	\$0.01	T	NO
1	3311F	AJCC CANCER STAGE IIIC, DOCUMENT	1/1/2008	\$0.01	T	NO
1	3312F	AJCC CANCER STAGE IVA, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3313F	AJCC CANCER STAGE IVB, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3314F	AJCC CANCER STAGE IVC, DOCUMENTE	1/1/2008	\$0.01	T	NO
1	3315F	ESTROGEN RECEPTOR OR PROGESTERON	1/1/2008	\$0.01	T	NO
1	3316F	ESTROGEN RECEPTOR AND PROGESTERO	1/1/2008	\$0.01	T	NO
1	3317F	PATHOLOGY REPORT CONFIRMING MALI	1/1/2008	\$0.01	T	NO
1	3318F	PATHOLOGY REPORT CONFIRMING MALI	1/1/2008	\$0.01	T	NO
1	3319F	ONE OF THE FOLLOWING DIAG IMAGIN	1/1/2008	\$0.01	T	NO
1	3320F	NONE OF THE FOLLOWING DIAG IMAGI	1/1/2008	\$0.01	T	NO
1	3325F	PREOP ASSESS OF FUNCTIONAL OR ME	1/1/2008	\$0.01	T	NO
1	3330F	IMAGING STUDY ORDERED (BKP)	1/1/2008	\$0.01	T	NO
1	3331F	IMAGING STUDY NOT ORDERED (BKP)	1/1/2008	\$0.01	T	NO
1	3340F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	3341F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	3342F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	3343F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	3344F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	3345F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	4000F	TOBACCO USE CESSATION INTERVENTI	1/1/2005	\$0.01	T	NO
1	4001F	TOBACCO USE CESSATION INTERVENTI	1/1/2005	\$0.01	T	NO
1	4002F	STATIN THERAPY, PRESCRIBED	1/1/2005	\$0.01	T	NO
1	4003F	PATIENT EDUCATION, WRITTEN/ORAL,	1/1/2006	\$0.01	T	NO
1	4006F	BETA-BLOCKER THERAPY, PRESCRIBED	1/1/2005	\$0.01	T	NO
1	4009F	ANGIOTENSIN CONVERTING ENZYME (A	1/1/2005	\$0.01	T	NO
1	4011F	ORAL ANTIPLATELET THERAPY, PRESC	1/1/2005	\$0.01	T	NO
1	4012F	WARFARIN THERAPY PRESCRIBED	1/1/2006	\$0.01	T	NO
1	4014F	WRITTEN DISCHARGE INSTRUCTIONS P	1/1/2006	\$0.01	T	NO
1	4015F	PERSISTENT ASTHMA, LONG TERM CON	1/1/2006	\$0.01	T	NO
1	4016F	ANTI-INFLAMMATORY/ANALGESIC AGEN	1/1/2006	\$0.01	T	NO
1	4017F	GASTROINTESTINAL PROPHYLAXIS FOR	1/1/2006	\$0.01	T	NO
1	4018F	THERAPEUTIC EXERCISE FOR THE INV	1/1/2006	\$0.01	T	NO
1	4019F	DOCUMENTATION OF RECEIPT OF COUN	1/1/2008	\$0.01	T	NO
1	4025F	INHALED BRONCHODILATOR PRESCRIBE	1/1/2007	\$0.01	T	NO
1	4030F	LONG TERM OXYGEN THERAPY PRESCRI	1/1/2007	\$0.01	T	NO
1	4033F	PULMONARY REHABILITATION EXERCIS	1/1/2007	\$0.01	T	NO
1	4035F	INFLUENZA IMMUNIZATION RECOMMEND	1/1/2007	\$0.01	T	NO
1	4037F	INFLUENZA IMMUNIZATION ORDERED O	1/1/2007	\$0.01	T	NO
1	4040F	PNEUMOCOCCAL IMMUNIZATION ORDERE	1/1/2007	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	4041F	DOCUMENTATION OF ORDER FOR CEFAZ	1/1/2008	\$0.01	T	NO
1	4042F	DOCUMENTATION THAT PROPHYLACTIC	1/1/2008	\$0.01	T	NO
1	4043F	DOCUMENTATION THAT AN ORDER WAS	1/1/2008	\$0.01	T	NO
1	4044F	DOCUMEN THAT AN ORDER WAS GIVEN	1/1/2008	\$0.01	T	NO
1	4045F	APPROPRIATE EMPIRIC ANTIBIOTIC P	1/1/2007	\$0.01	T	NO
1	4046F	DOCUMENT THAT PROPHYLACTIC ANTIB	1/1/2008	\$0.01	T	NO
1	4047F	DOCUMENT OF ORDER FOR PROPHYLACT	1/1/2008	\$0.01	T	NO
1	4048F	DOCUMENT THAT PROPHYLACTIC ANTIB	1/1/2008	\$0.01	T	NO
1	4049F	DOCUMENT THAT ORDER WAS GIVEN TO	1/1/2008	\$0.01	T	NO
1	4050F	HYPERTENSION PLAN OF CARE DOCUME	1/1/2007	\$0.01	T	NO
1	4051F	REFERRED FOR AN ARTERIO-VEINUS (	1/1/2008	\$0.01	T	NO
1	4052F	HEMODIALYSIS VIA FUNCTIONING ART	1/1/2008	\$0.01	T	NO
1	4053F	HEMODIALYSIS VIA FUNCTIONING ART	1/1/2008	\$0.01	T	NO
1	4054F	HEMODIALYSIS VIA CATHETER	1/1/2008	\$0.01	T	NO
1	4055F	PATIENT RECEIVING PERITONEAL DIA	1/1/2008	\$0.01	T	NO
1	4056F	APPROPRIATE ORAL REHYDRATION SOL	1/1/2008	\$0.01	T	NO
1	4058F	PEDIATRIC GASTROENTERITIS EDUCAT	1/1/2008	\$0.01	T	NO
1	4060F	PSYCHOTHERAPY SERVICES PROVIDED	1/1/2008	\$0.01	T	NO
1	4062F	PATIENT REFERRAL FOR PSYCHOTHERA	1/1/2008	\$0.01	T	NO
1	4064F	ANTIDEPRESSANT PHARMACOTHERAPY P	1/1/2008	\$0.01	T	NO
1	4065F	ANTI PSYCHOTIC PHARMACOTHERAPY PR	1/1/2008	\$0.01	T	NO
1	4066F	ELECTROCONVULSIVE THERAPY (ECT)	1/1/2008	\$0.01	T	NO
1	4067F	PATIENT REFERRAL FOR ELECTROCONV	1/1/2008	\$0.01	T	NO
1	4070F	DEEP VEIN THROMBOSIS PROPHYLAXIS	1/1/2008	\$0.01	T	NO
1	4073F	ORAL ANTIPLATELET THERAPY PRESCR	1/1/2008	\$0.01	T	NO
1	4075F	ANTICOAGULANT THERAPY PRESCRIBED	1/1/2008	\$0.01	T	NO
1	4077F	DOCUMENTATION THAT TISSUE PLASMI	1/1/2008	\$0.01	T	NO
1	4079F	DOCUMENTATION THAT REHABILITATIO	1/1/2008	\$0.01	T	NO
1	4084F	ASPIRIN RECEIVED WITHIN 24 HOURS	1/1/2008	\$0.01	T	NO
1	4090F	PATIENT RECEIVING ERYTHROPOIETIN	1/1/2008	\$0.01	T	NO
1	4095F	PATIENT NOT RECEIVING ERYTHROPOI	1/1/2008	\$0.01	T	NO
1	4100F	BISPHOSPHONATE THERAPY, INTRAVEN	1/1/2008	\$0.01	T	NO
1	4110F	INTERNAL MAMMARY ARTERY GRAFT PE	1/1/2008	\$0.01	T	NO
1	4115F	BETA BLOCKER ADMIN WITHIN 24 HOU	1/1/2008	\$0.01	T	NO
1	4120F	ANTIBIOTIC PRESCRIBED OR DISPENS	1/1/2008	\$0.01	T	NO
1	4124F	ANTIBIOTIC NEITHER PRESCRIBED NO	1/1/2008	\$0.01	T	NO
1	4130F	TOPICAL PREPARATIONS PRESCRIBED	1/1/2008	\$0.01	T	NO
1	4131F	SYSTEMIC ANTIMICROBIAL THERAPY P	1/1/2008	\$0.01	T	NO
1	4132F	SYSTEMIC ANTIMICROBIAL THERAPY N	1/1/2008	\$0.01	T	NO
1	4133F	ANTI HISTAMINES OR DECONGESTANTS	1/1/2008	\$0.01	T	NO
1	4134F	ANTI HISTAMINES OR DECONGESTANTS	1/1/2008	\$0.01	T	NO
1	4135F	SYSTEMIC CORTICOSTEROIDS PRESCRI	1/1/2008	\$0.01	T	NO
1	4136F	SYSTEMIC CORTICOSTEROIDS NOT PRE	1/1/2008	\$0.01	T	NO
1	4150F	PATIENT RECEIVING ANTIVIRAL TREA	1/1/2008	\$0.01	T	NO
1	4151F	PATIENT NOT RECEIVING ANTIVIRAL	1/1/2008	\$0.01	T	NO
1	4152F	DOCUMENTATION THAT COMBINATION P	1/1/2008	\$0.01	T	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	4153F	COMBINATION PEGINTERFERON AND RI	1/1/2008	\$0.01	T	NO
1	4154F	HEPATITIS A VACCINE SERIES RECOM	1/1/2008	\$0.01	T	NO
1	4155F	HEPATITIS A VACCINE SERIES PREVI	1/1/2008	\$0.01	T	NO
1	4156F	HEPATITIS B VACCINE SERIES RECOM	1/1/2008	\$0.01	T	NO
1	4157F	HEPATITIS B VACCINE SERIES PREVI	1/1/2008	\$0.01	T	NO
1	4158F	PATIENT EDUCATION REGARDING RISK	1/1/2008	\$0.01	T	NO
1	4159F	COUNSELING REGARDING CONTRACEPTI	1/1/2008	\$0.01	T	NO
1	4163F	PATIENT COUNSELING AT A MINIMUM	1/1/2008	\$0.01	T	NO
1	4164F	ADJUVANT HORMONAL THERAPY PRESCR	1/1/2008	\$0.01	T	NO
1	4165F	3D CONFORMAL RADIOTHERAPY OR INT	1/1/2008	\$0.01	T	NO
1	4167F	HEAD OF BED ELEVATION ONFIRST VE	1/1/2008	\$0.01	T	NO
1	4168F	PATIENT RECEIVING CARE IN THE IN	1/1/2008	\$0.01	T	NO
1	4169F	PATIENT EITHER NOT REC CARE IN T	1/1/2008	\$0.01	T	NO
1	4171F	PATIENT REC ERYTHROPOIESIS-STIMU	1/1/2008	\$0.01	T	NO
1	4172F	PATIENT NOT RECEIVING ERYTHROPOI	1/1/2008	\$0.01	T	NO
1	4174F	COUNSELING ABOUT THE POTENTIAL I	1/1/2008	\$0.01	T	NO
1	4175F	BEST-CORRECTED VISUAL ACUITY OF	1/1/2008	\$0.01	T	NO
1	4176F	COUSNELING ABOUT VALUE OF PROTEC	1/1/2008	\$0.01	T	NO
1	4177F	COUNSELING ABOUT THE BENEFITS AN	1/1/2008	\$0.01	T	NO
1	4178F	ANTI-D IMMUNE GLOBULIN RECEIVED	1/1/2008	\$0.01	T	NO
1	4179F	TAMOXIFEN OR AROMATASE INHIBITOR	1/1/2008	\$0.01	T	NO
1	4180F	ADJUVANT CHEMOTHERAPY PRESCRIBED	1/1/2008	\$0.01	T	NO
1	4181F	CONFORMAL RADIATION THERAPY RECE	1/1/2008	\$0.01	T	NO
1	4182F	CONFORMAL RADIATION THERAPY NOT	1/1/2008	\$0.01	T	NO
1	4185F	CONTINUOUS THERAPY WITH PROTON P	1/1/2008	\$0.01	T	NO
1	4186F	NO CONTINUOUS THERAPY WITH EITH	1/1/2008	\$0.01	T	NO
1	4187F	DISEASE MODIFYING ANTI-RHEUMATIC	1/1/2008	\$0.01	T	NO
1	4188F	APPROPRIATE ANGIOTENSIN CONVERTI	1/1/2008	\$0.01	T	NO
1	4189F	APPROPRIATE DIGOXIN THERAPEUTIC	1/1/2008	\$0.01	T	NO
1	4190F	APPROPRIATE DIURETIC THERAPEUTIC	1/1/2008	\$0.01	T	NO
1	4191F	APPROPRIATE ANTICONVULSANT THERA	1/1/2008	\$0.01	T	NO
1	4200F	EXTERNAL BEAM RADIOTHERAPY TO PR	1/1/2008	\$0.01	T	NO
1	4201F	EXTERNAL BEAM RADIOTHERAPY FOR P	1/1/2008	\$0.01	T	NO
1	4210F	ANGIOTENSIN CONVERTING ENZYME OR	1/1/2008	\$0.01	T	NO
1	4220F	DIGOXIN MEDICATION THERAPY FOR 6	1/1/2008	\$0.01	T	NO
1	4221F	DIURETIC MEDICATION THERAPY FOR	1/1/2008	\$0.01	T	NO
1	4230F	ANTICONVULSANT MEDICATION THERAP	1/1/2008	\$0.01	T	NO
1	4240F	INSTRUCTION IN THERAPEUTIC EXERC	1/1/2008	\$0.01	T	NO
1	4242F	COUNSELING FOR SUPERVISED EXERCI	1/1/2008	\$0.01	T	NO
1	4245F	PATIENT COUNSELED DURING THE INI	1/1/2008	\$0.01	T	NO
1	4248F	PATIENT COUNSELED DURING THE INI	1/1/2008	\$0.01	T	NO
1	4250F	ACTIVE WARMING USED INTRAOPERATI	1/1/2008	\$0.01	T	NO
1	5005F	PATIENT COUNSELED ON SELF-EXAMIN	1/1/2008	\$0.01	T	NO
1	5010F	FINDINGS OF DILATED MACULAR OR F	1/1/2008	\$0.01	T	NO
1	5015F	DOCUMENTATION OF COMMUNICATION T	1/1/2008	\$0.01	T	NO
1	5020F	TREATMENT SUMMARY REPORT COMMUNI	1/1/2008	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	5050F	TREATMENT PLAN COMMUNICATED TO P	1/1/2008	\$0.01	T	NO
1	5060F	FINDINGS FROM DIAGNOSTIC MAMMOGR	1/1/2008	\$0.01	T	NO
1	5062F	DOCUMENT OF DIRECT COMM OF DIAGN	1/1/2008	\$0.01	T	NO
1	59409	VAGINAL DELIVERY ONLY (WITH OR W	1/1/2002	\$0.01	1	NO
1	59514	CAESAREAN DELIVERY ONLY;	1/1/2002	\$0.01	1	NO
1	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2002	\$0.01	1	NO
1	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2002	\$0.01	1	NO
1	6005F	RATIONALE FOR LEVEL OF CARE, DOC	1/1/2007	\$0.01	T	NO
1	6010F	DYSPHAGIA SCREENING CONDUCTED PR	1/1/2008	\$0.01	T	NO
1	6015F	PATIENT RECEIVING OR ELIGIBLE TO	1/1/2008	\$0.01	T	NO
1	6020F	NPO (NOTHING BY MOUTH) ORDERED	1/1/2008	\$0.01	T	NO
1	6030F	ALL ELEMENTS OF MAXIMAL STERILE	1/1/2008	\$0.01	T	NO
1	6040F	USE OF APPROPRIATE RADIATION DOS	1/1/2008	\$0.01	T	NO
1	6045F	RADIATION EXPOSURE OR EXPOSURE T	1/1/2008	\$0.01	T	NO
1	7010F	PATIENT INFORMATION ENTERED INTO	1/1/2008	\$0.01	T	NO
1	7020F	BREAST IMAGING REPORT AND DATA S	1/1/2008	\$0.01	T	NO
1	7025F	PATIENT INFORMATION ENTERED INTO	1/1/2008	\$0.01	T	NO
1	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR	10/1/2005	\$0.01	5	NO
1	90283	IMMUNE GLOBULIN (IGIV), HUMAN, F	10/1/2005	\$0.01	5	NO
1	90284	IMMUNE GLOBULIN (SCIG), HUMAN, F	1/1/2008	NC	9	NO
1	90287	BOTULINUM ANTITOXIN, EQUINE, ANY	10/1/2005	\$0.01	5	NO
1	90288	BOTULISM IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
1	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
1	90296	DIPHThERIA ANTITOXIN, EQUINE, AN	10/1/2005	\$0.01	5	NO
1	90371	HEPATITIS B IMMUNE GLOBULIN (HBI	4/1/2008	\$119.97	3	NO
1	90375	RABIES IMMUNE GLOBULIN (RIG), HU	4/1/2008	\$67.83	3	NO
1	90376	RABIES IMMUNE GLOBULIN, HEAT-TRE	4/1/2008	\$78.08	3	NO
1	90378	RESPIRATORY SYNCYTIAL VIRUS IMMU	1/1/2008	\$836.17	3	NO
1	90379	RESPIRATORY SYNCYTIAL VIRUS IMMU	11/1/2001	NC	9	NO
1	90384	RHO(D)IMMUNE GLOBULIN (RHIG)HUMA	7/1/2007	NC	9	NO
1	90385	RHO(D)IMMUNE GLOBULIN(RHIG)HUMAN	7/1/2007	NC	9	NO
1	90386	RHO(D)IMMUNE GLOBULIN(RHIGIV)HUM	7/1/2007	NC	9	NO
1	90389	TETANUS IMMUNE GLOBULIN (TIG), H	10/1/2005	\$0.01	5	NO
1	90393	VACCINIA IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
1	90396	VARICELLA-ZOSTER IMMUNE GLOBULIN	4/1/2006	\$0.01	5	NO
1	90399	UNLISTED IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
1	90465	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$14.25	3	NO
1	90466	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$7.80	3	NO
1	90467	IMMUNIZATION ADMINISTRATION (INT	1/1/2008	\$9.41	3	NO
1	90468	IMMUNIZATION ADMINISTRATION (INT	1/1/2008	\$7.26	3	NO
1	90471	IMMUNIZATION ADMIN; ONE VACCINE	1/1/2008	\$14.25	1	NO
1	90472	IMMUNIZATION ADMIN; EACH ADDITIO	1/1/2008	\$7.80	3	NO
1	90473	IMMUNIZATION ADMINISTRATION BY I	1/1/2008	\$9.68	3	NO
1	90474	IMMUNIZATION ADMINISTRATION BY I	10/1/2003	NC	9	NO
1	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
1	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO

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1	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
1	90585	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$116.90	3	NO
1	90586	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$113.75	3	NO
1	90632	HEPATITIS A VACCINE, ADULT DOSAG	4/1/2008	\$45.81	3	NO
1	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
1	90636	HEPATITIS A AND HEPATITIS B VACC	1/1/2008	\$102.46	3	NO
1	90645	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
1	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
1	90647	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
1	90648	HEMOPHILUS INFLUENZA B VACCINE (	1/1/2008	\$22.56	3	NO
1	90649	HUMAN PAPILOMA VIRUS (HPV) VACC	1/1/2008	\$124.32	3	NO
1	90656	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$18.00	3	NO
1	90658	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$13.70	3	NO
1	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
1	90660	INFLUENZA VIRUS VACCINE, LIVE, F	1/1/2008	\$22.03	3	NO
1	90661	INFLUENZA VIRUS VACCINE, DERIVED	1/1/2008	NC	9	NO
1	90662	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	NC	9	NO
1	90663	INFLUENZA VIRUS VACCINE, PANDEMI	1/1/2008	NC	9	NO
1	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
1	90675	RABIES VACCINE, FOR INTRMUSCULAR	4/1/2008	\$152.54	3	NO
1	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO
1	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
1	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
1	90692	TYPHOID VACCINE, HEAT-AND PHENOL	1/1/1999	NC	9	NO
1	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
1	90698	DIPHTHERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
1	90701	DIPHTHERIA, TETANUS TOXOIDS, AND	1/1/2007	NC	9	NO
1	90703	TETANUS TOXOID ADSORBED, FOR INT	4/1/2008	\$21.47	3	NO
1	90704	MUMPS VIRUS VACCINE, LIVE, FOR S	4/1/2008	\$21.91	3	NO
1	90705	MEASLES VIRUS VACCINE, LIVE, FOR	1/1/2008	\$16.76	3	NO
1	90706	RUBELLA VIRUS VACCINE, LIVE, FOR	4/1/2008	\$18.75	3	NO
1	90707	MEASLES, MUMPS AND RUBELLA VIRUS	4/1/2008	\$42.55	3	NO
1	90708	MEASLES AND RUBELLA VIRUS VACCIN	1/1/2008	\$24.76	3	NO
1	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
1	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	5/1/2000	NC	9	NO
1	90713	POLIOVIRUS VACCINE, INACTIVATED,	4/1/2008	\$25.71	3	NO
1	90714	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$19.97	3	NO
1	90715	TETANUS, DIPHTHERIA TOXOIDS AND A	4/1/2008	\$35.13	3	NO
1	90716	VARICELLA VIRUS VACCINE, LIVE, F	4/1/2008	\$73.46	3	NO
1	90717	YELLOW FEVER VACCINE, LIVE, FOR	10/24/1989	NC	9	NO
1	90718	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$11.69	3	NO
1	90719	DIPHTHERIA TOXOID, FOR INTRAMUSC	1/1/2008	\$8.62	3	NO
1	90720	DIPHTHERIA, TETANUS TOXOIDS, WHO	1/1/2008	\$36.70	3	NO
1	90725	CHOLERA VACCINE FOR INJECTABLE U	10/24/1989	NC	9	NO
1	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
1	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	4/1/2008	\$32.70	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	90733	MENINGOCOCCAL POLYSACCHARIDE VAC	4/1/2008	\$93.87	3	NO
1	90734	MENINGOCOCCAL CONJUGATE VACCINE,	1/1/2008	\$106.19	3	NO
1	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
1	90736	ZOSTER (SHINGLES) VACCINE, LIVE,	1/1/2008	\$197.49	3	NO
1	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$118.63	3	NO
1	90743	HEPATITIS B VACCINE, ADOLESCENT	4/1/2008	\$24.22	3	NO
1	90746	HEPATITIS B VACCINE, ADULT DOSAG	1/1/2008	\$59.32	3	NO
1	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$114.51	3	NO
1	90749	UNLISTED VACCINE/TOXOID	9/1/2004	\$0.01	5	NO
1	90760	INTRAVENOUS INFUSION, HYDRATION;	1/1/2008	\$44.08	3	NO
1	90761	INTRAVENOUS INFUSION, HYDRATION;	1/1/2008	\$13.71	3	NO
1	90765	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$53.76	3	NO
1	90766	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$17.74	3	NO
1	90767	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$28.76	3	NO
1	90768	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$16.67	3	NO
1	90769	SUBCUTANEOUS INFUSION FOR THERAP	1/1/2008	\$113.32	3	NO
1	90770	SUBCUTANEOUS INFUSION FOR THERAP	1/1/2008	\$11.87	3	NO
1	90771	SUBCUTANEOUS INFUSION FOR THERAP	1/1/2008	\$50.45	3	NO
1	90772	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$14.25	3	NO
1	90773	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$13.44	3	NO
1	90774	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$41.13	3	NO
1	90775	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$18.82	3	NO
1	90776	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	NC	9	NO
1	90779	UNLISTED THERAPEUTIC, PROPHYLACT	1/1/2006	\$0.01	5	NO
1	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
1	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO
1	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
1	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
1	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	1/1/2008	\$136.17	1	NO
1	90802	INTERACTIVE PSYCHIATRIC DIAGNOST	4/1/2001	\$0.01	1	NO
1	90804	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90805	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90806	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90807	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90808	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90809	INDIVIDUAL PSYCHOTHERAPY, INSIGH	4/1/2001	\$0.01	1	NO
1	90810	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90811	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90812	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90813	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90814	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90815	INDIVIDUAL PSYCHOTHERAPY, INTERA	4/1/2001	\$0.01	1	NO
1	90845	MEDICAL PSYCHOANALYSIS	10/1/2004	NC	9	NO

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1	90847	FAMILY MEDICAL PSYCHOTHERAPY (CO	4/1/2001	\$0.01	1	NO
1	90849	MULTIPLE-FAMILY GROUP MEDICAL PS	4/1/2001	\$0.01	1	NO
1	90853	GROUP MEDICAL PSYCHOTHERAPY (OTH	4/1/2001	\$0.01	1	NO
1	90857	INTERACTIVE GROUP MEDICAL PSYCHO	4/1/2001	\$0.01	1	NO
1	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	1/1/2008	\$38.44	1	NO
1	90865	NARCOSYNTHESIS FOR PSYCHIATRIC D	10/1/2004	NC	9	NO
1	90870	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2008	\$103.49	3	NO
1	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
1	90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL T	1/1/2003	\$0.01	P	NO
1	90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL T	1/1/2003	\$0.01	P	NO
1	90880	MEDICAL HYPNOTHERAPY	1/1/2003	\$0.01	P	NO
1	90882	ENVIRONMENTAL INTERVENTION FOR M	1/1/2003	\$0.01	P	NO
1	90885	PSYCHIATRIC EVALUATION OF HOSPIT	1/1/2003	\$0.01	P	NO
1	90887	INTERPRETATION OR EXPLANATION OF	1/1/2008	\$92.20	3	NO
1	90889	PREPARATION OF REPORT OF PATIENT	1/1/2003	\$0.01	P	NO
1	90899	CDRC (029066) ONLY: UNLISTED PSY	10/1/2003	\$0.01	P	NO
1	90901	BIOFEEDBACK TRAINING BY ANY MODA	1/1/2008	\$27.96	3	NO
1	90911	BIOFEEDBACK TRAINING; ANORECTAL,	1/1/2008	\$66.12	3	NO
1	90918	END STAGE RENAL DISEASE RELATED	1/1/2008	\$464.22	3	NO
1	90919	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$338.15	3	NO
1	90920	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$295.41	3	NO
1	90921	END STAGE RENAL DISEASE RELATED	1/1/2008	\$184.40	3	NO
1	90922	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$15.59	3	NO
1	90923	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$11.02	3	NO
1	90924	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$9.68	3	NO
1	90925	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$6.18	3	NO
1	90935	HEMODIALYSIS PROCEDURE WITH SING	1/1/2008	\$53.22	3	NO
1	90937	HEMODIALYSIS PROCEDURE REQUIRING	1/1/2008	\$83.60	3	NO
1	90939	HEMODIALYSIS ACCESS FLOW STUDY T	1/1/2006	INVALID	N	NO
1	90940	HEMODIALYSIS ACCESS FLOW STUDY T	10/1/2005	\$0.01	5	NO
1	90945	DIALYSIS PROCEDURE OTHER THAN HE	1/1/2008	\$50.53	3	NO
1	90947	DIALYSIS PROCEDURE OTHER THAN HE	1/1/2008	\$85.21	3	NO
1	90989	DIALYSIS TRAINING, PATIENT, INCL	1/1/2008	\$548.54	3	NO
1	90993	DIALYSIS TRAINING, PATIENT, INCL	5/1/1991	\$0.01	5	NO
1	90997	HEMOPERFUSION (EG WITH ACTIVATED	1/1/2008	\$67.74	3	NO
1	90999	UNLISTED DIALYSIS PROCEDURE IN H	4/1/1982	\$0.01	5	NO
1	91000	ESOPHAGEAL INTUBATION AND COLLEC	1/1/2008	\$42.20	3	NO
1	91010	ESOPHAGEAL MOTILITY STUDY	1/1/2008	\$150.26	3	NO
1	91011	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$184.93	3	NO
1	91012	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$195.69	3	NO
1	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	1/1/2008	\$165.31	3	NO
1	91022	DUODENAL MOTILITY (MANOMETRIC) S	4/1/2006	NC	9	NO
1	91030	ESOPHAGUS ACID PERFUSION (BERNST	1/1/2008	\$94.62	3	NO
1	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
1	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
1	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$162.62	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$339.49	3	NO
1	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
1	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
1	91040	ESOPHAGEAL BALLOON DISTENSION PR	4/1/2005	NC	9	NO
1	91052	GASTRIC ANALYSIS TEST WITH INJEC	1/1/2008	\$92.20	3	NO
1	91055	GASTRIC INTUBATION WASHINGS AND	1/1/2008	\$102.68	3	NO
1	91060	GASTRIC SALINE LOAD TEST	1/1/2007	INVALID	N	NO
1	91065	BREATH HYDROGEN TEST (EG, FOR DE	1/1/2008	\$44.35	3	NO
1	91100	INTESTINAL BLEEDING TUBE PASSAGE	1/1/2008	\$101.61	3	NO
1	91105	GASTRIC INTUBATION, AND ASPIRATI	1/1/2008	\$64.78	3	NO
1	91110	GASTROINTESTINAL TRACT IMAGING,	1/1/2008	\$687.32	3	NO
1	91111	GASTROINTESTINAL TRACT IMAGING,	1/1/2007	NC	9	NO
1	91120	RECTAL SENSATION, TONE, AND COMP	4/1/2006	NC	9	NO
1	91122	ANORECTAL MANOMETRY	1/1/2008	\$181.17	3	NO
1	91123	PULSED IRRIGATION OF FECAL IMPAC	10/1/2005	\$0.01	5	NO
1	91132	ELECTROGASTROPGRAPHY, DIAGNOSTIC	1/1/2008	\$19.89	3	NO
1	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC,	1/1/2008	\$25.27	3	NO
1	91299	UNLISTED DIAGNOSTIC GASTROENTERO	4/1/1982	\$0.01	5	NO
1	92002	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$50.27	1	NO
1	92004	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$90.85	1	NO
1	92012	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$45.70	1	NO
1	92014	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$67.74	1	NO
1	92015	DETERMINATION OF REFRACTIVE STAT	1/1/2008	\$41.13	3	NO
1	92018	OPHTHALMOLOGICAL EXAMINATION AND	1/1/2008	\$97.04	3	NO
1	92019	OPHTHALMOLOGICAL EXAMINATION AND	1/1/2008	\$50.27	3	NO
1	92020	GONIOSCOPY (SEPARATE PROCEDURE)	1/1/2008	\$18.82	3	NO
1	92025	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	\$21.77	3	NO
1	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	1/1/2008	\$39.51	3	NO
1	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	1/1/2008	\$27.15	3	NO
1	92070	FITTING OF CONTACT LENS FOR TREA	1/1/2008	\$47.31	3	NO
1	92081	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$35.75	3	NO
1	92082	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$46.23	3	NO
1	92083	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$53.22	3	NO
1	92100	SERIAL TONOMETRY W/MULTIPLE MEAS	1/1/2008	\$61.02	3	NO
1	92120	TONOGRAPHY W/INTERPRETATION AND	1/1/2008	\$50.53	3	NO
1	92130	TONOGRAPHY WITH WATER PROVOCATIO	1/1/2008	\$56.18	3	NO
1	92135	SCANNING COMPUTERIZED OPHTHALMIC	1/1/2008	\$31.18	3	NO
1	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	1/1/2008	\$59.67	3	NO
1	92140	PROVOCATIVE TESTS FOR GLAUCOMA,	1/1/2008	\$39.78	3	NO
1	92225	OPHTHALMOSCOPY, EXTENDED, W/RETI	1/1/2008	\$16.67	3	NO
1	92226	OPHTHALMOSCOPY EXTENDED AS FOR R	1/1/2008	\$15.05	3	NO
1	92230	FLUORESCEIN ANGIOSCOPY WITH INTE	1/1/2008	\$52.42	3	NO
1	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDE	1/1/2008	\$92.20	3	NO
1	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	1/1/2008	\$185.20	3	NO
1	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	1/1/2008	\$52.15	3	NO
1	92260	OPHTHALMODYNAMOMETRY	1/1/2008	\$12.36	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92265	NEEDLE OCULO-ELECTROMYOGRAPHY, ON	1/1/2008	\$60.21	3	NO
1	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	1/1/2008	\$63.44	3	NO
1	92275	ELECTRORETINOGRAPHY WITH MEDICAL	1/1/2008	\$94.89	3	NO
1	92283	COLOR VISION EXAMINATION EXTENDE	1/1/2008	\$29.03	3	NO
1	92284	DARK ADAPTATION EXAMINATION WITH	1/1/2008	\$53.22	3	NO
1	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	1/1/2008	\$31.45	3	NO
1	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	1/1/2008	\$94.89	3	NO
1	92287	SPECIAL ANTERIOR SEGMENT PHOTOGR	1/1/2008	\$83.60	3	NO
1	92310	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2008	\$62.09	3	NO
1	92311	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2008	\$60.48	3	NO
1	92312	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2008	\$66.66	3	NO
1	92313	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92314	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92315	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92316	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92317	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
1	92325	MODIFICATION OF CONTACT LENS {SE	1/1/2008	\$13.98	3	NO
1	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
1	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
1	92340	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
1	92341	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
1	92342	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
1	92352	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
1	92353	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
1	92354	FITTING OF SPECTACLE MOUNTED LOW	12/15/1989	NC	9	NO
1	92355	FITTING OF SPECTACLE MOUNTED LOW	12/15/1989	NC	9	NO
1	92358	PROSTHESIS SERVICE FOR APHAKIA T	1/1/2008	\$22.58	3	NO
1	92370	REPAIR AND REFITTING SPECTACLES	1/1/2008	\$22.85	3	NO
1	92371	REPAIR AND REFITTING SPECTACLES;	1/1/2008	\$14.78	3	NO
1	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
1	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO
1	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
1	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
1	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
1	92396	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
1	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
1	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	1/1/2008	\$69.62	3	NO
1	92504	BINOCULAR MICROSCOPY {SEPARATE D	1/1/2008	\$18.82	3	NO
1	92506	EVALUATION OF SPEECH, LANGUAGE,	1/1/2008	\$98.11	3	NO
1	92507	TREATMENT OF SPEECH, LANGUAGE, V	1/1/2008	\$44.89	3	YES
1	92510	AURAL REHABILITATION FOLLOWING C	1/1/2006	INVALID	N	NO
1	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE	1/1/2008	\$109.67	3	NO
1	92512	NASAL FUNCTION STUDIES EG RHINOM	1/1/2008	\$44.62	3	NO
1	92516	FACIAL NERVE FUNCTION STUDIES (E	1/1/2008	\$43.81	3	NO
1	92520	LARYNGEAL FUNCTION STUDIES (IE,	1/1/2008	\$37.09	3	NO
1	92525	EVALUATION OF SWALLOWING AND ORA	7/1/2003	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92526	TREATMENT OF SWALLOWING DYSFUNCT	1/1/2008	\$59.67	3	NO
1	92531	SPONTANEOUS NYSTAGMUS INCLUDING	1/1/2008	\$23.50	3	NO
1	92532	POSITIONAL NYSTAGMUS TEST	1/1/2008	\$36.22	3	NO
1	92533	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$9.10	3	NO
1	92534	OPTOKINETIC NYSTAGMUS TEST	1/1/2008	\$17.46	3	NO
1	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	1/1/2008	\$40.05	3	NO
1	92542	POSITIONAL NYSTAGMUS TEST MINIMU	1/1/2008	\$40.86	3	NO
1	92543	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$19.08	3	NO
1	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	1/1/2008	\$32.79	3	NO
1	92545	OSCILLATING TRACKING TEST WITH R	1/1/2008	\$29.84	3	NO
1	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	1/1/2008	\$60.75	3	NO
1	92547	USE OF VERTICAL ELECTRODES IN AN	1/1/2008	\$4.03	3	NO
1	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	1/1/2008	\$73.92	3	NO
1	92551	SCREENING TEST PURE TONE AIR ONL	1/1/2008	\$6.99	3	NO
1	92552	PURE TONE AUDIOMETRY {THRESHOLD}	1/1/2008	\$13.71	3	NO
1	92553	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$19.62	3	NO
1	92555	SPEECH AUDIOMETRY THRESHOLD;	1/1/2008	\$11.29	3	NO
1	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	1/1/2008	\$16.67	3	NO
1	92557	COMPREHENSIVE AUDIOMETRY THRESHO	1/1/2008	\$35.75	3	NO
1	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
1	92560	BEKESY AUDIOMETRY SCREENING	1/1/2008	\$15.44	3	NO
1	92561	BEKESY AUDIOMETRY; DIAGNOSTIC	1/1/2008	\$20.70	3	NO
1	92562	LOUDNESS BALANCE TEST ALTERNATE	1/1/2008	\$13.98	3	NO
1	92563	TONE DECAY TEST	1/1/2008	\$12.10	3	NO
1	92564	SHORT INCREMENT SENSITIVITY INDEX	1/1/2008	\$13.71	3	NO
1	92565	STENGER TEST PURE TONE	1/1/2008	\$10.75	3	NO
1	92567	TYMPANOMETRY (IMPEDANCE TESTING)	1/1/2008	\$15.32	3	NO
1	92568	ACOUSTIC REFLEX TESTING; THRESHO	1/1/2008	\$9.68	3	NO
1	92569	ACOUSTIC REFLEX TESTING; DECAY	1/1/2008	\$10.48	3	NO
1	92571	FILTERED SPEECH TEST	1/1/2008	\$11.56	3	NO
1	92572	STAGGERED SPONDAIC WORD TEST	1/1/2008	\$6.18	3	NO
1	92573	LOMBARD TEST	1/1/2007	INVALID	N	NO
1	92575	SENSORINEURAL ACUITY LEVEL TEST	1/1/2008	\$13.98	3	NO
1	92576	SYNTHETIC SENTENCE IDENTIFICATIO	1/1/2008	\$13.98	3	NO
1	92577	STENGER TEST SPEECH	1/1/2008	\$18.01	3	NO
1	92579	VISUAL REINFORCEMENT AUDIOMETRY	1/1/2008	\$22.04	3	NO
1	92582	CONDITIONING PLAY AUDIOMETRY	1/1/2008	\$23.65	3	NO
1	92583	SELECT PICTURE AUDIOMETRY	1/1/2008	\$24.73	3	NO
1	92584	ELECTROCOCHLEOGRAPHY	1/1/2008	\$63.17	3	NO
1	92585	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$72.31	3	NO
1	92586	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$50.53	3	NO
1	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	1/1/2008	\$38.71	3	NO
1	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	1/1/2008	\$53.22	3	NO
1	92589	CENTRAL AUDITORY FUNCTION TESTS	1/1/2005	INVALID	N	NO
1	92590	HEARING AID EXAMINATION AND SELE	1/1/2008	\$83.05	3	NO
1	92591	HEARING AID EXAMINATION AND SELE	1/1/2008	\$84.01	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
1	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
1	92594	ELECTROACOUSTIC EVALUATION FOR H	1/1/2008	\$25.61	3	NO
1	92596	EAR PROTECTOR ATTENUATION MEASUR	1/1/2008	\$19.89	3	NO
1	92598	MODIFICATION OF VOICE PROSTHETIC	7/1/2003	INVALID	N	NO
1	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
1	92605	EVALUATION FOR PRESCRIPTION OF N	1/1/2003	NC	9	NO
1	92606	THERAPEUTIC SERVICE(S) FOR THE U	1/1/2003	NC	9	NO
1	92610	EVALUATION OF ORAL AND PHARYNGEA	1/1/2008	\$82.25	3	NO
1	92611	MOTION FLUOROSCOPIC EVALUATION O	1/1/2008	\$83.87	3	NO
1	92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$108.86	3	NO
1	92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$30.11	3	NO
1	92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$100.80	3	NO
1	92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$26.61	3	NO
1	92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$140.04	3	NO
1	92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC E	1/1/2008	\$33.06	3	NO
1	92620	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
1	92621	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
1	92625	ASSESSMENT OF TINNITUS (INC PITC	1/1/2005	NC	9	NO
1	92640	DIAGNOSTIC ANALYSIS WITH PROGRAM	1/1/2007	NC	9	NO
1	92700	UNLISTED OTORHINOLARYNGOLOGICAL	1/1/2003	\$0.01	5	NO
1	92950	CARDIOPULMONARY RESUSCITATION {E	1/1/2008	\$215.85	3	NO
1	92953	TEMPORARY TRANSCUTANEOUS PACING	1/1/2008	\$8.60	3	NO
1	92960	CARDIOVERSION ELECTIVE ELECTRICA	1/1/2008	\$219.07	3	NO
1	92961	CARDIOVERSION, ELECTIVE, ELECTRI	1/1/2008	\$190.04	3	NO
1	92970	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$130.91	3	NO
1	92971	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$73.65	3	NO
1	92973	PERCUTANEOUS TRANSLUMINAL CORONA	1/1/2008	\$132.52	3	NO
1	92974	TRANSCATHETER PLACEMENT OF RADIA	1/1/2008	\$121.50	3	NO
1	92975	THROMBOLYSIS CORONARY BY INTRACO	1/1/2008	\$291.11	3	NO
1	92977	THROMBOLYSIS CORONARY BY INTRAVE	1/1/2008	\$186.01	3	NO
1	92978	INTRASVASCULAR ULTRASOUND (CORON	1/1/2008	\$191.51	3	NO
1	92979	INTRASVASCULAR ULTRASOUND (CORON	1/1/2008	\$116.52	3	NO
1	92980	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$604.80	3	NO
1	92981	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$168.00	3	NO
1	92982	PERCUTANEOUS TRANSLUMINAL CORONA	1/1/2008	\$448.63	3	NO
1	92984	PERCUTANEOUS TRANSLUMINAL CORONA	1/1/2008	\$119.88	3	NO
1	92986	PERCUTANEOUS BALLOON VALVULOPLAS	1/1/2008	\$995.90	3	NO
1	92987	PERCUTANEOUS BALLOON VALVULOPLAS	1/1/2008	\$1,029.77	3	NO
1	92990	PERCUTANEOUS BALLOON VALVULOPLAS	1/1/2008	\$792.69	3	NO
1	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$0.01	5	NO
1	92993	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	10/1/2005	\$0.01	5	NO
1	92995	PERCUTANEOUS TRANSLUMINAL CORONA	1/1/2008	\$493.52	3	NO
1	92996	PERCUTANEOUS TRANSLUMINAL CORONA	1/1/2008	\$128.22	3	NO
1	92997	PERCUTANEOUS TRANSLUMINAL PULMON	1/1/2008	\$465.29	3	NO
1	92998	PERCUTANEOUS TRANSLUMINAL PULMON	1/1/2008	\$231.71	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	1/1/2008	\$18.01	3	NO
1	93005	ELECTROCARDIOGRAM TRACING ONLY W	1/1/2008	\$11.56	3	NO
1	93010	ELECTROCARDIOGRAM INTERPRETATION	1/1/2008	\$6.45	3	NO
1	93012	TELEPHONIC TRANSMISSION OF POST-	1/1/2008	\$154.02	3	NO
1	93014	TELEPHONIC OR TELEMETRIC TRANSMI	1/1/2008	\$19.89	3	NO
1	93015	CARDIOVASCULAR STRESS TEST USING	1/1/2008	\$76.34	3	NO
1	93016	CARDIOVASCULAR STRESS TEST USING	1/1/2008	\$17.74	3	NO
1	93017	CARDIOVASCULAR STRESS TEST TRACI	1/1/2008	\$47.04	3	NO
1	93018	CARDIOVASCULAR STRESS TEST INTER	1/1/2008	\$11.56	3	NO
1	93024	ERGONOVINE PROVOCATION TEST	1/1/2008	\$82.79	3	NO
1	93025	MICROVOLT T-WAVE ALTERNANS FOR A	1/1/2008	\$203.21	3	NO
1	93040	RHYTHM ECG, ONE TO THREE LEADS;	1/1/2008	\$10.21	3	NO
1	93041	RHYTHM ECG ONE TO THREE LEADS; T	1/1/2008	\$4.30	3	NO
1	93042	RHYTHM ECG ONE TO THREE LEADS; I	1/1/2008	\$5.91	3	NO
1	93224	ECG MONITOR FOR 24 HRS BY CONT O	1/1/2008	\$108.86	3	NO
1	93225	ECG MONITOR FOR 24 HRS BY CONT O	1/1/2008	\$34.41	3	NO
1	93226	ECG MONITOR FOR 24 HRS BY CONT O	1/1/2008	\$54.30	3	NO
1	93227	ECG MONITOR FOR 24 HRS BY CONT O	1/1/2008	\$20.16	3	NO
1	93230	ECG MON 24 HRS CONT ORIG ECG WAV	1/1/2008	\$114.78	3	NO
1	93231	ECG MON FOR 24 HRS BY CONT ORIG	1/1/2008	\$39.78	3	NO
1	93232	ECG MON FOR 24 HRS BY CONT ORIG	1/1/2008	\$55.10	3	NO
1	93233	ECG MON FOR 24 HRS BY CONT ORIG	1/1/2008	\$19.89	3	NO
1	93235	ECG MON FOR 24 HRS BY CONT COMP	1/1/2008	\$91.41	3	NO
1	93236	ECG MON FOR 24 HRS BY CONT COMP	1/1/2008	\$74.47	3	NO
1	93237	ECG MON FOR 24 HRS BY CONT COMP	1/1/2008	\$17.47	3	NO
1	93268	PATIENT DEMAND SINGLE OR MULTIPL	1/1/2008	\$210.20	3	NO
1	93270	PATIENT DEMAND SINGLE OR MULTIPL	1/1/2008	\$29.03	3	NO
1	93271	PATIENT DEMAND SINGLE OR MULTIPL	1/1/2008	\$161.28	3	NO
1	93272	PATIENT DEMAND SINGLE OR MULTIPL	1/1/2008	\$19.89	3	NO
1	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	1/1/2008	\$39.24	3	NO
1	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$160.74	3	NO
1	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$90.32	3	NO
1	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$141.93	3	NO
1	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	1/1/2008	\$79.03	3	NO
1	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	1/1/2008	\$211.81	3	NO
1	93313	ECHOCARDIOGRAPHY, REAL TIME WITH	1/1/2008	\$32.26	3	NO
1	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	1/1/2008	\$176.60	3	NO
1	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$33.60	3	NO
1	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$170.75	3	NO
1	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2002	\$0.01	5	NO
1	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$62.63	3	NO
1	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$34.41	3	NO
1	93325	DOPPLER COLOR FLOW VELOCITY MAPP	1/1/2008	\$71.23	3	NO
1	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$126.07	3	NO
1	93501	RIGHT HEART CATHETERIZATION	1/1/2008	\$580.76	3	NO
1	93503	INSERTION AND PLACEMENT OF FLOW	1/1/2008	\$100.53	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93505	ENDOMYOCARDIAL BIOPSY	1/1/2008	\$220.58	3	NO
1	93508	CATHETER PLACEMENT IN CORONARY A	1/1/2008	\$512.51	3	NO
1	93510	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$1,198.11	3	NO
1	93511	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$1,197.07	3	NO
1	93514	LEFT HEART CATHETERIZATION BY LE	1/1/2008	\$1,268.18	3	NO
1	93524	COMBINED TRANSSEPTAL AND RETROGR	1/1/2008	\$1,574.91	3	NO
1	93526	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,574.91	3	NO
1	93527	COMBINED RT HEART CATH & TRANSSE	1/1/2008	\$1,587.88	3	NO
1	93528	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,654.05	3	NO
1	93529	COMBINED RIGHT HEART CATH/LEFT H	1/1/2008	\$1,491.87	3	NO
1	93530	RIGHT HEART CATHETERIZATION, FOR	1/1/2008	\$634.48	3	NO
1	93531	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,660.28	3	NO
1	93532	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,683.12	3	NO
1	93533	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,553.63	3	NO
1	93536	PERCUTANEOUS INSERTION OF INTRA-	4/1/2002	INVALID	N	NO
1	93539	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$15.86	3	NO
1	93540	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$16.93	3	NO
1	93541	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$11.29	3	NO
1	93542	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$11.29	3	NO
1	93543	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$11.29	3	NO
1	93544	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$9.95	3	NO
1	93545	INJECTION PROCEDURE DURING CARDI	1/1/2008	\$15.86	3	NO
1	93555	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$202.15	3	NO
1	93556	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$301.28	3	NO
1	93561	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$32.70	3	NO
1	93562	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$15.05	3	NO
1	93571	INTRAVASCULAR DOPPLER VELOCITY A	1/1/2008	\$190.73	3	NO
1	93572	INTRAVASCULAR DOPPLER VELOCITY M	1/1/2008	\$114.44	3	NO
1	93580	PERCUTANEOUS TRANSCATHETER CLOSU	1/1/2008	\$730.87	3	NO
1	93581	PERCUTANEOUS TRANSCATHETER CLOSU	1/1/2008	\$981.12	3	NO
1	93600	BUNDLE OF HIS RECORDING	1/1/2008	\$134.94	3	NO
1	93602	INTRA-ATRIAL RECORDING	1/1/2008	\$111.33	3	NO
1	93603	RIGHT VENTRICULAR RECORDING	1/1/2008	\$127.16	3	NO
1	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
1	93609	INTRAVENTRICULAR AND/OR INTRA-AT	1/1/2008	\$264.69	3	NO
1	93610	INTRA-ATRIAL PACING	1/1/2008	\$152.33	3	NO
1	93612	INTRAVENTRICULAR PACING	1/1/2008	\$159.59	3	NO
1	93613	INTRACARDIAC ELECTROPHYSIOLOGIC	1/1/2008	\$282.51	3	NO
1	93615	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$42.30	3	NO
1	93616	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$60.98	3	NO
1	93618	INDUCTION OF ARRHYTHMIA BY ELECT	1/1/2008	\$270.66	3	NO
1	93619	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/2008	\$498.24	3	NO
1	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	3/1/2004	\$0.01	5	NO
1	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	4/1/1990	\$0.01	5	NO
1	93623	PROGRAMMED STIMULATION AND PACIN	10/1/2004	\$0.01	5	NO
1	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	1/1/2008	\$254.06	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93631	INTRA-OPERATIVE EPICARDIAL AND E	1/1/2008	\$467.10	3	NO
1	93640	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$330.08	3	NO
1	93641	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$421.95	3	NO
1	93642	ELECTROPHYSIOLOGIC EVALUATION OF	1/1/2008	\$385.73	3	NO
1	93650	INTRACARDIAC CATH ABLATION OF AT	1/1/2008	\$431.69	3	NO
1	93651	INTRACARDIAC CATHETER ABLATION O	1/1/2008	\$653.72	3	NO
1	93652	INTRACARDIAC CATHETER ABLATION O	1/1/2008	\$711.24	3	NO
1	93660	EVALUATION OF CARDIOVASCULAR FUN	1/1/2008	\$122.30	3	NO
1	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	10/1/2002	\$0.01	5	NO
1	93668	PERIPHERAL ARTERIAL DISEASE (PAD)	10/1/2005	\$0.01	5	NO
1	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	1/1/2008	\$29.57	3	NO
1	93720	PLETHYSMOGRAPHY TOTAL BODY WITH	1/1/2008	\$29.84	3	NO
1	93721	PLETHYSMOGRAPHY TOTAL BODY TRACI	1/1/2008	\$23.65	3	NO
1	93722	PLETHYSMOGRAPHY TOTAL BODY INTER	1/1/2008	\$6.18	3	NO
1	93724	ELECTRONIC ANALYSIS OF ANTITACHY	1/1/2008	\$283.85	3	NO
1	93727	ELECTRONIC ANALYSIS OF IMPLANTAB	1/1/2008	\$22.85	3	NO
1	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$32.26	3	NO
1	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$51.88	3	NO
1	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$28.76	3	NO
1	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$25.80	3	NO
1	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$42.47	3	NO
1	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$25.80	3	NO
1	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
1	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
1	93740	TEMPERATURE GRADIENT STUDIES	1/1/2008	\$8.87	3	NO
1	93741	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$50.00	3	NO
1	93742	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$55.10	3	NO
1	93743	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$60.48	3	NO
1	93744	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$65.86	3	NO
1	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO
1	93760	THERMOGRAM CEPHALIC	1/1/2008	\$52.43	3	NO
1	93762	THERMOGRAM; PERIPHERAL	1/1/2008	\$62.80	3	NO
1	93770	DETERMINATION OF VENOUS PRESSURE	1/1/2008	\$6.72	3	NO
1	93784	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$52.42	3	NO
1	93786	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$24.46	3	NO
1	93788	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$13.98	3	NO
1	93790	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$13.98	3	NO
1	93797	PHYSICIAN SERVICES FOR OUTPATIEN	1/1/2008	\$13.44	3	NO
1	93798	PHYSICIAN SERVICES FOR OUTPATIEN	1/1/2008	\$20.16	3	NO
1	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO
1	93875	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$73.11	3	NO
1	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$179.02	3	NO
1	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$115.32	3	NO
1	93886	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$219.34	3	NO
1	93888	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$142.46	3	NO
1	93890	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	93892	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
1	93893	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
1	93922	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$85.48	3	NO
1	93923	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$131.44	3	NO
1	93924	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$157.25	3	NO
1	93925	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$215.58	3	NO
1	93926	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$133.59	3	NO
1	93930	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$172.30	3	NO
1	93931	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$113.43	3	NO
1	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$89.24	3	NO
1	93970	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$176.87	3	NO
1	93971	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$118.81	3	NO
1	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$272.56	3	NO
1	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$158.32	3	NO
1	93978	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$159.40	3	NO
1	93979	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$112.09	3	NO
1	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$126.07	3	NO
1	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$97.31	3	NO
1	93982	NONINVASIVE PHYSIOLOGIC STUDY OF	1/1/2008	\$29.95	3	NO
1	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	1/1/2008	\$128.76	3	NO
1	94002	VENTILATION ASSIST AND MANAGEMEN	1/1/2008	\$65.05	3	NO
1	94003	VENTILATION ASSIST AND MANAGEMEN	1/1/2008	\$47.31	3	NO
1	94004	VENTILATION ASSIST AND MANAGEMEN	1/1/2008	\$34.41	3	NO
1	94005	HOME VENTILATOR MANAGEMENT CARE	1/1/2008	\$60.48	3	NO
1	94010	SPIROMETRY INCLUDING GRAPHIC REC	1/1/2008	\$23.92	3	NO
1	94014	PATIENT INITIATED SPIROMETRIC RE	1/1/2008	\$35.48	3	NO
1	94015	PATIENT INITIATED SPIROMETRIC RE	1/1/2008	\$16.67	3	NO
1	94016	PATIENT INITIATED SPIROMETRIC RE	1/1/2008	\$18.82	3	NO
1	94060	BRONCHODILATION RESPONSIVE, SPIR	1/1/2008	\$40.59	3	NO
1	94070	BRONCHOSPASM PROVOCATION EVAL, M	1/1/2008	\$42.74	3	NO
1	94150	VITAL CAPACITY TOTAL {SEPARATE P	1/1/2008	\$15.32	3	NO
1	94200	MAXIMUM BREATHING CAPACITY MAXIM	1/1/2008	\$15.86	3	NO
1	94240	FUNCTIONAL RESIDUAL CAPACITY OR	1/1/2008	\$27.42	3	NO
1	94250	EXPIRED GAS COLLECTION QUANTITAT	1/1/2008	\$19.89	3	NO
1	94260	THORACIC GAS VOLUME	1/1/2008	\$21.77	3	NO
1	94350	DETERMINATION OF MALDISTRIBUTION	1/1/2008	\$27.96	3	NO
1	94360	DETERMINATION OF RESISTANCE TO A	1/1/2008	\$29.57	3	NO
1	94370	DETERMINATION OF AIRWAY CLOSING	1/1/2008	\$26.34	3	NO
1	94375	RESPIRATORY FLOW VOLUME LOOP	1/1/2008	\$26.07	3	NO
1	94400	BREATHING RESPONSE TO C02 {C02 R	1/1/2008	\$37.09	3	NO
1	94450	BREATHING RESPONSE TO HYPOXIA (H	1/1/2008	\$35.75	3	NO
1	94452	HIGH ALTITUDE SIMULATION TEST (H	1/1/2005	NC	9	NO
1	94453	HIGH ALTITUDE SIMULATION TEST (H	1/1/2005	NC	9	NO
1	94610	INTRAPULMONARY SURFACTANT ADMINI	1/1/2008	\$47.58	3	NO
1	94620	PULMONARY STRESS TESTING SIMPLE	1/1/2008	\$76.07	3	NO
1	94621	PULMONARY STRESS TESTINT; COMPLE	1/1/2008	\$108.33	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	94640	NONPRESSURIZED INHALATION TREATM	1/1/2008	\$9.14	3	NO
1	94642	AEROSOL INHALATION OF PENTAMIDIN	1/1/2008	\$27.29	3	NO
1	94644	CONTINUOUS INHALATION TX WITH AE	1/1/2008	\$25.27	3	NO
1	94645	CONTINUOUS INHALATION TX WITH AE	1/1/2008	\$9.68	3	NO
1	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
1	94656	VENTILATION ASSIST AND MANAGEMEN	1/1/2007	INVALID	N	NO
1	94657	VENTILATION ASSIST AND MANAGEMEN	1/1/2007	INVALID	N	NO
1	94660	CONTINUOUS POSITIVE AIRWAY PRESS	1/1/2008	\$40.05	3	NO
1	94662	CONTINUOUS NEGATIVE PRESSURE VEN	1/1/2008	\$27.15	3	NO
1	94664	DEMONSTRATION AND/OR EVALUATION	1/1/2008	\$9.95	3	NO
1	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
1	94667	MANIPULATION CHEST WALL SUCH AS	1/1/2008	\$15.59	3	NO
1	94668	MANIPULATION CHEST WALL SUCH AS	1/1/2008	\$12.90	3	NO
1	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$53.76	3	NO
1	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$66.93	3	NO
1	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$50.27	3	NO
1	94720	CARBON MONOXIDE DIFFUSING CAPACI	1/1/2008	\$36.83	3	NO
1	94725	MEMBRANE DIFFUSION CAPACITY	1/1/2008	\$75.80	3	NO
1	94750	PULMONARY COMPLIANCE STUDY (EG,	1/1/2008	\$45.96	3	NO
1	94760	NONINVASIVE EAR OR PULSE OXIMETR	1/1/2008	\$1.88	3	NO
1	94761	NONINVASIVE EAR/PULSE OXIMETRY F	1/1/2008	\$3.76	3	NO
1	94762	NONINVASIVE EAR OR PULSE OXIMETR	1/1/2008	\$17.74	3	NO
1	94770	CARBON DIOXIDE EXPIRED GAS DETER	1/1/2008	\$26.61	3	NO
1	94772	CIRCADIAN RESPIRATORY PATTERN RE	1/1/2008	\$187.03	3	NO
1	94774	PEDIATRIC HOME APNEA MONITOR EVE	1/1/2007	\$0.01	5	NO
1	94775	PEDIATRIC HOME APNEA MONITOR EVE	1/1/2007	\$0.01	5	NO
1	94776	PEDIATRIC HOME APNEA MONITOR EVE	1/1/2007	\$0.01	5	NO
1	94777	PEDIATRIC HOME APNEA MONITOR EVE	1/1/2007	\$0.01	5	NO
1	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
1	95004	PERCUTANEOUS TESTS WITH ALLERGEN	1/1/2008	\$3.49	3	NO
1	95010	PERCUTANEOUS TESTS SEQUENTIAL AN	1/1/2008	\$12.63	3	NO
1	95012	NITRIC OXIDE EXPIRED GAS DETERMI	1/1/2007	NC	9	NO
1	95015	INTRACUTANEOUS TESTS, SEQUENTIAL	1/1/2008	\$8.60	3	NO
1	95024	INTRACUTANEOUS TESTS WITH ALLERG	1/1/2008	\$4.84	3	NO
1	95027	INTRACUTANEOUS TESTS, SEQUENTIAL	1/1/2008	\$4.84	3	NO
1	95028	INTRACUTANEOUS TESTS WITH ALLERG	1/1/2008	\$6.99	3	NO
1	95044	PATCH OR APPLICATION TEST(S)(SPE	1/1/2008	\$5.38	3	NO
1	95052	PHOTO PATCH TEST(S) (SPECITY NUM	1/1/2008	\$6.45	3	NO
1	95056	PHOTO TESTS	1/1/2008	\$11.83	3	NO
1	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	1/1/2008	\$12.36	3	NO
1	95065	DIRECT NASAL MUCOUS MEMBRANE TES	1/1/2008	\$8.60	3	NO
1	95070	INHALATION BRONCHIAL CHALLENGE T	1/1/2008	\$51.88	3	NO
1	95071	INHALATION BRONCHIAL CHALLENGE T	1/1/2008	\$65.32	3	NO
1	95075	INGESTION CHALLENGE TEST (SEQUEN	1/1/2008	\$47.31	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95078	PROVACTIVE TESTING (EG RINKEL TE	1/1/2007	INVALID	N	NO
1	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	1/1/2008	\$9.95	3	NO
1	95117	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$12.36	3	NO
1	95120	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$12.36	3	NO
1	95125	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$12.36	3	NO
1	95130	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$17.18	3	NO
1	95131	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$34.36	3	NO
1	95132	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$51.53	3	NO
1	95133	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$68.70	3	NO
1	95134	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$85.89	3	NO
1	95144	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$7.53	3	NO
1	95145	PROFFESIONAL SERVICES FOR THE SU	1/1/2008	\$10.75	3	NO
1	95146	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$15.05	3	NO
1	95147	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$14.78	3	NO
1	95148	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$19.89	3	NO
1	95149	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$26.34	3	NO
1	95165	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$7.53	3	NO
1	95170	PROFESSIONAL SERVICES FOR THE SU	1/1/2008	\$5.91	3	NO
1	95180	RAPID DESENSITIZATION PROCEDURE,	1/1/2008	\$106.71	3	NO
1	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
1	95250	AMBULATORY CONTINUOUS GLUCOSE MO	1/1/2008	\$106.44	3	NO
1	95251	AMBULATORY CONTINUOUS GLUCOSE MO	1/1/2008	\$29.03	3	NO
1	95805	MULTIPLE SLEEP LATENCY TESTING (	1/1/2008	\$457.23	3	NO
1	95806	SLEEP STUDY, SIMULTANEOUS RECORD	1/1/2008	\$148.11	3	NO
1	95807	SLEEP STUDY, 3 OR MORE PARAMETER	1/1/2008	\$375.78	3	NO
1	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$456.69	3	NO
1	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$581.95	3	NO
1	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	1/1/2008	\$637.59	3	NO
1	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$154.29	3	NO
1	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$197.03	3	NO
1	95816	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$143.54	3	NO
1	95819	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$197.30	3	NO
1	95822	ELECTROENCEPHALOGRAM (EEG); RECO	1/1/2008	\$181.71	3	NO
1	95827	ELECTROENCEPHALOGRAM (EEG); ALL	1/1/2008	\$165.58	3	NO
1	95829	ELECTROCORTICOGRAM AT SURGERY (S	1/1/2008	\$974.67	3	NO
1	95830	INSERTION BY PHYSICIAN OF SPHENO	1/1/2008	\$134.94	3	NO
1	95831	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$19.62	3	NO
1	95832	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$17.47	3	NO
1	95833	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$27.96	3	NO
1	95834	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$33.33	3	NO
1	95851	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$13.71	3	NO
1	95852	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$9.95	3	NO
1	95857	TENSILON TEST FOR MYASTHENIA GRA	1/1/2008	\$30.91	3	NO
1	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
1	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXT	1/1/2008	\$64.24	3	NO
1	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXT	1/1/2008	\$84.67	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95863	NEEDLE ELECTROMYOGRAPHY, THREE E	1/1/2008	\$102.41	3	NO
1	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EX	1/1/2008	\$127.14	3	NO
1	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2008	\$83.60	3	NO
1	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2008	\$60.48	3	NO
1	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	1/1/2008	\$49.46	3	NO
1	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL	1/1/2008	\$68.28	3	NO
1	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	1/1/2008	\$25.27	3	NO
1	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	1/1/2008	\$25.27	3	NO
1	95872	NEEDLE ELECTROMYOGRAPHY USING SI	1/1/2008	\$117.20	3	NO
1	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2008	\$24.73	3	NO
1	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2008	\$25.00	3	NO
1	95875	ISCHEMIC LIMB EXERCISE TEST WITH	1/1/2008	\$70.43	3	NO
1	95900	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$44.08	3	NO
1	95903	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$48.38	3	NO
1	95904	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$37.90	3	NO
1	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	1/1/2008	\$120.15	3	NO
1	95921	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$47.85	3	NO
1	95922	TESTING OF AUTONOMIC SYSTEM FUNC	1/1/2008	\$54.57	3	NO
1	95923	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$79.56	3	NO
1	95925	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$61.02	3	NO
1	95926	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$59.67	3	NO
1	95927	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$61.02	3	NO
1	95928	CENTRAL MOTOR EVOKED POTENTIAL S	1/1/2005	NC	9	NO
1	95929	CENTRAL MOTOR EVOKED POTENTIAL S	1/1/2005	NC	9	NO
1	95930	VISUAL EVOKED POTENTIAL (VEP) TE	1/1/2008	\$73.11	3	NO
1	95933	ORBICULARIS OCULI (BLINK) REFLEX	1/1/2008	\$46.50	3	NO
1	95934	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$29.57	3	NO
1	95936	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$29.30	3	NO
1	95937	NEUROMUSCULAR JUNCTION TESTING (	1/1/2008	\$38.44	3	NO
1	95950	MONITORING FOR IDENTIFICATION AN	1/1/2008	\$166.66	3	NO
1	95951	MONITORING FOR IDENTIFICATION OF	10/2/2004	\$0.01	5	NO
1	95953	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$306.97	3	NO
1	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	1/1/2008	\$188.70	3	NO
1	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	1/1/2008	\$98.38	3	NO
1	95956	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$514.48	3	NO
1	95957	DIGITAL ANALYSIS OF ELECTROENCEP	1/1/2008	\$149.99	3	NO
1	95958	WADA ACTIVATION TEST FOR HEMISPH	1/1/2008	\$237.35	3	NO
1	95961	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$168.54	3	NO
1	95962	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$166.39	3	NO
1	95965	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
1	95970	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$36.02	3	NO
1	95971	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$40.59	3	NO
1	95972	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$76.61	3	NO
1	95973	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$43.01	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	95974	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$129.29	3	NO
1	95975	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$72.04	3	NO
1	95978	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2005	NC	9	NO
1	95979	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2005	NC	9	NO
1	95980	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	NC	9	NO
1	95981	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	NC	9	NO
1	95982	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	NC	9	NO
1	95990	REFILLING AND MAINTENANCE OF IMP	1/1/2008	\$42.74	3	NO
1	95991	REFILLING AND MAINT OF IMPLANTAB	1/1/2008	\$63.44	3	NO
1	95999	UNLISTED NEUROLOGICAL OR NEUROMU	4/1/1982	\$0.01	5	NO
1	96000	COMPREHENSIVE COMPUTER-BASED MOT	1/1/2008	\$65.86	3	NO
1	96001	COMPREHENSIVE COMPUTER-BASED MOT	1/1/2008	\$77.41	3	NO
1	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY	1/1/2008	\$15.32	3	NO
1	96003	DYNAMIC FINE WIRE ELECTROMYOGRAP	1/1/2008	\$13.98	3	NO
1	96004	PHYSICIAN REVIEW AND INTERPRETAT	1/1/2008	\$83.06	3	NO
1	96040	MEDICAL GENETICS AND GENETIC COU	1/1/2007	NC	9	NO
1	96100	PSYCHOLOGICAL TESTING WITH INTER	1/1/2006	INVALID	N	NO
1	96101	PSYCHOLOGICAL TESTING, PER HOUR	1/1/2008	\$66.93	3	NO
1	96105	ASSESSMENT OF APHASIA WITH INTER	1/1/1996	NC	9	NO
1	96110	DEVELOPMENTAL TESTING; LIMITED,	1/1/2008	\$9.68	3	NO
1	96111	DEVELOPMENTAL TESTING; EXTENDED	1/1/2008	\$100.53	3	NO
1	96115	NEUROBEHAVIORIAL STATUS EXAM WITH	1/1/2006	INVALID	N	NO
1	96117	NEUROPSYCHO TESTING BATTERY (HAL	1/1/2006	INVALID	N	NO
1	96118	NEUROPSYCHOLOGICAL TESTING, PER	1/1/2008	\$88.44	3	NO
1	96125	STANDARDIZED COGNITIVE PERFORMAN	1/1/2008	\$70.69	3	NO
1	96150	HEALTH AND BEHAVIOR ASSESSMENT,	1/1/2008	\$18.55	1	NO
1	96151	HEALTH AND BEHAVIOR ASSESSMENT;	1/1/2008	\$18.02	3	NO
1	96152	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$17.21	3	NO
1	96153	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$4.03	3	NO
1	96154	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$16.94	1	NO
1	96155	HEALTH AND BEHAVIOR INTERVENTION	10/1/2004	NC	9	NO
1	96400	CHEMOTHERAPY ADMINISTRATION; SUB	1/1/2006	INVALID	N	NO
1	96401	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$41.93	3	NO
1	96402	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$30.64	3	NO
1	96405	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$87.63	3	NO
1	96406	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$105.10	3	NO
1	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96409	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$85.48	3	NO
1	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96411	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$49.46	3	NO
1	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	96413	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$118.54	3	NO
1	96414	CHEMO ADMIN, INTRAVEN; INFUSION	1/1/2006	INVALID	N	NO
1	96415	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$26.88	3	NO
1	96416	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$127.95	3	NO
1	96417	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$58.33	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	96420	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$78.49	3	NO
1	96422	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$129.56	3	NO
1	96423	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$55.91	3	NO
1	96425	CHEMO ADMIN, INTRA-ARTERIAL; INF	1/1/2008	\$127.14	3	NO
1	96440	CHEMOTHERAPY ADMINISTRATION INTO	1/1/2008	\$269.34	3	NO
1	96445	CHEMOTHERAPY ADMINISTRATION INTO	1/1/2008	\$261.27	3	NO
1	96450	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$216.92	3	NO
1	96520	PORTABLE PUMP REFILLING AND MAIN	1/1/2006	INVALID	N	NO
1	96521	REFILLING AND MAINTENANCE OF POR	1/1/2008	\$104.03	3	NO
1	96522	REFILLING AND MAINT OF IMPLANTAB	1/1/2008	\$78.76	3	NO
1	96523	IRRIGATION OF IMPLANTED VENOUS A	1/1/2008	\$19.62	3	NO
1	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO
1	96542	CHEMOTHERAPY INJECTION, SUBARACH	1/1/2008	\$131.44	3	NO
1	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
1	96549	UNLISTED CHEMOTHERAPY PROCEDURE	9/1/1985	\$0.01	5	NO
1	96567	PHOTODYNAMIC THERAPY BY EXTERNAL	1/1/2008	\$65.59	3	NO
1	96570	PHOTODYNAMIC THERAPY BY ENDOSCOPI	1/1/2000	NC	9	NO
1	96571	PHOTODYNAMIC THERAPY BY ENDOSCOPI	1/1/2000	NC	9	NO
1	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT	1/1/2008	\$13.17	3	NO
1	96902	MICROSCOPIC EXAM OF HAIRS PLUCKE	1/1/2008	\$15.59	3	NO
1	96904	WHOLE BODY INTEGUMENTARY PHOTOGR	1/1/2007	NC	9	NO
1	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRA	1/1/2008	\$34.41	3	NO
1	96912	PHOTOCHEMOTHERAPY; PSORALENS AND	1/1/2008	\$44.08	3	NO
1	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AN	1/1/2008	\$61.02	3	NO
1	96920	LASER TREATMENT FOR INFLAMMATORY	1/1/2008	\$106.71	3	NO
1	96921	LASER TREATMENT FOR INFLAMMATORY	1/1/2008	\$108.06	3	NO
1	96922	LASER TREATMENT FOR INFLAMMATORY	1/1/2008	\$158.86	3	NO
1	96999	UNLISTED SPECIAL DERMATOLOGICAL	4/1/1982	\$0.01	5	NO
1	97001	PHYSICAL THERAPY EVALUATION	1/1/2008	\$53.22	1	NO
1	97002	PHYSICAL THERAPY RE-EVALUATION	1/1/2008	\$28.22	1	NO
1	97003	OCCUPATIONAL THERAPY EVALUATION	1/1/2008	\$56.99	1	NO
1	97004	OCCUPATIONAL THERAPY RE-EVALUATI	1/1/2008	\$33.87	1	NO
1	97005	ATHLETIC TRAINING EVALUATION	1/1/2003	NC	9	NO
1	97006	ATHLETIC TRAINING RE-EVALUATION	1/1/2003	NC	9	NO
1	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
1	97012	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.48	3	NO
1	97014	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.21	3	NO
1	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
1	97022	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$11.29	3	NO
1	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
1	97032	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$11.56	3	NO
1	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
1	97036	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$17.20	3	NO
1	97039	UNLISTED MODALTIY (SPECIFY TYPE	4/1/2005	NC	9	NO
1	97110	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.16	3	NO
1	97112	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.97	3	NO
1	97113	THERAPEUTIC PROCEDURE, ONE OR MO	1/1/2008	\$23.65	3	NO
1	97116	THERAPEUTIC PROCEDURE, ONE OR MO	1/1/2008	\$17.74	3	NO
1	97124	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$16.13	3	NO
1	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
1	97140	MANUAL THERAPY TECHNIQUES, ONE O	1/1/2008	\$18.82	3	NO
1	97504	ORTHOTIC(S) FITTING & TRAINING,	1/1/2006	INVALID	N	NO
1	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
1	97530	THERAPEUTIC ACTIVITIES, DIRECT P	1/1/2008	\$21.24	3	NO
1	97532	DEVELOPMENT OF COGNITIVE SKILLS	1/1/2001	NC	9	NO
1	97533	SENSORY INTEGRATIVE TECHNIQUES T	1/1/2001	NC	9	NO
1	97545	WORK HARDENING/CONDITIONING; INI	1/1/1993	NC	9	NO
1	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
1	97597	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$37.63	3	NO
1	97598	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$47.31	3	NO
1	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
1	97602	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$24.20	3	NO
1	97605	NEGATIVE PRESSURE WOUND THERAPY,	1/1/2005	NC	9	NO
1	97606	NEGATIVE PRESSURE WOUND THERAPY,	1/1/2005	NC	9	NO
1	97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	INVALID	N	NO
1	97750	PHYSICAL PERFORMANCE TEST OR MEA	1/1/2008	\$21.24	3	NO
1	97755	ASSISTIVE TECHNOLOGY ASSESSMENT,	1/1/2008	\$24.73	3	NO
1	97760	ORTHOTIC(S) MANAGEMENT AND TRAIN	1/1/2008	\$22.58	3	NO
1	97761	PROSTHETIC TRAINING, UPPER AND/O	1/1/2008	\$20.43	3	NO
1	97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2008	\$20.70	3	NO
1	97780	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
1	97781	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
1	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO
1	97802	MEDICAL NUTRITION THERAPY; INITI	1/1/2003	\$0.01	P	NO
1	97803	MEDICAL NUTRITION THERAPY; RE-AS	1/1/2003	\$0.01	P	NO
1	97810	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2008	\$26.34	3	NO
1	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$20.43	3	NO
1	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$28.22	3	NO
1	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$22.85	3	NO
1	98925	OSTEOPATHIC MANIPULATIVE TREATME	1/1/2008	\$20.97	3	NO
1	98926	OSTEOPATHIC MANIPULATIVE TREATME	1/1/2008	\$29.03	3	NO
1	98927	OSTEOPATHIC MANIPULATIVE TREATME	1/1/2008	\$37.36	3	NO
1	98928	OSTEOPATHIC MANIPULATIVE TREATME	1/1/2008	\$44.08	3	NO
1	98929	OSTEOPATHIC MANIPULATIVE TREATME	1/1/2008	\$50.80	3	NO
1	98943	CHIROPRACTIC MANIPULATIVE TREATM	1/1/1997	NC	9	NO
1	98960	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	98961	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO
1	98962	EDUCATION AND TRAINING FOR PT SE	1/1/2006	NC	9	NO
1	98966	TELEPHONE ASSESSMENT AND MANAGE	4/1/2008	\$9.41	3	NO
1	98967	TELEPHONE ASSESS AND MANAGE SVC	1/1/2008	NC	9	NO
1	98968	TELEPHONE ASSESS AND MANAGE SVC	1/1/2008	NC	9	NO
1	98969	ONLINE ASSESS AND MANAGE SVC PRO	1/1/2008	NC	9	NO
1	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
1	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
1	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/27/1989	NC	9	NO
1	99024	POSTOPERATIVE FOLLOW-UP VISIT, I	4/1/1988	NC	9	NO
1	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
1	99026	HOSPITAL MANDATED ON CALL SERVIC	1/1/2003	NC	9	NO
1	99027	HOSPITAL MANDATED ON CALL SERVIC	1/1/2003	NC	9	NO
1	99050	SERVICES PROVIDED IN THE OFFICE	1/1/2008	\$12.13	3	NO
1	99051	SERVICES PROVIDED IN THE OFFICE	1/1/2006	NC	9	NO
1	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
1	99053	SERVICES PROVIDED BETWEEN 10 PM	1/1/2006	NC	9	NO
1	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
1	99056	SVCS TYPICALLY PROVIDED IN THE O	4/1/1982	NC	9	NO
1	99058	SVCS PROVIDED ON AN EMERGENCY BA	1/1/2008	\$4.88	3	NO
1	99060	SERVICES PROVIDED ON AN EMERGENC	1/1/2006	\$0.01	5	NO
1	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
1	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
1	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
1	99078	PHYSICIAN EDUCATIONAL SERVICES R	1/1/2008	\$11.92	3	NO
1	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	4/1/1982	NC	9	NO
1	99090	ANALYSIS OF CLINICAL DATA STORED	4/1/1989	NC	9	NO
1	99091	COLLECTION AND INTERPRETATION OF	1/1/2002	NC	9	NO
1	99100	ANESTHESIA FOR PATIENT OF EXTREM	3/1/1989	NC	9	NO
1	99116	ANESTHESIA COMPLICATED BY UTILIZ	3/1/1989	NC	9	NO
1	99135	ANESTHESIA COMPLICATED BY UTILIZ	3/1/1989	NC	9	NO
1	99140	ANESTHESIA COMPLICATED BY EMERGE	3/1/1989	NC	9	NO
1	99141	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
1	99142	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
1	99143	MODERATE SEDATION SVCS PROVIDED	1/1/2008	\$84.67	3	NO
1	99144	MODERATE SEDATION SVCS PROVIDED	1/1/2008	\$73.12	3	NO
1	99145	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99148	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99149	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99150	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
1	99170	ANOGENITAL EXAMINATION WITH COLP	1/1/2008	\$94.89	3	NO
1	99172	VISUAL FUNCTION SCREENING, AUTOM	1/1/2008	\$88.72	3	NO
1	99173	SCREENING TEST OF VISUAL ACUITY,	1/1/2008	\$1.88	3	NO
1	99174	OCULAR PHOTOSCREENING WITH INTER	1/1/2008	NC	9	NO
1	99175	IPECAC OR SIMILAR ADMINISTRATION	1/1/2008	\$33.06	3	NO
1	99183	PHYSICIAN ATTENDANCE AND SUPERVI	1/1/2008	\$149.99	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99185	HYPOTHERMIA REGIONAL	1/1/2008	\$25.00	3	NO
1	99186	HYPOTHERMIA; TOTAL BODY	1/1/2008	\$57.25	3	NO
1	99190	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$87.29	3	NO
1	99191	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$52.96	3	NO
1	99192	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$39.39	3	NO
1	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	1/1/2008	\$26.88	3	NO
1	99199	UNLISTED SPECIAL SERVICE OR REPO	8/1/1984	\$0.01	5	NO
1	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	1	NO
1	99202	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$46.50	1	NO
1	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	1	NO
1	99204	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$105.37	1	NO
1	99205	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$132.52	1	NO
1	99211	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$14.78	1	NO
1	99212	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$27.42	1	NO
1	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	1	NO
1	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	1	NO
1	99215	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$91.93	1	NO
1	99217	OBSERVATION CARE DISCHARGE DAY M	1/1/2008	\$50.27	1	NO
1	99218	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$47.58	1	NO
1	99219	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$78.76	1	NO
1	99220	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$110.75	1	NO
1	99221	INITIAL HOSPITAL CARE, PER DAY,	1/1/2008	\$65.32	1	NO
1	99222	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$91.39	1	NO
1	99223	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$133.32	1	NO
1	99231	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$27.42	1	NO
1	99232	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$48.92	1	NO
1	99233	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$69.89	1	NO
1	99234	OBSERVATION OR INPATIENT HOSP CA	1/1/2008	\$95.69	1	NO
1	99235	OBSERVATION OR INPATIENT HOSP CA	1/1/2008	\$126.07	1	NO
1	99236	OBSERVATION OR INPATIENT HOSP CA	1/1/2008	\$157.25	1	NO
1	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$50.00	1	NO
1	99239	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$72.31	1	NO
1	99241	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$36.02	1	NO
1	99242	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$66.93	1	NO
1	99243	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$91.93	1	NO
1	99244	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$135.48	1	NO
1	99245	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$168.27	1	NO
1	99251	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$35.21	1	NO
1	99252	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$56.18	1	NO
1	99253	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$83.33	1	NO
1	99254	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$119.88	1	NO
1	99255	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$149.18	1	NO
1	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
1	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
1	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
1	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
1	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
1	99281	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$15.05	1	NO
1	99282	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$28.76	1	NO
1	99283	EMERGENCY DEPT VISIT FOR THE E/M	1/1/2008	\$46.50	1	NO
1	99284	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$85.21	1	NO
1	99285	EMER DEPT VISIT FOR E/M OF PT, W	1/1/2008	\$127.41	1	NO
1	99288	PHYSICIAN DIRECTION OF EMER MEDI	1/1/2008	\$37.43	1	NO
1	99289	CRITICAL CARE SERVICES DELIVERED	1/1/2003	NC	9	NO
1	99290	CRITICAL CARE SERVICES DELIVERED	1/1/2003	NC	9	NO
1	99291	CRITICAL CARE, E/M OF THE UNSTAB	1/1/2008	\$193.80	1	NO
1	99292	CRITICAL CARE, INCL DIAG AND THE	1/1/2008	\$87.36	1	NO
1	99293	INITIAL INPATIENT PEDIATRIC CRIT	1/1/2008	\$580.07	3	NO
1	99294	SUBSEQUENT INPATIENT PEDIATRIC C	1/1/2008	\$287.08	3	NO
1	99295	INITIAL INPATIENT NEONATAL CRITI	1/1/2008	\$665.55	1	NO
1	99296	SUBSEQUENT INPATIENT NEONATAL CR	1/1/2008	\$286.81	1	NO
1	99297	SUBSEQUENT NEONATAL INTENSIVE CA	7/1/2003	INVALID	N	NO
1	99298	SUBSEQUENT INTENSIVE CARE, PER D	1/1/2008	\$101.88	1	NO
1	99299	SUBSEQUENT INTENSIVE CARE, PER D	1/1/2008	\$94.08	1	NO
1	99300	SUBSEQUENT INTENSIVE CARE, PER D	1/1/2008	\$90.59	1	NO
1	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
1	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
1	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
1	99304	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$46.50	1	NO
1	99305	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$61.82	1	NO
1	99306	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$76.07	1	NO
1	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$24.19	1	NO
1	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$40.05	1	NO
1	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$56.18	1	NO
1	99310	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$70.43	1	NO
1	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
1	99315	NURSING FACILITY DISCHARGE DAY M	1/1/2008	\$43.55	1	NO
1	99316	NURSING FACILITY DISCHARGE DAY M	1/1/2008	\$57.25	1	NO
1	99318	E & M OF A PATIENT INVOLVING AN	1/1/2008	\$46.50	1	NO
1	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$41.40	1	NO
1	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$60.48	1	NO
1	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$87.36	1	NO
1	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$114.78	1	NO
1	99328	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$142.20	1	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
1	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$31.99	1	NO
1	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$50.53	1	NO
1	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$77.68	1	NO
1	99337	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$114.24	1	NO
1	99339	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
1	99340	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
1	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	1	NO
1	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	1	NO
1	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	1	NO
1	99344	HOME VISIT FOR THE E/M OF A NEW	1/1/2008	\$115.05	1	NO
1	99345	HOME VISIT FOR THE E/M OF A NEW	1/1/2008	\$142.20	1	NO
1	99347	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$31.99	1	NO
1	99348	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$50.53	1	NO
1	99349	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$77.95	1	NO
1	99350	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$115.05	1	NO
1	99354	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.62	3	NO
1	99355	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.08	3	NO
1	99356	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$63.97	3	NO
1	99357	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$64.24	3	NO
1	99358	PROLONGED EVALUATION AND MANAGEM	10/1/2004	NC	9	NO
1	99359	PROLONGED EVALUATION AND MANAGEM	10/1/2004	NC	9	NO
1	99360	PHYSICIAN STANDBY SERVICE, REQUI	1/1/2008	\$33.60	3	NO
1	99361	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
1	99362	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
1	99363	ANTICOAGULANT MANAGEMENT FOR AN	1/1/2008	\$80.91	3	NO
1	99364	ANTICOAGULANT MANAGEMENT FOR AN	1/1/2008	\$28.22	3	NO
1	99366	MEDICAL TEAM CONFERENCE W/INTERD	1/1/2008	NC	9	NO
1	99367	MEDICAL TEAM CONFERENCE W/INTERD	1/1/2008	NC	9	NO
1	99368	MEDICAL TEAM CONFERENCE W/INTERD	1/1/2008	NC	9	NO
1	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
1	99372	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
1	99373	PHONE CALL BY PHYS TO PT FOR CON	1/1/2008	INVALID	N	NO
1	99374	PHYSICIAN SUPERVISION OF A PATIE	1/1/2008	\$48.65	3	NO
1	99375	PHYSICIAN SUPERVISION OF PATIENT	1/1/2008	\$84.67	3	NO
1	99377	PHYSICIAN SUPERVISION OF A HOSPI	1/1/2008	\$48.65	3	NO
1	99378	PHYSICIAN SUPERVISION OF A HOSPI	1/1/2008	\$92.47	3	NO
1	99379	PHYSICIAN SUPERVISION OF A NURSI	1/1/2008	\$48.38	3	NO
1	99380	PHYSICIAN SUPERVISION OF A NURSI	1/1/2008	\$73.11	3	NO
1	99381	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$70.16	1	NO
1	99382	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$75.80	1	NO
1	99383	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$74.73	1	NO
1	99384	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	1	NO
1	99385	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	1	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99386	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$95.16	1	NO
1	99387	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$103.49	1	NO
1	99391	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$54.84	1	NO
1	99392	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$61.29	1	NO
1	99393	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$60.75	1	NO
1	99394	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$66.93	1	NO
1	99395	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$67.47	1	NO
1	99396	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$74.46	1	NO
1	99397	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$82.52	1	NO
1	99401	PREVENTIVE MEDICINE COUNSELING A	1/1/2008	\$28.22	1	NO
1	99402	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$47.58	1	NO
1	99403	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$66.12	1	NO
1	99404	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$85.21	1	NO
1	99406	SMOKING AND TOBACCO USE CESSATIO	4/1/2008	\$9.41	3	NO
1	99407	SMOKING AND TOBACCO USE CESSATIO	4/1/2008	\$18.55	3	NO
1	99408	ALCOHOL AND/OR SUBSTANCE ABUSE S	4/1/2008	\$22.85	1	NO
1	99409	ALCOHOL AND/OR SUBSTANCE ABUSE S	4/1/2008	\$44.89	1	NO
1	99411	PREVENTIVE MEDICINE COUNSELING A	1/1/2008	\$9.41	1	NO
1	99412	COUNSELING AND/OR RISK FACTOR PR	1/1/2008	\$13.71	1	NO
1	99420	ADMINISTRATION AND INTERPRETATIO	1/1/2003	\$0.01	P	NO
1	99431	HISTORY AND EXAM OF NORMAL NEWBO	1/1/2008	\$42.20	1	NO
1	99432	NORMAL NEWBORN CARE IN OTHER THA	1/1/2008	\$61.29	1	NO
1	99433	SUBSEQUENT HOSP CARE, FOR THE E/	1/1/2008	\$22.31	1	NO
1	99435	HISTORY AND EXAMINATION OF THE N	1/1/2008	\$56.99	1	NO
1	99436	ATTENDANCE AT DELIVERY (WHEN REQ	1/1/2008	\$53.76	1	NO
1	99440	NEWBORN RESUSCITATION; PROVISION	1/1/2008	\$105.37	1	NO
1	99441	TELEPHONE EVAL AND MANAGEMENT SV	4/1/2008	\$9.68	3	NO
1	99442	TELEPHONE EVAL AND MANAGEMENT SV	4/1/2008	\$17.74	3	NO
1	99443	TELEPHONE EVAL AND MANAGEMENT SV	4/1/2008	\$26.34	3	NO
1	99444	ONLINE EVAL AND MANAGEMENT SVC P	1/1/2008	\$35.44	3	NO
1	99450	BASIC LIFE AND/OR DISABILITY EXA	1/1/1995	NC	9	NO
1	99455	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
1	99456	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
1	99477	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$250.94	3	NO
1	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
1	99500	HOME VISIT FOR PRENATAL MONITORI	1/1/2002	NC	9	NO
1	99501	HOME VISIT FOR POSTNATAL ASSESSM	1/1/2002	NC	9	NO
1	99502	HOME VISIT FOR NEWBORN CARE AND	1/1/2002	NC	9	NO
1	99503	HOME VISIT FOR RESPIRATORY THERA	1/1/2002	NC	9	NO
1	99504	HOME VISIT FOR MECHANICAL VENTIL	1/1/2002	NC	9	NO
1	99505	HOME VISIT FOR STOMA CARE AND MA	1/1/2002	NC	9	NO
1	99506	HOME VISIT FOR INTRAMUSCULAR INJ	1/1/2002	NC	9	NO
1	99507	HOME VISIT FOR CARE AND MAINTENA	1/1/2002	NC	9	NO
1	99508	HOME VISIT FOR POLYSOMNOGRAPHY A	7/1/2003	INVALID	N	NO
1	99509	HOME VISIT FOR ASSISTANCE WITH A	1/1/2002	NC	9	NO
1	99510	HOME VISIT FOR INDIVIDUAL, FAMIL	1/1/2002	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	99511	HOME VISIT FOR FECAL IMPACTION M	1/1/2002	NC	9	NO
1	99512	HOME VISIT FOR HEMODIALYSIS, PER	1/1/2002	NC	9	NO
1	99539	UNLISTED HOME VISIT SERVICE OR P	7/1/2003	INVALID	N	NO
1	99551	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
1	99552	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
1	99553	HOME INFUSION FOR TOCOLYTIC THER	4/1/2004	INVALID	N	NO
1	99554	HOME INFUSION FOR HEMATOPOIETIC	4/1/2004	INVALID	N	NO
1	99555	HOME INFUSION FOR CHEMOTHERAPY,	4/1/2004	INVALID	N	NO
1	99556	HOME INFUSION FOR ANTIBIOTICS/AN	4/1/2004	INVALID	N	NO
1	99557	HOME INFUSION OF CONTINUOUS ANTI	4/1/2004	INVALID	N	NO
1	99558	HOME INFUSION OF IMMUNOTHERAPY,	4/1/2004	INVALID	N	NO
1	99559	HOME INFUSION OF PERITONEAL DIAL	4/1/2004	INVALID	N	NO
1	99560	HOME INFUSION OF ENTERAL NUTRITI	4/1/2004	INVALID	N	NO
1	99561	HOME INFUSION OF HYDRATION THERA	4/1/2004	INVALID	N	NO
1	99562	HOME INFUSION OF TOTAL PARENTERA	4/1/2004	INVALID	N	NO
1	99563	HOME ADMINISTRATION OF AEROSOLIZ	4/1/2004	INVALID	N	NO
1	99564	HOME INFUSION FOR ANTI-HEMOPHILI	4/1/2004	INVALID	N	NO
1	99565	HOME INFUSIN OF ALPHA-1 PROTEINA	4/1/2004	INVALID	N	NO
1	99566	HOME INFUSION FOR UNINTERRUPTED,	4/1/2004	INVALID	N	NO
1	99567	HOME INFUSION OF SYMPATHOMIMETIC	4/1/2004	INVALID	N	NO
1	99568	HOME INFUSION OF MISCELLANEOUS D	4/1/2004	INVALID	N	NO
1	99569	HOME INFUSION, EACH ADDITIONAL T	4/1/2004	INVALID	N	NO
1	99605	MEDICATION THERAPY MANAGE PROV B	1/1/2008	NC	9	NO
1	99606	MEDICATION THERAPY MANAGE PROV B	1/1/2008	NC	9	NO
1	99607	MEDICATION THERAPY MANAGEMENT PR	1/1/2008	NC	9	NO
1	A4212	NON-CORING NEEDLE OR STYLET WITH	2/1/1994	NC	9	NO
1	A4214	STERILE SALINE OR WATER, 30 CC V	4/1/2004	INVALID	N	NO
1	A4220	REFILL KIT FOR IMPLANTABLE INFUS	4/1/2008	\$156.07	3	NO
1	A4230	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
1	A4231	INFUSION SET FO REXTERNAL INSULI	1/1/1996	NC	9	NO
1	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	NO
1	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
1	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
1	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	4/1/2008	\$82.97	3	NO
1	A4262	TEMPORARY, ABSORBABLE LACRIMAL D	4/1/2008	\$1.04	3	NO
1	A4263	PERMANENT, LONG-TERM, NONDISSOLV	4/1/2008	\$44.74	3	NO
1	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	4/1/2008	\$20.47	3	NO
1	A4267	CONTRACEPTIVE SUPPLY, CONDOM, MA	4/1/2008	\$0.11	3	NO
1	A4268	CONTRACEPTIVE SUPPLY, CONDOM, FE	4/1/2008	\$1.11	3	NO
1	A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE	4/1/2008	\$7.08	3	NO
1	A4270	DISPOSABLE ENDOSCOPE SHEATH, EAC	10/1/2001	NC	9	NO
1	A4290	SACRAL NERVE STIMULATION TEST LE	1/1/2001	NC	9	NO
1	A4300	IMPLANTABLE ACCESS CATHETER, (EG	4/1/2008	\$52.02	3	NO
1	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
1	A4305	DISPOSABLE DRUG DELIVERY SYSTEM,	4/1/2008	\$20.81	3	NO
1	A4306	DISPOSABLE DRUG DELIVERY SYSTEM,	4/1/2008	\$20.81	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4310	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$6.26	3	NO
1	A4311	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$12.04	3	NO
1	A4312	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$14.64	3	NO
1	A4313	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$15.03	3	NO
1	A4314	INSERTION TRAY W/DRAINAGE BAG W/	4/1/2008	\$20.53	3	NO
1	A4315	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$21.42	3	NO
1	A4316	INSERTION TRAY W/DRAINAGE BAG W/	4/1/2008	\$23.05	3	NO
1	A4319	STERILE WATER IRRIGATION SOLUTIO	4/1/2004	INVALID	N	NO
1	A4320	IRRIGATION TRAY WITH BULB OR PIS	4/1/2008	\$5.09	3	NO
1	A4321	THERAPEUTIC AGENT FOR URINARY CA	3/1/1997	NC	9	NO
1	A4322	IRRIGATION SYRINGE, BULB OR PIST	4/1/2008	\$2.62	3	NO
1	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
1	A4324	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
1	A4325	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
1	A4326	MALE EXTERNAL CATHETER WITH INTE	4/1/2008	\$9.90	3	NO
1	A4327	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$42.61	3	NO
1	A4328	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$9.44	3	NO
1	A4329	EXTERNAL CATH START SET,MALE/FEM	4/1/2002	INVALID	N	NO
1	A4330	PERIANAL FECAL COLLECTION POUCH	4/1/2008	\$6.62	3	NO
1	A4331	EXTENSION DRAINAGE TUBINE, ANY T	4/1/2008	\$3.18	3	NO
1	A4333	URINARY CATHETER ANCHORING DEVIC	4/1/2008	\$2.10	3	NO
1	A4334	URINARY CATHETER ANCHORING DEVIC	4/1/2008	\$4.71	3	NO
1	A4335	INCONTINENCE SUPPLY; MISCELLANEO	4/1/2008	\$0.96	3	NO
1	A4338	INDWELLING CATHETER; FOLEY TYPE;	4/1/2008	\$11.71	3	NO
1	A4340	INDWELLING CATHETER; SPECIALTY T	4/1/2008	\$30.32	3	NO
1	A4344	INDWELLING CATHETER, FOLEY TYPE,	4/1/2008	\$15.30	3	NO
1	A4346	INDWELLING CATHETER; FOLEY TYPE,	4/1/2008	\$18.71	3	NO
1	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
1	A4348	MALE EXTERNAL CATHETER WITH INTE	1/1/2007	INVALID	N	NO
1	A4351	INTERMITTENT URINARY CATHETER; S	4/1/2008	\$1.73	3	NO
1	A4352	INTERMITTENT URINARY CATHETER; C	4/1/2008	\$6.13	3	NO
1	A4353	INTERMITTENT URINARY CATHETER, W	4/1/2008	\$6.69	3	NO
1	A4354	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$9.58	3	NO
1	A4355	IRRIGATION TUBING SET FOR CONTIN	4/1/2008	\$8.51	3	NO
1	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	4/1/2008	\$40.51	3	NO
1	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	4/1/2008	\$9.70	3	NO
1	A4358	URINARY DRAINAGE BAG, LEG OR ABD	4/1/2008	\$5.59	3	NO
1	A4359	URINARY SUSPENSORY WITHOUT LEG B	1/1/2007	INVALID	N	NO
1	A4361	OSTOMY FACEPLATE, EACH	4/1/2008	\$18.37	3	NO
1	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	4/1/2008	\$2.94	3	NO
1	A4367	OSTOMY BELT, EACH	4/1/2008	\$7.35	3	NO
1	A4368	OSTOMY FILTER, ANY TYPE, EACH	7/1/2002	NC	9	NO
1	A4369	OSTOMY SKIN BARRIER, LIQUID (SPR	4/1/2008	\$2.06	3	NO
1	A4370	OSTOMY SKIN BARRIER, PASTE, PER	7/1/2003	INVALID	N	NO
1	A4371	OSTOMY SKIN BARRIER, POWDER, PER	4/1/2008	\$3.60	3	NO
1	A4372	OSTOMY SKIN BARRIER, SOLID 4X4 O	4/1/2008	\$4.18	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4373	OSTOMY SKIN BARRIER, W/FLANGE (S	4/1/2008	\$6.28	3	NO
1	A4374	OSTOMY SKIN BARRIER, W/FLANGE (S	7/1/2003	INVALID	N	NO
1	A4375	OSTOMY POUCH, DRAINABLE, WITH FA	4/1/2008	\$17.18	3	NO
1	A4376	OSTOMY POUCH, DRAINABLE, WITH FA	4/1/2008	\$47.58	3	NO
1	A4377	OSTOMY POUCH, DRAINABLE, FOR USE	4/1/2008	\$4.29	3	NO
1	A4378	POUCH, DRAINABLE, FOR USE ON FAC	4/1/2008	\$30.75	3	NO
1	A4379	POUCH, URINARY, WITH FACEPLATE A	4/1/2008	\$15.02	3	NO
1	A4380	POUCH, URINARY, WITH FACEPLATE,	4/1/2008	\$37.33	3	NO
1	A4381	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$4.61	3	NO
1	A4382	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$24.62	3	NO
1	A4383	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$28.19	3	NO
1	A4384	OSTOMY FACEPLATE EQUIVALENT, SIL	4/1/2008	\$9.62	3	NO
1	A4385	OSTOMY SKIN BARRIER, SOLID 4X4 O	4/1/2008	\$5.10	3	NO
1	A4386	SKIN BARRIER, WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
1	A4387	OSTOMY POUCH, CLOSED, WITH BARRI	4/1/2008	\$3.80	3	NO
1	A4388	OSTOMY POUCH, DRAINABLE, WITH EX	4/1/2008	\$4.36	3	NO
1	A4389	OSTOMY POUCH, DRAINABLE, WITH BA	4/1/2008	\$6.22	3	NO
1	A4390	OSTOMY POUCH, DRAINABLE, W/EXTEN	4/1/2008	\$9.61	3	NO
1	A4391	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2008	\$7.07	3	NO
1	A4392	OSTOMY POUCH, URINARY, W/STANDAR	4/1/2008	\$8.18	3	NO
1	A4393	OSTOMY POUCH, URINARY, W/EXTENDE	4/1/2008	\$9.04	3	NO
1	A4394	OSTOMY DEODORANT WITH OR W/O LUB	4/1/2008	\$2.58	3	NO
1	A4395	OSTOMY DEODORANT FOR USE IN OSTO	4/1/2008	\$0.05	3	NO
1	A4396	OSTOMY BELT WITH PERISTOMAL HERN	4/1/2008	\$40.48	3	NO
1	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4/1/2008	\$4.07	3	NO
1	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	4/1/2008	\$13.81	3	NO
1	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	4/1/2008	\$12.26	3	NO
1	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
1	A4402	LUBRICANT, PER OUNCE	4/1/2008	\$1.60	3	NO
1	A4404	OSTOMY RING, EACH	4/1/2008	\$1.44	3	NO
1	A4421	OSTOMY SUPPLY; MISCELLANEOUS	4/1/2008	\$96.20	3	NO
1	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
1	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
1	A4461	SURGICAL DRESSING HOLDER, NON-RE	1/1/2007	NC	9	NO
1	A4463	SURGICAL DRESSING HOLDER, REUSAB	1/1/2007	NC	9	NO
1	A4465	NONELASTIC BINDER FOR EXTREMITY	4/1/2008	\$20.81	3	NO
1	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
1	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
1	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
1	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
1	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
1	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
1	A4550	SURGICAL TRAYS	4/1/2008	\$26.01	3	NO
1	A4554	DISPOSABLE UNDERPADS, ALL SIZES,	1/1/2005	NC	9	NO
1	A4559	COUPLING GEL OR PASTE, FOR USE W	1/1/2007	NC	9	NO
1	A4561	PESSARY, RUBBER, ANY TYPE	4/1/2008	\$17.65	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A4562	PESSARY, NON RUBBER, ANY TYPE	4/1/2008	\$19.86	3	NO
1	A4565	SLINGS	4/1/2008	\$10.41	3	NO
1	A4570	SPLINT	7/1/2002	NC	9	NO
1	A4572	RIB BELT	7/1/2003	INVALID	N	NO
1	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBE	1/1/1996	NC	9	NO
1	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
1	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
1	A4600	SLEEVE FOR INTERMITTENT LIMB COM	1/1/2007	NC	9	NO
1	A4601	LITHIUM ION BATTERY FOR NON-PROS	1/1/2007	NC	9	NO
1	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
1	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
1	A4630	REPLACEMENT BATTERIES, MEDICALLY	2/1/1994	NC	9	NO
1	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
1	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/1995	NC	9	NO
1	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
1	A4644	SUPPLY OF LOW OSMOLAR CONTRAST MA	1/1/2006	INVALID	N	NO
1	A4645	SUPPLY OF LOW OSMOLAR CONTRAST MA	1/1/2006	INVALID	N	NO
1	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
1	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
1	A4649	SURGICAL SUPPLY; MISCELLANEOUS	12/20/2004	\$0.01	5	NO
1	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
1	A4750	BLOOD TUBING, ARTERIAL OR VENOUS	1/1/2001	NC	9	NO
1	A4772	BLOOD GLUCOSE TEST STRIPS, FOR D	1/1/2006	NC	9	NO
1	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	4/1/2008	\$1.98	3	NO
1	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2008	\$1.42	3	NO
1	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.66	3	NO
1	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.71	3	NO
1	A5055	STOMA CAP	4/1/2008	\$1.38	3	NO
1	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	4/1/2008	\$2.00	3	NO
1	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.58	3	NO
1	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
1	A5071	OSTOMY POUCH, URINARY; WITH BARR	4/1/2008	\$5.74	3	NO
1	A5072	OSTOMY POUCH, URINARY; WITHOUT B	4/1/2008	\$3.34	3	NO
1	A5073	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.04	3	NO
1	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
1	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
1	A5081	CONTINENT DEVICE; PLUG FOR CONTI	4/1/2008	\$2.68	3	NO
1	A5082	CONTINENT DEVICE; CATHETER FOR C	4/1/2008	\$9.69	3	NO
1	A5093	OSTOMY ACCESSORY; CONVEX INSERT	4/1/2008	\$1.59	3	NO
1	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	4/1/2008	\$21.56	3	NO
1	A5105	URINARY SUSPENSORY WITH LEG BAG,	4/1/2008	\$33.09	3	NO
1	A5112	URINARY LEG BAG; LATEX	4/1/2008	\$33.06	3	NO
1	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
1	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
1	A5500	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$56.69	3	NO
1	A5501	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$170.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
1	A5503	FOR DIABETICS ONLY, MODIFICATIO	4/1/2008	\$25.21	3	NO
1	A5504	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
1	A5505	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
1	A5506	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
1	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	4/1/2008	\$25.21	3	NO
1	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
1	A5510	FOR DIABETICS ONLY, DIRECT FORME	4/1/2008	\$31.75	3	NO
1	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
1	A5512	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$23.13	3	NO
1	A5513	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$34.51	3	NO
1	A6010	COLLAGEN BASED WOUND FILLER, DRY	4/1/2008	\$29.57	3	NO
1	A6011	COLLAGEN BASED WOUND FILLER, GEL	4/1/2008	\$2.18	3	NO
1	A6021	COLLAGEN DRESSING, PAD SIZE 16 S	4/1/2008	\$20.07	3	NO
1	A6022	COLLAGEN DRESSING, PAD SIZE MORE	4/1/2008	\$20.07	3	NO
1	A6023	COLLAGEN DRESSING, PAD SIZE MORE	4/1/2008	\$181.74	3	NO
1	A6024	COLLAGEN DRESSING WOUND FILLER,	4/1/2008	\$5.91	3	NO
1	A6025	GEL SHEET FOR DERMAL OR EPIDERMA	4/1/2008	\$3.07	3	NO
1	A6154	WOUND POUCH, EACH	4/1/2008	\$13.71	3	NO
1	A6196	ALGINATE DRESSING, WOUND COVER,	4/1/2008	\$7.02	3	NO
1	A6197	ALGINATE OR OTHER FIBER GELLING	4/1/2008	\$15.70	3	NO
1	A6198	ALGINATE OR OTHER FIBER GELLING	4/1/2008	\$111.22	3	NO
1	A6199	ALGIANTE OR OTHER FIBER GELLING	4/1/2008	\$5.05	3	NO
1	A6200	COMPOSITE DRESSING, PAD SIZE 16	4/1/2008	\$9.07	3	NO
1	A6201	COMPOSITE DRESSING PAD SIZE MORE	4/1/2008	\$19.86	3	NO
1	A6202	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$33.31	3	NO
1	A6203	COMPOSITE DRESSING, PAD SIZE 16	4/1/2008	\$3.20	3	NO
1	A6204	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$5.95	3	NO
1	A6205	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$4.51	3	NO
1	A6206	CONTACT LAYER, 16 SQ IN OR LESS,	4/1/2008	\$1.01	3	NO
1	A6207	CONTACT LAYER, MORE THAN 16 BUT	4/1/2008	\$7.01	3	NO
1	A6208	CONTACT LAYER, MORE THAN 48 SQ I	4/1/2008	\$3.39	3	NO
1	A6209	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$7.14	3	NO
1	A6210	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$19.02	3	NO
1	A6211	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$28.05	3	NO
1	A6212	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$9.26	3	NO
1	A6213	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$14.82	3	NO
1	A6214	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$9.83	3	NO
1	A6215	FOAM DRESSING, WOUND FILLER, PER	4/1/2008	\$2.30	3	NO
1	A6216	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.05	3	NO
1	A6217	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.38	3	NO
1	A6218	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.60	3	NO
1	A6219	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$0.91	3	NO
1	A6220	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$2.46	3	NO
1	A6221	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$5.94	3	NO
1	A6222	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$2.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A6223	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$2.31	3	NO
1	A6224	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$3.45	3	NO
1	A6231	GAUZE, IMPREGNATED, HYDROGEL, FO	4/1/2008	\$4.47	3	NO
1	A6232	GAUZE, IMPREGNATED, HYDROGEL, FO	4/1/2008	\$6.57	3	NO
1	A6233	GAUZE, IMPREGNATED, HYDROGEL FOR	4/1/2008	\$18.33	3	NO
1	A6234	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$6.25	3	NO
1	A6235	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$16.06	3	NO
1	A6236	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$26.02	3	NO
1	A6237	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$7.55	3	NO
1	A6238	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$21.76	3	NO
1	A6239	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$18.03	3	NO
1	A6240	HYDROCOLLOID DRESSING, WOUND FIL	4/1/2008	\$11.69	3	NO
1	A6241	HYDROCOLLOID DRESSINGK WOUND FIL	4/1/2008	\$2.45	3	NO
1	A6242	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$5.80	3	NO
1	A6243	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$11.76	3	NO
1	A6244	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$37.51	3	NO
1	A6245	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$6.94	3	NO
1	A6246	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$9.47	3	NO
1	A6247	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$22.71	3	NO
1	A6248	HYDROGEL DRESSING, WOUND FILLER,	4/1/2008	\$15.51	3	NO
1	A6251	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$1.90	3	NO
1	A6252	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$3.10	3	NO
1	A6253	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$6.05	3	NO
1	A6254	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$1.16	3	NO
1	A6255	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$2.89	3	NO
1	A6256	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$7.91	3	NO
1	A6257	TRANSPARENT FILM, 16 SQ IN OR LE	4/1/2008	\$1.46	3	NO
1	A6258	TRANSPARENT FILM, MORE THAN 16 B	4/1/2008	\$4.11	3	NO
1	A6259	TRANSPARENT FILM, MORE THAN 48 S	4/1/2008	\$10.45	3	NO
1	A6261	WOUND FILLER, GEL/PASTE, PER FLU	4/1/2008	\$29.13	3	NO
1	A6262	WOUND FILLER, DRY FORM, PER GRAM	4/1/2008	\$1.04	3	NO
1	A6263	GAUZE, ELASTIC, NON-STERILE, ALL	7/1/2003	INVALID	N	NO
1	A6264	GAUZE, NON-ELASTIC, NON-STERILE,	7/1/2003	INVALID	N	NO
1	A6265	TAPE, ALL TYPES, PER 18 SQ INCHE	7/1/2003	INVALID	N	NO
1	A6266	GAUZE, IMPREGNATED, OTHER THAN W	4/1/2008	\$1.83	3	NO
1	A6402	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.11	3	NO
1	A6403	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.41	3	NO
1	A6404	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.62	3	NO
1	A6405	GAUZE, ELASTIC, STERILE, ALL TYP	7/1/2003	INVALID	N	NO
1	A6406	GAUZE, NON-ELASTIC, STERILE, ALL	7/1/2003	INVALID	N	NO
1	A7523	TRACHEOSTOMY SHOWER PROTECTOR, E	1/1/2004	NC	9	NO
1	A8000	HELMET, PROTECTIVE, SOFT, PREFAB	1/1/2008	\$132.02	3	NO
1	A8001	HELMET, PROTECTIVE, HARD, PREFAB	1/1/2008	\$158.87	3	NO
1	A8002	HELMET, PROTECTIVE, SOFT, CUSTOM	1/1/2007	NC	9	NO
1	A8003	HELMET, PROTECTIVE, HARD, CUSTOM	1/1/2007	NC	9	NO
1	A8004	SOFT INTERFACE FOR HELMET, REPLA	1/1/2007	NC	9	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A9152	SINGLE VITAMIN/MINERAL/TRACE ELE	1/1/2005	NC	9	NO
1	A9153	MULTIPLE VITAMINS, WITH OR WITHO	1/1/2005	NC	9	NO
1	A9155	ARTIFICIAL SALIVA, 30 ML	1/1/2008	NC	9	NO
1	A9180	PEDICULOSIS (LICE INFESTATION) T	1/1/2005	NC	9	NO
1	A9270	NONCOVERED ITEM OR SERVICE	2/1/1995	NC	9	NO
1	A9274	EXTERNAL AMBULATORY INSULIN DELI	1/1/2008	NC	9	NO
1	A9275	HOME GLUCOSE DISPOSABLE MONITOR,	1/1/2006	NC	9	NO
1	A9276	SENSOR; INVASIVE, DISPOSABLE, FO	1/1/2008	NC	9	NO
1	A9277	TRANSMITTER; EXTERNAL, FOR USE W	1/1/2008	NC	9	NO
1	A9278	RECEIVER; EXTERNAL, FOR USE WITH	1/1/2008	NC	9	NO
1	A9279	MONITORING FEATURE/DEVICE, STAND	1/2/2007	NC	9	NO
1	A9281	REACHING/GRABBING DEVICE, ANY TY	1/1/2006	NC	9	NO
1	A9282	WIG, ANY TYPE, EACH	1/1/2006	NC	9	NO
1	A9283	FOOT PRESSURE OFF LOADING/SUPPOR	1/1/2008	NC	9	NO
1	A9300	EXERCISE EQUIPMENT	3/1/1987	NC	9	NO
1	A9500	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$155.50	3	NO
1	A9501	TECHNETIUM TC-99M TEBOROXIME, DI	1/1/2008	NC	9	NO
1	A9502	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$67.34	3	NO
1	A9503	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$31.61	3	NO
1	A9504	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$355.95	3	NO
1	A9505	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$15.59	3	NO
1	A9507	SUPPLY OF RADIOPHARMACEUTICAL DI	6/1/2006	\$0.01	5	NO
1	A9508	SUPPLY OF RADIOPHARMACEUTICAL DI	6/1/2006	\$0.01	5	NO
1	A9509	IODINE I-123 SODIUM IODIDE, DIAG	1/1/2008	NC	9	NO
1	A9510	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$27.59	3	NO
1	A9511	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9512	TECHNETIUM TC-99M PERTECHNETATE,	1/1/2008	\$4.14	3	NO
1	A9513	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9514	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9515	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9516	IODINE I-123 SODIUM IODIDE, DIAG	1/1/2008	\$39.47	3	NO
1	A9517	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2008	\$12.59	3	NO
1	A9518	SUPPLY OF RADIOPHARMACEUTICAL TH	4/1/2004	INVALID	N	NO
1	A9519	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9520	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9521	TECHNETIUM TC-99M EXAMETAZIME, D	1/1/2008	\$372.28	3	NO
1	A9522	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9523	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
1	A9524	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$207.20	3	NO
1	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
1	A9526	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2004	NC	9	NO
1	A9527	IODINE I-125, SODIUM IODIDE SOLU	1/1/2007	\$0.01	5	NO
1	A9528	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2004	NC	9	NO
1	A9529	IODINE I-131 SODIUM IODIDE SOLUT	1/1/2004	NC	9	NO
1	A9530	IODINE I-131 SODIUM IODIDE SOLUT	1/1/2004	NC	9	NO
1	A9531	IODINE I-131 SODIUM IODIDE, DIAG	1/1/2004	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A9532	IODINE I-125 SERUM ALBUMIN, DIAG	1/1/2004	NC	9	NO
1	A9533	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
1	A9534	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
1	A9535	INJECTION, METHYLENE BLUE, 1 ML	1/1/2006	\$0.01	5	NO
1	A9536	TECHNETIUM TC-99M DEPREOTIDE, DI	1/1/2006	\$0.01	5	NO
1	A9537	TECHNETIUM TC-99M MEBROFENIN, DI	1/1/2008	\$26.01	3	NO
1	A9538	TECHNETIUM TC-99M PYROPHOSPHATE,	1/1/2008	\$16.58	3	NO
1	A9539	TECHNETIUM TC-99M PENTETATE, DI	1/1/2008	\$9.32	3	NO
1	A9540	TECHNETIUM TC-99M MACROAGGREGATE	1/1/2008	\$9.32	3	NO
1	A9541	TECHNETIUM TC-99M SULFUR COLLOID	1/1/2008	\$17.40	3	NO
1	A9542	INDIUM IN-111 IBRITUMOMAB TIUXET	1/1/2006	\$0.01	5	NO
1	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETA	1/1/2006	\$0.01	5	NO
1	A9544	IODINE I-131 TOSITUMOMAB, DIAGNO	1/1/2006	\$0.01	5	NO
1	A9545	IODINE I-131 TOSITUMOMAB, THERAP	1/1/2006	\$0.01	5	NO
1	A9546	COBALT CO-57/58, CYANOCOBALAMIN,	1/1/2008	\$190.22	3	NO
1	A9547	INDIUM IN-111 OXYQUINOLINE, DIAG	1/1/2008	\$394.98	3	NO
1	A9548	INDIUM IN-111 PENTETATE, DIAGNOS	1/1/2008	\$698.21	3	NO
1	A9549	TECHNETIUM TC-99M ARCITUMOMAB, D	1/1/2007	INVALID	N	NO
1	A9550	TECHNETIUM TC-99M SODIUM GLUCEPT	1/1/2008	\$103.23	3	NO
1	A9551	TECHNETIUM TC-99M SUCCIMER, DIAG	1/1/2008	\$98.42	3	NO
1	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIA	1/1/2008	\$227.92	3	NO
1	A9553	CHROMIUM CR-51 SODIUMCHROMATE, D	1/1/2008	\$514.89	3	NO
1	A9554	IODINE I-125 SODIUM IOTHALAMATE,	1/1/2006	\$0.01	5	NO
1	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER	1/1/2006	\$0.01	5	NO
1	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTI	1/1/2008	\$19.87	3	NO
1	A9557	TECHNETIUM TC-99M BICISATE, DIAG	1/1/2008	\$302.74	3	NO
1	A9558	XENON XE-133 GAS, DIAGNOSTIC, PE	1/1/2008	\$22.43	3	NO
1	A9559	COBALT CO-57 CYANOCOBALAMIN, ORA	1/1/2008	\$60.77	3	NO
1	A9560	TECHNETIUM TC-99M LABELED RED BL	1/1/2008	\$82.54	3	NO
1	A9561	TECHNETIUM TC-99M OXIDRONATE, DI	1/1/2008	\$12.40	3	NO
1	A9562	TECHNETIUM TC-99M MERTIATIDE, DI	1/1/2008	\$172.88	3	NO
1	A9563	SODIUM PHOSPHATE P-32, THERAPEUT	1/1/2008	\$693.63	3	NO
1	A9564	CHROMIC PHOSPHATE P-32 SUSPENSIO	1/1/2006	\$0.01	5	NO
1	A9565	INDIUM IN-111 PENTETREOTIDE, DIA	1/1/2008	INVALID	N	NO
1	A9566	TECHNETIUM TC-99M FANOLESOMAB, D	1/1/2006	\$0.01	5	NO
1	A9567	TECHNETIUM TC-99M PENTETATE, DIA	1/1/2006	\$0.01	5	NO
1	A9568	TECHNETIUM TC-99M ARCITUMOMAB, D	1/1/2007	\$0.01	5	NO
1	A9569	TECHNETIUM TC-99M EXAMETAZIME LA	1/1/2008	NC	9	NO
1	A9570	INDIUM IN-111 LABELED AUTOLOGOUS	1/1/2008	NC	9	NO
1	A9571	INDIUM IN-111 LABELED AUTOLOGOUS	1/1/2008	NC	9	NO
1	A9572	INDIUM IN-111 PENTETREOTIDE, DIA	1/1/2008	NC	9	NO
1	A9576	INJECTION, GADOTERIDOL, (PROHANC	1/1/2008	NC	9	NO
1	A9577	INJECTION, GADOBENATE DIMEGLUMIN	1/1/2008	NC	9	NO
1	A9578	INJECTION, GADOBENATE DIMEGLUMIN	1/1/2008	NC	9	NO
1	A9579	INJECTION, GADOLINIUM-BASED MAGN	1/1/2008	NC	9	NO
1	A9600	STRONTIUM SR-89 CHLORIDE, THERAP	6/1/2006	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	A9605	SAMARIUM SM-153 LEXIDRONAMM, THE	6/1/2006	\$0.01	5	NO
1	A9698	NONRADIOACTIVE CONTRAST IMAGING	1/1/2006	\$0.01	5	NO
1	A9700	SUPPLY OF INJECTABLE CONTRAST MA	1/1/2001	NC	9	NO
1	B4081	NASOGASTRIC TUBING WITH STYLET	1/1/2008	\$20.49	3	NO
1	B4082	NASOGASTRIC TUBING WITHOUT STYLE	1/1/2008	\$15.26	3	NO
1	B4083	STOMACH TUBE - LEVINE TYPE	1/1/2008	\$2.33	3	NO
1	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	4/1/2002	INVALID	N	NO
1	B4151	ENTERAL FORMULAE; CATEGORY I; NA	1/1/2005	INVALID	N	NO
1	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	INVALID	N	NO
1	B4184	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
1	B4186	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
1	D0120	PERIODIC ORAL EVALUATION	4/1/2001	\$0.01	1	NO
1	D0140	LIMITED ORAL EVALUATION - PROBLE	4/1/2001	\$0.01	1	NO
1	D0145	ORAL EVALUATION FOR A PATIENT UN	1/1/2007	\$0.01	1	NO
1	D0150	COMPREHENSIVE ORAL EVALUATION	4/1/2001	\$0.01	1	NO
1	D0160	DETAILED AND EXTENSIVE ORAL EVAL	4/1/2001	\$0.01	1	NO
1	D0170	RE-EVALUATION-LIMITED, PROBLEM F	4/1/2001	\$0.01	1	NO
1	D0180	COMPREHENSIVE PERIODONTAL EVALUA	10/1/2003	\$0.01	1	NO
1	D1110	PROPHYLAXIS - ADULT	1/1/2002	\$0.01	1	NO
1	D1120	PROPHYLAXIS - CHILD	1/1/2002	\$0.01	1	NO
1	D1201	TOPICAL APPLICATION OF FLUORIDE	1/1/2007	INVALID	N	NO
1	D1203	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
1	D1204	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
1	D1206	TOPICAL FLUORIDE VARNISH; THERAP	1/1/2008	\$13.19	3	NO
1	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$19.79	3	NO
1	E0105	CANE, QUAD OR THREE-PRONG, INCLU	4/1/2008	\$46.53	3	NO
1	E0110	CRUTCHES, FOREARM, INC CRUTCHES	4/1/2008	\$74.10	3	NO
1	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	4/1/2008	\$50.86	3	NO
1	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$35.34	3	NO
1	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$20.18	3	NO
1	E0114	CRUTCHES, UNDERARM, OTHER THAN W	4/1/2008	\$45.07	3	NO
1	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$26.49	3	NO
1	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
1	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
1	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
1	E0164	COMMODE CHAIR, MOBILE, WITH FIXE	1/1/2007	INVALID	N	NO
1	E0166	COMMODE CHAIR, MOBILE, WITH DETA	1/1/2007	INVALID	N	NO
1	E0175	FOOT REST, FOR USE WITH COMMODOE	3/1/1995	NC	9	NO
1	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
1	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
1	E0180	PRESSURE PAD, ALTERNATING WITH P	1/1/2007	INVALID	N	NO
1	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$8.11	3	NO
1	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
1	E0194	AIR FLUIDIZED BED	2/1/1994	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	2/1/1994	NC	9	NO
1	E0239	HYDROCOLLATOR UNIT, PORTABLE	2/1/1994	NC	9	NO
1	E0265	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0266	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	2/1/1994	NC	9	NO
1	E0273	BED BOARD	2/1/1994	NC	9	NO
1	E0274	OVER-BED TABLE	2/1/1994	NC	9	NO
1	E0280	BED CRADLE, ANY TYPE	2/1/1994	NC	9	NO
1	E0296	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0297	HOSPITAL BED, TOTAL ELECTRIC, WI	2/1/1994	NC	9	NO
1	E0315	BED ACCESSORY: BOARD, TABLE, OR	2/1/1994	NC	9	NO
1	E0462	ROCKING BED, WITH OR WITHOUT SID	2/1/1994	NC	9	NO
1	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO
1	E0602	BREAST PUMP, MANUAL, ANY TYPE	4/1/2008	\$28.19	3	NO
1	E0608	APNEA MONITOR	7/1/2003	INVALID	N	NO
1	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
1	E0616	IMPLANTABLE CARDIAC EVENT RECORD	11/1/2001	NC	9	NO
1	E0617	EXTERNAL DEFIBRILLATOR WITH INTE	1/1/2001	NC	9	NO
1	E0625	PATIENT LIFT, BATHROOM OR TOILET	2/1/1994	NC	9	NO
1	E0627	SEAT LIFT MECHANISM INCORPORATED	2/1/1994	NC	9	NO
1	E0628	SEPARATE SEAT LIFT MECHANISM FOR	2/1/1994	NC	9	NO
1	E0629	SEPARATE SEAT LIFT MECHANISM FOR	2/1/1994	NC	9	NO
1	E0676	INTERMITTENT LIMB COMPRESSION DE	1/1/2007	NC	9	NO
1	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
1	E0700	SAFETY EQUIPMENT (EG, BELT, HARN	2/1/1994	NC	9	NO
1	E0710	RESTRAINT, ANY TYPE (BODY, CHEST	2/1/1994	NC	9	NO
1	E0731	FORM FITTING CONDUCTIVE GARMENT	2/1/1994	NC	9	NO
1	E0744	NEUROMUSCULAR STIMULATOR FOR SCO	2/1/1994	NC	9	NO
1	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	2/1/1994	NC	9	NO
1	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	2/1/1994	NC	9	NO
1	E0753	IMPLANTABLE NEUROSTIMULATOR ELEC	4/1/2002	INVALID	N	NO
1	E0755	ELECTRONIC SALIVARY REFLEX STIMU	2/1/1994	NC	9	NO
1	E0756	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	INVALID	N	NO
1	E0757	IMPLANTABLE NEUROSTIMULATOR RADI	1/1/2006	INVALID	N	NO
1	E0758	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	INVALID	N	NO
1	E0765	FDA APPROVED NERVE STIMULATOR, W	1/1/2001	NC	9	NO
1	E0781	AMBULATORY INFUSIN PUMP, SINGLE	2/1/1994	NC	9	NO
1	E0782	INFUSION PUMP, IMPLANTABLE, NON-	2/1/1994	NC	9	NO
1	E0783	INFUSION PUMP, IMPLATABLE, PROGR	4/1/2001	NC	9	NO
1	E0785	IMPLANTABLE INTRASPINAL CATHETER	4/1/2001	NC	9	NO
1	E0786	IMPLANTABLE PROGRAMMABLE INFUSIO	1/1/2001	NC	9	NO
1	E0791	PARENTERAL INFUSION PUMP, STATIO	2/1/1994	NC	9	NO
1	E0830	AMBULATORY TRACTION DEVICE, ALL	1/1/2001	NC	9	NO
1	E0935	CONTINUOUS PASSIVE MOTION EXERCI	2/1/1994	NC	9	NO
1	E0936	CONTINUOUS PASSIVE MOTION EXERCI	1/1/2007	NC	9	NO
1	E0943	CERVICAL PILLOW	4/1/2004	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
1	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
1	E0962	ONE-INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
1	E0963	TWO-INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
1	E0964	THREE-INCH CUSHION, FOR WHEELCHA	1/1/2005	INVALID	N	NO
1	E0965	FOUR-INCH CUSHION, FOR WHEELCHAI	1/1/2005	INVALID	N	NO
1	E0968	COMMODE SEAT, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0969	NARROWING DEVICE, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0970	NO. 2 FOOTPLATES, EXCEPT FOR ELE	2/1/1994	NC	9	NO
1	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
1	E0975	REINFORCED SEAT UPHOLSTERY, WHEE	4/1/2004	INVALID	N	NO
1	E0976	REINFORCED BACK, WHEELCHAIR, UPH	4/1/2004	INVALID	N	NO
1	E0977	WEDGE CUSHION, WHEELCHAIR	1/1/2007	INVALID	N	NO
1	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
1	E0980	SAFETY VEST, WHEELCHAIR	2/1/1994	NC	9	NO
1	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
1	E0993	BACK, UPHOLSTERY	4/1/2004	INVALID	N	NO
1	E0994	ARMREST, EACH	2/1/1994	NC	9	NO
1	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
1	E0997	CASTER WITH FORK	1/1/2007	INVALID	N	NO
1	E0998	CASTER WITHOUT FORK	1/1/2007	INVALID	N	NO
1	E0999	PNEUMATIC TIRE WITH WHEEL	1/1/2007	INVALID	N	NO
1	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
1	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
1	E1031	ROLLABOUT CHAIR, ANY AND ALL TYP	2/1/1994	NC	9	NO
1	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
1	E1066	BATTERY CHARGER	4/1/2004	INVALID	N	NO
1	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
1	E1085	HEMI-WHEELCHAIR; FIXED FULL-LENG	1/1/2006	NC	9	NO
1	E1086	HEMI-WHEELCHAIR; DETACHABLE ARMS	1/1/2006	NC	9	NO
1	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
1	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
1	E1091	YOUTH WHEELCHAIR; ANY TYPE	1/1/2006	NC	9	NO
1	E1130	STANDARD WHEELCHAIR; FIXED FULL-	1/1/2006	NC	9	NO
1	E1140	WHEELCHAIR; DETACHABLE ARMS, DES	1/1/2006	NC	9	NO
1	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
1	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
1	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
1	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
1	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	2/1/1994	NC	9	NO
1	E1225	WHEELCHAIR ACCESSORY, MANUAL SEM	2/1/1994	NC	9	NO
1	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	2/1/1994	NC	9	NO
1	E1230	POWER OPERATED VEHICLE (3 OR 4 W	7/1/2007	NC	9	NO
1	E1250	LIGHTWEIGHT WHEELCHAIR; FIXED FU	1/1/2006	NC	9	NO
1	E1260	LIGHTWEIGHT WHEELCHAIR; DETACHAB	1/1/2006	NC	9	NO
1	E1285	HEAVY-DUTY WHEELCHAIR; FIXED FUL	1/1/2006	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	E1290	HEAVY-DUTY WHEELCHAIR; DETACHABL	1/1/2006	NC	9	NO
1	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	2/1/1994	NC	9	NO
1	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	2/1/1994	NC	9	NO
1	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	2/1/1994	NC	9	NO
1	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
1	E1310	WHIRLPOOL, NONPORTABLE (BUILT-IN	2/1/1994	NC	9	NO
1	E1399	DURABLE MEDICAL EQUIPMENT, MISCEL	11/1/2001	\$0.01	5	NO
1	E1510	KIDNEY, DIALYSATE DELIVERY SYSTE	2/1/1994	NC	9	NO
1	E1520	HEPARIN INFUSION PUMP FOR DIALYS	2/1/1994	NC	9	NO
1	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	2/1/1994	NC	9	NO
1	E1550	BATH CONDUCTIVITY METER FOR HEMO	2/1/1994	NC	9	NO
1	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	2/1/1994	NC	9	NO
1	E1575	TRANSDUCER PROTECTORS/FLUID BARR	2/1/1994	NC	9	NO
1	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	2/1/1994	NC	9	NO
1	E1590	HEMODIALYSIS MACHINE	2/1/1994	NC	9	NO
1	E1592	AUTOMATIC INTERMITTENT PERITONEA	2/1/1994	NC	9	NO
1	E1594	CYCLER DIALYSIS MACHINE FOR PERI	2/1/1994	NC	9	NO
1	E1600	DELIVERY AND/OR INSTALLATION CHA	2/1/1994	NC	9	NO
1	E1610	REVERSE OSMOSIS WATER PURIFICATI	2/1/1994	NC	9	NO
1	E1615	DEIONIZER WATER PURIFICATION SYS	2/1/1994	NC	9	NO
1	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	2/1/1994	NC	9	NO
1	E1625	WATER SOFTENING SYSTEM, FOR HEMO	2/1/1994	NC	9	NO
1	E1630	RECIPROCATING PERITONEAL DIALYSI	2/1/1994	NC	9	NO
1	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	2/1/1994	NC	9	NO
1	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	2/1/1994	NC	9	NO
1	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	2/1/1994	NC	9	NO
1	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
1	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	2/1/1994	NC	9	NO
1	E1700	JAW MOTION REHABILITATION SYSTEM	2/1/1994	NC	9	NO
1	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	2/1/1994	NC	9	NO
1	E1702	REPLACEMENT MEASURING SCALES FOR	2/1/1994	NC	9	NO
1	E1900	SYNTHESIZED SPEECH AUGMENTATIVE	4/1/2002	INVALID	N	NO
1	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
1	G0004	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0005	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0006	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0007	PATIENT DEMAND SINGLE OR MULTIPL	7/1/2003	INVALID	N	NO
1	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
1	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
1	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
1	G0015	POST-SYMPTOM TELEPHONIC TRANSMIS	7/1/2003	INVALID	N	NO
1	G0016	POST-SYMPTOM TELEPHONIC TRANSMIS	4/1/2002	INVALID	N	NO
1	G0025	COLLAGEN SKIN TEST KIT	4/1/2004	INVALID	N	NO
1	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0101	CERVICAL OR VAGINAL CANCER SCREE	1/1/2008	\$26.34	3	NO
1	G0102	PROSTATE CANCER SCREENING; DIGIT	1/1/2008	\$14.78	3	NO
1	G0104	COLORECTAL CANCER SCREENING; FLE	1/1/2008	\$90.59	3	NO
1	G0105	COLORECTAL CANCER SCREENING; COL	1/1/2008	\$273.91	3	NO
1	G0106	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$113.70	3	NO
1	G0107	COLORECTAL CANCER SCREENING; FEC	1/1/2007	INVALID	N	NO
1	G0108	DIABETES OUTPATIENT SELF-MANAGEM	1/1/2008	\$20.97	3	NO
1	G0109	DIABETES OUPATIENT SELF-MANAGEME	12/20/2004	NC	9	NO
1	G0110	NETT PULMONARY REHABILITATION; E	4/1/2004	INVALID	N	NO
1	G0111	NETT PULMONARY REHABILITATION; E	4/1/2004	INVALID	N	NO
1	G0112	NETT PULMONARY REHABILITATION; N	4/1/2004	INVALID	N	NO
1	G0113	NETT PULMONARY REHABILITATION; N	4/1/2004	INVALID	N	NO
1	G0114	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0115	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0116	NETT PULMONARY REHABILITATION; P	4/1/2004	INVALID	N	NO
1	G0117	GLAUCOMA SCREENING FOR HIGH RISK	1/1/2008	\$32.26	3	NO
1	G0118	GLAUCOMA SCREENING FOR HIGH RISK	1/1/2002	NC	9	NO
1	G0120	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$113.70	3	NO
1	G0121	COLORECTAL CANCER SCREENING; COL	1/1/2008	\$273.91	3	NO
1	G0122	COLORECTAL CANCER SCREENING; BAR	1/1/2008	\$120.69	3	NO
1	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
1	G0124	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$17.47	3	NO
1	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
1	G0128	DIRECT (FACE TO FACE W/PT) SKILL	1/1/2003	NC	9	NO
1	G0129	OT REQUIRING THE SKILLS OF A QUA	1/1/2000	NC	9	NO
1	G0154	SERVICES OF SKILLED NURSE IN HOM	1/1/2007	\$0.01	1	NO
1	G0163	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0164	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0165	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
1	G0166	EXTERNAL COUNTERPULSATION, PER T	1/1/2000	NC	9	NO
1	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
1	G0168	WOUND CLOSURE UTILIZING TISSUE A	1/1/2004	NC	9	NO
1	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2004	NC	9	NO
1	G0175	SCHEDULED INTERDISCIPLINARY TEAM	1/1/2001	NC	9	NO
1	G0178	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
1	G0179	PHYSICIAN RECERTIFICATION SERVIC	1/1/2001	NC	9	NO
1	G0180	PHYSICIAN CERTIFICATION SERVICES	1/1/2001	NC	9	NO
1	G0181	PHYSICIAN SUPERVISION OF A PATIE	1/1/2001	NC	9	NO
1	G0182	PHYSICIAN SUPERVISION OF A PATIE	1/1/2001	NC	9	NO
1	G0186	DESTRUCTION OF LOCALIZED LESION	1/1/2004	NC	9	NO
1	G0190	IMMUNIZATION ADMINISTRATION (INC	4/1/2002	INVALID	N	NO
1	G0191	IMMUNIZATION ADMINISTRATION (INC	4/1/2002	INVALID	N	NO
1	G0192	INTRANASAL OR ORAL ADMINISTRATIO	7/1/2003	INVALID	N	NO
1	G0193	ENDOSCOPIC STUDY OF SWALLOWING F	7/1/2003	INVALID	N	NO
1	G0194	SENSORY TESTING DURING ENDOSCOPI	7/1/2003	INVALID	N	NO
1	G0195	CLINICAL EVALUATION OF SWALLOWIN	7/1/2003	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
1	G0196	EVALUATION OF SWALLOWING INVOLVI	7/1/2003	INVALID	N	NO
1	G0197	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
1	G0198	PATIENT ADAPTATION AND TRAINING	7/1/2003	INVALID	N	NO
1	G0199	RE-EVALUATION OF PATIENT USING S	7/1/2003	INVALID	N	NO
1	G0200	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
1	G0201	MODIFICATION OR TRAINING IN USE	7/1/2003	INVALID	N	NO
1	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2008	\$96.24	3	NO
1	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$101.35	3	NO
1	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$82.00	3	NO
1	G0237	THERAPEUTIC PROCEDURES TO INCREA	1/1/2002	NC	9	NO
1	G0238	THERAPEUTIC PROCEDURES TO IMPROV	1/1/2002	NC	9	NO
1	G0239	THERAPEUTIC PROCEDURES TO IMPROV	1/1/2002	NC	9	NO
1	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
1	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2007	INVALID	N	NO
1	G0244	OBSERVATION CARE PROVIDED BY A F	1/1/2006	INVALID	N	NO
1	G0245	INITIAL PHYSICIAN EVALUATION AND	1/1/2003	NC	9	NO
1	G0246	FOLLOW-UP PHYSICIAN E&M OF A DIA	1/1/2003	NC	9	NO
1	G0247	ROUTINE FOOT CARE BY A PHYSICIAN	1/1/2003	NC	9	NO
1	G0248	DEMONSTRATION, AT INITIAL USE, O	1/1/2003	NC	9	NO
1	G0249	PROVISION OF TEST MATERIALS AND	1/1/2003	NC	9	NO
1	G0250	PHYSICIAN REVIEW, INTERPRETATION	1/1/2003	NC	9	NO
1	G0251	LINEAR ACCELERATOR BASED STEREOT	1/1/2003	NC	9	NO
1	G0255	CURRENT PERCEPTION THRESHOLD/SEN	1/1/2003	NC	9	NO
1	G0256	PROSTATE BRACHYTHERAPY USING PER	1/1/2004	INVALID	N	NO
1	G0257	UNSCHEDULED OR EMERGENCY DIALYSI	1/1/2003	NC	9	NO
1	G0258	INTRAVENOUS INFUSION DURING SEPA	1/1/2006	INVALID	N	NO
1	G0259	INJECTION PROCEDURE FOR SACROILI	1/1/2003	NC	9	NO
1	G0260	INJECTION PROCEDURE FOR SACROILI	1/1/2003	NC	9	NO
1	G0261	PROSTATE BRACHYTHERAPY USING PER	1/1/2004	INVALID	N	NO
1	G0263	DIRECT ADMISSION OF PATIENT WITH	1/1/2006	INVALID	N	NO
1	G0264	INITIAL NURSING ASSESSMENT OF PT	1/1/2006	INVALID	N	NO
1	G0265	CRYOPRESERVATION, FREEZING AND S	1/1/2008	INVALID	N	NO
1	G0266	THAWING AND EXPANSION OF FROZEN	1/1/2008	INVALID	N	NO
1	G0267	BONE MARROW OR PERIPHERAL STEM C	1/1/2008	INVALID	N	NO
1	G0268	REMOVAL OF IMPACTED CERUMEN BY P	1/1/2003	NC	9	NO
1	G0269	PLACEMENT OF OCCLUSIVE DEVICE IN	1/1/2003	NC	9	NO
1	G0270	MEDICAL NUTRITION THERAPY; REASS	1/1/2003	NC	9	NO
1	G0271	MEDICAL NUTRITION THERAPY, REASS	1/1/2003	NC	9	NO
1	G0272	NASO/ORO GASTRIC TUBE PLACEMENT,	4/1/2004	INVALID	N	NO
1	G0273	RADIOPHARMACEUTICAL BIODISTRIBUT	4/1/2004	INVALID	N	NO
1	G0274	RADIOPHARMACEUTICAL THERAPY, NON	4/1/2004	INVALID	N	NO
1	G0275	RENAL ARTERY ANGIOGRAPHY PERFORM	1/1/2003	NC	9	NO
1	G0278	ILIAC ARTERY ANGIOGRAPHY PERFORM	1/1/2003	NC	9	NO
1	G0279	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	G0280	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
1	G0281	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0282	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO
1	G0283	ELECTRICAL STIMULATION, TO ONE O	1/1/2003	NC	9	NO
1	G0288	RECONSTRUCTION, COMPUTED TOMOGRA	1/1/2003	NC	9	NO
1	G0290	TRANSCATHETER PLACEMENT OF A DRU	1/1/2003	NC	9	NO
1	G0291	TRANSCATHETER PLACEMENT OF A DRU	1/1/2003	NC	9	NO
1	G0292	ADMINISTRATION OF EXPERIMENTAL D	1/1/2005	INVALID	N	NO
1	G0293	NONCOVERED SURGICAL PROCEDURE US	1/1/2003	NC	9	NO
1	G0294	NONCOVERED PROCEDURE USING EITHE	1/1/2003	NC	9	NO
1	G0295	ELECTROMAGNETIC THERAPY, TO ONE	1/1/2003	NC	9	NO
1	G0296	PET IMAGING, FULL AND PARTIAL RI	4/1/2005	INVALID	N	NO
1	G0297	INSERTION OF SINGLE CHAMBER PACI	1/1/2004	NC	9	NO
1	G0298	INSERTION OF DUAL CHAMBER PACING	1/1/2008	INVALID	N	NO
1	G0299	INSERTION OF REPOSITIONING OF EL	1/1/2008	INVALID	N	NO
1	G0300	INSERTION OF REPOSITIONING OF EL	1/1/2004	NC	9	NO
1	G0302	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0303	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0304	PRE-OPERATIVE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0305	POST-DISCHARGE PULMONARY SURGERY	1/1/2004	NC	9	NO
1	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2008	\$8.33	3	NO
1	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2008	\$6.93	3	NO
1	G0308	ESRD SVC DURING COURSE OF TX, <2	1/1/2008	\$503.46	3	NO
1	G0309	ESRD SVC DURING COURSE OF TX, <2	1/1/2008	\$425.24	3	NO
1	G0310	ESRD SVC DURING COURSE OF TX, <2	1/1/2008	\$313.96	3	NO
1	G0311	ESRD SVC DURING COURSE OF TX, PT	1/1/2008	\$367.99	3	NO
1	G0312	ESRD SVC DURING COURSE OF TX, 2-	1/1/2008	\$298.37	3	NO
1	G0313	ESRD SVC DURING COURSE OF TX, 2-	1/1/2008	\$231.17	3	NO
1	G0314	ESRD SVC DURING COURSE OF TX, 12	1/1/2008	\$322.83	3	NO
1	G0315	ESRD SVC DURING COURSE OF TX, 12	1/1/2008	\$262.62	3	NO
1	G0316	ESRD SVC DURING COURSE OF TX, 12	1/1/2008	\$198.91	3	NO
1	G0317	ESRD SVC DURING COURSE OF TX, >=	1/1/2008	\$202.94	3	NO
1	G0318	ESRD SVC DURING COURSE OF TX, >=	1/1/2008	\$164.24	3	NO
1	G0319	ESRD SVC DURING COURSE OF TX, >=	1/1/2008	\$125.26	3	NO
1	G0320	ESRD SVC FOR HOME DIALYSIS PATIE	1/1/2008	\$368.26	3	NO
1	G0321	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2008	\$280.09	3	NO
1	G0322	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2008	\$238.96	3	NO
1	G0323	ESRD SVC FOR HOME DIALYSIS PER F	1/1/2008	\$149.45	3	NO
1	G0324	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$13.98	3	NO
1	G0325	END STAGE RENAL DISEASE (ESRD) R	1/1/2008	\$8.87	3	NO
1	G0326	ESRD SVC LESS THAN FULL MONTH, P	1/1/2008	\$10.21	3	NO
1	G0327	ESRD RELATED SERVICES < FULL MON	1/1/2008	\$5.64	3	NO
1	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2008	\$13.87	3	NO
1	G0329	ELECTROMAGNETIC THERAPY, TO ONE	1/1/2005	NC	9	NO
1	G0330	PET IMAGING INITIAL DIAGNOSIS CE	7/1/2005	INVALID	N	NO
1	G0331	PET IMAGING RESTAGING OVARIAN	7/1/2005	INVALID	N	NO
1	G0333	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0337	HOSPICE EVALUATION AND COUNSELIN	1/1/2005	NC	9	NO
1	G0338	LINEAR ACCELERATOR BASED STEREOT	1/1/2006	INVALID	N	NO
1	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCE	1/1/2004	NC	9	NO
1	G0340	IMAGE GUIDED ROBOTIC LINEAR ACCE	1/1/2004	NC	9	NO
1	G0341	PERCUTANEOUS ISLET CELL TRANSPLA	1/1/2005	NC	9	NO
1	G0342	LAPAROSCOPY FOR ISLET CELL TRANS	2/1/2007	NC	9	NO
1	G0343	LAPAROTOMY FOR ISLET CELL TRANSP	2/1/2007	NC	9	NO
1	G0344	INITIAL PREVENTIVE PHYSICAL EXAM	1/1/2008	\$69.08	3	NO
1	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
1	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
1	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
1	G0348	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
1	G0349	ADDITIONAL SEQUENTIAL INFUSION,	1/1/2006	INVALID	N	NO
1	G0350	CONCURRENT INFUSION REPORT ONLY	1/1/2006	INVALID	N	NO
1	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
1	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
1	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
1	G0355	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
1	G0356	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
1	G0357	INTRAVENOUS, PUSH TECHNIQUE, SIN	1/1/2006	INVALID	N	NO
1	G0358	INTRAVENOUS, PUSH TECHNIQUE, EAC	1/1/2006	INVALID	N	NO
1	G0359	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	G0360	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
1	G0361	INITIATION OF PROLONGED CHEMOTHE	1/1/2006	INVALID	N	NO
1	G0362	EACH ADDITIONAL SEQUENTIAL INFUS	1/1/2006	INVALID	N	NO
1	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
1	G0364	BONE MARROW ASPIRATION PERFORMED	1/1/2008	\$9.41	3	NO
1	G0365	VESSEL MAPPING OF VESSELS FOR HE	1/1/2008	\$128.49	3	NO
1	G0366	ELECTROCARDIOGRAM, ROUTINE ECG W	1/1/2008	\$18.01	3	NO
1	G0367	TRACING ONLY, W/OUT INTERPRETATI	1/1/2008	\$11.56	3	NO
1	G0368	INTERPRETATION AND REPORT ONLY,	1/1/2008	\$6.45	3	NO
1	G0369	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	INVALID	N	NO
1	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
1	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
1	G0372	PHYSICIAN SERVICE REQUIRED TO ES	1/1/2006	NC	9	NO
1	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
1	G0375	SMOKING AND TOBACCO USE CESSATIO	1/1/2008	INVALID	N	NO
1	G0376	SMOKING AND TOBACCO USE CESSATIO	1/1/2008	INVALID	N	NO
1	G0380	LEVEL 1 HOSPITAL EMERGENCY VISIT	1/1/2007	NC	9	NO
1	G0381	LEVEL 2 HOSPITAL EMERGENCY VISIT	1/1/2007	NC	9	NO
1	G0382	LEVEL 3 HOSPITAL EMERGENCY VISI	1/1/2007	NC	9	NO
1	G0383	LEVEL 4 HOSPITAL EMERGENCY VISIT	1/1/2007	NC	9	NO
1	G0384	LEVEL 5 HOSPITAL EMERGENCY VISIT	1/1/2007	NC	9	NO
1	G0389	ULTRASOUND B-SCAN AND/OR REAL TI	1/1/2007	NC	9	NO
1	G0390	TRAUMA RESPONSE TEAM ASSOCIATED	1/1/2007	NC	9	NO
1	G0392	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G0393	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2007	NC	9	NO
1	G0394	BLOOD OCCULT TEST (E.G,GUAIAC),F	1/1/2008	\$3.44	3	NO
1	G0396	ALCOHOL AND/OR SUBSTANCE ABUSE S	1/1/2008	NC	9	NO
1	G0397	ALCOHOL AND/OR SUBSTANCE ABUSE S	1/1/2008	NC	9	NO
1	G3001	ADMINISTRATION AND SUPPLY OF TOS	1/1/2008	\$2,537.79	3	NO
1	G8006	ACUTE MYOCARDIAL INFARCTION: PAT	1/1/2006	\$0.01	T	NO
1	G8007	ACUTE MYOCARDIAL INFARCTION: PAT	1/1/2006	\$0.01	T	NO
1	G8008	CLINICIAN DOCUMENTED ACUTE MYOCA	1/1/2006	\$0.01	T	NO
1	G8009	ACUTE MYOCARDIAL INFARCTION: PT	1/1/2006	\$0.01	T	NO
1	G8010	ACUTE MYOCARDIAL INFARCTION: PT	1/1/2006	\$0.01	T	NO
1	G8011	CLINICIAN DOCUMENT THAT ACUTE MY	1/1/2006	\$0.01	T	NO
1	G8012	PNEUMONIA: PT DOCUMENT TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8013	PNEUMONIA: PT NOT DOCUMENTED TO	1/1/2006	\$0.01	T	NO
1	G8014	CLINICIAN DOCUMENT THAT PNEUMONI	1/1/2006	\$0.01	T	NO
1	G8015	DIABETIC PATIENT WITH MOST RECENT	1/1/2006	\$0.01	T	NO
1	G8016	DIABETIC PT WITHMOST RECENT HEMO	1/1/2006	\$0.01	T	NO
1	G8017	CLINICIAN DOCUMENTED THAT DIABET	1/1/2006	\$0.01	T	NO
1	G8018	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8019	DIABETIC PT W/MOST RECENT LOW-DE	1/1/2006	\$0.01	T	NO
1	G8020	DIABETIC PT W/MOST RECENT LOW-DE	1/1/2006	\$0.01	T	NO
1	G8021	CLINICIAN DOCUMENT THAT DIABETIC	1/1/2006	\$0.01	T	NO
1	G8022	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8023	DIABETIC PT W/MOST RECENT BLOOD	1/1/2006	\$0.01	T	NO
1	G8024	DIABETIC PT W/MOST RECENT BLOOD	1/1/2006	\$0.01	T	NO
1	G8025	CLINICIAN DOCUMENT THAT DIABETIC	1/1/2006	\$0.01	T	NO
1	G8026	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8027	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8028	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8029	CLINICIAN DOCUMENT THAT HEART FA	1/1/2006	\$0.01	T	NO
1	G8030	HEART FAILURE PT WITH LEFT VENTR	1/1/2006	\$0.01	T	NO
1	G8031	HEART FAILURE PT W/LEFT VENTRICU	1/1/2006	\$0.01	T	NO
1	G8032	CLINICIAN DOCUMENT THAT HEART FA	1/1/2006	\$0.01	T	NO
1	G8033	PRIOR MYOCARDIAL INFARCTION - CO	1/1/2006	\$0.01	T	NO
1	G8034	PRIOR MYOCARDIAL INFARCTION - CO	1/1/2006	\$0.01	T	NO
1	G8035	CLINICIAN DOCUMEN THAT PRIOR MYO	1/1/2006	\$0.01	T	NO
1	G8036	CORONARY ARTERY DISEASE PATIENT	1/1/2006	\$0.01	T	NO
1	G8037	CORONARY ARTERY DISEASE PATIENT	1/1/2006	\$0.01	T	NO
1	G8038	CLINICIAN DOCUMENTED THAT CORONA	1/1/2006	\$0.01	T	NO
1	G8039	CORONARY ARTERY DISEASE-PT W/LOW	1/1/2006	\$0.01	T	NO
1	G8040	CORONARY ARTERY DISEASE-PT W/LOW	1/1/2006	\$0.01	T	NO
1	G8041	CLINICIAN DOCUMENT THAT CORONARY	1/1/2006	\$0.01	T	NO
1	G8051	PATIENT (FEMALE) DOCUMENTED TO H	1/1/2006	\$0.01	T	NO
1	G8052	PATIENT (FEMALE) NOT DOCUMENTED	1/1/2006	\$0.01	T	NO
1	G8053	CLINICIAN DOCUMENTED THAT (FEMAL	1/1/2006	\$0.01	T	NO
1	G8054	PT NOT DOCUMENTED FOR THE ASSESS	1/1/2006	\$0.01	T	NO
1	G8055	PT DOCUMENTED FOR THE ASSESSMENT	1/1/2006	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8056	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8057	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2006	\$0.01	T	NO
1	G8058	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8059	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8060	PATIENT DOCUMENTED FOR THE ASSES	1/1/2006	\$0.01	T	NO
1	G8061	PATIENT NOT DOCUMENTED FOR THE A	1/1/2006	\$0.01	T	NO
1	G8062	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8075	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8076	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8077	CLINICIAN DOCUMENT THAT END-STAG	1/1/2006	\$0.01	T	NO
1	G8078	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8079	END-STAGE RENAL DISEASE PT W/DOC	1/1/2006	\$0.01	T	NO
1	G8080	CLINICIAN DOCUMENTED THAT END-ST	1/1/2006	\$0.01	T	NO
1	G8081	END-STAGE RENAL DISEASE PT REQUI	1/1/2006	\$0.01	T	NO
1	G8082	END-STAGE RENAL DISEASE PT REQ H	1/1/2006	\$0.01	T	NO
1	G8085	END STAGE RENAL DISEASE PATIENT	1/1/2007	\$0.01	T	NO
1	G8093	NEWLY DIAGNOSED CHRONIC OBSTRUCT	1/1/2006	\$0.01	T	NO
1	G8094	NEWLY DIAG CHRONIC OBSTRUCTIVE P	1/1/2006	\$0.01	T	NO
1	G8099	OSTEOPOROSIS PT DOCUMENTED TO HA	1/1/2006	\$0.01	T	NO
1	G8100	CLINICIAN DOCUMENTED THAT OSTEO P	1/1/2006	\$0.01	T	NO
1	G8103	NEWLY DIAG OSTEOPOROSIS PT DOCUM	1/1/2006	\$0.01	T	NO
1	G8104	CLINICIAN DOCUMENT THAT NEWLY DI	1/1/2006	\$0.01	T	NO
1	G8106	W/IN 6 MONTHS OF SUFFERING A NON	1/1/2006	\$0.01	T	NO
1	G8107	CLINICIAN DOCUMENT THAT FEMALE P	1/1/2006	\$0.01	T	NO
1	G8108	PT DOCUMENTED TO HAVE RECEIVED I	1/1/2006	\$0.01	T	NO
1	G8109	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8110	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2006	\$0.01	T	NO
1	G8111	PT (FEMALE) DOCUMENT TO HAVE REC	1/1/2006	\$0.01	T	NO
1	G8112	PT (FEMALE) NOT DOCUMENT TO HAVE	1/1/2006	\$0.01	T	NO
1	G8113	CLINICIAN DOCUMENTED THAT FEMALE	1/1/2006	\$0.01	T	NO
1	G8114	CLINICIAN DID NOT PROVIDE CARE T	1/1/2006	\$0.01	T	NO
1	G8115	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2006	\$0.01	T	NO
1	G8116	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2006	\$0.01	T	NO
1	G8117	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2006	\$0.01	T	NO
1	G8126	PATIENT DOCUMENTED AS BEING TREA	1/1/2006	\$0.01	T	NO
1	G8127	PT NOT DOCUMENTED AS BEING TREAT	1/1/2006	\$0.01	T	NO
1	G8128	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8129	PT DOCUMENT AS BEING TREATED W/A	1/1/2006	\$0.01	T	NO
1	G8130	PT NOT DOCUMENTED AS BEING TREAT	1/1/2006	\$0.01	T	NO
1	G8131	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8135	PT NOT DOCUMENT TO HAVE RECEIVED	1/1/2006	\$0.01	T	NO
1	G8152	PT DOCUMENTED TO HAVE RECEIVED A	1/1/2006	\$0.01	T	NO
1	G8153	PT NOT DOCUMENTED TO HAVE RECEIV	1/1/2006	\$0.01	T	NO
1	G8154	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2006	\$0.01	T	NO
1	G8155	PATIENT WITH DOCUMENTED RECEIPT	1/1/2006	\$0.01	T	NO
1	G8156	PATIENT W/OUT DOCUMENTED RECEIPT	1/1/2006	\$0.01	T	NO

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June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8157	CLINICIAN DOCUMENT PT WAS NOT AN	1/1/2006	\$0.01	T	NO
1	G8158	PT DOCUMENT TO HAVE RECEIVED COR	1/1/2008	INVALID	N	NO
1	G8159	PT DOCUMENT TO HAVE RECEIVED COR	1/1/2006	\$0.01	T	NO
1	G8160	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8161	PT W/ISOLATED CORONARY ARTERY BY	1/1/2008	INVALID	N	NO
1	G8162	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8163	CLINICIAN DOCUMENT THAT PT W/ISO	1/1/2008	INVALID	N	NO
1	G8164	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8165	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8166	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8167	PATIENT W/ISOLATED CORONARY ARTE	1/1/2006	\$0.01	T	NO
1	G8170	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8171	PT W/ISOLATED CORONARY ARTERY BY	1/1/2006	\$0.01	T	NO
1	G8172	CLINICIAN DOCUMENT THAT PT W/ISO	1/1/2006	\$0.01	T	NO
1	G8182	CLINICIAN HAS NOT PROVIDED CARE	1/1/2006	\$0.01	T	NO
1	G8183	PT WITH HEART FAILURE AND ATRIAL	1/1/2006	\$0.01	T	NO
1	G8184	CLINICIAN DOCUMENT THAT PT W/HEA	1/1/2006	\$0.01	T	NO
1	G8185	PT DIAG W/SYMPOMATIC OSTEOARTH	1/1/2006	\$0.01	T	NO
1	G8186	CLINICIAN DOCUMENT THAT SYMPTOMA	1/1/2006	\$0.01	T	NO
1	G8191	CLINICIAN DOCUMENTED TO HAVE GIV	1/1/2008	INVALID	N	NO
1	G8192	CLINICIAN DOCMENT TO HAVE GIVEN	1/1/2008	INVALID	N	NO
1	G8193	CLINICIAN DID NOT DOCUMENT THAT	1/1/2007	\$0.01	T	NO
1	G8194	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8195	CLINICIAN DOCUMENT TO HAVE GIVEN	1/1/2008	INVALID	N	NO
1	G8196	CLINICIAN DID NOT DOCUMENT A PRO	1/1/2007	\$0.01	T	NO
1	G8197	PATIENT DOCUMENT TO HAVE ORDER F	1/1/2008	INVALID	N	NO
1	G8198	PATIENT DOCUMENT TO HAVE ORDER F	1/1/2008	INVALID	N	NO
1	G8199	CLINICIAN DOCUMENT TO HAVE GIVEN	1/1/2008	INVALID	N	NO
1	G8200	ORDER FOR CEFAZOLIN OR CEFUROXIM	1/1/2007	\$0.01	T	NO
1	G8201	PATIENT WAS NOT AN ELIGIBLE CAND	1/1/2008	INVALID	N	NO
1	G8202	CLINICIAN DOCUMENT AN ORDER WAS	1/1/2008	INVALID	N	NO
1	G8203	CLINICIAN DOCUMENT THAT PROPHYLA	1/1/2008	INVALID	N	NO
1	G8204	CLINICIAN DID NOT DOCUMENT AN OR	1/1/2007	\$0.01	T	NO
1	G8205	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8206	CLINICIAN DOCUMENTED THAT PROPHY	1/1/2008	INVALID	N	NO
1	G8207	CLINICIAN DOCUMENTED AN ORDER WA	1/1/2008	INVALID	N	NO
1	G8208	CLINICIAN DOCUMENT THAT PROPHYLA	1/1/2008	INVALID	N	NO
1	G8209	CLINICIAN DID NOT DOCUMENT AN OR	1/1/2007	\$0.01	T	NO
1	G8210	CLINICIAN DOCUMENT PT WAS NOT EL	1/1/2008	INVALID	N	NO
1	G8211	CLINICIAN DOCUMENT THAT PROPHYLA	1/1/2008	INVALID	N	NO
1	G8212	CLINICIAN DOCUMENT AN ORDER WAS	1/1/2008	INVALID	N	NO
1	G8213	CLINICIAN DOCUMENT TO HAVE GIVEN	1/1/2008	INVALID	N	NO
1	G8214	CLINICIAN DID NOT DOCUMENT AN OR	1/1/2007	\$0.01	T	NO
1	G8215	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8216	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8217	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8218	PATIENT WAS NOT ELIGIBLE FOR DVT	1/1/2008	INVALID	N	NO
1	G8219	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2007	\$0.01	T	NO
1	G8220	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8221	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2007	\$0.01	T	NO
1	G8222	PATIENT DOCUMENT TO HAVE BEEN PR	1/1/2008	INVALID	N	NO
1	G8223	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8224	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8225	PATIENT DOCUMENT TO HAVE BEEN PR	1/1/2008	INVALID	N	NO
1	G8226	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8227	PATIENT NOT DOCUMENT TO HAVE PER	1/1/2008	INVALID	N	NO
1	G8228	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8229	PATIENT DOCUMENT TO HAVE BEEN AD	1/1/2008	INVALID	N	NO
1	G8230	PATIENT NOT ELIGIBLE FOR TPA ADM	1/1/2008	INVALID	N	NO
1	G8231	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8232	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8234	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8235	PATIENT NOT RECEIVING OR INELIGI	1/1/2008	INVALID	N	NO
1	G8236	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8237	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8238	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8239	INTERNAL CAROTID STENOSIS PT BEL	1/1/2008	INVALID	N	NO
1	G8240	INTERNAL CAROTID STENOSIS PT IN	1/1/2007	\$0.01	T	NO
1	G8241	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8242	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8243	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8245	CLINICIAN DOCUMENTED PRESENCE OR	1/1/2008	INVALID	N	NO
1	G8246	PATIENT WAS NOT ELIGIBLE CAND FO	1/1/2007	\$0.01	T	NO
1	G8247	PATIENT WITH ALARM SYMPTOMS DOCU	1/1/2008	INVALID	N	NO
1	G8248	PATIENT WITH AT LEAST ONE ALARM	1/1/2007	\$0.01	T	NO
1	G8249	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8250	PATIENT WITH SUSPICION OF BARRET	1/1/2008	INVALID	N	NO
1	G8251	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8252	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8253	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8254	PATIENT WITH NO DOCUMENTED ORDER	1/1/2007	\$0.01	T	NO
1	G8255	CLINICIAN DOCUMENT THAT PT WAS E	1/1/2008	INVALID	N	NO
1	G8256	CLINICIAN DOCUMENT RECONCILIATIO	1/1/2008	INVALID	N	NO
1	G8257	CLINICIAN HAS NOT DOCUMENT RECON	1/1/2007	\$0.01	T	NO
1	G8258	PATIENT WAS NOT ELIGIBLE CANDIDA	1/1/2008	INVALID	N	NO
1	G8259	PATIENT DOCUMENT TO HAVE SURROGA	1/1/2008	INVALID	N	NO
1	G8260	PATIENT NOT DOCUMENT TO HAVE SUR	1/1/2007	\$0.01	T	NO
1	G8261	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8262	PATIENT DOCUMENT TO HAVE BEEN AS	1/1/2008	INVALID	N	NO
1	G8263	PATIENT NOT DOCUMENTED TO HAVE B	1/1/2007	\$0.01	T	NO
1	G8264	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8265	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8266	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8267	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2008	INVALID	N	NO
1	G8268	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8269	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8270	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8271	PATIENT W/NO DOCUMENT OF SCREENI	1/1/2007	\$0.01	T	NO
1	G8272	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8273	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8274	CLINICIAN HAS NOT DOCUMENTED PRE	1/1/2007	\$0.01	T	NO
1	G8275	PATIENT DOCUMENTED TO HAVE MEDIC	1/1/2008	INVALID	N	NO
1	G8276	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8277	PATIENT WAS NOT ELIGIBLE CAND FO	1/1/2008	INVALID	N	NO
1	G8278	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8279	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8280	PATIENT WAS NOT ELIGIBLE CAND FO	1/1/2008	INVALID	N	NO
1	G8281	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8282	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8283	PATIENT WAS NOT ELIGIBLE CAND FO	1/1/2008	INVALID	N	NO
1	G8284	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8285	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8286	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	INVALID	N	NO
1	G8287	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8288	PATIENT DOCUMENT TO HAVE REC CAL	1/1/2008	INVALID	N	NO
1	G8289	PATIENT WITH NO DOCUMENT OF CALC	1/1/2007	\$0.01	T	NO
1	G8290	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8291	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8292	COPD PATIENT WITH SPIROMETRY RES	1/1/2008	INVALID	N	NO
1	G8293	COPD PATIENT WITHOUT SPIROMETRY	1/1/2007	\$0.01	T	NO
1	G8294	COPD PATIENT WAS NOT ELIGIBLE FO	1/1/2008	INVALID	N	NO
1	G8295	COPD PATIENT DOCUMENTED TO HAVE	1/1/2008	INVALID	N	NO
1	G8296	COPD PATIENT NOT DOCUMENTED TO H	1/1/2007	\$0.01	T	NO
1	G8297	COPD PATIENT WAS NOT ELIGIBLE FO	1/1/2008	INVALID	N	NO
1	G8298	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2007	\$0.01	T	NO
1	G8299	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8300	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2008	INVALID	N	NO
1	G8301	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8302	PATIENT DOCUMENTED TO HAVE A SPE	1/1/2007	\$0.01	T	NO
1	G8303	PATIENT NOT DOCUMENTED TO HAVE A	1/1/2007	\$0.01	T	NO
1	G8304	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2007	\$0.01	T	NO
1	G8305	CLINICIAN HAS NOT PROVIDED CARE	1/1/2007	\$0.01	T	NO
1	G8306	PRIMARY OPEN-ANGLE GLAUCOMA PT W	1/1/2007	\$0.01	T	NO
1	G8307	PRIMARY OPEN-ANGLE GLAUCOMA PATI	1/1/2007	\$0.01	T	NO
1	G8308	PRIMARY OPEN-ANGLE GLAUCOMA PT W	1/1/2007	\$0.01	T	NO
1	G8309	PATIENT DOCUMENT TO HAVE BEEN PR	1/1/2008	INVALID	N	NO
1	G8310	PATIENT NOT DOCUMENT TO HAVE BEE	1/1/2007	\$0.01	T	NO
1	G8311	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8312	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8313	PT DOCUMENT TO HAVE REC MACULAR	1/1/2008	INVALID	N	NO
1	G8314	PT NOT DOCUMENT TO HAVE REC MACU	1/1/2007	\$0.01	T	NO
1	G8315	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8316	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8317	PATIENT DOCUMENTED TO HAVE VISUA	1/1/2008	INVALID	N	NO
1	G8318	PATIENT DOCUMENTED NOT TO HAVE V	1/1/2007	\$0.01	T	NO
1	G8319	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8320	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8321	PATIENT DOCUMENT TO HAVE HAD PRE	1/1/2008	INVALID	N	NO
1	G8322	PATIENT NOT DOCUMENT TO HAVE HAD	1/1/2007	\$0.01	T	NO
1	G8323	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8324	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8325	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8326	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8327	PATIENT WAS NOT AN ELIGIBLE CAND	1/1/2008	INVALID	N	NO
1	G8328	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8329	PATIENT DOCUMENT TO HAVE RECEIVE	1/1/2008	INVALID	N	NO
1	G8330	PATIENT NOT DOCUMENT TO HAVE REC	1/1/2007	\$0.01	T	NO
1	G8331	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8332	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8333	PATIENT DOCUMENT TO HAVE FINDING	1/1/2008	INVALID	N	NO
1	G8334	DOCUMENT OF FINDINGS OF MACULAR	1/1/2007	\$0.01	T	NO
1	G8335	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8336	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8337	CLINICIAN DOCUMENT THAT COMM WAS	1/1/2008	INVALID	N	NO
1	G8338	CLINICIAN HAS NOT DOCUMENT THAT	1/1/2007	\$0.01	T	NO
1	G8339	PATIENT WAS NOT ELIGIBLE FOR COM	1/1/2008	INVALID	N	NO
1	G8340	PATIENT DOCUMENT TO HAVE HAD CEN	1/1/2008	INVALID	N	NO
1	G8341	PATIENT NOT DOCUMENT TO HAVE HAD	1/1/2007	\$0.01	T	NO
1	G8342	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8343	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8344	PATIENT DOCUMENT TO HAVE HAD CEN	1/1/2008	INVALID	N	NO
1	G8345	PATIENT NOT DOCUMENT TO HAVE HAD	1/1/2007	\$0.01	T	NO
1	G8346	CLINICIAN DOCUMENT THAT PT WAS N	1/1/2008	INVALID	N	NO
1	G8347	CLINICIAN HAS NOT PROVIDED CARE	1/1/2008	INVALID	N	NO
1	G8348	INTERNAL CAROTID STENOSIS PATIEN	1/1/2008	INVALID	N	NO
1	G8349	PATIENT WAS NOT AN ELIGIBLE CAND	1/1/2008	INVALID	N	NO
1	G8350	PATIENT DOCUMENTED TO HAVE HAD 1	1/1/2008	INVALID	N	NO
1	G8351	PATIENT NOT DOCUMENTED TO HAVE H	1/1/2007	\$0.01	T	NO
1	G8352	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	INVALID	N	NO
1	G8353	PATIENT DOCUMENTED TO HAVE RECEI	1/1/2008	INVALID	N	NO
1	G8354	PATIENT NOT DOCUMENTED TO HAVE R	1/1/2007	\$0.01	T	NO
1	G8355	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	INVALID	N	NO
1	G8356	PATIENT DOCUMENTED TO HAVE HAD E	1/1/2008	INVALID	N	NO
1	G8357	PATIENT NOT DOCUMENTED TO HAVE H	1/1/2007	\$0.01	T	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8358	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	INVALID	N	NO
1	G8359	PATIENT DOCUMENTED TO HAVE/HAD V	1/1/2008	INVALID	N	NO
1	G8360	PATIENT NOT DOCUMENTED TO HAVE V	1/1/2007	\$0.01	T	NO
1	G8361	PATIENT DOCUMENTED TO HAVE OXYGE	1/1/2008	INVALID	N	NO
1	G8362	PATIENT NOT DOCUMENTED TO HAVE O	1/1/2007	\$0.01	T	NO
1	G8363	CLINICIAN DOCUMENTED PATIENT WAS	1/1/2008	INVALID	N	NO
1	G8364	PATIENT DOCUMENTED TO HAVE MENTA	1/1/2008	INVALID	N	NO
1	G8365	PATIENT NOT DOCUMENTED TO HAVE M	1/1/2007	\$0.01	T	NO
1	G8366	PATIENT DOCUMENT TO HAVE APPROPR	1/1/2008	INVALID	N	NO
1	G8367	PATIENT NOT DOCUMENT TO HAVE APP	1/1/2007	\$0.01	T	NO
1	G8368	CLINICIAN DOCUMENT THAT PATIENT	1/1/2008	INVALID	N	NO
1	G8370	ASTHMA PATIENTS W/NUMERIC FREQUE	1/1/2008	\$0.01	T	NO
1	G8371	CHEMOTHERAPY DOCUMENTED AS NOT R	1/1/2008	\$0.01	T	NO
1	G8372	CHEMOTHERAPY DOCUMENTED AS RECEI	1/1/2008	\$0.01	T	NO
1	G8373	CHEMOTHERAPY PLAN DOCUMENTED PRI	1/1/2008	\$0.01	T	NO
1	G8374	CHEMOTHERAPY PLAN NOT DOCUMENTED	1/1/2008	\$0.01	T	NO
1	G8375	CHRONIC LYMPHOCYTIC LEUKEMIA PAT	1/1/2008	\$0.01	T	NO
1	G8376	CLINICIAN DOCUMENTATION THAT BRE	1/1/2008	\$0.01	T	NO
1	G8377	CLINICIAN DOCUMENTATION THAT COL	1/1/2008	\$0.01	T	NO
1	G8378	CLINICIAN DOCUMENTATION THAT PAT	1/1/2008	\$0.01	T	NO
1	G8379	DOCUMENTATION OF RADIATION THERA	1/1/2008	\$0.01	T	NO
1	G8380	FOR PATIENTS W/ER OR PR POSITIVE	1/1/2008	\$0.01	T	NO
1	G8381	FOR PATIENTS W/ER OR PR POSITIVE	1/1/2008	\$0.01	T	NO
1	G8382	MULTIPLE MYELOMA PATIENTS W/NO D	1/1/2008	\$0.01	T	NO
1	G8383	NO DOCUMENTATION OF RADIATION TH	1/1/2008	\$0.01	T	NO
1	G8384	BASELINE CYTOGENETIC TESTING NOT	1/1/2008	\$0.01	T	NO
1	G8385	DIABETIC PATIENTS W/NO DOCUMENTA	1/1/2008	\$0.01	T	NO
1	G8386	DIABETIC PATIENTS WITH NO DOCUME	1/1/2008	\$0.01	T	NO
1	G8387	END STAGE RENAL DISEASE PATIENT	1/1/2008	\$0.01	T	NO
1	G8388	END STAGE RENAL DISEASE PT W/URR	1/1/2008	\$0.01	T	NO
1	G8389	MYELODYSPLASTIC SYNDROME PTS W/N	1/1/2008	\$0.01	T	NO
1	G8390	DIABETIC PTS W/NO DOCUMENTATION	1/1/2008	\$0.01	T	NO
1	G8391	PATIENTS W/PERSISTENT ASTHMA, NO	1/1/2008	\$0.01	T	NO
1	G8395	LEFT VENTRICULAR EJECTION FRACTI	1/1/2008	\$0.01	T	NO
1	G8396	LEFT VENTRICULAR EJECTION FRACTI	1/1/2008	\$0.01	T	NO
1	G8397	DILATED MACULAR OR FUNDUS EXAM P	1/1/2008	\$0.01	T	NO
1	G8398	DILATED MACULAR OR FUNDUS EXAM N	1/1/2008	\$0.01	T	NO
1	G8399	PATIENT W/CENTRAL DUAL-ENERGY X-	1/1/2008	\$0.01	T	NO
1	G8400	PATIENT W/CENTRAL DUAL-ENERGY X-	1/1/2008	\$0.01	T	NO
1	G8401	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2008	\$0.01	T	NO
1	G8402	TOBACCO (SMOKE) USE CESSATION IN	1/1/2008	\$0.01	T	NO
1	G8403	TOBACCO (SMOKE) USE CESSATION IN	1/1/2008	\$0.01	T	NO
1	G8404	LOWER EXTREMITY NEUROLOGICAL EXA	1/1/2008	\$0.01	T	NO
1	G8405	LOWER EXTREMITY NEUROLOGICAL EXA	1/1/2008	\$0.01	T	NO
1	G8406	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2008	\$0.01	T	NO
1	G8407	ABI MEASURED AND DOCUMENTED	1/1/2008	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8408	ABI MEASUREMENT WAS NOT OBTAINED	1/1/2008	\$0.01	T	NO
1	G8409	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2008	\$0.01	T	NO
1	G8410	FOOTWEAR EVALUATION PERFORMED AN	1/1/2008	\$0.01	T	NO
1	G8415	FOOTWEAR EVALUATION WAS NOT PERF	1/1/2008	\$0.01	T	NO
1	G8416	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	\$0.01	T	NO
1	G8417	BMI >=30 WAS CALCULATED AND A FO	1/1/2008	\$0.01	T	NO
1	G8418	BMI < 22 WAS CALCULATED AND A FO	1/1/2008	\$0.01	T	NO
1	G8419	BMI >=30 OR < 22 WAS CALCULATED,	1/1/2008	\$0.01	T	NO
1	G8420	BMI < 30 AND >=22 WAS CALCULATED	1/1/2008	\$0.01	T	NO
1	G8421	BMI NOT CALCULATED	1/1/2008	\$0.01	T	NO
1	G8422	PATIENT NOT ELIGIBLE FOR BMI CAL	1/1/2008	\$0.01	T	NO
1	G8423	DOCUMENTED THAT PATIENT WAS SCRE	1/1/2008	\$0.01	T	NO
1	G8424	INFLUENZA VACCINE STATUS WAS NOT	1/1/2008	\$0.01	T	NO
1	G8425	INFLUENZA VACCINE STATUS SCRENE	1/1/2008	\$0.01	T	NO
1	G8426	DOCUMENTED THAT PT WAS NOT APPRO	1/1/2008	\$0.01	T	NO
1	G8427	WRITTEN PROVIDER DOCUMENTATION W	1/1/2008	\$0.01	T	NO
1	G8428	CURRENT MEDS W/DOSAGES WERE DOCU	1/1/2008	\$0.01	T	NO
1	G8429	INCOMPLETE OR NO DOCUMENTATION T	1/1/2008	\$0.01	T	NO
1	G8430	DOCUMENTATION THAT PATIENT IS NO	1/1/2008	\$0.01	T	NO
1	G8431	DOCUMENTATION OF CLINICAL DEPRES	1/1/2008	\$0.01	T	NO
1	G8432	NO DOCUMENTATION OF CLINICAL DEP	1/1/2008	\$0.01	T	NO
1	G8433	PATIENT NOT ELIGIBLE/NOT APPROPR	1/1/2008	\$0.01	T	NO
1	G8434	DOCUMENTATION OF COGNITIVE IMPAI	1/1/2008	\$0.01	T	NO
1	G8435	NO DOCUMENTATION OF COGNITIVE IM	1/1/2008	\$0.01	T	NO
1	G8436	PATIENT NOT ELIGIBLE/NOT APPROPR	1/1/2008	\$0.01	T	NO
1	G8437	DOCUMENT OF CLINICIAN AND PT INV	1/1/2008	\$0.01	T	NO
1	G8438	NO DOCUMENT OF CLINICIAN AND PT	1/1/2008	\$0.01	T	NO
1	G8439	DOCUMENT THAT PT IS NOT ELIG FOR	1/1/2008	\$0.01	T	NO
1	G8440	DOCUMENT OF PAIN ASSESS PRIOR TO	1/1/2008	\$0.01	T	NO
1	G8441	NO DOCUMENT OF PAIN ASSESS PRIOR	1/1/2008	\$0.01	T	NO
1	G8442	DOCUMENTATION THAT PATIENT IS NO	1/1/2008	\$0.01	T	NO
1	G8443	ALL PRESCRIPTIONS CREATED DURING	1/1/2008	\$0.01	T	NO
1	G8445	NO PRESCRIPTIONS WERE GENERATED	1/1/2008	\$0.01	T	NO
1	G8446	SOME OR ALL PRES GENERATED DURIN	1/1/2008	\$0.01	T	NO
1	G8447	PATIENT ENCOUNTER WAS DOCUMENTED	1/1/2008	\$0.01	T	NO
1	G8448	PATIENT ENCOUNTER WAS DOCUMENTED	1/1/2008	\$0.01	T	NO
1	G8449	PATIENT ENCOUNTER WAS NOT DOCUME	1/1/2008	\$0.01	T	NO
1	G8450	BETA BLOCKER THERAPY PRES FOR PT	1/1/2008	\$0.01	T	NO
1	G8451	CLINICIAN DOCUMENTED PATIENT WIT	1/1/2008	\$0.01	T	NO
1	G8452	BETA BLOCKER THERAPY NOT PRES FO	1/1/2008	\$0.01	T	NO
1	G8453	TOBACCO USE CESSATION INTERVENTI	1/1/2008	\$0.01	T	NO
1	G8454	TOBACCO USE CESSATION INTERVENTI	1/1/2008	\$0.01	T	NO
1	G8455	CURRENT TOBACCO SMOKER	1/1/2008	\$0.01	T	NO
1	G8456	CURRENT SMOKELESS TOBACCO USER	1/1/2008	\$0.01	T	NO
1	G8457	TOBACCO NON-USER	1/1/2008	\$0.01	T	NO
1	G8458	CLINICIAN DOCUMENTED THAT PT IS	1/1/2008	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G8459	CLINICIAN DOCUMENTED THAT PT IS	1/1/2008	\$0.01	T	NO
1	G8460	CLINICIAN DOCUMENTED THAT PT IS	1/1/2008	\$0.01	T	NO
1	G8461	PATIENT RECEIVING ANTIVIRAL TREA	1/1/2008	\$0.01	T	NO
1	G8462	CLINICIAN DOCUMENTED THAT PT IS	1/1/2008	\$0.01	T	NO
1	G8463	PATIENT RECEIVING ANTIVIRAL TREA	1/1/2008	\$0.01	T	NO
1	G8464	CLINICIAN DOCUMENTED THAT PROSTA	1/1/2008	\$0.01	T	NO
1	G8465	HIGH RISK OF RECURRENCE OF PROST	1/1/2008	\$0.01	T	NO
1	G8466	CLINICIAN DOCUMENTED THAT PATIEN	1/1/2008	\$0.01	T	NO
1	G8467	DOCUMENT OF NEW DIAGNOSIS OF INI	1/1/2008	\$0.01	T	NO
1	G8468	ANGIOTENSIN CONVERTING ENZYME IN	1/1/2008	\$0.01	T	NO
1	G8469	CLINICIAN DOCUMENTED THAT PT W/A	1/1/2008	\$0.01	T	NO
1	G8470	PT WITH LEFT VENTRICULAR EJECTIO	1/1/2008	\$0.01	T	NO
1	G8471	LEFT VENTRIULAR EJECTION FRACTIO	1/1/2008	\$0.01	T	NO
1	G8472	ANGIOTENSIN CONVERTING ENZYME IN	1/1/2008	\$0.01	T	NO
1	G8473	ANGIOTENSIN CONVERTING ENZYME IN	1/1/2008	\$0.01	T	NO
1	G8474	ANGIOTENSIN CONVERTING ENZYME IN	1/1/2008	\$0.01	T	NO
1	G8475	ANGIOTENSIN CONVERTING ENZYME IN	1/1/2008	\$0.01	T	NO
1	G8476	MOST RECENT BLOOD PRESSURE HAS A	1/1/2008	\$0.01	T	NO
1	G8477	MOST RECENT BLOOD PRESSURE HAS A	1/1/2008	\$0.01	T	NO
1	G8478	BLOOD PRESSURE MEASUREMENT NOT P	1/1/2008	\$0.01	T	NO
1	G8479	CLINICIAN PRESCRIBED ANGIOTENSIN	1/1/2008	\$0.01	T	NO
1	G8480	CLINICIAN DOCUMENTED THAT PT WAS	1/1/2008	\$0.01	T	NO
1	G8481	CLINICIAN DID NOT PRESCRIBE ANGI	1/1/2008	\$0.01	T	NO
1	G8482	INFLUENZA IMMUNIZATION WAS ORDER	1/1/2008	\$0.01	T	NO
1	G8483	INFLUENZA IMMUNIZATION WAS NOT O	1/1/2008	\$0.01	T	NO
1	G8484	INFLUENZA IMMUNIZATION WAS NOT O	1/1/2008	\$0.01	T	NO
1	G9001	COORDINATED CARE FEE, INITIAL RA	1/1/2008	\$23.76	3	NO
1	G9002	COORDINATED CARE FEE (MCM FULL C	1/1/2008	\$72.52	3	NO
1	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
1	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
1	G9005	COORDINATED CARE FEE, (MCM FULL-	1/1/2008	\$124.32	3	NO
1	G9006	COORDINATED CARE FEE (MCM-HOME/E	1/1/2008	\$41.44	3	NO
1	G9008	COORDINATED CARE FEE, PHYSICIAN	1/1/2001	NC	9	NO
1	G9009	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$36.26	3	NO
1	G9010	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$62.16	3	NO
1	G9011	COORDINATED CARE FEE (MCM-TELEPH	1/1/2008	\$10.36	3	NO
1	G9012	OTHER SPECIFIED CASE MANAGEMENT	1/1/2008	\$41.44	1	NO
1	G9013	ESRD DEMO BASIC BUNDLE LEVEL I	1/1/2005	NC	9	NO
1	G9014	ESRD DEMO EXPANDED BUNDLE INC VE	1/1/2005	NC	9	NO
1	G9016	SMOKING CESSATION COUNSELING, IN	1/1/2008	\$10.36	1	NO
1	G9017	AMANTADINE HCL, ORAL, PER 100 MG	1/1/2005	NC	9	NO
1	G9018	ZANAMIVIR, INHALATION POWDER ADM	1/1/2005	NC	9	NO
1	G9019	OSELTAMIVIR PHOSPHATE, ORAL, PER	1/1/2005	NC	9	NO
1	G9020	RIMANTADINE HCL, ORAL, PER 100 M	1/1/2005	NC	9	NO
1	G9021	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9022	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9023	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9024	CHEMOTHERAPY ASSESSMENT FOR NAUS	1/1/2006	INVALID	N	NO
1	G9025	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9026	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9027	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9028	CHEMOTHERAPY ASSESSMENT FO RPAIN	1/1/2006	INVALID	N	NO
1	G9029	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9030	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9031	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9032	CHEMOTHERAPY ASSESS FOR LACK OF	1/1/2006	INVALID	N	NO
1	G9033	AMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9034	ZANAMIVIR, INHALATION POWDER, AD	1/1/2005	NC	9	NO
1	G9035	OSELTAMIVIR PHOSPHATE, ORAL, BRA	1/1/2005	NC	9	NO
1	G9036	RIMANTADINE HYDROCHLORIDE, ORAL,	1/1/2005	NC	9	NO
1	G9041	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9042	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9043	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9044	SENSORY INTEGRATIVE TECH TO ENHA	1/1/2006	NC	9	NO
1	G9050	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9051	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9052	ONCOLOGY; PRIMARY FOCUS OF VISIT	1/1/2006	\$0.01	T	NO
1	G9053	ONCOLOGY; EXPECTANT MANAGEMENT O	1/1/2006	\$0.01	T	NO
1	G9054	ONCOLOGY; SUPERVISING, COORDINAT	1/1/2006	\$0.01	T	NO
1	G9055	ONCOLOGY; OTHER, UNSPECIFIED SER	1/1/2006	\$0.01	T	NO
1	G9056	ONCOLOGY; PRACTICE GUIDELINES; M	1/1/2006	\$0.01	T	NO
1	G9057	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9058	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9059	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9060	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9061	ONCOLOGY; PT'S CONDITION NOT ADD	1/1/2006	\$0.01	T	NO
1	G9062	ONCOLOGY; MANAGEMENT DIFFERS FRO	1/1/2006	\$0.01	T	NO
1	G9063	ONCOLOGY; LIMITED TO NON-SMALL C	1/1/2006	\$0.01	T	NO
1	G9064	ONCOLOGY; LIMITED TONON-SMALL CE	1/1/2006	\$0.01	T	NO
1	G9065	ONCOLOGY; LIMITED TONON-SMALL CE	1/1/2006	\$0.01	T	NO
1	G9066	ONCOLOGY; LIMIT TO NON-SMALL CEL	1/1/2006	\$0.01	T	NO
1	G9067	ONCOLOGY; LIMIT TO NON-SMALL CEL	1/1/2006	\$0.01	T	NO
1	G9068	ONCOLOGY; LIMIT TO SMALL CELL AN	1/1/2006	\$0.01	T	NO
1	G9069	ONCOLOGY; SMALL CELL LUNG CANCER	1/1/2006	\$0.01	T	NO
1	G9070	ONCOLOGY; SMALL CELL LUNG CANCER	1/1/2006	\$0.01	T	NO
1	G9071	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9072	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9073	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9074	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9075	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2006	\$0.01	T	NO
1	G9076	ONCOLOGY; INVASIVE FEMALE BREAST	1/1/2007	INVALID	N	NO
1	G9077	ONCOLOGY; LIMIT TO ADENOCARCINOM	1/1/2006	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9078	ONCOLOGY; PROSTATE CANCER, T2 OR	1/1/2006	\$0.01	T	NO
1	G9079	ONCOLOGY; PROSTATE CANCER, T3B-T	1/1/2006	\$0.01	T	NO
1	G9080	ONCOLOGY; PROSTATE CANCER, AFTER	1/1/2006	\$0.01	T	NO
1	G9081	ONCOLOGY; PROSTATE CANCER, INCOM	1/1/2007	INVALID	N	NO
1	G9082	ONCOLOGY; PROSTATE CANCER, CASTR	1/1/2007	INVALID	N	NO
1	G9083	ONCOLOGY; PROSTATE CANCER, EXTEN	1/1/2006	\$0.01	T	NO
1	G9084	ONCOLOGY; COLON CANCER, LIMIT TO	1/1/2006	\$0.01	T	NO
1	G9085	ONCOLOGY; COLON CANCER, EXTENT O	1/1/2006	\$0.01	T	NO
1	G9086	ONCOLOGY; COLON CANCER, EXTENT O	1/1/2006	\$0.01	T	NO
1	G9087	ONCOLOGY; COLON CANCER, M1 AT DX	1/1/2006	\$0.01	T	NO
1	G9088	ONCOLOGY; COLON CANCER; M1 AT DX	1/1/2006	\$0.01	T	NO
1	G9089	ONCOLOGY; COLON CANCER; EXTENT O	1/1/2006	\$0.01	T	NO
1	G9090	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9091	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9092	ONCOLOGY; RECTAL CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9093	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9094	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9095	ONCOLOGY; RECTAL CANCER, LIMIT T	1/1/2006	\$0.01	T	NO
1	G9096	ONCOLOGY; ESOPHAGEAL CANCER, EXT	1/1/2006	\$0.01	T	NO
1	G9097	ONCOLOGY; ESOPHAGEAL CANCER, EXT	1/1/2006	\$0.01	T	NO
1	G9098	ONCOLOGY; ESOPHAGEAL CANCER; M1	1/1/2006	\$0.01	T	NO
1	G9099	ONCOLOGY; ESOPHAGEAL CANCER; EXT	1/1/2006	\$0.01	T	NO
1	G9100	ONCOLOGY; GASTRIC CANCER; POST R	1/1/2006	\$0.01	T	NO
1	G9101	ONCOLOGY; GASTRIC CANCER; POST R	1/1/2006	\$0.01	T	NO
1	G9102	ONCOLOGY; GASTRIC CANCER; CLINIC	1/1/2006	\$0.01	T	NO
1	G9103	ONCOLOGY; GASTRIC CANCER; CLINIC	1/1/2006	\$0.01	T	NO
1	G9104	ONCOLOGY; GASTRIC CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9105	ONCOLOGY; PANCREATIC CANCER; POS	1/1/2006	\$0.01	T	NO
1	G9106	ONCOLOGY; PANCREATIC CANCER; POS	1/1/2006	\$0.01	T	NO
1	G9107	ONCOLOGY; PANCREATIC CANCER; UNR	1/1/2006	\$0.01	T	NO
1	G9108	ONCOLOGY; PANCREATIC CANCER; EXT	1/1/2006	\$0.01	T	NO
1	G9109	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9110	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9111	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9112	ONCOLOGY; HEAD AND NECK CANCER;	1/1/2006	\$0.01	T	NO
1	G9113	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO
1	G9114	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO
1	G9115	ONCOLOGY; OVARIAN CANCER; PATHOL	1/1/2006	\$0.01	T	NO
1	G9116	ONCOLOGY; OVARIAN CANCER; EVIDEN	1/1/2006	\$0.01	T	NO
1	G9117	ONCOLOGY; OVARIAN CANCER; EXTENT	1/1/2006	\$0.01	T	NO
1	G9118	ONCOLOGY; NON-HODGKINS LYMPHONA;	1/1/2007	INVALID	N	NO
1	G9119	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2007	INVALID	N	NO
1	G9120	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2007	INVALID	N	NO
1	G9121	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2007	INVALID	N	NO
1	G9122	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2007	INVALID	N	NO
1	G9123	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	G9124	ONCOLOGY; NON-HODGKINS LYMPHOMA;	1/1/2006	\$0.01	T	NO
1	G9125	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2006	\$0.01	T	NO
1	G9126	ONCOLOGY; OVARIAN CANCER, LIMIT	1/1/2006	\$0.01	T	NO
1	G9127	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2007	INVALID	N	NO
1	G9128	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2006	\$0.01	T	NO
1	G9129	ONCOLOGY; CHRONIC MYELOGENOUS LE	1/1/2006	\$0.01	T	NO
1	G9130	ONCOLOGY; LIMITED TO MULTIPLE MY	1/1/2006	\$0.01	T	NO
1	G9131	ONCOLOGY; DISEAST STATUS; INVASI	1/1/2007	\$0.01	T	NO
1	G9132	ONCOLOGY; DISEASE STATUS; PROSTA	1/1/2007	\$0.01	T	NO
1	G9133	ONCOLOGY; DISEASE STATUS; PROSTA	1/1/2007	\$0.01	T	NO
1	G9134	ONCOLOGY; DISEASE STATUS; NON-HO	1/1/2007	\$0.01	T	NO
1	G9135	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2007	\$0.01	T	NO
1	G9136	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2007	\$0.01	T	NO
1	G9137	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2007	\$0.01	T	NO
1	G9138	ONCOLOGY; NON-HODGKINS LYMPHOMA,	1/1/2007	\$0.01	T	NO
1	G9139	ONCOLOGY; CHRONIC MYELOGENOUS LE	1/1/2007	\$0.01	T	NO
1	G9140	FRONTIER EXTENDED STAY CLINIC DE	1/1/2008	\$0.01	T	NO
1	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1/1/2001	\$0.01	1	NO
1	H0002	BEHAVIORAL HEALTH SCREENING TO D	1/1/2001	\$0.01	1	NO
1	H0004	BEHAVIORAL HEALTH COUNSELING AND	1/1/2001	\$0.01	1	NO
1	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	1/1/2001	\$0.01	1	NO
1	H0022	ALCOHOL AND/OR DRUG INTERVENTION	10/1/2003	NC	9	NO
1	H0023	BEHAVIORAL HEALTH OUTREACH SERVI	10/1/2003	NC	9	NO
1	H1000	PRENATAL CARE, AT-RISK ASSESMEN	1/1/2002	NC	9	NO
1	H1001	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1002	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1003	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1004	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1005	PRENATAL CARE, AT-RISK ENHANCED	1/1/2002	NC	9	NO
1	H1010	NON-MEDICAL FAMILY PLANNING EDUC	1/1/2003	NC	9	NO
1	H2000	COMPREHENSIVE MULTIDISCIPLINARY	1/1/2003	NC	9	NO
1	H2001	REHABILITATION PROGRAM, PER 1/2	1/1/2003	NC	9	NO
1	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
1	J0128	INJECTION, ABARELIX, 10 MG (PLEN	7/1/2006	\$68.62	3	NO
1	J0129	INJECTION, ABATACEPT, 10 MG	4/1/2007	\$18.69	3	NO
1	J0130	INJECTION ABCIXIMAB, 10 MG (REOP	4/1/2008	\$423.05	3	NO
1	J0132	INJECTION, ACETYLCYSTEINE, 100 M	4/15/2006	NC	9	NO
1	J0133	INJECTION, ACYCLOVIR, 5 MG (ZOVI	4/1/2007	\$0.02	3	NO
1	J0135	INJECTION, ADALIMUMAB, 20 MG (HU	4/1/2008	\$330.56	3	NO
1	J0150	INJECTION, ADENOSINE FOR THERAPE	4/1/2008	\$12.85	3	NO
1	J0151	INJECTION, ADENOSINE, 90 MG (NOT	4/1/2004	INVALID	N	NO
1	J0152	INJECTION, ADENOSINE FOR DIAGNOS	4/1/2008	\$68.17	3	NO
1	J0170	INJECTION, ADRENALIN, EPINEPHRIN	4/1/2008	\$0.69	3	NO
1	J0180	INJECTION, AGALSIDASE BETA, 1 MG	4/1/2008	\$129.59	3	NO
1	J0190	INJECTION, BIPERIDEN LACTATE, PE	10/25/2006	NC	9	NO
1	J0200	INJECTION, ALATROFLOXACIN MESYLA	2/13/2006	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0205	INJECTION, ALGLUCERASE, PER 10 U	4/1/2008	\$39.67	3	NO
1	J0207	INJECTION, AMIFOSTINE, 500 MG (E	4/1/2008	\$511.22	3	NO
1	J0210	INJECTION, METHYLDOPATE HCL, UP	4/1/2008	\$15.19	3	NO
1	J0215	INJECTION, ALEFACEPT, 0.5 MG (AM	1/1/2008	\$26.56	3	NO
1	J0220	INJECTION, AGLUCOSIDASE ALFA, 10	1/1/2008	NC	9	NO
1	J0256	INJECTION, ALPHA 1-PROTEINASE IN	4/1/2008	\$3.66	3	NO
1	J0270	INJECTION, ALPROSTADIL, PER 1.25	4/1/2008	\$0.60	3	NO
1	J0275	ALPROSTADIL URETHRAL SUPPOSITORY	4/1/2008	\$22.92	3	NO
1	J0278	INJECTION, AMIKACIN SULFATE, 100	4/1/2008	\$0.73	3	NO
1	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	4/1/2008	\$0.37	3	NO
1	J0282	INJECTION, AMIODARONE HCL, 30 MG	4/1/2008	\$0.20	3	NO
1	J0285	INJECTION, AMPHOTERICIN B, 50 MG	4/1/2008	\$11.98	3	NO
1	J0286	INJECTION, AMPHOTERICIN B, ANY L	7/1/2003	INVALID	N	NO
1	J0287	INJECTION, AMPHOTERICIN B LIPID	4/1/2008	\$10.46	3	NO
1	J0288	INJECTION, AMPHOTERICIN B CHOLES	7/1/2006	\$12.00	3	NO
1	J0289	INJECTION, AMPHOTERICIN B LIPOSO	4/1/2008	\$17.16	3	NO
1	J0290	INJECTION, AMPICILLIN, UP TO 500	4/1/2008	\$2.25	3	NO
1	J0295	INJECTION, AMPICILLIN SODIUM/SUL	4/1/2008	\$4.40	3	NO
1	J0300	INJECTION, AMOBARBITAL, UP TO 12	4/1/2008	\$11.96	3	NO
1	J0330	INJECTION, SUCCINYLMCHOLINE CHLOR	4/1/2008	\$0.17	3	NO
1	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
1	J0348	INJECTION, ANADULAFUNGIN, 1 MG	4/1/2008	\$1.53	3	NO
1	J0350	INJECTION, ANISTREPLASE, PER 30	7/1/2006	\$2,268.46	3	NO
1	J0360	INJECTION, HYDRALAZINE HCL, UP T	4/1/2008	\$6.07	3	NO
1	J0364	INJECTION, APO MORPHINE HYDROCHLO	4/1/2008	\$3.35	3	NO
1	J0365	INJECTION, APROTONIN, 10,000 KIU	4/15/2006	NC	9	NO
1	J0380	INJECTION, METARAMINOL BITARTRAT	10/15/2003	\$1.33	3	NO
1	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
1	J0395	INJECTION, ARBUTAMINE HCL, 1 MG	2/13/2006	\$0.01	5	NO
1	J0400	INJECTION, ARIPIRAZOLE, INTRAMU	1/1/2008	NC	9	NO
1	J0456	INJECTION, AZITHROMYCIN, 500 MG	4/1/2008	\$17.98	3	NO
1	J0460	INJECTION, ATROPINE SULFATE, UP	4/1/2008	\$0.33	3	NO
1	J0470	INJECTION, DIMERCAPROL, PER 100	4/1/2008	\$26.67	3	NO
1	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	4/1/2008	\$190.85	3	NO
1	J0476	INJECTION, BACLOFEN, 50 MCG FOR	4/1/2008	\$69.76	3	NO
1	J0480	INJECTION, BASILIXIMAB, 10 MG (S	4/15/2006	NC	9	NO
1	J0500	INJECTION, DICYCLOMINE HCL, UP T	4/1/2008	\$11.92	3	NO
1	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
1	J0515	INJECTION, BENZTROPINE MESYLATE,	4/1/2008	\$24.06	3	NO
1	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
1	J0530	INJECTION, PENICILLIN G BENZATHI	1/1/2008	\$14.75	3	NO
1	J0540	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
1	J0550	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
1	J0560	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$23.32	3	NO
1	J0570	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$40.75	3	NO
1	J0580	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$46.07	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0583	INJECTION, BIVALIRUDIN, 1 MG (AN	4/1/2008	\$2.08	3	NO
1	J0585	BOTULINUM TOXIN TYPE A, PER UNIT	4/1/2008	\$5.22	3	NO
1	J0587	BOTULINUM TOXIN TYPE B, PER 100	10/1/2007	\$8.71	3	NO
1	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
1	J0592	INJECTION, BUPRENORPHINE HYDROCH	4/1/2008	\$0.72	3	NO
1	J0594	INJECTION, BUSULFAN, 1 MG	1/1/2007	NC	9	NO
1	J0595	INJECTION, BUTORPHANOL TARTRATE,	4/1/2008	\$0.50	3	NO
1	J0600	INJECTION, EDETATE CALCIUM DISOD	4/1/2008	\$50.23	3	NO
1	J0610	INJECTION, CALCIUM GLUCONATE, PE	4/1/2008	\$0.36	3	NO
1	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	11/1/2006	\$13.70	3	NO
1	J0630	INJECTION, CALCITONIN-SALMON, UP	4/1/2008	\$44.57	3	NO
1	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
1	J0636	INJECTION, CALCITRIOL, 0.1 MCG (	4/1/2008	\$0.43	3	NO
1	J0637	INJECTION, CASPOFUNGIN ACETATE,	4/1/2008	\$17.87	3	NO
1	J0640	INJECTION, LEUCOVORIN CALCIUM, P	4/1/2008	\$0.78	3	NO
1	J0670	INJECTION, MEPIVACAINE HCL, PER	4/1/2008	\$1.15	3	NO
1	J0690	INJECTION, CEFAZOLIN SODIUM, UP	4/1/2008	\$0.66	3	NO
1	J0692	INJECTION, CEFEPIME HYDROCHLORID	4/1/2008	\$6.75	3	NO
1	J0694	INJECTION, CEFOXITIN SODIUM, 1 G	4/1/2008	\$8.19	3	NO
1	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
1	J0696	INJECTION, CEFTRIAZONE SODIUM, P	4/1/2008	\$1.48	3	NO
1	J0697	INJECTION, STERILE CEFUROXIME SO	4/1/2008	\$3.44	3	NO
1	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	4/1/2008	\$4.29	3	NO
1	J0702	INJECTION, BETAMETHASONE ACETATE	4/1/2008	\$5.75	3	NO
1	J0704	INJECTION, BETAMETHASONE SODIUM	7/1/2006	\$1.13	3	NO
1	J0706	INJECTION, CAFFEINE CITRATE, 5 M	4/1/2008	\$2.28	3	NO
1	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
1	J0713	INJECTION, CEFTAZIDIME, PER 500	4/1/2008	\$3.47	3	NO
1	J0715	INJECTION, CEFTIZOXIME SODIUM, P	4/1/2008	\$5.24	3	NO
1	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/1/2008	\$18.38	3	NO
1	J0725	INJECTION, CHORIONIC GONADOTROPI	4/1/2008	\$3.37	3	NO
1	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
1	J0735	INJECTION, CLONIDINE HCL, 1 MG (	4/1/2008	\$56.00	3	NO
1	J0740	INJECTION, CIDOFOVIR, 375 MG (VI	4/1/2008	\$762.45	3	NO
1	J0743	INJECTION, CILASTATIN SODIUM IMI	4/1/2008	\$14.28	3	NO
1	J0744	INJECTION, CIPROFLOXACIN FOR INT	4/1/2008	\$5.34	3	NO
1	J0745	INJECTION, CODEINE PHOSPHATE, PE	4/1/2008	\$1.27	3	NO
1	J0760	INJECTION, COLCHICINE, PER 1 MG	4/1/2008	\$5.00	3	NO
1	J0770	INJECTION, COLISTIMETHATE SODIUM	4/1/2008	\$19.88	3	NO
1	J0780	INJECTION, PROCHLORPERAZINE, UP	4/1/2008	\$1.16	3	NO
1	J0795	INJECTION, CORTICORELIN OVINE TR	4/1/2008	\$4.27	3	NO
1	J0800	INJECTION, CORTICOTROPIN, UP TO	4/1/2008	\$2,355.52	3	NO
1	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
1	J0835	INJECTION, COSYNTROPIN, PER 0.25	4/1/2008	\$65.60	3	NO
1	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	10/1/2007	\$878.83	3	NO
1	J0878	INJECTION, DAPTOMYCIN, 1 MG (CUB	7/1/2007	\$0.35	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J0880	INJECTION, DARBEPOETIN ALFA, 5 M	1/1/2006	INVALID	N	NO
1	J0881	INJECTION, DARBEPOETIN ALFA, 1 M	4/1/2008	\$2.77	3	NO
1	J0882	INJECTION, DARBEPOETIN ALFA, 1 M	4/1/2008	\$2.77	3	NO
1	J0885	INJECTION, EPOETIN ALFA, (FOR NO	4/1/2008	\$9.07	3	NO
1	J0886	INJECTION, EPOETIN ALFA, 1000 UN	10/1/2007	NC	9	NO
1	J0894	INJECTION, DECITABINE, 1MG(USE T	1/1/2008	\$27.11	3	NO
1	J0895	INJECTION, DEFEROXAMINE MESYLATE	4/1/2008	\$12.31	3	NO
1	J0900	INJECTION, TESTOSTERONE ENANTHAT	7/1/2006	\$1.38	3	NO
1	J0945	INJECTION, BROMPHENIRAMINE MALEA	7/1/2007	INVALID	N	NO
1	J0970	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$34.43	3	NO
1	J1000	INJECTION, DEPO-ESTRADIOL CYPION	4/1/2008	\$6.18	3	NO
1	J1020	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$2.41	3	NO
1	J1030	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$4.47	3	NO
1	J1040	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$9.41	3	NO
1	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
1	J1051	INJECTION, MEDROXYPROGESTERONE A	4/1/2008	\$6.67	3	NO
1	J1055	INJECTION, MEDROXYPROGESTERONE A	1/23/2006	\$65.54	3	NO
1	J1056	INJECTION, MEDROXYPROGESTERONE A	7/2/2006	NC	9	NO
1	J1060	INJECTION, TESTOSTERONE CYPIONAT	7/1/2006	\$4.14	3	NO
1	J1070	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$4.82	3	NO
1	J1080	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$6.96	3	NO
1	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
1	J1094	INJECTION, DEXAMETHASONE ACETATE	7/1/2006	\$0.23	3	NO
1	J1095	INJECTION, DEXAMETHASONE ACETATE	7/1/2003	INVALID	N	NO
1	J1100	INJECTION, DEXAMETHASONE SODIUM	4/1/2008	\$0.08	3	NO
1	J1110	INJECTION, DIHYDROERGOTAMINE MES	4/1/2008	\$24.50	3	NO
1	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	4/1/2008	\$16.68	3	NO
1	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	4/1/2008	\$1.18	3	NO
1	J1162	INJECTION, DIGOXIN IMMUNE FAB (O	4/1/2008	\$488.35	3	NO
1	J1165	INJECTION, PHENYTOIN SODIUM, PER	4/1/2008	\$0.45	3	NO
1	J1170	INJECTION, HYDROMORPHONE HCL, UP	4/1/2008	\$1.28	3	NO
1	J1180	INJECTION, DYPHYLLINE, UP TO 500	7/1/2006	\$8.05	3	NO
1	J1190	INJECTION, DEXRAZOXANE HCL, PER	4/1/2008	\$180.94	3	NO
1	J1200	INJECTION, DIPHENHYDRAMINE HCL,	4/1/2008	\$0.75	3	NO
1	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	4/1/2008	\$165.12	3	NO
1	J1212	INJECTION, DMSO, DIMETHYL SULFOX	4/1/2008	\$50.49	3	NO
1	J1230	INJECTION, METHADONE HCL, UP TO	4/1/2008	\$2.95	3	NO
1	J1240	INJECTION, DIMENHYDRINATE, UP TO	4/1/2008	\$3.12	3	NO
1	J1245	INJECTION, DIPYRIDAMOLE, PER 10	4/1/2008	\$0.73	3	NO
1	J1250	INJECTION, DOBUTAMINE HCL, PER 2	4/1/2008	\$5.14	3	NO
1	J1260	INJECTION, DOLASETRON MESYLATE,	4/1/2008	\$4.19	3	NO
1	J1265	INJECTION, DOPAMINE HCL, 40 MG (	4/1/2008	\$0.51	3	NO
1	J1270	INJECTION, DOXERCALCIFEROL, 1 MC	4/1/2008	\$2.80	3	NO
1	J1300	INJECTION, ECUUZUMAB, 10 MG(USE	1/1/2008	NC	9	NO
1	J1320	INJECTION, AMITRIPTYLINE HCL, UP	7/1/2006	\$2.24	3	NO
1	J1324	INJECTION, ENFUVIRTIDE, 1 MG	1/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	4/1/2008	\$14.36	3	NO
1	J1327	INJECTION, EPTIFIBATIDE, 5 MG (I	4/1/2008	\$17.03	3	NO
1	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
1	J1335	INJECTION, ERTAPENEM SODIUM, 500	4/1/2008	\$25.51	3	NO
1	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
1	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	4/1/2008	\$6.76	3	NO
1	J1380	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$8.61	3	NO
1	J1390	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$17.22	3	NO
1	J1410	INJECTION, ESTROGEN CONJUGATED,	4/1/2008	\$71.25	3	NO
1	J1430	INJECTION, ETHANOLAMINE OLEATE,	4/1/2008	\$120.49	3	NO
1	J1435	INJECTION, ESTRONE, PER 1 MG(EST	7/1/2007	INVALID	N	NO
1	J1436	INJECTION, ETIDRONATE DISODIUM,	7/1/2006	\$71.41	3	NO
1	J1438	INJECTION, ETANERCEPT, 25 MG (EN	4/1/2008	\$167.04	3	NO
1	J1440	INJECTION, FILGRASTIM (G-CSF), 3	4/1/2008	\$199.24	3	NO
1	J1441	INJECTION, FILGRASTIM (G-CSF), 4	4/1/2008	\$306.63	3	NO
1	J1450	INJECTION, FLUCONAZOLE, 200 MG (	4/1/2008	\$9.57	3	NO
1	J1451	INJECTION, FOMEPIZOLE, 15 MG (AN	4/15/2006	NC	9	NO
1	J1452	INJECTION, FOMIVIRSEN SODIUM, IN	7/1/2006	\$212.00	3	NO
1	J1455	INJECTION, FOSCARNET SODIUM, PER	4/1/2008	\$10.38	3	NO
1	J1457	INJECTION, GALLIUM NITRATE, 1 MG	7/1/2007	\$1.62	3	NO
1	J1458	INJECTION, GALSULFASE, 1 MG	1/1/2007	NC	9	NO
1	J1460	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$11.55	3	NO
1	J1470	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$23.11	3	NO
1	J1480	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$34.66	3	NO
1	J1490	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$46.21	3	NO
1	J1500	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$57.77	3	NO
1	J1510	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$69.33	3	NO
1	J1520	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$80.83	3	NO
1	J1530	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$92.42	3	NO
1	J1540	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$104.01	3	NO
1	J1550	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$115.53	3	NO
1	J1560	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$115.53	3	NO
1	J1561	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2008	NC	9	NO
1	J1562	INJECTION, IMMUNE GLOBULIN (VIVA	10/1/2007	\$7.08	3	NO
1	J1563	INJ,IMMUNE GLOBULIN, IV,1G,(WAS	1/1/2006	INVALID	N	NO
1	J1564	INJ.IMMUNE GLOBULIN, IV, 10 MG(W	1/1/2006	INVALID	N	NO
1	J1565	INJECTION, RESPIRATORY SYNCYTIAL	7/1/2006	\$16.18	3	NO
1	J1566	INJECTION, IMMUNE GLOBULIN, INTR	4/1/2008	\$28.07	3	NO
1	J1567	INJECTION, IMMUNE GLOBULIN, INTR	7/1/2007	INVALID	N	NO
1	J1568	INJECTION, IMMUNE GLOBULIN, (OCT	1/1/2008	NC	9	NO
1	J1569	INJECTION, IMMUNE GLOBULIN, (GAM	1/1/2008	NC	9	NO
1	J1570	INJECTION, GANCICLOVIR SODIUM 50	4/1/2008	\$43.85	3	NO
1	J1571	INJECTION, HEPATITIS B IMMUNE GL	1/1/2008	NC	9	NO
1	J1572	INJECTION, IMMUNE GLOBULIN (FLEB	1/1/2008	NC	9	NO
1	J1573	INJECTION, HEPATITIS B IMMUNE GL	1/1/2008	NC	9	NO
1	J1580	INJECTION, GARAMYCIN, GENTAMICIN	4/1/2008	\$1.04	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1590	INJECTION, GATIFLOXACIN, 10 MG (	4/1/2007	\$0.80	3	NO
1	J1595	INJECTION, GLATIRAMER ACETATE, 2	4/1/2008	\$55.28	3	NO
1	J1600	INJECTION, GOLD SODIUM THIOMALAT	4/1/2008	\$7.84	3	NO
1	J1610	INJECTION, GLUCAGON HYDROCHLORID	4/1/2008	\$68.66	3	NO
1	J1620	INJECTION, GONADORELIN HYDROCHLO	1/1/2007	\$180.30	3	NO
1	J1626	INJECTION, GRANISETRON HYDROCHLO	4/1/2008	\$4.96	3	NO
1	J1630	INJECTION, HALOPERIDOL, UP TO 5	4/1/2008	\$1.73	3	NO
1	J1631	INJECTION, HALOPERIDOL DECANOATE	4/1/2008	\$2.41	3	NO
1	J1640	INJECTION, HEMIN, 1 MG (PANHEMAT	4/15/2006	NC	9	NO
1	J1642	INJECTION, HEPARIN SODIUM, (HEPA	4/1/2008	\$0.02	3	NO
1	J1644	INJECTION, HEPARIN SODIUM, PER 1	4/1/2008	\$0.07	3	NO
1	J1645	INJECTION, DALTEPARIN SODIUM, PE	4/1/2008	\$10.79	3	NO
1	J1650	INJECTION, ENOXAPARIN SODIUM, 10	4/1/2008	\$5.90	3	NO
1	J1652	INJECTION, FONDAPARINUX SODIUM,	4/1/2008	\$5.72	3	NO
1	J1655	INJECTION, TINZAPARIN SODIUM, 10	4/1/2008	\$1.95	3	NO
1	J1670	INJECTION, TETANUS IMMUNE GLOBUL	4/1/2008	\$99.75	3	NO
1	J1675	INJECTION, HISTRELIN ACETATE, 10	10/1/2006	NC	9	NO
1	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
1	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
1	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
1	J1720	INJECTION, HYDROCORTISONE SODIUM	4/1/2008	\$2.23	3	NO
1	J1730	INJECTION, DIAZOXIDE, UP TO 300	1/1/2007	\$111.85	3	NO
1	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
1	J1740	INJECTION, IBANDRONATE SODIUM, 1	4/1/2008	\$138.97	3	NO
1	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
1	J1742	INJECTION, IBUTILIDE FUMARATE, 1	4/1/2008	\$323.30	3	NO
1	J1743	INJECTION, IDURSULFASE, 1 MG	4/1/2008	\$0.01	5	NO
1	J1745	INJECTION, INFILIXIMAB, 10 MG (RE	4/1/2008	\$55.04	3	NO
1	J1750	INJECTION, IRON DEXTRAN, 50 MG (	1/1/2006	INVALID	N	NO
1	J1751	INJECTION, IRON DEXTRAN 165, 50	1/1/2008	\$11.62	3	NO
1	J1752	INJECTION, IRON DEXTRAN 267, 50	1/1/2008	\$11.62	3	NO
1	J1755	INJECTION, IRON SUCROSE, 20 MG	7/1/2003	INVALID	N	NO
1	J1756	INJECTION, IRON SUCROSE, 1 MG (V	4/1/2008	\$0.35	3	NO
1	J1785	INJECTION, IMIGLUCERASE, PER UNI	4/1/2008	\$4.00	3	NO
1	J1790	INJECTION, DROPERIDOL, UP TO 5 M	4/1/2008	\$1.32	3	NO
1	J1800	INJECTION, PROPRANOLOL HCL, UP T	4/1/2008	\$3.18	3	NO
1	J1810	INJECTION, DROPERIDOL AND FENTAN	7/1/2006	\$5.58	3	NO
1	J1815	INJECTION, INSULIN, PER 5 UNITS	1/1/2008	\$0.28	3	NO
1	J1817	INSULIN FOR ADMINISTRATION THRU	4/1/2008	\$2.84	3	NO
1	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
1	J1825	INJECTION, INTERFERON BETA-1A, 3	11/1/2006	\$435.47	3	NO
1	J1830	INTERFERON BETA-1B, PER 0.25 MG	4/1/2008	\$116.62	3	NO
1	J1835	INJECTION, ITRACONAZOLE, 50 MG (	4/1/2008	\$39.90	3	NO
1	J1840	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$5.09	3	NO
1	J1850	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$0.76	3	NO
1	J1885	INJECTION, KETOROLAC TROMETHAMIN	4/1/2008	\$0.34	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
1	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
1	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
1	J1931	INJECTION, LARONIDASE, 0.1 MG (A	4/1/2008	\$24.35	3	NO
1	J1940	INJECTION, FUROSEMIDE, UP TO 20	4/1/2008	\$0.19	3	NO
1	J1945	INJECTION, LEPIRUDIN, 50 MG	4/15/2006	NC	9	NO
1	J1950	INJECTION, LEUPROLIDE ACETATE (F	4/1/2008	\$441.65	3	NO
1	J1955	INJECTION, LEVOCARNITINE, PER 1	4/1/2008	\$5.88	3	NO
1	J1956	INJECTION, LEVOFLOXACIN, 250 MG	4/1/2008	\$5.87	3	NO
1	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO
1	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
1	J1980	INJECTION, HYOSCYAMINE SULFATE,	4/1/2008	\$9.29	3	NO
1	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	7/1/2006	\$21.05	3	NO
1	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
1	J2001	INJECTION, LIDOCAINE HCL FOR INT	7/1/2006	\$0.02	3	NO
1	J2010	INJECTION, LINCOMYCIN HCL, UP TO	4/1/2008	\$4.26	3	NO
1	J2020	INJECTION, LINEZOLID, 200 MG (ZY	4/1/2008	\$28.09	3	NO
1	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	4/1/2008	\$0.64	3	NO
1	J2150	INJECTION, MANNITOL, 25% IN 50 M	4/1/2008	\$0.86	3	NO
1	J2170	INJECTION, MECASERMIN, 1 MG	1/1/2007	NC	9	NO
1	J2175	INJECTION, MEPERIDINE HCL, PER 1	4/1/2008	\$1.52	3	NO
1	J2180	INJECTION, MEPERIDINE AND PROMET	7/1/2006	\$3.79	3	NO
1	J2185	INJECTION, MEROPENEM, 100 MG	4/1/2008	\$3.76	3	NO
1	J2210	INJECTION, METHYLERGONOVINE MALE	10/1/2007	\$5.04	3	NO
1	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
1	J2248	INJECTION, MICAfungin SODIUM, 1	4/1/2008	\$1.35	3	NO
1	J2250	INJECTION, MIDAZOLAM HCL, PER 1	4/1/2008	\$0.15	3	NO
1	J2260	INJECTION, MILRINONE LACTATE, 5	4/1/2008	\$4.55	3	NO
1	J2270	INJECTION, MORPHINE SULFATE, UP	4/1/2008	\$1.79	3	NO
1	J2271	INJECTION, MORPHINE SULFATE, 100	4/1/2008	\$3.72	3	NO
1	J2275	INJECTION, MORPHINE SULFATE (PRE	4/1/2008	\$2.39	3	NO
1	J2278	INJECTION, ZICONOTIDE, 1 MCG (US	1/1/2008	\$6.51	3	NO
1	J2280	INJECTION, MOXIFLOXACIN, 100 MG	4/1/2008	\$2.85	3	NO
1	J2300	INJECTION, NALBUPHINE HCL, PER 1	4/1/2008	\$0.96	3	NO
1	J2310	INJECTION, NALOXONE HCL, PER 1 M	4/1/2008	\$3.16	3	NO
1	J2315	INJECTION, NALTREXONE, DEPOT FOR	7/1/2007	\$1.88	3	NO
1	J2320	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$4.76	3	NO
1	J2321	INJECTION, NANDROLONE DECANOATE,	1/1/2008	\$7.13	3	NO
1	J2322	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$19.03	3	NO
1	J2323	INJECTION, NATALIZUMAB, 1 MG	1/1/2008	NC	9	NO
1	J2324	INJECTION, NESIRITIDE, 0.25 MG (	1/1/2006	INVALID	N	NO
1	J2325	INJECTION, NESIRITIDE, 0.1 MG (N	4/15/2006	NC	9	NO
1	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
1	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
1	J2352	INJECTION, OCTREOTIDE ACETATE, 1	4/1/2004	INVALID	N	NO
1	J2353	INJECTION, OCTREOTIDE, DEPOT FOR	4/1/2008	\$101.76	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J2354	INJECTION, OCTREOTIDE, NON-DEPOT	4/1/2008	\$2.21	3	NO
1	J2355	INJECTION, OPRELVEKIN, 5 MG (NEU	4/1/2008	\$246.98	3	NO
1	J2357	INJECTION, OMALIZUMAB, 5 MG (XOL	4/1/2008	\$17.82	3	NO
1	J2360	INJECTION, ORPHENADRINE CITRATE,	4/1/2008	\$9.02	3	NO
1	J2370	INJECTION, PHENYLEPHRINE HCL, UP	4/1/2008	\$0.70	3	NO
1	J2400	INJECTION, CHLOROPROCAINE HCL, P	4/1/2008	\$12.72	3	NO
1	J2405	INJECTION, ONDANSETRON HCL, PER	4/1/2008	\$0.22	3	NO
1	J2410	INJECTION, OXYMORPHONE HCL, UP T	4/1/2008	\$2.51	3	NO
1	J2425	INJECTION, PALIFERMIN, 50 MCG	4/15/2006	NC	9	NO
1	J2430	INJECTION, PAMIDRONATE DISODIUM,	4/1/2008	\$28.33	3	NO
1	J2440	INJECTION, PAPAVERINE HCL, UP TO	4/1/2008	\$0.57	3	NO
1	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/1/2007	INVALID	N	NO
1	J2469	INJECTION, PALONOSETRON HCL, 25	4/1/2008	\$17.22	3	NO
1	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
1	J2500	INJECTION, PARICALCITOL, 5 MCG	7/1/2003	INVALID	N	NO
1	J2501	INJECTION, PARICALCITOL, 1 MCG (	4/1/2008	\$3.92	3	NO
1	J2503	INJECTION, PEGAPTANIB SODIUM, 0.	4/1/2008	\$1,031.02	3	NO
1	J2504	INJECTION, PEGAEMASE BOVINE, 25	10/1/2007	\$199.39	3	NO
1	J2505	INJECTION, PEGFILGRASTIM, 6 MG (	4/1/2008	\$2,200.10	3	NO
1	J2510	INJECTION, PENICILLIN G PROCAINE	4/1/2008	\$10.29	3	NO
1	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
1	J2513	INJECTION, PENTASTARCH, 10% SOLU	4/15/2006	NC	9	NO
1	J2515	INJECTION, PENTOBARBITAL SODIUM,	4/1/2008	\$7.61	3	NO
1	J2540	INJECTION, PENICILLIN G POTASSIU	4/1/2008	\$0.94	3	NO
1	J2543	INJECTION, PIPERACILLIN SODIUM/T	4/1/2008	\$5.15	3	NO
1	J2545	PENTAMIDINE ISETHIONATE, INHAL S	4/1/2008	\$54.31	3	NO
1	J2550	INJECTION, PROMETHAZINE HCL, UP	4/1/2008	\$1.37	3	NO
1	J2560	INJECTION, PHENOBARBITAL SODIUM,	4/1/2008	\$3.00	3	NO
1	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	4/1/2008	\$2.05	3	NO
1	J2597	INJECTION, DESMOPRESSIN ACETATE,	4/1/2008	\$1.87	3	NO
1	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	INVALID	N	NO
1	J2650	INJECTION, PREDNISOLONE ACETATE,	4/1/2007	\$0.17	3	NO
1	J2670	INJECTION, TOLAZOLINE HCL, UP TO	7/1/2005	\$0.01	5	NO
1	J2675	INJECTION, PROGESTERONE, PER 50	4/1/2008	\$1.51	3	NO
1	J2680	INJECTION, FLUPHENAZINE DECANOAT	4/1/2008	\$2.37	3	NO
1	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/1/2008	\$2.65	3	NO
1	J2700	INJECTION, OXACILLIN SODIUM, UP	4/1/2008	\$1.58	3	NO
1	J2710	INJECTION, NEOSTIGMINE METHYLSUL	4/1/2008	\$0.10	3	NO
1	J2720	INJECTION, PROTAMINE SULFATE, PE	4/1/2008	\$0.59	3	NO
1	J2724	INJECTION, PROTEIN C CONCENTRATE	1/1/2008	NC	9	NO
1	J2725	INJECTION, PROTIRELIN, PER 250 M	7/1/2006	\$21.78	3	NO
1	J2730	INJECTION, PRALIDOXIME CHLORIDE,	4/1/2008	\$88.08	3	NO
1	J2760	INJECTION, PHENTOLAMINE MESYLATE	4/1/2008	\$21.08	3	NO
1	J2765	INJECTION, METOCLOPRAMIDE HCL, U	4/1/2008	\$0.34	3	NO
1	J2770	INJECTION, QUINUPRISTIN,DALFOPRI	4/1/2008	\$127.97	3	NO
1	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	1/1/2008	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J2780	INJECTION, RANITIDINE HYDROCHLOR	4/1/2008	\$0.74	3	NO
1	J2783	INJECTION, RASBURICASE, 0.5 MG (	4/1/2008	\$150.29	3	NO
1	J2788	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$28.43	3	NO
1	J2790	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$89.71	3	NO
1	J2791	INJECTION, RHO(D) IMMUNE GLOBULI	1/1/2008	NC	9	NO
1	J2792	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$15.62	3	NO
1	J2794	INEJECTION, RISPERIDONE, LONG ACT	4/1/2008	\$4.93	3	NO
1	J2795	INJECTION, ROPIVACAINE HCL, 1 MG	7/1/2006	\$0.07	3	NO
1	J2800	INJECTION, METHOCARBAMOL, UP TO	4/1/2008	\$10.22	3	NO
1	J2805	INJECTION, SINCALIDE, 5 MCG	4/15/2006	NC	9	NO
1	J2810	INJECTION, THEOPHYLLINE, PER 40	4/1/2008	\$0.03	3	NO
1	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	4/1/2008	\$25.10	3	NO
1	J2850	INJECTION, SECRETIN, SYNTHETIC,	4/15/2006	NC	9	NO
1	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
1	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	7/1/2006	\$24.50	3	NO
1	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	1/1/2007	INVALID	N	NO
1	J2915	INJECTION, SODIUM FERRIC GLUCONA	7/1/2003	INVALID	N	NO
1	J2916	INJECTION, SODIUM FERRIC GLUCONA	4/1/2008	\$4.78	3	NO
1	J2920	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$2.07	3	NO
1	J2930	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$3.02	3	NO
1	J2940	INJECTION, SOMATREM, 1 MG (PROTR	6/21/2004	\$52.88	3	NO
1	J2941	INJECTION, SOMATROPIN, 1 MG (HUM	4/1/2008	\$48.08	3	NO
1	J2950	INJECTION, PROMAZINE HCL, UP TO	11/1/2006	\$0.38	3	NO
1	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
1	J2993	INJECTION, RETEPLASE, 18.1 MG (R	4/1/2008	\$833.74	3	NO
1	J2995	INJECTION, STREPTOKINASE, PER 25	7/1/2006	\$79.50	3	NO
1	J2997	INJECTION, ALTEPLASE RECOMBINANT	4/1/2008	\$32.18	3	NO
1	J3000	INJECTION, STREPTOMYCIN, UP TO 1	4/1/2008	\$6.98	3	NO
1	J3010	INECTION, FENTANYL CITRATE, 0.1	4/1/2008	\$0.28	3	NO
1	J3030	INJECTION, SUMATRIPTAN SUCCINATE	4/1/2008	\$66.61	3	NO
1	J3070	INJECTION, PENTAZOCINE, 30 MG (T	4/1/2008	\$6.11	3	NO
1	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO
1	J3100	INJECTION, TENECTEPLASE, 50 MG (	4/1/2008	\$2,046.33	3	NO
1	J3105	INJECTION, TERBUTALINE SULFATE,	4/1/2008	\$2.42	3	NO
1	J3110	INJECTION, TERIPARATIDE, 10 MCG	1/23/2006	\$3.38	3	NO
1	J3120	INJECTION, TESTOSTERONE ENANTHAT	1/1/2008	\$5.29	3	NO
1	J3130	INJECTION, TESTOSTERONE ENANTHAT	4/1/2008	\$10.12	3	NO
1	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
1	J3150	INJECTION, TESTOSTERONE PROPIONA	8/21/2006	\$5.07	3	NO
1	J3230	INJECTION, CHLORPROMAZINE HCL, U	4/1/2008	\$3.22	3	NO
1	J3240	INJECTION, THYROTROPIN ALPHS, 0.	4/1/2008	\$838.96	3	NO
1	J3243	INJECTION, TIGECYCLINE, 1 MG	1/1/2008	\$1.02	3	NO
1	J3245	INJECTION, TIROFIBAN HYDROCHLORI	1/1/2005	INVALID	N	NO
1	J3246	INJECTION, TIROFIBAN HCL, 0.25 M	1/1/2005	NC	9	NO
1	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	4/1/2008	\$4.46	3	NO
1	J3260	INJECTION, TOBRAMYCIN SULFATE, U	4/1/2008	\$2.32	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	4/1/2008	\$2.18	3	NO
1	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
1	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
1	J3285	INJECTION, TREPROSTINIL, 1 MG (R	1/1/2008	\$55.89	3	NO
1	J3301	INJECTION, TRIAMCINOLONE ACETONI	4/1/2008	\$1.38	3	NO
1	J3302	INJECTION, TRIAMCINOLONE DIACETA	7/1/2006	\$0.28	3	NO
1	J3303	INJECTION, TRIAMCINOLONE HEXACET	4/1/2008	\$1.34	3	NO
1	J3305	INJECTION, TRIMETREXATE GLUCORON	10/1/2007	\$149.71	3	NO
1	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
1	J3315	INJECITON, TRIPTORELIN PAMOATE,	4/1/2008	\$149.17	3	NO
1	J3320	INJECTION, SPECTINOMYCIN HCL, UP	4/1/2007	\$30.08	3	NO
1	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO
1	J3355	INJECTION, UROFOLITROPIN, 75 IU	1/1/2006	NC	9	NO
1	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1/1/2008	\$0.86	3	NO
1	J3364	INJECTION, UROKINASE, 5000 IU VI	7/1/2006	\$9.16	3	NO
1	J3365	INJECTION, IV, UROKINASE, 250,00	7/1/2006	\$457.73	3	NO
1	J3370	INJECTION, VANCOMYCIN HCL, UP TO	4/1/2008	\$3.14	3	NO
1	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO
1	J3395	INJECTION, VERTEPORFIN, 15 MG	1/1/2005	INVALID	N	NO
1	J3396	INJECTION, VERTEPORFIN, 0.1 MG	4/1/2008	\$9.15	3	NO
1	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
1	J3410	INJECTION, HYDROXYZINE HCL, UP T	4/1/2008	\$0.14	3	NO
1	J3411	INJECTION, THIAMINE HCL, 100 MG	4/1/2008	\$3.51	3	NO
1	J3415	INJECTION, PYRIDOXINE HCL, 100 M	4/1/2008	\$6.54	3	NO
1	J3420	INJECTION, VITAMIN B-12 CYANOCOB	4/1/2008	\$0.25	3	NO
1	J3430	INJECTION, PHYTONADIONE (VITAMIN	10/1/2007	\$3.62	3	NO
1	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
1	J3465	INJECTION, VORICONAZOLE, 10 MG	4/1/2008	\$5.24	3	NO
1	J3470	INJECTION, HYALURONIDASE, UP TO	4/1/2008	\$17.28	3	NO
1	J3471	INJECTION, HYALURONIDASE, OVINE,	4/1/2008	\$0.13	3	NO
1	J3472	INJECTION, HYALURONIDASE, OVINE,	7/1/2007	\$135.04	3	NO
1	J3473	INJECTION, HYALURONIDASE, RECOMB	1/1/2008	\$0.41	3	NO
1	J3475	INJECTION, MAGNESIUM SULFATE, PE	4/1/2008	\$0.05	3	NO
1	J3480	INJECTION, POTASSIUM CHLORIDE, P	4/1/2008	\$0.01	3	NO
1	J3485	INJECTION, ZIDOVUDINE, 10 MG (RE	4/1/2008	\$1.17	3	NO
1	J3486	INJECTION, ZIPRASIDONE MESYLATE,	10/1/2007	\$5.09	3	NO
1	J3487	INJECTION, ZOLEDRONIC ACID (ZOME	4/1/2008	\$210.66	3	NO
1	J3488	INJECTION, ZOLEDRONIC ACID (RECL	1/1/2008	NC	9	NO
1	J3490	UNCLASSIFIED DRUGS	6/12/2006	\$0.01	5	NO
1	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
1	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
1	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
1	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
1	J3590	UNCLASSIFIED BIOLOGICS	1/1/2003	\$0.01	5	NO
1	J7030	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$1.03	3	NO
1	J7040	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.52	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7042	5% DEXTROSE/NORMAL SALINE (500 M	4/1/2008	\$0.28	3	NO
1	J7050	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.26	3	NO
1	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
1	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	4/1/2008	\$1.09	3	NO
1	J7070	INFUSION, D-5-W, 1000 CC	4/1/2008	\$2.18	3	NO
1	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	4/1/2008	\$13.60	3	NO
1	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	4/1/2008	\$10.46	3	NO
1	J7120	RINGERS LACTATE INFUSION, UP TO	4/1/2008	\$0.91	3	NO
1	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
1	J7187	INJECTION, VON WILLEBRAND FACTOR	4/1/2008	\$0.89	3	NO
1	J7188	INJECTION, VON WILLEBRAND FACTOR	1/1/2007	INVALID	N	NO
1	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACT	4/1/2008	\$1.19	3	NO
1	J7190	FACTOR VIII (ANTI-HEMOPHILIC FAC	4/1/2008	\$0.76	3	NO
1	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
1	J7192	FACTOR VIII (ANTI-HEMOPHILIC FAC	4/1/2008	\$1.08	3	NO
1	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2008	\$0.89	3	NO
1	J7194	FACTOR IX COMPLEX, PER IU (KONYN	4/1/2008	\$0.80	3	NO
1	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2008	\$1.07	3	NO
1	J7197	ANTITHROMBIN III (HUMAN), PER I.	1/1/2008	\$1.91	3	NO
1	J7198	ANTI-INHIBITOR, PER I.U. (AUTOPL	10/1/2007	\$1.43	3	NO
1	J7199	HEMOPHILIA CLOTTING FACTOR, NOT	1/1/2000	\$0.01	5	NO
1	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
1	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO
1	J7303	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2004	\$28.92	3	NO
1	J7304	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2005	\$3.77	3	NO
1	J7306	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	NC	9	NO
1	J7307	ETONOGESTREL (CONTRACEPTIVE) IMP	1/1/2008	\$554.38	3	NO
1	J7308	AMINOLEVULINIC ACID HCL FOR TOPI	4/1/2008	\$109.74	3	NO
1	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	12/20/2004	NC	9	NO
1	J7311	FLUOCINOLONE ACETONIDE, INTRAVIT	1/1/2007	NC	9	NO
1	J7315	SODIUM HYALURONATE, 20 MG, FOR I	4/1/2002	INVALID	N	NO
1	J7316	SODIUM HYALURONATE, 5 MG FOR INT	7/1/2003	INVALID	N	NO
1	J7317	SODIUM HYALURONATE, PER 20 TO 25	1/1/2007	INVALID	N	NO
1	J7319	HYALURONAN OR DERIVATIVE, INTRA-	1/1/2008	INVALID	N	NO
1	J7320	HYLAN G-F 20, 16 MG, FOR INTRA A	1/1/2007	INVALID	N	NO
1	J7321	HYALURONAN OR DERIVATIVE, HYALGA	1/1/2008	NC	9	NO
1	J7322	HYALURONAN OR DERIVATIVE, SYNVIS	1/1/2008	NC	9	NO
1	J7323	HYALURONAN OR DERIVATIVE, EUFLEX	1/1/2008	NC	9	NO
1	J7324	HYALURONAN OR DERIVATIVE, ORTHOV	1/1/2008	NC	9	NO
1	J7330	AUTOLOGOUS CULTURED CHONDROCYTES	7/18/2005	NC	9	NO
1	J7340	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2003	NC	9	NO
1	J7341	DERMAL TISSUE OF NONHUMAN ORIGIN	4/1/2008	\$2.33	3	NO
1	J7342	DERMAL TISSUE, OF HUMAN ORIGIN,	10/28/2003	NC	9	NO
1	J7343	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2005	NC	9	NO
1	J7344	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	NC	9	NO
1	J7345	DERMAL TISSUE OF NON-HUMAN ORIGI	1/1/2008	INVALID	N	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7346	DERMAL TISSUE OF HUMAN ORIGIN, I	1/1/2007	NC	9	NO
1	J7347	DERMAL TISSUE OF NONHUMAN ORIGIN	1/1/2008	NC	9	NO
1	J7348	DERMAL TISSUE OF NONHUMAN ORIGIN	1/1/2008	NC	9	NO
1	J7349	DERMAL TISSUE OF NONHUMAN ORIGIN	1/1/2008	NC	9	NO
1	J7350	DERMAL TISSUE OF HUMAN ORIGIN, I	1/1/2007	INVALID	N	NO
1	J7500	AZATHIOPRINE, ORAL, 50 MG (IMURA	4/1/2008	\$0.15	3	NO
1	J7501	AZATHIOPRINE, PARENTERAL, 100 MG	4/1/2008	\$50.04	3	NO
1	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	4/1/2008	\$3.66	3	NO
1	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	4/1/2008	\$383.79	3	NO
1	J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	4/1/2008	\$986.88	3	NO
1	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	4/1/2008	\$0.04	3	NO
1	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	4/1/2008	\$3.91	3	NO
1	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
1	J7509	METHYLPREDNISOLONE, ORAL, PER 4	4/1/2008	\$0.08	3	NO
1	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	4/1/2008	\$0.03	3	NO
1	J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	4/1/2008	\$344.72	3	NO
1	J7513	DACLIZUMAB, PARENTERAL, 25 MG (Z	4/1/2008	\$315.68	3	NO
1	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	4/1/2008	\$0.90	3	NO
1	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	4/1/2008	\$19.81	3	NO
1	J7517	MYCOPHENOLATE MOFETIL, ORAL, 250	4/1/2008	\$2.91	3	NO
1	J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	1/1/2005	NC	9	NO
1	J7520	SIROLIMUS, ORAL, 1 MG (RAPAMUNE)	1/1/2005	NC	9	NO
1	J7525	TACROLIMUS, PARENTERAL, 5 MG (PR	4/1/2008	\$140.03	3	NO
1	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
1	J7602	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2008	NC	9	NO
1	J7603	ALBUTEROL, ALL FORMULATIONS, ADM	1/1/2008	NC	9	NO
1	J7604	ACETYLCYSTEINE, INHALATION SOLUT	1/1/2008	NC	9	NO
1	J7605	ARFORMOTEROL, INHALATION SOLUTIO	1/1/2008	NC	9	NO
1	J7607	LEVALBUTEROL, INHALATION SOLUTIO	1/1/2007	NC	9	NO
1	J7608	ACETYLCYSTEINE, INHAL SOL, FDA A	4/1/2008	\$1.73	3	NO
1	J7609	ALBUTEROL, INHAL SOL, COMPOUNDED	1/1/2007	NC	9	NO
1	J7610	ALBUTEROL, INAHL SOL, COMPOUNDED	1/1/2007	NC	9	NO
1	J7611	ALBUTEROL, INHALATION SOL, ADM THR	4/1/2008	\$0.07	3	NO
1	J7612	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.12	3	NO
1	J7613	ALBUTEROL, INHALATION SOLUTION AD	4/1/2008	\$0.04	3	NO
1	J7614	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.28	3	NO
1	J7615	LEVALBUTEROL, INHAL SOL, COMPOUN	1/1/2007	NC	9	NO
1	J7616	ALBUTEROL, UP TO 5 MG AND IPRATR	1/1/2006	INVALID	N	NO
1	J7617	LEVALBUTEROL, UP TO 2.5 MG AND I	1/1/2006	INVALID	N	NO
1	J7618	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
1	J7619	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
1	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRA	4/1/2008	\$0.83	3	NO
1	J7621	ALBUTEROL, ALL FORMULATIONS, INC	1/1/2005	INVALID	N	NO
1	J7622	BECLOMETHASONE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7624	BETAMETHASONE, INHALATION SOLUTI	1/1/2002	\$0.01	5	NO
1	J7626	BUDESONIDE, INHAL SOL, FDA-APPRO	4/1/2008	\$5.02	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J7627	BUDESONIDE, POWDER, COMPOUNDED F	1/1/2006	\$0.01	5	NO
1	J7628	BITOLTEROL MESYLATE, INHALATION	2/13/2006	\$0.01	5	NO
1	J7629	BITOLTEROL MESYLATE, INHALATION	1/1/2000	\$0.01	5	NO
1	J7631	CROMOLYN SODIUM, INHAL SOL, FDA	4/1/2008	\$0.06	3	NO
1	J7632	CROMOLYN SODIUM, INHALATION SOLU	1/1/2008	NC	9	NO
1	J7633	BUDESONIDE, INHALATION SOLUTION	1/1/2003	NC	9	NO
1	J7634	BUDESONIDE, INHAL SOL, COMPOUNDE	1/1/2007	NC	9	NO
1	J7635	ATROPINE, INHALATION SOLUTION AD	9/20/2004	\$0.01	5	NO
1	J7636	ATROPINE, INHALATION SOLUTION AD	9/20/2004	\$0.01	5	NO
1	J7637	DEXAMETHASONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7638	DEXAMETHASONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7639	DORNASE ALPHA, INHAL SOL, FDA AP	4/1/2008	\$20.87	3	NO
1	J7640	FORMOTEROL, INHALATION SOLUTION,	10/1/2006	\$22.64	3	NO
1	J7641	FLUNISOLIDE, INHALATION SOLUTION	9/20/2004	\$0.01	5	NO
1	J7642	GLYCOPYRROLATE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7643	GLYCOPYRROLATE, INHALATION SOLUT	9/20/2004	\$0.01	5	NO
1	J7644	IPRATROPIUM BROMIDE, INHALATION	4/1/2008	\$0.20	3	NO
1	J7645	IPRATROPIUM BROMIDE, INHAL SOL,	1/1/2007	NC	9	NO
1	J7647	ISOETHARINE HCL, INHAL SOL, COMP	1/1/2007	NC	9	NO
1	J7648	ISOETHARINE HCL, INHALATION SOLU	1/2/2001	\$1.83	3	NO
1	J7649	ISOETHARINE HCL, INHALATION SOLU	5/24/2001	\$1.83	3	NO
1	J7650	ISOETHARINE HCL, INHAL SOL, COMP	1/1/2007	NC	9	NO
1	J7657	ISOPROTERENOL HCL, INHAL SOL, CO	1/1/2007	NC	9	NO
1	J7658	ISOPROTERENOL HCL, INHALATION SO	9/20/2004	\$0.01	5	NO
1	J7659	ISOPROTERENOL HCL, INHALATION SO	9/20/2004	\$0.01	5	NO
1	J7660	ISOPROTERENOL HCL, INHAL SOL, CO	1/1/2007	NC	9	NO
1	J7667	METAPROTERENOL SULFATE, INHAL SO	1/1/2007	NC	9	NO
1	J7668	METAPROTERENOL SULFATE, INHALATI	10/10/2005	\$3.14	3	NO
1	J7669	METAPROTERENOL SULFATE, INHALATI	4/1/2008	\$0.26	3	NO
1	J7670	METAPROTERENOL SULFATE, INHAL SO	1/1/2007	NC	9	NO
1	J7674	METHACHOLINE CHLORIDE ADMINISTER	4/1/2008	\$0.41	3	NO
1	J7676	PENTAMIDINE ISETHIONATE, INHAL S	1/1/2008	NC	9	NO
1	J7680	TERBUTALINE SULFATE, INHALATION	9/20/2004	\$0.01	5	NO
1	J7681	TERBUTALINE SULFATE, INHALATION	9/20/2004	\$0.01	5	NO
1	J7682	TOBRAMYCIN, UNIT DOSE FORM, 300	4/1/2008	\$59.75	3	NO
1	J7683	TRIAMCINOLONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7684	TRIAMCINOLONE, INHALATION SOLUTI	9/20/2004	\$0.01	5	NO
1	J7685	TOBRAMYCIN, INHAL SOL, COMPOUNDE	1/1/2007	NC	9	NO
1	J7699	NOC DRUGS, INHALATION SOLUTION A	11/1/2004	\$0.01	5	NO
1	J7799	NOC DRUGS, OTHER THAN INHALATION	11/1/2004	\$0.01	5	NO
1	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSIT	1/1/2006	\$0.01	5	NO
1	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
1	J8501	APREPITANT, ORAL, 5 MG (EMEND)	4/1/2008	\$5.27	3	NO
1	J8510	BULSULFAN; ORAL, 2 MG (MYLERAN,	1/1/2006	NC	9	NO
1	J8515	CABERGOLINE, ORAL, 0.25 MG (DOST	1/1/2006	NC	9	NO
1	J8520	CAPECITABINE, ORAL, 150 MG (XELO	4/1/2008	\$4.61	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J8521	CAPECITABINE, ORAL, 500 MG (XELO	4/1/2008	\$15.29	3	NO
1	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (C	4/1/2008	\$0.82	3	NO
1	J8540	DEXAMETHASONE, ORAL, 0.25 MG (DE	1/1/2006	NC	9	NO
1	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	4/1/2008	\$29.55	3	NO
1	J8565	GEFITINIB, ORAL, 250 MG	1/1/2005	NC	9	NO
1	J8597	ANTIEMETIC DRUG, ORAL, NOT OTHER	1/1/2006	\$0.01	5	NO
1	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO
1	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	4/1/2008	\$0.16	3	NO
1	J8650	NABILONE, ORAL, 1 MG	1/1/2007	NC	9	NO
1	J8700	TEMOZOLMIDE, ORAL, 5 MG (TEMODAR	4/1/2008	\$7.67	3	NO
1	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTH	11/1/2004	\$0.01	5	NO
1	J9000	DOXORUBICIN HCL, 10 MG (ADRIAMYC	4/1/2008	\$4.75	3	NO
1	J9001	DOXORUBICIN HYDROCHLORIDE, ALL L	4/1/2008	\$413.49	3	NO
1	J9010	ALEMTUZUMAB, 10 MG (CAMPATH)	4/1/2008	\$551.07	3	NO
1	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	4/1/2008	\$767.40	3	NO
1	J9017	ARSENIC TRIOXIDE, 1 MG (TRISENOX	4/1/2008	\$34.48	3	NO
1	J9020	ASPARAGINASE, 10,000 UNITS (ELSP	4/1/2008	\$57.02	3	NO
1	J9025	INJECTION, AZACITIDINE, 1 MG (VI	4/1/2008	\$4.48	3	NO
1	J9027	INJECTION, CLOFARABINE, 1 MG (CL	4/1/2008	\$115.17	3	NO
1	J9031	BCG LIVE (INTRAVESICAL), PER INS	4/1/2008	\$113.75	3	NO
1	J9035	INJECTION, BEVACIZUMAB, 10 MG (A	4/1/2008	\$57.44	3	NO
1	J9040	BLEOMYCIN SULFATE, 15 UNITS (BLE	4/1/2008	\$29.02	3	NO
1	J9041	INJECTION, BORTEZOMIB, .1 MG (VE	4/1/2008	\$34.43	3	NO
1	J9045	CARBOPLATIN, 50 MG (PARAPLATIN)	4/1/2008	\$6.31	3	NO
1	J9050	CARMUSTINE, 100 MG (BICNU)	4/1/2008	\$156.83	3	NO
1	J9055	INJECTION, CETUXIMAB, 10 MG (ERB	4/1/2008	\$49.81	3	NO
1	J9060	CISPLATIN, POWDER OR SOLUTION, P	4/1/2008	\$2.27	3	NO
1	J9062	CISPLATIN, 50 MG (PLATINOL AQ)	4/1/2008	\$11.32	3	NO
1	J9065	INJECTION, CLADRIBINE, PER 1 MG	4/1/2008	\$30.63	3	NO
1	J9070	CYCLOPHOSPHAMIDE, 100 MG (CYTOXA	4/1/2008	\$1.87	3	NO
1	J9080	CYCLOPHOSPHAMIDE, 200 MG (CYTOXA	4/1/2008	\$3.74	3	NO
1	J9090	CYCLOPHOSPHAMIDE, 500 MG (CYTOXA	4/1/2008	\$9.36	3	NO
1	J9091	CYCLOPHOSPHAMIDE, 1 G (CYTOXAN,	4/1/2008	\$18.71	3	NO
1	J9092	CYCLOPHOSPHAMIDE, 2 G (CYTOXAN,	4/1/2008	\$37.43	3	NO
1	J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	4/1/2008	\$1.86	3	NO
1	J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	4/1/2008	\$3.72	3	NO
1	J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 5	4/1/2008	\$9.29	3	NO
1	J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	4/1/2008	\$18.59	3	NO
1	J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	4/1/2008	\$37.17	3	NO
1	J9098	CYTARABINE LIPOSOME, 10 MG	4/1/2008	\$414.95	3	NO
1	J9100	CYTARABINE, 100 MG (CYTOSAR-U)	4/1/2008	\$1.20	3	NO
1	J9110	CYTARABINE, 500 MG (CYTOSAR-U)	4/1/2008	\$6.02	3	NO
1	J9120	DACTINOMYCIN, 0.5 MG (COSMEGEN)	11/1/2006	\$493.43	3	NO
1	J9130	DACARBAZINE, 100 MG (DTIC-DOME)	4/1/2008	\$4.60	3	NO
1	J9140	DACARBAZINE, 200 MG (DTIC-DOME)	4/1/2008	\$9.21	3	NO
1	J9150	DAUNORUBICIN HCL, 10 MG (CERUBID	4/1/2008	\$17.14	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL	4/1/2008	\$56.06	3	NO
1	J9160	DENILEUKIN DIFTITOX, 300 MCG (ON	4/1/2008	\$1,410.03	3	NO
1	J9165	DIETHYLSTILBESTROL DIPHOSPHATE,	2/13/2006	\$0.01	5	NO
1	J9170	DOCETAXEL, 20 MG (TAXOTERE)	4/1/2008	\$325.85	3	NO
1	J9175	INJECTION, ELIOTTS' B SOLUTION,	4/1/2007	\$4.07	3	NO
1	J9178	INJECTION, EPIRUBICIN HCL, 2 MG	4/1/2008	\$6.24	3	NO
1	J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	4/1/2004	INVALID	N	NO
1	J9181	ETOPOSIDE, 10 MG (VEPESID, TOPOS	4/1/2008	\$0.40	3	NO
1	J9182	ETOPOSIDE, 100 MG (VEPESID, TOPO	4/1/2008	\$4.03	3	NO
1	J9185	FLUDARABINE PHOSPHATE, 50 MG (FL	4/1/2008	\$200.75	3	NO
1	J9190	FLUOROURACIL, 500 MG (ADRUCIL)	4/1/2008	\$1.87	3	NO
1	J9200	FLOXURIDINE, 500 MG (FUDR)	4/1/2008	\$51.12	3	NO
1	J9201	GEMCITABINE HCL, 200 MG (GEMZAR)	4/1/2008	\$131.78	3	NO
1	J9202	GOSERELIN ACETATE IMPLANT, PER 3	4/1/2008	\$189.73	3	NO
1	J9206	IRINOTECAN, 20 MG (CAMPTOSAR)	4/1/2008	\$126.24	3	NO
1	J9208	IFOSFAMIDE, PER 1 GM (IFEX)	4/1/2008	\$37.92	3	NO
1	J9209	MESNA, 200 MG (MESNEX)	4/1/2008	\$7.87	3	NO
1	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	4/1/2008	\$276.07	3	NO
1	J9212	INJECTION, INTERFERON ALFACON-1,	4/1/2008	\$4.80	3	NO
1	J9213	INTERFERON ALFA-2A, RECOMBINANT,	4/1/2008	\$40.92	3	NO
1	J9214	INTERFERON ALFA-2B, RECOMBINANT,	4/1/2008	\$14.16	3	NO
1	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
1	J9216	INTERFERON GAMMA-1B, 3 MILLION U	7/1/2007	\$309.58	3	NO
1	J9217	LEUPROLIDE ACETATE (FOR DEPOT SU	4/1/2008	\$220.86	3	NO
1	J9218	LEUPROLIDE ACETATE, PER 1 MG (LU	4/1/2008	\$7.47	3	NO
1	J9219	LEUPROLIDE ACETATE IMPLANT, 65 M	4/1/2008	\$1,608.17	3	NO
1	J9225	HISTRELIN IMPLANT (VANTAS), 50 M	4/1/2008	\$1,508.09	3	NO
1	J9226	HISTRELIN IMPLANT (SUPPRELIN LA)	1/1/2008	NC	9	NO
1	J9230	MECHLORETHAMINE HCL, (NITROGEN M	10/1/2007	\$144.44	3	NO
1	J9245	INJECTION, MELPHALAN HCL, 50 MG	7/1/2007	\$1,563.63	3	NO
1	J9250	METHOTREXATE SODIUM, 5 MG (FOLEX	4/1/2008	\$0.21	3	NO
1	J9260	METHOTREXATE SODIUM, 50 MG (FOLE	4/1/2008	\$2.26	3	NO
1	J9261	INJECTION, NELARABINE, 50 MG	4/1/2008	\$91.68	3	NO
1	J9263	INJECTION, OXALIPLATIN, 0.5 MG	4/1/2008	\$9.49	3	NO
1	J9264	INJECTION, PACLITAXEL PROTEIN-BO	4/1/2008	\$8.85	3	NO
1	J9265	PACLITAXEL, 30 MG (TAXOL)	4/1/2008	\$11.95	3	NO
1	J9266	PEGASPARGASE, PER SINGLE DOSE VI	4/1/2008	\$2,093.62	3	NO
1	J9268	PENTOSTATIN, PER 10 MG (NIPENT)	4/1/2008	\$1,828.92	3	NO
1	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
1	J9280	MITOMYCIN, 5 MG (MUTAMYCIN)	4/1/2008	\$13.05	3	NO
1	J9290	MITOMYCIN, 20 MG (MUTAMYCIN)	4/1/2008	\$52.19	3	NO
1	J9291	MITOMYCIN, 40 MG (MUTAMYCIN)	4/1/2008	\$104.38	3	NO
1	J9293	INJECTION, MITOXANTRONE HCL, PER	4/1/2008	\$88.70	3	NO
1	J9300	GEMTUZUMAB OZOGAMICIN, 5 MG (MYL	4/1/2008	\$2,428.97	3	NO
1	J9303	INJECTION, PANITUMUMAB, 10 MG	1/1/2008	NC	9	NO
1	J9305	INJECTION, PEMETREXED, 10 MG (AL	4/1/2008	\$46.20	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	J9310	RITUXIMAB, 100 MG (RITUXAN)	1/1/2008	\$508.66	3	NO
1	J9320	STREPTOZOCIN, 1 GM (ZANOSAR)	4/1/2008	\$190.64	3	NO
1	J9340	THIOTEPA, 15 MG (THIOPLEX)	4/1/2008	\$40.40	3	NO
1	J9350	TOPOTECAN, 4 MG (HYCAMTIN)	4/1/2008	\$898.54	3	NO
1	J9355	TRASTUZUMAB, 10 MG (HERCEPTIN)	4/1/2008	\$60.08	3	NO
1	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	2/13/2006	\$0.01	5	NO
1	J9360	VINBLASTINE SULFATE, 1 MG (VELBA	1/1/2008	\$1.07	3	NO
1	J9370	VINCRISTINE SULFATE, 1 MG (ONCOV	4/1/2008	\$7.02	3	NO
1	J9375	VINCRISTINE SULFATE 2 MG (ONCOVI	4/1/2008	\$14.04	3	NO
1	J9380	VINCRISTINE SULFATE, 5 MG (ONCOV	4/1/2008	\$35.09	3	NO
1	J9390	VINORELBINE TARTRATE, PER 10 MG	4/1/2008	\$16.22	3	NO
1	J9395	INJECTION, FULVESTRANT, 25 MG	4/1/2008	\$81.36	3	NO
1	J9600	PORFIMER SODIUM, 75 MG, (PHOTOFR	4/1/2008	\$2,503.55	3	NO
1	J9999	NOT OTHERWISE CLASSIFIED, ANTINE	1/1/2004	\$0.01	5	NO
1	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
1	K0010	STANDARD-WEIGHT FRAME MOTORIZED/	10/1/2006	NC	9	NO
1	K0011	STANDARD-WEIGHT FRAME MOTORIZED/	10/1/2006	NC	9	NO
1	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/P	10/1/2006	NC	9	NO
1	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
1	K0014	OTHER MOTORIZED/POWER WHEELCHAIR	10/1/2006	NC	9	NO
1	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
1	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO
1	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
1	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
1	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
1	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO
1	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
1	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
1	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
1	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
1	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
1	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
1	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
1	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
1	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
1	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
1	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
1	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
1	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
1	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
1	K0055	SEAT DEPTH OF 15, 17 OR 18 INCHE	4/1/2004	INVALID	N	NO
1	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
1	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
1	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO
1	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
1	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
1	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
1	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
1	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
1	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
1	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
1	K0074	PNEUMATIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
1	K0075	SEMI-PNEUMATIC CASTER TIRE, ANY S	1/1/2006	INVALID	N	NO
1	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
1	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
1	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
1	K0080	ANTIROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
1	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
1	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO
1	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
1	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO
1	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
1	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
1	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
1	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
1	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
1	K0090	REAR WHEEL TIRE FOR POWER WHEELC	1/1/2007	INVALID	N	NO
1	K0091	REAR WHEEL TIRE TUBE OTHER THAN	1/1/2007	INVALID	N	NO
1	K0092	REAR WHEEL ASSEMBLY FOR POWER WH	1/1/2007	INVALID	N	NO
1	K0093	REAR WHEEL ZERO PRESSURE TIRE TU	1/1/2007	INVALID	N	NO
1	K0094	WHEEL TIRE FOR POWER BASE, ANY S	1/1/2007	INVALID	N	NO
1	K0095	WHEEL TIRE TUBE OTHER THAN ZERO	1/1/2007	INVALID	N	NO
1	K0096	WHEEL ASSEMBLY FOR POWER BASE, C	1/1/2007	INVALID	N	NO
1	K0097	WHEEL ZERO PRESSURE TIRE TUBE (F	1/1/2007	INVALID	N	NO
1	K0099	FRONT CASTER FOR POWER WHEELCHAI	1/1/2007	INVALID	N	NO
1	K0100	AMPUTEE ADAPTER, PAIR	4/1/2004	INVALID	N	NO
1	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
1	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
1	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
1	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
1	K0106	ARM TROUGH, EACH	1/1/2006	INVALID	N	NO
1	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
1	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
1	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
1	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
1	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	NO
1	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	NO
1	K0415	PRESCRIPTION ANTIEMETIC DRUG, OR	1/1/2006	INVALID	N	NO
1	K0416	PRESCRIPTION ANTIEMETIC DRUG, RE	1/1/2006	INVALID	N	NO
1	K0548	INJECTION, INSULIN LISPRO, UP TO	1/1/2004	INVALID	N	NO
1	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
1	K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	INVALID	N	NO
1	K0730	CONTROLLED DOSE INHALATION DRUG	1/1/2006	NC	9	NO
1	L0100	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
1	L0110	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
1	L0120	CERVICAL, FLEXIBLE, NONADJUSTABL	4/1/2008	\$25.43	3	NO
1	L0130	CERVICAL, FLEXIBLE, THERMOPLASTI	4/1/2008	\$141.51	3	NO
1	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE	4/1/2008	\$61.36	3	NO
1	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE	4/1/2008	\$81.72	3	NO
1	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME	4/1/2008	\$112.59	3	NO
1	L0170	CERVICAL COLLAR, MOLDED TO PATIE	4/1/2008	\$546.15	3	NO
1	L0172	CERVICAL COLLAR, SEMI-RIGID THER	4/1/2008	\$98.57	3	NO
1	L0174	CERVICAL COLLAR, SEMI-RIGID, THE	4/1/2008	\$207.52	3	NO
1	L0180	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$302.58	3	NO
1	L0190	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$425.70	3	NO
1	L0200	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$475.34	3	NO
1	L0210	THORACIC RIB BELT, CUSTOM FITTED	4/1/2008	\$31.83	3	NO
1	L0220	THORACIC RIB BELT, CUSTOM FABRIC	4/1/2008	\$94.72	3	NO
1	L0300	THORACIC-LUMBAR-SACRAL-ORTHOSIS	7/1/2003	INVALID	N	NO
1	L0310	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0315	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0317	TLSO, FLEXIBLE (DORSO-LUMBAR SUR	7/1/2003	INVALID	N	NO
1	L0320	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
1	L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
1	L0491	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$576.31	3	NO
1	L0492	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$379.07	3	NO
1	L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FL	1/1/2005	INVALID	N	NO
1	L0510	LSO, FLEXIBLE (LUMBO-SACRAL SUPP	1/1/2005	INVALID	N	NO
1	L0515	LSO, ANTERIOR-POSTERIOR CONTROL,	1/1/2005	INVALID	N	NO
1	L0520	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0530	LSO, ANTERIOR-POSTERIOR CONTROL	1/1/2005	INVALID	N	NO
1	L0540	LSO, LUMBAR FLEXION (WILLIAMS FL	1/1/2005	INVALID	N	NO
1	L0550	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0565	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
1	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
1	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
1	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, P	4/1/2008	\$86.88	3	NO
1	L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	4/1/2008	\$41.32	3	NO
1	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTRO	4/1/2008	\$58.49	3	NO
1	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTRO	4/1/2008	\$308.45	3	NO
1	L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	4/1/2008	\$62.95	3	NO
1	L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$121.53	3	NO
1	L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$215.17	3	NO
1	L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	\$0.01	5	NO
1	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$843.42	3	NO
1	L0700	CTLSO, ANTERIOR-POSTERIOR-LATERA	4/1/2008	\$1,453.37	3	NO
1	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERA	4/1/2008	\$1,641.55	3	NO
1	L0810	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$1,976.55	3	NO
1	L0820	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$1,941.13	3	NO
1	L0830	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$2,722.71	3	NO
1	L0860	ADDITION TO HALO PROCEDURE, MAGN	1/1/2006	INVALID	N	NO
1	L0900	TORSO SUPPORT, PTOSIS SUPPORT	7/1/2003	INVALID	N	NO
1	L0910	TORSO SUPPORT, PTOSIS SUPPORT, C	7/1/2003	INVALID	N	NO
1	L0920	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
1	L0930	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
1	L0940	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
1	L0950	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
1	L0960	TORSO SUPPORT, POSTSURGICAL SUPP	1/1/2008	INVALID	N	NO
1	L0970	TLSO, CORSET FRONT	4/1/2008	\$82.16	3	NO
1	L0972	LSO, CORSET FRONT	4/1/2008	\$73.98	3	NO
1	L0974	TLSO, FULL CORSET	4/1/2008	\$133.17	3	NO
1	L0976	LSO, FULL CORSET	4/1/2008	\$140.73	3	NO
1	L0978	AXILLARY CRUTCH EXTENSION	4/1/2008	\$147.51	3	NO
1	L0980	PERONEALK STRAPS, PAIR	4/1/2008	\$13.35	3	NO
1	L0982	STOCKING SUPPORTER GRIPS, SET OF	4/1/2008	\$12.45	3	NO
1	L0984	PROTECTIVE BODY SOCK, EACH	4/1/2008	\$49.14	3	NO
1	L1000	CTLSO, INCLUSIVE OF FURNISHING I	4/1/2008	\$1,748.03	3	NO
1	L1010	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$50.04	3	NO
1	L1020	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.37	3	NO
1	L1025	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$89.65	3	NO
1	L1030	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$46.98	3	NO
1	L1040	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$69.37	3	NO
1	L1050	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.68	3	NO
1	L1060	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$81.01	3	NO
1	L1070	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.21	3	NO
1	L1080	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$45.26	3	NO
1	L1085	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$118.14	3	NO
1	L1090	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$71.44	3	NO
1	L1100	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$129.84	3	NO
1	L1110	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$214.87	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L1120	ADDITION TO CTLSO, SCOLIOSIS ORT	4/1/2008	\$35.34	3	NO
1	L1200	TLSO, INCLUSIVE OF FURNISHING IN	4/1/2008	\$1,501.81	3	NO
1	L1210	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$188.11	3	NO
1	L1220	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$194.83	3	NO
1	L1230	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$408.65	3	NO
1	L1240	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$59.66	3	NO
1	L1250	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$54.57	3	NO
1	L1260	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$57.61	3	NO
1	L1270	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$55.70	3	NO
1	L1280	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$64.52	3	NO
1	L1290	ADDITION TO TLSO, (LOW PROFILE),	4/1/2008	\$57.72	3	NO
1	L1300	OTHER SCOLIOSIS PROCEDURE, BODY	4/1/2008	\$1,214.40	3	NO
1	L1310	OTHER SCOLIOSIS PROCEDURE, POSTO	4/1/2008	\$1,360.22	3	NO
1	L1499	UNLISTED PROCEDURE FOR SPINAL OR	4/1/2008	\$865.80	3	NO
1	L1500	THKAO, MOBILITY FRAME (NEWINGTON	4/1/2008	\$1,595.02	3	NO
1	L1510	THKAO, STANDING FRAME, WITH OR W	4/1/2008	\$1,016.06	3	NO
1	L1520	THKAO, SWIVEL WALKER	4/1/2008	\$1,983.49	3	NO
1	L1600	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$92.64	3	NO
1	L1610	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$31.56	3	NO
1	L1620	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$101.48	3	NO
1	L1630	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$131.57	3	NO
1	L1640	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$347.02	3	NO
1	L1650	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$166.44	3	NO
1	L1660	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$133.33	3	NO
1	L1680	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$1,167.87	3	NO
1	L1685	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$855.10	3	NO
1	L1686	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$664.96	3	NO
1	L1690	COMBINATION, BILATERAL, LUMBO-SA	4/1/2008	\$1,451.07	3	NO
1	L1700	LEGG PERTHES ORTHOSIS, (TORONTO	4/1/2008	\$1,180.69	3	NO
1	L1710	LEGG PERTHES ORTHOSIS, (NEWINGTO	4/1/2008	\$1,428.52	3	NO
1	L1720	LEGG PERTHES ORTHOSIS, TRILATERA	4/1/2008	\$996.51	3	NO
1	L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH	4/1/2008	\$850.25	3	NO
1	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
1	L1755	LEGG PERTHES ORTHOSIS, (PATTEN B	4/1/2008	\$1,138.17	3	NO
1	L1800	KNEE ORTHOSIS, ELASTIC WITH STAY	4/1/2008	\$48.54	3	NO
1	L1810	KNEE ORTHOSIS, ELASTIC WITH JOIN	4/1/2008	\$81.96	3	NO
1	L1815	KNEE ORTHOSIS, ELASTIC OR OTHER	4/1/2008	\$84.50	3	NO
1	L1820	KO, ELASTIC W/CONDYLAR PADS AND	4/1/2008	\$103.69	3	NO
1	L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP,	4/1/2008	\$46.17	3	NO
1	L1830	KNEE ORTHOSIS, IMMOBILIZER, CANV	4/1/2008	\$80.37	3	NO
1	L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE J	4/1/2008	\$437.06	3	NO
1	L1834	KNEE ORTHOSIS, WITHOUT KNEE JOIN	4/1/2008	\$558.04	3	NO
1	L1840	KNEE ORTHOSIS, DEROTATION, MEDIA	4/1/2008	\$764.61	3	NO
1	L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, T	4/1/2008	\$673.30	3	NO
1	L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, T	1/1/1994	NC	9	NO
1	L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	4/1/2008	\$610.23	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	4/1/2008	\$947.95	3	NO
1	L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WI	4/1/2008	\$431.60	3	NO
1	L1850	KNEE ORTHOSIS, SWEDISH TYPE, PRE	4/1/2008	\$231.07	3	NO
1	L1855	KNEE ORTHOSIS, MOLDED PLASTIC, T	1/1/2008	INVALID	N	NO
1	L1858	KNEE ORTHOSIS, MOLDED PLASTIC, P	1/1/2008	INVALID	N	NO
1	L1860	KNEE ORTHOSIS, MODIFICATION OF S	4/1/2008	\$943.15	3	NO
1	L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	1/1/2008	INVALID	N	NO
1	L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, N	1/1/2008	INVALID	N	NO
1	L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE	4/1/2004	INVALID	N	NO
1	L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE	4/1/2008	\$213.81	3	NO
1	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	4/1/2008	\$70.36	3	NO
1	L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKL	4/1/2008	\$338.05	3	NO
1	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	4/1/2008	\$86.46	3	NO
1	L1910	ANKLE FOOT ORTHOSIS, POSTERIOR,	4/1/2008	\$243.17	3	NO
1	L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRI	4/1/2008	\$322.12	3	NO
1	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$198.61	3	NO
1	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$381.91	3	NO
1	L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RI	4/1/2008	\$750.93	3	NO
1	L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (IR	4/1/2008	\$713.94	3	NO
1	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR S	4/1/2008	\$398.46	3	NO
1	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	4/1/2008	\$531.76	3	NO
1	L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRI	4/1/2008	\$337.43	3	NO
1	L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRI	4/1/2008	\$407.73	3	NO
1	L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE	4/1/2008	\$972.20	3	NO
1	L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE	4/1/2008	\$877.62	3	NO
1	L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	4/1/2008	\$1,119.20	3	NO
1	L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	4/1/2008	\$963.87	3	NO
1	L2035	KAFO, FULL PLASTIC, STATIC (PED	4/1/2008	\$135.04	3	NO
1	L2036	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,720.62	3	NO
1	L2037	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,419.49	3	NO
1	L2038	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,195.78	3	NO
1	L2039	KAFO, FULL PLASTIC, SINGLE UPRIG	1/1/2006	INVALID	N	NO
1	L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$164.25	3	NO
1	L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$347.30	3	NO
1	L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$491.73	3	NO
1	L2070	HIP KNEE ANKLE FOOT ORHTOSIS, TO	4/1/2008	\$96.67	3	NO
1	L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$298.07	3	NO
1	L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$420.30	3	NO
1	L2102	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
1	L2104	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
1	L2106	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$503.81	3	NO
1	L2108	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$861.48	3	NO
1	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$347.74	3	NO
1	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$426.72	3	NO
1	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$511.77	3	NO
1	L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L2124	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
1	L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2008	\$860.83	3	NO
1	L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2008	\$1,643.58	3	NO
1	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$579.90	3	NO
1	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$727.09	3	NO
1	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$850.15	3	NO
1	L2180	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$84.18	3	NO
1	L2182	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$77.47	3	NO
1	L2184	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$89.05	3	NO
1	L2186	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$124.61	3	NO
1	L2188	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$233.29	3	NO
1	L2190	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$62.78	3	NO
1	L2192	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$256.32	3	NO
1	L2200	ADDITION TO LOWER EXTREMITY, LIM	4/1/2008	\$45.57	3	NO
1	L2210	ADDITION TO LOWER EXTREMITY, DOR	4/1/2008	\$50.65	3	NO
1	L2220	ADDITION TO LOWER EXTREMITY, DOR	4/1/2008	\$69.58	3	NO
1	L2230	ADDITION TO LOWER EXTREMITY, SPL	4/1/2008	\$67.72	3	NO
1	L2240	ADDITION TO LOWER EXTREMITY, ROU	4/1/2008	\$60.69	3	NO
1	L2250	ADDITION TO LOWER EXTREMITY, FOO	4/1/2008	\$340.59	3	NO
1	L2260	ADDITION TO LOWER EXTREMITY, REI	4/1/2008	\$144.11	3	NO
1	L2265	ADDITION TO LOWER EXTREMITY, LON	4/1/2008	\$84.66	3	NO
1	L2270	ADDITION TO LOWER EXTREMITY, VAR	4/1/2008	\$51.47	3	NO
1	L2275	ADDITION TO LOWER EXTREMITY, VAR	4/1/2008	\$112.43	3	NO
1	L2280	ADDITION TO LOWER EXTREMITY, MOL	4/1/2008	\$326.01	3	NO
1	L2300	ADDITION TO LOWER EXTREMITY, ABD	4/1/2008	\$241.32	3	NO
1	L2310	ADDITION TO LOWER EXTREMITY, ABD	4/1/2008	\$117.91	3	NO
1	L2320	ADDITION TO LOWER EXTREMITY, NON	4/1/2008	\$188.95	3	NO
1	L2330	ADDITION TO LOWER EXTREMITY, LAC	4/1/2008	\$333.94	3	NO
1	L2335	ADDITION TO LOWER EXTREMITY, ANT	4/1/2008	\$178.80	3	NO
1	L2340	ADDITION TO LOWER EXTREMITY, PRE	4/1/2008	\$396.75	3	NO
1	L2350	ADDITION TO LOWER EXTREMITY, PRO	4/1/2008	\$722.66	3	NO
1	L2360	ADDITION TO LOWER EXTREMITY, EXT	4/1/2008	\$49.59	3	NO
1	L2370	ADDITION TO LOWER EXTREMITY, PAT	4/1/2008	\$197.20	3	NO
1	L2375	ADDITION TO LOWER EXTREMITY, TOR	4/1/2008	\$81.22	3	NO
1	L2380	ADDITION TO LOWER EXTREMITY, TOR	4/1/2008	\$90.10	3	NO
1	L2385	ADDITION TO LOWER EXTREMITY, STR	4/1/2008	\$96.29	3	NO
1	L2390	ADDITION TO LOWER EXTREMITY, OFF	4/1/2008	\$78.69	3	NO
1	L2395	ADDITION TO LOWER EXTREMITY, OFF	4/1/2008	\$112.48	3	NO
1	L2397	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$95.00	3	NO
1	L2405	ADDITION TO KNEE JOINT, DROP LOC	4/1/2008	\$65.42	3	NO
1	L2415	ADDITION TO KNEE LOCK W/INTEGRAT	4/1/2008	\$91.14	3	NO
1	L2425	ADDITION TO KNEE JOINT, DISC OR	4/1/2008	\$107.57	3	NO
1	L2430	ADDITION TO KNEE JOINT, RATCHET	4/1/2008	\$107.57	3	NO
1	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO
1	L2492	ADDITION TO KNEE JOINT, LIFT LOO	4/1/2008	\$76.02	3	NO
1	L2500	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$243.50	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L2510	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$593.99	3	NO
1	L2520	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$349.94	3	NO
1	L2525	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$932.83	3	NO
1	L2526	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$656.52	3	NO
1	L2530	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$176.37	3	NO
1	L2540	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$383.37	3	NO
1	L2550	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$225.28	3	NO
1	L2570	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$352.75	3	NO
1	L2580	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$394.31	3	NO
1	L2600	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$171.01	3	NO
1	L2610	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$206.10	3	NO
1	L2620	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$226.10	3	NO
1	L2622	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$220.45	3	NO
1	L2624	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$238.05	3	NO
1	L2627	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$1,232.37	3	NO
1	L2628	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$1,605.87	3	NO
1	L2630	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$188.04	3	NO
1	L2640	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$293.06	3	NO
1	L2650	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$115.03	3	NO
1	L2660	ADDITION TO LOWER EXTREMITY, THO	4/1/2008	\$133.99	3	NO
1	L2670	ADDITION TO LOWER EXTREMITY, THO	4/1/2008	\$126.78	3	NO
1	L2680	ADDITION TO LOWER EXTREMITY, THO	4/1/2008	\$112.50	3	NO
1	L2750	ADDITION TO LOWER EXTREMITY ORTH	1/1/1994	NC	9	NO
1	L2755	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$98.06	3	NO
1	L2760	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$44.60	3	NO
1	L2770	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$44.39	3	NO
1	L2780	ADDITION TO LOWER EXTREMITY ORTH	1/1/1994	NC	9	NO
1	L2785	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$25.15	3	NO
1	L2795	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$75.72	3	NO
1	L2800	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$87.90	3	NO
1	L2810	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$56.14	3	NO
1	L2820	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$62.43	3	NO
1	L2830	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$67.54	3	NO
1	L2840	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$31.41	3	NO
1	L2850	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$44.51	3	NO
1	L2860	ADDITION TO LOWER EXTREMITY JOIN	4/1/2008	\$211.40	3	NO
1	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	4/1/2008	\$5,361.03	3	NO
1	L3000	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$235.72	3	NO
1	L3001	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$99.24	3	NO
1	L3002	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$121.19	3	NO
1	L3003	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$130.76	3	NO
1	L3010	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$130.76	3	NO
1	L3020	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$148.89	3	NO
1	L3030	FOOT INSERT, REMOVABLE, FORMED T	4/1/2008	\$57.27	3	NO
1	L3040	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$35.31	3	NO
1	L3050	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$35.31	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3060	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$55.36	3	NO
1	L3070	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$23.84	3	NO
1	L3080	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$23.84	3	NO
1	L3090	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$30.55	3	NO
1	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	4/1/2008	\$32.44	3	NO
1	L3140	FOOT, ROTATION POSITIONING DEVIC	4/1/2008	\$66.81	3	NO
1	L3150	FOOT, ABDUCTION ROTATION BAR, WI	4/1/2008	\$61.08	3	NO
1	L3160	FOOT, ADJUSTABLE SHOE-STYLED POS	4/1/2008	\$19.33	3	NO
1	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	4/1/2008	\$38.19	3	NO
1	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
1	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
1	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$48.32	3	NO
1	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$43.48	3	NO
1	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$48.32	3	NO
1	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$48.32	3	NO
1	L3208	SURGICAL BOOT, EACH, INFANT	4/1/2008	\$33.82	3	NO
1	L3209	SURGICAL BOOT, EACH, CHILD	4/1/2008	\$33.82	3	NO
1	L3211	SURGICAL BOOT, EACH, JUNIOR	4/1/2008	\$38.65	3	NO
1	L3212	BENESCH BOOT, PAIR, INFANT	4/1/2008	\$43.48	3	NO
1	L3213	BENESCH BOOT, PAIR, CHILD	4/1/2008	\$43.48	3	NO
1	L3214	BENESCH BOOT, PAIR, JUNIOR	4/1/2008	\$48.32	3	NO
1	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$64.84	3	NO
1	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$103.22	3	NO
1	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$80.38	3	NO
1	L3218	ORTHOPEDIC FOOTWEAR, WOMAN'S SUR	7/1/2003	INVALID	N	NO
1	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$75.48	3	NO
1	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$131.99	3	NO
1	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$97.31	3	NO
1	L3223	ORTHOPEDIC FOOTWEAR, MAN'S SURGI	7/1/2003	INVALID	N	NO
1	L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHO	4/1/2008	\$42.27	3	NO
1	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE,	4/1/2008	\$48.63	3	NO
1	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	4/1/2008	\$232.31	3	NO
1	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLD	4/1/2008	\$196.09	3	NO
1	L3251	FOOT, SHOE MOLDED TO PATIENT MOD	1/1/1994	NC	9	NO
1	L3252	FOOT, SHOE MOLDED TO PATIENT MOD	4/1/2008	\$158.40	3	NO
1	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR	4/1/2008	\$75.31	3	NO
1	L3254	NONSTANDARD SIZE OR WIDTH	4/1/2008	\$15.47	3	NO
1	L3255	NONSTANDARD SIZE OR LENGTH	4/1/2008	\$15.47	3	NO
1	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	4/1/2008	\$43.48	3	NO
1	L3260	SURGICAL BOOT/SHOE, EACH	4/1/2008	\$96.63	3	NO
1	L3265	PLASTAZOTE SANDAL, EACH	4/1/2008	\$43.48	3	NO
1	L3300	LIFT, ELEVATION, HEEL, TAPERED T	4/1/2008	\$39.13	3	NO
1	L3310	LIFT, ELEVATION, HEEL AND SOLE,	4/1/2008	\$61.08	3	NO
1	L3320	LIFT, ELEVATION, HEEL AND SOLE,	4/1/2008	\$50.77	3	NO
1	L3330	LIFT, ELEVATION, METAL EXTENSION	4/1/2008	\$424.69	3	NO
1	L3332	LIFT, ELEVATION, INSIDE SHOE, TA	4/1/2008	\$55.36	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3334	LIFT, ELEVATION, HEEL, PER INCH	4/1/2008	\$28.63	3	NO
1	L3340	HEEL WEDGE, SACH	4/1/2008	\$63.95	3	NO
1	L3350	HEEL WEDGE	4/1/2008	\$17.19	3	NO
1	L3360	SOLE WEDGE, OUTSIDE SOLE	4/1/2008	\$26.72	3	NO
1	L3370	SOLE WEDGE, BETWEEN SOLE	4/1/2008	\$37.20	3	NO
1	L3380	CLUBFOOT WEDGE	4/1/2008	\$37.20	3	NO
1	L3390	OUTFLARE WEDGE	4/1/2008	\$37.20	3	NO
1	L3400	METATARSAL BAR WEDGE, ROCKER	4/1/2008	\$30.55	3	NO
1	L3410	METATARSAL BAR WEDGE, BETWEEN SO	4/1/2008	\$69.66	3	NO
1	L3420	FULL SOLE AND HEEL WEDGE, BETWEE	4/1/2008	\$41.04	3	NO
1	L3430	HEEL, COUNTER, PLASTIC REINFORCE	4/1/2008	\$120.25	3	NO
1	L3440	HEEL, COUNTER, LEATHER REINFORCE	4/1/2008	\$57.27	3	NO
1	L3450	HEEL, SACH CUSHION TYPE	4/1/2008	\$79.21	3	NO
1	L3455	HEEL, NEW LEATHER, STANDARD	4/1/2008	\$30.55	3	NO
1	L3460	HEEL, NEW RUBBER, STANDARD	4/1/2008	\$25.76	3	NO
1	L3465	HEEL, THOMAS WITH WEDGE	4/1/2008	\$43.91	3	NO
1	L3470	HEEL, THOMAS EXTENDED TO BALL	4/1/2008	\$46.76	3	NO
1	L3480	HEEL, PAD AND DEPRESSION FOR SPU	4/1/2008	\$46.76	3	NO
1	L3485	HEEL, PAD, REMOVABLE FOR SPUR	4/1/2008	\$16.08	3	NO
1	L3500	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$21.95	3	NO
1	L3510	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$21.95	3	NO
1	L3520	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$23.84	3	NO
1	L3530	ORTHOPEDIC SHOE ADDITION, SOLE,	4/1/2008	\$23.84	3	NO
1	L3540	ORTHOPEDIC SHOE ADDITION, SOLE,	4/1/2008	\$38.19	3	NO
1	L3550	ORTHOPEDIC SHOE ADDITION, TOE TA	4/1/2008	\$6.67	3	NO
1	L3560	ORTHOPEDIC SHOE ADDITION, TOE TA	4/1/2008	\$17.19	3	NO
1	L3570	ORTHOPEDIC SHOE ADDITION, SPECIA	4/1/2008	\$63.95	3	NO
1	L3580	ORTHOPEDIC SHOE ADDITION, CONVER	4/1/2008	\$48.67	3	NO
1	L3590	ORTHOPEDIC SHOE ADDITION, CONVER	4/1/2008	\$40.08	3	NO
1	L3595	ORTHOPEDIC SHOE ADDITION, MARCH	4/1/2008	\$31.49	3	NO
1	L3600	TRANSFER OF AN ORTHOSIS FROM ON	4/1/2008	\$57.27	3	NO
1	L3610	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$75.39	3	NO
1	L3620	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$57.27	3	NO
1	L3630	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$75.39	3	NO
1	L3640	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$32.44	3	NO
1	L3649	ORTHOPEDIC SHOE, MODIFICATION, A	4/1/2008	\$893.51	3	NO
1	L3650	SHOULDER ORTHOSIS, FIGURE OF "8"	4/1/2008	\$44.46	3	NO
1	L3660	SHOULDER ORTHOSIS, FIGURE OF "8"	4/1/2008	\$72.30	3	NO
1	L3670	SHOULDER ORTHOSIS, ACROMIO/CLAVI	4/1/2008	\$82.68	3	NO
1	L3675	SHOULDER ORTHOSIS, VEST TYPE ABD	4/1/2008	\$119.84	3	NO
1	L3700	ELBOW ORTHOSIS, ELASTIC WITH STA	4/1/2008	\$55.45	3	NO
1	L3710	ELBOW ORTHOSIS, ELASTIC WITH MET	4/1/2008	\$86.96	3	NO
1	L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$549.58	3	NO
1	L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$739.40	3	NO
1	L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$754.79	3	NO
1	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE	4/1/2008	\$341.53	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	1/1/2008	INVALID	N	NO
1	L3805	WRIST HAND FINGER ORTHOSIS, LONG	1/1/2008	INVALID	N	NO
1	L3807	WRIST HAND FINGER ORTHOSIS, WITH	4/1/2008	\$170.76	3	NO
1	L3810	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3815	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3820	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3825	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3830	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3835	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3840	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3845	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3850	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3855	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3860	WHFO, ADDITION TO SHORT AND LONG	1/1/2008	INVALID	N	NO
1	L3890	ADDITION TO UPPER EXTREMITY JOIN	4/1/2008	\$211.40	3	NO
1	L3900	WRIST HAND FINGER ORTHOSIS, DYNA	4/1/2008	\$1,024.47	3	NO
1	L3901	WRIST HAND FINGER ORTHOSIS, DYNA	4/1/2008	\$1,266.55	3	NO
1	L3902	WRIST HAND FINGER ORTHOSIS, EXTE	1/1/2007	INVALID	N	NO
1	L3904	WRIST HAND FINGER ORTHOSIS, EXTE	4/1/2008	\$2,060.05	3	NO
1	L3906	WRIST HAND ORTHOSIS, W/OUT JOINT	4/1/2008	\$291.52	3	NO
1	L3907	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
1	L3908	WRIST HAND ORTHOSIS, WRIST EXTEN	4/1/2008	\$56.20	3	NO
1	L3910	WRIST HAND FINGER ORTHOSIS, SWAN	1/1/2008	INVALID	N	NO
1	L3911	WRIST HAND FINGER ORTHOSIS, ELAS	4/1/2008	\$16.91	3	NO
1	L3912	HAND FINGER ORTHOSIS, FLEXION GL	4/1/2008	\$88.95	3	NO
1	L3914	WRIST HAND ORTHOSIS, WRIST EXTEN	1/1/2007	INVALID	N	NO
1	L3916	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
1	L3918	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
1	L3920	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
1	L3922	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
1	L3923	HAND FINGER ORTHOSIS, W/OUT JOIN	4/1/2008	\$26.57	3	NO
1	L3924	WRIST HAND FINGER ORTHOSIS, OPPE	1/1/2008	INVALID	N	NO
1	L3926	WRIST HAND FINGER ORTHOSIS, THOM	1/1/2008	INVALID	N	NO
1	L3928	HAND FINGER ORTHOSIS, FINGER EXT	1/1/2008	INVALID	N	NO
1	L3930	WRIST HAND FINGER ORTHOSIS, FING	1/1/2008	INVALID	N	NO
1	L3932	FINGER ORTHOSIS, SAFETY PIN, SPR	1/1/2008	INVALID	N	NO
1	L3934	FINGER ORTHOSIS, SAFETY PIN, MOD	1/1/2008	INVALID	N	NO
1	L3936	WRIST HAND FINGER ORTHOSIS, PALM	1/1/2008	INVALID	N	NO
1	L3938	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
1	L3940	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
1	L3942	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
1	L3944	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
1	L3946	HAND FINGER ORTHOSIS, COMPOSITE	1/1/2008	INVALID	N	NO
1	L3948	FINGER ORTHOSIS, FINGER KNUCKLE	1/1/2008	INVALID	N	NO
1	L3950	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO
1	L3952	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L3954	HAND FINGER ORTHOSIS, SPREADING	1/1/2008	INVALID	N	NO
1	L3956	ADDITION TO JOINT TO UPPER EXTRE	4/1/2008	\$144.96	3	NO
1	L3960	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$581.33	3	NO
1	L3962	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$628.21	3	NO
1	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
1	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$593.16	3	NO
1	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$946.51	3	NO
1	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$713.04	3	NO
1	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$902.34	3	NO
1	L3969	SHOULDER ELBOW ORTHOSIS, MOVILE	4/1/2008	\$631.01	3	NO
1	L3970	SEWHO, ADDITION TO MOBILE ARM SU	4/1/2008	\$214.55	3	NO
1	L3972	SEWHO, ADDITION TO MOBILE ARM SU	4/1/2008	\$136.43	3	NO
1	L3974	SEWHO, ADDITION TO MOBILE ARM SU	4/1/2008	\$136.14	3	NO
1	L3980	UPPER EXTREMITY FRACTURE ORTHOSI	4/1/2008	\$217.47	3	NO
1	L3982	UPPER EXTREMITY FRACTURE ORTHOSI	4/1/2008	\$262.62	3	NO
1	L3984	UPPER EXTREMITY FRACTURE ORTHOSI	4/1/2008	\$252.71	3	NO
1	L3985	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
1	L3986	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
1	L3995	ADDITION TO UPPER EXTREMITY ORTH	4/1/2008	\$25.54	3	NO
1	L3999	UNLISTED PROCEDURE FOR UPPER LIM	4/1/2008	\$893.51	3	NO
1	L4000	REPLACE GIRDLE FOR SPINAL ORTHOS	4/1/2008	\$1,041.32	3	NO
1	L4010	REPLACE TRILATERAL SOCKET BRIM	4/1/2008	\$575.36	3	NO
1	L4020	REPLACE QUADRILATERAL SOCKET BRI	4/1/2008	\$688.86	3	NO
1	L4030	REPLACE QUADRILATERAL SOCKET BRI	4/1/2008	\$475.00	3	NO
1	L4040	REPLACE MOLDED THIGH LACER	4/1/2008	\$391.26	3	NO
1	L4045	REPLACE NONMOLDED THIGH LACER	4/1/2008	\$237.88	3	NO
1	L4050	REPLACE MOLDED CALF LACER	4/1/2008	\$357.58	3	NO
1	L4055	REPLACE NONMOLDED CALF LACER	4/1/2008	\$194.95	3	NO
1	L4060	REPLACE HIGH ROLL CUFF	4/1/2008	\$290.47	3	NO
1	L4070	REPLACE PROXIMAL AND DISTAL UPRI	4/1/2008	\$239.47	3	NO
1	L4080	REPLACE METAL BANDS KAFO, PROXIM	4/1/2008	\$86.11	3	NO
1	L4090	REPLACE METAL BANDS KAFO-AFO, CA	4/1/2008	\$86.48	3	NO
1	L4100	REPLACE LEATHER CUFF KAFO, PROXI	4/1/2008	\$99.98	3	NO
1	L4110	REPLACE LEATHER CUFF KAFO-AFO, C	4/1/2008	\$81.28	3	NO
1	L4130	REPLACE PRETIBIAL SHELL	4/1/2008	\$475.55	3	NO
1	L4210	REPAIR OF ORTHOTIC DEVICE, REPAI	4/1/2008	\$193.29	3	NO
1	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	4/1/2008	\$70.77	3	NO
1	L4360	WALKING BOOT,PNEUMATIC, W/OR W/O	4/1/2008	\$265.39	3	NO
1	L4370	PNEUMATIC FULL LEG SPLINT, PREFA	4/1/2008	\$180.95	3	NO
1	L4380	PNEUMATIC KNEE SPLINT, PREFABRIC	4/1/2008	\$99.03	3	NO
1	L4386	NON-PNEUMATIC WALKING SPLINT,WIT	4/1/2008	\$118.97	3	NO
1	L4392	REPLACEMENT, SOFT INTERFACE MATE	4/1/2008	\$17.37	3	NO
1	L4394	REPLACE SOFT INTERFACE MATERIAL,	4/1/2008	\$12.65	3	NO
1	L4396	STATIC ANKLE FOOT ORTHOSIS, INCL	4/1/2008	\$123.83	3	NO
1	L4398	FOOT DROP SPLINT, RECUMBENT POSI	4/1/2008	\$57.00	3	NO
1	L5000	PARTIAL FOOT, SHOE INSERT WITH L	4/1/2008	\$386.97	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5010	PARTIAL FOOT, MOLDED SOCKET, ANK	4/1/2008	\$932.41	3	NO
1	L5020	PARTIAL FOOT, MOLDED SOCKET, TIB	4/1/2008	\$1,729.17	3	NO
1	L5050	ANKLE, SYMES, MOLDED SOCKET, SAC	4/1/2008	\$2,064.52	3	NO
1	L5060	ANKLE, SYMES, METAL FRAME, MOLDE	4/1/2008	\$2,739.57	3	NO
1	L5100	BELOW KNEE, MOLDED SOCKET, SHIN,	4/1/2008	\$2,139.90	3	NO
1	L5105	BELOW KNEE, PLASTIC SOCKET, JOIN	4/1/2008	\$3,020.11	3	NO
1	L5150	KNEE DISARTICULATION (OR THROUGH	4/1/2008	\$3,122.76	3	NO
1	L5160	KNEE DISARTICULATION (OR THRU KN	4/1/2008	\$3,809.87	3	NO
1	L5200	ABOVE KNEE, MOLDED SOCKET, SINGL	4/1/2008	\$3,119.77	3	NO
1	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO	4/1/2008	\$2,477.96	3	NO
1	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO	4/1/2008	\$2,816.65	3	NO
1	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL	4/1/2008	\$3,767.09	3	NO
1	L5250	HIP DISARTICULATION, CANADIAN TY	4/1/2008	\$4,902.12	3	NO
1	L5270	HIP DISARTICULATION, TILT TABLE	4/1/2008	\$5,251.99	3	NO
1	L5280	HEMIPELVECTOMY, CANADIAN TYPE; M	4/1/2008	\$5,199.47	3	NO
1	L5300	BELOW KNEE, MOLDED SOCKET, SACH	4/1/2002	INVALID	N	NO
1	L5310	KNEE DISARTICULATION, MOLDED SOC	4/1/2002	INVALID	N	NO
1	L5320	ABOVE KNEE, MOLDED SOCKET, OPEN	4/1/2002	INVALID	N	NO
1	L5330	HIP DISARTICULATION, CANADIAN TY	4/1/2002	INVALID	N	NO
1	L5340	HEMIPELVECTOMY, CANADIAN TYPE; M	4/1/2002	INVALID	N	NO
1	L5400	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$1,024.21	3	NO
1	L5410	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$393.70	3	NO
1	L5420	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$1,237.10	3	NO
1	L5430	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$386.14	3	NO
1	L5450	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$337.92	3	NO
1	L5460	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$447.43	3	NO
1	L5500	INITIAL, BELOW KNEE "PTB" TYPE S	4/1/2008	\$983.64	3	NO
1	L5505	INITIAL, ABOVE KNEE - KNEE DISAR	4/1/2008	\$1,332.11	3	NO
1	L5510	PREPARATORY, BELOW KNEE "PTB" TY	4/1/2008	\$1,208.21	3	NO
1	L5520	PREPARATORY, BELOW KNEE "PTB" TY	4/1/2008	\$1,101.37	3	NO
1	L5530	PREPARATORY, BELOW KNEE "PTB" TY	4/1/2008	\$1,536.99	3	NO
1	L5535	PREPARATORY, BELOW KNEE "PTB" TY	4/1/2008	\$1,587.59	3	NO
1	L5540	PREPARATORY, BELOW KNEE "PTB" TY	4/1/2008	\$1,694.54	3	NO
1	L5560	PREPARATORY, ABOVE KNEE - KNEE D	4/1/2008	\$1,655.48	3	NO
1	L5570	PREPARATORY, ABOVE KNEE - KNEE D	4/1/2008	\$1,741.24	3	NO
1	L5580	PREPARATORY, ABOVE KNEE - KNEE D	4/1/2008	\$1,994.72	3	NO
1	L5585	PREPARATORY, ABOVE KNEE - KNEE D	4/1/2008	\$2,210.82	3	NO
1	L5590	PREPARATORY, ABOVE KNEE - KNEE D	4/1/2008	\$1,935.48	3	NO
1	L5595	PREPARATORY, HIP DISARTICULATION	4/1/2008	\$3,457.35	3	NO
1	L5600	PREPARATORY, HIP DISARTICULATION	4/1/2008	\$4,357.74	3	NO
1	L5610	ADDITION TO LOWER EXTREMITY, ABO	1/1/1994	NC	9	NO
1	L5611	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$1,351.23	3	NO
1	L5613	ADDITION TO LOWER EXTREMITY, ABO	1/1/1994	NC	9	NO
1	L5614	ADDITION TO LOWER EXTREMITY, END	5/1/1999	NC	9	NO
1	L5616	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$1,040.19	3	NO
1	L5617	ADDITION TO LOWER EXTREMITY, QUI	4/1/2008	\$420.68	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5618	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$239.25	3	NO
1	L5620	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$227.18	3	NO
1	L5622	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$320.40	3	NO
1	L5624	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$288.46	3	NO
1	L5626	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$418.79	3	NO
1	L5628	ADDITION TO LOWER EXTREMITY, TES	4/1/2008	\$463.06	3	NO
1	L5629	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$243.40	3	NO
1	L5630	ADDITION TO LOWER EXTREMITY, SYM	4/1/2008	\$387.88	3	NO
1	L5631	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$336.51	3	NO
1	L5632	ADDITION TO LOWER EXTREMITY, SYM	4/1/2008	\$226.75	3	NO
1	L5634	ADDITION TO LOWER EXTREMITY, SYM	4/1/2008	\$270.12	3	NO
1	L5636	ADDITION TO LOWER EXTREMITY, SYM	4/1/2008	\$240.75	3	NO
1	L5637	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$228.02	3	NO
1	L5638	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$422.52	3	NO
1	L5639	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$967.81	3	NO
1	L5640	ADDITION TO LOWER EXTREMITY, KNE	4/1/2008	\$640.98	3	NO
1	L5642	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$632.69	3	NO
1	L5643	ADDITION TO LOWER EXTREMITY, HIP	4/1/2008	\$1,368.44	3	NO
1	L5644	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$505.07	3	NO
1	L5645	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$611.09	3	NO
1	L5646	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$449.20	3	NO
1	L5647	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$609.22	3	NO
1	L5648	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$504.24	3	NO
1	L5649	ADDITION TO LOWER EXTREMITY, ISC	4/1/2008	\$1,541.38	3	NO
1	L5650	ADDITION TO LOWER EXTREMITY, TOT	4/1/2008	\$439.53	3	NO
1	L5651	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$919.76	3	NO
1	L5652	ADDITION TO LOWER EXTREMITY, SUC	4/1/2008	\$333.91	3	NO
1	L5653	ADDITION TO LOWER EXTREMITY, KNE	4/1/2008	\$547.84	3	NO
1	L5654	ADDITON TO LOWER EXTREMITY, SOC	4/1/2008	\$296.72	3	NO
1	L5655	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$265.87	3	NO
1	L5656	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$378.81	3	NO
1	L5658	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$371.29	3	NO
1	L5660	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5661	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$466.07	3	NO
1	L5662	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5663	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5664	ADDITION TO LOWER EXTREMITY, SOC	7/1/2003	INVALID	N	NO
1	L5665	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$392.15	3	NO
1	L5666	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$54.41	3	NO
1	L5667	ADDITION OT LOWER EXTREMITY, BEL	4/1/2002	INVALID	N	NO
1	L5668	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$85.93	3	NO
1	L5669	ADDITION TO LOWER EXTREMITY, BEL	4/1/2002	INVALID	N	NO
1	L5670	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$226.84	3	NO
1	L5672	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$247.13	3	NO
1	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
1	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5676	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$323.31	3	NO
1	L5677	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$411.57	3	NO
1	L5678	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$36.24	3	NO
1	L5680	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$271.54	3	NO
1	L5682	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$484.24	3	NO
1	L5684	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$49.14	3	NO
1	L5686	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$48.82	3	NO
1	L5688	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$53.44	3	NO
1	L5690	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$81.28	3	NO
1	L5692	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$119.43	3	NO
1	L5694	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$184.53	3	NO
1	L5695	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$124.90	3	NO
1	L5696	ADDITION TO LOWER EXTREMITY, AB	4/1/2008	\$188.94	3	NO
1	L5697	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$81.98	3	NO
1	L5698	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$95.78	3	NO
1	L5699	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$188.26	3	NO
1	L5700	REPLACEMENT, SOCKET, BELOW KNEE,	4/1/2008	\$2,796.53	3	NO
1	L5701	REPLACEMENT, SOCKET, ABOVE KNEE/	4/1/2008	\$3,398.37	3	NO
1	L5702	REPLACEMENT, SOCKET, HIP DISARTI	4/1/2008	\$4,069.26	3	NO
1	L5704	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$467.04	3	NO
1	L5705	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$766.73	3	NO
1	L5706	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$759.92	3	NO
1	L5707	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$1,080.28	3	NO
1	L5710	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$348.48	3	NO
1	L5711	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$471.76	3	NO
1	L5712	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$423.51	3	NO
1	L5714	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$320.35	3	NO
1	L5716	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$558.21	3	NO
1	L5718	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$697.69	3	NO
1	L5722	ADDFITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5724	ADDITION, EXOSKELETAL KNEE-SHIN	2/22/1994	NC	9	NO
1	L5726	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5728	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5780	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5785	ADDITION, EXOSKELETAL SYSTEM, BE	4/1/2008	\$475.35	3	NO
1	L5790	ADDITION, EXOSKELETAL SYSTEM, AB	4/1/2008	\$572.34	3	NO
1	L5795	ADDITION, EXOSKELETAL SYSTEM, HI	4/1/2008	\$822.32	3	NO
1	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$425.82	3	NO
1	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$558.57	3	NO
1	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$483.41	3	NO
1	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$2,792.33	3	NO
1	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$651.34	3	NO
1	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$735.49	3	NO
1	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$2,439.11	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
1	L5840	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$3,091.23	3	NO
1	L5845	ADDITION, ENDOSKELETAL, KNEE-SHI	4/1/2008	\$1,347.61	3	NO
1	L5846	ADDITION, ENDOSKELETAL, KNEE-SHI	1/1/2005	INVALID	N	NO
1	L5848	ADD TO ENDOSKELETAL, KNEE-SHIN S	5/9/2005	NC	9	NO
1	L5850	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$97.97	3	NO
1	L5855	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$315.37	3	NO
1	L5858	ADDITION TO LOWER EXTREMITY PROS	1/1/2006	NC	9	NO
1	L5910	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$277.38	3	NO
1	L5920	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$406.36	3	NO
1	L5925	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$334.02	3	NO
1	L5930	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$2,530.70	3	NO
1	L5940	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$477.64	3	NO
1	L5950	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$686.56	3	NO
1	L5960	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$784.70	3	NO
1	L5962	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$600.24	3	NO
1	L5964	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$864.08	3	NO
1	L5966	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$1,120.25	3	NO
1	L5968	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$2,732.22	3	NO
1	L5970	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$187.87	3	NO
1	L5972	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$300.24	3	NO
1	L5974	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$237.96	3	NO
1	L5975	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$348.56	3	NO
1	L5976	ALL LOWER EXREMITY PROSTHESES, E	4/1/2008	\$479.47	3	NO
1	L5978	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$270.98	3	NO
1	L5979	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$2,308.55	3	NO
1	L5980	ALL LOWER EXTREMITY PROSTHESES,	1/1/1994	NC	9	NO
1	L5981	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$2,508.73	3	NO
1	L5982	ALL EXOSKELETAL LOWER EXTREMITY	4/1/2008	\$585.25	3	NO
1	L5984	ALL ENDOSKELETAL LOWER EXTREMITY	4/1/2008	\$553.29	3	NO
1	L5985	ALL ENDOSKELETAL LOWER EXTREMITY	4/1/2008	\$212.32	3	NO
1	L5986	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$585.61	3	NO
1	L5987	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$5,408.71	3	NO
1	L5988	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$1,502.00	3	NO
1	L5989	ADDITION TO LOWER EXTREMITY PROS	5/9/2005	INVALID	N	NO
1	L5999	UNLISTED PROCEDURES FOR LOWER EX	4/1/2008	\$865.80	3	NO
1	L6000	PARTIAL HAND, ROBIN-AIDS, THUMB	4/1/2008	\$1,356.83	3	NO
1	L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE	4/1/2008	\$1,509.92	3	NO
1	L6020	PARTIAL HAND, ROBIN-AIDS, NO FIN	4/1/2008	\$1,407.77	3	NO
1	L6025	TRANSCARPAL/METACARPAL OR PARTIA	5/9/2005	NC	9	NO
1	L6050	WRIST DISARTICULATION, MOLDED SO	4/1/2008	\$1,662.80	3	NO
1	L6055	WRIST DISARTICULATION, MOLDED SO	4/1/2008	\$2,482.81	3	NO
1	L6100	BELOW ELBOW, MOLDED SOCKET, FLEX	4/1/2008	\$1,791.05	3	NO
1	L6110	BELOW ELBOW, MOLDED SOCKET (MUEN	4/1/2008	\$1,826.74	3	NO
1	L6120	BELOW ELBOW, MOLDED DOUBLE WALL	4/1/2008	\$2,297.08	3	NO

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1	L6130	BELOW ELBOW, MOLDED DOUBLE WALL	4/1/2008	\$2,643.53	3	NO
1	L6200	ELBOW DISARTICULATION, MOLDED SO	4/1/2008	\$2,712.97	3	NO
1	L6205	ELBOW DISARTICULATION, MOLDED SO	4/1/2008	\$3,398.95	3	NO
1	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL	4/1/2008	\$2,530.02	3	NO
1	L6300	SHOULDER DISARTICULATION, MOLDED	4/1/2008	\$3,558.82	3	NO
1	L6310	SHOULDER DISARTICULATION, PASSIV	1/1/1994	NC	9	NO
1	L6320	SHOULDER DISARTICULATION, PASSIV	4/1/2008	\$1,308.84	3	NO
1	L6350	INTERSCAPULAR THORACIC, MOLDED S	4/1/2008	\$3,999.86	3	NO
1	L6360	INTERSCAPULAR THORACIC, PASSIVE	1/1/1994	NC	9	NO
1	L6370	INTERSCAPULAR THORACIC, PASSIVE	4/1/2008	\$1,555.56	3	NO
1	L6380	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$1,047.31	3	NO
1	L6382	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$1,232.93	3	NO
1	L6384	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$1,560.89	3	NO
1	L6386	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$353.54	3	NO
1	L6388	IMMEDIATE POSTSURGICAL OR EARLY	4/1/2008	\$388.58	3	NO
1	L6400	BELOW ELBOW, MOLDED SOCKET, ENDO	4/1/2008	\$1,982.85	3	NO
1	L6450	ELBOW DISARTICULATION, MOLDED SO	4/1/2008	\$2,691.69	3	NO
1	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDO	4/1/2008	\$2,722.45	3	NO
1	L6550	SHOULDER DISARTICULATION, MOLDED	4/1/2008	\$3,641.86	3	NO
1	L6570	INTERSCAPULAR THORACIC, MOLDED S	4/1/2008	\$4,059.62	3	NO
1	L6580	PREPARATORY, WRIST DISARTICULATI	4/1/2008	\$1,379.61	3	NO
1	L6582	PREPARATORY, WRIST DISARTICULATI	4/1/2008	\$1,096.34	3	NO
1	L6584	PREPARATORY, ELBOW DISARTICULATI	4/1/2008	\$1,862.75	3	NO
1	L6586	PREPARATORY, ELBOW DISARTICULATI	4/1/2008	\$1,592.00	3	NO
1	L6588	PREPARATORY, SHOULDER DISARTICUL	4/1/2008	\$2,695.57	3	NO
1	L6590	PREPARATORY, SHOULDER DISARTICUL	4/1/2008	\$2,483.76	3	NO
1	L6600	UPPER EXTREMITY ADDITIONS, POLYC	4/1/2008	\$155.66	3	NO
1	L6605	UPPER EXTREMITY ADDITIONS, SINGL	4/1/2008	\$146.85	3	NO
1	L6610	UPPER EXTREMITY ADDITIONS, FLEXI	4/1/2008	\$133.94	3	NO
1	L6615	UPPER EXTREMITY ADDITION, DISCON	4/1/2008	\$163.68	3	NO
1	L6616	UPPER EXTREMITY ADDITION, ADDITI	4/1/2008	\$59.65	3	NO
1	L6620	UPPER EXTREMITY ADDITION, FLEXIO	4/1/2008	\$256.37	3	NO
1	L6621	UPPER EXTREMITY PROSTHESIS ADDIT	1/1/2006	NC	9	NO
1	L6623	UPPER EXREMITY ADDITION, SPRING	4/1/2008	\$551.51	3	NO
1	L6625	UPPER EXTREMITY ADDITION, ROTATI	4/1/2008	\$471.66	3	NO
1	L6628	UPPER EXTREMITY ADDITION, QUICK	4/1/2008	\$442.95	3	NO
1	L6629	UPPER EXTREMITY ADDITION, QUICK	4/1/2008	\$112.26	3	NO
1	L6630	UPPER EXTREMITY ADDITION, STAINL	4/1/2008	\$165.06	3	NO
1	L6632	UPPER EXTREMITY ADDITION, LATEX	4/1/2008	\$49.76	3	NO
1	L6635	UPPER EXTREMITY ADDITION, LIFT A	4/1/2008	\$144.70	3	NO
1	L6637	UPPER EXTREMITY ADDITION, NUDGE	4/1/2008	\$332.78	3	NO
1	L6638	UPPER EXTREMITY ADD TO PROSTHESI	5/9/2005	NC	9	NO
1	L6640	UPPER EXTREMITY ADDITIONS, SHOUL	4/1/2008	\$263.86	3	NO
1	L6641	UPPER EXTREMITY ADDITION, EXCURS	4/1/2008	\$131.51	3	NO
1	L6642	UPPER EXTREMITY ADDITION, EXCURS	4/1/2008	\$177.88	3	NO
1	L6645	UPPER EXTREMITY ADDITION, SHOULD	4/1/2008	\$303.62	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L6646	UPPER EXTREMITY ADD, SHOULDER JO	5/9/2005	NC	9	NO
1	L6648	UPPER EXTRMITY ADDITION, SHOULDE	5/9/2005	NC	9	NO
1	L6650	UPPER EXTREMITY ADDITION, SHOULD	4/1/2008	\$261.86	3	NO
1	L6655	UPPER EXTREMITY ADDITION, STANDA	4/1/2008	\$76.71	3	NO
1	L6660	UPPER EXTREMITY ADDITION, HEAVY	4/1/2008	\$81.21	3	NO
1	L6665	UPPER EXTREMITY ADDITION, TEFLON	4/1/2008	\$37.76	3	NO
1	L6670	UPPER EXTREMITY ADDITION, HOOK T	4/1/2008	\$39.05	3	NO
1	L6672	UPPER EXTREMITY ADDITION, HARNES	4/1/2008	\$148.25	3	NO
1	L6675	UPPER EXTREMITY ADDITION, HARNES	4/1/2008	\$91.98	3	NO
1	L6676	UPPER EXTREMITY ADDITION, HARNES	4/1/2008	\$113.08	3	NO
1	L6677	UPPER EXTREMITY ADDITION, HARNES	1/1/2006	NC	9	NO
1	L6680	UPPER EXTREMITY ADDITION, TEST S	4/1/2008	\$182.20	3	NO
1	L6682	UPPER EXTREMITY ADDITION, TEST S	4/1/2008	\$231.80	3	NO
1	L6684	UPPER EXTREMITY ADDITION, TEST S	4/1/2008	\$355.19	3	NO
1	L6686	UPPER EXTREMITY ADDITION, SUCTIO	4/1/2008	\$509.20	3	NO
1	L6687	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$441.76	3	NO
1	L6688	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$540.96	3	NO
1	L6689	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$662.10	3	NO
1	L6690	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$702.17	3	NO
1	L6691	UPPER EXTREMITY ADDITION, REMOVA	4/1/2008	\$303.77	3	NO
1	L6692	UPPER EXTREMITY ADDITION, SILIC	4/1/2008	\$428.31	3	NO
1	L6693	UPPER EXTREMITY ADDITION, EXTERN	4/1/2008	\$2,134.55	3	NO
1	L6700	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6705	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6710	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6715	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6720	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6725	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6730	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6735	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6740	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6745	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6750	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6755	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6765	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6770	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6775	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6780	TERMINAL DEVICE, HOOK, DORRANCE	1/1/2007	INVALID	N	NO
1	L6790	TERMINAL DEVICE, HOOK, ACCU HOOK	1/1/2007	INVALID	N	NO
1	L6795	TERMINAL DEVICE, HOOK, 2 LOAD OR	1/1/2007	INVALID	N	NO
1	L6800	TERMINAL DEVICE, HOOK, APRL VC O	1/1/2007	INVALID	N	NO
1	L6805	TERMINAL DEVICE, MODIFIER WRIST	4/1/2008	\$323.93	3	NO
1	L6806	TERMINAL DEVICE, HOOK, TRS GRIP,	1/1/2007	INVALID	N	NO
1	L6807	TERMINAL DEVICE, HOOK, GRIP I, G	1/1/2007	INVALID	N	NO
1	L6808	TERMINAL DEVICE, HOOK, TRS ADEPT	1/1/2007	INVALID	N	NO
1	L6809	TERMINAL DEVICE, HOOK, TRS SUPER	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L6810	TERMINAL DEVICE, PINCHER TOOL, O	4/1/2008	\$153.28	3	NO
1	L6825	TERMINAL DEVICE, HAND, DORRANCE,	1/1/2007	INVALID	N	NO
1	L6830	TERMINAL DEVICE, HAND, APRL, VC	1/1/2007	INVALID	N	NO
1	L6835	TERMINAL DEVICE, HAND, SIERRA, V	1/1/2007	INVALID	N	NO
1	L6840	TERMINAL DEVICE, HAND, BECKER IM	1/1/2007	INVALID	N	NO
1	L6845	TERMINAL DEVICE, HAND, BECKER LO	1/1/2007	INVALID	N	NO
1	L6850	TERMINAL DEVICE, HAND, BECKER PL	1/1/2007	INVALID	N	NO
1	L6855	000MINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
1	L6860	TERMINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
1	L6865	TERMINAL DEVICE, HAND, PASSIVE H	1/1/2007	INVALID	N	NO
1	L6867	TERMINAL DEVICE, HAND, DETROIT I	1/1/2007	INVALID	N	NO
1	L6868	TERMINAL DEVICE, HAND, PASSIVE I	1/1/2007	INVALID	N	NO
1	L6870	TERMINAL DEVICE, HAND, CHILD MIT	1/1/2007	INVALID	N	NO
1	L6872	TERMINAL DEVICE, HAND, NYU CHILD	1/1/2007	INVALID	N	NO
1	L6873	TERMINAL DEVICE, HAND, MECHANICA	1/1/2007	INVALID	N	NO
1	L6875	TERMINAL DEVICE, HAND, BOCK, VC	1/1/2007	INVALID	N	NO
1	L6880	TERMINAL DEVICE, HAND, BOCK, VO	1/1/2007	INVALID	N	NO
1	L6881	AUTOMATIC GRASP FEATURE, ADDITIO	5/9/2005	NC	9	NO
1	L6882	MICROPROCESSOR CONTROL FEATURE,	5/9/2005	NC	9	NO
1	L6883	REPLACEMENT SOCKET, BELOW ELBOW/	1/1/2006	NC	9	NO
1	L6884	REPLACEMENT SOCKET, ABOVE ELBOW	1/1/2006	NC	9	NO
1	L6885	REPLACEMENT SOCKET, SHOULDER DIS	1/1/2006	NC	9	NO
1	L6890	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$142.22	3	NO
1	L6895	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$474.81	3	NO
1	L6900	HAND RESTORATION (CASTS, SHADING	4/1/2008	\$1,487.14	3	NO
1	L6905	HAND RESTORATION (CASTS, SHADING	4/1/2008	\$1,499.29	3	NO
1	L6910	HAND RESTORATION (CASTS, SHADING	4/1/2008	\$1,230.53	3	NO
1	L6915	HAND RESTORATION (SHADING AND ME	4/1/2008	\$556.12	3	NO
1	L6920	WRIST DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6925	WRIST DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6930	BELOW ELBOW, EXTERNAL POWER, SEL	1/1/1994	NC	9	NO
1	L6935	BELOW ELBOW, EXTERNAL POWER, SEL	1/1/1994	NC	9	NO
1	L6940	ELBOW DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6945	ELBOW DISARTICULATION, EXTERNAL	1/1/1994	NC	9	NO
1	L6950	ABOVE ELBOW, EXTERNAL POWER, MOL	1/1/1994	NC	9	NO
1	L6955	ABOVE ELBOW, EXTERNAL POWER, MOL	1/1/1994	NC	9	NO
1	L6960	SHOULDER DISARTICULATION, EXTERN	1/1/1994	NC	9	NO
1	L6965	SHOULDER DISARTICULATION, EXTERN	1/1/1994	NC	9	NO
1	L6970	INTERSCAPULAR-THORACIC, EXTERNAL	1/1/1994	NC	9	NO
1	L6975	INTERSCAPULAR-THORACIC, EXTERNAL	1/1/1994	NC	9	NO
1	L7010	ELECTRONIC HAND, OTTO BOCK, STEE	1/1/2007	INVALID	N	NO
1	L7015	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/2007	INVALID	N	NO
1	L7020	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/2007	INVALID	N	NO
1	L7025	ELECTRONIC HAND, OTTO BOCK OR EQ	1/1/2007	INVALID	N	NO
1	L7030	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/2007	INVALID	N	NO
1	L7035	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L7040	PREHENSILE ACTUATOR, HOSMER OR E	1/1/1994	NC	9	NO
1	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN	1/1/1994	NC	9	NO
1	L7170	ELECTRONIC ELBOW, HOSMER OR EQUA	1/1/1994	NC	9	NO
1	L7180	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/1994	NC	9	NO
1	L7185	ELECTRONIC ELBOW, ADOLESCENT, VA	1/1/1994	NC	9	NO
1	L7186	ELECTRONIC ELBOW, CHILD, VARIETY	1/1/1994	NC	9	NO
1	L7190	ELECTRONIC ELBOW, ADOLESCENT, VA	1/1/1994	NC	9	NO
1	L7191	ELECTRONIC ELBOW, CHILD, VARIETY	1/1/1994	NC	9	NO
1	L7260	ELECTRONIC WRIST ROTATOR, OTTO B	1/1/1994	NC	9	NO
1	L7261	ELECTRONIC WRIST ROTATOR, FOR UT	1/1/1994	NC	9	NO
1	L7266	SERVO CONTROL, STEEPER OR EQUAL	1/1/1994	NC	9	NO
1	L7272	ANALOGUE CONTROL, UNB OR EQUAL	1/1/1994	NC	9	NO
1	L7274	PROPORTIONAL CONTROL, 6-12 VOLT,	1/1/1994	NC	9	NO
1	L7360	SIX VOLT BATTERY, EACH	1/1/1994	NC	9	NO
1	L7362	BATTERY CHARGER, SIX VOLT, EACH	1/1/1994	NC	9	NO
1	L7364	TWELVE VOLT BATTERY, EACH	1/1/1994	NC	9	NO
1	L7366	BATTERY CHARGER, TWELVE VOLT, EA	1/1/1994	NC	9	NO
1	L7367	LITHIUM ION BATTERY, REPLACEMENT	5/9/2005	NC	9	NO
1	L7368	LITHIUM ION BATTERY CHARGER	5/9/2005	NC	9	NO
1	L7400	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
1	L7401	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
1	L7402	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
1	L7499	UNLISTED PROCEDURES FOR UPPER EX	1/1/1994	\$0.01	5	NO
1	L7500	REPAIR OF PROSTHETIC DEVICE, HOU	5/9/2005	NC	9	NO
1	L7510	REPAIR OF PROSTHETIC DEVICE, REP	4/1/2008	\$193.29	3	NO
1	L8000	BREAST PROSTHESIS, MASTECTOMY BR	4/1/2008	\$31.64	3	NO
1	L8010	BREAST PROSTHESIS, MASTECTOMY SL	6/16/2002	NC	9	NO
1	L8015	EXTERNAL BREAST PROSTHESIS GARME	4/1/2008	\$46.80	3	NO
1	L8020	BREAST PROSTHESIS, MASTECTOMY FO	4/1/2008	\$184.53	3	NO
1	L8030	BREAST PROSTHESIS, SILICONE OR E	4/1/2008	\$241.62	3	NO
1	L8035	CUSTOM BREAST PROSTHESIS, POST M	5/9/2005	NC	9	NO
1	L8049	REPAIR OR MODIFICATION OF MAXILL	4/1/2008	\$16.66	3	NO
1	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8160	ELASTIC SUPPORTY, ELASTIC STOCKI	1/1/2006	INVALID	N	NO
1	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
1	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
1	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
1	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
1	L8300	TRUSS, SINGLE WITH STANDARD PAD	4/1/2008	\$80.27	3	NO
1	L8310	TRUSS, DOUBLE WITH STANDARD PADS	4/1/2008	\$112.42	3	NO
1	L8320	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$42.80	3	NO
1	L8330	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$37.81	3	NO
1	L8400	PROSTHETIC SHEATH, BELOW KNEE, E	4/1/2008	\$14.21	3	NO
1	L8410	PROSTHETIC SHEATH, ABOVE KNEE, E	4/1/2008	\$20.25	3	NO
1	L8415	PROSTHETIC SHEATH, UPPER LIMB, E	4/1/2008	\$20.79	3	NO
1	L8417	PROSTHETIC SHEATH/SOCK, INCLUDIN	4/1/2008	\$56.54	3	NO
1	L8420	PROSTHETIC SOCK, MULTIPLE PLY, B	4/1/2008	\$15.38	3	NO
1	L8430	PROSTHETIC SOCK, MULTIPLE PLY, A	4/1/2008	\$17.55	3	NO
1	L8435	PROSTHETIC SOCK, MULTI PLY, UPPE	4/1/2008	\$21.47	3	NO
1	L8440	PROSTHETIC SHRINKER, BELOW KNEE,	4/1/2008	\$32.03	3	NO
1	L8460	PROSTHETIC SHRINKER, ABOVE KNEE,	4/1/2008	\$66.84	3	NO
1	L8465	PROSTHETIC SHRINKER, UPPER LIMB,	4/1/2008	\$37.36	3	NO
1	L8470	STUMP SOCK, SINGLE PLY, FITTING,	4/1/2008	\$5.11	3	NO
1	L8480	PROSTHETIC SOCK, SINGLE PLY, FIT	4/1/2008	\$9.40	3	NO
1	L8485	PROSTHETIC SOCK, SINGLE PLY, FIT	4/1/2008	\$11.01	3	NO
1	L8490	ADDITION TO PROSTHETIC SHEATH/SO	1/1/2005	INVALID	N	NO
1	L8499	UNLISTED PROCEDURE FOR MISCELLAN	4/1/2008	\$893.51	3	NO
1	L8509	TRACHO-ESOPHAGEAL VOICE PROSTHES	4/1/2008	\$82.11	3	NO
1	L8511	INSERT FOR INDWELLING TRACHEOESO	5/9/2005	NC	9	NO
1	L8512	GELATIN CAPSULES OR EQUIVALENT,	5/9/2005	NC	9	NO
1	L8513	CLEANING DEVICE USED WITH TRACHE	5/9/2005	NC	9	NO
1	L8514	TRACHEOESOPHAGEAL PUNCTURE DILAT	5/9/2005	NC	9	NO
1	L8600	IMPLANTABLE BREAST PROSTHESIS, S	1/1/1994	NC	9	NO
1	L8603	INJECTABLE BULKING AGENT, COLLAG	1/1/1995	NC	9	NO
1	L8606	INJECTABLE BULKING AGENT, SYNTHE	1/1/2001	NC	9	NO
1	L8609	ARTIFICIAL CORNEA	1/1/2006	NC	9	NO
1	L8610	OCULAR IMPLANT	1/1/1994	NC	9	NO
1	L8612	AQUEOUS SHUNT	1/1/1994	NC	9	NO
1	L8613	OSSICULA IMPLANT	1/1/1994	NC	9	NO
1	L8614	COCHLEAR DEVICE/SYSTEM	4/1/2002	NC	9	NO
1	L8630	METACARPOPHALANGEAL JOINT IMPLAN	1/1/1994	NC	9	NO
1	L8631	METACARPAL PHALANGEAL JOINT REPL	5/9/2005	NC	9	NO
1	L8641	METATARSAL JOINT IMPLANT	1/1/1994	NC	9	NO
1	L8642	HALLUX IMPLANT	1/1/1994	NC	9	NO
1	L8658	INTERPHALANGEAL JOINT IMPLANT	1/1/1994	NC	9	NO
1	L8659	INTERPHALANGEAL FINGER JOINT REP	5/9/2005	NC	9	NO
1	L8670	VASCULAR GRAFT MATERIAL, SYNTHET	1/1/1994	NC	9	NO
1	L8680	IMPLANTABLE NEUROSTIMULATOR ELEC	1/1/2006	NC	9	NO
1	L8681	PATIENT PROGRAMMER (EXTERNAL) FO	1/1/2006	NC	9	NO
1	L8682	IMPLANTABLE NEUROSTIMULATOR RADI	1/1/2006	NC	9	NO
1	L8683	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	NC	9	NO
1	L8684	RADIOFREQUENCY TRANSMITTER (EXT)	1/1/2006	NC	9	NO
1	L8685	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	L8686	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8687	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8688	IMPLANTABLE NEUROSTIMULATOR PULS	1/1/2006	NC	9	NO
1	L8689	EXTERNAL RECHARGING SYSTEM FO RI	1/1/2006	NC	9	NO
1	L8699	PROSTHETIC IMPLANT, NOS	7/1/2007	\$0.01	5	NO
1	M0064	BREIF OFFICE VISIT FOR THE SOLE	1/1/2008	\$23.12	3	NO
1	M0075	CELLULAR THERAPY	1/1/1989	NC	9	NO
1	M0076	PROLOTHERAPY	1/1/1989	NC	9	NO
1	M0100	INTRAGASTRIC HYPOTHERMIA USING G	1/1/1994	NC	9	NO
1	M0300	IV CHELATION THERAPY (CHEMICAL E	2/1/1994	NC	9	NO
1	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	1/1/1994	NC	9	NO
1	M0302	ASSESSMENT OF CARDIAC OUTPUT BY	4/1/2002	INVALID	N	NO
1	P9019	PLATELET CONCENTRATE EACH UNIT	10/1/2004	NC	9	NO
1	P9021	RED BLOOD CELLS, EACH UNIT	3/1/1987	NC	9	NO
1	P9612	CATHETERIZATION FOR COLLECTION O	1/1/2008	\$2.30	3	NO
1	Q0035	CARDIOKHYMOGRAPHY	1/1/1994	NC	9	NO
1	Q0081	INFUSION THERAPY, USING OTHER TH	1/1/2008	\$31.08	3	NO
1	Q0083	CHEMOTHERAPY ADMINISTRATION BY O	1/1/2008	\$31.08	3	NO
1	Q0084	CHEMOTHERAPY ADMINISTRATION BY I	1/1/2008	\$31.08	3	NO
1	Q0085	CHEMOTHERAPY ADMINISTRATION BY B	1/1/2008	\$31.08	3	NO
1	Q0086	PHYSICAL THERAPY EVALUATION/TREA	4/1/2004	INVALID	N	NO
1	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/2005	NC	9	NO
1	Q0111	WET MOUNTS, INCLUDING REARATOPMS	1/1/2008	\$3.68	3	NO
1	Q0136	INJECTION, EPOETIN ALPHA, (FOR N	1/1/2006	INVALID	N	NO
1	Q0137	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
1	Q0144	AZITHROMYCIN DIHYDRATE, ORAL, CA	4/1/2002	NC	9	NO
1	Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
1	Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
1	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 5	4/1/2008	\$0.02	3	NO
1	Q0164	PROCHLORPERAZINE MALEATE, 5 MG,	4/1/2008	\$0.06	3	NO
1	Q0165	PROCHLORPERAZINE MALEATE, 10 MG,	4/1/2008	\$0.08	3	NO
1	Q0166	GRANISETRON HYDROCHLORIDE, 1 MG,	4/1/2008	\$46.96	3	NO
1	Q0167	DRONABINOL, 2.5 MG, ORAL, FDA AP	4/1/2008	\$5.42	3	NO
1	Q0168	DRONABINOL, 5 MG, ORAL, FDA APPR	4/1/2008	\$10.84	3	NO
1	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5	4/1/2008	\$0.45	3	NO
1	Q0170	PROMETHAZINE HYDROCHLORIDE, 25 M	4/1/2008	\$0.19	3	NO
1	Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10	4/1/2008	\$0.01	3	NO
1	Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25	10/1/2007	\$0.04	3	NO
1	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE,	4/1/2008	\$0.29	3	NO
1	Q0174	THIETHYLPERAZINE MALEATE, 10 MG,	1/30/2006	\$0.83	3	NO
1	Q0175	PERPHENZAINE, 4 MG, ORAL, FDA AP	4/1/2008	\$0.19	3	NO
1	Q0176	PERPHENZAINE, 8 MG, ORAL, FDA AP	4/1/2008	\$0.20	3	NO
1	Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL	7/1/2007	\$0.05	3	NO
1	Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL	4/1/2008	\$0.05	3	NO
1	Q0179	ONDANSETRON HYDRCHLORIDE, 8 MG,	4/1/2008	\$4.60	3	NO
1	Q0180	DOLASETRON MESYLATE, 100 MG, ORA	4/1/2008	\$49.17	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FD	6/13/2005	\$0.01	5	NO
1	Q0182	DERMAL AND EPIDERMAL, TISSUE OF	1/1/2005	INVALID	N	NO
1	Q0183	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	INVALID	N	NO
1	Q0184	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2003	INVALID	N	NO
1	Q0185	DERMAL AND EPIDERMAL TISSUE, OF	4/1/2002	INVALID	N	NO
1	Q0187	FACTOR VIIA (COAGULATION FACTOR,	1/1/2006	INVALID	N	NO
1	Q0480	DRIVER FOR USE WITH PNEUMATIC VE	1/1/2006	NC	9	NO
1	Q0481	MICROPROCESSOR CONTROL UNIT FOR	1/1/2006	NC	9	NO
1	Q0482	MICROPROCESSOR CONTROL UNIT FOR	1/1/2006	NC	9	NO
1	Q0483	MONITOR/DISPLAY MODULE FOR USE W	1/1/2006	NC	9	NO
1	Q0484	MONITOR/DISPLAY MODULE FOR USE W	1/1/2006	NC	9	NO
1	Q0485	MONITOR CONTROL CABLE FOR USE WI	1/1/2006	NC	9	NO
1	Q0486	MONITOR CONTROL CABLE FOR USE WI	1/1/2006	NC	9	NO
1	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR	1/1/2006	NC	9	NO
1	Q0488	POWER PACK BASE FOR USE WITH ELE	1/1/2006	NC	9	NO
1	Q0489	POWER PACK BASE FOR USE WITH ELE	1/1/2006	NC	9	NO
1	Q0490	EMERGENCY POWER SOURCE FOR USE W	1/1/2006	NC	9	NO
1	Q0491	EMERGENCY POWER SOURCE FOR USE W	1/1/2006	NC	9	NO
1	Q0492	EMERGENCY POWER SUPPLY CABLE FOR	1/1/2006	NC	9	NO
1	Q0493	EMERGENCY POWER SUPPLY CABLE FOR	1/1/2006	NC	9	NO
1	Q0494	EMERGENCY HAND PUMP FOR USE WITH	1/1/2006	NC	9	NO
1	Q0495	BATTERY/POWER PACK CHARGER FOR U	1/1/2006	NC	9	NO
1	Q0496	BATTERY FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0497	BATTERY CLIPS FOR USE WITH ELECT	1/1/2006	NC	9	NO
1	Q0498	HOLSTER FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0499	BELT/VEST FOR USE WITH ELECTRIC	1/1/2006	NC	9	NO
1	Q0500	FILTERS FOR USE WITH ELECTRIC OR	1/1/2006	NC	9	NO
1	Q0501	SHOWER COVER FOR USE WITH ELECTR	1/1/2006	NC	9	NO
1	Q0502	MOBILITY CART FOR PNEUMATIC VENT	1/1/2006	NC	9	NO
1	Q0503	BATTERY FOR PNEUMATIC VENTRICULA	1/1/2006	NC	9	NO
1	Q0504	POWER ADAPTER FOR PNEUMATIC VENT	1/1/2006	NC	9	NO
1	Q0505	MISCELLANEOUS SUPPLY OR ACCESSOR	1/1/2006	NC	9	NO
1	Q0510	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	NC	9	NO
1	Q0511	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	NC	9	NO
1	Q0512	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	NC	9	NO
1	Q0513	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	Q0514	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	NC	9	NO
1	Q0515	INJECTION, SERMORELIN ACETATE, 1	11/1/2006	\$1.75	3	NO
1	Q1001	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
1	Q1002	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
1	Q1003	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
1	Q2001	ORAL, CABERGOLINE, 0.5 MG	1/1/2006	INVALID	N	NO
1	Q2002	INJECTION, ELLIOTTS B SOLUTION,	1/1/2006	INVALID	N	NO
1	Q2003	INJECTION, APROTININ, 10,000 KIU	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q2004	IRRIGATION SOLUTION FOR TREATMEN	1/1/2008	\$29.27	3	NO
1	Q2005	INJECTION, CORTICORELIN OVINE TR	1/1/2006	INVALID	N	NO
1	Q2006	INJECTION, DIGOXIN IMMUNE FAB (O	1/1/2006	INVALID	N	NO
1	Q2007	INJECTION, ETHANOLAMINE OLEATE,	1/1/2006	INVALID	N	NO
1	Q2008	INJECTION, FOMEPIZOLE, 15 MG	1/1/2006	INVALID	N	NO
1	Q2009	INJECTION, FOSPHENYTOIN, 50 MG	4/1/2008	\$0.82	3	NO
1	Q2010	INJECTION, GLATIRAMER ACETATE, P	4/1/2004	INVALID	N	NO
1	Q2011	INJECTION, HEMIN, PER 1 MG	1/1/2006	INVALID	N	NO
1	Q2012	INJECTION, PEGADEMASE BOVINE, 25	1/1/2006	INVALID	N	NO
1	Q2013	INJECTION, PENTASTARCH, 10% SOLU	1/1/2006	INVALID	N	NO
1	Q2014	INJECTION, SERMORELIN ACETATE, 0	1/1/2006	INVALID	N	NO
1	Q2015	INJECTION, SOMATREM, 5 MG	4/1/2002	INVALID	N	NO
1	Q2016	INJECTION, SOMATROPIN, 1 MG	4/1/2002	INVALID	N	NO
1	Q2017	INJECTION, TENIPOSIDE, 50 MG	4/1/2008	\$287.40	3	NO
1	Q2018	INJECTION, UROFOLLITROPIN, 75 IU	1/1/2006	INVALID	N	NO
1	Q2019	INJECTION, BASILIXIMAB, 20 MG	1/1/2006	INVALID	N	NO
1	Q2020	INJECTION, HISTRELIN ACETATE, 10	1/1/2006	INVALID	N	NO
1	Q2021	INJECTION, LEPIRUDIN, 50 MG	1/1/2006	INVALID	N	NO
1	Q2022	VON WILLEBRAND FACTOR COMPLEX, H	1/1/2006	INVALID	N	NO
1	Q3013	INJECTON, VERTEPORFIN, 15 MG	1/1/2002	INVALID	N	NO
1	Q3014	TELEHEALTH ORIGINATING SITE FACI	1/1/2008	\$20.72	3	NO
1	Q3021	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3022	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3023	INJECTION, HEPATITIS B VACCINE,	1/1/2003	INVALID	N	NO
1	Q3025	INJECTION, INTERFERON BETA-1A, 1	4/1/2008	\$132.30	3	NO
1	Q3026	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
1	Q3031	COLLAGEN SKIN TEST	1/1/2004	NC	9	NO
1	Q4001	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$36.03	3	NO
1	Q4002	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$136.17	3	NO
1	Q4003	CAST SUPPLIES, APPLICATION OF SH	1/1/2008	\$25.88	3	NO
1	Q4004	CAST SUPPLIES, APPLICATION OF SH	1/1/2008	\$89.59	3	NO
1	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$9.54	3	NO
1	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$21.51	3	NO
1	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$4.78	3	NO
1	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$10.75	3	NO
1	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$6.36	3	NO
1	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$14.34	3	NO
1	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$3.18	3	NO
1	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$7.17	3	NO
1	Q4013	CAST SUPPLIES, GUANTLET CAST (IN	1/1/2008	\$11.58	3	NO
1	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$19.56	3	NO
1	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$5.79	3	NO
1	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$9.78	3	NO
1	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$6.70	3	NO
1	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$10.69	3	NO
1	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$3.36	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$5.35	3	NO
1	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.96	3	NO
1	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$8.95	3	NO
1	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$2.49	3	NO
1	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.48	3	NO
1	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$27.83	3	NO
1	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$86.87	3	NO
1	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$13.91	3	NO
1	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$43.44	3	NO
1	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$21.27	3	NO
1	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$56.00	3	NO
1	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$10.64	3	NO
1	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$28.00	3	NO
1	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$19.84	3	NO
1	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$49.37	3	NO
1	Q4035	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$9.92	3	NO
1	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$24.69	3	NO
1	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$12.11	3	NO
1	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$30.32	3	NO
1	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$6.06	3	NO
1	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$15.17	3	NO
1	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$14.72	3	NO
1	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$25.12	3	NO
1	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$7.36	3	NO
1	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$12.57	3	NO
1	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$8.55	3	NO
1	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$13.75	3	NO
1	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$4.27	3	NO
1	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$6.88	3	NO
1	Q4049	FINGER SPLINT, STATIC	1/1/2008	\$1.55	3	NO
1	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	1/1/2008	\$51.80	3	NO
1	Q4051	SPLINT SUPPLIES, MISC (INC THERM	1/1/2008	\$51.80	3	NO
1	Q4053	INJECTION, PEGFILGRASTIM, 1 MG	4/1/2004	INVALID	N	NO
1	Q4054	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
1	Q4055	INJECTION, EPOETIN ALFA, 1000 UN	1/1/2006	INVALID	N	NO
1	Q4075	INJECTION, ACYCLOVIR, 5 MG	1/1/2006	INVALID	N	NO
1	Q4076	INJECTION, DOPAMINE HCL, 40 MG	1/1/2006	INVALID	N	NO
1	Q4077	INJECTION, TREPROSTINIL, 1 MG	1/1/2006	INVALID	N	NO
1	Q4079	INJECTION, NATALIZUMAB, PER 1 MG	1/1/2008	INVALID	N	NO
1	Q4080	ILOPROST, INHAL SOL, FDA APPROV	1/1/2008	\$40.86	3	NO
1	Q4081	INJECTION, EPOETIN ALFA, 100 UNI	4/1/2008	\$0.91	3	NO
1	Q4082	DRUG OR BIOLOGICAL, NOC, PART B	1/1/2007	\$0.01	5	NO
1	Q4083	HYALURONAN OR DERIVATIVE, HYALGA	1/1/2008	INVALID	N	NO
1	Q4084	HYALURONA OR DERIVATIVE, SYNVISC	1/1/2008	INVALID	N	NO
1	Q4085	HYALURONAN OR DERIVATIVE, EUFLEX	1/1/2008	INVALID	N	NO
1	Q4086	HYALURONAN OR DERIVATIVE, ORTHOV	1/1/2008	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q4087	INJECTION,IMMUNE GLOBULIN,(OCTOG	1/1/2008	INVALID	N	NO
1	Q4088	INJECTION,IMMUNE GLOBULIN,(GAMMA	1/1/2008	INVALID	N	NO
1	Q4089	INJECTION RHO(D) IMMUNE GLOBULIN	1/1/2008	INVALID	N	NO
1	Q4090	INJECTION HEPATITIS B IMMUNE GLO	1/1/2008	INVALID	N	NO
1	Q4091	INJECTION IMMUNE GLOBULIN(FLEBOG	1/1/2008	INVALID	N	NO
1	Q4092	INJECTION IMMUNE GLOBULIN(GAMUNE	1/1/2008	INVALID	N	NO
1	Q4093	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
1	Q4094	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
1	Q4095	INJECTION, ZOLEDRONIC ACID (RECL	1/1/2008	INVALID	N	NO
1	Q4096	INJECTION, VON WILLEBRAND FACTOR	4/1/2008	NC	9	NO
1	Q4097	INJECTION, IMMUNE GLOBULIN (PRIV	4/1/2008	NC	9	NO
1	Q4098	INJECTION, IRON DEXTRAN, 50 MG	4/1/2008	NC	9	NO
1	Q4099	FORMOTEROL FUMARATE, INHALATION	4/1/2008	NC	9	NO
1	Q9920	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9921	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9922	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9923	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9924	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9925	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9926	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9927	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9928	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9929	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9930	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9931	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9932	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9933	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9934	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9935	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9936	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9937	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9938	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9939	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9940	INJECTION OF EPO, PER 1000 UNITS	4/1/2004	INVALID	N	NO
1	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9943	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9944	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
1	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	1/1/2008	INVALID	N	NO
1	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	1/1/2008	INVALID	N	NO
1	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
1	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
1	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
1	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
1	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	1/1/2008	\$0.62	3	NO
1	Q9952	INJECTION, GADOLINIUM-BASED MAGN	1/1/2008	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	Q9953	INJECTION, IRON-BASED MAGNETIC R	1/1/2008	\$31.50	3	NO
1	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2008	\$9.53	3	NO
1	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO
1	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2008	\$42.32	3	NO
1	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2008	\$62.61	3	NO
1	Q9965	LOW OSMOLAR CONTRAST MATERIAL, 1	4/1/2008	\$1.39	3	NO
1	Q9966	LOW OSMOLAR CONTRAST MATERIAL, 2	4/1/2008	\$1.14	3	NO
1	Q9967	LOW OSMOLAR CONTRAST MATERIAL, 3	4/1/2008	\$0.21	3	NO
1	S0009	INJECTION, BUTORPHANOL TARTRATE,	4/1/2004	INVALID	N	NO
1	S0012	BUTORPHANOL TARTRATE, NASAL SPRA	1/1/2000	NC	9	NO
1	S0014	TACRINE HYDROCHLORIDE, 10 MG	1/1/2000	NC	9	NO
1	S0016	INJECTION, AMIKACIN SULFATE, 500	1/1/2006	INVALID	N	NO
1	S0017	INJECTION, AMINOCAPROIC ACID, 5	8/21/2006	\$2.69	3	NO
1	S0020	INJECTION, BUPIVICAINE HYDROCHLO	4/1/2008	\$1.80	3	NO
1	S0021	INJECTION, CEFTOPERAZONE SODIUM,	1/1/2002	\$18.00	3	NO
1	S0023	INJECTION, CIMETIDINE HYDROCHLOR	4/1/2008	\$1.39	3	NO
1	S0024	INJECTION, CIPROFLOXACIN, 200 MG	4/1/2002	INVALID	N	NO
1	S0028	INJECTION, FAMOTIDINE, 20 MG	12/1/2002	\$6.81	3	NO
1	S0029	INJECTION, FLUCONAZOLE, 400 MG	4/1/2002	INVALID	N	NO
1	S0030	INJECTION, METRONIDAZOLE, 500 MG	12/1/2002	\$15.34	3	NO
1	S0032	INJECTION, NAFCILLIN SODIUM, 2 G	10/10/2005	\$20.11	3	NO
1	S0034	INJECTION, OFLOXACIN, 400 MG	11/1/2006	\$28.00	3	NO
1	S0039	INJECTION, SULFAMETHOXAZOLE AND	2/13/2006	\$0.01	5	NO
1	S0040	INJECTION, TICARCILLIN DISODIUM	11/1/2006	\$16.99	3	NO
1	S0071	INJECTION, ACYCLOVIR SODIUM, 50	1/1/2006	INVALID	N	NO
1	S0072	INJECTION, AMIKACIN SULFATE, 100	1/1/2006	INVALID	N	NO
1	S0073	INJECTION, AZTREONAM, 500 MG	1/23/2006	\$14.96	3	NO
1	S0074	INJECTION, CEFOTETAN DISODIUM, 5	7/11/2005	\$6.76	3	NO
1	S0077	INJECTION, CLINDAMYCIN PHOSPHATE	12/1/2002	\$8.56	3	NO
1	S0078	INJECTION, FOSPHENYTOIN SODIUM,	1/23/2006	\$116.54	3	NO
1	S0079	INJECTION, OCTREOTIDE ACETATE, 1	4/1/2004	INVALID	N	NO
1	S0080	INJECTION, PENTAMIDINE ISETHIONA	1/30/2006	\$47.20	3	NO
1	S0081	INJECTION, PIPERACILLIN SODIUM,	10/10/2005	\$25.58	3	NO
1	S0085	INJECTION, GATIFLOXACIN, 200 MG	7/1/2003	INVALID	N	NO
1	S0086	INJECTION, VERTEPORFIN, 15 MG	4/1/2002	INVALID	N	NO
1	S0087	INJECTION, ALEMTUZUMAB, 30 MG	7/1/2003	INVALID	N	NO
1	S0088	IMATINIB, 100 MG	1/30/2006	\$27.52	3	NO
1	S0090	SILDENAFIL CITRATE, 25 MG	1/1/2000	NC	9	NO
1	S0091	TEST, GRANISETRON HCL, 1 MG (FOR	1/30/2006	\$195.20	3	NO
1	S0092	INJECTION, HYDROMORPHONE HCL	1/30/2006	\$113.35	3	NO
1	S0093	INJECTION, MORPHINE SULFATE	7/1/2005	\$47.19	3	NO
1	S0096	INJECTION, ITRACONAZOLE, 200 MG	4/1/2002	INVALID	N	NO
1	S0104	ZIDOVUDINE, ORAL 100 MG	1/1/2003	NC	9	NO
1	S0106	BUPROPION HCL SUSTAINED RELEASE	1/1/2003	NC	9	NO
1	S0107	INJECTION, OMALIZUMAB, 25 MG	1/1/2006	INVALID	N	NO
1	S0108	MERCAPTOPYRINE, ORAL, 50 MG	1/1/2003	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0109	MTHADONE, ORAL, 5 MG	1/1/2005	NC	9	NO
1	S0114	INJECTION, TREPROSTINIL SODIUM,	1/1/2006	INVALID	N	NO
1	S0115	BORTEZOMIB, 3.5 MG	1/1/2005	INVALID	N	NO
1	S0116	BEVACIZUMAB, 100 MG	7/1/2006	INVALID	N	NO
1	S0117	TRETINOIN, TOPICAL, 5 GRAMS	1/1/2005	NC	9	NO
1	S0118	INJECTION, ZICONOTIDE, FOR INTRA	1/1/2006	INVALID	N	NO
1	S0122	INJECTION, MENOTROPINS, 75 IU (R	1/1/2003	NC	9	NO
1	S0124	INJECTION, UROFOLLITROPIN, PURIF	4/1/2004	INVALID	N	NO
1	S0126	INJECTION, FOLLITROPIN ALFA, 75	1/1/2003	NC	9	NO
1	S0128	INJECTION, FOLLITROPIN BETA, 75	1/1/2003	NC	9	NO
1	S0130	INJECTION, CHORIONIC GONADOTROPI	4/1/2004	INVALID	N	NO
1	S0132	INJECTION, GANIRELIX ACETATE, 25	1/1/2003	NC	9	NO
1	S0133	HISTRELIN, IMPLANT, 50 MG	4/1/2006	INVALID	N	NO
1	S0135	INJECTION, PEGFILGRASTIM, 6 MG	4/1/2004	INVALID	N	NO
1	S0136	CLOZAPINE, 25 MG (CLOZARIL)	4/1/2003	NC	9	NO
1	S0137	DIDANOSINE (DDI), 25 MG (VIDEX)	4/1/2003	NC	9	NO
1	S0138	FINASTERIDE, 5 MG	4/1/2003	NC	9	NO
1	S0139	MINOXIDIL, 10 MG	4/1/2003	NC	9	NO
1	S0140	SAQUINAVIR, 200 MG (FORTOVASE (O	4/1/2003	NC	9	NO
1	S0141	ZALCITABINE (DDC), 0.375 MG	4/1/2003	NC	9	NO
1	S0142	COLISTIMETHATE SODIUM, INHALATIO	1/1/2006	\$0.01	5	NO
1	S0143	AZTREONAM, INHALATION SOLUTION A	1/1/2006	\$0.01	5	NO
1	S0145	INJECTION, PEGYLATED INTERFERON	7/1/2005	NC	9	NO
1	S0146	INJECTION, PEGYLATED INTERFERON	7/1/2005	NC	9	NO
1	S0147	INJECTION, ALGLUCOSIDASE ALFA, 2	1/1/2008	INVALID	N	NO
1	S0155	STERILE DILUTANT FOR EPOPROSTENO	1/30/2006	\$16.15	3	NO
1	S0156	EXEMESTANE, 25 MG	1/23/2006	\$9.29	3	NO
1	S0157	BECAPLERMIN GEL 0.01%, 0.5 GM	1/23/2006	\$20.34	3	NO
1	S0158	INJECTION, LARONIDASE, 0.58 MG (	1/1/2006	INVALID	N	NO
1	S0159	INJECTION, AGALSIDASE BETA, 35 M	1/1/2006	INVALID	N	NO
1	S0160	DEXTROAMPHETAMINE SULFATE, 5 MG	1/1/2005	NC	9	NO
1	S0161	CALCITROL, 0.25 MG	4/1/2004	NC	9	NO
1	S0162	INJECTION, EFALIZUMAB, 125 MG (R	11/1/2006	\$432.95	3	NO
1	S0163	INJECTION, RISPERIDONE, LONG ACT	1/1/2005	INVALID	N	NO
1	S0164	INJECTION, PANTOPRAZOLE SODIUM,	4/1/2004	\$30.00	3	NO
1	S0165	INJECTION, ABARELIX, 100 MG	1/1/2005	INVALID	N	NO
1	S0166	INJECTION, OLANZAPINE, 2.5 MG (Z	4/24/2006	\$6.49	3	NO
1	S0167	INJECTION, APOMORPHINE HYDROCHLO	1/1/2008	INVALID	N	NO
1	S0168	INJECTION, AZACITIDINE, 100 MG (	1/1/2006	INVALID	N	NO
1	S0170	ANASTROZOLE, ORAL, 1 MG	4/24/2006	\$9.11	3	NO
1	S0171	INJECTION, BUMETANIDE, 0.5 MG	12/1/2002	\$1.69	3	NO
1	S0172	CHLORAMBUCIL, ORAL, 2 MG	1/23/2006	\$2.34	3	NO
1	S0173	DEXAMETHASONE, ORAL, 4 MG	1/1/2006	INVALID	N	NO
1	S0174	DOLASETRON MESYLATE, ORAL 50 MG	8/1/2002	\$57.52	3	NO
1	S0175	FLUTAMIDE, ORAL, 125 MG	2/7/2005	\$2.72	3	NO
1	S0176	HYDROXYUREA, ORAL, 500 MG (DROXI	3/25/2005	NC	9	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0177	LEVAMISOLE HCL, ORAL, 50 MG	3/25/2005	NC	9	NO
1	S0178	LOMUSTINE, ORAL, 10 MG	2/7/2005	\$9.05	3	NO
1	S0179	MEGESTROL ACETATE, ORAL, 20 MG	3/25/2005	NC	9	NO
1	S0180	ETONOGESTREL (CONTRACEPTIVE) IMP	1/1/2008	INVALID	N	NO
1	S0181	ONDANSETRON HCL, ORAL, 4 MG (FOR	11/1/2006	\$30.69	3	NO
1	S0182	PROCARBAZINE HCL, ORAL, 50 MG	10/10/2005	\$55.68	3	NO
1	S0183	PROCHLORPERAZINE MALEATE, ORAL,	8/1/2002	\$2.25	3	NO
1	S0187	TAMOXIFEN CITRATE, ORAL, 10 MG	2/7/2005	\$0.73	3	NO
1	S0189	TESTOSTERONE PELLETT, 75 MG	1/1/2002	\$0.01	5	NO
1	S0190	MIFEPRISTONE, ORAL, 200 MG	1/1/2002	\$90.00	3	NO
1	S0191	MISOPROSTOL, ORAL, 200 MCG	12/1/2002	\$1.20	3	NO
1	S0194	DIALYSIS/STRESS VITAMIN SUPPLEME	1/1/2005	NC	9	NO
1	S0195	PNEUMOCOCCAL CONJUGATE VACCINE,	1/1/2003	NC	9	NO
1	S0196	INJECTABLE POLY-L-LACTIC ACID, R	1/1/2005	NC	9	NO
1	S0197	PRENATAL VITAMINS, 30 DAY SUPPLY	1/1/2006	NC	9	NO
1	S0198	INJECTION, PEGAPTANIB SODIUM, 0.	7/1/2006	INVALID	N	NO
1	S0199	MEDICALLY INDUCED ABORTION BY OR	1/1/2008	\$170.42	3	NO
1	S0201	PARTIAL HOSPITALIZATION SERVICES	1/1/2003	NC	9	NO
1	S0207	PARAMEDIC INTERCEPT, NON-HOSPITA	1/1/2003	NC	9	NO
1	S0208	PARAMEDIC INTERCEPT, HOSPITAL-BA	1/1/2003	NC	9	NO
1	S0220	MEDICAL CONFERENCE BY A PHYSICIA	1/1/2001	NC	9	NO
1	S0221	MEDICAL CONFERENCE BY A PHYSICIA	1/1/2001	NC	9	NO
1	S0250	COMPREHENSIVE GERIATRIC ASSESSME	1/1/2003	NC	9	NO
1	S0255	HOSPICE REFERRAL VISIT PERFORMED	1/1/2003	NC	9	NO
1	S0257	COUNSELING AND DISCUSSION REGARD	1/1/2005	NC	9	NO
1	S0260	HISTORY AND PHYSICAL RELATED TO	1/1/2003	NC	9	NO
1	S0265	GENETIC COUNSELING, UNDER PHYSIC	1/1/2005	NC	9	NO
1	S0270	PHYSICIAN MANGEMENT OF PATIENT H	1/1/2008	NC	9	NO
1	S0271	PHYSICIAN MANAGEMENT OF PATIENT	1/1/2008	NC	9	NO
1	S0272	PHYSICIAN MANAGEMENT OF PATIENT	1/1/2008	NC	9	NO
1	S0273	PHYSICIAN VISIT AT MEMBER'S HOME	1/1/2008	NC	9	NO
1	S0274	NURSE PRACTITIONER VISIT AT MEMB	1/1/2008	NC	9	NO
1	S0302	COMPLETED EARLY PERIODIC SCREENI	1/1/2003	NC	9	NO
1	S0310	HSPITALIST SERVICES	1/1/2003	NC	9	NO
1	S0315	DISEASE MANAGEMENT PROGRAM; INIT	1/1/2003	NC	9	NO
1	S0316	DISEASE MANAGEMENT PROGRAM; FOLL	1/1/2003	NC	9	NO
1	S0317	DISEASE MANAGEMENT PROGRAM; PER	1/1/2004	NC	9	NO
1	S0320	TELEPHONE CALLS BY A REGISTERED	1/1/2003	NC	9	NO
1	S0340	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0341	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0342	LIFESTYLE MODIFICATION PROGRAM F	1/1/2003	NC	9	NO
1	S0345	ECG MONITORING UTILIZING A HOME	4/1/2006	NC	9	NO
1	S0346	ECG MONITORING UTILIZING A HOME	4/1/2006	NC	9	NO
1	S0347	ECG MONITORING UTILIZING A HOME	4/1/2006	NC	9	NO
1	S0390	ROUTINE FOOT CARE; REMOVAL AND/O	1/1/2003	NC	9	NO
1	S0395	IMPRESSION CASTING OF A FOOT PER	1/1/2003	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S0400	GLOBAL FEE FOR EXTRACORPOREAL SH	1/1/2003	NC	9	NO
1	S0500	DISPOSABLE CONTACT LENS, PER LEN	1/1/2003	NC	9	NO
1	S0504	SINGLE VISION PRESCRIPTION LENS	1/1/2003	NC	9	NO
1	S0506	BIFOCAL VISION PRESCRIPTION LENS	1/1/2003	NC	9	NO
1	S0508	TRIFOCAL VISION PRESCRIPTION LEN	1/1/2003	NC	9	NO
1	S0510	NON-PRESCRIPTION LENS (SAFETY, A	1/1/2003	NC	9	NO
1	S0512	DAILY WEAR SPECIALTY CONTACT LEN	1/1/2003	NC	9	NO
1	S0514	COLOR CONTACT LENS, PER LENS	1/1/2003	NC	9	NO
1	S0515	SCLERAL LENS, LIQUID BANDAGE DEV	1/1/2005	NC	9	NO
1	S0516	SAFETY EYEGLASS FRAMES	1/1/2003	NC	9	NO
1	S0518	SUNGLASSES FRAMES	1/1/2003	NC	9	NO
1	S0580	POLYCARBONATE LENS	1/1/2003	NC	9	NO
1	S0581	NONSTANDARD LENS	1/1/2003	NC	9	NO
1	S0590	INTEGRAL LENS SERVICE, MISCELLAN	1/1/2003	NC	9	NO
1	S0592	COMPREHENSIVE CONTACT LENS EVALU	1/1/2003	NC	9	NO
1	S0601	SCREENING PROCTOSCOPY	1/1/2000	NC	9	NO
1	S0605	DIGITAL RECTAL EXAMINATION, ANNU	1/1/2000	NC	9	NO
1	S0610	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2000	NC	9	NO
1	S0612	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2000	NC	9	NO
1	S0613	ANNUAL GYNECOLOGICAL EXAMINATION	1/1/2005	NC	9	NO
1	S0618	AUDIOMETRY FOR HEARING AID EVALU	1/1/2005	NC	9	NO
1	S0620	ROUTINE OPHTHALMOLOGICAL EXAMINA	7/1/2007	NC	9	NO
1	S0621	ROUTINE OPHTHALMOLOGICAL EXAMINA	7/1/2007	NC	9	NO
1	S0622	PHYSICAL EXAM FOR COLLEGE, NEW O	1/1/2003	NC	9	NO
1	S0625	RETINAL TELESCREENING BY DIGITAL	1/1/2006	NC	9	NO
1	S0630	REMOVAL OF SUTURES BY A PHYSICIA	1/1/2003	NC	9	NO
1	S0800	LASER IN SITU KERATOMILEUSIS (LA	1/1/2000	NC	9	NO
1	S0810	PHOTOREFRACTIVE KERATECTOMY (PRK	1/1/2000	NC	9	NO
1	S0812	PHOTOTHERAPEUTIC KERATECTOMY (PT	1/1/2003	NC	9	NO
1	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	INVALID	N	NO
1	S0830	ULTRASOUND PACHYMETRY TO DETERMI	1/1/2005	INVALID	N	NO
1	S1001	DELUXE ITEM, PATIENT AWARE	1/1/2003	NC	9	NO
1	S1002	CUSTOMIZED ITEM	1/1/2003	NC	9	NO
1	S1015	IV TUBING EXTENSION SET	1/1/2003	NC	9	NO
1	S1025	INHALED NITRIC OXIDE FOR THE TRE	1/1/2008	INVALID	N	NO
1	S1030	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2003	NC	9	NO
1	S1031	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2003	NC	9	NO
1	S2052	TRANSPLANTATION OF SMALL INTESTI	4/1/2002	INVALID	N	NO
1	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
1	S2054	TRANSPLANTATION OF MULTIVISCERAL	1/1/2000	NC	9	NO
1	S2055	HARVESTING OF DONOR MULTIVISCERA	1/1/2000	NC	9	NO
1	S2060	LOBAR LUNG TRANSPLANTATION	1/1/2003	NC	9	NO
1	S2061	DONOR LOBECTOMY (LUNG) FOR TRANS	1/1/2003	NC	9	NO
1	S2065	SIMULTANEOUS PANCREAS KIDNEY TRA	10/1/2005	\$0.01	5	YES
1	S2066	BREAST RECONSTRUCTION WITH GLUTE	7/1/2007	\$0.01	5	NO
1	S2067	BREAST REONSTRUCTION OF ASINGLE	7/1/2007	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S2068	BREAST RECONSTRUCTION W/DEEP INF	4/1/2006	\$0.01	5	NO
1	S2070	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2004	NC	9	NO
1	S2075	LAPAROSCOPY, SURGICAL; REPAIR IN	4/1/2006	\$0.01	5	NO
1	S2076	LAPAROSCOPY, SURGICAL; REPAIR UM	4/1/2006	\$0.01	5	NO
1	S2077	LAPAROSCOPY, SURGICAL; IMPLANT O	4/1/2006	\$0.01	5	NO
1	S2078	LAPAROSCOPIC SUPRACERVICAL HYTE	1/1/2008	INVALID	N	NO
1	S2079	LAPAROSCOPIC ESOPHAGOMYOTOMY (HE	4/1/2006	\$0.01	5	NO
1	S2080	LASER-ASSISTED UVULOPALATOPLASTY	4/1/2006	\$0.01	5	NO
1	S2082	LAPAROSCOPY, SURGICAL; GASTRIC R	1/1/2006	INVALID	N	NO
1	S2083	ADJUSTMENT OF GASTRIC BAND DIAME	1/1/2005	NC	9	NO
1	S2085	LAPAROSCOPY, GASTRIC RESTRICTIVE	1/1/2005	INVALID	N	NO
1	S2090	ABLATION, OPEN, ONE OR MORE RENA	1/1/2006	INVALID	N	NO
1	S2091	ABLATION, PERCUTANEOUS, ONE OR M	1/1/2006	INVALID	N	NO
1	S2095	TRANSCATHETER OCCLUSION OR EMBOL	1/1/2004	NC	9	NO
1	S2102	ISLET CELL TISSUE TRANSPLANT FRO	1/1/2003	NC	9	NO
1	S2103	ADRENAL TISSUE TRANSPLANT TO BRA	1/1/2003	NC	9	NO
1	S2107	ADOPTIVE IMMUNOTHERAPY IE, DEVEL	1/1/2003	NC	9	NO
1	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2003	NC	9	NO
1	S2113	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2005	INVALID	N	NO
1	S2114	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	INVALID	N	NO
1	S2115	OSTEOTOMY, PERIACETABULAR, WITH	1/1/2003	NC	9	NO
1	S2117	ARTHROEREISIS, SUBTALAR	4/1/2006	\$0.01	5	NO
1	S2120	LOW DENSITY LIPOPROTEIN (LDL) AP	1/1/2003	NC	9	NO
1	S2130	ENDOLUMINAL RADIOFREQUENCY ABLAT	1/1/2005	INVALID	N	NO
1	S2135	NEUROLYSIS, BY INJECTION, OF MET	1/1/2004	NC	9	NO
1	S2140	CORD BLOOD HARVESTING FOR TRANSP	1/1/2003	NC	9	NO
1	S2142	CORD BLOOD-DERIVED STEM-CELL TRA	10/1/2005	\$0.01	5	YES
1	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES
1	S2152	SOLID ORGAN(S), COMPLETE OR SEGM	1/1/2005	NC	9	NO
1	S2202	ECHOSCLEROTHERAPY	1/1/2003	NC	9	NO
1	S2205	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2206	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2207	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2208	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2209	MINIMALLY INVASIVE DIRECT CORONA	1/1/2000	NC	9	NO
1	S2210	CRYOSURGICAL ABLATION (IN SITU D	4/1/2002	INVALID	N	NO
1	S2211	TRANSCATHETER PLACEMENT OF INTRA	1/1/2005	INVALID	N	NO
1	S2213	IMPLANTATION OF GASTRIC ELECTRIC	1/1/2008	INVALID	N	NO
1	S2215	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2006	INVALID	N	NO
1	S2225	MYRINGOTOMY, LASER-ASSISTED	1/1/2004	NC	9	NO
1	S2230	IMPLANTATION OF MAGNETIC COMPONE	1/1/2004	NC	9	NO
1	S2235	IMPLANTATION OF AUDITORY BRAIN S	1/1/2004	NC	9	NO
1	S2250	UTERINE ARTERY EMBOLIZATION FOR	1/1/2008	INVALID	N	NO
1	S2260	INDUCED ABORTION, 17 TO 24 WEEKS	1/1/2003	NC	9	NO
1	S2262	ABORTION FOR MATERNAL INDICATION	1/1/2007	INVALID	N	NO
1	S2265	ABORTION FOR FETAL INDICATION, 2	1/1/2003	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S2266	ABORTION FOR FETAL INDICATION, 2	1/1/2003	NC	9	NO
1	S2267	ABORTION FOR FETAL INDICATION, 3	1/1/2003	NC	9	NO
1	S2300	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2000	NC	9	NO
1	S2325	HIP CORE DECOMPRESSION	10/1/2006	NC	9	NO
1	S2340	CHEMODENERVATION OF ABDUCTOR MUS	1/1/2003	NC	9	NO
1	S2341	CHEMODENERVATION OF ADDUCTOR MUS	1/1/2003	NC	9	NO
1	S2342	NASAL ENDOSCOPY FOR POST-OPERATI	11/1/2006	\$0.01	5	NO
1	S2344	NASAL/SINUS ENDOSCOPY,SURGICAL;W	1/1/2007	NC	9	NO
1	S2348	DECOMPRESSION PROCEDURE, PERCUTA	1/1/2005	NC	9	NO
1	S2350	DISKECTOMY, ANTERIOR, WITH DEOMP	10/1/2005	\$0.01	5	YES
1	S2351	DISKECTOMY, ANTERIOR, WITH DECOM	10/1/2005	\$0.01	5	YES
1	S2360	PERCUTANEOUS VERTEBROPLASTY, ONE	1/1/2003	NC	9	NO
1	S2361	EACH ADDITIONAL CERVICAL VERTEBR	1/1/2003	NC	9	NO
1	S2362	KYPHOPLASTY, ONE VERTEBRAL BODY,	4/1/2006	INVALID	N	NO
1	S2363	KYPHOPLASTY, ONE VERTEBRAL BODY,	4/1/2006	INVALID	N	NO
1	S2370	INTRADISCAL ELECTROTHERMAL THERA	7/1/2005	INVALID	N	NO
1	S2371	EACH ADDITIONAL INTERSPACE	7/1/2005	INVALID	N	NO
1	S2400	REPAIR, CONGENITAL DIAPHRAGMATIC	1/1/2003	NC	9	NO
1	S2401	REPAIR, URINARY TRACT OBSTRUCTION	1/1/2003	NC	9	NO
1	S2402	REPAIR, CONGENITAL CYSTIC ADENOM	1/1/2003	NC	9	NO
1	S2403	REPAIR, EXTRALOBAR PULMONARY SEQ	1/1/2003	NC	9	NO
1	S2404	REPAIR, MYELOMENINGOCELE IN THE	1/1/2003	NC	9	NO
1	S2405	REPAIR OF SACROCOCCYGEAL TERATOM	1/1/2003	NC	9	NO
1	S2409	REPAIR, CONGENITAL MALFORMATION	1/1/2003	NC	9	NO
1	S2411	FETOSCOPIC LASER THERAPY FOR TRE	1/1/2003	NC	9	NO
1	S2900	SURGICAL TECHNIQUES REQUIRING US	1/1/2005	NC	9	NO
1	S3000	DIABETIC INDICATOR; RETINAL EYE	1/1/2004	NC	9	NO
1	S3005	PERFORMANCE MEASUREMENT, EVALUAT	1/1/2006	\$0.01	T	NO
1	S3600	STAT LABORATORY REQUEST (SITUATI	1/1/2003	NC	9	NO
1	S3601	EMERGENCY STAT LABORATORY CHARGE	1/1/2003	NC	9	NO
1	S3645	HIV-1 ANTIBODY TESTING OF ORAL M	1/1/2000	NC	9	NO
1	S3650	SALIVA TEST, HORMONE LEVEL; DUR	1/1/2000	NC	9	NO
1	S3652	SALIVA TEST, HORMONE LEVEL; TO A	1/1/2000	NC	9	NO
1	S3655	ANTISPERM ANTIBODIES TEST (IMMUN	1/1/2003	NC	9	NO
1	S3701	IMMUNOASSAY FOR NUCLEAR MATRIX P	4/1/2006	INVALID	N	NO
1	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2003	NC	9	NO
1	S3818	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2003	NC	9	NO
1	S3819	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2003	NC	9	NO
1	S3820	COMPLETE BRCA1 AND BRCA2 GENE SE	1/1/2004	NC	9	NO
1	S3822	SINGLE MUTATION ANALYSIS FOR SUS	1/1/2004	NC	9	NO
1	S3823	THREE-MUTATION BRCA1 AND BRCA2 A	1/1/2004	NC	9	NO
1	S3828	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2004	NC	9	NO
1	S3829	COMPLETE GENE SEQUENCE ANALYSIS;	1/1/2004	NC	9	NO
1	S3830	COMPLETE MLH1 AND MLH2 GENE SEQU	1/1/2003	NC	9	NO
1	S3831	SINGLE-MUTATION ANALYSIS FOR HER	1/1/2003	NC	9	NO
1	S3833	COMPLETE APC GENE SEQUENCE ANALY	1/1/2004	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S3834	SINGLE-MUTATION ANALYSIS FOR SUS	1/1/2004	NC	9	NO
1	S3835	COMPLETE GENE SEQUENCE ANALYSIS	1/1/2003	NC	9	NO
1	S3837	COMPLETE GENE SEQUENCE ANALYSIS	1/1/2003	NC	9	NO
1	S3840	DNA ANALYSIS FOR GERMLINE MUTATI	1/1/2004	NC	9	NO
1	S3841	GENETIC TESTING FOR RETINOBLASTO	1/1/2004	NC	9	NO
1	S3842	GENETIC TESTING FOR VON HIPPEL-L	1/1/2004	NC	9	NO
1	S3843	DNA ANALYSIS OF THE F5 GENE FOR	1/1/2004	NC	9	NO
1	S3844	DNA ANALYSIS OF THE CONNEXIN 26	1/1/2004	NC	9	NO
1	S3845	GENETIC TESTING FOR ALPHA-THALAS	1/1/2004	NC	9	NO
1	S3846	GENETIC TESTING FOR HEMOGLOBIN E	1/1/2004	NC	9	NO
1	S3847	GENETIC TESTING FOR TAY-SACHS DI	1/1/2004	NC	9	NO
1	S3848	GENETIC TESTING FOR GAUCHER DISE	1/1/2004	NC	9	NO
1	S3849	GENETIC TESTING FOR NIEMANN-PICK	1/1/2004	NC	9	NO
1	S3850	GENETIC TESTING FOR SICKLE CELL	1/1/2004	NC	9	NO
1	S3851	GENETIC TESTING FOR CANAVAN DISE	1/1/2004	NC	9	NO
1	S3852	DNA ANALYSIS FOR APOE EPILSON 4	1/1/2004	NC	9	NO
1	S3853	GENETIC TESTING FOR MYOTONIC MUS	1/1/2004	NC	9	NO
1	S3854	GENE EXPRESSION PROFILING PANEL	1/1/2006	NC	9	NO
1	S3855	GENETIC TESTING FOR DETECTION OF	1/1/2007	\$0.01	5	NO
1	S3890	DNA ANALYSIS, FECAL, FOR COLOREC	1/1/2005	NC	9	NO
1	S3900	SURFACE ELECTROMYOGRAPHY (EMG)	1/1/2003	NC	9	NO
1	S3902	BALLISTOCARDIOGRAM	1/1/2001	NC	9	NO
1	S3904	MASTERS TWO STEP	1/1/2001	NC	9	NO
1	S3905	NON-INVASIVE ELECTRODIAGNOSTIC T	1/1/2008	NC	9	NO
1	S3906	TRANSFUSION, DIRECT, BLOOD OR BL	4/1/2002	INVALID	N	NO
1	S4011	IN VITRO FERTILIZATION; INCLUDIN	1/1/2003	NC	9	NO
1	S4013	COMPLETE CYCLE, GAMETE INTRAFALL	1/1/2003	NC	9	NO
1	S4014	COMPLETE CYCLE, ZYGOTE INTRAFALL	1/1/2003	NC	9	NO
1	S4015	COMPLETE IN VITRO FERTILIZATION	1/1/2003	NC	9	NO
1	S4016	FROZEN IN VITRO FERTILIZATION CY	1/1/2003	NC	9	NO
1	S4017	INCOMPLETE CYCLE, TREATMENT CANC	1/1/2003	NC	9	NO
1	S4018	FROZEN EMBRYO TRANSFER PROCEDURE	1/1/2003	NC	9	NO
1	S4020	IN VITRO FERTILIZATION PROCEDURE	1/1/2003	NC	9	NO
1	S4021	IN VITRO FERTILIZATION PROCEDURE	1/1/2003	NC	9	NO
1	S4022	ASSISTED OOCYTE FERTILIZATION, C	1/1/2003	NC	9	NO
1	S4023	DONOR EGG CYCLE, INCOMPLETE, CAS	1/1/2003	NC	9	NO
1	S4025	DONOR SERVICES FOR IN VITRO FERT	1/1/2003	NC	9	NO
1	S4026	PROCUREMENT OF DONOR SPERM FROM	1/1/2003	NC	9	NO
1	S4027	STORAGE OF PREVIOUSLY FROZEN EMB	1/1/2003	NC	9	NO
1	S4028	MICROSURGICAL EPIDIDYMAL SPERM A	1/1/2003	NC	9	NO
1	S4030	SPERM PROCUREMENT AND CRYOPRESER	1/1/2003	NC	9	NO
1	S4031	SPERM PROCUREMENT AND CRYOPRESER	1/1/2003	NC	9	NO
1	S4035	STIMULATED INTRAUTERINE INSEMINA	1/1/2003	NC	9	NO
1	S4036	INTRAVAGINAL CULTURE (IVC), CASE	1/1/2007	INVALID	N	NO
1	S4037	CRYOPRESERVED EMBRYO TRANSFER, C	1/1/2003	NC	9	NO
1	S4040	MONITORING AND STORAGE FO CRYOPR	1/1/2003	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S4042	MANAGEMENT OF OVULATION INDUCTIO	1/1/2005	NC	9	NO
1	S4981	INSERTION OF LEVONORGESTREL-RELE	1/1/2008	\$67.22	3	NO
1	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	1/1/2008	\$309.76	3	NO
1	S4990	NICOTINE PATCHES, LEGEND	1/1/2003	NC	9	NO
1	S4991	NICOTINE PATCHES, NON-LEGEND	1/1/2003	NC	9	NO
1	S4993	CONTRACEPTIVE PILLS FOR BIRTH CO	1/1/2008	\$20.14	3	NO
1	S4995	SMOKING CESSATION GUM	1/1/2003	NC	9	NO
1	S5000	PRESCRIPTION DRUG, GENERIC	1/1/2003	\$0.01	P	NO
1	S5001	PRESCRIPTION DRUG, BRAND NAME	1/1/2003	\$0.01	P	NO
1	S5002	FAT EMULSION 10% IN 250 ML, WITH	4/1/2002	INVALID	N	NO
1	S5003	FAT EMULSION 20% IN 250 ML, WITH	4/1/2002	INVALID	N	NO
1	S5010	5% DEXTROSE AND 0.45% NORMAL SAL	1/1/2003	NC	9	NO
1	S5011	5% DEXTROSE IN LACTATED RINGER'S	8/1/2004	\$14.35	3	NO
1	S5012	5% DEXTROSE WITH POTASSIUM CHLOR	1/1/2003	NC	9	NO
1	S5013	5% DEXTROSE/0.45% NORMAL SALINE	1/1/2003	NC	9	NO
1	S5014	5% DEXTROSE/0.45% NORMAL SALINE	1/1/2003	NC	9	NO
1	S5100	DAY CARE SERVICES, ADULT; PER 15	1/1/2003	NC	9	NO
1	S5101	DAY CARE SERVICES, ADULT; PER HA	1/1/2003	NC	9	NO
1	S5102	DAY CARE SERVICES, ADULT; PER DI	1/1/2003	NC	9	NO
1	S5105	DAY CARE SERVICES, CENTER-BASED;	1/1/2003	NC	9	NO
1	S5108	HOME CARE TRAINING TO HOME CARE	1/1/2004	NC	9	NO
1	S5109	HOME CARE TRAINING TO HOME CARE	1/1/2004	NC	9	NO
1	S5110	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5111	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5116	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5120	CHORE SERVICES; PER 15 MINUTES	1/1/2003	NC	9	NO
1	S5121	HOME CARE TRAINING, FAMILY; PER	1/1/2003	NC	9	NO
1	S5125	ATTENDANT CARE SERVICES; PER 15	1/1/2006	NC	9	NO
1	S5126	ATTENDANT CARE SERVICES; PER DIE	1/1/2003	NC	9	NO
1	S5130	HOMEMAKER SERVICE, NOS; PER 15 M	1/1/2003	NC	9	NO
1	S5131	HOMEMAKER SERVICE, NOS; PER DIEM	1/1/2003	NC	9	NO
1	S5135	COMPANION CARE, ADULT (EG, IADL/	1/1/2003	NC	9	NO
1	S5136	COMPANION CARE, ADULT (EG, IADL/	1/1/2003	NC	9	NO
1	S5140	FOSTER CARE, ADULT; PER DIEM	1/1/2003	NC	9	NO
1	S5141	FOSTER CARE, ADULT; PER MONTH	1/1/2003	NC	9	NO
1	S5150	UNSKILLED RESPITE CARE, NOT HOSP	1/1/2003	NC	9	NO
1	S5165	HOME MODIFICATIONS; PER SERVICE	1/1/2003	NC	9	NO
1	S5170	HOME DELIVERED MEALS, INCLUDING	1/1/2003	NC	9	NO
1	S5175	LAUNDRY SERVICE, EXTERNAL, PROFE	1/1/2003	NC	9	NO
1	S5180	HOME HEALTH RESPIRATORY THERAPY,	1/1/2003	NC	9	NO
1	S5181	HOME HEALTH RESPIRATORY THERAPY,	1/1/2003	NC	9	NO
1	S5185	MEDICATION REMINDER SERVICES, NO	1/1/2003	NC	9	NO
1	S5190	WELLNESS ASSESSMENT, PERFORMED B	1/1/2003	NC	9	NO
1	S5199	PERSONAL CARE ITEM, NOS, EACH	1/1/2003	NC	9	NO
1	S5502	HOME INFUSION THERAPY, CATHETER	1/1/2003	NC	9	NO
1	S5517	HOME INFUSION THERAPY, ALL SUPPL	1/1/2003	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S5518	HOME INFUSION THERAPY, ALL SUPPL	1/1/2003	NC	9	NO
1	S5522	HOME INFUSION THERAPY, INSERTION	1/1/2003	NC	9	NO
1	S5523	HOME INFUSION THERAPY, INSERTION	1/1/2003	NC	9	NO
1	S5550	INSULIN, RAPID ONSET, 5 UNITS	1/1/2004	NC	9	NO
1	S5551	INSULIN, MOST RAPID ONSET (LISPR	1/1/2004	NC	9	NO
1	S5552	INSULIN, INTERMEDIATE ACTING (NP	1/1/2004	NC	9	NO
1	S5553	INSULIN, LONG ACTING; 5 UNITS	1/1/2004	NC	9	NO
1	S5560	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
1	S5561	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
1	S5565	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
1	S5566	INSULIN CARTRIDGE FO RUSE IN INS	1/1/2004	NC	9	NO
1	S5570	INSULIN DELIVERY DEVICE, DISPOSA	1/1/2004	NC	9	NO
1	S5571	INSULIN DELIVERY DEVICE, DISPOSA	1/1/2004	NC	9	NO
1	S8004	RADIOIMMUNOPHARMACEUTICAL LOCALI	1/1/2006	INVALID	N	NO
1	S8030	SCLERAL APPLICATION OF TANTALUM	1/1/2003	NC	9	NO
1	S8035	MAGNETIC SOURCE IMAGING	1/1/2000	NC	9	NO
1	S8040	TOPOGRAPHIC BRAIN MAPPING	1/1/2000	NC	9	NO
1	S8049	INTRAOPERATIVE RADIATION THERAPY	1/1/2000	NC	9	NO
1	S8080	SCINTIMAMMOGRAPHY, UNILATERAL,IN	1/1/2005	NC	9	NO
1	S8085	FLUORINE-18 FLUORODEOXYGLUCOSE I	1/1/2005	NC	9	NO
1	S8092	ELECTRON BEAM COMPUTED TOMOGRAPH	1/1/2000	NC	9	NO
1	S8093	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	4/1/2006	INVALID	N	NO
1	S8095	WIG (FOR MEDICALLY-INDUCED OR CO	1/1/2006	INVALID	N	NO
1	S8096	PORTABLE PEAK FLOW METER	1/1/2000	NC	9	NO
1	S8110	PEAK EXPIRATORY FLOW RATE (PHYSI	1/1/2000	NC	9	NO
1	S8200	CHEST COMPRESSION VEST	7/1/2003	INVALID	N	NO
1	S8205	CHEST COMPRESSION SYSTEM GENERAT	7/1/2003	INVALID	N	NO
1	S8260	ORAL ORTHOTIC FOR TREATMENT OF S	4/1/2006	INVALID	N	NO
1	S8262	MANDIBULAR ORTHOPEDIC RESPOSITIO	1/1/2003	NC	9	NO
1	S8270	ENURESIS ALARM, USING AUDITORY B	1/1/2005	NC	9	NO
1	S8301	INFECTION CONTROL SUPPLIES, NOT	1/1/2005	NC	9	NO
1	S8415	SUPPLIES FOR HOME DELIVERY OF IN	1/1/2008	\$229.27	3	NO
1	S8940	EQUESTRIAN/HIPPOTHERAPY, PER SES	1/1/2005	NC	9	NO
1	S8945	PHYSICAL MEDICINE TREATMENT (CON	4/1/2004	INVALID	N	NO
1	S8950	COMPLEX LYMPHEDEMA THERAPY, EACH	10/1/2004	NC	9	NO
1	S9007	ULTRAFILTRATION MONITOR	1/1/2003	NC	9	NO
1	S9015	AUTOMATED EEG MONITORING	1/1/2001	NC	9	NO
1	S9022	DIGITAL SUBTRACTION ANGIOGRAPHY	4/1/2006	INVALID	N	NO
1	S9023	XENON REGIONAL CEREBRAL BLOOD FL	4/1/2002	INVALID	N	NO
1	S9024	PARANASAL SINUS ULTRASOUND	1/1/2000	NC	9	NO
1	S9025	OMNICARDIOGRAM/CARDIOINTEGRAM	1/1/2001	NC	9	NO
1	S9034	1S9152ORPOREAL SHOCKWAVE LITHOTR	1/1/2003	NC	9	NO
1	S9055	PROCUREN OR OTHER GROWTH FACTOR	1/1/2000	NC	9	NO
1	S9056	OMA STIMULATION PER DIEM	1/1/2000	NC	9	NO
1	S9061	HOME ADMINISTRATION OF AEROSOLIZ	1/1/2005	NC	9	NO
1	S9075	SMOKING CESSATION TREATMENT	1/1/2008	\$10.36	1	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9083	GLOBAL FEE URGENT CARE CENTERS	1/1/2005	NC	9	NO
1	S9085	MENISCAL ALLOGRAFT TRANSPLANTATI	4/1/2002	INVALID	N	NO
1	S9088	SERVICES PROVIDED IN AN URGENT C	1/1/2001	NC	9	NO
1	S9090	VERTEBRAL AXIAL DECOMPRESSION, P	1/1/2000	NC	9	NO
1	S9097	HOME VISIT FOR WOUND CARE	1/1/2005	NC	9	NO
1	S9098	HOME VISIT, PHOTOTHERAPY SERVICE	1/1/2005	NC	9	NO
1	S9109	CONGESTIVE HEART FAILURE TELEMON	1/1/2003	NC	9	NO
1	S9117	BACK SCHOOL, PER VISIT	1/1/2003	NC	9	NO
1	S9122	HOME HEALTH AIDE OR CERTIFIED NU	1/1/2000	NC	9	NO
1	S9126	HOSPICE CARE, IN THE HOME, PER D	1/1/2000	NC	9	NO
1	S9127	SOCIAL WORK VISIT, IN THE HOME,	1/1/2000	NC	9	NO
1	S9128	SPEECH THERAPY, IN THE HOME, PER	1/1/2000	NC	9	NO
1	S9129	OCCUPATIONAL THERAPY, IN THE HOM	1/1/2000	NC	9	NO
1	S9140	DIABETIC MANAGEMENT PROGRAM, FOL	1/1/2000	NC	9	NO
1	S9141	DIABETIC MANAGEMENT PROGRAM, FOL	1/1/2000	NC	9	NO
1	S9145	INSULIN PUMP INITIATION, INSTRUC	1/1/2003	NC	9	NO
1	S9150	EVALUATION BY OCULARIST	1/1/2003	NC	9	NO
1	S9208	HOME MANAGEMENT OF PRETERM LABOR	1/1/2003	NC	9	NO
1	S9209	HOME MANAGEMENT OF PRETERM PREMA	1/1/2003	NC	9	NO
1	S9211	HOME MANAGEMENT OF GESTATIONAL H	1/1/2003	NC	9	NO
1	S9212	HOME MANAGEMENT OF POSTPARTUM HY	1/1/2003	NC	9	NO
1	S9213	HOME MANAGEMENT OF PREECLAMPSIA,	1/1/2003	NC	9	NO
1	S9214	HOME MANAGEMENT OF GESTATIONAL D	1/1/2003	NC	9	NO
1	S9338	HOME INFUSION THERAPY, UMMUNOTHE	1/1/2003	NC	9	NO
1	S9339	HOME THERAPY; PERITONEAL DIALYSI	1/1/2003	NC	9	NO
1	S9340	HOME THERAPY; ENTERAL NUTRITION;	1/1/2003	NC	9	NO
1	S9343	HOME THERAPY; ENTERAL NUTRITION	1/1/2003	NC	9	NO
1	S9345	HOME INFUSION THERAPY, ANTI-HEMO	1/1/2003	NC	9	NO
1	S9346	HOME INFUSION THERAPY, ALPHA-1-P	1/1/2003	NC	9	NO
1	S9353	HOME INFUSION THERAPY, CONTINUOU	1/1/2003	NC	9	NO
1	S9357	HOME INFUSION THERAPY, ENZYME RE	1/1/2003	NC	9	NO
1	S9359	HOME INFUSION THERAPY, ANTI-TUMO	1/1/2003	NC	9	NO
1	S9361	HOME INFUSION THERAPY, DIURETIC	1/1/2003	NC	9	NO
1	S9363	HOME INFUSION THERAPY, ANTI-SPAS	1/1/2003	NC	9	NO
1	S9370	HOME THERAPY, INTERMITTENT ANTI-	1/1/2003	NC	9	NO
1	S9372	HOME THERAPY INTERMITTENT ANTICO	1/1/2003	NC	9	NO
1	S9381	DELIVERY OR SERVICE TO HIGH RISK	1/1/2005	NC	9	NO
1	S9401	ANTICOAGULATION CLINIC, INCLUSIV	1/1/2003	NC	9	NO
1	S9430	PHARMACY COMPOUNDING AND DISPENS	1/1/2003	NC	9	NO
1	S9434	MODIFIED SOLID FOOD SUPPLEMENTS	1/1/2004	NC	9	NO
1	S9435	MEDICAL FOODS FOR INBORN ERRORS	1/1/2003	\$0.01	P	NO
1	S9436	CHILDBIRTH, PREPARATION/LAMAZE C	1/1/2003	NC	9	NO
1	S9437	CHILDBIRTH REFRESHER CLASSES, NO	1/1/2003	NC	9	NO
1	S9438	CESAREAN BIRTH CLASSES, NON-PHYS	1/1/2003	NC	9	NO
1	S9439	VBAC (VAGINAL BIRTH AFTER CESARE	1/1/2003	NC	9	NO
1	S9441	ASTHMA EDUCATION, NON-PHYSICIAN	1/1/2003	NC	9	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9442	BIRTHING CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9443	LACTATION CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9444	PARENTING CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9445	PATIENT EDUCATION, NOT OTHERWISE	1/1/2003	NC	9	NO
1	S9446	PATIENT EDUCATION, NOT OTHERWISE	1/1/2003	NC	9	NO
1	S9447	INFANT SAFETY (INCLUDING CPR) CL	1/1/2003	NC	9	NO
1	S9449	WEIGHT MANAGEMENT CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9451	EXERCISE CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9452	NUTRITION CLASSES, NON-PHYSICIAN	1/1/2003	NC	9	NO
1	S9453	SMOKING CESSATION CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9454	STRESS MANAGEMENT CLASSES, NON-P	1/1/2003	NC	9	NO
1	S9455	DIABETIC MANAGEMENT PROGRAM, GRO	1/1/2000	NC	9	NO
1	S9460	DIABETIC MANAGEMENT PROGRAM, NUR	1/1/2000	NC	9	NO
1	S9465	DIABETIC MANAGEMENT PROGRAM, DIE	1/1/2000	NC	9	NO
1	S9470	NUTRITIONAL COUNSELING, DIETICIA	1/1/2008	\$45.69	3	NO
1	S9472	CARDIAC REHABILITATION PROGRAM,	1/1/2000	NC	9	NO
1	S9473	PULMONARY REHABILITATION PROGRAM	1/1/2000	NC	9	NO
1	S9474	ENTEROSTOMAL THERAPY BY A REGIST	1/1/2000	NC	9	NO
1	S9475	AMBULATORY SETTING SUBSTANCE ABU	1/1/2000	NC	9	NO
1	S9476	VESTIBULAR REHABILITATION PROGRA	1/1/2004	NC	9	NO
1	S9482	FAMILY STABILIZATION SERVICES, P	1/1/2005	NC	9	NO
1	S9485	CRISIS INTERVENTION MENTAL HEALT	8/1/2004	NC	9	NO
1	S9524	NURSING SERVICES RELATED TO HOME	4/1/2004	INVALID	N	NO
1	S9527	INSERTION FO A PERIPHERALLY INSE	4/1/2002	INVALID	N	NO
1	S9528	INSERTION OF MIDINE CENTRAL VENO	4/1/2002	INVALID	N	NO
1	S9529	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2003	NC	9	NO
1	S9537	HOME THERAPY; HEMATOPOIETIC HORM	1/1/2003	NC	9	NO
1	S9538	HOME TRANSFUSION OF BLOOD PRODUC	1/1/2003	NC	9	NO
1	S9542	HOME INJECTABLE THERAPY, NOT OTH	1/1/2003	NC	9	NO
1	S9543	ADMINISTRATION OF MEDICATION, IN	7/1/2003	INVALID	N	NO
1	S9558	HOME INJECTABLE THERAPY; GROWTH	1/1/2003	NC	9	NO
1	S9559	HOME INJECTABLE THERAPY, INTERFE	1/1/2003	NC	9	NO
1	S9560	HOME INJECTABLE THERAPY; HORMONA	1/1/2003	NC	9	NO
1	S9562	HOME INJECTABLE THERAPY, PALIVIZ	1/1/2003	NC	9	NO
1	S9803	EACH ADDITIONAL HOUR (LIST SEP I	4/1/2004	INVALID	N	NO
1	S9806	RN SERVICES IN THE INFUSION SUIT	4/1/2004	INVALID	N	NO
1	S9810	HOME THERAPY; PROFESSIONAL RX SV	1/1/2003	NC	9	NO
1	S9900	SERVICES BY AUTHORIZED CHRISTIAN	1/1/2003	NC	9	NO
1	S9970	HEALTH CLUB MEMBERSHIP, ANNUAL	1/1/2003	NC	9	NO
1	S9975	TRANSPLANT RELATED LODGING, MEAL	1/1/2003	NC	9	NO
1	S9976	LODGING, PER DIEM, NOT OTHERWISE	1/1/2005	NC	9	NO
1	S9977	MEALS, PER DIEM, NOT OTHERWISE S	1/1/2005	NC	9	NO
1	S9981	COPIES OF ALL EXISTING OFFICE RE	1/1/2008	\$18.65	3	NO
1	S9988	SERVICES PROVIDED AS PART OF A P	1/1/2005	NC	9	NO
1	S9989	SERVICES PROVIDED OUTSIDE OF THE	1/1/2005	NC	9	NO
1	S9990	SERVICES PROVIDED AS PART OF A P	1/1/2000	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
1	S9991	SERVICES PROVIDED AS PART OF A P	1/1/2000	NC	9	NO
1	S9992	TRANSPORTATION COSTS TO AND FROM	1/1/2000	NC	9	NO
1	S9994	LODGING COSTS FOR CLINICAL TRIAL	1/1/2000	NC	9	NO
1	S9996	MEALS FOR CLINICAL TRIAL PARTICI	1/1/2000	NC	9	NO
1	S9999	SALES TAX	1/1/2000	NC	9	NO
1	T1006	ALCOHOL AND/OR SUBSTANCE ABUSE S	10/1/2003	\$0.01	1	NO
1	T1014	TELEHEALTH TRANSMISSION, PER MIN	1/1/2005	NC	9	NO
1	T1015	CLINIC VISIT/ENCOUNTER, ALL-INCL	10/1/2003	\$0.01	1	NO
1	T1024	EVALUATION AND TREATMENT BY AN I	1/1/2003	NC	9	NO
1	T1025	INTENSIVE, EXTENDED MULTIDISCIPL	1/1/2003	NC	9	NO
1	T1026	INTENSIVE, EXTENDED MULTIDISCIPL	1/1/2003	NC	9	NO
1	T1027	FAMILY TRAINING AND COUNSELING F	1/1/2003	NC	9	NO
1	T1028	ASSESSMENT OF HOME, PHYSICAL AND	1/1/2003	NC	9	NO
1	T1029	COMPREHENSIVE ENVIRONMENTAL LEAD	1/1/2003	NC	9	NO
1	T1503	ADMINISTRATION OF MEDICATION, OT	1/1/2008	NC	9	NO
1	T1999	MISC THERAPEUTIC ITEMS AND SUPPL	1/1/2005	NC	9	NO
1	T2101	HUMAN BREAST MILK PROCESSING, ST	1/1/2005	NC	9	NO
1	T5999	SUPPLY, NOT OTHERWISE SPECIFIED	1/1/2005	NC	9	NO
1	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2008	\$155.40	3	YES
1	V2510	GAS PERMEABLE, SPERICAL, PER LEN	1/1/2008	\$155.40	3	YES
1	V2511	GAS PERMEABLE, TORIC, PRISM BALL	1/1/2008	\$155.40	3	YES
1	V2520	HYDROPHILIC, SPERICAL, PER LENS	1/1/2008	\$186.48	3	YES
1	V2521	HYDROPHILIC, TORIC OR PRISM BALL	1/1/2008	\$155.40	3	YES
1	V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	1/1/2008	\$835.78	3	NO
1	V2624	POLISHING/RESURFACING OF OCULAR	1/1/2008	\$63.05	3	NO
1	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	1/1/2008	\$383.37	3	NO
1	V2626	REDUCTION OF OCULAR PROSTHESIS	1/1/2008	\$206.66	3	NO
1	V2627	SCLERAL COVER SHELL	1/1/2008	\$1,284.58	3	NO
1	V2628	FABRICATION AND FITTING OF OCULA	1/1/2008	\$315.14	3	NO
1	V2629	PROSTHETIC EYE, OTHER TYPE	1/1/2008	\$1,036.00	3	NO
1	V2630	ANTERIOR CHAMBER INTRAOCULAR LEN	1/1/1994	NC	9	NO
1	V2631	IRIS SUPPORTED INTRAOCULAR LENS	1/1/1994	NC	9	NO
1	V2632	POSTERIOR CHAMBER INTRAOCULAR LE	1/1/1994	NC	9	NO
1	V2790	AMNIOTIC MEMBRANE FOR SURGICAL R	1/1/2001	NC	9	NO
1	V5090	DISPENSING FEE, UNSPECIFIED HEAR	7/1/2002	NC	9	NO
2	0008T	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2007	INVALID	N	NO
2	0016T	DESTRUCTION OF LOCALIZED LESION	1/1/2005	\$0.01	T	NO
2	0017T	DESTRUCTION OF MACULAR DRUSEN, P	1/1/2005	\$0.01	T	NO
2	0018T	DELIVERY OF HIGH POWER, FOCAL MA	1/1/2007	INVALID	N	NO
2	0019T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2005	\$0.01	T	NO
2	0020T	EXTRACORPOREAL SHOCK WAVE THERAP	1/1/2006	INVALID	N	NO
2	0021T	INSERTION OF TRANSCERVICAL OR TR	1/1/2007	INVALID	N	NO
2	0024T	NON-SURGICAL SEPTAL REDUCTION TH	1/1/2008	INVALID	N	NO
2	0027T	ENDOSCOPIC LYSIS OF EPIDURAL ADH	1/1/2005	\$0.01	T	NO
2	0031T	SPECULOSCOPY;	1/1/2005	\$0.01	T	NO
2	0032T	SPECULOSCOPY; WITH DIRECTED SAMP	1/1/2005	\$0.01	T	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	0033T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2005	\$0.01	T	NO
2	0034T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0035T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0036T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0037T	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2006	INVALID	N	NO
2	0038T	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0039T	ENDOVASCULAR REPIAR OF DESCENDIN	1/1/2006	INVALID	N	NO
2	0040T	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2006	INVALID	N	NO
2	0046T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2005	\$0.01	T	NO
2	0047T	CATHETER LAVAGE OF A MAMMARY DUC	1/1/2005	\$0.01	T	NO
2	0048T	IMPLANTATION OF A VENTRICULAR AS	1/1/2005	\$0.01	T	NO
2	0049T	PROLONGED EXTRACORPOREAL PERCUTA	1/1/2005	\$0.01	T	NO
2	0050T	REMOVAL OF A VENTRICULAR ASSIST	1/1/2005	\$0.01	T	NO
2	0051T	IMPLANTATION OF A TOTAL REPLACEM	1/1/2005	\$0.01	T	NO
2	0052T	REPLACEMENT OR REPAIR OF THORACI	1/1/2005	\$0.01	T	NO
2	0053T	REPLACEMENT OR REPAIR OF IMPLANT	1/1/2005	\$0.01	T	NO
2	0054T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
2	0055T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
2	0056T	COMPUTER ASSISTED MUSCULOSKELETA	1/1/2008	INVALID	N	NO
2	0061T	DESTRUCTION/REDUCTION OF MALIGNA	1/1/2005	\$0.01	T	NO
2	0062T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
2	0063T	PERCUTANEOUS INTRADISCAL ANNULOP	1/1/2005	\$0.01	T	NO
2	0071T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
2	0072T	FOCUSED ULTRASOUND ABLATION OF U	1/1/2005	\$0.01	T	NO
2	0075T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
2	0076T	TRANSCATHETER PLACEMENT OF EXTRA	1/1/2005	\$0.01	T	NO
2	0077T	IMPLANTING AND SECURING CEREBRAL	1/1/2005	\$0.01	T	NO
2	0078T	ENDOVASCULAR REPAIR USING PROSTH	1/1/2005	\$0.01	T	NO
2	0079T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
2	0080T	ENDOVASCULAR REPAIR OF ABDOMINAL	1/1/2005	\$0.01	T	NO
2	0081T	PLACEMENT OF VISCERAL EXTENSION	1/1/2005	\$0.01	T	NO
2	0084T	INSERTION OF A TEMPORARY PROSTAT	1/1/2005	\$0.01	T	NO
2	0088T	SUBMUCOSAL RADIOFREQUENCY TISSUE	1/1/2005	\$0.01	T	NO
2	10021	FINE NEEDLE ASPIRATION; WITHOUT	1/1/2008	\$94.35	3	NO
2	10022	FINE NEEDLE ASPIRATION; WITH IMA	1/1/2008	\$101.07	3	NO
2	10040	ACNE SURGERY (EG MARSUPIALIZATIO	1/1/2008	\$62.63	3	NO
2	10060	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$69.89	3	NO
2	10061	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$122.84	3	NO
2	10080	INCISION AND DRAINAGE OF PILONID	1/1/2008	\$115.32	3	NO
2	10081	INCISION AND DRAINAGE OF PILONID	1/1/2008	\$178.21	3	NO
2	10120	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$93.27	3	NO
2	10121	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$176.06	3	NO
2	10140	INCISION AND DRAINAGE OF HEMATOM	1/1/2008	\$97.57	3	NO
2	10160	PUNCTURE ASPIRATION OF ABSCESS H	1/1/2008	\$81.18	3	NO
2	10180	INCISION AND DRAINAGE, COMPLEX,	1/1/2008	\$152.68	3	NO
2	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$34.68	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$15.32	3	NO
2	11004	DEBRIDEMENT OF SKIN, SUBCUTANEOU	1/1/2008	\$408.58	3	NO
2	11005	DEBRIDEMENT OF SKIN, SUBCUTANEOU	1/1/2008	\$549.16	3	NO
2	11006	DEBRIDEMENT OF SKIN, SUBCUTANEOU	1/1/2008	\$509.91	3	NO
2	11008	REMOVAL OF PROSTHETIC MATERIAL O	1/1/2008	\$200.79	3	NO
2	11010	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$313.96	3	NO
2	11011	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$364.49	3	NO
2	11012	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$520.13	3	NO
2	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	1/1/2008	\$30.11	3	NO
2	11041	DEBRIDEMENT; SKIN FULL THICKNESS	1/1/2008	\$37.09	3	NO
2	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	1/1/2008	\$51.07	3	NO
2	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	1/1/2008	\$183.05	3	NO
2	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	1/1/2008	\$245.15	3	NO
2	11055	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$29.84	3	NO
2	11056	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$37.09	3	NO
2	11057	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$45.70	3	NO
2	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$60.48	3	NO
2	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$20.97	3	NO
2	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	2/1/1993	NC	9	NO
2	11201	EXCISION SKIN TAGS MULTIPLE FIBR	2/1/1993	NC	9	NO
2	11300	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$42.47	3	NO
2	11301	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$56.45	3	NO
2	11302	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$67.74	3	NO
2	11303	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$80.64	3	NO
2	11305	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$44.35	3	NO
2	11306	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$60.21	3	NO
2	11307	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$70.16	3	NO
2	11308	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$82.52	3	NO
2	11310	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$52.42	3	NO
2	11311	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$65.59	3	NO
2	11312	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$75.53	3	NO
2	11313	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$97.31	3	NO
2	11400	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.68	3	NO
2	11401	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$92.20	3	NO
2	11402	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$102.41	3	NO
2	11403	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$118.54	3	NO
2	11404	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$135.21	3	NO
2	11406	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$187.08	3	NO
2	11420	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.15	3	NO
2	11421	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$98.65	3	NO
2	11422	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$110.21	3	NO
2	11423	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$129.83	3	NO
2	11424	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$148.92	3	NO
2	11426	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$214.77	3	NO
2	11440	EXCISION, OTHER BENIGN LESION IN	1/1/2008	\$87.36	3	NO
2	11441	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$106.98	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11442	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$119.88	3	NO
2	11443	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$145.96	3	NO
2	11444	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$184.93	3	NO
2	11446	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$248.10	3	NO
2	11450	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$229.56	3	NO
2	11451	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$305.36	3	NO
2	11462	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$225.79	3	NO
2	11463	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$313.42	3	NO
2	11470	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$248.64	3	NO
2	11471	EXCISION OF SKIN AND SUBCUTANEOU	1/1/2008	\$323.37	3	NO
2	11600	EXCISION, MALIGNANT LESION INCL	1/1/2008	\$119.08	3	NO
2	11601	EXCISION, MALIGNANT LESION INCL	1/1/2008	\$135.21	3	NO
2	11602	EXCISION, MALIGNANT LESION INCL	1/1/2008	\$145.69	3	NO
2	11603	EXCISION, MALIGNANT LESION INCL	1/1/2008	\$168.00	3	NO
2	11604	EXCISION, MALIGNANT LESION INCL	1/1/2008	\$186.55	3	NO
2	11606	EXCISION MALIGNANT LESION TRUNK	1/1/2008	\$262.08	3	NO
2	11620	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$116.66	3	NO
2	11621	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$135.74	3	NO
2	11622	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$153.22	3	NO
2	11623	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$182.52	3	NO
2	11624	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$208.59	3	NO
2	11626	EXCESION MALIGNANT LESION SCALP	1/1/2008	\$261.27	3	NO
2	11640	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$120.42	3	NO
2	11641	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$146.76	3	NO
2	11642	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$169.88	3	NO
2	11643	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$202.94	3	NO
2	11644	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$253.75	3	NO
2	11646	EXCISION MALIGNANT LESION FACE E	1/1/2008	\$338.69	3	NO
2	11719	TRIMMING OF NONDYSTROPHIC NAILS,	1/1/2008	\$12.63	3	NO
2	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$19.62	3	NO
2	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$29.03	3	NO
2	11730	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$63.17	3	NO
2	11732	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$29.84	3	NO
2	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2008	\$27.42	3	NO
2	11750	EXCISION OF NAIL AND NAIL MATRIX	1/1/2008	\$134.13	3	NO
2	11752	EXCISION OF NAIL & NAIL MATRIX P	1/1/2008	\$191.12	3	NO
2	11755	BIOPSY OF NAIL UNIT (EG, PLATE,	1/1/2008	\$84.40	3	NO
2	11760	REPAIR OF NAIL BED	1/1/2008	\$124.72	3	NO
2	11762	RECONSTRUCTION OF NAIL BED WITH	1/1/2008	\$171.23	3	NO
2	11765	WEDGE EXCISION OF SKIN OF NAIL F	1/1/2008	\$75.26	3	NO
2	11770	EXCISION OF PILONIDAL CYST OR SI	1/1/2008	\$173.11	3	NO
2	11771	EXCISION OF PILONIDAL CYST OR SI	1/1/2008	\$339.23	3	NO
2	11772	EXCISION OF PILONIDAL CYST OR SI	1/1/2008	\$423.09	3	NO
2	11900	INJECTION INTRALESIONAL UP TO AN	1/1/2008	\$33.87	3	NO
2	11901	INJECTION INTRALESIONAL; MORE TH	1/1/2008	\$42.47	3	NO
2	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
2	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
2	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11951	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
2	11960	INSERTION OF TISSUE EXPANDER(S)	1/1/2008	\$612.86	3	YES
2	11970	REPLACEMENT OF TISSUE EXPANDER W	1/1/2008	\$405.89	3	YES
2	11971	REMOVAL OF TISSUE EXPANDER(S) WI	1/1/2008	\$328.74	3	NO
2	11975	INSERTION, IMPLANTABLE CONTRACEP	1/1/2008	\$83.33	3	NO
2	11976	REMOVAL, IMPLANTABLE CONTRACEPTI	1/1/2008	\$99.72	3	NO
2	11977	REMOVAL WITH REINSERTION, IMPLAN	1/1/2008	\$157.79	3	NO
2	11980	SUBCUTANEOUS HORMONE PELLETT IMPL	1/1/2008	\$72.84	3	NO
2	11981	INSERTION, NON-BIODEGRADABLE DRU	1/1/2008	\$90.32	3	NO
2	11982	REMOVAL, NON-BIODEGRADABLE DRUG	1/1/2008	\$105.37	3	NO
2	11983	REMOVAL WITH REINSERTION, NON-BI	1/1/2008	\$158.86	3	NO
2	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$101.88	3	NO
2	12002	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$108.33	3	NO
2	12004	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$127.14	3	NO
2	12005	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$158.59	3	NO
2	12006	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$197.03	3	NO
2	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$222.84	3	NO
2	12011	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$107.79	3	NO
2	12013	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$118.54	3	NO
2	12014	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$140.04	3	NO
2	12015	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$175.80	3	NO
2	12016	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$208.59	3	NO
2	12017	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$187.62	3	NO
2	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$224.99	3	NO
2	12020	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$181.17	3	NO
2	12021	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$105.64	3	NO
2	12031	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$135.21	3	NO
2	12032	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$183.86	3	NO
2	12034	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$180.90	3	NO
2	12035	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$243.00	3	NO
2	12036	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$272.03	3	NO
2	12037	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$306.16	3	NO
2	12041	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$146.50	3	NO
2	12042	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$174.72	3	NO
2	12044	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$192.73	3	NO
2	12045	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$249.18	3	NO
2	12046	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$297.83	3	NO
2	12047	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$310.20	3	NO
2	12051	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$165.85	3	NO
2	12052	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$177.95	3	NO
2	12053	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$191.92	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	12054	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$209.40	3	NO
2	12055	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$262.35	3	NO
2	12056	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$334.92	3	NO
2	12057	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$349.44	3	NO
2	13100	REPAIR COMPLEX TRUNK 1.1 CM TO 2	1/1/2008	\$202.94	3	NO
2	13101	REPAIR COMPLEX TRUNK; 2.6 CM TO	1/1/2008	\$246.76	3	NO
2	13102	REPAIR, COMPLEX, TRUNK; EACH ADD	1/1/2008	\$69.62	3	NO
2	13120	REPAIR COMPLEX SCALP ARMS AND/OR	1/1/2008	\$210.74	3	NO
2	13121	REPAIR COMPLEX SCALP ARMS AND/OR	1/1/2008	\$266.92	3	NO
2	13122	REPAIR, COMPLEX, SCALP, ARMS, AN	1/1/2008	\$82.52	3	NO
2	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	1/1/2008	\$230.90	3	NO
2	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	1/1/2008	\$355.35	3	NO
2	13133	REPAIR, COMPLEX, FOREHEAD, CHEEK	1/1/2008	\$109.94	3	NO
2	13150	REPAIR COMPLEX EYELIDS NOSE EARS	1/1/2008	\$241.65	3	NO
2	13151	REPAIR COMPLEX EYELIDS NOSE EARS	1/1/2008	\$262.35	3	NO
2	13152	REPAIR COMPLEX EYELIDS NOSE EARS	1/1/2008	\$353.74	3	NO
2	13153	REPAIR, COMPLEX, EYELIDS, NOSE,	1/1/2008	\$123.11	3	NO
2	13160	SECONDARY CLOSURE OF SURGICAL WO	1/1/2008	\$551.85	3	NO
2	14000	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$418.25	3	NO
2	14001	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$545.13	3	NO
2	14020	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$464.49	3	NO
2	14021	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$608.03	3	NO
2	14040	ADJ TISSUE TRANS OR REARRANGE, F	1/1/2008	\$490.02	3	NO
2	14041	ADJ TISSUE TRANS OR REARRANGE, F	1/1/2008	\$665.82	3	NO
2	14060	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$504.54	3	NO
2	14061	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$722.53	3	NO
2	14300	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$703.99	3	NO
2	14350	FILLETED FINGER OR TOE FLAP INCL	1/1/2008	\$518.25	3	NO
2	15000	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
2	15001	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
2	15002	SURGICAL PREP OR CREATION OF REC	1/1/2008	\$222.03	3	NO
2	15003	SURGICAL PREP OR CREATION OF REC	1/1/2008	\$49.19	3	NO
2	15004	SURG PREP OR CREATION OF RECIP S	1/1/2008	\$267.99	3	NO
2	15005	SURG PREP OR CREATION OF RECIP S	1/1/2008	\$83.33	3	NO
2	15040	HARVEST OF SKIN FOR TISSUE CULTU	1/1/2008	\$178.21	3	NO
2	15050	PINCH GRAFT, SING OR MULT, TIP O	1/1/2008	\$350.78	3	NO
2	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	1/1/2008	\$616.36	3	NO
2	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	1/1/2008	\$144.88	3	NO
2	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	1/1/2008	\$603.46	3	NO
2	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	1/1/2008	\$88.70	3	NO
2	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP	1/1/2008	\$580.07	3	NO
2	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP	1/1/2008	\$116.39	3	NO
2	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	1/1/2008	\$617.97	3	NO
2	15121	SPLIT GRAFT, FACE, SCALP, EYELID	1/1/2008	\$195.42	3	NO
2	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, L	1/1/2008	\$478.46	3	NO
2	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, L	1/1/2008	\$72.31	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15135	DERMAL AUTOGRAFT, FACE, SCALP, E	1/1/2008	\$589.48	3	NO
2	15136	DERMAL AUTOGRAFT, FACE, SCALP, E	1/1/2008	\$68.28	3	NO
2	15150	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2008	\$500.24	3	NO
2	15151	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2008	\$93.81	3	NO
2	15152	TISSUE CULTUREED EPIDERMAL AUTOG	1/1/2008	\$115.32	3	NO
2	15155	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2008	\$508.03	3	NO
2	15156	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2008	\$123.11	3	NO
2	15157	TISSUE CULTURED EPIDERMAL AUTOGR	1/1/2008	\$136.28	3	NO
2	15170	ACELLULAR DERMAL REPLACEMENT, TR	1/1/2008	\$277.67	3	NO
2	15171	ACELLULAR DERMAL REPLACEMENT, TR	1/1/2008	\$65.05	3	NO
2	15175	ACELLULAR DERMAL REPLACE, FACE,	1/1/2008	\$381.96	3	NO
2	15176	ACELLULAR DERMAL REPLACE, FACE,	1/1/2008	\$103.22	3	NO
2	15200	FULL THICKNESS GRAFT, FREE,INC D	1/1/2008	\$523.89	3	NO
2	15201	FULL THICKNESS GRAFT, FREE,INC D	1/1/2008	\$106.44	3	NO
2	15220	FULL THICKNESS GRAFT FREE INC DI	1/1/2008	\$491.64	3	NO
2	15221	FULL THICKNESS GRAFT FREE INC. D	1/1/2008	\$96.77	3	NO
2	15240	FULL THICKNESS GRAFT, FREE, INC	1/1/2008	\$584.10	3	NO
2	15241	FULL THICKNESS GRAFT, FREE, INC	1/1/2008	\$122.57	3	NO
2	15260	FULL THICKNESS GRAFT FREE INC DI	1/1/2008	\$618.51	3	NO
2	15261	FULL THICKNESS GRAFT FREE INC. D	1/1/2008	\$139.78	3	NO
2	15300	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2008	\$225.52	3	NO
2	15301	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2008	\$43.28	3	NO
2	15320	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2008	\$258.05	3	NO
2	15321	ALLOGRAFT SKIN FOR TEMPORARY WOU	1/1/2008	\$64.51	3	NO
2	15330	ACELLULAR DERMAL ALLOGRAFT, TRUN	1/1/2008	\$205.90	3	NO
2	15331	ACELLULAR DERMAL ALLOGRAFT, TRUN	1/1/2008	\$43.01	3	NO
2	15335	ACELLULAR DERMAL ALLOGRAFT, FACE	1/1/2008	\$228.75	3	NO
2	15336	ACELLULAR DERMAL ALLOGRAFT, FACE	1/1/2008	\$62.63	3	NO
2	15340	TISSUE CULTURED ALLOGENEIC SKIN	1/1/2008	\$218.27	3	NO
2	15341	TISSUE CULTURED ALLOGENEIC SKIN	1/1/2008	\$32.26	3	NO
2	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
2	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
2	15350	APPLICATION OF ALLOGRAFT (HOMOGR	1/1/2006	INVALID	N	NO
2	15351	APPLICAION OF ALLOGRAFT, SKIN; E	1/1/2006	INVALID	N	NO
2	15360	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2008	\$237.35	3	NO
2	15361	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2008	\$50.27	3	NO
2	15365	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2008	\$246.49	3	NO
2	15366	TISSUE CULTURED ALLOGENEIC DERMA	1/1/2008	\$62.36	3	NO
2	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	1/1/2008	\$244.61	3	NO
2	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	1/1/2008	\$75.53	3	NO
2	15420	XENOGRAFT SKIN (DERMAL), FOR TEM	1/1/2008	\$276.06	3	NO
2	15421	XENOGRAFT SKIN (DERMAL), FOR TEM	1/1/2008	\$80.64	3	NO
2	15430	ACELLULAR XENOGRAFT IMPLANT; 1ST	1/1/2008	\$363.96	3	NO
2	15431	ACELLULAR XENOGRAFT IMPLANT; EA	1/1/2006	\$0.01	5	NO
2	15570	FORMATION OF DIRECT OR TUBED PED	1/1/2008	\$602.92	3	NO
2	15572	FORMATION OF DIRECT OR TUBED PED	1/1/2008	\$557.22	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15574	FORMATION OF DIRECT OR TUBED PED	1/1/2008	\$601.04	3	NO
2	15576	FORMATION OF DIRECT OR TUBED PED	1/1/2008	\$533.57	3	NO
2	15600	DELAY OF FLAP OR SECTIONING OF F	1/1/2008	\$248.64	3	NO
2	15610	INTERMEDIATE DELAY OF ANY FLAP P	1/1/2008	\$207.78	3	NO
2	15620	INTERMEDIATE DELAY OF ANY FLAP P	1/1/2008	\$306.70	3	NO
2	15630	INTERMEDIATE DELAY OF ANY FLAP P	1/1/2008	\$304.55	3	NO
2	15650	TRANSFER INTERMEDIATE OF ANY PED	1/1/2008	\$327.94	3	NO
2	15731	FOREHEAD FLAP WITH PRESERVATION	1/1/2008	\$740.01	3	NO
2	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$1,047.51	3	NO
2	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$1,070.36	3	NO
2	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$982.46	3	NO
2	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$1,038.11	3	NO
2	15740	FLAP; ISLAND PEDICLE	1/1/2008	\$623.88	3	NO
2	15750	FLAP; NEUROVASCULAR PEDICLE	1/1/2008	\$623.35	3	NO
2	15756	FREE MUSCLE FLAP WITH OR WITHOUT	1/1/2008	\$1,653.39	3	NO
2	15757	FREE SKIN FLAP WITH MICROVASCULA	1/1/2008	\$1,648.01	3	NO
2	15758	FREE FASCIAL FLAP WITH MICROVASC	1/1/2008	\$1,649.09	3	NO
2	15760	GRAFT;COMPOSITE (FULL THICKNESS	1/1/2008	\$554.53	3	NO
2	15770	GRAFT; DERMA-FAT-FASCIA	1/1/2008	\$442.44	3	NO
2	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
2	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
2	15780	DERMABRASION; TOTAL FACE (EG, FO	2/1/1993	NC	9	NO
2	15781	DERMABRASION; SEGMENTAL, FACE (E	2/1/1993	NC	9	NO
2	15782	DERMABRASION; REGIONAL, OTHER TH	2/1/1993	NC	9	NO
2	15783	DERMABRASION; SUPERFICIAL, ANY S	2/1/1993	NC	9	NO
2	15786	ABRASION SINGLE LESION (EG KERAT	2/1/1993	NC	9	NO
2	15787	ABRASION; EACH ADDITIONAL FOUR L	8/1/1994	NC	9	NO
2	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	2/1/1994	NC	9	NO
2	15789	CHEMICAL PEEL, FACIAL; DERMAL	2/1/1994	NC	9	NO
2	15792	CHEMICAL PEEL, NONFACIAL; EPIDER	2/1/1994	NC	9	NO
2	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	2/1/1994	NC	9	NO
2	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
2	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
2	15819	CERVICOPLASTY	2/1/1993	NC	9	NO
2	15820	BLEPHAROPLASTY LOWER EYELIDS	2/1/1993	NC	9	NO
2	15821	BLEPHAROPLASTY LOWER EYELID WITH	2/1/1993	NC	9	NO
2	15822	BLEPHAROPLASTY, UPPER EYELID	1/1/2008	\$284.93	3	YES
2	15823	BLEPHAROPLASTY, UPPER EYELID; WI	1/1/2008	\$441.37	3	YES
2	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO
2	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
2	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
2	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
2	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
2	15830	EXCISION, EXCESSIVE SKIN AND SUB	1/1/2007	NC	9	NO
2	15831	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2007	INVALID	N	NO
2	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15836	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2008	\$500.51	3	NO
2	15837	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
2	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
2	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
2	15840	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$692.16	3	NO
2	15841	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$1,151.00	3	NO
2	15842	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$1,833.48	3	NO
2	15845	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$646.46	3	NO
2	15847	EXCISION, EXCESSIVE SKIN AND SUB	1/1/2007	NC	9	NO
2	15850	REMOVAL OF SUTURES UNDER ANESTHE	1/1/2008	\$61.82	3	NO
2	15851	REMOVAL OF SUTURES IN HOSPITAL O	1/1/2008	\$67.47	3	NO
2	15852	DRESSING CHANGE (FOR OTHER THAN	1/1/2008	\$33.87	3	NO
2	15860	INTRAVENOUS INJECTION OF AGENT (	1/1/2008	\$80.10	3	NO
2	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
2	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
2	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
2	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
2	15920	COCCYGECTOMY WITH PRIMARY SUTURE	1/1/2008	\$398.36	3	NO
2	15922	EXCISION, COCCYGEAL PRESSURE ULC	1/1/2008	\$506.42	3	NO
2	15931	EXCISION SACRAL DECUBITUS ULCER	1/1/2008	\$453.20	3	NO
2	15933	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$560.72	3	NO
2	15934	EXCISION, SACRAL PRESSURE ULCER,	1/1/2008	\$626.04	3	NO
2	15935	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$752.91	3	NO
2	15936	EXCISION, SACRAL PRESSURE ULCER,	1/1/2008	\$615.01	3	NO
2	15937	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$718.23	3	NO
2	15940	EXCISION ISCHIAL DECUBITUS ULCER	1/1/2008	\$471.21	3	NO
2	15941	EXCISION ISCHIAL PRESSURE ULCER	1/1/2008	\$622.27	3	NO
2	15944	EXCISION, ISCHIAL PRESSURE ULCER	1/1/2008	\$604.26	3	NO
2	15945	EXCISION ISCHIAL PRESSURE ULCER	1/1/2008	\$671.73	3	NO
2	15946	EXCISION, ISCHIAL PRESSURE ULCER	1/1/2008	\$1,110.41	3	NO
2	15950	EXCISION TROCHANTERIC DECUBITUS	1/1/2008	\$386.27	3	NO
2	15951	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$559.64	3	NO
2	15952	EXCISION, TROCHANTERIC PRESSURE	1/1/2008	\$578.73	3	NO
2	15953	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$651.84	3	NO
2	15956	EXCISION, TROCHANTERIC PRESSURE,	1/1/2008	\$788.66	3	NO
2	15958	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$798.60	3	NO
2	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
2	16000	INITIAL TREATMENT FIRST DEGREE B	1/1/2008	\$48.38	3	NO
2	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
2	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
2	16020	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$57.25	3	NO
2	16025	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$101.07	3	NO
2	16030	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$119.35	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	16035	ESCHAROTOMY; INITIAL INCISION	1/1/2008	\$153.48	3	NO
2	16036	ESCHAROTOMY; EACH ADDITIONAL INC	1/1/2008	\$61.02	3	NO
2	17000	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$46.50	3	NO
2	17003	DESTRUCTION BY ANY METHOD, INCLU	1/1/2008	\$5.11	3	NO
2	17004	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$114.51	3	NO
2	17106	DESTRUCTION OF CUTANEOUS VASCULA	1/1/2008	\$258.05	3	YES
2	17107	DESTRUCTION OF CUTANEOUS VASCULA	1/1/2008	\$458.57	3	YES
2	17108	DESTRUCTION OF CUTANEOUS VASCULA	1/1/2008	\$620.93	3	YES
2	17110	DESTRUCTION, OF BENIGN LESIONS O	1/1/2008	\$63.97	3	NO
2	17111	DESTRUCTION BY ANY METHOD OF FLA	1/1/2008	\$75.80	3	NO
2	17250	CHEMICAL CAUTERIZATION OF GRANUL	1/1/2008	\$48.65	3	NO
2	17260	DESTRUCTION, MALIGNANT LESION, T	1/1/2008	\$61.56	3	NO
2	17261	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$82.79	3	NO
2	17262	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$101.88	3	NO
2	17263	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$112.63	3	NO
2	17264	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$121.77	3	NO
2	17266	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$140.31	3	NO
2	17270	DESTRUCTION, MALIGNANT LESION, S	1/1/2008	\$88.17	3	NO
2	17271	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$95.96	3	NO
2	17272	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$110.21	3	NO
2	17273	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$123.92	3	NO
2	17274	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$149.18	3	NO
2	17276	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$176.60	3	NO
2	17280	DESTRUCTION, MALIGNANT LESION, F	1/1/2008	\$81.72	3	NO
2	17281	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$105.64	3	NO
2	17282	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$122.30	3	NO
2	17283	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$149.99	3	NO
2	17284	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$176.33	3	NO
2	17286	DESTRUCTION, MALIGNANT LESION, A	1/1/2008	\$229.82	3	NO
2	17304	CHEMOSURGERY (MOHS' MICROGRAPHIC	1/1/2007	INVALID	N	NO
2	17305	CHEMOSURGERY (MOH'S TECHNIQUE) S	1/1/2007	INVALID	N	NO
2	17306	CHEMOSURGERY (MOH'S TECHNIQUE);	1/1/2007	INVALID	N	NO
2	17307	CHEMOSURGERY (MOH'S TECHNIQUE);	1/1/2007	INVALID	N	NO
2	17310	CHEMOSURGERY (MOH'S TECHNIQUE);	1/1/2007	INVALID	N	NO
2	17311	MOHS MICROGRAPHIC TECHNIQUE, INC	1/1/2008	\$463.14	3	NO
2	17312	MOHS MICROGRAPHIC TECH, INCL REM	1/1/2008	\$278.21	3	NO
2	17313	MOHS MICROGRAPHIC TECH, INCL REM	1/1/2008	\$422.82	3	NO
2	17314	MOHS MICROGRAPHIC TECH, INCL REM	1/1/2008	\$257.78	3	NO
2	17315	MOHS MICROGRAPHIC TECH, INCL REM	1/1/2008	\$55.10	3	NO
2	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	1/1/2008	\$31.45	3	NO
2	17360	CHEMICAL EXFOLIATION FOR ACNE (E	1/1/2008	\$81.72	3	NO
2	17380	ELECTROLYSIS EPILATION EACH 1/2	8/1/1989	NC	9	NO
2	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
2	19000	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$76.88	3	NO
2	19001	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$19.08	3	NO
2	19020	MASTOTOMY WITH EXPLORATION OR DR	1/1/2008	\$284.39	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	19030	INJECTION PROCEDURE ONLY FOR MAM	1/1/2008	\$117.73	3	NO
2	19100	BIOPSY OF BREAST; PERCUTANEOUS,	1/1/2008	\$94.08	3	NO
2	19101	BIOPSY OF BREAST; OPEN, INCISION	1/1/2008	\$216.12	3	NO
2	19102	BIOPSY OF BREAST; PERCUTANEOUS,	1/1/2008	\$156.44	3	NO
2	19103	BIOPSY OF BREAST; PERCUTANEOUS,	1/1/2008	\$403.20	3	NO
2	19105	ABLATION, CRYOSURGICAL, OF FIBRO	1/1/2007	NC	9	NO
2	19110	NIPPLE EXPLORATION WITH OR WITHO	1/1/2008	\$291.65	3	NO
2	19112	EXCISION OF LACTIFEROUS DUCT FIS	1/1/2008	\$276.86	3	NO
2	19120	EXCISION OF CYST, FIBROADENOMA,	1/1/2008	\$302.13	3	NO
2	19125	EXCISION OF BREAST LESION IDENTI	1/1/2008	\$332.24	3	NO
2	19126	EXCISION OF BREAST LESION IDENTI	1/1/2008	\$114.24	3	NO
2	19140	MASTECTOMY FOR GYNECOMASTIA	1/1/2007	INVALID	N	NO
2	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	INVALID	N	NO
2	19162	MASTECTOMY PARTIAL (QUADRECTOMY	1/1/2007	INVALID	N	NO
2	19180	MASTECTOMY SIMPLE COMPLETE UNILA	1/1/2007	INVALID	N	NO
2	19182	MASTECTOMY SUBCUTANEOUS	1/1/2007	INVALID	N	NO
2	19200	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
2	19220	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
2	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	1/1/2007	INVALID	N	NO
2	19260	EXCISION OF CHEST WALL TUMOR INC	1/1/2008	\$824.41	3	NO
2	19271	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$1,126.81	3	NO
2	19272	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$1,243.74	3	NO
2	19290	PREOPERATIVE PLACEMENT OF NEEDLE	1/1/2008	\$111.55	3	NO
2	19291	PREOPERATIVE PLACEMENT OF NEEDLE	1/1/2008	\$49.46	3	NO
2	19295	IMAGE GUIDED PLACEMENT, METALLIC	1/1/2008	\$69.35	3	NO
2	19296	PLACEMENT OF RADIOTHERAPY AFTERL	1/1/2008	\$3,196.30	3	NO
2	19297	PLACEMENT OF RADIOTHERAPY AFTERL	1/1/2008	\$66.93	3	NO
2	19298	PLACEMENT OF RADIOTHERAPY AFTERL	1/1/2008	\$1,177.88	3	NO
2	19300	MASTECTOMY FOR GYNECOMASTIA	1/1/2007	NC	9	NO
2	19301	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2008	\$276.60	3	NO
2	19302	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2008	\$590.55	3	NO
2	19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2008	\$601.31	3	NO
2	19304	MASTECTOMY, SUBCUTANEOUS	1/1/2008	\$366.91	3	NO
2	19305	MASTECTOMY, RADICAL, INCLUDING P	1/1/2008	\$730.33	3	NO
2	19306	MASTECTOMY, RADICAL, INCL PECTOR	1/1/2008	\$759.63	3	NO
2	19307	MASTECTOMY, MODIFIED RADICAL, IN	1/1/2008	\$763.93	3	NO
2	19316	MASTOPEXY	8/1/2003	NC	9	NO
2	19318	REDUCTION MAMMAPLASTY	1/1/2008	\$800.49	3	NO
2	19324	MAMMAPLASTY, AUGMENTATION; WITHO	1/1/2008	\$331.43	3	NO
2	19325	MAMMAPLASTY AUGMENTATION; WITH P	1/1/2008	\$440.83	3	NO
2	19328	REMOVAL OF INTACT MAMMARY IMPLAN	1/1/2008	\$330.89	3	NO
2	19330	REMOVAL OF MAMMARY IMPLANT MATER	1/1/2008	\$423.63	3	NO
2	19340	IMMEDIATE INSERTION OF BREAST PR	1/1/2008	\$280.90	3	NO
2	19342	DELAYED INSERTION OF BREAST PROT	1/1/2008	\$624.69	3	NO
2	19350	RECONSTRUCTION OF NIPPLE AND/OR	1/1/2008	\$626.30	3	NO
2	19355	CORRECTION OF INVERTED NIPPLES	1/1/2008	\$509.11	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	19357	BREAST RECONSTRUCTION, IMMEDIATE	1/1/2008	\$1,053.70	3	NO
2	19361	BREAST RECONSTRUCTION W/LATISSIM	1/1/2008	\$1,068.48	3	NO
2	19364	BREAST RECONSTRUCTION WITH FREE	1/1/2008	\$1,940.47	3	NO
2	19366	BREAST RECONSTRUCTION WITH OTHER	1/1/2008	\$973.32	3	NO
2	19367	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$1,265.78	3	NO
2	19368	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$1,560.12	3	NO
2	19369	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$1,436.20	3	NO
2	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
2	19371	PERIPROSTHETIC CAPSULECTOMY, BRE	1/1/2008	\$534.64	3	NO
2	19380	REVISION OF RECONSTRUCTED BREAST	1/1/2008	\$521.20	3	NO
2	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
2	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
2	20000	INCISION OF SOFT TISSUE ABSCESS	1/1/2008	\$137.09	3	NO
2	20005	INCISION OF SOFT TISSUE ABSCESS	1/1/2008	\$202.94	3	NO
2	20100	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$424.70	3	NO
2	20101	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$260.47	3	NO
2	20102	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$316.11	3	NO
2	20103	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$387.61	3	NO
2	20150	EXCISION OF EPIPHYSEAL BAR, W/OR	1/1/2008	\$641.63	3	NO
2	20200	BIOPSY MUSCLE SUPERFICIAL	1/1/2008	\$127.68	3	NO
2	20205	BIOPSY MUSCLE; DEEP	1/1/2008	\$176.06	3	NO
2	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	1/1/2008	\$193.00	3	NO
2	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	1/1/2008	\$145.69	3	NO
2	20225	BIOPSY, BONE, TROCAR, OR NEEDLE;	1/1/2008	\$633.83	3	NO
2	20240	BIOPSY, BONE, OPEN; SUPERFICIAL	1/1/2008	\$164.77	3	NO
2	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	1/1/2008	\$442.44	3	NO
2	20250	BIOPSY VERTEBRAL BODY OPEN THORA	1/1/2008	\$261.81	3	NO
2	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	1/1/2008	\$294.07	3	NO
2	20500	INJECTION OF SINUS TRACT THERAPE	1/1/2008	\$90.85	3	NO
2	20501	INJECTION OF SINUS TRACT; DIAGNO	1/1/2008	\$95.16	3	NO
2	20520	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$131.98	3	NO
2	20525	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$339.76	3	NO
2	20526	INJECTION, THERAPEUTIC (EG, LOCA	1/1/2008	\$53.76	3	NO
2	20550	INJECTION(S); TENDON SHEATH, LIG	1/1/2008	\$41.13	3	NO
2	20551	INJECTION; TENDON ORIGIN/INSERTI	1/1/2008	\$40.32	3	NO
2	20552	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
2	20553	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
2	20555	PLACEMENT OF NEEDLES OR CATHETER	1/1/2008	\$232.30	3	NO
2	20600	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$37.63	3	NO
2	20605	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$40.86	3	NO
2	20610	ARTHROCENTESIS ASPIRATION AND/OR	1/1/2008	\$50.53	3	NO
2	20612	ASPIRATION AND/OR INJECTION OF G	1/1/2003	NC	9	NO
2	20615	ASPIRATION AND INJECTION FOR TRE	1/1/2008	\$156.17	3	NO
2	20650	INSERTION OF WIRE OR PIN WITH AP	1/1/2008	\$133.32	3	NO
2	20660	APPLICATION OF CRANIAL TONGS, CA	1/1/2008	\$167.73	3	NO
2	20661	APPLICATION OF HALO, INCLUDING R	1/1/2008	\$308.31	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	20662	APPLICATION OF HALO INCLUDING RE	1/1/2008	\$327.40	3	NO
2	20663	APPLICATION OF HALO INCLUDING RE	1/1/2008	\$308.58	3	NO
2	20664	APPLICATION OF HALO, INCLUDING R	1/1/2008	\$509.11	3	NO
2	20665	REMOVAL OF TONGS OR HALO APPLIED	1/1/2008	\$94.08	3	NO
2	20670	REMOVAL OF IMPLANT SUPERFICIAL (	1/1/2008	\$332.24	3	NO
2	20680	REMOVAL OF IMPLANT; DEEP (EG BUR	1/1/2008	\$405.62	3	NO
2	20690	APPLICATION OF A UNIPLANE (PINS	1/1/2008	\$180.77	3	NO
2	20692	APPLICATION OF A MULTIPLANE (PIN	1/1/2008	\$298.37	3	NO
2	20693	ADJUSTMENT OR REVISION OF EXTERN	1/1/2008	\$327.13	3	NO
2	20694	REMOVAL, UNDER ANESTHESIA, OF EX	1/1/2008	\$311.81	3	NO
2	20802	REPLANTATION ARM (INCLUDES SURGI	1/1/2008	\$1,828.65	3	NO
2	20805	REPLANTATION FOREARM (INCLUDES R	1/1/2008	\$2,372.16	3	NO
2	20808	REPLANTATION HAND (INCLUDES HAND	1/1/2008	\$2,990.40	3	NO
2	20816	REPLANTATION DIGIT EXCL THUMB (I	1/1/2008	\$1,902.30	3	NO
2	20822	REPLANTATION DIGIT EXCLUDING THU	1/1/2008	\$1,671.67	3	NO
2	20824	REPLANTATION THUMB (INCLUDES CAR	1/1/2008	\$1,888.32	3	NO
2	20827	REPLANTATION THUMB (INCLUDES DIS	1/1/2008	\$1,728.12	3	NO
2	20838	REPLANTATION FOOT COMPLETE AMPUT	1/1/2008	\$1,714.14	3	NO
2	20900	BONE GRAFT, ANY DONOR AREA; MINO	1/1/2008	\$412.88	3	NO
2	20902	BONE GRAFT, ANY DONOR AREA; MAJO	1/1/2008	\$427.66	3	NO
2	20910	CARTILAGE GRAFT; COSTOCHONDRAL	1/1/2008	\$300.52	3	YES
2	20912	CARTILAGE GRAFT; NASAL SEPTUM	1/1/2008	\$339.76	3	NO
2	20920	FASCIA LATA GRAFT; BY STRIPPER	1/1/2008	\$278.21	3	NO
2	20922	FASCIA LATA GRAFT; BY INCISION A	1/1/2008	\$405.62	3	NO
2	20924	TENDON GRAFT, FROM A DISTANCE (E	1/1/2008	\$357.50	3	NO
2	20926	TISSUE GRAFTS, OTHER (EG, PARATE	1/1/2008	\$302.13	3	NO
2	20930	ALLOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$56.58	3	NO
2	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$83.60	3	NO
2	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$127.43	3	NO
2	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$126.34	3	NO
2	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$137.89	3	NO
2	20950	MONITORING OF INTERSTITIAL FLUID	1/1/2008	\$205.09	3	NO
2	20955	FIBULA GRAFT WITH MICROVASCULAR	1/1/2008	\$1,821.12	3	NO
2	20956	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$1,928.64	3	NO
2	20957	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$1,841.82	3	NO
2	20962	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$1,909.56	3	NO
2	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$2,018.15	3	NO
2	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$2,017.34	3	NO
2	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$1,865.47	3	NO
2	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$2,020.84	3	NO
2	20974	ELECTRICAL STIMULATION TO AID BO	1/1/2008	\$40.32	3	NO
2	20975	ELECTRICAL STIMULATION TO AID BO	1/1/2008	\$128.22	3	NO
2	20979	LOW INTENSITY ULTRASOUND STIMULA	1/1/2008	\$39.24	3	NO
2	20982	ABLATION, BONE TUMOR(S) (EG, OST	4/1/2004	NC	9	NO
2	20985	COMPUTER ASSISTED SURGICAL NAVIG	1/1/2008	NC	9	NO
2	20986	COMPUTER ASSISTED SURGICAL NAVIG	1/1/2008	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	20987	COMPUTER ASSISTED SURGICAL NAVIG	1/1/2008	NC	9	NO
2	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
2	21010	ARTHROTOMY, TEMPOROMANDIBULAR JO	1/1/2008	\$505.88	3	NO
2	21015	RADICAL RESECTION OF TUMOR (EG,M	1/1/2008	\$299.44	3	NO
2	21025	EXCISION OF BONE (EG, FOR OSTEOM	1/1/2008	\$664.20	3	NO
2	21026	EXCISION OF BONE (EG, FOR OSTEOM	1/1/2008	\$382.23	3	NO
2	21029	REMOVAL BY CONTOURING OF BENIGN	1/1/2008	\$498.89	3	NO
2	21030	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$319.60	3	NO
2	21031	EXCISION OF TORUS MANDIBULARIS	1/1/2008	\$244.88	3	NO
2	21032	EXCISION OF MAXILLARY TORUS PALA	1/1/2008	\$249.18	3	NO
2	21034	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$918.22	3	NO
2	21040	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$321.22	3	NO
2	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
2	21044	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$609.10	3	NO
2	21045	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$845.64	3	NO
2	21046	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$744.31	3	NO
2	21047	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$927.90	3	NO
2	21048	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$758.28	3	NO
2	21049	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$880.32	3	NO
2	21050	CONDYLECTOMY, TEMPOROMANDIBULAR	1/1/2008	\$595.66	3	YES
2	21060	MENISCECTOMY, PARTIAL OR COMPLET	1/1/2008	\$555.07	3	NO
2	21070	CORONOIDECTOMY (SEPARATE PROCEDU	1/1/2008	\$447.55	3	NO
2	21073	MANIPULATION OF TEMPOROMANDIBULA	1/1/2008	NC	9	NO
2	21076	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$716.62	3	NO
2	21077	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,786.18	3	NO
2	21079	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,211.48	3	NO
2	21080	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,376.26	3	NO
2	21081	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,249.92	3	NO
2	21082	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,134.87	3	NO
2	21083	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,073.86	3	NO
2	21084	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,225.46	3	NO
2	21085	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$489.22	3	NO
2	21086	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,334.32	3	NO
2	21087	IMPRESSION AND CUSTOM PREPARATIO	1/1/2008	\$1,319.27	3	NO
2	21088	IMPRESSION AND CUSTOM PREPARATIO	7/11/2005	\$0.01	5	NO
2	21089	UNLISTED MAXILLOFACIAL PROSTHETI	8/19/2002	\$0.01	5	NO
2	21100	APPLICATION OF HALO TYPE APPLIAN	1/1/2008	\$456.69	3	NO
2	21110	APPLICATION OF INTERDENTAL FIXAT	1/1/2008	\$457.23	3	NO
2	21116	INJECTION PROCEDURE FOR TEMPOROM	1/1/2008	\$126.60	3	NO
2	21120	GENIOPLASTY; AUGMENTATION (AUTOG	1/1/2008	\$431.42	3	YES
2	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	1/1/2008	\$498.89	3	YES
2	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,	2/1/1994	NC	9	NO
2	21123	GENIOPLASTY; SLIDING,AUGMENTATIO	2/1/1994	NC	9	NO
2	21125	AUGMENTATION, MANDIBULAR BODY OR	2/1/1994	NC	9	NO
2	21127	AUGMENTATION,MANDIBULAR BODY OR	2/1/1994	NC	9	NO
2	21137	REDUCTION FOREHEAD; CONTOURING O	1/1/2008	\$506.69	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21138	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$640.82	3	YES
2	21139	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$712.32	3	YES
2	21141	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$935.16	3	YES
2	21142	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$931.39	3	YES
2	21143	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$949.94	3	YES
2	21145	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,077.89	3	YES
2	21146	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,113.64	3	YES
2	21147	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,148.31	3	YES
2	21150	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,187.29	3	YES
2	21151	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,377.87	3	YES
2	21154	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,514.15	3	YES
2	21155	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$1,690.21	3	YES
2	21159	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$2,061.43	3	YES
2	21160	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$2,089.38	3	YES
2	21172	RECONSTRUCTION SUPERIOR-LATERAL	1/1/2008	\$1,220.62	3	YES
2	21175	RECONSTRUCTION,BIFRONTAL,SUPERIO	1/1/2008	\$1,475.98	3	YES
2	21179	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$1,041.06	3	YES
2	21180	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$1,174.12	3	YES
2	21181	REMOVAL BY CONTOURING OF BENIGN	1/1/2008	\$507.23	3	YES
2	21182	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$1,429.75	3	YES
2	21183	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$1,601.24	3	YES
2	21184	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$1,774.62	3	YES
2	21188	RECONSTRUCTION MIDFACE,OSTEOTOMI	1/1/2008	\$1,144.01	3	YES
2	21193	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$883.28	3	YES
2	21194	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$987.84	3	YES
2	21195	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$940.80	3	YES
2	21196	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$1,014.72	3	YES
2	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	1/1/2008	\$786.24	3	YES
2	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	1/1/2008	\$714.47	3	YES
2	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	1/1/2008	\$778.98	3	YES
2	21208	OSTEOPLASTY, FACIAL BONES; AUGME	1/1/2008	\$996.98	3	YES
2	21209	OSTEOPLASTY, FACIAL BONES; REDUC	1/1/2008	\$529.00	3	YES
2	21210	GRAFT BONE NASAL MAXILLARY AND M	1/1/2008	\$1,136.49	3	NO
2	21215	GRAFT BONE; MANDIBLE (INCLUDES O	1/1/2008	\$605.34	3	NO
2	21230	GRAFT RIB CARTILAGE AUTOGENOUS T	1/1/2008	\$540.83	3	NO
2	21235	GRAFT;EAR CARTILAGE,AUTOGRAFT,TO	1/1/2008	\$477.66	3	NO
2	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	1/1/2008	\$792.15	3	NO
2	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$725.22	3	NO
2	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$1,180.30	3	NO
2	21244	RECONSTRUCTION OF MANDIBLE, EXTR	1/1/2008	\$710.71	3	NO
2	21245	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$759.09	3	NO
2	21246	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$607.76	3	NO
2	21247	RECONSTRUCTION OF MANDIBULAR CON	1/1/2008	\$1,153.96	3	NO
2	21248	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$708.29	3	NO
2	21249	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$1,012.30	3	NO
2	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	1/1/2008	\$968.06	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	1/1/2008	\$813.93	3	YES
2	21260	ORBITAL HYPERTELORISM CORRECTION	1/1/2008	\$823.33	3	YES
2	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$1,587.53	3	YES
2	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$1,374.91	3	YES
2	21267	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$1,103.96	3	YES
2	21268	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$1,333.52	3	YES
2	21270	MALAR AUGMENTATION, PROSTHETIC M	1/1/2008	\$612.60	3	YES
2	21275	SECONDARY REVISION FOR ORBITOCRA	1/1/2008	\$563.40	3	YES
2	21280	MEDIAL CANTHOPEXY (SEPARATE PROC	1/1/2008	\$356.43	3	YES
2	21282	LATERAL CANTHOPEXY	1/1/2008	\$236.81	3	NO
2	21295	REDUCTION OF MASSETER MUSCLE/BON	1/1/2008	\$121.77	3	NO
2	21296	REDUCTION OF MASSETER MUSCLE (EG	1/1/2008	\$270.68	3	NO
2	21299	UNLISTED CRANIOFACIAL AND MAXILL	2/1/1994	\$0.01	5	NO
2	21300	CLOSED TREATMENT OF SKULL FRACTU	1/1/2007	INVALID	N	NO
2	21310	CLOSED TREATMENT OF NASAL BONE F	1/1/2008	\$76.07	3	NO
2	21315	CLOSED TREATMENT, NASAL BONE FRA	1/1/2008	\$166.92	3	NO
2	21320	MANIPULATIVE TREATMENT NASAL BON	1/1/2008	\$161.01	3	NO
2	21325	OPEN TREATMENT OF NASAL FRACTURE	1/1/2008	\$337.08	3	NO
2	21330	OPEN TREATMENT OF NASAL FRACTURE	1/1/2008	\$413.95	3	NO
2	21335	OPEN TREATMENT OF NASAL FRACTURE	1/1/2008	\$506.15	3	NO
2	21336	OPEN TREATMENT OF NASAL SEPTAL F	1/1/2008	\$440.29	3	NO
2	21337	CLOSED TREATMENT OF NASAL SEPTAL	1/1/2008	\$258.32	3	NO
2	21338	OPEN TREATMENT OF NASOETHMOID FR	1/1/2008	\$551.85	3	NO
2	21339	OPEN TREATMENT OF NASOETHMOID FR	1/1/2008	\$604.26	3	NO
2	21340	PERCUTANEOUS TREAT OF NASOETHMOI	1/1/2008	\$553.19	3	NO
2	21343	OPEN TREATMENT OF DEPRESSED FRON	1/1/2008	\$815.81	3	NO
2	21344	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$1,062.30	3	NO
2	21345	CLOSED TREATMENT OF NASOMAXILLAR	1/1/2008	\$527.12	3	NO
2	21346	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$655.07	3	NO
2	21347	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$804.25	3	NO
2	21348	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$799.95	3	NO
2	21355	PERCUTANEOUS TREATMENT OF FRACTU	1/1/2008	\$288.69	3	NO
2	21356	OPEN TREATMENT OF DEPRESSED ZYGO	1/1/2008	\$328.20	3	NO
2	21360	OPEN TREATMENT OF DEPRESSED MALA	1/1/2008	\$364.49	3	NO
2	21365	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$769.31	3	NO
2	21366	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$861.50	3	NO
2	21385	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$494.32	3	NO
2	21386	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$462.34	3	NO
2	21387	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$527.92	3	NO
2	21390	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$527.12	3	NO
2	21395	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$667.16	3	NO
2	21400	CLOSED TREATMENT OF FRACTURE OF	1/1/2008	\$113.70	3	NO
2	21401	TREATMENT OF FRACTURE OF ORBIE E	1/1/2008	\$315.84	3	NO
2	21406	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$373.36	3	NO
2	21407	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$443.25	3	NO
2	21408	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$612.60	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21421	CLOSED TREATMENT OF PALATAL OR M	1/1/2008	\$445.13	3	NO
2	21422	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$467.44	3	NO
2	21423	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$559.64	3	NO
2	21431	CLOSED TREATMENT OF CRANIOFACIAL	1/1/2008	\$481.96	3	NO
2	21432	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$468.52	3	NO
2	21433	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$1,192.40	3	NO
2	21435	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$919.83	3	NO
2	21436	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$1,354.48	3	NO
2	21440	CLOSED TREATMENT OF MANDIBULAR O	1/1/2008	\$310.73	3	NO
2	21445	OPEN TREATMENT OF MANDIBULAR OR	1/1/2008	\$463.95	3	NO
2	21450	CLOSED TREATMENT OF MANDIBULAR F	1/1/2008	\$322.83	3	NO
2	21451	CLOSED TREATMENBT OF MANDIBULAR	1/1/2008	\$439.22	3	NO
2	21452	PERCUTANEOUS TREATMENT OF MANDIB	1/1/2008	\$410.19	3	NO
2	21453	CLOSED TREATMENT OF MANDIBULAR F	1/1/2008	\$507.76	3	NO
2	21454	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$379.81	3	NO
2	21461	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$610.44	3	NO
2	21462	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$669.04	3	NO
2	21465	OPEN TREATMENT OF MANDIBULAR CON	1/1/2008	\$640.82	3	NO
2	21470	OPEN TREATMENT OF COMPLICATED MA	1/1/2008	\$827.64	3	NO
2	21480	CLOSED TREATMENT OF TEMPOROMANDI	1/1/2008	\$63.71	3	NO
2	21485	CLOSED TREATMENT OF TEMPOROMANDI	1/1/2008	\$384.38	3	NO
2	21490	OPEN TREATMENT OF TEMPOROMANDIBU	1/1/2008	\$643.51	3	NO
2	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
2	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
2	21495	OPEN TREATMENT OF HYOID FRACTURE	1/1/2008	\$423.09	3	NO
2	21497	INTERDENTAL WIRING FOR CONDITION	1/1/2008	\$383.85	3	NO
2	21499	UNLISTED PROCEDURE HEAD	2/1/1994	\$0.01	5	NO
2	21501	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$287.88	3	NO
2	21502	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$371.48	3	NO
2	21510	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$330.36	3	NO
2	21550	BIOPSY, SOFT TISSUE OF NECK OR T	1/1/2008	\$161.01	3	NO
2	21555	EXCISION TUMOR, SOFT TISSUE OF N	1/1/2008	\$283.05	3	NO
2	21556	EXCISION TUMOR, SOFT TISSUE OF N	1/1/2008	\$278.48	3	NO
2	21557	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$406.43	3	NO
2	21600	EXCISION OF RIB PARTIAL	1/1/2008	\$373.09	3	NO
2	21610	COSTOTRANSVERSECTOMY (SEPARATE P	1/1/2008	\$740.28	3	NO
2	21615	EXCISION FIRST AND/OR CERVICAL R	1/1/2008	\$487.60	3	NO
2	21616	EXCISION FIRST AND/OR CERVICAL F	1/1/2008	\$597.00	3	NO
2	21620	OSTECTOMY OF STERNAUM PARTIAL	1/1/2008	\$372.02	3	NO
2	21627	STERNAL DEBRIDEMENT	1/1/2008	\$385.46	3	NO
2	21630	RADICAL RESECTION OF STERNUM	1/1/2008	\$891.61	3	NO
2	21632	RADICAL RESECTION OF STERNUM; WI	1/1/2008	\$884.35	3	NO
2	21685	HYOID MYOTOMY AND SUSPENSION	4/1/2004	NC	9	NO
2	21700	DIVISION OF SCALENUS ANTICUS WIT	1/1/2008	\$292.72	3	NO
2	21705	DIVISION OF SCALENUS ANTICUS; WI	1/1/2008	\$446.75	3	NO
2	21720	DIVISION OF STERNOCLEIDOMASTOID	1/1/2008	\$257.24	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	21725	DIVISION OF STERNOCLEIDOMASTOID	1/1/2008	\$363.96	3	NO
2	21740	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2008	\$764.47	3	NO
2	21742	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2003	NC	9	NO
2	21743	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2003	\$0.01	5	NO
2	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	1/1/2008	\$508.57	3	NO
2	21800	CLOSED TREATMENT OF RIB FRACTURE	1/1/2008	\$64.78	3	NO
2	21805	OPEN TREATMENT OF RIB FRACTURE W	1/1/2008	\$173.64	3	NO
2	21810	TREATMENT OF RIB FRACTURE REQUIR	1/1/2008	\$346.48	3	NO
2	21820	CLOSED TREATMENT OF STERNUM FRAC	1/1/2008	\$88.44	3	NO
2	21825	OPEN TREATMENT OF STERNUM FRACTU	1/1/2008	\$401.05	3	NO
2	21899	UNLISTED PROCEDURE NECK OR THORA	2/1/1994	\$0.01	5	NO
2	21920	BIOPSY, SOFT TISSUE OF BACK OR F	1/1/2008	\$155.64	3	NO
2	21925	BIOPSY, SOFT TISSUE OF BACK OR F	1/1/2008	\$279.01	3	NO
2	21930	EXCISION, TUMOR, SOFT TISSUE OF	1/1/2008	\$309.39	3	NO
2	21935	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$812.58	3	NO
2	22010	INCISION AND DRAINAGE, OPEN, OF	1/1/2008	\$616.63	3	NO
2	22015	INCISION AND DRAINAGE, OPEN, OF	1/1/2008	\$611.52	3	NO
2	22100	PART EXCISION OF POST VERT COMPO	1/1/2008	\$554.00	3	NO
2	22101	PART EXCISION OF POST VERT COMPO	1/1/2008	\$554.00	3	NO
2	22102	PART EXCISION OF POST VERT COMPO	1/1/2008	\$555.34	3	NO
2	22103	PART EXCISION OF POST VERT COMPO	1/1/2008	\$105.10	3	NO
2	22110	PART EXCISION OF VERT BODY, CERV	1/1/2008	\$691.62	3	NO
2	22112	PART EXCISION OF VERT BODY, THOR	1/1/2008	\$688.40	3	NO
2	22114	PART EXCISION OF VERT BODY, LUMB	1/1/2008	\$691.62	3	NO
2	22116	PART EXCISION OF VERT BODY, EA A	1/1/2008	\$105.37	3	NO
2	22206	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	NC	9	NO
2	22207	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	NC	9	NO
2	22208	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	NC	9	NO
2	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$1,232.72	3	NO
2	22212	OSTEOTOMY OF SPINE, POSTERIOR AP	1/1/2008	\$1,014.45	3	NO
2	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	1/1/2008	\$1,027.35	3	NO
2	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$276.06	3	NO
2	22220	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$1,112.29	3	NO
2	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$1,031.92	3	NO
2	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$1,102.35	3	NO
2	22226	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$273.64	3	NO
2	22305	CLOSED TREATMENT OF VERTEBRAL PR	1/1/2008	\$127.41	3	NO
2	22310	CLOSED TREATMENT OF VERTEBRAL BO	1/1/2008	\$189.24	3	NO
2	22315	CLOSED TREATMENT OF VERTEBRAL FR	1/1/2008	\$577.65	3	NO
2	22318	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$1,108.26	3	NO
2	22319	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$1,230.57	3	NO
2	22325	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$956.39	3	NO
2	22326	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$1,012.30	3	NO
2	22327	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$991.07	3	NO
2	22328	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$206.71	3	NO
2	22505	MANIPULATION OF SPINE REQUIRING	1/1/2008	\$83.04	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	22520	PERCUTANEOUS VERTEBROPLASTY, ONE	1/1/2008	\$422.82	3	NO
2	22521	PERCUTANEOUS VERTEBROPLASTY, ONE	1/1/2008	\$400.24	3	NO
2	22522	PERCUTANEOUS VERTEBROPLASTY, ONE	1/1/2008	\$180.36	3	NO
2	22523	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22524	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22525	PERCUTANEOUS VERTEBRAL AUGMENTAT	1/1/2006	NC	9	NO
2	22526	PERCUT INTRADISCAL ELECTROTHERMA	1/1/2007	NC	9	NO
2	22527	PERCUT INTRADISCAL ELECTROTHERMA	1/1/2007	NC	9	NO
2	22532	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$1,203.15	3	NO
2	22533	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$1,111.22	3	NO
2	22534	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$271.49	3	NO
2	22548	ARTHRODESIS, ANTERIOR TRANSORAL	1/1/2008	\$1,294.27	3	YES
2	22554	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$913.11	3	YES
2	22556	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$1,160.95	3	YES
2	22558	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$1,057.73	3	YES
2	22585	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$252.40	3	YES
2	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$1,065.79	3	YES
2	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$1,012.30	3	YES
2	22600	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$864.73	3	YES
2	22610	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$857.74	3	YES
2	22612	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$1,120.36	3	YES
2	22614	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$294.60	3	YES
2	22630	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$1,075.47	3	YES
2	22632	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$238.96	3	YES
2	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$952.63	3	YES
2	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$1,527.86	3	YES
2	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$1,771.39	3	YES
2	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$1,288.90	3	YES
2	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$1,450.71	3	YES
2	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$1,574.36	3	YES
2	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$1,585.65	3	NO
2	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$1,795.32	3	NO
2	22830	EXPLORATION OF SPINAL FUSION	1/1/2008	\$569.59	3	NO
2	22840	POSTERIOR NON-SEGMENTAL INSTRUME	1/1/2008	\$575.50	3	NO
2	22841	INTERNAL SPINAL FIXATION BY WIRI	1/1/1996	\$0.01	5	YES
2	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$575.77	3	YES
2	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$606.95	3	YES
2	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$747.53	3	YES
2	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	1/1/2008	\$551.31	3	YES
2	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	1/1/2008	\$572.81	3	YES
2	22847	ANTERIOR INSTRUMENTATION; 8 OR M	1/1/2008	\$628.99	3	YES
2	22848	PELVIC FIXATION (ATTACHMENT OF C	1/1/2008	\$272.03	3	YES
2	22849	REINSERTION OF SPINAL FIXATION D	1/1/2008	\$923.87	3	NO
2	22850	REMOVAL OF POSTERIOR NONSEGMENTA	1/1/2008	\$501.85	3	NO
2	22851	APPLICATION OF INTERVERTEBRAL BI	1/1/2008	\$305.63	3	YES
2	22852	REMOVAL OF POSTERIOR SEGMENTAL I	1/1/2008	\$479.81	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	1/1/2008	\$776.29	3	NO
2	22857	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2007	NC	9	NO
2	22862	REVISION INCL REPLACEMENT OF TOT	1/1/2007	NC	9	NO
2	22865	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2007	NC	9	NO
2	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO
2	22900	EXCISION ABDOMINAL WALL TUMOR SU	1/1/2008	\$274.18	3	NO
2	22999	UNLISTED PROCEDURE, ABDOMEN, MUS	2/1/1994	\$0.01	5	NO
2	23000	REMOVAL OF SUBDELTOID CALCAREOUS	1/1/2008	\$360.73	3	NO
2	23020	CAPSULAR CONTRACTURE RELEASE (SE	1/1/2008	\$485.99	3	NO
2	23030	INCISION AND DRAINAGE DEEP ABCES	1/1/2008	\$298.91	3	NO
2	23031	INCISION AND DRAINAGE INFECTED B	1/1/2008	\$288.42	3	NO
2	23035	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$496.47	3	NO
2	23040	ARTHROTOMY, GLENOHUMERAL JOINT,	1/1/2008	\$506.15	3	NO
2	23044	ARTHROTOMY, ACROMIOCLAVICULAR, S	1/1/2008	\$401.59	3	NO
2	23065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$136.55	3	NO
2	23066	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$336.00	3	NO
2	23075	EXCISION, TUMOR, SHOULDER AREA;	1/1/2008	\$172.57	3	NO
2	23076	EXCISION BENIGN TUMOR; DEEP SUBF	1/1/2008	\$387.07	3	NO
2	23077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$820.92	3	NO
2	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	1/1/2008	\$340.30	3	NO
2	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	1/1/2008	\$315.30	3	NO
2	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	1/1/2008	\$447.82	3	NO
2	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	1/1/2008	\$334.39	3	NO
2	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	1/1/2008	\$466.64	3	NO
2	23120	CLAVICULECTOMY PARTIAL	1/1/2008	\$394.60	3	NO
2	23125	CLAVICULECTOMY; TOTAL	1/1/2008	\$494.86	3	NO
2	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	1/1/2008	\$424.97	3	NO
2	23140	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$355.08	3	NO
2	23145	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$478.73	3	NO
2	23146	EXCSION OR CURETTAGE OF BONE CYS	1/1/2008	\$433.84	3	NO
2	23150	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$452.12	3	NO
2	23155	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$554.27	3	NO
2	23156	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$474.16	3	NO
2	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$376.59	3	NO
2	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$381.16	3	NO
2	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$528.19	3	NO
2	23180	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$506.42	3	NO
2	23182	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$483.30	3	NO
2	23184	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$544.59	3	NO
2	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	1/1/2008	\$390.30	3	NO
2	23195	RESECTION HUMERAL HEAD	1/1/2008	\$522.82	3	NO
2	23200	RADICAL RESECTION FOR TUMOR CLAV	1/1/2008	\$619.58	3	NO
2	23210	RADICAL RESECTION FOR TUMOR; SCA	1/1/2008	\$645.12	3	NO
2	23220	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$759.36	3	NO
2	23221	RADICAL RESECTION TUMOR PROXIMAL	1/1/2008	\$857.74	3	NO
2	23222	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$1,199.92	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	23330	REMOVAL OF FOREIGN BODY SHOULDER	1/1/2008	\$153.48	3	NO
2	23331	REMOVAL OF FOREIGN BODY; DEEP (E	1/1/2008	\$412.61	3	NO
2	23332	REMOVAL OF FOREIGN BODY; COMPLIC	1/1/2008	\$625.50	3	NO
2	23350	INJECTION PROCEDURE FOR SHOULDER	1/1/2008	\$115.32	3	NO
2	23395	MUSCLE TRANSFER, ANY TYPE SHOULD	1/1/2008	\$906.12	3	NO
2	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	1/1/2008	\$815.27	3	NO
2	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	1/1/2008	\$691.62	3	NO
2	23405	TENOMYOTOMY SINGLE	1/1/2008	\$445.40	3	NO
2	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	1/1/2008	\$558.57	3	NO
2	23410	REPAIR OF RUPTURED MUSCULOTENDIN	1/1/2008	\$640.28	3	NO
2	23412	REPAIR OF RUPTURED SUPRASPINATUS	1/1/2008	\$681.68	3	NO
2	23415	CORACOACROMIAL LIGAMENT RELEASE,	1/1/2008	\$523.62	3	NO
2	23420	REPAIR OF COMPLETE SHOULDER (ROT	1/1/2008	\$743.50	3	NO
2	23430	TENODESIS OF LONG TENDON OF BICE	1/1/2008	\$526.04	3	NO
2	23440	RESECTION OR TRANSPLANTATION OF	1/1/2008	\$544.86	3	NO
2	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	1/1/2008	\$681.41	3	NO
2	23455	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$726.84	3	NO
2	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	1/1/2008	\$785.70	3	NO
2	23462	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$767.42	3	NO
2	23465	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$799.14	3	NO
2	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	1/1/2008	\$781.67	3	NO
2	23470	ARTHROPLASTY WITH PROXIMAL HUMER	1/1/2008	\$873.33	3	NO
2	23472	ARTHROPLASTY WITH GLENOID AND PR	1/1/2008	\$1,076.01	3	YES
2	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$585.98	3	NO
2	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$689.20	3	NO
2	23490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$582.49	3	NO
2	23491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$729.52	3	NO
2	23500	CLOSED TREATMENT OF CLAVICULAR F	1/1/2008	\$140.85	3	NO
2	23505	TREATMENT OF CLOSED CLAVICULAR F	1/1/2008	\$232.78	3	NO
2	23515	OPEN TREATMENT OF CLAVICULAR FRA	1/1/2008	\$405.08	3	NO
2	23520	CLOSED TREATMENT OF STERNOCLAVIC	1/1/2008	\$143.81	3	NO
2	23525	TREATMENT OF CLOSED STERNOCLAVIC	1/1/2008	\$232.78	3	NO
2	23530	OPEN TREATMENT OF STERNOCLAVICUL	1/1/2008	\$385.46	3	NO
2	23532	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$435.72	3	NO
2	23540	CLOSED TREATMENT OF ACROMIOCLAVI	1/1/2008	\$144.35	3	NO
2	23545	TREATMENT OF CLOSED ACROMIOCLAVI	1/1/2008	\$208.32	3	NO
2	23550	OPEN TREATMENT OF ACROMIOCLAVICU	1/1/2008	\$400.24	3	NO
2	23552	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$462.87	3	NO
2	23570	CLOSED TREATMENT OF SCAPULAR FRA	1/1/2008	\$150.53	3	NO
2	23575	CLOSED TREATMENT OF SCAPULAR FRA	1/1/2008	\$254.28	3	NO
2	23585	OPEN TREATMENT OF SCAPULAR FRACT	1/1/2008	\$485.45	3	NO
2	23600	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2008	\$212.62	3	NO
2	23605	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2008	\$315.84	3	NO
2	23615	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$571.47	3	NO
2	23616	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$1,045.36	3	NO
2	23620	CLOSED TREATMENT OF GREATER TUBE	1/1/2008	\$172.57	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	23625	TREATMENT OF CLOSED GREATER TUBE	1/1/2008	\$254.82	3	NO
2	23630	OPEN TREATMENT OF GREATER HUMERA	1/1/2008	\$406.96	3	NO
2	23650	CLOSED TREATMENT OF SHOULDER DIS	1/1/2008	\$198.64	3	NO
2	23655	TREATMENT OF CLOSED SHOULDER DIS	1/1/2008	\$255.36	3	NO
2	23660	OPEN TREATMENT OF ACUTE SHOULDER	1/1/2008	\$404.28	3	NO
2	23665	CLOSED TREATMENT OF SHOULDER DIS	1/1/2008	\$281.16	3	NO
2	23670	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$429.54	3	NO
2	23675	CLOSED TREATMENT OF SHOULDER DIS	1/1/2008	\$370.94	3	NO
2	23680	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$534.91	3	NO
2	23700	MANIPULATION UNDER ANESTHESIA IN	1/1/2008	\$136.82	3	NO
2	23800	ARTHRODESIS SHOULDER JOINT WITH	1/1/2008	\$716.89	3	NO
2	23802	ARTHRODESIS SHOULDER JOINT; WITH	1/1/2008	\$840.81	3	NO
2	23900	INTERTHORACOSCAPULAR AMPUTATION	1/1/2008	\$946.98	3	NO
2	23920	DISARTICULATION OF SHOULDER	1/1/2008	\$761.78	3	NO
2	23921	DISARTICULATION OF SHOULDER; SEC	1/1/2008	\$306.97	3	NO
2	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
2	23930	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$251.87	3	NO
2	23931	INCISION AND DRAINAGE; INFECTED	1/1/2008	\$204.29	3	NO
2	23935	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$350.52	3	NO
2	24000	ARTHROTOMY ELBOW FOR INFECTION W	1/1/2008	\$328.47	3	NO
2	24006	ARTHROTOMY OF THE ELBOW, WITH CA	1/1/2008	\$500.24	3	NO
2	24065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$153.75	3	NO
2	24066	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$398.36	3	NO
2	24075	EXCISION, TUMOR, SOFT TISSUE OF	1/1/2008	\$317.72	3	NO
2	24076	EXCISION BENIGN TUMOR; DEEP SUBF	1/1/2008	\$325.52	3	NO
2	24077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$570.93	3	NO
2	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	1/1/2008	\$272.03	3	NO
2	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	1/1/2008	\$347.83	3	NO
2	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	1/1/2008	\$432.50	3	NO
2	24105	EXCISION OLECRANON BURSA	1/1/2008	\$230.63	3	NO
2	24110	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$407.50	3	NO
2	24115	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$505.34	3	NO
2	24116	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$615.55	3	NO
2	24120	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$364.49	3	NO
2	24125	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$408.84	3	NO
2	24126	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$443.25	3	NO
2	24130	EXCISION RADIAL HEAD	1/1/2008	\$353.47	3	NO
2	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$544.59	3	NO
2	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$443.79	3	NO
2	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$462.07	3	NO
2	24140	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$526.31	3	NO
2	24145	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$445.67	3	NO
2	24147	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$461.53	3	NO
2	24149	RADICAL RESECTION OF CAPSULE, SO	1/1/2008	\$798.87	3	NO
2	24150	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$690.01	3	NO
2	24151	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$800.22	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	24152	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$513.68	3	NO
2	24153	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$480.35	3	NO
2	24155	RESECTION OF ELBOW JOINT (ARTHRE	1/1/2008	\$594.32	3	NO
2	24160	IMPLANT REMOVAL ELBOW JOINT	1/1/2008	\$425.24	3	NO
2	24164	IMPLANT REMOVAL; RADIAL HEAD	1/1/2008	\$347.56	3	NO
2	24200	REMOVAL OF FOREIGN BODY SUBCUTAN	1/1/2008	\$140.58	3	NO
2	24201	REMOVAL OF FOREIGN BODY; DEEP	1/1/2008	\$393.79	3	NO
2	24220	INJECTION PROCEDURE FOR ELBOW AR	1/1/2008	\$127.41	3	NO
2	24300	MANIPULATION, ELBOW, UNDER ANEST	1/1/2008	\$271.22	3	NO
2	24301	MUSCLE OR TENDON TRANSFER ANY TY	1/1/2008	\$531.69	3	NO
2	24305	TENDON LENGTHENING SINGLE EACH	1/1/2008	\$406.43	3	NO
2	24310	TENOTOMY OPEN ELBOW TO SHOULDER	1/1/2008	\$332.77	3	NO
2	24320	TENOPLASTY WITH MUSCLE TRANSFER	1/1/2008	\$535.45	3	NO
2	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$506.69	3	NO
2	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$558.03	3	NO
2	24332	TENOLYSIS, TRICEPS	1/1/2008	\$417.45	3	NO
2	24340	TENODESIS OF BICEPS TENDON AT EL	1/1/2008	\$431.69	3	NO
2	24341	REPAIR, TENDON OR MUSCLE, UPPER	1/1/2008	\$495.40	3	NO
2	24342	REINSERTION OF RUPTURED BICEPS O	1/1/2008	\$558.57	3	NO
2	24343	REPAIR LATERAL COLLATERAL LIGAME	1/1/2008	\$491.90	3	NO
2	24344	RECONSTRUCTION LATERAL COLLATERA	1/1/2008	\$766.35	3	NO
2	24345	REPAIR MEDIAL COLLATERAL LIGAMEN	1/1/2008	\$489.22	3	NO
2	24346	RECONSTRUCTION MEDIAL COLLATERAL	1/1/2008	\$761.78	3	NO
2	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
2	24351	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
2	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
2	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
2	24356	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
2	24357	TENOTOMY, ELBOW, LATERAL OR MEDI	1/1/2008	NC	9	NO
2	24358	TENOTOMY, ELBOW, LATERAL OR MEDI	1/1/2008	NC	9	NO
2	24359	TENOTOMY, ELBOW, LATERAL OR MEDI	1/1/2008	NC	9	NO
2	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1/1/2008	\$637.06	3	NO
2	24361	ATHROPLASTY ELBOW; WITH DISTAL H	1/1/2008	\$715.28	3	NO
2	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	1/1/2008	\$743.50	3	NO
2	24363	ARTHROPLASTY ELBOW; WITH DISTAL	1/1/2008	\$1,044.56	3	NO
2	24365	ARTHROPLASTY RADIAL HEAD	1/1/2008	\$451.85	3	NO
2	24366	ARTHROPLASTY RADIAL HEAD; WITH I	1/1/2008	\$484.11	3	NO
2	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	1/1/2008	\$582.49	3	NO
2	24410	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$742.43	3	NO
2	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	1/1/2008	\$695.92	3	NO
2	24430	REPAIR OF NONUNION OR MALUNION H	1/1/2008	\$723.88	3	NO
2	24435	REPAIR OF NONUNION OR MANUNION H	1/1/2008	\$743.50	3	NO
2	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	1/1/2008	\$475.51	3	NO
2	24495	DECOMPRESSION FASCIOTOMY FOREARM	1/1/2008	\$475.78	3	NO
2	24498	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$621.47	3	NO
2	24500	CLOSED TREATMENT OF HUMERAL SHAF	1/1/2008	\$229.56	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	24505	CLOSED TREATMENT OF HUMERAL SHAF	1/1/2008	\$337.61	3	NO
2	24515	OPEN TREATMENT OF HUMERAL SHAFT	1/1/2008	\$620.12	3	NO
2	24516	TREATMENT OF HUMERAL SHAFT FRACT	1/1/2008	\$614.75	3	NO
2	24530	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$247.83	3	NO
2	24535	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$422.82	3	NO
2	24538	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$527.12	3	NO
2	24545	OPEN TREATMENT OF HUMERAL SUPRAC	1/1/2008	\$560.99	3	NO
2	24546	OPEN TREATMENT OF HUMERAL SUPRAC	1/1/2008	\$795.92	3	NO
2	24560	CLOSED TREATMENT OF HUMERAL EPIC	1/1/2008	\$206.44	3	NO
2	24565	TREATMENT OF CLOSED EPICONDYLAR	1/1/2008	\$349.17	3	NO
2	24566	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$484.65	3	NO
2	24575	OPEN TREATMENT OF HUMERAL EPICON	1/1/2008	\$565.02	3	NO
2	24576	CLOSED TREATMENT OF HUMERAL COND	1/1/2008	\$217.19	3	NO
2	24577	TREATMENT OF CLOSED CONDYLAR FRA	1/1/2008	\$363.42	3	NO
2	24579	OPEN TREATMENT OF HUMERAL CONDYL	1/1/2008	\$607.22	3	NO
2	24582	PERCUTANEOUS SKELETAL FIXATION	1/1/2008	\$544.59	3	NO
2	24586	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$781.40	3	NO
2	24587	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$774.14	3	NO
2	24600	TREATMENT OF CLOSED ELBOW DISLOC	1/1/2008	\$252.40	3	NO
2	24605	TREATMENT OF CLOSED ELBOW DISLOC	1/1/2008	\$313.15	3	NO
2	24615	OPEN TREATMENT OF ACUTE OR CHRON	1/1/2008	\$506.42	3	NO
2	24620	CLOSED TREATMENT OF MONTEGGIA TY	1/1/2008	\$381.70	3	NO
2	24635	OPEN TREATMENT OF MONTEGGIA TYPE	1/1/2008	\$778.18	3	NO
2	24640	CLOSED TREATMENT OF RADIAL HEAD	1/1/2008	\$83.06	3	NO
2	24650	CLOSED TREATMENT OF RADIAL HEAD	1/1/2008	\$168.27	3	NO
2	24655	TREATMENT OF CLOSED RADIAL HEAD	1/1/2008	\$294.07	3	NO
2	24665	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$454.27	3	NO
2	24666	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$515.29	3	NO
2	24670	CLOSED TREATMENT OF ULNAR FRACTU	1/1/2008	\$188.97	3	NO
2	24675	TREATMENT OF CLOSED ULNAR FRACTU	1/1/2008	\$307.24	3	NO
2	24685	OPEN TREATMENT OF ULNAR FRACTURE	1/1/2008	\$476.04	3	NO
2	24800	ARTHRODESIS ELBOW JOINT WITH OR	1/1/2008	\$574.69	3	NO
2	24802	ARTHRODESIS ELBOW JOINT; WITH PR	1/1/2008	\$712.32	3	NO
2	24900	AMPUTATION ARM THROUGH HUMERUS W	1/1/2008	\$497.01	3	NO
2	24920	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$496.20	3	NO
2	24925	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$379.81	3	NO
2	24930	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$519.05	3	NO
2	24931	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$581.15	3	NO
2	24935	STUMP ELONGATION	1/1/2008	\$717.16	3	NO
2	24940	CINEPLASTY UPPER EXTREMITY COMPL	1/1/2008	\$902.93	3	NO
2	24999	UNLISTED PROCEDURE HUMERUS OR EL	4/1/1982	\$0.01	5	NO
2	25000	TENDON SHEATH INCISION; AT RADIA	1/1/2008	\$279.82	3	NO
2	25001	INCISION, FLEXOR TENDON SHEATH,	1/1/2008	\$224.99	3	NO
2	25020	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2008	\$424.70	3	NO
2	25023	DECOMPRESSION FASCIOTOMY FLEXOR A	1/1/2008	\$801.56	3	NO
2	25024	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2008	\$521.47	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25025	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2008	\$789.20	3	NO
2	25028	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$370.68	3	NO
2	25031	INCISION AND DRAINAGE; INFECTED	1/1/2008	\$325.79	3	NO
2	25035	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$569.59	3	NO
2	25040	ARTHROTOMY, RADIOCARPAL OR MIDCA	1/1/2008	\$417.18	3	NO
2	25065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$151.87	3	NO
2	25066	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$308.58	3	NO
2	25075	EXCISION, TUMOR, SOFT TISSUE OF	1/1/2008	\$267.99	3	NO
2	25076	EXCISION BENIGN TUMOR; DEEP SUBF	1/1/2008	\$392.18	3	NO
2	25077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$608.03	3	NO
2	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	1/1/2008	\$352.40	3	NO
2	25100	ARTHROTOMY, WRIST JOINT; WITH BI	1/1/2008	\$256.97	3	NO
2	25101	ARTHROTOMY, WRIST JOINT; W/JOINT	1/1/2008	\$298.91	3	NO
2	25105	ARTHROTOMY, WRIST JOINT; WITH SY	1/1/2008	\$370.14	3	NO
2	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	1/1/2008	\$444.86	3	NO
2	25109	EXCISION OF TENDON, FOREARM AND/	1/1/2008	\$351.86	3	NO
2	25110	EXCISION LESION OF TENDON SHEATH	1/1/2008	\$300.79	3	NO
2	25111	EXCISION OF GANGLION WRIST (DORS	1/1/2008	\$229.02	3	NO
2	25112	EXCISION OF GANGLION WRIST (DORS	1/1/2008	\$278.48	3	NO
2	25115	RADICAL EXCISION OF BURSA SYNOVI	1/1/2008	\$652.92	3	NO
2	25116	RADICAL EXCISION OF BURSA SYNOVI	1/1/2008	\$554.27	3	NO
2	25118	SYNOVECTOMY EXTENSOR TENDON SHEA	1/1/2008	\$284.12	3	NO
2	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	1/1/2008	\$382.50	3	NO
2	25120	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$489.22	3	NO
2	25125	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$549.16	3	NO
2	25126	EXCISION OF CURETTAGE OF BONE CY	1/1/2008	\$560.45	3	NO
2	25130	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$329.01	3	NO
2	25135	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$407.50	3	NO
2	25136	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$359.92	3	NO
2	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$497.82	3	NO
2	25150	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$434.65	3	NO
2	25151	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$548.89	3	NO
2	25170	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$728.99	3	NO
2	25210	CARPECTOMY ONE BONE	1/1/2008	\$359.65	3	NO
2	25215	CARPECTOMY; ALL BONES OR PROXIMA	1/1/2008	\$470.13	3	NO
2	25230	RADIAL STYLOIDECTOMY (SEPARATE P	1/1/2008	\$320.41	3	NO
2	25240	EXCISION DISTAL ULNA PARTIAL OR	1/1/2008	\$337.88	3	NO
2	25246	INJECTION PROCEDURE FOR WRIST AR	1/1/2008	\$127.95	3	NO
2	25248	EXPLORATION WITH REMOVAL OF DEEP	1/1/2008	\$374.98	3	NO
2	25250	REMOVAL OF WRIST PROSTHESIS (SEP	1/1/2008	\$365.30	3	NO
2	25251	REMOVAL OF WRIST PROSTHESIS; COM	1/1/2008	\$499.70	3	NO
2	25259	MANIPULATION, WRIST, UNDER ANEST	1/1/2008	\$270.41	3	NO
2	25260	REPAIR TENDON OR MUSCLE FLEXOR P	1/1/2008	\$574.69	3	NO
2	25263	REPAIR TENDON OR MUSCLE FLEXOR;	1/1/2008	\$572.01	3	NO
2	25265	REPAIR TENDON OR MUSCLE FLEXOR;	1/1/2008	\$663.40	3	NO
2	25270	REPAIR TENDON OR MUSCLE EXTENSOR	1/1/2008	\$484.11	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25272	REPAIR TENDON OR MUSCLE EXTENSOR	1/1/2008	\$534.91	3	NO
2	25274	REPAIR, TENDON OR MUSCLE, EXTENS	1/1/2008	\$610.44	3	NO
2	25275	REPAIR, TENDON SHEATH, EXTENSOR,	1/1/2008	\$469.32	3	NO
2	25280	LENGTHENING OR SHORTENING OF FLE	1/1/2008	\$536.52	3	NO
2	25290	TENOTOMY OPEN SINGLE FLEXOR EXTE	1/1/2008	\$529.27	3	NO
2	25295	TENOLYSIS SINGLE FLEXOR OR EXTEN	1/1/2008	\$504.54	3	NO
2	25300	TENODESIS AT WRIST FLEXORS OF FI	1/1/2008	\$491.90	3	NO
2	25301	TENODESIS AT WRIST; EXTENSORS OF	1/1/2008	\$470.67	3	NO
2	25310	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$576.84	3	NO
2	25312	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$644.58	3	NO
2	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	1/1/2008	\$684.36	3	NO
2	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	1/1/2008	\$791.62	3	NO
2	25320	CAPSULORRHAPHY OR RECONSTRUCTION	1/1/2008	\$676.03	3	NO
2	25332	ARTHROPLASTY, WRIST, WITH OR WIT	1/1/2008	\$598.62	3	NO
2	25335	CENTRALIZATION OF WRIST ON ULNA	1/1/2008	\$689.20	3	NO
2	25337	RECONSTRUCTION FOR STABILIZATION	1/1/2008	\$637.59	3	NO
2	25350	OSTEOTOMY RADIUS DISTAL THIRD	1/1/2008	\$624.42	3	NO
2	25355	OSTOTOMY RADIUS; MIDDLE OR PROXI	1/1/2008	\$688.93	3	NO
2	25360	OSTEOTOMY ULNA	1/1/2008	\$610.44	3	NO
2	25365	OSTEOTOMY; RADIUS AND ULNA	1/1/2008	\$791.08	3	NO
2	25370	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$840.27	3	NO
2	25375	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$828.71	3	NO
2	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	1/1/2008	\$689.74	3	NO
2	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	1/1/2008	\$852.10	3	NO
2	25392	OSTEOPLASTY RADIUS OR ULNA SHORT	1/1/2008	\$846.45	3	NO
2	25393	OSTEOPOLASTY RADIUS AND ULNA; LE	1/1/2008	\$960.69	3	NO
2	25394	OSTEOPLASTY, CARPAL BONE, SHORTE	1/1/2008	\$539.21	3	NO
2	25400	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$723.88	3	NO
2	25405	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$890.80	3	NO
2	25415	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$832.74	3	NO
2	25420	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$978.97	3	NO
2	25425	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$947.79	3	NO
2	25426	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$924.67	3	NO
2	25430	INSERTION OF VASCULAR PEDICLE IN	1/1/2008	\$487.07	3	NO
2	25431	REPAIR OF NONUNION OF CARPAL BON	1/1/2008	\$558.84	3	NO
2	25440	REPAIR OF NONUNION, SCAPHOID CAR	1/1/2008	\$567.97	3	NO
2	25441	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$669.04	3	NO
2	25442	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$565.29	3	NO
2	25443	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$541.36	3	NO
2	25444	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$583.56	3	NO
2	25445	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$510.72	3	NO
2	25446	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$835.43	3	NO
2	25447	INTERPOSITION ARTHROPLASTY INTER	1/1/2008	\$565.56	3	NO
2	25449	REVISION OF ARTHROPLASTY INCLUDI	1/1/2008	\$734.36	3	NO
2	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$504.27	3	NO
2	25455	EPIPHYSEAL ARREST BY EPIPHSIODES	1/1/2008	\$545.13	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$637.32	3	NO
2	25491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$669.31	3	NO
2	25492	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$773.88	3	NO
2	25500	CLOSED TREATMENT OF RADIAL SHAFT	1/1/2008	\$171.23	3	NO
2	25505	TREATMENT OF CLOSED RADIAL SHAFT	1/1/2008	\$337.88	3	NO
2	25515	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$490.56	3	NO
2	25520	CLOSED TREATMENT OF RADIAL SHAFT	1/1/2008	\$378.47	3	NO
2	25525	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$658.83	3	NO
2	25526	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$761.24	3	NO
2	25530	CLOSED TREATMENT OF ULNAR SHAFT	1/1/2008	\$166.12	3	NO
2	25535	TREATMENT OF CLOSED ULNAR SHAFT	1/1/2008	\$323.64	3	NO
2	25545	OPEN TREATMENT OF ULNAR SHAFT FR	1/1/2008	\$484.65	3	NO
2	25560	CLOSED TREATMENT OF RADIAL AND U	1/1/2008	\$173.64	3	NO
2	25565	TREATMENT OF CLOSED RADIAL AND U	1/1/2008	\$353.74	3	NO
2	25574	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$423.09	3	NO
2	25575	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$624.42	3	NO
2	25600	CLOSED TREATMENT OF DISTAL RADIA	1/1/2008	\$190.85	3	NO
2	25605	TREATMENT OF CLOSED DISTAL RADIA	1/1/2008	\$407.77	3	NO
2	25606	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$477.66	3	NO
2	25607	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$483.03	3	NO
2	25608	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$553.19	3	NO
2	25609	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$706.14	3	NO
2	25611	PERCUTANEOUS SKELETAL FIXATION O	1/1/2007	INVALID	N	NO
2	25620	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	INVALID	N	NO
2	25622	CLOSED TREATMENT OF CARPAL SCAPH	1/1/2008	\$195.42	3	NO
2	25624	TREATMENT OF CLOSED CARPAL SCAPH	1/1/2008	\$309.12	3	NO
2	25628	OPEN TREATMENT OF CARPAL SCAPHOI	1/1/2008	\$499.43	3	NO
2	25630	CLOSED TREATMENT OF CARPAL BONE	1/1/2008	\$200.79	3	NO
2	25635	TREATMENT OF CLOSED CARPAL BONE	1/1/2008	\$295.95	3	NO
2	25645	OPEN TREATMENT OF CARPAL BONE FR	1/1/2008	\$401.59	3	NO
2	25650	CLOSED TREATMENT OF ULNAR STYLOI	1/1/2008	\$208.86	3	NO
2	25651	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$320.95	3	NO
2	25652	OPEN TREATMENT OF ULNAR STYLOID	1/1/2008	\$428.47	3	NO
2	25660	CLOSED TREATMENT OF RADIOCARPAL	1/1/2008	\$270.95	3	NO
2	25670	OPEN TREATMENT OF RADIOCARPAL OR	1/1/2008	\$430.35	3	NO
2	25671	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$358.04	3	NO
2	25675	CLOSED TREATMENT OF DISTAL RADIO	1/1/2008	\$291.11	3	NO
2	25676	OPEN TREATMENT OF DISTAL RADIOUL	1/1/2008	\$445.13	3	NO
2	25680	CLOSED TREATMENT OF TRANS-SCAPHO	1/1/2008	\$309.66	3	NO
2	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	1/1/2008	\$513.68	3	NO
2	25690	CLOSED TREATMENT OF LUNATE DISLO	1/1/2008	\$317.18	3	NO
2	25695	OPEN TREATMENT OF LUNATE DISLOCA	1/1/2008	\$446.21	3	NO
2	25800	ARTHRODESIS, WRIST JOINT (INCLUD	1/1/2008	\$542.17	3	NO
2	25805	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$622.27	3	NO
2	25810	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$618.51	3	NO
2	25820	INTERCARPAL FUSION WITHOUT BONE	1/1/2008	\$435.72	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	25825	INTERCARPAL FUSION WITH AUTOGENO	1/1/2008	\$531.69	3	NO
2	25830	DISTAL RADIOULNAR JOINT ARTHRODE	1/1/2008	\$690.01	3	NO
2	25900	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$604.80	3	NO
2	25905	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$597.27	3	NO
2	25907	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$533.57	3	NO
2	25909	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$594.32	3	NO
2	25915	KRUKENBERG PROCEDURE	1/1/2008	\$981.39	3	NO
2	25920	DISARTICULATION THROUGH WRIST	1/1/2008	\$479.81	3	NO
2	25922	DISARTICULATION THROUGH WRIST; S	1/1/2008	\$419.06	3	NO
2	25924	DISARTICULATION THROUGH WRIST; R	1/1/2008	\$477.93	3	NO
2	25927	TRANSMETACARPAL AMPUTATION	1/1/2008	\$569.05	3	NO
2	25929	TRANSMETACARPAL AMPUTATION; SECO	1/1/2008	\$392.99	3	NO
2	25931	TRANSMETACARPAL AMPUTATION; REAM	1/1/2008	\$532.76	3	NO
2	25999	UNLISTED PROCEDURE FOREARM OR WR	2/1/1994	\$0.01	5	NO
2	26010	DRAINAGE OF FINGER ABSCESS SIMPL	1/1/2008	\$185.74	3	NO
2	26011	DRAINAGE OF FINGER ABSCESS; COMP	1/1/2008	\$287.88	3	NO
2	26020	DRAINAGE OF TENDON SHEATH ONE DI	1/1/2008	\$293.26	3	NO
2	26025	DRAINAGE OF PALMAR BURSA SINGLE	1/1/2008	\$287.88	3	NO
2	26030	DRAINAGE OF PALMAR BURSA; MULTIP	1/1/2008	\$339.49	3	NO
2	26034	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$367.18	3	NO
2	26035	DECOMPRESSION FINGERS AND OR HAN	1/1/2008	\$552.12	3	NO
2	26037	DECOMPRESSIVE FASCIOTOMY, HAND (	1/1/2008	\$396.21	3	NO
2	26040	FASCIOTOMY, PALMAR, FOR DUPUYTRE	1/1/2008	\$211.28	3	NO
2	26045	FASCIOTOMY PALMAR FOR DUPUYTREN'	1/1/2008	\$322.83	3	NO
2	26055	TENDON SHEATH INCISION (EG, FOR	1/1/2008	\$442.18	3	NO
2	26060	TENOTOMY, PERCUTANEOUS, SINGLE,	1/1/2008	\$180.10	3	NO
2	26070	ARTHROTOMY, WITH EXPLORATION, DR	1/1/2008	\$201.33	3	NO
2	26075	ARTHROTOMY FOR INFECTION WITH EX	1/1/2008	\$216.38	3	NO
2	26080	ARTHROTOMY FOR INFECTION WITH EX	1/1/2008	\$262.08	3	NO
2	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY;	1/1/2008	\$221.49	3	NO
2	26105	ARTHROTOMY FOR SYNOVIAL BIOPSY;	1/1/2008	\$227.14	3	NO
2	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY;	1/1/2008	\$216.12	3	NO
2	26115	EXCISION, TUMOR OR VASCULAR MALF	1/1/2008	\$451.05	3	NO
2	26116	EXCISION, TUMOR OR VASCULAR MALF	1/1/2008	\$330.36	3	NO
2	26117	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$450.24	3	NO
2	26121	FASCIECTOMY, PALM ONLY, WITH OR	1/1/2008	\$416.64	3	NO
2	26123	FASCIECTOMY, PARTIAL PALMAR WITH	1/1/2008	\$558.57	3	NO
2	26125	FASCIECTOMY, PARTIAL PALMAR WITH	1/1/2008	\$204.56	3	NO
2	26130	SYNOVECTOMY CARPOMETARCARPAL JOI	1/1/2008	\$313.15	3	NO
2	26135	SYNOVECTOMY METACARPOPHALANGEAL	1/1/2008	\$384.92	3	NO
2	26140	SYNOVECTOMY PROXIMAL INTERPHALAN	1/1/2008	\$349.17	3	NO
2	26145	SYNOVECTOMY TENDON SHEATH RADICA	1/1/2008	\$354.82	3	NO
2	26160	EXCISION OF LESION OF TENDON SHE	1/1/2008	\$416.10	3	NO
2	26170	EXCISION OF TENDON PALM FLEXOR S	1/1/2008	\$277.40	3	NO
2	26180	EXCISION OF TENDON FINGER FLEXOR	1/1/2008	\$303.21	3	NO
2	26185	SESAMOIDECTOMY, THUMB OR FINGER	1/1/2008	\$352.40	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26200	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$311.81	3	NO
2	26205	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$420.94	3	NO
2	26210	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$302.67	3	NO
2	26215	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$383.58	3	NO
2	26230	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$351.86	3	NO
2	26235	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$344.06	3	NO
2	26236	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$304.28	3	NO
2	26250	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$398.09	3	NO
2	26255	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$635.71	3	NO
2	26260	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$378.74	3	NO
2	26261	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$451.85	3	NO
2	26262	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$316.38	3	NO
2	26320	REMOVAL OF IMPLANT FROM FINGER O	1/1/2008	\$236.54	3	NO
2	26340	MANIPULATION, FINGER JOINT, UNDE	1/1/2008	\$210.47	3	NO
2	26350	REPAIR OR ADVANCEMENT, FLEXOR TE	1/1/2008	\$546.47	3	NO
2	26352	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$615.82	3	NO
2	26356	REPAIR OR ADVANCEMENT, FLEXOR TE	1/1/2008	\$770.11	3	NO
2	26357	SECONDARY, EACH TENDON	1/1/2008	\$652.38	3	NO
2	26358	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$693.24	3	NO
2	26370	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$591.36	3	NO
2	26372	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$680.60	3	NO
2	26373	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$647.81	3	NO
2	26390	EXCISION FLEXOR TENDON, W/IMPLAN	1/1/2008	\$616.90	3	NO
2	26392	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$732.75	3	NO
2	26410	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$437.07	3	NO
2	26412	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$522.28	3	NO
2	26415	EXCISION OF EXTENSOR TENDON, W/I	1/1/2008	\$534.91	3	NO
2	26416	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$627.65	3	NO
2	26418	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$437.07	3	NO
2	26420	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$545.93	3	NO
2	26426	REPAIR OF EXTENSOR TENDON, CENTR	1/1/2008	\$515.29	3	NO
2	26428	REPAIR OF EXTENSOR TENDON, CENTR	1/1/2008	\$566.90	3	NO
2	26432	EXTENSOR TENDON REPAIR DISTAL IN	1/1/2008	\$378.47	3	NO
2	26433	EXTENSOR TENDON REPAIR, DISTAL I	1/1/2008	\$407.50	3	NO
2	26434	EXTENSOR TENDON REPAIR OPEN PRIM	1/1/2008	\$476.04	3	NO
2	26437	EXTENSOR TENDON REALIGNMENT, HAN	1/1/2008	\$467.17	3	NO
2	26440	TENOLYSIS SIMPLE FLEXOR TENDON P	1/1/2008	\$483.84	3	NO
2	26442	TENOLYSIS SIMPLE FLEXOR TENDON P	1/1/2008	\$687.32	3	NO
2	26445	TENOLYSIS, EXTENSOR TENDON, HAND	1/1/2008	\$454.00	3	NO
2	26449	TENOLYSIS COMPLEX EXTENSOR TENDO	1/1/2008	\$646.73	3	NO
2	26450	TENOTOMY FLEXOR SINGLE PALM OPEN	1/1/2008	\$297.83	3	NO
2	26455	TENOTOMY FLEXOR SINGLE FINGER OP	1/1/2008	\$295.41	3	NO
2	26460	TENOTOMY, EXTENSOR, HAND OR FING	1/1/2008	\$286.54	3	NO
2	26471	TENODESIS FOR PROXIMAL INTERPHAL	1/1/2008	\$457.50	3	NO
2	26474	TENDODISIS FOR DISTAL JOINT STAB	1/1/2008	\$445.13	3	NO
2	26476	TENDON LENGTHENING EXTENSOR SING	1/1/2008	\$432.23	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26477	TENDON SHORTENING EXTENSOR SINGL	1/1/2008	\$435.19	3	NO
2	26478	TENDON LENGTHENING, FLEXOR, HAND	1/1/2008	\$471.74	3	NO
2	26479	TENDON SHORTENING, FLEXOR, HAND	1/1/2008	\$465.56	3	NO
2	26480	TENDON TRANSFER OR TRANSPLANT CA	1/1/2008	\$576.84	3	NO
2	26483	TENDON TRANSFER OR TRANSPLANT CA	1/1/2008	\$639.74	3	NO
2	26485	TENDON TRANSFER OR TRANSPLANT PA	1/1/2008	\$616.36	3	NO
2	26489	TENDON TRANSFER OR TRANSPLANT PA	1/1/2008	\$608.03	3	NO
2	26490	OPPONENS PLASTY SUBLIMIS TENDON	1/1/2008	\$579.00	3	NO
2	26492	OPPONENS PLASTY; TENDON TRANSFER	1/1/2008	\$638.67	3	NO
2	26494	OPPONENS PLASTY HYPOTHENAR MUSCL	1/1/2008	\$585.98	3	NO
2	26496	OPPONENS PLASTY; OTHER METHODS	1/1/2008	\$629.26	3	NO
2	26497	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$634.10	3	NO
2	26498	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$838.66	3	NO
2	26499	CORRECTION CLAW FINGER OTHER MET	1/1/2008	\$601.57	3	NO
2	26500	TENDON PULLEY RECONSTRUCTION WIT	1/1/2008	\$469.32	3	NO
2	26502	TENDON PULLEY RECONSTRUCTION WIT	1/1/2008	\$522.55	3	NO
2	26504	TENDON PULLEY RECONSTRUCTION; WI	1/1/2007	INVALID	N	NO
2	26508	THENAR MUSCLE RELEASE FOR THUMB	1/1/2008	\$477.12	3	NO
2	26510	CROSS INTRINSIC TRANSFER, EACH T	1/1/2008	\$448.36	3	NO
2	26516	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$525.24	3	NO
2	26517	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$613.40	3	NO
2	26518	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$614.21	3	NO
2	26520	CAPSULECTOMY OR CAPSULOTOMY FOR	1/1/2008	\$504.81	3	NO
2	26525	CAPSULECTOMY FOR CONTRACTURE; IN	1/1/2008	\$507.76	3	NO
2	26530	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$370.14	3	NO
2	26531	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$431.69	3	NO
2	26535	ARTHROPLASTY INTERPHALANGEAL JOI	1/1/2008	\$264.50	3	NO
2	26536	ARTHROPLASTY INTERPHALANGEAL JOI	1/1/2008	\$455.08	3	NO
2	26540	REPAIR OF COLLATERAL LIGAMENT, M	1/1/2008	\$494.32	3	NO
2	26541	RECONSTRUCTION, COLLATERAL LIGAM	1/1/2008	\$598.89	3	NO
2	26542	PRIMARY REPAIR OF COLLATERAL LIG	1/1/2008	\$508.57	3	NO
2	26545	RECONSTRUCTION COLLATERAL LIGAME	1/1/2008	\$516.90	3	NO
2	26546	REPAIR NON-UNION, METACARPAL OR	1/1/2008	\$701.84	3	NO
2	26548	REPAIR AND RECONSTRUCTION, FINGE	1/1/2008	\$568.51	3	NO
2	26550	POLLICIZATION OF A DIGIT	1/1/2008	\$1,103.69	3	NO
2	26551	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$2,310.87	3	NO
2	26553	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$1,949.34	3	NO
2	26554	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$2,665.42	3	NO
2	26555	POSITIONAL CHANGE OF OTHER FINGE	1/1/2008	\$982.46	3	NO
2	26556	FREE TOE JOINT TRANSFER WITH MIC	1/1/2008	\$2,189.64	3	NO
2	26560	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$414.22	3	YES
2	26561	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$646.73	3	YES
2	26562	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$941.61	3	YES
2	26565	OSTEOTOMY FOR CORRECTION OF DEFO	1/1/2008	\$505.08	3	NO
2	26567	OSTEOTOMY FOR CORRECTION OF DEFO	1/1/2008	\$508.84	3	NO
2	26568	OSTEOPLASTY FOR LENGTHENING OF M	1/1/2008	\$665.55	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26580	REPAIR CLEFT HAND	1/1/2008	\$937.04	3	NO
2	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
2	26587	RECONSTRUCTION OF POLYDACTYLOUS	1/1/2008	\$669.85	3	NO
2	26590	REPAIR MACRODACTYLIA, EACH DIGIT	1/1/2008	\$924.13	3	NO
2	26591	REPAIR, INTRINSIC MUSCLES OF HAN	1/1/2008	\$337.88	3	NO
2	26593	RELEASE, INTRINSIC MUSCLES OF HA	1/1/2008	\$442.18	3	NO
2	26596	EXCISION OF CONSTRICTING RING WI	1/1/2008	\$509.11	3	NO
2	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
2	26600	CLOSED TREATMENT OF METACARPAL F	1/1/2008	\$173.38	3	NO
2	26605	TREATMENT OF CLOSED METACARPAL F	1/1/2008	\$211.01	3	NO
2	26607	CLOSED TREATMENT OF METACARPAL F	1/1/2008	\$327.94	3	NO
2	26608	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$331.16	3	NO
2	26615	OPEN TREATMENT OF METACARPAL FRA	1/1/2008	\$306.70	3	NO
2	26641	CLOSED TREATMENT OF CARPOMETACAR	1/1/2008	\$238.43	3	NO
2	26645	CLOSED TREATMENT OF CARPOMETACAR	1/1/2008	\$273.37	3	NO
2	26650	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$354.01	3	NO
2	26665	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$404.81	3	NO
2	26670	CLOSED TREATMENT OF CARPOMETACAR	1/1/2008	\$220.68	3	NO
2	26675	TREATMENT OF CLOSED CARPOMETACAR	1/1/2008	\$290.30	3	NO
2	26676	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$347.56	3	NO
2	26685	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$380.35	3	NO
2	26686	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$430.62	3	NO
2	26700	CLOSED TREATMENT OF METACARPOPHA	1/1/2008	\$208.05	3	NO
2	26705	TREATMENT OF CLOSED METACARPOPHA	1/1/2008	\$272.03	3	NO
2	26706	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$295.68	3	NO
2	26715	OPEN TREATMENT OF METACARPOPHALA	1/1/2008	\$324.44	3	NO
2	26720	CLOSED TREATMENT OF PHALANGEAL S	1/1/2008	\$125.53	3	NO
2	26725	CLOSED TREATMENT OF PHALANGEAL S	1/1/2008	\$229.02	3	NO
2	26727	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$325.79	3	NO
2	26735	OPEN TREATMENT OF PHALANGEAL SHA	1/1/2008	\$333.31	3	NO
2	26740	CLOSED TX OF ARTICULAR FX, INVOL	1/1/2008	\$144.88	3	NO
2	26742	TREATMENT OF CLOSED ARTICULAR FR	1/1/2008	\$250.25	3	NO
2	26746	OPEN TX OF ARTICULAR FX, INVOLVI	1/1/2008	\$327.67	3	NO
2	26750	CLOSED TREATMENT OF DISTAL PHALA	1/1/2008	\$117.73	3	NO
2	26755	TREATMENT OF CLOSED DISTAL PHALA	1/1/2008	\$210.74	3	NO
2	26756	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$287.08	3	NO
2	26765	OPEN TREATMENT OF DISTAL PHALANG	1/1/2008	\$246.49	3	NO
2	26770	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$178.48	3	NO
2	26775	TREATMENT OF CLOSED INTERPHALANG	1/1/2008	\$251.33	3	NO
2	26776	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$306.43	3	NO
2	26785	OPEN TREATMENT OF INTERPHALANGEA	1/1/2008	\$251.33	3	NO
2	26820	FUSION IN OPPOSITION THUMB WITH	1/1/2008	\$584.64	3	NO
2	26841	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$550.77	3	NO
2	26842	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$590.28	3	NO
2	26843	ARTHRODESIS, CARPOMETACARPAL JOI	1/1/2008	\$541.09	3	NO
2	26844	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$605.07	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	26850	ARTHRODESIS METACARPOPHALANGEAL	1/1/2008	\$519.32	3	NO
2	26852	ARTHRODESIS METACARPOPHALANGEAL	1/1/2008	\$585.18	3	NO
2	26860	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$423.90	3	NO
2	26861	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$77.68	3	NO
2	26862	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$537.06	3	NO
2	26863	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$173.11	3	NO
2	26910	AMPUTATION METACARPAL WITH FINGE	1/1/2008	\$519.59	3	NO
2	26951	AMPUTATION FINGER OR THUMB PRIMA	1/1/2008	\$437.34	3	NO
2	26952	AMPUTATION FINGER/THUMB PRIMARY/	1/1/2008	\$485.45	3	NO
2	26989	UNLISTED PROCEDURE HANDS OR FING	2/1/1994	\$0.01	5	NO
2	26990	INCISION AND DRAINAGE, PELVIS OR	1/1/2008	\$431.16	3	NO
2	26991	INCISION AND DRAINAGE; INFECTED	1/1/2008	\$499.70	3	NO
2	26992	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$685.17	3	NO
2	27000	TENOTOMY ADDUCTOR SUBCUTANEOUS C	1/1/2008	\$315.57	3	NO
2	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	1/1/2008	\$380.89	3	NO
2	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	1/1/2008	\$406.96	3	NO
2	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	1/1/2008	\$517.71	3	NO
2	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	1/1/2008	\$521.20	3	NO
2	27025	FASCIOTOMY, HIP OR THIGH, ANY TY	1/1/2008	\$616.90	3	NO
2	27030	ARTHROTOMY HIP FOR INFECTION WIT	1/1/2008	\$674.15	3	NO
2	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	1/1/2008	\$695.65	3	NO
2	27035	HIP JOINT DENERVATION INTRAPELVI	1/1/2008	\$813.12	3	NO
2	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	1/1/2008	\$704.26	3	NO
2	27040	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$223.91	3	NO
2	27041	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$479.27	3	NO
2	27047	EXCISION, TUMOR, PELVIS AND HIP	1/1/2008	\$420.40	3	NO
2	27048	EXCISION, TUMOR, PELVIS AND HIP	1/1/2008	\$325.79	3	NO
2	27049	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$688.93	3	NO
2	27050	ARTHROTOMY, WITH BIOPSY; SACROIL	1/1/2008	\$255.63	3	NO
2	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	1/1/2008	\$381.16	3	NO
2	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	1/1/2008	\$475.51	3	NO
2	27060	EXCISION ISCHIAL BURSA	1/1/2008	\$294.87	3	NO
2	27062	EXCISION; TROCHANTERIC BURSA OR	1/1/2008	\$312.88	3	NO
2	27065	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$344.33	3	NO
2	27066	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$566.09	3	NO
2	27067	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$715.81	3	NO
2	27070	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$592.17	3	NO
2	27071	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$642.70	3	NO
2	27075	RADICAL RESECTION OF TUMOR OR IN	1/1/2008	\$1,640.22	3	NO
2	27076	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$1,130.30	3	NO
2	27077	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$1,900.42	3	NO
2	27078	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$710.71	3	NO
2	27079	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$695.92	3	NO
2	27080	COCCYGECTOMY PRIMARY	1/1/2008	\$337.08	3	NO
2	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	1/1/2008	\$174.45	3	NO
2	27087	REMOVAL OF FOREIGN BODY; DEEP	1/1/2008	\$442.98	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	1/1/2008	\$590.55	3	NO
2	27091	REMOVAL OF HIP PROSTHESIS; COMPL	1/1/2008	\$1,122.78	3	NO
2	27093	INJECTION PROCEDURE FOR HIP ARTH	1/1/2008	\$148.38	3	NO
2	27095	INJECTION PROCEDURE FOR HIP ARTH	1/1/2008	\$183.59	3	NO
2	27096	INJECTION PROCEDURE FOR SACROILI	1/1/2008	\$144.08	3	NO
2	27097	HAMSTRING RESECCION PROXIMAL	1/1/2008	\$460.45	3	NO
2	27098	ADDUCTOR TRANSFER TO ISCHIUM	1/1/2008	\$447.28	3	NO
2	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	1/1/2008	\$575.77	3	NO
2	27105	TRANSFER PARASPINAL MUSCLE TO HI	1/1/2008	\$604.53	3	NO
2	27110	TRANSFER ILIOPSOAS; TO GREATER T	1/1/2008	\$667.16	3	NO
2	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	1/1/2008	\$626.30	3	NO
2	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	1/1/2008	\$908.01	3	NO
2	27122	ACETABULOPLASTY; RESECTION FEMOR	1/1/2008	\$785.97	3	NO
2	27125	PARTIAL HIP REPLACEMENT, PROSTHE	1/1/2008	\$790.54	3	NO
2	27130	ARTHROPLASTY, ACETABULAR & PROXI	1/1/2008	\$1,023.59	3	NO
2	27132	CONVERSION OF PREVIOUS HIP SURGE	1/1/2008	\$1,200.73	3	NO
2	27134	REVISION OF TOTAL HIP ARTHROPLAST	1/1/2008	\$1,402.06	3	NO
2	27137	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$1,065.79	3	NO
2	27138	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$1,109.34	3	NO
2	27140	OSTEOTOMY AND TRANSFER OF GREATE	1/1/2008	\$639.74	3	NO
2	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$899.94	3	NO
2	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$1,032.19	3	NO
2	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$992.68	3	NO
2	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$1,228.42	3	NO
2	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	1/1/2008	\$915.80	3	NO
2	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	1/1/2008	\$870.37	3	NO
2	27165	OSTEOTOMY INTERTROCHANTERIC OR S	1/1/2008	\$962.30	3	NO
2	27170	BONE GRAFT, FEMORAL HEAD, NECK,	1/1/2008	\$839.19	3	NO
2	27175	TREATMENT OF SLIPPED FEMORAL EPI	1/1/2008	\$462.60	3	NO
2	27176	TREATMENT OF SLIPPED FEMORAL EPI	1/1/2008	\$640.82	3	NO
2	27177	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$783.82	3	NO
2	27178	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$625.23	3	NO
2	27179	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$691.62	3	NO
2	27181	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$743.77	3	NO
2	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$521.20	3	NO
2	27187	PROPHYLACTIC TREATMENT WITH WITH	1/1/2008	\$709.63	3	NO
2	27193	CLOSED TREATMENT OF PELVIC RING	1/1/2008	\$320.41	3	NO
2	27194	CLOSED TREATMENT OF PELVIC RING	1/1/2008	\$514.21	3	NO
2	27200	CLOSED TREATMENT OF COCCYGEAL FR	1/1/2008	\$116.66	3	NO
2	27202	OPEN TREATMENT OF COCCYGEAL FRAC	1/1/2008	\$638.13	3	NO
2	27215	OPEN TREATMENT OF ILIAC SPINE, T	1/1/2008	\$520.93	3	NO
2	27216	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$749.68	3	NO
2	27217	OPEN TREATMENT OF ANTERIOR RING	1/1/2008	\$722.00	3	NO
2	27218	OPEN TREATMENT OF POSTERIOR RING	1/1/2008	\$963.11	3	NO
2	27220	CLOSED TREATMENT OF ACETABULUM (	1/1/2008	\$360.19	3	NO
2	27222	TREATMENT OF CLOSED ACETABULUM (	1/1/2008	\$692.97	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27226	OPEN TREATMENT OF POSTERIOR OR A	1/1/2008	\$700.49	3	NO
2	27227	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$1,188.10	3	NO
2	27228	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$1,365.24	3	NO
2	27230	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$323.10	3	NO
2	27232	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$548.35	3	NO
2	27235	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$648.08	3	NO
2	27236	OPEN TREATMENT OF FEMORAL FRACTU	1/1/2008	\$833.28	3	NO
2	27238	CLOSED TREATMENT OF INTERTROCHAN	1/1/2008	\$310.73	3	NO
2	27240	CLOSED TREATMENT OF INTERTROCHAN	1/1/2008	\$670.92	3	NO
2	27244	TREATMENT OF INTERTROCHANTERIC,	1/1/2008	\$827.10	3	NO
2	27245	OPEN TREATMENT OF INTERTROCHANTE	1/1/2008	\$1,016.33	3	NO
2	27246	CLOSED TREATMENT OF GREATER TROC	1/1/2008	\$265.84	3	NO
2	27248	OPEN TREATMENT OF GREATER TROCHA	1/1/2008	\$552.12	3	NO
2	27250	CLOSED TREATMENT OF HIP DISLOCAT	1/1/2008	\$332.51	3	NO
2	27252	TREATMENT OF CLOSED HIP DISLOCAT	1/1/2008	\$531.96	3	NO
2	27253	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$675.23	3	NO
2	27254	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$904.51	3	NO
2	27256	TREATMENT OF SPONTANEOUS HIP DIS	1/1/2008	\$213.70	3	NO
2	27257	TREATMENT OF CONGENITAL HIP DISL	1/1/2008	\$236.28	3	NO
2	27258	OPEN TREATMENT OF SPONTANEOUS HI	1/1/2008	\$785.43	3	NO
2	27259	OPEN TREATMENT OF CONGENITAL HIP	1/1/2008	\$1,091.60	3	NO
2	27265	CLOSED TREATMENT OF POST HIP ART	1/1/2008	\$277.94	3	NO
2	27266	CLOSED TREATMENT OF POST HIP ART	1/1/2008	\$406.16	3	NO
2	27267	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$287.61	3	NO
2	27268	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$355.60	3	NO
2	27269	OPEN TREATMENT OF FEMORAL FRACTU	1/1/2008	\$851.49	3	NO
2	27275	MANIPULATION HIP JOINT REQUIRING	1/1/2008	\$127.14	3	NO
2	27280	ARTHRODESIS SACROILIAC JOINT (IN	1/1/2008	\$725.76	3	NO
2	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	1/1/2008	\$579.26	3	NO
2	27284	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$1,159.60	3	NO
2	27286	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$1,164.71	3	NO
2	27290	INTERPELVIABDOMINAL AMPUTATION (	1/1/2008	\$1,115.79	3	NO
2	27295	DISARTICULATION OF HIP	1/1/2008	\$898.87	3	NO
2	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
2	27301	INCISION AND DRAINAGE OF DEEP AB	1/1/2008	\$465.29	3	NO
2	27303	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$449.16	3	NO
2	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	1/1/2008	\$326.32	3	NO
2	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$270.68	3	NO
2	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$329.28	3	NO
2	27310	ARTHROTOMY KNEE FOR INFECTION WI	1/1/2008	\$507.76	3	NO
2	27315	NEURECTOMY HAMSTRING MUSCLE	1/1/2007	INVALID	N	NO
2	27320	NEURECTOMY POPITEAL (GASTROCNEMI	1/1/2007	INVALID	N	NO
2	27323	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$166.66	3	NO
2	27324	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$263.42	3	NO
2	27325	NEURECTOMY, HAMSTRING MUSCLE	1/1/2008	\$356.43	3	NO
2	27326	NEURECTOMY, POPLITEAL (GASTROCNE	1/1/2008	\$337.08	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27327	EXCISION, TUMOR, THIGH OR KNEE A	1/1/2008	\$299.98	3	NO
2	27328	EXCISION, TUMOR, THIGH OR KNEE A	1/1/2008	\$288.96	3	NO
2	27329	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$718.77	3	NO
2	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	1/1/2008	\$277.94	3	NO
2	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	1/1/2008	\$330.62	3	NO
2	27332	ARTHROTOMY, KNEE, WITH EXCISION	1/1/2008	\$447.55	3	NO
2	27333	ARTHROTOMY KNEE FOR EXCISION OF	1/1/2008	\$406.69	3	NO
2	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	1/1/2008	\$477.66	3	NO
2	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	1/1/2008	\$540.83	3	NO
2	27340	EXCISION PREPATELLAR BURSA	1/1/2008	\$252.13	3	NO
2	27345	EXCISION OF SYNOVIAL CYST OF POP	1/1/2008	\$333.85	3	NO
2	27347	EXCISION OF LESION OF MENISCUS O	1/1/2008	\$347.83	3	NO
2	27350	PATELLECTOMY OR HEMIPATELLECTOMY	1/1/2008	\$455.88	3	NO
2	27355	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$423.63	3	NO
2	27356	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$516.90	3	NO
2	27357	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$575.23	3	NO
2	27358	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$212.89	3	NO
2	27360	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$601.57	3	NO
2	27365	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$863.65	3	NO
2	27370	INJECTION PROCEDURE FOR KNEE ART	1/1/2008	\$121.23	3	NO
2	27372	REMOVAL FOREIGN BODY DEEP	1/1/2008	\$418.52	3	NO
2	27380	SUTURE OF INFRAPATELLAR TENDON P	1/1/2008	\$418.25	3	NO
2	27381	SUTURE OF INFRAPATELLAR TENDON S	1/1/2008	\$568.51	3	NO
2	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$448.36	3	NO
2	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$590.82	3	NO
2	27390	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$304.82	3	NO
2	27391	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$401.05	3	NO
2	27392	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$496.20	3	NO
2	27393	LENGTHENING OF HAMSTRING TENDON	1/1/2008	\$355.62	3	NO
2	27394	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$460.19	3	NO
2	27395	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$622.27	3	NO
2	27396	TRANSPORT HAMSTRING TENDON TO PA	1/1/2008	\$433.31	3	NO
2	27397	TRANSPLANT HAMSTRING TENDON TO P	1/1/2008	\$623.08	3	NO
2	27400	TENDON OR MUSCLE TRANSFER HAMSTR	1/1/2008	\$470.67	3	NO
2	27403	ARTHROTOMY WITH OPEN MENISCUS RE	1/1/2008	\$453.20	3	NO
2	27405	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$475.78	3	NO
2	27407	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$548.89	3	NO
2	27409	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$682.75	3	NO
2	27412	AUTOLOGOUS CHONDROCYTE IMPLANTAT	1/1/2005	NC	9	NO
2	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, O	1/1/2005	NC	9	NO
2	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE	1/1/2008	NC	9	NO
2	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	1/1/2008	\$589.75	3	NO
2	27420	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$529.27	3	NO
2	27422	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$527.39	3	NO
2	27424	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$527.65	3	NO
2	27425	LATERAL RETINACULAR RELEASE OPEN	1/1/2008	\$309.12	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27427	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$506.15	3	NO
2	27428	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$772.26	3	NO
2	27429	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$862.85	3	NO
2	27430	QUADRICEPS PLASTY (BENNETT OR TH	1/1/2008	\$523.35	3	NO
2	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	1/1/2008	\$555.61	3	NO
2	27437	ARTHROPLASTY PATELLA WITHOUT PRO	1/1/2008	\$465.02	3	NO
2	27438	ARTHROPLASTY PATELLA; WITH PROSTH	1/1/2008	\$592.44	3	NO
2	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	1/1/2008	\$512.87	3	NO
2	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	1/1/2008	\$543.78	3	NO
2	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$617.97	3	NO
2	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$580.61	3	NO
2	27445	ARTHROPLASTY KNEE CONSTRAINED PR	1/1/2008	\$901.02	3	NO
2	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	1/1/2008	\$803.17	3	NO
2	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	1/1/2008	\$1,101.54	3	YES
2	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$584.64	3	NO
2	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$727.10	3	NO
2	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	1/1/2008	\$918.49	3	NO
2	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$672.27	3	NO
2	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$692.97	3	NO
2	27465	OSTEOPLASTY FEMUR SHORTENING (EX	1/1/2008	\$838.39	3	NO
2	27466	OSTEOPLASTY FEMUR; LENGTHENING	1/1/2008	\$842.15	3	NO
2	27468	OSTEOPLASTY FEMUR; COMBINED LENG	1/1/2008	\$946.98	3	NO
2	27470	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$838.12	3	NO
2	27472	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$909.89	3	NO
2	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$465.29	3	NO
2	27477	TIBIA AND FIBULA PROXIMAL	1/1/2008	\$517.17	3	NO
2	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$653.99	3	NO
2	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	1/1/2008	\$474.97	3	NO
2	27486	REVISION OF TOTAL KNEE ATHROPLAS	1/1/2008	\$1,004.24	3	NO
2	27487	REVISION OF TOTAL KNEE ARTHROPLA	1/1/2008	\$1,270.89	3	NO
2	27488	REMOVAL OF KNEE PROSTHESIS, INCL	1/1/2008	\$847.26	3	NO
2	27495	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$809.36	3	NO
2	27496	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$352.40	3	NO
2	27497	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$378.74	3	NO
2	27498	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$419.06	3	NO
2	27499	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$466.64	3	NO
2	27500	CLOSED TREATMENT OF FEMORAL SHAF	1/1/2008	\$354.28	3	NO
2	27501	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$348.90	3	NO
2	27502	CLOSED TREATMENT OF FEMORAL SHAF	1/1/2008	\$560.45	3	NO
2	27503	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$565.02	3	NO
2	27506	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$937.04	3	NO
2	27507	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$705.87	3	NO
2	27508	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$358.04	3	NO
2	27509	PERCUTANEOUS SKELETAL FIX OF FEM	1/1/2008	\$456.15	3	NO
2	27510	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$491.90	3	NO
2	27511	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$725.76	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27513	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$966.60	3	NO
2	27514	OPEN TX OF FEMORAL FX, DISTAL EN	1/1/2008	\$944.03	3	NO
2	27516	CLOSED TREATMENT OF DISTAL FEMOR	1/1/2008	\$334.66	3	NO
2	27517	CLOSED TREATMENT OF DISTAL FEMOR	1/1/2008	\$465.29	3	NO
2	27519	OPEN TX OF DISTAL FEMORAL EPIPHY	1/1/2008	\$793.77	3	NO
2	27520	CLOSED TREATMENT OF PATELLAR FRA	1/1/2008	\$210.47	3	NO
2	27524	OPEN TREATMENT OF PATELLAR FRACT	1/1/2008	\$535.45	3	NO
2	27530	CLOSED TREATMENT OF TIBIAL FRACT	1/1/2008	\$263.69	3	NO
2	27532	CLOSED TREATMENT OF TIBIAL FRACT	1/1/2008	\$425.24	3	NO
2	27535	OPEN TX OF TIBIAL FX, PROXIMAL;	1/1/2008	\$630.60	3	NO
2	27536	OPEN TREATMENT OF TIBIAL FRACTUR	1/1/2008	\$839.19	3	NO
2	27538	CLOSED TREATMENT OF INTERCONDYLA	1/1/2008	\$316.38	3	NO
2	27540	OPEN TX OF INTERCONDYLAR SPINE(S	1/1/2008	\$668.77	3	NO
2	27550	CLOSED TREATMENT OF KNEE DISLOCA	1/1/2008	\$334.39	3	NO
2	27552	TREATMENT OF CLOSED KNEE DISLOCA	1/1/2008	\$434.11	3	NO
2	27556	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$767.16	3	NO
2	27557	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$881.40	3	NO
2	27558	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$901.82	3	NO
2	27560	CLOSED TREATMENT OF PATELLAR DIS	1/1/2008	\$238.96	3	NO
2	27562	TREATMENT OF CLOSED PATELLAR DIS	1/1/2008	\$308.85	3	NO
2	27566	OPEN TREATMENT OF PATELLAR DISLO	1/1/2008	\$636.52	3	NO
2	27570	MANIPULATION OF KNEE JOINT UNDER	1/1/2008	\$101.88	3	NO
2	27580	FUSION OF KNEE ANY TECHNIQUE	1/1/2008	\$1,034.34	3	NO
2	27590	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$581.41	3	NO
2	27591	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$650.23	3	NO
2	27592	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$492.17	3	NO
2	27594	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$356.43	3	NO
2	27596	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$519.86	3	NO
2	27598	DISARTICULATION AT KNEE	1/1/2008	\$526.31	3	NO
2	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
2	27600	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$299.98	3	NO
2	27601	DECOMPRESSION FASCIOTOMY, LEG; P	1/1/2008	\$307.51	3	NO
2	27602	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$369.60	3	NO
2	27603	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$355.62	3	NO
2	27604	INCISION AND DRAINAGE; INFECTED	1/1/2008	\$305.89	3	NO
2	27605	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$379.01	3	NO
2	27606	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$215.85	3	NO
2	27607	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$427.39	3	NO
2	27610	ARTHROTOMY, ANKLE, FOR INFECTION	1/1/2008	\$462.60	3	NO
2	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	1/1/2008	\$404.81	3	NO
2	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$155.37	3	NO
2	27614	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$371.21	3	NO
2	27615	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$640.82	3	NO
2	27618	EXCISION, TUMOR, LEG OR ANKLE AR	1/1/2008	\$321.48	3	NO
2	27619	EXCISION, TUMOR, LEG OR ANKLE AR	1/1/2008	\$520.67	3	NO
2	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	1/1/2008	\$329.55	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	1/1/2008	\$427.39	3	NO
2	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	1/1/2008	\$460.99	3	NO
2	27630	EXCISION OF LESION OF TENDON SHE	1/1/2008	\$356.16	3	NO
2	27635	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$422.02	3	NO
2	27637	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$533.57	3	NO
2	27638	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$556.15	3	NO
2	27640	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$639.21	3	NO
2	27641	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$514.75	3	NO
2	27645	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$769.31	3	NO
2	27646	RESECTION FOR TUMOR RADICAL; FIB	1/1/2008	\$689.74	3	NO
2	27647	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$591.09	3	NO
2	27648	INJECTION PROCEDURE FOR ANKLE AR	1/1/2008	\$116.66	3	NO
2	27650	REPAIR PRIMARY OPEN OR PERCUTANE	1/1/2008	\$504.00	3	NO
2	27652	SUTURE PRIMARY RUPTURED ACHILLES	1/1/2008	\$537.87	3	NO
2	27654	REPAIR SECONDARY RUPTURED ACHILL	1/1/2008	\$504.27	3	NO
2	27656	REPAIR FASCIAL DEFECT OF LEG	1/1/2008	\$368.79	3	NO
2	27658	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$274.71	3	NO
2	27659	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$363.96	3	NO
2	27664	REPAIR OR SUTURE OF EXTENSOR TEN	1/1/2008	\$263.42	3	NO
2	27665	REPAIR OR SUTURE OF EXTENSOR TEN	1/1/2008	\$301.06	3	NO
2	27675	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$372.02	3	NO
2	27676	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$443.25	3	NO
2	27680	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$313.15	3	NO
2	27681	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$368.79	3	NO
2	27685	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$409.11	3	NO
2	27686	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$405.89	3	NO
2	27687	GASTROCNEMIUS RECESSION (EG STRA	1/1/2008	\$333.85	3	NO
2	27690	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$441.91	3	NO
2	27691	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$522.28	3	NO
2	27692	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$82.52	3	NO
2	27695	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$357.24	3	NO
2	27696	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$428.20	3	NO
2	27698	SUTURE SECONDARY REPAIR TORN RUP	1/1/2008	\$474.70	3	NO
2	27700	ARTHROPLASTY ANKLE	1/1/2008	\$440.83	3	NO
2	27702	ARTHROPLASTY ANKLE; WITH IMPLANT	1/1/2008	\$717.70	3	NO
2	27703	ARTHOPLASTY ANKLE SECONDARY RECO	1/1/2008	\$819.03	3	NO
2	27704	REMOVAL OF ANKLE IMPLANT	1/1/2008	\$391.91	3	NO
2	27705	OSTEOTOMY TIBIA	1/1/2008	\$548.89	3	NO
2	27707	OSTEOTOMY; FIBULA	1/1/2008	\$275.79	3	NO
2	27709	OSTEOTOMY; TIBIA AND FIBULA	1/1/2008	\$743.50	3	NO
2	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	1/1/2008	\$766.35	3	NO
2	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	1/1/2008	\$758.02	3	NO
2	27720	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$626.84	3	NO
2	27722	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$624.69	3	NO
2	27724	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$919.83	3	NO
2	27725	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$845.64	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27726	REPAIR OF FIBULA NONUNION AND/OR	1/1/2008	\$628.63	3	NO
2	27727	REPAIR OF CONGENITAL PSEUDARTHRO	1/1/2008	\$727.10	3	NO
2	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	1/1/2008	\$393.52	3	NO
2	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$295.95	3	NO
2	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$439.22	3	NO
2	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$504.54	3	NO
2	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$482.23	3	NO
2	27745	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$538.14	3	NO
2	27750	CLOSED TREATMENT OF TIBIAL SHAFT	1/1/2008	\$227.40	3	NO
2	27752	CLOSED TREATMENT OF TIBIAL SHAFT	1/1/2008	\$366.64	3	NO
2	27756	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$397.56	3	NO
2	27758	OPEN TREATMENT OF TIBIAL SHAFT F	1/1/2008	\$627.65	3	NO
2	27759	TREATMENT OF TIBIAL SHAFT FRACTU	1/1/2008	\$715.55	3	NO
2	27760	CLOSED TREATMENT OF MEDIAL MALLE	1/1/2008	\$219.07	3	NO
2	27762	CLOSED TREATMENT OF MEDIAL MALLE	1/1/2008	\$316.11	3	NO
2	27766	OPEN TX OF MEDIAL MALLEOLUS FRAC	1/1/2008	\$461.26	3	NO
2	27767	CLOSED TREATMENT OF POSTERIOR MA	1/1/2008	\$174.02	3	NO
2	27768	CLOSED TREATMENT OF POSTERIOR MA	1/1/2008	\$271.96	3	NO
2	27769	OPEN TREATMENT OF POSTERIOR MALL	1/1/2008	\$472.69	3	NO
2	27780	CLOSED TREATMENT OF PROXIMAL FIB	1/1/2008	\$194.61	3	NO
2	27781	TREATMENT OF CLOSED PROXIMAL FIB	1/1/2008	\$283.85	3	NO
2	27784	OPEN TX OF PROXIMAL FIBULA OR SH	1/1/2008	\$400.51	3	NO
2	27786	CLOSED TREATMENT OF DISTAL FIBUL	1/1/2008	\$207.78	3	NO
2	27788	TREATMENT OF CLOSED DISTAL FIBUL	1/1/2008	\$288.69	3	NO
2	27792	OPEN TX OF DISTAL FIBULAR FRACTU	1/1/2008	\$428.47	3	NO
2	27808	CLOSED TX OF BIMALLEOLAR ANKLE F	1/1/2008	\$216.92	3	NO
2	27810	CLOSED TX OF BIMALLEOLAR ANKLE F	1/1/2008	\$324.44	3	NO
2	27814	OPEN TX OF BIMALLEOLAR ANKLE FX,	1/1/2008	\$570.12	3	NO
2	27816	CLOSED TREATMENT OF TRIMALLEOLAR	1/1/2008	\$206.44	3	NO
2	27818	TREATMENT OF CLOSED TRIMALLEOLAR	1/1/2008	\$336.81	3	NO
2	27822	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$651.84	3	NO
2	27823	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$739.47	3	NO
2	27824	CLOSED TREATMENT OF FRACTURE OF	1/1/2008	\$205.09	3	NO
2	27825	CLOSED TREATMENT OF FRACTURE OF	1/1/2008	\$377.40	3	NO
2	27826	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$505.61	3	NO
2	27827	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$819.03	3	NO
2	27828	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$928.97	3	NO
2	27829	OPEN TX OF DISTAL TIBIOFIBULAR J	1/1/2008	\$352.13	3	NO
2	27830	CLOSED TREATMENT OF PROXIMAL TIB	1/1/2008	\$235.47	3	NO
2	27831	TREATMENT OF PROXIMAL TIBIOFIBUL	1/1/2008	\$260.74	3	NO
2	27832	OPEN TX OF PROXIMAL TIBIOFIBULAR	1/1/2008	\$363.42	3	NO
2	27840	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$237.62	3	NO
2	27842	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$333.58	3	NO
2	27846	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$525.24	3	NO
2	27848	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$610.98	3	NO
2	27860	MANIPULATION OF ANKLE UNDER GENE	1/1/2008	\$125.26	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	27870	ARTHRODESIS, ANKLE, OPEN	1/1/2008	\$746.73	3	NO
2	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	1/1/2008	\$492.71	3	NO
2	27880	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$646.20	3	NO
2	27881	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$640.01	3	NO
2	27882	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$462.34	3	NO
2	27884	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$415.30	3	NO
2	27886	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$473.09	3	NO
2	27888	AMPUTATION ANKLE THROUGH MALLEOL	1/1/2008	\$508.84	3	NO
2	27889	ANKLE DISARTICULATION	1/1/2008	\$493.79	3	NO
2	27892	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$385.19	3	NO
2	27893	DECOMPRESSION FASCIOTOMY, LEG; P	1/1/2008	\$383.31	3	NO
2	27894	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$584.37	3	NO
2	27899	UNLISTED PROCEDURE LEG OR ANKLE	4/1/1982	\$0.01	5	NO
2	28001	INCISION AND DRAINAGE INFECTED B	1/1/2008	\$170.15	3	NO
2	28002	DEEP INFECTION BELOW FASCIA REQU	1/1/2008	\$317.99	3	NO
2	28003	DEEP INFECTION BELOW FASCIA REQU	1/1/2008	\$449.16	3	NO
2	28005	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$440.29	3	NO
2	28008	FASCIOTOMY, FOOT AND/OR TOE	1/1/2008	\$269.88	3	NO
2	28010	TENOTOMY SUBCUTANEOUS TOE SINGLE	1/1/2008	\$154.56	3	NO
2	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	1/1/2008	\$220.95	3	NO
2	28020	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$327.40	3	NO
2	28022	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$294.87	3	NO
2	28024	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$284.93	3	NO
2	28030	NEURECTOMY OF INTRINSIC MUSCULAT	1/1/2007	INVALID	N	NO
2	28035	TARSAL TUNNEL RELEASE (POSTERIOR	1/1/2008	\$325.52	3	NO
2	28043	EXCISION, TUMOR, FOOT; SUBCUTANE	1/1/2008	\$218.00	3	NO
2	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	1/1/2008	\$301.32	3	NO
2	28046	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$567.44	3	NO
2	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	1/1/2008	\$276.86	3	NO
2	28052	ARTHROTOMY FOR SYNOVIAL BIOSY; M	1/1/2008	\$263.69	3	NO
2	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	1/1/2008	\$243.26	3	NO
2	28055	NEURECTOMY, INTRINSIC MUSCULATUR	1/1/2008	\$283.85	3	NO
2	28060	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$319.60	3	NO
2	28062	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$383.85	3	NO
2	28070	SYNOVECTOMY INTERTARSAL OR TARSO	1/1/2008	\$312.08	3	NO
2	28072	SYNOVECTOMY; METATARSOPHALANGEAL	1/1/2008	\$305.36	3	NO
2	28080	EXCISION OF INTERDIGITAL (MORTON	1/1/2008	\$292.72	3	NO
2	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	1/1/2008	\$363.69	3	NO
2	28088	SYNOVECTOMY TENDON SHEATH; EXTEN	1/1/2008	\$284.12	3	NO
2	28090	EXCISION OF LESION OF TENDON OR	1/1/2008	\$285.47	3	NO
2	28092	EXCISION OF LESION OF TENDON/FIB	1/1/2008	\$261.54	3	NO
2	28100	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$391.64	3	NO
2	28102	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$393.79	3	NO
2	28103	EXCISION OF CURETTAGE OF BONE CY	1/1/2008	\$322.02	3	NO
2	28104	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$317.45	3	NO
2	28106	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$340.03	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28107	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$355.62	3	NO
2	28108	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$263.16	3	NO
2	28110	OSTECTOMY PARTIAL EXCISION FIFTH	1/1/2008	\$277.67	3	NO
2	28111	OSTECTOMY COMPLETE EXCISION FIRS	1/1/2008	\$330.09	3	NO
2	28112	OSTECTOMY COMPLETE EXCISION; OTH	1/1/2008	\$304.55	3	NO
2	28113	OSTECTOMY COMPLETE EXCISION; FIF	1/1/2008	\$354.01	3	NO
2	28114	OSTECTOMY, COMP EXCISION; ALL ME	1/1/2008	\$674.69	3	NO
2	28116	OSTECTOMY EXCISION OF TARSAL COA	1/1/2008	\$469.32	3	NO
2	28118	OSTECTOMY, CALCANEUS	1/1/2008	\$363.96	3	NO
2	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	1/1/2008	\$323.64	3	NO
2	28120	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$373.90	3	NO
2	28122	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$424.97	3	NO
2	28124	PARTIAL EXCISION (CRATERIZATION,	1/1/2008	\$294.07	3	NO
2	28126	RESECTION, PARTIAL OR COMPLETE,	1/1/2008	\$233.05	3	NO
2	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2008	\$459.11	3	NO
2	28140	METATARSECTOMY	1/1/2008	\$412.34	3	NO
2	28150	PHALANGECTOMY SINGLE EACH	1/1/2008	\$266.38	3	NO
2	28153	RESECTION HEAD OF PHALANX	1/1/2008	\$241.11	3	NO
2	28160	HEMIPHALANGECTOMY OR INTERPHALAN	1/1/2008	\$250.25	3	NO
2	28171	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$446.21	3	NO
2	28173	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$486.26	3	NO
2	28175	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$348.90	3	NO
2	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	1/1/2008	\$154.56	3	NO
2	28192	REMOVE FOREIGN BODY; DEEP	1/1/2008	\$298.37	3	NO
2	28193	REMOVE FOREIGN BODY; COMPLICATED	1/1/2008	\$337.88	3	NO
2	28200	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$290.84	3	NO
2	28202	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$411.00	3	NO
2	28208	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$276.60	3	NO
2	28210	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$370.41	3	NO
2	28220	TENOLYSIS FLEXOR SINGLE	1/1/2008	\$276.06	3	NO
2	28222	TENOLYSIS FLEXOR; MULTIPLE (THRO	1/1/2008	\$323.37	3	NO
2	28225	TENOLYSIS EXTENSOR SINGLE	1/1/2008	\$238.96	3	NO
2	28226	TENOLYSIS EXTENSOR; MULTIPLE (TH	1/1/2008	\$282.51	3	NO
2	28230	TENOTOMY OPEN FLEXOR FOOT SINGLE	1/1/2008	\$266.65	3	NO
2	28232	TENOTOMY OPEN FLEXOR; TOE SINGLE	1/1/2008	\$235.47	3	NO
2	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	1/1/2008	\$240.84	3	NO
2	28238	RECONSTRUCTION, POSTERIOR TIBIAL	1/1/2008	\$442.18	3	NO
2	28240	TENOTOMY LENGTHENING, OR RELEASE	1/1/2008	\$270.68	3	NO
2	28250	DIVISION OF PLANTAR FASCIA AND M	1/1/2008	\$346.21	3	NO
2	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	1/1/2008	\$433.57	3	NO
2	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	1/1/2008	\$635.71	3	NO
2	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	1/1/2008	\$905.32	3	NO
2	28264	CAPSULOTOMY MIDTARSAL(HEYMAN TYP	1/1/2008	\$550.77	3	NO
2	28270	CAPSULOTOMY; METATARSOPHALANGEAL	1/1/2008	\$291.92	3	NO
2	28272	CAPSULOTOMY FOR CONTRACTURE INTE	1/1/2008	\$239.50	3	NO
2	28280	WEBBING OPERATION (CREATE SYNDAC	1/1/2008	\$336.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28285	HAMMERTOES OPERATION; ONE TOE (EG	1/1/2008	\$284.39	3	NO
2	28286	HAMMERTOES OPERATION, ONE TOE (EG	1/1/2008	\$279.82	3	NO
2	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	1/1/2008	\$351.59	3	NO
2	28289	HALLUX RIGIDUS CORRECTION WITH C	1/1/2008	\$470.40	3	NO
2	28290	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$357.24	3	NO
2	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
2	28293	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$643.78	3	NO
2	28294	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$473.09	3	NO
2	28296	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$511.80	3	NO
2	28297	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$536.79	3	NO
2	28298	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$451.58	3	NO
2	28299	CORRECTION, HALLUX VALGUS (BUNIO	1/1/2008	\$591.36	3	NO
2	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	1/1/2008	\$482.76	3	NO
2	28302	OSTEOTOMY; TALUS	1/1/2008	\$474.43	3	NO
2	28304	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$508.57	3	NO
2	28305	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$493.79	3	NO
2	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	1/1/2008	\$375.51	3	NO
2	28307	OSTEOTOMY, METATARSAL, BASE/SHAFT,	1/1/2008	\$482.23	3	NO
2	28308	OSTEOTOMY METATARSAL BASE OR SHA	1/1/2008	\$332.24	3	NO
2	28309	OSTEOTOMY METATARSALS MULTIPLE F	1/1/2008	\$643.51	3	NO
2	28310	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$332.77	3	NO
2	28312	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$299.98	3	NO
2	28313	RECONSTRUCTION, ANGULAR DEFORMIT	1/1/2008	\$311.54	3	NO
2	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	1/1/2008	\$292.99	3	NO
2	28320	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$461.53	3	NO
2	28322	REPAIR OF NONUNION OR MALUNION M	1/1/2008	\$512.60	3	NO
2	28340	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$396.21	3	YES
2	28341	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$456.96	3	YES
2	28344	RECONSTRUCTION, TOE(S); POLYDACT	1/1/2008	\$291.11	3	YES
2	28345	RECONSTRUCTION, TOE(S); SYNDACTY	1/1/2008	\$359.65	3	YES
2	28360	RECONSTRUCTION, CLEFT FOOT	1/1/2008	\$709.90	3	NO
2	28400	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$165.04	3	NO
2	28405	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$272.03	3	NO
2	28406	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$378.20	3	NO
2	28415	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$884.89	3	NO
2	28420	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$863.65	3	NO
2	28430	CLOSED TREATMENT OF TALUS FRACTU	1/1/2008	\$155.37	3	NO
2	28435	TREATMENT OF CLOSED TALUS FRACTU	1/1/2008	\$211.28	3	NO
2	28436	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$303.21	3	NO
2	28445	OPEN TX OF TALUS FRACTURE, INCLU	1/1/2008	\$816.61	3	NO
2	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TA	1/1/2008	NC	9	NO
2	28450	TREATMENT OF TARSAL BONE FRACTUR	1/1/2008	\$142.46	3	NO
2	28455	TREATMENT OF CLOSED TARSAL BONE	1/1/2008	\$190.31	3	NO
2	28456	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$193.80	3	NO
2	28465	OPEN TX OF TARSAL BONE FRACTURE,	1/1/2008	\$382.77	3	NO
2	28470	CLOSED TREATMENT OF METATARSAL F	1/1/2008	\$143.54	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28475	TREATMENT OF CLOSED METATARSAL F	1/1/2008	\$180.10	3	NO
2	28476	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$237.35	3	NO
2	28485	OPEN TX OF METATARSAL FRACTURE,	1/1/2008	\$317.99	3	NO
2	28490	CLOSED TREATMENT OF FRACTURE GRE	1/1/2008	\$88.70	3	NO
2	28495	TREATMENT OF CLOSED FRACTURE GRE	1/1/2008	\$109.40	3	NO
2	28496	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$288.69	3	NO
2	28505	OPEN TX OF FRACTURE, GREAT TOE,	1/1/2008	\$332.51	3	NO
2	28510	CLOSED TREATMENT OF FRACTURE, PH	1/1/2008	\$76.07	3	NO
2	28515	TREATMENT OF CLOSED FRACTURE PHA	1/1/2008	\$98.38	3	NO
2	28525	OPEN TX OF FRACTURE, PHALANX OR	1/1/2008	\$301.59	3	NO
2	28530	CLOSED TREATMENT OF SESAMOID FRA	1/1/2008	\$72.84	3	NO
2	28531	OPEN TREATMENT OF SESAMOID FRACT	1/1/2008	\$262.35	3	NO
2	28540	CLOSED TREATMENT OF TARSAL BONE	1/1/2008	\$130.64	3	NO
2	28545	TREATMENT OF CLOSED TARSAL BONE	1/1/2008	\$147.03	3	NO
2	28546	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$292.99	3	NO
2	28555	OPEN TX OF TARSAL BONE DISLOCATI	1/1/2008	\$466.10	3	NO
2	28570	CLOSED TREATMENT OF TALOTARSAL J	1/1/2008	\$118.27	3	NO
2	28575	TREATMENT OF CLOSED TALOTARSAL J	1/1/2008	\$210.47	3	NO
2	28576	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$250.25	3	NO
2	28585	OPEN TX OF TALOTARSAL JOINT DISL	1/1/2008	\$467.71	3	NO
2	28600	CLOSED TREATMENT OF TARSOMETATAR	1/1/2008	\$136.55	3	NO
2	28605	TREATMENT OF CLOSED TARSOMETATAR	1/1/2008	\$173.64	3	NO
2	28606	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$279.28	3	NO
2	28615	OPEN TX OF TARSOMETATARSAL JOINT	1/1/2008	\$485.18	3	NO
2	28630	CLOSED TREATMENT OF METATARSOPHA	1/1/2008	\$96.50	3	NO
2	28635	TREATMENT OF CLOSED METATARSOPHA	1/1/2008	\$115.05	3	NO
2	28636	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$193.27	3	NO
2	28645	OPEN TX OF METATARSOPHALANGEAL J	1/1/2008	\$276.33	3	NO
2	28660	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$71.23	3	NO
2	28665	TREATMENT OF CLOSED INTERPHALANG	1/1/2008	\$100.53	3	NO
2	28666	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$148.11	3	NO
2	28675	OPEN TX OF INTERPHALANGEAL JOINT	1/1/2008	\$280.90	3	NO
2	28705	PANTALAR ARTHRODESIS	1/1/2008	\$947.52	3	NO
2	28715	TRIPLE ARTHRODESIS	1/1/2008	\$699.69	3	NO
2	28725	SUBTALAR ARTHRODESIS	1/1/2008	\$585.18	3	NO
2	28730	ARTHRODESIS MIDTARSAL ORTARSOMET	1/1/2008	\$597.81	3	NO
2	28735	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$573.89	3	NO
2	28737	ARTHRODESIS, WITH TENDON LENGTHE	1/1/2008	\$509.38	3	NO
2	28740	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$569.86	3	NO
2	28750	ARTHRODESIS GREAT TOE METARSOPHA	1/1/2008	\$568.51	3	NO
2	28755	ARTHRODESIS GREAT TOE; INTERPHAL	1/1/2008	\$318.26	3	NO
2	28760	ARTHRODESIS GREAT TOE INTERPHALA	1/1/2008	\$496.74	3	NO
2	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	1/1/2008	\$414.49	3	NO
2	28805	AMPUTATION FOOT; TRANSMETATARSAL	1/1/2008	\$523.35	3	NO
2	28810	AMPUTATION METATARSAL WITH TOE S	1/1/2008	\$316.38	3	NO
2	28820	AMPUTATION TOE METATARSOPHALANGE	1/1/2008	\$352.13	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	28825	AMPUTATION TOE; INTERPHALANGEAL	1/1/2008	\$302.40	3	NO
2	28890	EXTRACORPOREAL SHOCK WAVE, HIGH	1/1/2006	NC	9	NO
2	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
2	29000	APPLICATION OF HALO TYPE BODY CA	1/1/2008	\$162.89	3	NO
2	29010	APPLICATION OF RISSER JACKET LOC	1/1/2008	\$156.17	3	NO
2	29015	APPLICATION OF RISSER JACKET LOC	1/1/2008	\$154.83	3	NO
2	29020	APPLICATION OF TURNBUCKLE JACKET	1/1/2008	\$154.02	3	NO
2	29025	APPLICATION OF TURNBUCKLE JACKET	1/1/2008	\$163.97	3	NO
2	29035	APPLICATION OF BODY CAST SHOULDE	1/1/2008	\$152.68	3	NO
2	29040	APPLICATION OF BODY CAST SHOULDE	1/1/2008	\$143.27	3	NO
2	29044	APPLICATION OF BODY CAST SHOULDE	1/1/2008	\$172.84	3	NO
2	29046	APPLICATION OF BODY CAST SHOULDE	1/1/2008	\$169.34	3	NO
2	29049	APPLICATION, CAST; FIGURE-OF-EIG	1/1/2008	\$61.29	3	NO
2	29055	APPLICATION; SHOULDER SPICA	1/1/2008	\$135.48	3	NO
2	29058	APPLICATION; PLASTER VELPEAU	1/1/2008	\$79.56	3	NO
2	29065	APPLICATION; SHOULDER TO HAND (L	1/1/2008	\$62.90	3	NO
2	29075	APPLICATION; ELBOW TO FINGER (SH	1/1/2008	\$57.79	3	NO
2	29085	APPLICATION; HAND AND LOWER FORE	1/1/2008	\$61.56	3	NO
2	29086	APPLICATION, CAST; FINGER (EG, C	1/1/2008	\$44.89	3	NO
2	29105	APPLICATION OF LONG ARM SPLINT (	1/1/2008	\$58.87	3	NO
2	29125	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$44.89	3	NO
2	29126	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$53.76	3	NO
2	29130	APPLICATION OF FINGER SPLINT STA	1/1/2008	\$27.42	3	NO
2	29131	APPLICATION OF FINGER SPLINT; DY	1/1/2008	\$34.68	3	NO
2	29200	STRAPPING THORAX	1/1/2008	\$37.09	3	NO
2	29220	STRAPPING; LOW BACK	1/1/2008	\$36.83	3	NO
2	29240	STRAPPING; SHOULDER (EG VELPEAU)	1/1/2008	\$42.47	3	NO
2	29260	STRAPPING; ELBOW OR WRIST	1/1/2008	\$35.48	3	NO
2	29280	STRAPPING; HAND OR FINGER	1/1/2008	\$35.21	3	NO
2	29305	APPLICATION OF HIP SPICA CAST; O	1/1/2008	\$154.02	3	NO
2	29325	APPLICATION OF HIP SPICA CAST; O	1/1/2008	\$169.08	3	NO
2	29345	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$90.85	3	NO
2	29355	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$93.54	3	NO
2	29358	APPLICATION OF LONG LEG CAST BRA	1/1/2008	\$100.53	3	NO
2	29365	APPLICATION OF CYLINDER CAST (TH	1/1/2008	\$81.18	3	NO
2	29405	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$59.67	3	NO
2	29425	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$64.24	3	NO
2	29435	APPLICATION OF PATELLAR TENDON B	1/1/2008	\$78.76	3	NO
2	29440	ADDING WALKER TO PREVIOUSLY APPL	1/1/2008	\$35.48	3	NO
2	29445	APPLICATION OF RIGID TOTAL CONTA	1/1/2008	\$102.41	3	NO
2	29450	APPLICATION OF CLUBFOOT CAST WIT	1/1/2008	\$103.22	3	NO
2	29505	APPLICATION OF LONG LEG SPLINT (	1/1/2008	\$51.61	3	NO
2	29515	APPLICATION OF SHORT LEG SPLINT	1/1/2008	\$45.96	3	NO
2	29520	STRAPPING HIP	1/1/2008	\$37.09	3	NO
2	29530	STRAPPING; KNEE	1/1/2008	\$36.83	3	NO
2	29540	STRAPPING; ANKLE AND/OR FOOT	1/1/2008	\$27.42	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29550	STRAPPING; TOES	1/1/2008	\$26.61	3	NO
2	29580	STRAPPING; UNNA BOOT	1/1/2008	\$34.68	3	NO
2	29590	DENIS-BROWNE SPLINT STRAPPING	1/1/2008	\$37.36	3	NO
2	29700	REMOVAL OR BIVALVING GAUNTLET BO	1/1/2008	\$41.93	3	NO
2	29705	REMOVAL OF BIVALVING; FULL ARM O	1/1/2008	\$45.70	3	NO
2	29710	REMOVAL OR BIVALVING; SHOULDER O	1/1/2008	\$81.98	3	NO
2	29715	REMOVAL OR BIVALVING; TURNBUCKLE	1/1/2008	\$58.87	3	NO
2	29720	REPAIR OF SPICA BODY CAST OR JAC	1/1/2008	\$52.68	3	NO
2	29730	WINDOWING OF CAST	1/1/2008	\$44.89	3	NO
2	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	1/1/2008	\$65.32	3	NO
2	29750	WEDGING OF CLUBFOOT CAST	1/1/2008	\$67.20	3	NO
2	29799	UNLISTED PROCEDURE CASTING OR ST	4/1/1982	\$0.01	5	NO
2	29800	ARTHROSCOPY, TEMPOROMANDIBULAR J	1/1/2008	\$381.43	3	YES
2	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	1/1/2008	\$463.14	3	NO
2	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTI	1/1/2008	\$333.31	3	NO
2	29806	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$757.48	3	NO
2	29807	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$738.39	3	NO
2	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
2	29819	ARTHROSCOPY SHOULDER SURGICAL; W	1/1/2008	\$416.91	3	NO
2	29820	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$384.65	3	NO
2	29821	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$420.40	3	NO
2	29822	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$408.58	3	NO
2	29823	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$445.94	3	NO
2	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$471.48	3	NO
2	29825	ARTHROSCOPY SHOULDER SURGICAL WI	1/1/2008	\$416.37	3	NO
2	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$478.73	3	NO
2	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$782.75	3	NO
2	29828	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$629.71	3	NO
2	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	1/1/2008	\$320.68	3	NO
2	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	1/1/2008	\$349.71	3	NO
2	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$358.04	3	NO
2	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$411.80	3	NO
2	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	1/1/2008	\$376.32	3	NO
2	29838	ARTHROSCOPY ELBOW SURGICAL; DEBR	1/1/2008	\$421.21	3	NO
2	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC,	1/1/2008	\$311.54	3	NO
2	29843	ARTHROSCOPY, WRIST, SURGICAL; FO	1/1/2008	\$334.12	3	NO
2	29844	ARTHROSCOPY, WRIST, SURGICAL; SY	1/1/2008	\$351.32	3	NO
2	29845	ARTHROSCOPY, WRIST, SURGICAL; SY	1/1/2008	\$398.09	3	NO
2	29846	ARTHROSCOPY, WRIST, SURGICAL; EX	1/1/2008	\$367.99	3	NO
2	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	1/1/2008	\$380.62	3	NO
2	29848	ARTHROSCOPY, WRIST, SURGICAL; W/	1/1/2008	\$339.49	3	NO
2	29850	ARTHROSCOPICALLY AIDED TREATMENT	1/1/2008	\$390.57	3	NO
2	29851	ARTHROSCOPICALLY AIDED TREATMENT	1/1/2008	\$667.97	3	NO
2	29855	ARTHROSCOPICALLY AIDED TX OF TIB	1/1/2008	\$560.99	3	NO
2	29856	ARTHROSCOPICALLY AIDED TX OF TIB	1/1/2008	\$717.96	3	NO
2	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WIT	1/1/2008	\$456.69	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$502.92	3	NO
2	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$562.33	3	NO
2	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$555.34	3	NO
2	29866	ARTHROSCOPY, KNEE, SURGICAL; OST	1/1/2005	NC	9	NO
2	29867	ARTHROSCOPY, KNEE, SURGICAL; OST	1/1/2005	NC	9	NO
2	29868	ARTHROSCOPY, KNEE, SURGICAL; MEN	1/1/2005	NC	9	NO
2	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, W	1/1/2008	\$287.08	3	NO
2	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR	1/1/2008	\$360.19	3	NO
2	29873	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$361.80	3	NO
2	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	1/1/2008	\$377.93	3	NO
2	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	1/1/2008	\$351.32	3	NO
2	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	1/1/2008	\$454.81	3	NO
2	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	1/1/2008	\$429.81	3	NO
2	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	1/1/2008	\$460.72	3	NO
2	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$481.42	3	NO
2	29881	ARTHROSCOPY KNEE SURGICAL WITH M	1/1/2008	\$448.09	3	NO
2	29882	ARTHROSCOPY KNEE SURGICAL; WITH	1/1/2008	\$484.11	3	NO
2	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$598.08	3	NO
2	29884	ARTHROSCOPY KNEE SURGICAL WITH L	1/1/2008	\$428.20	3	NO
2	29885	ARTHROSCOPY, KNEE, SURG; DRILL FOR	1/1/2008	\$520.40	3	NO
2	29886	ARTHROSCOPY KNEE SURGICAL; DRILL	1/1/2008	\$438.14	3	NO
2	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	1/1/2008	\$517.71	3	NO
2	29888	ARTHROSCOPICALLY AIDED ANTERIOR	1/1/2008	\$707.21	3	NO
2	29889	ARTHROSCOPICALLY AIDED POSTERIOR	1/1/2008	\$859.08	3	NO
2	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	1/1/2008	\$488.41	3	NO
2	29892	ARTHROSCOPICALLY AIDED REPAIR OF	1/1/2008	\$509.11	3	NO
2	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2008	\$366.91	3	NO
2	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	1/1/2008	\$368.26	3	NO
2	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$360.19	3	NO
2	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$377.93	3	NO
2	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$420.40	3	NO
2	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	1/1/2008	\$748.88	3	NO
2	29900	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2008	\$330.09	3	NO
2	29901	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2008	\$365.57	3	NO
2	29902	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2008	\$375.51	3	NO
2	29904	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$409.83	3	NO
2	29905	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$452.34	3	NO
2	29906	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$478.63	3	NO
2	29907	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$587.35	3	NO
2	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO
2	29999	UNLISTED PROCEDURE, ARTHROSCOPY	1/1/2002	\$0.01	5	NO
2	30000	DRAINAGE ABSCESS OR HEMATOMA NAS	1/1/2008	\$149.18	3	NO
2	30020	DRAINAGE ABSCESS OR HEMATOMA NAS	1/1/2008	\$134.13	3	NO
2	30100	BIOPSY INTRANASAL	1/1/2008	\$83.06	3	NO
2	30110	EXCISION, NASAL POLYP(S), SIMPLE	1/1/2008	\$137.89	3	NO
2	30115	EXCISION, NASAL POLYP(S), EXTENS	1/1/2008	\$281.97	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	30117	EXCISION OR DESTRUCTION (EG, LAS	1/1/2008	\$471.74	3	NO
2	30118	EXCISION INTRANASAL LESION; EXTE	1/1/2008	\$522.82	3	NO
2	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
2	30124	EXCISION DERMOID CYST NOSE SIMPL	1/1/2008	\$188.43	3	NO
2	30125	EXCISION DERMOID CYST NOSE; COMP	1/1/2008	\$425.78	3	NO
2	30130	EXCISION INFERIOR TURBINATE, PAR	1/1/2008	\$248.37	3	NO
2	30140	SUBMUCOUS RESECTION INFERIOR TUR	1/1/2008	\$272.03	3	NO
2	30150	RHINECTOMY PARTIAL	1/1/2008	\$558.84	3	NO
2	30160	RHINECTOMY; TOTAL	1/1/2008	\$550.23	3	NO
2	30200	INJECTION INTO TURBINATES THERAP	1/1/2008	\$68.01	3	NO
2	30210	DISPLACEMENT THERAPY (PROETZ TYP	1/1/2008	\$90.05	3	NO
2	30220	INSERTION NASAL SEPTAL PROSTHESI	1/1/2008	\$166.92	3	NO
2	30300	REMOVAL FOREIGN BODY INTRANASAL	1/1/2008	\$151.87	3	NO
2	30310	REMOVAL FOREIGN BODY INTRANASAL;	1/1/2008	\$138.43	3	NO
2	30320	REMOVAL FOREIGN BODY INTRANASAL;	1/1/2008	\$315.30	3	NO
2	30400	RHINOPLASTY PRIMARY LATERAL AND	1/1/2008	\$717.43	3	YES
2	30410	RHINOPLASTY PRIMARY COMPLETE EXT	1/1/2008	\$874.41	3	YES
2	30420	RHINOPLASTY PRIMARY; INCLUDING M	1/1/2008	\$947.25	3	YES
2	30430	RHINOPLASTY SECONDARY MINOR REVI	1/1/2008	\$644.04	3	YES
2	30435	RHINOPLASTY SECONDARY; INTERMEDI	1/1/2008	\$857.47	3	YES
2	30450	RHINOPLASTY SECONDARY; MAJOR REV	1/1/2008	\$1,125.20	3	YES
2	30460	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2008	\$552.12	3	YES
2	30462	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2008	\$1,114.98	3	YES
2	30465	REPAIR OF NASAL VESTIBULAR STENO	1/1/2008	\$667.70	3	NO
2	30520	SEPTOPLASTY OR SUBMUCOUS RESECTI	1/1/2008	\$380.62	3	NO
2	30540	REPAIR CHOANAL ATRESIA INTRANASA	1/1/2008	\$462.34	3	NO
2	30545	REPAIR CHOANAL ARTESIA; TRANSPAL	1/1/2008	\$663.13	3	NO
2	30560	LYSIS INTRANASAL SYNECHIA	1/1/2008	\$166.39	3	NO
2	30580	REPAIR FISTULA OROMAXILLARY (COM	1/1/2008	\$417.45	3	NO
2	30600	REPAIR FISTULA; ORONASAL	1/1/2008	\$384.12	3	NO
2	30620	SEPTAL OR OTHER INTRANASAL DERMA	1/1/2008	\$410.46	3	NO
2	30630	REPAIR NASAL SEPTAL PERFORATIONS	1/1/2008	\$417.72	3	NO
2	30801	CAUTERY AND/OR ABLATION, MUCOSA	1/1/2008	\$142.46	3	NO
2	30802	CAUTERIZATION AND/OR ABLATION, M	1/1/2008	\$183.32	3	NO
2	30901	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2008	\$70.96	3	NO
2	30903	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2008	\$120.15	3	NO
2	30905	CONTROL NASAL HEMORRHAGE, POSTER	1/1/2008	\$153.48	3	NO
2	30906	CONTROL NASAL HEMORRHAGE POSTERI	1/1/2008	\$176.33	3	NO
2	30915	LIGATION ARTERIES ETHMOIDAL	1/1/2008	\$387.88	3	NO
2	30920	LIGATION ARTERIES; INTERNAL MAXI	1/1/2008	\$554.27	3	NO
2	30930	FRACTURE NASAL INFERIOR TURBINAT	1/1/2008	\$80.64	3	NO
2	30999	UNLISTED PROCEDURE NOSE	4/1/1982	\$0.01	5	NO
2	31000	LAVAGE BY CANNULATION; MAXILLARY	1/1/2008	\$111.28	3	NO
2	31002	LAVAGE BY CANNULATION; SPHENOID	1/1/2008	\$138.16	3	NO
2	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY	1/1/2008	\$314.50	3	NO
2	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY	1/1/2008	\$473.63	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY	1/1/2008	\$383.31	3	NO
2	31040	PTERYGOMAXILLARY FOSSA SURGERY,	1/1/2008	\$530.07	3	NO
2	31050	SINUSOTOMY, SPHENOID, WITH OR WI	1/1/2008	\$325.52	3	NO
2	31051	SINUSOTOMY, SPHENOID, WITH OR WI	1/1/2008	\$427.39	3	NO
2	31070	SINUSOTOMY FRONTAL EXTERNAL SIMP	1/1/2008	\$284.39	3	NO
2	31075	SINUSOTOMY FRONTAL TRANSORBITAL	1/1/2008	\$526.85	3	NO
2	31080	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$713.40	3	NO
2	31081	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$824.14	3	NO
2	31084	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$781.13	3	NO
2	31085	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$830.59	3	NO
2	31086	SINUSOTOMY FRONTAL NONOBLITERATI	1/1/2008	\$756.67	3	NO
2	31087	SINUSTOMY FRONTAL NONOBLITERATIV	1/1/2008	\$751.03	3	NO
2	31090	SINUSOTOMY COMBINED THREE OR MOR	1/1/2008	\$653.99	3	NO
2	31200	ETHMOIDECTOMY INTRANASAL ANTERIO	1/1/2008	\$378.74	3	NO
2	31201	ETHMOIDECTOMY; INTRANASAL TOTAL	1/1/2008	\$491.10	3	NO
2	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	1/1/2008	\$603.46	3	NO
2	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	1/1/2008	\$1,223.85	3	NO
2	31230	MAXILLECTOMY; WITH ORBITAL EXENT	1/1/2008	\$1,375.72	3	NO
2	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNI	1/1/2008	\$122.57	3	NO
2	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	1/1/2008	\$177.14	3	NO
2	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	1/1/2008	\$205.90	3	NO
2	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$222.84	3	NO
2	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$230.36	3	NO
2	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$468.79	3	NO
2	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$119.35	3	NO
2	31254	NASAL ENDOSCOPY, SURGICAL; WITH	1/1/2008	\$205.90	3	NO
2	31255	NASAL ENDOSCOPY, SURGICAL; WITH	1/1/2008	\$305.63	3	NO
2	31256	NASAL ENDOSCOPY, SURGICAL; WITH	1/1/2008	\$148.92	3	NO
2	31267	MAXILLARY SINUS ENDOSCOPY, SURGI	1/1/2008	\$240.84	3	NO
2	31276	NASAL/SINUS ENDOSCOPY, SURGICAL	1/1/2008	\$385.46	3	NO
2	31287	NASAL/SINUS ENDOSCOPY, SURGICAL,	1/1/2008	\$175.26	3	NO
2	31288	NASAL/SINUS ENDOSCOPY, SURGICAL,	1/1/2008	\$203.48	3	NO
2	31290	NASAL/SINUS ENDOSCOPY, SURGICAL,	1/1/2008	\$833.01	3	NO
2	31291	NASAL/SINUS ENDOSCOPY, SURGICAL,	1/1/2008	\$878.71	3	NO
2	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$720.38	3	NO
2	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$784.36	3	NO
2	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1/1/2008	\$903.44	3	NO
2	31299	UNLISTED PROCEDURE ACCESSORY SIN	4/1/1982	\$0.01	5	NO
2	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	1/1/2008	\$846.99	3	NO
2	31320	LARYNOTOMY (THYROTOMY LARYNOGOFI	1/1/2008	\$433.04	3	NO
2	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	1/1/2008	\$1,292.12	3	NO
2	31365	LARYNGECTOMY; TOTAL WITH RADICAL	1/1/2008	\$1,638.34	3	NO
2	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$1,439.69	3	NO
2	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$1,634.04	3	NO
2	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$1,364.70	3	NO
2	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$1,277.34	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$1,268.20	3	NO
2	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$1,378.68	3	NO
2	31390	PHARYNGOLARYNGECTOMY WITH RADICA	1/1/2008	\$1,844.24	3	NO
2	31395	PHARYNOGLARYNGECTOMY WITH RADICA	1/1/2008	\$1,980.25	3	NO
2	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	1/1/2008	\$685.98	3	NO
2	31420	EPIGLOTTIDECTOMY	1/1/2008	\$572.28	3	NO
2	31500	INTUBATION ENDOTRACHEAL EMERGENC	1/1/2008	\$81.18	3	NO
2	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO	1/1/2008	\$25.80	3	NO
2	31505	LARYNGOSCOPY INDIRECT (SEPARATE	1/1/2008	\$55.91	3	NO
2	31510	LARYNGOSCOPY INDIRECT (SEPARATE	1/1/2008	\$142.46	3	NO
2	31511	LARYNGOSCOPY INDIRECT (SEPARATE	1/1/2008	\$144.61	3	NO
2	31512	LARYNGOSCOPY INDIRECT (SEPARATE	1/1/2008	\$143.27	3	NO
2	31513	LARYNGOSCOPY INDIRECT (SEPARATE	1/1/2008	\$97.04	3	NO
2	31515	LARYNGOSCOPY DIRECT, WITH OR WIT	1/1/2008	\$144.08	3	NO
2	31520	LARYNGOSCOPY DIRECT; DIAGNOSTIC	1/1/2008	\$113.16	3	NO
2	31525	LAYNGOSCOPY DIRECT; DIAGNOSTIC E	1/1/2008	\$171.49	3	NO
2	31526	LARYNGOSCOPY DIRECT; W/OR W/OUT	1/1/2008	\$116.93	3	NO
2	31527	LARYNGOSCOPY DIRECT; WITH INSERT	1/1/2008	\$141.39	3	NO
2	31528	LARYNGOSCOPY DIRECT, WITH OR WIT	1/1/2008	\$104.83	3	NO
2	31529	LARYNGOSCOPY DIRECT, WITH OR WIT	1/1/2008	\$119.88	3	NO
2	31530	LARYNGOSCOPY DIRECT OPERATIVE WI	1/1/2008	\$146.76	3	NO
2	31531	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$159.40	3	NO
2	31535	LARYNGOSCOPY DIRECT OPERATIVE WI	1/1/2008	\$140.85	3	NO
2	31536	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$158.05	3	NO
2	31540	LARYNGOSCOPY DIRECT OPERATIVE WI	1/1/2008	\$181.44	3	NO
2	31541	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$198.91	3	NO
2	31545	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$264.50	3	NO
2	31546	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$408.04	3	NO
2	31560	LARYNGOSCOPY DIRECT OPERATIVE WI	1/1/2008	\$234.39	3	NO
2	31561	LARYNGOSCOPY, DIRECT, OPERATIVE,	1/1/2008	\$256.17	3	NO
2	31570	LARYNGOSCOPY DIRECT WITH INJECTI	1/1/2008	\$252.94	3	NO
2	31571	LARYNGOSCOPY, DIRECT, W/INJECTIO	1/1/2008	\$187.35	3	NO
2	31575	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	1/1/2008	\$80.91	3	NO
2	31576	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	1/1/2008	\$152.68	3	NO
2	31577	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	1/1/2008	\$169.61	3	NO
2	31578	LARYNGOSCOPY FLEXIBLE FIBERSCOPI	1/1/2008	\$193.54	3	NO
2	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID	1/1/2008	\$159.67	3	NO
2	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	1/1/2008	\$827.10	3	NO
2	31582	LARYNGOPLASTY; FOR LARYNGEAL STE	1/1/2008	\$1,320.08	3	NO
2	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	1/1/2008	\$1,055.31	3	NO
2	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
2	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
2	31587	LARYNGOPLASTY, CRICOID SPLIT	1/1/2008	\$673.34	3	NO
2	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	1/1/2008	\$772.80	3	NO
2	31590	LARYNGEAL REINNERVATION BY NEURO	1/1/2008	\$622.00	3	NO
2	31595	SECTION RECURRENT LARYNGEAL NERV	1/1/2008	\$526.31	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31599	UNLISTED PROCEDURE LARYNX	4/1/1982	\$0.01	5	NO
2	31600	TRACHEOSTOMY PLANNED (SEPARATE P	1/1/2008	\$293.53	3	NO
2	31601	TRACHEOSTOMY PLANNED (SEPARATE P	1/1/2008	\$189.50	3	NO
2	31603	TRACHEOSTOMY EMERGENCY PROCEDURE	1/1/2008	\$165.31	3	NO
2	31605	TRACHEOSTOMY EMERGENCY PROCEDURE	1/1/2008	\$136.28	3	NO
2	31610	TRACHEOSTOMY FENESTRATION PROCED	1/1/2008	\$485.72	3	NO
2	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	1/1/2008	\$357.50	3	NO
2	31612	TRACHEAL PUNCTURE, PERCUTANEOUS	1/1/2008	\$55.91	3	NO
2	31613	TRACHEOSTOMA REVISION SIMPLE WIT	1/1/2008	\$295.41	3	NO
2	31614	TRACHEOSTOMA REVISION; COMPLEX W	1/1/2008	\$478.73	3	NO
2	31615	TRACHEOBRONCHOSCOPY THROUGH ESTA	1/1/2008	\$127.68	3	NO
2	31620	ENDOBONCHIAL ULTRASOUND (EBUS)	4/1/2005	NC	9	NO
2	31622	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$228.75	3	NO
2	31623	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$250.79	3	NO
2	31624	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$233.32	3	NO
2	31625	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$249.18	3	NO
2	31628	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$295.68	3	NO
2	31629	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$482.50	3	NO
2	31630	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$154.29	3	NO
2	31631	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$171.23	3	NO
2	31632	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$54.84	3	NO
2	31633	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$65.05	3	NO
2	31635	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$263.16	3	NO
2	31636	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$168.81	3	NO
2	31637	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$60.21	3	NO
2	31638	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$187.35	3	NO
2	31640	BRONCHOSCOPY, RIGID OR FLEX, W/O	1/1/2008	\$197.03	3	NO
2	31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE	1/1/2008	\$192.46	3	NO
2	31643	BRONCHOSCOPY; WITH PLACEMENT OF	1/1/2008	\$131.17	3	NO
2	31645	BRONCHOSCOPY; WITH THERAPEUTIC A	1/1/2008	\$224.99	3	NO
2	31646	BRONCHOSCOPY; WITH THERAPEUTIC A	1/1/2008	\$204.83	3	NO
2	31656	BRONCHOSCOPY; WITH INJECTION OF	1/1/2008	\$83.60	3	NO
2	31700	CATHETERIZATION TRANSGLOTIC (SEP	1/1/2007	INVALID	N	NO
2	31708	INSTILLATION OF CONTRAST MATERIA	1/1/2007	INVALID	N	NO
2	31710	CATHETERIZATION FOR BRONCHOGRAPH	1/1/2007	INVALID	N	NO
2	31715	TRANSTRACHEAL INJECTION FOR BRON	1/1/2008	\$40.59	3	NO
2	31717	CATHETERIZATION WITH BRONCHIAL B	1/1/2008	\$266.38	3	NO
2	31720	CATHETER ASPIRATION (SEPARATE PR	1/1/2008	\$38.71	3	NO
2	31725	CATHETER ASPIRATION (SEPARATE PR	1/1/2008	\$71.23	3	NO
2	31730	TRANSTRACHEAL INTRODUCTION OF NE	1/1/2008	\$296.76	3	NO
2	31750	TRACHEOPLASTY; CERVICAL	1/1/2008	\$899.40	3	NO
2	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	1/1/2008	\$1,141.06	3	NO
2	31760	TRACHEOPLASTY; INTRATHORACIC	1/1/2008	\$988.65	3	NO
2	31766	CARINAL RECONSTRUCTION	1/1/2008	\$1,322.76	3	NO
2	31770	BRONCHOPLASTY GRAFT REPAIR	1/1/2008	\$973.06	3	NO
2	31775	BRONCHOPLASTY; EXCISION STENOSIS	1/1/2008	\$1,037.57	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	31780	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$851.29	3	NO
2	31781	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$1,033.00	3	NO
2	31785	EXCISION OF TRACHEAL TUMOR OR CA	1/1/2008	\$777.37	3	NO
2	31786	EXCISION OF TRACHEAL TUMOR OR CA	1/1/2008	\$1,099.66	3	NO
2	31800	SUTURE OF TRACHEAL WOUND OR INJU	1/1/2008	\$481.15	3	NO
2	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	1/1/2008	\$595.66	3	NO
2	31820	SURGICAL CLOSURE TRACHEOSTOMY OR	1/1/2008	\$284.12	3	NO
2	31825	SURGICAL CLOSURE TRACHEOSTOMY OF	1/1/2008	\$402.39	3	NO
2	31830	REVISION OF TRACHEOSTOMY SCAR	1/1/2008	\$287.88	3	NO
2	31899	UNLISTED PROCEDURE TRACHEA BRONC	4/1/1982	\$0.01	5	NO
2	32000	THORACENTESIS PUNCTURE OF PLEURA	1/1/2008	INVALID	N	NO
2	32002	THORACENTESIS WITH INSERTION OF	1/1/2008	INVALID	N	NO
2	32005	CHEMICAL PLEURODESIS (EG FOR REC	1/1/2008	INVALID	N	NO
2	32019	INSERTION OF INDWELLING TUNNELED	1/1/2008	INVALID	N	NO
2	32020	TUBE THORACOSTOMY W/WO WATER SEA	1/1/2008	INVALID	N	NO
2	32035	THORACOSTOMY WITH RIB RESECTION	1/1/2008	\$493.79	3	NO
2	32036	THORACOSTOMY; WITH OPEN FLAP DRA	1/1/2008	\$539.21	3	NO
2	32095	THORACOTOMY LIMITED FOR BIOPSY O	1/1/2008	\$446.21	3	NO
2	32100	THORACOTOMY MAJOR WITH EXPLORATI	1/1/2008	\$697.54	3	NO
2	32110	THORACOTOMY MAJOR; WITH CONTROL	1/1/2008	\$1,046.17	3	NO
2	32120	THORACOTOMY MAJOR; FOR POSTOPERA	1/1/2008	\$616.09	3	NO
2	32124	THORACOTOMY MAJOR; WITH OPEN INT	1/1/2008	\$655.87	3	NO
2	32140	THORACOTOMY MAJOR; WITH CYST(S)	1/1/2008	\$702.37	3	NO
2	32141	THORACOTOMY MAJOR; WITH EXCISION	1/1/2008	\$1,004.24	3	NO
2	32150	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$706.68	3	NO
2	32151	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$727.10	3	NO
2	32160	THORACOTOMY MAJOR; WITH CARDIAC	1/1/2008	\$530.61	3	NO
2	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	1/1/2008	\$786.78	3	NO
2	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	1/1/2008	\$656.95	3	NO
2	32215	PLEURAL SCARIFICATION FOR REPEAT	1/1/2008	\$574.96	3	NO
2	32220	DECORTICATION PULMONARY (SEPARAT	1/1/2008	\$1,148.04	3	NO
2	32225	DECORTICATION PULMONARY (SEPARAT	1/1/2008	\$707.48	3	NO
2	32310	PLEURECTOMY, PARIETAL (SEPARATE	1/1/2008	\$656.95	3	NO
2	32320	DECORTICATION AND PARIETAL PLEUR	1/1/2008	\$1,144.28	3	NO
2	32400	BIOPSY, PLEURA; PERCUTANEOUS NEE	1/1/2008	\$106.18	3	NO
2	32402	BIOPSY PLEURA; OPEN	1/1/2008	\$402.93	3	NO
2	32405	BIOPSY, LUNG OR MEDIASTINUM, PER	1/1/2008	\$72.04	3	NO
2	32420	PNEUMONOCENTESIS, PUNCTURE OF LU	1/1/2008	\$79.56	3	NO
2	32421	THORACENTESIS, PUNCTURE OF PLEUR	1/1/2008	\$117.36	3	NO
2	32422	THORACENTESIS WITH INSERTION OF	1/1/2008	NC	9	NO
2	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$1,163.90	3	NO
2	32442	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$2,041.00	3	NO
2	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$2,247.71	3	NO
2	32480	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,097.78	3	NO
2	32482	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,167.40	3	NO
2	32484	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,056.12	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	32486	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,614.14	3	NO
2	32488	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,636.99	3	NO
2	32491	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/1997	NC	9	NO
2	32500	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$1,064.45	3	NO
2	32501	RESECTION AND REPAIR OF PORTION	1/1/2008	\$183.59	3	NO
2	32503	RESECTION OF APICAL LUNG TUMOR,	1/1/2008	\$1,353.68	3	NO
2	32504	RESECTION OF APICAL LUNG TUMOR,	1/1/2008	\$1,543.72	3	NO
2	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
2	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
2	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
2	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	1/1/2008	\$1,144.28	3	NO
2	32550	INSERTION OF INDWELLING TUNNELED	1/1/2008	\$595.18	3	NO
2	32551	TUBE THORACOSTOMY, INCLUDES WATE	1/1/2008	\$131.66	3	NO
2	32560	CHEMICAL PLEURODESIS (EG, FOR RE	1/1/2008	\$220.70	3	NO
2	32601	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$229.56	3	NO
2	32602	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$249.18	3	NO
2	32603	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$321.48	3	NO
2	32604	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$359.39	3	NO
2	32605	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$288.42	3	NO
2	32606	THORACOSCOPY, DIAGNOSTIC (SEP PR	1/1/2008	\$345.68	3	NO
2	32650	THORACOSCOPY, SURGICAL; WITH PLE	1/1/2008	\$503.73	3	NO
2	32651	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$750.76	3	NO
2	32652	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$1,132.72	3	NO
2	32653	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$727.91	3	NO
2	32654	THORACOSCOPY, SURGICAL; WITH CON	1/1/2008	\$798.60	3	NO
2	32655	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$676.84	3	NO
2	32656	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$605.88	3	NO
2	32657	THORACOSCOPY, SURGICAL; WITH WED	1/1/2008	\$594.85	3	NO
2	32658	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$544.86	3	NO
2	32659	THORACOSCOPY, SURGICAL; WITH CRE	1/1/2008	\$552.38	3	NO
2	32660	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$773.07	3	NO
2	32661	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$607.22	3	NO
2	32662	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$682.21	3	NO
2	32663	THORACOSCOPY, SURGICAL; WITH LOB	1/1/2008	\$1,014.18	3	NO
2	32664	THORACOSCOPY, SURGICAL; WITH THO	1/1/2008	\$641.63	3	NO
2	32665	THORACOSCOPY, SURGICAL; WITH ESO	1/1/2008	\$856.67	3	NO
2	32800	REPAIR LUNG HERNIA THROUGH CHEST	1/1/2008	\$669.58	3	NO
2	32810	CLOSURE OF CHEST WALL FOLLOWING	1/1/2008	\$650.23	3	NO
2	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	1/1/2008	\$1,775.16	3	NO
2	32820	MAJOR RECONSTRUCTION CHEST WALL	1/1/2008	\$992.95	3	NO
2	32850	DONOR PNEUMONECTOMY (INCL COLD P	2/1/1994	NC	9	NO
2	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	1/1/2008	\$1,948.53	3	YES
2	32852	LUNG TRANSPLANT, SINGLE; WITH CA	1/1/2008	\$2,189.91	3	YES
2	32853	LUNG TRANSPLANT, DOUBLE (BILATER	1/1/2008	\$2,333.72	3	YES
2	32854	LUNG TRANSPLANT, DOUBLE (BILATER	1/1/2008	\$2,520.81	3	YES
2	32855	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	32856	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	32900	RESECTION OF RIBS EXTRAPLEURAL A	1/1/2008	\$980.85	3	NO
2	32905	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$976.55	3	NO
2	32906	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$1,210.68	3	NO
2	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	1/1/2008	\$896.99	3	NO
2	32960	PNEUMOTHORAX THERAPEUTIC INTRAPL	1/1/2008	\$98.92	3	NO
2	32997	TOTAL LUNG LAVAGE (UNILATERAL)	1/1/2008	\$262.35	3	NO
2	32998	ABLATION THERAPY FOR REDUCTION O	1/1/2007	NC	9	NO
2	32999	UNLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
2	33010	PERICARDIOCENTESIS INITIAL	1/1/2008	\$86.82	3	NO
2	33011	PERICARDIOCENTESIS; SUBSEQUENT	1/1/2008	\$88.17	3	NO
2	33015	TUBE PERICARDIOSTOMY	1/1/2008	\$378.20	3	NO
2	33020	PERICARDIOTOMY FOR REMOVAL OF CL	1/1/2008	\$628.45	3	NO
2	33025	CREATION OF PERICARDIAL WINDOW O	1/1/2008	\$583.56	3	NO
2	33030	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$928.97	3	NO
2	33031	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$1,033.54	3	NO
2	33050	EXCISION OF PERICARDIAL CYST OR	1/1/2008	\$719.85	3	NO
2	33120	EXCISION OF INTRACARDIAC TUMOR R	1/1/2008	\$1,139.71	3	NO
2	33130	RESECTION OF EXTERNAL CARDIAC TU	1/1/2008	\$994.83	3	NO
2	33140	TRANSMYOCARDIAL LASER REVASCULAR	1/1/2008	\$1,127.35	3	NO
2	33141	TRANSMYOCARDIAL LASER REVASCULAR	1/1/2008	\$124.19	3	NO
2	33200	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
2	33201	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
2	33202	INSERTION OF EPICARDIAL ELECTROD	1/1/2008	\$566.63	3	NO
2	33203	INSERTION OF EPICARIDAL ELECTROD	1/1/2008	\$580.61	3	NO
2	33206	INSERTION OR REPLACEMENT OF PERM	1/1/2008	\$335.19	3	NO
2	33207	INSERTION OF PERMANENT PACEMAKER	1/1/2008	\$392.18	3	NO
2	33208	INSERTION OR REPLACEMENT OF PERM	1/1/2008	\$366.37	3	NO
2	33210	INSERTION OR REPLACEMENT OF TEMP	1/1/2008	\$130.37	3	NO
2	33211	INSERTION OR REPLACEMENT OF TEMP	1/1/2008	\$134.67	3	NO
2	33212	INSERTION OR REPLACEMENT OF PACE	1/1/2008	\$252.67	3	NO
2	33213	INSERTION OR REPLACEMENT OF PACE	1/1/2008	\$287.08	3	NO
2	33214	UPGRADE OF IMPLANTED PACEMAKER S	1/1/2008	\$359.92	3	NO
2	33215	REPOSITIONING OF PREVIOUSLY IMPL	1/1/2008	\$229.29	3	NO
2	33216	INSERTION OF A TRANSVENOUS ELECT	1/1/2008	\$281.70	3	NO
2	33217	INSERTION, REPLACEMENT OR REPOSI	1/1/2008	\$281.70	3	NO
2	33218	REPAIR OF PACEMAKER ELECTRODE(S)	1/1/2008	\$289.77	3	NO
2	33220	REPAIR OF PACEMAKER ELECTRODE(S)	1/1/2008	\$291.92	3	NO
2	33222	REVISION OR RELACATION OF SKIN P	1/1/2008	\$261.81	3	NO
2	33223	REVISION OR RELOCATION OF SKIN P	1/1/2008	\$312.88	3	NO
2	33224	INSERTION OF PACING ELECTRODE, C	1/1/2008	\$372.56	3	NO
2	33225	INSERTION OF PACING ELECTRODE, C	1/1/2008	\$331.97	3	NO
2	33226	REPOSITIONING OF PREVIOUSLY IMPL	1/1/2008	\$359.39	3	NO
2	33233	REMOVAL OF PERMANENT PACEMAKER P	1/1/2008	\$183.86	3	NO
2	33234	REMOVAL OF TRANSVENOUS PACEMAKER	1/1/2008	\$362.61	3	NO
2	33235	REMOVAL OF TRANSVENOUS PACEMAKER	1/1/2008	\$473.63	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33236	REMOVAL OF PERMANENT EPICARDIAL	1/1/2008	\$579.80	3	NO
2	33237	REMOVAL OF PERMANENT EPICARDIAL	1/1/2008	\$620.93	3	NO
2	33238	REMOVAL OF PERMANENT TRANSVENOUS	1/1/2008	\$686.52	3	NO
2	33240	INSERTION OR REPLACEMENT OF IMPL	1/1/2008	\$344.33	3	NO
2	33241	REMOVAL OF IMPLANTABLE CARDIOVER	1/1/2008	\$172.84	3	NO
2	33243	REMOVAL OF IMPLANTABLE CARDIOVER	1/1/2008	\$991.07	3	NO
2	33244	REMOVAL OF IMPLANTABLE CARDIOVER	1/1/2008	\$642.70	3	NO
2	33245	IMPLANTATION OR REPLACEMENT OF I	1/1/2007	INVALID	N	NO
2	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	1/1/2007	INVALID	N	NO
2	33249	INSERTION OR REPLACEMENT OF IMPL	1/1/2008	\$663.40	3	NO
2	33250	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$1,069.02	3	NO
2	33251	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$1,180.57	3	NO
2	33253	OPERATIVE INCISIONS AND RECONSTR	1/1/2007	INVALID	N	NO
2	33254	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$991.07	3	NO
2	33255	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$1,194.01	3	NO
2	33256	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$1,427.06	3	NO
2	33257	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$431.41	3	NO
2	33258	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$487.80	3	NO
2	33259	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$639.97	3	NO
2	33261	OPERATIVE ABLATION OF VENTRICULA	1/1/2008	\$1,180.30	3	NO
2	33265	ENDOSCOPY, SURGICAL; OPERATIVE T	1/1/2008	\$991.07	3	NO
2	33266	ENDOSCOPY, SURGICAL; OPERATIVE T	1/1/2008	\$1,357.71	3	NO
2	33282	IMPLANTATION OF PATIENT-ACTIVATE	1/1/2008	\$242.73	3	NO
2	33284	REMOVAL OF AN IMPLANTABLE, PATIE	1/1/2008	\$179.56	3	NO
2	33300	REPAIR OF CARDIAC WOUND WITHOUT	1/1/2008	\$1,569.25	3	NO
2	33305	REPAIR OF CARDIAC WOUND; WITH CA	1/1/2008	\$2,533.17	3	NO
2	33310	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$865.54	3	NO
2	33315	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$1,077.89	3	NO
2	33320	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$776.29	3	NO
2	33321	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$901.29	3	NO
2	33322	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$1,004.77	3	NO
2	33330	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$1,024.67	3	NO
2	33332	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$1,015.26	3	NO
2	33335	INSERTION OF GRAFT; WITH CARDIOP	1/1/2008	\$1,379.21	3	NO
2	33400	VALVULOPLASTY, AORTIC VALVE, OPE	1/1/2008	\$1,640.22	3	NO
2	33401	VALVULOPLASTY, AORTIC VALVE; OPE	1/1/2008	\$1,089.98	3	NO
2	33403	VALVULOPLASTY, AORTIC VALVE; USI	1/1/2008	\$1,136.76	3	NO
2	33404	CONSTRUCTION OF APICAL-AORTIC CO	1/1/2008	\$1,331.64	3	NO
2	33405	REPLACEMENT, AORTIC VALVE, WITH	1/1/2008	\$1,723.01	3	NO
2	33406	REPLACEMENT, AORTIC VALVE, WITH	1/1/2008	\$2,070.57	3	NO
2	33410	REPLACEMENT, AORTIC VALVE, W/CAR	1/1/2008	\$1,817.89	3	NO
2	33411	REPLACEMENT AORTIC VALVE WITH AO	1/1/2008	\$2,334.80	3	NO
2	33412	REPLACEMENT AORTIC VALVE WITH TR	1/1/2008	\$1,870.31	3	NO
2	33413	REPLACEMENT, AORTIC VALVE; BY TR	1/1/2008	\$2,339.10	3	NO
2	33414	REPAIR OF LEFT VENTRICULAR OUTFL	1/1/2008	\$1,566.03	3	NO
2	33415	RESECTION OR INCISION OF SUBVALV	1/1/2008	\$1,440.50	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	1/1/2008	\$1,465.50	3	NO
2	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	1/1/2008	\$1,249.92	3	NO
2	33420	VALVOTOMY MITRAL VALVE; CLOSED H	1/1/2008	\$992.14	3	NO
2	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	1/1/2008	\$1,260.67	3	NO
2	33425	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$1,832.14	3	NO
2	33426	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$1,748.28	3	NO
2	33427	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$1,863.32	3	NO
2	33430	REPLACEMENT, MITRAL VALVE, WITH	1/1/2008	\$1,977.29	3	NO
2	33460	VALVECTOMY, TRICUSPID VALVE, WIT	1/1/2008	\$1,624.09	3	NO
2	33463	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$2,027.83	3	NO
2	33464	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$1,689.14	3	NO
2	33465	REPLACEMENT, TRICUSPID VALVE, WI	1/1/2008	\$1,858.48	3	NO
2	33468	TRICUSPID VALVE REPOSITIONING AN	1/1/2008	\$1,370.07	3	NO
2	33470	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$874.68	3	NO
2	33471	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$953.16	3	NO
2	33472	VALVOTOMY, PULMONARY VALVE, OPEN	1/1/2008	\$998.59	3	NO
2	33474	VALVOTOMY PULMONARY VALVE (COMMI	1/1/2008	\$1,477.32	3	NO
2	33475	REPLACEMENT, PULMONARY VALVE	1/1/2008	\$1,684.30	3	NO
2	33476	RIGHT VENTRICULAR RESECTION FOR	1/1/2008	\$1,092.94	3	NO
2	33478	OUTFLOW TRACT AUGMENTATION (GUSS	1/1/2008	\$1,177.34	3	NO
2	33496	REPAIR OF NON-STRUCTURAL PROSTHE	1/1/2008	\$1,243.47	3	NO
2	33500	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$1,157.18	3	NO
2	33501	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$796.19	3	NO
2	33502	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$949.13	3	NO
2	33503	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$914.73	3	NO
2	33504	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$1,076.54	3	NO
2	33505	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$1,432.44	3	NO
2	33506	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$1,539.42	3	NO
2	33507	REPAIR OF ANOMALOUS AORTIC ORIGI	1/1/2008	\$1,305.83	3	NO
2	33508	ENDOSCOPY, SURGICAL, INCLUDING V	1/1/2008	\$12.10	3	NO
2	33510	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,473.83	3	NO
2	33511	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,594.52	3	NO
2	33512	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,768.70	3	NO
2	33513	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,819.24	3	NO
2	33514	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,900.15	3	NO
2	33516	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$1,976.22	3	NO
2	33517	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$131.98	3	NO
2	33518	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$280.90	3	NO
2	33519	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$378.20	3	NO
2	33521	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$463.14	3	NO
2	33522	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$533.84	3	NO
2	33523	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$614.21	3	NO
2	33530	REOPERATION, CORONARY ARTERY BYP	1/1/2008	\$355.35	3	NO
2	33533	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$1,444.80	3	NO
2	33534	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$1,653.12	3	NO
2	33535	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$1,812.25	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33536	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$1,931.87	3	NO
2	33542	MYOCARDIAL RESECTION (EG VENTRIC	1/1/2008	\$1,789.67	3	NO
2	33545	REPAIR OF POSTINFARCTION VENTRIC	1/1/2008	\$2,123.25	3	NO
2	33548	SURGICAL VENTRICULAR RESTORATION	4/1/2006	NC	9	NO
2	33572	CORONARY ENDARTERECTOMY, OPEN, A	1/1/2008	\$174.99	3	NO
2	33600	CLOSURE OF ATRIOVENTRICULAR VALV	1/1/2008	\$1,265.24	3	NO
2	33602	CLOSURE OF SEMILUNAR VALVE (AORT	1/1/2008	\$1,229.22	3	NO
2	33606	ANASTOMOSIS OF PULMONARY ARTERY	1/1/2008	\$1,318.73	3	NO
2	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$1,354.48	3	NO
2	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$1,312.28	3	NO
2	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$1,440.77	3	NO
2	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$1,515.49	3	NO
2	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$1,426.52	3	NO
2	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$1,632.15	3	NO
2	33619	REPAIR OF SINGLE VENTRICLE WITH	1/1/2008	\$2,021.91	3	NO
2	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	1/1/2008	\$1,146.70	3	NO
2	33645	DIRECT OR PATCH CLOSURE SINUS VE	1/1/2008	\$1,164.98	3	NO
2	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	1/1/2008	\$1,238.90	3	NO
2	33660	REPAIR OF INCOMPLETE OR PARTIAL	1/1/2008	\$1,322.76	3	NO
2	33665	REPAIR OF INTERMEDIATE OR TRANSI	1/1/2008	\$1,404.48	3	NO
2	33670	REPAIR OF COMPLETE ATRIOVENTRICU	1/1/2008	\$1,456.09	3	NO
2	33675	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$1,576.24	3	NO
2	33676	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$1,625.70	3	NO
2	33677	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$1,689.95	3	NO
2	33681	CLOSURE OF VENTRICULAR SEPTAL DE	1/1/2008	\$1,369.00	3	NO
2	33684	CLOSURE VENTRICULAR SEPTAL DEFEC	1/1/2008	\$1,419.53	3	NO
2	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	1/1/2008	\$1,333.52	3	NO
2	33690	BANDING OF PULMONARY ARTERY	1/1/2008	\$858.55	3	NO
2	33692	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$1,309.06	3	NO
2	33694	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$1,450.18	3	NO
2	33697	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$1,564.95	3	NO
2	33702	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$1,157.99	3	NO
2	33710	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$1,292.66	3	NO
2	33720	REPAIR SINUS OF VALSALVA ANEURYS	1/1/2008	\$1,154.76	3	NO
2	33722	CLOSURE OF AORTICO-LEFT VENTRICU	1/1/2008	\$1,153.15	3	NO
2	33724	REPAIR OF ISOLATED PARTIAL ANOMA	1/1/2008	\$1,131.92	3	NO
2	33726	REPAIR OF PULMONARY VENOUS STENO	1/1/2008	\$1,492.65	3	NO
2	33730	COMPLETE REPAIR OF ANOMALOUS VEN	1/1/2008	\$1,477.06	3	NO
2	33732	REPAIR OF COR TRIARIATUM OR SUP	1/1/2008	\$1,242.39	3	NO
2	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$888.12	3	NO
2	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$1,043.48	3	NO
2	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$958.81	3	NO
2	33750	SHUNT SUBCLAVIAN TO PULMONARY AR	1/1/2008	\$906.66	3	NO
2	33755	SHUNT; ASCENDING AORTA TO PULMON	1/1/2008	\$920.64	3	NO
2	33762	SHUNT; DESCENDING AORTA TO PULMO	1/1/2008	\$940.26	3	NO
2	33764	SHUNT CENTRAL WITH PROSTHETIC GR	1/1/2008	\$952.09	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$1,021.44	3	NO
2	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$1,078.16	3	NO
2	33768	ANASTOMOSIS, CAVOPULMONARY, SECO	1/1/2008	\$315.57	3	NO
2	33770	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$1,570.06	3	NO
2	33771	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$1,563.88	3	NO
2	33774	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$1,355.83	3	NO
2	33775	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,386.74	3	NO
2	33776	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,473.02	3	NO
2	33777	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,441.57	3	NO
2	33778	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$1,755.00	3	NO
2	33779	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,624.63	3	NO
2	33780	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,740.75	3	NO
2	33781	REP OF TRANSPOSITION OF THE GRE	1/1/2008	\$1,684.57	3	NO
2	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	1/1/2008	\$1,689.14	3	NO
2	33788	REIMPLANTATION OF AN ANOMALOUS P	1/1/2008	\$1,147.24	3	NO
2	33800	AORTIC SUSPENSION FOR TRACHEAL D	1/1/2008	\$741.89	3	NO
2	33802	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$787.85	3	NO
2	33803	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$878.44	3	NO
2	33813	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$934.89	3	NO
2	33814	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$1,138.37	3	NO
2	33820	REPAIR OF PATENT DUCTUS ARTERIOS	1/1/2008	\$734.63	3	NO
2	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$766.35	3	NO
2	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$876.83	3	NO
2	33840	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$895.91	3	NO
2	33845	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$991.87	3	NO
2	33851	EXCIS OF COARCTATION OF AORTA, W/	1/1/2008	\$949.40	3	NO
2	33852	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$1,005.85	3	NO
2	33853	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$1,376.26	3	NO
2	33860	ASCENDING AORTA GRAFT, W/CARDIOP	1/1/2008	\$2,219.48	3	NO
2	33861	ASCENDING AORTA GRAFT, WITH CORO	1/1/2008	\$1,817.36	3	NO
2	33863	ASCENDING AORTA GRAFT, WITH AORT	1/1/2008	\$2,266.25	3	NO
2	33864	ASCENDING AORTA GRAFT, W/CARDIOP	1/1/2008	\$2,342.94	3	NO
2	33870	TRANSVERSE ARCH GRAFT, WITH CARD	1/1/2008	\$1,895.04	3	NO
2	33875	DESCENDING THORACIC AORTA GRAFT	1/1/2008	\$1,462.81	3	NO
2	33877	REPAIR OF THORACOABDOMINAL AORTI	1/1/2008	\$2,485.32	3	NO
2	33880	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$1,342.92	3	NO
2	33881	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$1,158.53	3	NO
2	33883	PLACEMENT OF PROXIMAL EXTENSION	1/1/2008	\$852.63	3	NO
2	33884	PLACEMENT OF PROXIMAL EXTENSION	1/1/2008	\$308.85	3	NO
2	33886	PLACEMENT OF DISTAL EXTENSION PR	1/1/2008	\$739.47	3	NO
2	33889	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2008	\$618.78	3	NO
2	33891	BYPASS GRAFT, W/OTHER THAN VEIN,	1/1/2008	\$793.77	3	NO
2	33910	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$1,201.00	3	NO
2	33915	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$963.65	3	NO
2	33916	PULMONARY ENDARTERECTOMY WITH OR	1/1/2008	\$1,160.95	3	NO
2	33917	REPAIR OF PULMONARY ARTERY STENO	1/1/2008	\$1,090.52	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	33918	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
2	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
2	33920	REPAIR OF PULMONARY ATRESIA WITH	1/1/2008	\$1,348.30	3	NO
2	33922	TRANSECTION OF PULMONARY ARTERY	1/1/2008	\$1,027.62	3	NO
2	33924	LIGATION AND TAKEDOWN OF A SYSTE	1/1/2008	\$221.22	3	NO
2	33925	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2008	\$1,327.87	3	NO
2	33926	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2008	\$1,820.85	3	NO
2	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
2	33933	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	33935	HEART LUNG TRANSPLANT WITH RECIP	1/1/2008	\$2,637.73	3	YES
2	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
2	33944	BACKBENCH STANDARD PREP OF CADAV	1/1/2008	\$601.80	3	YES
2	33945	HEART TRANSPLANT WITH OR WITHOUT	1/1/2008	\$3,200.87	3	YES
2	33960	PROLONGED EXTRACORPOREAL CIRCULA	1/1/2008	\$728.18	3	NO
2	33961	PROLONGED EXTRACORPOREAL CIRCULA	1/1/2008	\$409.65	3	NO
2	33967	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$193.27	3	NO
2	33968	REMOVAL OF INTRA-AORTIC BALLOON	1/1/2008	\$25.54	3	NO
2	33970	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$266.38	3	NO
2	33971	REMOVAL OF INTRA-AORTIC BALLOON	1/1/2008	\$515.56	3	NO
2	33973	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$388.95	3	NO
2	33974	REMOVAL OF INTRA-AORTIC BALLOON	1/1/2008	\$659.37	3	NO
2	33975	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$817.42	3	NO
2	33976	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$910.43	3	NO
2	33977	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$901.02	3	NO
2	33978	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$1,001.28	3	NO
2	33979	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$1,819.51	3	YES
2	33980	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$2,650.91	3	NO
2	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
2	34001	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$707.48	3	NO
2	34051	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$717.16	3	NO
2	34101	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$466.91	3	NO
2	34111	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$467.17	3	NO
2	34151	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$1,074.39	3	NO
2	34201	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$714.47	3	NO
2	34203	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$746.46	3	NO
2	34401	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$1,072.51	3	NO
2	34421	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$560.72	3	NO
2	34451	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$1,162.56	3	NO
2	34471	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$754.52	3	NO
2	34490	THROMBECTOY DIRECT OR WITH CATHE	1/1/2008	\$468.25	3	NO
2	34501	VALVULOPLASTY FEMORAL VEIN	1/1/2008	\$730.87	3	NO
2	34502	RECONSTRUCTION OF VENA CAVA, ANY	1/1/2008	\$1,166.59	3	NO
2	34510	VENOUS VALVE TRANSPOSITION ANY V	1/1/2008	\$833.28	3	NO
2	34520	CROSS-OVER VEIN GRAFT TO VENOUS	1/1/2008	\$806.13	3	NO
2	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	1/1/2008	\$751.03	3	NO
2	34800	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$877.36	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	34802	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$952.09	3	NO
2	34803	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2008	\$979.24	3	NO
2	34804	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$951.01	3	NO
2	34805	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2008	\$904.24	3	NO
2	34806	TRANSCATHETER PLACEMENT OF WIREL	1/1/2008	\$77.43	3	NO
2	34808	ENDOVASCULAR PLACEMENT OF ILIAC	1/1/2008	\$161.55	3	NO
2	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	1/1/2008	\$269.34	3	NO
2	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	1/1/2008	\$186.55	3	NO
2	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	1/1/2008	\$383.85	3	NO
2	34825	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$534.64	3	NO
2	34826	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$157.79	3	NO
2	34830	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$1,414.16	3	NO
2	34831	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$1,466.57	3	NO
2	34832	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$1,520.60	3	NO
2	34833	OPEN ILIAC ARTERY EXPOSURE W/CRE	1/1/2008	\$479.27	3	NO
2	34834	OPEN BRACHIAL ARTERY EXPOSURE TO	1/1/2008	\$218.80	3	NO
2	34900	ENDOVASCULAR GRAFT REPLACEMENT F	1/1/2008	\$699.15	3	NO
2	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$875.75	3	NO
2	35002	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$923.06	3	NO
2	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$792.15	3	NO
2	35011	DIRECT REPAIR OF ANEURYSM, FALSE	1/1/2008	\$769.84	3	NO
2	35013	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$952.63	3	NO
2	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$919.03	3	NO
2	35022	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,035.96	3	NO
2	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$743.23	3	NO
2	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$1,310.13	3	NO
2	35082	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,669.79	3	NO
2	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$1,431.63	3	NO
2	35092	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$1,994.23	3	NO
2	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$1,425.18	3	NO
2	35103	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$1,732.15	3	NO
2	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$1,065.25	3	NO
2	35112	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,293.20	3	NO
2	35121	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$1,279.49	3	NO
2	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	1/1/2008	\$1,502.05	3	NO
2	35131	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$1,085.15	3	NO
2	35132	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,306.10	3	NO
2	35141	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$865.27	3	NO
2	35142	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,028.43	3	NO
2	35151	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$976.01	3	NO
2	35152	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$1,127.08	3	NO
2	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
2	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
2	35180	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$608.83	3	NO
2	35182	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$1,302.87	3	NO
2	35184	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$784.90	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35188	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$658.29	3	NO
2	35189	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$1,219.01	3	NO
2	35190	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$572.81	3	NO
2	35201	REPAIR BLOOD VESSEL DIRECT NECK	1/1/2008	\$719.85	3	NO
2	35206	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$588.40	3	NO
2	35207	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$524.70	3	NO
2	35211	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$1,026.28	3	NO
2	35216	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$1,325.72	3	NO
2	35221	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$1,061.49	3	NO
2	35226	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$652.92	3	NO
2	35231	REPAIR BLOOD VESSEL WITH VEIN GR	1/1/2008	\$892.95	3	NO
2	35236	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$750.22	3	NO
2	35241	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,071.17	3	NO
2	35246	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,171.43	3	NO
2	35251	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,270.08	3	NO
2	35256	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$793.77	3	NO
2	35261	REPAIR BLOOD VESSEL WITH GRAFT O	1/1/2008	\$787.58	3	NO
2	35266	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$659.37	3	NO
2	35271	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,020.36	3	NO
2	35276	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,075.47	3	NO
2	35281	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$1,212.83	3	NO
2	35286	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$727.37	3	NO
2	35301	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$813.12	3	NO
2	35302	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$843.76	3	NO
2	35303	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$927.36	3	NO
2	35304	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$964.99	3	NO
2	35305	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$927.36	3	NO
2	35306	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$348.63	3	NO
2	35311	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$1,160.14	3	NO
2	35321	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$693.24	3	NO
2	35331	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$1,131.92	3	NO
2	35341	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$1,079.50	3	NO
2	35351	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$996.17	3	NO
2	35355	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$810.16	3	NO
2	35361	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$1,221.96	3	NO
2	35363	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$1,306.91	3	NO
2	35371	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$643.78	3	NO
2	35372	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$772.53	3	NO
2	35381	THROMBOENDARTERECTOMY WITH OR WI	1/1/2007	INVALID	N	NO
2	35390	REOPERATION, CAROTID, THROMBOEND	1/1/2008	\$125.26	3	NO
2	35400	ANGIOSCOPY (NON-CORONARY VESSELS	1/1/2008	\$119.62	3	NO
2	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$397.02	3	NO
2	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$277.40	3	NO
2	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$244.34	3	NO
2	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$296.22	3	NO
2	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$378.20	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$345.14	3	NO
2	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$242.19	3	NO
2	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$340.84	3	NO
2	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$399.17	3	NO
2	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$274.98	3	NO
2	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$241.11	3	NO
2	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$290.84	3	NO
2	35475	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$365.03	3	NO
2	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$231.97	3	NO
2	35480	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$440.03	3	NO
2	35481	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$309.39	3	NO
2	35482	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$268.26	3	NO
2	35483	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$327.94	3	NO
2	35484	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$410.73	3	NO
2	35485	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$382.50	3	NO
2	35490	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$453.73	3	NO
2	35491	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$317.18	3	NO
2	35492	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$278.75	3	NO
2	35493	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$337.08	3	NO
2	35494	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$420.67	3	NO
2	35495	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$392.99	3	NO
2	35500	HARVEST OF UPPER EXTREMITY VEIN,	1/1/2008	\$250.25	3	NO
2	35501	BYPASS GRAFT VEIN CAROTID	1/1/2008	\$1,137.29	3	NO
2	35506	BYPASS GRAFT VEIN; CAROTID-SUBCL	1/1/2008	\$1,002.89	3	NO
2	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	1/1/2007	INVALID	N	NO
2	35508	BYPASS GRAFT WITH VEIN CAROTID-V	1/1/2008	\$1,024.67	3	NO
2	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	1/1/2008	\$1,106.11	3	NO
2	35510	BYPASS GRAFT, WITH VEIN; CAROTID	1/1/2008	\$967.14	3	NO
2	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	1/1/2008	\$910.16	3	NO
2	35512	BYPASS GRAFT, WITH VEIN; SUBCLAV	1/1/2008	\$948.33	3	NO
2	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	1/1/2008	\$1,016.87	3	NO
2	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	1/1/2008	\$900.21	3	NO
2	35518	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$919.30	3	NO
2	35521	BYPASS GRAFT VEIN; AXILLARY-FEMO	1/1/2008	\$981.93	3	NO
2	35522	BYPASS GRAFT, WITH VEIN; AXILLAR	1/1/2008	\$923.33	3	NO
2	35523	BYPASS GRAFT, WITH VEIN; BRACHIA	1/1/2008	\$954.01	3	NO
2	35525	BYPASS GRAFT, WITH VEIN; BRACHIA	1/1/2008	\$874.14	3	NO
2	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	1/1/2008	\$1,319.00	3	NO
2	35531	BYPASS GRAFT WITH VEIN AORTOCELI	1/1/2008	\$1,558.77	3	NO
2	35533	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$1,207.45	3	NO
2	35536	BYPASS GRAFT VEIN; SPLENORENAL	1/1/2008	\$1,359.05	3	NO
2	35537	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2008	\$1,631.35	3	NO
2	35538	BYPASS GRAFT, WITH VEIN; AORTOBI	1/1/2008	\$1,822.73	3	NO
2	35539	BYPASS GRAFT, WITH VEIN; AORTOFE	1/1/2008	\$1,713.06	3	NO
2	35540	BYPASS GRAFT, WITH VEIN; AORTOBI	1/1/2008	\$1,910.09	3	NO
2	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2007	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	1/1/2007	INVALID	N	NO
2	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$929.51	3	NO
2	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$1,013.64	3	NO
2	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	1/1/2008	\$1,143.74	3	NO
2	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	1/1/2008	\$1,054.50	3	NO
2	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	1/1/2008	\$945.37	3	NO
2	35560	BYPASS GRAFT WITH VEIN AORTORENA	1/1/2008	\$1,379.48	3	NO
2	35563	BYPASS GRAFT VEIN; ILIOLIAC	1/1/2008	\$1,062.84	3	NO
2	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	1/1/2008	\$1,021.71	3	NO
2	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	1/1/2008	\$1,266.59	3	NO
2	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	1/1/2008	\$1,049.66	3	NO
2	35572	HARVEST OF FEMOROPOPLITEAL VEIN,	1/1/2008	\$267.46	3	NO
2	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
2	35583	IN-SITU VEIN BYPASS; FEMORAL POP	1/1/2008	\$1,092.40	3	NO
2	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	1/1/2008	\$1,289.70	3	NO
2	35587	IN-SITU VEIN BYPASS POPLITEAL-TI	1/1/2008	\$1,084.61	3	NO
2	35600	HARVEST OF UPPER EXTREMITY ARTER	1/1/2008	\$195.42	3	NO
2	35601	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$1,069.82	3	NO
2	35606	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$906.66	3	NO
2	35612	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$706.94	3	NO
2	35616	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$854.52	3	NO
2	35621	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$863.39	3	NO
2	35623	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,055.58	3	NO
2	35626	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$1,200.73	3	NO
2	35631	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$1,450.98	3	NO
2	35636	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,274.38	3	NO
2	35637	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,297.77	3	NO
2	35638	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,318.46	3	NO
2	35641	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2007	INVALID	N	NO
2	35642	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$794.57	3	NO
2	35645	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$776.03	3	NO
2	35646	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,338.36	3	NO
2	35647	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$1,206.37	3	NO
2	35650	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$826.83	3	NO
2	35651	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$1,063.64	3	NO
2	35654	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$1,070.36	3	NO
2	35656	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$844.03	3	NO
2	35661	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$845.38	3	NO
2	35663	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$978.70	3	NO
2	35665	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$919.56	3	NO
2	35666	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$990.53	3	NO
2	35671	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$871.72	3	NO
2	35681	BYPASS GRAFT COMPOSITE	1/1/2008	\$62.63	3	NO
2	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$280.90	3	NO
2	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$331.43	3	NO
2	35685	PLACEMENT OF VEIN PATCH OR CUFF	1/1/2008	\$158.05	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	35686	CREATION OF DISTAL ARTERIOVENOUS	1/1/2008	\$130.91	3	NO
2	35691	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$773.61	3	NO
2	35693	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$676.30	3	NO
2	35694	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$805.86	3	NO
2	35695	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$827.10	3	NO
2	35697	REIMPLANTATION, VISCERAL ARTERY	1/1/2008	\$117.47	3	NO
2	35700	REOPERATION, FEMORAL-POPLITEAL O	1/1/2008	\$120.69	3	NO
2	35701	EXPLORATION (NOT FOLL BY SURG RE	1/1/2008	\$407.50	3	NO
2	35721	EXPLORATION; FEMORAL ARTERY	1/1/2008	\$348.10	3	NO
2	35741	EXPLORATION; POPLITEAL ARTERY	1/1/2008	\$382.23	3	NO
2	35761	EXPLORATION; OTHER VESSELS	1/1/2008	\$281.43	3	NO
2	35800	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$360.73	3	NO
2	35820	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$1,275.72	3	NO
2	35840	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$467.44	3	NO
2	35860	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$306.16	3	NO
2	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1/1/2008	\$988.38	3	NO
2	35875	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$457.77	3	NO
2	35876	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$733.82	3	NO
2	35879	REVISION, LOWER EXTREMITY ARTERI	1/1/2008	\$722.00	3	NO
2	35881	REVISION, LOWER EXTREMITY ARTERI	1/1/2008	\$805.06	3	NO
2	35883	REVISION, FEMORAL ANASTOMOSIS OF	1/1/2008	\$946.71	3	NO
2	35884	REVISION, FEMORAL ANASTOMOSIS OF	1/1/2008	\$1,005.58	3	NO
2	35901	EXCISION OF INFECTED GRAFT; NECK	1/1/2008	\$388.68	3	NO
2	35903	EXCISION OF INFECTED GRAFT; EXTR	1/1/2008	\$444.33	3	NO
2	35905	EXCISION OF INFECTED GRAFT; THOR	1/1/2008	\$1,354.75	3	NO
2	35907	EXCISION OF INFECTED GRAFT; ABDO	1/1/2008	\$1,491.84	3	NO
2	36000	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$19.62	3	NO
2	36002	INJECTION PROCEDURES (EG, THROMB	1/1/2008	\$129.29	3	NO
2	36005	INJECTION PROCEDURE FOR EXTREMIT	1/1/2008	\$236.54	3	NO
2	36010	INTRODUCTION OF CATHETER, SUPERI	1/1/2008	\$91.39	3	NO
2	36011	SELECTIVE CATHETER PLACEMENT, VE	1/1/2008	\$119.35	3	NO
2	36012	SELECTIVE CATHETER PLACEMENT, VE	1/1/2008	\$131.98	3	NO
2	36013	INTRODUCTION OF CATHETER, RIGHT	1/1/2008	\$94.89	3	NO
2	36014	SELECTIVE CATHETER PLACEMENT, LE	1/1/2008	\$113.43	3	NO
2	36015	SELECTIVE CATHETER PLACEMENT, EA	1/1/2008	\$130.10	3	NO
2	36100	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$118.81	3	NO
2	36120	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$74.73	3	NO
2	36140	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$75.80	3	NO
2	36145	INTRO OF NEEDLE/INTRACATHETER AR	1/1/2008	\$74.19	3	NO
2	36160	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$96.77	3	NO
2	36200	INTRODUCTION OF CATHETER, AORTA	1/1/2008	\$114.51	3	NO
2	36215	SELECTIVE CATHETER PLACEMENT,ART	1/1/2008	\$177.14	3	NO
2	36216	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$198.91	3	NO
2	36217	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$239.23	3	NO
2	36218	SELECTIVE CATHETER ORDER, THIRD	1/1/2008	\$38.17	3	NO
2	36245	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$181.71	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36246	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$201.33	3	NO
2	36247	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$240.04	3	NO
2	36248	SELECTIVE CATHETER PLACEMENT, AR	1/1/2008	\$38.44	3	NO
2	36260	INSERTION OF IMPLANTABLE INFUSIO	1/1/2008	\$429.54	3	NO
2	36261	REVISION OF IMPLANTED INFUSION P	1/1/2008	\$263.16	3	NO
2	36262	REMOVAL OF IMPLANTED INFUSION PU	1/1/2008	\$196.76	3	NO
2	36299	UNLISTED PROCEDURE VASCULAR INJE	2/1/1989	\$0.01	5	NO
2	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	1/1/2008	\$18.82	3	NO
2	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	1/1/2008	\$16.40	3	NO
2	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	1/1/2008	\$12.90	3	NO
2	36410	VENIPUNCTURE CHILD OVER AGE 3 YE	1/1/2008	\$13.17	3	NO
2	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
2	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2008	\$3.11	3	NO
2	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	1/1/2008	\$36.02	3	NO
2	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	1/1/2008	\$27.96	3	NO
2	36430	TRANSFUSION, BLOOD OR BLOOD COMP	1/1/2008	\$28.22	3	NO
2	36440	PUSH TRANSFUSION BLOOD 2 YEARS O	1/1/2008	\$39.24	3	NO
2	36450	EXCHANGE TRANSFUSION BLOOD NEWBO	1/1/2008	\$85.21	3	NO
2	36455	EXCHANGE TRANSFUSION BLOOD; OTHE	1/1/2008	\$94.89	3	NO
2	36460	TRANSFUSION INTRAUTERINE FETAL	1/1/2008	\$254.55	3	NO
2	36468	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
2	36469	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
2	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
2	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
2	36475	ENDOVENOUS ABLATION THERAPY OF I	1/1/2008	\$1,469.26	3	NO
2	36476	ENDOVENOUS ABLATION THERAPY OF I	1/1/2008	\$294.34	3	NO
2	36478	ENDOVENOUS ABLATION THERAPY OF I	1/1/2008	\$1,342.39	3	NO
2	36479	ENDOVENOUS ABLATION THERAPY OF I	1/1/2008	\$299.71	3	NO
2	36481	PERCUTANEOUS PORTAL VEIN CATHETE	1/1/2008	\$268.53	3	NO
2	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
2	36493	REPOSITIONING OF PREVIOUSLY PLAC	4/1/2004	INVALID	N	NO
2	36500	VENOUS CATHETERIZATION FOR SELEC	1/1/2008	\$135.21	3	NO
2	36510	CATHETERIZATION OF UMBILICAL VEI	1/1/2008	\$117.73	3	NO
2	36511	THERAPEUTIC APHERESIS; FOR WHITE	1/1/2003	NC	9	NO
2	36512	THERAPEUTIC APHERESIS; FOR RED B	1/1/2003	NC	9	NO
2	36513	THERAPEUTIC APHERESIS; FOR PLATE	1/1/2003	NC	9	NO
2	36514	THERAPEUTIC APHERESIS; FOR PLASM	1/1/2003	NC	9	NO
2	36515	THERAPEUTIC APHERESIS; WITH EXTR	1/1/2003	NC	9	NO
2	36516	THERAPEUTIC APHERESIS; WITH EXTR	1/1/2003	NC	9	NO
2	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
2	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
2	36522	PHOTOPHERESIS, EXTRACORPOREAL	1/1/2008	\$935.96	3	NO
2	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
2	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
2	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
2	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
2	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
2	36536	MECHANICAL REMOVAL OF PERICATHET	4/1/2004	INVALID	N	NO
2	36537	MECHANICAL REMOVAL OF INTRALUMIN	4/1/2004	INVALID	N	NO
2	36540	COLLECTION OF BLOOD SPECIMEN FRO	1/1/2008	INVALID	N	NO
2	36550	DECLOTTING BY THROMBOLYTIC AGENT	1/1/2008	INVALID	N	NO
2	36555	INSERTION OF NON-TUNNELED CENTRA	1/1/2008	\$218.53	3	NO
2	36556	INSERTION OF NON-TUNNELED CENTRA	1/1/2008	\$204.83	3	NO
2	36557	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$674.96	3	NO
2	36558	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$665.28	3	NO
2	36560	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$921.18	3	NO
2	36561	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$919.56	3	NO
2	36563	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$881.93	3	NO
2	36565	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$792.15	3	NO
2	36566	INSERTION OF TUNNELED CENTRALLY	1/1/2008	\$1,458.24	3	NO
2	36568	INSERTION OF PERIPHERALLY INSERT	1/1/2008	\$243.53	3	NO
2	36569	INSERTION OF PERIPHERALLY INSERT	1/1/2008	\$230.09	3	NO
2	36570	INSERTION OF PERIPHERALLY INSERT	1/1/2008	\$977.63	3	NO
2	36571	INSERTION OF PERIPHERALLY INSERT	1/1/2008	\$991.33	3	NO
2	36575	REPAIR OF TUNNELED OR NON-TUNNEL	1/1/2008	\$126.60	3	NO
2	36576	REPAIR OF CENTRAL VENOUS ACCESS	1/1/2008	\$269.61	3	NO
2	36578	REPLACEMENT, CATHETER ONLY, OF C	1/1/2008	\$382.23	3	NO
2	36580	REPLACEMENT, COMPLETE, OF A NON-	1/1/2008	\$205.90	3	NO
2	36581	REPLACEMENT, COMPLETE, OF A TUNN	1/1/2008	\$590.55	3	NO
2	36582	REPLACEMENT, COMPLETE, OF A TUNN	1/1/2008	\$803.98	3	NO
2	36583	REPLACEMENT, COMPLETE, OF A TUNN	1/1/2008	\$805.86	3	NO
2	36584	REPLACEMENT, COMPLETE, OF A PERI	1/1/2008	\$202.94	3	NO
2	36585	REPLACEMENT, COMPLETE, OF A PERI	1/1/2008	\$841.08	3	NO
2	36589	REMOVAL OF TUNNELED CENTRAL VENO	1/1/2008	\$124.72	3	NO
2	36590	REMOVAL OF TUNNELED CENTRAL VENO	1/1/2008	\$193.00	3	NO
2	36591	COLLECTION OF BLOOD SPECIMEN FRO	1/1/2008	\$14.84	3	NO
2	36592	COLLECTION OF BLOOD SPECIMEN USI	1/1/2008	\$18.35	3	NO
2	36593	DECLOTTING BY THROMBOLYTIC AGENT	1/1/2008	\$26.17	3	NO
2	36595	MECHANICAL REMOVAL OF PERICATHET	1/1/2008	\$518.78	3	NO
2	36596	MECHANICAL REMOVAL OF INTRALUMIN	1/1/2008	\$112.36	3	NO
2	36597	REPOSITIONING OF PREVIOUSLY PLAC	1/1/2008	\$95.69	3	NO
2	36598	CONTRAST INJECTION(S) FOR RADIOL	1/1/2008	\$88.97	3	NO
2	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	1/1/2008	\$22.31	3	NO
2	36620	ARTERIAL CATHETERIZATION OR CANN	1/1/2008	\$38.71	3	NO
2	36625	ARTERIAL CATHETERIZATION OR CANN	1/1/2008	\$77.68	3	NO
2	36640	ARTERIAL CATHETERIZATION FOR PRO	1/1/2008	\$89.24	3	NO
2	36660	CATHETERIZATION UMBILICAL ARTERY	1/1/2008	\$51.61	3	NO
2	36680	PLACEMENT OF NEEDLE FOR INTRAOSS	1/1/2008	\$47.31	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	36800	INSERTION OF CANNULA FOR HEMODIA	1/1/2008	\$118.81	3	NO
2	36810	INSERTION OF CANNULA FOR HEMODIA	1/1/2008	\$161.55	3	NO
2	36815	INSERTION OF CANNULA FOR HEMODIA	1/1/2008	\$110.48	3	NO
2	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$522.55	3	NO
2	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$602.92	3	NO
2	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$603.46	3	NO
2	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	1/1/2008	\$399.71	3	NO
2	36822	INSERTION OF CANNULA(S) FOR PROL	1/1/2008	\$283.05	3	NO
2	36823	INSERTION OF ARTERIAL AND VENOUS	1/1/2008	\$939.19	3	NO
2	36825	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$435.99	3	NO
2	36830	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$501.04	3	NO
2	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	1/1/2008	\$345.95	3	NO
2	36832	REVISION, OPEN, ARTERIOVENOUS FI	1/1/2008	\$441.91	3	NO
2	36833	REVISION, ARTERIOVENOUS FISTULA;	1/1/2008	\$498.89	3	NO
2	36834	PLASTIC REPAIR OF ARTERIOVENOUS	1/1/2008	\$461.26	3	NO
2	36835	INSERTION OF THOMAS SHUNT (SEP P	1/1/2008	\$339.23	3	NO
2	36838	DISTAL REVASCULARIZATION AND INT	1/1/2008	\$898.33	3	NO
2	36860	CANNULA DECLOTTING (SEP PROC); W	1/1/2008	\$115.05	3	NO
2	36861	CANNULA DECLOTTING; WITH BALLOON	1/1/2008	\$113.16	3	NO
2	36870	THROMBECTOMY, PERCUTANEOUS, ARTE	1/1/2008	\$1,478.40	3	NO
2	37140	VENOUS ANASTOMOSIS, OPEN; PORTOC	1/1/2008	\$1,000.20	3	NO
2	37145	VENOUS ANASTOMOSIS; RENOPORTAL	1/1/2008	\$1,069.82	3	NO
2	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	1/1/2008	\$938.65	3	NO
2	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	1/1/2008	\$1,060.15	3	NO
2	37181	ANASTOMOSIS SPLENORENAL DISTAL (	1/1/2008	\$1,135.68	3	NO
2	37182	INSERTION OF TRANSVENOUS INTRAHE	1/1/2008	\$639.48	3	NO
2	37183	REVISION OF TRANSVENOUS INTRAHEP	1/1/2008	\$305.09	3	NO
2	37184	PRIMARY PERCUTANEOUS TRANSLUMINA	1/1/2008	\$2,011.43	3	NO
2	37185	PRIMARY PERCUTANEOUS TRANSLUMINA	1/1/2008	\$658.56	3	NO
2	37186	SECONDARY PERCUTANEOUS TRANSLUMI	1/1/2008	\$1,355.29	3	NO
2	37187	PERCUTANEOUS TRANSLUMINAL MECHAN	1/1/2008	\$1,955.52	3	NO
2	37188	PERCUTANEOUS TRANSLUMINAL MECH T	1/1/2008	\$1,684.57	3	NO
2	37195	THROMBOLYSIS, CEREBRAL, BY INTRA	1/1/2008	\$229.59	3	NO
2	37200	TRANSCATHETER BIOPSY	1/1/2008	\$168.81	3	NO
2	37201	TRANSCATHETER THERAPY, INFUSION	1/1/2008	\$208.32	3	NO
2	37202	TRANSCATHETER THERAPY, INFUSION	1/1/2008	\$248.10	3	NO
2	37203	TRANSCATHETER RETRIEVAL, PERCUTA	1/1/2008	\$999.40	3	NO
2	37204	TRANSCATHETER OCCLUSION OR EMBOL	1/1/2008	\$681.14	3	NO
2	37205	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$339.76	3	NO
2	37206	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$158.32	3	NO
2	37207	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$333.85	3	NO
2	37208	TRANSCATHETER PLACEMENT OF AN IN	1/1/2008	\$161.55	3	NO
2	37209	EXCHANGE OF A PREVIOUSLY PLACED	1/1/2008	\$84.40	3	NO
2	37210	UTERINE FIBROID EMBOLIZATION, PE	1/1/2007	NC	9	NO
2	37215	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$806.67	3	NO
2	37216	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$751.03	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	37250	INTRASVASCULAR ULTRASOUND (NON-C	1/1/2008	\$82.79	3	NO
2	37251	INTRASVASCULAR ULTRASOUND (NON-C	1/1/2008	\$62.63	3	NO
2	37500	VASCULAR ENDOSCOPY, SURGICAL, WI	1/1/2008	\$526.04	3	NO
2	37501	UNLISTED VASCULAR ENDOSCOPY PROC	1/1/2003	\$0.01	5	NO
2	37565	LIGATION, INTERNAL JUGULAR VEIN	1/1/2008	\$505.08	3	NO
2	37600	LIGATION EXTERNAL CAROTID ARTERY	1/1/2008	\$535.72	3	NO
2	37605	LIGATION; INTERNAL OR COMMON CAR	1/1/2008	\$611.79	3	NO
2	37606	LIGATION INTERNAL OR COMMON CARO	1/1/2008	\$392.18	3	NO
2	37607	LIGATION OR BANDING OF ANGIOACCE	1/1/2008	\$281.70	3	NO
2	37609	LIGATION OR BIOPSY TEMPORAL ARTE	1/1/2008	\$209.93	3	NO
2	37615	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$335.73	3	NO
2	37616	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$786.51	3	NO
2	37617	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$955.32	3	NO
2	37618	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$273.37	3	NO
2	37620	INTERRUPTION, PARTIAL OR COMPLET	1/1/2008	\$481.69	3	NO
2	37650	LIGATION OF FEMORAL VEIN	1/1/2008	\$375.78	3	NO
2	37660	LIGATION OF COMMON ILIAC VEIN	1/1/2008	\$899.94	3	NO
2	37700	LIGATION AND DIVISION OF LONG SA	1/1/2008	\$187.89	3	NO
2	37718	LIGATION, DIVISION, AND STRIPPIN	1/1/2008	\$298.64	3	NO
2	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
2	37722	LIGATION, DIVISION, AND STRIPPIN	1/1/2008	\$354.55	3	NO
2	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
2	37735	LIGATION & DIV & COMP STRIP OF L	1/1/2008	\$472.55	3	NO
2	37760	LIGATION OF PERFORATOR VEINS, SU	1/1/2008	\$464.22	3	NO
2	37765	STAB PHLEBECTOMY OF VARICOSE VEI	1/1/2008	\$335.19	3	NO
2	37766	STAB PHLEBECTOMY OF VERICOSE VEI	1/1/2008	\$405.08	3	NO
2	37780	LIGATION AND DIVISION OF SHORT S	1/1/2008	\$192.46	3	NO
2	37785	LIGATION, DIVISION, AND/OR EXCIS	1/1/2008	\$256.17	3	NO
2	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
2	37790	PENILE VENOUS OCCLUSIVE PROCEDUR	1/1/1994	NC	9	NO
2	37799	UNLISTED PROCEDURE VASCULAR SURG	2/1/1989	\$0.01	5	NO
2	38100	SPLENECTOMY; TOTAL	1/1/2008	\$745.65	3	NO
2	38101	SPLENECTOMY (SEPARATE PROCEDURE)	1/1/2008	\$759.09	3	NO
2	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	1/1/2008	\$187.35	3	NO
2	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	1/1/2008	\$826.83	3	NO
2	38120	LAPAROSCOPY, SURGICAL, SPLENECTO	1/1/2008	\$712.05	3	NO
2	38129	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	38200	INJECTION PROCEDURE FOR SPLENOPO	1/1/2008	\$99.19	3	NO
2	38204	MANAGEMENT OF RECIPIENT HEMATOPO	1/1/2003	\$0.01	5	NO
2	38205	BLOOD-DERIVED HEMATOPOIETIC PROG	1/1/2008	\$59.40	3	NO
2	38206	BLOOD-DERIVED HEMATOPOIETIC PROG	1/1/2008	\$59.40	3	NO
2	38207	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38208	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38209	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38210	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38211	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	38212	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38213	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38214	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38215	TRANSPLANT PREPARATION OF HEMATO	1/1/2003	\$0.01	5	NO
2	38220	BONE MARROW; ASPIRATION ONLY	1/1/2008	\$123.38	3	NO
2	38221	BONE MARROW; BIOPSY, NEEDLE OR T	1/1/2008	\$136.55	3	NO
2	38230	BONE MARROW HARVESTING FOR TRANS	1/1/2008	\$225.79	3	YES
2	38231	BLOOD-DERIVED PERIPHERAL STEM CE	7/1/2003	INVALID	N	NO
2	38240	BONE MARROW OR BLOOD-DERIVED PER	1/1/2008	\$90.32	3	YES
2	38241	BONE MARROW TRANSPLANTATION; AUT	1/1/2008	\$90.59	3	YES
2	38242	BONE MARROW OR BLOOD-DERIVED PER	1/1/2008	\$68.54	3	NO
2	38300	DRAINAGE OF LYMPH NODE ABSCESS O	1/1/2008	\$178.75	3	NO
2	38305	DRAINAGE OF LYMPH NODE ABSCESS O	1/1/2008	\$312.08	3	NO
2	38308	LYMPHAGIOTOMY OR OTHER OPERATION	1/1/2008	\$302.94	3	NO
2	38380	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$390.30	3	NO
2	38381	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$587.33	3	NO
2	38382	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$472.01	3	NO
2	38500	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$213.70	3	NO
2	38505	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$87.90	3	NO
2	38510	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$345.95	3	NO
2	38520	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$315.84	3	NO
2	38525	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$281.70	3	NO
2	38530	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$368.26	3	NO
2	38542	DISSECTION DEEP JUGULAR NODE(S)	1/1/2008	\$295.14	3	NO
2	38550	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$318.80	3	NO
2	38555	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$682.75	3	NO
2	38562	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$480.88	3	NO
2	38564	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$479.81	3	NO
2	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	1/1/2008	\$386.80	3	NO
2	38571	LAPAROSCOPY, SURGICAL; WITH BILA	1/1/2008	\$586.52	3	NO
2	38572	LAPAROSCOPY, SURGICAL; W/BILATER	1/1/2008	\$688.93	3	NO
2	38589	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	38700	SUPRAHYOID LYMPHADENECTOMY	1/1/2008	\$526.31	3	NO
2	38720	CERVICAL LYMPHADENECTOMY (COMPLE	1/1/2008	\$867.69	3	NO
2	38724	CERVICAL LYMPHADENECTOMY (MODIFI	1/1/2008	\$937.31	3	NO
2	38740	AXILLARY LYMPHADENECTOMY SUPERFI	1/1/2008	\$452.93	3	NO
2	38745	AXILLARY LYMPHADENECTOMY; COMPLE	1/1/2008	\$578.46	3	NO
2	38746	THORACIC LYMPHADENECTOMY, REGION	1/1/2008	\$192.73	3	NO
2	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	1/1/2008	\$190.58	3	NO
2	38760	INGUINOFEMORAL LYMPHADENECTOMY,	1/1/2008	\$572.54	3	NO
2	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	1/1/2008	\$887.85	3	NO
2	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	1/1/2008	\$576.04	3	NO
2	38780	RETROPERITONEAL TRANSABDOMINAL L	1/1/2008	\$742.16	3	NO
2	38790	INJECTION PROCEDURE FOR LYMPHANG	1/1/2008	\$58.33	3	NO
2	38792	INJECTION PROCEDURE; FOR IDENTIF	1/1/2008	\$27.69	3	NO
2	38794	CANNULATION THORACIC DUCT	1/1/2008	\$218.53	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
2	39000	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$348.10	3	NO
2	39010	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$592.97	3	NO
2	39200	EXCISION OF MEDIASTINAL CYST	1/1/2008	\$652.65	3	NO
2	39220	EXCISION OF MEDIASTINAL TUMOR	1/1/2008	\$832.47	3	NO
2	39400	MEDIASTINOSCOPY WITH OR WITHOUT	1/1/2008	\$362.88	3	NO
2	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
2	39501	REPAIR, LACERATION OF DIAPHRAGM,	1/1/2008	\$591.09	3	NO
2	39502	REPAIR PARAESOPHAGEAL HIATUS HER	1/1/2008	\$706.14	3	NO
2	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	1/1/2008	\$4,095.97	3	NO
2	39520	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$715.81	3	NO
2	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$679.53	3	NO
2	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$715.81	3	NO
2	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$601.57	3	NO
2	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$647.27	3	NO
2	39545	IMBRICATION OF DIAPHRAGM FOR EVE	1/1/2008	\$641.89	3	NO
2	39560	RESECTION, DIAPHRAGM; WITH SIMPL	1/1/2008	\$555.34	3	NO
2	39561	RESECTION, DIAPHRAGM; WITH COMPL	1/1/2008	\$847.80	3	NO
2	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
2	40490	BIOPSY LIP	1/1/2008	\$81.18	3	NO
2	40500	VERMILIONECTOMY (LIP SHAVE) WITH	1/1/2008	\$318.53	3	NO
2	40510	EXCISION LIP TRANSVERSE WEDGE EX	1/1/2008	\$317.99	3	NO
2	40520	EXCISION LIP; V-EXCISION WITH PR	1/1/2008	\$338.96	3	NO
2	40525	EXCISION LIP; FULL THICKNESS REC	1/1/2008	\$390.30	3	NO
2	40527	EXCISION LIP; FULL THICKNESS REC	1/1/2008	\$461.80	3	NO
2	40530	RESECTION LIP MORE THAN ONE-FOUR	1/1/2008	\$368.26	3	NO
2	40650	REPAIR LIP FULL THICKNESS VERMIL	1/1/2008	\$286.27	3	NO
2	40652	REPAIR LIP FULL THICKNESS; UP TO	1/1/2008	\$333.58	3	NO
2	40654	REPAIR LIP FULL THICKNESS; OVER	1/1/2008	\$388.42	3	NO
2	40700	PLASTIC REPAIR OF CLEFT LIP/NASA	1/1/2008	\$646.46	3	NO
2	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$807.48	3	NO
2	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$627.38	3	NO
2	40720	PLASTIC REPAIR OF CLEFT LIP; SEC	1/1/2008	\$700.49	3	NO
2	40761	PLASTIC REPAIR OF CLEFT LIP WITH	1/1/2008	\$741.89	3	NO
2	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
2	40800	DRAINAGE OF ABSCESS CYST HEMATOM	1/1/2008	\$120.96	3	NO
2	40801	DRAINAGE OF ABSCESS CYST HEMATOM	1/1/2008	\$191.12	3	NO
2	40804	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$129.56	3	NO
2	40805	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$206.44	3	NO
2	40806	INCISION OF LABIAL FRENUM(FRENOT	1/1/2008	\$62.36	3	NO
2	40808	BIOPSY VESTIBULE OF MOUTH	1/1/2008	\$106.18	3	NO
2	40810	EXCISION OF LESION OF MUCOSA AND	1/1/2008	\$121.23	3	NO
2	40812	EXCISION OF LESION OF MUCOSA AND	1/1/2008	\$175.53	3	NO
2	40814	EXCISION OF LESION OF MUCOSA AND	1/1/2008	\$241.11	3	NO
2	40816	EXCISION OF LESION OF MUCOSA SUB	1/1/2008	\$253.48	3	NO
2	40818	EXCISION OF MUCOSA AS DONOR GRAF	1/1/2008	\$221.76	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	40819	EXCISION OF FRENUM LABIAL OR BUC	1/1/2008	\$188.70	3	NO
2	40820	DESTRUCTION OF LESION OR SCAR BY	1/1/2008	\$151.60	3	NO
2	40830	CLOSURE OF LACERATION 2.5 CM OR	1/1/2008	\$155.37	3	NO
2	40831	CLOSURE OF LACERATION, VESTIBULE	1/1/2008	\$205.09	3	NO
2	40840	VESTIBULOPLASTY ANTERIOR	1/1/2008	\$536.52	3	YES
2	40842	VESTIBULOPLASTY; POSTERIOR UNILA	1/1/2008	\$540.29	3	YES
2	40843	VESTIBULOPLASTY; POSTERIOR BILAT	1/1/2008	\$697.00	3	YES
2	40844	VESTIBULOPLASTY; ENTIRE ARCH	1/1/2008	\$916.88	3	YES
2	40845	VESTIBULOPLASTY; COMPLEX (INCLUD	1/1/2008	\$1,015.53	3	YES
2	40899	UNLISTED PROCEDURE VESTIBULE OF	8/19/2002	\$0.01	5	NO
2	41000	INTRAORAL INCISION AND DRAINAGE	1/1/2008	\$102.14	3	NO
2	41005	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$133.06	3	NO
2	41006	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$229.82	3	NO
2	41007	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$232.24	3	NO
2	41008	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$233.59	3	NO
2	41009	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$249.45	3	NO
2	41010	INCISION OF LINGUAL FRENUM (FREN	1/1/2008	\$122.57	3	NO
2	41015	EXTRAORAL INCISION AND DRAINAGE	1/1/2008	\$270.68	3	NO
2	41016	INCISION AND DRAINAGE OF EXTRAOR	1/1/2008	\$279.28	3	NO
2	41017	INCISION AND DRAINAGE OF EXTRAOR	1/1/2008	\$280.90	3	NO
2	41018	INCISION AND DRAINAGE OF EXTRAOR	1/1/2008	\$324.17	3	NO
2	41019	PLACEMENT OF NEEDLES, CATHETERS,	1/1/2008	\$342.92	3	NO
2	41100	BIOPSY TONGUE ANTERIOR TWO-THIRD	1/1/2008	\$107.52	3	NO
2	41105	BIOPSY TONGUE; POSTERIOR ONE-THI	1/1/2008	\$105.91	3	NO
2	41108	BIOPSY FLOOR OF MOUTH	1/1/2008	\$89.24	3	NO
2	41110	EXCISION LESION OF TONGUE WITHOU	1/1/2008	\$127.95	3	NO
2	41112	EXCISION OF LESION OF TONGUE WIT	1/1/2008	\$206.44	3	NO
2	41113	EXCISION OF LESION OF TONGUE WIT	1/1/2008	\$227.94	3	NO
2	41114	EXCISION OF LESION OF TONGUE WIT	1/1/2008	\$441.91	3	NO
2	41115	EXCISION OF LINGUAL FRENUM (FREN	1/1/2008	\$147.03	3	NO
2	41116	EXCISION LESION OF FLOOR OF MOUT	1/1/2008	\$195.96	3	NO
2	41120	GLOSSECTOMY LESS THAN ONE-HALF T	1/1/2008	\$712.59	3	NO
2	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	1/1/2008	\$866.88	3	NO
2	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	1/1/2008	\$1,456.09	3	NO
2	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$1,517.91	3	NO
2	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$1,873.54	3	NO
2	41150	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$1,487.54	3	NO
2	41153	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$1,601.78	3	NO
2	41155	GLOSSECTOMY COMPOSITE PRODEDURE	1/1/2008	\$1,956.33	3	NO
2	41250	REPAIR LACERATION 2.5 CM OR LESS	1/1/2008	\$137.36	3	NO
2	41251	REPAIR LACERATION UP TO 2 CM; PO	1/1/2008	\$154.56	3	NO
2	41252	REPAIR LACERATION OF TONGUE FLOO	1/1/2008	\$195.96	3	NO
2	41500	FIXATION TONGUE MECHANICAL OTHER	1/1/2008	\$302.67	3	NO
2	41510	SUTURE TONGUE TO LIP FOR MICROGN	1/1/2008	\$305.36	3	NO
2	41520	FRENOPLASTY (SURGICAL REVISION O	1/1/2008	\$213.43	3	NO
2	41599	UNLISTED PROCEDURE TONGUE FLOOR	2/1/1989	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	41800	DRAINAGE ABSCESS CYST HEMATOMA	1/1/2008	\$119.88	3	NO
2	41805	REMOVAL EMBEDDED FOREIGN BODY FR	1/1/2008	\$123.38	3	NO
2	41806	REMOVAL EMBEDDED FOREIGN BODY; F	1/1/2008	\$195.15	3	NO
2	41820	GINGIVECTOMY EXCISION GINGIVA EA	1/1/2008	\$90.76	3	NO
2	41821	OPERCULECTOMY EXCISION PERICORON	1/1/2008	\$27.22	3	NO
2	41822	EXCISION FIBROUS TUBEROSITIES	1/1/2008	\$181.17	3	NO
2	41823	EXCISION OSSEOUS TUBEROSITIES	1/1/2008	\$266.11	3	NO
2	41825	EXCISION OF LESION OR TUMOR (EXC	1/1/2008	\$126.34	3	NO
2	41826	EXCISION OF LESION OR TUMOR (EXC	1/1/2008	\$154.56	3	NO
2	41827	EXCISION OF LESION OR TUMOR (EXC	1/1/2008	\$265.04	3	NO
2	41828	EXCISION OF HYPERPLASTIC ALVEOLA	1/1/2008	\$199.72	3	NO
2	41830	ALVEOLECTOMY INCLUDING CURETTAGE	1/1/2008	\$243.26	3	NO
2	41850	DESTRUCTION OF LESION (EXCEPT EX	1/1/2008	\$18.14	3	NO
2	41870	PERIODONTAL MUCOSAL GRAFTING	2/1/1994	NC	9	NO
2	41872	GINGIVOPLASTY, EACH QUADRANT (SP	2/1/1994	NC	9	NO
2	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	2/1/1993	NC	9	NO
2	41899	UNLISTED PROCEDURE DENTOALVEOAR	9/20/1993	\$0.01	5	NO
2	42000	DRAINAGE OF ABSCESS OF PALATE UV	1/1/2008	\$104.29	3	NO
2	42100	BIOPSY OF PALATE UVULA	1/1/2008	\$95.96	3	NO
2	42104	EXCISION LESION OF PALATE UVULA	1/1/2008	\$123.11	3	NO
2	42106	EXCISION LESION OF PALATE UVULA;	1/1/2008	\$158.32	3	NO
2	42107	EXCISION LESION OF PALATE UVULA;	1/1/2008	\$290.04	3	NO
2	42120	RESECTION PALATE OR EXTENSIVE RE	1/1/2008	\$643.24	3	NO
2	42140	UVULECTOMY EXCISION OF UVULA	1/1/2008	\$151.33	3	NO
2	42145	PALATOPHARYNGOPLASTY (EG UVULOPA	1/1/2008	\$473.36	3	NO
2	42160	DESTRUCTION OF LESION PALATE OR	1/1/2008	\$163.70	3	NO
2	42180	REPAIR LACERATION OF PALATE UP T	1/1/2008	\$156.98	3	NO
2	42182	REPAIR LACERATION OF PALATE; OVE	1/1/2008	\$219.34	3	NO
2	42200	PALATOPLASTY FOR CLEFT PALATE SO	1/1/2008	\$628.99	3	NO
2	42205	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$661.25	3	NO
2	42210	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$756.40	3	NO
2	42215	PALATOPLASTY FOR CLEFT PALATE MA	1/1/2008	\$506.15	3	NO
2	42220	PALATOPLASTY FOR CLEFT PALATE; S	1/1/2008	\$392.18	3	NO
2	42225	PALATOPLASTY FOR CLEFT PALATE; A	1/1/2008	\$708.29	3	NO
2	42226	LENGTHENING OF PALATE, AND PHARY	1/1/2008	\$675.76	3	NO
2	42227	LENGTHENING OF PALATE, WITH ISLA	1/1/2008	\$669.04	3	NO
2	42235	REPAIR ANTERIOR PALATE INCLUDING	1/1/2008	\$540.83	3	NO
2	42260	REPAIR NASOLABIAL FISTULA	1/1/2008	\$575.77	3	NO
2	42280	MAXILLARY IMPRESSION FOR PALATAL	1/1/2008	\$101.61	3	NO
2	42281	INSERTION OF PIN-RETAINED PALATA	1/1/2008	\$129.02	3	NO
2	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
2	42300	DRAINAGE ABSCESS PAROTID SIMPLE	1/1/2008	\$133.32	3	NO
2	42305	DRAINAGE ABSCESS; PAROTID COMPLI	1/1/2008	\$301.32	3	NO
2	42310	SUBMAXILLARY OR SUBLINGUAL INTRA	1/1/2008	\$106.18	3	NO
2	42320	DRAINAGE ABSCESS; SUBMAXILLARY E	1/1/2008	\$159.13	3	NO
2	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
2	42330	SIALOLITHOTOMY SUBMANDIBULAR (SU	1/1/2008	\$149.99	3	NO
2	42335	SIALOLITHOTOMY SUBMANDIBULAR (SU	1/1/2008	\$233.32	3	NO
2	42340	SIALOLITHOTOMY; PAROTID EXTRAORA	1/1/2008	\$300.25	3	NO
2	42400	BIOPSY SALIVARY GLAND NEEDLE	1/1/2008	\$68.54	3	NO
2	42405	BIOPSY SALIVARY GLAND; INCISIONA	1/1/2008	\$202.41	3	NO
2	42408	EXCISION SUBLINGUAL SALIVARY CYS	1/1/2008	\$295.41	3	NO
2	42409	MARSUPIALIZATION SUBLINGUAL SALI	1/1/2008	\$209.13	3	NO
2	42410	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$437.61	3	NO
2	42415	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$793.77	3	NO
2	42420	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$913.38	3	NO
2	42425	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$601.04	3	NO
2	42426	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$977.09	3	NO
2	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	1/1/2008	\$325.79	3	NO
2	42450	EXCISION SUBLINGUAL GLAND	1/1/2008	\$295.14	3	NO
2	42500	PLASTIC REPAIR SALIVARY DUCT SIA	1/1/2008	\$281.43	3	NO
2	42505	PLASTIC REPAIR SALIVARY DUCT SIA	1/1/2008	\$371.48	3	NO
2	42507	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$350.52	3	NO
2	42508	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$494.86	3	NO
2	42509	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$602.38	3	NO
2	42510	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$440.03	3	NO
2	42550	INJECTION PROCEDURE FOR SIALOGRA	1/1/2008	\$114.24	3	NO
2	42600	CLOSURE SALIVARY FISTULA	1/1/2008	\$318.53	3	NO
2	42650	DILATION SALIVARY DUCT	1/1/2008	\$52.95	3	NO
2	42660	DILATION AND CATHETERIZATION OF	1/1/2008	\$69.62	3	NO
2	42665	LIGATION SALIVARY DUCT INTRAORAL	1/1/2008	\$191.12	3	NO
2	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
2	42700	INCISION AND DRAINAGE ABSCESS PE	1/1/2008	\$119.62	3	NO
2	42720	INCISION AND DRAINAGE ABSCESS RE	1/1/2008	\$308.04	3	NO
2	42725	INCISION AND DRAINAGE ABSCESS RE	1/1/2008	\$565.29	3	NO
2	42800	BIOPSY OROPHARYNX	1/1/2008	\$100.26	3	NO
2	42802	BIOPSY; HYPOPHARYNX	1/1/2008	\$166.92	3	NO
2	42804	BIOPSY; NASOPHARYNX VISIBLE LESI	1/1/2008	\$134.40	3	NO
2	42806	BIOPSY; NASOPHARYNX SURVEY FOR U	1/1/2008	\$152.41	3	NO
2	42808	EXCISION OR DESTRUCTION OF LESIO	1/1/2008	\$149.99	3	NO
2	42809	REMOVAL OF FOREIGN BODY FROM PHA	1/1/2008	\$114.78	3	NO
2	42810	EXCISION BRANCHIAL CLEFT CYST OR	1/1/2008	\$250.25	3	NO
2	42815	EXCISION BRANCHIAL CLEFT CYST, V	1/1/2008	\$378.74	3	NO
2	42820	TONSILLECTOMY AND ADENOIDECTOMY	1/1/2008	\$204.02	3	NO
2	42821	TONSILLECTOMY AND ADENOIDECTOMY;	1/1/2008	\$214.23	3	NO
2	42825	TONSILLECTOMY PRIMARY OR SECONDA	1/1/2008	\$179.83	3	NO
2	42826	TONSILLECTOMY PRIMARY OR SECONDA	1/1/2008	\$176.33	3	NO
2	42830	ADENOIDECTOMY PRIMARY UNDER AGE	1/1/2008	\$141.93	3	NO
2	42831	ADENOIDECTOMY PRIMARY; AGE 12 OR	1/1/2008	\$153.48	3	NO
2	42835	ADENOIDECTOMY SECONDARY UNDER AG	1/1/2008	\$129.83	3	NO
2	42836	ADENOIDECTOMY SECONDARY; AGE 12	1/1/2008	\$169.34	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	42842	RADICAL RESECTION OF TONSIL, TON	1/1/2008	\$638.13	3	NO
2	42844	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$926.02	3	NO
2	42845	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$1,520.06	3	NO
2	42860	EXCISION OF TONSIL TAGS	1/1/2008	\$127.95	3	YES
2	42870	EXCISION OR DESTRUCTION LINGUAL	1/1/2008	\$384.65	3	NO
2	42890	LIMITED PHARYNGECTOMY WITHOUT RA	1/1/2008	\$916.07	3	NO
2	42892	RESECTION OF LATERAL PHARYNGEAL	1/1/2008	\$1,191.59	3	NO
2	42894	RESECTION OF PHARYNGEAL WALL REQ	1/1/2008	\$1,541.30	3	NO
2	42900	SUTURE PHARYNX FOR WOUND OR INJU	1/1/2008	\$247.03	3	NO
2	42950	PHARYNGOPLASTY (PLASTIC OR RECON	1/1/2008	\$547.28	3	NO
2	42953	PHARYNGOESOPHAGEAL REPAIR	1/1/2008	\$710.98	3	NO
2	42955	PHARYNGOSTOMY (FISTULIZATION OF	1/1/2008	\$512.33	3	NO
2	42960	CONTROL OROPHARYNEAL HEMORRHAGE	1/1/2008	\$118.54	3	NO
2	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$292.99	3	NO
2	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$363.42	3	NO
2	42970	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$273.37	3	NO
2	42971	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$320.68	3	NO
2	42972	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$364.22	3	NO
2	42999	UNLISTED PROCEDURE PHARYNX ADENO	4/1/1982	\$0.01	5	NO
2	43020	ESOPHAGOTOMY CERVICAL APPROACH;	1/1/2008	\$380.62	3	NO
2	43030	CRICOPHARYNGEAL MYOTOMY	1/1/2008	\$370.41	3	NO
2	43045	ESOPHAGOTOMY, THORACIC APPROACH,	1/1/2008	\$936.23	3	NO
2	43100	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$441.37	3	NO
2	43101	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$726.57	3	NO
2	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$1,802.30	3	NO
2	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$2,790.95	3	NO
2	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$1,931.87	3	NO
2	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$2,757.08	3	NO
2	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	1/1/2008	\$3,107.06	3	NO
2	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$1,760.37	3	NO
2	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$2,329.15	3	NO
2	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$1,880.26	3	NO
2	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$1,784.03	3	NO
2	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$2,798.75	3	NO
2	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	1/1/2008	\$2,375.39	3	NO
2	43130	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$557.49	3	NO
2	43135	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$994.56	3	NO
2	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$153.22	3	NO
2	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$190.85	3	NO
2	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$201.06	3	NO
2	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$152.95	3	NO
2	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$153.75	3	NO
2	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$108.60	3	NO
2	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$111.55	3	NO
2	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$269.07	3	NO
2	43219	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$119.35	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$88.17	3	NO
2	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$97.57	3	NO
2	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$145.69	3	NO
2	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$154.02	3	NO
2	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$130.10	3	NO
2	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2008	\$181.98	3	NO
2	43234	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$199.18	3	NO
2	43235	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$208.86	3	NO
2	43236	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$258.05	3	NO
2	43237	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$165.31	3	NO
2	43238	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$203.21	3	NO
2	43239	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$238.69	3	NO
2	43240	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$274.98	3	NO
2	43241	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$106.98	3	NO
2	43242	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$290.57	3	NO
2	43243	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$183.59	3	NO
2	43244	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$202.94	3	NO
2	43245	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$129.83	3	NO
2	43246	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$173.64	3	NO
2	43247	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$137.89	3	NO
2	43248	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$129.29	3	NO
2	43249	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$119.35	3	NO
2	43250	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$130.64	3	NO
2	43251	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$149.99	3	NO
2	43255	UGI ENDOSCOPY INCLUDING ESOPHAGU	1/1/2008	\$193.80	3	NO
2	43256	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$174.99	3	NO
2	43257	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2005	NC	9	NO
2	43258	UGI ENDOSCOPY INCLUDING ESOPHAGU	1/1/2008	\$183.05	3	NO
2	43259	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2008	\$207.24	3	NO
2	43260	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$238.43	3	NO
2	43261	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$250.79	3	NO
2	43262	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$294.34	3	NO
2	43263	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$291.38	3	NO
2	43264	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$353.47	3	NO
2	43265	ERCP; WITH ENDOSCOPIC RETROGRADE	1/1/2008	\$396.75	3	NO
2	43267	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$293.80	3	NO
2	43268	ENDOSCOPIC RETROGRADE CHOLANGIOP	1/1/2008	\$297.56	3	NO
2	43269	ERCP,W/ENDOSCOPIC RETROGRADE REM	1/1/2008	\$326.59	3	NO
2	43271	ERCP; W/ENDOSCOPIC RETROGRADE BA	1/1/2008	\$294.34	3	NO
2	43272	ERCP; W/ABLATION OF TUMOR(S), PO	1/1/2008	\$294.87	3	NO
2	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	1/1/2008	\$736.78	3	NO
2	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$441.10	3	NO
2	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$791.62	3	NO
2	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$1,091.60	3	NO
2	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$1,200.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43313	ESOPHAGOPLASTY FOR CONGENITAL DE	1/1/2008	\$1,937.24	3	NO
2	43314	ESOPHAGOPLASTY FOR CONGENITAL DE	1/1/2008	\$2,117.61	3	NO
2	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	1/1/2008	\$941.61	3	NO
2	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	1/1/2008	\$921.72	3	NO
2	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	1/1/2008	\$907.20	3	NO
2	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	1/1/2008	\$921.98	3	NO
2	43330	ESOPHAGOMYTOMY (HELLER TYPE); AB	1/1/2008	\$891.07	3	NO
2	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	1/1/2008	\$956.66	3	NO
2	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$922.25	3	NO
2	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$995.90	3	NO
2	43350	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$781.40	3	NO
2	43351	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$916.07	3	NO
2	43352	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$754.52	3	NO
2	43360	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$1,616.29	3	NO
2	43361	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$1,797.73	3	NO
2	43400	LIGATION DIRECT ESOPHAGEAL VARIC	1/1/2008	\$1,019.83	3	NO
2	43401	TRANSECTION OF ESOPHAGUS WITH RE	1/1/2008	\$1,045.09	3	NO
2	43405	LIGATION OR STAPLING AT GASTROES	1/1/2008	\$999.13	3	NO
2	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	1/1/2008	\$688.40	3	NO
2	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	1/1/2008	\$1,183.26	3	NO
2	43420	CLOSURE ESOPHAGOSTOMY OR FISTULA	1/1/2008	\$681.95	3	NO
2	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	1/1/2008	\$1,021.71	3	NO
2	43450	DILATION ESOPHAGUS, BY UNGUIDED	1/1/2008	\$111.01	3	NO
2	43453	DILATION ESOPHAGUS OVER GUIDE WI	1/1/2008	\$208.05	3	NO
2	43456	DILATION ESOPHAGUS BY BALLOON OR	1/1/2008	\$438.68	3	NO
2	43458	DILATION OF ESOPHAGUS WITH BALLO	1/1/2008	\$269.34	3	NO
2	43460	ESOPHAGOGASTRIC TAMPONADE WITH B	1/1/2008	\$151.87	3	NO
2	43496	FREE JEJUNUM TRANSFER WITH MICRO	1/1/1997	\$0.01	5	NO
2	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
2	43500	GASTROTOMY WITH EXPLORATION OR F	1/1/2008	\$516.10	3	NO
2	43501	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$897.25	3	NO
2	43502	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$1,021.44	3	NO
2	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	1/1/2008	\$622.00	3	NO
2	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	1/1/2008	\$476.31	3	NO
2	43600	BIOPSY OF STOMACH BY CAPSULE TUB	1/1/2008	\$73.92	3	NO
2	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	1/1/2008	\$552.12	3	NO
2	43610	EXCISION, LOCAL; ULCER OR BENIGN	1/1/2008	\$653.99	3	NO
2	43611	EXCISION, LOCAL; MALIGNANT TUMOR	1/1/2008	\$810.97	3	NO
2	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	1/1/2008	\$1,330.29	3	NO
2	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	1/1/2008	\$1,492.92	3	NO
2	43622	GASTRECTOMY, TOTAL; WITH FORMATI	1/1/2008	\$1,526.52	3	NO
2	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$978.16	3	YES
2	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$1,282.18	3	YES
2	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$1,230.57	3	YES
2	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$1,353.95	3	YES
2	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	1/1/2008	\$80.37	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
2	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
2	43640	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$778.71	3	NO
2	43641	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$789.73	3	NO
2	43644	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$1,165.79	3	NO
2	43645	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$1,255.30	3	NO
2	43647	LAPAROSCOPY, SURGICAL; IMPLANT O	1/1/2007	NC	9	NO
2	43648	LAPAROSCOPY, SURGICAL; REVISION	1/1/2007	NC	9	NO
2	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$435.19	3	NO
2	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$518.52	3	NO
2	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	1/1/2008	\$366.11	3	NO
2	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	43750	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
2	43752	NASO- OR ORO-GASTRIC TUBE PLACEM	1/1/2008	\$29.03	3	NO
2	43760	CHANGE OF GASTROSTOMY TUBE, PERC	1/1/2008	\$160.20	3	NO
2	43761	REPOSITIONING OF THE GASTRIC FEE	1/1/2008	\$87.36	3	NO
2	43770	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$744.31	3	NO
2	43771	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$851.29	3	NO
2	43772	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$641.36	3	NO
2	43773	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$851.56	3	NO
2	43774	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$644.31	3	NO
2	43800	PYLOROPLASTY	1/1/2008	\$619.85	3	NO
2	43810	GASTRODUODENOSTOMY	1/1/2008	\$670.39	3	NO
2	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	1/1/2008	\$840.81	3	NO
2	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	1/1/2008	\$864.46	3	NO
2	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$455.08	3	NO
2	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$378.47	3	NO
2	43832	GASTROSTOMY PERMANENT WITH CONST	1/1/2008	\$703.18	3	NO
2	43840	GASTRORRHAPHY SUTURE OF PERFORAT	1/1/2008	\$857.20	3	NO
2	43842	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2008	\$830.05	3	NO
2	43843	GASTRIC RESTRICTIVE PROC, W/OUT	1/1/2008	\$841.61	3	NO
2	43845	GASTRIC RESTRICTIVE PROC W/PARTI	1/1/2005	NC	9	NO
2	43846	GASTRIC RESTRICTIVE PROC, W/GAST	1/1/2008	\$1,087.30	3	NO
2	43847	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2008	\$1,196.16	3	NO
2	43848	REVISION, OPEN, OF GASTRIC RESTR	1/1/2008	\$1,294.27	3	NO
2	43850	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$1,087.30	3	NO
2	43855	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$1,134.87	3	NO
2	43860	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$1,099.93	3	NO
2	43865	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$1,151.54	3	NO
2	43870	CLOSURE OF GASTROSTOMY SURGICAL	1/1/2008	\$464.22	3	NO
2	43880	CLOSURE OF GASTROCOLIC FISTULA	1/1/2008	\$1,077.35	3	NO
2	43881	IMPLANTATION OR REPLACEMENT OF G	1/1/2007	NC	9	NO
2	43882	REVISION OR REMOVAL OF GASTRIC N	1/1/2007	NC	9	NO
2	43886	GASTRIC RESTRICTIVE PROC, OPEN;	1/1/2006	NC	9	NO
2	43887	GASTRIC RESTRICTIVE PROCEDURE, O	1/1/2006	NC	9	NO
2	43888	GASTRIC RESTRICTIVE PROC, OPEN;	1/1/2006	NC	9	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	43999	UNLISTED PROCEDURE STOMACH	2/1/1994	\$0.01	5	NO
2	44005	ENTEROLYSIS (FREEING OF INTESTIN	1/1/2008	\$731.67	3	NO
2	44010	DUODENOTOMY, FOR EXPLORATION, BI	1/1/2008	\$572.28	3	NO
2	44015	TUBE OR NEEDLE CATHETER JEJUNOST	1/1/2008	\$102.14	3	NO
2	44020	ENTEROTOMY, SMALL INTESTINE, OTH	1/1/2008	\$644.04	3	NO
2	44021	ENTEROTOMY SMALL BOWELL OTHER TH	1/1/2008	\$649.15	3	NO
2	44025	COLOTOMY, FOR EXPLORATION, BIOPS	1/1/2008	\$655.60	3	NO
2	44050	REDUCTION OF VOLVULUS INTUSSUSCE	1/1/2008	\$624.42	3	NO
2	44055	CORRECTION OF MALROTATION BY LYS	1/1/2008	\$997.79	3	NO
2	44100	BIOPSY OF INTESTINE BY CAPSULE T	1/1/2008	\$79.03	3	NO
2	44110	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$559.64	3	NO
2	44111	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$656.68	3	NO
2	44120	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$809.09	3	NO
2	44121	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$173.38	3	NO
2	44125	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$790.54	3	NO
2	44126	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$1,633.50	3	NO
2	44127	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$1,890.74	3	NO
2	44128	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$173.64	3	NO
2	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	1/1/2008	\$820.38	3	NO
2	44132	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
2	44133	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
2	44135	INTESTINAL ALLOTRANSPLANTATION;	1/1/2005	\$0.01	5	YES
2	44136	INTESTINAL ALLOTRANSPLANTATION;	10/1/2005	NC	9	NO
2	44137	REMOVAL OF TRANSPLANTED INTESTIN	1/1/2005	\$0.01	5	NO
2	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	1/1/2008	\$86.55	3	NO
2	44140	COLECTOMY PARTIAL WITH ANASTOMOS	1/1/2008	\$905.59	3	NO
2	44141	COLLECTOMY PARTIAL; WITH SKIN LE	1/1/2008	\$1,150.20	3	NO
2	44143	COLECTOMY PARTIAL; WITH END COLO	1/1/2008	\$1,109.61	3	NO
2	44144	COLECTOMY PARTIAL; WITH RESECTIO	1/1/2008	\$1,142.13	3	NO
2	44145	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$1,135.41	3	NO
2	44146	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$1,385.40	3	NO
2	44147	COLECTOMY PARTIAL ABDOMINAL AND	1/1/2008	\$1,220.08	3	NO
2	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$1,215.51	3	NO
2	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$1,392.12	3	NO
2	44152	COLECTOMY, TOTAL, ABDOMINAL, W/O PR	1/1/2007	INVALID	N	NO
2	44153	COLECTOMY, TOTAL, ABDOM, W/O PROCTE	1/1/2007	INVALID	N	NO
2	44155	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$1,367.65	3	NO
2	44156	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$1,509.31	3	NO
2	44157	COLECTOMY, TOTAL, ABDOMINAL, W/P	1/1/2008	\$1,480.82	3	NO
2	44158	COLECTOMY, TOTAL, ABDOMINAL, W/P	1/1/2008	\$1,519.26	3	NO
2	44160	COLECTOMY, PARTIAL, WITH REMOVAL	1/1/2008	\$829.25	3	NO
2	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSI	1/1/2008	\$622.00	3	NO
2	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2008	\$437.34	3	NO
2	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY	1/1/2008	\$738.66	3	NO
2	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY	1/1/2008	\$813.39	3	NO
2	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
2	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	1/1/2008	\$937.84	3	NO
2	44203	LAPAROSCOPY, SURGICAL; EACH ADDI	1/1/2008	\$172.57	3	NO
2	44204	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,051.28	3	NO
2	44205	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$919.56	3	NO
2	44206	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,187.29	3	NO
2	44207	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,253.41	3	NO
2	44208	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,360.93	3	NO
2	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
2	44210	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,210.14	3	NO
2	44211	LAPAROSCOPY,SURGICAL; COLECTOMY,	1/1/2008	\$1,492.11	3	NO
2	44212	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$1,390.50	3	NO
2	44213	LAPAROSCOPY, SURGICAL, MOBILIZAT	1/1/2008	\$136.55	3	NO
2	44227	LAPAROSCOPY, SURGICAL, CLOSURE O	1/1/2008	\$1,135.14	3	NO
2	44238	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2003	\$0.01	5	NO
2	44239	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	INVALID	N	NO
2	44300	PLACEMENT, ENTEROSTOMY OR CECOST	1/1/2008	\$558.03	3	NO
2	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	1/1/2008	\$701.84	3	NO
2	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	1/1/2008	\$387.34	3	NO
2	44314	REVISION OF ILEOSTOMY;COMPLICATE	1/1/2008	\$671.73	3	NO
2	44316	CONTINENT ILEOSTOMY (KOCK PROCED	1/1/2008	\$929.51	3	NO
2	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$797.26	3	NO
2	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$630.87	3	NO
2	44340	REVISION OF COLOSTOMY;SIMPLE (RE	1/1/2008	\$391.10	3	NO
2	44345	REVISION OF COLOSTOMY;COMPLICATE	1/1/2008	\$697.00	3	NO
2	44346	REVISION OF COLOSTOMY;W/REPAIR O	1/1/2008	\$787.58	3	NO
2	44360	SM INTESTINAL ENDOSCOPY, ENTEROS	1/1/2008	\$107.25	3	NO
2	44361	SM INTESTINAL ENDOSCOPY, ENTEROS	1/1/2008	\$118.27	3	NO
2	44363	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$142.20	3	NO
2	44364	SM INTESTINAL ENDOSCOPY ENTEROSC	1/1/2008	\$151.33	3	NO
2	44365	SMALL INTESTINAL ENDOSCOPY, WITH	1/1/2008	\$134.94	3	NO
2	44366	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$177.95	3	NO
2	44369	SM INTESTINAL ENDOSCOPY ENTEROSC	1/1/2008	\$181.44	3	NO
2	44370	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$195.69	3	NO
2	44372	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$177.14	3	NO
2	44373	SM INTEST ENDOSCOPY,ENTEROSCOPY	1/1/2008	\$141.39	3	NO
2	44376	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$209.93	3	NO
2	44377	SMALL INTESTINAL ENDOSCOPY, WITH	1/1/2008	\$221.22	3	NO
2	44378	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$283.85	3	NO
2	44379	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2008	\$298.37	3	NO
2	44380	ILEOSCOPY, THROUGH STOMA; DIAGNO	1/1/2008	\$46.50	3	NO
2	44382	ILEOSCOPY, THROUGH STOMA; WITH B	1/1/2008	\$55.37	3	NO
2	44383	ILEOSCOPY, THROUGH STOMA; WITH T	1/1/2008	\$121.23	3	NO
2	44385	ENDOSCOPIC EVALUATION OF SM INTE	1/1/2008	\$153.22	3	NO
2	44386	ENDOSCOPIC EVALUATION OF SM INTE	1/1/2008	\$241.38	3	NO
2	44388	COLONOSCOPY THROUGH STOMA; DIAGN	1/1/2008	\$226.33	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	44389	COLONOSCOPY THROUGH STOMA; WITH	1/1/2008	\$272.29	3	NO
2	44390	FIBEROPTIC COLONOSCOPY THROUGH C	1/1/2008	\$308.04	3	NO
2	44391	COLONOSCOPY THRU STOMA; W/CONTRO	1/1/2008	\$361.00	3	NO
2	44392	COLONOSCOPY THROUGH STOMA; W/REM	1/1/2008	\$293.80	3	NO
2	44393	COLONOSCOPY THROUGH STOMA;W/ABLA	1/1/2008	\$333.04	3	NO
2	44394	COLONOSCOPY THROUGH STOMA; WITH	1/1/2008	\$343.26	3	NO
2	44397	COLONOSCOPY THROUGH STOMA; WITH	1/1/2008	\$188.70	3	NO
2	44500	INTRODUCTION OF LONG GASTROINTES	1/1/2008	\$18.28	3	NO
2	44602	SUTURE OF SMALL INTESTINE (ENTER	1/1/2008	\$899.94	3	NO
2	44603	SUTURE OF SMALL INTESTINE (ENTER	1/1/2008	\$1,026.01	3	NO
2	44604	SUTURE OF LARGE INTESTINE (COLOR	1/1/2008	\$713.66	3	NO
2	44605	SUTURE OF INTESTINE (ENTERORRHAP	1/1/2008	\$881.66	3	NO
2	44615	INTESTINAL STRICTUROPLASTY (ENTE	1/1/2008	\$720.65	3	NO
2	44620	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$570.93	3	NO
2	44625	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$681.14	3	NO
2	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	1/1/2008	\$1,094.02	3	NO
2	44640	CLOSURE OF INTESTINAL CUTANEOUS	1/1/2008	\$950.48	3	NO
2	44650	CLOSURE OF ENTEROENTERIC OR ENTE	1/1/2008	\$987.30	3	NO
2	44660	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$931.93	3	NO
2	44661	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$1,064.72	3	NO
2	44680	INTESTINAL PLICATION (SEPARATE P	1/1/2008	\$708.56	3	NO
2	44700	EXCLUSION OF SMALL INTESTINE FRO	1/1/2008	\$693.77	3	NO
2	44701	INTRAOPERATIVE COLONIC LAVAGE (L	1/1/2008	\$119.88	3	NO
2	44715	BACKBENCH STANDARD PREP OF CADAV	10/1/2005	\$0.01	5	YES
2	44720	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$187.35	3	YES
2	44721	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$274.71	3	YES
2	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO
2	44800	EXCISION OF MECKELS DIVERTICULUM	1/1/2008	\$506.15	3	NO
2	44820	EXCISION OF LESION OF MESENTERY	1/1/2008	\$557.49	3	NO
2	44850	SUTURE OF MESENTERY (SEPARATE PR	1/1/2008	\$495.40	3	NO
2	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
2	44900	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$498.62	3	NO
2	44901	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$125.26	3	NO
2	44950	APPENDECTOMY	1/1/2008	\$432.23	3	NO
2	44955	APPENDECTOMY WHEN DONE FOR INDIC	1/1/2008	\$60.21	3	NO
2	44960	APPENDECTOMY FOR RUPTURED APPEND	1/1/2008	\$574.69	3	NO
2	44970	LAPAROSCOPY, SURGICAL; APPENDECT	1/1/2008	\$392.45	3	NO
2	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	45000	TRANSRECTAL DRAINAGE OF PELVIC A	1/1/2008	\$263.96	3	NO
2	45005	INCISION AND DRAINAGE OF SUBMUCO	1/1/2008	\$168.54	3	NO
2	45020	INCISION AND DRAINAGE OF DEEP SU	1/1/2008	\$337.61	3	NO
2	45100	BIOPSY OF ANORECTAL WALL ANAL AP	1/1/2008	\$184.93	3	NO
2	45108	ANORECTAL MYOMECTOMY	1/1/2008	\$227.67	3	NO
2	45110	PROCTECTOMY; COMPLETE, COMBINED	1/1/2008	\$1,242.39	3	NO
2	45111	PROCTECTOMY; PARTIAL RESECTION O	1/1/2008	\$728.18	3	NO
2	45112	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$1,287.82	3	NO



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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	45113	PROCTECTOMY, PARTIAL, WITH RECTA	1/1/2008	\$1,315.51	3	NO
2	45114	PROCTECTOMY, PARTIAL, WITH ANAST	1/1/2008	\$1,202.88	3	NO
2	45116	PROCTECTOMY PARTIAL WITH ANASTOM	1/1/2008	\$1,083.80	3	NO
2	45119	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$1,317.12	3	NO
2	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$1,051.28	3	NO
2	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$1,158.26	3	NO
2	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	1/1/2008	\$738.66	3	NO
2	45126	PELVIC EXENTERATION FOR COLORECT	1/1/2008	\$1,934.55	3	NO
2	45130	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$724.15	3	NO
2	45135	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$891.34	3	NO
2	45136	EXCISION OF ILEOANAL RESERVOIR W	1/1/2008	\$1,231.64	3	NO
2	45150	DIVISION OF STRICTURE OF RECTUM	1/1/2008	\$254.28	3	NO
2	45160	EXCISION OF RECTAL TUMOR BY PROC	1/1/2008	\$658.02	3	NO
2	45170	EXCISION OF RECTAL TUMOR, TRANSA	1/1/2008	\$513.68	3	NO
2	45190	DESTRUCTION OF RECTAL TUMOR, TRA	1/1/2008	\$437.88	3	NO
2	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAG	1/1/2008	\$55.10	3	NO
2	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$520.13	3	NO
2	45305	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$104.83	3	NO
2	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVA	1/1/2008	\$111.55	3	NO
2	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$86.82	3	NO
2	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$141.93	3	NO
2	45315	PROCTOSIGMOIDOSCOPY, RIGID; W/RE	1/1/2008	\$123.38	3	NO
2	45317	PROCTOSIGMOIDOSCOPY, RIGID; W/CO	1/1/2008	\$116.66	3	NO
2	45320	PROCTOSIGMOIDOSCOPY, RIGID; W/AB	1/1/2008	\$131.98	3	NO
2	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMP	1/1/2008	\$50.53	3	NO
2	45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$68.01	3	NO
2	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOS	1/1/2008	\$90.59	3	NO
2	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BI	1/1/2008	\$116.93	3	NO
2	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	1/1/2008	\$190.85	3	NO
2	45333	SIGMOIDOSCOPY, FLEXIBLE; W/REMOV	1/1/2008	\$188.16	3	NO
2	45334	SIGMOIDOSCOPY, FLEXIBLE; W/CONTR	1/1/2008	\$112.09	3	NO
2	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	1/1/2008	\$142.73	3	NO
2	45337	SIGMOIDOSCOPY, FLEXIBLE; WITH DE	1/1/2008	\$97.57	3	NO
2	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH RE	1/1/2008	\$212.35	3	NO
2	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH AB	1/1/2008	\$199.72	3	NO
2	45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	1/1/2008	\$247.83	3	NO
2	45341	SIGMOIDOSCOPY, FLEXIBLE; WITH EN	1/1/2008	\$106.44	3	NO
2	45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TR	1/1/2008	\$162.89	3	NO
2	45345	SIGMOIDOSCOPY, FLEXIBLE; WITH TR	1/1/2008	\$118.54	3	NO
2	45355	COLONOSCOPY, RIGID OR FLEXIBLE,	1/1/2008	\$142.46	3	NO
2	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$273.91	3	NO
2	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$345.41	3	NO
2	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$325.52	3	NO
2	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$315.84	3	NO
2	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$433.57	3	NO
2	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$387.61	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$321.75	3	NO
2	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$367.18	3	NO
2	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$465.83	3	NO
2	45387	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2008	\$238.43	3	NO
2	45391	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2005	NC	9	NO
2	45392	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2005	NC	9	NO
2	45395	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2008	\$1,342.12	3	NO
2	45397	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2008	\$1,453.40	3	NO
2	45400	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2008	\$780.06	3	NO
2	45402	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2008	\$1,045.90	3	NO
2	45499	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
2	45500	PROCTOPLASTY FOR STENOSIS	1/1/2008	\$326.32	3	NO
2	45505	PROCTOPLASTY; FOR PROLAPSE OF MU	1/1/2008	\$355.62	3	NO
2	45520	PERIRECTAL INJECTION OF SCLEROSI	1/1/2008	\$69.62	3	NO
2	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	1/1/2008	\$710.17	3	NO
2	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	1/1/2008	\$601.57	3	NO
2	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	1/1/2008	\$980.04	3	NO
2	45560	REPAIR OF RECTOCELE (SEPARATE PR	1/1/2008	\$476.58	3	NO
2	45562	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$724.15	3	NO
2	45563	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$1,073.86	3	NO
2	45800	CLOSURE OF RECTOVESICAL FISTULA	1/1/2008	\$804.52	3	NO
2	45805	CLOSURE OF RECTOVESICAL FISTULA;	1/1/2008	\$931.66	3	NO
2	45820	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$803.17	3	NO
2	45825	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$979.78	3	NO
2	45900	REDUCTION OF PROCIDENTIA (SEPARA	1/1/2008	\$129.29	3	NO
2	45905	DILATION OF ANAL SPHINCTER (SEPA	1/1/2008	\$109.67	3	NO
2	45910	DILATION OF RECTAL STRICTURE (SE	1/1/2008	\$129.56	3	NO
2	45915	REMOVAL OF FECAL IMPACTION OR FO	1/1/2008	\$208.59	3	NO
2	45990	ANORECTAL EXAM, SURGICAL, REQUIR	1/1/2006	\$0.01	5	NO
2	45999	UNLISTED PROCEDURE RECTUM	2/1/1989	\$0.01	5	NO
2	46020	PLACEMENT OF SETON	1/1/2008	\$156.17	3	NO
2	46030	REMOVAL OF SETON OTHER MARKER	1/1/2008	\$76.88	3	NO
2	46040	INCISION AND DRAINAGE OF ISCHIOR	1/1/2008	\$312.61	3	NO
2	46045	INCISION AND DRAINAGE OF INTRAMU	1/1/2008	\$254.82	3	NO
2	46050	INCISION AND DRAINAGE PERIANAL A	1/1/2008	\$108.86	3	NO
2	46060	INCISION & DRAINAGE OF ISCHIOREC	1/1/2008	\$280.90	3	NO
2	46070	INCISION ANAL SEPTUM (INFANT)	1/1/2008	\$136.01	3	NO
2	46080	SPHINCTEROTOMY ANAL DIVISION OF	1/1/2008	\$143.27	3	NO
2	46083	INCISION OF THROMBOSED HEMORRHOI	1/1/2008	\$108.86	3	NO
2	46200	FISSURECTOMY WITH OR WITHOUT SPH	1/1/2008	\$223.91	3	NO
2	46210	CRYPECTOMY SINGLE	1/1/2008	\$224.72	3	NO
2	46211	CRYPECTOMY; MULTIPLE (SEPARATE	1/1/2008	\$285.47	3	NO
2	46220	PAPILLECTOMY OR EXCISION OF SING	1/1/2008	\$113.16	3	NO
2	46221	HEMORRHOIDECTOMY BY SIMPLE LIGAT	1/1/2008	\$146.50	3	NO
2	46230	EXCISION OF EXTERNAL HEMORRHOID	1/1/2008	\$163.16	3	NO
2	46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	1/1/2008	\$271.76	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	46255	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$307.24	3	NO
2	46257	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$253.48	3	NO
2	46258	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$280.09	3	NO
2	46260	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$290.57	3	NO
2	46261	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$328.20	3	NO
2	46262	HEMORRHOIDECTOMY INTERNAL AND EX	1/1/2008	\$338.69	3	NO
2	46270	SURGICAL TREATMENT OF ANAL FISTU	1/1/2008	\$284.39	3	NO
2	46275	FISTULECTOMY; SUBMUSCULAR	1/1/2008	\$294.34	3	NO
2	46280	SURGICAL TREATMENT OF ANAL FISTU	1/1/2008	\$280.90	3	NO
2	46285	FISTULECTOMY; SECOND STAGE	1/1/2008	\$274.18	3	NO
2	46288	CLOSURE OF ANAL FISTULA WITH REC	1/1/2008	\$333.31	3	NO
2	46320	ENUCLEATION OR EXCISION OF EXTER	1/1/2008	\$107.25	3	NO
2	46500	INJECTION OF SCLEROSING SOLUTION	1/1/2008	\$115.05	3	NO
2	46505	CHEMODENERVATION OF INTERNAL ANA	4/1/2006	NC	9	NO
2	46600	ANOSCOPY; DIAGNOSTIC, W/WO COLLE	1/1/2008	\$55.91	3	NO
2	46604	ANOSCOPY; WITH DILATION (EG, BAL	1/1/2008	\$306.43	3	NO
2	46606	ANOSCOPY; WITH BIOPSY, SINGLE OR	1/1/2008	\$126.60	3	NO
2	46608	ANOSCOPY; WITH REMOVAL OF FOREIG	1/1/2008	\$159.94	3	NO
2	46610	ANOSCOPY; W/REMOVAL OF SINGLE TU	1/1/2008	\$148.38	3	NO
2	46611	ANOSCOPY; WITH REMOVAL OF SINGLE	1/1/2008	\$139.78	3	NO
2	46612	ANOSCOPY; W/REMOVAL OF MULTIPLE	1/1/2008	\$210.20	3	NO
2	46614	ANOSCOPY; W/CONTROL OF BLEEDING	1/1/2008	\$123.38	3	NO
2	46615	ANOSCOPY; WITH ABLATION OF TUMOR	1/1/2008	\$146.23	3	NO
2	46700	ANOPLASTY PLASTIC OPERATION FOR	1/1/2008	\$405.08	3	NO
2	46705	ANOPLASTY PLASTIC OPERATION FOR	1/1/2008	\$322.56	3	NO
2	46706	REPAIR OF ANAL FISTULA WITH FIBR	1/1/2008	\$107.25	3	NO
2	46710	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2008	\$703.18	3	NO
2	46712	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2008	\$1,474.10	3	NO
2	46715	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$324.44	3	NO
2	46716	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$728.45	3	NO
2	46730	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$1,197.24	3	NO
2	46735	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$1,409.32	3	NO
2	46740	CONSTRUCTION OF ANUS FOR CONGENI	1/1/2008	\$1,327.87	3	NO
2	46742	REPAIR OF HIGH IMPERFORATE ANUS,	1/1/2008	\$1,610.65	3	NO
2	46744	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$2,312.76	3	NO
2	46746	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$2,591.50	3	NO
2	46748	REPAIR OF CLOACAL ANOMALY, WITH	1/1/2008	\$2,614.62	3	NO
2	46750	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$493.79	3	NO
2	46751	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$411.00	3	NO
2	46753	GRAFT (THIERSCH OPERATION) FOR R	1/1/2008	\$370.68	3	NO
2	46754	REMOVAL OF THIERSCH WIRE OR SUTU	1/1/2008	\$179.83	3	NO
2	46760	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$703.45	3	NO
2	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$610.71	3	NO
2	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$584.64	3	NO
2	46900	DESTRUCTION OF LESION(S) ANUS (E	1/1/2008	\$132.25	3	NO
2	46910	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$140.31	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	46916	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$142.46	3	NO
2	46917	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$298.10	3	NO
2	46922	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$149.99	3	NO
2	46924	DESTRUCTION OF LESION(S), ANUS (	1/1/2008	\$321.22	3	NO
2	46934	DESTRUCTION OF HEMORRHOIDS ANY M	1/1/2008	\$248.91	3	NO
2	46935	CRYOSURGERY OF HEMORRHOIDS; EXTE	1/1/2008	\$166.39	3	NO
2	46936	CRYOSURGERY OF HEMORRHOIDS; INTE	1/1/2008	\$248.10	3	NO
2	46937	CRYOSURGERY OF RECTAL TUMOR BENI	1/1/2008	\$160.20	3	NO
2	46938	CRYOSURGERY OF RECTAL TUMOR; MAL	1/1/2008	\$261.27	3	NO
2	46940	CURRETAGE OR CAUTERY OF ANAL FIS	1/1/2008	\$127.95	3	NO
2	46942	CURETTAGE OR CAUTERIZATION AF AN	1/1/2008	\$115.85	3	NO
2	46945	LIGATION OF INTERNAL HEMORRHOIDS	1/1/2008	\$160.47	3	NO
2	46946	LIGATION OF INTERNAL HEMORRHOIDS	1/1/2008	\$183.32	3	NO
2	46947	HEMORRHOIDOPEXY (EG, FOR PROLAPS	1/1/2008	\$243.26	3	NO
2	46999	UNLISTED PROCEDURE ANUS	2/1/1994	\$0.01	5	NO
2	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	1/1/2008	\$165.04	3	NO
2	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	1/1/2008	\$74.19	3	NO
2	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	1/1/2008	\$790.54	3	NO
2	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	1/1/2008	\$136.55	3	NO
2	47015	LAPAROTOMY, WITH ASPIRATION AND/	1/1/2008	\$746.46	3	NO
2	47100	BIOPSY OF LIVER, WEDGE	1/1/2008	\$548.89	3	NO
2	47120	HEPATECTOMY RESECTION OF LIVER P	1/1/2008	\$1,568.72	3	NO
2	47122	HEPATECTOMY, RESECTION OF LIVER;	1/1/2008	\$2,347.97	3	NO
2	47125	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$2,104.17	3	NO
2	47130	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$2,264.91	3	NO
2	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
2	47134	DONOR HEPATECTOMY, WITH PREPARAT	4/1/2004	INVALID	N	NO
2	47135	LIVER ALLOTRANSPLANTATION; ORTHO	1/1/2008	\$3,328.82	3	YES
2	47136	LIVER ALLOTRANSPLANTATION; HETER	1/1/2008	\$2,823.21	3	YES
2	47140	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$2,326.46	3	YES
2	47141	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$2,768.91	3	YES
2	47142	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$3,047.65	3	YES
2	47143	BACKBENCH STANDARD PREP OF CADAV	1/1/2008	\$483.92	3	YES
2	47144	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	47145	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	47146	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$235.20	3	YES
2	47147	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$274.44	3	YES
2	47300	MARSUPIALIZATION OF CYST OR ABSC	1/1/2008	\$734.63	3	NO
2	47350	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$909.08	3	NO
2	47360	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$1,238.63	3	NO
2	47361	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$2,054.44	3	NO
2	47362	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$934.89	3	NO
2	47370	LAPAROSSOPY, SURGICAL, ABLATION	1/1/2008	\$840.00	3	NO
2	47371	LAPAROSCOPY, SURGICAL, ABLATION	1/1/2008	\$844.57	3	NO
2	47379	UNLISTED LAPAROSCOPIC PROCEDURE,	8/19/2002	\$0.01	5	NO
2	47380	ABLATION, OPEN, OF ONE OR MORE L	1/1/2008	\$979.51	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	47381	ABLATION, OPEN, OF ONE OR MORE L	1/1/2008	\$994.83	3	NO
2	47382	ABLATION, ONE OR MORE LIVER TUMO	1/1/2008	\$590.82	3	NO
2	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
2	47400	HEPATICOTOMY OR HEPATICOSTOMY WI	1/1/2008	\$1,415.50	3	NO
2	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$894.30	3	NO
2	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$902.36	3	NO
2	47460	TRANSDUODENAL SPHINCTEROTOMY OR	1/1/2008	\$837.04	3	NO
2	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOM	1/1/2008	\$554.53	3	NO
2	47490	PERCUTANEOUS CHOLECYSTOSOMY	1/1/2008	\$370.94	3	NO
2	47500	INJECTION PROCEDURE FOR PERCUTAN	1/1/2008	\$72.58	3	NO
2	47505	INJECTION PROCEDURE FOR CHOLANGI	1/1/2008	\$27.96	3	NO
2	47510	INTRODUCTION OF PERCUTANEOUS TRA	1/1/2008	\$353.74	3	NO
2	47511	INTRODUCTION OF PERCUTANEOUS TRA	1/1/2008	\$436.26	3	NO
2	47525	CHANGE OF PERCUTANEOUS BILIARY D	1/1/2008	\$555.88	3	NO
2	47530	REVISION AND/OR REINSERTION OF T	1/1/2008	\$265.04	3	NO
2	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	1/1/2008	\$117.73	3	NO
2	47552	BILIARY ENDOSCOPY, PERCUTANEOUS	1/1/2008	\$235.20	3	NO
2	47553	BILIARY ENDOSCOPY, PERCUTANEOUS	1/1/2008	\$234.39	3	NO
2	47554	BILIARY ENDOSCOPY, PERCUTANEOUS	1/1/2008	\$356.16	3	NO
2	47555	BILIARY ENDOSCOPY,PERCUTANEOUS V	1/1/2008	\$279.55	3	NO
2	47556	BILIARY ENDOSCOPY PERCUTANEOUS V	1/1/2008	\$315.84	3	NO
2	47560	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$190.85	3	NO
2	47561	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$205.63	3	NO
2	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$487.87	3	NO
2	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$506.69	3	NO
2	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$589.21	3	NO
2	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$523.89	3	NO
2	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	47600	CHOLECYSTECTOMY	1/1/2008	\$686.78	3	NO
2	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	1/1/2008	\$653.72	3	NO
2	47610	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$838.66	3	NO
2	47612	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$845.38	3	NO
2	47620	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$918.49	3	NO
2	47630	BILIARY DUCT STONE EXTRACTION PE	1/1/2008	\$401.32	3	NO
2	47700	EXPLORATION FOR CONGENITAL ATRES	1/1/2008	\$694.31	3	NO
2	47701	PORTOENTEROSTOMY (EG, KASAI PROC	1/1/2008	\$1,167.40	3	NO
2	47711	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$1,038.91	3	NO
2	47712	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$1,336.47	3	NO
2	47715	EXCISION OF CHOLEDOCHAL CYST	1/1/2008	\$870.11	3	NO
2	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2007	INVALID	N	NO
2	47719	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2008	INVALID	N	NO
2	47720	CHOLECYSTOENTEROSTOMY DIRECT	1/1/2008	\$748.61	3	NO
2	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	1/1/2008	\$885.96	3	NO
2	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$858.01	3	NO
2	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$972.52	3	NO
2	47760	ANASTOMOSIS, OF EXTRAHEPATIC BIL	1/1/2008	\$1,423.83	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	1/1/2008	\$1,818.16	3	NO
2	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	1/1/2008	\$1,547.48	3	NO
2	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	1/1/2008	\$1,996.38	3	NO
2	47800	RECONSTRUCTION PLASTIC OF EXTRAH	1/1/2008	\$1,051.01	3	NO
2	47801	PLACEMENT OF CHOLEDOCHAL STENT	1/1/2008	\$716.08	3	NO
2	47802	U-TUBE HEPATICOENTEROSTOMY	1/1/2008	\$1,002.09	3	NO
2	47900	SUTURE OF EXTRAHEPATIC BILIARY D	1/1/2008	\$908.28	3	NO
2	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
2	48000	PLACEMENT OF DRAINS, PERIPANCREA	1/1/2008	\$1,253.68	3	NO
2	48001	PLACEMENT OF DRAINS, WITH CHOLEC	1/1/2008	\$1,554.47	3	NO
2	48005	RESECTION OR DEBRIDEMENT OF PANC	1/1/2007	INVALID	N	NO
2	48020	REMOVAL OF PANCREATIC CALCULUS	1/1/2008	\$765.27	3	NO
2	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	1/1/2008	\$582.22	3	NO
2	48102	BIOPSY OF PANCREAS, PERCUTANEOUS	1/1/2008	\$354.01	3	NO
2	48105	RESECTION OR DEBRIDEMENT OF PANC	1/1/2008	\$1,909.02	3	NO
2	48120	EXCISION OF LESION OF PANCREAS (	1/1/2008	\$733.56	3	NO
2	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	1/1/2008	\$1,040.52	3	NO
2	48145	PANCREATECTOMY DISTAL SUBTOTAL W	1/1/2008	\$1,081.65	3	NO
2	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	1/1/2008	\$1,232.99	3	NO
2	48148	EXCISION OF AMPULLA OF VATER	1/1/2008	\$813.93	3	NO
2	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	1/1/2008	\$2,099.06	3	NO
2	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$1,937.24	3	NO
2	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$2,098.25	3	NO
2	48154	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$1,947.46	3	NO
2	48155	PANCREATECTOMY TOTAL	1/1/2008	\$1,189.98	3	NO
2	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
2	48180	PANCREATICOJEJUNOSTOMY, SIDE-TO-	1/1/2007	INVALID	N	NO
2	48400	INJECTION PROCEDURE FOR INTRAOPE	1/1/2008	\$75.00	3	NO
2	48500	MARSUPIALIZATION OF PANCREATIC C	1/1/2008	\$740.81	3	NO
2	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$708.29	3	NO
2	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$147.84	3	NO
2	48520	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$721.73	3	NO
2	48540	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$873.33	3	NO
2	48545	PANCREATORRHAPHY FOR INJURY	1/1/2008	\$873.33	3	NO
2	48547	DUODENAL EXCLUSION WITH GASTROJE	1/1/2008	\$1,185.41	3	NO
2	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-	1/1/2008	\$1,110.95	3	NO
2	48550	DONOR PANCREATECTOMY (INCLUDING	2/1/1994	NC	9	NO
2	48551	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
2	48552	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$161.01	3	YES
2	48554	TRANSPLANTATION OF PANCREATIC AL	1/1/2008	\$1,613.88	3	YES
2	48556	REMOVAL OF TRANSPLANTED PANCREAT	1/1/2008	\$798.87	3	YES
2	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
2	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	1/1/2008	\$518.52	3	YES
2	49002	REOPENING OF RECENT LAPAROTOMY	1/1/2008	\$652.92	3	NO
2	49010	EXPLORATION, RETROPERITONEAL ARE	1/1/2008	\$631.41	3	NO
2	49020	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$1,059.34	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	49021	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$124.72	3	NO
2	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$659.90	3	NO
2	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$147.84	3	NO
2	49060	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$740.01	3	NO
2	49061	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$136.55	3	NO
2	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	1/1/2008	\$507.49	3	NO
2	49080	PERITONEOCENTESIS, ABDOMINAL PAR	1/1/2008	\$136.01	3	NO
2	49081	PERITONEOCENTESIS ABDOMINAL PARA	1/1/2008	\$107.52	3	NO
2	49085	REMOVAL OF PERITONEAL FOREIGN BO	1/1/2007	INVALID	N	NO
2	49180	BIOPSY, ABDOMINAL OR RETROPERITO	1/1/2008	\$126.87	3	NO
2	49200	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	INVALID	N	NO
2	49201	EXCISION OR DESTRUCTION BY ANY M	1/1/2008	INVALID	N	NO
2	49203	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	\$807.51	3	NO
2	49204	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	\$1,030.91	3	NO
2	49205	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	\$1,180.38	3	NO
2	49215	EXCISION OF PRESACRAL OR SACROCO	1/1/2008	\$1,498.83	3	NO
2	49220	STAGING LAPAROTOMY FOR HODGKINS	1/1/2008	\$648.35	3	NO
2	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	1/1/2008	\$383.85	3	NO
2	49255	OMENECTOMY EPIPLOECTOMY RESECTI	1/1/2008	\$522.82	3	NO
2	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	1/1/2008	\$223.91	3	YES
2	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	1/1/2008	\$234.12	3	NO
2	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$257.24	3	NO
2	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$426.59	3	NO
2	49324	LAPAROSCOPY, SURGICAL; WITH INSE	1/1/2008	\$263.42	3	NO
2	49325	LAPAROSCOPY, SURGICAL; W/REVISIO	1/1/2008	\$283.85	3	NO
2	49326	LAPAROSCOPY, SURGICAL; WITH OMEN	1/1/2008	\$130.64	3	NO
2	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
2	49400	INJECTION OF AIR OR CONTRAST INT	1/1/2008	\$70.69	3	NO
2	49402	REMOVAL OF PERITONEAL FOREIGN BO	1/1/2008	\$568.24	3	NO
2	49419	INSERTION OF INTRAPERITONEAL CAN	1/1/2008	\$305.36	3	NO
2	49420	INSERTION OF INTRAPERITONEAL CAN	1/1/2008	\$95.16	3	NO
2	49421	INSERTION OF INTRAPERITONEAL CAN	1/1/2008	\$262.35	3	NO
2	49422	REMOVAL OF PERMANENT INTRAPERITO	1/1/2008	\$266.38	3	NO
2	49423	EXCHANGE OF PREVIOUSLY PLACED AB	1/1/2008	\$55.37	3	NO
2	49424	CONTRAST INJECTION FOR ASSESSMEN	1/1/2008	\$29.03	3	NO
2	49425	INSERTION OF PERITONEAL-VENOUS S	1/1/2008	\$515.56	3	NO
2	49426	REVISION OF PERITONEAL-VENOUS SH	1/1/2008	\$438.41	3	NO
2	49427	INJECTION PROCEDURE FOR EVALUATI	1/1/2008	\$33.60	3	NO
2	49428	LIGATION OF PERITONEAL-VENOUS SH	1/1/2008	\$303.74	3	NO
2	49429	REMOVAL OF PERITONEAL-VENOUS SHU	1/1/2008	\$315.57	3	NO
2	49435	INSERTION OF SUBCUTANEOUS EXTENS	1/1/2008	\$84.13	3	NO
2	49436	DELAYED CREATION OF EXIT SITE FR	1/1/2008	\$123.65	3	NO
2	49440	INSERTION OF GASTROSTOMY TUBE, P	1/1/2008	\$802.12	3	NO
2	49441	INSERTION OF DUODENOSTOMY OR JEJ	1/1/2008	\$949.43	3	NO
2	49442	INSERTION OF CECOSTOMY OR OTHER	1/1/2008	\$774.33	3	NO
2	49446	CONVERSION OF GASTROSTOMY TUBE T	1/1/2008	\$789.70	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	49450	REPLACEMENT OF GASTROSTOMY OR CE	1/1/2008	\$550.66	3	NO
2	49451	REPLACEMENT OF DUODENOSTOMY OR J	1/1/2008	\$584.39	3	NO
2	49452	REPLACEMENT OF GASTRO-JEJUNOSTOM	1/1/2008	\$716.32	3	NO
2	49460	MECHANICAL, REMOVAL OF OBSTRUCTI	1/1/2008	\$582.77	3	NO
2	49465	CONTRAST INJECTION(S) FOR RADIOL	1/1/2008	\$122.49	3	NO
2	49491	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$509.91	3	NO
2	49492	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$622.81	3	NO
2	49495	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$264.77	3	NO
2	49496	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$394.60	3	NO
2	49500	REPAIR INITIAL INGUINAL HERNIA A	1/1/2008	\$261.00	3	NO
2	49501	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$392.72	3	NO
2	49505	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$341.11	3	NO
2	49507	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$422.02	3	NO
2	49520	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$419.60	3	NO
2	49521	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$514.21	3	NO
2	49525	REPAIR INGUINAL HERNIA, SLIDING,	1/1/2008	\$378.20	3	NO
2	49540	REPAIR LUMBAR HERNIA	1/1/2008	\$450.24	3	NO
2	49550	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$380.89	3	NO
2	49553	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$416.37	3	NO
2	49555	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$396.75	3	NO
2	49557	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$482.76	3	NO
2	49560	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$495.67	3	NO
2	49561	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$623.35	3	NO
2	49565	REPAIR RECURRENT INCISIONAL /VEN	1/1/2008	\$510.72	3	NO
2	49566	REPAIR RECURRENT INCISIONAL/VENT	1/1/2008	\$629.53	3	NO
2	49568	IMPLANT OF MESH OR OTHER PROSTH	1/1/2008	\$190.58	3	NO
2	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	1/1/2008	\$266.92	3	NO
2	49572	REPAIR EPIGASTRIC HERNIA (EG, PR	1/1/2008	\$328.74	3	NO
2	49580	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$204.83	3	NO
2	49582	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$307.24	3	NO
2	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$287.08	3	NO
2	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$341.91	3	NO
2	49590	REPAIR SPIGELIAN HERNIA	1/1/2008	\$377.40	3	NO
2	49600	REPAIR OF SMALL OMPHALOCELE, WIT	1/1/2008	\$485.99	3	NO
2	49605	REPAIR OF LARGE OMPHALOCELE OR G	1/1/2008	\$3,339.30	3	NO
2	49606	REPAIR OF OMPHALOCELE WITH STAGE	1/1/2008	\$774.14	3	NO
2	49610	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$456.15	3	NO
2	49611	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$434.92	3	NO
2	49650	LAPAROSCOPY, SURGICAL; REPAIR IN	1/1/2008	\$281.16	3	NO
2	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	1/1/2008	\$363.42	3	NO
2	49659	UNLISTED LAPAROSCOPY PROCEDURE,	4/1/2002	\$0.01	5	NO
2	49900	SUTURE SECONDARY OF ABDOMINAL WA	1/1/2008	\$540.83	3	NO
2	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (E	1/1/2008	\$1,057.73	3	NO
2	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	1/1/2008	\$254.02	3	NO
2	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO
2	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50010	RENAL EXPLORATION, NOT NECESSITA	1/1/2008	\$502.66	3	NO
2	50020	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$729.79	3	NO
2	50021	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$124.72	3	NO
2	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	1/1/2008	\$667.70	3	NO
2	50045	NEPHROTOMY WITH EXPLORATION	1/1/2008	\$671.73	3	NO
2	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	1/1/2008	\$828.98	3	NO
2	50065	NEPHROLITHOTOMY; SECONDARY SURGI	1/1/2008	\$840.54	3	NO
2	50070	NEPHROLITHOTOMY; COMPLICATED BY	1/1/2008	\$865.80	3	NO
2	50075	NEPHROLITHOTOMY REMOVAL OF LARGE	1/1/2008	\$1,065.25	3	NO
2	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY	1/1/2008	\$632.49	3	NO
2	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY	1/1/2008	\$928.44	3	NO
2	50100	TRANSECTION OR REPOSITIONING OF	1/1/2008	\$726.03	3	NO
2	50120	PYELOTOMY WITH EXPLORATION	1/1/2008	\$687.32	3	NO
2	50125	PYELOTOMY; WITH DRAINAGE PYELOST	1/1/2008	\$720.65	3	NO
2	50130	PYELOTOMY WITH REMOVAL OF CALCUL	1/1/2008	\$747.80	3	NO
2	50135	PYELOTOMY COMPLICATED (EG SECOND	1/1/2008	\$815.54	3	NO
2	50200	RENAL BIOPSY PERCUTANEOUS BY TRO	1/1/2008	\$108.33	3	NO
2	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	1/1/2008	\$501.31	3	NO
2	50220	NEPHRECTOMY, INCLUDING PARTIAL U	1/1/2008	\$745.65	3	NO
2	50225	NEPHRECTOMY COMPLICATED BECAUSE	1/1/2008	\$864.19	3	NO
2	50230	NEPHRECTOMY,INCLUDING PARTIAL UR	1/1/2008	\$931.39	3	NO
2	50234	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$946.18	3	NO
2	50236	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$1,068.75	3	NO
2	50240	NEPHRECTOMY PARTIAL	1/1/2008	\$955.32	3	NO
2	50250	ABLATION, OPEN, ONE OR MORE RENA	1/1/2006	NC	9	NO
2	50280	EXCISION OR UNROOFING OF CYSTS O	1/1/2008	\$685.44	3	NO
2	50290	EXCISION OF PERINEPHRIC CYST	1/1/2008	\$653.72	3	NO
2	50300	DONOR NEPHRECTOMY (INCLUDING COL	1/1/2008	\$562.69	3	NO
2	50320	DONOR NEPHRECTOMY (INCLUDING COL	1/1/2008	\$960.69	3	NO
2	50323	BACKBENCH STANDARD PREP OF CADA	1/1/2005	\$0.01	5	NO
2	50325	BACKBENCH STANDARD PREP OF LIVIN	1/1/2008	\$176.12	3	NO
2	50327	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$149.99	3	NO
2	50328	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$131.44	3	NO
2	50329	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$125.80	3	NO
2	50340	RECIPIENT NEPHRECTOMY (SEPARATE	1/1/2008	\$599.16	3	NO
2	50360	RENAL ALLOTRANSPLANTATION, IMPLA	1/1/2008	\$1,628.66	3	NO
2	50365	RENAL HOMOTRANSPLANTATION, IMPLA	1/1/2008	\$1,845.04	3	NO
2	50370	REMOVAL OF TRANSPLANTED RENAL AL	1/1/2008	\$753.72	3	NO
2	50380	RENAL AUTOTRANSPLANTATION REIMPL	1/1/2008	\$1,217.40	3	NO
2	50382	REMOVAL AND REPLACE OF INTERNAL	1/1/2008	\$1,052.08	3	NO
2	50384	REMOVAL OF INTERNAL DWELLING URE	1/1/2008	\$984.08	3	NO
2	50385	REMOVAL AND REPLACEMENT OF INTER	1/1/2008	\$953.74	3	NO
2	50386	REMOVAL OF INTERNALLY DWELLING U	1/1/2008	\$617.30	3	NO
2	50387	REMOVAL AND REPLACE OF EXTERNALL	1/1/2008	\$504.81	3	NO
2	50389	REMOVAL OF NEPHROSTOMY TUBE, REQ	1/1/2008	\$331.16	3	NO
2	50390	ASPIRATION AND/OR INJECTION OF R	1/1/2008	\$72.58	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50391	INSTILLATION(S) OF THERAPEUTIC A	1/1/2008	\$98.38	3	NO
2	50392	INTRODUCTION OF INTRACATHETER OR	1/1/2008	\$135.21	3	NO
2	50393	INTRODUCTION OF URETERAL CATHETE	1/1/2008	\$164.24	3	NO
2	50394	INJECTION PROC FOR PYELOGRAPHY T	1/1/2008	\$87.63	3	NO
2	50395	INTRODUCTION OF GUIDE INTO RENAL	1/1/2008	\$135.74	3	NO
2	50396	MANOMETRIC STUDIES THROUGH NEPHR	1/1/2008	\$87.63	3	NO
2	50398	CHANGE OF NEPHROSTOMY OR PYELOST	1/1/2008	\$55.37	3	NO
2	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	1/1/2008	\$839.19	3	NO
2	50405	PYELOPLASTY; COMPLICATED (CONGEN	1/1/2008	\$1,009.88	3	NO
2	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	1/1/2008	\$852.36	3	NO
2	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	1/1/2008	\$757.21	3	NO
2	50525	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$955.85	3	NO
2	50526	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$1,008.81	3	NO
2	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	1/1/2008	\$840.81	3	NO
2	50541	LAPAROSCOPY, SURGICAL; ABLATION	1/1/2008	\$671.19	3	NO
2	50542	LAPAROSCOPY, SURGICAL; ABLATION	1/1/2008	\$846.72	3	NO
2	50543	LAPAROSCOPY, SURGICAL; PARTIAL N	1/1/2008	\$1,081.38	3	NO
2	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	1/1/2008	\$918.22	3	NO
2	50545	LAPAROSCOPY, SURGICAL; RADICAL N	1/1/2008	\$985.15	3	NO
2	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$871.18	3	NO
2	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	1/1/2008	\$1,088.91	3	NO
2	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$994.02	3	NO
2	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	50551	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2008	\$275.52	3	NO
2	50553	RENAL ENDOSCOPY THROUGH EST NEPH	1/1/2008	\$288.15	3	NO
2	50555	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2008	\$318.80	3	NO
2	50557	RENAL ENDOSCOPY THROUGH ESTB NEP	1/1/2008	\$318.26	3	NO
2	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
2	50561	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2008	\$359.39	3	NO
2	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2008	\$436.26	3	NO
2	50570	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2008	\$368.26	3	NO
2	50572	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2008	\$402.39	3	NO
2	50574	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2008	\$424.17	3	NO
2	50575	RENAL ENDOSCOPY WITH ENDOPYEOTO	1/1/2008	\$536.52	3	NO
2	50576	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2008	\$422.82	3	NO
2	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
2	50580	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2008	\$455.62	3	NO
2	50590	LITHOTRIPSY, EXTRACORPOREAL SHOC	1/1/2008	\$642.16	3	NO
2	50592	ABLATION, ONE OR MORE RENAL TUMO	1/1/2006	NC	9	NO
2	50593	ABLATION, RENAL TUMOR(S), UNILAT	1/1/2008	NC	9	NO
2	50600	URETEROTOMY WITH EXPLORATION OR	1/1/2008	\$681.14	3	NO
2	50605	URETEROTOMY FOR INSERTION OF IND	1/1/2008	\$676.57	3	NO
2	50610	URETEROLITHOTOMY UPPER ONE-THIRD	1/1/2008	\$701.03	3	NO
2	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	1/1/2008	\$655.60	3	NO
2	50630	URETEROLITHOTOMY; LOWER ONE-THIR	1/1/2008	\$644.31	3	NO
2	50650	URETERECTOMY WITH BLADDER CUFF (	1/1/2008	\$749.41	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50660	URETERECTOMY TOTAL ECTOPIC URETE	1/1/2008	\$832.20	3	NO
2	50684	INJECT PROC FOR URETEROGRAPHY OR	1/1/2008	\$148.92	3	NO
2	50686	MANOMETRIC STUDIES THROUGH URETE	1/1/2008	\$126.60	3	NO
2	50688	CHANGE OF URETEROSTOMY TUBE OR E	1/1/2008	\$60.75	3	NO
2	50690	INJECT PROC FOR VISUALIZATION OF	1/1/2008	\$79.03	3	NO
2	50700	URETEROPLASTY PLASTIC OPERATION	1/1/2008	\$678.72	3	NO
2	50715	URETEROLYSIS, WITH OR WITHOUT RE	1/1/2008	\$842.96	3	NO
2	50722	URETEROLYSIS FOR OVARIAN VEIN SY	1/1/2008	\$741.08	3	NO
2	50725	URETEROLYSIS FOR RETROCAVAL URET	1/1/2008	\$807.48	3	NO
2	50727	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$361.00	3	NO
2	50728	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$510.18	3	NO
2	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	1/1/2008	\$805.32	3	NO
2	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	1/1/2008	\$830.86	3	NO
2	50760	URETEROURETEROSTOMY	1/1/2008	\$798.34	3	NO
2	50770	TRANSURETEROURETEROSTOMY ANASTOM	1/1/2008	\$838.92	3	NO
2	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$794.57	3	NO
2	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$801.83	3	NO
2	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	1/1/2008	\$838.66	3	NO
2	50785	URETERONEOCYSTOSTOMY; WITH VESIC	1/1/2008	\$875.75	3	NO
2	50800	URETEROENTEROSTOMY, DIRECT ANAST	1/1/2008	\$661.79	3	NO
2	50810	URETEROSIGMOIDOSTOMY, W/CREATION	1/1/2008	\$911.77	3	NO
2	50815	URETEROCOLON CONDUIT, INCLUDING	1/1/2008	\$883.55	3	NO
2	50820	URETEROILEAL CONDUIT (ILEAL BLAD	1/1/2008	\$948.86	3	NO
2	50825	CONTINENT DIVERSION, INC INTESTI	1/1/2008	\$1,202.07	3	NO
2	50830	URINARY UNDIVERSION (EG TAKING D	1/1/2008	\$1,319.81	3	NO
2	50840	REPLACEMENT OF ALL OR PART OF UR	1/1/2008	\$887.04	3	NO
2	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1/1/2008	\$902.90	3	NO
2	50860	URETEROSTOMY, TRANSPLANTATION OF	1/1/2008	\$684.63	3	NO
2	50900	URETERORRHAPHY SUTURE OF URETER	1/1/2008	\$609.37	3	NO
2	50920	CLOSURE OF URETEROCUTANEOUS FIST	1/1/2008	\$637.59	3	NO
2	50930	CLOSURE OF URETEROVISERAL FISTU	1/1/2008	\$803.44	3	NO
2	50940	DELIGATION OF URETER	1/1/2008	\$642.70	3	NO
2	50945	LAPAROSCOPY, SURGICAL, URETEROLI	1/1/2008	\$718.50	3	NO
2	50947	LAPAROSCOPY, SURGICAL; URETERONE	1/1/2008	\$1,027.35	3	NO
2	50948	LAPAROSOCPY, SURGICAL; URETERONE	1/1/2008	\$939.72	3	NO
2	50949	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	50951	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2008	\$287.08	3	NO
2	50953	URETERAL ENDOSCOPY THROUGH EST U	1/1/2008	\$301.59	3	NO
2	50955	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2008	\$358.58	3	NO
2	50957	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2008	\$323.10	3	NO
2	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
2	50961	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2008	\$293.53	3	NO
2	50970	URETERAL ENDOSCOPY THROUGH URETE	1/1/2008	\$277.67	3	NO
2	50972	URETERAL ENDOSCOPY THROUGH URETE	1/1/2008	\$268.26	3	NO
2	50974	URETERAL ENDOSCOPY THROUGH URETE	1/1/2008	\$352.67	3	NO
2	50976	URETERAL ENDOSCOPY THROUGH URETE	1/1/2008	\$347.02	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
2	50980	URETERAL ENDOSCOPY THROUGH URETE	1/1/2008	\$265.57	3	NO
2	51000	ASPIRATION OF BLADDER BY NEEDLE	1/1/2008	INVALID	N	NO
2	51005	ASPIRATION OF BLADDER BY TROCAR	1/1/2008	INVALID	N	NO
2	51010	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	INVALID	N	NO
2	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	1/1/2008	\$329.55	3	NO
2	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	1/1/2008	\$334.66	3	NO
2	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	1/1/2008	\$208.32	3	NO
2	51045	CYSTOTOMY, WITH INSERTION OF URE	1/1/2008	\$334.92	3	NO
2	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	1/1/2008	\$334.66	3	NO
2	51060	TRANSVESICAL URETEROLITHOTOMY	1/1/2008	\$415.03	3	NO
2	51065	CYSTOTOMY, W/CALCULUS BASKET EXT	1/1/2008	\$411.80	3	NO
2	51080	DRAINAGE OF PERIVESICAL OR PREVE	1/1/2008	\$289.50	3	NO
2	51100	ASPIRATION OF BLADDER; BY NEEDLE	1/1/2008	\$47.22	3	NO
2	51101	ASPIRATION OF BLADDER; BY TROCAR	1/1/2008	\$95.24	3	NO
2	51102	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	\$250.91	3	NO
2	51500	EXCISION OF URACHAL CYST OR SINU	1/1/2008	\$461.53	3	NO
2	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	1/1/2008	\$427.93	3	NO
2	51525	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$619.85	3	NO
2	51530	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$558.57	3	NO
2	51535	CYSTOTOMY FOR EXCISION, INCISION	1/1/2008	\$577.38	3	NO
2	51550	CYSTECTOMY PARTIAL SIMPLE	1/1/2008	\$690.82	3	NO
2	51555	CYSTECTOMY PARTIAL COMPLICATED (	1/1/2008	\$917.41	3	NO
2	51565	CYSTECTOMY PARTIAL WITH REIMPLAN	1/1/2008	\$938.11	3	NO
2	51570	CYSTECTOMY COMPLETE (SEPARATE PR	1/1/2008	\$1,067.67	3	NO
2	51575	CYSTECTOMY COMPLETE WITH BILATER	1/1/2008	\$1,328.95	3	NO
2	51580	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$1,376.79	3	NO
2	51585	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$1,536.19	3	NO
2	51590	CYSTECTOMY, COMPLETE, W/URETEROI	1/1/2008	\$1,406.09	3	NO
2	51595	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$1,594.79	3	NO
2	51596	CYSTECTOMY, COMPLETE, W/CONTINEN	1/1/2008	\$1,710.11	3	NO
2	51597	PELVIC EXENTERATION COMPLETE FOR	1/1/2008	\$1,656.88	3	NO
2	51600	INJECTION PROCEDURE FOR CYSTOGRA	1/1/2008	\$154.56	3	NO
2	51605	INJECTION PROCEDURE AND PLACEMEN	1/1/2008	\$28.22	3	NO
2	51610	INJECTION PROCEDURE FOR RETROGRA	1/1/2008	\$88.70	3	NO
2	51700	BLADDER IRRIGATION SIMPLE LAVAGE	1/1/2008	\$67.74	3	NO
2	51701	INSERTION OF NON-INDWELLING BLAD	1/1/2008	\$53.49	3	NO
2	51702	INSERTION OF TEMPORARY INDWELLIN	1/1/2008	\$66.66	3	NO
2	51703	INSERTION OF TEMPORARY INDWELLIN	1/1/2008	\$112.63	3	NO
2	51705	CHANGE OF CYSTOSTOMY TUBE SIMPLE	1/1/2008	\$88.97	3	NO
2	51710	CHANGE OF CYSTOSTOMY TUBE; COMPL	1/1/2008	\$128.76	3	NO
2	51715	ENDOSCOPIC INJECTION OF IMPLANT	1/1/2008	\$216.65	3	NO
2	51720	BLADDER INSTILLATION OF ANTICARC	1/1/2008	\$90.32	3	NO
2	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	1/1/2008	\$186.28	3	NO
2	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	1/1/2008	\$249.98	3	NO
2	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	1/1/2008	\$36.02	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	1/1/2008	\$58.06	3	NO
2	51772	URETHRAL PRESSURE PROFILE STUDIE	1/1/2008	\$194.88	3	NO
2	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	1/1/2008	\$151.60	3	NO
2	51785	NEEDLE ELECTROMYOGRAPHY STUDIES	1/1/2008	\$165.04	3	NO
2	51792	STIMULUS EVOKED RESPONSE (EG MEA	1/1/2008	\$189.24	3	NO
2	51795	VOIDING PRESSURE STUDIES (VP); B	1/1/2008	\$239.23	3	NO
2	51797	VOIDING PRESSURE STUDIES (VP); I	1/1/2008	\$196.76	3	NO
2	51798	MEASUREMENT OF POST-VOIDING RESI	1/1/2008	\$12.90	3	NO
2	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	1/1/2008	\$760.17	3	NO
2	51820	CYSTOURETHROPLASTY WITH UNILATER	1/1/2008	\$807.21	3	NO
2	51840	ANTERIOR VESICOURETHROPEXY, OR U	1/1/2008	\$482.76	3	YES
2	51841	ANTERIOR VESICOURETHROPEXY OR UR	1/1/2008	\$573.62	3	YES
2	51845	ABDOMINO-VAGINAL VESICAL NECK SU	1/1/2008	\$427.39	3	YES
2	51860	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$529.00	3	NO
2	51865	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$646.73	3	NO
2	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	1/1/2008	\$340.84	3	NO
2	51900	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$598.35	3	NO
2	51920	CLOSURE OF VESICOUTERINE FISTULA	1/1/2008	\$554.53	3	NO
2	51925	CLOSURE OF VESICOUTERINE FISTUAL	1/1/2008	\$764.47	3	NO
2	51940	CLOSURE, EXSTROPHY OF BLADDER	1/1/2008	\$1,197.77	3	NO
2	51960	ENTEROCYSTOPLASTY, INCLUDING INT	1/1/2008	\$1,004.77	3	NO
2	51980	CUTANEOUS VESICOSTOMY	1/1/2008	\$515.29	3	NO
2	51990	LAPAROSCOPY, SURGICAL; URETHRAL	1/1/2008	\$557.76	3	NO
2	51992	LAPAROSCOPY, SURGICAL; SLING OPE	1/1/2008	\$604.80	3	NO
2	51999	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
2	52000	CYSTOURETHROSCOPY (SEPARATE PROC	1/1/2008	\$155.10	3	NO
2	52001	CYSTOURETHROSCOPY WITH IRRIGATIO	1/1/2008	\$293.53	3	NO
2	52005	CYSTOURETHROSCOPY WITH URETERAL	1/1/2008	\$219.07	3	NO
2	52007	CYSTOURETHROSCOPY WITH URETERAL	1/1/2008	\$121.50	3	NO
2	52010	CYSTOURETHROSCOPY WITH EJACULATO	1/1/2008	\$121.23	3	NO
2	52204	CYSTOURETHROSCOPY, WITH BIOPSY	1/1/2008	\$101.88	3	NO
2	52214	CYSTOURETHROSCOPY, WITH FULGURAT	1/1/2008	\$145.96	3	NO
2	52224	CYSTOURETHROSCOPY, WITH FULGURAT	1/1/2008	\$124.72	3	NO
2	52234	CYSTOURETHROSCOPY, WITH FULGURAT	1/1/2008	\$182.25	3	NO
2	52235	CYSTOURETHROSCOPY WITH FULGURATI	1/1/2008	\$213.96	3	NO
2	52240	CYSTOURETHROSCOPY WITH FULGURATI	1/1/2008	\$376.32	3	NO
2	52250	CYSTOURETHROSCOPY WITH INSERTION	1/1/2008	\$178.48	3	NO
2	52260	CYSTOURETHROSCOPY WITH DILATION	1/1/2008	\$154.83	3	NO
2	52265	CYSTOURETHROSCOPY WITH DILATION	1/1/2008	\$117.73	3	NO
2	52270	CYSTOURETHROSCOPY WITH INTERNAL	1/1/2008	\$133.86	3	NO
2	52275	CYSTOURETHROSCOPY WITH INTERNAL	1/1/2008	\$184.13	3	NO
2	52276	CYSTOURETHROSCOPY WITH DIRECT VI	1/1/2008	\$196.22	3	NO
2	52277	CYSTOURETHROSCOPY WITH RESECTION	1/1/2008	\$241.92	3	NO
2	52281	CYSTOURETHROSCOPY, WITH CALIBRAT	1/1/2008	\$259.39	3	NO
2	52282	CYSTOURETHROSCOPY, WITH INSERTIO	1/1/2008	\$249.45	3	NO
2	52283	CYSTOURETHROSCOPY, WITH STEROID	1/1/2008	\$214.50	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	52285	CYSTOURETHROSCOPY FOR TREATMENT	1/1/2008	\$214.23	3	NO
2	52290	CYSTOURETHROSCOPY WITH URETERAL	1/1/2008	\$180.63	3	NO
2	52300	CYSTOURETHROSCOPY; W/RESECTION O	1/1/2008	\$209.13	3	NO
2	52301	CYSTOURETHROSCOPY; WITH RESECTIO	1/1/2008	\$214.77	3	NO
2	52305	CYSTOURETHROSCOPY WITH INCISION	1/1/2008	\$207.24	3	NO
2	52310	CYSTOURETHROSCOPY WITH REM OF FO	1/1/2008	\$202.68	3	NO
2	52315	CYSTOURETHROSCOPY WITH REMOVAL O	1/1/2008	\$203.75	3	NO
2	52317	LITHOLAPAXY: CRUSHING OR FRAGMEN	1/1/2008	\$259.93	3	NO
2	52318	LITHOLAPAXY CRUSHING/FRAGMENTATI	1/1/2008	\$354.55	3	NO
2	52320	CYSTOURETHROSCOPY (INCLUDING URE	1/1/2008	\$183.05	3	NO
2	52325	CYSTOURETHROSCOPY (INCLUDING URE	1/1/2008	\$239.23	3	NO
2	52327	CYSTOURETHROSCOPY (INC URETERAL	1/1/2008	\$201.87	3	NO
2	52330	CYSTOURETHROSCOPY (INCLUDING URE	1/1/2008	\$196.49	3	NO
2	52332	CYSTOURETHROSCOPY WITH INSERTION	1/1/2008	\$113.70	3	NO
2	52334	CYSTOURETHROSCOPY WITH INSERTION	1/1/2008	\$189.77	3	NO
2	52341	CYSTOURETHROSCOPY; WITH TREATMEN	1/1/2008	\$241.38	3	NO
2	52342	CYSTOURETHROSCOPY; WITH TREATMEN	1/1/2008	\$259.66	3	NO
2	52343	CYSTOURETHROSCOPY; WITH TREATMEN	1/1/2008	\$286.54	3	NO
2	52344	CYSTOURETHROSCOPY WITH URETEROSC	1/1/2008	\$307.78	3	NO
2	52345	CYSTOURETHROSCOPY WITH URETEROSC	1/1/2008	\$326.86	3	NO
2	52346	CYSTOURETHROSCOPY WITH URETEROSC	1/1/2008	\$365.84	3	NO
2	52347	CYSTOURETHROSCOPY WITH TRANSURET	1/1/2005	INVALID	N	NO
2	52351	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2008	\$231.71	3	NO
2	52352	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2008	\$272.29	3	NO
2	52353	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2008	\$313.69	3	NO
2	52354	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2008	\$290.04	3	NO
2	52355	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2008	\$346.21	3	NO
2	52400	CYSTOURETHROSCOPY WITH INCISION,	1/1/2008	\$401.05	3	NO
2	52402	CYSTOURETHROSCOPY W/TRANSURETHRA	1/1/2005	NC	9	NO
2	52450	TRANSURETHRAL INCISION OF PROSTA	1/1/2008	\$331.16	3	NO
2	52500	TRANSURETHRAL RESECTION OF BLADD	1/1/2008	\$390.03	3	NO
2	52510	TRANSURETHRAL BALLOON DILATION O	1/1/2008	INVALID	N	NO
2	52601	TRANSURETHRAL ELECTROSURGICAL RE	1/1/2008	\$591.09	3	NO
2	52606	TRANSURETHRAL FULGURATION FOR PO	1/1/2008	\$362.34	3	NO
2	52612	TRANSURETHRAL RESECTION OF PROST	1/1/2008	\$374.44	3	NO
2	52614	TRANSURETHRAL RESECTION OF PROST	1/1/2008	\$327.13	3	NO
2	52620	TRANSURETHRAL RESECTION OF RESID	1/1/2008	\$297.56	3	NO
2	52630	TRANSURETHRAL RESECTION OF REGRO	1/1/2008	\$316.65	3	NO
2	52640	TRANSURETHRAL RESECTION OF POSTO	1/1/2008	\$287.88	3	NO
2	52647	LASER COAGULATION OF PROSTATE, I	1/1/2008	\$2,092.61	3	NO
2	52648	LASER VAPORIZATION OF PROSTATE,	1/1/2008	\$2,120.56	3	NO
2	52649	LASER ENUCLEATION OF THE PROSTAT	1/1/2008	\$744.38	3	NO
2	52700	TRANSURETHRAL DRAINAGE OF PROSTA	1/1/2008	\$309.66	3	NO
2	53000	URETHROTOMY OR URETHROSTOMY EXTE	1/1/2008	\$109.40	3	NO
2	53010	URETHROTOMY OR URETHROSTOMY EXTE	1/1/2008	\$207.78	3	NO
2	53020	MEATOTOMY, CUTTING OF MEATUS (SE	1/1/2008	\$71.23	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	53025	MEATOTOMY CUTTING OF MEATUS (SEP	1/1/2008	\$48.38	3	NO
2	53040	DRAINAGE OF DEEP PERIURETHRAL AB	1/1/2008	\$285.73	3	NO
2	53060	DRAINAGE OF SKENES GLAND ABSCESS	1/1/2008	\$134.13	3	NO
2	53080	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$350.78	3	NO
2	53085	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$501.85	3	NO
2	53200	BIOPSY OF URETHRA	1/1/2008	\$113.16	3	NO
2	53210	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$559.64	3	NO
2	53215	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$675.23	3	NO
2	53220	EXCISION OR FULGURATION OF CARCI	1/1/2008	\$324.44	3	NO
2	53230	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$435.72	3	NO
2	53235	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$457.50	3	NO
2	53240	MARSUPIALIZATION OF URETHRAL DIV	1/1/2008	\$305.09	3	NO
2	53250	EXCISION OF BULBOURETHRAL GLAND	1/1/2008	\$284.12	3	NO
2	53260	EXCISION OR FULGURATION URETHRAL	1/1/2008	\$149.18	3	NO
2	53265	EXCISION OR FULGURATION URETHRAL	1/1/2008	\$165.58	3	NO
2	53270	EXCISION OR FULGURATION; SKENE'S	1/1/2008	\$151.60	3	NO
2	53275	EXCISION OR FULGURATION; URETHRA	1/1/2008	\$194.88	3	NO
2	53400	URETHROPLASTY FIRST STAGE FOR FI	1/1/2008	\$579.26	3	NO
2	53405	URETHROPLASTY; SECOND STAGE (FOR	1/1/2008	\$634.64	3	NO
2	53410	URETHROPLASTY ONE-STAGE RECONSTR	1/1/2008	\$711.51	3	NO
2	53415	URETHROPLASTY, TRANSPUBIC OR PER	1/1/2008	\$811.78	3	NO
2	53420	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$601.04	3	NO
2	53425	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$687.86	3	NO
2	53430	URETHROPLASTY RECONSTRUCTION OF	1/1/2008	\$696.19	3	NO
2	53431	URETHROPLASTY WITH TUBULARIZATIO	1/1/2008	\$840.81	3	NO
2	53440	SLING OPERATION FOR CORRECTION O	1/1/2008	\$621.73	3	NO
2	53442	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$546.20	3	NO
2	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
2	53444	INSERTION OF TANDEM CUFF (DUAL C	1/1/2008	\$576.58	3	NO
2	53445	INSERTION OF INFLATABLE URETHRAL	1/1/2008	\$638.40	3	NO
2	53446	REMOVAL OF INFLATABLE URETHRAL/B	1/1/2008	\$465.29	3	NO
2	53447	REMOVAL AND REPLACEMENT OF INFLA	1/1/2008	\$592.97	3	NO
2	53448	REMOVAL AND REPLACEMENT OF INFLA	1/1/2008	\$933.00	3	NO
2	53449	REPAIR OF INFLATABLE URETHRAL/BL	1/1/2008	\$439.22	3	NO
2	53450	URETHROMEATOPLASTY, WITH MUCOSAL	1/1/2008	\$289.77	3	NO
2	53460	URETHROMEATOPLASTY, WITH PARTIAL	1/1/2008	\$328.47	3	NO
2	53500	URETHROLYSIS, TRANSVAGINAL, SECO	1/1/2008	\$545.66	3	NO
2	53502	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$350.52	3	NO
2	53505	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$348.63	3	NO
2	53510	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$460.99	3	NO
2	53515	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$579.80	3	NO
2	53520	CLOSURE OF URETHROSTOMY OR URETH	1/1/2008	\$399.71	3	NO
2	53600	DILATION OF URETHRAL STRICTURE B	1/1/2008	\$65.86	3	NO
2	53601	DILATION OF URETHRAL STRICTURE B	1/1/2008	\$63.17	3	NO
2	53605	DILATION OF URETHRAL STRICTURE O	1/1/2008	\$48.65	3	NO
2	53620	DILATION OF URETHRAL STRICTURE B	1/1/2008	\$98.11	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	53621	DILATION OF URETHRAL STRICTURE B	1/1/2008	\$93.00	3	NO
2	53660	DILATION OF FEMALE URETHRA INCLU	1/1/2008	\$55.64	3	NO
2	53661	DILATION OF FEMALE URETHRA INCLU	1/1/2008	\$55.64	3	NO
2	53665	DILATION OF FEMALE URETHRA, GENE	1/1/2008	\$29.03	3	NO
2	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
2	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
2	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
2	53852	TRANSURETHRAL DESTRUCTION OF PRO	7/1/2007	NC	9	NO
2	53853	TRANSURETHRAL DESTRUCTION OF PRO	1/1/2008	\$1,470.34	3	NO
2	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
2	54000	SLITTING OF PREPUCE DORSAL OR LA	1/1/2008	\$121.77	3	NO
2	54001	SLITTING OF PREPUCE DORSAL OR LA	1/1/2008	\$148.11	3	NO
2	54015	INCISION AND DRAINAGE OF PENIS D	1/1/2008	\$226.60	3	NO
2	54050	DESTRUCTION OF LESION(S) PENIS (	1/1/2008	\$83.60	3	NO
2	54055	DESTRUCTION OF LESION(S) PENIS S	1/1/2008	\$80.37	3	NO
2	54056	DESTRUCTIN OF LESION(S) PENIS SI	1/1/2008	\$85.48	3	NO
2	54057	DESTRUCTION OF LESION(S) PENIS S	1/1/2008	\$98.38	3	NO
2	54060	DESTRUCTION OF LESION(S) PENIS S	1/1/2008	\$139.24	3	NO
2	54065	DESTRUCTION OF LESION(S), PENIS	1/1/2008	\$144.35	3	NO
2	54100	BIOPSY OF PENIS; CUTANEOUS (SEPA	1/1/2008	\$132.79	3	NO
2	54105	BIOPSY OF PENIS; DEEP STRUCTURES	1/1/2008	\$214.50	3	NO
2	54110	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$449.97	3	NO
2	54111	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$581.41	3	NO
2	54112	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$683.29	3	NO
2	54115	REMOVAL FOREIGN BODY FROM DEEP P	1/1/2008	\$322.56	3	NO
2	54120	AMPUTATION OF PENIS PARTIAL	1/1/2008	\$451.32	3	NO
2	54125	AMPUTATION OF PENIS; COMPLETE	1/1/2008	\$586.79	3	NO
2	54130	AMPUTATION OF PENIS RADICAL WITH	1/1/2008	\$865.54	3	NO
2	54135	AMPUTATION OF PENIS RADICAL IN C	1/1/2008	\$1,105.31	3	NO
2	54150	CIRCUMCISION, USING CLAMP OR OTHE	1/1/2008	\$95.69	3	NO
2	54152	CIRCUMCISION CLAMP PROCEDURE; EX	1/1/2007	INVALID	N	NO
2	54160	CIRCUMCISION, SURGICAL EXCISION	1/1/2008	\$180.63	3	NO
2	54161	CIRCUMCISION SURGICAL EXCISION O	1/1/2008	\$141.12	3	NO
2	54162	LYSIS OR EXCISION OF PENILE POST	1/1/2008	\$214.23	3	NO
2	54163	REPAIR INCOMPLETE CIRCUMCISION	1/1/2008	\$153.48	3	NO
2	54164	FRENULOTOMY OF PENIS	1/1/2008	\$134.13	3	NO
2	54200	INJECTION PROCEDURE FOR PEYRONIE	1/1/2008	\$80.91	3	NO
2	54205	INJECTION PROCEDURE FOR PEYRONIE	1/1/2008	\$388.68	3	NO
2	54220	IRRIGATION OF CORPORA CAVERNOSA	1/1/2008	\$169.61	3	NO
2	54230	INJECTION PROCEDURE FOR CORPORA	1/1/2008	\$69.62	3	NO
2	54231	DYNAMIC CAVERNOSOMETRY, INCLUDIN	1/1/2008	\$99.46	3	NO
2	54235	INJECTION OF CORPORA CAVERNOSA W	1/1/2008	\$62.90	3	NO
2	54240	PENILE PLETHYSMOGRAPHY	1/1/2008	\$70.96	3	NO
2	54250	NOCTURNAL PENILE TUMESCENCE AND/	1/1/2008	\$91.39	3	NO
2	54300	PLASTIC OPERATION OF PENIS FOR S	1/1/2008	\$476.31	3	NO
2	54304	PLASTIC OPERATION ON PENIS FOR C	1/1/2008	\$558.30	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	54308	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$529.80	3	NO
2	54312	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$618.51	3	NO
2	54316	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$742.43	3	NO
2	54318	URETHROPLASTY FOR THIRD STAGE HY	1/1/2008	\$526.04	3	NO
2	54322	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$580.88	3	NO
2	54324	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$725.49	3	NO
2	54326	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$705.60	3	NO
2	54328	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$688.67	3	NO
2	54332	ONE STAGE PROXIMAL PENILE OR PEN	1/1/2008	\$747.26	3	NO
2	54336	ONE STAGE PERINEAL HYPOSPADIAS R	1/1/2008	\$923.87	3	NO
2	54340	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$419.60	3	NO
2	54344	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$718.77	3	NO
2	54348	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$732.21	3	NO
2	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	1/1/2008	\$1,076.54	3	NO
2	54360	PLASTIC OPERATION ON PENIS TO CO	1/1/2008	\$535.18	3	YES
2	54380	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$573.35	3	NO
2	54385	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$686.25	3	NO
2	54390	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$887.85	3	NO
2	54400	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$388.42	3	YES
2	54401	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$466.37	3	YES
2	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
2	54405	INSERTION OF MULTI-COMPONENT, IN	1/1/2008	\$587.33	3	YES
2	54406	REMOVAL OF ALL COMPONENTS OF A M	1/1/2008	\$527.65	3	NO
2	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
2	54408	REPAIR OF COMPONENT(S) OF A MULT	1/1/2008	\$565.02	3	YES
2	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
2	54410	REMOVAL AND REPLACEMENT OF ALL C	1/1/2008	\$670.12	3	YES
2	54411	REMOVAL AND REPLACEMENT OF ALL C	1/1/2008	\$731.14	3	YES
2	54415	REMOVAL OF NON-INFLATABLE (SEMI-	1/1/2008	\$376.32	3	NO
2	54416	REMOVAL AND REPLACEMENT OF NON-I	1/1/2008	\$501.85	3	YES
2	54417	REMOVAL AND REPLACEMENT OF NON-I	1/1/2008	\$642.16	3	YES
2	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	1/1/2008	\$515.02	3	NO
2	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	1/1/2008	\$463.41	3	NO
2	54435	CORPORA CAVERNOSA-GLANS PENIS FI	1/1/2008	\$298.37	3	NO
2	54440	PLASTIC OPERATION OF PENIS FOR I	1/1/2008	\$542.29	3	NO
2	54450	FORESKIN MANIPULATION INCLUDING	1/1/2008	\$57.25	3	NO
2	54500	BIOPSY OF TESTIS NEEDLE (SEPARAT	1/1/2008	\$54.57	3	NO
2	54505	BIOPSY OF TESTIS, INCISIONAL (SE	1/1/2008	\$155.37	3	NO
2	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
2	54512	EXCISION OF EXTRAPARENCHYMAL LES	1/1/2008	\$387.88	3	NO
2	54520	ORCHIECTOMY, SIMPLE (INCLUDING S	1/1/2008	\$236.01	3	NO
2	54522	ORCHIECTOMY, PARTIAL	1/1/2008	\$433.84	3	NO
2	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	1/1/2008	\$394.87	3	NO
2	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	1/1/2008	\$539.75	3	NO
2	54550	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$352.40	3	NO
2	54560	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$492.44	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	54600	REDUCTION OF TORSION OF TESTIS S	1/1/2008	\$322.83	3	NO
2	54620	FIXATION OF CONTRALATERAL TESTIS	1/1/2008	\$219.88	3	NO
2	54640	ORCHIOPEXY, INGUINAL APPROACH, W	1/1/2008	\$332.51	3	NO
2	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	1/1/2008	\$521.47	3	NO
2	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
2	54670	SUTURE OR REPAIR OF TESTICULAR I	1/1/2008	\$293.26	3	NO
2	54680	TRANSPLANTATION OF TESTIS(ES) TO	1/1/2008	\$581.68	3	NO
2	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	1/1/2008	\$480.61	3	NO
2	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	1/1/2008	\$562.87	3	NO
2	54699	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	54700	INCISION AND DRAINAGE OF EPIDIDY	1/1/2008	\$155.10	3	NO
2	54800	BIOPSY OF EPIDIDYMIS NEEDLE	1/1/2008	\$93.81	3	NO
2	54820	EXPLORATION OF EPIDIDYMIS WITH O	1/1/2007	INVALID	N	NO
2	54830	EXCISION OF LOCAL LESION OF EPID	1/1/2008	\$261.00	3	NO
2	54840	EXCISION OF SPERMATOCELE WITH OR	1/1/2008	\$232.24	3	NO
2	54860	EPIDIDYMECTOMY UNILATERAL	1/1/2008	\$296.22	3	NO
2	54861	EPIDIDYMECTOMY; BILATERAL	1/1/2008	\$403.74	3	NO
2	54865	EXPLORATION OF EPIDIDYMIS, WIHT	1/1/2008	\$251.60	3	NO
2	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
2	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
2	55000	PUNCTURE ASPIRATION OF HYDROCELE	1/1/2008	\$95.42	3	NO
2	55040	EXCISION OF HYDROCELE UNILATERAL	1/1/2008	\$241.65	3	NO
2	55041	EXCISION OF HYDROCELE; BILATERAL	1/1/2008	\$361.00	3	NO
2	55060	REPAIR OF HYDROCELE (BOTTLE TYPE	1/1/2008	\$267.19	3	NO
2	55100	DRAINAGE OF SCROTAL WALL ABSCESS	1/1/2008	\$166.66	3	NO
2	55110	SCROTAL EXPLORATION	1/1/2008	\$272.56	3	NO
2	55120	REMOVAL OF FOREIGN BODY IN SCROT	1/1/2008	\$249.98	3	NO
2	55150	RESECTION OF SCROTUM	1/1/2008	\$344.87	3	NO
2	55175	SCROTOPLASTY; SIMPLE	1/1/2008	\$255.09	3	NO
2	55180	SCROTOPLASTY; COMPLICATED	1/1/2008	\$494.59	3	NO
2	55200	VASOTOMY CANNULIZATION WITH OR W	1/1/2008	\$433.31	3	NO
2	55250	VASECTOMY UNILATERAL OR BILATERA	1/1/2008	\$379.01	3	NO
2	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
2	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
2	55450	LIGATION (PERCUTANEOUS) OF VAS D	1/1/2008	\$306.70	3	NO
2	55500	EXCISION OF HYDROCELE OF SPERMAT	1/1/2008	\$270.14	3	NO
2	55520	EXCISION OF LESION OF SPERMATIC	1/1/2008	\$287.62	3	NO
2	55530	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$253.75	3	NO
2	55535	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$304.55	3	NO
2	55540	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$351.05	3	NO
2	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	1/1/2008	\$303.48	3	NO
2	55559	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	55600	VESICULOTOMY	1/1/2008	\$302.94	3	NO
2	55605	VESICULOTOMY; COMPLICATED	1/1/2008	\$368.79	3	NO
2	55650	VESICULECTOMY, ANY APPROACH	1/1/2008	\$516.90	3	NO
2	55680	EXCISION OF MULLERIAN DUCT CYST	1/1/2008	\$248.91	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	55700	BIOPSY PROSTATE NEEDLE OR PUNCH	1/1/2008	\$181.98	3	NO
2	55705	BIOPSY PROSTATE; INCISIONAL ANY	1/1/2008	\$197.57	3	NO
2	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$341.38	3	NO
2	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$417.98	3	NO
2	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	1/1/2008	\$789.20	3	NO
2	55810	PROSTATECTOMY, PERINEAL RADICAL;	1/1/2008	\$956.93	3	NO
2	55812	PROSTATECTOMY PERINEAL RADICAL;	1/1/2008	\$1,176.81	3	NO
2	55815	PROSTATECTOMY PERINEAL RADICAL W	1/1/2008	\$1,290.51	3	NO
2	55821	PROSTATECTOMY (INCLUDING CONTROL	1/1/2008	\$631.95	3	NO
2	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	1/1/2008	\$685.71	3	NO
2	55840	PROSTATECTOMY, RETROPUBIC RADICA	1/1/2008	\$974.40	3	NO
2	55842	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$1,044.83	3	NO
2	55845	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$1,197.77	3	NO
2	55859	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2007	INVALID	N	NO
2	55860	EXPOSURE OF PROSTATE, ANY APPROA	1/1/2008	\$637.86	3	NO
2	55862	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$806.40	3	NO
2	55865	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$974.13	3	NO
2	55866	LAPAROSCOPY, SURGICAL PROSTATECT	1/1/2008	\$1,271.16	3	NO
2	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
2	55873	CRYOSURGICAL ABLATION OF THE PRO	1/1/2008	\$839.19	3	NO
2	55875	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2008	\$553.19	3	NO
2	55876	PLACEMENT OF INTERSTITIAL DEVICE	1/1/2008	\$108.86	3	NO
2	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
2	55920	PLACEMENT OF NEEDLES OR CATHETER	1/1/2008	\$324.57	3	NO
2	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
2	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
2	56405	INCISION AND DRAINAGE OF VULVA O	1/1/2008	\$78.49	3	NO
2	56420	INCISION AND DRAINAGE OF BARTHOL	1/1/2008	\$98.11	3	NO
2	56440	MARSUPIALIZATION OF BARTHOLINS G	1/1/2008	\$131.17	3	NO
2	56441	LYSIS OF LABIAL ADHESIONS	1/1/2008	\$106.98	3	NO
2	56442	HYMENOTOMY, SIMPLE INCISION	1/1/2008	\$34.14	3	NO
2	56501	DESTRUCTION OF LESION(S), VULVA;	1/1/2008	\$93.27	3	NO
2	56515	DESTRUCTION OF LESION(S), VULVA;	1/1/2008	\$157.52	3	NO
2	56605	BIOPSY OF VULVA OR PERINEUM (SEP	1/1/2008	\$60.75	3	NO
2	56606	BIOPSY OF VULVA OR PERINEUM; EAC	1/1/2008	\$29.03	3	NO
2	56620	VULVECTOMY SIMPLE; PARTIAL	1/1/2008	\$377.40	3	NO
2	56625	VULVECTOMY SIMPLE; COMPLETE	1/1/2008	\$423.36	3	NO
2	56630	VULVECTOMY RADICAL WITHOUT SKIN	1/1/2008	\$614.48	3	NO
2	56631	VULVECTOMY, RADICAL, PARTIAL; WI	1/1/2008	\$787.85	3	NO
2	56632	VULVECTOMY, RADICAL, PARTIAL; WI	1/1/2008	\$899.67	3	NO
2	56633	VULVECTOMY, RADICAL, COMPLETE;	1/1/2008	\$802.37	3	NO
2	56634	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$853.98	3	NO
2	56637	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$1,016.06	3	NO
2	56640	VULVECTOMY, RADICAL, COMPLETE, W	1/1/2008	\$1,015.26	3	NO
2	56700	PARTIAL HYMENECTOMY OR REVISION	1/1/2008	\$131.71	3	NO
2	56720	HYMENOTOMY SIMPLE INCISION	1/1/2007	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	56740	EXCISION OF BARTHOLINS GLAND OR	1/1/2008	\$212.08	3	NO
2	56800	PLASTIC REPAIR OF INTROITUS	1/1/2008	\$174.18	3	NO
2	56805	CLITOROPLASTY FOR INTERSEX STATE	1/1/2008	\$841.08	3	YES
2	56810	PERINEOPLASTY, REPAIR OF PERINEU	1/1/2008	\$187.62	3	NO
2	56820	COLPOSCOPY OF THE VULVA;	1/1/2008	\$79.56	3	NO
2	56821	COLPOSCOPY OF THE VULVA; WITH BI	1/1/2008	\$107.25	3	NO
2	57000	COLPOTOMY WITH EXPLORATION	1/1/2008	\$134.94	3	NO
2	57010	COLPOTOMY; WITH DRAINAGE OF PELV	1/1/2008	\$302.67	3	NO
2	57020	COLPOCENTESIS (SEPARATE PROCEDUR	1/1/2008	\$69.08	3	NO
2	57022	INCISION AND DRAINAGE OF VAGINAL	1/1/2008	\$119.35	3	NO
2	57023	INCISION AND DRAINAGE OF BAGINAL	1/1/2008	\$221.49	3	NO
2	57061	DESTRUCTION OF VAGINAL LESION(S)	1/1/2008	\$81.45	3	NO
2	57065	DESTRUCTION OF VAGINAL LESION(S)	1/1/2008	\$138.70	3	NO
2	57100	BIOPSY OF VAGINAL MUCOSA SIMPLE	1/1/2008	\$63.97	3	NO
2	57105	BIOPSY OF VAGINAL MUCOSA; EXTENS	1/1/2008	\$98.11	3	NO
2	57106	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$330.09	3	NO
2	57107	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$1,001.82	3	NO
2	57109	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$1,142.40	3	NO
2	57110	COLPECTOMY OBLITERATION OF VAGIN	1/1/2008	\$648.61	3	NO
2	57111	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$1,167.94	3	NO
2	57112	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$1,221.43	3	NO
2	57120	COLPOCLEISIS (LE FORT TYPE)	1/1/2008	\$364.49	3	NO
2	57130	EXCISION OF VAGINAL SEPTUM	1/1/2008	\$130.10	3	NO
2	57135	EXCISION OF VAGINAL CYST OR TUMO	1/1/2008	\$139.51	3	NO
2	57150	IRRIGATION AND/OR APPLICATION OF	1/1/2008	\$42.74	3	NO
2	57155	INSERTION OF UTERINE TANDEMS AND	1/1/2008	\$309.66	3	NO
2	57160	FITTING AND INSERTION OF PESSARY	1/1/2008	\$54.03	3	NO
2	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	1/1/2008	\$61.02	3	NO
2	57180	INTRODUCTION OF ANY HEMOSTATIC A	1/1/2008	\$104.03	3	NO
2	57200	COLPORRHAPHY SUTURE OF INJURY OF	1/1/2008	\$206.98	3	NO
2	57210	COLPOPERINEORRHAPHY SUTURE OF IN	1/1/2008	\$259.12	3	NO
2	57220	PLASTIC OPERATION ON URETHRAL SP	1/1/2008	\$224.72	3	NO
2	57230	PLASTIC REPAIR OF URETHROCELE	1/1/2008	\$275.52	3	NO
2	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	1/1/2008	\$437.07	3	NO
2	57250	POSTERIOR COLPORRHAPHY, REPAIR O	1/1/2008	\$430.08	3	NO
2	57260	COMBINED ANTEROPOSTERIOR COLPORR	1/1/2008	\$548.62	3	NO
2	57265	COMBINED ANTEROPOSTERIOR COLORRH	1/1/2008	\$625.77	3	NO
2	57267	INSERTION OF MESH OR OTHER PROST	1/1/2008	\$198.37	3	YES
2	57268	REPAIR OF ENTEROCELE VAGINAL APP	1/1/2008	\$335.19	3	NO
2	57270	REPAIR OF ENTEROCELE ABDOMINAL A	1/1/2008	\$566.90	3	NO
2	57280	COLPOPEXY ABDOMINAL APPROACH	1/1/2008	\$687.32	3	NO
2	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	1/1/2008	\$358.58	3	NO
2	57283	COLPOPEXY, VAGINAL; INTRA-PERITO	1/1/2008	\$492.98	3	YES
2	57284	PARAVAGINAL DEFECT REPAIR (INC R	1/1/2008	\$590.28	3	YES
2	57285	PARAVAGINAL DEFECT REPAIR; VAGIN	1/1/2008	\$467.02	3	NO
2	57287	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$487.07	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	57288	SLING OPERATION FOR STRESS INCON	1/1/2008	\$573.62	3	YES
2	57289	PEREYRA PROCEDURE INCLUDING ANTE	1/1/2008	\$537.06	3	NO
2	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$383.04	3	YES
2	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$596.74	3	YES
2	57295	REVISION (INCLUDING REMOVAL) OF	1/1/2008	\$348.90	3	NO
2	57296	REVISION OF PROSTHETIC VAGINAL G	1/1/2008	\$669.04	3	NO
2	57300	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$370.41	3	NO
2	57305	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$623.88	3	NO
2	57307	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$699.96	3	NO
2	57308	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$447.82	3	NO
2	57310	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$329.01	3	NO
2	57311	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$372.29	3	NO
2	57320	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$378.74	3	NO
2	57330	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$544.59	3	NO
2	57335	VAGINOPLASTY FOR INTERSEX STATE	1/1/2008	\$828.44	3	YES
2	57400	DILATION OF VAGINA UNDER ANESTHE	1/1/2008	\$97.04	3	NO
2	57410	PELVIC EXAMINATION UNDER ANESTHE	1/1/2008	\$76.07	3	NO
2	57415	REMOVAL OF IMPACTED VAGINAL FORE	1/1/2008	\$110.75	3	NO
2	57420	COLPOSCOPY OF THE ENTIRE VAGINA,	1/1/2008	\$83.60	3	NO
2	57421	COLPOSCOPY OF THE ENTIRE VAGINA,	1/1/2008	\$114.24	3	NO
2	57423	PARAVAGINAL DEFECT REPAIR, LAPAR	1/1/2008	\$652.11	3	NO
2	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	1/1/2008	\$682.75	3	NO
2	57452	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$78.76	3	NO
2	57454	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$112.63	3	NO
2	57455	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$104.56	3	NO
2	57456	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$98.65	3	NO
2	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	1/1/2008	\$231.71	3	NO
2	57461	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$256.70	3	NO
2	57500	BIOPSY OF CERVIX, SINGLE OR MULT	1/1/2008	\$99.99	3	NO
2	57505	ENDOCERVICAL CURETTAGE (NOT DONE	1/1/2008	\$73.11	3	NO
2	57510	CAUTERY OF CERVIX; ELECTRO OR TH	1/1/2008	\$97.57	3	NO
2	57511	CAUTERIZATION OF CERVIX; CRYOCAU	1/1/2008	\$105.10	3	NO
2	57513	CAUTERIZATION OF CERVIX; LASER A	1/1/2008	\$102.95	3	NO
2	57520	CONIZATION OF CERVIX, W/OR W/OUT	1/1/2008	\$224.18	3	NO
2	57522	CONIZATION OF CERVIX, W/OR W/OUT	1/1/2008	\$190.31	3	NO
2	57530	TRACHELECTOMY (CERVICECTOMY AMPU	1/1/2008	\$244.07	3	NO
2	57531	RADICAL TRACHELECTOMY, WITH BILA	1/1/2008	\$1,227.88	3	NO
2	57540	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$558.03	3	NO
2	57545	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$593.51	3	NO
2	57550	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$287.08	3	NO
2	57555	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$428.20	3	NO
2	57556	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$402.66	3	NO
2	57558	DILATION AND CURETTAGE OF CERVIC	1/1/2008	\$89.51	3	NO
2	57700	CERCLAGE OF UTERINE CERVIX, NONO	1/1/2008	\$208.86	3	NO
2	57720	TRACHELORRHAPHY PLASTIC REPAIR O	1/1/2008	\$216.92	3	NO
2	57800	DILATION OF CERVICAL CANAL INSTR	1/1/2008	\$43.28	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	57820	DILATION AND CURETTAGE OF CERVIC	1/1/2007	INVALID	N	NO
2	58100	ENDOMETRIAL SAMPLING, W/OR W/OUT	1/1/2008	\$80.10	3	NO
2	58110	ENDOMETRIAL SAMPLING (BIOPSY) PE	1/1/2008	\$36.83	3	NO
2	58120	DILATION AND CURETTAGE DIAGNOSTI	1/1/2008	\$170.15	3	NO
2	58140	MYOMECTOMY, EXCISION OF FIBROID	1/1/2008	\$655.60	3	NO
2	58145	MYOMECTOMY EXCISION OF FIBROID T	1/1/2008	\$387.88	3	NO
2	58146	MYOMECTOMY, EXCISION OF FIBROID	1/1/2008	\$837.31	3	NO
2	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	1/1/2008	\$707.21	3	YES
2	58152	TOTAL HYSTERECTOMY (CORPUS & CER	1/1/2008	\$903.97	3	YES
2	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	1/1/2008	\$680.33	3	YES
2	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	1/1/2008	\$943.22	3	NO
2	58210	RADIACL ABDOMINAL HYSTERECTOMY,	1/1/2008	\$1,256.10	3	NO
2	58240	PELVIC EXENTERATION FOR GYNECOLO	1/1/2008	\$1,905.79	3	NO
2	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$592.70	3	YES
2	58262	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$664.20	3	YES
2	58263	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$715.55	3	YES
2	58267	VAGINAL HYSTERECTOMY WITH COLPO-	1/1/2008	\$761.51	3	YES
2	58270	VAGINAL HYSTERECTOMY; WITH REPAI	1/1/2008	\$637.59	3	YES
2	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	1/1/2008	\$707.21	3	YES
2	58280	VAGINAL HYSTERECTOMY WITH TOTAL	1/1/2008	\$758.55	3	YES
2	58285	VAGINAL HYSTERECTOMY RADICAL (SC	1/1/2008	\$953.70	3	YES
2	58290	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$837.58	3	YES
2	58291	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$909.89	3	YES
2	58292	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$961.50	3	YES
2	58293	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$998.05	3	YES
2	58294	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$882.20	3	YES
2	58300	INSERTION OF INTRAUTERINE DEVICE	1/1/2008	\$63.17	3	NO
2	58301	REMOVAL OF INTRAUTERINE DEVICE (	1/1/2008	\$71.77	3	NO
2	58321	ARTIFICIAL IMSEMINATION; INTRA-C	2/1/1994	NC	9	NO
2	58322	ARTIFICIAL INSEMINATION; INTRA-U	2/1/1994	NC	9	NO
2	58323	SPERM WASHING FOR ARTIFICIAL INS	2/1/1994	NC	9	NO
2	58340	INJECTION PROCEDURE FOR HYSTEROS	1/1/2008	\$104.03	3	NO
2	58345	TRANSCERVICAL INTRODUCTION OF FA	1/1/1993	NC	9	NO
2	58346	INSERTION OF HEYMAN CAPSULES FOR	1/1/2008	\$320.68	3	NO
2	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
2	58353	ENDOMETRIAL ABLATION, THERMAL, W	1/1/2008	\$160.47	3	NO
2	58356	ENDOMETRIAL CRYOABLATION WITH UL	1/1/2005	NC	9	NO
2	58400	UTERINE SUSPENSION WITH OR WITHO	1/1/2008	\$314.76	3	YES
2	58410	UTERINE SUSPENSION WITH/OUT SHOR	1/1/2008	\$576.31	3	YES
2	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	1/1/2008	\$557.49	3	NO
2	58540	HYSTEROPLASTY REPAIR OF UTERINE	1/1/2008	\$649.42	3	NO
2	58541	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$601.84	3	YES
2	58542	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$666.09	3	YES
2	58543	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$677.38	3	YES
2	58544	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$733.56	3	YES
2	58545	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2008	\$647.81	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2008	\$822.80	3	NO
2	58548	LAPAROSCOPY, SURGICAL; W/RADICAL	1/1/2008	\$1,282.44	3	YES
2	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$637.32	3	YES
2	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
2	58552	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$703.45	3	YES
2	58553	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$826.29	3	YES
2	58554	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$944.56	3	YES
2	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARA	1/1/2008	\$162.62	3	NO
2	58558	HYSTEROSCOPY, SURGICAL; WITH SAM	1/1/2008	\$210.47	3	NO
2	58559	HYSTEROSCOPY, SURGICAL; WITH LYS	1/1/2008	\$254.28	3	NO
2	58560	HYSTEROSCOPY, SURGICAL; WITH DIV	1/1/2008	\$287.88	3	NO
2	58561	HYSTEROSCOPY, SURGICAL; WITH REM	1/1/2008	\$408.58	3	NO
2	58562	HYSTEROSCOPY, SURGICAL; WITH REM	1/1/2008	\$227.40	3	NO
2	58563	HYSTEROSCOPY, SURGICAL; W/ENDOME	1/1/2008	\$254.82	3	NO
2	58565	HYSTEROSCOPY, SURGICAL; W/BILATE	1/1/2008	\$1,449.64	3	NO
2	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL	1/1/2008	\$648.33	3	NO
2	58571	LAPAROSCOPY, SURGICAL, WITH TOTA	1/1/2008	\$710.11	3	NO
2	58572	LAPAROSCOPY, SURGICAL, WITH TOTA	1/1/2008	\$805.89	3	NO
2	58573	LAPAROSCOPY, SURGICAL, WITH TOTA	1/1/2008	\$908.69	3	NO
2	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	58600	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$262.08	3	NO
2	58605	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$237.62	3	NO
2	58611	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$58.06	3	NO
2	58615	OCCLUSION OF FALLOPIAN TUBES BY	1/1/2008	\$185.47	3	NO
2	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	1/1/2008	\$484.11	3	YES
2	58661	LAPAROSCOPY, SURGICAL; WITH REMO	1/1/2008	\$469.86	3	YES
2	58662	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$511.80	3	NO
2	58670	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$261.27	3	NO
2	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	1/1/2008	\$261.54	3	NO
2	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	1/1/2008	\$545.66	3	YES
2	58673	LAPAROSCOPY, SURGICAL; WITH SALP	1/1/2008	\$589.21	3	YES
2	58679	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2000	\$0.01	5	NO
2	58700	SALPINGECTOMY COMPLETE OR PARTIA	1/1/2008	\$543.51	3	NO
2	58720	SALPINGO-OOPHORECTOMY COMPLETE O	1/1/2008	\$512.60	3	YES
2	58740	LYSIS OF ADHESIIONS (SALPINGOLYS	1/1/2008	\$614.04	3	NO
2	58750	TUBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
2	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
2	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
2	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
2	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	1/1/2008	\$227.94	3	NO
2	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	1/1/2008	\$282.51	3	NO
2	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	1/1/2008	\$223.91	3	NO
2	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	1/1/2008	\$484.92	3	NO
2	58823	DRAINAGE OF PELVIC ABSCESS, TRAN	1/1/2008	\$126.07	3	NO
2	58825	TRANSPOSITION, OVARY(S)	1/1/2008	\$500.24	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	58900	BIOPSY OF OVARY UNILATERAL OR BI	1/1/2008	\$288.42	3	NO
2	58920	WEDGE RESECTION OR BISECTION OF	1/1/2008	\$505.08	3	NO
2	58925	OVARIAN CYSTECTOMY UNILATERAL OR	1/1/2008	\$519.32	3	NO
2	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	1/1/2008	\$352.67	3	YES
2	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	1/1/2008	\$804.79	3	NO
2	58950	RESECTION OF OVARIAN, TUBAL OR P	1/1/2008	\$763.93	3	NO
2	58951	RESECTION OF OVARIAN MALIGNANCY	1/1/2008	\$988.65	3	NO
2	58952	RESECTION OF OVARIAN, TUBAL OR P	1/1/2008	\$1,114.44	3	NO
2	58953	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$1,388.08	3	NO
2	58954	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$1,507.16	3	NO
2	58956	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$982.46	3	NO
2	58957	RESECTION OF RECURRENT OVARIAN,	1/1/2008	\$1,038.64	3	NO
2	58958	RESECTION OF RECURRENT OVARIAN,	1/1/2008	\$1,150.20	3	NO
2	58960	LAPAROTOMY, FOR STAGING OR RESTA	1/1/2008	\$660.44	3	NO
2	58970	FOLLICLE PUNCTURE FOR OOCYTE RET	3/1/1987	NC	9	NO
2	58974	EMBRYO TRANSFER, INTRAUTERINE	3/1/1987	NC	9	NO
2	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAF	3/1/1987	NC	9	NO
2	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
2	59000	AMNIOCENTESIS; DIAGNOSTIC	1/1/2008	\$96.50	3	NO
2	59001	AMNIOCENTESIS; THERAPEUTIC AMNIO	1/1/2008	\$135.48	3	NO
2	59012	CORDOCENTESIS (INTRAUTERINE), AN	1/1/2008	\$153.22	3	NO
2	59015	CHORIONIC VILLUS SAMPLING, ANY M	1/1/2008	\$113.97	3	NO
2	59020	FETAL CONTRACTION STRESS TEST	1/1/2008	\$47.58	3	NO
2	59025	FETAL NON-STRESS TEST	1/1/2008	\$31.45	3	NO
2	59030	FETAL SCALP BLOOD SAMPLING	1/1/2008	\$85.48	3	NO
2	59050	FETAL MONITORING DURING LABOR BY	1/1/2008	\$38.44	3	NO
2	59051	FETAL MONITORING DURING LABOR BY	1/1/2008	\$31.72	3	NO
2	59070	TRANSABDOMINAL AMNIOINFUSION, IN	1/1/2008	\$281.43	3	NO
2	59072	FETAL UMBILICAL CORD OCCLUSION,	1/1/2008	\$328.20	3	NO
2	59074	FETAL FLUID DRAINAGE (EG, VESICO	1/1/2008	\$266.38	3	NO
2	59076	FETAL SHUNT PLACEMENT, INCLUDING	1/1/2008	\$324.98	3	NO
2	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	1/1/2008	\$604.80	3	NO
2	59120	SURG TREAT OF ECTOPIC PREG;TUB O	1/1/2008	\$573.35	3	NO
2	59121	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$578.19	3	NO
2	59130	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$631.14	3	NO
2	59135	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$666.89	3	NO
2	59136	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$636.25	3	NO
2	59140	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$256.17	3	NO
2	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$558.57	3	NO
2	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$551.31	3	NO
2	59160	CURETTAGE, POSTPARTUM (SEPARATE	1/1/2008	\$170.15	3	NO
2	59200	INSERTION OF CERVICAL DILATOR (E	1/1/2008	\$56.72	3	NO
2	59300	EPISIOTOMY OR VAGINAL REPAIR, BY	1/1/2008	\$138.70	3	NO
2	59320	CERCLAGE OF CERVIX, DURING PREG	1/1/2008	\$114.24	3	NO
2	59325	CERCLAGE OF CERVIX, DURING PREGN	1/1/2008	\$179.29	3	NO
2	59350	HYSTERORRHAPHY OF RUPTURED UTERU	1/1/2008	\$211.28	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	59400	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,903.87	3	NO
2	59409	VAGINAL DELIVERY ONLY (WITH OR W	1/1/2008	\$868.72	3	NO
2	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	1/1/2008	\$995.75	3	NO
2	59412	EXTERNAL CEPHALIC VERSION, WITH	1/1/2008	\$115.78	3	NO
2	59414	DELIVERY OF PLACENTA (SEPARATE P	1/1/2008	\$103.72	3	NO
2	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	1/1/2008	\$465.11	3	NO
2	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	1/1/2008	\$828.92	3	NO
2	59430	POSTPARTUM CARE ONLY (SEPARATE P	1/1/2008	\$153.56	3	NO
2	59510	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$2,151.10	3	NO
2	59514	CAESAREAN DELIVERY ONLY;	1/1/2008	\$1,026.31	3	NO
2	59515	CAESAREAN DELIVERY ONLY; INCLUDI	1/1/2008	\$1,198.76	3	NO
2	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	1/1/2008	\$544.71	3	NO
2	59610	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,993.92	3	NO
2	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$974.05	3	NO
2	59614	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$1,084.19	3	NO
2	59618	ROUTINE OBSTETRIC CARE INCL ANTE	1/1/2008	\$2,256.43	3	NO
2	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2008	\$1,123.19	3	NO
2	59622	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2008	\$1,300.07	3	NO
2	59812	TREATMENT OF INCOMPLETE ABORTION	1/1/2008	\$215.58	3	NO
2	59820	TREATMENT OF MISSED ABORTION, CO	1/1/2008	\$267.72	3	NO
2	59821	TREATMENT OF MISSED ABORTION, CO	1/1/2008	\$273.64	3	NO
2	59830	TREATMENT OF SEPTIC ABORTION, CO	1/1/2008	\$317.18	3	NO
2	59840	INDUCED ABORTION, BY DILATION AN	1/1/2008	\$156.17	3	NO
2	59841	INDUCED ABORTION, BY DILATION AN	1/1/2008	\$274.71	3	NO
2	59850	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$276.33	3	NO
2	59851	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$291.11	3	NO
2	59852	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$397.02	3	NO
2	59855	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$301.86	3	NO
2	59856	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$363.96	3	NO
2	59857	INDUCED ABORTION, BY ONE OR MORE	1/1/2008	\$420.40	3	NO
2	59866	MULTIFETAL PREGNANCY REDUCTION(S	1/1/2008	\$177.14	3	NO
2	59870	UTERINE EVACUATION AND CURETTAGE	1/1/2008	\$329.28	3	NO
2	59871	REMOVAL OF CERCLAGE SUTURE UNDER	1/1/2008	\$99.72	3	NO
2	59897	UNLISTED FETAL INVASIVE PROCEDUR	1/1/2004	NC	9	NO
2	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
2	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
2	60000	INCISION AND DRAINAGE OF THYROGL	1/1/2008	\$104.29	3	NO
2	60001	ASPIRATION AND/OR INJECTION, THY	1/1/2008	INVALID	N	NO
2	60100	BIOPSY THYROID, PERCUTANEOUS COR	1/1/2008	\$80.91	3	NO
2	60200	EXCISION OF CYST OR ADENOMA OF T	1/1/2008	\$449.43	3	NO
2	60210	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$480.35	3	NO
2	60212	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$691.35	3	NO
2	60220	TOTAL THYROID LOVECTOMY, UNIALTE	1/1/2008	\$526.04	3	NO
2	60225	TOTAL THYROID LOBECTOMY, UNILATE	1/1/2008	\$632.49	3	NO
2	60240	THYROIDECTOMY TOTAL OR COMPLETE	1/1/2008	\$679.26	3	NO
2	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$910.16	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$1,185.95	3	NO
2	60260	THYROIDECTOMY, REMOVAL OF ALL RE	1/1/2008	\$762.32	3	NO
2	60270	THYROIDECTOMY, INCL SUBSTERNAL T	1/1/2008	\$953.70	3	NO
2	60271	THYROIDECTOMY, INC SUBSTERNAL TH	1/1/2008	\$737.32	3	NO
2	60280	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$298.91	3	NO
2	60281	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$402.66	3	NO
2	60300	ASPIRATION AND/OR INJECTION, THY	1/1/2008	NC	9	NO
2	60500	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$697.00	3	NO
2	60502	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$878.44	3	NO
2	60505	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$969.29	3	NO
2	60512	PARATHYROID AUTOTRANSPLANTATION	1/1/2008	\$174.18	3	NO
2	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	1/1/2008	\$731.67	3	NO
2	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$837.31	3	NO
2	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$1,008.81	3	NO
2	60540	ADRENALECTOMY, PART OR COMP, OR	1/1/2008	\$735.97	3	NO
2	60545	ADRENALECTOMY PARTIAL OR COMPLET	1/1/2008	\$847.26	3	NO
2	60600	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$1,010.69	3	NO
2	60605	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$1,252.88	3	NO
2	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	1/1/2008	\$832.20	3	NO
2	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
2	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO
2	61000	SUBDURAL TAP THROUGH FONTANELLE,	1/1/2008	\$73.38	3	NO
2	61001	SUBDURAL TAP THROUGH FONTANELLE	1/1/2008	\$73.92	3	NO
2	61020	VENTRICULAR PUNCTURE THROUGH PRE	1/1/2008	\$87.36	3	NO
2	61026	VENTRICULAR PUNCT THRU PREV BURR	1/1/2008	\$92.47	3	NO
2	61050	CISTERNAL OR LATERAL CERVICAL (C	1/1/2008	\$76.61	3	NO
2	61055	CISTERNAL OR LATERAL CERVICAL (C	1/1/2008	\$97.84	3	NO
2	61070	PUNCTURE OF SHUNT TUBING OR RESE	1/1/2008	\$56.72	3	NO
2	61105	TWIST DRILL HOLE FOR SUBDURAL OR	1/1/2008	\$292.99	3	NO
2	61107	TWIST DRILL HOLE FOR SUBDURAL OR	1/1/2008	\$232.51	3	NO
2	61108	TWIST DRILL HOLE FOR SUBDURAL OR	1/1/2008	\$581.68	3	NO
2	61120	BURR HOLES FOR VENTRICULAR PUNCT	1/1/2008	\$478.46	3	NO
2	61140	BURR HOLES OR TREPHINE WITH BIOP	1/1/2008	\$840.27	3	NO
2	61150	BURR HOLE(S) OR TREPHINE WITH DR	1/1/2008	\$903.71	3	NO
2	61151	BURR HOLE(S) OR TREPHINE WITH SU	1/1/2008	\$656.68	3	NO
2	61154	BURR HOLE(S) WITH EVACUATION AND	1/1/2008	\$832.20	3	NO
2	61156	BURR HOLE(S) WITH ASPIRATION OF	1/1/2008	\$846.18	3	NO
2	61210	BURR HOLE(S); FOR IMPLANTING VEN	1/1/2008	\$270.68	3	NO
2	61215	INSERTION OF SUBCUTANEOUS RESERV	1/1/2008	\$306.43	3	NO
2	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	1/1/2008	\$570.66	3	NO
2	61253	BURR HOLES OR TREPHINE INFRATENT	1/1/2008	\$639.48	3	NO
2	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$1,122.51	3	NO
2	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$1,341.58	3	NO
2	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$1,387.01	3	NO
2	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$1,328.41	3	NO
2	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$1,221.16	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$1,414.96	3	NO
2	61316	INCISION AND SUBCUTANEOUS PLACEM	1/1/2008	\$62.36	3	NO
2	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$1,307.17	3	NO
2	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$1,431.63	3	NO
2	61322	CRANIECTOMY OR CRANIOTOMY, DECOM	1/1/2008	\$1,558.23	3	NO
2	61323	CRANIECTOMY OR CRANIOTOMY, DECOM	1/1/2008	\$1,595.06	3	NO
2	61330	DECOMPRESSION OF ORBIT ONLY, TRA	1/1/2008	\$1,096.70	3	NO
2	61332	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$1,302.07	3	NO
2	61333	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$1,294.54	3	NO
2	61334	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$847.80	3	NO
2	61340	SUBTEMPORAL CRANIAL DECOMPRESSIO	1/1/2008	\$969.83	3	NO
2	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	1/1/2008	\$1,507.16	3	NO
2	61345	OTHER CRANIAL DECOMPRESSION POST	1/1/2008	\$1,385.66	3	NO
2	61440	CRANIOTOMY FOR SECTION OF TENTOR	1/1/2008	\$1,334.59	3	NO
2	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	1/1/2008	\$1,271.69	3	NO
2	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	1/1/2008	\$1,375.72	3	NO
2	61460	CRANIECTOMY SUBOCCIPITAL; FOR SE	1/1/2008	\$1,405.82	3	NO
2	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	1/1/2008	\$1,267.12	3	NO
2	61480	CRANIECTOMY SUBOCCIPITAL; FOR ME	1/1/2008	\$1,294.81	3	NO
2	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	1/1/2008	\$1,301.53	3	NO
2	61500	CRANIECTOMY; WITH EXCISION OF TU	1/1/2008	\$912.58	3	NO
2	61501	CRANIECTOMY; FOR OSTEOMYELITIS	1/1/2008	\$773.07	3	NO
2	61510	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$1,473.83	3	NO
2	61512	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,761.72	3	NO
2	61514	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,294.27	3	NO
2	61516	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,266.59	3	NO
2	61517	IMPLANTATION OF BRAIN INTRACAVIT	1/1/2008	\$62.90	3	NO
2	61518	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$1,891.01	3	NO
2	61519	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$2,047.72	3	NO
2	61520	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$2,617.31	3	NO
2	61521	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$2,204.70	3	NO
2	61522	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$1,485.93	3	NO
2	61524	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$1,415.77	3	NO
2	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$2,382.11	3	NO
2	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$2,016.54	3	NO
2	61531	SUBDURAL IMPLANTATION OF STRIP E	1/1/2008	\$793.23	3	NO
2	61533	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$1,024.40	3	NO
2	61534	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,094.82	3	NO
2	61535	CRANIECTOMY, TREPHINATION, BONE FL	1/1/2008	\$642.16	3	NO
2	61536	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,782.95	3	NO
2	61537	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$1,580.54	3	NO
2	61538	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,681.34	3	NO
2	61539	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,605.54	3	NO
2	61540	CRANIOTOMY W/ELEVATION OF BONE F	1/1/2008	\$1,521.14	3	NO
2	61541	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,442.11	3	NO
2	61542	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,573.56	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	61543	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,482.97	3	NO
2	61544	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$1,270.08	3	NO
2	61545	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$2,169.22	3	NO
2	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	1/1/2008	\$1,567.64	3	NO
2	61548	HYPOPHYSECTOMY OR EXCISION OF PI	1/1/2008	\$1,053.16	3	NO
2	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$619.05	3	NO
2	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$801.56	3	NO
2	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$1,086.22	3	NO
2	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$1,146.43	3	NO
2	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$1,085.68	3	NO
2	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$1,657.42	3	NO
2	61563	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$1,306.10	3	NO
2	61564	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$1,645.32	3	NO
2	61566	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$1,527.32	3	NO
2	61567	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$1,697.74	3	NO
2	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	1/1/2008	\$1,244.28	3	NO
2	61571	CRANIECTOMY OR CRANIOTOMY WITH T	1/1/2008	\$1,351.80	3	NO
2	61575	TRANSORAL APPROACH TO SKULL BASE	1/1/2008	\$1,625.43	3	NO
2	61576	TRANSORAL APP TO SKULL BASE,DECO	1/1/2008	\$2,507.90	3	NO
2	61580	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$1,670.59	3	NO
2	61581	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$1,792.63	3	NO
2	61582	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$1,889.13	3	NO
2	61583	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$1,961.70	3	NO
2	61584	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$1,898.53	3	NO
2	61585	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$2,033.47	3	NO
2	61586	BICORONAL, TRANSZYGOMATIC AND/OR	1/1/2008	\$1,468.45	3	NO
2	61590	INFRATEMPORAL PRE-AURICULAR APPR	1/1/2008	\$2,138.04	3	NO
2	61591	INFRATEMPORAL POST-AURICULAR APP	1/1/2008	\$2,170.02	3	NO
2	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	1/1/2008	\$2,147.71	3	NO
2	61595	TRANSTEMPORAL APPROACH TO POSTER	1/1/2008	\$1,591.56	3	NO
2	61596	TRANSCOCHLEAR APPROACH TO POSTER	1/1/2008	\$1,767.09	3	NO
2	61597	TRANSCONDYLAR (FAR LATERAL) APPR	1/1/2008	\$1,951.49	3	NO
2	61598	TRANSPETROSAL APPROACH TO POSTER	1/1/2008	\$1,743.44	3	NO
2	61600	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$1,427.60	3	NO
2	61601	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$1,577.32	3	NO
2	61605	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$1,510.92	3	NO
2	61606	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$2,041.00	3	NO
2	61607	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$1,902.84	3	NO
2	61608	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$2,227.28	3	NO
2	61609	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$457.77	3	NO
2	61610	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$1,344.54	3	NO
2	61611	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$346.21	3	NO
2	61612	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$1,188.63	3	NO
2	61613	OBLITERATION OF CAROTID ANEURYSM	1/1/2008	\$2,151.74	3	NO
2	61615	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$1,674.62	3	NO
2	61616	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$2,233.19	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
2	61618	SECONDARY REPAIR OF DURA FOR CER	1/1/2008	\$878.71	3	NO
2	61619	SECONDARY REPAIR OF DURA FOR CSF	1/1/2008	\$1,019.56	3	NO
2	61623	ENDOVASCULAR TEMPORARY BALLOON A	1/1/2008	\$399.17	3	NO
2	61624	TRANSCATHETER PERMANENT OCCLUSIO	1/1/2008	\$774.68	3	NO
2	61626	TRANSCATHETER OCCLUSION OR EMBOL	1/1/2008	\$623.62	3	NO
2	61630	BALLOON ANGIOPLASTY, INTRACRANIA	1/1/2006	NC	9	NO
2	61635	TRANSCATHETER PLACEMENT OF INTRA	1/1/2006	NC	9	NO
2	61640	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61641	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61642	BALLOON DILATATION OF INTRACRANI	1/1/2006	NC	9	NO
2	61680	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$1,550.98	3	NO
2	61682	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$2,965.40	3	NO
2	61684	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$1,975.68	3	NO
2	61686	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$3,165.66	3	NO
2	61690	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$1,470.07	3	NO
2	61692	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$2,546.34	3	NO
2	61697	SURGERY OF COMPLEX INTRACRANIAL	1/1/2008	\$2,806.27	3	NO
2	61698	SURGERY OF COMPLEX INTRACRANIAL	1/1/2008	\$2,953.31	3	NO
2	61700	SURGERY OF SIMPLE INTRACRANIAL A	1/1/2008	\$2,430.22	3	NO
2	61702	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$2,614.89	3	NO
2	61703	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$896.45	3	NO
2	61705	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$1,767.36	3	NO
2	61708	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$1,455.82	3	NO
2	61710	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$1,320.61	3	NO
2	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	1/1/2008	\$1,803.38	3	NO
2	61720	STEREOTACTIC LESION ANY METHOD I	1/1/2008	\$802.37	3	NO
2	61735	CREATION OF LESION BY STEREOTACT	1/1/2008	\$992.95	3	NO
2	61750	STEREOTACTIC BIOPSY ASPIRATION O	1/1/2008	\$945.91	3	NO
2	61751	STEREOTACTIC BIOPSY, ASPIRATION,	1/1/2008	\$919.56	3	NO
2	61760	STEREOTACTIC IMPLANTATION OF DEP	1/1/2008	\$1,000.47	3	NO
2	61770	STEREOTACTIC LOCALIZATION, INCL	1/1/2008	\$1,030.58	3	NO
2	61790	STEREOTACTIC LESION OF GASSERIAN	1/1/2008	\$556.95	3	NO
2	61791	CREATION OF LESION BY STEREOTACT	1/1/2008	\$734.36	3	NO
2	61793	STEREOTACTIC RADIOSURGERY (PARTI	1/1/2008	\$867.96	3	NO
2	61795	STEREOTACTIC COMPUTER ASSISTED V	1/1/2008	\$179.83	3	NO
2	61850	TWIST DRILL OR BURR HOLE(S) FOR	1/1/2008	\$635.44	3	NO
2	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	1/1/2008	\$1,048.32	3	NO
2	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO
2	61863	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$1,020.90	3	NO
2	61864	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$324.17	3	NO
2	61867	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$1,506.89	3	NO
2	61868	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$459.65	3	NO
2	61870	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$795.11	3	NO
2	61875	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$727.64	3	NO
2	61880	REVISION OR REMOVAL OF INTRACRAN	1/1/2008	\$358.58	3	NO
2	61885	INSERTION OR REPLACE OF CRANIAL	1/1/2008	\$398.09	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	61886	INSERTION OR REPLACE OF CRANIAL	1/1/2008	\$501.85	3	NO
2	61888	REVISION OR REM OF CRANIAL NEURO	1/1/2008	\$273.91	3	NO
2	62000	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$560.18	3	NO
2	62005	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$817.15	3	NO
2	62010	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$1,027.89	3	NO
2	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	1/1/2008	\$1,097.78	3	NO
2	62115	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$1,088.37	3	NO
2	62116	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$1,193.20	3	NO
2	62117	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$1,291.58	3	NO
2	62120	REPAIR OF ENCEPHALOCELE,SKULL VA	1/1/2008	\$1,215.78	3	NO
2	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	1/1/2008	\$1,135.41	3	NO
2	62140	CRANIOPLASTY FOR SKULL DEFECT UP	1/1/2008	\$708.02	3	NO
2	62141	CRANIOPLASTY FOR SKULL DEFECT; L	1/1/2008	\$776.03	3	NO
2	62142	REMOVAL OF BONE FLAP OR PROSTHET	1/1/2008	\$582.22	3	NO
2	62143	REPLACEMENT OF BONE FLAP OR PROS	1/1/2008	\$690.01	3	NO
2	62145	CRANIOPLASTY FOR SKULL DEFECT WI	1/1/2008	\$947.52	3	NO
2	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$815.27	3	NO
2	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$969.02	3	NO
2	62148	INCISION AND RETRIEVAL OF SUBCUT	1/1/2008	\$89.24	3	NO
2	62160	NEUROENDOSCOPY, INTRACRANIAL, FO	1/1/2008	\$140.04	3	NO
2	62161	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$1,033.00	3	NO
2	62162	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$1,269.54	3	NO
2	62163	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$820.38	3	NO
2	62164	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$1,334.59	3	NO
2	62165	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$1,049.93	3	NO
2	62180	VENTRICULOCISTERNOSTOMY (TORKILD	1/1/2008	\$1,066.60	3	NO
2	62190	CREATION OF SHUNT; SUBARACHNOID/	1/1/2008	\$594.59	3	NO
2	62192	CREATION OF SHUNT; SUBARACHNOID/	1/1/2008	\$648.08	3	NO
2	62194	REPLACEMENT OR IRRIGATION, SUBAR	1/1/2008	\$251.60	3	NO
2	62200	VENTRICULOCISTERNOSTOMY THIRD VE	1/1/2008	\$932.20	3	NO
2	62201	VENTRICULOCISTERNOSTOMY, THIRD V	1/1/2008	\$787.85	3	NO
2	62220	CREATION OF SHUNT VENTRICULO-ATR	1/1/2008	\$684.36	3	NO
2	62223	CREATION OF SHUNT; VENTRICULO-PE	1/1/2008	\$688.13	3	NO
2	62225	REPLACEMENT OR IRRIGATION VENTRI	1/1/2008	\$321.22	3	NO
2	62230	REPLACEMENT OR REVISION OF CEREB	1/1/2008	\$558.03	3	NO
2	62252	REPROGRAMMING OF PROGRAMMABLE CE	1/1/2008	\$67.20	3	NO
2	62256	REMOVAL OF COMPLETE CEREBROSPINA	1/1/2008	\$376.86	3	NO
2	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	1/1/2008	\$756.94	3	NO
2	62263	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2008	\$499.97	3	NO
2	62264	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2008	\$319.60	3	NO
2	62268	PERCUTANEOUS ASPIRATION, SPINAL	1/1/2008	\$414.49	3	NO
2	62269	BIOPSY OF SPINAL CORD, PERCUTANE	1/1/2008	\$485.18	3	NO
2	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	1/1/2008	\$114.78	3	NO
2	62272	SPINAL PUNCTURE, THEREPEUTIC, FO	1/1/2008	\$134.40	3	NO
2	62273	INJECTION LUMBAR EPIDURAL OF BLO	1/1/2008	\$127.14	3	NO
2	62280	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$246.76	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	62281	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$215.31	3	NO
2	62282	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$262.08	3	NO
2	62284	INJECTION PROCEDURE FOR MYELOGRA	1/1/2008	\$169.08	3	NO
2	62287	ASPIRATION PROCEDURE,PERCUTANEOU	1/1/2008	\$393.52	3	NO
2	62290	INJECTION PROCEDURE FOR DISKOGRA	1/1/2008	\$259.66	3	NO
2	62291	INJECTION PROCEDURE FOR DISKOGRA	1/1/2008	\$232.24	3	NO
2	62292	INJECTION PROCEDURE FOR CHEMONUC	1/1/2008	\$379.28	3	NO
2	62294	INJECTION PROCEDURE ARTERIAL FOR	1/1/2008	\$526.58	3	NO
2	62310	INJECTION, SINGLE, NOT INCL NEUR	1/1/2008	\$171.49	3	NO
2	62311	INJECTION, SINGLE, NOT INCL NEUR	1/1/2008	\$160.74	3	NO
2	62318	INJECTION, INCL CATHETER PLACEME	1/1/2008	\$194.88	3	NO
2	62319	INJECTION, INCL CATHETER PLACEME	1/1/2008	\$172.84	3	NO
2	62350	IMPLANTATION, REVISION OR REPOSI	1/1/2008	\$351.05	3	NO
2	62351	IMPLANTATION, REVISION OR REPOSI	1/1/2008	\$566.63	3	YES
2	62355	REMOVAL OF PREVIOUSLY IMPLANTED	1/1/2008	\$284.39	3	NO
2	62360	IMPLANTATION OR REPLACEMENT OF D	1/1/2008	\$185.20	3	NO
2	62361	IMPLANTATION OR REPLACEMENT OF D	1/1/2008	\$304.55	3	NO
2	62362	IMPLANTATION OR REPLACEMENT OF D	1/1/2008	\$382.23	3	NO
2	62365	REMOVAL OF SUBCUTANEOUS RESERVOI	1/1/2008	\$297.83	3	NO
2	62367	ELECTRONIC ANALYSIS OF PROGRAMMA	1/1/2008	\$28.76	3	NO
2	62368	ELECTRONIC ANALYSIS OF PROGRAMMA	1/1/2008	\$39.78	3	NO
2	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$831.13	3	YES
2	63003	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$839.73	3	YES
2	63005	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$794.84	3	YES
2	63011	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$744.31	3	YES
2	63012	LAMINECTOMY WITH REMOVEL OF ABNO	1/1/2008	\$814.20	3	YES
2	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$1,005.31	3	YES
2	63016	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$1,030.85	3	YES
2	63017	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$840.00	3	YES
2	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$794.30	3	YES
2	63030	LAMINOTOMY,FOR DECOMPRESSION OF	1/1/2008	\$659.64	3	YES
2	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$146.23	3	YES
2	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$975.48	3	YES
2	63042	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$915.80	3	YES
2	63043	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$143.83	3	YES
2	63044	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$143.83	3	YES
2	63045	LAMINECTOMY,FACETECTOMY & FORAMI	1/1/2008	\$865.80	3	YES
2	63046	LAMINECTOMY, INC UNI/BI COMP FAC	1/1/2008	\$828.17	3	YES
2	63047	LAMINECTOMY, INC UNI OR BI COMP	1/1/2008	\$759.36	3	YES
2	63048	LAMINECTOMY,INC UNI/BI COMP FACE	1/1/2008	\$155.10	3	YES
2	63050	LAMINOPLASTY, CERVICAL, W/DECOMP	1/1/2008	\$1,012.30	3	YES
2	63051	LAMINOPLASTY, CERVICAL, W/DECOMP	1/1/2008	\$1,158.53	3	YES
2	63055	TRANSPEDICULAR APPROACH W/DECOMP	1/1/2008	\$1,120.90	3	YES
2	63056	TRANSPEDICULAR APPROACH FOR DECO	1/1/2008	\$1,042.94	3	YES
2	63057	TRANSPEDICULAR APPR FOR DECOMP O	1/1/2008	\$240.31	3	YES
2	63064	COSTOVERTEBRAL APPROACH W/DECOMP	1/1/2008	\$1,236.75	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	63066	COSTOVERTEBRAL APPROACH FOR DECO	1/1/2008	\$148.11	3	YES
2	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	1/1/2008	\$966.87	3	YES
2	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	1/1/2008	\$186.28	3	YES
2	63077	DISKECTOMY, ANTR, FOR DECOMP OF	1/1/2008	\$1,052.35	3	YES
2	63078	DISKECTOMY,ANT,FOR DECOMP OF SPI	1/1/2008	\$147.30	3	YES
2	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$1,228.95	3	YES
2	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	1/1/2008	\$200.79	3	YES
2	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$1,314.70	3	YES
2	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$141.66	3	YES
2	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$1,678.39	3	YES
2	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	1/1/2008	\$193.00	3	YES
2	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$1,359.59	3	YES
2	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$131.44	3	YES
2	63101	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$1,570.60	3	YES
2	63102	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$1,568.72	3	YES
2	63103	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$210.74	3	YES
2	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	1/1/2008	\$1,049.66	3	YES
2	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	1/1/2008	\$940.53	3	YES
2	63173	LAMINECTOMY FOR DRAINAGE OF INTR	1/1/2008	\$1,152.35	3	YES
2	63180	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$949.94	3	YES
2	63182	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$1,021.98	3	YES
2	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	1/1/2008	\$746.73	3	YES
2	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	1/1/2008	\$864.73	3	YES
2	63191	LAMINECTOMY W/SECTION OF SPINAL	1/1/2008	\$960.42	3	YES
2	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	1/1/2008	\$974.40	3	YES
2	63195	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$1,015.80	3	YES
2	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	1/1/2008	\$1,195.62	3	YES
2	63197	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$1,125.73	3	YES
2	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	1/1/2008	\$1,203.15	3	YES
2	63199	LAMINECTOMY FOR CORDOTOMY WITH S	1/1/2008	\$1,245.08	3	YES
2	63200	LAMINECTOMY, W/RELEASE OF TETHER	1/1/2008	\$1,014.18	3	YES
2	63250	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$1,964.12	3	YES
2	63251	LAMINECTOMY FOR EXCISION OR OCCL	1/1/2008	\$2,077.56	3	YES
2	63252	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$2,075.67	3	YES
2	63265	LAMINECTOMY FOR EXCISION OR EVAC	1/1/2008	\$1,129.77	3	YES
2	63266	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$1,165.25	3	YES
2	63267	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$936.50	3	YES
2	63268	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$916.61	3	YES
2	63270	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$1,400.45	3	YES
2	63271	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$1,405.02	3	YES
2	63272	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$1,295.88	3	YES
2	63273	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$1,245.89	3	YES
2	63275	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,217.40	3	YES
2	63276	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,213.36	3	YES
2	63277	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,068.48	3	YES
2	63278	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,045.36	3	YES



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	63280	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,443.99	3	YES
2	63281	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,428.94	3	YES
2	63282	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,346.96	3	YES
2	63283	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,275.99	3	YES
2	63285	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,798.00	3	YES
2	63286	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,784.83	3	YES
2	63287	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,871.12	3	YES
2	63290	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$1,888.32	3	YES
2	63295	OSTEOPLASTIC RECONSTRUCTION OF D	1/1/2008	\$220.95	3	YES
2	63300	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$1,258.25	3	YES
2	63301	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$1,405.56	3	YES
2	63302	VERT CORP, PART/COMP, FOR EXCIS	1/1/2008	\$1,402.33	3	YES
2	63303	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$1,464.42	3	YES
2	63304	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$1,542.91	3	YES
2	63305	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$1,607.16	3	YES
2	63306	VERT CORP, PART/COMP, FOR EXCISI	1/1/2008	\$1,641.02	3	YES
2	63307	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$1,514.96	3	YES
2	63308	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$241.11	3	YES
2	63600	STEREOTACTIC LESION OF SPINAL CO	1/1/2008	\$583.83	3	NO
2	63610	STEREOTACTIC STIMULATION OF SPIN	1/1/2008	\$1,554.47	3	NO
2	63615	STEREOTACTIC BIOPSY, ASPIRATION,	1/1/2008	\$766.89	3	NO
2	63650	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$301.32	3	NO
2	63655	LAMINECTOMY FOR IMPLANTATION OF	1/1/2008	\$565.02	3	NO
2	63660	REVISION OR REMOVAL OF SPINAL NE	1/1/2008	\$300.79	3	NO
2	63685	INSERTION OR REPLACE OF SPINAL N	1/1/2008	\$348.10	3	NO
2	63688	REVISION OR REMOVAL OF IMPLANTED	1/1/2008	\$283.58	3	NO
2	63700	REPAIR OF MENINGOCELE LESS THAN	1/1/2008	\$834.62	3	NO
2	63702	REPAIR OF MENINGOCELE; LARGER TH	1/1/2008	\$925.21	3	NO
2	63704	REPAIR OF MYELOMENINGOCELE LESS	1/1/2008	\$1,066.33	3	NO
2	63706	REPAIR OF MYELOMENINGOCELE; LARG	1/1/2008	\$1,220.35	3	NO
2	63707	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$613.13	3	NO
2	63709	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$751.30	3	NO
2	63710	DURAL GRAFT SPINAL	1/1/2008	\$747.00	3	NO
2	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	1/1/2008	\$619.05	3	NO
2	63741	CREATION OF SHUNT, LUMBAR, SUBAR	1/1/2008	\$415.56	3	NO
2	63744	REPLACEMENT IRRIGATION OR REVISI	1/1/2008	\$436.26	3	NO
2	63746	REMOVAL OF ENTIRE LUMBOSUBARACHN	1/1/2008	\$344.06	3	NO
2	64400	INJECTION ANESTHETIC AGENT TRIGE	1/1/2008	\$79.30	3	NO
2	64402	INJECTION ANESTHETIC AGENT; FACI	1/1/2008	\$78.22	3	NO
2	64405	INJECTION ANESTHETIC AGENT; GREA	1/1/2008	\$75.00	3	NO
2	64408	INJECTION ANESTHETIC AGENT; VAGU	1/1/2008	\$82.25	3	NO
2	64410	INJECTION ANESTHETIC AGENT; PHRE	1/1/2008	\$103.49	3	NO
2	64412	INJECTION ANESTHETIC AGENT; SPIN	1/1/2008	\$101.07	3	NO
2	64413	INJECTION ANESTHETIC AGENT; CERV	1/1/2008	\$85.48	3	NO
2	64415	INJECTION, ANESTHETIC AGENT; BRA	1/1/2008	\$108.60	3	NO
2	64416	INJECTION, ANESTHETIC AGENT; BRA	1/1/2008	\$131.71	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64417	INJECTION ANESTHETIC AGENT; AXIL	1/1/2008	\$112.90	3	NO
2	64418	INJECTION ANESTHETIC AGENT; SUPR	1/1/2008	\$102.68	3	NO
2	64420	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$127.95	3	NO
2	64421	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$194.07	3	NO
2	64425	INJECTION ANESTHETIC AGENT; ILIO	1/1/2008	\$92.74	3	NO
2	64430	INJECTION ANESTHETIC AGENT; PUDE	1/1/2008	\$108.60	3	NO
2	64435	INJECTION ANESTHETIC AGENT; PARA	1/1/2008	\$107.25	3	NO
2	64445	INJECTION, ANESTHETIC AGENT; SCI	1/1/2008	\$107.52	3	NO
2	64446	INJECTION, ANESTHETIC AGENT; SCI	1/1/2008	\$126.60	3	NO
2	64447	INJECTION, ANESTHETIC AGENT; FEM	1/1/2008	\$52.95	3	NO
2	64448	INJECTION, ANESTHETIC AGENT; FEM	1/1/2008	\$114.78	3	NO
2	64449	INJECTION, ANESTHETIC AGENT; LUM	1/1/2008	\$113.70	3	NO
2	64450	INJECTION ANESTHETIC AGENT; OTHE	1/1/2008	\$71.23	3	NO
2	64470	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$223.91	3	NO
2	64472	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$91.93	3	NO
2	64475	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$203.75	3	NO
2	64476	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$78.22	3	NO
2	64479	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$238.43	3	NO
2	64480	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$111.28	3	NO
2	64483	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$238.43	3	NO
2	64484	INJECTION, ANESTHETIC AGENT AND/	1/1/2008	\$114.78	3	NO
2	64505	INJECTION ANESTHETIC AGENT SPHEN	1/1/2008	\$71.77	3	NO
2	64508	INJECTION ANESTHETIC AGENT; CARO	1/1/2008	\$111.55	3	NO
2	64510	INJECTION ANESTHETIC AGENT; STEL	1/1/2008	\$116.93	3	NO
2	64517	INJECTION, ANESTHETIC AGENT; SUP	1/1/2008	\$127.95	3	NO
2	64520	INJECTION ANESTHETIC AGENT; LUMB	1/1/2008	\$159.40	3	NO
2	64530	INJECTION ANESTHETIC AGENT; CELI	1/1/2008	\$152.14	3	NO
2	64550	APPLICATION OF SURFACE (TRANSCUT	1/1/2008	\$12.10	3	NO
2	64553	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$141.39	3	NO
2	64555	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$146.23	3	NO
2	64560	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$139.51	3	NO
2	64561	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$943.22	3	NO
2	64565	PERCUTANEOUS IMPLANTATION OF NEU	1/1/2008	\$134.13	3	NO
2	64573	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$404.81	3	NO
2	64575	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$200.79	3	NO
2	64577	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$237.89	3	NO
2	64580	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$210.74	3	NO
2	64581	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$562.60	3	NO
2	64585	REVISION OR REMOVAL OF PERIPHERAL	1/1/2008	\$327.40	3	NO
2	64590	INCISION & SUBCUTANEOUS PLACE OF	1/1/2008	\$256.97	3	NO
2	64595	REVISION OR REMOVAL OF PERIPHERA	1/1/2008	\$305.09	3	NO
2	64600	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$325.79	3	NO
2	64605	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$415.30	3	NO
2	64610	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$477.12	3	NO
2	64612	CHEMODENERVATION OF MUSCLE(S); M	1/1/2008	\$117.20	3	NO
2	64613	CHEMODENERVATION OF MUSCLE(S); N	1/1/2008	\$124.45	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64614	CHEMODENERVATION OF MUSCLE(S); E	1/1/2008	\$137.63	3	NO
2	64620	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$206.98	3	NO
2	64622	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$269.34	3	NO
2	64623	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$98.65	3	NO
2	64626	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2008	\$295.95	3	NO
2	64627	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2008	\$140.04	3	NO
2	64630	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2008	\$160.74	3	NO
2	64640	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2008	\$183.32	3	NO
2	64650	CHEMODENERVATION OF ECCRINE GLAN	1/1/2006	NC	9	NO
2	64653	CHEMODENERVATION OF ECCRINE GLAN	1/1/2006	NC	9	NO
2	64680	DESTRUCTION BY NEUROLYTIC AGENT	1/1/2008	\$237.62	3	NO
2	64681	DESTRUCTION BY NEUROLYTIC AGENT,	1/1/2008	\$328.74	3	NO
2	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	1/1/2008	\$294.07	3	NO
2	64704	NEUROLYSIS; NERVE OF HAND OR FOO	1/1/2008	\$228.75	3	NO
2	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	1/1/2008	\$320.14	3	NO
2	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$370.68	3	NO
2	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$514.75	3	NO
2	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$430.35	3	NO
2	64716	NEUROPLASTY AND/OR TRANSPOSITION	1/1/2008	\$356.97	3	NO
2	64718	NEUROLYSIS AND/OR TRANSPOSITION;	1/1/2008	\$380.89	3	NO
2	64719	NEUROLYSIS AND/OR TRANSPOSITION;	1/1/2008	\$271.49	3	NO
2	64721	NEUROLYSIS AND/OR TRANSPOSITION;	1/1/2008	\$289.77	3	NO
2	64722	DECOMPRESSION UNSPECIFIED NERVES	1/1/2008	\$220.68	3	NO
2	64726	DECOMPRESSION; PLANTAR DIGITAL N	1/1/2008	\$202.41	3	NO
2	64727	INTERNAL NEUROLYSIS, REQUIRING U	1/1/2008	\$134.94	3	NO
2	64732	TRANSECTION OR AVULSION OF SUPRA	1/1/2008	\$255.36	3	NO
2	64734	TRANSECTION OR AVULSION OF; INFR	1/1/2008	\$283.58	3	NO
2	64736	TRANSECTION OR AVULSION OF; MENT	1/1/2008	\$259.12	3	NO
2	64738	TRANSECTION OR AVULSION OF; INFE	1/1/2008	\$319.07	3	NO
2	64740	TRANSECTION OR AVULSION OF; LING	1/1/2008	\$316.11	3	NO
2	64742	TRANSECTION OR AVULSION OF; FACI	1/1/2008	\$325.52	3	NO
2	64744	TRANSECTION OR AVULSION OF; GREA	1/1/2008	\$289.77	3	NO
2	64746	TRANSECTION OR AVULSION OF; PHRE	1/1/2008	\$312.35	3	NO
2	64752	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$342.45	3	NO
2	64755	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$604.26	3	NO
2	64760	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$318.53	3	NO
2	64761	TRANSECTION OR AVULSION OF; PUDE	1/1/2008	\$298.37	3	NO
2	64763	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$365.03	3	NO
2	64766	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$420.94	3	NO
2	64771	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$396.48	3	NO
2	64772	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$380.89	3	NO
2	64774	EXCISION OF NEUROMA CUTANEOUS NE	1/1/2008	\$277.13	3	NO
2	64776	EXCISION OF NEUROMA; DIGITAL NER	1/1/2008	\$268.26	3	NO
2	64778	EXCISION OF NEUROMA DIGITAL NERV	1/1/2008	\$134.40	3	NO
2	64782	EXCISION OF NEUROMA; HAND OR FOO	1/1/2008	\$308.58	3	NO
2	64783	EXCISION OF NEUROMA HAND OR FOOT	1/1/2008	\$159.94	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64784	EXCISION OF NEUROMA; MAJOR PERIP	1/1/2008	\$494.05	3	NO
2	64786	EXCISION OF NEUROMA; SCIATIC NER	1/1/2008	\$762.85	3	NO
2	64787	IMPLANTATION OF NERVE END INTO B	1/1/2008	\$184.67	3	NO
2	64788	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$253.75	3	NO
2	64790	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$569.86	3	NO
2	64792	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$724.15	3	NO
2	64795	BIOPSY OF NERVE	1/1/2008	\$136.01	3	NO
2	64802	SYMPATHECTOMY, CERVICAL	1/1/2008	\$441.91	3	NO
2	64804	SYMPATHECTOMY, CERVICOTHORACIC	1/1/2008	\$666.62	3	NO
2	64809	SYMPATHECTOMY, THORACOLUMBAR	1/1/2008	\$593.78	3	NO
2	64818	SYMPATHECTOMY, LUMBAR	1/1/2008	\$473.09	3	NO
2	64820	SYMPATHECTOMY; DIGITAL ARTERIES,	1/1/2008	\$517.71	3	NO
2	64821	SYMPATHECTOMY; RADIAL ARTERY	1/1/2008	\$473.63	3	NO
2	64822	SYMPATHECTOMY; ULNAR ARTERY	1/1/2008	\$471.74	3	NO
2	64823	SYMPATHECTOMY; SUPERFICIAL PALMA	1/1/2008	\$544.86	3	NO
2	64831	SUTURE OF DIGITAL NERVE HAND OR	1/1/2008	\$501.04	3	NO
2	64832	SUTURE OF DIGITAL NERVE HAND OR	1/1/2008	\$249.98	3	NO
2	64834	SUTURE OF ONE NERVE; HAND OR FOO	1/1/2008	\$517.17	3	NO
2	64835	SUTURE OF ONE NERVE; MEDIAN MOTO	1/1/2008	\$563.40	3	NO
2	64836	SUTURE OF ONE NERVE; ULNAR MOTOR	1/1/2008	\$559.37	3	NO
2	64837	SUTURE OF EACH ADDITIONAL NERVE	1/1/2008	\$277.67	3	NO
2	64840	SUTURE OF POSTERIOR TIBIAL NERVE	1/1/2008	\$610.71	3	NO
2	64856	SUTURE OF MAJOR PERIPHERAL NERVE	1/1/2008	\$702.64	3	NO
2	64857	SUTURE OF MAJOR PERIPHERAL NERVE	1/1/2008	\$736.51	3	NO
2	64858	SUTURE OF SCIATIC NERVE	1/1/2008	\$852.36	3	NO
2	64859	SUTURE OF EACH ADDITIONAL MAJOR	1/1/2008	\$189.50	3	NO
2	64861	SUTURE OF BRACHIAL PLEXUS	1/1/2008	\$973.06	3	NO
2	64862	SUTURE OF LUMBAR PLEXUS	1/1/2008	\$964.99	3	NO
2	64864	SUTURE OF FACIAL NERVE EXTRACRAN	1/1/2008	\$616.63	3	NO
2	64865	SUTURE OF FACIAL NERVE; INTRATEM	1/1/2008	\$809.63	3	NO
2	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	1/1/2008	\$852.90	3	NO
2	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	1/1/2008	\$728.45	3	NO
2	64870	ANASTOMOSIS; FACIAL-PHRENIC	1/1/2008	\$723.88	3	NO
2	64872	SUTURE OF NERVE REQUIRING SECOND	1/1/2008	\$88.70	3	NO
2	64874	SUTURE OF NERVE; REQUIRING EXTEN	1/1/2008	\$130.64	3	NO
2	64876	SUTURE OF NERVE REQUIRING SHORTE	1/1/2008	\$143.54	3	NO
2	64885	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$808.82	3	NO
2	64886	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$953.16	3	NO
2	64890	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$758.28	3	NO
2	64891	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$727.10	3	NO
2	64892	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$726.03	3	NO
2	64893	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$785.70	3	NO
2	64895	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$877.63	3	NO
2	64896	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$973.86	3	NO
2	64897	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$872.79	3	NO
2	64898	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$949.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	64901	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$443.52	3	NO
2	64902	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$508.84	3	NO
2	64905	NERVE PEDICLE TRANSFER FIRST STA	1/1/2008	\$674.96	3	NO
2	64907	NERVE PEDICLE TRANSFER; SECOND S	1/1/2008	\$915.26	3	NO
2	64910	NERVE REPAIR; WITH SYNTHETIC CON	1/1/2008	\$488.14	3	NO
2	64911	NERVE REPAIR; WITH AUTOGENOUS VE	1/1/2008	\$593.78	3	NO
2	64999	UNLISTED PROCEDURE NERVOUS SYSTE	4/1/1982	\$0.01	5	NO
2	65091	EVISCERATION OF OCULAR CONTENTS;	1/1/2008	\$415.30	3	NO
2	65093	EVISCERATION OF OCULAR CONTENTS;	1/1/2008	\$418.25	3	NO
2	65101	ENUCLEATION OF EYE, WITHOUT IMPL	1/1/2008	\$474.16	3	NO
2	65103	ENUCLEATION OF EYE; WITH IMPLANT	1/1/2008	\$494.86	3	NO
2	65105	ENUCLEATION OF EYE; WITH IMPLANT	1/1/2008	\$544.32	3	NO
2	65110	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$790.54	3	NO
2	65112	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$937.57	3	NO
2	65114	EXENTERATION OF ORBIT, REMOVAL O	1/1/2008	\$969.29	3	NO
2	65125	MODIFICATION OF OCULAR IMPLANT W	1/1/2008	\$313.69	3	YES
2	65130	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$469.06	3	YES
2	65135	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$477.12	3	YES
2	65140	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$516.10	3	YES
2	65150	REINSERTION OF OCULAR IMPLANT; W	1/1/2008	\$382.77	3	YES
2	65155	REINSERTION OF OCULAR IMPLANT WI	1/1/2008	\$549.96	3	YES
2	65175	REMOVAL OF OCULAR IMPLANT (FOR O	1/1/2008	\$422.55	3	NO
2	65205	REMOVAL OF FOREIGN BODY, EXTERNA	1/1/2008	\$36.83	3	NO
2	65210	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$44.89	3	NO
2	65220	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$37.36	3	NO
2	65222	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$49.46	3	NO
2	65235	REMOVAL OF FOREIGN BODY, INTRAOC	1/1/2008	\$429.27	3	NO
2	65260	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$601.57	3	NO
2	65265	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$676.03	3	NO
2	65270	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$185.20	3	NO
2	65272	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$324.98	3	NO
2	65273	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$236.54	3	NO
2	65275	REPAIR OF LACERATION; CORNEA NON	1/1/2008	\$342.72	3	NO
2	65280	REPAIR OF LACERATION; CORNEA AND	1/1/2008	\$415.30	3	NO
2	65285	REPAIR OF LACERATION; CORNEA AND	1/1/2008	\$650.23	3	NO
2	65286	REPAIR OF LACERATION; APPLICATIO	1/1/2008	\$465.56	3	NO
2	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	1/1/2008	\$305.63	3	NO
2	65400	EXCISION OF LESION, CORNEA (KERA	1/1/2008	\$423.36	3	NO
2	65410	BIOPSY OF CORNEA	1/1/2008	\$95.42	3	NO
2	65420	EXCISION OR TRANSPOSITION OF PTE	1/1/2008	\$345.41	3	NO
2	65426	EXCISION OR TRANSPOSITION OF PTE	1/1/2008	\$427.93	3	NO
2	65430	SCRAPING OF CORNEA, DIAGNOSTIC,	1/1/2008	\$75.00	3	NO
2	65435	REMOVAL OF CORNEAL EPITHELIUM; W	1/1/2008	\$51.88	3	NO
2	65436	REMOVAL OF CORNEAL EPITHELIUM; W	1/1/2008	\$241.38	3	NO
2	65450	DESTRUCTION OF LESION OF CORNEA	1/1/2008	\$201.87	3	NO
2	65600	MULTIPLE PUNCTURES OF ANTERIOR C	1/1/2008	\$245.95	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	65710	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$692.16	3	NO
2	65730	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$767.69	3	NO
2	65750	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$782.21	3	NO
2	65755	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$777.10	3	NO
2	65760	KERATOMILEUSIS	2/1/1994	\$0.01	5	NO
2	65765	KERATOPHAKIA	2/1/1994	\$0.01	5	NO
2	65767	EPIKERATOPLASTY	2/1/1994	\$0.01	5	NO
2	65770	KERATOPROSTHESIS	1/1/2008	\$893.49	3	NO
2	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
2	65772	CORNEAL RELAXING INCISION FOR CO	1/1/2008	\$284.12	3	NO
2	65775	CORNEAL WEDGE RESECTION FOR CORR	1/1/2008	\$345.41	3	NO
2	65780	OCULAR SURFACE RECONSTRUCTION; A	1/1/2008	\$562.06	3	NO
2	65781	OCULAR SURFACE RECONSTRUCTION; I	1/1/2008	\$848.33	3	NO
2	65782	OCULAR SURFACE RECONSTRUCTION; L	1/1/2008	\$732.75	3	NO
2	65800	PARACENTESIS OF ANTERIOR CHAMBER	1/1/2008	\$99.72	3	NO
2	65805	PARACENTESIS OF ANTRIOR CHAMBER	1/1/2008	\$109.40	3	NO
2	65810	PARACENTESIS OF ANTERIOR CHAMBER	1/1/2008	\$286.27	3	NO
2	65815	PARACENTESIS OF ANTERIOR CHAMBER	1/1/2008	\$420.40	3	NO
2	65820	GONIOTOMY	1/1/2008	\$480.88	3	NO
2	65850	TRABECULOTOMY AB EXTERNO	1/1/2008	\$537.60	3	NO
2	65855	TRABECULOPLASTY BY LASER SURGERY	1/1/2008	\$221.22	3	NO
2	65860	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$204.83	3	NO
2	65865	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$305.89	3	NO
2	65870	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$371.21	3	NO
2	65875	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$392.99	3	NO
2	65880	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$415.03	3	NO
2	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	1/1/2008	\$612.86	3	NO
2	65920	REMOVAL OF IMPLANTED MATERIAL, A	1/1/2008	\$490.02	3	NO
2	65930	REMOVAL OF BLOOD CLOT, ANTERIOR	1/1/2008	\$409.65	3	NO
2	66020	INJECTION, ANTERIOR CHAMBER OF E	1/1/2008	\$124.99	3	NO
2	66030	INJECTION ANTERIOR CHAMBER (SEPA	1/1/2008	\$111.28	3	NO
2	66130	EXCISION OF LESION, SCLERA	1/1/2008	\$464.49	3	NO
2	66150	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$536.79	3	NO
2	66155	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$534.11	3	NO
2	66160	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$608.83	3	NO
2	66165	FISTULIZATIN OF SCLERA FOR GLAUC	1/1/2008	\$523.89	3	NO
2	66170	FISTULIZATION OF SCLEAR FOR GLAU	1/1/2008	\$734.90	3	NO
2	66172	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$919.56	3	NO
2	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	1/1/2008	\$735.17	3	NO
2	66185	REVISION OF AQUEOUS SHUNT TO EXT	1/1/2008	\$460.19	3	NO
2	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$444.33	3	NO
2	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$580.88	3	NO
2	66250	REVISION OR REPAIR OF OPERATIVE	1/1/2008	\$493.79	3	NO
2	66500	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$226.60	3	NO
2	66505	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$247.03	3	NO
2	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$501.04	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$662.59	3	NO
2	66625	IRIDECTOMY WITH CORNEOSCLERAL OF	1/1/2008	\$271.22	3	NO
2	66630	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$351.86	3	NO
2	66635	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$355.08	3	NO
2	66680	REPAIR OF IRIS CILIARY BODY (AS	1/1/2008	\$316.65	3	NO
2	66682	SUTURE OF IRIS CILIARY BODY (SEP	1/1/2008	\$380.62	3	NO
2	66700	CILIARY BODY DESTRUCTION; DIATHE	1/1/2008	\$281.70	3	NO
2	66710	CILIARY BODY DESTRUCTION; CYCLOP	1/1/2008	\$278.48	3	NO
2	66711	CILIARY BODY DESTRUCTION; CYCLOP	1/1/2008	\$389.49	3	NO
2	66720	CILIARY BODY DESTRUCTION; CRYOTH	1/1/2008	\$291.38	3	NO
2	66740	CILIARY BODY DESTRUCTION; CYCLOD	1/1/2008	\$276.33	3	NO
2	66761	IRIDOTOMY/IRIDECTOMY BY LASER SU	1/1/2008	\$283.85	3	NO
2	66762	IRIDOPLASTY BY PHOTOCOAGULATION	1/1/2008	\$296.76	3	NO
2	66770	DESTRUCTION OF CYST OR LESION IR	1/1/2008	\$329.01	3	NO
2	66820	DISCISSION OF SECONDARY MEMBRANE	1/1/2008	\$259.93	3	NO
2	66821	DISCISSION OF SECONDARY MEMBRANE	1/1/2008	\$201.06	3	NO
2	66825	REPOSITIONING OF INTRAOCULAR LEN	1/1/2008	\$484.65	3	NO
2	66830	REMOVAL OF SECONDARY MEMBRANOUS	1/1/2008	\$443.79	3	NO
2	66840	REMOVAL OF LENS MATERIAL ASPIRAT	1/1/2008	\$434.38	3	NO
2	66850	REMOVAL OF LENS MATERIAL PHACOFR	1/1/2008	\$493.25	3	NO
2	66852	REMOVAL OF LENS MATERIAL; PARS P	1/1/2008	\$529.00	3	NO
2	66920	REMOVAL OF LENS MATERIAL; INTRAC	1/1/2008	\$472.55	3	NO
2	66930	EXTRACTION OF LENS WITH OR WITHO	1/1/2008	\$535.72	3	NO
2	66940	REMOVAL OF LENS MATERIAL; EXTRAC	1/1/2008	\$486.80	3	NO
2	66982	EXTRACAPSULAR CATARACT REMOVAL W	1/1/2008	\$677.64	3	NO
2	66983	INTRACAPSULAR CATARACT EXTRACTIO	1/1/2008	\$444.06	3	NO
2	66984	EXTRACAPSULAR CATARACT REM W/INS	1/1/2008	\$483.57	3	NO
2	66985	INSERT OF INTRAOCULAR LENS PROST	1/1/2008	\$471.21	3	NO
2	66986	EXCHANGE OF INTRAOCULAR LENS	1/1/2008	\$587.33	3	NO
2	66990	USE OF OPHTHALMIC ENDOSCOPE (LIS	1/1/2008	\$60.21	3	NO
2	66999	UNLISTED PROCEDURE ANTERIOR SEGM	4/1/1982	\$0.01	5	NO
2	67005	REMOVAL OF VITREOUS ANTERIOR APP	1/1/2008	\$292.72	3	NO
2	67010	REMOVAL OF VITREOUS, ANTERIOR AP	1/1/2008	\$339.76	3	NO
2	67015	ASPIRATION OR RELEASE OF VITREOU	1/1/2008	\$367.18	3	NO
2	67025	INJECTION OF VITREOUS SUBSTITUTE	1/1/2008	\$462.34	3	NO
2	67027	IMPLANTATION OR REPLACEMENT OF I	1/1/2008	\$534.91	3	NO
2	67028	INTRAVITREAL INJECTION OF A PHAR	1/1/2008	\$140.58	3	NO
2	67030	DISCISSION OF VITREOUS STRANDS (	1/1/2008	\$322.29	3	NO
2	67031	SEVERING OF VITREOUS STRANDS, VI	1/1/2008	\$242.73	3	NO
2	67036	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$608.29	3	NO
2	67038	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	INVALID	N	NO
2	67039	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$780.60	3	NO
2	67040	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$900.21	3	NO
2	67041	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$815.61	3	NO
2	67042	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$934.05	3	NO
2	67043	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$980.15	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67101	REP OF RETINAL DETCHM, ONE OR MO	1/1/2008	\$484.11	3	NO
2	67105	REP OF RETINAL DETACHMENT, ONE O	1/1/2008	\$449.16	3	NO
2	67107	REPAIR OF RETINAL DETACHMENT; SC	1/1/2008	\$759.90	3	NO
2	67108	REPAIR OF RETINAL DETACHMENT; W/	1/1/2008	\$1,014.18	3	NO
2	67110	REPAIR OF RETINAL DETACHMENT ONE	1/1/2008	\$549.70	3	NO
2	67112	REPAIR OF RETINAL DETACHMENT; BY	1/1/2008	\$833.01	3	NO
2	67113	REPAIR OF COMPLEX RETINAL DETACH	1/1/2008	\$981.80	3	NO
2	67115	RELEASE OF ENCIRCLING MATERIAL (	1/1/2008	\$302.94	3	NO
2	67120	REMOVAL OF IMPLANTED MATERIAL, P	1/1/2008	\$417.98	3	NO
2	67121	REMOVAL OF IMPLANTED MATERIAL PO	1/1/2008	\$565.02	3	NO
2	67141	PROPHYLAXIS OF RETINAL DETACHMEN	1/1/2008	\$324.17	3	NO
2	67145	PROPHYLAXIS OF RETINAL DETACHMEN	1/1/2008	\$325.79	3	NO
2	67208	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$373.36	3	NO
2	67210	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$437.34	3	NO
2	67218	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$888.65	3	NO
2	67220	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$673.88	3	NO
2	67221	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$205.90	3	NO
2	67225	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$19.89	3	NO
2	67227	DESTRUCTION OF EXTENSIVE OR PROG	1/1/2008	\$381.96	3	NO
2	67228	TREATMENT OF EXTENSIVE OR PROGRE	1/1/2008	\$685.44	3	NO
2	67229	TREATMENT OF EXTENSIVE OR PROGRE	1/1/2008	\$707.69	3	NO
2	67250	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$505.34	3	NO
2	67255	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$538.14	3	NO
2	67299	UNLISTED PROCEDURE POSTERIOR SEG	2/1/1994	\$0.01	5	NO
2	67311	STRABISMUS SURG, RECESSIO	1/1/2008	\$373.90	3	YES
2	67312	STRABISMUS SURG, RECESSIO	1/1/2008	\$446.21	3	YES
2	67314	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$416.64	3	YES
2	67316	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$501.58	3	YES
2	67318	STRABISMUS SURGERY, ANY PROC (PA	1/1/2008	\$436.53	3	YES
2	67320	TRANSPOSITION PROC(EG, FOR PARETI	1/1/2008	\$204.29	3	YES
2	67331	STRABISMUS SURG ON PATIENT W/PRE	1/1/2008	\$193.54	3	YES
2	67332	STRABISMUS SURG ON PATIENT W/SCA	1/1/2008	\$210.74	3	YES
2	67334	STRABISMUS SURGERY BY POSTERIOR	1/1/2008	\$190.04	3	YES
2	67335	PLACE OF ADJUSTABLE SUTURE(S) DU	1/1/2008	\$99.46	3	YES
2	67340	STRABISMUS SURGERY INVOLVING EXP	1/1/2008	\$227.67	3	YES
2	67343	RELEASE OF EXTENSIVE SCAR TISSUE	1/1/2008	\$406.43	3	NO
2	67345	CHEMODENERVATION OF EXTRAOCULAR M	1/1/2008	\$152.14	3	NO
2	67346	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2008	\$130.37	3	NO
2	67350	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2007	INVALID	N	NO
2	67399	UNLISTED PROCEDURE OCULAR MUSCLE	2/1/1994	\$0.01	5	NO
2	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	1/1/2008	\$602.65	3	NO
2	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$508.03	3	NO
2	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$566.36	3	NO
2	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$562.33	3	NO
2	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	1/1/2008	\$819.57	3	NO
2	67415	FINE NEEDLE ASPIRATION OF ORBITA	1/1/2008	\$69.35	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67420	ORBITOTOMY WITH BONE FLAP OR WIN	1/1/2008	\$1,061.76	3	NO
2	67430	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$812.04	3	NO
2	67440	ORBITOTOMY WITH BONE FLAP OR WIN	1/1/2008	\$779.79	3	NO
2	67445	ORBITOTOMY W/BONE FLAP OR WINDOW	1/1/2008	\$899.67	3	NO
2	67450	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$806.13	3	NO
2	67500	RETROBULBAR INJECTION MEDICATION	1/1/2008	\$57.79	3	NO
2	67505	RETROBULBAR INJECTION; ALCOHOL	1/1/2008	\$52.95	3	NO
2	67515	INJECTION OF MEDICATION OR OTHER	1/1/2008	\$55.91	3	NO
2	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$624.96	3	YES
2	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$634.37	3	YES
2	67570	OPTIC NERVE DECOMPRESSION (EG, I	1/1/2008	\$750.76	3	NO
2	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
2	67700	BLEPHAROTOMY, DRAINAGE OF ABSCE	1/1/2008	\$189.77	3	NO
2	67710	SEVERING OF TARSORRHAPHY	1/1/2008	\$162.89	3	NO
2	67715	CANTHOTOMY (SEPARATE PROCEDURE)	1/1/2008	\$169.34	3	NO
2	67800	EXCISION OF CHALAZION; SINGLE	1/1/2008	\$81.72	3	NO
2	67801	EXCISION OF CHALAZION; MULTIPLE	1/1/2008	\$104.56	3	NO
2	67805	EXCISION OF CHALAZION; MULTIPLE	1/1/2008	\$129.29	3	NO
2	67808	EXCISION OF CHALAZION; UNDER GEN	1/1/2008	\$226.33	3	NO
2	67810	BIOPSY OF EYELID	1/1/2008	\$135.21	3	NO
2	67820	CORRECTION OF TRICHIASIS; EPILAT	1/1/2008	\$35.48	3	NO
2	67825	CORRECTION OF TRICHIASIS; EPILAT	1/1/2008	\$84.13	3	NO
2	67830	CORRECTION OF TRICHIASIS; INCISI	1/1/2008	\$187.35	3	NO
2	67835	CORRECTION OF TRICHIASIS; INCISI	1/1/2008	\$279.82	3	NO
2	67840	EXCISION OF LESION OF EYELID (EX	1/1/2008	\$195.15	3	NO
2	67850	DESTRUCTION OF LESION OF LID MAR	1/1/2008	\$138.16	3	NO
2	67875	TEMPORARY CLOSURE OF EYELIDS BY	1/1/2008	\$121.23	3	NO
2	67880	CONSTRUCTION OF INTERMARGINAL AD	1/1/2008	\$296.22	3	NO
2	67882	CONSTRUCTION OF INTERMARGINAL AD	1/1/2008	\$362.61	3	NO
2	67900	REPAIR OF BROW PTOSIS (SUPRACILI	1/1/2008	\$423.63	3	YES
2	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	1/1/2008	\$386.53	3	YES
2	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	1/1/2008	\$431.16	3	YES
2	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$424.17	3	YES
2	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$472.55	3	YES
2	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	1/1/2008	\$329.28	3	YES
2	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	1/1/2008	\$319.33	3	YES
2	67909	REDUCTION OF OVERCORRECTION OF P	1/1/2008	\$360.19	3	YES
2	67911	CORRECTION OF LID RETRACTION	1/1/2008	\$338.69	3	YES
2	67912	CORRECTION OF LAGOPHTHALMOS, WIT	1/1/2008	\$645.12	3	YES
2	67914	REPAIR OF ECTROPION; SUTURE	1/1/2008	\$265.31	3	YES
2	67915	REPAIR OF ECTROPION; THERMOCAUTE	1/1/2008	\$241.65	3	YES
2	67916	REPAIR OF ECTROPION; BLEPHAROPLA	1/1/2008	\$358.31	3	YES
2	67917	REPAIR OF ECTROPION; BLEPHAROPLA	1/1/2008	\$390.30	3	YES
2	67921	REPAIR OF ENTROPION; SUTURE	1/1/2008	\$253.21	3	NO
2	67922	REPAIR OF ENTROPION; THERMOCAUTE	1/1/2008	\$236.28	3	NO
2	67923	REPAIR OF ENTROPION; BLEPHAROPLA	1/1/2008	\$376.32	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	67924	REPAIR OF ENTROPION; BLEPHAROPLA	1/1/2008	\$392.99	3	NO
2	67930	SUTURE OF RECENT WOUND, EYELID,	1/1/2008	\$247.83	3	NO
2	67935	SUTURE OF RECENT WOUND EYELID IN	1/1/2008	\$397.82	3	NO
2	67938	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$172.84	3	NO
2	67950	CANTHOPLASTY (RECONSTRUCTION OF C	1/1/2008	\$387.61	3	NO
2	67961	EXCISION & REP OF EYELID INVOLVI	1/1/2008	\$385.73	3	NO
2	67966	EXCISION AND REPAIR OF EYELID IN	1/1/2008	\$487.60	3	NO
2	67971	RECONSTRUCTION OF EYELID, FULL T	1/1/2008	\$469.86	3	NO
2	67973	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$610.98	3	NO
2	67974	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$608.56	3	NO
2	67975	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$443.25	3	NO
2	67999	UNLISTED PROCEDURE EYELIDS	2/1/1994	\$0.01	5	NO
2	68020	INCISION OF CONJUNCTIVA, DRAINAG	1/1/2008	\$76.07	3	NO
2	68040	EXPRESSION OF CONJUNCTIVAL FOLLI	1/1/2008	\$42.47	3	NO
2	68100	BIOPSY OF CONJUNCTIVA	1/1/2008	\$119.88	3	NO
2	68110	EXCISION OF LESION, CONJUNCTIVA;	1/1/2008	\$154.29	3	NO
2	68115	EXCISION OF LESION CONJUNCTIVA;	1/1/2008	\$217.19	3	NO
2	68130	EXCISION OF LESION CONJUNCTIVA;	1/1/2008	\$362.34	3	NO
2	68135	DESTRUCTION OF LESION, CONJUNCTI	1/1/2008	\$99.99	3	NO
2	68200	SUBCONJUNCTIVAL INJECTION	1/1/2008	\$27.69	3	NO
2	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	1/1/2008	\$471.21	3	NO
2	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	1/1/2008	\$412.07	3	NO
2	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	1/1/2008	\$401.05	3	NO
2	68328	CONJUNCTIVOPLASTY RECONSTRUCTION	1/1/2008	\$455.35	3	NO
2	68330	REPAIR OF SYMBLEPHARON; CONJUNCT	1/1/2008	\$398.90	3	NO
2	68335	REPAIR OF SYMBLEPHARON WITH FREE	1/1/2008	\$402.12	3	NO
2	68340	REPAIR OF SYMBLEPHARON DIVISION	1/1/2008	\$362.07	3	NO
2	68360	CONJUNCTIVAL FLAP BRIDGE OR PART	1/1/2008	\$348.10	3	NO
2	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	1/1/2008	\$406.69	3	NO
2	68371	HARVESTING CONJUNCTIVAL ALLOGRAF	1/1/2008	\$269.34	3	NO
2	68399	UNLISTED PROCEDURE CONJUNCTIVA	2/1/1994	\$0.01	5	NO
2	68400	INCISION, DRAINAGE OF LACRIMAL G	1/1/2008	\$196.76	3	NO
2	68420	INCISION, DRAINAGE OF LACRIMAL S	1/1/2008	\$221.76	3	NO
2	68440	SNIP INCISION OF LACRIMAL PUNCTU	1/1/2008	\$77.68	3	NO
2	68500	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$607.76	3	NO
2	68505	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$624.96	3	NO
2	68510	BIOPSY OF LACRIMAL GLAND	1/1/2008	\$313.69	3	NO
2	68520	EXCISION OF LACRIMAL SAC (DACRYO	1/1/2008	\$435.46	3	NO
2	68525	BIOPSY OF LACRIMAL SAC	1/1/2008	\$176.87	3	NO
2	68530	REMOVAL OF FOREIGN BODY OR DACRY	1/1/2008	\$306.70	3	NO
2	68540	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$583.30	3	NO
2	68550	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$721.19	3	NO
2	68700	PLASTIC REPAIR OF CANALICULI	1/1/2008	\$374.44	3	NO
2	68705	CORRECTION OF EVERTED PUNCTUM, C	1/1/2008	\$163.70	3	NO
2	68720	DACRYOCYSTORHINOSTOMY (FISTULATI	1/1/2008	\$481.42	3	NO
2	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$483.84	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$495.40	3	NO
2	68760	CLOSURE OF THE LACRIMAL PUNCTUM;	1/1/2008	\$138.70	3	NO
2	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	1/1/2008	\$97.04	3	NO
2	68770	CLOSURE OF LACRIMAL FISTULA (SEP	1/1/2008	\$330.89	3	NO
2	68801	DIALTION OF LACRIMAL PUNCTUM, WI	1/1/2008	\$78.49	3	NO
2	68810	PROBING OF NASOLACRIMAL DUCT, WI	1/1/2008	\$170.69	3	NO
2	68811	PROBING OF NASOLACRIMAL DUCT, WI	1/1/2008	\$131.17	3	NO
2	68815	PROBING OF NASOLACRIMAL DUCT, WI	1/1/2008	\$301.86	3	NO
2	68816	PROBING OF NASOLACRIMAL DUCT, WI	1/1/2008	\$429.25	3	NO
2	68840	PROBING OF LACRIMAL CANALICULI,	1/1/2008	\$78.49	3	NO
2	68850	INJECTION OF CONTRAST MEDIUM FOR	1/1/2008	\$44.89	3	NO
2	68899	UNLISTED PROCEDURE LACRIMAL SYST	2/1/1994	\$0.01	5	NO
2	69000	DRAINAGE EXTERNAL EAR ABSCESS OR	1/1/2008	\$119.08	3	NO
2	69005	DRAINAGE EXTERNAL EAR ABSCESS OR	1/1/2008	\$139.51	3	NO
2	69020	DRAINAGE EXTERNAL AUDITORY CANAL	1/1/2008	\$149.99	3	NO
2	69090	EAR PIERCING	4/1/1982	NC	9	NO
2	69100	BIOPSY EXTERNAL EAR	1/1/2008	\$69.62	3	NO
2	69105	BIOPSY EXTERNAL AUDITORY CANAL	1/1/2008	\$88.70	3	NO
2	69110	EXCISION EXTERNAL EAR PARTIAL SI	1/1/2008	\$288.42	3	NO
2	69120	EXCISION EXTERNAL EAR; COMPLETE	1/1/2008	\$278.75	3	NO
2	69140	EXCISION EXOSTOSIS(ES) EXTERNAL	1/1/2008	\$584.37	3	NO
2	69145	EXCISION SOFT TISSUE LESION EXTE	1/1/2008	\$237.35	3	NO
2	69150	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$737.32	3	NO
2	69155	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$1,166.59	3	NO
2	69200	REMOVAL FOREIGN BODY FROM EXTERN	1/1/2008	\$83.87	3	NO
2	69205	REMOVAL FOREIGN BODY FROM EXTERN	1/1/2008	\$70.16	3	NO
2	69210	REMOVAL IMPACTED CERUMEN(SEPARAT	1/1/2008	\$34.14	3	NO
2	69220	DEBRIDEMENT, MASTOIDECTOMY CAVIT	1/1/2008	\$87.90	3	NO
2	69222	DEBRIDEMENT, MASTOIDECTOMY CAVIT	1/1/2008	\$143.81	3	NO
2	69300	OTOPLASTY, PROTRUDING EAR, WITH	1/1/2008	\$349.98	3	NO
2	69310	RECONSTRUCTION OF EXTERNAL AUDIT	1/1/2008	\$738.93	3	NO
2	69320	RECONSTRUCTION EXTERNAL AUDITORY	1/1/2008	\$1,058.00	3	NO
2	69399	UNLISTED PROCEDURE EXTERNAL EAR	2/1/1994	\$0.01	5	NO
2	69400	EUSTACHIAN TUBE INFLATION TRANSN	1/1/2008	\$85.21	3	NO
2	69401	EUSTACHIAN TUBE INFLATION TRANSN	1/1/2008	\$53.22	3	NO
2	69405	EUSTACHIAN TUBE CATHERIZATION TR	1/1/2008	\$170.42	3	NO
2	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
2	69420	MYRINGOTOMY INCLUDING ASPIRATION	1/1/2008	\$123.38	3	NO
2	69421	MYRINGOTOMY INCLUDING ASPIRATION	1/1/2008	\$106.18	3	NO
2	69424	VENTILATING TUBE REMOVAL REQUIRI	1/1/2008	\$83.33	3	NO
2	69433	TYMPANOSTOMY (REQUIRING INSERTIO	1/1/2008	\$127.95	3	NO
2	69436	TYMPANOSTOMY (REQUIRING INSERTIO	1/1/2008	\$116.12	3	NO
2	69440	MIDDLE EAR EXPLORATION THROUGH P	1/1/2008	\$454.54	3	NO
2	69450	TYMPANOLYSIS TRANSCANAL	1/1/2008	\$351.86	3	NO
2	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	1/1/2008	\$499.43	3	NO
2	69502	MASTOIDECTOMY COMPLETE	1/1/2008	\$663.13	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	69505	MASTOIDECTOMY; MODIFIED RADICAL	1/1/2008	\$826.02	3	NO
2	69511	MASTOIDECTOMY; RADICAL	1/1/2008	\$847.53	3	NO
2	69530	PETROUS APICECTOMY INCLUDING RAD	1/1/2008	\$1,143.74	3	NO
2	69535	RESECTION TEMPORAL BONE EXTERNAL	1/1/2008	\$1,889.66	3	NO
2	69540	EXCISION AURAL POLYP	1/1/2008	\$135.21	3	NO
2	69550	EXCISION AURAL GLOMUS TUMOR TRAN	1/1/2008	\$708.83	3	NO
2	69552	EXCISION AURAL GLOMUS TUMOR; TRA	1/1/2008	\$1,101.27	3	NO
2	69554	EXCISION AURAL GLOMUS TUMOR; EXT	1/1/2008	\$1,802.84	3	NO
2	69601	REVISION MASTOIDECTOMY RESULTING	1/1/2008	\$715.81	3	NO
2	69602	REVISION MASTOIDECTOMY; RESULTIN	1/1/2008	\$741.62	3	NO
2	69603	REVISION MASTOIDECTOMY; RESULTIN	1/1/2008	\$881.40	3	NO
2	69604	REVISION MASTOIDECTOMY; RESULTIN	1/1/2008	\$764.47	3	NO
2	69605	REVISION MASTOIDECTOMY; WITH API	1/1/2008	\$1,080.31	3	NO
2	69610	TYMPANIC MEMBRANE REPAIR, W/WO S	1/1/2008	\$271.22	3	NO
2	69620	MYRINGOPLASTY (SURGERY CONFINED	1/1/2008	\$464.76	3	NO
2	69631	TYMPANOPLASTY WITHOUT MASTOIDECT	1/1/2008	\$585.45	3	NO
2	69632	TYMPANOPLASTY WITHOUT MASTOIDECT	1/1/2008	\$726.03	3	NO
2	69633	TYMPANOPLASTY WITHOUT MASTOIDECT	1/1/2008	\$697.54	3	NO
2	69635	TYMPANOPLASTY WITH ANTROTOMY OR	1/1/2008	\$827.10	3	NO
2	69636	TYMPANOPLASTY WITH ANTROTOMY OR	1/1/2008	\$945.91	3	NO
2	69637	TYMPANOPLASTY WITH ANTROTOMY OR	1/1/2008	\$940.80	3	NO
2	69641	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$705.60	3	NO
2	69642	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$915.00	3	NO
2	69643	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$834.62	3	NO
2	69644	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$1,023.59	3	NO
2	69645	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$1,000.20	3	NO
2	69646	TYMPANOPLASTY WITH MASTOIDECTOMY	1/1/2008	\$1,066.06	3	NO
2	69650	STAPES MOBILIZATION	1/1/2008	\$540.56	3	NO
2	69660	STAPEDECTOMY OR STAPEDOTOMY W/RE	1/1/2008	\$637.06	3	NO
2	69661	STAPEDECTOMY OR STAPEDOTOMY W/RE	1/1/2008	\$838.12	3	NO
2	69662	REVISION OF STAPEDECTOMY OR STAP	1/1/2008	\$804.25	3	NO
2	69666	REPAIR OVAL WINDOW FISTULA	1/1/2008	\$546.20	3	NO
2	69667	REPAIR ROUND WINDOW FISTULA	1/1/2008	\$546.20	3	NO
2	69670	MASTOID OBLITERATION (SEPARATE P	1/1/2008	\$642.43	3	NO
2	69676	TYMPANIC NEURECTOMY	1/1/2008	\$561.52	3	NO
2	69700	CLOSURE POSTAURICULAR FISTULA MA	1/1/2008	\$479.00	3	NO
2	69710	IMPLANTATION OR REPLACEMENT OF E	1/1/2008	\$1,107.93	3	NO
2	69711	REMOVAL OR REPAIR OF ELECTROMAGN	1/1/2008	\$586.25	3	NO
2	69714	IMPLANTATION, OSSEOINTEGRATED IM	1/1/2008	\$742.43	3	NO
2	69715	IMPLANTATION, OSSEOINTEGRATED IM	1/1/2008	\$929.78	3	NO
2	69717	REPLACEMENT, OSSEOINTEGRATED IMP	1/1/2008	\$803.71	3	NO
2	69718	REPLACEMENT, OSSEOINTEGRATED IMP	1/1/2008	\$1,044.02	3	NO
2	69720	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$802.37	3	NO
2	69725	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$1,320.88	3	NO
2	69740	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$815.54	3	NO
2	69745	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$867.96	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	69799	UNLISTED PROCEDURE MIDDLE EAR	2/1/1994	\$0.01	5	NO
2	69801	LABYRINTHOTOMY, W/OR W/OUT CRYOS	1/1/2008	\$500.24	3	NO
2	69802	LABYRINTHOTOMY WITH OR WITHOUT C	1/1/2008	\$708.56	3	NO
2	69805	ENDOLYMPHATIC SAC OPERATION WITH	1/1/2008	\$727.64	3	NO
2	69806	ENDOLYMPHATIC SAC OPERATION; WIT	1/1/2008	\$649.96	3	NO
2	69820	FENESTRATION SEMICIRCULAR CANAL	1/1/2008	\$596.47	3	NO
2	69840	REVISION FENESTRATION OPERATION	1/1/2008	\$642.97	3	NO
2	69905	LABYRINTHECTOMY TRANSCANAL	1/1/2008	\$621.20	3	NO
2	69910	LABYRINTHECTOMY; WITH MASTOIDECT	1/1/2008	\$706.94	3	NO
2	69915	VESTIBULAR NERVE SECTION TRANSLA	1/1/2008	\$1,077.62	3	NO
2	69930	COCHLEAR DEVICE IMPLANTATION WIT	1/1/2008	\$887.58	3	NO
2	69949	UNLISTED PROCEDURE INNER EAR	4/1/1982	\$0.01	5	NO
2	69950	VESTIBULAR NERVE SECTION TRANSCR	1/1/2008	\$1,284.60	3	NO
2	69955	TOTAL FACIAL NERVE DECOMPRESSION	1/1/2008	\$1,401.52	3	NO
2	69960	DECOMPRESSION INTERNAL AUDITORY	1/1/2008	\$1,353.68	3	NO
2	69970	REMOVAL OF TUMOR	1/1/2008	\$1,521.41	3	NO
2	69979	UNLISTED PROCEDURE TEMPORAL BONE	4/1/1982	\$0.01	5	NO
2	69990	MICROSURGICAL TECHNIQUES, REQUIR	1/1/2008	\$161.82	3	NO
2	D7110	SINGLE TOOTH	4/1/2003	INVALID	N	NO
2	D7120	EACH ADDITIONAL TOOTH	4/1/2003	INVALID	N	NO
2	D7130	ROOT REMOVAL - EXPOSED ROOTS	4/1/2003	INVALID	N	NO
2	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
2	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
2	G0121	COLORECTAL CANCER SCREENING; COL	1/1/2008	\$273.91	3	NO
2	G0168	WOUND CLOSURE UTILIZING TISSUE A	1/1/2000	NC	9	NO
2	G0184	OCULAR PHOTODYNAMIC THERAPY TREA	4/1/2002	INVALID	N	NO
2	G0185	DESTRUCTION OF LOCALIZED LESION	7/1/2003	INVALID	N	NO
2	G0186	DESTRUCTION OF LOCALIZED LESION	1/1/2001	NC	9	NO
2	G0187	DESTRUCTION OF MACULAR DRUSEN, P	7/1/2003	INVALID	N	NO
2	G0289	ARTHROSCOPY, KNEE, SURGICAL, FOR	1/1/2003	NC	9	NO
2	G0297	INSERTION OF SINGLE CHAMBER PACI	1/1/2004	NC	9	NO
2	G0298	INSERTION OF DUAL CHAMBER PACING	1/1/2008	INVALID	N	NO
2	G0299	INSERTION OR REPOSITIONING OF EL	1/1/2008	INVALID	N	NO
2	G0300	INSERTION OR REPOSITIONING OF EL	1/1/2004	NC	9	NO
2	G0302	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0303	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0304	PRE-OP PULMONARY SURGERY SERVICE	1/1/2004	NC	9	NO
2	G0305	POST-DISCHARGE PULMONARY SURGERY	1/1/2004	NC	9	NO
2	G0342	LAPAROSCOPY FOR ISLET CELL TRANS	2/1/2007	NC	9	NO
2	G0343	LAPAROTOMY FOR ISLET CELL TRANSP	2/1/2007	NC	9	NO
2	M0075	CELLULAR THERAPY	1/1/1994	NC	9	NO
2	M0076	PROLOTHERAPY	1/1/1994	NC	9	NO
2	M0100	INTRAGASTRIC HYPOTHERMIA USING G	1/1/1989	NC	9	NO
2	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
2	P9612	CATHETERIZATION FOR COLLECTION O	1/1/2008	\$2.30	3	NO
2	S0630	REMOVAL OF SUTURES BY A PHYSICIA	1/1/2001	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
2	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
2	S2060	LOBAR LUNG TRANSPLANTATION	1/1/2001	NC	9	NO
2	S2061	DONOR LOBECTOMY (LUNG) FOR TRANS	1/1/2001	NC	9	NO
2	S2065	SIMULTANEOUS PANCREAS KIDNEY TRA	10/1/2005	\$0.01	5	YES
2	S2082	LAPAROSCOPY, SURGICAL; GASTRIC R	1/1/2006	INVALID	N	NO
2	S2083	ADJUSTMENT OF GASTRIC BAND DIAME	1/1/2005	NC	9	NO
2	S2102	ISLET CELL TISSUE TRANSPLANT FRO	1/1/2001	NC	9	NO
2	S2103	ADRENAL TISSUE TRANSPLANT TO BRA	1/1/2001	NC	9	NO
2	S2112	ARTHROSCOPY, KNEE, SURGICAL FOR	1/1/2002	NC	9	NO
2	S2120	LOW DENSITY LIPOPROTEIN (LDL) AP	1/1/2001	NC	9	NO
2	S2140	CORD BLOOD HARVESTING FOR TRANSP	1/1/2001	NC	9	NO
2	S2142	CORD BLOOD-DERIVED STEM-CELL TRA	10/1/2005	\$0.01	5	YES
2	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES
2	S2180	DONOR LEUKOCYTE INFUSION (EG, DL	7/1/2003	INVALID	N	NO
2	S2202	ECHOSCLEROTHERPY	1/1/2001	NC	9	NO
2	S2220	THROMBECTOMY, CORONARY; BY MECHA	4/1/2002	INVALID	N	NO
2	S2260	INDUCED ABORTION, 17 TO 24 WEEKS	1/1/2002	NC	9	NO
2	S2340	CHEMODENERVATION OF ABDUCTOR MUS	1/1/2001	NC	9	NO
2	S2342	NASAL ENDOSCOPY FOR POST-OPERATI	4/1/2002	\$0.01	5	NO
2	S2348	DECOMPRESSION PROCEDURE, PERCUTA	1/1/2005	NC	9	NO
2	S2350	DISKECTOMY, ANTERIOR, WITH DEOMP	10/1/2005	\$0.01	5	YES
2	S2351	DISKECTOMY, ANTERIOR, WITH DECOM	10/1/2005	\$0.01	5	YES
2	S2370	INTRADISCAL ELECTROTHERMAL THERA	1/1/2001	NC	9	NO
2	S2371	EACH ADDITIONAL INTERSPACE (LSIT	1/1/2001	NC	9	NO
2	S4981	INSERTION OF LEVONORGESTREL-RELE	1/1/2008	\$67.22	3	NO
7	100	ANESTHESIA FOR PROCEDURES ON INT	1/1/2008	\$24.19	3	NO
7	102	ANESTHESIA FOR PLASTIC REPAIR OF	1/1/2008	\$24.19	3	NO
7	103	BLEPHAROPLASTY	1/1/2008	\$24.19	3	NO
7	104	ANESTHESIA FOR ELECTROCONVULSIVE	1/1/2008	\$24.19	3	NO
7	120	ANESTHESIA FOR PROCEDURES ON EXT	1/1/2008	\$24.19	3	NO
7	124	ANESTHESIA FOR PROCEDURES ON EXT	1/1/2008	\$24.19	3	NO
7	126	ANESTHESIA FOR PROCEDURES ON EXT	1/1/2008	\$24.19	3	NO
7	140	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	142	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	144	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	145	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	147	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	148	ANESTHESIA FOR PROCEDURES ON EYE	1/1/2008	\$24.19	3	NO
7	160	ANESTHESIA FOR PROCEDURES ON NOS	1/1/2008	\$24.19	3	NO
7	162	ANESTHESIA FOR PROCEDURES ON NOS	1/1/2008	\$24.19	3	NO
7	164	ANESTHESIA FOR PROCEDURES ON NOS	1/1/2008	\$24.19	3	NO
7	170	ANESTHESIA FOR INTRAORAL PROCEDU	1/1/2008	\$24.19	3	NO
7	172	ANESTHESIA FOR INTRAORAL PROCEDU	1/1/2008	\$24.19	3	NO
7	174	ANESTHESIA FOR INTRAORAL PROCEDU	1/1/2008	\$24.19	3	NO
7	176	ANESTHESIA FOR INTRAORAL PROCEDU	1/1/2008	\$24.19	3	NO
7	190	ANESTHESIA FOR PROCEDURES ON FAC	1/1/2008	\$24.19	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	192	ANESTHESIA FOR PROCEDURES ON FAC	1/1/2008	\$24.19	3	NO
7	210	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	212	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	214	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	215	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	216	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	218	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	220	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	222	ANESTHESIA FOR INTRACRANIAL PROC	1/1/2008	\$24.19	3	NO
7	300	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	320	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	322	ANESTHESIA FOR NEEDLE BIOPSY OF	1/1/2008	\$24.19	3	NO
7	326	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	350	ANESTHESIA FOR PROCEDURES ON MAJ	1/1/2008	\$24.19	3	NO
7	352	ANESTHESIA FOR PROCEDURES ON MAJ	1/1/2008	\$24.19	3	NO
7	400	ANESTHESIA FOR PROCEDURES ON ANT	1/1/2008	\$24.19	3	NO
7	402	ANESTHESIA FOR RECONSTRUCTIVE PR	1/1/2008	\$24.19	3	NO
7	404	ANESTHESIA FOR RADICAL OR MODIFI	1/1/2008	\$24.19	3	NO
7	406	ANESTHESIA FOR RADICAL OR MODIFI	1/1/2008	\$24.19	3	NO
7	410	ANESTHESIA FOR ELECTRICAL CONVER	1/1/2008	\$24.19	3	NO
7	450	ANESTHESIA FOR PROCEDURES ON CLA	1/1/2008	\$24.19	3	NO
7	452	ANESTHESIA FOR PROCEDURES ON CLA	1/1/2008	\$24.19	3	NO
7	454	ANESTHESIA FOR PROCEDURES ON CLA	1/1/2008	\$24.19	3	NO
7	470	ANESTHESIA FOR PARTIAL RIB RESEC	1/1/2008	\$24.19	3	NO
7	472	ANESTHESIA FOR PARTIAL RIB RESEC	1/1/2008	\$24.19	3	NO
7	474	ANESTHESIA FOR PARTIAL RIB RESEC	1/1/2008	\$24.19	3	NO
7	500	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	520	ANESTHESIA FOR CLOSED CHEST PROC	1/1/2008	\$24.19	3	NO
7	522	ANESTHESIA FOR NEEDLE BIOPSY OF	1/1/2008	\$24.19	3	NO
7	524	ANESTHESIA FOR PNEUMOCENTESIS	1/1/2008	\$24.19	3	NO
7	528	ANESTHESIA FOR MEDIASTINOSCOPY	1/1/2008	\$24.19	3	NO
7	529	ANESTHESIA FOR CLOSED CHEST PROC	1/1/2008	\$24.19	3	NO
7	530	ANESTHESIA FOR PERMANENT TRANSVE	1/1/2008	\$24.19	3	NO
7	532	ANESTHESIA FOR ACCESS TO CENTRAL	1/1/2008	\$24.19	3	NO
7	534	ANESTHESIA FOR TRANSVENOUS INSER	1/1/2008	\$24.19	3	NO
7	537	ANESTHESIA FOR CARDIAC ELECTROPH	1/1/2008	\$24.19	3	NO
7	539	ANESTHESIA FOR TRACHEOBRONCHIAL	1/1/2008	\$24.19	3	NO
7	540	ANESTHESIA FOR THORACOTOMY PROCE	1/1/2008	\$24.19	3	NO
7	541	ANESTHESIA FOR THORACOTOMY PROCE	1/1/2008	\$24.19	3	NO
7	542	ANESTHESIA FOR DECORTICATION	1/1/2008	\$24.19	3	NO
7	544	ANESTHESIA FOR PLEURECTOMY	4/1/2004	INVALID	N	NO
7	546	ANESTHESIA FOR PULMONARY RESECTI	1/1/2008	\$24.19	3	NO
7	548	ANESTHESIA FOR INTRATHORACIC REP	1/1/2008	\$24.19	3	NO
7	550	ANESTHESIA FOR STERNAL DEBRIDEME	1/1/2008	\$24.19	3	NO
7	560	ANESTHESIA FOR PROCEDURES ON HEA	1/1/2008	\$24.19	3	NO
7	561	ANESTHESIA FOR PROCEDURES ON HEA	1/1/2008	\$24.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	562	ANESTHESIA FOR PROCEDURES ON HEA	1/1/2008	\$24.19	3	NO
7	563	ANESTHESIA FOR PROCEDURES ON HEA	1/1/2008	\$24.19	3	NO
7	566	ANESTHESIA FOR DIRECT CORONARY A	1/1/2008	\$24.19	3	NO
7	580	ANESTHESIA FOR HEART TRANSPLANT	1/1/2008	\$24.19	3	YES
7	600	ANESTHESIA FOR PROCEDURES ON CER	1/1/2008	\$24.19	3	NO
7	604	ANESTHESIA FOR PROCEDURES ON CER	1/1/2008	\$24.19	3	NO
7	620	ANESTHESIA FOR PROCEDURES ON THO	1/1/2008	\$24.19	3	NO
7	622	ANESTHESIA FOR PROCEDURES ON THO	1/1/2008	\$24.19	3	NO
7	625	ANESTHESIA FOR PROCEDURES ON THE	1/1/2008	\$24.19	3	NO
7	626	ANESTHESIA FOR PROCEDURES ON THE	1/1/2008	\$24.19	3	NO
7	630	ANESTHESIA FOR PROCEDURES IN LUM	1/1/2008	\$24.19	3	NO
7	632	ANESTHESIA FOR PROCEDURES IN LUM	1/1/2008	\$24.19	3	NO
7	634	ANESTHESIA FOR PROCEDURES IN LUM	1/1/2008	\$24.19	3	NO
7	635	ANESTHESIA FOR PROCEDURES IN LUM	1/1/2008	\$24.19	3	NO
7	640	ANESTHESIA FOR MANIPULATION OF T	1/1/2008	\$24.19	3	NO
7	670	ANESTHESIA FOR EXTENSIVE SPINE A	1/1/2008	\$24.19	3	NO
7	700	ANESTHESIA FOR PROCEDURES ON UPP	1/1/2008	\$24.19	3	NO
7	702	ANESTHESIA FOR PROCEDURES ON UPP	1/1/2008	\$24.19	3	NO
7	730	ANESTHESIA FOR PROCEDURES ON UPP	1/1/2008	\$24.19	3	NO
7	740	ANESTHESIA FOR UPPER GASTROINTES	1/1/2008	\$24.19	3	NO
7	750	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	752	ANESTHESIA FOR LUMBAR AND VENTRA	1/1/2008	\$24.19	3	NO
7	754	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	756	ANESTHESIA FOR TRANSABDOMINAL RE	1/1/2008	\$24.19	3	NO
7	770	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	790	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	792	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	794	ANESTHESIA FOR PANCREATECTOMY PA	1/1/2008	\$24.19	3	NO
7	796	ANESTHESIA FOR LIVER TRANSLANT (	1/1/2008	\$24.19	3	YES
7	797	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	800	ANESTHESIA FOR PROCEDURES ON LOW	1/1/2008	\$24.19	3	NO
7	802	ANESTHESIA FOR PROCEDURES ON LOW	10/1/2005	NC	9	YES
7	810	ANESTHESIA FOR INTESTINAL ENDOSC	1/1/2008	\$24.19	3	NO
7	820	ANESTHESIA FOR PROCEDURES ON LOW	1/1/2008	\$24.19	3	NO
7	830	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	832	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	834	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	836	ANESTHESIA FOR HERNIA REPAIRS IN	1/1/2008	\$24.19	3	NO
7	840	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	842	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	844	ANESHTESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	846	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	848	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	850	ANESTHESIA FOR INTRAPERITONEAL P	4/1/2002	INVALID	N	NO
7	851	ANESTHESIA FOR INTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	855	ANESTHESIA FOR INTRAPERITONEAL P	4/1/2002	INVALID	N	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	857	CONTINUOUS EPIDURAL ANALGESIA, F	4/1/2002	INVALID	N	NO
7	860	ANESTHESIA FOR EXTRAPERITONEAL P	1/1/2008	\$24.19	3	NO
7	862	ANESTHESIA FOR RENAL PROCEDURES	1/1/2008	\$24.19	3	NO
7	864	ANESTHESIA FOR TOTAL CYSTECTOMY	1/1/2008	\$24.19	3	NO
7	865	ANESHESIA FOR EXTRAPERITONEAL PR	1/1/2008	\$24.19	3	NO
7	866	ANESTHESIA FOR ADRENALECTOMY	1/1/2008	\$24.19	3	NO
7	868	ANESTHESIA FOR RENAL TRANSPLANT	1/1/2008	\$24.19	3	NO
7	869	ANESTHESIA FOR EXTRAPERITONEAL P	7/1/2003	INVALID	N	NO
7	870	ANESTHESIA FOR CYSTOLITHOTOMY	1/1/2008	\$24.19	3	NO
7	872	ANESTHESIA FOR LITHOTRIPSY, EXTR	1/1/2008	\$24.19	3	NO
7	873	ANESTHESIA FOR LITHOTRIPSY, EXTR	1/1/2008	\$24.19	3	NO
7	880	ANESTHESIA FOR PROCEDURES ON MAJ	1/1/2008	\$24.19	3	NO
7	882	ANESTHESIA FOR PROCEDURES ON MAJ	1/1/2008	\$24.19	3	NO
7	884	ANESTHESIA FOR PROCEDURES ON MAJ	4/1/2002	INVALID	N	NO
7	902	ANESTHESIA FOR; ANORECTAL PROCED	1/1/2008	\$24.19	3	NO
7	904	ANESHTESIA FOR RADICAL ERINEAL P	1/1/2008	\$24.19	3	NO
7	906	ANESTHESIA FOR VULVECTOMY	1/1/2008	\$24.19	3	NO
7	908	ANESTHESIA FOR PERINEAL PROSTATE	1/1/2008	\$24.19	3	NO
7	910	ANESTHESIA FOR TRANSURETHRAL PRO	1/1/2008	\$24.19	3	NO
7	912	ANESTHESIA FOR TRANSURETHRAL RES	1/1/2008	\$24.19	3	NO
7	914	ANESTHESIA FOR TRANSURETHRAL RES	1/1/2008	\$24.19	3	NO
7	916	ANESTHESIA FOR POST-TRANSURETHRA	1/1/2008	\$24.19	3	NO
7	918	ANESTHESIA WITH FRAGMENTATION AN	1/1/2008	\$24.19	3	NO
7	920	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	921	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	922	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	924	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	926	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	928	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	930	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	932	ANESTHESIA FOR PROCEDURES ON MAL	1/1/2008	\$24.19	3	NO
7	934	ANESTHESIA FOR RADICAL AMPUTATIO	1/1/2008	\$24.19	3	NO
7	936	ANESTHESIA FOR RADICAL AMPUTATIO	1/1/2008	\$24.19	3	NO
7	938	ANESTHESIA FOR INSERTION OF PENI	1/1/2008	\$24.19	3	YES
7	940	ANESTHESIA FOR VAGINAL PROCEDURE	1/1/2008	\$24.19	3	NO
7	942	ANESTHESIA FOR VAGINAL PROCEDURE	1/1/2008	\$24.19	3	NO
7	944	ANESTHESIA FOR VAGINAL PROCEDURE	1/1/2008	\$24.19	3	NO
7	946	ANESTHESIA FOR VAGINAL PROCEDURE	4/1/2002	INVALID	N	NO
7	948	ANESTHESIA FOR VAGINAL PROCEDURE	1/1/2008	\$24.19	3	NO
7	950	ANESTHESIA FOR VAGINAL PROCEDURE	1/1/2008	\$24.19	3	NO
7	952	ANESTHESIA FOR VAGINAL ROCEDURES	1/1/2008	\$24.19	3	NO
7	955	CONTINUOUS EPIDURAL ANALGESIA, F	4/1/2002	INVALID	N	NO
7	1112	ANESTHESIA FOR BONE MARROW ASPIR	1/1/2008	\$24.19	3	NO
7	1120	ANESTHESIA FOR PROCEDURES ON BON	1/1/2008	\$24.19	3	NO
7	1130	BODY CAST APPLICATION REPLACEMEN	1/1/2008	\$24.19	3	NO
7	1140	INTERPELVIABDOMINAL (HINDQUARTER	1/1/2008	\$24.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1150	RADICAL PROCEDURES FOR TUMOR OF	1/1/2008	\$24.19	3	NO
7	1160	CLOSED PROCEDURES INVOLVING SYMP	1/1/2008	\$24.19	3	NO
7	1170	OPEN PROCEDURES INVOLVING SYMPHY	1/1/2008	\$24.19	3	NO
7	1173	ANESTHESIA FOR OPEN REPAIR OF FR	1/1/2008	\$24.19	3	NO
7	1180	ANESTHESIA FOR OBTURATOR NEURECT	1/1/2008	\$24.19	3	NO
7	1190	ANESTHESIA FOR OBTURATOR NEURECT	1/1/2008	\$24.19	3	NO
7	1200	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1202	ANESTHESIA FOR ARTHROSCOPIC PROC	1/1/2008	\$24.19	3	NO
7	1210	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1212	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1214	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1215	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1220	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1230	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1232	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1234	ANESTHESIA FOR OPEN PROCEDURES I	1/1/2008	\$24.19	3	NO
7	1250	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	1260	ANESTHESIA FOR ALL PROCEDURES IN	1/1/2008	\$24.19	3	NO
7	1270	ANESTHESIA FOR PROCEDURES INVOLV	1/1/2008	\$24.19	3	NO
7	1272	ANESTHESIA FOR PROCEDURES INVOLV	1/1/2008	\$24.19	3	NO
7	1274	ANESTHESIA FOR PROCEDURES INVOLV	1/1/2008	\$24.19	3	NO
7	1320	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	1340	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1360	ANESTHESIA FOR ALL OPEN PROCEDUR	1/1/2008	\$24.19	3	NO
7	1380	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1382	ANESTHESIA FOR DIAGNOSTIC ARTHRO	1/1/2008	\$24.19	3	NO
7	1390	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1392	ANESTHESIA FOR ALL OPEN PROCEDUR	1/1/2008	\$24.19	3	NO
7	1400	ANESTHESIA FOR OPEN OR SURGICAL	1/1/2008	\$24.19	3	NO
7	1402	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1404	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1420	ANESTHESIA FOR ALL CAST APPLICAT	1/1/2008	\$24.19	3	NO
7	1430	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1432	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1440	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1442	ANESTHESIA FOR POPLITEAL THROMBO	1/1/2008	\$24.19	3	NO
7	1444	ANESTHESIA FOR POPLITEAL EXCISIO	1/1/2008	\$24.19	3	NO
7	1462	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1464	ANESTHESIA FOR ARTHROSCOPIC PROC	1/1/2008	\$24.19	3	NO
7	1470	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1472	ANESHTESIA FOR REPAIR OF RUPTURE	1/1/2008	\$24.19	3	NO
7	1474	ANESTHESIA FOR GASTROCNEMIUS REC	1/1/2008	\$24.19	3	NO
7	1480	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1482	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1484	ANESTHESIA FOR OSTEOTOMY OR OSTE	1/1/2008	\$24.19	3	NO
7	1486	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1490	ANESTHESIA FOR LOWER LEG CAST AP	1/1/2008	\$24.19	3	NO
7	1500	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1502	ANESTHESIA FOR PROCEDURE ON ARTE	1/1/2008	\$24.19	3	NO
7	1520	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1522	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1610	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	1620	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1622	ANESTHESIA FOR DIAGNOSTIC ARTHRO	1/1/2008	\$24.19	3	NO
7	1630	ANESTHESIA FOR OPEN OR SURGICAL	1/1/2008	\$24.19	3	NO
7	1632	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1634	ANESTHESIA FOR SHOULDER DISARTIC	1/1/2008	\$24.19	3	NO
7	1636	ANESTHESIA FOR INTERTHORACOSCAPU	1/1/2008	\$24.19	3	NO
7	1638	ANESTHESIA FOR TOTAL SHOULDER RE	1/1/2008	\$24.19	3	NO
7	1650	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1652	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1654	ANESHTESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1656	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1670	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	1680	ANESTHESIA FOR SHOULDER CAST APP	1/1/2008	\$24.19	3	NO
7	1682	ANESTHESIA FOR SHOULDER CAST APP	1/1/2008	\$24.19	3	NO
7	1710	ANESTHESIA FOR PROCEDURES ON NER	1/1/2008	\$24.19	3	NO
7	1712	ANESTHESIA FOR TENOTOMY ELBOW TO	1/1/2008	\$24.19	3	NO
7	1714	ANESTHESIA FOR TENOPLASTY ELBOW	1/1/2008	\$24.19	3	NO
7	1716	ANESTHESIA FOR TENODESIS RUPTURE	1/1/2008	\$24.19	3	NO
7	1730	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1732	ANESTHESIA FOR DIAGNOSTIC ARTHRO	1/1/2008	\$24.19	3	NO
7	1740	ANESTHESIA FOR OPEN OR SURGICAL	1/1/2008	\$24.19	3	NO
7	1742	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1744	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1756	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1758	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1760	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1770	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1772	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1780	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1782	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1810	ANESTHESIA FOR ALL PROCEDURES ON	1/1/2008	\$24.19	3	NO
7	1820	ANESTHESIA FOR ALL CLOSED PROCED	1/1/2008	\$24.19	3	NO
7	1829	ANESTHESIA FOR DIAGNOSTIC ARTHRO	1/1/2008	\$24.19	3	NO
7	1830	ANESTHESIA FOR OPEN OR SURGICAL	1/1/2008	\$24.19	3	NO
7	1832	ANESTHESIA FOR OPEN PROCEDURES O	1/1/2008	\$24.19	3	NO
7	1840	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1842	ANESTHESIA FOR PROCEDURES ON ART	1/1/2008	\$24.19	3	NO
7	1844	ANESTHESIA FOR VASCULAR SHUNT OR	1/1/2008	\$24.19	3	NO
7	1850	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO
7	1852	ANESTHESIA FOR PROCEDURES ON VEI	1/1/2008	\$24.19	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	1860	ANESTHESIA FOR FOREARM, WRIST OR	1/1/2008	\$24.19	3	NO
7	1904	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1905	ANESTHESIA FOR MYELOGRAPHY, DISK	1/1/2008	INVALID	N	NO
7	1906	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1908	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1910	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1912	ANESTHESIA FOR INJECTION PROCEDU	4/1/2002	INVALID	N	NO
7	1914	CERVICAL	4/1/2002	INVALID	N	NO
7	1916	ANESTHESIA FOR DIAGNOSTIC ARTERI	1/1/2008	\$24.19	3	NO
7	1918	ANESTHESIA FOR ARTERIOGRAMS NEED	4/1/2002	INVALID	N	NO
7	1920	ANESTHESIA FOR CARDIAC CATHETERI	1/1/2008	\$24.19	3	NO
7	1921	ANESTHESIA FOR ANGIOPLASTY	4/1/2002	INVALID	N	NO
7	1922	ANESTHESIA FOR NON-INVASIVE IMAG	1/1/2008	\$24.19	3	NO
7	1924	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1925	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1926	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1930	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1931	ANEST FOR THERA INTERVENT RADIO	1/1/2008	\$24.19	3	NO
7	1932	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1933	ANESTHESIA FOR THERAPEUTIC INTER	1/1/2008	\$24.19	3	NO
7	1935	ANESTHESIA FOR PERCUTANEOUS IMAG	1/1/2008	\$120.95	3	NO
7	1936	ANESTHESIA FOR PERCUTANEOUS IMAG	1/1/2008	\$120.95	3	NO
7	1951	ANESTHESIA FOR SECOND AND THIRD	1/1/2008	\$24.19	3	NO
7	1952	ANESTHESIA FOR SECOND AND THIRD	1/1/2008	\$24.19	3	NO
7	1953	ANESTHESIA FOR SECOND AND THIRD	1/1/2008	\$24.19	3	NO
7	1958	ANESTHESIA FOR EXTERNAL CEPHALIC	1/1/2008	\$24.19	3	NO
7	1960	ANESTHESIA FOR; VAGINAL DELIVERY	1/1/2008	\$24.19	3	NO
7	1961	ANESTHESIA FOR CESAREAN DELIVERY	1/1/2008	\$24.19	3	NO
7	1962	ANESTHESIA FOR URGENT HYSTERECTO	1/1/2008	\$24.19	3	NO
7	1963	ANESTHESIA FOR CESAREAN HYSTEREC	1/1/2008	\$24.19	3	NO
7	1964	ANESTHESIA FOR ABORTION PROCEDUR	1/1/2006	INVALID	N	NO
7	1965	ANESTHESIA FOR INCOMPLETE OR MIS	1/1/2008	\$24.19	3	NO
7	1966	ANESTHESIA FOR INDUCED ABORTION	1/1/2008	\$24.19	3	NO
7	1967	NEURAXIAL LABOR ANALGESIA/ANESTH	1/1/2008	\$338.67	C	NO
7	1968	ANESTHESIA FOR CESAREAN DELIVERY	1/1/2008	\$24.19	3	NO
7	1969	ANESTHESIA FOR CESAREAN HYSTEREC	1/1/2008	\$24.19	3	NO
7	1990	PHYSIOLOGICAL SUPPORT FOR HARVES	1/1/2008	\$24.19	3	YES
7	1991	ANESTHESIA FOR DIAGNOSTIC OR THE	1/1/2008	\$24.19	3	NO
7	1992	ANESTHESIA FOR DIAGNOSTIC OR THE	1/1/2008	\$24.19	3	NO
7	1995	REGIONAL INTRAVENOUS ADMIN OF LO	1/1/2007	INVALID	N	NO
7	1996	DAILY HOSPITAL MANAGEMENT OF EPI	1/1/2008	\$24.19	3	NO
7	1999	UNLISTED ANESTHESIA PROCEDURE(S)	11/1/2002	\$0.01	5	NO
7	31500	INTUBATION ENDOTRACHEAL EMERGENC	1/1/2008	\$81.18	3	NO
7	36000	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$19.62	3	NO
7	36410	VENIPUNCTURE CHILD OVER AGE 3 YE	1/1/2008	\$13.17	3	NO
7	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	1/1/2008	\$36.02	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	1/1/2008	\$27.96	3	NO
7	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
7	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	1/1/2008	\$22.31	3	NO
7	36620	ARTERIAL CATHETERIZATION OR CANN	1/1/2008	\$38.71	3	NO
7	36625	ARTERIAL CATHETERIZATION OR CANN	1/1/2008	\$77.68	3	NO
7	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	1/1/2008	\$114.78	3	NO
7	62273	INJECTION LUMBAR EPIDURAL OF BLO	1/1/2008	\$127.14	3	NO
7	62280	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$246.76	3	NO
7	62281	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$215.31	3	NO
7	62282	INJECTION OF NEUROLYTIC SUBSTANC	1/1/2008	\$262.08	3	NO
7	62310	INJECTION, SINGLE, NOT INCL NEUR	1/1/2008	\$171.49	3	NO
7	62311	INJECTION, SINGLE, NOT INCL NEUR	1/1/2008	\$160.74	3	NO
7	62318	INJECTION, INCL CATHETER PLACEME	1/1/2008	\$194.88	3	NO
7	62319	INJECTION, INCL CATHETER PLACEME	1/1/2008	\$172.84	3	NO
7	64400	INJECTION ANESTHETIC AGENT TRIGE	1/1/2008	\$79.30	3	NO
7	64402	INJECTION ANESTHETIC AGENT; FACI	1/1/2008	\$78.22	3	NO
7	64405	INJECTION ANESTHETIC AGENT; GREA	1/1/2008	\$75.00	3	NO
7	64408	INJECTION ANESTHETIC AGENT; VAGU	1/1/2008	\$82.25	3	NO
7	64410	INJECTION ANESTHETIC AGENT; PHRE	1/1/2008	\$103.49	3	NO
7	64412	INJECTION ANESTHETIC AGENT; SPIN	1/1/2008	\$101.07	3	NO
7	64413	INJECTION ANESTHETIC AGENT; CERV	1/1/2008	\$85.48	3	NO
7	64415	INJECTION ANESTHETIC AGENT; BRAC	1/1/2008	\$108.60	3	NO
7	64416	INJECTION ANESTHETIC AGENT; BRAC	1/1/2008	\$131.71	3	NO
7	64417	INJECTION ANESTHETIC AGENT; AXIL	1/1/2008	\$112.90	3	NO
7	64418	INJECTION ANESTHETIC AGENT; SUPR	1/1/2008	\$102.68	3	NO
7	64420	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$127.95	3	NO
7	64421	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$194.07	3	NO
7	64425	INJECTION ANESTHETIC AGENT; ILIO	1/1/2008	\$92.74	3	NO
7	64430	INJECTION ANESTHETIC AGENT; PUDE	1/1/2008	\$108.60	3	NO
7	64435	INJECTION ANESTHETIC AGENT; PARA	1/1/2008	\$107.25	3	NO
7	64445	INJECTION ANESTHETIC AGENT; SCIA	1/1/2008	\$107.52	3	NO
7	64446	INJECTION ANESTHETIC AGENT; SCIA	1/1/2008	\$126.60	3	NO
7	64447	INJECTION ANESTHETIC AGENT; FEMO	1/1/2008	\$52.95	3	NO
7	64448	INJECTION ANESTHETIC AGENT; FEMO	1/1/2008	\$114.78	3	NO
7	64449	INJECTION ANESTHETIC AGENT; LUMB	1/1/2008	\$113.70	3	NO
7	92950	CARDIOPULMONARY RESUSCITATION (E	1/1/2008	\$215.85	3	NO
7	92953	TEMPORARY TRANSCUTANEOUS PACING	1/1/2008	\$8.60	3	NO
7	92960	CARDIOVERSION ELECTIVE ELECTRICA	1/1/2008	\$219.07	3	NO
7	92970	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$130.91	3	NO
7	92971	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$73.65	3	NO
7	93503	INSERTION AND PLACEMENT OF FLOW	1/1/2008	\$100.53	3	NO
7	99100	ANESTHESIA FOR PATIENT OF EXTREM	9/1/1985	NC	9	NO
7	99116	ANESTHESIA COMPLICATED BY UTILIZ	9/1/1985	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
7	99135	ANESTHESIA COMPLICATED BY UTILIZ	9/1/1985	NC	9	NO
7	99140	ANESTHESIA COMPLICATED BY EMERGE	9/1/1985	NC	9	NO
7	99141	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
7	99142	SEDATION WITH OR WITHOUT ANALGES	1/1/2006	INVALID	N	NO
7	99148	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99149	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99150	MODERATE SEDATION SVCS PROVIDED	1/1/2006	\$0.01	5	NO
7	99360	PHYSICIAN STANDBY SERVICE, REQUI	1/1/2008	\$33.60	3	NO
7	99440	NEWBORN RESUSCITATION; PROVISION	1/1/2008	\$105.37	3	NO
7	D9211	REGIONAL BLOCK ANESTHESIA	1/1/2001	\$0.01	5	NO
7	D9212	TRIGEMINAL DIVISION BLOCK ANESTH	1/1/2008	\$27.74	3	NO
7	D9230	ANALGESIA	1/1/2008	\$8.88	3	NO
7	D9241	INTRAVENOUS SEDATION/ANALGESIA -	1/1/2008	\$112.04	3	NO
7	D9242	INTRAVENOUS SEDATION/ANALGESIA -	1/1/2001	\$0.01	5	NO
7	D9248	NON-INTRAVENOUS CONSCIOUS SEDATI	1/1/2001	\$0.01	5	NO
8	11005	DEBRIDEMENT OF SKIN, SUBCUTANEOU	1/1/2008	\$109.83	3	NO
8	11008	REMOVAL OF PROSTHETIC MATERIAL O	1/1/2008	\$40.16	3	NO
8	11010	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$62.79	3	NO
8	11011	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$72.90	3	NO
8	11012	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$104.03	3	NO
8	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	4/1/1982	NC	9	NO
8	11201	EXCISION SKIN TAGS MULTIPLE FIBR	4/1/1982	NC	9	NO
8	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
8	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
8	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
8	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11951	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
8	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$45.00	3	NO
8	12047	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$62.04	3	NO
8	12057	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$69.89	3	NO
8	15000	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
8	15001	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
8	15002	SURGICAL PREP OR CREATION OF REC	1/1/2008	\$44.41	3	NO
8	15003	SURGICAL PREP OR CREATION OF REC	1/1/2008	\$9.84	3	NO
8	15004	SURG PREP OR CREATION OF RECIP S	1/1/2008	\$53.60	3	NO
8	15005	SURG PREP OR CREATION OF RECIP S	1/1/2008	\$16.67	3	NO
8	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	1/1/2008	\$123.27	3	NO
8	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	1/1/2008	\$28.98	3	NO
8	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	1/1/2008	\$123.59	3	NO
8	15121	SPLIT GRAFT, FACE, SCALP, EYELID	1/1/2008	\$39.08	3	NO
8	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
8	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
8	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
8	15351	APPLICAION OF ALLOGRAFT, SKIN; E	1/1/2006	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$209.50	3	NO
8	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$214.07	3	NO
8	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$196.49	3	NO
8	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$207.62	3	NO
8	15750	FLAP; NEUROVASCULAR PEDICLE	1/1/2008	\$124.67	3	NO
8	15756	FREE MUSCLE FLAP WITH OR WITHOUT	1/1/2008	\$330.68	3	NO
8	15757	FREE SKIN FLAP WITH MICROVASCULA	1/1/2008	\$329.60	3	NO
8	15758	FREE FASCIAL FLAP WITH MICROVASC	1/1/2008	\$329.82	3	NO
8	15770	GRAFT; DERMA-FAT-FASCIA	1/1/2008	\$88.38	3	NO
8	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
8	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
8	15780	DERMABRASION; TOTAL FACE (EG, FO	4/1/1982	NC	9	NO
8	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
8	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
8	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
8	15786	ABRASION SINGLE LESION (EG KERAT	4/1/1982	NC	9	NO
8	15787	ABRASION; EACH ADDITIONAL FOR LE	4/1/1982	NC	9	NO
8	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
8	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
8	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
8	15820	BLEPHAROPLASTY LOWER EYELIDS	4/1/1982	NC	9	NO
8	15821	BLEPHAROPLASTY LOWER EYELID; WIT	4/1/1982	NC	9	NO
8	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO
8	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
8	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
8	15828	THYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
8	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
8	15830	EXCISION, EXCESSIVE SKIN AND SUB	1/1/2007	NC	9	NO
8	15831	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2007	INVALID	N	NO
8	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15836	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2008	\$100.10	3	NO
8	15837	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
8	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
8	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
8	15841	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$230.20	3	NO
8	15842	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$366.70	3	NO
8	15845	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$129.29	3	NO
8	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
8	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
8	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
8	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
8	15922	EXCISION, COCCYGEAL PRESSURE ULC	1/1/2008	\$101.28	3	NO
8	15935	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$150.58	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	15936	EXCISION, SACRAL PRESSURE ULCER,	1/1/2008	\$123.00	3	NO
8	15937	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$143.65	3	NO
8	15946	EXCISION, ISCHIAL PRESSURE ULCER	1/1/2008	\$222.08	3	NO
8	15950	EXCISION TROCHANTERIC DECUBITUS	1/1/2008	\$77.25	3	NO
8	15951	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$111.93	3	NO
8	15952	EXCISION, TROCHANTERIC PRESSURE	1/1/2008	\$115.75	3	NO
8	15953	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$130.37	3	NO
8	15956	EXCISION, TROCHANTERIC PRESSURE	1/1/2008	\$157.73	3	NO
8	15958	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$159.72	3	NO
8	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
8	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
8	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
8	17380	ELECTROLYSIS EPILATION EACH 1/2	4/1/1982	NC	9	NO
8	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
8	19140	MASTECTOMY FOR GYNECOMASTIA	1/1/2007	INVALID	N	NO
8	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	INVALID	N	NO
8	19162	MASTECTOMY PARTIAL (QUADRECTOMY	1/1/2007	INVALID	N	NO
8	19180	MASTECTOMY SIMPLE COMPLETE UNILA	1/1/2007	INVALID	N	NO
8	19182	MASTECTOMY SUBCUTANEOUS	1/1/2007	INVALID	N	NO
8	19200	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
8	19220	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
8	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	1/1/2007	INVALID	N	NO
8	19260	EXCISION OF CHEST WALL TUMOR INC	1/1/2008	\$164.88	3	NO
8	19271	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$225.36	3	NO
8	19272	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$248.75	3	NO
8	19296	PLACEMENT OF RADIOTHERAPY AFTERL	1/1/2008	\$639.26	3	NO
8	19298	PLACEMENT OF RADIOTHERAPY AFTERL	1/1/2008	\$235.58	3	NO
8	19301	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2008	\$56.02	3	NO
8	19302	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2008	\$117.36	3	NO
8	19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2008	\$128.22	3	NO
8	19304	MASTECTOMY, SUBCUTANEOUS	1/1/2008	\$74.08	3	NO
8	19305	MASTECTOMY, RADICAL, INCLUDING P	1/1/2008	\$146.87	3	NO
8	19306	MASTECTOMY, RADICAL, INCL PECTOR	1/1/2008	\$153.48	3	NO
8	19307	MASTECTOMY, MODIFIED RADICAL, IN	1/1/2008	\$155.10	3	NO
8	19316	MASTOPEXY	8/1/2003	NC	9	NO
8	19318	REDUCTION MAMMAPLASTY	1/1/2008	\$160.10	3	NO
8	19357	BREAST RECONSTRUCTION, IMMEDIATE	1/1/2008	\$210.74	3	NO
8	19361	BREAST RECONSTRUCTION W/LATISSIM	1/1/2008	\$213.70	3	NO
8	19364	BREAST RECONSTRUCTION WITH FREE	1/1/2008	\$388.09	3	NO
8	19366	BREAST RECONSTRUCTION WITH OTHER	1/1/2008	\$194.66	3	NO
8	19367	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$253.16	3	NO
8	19368	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$312.02	3	NO
8	19369	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$287.24	3	NO
8	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
8	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
8	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	20100	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$84.94	3	NO
8	20101	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$52.09	3	NO
8	20102	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$63.22	3	NO
8	20103	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$77.52	3	NO
8	20150	EXCISION OF EPIPHYSEAL BAR, W/OR	1/1/2008	\$128.33	3	NO
8	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	1/1/2008	\$88.49	3	NO
8	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	1/1/2008	\$58.81	3	NO
8	20650	INSERTION OF WIRE OR PIN WITH AP	1/1/2008	\$26.66	3	NO
8	20680	REMOVAL OF INPLANT; DEEP (EG BUR	1/1/2008	\$81.12	3	NO
8	20692	APPLICATION OF A MULTIPLANE (PIN	1/1/2008	\$59.67	3	NO
8	20802	REPLANTATION ARM (INCLUDES SURGI	1/1/2008	\$365.73	3	NO
8	20805	REPLANTATION FOREARM (INCLUDES R	1/1/2008	\$474.43	3	NO
8	20808	REPLANTATION HAND (INCLUDES HAND	1/1/2008	\$598.08	3	NO
8	20816	REPLANTATION DIGIT EXCL THUMB (I	1/1/2008	\$380.46	3	NO
8	20822	REPLANTATION DIGIT EXCLUDING THU	1/1/2008	\$334.33	3	NO
8	20824	REPLANTATION THUMB (INCLUDES CAR	1/1/2008	\$377.66	3	NO
8	20827	REPLANTATION THUMB (INCLUDES DIS	1/1/2008	\$345.62	3	NO
8	20838	REPLANTATION FOOT COMPLETE AMPUT	1/1/2008	\$342.83	3	NO
8	20900	BONE GRAFT, ANY DONOR AREA; MINO	1/1/2008	\$82.58	3	NO
8	20902	BONE GRAFT, ANY DONOR AREA; MAJO	1/1/2008	\$85.53	3	NO
8	20920	FASCIA LATA GRAFT; BY STRIPPER	1/1/2008	\$55.64	3	NO
8	20922	BASCIA LATA GRAFT; BY INCISION A	1/1/2008	\$81.12	3	NO
8	20924	TENDON GRAFT, FROM A DISTANCE (E	1/1/2008	\$71.50	3	NO
8	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$16.72	3	NO
8	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$25.59	3	NO
8	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$25.27	3	NO
8	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$27.58	3	NO
8	20955	FIBULA GRAFT WITH MICROVASCULAR	1/1/2008	\$364.22	3	NO
8	20956	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$385.73	3	NO
8	20957	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$368.36	3	NO
8	20962	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$381.91	3	NO
8	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$403.63	3	NO
8	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$403.47	3	NO
8	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$373.09	3	NO
8	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$404.17	3	NO
8	20975	ELECTRICAL STIMULATION TO AID BO	1/1/2008	\$25.64	3	NO
8	20982	ABLATION, BONE TUMOR(S) (EG, OST	4/1/2004	NC	9	NO
8	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
8	21034	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$183.64	3	NO
8	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
8	21044	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$121.82	3	NO
8	21045	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$169.13	3	NO
8	21046	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$148.86	3	NO
8	21047	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$185.58	3	NO
8	21048	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$151.66	3	NO
8	21049	EXCISION OF BENIGN TUMOR OR CYST	1/1/2008	\$176.06	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21060	MENISCECTOMY, PARTIAL OR COMPLET	1/1/2008	\$111.01	3	NO
8	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	1/1/2008	\$99.78	3	YES
8	21137	REDUCTION FOREHEAD; CONTOURING O	1/1/2008	\$101.34	3	YES
8	21138	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$128.16	3	YES
8	21139	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$142.46	3	YES
8	21141	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$187.03	3	YES
8	21142	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$186.28	3	YES
8	21143	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$189.99	3	YES
8	21145	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$215.58	3	YES
8	21146	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$222.73	3	YES
8	21147	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$229.66	3	YES
8	21150	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$237.46	3	YES
8	21151	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$275.57	3	YES
8	21154	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$302.83	3	YES
8	21155	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$338.04	3	YES
8	21159	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$412.29	3	YES
8	21160	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$417.88	3	YES
8	21172	RECONSTRUCTION SUPERIOR-LATERAL	1/1/2008	\$244.12	3	YES
8	21175	RECONSTRUCTION,BIFRONTAL,SUPERIO	1/1/2008	\$295.20	3	YES
8	21179	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$208.21	3	YES
8	21180	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$234.82	3	YES
8	21182	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$285.95	3	YES
8	21183	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$320.25	3	YES
8	21184	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$354.92	3	YES
8	21188	RECONSTRUCTION MIDFACE,OSTEOTOMI	1/1/2008	\$228.80	3	YES
8	21193	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$176.66	3	YES
8	21194	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$197.57	3	YES
8	21195	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$188.16	3	YES
8	21196	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$202.94	3	YES
8	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	1/1/2008	\$157.25	3	YES
8	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	1/1/2008	\$142.89	3	YES
8	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	1/1/2008	\$155.80	3	YES
8	21209	OSTEOPLASTY, FACIAL BONES; REDUC	1/1/2008	\$105.80	3	YES
8	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	1/1/2008	\$158.43	3	NO
8	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$145.04	3	NO
8	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$236.06	3	NO
8	21244	RECONSTRUCTION OF MANDIBLE, EXTR	1/1/2008	\$142.14	3	NO
8	21245	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$151.82	3	NO
8	21246	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$121.55	3	NO
8	21247	RECONSTRUCTION OF MANDIBULAR CON	1/1/2008	\$230.79	3	NO
8	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	1/1/2008	\$193.61	3	NO
8	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	1/1/2008	\$162.79	3	YES
8	21260	ORBITAL HYPERTELORISM CORRECTION	1/1/2008	\$164.67	3	YES
8	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$317.51	3	YES
8	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$274.98	3	YES
8	21267	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$220.79	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21268	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$266.70	3	YES
8	21270	MALAR AUGMENTATION, PROSTHETIC M	1/1/2008	\$122.52	3	YES
8	21275	SECONDARY REVISION FOR ORBITOCRA	1/1/2008	\$112.68	3	YES
8	21300	TREATMENT OF CLOSED SKULL FRACTU	1/1/2007	INVALID	N	NO
8	21339	OPEN TREATMENT OF NASOETHMOID FR	1/1/2008	\$120.85	3	NO
8	21343	OPEN TREATMENT OF DEPRESSED FRON	1/1/2008	\$163.16	3	NO
8	21344	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$212.46	3	NO
8	21347	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$160.85	3	NO
8	21348	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$159.99	3	NO
8	21360	OPEN TREATMENT OF DEPRESSED MALA	1/1/2008	\$72.90	3	NO
8	21365	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$153.86	3	NO
8	21366	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$172.30	3	NO
8	21385	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$98.86	3	NO
8	21386	OPEN TREATMENT OF ORBITAL "BLOWO	1/1/2008	\$92.47	3	NO
8	21387	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$105.58	3	NO
8	21390	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$102.90	3	NO
8	21395	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$133.43	3	NO
8	21401	TREATMENT OF FRACTURE OF ORBIT E	1/1/2008	\$63.17	3	NO
8	21406	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$74.67	3	NO
8	21407	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$88.65	3	NO
8	21408	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$122.52	3	NO
8	21422	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$93.49	3	NO
8	21423	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$111.93	3	NO
8	21431	CLOSED TREATMENT OF CRANIOFACIAL	1/1/2008	\$96.39	3	NO
8	21432	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$93.70	3	NO
8	21433	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$238.48	3	NO
8	21435	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$183.97	3	NO
8	21436	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$270.90	3	NO
8	21445	OPEN TREATMENT OF MANDIBULAR OR	1/1/2008	\$92.79	3	NO
8	21454	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$75.96	3	NO
8	21461	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$122.09	3	NO
8	21462	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$133.81	3	NO
8	21465	OPEN TREATMENT OF MANDIBULAR CON	1/1/2008	\$128.16	3	NO
8	21470	OPEN TREATMENT OF COMPLICATED MA	1/1/2008	\$165.53	3	NO
8	21490	OPEN TREATMENT OF TEMPOROMANDIBU	1/1/2008	\$128.70	3	NO
8	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
8	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
8	21495	OPEN TREATMENT OF HYOID FRACTURE	1/1/2008	\$84.62	3	NO
8	21502	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$74.30	3	NO
8	21557	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$81.29	3	NO
8	21600	EXCISION OF RIB PARTIAL	1/1/2008	\$74.62	3	NO
8	21610	COSTOTRANSVERSECTOMY (SEPARATE P	1/1/2008	\$148.06	3	NO
8	21615	EXCISION FIRST AND/OR CERVICAL R	1/1/2008	\$97.52	3	NO
8	21616	EXCISION FIRST AND/OR CERVICAL R	1/1/2008	\$119.40	3	NO
8	21620	OSTECTOMY OF STERNUM PARTIAL	1/1/2008	\$74.40	3	NO
8	21627	STERNAL DEBRIDEMENT	1/1/2008	\$77.09	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	21630	RADICAL RESECTION OF STERNUM	1/1/2008	\$178.32	3	NO
8	21632	RADICAL RESECTION OF STERNUM; WI	1/1/2008	\$176.87	3	NO
8	21685	HYOID MYOTOMY AND SUSPENSION	4/1/2004	NC	9	NO
8	21700	DIVISION OF SCALENUS ANTICUS WIT	1/1/2008	\$58.54	3	NO
8	21705	DIVISION OF SCALENUS ANTICUS; WI	1/1/2008	\$89.35	3	NO
8	21720	DIVISION OF STERNOCLEIDOMASTOID	1/1/2008	\$51.45	3	NO
8	21725	DIVISION OF STERNOCLEIDOMASTOID	1/1/2008	\$72.79	3	NO
8	21740	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2008	\$152.89	3	NO
8	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	1/1/2008	\$101.71	3	NO
8	21810	TREATMENT OF RIB FRACTURE REQUIR	1/1/2008	\$69.30	3	NO
8	21825	OPEN TREATMENT OF STERNUM FRACTU	1/1/2008	\$80.21	3	NO
8	22100	PART EXCISION OF POST VERT COMPO	1/1/2008	\$110.80	3	NO
8	22101	PART EXCISION OF POST VERT COMPO	1/1/2008	\$110.80	3	NO
8	22102	PART EXCISION OF POST VERT COMPO	1/1/2008	\$111.07	3	NO
8	22103	PART EXCISION OF POST VERT COMPO	1/1/2008	\$21.02	3	NO
8	22110	PART EXCISION OF VERT BODY, CERV	1/1/2008	\$138.32	3	NO
8	22112	PART EXCISION OF VERT BODY, THOR	1/1/2008	\$137.68	3	NO
8	22114	PART EXCISION OF VERT BODY, LUMB	1/1/2008	\$138.32	3	NO
8	22116	PART EXCISION OF VERT BODY, EA A	1/1/2008	\$21.07	3	NO
8	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$246.54	3	NO
8	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	1/1/2008	\$205.47	3	NO
8	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$55.21	3	NO
8	22220	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$222.46	3	NO
8	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$206.38	3	NO
8	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$220.47	3	NO
8	22226	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$54.73	3	NO
8	22318	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$221.65	3	NO
8	22319	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$246.11	3	NO
8	22325	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$191.28	3	NO
8	22326	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$202.46	3	NO
8	22327	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$198.21	3	NO
8	22328	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$41.34	3	NO
8	22532	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$240.63	3	NO
8	22533	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$222.24	3	NO
8	22534	ARTHRODESIS, LATERAL EXTRACAVITA	1/1/2008	\$54.30	3	NO
8	22548	ARTHRODESIS, ANTERIOR TRANSORAL	1/1/2008	\$258.85	3	YES
8	22554	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$182.62	3	YES
8	22556	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$232.19	3	YES
8	22558	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$211.55	3	YES
8	22585	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$50.48	3	YES
8	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$213.16	3	YES
8	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$202.46	3	YES
8	22600	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$172.95	3	YES
8	22610	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$171.55	3	YES
8	22612	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$224.07	3	YES
8	22614	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$58.92	3	YES

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	22630	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$215.09	3	YES
8	22632	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$47.79	3	YES
8	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$190.53	3	YES
8	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$305.57	3	YES
8	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$354.28	3	YES
8	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$257.78	3	YES
8	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$290.14	3	YES
8	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$314.87	3	YES
8	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$317.13	3	NO
8	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$359.06	3	NO
8	22830	EXPLORATION OF SPINAL FUSION	1/1/2008	\$113.92	3	NO
8	22840	POSTERIOR NON-SEGMENTAL INSTRUME	1/1/2008	\$115.10	3	NO
8	22841	INTERNAL SPINAL FIXATION BY WIRI	1/1/1996	\$0.01	5	YES
8	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$115.15	3	YES
8	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$121.39	3	YES
8	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$149.51	3	YES
8	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	1/1/2008	\$110.26	3	YES
8	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	1/1/2008	\$114.56	3	YES
8	22847	ANTERIOR INSTRUMENTATION; 8 OR M	1/1/2008	\$125.80	3	YES
8	22848	PELVIC FIXATION (ATTACHMENT OF C	1/1/2008	\$54.41	3	YES
8	22849	REINSERTION OF SPINAL FIXATION D	1/1/2008	\$184.77	3	NO
8	22850	REMOVAL OF POSTERIOR NONSEGMENTA	1/1/2008	\$100.37	3	NO
8	22851	APPLICATION OF INTERVERTEBRAL BI	1/1/2008	\$61.13	3	YES
8	22852	REMOVAL OF POSTERIOR SEGMENTAL I	1/1/2008	\$95.96	3	NO
8	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	1/1/2008	\$155.26	3	NO
8	22857	TOTAL DISC ARTHROPLASTY, ANTERIO	1/1/2007	NC	9	NO
8	22862	REVISION INCL REPLACEMENT OF TOT	1/1/2007	NC	9	NO
8	22865	REMOVAL OF TOTAL DISC ARTHROPLAS	1/1/2007	NC	9	NO
8	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO
8	22900	EXCISION ABDOMINAL WALL TUMOR SU	1/1/2008	\$54.84	3	NO
8	23000	REMOVAL OF SUBDELTOID CALCAREOUS	1/1/2008	\$72.15	3	NO
8	23020	CAPSULAR CONTRACTURE RELEASE (SE	1/1/2008	\$97.20	3	NO
8	23035	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$99.29	3	NO
8	23040	ARTHROTOMY GLENOHUMERAL JOINT FO	1/1/2008	\$101.23	3	NO
8	23044	ARTHROTOMY ACROMIOCLAVICULAR STE	1/1/2008	\$80.32	3	NO
8	23077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$164.18	3	NO
8	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	1/1/2008	\$68.06	3	NO
8	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	1/1/2008	\$63.06	3	NO
8	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	1/1/2008	\$89.56	3	NO
8	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	1/1/2008	\$66.88	3	NO
8	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	1/1/2008	\$93.33	3	NO
8	23120	CLAVICULECTOMY PARTIAL	1/1/2008	\$78.92	3	NO
8	23125	CLAVICULECTOMY; TOTAL	1/1/2008	\$98.97	3	NO
8	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	1/1/2008	\$84.99	3	NO
8	23145	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$95.75	3	NO
8	23150	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$90.42	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	23155	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$110.85	3	NO
8	23156	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$94.83	3	NO
8	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$75.32	3	NO
8	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$76.23	3	NO
8	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$105.64	3	NO
8	23180	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$101.28	3	NO
8	23182	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$96.66	3	NO
8	23184	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$108.92	3	NO
8	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	1/1/2008	\$78.06	3	NO
8	23195	RESECTION HUMERAL HEAD	1/1/2008	\$104.56	3	NO
8	23200	RADICAL RESECTION FOR TUMOR CLAV	1/1/2008	\$123.92	3	NO
8	23210	RADICAL RESECTION FOR TUMOR; SCA	1/1/2008	\$129.02	3	NO
8	23220	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$151.87	3	NO
8	23221	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$171.55	3	NO
8	23222	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$239.98	3	NO
8	23332	REMOVAL OF FOREIGN BODY; COMPLIC	1/1/2008	\$125.10	3	NO
8	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	1/1/2008	\$181.22	3	NO
8	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	1/1/2008	\$163.05	3	NO
8	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	1/1/2008	\$138.32	3	NO
8	23405	TENOMYOTOMY SINGLE	1/1/2008	\$89.08	3	NO
8	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	1/1/2008	\$111.71	3	NO
8	23410	REPAIR OF RUPTURED MUSCULOTENDIN	1/1/2008	\$128.06	3	NO
8	23412	REPAIR OF RUPTURED SUPRASPINATUS	1/1/2008	\$136.34	3	NO
8	23415	CORACOACROMIAL LIGAMENT RELEASE,	1/1/2008	\$104.72	3	NO
8	23420	REPAIR OF COMPLETE SHOULDER (ROT	1/1/2008	\$148.70	3	NO
8	23430	TENODESIS OF LONG TENDON OF BICE	1/1/2008	\$105.21	3	NO
8	23440	RESECTION OR TRANSPLANTATION OF	1/1/2008	\$108.97	3	NO
8	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	1/1/2008	\$136.28	3	NO
8	23455	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$145.37	3	NO
8	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	1/1/2008	\$157.14	3	NO
8	23462	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$153.48	3	NO
8	23465	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$159.83	3	NO
8	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	1/1/2008	\$156.33	3	NO
8	23470	ARTHROPLASTY WITH PROXIMAL HUMER	1/1/2008	\$174.67	3	NO
8	23472	ARTHROPLASTY WITH GLENOID AND PR	1/1/2008	\$215.20	3	YES
8	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$117.20	3	NO
8	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$137.84	3	NO
8	23490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$116.50	3	NO
8	23491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$145.90	3	NO
8	23515	OPEN TREATMENT OF CLAVICULAR FRA	1/1/2008	\$81.02	3	NO
8	23530	OPEN TREATMENT OF STERNOCLAVICUL	1/1/2008	\$77.09	3	NO
8	23532	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$87.14	3	NO
8	23550	OPEN TREATMENT OF ACROMIOCLAVICU	1/1/2008	\$80.05	3	NO
8	23552	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$92.57	3	NO
8	23585	OPEN TREATMENT OF SCAPULAR FRACT	1/1/2008	\$97.09	3	NO
8	23615	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$114.29	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	23616	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$209.07	3	NO
8	23630	OPEN TREATMENT OF GREATER HUMERA	1/1/2008	\$81.39	3	NO
8	23660	OPEN TREATMENT OF ACUTE SHOULDER	1/1/2008	\$80.86	3	NO
8	23670	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$85.91	3	NO
8	23680	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$106.98	3	NO
8	23800	ARTHRODESIS SHOULDER JOINT WITH	1/1/2008	\$143.38	3	NO
8	23802	ARTHRODISIS SHOULDER JOINT; WITH	1/1/2008	\$168.16	3	NO
8	23900	INTERTHORACOSCAPULAR AMPUTATION	1/1/2008	\$189.40	3	NO
8	23920	DISARTICULATION OF SHOULDER	1/1/2008	\$152.36	3	NO
8	23921	DISARTICULATION OF SHOULDER; SEC	1/1/2008	\$61.39	3	NO
8	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
8	24006	ARTHROTOMY OF THE ELBOW, WITH CA	1/1/2008	\$100.05	3	NO
8	24077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$114.19	3	NO
8	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	1/1/2008	\$55.32	3	NO
8	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	1/1/2008	\$69.57	3	NO
8	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	1/1/2008	\$86.50	3	NO
8	24115	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$101.07	3	NO
8	24116	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$123.11	3	NO
8	24125	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$81.77	3	NO
8	24126	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$88.65	3	NO
8	24130	EXCISION RADIAL HEAD	1/1/2008	\$70.69	3	NO
8	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$108.92	3	NO
8	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$88.76	3	NO
8	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$92.41	3	NO
8	24140	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$105.26	3	NO
8	24145	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$89.13	3	NO
8	24149	RADICAL RESECTION OF CAPSULE, SO	1/1/2008	\$159.77	3	NO
8	24150	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$138.00	3	NO
8	24151	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$160.04	3	NO
8	24152	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$102.74	3	NO
8	24155	RESECTION OF ELBOW JOINT (ARTHRE	1/1/2008	\$118.86	3	NO
8	24160	IMPLANT REMOVAL ELBOW JOINT	1/1/2008	\$85.05	3	NO
8	24164	IMPLANT REMOVAL; RADIAL HEAD	1/1/2008	\$69.51	3	NO
8	24301	MUSCLE OR TENDON TRANSFER ANY TY	1/1/2008	\$106.34	3	NO
8	24320	TENOPLASTY WITH MUSCLE TRANSFER	1/1/2008	\$107.09	3	NO
8	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$101.34	3	NO
8	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$111.61	3	NO
8	24340	TENODESIS OF BICEPS TENDON AT EL	1/1/2008	\$86.34	3	NO
8	24341	REPAIR, TENDON OR MUSCLE, UPPER	1/1/2008	\$99.08	3	NO
8	24342	REINSERTION OF RUPTURED BICEPS O	1/1/2008	\$111.71	3	NO
8	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
8	24351	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
8	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
8	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
8	24356	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
8	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1/1/2008	\$127.41	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	24361	ARTHROPLASTY ELBOW; WITH DISTAL	1/1/2008	\$143.06	3	NO
8	24362	ARTHROPLASTY ELBOW; WITH INPLANT	1/1/2008	\$148.70	3	NO
8	24363	ARTHROPLASTY ELBOW; WITH DISTAL	1/1/2008	\$208.91	3	NO
8	24365	ARTHROPLASTY RADIAL HEAD	1/1/2008	\$90.37	3	NO
8	24366	ARTHROPLASTY RADIAL HEAD; WITH I	1/1/2008	\$96.82	3	NO
8	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	1/1/2008	\$116.50	3	NO
8	24410	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$148.49	3	NO
8	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	1/1/2008	\$139.18	3	NO
8	24430	REPAIR OF NONUNION OR MALUNION H	1/1/2008	\$144.78	3	NO
8	24435	REPAIR OF NONUNION OR MALUNION H	1/1/2008	\$148.70	3	NO
8	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	1/1/2008	\$95.10	3	NO
8	24498	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$124.29	3	NO
8	24515	OPEN TREATMENT OF HUMERAL SHAFT	1/1/2008	\$124.02	3	NO
8	24516	TREATMENT OF HUMERAL SHAFT FRACT	1/1/2008	\$122.95	3	NO
8	24538	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$105.42	3	NO
8	24545	OPEN TREATMENT OF HUMERAL SUPRAC	1/1/2008	\$112.20	3	NO
8	24546	OPEN TREATMENT OF HUMERAL SUPRAC	1/1/2008	\$159.18	3	NO
8	24565	TREATMENT OF CLOSED EPICONDYLAR	1/1/2008	\$69.83	3	NO
8	24575	OPEN TREATMENT OF HUMERAL EPICON	1/1/2008	\$113.00	3	NO
8	24579	OPEN TREATMENT OF HUMERAL CONDYL	1/1/2008	\$121.44	3	NO
8	24586	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$156.28	3	NO
8	24587	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$154.83	3	NO
8	24615	OPEN TREATMENT OF ACUTE OR CHRON	1/1/2008	\$101.28	3	NO
8	24635	OPEN TREATMENT OF MONTEGGIA TYPE	1/1/2008	\$155.64	3	NO
8	24665	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$90.85	3	NO
8	24666	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$103.06	3	NO
8	24685	OPEN TREATMENT OF ULNAR FRACTURE	1/1/2008	\$95.21	3	NO
8	24800	ARTHRODESIS ELBOW JOINT WITH OR	1/1/2008	\$114.94	3	NO
8	24802	ARTHRODESIS ELBOW JOINT; WITH PR	1/1/2008	\$142.46	3	NO
8	24900	AMPUTATION ARM THROUGH HUMERUS W	1/1/2008	\$99.40	3	NO
8	24920	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$99.24	3	NO
8	24925	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$75.96	3	NO
8	24930	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$103.81	3	NO
8	24931	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$116.23	3	NO
8	24940	CINEPLASTY UPPER EXTREMITY COMPL	1/1/2008	\$180.59	3	NO
8	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	1/1/2008	\$70.48	3	NO
8	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	1/1/2008	\$88.97	3	NO
8	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	1/1/2008	\$76.50	3	NO
8	25126	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$112.09	3	NO
8	25135	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$81.50	3	NO
8	25136	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$71.98	3	NO
8	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$99.56	3	NO
8	25151	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$109.78	3	NO
8	25170	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$145.80	3	NO
8	25215	CARPECTOMY; ALL BONES OR PROXIMA	1/1/2008	\$94.03	3	NO
8	25250	REMOVAL OF WRIST PROSTHESIS (SEP	1/1/2008	\$73.06	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	25251	REMOVAL OF WRIST PROSTHESIS; COM	1/1/2008	\$99.94	3	NO
8	25263	REPAIR TENDON OR MUSCLE FLEXOR;	1/1/2008	\$114.40	3	NO
8	25265	REPAIR TENDON OR MUSCLE FLEXOR S	1/1/2008	\$132.68	3	NO
8	25300	TENODESIS AT WRIST FLEXORS OF FI	1/1/2008	\$98.38	3	NO
8	25301	TENODESIS AT WRIST; EXTENSORS OF	1/1/2008	\$94.13	3	NO
8	25310	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$115.37	3	NO
8	25312	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$128.92	3	NO
8	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	1/1/2008	\$136.87	3	NO
8	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	1/1/2008	\$158.32	3	NO
8	25320	CAPSULORRHAPHY OR RECONSTRUCTION	1/1/2008	\$135.21	3	NO
8	25332	ARTHROPLASTY, WRIST, WITH OR WIT	1/1/2008	\$119.72	3	NO
8	25335	CENTRALIZATION OF WRIST ON ULNA	1/1/2008	\$137.84	3	NO
8	25337	RECONSTRUCTION FOR STABILIZATION	1/1/2008	\$127.52	3	NO
8	25350	OSTEOTOMY RADIUS DISTAL THIRD	1/1/2008	\$124.88	3	NO
8	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	1/1/2008	\$137.79	3	NO
8	25360	OSTEOTOMY ULNA	1/1/2008	\$122.09	3	NO
8	25365	OSTEOTOMY; RADIUS AND ULNA	1/1/2008	\$158.22	3	NO
8	25370	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$168.05	3	NO
8	25375	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$165.74	3	NO
8	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	1/1/2008	\$137.95	3	NO
8	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	1/1/2008	\$170.42	3	NO
8	25392	OSTEOPLASTY RADIUS AND ULNA SHOR	1/1/2008	\$169.29	3	NO
8	25393	OSTEOPLASTY RADIUS AND ULNA; LEN	1/1/2008	\$192.14	3	NO
8	25400	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$144.78	3	NO
8	25405	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$178.16	3	NO
8	25415	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$166.55	3	NO
8	25420	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$195.79	3	NO
8	25425	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$189.56	3	NO
8	25426	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$184.93	3	NO
8	25440	REPAIR OF NONUNION, SCAPHOID CAR	1/1/2008	\$113.59	3	NO
8	25441	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$133.81	3	NO
8	25442	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$113.06	3	NO
8	25443	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$108.27	3	NO
8	25444	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$116.71	3	NO
8	25445	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$102.14	3	NO
8	25446	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$167.09	3	NO
8	25447	INTERPOSITION ARTHROPLASTY INTER	1/1/2008	\$113.11	3	NO
8	25449	REVISION OF ARTHROPLASTY INCLUDI	1/1/2008	\$146.87	3	NO
8	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$100.85	3	NO
8	25455	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$109.03	3	NO
8	25490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$127.46	3	NO
8	25491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$133.86	3	NO
8	25492	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$154.78	3	NO
8	25515	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$98.11	3	NO
8	25525	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$131.77	3	NO
8	25526	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$152.25	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	25545	OPEN TREATMENT OF ULNAR SHAFT FR	1/1/2008	\$96.93	3	NO
8	25574	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$84.62	3	NO
8	25575	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$124.88	3	NO
8	25607	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$96.61	3	NO
8	25608	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$110.64	3	NO
8	25609	OPEN TREATMENT OF DISTAL RADIAL	1/1/2008	\$141.23	3	NO
8	25611	PERCUTANEOUS SKELETAL FIXATION O	1/1/2007	INVALID	N	NO
8	25620	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	INVALID	N	NO
8	25628	OPEN TREATMENT OF CARPAL SCAPHOI	1/1/2008	\$99.89	3	NO
8	25645	OPEN TREATMENT OF CARPAL BONE FR	1/1/2008	\$80.32	3	NO
8	25670	OPEN TREATMENT OF RADIOCARPAL OR	1/1/2008	\$86.07	3	NO
8	25676	OPEN TREATMENT OF DISTAL RADIOUL	1/1/2008	\$89.03	3	NO
8	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	1/1/2008	\$102.74	3	NO
8	25695	OPEN TREATMENT OF LUNATE DISLOCA	1/1/2008	\$89.24	3	NO
8	25800	ARTHRODESIS, WRIST JOINT (INCLUD	1/1/2008	\$108.43	3	NO
8	25805	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$124.45	3	NO
8	25810	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$123.70	3	NO
8	25820	INTERCARPAL FUSION WITHOUT BONE	1/1/2008	\$87.14	3	NO
8	25825	INTERCARPAL FUSION WITH AUTOGENO	1/1/2008	\$106.34	3	NO
8	25830	DISTAL RADIOULNAR JOINT ARTHRODE	1/1/2008	\$138.00	3	NO
8	25900	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$120.96	3	NO
8	25905	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$119.45	3	NO
8	25907	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$106.71	3	NO
8	25909	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$118.86	3	NO
8	25915	KRUKENBERG PROCEDURE	1/1/2008	\$196.28	3	NO
8	25920	DISARTICULATION THROUGH WRIST	1/1/2008	\$95.96	3	NO
8	25922	DISARTICULATION THROUGH WRIST; S	1/1/2008	\$83.81	3	NO
8	25924	DISARTICULATION THROUGH WRIST; R	1/1/2008	\$95.59	3	NO
8	25929	TRANSMETACARPAL AMPUTATION; SECO	1/1/2008	\$78.60	3	NO
8	25931	TRANSMETACARPAL AMPUTATION; REAM	1/1/2008	\$106.55	3	NO
8	26185	SESAMOIDECTOMY, THUMB OR FINGER	1/1/2008	\$70.48	3	NO
8	26215	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$76.72	3	NO
8	26255	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$127.14	3	NO
8	26260	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$75.75	3	NO
8	26261	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$90.37	3	NO
8	26262	RADICAL RESECTION OSTECTOMY) FOR	1/1/2008	\$63.28	3	NO
8	26352	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$123.16	3	NO
8	26357	SECONDARY, EACH TENDON	1/1/2008	\$130.48	3	NO
8	26358	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$138.65	3	NO
8	26372	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$136.12	3	NO
8	26373	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$129.56	3	NO
8	26390	EXCISION FLEXOR TENDON, W/IMPLAN	1/1/2008	\$123.38	3	NO
8	26392	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$146.55	3	NO
8	26412	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$104.46	3	NO
8	26416	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$125.53	3	NO
8	26420	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$109.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	26426	REPAIR OF EXTENSOR TENDON, CENTR	1/1/2008	\$103.06	3	NO
8	26434	EXTENSOR TENDON REPAIR OPEN PRIM	1/1/2008	\$95.21	3	NO
8	26474	TENODESIS FOR DISTAL JOINT STABI	1/1/2008	\$89.03	3	NO
8	26476	TENDON LENGTHENING EXTENSOR SING	1/1/2008	\$86.45	3	NO
8	26479	TENDON SHORTENING, FLEXOR, HAND	1/1/2008	\$93.11	3	NO
8	26480	TENDON TRANSFER OR TRANSPLANT CA	1/1/2008	\$115.37	3	NO
8	26483	TENDON TRANSFER OR TRANSPLANT CA	1/1/2008	\$127.95	3	NO
8	26485	TENDON TRANSFER OR TRANSPLANT PA	1/1/2008	\$123.27	3	NO
8	26492	OPPONENS PLASTY; TENDON TRANSFER	1/1/2008	\$127.73	3	NO
8	26494	OPPONENS PLASTY; HYPOTHENAR MUSC	1/1/2008	\$117.20	3	NO
8	26497	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$126.82	3	NO
8	26498	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$167.73	3	NO
8	26499	CORRECTION CLAW FINGER OTHER MET	1/1/2008	\$120.31	3	NO
8	26502	TENDON PULLEY RECONSTRUCTION WIT	1/1/2008	\$104.51	3	NO
8	26504	TENDON PULLEY RECONSTRUCTION; WI	1/1/2007	INVALID	N	NO
8	26517	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$122.68	3	NO
8	26518	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$122.84	3	NO
8	26530	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$74.03	3	NO
8	26531	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$86.34	3	NO
8	26536	ARTHROPLASTY INTERPHALANGEAL JOI	1/1/2008	\$91.02	3	NO
8	26541	RECONSTRUCTION, COLLATERAL LIGAM	1/1/2008	\$119.78	3	NO
8	26546	REPAIR NON-UNION, METACARPAL OR	1/1/2008	\$140.37	3	NO
8	26550	POLLICIZATION OF A DIGIT	1/1/2008	\$220.74	3	NO
8	26551	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$462.17	3	NO
8	26553	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$389.87	3	NO
8	26554	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$533.08	3	NO
8	26555	POSITIONAL CHANGE OF OTHER FINGE	1/1/2008	\$196.49	3	NO
8	26556	FREE TOE JOINT TRANSFER WITH MIC	1/1/2008	\$437.93	3	NO
8	26560	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$82.84	3	YES
8	26561	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$129.35	3	YES
8	26562	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$188.32	3	YES
8	26565	OSTEOTOMY FOR CORRECTION OF DEFO	1/1/2008	\$101.02	3	NO
8	26568	OSTEOPLASTY FOR LENGTHENING OF M	1/1/2008	\$133.11	3	NO
8	26580	REPAIR CLEFT HAND	1/1/2008	\$187.41	3	NO
8	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
8	26587	RECONSTRUCTION OF POLYDACTYLOUS	1/1/2008	\$133.97	3	NO
8	26590	REPAIR MACRODACTYLIA, EACH DIGIT	1/1/2008	\$184.83	3	NO
8	26596	EXCISION OF CONSTRICTING RING WI	1/1/2008	\$101.82	3	NO
8	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
8	26665	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$80.96	3	NO
8	26676	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$69.51	3	NO
8	26685	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$76.07	3	NO
8	26686	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$86.12	3	NO
8	26706	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$59.14	3	NO
8	26820	FUSION IN OPPOSITION THUMB WITH	1/1/2008	\$116.93	3	NO
8	26842	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$118.06	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	26843	ARTHRODESIS, CARPOMETACARPAL JOI	1/1/2008	\$108.22	3	NO
8	26844	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$121.01	3	NO
8	26852	ARTHRODESIS METACARPOPHALANGEAL	1/1/2008	\$117.04	3	NO
8	26862	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$107.41	3	NO
8	26863	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$34.62	3	NO
8	27000	TENOTOMY ADDUCTOR SUBCUTANEOUS C	1/1/2008	\$63.11	3	NO
8	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	1/1/2008	\$76.18	3	NO
8	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	1/1/2008	\$81.39	3	NO
8	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	1/1/2008	\$103.54	3	NO
8	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	1/1/2008	\$104.24	3	NO
8	27030	ARTHROTOMY HIP FOR INFECTION WIT	1/1/2008	\$134.83	3	NO
8	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	1/1/2008	\$139.13	3	NO
8	27035	HIP JOINT DENERVATION INTRAPELVI	1/1/2008	\$162.62	3	NO
8	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	1/1/2008	\$140.85	3	NO
8	27048	EXCISION, TUMOR, PELVIS AND HIP	1/1/2008	\$65.16	3	NO
8	27049	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$137.79	3	NO
8	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	1/1/2008	\$76.23	3	NO
8	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	1/1/2008	\$95.10	3	NO
8	27060	EXCISION ISCHIAL BURSA	1/1/2008	\$58.97	3	NO
8	27062	EXCISION; TROCHANTERIC BURSA OR	1/1/2008	\$62.58	3	NO
8	27065	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$68.87	3	NO
8	27066	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$113.22	3	NO
8	27067	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$143.16	3	NO
8	27070	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$118.43	3	NO
8	27071	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$128.54	3	NO
8	27075	RADICAL RESECTION OF TUMOR OR IN	1/1/2008	\$328.04	3	NO
8	27076	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$226.06	3	NO
8	27077	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$380.08	3	NO
8	27078	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$142.14	3	NO
8	27079	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$139.18	3	NO
8	27080	COCCYGECTOMY PRIMARY	1/1/2008	\$67.42	3	NO
8	27087	REMOVAL OF FOREIGN BODY; DEEP	1/1/2008	\$88.60	3	NO
8	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	1/1/2008	\$118.11	3	NO
8	27091	REMOVAL OF HIP PROSTHESIS; COMPL	1/1/2008	\$224.56	3	NO
8	27097	HAMSTRING RESECESSION PROXIMAL	1/1/2008	\$92.09	3	NO
8	27098	ADDUCTOR TRANSFER TO ISCHIUM	1/1/2008	\$89.46	3	NO
8	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	1/1/2008	\$115.15	3	NO
8	27105	TRANSFER PARASPINAL MUSCLE TO HI	1/1/2008	\$130.91	3	NO
8	27110	TRANSFER ILIOPSOAS; TO GREATER T	1/1/2008	\$133.43	3	NO
8	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	1/1/2008	\$125.26	3	NO
8	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	1/1/2008	\$181.60	3	NO
8	27122	ACETABULOPLASTY; RESECTION FEMOR	1/1/2008	\$157.19	3	NO
8	27125	PARTIAL HIP REPLACEMENT, PROSTHE	1/1/2008	\$158.11	3	NO
8	27130	ARTHROPLASTY, ACETABULAR & PROXI	1/1/2008	\$204.72	3	NO
8	27132	CONVERSION OF PREVIOUS HIP SURGE	1/1/2008	\$240.15	3	NO
8	27134	REVISION OF TOTAL HIP ARTHOPLAST	1/1/2008	\$280.41	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27137	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$213.16	3	NO
8	27138	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$221.87	3	NO
8	27140	OSTEOTOMY AND TRANSFER OF GREATE	1/1/2008	\$127.95	3	NO
8	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$179.99	3	NO
8	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$206.44	3	NO
8	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$198.54	3	NO
8	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$245.68	3	NO
8	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	1/1/2008	\$183.16	3	NO
8	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	1/1/2008	\$174.07	3	NO
8	27165	OSTEOTOMY INTERTROCHANTERIC OR S	1/1/2008	\$192.46	3	NO
8	27170	BONE GRAFT, FEMORAL HEAD, NECK,	1/1/2008	\$167.84	3	NO
8	27176	TREATMENT OF SLIPPED FEMORAL EPI	1/1/2008	\$128.16	3	NO
8	27177	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$156.76	3	NO
8	27178	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$125.05	3	NO
8	27179	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$138.32	3	NO
8	27181	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$148.75	3	NO
8	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$104.24	3	NO
8	27187	PROPHYLACTIC TREATMENT WITH WITH	1/1/2008	\$141.93	3	NO
8	27202	OPEN TREATMENT OF COCCYGEAL FRAC	1/1/2008	\$127.63	3	NO
8	27215	OPEN TREATMENT OF ILIAC SPINE, T	1/1/2008	\$104.19	3	NO
8	27216	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$149.94	3	NO
8	27217	OPEN TREATMENT OF ANTERIOR RING	1/1/2008	\$144.40	3	NO
8	27218	OPEN TREATMENT OF POSTERIOR RING	1/1/2008	\$192.62	3	NO
8	27226	OPEN TREATMENT OF POSTERIOR OR A	1/1/2008	\$140.10	3	NO
8	27227	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$237.62	3	NO
8	27228	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$273.05	3	NO
8	27235	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$129.62	3	NO
8	27236	OPEN TREATMENT OF FEMORAL FRACTU	1/1/2008	\$166.66	3	NO
8	27244	TREATMENT OF INTERTROCHANTERIC,	1/1/2008	\$165.42	3	NO
8	27245	OPEN TREATMENT OF INTERTROCHANTE	1/1/2008	\$203.27	3	NO
8	27248	OPEN TREATMENT OF GREATER TROCHA	1/1/2008	\$110.42	3	NO
8	27253	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$135.05	3	NO
8	27254	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$180.90	3	NO
8	27258	OPEN TREATMENT OF SPONTANEOUS HI	1/1/2008	\$157.09	3	NO
8	27259	OPEN TREATMENT OF CONGENITAL HIP	1/1/2008	\$218.32	3	NO
8	27280	ARTHRODESIS SACROILIAC JOINT (IN	1/1/2008	\$145.15	3	NO
8	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	1/1/2008	\$115.85	3	NO
8	27284	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$231.92	3	NO
8	27286	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$232.94	3	NO
8	27290	INTERPELVIABDOMINAL AMPUTATION (	1/1/2008	\$223.16	3	NO
8	27295	DISARTICULATION OF HIP	1/1/2008	\$179.77	3	NO
8	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
8	27303	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$89.83	3	NO
8	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	1/1/2008	\$65.26	3	NO
8	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$54.14	3	NO
8	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$65.86	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27310	ARTHROTOMY KNEE FOR INFECTION WI	1/1/2008	\$101.55	3	NO
8	27315	NEURECTOMY HAMSTRING MUSCLE	1/1/2007	INVALID	N	NO
8	27320	NEURECTOMY POPLITEAL (GASTROCNE	1/1/2007	INVALID	N	NO
8	27325	NEURECTOMY, HAMSTRING MUSCLE	1/1/2008	\$73.27	3	NO
8	27326	NEURECTOMY, POPLITEAL (GASTROCNE	1/1/2008	\$65.53	3	NO
8	27329	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$143.75	3	NO
8	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	1/1/2008	\$55.59	3	NO
8	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	1/1/2008	\$66.12	3	NO
8	27332	ARTHROTOMY, KNEE, WITH EXCISION	1/1/2008	\$89.51	3	NO
8	27333	ARTHROTOMY KNEE FOR EXCISION OF	1/1/2008	\$81.34	3	NO
8	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	1/1/2008	\$95.53	3	NO
8	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	1/1/2008	\$108.17	3	NO
8	27345	EXCISION OF SYNOVIAL CYST OF POP	1/1/2008	\$66.77	3	NO
8	27347	EXCISION OF LESION OF MENISCUS O	1/1/2008	\$69.57	3	NO
8	27350	PATELLECTOMY OR HEMIPATELLECTOMY	1/1/2008	\$91.18	3	NO
8	27355	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$84.73	3	NO
8	27356	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$103.38	3	NO
8	27357	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$115.05	3	NO
8	27358	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$42.58	3	NO
8	27360	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$120.31	3	NO
8	27365	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$172.73	3	NO
8	27380	SUTURE OF INFRAPATELLAR TENDON P	1/1/2008	\$83.65	3	NO
8	27381	SUTURE OF INFRAPATELLAR TENDON S	1/1/2008	\$113.70	3	NO
8	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$89.67	3	NO
8	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$118.16	3	NO
8	27390	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$60.96	3	NO
8	27391	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$80.21	3	NO
8	27392	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$99.24	3	NO
8	27393	LENGTHENING OF HAMSTRING TENDON	1/1/2008	\$71.12	3	NO
8	27394	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$92.04	3	NO
8	27395	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$124.45	3	NO
8	27396	TRANSPLANT HAMSTRING TENDON TO P	1/1/2008	\$86.66	3	NO
8	27397	TRANSPLANT HAMSTRING TENDON TO P	1/1/2008	\$124.62	3	NO
8	27400	TENDON OR MUSCLE TRANSFER HAMSTR	1/1/2008	\$94.13	3	NO
8	27403	ARTHROTOMY WITH OPEN MENISCUS RE	1/1/2008	\$90.64	3	NO
8	27405	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$95.16	3	NO
8	27407	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$109.78	3	NO
8	27409	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$136.55	3	NO
8	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	1/1/2008	\$117.95	3	NO
8	27420	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.85	3	NO
8	27422	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.48	3	NO
8	27424	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.53	3	NO
8	27425	LATERAL RETINACULAR RELEASE OPEN	1/1/2008	\$61.82	3	NO
8	27427	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$101.23	3	NO
8	27428	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$154.45	3	NO
8	27429	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$172.57	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27430	QUADRICEPS PLASTY (BENNETT OR TH	1/1/2008	\$104.67	3	NO
8	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	1/1/2008	\$111.12	3	NO
8	27437	ARTHROPLASTY PATELLA WITHOUT PRO	1/1/2008	\$93.00	3	NO
8	27438	ARTHROPLASTY PATELLA; WITH PROST	1/1/2008	\$118.49	3	NO
8	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	1/1/2008	\$102.57	3	NO
8	27441	ARTHROPLASTY KNEE TIBILA PLATEAU	1/1/2008	\$108.76	3	NO
8	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$123.59	3	NO
8	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$116.12	3	NO
8	27445	ARTHROPLASTY KNEE CONSTRAINED PR	1/1/2008	\$180.20	3	NO
8	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	1/1/2008	\$160.63	3	NO
8	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	1/1/2008	\$220.31	3	YES
8	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$116.93	3	NO
8	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$145.42	3	NO
8	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	1/1/2008	\$183.70	3	NO
8	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$134.45	3	NO
8	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$138.59	3	NO
8	27465	OSTEOPLASTY FEMUR SHORTENING (EX	1/1/2008	\$167.68	3	NO
8	27466	OSTEOPLASTY FEMUR; LENGTHENING	1/1/2008	\$168.43	3	NO
8	27468	OSTEOPLASTY FEMUR; COMBINED LENG	1/1/2008	\$189.40	3	NO
8	27470	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$167.62	3	NO
8	27472	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$181.98	3	NO
8	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$93.06	3	NO
8	27477	TIBIA AND FIBULA PROXIMAL	1/1/2008	\$103.43	3	NO
8	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$130.80	3	NO
8	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	1/1/2008	\$94.99	3	NO
8	27486	REVISION OF TOTAL KNEE ATHROPLAS	1/1/2008	\$200.85	3	NO
8	27487	REVISION OF TOTAL KNEE ARTHROPLA	1/1/2008	\$254.18	3	NO
8	27488	REMOVAL OF KNEE PROSTHESIS, INCL	1/1/2008	\$169.45	3	NO
8	27495	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$161.87	3	NO
8	27498	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$83.81	3	NO
8	27499	DECOMPRESSION FASCIOTOMY, THIGH	1/1/2008	\$93.33	3	NO
8	27506	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$187.41	3	NO
8	27507	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$141.17	3	NO
8	27511	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$145.15	3	NO
8	27513	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$193.32	3	NO
8	27514	OPEN TX OF FEMORAL FX, DISTAL EN	1/1/2008	\$188.81	3	NO
8	27519	OPEN TX OF DISTAL FEMORAL EPIPHY	1/1/2008	\$158.75	3	NO
8	27524	OPEN TREATMENT OF PATELLAR FRACT	1/1/2008	\$107.09	3	NO
8	27535	OPEN TX OF TIBIAL FX, PROXIMAL;	1/1/2008	\$126.12	3	NO
8	27536	OPEN TREATMENT OF TIBIAL FRACTUR	1/1/2008	\$167.84	3	NO
8	27540	OPEN TX OF INTERCONDYLAR SPINE(S	1/1/2008	\$133.75	3	NO
8	27556	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$153.43	3	NO
8	27557	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$176.28	3	NO
8	27558	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$180.36	3	NO
8	27566	OPEN TREATMENT OF PATELLAR DISLO	1/1/2008	\$127.30	3	NO
8	27580	FUSION OF KNEE ANY TECHNIQUE	1/1/2008	\$206.87	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27590	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$116.28	3	NO
8	27591	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$125.21	3	NO
8	27592	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$98.43	3	NO
8	27598	DISARTICULATION AT KNEE	1/1/2008	\$105.26	3	NO
8	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
8	27600	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$60.00	3	NO
8	27601	DECOMPRESSION FASCIOTOMY, LEG; P	1/1/2008	\$61.50	3	NO
8	27602	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$73.92	3	NO
8	27606	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$43.17	3	NO
8	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	1/1/2008	\$80.96	3	NO
8	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	1/1/2008	\$65.91	3	NO
8	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	1/1/2008	\$85.48	3	NO
8	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	1/1/2008	\$92.20	3	NO
8	27635	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$84.40	3	NO
8	27637	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$106.71	3	NO
8	27638	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$111.23	3	NO
8	27640	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$127.84	3	NO
8	27641	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$102.95	3	NO
8	27645	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$153.86	3	NO
8	27646	RESECTION FOR TUMOR RADICAL; FIB	1/1/2008	\$137.95	3	NO
8	27647	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$118.22	3	NO
8	27650	REPAIR PRIMARY OPEN OR PERCUTANE	1/1/2008	\$100.80	3	NO
8	27652	SUTURE PRIMARY RUPTURED ACHILLES	1/1/2008	\$107.57	3	NO
8	27654	REPAIR SECONDARY RUPTURED ACHILL	1/1/2008	\$100.85	3	NO
8	27656	REPAIR FASCIAL DEFECT OF LEG	1/1/2008	\$73.76	3	NO
8	27658	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$54.94	3	NO
8	27659	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$72.79	3	NO
8	27665	REPAIR OR SUTURE OF EXTENSOR TEN	1/1/2008	\$60.21	3	NO
8	27675	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$74.40	3	NO
8	27676	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$88.65	3	NO
8	27680	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$62.63	3	NO
8	27681	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$73.76	3	NO
8	27685	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$81.82	3	NO
8	27686	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$81.18	3	NO
8	27687	GASTROCNEMIUS RECESSION (EG STRA	1/1/2008	\$66.77	3	NO
8	27690	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$88.38	3	NO
8	27691	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$104.46	3	NO
8	27692	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$16.50	3	NO
8	27695	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$71.45	3	NO
8	27696	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$85.64	3	NO
8	27698	SUTURE SECONDARY REPAIR TORN RUP	1/1/2008	\$94.94	3	NO
8	27700	ARTHOPLASTY ANKLE	1/1/2008	\$88.17	3	NO
8	27702	ARTHOPLASTY ANKLE; WITH IMPLANT	1/1/2008	\$143.54	3	NO
8	27703	ARTHOPLASTY ANKLE SECONDARY RECO	1/1/2008	\$163.81	3	NO
8	27704	REMOVAL OF ANKLE IMPLANT	1/1/2008	\$78.38	3	NO
8	27705	OSTEOTOMY TIBIA	1/1/2008	\$109.78	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	27707	OSTEOTOMY; FIBULA	1/1/2008	\$55.16	3	NO
8	27709	OSTEOTOMY; TIBIA AND FIBULA	1/1/2008	\$148.70	3	NO
8	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	1/1/2008	\$153.27	3	NO
8	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	1/1/2008	\$151.60	3	NO
8	27720	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$125.37	3	NO
8	27722	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$124.94	3	NO
8	27724	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$183.97	3	NO
8	27725	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$169.13	3	NO
8	27727	REPAIR OF CONGENITAL PSEUDARTHRO	1/1/2008	\$145.42	3	NO
8	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	1/1/2008	\$83.17	3	NO
8	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$59.19	3	NO
8	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$87.84	3	NO
8	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$100.91	3	NO
8	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$96.45	3	NO
8	27745	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$107.63	3	NO
8	27756	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$79.51	3	NO
8	27758	OPEN TREATMENT OF TIBIAL SHAFT F	1/1/2008	\$125.53	3	NO
8	27759	TREATMENT OF TIBIAL SHAFT FRACTU	1/1/2008	\$143.11	3	NO
8	27766	OPEN TX OF MEDIAL MALLEOLUS FRAC	1/1/2008	\$92.25	3	NO
8	27784	OPEN TX OF PROXIMAL FIBULA OR SH	1/1/2008	\$80.10	3	NO
8	27792	OPEN TX OF DISTAL FIBULAR FRACTU	1/1/2008	\$85.69	3	NO
8	27814	OPEN TX OF BIMALLEOLAR ANKLE FX,	1/1/2008	\$114.02	3	NO
8	27822	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$130.37	3	NO
8	27823	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$147.89	3	NO
8	27826	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$101.12	3	NO
8	27827	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$163.81	3	NO
8	27828	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$185.79	3	NO
8	27829	OPEN TX OF DISTAL TIBIOFIBULAR J	1/1/2008	\$70.43	3	NO
8	27832	OPEN TX OF PROXIMAL TIBIOFIBULAR	1/1/2008	\$72.68	3	NO
8	27846	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$105.05	3	NO
8	27848	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$122.20	3	NO
8	27870	ARTHRODESIS, ANKLE, OPEN	1/1/2008	\$149.35	3	NO
8	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	1/1/2008	\$98.54	3	NO
8	27880	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$129.24	3	NO
8	27881	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$128.00	3	NO
8	27882	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$92.47	3	NO
8	27886	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$94.62	3	NO
8	27888	AMPUTATION ANKLE THROUGH MALLEOL	1/1/2008	\$101.77	3	NO
8	27889	ANKLE DISARTICULATION	1/1/2008	\$98.76	3	NO
8	27894	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$116.87	3	NO
8	28020	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$65.48	3	NO
8	28030	NEURECTOMY OF INTRINSIC MUSCULAT	1/1/2007	INVALID	N	NO
8	28035	TARSAL TUNNEL RELEASE (POSTERIOR	1/1/2008	\$65.10	3	NO
8	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	1/1/2008	\$55.37	3	NO
8	28060	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$63.92	3	NO
8	28062	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$76.77	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	28070	SYNOVECTOMY INTERTARSAL OR TARSO	1/1/2008	\$62.42	3	NO
8	28072	SYNOVECTOMY; METATARSOPHALANGEAL	1/1/2008	\$61.07	3	NO
8	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	1/1/2008	\$72.74	3	NO
8	28100	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$78.33	3	NO
8	28102	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$78.76	3	NO
8	28103	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$64.40	3	NO
8	28104	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$63.49	3	NO
8	28106	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$68.01	3	NO
8	28107	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$71.12	3	NO
8	28110	OSTECTOMY PARTIAL EXCISION FIFTH	1/1/2008	\$55.53	3	NO
8	28111	OSTECTOMY COMPLETE EXCISION FIRS	1/1/2008	\$66.02	3	NO
8	28112	OSTECTOMY COMPLETE EXCISION; OTH	1/1/2008	\$60.91	3	NO
8	28114	OSTECTOMY, COMP EXCISION; ALL ME	1/1/2008	\$134.94	3	NO
8	28118	OSTECTOMY, CALCANEUS	1/1/2008	\$72.79	3	NO
8	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	1/1/2008	\$64.73	3	NO
8	28122	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$84.99	3	NO
8	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2008	\$91.82	3	NO
8	28171	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$89.24	3	NO
8	28200	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$58.17	3	NO
8	28202	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$82.20	3	NO
8	28208	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$55.32	3	NO
8	28210	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$74.08	3	NO
8	28238	RECONSTRUCTION, POSTERIOR TIBIAL	1/1/2008	\$88.44	3	NO
8	28250	DIVISION OF PLANTAR FASCIA AND M	1/1/2008	\$69.24	3	NO
8	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	1/1/2008	\$86.71	3	NO
8	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	1/1/2008	\$181.06	3	NO
8	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	1/1/2008	\$110.15	3	NO
8	28285	HAMMERTOES OPERATION; ONE TOE (EG	1/1/2008	\$56.88	3	NO
8	28289	HALLUX RIGIDUS CORRECTION WITH C	1/1/2008	\$94.08	3	NO
8	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
8	28294	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$94.62	3	NO
8	28296	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$102.36	3	NO
8	28297	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$107.36	3	NO
8	28298	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$90.32	3	NO
8	28299	CORRECTION, HALLUX VALGUS (BUNIO	1/1/2008	\$118.27	3	NO
8	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	1/1/2008	\$96.55	3	NO
8	28302	OSTEOTOMY; TALUS	1/1/2008	\$94.89	3	NO
8	28304	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$101.71	3	NO
8	28305	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$98.76	3	NO
8	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	1/1/2008	\$75.10	3	NO
8	28308	OSTEOTOMY METATARSAL BASE OR SHA	1/1/2008	\$66.45	3	NO
8	28309	OSTEOTOMY METATARSALS MULTIPLE F	1/1/2008	\$128.70	3	NO
8	28310	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$66.55	3	NO
8	28312	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$60.00	3	NO
8	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	1/1/2008	\$58.60	3	NO
8	28320	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$92.31	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	28322	REPAIR OF NONUNION OR MALUNION M	1/1/2008	\$102.52	3	NO
8	28340	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$79.24	3	YES
8	28341	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$91.39	3	YES
8	28344	RECONSTRUCTION, TOE(S); POLYDACT	1/1/2008	\$58.22	3	YES
8	28360	RECONSTRUCTION, CLEFT FOOT	1/1/2008	\$141.98	3	NO
8	28415	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$176.98	3	NO
8	28420	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$172.73	3	NO
8	28436	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$60.64	3	NO
8	28445	OPEN TX OF TALUS FRACTURE, INCLU	1/1/2008	\$163.32	3	NO
8	28456	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$38.76	3	NO
8	28485	OPEN TX OF METATARSAL FRACTURE,	1/1/2008	\$63.60	3	NO
8	28496	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$57.74	3	NO
8	28555	OPEN TX OF TARSAL BONE DISLOCATI	1/1/2008	\$93.22	3	NO
8	28585	OPEN TX OF TALOTARSAL JOINT DISL	1/1/2008	\$93.54	3	NO
8	28615	OPEN TX OF TARSOMETATARSAL JOINT	1/1/2008	\$97.04	3	NO
8	28645	OPEN TX OF METATARSOPHALANGEAL J	1/1/2008	\$55.27	3	NO
8	28675	OPEN TX OF INTERPHALANGEAL JOINT	1/1/2008	\$56.18	3	NO
8	28705	PANTALAR ARTHRODESIS	1/1/2008	\$189.50	3	NO
8	28715	TRIPLE ARTHRODESIS	1/1/2008	\$139.94	3	NO
8	28725	SUBTALAR ARTHRODESIS	1/1/2008	\$117.04	3	NO
8	28730	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$119.56	3	NO
8	28735	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$114.78	3	NO
8	28737	ARTHRODESIS, WITH TENDON LENGTHE	1/1/2008	\$101.88	3	NO
8	28740	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$113.97	3	NO
8	28755	ARTHRODESIS GREAT TOE; INTERPHAL	1/1/2008	\$63.65	3	NO
8	28760	ARTHRODESIS GREAT TOE INTERPHALA	1/1/2008	\$99.35	3	NO
8	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	1/1/2008	\$82.90	3	NO
8	28805	AMPUTATION FOOT; TRANSMETATARSAL	1/1/2008	\$104.67	3	NO
8	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
8	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	1/1/2008	\$92.63	3	NO
8	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
8	29819	ARTHROSCOPY SHOULDER SURGICAL; W	1/1/2008	\$83.38	3	NO
8	29820	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$76.93	3	NO
8	29821	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$84.08	3	NO
8	29822	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$81.72	3	NO
8	29823	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$89.19	3	NO
8	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$94.30	3	NO
8	29825	ARTHROSCOPY SHOULDER SURGICAL WI	1/1/2008	\$83.27	3	NO
8	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$95.75	3	NO
8	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$156.55	3	NO
8	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	1/1/2008	\$64.14	3	NO
8	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	1/1/2008	\$69.94	3	NO
8	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$71.61	3	NO
8	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$82.36	3	NO
8	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	1/1/2008	\$75.26	3	NO
8	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	1/1/2008	\$76.12	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	29851	ARTHROSCOPICALLY AIDED TREATMENT	1/1/2008	\$133.59	3	NO
8	29855	ARTHROSCOPICALLY AIDED TX OF TIB	1/1/2008	\$112.20	3	NO
8	29856	ARTHROSCOPICALLY AIDED TX OF TIB	1/1/2008	\$143.59	3	NO
8	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$100.58	3	NO
8	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$112.47	3	NO
8	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2008	\$111.07	3	NO
8	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	1/1/2008	\$75.59	3	NO
8	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	1/1/2008	\$70.26	3	NO
8	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	1/1/2008	\$90.96	3	NO
8	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	1/1/2008	\$85.96	3	NO
8	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	1/1/2008	\$92.14	3	NO
8	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$96.28	3	NO
8	29881	ARTHROSCOPY KNEE SURGICAL WITH M	1/1/2008	\$89.62	3	NO
8	29882	ARTHROSCOPY KNEE SURGICAL; WITH	1/1/2008	\$96.82	3	NO
8	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$119.62	3	NO
8	29884	ARTHROSCOPY KNEE SURGICAL WITH L	1/1/2008	\$85.64	3	NO
8	29885	ARTHROSCOPY,KNEE,SURG;DRILL FOR	1/1/2008	\$104.08	3	NO
8	29886	ARTHROSCOPY KNEE SURGICAL; DRIL	1/1/2008	\$87.63	3	NO
8	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	1/1/2008	\$103.54	3	NO
8	29888	ARTHROSCOPICALLY AIDED ANTERIOR	1/1/2008	\$141.44	3	NO
8	29889	ARTHROSCOPICALLY AIDED POSTERIOR	1/1/2008	\$171.82	3	NO
8	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	1/1/2008	\$97.68	3	NO
8	29892	ARTHROSCOPICALLY AIDED REPAIR OF	1/1/2008	\$101.82	3	NO
8	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2008	\$73.38	3	NO
8	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	1/1/2008	\$73.65	3	NO
8	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$72.04	3	NO
8	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$75.59	3	NO
8	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$84.08	3	NO
8	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	1/1/2008	\$149.78	3	NO
8	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO
8	29999	UNLISTED PROCEDURE, ARTHROSCOPY	2/14/2002	\$0.01	5	NO
8	30118	EXCISION INTRANASAL LESION; EXTE	1/1/2008	\$104.56	3	NO
8	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
8	30125	EXCISION DERMOID CYST NOSE; COMP	1/1/2008	\$85.16	3	NO
8	30160	RHINECTOMY; TOTAL	1/1/2008	\$110.05	3	NO
8	30410	RHINOPLASTY PRIMARY COMPLETE EXT	1/1/2008	\$174.88	3	NO
8	30430	RHINOPLASTY SECONDARY MINOR REVI	1/1/2008	\$128.81	3	NO
8	30435	RHINOPLASTY SECONDARY; INTERMEDI	1/1/2008	\$171.49	3	NO
8	30450	RHINOPLASTY SECONDARY; MAJOR REV	1/1/2008	\$225.04	3	NO
8	30460	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2008	\$110.42	3	YES
8	30462	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2008	\$223.00	3	YES
8	30465	REPAIR OF NASAL VESTIBULAR STENO	1/1/2008	\$133.54	3	NO
8	30540	REPAIR CHOANAL ATRESIA INTRANASA	1/1/2008	\$92.47	3	NO
8	30545	REPAIR CHOANAL ARTRESIA; TRANSPA	1/1/2008	\$132.63	3	NO
8	31075	SINUSOTOMY FRONTAL TRANSORBITAL	1/1/2008	\$105.37	3	NO
8	31080	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$142.68	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	31081	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$164.83	3	NO
8	31084	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$156.23	3	NO
8	31085	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$166.12	3	NO
8	31086	SINUSOTOMY FRONTAL NONOBLITERATI	1/1/2008	\$151.33	3	NO
8	31087	SINUSOTOMY FRONTAL NONOBLITERATI	1/1/2008	\$150.21	3	NO
8	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	1/1/2008	\$120.69	3	NO
8	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	1/1/2008	\$244.77	3	NO
8	31230	MAXILLECTOMY; WITH ORBITAL EXENT	1/1/2008	\$275.14	3	NO
8	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	1/1/2008	\$169.40	3	NO
8	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	1/1/2008	\$258.42	3	NO
8	31365	LARYNGECTOMY; TOTAL WITH RADICAL	1/1/2008	\$327.67	3	NO
8	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$287.94	3	NO
8	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$326.81	3	NO
8	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$272.94	3	NO
8	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$255.47	3	NO
8	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$253.64	3	NO
8	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$275.74	3	NO
8	31390	PHARYNGOLARYNGECTOMY WITH RADICA	1/1/2008	\$368.85	3	NO
8	31395	PHARYNOGOLARYNGECTOMY WITH RADIC	1/1/2008	\$396.05	3	NO
8	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	1/1/2008	\$137.20	3	NO
8	31420	EPIGLOTTIDECTOMY	1/1/2008	\$114.46	3	NO
8	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	1/1/2008	\$165.42	3	NO
8	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	1/1/2008	\$211.06	3	NO
8	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
8	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
8	31587	LARYNGOPLASTY, CRICOID SPLIT	1/1/2008	\$134.67	3	NO
8	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	1/1/2008	\$154.56	3	NO
8	31590	LARYNGEAL REINNERVATION BY NEURO	1/1/2008	\$124.40	3	NO
8	31595	SECTION RECURRENT LARYNGEAL NERV	1/1/2008	\$105.26	3	NO
8	31601	TRACHEOSTOMY PLANNED (SEPARATE P	1/1/2008	\$37.90	3	NO
8	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	1/1/2008	\$71.50	3	NO
8	31700	CATHETERIZATION TRANSGLOTIC (SEP	1/1/2007	INVALID	N	NO
8	31708	INSTILLATION OF CONTRAST MATERIA	1/1/2007	INVALID	N	NO
8	31710	CATHETERIZATION FOR BRONCHOGRAPH	1/1/2007	INVALID	N	NO
8	31750	TRACHEOPLASTY; CERVICAL	1/1/2008	\$179.88	3	NO
8	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	1/1/2008	\$228.21	3	NO
8	31760	TRACHEOPLASTY; INTRATHORACIC	1/1/2008	\$197.73	3	NO
8	31766	CARINAL RECONSTRUCTION	1/1/2008	\$264.55	3	NO
8	31770	BRONCHOPLASTY GRAFT REPAIR	1/1/2008	\$194.61	3	NO
8	31775	BRONCHOPLASTY; EXCISION STENOSIS	1/1/2008	\$207.51	3	NO
8	31780	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$170.26	3	NO
8	31781	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$206.60	3	NO
8	31785	EXCISION OF TRACHEAL TUMOR OR CA	1/1/2008	\$155.47	3	NO
8	31786	EXCISION OF TRACHEAL TUMOR OR CA	1/1/2008	\$219.93	3	NO
8	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	1/1/2008	\$119.13	3	NO
8	32000	THORACENTESIS PUNCTURE OF PLEURA	1/1/2008	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	32002	THORACENTESIS WITH INSERTION OF	1/1/2008	INVALID	N	NO
8	32005	CHEMICAL PLEURODESIS (EG FOR REC	1/1/2008	INVALID	N	NO
8	32020	TUBE THORACOSTOMY W/WO WATER SEA	1/1/2008	INVALID	N	NO
8	32035	THORACOSTOMY WITH RIB RESECTION	1/1/2008	\$98.76	3	NO
8	32036	THORACOSTOMY; WITH OPEN FLAP DRA	1/1/2008	\$107.84	3	NO
8	32095	THORACOTOMY LIMITED FOR BIOPSY O	1/1/2008	\$89.24	3	NO
8	32100	THORACOTOMY MAJOR WITH EXPLORATI	1/1/2008	\$139.51	3	NO
8	32110	THORACOTOMY MAJOR; WITH CONTROL	1/1/2008	\$209.23	3	NO
8	32120	THORACTOMY MAJOR; FOR POSTOPERAT	1/1/2008	\$123.22	3	NO
8	32124	THORACOTOMY MAJOR; WITH OPEN INT	1/1/2008	\$131.17	3	NO
8	32140	THORACOTOMY MAJOR; WITH CYST(S)	1/1/2008	\$140.47	3	NO
8	32141	THORACOTOMY MAJOR; WITH EXCISION	1/1/2008	\$200.85	3	NO
8	32150	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$141.34	3	NO
8	32151	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$145.42	3	NO
8	32160	THORACOTOMY MAJOR; WITH CARDIAC	1/1/2008	\$106.12	3	NO
8	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	1/1/2008	\$157.36	3	NO
8	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	1/1/2008	\$131.39	3	NO
8	32215	PLEURAL SCARIFICATION FOR REPEAT	1/1/2008	\$114.99	3	NO
8	32220	DECORTICATION PULMONARY (SEPARAT	1/1/2008	\$229.61	3	NO
8	32225	DECORTICATION PULMONARY (SEPARAT	1/1/2008	\$141.50	3	NO
8	32310	PLEURECTOMY, PARIETAL (SEPARATE	1/1/2008	\$131.39	3	NO
8	32320	DECORTICATION AND PARIETAL PLEUR	1/1/2008	\$228.86	3	NO
8	32402	BIOPSY PLEURA; OPEN	1/1/2008	\$80.59	3	NO
8	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$232.78	3	NO
8	32442	REMOVALK OF LUNG, WITH RESECTION	1/1/2008	\$408.20	3	NO
8	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$449.54	3	NO
8	32480	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$219.56	3	NO
8	32482	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$233.48	3	NO
8	32484	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$211.22	3	NO
8	32486	REMOVAL OF LUNG, WITH CIRCUMFERE	1/1/2008	\$322.83	3	NO
8	32488	REMOVAL OF LUNG, ALL REMAINING L	1/1/2008	\$327.40	3	NO
8	32500	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$212.89	3	NO
8	32501	RESECTION AND REPAIR OF PORTION	1/1/2008	\$36.72	3	NO
8	32503	RESECTION OF APICAL LUNG TUMOR,	1/1/2008	\$259.39	3	NO
8	32504	RESECTION OF APICAL LUNG TUMOR,	1/1/2008	\$296.70	3	NO
8	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
8	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
8	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
8	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	1/1/2008	\$228.86	3	NO
8	32650	THORACOSCOPY, SURGICAL; WITH PLE	1/1/2008	\$100.75	3	NO
8	32651	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$150.15	3	NO
8	32652	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$226.54	3	NO
8	32653	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$145.58	3	NO
8	32654	THORACOSCOPY, SURGICAL; WITH CON	1/1/2008	\$159.72	3	NO
8	32655	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$135.37	3	NO
8	32656	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$121.18	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	32657	THORACOSCOPY, SURGICAL; WITH WED	1/1/2008	\$118.97	3	NO
8	32658	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$108.97	3	NO
8	32659	THORACOSCOPY, SURGICAL; WITH CRE	1/1/2008	\$110.48	3	NO
8	32660	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$154.61	3	NO
8	32661	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$121.44	3	NO
8	32662	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$136.44	3	NO
8	32663	THORACOSCOPY, SURGICAL; WITH LOB	1/1/2008	\$202.84	3	NO
8	32664	THORACOSCOPY, SURGICAL; WITH THO	1/1/2008	\$128.33	3	NO
8	32665	THORACOSCOPY, SURGICAL; WITH ESO	1/1/2008	\$171.33	3	NO
8	32800	REPAIR LUNG HERNIA THROUGH CHEST	1/1/2008	\$133.92	3	NO
8	32810	CLOSURE OF CHEST WALL FOLLOWING	1/1/2008	\$130.05	3	NO
8	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	1/1/2008	\$355.03	3	NO
8	32820	MAJOR RECONSTRUCTION CHEST WALL	1/1/2008	\$198.59	3	NO
8	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	1/1/2008	\$389.71	3	YES
8	32852	LUNG TRANSPLANT, SINGLE; WITH CA	1/1/2008	\$437.98	3	YES
8	32853	LUNG TRANSPLANT, DOUBLE; WITHOUT	1/1/2008	\$466.74	3	YES
8	32854	LUNG TRANSPLANT, DOUBLE; WITH CA	1/1/2008	\$504.16	3	YES
8	32855	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	32856	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	32900	RESECTION OF RIBS EXTRAPLEURAL A	1/1/2008	\$196.17	3	NO
8	32905	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$195.31	3	NO
8	32906	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$242.14	3	NO
8	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	1/1/2008	\$179.40	3	NO
8	32998	ABLATION THERAPY FOR REDUCTION O	1/1/2007	NC	9	NO
8	32999	UNLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
8	33020	PERICARDIOTOMY FOR REMOVAL OF CL	1/1/2008	\$125.69	3	NO
8	33025	CREATION OR PERICARDIAL WINDOW O	1/1/2008	\$116.71	3	NO
8	33030	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$185.79	3	NO
8	33031	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$206.71	3	NO
8	33050	EXCISION OF PERICARDIAL CYST OR	1/1/2008	\$143.97	3	NO
8	33120	EXCISION OF INTRACARDIAC TUMOR R	1/1/2008	\$227.94	3	NO
8	33130	RESECTION OF EXTERNAL CARDIAC TU	1/1/2008	\$198.97	3	NO
8	33141	TRANSMYOCARDIAL LASER REVASCULAR	1/1/2008	\$24.84	3	NO
8	33200	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
8	33201	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
8	33238	REMOVAL OF PERMANENT TRANSVENOUS	1/1/2008	\$137.30	3	NO
8	33243	REMOVAL OF IMPLANTABLE CARDIOVER	1/1/2008	\$198.21	3	NO
8	33245	IMPLANTATION OR REPLACEMENT OF I	1/1/2007	INVALID	N	NO
8	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	1/1/2007	INVALID	N	NO
8	33250	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$213.80	3	NO
8	33251	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$236.11	3	NO
8	33253	OPERATIVE INCISIONS AND RECONSTR	1/1/2007	INVALID	N	NO
8	33254	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$198.21	3	NO
8	33255	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$238.80	3	NO
8	33256	OPERATIVE TISSUE ABLATION AND RE	1/1/2008	\$285.41	3	NO
8	33261	OPERATIVE ABLATION OF VENTRICULA	1/1/2008	\$236.06	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	33265	ENDOSCOPY, SURGICAL; OPERATIVE T	1/1/2008	\$198.21	3	NO
8	33266	ENDOSCOPY, SURGICAL; OPERATIVE T	1/1/2008	\$271.54	3	NO
8	33300	REPAIR OF CARDIAC WOUND WITHOUT	1/1/2008	\$313.85	3	NO
8	33305	REPAIR OF CARDIAC WOUND; WITH CA	1/1/2008	\$506.63	3	NO
8	33310	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$173.11	3	NO
8	33315	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$215.58	3	NO
8	33320	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$155.26	3	NO
8	33321	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$180.26	3	NO
8	33322	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$200.95	3	NO
8	33330	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$204.93	3	NO
8	33332	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$203.05	3	NO
8	33335	INSERTION OF GRAFT; WITH CARDIOP	1/1/2008	\$275.84	3	NO
8	33400	VALVULOPLASTY, AORTIC VALVE, OPE	1/1/2008	\$328.04	3	NO
8	33401	VALVULOPLASTY, AORTIC VALVE; OPE	1/1/2008	\$218.00	3	NO
8	33403	VALVULOPLASTY, AORTIC VALVE; USI	1/1/2008	\$227.35	3	NO
8	33404	CONSTRUCTION OF APICAL-AORTIC CO	1/1/2008	\$266.33	3	NO
8	33405	REPLACEMENT, AORTIC VALVE, WITH	1/1/2008	\$344.60	3	NO
8	33406	REPLACEMENT, AORTIC VALVE; WITH	1/1/2008	\$414.11	3	NO
8	33410	REPLACEMENT, AORTIC VALVE, W/CAR	1/1/2008	\$363.58	3	NO
8	33411	REPLACEMENT AORTIC VALVE WITH AO	1/1/2008	\$466.96	3	NO
8	33412	REPLACEMENT AORTIC VALVE WITH TR	1/1/2008	\$374.06	3	NO
8	33413	REPLACEMENT, AORTIC VALVE; BY TR	1/1/2008	\$467.82	3	NO
8	33414	REPAIR OF LEFT VENTRICULAR OUTFL	1/1/2008	\$313.21	3	NO
8	33415	RESECTION OR INCISION OF SUBVALV	1/1/2008	\$288.10	3	NO
8	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	1/1/2008	\$293.10	3	NO
8	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	1/1/2008	\$249.98	3	NO
8	33420	VALVOTOMY MITRAL VALVE; CLOSED H	1/1/2008	\$198.43	3	NO
8	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	1/1/2008	\$252.13	3	NO
8	33425	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$366.43	3	NO
8	33426	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$349.66	3	NO
8	33427	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$372.66	3	NO
8	33430	REPLACEMENT, MITRAL VALVE, WITH	1/1/2008	\$395.46	3	NO
8	33460	VALVECTOMY, TRICUSPID VALVE, WIT	1/1/2008	\$324.82	3	NO
8	33463	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$405.57	3	NO
8	33464	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$337.83	3	NO
8	33465	REPLACEMENT, TRICUSPID VALVE, WI	1/1/2008	\$371.70	3	NO
8	33468	TRICUSPID VALVE REPOSITIONING AN	1/1/2008	\$274.01	3	NO
8	33470	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$174.94	3	NO
8	33471	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$190.63	3	NO
8	33472	VALVOTOMY, PULMONARY VALVE, OPEN	1/1/2008	\$199.72	3	NO
8	33474	VALVOTOMY PULMONARY VALVE (COMMI	1/1/2008	\$295.46	3	NO
8	33475	REPLACEMENT, PULMONARY VALVE	1/1/2008	\$336.86	3	NO
8	33476	RIGHT VENTRICULAR RESECTION FOR	1/1/2008	\$218.59	3	NO
8	33478	OUTFLOW TRACT AUGMENTATION (GUSS	1/1/2008	\$235.47	3	NO
8	33496	REPAIR OF NON-STRUCTURAL PROSTHE	1/1/2008	\$248.69	3	NO
8	33500	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$231.44	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33501	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$159.24	3	NO
8	33502	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$189.83	3	NO
8	33503	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$182.95	3	NO
8	33504	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$215.31	3	NO
8	33505	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$286.49	3	NO
8	33506	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$307.88	3	NO
8	33507	REPAIR OF ANOMALOUS AORTIC ORIGI	1/1/2008	\$253.59	3	NO
8	33508	ENDOSCOPY, SURGICAL, INCLUDING V	1/1/2008	\$2.42	3	NO
8	33510	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$294.77	3	NO
8	33511	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$318.90	3	NO
8	33512	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$353.74	3	NO
8	33513	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$363.85	3	NO
8	33514	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$380.03	3	NO
8	33516	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$395.24	3	NO
8	33517	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$26.40	3	NO
8	33518	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$56.18	3	NO
8	33519	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$75.64	3	NO
8	33521	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$92.63	3	NO
8	33522	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$106.77	3	NO
8	33523	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$122.84	3	NO
8	33530	REOPERATION, CORONARY ARTERY BYP	1/1/2008	\$71.07	3	NO
8	33533	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$288.96	3	NO
8	33534	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$330.62	3	NO
8	33535	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$362.45	3	NO
8	33536	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$386.37	3	NO
8	33542	MYOCARDIAL RESECTION (EG VENTRIC	1/1/2008	\$357.93	3	NO
8	33545	REPAIR OF POSTINFARCTION VENTRIC	1/1/2008	\$424.65	3	NO
8	33548	SURGICAL VENTRICULAR RESTORATION	4/1/2006	NC	9	NO
8	33572	CORONARY ENDARTERECTOMY, OPEN, A	1/1/2008	\$35.00	3	NO
8	33600	CLOSURE OF ATRIOVENTRICULAR VALV	1/1/2008	\$253.05	3	NO
8	33602	CLOSURE OF SEMILUNAR VALVE (AORT	1/1/2008	\$245.84	3	NO
8	33606	ANASTOMOSIS OF PULMONARY ARTERY	1/1/2008	\$263.75	3	NO
8	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$270.90	3	NO
8	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$262.46	3	NO
8	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$288.15	3	NO
8	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$303.10	3	NO
8	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$285.30	3	NO
8	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$326.43	3	NO
8	33619	REPAIR OF SINGLE VENTRICLE WITH	1/1/2008	\$404.38	3	NO
8	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	1/1/2008	\$229.34	3	NO
8	33645	DIRECT OR PATCH CLOSURE SINUS VE	1/1/2008	\$233.00	3	NO
8	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	1/1/2008	\$247.78	3	NO
8	33660	REPAIR OF INCOMPLETE OR PARTIAL	1/1/2008	\$264.55	3	NO
8	33665	REPAIR OF INTERMEDIATE OR TRANSI	1/1/2008	\$280.90	3	NO
8	33670	REPAIR OF COMPLETE ATRIOVENTRICU	1/1/2008	\$291.22	3	NO
8	33675	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$315.25	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33676	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$325.14	3	NO
8	33677	CLOSURE OF MULTIPLE VENTRICULAR	1/1/2008	\$337.99	3	NO
8	33681	CLOSURE OF VENTRICULAR SEPTAL DE	1/1/2008	\$273.80	3	NO
8	33684	CLO;SURE VENTRICULAR SEPTAL DEFE	1/1/2008	\$283.91	3	NO
8	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	1/1/2008	\$266.70	3	NO
8	33690	BANDING OF PULMONARY ARTERY	1/1/2008	\$171.71	3	NO
8	33692	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$261.81	3	NO
8	33694	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$290.04	3	NO
8	33697	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$312.99	3	NO
8	33702	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$231.60	3	NO
8	33710	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$258.53	3	NO
8	33720	REPAIR SINUS OF VALSALVA ANEURYS	1/1/2008	\$230.95	3	NO
8	33722	CLOSURE OF AORTICO-LEFT VENTRICU	1/1/2008	\$230.63	3	NO
8	33724	REPAIR OF ISOLATED PARTIAL ANOMA	1/1/2008	\$226.38	3	NO
8	33726	REPAIR OF PULMONARY VENOUS STENO	1/1/2008	\$298.53	3	NO
8	33730	COMPLETE REPAIR OF ANOMALOUS VEN	1/1/2008	\$295.41	3	NO
8	33732	REPAIR OF COR TRIARIATUM OR SUP	1/1/2008	\$248.48	3	NO
8	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$177.62	3	NO
8	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$208.70	3	NO
8	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$191.76	3	NO
8	33750	SHUNT SUBCLAVIAN TO PULMONARY AR	1/1/2008	\$181.33	3	NO
8	33755	SHUNT; ASCENDING AORTA TO PULMON	1/1/2008	\$184.13	3	NO
8	33762	SHUNT; DESCENDING AORTA TO PULMO	1/1/2008	\$188.05	3	NO
8	33764	SHUNT CENTRAL WITH PROSTHETIC GR	1/1/2008	\$190.42	3	NO
8	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$204.29	3	NO
8	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$215.63	3	NO
8	33768	ANASTOMOSIS, CAVOPULMONARY, SECO	1/1/2008	\$61.29	3	NO
8	33770	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$314.01	3	NO
8	33771	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$312.78	3	NO
8	33774	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$271.17	3	NO
8	33775	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$277.35	3	NO
8	33776	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$294.60	3	NO
8	33777	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$288.31	3	NO
8	33778	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$351.00	3	NO
8	33779	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$324.93	3	NO
8	33780	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$348.15	3	NO
8	33781	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$336.91	3	NO
8	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	1/1/2008	\$337.83	3	NO
8	33788	REIMPLANTATION OF AN ANOMALOUS P	1/1/2008	\$229.45	3	NO
8	33800	AORTIC SUSPENSION FOR TRACHEAL D	1/1/2008	\$148.38	3	NO
8	33802	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$157.57	3	NO
8	33803	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$175.69	3	NO
8	33813	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$186.98	3	NO
8	33814	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$227.67	3	NO
8	33820	REPAIR OF PATENT DUCTUS ARTERIOS	1/1/2008	\$146.93	3	NO
8	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$153.27	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$175.37	3	NO
8	33840	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$179.18	3	NO
8	33845	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$198.37	3	NO
8	33851	EXCIS OF COARCTATION OF AORTA,W/	1/1/2008	\$189.88	3	NO
8	33852	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$201.17	3	NO
8	33853	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$275.25	3	NO
8	33860	ASCENDING AORTA GRAFT, W/CARDIOP	1/1/2008	\$443.90	3	NO
8	33861	ASCENDING AORTA GRAFT, WITH CARI	1/1/2008	\$363.47	3	NO
8	33863	ASCENDING AORTA GRAFT WITH CARDI	1/1/2008	\$453.25	3	NO
8	33870	TRANSVERSE ARCH GRAFT, WITH CARD	1/1/2008	\$379.01	3	NO
8	33875	DESCENDING THORACIC AORTA GRAFT	1/1/2008	\$292.56	3	NO
8	33877	REPAIR OF THORACOABDOMINAL AORTI	1/1/2008	\$497.06	3	NO
8	33880	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$256.60	3	NO
8	33881	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$220.85	3	NO
8	33883	PLACEMENT OF PROXIMAL EXTENSION	1/1/2008	\$161.55	3	NO
8	33884	PLACEMENT OF PROXIMAL EXTENSION	1/1/2008	\$59.46	3	NO
8	33886	PLACEMENT OF DISTAL EXTENSION PR	1/1/2008	\$139.72	3	NO
8	33889	OPEN SUBCLAVIAN TO CAROTID ARTER	1/1/2008	\$119.62	3	NO
8	33891	BYPASS GRAFT, W/OTHER THAN VEIN,	1/1/2008	\$156.07	3	NO
8	33910	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$240.20	3	NO
8	33915	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$192.73	3	NO
8	33916	PULMONARY ENDARTERECTOMY WITH OR	1/1/2008	\$232.19	3	NO
8	33917	REPAIR OF PULMONARY ARTERY STENO	1/1/2008	\$218.10	3	NO
8	33918	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
8	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
8	33920	REPAIR OF PULMONARY ATRESIA WITH	1/1/2008	\$269.66	3	NO
8	33922	TRANSECTION OF PULMONARY ARTERY	1/1/2008	\$205.52	3	NO
8	33924	LIGATION AND TAKEDOWN OF A SYSTE	1/1/2008	\$44.24	3	NO
8	33925	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2008	\$247.40	3	NO
8	33926	REPAIR OF PULMONARY ARTERY ARBOR	1/1/2008	\$350.62	3	NO
8	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
8	33933	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	33935	HEART LUNG TRANSPLANT WITH RECIP	1/1/2008	\$527.55	3	YES
8	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
8	33944	BACKBENCH STANDARD PREP OF CADAV	1/1/2008	\$120.36	3	YES
8	33945	HEART TRANSPLANT WITH OR WITHOUT	1/1/2008	\$640.17	3	YES
8	33968	REMOVAL OF INTRA-AORTIC BALLOON	1/1/2008	\$5.11	3	NO
8	33970	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$53.28	3	NO
8	33973	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$77.79	3	NO
8	33975	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$163.48	3	NO
8	33976	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$182.09	3	NO
8	33977	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$180.20	3	NO
8	33978	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$200.26	3	NO
8	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
8	34001	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$141.50	3	NO
8	34051	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$143.43	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	34101	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$93.38	3	NO
8	34111	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$93.43	3	NO
8	34151	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$214.88	3	NO
8	34201	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$142.89	3	NO
8	34203	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$149.29	3	NO
8	34401	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$214.50	3	NO
8	34421	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$112.14	3	NO
8	34451	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$232.51	3	NO
8	34471	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$150.90	3	NO
8	34490	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$93.65	3	NO
8	34501	VALVULOPLASTY FEMORAL VEIN	1/1/2008	\$146.17	3	NO
8	34502	RECONSTRUCTION OF VENA CAVA, ANY	1/1/2008	\$233.32	3	NO
8	34510	VENOUS VALVE TRANSPOSITION ANY V	1/1/2008	\$166.66	3	NO
8	34520	CROSS-OVER VEIN GRAFT TO VENOUS	1/1/2008	\$161.23	3	NO
8	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	1/1/2008	\$150.21	3	NO
8	34800	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$175.47	3	NO
8	34802	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$190.42	3	NO
8	34803	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2008	\$195.85	3	NO
8	34804	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$190.20	3	NO
8	34805	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2008	\$180.85	3	NO
8	34808	ENDOVASCULAR PLACEMENT OF ILIAC	1/1/2008	\$32.31	3	NO
8	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	1/1/2008	\$53.87	3	NO
8	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	1/1/2008	\$37.31	3	NO
8	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	1/1/2008	\$76.77	3	NO
8	34825	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$106.93	3	NO
8	34826	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$31.56	3	NO
8	34830	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$282.83	3	NO
8	34831	OPEN REPAIR OF INFRERENAL AORTIC	1/1/2008	\$293.31	3	NO
8	34832	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$304.12	3	NO
8	34833	OPEN ILIAC ARTERY EXPOSURE W/CRE	1/1/2008	\$95.85	3	NO
8	34834	OPEN BRACHIAL ARTERY EXPOSURE TO	1/1/2008	\$43.76	3	NO
8	34900	ENDOVASCULAR GRAFT REPLACEMENT F	1/1/2008	\$139.83	3	NO
8	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$175.15	3	NO
8	35002	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$184.61	3	NO
8	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$158.43	3	NO
8	35011	DIRECT REPAIR OF ANEURYSM, FALSE	1/1/2008	\$153.97	3	NO
8	35013	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$190.53	3	NO
8	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$183.81	3	NO
8	35022	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$207.19	3	NO
8	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$148.65	3	NO
8	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$262.03	3	NO
8	35082	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$333.96	3	NO
8	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$286.33	3	NO
8	35092	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$398.85	3	NO
8	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$285.04	3	NO
8	35103	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$346.43	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$213.05	3	NO
8	35112	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$258.64	3	NO
8	35121	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$255.90	3	NO
8	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	1/1/2008	\$300.41	3	NO
8	35131	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$217.03	3	NO
8	35132	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$261.22	3	NO
8	35141	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$173.05	3	NO
8	35142	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$205.69	3	NO
8	35151	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$195.20	3	NO
8	35152	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$225.42	3	NO
8	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
8	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
8	35180	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$121.77	3	NO
8	35182	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$260.57	3	NO
8	35184	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$156.98	3	NO
8	35188	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$131.66	3	NO
8	35189	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$243.80	3	NO
8	35190	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$114.56	3	NO
8	35201	REPAIR BLOOD VESSEL DIRECT NECK	1/1/2008	\$143.97	3	NO
8	35206	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$117.68	3	NO
8	35207	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$104.94	3	NO
8	35211	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$205.26	3	NO
8	35216	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$265.14	3	NO
8	35221	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$212.30	3	NO
8	35226	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$130.58	3	NO
8	35231	REPAIR BLOOD VESSEL WITH VEIN GR	1/1/2008	\$178.59	3	NO
8	35236	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$150.04	3	NO
8	35241	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$214.23	3	NO
8	35246	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$234.29	3	NO
8	35251	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$254.02	3	NO
8	35256	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$158.75	3	NO
8	35261	REPAIR BLOOD VESSEL WITH GRAFT O	1/1/2008	\$157.52	3	NO
8	35266	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$131.87	3	NO
8	35271	REPAIR BLOOD VESSEL OR A-V FISUT	1/1/2008	\$204.07	3	NO
8	35276	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$215.09	3	NO
8	35281	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$242.57	3	NO
8	35286	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$145.47	3	NO
8	35301	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$162.62	3	NO
8	35302	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$168.75	3	NO
8	35303	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$185.47	3	NO
8	35304	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$193.00	3	NO
8	35305	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$185.47	3	NO
8	35306	THROMBOENDARTERECTOMY, INCL PATC	1/1/2008	\$69.73	3	NO
8	35311	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$232.03	3	NO
8	35321	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$138.65	3	NO
8	35331	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$226.38	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35341	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$215.90	3	NO
8	35351	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$199.23	3	NO
8	35355	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$162.03	3	NO
8	35361	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$244.39	3	NO
8	35363	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$261.38	3	NO
8	35371	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$128.76	3	NO
8	35372	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$154.51	3	NO
8	35381	THROMBOENDARTERECTOMY WITH OR WI	1/1/2007	INVALID	N	NO
8	35390	REOPERATION, CAROTID, THROMBOEND	1/1/2008	\$25.05	3	NO
8	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$79.40	3	NO
8	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$55.48	3	NO
8	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$48.87	3	NO
8	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$59.24	3	NO
8	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$75.64	3	NO
8	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$69.03	3	NO
8	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$48.44	3	NO
8	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$68.17	3	NO
8	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$79.83	3	NO
8	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$55.00	3	NO
8	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$48.22	3	NO
8	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$58.17	3	NO
8	35475	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$73.01	3	NO
8	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$46.39	3	NO
8	35480	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$88.01	3	NO
8	35481	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$61.88	3	NO
8	35482	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$53.65	3	NO
8	35483	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$65.59	3	NO
8	35484	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$82.15	3	NO
8	35485	TRANSLUMINAL PERIPHERAL ATHERECT	1/1/2008	\$76.50	3	NO
8	35500	HARVEST OF UPPER EXTREMITY VEIN,	1/1/2008	\$50.05	3	NO
8	35501	BYPASS GRAFT VEIN CAROTID	1/1/2008	\$227.46	3	NO
8	35506	BYPASS GRAFT VEIN; CAROTID SUB-C	1/1/2008	\$200.58	3	NO
8	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	1/1/2007	INVALID	N	NO
8	35508	BYPASS GRAFT WITH VEIN CAROTID-V	1/1/2008	\$204.93	3	NO
8	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	1/1/2008	\$221.22	3	NO
8	35510	BYPASS GRAFT, WITH VEIN; CAROTID	1/1/2008	\$193.43	3	NO
8	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	1/1/2008	\$182.03	3	NO
8	35512	BYPASS GRAFT, WITH VEIN; SUBCLAV	1/1/2008	\$189.67	3	NO
8	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	1/1/2008	\$203.37	3	NO
8	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	1/1/2008	\$180.04	3	NO
8	35518	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$183.86	3	NO
8	35521	BYPASSA GRAFT VEIN; AXILLARY-FEM	1/1/2008	\$196.39	3	NO
8	35522	BYPASS GRAFT, WITH VEIN; AXILLAR	1/1/2008	\$184.67	3	NO
8	35525	BYPASS GRAFT, WITH VEIN; BRACHIA	1/1/2008	\$174.83	3	NO
8	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	1/1/2008	\$263.80	3	NO
8	35531	BYPASS GRAFT WITH VEIN AORTOCELI	1/1/2008	\$311.75	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35533	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$241.49	3	NO
8	35536	BYPASS GRAFT VEIN; SPLENORENAL	1/1/2008	\$271.81	3	NO
8	35537	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2008	\$326.27	3	NO
8	35538	BYPASS GRAFT, WITH VEIN; AORTOBI	1/1/2008	\$364.55	3	NO
8	35539	BYPASS GRAFT, WITH VEIN; AORTOFE	1/1/2008	\$342.61	3	NO
8	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2007	INVALID	N	NO
8	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	1/1/2007	INVALID	N	NO
8	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$185.90	3	NO
8	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$202.73	3	NO
8	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	1/1/2008	\$228.75	3	NO
8	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	1/1/2008	\$210.90	3	NO
8	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	1/1/2008	\$189.07	3	NO
8	35560	BYPASS GRAFT WITH VEIN AORTORENA	1/1/2008	\$275.90	3	NO
8	35563	BYPASS GRAFT VEIN; ILOILIAC	1/1/2008	\$212.57	3	NO
8	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	1/1/2008	\$204.34	3	NO
8	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	1/1/2008	\$253.32	3	NO
8	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	1/1/2008	\$209.93	3	NO
8	35572	HARVEST OF FEMOROPOPLITEAL VEIN,	1/1/2008	\$53.49	3	NO
8	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
8	35583	IN-SITU VEIN BYPASS; FEMORAL POP	1/1/2008	\$218.48	3	NO
8	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	1/1/2008	\$257.94	3	NO
8	35587	IN-SITU VEIN BYPASS; POPLITEAL-T	1/1/2008	\$216.92	3	NO
8	35600	HARVEST OF UPPER EXTREMITY ARTER	1/1/2008	\$39.08	3	NO
8	35601	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$213.96	3	NO
8	35606	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$181.33	3	NO
8	35612	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$141.39	3	NO
8	35616	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$170.90	3	NO
8	35621	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$172.68	3	NO
8	35623	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$211.12	3	NO
8	35626	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$240.15	3	NO
8	35631	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$290.20	3	NO
8	35636	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$254.88	3	NO
8	35637	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$259.55	3	NO
8	35638	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$263.69	3	NO
8	35641	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2007	INVALID	N	NO
8	35642	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$158.91	3	NO
8	35645	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$155.21	3	NO
8	35646	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$267.67	3	NO
8	35647	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$241.27	3	NO
8	35650	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$165.37	3	NO
8	35651	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$212.73	3	NO
8	35654	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$214.07	3	NO
8	35656	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$168.81	3	NO
8	35661	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$169.08	3	NO
8	35663	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$195.74	3	NO
8	35665	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$183.91	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	35666	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$198.11	3	NO
8	35671	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$174.34	3	NO
8	35681	BYPASS GRAFT COMPOSITE	1/1/2008	\$12.53	3	NO
8	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$56.18	3	NO
8	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$66.29	3	NO
8	35691	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$154.72	3	NO
8	35693	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$135.26	3	NO
8	35694	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$161.17	3	NO
8	35695	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$165.42	3	NO
8	35700	REOPERATION, FEMORAL-POPLITEAL O	1/1/2008	\$24.14	3	NO
8	35701	EXPLORATION (NOT FOLL BY SURG RE	1/1/2008	\$81.50	3	NO
8	35721	EXPLORATION; FEMORAL ARTERY	1/1/2008	\$69.62	3	NO
8	35741	EXPLORATION; POPLITEAL ARTERY	1/1/2008	\$76.45	3	NO
8	35761	EXPLORATION; OTHER VESSELS	1/1/2008	\$56.29	3	NO
8	35800	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$72.15	3	NO
8	35820	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$255.14	3	NO
8	35840	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$93.49	3	NO
8	35860	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$61.23	3	NO
8	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1/1/2008	\$197.68	3	NO
8	35875	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$91.55	3	NO
8	35876	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$146.76	3	NO
8	35879	REVISION, LOWER EXTREMITY ARTERI	1/1/2008	\$144.40	3	NO
8	35881	REVISION, LOWER EXTREMITY ARTERI	1/1/2008	\$161.01	3	NO
8	35883	REVISION, FEMORAL ANASTOMOSIS OF	1/1/2008	\$189.34	3	NO
8	35884	REVISION, FEMORAL ANASTOMOSIS OF	1/1/2008	\$201.12	3	NO
8	35901	EXCISION OF INFECTED GRAFT; NECK	1/1/2008	\$77.74	3	NO
8	35903	EXCISION OF INFECTED GRAFT; EXTR	1/1/2008	\$88.87	3	NO
8	35905	EXCISION OF INFECTED GRAFT; THOR	1/1/2008	\$270.95	3	NO
8	35907	EXCISION OF INFECTED GRAFT; ABDO	1/1/2008	\$298.37	3	NO
8	36261	REVISION OF IMPLANTED INFUSION P	1/1/2008	\$52.63	3	NO
8	36455	EXCHANGE TRANSFUSION; OTHER THAN	1/1/2008	\$18.98	3	NO
8	36460	TRANSFUSION INTRAUTERINE FETAL	1/1/2008	\$50.91	3	NO
8	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1984	NC	9	NO
8	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1984	NC	9	NO
8	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
8	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
8	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
8	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
8	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
8	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
8	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
8	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
8	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
8	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
8	36550	DECLOTTING BY TROMBOLYTIC AGENT	1/1/2008	INVALID	N	NO
8	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$104.51	3	NO



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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$120.58	3	NO
8	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	1/1/2008	\$79.94	3	NO
8	36825	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$87.20	3	NO
8	36830	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$100.21	3	NO
8	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	1/1/2008	\$69.19	3	NO
8	36832	REVISION, OPEN, ARTERIOVENOUS FI	1/1/2008	\$88.38	3	NO
8	36833	REVISION, ARTERIOVENOUS FISTULA;	1/1/2008	\$99.78	3	NO
8	36834	PLASTIC REPAIR OF ARTERIOVENOUS	1/1/2008	\$92.25	3	NO
8	36838	DISTAL REVASCULARIZATION AND INT	1/1/2008	\$179.67	3	NO
8	37145	VENOUS ANASTOMOSIS; RENOPORTAL	1/1/2008	\$213.96	3	NO
8	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	1/1/2008	\$187.73	3	NO
8	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	1/1/2008	\$212.03	3	NO
8	37181	ANASTOMOSIS SPLENORENAL DISTAL (	1/1/2008	\$227.14	3	NO
8	37182	INSERTION OF TRANSVENOUS INTRAHE	1/1/2008	\$127.90	3	NO
8	37183	REVISION OF TRANSVENOUS INTRAHEP	1/1/2008	\$61.02	3	NO
8	37207	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$66.77	3	NO
8	37208	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$32.31	3	NO
8	37215	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$161.33	3	NO
8	37216	TRANSCATHETER PLACEMENT OF INTRA	1/1/2008	\$150.21	3	NO
8	37600	LIGATION EXTERNAL CAROTIDARTERY	1/1/2008	\$107.14	3	NO
8	37605	LIGATION; INTERNAL OR COMMON CAR	1/1/2008	\$122.36	3	NO
8	37606	LIGATION INTERNAL OR COMMON CARO	1/1/2008	\$78.44	3	NO
8	37615	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$67.15	3	NO
8	37616	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$157.30	3	NO
8	37617	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$191.06	3	NO
8	37618	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$54.67	3	NO
8	37660	LIGATION OF COMMON ILIAC VEIN	1/1/2008	\$179.99	3	NO
8	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
8	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
8	37735	LIGATION & DIV & COMP STRIP OF L	1/1/2008	\$94.51	3	NO
8	37760	LIGATION OF PERFORATOR VEINS, SU	1/1/2008	\$92.84	3	NO
8	37785	LIGATION, DIVISION, AND/OR EXCIS	1/1/2008	\$51.23	3	NO
8	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
8	38100	SPLENECTOMY; TOTAL, EN BLOC	1/1/2008	\$149.13	3	NO
8	38101	SPLENECTOMY (SEPARATE PROCEDURE)	1/1/2008	\$151.82	3	NO
8	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	1/1/2008	\$37.47	3	NO
8	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	1/1/2008	\$165.37	3	NO
8	38120	LAPAROSCOPY, SURGICAL, SPLENECTO	1/1/2008	\$142.41	3	NO
8	38231	BLOOD-DERIVED PERIPHERAL STEM CE	7/1/2003	INVALID	N	NO
8	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	1/1/2008	\$60.59	3	NO
8	38380	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$78.06	3	NO
8	38381	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$117.47	3	NO
8	38382	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$94.40	3	NO
8	38530	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$73.65	3	NO
8	38542	DISSECTION DEEP JUGULAR NODE(S)	1/1/2008	\$59.03	3	NO
8	38550	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$63.76	3	NO

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**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	38555	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$136.55	3	NO
8	38562	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$96.18	3	NO
8	38564	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$95.96	3	NO
8	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	1/1/2008	\$77.36	3	NO
8	38571	LAPAROSCOPY, SURGICAL; WITH BILA	1/1/2008	\$117.30	3	NO
8	38572	LAPAROSCOPY, SURGICAL; W/BILATER	1/1/2008	\$137.79	3	NO
8	38700	SUPRAHYOID LYMPHADENECTOMY	1/1/2008	\$105.26	3	NO
8	38720	CERVICAL LYMPHADENECTOMY (COMPLE	1/1/2008	\$173.54	3	NO
8	38724	CERVICAL LYMPHADENECTOMY (MODIFI	1/1/2008	\$187.46	3	NO
8	38740	AXILLARY LYMPHADENECTOMY SUPERFI	1/1/2008	\$90.59	3	NO
8	38745	AXILLARY LYMPHADENECTOMY; COMPLE	1/1/2008	\$115.69	3	NO
8	38746	THORACIC LYMPHADENECTOMY, REGION	1/1/2008	\$38.55	3	NO
8	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	1/1/2008	\$38.12	3	NO
8	38760	INGUINOFEMORAL LYMPHADENECTOMY,	1/1/2008	\$114.51	3	NO
8	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	1/1/2008	\$177.57	3	NO
8	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	1/1/2008	\$115.21	3	NO
8	38780	RETROPERITONEAL TRANSABDOMINAL L	1/1/2008	\$148.43	3	NO
8	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
8	39000	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$69.62	3	NO
8	39010	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$118.59	3	NO
8	39200	EXCISION OF MEDIASTINAL CYST	1/1/2008	\$130.53	3	NO
8	39220	EXCISION OF MEDIASTINAL TUMOR	1/1/2008	\$166.49	3	NO
8	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
8	39501	REPAIR, LACERATION OF DIAPHRAGM,	1/1/2008	\$118.22	3	NO
8	39502	REPAIR PARAESOPHAGEAL HIATUS HER	1/1/2008	\$141.23	3	NO
8	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	1/1/2008	\$819.19	3	NO
8	39520	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$143.16	3	NO
8	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$135.91	3	NO
8	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$143.16	3	NO
8	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$120.31	3	NO
8	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$129.45	3	NO
8	39545	IMBRICATION OF DIAPHRAGM FOR EVE	1/1/2008	\$128.38	3	NO
8	39560	RESECTION, DIAPHGRAGM; WITH SIMP	1/1/2008	\$111.07	3	NO
8	39561	RESECTION, DIAPHRAGM; WITH COMPL	1/1/2008	\$169.56	3	NO
8	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
8	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$161.50	3	NO
8	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$125.48	3	NO
8	40761	PLASTIC REPAIR OF CLEFT LIP WITH	1/1/2008	\$148.38	3	NO
8	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
8	40840	VESTIBULOPLASTY ANTERIOR	1/1/2008	\$107.30	3	NO
8	40843	VESTIBULOPLASTY; POSTERIOR BILAT	1/1/2008	\$139.40	3	NO
8	40844	VESTIBULOPLASTY; ENTIRE ARCH	1/1/2008	\$183.38	3	NO
8	41120	GLOSSECTOMY LESS THAN ONE-HALF T	1/1/2008	\$142.52	3	NO
8	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	1/1/2008	\$173.38	3	NO
8	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	1/1/2008	\$291.22	3	NO
8	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$303.58	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$374.71	3	NO
8	41150	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$297.51	3	NO
8	41153	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$320.36	3	NO
8	41155	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$391.27	3	NO
8	41870	PERIODONTAL MUCOSAL GRAFTING	1/1/1993	NC	9	NO
8	41872	GINGIVOPLASTY, EACH QUADRANT (SP	1/1/1993	NC	9	NO
8	41874	ALVEOLOPLASTY, EACH QUADRANT (S	2/1/1993	NC	9	NO
8	41899	UNLISTED PROCEDURE DENTOALVEOLAR	9/20/1993	\$0.01	5	NO
8	42120	RESECTION PALATE OR EXTENSIVE RE	1/1/2008	\$128.65	3	NO
8	42200	PALATOPLASTY FOR CLEFT PALATE SO	1/1/2008	\$125.80	3	NO
8	42205	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$132.25	3	NO
8	42210	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$151.28	3	NO
8	42215	PALATOPLASTY FOR CLEFT PALATE MA	1/1/2008	\$101.23	3	NO
8	42220	PALATOPLASTY FOR CLEFT PALATE; S	1/1/2008	\$78.44	3	NO
8	42225	PALATOPLASTY FOR CLEFT PALATE; A	1/1/2008	\$141.66	3	NO
8	42226	LENGTHENING OF PALATE, AND PHARY	1/1/2008	\$135.15	3	NO
8	42227	LENGTHENING OF PALATE, WITH ISLA	1/1/2008	\$133.81	3	NO
8	42235	REPAIR ANTERIOR PALATE INCLUDING	1/1/2008	\$108.17	3	NO
8	42260	REPAIR NASOLABIAL FISTULA	1/1/2008	\$115.15	3	NO
8	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
8	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
8	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
8	42409	MARSUPIALIZATION SUBLINGUAL SALI	1/1/2008	\$41.83	3	NO
8	42410	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$87.52	3	NO
8	42415	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$158.75	3	NO
8	42420	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$182.68	3	NO
8	42425	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$120.21	3	NO
8	42426	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$195.42	3	NO
8	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	1/1/2008	\$65.16	3	NO
8	42507	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$70.10	3	NO
8	42508	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$98.97	3	NO
8	42510	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$88.01	3	NO
8	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
8	42725	INCISION AND DRAINAGE ABSCESS RE	1/1/2008	\$113.06	3	NO
8	42810	EXCISION BRANCHIAL CLEFT CYST OR	1/1/2008	\$50.05	3	NO
8	42815	EXCISION BRANCHIAL CLEFT CYST, V	1/1/2008	\$75.75	3	NO
8	42844	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$185.20	3	NO
8	42845	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$304.01	3	NO
8	42890	LIMITED PHARYNGECTOMY WITHOUT RA	1/1/2008	\$183.21	3	NO
8	42892	RESECTION OF LATERAL PHARYNGEAL	1/1/2008	\$238.32	3	NO
8	42894	RESECTION OF PHARYNGEAL WALL REQ	1/1/2008	\$308.26	3	NO
8	42950	PHARYNGOPLASTY (PLASTIC OR RECON	1/1/2008	\$109.46	3	NO
8	42953	PHARYNGOESOPHAGEAL REPAIR	1/1/2008	\$142.20	3	NO
8	42955	PHARYNGOSTOMY (FISTULIZATION OF	1/1/2008	\$102.47	3	NO
8	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$58.60	3	NO
8	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$72.68	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	42971	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$64.14	3	NO
8	42972	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$72.84	3	NO
8	43020	ESOPHAGOTOMY CERVICAL APPROACH;	1/1/2008	\$76.12	3	NO
8	43030	CRICOPHARYNGEAL MYOTOMY	1/1/2008	\$74.08	3	NO
8	43045	ESOPHAGOTOMY, THORACIC APPROACH,	1/1/2008	\$187.25	3	NO
8	43100	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$88.27	3	NO
8	43101	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$145.31	3	NO
8	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$360.46	3	NO
8	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$558.19	3	NO
8	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$386.37	3	NO
8	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$551.42	3	NO
8	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	1/1/2008	\$621.41	3	NO
8	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$352.07	3	NO
8	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$465.83	3	NO
8	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$376.05	3	NO
8	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$356.81	3	NO
8	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$559.75	3	NO
8	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	1/1/2008	\$475.08	3	NO
8	43130	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$111.50	3	NO
8	43135	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$198.91	3	NO
8	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	1/1/2008	\$147.36	3	NO
8	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$88.22	3	NO
8	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$158.32	3	NO
8	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$218.32	3	NO
8	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$240.04	3	NO
8	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	1/1/2008	\$188.32	3	NO
8	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	1/1/2008	\$184.34	3	NO
8	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	1/1/2008	\$181.44	3	NO
8	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	1/1/2008	\$184.40	3	NO
8	43330	ESOPHAGOMYOTOMY (HELLER TYPE); A	1/1/2008	\$178.21	3	NO
8	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	1/1/2008	\$191.33	3	NO
8	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$184.45	3	NO
8	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$199.18	3	NO
8	43350	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$156.28	3	NO
8	43351	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$183.21	3	NO
8	43352	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$150.90	3	NO
8	43360	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$323.26	3	NO
8	43361	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$359.55	3	NO
8	43400	LIGATION DIRECT ESOPHAGEAL VARIC	1/1/2008	\$203.97	3	NO
8	43401	TRANSECTION OF ESOPHAGUS WITH RE	1/1/2008	\$209.02	3	NO
8	43405	LIGATION OR STAPLING AT GASTROES	1/1/2008	\$199.83	3	NO
8	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	1/1/2008	\$137.68	3	NO
8	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	1/1/2008	\$236.65	3	NO
8	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	1/1/2008	\$204.34	3	NO
8	43496	FREE JEJUNUM TRANSFER WITH MICRO	1/1/1997	\$0.01	5	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
8	43500	GASTROTOMY WITH EXPLORATION OR F	1/1/2008	\$103.22	3	NO
8	43501	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$179.45	3	NO
8	43502	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$204.29	3	NO
8	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	1/1/2008	\$124.40	3	NO
8	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	1/1/2008	\$95.26	3	NO
8	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	1/1/2008	\$110.42	3	NO
8	43610	EXCISION, LOCAL; ULCER OR BENIGN	1/1/2008	\$130.80	3	NO
8	43611	EXCISION, LOCAL; MALIGNANT TUMOR	1/1/2008	\$162.19	3	NO
8	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	1/1/2008	\$266.06	3	NO
8	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	1/1/2008	\$298.58	3	NO
8	43622	GASTRECTOMY, TOTAL; WITH FORMATI	1/1/2008	\$305.30	3	NO
8	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$195.63	3	YES
8	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$256.44	3	YES
8	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$246.11	3	YES
8	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$270.79	3	YES
8	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	1/1/2008	\$16.07	3	NO
8	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
8	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
8	43640	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$155.74	3	NO
8	43641	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$157.95	3	NO
8	43644	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$233.16	3	NO
8	43645	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$251.06	3	NO
8	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$87.04	3	NO
8	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$103.70	3	NO
8	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	1/1/2008	\$73.22	3	NO
8	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	43750	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
8	43770	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$148.86	3	NO
8	43771	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$170.26	3	NO
8	43772	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$128.27	3	NO
8	43773	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$170.31	3	NO
8	43774	LAPAROSCOPY, SURGICAL, GASTRIC R	1/1/2008	\$128.86	3	NO
8	43800	PYLOROPLASTY	1/1/2008	\$123.97	3	NO
8	43810	GASTRODUODENOSTOMY	1/1/2008	\$134.08	3	NO
8	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	1/1/2008	\$168.16	3	NO
8	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	1/1/2008	\$172.89	3	NO
8	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$91.02	3	NO
8	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$75.69	3	NO
8	43832	GASTROSTOMY PERMANENT WITH CONST	1/1/2008	\$140.64	3	NO
8	43840	GASTRORRHAPHY SUTURE OF PERFORAT	1/1/2008	\$171.44	3	NO
8	43842	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2008	\$166.01	3	NO
8	43843	GASTRIC RESTRICTIVE PROC, W/OUT	1/1/2008	\$168.32	3	NO
8	43846	GASTRIC RESTRICTIVE PROC, W/GAST	1/1/2008	\$217.46	3	NO
8	43847	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2008	\$239.23	3	NO
8	43848	REVISION, OPEN, OF GASTRIC RESTR	1/1/2008	\$258.85	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	43850	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$217.46	3	NO
8	43855	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$226.97	3	NO
8	43860	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$219.99	3	NO
8	43865	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$230.31	3	NO
8	43870	CLOSURE OF GASTROSTOMY SURGICAL	1/1/2008	\$92.84	3	NO
8	43880	CLOSURE OF GASTROCOLIC FISTULA	1/1/2008	\$215.47	3	NO
8	44005	ENTEROLYSIS (FREEING OF INTESTIN	1/1/2008	\$146.33	3	NO
8	44010	DUODENOTOMY, FOR EXPLORATION, BI	1/1/2008	\$114.46	3	NO
8	44015	TUBE OR NEEDLE CATHETER JEJUNOST	1/1/2008	\$20.43	3	NO
8	44020	ENTEROTOMY, SMALL INTESTINE, OTH	1/1/2008	\$128.81	3	NO
8	44021	ENTEROTOMY SMALL BOWELL OTHER TH	1/1/2008	\$129.83	3	NO
8	44025	COLOTOMY, FOR EXPLORATION, BIOPS	1/1/2008	\$131.12	3	NO
8	44050	REDUCTION OF VOLVULUS INTUSSUSCE	1/1/2008	\$124.88	3	NO
8	44055	CORRECTION OF MALROTATION BY LYS	1/1/2008	\$199.56	3	NO
8	44110	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$111.93	3	NO
8	44111	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$131.34	3	NO
8	44120	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$161.82	3	NO
8	44121	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$34.68	3	NO
8	44125	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$158.11	3	NO
8	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	1/1/2008	\$164.08	3	NO
8	44132	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
8	44133	DONOR ENTERECTOMY (INCLUDING COL	10/1/2005	NC	9	NO
8	44135	INTESTINAL ALLOTRANSPLANTATION;	1/1/2005	\$0.01	5	NO
8	44136	INTESTINAL ALLOTRANSPLANTATION;	10/1/2005	NC	9	NO
8	44137	REMOVAL OF TRANSPLANTED INTESTIN	1/1/2005	\$0.01	5	NO
8	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	1/1/2008	\$17.31	3	NO
8	44140	COLECTOMY PARTIAL WITH ANASTOMOS	1/1/2008	\$181.12	3	NO
8	44141	COLECTOMY PARTIAL; WITH SKIN LEV	1/1/2008	\$230.04	3	NO
8	44143	COLECTOMY PARTIAL; WITH END COLO	1/1/2008	\$221.92	3	NO
8	44144	COLECTOMY PARTIAL; WITH RESECTIO	1/1/2008	\$228.43	3	NO
8	44145	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$227.08	3	NO
8	44146	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$277.08	3	NO
8	44147	COLECTOMY PARTIAL ABDOMINAL AND	1/1/2008	\$244.02	3	NO
8	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$243.10	3	NO
8	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$278.42	3	NO
8	44152	COLECTOMY,TOTAL,ABDOMINAL,W/O PR	1/1/2007	INVALID	N	NO
8	44153	COLECTOMY,TOTAL,ABDOM,W/O PROCTE	1/1/2007	INVALID	N	NO
8	44155	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$273.53	3	NO
8	44156	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$301.86	3	NO
8	44157	COLECTOMY, TOTAL, ABDOMINAL, W/P	1/1/2008	\$296.16	3	NO
8	44158	COLECTOMY, TOTAL, ABDOMINAL, W/P	1/1/2008	\$303.85	3	NO
8	44160	COLECTOMY, PARTIAL, WITH REMOVAL	1/1/2008	\$165.85	3	NO
8	44180	LAPAROSCOPY, SURGICAL,ENTEROLYSI	1/1/2008	\$122.04	3	NO
8	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2008	\$86.02	3	NO
8	44187	LAPAROSCOPY, SURGICAL; ILEOSTOMY	1/1/2008	\$147.41	3	NO
8	44188	LAPAROSCOPY, SURGICAL, COLOSTOMY	1/1/2008	\$162.41	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO
8	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
8	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	1/1/2008	\$187.57	3	NO
8	44203	LAPAROSCOPY, SURGICAL; EACH ADDI	1/1/2008	\$34.51	3	NO
8	44204	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$210.26	3	NO
8	44205	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$183.91	3	NO
8	44206	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$237.46	3	NO
8	44207	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$250.68	3	NO
8	44208	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$272.19	3	NO
8	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
8	44210	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$242.03	3	NO
8	44211	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$298.42	3	NO
8	44212	LAPAROSCOPY, SURGICAL; COLECTOMY	1/1/2008	\$278.10	3	NO
8	44213	LAPAROSCOPY, SURGICAL, MOBILIZAT	1/1/2008	\$25.97	3	NO
8	44227	LAPAROSCOPY, SURGICAL, CLOSURE O	1/1/2008	\$222.89	3	NO
8	44238	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2003	\$0.01	5	NO
8	44239	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	INVALID	N	NO
8	44300	PLACEMENT, ENTEROSTOMY OR CECOST	1/1/2008	\$111.61	3	NO
8	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	1/1/2008	\$140.37	3	NO
8	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	1/1/2008	\$77.47	3	NO
8	44314	REVISION OF ILEOSTOMY;COMPLICATE	1/1/2008	\$134.35	3	NO
8	44316	CONTINENT ILEOSTOMY (KOCK PROCED	1/1/2008	\$185.90	3	NO
8	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$159.45	3	NO
8	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$126.17	3	NO
8	44340	REVISION OF COLOSTOMY;SIMPLE (RE	1/1/2008	\$78.22	3	NO
8	44345	REVISION OF COLOSTOMY;COMPLICATE	1/1/2008	\$139.40	3	NO
8	44346	REVISION OF COLOSTOMY;W/REPAIR O	1/1/2008	\$157.52	3	NO
8	44602	SUTURE OF SMALL INTESTINE FOR PE	1/1/2008	\$179.99	3	NO
8	44603	SUTURE OF SMALL INTESTINE FOR PE	1/1/2008	\$205.20	3	NO
8	44604	SUTURE OF LARGE INTESTINE FOR PE	1/1/2008	\$142.73	3	NO
8	44605	SUTURE OF INTESTINE (ENTERORRHAP	1/1/2008	\$176.33	3	NO
8	44615	INTESTINAL STRICTUROPLASTY WITH	1/1/2008	\$144.13	3	NO
8	44620	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$114.19	3	NO
8	44625	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$136.23	3	NO
8	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	1/1/2008	\$218.80	3	NO
8	44640	CLOSURE OF INTESTINAL CUTANEOUS	1/1/2008	\$190.10	3	NO
8	44650	CLOSURE OF ENTEROENTERIC OR ENTE	1/1/2008	\$197.46	3	NO
8	44660	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$186.39	3	NO
8	44661	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$212.94	3	NO
8	44680	INTESTINAL PLICATION (SEPARATE P	1/1/2008	\$141.71	3	NO
8	44700	EXCLUSION OF SMALL INTESTINE FRO	1/1/2008	\$138.75	3	NO
8	44701	INTRAOPERATIVE COLONIC LAVAGE (L	1/1/2008	\$23.98	3	NO
8	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO
8	44800	EXCISION OF MECKELS DIVERTICULUM	1/1/2008	\$101.23	3	NO
8	44820	EXCISION OF LESION OF MESENTERY	1/1/2008	\$111.50	3	NO
8	44850	SUTURE OF MESENTERY (SEPARATE PR	1/1/2008	\$99.08	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
8	44900	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$99.72	3	NO
8	44901	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$25.05	3	NO
8	44950	APPENDECTOMY	1/1/2008	\$86.45	3	NO
8	44955	APPENDECTOMY WHEN DONE FOR INDIC	1/1/2008	\$12.04	3	NO
8	44960	APPENDECTOMY FOR RUPTURED APPEND	1/1/2008	\$114.94	3	NO
8	44970	LAPAROSCOPY, SURGICAL; APPENDECT	1/1/2008	\$78.49	3	NO
8	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	45000	TRANSRECTAL DRAINAGE OF PELVIC A	1/1/2008	\$52.79	3	NO
8	45108	ANORECTAL MYOMECTOMY	1/1/2008	\$45.53	3	NO
8	45110	PROCTECTOMY; COMPLETE, COMBINED	1/1/2008	\$248.48	3	NO
8	45111	PROCTECTOMY; PARTIAL RESECTION O	1/1/2008	\$145.64	3	NO
8	45112	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$257.56	3	NO
8	45113	PROCTECTOMY, PARTIAL, WITH RECTA	1/1/2008	\$263.10	3	NO
8	45114	PROCTECTOMY, PARTIAL, WITH ANAST	1/1/2008	\$240.58	3	NO
8	45116	PROCTECTOMY PARTIAL WITH ANASTOM	1/1/2008	\$216.76	3	NO
8	45119	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$263.42	3	NO
8	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$210.26	3	NO
8	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$231.65	3	NO
8	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	1/1/2008	\$147.73	3	NO
8	45126	PELVIC EXENTERATION FOR COLORECT	1/1/2008	\$386.91	3	NO
8	45130	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$144.83	3	NO
8	45135	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$178.27	3	NO
8	45160	EXCISION OF RECTAL TUMOR BY PROC	1/1/2008	\$131.60	3	NO
8	45170	EXCISION OF RECTAL TUMOR, TRANSA	1/1/2008	\$102.74	3	NO
8	45395	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2008	\$265.84	3	NO
8	45397	LAPAROSCOPY, SURGICAL; PROCTECTO	1/1/2008	\$288.31	3	NO
8	45400	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2008	\$153.48	3	NO
8	45402	LAPAROSCOPY, SURGICAL; PROCTOPEX	1/1/2008	\$204.88	3	NO
8	45499	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
8	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	1/1/2008	\$142.03	3	NO
8	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	1/1/2008	\$120.31	3	NO
8	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	1/1/2008	\$196.01	3	NO
8	45560	REPAIR OF RECTOCELE (SEPARATE PR	1/1/2008	\$95.32	3	NO
8	45562	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$144.83	3	NO
8	45563	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$214.77	3	NO
8	45800	CLOSURE OF RECTOVESICAL FISTULA	1/1/2008	\$160.90	3	NO
8	45805	CLOSURE OF RECTOVESICAL FISTULA;	1/1/2008	\$186.33	3	NO
8	45820	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$160.63	3	NO
8	45825	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$195.96	3	NO
8	45999	UNLISTED PROCEDURE RECTUM	2/1/1989	\$0.01	5	NO
8	46285	FISTULECTOMY; SECOND STAGE	1/1/2008	\$54.84	3	NO
8	46705	ANOPLASTY PLASTIC OPERATION FOR	1/1/2008	\$64.51	3	NO
8	46710	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2008	\$140.96	3	NO
8	46712	REPAIR OF ILEONAL POUCH FISTULA/	1/1/2008	\$291.65	3	NO
8	46715	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$64.89	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	46716	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$145.69	3	NO
8	46730	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$239.45	3	NO
8	46735	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$281.86	3	NO
8	46740	CONSTRUCTION OF ANUS FOR CONGENI	1/1/2008	\$265.57	3	NO
8	46742	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$322.13	3	NO
8	46744	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$462.55	3	NO
8	46746	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$518.30	3	NO
8	46748	REPAIR OF CLOACAL ANOMALY WITH V	1/1/2008	\$522.92	3	NO
8	46750	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$98.76	3	NO
8	46751	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$82.20	3	NO
8	46760	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$140.69	3	NO
8	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$122.14	3	NO
8	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$116.93	3	NO
8	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	1/1/2008	\$14.84	3	NO
8	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	1/1/2008	\$158.11	3	NO
8	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	1/1/2008	\$27.31	3	NO
8	47015	LAPAROTOMY, WITH ASPIRATION AND/	1/1/2008	\$149.29	3	NO
8	47100	BIOPSY OF LIVER, WEDGE	1/1/2008	\$109.78	3	NO
8	47120	HEPATECTOMY RESECTION OF LIVER P	1/1/2008	\$313.74	3	NO
8	47122	HEPATECTOMY, RESECTION OF LIVER;	1/1/2008	\$469.59	3	NO
8	47125	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$420.83	3	NO
8	47130	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$452.98	3	NO
8	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
8	47134	DONOR HEPATECTOMY, WITH PREPARAT	4/1/2004	INVALID	N	NO
8	47135	LIVER ALLOTRANSPLANTATION; ORTHO	1/1/2008	\$665.76	3	YES
8	47136	LIVER ALLOTRANSPLANTATION; METER	1/1/2008	\$564.64	3	NO
8	47140	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$465.29	3	YES
8	47141	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$553.78	3	YES
8	47142	DONOR HEPATECTOMY (INCLUDING COL	1/1/2008	\$609.53	3	YES
8	47143	BACKBENCH STANDARD PREP OF CADAV	1/1/2008	\$96.78	3	YES
8	47144	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	47145	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	47146	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$47.04	3	YES
8	47147	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$54.89	3	YES
8	47300	MARSUPIALIZATION OF CYST OR ABSC	1/1/2008	\$146.93	3	NO
8	47350	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$181.82	3	NO
8	47360	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$247.73	3	NO
8	47361	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$410.89	3	NO
8	47362	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$186.98	3	NO
8	47379	UNLISTED LAPAROSCOPIC PROCEDURE,	8/19/2002	\$0.01	5	NO
8	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
8	47400	HEPATOCOTOMY OR HEPATICOSTOMY WI	1/1/2008	\$283.10	3	NO
8	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$178.86	3	NO
8	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$180.47	3	NO
8	47460	TRANSDUODENAL SPHINCTEROTOMY OR	1/1/2008	\$167.41	3	NO
8	47480	CHOLECYSTOTOMY OR CHOLECYCSTOSOM	1/1/2008	\$110.91	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	1/1/2008	\$23.55	3	NO
8	47560	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$38.17	3	NO
8	47561	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$41.13	3	NO
8	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$97.57	3	NO
8	47563	LAPAROSCOPY, SURGICAL; CHOLEYSTE	1/1/2008	\$101.34	3	NO
8	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$117.84	3	NO
8	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$104.78	3	NO
8	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	47600	CHOLECYSTECTOMY	1/1/2008	\$137.36	3	NO
8	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	1/1/2008	\$130.74	3	NO
8	47610	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$167.73	3	NO
8	47612	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$169.08	3	NO
8	47620	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$183.70	3	NO
8	47630	BILIARY DUCT STONE EXTRACTION PE	1/1/2008	\$80.26	3	NO
8	47700	EXPLORATION FOR CONGENITAL ATRES	1/1/2008	\$138.86	3	NO
8	47701	PORTOENTEROSTOMY (EG, KASAI PROC	1/1/2008	\$233.48	3	NO
8	47711	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$207.78	3	NO
8	47712	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$267.29	3	NO
8	47715	EXCISION OF CHOLEDOCHAL CYST	1/1/2008	\$174.02	3	NO
8	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2007	INVALID	N	NO
8	47719	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2008	INVALID	N	NO
8	47720	CHOLECYSTOENTEROSTOMY DIRECT	1/1/2008	\$149.72	3	NO
8	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	1/1/2008	\$177.19	3	NO
8	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$171.60	3	NO
8	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$194.50	3	NO
8	47760	ANASTOMOSIS, OF EXTRAHEPATIC BIL	1/1/2008	\$284.77	3	NO
8	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	1/1/2008	\$363.63	3	NO
8	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	1/1/2008	\$309.50	3	NO
8	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	1/1/2008	\$399.28	3	NO
8	47800	RECONSTRUCTION PLASTIC OF EXTRAH	1/1/2008	\$210.20	3	NO
8	47801	PLACEMENT OF CHOLEDOCHAL STENT	1/1/2008	\$143.22	3	NO
8	47802	U-TUBE HEPATICOENTEROSTOMY	1/1/2008	\$200.42	3	NO
8	47900	SUTURE OF EXTRAHEPATIC BILIARY D	1/1/2008	\$181.66	3	NO
8	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
8	48000	PLACEMENT OF DRAINS, PERIPANCREA	1/1/2008	\$250.74	3	NO
8	48001	PLACEMENT OF DRAINS, PERIPANCREA	1/1/2008	\$310.89	3	NO
8	48005	RESECTION OR DEBRIDEMENT OF PANC	1/1/2007	INVALID	N	NO
8	48020	REMOVAL OF PANCREATIC CALCULUS	1/1/2008	\$153.05	3	NO
8	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	1/1/2008	\$116.44	3	NO
8	48105	RESECTION OR DEBRIDEMENT OF PANC	1/1/2008	\$379.60	3	NO
8	48120	EXCISION OF LESION OF PANCREAS (	1/1/2008	\$146.71	3	NO
8	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	1/1/2008	\$208.10	3	NO
8	48145	PANCREATECTOMY DISTAL SUBTOTAL W	1/1/2008	\$216.33	3	NO
8	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	1/1/2008	\$246.60	3	NO
8	48148	EXCISION AMPULLA OF VATER	1/1/2008	\$162.79	3	NO
8	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	1/1/2008	\$419.81	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$387.45	3	NO
8	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$419.65	3	NO
8	48154	PANCREATECTOMY, PROX SUBTOTAL WI	1/1/2008	\$389.49	3	NO
8	48155	PANCREATECTOMY TOTAL	1/1/2008	\$238.00	3	NO
8	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
8	48180	PANCREATICOJEJUNOSTOMY, SIDE-T0-	1/1/2007	INVALID	N	NO
8	48500	MARSUPIALIZATION OF PANCREATIC C	1/1/2008	\$148.16	3	NO
8	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$141.66	3	NO
8	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$29.57	3	NO
8	48520	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$144.35	3	NO
8	48540	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$174.67	3	NO
8	48545	PANCREATORRHAPHY FOR INJURY	1/1/2008	\$174.67	3	NO
8	48547	DUODENAL EXCLUSION WITH GASTROJE	1/1/2008	\$237.08	3	NO
8	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-	1/1/2008	\$221.33	3	NO
8	48551	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	YES
8	48552	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$32.20	3	YES
8	48554	TRANSPLANTATION OF PANCREATIC AL	1/1/2008	\$322.78	3	YES
8	48556	REMOVAL OF TRANSPLANTED PANCREAT	1/1/2008	\$159.77	3	YES
8	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
8	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	1/1/2008	\$103.70	3	YES
8	49002	REOPENING OF RECENT LAPAROTOMY	1/1/2008	\$130.58	3	NO
8	49010	EXPLORATION, RETROPERITONEAL ARE	1/1/2008	\$126.28	3	NO
8	49020	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$211.87	3	NO
8	49021	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$24.94	3	NO
8	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$131.98	3	NO
8	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$29.57	3	NO
8	49060	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$148.00	3	NO
8	49061	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$27.31	3	NO
8	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	1/1/2008	\$101.50	3	NO
8	49085	REMOVAL OF PERITONEAL FOREIGN BO	1/1/2007	INVALID	N	NO
8	49200	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	INVALID	N	NO
8	49201	EXCISION OR DESTRUCTION BY ANY M	1/1/2008	INVALID	N	NO
8	49215	EXCISION OF PRESACRAL OR SACROCO	1/1/2008	\$299.77	3	NO
8	49220	STAGING LAPAROTOMY FOR HODGKINS	1/1/2008	\$129.67	3	NO
8	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	1/1/2008	\$76.77	3	NO
8	49255	OMENTECTOMY EPIPLOECTOMY RESECTI	1/1/2008	\$104.56	3	NO
8	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	1/1/2008	\$44.78	3	YES
8	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	1/1/2008	\$46.82	3	NO
8	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$51.45	3	NO
8	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$85.32	3	NO
8	49324	LAPAROSCOPY, SURGICAL; WITH INSE	1/1/2008	\$52.68	3	NO
8	49325	LAPAROSCOPY, SURGICAL; W/REVISIO	1/1/2008	\$56.77	3	NO
8	49326	LAPAROSCOPY, SURGICAL; WITH OMEN	1/1/2008	\$26.13	3	NO
8	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
8	49425	INSERTION OF PERITONEAL-VENOUS S	1/1/2008	\$103.11	3	NO
8	49426	REVISION OF PERITONEAL-VENOUS SH	1/1/2008	\$87.68	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	49435	INSERTION OF SUBCUTANEOUS EXTENS	1/1/2008	\$16.83	3	NO
8	49436	DELAYED CREATION OF EXIT SITE FR	1/1/2008	\$24.73	3	NO
8	49491	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$101.98	3	NO
8	49492	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$124.56	3	NO
8	49495	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$52.95	3	NO
8	49496	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$78.92	3	NO
8	49500	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$52.20	3	NO
8	49501	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$78.54	3	NO
8	49505	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$68.22	3	NO
8	49507	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$84.40	3	NO
8	49520	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$83.92	3	NO
8	49521	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$102.84	3	NO
8	49525	REPAIR INGUINAL HERNIA, SLIDING,	1/1/2008	\$75.64	3	NO
8	49540	REPAIR LUMBAR HERNIA	1/1/2008	\$90.05	3	NO
8	49550	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$76.18	3	NO
8	49553	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$83.27	3	NO
8	49555	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$79.35	3	NO
8	49557	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$96.55	3	NO
8	49560	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$99.13	3	NO
8	49561	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$124.67	3	NO
8	49565	REPAIR RECURRENT INCISIONAL HERN	1/1/2008	\$102.14	3	NO
8	49566	REPAIR RECURRENT INCISIONAL HERN	1/1/2008	\$125.91	3	NO
8	49568	IMPLANT OF MESH OR OTHER PROSTH	1/1/2008	\$38.12	3	NO
8	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	1/1/2008	\$53.38	3	NO
8	49572	REPAIR EPIGASTRIC HERNIA; INCARC	1/1/2008	\$65.75	3	NO
8	49580	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$40.97	3	NO
8	49582	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$61.45	3	NO
8	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$57.42	3	NO
8	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$68.38	3	NO
8	49590	REPAIR SPIGELIAN HERNIA	1/1/2008	\$75.48	3	NO
8	49600	REPAIR OF SMALL OMPHALOCELE, WIT	1/1/2008	\$97.20	3	NO
8	49605	REPAIR OF LARGE OMPHALOCELE OR G	1/1/2008	\$667.86	3	NO
8	49606	REPAIR OF OMPHALOCELE WITH STAGE	1/1/2008	\$154.83	3	NO
8	49610	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$91.23	3	NO
8	49611	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$86.98	3	NO
8	49650	LAPAROSCOPY, SURGICAL; REPAIR I	1/1/2008	\$56.23	3	NO
8	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	1/1/2008	\$72.68	3	NO
8	49659	UNLISTED LAPAROSCOPY PROCEDURE,	4/1/2002	\$0.01	5	NO
8	49900	SUTURE SECONDARY OF ABDOMINAL WA	1/1/2008	\$108.17	3	NO
8	49904	OMENTAL FLAP, EXTRA-ABDOMINAL (E	1/1/2008	\$211.55	3	NO
8	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	1/1/2008	\$50.80	3	NO
8	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO
8	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO
8	50010	RENAL EXPLORATION, NOT NECESSITA	1/1/2008	\$100.53	3	NO
8	50020	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$145.96	3	NO
8	50021	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$24.94	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	1/1/2008	\$133.54	3	NO
8	50045	NEPHROTOMY WITH EXPLORATION	1/1/2008	\$134.35	3	NO
8	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	1/1/2008	\$165.80	3	NO
8	50065	NEPHROLITHOTOMY; SECONDARY SURGI	1/1/2008	\$168.11	3	NO
8	50070	NEPHROLITHOTOMY; COMPLICATED BY	1/1/2008	\$173.16	3	NO
8	50075	NEPHROLITHOTOMY REMOVAL OF LARGE	1/1/2008	\$213.05	3	NO
8	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY	1/1/2008	\$185.69	3	NO
8	50100	TRANSECTION OR REPOSITIONING OF	1/1/2008	\$145.21	3	NO
8	50120	PYELOTOMY WITH EXPLORATION	1/1/2008	\$137.46	3	NO
8	50125	PYELOTOMY; WITH DRAINAGE PYELOST	1/1/2008	\$144.13	3	NO
8	50130	PYELOTOMY WITH REMOVAL OF CALCUL	1/1/2008	\$149.56	3	NO
8	50135	PYELOTOMY COMPLICATED (EG SECOND	1/1/2008	\$163.11	3	NO
8	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	1/1/2008	\$100.26	3	NO
8	50220	NEPHRECTOMY, INCLUDING PARTIAL U	1/1/2008	\$149.13	3	NO
8	50225	NEPHRECTOMY COMPLICATED BECAUSE	1/1/2008	\$172.84	3	NO
8	50230	NEPHRECTOMY,INCLUDING PARTIAL UR	1/1/2008	\$186.28	3	NO
8	50234	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$189.24	3	NO
8	50236	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$213.75	3	NO
8	50240	NEPHRECTOMY PARTIAL	1/1/2008	\$191.06	3	NO
8	50280	EXCISION OR UNROOFING OF CYSTS O	1/1/2008	\$137.09	3	NO
8	50290	EXCISION OF PERINEPHRIC CYST	1/1/2008	\$130.74	3	NO
8	50320	DONOR NEPHRECTOMY (INCLUDING COL	1/1/2008	\$192.14	3	NO
8	50323	BACKBENCH STANDARD PREP OF CADAV	1/1/2005	\$0.01	5	NO
8	50325	BACKBENCH STANDARD PREP OF LIVIN	1/1/2008	\$35.22	3	NO
8	50327	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$30.00	3	NO
8	50328	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$26.29	3	NO
8	50329	BACKBENCH RECONSTRUCTION OF CADA	1/1/2008	\$25.16	3	NO
8	50340	RECIPIENT NEPHRECTOMY (SEPARATE	1/1/2008	\$119.83	3	NO
8	50360	RENAL ALLOTRANSPLANTATION, IMPLA	1/1/2008	\$325.73	3	NO
8	50365	RENAL HOMOTRANSPLANTATION, IMPLA	1/1/2008	\$369.01	3	NO
8	50370	REMOVAL OF TRANSPLANTED RENAL AL	1/1/2008	\$150.74	3	NO
8	50380	RENAL AUTOTRANSPLANTATION REIMPL	1/1/2008	\$243.48	3	NO
8	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	1/1/2008	\$167.84	3	NO
8	50405	PYELOPLASTY COMPLICATED (CONGENI	1/1/2008	\$201.98	3	NO
8	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	1/1/2008	\$170.47	3	NO
8	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	1/1/2008	\$151.44	3	NO
8	50525	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$191.17	3	NO
8	50526	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$201.76	3	NO
8	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	1/1/2008	\$168.16	3	NO
8	50541	LAPAROSCOPY, SURGICAL; ABLATION	1/1/2008	\$134.24	3	NO
8	50542	LAPAROSCOPY, SURGICAL; ABLATION	1/1/2008	\$169.34	3	NO
8	50543	LAPAROSCOPY, SURGICAL; PARTIAL N	1/1/2008	\$216.28	3	NO
8	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	1/1/2008	\$183.64	3	NO
8	50545	LAPAROSCOPY, SURGICAL; RADICAL N	1/1/2008	\$197.03	3	NO
8	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$174.24	3	NO
8	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	1/1/2008	\$217.78	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$198.80	3	NO
8	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
8	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2008	\$87.25	3	NO
8	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
8	50600	URETEROTOMY WITH EXPLORATION OR	1/1/2008	\$136.23	3	NO
8	50605	URETEROTOMY FOR INSERTION OF IND	1/1/2008	\$135.31	3	NO
8	50610	URETEROLITHOTOMY UPPER ONE-THIRD	1/1/2008	\$140.21	3	NO
8	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	1/1/2008	\$131.12	3	NO
8	50630	URETEROLITHOTOMY; LOWER ONE-THIR	1/1/2008	\$128.86	3	NO
8	50650	URETERECTOMY WITH BLADDER CUFF (	1/1/2008	\$149.88	3	NO
8	50660	URETERECTOMY TOTAL ECTOPIC URETE	1/1/2008	\$166.44	3	NO
8	50700	URETEROPLASTY PLASTIC OPERATION	1/1/2008	\$135.74	3	NO
8	50715	URETEROLYSIS, WITH OR WITHOUT RE	1/1/2008	\$168.59	3	NO
8	50722	URETEROLYSIS FOR OVARIAN VEIN SY	1/1/2008	\$148.22	3	NO
8	50725	URETEROLYSIS FOR RETROCAVAL URET	1/1/2008	\$161.50	3	NO
8	50727	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$72.20	3	NO
8	50728	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$102.04	3	NO
8	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	1/1/2008	\$161.06	3	NO
8	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	1/1/2008	\$166.17	3	NO
8	50760	URETEROURETEROSTOMY	1/1/2008	\$159.67	3	NO
8	50770	TRANSURETEROURETEROSTOMY ANASTOM	1/1/2008	\$167.78	3	NO
8	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$158.91	3	NO
8	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$160.37	3	NO
8	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	1/1/2008	\$167.73	3	NO
8	50785	URETERONEOCYSTOSTOMY; WITH VESIC	1/1/2008	\$175.15	3	NO
8	50800	URETEROENTEROSTOMY, DIRECT ANAST	1/1/2008	\$132.36	3	NO
8	50810	URETEROSIGMOIDOSTOMY, W/CREATION	1/1/2008	\$182.35	3	NO
8	50815	URETEROCOLON CONDUIT, INCLUDING	1/1/2008	\$176.71	3	NO
8	50820	URETEROILEAL CONDUIT (ILEAL BLAD	1/1/2008	\$189.77	3	NO
8	50825	CONTINENT DIVERSION, INC INTESTI	1/1/2008	\$240.41	3	NO
8	50830	URINARY UNDIVERSION (EG TAKING D	1/1/2008	\$263.96	3	NO
8	50840	REPLACEMENT OF ALL OR PART OF UR	1/1/2008	\$177.41	3	NO
8	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1/1/2008	\$180.58	3	NO
8	50860	URETEROSTOMY, TRANSPLANTATION OF	1/1/2008	\$136.93	3	NO
8	50900	URETERORRHAPHY SUTURE OF URETER	1/1/2008	\$121.87	3	NO
8	50920	CLOSURE OF URETEROCUTANEOUS FIST	1/1/2008	\$127.52	3	NO
8	50930	CLOSURE OF URETEROISCERAL FISTU	1/1/2008	\$160.69	3	NO
8	50940	DELIGATION OF URETER	1/1/2008	\$128.54	3	NO
8	50945	LAPAROSCOPY, SURGICAL, URETEROLI	1/1/2008	\$143.70	3	NO
8	50947	LAPAROSCOPY, SURGICAL; URETERONE	1/1/2008	\$205.47	3	NO
8	50948	LAPAROSOCOPY, SURGICAL; URETERONE	1/1/2008	\$187.94	3	NO
8	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
8	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
8	51000	ASPIRATION OF BLADDER BY NEEDLE	1/1/2008	INVALID	N	NO
8	51005	ASPIRATION OF BLADDER BY TROCAR	1/1/2008	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	51010	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	INVALID	N	NO
8	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	1/1/2008	\$65.91	3	NO
8	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	1/1/2008	\$66.93	3	NO
8	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	1/1/2008	\$41.66	3	NO
8	51045	CYSTOTOMY, WITH INSERTION OF URE	1/1/2008	\$66.98	3	NO
8	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	1/1/2008	\$66.93	3	NO
8	51060	TRANSVESICAL URETEROLITHOTOMY	1/1/2008	\$83.01	3	NO
8	51080	DRAINAGE OF PERIVESICAL OR PREVE	1/1/2008	\$57.90	3	NO
8	51500	EXCISION OF URACHAL CYST OR SINU	1/1/2008	\$92.31	3	NO
8	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	1/1/2008	\$85.59	3	NO
8	51525	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$123.97	3	NO
8	51530	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$111.71	3	NO
8	51535	CYSTOTOMY FOR EXCISION, INCISION	1/1/2008	\$115.48	3	NO
8	51550	CYSTECTOMY PARTIAL SIMPLE	1/1/2008	\$138.16	3	NO
8	51555	CYSTECTOMY PARTIAL COMPLICATED (	1/1/2008	\$183.48	3	NO
8	51565	CYSTECTOMY PARTIAL WITH REIMPLAN	1/1/2008	\$187.62	3	NO
8	51570	CYSTECTOMY COMPLETE (SEPARATE PR	1/1/2008	\$213.53	3	NO
8	51575	CYSTECTOMY COMPLETE WITH BILATER	1/1/2008	\$265.79	3	NO
8	51580	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$275.36	3	NO
8	51585	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$307.24	3	NO
8	51590	CYSTECTOMY, COMPLETE, W/URETEROI	1/1/2008	\$281.22	3	NO
8	51595	CYSTECTOMY COMPLETE WITH URETERO	1/1/2008	\$318.96	3	NO
8	51596	CYSTECTOMY, COMPLETE, W/CONTINEN	1/1/2008	\$342.02	3	NO
8	51597	PELVIC EXENTERATION COMPLETE FOR	1/1/2008	\$331.38	3	NO
8	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	1/1/2008	\$152.03	3	NO
8	51820	CYSTOURETHROPLASTY WITH UNILATER	1/1/2008	\$161.44	3	NO
8	51840	ANTERIOR VESICURETHROPEXY, OR U	1/1/2008	\$96.55	3	YES
8	51841	ANTERIOR VESICURETHROPEXY OR UR	1/1/2008	\$114.72	3	YES
8	51845	ABDOMINO-VAGINAL VESICAL NECK SU	1/1/2008	\$85.48	3	YES
8	51860	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$105.80	3	NO
8	51865	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$129.35	3	NO
8	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	1/1/2008	\$68.17	3	NO
8	51900	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$119.67	3	NO
8	51920	CLOSURE OF VESICOUTERINE FISTULA	1/1/2008	\$110.91	3	NO
8	51925	CLOSURE OF VESICOUTERINE FISTULA	1/1/2008	\$152.89	3	NO
8	51940	CLOSURE, EXSTROPHY OF BLADDER	1/1/2008	\$239.55	3	NO
8	51960	ENTEROCYSTOPLASTY, INCLUDING INT	1/1/2008	\$200.95	3	NO
8	51980	CUTANEOUS VESICOSTOMY	1/1/2008	\$103.06	3	NO
8	51990	LAPAROSCOPY, SURGICAL; URETHRAL	1/1/2008	\$111.55	3	NO
8	51992	LAPAROSCOPY, SURGICAL; SLING OPE	1/1/2008	\$120.96	3	NO
8	51999	UNLISTED LAPAROSCOPY PROCEDURE,	1/1/2006	\$0.01	5	NO
8	53060	DRAINAGE OF SKENES GLAND ABSCESS	1/1/2008	\$26.83	3	NO
8	53080	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$70.16	3	NO
8	53085	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$100.37	3	NO
8	53210	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$111.93	3	NO
8	53215	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$135.05	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	53230	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$87.14	3	NO
8	53235	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$91.50	3	NO
8	53240	MARSUPIALIZATION OF URETHRAL DIV	1/1/2008	\$61.02	3	NO
8	53250	EXCISION OF BULBOURETHRAL GLAND	1/1/2008	\$56.82	3	NO
8	53400	URETHROPLASTY FIRST STAGE FOR FI	1/1/2008	\$115.85	3	NO
8	53405	URETHROPLASTY; SECOND STAGE (FOR	1/1/2008	\$126.93	3	NO
8	53410	URETHROPLASTY ONE-STAGE RECONSTR	1/1/2008	\$142.30	3	NO
8	53415	URETHROPLASTY, TRANSPUBIC OR PER	1/1/2008	\$162.36	3	NO
8	53420	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$120.21	3	NO
8	53425	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$137.57	3	NO
8	53430	URETHROPLASTY RECONSTRUCTION OF	1/1/2008	\$139.24	3	NO
8	53440	SLING OPERATION FOR CORRECTION O	1/1/2008	\$124.35	3	NO
8	53442	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$109.24	3	NO
8	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
8	53445	INSERTION OF INFLATABLE URETHRAL	1/1/2008	\$127.68	3	NO
8	53447	REMOVAL AND REPLACEMENT OF INFLA	1/1/2008	\$118.59	3	NO
8	53449	REPAIR OF INFLATABLE URETHRAL/BL	1/1/2008	\$87.84	3	NO
8	53500	URETHROLYSIS, TRANSVAGINAL, SECO	1/1/2008	\$109.13	3	NO
8	53502	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$70.10	3	NO
8	53505	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$69.73	3	NO
8	53510	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$92.20	3	NO
8	53515	URETHRORRPAPHY SUTURE OF URETHRA	1/1/2008	\$115.96	3	NO
8	53520	CLOSURE OF URETHROSTOMY OR URETH	1/1/2008	\$79.94	3	NO
8	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
8	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
8	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
8	53852	TRANSURETHRAL DESTRUCTION OF PRO	7/1/2007	NC	9	NO
8	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
8	54110	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$89.99	3	NO
8	54111	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$116.28	3	NO
8	54112	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$136.66	3	NO
8	54115	REMOVAL FOREIGN BODY FROM DEEP P	1/1/2008	\$64.51	3	NO
8	54120	AMPUTATION OF PENIS PARTIAL	1/1/2008	\$90.26	3	NO
8	54125	AMPUTATION OF PENIS; COMPLETE	1/1/2008	\$117.36	3	NO
8	54130	AMPUTATION OF PENIS RADICAL WITH	1/1/2008	\$173.11	3	NO
8	54135	AMPUTATION OF PENIS RADICAL IN C	1/1/2008	\$221.06	3	NO
8	54152	CIRCUMCISION CLAMP PROCEDURE; EX	1/1/2007	INVALID	N	NO
8	54160	CIRCUMCISION, SURGICAL EXCISION	1/1/2008	\$36.13	3	NO
8	54205	INJECTION PROCEDURE FOR PEYRONIE	1/1/2008	\$77.74	3	NO
8	54300	PLASTIC OPERATION OF PENIS FOR S	1/1/2008	\$95.26	3	NO
8	54304	PLASTIC OPERATION ON PENIS FOR C	1/1/2008	\$111.66	3	NO
8	54308	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$105.96	3	NO
8	54312	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$123.70	3	NO
8	54316	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$148.49	3	NO
8	54318	URETHROPLASTY FOR THIRD STAGE HY	1/1/2008	\$105.21	3	NO
8	54322	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$116.18	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	54324	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$145.10	3	NO
8	54326	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$141.12	3	NO
8	54328	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$137.73	3	NO
8	54332	ONE STAGE PROXIMAL PENILE OR PEN	1/1/2008	\$149.45	3	NO
8	54336	ONE STAGE PERINEAL HYPOSPADIAS R	1/1/2008	\$184.77	3	NO
8	54340	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$83.92	3	NO
8	54344	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$143.75	3	NO
8	54348	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$146.44	3	NO
8	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	1/1/2008	\$215.31	3	NO
8	54360	PLASTIC OPERATION ON PENIS TO CO	1/1/2008	\$107.04	3	YES
8	54380	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$114.67	3	NO
8	54385	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$137.25	3	NO
8	54390	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$177.57	3	NO
8	54400	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$77.68	3	YES
8	54401	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$93.27	3	YES
8	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
8	54405	INSERTION OF MULTI-COMPONENT, IN	1/1/2008	\$117.47	3	YES
8	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
8	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
8	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	1/1/2008	\$103.00	3	NO
8	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	1/1/2008	\$92.68	3	NO
8	54435	CORPORA CAVERNOSA-GLANS PENIS FI	1/1/2008	\$59.67	3	NO
8	54440	PLASTIC OPERATION OF PENIS FOR I	1/1/2008	\$108.46	3	NO
8	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
8	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	1/1/2008	\$78.97	3	NO
8	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	1/1/2008	\$107.95	3	NO
8	54550	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$70.48	3	NO
8	54560	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$98.49	3	NO
8	54600	REDUCTION OF TORSION OF TESTIS S	1/1/2008	\$64.57	3	NO
8	54620	FIXATION OF CONTRALATERAL TESTIS	1/1/2008	\$43.98	3	NO
8	54640	ORCHIOPEXY, INGUINAL APPROACH, W	1/1/2008	\$66.50	3	NO
8	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	1/1/2008	\$104.29	3	NO
8	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
8	54680	TRANSPLANTATION OF TESTIS(ES) TO	1/1/2008	\$116.34	3	NO
8	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	1/1/2008	\$96.12	3	NO
8	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	1/1/2008	\$112.57	3	NO
8	54820	EXPLORATION OF EPIDIDYMIS WITH O	1/1/2007	INVALID	N	NO
8	54865	EXPLORATION OF EPIDIDYMIS, WIHT	1/1/2008	\$56.02	3	NO
8	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
8	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
8	55150	RESECTION OF SCROTUM	1/1/2008	\$68.97	3	NO
8	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
8	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
8	55520	EXCISION OF LESION OF SPERMATIC	1/1/2008	\$57.52	3	NO
8	55530	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$50.75	3	NO
8	55535	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$60.91	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	55540	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$70.21	3	NO
8	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	1/1/2008	\$60.70	3	NO
8	55650	VESICULECTOMY, ANY APPROACH	1/1/2008	\$103.38	3	NO
8	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$68.28	3	NO
8	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$83.60	3	NO
8	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	1/1/2008	\$157.84	3	NO
8	55810	PROSTATECTOMY, PERINEAL RADICAL;	1/1/2008	\$191.39	3	NO
8	55812	PROSTATECTOMY PERINEAL RADICAL;	1/1/2008	\$235.36	3	NO
8	55815	PROSTATECTOMY PERINEAL RADICAL W	1/1/2008	\$258.10	3	NO
8	55821	PROSTATECTOMY (INCLUDING CONTROL	1/1/2008	\$126.39	3	NO
8	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	1/1/2008	\$137.14	3	NO
8	55840	PROSTATECTOMY, RETROPUBIC RADICA	1/1/2008	\$194.88	3	NO
8	55842	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$208.97	3	NO
8	55845	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$239.55	3	NO
8	55859	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2007	INVALID	N	NO
8	55862	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$161.28	3	NO
8	55865	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$194.83	3	NO
8	55866	LAPAROSCOPY, SURGICAL PROSTATECT	1/1/2008	\$254.23	3	NO
8	55875	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2008	\$119.51	3	NO
8	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
8	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
8	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
8	56620	VULVECTOMY SIMPLE; PARTIAL	1/1/2008	\$75.48	3	NO
8	56625	VULVECTOMY SIMPLE; COMPLETE	1/1/2008	\$84.67	3	NO
8	56630	VULVECTOMY RADICAL WITHOUT SKIN	1/1/2008	\$122.90	3	NO
8	56631	VULVECTOMY, RADICAL, PARTIAL; WI	1/1/2008	\$157.57	3	NO
8	56632	VULVECTOMY, RADICAL, PARTIAL; WITH	1/1/2008	\$179.93	3	NO
8	56633	VULVECTOMY, RADICAL, COMPELTE	1/1/2008	\$160.47	3	NO
8	56634	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$170.80	3	NO
8	56637	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$203.21	3	NO
8	56640	VULVECTOMY, RADICAL, COMPLETE, W	1/1/2008	\$203.05	3	NO
8	56700	PARTIAL HYMENECTOMY OR REVISION	1/1/2008	\$26.34	3	NO
8	56720	HYMENOTOMY SIMPLE INCISION	1/1/2007	INVALID	N	NO
8	56800	PLASTIC REPAIR OF INTROITUS	1/1/2008	\$34.84	3	NO
8	56805	CLITOROPLASTY FOR INTERSEX STATE	1/1/2008	\$168.22	3	YES
8	57106	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$66.02	3	NO
8	57107	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$200.36	3	NO
8	57109	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$228.48	3	NO
8	57110	COLPECTOMY OBLITERATION OF VAGIN	1/1/2008	\$129.72	3	NO
8	57111	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$233.59	3	NO
8	57112	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$244.29	3	NO
8	57120	COLPOCLEISIS (LE FORT TYPE)	1/1/2008	\$72.90	3	NO
8	57130	EXCISION OF VAGINAL SEPTUM	1/1/2008	\$26.02	3	NO
8	57200	COLPORRHAPHY SUTURE OF INJURY OF	1/1/2008	\$41.40	3	NO
8	57210	COLPOPERINEORRHAPHY SUTURE OF IN	1/1/2008	\$51.82	3	NO
8	57220	PLASTIC OPERATION ON URETHRAL SP	1/1/2008	\$44.94	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	57230	PLASTIC REPAIR OF URETHROCELE	1/1/2008	\$55.10	3	NO
8	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	1/1/2008	\$87.41	3	NO
8	57250	POSTERIOR COLPORRHAPHY, REPAIR O	1/1/2008	\$86.02	3	NO
8	57260	COMBINED ANTEROPOSTERIOR COLPORR	1/1/2008	\$109.72	3	NO
8	57265	COMBINED ANTEROPOSTERIOR COLPORR	1/1/2008	\$125.15	3	NO
8	57267	INSERTION OF MESH OR OTHER PROST	1/1/2008	\$39.67	3	YES
8	57268	REPAIR OF ENTEROCELE VAGINAL APP	1/1/2008	\$67.04	3	NO
8	57270	REPAIR OF ENTEROCELE ABDOMINAL A	1/1/2008	\$113.38	3	NO
8	57280	COLPOPEXY ABDOMINAL APPROACH	1/1/2008	\$137.46	3	NO
8	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	1/1/2008	\$71.72	3	NO
8	57283	COLPOPEXY, VAGINAL; INTRA-PERITO	1/1/2008	\$98.60	3	YES
8	57284	PARAVAGINAL DEFECT REPAIR (INC R	1/1/2008	\$118.06	3	NO
8	57287	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$97.41	3	NO
8	57288	SLING OPERATION FOR STRESS INCON	1/1/2008	\$114.72	3	YES
8	57289	PEREYRA PROCEDURE INCLUDING ANTE	1/1/2008	\$107.41	3	NO
8	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$76.61	3	YES
8	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$119.35	3	YES
8	57295	REVISION (INCLUDING REMOVAL) OF	1/1/2008	\$68.06	3	NO
8	57296	REVISION OF PROSTHETIC VAGINAL G	1/1/2008	\$133.81	3	NO
8	57300	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$74.08	3	NO
8	57305	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$124.78	3	NO
8	57307	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$139.99	3	NO
8	57308	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$89.56	3	NO
8	57310	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$65.80	3	NO
8	57311	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$74.46	3	NO
8	57320	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$75.75	3	NO
8	57330	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$108.92	3	NO
8	57335	VAGINOPLASTY FOR INTERSEX STATE	1/1/2008	\$165.69	3	YES
8	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	1/1/2008	\$136.55	3	NO
8	57530	TRACHELECTOMY (CERVICECTOMY) AMP	1/1/2008	\$48.81	3	NO
8	57531	RADICAL TRACHELECTOMY, WITH BILA	1/1/2008	\$245.58	3	NO
8	57540	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$111.61	3	NO
8	57545	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$118.70	3	NO
8	57550	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$57.42	3	NO
8	57555	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$85.64	3	NO
8	57556	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$80.53	3	NO
8	57720	TRACHELORRHAPHY PLASTIC REPAIR O	1/1/2008	\$43.38	3	NO
8	57820	DILATION AND CURETTAGE OF CERVIC	1/1/2007	INVALID	N	NO
8	58140	MYOMECTOMY, EXCISION OF FIBROID	1/1/2008	\$131.12	3	NO
8	58145	MYOMECTOMY EXCISION OF FIBROID T	1/1/2008	\$77.58	3	NO
8	58146	MYOMECTOMY, EXCISION OF FIBROID	1/1/2008	\$167.46	3	NO
8	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	1/1/2008	\$141.44	3	YES
8	58152	TOT HYSTERECTOMY (CORPUS & CERVI	1/1/2008	\$180.79	3	YES
8	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	1/1/2008	\$136.07	3	YES
8	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	1/1/2008	\$188.64	3	NO
8	58210	RADICAL ABDOMINAL HYSTERECTOMY,	1/1/2008	\$251.22	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	58240	PELVIC EXENTERATION FOR GYNECOLO	1/1/2008	\$381.16	3	NO
8	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$118.54	3	YES
8	58262	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$132.84	3	YES
8	58263	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$143.11	3	NO
8	58267	VAGINAL HYSTERECTOMY; WITH COLPO	1/1/2008	\$152.30	3	YES
8	58270	VAGINAL HYSTERECTOMY; WITH REPAI	1/1/2008	\$127.52	3	YES
8	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	1/1/2008	\$141.44	3	YES
8	58280	VAGINAL HYSTERECTOMY WITH TOTAL	1/1/2008	\$151.71	3	YES
8	58285	VAGINAL HYSTERECTOMY RADICAL (SC	1/1/2008	\$190.74	3	YES
8	58290	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$167.52	3	YES
8	58291	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$181.98	3	YES
8	58292	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$192.30	3	YES
8	58293	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$199.61	3	YES
8	58294	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$176.44	3	YES
8	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
8	58400	UTERINE SUSPENSION WITH OR WITHO	1/1/2008	\$62.95	3	YES
8	58410	UTERINE SUSPENSION WITH/OUT SHOR	1/1/2008	\$115.26	3	YES
8	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	1/1/2008	\$111.50	3	NO
8	58540	HYSTEROPLASTY REPAIR OF UTERINE	1/1/2008	\$129.88	3	NO
8	58541	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$120.37	3	YES
8	58542	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$133.22	3	YES
8	58543	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$135.48	3	YES
8	58544	LAPAROSCOPY, SURGICAL, SUPRACERV	1/1/2008	\$146.71	3	YES
8	58545	LAPAROSCOPY, SURGICAL,MYOMECTOMY	1/1/2008	\$129.56	3	NO
8	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2008	\$164.56	3	NO
8	58548	LAPAROSCOPY, SURGICAL; W/RADICAL	1/1/2008	\$256.49	3	YES
8	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$127.46	3	YES
8	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
8	58552	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$140.69	3	YES
8	58553	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$165.26	3	YES
8	58554	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$188.91	3	YES
8	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	58600	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$52.42	3	NO
8	58605	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$47.52	3	NO
8	58611	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$11.61	3	NO
8	58615	OCCLUSION OF FALLOPIAN TUBES BY	1/1/2008	\$37.09	3	NO
8	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	1/1/2008	\$96.82	3	YES
8	58661	LAPAROSCOPY, SURGICAL; WITH REMO	1/1/2008	\$93.97	3	YES
8	58662	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$102.36	3	NO
8	58670	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$52.25	3	NO
8	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	1/1/2008	\$52.31	3	NO
8	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	1/1/2008	\$109.13	3	YES
8	58673	LAPAROSCOPY, SURGICAL; WITH SALP	1/1/2008	\$117.84	3	YES
8	58679	UNLISTED LAPAROSCOPY PROCEDURE,	11/1/2005	\$0.01	5	NO
8	58700	SALPINGETOMY COMPLETE OR PARTIAL	1/1/2008	\$108.70	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	58720	SALPINGO-OOPHORECTOMY COMPLETE O	1/1/2008	\$102.52	3	YES
8	58740	LYSIS OF ADHESIONS (SALPINGOLYSI	1/1/2008	\$117.48	3	NO
8	58750	TOBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
8	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
8	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
8	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
8	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	1/1/2008	\$45.59	3	NO
8	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	1/1/2008	\$56.50	3	NO
8	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	1/1/2008	\$44.78	3	NO
8	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	1/1/2008	\$96.98	3	NO
8	58823	DRAINAGE OF PELVIC ABSCESS, TRA	1/1/2008	\$25.21	3	NO
8	58825	TRANSPOSITION, OVARY(S)	1/1/2008	\$100.05	3	NO
8	58900	BIOPSY OF OVARY UNILATERAL OR BI	1/1/2008	\$57.68	3	NO
8	58920	WEDGE RESECTION OR BISECTION OF	1/1/2008	\$101.02	3	NO
8	58925	OVARIAN CYSTECTOMY UNILATERAL OR	1/1/2008	\$103.86	3	NO
8	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	1/1/2008	\$70.53	3	YES
8	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	1/1/2008	\$160.96	3	NO
8	58950	RSECTION OF OVARIAN, TUBAL OR PR	1/1/2008	\$152.79	3	NO
8	58951	RESECTION OF OVARIAN MALIGNANCY	1/1/2008	\$197.73	3	NO
8	58952	RESECTION OF OVARIAN, TUBAL OR P	1/1/2008	\$222.89	3	NO
8	58953	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$277.62	3	NO
8	58954	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$301.43	3	NO
8	58956	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$196.49	3	NO
8	58957	RESECTION OF RECURRENT OVARIAN,	1/1/2008	\$207.73	3	NO
8	58958	RESECTION OF RECURRENT OVARIAN,	1/1/2008	\$230.04	3	NO
8	58960	LAPAROTOMY, FOR STAGING OR RESTA	1/1/2008	\$132.09	3	NO
8	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
8	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	1/1/2008	\$120.96	3	NO
8	59120	SURG TREAT OF ECTOPIC PREG;TUB O	1/1/2008	\$114.67	3	NO
8	59121	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$115.64	3	NO
8	59130	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$126.23	3	NO
8	59135	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$133.38	3	NO
8	59136	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$127.25	3	NO
8	59140	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$51.23	3	NO
8	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$111.71	3	NO
8	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$110.26	3	NO
8	59350	HYSTERORRHAPHY OF RUPTURED UTERU	1/1/2008	\$42.26	3	NO
8	59409	VAGINAL DELIVERY ONLY (WITH OR W	1/1/2008	\$173.74	3	NO
8	59514	CAESAREAN DELIVERY ONLY	1/1/2008	\$205.26	3	NO
8	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	1/1/2008	\$108.94	3	NO
8	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$194.81	3	NO
8	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2008	\$224.64	3	NO
8	59870	UTERINE EVACUATION AND CURETTAGE	1/1/2008	\$65.86	3	NO
8	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
8	60200	EXCISION OF CYST OR ADENOMA OF T	1/1/2008	\$89.89	3	NO
8	60210	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$96.07	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	60212	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$138.27	3	NO
8	60220	TOTAL THYROID LOBECTOMY, UNILATE	1/1/2008	\$105.21	3	NO
8	60225	TOTAL THYROID LOBECTOMY, UNILATE	1/1/2008	\$126.50	3	NO
8	60240	THYROIDECTOMY TOTAL OR COMPLETE	1/1/2008	\$135.85	3	NO
8	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$182.03	3	NO
8	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$237.19	3	NO
8	60260	THYROIDECTOMY, REMOVAL OF ALL RE	1/1/2008	\$152.46	3	NO
8	60270	THYROIDECTOMY, INCL SUBSTERNAL T	1/1/2008	\$190.74	3	NO
8	60271	THYROIDECTOMY, INC SUBSTERNAL TH	1/1/2008	\$147.46	3	NO
8	60280	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$59.78	3	NO
8	60281	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$80.53	3	NO
8	60500	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$139.40	3	NO
8	60502	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$175.69	3	NO
8	60505	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$193.86	3	NO
8	60512	PARATHYROID AUTOTRANSPLANTATION	1/1/2008	\$34.84	3	NO
8	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	1/1/2008	\$146.33	3	NO
8	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$167.46	3	NO
8	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$201.76	3	NO
8	60540	ADRENALECTOMY, PART OR COMP, OR	1/1/2008	\$147.19	3	NO
8	60545	ADRENALECTOMY PARTIAL/COMPLETE W	1/1/2008	\$169.45	3	NO
8	60600	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$202.14	3	NO
8	60605	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$250.58	3	NO
8	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	1/1/2008	\$166.44	3	NO
8	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
8	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO
8	61001	SUBDURAL TAP THROUGH FONTANELLE	1/1/2008	\$14.78	3	NO
8	61140	BURR HOLES OR TREPHINE WITH BIOP	1/1/2008	\$168.05	3	NO
8	61150	BURR HOLE(S) OR TREPHINE WITH DR	1/1/2008	\$180.74	3	NO
8	61151	BURR HOLE(S) OR TREPHINE WITH SU	1/1/2008	\$131.34	3	NO
8	61154	BURR HOLE(S) WITH EVACUATION AND	1/1/2008	\$166.44	3	NO
8	61156	BURR HOLE(S) WITH ASPIRATION OF	1/1/2008	\$169.24	3	NO
8	61210	BURR HOLE(S); FOR IMPLANTING VEN	1/1/2008	\$54.14	3	NO
8	61215	INSERTION OF SUBCUTANEOUS RESERV	1/1/2008	\$61.29	3	NO
8	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	1/1/2008	\$114.13	3	NO
8	61253	BURR HOLES OR TREPHINE INFRATENT	1/1/2008	\$127.90	3	NO
8	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$224.50	3	NO
8	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$268.32	3	NO
8	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$277.40	3	NO
8	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$265.68	3	NO
8	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$244.23	3	NO
8	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$282.99	3	NO
8	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$261.43	3	NO
8	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$286.33	3	NO
8	61322	CRANIECTOMY OR CRANIOTOMY, DECOM	1/1/2008	\$311.65	3	NO
8	61323	CRANIECTOMY OR CRANIOTOMY, DECOM	1/1/2008	\$319.01	3	NO
8	61330	DECOMPRESSION OF ORBIT ONLY, TRA	1/1/2008	\$219.34	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61332	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$260.41	3	NO
8	61333	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$258.91	3	NO
8	61334	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$169.56	3	NO
8	61340	SUBTEMPORAL CRANIAL DECOMPRESSIO	1/1/2008	\$193.97	3	NO
8	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	1/1/2008	\$301.43	3	NO
8	61345	OTHER CRANIAL DECOMPRESSION POST	1/1/2008	\$277.13	3	NO
8	61440	CRANIOTOMY FOR SECTION OF TENTOR	1/1/2008	\$266.92	3	NO
8	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	1/1/2008	\$254.34	3	NO
8	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	1/1/2008	\$275.14	3	NO
8	61460	CRANIECTOMY SUBOCCIPITAL; FOR SE	1/1/2008	\$281.16	3	NO
8	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	1/1/2008	\$253.42	3	NO
8	61480	CRANIECTOMY SUBOCCIPITAL; FOR ME	1/1/2008	\$258.96	3	NO
8	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	1/1/2008	\$260.31	3	NO
8	61500	CRANIECTOMY; WITH EXCISION OF TU	1/1/2008	\$182.52	3	NO
8	61501	CRANIECTOMY; FOR OSTEOMYELITIS	1/1/2008	\$154.61	3	NO
8	61510	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$294.77	3	NO
8	61512	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$352.34	3	NO
8	61514	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$258.85	3	NO
8	61516	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$253.32	3	NO
8	61518	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$378.20	3	NO
8	61519	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$409.54	3	NO
8	61520	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$523.46	3	NO
8	61521	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$440.94	3	NO
8	61522	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$297.19	3	NO
8	61524	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$283.15	3	NO
8	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$476.42	3	NO
8	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$403.31	3	NO
8	61531	SUBDURAL IMPLANTATION OF STRIP E	1/1/2008	\$158.65	3	NO
8	61533	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$204.88	3	NO
8	61534	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$218.96	3	NO
8	61535	CRANIECTOMY, TREPHINATION, BONE FL	1/1/2008	\$128.43	3	NO
8	61536	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$356.59	3	NO
8	61537	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$316.11	3	NO
8	61538	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$336.27	3	NO
8	61539	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$321.11	3	NO
8	61540	CRANIOTOMY W/ELEVATION OF BONE F	1/1/2008	\$304.23	3	NO
8	61541	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$288.42	3	NO
8	61542	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$314.71	3	NO
8	61543	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$296.59	3	NO
8	61544	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$254.02	3	NO
8	61545	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$433.84	3	NO
8	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	1/1/2008	\$313.53	3	NO
8	61548	HYPOPHYSECTOMY OR EXCISION OF PI	1/1/2008	\$210.63	3	NO
8	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$123.81	3	NO
8	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$160.31	3	NO
8	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$217.24	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$229.29	3	NO
8	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$217.14	3	NO
8	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$331.48	3	NO
8	61563	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$261.22	3	NO
8	61564	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$329.06	3	NO
8	61566	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$305.46	3	NO
8	61567	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$339.55	3	NO
8	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	1/1/2008	\$248.86	3	NO
8	61571	CRANIECTOMY OR CRANIOTOMY WITH T	1/1/2008	\$270.36	3	NO
8	61575	TRANSORAL APPROACH TO SKULL BASE	1/1/2008	\$325.09	3	NO
8	61576	TRANSORAL APP TO SKULL BASE,DECO	1/1/2008	\$501.58	3	NO
8	61580	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$334.12	3	NO
8	61581	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$358.53	3	NO
8	61582	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$377.83	3	NO
8	61583	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$392.34	3	NO
8	61584	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$379.71	3	NO
8	61585	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$406.69	3	NO
8	61586	BICORONAL, TRANSZYGOMATIC AND/OR	1/1/2008	\$293.69	3	NO
8	61590	INFRATEMPORAL PRE-AURICULAR APPR	1/1/2008	\$427.61	3	NO
8	61591	INFRATEMPORAL POST-AURICULAR APP	1/1/2008	\$434.00	3	NO
8	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	1/1/2008	\$429.54	3	NO
8	61595	TRANSTEMPORAL APPROACH TO POSTER	1/1/2008	\$318.31	3	NO
8	61596	TRANSCOCHLEAR APPROACH TO POSTER	1/1/2008	\$353.42	3	NO
8	61597	TRANSCONDYLAR APPROACH TO POST C	1/1/2008	\$390.30	3	NO
8	61598	TRANSPETROSAL APPROACH TO POST C	1/1/2008	\$348.69	3	NO
8	61600	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$285.52	3	NO
8	61601	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$315.46	3	NO
8	61605	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$302.18	3	NO
8	61606	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$408.20	3	NO
8	61607	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$380.57	3	NO
8	61608	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$445.46	3	NO
8	61609	TRANSECTION OR LIGATION,CAROTID	1/1/2008	\$91.55	3	NO
8	61610	TRANSECTION OR LIGATION,CAROTID	1/1/2008	\$268.91	3	NO
8	61611	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$69.24	3	NO
8	61612	TRANSECTION OR LIGATION,CAROTID	1/1/2008	\$237.73	3	NO
8	61613	OBLITERATION OF CAROTID ANEURYSM	1/1/2008	\$430.35	3	NO
8	61615	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$334.92	3	NO
8	61616	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$446.64	3	NO
8	61618	SECONDARY REPAIR OF DURA FOR CER	1/1/2008	\$175.74	3	NO
8	61619	2ND REPAIR OF DURA FOR CSF LEAK,	1/1/2008	\$203.91	3	NO
8	61680	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$310.20	3	NO
8	61682	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$593.08	3	NO
8	61684	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$395.14	3	NO
8	61686	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$633.13	3	NO
8	61690	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$294.01	3	NO
8	61692	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$509.27	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	61697	SURGERY OF COMPLEX INTRACRANIAL	1/1/2008	\$561.25	3	NO
8	61698	SURGERY OF COMPLEX INTRACRANIAL	1/1/2008	\$590.66	3	NO
8	61700	SURGERY OF SIMPLE INTRACRANIAL A	1/1/2008	\$486.04	3	NO
8	61702	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$522.98	3	NO
8	61703	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$179.29	3	NO
8	61705	SURGERY OF ANEURYSN VASCULAR MAL	1/1/2008	\$353.47	3	NO
8	61708	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$291.16	3	NO
8	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	1/1/2008	\$360.68	3	NO
8	61850	TWIST DRILL OR BURR HOLE(S) FOR	1/1/2008	\$127.09	3	NO
8	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	1/1/2008	\$209.66	3	NO
8	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO
8	61863	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$204.18	3	NO
8	61864	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$64.83	3	NO
8	61867	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$301.38	3	NO
8	61868	TWIST DRILL, BURR HOLE, CRANIOTO	1/1/2008	\$91.93	3	NO
8	61870	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$159.02	3	NO
8	61875	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$145.53	3	NO
8	61880	REVISION OR REMOVAL OF INTRACRAN	1/1/2008	\$71.72	3	NO
8	62005	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$163.43	3	NO
8	62010	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$205.58	3	NO
8	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	1/1/2008	\$219.56	3	NO
8	62115	REDUCTION OF CRANIOME GALIC SKULL	1/1/2008	\$217.67	3	NO
8	62116	REDUCTION OF CRANIOME GALIC SKULL	1/1/2008	\$238.64	3	NO
8	62117	REDUCTION OF CRANIOME GALIC SKULL	1/1/2008	\$258.32	3	NO
8	62120	REPAIR OF ENCEPHALOCELE,SKULL VA	1/1/2008	\$243.16	3	NO
8	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	1/1/2008	\$227.08	3	NO
8	62140	CRANIOPLASTY FOR SKULL DEFECT UP	1/1/2008	\$141.60	3	NO
8	62141	CRANIOPLASTY FOR SKULL DEFECT; L	1/1/2008	\$155.21	3	NO
8	62142	REMOVAL OF BONE FLAP OR PROSTHET	1/1/2008	\$116.44	3	NO
8	62143	REPLACEMENT OF BONE FLAP OR PROS	1/1/2008	\$138.00	3	NO
8	62145	CRANIOPLASTY FOR SKULL DEFECT WI	1/1/2008	\$189.50	3	NO
8	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$163.05	3	NO
8	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$193.80	3	NO
8	62161	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$206.60	3	NO
8	62162	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$253.91	3	NO
8	62163	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$164.08	3	NO
8	62164	NEUROENDOSCOPY, INTRACRANIAL; WI	1/1/2008	\$266.92	3	NO
8	62165	NEUROENDOSOCPY, INTRACRANIAL; WI	1/1/2008	\$209.99	3	NO
8	62180	VENTRICULOCISTERNOSTOMY (TORKILD	1/1/2008	\$213.32	3	NO
8	62192	CREATION OF SHUNT; SUBARACHNOID/	1/1/2008	\$129.62	3	NO
8	62200	VENTRICULOCISTERNOSTOMY THIRD VE	1/1/2008	\$186.44	3	NO
8	62220	CREATION OF SHUNT VENTRICULO-ATR	1/1/2008	\$136.87	3	NO
8	62223	CREATION OF SHUNT; VENTRICULO-PE	1/1/2008	\$137.63	3	NO
8	62230	REPLACEMENT OR REVISION OF CEREB	1/1/2008	\$111.61	3	NO
8	62256	REMOVAL OF COMPLETE CEREBROSPINA	1/1/2008	\$75.37	3	NO
8	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	1/1/2008	\$151.39	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	62351	IMPLANTATION, REVISION OR REPOSI	1/1/2008	\$113.33	3	YES
8	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$166.23	3	YES
8	63003	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$167.95	3	YES
8	63005	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$158.97	3	YES
8	63011	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$148.86	3	YES
8	63012	LAMINECTOMY WITH REMOVAL OF ABNO	1/1/2008	\$162.84	3	YES
8	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$201.06	3	YES
8	63016	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$206.17	3	YES
8	63017	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$168.00	3	YES
8	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$158.86	3	YES
8	63030	LAMINOTOMY, FOR DECOMPRESSION OF	1/1/2008	\$131.93	3	YES
8	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$29.25	3	YES
8	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$195.10	3	YES
8	63042	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$183.16	3	YES
8	63043	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$28.77	3	YES
8	63044	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$28.77	3	YES
8	63045	LAMINECTOMY,FACETECTOMY & FORAMI	1/1/2008	\$173.16	3	YES
8	63046	LAMINECTOMY, INC UNI/BI COMP FAC	1/1/2008	\$165.63	3	YES
8	63047	LAMINECTOMY, INC UNI OR BI COMP	1/1/2008	\$151.87	3	YES
8	63048	LAMINECTOMY,INC UNI/BI COMP FACE	1/1/2008	\$31.02	3	YES
8	63050	LAMINOPLASTY, CERVICAL, W/DECOMP	1/1/2008	\$202.46	3	YES
8	63051	LAMINOPLASTY, CERVICAL, W/DECOMP	1/1/2008	\$231.71	3	YES
8	63055	TRANSPEDICULAR APPROACH W/DECOMP	1/1/2008	\$224.18	3	YES
8	63056	TRANSPEDICULAR APPROACH FOR DECO	1/1/2008	\$208.59	3	YES
8	63057	TRANSPEDICULAR APPR FOR DECOMP O	1/1/2008	\$48.06	3	YES
8	63064	COSTOVERTEBRAL APPROACH W/DECOMP	1/1/2008	\$247.35	3	YES
8	63066	COSTOVERTEBRAL APPROACH FOR DECO	1/1/2008	\$29.62	3	YES
8	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	1/1/2008	\$193.37	3	YES
8	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	1/1/2008	\$37.26	3	YES
8	63077	DISKECTOMY, ANTR, FOR DECOMP OF	1/1/2008	\$210.47	3	YES
8	63078	DISKECTOMY,ANT, FOR DECOMP OF SPI	1/1/2008	\$29.46	3	YES
8	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$245.79	3	YES
8	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	1/1/2008	\$40.16	3	YES
8	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$262.94	3	YES
8	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$28.33	3	YES
8	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$335.68	3	YES
8	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	1/1/2008	\$38.60	3	YES
8	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$271.92	3	YES
8	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$26.29	3	YES
8	63101	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$314.12	3	YES
8	63102	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$313.74	3	YES
8	63103	VERTEBRAL CORPECTOMY, PARTIAL OR	1/1/2008	\$42.15	3	YES
8	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	1/1/2008	\$209.93	3	YES
8	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	1/1/2008	\$188.11	3	YES
8	63173	LAMINECTOMY FOR DRAINAGE OF INTR	1/1/2008	\$230.47	3	YES
8	63180	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$189.99	3	YES

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	63182	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$204.40	3	YES
8	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	1/1/2008	\$149.35	3	YES
8	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	1/1/2008	\$172.95	3	YES
8	63191	LAMINECTOMY W/SECTION OF SPINAL	1/1/2008	\$192.08	3	YES
8	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	1/1/2008	\$194.88	3	YES
8	63195	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$203.16	3	YES
8	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	1/1/2008	\$239.12	3	YES
8	63197	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$225.15	3	YES
8	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	1/1/2008	\$240.63	3	YES
8	63199	LAMINECTOMY FOR CORDOTOMY WITH S	1/1/2008	\$249.02	3	YES
8	63200	LAMINECTOMY, W/RELEASE OF TETHER	1/1/2008	\$202.84	3	YES
8	63250	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$392.82	3	YES
8	63251	LAMINECTOMY FOR EXCISION OR OCCL	1/1/2008	\$415.51	3	YES
8	63252	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$415.13	3	YES
8	63265	LAMINECTOMY FOR EXCISION OR EVAC	1/1/2008	\$225.95	3	YES
8	63266	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$233.05	3	YES
8	63267	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$187.30	3	YES
8	63268	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$183.32	3	YES
8	63270	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$280.09	3	YES
8	63271	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$281.00	3	YES
8	63272	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$259.18	3	YES
8	63273	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$249.18	3	YES
8	63275	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$243.48	3	YES
8	63276	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$242.67	3	YES
8	63277	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$213.70	3	YES
8	63278	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$209.07	3	YES
8	63280	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$288.80	3	YES
8	63281	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$285.79	3	YES
8	63282	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$269.39	3	YES
8	63283	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$255.20	3	YES
8	63285	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$359.60	3	YES
8	63286	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$356.97	3	YES
8	63287	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$374.22	3	YES
8	63290	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$377.66	3	YES
8	63295	OSTEOPLASTIC RECONSTRUCTION OF D	1/1/2008	\$44.19	3	YES
8	63300	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$251.65	3	YES
8	63301	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$281.11	3	YES
8	63302	VERT CORP, PART/COMP, FOR EXCIS	1/1/2008	\$280.47	3	YES
8	63303	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$292.88	3	YES
8	63304	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$308.58	3	YES
8	63305	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$321.43	3	YES
8	63306	VERT CORP, PART/COMP, FOR EXCISI	1/1/2008	\$328.20	3	YES
8	63307	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$302.99	3	YES
8	63308	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$48.22	3	YES
8	63655	LAMINECTOMY FOR IMPLANTATION OF	1/1/2008	\$113.00	3	NO
8	63685	INSERTION OR REPLACE OF SPINAL N	1/1/2008	\$69.62	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	63700	REPAIR OF MENINGOCELE LESS THAN	1/1/2008	\$166.92	3	NO
8	63702	REPAIR OF MENINGOCELE; LARGER TH	1/1/2008	\$185.04	3	NO
8	63704	REPAIR OF MYELOMENINGOCELE LESS	1/1/2008	\$213.27	3	NO
8	63706	REPAIR OF MYELOMENINGOCELE; LARG	1/1/2008	\$244.07	3	NO
8	63707	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$122.63	3	NO
8	63709	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$150.26	3	NO
8	63710	DURAL GRAFT SPINAL	1/1/2008	\$149.40	3	NO
8	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	1/1/2008	\$123.81	3	NO
8	63741	CREATION OF SHUNT, LUMBAR, SUBAR	1/1/2008	\$83.11	3	NO
8	63744	REPLACEMENT IRRIGATION OR REVISI	1/1/2008	\$87.25	3	NO
8	64580	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$42.15	3	NO
8	64585	REVISION OR REMOVAL OF PERIPHERA	1/1/2008	\$65.48	3	NO
8	64590	INCISION & SUBCUTANEOUS PLACE OF	1/1/2008	\$51.39	3	NO
8	64704	NEUROLYSIS; NERVE OF HAND OR FOO	1/1/2008	\$45.75	3	NO
8	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	1/1/2008	\$64.03	3	NO
8	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$74.14	3	NO
8	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$102.95	3	NO
8	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$86.07	3	NO
8	64716	NEUROPLASTY AND/OR TRANSPOSITION	1/1/2008	\$71.39	3	NO
8	64722	DECOMPRESSION UNSPECIFIED NERVES	1/1/2008	\$44.14	3	NO
8	64732	TRANSECTION OR AVULSION OF SUPRA	1/1/2008	\$51.07	3	NO
8	64736	TRANSECTION OR AVULSION OF; MENT	1/1/2008	\$51.82	3	NO
8	64738	TRANSECTION OR AVULSION OF; INFE	1/1/2008	\$63.81	3	NO
8	64740	TRANSECTION OR AVULSION OF; LING	1/1/2008	\$63.22	3	NO
8	64742	TRANSECTION OR AVULSION OF; FACI	1/1/2008	\$65.10	3	NO
8	64746	TRANSECTION OR AVULSION OF; PHRE	1/1/2008	\$62.47	3	NO
8	64752	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$68.49	3	NO
8	64755	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$120.85	3	NO
8	64760	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$63.71	3	NO
8	64761	TRANSECTION OR AVULSION OF; PUDE	1/1/2008	\$59.67	3	NO
8	64763	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$73.01	3	NO
8	64766	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$84.19	3	NO
8	64771	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$79.30	3	NO
8	64772	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$76.18	3	NO
8	64786	EXCISION OF NEUROMA; SCIATIC NER	1/1/2008	\$152.57	3	NO
8	64792	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$144.83	3	NO
8	64802	SYMPATHECTOMY, CERVICAL	1/1/2008	\$88.38	3	NO
8	64804	SYMPATHECTOMY, CERVICOTHORACIC	1/1/2008	\$133.32	3	NO
8	64809	SYMPATHECTOMY, THORACOLUMBAR	1/1/2008	\$118.76	3	NO
8	64818	SYMPATHECTOMY, LUMBAR	1/1/2008	\$94.62	3	NO
8	64835	SUTURE OF ONE NERVE; MEDIAN MOTO	1/1/2008	\$112.68	3	NO
8	64836	SUTURE OF ONE NERVE; ULNAR MOTOR	1/1/2008	\$111.87	3	NO
8	64837	SUTURE OF EACH ADDITIONAL NERVE	1/1/2008	\$55.53	3	NO
8	64840	SUTURE OF POSTERIOR TIBIAL NERVE	1/1/2008	\$122.14	3	NO
8	64857	SUTURE OF MAJOR PERIPHERAL NERVE	1/1/2008	\$147.30	3	NO
8	64858	SUTURE OF SCIATIC NERVE	1/1/2008	\$170.47	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	64859	SUTURE OF EACH ADDITIONAL MAJOR	1/1/2008	\$37.90	3	NO
8	64861	SUTURE OF BRACHIAL PLEXIS	1/1/2008	\$194.61	3	NO
8	64862	SUTURE OF; LUMBAR PLEXUS	1/1/2008	\$193.00	3	NO
8	64864	SUTURE OF FACIAL NERVE EXTRACRAN	1/1/2008	\$123.33	3	NO
8	64865	SUTURE OF FACIAL NERVE; INTRATEM	1/1/2008	\$161.93	3	NO
8	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	1/1/2008	\$170.58	3	NO
8	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	1/1/2008	\$145.69	3	NO
8	64870	ANASTOMOSIS; FACIAL-PHRENIC	1/1/2008	\$144.78	3	NO
8	64872	SUTURE OF NERVE REQUIRING SECOND	1/1/2008	\$17.74	3	NO
8	64874	SUTURE OF NERVE; REQUIRING EXTEN	1/1/2008	\$26.13	3	NO
8	64876	SUTURE OF NERVE REQUIRING SHORTE	1/1/2008	\$28.71	3	NO
8	64885	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$161.76	3	NO
8	64886	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$190.63	3	NO
8	64890	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$151.66	3	NO
8	64891	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$145.42	3	NO
8	64892	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$145.21	3	NO
8	64893	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$157.14	3	NO
8	64895	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$175.53	3	NO
8	64896	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$194.77	3	NO
8	64897	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$174.56	3	NO
8	64898	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$189.88	3	NO
8	64901	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$88.70	3	NO
8	64902	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$101.77	3	NO
8	64905	NERVE PEDICLE TRANSFER FIRST STA	1/1/2008	\$134.99	3	NO
8	64907	NERVE PEDICLE TRANSFER; SECOND S	1/1/2008	\$183.05	3	NO
8	64910	NERVE REPAIR; WITH SYNTHETIC CON	1/1/2008	\$97.63	3	NO
8	64911	NERVE REPAIR; WITH AUTOGENOUS VE	1/1/2008	\$118.76	3	NO
8	64999	UNLISTED PROCEDURE NERVOUS SYSTE	11/1/2004	\$0.01	5	NO
8	65105	ENUCLEATION OF EYE; WITH IMPLANT	1/1/2008	\$108.86	3	NO
8	65110	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$158.11	3	NO
8	65112	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$187.51	3	NO
8	65114	EXENTERATION OF ORBIT, REMOVAL O	1/1/2008	\$193.86	3	NO
8	65130	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$93.81	3	NO
8	65135	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$95.42	3	NO
8	65140	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$103.22	3	NO
8	65155	REINSERTION OF OCULAR IMPLANT WI	1/1/2008	\$109.99	3	NO
8	65175	REMOVAL OF OCULAR IMPLANT (FOR O	1/1/2008	\$84.51	3	NO
8	65260	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$120.31	3	NO
8	65265	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$135.21	3	NO
8	65272	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$65.00	3	NO
8	65273	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$47.31	3	NO
8	65285	REPAIR OF LACERATION; CORNEA AND	1/1/2008	\$130.05	3	NO
8	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	1/1/2008	\$61.13	3	NO
8	65710	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$138.43	3	NO
8	65730	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$153.54	3	NO
8	65750	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$156.44	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	65755	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$155.42	3	NO
8	65770	KERATOPROSTHESIS	1/1/2008	\$178.70	3	NO
8	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
8	65780	OCULAR SURFACE RECONSTRUCTION; A	1/1/2008	\$112.41	3	NO
8	65781	OCULAR SURFACE RECONSTRUCTION; I	1/1/2008	\$169.67	3	NO
8	65782	OCULAR SURFACE RECONSTRUCTION; L	1/1/2008	\$146.55	3	NO
8	65865	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$61.18	3	NO
8	65870	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$74.24	3	NO
8	65875	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$78.60	3	NO
8	65880	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$83.01	3	NO
8	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	1/1/2008	\$122.57	3	NO
8	65920	REMOVAL OF IMPLANTED MATERIAL, A	1/1/2008	\$98.00	3	NO
8	66150	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$107.36	3	NO
8	66160	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$121.77	3	NO
8	66165	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$104.78	3	NO
8	66170	FISTULIZATION OF SCLEAR FOR GLAU	1/1/2008	\$146.98	3	NO
8	66172	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$183.91	3	NO
8	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	1/1/2008	\$147.03	3	NO
8	66185	REVISION OF AQUEOUS SHUNT TO EXT	1/1/2008	\$92.04	3	NO
8	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$88.87	3	NO
8	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$116.18	3	NO
8	66250	REVISION OR REPAIR OF OPERATIVE	1/1/2008	\$98.76	3	NO
8	66500	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$45.32	3	NO
8	66505	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$49.41	3	NO
8	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$132.52	3	NO
8	66680	REPAIR OF IRIS CILIARY BODY (AS	1/1/2008	\$63.33	3	NO
8	66682	SUTURE OF IRIS CILIARY BODY (SEP	1/1/2008	\$76.12	3	NO
8	66986	EXCHANGE OF INTRAOCULAR LENS	1/1/2008	\$117.47	3	NO
8	67005	REMOVAL OF VITREOUS ANTERIOR APP	1/1/2008	\$58.54	3	NO
8	67010	REMOVAL OF VITREOUS, ANTERIOR AP	1/1/2008	\$67.95	3	NO
8	67015	ASPIRATION OR RELEASE OF VITREOU	1/1/2008	\$73.44	3	NO
8	67025	INJECTION OF VITREOUS SUBSTITUTE	1/1/2008	\$92.47	3	NO
8	67030	DISCISSION OF VITREOUS STRANDS (	1/1/2008	\$64.46	3	NO
8	67036	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$121.66	3	NO
8	67038	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	INVALID	N	NO
8	67039	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$156.12	3	NO
8	67040	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$180.04	3	NO
8	67107	REPAIR OF RETINAL DETACHMENT; SC	1/1/2008	\$151.98	3	NO
8	67108	REPAIR OF RETINAL DETACHMENT; W/	1/1/2008	\$202.84	3	NO
8	67112	REPAIR OF RETINAL DETACHMENT; BY	1/1/2008	\$166.60	3	NO
8	67115	RELEASE OF ENCIRCLING MATERIAL (	1/1/2008	\$60.59	3	NO
8	67120	REMOVAL OF IMPLANTED MATERIAL, P	1/1/2008	\$83.60	3	NO
8	67121	REMOVAL OF IMPLANTED MATERIAL PO	1/1/2008	\$113.00	3	NO
8	67218	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$177.73	3	NO
8	67250	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$101.07	3	NO
8	67255	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$107.63	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
8	67314	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$83.33	3	YES
8	67316	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$100.32	3	YES
8	67318	STRABISMUS SURGERY, ANY METH	1/1/2008	\$87.31	3	YES
8	67320	TRANSPOSITION PROC(EG,FOR P	1/1/2008	\$40.86	3	YES
8	67331	STRABISMUS SURG ON PATIENT W/P	1/1/2008	\$38.71	3	YES
8	67332	STRABISMUS SURG ON PATIENT W/SC	1/1/2008	\$42.15	3	YES
8	67334	STRABISMUS SURGERY BY POSTERIO	1/1/2008	\$38.01	3	YES
8	67340	STRABISMUS SURGERY INVOLVING	1/1/2008	\$45.53	3	YES
8	67343	RELEASE OF EXTENSIVE SCAR TISS	1/1/2008	\$81.29	3	NO
8	67346	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2008	\$25.43	3	NO
8	67350	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2007	INVALID	N	NO
8	67399	UNLISTED PROCEDURE OCULAR M	2/1/1994	\$0.01	5	NO
8	67400	ORBITOTOMY W/OUT BONE FLAP (FR	1/1/2008	\$120.53	3	NO
8	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$101.61	3	NO
8	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$113.27	3	NO
8	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$112.47	3	NO
8	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	1/1/2008	\$163.91	3	NO
8	67420	ORBITOTOMY WITH BONE FLAP OR	1/1/2008	\$212.35	3	NO
8	67430	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$162.41	3	NO
8	67440	ORBITOTOMY WITH BONE FLAP OR	1/1/2008	\$155.96	3	NO
8	67445	ORBITOTOMY W/BONE FLAP OR	1/1/2008	\$179.93	3	NO
8	67450	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$161.23	3	NO
8	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$124.99	3	NO
8	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$126.87	3	NO
8	67570	OPTIC NERVE DECOMPRESSION (EG, I	1/1/2008	\$150.15	3	NO
8	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
8	67901	REPAIR OF BLEPHAROPTOSIS; FRON	1/1/2008	\$77.31	3	YES
8	67902	REPAIR OF BLEPHAROPTOSIS; FRON	1/1/2008	\$86.23	3	YES
8	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$84.83	3	YES
8	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$94.51	3	YES
8	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	1/1/2008	\$65.86	3	YES
8	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	1/1/2008	\$63.87	3	YES
8	67950	CANTHOPLASTY (RECONSTRUCTION	1/1/2008	\$77.52	3	NO
8	67961	EXCISION & REP OF EYELID INVOLVI	1/1/2008	\$77.15	3	NO
8	67966	EXCISION AND REPAIR OF EYELID	1/1/2008	\$97.52	3	NO
8	67971	RECONSTRUCTION OF EYELID, FULL T	1/1/2008	\$93.97	3	NO
8	67973	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$122.20	3	NO
8	67974	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$121.71	3	NO
8	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	1/1/2008	\$94.24	3	NO
8	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	1/1/2008	\$82.41	3	NO
8	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	1/1/2008	\$80.21	3	NO
8	68335	REPAIR OF SYMBLEPHARON; WITH FRE	1/1/2008	\$80.42	3	NO
8	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	1/1/2008	\$81.34	3	NO
8	68500	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$121.55	3	NO
8	68505	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$124.99	3	NO
8	68540	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$116.66	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
8	68550	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$144.24	3	NO
8	68720	DACRYOCYSTORHINOSTOMY (FISTULIZA	1/1/2008	\$96.28	3	NO
8	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$96.77	3	NO
8	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$99.08	3	NO
8	69090	EAR PIERCING	4/1/1982	NC	9	NO
8	69150	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$147.46	3	NO
8	69155	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$233.32	3	NO
8	69320	RECONSTRUCTION EXTERNAL AUDITORY	1/1/2008	\$211.60	3	NO
8	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
8	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	1/1/2008	\$99.89	3	NO
8	69530	PETROUS APICECTOMY INCLUDING RAD	1/1/2008	\$228.75	3	NO
8	69535	RESECTION TEMPORAL BONE EXTERNAL	1/1/2008	\$377.93	3	NO
8	69550	EXCISION AURAL GLOMUS TUMOR TRAN	1/1/2008	\$141.77	3	NO
8	69552	EXCISION AURAL GLOMUS TUMOR; TRA	1/1/2008	\$220.25	3	NO
8	69554	EXCISION AURAL GLOMUS TUMOR; EXT	1/1/2008	\$360.57	3	NO
8	69604	REVISION MASTOIDECTOMY; RESULTIN	1/1/2008	\$152.89	3	NO
8	69605	REVISION MASTOIDECTOMY; WITH API	1/1/2008	\$216.06	3	NO
8	69650	STAPES MOBILIZATION	1/1/2008	\$108.11	3	NO
8	69670	MASTOID OBLITERATION (SEPARATE P	1/1/2008	\$128.49	3	NO
8	69676	TYMPANIC NEURECTOMY	1/1/2008	\$112.30	3	NO
8	69700	CLOSURE POSTAURICULAR FISTULA MA	1/1/2008	\$95.80	3	NO
8	69711	REMOVAL OR REPAIR OF ELECTROMAGN	1/1/2008	\$117.25	3	NO
8	69720	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$160.47	3	NO
8	69725	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$264.18	3	NO
8	69740	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$163.11	3	NO
8	69745	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$173.59	3	NO
8	69802	LABYRINTHOTOMY WITH OR WITHOUT C	1/1/2008	\$141.71	3	NO
8	69805	ENDOLYMPHATIC SAC OPERATION WITH	1/1/2008	\$145.53	3	NO
8	69820	FENESTRATION SEMICIRCULAR CANAL	1/1/2008	\$119.29	3	NO
8	69840	REVISION FENESTRATION OPERATION	1/1/2008	\$128.59	3	NO
8	69905	LABYRINTHECTOMY TRANSCANAL	1/1/2008	\$124.24	3	NO
8	69915	VESTIBULAR NERVE SECTION TRANSLA	1/1/2008	\$215.52	3	NO
8	69930	COCHLEAR DEVICE IMPLANTATION WIT	9/21/1998	\$0.01	5	NO
8	69950	VESTIBULAR NERVE SECTION TRANSCR	1/1/2008	\$256.92	3	NO
8	69955	TOTAL FACIAL NERVE DECOMPRESSION	1/1/2008	\$280.30	3	NO
8	69960	DECOMPRESSION INTERNAL AUDITORY	1/1/2008	\$270.74	3	NO
8	69970	REMOVAL OF TUMOR	1/1/2008	\$304.28	3	NO
8	69990	MICROSURGICAL TEFHNIQUES, REQUIR	1/1/2008	\$32.36	3	NO
8	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
8	S2053	TRANSPLANTATION OF SMALL INTESTI	10/1/2005	\$0.01	5	YES
8	S2150	BONE MARROW OR BLOOD-DERIVED PER	10/1/2005	\$0.01	5	YES
A	A4206	SYRINGE WITH NEEDLE, STERILE, 1	4/1/2008	\$0.32	3	NO
A	A4207	SYRINGE WITH NEEDLE, STERILE, 2C	4/1/2008	\$0.16	3	NO
A	A4208	SYRINGE WITH NEEDLE, STERILE, 3C	4/1/2008	\$0.10	3	NO
A	A4209	SYRINGE WITH NEEDLE, STERILE, 5C	4/1/2008	\$0.42	3	NO
A	A4210	NEEDLE-FREE INJECTION DEVICE, EA	4/1/2008	\$242.62	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4211	SUPPLIES FOR SELF-ADMINISTERED I	1/1/2005	NC	9	NO
A	A4212	NON-CORING NEEDLE OR STYLET WITH	1/1/1994	NC	9	NO
A	A4213	SYRINGE, STERILE, 20CC OR GREATER	4/1/2008	\$1.04	3	NO
A	A4214	STERILE SALINE OR WATER, 30 CC V	4/1/2004	INVALID	N	NO
A	A4215	NEEDLE, STERILE, ANY SIZE, EACH	4/1/2008	\$0.19	3	NO
A	A4216	STERILE WATER, SALINE AND/OR DEX	4/1/2008	\$0.36	3	NO
A	A4217	STERILE WATER/SALINE, 500 ML	4/1/2008	\$2.99	3	NO
A	A4218	STERILE SALINE OR WATER, METERED	1/1/2006	NC	9	NO
A	A4221	SUPPLIES FOR MAINTENANCE OF DRUG	4/1/2008	\$21.26	3	YES
A	A4223	INFUSION SUPPLIES NOT USED WITH	1/1/2005	NC	9	NO
A	A4230	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
A	A4231	INFUSION SET FOR EXTERNAL INSULI	1/1/1996	NC	9	NO
A	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	YES
A	A4233	REPLACEMENT BATTERY, ALKALINE (O	4/1/2008	\$0.76	3	NO
A	A4234	REPLACEMENT BATTERY, ALKALINE, J	4/1/2008	\$3.47	3	NO
A	A4235	REPLACEMENT BATTERY, LITHIUM, FO	4/1/2008	\$2.23	3	NO
A	A4236	REPLACEMENT BATTERY, SILVER OXID	4/1/2008	\$1.60	3	NO
A	A4244	ALCOHOL OR PEROXIDE, PER PINT	4/1/2008	\$0.99	3	NO
A	A4245	ALCOHOL WIPES, PER BOX	4/1/2008	\$2.89	3	NO
A	A4246	BETADINE OR PHISOHEX SOLUTION, P	4/1/2008	\$4.17	3	NO
A	A4247	BETADINE OR IODINE SWABS/WIPES,	4/1/2008	\$5.72	3	NO
A	A4248	CHLORHEXIDINE CONTAINING ANTISEP	1/1/2004	NC	9	NO
A	A4250	URINE TEST OR REAGENT STRIPS OR	4/1/2008	\$16.15	3	NO
A	A4252	BLOOD KETONE TEST OR REAGENT STR	1/1/2008	NC	9	NO
A	A4253	BLOOD GLUCOSE TEST OR REAGENT ST	4/1/2008	\$35.28	3	NO
A	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
A	A4255	PLATFORMS FOR HOME BLOOD GLUCOSE	4/1/2008	\$3.93	3	NO
A	A4256	NORMAL, LOW AND HIGH CALIBRATOR	4/1/2008	\$10.93	3	NO
A	A4257	REPLACEMENT LENS SHIELD CARTRIDG	1/1/2002	NC	9	NO
A	A4258	SPRING-POWERED DEVICE FOR LANCET	4/1/2008	\$16.95	3	NO
A	A4259	LANCETS, PER BOX OF 100	4/1/2008	\$11.52	3	NO
A	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
A	A4265	PARAFFIN, PER POUND	4/1/2008	\$3.24	3	NO
A	A4270	DISPOSABLE ENDOSCOPE SHEATH, EAC	10/1/2001	NC	9	NO
A	A4280	ADHESIVE SKIN SUPPORT ATTACHMENT	4/1/2008	\$4.62	3	NO
A	A4281	TUBING FOR BREAST PUMP, REPLACEM	4/1/2003	NC	9	NO
A	A4282	ADAPTER FOR BREAST PUMP, REPLACE	4/1/2003	NC	9	NO
A	A4283	CAP FOR BREAST PUMP BOTTLE, REPL	4/1/2003	NC	9	NO
A	A4284	BREAST SHIELD AND SPLASH PROTECT	4/1/2003	NC	9	NO
A	A4285	POLYCARBONATE BOTTLE FOR USE WIT	4/1/2003	NC	9	NO
A	A4286	LOCKING RING FOR BREAST PUMP, RE	4/1/2003	NC	9	NO
A	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
A	A4310	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$6.26	3	NO
A	A4311	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$12.04	3	NO
A	A4312	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$14.64	3	NO
A	A4313	INSERTION TRAY W/O DRAINAGE BAG	4/1/2008	\$15.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4314	INSERTION TRAY W/DRAINAGE BAG W/	4/1/2008	\$20.53	3	NO
A	A4315	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$21.42	3	NO
A	A4316	INSERTION TRAY W/DRAINAGE BAG W/	4/1/2008	\$23.05	3	NO
A	A4319	STERILE WATER IRRIGATION SOLUTIO	4/1/2004	INVALID	N	NO
A	A4320	IRRIGATION TRAY WITH BULB OR PIS	4/1/2008	\$5.09	3	NO
A	A4321	THERAPEUTIC AGENT FOR URINARY CA	3/1/1997	NC	9	NO
A	A4322	IRRIGATION SYRINGE, BULB OR PIST	4/1/2008	\$2.62	3	NO
A	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
A	A4324	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
A	A4325	MALE EXTERNAL CATHETER, WITH ADH	1/1/2005	INVALID	N	NO
A	A4326	MALE EXTERNAL CATHETER WITH INTE	4/1/2008	\$9.90	3	NO
A	A4327	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$42.61	3	NO
A	A4328	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$9.44	3	NO
A	A4329	EXTERNAL CATH START SET,MALE/FEM	4/1/2002	INVALID	N	NO
A	A4330	PERIANAL FECAL COLLECTION POUCH	4/1/2008	\$6.62	3	NO
A	A4331	EXTENSION DRAINAGE TUBING, ANY T	4/1/2008	\$3.18	3	NO
A	A4332	LUBRICANT, INDIVIDUAL STERILE PA	4/1/2008	\$0.11	3	NO
A	A4333	URINARY CATHETER ANCHORING DEVIC	4/1/2008	\$2.10	3	NO
A	A4334	URINARY CATHETER ANCHORING DEVIC	4/1/2008	\$4.71	3	NO
A	A4335	INCONTINENCE SUPPLY; MISCELLANEO	4/1/2008	\$0.96	3	YES
A	A4338	INDWELLING CATHETER; FOLEY TYPE;	4/1/2008	\$11.71	3	NO
A	A4340	INDWELLING CATHETER; SPECIALTY T	4/1/2008	\$30.32	3	NO
A	A4344	INDWELLING CATHETER; FOLEY TYPE,	4/1/2008	\$15.30	3	NO
A	A4346	INDWELLING CATHETER; FOLEY TYPE,	4/1/2008	\$18.71	3	NO
A	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
A	A4348	MALE EXTERNAL CATHETER WITH INTE	1/1/2007	INVALID	N	NO
A	A4349	MALE EXTERNAL CATHETER, WITH OR	4/1/2008	\$1.93	3	NO
A	A4351	INTERMITTENT URINARY CATHETER; S	4/1/2008	\$1.73	3	NO
A	A4352	INTERMITTENT URINARY CATHETER; C	4/1/2008	\$6.13	3	NO
A	A4353	INTERMITTENT URINARY CATHETER, W	4/1/2008	\$6.69	3	NO
A	A4354	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$9.58	3	NO
A	A4355	IRRIGATION TUBING SET FOR CONTIN	4/1/2008	\$8.51	3	NO
A	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	4/1/2008	\$40.51	3	NO
A	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	4/1/2008	\$9.70	3	NO
A	A4358	URINARY DRAINAGE BAG, LEG OR ABD	4/1/2008	\$5.59	3	NO
A	A4359	URINARY SUSPENSORY WITHOUT LEG B	1/1/2007	INVALID	N	NO
A	A4360	ADULT INCONTINENCE GARMENT (EG,	7/1/2003	INVALID	N	NO
A	A4361	OSTOMY FACEPLATE, EACH	4/1/2008	\$18.37	3	NO
A	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	4/1/2008	\$2.94	3	NO
A	A4363	OSTOMY CLAMP, ANY TYPE, REPLACEM	7/1/2008	NC	9	NO
A	A4364	ADHESIVE, LIQUID OR EQUAL, ANY T	4/1/2008	\$2.93	3	NO
A	A4365	ADHESIVE REMOVER WIPES, ANY TYPE	4/1/2008	\$11.32	3	NO
A	A4366	OSTOMY VENT, ANY TYPE, EACH	4/1/2008	\$1.30	3	NO
A	A4367	OSTOMY BELT, EACH	4/1/2008	\$7.35	3	NO
A	A4368	OSTOMY FILTER, ANY TYPE, EACH	7/1/2002	NC	9	NO
A	A4369	OSTOMY SKIN BARRIER, LIQUID (SPR	4/1/2008	\$2.06	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4370	OSTOMY SKIN BARRIER, PASTE, PER	7/1/2003	INVALID	N	NO
A	A4371	OSTOMY SKIN BARRIER, POWDER, PER	4/1/2008	\$3.60	3	NO
A	A4372	OSTOMY SKIN BARRIER, SOLID 4X4 O	4/1/2008	\$4.18	3	NO
A	A4373	OSTOMY SKIN BARRIER, W/FLANGE (S	4/1/2008	\$6.28	3	NO
A	A4374	OSTOMY SKIN BARRIER, W/FLANGE (S	7/1/2003	INVALID	N	NO
A	A4375	OSTOMY POUCH, DRAINABLE, WITH FA	4/1/2008	\$17.18	3	NO
A	A4376	OSTOMY POUCH, DRAINABLE, WITH FA	4/1/2008	\$47.58	3	NO
A	A4377	OSTOMY POUCH, DRAINABLE, FOR USE	4/1/2008	\$4.29	3	NO
A	A4378	POUCH, DRAINABLE, FOR USE ON FAC	4/1/2008	\$30.75	3	NO
A	A4379	POUCH, URINARY, WITH FACEPLATE A	4/1/2008	\$15.02	3	NO
A	A4380	POUCH, URINARY, WITH FACEPLATE A	4/1/2008	\$37.33	3	NO
A	A4381	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$4.61	3	NO
A	A4382	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$24.62	3	NO
A	A4383	OSTOMY POUCH, URINARY, FOR USE O	4/1/2008	\$28.19	3	NO
A	A4384	OSTOMY FACEPLATE EQUIVALENT, SIL	4/1/2008	\$9.62	3	NO
A	A4385	OSTOMY SKIN BARRIER, SOLID 4X4 O	4/1/2008	\$5.10	3	NO
A	A4386	SKIN BARRIER, WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
A	A4387	OSTOMY POUCH, CLOSED, WITH BARRI	4/1/2008	\$3.80	3	NO
A	A4388	OSTOMY POUCH, DRAINABLE, WITH EX	4/1/2008	\$4.36	3	NO
A	A4389	OSTOMY POUCH, DRAINABLE, WITH BA	4/1/2008	\$6.22	3	NO
A	A4390	OSTOMY POUCH, DRAINABLE, W/EXTEN	4/1/2008	\$9.61	3	NO
A	A4391	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2008	\$7.07	3	NO
A	A4392	OSTOMY POUCH, URINARY, W/STANDAR	4/1/2008	\$8.18	3	NO
A	A4393	OSTOMY POUCH, URINARY, W/EXTENDE	4/1/2008	\$9.04	3	NO
A	A4394	OSTOMY DEODORANT WITH OR W/O LUB	4/1/2008	\$2.58	3	NO
A	A4395	OSTOMY DEODORANT FOR USE IN OSTO	4/1/2008	\$0.05	3	NO
A	A4396	OSTOMY BELT WITH PERISTOMAL HERN	4/1/2008	\$40.48	3	NO
A	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4/1/2008	\$4.07	3	NO
A	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	4/1/2008	\$13.81	3	NO
A	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	4/1/2008	\$12.26	3	NO
A	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
A	A4402	LUBRICANT, PER OUNCE	4/1/2008	\$1.60	3	NO
A	A4404	OSTOMY RING, EACH	4/1/2008	\$1.44	3	NO
A	A4405	OSTOMY SKIN BARRIER, NON-PECTIN	4/1/2008	\$3.40	3	NO
A	A4406	OSTOMY SKIN BARRIER, PECTIN-BASE	4/1/2008	\$5.74	3	NO
A	A4407	OSTOMY SKIN BARRIER, WITH FLANGE	4/1/2008	\$8.76	3	NO
A	A4408	OSTOMY SKIN BARRIER, WITH FLANGE	4/1/2008	\$9.87	3	NO
A	A4409	OSTOMY SKIN BARRIER, WITH FLANGE	4/1/2008	\$6.22	3	NO
A	A4410	OSTOMY SKIN BARRIER, WITH FLANGE	4/1/2008	\$9.04	3	NO
A	A4411	OSTOMY SKIN BARRIER, SOLID 4X4 O	4/1/2008	\$5.10	3	NO
A	A4412	OSTOMY POUCH, DRAINABLE, HIGH OU	4/1/2008	\$2.70	3	NO
A	A4413	OSTOMY POUCH, DRAINABLE, HIGH OU	4/1/2008	\$5.50	3	NO
A	A4414	OSTOMY SKIN BARRIER, W/FLANGE, W	4/1/2008	\$4.93	3	NO
A	A4415	OSTOMY SKIN BARRIER, WITH FLANGE	4/1/2008	\$6.00	3	NO
A	A4416	OSTOMY POUCH, CLOSED, WITH BARRI	4/1/2008	\$2.75	3	NO
A	A4417	OSTOMY POUCH, CLOSED, WITH BARRI	4/1/2008	\$3.72	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4418	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2008	\$1.81	3	NO
A	A4419	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.74	3	NO
A	A4420	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.72	3	NO
A	A4421	OSTOMY SUPPLY; MISCELLANEOUS	4/1/2008	\$96.20	3	YES
A	A4422	OSTOMY ABOSRBENT MATERIAL FOR US	4/1/2008	\$0.12	3	NO
A	A4423	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.86	3	NO
A	A4424	OSTOMY POUCH, DRAINABLE, WITH BA	4/1/2008	\$4.75	3	NO
A	A4425	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$3.58	3	NO
A	A4426	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.73	3	NO
A	A4427	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.78	3	NO
A	A4428	OSTOMY POUCH, URINARY, W/EXTENDE	4/1/2008	\$6.51	3	NO
A	A4429	OSTOMY POUCH, URINARY, W/BARRIER	4/1/2008	\$8.25	3	NO
A	A4430	OSTOMY POUCH, URINARY, W/EXTENDE	4/1/2008	\$8.52	3	NO
A	A4431	OSTOMY POUCH, URINARY; W/BARRIER	4/1/2008	\$6.22	3	NO
A	A4432	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.59	3	NO
A	A4433	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.34	3	NO
A	A4434	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.76	3	NO
A	A4450	TAPE, NON-WATERPROOF, PER 18 SQU	4/1/2008	\$0.09	3	NO
A	A4452	TAPE, WATERPROOF, PER 18 SQUARE	4/1/2008	\$0.34	3	NO
A	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
A	A4455	ADHESIVE REMOVER OR SOLVENT (FOR	4/1/2008	\$1.43	3	NO
A	A4458	ENEMA BAG WITH TUBING, REUSABLE	4/1/2003	NC	9	NO
A	A4460	ELASTIC BANDAGE, PER ROLL (EG CO	7/1/2003	INVALID	N	NO
A	A4461	SURGICAL DRESSING HOLDER, NON-RE	1/1/2007	NC	9	NO
A	A4462	ABDOMINAL DRESSING HOLDER, EACH	1/1/2007	INVALID	N	NO
A	A4463	SURGICAL DRESSING HOLDER, REUSAB	1/1/2007	NC	9	NO
A	A4464	JOINT SUPPORTIVE DEVICE/GARMENT,	7/1/2003	INVALID	N	NO
A	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
A	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
A	A4481	THRACHEOSTOMA FILTER, ANY TYPE,	4/1/2008	\$0.36	3	NO
A	A4483	MOISTURE EXCHANGER, DISPOSABLE,	4/1/2008	\$4.30	3	NO
A	A4490	SURGICAL STOCKINGS ABOVE KNEE LE	4/1/2003	NC	9	NO
A	A4495	SURGICAL STOCKINGS THIGH LENGTH,	4/1/2003	NC	9	NO
A	A4500	SURGICAL STOCKINGS BELOW KNEE LE	1/1/2003	NC	9	NO
A	A4510	SURGICAL STOCKINGS FULL LENGTH,	1/1/2003	NC	9	NO
A	A4520	INCONTINENCE GARMENT, ANY TYPE,	1/1/2005	NC	9	NO
A	A4521	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4522	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4523	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4524	ADULT-SIZED INCONTINCNE PRODUCT,	1/1/2005	INVALID	N	YES
A	A4525	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4526	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4527	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4528	ADULT-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4529	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4530	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4531	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4532	CHILD-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4533	YOUTH-SIZED INCONTINENCE PRODUCT	1/1/2005	INVALID	N	YES
A	A4534	YOUTH-SIZED INCONTINENCE PRODUCT	1/1/2005	NC	9	YES
A	A4535	DISPOSABLE LINER/SHIELD FOR INCO	1/1/2005	INVALID	N	YES
A	A4536	PROTECTIVE UNDERWEAR, WASHABLE,	1/1/2005	INVALID	N	YES
A	A4537	UNDER PAD, REUSABLE/WASHABLE, AN	1/1/2005	INVALID	N	YES
A	A4538	DIAPER SERVICE, REUSABLE DIAPER,	1/1/2005	INVALID	N	NO
A	A4554	DISPOSABLE UNDERPADS, ALL SIZES,	1/1/2005	NC	9	YES
A	A4556	ELECTRODES (EG APNEA MONITOR), P	4/1/2008	\$11.32	3	YES
A	A4557	LEAD WIRES, (EG. APNEA MONITOR),	4/1/2008	\$20.15	3	YES
A	A4558	CONDUCTIVE GEL OR PASTE, FOR USE	4/1/2008	\$4.79	3	YES
A	A4559	COUPLING GEL OR PASTE, FOR USE W	1/1/2007	NC	9	NO
A	A4570	SPLINT	10/1/2001	NC	9	NO
A	A4572	RIB BELT -H	7/1/2003	INVALID	N	NO
A	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBE	1/1/1996	NC	9	NO
A	A4580	CAST SUPPLIES (EG, PLASTER)	7/1/2002	NC	9	NO
A	A4590	SPECIAL CASTING MATERIAL (EG, FI	7/1/2002	NC	9	NO
A	A4595	ELECTRICAL STIMULATOR SUPPLIES,	4/1/2008	\$27.07	3	YES
A	A4600	SLEEVE FOR INTERMITTENT LIMB COM	1/1/2007	NC	9	NO
A	A4601	LITHIUM ION BATTERY FOR NON-PROS	1/1/2007	NC	9	NO
A	A4604	TUBING WITH INTEGRATED HEATING E	4/1/2008	\$63.80	3	YES
A	A4605	TRACHEAL SUCTION CATHETER, CLOSE	4/1/2008	\$15.66	3	NO
A	A4606	OXYGEN PROBE FOR USE WITH OXIMET	4/1/2008	\$120.25	3	YES
A	A4608	TRANSTRACHEAL OXYGEN CATHETER, E	4/1/2008	\$55.53	3	NO
A	A4609	TRACHEAL SUCTION CATHETER, CLOSE	1/1/2005	INVALID	N	NO
A	A4610	TRACHEAL SUCTION CATHETER, CLOSE	1/1/2005	INVALID	N	NO
A	A4611	BATTERY, HEAVY DUTY; REPLACEMENT	4/1/2008	\$159.47	3	NO
A	A4612	BATTERY CABLES; REPLACEMENT FOR	4/1/2008	\$76.33	3	NO
A	A4613	BATTERY CHARGER; REPLACEMENT FOR	4/1/2008	\$137.72	3	NO
A	A4614	PEAK EXPIRATORY FLOW RATE METER,	4/1/2008	\$22.71	3	NO
A	A4615	CANNULA, NASAL	4/1/2008	\$4.06	3	NO
A	A4616	TUBING, (OXYGEN), PER FOOT	4/1/2008	\$0.36	3	NO
A	A4617	MOUTHPIECE	4/1/2008	\$3.12	3	NO
A	A4618	BREATHING CIRCUITS	4/1/2008	\$7.32	3	NO
A	A4619	FACE TENT	4/1/2008	\$1.16	3	NO
A	A4620	VARIABLE CONCENTRATION MASK	4/1/2008	\$3.65	3	NO
A	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
A	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
A	A4623	TRACHEOSTOMY, INNER CANNULA	4/1/2008	\$5.32	3	NO
A	A4624	TRACHEAL SUCTION CATHETER, ANY T	4/1/2008	\$2.51	3	NO
A	A4625	TRACHEOSTOMY CARE KIT FOR NEW TR	4/1/2008	\$5.62	3	NO
A	A4626	TRACHEOSTOMY CLEANING BRUSH, EAC	4/1/2008	\$2.59	3	NO
A	A4627	SPACER, BAG OR RESERVOIR, W/OR W	4/1/2008	\$25.49	3	NO
A	A4628	OROPHARYNGEAL SUCTION CATHETER,	4/1/2008	\$3.49	3	NO
A	A4629	TRACHEOSTOMY CARE KIT FOR ESTABL	4/1/2008	\$4.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A4630	REPLACEMENT BATTERIES, MEDICALLY	5/1/1997	NC	9	NO
A	A4632	REPLACEMENT BATTERY FOR EXTERNAL	1/1/2007	INVALID	N	NO
A	A4633	REPLACEMENT BULB/LAMP FOR ULTRAV	4/1/2008	\$39.19	3	NO
A	A4634	REPLACEMENT BULB FOR THERAPEUTIC	4/1/2003	NC	9	NO
A	A4635	UNDERARM PAD, CRUTCH, REPLACEMEN	4/1/2008	\$4.89	3	NO
A	A4636	REPLACEMENT, HANDGRIP, CANE, CRU	4/1/2008	\$4.02	3	NO
A	A4637	REPLACEMENT TIP, CANE, CRUTCH, O	4/1/2008	\$2.03	3	NO
A	A4638	REPLACEMENT BATTERY FOR PATIENT-	1/1/2004	NC	9	NO
A	A4639	REPLACEMENT PAD FOR INFRARED HEA	4/1/2003	NC	9	NO
A	A4640	REPLACEMENT PAD FOR USE WITH MED	4/1/2008	\$51.40	3	NO
A	A4648	TISSUE MARKER, IMPLANTABLE, ANY	1/1/2008	NC	9	NO
A	A4649	SURGICAL SUPPLIES; MISCELLANEOUS	4/1/2008	\$192.40	3	YES
A	A4650	IMPLANTABLE RADIATION DOSIMETER,	1/1/2008	NC	9	NO
A	A4651	CALIBRATED MICROCAPILLARY TUBE,	1/1/2002	NC	9	NO
A	A4652	MICROCAPILLARY TUBE SEALANT	1/1/2002	NC	9	NO
A	A4653	PERITONEAL DIALYSIS CATHETER ANC	4/1/2003	NC	9	NO
A	A4655	NEEDLES AND SYRINGES FOR DIALYSI	4/1/2002	INVALID	N	NO
A	A4656	NEEDLE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	A4657	SYRINGE, WITH OR WITHOUT NEEDLE,	1/1/2002	NC	9	NO
A	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE	4/1/2008	\$24.05	3	NO
A	A4663	BLOOD PRESSURE CUFF ONLY	4/1/2008	\$21.85	3	NO
A	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	4/1/2008	\$52.91	3	YES
A	A4671	DISPOSABLE CYCLER SET USED WITH	1/1/2004	NC	9	NO
A	A4672	DRAINAGE EXTENSION LINE, STERILE	1/1/2004	NC	9	NO
A	A4673	EXTENSION LINE WITH EASY LOCK CO	1/1/2004	NC	9	NO
A	A4674	CHEMICALS/ANTISEPTICS SOLUTION U	1/1/2004	NC	9	NO
A	A4680	ACTIVATED CARBON FILTER FOR HEMO	4/1/1990	NC	9	NO
A	A4690	DIALYZER (ARTIFICIAL KIDNEYS), A	4/1/1990	NC	9	NO
A	A4700	STANDARD DIALYSATE SOLUTION, EAC	4/1/2002	INVALID	N	NO
A	A4705	BICARBONATE DIALYSATE SOLUTION,	4/1/2002	INVALID	N	NO
A	A4706	BICARBONATE CONCENTRATE, SOLUTIO	1/1/2002	NC	9	NO
A	A4707	BICARBONATE CONCENTRATE, POWDER,	1/1/2002	NC	9	NO
A	A4708	ACETATE CONCENTRATE SOLUTION, FO	1/1/2002	NC	9	NO
A	A4709	ACID CONCENTRATE, SOLUTION, FOR	1/1/2002	NC	9	NO
A	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
A	A4714	TREATED WATER FOR PERITONEAL DIA	1/1/2007	NC	9	NO
A	A4719	Y SET TUBING FOR PERITONEAL DIAL	1/1/2006	NC	9	NO
A	A4720	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4721	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4722	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4723	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4724	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4725	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4726	DIALYSATE SOLUTION, ANY CONCENTR	1/1/2006	NC	9	NO
A	A4728	DIALYSATE SOLUTION, NONDEXTROSE	1/1/2006	NC	9	NO
A	A4730	FISTULA CANNULATION SET FOR HEMO	1/1/2006	NC	9	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
A	A4736	TOPICAL ANESTHETIC, FOR DIALYSIS	1/1/2006	NC	9	NO
A	A4737	INJECTABLE ANESTHETIC, FOR DIALY	1/1/2006	NC	9	NO
A	A4740	SHUNT ACCESSORY, FOR HEMODIALYSI	1/1/2006	NC	9	NO
A	A4750	BLOOD TUBING, ARTERIAL OR VENOUS	1/1/2006	NC	9	NO
A	A4755	BLOOD TUBING, ARTERIAL AND VENOU	1/1/2006	NC	9	NO
A	A4760	DIALYSATE SOLUTION TEST KIT, FOR	1/1/2006	NC	9	NO
A	A4765	DIALYSATE CONCENTRATE, POWDER, A	1/1/2006	NC	9	NO
A	A4766	DIALYSATE CONCENTRATE, SOLUTION,	1/1/2006	NC	9	NO
A	A4770	BLOOD COLLECTION TUBE, VACUUM, F	1/1/2006	NC	9	NO
A	A4771	SERUM CLOTTING TIME TUBE, FOR DI	1/1/2006	NC	9	NO
A	A4772	BLOOD GLUCOSE TEST STRIPS, FOR D	1/1/2006	NC	9	NO
A	A4773	OCCULT BLOOD TEST STRIPS, FOR DI	1/1/2008	NC	9	NO
A	A4774	AMMONIA TEST STRIPS, FOR DIALYSI	1/1/2006	NC	9	NO
A	A4802	PROTAMINE SULFATE, FOR HEMODIALY	1/1/2006	NC	9	NO
A	A4860	DISPOSABLE CATHETER TIPS FOR PER	1/1/2006	NC	9	NO
A	A4870	PLUMBING AND/OR ELECTRICAL WORK	1/1/2006	NC	9	NO
A	A4890	CONTRACTS, REPAIR AND MAINTENANC	1/1/2006	NC	9	NO
A	A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS,	1/1/2006	NC	9	NO
A	A4913	MISCELLANEOUS DIALYSIS SUPPLIES,	1/1/2006	NC	9	NO
A	A4918	VENOUS PRESSURE CLAMP, FOR HEMOD	1/1/2006	NC	9	NO
A	A4927	GLOVES, NON-STERILE, PER 100	4/1/2008	\$9.62	3	NO
A	A4928	SURGICAL MASK, PER 20	1/1/2002	NC	9	NO
A	A4929	TOURNIQUET FOR DIALYSIS, EACH	1/1/2002	NC	9	NO
A	A4930	GLOVES,STERILE, PER PAIR	4/1/2008	\$1.92	3	NO
A	A4931	ORAL THERMOMETER, REUSABLE, ANY	4/1/2003	NC	9	NO
A	A4932	RECTAL THERMOMETER, REUSABLE, AN	4/1/2003	NC	9	NO
A	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	4/1/2008	\$2.07	3	NO
A	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2008	\$1.49	3	NO
A	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.74	3	NO
A	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.79	3	NO
A	A5055	STOMA CAP	4/1/2008	\$1.44	3	NO
A	A5061	OSTOMY POUCH, DRAINABLE; WITH BA	4/1/2008	\$3.52	3	NO
A	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	4/1/2008	\$2.09	3	NO
A	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.70	3	NO
A	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
A	A5071	OSTOMY POUCH, URINARY; WITH BARR	4/1/2008	\$6.01	3	NO
A	A5072	OSTOMY POUCH, URINARY; WITHOUT B	4/1/2008	\$3.50	3	NO
A	A5073	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.18	3	NO
A	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
A	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
A	A5081	CONTINENT DEVICE; PLUG FOR CONTI	4/1/2008	\$2.81	3	NO
A	A5082	CONTINENT DEVICE; CATHETER FOR C	4/1/2008	\$10.15	3	NO
A	A5083	CONTINENT DEVICE, STOMA ABSORPTI	1/1/2008	NC	9	NO
A	A5093	OSTOMY ACCESSORY; CONVEX INSERT	4/1/2008	\$1.66	3	NO
A	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	4/1/2008	\$22.58	3	NO
A	A5105	URINARY SUSPENSORY WITH LEG BAG,	4/1/2008	\$33.09	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A5112	URINARY LEG BAG; LATEX	4/1/2008	\$33.06	3	NO
A	A5113	LEG STRAP; LATEX, REPLACEMENT ON	4/1/2008	\$3.82	3	NO
A	A5114	LEG STRAP; FOAM OR FABRIC, REPLA	4/1/2008	\$7.26	3	NO
A	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
A	A5120	SKIN BARRIER, WIPES OR SWABS, EA	4/1/2008	\$0.21	3	NO
A	A5121	SKIN BARRIER; SOLID, 6 X 6 OR EQ	4/1/2008	\$7.46	3	NO
A	A5122	SKIN BARRIER; SOLID, 8 X 8 OR EQ	4/1/2008	\$10.92	3	NO
A	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
A	A5126	ADHESIVE OR NON-ADHESIVE, DISK O	4/1/2008	\$1.12	3	NO
A	A5131	APPLIANCE CLEANER, INCONTINENCE	4/1/2008	\$13.48	3	NO
A	A5200	PERCUTANEOUS CATHETER/TUBE ANCHO	4/1/2008	\$10.78	3	NO
A	A5500	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$56.69	3	NO
A	A5501	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$170.03	3	NO
A	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
A	A5503	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
A	A5504	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
A	A5505	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
A	A5506	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
A	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	4/1/2008	\$25.21	3	NO
A	A5508	FOR DIABETICS ONLY, DELUXE FEATU	1/1/2000	NC	9	NO
A	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
A	A5510	FOR DIABETICS ONLY, DIRECT FORME	4/1/2008	\$31.75	3	NO
A	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
A	A5512	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$23.13	3	NO
A	A5513	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$34.51	3	NO
A	A6000	NON-CONTACT WOUND WARMING WOUND	1/1/2002	NC	9	NO
A	A6010	COLLAGEN BASED WOUND FILLER, DRY	4/1/2008	\$29.57	3	NO
A	A6011	COLLAGEN BASED WOUND FILLER, GEL	4/1/2008	\$2.18	3	NO
A	A6021	COLLAGEN DRESSING, PAD SIZE 16 S	4/1/2008	\$20.07	3	NO
A	A6022	COLLAGEN DRESSING, PAD SIZE MORE	4/1/2008	\$20.07	3	NO
A	A6023	COLLAGEN DRESSING, PAD SIZE MORE	4/1/2008	\$181.74	3	NO
A	A6024	COLLAGEN DRESSING WOUND FILLER,	4/1/2008	\$5.91	3	NO
A	A6025	GEL SHEET FOR DERMAL OR EPIDERMA	4/1/2008	\$3.07	3	NO
A	A6154	WOUND POUCH, EACH	4/1/2008	\$13.71	3	NO
A	A6196	ALGINATE OR OTHER FIBER GELLING	4/1/2008	\$7.02	3	NO
A	A6197	ALGINATE OR OTHER FIBER GELLING	4/1/2008	\$15.70	3	NO
A	A6198	ALGINATE OR OTHER FIBER GELLING	4/1/2008	\$111.22	3	NO
A	A6199	ALGIANTE OR OTHER FIBER GELLING	4/1/2008	\$5.05	3	NO
A	A6200	COMPOSITE DRESSING, PAD SIZE 16	4/1/2008	\$9.07	3	NO
A	A6201	COMPOSITE DRESSING PAD SIZE MORE	4/1/2008	\$19.86	3	NO
A	A6202	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$33.31	3	NO
A	A6203	COMPOSITE DRESSING, PAD SIZE 16	4/1/2008	\$3.20	3	NO
A	A6204	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$5.95	3	NO
A	A6205	COMPOSITE DRESSING, PAD SIZE MOR	4/1/2008	\$4.51	3	NO
A	A6206	CONTACT LAYER, 16 SQ IN OR LESS,	4/1/2008	\$1.01	3	NO
A	A6207	CONTACT LAYER, MORE THAN 16 BUT	4/1/2008	\$7.01	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6208	CONTACT LAYER, MORE THAN 48 SQ I	4/1/2008	\$3.39	3	NO
A	A6209	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$7.14	3	NO
A	A6210	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$19.02	3	NO
A	A6211	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$28.05	3	NO
A	A6212	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$9.26	3	NO
A	A6213	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$14.82	3	NO
A	A6214	FOAM DRESSING, WOUND COVER, PAD	4/1/2008	\$9.83	3	NO
A	A6215	FOAM DRESSING, WOUND FILLER, PER	4/1/2008	\$2.30	3	NO
A	A6216	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.05	3	NO
A	A6217	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.38	3	NO
A	A6218	GAUZE, NON-IMPREGNATED, NON-STER	4/1/2008	\$0.60	3	NO
A	A6219	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$0.91	3	NO
A	A6220	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$2.46	3	NO
A	A6221	GAUZE, NON-IMPREGNATED, PAD SIZE	4/1/2008	\$5.94	3	NO
A	A6222	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$2.03	3	NO
A	A6223	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$2.31	3	NO
A	A6224	GAUZE, IMPREGNATED W/OTHER THAN	4/1/2008	\$3.45	3	NO
A	A6228	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6229	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6230	GAUZE, IMPREGNATED, WATER OR NOR	10/1/2000	NC	9	NO
A	A6231	GAUZE, IMPREGNATED, HYDROGEL, FO	4/1/2008	\$4.47	3	NO
A	A6232	GAUZE, IMPREGNATED, HYDROGEL, FO	4/1/2008	\$6.57	3	NO
A	A6233	GAUZE, IMPREGNATED, HYDROGEL FOR	4/1/2008	\$18.33	3	NO
A	A6234	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$6.25	3	NO
A	A6235	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$16.06	3	NO
A	A6236	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$26.02	3	NO
A	A6237	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$7.55	3	NO
A	A6238	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$21.76	3	NO
A	A6239	HYDROCOLLOID DRESSING, WOUND COV	4/1/2008	\$18.03	3	NO
A	A6240	HYDROCOLLOID DRESSING, WOUND FIL	4/1/2008	\$11.69	3	NO
A	A6241	HYDROCOLLOID DRESSING, WOUND FIL	4/1/2008	\$2.45	3	NO
A	A6242	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$5.80	3	NO
A	A6243	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$11.76	3	NO
A	A6244	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$37.51	3	NO
A	A6245	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$6.94	3	NO
A	A6246	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$9.47	3	NO
A	A6247	HYDROGEL DRESSING, WOUND COVER,	4/1/2008	\$22.71	3	NO
A	A6248	HYDROGEL DRESSING, WOUND FILLER,	4/1/2008	\$15.51	3	NO
A	A6250	SKIN SEALANTS, PROTECTANTS, MOIS	3/1/1997	NC	9	NO
A	A6251	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$1.90	3	NO
A	A6252	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$3.10	3	NO
A	A6253	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$6.05	3	NO
A	A6254	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$1.16	3	NO
A	A6255	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$2.89	3	NO
A	A6256	SPECIALTY ABSORPTIVE DRESSING, W	4/1/2008	\$7.91	3	NO
A	A6257	TRANSPARENT FILM, 16 SQ IN OR LE	4/1/2008	\$1.46	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
A	A6258	TRANSPARENT FILM, MORE THAN 16 B	4/1/2008	\$4.11	3	NO
A	A6259	TRANSPARENT FILM, MORE THAN 48 S	4/1/2008	\$10.45	3	NO
A	A6260	WOUND CLEANSERS, ANY TYPE, ANY S	10/1/2000	NC	9	NO
A	A6261	WOUND FILLER, GEL/PASTE, PER FLU	4/1/2008	\$29.13	3	YES
A	A6262	WOUND FILLER, DRY FORM, PER GRAM	4/1/2008	\$1.04	3	YES
A	A6263	GAUZE, ELASTIC, NON-STERILE, ALL	7/1/2003	INVALID	N	NO
A	A6264	GAUZE, NON-ELASTIC, NON-STERILE,	7/1/2003	INVALID	N	NO
A	A6265	TAPE, ALL TYPES, PER 18 SQ INCHE	7/1/2003	INVALID	N	NO
A	A6266	GAUZE, IMPREGNATED, OTHER THAN W	4/1/2008	\$1.83	3	NO
A	A6402	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.11	3	NO
A	A6403	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.41	3	NO
A	A6404	GAUZE, NON-IMPREGNATED, STERILE,	4/1/2008	\$0.62	3	NO
A	A6405	GAUZE, ELASTIC, STERILE, ALL TYP	7/1/2003	INVALID	N	NO
A	A6406	GAUZE, NON-ELASTIC, STERILE, ALL	7/1/2003	INVALID	N	NO
A	A6407	PACKING STRIPS, NON-IMPREGNATED,	4/1/2008	\$1.80	3	NO
A	A6410	EYE PAD, STERILE, EACH	4/1/2008	\$0.37	3	NO
A	A6411	EYE PAD, NON-STERILE, EACH	4/1/2008	\$0.26	3	NO
A	A6412	EYE PATCH, OCCLUSIVE, EACH	4/1/2008	\$0.48	3	NO
A	A6413	ADHESIVE BANDAGE, FIRST-AID TYPE	1/1/2008	NC	9	NO
A	A6421	PADDING BANDAGE, NON-ELASTIC, NO	4/1/2004	INVALID	N	NO
A	A6422	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6424	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6426	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6428	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2004	INVALID	N	NO
A	A6430	LIGHT COMPRESSION BANDAGE, ELAST	4/1/2004	INVALID	N	NO
A	A6432	LIGHT COMPRESSION BANDAGE, ELASTI	4/1/2004	INVALID	N	NO
A	A6434	MODERATE COMPRESSION BANDAGE, EL	4/1/2004	INVALID	N	NO
A	A6436	HIGH COMPRESSION BANDAGE, ELASTI	4/1/2004	INVALID	N	NO
A	A6438	SELF-ADHERENT BANDAGE, ELASTIC,	4/1/2004	INVALID	N	NO
A	A6440	ZINC PASTE IMPREGNATED BANDAGE,	4/1/2004	INVALID	N	NO
A	A6441	PADDING BANDAGE, NON-ELASTIC, NO	4/1/2008	\$0.64	3	NO
A	A6442	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.16	3	NO
A	A6443	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.28	3	NO
A	A6444	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.53	3	NO
A	A6445	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.31	3	NO
A	A6446	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.39	3	NO
A	A6447	CONFORMING BANDAGE, NON-ELASTIC,	4/1/2008	\$0.64	3	NO
A	A6448	LIGHT COMPRESSION BANDAGE, ELAST	4/1/2008	\$1.11	3	NO
A	A6449	LIGHT COMPRESSION BANDAGE, ELAST	4/1/2008	\$1.67	3	NO
A	A6450	LIGHT COMPRESSION BANDAGE, ELAST	1/1/2004	NC	9	NO
A	A6451	MODERATE COMPRESSION BANDAGE, EL	1/1/2004	NC	9	NO
A	A6452	HIGH COMPRESSION BANDAGE, ELASTI	4/1/2008	\$5.64	3	NO
A	A6453	SELF-ADHERENT BANDAGE, ELASTIC,	4/1/2008	\$0.58	3	NO
A	A6454	SELF-ADHERENT BANDAGE, ELASTIC,	4/1/2008	\$0.74	3	NO
A	A6455	SELF-ADHERENT BANDAGE, ELASTIC,	4/1/2008	\$1.33	3	NO
A	A6456	ZINC PASTE IMPREGNATED BANDAGE,	4/1/2008	\$1.22	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A6457	TUBULAR DRESSING WITH OR WITHOUT	4/1/2008	\$1.09	3	NO
A	A6501	COMPRESSION BURN GARMENT, BODYSU	4/1/2008	\$496.39	3	NO
A	A6502	COMPRESSION BURN GARMENT, CHIN S	4/1/2008	\$99.28	3	NO
A	A6503	COMPRESSION BURN GARMENT, FACIAL	4/1/2008	\$99.28	3	NO
A	A6504	COMPRESSION BURN GARMENT, GLOVE	4/1/2008	\$69.49	3	NO
A	A6505	COMPRESSION BURN GARMENT, GLOVE	4/1/2008	\$119.13	3	NO
A	A6506	COMPRESSION BURN GARMENT, GLOVE	4/1/2008	\$99.28	3	NO
A	A6507	COMPRESSION BURN GARMENT, FOOT T	4/1/2008	\$99.28	3	NO
A	A6508	COMPRESSION BURN GARMENT, FOOT T	4/1/2008	\$44.68	3	NO
A	A6509	COMPRESSION BURN GARMENT, UPPER	4/1/2008	\$297.84	3	NO
A	A6510	COMPRESSION BURN GARMENT, TRUNK,	4/1/2008	\$297.84	3	NO
A	A6511	COMPRESSION BURN GARMENT, LOWER	4/1/2008	\$297.84	3	NO
A	A6512	COMPRESSION BURN GARMENT, NOT OT	4/1/2008	\$769.60	3	YES
A	A6513	COMPRESSION BURN MASK, FACE AND/	1/1/2006	\$0.01	3	NO
A	A6530	GRADIENT COMPRESSION STOCKING, B	7/1/2008	NC	9	NO
A	A6531	GRADIENT COMPRESSION STOCKING, B	4/1/2008	\$41.32	3	NO
A	A6532	GRADIENT COMPRESSION STOCKING, B	4/1/2008	\$58.22	3	NO
A	A6533	GRADIENT COMPRESSION STOCKING, T	4/1/2008	\$36.53	3	NO
A	A6534	GRADIENT COMPRESSION STOCKING, T	4/1/2008	\$36.53	3	NO
A	A6535	GRADIENT COMPRESSION STOCKING, T	4/1/2008	\$43.48	3	NO
A	A6536	GRADIENT COMPRESSION STOCKING, F	4/1/2008	\$40.88	3	NO
A	A6537	GRADIENT COMPRESSION STOCKING, F	4/1/2008	\$40.88	3	NO
A	A6538	GRADIENT COMPRESSION STOCKING, F	4/1/2008	\$52.19	3	NO
A	A6539	GRADIENT COMPRESSION STOCKING, W	4/1/2008	\$108.72	3	NO
A	A6540	GRADIENT COMPRESSION STOCKING, W	4/1/2008	\$144.96	3	NO
A	A6541	GRADIENT COMPRESSION STOCKING, W	4/1/2008	\$156.57	3	NO
A	A6542	GRADIENT COMPRESSION STOCKING, C	4/1/2008	\$64.75	3	NO
A	A6543	GRADIENT COMPRESSION STOCKING, L	4/1/2008	\$64.75	3	NO
A	A6544	GRADIENT COMPRESSION STOCKING, G	7/1/2008	NC	9	NO
A	A6549	GRADIENT COMPRESSION STOCKING, N	7/1/2008	NC	9	NO
A	A6550	WOUND CARE SET, FOR NEGATIVE PRE	4/1/2008	\$26.19	3	YES
A	A6551	CANISTER SET FOR NEGATIVE PRESSU	1/1/2006	INVALID	N	YES
A	A7000	CANISTER, DISPOSABLE, USED WITH	4/1/2008	\$9.11	3	NO
A	A7001	CANISTER, NON-DISPOSABLE, USED W	4/1/2008	\$31.59	3	NO
A	A7002	TUBING, USED WITH SUCTION PUMP,	4/1/2008	\$3.66	3	NO
A	A7003	ADMINISTRATION SET, WITH SMALL V	4/1/2008	\$2.62	3	NO
A	A7004	SMALL VOLUME NONFILTERED PNEUMAT	4/1/2008	\$1.72	3	NO
A	A7005	ADMINISTRATION SET, WITH SMALL V	4/1/2008	\$29.44	3	NO
A	A7006	ADMINISTRATION SET, WITH SMALL V	4/1/2008	\$9.11	3	NO
A	A7007	LARGE VOLUME NEBULIZER, DISPOSAB	1/1/2000	NC	9	NO
A	A7008	LARGE VOLUME NEBULIZER, DISPOSAB	1/1/2000	NC	9	NO
A	A7009	RESERVOIR BOTTLE, NON-DISPOSABLE	10/1/2001	NC	9	NO
A	A7010	CORRUGATED TUBING, DISPOSABLE, U	4/1/2008	\$22.53	3	NO
A	A7011	CORRUGATED TUBING, NON-DISPOSABL	4/1/2008	\$1.16	3	NO
A	A7012	WATER COLLECTION DEVICE, USED WI	4/1/2008	\$3.61	3	NO
A	A7013	FILTER, DISPOSABLE, USED WITH AE	4/1/2008	\$0.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A7014	FILTER, NON-DISPOSABLE, USED WIT	4/1/2008	\$4.29	3	NO
A	A7015	AEROSOL MASK, USED WITH DME NEBU	4/1/2008	\$1.80	3	NO
A	A7016	DOME AND MOUTHPIECE, USED WITH S	7/1/2006	NC	9	NO
A	A7017	NEBULIZER, DURABLE, GLASS OR AUT	4/1/2008	\$128.01	3	NO
A	A7018	WATER, DISTILLED, USED WITH LARG	4/1/2008	\$0.36	3	NO
A	A7019	SALINE SOLUTION, PER 10 ML, METE	4/1/2004	INVALID	N	NO
A	A7020	STERILE WATER OR STERILE SALINE,	4/1/2004	INVALID	N	NO
A	A7025	HIGH FREQUENCY CHEST WALL OSCILL	4/1/2003	NC	9	NO
A	A7026	HIGH FREQUENCY CHEST WALL OSCILL	4/1/2003	NC	9	NO
A	A7027	COMBINATION ORAL/NASAL MASK, USE	4/1/2008	\$171.28	3	YES
A	A7028	ORAL CUSHION FOR COMBINATION ORA	4/1/2008	\$47.31	3	YES
A	A7029	NASAL PILLOWS FOR COMBINATION OR	4/1/2008	\$19.33	3	YES
A	A7030	FULL FACE MASK USED WITH POSITIV	4/1/2008	\$180.15	3	YES
A	A7031	FACE MASK INTERFACE, REPLACEMENT	4/1/2008	\$66.63	3	YES
A	A7032	CUSHION FOR USE ON NASALMASK INT	4/1/2008	\$38.71	3	YES
A	A7033	PILLOW FOR USE ON NASAL CANNULA	4/1/2008	\$27.13	3	YES
A	A7034	NASAL INTERFACE (MASK OR CANNULA	4/1/2008	\$112.35	3	YES
A	A7035	HEADGEAR USED WITH POSITIVE AIRW	4/1/2008	\$37.96	3	YES
A	A7036	CHINSTRAP USED WITH POSITIVE AIR	4/1/2008	\$17.38	3	YES
A	A7037	TUBING USED WITH POSITIVE AIRWAY	4/1/2008	\$39.17	3	YES
A	A7038	FILTER, DISPOSABLE, USED WITH PO	4/1/2008	\$5.15	3	YES
A	A7039	FILTER, NON DISPOSABLE, USED WITH	4/1/2008	\$14.64	3	YES
A	A7040	ONE WAY CHEST DRAIN VALVE	4/1/2008	\$35.20	3	NO
A	A7041	WATER SEAL DRAINAGE CONTAINER AN	4/1/2008	\$66.14	3	NO
A	A7042	IMPLANTED PLEURAL CATHETER, EACH	4/1/2003	NC	9	NO
A	A7043	VACUUM DRAINAGE BOTTLE AND TUBIN	4/1/2003	NC	9	NO
A	A7044	ORAL INTERFACE USED WITH POSITIV	4/1/2008	\$115.47	3	YES
A	A7045	EXHALATION PORT WITH OR WITHOUT	4/1/2008	\$18.59	3	NO
A	A7046	WATER CHAMBER FOR HUMIDIFIER, US	4/1/2008	\$18.63	3	YES
A	A7501	TRACHEOSTOMA VALVE, INCLUDING DI	4/1/2008	\$100.30	3	NO
A	A7502	REPLACEMENT DIAPHRAGM/FACEPLATE	4/1/2008	\$47.66	3	NO
A	A7503	FILTER HOLDER OR FILTER CAP, REU	4/1/2008	\$10.82	3	NO
A	A7504	FILTER FOR USE IN A TRACHEOSTOMA	4/1/2008	\$0.64	3	NO
A	A7505	HOUSING, REUSABLE W/OUT ADHESIVE	4/1/2008	\$4.47	3	NO
A	A7506	ADHESIVE DISC FOR USE IN A HEAT	4/1/2008	\$0.32	3	NO
A	A7507	FILTER HOLDER AND INTEGRATED FIL	4/1/2008	\$2.38	3	NO
A	A7508	HOUSING AND INTEGRATED ADHESIVE,	4/1/2008	\$2.74	3	NO
A	A7509	FILTER HOLDER AND INTEGRATED FIL	4/1/2008	\$1.35	3	NO
A	A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE,	4/1/2008	\$45.34	3	NO
A	A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE,	4/1/2008	\$44.93	3	NO
A	A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE,	4/1/2008	\$43.13	3	NO
A	A7523	TRACHEOSTOMY SHOWER PROTECTOR, E	1/1/2004	NC	9	NO
A	A7524	TRACHEOSTOMA STENT/STUD/BUTTON,	4/1/2008	\$73.92	3	NO
A	A7525	TRACHEOSTOMY MASK, EACH	4/1/2008	\$1.98	3	NO
A	A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER,	4/1/2008	\$3.22	3	NO
A	A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE P	4/1/2008	\$3.42	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	A8000	HELMET, PROTECTIVE, SOFT, PREFAB	4/1/2008	\$146.45	3	NO
A	A8001	HELMET, PROTECTIVE, HARD, PREFAB	4/1/2008	\$146.45	3	NO
A	A8002	HELMET, PROTECTIVE, SOFT, CUSTOM	1/1/2007	NC	9	NO
A	A8003	HELMET, PROTECTIVE, HARD, CUSTOM	1/1/2007	NC	9	NO
A	A8004	SOFT INTERFACE FOR HELMET, REPLA	1/1/2007	NC	9	NO
A	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
A	A9270	NON-COVERED ITEM OR SERVICE	1/1/1991	NC	9	NO
A	A9275	HOME GLUCOSE DISPOSABLE MONITOR,	1/1/2006	NC	9	NO
A	A9279	MONITORING FEATURE/DEVICE, STAND	1/2/2007	NC	9	NO
A	A9280	ALERT OR ALARM DEVICE, NOT OTHER	1/1/2004	NC	9	NO
A	A9281	REACHING/GRABBING DEVICE, ANY TY	1/1/2006	NC	9	NO
A	A9282	WIG, ANY TYPE, EACH	1/1/2006	NC	9	NO
A	A9300	EXERCISE EQUIPMENT	4/1/1993	NC	9	NO
A	A9699	RADIOPHARMACEUTICAL, THERAPEUTIC	4/1/2003	NC	9	NO
A	A9900	MISCELLANEOUS DME SUPPLY, ACCESS	10/1/2005	NC	9	YES
A	A9901	DME DELIVERY, SET UP, AND/OR DIS	1/1/2000	NC	9	NO
A	A9999	MISCELLANEOUS DME SUPPLY OR ACCE	1/1/2004	NC	9	NO
A	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING -	4/1/2002	INVALID	N	NO
A	B4085	GASTROSTOMY TUBE, SILICONE WITH	4/1/2002	INVALID	N	NO
A	B4086	GASTROSTOMY/JEJUNOSTOMY TUBE, AN	1/1/2008	INVALID	N	NO
A	B4151	ENTERAL FORMULAE; CATEOGRY I; NA	1/1/2005	INVALID	N	NO
A	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	INVALID	N	NO
A	B4184	PARENTERAL NUTRITION SOLUTION LI	1/1/2006	INVALID	N	NO
A	B4186	PARENTERAL NUTRITION SOLUTION LI	1/1/2006	INVALID	N	NO
A	DMA68	BRIEF, DISPOSABLE, YOUTH - EACH	7/1/2003	INVALID	N	NO
A	DMA69	BRIEF, DISPOSABLE, ADULT SMALL -	7/1/2003	INVALID	N	NO
A	DMA70	BRIEF, DISPOSABLE, ADULT MEDIUM	7/1/2003	INVALID	N	NO
A	DMA71	BRIEF, DISPOSABLE, ADULT LARGE -	7/1/2003	INVALID	N	NO
A	DMA72	BRIEF, DISPOSABLE, ADULT EXTRA-L	7/1/2003	INVALID	N	NO
A	DMA73	BELTLESS UNDERGARMENT, DISPOSABL	7/1/2003	INVALID	N	NO
A	DMA74	BELTED UNDERGARMENT, DISPOSABLE,	7/1/2003	INVALID	N	NO
A	DMA75	SLIP-ON UNDERGARMENT, DISPOSABLE	7/1/2003	INVALID	N	NO
A	DMA77	PROTECTIVE UNDERWEAR, WASHABLE,	7/1/2003	INVALID	N	NO
A	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$19.79	3	NO
A	E0105	CANE, QUAD OR THREE PRONG, INCLU	4/1/2008	\$46.53	3	NO
A	E0110	CRUTCHES, FOREARM, INC CRUTCHES	4/1/2008	\$74.10	3	NO
A	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	4/1/2008	\$50.86	3	NO
A	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$35.34	3	NO
A	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$20.18	3	NO
A	E0114	CRUTCHES, UNDERARM, OTHER THAN W	4/1/2008	\$45.07	3	NO
A	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$26.49	3	NO
A	E0117	CRUTCH, UNDERARM, ARTICULATING,	4/1/2008	\$184.04	3	NO
A	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLA	1/1/2004	NC	9	NO
A	E0130	WALKER, RIGID (PICKUP), ADJUSTAB	4/1/2008	\$67.07	3	NO
A	E0135	WALKER, FOLDING (PICKUP), ADJUST	4/1/2008	\$79.58	3	NO
A	E0140	WALKER, WITH TRUNK SUPPORT, ADJU	4/1/2008	\$344.48	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0141	WALKER, RIGID, WHEELED, ADJUSTAB	4/1/2008	\$110.10	3	NO
A	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
A	E0143	WALKER, FOLDING, WHEELED, ADJUST	4/1/2008	\$114.82	3	NO
A	E0144	WALKER, ENCLOSED, FOUR SIDED FRA	4/1/2008	\$304.12	3	NO
A	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
A	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
A	E0147	WALKER, HEAVY DUTY, MULTIPLE BRA	4/1/2008	\$548.94	3	NO
A	E0148	WALKER, HEAVY DUTY, WITHOUT WHEE	4/1/2008	\$121.33	3	NO
A	E0149	WALKER, HEAVY DUTY, WHEELED, RIG	4/1/2008	\$213.16	3	NO
A	E0153	PLATFORM ATTACHMENT, FOREARM, CR	4/1/2008	\$66.26	3	NO
A	E0154	PLATFORM ATTACHMENT, WALKER, EAC	4/1/2008	\$67.34	3	NO
A	E0155	WHEEL ATTACHMENT, RIGID PICK-UP	4/1/2008	\$28.29	3	NO
A	E0156	SEAT ATTACHMENT, WALKER	4/1/2008	\$25.24	3	NO
A	E0157	CRUTCH ATTACHMENT, WALKER, EACH	4/1/2008	\$78.23	3	NO
A	E0158	LEG EXTENSIONS FOR WALKER, PER S	4/1/2008	\$29.74	3	NO
A	E0159	BRAKE ATTACHMENT FOR WHEELED WAL	4/1/2008	\$17.07	3	NO
A	E0160	SITZ TYPE BATH OR EQUIPMENT, POR	4/1/2008	\$31.57	3	NO
A	E0161	SITZ TYPE BATH OR EQUIPMENT, POR	4/1/2008	\$25.05	3	NO
A	E0162	SITZ BATH CHAIR	4/1/2008	\$139.14	3	NO
A	E0163	COMMODOE CHAIR, MOBILE OR STATION	4/1/2008	\$101.73	3	NO
A	E0164	COMMODOE CHAIR, MOBILE, WITH FIXE	1/1/2007	INVALID	N	NO
A	E0165	COMMODOE CHAIR,MOBILE OR STATIONA	4/1/2008	\$177.40	3	NO
A	E0166	COMMODOE CHAIR, MOBILE, WITH DETA	1/1/2007	INVALID	N	NO
A	E0167	PAIL OR PAN FOR USE WITH COMMODOE	4/1/2008	\$11.35	3	NO
A	E0168	COMMODOE CHAIR, EXTRA WIDE AND/OR	4/1/2008	\$144.13	3	YES
A	E0169	COMMODOE CHAIR WITH SEAT LIFT MEC	1/1/2006	INVALID	N	NO
A	E0172	SEAT LIFT MECHANISM PLACED OVER	1/1/2006	NC	9	NO
A	E0175	FOOT REST, FOR USE WITH COMMODOE	3/1/1995	NC	9	NO
A	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
A	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
A	E0180	PRESSURE PAD, ALTERNATING WITH P	1/1/2007	INVALID	N	NO
A	E0181	POWERED PRESSURE REDUCING MATTRE	4/1/2008	\$230.00	3	NO
A	E0182	PUMP FOR ALTERNATING PRESSURE PA	4/1/2008	\$250.00	3	NO
A	E0184	DRY PRESSURE MATTRESS	4/1/2008	\$170.39	3	YES
A	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR	4/1/2008	\$305.47	3	YES
A	E0186	AIR PRESSURE MATTRESS	4/1/2008	\$193.90	3	YES
A	E0187	HIGH-STRENGTH LIGHTWEIGHT WHEELC	4/1/2008	\$221.70	3	YES
A	E0188	SYNTHETIC SHEEPSKIN PAD	4/1/2008	\$25.24	3	NO
A	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZ	4/1/2008	\$42.18	3	NO
A	E0190	POSITIONING CUSHION/PILLOW/WEDGE	1/1/2004	NC	9	NO
A	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$8.11	3	NO
A	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
A	E0196	GEL PRESSURE MATTRESS	4/1/2008	\$310.30	3	YES
A	E0197	AIR PRESSURE PAD FOR MATTRESS, S	4/1/2008	\$211.61	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0198	WATER PRESSURE PAD FOR MATTRESS,	4/1/2008	\$211.61	3	YES
A	E0199	DRY PRESSURE PAD FOR MATTRESS, S	4/1/2008	\$26.01	3	NO
A	E0200	HEAT LAMP, WITHOUT STAND (TABLE	4/1/2008	\$75.71	3	NO
A	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10	4/1/2003	NC	9	NO
A	E0205	HEAT LAMP, WITH STAND, INCLUDES	4/1/2008	\$157.33	3	NO
A	E0210	ELECTRIC HEAT PAD, STANDARD	4/1/2008	\$29.24	3	NO
A	E0215	ELECTRIC HEAT PAD, MOIST	4/1/2008	\$57.50	3	NO
A	E0217	WATER CIRCULATING HEAT PAD WITH	4/1/2008	\$474.13	3	NO
A	E0218	WATER CIRCULATING COLD PAD WITH	1/1/1997	NC	9	NO
A	E0220	HOT WATER BOTTLE	4/1/2008	\$6.88	3	NO
A	E0221	INFRARED HEATING PAD SYSTEM	1/1/2002	NC	9	NO
A	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	1/1/1995	NC	9	NO
A	E0230	ICE CAP OR COLLAR	4/1/2008	\$8.10	3	NO
A	E0231	NON-CONTACT WOUND WARMING DEVICE	1/1/2002	NC	9	NO
A	E0232	WARMING CARD FOR USE WITH THE NO	1/1/2002	NC	9	NO
A	E0235	PARAFFIN BATH UNIT, PORTABLE (SE	4/1/2008	\$164.80	3	NO
A	E0236	PUMP FOR WATER CIRCULATING PAD	4/1/2008	\$359.20	3	NO
A	E0238	NON-ELECTRIC HEAT PAD, MOIST	4/1/2008	\$25.81	3	NO
A	E0239	HYDROCOLLATOR UNIT, PORTABLE	1/1/1995	NC	9	NO
A	E0240	BATH/SHOWER CHAIR, WITH OR WITHO	4/1/2008	\$148.92	3	NO
A	E0241	BATHTUB WALL RAIL, EACH	4/1/2008	\$24.70	3	NO
A	E0242	BATHTUB RAIL, FLOOR BASE	4/1/2008	\$45.64	3	NO
A	E0243	TOILET RAIL, EACH	4/1/2008	\$26.85	3	NO
A	E0244	RAISED TOILET SEAT	4/1/2008	\$21.47	3	NO
A	E0245	TUB STOOL OR BENCH	4/1/2008	\$124.10	3	NO
A	E0246	TRANSFER TUB RAIL ATTACHMENT	4/1/2008	\$45.64	3	NO
A	E0247	TRANSFER BENCH FOR TUB OR TOILET	4/1/2008	\$124.10	3	NO
A	E0248	TRANSFER BENCH, HEAVY DUTY, FOR	4/1/2008	\$148.92	3	NO
A	E0249	PAD FOR WATER CIRCULATING HEAT U	4/1/2008	\$80.85	3	NO
A	E0250	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$857.20	3	YES
A	E0251	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$601.40	3	YES
A	E0255	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$1,121.90	3	YES
A	E0256	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$796.00	3	YES
A	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$1,341.40	3	YES
A	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$1,307.80	3	YES
A	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	3/1/1995	NC	9	NO
A	E0271	MATTRESS, INNER SPRING	4/1/2008	\$212.04	3	NO
A	E0272	MATTRESS, FOAM RUBBER	4/1/2008	\$164.27	3	NO
A	E0273	BED BOARD	4/1/1988	NC	9	NO
A	E0274	OVER-BED TABLE	4/1/1988	NC	9	NO
A	E0275	BED PAN, STANDARD, METAL OR PLAS	4/1/2008	\$14.62	3	NO
A	E0276	BED PAN, FRACTURE, METAL OR PLAS	4/1/2008	\$12.63	3	NO
A	E0280	BED CRADLE, ANY TYPE	3/1/1987	NC	9	NO
A	E0290	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$606.70	3	YES
A	E0291	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$518.60	3	YES
A	E0292	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$802.60	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0293	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$682.90	3	YES
A	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$1,247.70	3	YES
A	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$1,216.20	3	YES
A	E0298	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2002	INVALID	N	NO
A	E0300	PEDIATRIC CRIB, HOSPITAL GRADE,	1/1/2004	NC	9	NO
A	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2008	\$2,585.40	3	YES
A	E0302	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2008	\$6,832.50	3	YES
A	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2008	\$2,903.00	3	YES
A	E0304	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2008	\$7,359.90	3	YES
A	E0305	BED SIDE RAILS, HALF LENGTH	4/1/2008	\$144.40	3	NO
A	E0310	BED SIDE RAILS, FULL LENGTH	4/1/2008	\$185.40	3	NO
A	E0315	BED ACCESSORY: BOARD, TABLE, OR	3/1/1991	NC	9	NO
A	E0325	URINAL, MALE, JUG-TYPE, ANY MATE	4/1/2008	\$9.66	3	NO
A	E0326	URINAL, FEMALE, JUG-TYPE, ANY MA	4/1/2008	\$8.53	3	NO
A	E0328	HOSPITAL BED, PEDIATRIC, MANUAL,	1/1/2008	NC	9	NO
A	E0329	HOSPITAL BED, PEDIATRIC, ELECTRI	1/1/2008	NC	9	NO
A	E0350	CONTROL UNIT FOR ELECTRONIC BOWE	1/1/1995	NC	9	NO
A	E0352	DISPOSABLE PACK FOR USE WITH THE	1/1/1995	NC	9	NO
A	E0370	AIR PRESSURE ELEVATOR FOR HEEL	4/1/2008	\$22.72	3	NO
A	E0425	STATIONARY COMPRESSED GAS SYSTEM	4/1/2008	\$992.78	3	NO
A	E0430	PORTABLE GASEOUS OXYGEN SYSTEM,	4/1/2008	\$992.78	3	NO
A	E0435	PORTABLE LIQUID OXYGEN SYSTEM, P	4/1/2008	\$992.78	3	NO
A	E0440	STATIONARY LIQ OXYGEN SYSTEM, PU	4/1/2008	\$992.78	3	NO
A	E0441	OXYGEN CONTENTS, GASEOUS, ONE MO	4/1/2008	\$155.65	3	NO
A	E0442	OXYGEN CONTENTS, LIQUID, ONE MON	4/1/2008	\$155.65	3	NO
A	E0443	PORTABLE OXYGEN CONTENTS, GASEOU	4/1/2008	\$20.45	3	NO
A	E0444	PORTABLE OXYGEN CONTENTS, LIQUID	4/1/2008	\$20.45	3	NO
A	E0454	PRESSURE VENTILATOR WITH PRESSUR	1/1/2005	INVALID	N	NO
A	E0457	CHEST SHELL (CUIRASS)	4/1/2008	\$586.86	3	YES
A	E0470	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2008	\$2,400.00	3	YES
A	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC	4/1/2008	\$400.30	3	NO
A	E0481	INTRAPULMONARY PERCUSSIVE VENTIL	1/1/2002	NC	9	NO
A	E0484	OSCILLATORY POSITIVE EXPIRATORY	4/1/2003	NC	9	NO
A	E0485	ORAL DEVICE/APPLIANCE USED TO RE	1/1/2006	NC	9	NO
A	E0486	ORAL DEVICE/APPLIANCE USED TO RE	1/1/2006	NC	9	NO
A	E0500	IPPB MACHINE, ALL TYPES, W/BUILT	4/1/2008	\$1,433.99	3	NO
A	E0550	HUMIDIFIER, DURABLE FOR EXTENSIV	4/1/2008	\$406.90	3	NO
A	E0555	HUMIDIFIER, DURABLE, GLASS OR AU	4/1/2008	\$4.30	3	NO
A	E0560	HUMIDIFIER, DURABLE FOR SUPPLEME	4/1/2008	\$139.23	3	NO
A	E0561	HUMIDIFIER, NON-HEATED, USED WIT	4/1/2008	\$102.19	3	YES
A	E0562	HUMIDIFIER, HEATED, USED WITH PO	4/1/2008	\$287.67	3	YES
A	E0565	COMPRESSOR, AIR POWER SOURCE FOR	4/1/2008	\$582.60	3	NO
A	E0570	NEBULIZER WITH COMPRESSOR	4/1/2008	\$153.90	3	NO
A	E0571	AEROSOL COMPRESSOR, BATTERY POWE	4/1/2008	\$286.20	3	NO
A	E0572	AEROSOL COMPRESSOR, ADJUSTABLE P	4/1/2008	\$363.80	3	NO
A	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0580	NEBULIZER, DURABLE, GLASS OR AUT	4/1/2008	\$128.01	3	NO
A	E0585	NEBULIZER, WITH COMPRESSOR AND H	4/1/2008	\$334.90	3	NO
A	E0590	DISPENSING FEE COVERED DRUG ADMI	1/1/2006	INVALID	N	NO
A	E0600	RESPIRATORY SUCTION PUMP, HOME M	4/1/2008	\$381.20	3	NO
A	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP	4/1/2008	\$1,066.80	3	YES
A	E0602	BREAST PUMP, MANUAL, ANY TYPE	4/1/2008	\$28.19	3	NO
A	E0603	BREAST PUMP, ELECTRIC (AC AND/OR	7/1/2008	\$210.00	3	YES
A	E0604	BREAST PUMP, HOSPITAL GRADE, ELE	1/1/2002	NC	9	NO
A	E0605	VAPORIZER, ROOM TYPE	4/1/2008	\$25.24	3	NO
A	E0606	POSTURAL DRAINAGE BOARD	4/1/2008	\$212.10	3	NO
A	E0607	HOME BLOOD GLUCOSE MONITOR	4/1/2008	\$63.81	3	NO
A	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
A	E0610	PACEMAKER MONITOR, SELF-CONTAIN	4/1/2008	\$193.08	3	NO
A	E0615	PACEMAKER MONITOR, SELF CONTAIN	4/1/2008	\$388.69	3	NO
A	E0620	SKIN PIERCING DEVICE FOR COLLECT	1/1/2002	NC	9	NO
A	E0621	SLING OR SEAT, PATIENT LIFT, CAN	4/1/2008	\$91.67	3	YES
A	E0625	PATIENT LIFT, BATHROOM OR TOILET	3/1/1995	NC	9	NO
A	E0627	SEAT LIFT MECHANISM INCORPORATED	4/1/1992	NC	9	NO
A	E0628	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
A	E0629	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
A	E0630	PATIENT LIFT, HYDRAULIC OR MECHA	4/1/2008	\$973.00	3	YES
A	E0637	COMBINATION SIT TO STAND SYSTEM,	4/1/2008	\$2,024.98	3	YES
A	E0638	STANDING FRAME SYSTEM, ONE POSIT	4/1/2008	\$821.13	3	YES
A	E0639	PATIENT LIFT, MOVEABLE FROM ROOM	1/1/2005	NC	9	YES
A	E0640	PATIENT LIFT, FIXED SYSTEM, INCL	1/1/2006	NC	9	NO
A	E0641	STANDING FRAME SYSTEM, MULTI-POS	1/1/2006	\$0.01	5	NO
A	E0642	STANDING FRAME SYSTEM, MOBILE (D	7/1/2006	\$0.01	5	YES
A	E0650	PNEUMATIC COMPRESSOR, NON-SEGME	4/1/2008	\$687.81	3	NO
A	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL	4/1/2008	\$877.09	3	NO
A	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL	4/1/2008	\$5,062.88	3	NO
A	E0655	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$103.06	3	NO
A	E0660	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$152.56	3	NO
A	E0665	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$130.83	3	NO
A	E0666	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$131.87	3	NO
A	E0667	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$309.20	3	NO
A	E0668	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$422.00	3	NO
A	E0669	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$175.06	3	NO
A	E0671	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$396.66	3	NO
A	E0672	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$308.21	3	NO
A	E0673	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$256.10	3	NO
A	E0676	INTERMITTENT LIMB COMPRESSION DE	1/1/2007	NC	9	NO
A	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
A	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$858.15	3	YES
A	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$1,077.59	3	YES
A	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$1,328.39	3	YES
A	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIG	4/1/2008	\$4,228.11	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0700	SAFETY EQUIPMENT (E.G. BELT, HAR	4/1/2008	\$19.24	3	YES
A	E0701	HELMET WITH FACE GUARD AND SOFT	1/1/2007	INVALID	N	NO
A	E0705	TRANSFER DEVICE, ANY TYPE, EACH	4/1/2008	\$52.64	3	NO
A	E0710	RESTRAINT, ANY TYPE (BODY, CHEST	3/1/1987	NC	9	NO
A	E0720	TRANSCUTANEOUS ELEC NERVE STIM (	4/1/2008	\$298.38	3	YES
A	E0730	TRANSCUTANEOUS ELEC NERVE STIM (	4/1/2008	\$325.95	3	YES
A	E0731	FORM FITTING CONDUCTIVE GARMENT	3/1/1989	NC	9	NO
A	E0740	INCONTINENCE TREATMENT SYSTEM, P	4/1/1995	NC	9	NO
A	E0744	NEUROMUSCULAR STIMULATOR FOR SCO	3/1/1989	NC	9	NO
A	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	3/1/1989	NC	9	NO
A	E0747	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/2008	\$3,641.53	3	YES
A	E0748	OSTEOGENIC STIMUALTOR, ELECTRICA	4/1/2008	\$3,617.93	3	YES
A	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/1988	NC	9	NO
A	E0752	IMPLANTABLE NEUROSTIMULATOR ELEC	1/1/2006	INVALID	N	NO
A	E0754	PATIENT PROGRAMMER (EXTERNAL) FO	1/1/2006	INVALID	N	NO
A	E0755	ELECTRONIC SALIVARY REFLEX STIMU	3/1/1987	NC	9	NO
A	E0759	RADIOFREQUENCY TRANSMITTER (EXTE	1/1/2006	INVALID	N	NO
A	E0760	OSTOGENESIS STIMUALTOR, LOW INTE	4/1/2008	\$3,006.44	3	YES
A	E0761	NON-THERMAL PULSED HIGH FREQUENC	1/1/2003	NC	9	NO
A	E0762	TRANSCUTANEOUS ELECTRICAL JOINT	1/1/2006	NC	9	NO
A	E0764	FUNCTIONAL NEUROMUSCULAR STIMULA	1/1/2006	NC	9	NO
A	E0769	ELECTRICAL STIMULATION OR ELECTR	1/1/2005	NC	9	NO
A	E0782	INFUSION PUMP, IMPLANTABLE, NON-	5/1/1997	NC	9	NO
A	E0783	INFUSION PUMP, IMPLATABLE, PROGR	5/1/1997	NC	9	NO
A	E0784	EXTERNAL AMBULATORY INFUSION PUM	4/1/2008	\$3,987.00	3	YES
A	E0785	IMPLANTABLE INTRASPINAL CATHETER	1/1/1999	NC	9	NO
A	E0830	AMBULATORY TRACTION DEVICE, ALL	1/1/2001	NC	9	NO
A	E0840	TRACTION FRAME, ATTACHED TO HEAD	4/1/2008	\$69.98	3	NO
A	E0849	TRACTION EQUIPMENT, CERVICAL, FR	4/1/2008	\$492.12	3	YES
A	E0850	TRACTION STAND, FREE STANDING, C	4/1/2008	\$100.33	3	NO
A	E0855	CERVICAL TRACTION EQUIPMENT NOT	4/1/2008	\$471.98	3	NO
A	E0856	CERVICAL TRACTION DEVICE, CERVIC	1/1/2008	NC	9	NO
A	E0860	TRACTION EQUIPMENT, OVERDOOR, CE	4/1/2008	\$31.28	3	NO
A	E0870	TRACTION FRAME, ATTACHED TO FOOT	4/1/2008	\$111.08	3	NO
A	E0880	TRACTION STAND, FREE STANDING EX	4/1/2008	\$119.89	3	NO
A	E0890	TRACTION FRAME, ATTACHED TO FOOT	4/1/2008	\$113.50	3	NO
A	E0900	TRACTION STAND, FREE STANDING, P	4/1/2008	\$122.35	3	NO
A	E0910	TRAPEZE BARS, AKA PATIENT HELPER	4/1/2008	\$191.00	3	NO
A	E0920	FRACTURE FRAME, ATTACHED TO BED,	4/1/2008	\$415.50	3	NO
A	E0930	FRACTURE FRAME, FREE STANDING, I	4/1/2008	\$370.90	3	NO
A	E0935	CONTINUOUS PASSIVE MOTION EXERCI	3/1/1987	NC	9	NO
A	E0936	CONTINUOUS PASSIVE MOTION EXERCI	1/1/2007	NC	9	NO
A	E0940	TRAPEZE BAR, FREE STANDING, COMP	4/1/2008	\$332.10	3	NO
A	E0941	GRAVITY ASSISTED TRACTION DEVICE	4/1/2008	\$414.60	3	NO
A	E0942	CERVICAL HEAD HARNESS/HALTER	4/1/2008	\$18.96	3	NO
A	E0943	CERVICAL PILLOW -H	4/1/2004	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0944	PELVIC BELT/HARNESS/BOOT	4/1/2008	\$43.82	3	NO
A	E0945	EXTREMITY BELT/HARNESS	4/1/2008	\$42.33	3	NO
A	E0946	FRACTURE, FRAME, DUAL WITH CROSS	4/1/2008	\$565.00	3	NO
A	E0947	FRACTURE FRAME, ATTACHMENTS FOR	4/1/2008	\$579.17	3	NO
A	E0948	FRACTURE FRAME, ATTACHMENTS FOR	4/1/2008	\$543.66	3	NO
A	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	4/1/2008	\$99.27	3	NO
A	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH	4/1/2008	\$18.13	3	NO
A	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	4/1/2008	\$17.98	3	NO
A	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
A	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
A	E0955	WHEELCHAIR ACCESSORY, HEADREST,	4/1/2008	\$193.08	3	NO
A	E0956	WHEELCHAIR ACCESSORY, LATERAL TR	4/1/2008	\$94.14	3	NO
A	E0957	WHEELCHAIR ACCESSORY, MEDIAL THI	4/1/2008	\$131.72	3	NO
A	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE	4/1/2008	\$416.70	3	NO
A	E0959	MANUAL WHEELCHAIR ACCESSORY, ADA	4/1/2008	\$42.22	3	NO
A	E0960	WHEELCHAIR ACCESSORY, SHOULDER H	4/1/2008	\$86.89	3	NO
A	E0961	MANUAL WHEELCHAIR ACCESSORY, WHE	4/1/2008	\$24.86	3	NO
A	E0962	1" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0963	2" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0964	3" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0965	4" INCH CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
A	E0966	MANUAL WHEELCHAIR ACCESSORY, HEA	4/1/2008	\$68.16	3	YES
A	E0967	MANUAL WHEELCHAIR ACCESSORY, HAN	4/1/2008	\$61.68	3	NO
A	E0969	NARROWING DEVICE, WHEELCHAIR	3/1/1995	NC	9	NO
A	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEV	3/1/1995	NC	9	NO
A	E0971	MANUAL WHEELCHAIR ACCESSORY, ANT	4/1/2008	\$41.44	3	NO
A	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
A	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE	4/1/2008	\$109.80	3	NO
A	E0974	MANUAL WHEELCHAIR ACCESSORY, ANT	4/1/2008	\$74.88	3	NO
A	E0975	REINFORCED SEAT, UPHOLSTERY WHEE	4/1/2004	INVALID	N	NO
A	E0976	REINFORCED BACK WHEELCHAIR, UPHO	4/1/2004	INVALID	N	NO
A	E0977	WEDGE CUSHION, WHEELCHAIR	1/1/2007	INVALID	N	NO
A	E0978	WHEELCHAIR ACCESSORY, POSITIONIN	4/1/2008	\$34.67	3	NO
A	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
A	E0980	SAFETY VEST, WHEELCHAIR	3/1/1995	NC	9	NO
A	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOL	4/1/2008	\$45.03	3	NO
A	E0982	WHEELCHAIR ACCESSORY, BACK UPHOL	4/1/2008	\$49.21	3	NO
A	E0984	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	NO
A	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT	4/1/2008	\$193.72	3	NO
A	E0986	MANUAL WHEELCHAIR ACCESSORY, PUS	1/1/2006	NC	9	NO
A	E0990	WHEELCHAIR ACCESSORY, ELEVATING	4/1/2008	\$95.80	3	NO
A	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
A	E0992	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$90.87	3	NO
A	E0993	BACK, UPHOLSTERY -H	4/1/2004	INVALID	N	NO
A	E0994	ARMREST, EACH	3/1/1995	NC	9	NO
A	E0995	WHEELCHAIR ACCESSORY, CALF REST/	4/1/2008	\$29.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
A	E0997	CASTER WITH FORK	1/1/2007	INVALID	N	NO
A	E0998	CASTER WITHOUT FORK	1/1/2007	INVALID	N	NO
A	E0999	PNEUMATIC TIRE WITH WHEEL	1/1/2007	INVALID	N	NO
A	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
A	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
A	E1002	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$3,927.93	3	YES
A	E1003	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$4,193.69	3	YES
A	E1004	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$4,649.94	3	YES
A	E1005	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$5,033.19	3	YES
A	E1006	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$6,165.19	3	YES
A	E1007	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$8,347.91	3	YES
A	E1008	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$8,348.66	3	YES
A	E1009	WHEELCHAIR ACCESSORY, ADD TO POW	1/1/2004	NC	9	NO
A	E1010	WHEELCHAIR ACCESSORY, ADD TO POW	4/1/2008	\$1,092.32	3	YES
A	E1011	MODIFICATION TO PEDIATRIC WHEELC	4/1/2008	\$154.13	3	YES
A	E1012	INTEGRATED SEATING SYSTEM, PLANA	1/1/2005	INVALID	N	NO
A	E1013	INTEGRATED SEATING SYSTEM, CONTO	1/1/2005	INVALID	N	NO
A	E1014	RECLINING BACK, ADDITION TO PEDI	4/1/2008	\$348.71	3	YES
A	E1015	SHOCK ABSORBER FOR MANUAL WHEELC	4/1/2008	\$109.54	3	YES
A	E1016	SHOCK ABSORBER FOR POWER WHEELCH	4/1/2008	\$125.40	3	YES
A	E1017	HEAVY DUTY SHOCK ABSORBER FOR HE	4/1/2008	\$102.75	3	YES
A	E1018	HEAVY DUTY SHOCK ABSORBER FOR HE	4/1/2008	\$154.13	3	YES
A	E1019	WHEELCHAIR ACCESSORY, POWER SEAT	1/1/2006	INVALID	N	NO
A	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	4/1/2008	\$232.46	3	NO
A	E1021	WHEELCHAIR ACCESSORY, POWER SEAT	1/1/2006	INVALID	N	NO
A	E1025	LATERAL THORACIC SUPPORT, NON-CO	1/1/2006	INVALID	N	YES
A	E1026	LATERAL THORACIC SUPPORT, CONTOU	1/1/2006	INVALID	N	YES
A	E1027	LATERAL/ANTERIOR SUPPORT, FOR PE	1/1/2006	INVALID	N	YES
A	E1028	WHEELCHAIR ACCESSORY, MANUAL SWI	4/1/2008	\$197.25	3	NO
A	E1029	WHEELCHAIR ACCESSORY, VENTILATOR	4/1/2008	\$352.91	3	NO
A	E1030	WHEELCHAIR ACCESSORY, VENTILATOR	4/1/2008	\$1,112.83	3	YES
A	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
A	E1066	BATTERY CHARGER -H	4/1/2004	INVALID	N	NO
A	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
A	E1085	HEMI-WHEELCHAIR; FIXED FULL-LENG	1/1/2006	NC	9	NO
A	E1086	HEMI-WHEELCHAIR; DETACHABLE ARMS	1/1/2006	NC	9	NO
A	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
A	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
A	E1091	YOUTH WHEELCHAIR, ANY TYPE	1/1/2006	NC	9	NO
A	E1130	STANDARD WHEELCHAIR; FIXED FULL-	1/1/2006	NC	9	NO
A	E1140	WHEELCHAIR; DETACHABLE ARMS, DES	1/1/2006	NC	9	NO
A	E1161	MANUAL ADULT SIZE WHEELCHAIR, IN	4/1/2008	\$2,259.62	3	YES
A	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
A	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
A	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
A	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	3/1/1995	NC	9	NO
A	E1226	WHEELCHAIR ACCESSORY, MANUAL FUL	4/1/2008	\$521.10	3	YES
A	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	3/1/1995	NC	9	NO
A	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT	1/1/2006	\$0.01	5	YES
A	E1230	POWER OPERATED VEHICLE (3 OR 4 W	7/1/2007	NC	9	YES
A	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$3,699.11	3	YES
A	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$2,042.18	3	YES
A	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$2,116.02	3	YES
A	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$1,842.15	3	YES
A	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGI	4/1/2008	\$1,773.85	3	YES
A	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLD	4/1/2008	\$1,564.99	3	YES
A	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGI	4/1/2008	\$1,578.66	3	YES
A	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLD	4/1/2008	\$1,564.99	3	YES
A	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE	4/1/2008	\$5,085.83	3	YES
A	E1250	LIGHTWEIGHT WHEELCHAIR; FIXED FU	1/1/2006	NC	9	NO
A	E1260	LIGHTWEIGHT WHEELCHAIR; DETACHAB	1/1/2006	NC	9	NO
A	E1285	HEAVY-DUTY WHEELCHAIR; FIXED FUL	1/1/2006	NC	9	NO
A	E1290	HEAVY-DUTY WHEELCHAIR; DETACHABL	1/1/2006	NC	9	NO
A	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	3/1/1995	NC	9	NO
A	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	3/1/1995	NC	9	NO
A	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	3/1/1995	NC	9	NO
A	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
A	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-I	4/1/1988	NC	9	NO
A	E1353	REGULATOR	4/1/2008	\$104.72	3	NO
A	E1355	STAND/RACK	4/1/2008	\$36.03	3	NO
A	E1372	IMMERSION EXTERNAL HEATER FOR NE	4/1/2008	\$155.69	3	NO
A	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	4/1/2008	\$5,772.00	3	YES
A	E1500	CENTRIFUGE, FOR DIALYSIS	1/1/2002	NC	9	NO
A	E1510	KIDNEY, DIALYSATE DELIVERY SYST	4/1/1990	NC	9	NO
A	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	4/1/1990	NC	9	NO
A	E1550	BATH CONDUCTIVITY METER FOR HEMO	4/1/1990	NC	9	NO
A	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	4/1/1990	NC	9	NO
A	E1575	TRANSDUCER PROTECTORS/FLUID BARR	4/1/1990	NC	9	NO
A	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	4/1/1990	NC	9	NO
A	E1590	HEMODIALYSIS MACHINE	4/1/1990	NC	9	NO
A	E1592	AUTOMATIC INTERMITTENT PERITONEA	4/1/1990	NC	9	NO
A	E1594	CYCLER DIALYSIS MACHINE FOR PERI	4/1/1990	NC	9	NO
A	E1600	DELIVERY AND/OR INSTALLATION CHA	4/1/1988	NC	9	NO
A	E1610	REVERSE OSMOSIS WATER PURIFICATI	4/1/1990	NC	9	NO
A	E1615	DEIONIZER WATER PURIFICATION SYS	4/1/1990	NC	9	NO
A	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	4/1/1990	NC	9	NO
A	E1625	WATER SOFTENING SYSTEM, FOR HEMO	4/1/1990	NC	9	NO
A	E1630	RECIPROCATING PERITONEAL DIALYSI	4/1/1990	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	4/1/1990	NC	9	NO
A	E1634	PERITONEAL DIALYSIS CLAMPS, EACH	1/1/2004	NC	9	NO
A	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	4/1/1990	NC	9	NO
A	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	4/1/1990	NC	9	NO
A	E1637	HEMOSTATS, EACH	1/1/2002	NC	9	NO
A	E1638	HEATING PAD, FOR PERITONEAL DIAL	7/1/2003	INVALID	N	NO
A	E1639	SCALE, EACH	1/1/2002	NC	9	NO
A	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
A	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	10/1/1993	NC	9	NO
A	E1700	JAW MOTION REHABILITATION SYSTEM	4/1/1993	NC	9	NO
A	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	4/1/1993	NC	9	NO
A	E1702	REPLACEMENT MEASURING SCALES FOR	4/1/1993	NC	9	NO
A	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSI	4/1/2008	\$1,169.90	3	NO
A	E1802	DYNAMIC ADJUSTABLE FOREARM PRONA	4/1/2008	\$3,120.90	3	NO
A	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSI	4/1/2008	\$1,206.50	3	NO
A	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSIO	4/1/2008	\$1,189.70	3	NO
A	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSI	4/1/2008	\$1,206.50	3	NO
A	E1820	REPLACEMENT SOFT INTERFACE MATER	4/1/2008	\$73.64	3	NO
A	E1821	REPLACEMENT SOFT INTERFACE MATER	1/1/2002	NC	9	NO
A	E1825	DYNAMIC ADJUSTABLE FINGER EXTENS	4/1/2008	\$1,206.50	3	NO
A	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION	4/1/2008	\$1,206.50	3	NO
A	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEX	4/1/2008	\$3,654.90	3	NO
A	E1902	COMMUNICATION BOARD, NON-ELECTRO	1/1/2002	NC	9	NO
A	E2000	GASTRIC SUCTION PUMP, HOME MODEL	4/1/2008	\$495.00	3	NO
A	E2100	BLOOD GLUCOSE MONITOR WITH INTEG	4/1/2008	\$522.11	3	YES
A	E2101	BLOOD GLUCOSE MONITOR WITH INTEG	4/1/2008	\$180.07	3	YES
A	E2201	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$356.31	3	NO
A	E2202	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$452.65	3	NO
A	E2203	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$457.49	3	NO
A	E2204	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$776.80	3	NO
A	E2205	MANUAL WHEELCHAIR ACCESSORY, HAN	4/1/2008	\$30.66	3	NO
A	E2206	MANUAL WHEELCHAIR ACCESSORY, WHE	4/1/2008	\$38.21	3	NO
A	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND	4/1/2008	\$40.70	3	NO
A	E2208	WHEELCHAIR ACCESSORY, CYLINDER T	4/1/2008	\$111.54	3	NO
A	E2209	ACCESSORY, ARM TROUGH, WITH OR W	4/1/2008	\$100.65	3	NO
A	E2210	WHEELCHAIR ACCESSORY, BEARINGS,	4/1/2008	\$6.26	3	NO
A	E2211	MANUAL WHEELCHAIR ACCESSORY, PNE	4/1/2008	\$37.33	3	NO
A	E2212	MANUAL WHEELCHAIR ACCESSORY, TUB	4/1/2008	\$5.52	3	NO
A	E2213	MANUAL WHEELCHAIR ACCESSORY, INS	4/1/2008	\$28.56	3	NO
A	E2214	MANUAL WHEELCHAIR ACCESSORY, PNE	4/1/2008	\$29.22	3	NO
A	E2215	MANUAL WHEELCHAIR ACCESSORY, TUB	4/1/2008	\$9.02	3	NO
A	E2216	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
A	E2217	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
A	E2218	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
A	E2219	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	\$39.97	3	NO
A	E2220	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$23.15	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E2221	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$23.99	3	NO
A	E2222	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$20.11	3	NO
A	E2223	MANUAL WHEELCHAIR ACCESSORY, VAL	4/1/2008	\$5.36	3	NO
A	E2224	MANUAL WHEELCHAIR ACCESSORY, PRO	4/1/2008	\$93.65	3	NO
A	E2225	MANUAL WHEELCHAIR ACCESSORY, CAS	4/1/2008	\$16.62	3	NO
A	E2226	MANUAL WHEELCHAIR ACCESSORY, CAS	4/1/2008	\$36.23	3	NO
A	E2227	MANUAL WHEELCHAIR ACCESSORY, GEA	1/1/2008	NC	9	NO
A	E2228	MANUAL WHEELCHAIR ACCESSORY, WHE	1/1/2008	NC	9	NO
A	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE	4/1/2008	\$251.69	3	YES
A	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE	4/1/2008	\$251.69	3	YES
A	E2293	BACK, CONTOURED, FOR PEDIATRIC S	4/1/2008	\$415.94	3	YES
A	E2294	SEAT, CONTOURED, FOR PEDIATRIC S	4/1/2008	\$415.94	3	YES
A	E2300	POWER WHEELCHAIR ACCESSORY, POWE	1/1/2004	NC	9	NO
A	E2301	POWER WHEELCHAIR ACCESSORY, POWE	1/1/2004	NC	9	NO
A	E2310	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$1,117.58	3	YES
A	E2311	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$2,262.59	3	YES
A	E2312	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$1,851.92	3	YES
A	E2313	POWER WHEELCHAIR ACCESSORY, HARN	4/1/2008	\$294.07	3	YES
A	E2320	POWER WHEELCHAIR ACCESSORY, HAND	1/1/2007	INVALID	N	YES
A	E2321	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$1,517.59	3	YES
A	E2322	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$1,346.89	3	YES
A	E2323	POWER WHEELCHAIR ACCESSORY, SPEC	4/1/2008	\$66.05	3	NO
A	E2324	POWER WHEELCHAIR ACCESSORY, CHIN	4/1/2008	\$41.85	3	NO
A	E2325	POWER WHEELCHAIR ACCESSORY, SIP	4/1/2008	\$1,286.22	3	YES
A	E2326	POWER WHEELCHAIR ACCESSORY, BREA	4/1/2008	\$331.52	3	NO
A	E2327	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$2,494.82	3	YES
A	E2328	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$4,732.33	3	YES
A	E2329	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$1,686.65	3	YES
A	E2330	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$3,268.10	3	YES
A	E2331	POWER WHEELCHAIR ACCESSORY, ATTE	1/1/2004	NC	9	NO
A	E2340	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$342.23	3	NO
A	E2341	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$513.39	3	NO
A	E2342	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$427.82	3	NO
A	E2343	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$684.52	3	NO
A	E2351	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$667.19	3	YES
A	E2360	POWER WHEELCHAIR ACCESSORY, 22 N	4/1/2008	\$91.19	3	NO
A	E2361	POWER WHEELCHAIR ACCESSORY, 22NF	4/1/2008	\$130.98	3	NO
A	E2362	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$86.37	3	NO
A	E2363	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$174.66	3	NO
A	E2364	POWER WHEELCHAIR ACCESSORY, U-1	4/1/2008	\$91.19	3	NO
A	E2365	POWER WHEELCHAIR ACCESSORY, U-1	4/1/2008	\$105.35	3	NO
A	E2366	POWER WHEELCHAIR ACCESSORY, BATT	4/1/2008	\$251.76	3	NO
A	E2367	POWER WHEELCHAIR ACCESSORY, BATT	1/1/2004	NC	9	NO
A	E2368	POWER WHEELCHAIR COMPONENT, MOTO	4/1/2008	\$493.32	3	YES
A	E2369	POWER WHEELCHAIR COMPONENT, GEAR	4/1/2008	\$429.69	3	YES
A	E2370	POWER WHEELCHAIR COMPONENT, MOTO	4/1/2008	\$766.71	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E2371	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$143.96	3	NO
A	E2372	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	NC	9	NO
A	E2373	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$1,155.48	3	YES
A	E2374	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$509.99	3	YES
A	E2375	POWER WHEELCHAIR ACCESSORY, NON-	4/1/2008	\$818.01	3	YES
A	E2376	POWER WHEELCHAIR ACCESSORY, EXPA	4/1/2008	\$1,281.87	3	YES
A	E2377	POWER WHEELCHAIR ACCESSORY, EXPA	4/1/2008	\$463.85	3	YES
A	E2381	POWER WHEELCHAIR ACCESSORY, PNEU	4/1/2008	\$71.53	3	NO
A	E2382	POWER WHEELCHAIR ACCESSORY, TUBE	4/1/2008	\$19.49	3	NO
A	E2383	POWER WHEELCHAIR ACCESSORY, INSE	4/1/2008	\$142.62	3	NO
A	E2384	POWER WHEELCHAIR ACCESSORY, PNEU	4/1/2008	\$75.99	3	NO
A	E2385	POWER WHEELCHAIR ACCESSORY, TUBE	4/1/2008	\$46.48	3	NO
A	E2386	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$141.32	3	NO
A	E2387	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$60.97	3	NO
A	E2388	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$48.12	3	NO
A	E2389	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$26.13	3	NO
A	E2390	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$40.86	3	NO
A	E2391	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$19.58	3	NO
A	E2392	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$53.88	3	NO
A	E2393	POWER WHEELCHAIR ACCESSORY, VALV	1/1/2007	NC	9	NO
A	E2394	POWER WHEELCHAIR ACCESSORY, DRIV	1/1/2007	NC	9	NO
A	E2395	POWER WHEELCHAIR ACCESSORY, CAST	1/1/2007	NC	9	NO
A	E2396	POWER WHEELCHAIR ACCESSORY, CAST	4/1/2008	\$63.52	3	NO
A	E2397	POWER WHEELCHAIR ACCESSORY, LITH	1/1/2008	NC	9	NO
A	E2399	POWER WHEELCHAIR ACCESSORY, NOT	10/1/2005	\$0.01	5	YES
A	E2601	GENERAL USE WHEELCHAIR SEAT CUSH	4/1/2008	\$58.41	3	YES
A	E2602	GENERAL USE WHEELCHAIR SEAT CUSH	4/1/2008	\$114.03	3	YES
A	E2603	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$144.77	3	YES
A	E2604	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$179.93	3	YES
A	E2605	POSITIONING WHEELCHAIR SEAT CUSH	4/1/2008	\$257.06	3	YES
A	E2606	POSITIONING WHEELCHAIR SEAT CUSH	4/1/2008	\$401.03	3	YES
A	E2607	SKIN PROTECTION AND POSITIONING	4/1/2008	\$276.81	3	YES
A	E2608	SKIN PROTECTION AND POSITIONING	4/1/2008	\$332.43	3	YES
A	E2609	CUSTOM FABRICATED WHEELCHAIR SEA	4/1/2008	\$758.18	3	YES
A	E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2005	NC	9	NO
A	E2611	GENERAL USE WHEELCHAIR BACK CUSH	4/1/2008	\$298.29	3	YES
A	E2612	GENERAL USE WHEELCHAIR BACK CUSH	4/1/2008	\$403.53	3	YES
A	E2613	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$375.35	3	YES
A	E2614	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$519.45	3	YES
A	E2615	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$431.97	3	YES
A	E2616	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$581.19	3	YES
A	E2617	CUSTOM FABRICATED WHEELCHAIR BAC	4/1/2008	\$758.18	3	YES
A	E2618	WHEELCHAIR ACCESSORY, SOLID SEAT	1/1/2008	INVALID	N	YES
A	E2619	REPLACEMENT COVER FOR WHEELCHAIR	4/1/2008	\$49.01	3	YES
A	E2620	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$523.05	3	YES
A	E2621	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$548.90	3	YES



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	E8000	GAIT TRAINER, PEDIATRIC SIZE, PO	4/1/2008	\$1,538.82	3	YES
A	E8001	GAIT TRAINER, PEDIATRIC SIZE, UP	4/1/2008	\$1,538.82	3	YES
A	E8002	GAIT TRAINER, PEDIATRIC SIZE, AN	4/1/2008	\$1,538.82	3	YES
A	G0109	DIABETES SELF-MANAGEMENT TRAININ	12/20/2004	NC	9	NO
A	G0369	PHARMACY SUPPLY FEE FOR INITIAL	1/1/2006	INVALID	N	NO
A	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
A	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
A	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
A	K0001	STANDARD WHEELCHAIR	4/1/2008	\$508.70	3	YES
A	K0002	STANDARD HEMI (LOW SEAT) WHEELCH	4/1/2008	\$773.00	3	YES
A	K0003	LIGHTWEIGHT WHEELCHAIR	4/1/2008	\$826.60	3	YES
A	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEEL	4/1/2008	\$1,084.80	3	YES
A	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	4/1/2008	\$1,736.04	3	YES
A	K0006	HEAVY-DUTY WHEELCHAIR	4/1/2008	\$1,197.70	3	YES
A	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	4/1/2008	\$1,704.70	3	YES
A	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
A	K0009	OTHER MANUAL WHEELCHAIR/BASE	4/1/2008	\$5,956.70	3	YES
A	K0010	STANDARD-WEIGHT FRAME MOTORIZED/	11/15/2006	NC	9	YES
A	K0011	STANDARD-WEIGHT FRAME MOTORIZED/	11/15/2006	NC	9	YES
A	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/P	11/15/2006	NC	9	YES
A	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
A	K0014	OTHER MOTORIZED/POWER WHEELCHAIR	11/15/2006	NC	9	YES
A	K0015	DETACHABLE, NONADJUSTABLE HEIGHT	4/1/2008	\$170.63	3	NO
A	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
A	K0017	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2008	\$47.99	3	NO
A	K0018	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2008	\$26.83	3	NO
A	K0019	ARM PAD, EACH	4/1/2008	\$16.46	3	NO
A	K0020	FIXED, ADJUSTABLE HEIGHT ARMREST	4/1/2008	\$43.61	3	NO
A	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO
A	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
A	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
A	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
A	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO
A	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
A	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
A	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
A	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
A	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
A	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
A	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
A	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
A	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
A	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
A	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
A	K0037	HIGH MOUNT FLIP-UP FOOTREST, EAC	4/1/2008	\$45.99	3	NO
A	K0038	LEG STRAP, EACH	4/1/2008	\$22.77	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0039	LEG STRAP, H STYLE, EACH	4/1/2008	\$50.61	3	NO
A	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	4/1/2008	\$70.11	3	NO
A	K0041	LARGE SIZE FOOTPLATE, EACH	4/1/2008	\$49.71	3	NO
A	K0042	STANDARD SIZE FOOTPLATE, EACH	4/1/2008	\$29.58	3	NO
A	K0043	FOOTREST, LOWER EXTENSION TUBE,	4/1/2008	\$18.34	3	NO
A	K0044	FOOTREST, UPPER HANGER BRACKET,	4/1/2008	\$15.63	3	NO
A	K0045	FOOTREST, COMPLETE ASSEMBLY	4/1/2008	\$54.07	3	NO
A	K0046	ELEVATING LEGREST, LOWER EXTENSI	4/1/2008	\$18.34	3	NO
A	K0047	ELEVATING LEGREST, UPPER HANGER	4/1/2008	\$71.80	3	NO
A	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
A	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
A	K0050	RATCHET ASSEMBLY	4/1/2008	\$30.52	3	NO
A	K0051	CAM RELEASE ASSEMBLY, FOOTREST O	4/1/2008	\$49.39	3	NO
A	K0052	SWINGAWAY, DETACHABLE FOOTRESTS,	4/1/2008	\$86.81	3	NO
A	K0053	ELEVATING FOOTRESTS, ARTICULATIN	4/1/2008	\$95.80	3	NO
A	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
A	K0055	SEAT DEPTH OF 15, 17, OR 18" FOR	4/1/2004	INVALID	N	NO
A	K0056	SEAT HEIGHT <17" OR >= TO 21" FO	4/1/2008	\$89.30	3	NO
A	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
A	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
A	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO
A	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
A	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO
A	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
A	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
A	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
A	K0065	SPOKE PROTECTORS, EACH	4/1/2008	\$41.74	3	NO
A	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
A	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
A	K0069	REAR WHEEL ASSEMBLY, COMPLETE, W	4/1/2008	\$93.81	3	NO
A	K0070	REAR WHEEL ASSEMBLY, COMPLETE, W	4/1/2008	\$172.01	3	NO
A	K0071	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$102.58	3	NO
A	K0072	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$58.03	3	NO
A	K0073	CASTER PIN LOCK, EACH	4/1/2008	\$31.42	3	NO
A	K0074	PNEUMATIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
A	K0075	SEMI-PNEUMATIC CASTER TIRE, ANY	1/1/2006	INVALID	N	NO
A	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
A	K0077	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$55.24	3	NO
A	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
A	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
A	K0080	ANTI-ROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
A	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
A	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO
A	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
A	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
A	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
A	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
A	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
A	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
A	K0090	REAR WHEEL TIRE FOR POWER WHEELC	1/1/2007	INVALID	N	NO
A	K0091	REAR WHEEL TIRE TUBE OTHER THAN	1/1/2007	INVALID	N	NO
A	K0092	REAR WHEEL ASSEMBLY FOR POWER WH	1/1/2007	INVALID	N	NO
A	K0093	REAR WHEEL, ZERO PRESSURE TIRE T	1/1/2007	INVALID	N	NO
A	K0094	WHEEL TIRE FOR POWER BASE, ANY S	1/1/2007	INVALID	N	NO
A	K0095	WHEEL TIRE TUBE OTHER THAN ZERO	1/1/2007	INVALID	N	NO
A	K0096	WHEEL ASSEMBLY FOR POWER BASE, C	1/1/2007	INVALID	N	NO
A	K0097	WHEEL ZERO PRESSURE TIRE TUBE (F	1/1/2007	INVALID	N	NO
A	K0098	DRIVE BELT FOR POWER WHEELCHAIR	4/1/2008	\$24.79	3	NO
A	K0099	FRONT CASTER FOR POWER WHEELCHAI	1/1/2007	INVALID	N	NO
A	K0100	AMPUTEE ADAPTER, PART	4/1/2004	INVALID	N	NO
A	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
A	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
A	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
A	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
A	K0105	IV HANGER, EACH	4/1/2008	\$93.36	3	NO
A	K0106	ARM TROUGH, EACH	1/1/2006	INVALID	N	NO
A	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
A	K0108	OTHER WHEELCHAIR ACCESSORIES	4/1/2008	\$11,913.41	3	YES
A	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
A	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
A	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
A	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	YES
A	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	YES
A	K0183	NASAL APPLICATION DEVICE, USED W	7/1/2003	INVALID	N	NO
A	K0184	NASAL SINGLE PIECE INTERFACE, RE	7/1/2003	INVALID	N	NO
A	K0185	HEADGEAR, USED WITH POSITIVE AIR	7/1/2003	INVALID	N	NO
A	K0186	CHIN STRAP, USED WITH POSITIVE A	7/1/2003	INVALID	N	NO
A	K0187	TUBING, USED WITH POSITIVE AIRWA	7/1/2003	INVALID	N	NO
A	K0188	FILTER, DISPOSABLE, USED WITH PO	7/1/2003	INVALID	N	NO
A	K0189	FILTER, NON-DISPOSABLE, USED WIT	7/1/2003	INVALID	N	NO
A	K0268	HUMIDIFIER, NON-HEATED, USED WIT	4/1/2004	INVALID	N	NO
A	K0452	WHEELCHAIR BEARINGS, ANY TYPE	1/1/2006	INVALID	N	NO
A	K0460	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
A	K0461	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
A	K0531	HUMIDIFIER, HEATED, USED WITH PO	4/1/2004	INVALID	N	NO
A	K0532	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0533	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0534	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
A	K0539	DRESSING SET FOR NEGATIVE PRESSU	4/1/2004	INVALID	N	NO
A	K0540	CANISTER SET FOR NEGATIVE PRESSU	4/1/2004	INVALID	N	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
A	K0549	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2004	INVALID	N	NO
A	K0550	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2004	INVALID	N	NO
A	K0551	RESIDUAL LIMB SUPPORT SYSTEM, SO	7/1/2003	INVALID	N	NO
A	K0552	SUPPLIES FOR EXTERNAL DRUG INFUS	4/1/2008	\$2.49	3	YES
A	K0553	COMBINATION ORAL/NASAL MASK, USE	1/1/2008	INVALID	N	YES
A	K0554	ORAL CUSHION FOR COMBINATION ORA	1/1/2008	INVALID	N	YES
A	K0555	NASAL PILLOWS FOR COMBINATION OA	1/1/2008	INVALID	N	YES
A	K0556	ADD TO LOWER EXTREMITY, BELOW KN	4/1/2004	INVALID	N	NO
A	K0557	ADD TO LOWER EXTREMITY, BELOW KN	4/1/2004	INVALID	N	NO
A	K0558	ADD TO LOWER EXTREMITY, BELOW/AB	4/1/2004	INVALID	N	NO
A	K0559	ADD TO LOWER EXTREMITY, BELOW/AB	4/1/2004	INVALID	N	NO
A	K0561	OSTOMY SKIN BARRIER, NON-PECTIN	7/1/2003	INVALID	N	NO
A	K0562	OSTOMY SKIN BARRIER, PECTIN-BASE	7/1/2003	INVALID	N	NO
A	K0563	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0564	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0565	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0566	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0567	OSTOMY POUCH, DRAINABLE, WITH KA	7/1/2003	INVALID	N	NO
A	K0568	OSTOMY POUCH, DRAINABLE, WITH ST	7/1/2003	INVALID	N	NO
A	K0569	OSTOMY POUCH, DRAINABLE, HIGH OU	7/1/2003	INVALID	N	NO
A	K0570	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0571	OSTOMY SKIN BARRIER, WITH FLANGE	7/1/2003	INVALID	N	NO
A	K0572	TAPE, NON-WATERPROOF, PER 18 SQU	7/1/2003	INVALID	N	NO
A	K0573	TAPE, WATERPROOF, PER 18 SQUARE	7/1/2003	INVALID	N	NO
A	K0574	ADDITION TO OSTOMY POUCH, FILTER	7/1/2003	INVALID	N	NO
A	K0575	ADDITION TO OSTOMY POUCH, RUSTLE	7/1/2003	INVALID	N	NO
A	K0576	ADDITION TO OSTOMY POUCH, FRICTI	7/1/2003	INVALID	N	NO
A	K0577	ADDITION TO OSTOMY POUCH, ODOR B	7/1/2003	INVALID	N	NO
A	K0578	ADDITION TO OSTOMY POUCH, FAUCET	7/1/2003	INVALID	N	NO
A	K0579	ADDITION TO OSTOMY POUCH, ABSORB	7/1/2003	INVALID	N	NO
A	K0580	ADDITION TO OSTOMY POUCH, FLANGE	7/1/2003	INVALID	N	NO
A	K0581	OSTOMY POUCH, CLOSED, WITH BARRIE	4/1/2004	INVALID	N	NO
A	K0582	OSTOMY POUCH, CLOSED, WITH BARRIE	4/1/2004	INVALID	N	NO
A	K0583	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2004	INVALID	N	NO
A	K0584	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	INVALID	N	NO
A	K0585	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	INVALID	N	NO
A	K0586	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2004	NC	9	NO
A	K0587	OSTOMY POUCH, DRAINABLE, WITH BA	4/1/2004	INVALID	N	NO
A	K0588	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0589	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0590	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2004	INVALID	N	NO
A	K0591	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2004	INVALID	N	NO
A	K0592	OSTOMY POUCH, URINARY, W/BARRIER	4/1/2004	INVALID	N	NO
A	K0593	OSTOMY POUCH, URINARY, WITH EXTE	4/1/2004	INVALID	N	NO
A	K0594	OSTOMY POUCH, URINARY; W/BARRIER	4/1/2004	INVALID	N	NO
A	K0595	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0596	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO
A	K0597	OSTOMY POUCH, URINARY; FOR USE O	4/1/2004	INVALID	N	NO
A	K0600	FUNCTIONAL NEUROMUSCULAR STIMULA	1/1/2006	INVALID	N	NO
A	K0601	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2008	\$1.05	3	NO
A	K0602	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2008	\$6.07	3	NO
A	K0603	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2008	\$0.54	3	NO
A	K0604	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2008	\$5.82	3	NO
A	K0605	REPLACEMENT BATTERY FOR EXTERNAL	4/1/2008	\$13.94	3	NO
A	K0607	REPLACEMENT BATTERY FOR AUTOMATE	1/1/2004	NC	9	NO
A	K0608	REPLACEMENT GARMENT FOR USE WITH	1/1/2004	NC	9	NO
A	K0609	REPLACEMENT ELECTRODES FOR USE W	1/1/2004	NC	9	NO
A	K0618	TLISO, SAGITTAL-CORONAL CONTROL,	1/1/2006	INVALID	N	NO
A	K0619	TLISO, SAGITTAL-CORONAL, MODULAR	1/1/2006	INVALID	N	NO
A	K0620	TUBULAR ELASTIC DRESSING, ANY WI	1/1/2006	INVALID	N	NO
A	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO
A	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
A	K0630	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	INVALID	N	NO
A	K0631	SACROILIAC ORTHOSIS, FLEXIBLE, P	1/1/2006	INVALID	N	NO
A	K0632	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	INVALID	N	NO
A	K0633	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	INVALID	N	NO
A	K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	1/1/2006	INVALID	N	NO
A	K0635	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	INVALID	N	NO
A	K0636	LUMBAR ORTHOSIS, SAGITTAL CONTRO	1/1/2006	INVALID	N	NO
A	K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	INVALID	N	NO
A	K0638	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	INVALID	N	NO
A	K0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0641	LSO, SAGITTAL CONTROL, W/RIGID A	1/1/2006	INVALID	N	NO
A	K0642	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0644	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0645	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0646	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$789.10	3	NO
A	K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	INVALID	N	NO
A	K0650	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0651	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0652	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
A	K0653	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
A	K0654	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0655	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
A	K0656	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
A	K0657	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
A	K0658	CUSTOM FABRICATED WHEELCHAIR SEA	1/1/2005	INVALID	N	YES
A	K0659	WHEELCHAIR SEAT CUSHION POWERED	1/1/2005	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0660	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0661	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0662	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0663	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0664	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0665	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
A	K0666	CUSTOM FABRICATED WHEELCHAIR BAC	1/1/2005	INVALID	N	YES
A	K0667	MOUNTING HARDWARE, ANY TYPE, FOR	1/1/2005	INVALID	N	NO
A	K0668	REPLACEMENT COVER FOR WHEELCHAIR	1/1/2005	INVALID	N	YES
A	K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR	7/1/2004	NC	9	NO
A	K0672	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	NC	9	NO
A	K0731	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	NO
A	K0732	LITHIUM ION BATTERY FOR USE W/CO	1/1/2006	INVALID	N	NO
A	K0733	POWER WHEELCHAIR ACCESSORY, 12-2	4/1/2008	\$28.85	3	NO
A	K0734	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$316.55	3	NO
A	K0735	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$402.80	3	NO
A	K0736	SKIN PROTECTION AND POSITIONING	4/1/2008	\$319.15	3	NO
A	K0737	SKIN PROTECTION AND POSITIONING	4/1/2008	\$404.02	3	NO
A	K0800	POWER OPERATED VEHICLE, GRP 1 ST	4/1/2008	\$1,234.60	3	YES
A	K0801	POWER OPERATED VEHICLE, GRP 1 VE	4/1/2008	\$1,990.43	3	YES
A	K0802	POWER OPERATED VEHICLE, GRP 1 VE	4/1/2008	\$2,252.52	3	YES
A	K0806	POWER OPERATED VEHICLE, GRP 2 ST	11/15/2006	NC	9	NO
A	K0807	OWER OPERATED VEHICLE, GRP 2 VER	11/15/2006	NC	9	NO
A	K0808	POWER OPERATED VEHICLE, GRP 2 VE	11/15/2006	NC	9	NO
A	K0812	POWER OPERATED VEHICLE, NOT OTHE	11/15/2006	NC	9	NO
A	K0813	POWER WHLCHR, GRP 1 STANDARD, PO	4/1/2008	\$2,303.80	3	YES
A	K0814	POWER WHLCHR, GRP 1 STANDARD, PO	4/1/2008	\$2,948.80	3	YES
A	K0815	POWER WHLCHR, GRP 1 STANDARD, SL	4/1/2008	\$3,358.10	3	YES
A	K0816	POWER WHLCHR, GRP 1 STANDARD, CA	4/1/2008	\$3,215.90	3	YES
A	K0820	POWER WHLCHR, GRP 2 STANDARD, PO	4/1/2008	\$2,460.70	3	YES
A	K0821	POWER WHLCHR, GRP 2 STANDARD, PO	4/1/2008	\$3,158.90	3	YES
A	K0822	POWER WHLCHR, GRP 2 STANDARD, SL	4/1/2008	\$3,827.70	3	YES
A	K0823	POWER WHLCHR, GRP 2 STANDARD, CA	4/1/2008	\$3,842.60	3	YES
A	K0824	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$4,624.80	3	YES
A	K0825	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$4,233.70	3	YES
A	K0826	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$5,987.20	3	YES
A	K0827	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$5,091.10	3	YES
A	K0828	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$6,597.30	3	YES
A	K0829	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$6,058.20	3	YES
A	K0830	POWER WHLCHR, GRP 2 STANDARD, SE	11/15/2006	NC	9	NO
A	K0831	POWER WHLCHR, GRP 2 STANDARD, SE	11/15/2006	NC	9	NO
A	K0835	POWER WHLCHR, GRP 2 STNDRD, SING	4/1/2008	\$3,874.80	3	YES
A	K0836	POWER WHLCHR, GRP 2 STANDARD, SI	4/1/2008	\$4,018.20	3	YES
A	K0837	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$4,624.80	3	YES
A	K0838	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$4,137.30	3	YES
A	K0839	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$5,987.20	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	K0840	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$9,070.90	3	YES
A	K0841	POWER WHLCHR, GRP 2 STNDRD, MULT	4/1/2008	\$4,124.30	3	YES
A	K0842	POWER WHLCHR, GRP 2 STNDRD, MULT	4/1/2008	\$4,124.30	3	YES
A	K0843	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$4,965.60	3	YES
A	K0848	POWER WHLCHR, GRP 3 STANDARD, SL	4/1/2008	\$5,046.60	3	YES
A	K0849	POWER WHLCHR, GRP 3 STANDARD, CA	4/1/2008	\$4,852.10	3	YES
A	K0850	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$5,863.60	3	YES
A	K0851	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$5,628.50	3	YES
A	K0852	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$6,763.90	3	YES
A	K0853	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$6,948.20	3	YES
A	K0854	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$9,204.90	3	YES
A	K0855	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$8,695.40	3	YES
A	K0856	POWER WHLCHR, GRP 3 STNDRD, SING	4/1/2008	\$5,417.00	3	YES
A	K0857	POWER WHLCHR, GRP 3 STNDRD, SING	4/1/2008	\$5,525.60	3	YES
A	K0858	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$6,720.90	3	YES
A	K0859	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$6,409.70	3	YES
A	K0860	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$9,601.70	3	YES
A	K0861	POWER WHLCHR, GRP 3 STNDRD, MULT	4/1/2008	\$5,425.70	3	YES
A	K0862	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$6,720.90	3	YES
A	K0863	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$9,601.70	3	YES
A	K0864	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$11,426.10	3	YES
A	K0868	POWER WHLCHR, GRP 4 STNDRD, SLIN	11/15/2006	NC	9	NO
A	K0869	POWER WHLCHR, GRP 4 STNDRD, CAPT	11/15/2006	NC	9	NO
A	K0870	POWER WHLCHR, GRP 4 HEAVY DUTY,	11/15/2006	NC	9	NO
A	K0871	POWER WHLCHR, GRP 4 VERY HEAVY D	11/15/2006	NC	9	NO
A	K0877	POWER WHLCHR, GRP 4 STNDRD, SING	11/15/2006	NC	9	NO
A	K0878	POWER WHLCHR, GRP 4 STNDRD, SING	11/15/2006	NC	9	NO
A	K0879	POWER WHLCHR, GRP 4 HEAVY DUTY,	11/15/2006	NC	9	NO
A	K0880	POWER WHLCHR, GRP 4 VERY HEAVY D	11/15/2006	NC	9	NO
A	K0884	POWER WHLCHR, GRP 4 STNDRD, MLTP	11/15/2006	NC	9	NO
A	K0885	POWER WHEELCHAIR, GROUP 4 STANDA	11/15/2006	NC	9	NO
A	K0886	POWER WHLCHR, GRP 4 HEAVY DUTY,	11/15/2006	NC	9	NO
A	K0890	POWER WHLCHR, GRP 5 PEDIATRIC, S	11/15/2006	\$0.01	5	YES
A	K0891	POWER WHLCHR, GRP 5 PEDIATRIC, M	11/15/2006	\$0.01	5	YES
A	K0898	POWER WHEELCHAIR, NO OTHERWISE C	11/15/2006	NC	9	NO
A	K0899	POWER MOBILITY DEVICE, NOT CODED	11/15/2006	NC	9	NO
A	L0100	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
A	L0110	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
A	L0112	CRANIAL CERVICAL ORTHOSIS, CONGE	4/1/2008	\$1,050.28	3	NO
A	L0120	CERVICAL, FLEXIBLE, NONADJUSTABL	4/1/2008	\$25.43	3	NO
A	L0130	CERVICAL, FLEXIBLE, THERMOPLASTI	4/1/2008	\$141.51	3	NO
A	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE	4/1/2008	\$61.36	3	NO
A	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE	4/1/2008	\$81.72	3	NO
A	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME	4/1/2008	\$112.59	3	NO
A	L0170	CERVICAL, COLLAR, MOLDED TO PATI	4/1/2008	\$546.15	3	NO
A	L0172	CERVICAL, COLLAR, SEMI-RIGID THE	4/1/2008	\$98.57	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0174	CERVICAL, COLLAR, SEMI-RIGID THE	4/1/2008	\$207.52	3	NO
A	L0180	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$302.58	3	NO
A	L0190	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$425.70	3	NO
A	L0200	CERVICAL, MULTIPLE POST COLLAR,	4/1/2008	\$475.34	3	NO
A	L0210	THORACIC, RIB BELT	4/1/2008	\$31.83	3	NO
A	L0220	THORACIC, RIB BELT, CUSTOM FABRI	4/1/2008	\$94.72	3	NO
A	L0300	THORACIC-LUMBAR-SACRAL-ORTHOSES	7/1/2003	INVALID	N	NO
A	L0310	TLSO, FLEXIBLE, (DORSO-LUMBAR SU	7/1/2003	INVALID	N	NO
A	L0315	TLSO, FLEXIBLE DORSO-LUMBAR SURG	7/1/2003	INVALID	N	NO
A	L0317	TLSO, FLEXIBLE DORSO-LUMBAR SURG	7/1/2003	INVALID	N	NO
A	L0320	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
A	L0321	TLSO, ANTERIOR-POSTERIOR CONTROL	7/1/2003	INVALID	N	NO
A	L0330	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0331	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0340	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0350	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0360	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0370	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0380	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0390	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0391	TLSO, ANTERIOR-POSTERIOR-LATREAL	7/1/2003	INVALID	N	NO
A	L0400	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0410	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0420	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0430	SPINAL ORTHOSIS, ANTERIOR-POSTER	4/1/2008	\$963.25	3	NO
A	L0440	TLSO, ANTERIOR-POSTERIOR-LATERAL	7/1/2003	INVALID	N	NO
A	L0450	TLSO, FLEXIBLE, PROVIDES TRUNK S	4/1/2008	\$165.00	3	NO
A	L0452	TLSO, FLEXIBLE, PROVIDES TRUNK S	4/1/2008	\$265.60	3	NO
A	L0454	TLSO FLEXIBLE, PROVIDES TRUNK SU	4/1/2008	\$260.26	3	NO
A	L0456	TLSO, FLEXIBLE, PROVIDES TRUNK S	4/1/2008	\$746.34	3	NO
A	L0458	TLSO, TRIPLANAR CONTROL, MODULAR	4/1/2008	\$669.24	3	NO
A	L0460	TLSO, TRIPLANAR CONTROL, MODULAR	4/1/2008	\$753.26	3	NO
A	L0462	TLSO, TRIPLANAR CONTROL, MODULAR	4/1/2008	\$936.93	3	NO
A	L0464	TLSO, TRIPLANAR CONTROL, MODULAR	4/1/2008	\$1,115.41	3	NO
A	L0466	TLSO, SAGITTAL CONTROL, RIGID PO	4/1/2008	\$339.17	3	NO
A	L0468	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$407.11	3	NO
A	L0470	TLSO, TRIPLANAR CONTROL, RIGID P	4/1/2008	\$488.64	3	NO
A	L0472	TLSO, TRIPLANAR CONTROL, HYPEREX	4/1/2008	\$347.00	3	NO
A	L0474	TLSO, TRIPLANAR CONTROL, RIGID P	1/1/2005	INVALID	N	NO
A	L0476	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2005	INVALID	N	NO
A	L0478	TLSO, SAGITTAL-CORONAL CONTROL,	1/1/2005	INVALID	N	NO
A	L0480	TLSO, TRIPLANAR CONTROL, ONE PIE	4/1/2008	\$1,196.48	3	NO
A	L0482	TLSO, TRIPLANAR CONTROL, ONE PIE	4/1/2008	\$1,219.40	3	NO
A	L0484	TLSO, TRIPLANAR CONTROL, TWO PIE	4/1/2008	\$1,277.55	3	NO
A	L0486	TLSO, TRIPLANAR CONTROL, TWO PIE	4/1/2008	\$1,355.41	3	NO
A	L0488	TLSO, TRIPLANAR CONTROL, ONE PIE	4/1/2008	\$753.26	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0490	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$212.28	3	NO
A	L0491	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$576.31	3	NO
A	L0492	TLSO, SAGITTAL-CORONAL CONTROL,	4/1/2008	\$379.07	3	NO
A	L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FL	1/1/2005	INVALID	N	NO
A	L0510	LSO, FLEXIBLE (LUMBO-SACRAL SUPP	1/1/2005	INVALID	N	NO
A	L0515	LSO, ANTERIOR-POSTERIOR CONTROL,	1/1/2005	INVALID	N	NO
A	L0520	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0530	LSO, ANTERIOR-POSTERIOR CONTROL	1/1/2005	INVALID	N	NO
A	L0540	LSO, LUMBAR FLEXION (WILLIAMS FL	1/1/2005	INVALID	N	NO
A	L0550	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0561	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0565	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
A	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
A	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
A	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
A	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, P	4/1/2008	\$86.88	3	NO
A	L0622	SACROILIAC ORTHOSIS, FLEXIBLE, P	4/1/2008	\$230.57	3	NO
A	L0623	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	NC	9	NO
A	L0624	SACROILIAC ORTHOSIS, PROVIDES PE	1/1/2006	NC	9	NO
A	L0625	LUMBAR ORTHOSIS, FLEXIBLE, PROVI	4/1/2008	\$41.32	3	NO
A	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTRO	4/1/2008	\$58.49	3	NO
A	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTRO	4/1/2008	\$308.45	3	NO
A	L0628	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	4/1/2008	\$62.95	3	NO
A	L0629	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE	1/1/2006	NC	9	NO
A	L0630	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$121.53	3	NO
A	L0631	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$770.34	3	NO
A	L0632	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	NC	9	NO
A	L0633	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$215.17	3	NO
A	L0634	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	1/1/2006	NC	9	NO
A	L0635	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$792.95	3	NO
A	L0636	LUMBAR SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$1,033.88	3	YES
A	L0637	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$843.42	3	YES
A	L0638	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$989.71	3	YES
A	L0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$843.42	3	YES
A	L0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL	4/1/2008	\$785.21	3	YES
A	L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-O	4/1/2008	\$1,453.37	3	NO
A	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERA	4/1/2008	\$1,641.55	3	NO
A	L0810	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$1,976.55	3	NO
A	L0820	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$1,941.13	3	NO
A	L0830	HALO PROCEDURE, CERVICAL HALO IN	4/1/2008	\$2,722.71	3	NO
A	L0859	ADDITION TO HALO PROC, MAGNETIC	4/1/2008	\$875.76	3	YES
A	L0860	ADDITION TO HALO PROCEDURES, MAG	1/1/2006	INVALID	N	NO
A	L0861	ADDITION TO HALO PROCEDURE, REPL	4/1/2008	\$161.74	3	NO
A	L0900	TORSO SUPPORT, PTOSIS SUPPORT	7/1/2003	INVALID	N	NO
A	L0910	TORSO SUPPORT, PTOSIS SUPPORT, C	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L0920	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
A	L0930	TORSO SUPPORT, PENDULOUS ABDOMEN	7/1/2003	INVALID	N	NO
A	L0940	TORSO SUPPORT, POSTSURGICAL SUPP	7/1/2003	INVALID	N	NO
A	L0950	TORSO SUPPORT, POST SURGICAL SUP	7/1/2003	INVALID	N	NO
A	L0960	TORSO SUPPORT, POST SURGICAL SUP	1/1/2008	INVALID	N	NO
A	L0970	TLSO CORSET FRONT -H	4/1/2008	\$82.16	3	NO
A	L0972	LSO CORSET FRONT -H	4/1/2008	\$73.98	3	NO
A	L0974	TLSO FULL CORSET -H	4/1/2008	\$133.17	3	NO
A	L0976	LSO FULL CORSET -H	4/1/2008	\$140.73	3	NO
A	L0978	AXILLARY CRUTCH EXTENSION -H	4/1/2008	\$147.51	3	NO
A	L0980	PERITONEAL STRAPS PAIR -H	4/1/2008	\$13.35	3	NO
A	L0982	STOCKING SUPPORTER GRIPS SET OF	4/1/2008	\$12.45	3	NO
A	L0984	PROTECTIVE BODY SOCK, EACH	4/1/2008	\$49.14	3	NO
A	L0986	ADDITION TO SPINAL ORTHOSIS, RIG	7/1/2003	INVALID	N	NO
A	L0999	ADDITION TO SPINAL ORTHOSIS, NOT	4/1/2008	\$962.00	3	YES
A	L1000	CERVICAL-THORACIC-LUMBAR-SACRAL	4/1/2008	\$1,748.03	3	NO
A	L1001	CERVICAL THORACIC LUMBAR SACRAL	1/1/2007	NC	9	NO
A	L1005	TENSION BASED SCOLIOSIS ORTHOSIS	4/1/2008	\$2,401.76	3	NO
A	L1010	ADDITION TO CERVICAL-THORACIC-LU	4/1/2008	\$50.04	3	NO
A	L1020	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.37	3	NO
A	L1025	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$89.65	3	NO
A	L1030	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$46.98	3	NO
A	L1040	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$69.37	3	NO
A	L1050	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.68	3	NO
A	L1060	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$81.01	3	NO
A	L1070	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$73.21	3	NO
A	L1080	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$45.26	3	NO
A	L1085	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$118.14	3	NO
A	L1090	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$71.44	3	NO
A	L1100	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$129.84	3	NO
A	L1110	ADDITION TO CTLSO OR SCOLIOSIS O	4/1/2008	\$214.87	3	NO
A	L1120	ADDITION TO CTLSO SCOLIOSIS ORTH	4/1/2008	\$35.34	3	NO
A	L1200	THORACIC-LUMBAR-SACRAL-ORTHOSES	4/1/2008	\$1,501.81	3	NO
A	L1210	ADDITION TO TLSO (LOW PROFILE),	4/1/2008	\$188.11	3	NO
A	L1220	ADDITION TO TLSO (LOW PROFILE),	4/1/2008	\$194.83	3	NO
A	L1230	ADDITION TO TLSO (LOW PROFILE),	4/1/2008	\$408.65	3	NO
A	L1240	ADDITION TO TLSO (LOW PROFILE) L	4/1/2008	\$59.66	3	NO
A	L1250	ADDITION TO TLSO (LOW PROFILE) A	4/1/2008	\$54.57	3	NO
A	L1260	ADDITION TO TLSO (LOW PROFILE) A	4/1/2008	\$57.61	3	NO
A	L1270	ADDITION TO TLSO (LOW PROFILE) A	4/1/2008	\$55.70	3	NO
A	L1280	ADDITION TO TLSO (LOW PROFILE) R	4/1/2008	\$64.52	3	NO
A	L1290	ADDITION TO TLSO (LOW PROFILE) L	4/1/2008	\$57.72	3	NO
A	L1300	OTHER SCOLIOSIS PROCEDURE, BODY	4/1/2008	\$1,214.40	3	NO
A	L1310	OTHER SCOLIOSIS PROCEDURE, POST-	4/1/2008	\$1,360.22	3	NO
A	L1499	UNLISTED PROCEDURE FOR SPINAL OR	4/1/2008	\$865.80	3	YES
A	L1500	THORACIC-HIP-KNEE-ANKLE ORTHOSES	4/1/2008	\$1,595.02	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L1510	THKAO, STANDING FRAME, WITH OR W	4/1/2008	\$1,016.06	3	NO
A	L1520	THKAO SWIVEL WALKER -H	4/1/2008	\$1,983.49	3	NO
A	L1600	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$92.64	3	NO
A	L1610	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$31.56	3	NO
A	L1620	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$101.48	3	NO
A	L1630	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$131.57	3	NO
A	L1640	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$347.02	3	NO
A	L1650	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$166.44	3	NO
A	L1652	HIP ORTHOSIS, BILATERAL THIGH CU	4/1/2008	\$267.50	3	NO
A	L1660	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$133.33	3	NO
A	L1680	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$1,167.87	3	NO
A	L1685	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$855.10	3	NO
A	L1686	HIP ORTHOSIS, ABDUCTION CONTROL	4/1/2008	\$664.96	3	NO
A	L1690	COMBINATION, BILATERAL, LUMBO-SA	4/1/2008	\$1,451.07	3	NO
A	L1700	LEGG PERTHES ORTHOSIS, (TORONTO	4/1/2008	\$1,180.69	3	NO
A	L1710	LEGG PERTHES ORTHOSIS, (NEWINGTO	4/1/2008	\$1,428.52	3	NO
A	L1720	LEGG PERTHES ORTHOSIS, TRILATERA	4/1/2008	\$996.51	3	NO
A	L1730	LEGG PERTHES ORTHOSIS, (SCOTTISH	4/1/2008	\$850.25	3	NO
A	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
A	L1755	LEGG PERTHES ORTHOSIS, (PATTEN B	4/1/2008	\$1,138.17	3	NO
A	L1800	KNEE ORTHOSIS, ELASTIC WITH STAY	4/1/2008	\$48.54	3	NO
A	L1810	KNEE ORTHOSIS, ELASTIC WITH JOIN	4/1/2008	\$81.96	3	NO
A	L1815	KNEE ORTHOSIS, ELASTIC OR OTHER	4/1/2008	\$84.50	3	NO
A	L1820	KO, ELASTIC W/CONDYLAR PADS AND	4/1/2008	\$103.69	3	NO
A	L1825	KNEE ORTHOSIS, ELASTIC KNEE CAP,	4/1/2008	\$46.17	3	NO
A	L1830	KNEE ORTHOSIS, IMMOBILIZER, CANV	4/1/2008	\$80.37	3	NO
A	L1831	KNEE ORTHOSIS, LOCKING KNEE JOIN	4/1/2008	\$220.85	3	NO
A	L1832	KNEE ORTHOSIS, ADJUSTABLE KNEE J	4/1/2008	\$437.06	3	NO
A	L1834	KNEE ORTHOSIS, WITHOUT KNEE JOIN	4/1/2008	\$558.04	3	NO
A	L1836	KNEE ORTHOSIS, RIGID, W/OUT JOIN	4/1/2008	\$100.12	3	NO
A	L1840	KNEE ORTHOSIS, DEROTATION, MEDIA	4/1/2008	\$764.61	3	NO
A	L1843	KNEE ORTHOSIS, SINGLE UPRIGHT, T	4/1/2008	\$673.30	3	NO
A	L1844	KNEE ORTHOSIS, SINGLE UPRIGHT, T	4/1/1993	NC	9	NO
A	L1845	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	4/1/2008	\$610.23	3	NO
A	L1846	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	4/1/2008	\$947.95	3	NO
A	L1847	KNEE ORTHOSIS, DOUBLE UPRIGHT WI	7/1/2007	NC	9	NO
A	L1850	KNEE ORTHOSIS, SWEDISH TYPE, PRE	4/1/2008	\$231.07	3	NO
A	L1855	KNEE ORTHOSIS, MOLDED PLASTIC, T	1/1/2008	INVALID	N	NO
A	L1858	KNEE ORTHOSIS, MOLDED PLASTIC, P	1/1/2008	INVALID	N	NO
A	L1860	KNEE ORTHOSIS, MODIFICATION OF S	4/1/2008	\$943.15	3	NO
A	L1870	KNEE ORTHOSIS, DOUBLE UPRIGHT, T	1/1/2008	INVALID	N	NO
A	L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, N	1/1/2008	INVALID	N	NO
A	L1885	KNEE ORTHOSIS, SINGLE OR DOUBLE	4/1/2004	INVALID	N	NO
A	L1900	ANKLE FOOT ORTHOSIS, SPRING WIRE	4/1/2008	\$213.81	3	NO
A	L1901	ANKLE ORTHOSIS, ELASTIC, PREFABR	4/1/2008	\$13.28	3	NO
A	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	4/1/2008	\$70.36	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
A	L1904	ANKLE FOOT ORTHOSIS, MOLDED ANKL	4/1/2008	\$338.05	3	NO
A	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	4/1/2008	\$86.46	3	NO
A	L1907	AFO, SUPRAMALLEOLAR WITH STRAPS,	4/1/2008	\$422.24	3	NO
A	L1910	ANKLE FOOT ORTHOSIS, POSTERIOR,	4/1/2008	\$243.17	3	NO
A	L1920	ANKLE FOOT ORTHOSIS, SINGLE UPRI	4/1/2008	\$322.12	3	NO
A	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$198.61	3	NO
A	L1932	AFO, RIGID ANTERIOR TIBIAL SECTI	4/1/2008	\$669.63	3	NO
A	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$381.91	3	NO
A	L1945	ANKLE FOOT ORTHOSIS, PLASTIC, RI	4/1/2008	\$750.93	3	NO
A	L1950	ANKLE FOOT ORTHOSIS, SPIRAL, (IR	4/1/2008	\$713.94	3	NO
A	L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (IN	4/1/2008	\$630.21	3	NO
A	L1960	ANKLE FOOT ORTHOSIS, POSTERIOR S	4/1/2008	\$398.46	3	NO
A	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	4/1/2008	\$531.76	3	NO
A	L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$351.73	3	NO
A	L1980	ANKLE FOOT ORTHOSIS, SINGLE UPRI	4/1/2008	\$337.43	3	NO
A	L1990	ANKLE FOOT ORTHOSIS, DOUBLE UPRI	4/1/2008	\$407.73	3	NO
A	L2000	KNEE ANKLE FOOT ORTHOSIS, SINGLE	4/1/2008	\$972.20	3	NO
A	L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MA	4/1/2008	\$3,074.93	3	NO
A	L2010	KNEE ANKLE FOOT ORTHOSIS, SINGLE	4/1/2008	\$877.62	3	NO
A	L2020	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	4/1/2008	\$1,119.20	3	NO
A	L2030	KNEE ANKLE FOOT ORTHOSIS, DOUBLE	4/1/2008	\$963.87	3	NO
A	L2034	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,521.69	3	NO
A	L2035	KAFO, FULL PLASTIC, STATIC (PED	4/1/2008	\$135.04	3	NO
A	L2036	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,720.62	3	NO
A	L2037	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,419.49	3	NO
A	L2038	KNEE ANKLE FOOT ORTHOSIS, FULL P	4/1/2008	\$1,195.78	3	NO
A	L2039	KAFO, FULL PLASTIC, SINGLE UPRIG	1/1/2006	INVALID	N	NO
A	L2040	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$164.25	3	NO
A	L2050	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$347.30	3	NO
A	L2060	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$491.73	3	NO
A	L2070	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$96.67	3	NO
A	L2080	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$298.07	3	NO
A	L2090	HIP KNEE ANKLE FOOT ORTHOSIS, TO	4/1/2008	\$420.30	3	NO
A	L2102	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
A	L2104	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2004	INVALID	N	NO
A	L2106	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$503.81	3	NO
A	L2108	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$861.48	3	NO
A	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$347.74	3	NO
A	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$426.72	3	NO
A	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$511.77	3	NO
A	L2122	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
A	L2124	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2004	INVALID	N	NO
A	L2126	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2008	\$860.83	3	NO
A	L2128	KNEE ANKLE FOOT ORTHOSIS, FRACTU	4/1/2008	\$1,643.58	3	NO
A	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$579.90	3	NO
A	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$727.09	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL	4/1/2008	\$850.15	3	NO
A	L2180	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$84.18	3	NO
A	L2182	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$77.47	3	NO
A	L2184	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$89.05	3	NO
A	L2186	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$124.61	3	NO
A	L2188	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$233.29	3	NO
A	L2190	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$62.78	3	NO
A	L2192	ADDITION TO LOWER EXTREMITY FRAC	4/1/2008	\$256.32	3	NO
A	L2200	ADDITIONS TO LOWER EXTREMITY LIM	4/1/2008	\$45.57	3	NO
A	L2210	ADDITIONS TO LOWER EXTREMITY DOR	4/1/2008	\$50.65	3	NO
A	L2220	ADDITIONS TO LOWER EXTREMITY DOR	4/1/2008	\$69.58	3	NO
A	L2230	ADDITIONS TO LOWER EXTREMITY SPL	4/1/2008	\$67.72	3	NO
A	L2232	ADDITION TO LOWER EXTREMITY ORTH	1/1/2005	NC	9	NO
A	L2240	ADDITIONS TO LOWER EXTREMITY ROU	4/1/2008	\$60.69	3	NO
A	L2250	ADDITIONS TO LOWER EXTREMITY FOO	4/1/2008	\$340.59	3	NO
A	L2260	ADDITIONS TO LOWER EXTREMITY REI	4/1/2008	\$144.11	3	NO
A	L2265	ADDITION TO LOWER EXTREMITY, LON	4/1/2008	\$84.66	3	NO
A	L2270	ADDITIONS TO LOWER EXTREMITY VAR	4/1/2008	\$51.47	3	NO
A	L2275	ADDITION TO LOWER EXTREMITY, VAR	4/1/2008	\$112.43	3	NO
A	L2280	ADDITIONS TO LOWER EXTREMITY MOL	4/1/2008	\$326.01	3	NO
A	L2300	ADDITIONS TO LOWER EXTREMITY ABD	4/1/2008	\$241.32	3	NO
A	L2310	ADDITIONS TO LOWER EXTREMITY ABD	4/1/2008	\$117.91	3	NO
A	L2320	ADDITION TO LOWER EXTREMITY, NON	4/1/2008	\$188.95	3	NO
A	L2330	ADDITION TO LOWER EXTREMITY, LAC	4/1/2008	\$333.94	3	NO
A	L2335	ADDITION TO LOWER EXTREMITY, ANT	4/1/2008	\$178.80	3	NO
A	L2340	ADDITIONS TO LOWER EXTREMITY PRE	4/1/2008	\$396.75	3	NO
A	L2350	ADDITIONS TO LOWER EXTREMITY PRO	4/1/2008	\$722.66	3	NO
A	L2360	ADDITIONS TO LOWER EXTREMITY EXT	4/1/2008	\$49.59	3	NO
A	L2370	ADDITION TO LOWER EXTREMITY, PAT	4/1/2008	\$197.20	3	NO
A	L2375	ADDITION TO LOWER EXTREMITY, TOR	4/1/2008	\$81.22	3	NO
A	L2380	ADDITION TO LOWER EXTREMITY, TOR	4/1/2008	\$90.10	3	NO
A	L2385	ADDITION TO LOWER EXTREMITY, STR	4/1/2008	\$96.29	3	NO
A	L2387	ADDITION TO LOWER EXTREMITY, POL	4/1/2008	\$145.99	3	NO
A	L2390	ADDITION TO LOWER EXTREMITY, OFF	4/1/2008	\$78.69	3	NO
A	L2395	ADDITION TO LOWER EXTREMITY, OFF	4/1/2008	\$112.48	3	NO
A	L2397	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$95.00	3	NO
A	L2405	ADDITION TO KNEE JOINT, DROP LOC	4/1/2008	\$65.42	3	NO
A	L2415	ADDITION TO KNEE LOCK W/INTEGRAT	4/1/2008	\$91.14	3	NO
A	L2425	ADDITION TO KNEE JOINT, DISC OR	4/1/2008	\$107.57	3	NO
A	L2430	ADDITION TO KNEE JOINT, RATCHET	4/1/2008	\$107.57	3	NO
A	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO
A	L2492	ADDITION TO KNEE JOINT, LIFT LOO	4/1/2008	\$76.02	3	NO
A	L2500	ADDITION TO LOWER EXTREMITY, THI	4/1/2008	\$243.50	3	NO
A	L2510	ADDITIONS TO LOWER EXTREMITY THI	4/1/2008	\$593.99	3	NO
A	L2520	ADDITIONS TO LOWER EXTREMITY THI	4/1/2008	\$349.94	3	NO
A	L2525	ADD TO LOWER EXTREM, THIGH/WGHT	4/1/2008	\$932.83	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L2526	ADD TO LOWER EXTREMITY, THIGH/WE	4/1/2008	\$656.52	3	NO
A	L2530	ADDITIONS TO LOWER EXTREMITY THI	4/1/2008	\$176.37	3	NO
A	L2540	ADDITIONS TO LOWER EXTREMITY THI	4/1/2008	\$383.37	3	NO
A	L2550	ADDITIONS TO LOWER EXTREMITY THI	4/1/2008	\$225.28	3	NO
A	L2570	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$352.75	3	NO
A	L2580	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$394.31	3	NO
A	L2600	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$171.01	3	NO
A	L2610	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$206.10	3	NO
A	L2620	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$226.10	3	NO
A	L2622	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$220.45	3	NO
A	L2624	ADD. TO LOWER EXTREMITY, PELVIC	4/1/2008	\$238.05	3	NO
A	L2627	ADD TO LOWER EXTREM, PELVIC CNTR	4/1/2008	\$1,232.37	3	NO
A	L2628	ADDITION TO LOWER EXTREMITY, PEL	4/1/2008	\$1,605.87	3	NO
A	L2630	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$188.04	3	NO
A	L2640	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$293.06	3	NO
A	L2650	ADDITIONS TO LOWER EXTREMITY PEL	4/1/2008	\$115.03	3	NO
A	L2660	ADDITIONS TO LOWER EXTREMITY THO	4/1/2008	\$133.99	3	NO
A	L2670	ADDITIONS TO LOWER EXTREMITY THO	4/1/2008	\$126.78	3	NO
A	L2680	ADDITIONS TO LOWER EXTREMITY THO	4/1/2008	\$112.50	3	NO
A	L2750	ADDITION TO LOWER EXTREMITY ORTH	5/1/1997	NC	9	NO
A	L2755	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$98.06	3	NO
A	L2760	ADDITIONS TO LOWER EXTREMITY ORT	4/1/2008	\$44.60	3	NO
A	L2768	ORTHOTIC SIDE BAR DISCONNECT DEV	4/1/2008	\$97.77	3	NO
A	L2770	ADDITIONS TO LOWER EXTREMITY ORT	4/1/2008	\$44.39	3	NO
A	L2780	ADDITION TO LOWER EXTREMITY ORTH	5/1/1997	NC	9	NO
A	L2785	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$25.15	3	NO
A	L2795	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$75.72	3	NO
A	L2800	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$87.90	3	NO
A	L2810	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$56.14	3	NO
A	L2820	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$62.43	3	NO
A	L2830	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$67.54	3	NO
A	L2840	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$31.41	3	NO
A	L2850	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$44.51	3	NO
A	L2860	ADDITION TO LOWER EXTREMITY JOIN	4/1/2008	\$211.40	3	NO
A	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	4/1/2008	\$5,361.03	3	YES
A	L3000	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$235.72	3	NO
A	L3001	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$99.24	3	NO
A	L3002	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$121.19	3	NO
A	L3003	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$130.76	3	NO
A	L3010	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$130.76	3	NO
A	L3020	FOOT INSERT REMOVABLE MOLDED TO	4/1/2008	\$148.89	3	NO
A	L3030	FOOT INSERT REMOVABLE FORMED TO	4/1/2008	\$57.27	3	NO
A	L3031	FOOT, INSERT/PLATE, REMOVABLE, A	1/1/2004	NC	9	NO
A	L3040	FOOT ARCH SUPPORT REMOVABLE PREM	4/1/2008	\$35.31	3	NO
A	L3050	FOOT ARCH SUPPORT REMOVABLE PREM	4/1/2008	\$35.31	3	NO
A	L3060	FOOT ARCH SUPPORT REMOVABLE PREM	4/1/2008	\$55.36	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3070	FOOT ARCH SUPPORT NONREMOVABLE A	4/1/2008	\$23.84	3	NO
A	L3080	FOOT ARCH SUPPORT NONREMOVABLE A	4/1/2008	\$23.84	3	NO
A	L3090	FOOT ARCH SUPPORT NONREMOVABLE A	4/1/2008	\$30.55	3	NO
A	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	4/1/2008	\$32.44	3	NO
A	L3140	FOOT, ABDUCTION ROTATION BAR, IN	4/1/2008	\$66.81	3	NO
A	L3150	FOOT, ABDUCTION ROTATION BAR, WI	4/1/2008	\$61.08	3	NO
A	L3160	FOOT, ADJUSTABLE SHOE-STYLED POS	4/1/2008	\$19.33	3	NO
A	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	4/1/2008	\$38.19	3	NO
A	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
A	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
A	L3203	ORTHOPEDIC SHOE OXFORD WITH SUPI	4/1/2008	\$48.32	3	NO
A	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$43.48	3	NO
A	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$48.32	3	NO
A	L3207	ORTHOPEDIC SHOE HIGHTOP WITH SUP	4/1/2008	\$48.32	3	NO
A	L3208	SURGICAL BOOT EACH-INFANT -H	4/1/2008	\$33.82	3	NO
A	L3209	SURGICAL BOOT EACH-CHILD -H	4/1/2008	\$33.82	3	NO
A	L3211	SURGICAL BOOT EACH-JUNIOR -H	4/1/2008	\$38.65	3	NO
A	L3212	BENESCH BOOT PAIR-INFANT -H	4/1/2008	\$43.48	3	NO
A	L3213	BENESCH BOOT PAIR-CHILD -H	4/1/2008	\$43.48	3	NO
A	L3214	BENESCH BOOT PAIR-JUNIOR -H	4/1/2008	\$48.32	3	NO
A	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$64.84	3	NO
A	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$103.22	3	NO
A	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$80.38	3	NO
A	L3218	ORTHOPEDIC FOOTWEAR LADIES SURGI	7/1/2003	INVALID	N	NO
A	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$75.48	3	NO
A	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$131.99	3	NO
A	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$97.31	3	NO
A	L3223	ORTHOPEDIC FOOTWEAR MENS SURGICA	7/1/2003	INVALID	N	NO
A	L3224	ORTHOPEDIC FOOTWEAR, WOMAN'S SHO	4/1/2008	\$42.27	3	NO
A	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE,	4/1/2008	\$48.63	3	NO
A	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	4/1/2008	\$232.31	3	NO
A	L3250	ORTHOPEDIC FOOTWEAR CUSTOM MOLDE	4/1/2008	\$196.09	3	NO
A	L3251	FOOT-SHOE MOLDED TO PATIENT MODE	7/1/1993	NC	9	NO
A	L3252	FOOT-SHOE MOLDED TO PATIENT MODE	4/1/2008	\$158.40	3	NO
A	L3253	FOOT-MOLDED SHOE PLASTAZOTE (OR	4/1/2008	\$75.31	3	NO
A	L3254	NON-STANDARD SIZE OR WIDTH -H	4/1/2008	\$15.47	3	NO
A	L3255	NON-STANDARD SIZE OR LENGTH -H	4/1/2008	\$15.47	3	NO
A	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	4/1/2008	\$43.48	3	NO
A	L3260	SURGICAL BOOT/SHOE, EACH	4/1/2008	\$96.63	3	NO
A	L3265	PLASTAZOTE SANDAL EACH -H	4/1/2008	\$43.48	3	NO
A	L3300	LIFTS-ELEVATION HEEL TAPERED TO	4/1/2008	\$39.13	3	NO
A	L3310	LIFTS-ELEVATION HEEL AND SOLE NE	4/1/2008	\$61.08	3	NO
A	L3320	LIFTS-ELEVATION HEEL AND SOLE CO	4/1/2008	\$50.77	3	NO
A	L3330	LIFTS-ELEVATION METAL EXTENSION	4/1/2008	\$424.69	3	NO
A	L3332	LIFTS-ELEVATION INSIDE SHOE TAPE	4/1/2008	\$55.36	3	NO
A	L3334	LIFTS-ELEVATION HEEL PER INCH -H	4/1/2008	\$28.63	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3340	HEEL WEDGE SACH -H	4/1/2008	\$63.95	3	NO
A	L3350	HEEL WEDGE -H	4/1/2008	\$17.19	3	NO
A	L3360	SOLE WEDGE-OUTSIDE SOLE -H	4/1/2008	\$26.72	3	NO
A	L3370	SOLE WEDGE-BETWEEN SOLE -H	4/1/2008	\$37.20	3	NO
A	L3380	CLUBFOOT WEDGE -H	4/1/2008	\$37.20	3	NO
A	L3390	OUTFLARE WEDGE -H	4/1/2008	\$37.20	3	NO
A	L3400	METATARSAL BAR WEDGE-ROCKER	4/1/2008	\$30.55	3	NO
A	L3410	METATARSAL BAR WEDGE-BETWEEN SOL	4/1/2008	\$69.66	3	NO
A	L3420	FULL SOLE AND HEEL WEDGE BETWEEN	4/1/2008	\$41.04	3	NO
A	L3430	HEEL COUNTER PLASTIC REINFORCED	4/1/2008	\$120.25	3	NO
A	L3440	HEEL-COUNTER LEATHER REINFORCED	4/1/2008	\$57.27	3	NO
A	L3450	HEEL-SACH CUSHION TYPE -H	4/1/2008	\$79.21	3	NO
A	L3455	HEEL-NEW LEATHER STANDARD -H	4/1/2008	\$30.55	3	NO
A	L3460	HEEL-NEW RUBBER STANDARD -H	4/1/2008	\$25.76	3	NO
A	L3465	HEEL-THOMAS WITH WEDGE -H	4/1/2008	\$43.91	3	NO
A	L3470	HEEL-THOMAS EXTENDED TO BALL -H	4/1/2008	\$46.76	3	NO
A	L3480	HEEL-PAD AND DEPRESSION FOR SPUR	4/1/2008	\$46.76	3	NO
A	L3485	HEEL-PAD REMOVABLE FOR SPUR -H	4/1/2008	\$16.08	3	NO
A	L3500	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$21.95	3	NO
A	L3510	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$21.95	3	NO
A	L3520	ORTHOPEDIC SHOE ADDITION, INSOLE	4/1/2008	\$23.84	3	NO
A	L3530	ORTHOPEDIC SHOE ADDITION, SOLE,	4/1/2008	\$23.84	3	NO
A	L3540	ORTHOPEDIC SHOE ADDITION, SOLE,	4/1/2008	\$38.19	3	NO
A	L3550	ORTHOPEDIC SHOE ADDITION, TOE TA	4/1/2008	\$6.67	3	NO
A	L3560	ORTHOPEDIC SHOE ADDITION, TOE TA	4/1/2008	\$17.19	3	NO
A	L3570	ORTHOPEDIC SHOE ADDITION, SPECIA	4/1/2008	\$63.95	3	NO
A	L3580	ORTHOPEDIC SHOE ADDITION, CONVER	4/1/2008	\$48.67	3	NO
A	L3590	ORTHOPEDIC SHOE ADDITION, CONVER	4/1/2008	\$40.08	3	NO
A	L3595	ORTHOPEDIC SHOE ADDITION, MARCH	4/1/2008	\$31.49	3	NO
A	L3600	TRANSFERS OF AN ORTHOSIS FROM ON	4/1/2008	\$57.27	3	NO
A	L3610	TRANSFERS OF AN ORTHOSIS FROM ON	4/1/2008	\$75.39	3	NO
A	L3620	TRANSFERS OF AN ORTHOSIS FROM ON	4/1/2008	\$57.27	3	NO
A	L3630	TRANSFERS OF AN ORTHOSIS FROM ON	4/1/2008	\$75.39	3	NO
A	L3640	TRANSFERS OF AN ORTHOSIS FROM ON	4/1/2008	\$32.44	3	NO
A	L3649	ORTHOPEDIC SHOE, MODIFICATION, A	4/1/2008	\$893.51	3	YES
A	L3650	SHOULDER ORTHOSIS, FIGURE OF "8"	4/1/2008	\$44.46	3	NO
A	L3651	SHOULDER ORTHOSIS, SINGLE SHOULD	4/1/2008	\$44.97	3	NO
A	L3652	SHOULDER ORTHOSIS, DOUBLE SHOULD	4/1/2008	\$135.51	3	NO
A	L3660	SHOULDER ORTHOSIS, FIGURE OF "8"	4/1/2008	\$72.30	3	NO
A	L3670	SHOULDER ORHTOSIS, ACROMIO/CLAVI	4/1/2008	\$82.68	3	NO
A	L3671	SHOULDER ORTHOSIS, SHOULDER CAP	4/1/2008	\$615.37	3	NO
A	L3672	SHOULDER ORTHOSIS, ABDUCTION PIS	4/1/2008	\$765.25	3	NO
A	L3673	SHOULDER ORTHOSIS, THORACIC COMP	4/1/2008	\$834.05	3	NO
A	L3675	SHOULDER ORTHOSIS, VEST TYPE ABD	4/1/2008	\$119.84	3	NO
A	L3677	SHOULDER ORTHOSIS, HARD PLASTIC,	4/1/2008	\$198.56	3	NO
A	L3700	ELBOW ORTHOSIS, ELASTIC WITH STA	4/1/2008	\$55.45	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3701	ELBOW ORTHOSIS, ELASTIC, PREFABR	4/1/2008	\$13.90	3	NO
A	L3702	ELBOW ORTHOSIS, W/OUT JOINTS, CU	4/1/2008	\$197.20	3	NO
A	L3710	ELBOW ORTHOSIS, ELASTIC WITH MET	4/1/2008	\$86.96	3	NO
A	L3720	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$549.58	3	NO
A	L3730	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$739.40	3	NO
A	L3740	ELBOW ORTHOSIS, DOUBLE UPRIGHT W	4/1/2008	\$754.79	3	NO
A	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE	4/1/2008	\$341.53	3	NO
A	L3762	ELBOW ORTHOSIS, RIGID, WITHOUT J	4/1/2008	\$73.43	3	NO
A	L3763	ELBOW WRIST HAND ORTHOSIS, RIGID	4/1/2008	\$875.68	3	NO
A	L3764	ELBOW WRIST HAND ORTHOSIS, INC O	4/1/2008	\$927.29	3	NO
A	L3765	ELBOW WRIST HAND FINGER ORTHOSIS	4/1/2008	\$875.68	3	NO
A	L3766	ELBOW WRIST HAND FINGER ORTHOSIS	4/1/2008	\$927.29	3	NO
A	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	1/1/2008	INVALID	N	NO
A	L3805	WRIST HAND FINGER ORTHOSIS, LONG	1/1/2008	INVALID	N	NO
A	L3806	WHFO, INC ONE OR MORE NONTORSION	4/1/2008	\$332.29	3	NO
A	L3807	WRIST HAND FINGER ORTHOSIS, WITH	4/1/2008	\$170.76	3	NO
A	L3808	WRIST HAND FINGER ORTHOSIS, RIGI	1/1/2008	\$181.23	3	NO
A	L3810	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3815	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3820	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3825	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3830	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3835	WHFO ADDITIONS TO SHORT ANDLONG	1/1/2008	INVALID	N	NO
A	L3840	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3845	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3850	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3855	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3860	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
A	L3890	ADDITION TO UPPER EXTREMITY JOIN	4/1/2008	\$211.40	3	NO
A	L3900	WRIST HAND FINGER ORTHOSIS, DYNA	4/1/2008	\$1,024.47	3	NO
A	L3901	WRIST HAND FINGER ORTHOSIS, DYNA	4/1/2008	\$1,266.55	3	NO
A	L3902	WRIST HAND FINGER ORTHOSIS, EXTE	1/1/2007	INVALID	N	NO
A	L3904	WRIST HAND FINGER ORTHOSIS, EXTE	4/1/2008	\$2,060.05	3	NO
A	L3905	WRIST HAND ORTHOSIS, INC ONE OR	4/1/2008	\$677.28	3	NO
A	L3906	WRIST HAND ORTHOSIS, W/OUT JOINT	4/1/2008	\$291.52	3	NO
A	L3907	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
A	L3908	WRIST HAND ORTHOSIS, WRIST EXTEN	4/1/2008	\$56.20	3	NO
A	L3909	WRIST ORTHOSIS, ELASTIC, PREFAB,	4/1/2008	\$9.64	3	NO
A	L3910	WRIST HAND FINGER ORTHOSIS, SWAN	1/1/2008	INVALID	N	NO
A	L3911	WRIST HAND FINGER ORTHOSIS, ELAS	4/1/2008	\$16.91	3	NO
A	L3912	HAND FINGER ORTHOSIS, FLEXION GL	4/1/2008	\$88.95	3	NO
A	L3913	HAND FINGER ORTHOSIS, W/OUT JOIN	4/1/2008	\$184.97	3	NO
A	L3914	WRIST HAND ORTHOSIS, WRIST EXTEN	1/1/2007	INVALID	N	NO
A	L3915	WRIST HAND ORTHOSIS, INCL ONR OR	4/1/2008	\$388.85	3	NO
A	L3916	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
A	L3917	HAND ORTHOSIS, METACARPAL FRACTU	4/1/2008	\$72.14	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3918	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
A	L3919	HAND ORTHOSIS, W/OUT JOINTS, MAY	4/1/2008	\$184.97	3	NO
A	L3920	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
A	L3921	HAND FINGER ORTHOSIS, INC ONE OR	4/1/2008	\$219.37	3	NO
A	L3922	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
A	L3923	HAND FINGER ORTHOSIS, W/OUT JOIN	4/1/2008	\$26.57	3	NO
A	L3924	WRIST HAND FINGER ORTHOSIS, OPPE	1/1/2008	INVALID	N	NO
A	L3925	FINGER ORTHOSIS, PROXIMAL INTERP	4/1/2008	\$46.77	3	NO
A	L3926	WRIST HAND FINGER ORTHOSIS, THOM	1/1/2008	INVALID	N	NO
A	L3927	FINGER ORTHOSIS, PROXIMAL INTERP	1/1/2008	NC	9	NO
A	L3928	HAND FINGER ORTHOSIS, FINGER EXT	1/1/2008	INVALID	N	NO
A	L3929	HAND FINGER ORTHOSIS, INCL ONE O	4/1/2008	\$71.37	3	NO
A	L3930	WRIST HAND FINGER ORTHOSIS, FING	1/1/2008	INVALID	N	NO
A	L3931	WRIST HAND FINGER ORTHOSIS, INCL	4/1/2008	\$140.93	3	NO
A	L3932	FINGER ORTHOSIS, SAFETY PIN, SPR	1/1/2008	INVALID	N	NO
A	L3933	FINGER ORTHOSIS, W/OUT JOINTS, M	4/1/2008	\$145.71	3	NO
A	L3934	FINGER ORTHOSIS, SAFETY PIN, MOD	1/1/2008	INVALID	N	NO
A	L3935	FINGER ORTHOSIS, NONTORSION JOIN	4/1/2008	\$150.87	3	NO
A	L3936	WRIST HAND FINGER ORTHOSIS, PALM	1/1/2008	INVALID	N	NO
A	L3938	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
A	L3940	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
A	L3942	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
A	L3944	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
A	L3946	HAND FINGER ORTHOSIS, COMPOSITE	1/1/2008	INVALID	N	NO
A	L3948	FINGER ORTHOSIS, FINGER KNUCKLE	1/1/2008	INVALID	N	NO
A	L3950	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO
A	L3952	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO
A	L3954	HAND FINGER ORTHOSIS, SPREADING	1/1/2008	INVALID	N	NO
A	L3956	ADDITION TO JOINT TO UPPER EXTRE	4/1/2008	\$144.96	3	NO
A	L3960	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$581.33	3	NO
A	L3961	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$1,147.40	3	NO
A	L3962	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$628.21	3	NO
A	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
A	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$593.16	3	YES
A	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$946.51	3	YES
A	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$713.04	3	YES
A	L3967	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$1,354.70	3	NO
A	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$902.34	3	YES
A	L3969	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$631.01	3	YES
A	L3970	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$214.55	3	YES
A	L3971	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$1,285.92	3	NO
A	L3972	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$136.43	3	YES
A	L3973	SHOULDER ELBOW WRIST HAND ORTHOS	4/1/2008	\$1,354.70	3	NO
A	L3974	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$136.14	3	YES
A	L3975	SHOULDER ELBOW WRIST HAND FINGER	4/1/2008	\$1,147.40	3	NO
A	L3976	SHOULDER ELBOW WRIST HAND FINGER	4/1/2008	\$1,147.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L3977	SHOULDER ELBOW WRIST HAND FINGER	4/1/2008	\$1,285.92	3	NO
A	L3978	SHOULDER ELBOW WRIST HAND FINGER	4/1/2008	\$1,354.70	3	NO
A	L3980	UPPER EXTREMITY FRACTURE OTHROSI	4/1/2008	\$217.47	3	NO
A	L3982	UPPER EXTREMITY FRACTURE ORTHOSI	4/1/2008	\$262.62	3	NO
A	L3984	UPPER EXTREMITY FRACTURE ORTHOSI	4/1/2008	\$252.71	3	NO
A	L3985	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
A	L3986	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
A	L3995	ADDITION TO UPPER EXTREMITY ORTH	4/1/2008	\$25.54	3	NO
A	L3999	UNLISTED PROCEDURES FOR UPPER LI	4/1/2008	\$893.51	3	YES
A	L4000	REPLACE GIRDLE FOR SPINAL ORTHOS	4/1/2008	\$1,041.32	3	NO
A	L4002	REPLACEMENT STRAP, ANY ORTHOSIS,	4/1/2008	\$3.37	3	NO
A	L4010	REPLACE TRILATERAL SOCKET BRIM -	4/1/2008	\$575.36	3	NO
A	L4020	REPLACE QUADRILATERAL SOCKET BRI	4/1/2008	\$688.86	3	NO
A	L4030	REPLACE QUADRILATERAL SOCKET BRI	4/1/2008	\$475.00	3	NO
A	L4040	REPLACE MOLDED THIGH LACER -H	4/1/2008	\$391.26	3	NO
A	L4045	REPLACE NON-MOLDED THIGH LACER -	4/1/2008	\$237.88	3	NO
A	L4050	REPLACE MOLDED CALF LACER -H	4/1/2008	\$357.58	3	NO
A	L4055	REPLACE NON-MOLDED CALF LACER -H	4/1/2008	\$194.95	3	NO
A	L4060	REPLACE HIGH ROLL CUFF -H	4/1/2008	\$290.47	3	NO
A	L4070	REPLACE PROXIMAL AND DISTAL UPRI	4/1/2008	\$239.47	3	NO
A	L4080	REPLACE METAL BANDS KAFO, PROXIM	4/1/2008	\$86.11	3	NO
A	L4090	REPLACE METAL BANDS KAFO-AFO CAL	4/1/2008	\$86.48	3	NO
A	L4100	REPLACE LEATHER CUFF KAFO, PROXI	4/1/2008	\$99.98	3	NO
A	L4110	REPLACE LEATHER CUFF KAFO-AFO CA	4/1/2008	\$81.28	3	NO
A	L4130	REPLACE PRETIBIAL SHELL -H	4/1/2008	\$475.55	3	NO
A	L4210	REPAIR OF ORTHOTIC DEVICE REPAIR	4/1/2008	\$193.29	3	NO
A	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	4/1/2008	\$70.77	3	NO
A	L4360	WALKING BOOT,PNEUMATIC, W/OR W/O	4/1/2008	\$265.39	3	NO
A	L4370	PNEUMATIC FULL LEG SPLINT, PREFA	4/1/2008	\$180.95	3	NO
A	L4380	PNEUMATIC KNEE SPLINT, PREFABRIC	4/1/2008	\$99.03	3	NO
A	L4386	NON-PNEUMATIC WALKING SPLINT,WIT	4/1/2008	\$118.97	3	NO
A	L4392	REPLACEMENT, SOFT INTERFACE MATE	4/1/2008	\$17.37	3	NO
A	L4394	REPLACE SOFT INTERFACE MATERIAL,	4/1/2008	\$12.65	3	NO
A	L4396	STATIC ANKLE FOOT ORTHOSIS, INCL	4/1/2008	\$123.83	3	NO
A	L4398	FOOT DROP SPLINT, RECUMBENT POSI	4/1/2008	\$57.00	3	NO
A	L5000	PARTIAL FOOT SHOE INSERT WITH LO	4/1/2008	\$386.97	3	NO
A	L5010	PARTIAL FOOT MOLDED SOCKET ANKLE	4/1/2008	\$932.41	3	NO
A	L5020	PARTIAL FOOT MOLDED SOCKET TIBIA	4/1/2008	\$1,729.17	3	NO
A	L5050	ANKLE SYMES MOLDED SOCKET SACH F	4/1/2008	\$2,064.52	3	NO
A	L5060	ANKLE SYMES METAL FRAME MOLDED L	4/1/2008	\$2,739.57	3	NO
A	L5100	BELOW KNEE MOLDED SOCKET SHIN SA	4/1/2008	\$2,139.90	3	NO
A	L5105	BELOW KNEE, PLASTIC SOCKET, JOIN	4/1/2008	\$3,020.11	3	NO
A	L5150	KNEE DISARTICULATION (OR THROUGH	4/1/2008	\$3,122.76	3	NO
A	L5160	KNEE DISARTICULATION (OR THROUGH	4/1/2008	\$3,809.87	3	NO
A	L5200	ABOVE KNEE MOLDED SOCKET SINGLE	4/1/2008	\$3,119.77	3	NO
A	L5210	ABOVE KNEE SHORT PROSTHESIS NO K	4/1/2008	\$2,477.96	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5220	ABOVE KNEE SHORT PROSTHESIS NO K	4/1/2008	\$2,816.65	3	NO
A	L5230	ABOVE KNEE FOR PROXIMAL FEMORAL	4/1/2008	\$3,767.09	3	NO
A	L5250	HIP DISARTICULATION CANADIAN TYP	4/1/2008	\$4,902.12	3	NO
A	L5270	HIP DISARTICULATION TILT TABLE T	4/1/2008	\$5,251.99	3	NO
A	L5280	HEMIPELVECTOMY CANADIAN TYPE MOL	4/1/2008	\$5,199.47	3	NO
A	L5300	BELOW KNEE MOLDED SOCKET SACH FO	4/1/2002	INVALID	N	NO
A	L5301	BELOW KNEE, MOLDED SOCKET, SHIN,	4/1/2008	\$2,145.67	3	NO
A	L5310	KNEE DISARTICULATION (OR THROUGH	4/1/2002	INVALID	N	NO
A	L5311	KNEE DISARTICULATION (OR THRU KN	4/1/2008	\$3,368.33	3	NO
A	L5320	ABOVE KNEE MOLDED SOCKET OPEN EN	4/1/2002	INVALID	N	NO
A	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN	4/1/2008	\$3,314.70	3	NO
A	L5330	HIP DISARTICULATION CANADIAN TYP	4/1/2002	INVALID	N	NO
A	L5331	HIP DISARTICULATION, CANADIAN TY	4/1/2008	\$4,703.16	3	NO
A	L5340	HEMIPELVECTOMY CANADIAN TYPE MOL	4/1/2002	INVALID	N	NO
A	L5341	HEMIPELVECTOMY, CANADIAN TYPE, M	4/1/2008	\$4,908.82	3	NO
A	L5400	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$1,024.21	3	NO
A	L5410	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$393.70	3	NO
A	L5420	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$1,237.10	3	NO
A	L5430	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$386.14	3	NO
A	L5450	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$337.92	3	NO
A	L5460	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$447.43	3	NO
A	L5500	INITIAL,BELOW KNEE "PTB" TYPE SO	4/1/2008	\$983.64	3	NO
A	L5505	INITIAL,ABOVE KNEE-KNEE DISARTIC	4/1/2008	\$1,332.11	3	NO
A	L5510	PREP,BELOW KNEE PTB TYPE SOCKET,	4/1/2008	\$1,208.21	3	NO
A	L5520	PREP,BELOW KNEE PTB TYPE SOCK,US	4/1/2008	\$1,101.37	3	NO
A	L5530	PREP,BELOW KNEE PTB TYPE SOCK,US	4/1/2008	\$1,536.99	3	NO
A	L5535	PREP,BELOW KNEE PTB TYPE SOCKET,	4/1/2008	\$1,587.59	3	NO
A	L5540	PREP,BELOW KNEE PTB TYPE SOCKET,	4/1/2008	\$1,694.54	3	NO
A	L5560	PREP,ABOVE KNEE-KNEE DISARTICULA	4/1/2008	\$1,655.48	3	NO
A	L5570	PREP,ABOVE KNEE-KNEE DISARTICULA	4/1/2008	\$1,741.24	3	NO
A	L5580	PREP,ABOVE KNEE-KNEE DISARTICULA	4/1/2008	\$1,994.72	3	NO
A	L5585	PREP,ABOVE KNEE-KNEE DISARTICULA	4/1/2008	\$2,210.82	3	NO
A	L5590	PREP,ABOVE KNEE-KNEE DISARTICULA	4/1/2008	\$1,935.48	3	NO
A	L5595	PREP,HIP DISARTICULATION-HEMIPEL	4/1/2008	\$3,457.35	3	NO
A	L5600	PREP,HIP DISARTICULATION-HEMIPEL	4/1/2008	\$4,357.74	3	NO
A	L5610	ADDITIONS TO LOWER EXTREMITY ABO	1/1/1994	NC	9	NO
A	L5611	ADD TO LOWER EXTREM, ABOVE KNEE-	4/1/2008	\$1,351.23	3	NO
A	L5613	ADD TO LOWER EXTREM, ABOVE KNEE-	1/1/1994	NC	9	NO
A	L5614	ADDITION TO LOWER EXTREMITY, END	5/1/1999	NC	9	NO
A	L5616	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$1,040.19	3	NO
A	L5617	ADDITION TO LOWER EXTREMITY, QUI	4/1/2008	\$420.68	3	NO
A	L5618	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$239.25	3	NO
A	L5620	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$227.18	3	NO
A	L5622	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$320.40	3	NO
A	L5624	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$288.46	3	NO
A	L5626	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$418.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5628	ADDITIONS TO LOWER EXTREMITY TES	4/1/2008	\$463.06	3	NO
A	L5629	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$243.40	3	NO
A	L5630	ADDITIONS TO LOWER EXTREMITY SYM	4/1/2008	\$387.88	3	NO
A	L5631	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$336.51	3	NO
A	L5632	ADDITIONS TO LOWER EXTREMITY SYM	4/1/2008	\$226.75	3	NO
A	L5634	ADDITIONS TO LOWER EXTREMITY SYM	4/1/2008	\$270.12	3	NO
A	L5636	ADDITIONS TO LOWER EXTREMITY SYM	4/1/2008	\$240.75	3	NO
A	L5637	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$228.02	3	NO
A	L5638	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$422.52	3	NO
A	L5639	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$967.81	3	NO
A	L5640	ADDITIONS TO LOWER EXTREMITY KNE	4/1/2008	\$640.98	3	NO
A	L5642	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$632.69	3	NO
A	L5643	ADDITION TO LOWER EXTREMITY, HIP	4/1/2008	\$1,368.44	3	NO
A	L5644	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$505.07	3	NO
A	L5645	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$611.09	3	NO
A	L5646	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$449.20	3	NO
A	L5647	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$609.22	3	NO
A	L5648	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$504.24	3	NO
A	L5649	ADDITION TO LOWER EXTREMITY, ISC	4/1/2008	\$1,541.38	3	NO
A	L5650	ADDITIONS TO LOWER EXTREMITY TOT	4/1/2008	\$439.53	3	NO
A	L5651	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$919.76	3	NO
A	L5652	ADDITIONS TO LOWER EXTREMITY SUC	4/1/2008	\$333.91	3	NO
A	L5653	ADDITIONS TO LOWER EXTREMITY KNE	4/1/2008	\$547.84	3	NO
A	L5654	ADDITIONS TO LOWER EXTREMITY SOC	4/1/2008	\$296.72	3	NO
A	L5655	ADDITIONS TO LOWER EXTREMITY SOC	4/1/2008	\$265.87	3	NO
A	L5656	ADDITIONS TO LOWER EXTREMITY SOC	4/1/2008	\$378.81	3	NO
A	L5658	ADDITIONS TO LOWER EXTREMITY SOC	4/1/2008	\$371.29	3	NO
A	L5660	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5661	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$466.07	3	NO
A	L5662	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5663	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5664	ADDITIONS TO LOWER EXTREMITY SOC	7/1/2003	INVALID	N	NO
A	L5665	ADDITION TO LOWER EXTREMITY, SOC	4/1/2008	\$392.15	3	NO
A	L5666	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$54.41	3	NO
A	L5667	ADDITION TO LOWER EXTREMITY, ABO	4/1/2002	INVALID	N	NO
A	L5668	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$85.93	3	NO
A	L5669	ADDITION TO LOWER EXTREMITY, ABO	4/1/2002	INVALID	N	NO
A	L5670	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$226.84	3	NO
A	L5671	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$507.94	3	NO
A	L5672	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$247.13	3	NO
A	L5673	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$548.61	3	NO
A	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
A	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
A	L5676	ADDITIONS TO LOWER EXTREMITY, BE	4/1/2008	\$323.31	3	NO
A	L5677	ADDITIONS TO LOWER EXTREMITY, BE	4/1/2008	\$411.57	3	NO
A	L5678	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$36.24	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5679	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$457.18	3	NO
A	L5680	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$271.54	3	NO
A	L5681	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$988.99	3	NO
A	L5682	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$484.24	3	NO
A	L5683	ADDITION TO LOWER EXTREMITY, BEL	4/1/2008	\$988.99	3	NO
A	L5684	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$49.14	3	NO
A	L5685	ADDITION TO LOWER EXTREMITY PROS	4/1/2008	\$96.29	3	NO
A	L5686	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$48.82	3	NO
A	L5688	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$53.44	3	NO
A	L5690	ADDITIONS TO LOWER EXTREMITY BEL	4/1/2008	\$81.28	3	NO
A	L5692	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$119.43	3	NO
A	L5694	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$184.53	3	NO
A	L5695	ADDITION TO LOWER EXTREMITY, ABO	4/1/2008	\$124.90	3	NO
A	L5696	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$188.94	3	NO
A	L5697	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$81.98	3	NO
A	L5698	ADDITIONS TO LOWER EXTREMITY ABO	4/1/2008	\$95.78	3	NO
A	L5699	ALL LOWER EXTREMITY PROSTHESIS S	4/1/2008	\$188.26	3	NO
A	L5700	REPLACEMENT, SOCKET, BELOW KNEE,	4/1/2008	\$2,796.53	3	NO
A	L5701	REPLACEMENT SOCKET, ABOVE KNEE/K	4/1/2008	\$3,398.37	3	NO
A	L5702	REPLACEMENT, SOCKET, HIP DISARTI	4/1/2008	\$4,069.26	3	NO
A	L5703	ANKLE, SYMES, MOLDED TO PATIENT	4/1/2008	\$1,876.63	3	NO
A	L5704	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$467.04	3	NO
A	L5705	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$766.73	3	NO
A	L5706	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$759.92	3	NO
A	L5707	CUSTOM SHAPED PROTECTIVE COVER,	4/1/2008	\$1,080.28	3	NO
A	L5710	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$348.48	3	NO
A	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN	4/1/2008	\$471.76	3	NO
A	L5712	ADDITION EXOSKELETAL KNEE-SHIN S	4/1/2008	\$423.51	3	NO
A	L5714	ADDITION EXOSKELETAL KNEE-SHIN S	4/1/2008	\$320.35	3	NO
A	L5716	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$558.21	3	NO
A	L5718	ADDITION, EXOSKELETAL KNEE-SHIN	4/1/2008	\$697.69	3	NO
A	L5722	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5724	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5726	ADDITION, EXOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5728	ADDITION EXOSKELETAL KNEE-SHIN S	1/1/1994	NC	9	NO
A	L5780	ADDITION EXOSKELETAL KNEE-SHIN S	1/1/1994	NC	9	NO
A	L5781	ADD TO LOWER LIMB PROSTHESIS, VA	4/1/2003	NC	9	NO
A	L5782	ADD TO LOWER LIMB PROSTHESIS, VA	4/1/2003	NC	9	NO
A	L5785	ADDITION, EXOSKELETAL SYSTEM, BE	4/1/2008	\$475.35	3	NO
A	L5790	ADDITION, EXOSKELETAL SYSTEM, AB	4/1/2008	\$572.34	3	NO
A	L5795	ADDITION, EXOSKELETAL SYSTEM, HI	4/1/2008	\$822.32	3	NO
A	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$425.82	3	NO
A	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$558.57	3	NO
A	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$483.41	3	NO
A	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$2,792.33	3	NO
A	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$651.34	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$735.49	3	NO
A	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5826	ADDITION, ENDOSKELETAL KNEE-SHIN	4/1/2008	\$2,439.11	3	NO
A	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/1994	NC	9	NO
A	L5840	ENDOSKELETAL KNEE/SHIN SYSTEM, M	4/1/2008	\$3,091.23	3	NO
A	L5845	ADDITION, ENDOSKELETAL, KNEE-SHI	4/1/2008	\$1,347.61	3	NO
A	L5846	ADDITION, ENDOSKELETAL, KNEE-SHI	1/1/2005	INVALID	N	NO
A	L5847	ADDITION, ENDOSKELETAL KNEE-SHIN	1/1/2005	INVALID	N	NO
A	L5848	ADD TO ENDOSKELETAL, KNEE-SHIN S	4/1/2003	NC	9	NO
A	L5850	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$97.97	3	NO
A	L5855	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$315.37	3	NO
A	L5856	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L5857	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L5858	ADDITION TO LOWER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L5910	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$277.38	3	NO
A	L5920	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$406.36	3	NO
A	L5925	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$334.02	3	NO
A	L5930	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$2,530.70	3	NO
A	L5940	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$477.64	3	NO
A	L5950	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$686.56	3	NO
A	L5960	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$784.70	3	NO
A	L5962	ADDITION, ENDOSKELETAL SYSTEM, B	4/1/2008	\$600.24	3	NO
A	L5964	ADDITION, ENDOSKELETAL SYSTEM, A	4/1/2008	\$864.08	3	NO
A	L5966	ADDITION, ENDOSKELETAL SYSTEM, H	4/1/2008	\$1,120.25	3	NO
A	L5968	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$2,732.22	3	NO
A	L5970	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$187.87	3	NO
A	L5971	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$187.87	3	NO
A	L5972	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$300.24	3	NO
A	L5974	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$237.96	3	NO
A	L5975	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$348.56	3	NO
A	L5976	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$479.47	3	NO
A	L5978	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$270.98	3	NO
A	L5979	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$2,308.55	3	NO
A	L5980	ALL LOWER EXTREMITY PROSTHESES,	1/1/1994	NC	9	NO
A	L5981	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$2,508.73	3	NO
A	L5982	ALL EXOSKELETAL LOWER EXTREMITY	4/1/2008	\$585.25	3	NO
A	L5984	ALL ENDOSKELETAL LOWER EXTREMITY	4/1/2008	\$553.29	3	NO
A	L5985	ALL ENDOSKELETAL LOWER EXTREMITY	4/1/2008	\$212.32	3	NO
A	L5986	ALL LOWER EXTREMITY PROSTHESES,	4/1/2008	\$585.61	3	NO
A	L5987	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$5,408.71	3	NO
A	L5988	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$1,502.00	3	NO
A	L5989	ADDITION TO LOWER EXTREMITY PROS	1/1/2005	INVALID	N	NO
A	L5990	ADDITION TO LOWER EXTREMITY PROS	4/1/2008	\$1,364.04	3	NO
A	L5993	ADDITION TO LOWER EXTREM PROSTHE	1/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L5994	ADDITION TO LOWER EXTREM PROSTHE	1/1/2007	NC	9	NO
A	L5995	ADD TO LOWER EXTREMITY PROSTHESI	4/1/2008	\$924.78	3	NO
A	L5999	UNLISTED PROCEDURES FOR LOWER EX	4/1/2008	\$865.80	3	YES
A	L6000	PARTIAL HAND ROBIN-AIDS THUMB RE	4/1/2008	\$1,356.83	3	NO
A	L6010	PARTIAL HAND ROBIN-AIDS LITTLE A	4/1/2008	\$1,509.92	3	NO
A	L6020	PARTIAL HAND ROBIN-AIDS NO FINGE	4/1/2008	\$1,407.77	3	NO
A	L6025	TRANSCARPAL/METACARPAL OR PARTIA	4/1/2003	NC	9	NO
A	L6050	WRIST DISARTICULATION MOLDED SOC	4/1/2008	\$1,662.80	3	NO
A	L6055	WRIST DISARTICULATION, MOLDED SO	4/1/2008	\$2,482.81	3	NO
A	L6100	BELOW ELBOW MOLDED SOCKET FLEXIB	4/1/2008	\$1,791.05	3	NO
A	L6110	BELOW ELBOW MOLDED SOCKET (MUENS	4/1/2008	\$1,826.74	3	NO
A	L6120	BELOW ELBOW MOLDED DOUBLE WALL S	4/1/2008	\$2,297.08	3	NO
A	L6130	BELOW ELBOW MOLDED DOUBLE WALL S	4/1/2008	\$2,643.53	3	NO
A	L6200	ELBOW DISARTICULATION MOLDED SOC	4/1/2008	\$2,712.97	3	NO
A	L6205	ELBOW DISARTICULATION, MOLDED SO	4/1/2008	\$3,398.95	3	NO
A	L6250	ABOVE ELBOW MOLDED DOUBLE WALL S	4/1/2008	\$2,530.02	3	NO
A	L6300	SHOULDER DISARTICULATION MOLDED	4/1/2008	\$3,558.82	3	NO
A	L6310	SHOULDER DISARTICULATION, PASSIV	5/1/1997	NC	9	NO
A	L6320	SHOULDER DISARTICULATION PASSIVE	4/1/2008	\$1,308.84	3	NO
A	L6350	INTERSCAPULAR THORACIC MOLDED SO	4/1/2008	\$3,999.86	3	NO
A	L6360	INTERSCAPULAR THORACIC, PASSIVE	5/1/1997	NC	9	NO
A	L6370	INTERSCAPULAR THORACIC PASSIVE R	4/1/2008	\$1,555.56	3	NO
A	L6380	IMM POST SURG/EARLY FIT, APP OF	4/1/2008	\$1,047.31	3	NO
A	L6382	IMM POST SURG/EARLY FIT, APP OF	4/1/2008	\$1,232.93	3	NO
A	L6384	IMM POST SUR/EARLY FIT, APP OF I	4/1/2008	\$1,560.89	3	NO
A	L6386	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$353.54	3	NO
A	L6388	IMMEDIATE POST SURGICAL OR EARLY	4/1/2008	\$388.58	3	NO
A	L6400	BELOW ELBOW MOLDED SOCKET ENDOSK	4/1/2008	\$1,982.85	3	NO
A	L6450	ELBOW DISARTICULATION MOLDED SOC	4/1/2008	\$2,691.69	3	NO
A	L6500	ABOVE ELBOW MOLDED SOCKET ENDOSK	4/1/2008	\$2,722.45	3	NO
A	L6550	SHOULDER DISARTICULATION MOLDED	4/1/2008	\$3,641.86	3	NO
A	L6570	INTERSCAPULAR THORACIC MOLDED SO	4/1/2008	\$4,059.62	3	NO
A	L6580	PREP, WRIST DISART/BELOW ELB, SI	4/1/2008	\$1,379.61	3	NO
A	L6582	PREP, WRIST DISART/BELOW ELBOW/S	4/1/2008	\$1,096.34	3	NO
A	L6584	PREP, ELB DISART/ABOVE ELB/SIN W	4/1/2008	\$1,862.75	3	NO
A	L6586	PREP, ELB DISART/ABOVE ELB/SIN W	4/1/2008	\$1,592.00	3	NO
A	L6588	PREP, SHOULDER DISART/INTERSCAPU	4/1/2008	\$2,695.57	3	NO
A	L6590	PREP, SHOULDER DISART/INTERSCAPU	4/1/2008	\$2,483.76	3	NO
A	L6600	UPPER EXTREMITY ADDITIONS POLYCE	4/1/2008	\$155.66	3	NO
A	L6605	UPPER EXTREMITY ADDITIONS SINGLE	4/1/2008	\$146.85	3	NO
A	L6610	UPPER EXTREMITY ADDITIONS FLEXIB	4/1/2008	\$133.94	3	NO
A	L6611	ADDITION TO UPPER ETREMITY PROST	1/1/2007	NC	9	NO
A	L6615	UPPER EXTREMITY ADDITIONS DISCON	4/1/2008	\$163.68	3	NO
A	L6616	UPPER EXTREMITY ADDITION, ADDITI	4/1/2008	\$59.65	3	NO
A	L6620	UPPER EXTREMITY ADDITIONS FLEXIO	4/1/2008	\$256.37	3	NO
A	L6621	UPPER EXTREMITY PROSTHESIS ADDIT	1/1/2006	NC	9	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6623	UPPER EXTREMITY ADDITION, SPRING	4/1/2008	\$551.51	3	NO
A	L6624	UPPER EXTREMITY ADDITION, FLEXIO	1/1/2007	NC	9	NO
A	L6625	UPPER EXTREMITY ADDITIONS ROTATI	4/1/2008	\$471.66	3	NO
A	L6628	UPPER EXTREMITY ADDITION, QUICK	4/1/2008	\$442.95	3	NO
A	L6629	UPPER EXTREMITY ADDITION, QUICK	4/1/2008	\$112.26	3	NO
A	L6630	UPPER EXTREMITY ADDITIONS STAINL	4/1/2008	\$165.06	3	NO
A	L6632	UPPER EXTREMITY ADDITION, LATEX	4/1/2008	\$49.76	3	NO
A	L6635	UPPER EXTREMITY ADDITIONS LIFT A	4/1/2008	\$144.70	3	NO
A	L6637	UPPER EXTREMITY ADDITION, NUDGE	4/1/2008	\$332.78	3	NO
A	L6638	UPPER EXTREMITY ADD TO PROSTHESI	4/1/2003	NC	9	NO
A	L6639	UPPER EXTREMITY ADDITION, HEAVY	1/1/2007	NC	9	NO
A	L6640	UPPER EXTREMITY ADDITIONS SHOULD	4/1/2008	\$263.86	3	NO
A	L6641	UPPER EXTREMITY ADDITION, EXCURS	4/1/2008	\$131.51	3	NO
A	L6642	UPPER EXTREMITY ADDITION, EXCURS	4/1/2008	\$177.88	3	NO
A	L6645	UPPER EXTREMITY ADDITIONS SHOULD	4/1/2008	\$303.62	3	NO
A	L6646	UPPER EXTREMITY ADD, SHOULDER JO	4/1/2003	NC	9	NO
A	L6647	UPPER EXTREMITY ADD, SHOULDER LO	4/1/2008	\$390.39	3	NO
A	L6648	UPPER EXTRMITY ADDITION, SHOULDE	4/1/2003	NC	9	NO
A	L6650	UPPER EXTREMITY ADDITIONS SHOULD	4/1/2008	\$261.86	3	NO
A	L6655	UPPER EXTREMITY ADDITIONS STANDA	4/1/2008	\$76.71	3	NO
A	L6660	UPPER EXTREMITY ADDITIONS HEAVY	4/1/2008	\$81.21	3	NO
A	L6665	UPPER EXTREMITY ADDITIONS TEFLON	4/1/2008	\$37.76	3	NO
A	L6670	UPPER EXTREMITY ADDITIONS HOOK T	4/1/2008	\$39.05	3	NO
A	L6672	UPPER EXTREMTIY ADDITIONS HARNES	4/1/2008	\$148.25	3	NO
A	L6675	UPPER EXTREMITY ADDITIONS HARNES	4/1/2008	\$91.98	3	NO
A	L6676	UPPER EXTREMITY ADDITIONS HARNES	4/1/2008	\$113.08	3	NO
A	L6677	UPPER EXTREMITY ADDITION, HARNES	1/1/2006	NC	9	NO
A	L6680	UPPER EXTREMITY ADDITIONS TEST S	4/1/2008	\$182.20	3	NO
A	L6682	UPPER EXTREMITY ADDITIONS TEST S	4/1/2008	\$231.80	3	NO
A	L6684	UPPER EXTREMITY ADDITIONS TEST S	4/1/2008	\$355.19	3	NO
A	L6686	UPPER EXTREMITY ADDITION, SUCTIO	4/1/2008	\$509.20	3	NO
A	L6687	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$441.76	3	NO
A	L6688	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$540.96	3	NO
A	L6689	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$662.10	3	NO
A	L6690	UPPER EXTREMITY ADDITION, FRAME	4/1/2008	\$702.17	3	NO
A	L6691	UPPER EXTREMITY ADDITION, REMOVA	4/1/2008	\$303.77	3	NO
A	L6692	UPPER EXTREMITY ADDITION, SILICO	4/1/2008	\$428.31	3	NO
A	L6693	UPPER EXTREMITY ADDITION, EXTERN	4/1/2008	\$2,134.55	3	NO
A	L6694	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6695	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6696	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6697	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6698	ADDITION TO UPPER EXTREMITY PROS	1/1/2005	NC	9	NO
A	L6700	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6703	TERMINAL DEVICE, PASSIVE HAND/MI	1/1/2007	NC	9	NO
A	L6704	TERMINAL DEVICE, SPORT/RECREATIO	1/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6705	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6706	TERMINAL DEVICE, HOOK, MECHANICA	1/1/2007	NC	9	NO
A	L6707	TERMINAL DEVICE, HOOK, MECHANICA	1/1/2007	NC	9	NO
A	L6708	TERMINAL DEVICE, HAND, MECHANICA	1/1/2007	NC	9	NO
A	L6709	TERMINAL DEVICE, HAND, MECHANICA	1/1/2007	NC	9	NO
A	L6710	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6715	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6720	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6725	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6730	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6735	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6740	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6745	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6750	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6755	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6765	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6770	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6775	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6780	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6790	TERMINAL DEVICE, HOOK-ACCU HOOK,	1/1/2007	INVALID	N	NO
A	L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR	1/1/2007	INVALID	N	NO
A	L6800	TERMINAL DEVICE, HOOK-APRL VC, O	1/1/2007	INVALID	N	NO
A	L6805	ADDITION TO TERMINAL DEVICE, MOD	4/1/2008	\$323.93	3	NO
A	L6806	TERMINAL DEVICE, HOOK, TRS GRIP,	1/1/2007	INVALID	N	NO
A	L6807	TERMINAL DEVICE, HOOK, GRIP I, G	1/1/2007	INVALID	N	NO
A	L6808	TERMINAL DEVICE, HOOK, TRS ADEPT	1/1/2007	INVALID	N	NO
A	L6809	TERMINAL DEVICE, HOOK, TRS SUPER	1/1/2007	INVALID	N	NO
A	L6810	ADDITION TO TERMINAL DEVICE, PRE	4/1/2008	\$153.28	3	NO
A	L6825	TERMINAL DEVICE, HAND, DORRANCE,	1/1/2007	INVALID	N	NO
A	L6830	TERMINAL DEVICE, HAND, APRL, VC	1/1/2007	INVALID	N	NO
A	L6835	TERMINAL DEVICE, HAND, SIERRA, V	1/1/2007	INVALID	N	NO
A	L6840	TERMINAL DEVICE, HAND, BECKER IM	1/1/2007	INVALID	N	NO
A	L6845	TERMINAL DEVICE, HAND, BECKER LO	1/1/2007	INVALID	N	NO
A	L6850	TERMINAL DEVICE, HAND, BECKER PL	1/1/2007	INVALID	N	NO
A	L6855	TERMINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
A	L6860	TERMINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
A	L6865	TERMINAL DEVICE, HAND, PASSIVE H	1/1/2007	INVALID	N	NO
A	L6867	TERMINAL DEVICE, HAND, DETROLT I	1/1/2007	INVALID	N	NO
A	L6868	TERMINAL DEVICE, HAND, PASSIVE I	1/1/2007	INVALID	N	NO
A	L6870	TERMINAL DEVICE, HAND, CHILD MIT	1/1/2007	INVALID	N	NO
A	L6872	TERMINAL DEVICE, HAND, NYU CHILD	1/1/2007	INVALID	N	NO
A	L6873	TERMINAL DEVICE, HAND, MECHANICA	1/1/2007	INVALID	N	NO
A	L6875	TERMINAL DEVICE, HAND, BOCK, VC	1/1/2007	INVALID	N	NO
A	L6880	TERMINAL DEVICE, HAND, BOCK, VO	1/1/2007	INVALID	N	NO
A	L6881	AUTOMATIC GRASP FEATURE, ADDITIO	1/1/2002	NC	9	NO
A	L6882	MICROPROCESSOR CONTROL FEATURE,	1/1/2002	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L6883	REPLACEMENT SOCKET, BELOW ELBOW/	1/1/2006	NC	9	NO
A	L6884	REPLACEMENT SOCKET, ABOVE ELBOW	1/1/2006	NC	9	NO
A	L6885	REPLACEMENT SOCKET, SHOULDER DIS	1/1/2006	NC	9	NO
A	L6890	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$142.22	3	NO
A	L6895	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$474.81	3	NO
A	L6900	HAND RESTORATION (CASTS SHADING	4/1/2008	\$1,487.14	3	NO
A	L6905	HAND RESTORATION (CASTS SHADING	4/1/2008	\$1,499.29	3	NO
A	L6910	HAND RESTORATION (CASTS SHADING	4/1/2008	\$1,230.53	3	NO
A	L6915	HAND RESTORATION (SHADING AND ME	4/1/2008	\$556.12	3	NO
A	L6920	WRIST DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6925	WRIST DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6930	BELOW ELBOW, EXTERNAL POWER, SEL	5/1/1997	NC	9	NO
A	L6935	BELOW ELBOW, EXTERNAL POWER, SEL	5/1/1997	NC	9	NO
A	L6940	ELBOW DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6945	ELBOW DISARTICULATION, EXTERNAL	5/1/1997	NC	9	NO
A	L6950	ABOVE ELBOW, EXTERNAL POWER, MOL	5/1/1997	NC	9	NO
A	L6955	ABOVE ELBOW, EXTERNAL POWER, MOL	5/1/1997	NC	9	NO
A	L6960	SHOULDER DISARTICULATION, EXTERN	5/1/1997	NC	9	NO
A	L6965	SHOULDER DISARTICULATION, EXTERN	5/1/1997	NC	9	NO
A	L6970	INTERSCAPULAR-THORACIC, EXTERNAL	5/1/1997	NC	9	NO
A	L6975	INTERSCAPULAR-THORACIC, EXTERNAL	5/1/1997	NC	9	NO
A	L7007	ELECTRIC HAND, SWITCH OR MYOELEC	1/1/2007	NC	9	NO
A	L7008	ELECTRIC HAND, SWITCH OR MYOELEC	1/1/2007	NC	9	NO
A	L7009	ELECTRIC HOOK, SWITCH OR MYOELEC	1/1/2007	NC	9	NO
A	L7010	ELECTRONIC HAND, OTTO BOCK, STEE	1/1/2007	INVALID	N	NO
A	L7015	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/2007	INVALID	N	NO
A	L7020	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/2007	INVALID	N	NO
A	L7025	ELECTRONIC HAND, OTTO BOCK OR EQ	1/1/2007	INVALID	N	NO
A	L7030	ELECTRONIC HAND, SYSTEM TEKNIK,	1/1/2007	INVALID	N	NO
A	L7035	ELECTRONIC GREIFER, OTTO BOCK OR	1/1/2007	INVALID	N	NO
A	L7040	PREHENSILE ACTUATOR, HOSMER OR E	5/1/1997	NC	9	NO
A	L7045	ELECTRONIC HOOK, SWITCH OR MYOEL	5/1/1997	NC	9	NO
A	L7170	ELECTRONIC ELBOW, HOSMER OR EQUA	5/1/1997	NC	9	NO
A	L7180	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/1997	NC	9	NO
A	L7181	ELECTRONIC ELBOW, MICROPROCESSOR	1/1/2005	NC	9	NO
A	L7185	ELECTRONIC ELBOW, ADOLESCENT, VA	5/1/1997	NC	9	NO
A	L7186	ELECTRONIC ELBOW, CHILD, VARIETY	5/1/1997	NC	9	NO
A	L7190	ELECTRONIC ELBOW, ADOLESCENT, VA	5/1/1997	NC	9	NO
A	L7191	ELECTRONIC ELBOW, CHILD, VARIETY	5/1/1997	NC	9	NO
A	L7260	ELECTRONIC WRIST ROTATOR, OTTO B	5/1/1997	NC	9	NO
A	L7261	ELECTRONIC WRIST ROTATOR, FOR UT	5/1/1997	NC	9	NO
A	L7266	SERVO CONTROL, STEEPER OR EQUAL	5/1/1997	NC	9	NO
A	L7272	ANALOGUE CONTROL, UNB OR EQUAL	5/1/1997	NC	9	NO
A	L7274	PROPORTIONAL CONTROL, 6-12 VOLT,	1/1/1997	NC	9	NO
A	L7360	SIX VOLT BATTERY, EACH	5/1/1997	NC	9	NO
A	L7362	BATTERY CHARGER, SIX VOLT, EACH	5/1/1997	NC	9	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L7364	TWELVE VOLT BATTERY, EACH	5/1/1997	NC	9	NO
A	L7366	BATTERY CHARGER, TWELVE VOLT, EA	5/1/1997	NC	9	NO
A	L7367	LITHIUM ION BATTERY, REPLACEMENT	4/1/2003	NC	9	NO
A	L7368	LITHIUM ION BATTERY CHARGER	4/1/2003	NC	9	NO
A	L7400	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7401	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7402	ADDITION TO UPPER EXTREMITY PROS	1/1/2006	NC	9	NO
A	L7403	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$276.88	3	NO
A	L7404	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$417.89	3	NO
A	L7405	ADDITION TO UPPER EXTREMITY PROS	4/1/2008	\$546.55	3	NO
A	L7499	UNLISTED PROCEDURES FOR UPPER EX	4/1/2008	\$893.51	3	YES
A	L7500	REPAIR OF PROSTHETIC DEVICE, HRL	5/9/2005	NC	9	NO
A	L7503	ANKLE, SYMES, MOLDED TO PT MODEL	1/1/2006	\$0.01	5	NO
A	L7600	PROSTHETIC DONNING SLEEVE, ANY M	1/1/2006	NC	9	NO
A	L7611	TERMINAL DEVICE, HOOK, MECHANICA	1/1/2008	NC	9	NO
A	L7612	TERMINAL DEVICE, HOOK, MECHANICA	1/1/2008	NC	9	NO
A	L7613	TERMINAL DEVICE, HAND, MECHANICA	1/1/2008	NC	9	NO
A	L7614	TERMINAL DEVICE, HAND, MECHANICA	1/1/2008	NC	9	NO
A	L7621	TERMINAL DEVICE, HOOK OR HAND, H	1/1/2008	NC	9	NO
A	L7622	TERMINAL DEVICE, HOOK OR HAND, H	1/1/2008	NC	9	NO
A	L7900	VACUUM ERECTION SYSTEM	3/1/1997	NC	9	NO
A	L8000	BREAST PROSTHESIS, MASTECTOMY BR	4/1/2008	\$31.64	3	NO
A	L8001	BREAST PROSTHESIS, MASTECTOMY BR	4/1/2008	\$94.30	3	NO
A	L8002	BREAST PROSTHESIS, MASTECTOMY BR	4/1/2008	\$124.04	3	NO
A	L8010	BREAST PROSTHESIS, MASTECTOMY SL	6/16/2002	NC	9	NO
A	L8015	EXTERNAL BREAST PROSTHESIS GARME	4/1/2008	\$46.80	3	NO
A	L8020	BREAST PROSTHESIS, MASTECTOMY FO	4/1/2008	\$184.53	3	NO
A	L8030	BREAST PROSTHESIS, SILICONE OR E	4/1/2008	\$241.62	3	NO
A	L8035	CUSTOM BREAST PROSTHESIS, POST M	7/1/2007	NC	9	NO
A	L8039	BREAST PROSTHESIS, NOT OTHERWISE	4/1/2008	\$865.80	3	YES
A	L8040	NASAL PROSTHESIS, PROVIDED BY A	4/1/2008	\$1,785.77	3	YES
A	L8041	MIDFACIAL PROSTHESIS, PROVIDED B	4/1/2008	\$2,152.58	3	YES
A	L8042	ORBITAL PROSTHESIS, PROVIDED BY	4/1/2008	\$2,418.63	3	YES
A	L8043	UPPER FACIAL PROSTHESIS, PROVIDE	4/1/2008	\$2,708.87	3	YES
A	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED	4/1/2008	\$2,999.11	3	YES
A	L8045	AURICULAR PROSTHESIS, PROVIDED B	4/1/2008	\$1,882.65	3	YES
A	L8046	PARTIAL FACIAL PROSTHESIS, PROVI	4/1/2008	\$1,934.91	3	YES
A	L8047	NASAL SEPTAL PROSTHESIS, PROVIDE	4/1/2008	\$991.64	3	YES
A	L8048	UNSPECIFIED MAXILLOFACIAL PROSTH	4/1/2008	\$4,467.53	3	YES
A	L8100	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8110	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8120	GRADIENT COMPRESSION STOCKING, B	1/1/2006	INVALID	N	NO
A	L8130	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8140	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8150	GRADIENT COMPRESSION STOCKING, T	1/1/2006	INVALID	N	NO
A	L8160	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	L8170	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO
A	L8180	GRADIENT COMPRESSION STOCKING, F	1/1/2006	INVALID	N	NO
A	L8190	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8200	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
A	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
A	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO
A	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
A	L8239	GRADIENT COMPRESSION STOCKING, N	1/1/2006	INVALID	N	NO
A	L8300	TRUSSES SINGLE WITH STANDARD PAD	4/1/2008	\$80.27	3	NO
A	L8310	TRUSSES DOUBLE WITH STANDARD PAD	4/1/2008	\$112.42	3	NO
A	L8320	TRUSSES ADDITION TO STANDARD PAD	4/1/2008	\$42.80	3	NO
A	L8330	TRUSSES ADDITION TO STANDARD PAD	4/1/2008	\$37.81	3	NO
A	L8400	PROSTHETIC SHEATH BELOW KNEE EAC	4/1/2008	\$14.21	3	NO
A	L8410	PROSTHETIC SHEATH ABOVE KNEE EAC	4/1/2008	\$20.25	3	NO
A	L8415	PROSTHETIC SHEATH, UPPER LIMB, E	4/1/2008	\$20.79	3	NO
A	L8417	PROSTHETIC SHEATH/SOCK, INCLUDIN	4/1/2008	\$56.54	3	NO
A	L8420	PROSTHETIC SOCK, MULTIPLE PLY, B	4/1/2008	\$15.38	3	NO
A	L8430	PROSTHETIC SOCK, MULTIPLE PLY, A	4/1/2008	\$17.55	3	NO
A	L8435	PROSTHETIC SOCK, MULTI PLY, UPPE	4/1/2008	\$21.47	3	NO
A	L8440	PROSTHETIC SHRINKER BELOW KNEE E	4/1/2008	\$32.03	3	NO
A	L8460	PROSTHETIC SHRINKER ABOVE KNEE E	4/1/2008	\$66.84	3	NO
A	L8465	PROSTHETIC SHRINKER UPPER LIMB E	4/1/2008	\$37.36	3	NO
A	L8470	STUMP SOCK, SINGLE PLY, FITTING,	4/1/2008	\$5.11	3	NO
A	L8480	PROSTHETIC SOCK, SINGLE PLY, FIT	4/1/2008	\$9.40	3	NO
A	L8485	PROSTHETIC SOCK, SINGLE PLY, FIT	4/1/2008	\$11.01	3	NO
A	L8490	ADDITION TO PROSTHETIC SHEATH/SO	1/1/2005	INVALID	N	NO
A	L8499	UNLISTED PROCEDURE FOR MISCELLAN	4/1/2008	\$893.51	3	YES
A	L8511	INSERT FOR INDWELLING TRACHEOESO	1/1/2004	NC	9	NO
A	L8512	GELATIN CAPSULES OR EQUIVALENT,	1/1/2004	NC	9	NO
A	L8513	CLEANING DEVICE USED WITH TRACHE	1/1/2004	NC	9	NO
A	L8514	TRACHEOESOPHAGEAL PUNCTURE DILAT	1/1/2004	NC	9	NO
A	L8614	COCHLEAR DEVICE/SYSTEM	1/1/1994	NC	9	NO
A	L8620	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	NO
A	L8631	METACARPAL PHALANGEAL JOINT REPL	1/1/2004	NC	9	NO
A	L8659	INTERPHALANGEAL FINGER JOINT REP	1/1/2004	NC	9	NO
A	L8690	AUDITORY OSSEOINTEGRATED DEVICE,	1/1/2007	NC	9	NO
A	L8691	AUDITORY OSSEOINTEGRATED DEVICE,	1/1/2007	NC	9	NO
A	L8695	EXTERNAL RECHARGING SYSTEM FOR B	1/1/2007	NC	9	NO
A	L9900	ORTHOTIC AND PROSTHETIC SUPPLY,	4/1/2008	\$865.80	3	YES
A	Q0480	DRIVER FOR USE WITH PNEUMATIC VE	10/1/2005	NC	9	NO
A	Q0481	MICROPROCESSOR CONTROL UNIT FOR	10/1/2005	NC	9	NO
A	Q0482	MICROPROCESSOR CONTROL UNIT FOR	10/1/2005	NC	9	NO
A	Q0483	MONITOR/DISPLAY MODULE FOR USE W	10/1/2005	NC	9	NO
A	Q0484	MONITOR/DISPLAY MODULE FOR USE W	10/1/2005	NC	9	NO
A	Q0485	MONITOR CONTROL CABLE FOR USE WI	10/1/2005	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	Q0486	MONITOR CONTROL CABLE FOR USE WI	10/1/2005	NC	9	NO
A	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR	10/1/2005	NC	9	NO
A	Q0488	POWER PACK BASE FOR USE WITH ELE	10/1/2005	NC	9	NO
A	Q0489	POWER PACK BASE FOR USE WITH ELE	10/1/2005	NC	9	NO
A	Q0490	EMERGENCY POWER SOURCE FOR USE W	10/1/2005	NC	9	NO
A	Q0491	EMERGENCY POWER SOURCE FOR USE W	10/1/2005	NC	9	NO
A	Q0492	EMERGENCY POWER SUPPLY CABLE FOR	10/1/2005	NC	9	NO
A	Q0493	EMERGENCY POWER SUPPLY CABLE FOR	10/1/2005	NC	9	NO
A	Q0494	EMERGENCY HAND PUMP FOR USE WITH	10/1/2005	NC	9	NO
A	Q0495	BATTERY/POWER PACK CHARGER FOR U	10/1/2005	NC	9	NO
A	Q0496	BATTERY FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0497	BATTERY CLIPS FOR USE WITH ELECT	10/1/2005	NC	9	NO
A	Q0498	HOLSTER FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0499	BELT/VEST FOR USE WITH ELECTRIC	10/1/2005	NC	9	NO
A	Q0500	FILTERS FOR USE WITH ELECTRIC OR	10/1/2005	NC	9	NO
A	Q0501	SHOWER COVER FOR USE WITH ELECTR	10/1/2005	NC	9	NO
A	Q0502	MOBILITY CART FOR PNEUMATIC VENT	10/1/2005	NC	9	NO
A	Q0503	BATTERY FOR PNEUMATIC VENTRICULA	10/1/2005	NC	9	NO
A	Q0504	POWER ADAPTER FOR PNEUMATIC VENT	10/1/2005	NC	9	NO
A	Q0505	MISCELLANEOUS SUPPLY OR ACCESSOR	10/1/2005	NC	9	NO
A	S1001	DELUXE ITEM, PATIENT AWARE (LIST	1/1/2002	NC	9	NO
A	S1002	CUSTOMIZED ITEM (LIST IN ADDITIO	1/1/2002	NC	9	NO
A	S1030	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2002	NC	9	NO
A	S1031	CONTINUOUS NONINVASIVE GLUCOSE M	1/1/2002	NC	9	NO
A	S1040	CRANIAL REMOLDING ORTHOSIS, PEDI	4/1/2008	\$481.00	3	NO
A	S5165	HOME MODIFICATIONS; PER SERVICE	1/1/2006	NC	9	NO
A	S5560	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
A	S5561	INSULIN DELIVERY DEVICE, REUSABL	1/1/2004	NC	9	NO
A	S5565	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
A	S5566	INSULIN CARTRIDGE FOR USE IN INS	1/1/2004	NC	9	NO
A	S8097	ASTHMA KIT (INCL BUT NOT LIMITED	1/1/2002	NC	9	NO
A	S8100	HOLDING CHAMBER OR SPACER FOR US	1/1/2002	NC	9	NO
A	S8101	HOLDING CHAMBER OR SPACER FOR US	1/1/2002	NC	9	NO
A	S8120	OXYGEN CONTENTS, GASEOUS, 1 UNIT	1/1/2004	NC	9	NO
A	S8121	OXYGEN CONTENTS, LIQUID, 1 UNIT	1/1/2004	NC	9	NO
A	S8182	HUMIDIFIER, HEATED, USED WITH VE	1/1/2005	INVALID	N	NO
A	S8183	HUMIDIFIER, HEATED, USED WITH VE	1/1/2005	INVALID	N	NO
A	S8185	FLUTTER DEVICE	4/1/2008	\$42.66	3	NO
A	S8186	SWIVEL ADAPTOR	4/1/2008	\$7.70	3	NO
A	S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWI	4/1/2008	\$96.20	3	YES
A	S8190	ELECTRONIC SPIROMETER (OR MICROS	1/1/2002	NC	9	NO
A	S8210	MUCUS TRAP	4/1/2008	\$5.77	3	YES
A	S8262	MANDIBULAR ORTHOPEDIC REPOSITION	4/1/2003	NC	9	NO
A	S8265	HABERMAN FEEDER FOR CLEFT LIP/PA	4/1/2008	\$14.43	3	NO
A	S8270	ENURESIS ALARM, USING AUDITORY B	1/1/2005	NC	9	NO
A	S8420	GRADIENT PRESSURE AID (SLEEVE AN	4/1/2008	\$123.31	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	S8421	GRADIENT PRESSURE AID (SLEEVE AN	4/1/2008	\$86.58	3	NO
A	S8422	GRADIENT PRESSURE AID (SLEEVE),	4/1/2008	\$60.20	3	NO
A	S8423	GRADIENT PRESSURE AID (SLEEVE),	4/1/2008	\$60.20	3	NO
A	S8424	GRADIENT PRESSURE AID (SLEEVE),	4/1/2008	\$71.57	3	NO
A	S8425	GRADIENT PRESSURE AID (GLOVE), C	1/1/2002	NC	9	NO
A	S8426	GRADIENT PRESSURE AID (GLOVE), C	1/1/2002	NC	9	NO
A	S8427	GRADIENT PRESSURE AID (GLOVE), R	1/1/2002	NC	9	NO
A	S8428	GRADIENT PRESSURE AID (GAUNTLET)	1/1/2002	NC	9	NO
A	S8429	GRADIENT PRESSURE EXTERIOR WRAP	1/1/2002	NC	9	NO
A	S8430	PADDING FOR COMPRESSION BANDAGE,	1/1/2002	NC	9	NO
A	S8431	COMPRESSION BANDAGE, ROLL	1/1/2002	NC	9	NO
A	S8450	SPLINT, PREFABRICATED, DIGIT (SP	1/1/2002	NC	9	NO
A	S8451	SPLINT, PREFABRICATED, WRIST OR	1/1/2002	NC	9	NO
A	S8452	SPLINT, PREFABRICATED, ELBOW	1/1/2002	NC	9	NO
A	S8460	CAMISOLE, POST MASTECTOMY	4/1/2003	NC	9	NO
A	S8490	INSULIN SYRINGES (100 SYRINGES,	4/1/2008	\$20.53	3	NO
A	S8999	RESUSCITATION BAG (FOR USE BY PA	4/1/2008	\$28.86	3	NO
A	T1500	DIAPER/INCONTINENT PANT, REUSABL	1/1/2005	INVALID	N	NO
A	T1999	MISC THERAPEUTIC ITEMS AND SUPPL	4/1/2003	NC	9	NO
A	T4521	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.48	3	YES
A	T4522	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.65	3	YES
A	T4523	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.72	3	YES
A	T4524	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.77	3	YES
A	T4525	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.48	3	YES
A	T4526	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.65	3	YES
A	T4527	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.72	3	YES
A	T4528	ADULT-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.77	3	YES
A	T4529	PEDIATRIC-SIZED DISPOSABLE INCON	4/1/2008	\$0.48	3	YES
A	T4530	PEDIATRIC-SIZED DISPOSABLE INCON	4/1/2008	\$0.48	3	YES
A	T4531	PEDIATRIC-SIZED DISPOSABLE INCON	4/1/2008	\$0.48	3	YES
A	T4532	PEDIATRIC-SIZED DISPOSABLE INCON	4/1/2008	\$0.48	3	YES
A	T4533	YOUTH-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.48	3	YES
A	T4534	YOUTH-SIZED DISPOSABLE INCONTINE	4/1/2008	\$0.48	3	YES
A	T4535	DISPOSABLE LINER/SHIELD/GUARD/PA	4/1/2008	\$0.65	3	YES
A	T4536	INCONTINENCE PRODUCT, PROTECTIVE	4/1/2008	\$11.54	3	YES
A	T4537	INCONTINENCE PRODUCT, PROTECTIVE	4/1/2008	\$15.39	3	YES
A	T4539	INCONTINENCE PRODUCT, DIAPER/BRI	1/1/2005	NC	9	NO
A	T4540	INCONTINENCE PRODUCT, PROTECTIVE	4/1/2008	\$15.39	3	YES
A	T4541	INCONTINENCE PRODUCT, DISPOSABLE	4/1/2008	\$0.24	3	YES
A	T4542	INCONTINENCE PRODUCT, DISPOSABLE	4/1/2008	\$0.24	3	YES
A	T4543	DISPOSABLE INCONTINENCE PRODUCT,	1/1/2007	NC	9	NO
A	T5001	POSITIONING SEAT FOR PERSONS WIT	1/1/2004	NC	9	NO
A	V2623	PROSTHETIC EYE PLASTIC CUSTOM	1/1/2008	\$835.78	3	NO
A	V2624	POLISHING/RESURFACING OF OCULAR	1/1/2008	\$63.05	3	NO
A	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	1/1/2008	\$383.37	3	NO
A	V2626	REDUCTION OF OCULAR PROSTHESIS	1/1/2008	\$206.66	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
A	V2627	SCLERAL COVER SHELL	1/1/2008	\$1,284.58	3	NO
A	V2628	FABRICATION AND FITTING OF OCULA	1/1/2008	\$315.14	3	NO
A	V2629	PROSTHETIC EYE, OTHER TYPE	1/1/2008	\$1,036.00	3	NO
A	V5266	BATTERY FOR USE IN HEARING DEVIC	4/1/2008	\$1.92	3	NO
B	A4232	SYRINGE WITH NEEDLE FOR EXTERNAL	7/1/2006	NC	9	NO
B	A4254	REPLACEMENT BATTERY, ANY TYPE, F	1/1/2006	INVALID	N	NO
B	A4400	OSTOMY IRRIGATION SET	6/1/1996	NC	9	NO
B	A4538	DIAPER SERVICE, REUSABLE DIAPER,	1/1/2005	INVALID	N	YES
B	A4611	BATTERY, HEAVY DUTY; REPLACEMENT	4/1/2008	\$16.53	3	NO
B	A4612	BATTERY CABLES; REPLACEMENT FOR	4/1/2008	\$7.77	3	NO
B	A4613	BATTERY CHARGER; REPLACEMENT FOR	4/1/2008	\$13.78	3	NO
B	A4618	BREATHING CIRCUITS	4/1/2008	\$0.83	3	NO
B	A4635	UNDERARM PAD, CRUTCH, REPLACEMEN	4/1/2008	\$0.66	3	NO
B	A4636	REPLACEMENT, HANDGRIP, CANE, CRU	4/1/2008	\$0.41	3	NO
B	A4637	REPLACEMENT TIP, CANE, CRUTCH, O	4/1/2008	\$0.29	3	NO
B	A4640	REPLACEMENT PAD FOR USE WITH MED	4/1/2008	\$5.23	3	NO
B	A7017	NEBULIZER, DURABLE, GLASS OR AUT	4/1/2008	\$12.80	3	NO
B	A7045	EXHALATION PORT WITH OR WITHOUT	4/1/2008	\$1.86	3	NO
B	A8000	HELMET, PROTECTIVE, SOFT, PREFAB	4/1/2008	\$14.64	3	NO
B	A8001	HELMET, PROTECTIVE, HARD, PREFAB	4/1/2008	\$14.64	3	NO
B	A9270	NON-COVERED ITEM OR SERVICE	1/1/1991	NC	9	NO
B	A9300	EXERCISE EQUIPMENT	4/1/1993	NC	9	NO
B	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING -	4/1/2002	INVALID	N	NO
B	B4085	GASTROSTOMY TUBE, SILICONE WITH	4/1/2002	INVALID	N	NO
B	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$5.67	3	NO
B	E0105	CANE, QUAD OR THREE PRONG, INCLU	4/1/2008	\$8.46	3	NO
B	E0110	CRUTCHES, FOREARM, INC CRUTCHES	4/1/2008	\$15.27	3	NO
B	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	4/1/2008	\$8.05	3	NO
B	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$9.48	3	NO
B	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$4.18	3	NO
B	E0114	CRUTCHES, UNDERARM, OTHER THAN W	4/1/2008	\$8.18	3	NO
B	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$5.16	3	NO
B	E0117	CRUTCH, UNDERARM, ARTICULATING,	4/1/2008	\$18.39	3	NO
B	E0130	WALKER, RIGID (PICKUP), ADJUSTAB	4/1/2008	\$15.52	3	NO
B	E0135	WALKER, FOLDING (PICKUP), ADJUST	4/1/2008	\$16.48	3	NO
B	E0140	WALKER, WITH TRUNK SUPPORT, ADJU	4/1/2008	\$34.46	3	NO
B	E0141	WALKER, RIGID, WHEELED, ADJUSTAB	4/1/2008	\$21.35	3	NO
B	E0142	RIGID WALKER, WHEELED, WITH SEAT	4/1/2004	INVALID	N	NO
B	E0143	WALKER, FOLDING, WHEELED, ADJUST	4/1/2008	\$20.62	3	NO
B	E0144	WALKER, ENCLOSED, FOUR SIDED FRA	4/1/2008	\$30.43	3	NO
B	E0145	WALKER, WHEELED, WITH SEAT AND C	4/1/2004	INVALID	N	NO
B	E0146	FOLDING WALKER, WHEELED, WITH SE	4/1/2004	INVALID	N	NO
B	E0147	WALKER, HEAVY DUTY, MULTIPLE BRA	4/1/2008	\$54.89	3	NO
B	E0148	WALKER, HEAVY DUTY, WITHOUT WHEE	4/1/2008	\$12.15	3	NO
B	E0149	WALKER, HEAVY DUTY, WHEELED, RIG	4/1/2008	\$21.32	3	NO
B	E0153	PLATFORM ATTACHMENT, FOREARM, CR	4/1/2008	\$7.49	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0154	PLATFORM ATTACHMENT, WALKER, EAC	4/1/2008	\$8.17	3	NO
B	E0155	WHEEL ATTACHMENT, RIGID PICK-UP	4/1/2008	\$3.68	3	NO
B	E0156	SEAT ATTACHMENT, WALKER	4/1/2008	\$2.99	3	NO
B	E0157	CRUTCH ATTACHMENT, WALKER, EACH	4/1/2008	\$8.59	3	NO
B	E0158	LEG EXTENSIONS FOR WALKER, PER S	4/1/2008	\$2.96	3	NO
B	E0159	BRAKE ATTACHMENT FOR WHEELED WAL	4/1/2008	\$1.72	3	NO
B	E0160	SITZ TYPE BATH OR EQUIPMENT, POR	4/1/2008	\$4.14	3	NO
B	E0161	SITZ TYPE BATH OR EQUIPMENT, POR	4/1/2008	\$3.41	3	NO
B	E0162	SITZ BATH CHAIR	4/1/2008	\$14.60	3	NO
B	E0163	COMMODE CHAIR, MOBILE OR STATION	4/1/2008	\$21.98	3	NO
B	E0164	COMMODE CHAIR, MOBILE, WITH FIXE	1/1/2007	INVALID	N	NO
B	E0165	COMMODE CHAIR,MOBILE OR STATIONA	4/1/2008	\$17.74	3	NO
B	E0166	COMMODE CHAIR, MOBILE, WITH DETA	1/1/2007	INVALID	N	NO
B	E0167	PAIL OR PAN FOR USE WITH COMMODE	4/1/2008	\$1.14	3	NO
B	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR	4/1/2008	\$14.41	3	YES
B	E0170	COMMODE CHAIR WITH INTEGRATED SE	1/1/2006	NC	9	NO
B	E0171	COMMODE CHAIR WITH INTEGRATED SE	1/1/2006	NC	9	NO
B	E0175	FOOT REST, FOR USE WITH COMMODE	3/1/1989	NC	9	NO
B	E0176	AIR PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0177	WATER PRESSURE PAD OR CUSHION, N	1/1/2005	INVALID	N	NO
B	E0178	GEL PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0179	DRY PRESSURE PAD OR CUSHION, NON	1/1/2005	INVALID	N	NO
B	E0180	PRESSURE PAD, ALTERNATING WITH P	1/1/2007	INVALID	N	NO
B	E0181	POWERED PRESSURE REDUCING MATTRE	4/1/2008	\$23.00	3	NO
B	E0182	PUMP FOR ALTERNATING PRESSURE PA	4/1/2008	\$25.00	3	NO
B	E0184	DRY PRESSURE MATTRESS	4/1/2008	\$19.94	3	YES
B	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR	4/1/2008	\$42.92	3	YES
B	E0186	AIR PRESSURE MATTRESS	4/1/2008	\$19.39	3	YES
B	E0187	HIGH-STRENGTH LIGHTWEIGHT WHEELC	4/1/2008	\$22.17	3	YES
B	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$0.83	3	NO
B	E0192	LOW PRESSURE AND POSITIONING EQU	1/1/2005	INVALID	N	NO
B	E0193	POWERED AIR FLOTATION BED (LOW A	4/1/2008	\$862.80	3	YES
B	E0194	AIR FLUIDIZED BED	1/1/1991	NC	9	NO
B	E0196	GEL PRESSURE MATTRESS	4/1/2008	\$31.03	3	YES
B	E0197	AIR PRESSURE PAD FOR MATTRESS, S	4/1/2008	\$29.19	3	YES
B	E0198	WATER PRESSURE PAD FOR MATTRESS,	4/1/2008	\$21.92	3	YES
B	E0199	DRY PRESSURE PAD FOR MATTRESS, S	4/1/2008	\$2.59	3	NO
B	E0200	HEAT LAMP, WITHOUT STAND (TABLE	4/1/2008	\$10.28	3	NO
B	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT W	4/1/2008	\$50.83	3	NO
B	E0205	HEAT LAMP, WITH STAND, INCLUDES	4/1/2008	\$17.32	3	NO
B	E0210	ELECTRIC HEAT PAD, STANDARD	4/1/2008	\$2.93	3	NO
B	E0215	ELECTRIC HEAT PAD, MOIST	4/1/2008	\$6.02	3	NO
B	E0217	WATER CIRCULATING HEAT PAD WITH	4/1/2008	\$52.79	3	NO
B	E0220	HOT WATER BOTTLE	4/1/2008	\$0.85	3	NO
B	E0225	HYDROCOLLATOR UNIT, INCLUDES PAD	5/1/1997	NC	9	NO
B	E0230	ICE CAP OR COLLAR	4/1/2008	\$0.91	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0235	PARAFFIN BATH UNIT, PORTABLE (SE	4/1/2008	\$16.48	3	NO
B	E0236	PUMP FOR WATER CIRCULATING PAD	4/1/2008	\$35.92	3	NO
B	E0238	NON-ELECTRIC HEAT PAD, MOIST	4/1/2008	\$2.60	3	NO
B	E0239	HYDROCOLLATOR UNIT, PORTABLE	5/1/1997	NC	9	NO
B	E0240	BATH/SHOWER CHAIR, WITH OR WITHO	4/1/2008	\$9.31	3	NO
B	E0249	PAD FOR WATER CIRCULATING HEAT U	4/1/2008	\$8.89	3	NO
B	E0250	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$85.72	3	YES
B	E0251	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$60.14	3	YES
B	E0255	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$112.19	3	YES
B	E0256	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$79.60	3	YES
B	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$134.14	3	YES
B	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$130.78	3	YES
B	E0265	HOSPITAL BED, TOTAL ELECTRIC (HE	8/1/1999	NC	9	NO
B	E0266	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
B	E0270	HOSPITAL BED, INSTITUTIONAL TYPE	3/1/1995	NC	9	NO
B	E0271	MATTRESS, INNER SPRING	4/1/2008	\$21.21	3	NO
B	E0272	MATTRESS, FOAM RUBBER	4/1/2008	\$17.15	3	NO
B	E0273	BED BOARD	4/1/1988	NC	9	NO
B	E0274	OVER-BED TABLE	4/1/1988	NC	9	NO
B	E0275	BED PAN, STANDARD, METAL OR PLAS	4/1/2008	\$1.53	3	NO
B	E0276	BED PAN, FRACTURE, METAL OR PLAS	4/1/2008	\$1.27	3	NO
B	E0277	POWERED PRESSURE-REDUCING AIR MA	4/1/2008	\$671.81	3	YES
B	E0280	BED CRADLE, ANY TYPE	3/1/1987	NC	9	NO
B	E0290	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$60.67	3	YES
B	E0291	HOSPITAL BED, FIXED HEIGHT, WITH	4/1/2008	\$51.86	3	YES
B	E0292	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$80.26	3	YES
B	E0293	HOSPITAL BED, VARIABLE HEIGHT, H	4/1/2008	\$68.29	3	YES
B	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$124.77	3	YES
B	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEA	4/1/2008	\$121.62	3	YES
B	E0296	HOSPITAL BED, TOTAL ELECTRIC (HE	3/1/1995	NC	9	NO
B	E0297	HOSPITAL BED TOTAL ELECTRIC (HEA	3/1/1995	NC	9	NO
B	E0298	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2002	INVALID	N	NO
B	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2008	\$258.54	3	YES
B	E0302	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2008	\$683.25	3	YES
B	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2008	\$290.30	3	YES
B	E0304	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2008	\$735.99	3	YES
B	E0305	BED SIDE RAILS, HALF LENGTH	4/1/2008	\$14.44	3	NO
B	E0310	BED SIDE RAILS, FULL LENGTH	4/1/2008	\$21.68	3	NO
B	E0315	BED ACCESSORY: BOARD, TABLE, OR	3/1/1991	NC	9	NO
B	E0316	SAFETY ENCLOSURE FRAME/CANOPY FO	1/1/2002	NC	9	NO
B	E0325	URINAL, MALE, JUG-TYPE, ANY MATE	4/1/2008	\$1.44	3	NO
B	E0326	URINAL, FEMALE, JUG-TYPE, ANY MA	4/1/2008	\$0.96	3	NO
B	E0328	HOSPITAL BED, PEDIATRIC, MANUAL,	1/1/2008	NC	9	NO
B	E0329	HOSPITAL BED, PEDIATRIC, ELECTRI	1/1/2008	NC	9	NO
B	E0370	AIR PRESSURE ELEVATOR FOR HEEL	4/1/2008	\$2.29	3	NO
B	E0371	NONPOWERED ADVANCED PRESSURE RED	4/1/2008	\$424.48	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0372	POWERED AIR OVERLAY FOR MATTRESS	4/1/2008	\$515.07	3	YES
B	E0373	NONPOWERED ADVANCED PRESSURE RED	4/1/2008	\$586.82	3	YES
B	E0424	STATIONARY COMPRESSED GASEOUS OX	4/1/2008	\$185.73	3	NO
B	E0431	PORTABLE GASEOUS OXYGEN SYSTEM,	4/1/2008	\$30.64	3	NO
B	E0434	PORTABLE LIQUID OXYGEN SYSTEM, R	4/1/2008	\$30.64	3	NO
B	E0439	STATIONARY LIQUID OXYGEN SYSTEM,	4/1/2008	\$185.73	3	NO
B	E0445	OXIMETER DEVICE FOR MEASURING BL	4/1/2008	\$357.40	3	YES
B	E0450	VOLUME CONTROL VENTILATOR, W/OUT	4/1/2008	\$893.35	3	YES
B	E0454	PRESSURE VENTILATOR WITH PRESSUR	1/1/2005	INVALID	N	YES
B	E0455	OXYGEN TENT, EXCLUDING CROUP OR	4/1/2008	\$4.58	3	NO
B	E0457	CHEST SHELL (CUIRASS)	4/1/2008	\$58.68	3	YES
B	E0459	CHEST WRAP	4/1/2008	\$48.60	3	YES
B	E0460	NEGATIVE PRESSURE VENTILATOR; PO	4/1/2008	\$700.56	3	YES
B	E0461	VOLUME CONTROL VENTILATOR, W/OUT	4/1/2008	\$956.96	3	YES
B	E0462	ROCKING BED WITH OR WITHOUT SIDE	3/1/1987	NC	9	NO
B	E0463	PRESSURE SUPPORT VENTILATOR WITH	4/1/2008	\$1,343.09	3	YES
B	E0464	PRESSURE SUPPORT VENTILATOR WITH	4/1/2008	\$1,343.09	3	YES
B	E0470	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2008	\$240.00	3	YES
B	E0471	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2008	\$613.27	3	YES
B	E0472	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2008	\$613.27	3	YES
B	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC	4/1/2008	\$40.03	3	NO
B	E0482	COUGH STIMULATING DEVICE, ALTERN	1/1/2002	NC	9	NO
B	E0483	HIGH FREQUENCY CHEST WALL OSCILL	9/24/2005	NC	9	NO
B	E0500	IPPB MACHINE, ALL TYPES, W/BUILT	4/1/2008	\$97.56	3	NO
B	E0550	HUMIDIFIER, DURABLE FOR EXTENSIV	4/1/2008	\$40.69	3	NO
B	E0560	HUMIDIFIER, DURABLE FOR SUPPLEME	4/1/2008	\$16.32	3	NO
B	E0561	HUMIDIFIER, NON-HEATED, USED WIT	4/1/2008	\$10.21	3	YES
B	E0562	HUMIDIFIER, HEATED, USED WITH PO	4/1/2008	\$28.76	3	YES
B	E0565	COMPRESSOR, AIR POWER SOURCE FOR	4/1/2008	\$58.26	3	NO
B	E0570	NEBULIZER WITH COMPRESSOR	4/1/2008	\$15.39	3	NO
B	E0571	AEROSOL COMPRESSOR, BATTERY POWE	4/1/2008	\$28.62	3	NO
B	E0572	AEROSOL COMPRESSOR, ADJUSTABLE P	4/1/2008	\$36.38	3	NO
B	E0574	ULTRASONIC/ELECTRONIC AEROSOL GE	10/1/2001	NC	9	NO
B	E0575	NEBULIZER, ULTRASONIC, LARGE VOL	6/1/1997	NC	9	NO
B	E0580	NEBULIZER, DURABLE, GLASS OR AUT	4/1/2008	\$12.80	3	NO
B	E0585	NEBULIZER, WITH COMPRESSOR AND H	4/1/2008	\$33.49	3	NO
B	E0600	RESPIRATORY SUCTION PUMP, HOME M	4/1/2008	\$38.12	3	NO
B	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP	4/1/2008	\$106.68	3	YES
B	E0603	BREAST PUMP, ELECTRIC (AC AND/OR	7/1/2008	\$81.74	3	YES
B	E0605	VAPORIZER, ROOM TYPE	4/1/2008	\$2.93	3	NO
B	E0606	POSTURAL DRAINAGE BOARD	4/1/2008	\$21.21	3	NO
B	E0607	HOME BLOOD GLUCOSE MONITOR	4/1/2008	\$6.38	3	NO
B	E0608	APNEA MONITOR	7/1/2003	INVALID	N	NO
B	E0609	BLOOD GLUCOSE MONITOR WITH SPECI	4/1/2002	INVALID	N	NO
B	E0610	PACEMAKER MONITOR, SELF-CONTAINE	4/1/2008	\$20.37	3	NO
B	E0615	PACEMAKER MONITOR, SELF CONTAINE	4/1/2008	\$47.49	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0617	EXTERNAL DEFIBRILLATOR WITH INTE	1/1/2005	NC	9	NO
B	E0618	APNEA MONITOR, WITHOUT RECORDING	4/1/2008	\$267.73	3	YES
B	E0619	APNEA MONITOR, WITH RECORDING FE	4/1/2008	\$306.62	3	YES
B	E0621	SLING OR SEAT, PATIENT LIFT, CAN	4/1/2008	\$8.83	3	YES
B	E0625	PATIENT LIFT, BATHROOM OR TOILET	3/1/1995	NC	9	NO
B	E0627	SEAT LIFT MECHANISM INCORPORATED	4/1/1992	NC	9	NO
B	E0628	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
B	E0629	SEPARATE SEAT LIFT MECHANISM FOR	4/1/1992	NC	9	NO
B	E0630	PATIENT LIFT, HYDRAULIC OR MECHA	4/1/2008	\$97.30	3	YES
B	E0635	PATIENT LIFT, ELECTRIC, WITH SEA	4/1/2008	\$105.79	3	YES
B	E0636	MULTIPOSITIONAL PATIENT SUPPORT	4/1/2003	NC	9	NO
B	E0637	COMBINATION SIT TO STAND SYSTEM,	4/1/2008	\$202.51	3	YES
B	E0638	STANDING FRAME SYSTEM, ONE POSIT	4/1/2008	\$82.12	3	YES
B	E0639	PATIENT LIFT, MOVEABLE FROM ROOM	1/1/2005	NC	9	YES
B	E0640	PATIENT LIFT, FIXED SYSTEM, INCL	1/1/2006	NC	9	NO
B	E0641	STANDING FRAME SYSTEM, MULTI-POS	1/1/2006	\$0.01	5	NO
B	E0642	STANDING FRAME SYSTEM, MOBILE (D	7/1/2006	\$0.01	5	YES
B	E0650	PNEUMATIC COMPRESSOR, NON-SEGME	4/1/2008	\$84.87	3	NO
B	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL	4/1/2008	\$87.72	3	NO
B	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL	4/1/2008	\$500.37	3	NO
B	E0655	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$12.11	3	NO
B	E0660	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$15.88	3	NO
B	E0665	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$13.44	3	NO
B	E0666	NON-SEGMENTAL PNEUMATIC APPLIANC	4/1/2008	\$13.59	3	NO
B	E0667	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$34.91	3	NO
B	E0668	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$41.65	3	NO
B	E0669	SEGMENTAL PNEUMATIC APPLIANCE FO	4/1/2008	\$17.51	3	NO
B	E0671	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$39.67	3	NO
B	E0672	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$30.83	3	NO
B	E0673	SEGMENTAL GRADIENT PRESSURE PNEU	4/1/2008	\$25.61	3	NO
B	E0675	PNEUMATIC COMPRESSION DEVICE, HI	1/1/2004	NC	9	NO
B	E0676	INTERMITTENT LIMB COMPRESSION DE	1/1/2007	NC	9	NO
B	E0690	ULTRAVIOLET CABINET, APPROPRIATE	7/1/2003	INVALID	N	NO
B	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$85.82	3	YES
B	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$107.75	3	YES
B	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM	4/1/2008	\$132.84	3	YES
B	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIG	4/1/2008	\$422.81	3	YES
B	E0700	SAFETY EQUIPMENT (E.G., HARNESS	4/1/1988	NC	9	NO
B	E0705	TRANSFER DEVICE, ANY TYPE, EACH	4/1/2008	\$5.36	3	NO
B	E0710	RESTRAINT, ANY TYPE (BODY, CHEST	3/1/1987	NC	9	NO
B	E0720	TRANSCUTANEOUS ELEC NERVE STIM (	4/1/2008	\$29.84	3	YES
B	E0730	TRANSCUTANEOUS ELEC NERVE STIM (	4/1/2008	\$32.60	3	YES
B	E0731	FORM FITTING CONDUCTIVE GARMENT	10/1/1993	NC	9	NO
B	E0744	NEUROMUSCULAR STIMULATOR FOR SCO	3/1/1989	NC	9	NO
B	E0745	NEUROMUSCULAR STIMULATOR, ELECTR	4/1/2008	\$85.48	3	YES
B	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDB	3/1/1989	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E0747	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/2008	\$361.87	3	YES
B	E0748	OSTEOGENIC STIMULATOR, ELECTRICA	4/1/2008	\$361.79	3	YES
B	E0749	OSTEOGENESIS STIMULATOR, ELECTRI	4/1/1988	NC	9	NO
B	E0755	ELECTRONIC SALIVARY REFLEX STIMU	3/1/1987	NC	9	NO
B	E0760	OSTOGENESIS STIMUALTOR, LOW INTE	4/1/2008	\$300.65	3	YES
B	E0761	NON-THERMAL PULSED HIGH FREQUENC	1/1/2003	NC	9	NO
B	E0779	AMBULATORY INFUSION PUMP, MECHAN	12/1/2007	NC	9	NO
B	E0781	AMBULATORY INFUSIN PUMP, SINGLE	12/1/2007	NC	9	NO
B	E0784	EXTERNAL AMBULATORY INFUSION PUM	4/1/2008	\$398.70	3	YES
B	E0791	PARENTERAL INFUSION PUMP, STATIO	12/1/2007	NC	9	NO
B	E0840	TRACTION FRAME, ATTACHED TO HEAD	4/1/2008	\$15.59	3	NO
B	E0849	TRACTION EQUIPMENT, CERVICAL, FR	4/1/2008	\$49.21	3	YES
B	E0850	TRACTION STAND, FREE STANDING, C	4/1/2008	\$13.78	3	NO
B	E0855	CERVICAL TRACTION EQUIPMENT NOT	4/1/2008	\$47.22	3	NO
B	E0856	CERVICAL TRACTION DEVICE, CERVIC	1/1/2008	NC	9	NO
B	E0860	TRACTION EQUIPMENT, OVERDOOR, CE	4/1/2008	\$5.28	3	NO
B	E0870	TRACTION FRAME, ATTACHED TO FOOT	4/1/2008	\$12.80	3	NO
B	E0880	TRACTION STAND, FREE STANDING EX	4/1/2008	\$18.82	3	NO
B	E0890	TRACTION FRAME, ATTACHED TO FOOT	4/1/2008	\$31.35	3	NO
B	E0900	TRACTION STAND, FREE STANDING PE	4/1/2008	\$26.38	3	NO
B	E0910	TRAPEZE BARS, AKA PATIENT HELPER	4/1/2008	\$19.10	3	NO
B	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PAT	4/1/2008	\$47.61	3	NO
B	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PT	4/1/2008	\$109.32	3	NO
B	E0920	FRACTURE FRAME, ATTACHED TO BED,	4/1/2008	\$41.55	3	NO
B	E0930	FRACTURE FRAME, FREE STANDING, I	4/1/2008	\$37.09	3	NO
B	E0935	CONTINUOUS PASSIVE MOTION EXERCI	3/1/1987	NC	9	NO
B	E0936	CONTINUOUS PASSIVE MOTION EXERCI	1/1/2007	NC	9	NO
B	E0940	TRAPEZE BAR, FREE STANDING, COMP	4/1/2008	\$33.21	3	NO
B	E0941	GRAVITY ASSISTED TRACTION DEVICE	4/1/2008	\$41.46	3	NO
B	E0942	CERVICAL HEAD HARNESS/HALTER	4/1/2008	\$2.23	3	NO
B	E0943	CERVICAL PILLOW	4/1/2004	INVALID	N	NO
B	E0944	PELVIC BELT/HARNESS/BOOT	4/1/2008	\$4.39	3	NO
B	E0945	EXTREMITY BELT/HARNESS	4/1/2008	\$4.24	3	NO
B	E0946	FRACTURE, FRAME, DUAL WITH CROSS	4/1/2008	\$56.50	3	NO
B	E0947	FRACTURE FRAME, ATTACHMENTS FOR	4/1/2008	\$57.92	3	NO
B	E0948	FRACTURE FRAME, ATTACHMENTS FOR	4/1/2008	\$54.37	3	NO
B	E0950	WHEELCHAIR ACCESSORY, TRAY, EACH	4/1/2008	\$9.94	3	NO
B	E0951	HEEL LOOP/HOLDER, ANY TYPE, WITH	4/1/2008	\$1.87	3	NO
B	E0952	TOE LOOP/HOLDER, ANY TYPE, EACH	4/1/2008	\$1.87	3	NO
B	E0953	PNEUMATIC TIRE, EACH	1/1/2006	INVALID	N	NO
B	E0954	SEMI-PNEUMATIC CASTER, EACH	1/1/2006	INVALID	N	NO
B	E0955	WHEELCHAIR ACCESSORY, HEADREST,	4/1/2008	\$19.32	3	NO
B	E0956	WHEELCHAIR ACCESSORY, LATERAL TR	4/1/2008	\$9.43	3	NO
B	E0957	WHEELCHAIR ACCESSORY, MEDIAL THI	4/1/2008	\$13.17	3	NO
B	E0958	MANUAL WHEELCHAIR ACCESSORY, ONE	4/1/2008	\$41.67	3	NO
B	E0959	MANUAL WHEELCHAIR ACCESSORY, ADA	4/1/2008	\$4.25	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
B	E0960	WHEELCHAIR ACCESSORY, SHOULDER H	4/1/2008	\$8.69	3	NO
B	E0961	MANUAL WHEELCHAIR ACCESSORY, WHE	4/1/2008	\$2.52	3	NO
B	E0962	1" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0963	2" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0964	3" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0965	4" CUSHION, FOR WHEELCHAIR	1/1/2005	INVALID	N	NO
B	E0966	MANUAL WHEELCHAIR ACCESSORY, HEA	4/1/2008	\$6.72	3	YES
B	E0967	MANUAL WHEELCHAIR ACCESSORY, HAN	4/1/2008	\$6.17	3	NO
B	E0968	COMMODE SEAT, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0969	NARROWING DEVICE, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEV	3/1/1989	NC	9	NO
B	E0971	MANUAL WHEELCHAIR ACCESSORY, ANT	4/1/2008	\$4.14	3	NO
B	E0972	WHEELCHAIR ACCESSORY, TRANSFER B	1/1/2006	INVALID	N	NO
B	E0973	WHEELCHAIR ACCESSORY, ADJUSTABLE	4/1/2008	\$10.46	3	NO
B	E0974	MANUAL WHEELCHAIR ACCESSORY, ANT	4/1/2008	\$7.94	3	NO
B	E0975	REINFORCED SEAT, UPHOLSTERY WHEE	4/1/2004	INVALID	N	NO
B	E0976	REINFORCED BACK WHEELCHAIR, UPHO	4/1/2004	INVALID	N	NO
B	E0977	WEDGE CUSHION, WHEELCHAIR	1/1/2007	INVALID	N	NO
B	E0978	WHEELCHAIR ACCESSORY, POSITIONIN	4/1/2008	\$3.48	3	NO
B	E0979	BELT, SAFETY WITH VELCRO CLOSURE	4/1/2004	INVALID	N	NO
B	E0980	SAFETY VEST, WHEELCHAIR	3/1/1989	NC	9	NO
B	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOL	4/1/2008	\$4.58	3	NO
B	E0982	WHEELCHAIR ACCESSORY, BACK UPHOL	4/1/2008	\$4.92	3	NO
B	E0983	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	NO
B	E0984	MANUAL WHEELCHAIR ACCESSORY, POW	1/1/2006	NC	9	NO
B	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT	4/1/2008	\$19.39	3	NO
B	E0986	MANUAL WHEELCHAIR ACCESSORY, PUS	1/1/2006	NC	9	NO
B	E0990	WHEELCHAIR ACCESSORY, ELEVATING	4/1/2008	\$10.73	3	NO
B	E0991	UPHOLSTERY SEAT	4/1/2004	INVALID	N	NO
B	E0992	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$8.83	3	NO
B	E0993	BACK, UPHOLSTERY -H	4/1/2004	INVALID	N	NO
B	E0994	ARMREST, EACH	3/1/1989	NC	9	NO
B	E0995	WHEELCHAIR ACCESSORY, CALF REST/	4/1/2008	\$2.91	3	NO
B	E0996	TIRE, SOLID, EACH	1/1/2006	INVALID	N	NO
B	E0997	CASTER WITH FORK	1/1/2007	INVALID	N	NO
B	E0998	CASTER WITHOUT FORK	1/1/2007	INVALID	N	NO
B	E0999	PNEUMATIC TIRE WITH WHEEL	1/1/2007	INVALID	N	NO
B	E1000	TIRE, PNEUMATIC CASTER	1/1/2006	INVALID	N	NO
B	E1001	WHEEL, SINGLE	1/1/2006	INVALID	N	NO
B	E1002	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$392.82	3	YES
B	E1003	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$419.38	3	YES
B	E1004	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$464.99	3	YES
B	E1005	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$503.31	3	YES
B	E1006	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$616.50	3	YES
B	E1007	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$834.79	3	YES
B	E1008	WHEELCHAIR ACCESSORY, POWER SEAT	4/1/2008	\$834.86	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1010	WHEELCHAIR ACCESSORY, ADD TO POW	4/1/2008	\$109.23	3	YES
B	E1011	MODIFICATION TO PEDIATRIC WHEELC	4/1/2008	\$15.41	3	YES
B	E1012	INTEGRATED SEATING SYSTEM, PLANA	1/1/2005	INVALID	N	NO
B	E1013	INTEGRATED SEATING SYSTEM, CONTO	1/1/2005	INVALID	N	NO
B	E1014	RECLINING BACK, ADDITION TO PEDI	4/1/2008	\$34.88	3	YES
B	E1015	SHOCK ABSORBER FOR MANUAL WHEELC	4/1/2008	\$10.94	3	YES
B	E1016	SHOCK ABSORBER FOR POWER WHEELCH	4/1/2008	\$12.55	3	YES
B	E1017	HEAVY DUTY SHOCK ABSORBER FOR HE	4/1/2008	\$10.27	3	YES
B	E1018	HEAVY DUTY SHOCK ABSORBER FOR HE	4/1/2008	\$15.41	3	YES
B	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR	4/1/2008	\$23.23	3	NO
B	E1025	LATERAL THORACIC SUPPORT, NON-CO	1/1/2006	INVALID	N	YES
B	E1026	LATERAL THORACIC SUPPORT, CONTOU	1/1/2006	INVALID	N	YES
B	E1027	LATERAL/ANTERIOR SUPPORT, FOR PE	1/1/2006	INVALID	N	YES
B	E1028	WHEELCHAIR ACCESSORY, MANUAL SWI	4/1/2008	\$19.72	3	NO
B	E1029	WHEELCHAIR ACCESSORY, VENTILATOR	4/1/2008	\$35.29	3	NO
B	E1030	WHEELCHAIR ACCESSORY, VENTILATOR	4/1/2008	\$111.29	3	YES
B	E1031	ROLLABOUT CHAIR, ANY AND ALL TYP	3/1/1987	NC	9	NO
B	E1035	MULTI-POSITIONAL PATIENT TRANSFE	1/1/2001	NC	9	NO
B	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	4/1/2003	NC	9	NO
B	E1038	TRANSPORT CHAIR, ADULT SIZE, PAT	4/1/2003	NC	9	NO
B	E1039	TRANSPORT CHAIR, ADULT SIZE, HEA	1/1/2007	NC	9	NO
B	E1050	FULLY-RECLINING WHEELCHAIR; FIXE	4/1/2008	\$97.26	3	NO
B	E1060	FULLY-RECLINING WHEELCHAIR; DETA	4/1/2008	\$120.40	3	NO
B	E1065	POWER ATTACHMENT (TO CONVERT ANY	1/1/2004	INVALID	N	NO
B	E1066	BATTERY CHARGER -H	4/1/2004	INVALID	N	NO
B	E1069	DEEP CYCLE BATTERY	4/1/2004	INVALID	N	NO
B	E1070	FULLY-RECLINING WHEELCHAIR; DETA	4/1/2008	\$88.91	3	NO
B	E1083	HEMI-WHEELCHAIR; FIXED FULL-LENG	4/1/2008	\$63.92	3	NO
B	E1084	HEMI-WHEELCHAIR; DETACHABLE ARMS	4/1/2008	\$91.91	3	NO
B	E1085	HEMI-WHEELCHAIR; FIXED FULL-LENG	1/1/2006	NC	9	NO
B	E1086	HEMI-WHEELCHAIR; DETACHABLE ARMS	1/1/2006	NC	9	NO
B	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELC	4/1/2008	\$120.82	3	NO
B	E1088	HIGH-STRENGTH LIGHTWEIGHT WHEELC	4/1/2008	\$122.38	3	NO
B	E1089	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
B	E1090	HIGH-STRENGTH LIGHTWEIGHT WHEELC	8/1/2004	NC	9	NO
B	E1091	YOUTH WHEELCHAIR, ANY TYPE	1/1/2006	NC	9	NO
B	E1092	WIDE, HEAVY-DUTY WHEELCHAIR; DET	4/1/2008	\$122.73	3	NO
B	E1093	WIDE, HEAVY-DUTY WHEELCHAIR; DET	4/1/2008	\$101.41	3	NO
B	E1100	SEMI-RECLINING WHEELCHAIR; FIXED	4/1/2008	\$99.14	3	NO
B	E1110	SEMI-RECLINING WHEELCHAIR; DETAC	4/1/2008	\$97.09	3	NO
B	E1130	STANDARD WHEELCHAIR; FIXED FULL-	1/1/2006	NC	9	NO
B	E1140	WHEELCHAIR; DETACHABLE ARMS, DES	1/1/2006	NC	9	NO
B	E1150	WHEELCHAIR; DETACHABLE ARMS, DES	4/1/2008	\$77.91	3	NO
B	E1160	WHEELCHAIR; FIXED FULL-LENGTH AR	4/1/2008	\$59.69	3	NO
B	E1161	MANUAL ADULT SIZE WHEELCHAIR, IN	4/1/2008	\$225.96	3	YES
B	E1170	AMPUTEE WHEELCHAIR; FIXED FULL-L	4/1/2008	\$85.29	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1171	AMPUTEE WHEELCHAIR; FIXED FULL-L	4/1/2008	\$76.54	3	NO
B	E1172	AMPUTEE WHEELCHAIR; DETACHABLE A	4/1/2008	\$93.54	3	NO
B	E1180	AMPUTEE WHEELCHAIR; DETACHABLE A	4/1/2008	\$82.26	3	NO
B	E1190	AMPUTEE WHEELCHAIR; DETACHABLE A	4/1/2008	\$95.03	3	NO
B	E1195	HEAVY DUTY WHEELCHAIR; FIXED FUL	4/1/2008	\$103.00	3	NO
B	E1200	AMPUTEE WHEELCHAIR; FIXED FULL-L	4/1/2008	\$83.09	3	NO
B	E1210	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
B	E1211	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
B	E1212	MOTORIZED WHEELCHAIR; FIXED FULL	1/1/2006	INVALID	N	NO
B	E1213	MOTORIZED WHEELCHAIR; DETACHABLE	1/1/2006	INVALID	N	NO
B	E1220	WHEELCHAIR; SPECIALLY SIZED OR C	3/1/1995	NC	9	NO
B	E1221	WHEELCHAIR WITH FIXED ARM, FOOTR	4/1/2008	\$45.37	3	NO
B	E1222	WHEELCHAIR WITH FIXED ARM, ELEVA	4/1/2008	\$64.74	3	NO
B	E1223	WHEELCHAIR WITH DETACHABLE ARMS,	4/1/2008	\$65.93	3	NO
B	E1224	WHEELCHAIR WITH DETACHABLE ARMS,	4/1/2008	\$65.88	3	NO
B	E1225	WHEELCHAIR ACCESSORY, MANUAL SEM	3/1/1989	NC	9	NO
B	E1226	WHEELCHAIR ACCESSORY, MANUAL FUL	4/1/2008	\$53.63	3	YES
B	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHA	3/1/1989	NC	9	NO
B	E1228	SPECIAL BACK HEIGHT FOR WHEELCHA	4/1/2008	\$26.76	3	NO
B	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT	1/1/2006	\$0.01	5	YES
B	E1230	POWER OPERATED VEHICLE (3 OR 4 W	7/1/2007	NC	9	YES
B	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$229.34	3	YES
B	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$204.23	3	YES
B	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$211.60	3	YES
B	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT	4/1/2008	\$184.23	3	YES
B	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGI	4/1/2008	\$177.39	3	YES
B	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLD	4/1/2008	\$156.50	3	YES
B	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGI	4/1/2008	\$157.86	3	YES
B	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLD	4/1/2008	\$156.50	3	YES
B	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE	4/1/2008	\$391.22	3	YES
B	E1240	LIGHTWEIGHT WHEELCHAIR; DETACH A	4/1/2008	\$95.38	3	NO
B	E1250	LIGHTWEIGHT WHEELCHAIR; FIXED FU	1/1/2006	NC	9	NO
B	E1260	LIGHTWEIGHT WHEELCHAIR; DETACHAB	1/1/2006	NC	9	NO
B	E1270	LIGHTWEIGHT WHEELCHAIR; FIXED FU	4/1/2008	\$72.22	3	NO
B	E1280	HEAVY DUTY WHEELCHAIR; DETACHABL	4/1/2008	\$106.55	3	NO
B	E1285	HEAVY-DUTY WHEELCHAIR; FIXED FUL	1/1/2006	NC	9	NO
B	E1290	HEAVY-DUTY WHEELCHAIR; DETACHABL	1/1/2006	NC	9	NO
B	E1295	HEAVY DUTY WHEELCHAIR; FIXED FUL	4/1/2008	\$101.16	3	NO
B	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT F	3/1/1989	NC	9	NO
B	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, B	3/1/1989	NC	9	NO
B	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AN	3/1/1989	NC	9	NO
B	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYP	10/1/2000	NC	9	NO
B	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-I	4/1/1988	NC	9	NO
B	E1372	IMMERSION EXTERNAL HEATER FOR NE	4/1/2008	\$19.23	3	NO
B	E1390	OXYGEN CONCENTRATOR, SINGLE DELI	4/1/2008	\$185.73	3	NO
B	E1391	OXYGEN CONCENTRATOR, DUAL DELIVE	4/1/2008	\$185.73	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E1392	PORTABLE OXYGEN CONCENTRATOR, RE	4/1/2008	\$30.64	3	NO
B	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	4/1/2008	\$192.40	3	YES
B	E1405	OXYGEN AND WATER VAPOR ENRICHING	4/1/2008	\$219.22	3	NO
B	E1406	OXYGEN AND WATER VAPOR ENRICHIN	4/1/2008	\$201.11	3	NO
B	E1510	KIDNEY, DIALYSATE DELIVERY SYST	4/1/1990	NC	9	NO
B	E1530	AIR BUBBLE DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1540	PRESSURE ALARM FOR HEMODIALYSIS,	4/1/1990	NC	9	NO
B	E1550	BATH CONDUCTIVITY METER FOR HEMO	4/1/1990	NC	9	NO
B	E1560	BLOOD LEAK DETECTOR FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIE	4/1/1990	NC	9	NO
B	E1575	TRANSDUCER PROTECTORS/FLUID BARR	4/1/1990	NC	9	NO
B	E1580	UNIPUNCTURE CONTROL SYSTEM FOR H	4/1/1990	NC	9	NO
B	E1590	HEMODIALYSIS MACHINE	4/1/1990	NC	9	NO
B	E1592	AUTOMATIC INTERMITTENT PERITONEA	4/1/1990	NC	9	NO
B	E1594	CYCLER DIALYSIS MACHINE FOR PERI	4/1/1990	NC	9	NO
B	E1600	DELIVERY AND/OR INSTALLATION CHA	4/1/1988	NC	9	NO
B	E1610	REVERSE OSMOSIS WATER PURIFICATI	4/1/1990	NC	9	NO
B	E1615	DEIONIZER WATER PURIFICATION SYS	4/1/1990	NC	9	NO
B	E1620	BLOOD PUMP FOR HEMODIALYSIS, REP	4/1/1990	NC	9	NO
B	E1625	WATER SOFTENING SYSTEM, FOR HEMO	4/1/1990	NC	9	NO
B	E1630	RECIPROCATING PERITONEAL DIALYSI	4/1/1990	NC	9	NO
B	E1632	WEARABLE ARTIFICIAL KIDNEY, EACH	4/1/1990	NC	9	NO
B	E1635	COMPACT (PORTABLE) TRAVEL HEMODI	4/1/1990	NC	9	NO
B	E1636	SORBENT CARTRIDGES, FOR HEMODIAL	4/1/1990	NC	9	NO
B	E1640	REPLACEMENT COMPONENTS FOR HEMOD	4/1/2002	INVALID	N	NO
B	E1699	DIALYSIS EQUIPMENT, NOT OTHERWIS	10/1/1993	NC	9	NO
B	E1700	JAW MOTION REHABILITATION SYSTEM	4/1/1993	NC	9	NO
B	E1701	REPLACEMENT CUSHIONS FOR JAW MOT	4/1/1993	NC	9	NO
B	E1702	REPLACEMENT MEASURING SCALES FOR	4/1/1993	NC	9	NO
B	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSI	4/1/2008	\$116.99	3	NO
B	E1801	STATIC PROGRESSIVE STRETCH ELBOW	1/1/2002	NC	9	NO
B	E1802	DYNAMIC ADJUSTABLE FOREARM PRONA	4/1/2008	\$312.09	3	NO
B	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSI	4/1/2008	\$120.65	3	NO
B	E1806	STATIC PROGRESSIVE STRETCH WRIST	1/1/2002	NC	9	NO
B	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSIO	4/1/2008	\$118.97	3	NO
B	E1811	STATIC PROGRESSIVE STRETCH KNEE	1/1/2002	NC	9	NO
B	E1812	DYNAMIC KNEE, EXTENSION/FLEXION	1/1/2006	NC	9	NO
B	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSI	4/1/2008	\$120.65	3	NO
B	E1816	STATIC PROGRESSIVE STRETCH ANKLE	1/1/2002	NC	9	NO
B	E1818	STATIC PROGRESSIVE STRETCH FOREA	1/1/2002	NC	9	NO
B	E1820	REPLACEMENT SOFT INTERFACE MATER	4/1/2008	\$7.37	3	NO
B	E1825	DYNAMIC ADJUSTABLE FINGER EXTENS	4/1/2008	\$120.65	3	NO
B	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION	4/1/2008	\$120.65	3	NO
B	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEX	4/1/2008	\$365.49	3	NO
B	E1841	STATIC PROGRESSIVE STRETCH SHOUL	1/1/2005	NC	9	NO
B	E2000	GASTRIC SUCTION PUMP, HOME MODEL	4/1/2008	\$49.50	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E2120	PULSE GENERATOR SYSTEM FOR TYMPA	1/1/2004	NC	9	NO
B	E2201	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$35.63	3	NO
B	E2202	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$45.27	3	NO
B	E2203	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$45.73	3	NO
B	E2204	MANUAL WHEELCHAIR ACCESSORY, NON	4/1/2008	\$77.69	3	NO
B	E2205	MANUAL WHEELCHAIR ACCESSORY, HAN	4/1/2008	\$3.05	3	NO
B	E2206	MANUAL WHEELCHAIR ACCESSORY, WHE	4/1/2008	\$3.81	3	NO
B	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND	4/1/2008	\$4.08	3	NO
B	E2208	WHEELCHAIR ACCESSORY, CYLINDER T	4/1/2008	\$11.15	3	NO
B	E2209	ACCESSORY, ARM TROUGH, WITH OR W	4/1/2008	\$10.05	3	NO
B	E2210	WHEELCHAIR ACCESSORY, BEARINGS,	4/1/2008	\$0.63	3	NO
B	E2211	MANUAL WHEELCHAIR ACCESSORY, PNE	4/1/2008	\$3.74	3	NO
B	E2212	MANUAL WHEELCHAIR ACCESSORY, TUB	4/1/2008	\$0.58	3	NO
B	E2213	MANUAL WHEELCHAIR ACCESSORY, INS	4/1/2008	\$2.87	3	NO
B	E2214	MANUAL WHEELCHAIR ACCESSORY, PNE	4/1/2008	\$3.22	3	NO
B	E2215	MANUAL WHEELCHAIR ACCESSORY, TUB	4/1/2008	\$0.90	3	NO
B	E2216	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
B	E2217	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
B	E2218	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	NC	9	NO
B	E2219	MANUAL WHEELCHAIR ACCESSORY, FOA	4/1/2008	\$4.51	3	NO
B	E2220	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$2.23	3	NO
B	E2221	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$2.38	3	NO
B	E2222	MANUAL WHEELCHAIR ACCESSORY, SOL	4/1/2008	\$2.00	3	NO
B	E2223	MANUAL WHEELCHAIR ACCESSORY, VAL	4/1/2008	\$0.53	3	NO
B	E2224	MANUAL WHEELCHAIR ACCESSORY, PRO	4/1/2008	\$9.83	3	NO
B	E2225	MANUAL WHEELCHAIR ACCESSORY, CAS	4/1/2008	\$1.66	3	NO
B	E2226	MANUAL WHEELCHAIR ACCESSORY, CAS	4/1/2008	\$3.62	3	NO
B	E2227	MANUAL WHEELCHAIR ACCESSORY, GEA	1/1/2008	NC	9	NO
B	E2228	MANUAL WHEELCHAIR ACCESSORY, WHE	1/1/2008	NC	9	NO
B	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE	4/1/2008	\$25.17	3	YES
B	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE	4/1/2008	\$25.17	3	YES
B	E2293	BACK, CONTOURED, FOR PEDIATRIC S	4/1/2008	\$41.60	3	YES
B	E2294	SEAT, CONTOURED, FOR PEDIATRIC S	4/1/2008	\$41.60	3	YES
B	E2310	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$111.75	3	YES
B	E2311	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$226.27	3	YES
B	E2312	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$185.19	3	YES
B	E2313	POWER WHEELCHAIR ACCESSORY, HARN	4/1/2008	\$29.42	3	YES
B	E2320	POWER WHEELCHAIR ACCESSORY, HAND	1/1/2007	INVALID	N	YES
B	E2321	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$151.77	3	YES
B	E2322	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$134.68	3	YES
B	E2323	POWER WHEELCHAIR ACCESSORY, SPEC	4/1/2008	\$6.61	3	NO
B	E2324	POWER WHEELCHAIR ACCESSORY, CHIN	4/1/2008	\$4.17	3	NO
B	E2325	POWER WHEELCHAIR ACCESSORY, SIP	4/1/2008	\$128.64	3	YES
B	E2326	POWER WHEELCHAIR ACCESSORY, BREA	4/1/2008	\$33.17	3	NO
B	E2327	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$249.48	3	YES
B	E2328	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$473.22	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E2329	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$168.66	3	YES
B	E2330	POWER WHEELCHAIR ACCESSORY, HEAD	4/1/2008	\$326.80	3	YES
B	E2340	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$34.24	3	NO
B	E2341	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$51.34	3	NO
B	E2342	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$42.78	3	NO
B	E2343	POWER WHEELCHAIR ACCESSORY, NONS	4/1/2008	\$68.44	3	NO
B	E2351	POWER WHEELCHAIR ACCESSORY, ELEC	4/1/2008	\$66.74	3	YES
B	E2360	POWER WHEELCHAIR ACCESSORY, 22 N	4/1/2008	\$9.17	3	NO
B	E2361	POWER WHEELCHAIR ACCESSORY, 22NF	4/1/2008	\$13.10	3	NO
B	E2362	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$8.63	3	NO
B	E2363	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$17.48	3	NO
B	E2364	POWER WHEELCHAIR ACCESSORY, U-1	4/1/2008	\$9.17	3	NO
B	E2365	POWER WHEELCHAIR ACCESSORY, U-1	4/1/2008	\$10.53	3	NO
B	E2366	POWER WHEELCHAIR ACCESSORY, BATT	4/1/2008	\$25.24	3	NO
B	E2368	POWER WHEELCHAIR COMPONENT, MOTO	4/1/2008	\$49.34	3	YES
B	E2369	POWER WHEELCHAIR COMPONENT, GEAR	4/1/2008	\$42.98	3	YES
B	E2370	POWER WHEELCHAIR COMPONENT, MOTO	4/1/2008	\$76.68	3	YES
B	E2371	POWER WHEELCHAIR ACCESSORY, GROU	4/1/2008	\$14.40	3	NO
B	E2372	POWER WHEELCHAIR ACCESSORY, GROU	1/1/2006	NC	9	NO
B	E2373	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$115.56	3	YES
B	E2374	POWER WHEELCHAIR ACCESSORY, HAND	4/1/2008	\$51.00	3	YES
B	E2375	POWER WHEELCHAIR ACCESSORY, NON-	4/1/2008	\$81.80	3	YES
B	E2376	POWER WHEELCHAIR ACCESSORY, EXPA	4/1/2008	\$128.19	3	YES
B	E2377	POWER WHEELCHAIR ACCESSORY, EXPA	4/1/2008	\$46.37	3	YES
B	E2381	POWER WHEELCHAIR ACCESSORY, PNEU	4/1/2008	\$7.13	3	NO
B	E2382	POWER WHEELCHAIR ACCESSORY, TUBE	4/1/2008	\$1.93	3	NO
B	E2383	POWER WHEELCHAIR ACCESSORY, INSE	4/1/2008	\$14.26	3	NO
B	E2384	POWER WHEELCHAIR ACCESSORY, PNEU	4/1/2008	\$7.58	3	NO
B	E2385	POWER WHEELCHAIR ACCESSORY, TUBE	4/1/2008	\$4.63	3	NO
B	E2386	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$14.13	3	NO
B	E2387	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$6.08	3	NO
B	E2388	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$4.81	3	NO
B	E2389	POWER WHEELCHAIR ACCESSORY, FOAM	4/1/2008	\$2.62	3	NO
B	E2390	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$4.09	3	NO
B	E2391	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$1.96	3	NO
B	E2392	POWER WHEELCHAIR ACCESSORY, SOLI	4/1/2008	\$5.40	3	NO
B	E2393	POWER WHEELCHAIR ACCESSORY, VALV	1/1/2007	NC	9	NO
B	E2394	POWER WHEELCHAIR ACCESSORY, DRIV	1/1/2007	NC	9	NO
B	E2395	POWER WHEELCHAIR ACCESSORY, CAST	1/1/2007	NC	9	NO
B	E2396	POWER WHEELCHAIR ACCESSORY, CAST	4/1/2008	\$6.81	3	NO
B	E2397	POWER WHEELCHAIR ACCESSORY, LITH	1/1/2008	NC	9	NO
B	E2399	POWER WHEELCHAIR ACCESSORY, NOT	10/1/2005	\$0.01	5	YES
B	E2402	NEGATIVE PRESSURE WOUND THERAPY	4/1/2008	\$1,639.22	3	YES
B	E2601	GENERAL USE WHEELCHAIR SEAT CUSH	4/1/2008	\$5.85	3	YES
B	E2602	GENERAL USE WHEELCHAIR SEAT CUSH	4/1/2008	\$11.40	3	YES
B	E2603	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$14.49	3	YES

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	E2604	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$17.98	3	YES
B	E2605	POSITIONING WHEELCHAIR SEAT CUSH	4/1/2008	\$25.72	3	YES
B	E2606	POSITIONING WHEELCHAIR SEAT CUSH	4/1/2008	\$40.12	3	YES
B	E2607	SKIN PROTECTION AND POSITIONING	4/1/2008	\$27.69	3	YES
B	E2608	SKIN PROTECTION AND POSITIONING	4/1/2008	\$33.23	3	YES
B	E2609	CUSTOM FABRICATED WHEELCHAIR SEA	4/1/2008	\$63.50	3	YES
B	E2611	GENERAL USE WHEELCHAIR BACK CUSH	4/1/2008	\$29.82	3	YES
B	E2612	GENERAL USE WHEELCHAIR BACK CUSH	4/1/2008	\$40.35	3	YES
B	E2613	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$37.54	3	YES
B	E2614	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$51.95	3	YES
B	E2615	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$43.20	3	YES
B	E2616	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$58.12	3	YES
B	E2617	CUSTOM FABRICATED WHEELCHAIR BAC	4/1/2008	\$62.86	3	YES
B	E2618	WHEELCHAIR ACCESSORY, SOLID SEAT	1/1/2008	INVALID	N	YES
B	E2619	REPLACEMENT COVER FOR WHEELCHAIR	4/1/2008	\$4.90	3	YES
B	E2620	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$52.31	3	YES
B	E2621	POSITIONING WHEELCHAIR BACK CUSH	4/1/2008	\$54.88	3	YES
B	E8000	GAIT TRAINER, PEDIATRIC SIZE, PO	4/1/2008	\$96.18	3	YES
B	E8001	GAIT TRAINER, PEDIATRIC SIZE, UP	4/1/2008	\$96.18	3	YES
B	E8002	GAIT TRAINER, PEDIATRIC SIZE, AN	4/1/2008	\$96.18	3	YES
B	G0249	PROVISION OF TEST MATERIALS AND	7/1/2002	NC	9	NO
B	K0001	STANDARD WHEELCHAIR	4/1/2008	\$50.87	3	YES
B	K0002	STANDARD HEMI (LOW SEAT) WHEELCH	4/1/2008	\$77.30	3	YES
B	K0003	LIGHTWEIGHT WHEELCHAIR	4/1/2008	\$82.66	3	YES
B	K0004	HIGH STRENGTH, LIGHTWEIGHT WHEEL	4/1/2008	\$108.48	3	YES
B	K0005	ULTRALIGHTWEIGHT WHEELCHAIR	4/1/2008	\$173.60	3	YES
B	K0006	HEAVY-DUTY WHEELCHAIR	4/1/2008	\$119.77	3	YES
B	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	4/1/2008	\$170.47	3	YES
B	K0008	CUSTOM MANUAL WHEELCHAIR/BASE	1/1/2002	INVALID	N	NO
B	K0009	OTHER MANUAL WHEELCHAIR/BASE	4/1/2008	\$923.29	3	YES
B	K0010	STANDARD-WEIGHT FRAME MOTORIZED/	11/15/2006	NC	9	YES
B	K0011	STANDARD-WEIGHT FRAME MOTORIZED/	11/15/2006	NC	9	YES
B	K0012	LIGHTWEIGHT PORTABLE MOTORIZED/P	11/15/2006	NC	9	YES
B	K0013	CUSTOM MOTORIZED/POWER WHEELCHAI	4/1/2002	INVALID	N	NO
B	K0014	OTHER MOTORIZED/POWER WHEELCHAIR	11/15/2006	NC	9	NO
B	K0015	DETACHABLE, NONADJUSTABLE HEIGHT	4/1/2008	\$17.06	3	NO
B	K0016	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2004	INVALID	N	NO
B	K0017	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2008	\$4.80	3	NO
B	K0018	DETACHABLE, ADJUSTABLE HEIGHT AR	4/1/2008	\$2.67	3	NO
B	K0019	ARM PAD, EACH	4/1/2008	\$1.64	3	NO
B	K0020	FIXED, ADJSUTABLE HEIGHT ARMREST	4/1/2008	\$4.37	3	NO
B	K0021	ANTITIPPING DEVICE, EACH	7/1/2003	INVALID	N	NO
B	K0022	REINFORCED BACK UPHOLSTERY	4/1/2004	INVALID	N	NO
B	K0023	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
B	K0024	SOLID BACK INSERT, PLANAR BACK,	1/1/2005	INVALID	N	NO
B	K0025	HOOK-ON HEADREST EXTENSION	4/1/2004	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0026	BACK UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
B	K0027	BACK UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
B	K0028	FULLY RECLINING BACK	4/1/2004	INVALID	N	NO
B	K0029	REINFORCED SEAT UPHOLSTERY	4/1/2004	INVALID	N	NO
B	K0030	SOLID SEAT INSERT, PLANAR SEAT,	4/1/2004	INVALID	N	NO
B	K0031	SAFETY BELT/PELVIC STRAP	4/1/2004	INVALID	N	NO
B	K0032	SEAT UPHOLSTERY FOR ULTRALIGHTWE	4/1/2004	INVALID	N	NO
B	K0033	SEAT UPHOLSTERY FOR WHEELCHAIR T	4/1/2004	INVALID	N	NO
B	K0034	HEEL LOOP, EACH	7/1/2003	INVALID	N	NO
B	K0035	HEEL LOOP WITH ANKLE STRAP, EACH	4/1/2004	INVALID	N	NO
B	K0036	TOE LOOP, EACH	4/1/2004	INVALID	N	NO
B	K0037	HIGH MOUNT FLIP-UP FOOTREST, EAC	4/1/2008	\$4.11	3	NO
B	K0038	LEG STRAP, EACH	4/1/2008	\$2.27	3	NO
B	K0039	LEG STRAP, H STYLE, EACH	4/1/2008	\$5.08	3	NO
B	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	4/1/2008	\$7.02	3	NO
B	K0041	LARGE SIZE FOOTPLATE, EACH	4/1/2008	\$4.96	3	NO
B	K0042	STANDARD SIZE FOOTPLATE, EACH	4/1/2008	\$2.95	3	NO
B	K0043	FOOTREST, LOWER EXTENSION TUBE,	4/1/2008	\$1.83	3	NO
B	K0044	FOOTREST, UPPER HANGER BRACKET,	4/1/2008	\$1.57	3	NO
B	K0045	FOOTREST, COMPLETE ASSEMBLY	4/1/2008	\$5.58	3	NO
B	K0046	ELEVATING LEGREST, LOWER EXTENSI	4/1/2008	\$1.83	3	NO
B	K0047	ELEVATING LEGREST, UPPER HANGER	4/1/2008	\$7.18	3	NO
B	K0048	ELEVATING LEGREST, COMPLETE ASSE	4/1/2004	INVALID	N	NO
B	K0049	CALF PAD, EACH	4/1/2004	INVALID	N	NO
B	K0050	RATCHET ASSEMBLY	4/1/2008	\$3.04	3	NO
B	K0051	CAM RELEASE ASSEMBLY, FOOTREST O	4/1/2008	\$4.93	3	NO
B	K0052	SWINGAWAY, DETACHABLE FOOTRESTS,	4/1/2008	\$8.69	3	NO
B	K0053	ELEVATING FOOTRESTS, ARTICULATIN	4/1/2008	\$9.59	3	NO
B	K0054	SEAT WIDTH OF 10, 11, 12, 15, 17	4/1/2004	INVALID	N	NO
B	K0055	SEAT DEPTH OF 15, 17, OR 18 INCH	4/1/2004	INVALID	N	NO
B	K0056	SEAT HEIGHT <17" OR >= TO 21" FO	4/1/2008	\$8.94	3	NO
B	K0057	SEAT WIDTH 19 OR 20 INCHES FOR H	4/1/2004	INVALID	N	NO
B	K0058	SEAT DEPTH 17 OR 18 INCHES FOR A	4/1/2004	INVALID	N	NO
B	K0059	PLASTIC COATED HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0060	STEEL HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0061	ALUMINUM HANDRIM, EACH	1/1/2005	INVALID	N	NO
B	K0062	HANDRIM WITH 8 TO 10 VERTICAL OR	4/1/2004	INVALID	N	NO
B	K0063	HANDRIM WITH 12 TO 16 VERTICAL O	4/1/2004	INVALID	N	NO
B	K0064	ZERO PRESSURE TUBE (FLAT FREE IN	1/1/2006	INVALID	N	NO
B	K0065	SPOKE PROTECTORS, EACH	4/1/2008	\$4.16	3	NO
B	K0066	SOLID TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
B	K0067	PNEUMATIC TIRE, ANY SIZE, EACH	1/1/2006	INVALID	N	NO
B	K0068	PNEUMATIC TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
B	K0069	REAR WHEEL ASSEMBLY, COMPLETE, W	4/1/2008	\$9.40	3	NO
B	K0070	REAR WHEEL ASSEMBLY, COMPLETE, W	4/1/2008	\$17.21	3	NO
B	K0071	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$10.29	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0072	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$5.81	3	NO
B	K0073	CASTER PIN LOCK, EACH	4/1/2008	\$3.14	3	NO
B	K0074	PNEUAMTIC CASTER TIRE, ANY SIZE,	1/1/2006	INVALID	N	NO
B	K0075	SEMI-PNEUMATIC CASTER TIRE, ANY	1/1/2006	INVALID	N	NO
B	K0076	SOLID CASTER TIRE, ANY SIZE, EAC	1/1/2006	INVALID	N	NO
B	K0077	FRONT CASTER ASSEMBLY, COMPLETE,	4/1/2008	\$5.52	3	NO
B	K0078	PNEUMATIC CASTER TIRE TUBE, EACH	1/1/2006	INVALID	N	NO
B	K0079	WHEEL LOCK EXTENSION, PAIR	4/1/2004	INVALID	N	NO
B	K0080	ANTI-ROLLBACK DEVICE, PAIR	4/1/2004	INVALID	N	NO
B	K0081	WHEEL LOCK ASSEMBLY, COMPLETE, E	1/1/2005	INVALID	N	NO
B	K0082	22 NF NON-SEALED LEAD ACID BATTE	4/1/2004	INVALID	N	NO
B	K0083	22 NF SEALED LEAD ACID BATTERY,	4/1/2004	INVALID	N	NO
B	K0084	GROUP 24 NON-SEALED LEAD ACID BA	4/1/2004	INVALID	N	NO
B	K0085	GROUP 24 SEALED LEAD ACID BATTER	4/1/2004	INVALID	N	NO
B	K0086	U-1 NON-SEALED LEAD ACID BATTERY	4/1/2004	INVALID	N	NO
B	K0087	U-1 SEALED LEAD ACID BATTERY, EA	4/1/2004	INVALID	N	NO
B	K0088	BATTERY CHARGER, SINGLE MODE, FO	4/1/2004	INVALID	N	NO
B	K0089	BATTERY CHARGER, DUAL MODE, FOR	4/1/2004	INVALID	N	NO
B	K0090	REAR WHEEL TIRE FOR POWER WHEELC	1/1/2007	INVALID	N	NO
B	K0091	REAR WHEEL TIRE TUBE OTHER THAN	1/1/2007	INVALID	N	NO
B	K0092	REAR WHEEL ASSEMBLY FOR POWER WH	1/1/2007	INVALID	N	NO
B	K0093	REAR WHEEL, ZERO PRESSURE TIRE T	1/1/2007	INVALID	N	NO
B	K0094	WHEEL TIRE FOR POWER BASE, ANY S	1/1/2007	INVALID	N	NO
B	K0095	WHEEL TIRE TUBE OTHER THAN ZERO	1/1/2007	INVALID	N	NO
B	K0096	WHEEL ASSEMBLY FOR POWER BASE, C	1/1/2007	INVALID	N	NO
B	K0097	WHEEL ZERO PRESSURE TIRE TUBE (F	1/1/2007	INVALID	N	NO
B	K0098	DRIVE BELT FOR POWER WHEELCHAIR	4/1/2008	\$2.49	3	NO
B	K0099	FRONT CASTER FOR POWER WHEELCHAI	1/1/2007	INVALID	N	NO
B	K0100	AMPUTEE ADAPTER, PART	4/1/2004	INVALID	N	NO
B	K0101	ONE-ARM DRIVE ATTACHMENT	7/1/2003	INVALID	N	NO
B	K0102	CRUTCH AND CANE HOLDER, EACH	1/1/2006	INVALID	N	NO
B	K0103	TRANSFER BOARD, LESS THAN 25 INC	4/1/2004	INVALID	N	NO
B	K0104	CYLINDER TANK CARRIER, EACH	1/1/2006	INVALID	N	NO
B	K0105	IV HANGER, EACH	4/1/2008	\$9.32	3	NO
B	K0106	ARM TROUGH, EACH	1/1/2006	INVALID	N	NO
B	K0107	WHEELCHAIR TRAY	4/1/2004	INVALID	N	NO
B	K0108	OTHER WHEELCHAIR ACCESSORIES	4/1/2008	\$99.28	3	YES
B	K0112	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
B	K0113	TRUNK SUPPORT DEVICE, VEST TYPE,	4/1/2004	INVALID	N	NO
B	K0114	BACK SUPPORT SYSTEM FOR USE WITH	1/1/2005	INVALID	N	NO
B	K0115	ORTHOTIC SEATING SYSTEM, BACK MO	1/1/2005	INVALID	N	YES
B	K0116	ORTHOTIC SEATING SYSTEM, COMBINE	1/1/2005	INVALID	N	YES
B	K0195	ELEVATING LEG RESTS, PAIR (FOR U	4/1/2008	\$20.12	3	NO
B	K0268	HUMIDIFIER, USED WITH CPAP DEVIC	4/1/2004	INVALID	N	NO
B	K0452	WHEELCHAIR BEARINGS, ANY TYPE	1/1/2006	INVALID	N	NO
B	K0460	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0461	POWER ADD-ON, TO CONVERT MANUAL	4/1/2004	INVALID	N	YES
B	K0462	TEMPORARY REPLACEMENT FOR PATIEN	4/1/2008	\$595.67	3	YES
B	K0531	HUMIDIFIER, HEATED, USED WITH PO	4/1/2004	INVALID	N	NO
B	K0532	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0533	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0534	RESPIRATORY ASSIST DEVICE, BI-LE	4/1/2004	INVALID	N	NO
B	K0538	NEGATIVE PRESSURE WOUND THERAPY	4/1/2004	INVALID	N	NO
B	K0549	HOSPITAL BED, HEAVY DUTY, EXTRA	4/1/2004	INVALID	N	NO
B	K0550	HOSPITAL BED, EXTRA HEAVY DUTY,	4/1/2004	INVALID	N	NO
B	K0551	RESIDUAL LIMB SUPPORT SYSTEM, SO	7/1/2003	INVALID	N	NO
B	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR	1/1/2006	NC	9	NO
B	K0650	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0651	GENERAL USE WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0652	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
B	K0653	SKIN PROTECTION WHEELCHAIR SEAT	1/1/2005	INVALID	N	YES
B	K0654	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0655	POSITIONING WHEELCHAIR SEAT CUSH	1/1/2005	INVALID	N	YES
B	K0656	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
B	K0657	SKIN PROTECTION AND POSITIONING	1/1/2005	INVALID	N	YES
B	K0658	CUSTOM FABRICATED WHEELCHAIR SEA	1/1/2005	INVALID	N	YES
B	K0659	WHEELCHAIR SEAT CUSHION POWERED	1/1/2005	INVALID	N	NO
B	K0660	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0661	GENERAL USE WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0662	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0663	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0664	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0665	POSITIONING WHEELCHAIR BACK CUSH	1/1/2005	INVALID	N	YES
B	K0666	CUSTOM FABRICATED WHEELCHAIR BAC	1/1/2005	INVALID	N	YES
B	K0668	REPLACEMENT COVER FOR WHEELCHAIR	1/1/2005	INVALID	N	YES
B	K0669	WHEELCHAIR ACCESSORY, WHEELCHAIR	7/1/2004	NC	9	NO
B	K0671	PORTABLE OXYGEN CONCENTRATOR, RE	1/1/2006	INVALID	N	NO
B	K0672	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	NC	9	NO
B	K0730	CONTROLLED DOSE INHALATION DRUG	12/1/2007	NC	9	NO
B	K0733	POWER WHEELCHAIR ACCESSORY, 12-2	4/1/2008	\$2.90	3	NO
B	K0734	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$31.66	3	NO
B	K0735	SKIN PROTECTION WHEELCHAIR SEAT	4/1/2008	\$40.29	3	NO
B	K0736	SKIN PROTECTION AND POSITIONING	4/1/2008	\$31.92	3	NO
B	K0737	SKIN PROTECTION AND POSITIONING	4/1/2008	\$40.40	3	NO
B	K0738	PORTABLE GASEOUS OXYGEN SYSTEM,	4/1/2008	\$30.64	3	NO
B	K0800	POWER OPERATED VEHICLE, GRP 1 ST	4/1/2008	\$123.46	3	YES
B	K0801	POWER OPERATED VEHICLE, GRP 1 VE	4/1/2008	\$199.02	3	YES
B	K0802	POWER OPERATED VEHICLE, GRP 1 VE	4/1/2008	\$225.25	3	YES
B	K0806	POWER OPERATED VEHICLE, GRP 2 ST	10/1/2006	NC	9	NO
B	K0807	OWER OPERATED VEHICLE, GRP 2 VER	10/1/2006	NC	9	NO
B	K0808	POWER OPERATED VEHICLE, GRP 2 VE	10/1/2006	NC	9	NO
B	K0812	POWER OPERATED VEHICLE, NOT OTHE	10/1/2006	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	K0813	POWER WHLCHR, GRP 1 STANDARD, PO	4/1/2008	\$230.38	3	YES
B	K0814	POWER WHLCHR, GRP 1 STANDARD, PO	4/1/2008	\$294.88	3	YES
B	K0815	POWER WHLCHR, GRP 1 STANDARD, SL	4/1/2008	\$335.81	3	YES
B	K0816	POWER WHLCHR, GRP 1 STANDARD, CA	4/1/2008	\$321.59	3	YES
B	K0820	POWER WHLCHR, GRP 2 STANDARD, PO	4/1/2008	\$246.07	3	YES
B	K0821	POWER WHLCHR, GRP 2 STANDARD, PO	4/1/2008	\$315.89	3	YES
B	K0822	POWER WHLCHR, GRP 2 STANDARD, SL	4/1/2008	\$382.77	3	YES
B	K0823	POWER WHLCHR, GRP 2 STANDARD, CA	4/1/2008	\$384.26	3	YES
B	K0824	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$462.48	3	YES
B	K0825	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$423.37	3	YES
B	K0826	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$598.72	3	YES
B	K0827	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$509.10	3	YES
B	K0828	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$659.73	3	YES
B	K0829	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$605.82	3	YES
B	K0830	POWER WHLCHR, GRP 2 STANDARD, SE	11/15/2006	NC	9	NO
B	K0831	POWER WHLCHR, GRP 2 STANDARD, SE	11/15/2006	NC	9	NO
B	K0835	POWER WHLCHR, GRP 2 STNDRD, SING	4/1/2008	\$387.48	3	YES
B	K0836	POWER WHLCHR, GRP 2 STANDARD, SI	4/1/2008	\$401.82	3	YES
B	K0837	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$462.48	3	YES
B	K0838	POWER WHLCHR, GRP 2 HEAVY DUTY,	4/1/2008	\$413.73	3	YES
B	K0839	POWER WHLCHR, GRP 2 VERY HEAVY D	4/1/2008	\$598.72	3	YES
B	K0840	POWER WHLCHR, GRP 2 EXTRA HEAVY	4/1/2008	\$907.09	3	YES
B	K0841	POWER WHLCHR, GRP 2 STNDRD, MULT	4/1/2008	\$412.43	3	YES
B	K0842	POWER WHLCHR, GRP 2 STNDRD, MULT	4/1/2008	\$412.43	3	YES
B	K0843	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$496.56	3	YES
B	K0848	POWER WHLCHR, GRP 3 STANDARD, SL	4/1/2008	\$504.66	3	YES
B	K0849	POWER WHLCHR, GRP 3 STANDARD, CA	4/1/2008	\$485.21	3	YES
B	K0850	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$586.36	3	YES
B	K0851	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$562.85	3	YES
B	K0852	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$676.39	3	YES
B	K0853	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$694.82	3	YES
B	K0854	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$920.49	3	YES
B	K0855	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$869.54	3	YES
B	K0856	POWER WHLCHR, GRP 3 STNDRD, SING	4/1/2008	\$541.70	3	YES
B	K0857	POWER WHLCHR, GRP 3 STNDRD, SING	4/1/2008	\$552.56	3	YES
B	K0858	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$672.09	3	YES
B	K0859	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$640.97	3	YES
B	K0860	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$960.17	3	YES
B	K0861	POWER WHLCHR, GRP 3 STNDRD, MULT	4/1/2008	\$542.57	3	YES
B	K0862	POWER WHLCHR, GRP 3 HEAVY DUTY,	4/1/2008	\$672.09	3	YES
B	K0863	POWER WHLCHR, GRP 3 VERY HEAVY D	4/1/2008	\$960.17	3	YES
B	K0864	POWER WHLCHR, GRP 3 EXTRA HEAVY	4/1/2008	\$1,142.61	3	YES
B	K0868	POWER WHLCHR, GRP 4 STNDRD, SLIN	11/15/2006	NC	9	NO
B	K0869	POWER WHLCHR, GRP 4 STNDRD, CAPT	10/1/2006	NC	9	NO
B	K0870	POWER WHLCHR, GRP 4 HEAVY DUTY,	10/1/2006	NC	9	NO
B	K0871	POWER WHLCHR, GRP 4 VERY HEAVY D	10/1/2006	NC	9	NO



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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
B	K0877	POWER WHLCHR, GRP 4 STNDRD, SIN	10/1/2006	NC	9	NO
B	K0878	POWER WHLCHR, GRP 4 STNDRD, SING	10/1/2006	NC	9	NO
B	K0879	POWER WHLCHR, GRP 4 HEAVY DUTY,	10/1/2006	NC	9	NO
B	K0880	POWER WHLCHR, GRP 4 VERY HEAVY D	10/1/2006	NC	9	NO
B	K0884	POWER WHLCHR, GRP 4 STNDRD, MLTP	10/1/2006	NC	9	NO
B	K0885	POWER WHEELCHAIR, GROUP 4 STANDA	11/15/2006	NC	9	NO
B	K0886	POWER WHLCHR, GRP 4 HEAVY DUTY,	10/1/2006	NC	9	NO
B	K0890	POWER WHLCHR, GRP 5 PEDIATRIC, S	11/15/2006	\$0.01	5	YES
B	K0891	POWER WHLCHR, GRP 5 PEDIATRIC, M	11/15/2006	\$0.01	5	YES
B	K0898	POWER WHEELCHAIR, NO OTHERWISE C	10/1/2006	NC	9	NO
B	K0899	POWER MOBILITY DEVICE, NOT CODED	10/1/2006	NC	9	NO
B	L0100	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
B	L0110	CRANIAL ORTHOSIS (HELMET), WITH	1/1/2007	INVALID	N	NO
B	L0560	LSO, ANTERIOR-POSTERIOR-LATERAL	1/1/2005	INVALID	N	NO
B	L0600	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
B	L0610	SACROILIAC, FLEXIBLE (SACROILIAC	1/1/2005	INVALID	N	NO
B	L0620	SACROILIAC, SEMI-RIGID (GOLDTHWA	1/1/2005	INVALID	N	NO
B	L0860	ADDITION TO HALO PROCEDURES, MAG	1/1/2006	INVALID	N	NO
B	L0960	TORSO SUPPORT, POST SURGICAL SUP	1/1/2008	INVALID	N	NO
B	L1750	LEGG PERTHES ORTHOSIS, LEGG PERT	1/1/2006	INVALID	N	NO
B	L1855	KNEE ORTHOSIS, MOLDED PLASTIC, T	1/1/2008	INVALID	N	NO
B	L1858	KNEE ORTHOSIS, MOLDED PLASTIC, P	1/1/2008	INVALID	N	NO
B	L1870	KNEE ORTHOSIS, DOUGLE UPRIGHT, T	1/1/2008	INVALID	N	NO
B	L1880	KNEE ORTHOSIS, DOUBLE UPRIGHT, N	1/1/2008	INVALID	N	NO
B	L2435	ADDITION TO KNEE JOINT, POLYCENT	1/1/2005	INVALID	N	NO
B	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	1/1/2008	INVALID	N	NO
B	L3805	WRIST HAND FINGER ORTHOSIS, LONG	1/1/2008	INVALID	N	NO
B	L3810	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3815	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3820	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3825	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3830	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3835	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3840	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3845	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3850	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3855	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3860	WHFO ADDITIONS TO SHORT AND LONG	1/1/2008	INVALID	N	NO
B	L3902	WRIST HAND FINGER ORTHOSIS, EXTE	1/1/2007	INVALID	N	NO
B	L3907	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
B	L3910	WRIST HAND FINGER ORTHOSIS, SWAN	1/1/2008	INVALID	N	NO
B	L3914	WRIST HAND ORTHOSIS, WRIST EXTEN	1/1/2007	INVALID	N	NO
B	L3916	WRIST HAND FINGER ORTHOSIS, WRIS	1/1/2008	INVALID	N	NO
B	L3918	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
B	L3920	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO
B	L3922	HAND FINGER ORTHOSIS, KNUCKLE BE	1/1/2008	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	L3924	WRIST HAND FINGER ORTHOSIS, OPPE	1/1/2008	INVALID	N	NO
B	L3926	WRIST HAND FINGER ORTHOSIS, THOM	1/1/2008	INVALID	N	NO
B	L3928	HAND FINGER ORTHOSIS, FINGER EXT	1/1/2008	INVALID	N	NO
B	L3930	WRIST HAND FINGER ORTHOSIS, FING	1/1/2008	INVALID	N	NO
B	L3932	FINGER ORTHOSIS, SAFETY PIN, SPR	1/1/2008	INVALID	N	NO
B	L3934	FINGER ORTHOSIS, SAFETY PIN, MOD	1/1/2008	INVALID	N	NO
B	L3936	WRIST HAND FINGER ORTHOSIS, PALM	1/1/2008	INVALID	N	NO
B	L3938	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
B	L3940	WRIST HAND FINGER ORTHOSIS, DORS	1/1/2008	INVALID	N	NO
B	L3942	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
B	L3944	HAND FINGER ORTHOSIS, REVERSE KN	1/1/2008	INVALID	N	NO
B	L3946	HAND FINGER ORTHOSIS, COMPOSITE	1/1/2008	INVALID	N	NO
B	L3948	FINGER ORTHOSIS, FINGER KNUCKLE	1/1/2008	INVALID	N	NO
B	L3950	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO
B	L3952	WRIST HAND FINGER ORTHOSIS, COMB	1/1/2008	INVALID	N	NO
B	L3954	HAND FINGER ORTHOSIS, SPREADING	1/1/2008	INVALID	N	NO
B	L3963	SHOULDER ELBOW WRIST HAND ORTHOS	1/1/2006	INVALID	N	NO
B	L3964	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$59.31	3	YES
B	L3965	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$94.67	3	YES
B	L3966	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$71.31	3	YES
B	L3968	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$90.23	3	YES
B	L3969	SHOULDER ELBOW ORTHOSIS, MOBILE	4/1/2008	\$63.11	3	YES
B	L3970	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$21.46	3	YES
B	L3972	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$13.65	3	YES
B	L3974	SEWHO ADDITIONS TO MOBILE ARM SU	4/1/2008	\$13.63	3	YES
B	L3985	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
B	L3986	UPPER EXTREMITY FRACTURE ORTHOSI	1/1/2008	INVALID	N	NO
B	L5674	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
B	L5675	ADDITION TO LOWER EXTREMITY, BEL	1/1/2005	INVALID	N	NO
B	L6700	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6705	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6710	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6715	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6720	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6725	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6730	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6735	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6740	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6745	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6750	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6755	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6765	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6770	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6775	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6780	TERMINAL DEVICE, HOOK, DORRANCE,	1/1/2007	INVALID	N	NO
B	L6790	TERMINAL DEVICE, HOOK-ACCU HOOK,	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
B	L6795	TERMINAL DEVICE, HOOK-2 LOAD, OR	1/1/2007	INVALID	N	NO
B	L6800	TERMINAL DEVICE, HOOK-APRL VC, O	1/1/2007	INVALID	N	NO
B	L6806	TERMINAL DEVICE, HOOK, TRS GRIP,	1/1/2007	INVALID	N	NO
B	L6807	TERMINAL DEVICE, HOOK, GRIP I, G	1/1/2007	INVALID	N	NO
B	L6808	TERMINAL DEVICE, HOOK, TRS ADEPT	1/1/2007	INVALID	N	NO
B	L6809	TERMINAL DEVICE, HOOK, TRS SUPER	1/1/2007	INVALID	N	NO
B	L6830	TERMINAL DEVICE, HAND, APRL, VC	1/1/2007	INVALID	N	NO
B	L6835	TERMINAL DEVICE, HAND, SIERRA, V	1/1/2007	INVALID	N	NO
B	L6840	TERMINAL DEVICE, HAND, BECKER IM	1/1/2007	INVALID	N	NO
B	L6845	TERMINAL DEVICE, HAND, BECKER LO	1/1/2007	INVALID	N	NO
B	L6850	TERMINAL DEVICE, HAND, BECKER PL	1/1/2007	INVALID	N	NO
B	L6855	TERMINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
B	L6860	TERMINAL DEVICE, HAND, ROBIN-AID	1/1/2007	INVALID	N	NO
B	L6865	TERMINAL DEVICE, HAND, PASSIVE H	1/1/2007	INVALID	N	NO
B	L6867	TERMINAL DEVICE, HAND, DETROLT I	1/1/2007	INVALID	N	NO
B	L6868	TERMINAL DEVICE, HAND, PASSIVE I	1/1/2007	INVALID	N	NO
B	L6870	TERMINAL DEVICE, HAND, CHILD MIT	1/1/2007	INVALID	N	NO
B	L6872	TERMINAL DEVICE, HAND, NYU CHILD	1/1/2007	INVALID	N	NO
B	L6873	TERMINAL DEVICE, HAND, MECHANICA	1/1/2007	INVALID	N	NO
B	L6880	TERMINAL DEVICE, HAND, BOCK, VO	1/1/2007	INVALID	N	NO
B	L7500	REPAIR OF PROSTHETIC DEVICE, HRL	5/9/2005	NC	9	NO
B	L8190	ELASTIC SUPPORTS ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
B	L8200	ELASTIC SUPPORTS ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
B	L8210	GRADIENT COMPRESSION STOCKING, C	1/1/2006	INVALID	N	NO
B	L8220	GRADIENT COMPRESSION STOCKING, L	1/1/2006	INVALID	N	NO
B	L8230	GRADIENT COMPRESSION STOCKING, G	1/1/2006	INVALID	N	NO
B	S8105	OXIMETER FOR MEASURING BLOOD OXY	7/1/2003	INVALID	N	NO
B	S9001	HOME UTERINE MONITOR WITH OR WIT	4/1/2008	\$72.15	3	YES
B	S9098	HOME VISIT, PHOTOTHERAPY SERVICE	7/1/2006	NC	9	NO
B	S9145	INSULIN PUMP INITIATION, INSTRUC	7/1/2002	NC	9	NO
B	T4538	DIAPER SERVICE, REUSABLE DIAPER,	4/1/2008	\$0.67	3	YES
C	E1340	REPAIR OR NONROUTINE SERVICE FOR	4/1/2008	\$10.20	3	NO
C	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR	4/1/2008	\$6.46	3	NO
C	L7510	REPAIR OF PROSTHETIC DEVICE, REP	4/1/2008	\$193.29	3	NO
C	L7520	REPAIR PROSTHETIC DEVICE, LABOR	4/1/2008	\$19.86	3	NO
C	L8049	REPAIR OR MODIFICATION OF MAXILL	4/1/2008	\$16.66	3	YES
D	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
D	99002	HANDLING, CONVEYANCE AND/OR ANY	3/1/1987	NC	9	NO
D	A0021	AMBULANCE SERVICE, OUTSIDE STATE	1/1/1988	NC	9	NO
D	A0080	NON-EMERGENCY TRANSPORT, PER MIL	1/1/1988	NC	9	NO
D	A0090	NON-EMERGENCY TRANSPORT, PER MIL	1/1/1999	\$0.25	3	NO
D	A0100	NON-EMERGENCY TRANSPORTATION; TA	3/17/2003	\$999.00	1	NO
D	A0110	NONEMERGENCY TRANSPORTATION AND	10/1/2007	NC	9	NO
D	A0120	NON-EMERGENCY TRANSPORT: MINI-BU	4/1/1988	NC	9	NO
D	A0130	NONEMERGENCY TRANSPORTATION: WHE	10/1/2000	\$17.72	1	NO
D	A0140	NONEMERGENCY TRANSPORTATION AND	10/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
D	A0160	NONEMERGENCY TRANSPORTATION: PER	1/1/1988	NC	9	NO
D	A0170	TRANSPORTATION ANCILLARY: PARKIN	10/1/2000	\$2.00	1	NO
D	A0180	NONEMERGENCY TRANSPORTATION: ANC	7/1/2007	NC	9	NO
D	A0190	NONEMERGENCY TRANSPORTATION: ANC	7/1/2007	NC	9	NO
D	A0200	NONEMERGENCY TRANSPORTATION: ANC	7/1/2007	NC	9	NO
D	A0210	NONEMERGENCY TRANSPORTATION: ANC	7/1/2007	NC	9	NO
D	A0368	AMBULANCE SERVICE ALS EMERGENCY	4/1/2002	INVALID	N	NO
D	A0380	BLS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
D	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
D	A0384	BLS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0390	ALS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
D	A0392	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0394	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0396	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
D	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
D	A0420	AMBULANCE WAITING TIME (ALS OR B	1/1/1995	NC	9	NO
D	A0422	AMBULANCE (ALS OR BLS) OXYGEN AN	1/1/1995	NC	9	NO
D	A0424	EXTRA AMBULANCE ATTENDANT, GROUN	1/1/2008	\$19.61	3	NO
D	A0426	AMBULANCE SERVICE, ADVANCED LIFE	1/1/2001	\$141.73	3	NO
D	A0428	AMBULANCE SERVICE, BASIC LIFE SU	1/1/2008	\$146.83	3	NO
D	A0430	AMBULANCE SERVICE, CONVENTIONAL	1/1/2008	\$3,051.43	3	NO
D	A0431	AMBULANCE SERVICE, CONVENTIONAL	1/1/2008	\$3,051.43	3	NO
D	A0432	PARAMEDIC INTERCEPT (PI), RURAL	1/1/2001	NC	9	NO
D	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (	1/1/2008	\$381.77	3	NO
D	A0434	SPECIALTY CARE TRANSPORT (SCT) -	10/1/2004	\$3,000.00	3	NO
D	A0435	FIXED WING AIR MILEAGE, PER STAT	1/1/2001	NC	9	NO
D	A0436	ROTARY WING AIR MILEAGE, PER STA	1/1/2001	NC	9	NO
D	A0800	AMBULANCE TRANSPORT PROVIDED BET	1/1/2007	INVALID	N	NO
D	A0888	NONCOVERED AMBULANCE MILEAGE PER	1/1/1995	NC	9	NO
D	A0999	UNLISTED AMBULANCE SERVICE	4/1/2003	\$0.01	1	NO
D	A4214	STERILE SALINE OR WATER 30 CC VI	4/1/2004	INVALID	N	NO
D	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
D	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
D	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	1/1/2007	INVALID	N	NO
D	Q3020	ALS VEHICLE USED, NON-EMERGENCY	4/1/2006	INVALID	N	NO
D	S0209	WHEELCHAIR VAN, MILEAGE, PER MIL	10/1/2004	\$1.19	1	NO
D	S0215	NON-EMERGENCY TRANSPORTATION; MI	10/1/2004	\$1.77	3	NO
D	T2001	EXTRA ATTENDANT	10/1/2002	\$17.72	3	NO
D	T2002	MILEAGE - ONE WAY	12/9/2002	\$1.19	1	NO
D	T2003	NON-EMERGENCY TRANSPORTATION/STR	10/1/2004	\$70.86	3	NO
D	T2004	NON-EMERGENCY TRANSPORT; COMMERC	1/1/2003	NC	9	NO
D	T2005	NON-EMERGENCY TRANSPORTATION; ST	10/1/2002	\$53.14	3	NO
D	T2007	TRANSPORTATION WAITING TIME, AIR	1/1/2003	NC	9	NO
D	T2049	NON-EMERGENCY TRANSPORTATION; ST	10/1/2004	\$1.77	3	NO
E	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
E	99002	HANDLING, CONVEYANCE AND/OR ANY	3/1/1987	NC	9	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
E	A0021	AMBULANCE SERVICE, OUTSIDE STATE	3/1/1989	NC	9	NO
E	A0080	NON-EMERGENCY TRANSPORT, PER MIL	3/1/1989	NC	9	NO
E	A0120	NON-EMERGENCY TRANSPORT: MINI-BU	3/1/1989	NC	9	NO
E	A0160	NONEMERGENCY TRANSPORTATION: PER	3/1/1989	NC	9	NO
E	A0225	AMBULANCE SERVICE, NEONATAL TRAN	1/1/2008	\$342.39	3	NO
E	A0368	AMBULANCE SERVICE ALS EMERGENCY	4/1/2002	INVALID	N	NO
E	A0380	BLS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
E	A0382	BLS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
E	A0384	BLS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0390	ALS MILEAGE (PER MILE)	2/1/2003	INVALID	N	NO
E	A0392	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0394	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0396	ALS SPECIALIZED SERVICE DISPOSAB	1/1/1995	NC	9	NO
E	A0398	ALS ROUTINE DISPOSABLE SUPPLIES	1/1/1995	NC	9	NO
E	A0420	AMBULANCE WAITING TIME (ALS OR B	1/1/1995	NC	9	NO
E	A0422	AMBULANCE (ALS OR BLS) OXYGEN AN	1/1/1995	NC	9	NO
E	A0424	EXTRA AMBULANCE ATTENDANT, GROUN	1/1/2008	\$19.61	3	NO
E	A0425	GROUND MILEAGE, PER STATUTE MILE	1/1/2008	\$3.80	3	NO
E	A0427	AMBULANCE SERVICE, ADVANCED LIFE	1/1/2008	\$381.77	3	NO
E	A0429	AMBULANCE SERVICE, BASIC LIFE SU	1/1/2008	\$210.25	3	NO
E	A0430	AMBULANCE SERVICE, CONVENTIONAL	1/1/2008	\$3,051.43	3	NO
E	A0431	AMBULANCE SERVICE, CONVENTIONAL	1/1/2008	\$3,051.43	3	NO
E	A0432	PARAMEDIC INTERCEPT (PI), RURAL	1/1/2001	NC	9	NO
E	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (	1/1/2008	\$381.77	3	NO
E	A0435	FIXED WING AIR MILEAGE, PER STAT	1/1/2001	NC	9	NO
E	A0436	ROTARY WING AIR MILEAGE, PER STA	1/1/2001	NC	9	NO
E	A0800	AMBULANCE TRANSPORT PROVIDED BET	1/1/2007	INVALID	N	NO
E	A0888	NONCOVERED AMBULANCE MILEAGE PER	1/1/1995	NC	9	NO
E	A0998	AMBULANCE RESPONSE AND TREATMENT	1/1/2008	\$55.17	3	NO
E	A4214	STERILE SALINE OR WATER 30 CC VI	4/1/2004	INVALID	N	NO
E	A9150	NON-PRESCRIPTION DRUGS	3/1/1987	NC	9	NO
E	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
E	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	1/1/2007	INVALID	N	NO
E	Q3019	ALS VEHICLE USED, EMERGENCY TRAN	4/1/2006	INVALID	N	NO
E	T2006	AMBULANCE RESPONSE AND TREATMENT	1/1/2006	INVALID	N	NO
F	15823	BLEPHAROPLASTY, UPPER EYELID; WI	1/1/2008	\$87.47	3	NO
F	65205	REMOVAL OF FOREIGN BODY, EXTERNA	1/1/2008	\$36.83	3	NO
F	65210	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$44.89	3	NO
F	65220	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$37.36	3	NO
F	65222	REMOVAL OF FOREIGN BODY EXTERNAL	1/1/2008	\$49.46	3	NO
F	65430	SCRAPING OF CORNEA, DIAGNOSTIC,	1/1/2008	\$75.00	3	NO
F	65435	REMOVAL OF CORNEAL EPITHELIUM; W	1/1/2008	\$51.88	3	NO
F	66820	DISCISSION OF SECONDARY MEMBRANE	1/1/2008	\$51.99	3	NO
F	66821	DISCISSION OF SECONDARY MEMBRANO	1/1/2008	\$40.21	3	NO
F	66840	REMOVAL OF LENS MATERIAL; ASPIRA	1/1/2008	\$86.88	3	NO
F	66982	EXTRACAPSULAR CATARACT REMOVAL W	1/1/2008	\$135.53	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	66983	INTRACAPSULAR CATARACT EXTRACTIO	1/1/2008	\$88.81	3	NO
F	66984	EXTRACAPSULAR CATARACT REM W/INS	1/1/2008	\$96.71	3	NO
F	67311	STRABISMUS SURG, RECESSIO	1/1/2008	\$74.78	3	NO
F	67312	STRABISMUS SURG, RECESSIO	1/1/2008	\$89.24	3	NO
F	67314	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$83.33	3	NO
F	67316	STRABISMUS SURGERY, RECESSIO	1/1/2008	\$100.32	3	NO
F	67318	STRABISMUS SURGERY, ANY PROC (PA	1/1/2008	\$87.31	3	NO
F	67320	TRANSPOSITION PROC(EG, FOR PARETI	1/1/2008	\$40.86	3	NO
F	67331	STRABISMUS SURG ON PATIENT W/PRE	1/1/2008	\$38.71	3	NO
F	67332	STRABISMUS SURG ON PATIENT W/SCA	1/1/2008	\$42.15	3	NO
F	67334	STRABISMUS SURGERY BY POSTERIOR	1/1/2008	\$38.01	3	NO
F	67340	STRABISMUS SURGERY INVOLVING EXP	1/1/2008	\$45.53	3	NO
F	67343	RELEASE OF EXTENSIVE SCAR TISSUE	1/1/2008	\$81.29	3	NO
F	67820	CORRECTION OF TRICHIASIS; EPILAT	1/1/2008	\$35.48	3	NO
F	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$94.51	3	NO
F	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	1/1/2008	\$97.04	3	NO
F	92002	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$50.27	3	NO
F	92004	COMPREHENSIVE NEW PATIENT ONE OR	1/1/2008	\$90.85	3	NO
F	92012	OPHTHALMOLOGICAL SERVICES MEDICA	1/1/2008	\$45.70	3	NO
F	92014	COMPREHENSIVE ESTABLISHED PATIEN	1/1/2008	\$67.74	3	NO
F	92015	DETERMINATION OF REFRACTIVE STAT	1/1/2008	\$41.13	3	NO
F	92020	GONIOSCOPY (SEPARATE PROCEDURE)	1/1/2008	\$18.82	3	NO
F	92025	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	\$21.77	3	NO
F	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	1/1/2008	\$39.51	3	NO
F	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	1/1/2008	\$27.15	3	NO
F	92070	FITTING OF CONTACT LENS FOR TREA	1/1/2008	\$47.31	3	NO
F	92081	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$35.75	3	NO
F	92082	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$46.23	3	NO
F	92083	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$53.22	3	NO
F	92100	SERIAL TONOMETRY W/MULTIPLE MEAS	1/1/2008	\$61.02	3	NO
F	92120	TONOGRAPHY W/INTERPRETATION AND	1/1/2008	\$50.53	3	NO
F	92130	TONOGRAPHY WITH WATER PROVOCATIO	1/1/2008	\$56.18	3	NO
F	92135	SCANNING COMPUTERIZED OPHTHALMIC	1/1/2008	\$31.18	3	NO
F	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	1/1/2008	\$59.67	3	NO
F	92140	PROVOCATIVE TESTS FOR GLAUCOMA,	1/1/2008	\$39.78	3	NO
F	92225	OPHTHALMOSCOPY, EXTENDED, W/RETI	1/1/2008	\$16.67	3	NO
F	92226	SUBSEQUENT	1/1/2008	\$15.05	3	NO
F	92230	FLUORESCEIN ANGIOSCOPY WITH INTE	1/1/2008	\$52.42	3	NO
F	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDE	1/1/2008	\$92.20	3	NO
F	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	1/1/2008	\$52.15	3	NO
F	92260	WITH OPHTHALMODYNAMOMETRY	1/1/2008	\$12.36	3	NO
F	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	1/1/2008	\$60.21	3	NO
F	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	1/1/2008	\$63.44	3	NO
F	92275	ELECTRORETINOGRAPHY WITH MEDICAL	1/1/2008	\$84.40	3	NO
F	92283	COLOR VISION EXAMINATION EXTENDE	1/1/2008	\$29.03	3	NO
F	92284	DARK ADAPTATION EXAMINATION WITH	1/1/2008	\$53.22	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	1/1/2008	\$31.45	3	NO
F	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	1/1/2008	\$94.89	3	NO
F	92310	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2008	\$62.09	3	NO
F	92311	CORNEAL LENS FOR APHAKIA ONE EYE	1/1/2008	\$60.48	3	NO
F	92312	CORNEAL LENS FOR APHAKIA BOTH EY	1/1/2008	\$66.66	3	NO
F	92313	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92314	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92315	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92316	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92317	PRESCRIPTION OF OPTICAL AND PHYS	1/1/2003	NC	9	NO
F	92325	MODIFICATION OF CONTACT LENS (SE	1/1/2008	\$13.98	3	NO
F	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
F	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
F	92340	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
F	92341	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
F	92342	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
F	92352	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
F	92353	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
F	92354	FITTING OF SPECTACLE MOUNTED LOW	12/15/1989	NC	9	NO
F	92355	FITTING OF SPECTACLE MOUNTED LOW	12/15/1989	NC	9	NO
F	92358	PROSTHESIS SERVICE FOR APHAKIA T	1/1/2008	\$22.58	3	NO
F	92370	REPAIR AND REFITTING SPECTACLES	1/1/2008	\$22.85	3	NO
F	92371	SPECTACLE PROSTHESIS FOR APHAKIA	1/1/2008	\$14.78	3	NO
F	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
F	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO
F	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
F	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
F	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
F	92396	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
F	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
F	92504	BINOCULAR MICROSCOPY (SEPARATE D	1/1/2008	\$18.82	3	NO
F	95930	VISUAL EVOKED POTENTIAL (VEP) TE	1/1/2008	\$73.11	3	NO
F	99000	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
F	99001	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
F	99002	HANDLING, CONVEYANCE, AND/OR ANY	4/1/1982	NC	9	NO
F	99024	POSTOPERATIVE FOLLOWUP CARE	4/1/1982	NC	9	NO
F	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
F	99050	SERVICES PROVIDED IN THE OFFICE	1/1/2008	\$12.13	3	NO
F	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
F	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
F	99056	SVCS TYPICALLY PROVIDED IN THE O	7/1/1989	NC	9	NO
F	99058	SVCS PROVIDED ON AN EMERGENCY BA	1/1/2008	\$4.88	3	NO
F	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
F	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
F	99082	UNUSUAL TRAVEL (EG TRANSPORTATIO	8/1/1989	NC	9	NO
F	99090	ANALYSIS OF CLINICAL DATA STORED	8/1/1989	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	99172	VISUAL FUNCTION SCREENING, AUTOM	1/1/2008	\$88.72	3	NO
F	99173	SCREENING TEST OF VISUAL ACUITY,	1/1/2008	\$1.88	3	NO
F	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	3	NO
F	99202	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$46.50	3	NO
F	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	3	NO
F	99204	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$105.37	3	NO
F	99205	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$132.52	3	NO
F	99211	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$14.78	3	NO
F	99212	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$27.42	3	NO
F	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	3	NO
F	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	3	NO
F	99215	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$91.93	3	NO
F	99241	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$36.02	3	NO
F	99242	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$66.93	3	NO
F	99243	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$91.93	3	NO
F	99244	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$135.48	3	NO
F	99245	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$168.27	3	NO
F	99251	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$35.21	3	NO
F	99252	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$56.18	3	NO
F	99253	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$83.33	3	NO
F	99254	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$119.88	3	NO
F	99255	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$149.18	3	NO
F	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
F	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
F	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
F	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
F	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
F	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
F	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
F	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
F	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
F	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	3	NO
F	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	3	NO
F	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	3	NO
F	99361	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	99362	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
F	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
F	99372	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
F	99373	PHONE CALL BY PHYS TO PT FOR CON	1/1/2008	INVALID	N	NO
F	99455	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
F	99456	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
F	A4262	TEMPORARY, ABSORBABLE LACRIMAL D	4/1/2008	\$1.04	3	NO
F	A4263	PERMANENT, LONG-TERM, NONDISSOLV	4/1/2008	\$44.74	3	NO
F	G0117	GLAUCOMA SCREENING FOR HIGH RISK	1/1/2008	\$32.26	3	NO
F	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
F	Q1001	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
F	Q1002	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2006	INVALID	N	NO
F	Q1003	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS	1/1/2000	NC	9	NO
F	S0515	SCLERAL LENS, LIQUID BANDAGE DEV	1/1/2005	NC	9	NO
F	S9981	COPIES OF ALL EXISTING OFFICE RE	1/1/2008	\$18.65	3	NO
F	V2100	SPHERE, SINGLE VISION, PLANO TO	9/1/2007	\$8.10	3	YES
F	V2101	SPHERE, SINGLE VISION, PLUS OR M	9/1/2007	\$9.58	3	YES
F	V2102	SPHERE, SINGLE VISION, PLUS OR M	9/1/2007	\$14.71	3	YES
F	V2103	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$8.10	3	YES
F	V2104	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$9.53	3	YES
F	V2105	SPHEROCYLINDER, SINGLE VISION, P	7/1/2007	\$12.75	3	YES
F	V2106	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$15.75	3	YES
F	V2107	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$9.69	3	YES
F	V2108	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$11.30	3	YES
F	V2109	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$14.30	3	YES
F	V2110	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$17.30	3	YES
F	V2111	SPHEROCYLINDER, SINGLE VISION, P	9/1/2007	\$16.92	3	YES
F	V2112	SPHEROCYLINDER, SINGLE VISION, P	7/1/2007	\$17.55	3	YES
F	V2113	SPHEROCYLINDER, SGL VISION, + OR	7/1/2007	\$20.47	3	YES
F	V2114	SPHEROCYLINDER, SINGLE VISION, S	7/1/2007	\$27.22	3	YES
F	V2115	LENTICULAR, (MYODISC), PER LENS,	9/1/2007	\$23.04	3	YES
F	V2116	LENTICULAR LENS, NONASPHERIC, PE	4/1/2004	INVALID	N	NO
F	V2117	LENTICULAR, ASPHERIC, PER LENS,	4/1/2004	INVALID	N	NO
F	V2199	NOC SINGLE VISION LENS (PER LENS	7/1/2002	\$175.00	3	YES
F	V2200	SPHERE, BIFOCAL, PLANO TO PLUS O	9/1/2007	\$10.30	3	YES
F	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4	9/1/2007	\$12.27	3	YES
F	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7	7/1/2007	\$17.00	3	YES
F	V2203	SPHEROCYLINDER, BIFOCAL, PLANO T	9/1/2007	\$10.30	3	YES
F	V2204	SPHEROCYLINDER, BIFOCAL, PLANO T	9/1/2007	\$11.80	3	YES
F	V2205	SPHEROCYLINDER, BIFOCAL, PLANO T	9/1/2007	\$14.80	3	YES
F	V2206	SPHEROCYLINDER, BIFOCAL, PLANO T	9/1/2007	\$17.91	3	YES
F	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$11.86	3	YES
F	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$13.36	3	YES
F	V2209	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$16.48	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
F	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$19.48	3	YES
F	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$19.02	3	YES
F	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$19.77	3	YES
F	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR	9/1/2007	\$22.70	3	YES
F	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE	9/1/2007	\$29.30	3	YES
F	V2216	LENTICULAR, NONASPHERIC, PER LEN	4/1/2004	INVALID	N	NO
F	V2217	LENTICULAR, ASPHERIC LENS, BIFOC	4/1/2004	INVALID	N	NO
F	V2219	BIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
F	V2220	BIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	YES
F	V2299	SPECIALTY BIFOCAL(BY REPORT) (PE	9/1/2007	\$185.00	3	YES
F	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS	9/1/2007	\$14.81	3	YES
F	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS	9/1/2007	\$16.31	3	YES
F	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS	9/1/2007	\$39.92	3	YES
F	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO	9/1/2007	\$14.81	3	YES
F	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO	9/1/2007	\$16.31	3	YES
F	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO	9/1/2007	\$19.31	3	YES
F	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO	9/1/2007	\$22.31	3	YES
F	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$16.31	3	YES
F	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$17.81	3	YES
F	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$20.81	3	YES
F	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$23.81	3	YES
F	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$35.42	3	YES
F	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$36.92	3	YES
F	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS/M	9/1/2007	\$39.92	3	YES
F	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE	9/1/2007	\$39.92	3	YES
F	V2315	LENTICULAR, (MYODISC), PER LENS,	6/18/1993	NC	9	NO
F	V2316	LENTICULAR, NONASPHERIC, PER LEN	4/1/2004	INVALID	N	NO
F	V2317	LENTICULAR, ASPHERIC LENS, TRIFO	4/1/2004	INVALID	N	NO
F	V2319	TRIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
F	V2320	TRIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	YES
F	V2399	SPECIALTY TRIFOCAL (PER LENS), G	9/1/2007	\$200.00	3	YES
F	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2008	\$155.40	3	YES
F	V2510	GAS PERMEABLE, SPERICAL, PER LEN	1/1/2008	\$155.40	3	YES
F	V2511	GAS PERMEABLE, TORIC, PRISM BALL	1/1/2008	\$155.40	3	YES
F	V2520	HYDROPHILIC, SPERICAL, PER LENS	1/1/2008	\$186.48	3	YES
F	V2521	HYDROPHILIC, TORIC OR PRISM BALL	1/1/2008	\$155.40	3	YES
F	V2615	TELESCOPIC AND OTHER COMPOUND LE	1/4/2007	NC	9	NO
G	90849	MULTIPLE-FAMILY GROUP	1/1/2008	\$42.77	3	NO
G	90887	INTERPRETATION OR EXPLANATION OF	1/1/2008	\$42.75	3	NO
G	97780	ACUPUNCTURE WITHOUT ELECTRICAL S	1/1/2005	INVALID	N	NO
G	97781	ACUPUNCTURE WITH ELECTRICAL STIM	1/1/2005	INVALID	N	NO
G	97810	ACUPUNCTURE, ONE OR MORE NEEDLE(	1/1/2008	\$14.23	3	NO
G	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$7.12	3	NO
G	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$14.23	3	NO
G	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$7.12	3	NO
G	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1/1/2008	\$170.98	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
G	H0002	BEHAVIORAL HEALTH SCREENING TO D	1/1/2008	\$21.37	3	NO
G	H0004	BEHAVIORAL HEALTH COUNSELING AND	1/1/2008	\$21.37	3	NO
G	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	1/1/2008	\$42.77	3	NO
G	H0006	ALCOHOL AND/OR DRUG CASE MANAGEM	1/1/2008	\$21.37	3	NO
G	H0012	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
G	H0015	ALCOHOL AND/OR DRUG SERVICES; IN	7/1/2004	\$0.01	1	NO
G	H0016	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2008	\$106.55	3	NO
G	H0020	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2008	\$5.13	3	NO
G	H0033	ORAL MEDICATION ADMINISTRATION,	1/1/2008	\$8.60	3	NO
G	H0048	ALCOHOL AND/OR OTHER DRUG TESTIN	1/1/2008	\$11.48	3	NO
G	H0049	ALCOHOL AND/OR DRUG SCREENING	1/1/2007	NC	9	NO
G	H0050	ALCOHOL AND/OR DRUG SERVICES, BR	1/1/2007	NC	9	NO
G	H2035	ALCOHOL AND/OR OTHER DRUG TREATM	7/15/2004	\$0.01	1	NO
G	J3490	UNCLASSIFIED DRUG - BILLING MUST	8/1/2007	\$0.01	5	NO
G	T1006	ALCOHOL AND/OR OTHER SUBSTANCE A	1/1/2008	\$128.24	3	NO
G	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	1/1/2008	\$7.69	3	NO
G	T1502	ADMINISTRATION OF ORAL MEDICATIO	1/1/2008	\$5.18	3	NO
H	10121	INCISION AND REMOVAL OF FOREIGN	7/1/2003	\$363.00	3	NO
H	10180	INCISION AND DRAINAGE, COMPLEX,	7/1/2002	\$363.00	3	NO
H	11010	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11011	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11012	DEBRIDEMENT INCLUDING REMOVAL OF	7/1/2003	\$363.00	3	NO
H	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	7/1/1997	\$363.00	3	NO
H	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	7/1/1997	\$363.00	3	NO
H	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	7/1/1997	\$363.00	3	NO
H	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	1/1/1984	NC	9	NO
H	11201	EXCISION SKIN TAGS MULTIPLE FIBR	1/1/1984	NC	9	NO
H	11404	EXCISION, BENIGN LESION INCL MAR	7/1/1997	\$271.00	3	NO
H	11406	EXCISION, BENIGN LESION INCL MAR	7/1/1997	\$363.00	3	NO
H	11424	EXCISION, BENIGN LESION INC MARG	7/1/1997	\$363.00	3	NO
H	11426	EXCISION, BENIGN LESION INC MARG	7/1/1997	\$363.00	3	NO
H	11444	EXCISION OTHER BENIGN LESION FAC	7/1/1997	\$271.00	3	NO
H	11446	EXCISION OTHER BENIGN LESION FAC	7/1/1997	\$363.00	3	NO
H	11450	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11451	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11462	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11463	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11470	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11471	EXCISION OF SKIN AND SUBCUTANEOU	7/1/1997	\$363.00	3	NO
H	11604	EXCISION, MALIGNANT LESION INCL	7/1/1997	\$363.00	3	NO
H	11606	EXCISION MALIGNANT LESION TRUNK	7/1/1997	\$363.00	3	NO
H	11624	EXCISION MALIGNANT LESION SCALP	7/1/1997	\$363.00	3	NO
H	11626	EXCISION MALIGNANT LESION SCALP	7/1/1997	\$363.00	3	NO
H	11644	EXCISION MALIGNANT LESION FACE E	7/1/1997	\$363.00	3	NO
H	11646	EXCISION MALIGNANT LESION FACE E	7/1/1997	\$363.00	3	NO
H	11770	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO

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H	11771	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO
H	11772	EXCISION OF PILONIDAL CYST OR SI	7/1/1997	\$417.00	3	NO
H	11920	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11921	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11922	TATTOOING INTRADERMAL INTRODUCTI	1/1/1984	NC	9	NO
H	11950	SUBCUTANEOUS INJECTION OF "FILLI	1/1/1984	NC	9	NO
H	11951	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11952	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11954	SUBCUTANEOUS INJECTION OF FILLIN	1/1/1984	NC	9	NO
H	11960	INSERTION OF TISSUE EXPANDER(S)	6/1/2005	\$363.00	3	NO
H	11970	REPLACEMENT OF TISSUE EXPANDER W	7/1/1997	\$417.00	3	NO
H	11971	REMOVAL OF TISSUE EXPANDER(S) WI	7/1/1997	\$271.00	3	NO
H	12005	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12006	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12016	12.5 CM TO 20.0 CM	7/1/1997	\$363.00	3	NO
H	12017	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	7/1/1997	\$363.00	3	NO
H	12020	TREATMENT OF SUPERFICIAL WOUND D	7/1/1997	\$271.00	3	NO
H	12021	TREATMENT OF SUPERFICIAL WOUND D	7/1/1997	\$271.00	3	NO
H	12034	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12035	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12036	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12037	LAYER CLOSURE OF WOUNDS OF SCALP	7/1/1997	\$363.00	3	NO
H	12044	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12045	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12046	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12047	LAYER CLOSURE OF WOUNDS OF NECK	7/1/1997	\$363.00	3	NO
H	12054	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12055	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12056	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	12057	LAYER CLOSURE OF WOUNDS OF FACE	7/1/1997	\$363.00	3	NO
H	13100	REPAIR COMPLEX TRUNK 1.0 CM TO 2	7/1/1997	\$363.00	3	NO
H	13101	REPAIR COMPLEX TRUNK; 2.5 TO 7.5	7/1/1997	\$417.00	3	NO
H	13120	REPAIR COMPLEX SCALP ARMS AND/OR	7/1/1997	\$363.00	3	NO
H	13121	REPAIR COMPLEX SCALP ARMS AND/OR	7/1/1997	\$417.00	3	NO
H	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	7/1/1997	\$363.00	3	NO
H	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	7/1/1997	\$417.00	3	NO
H	13150	REPAIR COMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13151	REPAIR COMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13152	REPAIR VOMPLEX EYELIDS NOSE EARS	7/1/1997	\$417.00	3	NO
H	13160	SECONDARY CLOSURE OF SURGICAL WO	7/1/1997	\$363.00	3	NO
H	14000	ADJACENT TISSUE TRANSFER OR REAR	5/1/2005	\$363.00	3	NO
H	14001	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14020	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14021	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	14040	ADJ TISSUE TRANS OR REARRANGE, F	7/1/1997	\$363.00	3	NO
H	14041	ADJ TISSUE TRANS OR REARRANGE, F	7/1/1997	\$417.00	3	NO
H	14060	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14061	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$417.00	3	NO
H	14300	ADJACENT TISSUE TRANSFER OR REAR	7/1/1997	\$513.00	3	NO
H	14350	FILLETED FINGER OR TOE FLAP INCL	7/1/1997	\$417.00	3	NO
H	15000	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
H	15001	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
H	15002	SURGICAL PREP OR CREATION OF REC	1/1/2007	\$363.00	3	NO
H	15003	SURGICAL PREP OR CREATION OF REC	1/1/2007	\$271.00	3	NO
H	15004	SURG PREP OR CREATION OF RECIP S	1/1/2007	\$363.00	3	NO
H	15005	SURG PREP OR CREATION OF RECIP S	1/1/2007	\$271.00	3	NO
H	15040	HARVEST OF SKIN FOR TISSUE CULTU	10/1/2006	\$363.00	3	NO
H	15050	PINCH GRAFT, SING OR MULT, TIP O	7/1/1997	\$363.00	3	NO
H	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	7/1/1997	\$363.00	3	NO
H	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	11/1/2006	\$363.00	3	NO
H	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	10/1/2006	\$363.00	3	NO
H	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS	10/1/2006	\$271.00	3	NO
H	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP	10/1/2006	\$363.00	3	NO
H	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP	10/1/2006	\$271.00	3	NO
H	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	7/1/1997	\$363.00	3	NO
H	15121	SPLIT GRAFT, FACE, SCALP, EYELID	11/1/2006	\$363.00	3	NO
H	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, L	10/1/2006	\$363.00	3	NO
H	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, L	10/1/2006	\$271.00	3	NO
H	15135	DERMAL AUTOGRAFT, FACE, SCALP, E	10/1/2006	\$363.00	3	NO
H	15136	DERMAL AUTOGRAFT, FACE, SCALP, E	10/1/2006	\$271.00	3	NO
H	15150	TISSUE CULTURED EPIDERMAL AUTOGR	10/1/2006	\$363.00	3	NO
H	15151	TISSUE CULTURED EPIDERMAL AUTOGR	10/1/2006	\$271.00	3	NO
H	15152	TISSUE CULTUREED EPIDERMAL AUTOG	1/1/2006	\$271.00	3	NO
H	15155	TISSUE CULTURED EPIDERMAL AUTOGR	10/1/2006	\$363.00	3	NO
H	15156	TISSUE CULTURED EPIDERMAL AUTOGR	10/1/2006	\$271.00	3	NO
H	15157	TISSUE CULTURED EPIDERMAL AUTOGR	10/1/2006	\$271.00	3	NO
H	15200	FULL THICKNESS GRAFT, FREE,INC D	7/1/1997	\$417.00	3	NO
H	15201	FULL THICKNESS GRAFT, FREE,INC D	7/1/1997	\$363.00	3	NO
H	15220	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$363.00	3	NO
H	15221	FULL THICKNESS GRAFT GREE INCLUD	7/1/1997	\$363.00	3	NO
H	15240	FULL THICKNESS GRAFT, FREE, INC	7/1/1997	\$417.00	3	NO
H	15241	FULL THICKNESS GRAFT, FREE, INC	7/1/1997	\$417.00	3	NO
H	15260	FULL THICKNESS GRAFT FREE INCLUD	7/1/1997	\$363.00	3	NO
H	15261	FULL THICK GRAFT FREE INC DIR CL	7/1/1997	\$363.00	3	NO
H	15300	ALLOGRAFT SKIN FOR TEMPORARY WOU	10/1/2006	\$363.00	3	NO
H	15301	ALLOGRAFT SKIN FOR TEMPORARY WOU	10/1/2006	\$271.00	3	NO
H	15320	ALLOGRAFT SKIN FOR TEMPORARY WOU	10/1/2006	\$363.00	3	NO
H	15321	ALLOGRAFT SKIN FOR TEMPORARY WOU	10/1/2006	\$271.00	3	NO
H	15330	ACELLULAR DERMAL ALLOGRAFT, TRUN	10/1/2006	\$363.00	3	NO
H	15331	ACELLULAR DERMAL ALLOGRAFT, TRUN	10/1/2006	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	15335	ACELLULAR DERMAL ALLOGRAFT, FACE	10/1/2006	\$363.00	3	NO
H	15336	ACELLULAR DERMAL ALLOGRAFT, FACE	10/1/2006	\$271.00	3	NO
H	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
H	15351	APPLICATION OF ALLOGRAFT, SKIN;	1/1/2006	INVALID	N	NO
H	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	7/1/1997	\$363.00	3	NO
H	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	6/1/2005	\$363.00	3	NO
H	15420	XENOGRAFT SKIN (DERMAL), FOR TEM	10/1/2006	\$363.00	3	NO
H	15421	XENOGRAFT SKIN (DERMAL), FOR TEM	10/1/2006	\$271.00	3	NO
H	15430	ACELLULAR XENOGRAFT IMPLANT; 1ST	10/1/2006	\$363.00	3	NO
H	15431	ACELLULAR XENOGRAFT IMPLANT; EA	10/1/2006	\$271.00	3	NO
H	15570	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15572	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15574	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15576	FORMATION OF DIRECT OR TUBED PED	7/1/1997	\$417.00	3	NO
H	15600	DELAY OF FLAP OR SECTIONING OF F	7/1/1997	\$417.00	3	NO
H	15610	INTER DEL OF ANY FLAP PRIM DEL O	7/1/1997	\$417.00	3	NO
H	15620	INTER DEL OF ANY FLAP PRIM DEL O	7/1/1997	\$513.00	3	NO
H	15630	INTER DELAY ANY FLAP PRIM DEL SM	7/1/1997	\$417.00	3	NO
H	15650	TRANSFER INTERMEDIATE OF ANY PED	7/1/1997	\$585.00	3	NO
H	15731	FOREHEAD FLAP WITH PRESERVATION	1/1/2007	\$417.00	3	NO
H	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	7/1/1997	\$417.00	3	NO
H	15740	FLAP; ISLAND PEDICLE	7/1/1997	\$363.00	3	NO
H	15750	FLAP; NEUROVASCULAR PEDICLE	7/1/1997	\$363.00	3	NO
H	15756	FREE MUSCLE FLAP WITH OR WITHOUT	1/1/1999	\$482.00	3	NO
H	15757	FREE SKIN FLAP WITH MICROVASCULA	1/1/1999	\$482.00	3	NO
H	15758	FREE FASCIAL FLAP WITH MICROVASC	1/1/1999	\$482.00	3	NO
H	15760	GRAFT;COMPOSITE (FULL THICKNESS	7/1/1997	\$363.00	3	NO
H	15770	GRAFT; DERMA-FAT-FASCIA	7/1/1997	\$417.00	3	NO
H	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	1/1/1984	NC	9	NO
H	15776	PUNCH GRAFT FOR HAIR GRAFT; MORE	1/1/1984	NC	9	NO
H	15780	DERMABRASION; TOTAL FACE (EG, FO	1/1/1984	NC	9	NO
H	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
H	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
H	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
H	15786	ABRASION SINGLE LESION (EG KERAT	1/1/1984	NC	9	NO
H	15787	ABRASION; EACH ADDITIONAL FOUR L	1/1/1984	NC	9	NO
H	15810	SALABRASION UP TO 20 SQ CM	1/1/2006	INVALID	N	NO
H	15811	SALABRASION; 20 SQ CM AND OVER	1/1/2006	INVALID	N	NO
H	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
H	15820	BLEPHAROPLASTY LOWER EYELIDS	1/1/1984	NC	9	NO
H	15821	BLEPHAROPLASTY LOWER EYELID; WIT	1/1/1984	NC	9	NO
H	15822	BLEPHAROPLASTY, UPPER EYELID	6/1/2005	\$417.00	3	NO
H	15823	BLEPHAROPLASTY, UPPER EYELID; WI	6/1/2005	\$585.00	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	15824	RHYTIDECTOMY FOREHEAD	1/1/1984	NC	9	NO
H	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
H	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	1/1/1984	NC	9	NO
H	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	1/1/1984	NC	9	NO
H	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
H	15830	EXCISION, EXCESSIVE SKIN AND SUB	1/1/2007	NC	9	NO
H	15831	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2007	INVALID	N	NO
H	15832	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15833	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15834	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15835	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15837	EXCISION EXCESSIVE SKIN AND SUBC	1/1/1984	NC	9	NO
H	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
H	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
H	15840	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15841	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15842	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15845	GRAFT FOR FACIAL NERVE PARALYSIS	7/1/1997	\$513.00	3	NO
H	15847	EXCISION, EXCESSIVE SKIN AND SUB	1/1/2007	NC	9	NO
H	15920	EXCISION, COCCYGEAL PRESSURE ULC	7/1/1997	\$417.00	3	NO
H	15922	EXCISION, COCCYGEAL PRESSURE ULC	7/1/1997	\$513.00	3	NO
H	15931	EXCISION SACRAL DECUBITUS ULCER	7/1/1997	\$417.00	3	NO
H	15933	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$417.00	3	NO
H	15934	EXCISION,, SACRAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15935	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$513.00	3	NO
H	15936	EXCISION, SACRAL PRESSURE ULCER,	7/1/1997	\$515.00	3	NO
H	15937	EXCISION SACRAL PRESSURE ULCER W	7/1/1997	\$515.00	3	NO
H	15940	EXCISION ISCHIAL DECUBITUS ULCER	7/1/1997	\$417.00	3	NO
H	15941	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15944	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$417.00	3	NO
H	15945	EXCISION ISCHIAL PRESSURE ULCER	7/1/1997	\$513.00	3	NO
H	15946	EXCISION, ISCHIAL PRESSURE ULCER	7/1/1997	\$513.00	3	NO
H	15950	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15951	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	15952	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15953	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	15956	EXCISION, TROCHANTERIC PRESSURE	7/1/1997	\$417.00	3	NO
H	15958	EXCISION TROCHANTERIC PRESSURE U	7/1/1997	\$513.00	3	NO
H	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
H	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
H	16025	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2006	\$363.00	3	NO
H	16030	DRESSINGS AND/OR DEBRIDEMENT OF	10/1/2006	\$363.00	3	NO
H	16035	ESCHAROTOMY; INITIAL INCISION	7/1/1997	\$363.00	3	NO
H	17380	ELECTROLYSIS EPILATION EACH 1/2	1/1/1984	NC	9	NO
H	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1989	\$0.01	5	NO
H	19020	MASTOTOMY WITH EXPLORATION OR DR	7/1/1997	\$363.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	19100	BIOPSY OF BREAST; PERCUTANEOUS,	6/1/2005	\$271.00	3	NO
H	19101	BIOPSY OF BREAST; OPEN, INCISION	7/1/1997	\$363.00	3	NO
H	19102	BIOPSY OF BREAST; PERCUTANEOUS,	7/1/2001	\$363.00	3	NO
H	19103	BIOPSY OF BREAST; PERCUTANEOUS,	7/1/2001	\$363.00	3	NO
H	19110	NIPPLE EXPLORATION WITH OR WITHO	7/1/1997	\$363.00	3	NO
H	19112	EXCISION OF LACTIFEROUS DUCT FIS	6/1/2005	\$417.00	3	NO
H	19120	EXCISION OF CYST, FIBROADENOMA,	7/1/1997	\$417.00	3	NO
H	19125	EXCISION OF BREAST LESION IDENTI	7/1/1997	\$417.00	3	NO
H	19126	EXCISION OF BREAST LESION IDENTI	6/1/2005	\$417.00	3	NO
H	19140	MASTECTOMY FOR GYNECOMASTIA THRO	1/1/2007	INVALID	N	NO
H	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	INVALID	N	NO
H	19162	MASTECTOMY PARTIAL (QUADRECTOMY	1/1/2007	INVALID	N	NO
H	19180	MASTECTOMY, SIMPLE, COMPLETE	1/1/2007	INVALID	N	NO
H	19182	MASTECTOMY SUBCUTANEOUS UNILATER	1/1/2007	INVALID	N	NO
H	19200	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
H	19220	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
H	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	1/1/2007	INVALID	N	NO
H	19260	EXCISION OF CHEST WALL TUMOR INC	7/1/1997	\$585.00	3	NO
H	19290	PREOPERATIVE PLACEMENT OF NEEDLE	7/1/2002	\$271.00	3	NO
H	19291	PREOPERATIVE PLACEMENT OF NEEDLE	6/1/2005	\$271.00	3	NO
H	19296	PLACEMENT OF RADIOTHERAPY AFTERL	6/1/2005	\$900.00	3	NO
H	19298	PLACEMENT OF RADIOTHERAPY AFTERL	6/1/2005	\$271.00	3	NO
H	19301	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	\$417.00	3	NO
H	19302	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	\$812.00	3	NO
H	19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2007	\$513.00	3	NO
H	19304	MASTECTOMY, SUBCUTANEOUS	1/1/2007	\$513.00	3	NO
H	19316	MASTOPEXY	8/1/2003	NC	9	NO
H	19318	REDUCTION MAMMAPLASTY	7/1/1997	\$513.00	3	NO
H	19324	MAMMAPLASTY, AUGMENTATION; WITHO	7/1/2003	\$513.00	3	NO
H	19325	MAMMAPLASTY AUGMENTATION; WITH P	1/1/2004	\$1,150.00	3	NO
H	19328	REMOVAL OF INTACT MAMMARY IMPLAN	7/1/1997	\$271.00	3	NO
H	19330	REMOVAL OF MAMMARY IMPLANT MATER	7/1/1997	\$271.00	3	NO
H	19340	IMMEDIATE INSERTION OF BREAST PR	6/1/2005	\$363.00	3	NO
H	19342	DELAYED INSERTION OF BREAST PROS	6/1/2005	\$417.00	3	NO
H	19350	RECONSTRUCTION OF NIPPLE AND/OR	6/1/2005	\$513.00	3	NO
H	19355	CORRECTION OF INVERTED NIPPLES	7/1/2003	\$513.00	3	NO
H	19357	BREAST RECONSTRUCTION, IMMEDIATE	6/1/2005	\$585.00	3	NO
H	19364	BREAST RECONSTRUCTION WITH FREE	1/1/2000	\$678.00	3	NO
H	19366	BREAST RECONSTRUCTION WITH OTHER	6/1/2005	\$585.00	3	NO
H	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
H	19371	PERIPROSTHETIC CAPSULOTOMY, BREA	6/1/2005	\$513.00	3	NO
H	19380	REVISION OF RECONSTRUCTED BREAST	10/1/2004	\$585.00	3	NO
H	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
H	20005	INCISION OF SOFT TISSUE ABSCESS	7/1/1997	\$363.00	3	NO
H	20200	BIOPSY MUSCLE SUPERFICIAL	7/1/1997	\$363.00	3	NO
H	20205	BIOPSY MUSCLE; DEEP	7/1/1997	\$417.00	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	6/1/2005	\$271.00	3	NO
H	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	7/1/1997	\$271.00	3	NO
H	20225	BIOPSY, BONE, TROCAR, OR NEEDLE;	7/1/1997	\$363.00	3	NO
H	20240	BIOPSY, BONE, OPEN; SUPERFICIAL	7/1/1997	\$363.00	3	NO
H	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	7/1/1997	\$417.00	3	NO
H	20250	BIOPSY, VERTEBRAL BODY, OPEN; TH	7/1/1997	\$417.00	3	NO
H	20251	BIOPSY, VERTEBRAL BODY, OPEN; LU	7/1/1997	\$417.00	3	NO
H	20525	REMOVAL OF FOREIGN BODY IN MUSCL	7/1/1997	\$417.00	3	NO
H	20650	INSERTION OF WIRE OR PIN WITH AP	7/1/1997	\$417.00	3	NO
H	20660	APPLICATION OF CRANIAL TONGS, CA	7/1/1997	\$363.00	3	NO
H	20661	APPLICATION OF HALO, INCLUDING R	7/1/1997	\$417.00	3	NO
H	20662	APPLICATION OF HALO INCLUDING RE	7/1/1997	\$417.00	3	NO
H	20663	APPLICATION OF HALO INCLUDING RE	7/1/1997	\$417.00	3	NO
H	20665	REMOVAL OF TONGS OR HALO APPLIED	7/1/1997	\$271.00	3	NO
H	20670	REMOVAL OF IMPLANT SUPERFICIAL (	7/1/1997	\$271.00	3	NO
H	20680	REMOVAL OF IMPLANT; DEEP, (EG, B	7/1/1997	\$417.00	3	NO
H	20690	APPLICATION OF A UNIPLANE (PINS	7/1/1997	\$363.00	3	NO
H	20692	APPLICATION OF A MULTIPLANE (PIN	6/1/2005	\$417.00	3	NO
H	20693	ADJUSTMENT OR REVISION OF EXTERN	6/1/2005	\$417.00	3	NO
H	20694	REMOVAL, UNDER ANESTHESIA, OF EX	7/1/1997	\$271.00	3	NO
H	20900	BONE GRAFT, ANY DONOR AREA; MINO	7/1/1997	\$417.00	3	NO
H	20902	BONE GRAFT, ANY DONOR AREA; MAJO	7/1/1997	\$513.00	3	NO
H	20910	CARTILAGE GRAFT; COSTOCHONDRAL	6/1/2005	\$417.00	3	YES
H	20912	CARTILAGE GRAFT; NASAL SEPTUM	7/1/1997	\$417.00	3	NO
H	20920	FASCIA LATA GRAFT; BY STRIPPER	7/1/1997	\$513.00	3	NO
H	20922	FASCIA LATA GRAFT; BY INCISION A	7/1/1997	\$417.00	3	NO
H	20924	TENDON GRAFT, FROM A DISTANCE (E	7/1/1997	\$513.00	3	NO
H	20955	BONE GRAFT WITH MICROVASCULAR AN	7/1/1997	\$513.00	3	NO
H	20962	BONE GRAFT WITH MICROVASCULAR AN	7/1/1997	\$513.00	3	NO
H	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	7/1/1997	\$513.00	3	NO
H	20975	ELECTRICAL STIMULATION TO AID BO	7/1/1997	\$363.00	3	NO
H	21010	ARTHROTOMY, TEMPOROMANDIBULAR JO	7/1/1997	\$363.00	3	NO
H	21015	RADICAL RESECTION OF TUMOR (EG,	6/1/2005	\$417.00	3	NO
H	21025	EXCISION OF BONE (EG, FOR OSTEOM	7/1/1997	\$363.00	3	NO
H	21026	EXCISION OF BONE (EG, FOR OSTEOM	7/1/1997	\$363.00	3	NO
H	21029	REMOVAL BY CONTOURING OF BENIGN	7/1/2003	\$363.00	3	NO
H	21034	EXCISION OF MALIGNANT TUMOR OF M	7/1/1997	\$417.00	3	NO
H	21040	EXCISION OF BENIGN TUMOR OR CYST	7/1/1997	\$363.00	3	NO
H	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
H	21044	EXCISION OF MALIGNANT TUMOR OF M	7/1/1997	\$363.00	3	NO
H	21046	EXCISION OF BENIGN TUMOR OR CYST	7/1/2003	\$363.00	3	NO
H	21047	EXCISION OF BENIGN TUMOR OR CYST	7/1/2003	\$363.00	3	NO
H	21050	CONDYLECTOMY, TEMPOROMANDIBULAR	7/1/1997	\$417.00	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21060	MENISCECTOMY, PARTIAL OR COMPLET	7/1/1997	\$363.00	3	NO
H	21070	CORONOIDECTOMY (SEPARATE PROCEDU	7/1/1997	\$417.00	3	NO
H	21100	APPLICATION OF HALO TYPE APPLIAN	7/1/1997	\$363.00	3	NO
H	21120	GENIOPLASTY; AUGMENTATION (AUTOG	6/1/2005	\$812.00	3	NO
H	21121	GENIOPLASTY; SLIDING OSTEOTOMY,	7/1/2003	\$812.00	3	NO
H	21122	GENIOPLASTY; SLIDING OSTEOTOMIES	1/1/2007	NC	9	NO
H	21123	GENIOPLASTY; SLIDING,AUGMENTATIO	3/28/2005	NC	9	NO
H	21127	AUGMENTATION,MANDIBULAR BODY OR	7/1/2003	NC	9	NO
H	21181	REMOVAL BY CONTOURING OF BENIGN	7/1/2003	\$812.00	3	NO
H	21206	OSTEOTOMY,MAXILLA,SEGMENTAL (EG,	7/1/1997	\$585.00	3	YES
H	21208	OSTEOPLASTY, FACIAL BONES; AUGME	7/1/1997	\$812.00	3	YES
H	21209	OSTEOPLASTY, FACIAL BONES; REDUC	7/1/1997	\$585.00	3	YES
H	21210	GRAFT BONE NASAL MAXILLARY AND M	7/1/1997	\$812.00	3	NO
H	21215	GRAFT BONE; MANDIBLE (INCLUDES O	7/1/1997	\$812.00	3	NO
H	21230	GRAFT RIB CARTILAGE AUTOGENOUS T	7/1/1997	\$812.00	3	NO
H	21235	GRAFT;EAR CARTILAGE,AUTOGRAFT,TO	7/1/1997	\$812.00	3	NO
H	21240	ARTHROPLASTY,TEMPOROMANDIBULAR J	7/1/1997	\$513.00	3	NO
H	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	7/1/1997	\$585.00	3	NO
H	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	7/1/1997	\$585.00	3	NO
H	21244	RECONSTRUCTION OF MANDIBLE, EXTR	7/1/1997	\$812.00	3	NO
H	21245	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21246	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21248	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21249	RECONSTRUCTION OF MANDIBLE OR MA	7/1/1997	\$812.00	3	NO
H	21267	ORBITAL REPOSITIONING PERIORBITA	7/1/1997	\$812.00	3	YES
H	21270	MALAR AUGMENTATION, PROSTHETIC M	7/1/1997	\$585.00	3	YES
H	21275	SECONDARY REVISION FOR ORBITOCRA	7/1/1997	\$812.00	3	YES
H	21280	MEDIAL CANTHOPEXY (SEPARATE PROC	7/1/1997	\$585.00	3	YES
H	21282	LATERAL CANTHOPEXY	7/1/1997	\$585.00	3	NO
H	21295	REDUCTION OF MASSETER MUSCLE/BON	7/1/2003	\$271.00	3	NO
H	21296	REDUCTION OF MASSETER MUSCLE (EG	7/1/2003	\$271.00	3	NO
H	21300	CLOSED TREATMENT OF SKULL FRACTU	1/1/2007	INVALID	N	NO
H	21310	CLOSED TREATMENT OF NASAL BONE F	7/1/1997	\$363.00	3	NO
H	21315	MANIPULATIVE TREATMENT, NASAL BO	7/1/1997	\$363.00	3	NO
H	21320	MANIPULATIVE TREATMENT, NASAL BO	7/1/1997	\$363.00	3	NO
H	21325	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$513.00	3	NO
H	21330	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$585.00	3	NO
H	21335	OPEN TREATMENT OF NASAL FRACTURE	7/1/1997	\$812.00	3	NO
H	21336	OPEN TREATMENT OF NASAL SEPTAL F	7/1/2003	\$513.00	3	NO
H	21337	CLOSED TREATMENT OF NASAL SEPTAL	7/1/1997	\$363.00	3	NO
H	21338	OPEN TREATMENT OF NASOETHMOID FR	7/1/1997	\$513.00	3	NO
H	21339	OPEN TREATMENT OF NASOETHMOID FR	7/1/1997	\$585.00	3	NO
H	21340	PERCUTANEOUS TREAT OF NASOETHMOI	7/1/1997	\$513.00	3	NO
H	21343	OPEN TREATMENT OF DEPRESSED FRON	7/1/1997	\$585.00	3	NO
H	21345	CLOSED TREATMENT OF NASOMAXILLAR	7/1/2003	\$812.00	3	NO
H	21355	PERCUTANEOUS TREATMENT OF FRACTU	7/1/1997	\$417.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21360	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	21365	OPEN TREATMENT OF COMPLICATED FR	7/1/1997	\$585.00	3	NO
H	21385	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21386	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21387	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$585.00	3	NO
H	21390	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$812.00	3	NO
H	21395	OPEN TREATMENT OF ORBITAL FLOOR	7/1/1997	\$812.00	3	NO
H	21400	CLOSED TREATMENT OF FRACTURE OF	7/1/1997	\$363.00	3	NO
H	21401	TREATMENT OF FRACTURE OF ORBIT E	7/1/1997	\$417.00	3	NO
H	21406	OPEN TREATMENT OF FRACTURE OF OR	7/1/1997	\$513.00	3	NO
H	21407	OPEN TREATMENT OF FRACTURE OF OR	7/1/1997	\$585.00	3	NO
H	21421	CLOSED TREATMENT OF PALATAL OR M	7/1/1997	\$513.00	3	NO
H	21422	OPEN TREATMENT OF PALATAL OR MAX	7/1/1997	\$585.00	3	NO
H	21440	CLOSED TREATMENT OF MANDIBULAR O	7/1/1997	\$417.00	3	NO
H	21445	OPEN TREATMENT OF MANDIBULAR OR	7/1/1997	\$513.00	3	NO
H	21450	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$417.00	3	NO
H	21451	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$513.00	3	NO
H	21452	PERCUTANEOUS TREATMENT OF MANDIB	7/1/1997	\$363.00	3	NO
H	21453	CLOSED TREATMENT OF MANDIBULAR F	7/1/1997	\$417.00	3	NO
H	21454	OPEN TREATMENT OF MANDIBULAR FRA	7/1/1997	\$585.00	3	NO
H	21461	OPEN TREATMENT OF MANDIBULAR FRA	7/1/1997	\$513.00	3	NO
H	21462	OPEN TREATMENT OF CLOSED OR OEN	7/1/1997	\$585.00	3	NO
H	21465	OPEN TREATMENT OF MANDIBULAR CON	7/1/1997	\$513.00	3	NO
H	21470	OPEN TREATMENT OF COMPLICATED MA	7/1/1997	\$585.00	3	NO
H	21480	CLOSED TREATMENT OF TEMPOROMANDI	7/1/1997	\$271.00	3	NO
H	21485	CLOSED TREATMENT OF TEMPOROMANDI	7/1/1997	\$363.00	3	NO
H	21490	OPEN TREATMENT OF TEMPOROMANDIBU	7/1/1997	\$417.00	3	NO
H	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
H	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
H	21495	OPEN TREATMENT OF HYOID FRACTURE	7/1/1997	\$513.00	3	NO
H	21497	INTERDENTAL WIRING FOR CONDITION	7/1/1997	\$363.00	3	NO
H	21501	INCISION AND DRAINAGE, DEEP ABSC	7/1/1997	\$363.00	3	NO
H	21502	INCISION AND DRAINAGE, DEEP ABSC	7/1/1997	\$363.00	3	NO
H	21510	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	21550	BIOPSY, SOFT TISSUE OF NECK OR T	7/1/1997	\$271.00	3	NO
H	21555	EXCISION TUMOR, SOFT TISSUE OF N	7/1/1997	\$363.00	3	NO
H	21556	EXCISION TUMOR, SOFT TISSUE OF N	7/1/1997	\$363.00	3	NO
H	21600	EXCISION OF RIB PARTIAL	7/1/1997	\$363.00	3	NO
H	21610	COSTOTRANSVERSECTOMY (SEPARATE P	7/1/1997	\$363.00	3	NO
H	21620	OSTECTOMY OF STERNAUM PARTIAL	7/1/1997	\$363.00	3	NO
H	21700	DIVISION OF SCALENUS ANTICUS WIT	7/1/1997	\$363.00	3	NO
H	21720	DIVISION OF STERNOCLEIDOMASTOID	7/1/1997	\$417.00	3	NO
H	21725	DIVISION OF STERNOCLEIDOMASTOID	7/1/1997	\$417.00	3	NO
H	21800	CLOSED TREATMENT OF RIB FRACTURE	7/1/1997	\$271.00	3	NO
H	21805	OPEN TREATMENT OF RIB FRACTURE W	7/1/1997	\$363.00	3	NO
H	21810	TREATMENT OF RIB FRACTURE REQUIR	7/1/1997	\$363.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	21820	CLOSED TREATMENT OF STERNUM FRAC	7/1/1997	\$271.00	3	NO
H	21920	BIOPSY, SOFT TISSUE OF BACK OR F	7/1/1997	\$271.00	3	NO
H	21925	BIOPSY, SOFT TISSUE OF BACK OR F	7/1/1997	\$363.00	3	NO
H	21930	EXCISION, TUMOR, SOFT TISSUE OF	7/1/1997	\$363.00	3	NO
H	21935	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	22100	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22101	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22102	PART EXCISION OF POST VERT COMPO	7/1/1997	\$417.00	3	NO
H	22103	PART EXCISION OF POST VERT COMPO	1/1/1999	\$482.00	3	NO
H	22305	CLOSED TREATMENT OF VERTEBRAL PR	7/1/1997	\$271.00	3	NO
H	22310	CLOSED TREATMENT OF VERTEBRAL BO	7/1/1997	\$271.00	3	NO
H	22315	CLOSED TREATMENT OF VERTEBRAL FR	7/1/1997	\$363.00	3	NO
H	22325	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22326	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22327	OPEN TREATMENT AND/OR REDUCTION	7/1/1997	\$417.00	3	NO
H	22328	OPEN TREATMENT AND/OR REDUCTION	1/1/1999	\$482.00	3	NO
H	22505	REQUIRING ANESTHESIA	7/1/1997	\$363.00	3	NO
H	22554	ARTHRODESIS, ANTERIOR INTERBODY	11/1/2001	\$1,150.00	3	YES
H	22556	ARTHRODESIS, ANTERIOR INTERBODY	11/1/2001	\$1,150.00	3	YES
H	22900	EXCISION ABDOMINAL WALL TUMOR SU	7/1/1997	\$513.00	3	NO
H	23000	REMOVAL OF SUBDELTOID CALCAREOUS	7/1/1997	\$363.00	3	NO
H	23020	CAPSULAR CONTRACTURE RELEASE (SE	7/1/1997	\$363.00	3	NO
H	23030	INCISION AND DRAINAGE, SHOULDER	7/1/1997	\$271.00	3	NO
H	23031	INCISION AND DRAINAGE; INFECTED	6/1/2005	\$417.00	3	NO
H	23035	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	23040	ARTHROTOMY, GLENOHUMERAL JOINT,	7/1/1997	\$417.00	3	NO
H	23044	ARTHROTOMY, ACROMIOCLAVICULAR, S	7/1/1997	\$513.00	3	NO
H	23065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	23066	BIOPSY, SOFT TISSUE OF SHOULDER	7/1/1997	\$363.00	3	NO
H	23075	EXCISION TUMOR, SHOULDER AREA, S	7/1/1997	\$363.00	3	NO
H	23076	EXCISION, TUMOR, SHOULDER AREA;	7/1/1997	\$363.00	3	NO
H	23077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	7/1/1997	\$363.00	3	NO
H	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	7/1/1997	\$812.00	3	NO
H	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	7/1/1997	\$513.00	3	NO
H	23106	ARTHROTOMY FOR SYNOVECTOMY; ACRO	7/1/1997	\$513.00	3	NO
H	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	7/1/1997	\$513.00	3	NO
H	23120	CLAVICULECTOMY PARTIAL	7/1/1997	\$585.00	3	NO
H	23125	CLAVICULECTOMY; TOTAL	7/1/1997	\$585.00	3	NO
H	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	7/1/1997	\$585.00	3	NO
H	23140	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	23145	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$585.00	3	NO
H	23146	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$585.00	3	NO
H	23150	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	23155	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$585.00	3	NO
H	23156	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$585.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	23180	PART EXCISION (CRATERIZATION, SA	7/1/1997	\$513.00	3	NO
H	23182	PART EXCISION (CRATERIZATION, SA	7/1/1997	\$513.00	3	NO
H	23184	PART EXCIS(CRATERIZATION, SAUCER	7/1/1997	\$513.00	3	NO
H	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	7/1/1997	\$513.00	3	NO
H	23195	RESECTION HUMERAL HEAD	7/1/1997	\$585.00	3	NO
H	23330	REMOVAL OF FOREIGN BODY SUBCUTAN	6/1/2005	\$271.00	3	NO
H	23331	REMOVAL OF FOREIGN BODY, SHOULDE	7/1/1997	\$271.00	3	NO
H	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	7/1/1997	\$585.00	3	NO
H	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	7/1/1997	\$812.00	3	NO
H	23400	SCAPULOPEXY (EG SPRENGELS DEFORM	7/1/1997	\$812.00	3	NO
H	23405	TENOMYOTOMY, SHOULDER AREA; SING	7/1/1997	\$363.00	3	NO
H	23406	TENOMYOTOMY, SHOULDER AREA; MULT	7/1/1997	\$363.00	3	NO
H	23410	REPAIR OF RUPTURED MUSCULOTENDIN	7/1/1997	\$585.00	3	NO
H	23412	REPAIR OF RUPTURED SUPRASPINATUS	7/1/1997	\$812.00	3	NO
H	23415	CORACOACROMIAL LIGAMENT RELEASE,	7/1/1997	\$585.00	3	NO
H	23420	REPAIR OF COMPLETE SHOULDER CUFF	7/1/1997	\$812.00	3	NO
H	23430	TENODESIS OF LONG TENDON OF BICE	7/1/1997	\$513.00	3	NO
H	23440	RESECTION OR TRANSPLANTATION OF	7/1/1997	\$513.00	3	NO
H	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	7/1/1997	\$585.00	3	NO
H	23455	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$812.00	3	NO
H	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	7/1/1997	\$585.00	3	NO
H	23462	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$812.00	3	NO
H	23465	CAPSULORRHAPHY FOR RECURRENT DIS	7/1/1997	\$585.00	3	NO
H	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	7/1/1997	\$812.00	3	NO
H	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	7/1/1997	\$513.00	3	NO
H	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	7/1/1997	\$812.00	3	NO
H	23490	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	23491	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	23500	TREATMENT OF CLOSED CLAVICULAR F	6/1/2005	\$271.00	3	NO
H	23505	TREATMENT OF CLOSED CLAVICULAR F	7/1/1997	\$271.00	3	NO
H	23515	OPEN TREATMENT OF CLAVICULAR FRA	7/1/1997	\$417.00	3	NO
H	23520	CLOSED TREATMENT OF STERNOCLAVIC	6/1/2005	\$271.00	3	NO
H	23525	TREATMENT OF CLOSED STERNOCLAVIC	7/1/1997	\$271.00	3	NO
H	23530	OPEN TREATMENT OF STERNOCLAVICUL	7/1/1997	\$417.00	3	NO
H	23532	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	23540	CLOSED TREATMENT OF ACROMIOCLAVI	6/1/2005	\$271.00	3	NO
H	23545	TREATMENT OF CLOSED ACROMIOCLAVI	7/1/1997	\$271.00	3	NO
H	23550	OPEN TREATMENT OF ACROMIOCLAVICU	7/1/1997	\$417.00	3	NO
H	23552	OPEN TREATMENT OF CLOSED OR OPEN	7/1/1997	\$513.00	3	NO
H	23570	CLOSED TREATMENT OF SCAPULAR FRA	6/1/2005	\$271.00	3	NO
H	23575	CLOSED TREATMENT OF SCAPULAR FRA	7/1/1997	\$271.00	3	NO
H	23585	OPEN TREATMENT OF SCAPULAR FRACT	7/1/1997	\$417.00	3	NO
H	23600	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2000	\$314.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	23615	OPEN TREATMENT OF PROXIMAL HUMER	7/1/1997	\$513.00	3	NO
H	23616	OPEN TREATMENT OF PROXIMAL HUMER	6/1/2005	\$513.00	3	NO
H	23625	TREATMENT OF CLOSED GREATER TUBE	7/1/1997	\$363.00	3	NO
H	23630	OPEN TREATMENT OF GREATER HUMERA	7/1/1997	\$585.00	3	NO
H	23650	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$271.00	3	NO
H	23655	TREATMENT OF CLOSED SHOULDER DIS	7/1/1997	\$271.00	3	NO
H	23660	OPEN TREATMENT OF ACUTE SHOULDER	7/1/1997	\$417.00	3	NO
H	23665	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$363.00	3	NO
H	23670	OPEN TREATMENT OF SHOULDER DISLO	7/1/1997	\$417.00	3	NO
H	23675	CLOSED TREATMENT OF SHOULDER DIS	7/1/1997	\$363.00	3	NO
H	23680	OPEN TREATMENT OF SHOULDER DISLO	7/1/1997	\$417.00	3	NO
H	23700	MANIPULATION UNDER ANESTHESIA, S	7/1/1997	\$271.00	3	NO
H	23800	ARTHRODESIS SHOULDER JOINT WITH	7/1/1997	\$513.00	3	NO
H	23802	ARTHRODESIS SHOULDER JOINT; WITH	7/1/1997	\$812.00	3	NO
H	23921	DISARTICULATIO;N OF SHOULDER; SE	7/1/1997	\$417.00	3	NO
H	23930	INCISION AND DRAINAGE, UPPER ARM	7/1/1997	\$271.00	3	NO
H	23931	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	23935	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	24000	ARTHROTOMY, ELBOW, FOR INFECTION	7/1/1997	\$513.00	3	NO
H	24006	ARTHROTOMY OF THE ELBOW, WITH CA	7/1/2003	\$513.00	3	NO
H	24065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	24066	BIOPSY SOFT TISSUES; DEEP	7/1/1997	\$363.00	3	NO
H	24075	EXCISION, TUMOR, SOFT TISSUE OF	7/1/1997	\$363.00	3	NO
H	24076	EXCISION, TUMOR, UPPER ARM OR EL	7/1/1997	\$363.00	3	NO
H	24077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	7/1/1997	\$271.00	3	NO
H	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	7/1/1997	\$513.00	3	NO
H	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	7/1/1997	\$513.00	3	NO
H	24105	EXCISION OLECRANON BURSA	7/1/1997	\$417.00	3	NO
H	24110	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	24115	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24116	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24120	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	24125	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	24126	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	24130	EXCISION RADIAL HEAD	7/1/1997	\$417.00	3	NO
H	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	7/1/1997	\$363.00	3	NO
H	24140	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$417.00	3	NO
H	24145	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$417.00	3	NO
H	24147	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$363.00	3	NO
H	24150	RADICAL RESECTION FOR TUMOR SHAF	7/1/1997	\$417.00	3	NO
H	24151	RADICAL RESECTION FOR TUMOR SHAF	7/1/1997	\$513.00	3	NO
H	24152	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$417.00	3	NO
H	24153	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$513.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	24155	RESECTION OF ELBOW JOINT (ARTHRE	7/1/1997	\$417.00	3	NO
H	24160	IMPLANT REMOVAL; ELBOW JOINT	7/1/1997	\$363.00	3	NO
H	24164	IMPLANT REMOVAL; RADIAL HEAD	7/1/1997	\$417.00	3	NO
H	24201	REMOVAL OF FOREIGN BODY, UPPER A	7/1/1997	\$363.00	3	NO
H	24301	MUSCLE OR TENDON TRANSFER, ANY T	7/1/1997	\$513.00	3	NO
H	24305	TENDON LENGTHENING SINGLE EACH	7/1/2003	\$513.00	3	NO
H	24310	TENOTOMY OPEN ELBOW TO SHOULDER	7/1/1997	\$417.00	3	NO
H	24320	TENOPLASTY WITH MUSCLE TRANSFER	7/1/1997	\$417.00	3	NO
H	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	7/1/1997	\$417.00	3	NO
H	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	7/1/1997	\$417.00	3	NO
H	24340	TENODESIS OF BICEPS TENDON AT EL	7/1/1997	\$417.00	3	NO
H	24341	REPAIR, TENDON OR MUSCLE, UPPER	6/1/2005	\$417.00	3	NO
H	24342	REINSERTION OF RUPTURED BICEPS O	7/1/1997	\$417.00	3	NO
H	24345	REPAIR MEDIAL COLLATERAL LIGAMEN	7/1/2003	\$363.00	3	NO
H	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
H	24351	FASCIOTOMY, LATERAL OR MEDIAL (E	1/1/2008	INVALID	N	NO
H	24352	FASCIOTOMY, LATERAL OR MEDIAL (E	1/1/2008	INVALID	N	NO
H	24354	FASCIOTOMY, LATERAL OR MEDIAL (E	1/1/2008	INVALID	N	NO
H	24356	FASCIOTOMY, LATERAL OR MEDIAL (E	1/1/2008	INVALID	N	NO
H	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	7/1/1997	\$585.00	3	NO
H	24361	ARTHROPLASTY ELBOW; WITH DISTAL	7/1/1997	\$585.00	3	NO
H	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	7/1/1997	\$585.00	3	NO
H	24363	ARTHROPLASTY ELBOW; WITH DISTAL	7/1/1997	\$812.00	3	NO
H	24365	ARTHROPLASTY RADIAL HEAD	7/1/1997	\$585.00	3	NO
H	24366	ARTHROPLASTY RADIAL HEAD; WITH I	7/1/1997	\$585.00	3	NO
H	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	7/1/1997	\$513.00	3	NO
H	24410	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$513.00	3	NO
H	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	7/1/1997	\$417.00	3	NO
H	24430	REPAIR OF NONUNION OR MALUNION H	7/1/1997	\$417.00	3	NO
H	24435	REPAIR OF NONUNION OR MALUNION H	7/1/1997	\$513.00	3	NO
H	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	7/1/1997	\$417.00	3	NO
H	24495	DECOMPRESSION FASCIOTOMY FOREARM	7/1/1997	\$363.00	3	NO
H	24498	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	24500	CLOSED TREATMENT OF HUMERAL SHAF	6/1/2005	\$271.00	3	NO
H	24505	CLOSED TREATMENT OF HUMERAL SHAF	7/1/1997	\$271.00	3	NO
H	24515	OPEN TREATMENT OF HUMERAL SHAFT	7/1/1997	\$513.00	3	NO
H	24516	TREATMENT OF HUMERAL SHAFT FRACT	7/1/1997	\$513.00	3	NO
H	24530	CLOSED TREATMENT OF SUPRACONDYLA	7/1/1997	\$271.00	3	NO
H	24535	CLOSED TREATMENT OF SUPRACONDYLA	7/1/1997	\$271.00	3	NO
H	24538	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24545	OPEN TREATMENT OF HUMERAL SUPRAC	7/1/1997	\$513.00	3	NO
H	24546	OPEN TREATMENT OF HUMERAL SUPRAC	6/1/2005	\$585.00	3	NO
H	24560	CLOSED TREATMENT OF HUMERAL EPIC	6/1/2005	\$271.00	3	NO
H	24565	TREATMENT OF CLOSED HUMERAL EPIC	7/1/1997	\$363.00	3	NO
H	24566	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24575	OPEN TREATMENT OF HUMERAL EPICON	7/1/1997	\$417.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	24576	CLOSED TREATMENT OF HUMERAL COND	6/1/2005	\$271.00	3	NO
H	24577	TREATMENT OF CLOSED HUMERAL COND	7/1/1997	\$271.00	3	NO
H	24579	OPEN TREATMENT OF HUMERAL CONDYL	7/1/1997	\$417.00	3	NO
H	24582	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	24586	OPEN TREATMENT OF PERIARTICULAR	7/1/1997	\$513.00	3	NO
H	24587	OPEN TREATMENT OF PERIARTICULAR	7/1/1997	\$585.00	3	NO
H	24600	TREATMENT OF CLOSED ELBOW DISLOC	7/1/1997	\$271.00	3	NO
H	24605	TREATMENT OF CLOSED ELBOW DISLOC	7/1/1997	\$363.00	3	NO
H	24615	OPEN TREATMENT OF ACUTE OR CHRON	7/1/1997	\$417.00	3	NO
H	24620	CLOSED TREATMENT OF MONTEGGIA TY	7/1/1997	\$363.00	3	NO
H	24635	OPEN TREATMENT OF MONTEGGIA TYPE	7/1/1997	\$417.00	3	NO
H	24655	TREATMENT OF CLOSED RADIAL HEAD	7/1/1997	\$271.00	3	NO
H	24665	OPEN TREATMENT OF RADIAL HEAD OR	7/1/1997	\$513.00	3	NO
H	24666	OPEN TREATMENT OF RADIAL HEAD OR	7/1/1997	\$513.00	3	NO
H	24670	CLOSED TREATMENT OF ULNAR FRACTU	6/1/2005	\$271.00	3	NO
H	24675	TREATMENT OF CLOSED ULNAR FRACTU	7/1/1997	\$271.00	3	NO
H	24685	OPEN TREATMENT OF ULNAR FRACTURE	7/1/1997	\$417.00	3	NO
H	24800	ARTHRODESIS ELBOW JOINT WITH OR	7/1/1997	\$513.00	3	NO
H	24802	ARTHRODESIS ELBOW JOINT; WITH PR	7/1/1997	\$585.00	3	NO
H	24925	AMPUTATION ARM THROUGH HUMERUS;	7/1/1997	\$417.00	3	NO
H	25000	TENDON SHEATH INCISION; AT RADIA	7/1/1997	\$417.00	3	NO
H	25020	DECOMPRESSION FASCIOTOMY, FOREAR	7/1/1997	\$417.00	3	NO
H	25023	DECOMPRESS FASCIOTOMY, FLEXOR AN	7/1/1997	\$417.00	3	NO
H	25024	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2002	\$417.00	3	NO
H	25025	DECOMPRESSION FASCIOTOMY, FOREAR	1/1/2002	\$417.00	3	NO
H	25028	INCISION AND DRAINAGE, FOREARM A	7/1/1997	\$271.00	3	NO
H	25031	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	25035	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	25040	ARTHROTOMY, RADIOCARPAL OR MIDCA	7/1/1997	\$585.00	3	NO
H	25065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	25066	BIOPSY, SOFT TISSUE OF FOREARM A	7/1/1997	\$363.00	3	NO
H	25075	EXCISION, TUMOR, SOFT TISSUE OF	6/1/2005	\$363.00	3	NO
H	25076	EXCISION, TUMOR, FOREARM AND/OR	7/1/1997	\$417.00	3	NO
H	25077	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	7/1/1997	\$417.00	3	NO
H	25100	ARTHROTOMY, WRIST JOINT; WITH BI	7/1/1997	\$363.00	3	NO
H	25101	ARTHROTOMY, WRIST JOINT; W/JOINT	7/1/1997	\$417.00	3	NO
H	25105	ARTHROTOMY, WRIST JOINT; WITH SY	7/1/1997	\$513.00	3	NO
H	25107	ARTHROTOMY, DISTAL RADIOULNAR JO	7/1/1997	\$417.00	3	NO
H	25110	EXCISION, LESION OF TENDON SHEAT	7/1/1997	\$417.00	3	NO
H	25111	EXCISION OF GANGLION, WRIST (DOR	7/1/1997	\$417.00	3	NO
H	25112	EXCISION OF GANGLION, WRIST (DOR	7/1/1997	\$513.00	3	NO
H	25115	RADICAL EXCISION OF BURSA SYNOVI	7/1/1997	\$513.00	3	NO
H	25116	RADICAL EXCISION OF BURSA SYNOVI	7/1/1997	\$513.00	3	NO
H	25118	SYNOVECTOMY EXTENSOR TENDON SHEA	7/1/1997	\$363.00	3	NO
H	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	7/1/1997	\$417.00	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25120	EXCIS/CURETTAGE OF BONE CYST/BEN	7/1/1997	\$417.00	3	NO
H	25125	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	25126	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25130	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25135	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25136	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYE	7/1/1997	\$363.00	3	NO
H	25150	PART EXCIS (CRATERIZATION, SAUCE	7/1/1997	\$363.00	3	NO
H	25151	PART EXCIS (CRATERIZATION, SAUCE	7/1/1997	\$363.00	3	NO
H	25170	RADICAL RESECTION FOR TUMOR RADI	7/1/1997	\$417.00	3	NO
H	25210	CARPECTOMY; ONE BONE	7/1/1997	\$417.00	3	NO
H	25215	CARPECTOMY; ALL BONES OF PROXIMA	7/1/1997	\$513.00	3	NO
H	25230	RADIAL STYLOIDECTOMY (SEPARATE P	7/1/1997	\$513.00	3	NO
H	25240	EXCISION DISTAL ULNA PARTIAL OR	7/1/1997	\$513.00	3	NO
H	25248	EXPLORATION WITH REMOVAL OF DEEP	7/1/1997	\$363.00	3	NO
H	25250	REMOVAL OF WRIST PROSTHESIS (SEP	7/1/1997	\$271.00	3	NO
H	25251	REMOVAL OF WRIST PROSTHESIS; COM	7/1/1997	\$271.00	3	NO
H	25260	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$513.00	3	NO
H	25263	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$363.00	3	NO
H	25265	REPAIR, TENDON OR MUSCLE, FLEXOR	7/1/1997	\$417.00	3	NO
H	25270	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$513.00	3	NO
H	25272	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$417.00	3	NO
H	25274	REPAIR, TENDON OR MUSCLE, EXTENS	7/1/1997	\$513.00	3	NO
H	25275	REPAIR, TENDON SHEATH, EXTENSOR,	1/1/2002	\$513.00	3	NO
H	25280	LENGTHENING OR SHORTENING OF FLE	7/1/1997	\$513.00	3	NO
H	25290	TENOTOMY, OPEN, FLEXOR OR EXTENS	7/1/1997	\$417.00	3	NO
H	25295	TENOLYSIS, FLEXOR OR EXTENSOR TE	7/1/1997	\$417.00	3	NO
H	25300	TENODESIS AT WRIST; FLEXORS OF F	7/1/1997	\$417.00	3	NO
H	25301	TENODESIS AT WRIST; EXTENSORS OF	7/1/1997	\$417.00	3	NO
H	25310	TENDON TRANSPLANTATION OR TRANSF	7/1/1997	\$417.00	3	NO
H	25312	TENDON TRANSPLANT/TRANSFER, FLEX	7/1/1997	\$513.00	3	NO
H	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	7/1/1997	\$417.00	3	NO
H	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	7/1/1997	\$417.00	3	NO
H	25320	CAPSULORRHAPHY OR RECONSTRUCTION	7/1/1997	\$417.00	3	NO
H	25332	ARTHROPLASTY, WRIST, WITH OR WIT	7/1/1997	\$585.00	3	NO
H	25335	TRANSPOSITION AND REALIGNMENT OF	7/1/1997	\$417.00	3	NO
H	25337	RECONSTRUCTION FOR STABILIZATION	7/1/2003	\$585.00	3	NO
H	25350	OSTEOTOMY RADIUS DISTAL THIRD	7/1/1997	\$417.00	3	NO
H	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	7/1/1997	\$417.00	3	NO
H	25360	OSTEOTOMY ULNA	7/1/1997	\$417.00	3	NO
H	25365	OSTEOTOMY; RADIUS AND ULNA	7/1/1997	\$417.00	3	NO
H	25370	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$417.00	3	NO
H	25375	MULTIPLE OSTEOTOMIES WITH REALIG	7/1/1997	\$513.00	3	NO
H	25390	OSTEOPLASTY, RADIUS OR ULNA; SHO	7/1/1997	\$417.00	3	NO
H	25391	OSTEOPLASTY, RADIUS OR ULNA; LEN	7/1/1997	\$513.00	3	NO
H	25392	OSTEOPLASTY, RADIUS AND ULNA; SH	7/1/1997	\$417.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25393	OSTEOPLASTY, RADIUS AND ULNA; LE	7/1/1997	\$513.00	3	NO
H	25400	REPAIR OF NONUNION OR MALUNION R	7/1/1997	\$417.00	3	NO
H	25405	REPAIR OF NONUNION OR MALUNION,	7/1/1997	\$513.00	3	NO
H	25415	REPAIR OF NONUNION OR MALUNION R	7/1/1997	\$417.00	3	NO
H	25420	REPAIR OF NONUNION OR MALUNION,	7/1/1997	\$513.00	3	NO
H	25425	REPAIR OF DEFECT WITH AUTOGENOUS	7/1/1997	\$417.00	3	NO
H	25426	REPAIR OF DEFECT WITH AUTOGENOUS	7/1/1997	\$513.00	3	NO
H	25440	REPAIR OF NONUNION, SCAPHOID CAR	7/1/1997	\$513.00	3	NO
H	25441	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25442	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25443	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25444	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25445	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$585.00	3	NO
H	25446	ARTHROPLASTY WITH PROSTHETIC REP	7/1/1997	\$812.00	3	NO
H	25447	INTERPOSITION ARTHROPLASTY INTER	7/1/1997	\$585.00	3	NO
H	25449	ARTHROPLASTY WITH REMOVAL OF IMP	7/1/1997	\$585.00	3	NO
H	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$417.00	3	NO
H	25455	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$417.00	3	NO
H	25490	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25491	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25492	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	25505	TREATMENT OF CLOSED RADIAL SHAFT	7/1/1997	\$271.00	3	NO
H	25515	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$417.00	3	NO
H	25520	CLOSED TREATMENT OF RADIAL SHAFT	6/1/2005	\$271.00	3	NO
H	25525	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$513.00	3	NO
H	25526	OPEN TREATMENT OF RADIAL SHAFT F	7/1/1997	\$585.00	3	NO
H	25535	TREATMENT OF CLOSED ULNAR SHAFT	7/1/1997	\$271.00	3	NO
H	25545	OPEN TREATMENT OF ULNAR SHAFT FR	7/1/1997	\$417.00	3	NO
H	25565	TREATMENT OF CLOSED RADIAL AND U	7/1/1997	\$363.00	3	NO
H	25574	OPEN TREATMENT OF RADIAL AND ULN	6/1/2005	\$417.00	3	NO
H	25575	OPEN TREATMENT OF RADIAL AND ULN	7/1/1997	\$417.00	3	NO
H	25605	TREAT OF CLOSED DISTAL RADIAL FR	7/1/1997	\$417.00	3	NO
H	25606	PERCUTANEOUS SKELETAL FIXATION O	1/1/2007	\$417.00	3	NO
H	25607	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	\$585.00	3	NO
H	25608	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	\$585.00	3	NO
H	25609	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	\$585.00	3	NO
H	25611	PERCUTANEOUS SKELETAL FIXATION O	1/1/2007	INVALID	N	NO
H	25620	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	INVALID	N	NO
H	25624	TREATMENT OF CLOSED CARPAL SCAPH	7/1/1997	\$363.00	3	NO
H	25628	OPEN TREATMENT OF CARPAL SCAPHOI	7/1/1997	\$417.00	3	NO
H	25635	TREATMENT OF CLOSED CARPAL BONE	7/1/1997	\$271.00	3	NO
H	25645	OPEN TREATMENT OF CARPAL BONE FR	7/1/1997	\$417.00	3	NO
H	25660	CLOSED TREATMENT OF RADIOCARPAL	7/1/1997	\$271.00	3	NO
H	25670	OPEN TREATMENT OF RADIOCARPAL OR	7/1/1997	\$417.00	3	NO
H	25671	PERCUTANEOUS SKELETAL FIXATION O	1/1/2002	\$271.00	3	NO
H	25675	CLOSED TREATMENT OF DISTAL RADIO	7/1/1997	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	25676	OPEN TREATMENT OF DISTAL RADIOUL	7/1/1997	\$363.00	3	NO
H	25680	CLOSED TREATMENT OF TRANS-SCAPHO	7/1/1997	\$363.00	3	NO
H	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	7/1/1997	\$417.00	3	NO
H	25690	CLOSED TREATMENT OF LUNATE DISLO	7/1/1997	\$271.00	3	NO
H	25695	OPEN TREATMENT OF LUNATE DISLOCA	7/1/1997	\$363.00	3	NO
H	25800	ARTHRODESIS, WRIST JOINT (INCLUD	7/1/1997	\$513.00	3	NO
H	25805	ARTHRODESIS WRIST JOINT (INCLUDI	7/1/1997	\$585.00	3	NO
H	25810	ARTHRODESIS WRIST JOINT WITH ILI	7/1/1997	\$585.00	3	NO
H	25820	INTERCARPAL FUSION WITHOUT BONE	7/1/1997	\$513.00	3	NO
H	25825	INTERCARPAL FUSION WITH AUTOGENO	7/1/1997	\$585.00	3	NO
H	25830	DISTAL RADIOULNAR JOINT ARTHRODE	7/1/2003	\$585.00	3	NO
H	25907	AMPUTATION FOREARM THROUGH RADIU	7/1/1997	\$417.00	3	NO
H	25922	DISARTICULATION THROUGH WRIST; S	7/1/1997	\$417.00	3	NO
H	25929	TRANSMETACARPAL AMPUTATION; SECO	6/1/2005	\$417.00	3	NO
H	26011	DRAINAGE OF FINGER ABSCESS; COMP	7/1/1997	\$271.00	3	NO
H	26020	DRAINAGE OF TENDON SHEATH ONE DI	7/1/1997	\$363.00	3	NO
H	26025	DRAINAGE OF PALMAR BURSA; SINGLE	7/1/1997	\$271.00	3	NO
H	26030	DRAINAGE OF PALMAR BURSA; MULTIP	7/1/1997	\$363.00	3	NO
H	26034	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$363.00	3	NO
H	26035	DECOMPRESSION FINGERS AND/OR HAN	7/1/1997	\$513.00	3	NO
H	26037	DECOMPRESSIVE FASCIOTOMY, HAND (	7/1/1997	\$513.00	3	NO
H	26040	FASCIOTOMY, PALMAR, FOR DUPUYTRE	7/1/1997	\$513.00	3	NO
H	26045	FASCIOTOMY, PALMAR, FOR DUPUYTRE	7/1/1997	\$417.00	3	NO
H	26055	TENDON SHEATH INCISION (EG, FOR	7/1/1997	\$363.00	3	NO
H	26060	TENOTOMY, PERCUTANEOUS, SINGLE,	7/1/1997	\$363.00	3	NO
H	26070	ARTHROTOMY, WITH EXPLORATION, DR	7/1/1997	\$363.00	3	NO
H	26075	ARTHROTOMY, FOR INFECTION, W/EXP	7/1/1997	\$513.00	3	NO
H	26080	ARTHROTOMY, FOR INFECTION, W/EXP	7/1/1997	\$513.00	3	NO
H	26100	ARTHROTOMY WITH SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	26105	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$271.00	3	NO
H	26110	ARTHROTOMY WITH SYNOVIAL BIOPSY;	7/1/1997	\$271.00	3	NO
H	26115	EXCISION, TUMOR OR VASCULAR MALF	7/1/1997	\$363.00	3	NO
H	26116	EXCISION, TUMOR OR VASCULAR MALF	7/1/1997	\$363.00	3	NO
H	26117	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	26121	FASCIECTOMY, PALM ONLY, WITH OR	7/1/1997	\$513.00	3	NO
H	26123	FASCIECTOMY, PARTIAL PALMAR WITH	7/1/1997	\$513.00	3	NO
H	26125	FASCIECTOMY, PARTIAL PALMAR WITH	7/1/1997	\$513.00	3	NO
H	26130	SYNOVECTOMY CARPOMETACARPAL JOIN	7/1/1997	\$417.00	3	NO
H	26135	SYNOVECTOMY METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26140	SYNOVECTOMY PROXIMAL INTERPHALAN	7/1/1997	\$363.00	3	NO
H	26145	SYNOVECTOMY TENDON SHEATH RADICA	7/1/1997	\$417.00	3	NO
H	26160	EXCISION OF LESION OF TENDON SHE	7/1/1997	\$417.00	3	NO
H	26170	EXCISION OF TENDON PALM FLEXOR S	7/1/1997	\$417.00	3	NO
H	26180	EXCISION OF TENDON FINGER FLEXOR	7/1/1997	\$417.00	3	NO
H	26185	SESAMOIDECTOMY, THUMB OR FINGER	7/1/2003	\$513.00	3	NO
H	26200	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26205	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	26210	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	26215	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	26230	PART EXCIS (CRATERIZATION,SAUCER	7/1/1997	\$812.00	3	NO
H	26235	PART EXCIS (CRATERIZATION,SAUCER	7/1/1997	\$417.00	3	NO
H	26236	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$417.00	3	NO
H	26250	RADIACAL RESECTION (OSTECTOMY) F	7/1/1997	\$417.00	3	NO
H	26255	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$417.00	3	NO
H	26260	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$417.00	3	NO
H	26261	RADICAL RESECT (OSTECTOMY) FOR T	7/1/1997	\$417.00	3	NO
H	26262	RADICAL RESECTION (OSTECTOMY) FO	7/1/1997	\$363.00	3	NO
H	26320	REMOVAL OF IMPLANT FROM FINGER O	7/1/1997	\$363.00	3	NO
H	26350	REPAIR OR ADVANCEMENT, FLEXOR TE	7/1/1997	\$271.00	3	NO
H	26352	FLEXOR TENDON REPAIR/ADVANCEMENT	7/1/1997	\$513.00	3	NO
H	26356	REPAIR OR ADVANCEMENT, FLEXOR TE	7/1/1997	\$513.00	3	NO
H	26357	SECONDARY, EACH TENDON	7/1/1997	\$513.00	3	NO
H	26358	FLEXOR TENDON REPAIR OR ADVANCEM	7/1/1997	\$513.00	3	NO
H	26370	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$513.00	3	NO
H	26372	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$513.00	3	NO
H	26373	PROFUNDUS TENDON REPAIR OR ADVAN	7/1/1997	\$417.00	3	NO
H	26390	EXCISION FLEXOR TENDON, W/IMPLAN	7/1/1997	\$513.00	3	NO
H	26392	REMOVAL OF SYNTHETIC ROD AND INS	7/1/1997	\$417.00	3	NO
H	26410	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$417.00	3	NO
H	26412	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$417.00	3	NO
H	26415	EXCISION OF EXTENSOR TENDON, W/I	7/1/1997	\$513.00	3	NO
H	26416	REMOVAL OF SYNTHETIC ROD AND INS	7/1/2002	\$417.00	3	NO
H	26418	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$513.00	3	NO
H	26420	EXTENSOR TENDON REPAIR, DORSUM O	7/1/1997	\$513.00	3	NO
H	26426	REPAIR OF EXTENSOR TENDON, CENTR	7/1/1997	\$417.00	3	NO
H	26428	REPAIR OF EXTENSOR TENDON, CENTR	7/1/1997	\$417.00	3	NO
H	26432	EXTENSOR TENDON REPAIR DISTAL IN	7/1/1997	\$417.00	3	NO
H	26433	EXTENSOR TENDON REPAIR, DISTAL I	7/1/1997	\$417.00	3	NO
H	26434	EXTENSOR TENDON REPAIR, DISTAL I	7/1/1997	\$417.00	3	NO
H	26437	EXTENSOR TENDON REALIGNMENT, HAN	7/1/1997	\$417.00	3	NO
H	26440	TENOLYSIS, SIMPLE, FLEXOR TENDON	7/1/1997	\$417.00	3	NO
H	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON	7/1/1997	\$417.00	3	NO
H	26445	TENOLYSIS, EXTENSOR TENDON, HAND	7/1/1997	\$417.00	3	NO
H	26449	TENOLYSIS COMPLEX EXTENSOR TENDO	7/1/1997	\$417.00	3	NO
H	26450	TENOTOMY FLEXOR SINGLE PALM OPEN	7/1/1997	\$417.00	3	NO
H	26455	TENOTOMY FLEXOR SINGLE FINGER OP	7/1/1997	\$417.00	3	NO
H	26460	TENOTOMY, EXTENSOR, HAND OR FING	7/1/1997	\$417.00	3	NO
H	26471	TENODESIS; FOR PROXIMAL INTERPHA	7/1/1997	\$363.00	3	NO
H	26474	TENODESIS; FOR DISTAL JOINT STAB	7/1/1997	\$363.00	3	NO
H	26476	TENDON LENGTHENING, EXTENSOR, HA	7/1/1997	\$271.00	3	NO
H	26477	TENDON SHORTENING, EXTENSOR, HAN	7/1/1997	\$271.00	3	NO
H	26478	TENDON LENGTHENING, FLEXOR, HAND	7/1/1997	\$271.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	26479	TENDON SHORTENING, FLEXOR, HAND	7/1/1997	\$271.00	3	NO
H	26480	TENDON TRANSFER OR TRANSPLANT, C	7/1/1997	\$417.00	3	NO
H	26483	TENDON TRANSFER/TRANSPLANT,CARPO	7/1/1997	\$417.00	3	NO
H	26485	TENDON TRANSFER OR TRANSPLANT, P	7/1/1997	\$363.00	3	NO
H	26489	TENDON TRANSFER/TRANSPLANT, PALM	7/1/1997	\$417.00	3	NO
H	26490	OPPONENS PLASTY; SUBLIMIS TENDON	7/1/1997	\$417.00	3	NO
H	26492	OPPONENS PLASTY; TENDON TRANSFER	7/1/1997	\$417.00	3	NO
H	26494	OPPONENS PLASTY; HYPOTHENAR MUSC	7/1/1997	\$417.00	3	NO
H	26496	OPPONENS PLASTY; OTHER METHODS	7/1/1997	\$417.00	3	NO
H	26497	TENDON TRANSFER TO RESTORE INTRI	7/1/1997	\$417.00	3	NO
H	26498	TENDON TRANSFER TO RESTORE INTRI	7/1/1997	\$513.00	3	NO
H	26499	CORRECTION CLAW FINGER OTHER MET	7/1/1997	\$417.00	3	NO
H	26500	TENDON PULLEY RECONSTRUCTION; WI	7/1/1997	\$513.00	3	NO
H	26502	TENDON PULLEY RECONSTRUCTION; W/	7/1/1997	\$513.00	3	NO
H	26504	WITH TENDON PROSTHESIS (SEPARATE	1/1/2007	INVALID	N	NO
H	26508	THENAR MUSCLE RELEASE FOR THUMB	7/1/1997	\$417.00	3	NO
H	26510	CROSS INTRINSIC TRANSFER, EACH T	7/1/1997	\$417.00	3	NO
H	26516	CAPSULODESIS FOR M-P JOINT STABI	7/1/1997	\$271.00	3	NO
H	26517	CAPSULODESIS FOR M-P JOINT STABI	7/1/1997	\$417.00	3	NO
H	26518	CAPSULODISIS FOR M-P JOINT STABI	7/1/1997	\$417.00	3	NO
H	26520	CAPSULECTOMY OR CAPSULOTOMY FOR	7/1/1997	\$417.00	3	NO
H	26525	CAPSULECTOMY OR CAPSULOTOMY FOR	7/1/1997	\$417.00	3	NO
H	26530	ARTHROPLASTY, METACARPOPHALANGEA	7/1/1997	\$417.00	3	NO
H	26531	ARTHROPLASTY METACARPOPHALANGEA	7/1/1997	\$812.00	3	NO
H	26535	ARTHROPLASTY INTERPHALANGIAL JOI	7/1/1997	\$585.00	3	NO
H	26536	ARTHROPLASTY INTERPHALANGIAL JOI	7/1/1997	\$585.00	3	NO
H	26540	REPAIR OF COLLATERAL LIGAMENT, M	7/1/1997	\$513.00	3	NO
H	26541	RECONSTRUCTION, COLLATERAL LIGAM	7/1/1997	\$812.00	3	NO
H	26542	PRIMARY REPAIR OF COLLATERAL LIG	7/1/1997	\$513.00	3	NO
H	26545	RECONSTRUCTION COLLATERAL LIGAME	7/1/1997	\$513.00	3	NO
H	26546	REPAIR NON-UNION, METACARPAL OR	7/1/2003	\$513.00	3	NO
H	26548	REPAIR AND RECONSTRUCTION, FINGE	7/1/1997	\$513.00	3	NO
H	26550	POLLICIZATION OF A DIGIT	7/1/1997	\$363.00	3	NO
H	26551	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$595.00	3	NO
H	26553	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$422.00	3	NO
H	26554	TOE-TO-HAND TRANSFER WITH MICROV	1/1/1999	\$422.00	3	NO
H	26555	POSITIONAL CHANGE OF OTHER FINGE	7/1/1997	\$417.00	3	NO
H	26560	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$363.00	3	YES
H	26561	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$417.00	3	YES
H	26562	REPAIR OF SYNDACTYLY (WEB FINGER	7/1/1997	\$513.00	3	YES
H	26565	OSTEOTOMY FOR CORRECTION OF DEFO	7/1/1997	\$585.00	3	NO
H	26567	OSTEOTOMY FOR CORRECTION OF DEFO	7/1/1997	\$585.00	3	NO
H	26568	OSTEOPLASTY FOR LENGTHENING OF M	7/1/1997	\$417.00	3	NO
H	26580	REPAIR CLEFT HAND	7/1/1997	\$585.00	3	NO
H	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
H	26587	RECONSTRUCTION OF POLYDACTYLOUS	7/1/2002	\$585.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	26590	REPAIR MACRODACTYLIA, EACH DIGIT	7/1/1997	\$585.00	3	NO
H	26591	REPAIR, INTRINSIC MUSCLES OF HAN	7/1/1997	\$417.00	3	NO
H	26593	RELEASE, INTRINSIC MUSCLES OF HA	7/1/1997	\$417.00	3	NO
H	26596	EXCISION OF CONSTRICTING RING OF	7/1/1997	\$363.00	3	NO
H	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
H	26605	TREATMENT OF CLOSED METACARPAL F	7/1/1997	\$363.00	3	NO
H	26607	CLOSED TREATMENT OF METACARPAL F	7/1/1997	\$363.00	3	NO
H	26608	PERCUTANEOUS SKELETAL FIXATION O	6/17/2003	\$513.00	3	NO
H	26615	OPEN TREATMENT OF METACARPAL FRA	7/1/1997	\$513.00	3	NO
H	26645	CLOSED TREATMENT OF CARPOMETACAR	7/1/1997	\$271.00	3	NO
H	26650	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26665	OPEN TREATMENT OF CARPOMETACARPA	7/1/1997	\$513.00	3	NO
H	26675	TREAT OF CLOSED CARPOMETACARPAL	7/1/1997	\$363.00	3	NO
H	26676	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26685	OPEN TREATMENT OF CARPOMETACARPA	7/1/1997	\$417.00	3	NO
H	26686	OPEN TREAT OF CLOSED/OPEN CARPOM	7/1/1997	\$417.00	3	NO
H	26705	TREATMEANT OF CLOSED METACARPOPH	7/1/1997	\$363.00	3	NO
H	26706	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26715	OPEN TREATMENT OF METACARPOPHALA	7/1/1997	\$513.00	3	NO
H	26727	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$812.00	3	NO
H	26735	OPEN TREATMENT OF PHALANGEAL SHA	7/1/1997	\$513.00	3	NO
H	26742	TREATMENT OF CLOSED ARTICULAR FR	7/1/1997	\$363.00	3	NO
H	26746	OPEN TX OF ARTICULAR FX, INVOLVI	7/1/1997	\$585.00	3	NO
H	26756	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26765	OPEN TREATMENT OF DISTAL PHALANG	7/1/1997	\$513.00	3	NO
H	26776	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	26785	OPEN TREATMENT OF INTERPHALANGEA	7/1/1997	\$363.00	3	NO
H	26820	FUSION IN OPPOSITION, THUMB, WIT	7/1/1997	\$585.00	3	NO
H	26841	ARTHRODESIS CARPOMETACARPAL JOIN	7/1/1997	\$513.00	3	NO
H	26842	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$513.00	3	NO
H	26843	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$417.00	3	NO
H	26844	ARTHRODESIS, CARPOMETACARPAL JOI	7/1/1997	\$417.00	3	NO
H	26850	ARTHRODESIS METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26852	ARTHRODESIS METACARPOPHALANGEAL	7/1/1997	\$513.00	3	NO
H	26860	ARTHRODESIS INTERPHALANGEAL JOIN	7/1/1997	\$417.00	3	NO
H	26861	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$363.00	3	NO
H	26862	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$513.00	3	NO
H	26863	ARTHRODESIS, INTERPHALANGEAL JOI	7/1/1997	\$417.00	3	NO
H	26910	AMPUTATION METACARPAL WITH FINGE	7/1/1997	\$417.00	3	NO
H	26951	AMPUTATION, FINGER/THUMB, PRIMAR	7/1/1997	\$363.00	3	NO
H	26952	AMPUTATION,FING/THUMB,PRIMARY/SE	7/1/1997	\$513.00	3	NO
H	26990	INCISION AND DRAINAGE, PELVIS OR	7/1/1997	\$271.00	3	NO
H	26991	INCISION AND DRAINAGE, PELVIS OR	7/1/1997	\$271.00	3	NO
H	26992	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	27000	TENOTOMY, ADDUCTOR OF HIP, SUBCU	7/1/1997	\$363.00	3	NO
H	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	7/1/1997	\$417.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	7/1/1997	\$417.00	3	NO
H	27030	ARTHROTOMY, HIP, FOR INFECTION,	7/1/1997	\$417.00	3	NO
H	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	7/1/1997	\$417.00	3	NO
H	27035	HIP JNT DENERVATION, INTRAPELVIC	7/1/1997	\$513.00	3	NO
H	27040	BIOPSY, SOFT TISSUE OF PELVIS AN	7/1/1997	\$271.00	3	NO
H	27041	BIOPSY, SOFT TISSUE OF PELVIS AN	7/1/1997	\$363.00	3	NO
H	27047	EXCISION, TUMOR, PELVIS AND HIP	7/1/1997	\$363.00	3	NO
H	27048	EXCISION, TUMOR, PELVIS AND HIP	7/1/1997	\$417.00	3	NO
H	27049	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	27050	ARTHROTOMY, WITH BIOPSY; SACROIL	7/1/1997	\$417.00	3	NO
H	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	7/1/1997	\$417.00	3	NO
H	27060	EXCISION ISCHIAL BURSA	7/1/1997	\$585.00	3	NO
H	27062	EXCISION; TROCHANTERIC BURSA OR	7/1/1997	\$585.00	3	NO
H	27065	EXCISION OF BONE CYST OR BENIGN	7/1/1997	\$585.00	3	NO
H	27066	EXCISION OF BONE CYST OR BENIGN	7/1/1997	\$585.00	3	NO
H	27067	EXCISION OF BONE CYST OR BENIGN	7/1/2003	\$585.00	3	NO
H	27080	COCCYGECTOMY PRIMARY	7/1/1997	\$363.00	3	NO
H	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	6/1/2005	\$271.00	3	NO
H	27087	REMOVAL OF FOREIGN BODY; DEEP	7/1/1997	\$417.00	3	NO
H	27097	HAMSTRING RESECESSION PROXIMAL	7/1/1997	\$417.00	3	NO
H	27098	ADDUCTOR TRANSFER TO ISCHIUM	7/1/1997	\$417.00	3	NO
H	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	7/1/1997	\$513.00	3	NO
H	27105	TRANSFER PARASPINAL MUSCLE TO HI	7/1/1997	\$513.00	3	NO
H	27110	TRANSFER ILIOPSOAS; TO GREATER T	7/1/1997	\$513.00	3	NO
H	27111	TRANSFER ILIOPSOAS; TO FEMORAL N	7/1/1997	\$513.00	3	NO
H	27193	CLOSED TREATMENT OF PELVIC RING	6/1/2005	\$271.00	3	NO
H	27194	CLOSED TREATMENT OF PELVIC RING	7/1/1997	\$363.00	3	NO
H	27202	OPEN TREATMENT OF COCCYGEAL FRAC	7/1/1997	\$363.00	3	NO
H	27230	CLOSED TREATMENT OF FEMORAL FRAC	6/1/2005	\$271.00	3	NO
H	27238	CLOSED TREATMENT OF INTERTROCHAN	6/1/2005	\$271.00	3	NO
H	27246	CLOSED TREATMENT OF GREATER TROC	6/1/2005	\$271.00	3	NO
H	27250	CLOSED TREATMENT OF HIP DISLOCAT	7/1/1997	\$271.00	3	NO
H	27252	TREATMENT OF CLOSED HIP DISLOCAT	7/1/1997	\$363.00	3	NO
H	27257	TREATMENT OF CONGENITAL HIP DISL	6/1/2005	\$417.00	3	NO
H	27265	CLOSED TREATMENT OF POST HIP ART	7/1/1997	\$271.00	3	NO
H	27266	CLOSED TREATMENT OF POST HIP ART	7/1/1997	\$363.00	3	NO
H	27267	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$58.57	3	NO
H	27275	MANIPULATION HIP JOINT REQUIRING	7/1/1997	\$363.00	3	NO
H	27301	INCISION AND DRAINAGE OF DEEP AB	7/1/1997	\$417.00	3	NO
H	27303	INCISION, DEEP, W/OPENING OF BON	7/1/1997	\$363.00	3	NO
H	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	7/1/1997	\$363.00	3	NO
H	27306	TENOTOMY, SUBCUTANEOUS, CLOSED,	7/1/1997	\$417.00	3	NO
H	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	7/1/1997	\$417.00	3	NO
H	27310	ARTHROTOMY, KNEE, FOR INFECTION,	7/1/1997	\$513.00	3	NO
H	27315	NEURECTOMY HAMSTRING MUSCLE	1/1/2007	INVALID	N	NO
H	27320	NEURECTOMY POPITEAL (GASTROCNEMI	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27323	BIOPSY SOFT TISSUES SUPERFICIAL	6/1/2005	\$271.00	3	NO
H	27324	BIOPSY, SOFT TISSUE OF THIGH OR	7/1/1997	\$271.00	3	NO
H	27325	NEURECTOMY, HAMSTRING MUSCLE	1/1/2007	\$363.00	3	NO
H	27326	NEURECTOMY, POPLITEAL (GASTROCNE	1/1/2007	\$363.00	3	NO
H	27327	EXCISION, TUMOR, THIGH OR KNEE A	7/1/1997	\$363.00	3	NO
H	27328	EXCISION, TUMOR, THIGH OR KNEE A	7/1/1997	\$417.00	3	NO
H	27329	RADICAL RESECTION OF TUMOR (EG,	7/1/2003	\$513.00	3	NO
H	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	7/1/1997	\$513.00	3	NO
H	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	7/1/1997	\$513.00	3	NO
H	27332	ARTHROTOMY, KNEE, WITH EXCISION	7/1/1997	\$513.00	3	NO
H	27333	ARTHROTOMY KNEE FOR EXCISION OF	7/1/1997	\$513.00	3	NO
H	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	7/1/1997	\$513.00	3	NO
H	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	7/1/1997	\$513.00	3	NO
H	27340	EXCISION PREPATELLAR BURSA	7/1/1997	\$417.00	3	NO
H	27345	EXCISION OF SYNOVIAL CYST OF POP	7/1/1997	\$513.00	3	NO
H	27347	EXCISION OF LESION OF MENISCUS O	7/1/2003	\$513.00	3	NO
H	27350	PATELLECTOMY OR HEMIPATELLECTOMY	7/1/1997	\$513.00	3	NO
H	27355	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27356	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$513.00	3	NO
H	27357	EXCISION OR CURETTAGE OF BONE CY	7/1/2003	\$585.00	3	NO
H	27358	EXCISION/CURETTAGE OF BONE CYST/	7/1/2003	\$585.00	3	NO
H	27360	PART EXCIS(CRATERIZATION,SAUCERI	7/1/1997	\$585.00	3	NO
H	27372	REMOVAL OF FOREIGN BODY, DEEP, T	7/1/1997	\$812.00	3	NO
H	27380	SUTURE OF INFRAPATELLAR TENDON P	7/1/1997	\$271.00	3	NO
H	27381	SUTURE OF INFRAPATELLAR TENDON S	7/1/1997	\$417.00	3	NO
H	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	7/1/1997	\$417.00	3	NO
H	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	7/1/1997	\$417.00	3	NO
H	27390	TENOTOMY, OPEN, HAMSTRING, KNEE	7/1/1997	\$271.00	3	NO
H	27391	TENOTOMY OPEN HAMSTRING KNEE TO	7/1/1997	\$363.00	3	NO
H	27392	TENOTOMY OPEN HAMSTRING KNEE TO	7/1/1997	\$417.00	3	NO
H	27393	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$363.00	3	NO
H	27394	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$417.00	3	NO
H	27395	LENGTHENING OF HAMSTRING TENDON;	7/1/1997	\$417.00	3	NO
H	27396	TRANSPLANT, HAMSTRING TENDON TO	7/1/1997	\$417.00	3	NO
H	27397	TRANSPLANT HAMSTRING TENDON TO P	7/1/1997	\$417.00	3	NO
H	27400	TENDON OR MUSCLE TRANSFER HAMSTR	7/1/1997	\$417.00	3	NO
H	27403	ARTHROTOMY WITH OPEN MENISCUS RE	7/1/1997	\$513.00	3	NO
H	27405	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$513.00	3	NO
H	27407	REPAIR PRIMARY TORN LIGAMENT AND	7/1/1997	\$513.00	3	NO
H	27409	REPAIR PRIMARY TORN LIGAMENT AND	7/1/1997	\$513.00	3	NO
H	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	7/1/1997	\$417.00	3	NO
H	27420	RECONSTRUCTION FOR RECURRENT DIS	7/1/1997	\$417.00	3	NO
H	27422	RECONSTRUCT FOR RECURRENT DISLOC	7/1/1997	\$812.00	3	NO
H	27424	RECONSTRUCTION FOR RECURRENT DIS	7/1/1997	\$417.00	3	NO
H	27425	LATERAL RETINACULAR RELEASE OPEN	7/1/1997	\$812.00	3	NO
H	27427	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$417.00	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27428	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$513.00	3	NO
H	27429	RECONSTRUCTION (AUGMENTATION) KN	7/1/1997	\$513.00	3	NO
H	27430	QUADRICEPS PLASTY (BENNETT OR TH	7/1/1997	\$513.00	3	NO
H	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	7/1/1997	\$513.00	3	NO
H	27437	ARTHROPLASTY PATELLA WITHOUT PRO	7/1/1997	\$513.00	3	NO
H	27438	ARTHROPLASTY PATELLA; WITH PROST	7/1/1997	\$585.00	3	NO
H	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	7/1/1997	\$585.00	3	NO
H	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	7/1/1997	\$585.00	3	NO
H	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	7/1/1997	\$585.00	3	NO
H	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	7/1/1997	\$585.00	3	NO
H	27496	DECOMPRESSION FASCIOTOMY, THIGH	7/1/2003	\$585.00	3	NO
H	27497	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27498	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27499	DECOMPRESSION FASCIOTOMY, THIGH	6/1/2005	\$417.00	3	NO
H	27500	CLOSED TREATMENT OF FEMORAL SHAF	6/1/2005	\$271.00	3	NO
H	27501	CLOSED TREATMENT OF SUPRACONDYLA	6/1/2005	\$363.00	3	NO
H	27502	CLOSED TREATMENT OF FEMORAL SHAF	7/1/1997	\$363.00	3	NO
H	27503	CLOSED TREATMENT OF SUPRACONDYLA	6/1/2005	\$417.00	3	NO
H	27507	OPEN TREATMENT OF FEMORAL SHAFT	7/1/1997	\$573.00	3	NO
H	27508	CLOSED TREATMENT OF FEMORAL FRAC	6/1/2005	\$271.00	3	NO
H	27509	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	27510	CLOSED TREATMENT OF FEMORAL FRAC	7/1/1997	\$271.00	3	NO
H	27511	OPEN TX OF FEMORAL SUPRACONDYLAR	7/1/1997	\$585.00	3	NO
H	27513	OPEN TX OF FEMORAL SUPRACONDYLAR	7/1/1997	\$585.00	3	NO
H	27516	CLOSED TREATMENT OF DISTAL FEMOR	6/1/2005	\$271.00	3	NO
H	27517	CLOSED TREATMENT OF DISTAL FEMOR	7/1/1997	\$271.00	3	NO
H	27520	CLOSED TREATMENT OF PATELLAR FRA	6/1/2005	\$271.00	3	NO
H	27524	OPEN TREATMENT OF PATELLAR FRACT	7/1/1997	\$417.00	3	NO
H	27530	CLOSED TREATMENT OF TIBIAL FRACT	6/1/2005	\$271.00	3	NO
H	27532	CLOSED TREATMENT OF TIBIAL FRACT	7/1/1997	\$271.00	3	NO
H	27535	OPEN TX OF TIBIAL FX, PROXIMAL;	7/1/1997	\$585.00	3	NO
H	27538	CLOSED TREATMENT OF INTERCONDYLA	7/1/1997	\$271.00	3	NO
H	27550	CLOSED TREATMENT OF KNEE DISLOCA	7/1/1997	\$271.00	3	NO
H	27552	TREATMENT OF CLOSED KNEE DISLOCA	7/1/1997	\$271.00	3	NO
H	27560	CLOSED TREATMENT OF PATELLAR DIS	7/1/1997	\$271.00	3	NO
H	27562	TREATMENT OF CLOSED PATELLAR DIS	7/1/1997	\$271.00	3	NO
H	27566	OPEN TREATMENT OF PATELLAR DISLO	7/1/1997	\$363.00	3	NO
H	27570	MANIPULATION OF KNEE JOINT UNDER	7/1/1997	\$271.00	3	NO
H	27594	AMPUTATION THIGH THROUGH FEMUR A	6/1/2005	\$417.01	3	NO
H	27600	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.01	3	NO
H	27601	DECOMPRESSION FASCIOTOMY, LEG; P	6/1/2005	\$417.00	3	NO
H	27602	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	27603	INCISION AND DRAINAGE, LEG OR AN	7/1/1997	\$363.00	3	NO
H	27604	INCISION AND DRAINAGE; INFECTED	7/1/1997	\$363.00	3	NO
H	27605	TENOTOMY, ACHILLES TENDON, SUBCU	7/1/1997	\$271.00	3	NO
H	27606	TENOTOMY ACHILLES TENDON SUBCUTA	7/1/1997	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27607	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$363.00	3	NO
H	27610	ARTHROTOMY, ANKLE, FOR INFECTION	7/1/1997	\$363.00	3	NO
H	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	7/1/1997	\$417.00	3	NO
H	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2000	\$314.00	3	NO
H	27614	BIOPSY SOFT TISSUES; DEEP	7/1/1997	\$363.00	3	NO
H	27615	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	27618	EXCISION, TUMOR, LEG OR ANKLE AR	7/1/1997	\$363.00	3	NO
H	27619	EXCISION, TUMOR, LEG OR ANKLE AR	7/1/1997	\$417.00	3	NO
H	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	7/1/1997	\$513.00	3	NO
H	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	7/1/1997	\$513.00	3	NO
H	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	7/1/1997	\$513.00	3	NO
H	27630	EXCISION OF LESION OF TENDON SHE	7/1/1997	\$417.00	3	NO
H	27635	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27637	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27638	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	27640	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$363.00	3	NO
H	27641	PARTIAL EXCISION (CRATERIZATION	7/1/1997	\$363.00	3	NO
H	27647	RADICAL RESECTION OF TUMOR, BONE	6/1/2005	\$417.00	3	NO
H	27650	REPAIR, PRIMARY, OPEN OR PERCUTA	7/1/1997	\$417.00	3	NO
H	27652	REPAIR, PRIMARY, OPEN OR PERCUTA	7/1/1997	\$417.00	3	NO
H	27654	REPAIR, SECONDARY, RUPTURED ACHI	7/1/1997	\$417.00	3	NO
H	27656	REPAIR FASCIAL DEFECT OF LEG	7/1/1997	\$363.00	3	NO
H	27658	REPAIR OR SUTURE OF FLEXOR TENDO	7/1/1997	\$271.00	3	NO
H	27659	REPAIR OR SUTURE OF FLEXOR TENDO	7/1/1997	\$363.00	3	NO
H	27664	REPAIR OR SUTURE OF EXTENSOR TEN	7/1/1997	\$363.00	3	NO
H	27665	REPAIR OR SUTURE OF EXTENSOR TEN	7/1/1997	\$363.00	3	NO
H	27675	REPAIR FOR DISLOCATING PERONEAL	7/1/1997	\$363.00	3	NO
H	27676	REPAIR FOR DISLOCATING PERONEAL	7/1/1997	\$417.00	3	NO
H	27680	TENOLYSIS, INCLUDING TIBIA, FIBU	7/1/1997	\$417.00	3	NO
H	27681	TENOLYSIS INCLUDING TIBIA FIBULA	7/1/1997	\$363.00	3	NO
H	27685	LENGTHENING OR SHORTENING OF TEN	7/1/1997	\$417.00	3	NO
H	27686	LENGTHENING OR SHORTENING OF TEN	7/1/1997	\$417.00	3	NO
H	27687	GASTROCNEMIUS RECESSION (EG STRA	7/1/1997	\$417.00	3	NO
H	27690	TRANSFER/TRANSPLANT OF SGL TENDO	7/1/1997	\$513.00	3	NO
H	27691	TRANSFER OR TRANSPLANT OF SINGLE	7/1/1997	\$513.00	3	NO
H	27692	TRANSFER OR TRANSPLANT OF SINGLE	7/1/1997	\$417.00	3	NO
H	27695	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$363.00	3	NO
H	27696	SUTURE PRIMARY TORN RUPTURED OR	7/1/1997	\$363.00	3	NO
H	27698	SUTURE SECONDARY REPAIR TORN RUP	7/1/1997	\$363.00	3	NO
H	27700	ARTHROPLASTY ANKLE	7/1/1997	\$585.00	3	NO
H	27704	REMOVAL OF ANKLE IMPLANT	7/1/1997	\$363.00	3	NO
H	27705	OSTEOTOMY TIBIA	7/1/1997	\$363.00	3	NO
H	27707	OSTEOTOMY; FIBULA	7/1/1997	\$363.00	3	NO
H	27709	OSTEOTOMY; TIBIA AND FIBULA	7/1/1997	\$363.00	3	NO
H	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	7/1/1997	\$513.00	3	NO
H	27720	REPAIR OF NONUNION OR MALUNION T	8/9/2002	\$513.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	27722	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27724	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27725	REPAIR OF NONUNION OR MALUNION T	7/1/2003	\$513.00	3	NO
H	27726	REPAIR OF FIBULA NONUNION AND/OR	1/1/2008	\$866.42	3	NO
H	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	7/1/1997	\$363.00	3	NO
H	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	7/1/1997	\$363.00	3	NO
H	27745	PROPHYLACTIC TREATMENT (NAILING	7/1/1997	\$417.00	3	NO
H	27750	CLOSED TREATMENT OF TIBIAL SHAFT	6/1/2005	\$271.00	3	NO
H	27752	CLOSED TREATMENT OF TIBIAL SHAFT	7/1/1997	\$271.00	3	NO
H	27756	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	27758	OPEN TREATMENT OF TIBIAL SHAFT F	7/1/1997	\$513.00	3	NO
H	27759	TREATMENT OF TIBIAL SHAFT FRACTU	7/1/1997	\$513.00	3	NO
H	27760	CLOSED TREATMENT OF MEDIAL MALLE	6/1/2005	\$271.00	3	NO
H	27762	CLOSED TREATMENT OF MEDIAL MALLE	7/1/1997	\$271.00	3	NO
H	27766	OPEN TX OF MEDIAL MALLEOLUS FRAC	7/1/1997	\$417.00	3	NO
H	27767	CLOSED TREATMENT OF POSTERIOR MA	1/1/2008	\$58.57	3	NO
H	27768	CLOSED TREATMENT OF POSTERIOR MA	1/1/2008	\$58.57	3	NO
H	27769	OPEN TREATMENT OF POSTERIOR MALL	1/1/2008	\$1,361.57	3	NO
H	27780	CLOSED TREATMENT OF PROXIMAL FIB	6/1/2005	\$271.00	3	NO
H	27781	TREATMENT OF CLOSED PROXIMAL FIB	7/1/1997	\$271.00	3	NO
H	27784	OPEN TX OF PROXIMAL FIBULA OR SH	7/1/1997	\$417.00	3	NO
H	27786	CLOSED TREATMENT OF DISTAL FIBUL	6/1/2005	\$271.00	3	NO
H	27788	TREATMENT OF CLOSED DISTAL FIBUL	7/1/1997	\$271.00	3	NO
H	27792	OPEN TX OF DISTAL FIBULAR FRACTU	7/1/1997	\$417.00	3	NO
H	27808	CLOSED TX OF BIMALLEOLAR ANKLE F	6/1/2005	\$271.00	3	NO
H	27810	CLOSED TX OF BIMALLEOLAR ANKLE F	7/1/1997	\$271.00	3	NO
H	27814	OPEN TX OF BIMALLEOLAR ANKLE FX,	7/1/1997	\$417.00	3	NO
H	27816	CLOSED TREATMENT OF TRIMALLEOLAR	6/1/2005	\$271.00	3	NO
H	27818	TREATMENT OF CLOSED TRIMALLEOLAR	7/1/1997	\$271.00	3	NO
H	27822	OPEN TX OF TRIMALLEOLAR ANKLE FX	7/1/1997	\$417.00	3	NO
H	27823	OPEN TX OF TRIMALLEOLAR ANKLE FX	7/1/1997	\$417.00	3	NO
H	27824	CLOSED TREATMENT OF FRACTURE OF	7/1/1997	\$271.00	3	NO
H	27825	CLOSED TREATMENT OF FRACTURE OF	6/1/2005	\$363.00	3	NO
H	27826	OPEN TX OF FRACTURE OF WEIGHT BE	7/1/1997	\$417.00	3	NO
H	27827	OPEN TX OF FRACTURE OF WEIGHT BE	7/1/1997	\$417.00	3	NO
H	27828	OPEN TX OF FRACTURE OF WEIGHT BE	6/1/2005	\$513.00	3	NO
H	27829	OPEN TX OF DISTAL TIBIOFIBULAR J	6/1/2005	\$363.00	3	NO
H	27830	CLOSED TREATMENT OF PROXIMAL TIB	7/1/1997	\$271.00	3	NO
H	27831	TREATMENT OF PROXIMAL TIBIOFIBUL	7/1/1997	\$271.00	3	NO
H	27832	OPEN TX OF PROXIMAL TIBIOFIBULAR	7/1/1997	\$363.00	3	NO
H	27840	CLOSED TREATMENT OF ANKLE DISLOC	7/1/1997	\$271.00	3	NO
H	27842	CLOSED TREATMENT OF ANKLE DISLOC	7/1/1997	\$271.00	3	NO
H	27846	OPEN TREATMENT OF ANKLE DISLOCAT	7/1/1997	\$417.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	27848	OPEN TREATMENT OF ANKLE DISLOCAT	7/1/1997	\$417.00	3	NO
H	27860	MANIPULATION OF ANKLE UNDER GENE	7/1/1997	\$271.00	3	NO
H	27870	ARTHRODESIS, ANKLE, OPEN	7/1/1997	\$513.00	3	NO
H	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	7/1/1997	\$513.00	3	NO
H	27884	AMPUTATION LEG THROUGH TIBIA AND	7/1/2002	\$417.00	3	NO
H	27889	ANKLE DISARTICULATION	6/1/2005	\$417.00	3	NO
H	27892	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	27893	DECOMPRESSION FASCIOTOMY, LEG; P	6/1/2005	\$417.00	3	NO
H	27894	DECOMPRESSION FASCIOTOMY, LEG; A	6/1/2005	\$417.00	3	NO
H	28002	DEEP DISSECT BELOW FASCIA, FOR DE	7/1/1997	\$417.00	3	NO
H	28003	DEEP DISSECT BELOW FASCIA, FOR D	7/1/1997	\$417.00	3	NO
H	28005	INCISION, DEEP, WITH OPENING OF	7/1/1997	\$417.00	3	NO
H	28008	FASCIOTOMY, FOOT AND/OR TOE	7/1/1997	\$417.00	3	NO
H	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	6/1/2005	\$417.00	3	NO
H	28020	ARTHROTOMY WITH EXPLORATION DRAI	7/1/1997	\$363.00	3	NO
H	28022	ARTHROTOMY WITH EXPLORATION DRAI	7/1/2003	\$363.00	3	NO
H	28024	ARTHROTOMY WITH EXPLORATION DRAI	7/1/2003	\$363.00	3	NO
H	28030	NEURECTOMY OF INTRINSIC MUSCULAT	1/1/2007	INVALID	N	NO
H	28035	TARSAL TUNNEL RELEASE (POSTERIOR	7/1/1997	\$513.00	3	NO
H	28043	EXCISION TUMOR, FOOT; SUBCUTANEO	7/1/1997	\$363.00	3	NO
H	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	7/1/1997	\$417.00	3	NO
H	28046	RADICAL RESECTION OF TUMOR (EG,	7/1/1997	\$417.00	3	NO
H	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/2003	\$363.00	3	NO
H	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	7/1/1997	\$363.00	3	NO
H	28055	NEURECTOMY, INTRINSIC MUSCULATUR	1/1/2007	\$363.00	3	NO
H	28060	FASCIECTOMY EXCISION OF PLANTAR	7/1/1997	\$363.00	3	NO
H	28062	FASCIECTOMY EXCISION OF PLANTAR	7/1/1997	\$417.00	3	NO
H	28070	SYNOVECTOMY INTERTARSAL OR TARSO	7/1/1997	\$417.00	3	NO
H	28072	SYNOVECTOMY; METATARSOPHALANGEAL	7/1/1997	\$417.00	3	NO
H	28080	EXCISION OF INTERDIGITAL (MORTON	7/1/1997	\$417.00	3	NO
H	28086	SYNOVECTOMY, TENDON SHEATH, FOOT	7/1/1997	\$363.00	3	NO
H	28088	SYNOVECTOMY, TENDON SHEATH, FOOT	7/1/1997	\$363.00	3	NO
H	28090	EXCISION OF LESION OF TENDON/FIB	7/1/1997	\$417.00	3	NO
H	28092	EXCISION OF LESION OF TENDON/FIB	7/1/1997	\$417.00	3	NO
H	28100	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$363.00	3	NO
H	28102	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	28103	EXCISION OR CURETTAGE OF BONE CY	7/1/1997	\$417.00	3	NO
H	28104	EXCISION OR CURETTAGE OF BONE CY	7/1/2002	\$363.00	3	NO
H	28106	EXCISION/CURETTAGE OF BONE CYST/	7/1/1997	\$417.00	3	NO
H	28107	EXCIS/CURETTAGE OF BONE CYST/BEN	7/1/1997	\$417.00	3	NO
H	28110	OSTECTOMY PARTIAL EXCISION FIFTH	7/1/1997	\$417.00	3	NO
H	28111	OSTECTOMY, COMPLETE EXCISION; FI	7/1/1997	\$417.00	3	NO
H	28112	OSTECTOMY COMPLETE EXCISION; OTH	7/1/1997	\$417.00	3	NO
H	28113	OSTECTOMY COMPLETE EXCISION; FIF	7/1/1997	\$417.00	3	NO
H	28114	OSTECTOMY, COMP EXCISION; ALL ME	7/1/1997	\$417.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28116	OSTECTOMY EXCISION OF TARSAL COA	7/1/1997	\$417.00	3	NO
H	28118	OSTECTOMY, CALCANEUS	7/1/1997	\$513.00	3	NO
H	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	7/1/1997	\$513.00	3	NO
H	28120	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$812.00	3	NO
H	28122	PART EXCISION(CRATERIZATION,SAUC	7/1/1997	\$417.00	3	NO
H	28126	RESECTION, PARTIAL OR COMPLETE,	6/1/2005	\$417.00	3	NO
H	28130	TALECTOMY (ASTRAGALECTOMY)	7/1/1997	\$417.00	3	NO
H	28140	METATARSECTOMY	7/1/1997	\$417.00	3	NO
H	28150	PHALANGECTOMY SINGLE EACH	7/1/1997	\$417.00	3	NO
H	28153	RESECTION HEAD OF PHALANX	6/1/2005	\$417.00	3	NO
H	28160	HEMIPHALANGECTOMY OR INTERPHALAN	6/1/2005	\$417.00	3	NO
H	28171	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28173	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28175	RADICAL RESECTION OF TUMOR, BONE	7/1/1997	\$417.00	3	NO
H	28192	REMOVE FOREIGN BODY; DEEP	7/1/1997	\$363.00	3	NO
H	28193	REMOVAL OF FOREIGN BODY, FOOT; C	7/1/1997	\$513.00	3	NO
H	28200	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28202	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28208	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28210	REPAIR OR SUTURE OF TENDON, FOOT	7/1/1997	\$417.00	3	NO
H	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPL	7/1/1997	\$271.00	3	NO
H	28225	TENOLYSIS, EXTENSOR, FOOT; SINGL	7/1/1997	\$271.00	3	NO
H	28226	TENOLYSIS, EXTENSOR, FOOT; MULTI	7/1/1997	\$271.00	3	NO
H	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	7/1/2003	\$363.00	3	NO
H	28238	RECONSTRUCTION, POSTERIOR TIBIAL	7/1/1997	\$417.00	3	NO
H	28240	TENOTOMY LENGTHENING, OR RELEASE	7/1/1997	\$363.00	3	NO
H	28250	DIVISION OF PLANTAR FASCIA AND M	7/1/1997	\$417.00	3	NO
H	28260	CAPSULOTOMY, MIDFOOT; MEDIAL REL	7/1/1997	\$417.00	3	NO
H	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	7/1/1997	\$417.00	3	NO
H	28262	CAPSULOTOMY MIDFOOT EXTENSIVE IN	7/1/1997	\$513.00	3	NO
H	28264	CAPSULOTOMY MIDTARSAL(HEYMAN TYP	7/1/1997	\$271.00	3	NO
H	28270	CAPSULOTOMY; METATARSOPHALANGEAL	6/1/2005	\$417.00	3	NO
H	28280	WEBBING OPERATION (CREATE SYNDAC	6/1/2005	\$363.00	3	NO
H	28285	HAMMERTOES OPERATION; ONE TOE (EG	7/1/1997	\$417.00	3	NO
H	28286	HAMMERTOES OPERATION, ONE TOE (EG	7/1/1997	\$513.00	3	NO
H	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	10/1/2002	\$417.00	3	NO
H	28289	HALLUS REGIDUS CORRECTION WIT CH	6/1/2005	\$417.00	3	NO
H	28290	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$363.00	3	NO
H	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
H	28293	HALLUX VALGUS (BUNION) CORRECTIO	8/1/2004	\$417.00	3	NO
H	28294	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28296	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28297	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28298	HALLUX VALGUS (BUNION) CORRECTIO	7/1/1997	\$417.00	3	NO
H	28299	CORRECTION, HALLUX VALGUS (BUNIO	7/1/1997	\$585.00	3	NO
H	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	7/1/1997	\$363.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28302	OSTEOTOMY; TALUS	7/1/1997	\$363.00	3	NO
H	28304	OSTEOTOMY MIDTARSAL BONES OTHER	7/1/1997	\$363.00	3	NO
H	28305	OSTEOTOMY MIDTARSAL BONES OTHER	7/1/1997	\$417.00	3	NO
H	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	7/1/1997	\$513.00	3	NO
H	28307	OSTEOTOMY, METATARSAL, BASE/SHAFT,	7/1/2002	\$513.00	3	NO
H	28308	OSTEOTOMY, METATARSAL, BASE/SHAF	7/1/1997	\$363.00	3	NO
H	28309	OSTEOTOMY METATRSALS MULTIPLE FO	7/1/1997	\$513.00	3	NO
H	28310	OSTEOTOMY FOR SHORTENING, ANGULA	7/1/1997	\$417.00	3	NO
H	28312	OSTEOTOMY FOR SHORTENING, ANGULA	7/1/1997	\$417.00	3	NO
H	28313	RECONSTRUCTION, ANGULAR DEFORMIT	7/1/1997	\$363.00	3	NO
H	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	7/1/1997	\$513.00	3	NO
H	28320	REPAIR OF NONUNION OR MALUNION;	7/1/1997	\$513.00	3	NO
H	28322	REPAIR OF NONUNION OR MALUNION;	7/1/1997	\$513.00	3	NO
H	28340	RECONSTRUCTION, TOE, MACRODACTYL	6/1/2005	\$513.00	3	YES
H	28341	RECONSTRUCTION, TOE, MACRODACTYL	6/1/2005	\$513.00	3	YES
H	28344	RECONSTRUCTION, TOE(S); POLYDACT	6/1/2005	\$513.00	3	YES
H	28345	RECONSTRUCTION, TOE(S); SYNDACTY	6/1/2005	\$513.00	3	YES
H	28400	CLOSED TREATMENT OF CALCANEAL FR	6/1/2005	\$271.00	3	NO
H	28405	CLOSED TREATMENT OF CALCANEAL FR	7/1/1997	\$363.00	3	NO
H	28406	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28415	OPEN TX OF ALCANEAL FRACTURE, IN	7/1/1997	\$417.00	3	NO
H	28420	OPEN TX OF ALCANEAL FRACTURE, IN	7/1/1997	\$513.00	3	NO
H	28435	TREATMENT OF CLOSED TALUS FRACTU	7/1/1997	\$363.00	3	NO
H	28436	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28445	OPEN TX OF TALUS FRACTURE, INCLU	7/1/1997	\$417.00	3	NO
H	28456	PERCUTANEOUS SKELETAL FIXATION O	6/1/2005	\$363.00	3	NO
H	28465	OPEN TX OF TARSAL BONE FRACTURE,	7/1/1997	\$417.00	3	NO
H	28476	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28485	OPEN TX OF METATARSAL FRACTURE,	7/1/1997	\$513.00	3	NO
H	28496	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28505	OPEN TX OF FRACTURE, GREAT TOE,	7/1/1997	\$417.00	3	NO
H	28525	OPEN TX OF FRACTURE, PHALANX OR	7/1/1997	\$417.00	3	NO
H	28531	OPEN TREATMENT OF SESAMOID FRACT	4/15/2002	\$417.00	3	NO
H	28545	TREATMENT OF CLOSED TARSAL BONE	7/1/1997	\$271.00	3	NO
H	28546	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28555	OPEN TX OF TARSAL BONE DISLOCATI	7/1/1997	\$363.00	3	NO
H	28575	TREATMENT OF CLOSED TALOTARSAL J	7/1/1997	\$271.00	3	NO
H	28576	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28585	OPEN TX OF TALOTARSAL JOINT DISL	7/1/1997	\$417.00	3	NO
H	28605	TREATMENT OF CLOSED TARSOMETATAR	7/1/1997	\$271.00	3	NO
H	28606	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$363.00	3	NO
H	28615	OPEN TX OF TARSOMETATARSAL JOINT	7/1/1997	\$417.00	3	NO
H	28635	TREATMENT OF CLOSED METATARSOPHA	7/1/1997	\$271.00	3	NO
H	28636	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28645	OPEN TX OF METATARSOPHALANGEAL J	7/1/1997	\$417.00	3	NO
H	28665	TREATMENT OF CLOSED INTERPHALANG	7/1/1997	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	28666	PERCUTANEOUS SKELETAL FIXATION O	7/1/1997	\$417.00	3	NO
H	28675	OPEN TX OF INTERPHALANGEAL JOINT	7/1/1997	\$417.00	3	NO
H	28705	PANTALAR ARTHRODESIS	7/1/1997	\$513.00	3	NO
H	28715	TRIPLE ARTHRODESIS	7/1/1997	\$513.00	3	NO
H	28725	SUBTALAR ARTHRODESIS (INCLUDES G	7/1/1997	\$513.00	3	NO
H	28730	ARTHRODESIS MIDTARSAL ORTARSOMET	7/1/1997	\$513.00	3	NO
H	28735	ARTHRODESIS MIDTARSAL OR TARSOME	7/1/1997	\$513.00	3	NO
H	28737	ARTHRODESIS, WITH TENDON LENGTHE	7/1/1997	\$585.00	3	NO
H	28740	ARTHRODESIS MIDTARSAL OR TARSOME	7/1/1997	\$513.00	3	NO
H	28750	ARTHRODESIS, GREAT TOE; METATARS	7/1/1997	\$513.00	3	NO
H	28755	ARTHRODESIS, GREAT TOE; INTERPHA	7/1/1997	\$513.00	3	NO
H	28760	ARTHRODESIS, GREAT TOE, INTERPHA	7/1/1997	\$513.00	3	NO
H	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	4/15/2002	\$363.00	3	NO
H	28805	AMPUTATION FOOT; TRANSMETATARSAL	4/15/2002	\$363.00	3	NO
H	28810	AMPUTATION METATARSAL WITH TOE S	7/1/1997	\$363.00	3	NO
H	28820	AMPUTATION, TOE; METATARSOPHALAN	7/1/1997	\$363.00	3	NO
H	28825	AMPUTATION TOE; INTERPHALANGEAL	7/1/1997	\$363.00	3	NO
H	29800	ARTHROSCOPY, TEMPOROMANDIBULAR J	6/1/2005	\$417.00	3	NO
H	29804	ARTHROSCOPY, TEMPOROMANDIBULAR J	7/1/1997	\$417.00	3	NO
H	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTI	1/1/2002	\$417.00	3	NO
H	29806	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$417.00	3	NO
H	29807	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$417.00	3	NO
H	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
H	29819	ARTHROSCOPY SHOULDER SURGICAL WI	7/1/1997	\$417.00	3	NO
H	29820	ARTHROSCOPY SHOULDER SURGICAL SY	7/1/1997	\$417.00	3	NO
H	29821	ARTHROSCOPY SHOULDER SURGICAL SY	7/1/1997	\$417.00	3	NO
H	29822	ARTHROSCOPY SHOULDER SURGICAL DE	7/1/1997	\$417.00	3	NO
H	29823	ARTHROSCOPY SHOULDER SURGICAL DE	7/1/1997	\$417.00	3	NO
H	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2002	\$585.00	3	NO
H	29825	ARTHROSCOPY SHOULDER SURGICAL WI	7/1/1997	\$417.00	3	NO
H	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	7/1/1997	\$417.00	3	NO
H	29827	ARTHROSCOPY, SHOULDER, SURGICAL;	6/1/2005	\$585.00	3	NO
H	29828	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$1,513.86	3	NO
H	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	7/1/1997	\$417.00	3	NO
H	29834	ARTHROSCOPY ELBOW SURGICAL WITH	7/1/1997	\$417.00	3	NO
H	29835	ARTHROSCOPY ELBOW SURGICAL SYNOV	7/1/1997	\$417.00	3	NO
H	29836	ARTHROSCOPY ELBOW SURGICAL SYNOV	7/1/1997	\$417.00	3	NO
H	29837	ARTHROSCOPY ELBOW SURGICAL DEBRI	7/1/1997	\$417.00	3	NO
H	29838	ARTHROSCOPY ELBOW SURGICAL DEBRI	7/1/1997	\$417.00	3	NO
H	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC,	7/1/1997	\$417.00	3	NO
H	29843	ARTHROSCOPY, WRIST, SURGICAL; FO	7/1/1997	\$417.00	3	NO
H	29844	SYNOVECTOMY, PARTIAL	7/1/1997	\$417.00	3	NO
H	29845	SYNOVECTOMY, COMPLETE	7/1/1997	\$417.00	3	NO
H	29846	EXCISION OF TRIANGULAR FIBROCART	7/1/1997	\$417.00	3	NO
H	29847	INTERNAL FIXATION FOR FRACTURE O	7/1/1997	\$417.00	3	NO
H	29848	ARTHROSCOPY, WRIST, SURGICAL; W/	1/1/2004	\$1,150.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	29850	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29851	ARTHROSCOPICALLY AIDED TREATMENT	6/1/2005	\$513.00	3	NO
H	29855	ARTHROSCOPICALLY AIDED TX OF TIB	6/1/2005	\$513.00	3	NO
H	29856	ARTHROSCOPICALLY AIDED TX OF TIB	6/1/2005	\$513.00	3	NO
H	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WIT	7/1/2003	\$513.00	3	NO
H	29861	ARTHROSCOPY, HIP, SURGICAL; WITH	7/1/2003	\$513.00	3	NO
H	29862	ARTHROSCOPY, HIP, SURGICAL; WITH	1/1/2004	\$1,150.00	3	NO
H	29863	ARTHROSCOPY, HIP, SURGICAL; WITH	7/1/2003	\$513.00	3	NO
H	29870	ARTHROSCOPY KNEE DIAGNOSTIC WITH	7/1/1997	\$417.00	3	NO
H	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR	7/1/1997	\$417.00	3	NO
H	29873	ARTHROSCOPY, KNEE, SURGICAL; WIT	6/1/2005	\$417.00	3	NO
H	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR	7/1/1997	\$417.00	3	NO
H	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	7/1/1997	\$513.00	3	NO
H	29876	ARTHROSCOPY, KNEE, SURGICAL; SYN	7/1/1997	\$513.00	3	NO
H	29877	ARTHROSCOPY, KNEE, SURGICAL; DEB	7/1/1997	\$513.00	3	NO
H	29879	ARTHROSCOPY, KNEE, SURGICAL; ABR	7/1/1997	\$417.00	3	NO
H	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$513.00	3	NO
H	29881	ARTHROSCOPY, KNEE, SURGICAL; W/M	7/1/1997	\$513.00	3	NO
H	29882	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO
H	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO
H	29884	ARTHROSCOPY, KNEE, SURGICAL; WIT	7/1/1997	\$417.00	3	NO
H	29885	ARTHROSCOPY,KNEE,SURG;DRILL FOR	7/1/1997	\$417.00	3	NO
H	29886	ARTHROSCOPY, KNEE, SURGICAL; DRI	7/1/1997	\$417.00	3	NO
H	29887	ARTHROSCOPY, KNEE, SURGICAL; DRI	7/1/1997	\$417.00	3	NO
H	29888	AUTHROSCOPICALLY AIDED INTERIOR	7/1/1997	\$417.00	3	NO
H	29889	ARTHROSCOPICALLY AIDED POSTERIOR	7/1/1997	\$417.00	3	NO
H	29891	ARTHROSCOPY, ANKLE, SURGICAL; EX	7/1/2003	\$446.00	3	NO
H	29892	ARTHROSCOPICALLY AIDED REPAIR OF	7/1/2003	\$446.00	3	NO
H	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2004	\$1,150.00	3	NO
H	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	7/1/1997	\$417.00	3	NO
H	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	7/1/1997	\$417.00	3	NO
H	29899	ARTHROSCOPY, ANKLE, SURGICAL; WI	1/1/2003	\$513.00	3	NO
H	29900	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29901	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29902	ARTHROSCOPY, METACARPOPHALANGEAL	1/1/2002	\$417.00	3	NO
H	29904	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$953.22	3	NO
H	29905	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$953.22	3	NO
H	29906	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$953.22	3	NO
H	29907	ARTHROSCOPY, SUBTALAR JOINT, SUR	1/1/2008	\$1,513.86	3	NO
H	29909	UNLISTED PROCEDURE ATHROSCOPY	4/1/2002	INVALID	N	NO
H	30115	EXCISION, NASAL POLYP(S), EXTENS	7/1/1997	\$363.00	3	NO
H	30117	EXCISION OR DESTRUCTION (EG, LAS	7/1/1997	\$417.00	3	NO
H	30118	EXCISION INTRANASAL LESION; EXTE	7/1/1997	\$417.00	3	NO
H	30120	EXCISION OR SURGICAL PLANING OF	1/1/1984	NC	9	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	30124	EXCISION DERMOID CYST NOSE SIMPL	7/1/1997	\$271.00	3	NO
H	30125	EXCISION DERMOID CYST NOSE; COMP	7/1/1997	\$363.00	3	NO
H	30130	EXCISION INFERIOR TURBINATE, PAR	7/1/1997	\$417.00	3	NO
H	30140	SUBMUCOUS RESECTION INFERIOR TUR	7/1/1997	\$363.00	3	NO
H	30150	RHINECTOMY; PARTIAL	7/1/1997	\$417.00	3	NO
H	30160	RHINECTOMY; TOTAL	7/1/1997	\$513.00	3	NO
H	30310	REMOVAL FOREIGN BODY INTRANASAL;	7/1/1997	\$271.00	3	NO
H	30320	REMOVAL FOREIGN BODY INTRANASAL;	7/1/1997	\$363.00	3	NO
H	30400	RHINOPLASTY, PRIMARY; LATERAL AN	1/1/2000	\$595.00	3	NO
H	30410	RHINOPLASTY, PRIMARY; COMP, EXT PAR	1/1/2000	\$678.00	3	NO
H	30420	RHINOPLASTY PRIMARY; INCLUDING M	1/1/2000	\$678.00	3	NO
H	30430	RHINOPLASTY, SECONDARY; MINOR RE	1/1/2000	\$482.00	3	NO
H	30435	RHINOPLASTY SECONDARY; INTERMEDI	1/1/2000	\$678.00	3	NO
H	30450	RHINOPLASTY SECONDARY; MAJOR REV	1/1/2000	\$941.00	3	NO
H	30460	RHINOPLASTY FOR NASAL DEFORMITY	7/1/2003	\$812.00	3	NO
H	30462	RHINOPLASTY FOR NASAL DEFORMITY	1/1/2004	\$1,150.00	3	NO
H	30465	REPAIR OF NASAL VESTIBULAR STENO	1/1/2004	\$1,150.00	3	NO
H	30520	SEPTOPLASTY OR SUBMUCOUS RESECTI	7/1/1997	\$513.00	3	NO
H	30540	REPAIR CHOANAL ATRESIA INTRANASA	7/1/1997	\$585.00	3	NO
H	30545	REPAIR CHOANAL ATRESIA; TRANSPAL	7/1/2003	\$585.00	3	NO
H	30560	LYSIS INTRANASAL SYNECHIA	7/1/1997	\$363.00	3	NO
H	30580	REPAIR FISTULA; OROMAXILLARY	7/1/1997	\$513.00	3	NO
H	30600	REPAIR FISTULA; ORONASAL	7/1/1997	\$513.00	3	NO
H	30620	SEPTAL OR OTHER INTRANASAL DERMA	1/1/1998	\$812.00	3	NO
H	30630	REPAIR NASAL SEPTAL PERFORATIONS	7/1/1997	\$812.00	3	NO
H	30801	CAUTERY AND/OR ABLATION, MUCOSA	7/1/1997	\$271.00	3	NO
H	30802	CAUTERIZATION AND/OR ABLATION, M	7/1/1997	\$271.00	3	NO
H	30903	CONTROL NASAL HEMORRHAGE, ANTERIO	1/1/2000	\$314.00	3	NO
H	30905	CONTROL NASAL HEMORRHAGE, POSTER	7/1/1997	\$271.00	3	NO
H	30906	CONTROL NASAL HEMORRHAGE POSTERI	7/1/1997	\$271.00	3	NO
H	30915	LIGATION ARTERIES; ETHMOIDAL	7/1/1997	\$363.00	3	NO
H	30920	LIGATION ARTERIES; INTERNAL MAXI	7/1/1997	\$417.00	3	NO
H	30930	FRACTURE NASAL INFERIOR TURBINAT	7/1/2003	\$513.00	3	NO
H	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$363.00	3	NO
H	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$417.00	3	NO
H	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY	7/1/1997	\$513.00	3	NO
H	31050	SINUSOTOMY, SPHENOID, WITH OR WI	7/1/1997	\$363.00	3	NO
H	31051	SINUSOTOMY, SPHENOID, WITH OR WI	7/1/1997	\$513.00	3	NO
H	31070	SINUSOTOMY FRONTAL; EXTERNAL, SI	7/1/1997	\$363.00	3	NO
H	31075	SINUSOTOMY FRONTAL; TRANSORBITAL	7/1/1997	\$513.00	3	NO
H	31080	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/1997	\$513.00	3	NO
H	31081	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/2003	\$513.00	3	NO
H	31084	SINUSOTOMY FRONTAL; OBLITERATIVE	10/1/2002	\$513.00	3	NO
H	31085	SINUSOTOMY FRONTAL; OBLITERATIVE	7/1/2003	\$513.00	3	NO
H	31086	SINUSOTOMY FRONTAL; NONOBLITERAT	7/1/1997	\$513.00	3	NO
H	31087	SINUSOTOMY FRONTAL; NONOBLITERAT	7/1/2003	\$513.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	31090	SINUSOTOMY COMBINED THREE OR MOR	7/1/1997	\$585.00	3	NO
H	31200	ETHMOIDECTOMY; INTRANASAL, ANTER	7/1/1997	\$363.00	3	NO
H	31201	ETHMOIDECTOMY; INTRANASAL TOTAL	7/1/1997	\$585.00	3	NO
H	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	7/1/1997	\$417.00	3	NO
H	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	7/1/1997	\$271.00	3	NO
H	31254	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$417.00	3	NO
H	31255	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$585.00	3	NO
H	31256	NASAL ENDOSCOPY, SURGICAL; WITH	7/1/1997	\$417.00	3	NO
H	31267	MAXILLARY SINUS ENDOSCOPY, SURGI	7/1/1997	\$417.00	3	NO
H	31276	NASAL/SINUS ENDOSCOPY, SURGICAL	7/1/1997	\$217.00	3	NO
H	31287	NASAL/SINUS ENDOSCOPY, SURGICAL,	7/1/1997	\$363.00	3	NO
H	31288	NASAL/SINUS ENDOSCOPY, SURGICAL,	7/1/1997	\$363.00	3	NO
H	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	7/1/1997	\$585.00	3	NO
H	31320	LARYNGOTOMY (THYROTOMY LARYNOFIS	7/1/1997	\$363.00	3	NO
H	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	7/1/2003	\$363.00	3	NO
H	31420	EPIGLOTTIDECTOMY	7/1/2003	\$363.00	3	NO
H	31510	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31511	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31512	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31513	LARYNGOSCOPY INDIRECT (SEPARATE	7/1/1997	\$363.00	3	NO
H	31515	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$271.00	3	NO
H	31525	LARYNGOSCOPY DIRECT; DIAGNOSTIC	7/1/1997	\$271.00	3	NO
H	31526	LARYNGOSCOPY DIRECT; W/OR W/OUT	7/1/1997	\$363.00	3	NO
H	31527	LARYNGOSCOPY DIRECT; WITH INSERT	7/1/1997	\$271.00	3	NO
H	31528	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$363.00	3	NO
H	31529	LARYNGOSCOPY DIRECT, WITH OR WIT	7/1/1997	\$363.00	3	NO
H	31530	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$363.00	3	NO
H	31531	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$417.00	3	NO
H	31535	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$363.00	3	NO
H	31536	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$417.00	3	NO
H	31540	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$417.00	3	NO
H	31541	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$513.00	3	NO
H	31560	LARYNGOSCOPY DIRECT OPERATIVE WI	7/1/1997	\$585.00	3	NO
H	31561	LARYNGOSCOPY, DIRECT, OPERATIVE,	7/1/1997	\$585.00	3	NO
H	31570	LARYNGOSCOPY DIRECT WITH INJECTI	7/1/1997	\$363.00	3	NO
H	31571	LARYNGOSCOPY, DIRECT, W/INJECTIO	7/1/1997	\$363.00	3	NO
H	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTI	7/1/1997	\$363.00	3	NO
H	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	7/1/1997	\$585.00	3	NO
H	31582	LARYNGOPLASTY; FOR LARYNGEAL STE	7/1/1997	\$585.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	7/1/1997	\$513.00	3	NO
H	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
H	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
H	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	7/1/1997	\$585.00	3	NO
H	31590	LARYNGEAL REINNERVATION BY NEURO	7/1/1997	\$585.00	3	NO
H	31595	SECTION RECURRENT LARYNGEAL NERV	7/1/1997	\$363.00	3	NO
H	31600	TRACHEOSTOMY PLANNED (SEPARATE P	7/1/1997	\$363.00	3	NO
H	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	7/1/1997	\$417.00	3	NO
H	31612	TRACHEAL PUNCTURE, PERCUTANEOUS	7/1/1997	\$271.00	3	NO
H	31613	TRACHEOSTOMA REVISION; SIMPLE, W	7/1/1997	\$363.00	3	NO
H	31614	TRACHEOSTOMA REVISION; COMPLEX W	7/1/1997	\$363.00	3	NO
H	31615	TRACHEOSCOPY THROUGH ESTABLISHED	7/1/1997	\$271.00	3	NO
H	31622	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$271.00	3	NO
H	31623	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/2003	\$363.00	3	NO
H	31624	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/2003	\$363.00	3	NO
H	31625	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31628	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31629	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31630	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31631	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31635	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31640	BRONCHOSCOPY, RIGID OR FLEX, W/O	7/1/1997	\$363.00	3	NO
H	31641	BRONCHOSCOPY, (RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	31643	BRONCHOSCOPY; WITH PLACEMENT OF	7/1/2003	\$363.00	3	NO
H	31645	BRONCHOSCOPY; WITH THERAPEUTIC A	7/1/1997	\$271.00	3	NO
H	31646	BRONCHOSCOPY; WITH THERAPEUTIC A	7/1/1997	\$271.00	3	NO
H	31656	BRONCHOSCOPY; WITH INJECTION OF	7/1/1997	\$271.00	3	NO
H	31700	CATHETERIZATION TRANSGLOTIC (SEP	1/1/2007	INVALID	N	NO
H	31708	INSTILLATION OF CONTRAST MATERIA	1/1/2007	INVALID	N	NO
H	31710	CATHETERIZATION FOR BRONCHOGRAPH	1/1/2007	INVALID	N	NO
H	31715	TRANSTRACHEAL INJECTION FOR BRON	7/1/1997	\$271.00	3	NO
H	31717	CATHETERIZATION WITH BRONCHIAL B	7/1/1997	\$271.00	3	NO
H	31720	CATHETER ASPIRATION (SEPARATE PR	7/1/1997	\$271.00	3	NO
H	31730	TRANSTRACHEAL INTRODUCTION OF NE	7/1/1997	\$271.00	3	NO
H	31750	TRACHEOPLASTY; CERVICAL	7/1/1997	\$585.00	3	NO
H	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	7/1/1997	\$363.00	3	NO
H	31785	EXCISION OF TRACHEAL TUMOR OR CA	7/1/1997	\$513.00	3	NO
H	31800	SUTURE OF TRACHEAL WOUND OR INJU	7/1/1997	\$363.00	3	NO
H	31820	SURGICAL CLOSURE TRACHEOSTOMY OR	7/1/1997	\$271.00	3	NO
H	31825	SURGICAL CLOSURE TRACHEOSTOMY OF	7/1/1997	\$363.00	3	NO
H	31830	REVISION OF TRACHEOSTOMY SCAR	7/1/1997	\$363.00	3	NO
H	32000	THORACENTESIS PUNCTURE OF PLEURA	1/1/2008	INVALID	N	NO
H	32002	THORACENTESIS WITH INSERTION OF	1/1/2008	INVALID	N	NO
H	32005	CHEMICAL PLEURODESIS (EG FOR REC	1/1/2008	INVALID	N	NO
H	32020	TUBE THORACOSTOMY W/WO WATER SEA	1/1/2008	INVALID	N	NO
H	32400	BIOPSY, PLEURA; PERCUTANEOUS NEE	7/1/1997	\$271.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	32405	BIOPSY, LUNG OR MEDIASTINUM, PER	7/1/1997	\$271.00	3	NO
H	32420	PNEUMONOCENTESIS, PUNCTURE OF LU	7/1/1997	\$271.00	3	NO
H	32421	THORACENTESIS, PUNCTURE OF PLEUR	1/1/2008	\$176.74	3	NO
H	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
H	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
H	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
H	32550	INSERTION OF INDWELLING TUNNELED	1/1/2008	\$1,017.13	3	NO
H	33010	PERICARDIOCENTESIS INITIAL	7/1/1997	\$363.00	3	NO
H	33011	PERICARDIOCENTESIS; SUBSEQUENT	7/1/1997	\$363.00	3	NO
H	33200	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
H	33201	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
H	33222	REVISION OR RELOCATION OF SKIN P	7/1/2003	\$363.00	3	NO
H	33246	IMPLANT OF AUTO IMPLANT CARDIO-D	1/1/2007	INVALID	N	NO
H	34101	EMBOLECTOMY OR THROMBECTOMY WITH	7/1/1997	\$417.00	3	NO
H	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
H	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
H	35188	REPAIR ACQUIRED OR TRAUMATIC ART	7/1/2003	\$513.00	3	NO
H	35207	REPAIR BLOOD VESSELS OR A-V FIST	7/1/2003	\$513.00	3	NO
H	35381	THROMBOENDARTERECTOMY WITH OR WI	1/1/2007	INVALID	N	NO
H	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	1/1/2007	INVALID	N	NO
H	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2007	INVALID	N	NO
H	35546	BYPASS GRAFT VEIN; AORTOFEMORAL	1/1/2007	INVALID	N	NO
H	35641	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2007	INVALID	N	NO
H	35875	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2004	\$1,150.00	3	NO
H	35876	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2004	\$1,150.00	3	NO
H	36260	INSERTION OF IMPLANTABLE INFUSIO	7/1/2003	\$446.00	3	NO
H	36261	REVISION OF IMPLANTED INFUSION P	7/1/1997	\$363.00	3	NO
H	36262	REMOVAL OF IMPLANTED INFUSION PU	7/1/1997	\$271.00	3	NO
H	36470	INJECTION OF SCLEROSING SOLUTION	4/1/1988	NC	9	NO
H	36471	INJECTION OF SCLEROSING SOLUTION	4/1/1988	NC	9	NO
H	36488	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
H	36489	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
H	36490	CUTDOWN PLACEMENT OF CENTRAL VEN	4/1/2004	INVALID	N	NO
H	36491	OVER AGE 2 (FOR EXAMINATION OF P	4/1/2004	INVALID	N	NO
H	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
H	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
H	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
H	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
H	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
H	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
H	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
H	36555	INSERTION OF NON-TUNNELED CENTRA	4/1/2004	\$217.00	3	NO
H	36556	INSERTION OF NON-TUNNELED CENTRA	4/1/2004	\$217.00	3	NO
H	36557	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$363.00	3	NO
H	36558	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$363.00	3	NO
H	36560	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	36561	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36563	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36565	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36566	INSERTION OF TUNNELED CENTRALLY	4/1/2004	\$417.00	3	NO
H	36568	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$217.00	3	NO
H	36569	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$217.00	3	NO
H	36570	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$417.00	3	NO
H	36571	INSERTION OF PERIPHERALLY INSERT	4/1/2004	\$417.00	3	NO
H	36575	REPAIR OF TUNNELED OR NON-TUNNEL	4/1/2004	\$363.00	3	NO
H	36576	REPAIR OF CENTRAL VENOUS ACCESS	4/1/2004	\$363.00	3	NO
H	36578	REPLACEMENT, CATHETER ONLY, OF C	4/1/2004	\$363.00	3	NO
H	36580	REPLACEMENT, COMPLETE, OF A NON-	4/1/2004	\$217.00	3	NO
H	36581	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$363.00	3	NO
H	36582	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$417.00	3	NO
H	36583	REPLACEMENT, COMPLETE, OF A TUNN	4/1/2004	\$417.00	3	NO
H	36584	REPLACEMENT, COMPLETE, OF A PERI	4/1/2004	\$217.00	3	NO
H	36585	REPLACEMENT, COMPLETE, OF A PERI	4/1/2004	\$417.00	3	NO
H	36589	REMOVAL OF TUNNELED CENTRAL VENO	4/1/2004	\$217.00	3	NO
H	36590	REMOVAL OF TUNNELED CENTRAL VENO	4/1/2004	\$217.00	3	NO
H	36593	DECLOTTING BY THROMBOLYTIC AGENT	1/1/2008	\$18.28	3	NO
H	36640	ARTERIAL CATHETERIZATION FOR PRO	7/1/1997	\$271.00	3	NO
H	36800	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36810	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36815	INSERTION OF CANNULA FOR HEMODIA	7/1/1997	\$417.00	3	NO
H	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2002	\$417.00	3	NO
H	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2002	\$417.00	3	NO
H	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	7/1/1997	\$513.00	3	NO
H	36825	CREATION OF ARTERIOVENOUS FISTUL	7/1/1997	\$513.00	3	NO
H	36830	CREATION OF ARTERIOVENOUS FISTUL	7/1/1997	\$513.00	3	NO
H	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	1/1/2004	\$1,150.00	3	NO
H	36832	REVISION, OPEN, ARTERIOVENOUS FI	7/1/1997	\$513.00	3	NO
H	36835	INSERTION OF THOMAS SHUNT (SEP P	7/1/1997	\$513.00	3	NO
H	36860	CANNULA DECLOTTING (SEP PROC); W	7/1/1997	\$363.00	3	NO
H	36861	CANNULA DECLOTTING; WITH BALLOON	7/1/1997	\$417.00	3	NO
H	36870	THROMBECTOMY, PERCUTANEOUS, ARTE	1/1/2004	\$1,150.00	3	NO
H	37607	LIGATION OR BANDING OF ANGIOACCE	7/1/2003	\$446.00	3	NO
H	37609	LIGATION OR BIOPSY TEMPORAL ARTE	7/1/1997	\$363.00	3	NO
H	37650	LIGATION OF FEMORAL VEIN	7/1/2003	\$363.00	3	NO
H	37700	LIGATION AND DIVISION OF LONG SA	7/1/1997	\$363.00	3	NO
H	37718	LIGATION, DIVISION, AND STRIPPIN	10/1/2006	\$417.00	3	NO
H	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
H	37722	LIGATION, DIVISION, AND STRIPPIN	10/1/2006	\$417.00	3	NO
H	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
H	37735	LIGATION & DIV & COMP STRIP OF L	7/1/1997	\$417.00	3	NO
H	37760	LIGATION OF PERFORATOR VEINS, SU	7/1/1997	\$417.00	3	NO
H	37780	LIGATION AND DIVISION OF SHORT S	7/1/1997	\$417.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
H	38300	DRAINAGE OF LYMPH NODE ABSCESS O	7/1/1997	\$271.00	3	NO
H	38305	DRAINAGE OF LYMPH NODE ABSCESS O	7/1/1997	\$363.00	3	NO
H	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	7/1/1997	\$363.00	3	NO
H	38500	BIOPSY OR EXCISION OF LY,PH NODE	7/1/1997	\$363.00	3	NO
H	38505	BIOPSY OR EXCISION OF LYMPH NODE	1/1/1999	\$314.00	3	NO
H	38510	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38520	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38525	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38530	BIOPSY OR EXCISION OF LYMPH NODE	7/1/1997	\$363.00	3	NO
H	38542	DISSECTION; DEEP JUGULAR NODE	7/1/1997	\$363.00	3	NO
H	38550	EXCISION OF CYSTIC HYGROMA, AXIL	7/1/1997	\$417.00	3	NO
H	38555	EXCISION OF CYSTIC HYGROMA, AXIL	7/1/1997	\$513.00	3	NO
H	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	1/1/2004	\$1,150.00	3	NO
H	38571	LAPAROSCOPY, SURGICAL; WITH BILA	1/1/2004	\$1,150.00	3	NO
H	38572	LAPAROSCOPY, SURGICAL; W/BILATER	1/1/2004	\$1,150.00	3	NO
H	38700	SUPRAHYOID LYMPHADENECTOMY	7/1/1997	\$363.00	3	NO
H	38740	AXILLARY LYMPHADENECTOMY SUPERFI	7/1/1997	\$363.00	3	NO
H	38745	AXILLARY LYMPHADENECTOMY; COMPLE	7/1/1997	\$513.00	3	NO
H	38760	INGUINOFEMORAL LYMPHADENECTOMY,	7/1/1997	\$363.00	3	NO
H	38790	INJECTION PROCEDURE FOR LYMPHANG	7/1/1997	\$271.00	3	NO
H	40500	VERMILIONECTOMY (LIP SHAVE) WITH	7/1/1997	\$363.00	3	NO
H	40510	EXCISION LIP TRANSVERSE WEDGE EX	7/1/1997	\$363.00	3	NO
H	40520	EXCISION LIP; V-EXCISION WITH PR	7/1/1997	\$363.00	3	NO
H	40525	EXCISION LIP; FULL THICKNESS REC	7/1/1997	\$363.00	3	NO
H	40527	EXCISION LIP; FULL THICKNESS REC	7/1/1997	\$363.00	3	NO
H	40530	RESECTION LIP MORE THAN ONE-FOUR	7/1/1997	\$363.00	3	NO
H	40650	REPAIR LIP FULL THICKNESS VERMIL	7/1/1997	\$417.00	3	NO
H	40652	REPAIR LIP FULL THICKNESS; UP TO	7/1/1997	\$417.00	3	NO
H	40654	REPAIR LIP FULL THICKNESS; OVER	7/1/1997	\$417.00	3	NO
H	40700	PLASTIC REPAIR OF CLEFT LIP/NASA	7/1/2003	\$812.00	3	NO
H	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	7/1/2003	\$812.00	3	NO
H	40720	PLASTIC REPAIR OF CLEFT LIP; SEC	7/1/2003	\$812.00	3	NO
H	40761	PLASTIC REPAIR OF CLEFT LIP WITH	7/1/2003	\$446.00	3	NO
H	40801	DRAINAGE OF ABSCESS CYST HEMATOM	7/1/1997	\$363.00	3	NO
H	40805	REMOVAL OF EMBEDDED FOREIGN BODY	7/1/1997	\$363.00	3	NO
H	40806	INCISION OF LABIAL FRENUM(FRENOT	1/1/2000	\$314.00	3	NO
H	40814	EXCISION OF LESION OF MUCOSA AND	7/1/1997	\$363.00	3	NO
H	40816	EXCISION OR LESION OF MUCOSA SUB	7/1/1997	\$363.00	3	NO
H	40818	EXCISION OF MUCOSA OF VESIBULE O	7/1/1997	\$271.00	3	NO
H	40819	EXCISION OF FRENUM LABIAL OR BUC	7/1/1997	\$271.00	3	NO
H	40820	DESTRUCTION OF LESION OR SCAR BY	7/1/1997	\$217.12	3	NO
H	40831	CLOSURE OF LACERATION, VESTIBULE	7/1/1997	\$271.00	3	NO
H	40840	VESTIBULOPLASTY ANTERIOR	1/1/2000	\$422.00	3	NO
H	40842	VESTIBULOPLASTY; POSTERIOR UNILA	1/1/2000	\$482.00	3	NO
H	40843	VESTIBULOPLASTY; POSTERIOR BILAT	1/1/2000	\$482.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	40844	VESTIBULOPLASTY; ENTIRE ARCH	1/1/2000	\$678.00	3	NO
H	40845	VESTIBULOPLASTY; COMPLEX (INCLUD	1/1/2000	\$678.00	3	NO
H	41000	INCISION AND DRAINAGE OF INTRAOR	7/1/1997	\$271.00	3	NO
H	41005	INCISION & DRAINAGE OF INTRAORAL	7/1/1997	\$271.00	3	NO
H	41006	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41007	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41008	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41009	INCISION & DRAIN OF INTRAORAL AB	7/1/1997	\$271.00	3	NO
H	41010	INCISION OF LINGUAL FRENUM (FREN	7/1/1997	\$271.00	3	NO
H	41015	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41016	INCISION AND DRAINAGE OF EXTRAORA	7/1/1997	\$271.00	3	NO
H	41017	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41018	INCISION AND DRAINAGE OF EXTRAOR	7/1/1997	\$271.00	3	NO
H	41019	PLACEMENT OF NEEDLES, CATHETERS,	1/1/2008	\$794.12	3	NO
H	41105	BIOPSY TONGUE; POSTERIOR ONE-THI	7/1/1997	\$363.00	3	NO
H	41110	EXCISION LESION OF TONGUE WITHOU	7/1/1997	\$271.00	3	NO
H	41112	WITH CLOSURE ANTERIOR TWO-THIRDS	7/1/1997	\$363.00	3	NO
H	41113	EXCISION OF LESION OF TONGUE WIT	7/1/1997	\$363.00	3	NO
H	41114	EXCISION OF LESION OF TONGUE WIT	7/1/1997	\$363.00	3	NO
H	41115	EXCISION OF LINGUAL FRENUM (FREN	7/1/1997	\$271.00	3	NO
H	41116	EXCISION LESION OF FLOOR OF MOUT	7/1/1997	\$271.00	3	NO
H	41120	GLOSSECTOMY LESS THAN ONE-HALF T	7/1/1997	\$585.00	3	NO
H	41250	REPAIR LACERATION UP TO 2 CM FLO	7/1/1997	\$363.00	3	NO
H	41251	REPAIR LACERATION UP TO 2 CM; PO	7/1/1997	\$363.00	3	NO
H	41252	REPAIR LACERATION OF TONGUE FLOO	7/1/1997	\$363.00	3	NO
H	41500	FIXATION TONGUE MECHANICAL OTHER	7/1/1997	\$271.00	3	NO
H	41510	SUTURE TONGUE TO LIP FOR MICROGN	7/1/1997	\$271.00	3	NO
H	41520	FRENOPLASTY (SURGICAL REVISION O	7/1/1997	\$363.00	3	NO
H	41800	DRAINAGE ABSCESS CYST HEMATOMA	7/1/1997	\$271.00	3	NO
H	41805	REMOVAL EMBEDDED FOREIGN BODY FR	7/1/1997	\$271.00	3	NO
H	41806	REMOVAL EMBEDDED FOREIGN BODY; F	7/1/1997	\$271.00	3	NO
H	41827	EXCISION OF LESION OR TUMOR (EXC	7/1/1997	\$363.00	3	NO
H	41870	PERIODONTAL MUCOSAL GRAFTING	5/27/1994	NC	9	NO
H	41872	GINGIVOPLASTY, EACH QUADRANT (SP	5/27/1994	NC	9	NO
H	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	5/27/1994	NC	9	NO
H	41899	UNLISTED PROCEDURE DENTOALVEOAR	4/1/1989	\$0.01	5	NO
H	42000	DRAINAGE OF ABSCESS OF PALATE UV	7/1/1997	\$363.00	3	NO
H	42104	EXCISION LESION OF PALATE UVULA	7/1/1997	\$363.00	3	NO
H	42106	EXCISION LESION OF PALATE UVULA;	7/1/1997	\$363.00	3	NO
H	42107	EXCISION LESION OF PALATE UVULA;	7/1/1997	\$363.00	3	NO
H	42120	RESECTION PALATE OR EXTENSIVE RE	7/1/1997	\$513.00	3	NO
H	42140	UVULECTOMY EXCISION OF UVULA	7/1/1997	\$363.00	3	NO
H	42145	PALATOPHARYNGOPLASTY (EG, UVULOP	7/1/1997	\$585.00	3	NO
H	42160	DESTRUCTION OF LESION PALATE OR	7/1/1997	\$271.00	3	NO
H	42180	REPAIR LACERATION OF PALATE UP T	7/1/1997	\$271.00	3	NO
H	42182	REPAIR LACERATION OF PALATE; OVE	7/1/1997	\$363.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	42200	PALATOPLASTY FOR CLEFT PALATE SO	7/1/1997	\$585.00	3	NO
H	42205	PALATOPLASTY FOR CLEFT PALATE WI	7/1/1997	\$585.00	3	NO
H	42210	PALATOPLASTY FOR CLEFT PALATE WI	7/1/1997	\$585.00	3	NO
H	42215	PALATOPLASTY FOR CLEFT PALATE MA	7/1/1997	\$812.00	3	NO
H	42220	PALATOPLASTY FOR CLEFT PALATE; S	7/1/1997	\$585.00	3	NO
H	42225	PALATOPLASTY FOR CLEFT PALATE; A	7/1/1997	\$585.00	3	NO
H	42226	LENGTHENING OF PALATE, AND PHARY	7/1/2003	\$585.00	3	NO
H	42235	REPAIR ANTERIOR PALATE INCLUDING	7/1/1997	\$585.00	3	NO
H	42260	REPAIR NASOLABIAL FISTULA	7/1/1997	\$513.00	3	NO
H	42281	INSERTION OF PIN-RETAINED PALATA	7/1/1997	\$417.00	3	NO
H	42300	DRAINAGE ABSCESS PAROTID SIMPLE	7/1/1997	\$271.00	3	NO
H	42305	DRAINAGE OF ABCCESS; PAROTID, COM	7/1/1997	\$363.00	3	NO
H	42310	SUBMAXILLARY OR SUBLINGUAL INTRA	7/1/1997	\$271.00	3	NO
H	42320	DRAINAGE OF ABCCESS; SUBMAXILLARY	7/1/1997	\$271.00	3	NO
H	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
H	42326	WITH PROSTHESIS	1/1/2006	INVALID	N	NO
H	42335	SIALOLITHOTOMY; SUBMANDIBULAR (S	7/1/1997	\$417.00	3	NO
H	42340	SIALOLITHOTOMY; PAROTID EXTRAORA	7/1/1997	\$363.00	3	NO
H	42405	BIOPSY SALIVARY GLAND; INCISIONA	7/1/1997	\$363.00	3	NO
H	42408	EXCISION SUBLINGUAL SALIVARY CYS	7/1/1997	\$417.00	3	NO
H	42409	MARSUPIALIZATION SUBLINGUAL SALI	7/1/1997	\$417.00	3	NO
H	42410	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$417.00	3	NO
H	42415	EXCISION PAROTID TUMOR OR PAROTI	10/1/2002	\$417.00	3	NO
H	42420	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$812.00	3	NO
H	42425	EXCISION PAROTID TUMOR OR PAROTI	7/1/1997	\$812.00	3	NO
H	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	7/1/1997	\$417.00	3	NO
H	42450	EXCISION SUBLINGUAL GLAND	7/1/1997	\$363.00	3	NO
H	42500	PLASTIC REPAIR SALIVARY DUCT SIA	7/1/1997	\$417.00	3	NO
H	42505	PLASTIC REPAIR SALIVARY DUCT SIA	7/1/1997	\$513.00	3	NO
H	42507	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$417.00	3	NO
H	42508	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42509	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42510	PAROTID DUCT DIVERSION BILATERAL	7/1/1997	\$513.00	3	NO
H	42600	CLOSURE SALIVARY FISTULA	7/1/1997	\$271.00	3	NO
H	42700	INCISION AND DRAINAGE ABSCESS PE	7/1/1997	\$271.00	3	NO
H	42720	INCISION AND DRAINAGE ABSCESS; R	7/1/1997	\$271.00	3	NO
H	42725	INCISION AND DRAINAGE ABSCESS; R	7/1/1997	\$363.00	3	NO
H	42802	BIOPSY; HYPOPHARYNX	7/1/1997	\$271.00	3	NO
H	42804	BIOPSY; NASOPHARYNX VISIBLE LESI	7/1/1997	\$271.00	3	NO
H	42806	BIOPSY; NASOPHARYNX SURVEY FOR U	7/1/1997	\$363.00	3	NO
H	42808	EXCISION OR DESTRUCTION OF LESIO	7/1/1997	\$363.00	3	NO
H	42810	EXCISION BRANCHIAL CLEFT CYST OR	7/1/1997	\$417.00	3	NO
H	42815	EXCISION BRANCHIAL CLEFT CYST, V	7/1/1997	\$585.00	3	NO
H	42820	TONSILLECTOMY AND ADENOIDECTOMY	10/1/2002	\$585.00	3	NO
H	42821	TONSILLECTOMY AND ADENOIDECTOMY;	7/1/1997	\$585.00	3	NO
H	42825	TONSILLECTOMY PRIMARY OR SECONDA	10/1/2002	\$585.00	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	42826	TONSILLECTOMY PRIMARY OR SECONDA	7/1/1997	\$513.00	3	NO
H	42830	ADENOIDECTOMY PRIMARY UNDER AGE	10/1/2002	\$513.00	3	NO
H	42831	ADENOIDECTOMY PRIMARY; AGE 12 OR	7/1/1997	\$513.00	3	NO
H	42835	ADENOIDECTOMY SECONDARY UNDER AG	10/1/2002	\$513.00	3	NO
H	42836	ADENOIDECTOMY SECONDARY; AGE 12	7/1/1997	\$513.00	3	NO
H	42860	EXCISION OF TONSIL TAGS	7/1/1997	\$417.00	3	NO
H	42870	EXCISION OR DESTRUCTION LINGUAL	7/1/1997	\$417.00	3	NO
H	42890	LIMITED PHARYNGECTOMY WITHOUT RA	7/1/2003	\$812.00	3	NO
H	42892	RESECTION OF LATERAL PHARYNGEAL	7/1/2003	\$812.00	3	NO
H	42900	SUTURE PHARYNX FOR WOUND OR INJU	7/1/1997	\$271.00	3	NO
H	42950	PHARYNGOPLASTY (PLASTIC OR RECON	7/1/1997	\$363.00	3	NO
H	42955	PHARYNGOSTOMY (FISTULIZATION OF	7/1/1997	\$363.00	3	NO
H	42960	CONTROL OROPHARYNEAL HEMORRHAGE	7/1/1997	\$271.00	3	NO
H	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	7/1/1997	\$363.00	3	NO
H	42972	CONTROL OF NASOPHARYNGEAL HEMORR	7/1/2003	\$446.00	3	NO
H	43200	ESOPHAGOSCOPY RIGID OR FIBEROPTI	7/1/1997	\$271.00	3	NO
H	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	1/1/2003	\$271.00	3	NO
H	43202	ESOPHAGOSCOPY RIGID/FLEXIBLE FIB	7/1/1997	\$271.00	3	NO
H	43204	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43205	ESIOPHAGOSCOPY, RIGID OR FLEXIBL	7/1/2003	\$271.00	3	NO
H	43215	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43217	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43219	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43226	ESOPHAGOSCOPY RIGID OR FLEXIBLE	7/1/1997	\$271.00	3	NO
H	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	43228	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/1997	\$363.00	3	NO
H	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/2003	\$363.00	3	NO
H	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	7/1/2003	\$363.00	3	NO
H	43234	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43235	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43236	UPPER GASTROINTESTINAL ENDOSCOPY	1/1/2003	\$363.00	3	NO
H	43239	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43240	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43241	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43242	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43243	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43244	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$363.00	3	NO
H	43245	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43246	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43247	UPPER GASTROINTESTINAL INDOSCOPY	7/1/1997	\$363.00	3	NO
H	43248	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43249	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43250	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$271.00	3	NO
H	43251	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	43255	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$363.00	3	NO
H	43256	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/2003	\$446.00	3	NO
H	43258	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$417.00	3	NO
H	43259	UPPER GASTROINTESTINAL ENDOSCOPY	7/1/1997	\$417.00	3	NO
H	43260	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43261	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$417.00	3	NO
H	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPA	7/1/1997	\$363.00	3	NO
H	43263	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPA	7/1/1997	\$363.00	3	NO
H	43265	ERCP; WITH ENDOSCOPIC RETROGRADE	7/1/1997	\$363.00	3	NO
H	43267	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43268	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43269	ERCP,W/WO BIOPSY AND/OR COLLECTI	7/1/1997	\$363.00	3	NO
H	43271	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43272	ENDOSCOPIC RETROGRADE CHOLANGIOP	7/1/1997	\$363.00	3	NO
H	43450	DILATION ESOPHAGUS BY UNGUIDED S	7/1/1997	\$271.00	3	NO
H	43453	DILATION ESOPHAGUS OVER GUIDE WI	7/1/1997	\$271.00	3	NO
H	43456	DILATION ESOPHAGUS BY BALLOON OR	7/1/1997	\$363.00	3	NO
H	43458	DILATION OF ESOPHAGUS WITH BALLO	7/1/1997	\$417.00	3	NO
H	43600	BIOPSY OF STOMACH BY CAPSULE TUB	7/1/1997	\$271.00	3	NO
H	43638	HEMIGASTRECTOMY OR PROXIMAL SUBT	1/1/2006	INVALID	N	NO
H	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	1/1/2004	\$1,150.00	3	NO
H	43750	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
H	43760	CHANGE OF GASTROSTOMY TUBE, PERC	7/1/1997	\$271.00	3	NO
H	43870	CLOSURE OF GASTROSTOMY SURGICAL	10/1/2002	\$217.00	3	NO
H	44100	BIOPSY OF INTESTINE BY CAPSULE T	7/1/1997	\$271.00	3	NO
H	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	7/1/1997	\$271.00	3	NO
H	44340	REVISION OF COLOSTOMY;SIMPLE (RE	7/1/1997	\$417.00	3	NO
H	44345	REVISION OF COLOSTOMY;COMPLICATE	7/1/1997	\$513.00	3	NO
H	44346	REVISION OF COLOSTOMY;W/REPAIR O	7/1/1997	\$513.00	3	NO
H	44360	SMALL INTESTINAL ENDOSCOPY ENTER	7/1/1997	\$363.00	3	NO
H	44361	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44363	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44364	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44365	SMALL INTESTINAL ENDOSCOPY, WITH	7/1/1997	\$363.00	3	NO
H	44366	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44369	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44370	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2004	\$1,150.00	3	NO
H	44372	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/1997	\$363.00	3	NO
H	44373	SM INTEST ENDOSCOPY,ENTEROSCOPY	7/1/1997	\$363.00	3	NO
H	44376	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/2003	\$363.00	3	NO
H	44377	SMALL INTESTINAL ENDOSCOPY, WITH	7/1/2003	\$363.00	3	NO
H	44378	SMALL INTESTINAL ENDOSCOPY, ENTE	7/1/2003	\$363.00	3	NO
H	44379	SMALL INTESTINAL ENDOSCOPY, ENTE	1/1/2004	\$1,150.00	3	NO
H	44380	FIBEROPTIC ILEOSCOPY THROUGH STO	7/1/1997	\$271.00	3	NO
H	44382	FIBEROPTIC ILEOSCOPY THROUGH STO	7/1/1997	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	44383	ILEOSCOPY, THROUGH STOMA; WITH T	1/1/2004	\$1,150.00	3	NO
H	44385	FIBEROPTIC EVALUATION OF SMALL I	7/1/1997	\$271.00	3	NO
H	44386	FIBEROPTIC EVALUATION OF SMALL I	7/1/1997	\$271.00	3	NO
H	44388	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44389	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44390	FIBEROPTIC COLONOSCOPY THROUGH CO	7/1/1997	\$271.00	3	NO
H	44391	COLONOSCOPY THRU STOMA; W/CONTRO	7/1/1997	\$271.00	3	NO
H	44392	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44393	FIBEROPTIC COLONOSCOPY THROUGH C	7/1/1997	\$271.00	3	NO
H	44394	COLONOSCOPY THROUGH STOMA; WITH	7/1/1997	\$271.00	3	NO
H	45000	TRANSRECTAL DRAINAGE OF PELVIC A	7/1/1997	\$271.00	3	NO
H	45005	INCISION AND DRAINAGE OF SUBMUCO	7/1/1997	\$363.00	3	NO
H	45020	INCISION AND DRAINAGE OF DEEP SU	7/1/1997	\$363.00	3	NO
H	45100	BIOPSY OF ANORECTAL WALL ANAL AP	7/1/1997	\$271.00	3	NO
H	45108	ANORECTAL MYOMECTOMY	7/1/1997	\$363.00	3	NO
H	45150	DIVISION OF STRICTURE OF RECTUM	7/1/1997	\$271.00	3	NO
H	45160	EXCISION OF RECTAL TUMOR BY PROC	7/1/2003	\$363.00	3	NO
H	45170	EXCISION OF RECTAL TUMOR, TRANSA	7/1/1997	\$363.00	3	NO
H	45190	DESTRUCTION OF RECTAL TUMOR, TRA	1/1/2004	\$1,150.00	3	NO
H	45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	7/1/1997	\$271.00	3	NO
H	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVA	7/1/1997	\$271.00	3	NO
H	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH	7/1/1997	\$271.00	3	NO
H	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH	7/1/1997	\$271.00	3	NO
H	45315	PROCTOSIGMOIDOSCOPY; WITH REMOVA	7/1/1997	\$271.00	3	NO
H	45317	PROCTOSIGMOIDOSCOPY, RIGID; W/CO	7/1/1997	\$271.00	3	NO
H	45320	PROCTOSIGMOIDOSCOPY; WITH ABLATI	7/1/1997	\$271.00	3	NO
H	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMP	7/1/1997	\$271.00	3	NO
H	45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45334	SIGMOIDOSCOPY, FLEXIBLE; W/CONTR	7/1/1997	\$271.00	3	NO
H	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DI	1/1/2003	\$271.00	3	NO
H	45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPT	7/1/1997	\$271.00	3	NO
H	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH RE	7/1/1997	\$271.00	3	NO
H	45339	SIGMOIDOSCOPY, FLEXIBLE; WITH AB	7/1/1997	\$271.00	3	NO
H	45355	COLONOSCOPY WITH STANDARD SIGMOI	7/1/1997	\$271.00	3	NO
H	45378	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45379	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45380	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2003	\$363.00	3	NO
H	45382	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45383	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45384	COLONOSCOPY, FLEXIBLE; WITH REMO	7/1/1997	\$271.00	3	NO
H	45385	COLONOSCOPY, FLEXIBLE, PROXIMAL	7/1/1997	\$363.00	3	NO
H	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	1/1/2003	\$363.00	3	NO
H	45500	PROCTOPLASTY FOR STENOSIS	7/1/1997	\$363.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	45505	PROCTOPLASTY; FOR PROLAPSE OF MU	7/1/1997	\$363.00	3	NO
H	45560	REPAIR OF RECTOCELE (SEPARATE PR	7/1/1997	\$363.00	3	NO
H	45900	REDUCTION OF PROCIDENTIA (SEPARA	7/1/1997	\$271.00	3	NO
H	45905	DILATION OF ANAL SPHINCTER (SEPA	7/1/1997	\$271.00	3	NO
H	45910	DILATION OF RECTAL STRICTURE (SE	7/1/1997	\$271.00	3	NO
H	45915	REMOVAL OF FECAL IMPACTION OR FO	7/1/1997	\$271.00	3	NO
H	45990	ANORECTAL EXAM, SURGICAL, REQUIR	10/1/2006	\$363.00	3	NO
H	46020	PLACEMENT OF SETON	1/1/2002	\$417.00	3	NO
H	46030	REMOVAL OF SETON OTHER MARKER	7/1/1997	\$271.00	3	NO
H	46040	INCISION AND DRAINAGE OF ISCHIOR	7/1/1997	\$417.00	3	NO
H	46045	INCISION AND DRAINAGE OF INTRAMU	7/1/1997	\$363.00	3	NO
H	46050	INCISION AND DRAINAGE PERIANAL A	7/1/1997	\$271.00	3	NO
H	46060	INCISION AND DRAINAGE OF ISCHIOR	7/1/1997	\$363.00	3	NO
H	46080	SPHINCTEROTOMY ANAL DIVISION OF	7/1/1997	\$417.00	3	NO
H	46200	FISSURECTOMY WITH OR WITHOUT SPH	7/1/1997	\$363.00	3	NO
H	46210	CRYPECTOMY SINGLE	7/1/1997	\$363.00	3	NO
H	46211	CRYPECTOMY; MULTIPLE (SEPARATE	7/1/1997	\$363.00	3	NO
H	46220	PAPILLECTOMY OR EXCISION OF SING	7/1/1997	\$271.00	3	NO
H	46250	HEMORRHOIDECTOMY EXTERNAL COMPLE	7/1/1997	\$417.00	3	NO
H	46255	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46257	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46258	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46260	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$417.00	3	NO
H	46261	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$513.00	3	NO
H	46262	HEMORRHOIDECTOMY INTERNAL AND EX	7/1/1997	\$513.00	3	NO
H	46270	FISTULECTOMY SUBCUTANEOUS	7/1/1997	\$417.00	3	NO
H	46275	FISTULECTOMY; SUBMUSCULAR	7/1/1997	\$417.00	3	NO
H	46280	FISTULECTOMY; COMPLEX OR MULTIPL	7/1/1997	\$513.00	3	NO
H	46285	FISTULECTOMY; SECOND STAGE	7/1/1997	\$271.00	3	NO
H	46288	CLOSURE OF ANAL FISTULA WITH REC	7/1/2003	\$513.00	3	NO
H	46608	ANOSCOPY; FOR REMOVAL OF FOREIGN	7/1/1997	\$271.00	3	NO
H	46610	ANOSCOPY; FOR REMOVAL OF POLYP	7/1/1997	\$271.00	3	NO
H	46611	ANOSCOPY; WITH REMOVAL OF SINGLE	7/1/1997	\$271.00	3	NO
H	46612	ANOSCOPY; FOR MULTIPLE POLYP REM	7/1/1997	\$271.00	3	NO
H	46615	ANOSCOPY; WITH ABLATION OF TUMOR	7/1/2003	\$363.00	3	NO
H	46700	ANOPLASTY PLASTIC OPERATION FOR	7/1/1997	\$417.00	3	NO
H	46750	SPHINCTEROPLASTY ANAL FOR INCONT	7/1/1997	\$417.00	3	NO
H	46753	GRAFT (THIERSCH OPERATION) FOR R	7/1/1997	\$417.00	3	NO
H	46754	REMOVAL OF THIERSCH WIRE OR SUTU	7/1/1997	\$363.00	3	NO
H	46760	SPHINCTEROPLASTY ANAL FOR INCONT	7/1/1997	\$363.00	3	NO
H	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	7/1/2003	\$446.00	3	NO
H	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	7/1/2003	\$812.00	3	NO
H	46917	DESTRUCTION OF LESION(S) ANUS SI	7/1/2003	\$271.00	3	NO
H	46922	DESTRUCTION OF LESION(S) ANUS SI	7/1/1997	\$271.00	3	NO
H	46924	DESTRUCTION OF LESION(S), ANUS (	7/1/1997	\$271.00	3	NO
H	46937	CRYOSURGERY OF RECTAL TUMOR BENI	7/1/1997	\$363.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	46938	CRYOSURGERY OF RECTAL TUMOR; MAL	7/1/1997	\$363.00	3	NO
H	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	7/1/1997	\$271.00	3	NO
H	47510	INTRODUCTION OF PERCUTANEOUS TRA	7/1/1997	\$363.00	3	NO
H	47511	INTRODUCTION OF PERCUTANEOUS TRA	1/1/2004	\$1,150.00	3	NO
H	47525	CHANGE OF PERCUTANEOUS BILIARY D	1/1/1999	\$314.00	3	NO
H	47530	REVISION AND/OR REINSERTION OF T	1/1/1999	\$314.00	3	NO
H	47552	BILIARY ENDOSCOPY, PERCUTANEOUS	7/1/1997	\$363.00	3	NO
H	47553	BILIARY ENDOSCOPY PERCUTANEOUS V	7/1/1997	\$417.00	3	NO
H	47554	BILIARY ENDOSCOPY, PERCUTANEOUS	7/1/1997	\$417.00	3	NO
H	47555	BILIARY ENDOSCOPY,PERCUTANEOUS V	7/1/1997	\$417.00	3	NO
H	47560	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2000	\$486.00	3	NO
H	47561	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2000	\$486.00	3	NO
H	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	4/1/2000	\$585.00	3	NO
H	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	4/1/2000	\$585.00	3	NO
H	47564	LAPAROSCPY, SURGICAL; CHOLECYSTE	4/1/2000	\$585.00	3	NO
H	47630	BILIARY DUCT STONE EXTRACTION PE	7/1/1997	\$417.00	3	NO
H	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2007	INVALID	N	NO
H	48102	BIOPSY OF PANCREAS, PERCUTANEOUS	7/1/1997	\$271.00	3	NO
H	48180	PANCREATICOJEJUNOSTOMY SIDE-TO-S	1/1/2007	INVALID	N	NO
H	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	7/1/1997	\$513.00	3	NO
H	49080	PERITONEOCENTESIS, ABDOMINAL PAR	7/1/1997	\$363.00	3	NO
H	49081	PERITONEOCENTESIS ABDOMINAL PARA	7/1/1997	\$363.00	3	NO
H	49085	REMOVAL OF PERITONEAL FOREIGN BO	1/1/2007	INVALID	N	NO
H	49180	BIOPSY, ABDOMINAL OR RETROPERITO	7/1/1997	\$271.00	3	NO
H	49200	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	INVALID	N	NO
H	49201	EXCISION OR DESTRUCTION EXTENSIV	1/1/2008	INVALID	N	NO
H	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	10/1/2002	\$417.00	3	NO
H	49320	LAPAROSCOPY, ABDOMAN, PERITONEUM	1/1/2000	\$486.00	3	YES
H	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	1/1/2000	\$600.00	3	NO
H	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2000	\$600.00	3	NO
H	49324	LAPAROSCOPY, SURGICAL; WITH INSE	1/1/2007	\$486.00	3	NO
H	49325	LAPAROSCOPY, SURGICAL; W/REVISIO	1/1/2007	\$486.00	3	NO
H	49326	LAPAROSCOPY, SURGICAL; WITH OMEN	1/1/2007	\$486.00	3	NO
H	49400	PNEUMOPERITONEUM (SEPARATE PROCE	7/1/1997	\$271.00	3	NO
H	49402	REMOVAL OF PERITONEAL FOREIGN BO	1/1/2007	\$363.00	3	NO
H	49420	INSERTION OF INTRAPERITONEAL CAN	7/1/1997	\$271.00	3	NO
H	49421	INSERTION OF INTRAPERITONEAL CAN	7/1/1997	\$271.00	3	NO
H	49422	REMOVAL OF PERMANENT INTRAPERITO	7/1/2003	\$271.00	3	NO
H	49425	INSERTION OF PERITONEAL-VENOUS S	10/1/2002	\$812.00	3	NO
H	49426	REVISION OF PERITONEAL-VENOUS SH	7/1/1997	\$363.00	3	NO
H	49440	INSERTION OF GASTROSTOMY TUBE, P	1/1/2008	\$281.62	3	NO
H	49441	INSERTION OF DUODENOSTOMY OR JEJ	1/1/2008	\$281.62	3	NO
H	49446	CONVERSION OF GASTROSTOMY TUBE T	1/1/2008	\$281.62	3	NO
H	49450	REPLACEMENT OF GASTROSTOMY OR CE	1/1/2008	\$107.26	3	NO
H	49451	REPLACEMENT OF DUODENOSTOMY OR J	1/1/2008	\$107.26	3	NO
H	49452	REPLACEMENT OF GASTRO-JEJUNOSTOM	1/1/2008	\$107.26	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	49460	MECHANICAL, REMOVAL OF OBSTRUCTI	1/1/2008	\$107.26	3	NO
H	49495	REPAIR, INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49496	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49500	REPAIR INGUINAL HERNIA UNDER AGE	10/1/2002	\$513.00	3	NO
H	49501	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49505	REPAIR INGUINAL HERNIA, AGE 5 OR	7/1/1997	\$513.00	3	NO
H	49507	REPAIR INITIAL INGUINAL HERNIA,	10/1/2002	\$513.00	3	NO
H	49520	RECURRENT	7/1/1997	\$812.00	3	NO
H	49521	REPAIR RECURRENT INGUINAL HERNIA	10/1/2002	\$812.00	3	NO
H	49525	REPAIR INGUINAL HERNIA ANY AGE;	7/1/1997	\$513.00	3	NO
H	49540	REPAIR LUMBAR HERNIA	7/1/1997	\$363.00	3	NO
H	49550	REPAIR FEMORAL HERNIA GROIN INCI	7/1/1997	\$585.00	3	NO
H	49553	REPAIR INITIAL FEMORAL HERNIA, A	10/1/2002	\$585.00	3	NO
H	49555	REPAIR FEMORAL HERNIA RECURRENT	7/1/1997	\$585.00	3	NO
H	49557	REPAIR RECURRENT FEMORAL HERNIA;	10/1/2002	\$585.00	3	NO
H	49560	REPAIR INITIAL INCISIONAL HERNIA	7/1/1997	\$513.00	3	NO
H	49561	REPAIR INITIAL INCISIONAL HERNIA	10/1/2002	\$513.00	3	NO
H	49565	REPAIR RECURRENT INCISIONAL HERN	7/1/1997	\$513.00	3	NO
H	49566	REPAIR RECURRENT INCISIONAL HERN	10/1/2002	\$513.00	3	NO
H	49568	IMPLANT OF MESH OR OTHER PROSTH	7/1/1997	\$417.00	3	NO
H	49570	REPAIR EPIGASTRIC HERNIA PROPERI	7/1/1997	\$513.00	3	NO
H	49572	REPAIR EPIGASTRIC HERNIA; INCARC	1/1/2004	\$1,150.00	3	NO
H	49580	REPAIR UMBILICAL HERNIA UNDER AG	10/1/2002	\$513.00	3	NO
H	49582	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2004	\$1,150.00	3	NO
H	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	10/1/2002	\$513.00	3	NO
H	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2004	\$1,150.00	3	NO
H	49590	REPAIR SPIGELIAN HERNIA	7/1/1997	\$417.00	3	NO
H	49600	REPAIR OF OMPHALOCELE SMALL WITH	10/1/2002	\$513.00	3	NO
H	49605	REPAIR OF OMPHALOCELE; LARGE OR	10/1/2002	\$513.00	3	NO
H	49606	REPAIR OF OMPHALOCELE WITH STAGE	10/1/2002	\$513.00	3	NO
H	49610	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2002	\$513.00	3	NO
H	49611	REPAIR OF OMPHALOCELE (GROSS TYP	10/1/2002	\$513.00	3	NO
H	49650	LAPAROSOCOPY, SURGICAL; REPAIR IN	10/1/2002	\$513.00	3	NO
H	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	10/1/2002	\$812.00	3	NO
H	50020	DRAINAGE OF PERIRENAL OR RENAL A	7/1/1997	\$363.00	3	NO
H	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	7/1/1997	\$417.00	3	NO
H	50200	RENAL BIOPSY PERCUTANEOUS BY TRO	7/1/1997	\$271.00	3	NO
H	50385	REMOVAL AND REPLACEMENT OF INTER	1/1/2008	\$594.26	3	NO
H	50386	REMOVAL OF INTERNALLY DWELLING U	1/1/2008	\$197.85	3	NO
H	50390	ASPIRATION AND/OR INJECTION OF R	7/1/1997	\$271.00	3	NO
H	50392	INTRODUCTION OF INTRACATHETER OR	7/1/1997	\$271.00	3	NO
H	50393	INTRODUCTION OF URETERAL CATHETE	7/1/1997	\$271.00	3	NO
H	50395	INTRODUCTION OF GUIDE INTO RENAL	7/1/1997	\$271.00	3	NO
H	50396	MANOMETRIC STUDIES THROUGH NEPHR	7/1/1997	\$271.00	3	NO
H	50398	CHANGE OF NEPHROSTOMY OR PYELOST	7/1/1997	\$271.00	3	NO
H	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	7/1/1997	\$271.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	50551	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50553	RENAL ENDOSCOPY THROUGH EST NEPH	7/1/1997	\$271.00	3	NO
H	50555	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50557	RENAL ENDOSCOPY THROUGH ESTB NEP	7/1/1997	\$271.00	3	NO
H	50559	RENAL ENDOSCOPY WITH INSERTION O	1/1/2005	INVALID	N	NO
H	50561	RENAL ENDOSCOPY THROUGH ESTABLIS	7/1/1997	\$271.00	3	NO
H	50562	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2003	\$363.00	3	NO
H	50570	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50572	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50574	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50576	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
H	50580	RENAL ENDOSCOPY THROUGH NEPHROTO	7/1/1997	\$271.00	3	NO
H	50590	LITHOTRIPSY, EXTRACORPOREAL SHOC	7/1/1997	\$920.00	3	NO
H	50684	INJECT PROC FOR URETEROGRAPHY OR	7/1/1997	\$271.00	3	NO
H	50688	CHANGE OF URETEROSTOMY TUBE OR E	7/1/1997	\$271.00	3	NO
H	50690	INJECT PROC FOR VISUALIZATION OF	7/1/1997	\$271.00	3	NO
H	50951	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50953	URETERAL ENDOSCOPY THROUGH EST U	7/1/1997	\$271.00	3	NO
H	50955	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50957	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
H	50961	URETERAL ENDOSCOPY THROUGH ESTAB	7/1/1997	\$271.00	3	NO
H	50970	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50972	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50974	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50976	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
H	50980	URETERAL ENDOSCOPY THROUGH URETE	7/1/1997	\$271.00	3	NO
H	51000	ASPIRATION OF BLADDER BY NEEDLE	1/1/2008	INVALID	N	NO
H	51005	ASPIRATION OF BLADDER BY TROCER	1/1/2008	INVALID	N	NO
H	51010	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	INVALID	N	NO
H	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	7/1/1997	\$513.00	3	NO
H	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	7/1/1997	\$513.00	3	NO
H	51040	CYSTOSTOMY CYSTOTOMY WITH DRAIN	10/1/2002	\$513.00	3	NO
H	51045	CYSTOTOMY, WITH INSERTION OF URE	10/1/2002	\$513.00	3	NO
H	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	7/1/2003	\$513.00	3	NO
H	51065	CYSTOTOMY, W/CALCULUS BASKET EXT	7/1/2003	\$513.00	3	NO
H	51080	DRAINAGE OF PERIVESICAL OR PREVE	7/1/2003	\$271.00	3	NO
H	51100	ASPIRATION OF BLADDER; BY NEEDLE	1/1/2008	\$28.03	3	NO
H	51101	ASPIRATION OF BLADDER; BY TROCER	1/1/2008	\$34.30	3	NO
H	51102	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	\$359.23	3	NO
H	51500	EXCISION OF URACHAL CYST OR SINU	7/1/1997	\$513.00	3	NO
H	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	7/1/2003	\$513.00	3	NO
H	51600	INJECTION PROCEDURE FOR CYSTOGRA	7/1/1997	\$271.00	3	NO
H	51605	INJECTION PROCEDURE AND PLACEMEN	7/1/1997	\$271.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	51610	INJECTION PROCEDURE FOR RETROGRA	7/1/1997	\$271.00	3	NO
H	51710	CHANGE OF CYSTOSTOMY TUBE; COMPL	7/1/1997	\$271.00	3	NO
H	51715	ENDOSCOPIC INJECTION OF IMPLANT	7/1/2003	\$446.00	3	NO
H	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	7/1/1997	\$271.00	3	NO
H	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	7/1/1997	\$271.00	3	NO
H	51772	URETHRAL PRESSURE PROFILE STUDIE	1/1/2000	\$314.00	3	NO
H	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	7/1/1997	\$271.00	3	NO
H	51865	CYSTORRHAPHY SUTURE OF BLADDER W	7/1/1997	\$513.00	3	NO
H	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	7/1/1997	\$271.00	3	NO
H	51900	CLOSURE OF VESICOVAGINAL FISTULA	7/1/1997	\$513.00	3	NO
H	51920	CLOSURE OF VESTICOUTERINE FISTUL	7/1/1997	\$417.00	3	NO
H	52000	CYSTOURETHROSCOPY; (SEPARATE PRO	7/1/1997	\$271.00	3	NO
H	52001	CYSTOURETHROSCOPY WITH IRRIGATIO	1/1/2002	\$363.00	3	NO
H	52005	WITH URETERAL CATHETERIZATION WI	7/1/1997	\$363.00	3	NO
H	52007	CYSTOURETHROSCOPY WITH URETERAL	7/1/1997	\$363.00	3	NO
H	52010	WITH EJACULATORY DUCT CATHETERIZ	7/1/1997	\$363.00	3	NO
H	52204	CYSTOURETHROSCOPY, WITH BIOPSY	7/1/1997	\$363.00	3	NO
H	52214	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52224	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52234	CYSTOURETHROSCOPY, WITH FULGURAT	7/1/1997	\$363.00	3	NO
H	52235	CYSTOURETHROSCOPY WITH FULGURATI	7/1/1997	\$417.00	3	NO
H	52240	CYSTOURETHROSCOPY WITH FULGURATI	7/1/1997	\$417.00	3	NO
H	52250	CYSTOURETHROSCOPY WITH INSERTION	7/1/1997	\$513.00	3	NO
H	52260	CYSTOURETHROSCOPY WITH DILATION	7/1/1997	\$363.00	3	NO
H	52270	CYSTOURETHROSCOPY WITH INTERNAL	7/1/1997	\$363.00	3	NO
H	52275	CYSTOURETHROSCOPY WITH INTERNAL	7/1/1997	\$363.00	3	NO
H	52276	CYSTOURETHROSCOPY WITH DIRECT VI	7/1/1997	\$417.00	3	NO
H	52277	CYSTOURETHROSCOPY WITH RESECTION	7/1/1997	\$363.00	3	NO
H	52281	CYSTOURETHROSCOPY, WITH CALIBRAT	7/1/1997	\$363.00	3	NO
H	52283	CYSTOURETHROSCOPY, WITH STEROID	7/1/1997	\$363.00	3	NO
H	52285	CYSTOURETHROSCOPY FOR TREATMENT	7/1/1997	\$363.00	3	NO
H	52290	CYSTOURETHROSCOPY WITH URETERAL	7/1/1997	\$363.00	3	NO
H	52300	CYSTOURETHROSCOPY; W/RESECTION O	7/1/1997	\$363.00	3	NO
H	52305	CYSTOURETHROSCOPY; WITH INCISION	7/1/1997	\$363.00	3	NO
H	52310	CYSTOURETHROSCOPY WITH REMOVAL O	7/1/1997	\$363.00	3	NO
H	52315	CYSTOURETHROSCOPY WITH REMOVAL O	7/1/1997	\$363.00	3	NO
H	52317	LITHOLAPAXY: CRUSHING OR FRAGMEN	7/1/1997	\$271.00	3	NO
H	52318	LITHOLAPAXY: CRUSHING OF FRAGMEN	7/1/1997	\$363.00	3	NO
H	52320	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$585.00	3	NO
H	52325	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$513.00	3	NO
H	52327	CYSTOURETHROSCOPY (INC URETERAL	7/1/2003	\$363.00	3	NO
H	52330	CYSTOURETHROSCOPY (INCLUDING URE	7/1/1997	\$363.00	3	NO
H	52332	WITH INSERTION OF INDWELLING URE	7/1/1997	\$363.00	3	NO
H	52334	CYSTOURETHROSCOPY WITH INSERTION	7/1/1997	\$417.00	3	NO
H	52341	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO
H	52342	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	52343	CYSTOURETHROSCOPY; WITH TREATMEN	7/1/2003	\$446.00	3	NO
H	52344	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO
H	52345	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO
H	52346	CYSTOURETHROSCOPY WITH URETEROSC	7/1/2003	\$446.00	3	NO
H	52351	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$438.00	3	NO
H	52352	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52353	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52354	CYSTOURETHROSCOPY, WITH URETEROS	1/1/2001	\$539.00	3	NO
H	52355	CYSTOURETHROSCOPY, WITH URETEROS	7/1/2003	\$513.00	3	NO
H	52400	CYSTOURETHROSCOPY WITH INCISION,	1/1/2001	\$438.00	3	NO
H	52450	TRANSURETHRAL INCISION OF PROSTA	7/1/1997	\$417.00	3	NO
H	52500	TRANSURETHRAL RESECTION OF BLADD	7/1/1997	\$417.00	3	NO
H	52510	TRANSURETHRAL BALLOON DILATION O	1/1/2008	INVALID	N	NO
H	52601	TRANSURETHRAL ELECTROSURGICAL RE	7/1/1997	\$513.00	3	NO
H	52606	TRANSURETHRAL FULGURATION FOR PO	7/1/1997	\$271.00	3	NO
H	52612	TRANSURETHRAL RESECTION OF PROST	7/1/1997	\$363.00	3	NO
H	52614	TRANSURETHRAL RESECTION OF PROST	7/1/1997	\$271.00	3	NO
H	52620	TRANSURETHRAL RESECTION OF RESID	7/1/1997	\$271.00	3	NO
H	52630	TRANSURETHRAL RESECTION; OF REGR	7/1/1997	\$363.00	3	NO
H	52640	TRANSURETHRAL RESECTION; OF POST	7/1/1997	\$363.00	3	NO
H	52647	LASER COAGULATION OF PROSTATE, I	1/1/2004	\$1,150.00	3	NO
H	52648	LASER VAPORIZATION OF PROSTATE,	1/1/2004	\$1,150.00	3	NO
H	52700	TRANSURETHRAL DRAINAGE OF PROSTA	7/1/1997	\$363.00	3	NO
H	53000	URETHROTOMY OR URETHROSTOMY EXTE	7/1/1997	\$271.00	3	NO
H	53010	URETHROTOMY OR URETHROSTOMY EXTE	7/1/1997	\$271.00	3	NO
H	53020	MEATOTOMY, CUTTING OF MEATUS (SE	7/1/1997	\$271.00	3	NO
H	53040	DRAINAGE OF DEEP PERIURETHRAL AB	7/1/1997	\$363.00	3	NO
H	53080	DRAINAGE OF PERINEAL URINARY EXT	7/1/2003	\$446.00	3	NO
H	53200	BIOPSY OF URETHRA	7/1/1997	\$271.00	3	NO
H	53210	URETHRECTOMY TOTAL INCLUDING CYS	7/1/1997	\$585.00	3	NO
H	53215	URETHRECTOMY TOTAL INCLUDING CYS	7/1/1997	\$585.00	3	NO
H	53220	EXCISION OR FULGURATION OF CARCI	7/1/1997	\$363.00	3	NO
H	53230	EXCISION OF URETHRAL DIVERTICULU	7/1/1997	\$363.00	3	NO
H	53235	EXCISION OF URETHRAL DIVERTICULU	7/1/1997	\$417.00	3	NO
H	53240	MARSUPIALIZATION OF URETHRAL DIV	7/1/1997	\$363.00	3	NO
H	53250	EXCISION OF BULBOURETHRAL GLAND	7/1/1997	\$363.00	3	NO
H	53260	EXCISION OR FULGURATION URETHRAL	7/1/1997	\$363.00	3	NO
H	53265	EXCISION OR FULGURATION; URETHRA	7/1/1997	\$363.00	3	NO
H	53270	EXCISION OR FULGURATION; SKENE'S	7/1/2003	\$363.00	3	NO
H	53275	EXCISION OR FULGURATION; URETHRA	7/1/1997	\$363.00	3	NO
H	53400	URETHROPLASTY FIRST STAGE FOR FI	7/1/1997	\$417.00	3	NO
H	53405	URETHROPLASTY; SECOND STAGE (FOR	7/1/1997	\$363.00	3	NO
H	53410	URETHROPLASTY ONE-STAGE RECONSTR	7/1/1997	\$363.00	3	NO
H	53420	URETHROPLASTY TWO-STAGE RECONST	7/1/1997	\$417.00	3	NO
H	53425	URETHROPLASTY TWO-STAGE RECONSTR	7/1/1997	\$363.00	3	NO
H	53430	URETHROPLASTY RECONSTRUCTION OF	7/1/1997	\$363.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	53431	URETHROPLASTY WITH TUBULARIZATIO	1/1/2002	\$363.00	3	NO
H	53440	SLING OPERATION FOR CORRECTION O	7/1/1997	\$363.00	3	NO
H	53442	REMOVAL OR REVISION OF SLING FOR	7/1/1997	\$271.00	3	NO
H	53444	INSERTION OF TANDEM CUFF (DUAL C	1/1/2002	\$363.00	3	NO
H	53445	INSERTION OF INFLATABLE URETHRAL	1/1/2002	\$271.00	3	NO
H	53446	REMOVAL OF INFLATABLE URETHRAL/B	1/1/2002	\$271.00	3	NO
H	53447	REMOVAL AND REPLACEMENT OF INFLA	7/1/1997	\$271.00	3	NO
H	53449	REPAIR OF INFLATABLE URETHRAL/BL	7/1/1997	\$271.00	3	NO
H	53450	URETHROMEATOPLASTY, WITH MUCOSAL	7/1/1997	\$271.00	3	NO
H	53460	URETHROMEATOPLASTY, WITH PARTIAL	7/1/1997	\$271.00	3	NO
H	53502	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53505	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53510	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53515	URETHRORRHAPHY SUTURE OF URETHRA	7/1/1997	\$363.00	3	NO
H	53520	CLOSURE OF URETHROSTOMY OR URETH	7/1/1997	\$363.00	3	NO
H	53605	DILATION OF URETHRAL STRICTURE O	7/1/1997	\$363.00	3	NO
H	53665	DILATION OF FEMALE URETHRA, GENE	7/1/1997	\$271.00	3	NO
H	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
H	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
H	53850	TRANSURETHRAL DESTRUCTION OF PRO	7/1/2007	NC	9	NO
H	54000	SLITTING OF PREPUCE DORSAL OR LA	1/1/2004	\$363.00	3	NO
H	54001	SLITTING OF PREPUCE DORSAL OR LA	7/1/1997	\$363.00	3	NO
H	54015	INCISION AND DRAINAGE OF PENIS D	10/1/2002	\$363.00	3	NO
H	54057	DESTRUCTION OF LESION(S) PENIS S	7/1/1997	\$271.00	3	NO
H	54060	DESTRUCTION OF LESION(S) PENIS S	7/1/1997	\$271.00	3	NO
H	54065	DESTRUCTION OF LESION(S), PENIS	7/1/1997	\$271.00	3	NO
H	54100	BIOPSY OF PENIS CUTANEOUS (SEPAR	7/1/1997	\$271.00	3	NO
H	54105	BIOPSY OF PENIS; DEEP STRUCTURES	7/1/1997	\$271.00	3	NO
H	54110	EXCISION OF PENILE PLAQUE (PEYRO	7/1/1997	\$363.00	3	NO
H	54111	EXCISION OF PENILE PLAQUE (PEYRO	7/1/2003	\$363.00	3	NO
H	54112	EXCISION OF PENILE PLAQUE (PEYRO	7/1/2003	\$363.00	3	NO
H	54115	REMOVAL FOREIGN BODY FROM DEEP P	7/1/1997	\$271.00	3	NO
H	54120	AMPUTATION OF PENIS PARTIAL	7/1/1997	\$363.00	3	NO
H	54125	AMPUTATION OF PENIS; COMPLETE	7/1/1997	\$363.00	3	NO
H	54152	CIRCUMCISION CLAMP PROCEDURE; EX	1/1/2007	INVALID	N	NO
H	54160	CIRCUMCISION, SURGICAL EXCISION	1/1/2004	\$363.00	3	NO
H	54161	CIRCUMCISION SURGICAL EXCISION O	7/1/1997	\$363.00	3	NO
H	54162	LYSIS OR EXCISION OF PENILE POST	1/1/2002	\$363.00	3	NO
H	54163	REPAIR INCOMPLETE CIRCUMCISION	1/1/2002	\$363.00	3	NO
H	54164	FRENULOTOMY OF PENIS	1/1/2002	\$363.00	3	NO
H	54205	INJECTION PROCEDURE FOR PEYRONIE	1/1/2004	\$513.00	3	NO
H	54220	IRRIGATION OF CORPORA CAVERNOSA	7/1/1997	\$271.00	3	NO
H	54300	PLASTIC OPERATION OF PENIS FOR S	1/1/2004	\$446.00	3	NO
H	54304	PLASTIC OPERATION ON PENIS FOR C	7/1/2003	\$446.00	3	NO
H	54308	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO
H	54312	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	54316	URETHROPLASTY FOR SECOND STAGE H	7/1/2003	\$446.00	3	NO
H	54318	URETHROPLASTY FOR THIRD STAGE HY	7/1/2003	\$446.00	3	NO
H	54322	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54324	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54326	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54328	ONE STAGE DISTAL HYPOSPADIAS REP	7/1/2003	\$446.00	3	NO
H	54340	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54344	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54348	REPAIR OF HYPOSPADIAS COMPLICATI	7/1/2003	\$446.00	3	NO
H	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	7/1/2003	\$446.00	3	NO
H	54360	PLASTIC OPERATION ON PENIS TO CO	1/1/2004	\$446.00	3	YES
H	54380	PLASTIC OPERATION ON PENIS FOR E	7/1/2003	\$446.00	3	NO
H	54385	PLASTIC OPERATION ON PENIS FOR E	7/1/2003	\$446.00	3	NO
H	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
H	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
H	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
H	54415	REMOVAL OF NON-INFLATABLE (SEMI-	1/1/2004	\$446.00	3	NO
H	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	7/1/1997	\$513.00	3	NO
H	54435	CORPORA CAVERNOSA-GLANS PENIS FI	7/1/1997	\$513.00	3	NO
H	54440	PLASTIC OPERATION OF PENIS FOR I	7/1/1997	\$513.00	3	NO
H	54450	FORESKIN MANIPULATION INCLUDING	7/1/1997	\$271.00	3	NO
H	54500	BIOPSY OF TESTIS NEEDLE (SEPARAT	7/1/1997	\$271.00	3	NO
H	54505	BIOPSY OF TESTIS, INCISIONAL (SE	7/1/1997	\$271.00	3	NO
H	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
H	54512	EXCISION OF EXTRAPARENCHYMAL LES	1/1/2002	\$363.00	3	NO
H	54520	ORCHIECTOMY, SIMPLE (INCLUDING S	7/1/1997	\$417.00	3	NO
H	54522	ORCHIECTOMY, PARTIAL	7/1/2003	\$446.00	3	NO
H	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	7/1/1997	\$513.00	3	NO
H	54550	EXPLORATION FOR UNDESCENDED TEST	7/1/1997	\$513.00	3	NO
H	54600	REDUCTION OF TORSION OF TESTIS S	7/1/1997	\$513.00	3	NO
H	54620	FIXATION OF CONTRALATERAL TESTIS	7/1/1997	\$417.00	3	NO
H	54640	ORCHIOPEXY, ANY TYPE, WITH OR WI	7/1/1997	\$513.00	3	NO
H	54660	INSERTION OF TESTICULAR PROSTHES	1/1/1984	NC	9	NO
H	54670	SUTURE OR REPAIR OF TESTICULAR I	7/1/1997	\$417.00	3	NO
H	54680	TRANSPLANTATION OF TESTIS(ES) TO	7/1/1997	\$417.00	3	NO
H	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	1/1/2004	\$1,150.00	3	NO
H	54700	INCISION AND DRAINAGE OF EPIDIDY	7/1/1997	\$363.00	3	NO
H	54800	BIOPSY OF EPIDIDYMIS NEEDLE	7/1/1997	\$271.00	3	NO
H	54820	EXPLORATION OF EPIDIDYMIS WITH O	1/1/2007	INVALID	N	NO
H	54830	EXCISION OF LOCAL LESION OF EPID	7/1/1997	\$417.00	3	NO
H	54840	EXCISION OF SPERMATOCELE WITH OR	7/1/1997	\$513.00	3	NO
H	54860	EPIDIDYMECTOMY UNILATERAL	7/1/1997	\$417.00	3	NO
H	54861	EPIDIDYMECTOMY; BILATERAL	7/1/1997	\$513.00	3	NO
H	54865	EXPLORATION OF EPIDIDYMIS, WIHT	1/1/2007	\$271.00	3	NO
H	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	1/1/1984	NC	9	NO
H	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	1/1/1984	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	55040	EXCISION OF HYDROCELE UNILATERAL	7/1/1997	\$417.00	3	NO
H	55041	EXCISION OF HYDROCELE; BILATERAL	7/1/1997	\$585.00	3	NO
H	55060	REPAIR OF HYDROCELE (BOTTLE TYPE	7/1/1997	\$513.00	3	NO
H	55100	DRAINAGE OF SCROTAL WALL ABSCESS	7/1/1997	\$271.00	3	NO
H	55110	SCROTAL EXPLORATION	7/1/1997	\$363.00	3	NO
H	55120	REMOVAL OF FOREIGN BODY IN SCROT	7/1/1997	\$363.00	3	NO
H	55150	RESECTION OF SCROTUM	7/1/1997	\$271.00	3	NO
H	55175	SCROTOPLASTY; SIMPLE	7/1/1997	\$271.00	3	NO
H	55180	SCROTOPLASTY; COMPLICATED	7/1/1997	\$363.00	3	NO
H	55250	VASECTOMY UNILATERAL OR BILATERA	7/1/2003	\$363.00	3	NO
H	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	1/1/1984	NC	9	NO
H	55400	VASOVASOSTOMY, VASOVASORRAPHY	1/1/1984	NC	9	NO
H	55500	EXCISION OF HYDROCELE OF SPERMAT	7/1/1997	\$417.00	3	NO
H	55520	EXCISION OF LESION OF SPERMATIC	7/1/1997	\$513.00	3	NO
H	55530	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$513.00	3	NO
H	55535	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$513.00	3	NO
H	55540	EXCISION OF VARICOCELE OR LIGATI	7/1/1997	\$585.00	3	NO
H	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	1/1/2004	\$1,150.00	3	NO
H	55600	VESICULOTOMY	7/1/1997	\$271.00	3	NO
H	55605	VESICULOTOMY; COMPLICATED	7/1/1997	\$271.00	3	NO
H	55650	VESICULECTOMY, ANY APPROACH	7/1/1997	\$271.00	3	NO
H	55680	EXCISION OF MULLERIAN DUCT CYST	7/1/1997	\$271.00	3	NO
H	55700	BIOPSY PROSTATE NEEDLE OR PUNCH	7/1/1997	\$363.00	3	NO
H	55705	BIOPSY PROSTATE; INCISIONAL ANY	7/1/1997	\$363.00	3	NO
H	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	7/1/1997	\$271.00	3	NO
H	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	7/1/2003	\$363.00	3	NO
H	55859	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2007	INVALID	N	NO
H	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
H	55875	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2007	\$1,150.00	3	NO
H	55920	PLACEMENT OF NEEDLES OR CATHETER	1/1/2008	\$851.02	3	NO
H	55970	INTERSEX SURGERY MALE TO FEMALE	1/1/1984	NC	9	NO
H	55980	INTERSEX SURGERY; FEMALE TO MALE	1/1/1984	NC	9	NO
H	56405	INCISION AND DRAINAGE OF VULVA O	7/1/1997	\$363.00	3	NO
H	56440	MARSUPIALIZATION OF BARTHOLINS G	7/1/1997	\$363.00	3	NO
H	56441	LYSIS OF LABIAL ADHESIONS	7/1/1997	\$417.00	3	NO
H	56442	HYMENOTOMY, SIMPLE INCISION	1/1/2007	\$271.00	3	NO
H	56515	DESTRUCTION OF LESION(S), VULVA;	7/1/1997	\$417.00	3	NO
H	56605	BIOPSY OF VULVA OR PERINEUM (SEP	7/1/1997	\$271.00	3	NO
H	56620	VULVECTOMY SIMPLE; PARTIAL	7/1/1997	\$585.00	3	NO
H	56625	VULVECTOMY SIMPLE; COMPLETE	7/1/1997	\$812.00	3	NO
H	56700	PARTIAL HYMENECTOMY OR REVISION	7/1/1997	\$363.00	3	NO
H	56720	HYMENOTOMY SIMPLE INCISION	1/1/2007	INVALID	N	NO
H	56740	EXCISION OF BARTHOLINS GLAND OR	7/1/1997	\$417.00	3	NO
H	56800	PLASTIC REPAIR OF INTROITUS	7/1/1997	\$417.00	3	NO
H	56810	PERINEOPLASTY, REPAIR OF PERINEU	7/1/1997	\$585.00	3	NO
H	57000	COLPOTOMY WITH EXPLORATION	7/1/1997	\$271.00	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
H	57010	COLPOTOMY; WITH DRAINAGE OF PELV	7/1/1997	\$363.00	3	NO
H	57020	COLPOCENTESIS (SEPARATE PROCEDUR	7/1/1997	\$363.00	3	NO
H	57065	DESTRUCTION OF VAGINAL LESION(S)	7/1/1997	\$271.00	3	NO
H	57105	BIOPSY OF VAGINAL MUCOSA; EXTENS	7/1/1997	\$363.00	3	NO
H	57130	EXCISION OF VAGINAL SEPTUM	7/1/1997	\$363.00	3	NO
H	57135	EXCISION OF VAGINAL CYST OR TUMO	7/1/1997	\$363.00	3	NO
H	57180	INTRODUCTION OF ANY HEMOSTATIC A	7/1/1997	\$271.00	3	NO
H	57200	COLPORRHAPHY SUTURE OF INJURY OF	7/1/1997	\$271.00	3	NO
H	57210	COLPOPERINEORRHAPHY SUTURE OF IN	7/1/1997	\$363.00	3	NO
H	57220	PLASTIC OPERATION ON URETHRAL SP	7/1/1997	\$417.00	3	NO
H	57230	PLASTIC REPAIR OF URETHROCELE	7/1/1997	\$417.00	3	NO
H	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	7/1/1997	\$585.00	3	NO
H	57250	POSTERIOR COLPORRHAPHY, REPAIR O	7/1/1997	\$585.00	3	NO
H	57260	COMBINED ANTEROPOSTERIOR COLPORR	7/1/1997	\$585.00	3	NO
H	57265	CONSTRUCTION OF ARTIFICIAL VAGIN	7/1/1997	\$812.00	3	NO
H	57268	REPAIR OF ENTEROCELE VAGINAL APP	7/1/1997	\$417.00	3	NO
H	57289	PEREYRA PROCEDURE INCLUDING ANTE	7/1/2003	\$585.00	3	NO
H	57300	CLOSURE OF RECTOVAGINAL FISTULA;	7/1/1997	\$417.00	3	NO
H	57310	CLOSURE OF URETHROVAGINAL FISTUL	7/1/1997	\$417.00	3	NO
H	57311	CLOSURE OF URETHROVAGINAL FISTUL	7/1/1997	\$513.00	3	NO
H	57320	CLOSURE OF VESICOVAGINAL FISTULA	7/1/1997	\$417.00	3	NO
H	57400	DILATION OF VAGINA UNDER ANESTHE	7/1/1997	\$363.00	3	NO
H	57410	PELVIC EXAMINATION UNDER ANESTHE	7/1/1997	\$363.00	3	NO
H	57415	REMOVAL OF IMPACTED VAGINAL FORE	10/1/2002	\$363.00	3	NO
H	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	6/1/2005	\$363.00	3	NO
H	57461	COLPOSCOPY OF THE CERVIX INCLUDI	3/16/2005	\$363.00	3	NO
H	57513	CAUTERIZATION OF CERVIX; LASER A	10/1/2002	\$363.00	3	NO
H	57520	CONIZATION OF CERVIX, W/OR W/OUT	7/1/1997	\$363.00	3	NO
H	57522	CONIZATION OF CERVIX, W/OR W/OUT	10/1/2002	\$363.00	3	NO
H	57530	TRACHELECTOMY (CERVICECTOMY) AMP	7/1/1997	\$417.00	3	NO
H	57550	EXCISION OF CERVICAL STUMP VAGIN	7/1/1997	\$417.00	3	NO
H	57556	EXCISION OF CERVICAL STUMP VAGIN	1/1/2004	\$1,150.00	3	NO
H	57558	DILATION AND CURETTAGE OF CERVIC	1/1/2007	\$271.00	3	NO
H	57700	CERCLAGE OF UTERINE CERVIX, NONO	7/1/1997	\$271.00	3	NO
H	57720	TRACHELORRHAPHY PLASTIC REPAIR O	7/1/1997	\$417.00	3	NO
H	57800	DILATION OF CERVICAL CANAL INSTR	10/1/2002	\$363.00	3	NO
H	57820	DILATION AND CURETTAGE OF CERVIC	1/1/2007	INVALID	N	NO
H	58120	DILATION AND CURETTAGE DIAGNOSTI	7/1/1997	\$363.00	3	NO
H	58145	MYOMECTOMY EXCISION OF FIBROID T	7/1/1997	\$585.00	3	NO
H	58345	TRANSCERVICAL INTRODUCTION OF FA	1/1/1993	NC	9	NO
H	58350	CHROMOTUBATION OF OVIDUCT, INCLU	1/1/1984	NC	9	NO
H	58353	ENDOMETRIAL ABLATION, THERMAL, W	7/1/2001	\$513.00	3	NO
H	58545	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2004	\$1,150.00	3	NO
H	58546	LAPAROSCOPY, SURGICAL, MYOMECTOM	1/1/2004	\$1,150.00	3	NO
H	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2004	\$1,150.00	3	NO
H	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPARA	10/1/2002	\$363.00	3	NO
H	58558	HYSTEROSCOPY, SURGICAL; WITH SAM	10/1/2002	\$513.00	3	NO
H	58559	HYSTEROSCOPY, SURGICAL; WITH LYS	10/1/2002	\$513.00	3	NO
H	58560	HYSTEROSCOPY, SURGICAL; WITH DIV	7/1/2003	\$446.00	3	NO
H	58561	HYSTEROSCOPY, SURGICAL; WITH REM	10/1/2002	\$513.00	3	NO
H	58562	HYSTEROSCOPY, SURGICAL; WITH REM	7/1/2003	\$446.00	3	NO
H	58563	HYSTEROSCOPY, SURGICAL; W/ENDOME	1/1/2000	\$600.00	3	NO
H	58600	LIGATION OR TRANSECTION OF FALLO	10/1/2002	\$513.00	3	NO
H	58615	OCCCLUSION OF FALLOPIAN TUBES BY	10/1/2002	\$513.00	3	NO
H	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	10/1/2002	\$585.00	3	YES
H	58661	LAPAROSCOPY, SURGICAL; WITH REMO	1/1/2000	\$683.00	3	YES
H	58662	LAPAROSCOPY, SURGICAL; WITH FULGU	1/1/2000	\$683.00	3	NO
H	58670	LAPAROSCOPY, SURGICAL; WITH FULG	10/1/2002	\$513.00	3	NO
H	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	10/1/2002	\$513.00	3	NO
H	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	1/1/2000	\$683.00	3	NO
H	58673	LAPAROSCOPY, SURGICAL; WITH SALP	1/1/2000	\$683.00	3	NO
H	58750	TUBOTUBAL ANASTOMOSIS	1/1/1984	NC	9	NO
H	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
H	58760	FIMBRIOPLASTY	1/1/1984	NC	9	NO
H	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
H	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	7/1/1997	\$417.00	3	NO
H	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	7/1/1997	\$417.00	3	NO
H	58900	BIOPSY OF OVARY UNILATERAL OR BI	7/1/1997	\$417.00	3	NO
H	59160	CURETTAGE, POSTPARTUM (SEPARATE	7/1/2003	\$446.00	3	NO
H	59409	VAGINAL DELIVERY ONLY (WITH OR W	7/1/1997	\$600.00	3	NO
H	59812	TREATMENT OF INCOMPLETE ABORTION	10/1/2002	\$417.00	3	NO
H	59820	TREATMENT OF MISSED ABORTION, CO	10/26/2001	\$417.00	3	NO
H	59821	TREATMENT OF MISSED ABORTION, CO	10/1/2002	\$585.00	3	NO
H	59830	TREATMENT OF SEPTIC ABORTION, CO	10/1/2002	\$752.00	3	NO
H	59840	INDUCED ABORTION, BY DILATION AN	4/1/2003	\$280.00	3	NO
H	59841	INDUCED ABORTION, BY DILATION AN	4/1/2003	\$420.00	3	NO
H	59850	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59851	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59852	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59855	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59856	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59857	INDUCED ABORTION, BY ONE OR MORE	4/1/2003	\$0.01	5	NO
H	59870	UTERINE EVACUATION AND CURETTAGE	10/1/2002	\$513.00	3	NO
H	59871	REMOVAL OF CERCLAGE SUTURE UNDER	10/1/2002	\$363.00	3	NO
H	60000	INCISION AND DRAINAGE OF THYROGL	7/1/1997	\$271.00	3	NO
H	60001	ASPIRATION AND/OR INJECTION, THY	1/1/2008	INVALID	N	NO
H	60200	EXCISION OF CYST OR ADENOMA OF T	7/1/1997	\$363.00	3	NO
H	60220	TOTAL THYROID LOBECTOMY, UNILATE	7/1/1997	\$363.00	3	NO
H	60225	TOTAL THYROID LOBECTOMY, UNILATE	7/1/1997	\$417.00	3	NO
H	60280	EXCISION OF THYROGLOSSAL DUCT CY	7/1/1997	\$513.00	3	NO
H	60281	EXCISION OF THYROGLOSSAL DUCT CY	7/1/1997	\$513.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	61020	VENTRICULAR PUNCTURE THROUGH PRE	7/1/1997	\$271.00	3	NO
H	61026	VENTRICULAR PUNCT THRU PREV BURR	7/1/1997	\$271.00	3	NO
H	61050	CISTERNAL OR LATERAL CERVICAL (C	7/1/1997	\$271.00	3	NO
H	61055	CISTERNAL OR LATERAL CERVICAL (C	7/1/1997	\$271.00	3	NO
H	61070	PUNCTURE OF SHUNT TUBING OR RESE	7/1/1997	\$271.00	3	NO
H	61215	INSERTION OF SUBCUTANEOUS RESERV	7/1/1997	\$417.00	3	NO
H	61790	STEREOTACTIC LESION OF GASSERIAN	7/1/1997	\$417.00	3	NO
H	61791	CREATION OF LESION BY STEREOTACT	7/1/1997	\$417.00	3	NO
H	61885	INSERTION OR REPLACE OF CRANIAL	7/1/1997	\$363.00	3	NO
H	61886	INSERTION OR REPLACE OF CRANIAL	7/1/2003	\$446.00	3	NO
H	61888	REVISION OR REM OF CRANIAL NEURO	7/1/1997	\$271.00	3	NO
H	62140	CRANIOPLASTY FOR SKULL DEFECT UP	11/1/2001	\$1,150.00	3	NO
H	62141	CRANIOPLASTY FOR SKULL DEFECT; L	11/1/2001	\$1,150.00	3	NO
H	62194	REPLACEMENT OR IRRIGATION, SUBAR	7/1/1997	\$271.00	3	NO
H	62225	REPLACEMENT OR IRRIGATION VENTRI	7/1/1997	\$271.00	3	NO
H	62230	REPLACEMENT OR REVISION OF CEREB	7/1/1997	\$363.00	3	NO
H	62256	REMOVAL OF COMPLETE CEREBROSPINA	7/1/1997	\$363.00	3	NO
H	62263	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2000	\$287.17	3	NO
H	62264	PERCUTANEOUS LYSIS OF EPIDURAL A	1/1/2003	\$271.00	3	NO
H	62268	PERCUTANEOUS ASPIRATION, SPINAL	7/1/1997	\$271.00	3	NO
H	62269	BIOPSY OF SPINAL CORD, PERCUTANE	7/1/1997	\$271.00	3	NO
H	62270	SPINAL PUNCTURE LUMBAR DIAGNOSTI	7/1/1997	\$271.00	3	NO
H	62272	SPINAL PUNCTURE, THEREPEUTIC, FO	7/1/1997	\$271.00	3	NO
H	62273	INJECTION LUMBAR EPIDURAL OF BLO	7/1/1997	\$271.00	3	NO
H	62280	INJECTION OF NEUROLYTIC SUBSTANC	7/1/1997	\$271.00	3	NO
H	62281	INJECTION OF NEUROLYTIC SUBSTANC	7/1/2002	\$271.00	3	NO
H	62282	INJECTION OF NEUROLYTIC SUBSTANC	7/1/1997	\$271.00	3	NO
H	62284	INJECTION PROCEDURE FOR MYELOGRA	7/1/2002	\$271.00	3	NO
H	62287	ASPIRATION PROCEDURE, PERCUTANEO	1/1/2004	\$1,150.00	3	NO
H	62290	INJECTION PROCEDURE FOR DISKOGRA	7/1/2002	\$271.00	3	NO
H	62291	INJECTION PROCEDURE FOR DISKOGRA	7/1/2002	\$271.00	3	NO
H	62292	INJECTION PROCEDURE FOR CHEMONUC	7/1/2002	\$271.00	3	NO
H	62294	INJECTION PROCEDURE ARTERIAL FOR	7/1/1997	\$417.00	3	NO
H	62310	INJECTION, SINGLE, NOT INCL NEUR	1/1/2000	\$317.00	3	NO
H	62311	INJECTION, SINGLE, NOT INCL NEUR	1/1/2000	\$317.00	3	NO
H	62318	INJECTION, INCL CATHETER PLACEME	1/1/2000	\$317.00	3	NO
H	62319	INJECTION, INCL CATHETER PLACEME	1/1/2000	\$317.00	3	NO
H	62350	IMPLANTATION, REVISION OR REPOSI	7/1/2002	\$271.00	3	NO
H	62351	IMPLANTATION, REVISION OR REPOSI	7/1/2002	\$1,150.00	3	NO
H	62355	REMOVAL OF PREVIOUSLY IMPLANTED	7/1/2002	\$271.00	3	NO
H	62360	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62361	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62362	IMPLANTATION OR REPLACEMENT OF D	7/1/2002	\$363.00	3	NO
H	62365	REMOVAL OF SUBCUTANEOUS RESERVOI	7/1/2002	\$363.00	3	NO
H	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	11/1/2001	\$1,150.00	3	NO
H	63003	LAMINECTOMY FOR DECOMPRESSION OF	7/1/2002	\$1,150.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	63005	LAMINECTOMY FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63011	LAMINECTOMY FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	7/1/2002	\$1,150.00	3	NO
H	63030	LAMINOTOMY,FOR DECOMPRESSION OF	11/1/2001	\$1,150.00	3	NO
H	63042	LAMINOTOMY, WITH DECOMPRESSION O	8/6/2001	\$1,150.00	3	NO
H	63056	TRANSPEDICULAR APPROACH FOR DECO	11/1/2001	\$1,150.00	3	YES
H	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	11/1/2001	\$1,150.00	3	NO
H	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	11/1/2001	\$1,150.00	3	YES
H	63077	DISKECTOMY, ANTR, FOR DECOMP OF	7/1/2002	\$1,150.00	3	NO
H	63600	STEREOTACTIC LESION OF SPINAL CO	7/1/1997	\$363.00	3	NO
H	63610	STEREOTACTIC STIMULATION OF SPIN	7/1/1997	\$271.00	3	NO
H	63650	PERCUTANEOUS IMPLANTATION OF NEU	7/1/1997	\$363.00	3	NO
H	63660	REVISION OR REMOVAL OF SPINAL NE	7/1/1997	\$271.00	3	NO
H	63685	INSERTION OR REPLACE OF SPINAL N	7/1/1997	\$363.00	3	NO
H	63688	REVISION OR REMOVAL OF IMPLANTED	7/1/1997	\$271.00	3	NO
H	63700	REPAIR OF MENINGOCELE LESS THAN	7/1/2002	\$417.00	3	NO
H	63702	REPAIR OF MENINGOCELE; LARGER TH	7/1/2002	\$585.00	3	NO
H	63704	REPAIR OF MYELOMENINGOCELE LESS	7/1/2002	\$417.00	3	NO
H	63706	REPAIR OF MYELOMENINGOCELE; LARG	7/1/2002	\$585.00	3	NO
H	63707	REPAIR OF DURAL/CEREBROSPINAL FL	7/1/2002	\$417.00	3	NO
H	63744	REPLACEMENT IRRIGATION OR REVISI	7/1/1997	\$417.00	3	NO
H	63746	REMOVAL OF ENTIRE LUMBOSUBARACHN	7/1/1997	\$363.00	3	NO
H	64410	INJECTION ANESTHETIC AGENT; PHRE	7/1/1997	\$271.00	3	NO
H	64415	INJECTION, ANESTHETIC AGENT; BRA	7/1/1997	\$271.00	3	NO
H	64417	INJECTION ANESTHETIC AGENT; AXIL	7/1/1997	\$271.00	3	NO
H	64420	INJECTION ANESTHETIC AGENT; INTE	7/1/1997	\$271.00	3	NO
H	64421	INJECTION ANESTHETIC AGENT; INTE	7/1/1997	\$271.00	3	NO
H	64430	INJECTION ANESTHETIC AGENT; PUDE	7/1/1997	\$271.00	3	NO
H	64470	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64472	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64475	INJECTION, ANESTHETIC AGENT AND/	1/1/2000	\$317.00	3	NO
H	64476	INJECTION, ANESTHETIC AGENT AND/	1/1/2000	\$317.00	3	NO
H	64479	INJECTION, ANESTHETIC AGENT AND/	3/13/2000	\$285.00	3	NO
H	64480	INJECTIN, ANESTHETIC AGENT AND/O	1/1/2001	\$285.00	3	NO
H	64483	INJECTION, ANESTHETIC AGENT AND/	3/13/2000	\$285.00	3	NO
H	64484	INJECTION, ANESTHETIC AGENT AND/	1/1/2001	\$285.00	3	NO
H	64510	INJECTION ANESTHETIC AGENT; STEL	7/1/1997	\$271.00	3	NO
H	64520	INJECTIO;N ANESTHETIC AGENT; LUM	7/1/1997	\$271.00	3	NO
H	64530	INJECTION ANESTHETIC AGENT; CELI	7/1/1997	\$271.00	3	NO
H	64553	PERCUTANEOUS IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64573	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64575	INCISION FOR IMPLANTATION OF NEU	7/1/1997	\$271.00	3	NO
H	64577	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64580	INCISION FOR IMPLANTATION OF NEU	7/1/2003	\$271.00	3	NO
H	64585	REVISION OR REMOVAL OF PERIPHERA	7/1/2003	\$271.00	3	NO
H	64590	INCISION & SUBCUTANEOUS PLACE OF	7/1/1997	\$363.00	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	64595	REVISION OR REMOVAL OF PERIPHERA	7/1/1997	\$271.00	3	NO
H	64600	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64605	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64610	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64620	DESTRUCTION OF NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64622	DESTRUCTION BY NEUROLYTIC AGENT	7/1/1997	\$271.00	3	NO
H	64623	DESTRUCTION BY NEUROLYTIC AGENT;	7/1/1997	\$271.00	3	NO
H	64626	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2001	\$285.00	3	NO
H	64627	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2001	\$285.00	3	NO
H	64630	DESTRUCTION BY NEUROLYTIC AGENT;	7/1/2002	\$271.00	3	NO
H	64680	DESTRUCTION BY NEUROLYTIC AGENT	7/1/2002	\$271.00	3	NO
H	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	7/1/1997	\$271.00	3	NO
H	64704	NEUROLYSIS; NERVE OF HAND OR FOO	7/1/1997	\$271.00	3	NO
H	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	7/1/1997	\$363.00	3	NO
H	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	7/1/1997	\$363.00	3	NO
H	64716	NEUROPLASTY AND/OR TRANSPOSITION	7/1/1997	\$417.00	3	NO
H	64718	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO
H	64719	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO
H	64721	NEUROLYSIS AND/OR TRANSPOSITION;	7/1/1997	\$363.00	3	NO
H	64722	DECOMPRESSION UNSPECIFIED NERVES	7/1/1997	\$271.00	3	NO
H	64726	DECOMPRESSION; PLANTAR DIGITAL N	7/1/1997	\$271.00	3	NO
H	64727	INTERNAL NEUROLYSIS, REQUIRING U	7/1/1997	\$271.00	3	NO
H	64732	TRANSECTION OR AVULSION OF SUPRA	7/1/1997	\$363.00	3	NO
H	64734	TRANSECTION OR AVULSION OF; INFR	7/1/1997	\$363.00	3	NO
H	64736	TRANSECTION OF AVULSION OF; MENT	7/1/1997	\$363.00	3	NO
H	64738	TRANSECTION OR AVULSION OF; INFE	7/1/1997	\$363.00	3	NO
H	64740	TRANSECTION OR AVULSION OF; LING	7/1/1997	\$363.00	3	NO
H	64742	TRANSECTION OR AVULSION OF; FACI	7/1/1997	\$363.00	3	NO
H	64744	TRANSECTION OR AVULSION OF; GREA	7/1/1997	\$363.00	3	NO
H	64746	TRANSECTION OR AVULSION OF; PHRE	7/1/1997	\$363.00	3	NO
H	64771	TRANSECTION OR AVULSION OF OTHER	7/1/1997	\$363.00	3	NO
H	64772	TRANSECTION OR AVULSION OF OTHER	7/1/1997	\$363.00	3	NO
H	64774	EXCISION OF NEUROMA CUTANEOUS NE	7/1/1997	\$363.00	3	NO
H	64776	EXCISION OF NEUROMA; DIGITAL NER	7/1/1997	\$417.00	3	NO
H	64778	EXCISION OF NEUROMA; DIGITAL NER	7/1/1997	\$363.00	3	NO
H	64782	EXCISION OF NEUROMA; HAND OR FOO	7/1/1997	\$417.00	3	NO
H	64783	EXCISION OF NEUROMA HAND OR FOOT	7/1/1997	\$363.00	3	NO
H	64784	EXCISION OF NEUROMA; MAJOR PERIP	7/1/1997	\$417.00	3	NO
H	64786	EXCISION OF NEUROMA; SCIATIC NER	7/1/1997	\$417.00	3	NO
H	64787	IMPLANTATION OF NERVE END INTO B	7/1/1997	\$363.00	3	NO
H	64788	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64790	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64792	EXCISION OF NEUROFIBROMA OR NEUR	7/1/1997	\$417.00	3	NO
H	64795	BIOPSY OF NERVE	7/1/1997	\$363.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	64802	SYMPATHECTOMY, CERVICAL	7/1/1997	\$363.00	3	NO
H	64821	SYMPATHECTOMY; RADIAL ARTERY	7/1/2003	\$513.00	3	NO
H	64831	SUTURE OF DIGITAL NERVE HAND OR	7/1/1997	\$513.00	3	NO
H	64832	SUTURE OF DIGITAL NERVE HAND OR	7/1/1997	\$271.00	3	NO
H	64834	SUTURE OF ONE NERVE; HAND OR FOO	7/1/1997	\$363.00	3	NO
H	64835	SUTURE OF ONE NERVE; MEDIAN MOTO	7/1/1997	\$417.00	3	NO
H	64836	SUTURE OF ONE NERVE; ULNAR MOTOR	7/1/1997	\$417.00	3	NO
H	64837	SUTURE OF EACH ADDITIONAL NERVE	7/1/1997	\$271.00	3	NO
H	64840	SUTURE OF POSTERIOR TIBIAL NERVE	7/1/1997	\$363.00	3	NO
H	64856	SUTURE OF MAJOR PERIPHERAL NERVE	7/1/1997	\$363.00	3	NO
H	64857	SUTURE OF MAJOR PERIPHERAL NERVE	7/1/1997	\$363.00	3	NO
H	64858	SUTURE OF SCIATIC NERVE	7/1/1997	\$363.00	3	NO
H	64859	SUTURE OF EACH ADDITIONAL MAJOR	7/1/1997	\$271.00	3	NO
H	64861	SUTURE OF BRACHIAL PLEXUS	7/1/1997	\$417.00	3	NO
H	64862	SUTURE OF; LUMBAR PLEXUS	7/1/1997	\$417.00	3	NO
H	64864	SUTURE OF FACIAL NERVE EXTRACRAN	7/1/1997	\$417.00	3	NO
H	64865	SUTURE OF FACIAL NERVE; INTRATEM	7/1/1997	\$513.00	3	NO
H	64870	ANASTOMOSIS; FACIAL-PHRENIC	7/1/1997	\$513.00	3	NO
H	64872	SUTURE OF NERVE REQUIRING SECOND	7/1/1997	\$363.00	3	NO
H	64874	SUTURE OF NERVE; REQUIRING EXTEN	7/1/1997	\$417.00	3	NO
H	64876	SUTURE OF NERVE REQUIRING SHORTE	7/1/1997	\$417.00	3	NO
H	64885	NERVE GRAFT (INCLUDES OBTAINING	7/1/2003	\$363.00	3	NO
H	64886	NERVE GRAFT (INCLUDES OBTAINING	7/1/2003	\$363.00	3	NO
H	64890	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64891	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64892	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64893	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$363.00	3	NO
H	64895	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64896	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64897	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64898	NERVE GRAFT (INCLUDES OBTAINING	7/1/1997	\$417.00	3	NO
H	64901	NERVE GRAFT EACH ADDITIONAL NERV	7/1/1997	\$363.00	3	NO
H	64902	NERVE GRAFT EACH ADDITIONAL NERV	7/1/1997	\$363.00	3	NO
H	64905	NERVE PEDICLE TRANSFER FIRST STA	7/1/1997	\$363.00	3	NO
H	64907	NERVE PEDICLE TRANSFER; SECOND S	7/1/1997	\$271.00	3	NO
H	65091	EVISCERATION OF OCULAR CONTENTS;	7/1/1997	\$417.00	3	NO
H	65093	EVISCERATION OF OCULAR CONTENTS;	7/1/1997	\$417.00	3	NO
H	65101	ENUCLEATION OF EYE; WITHOUT IMPL	7/1/1997	\$417.00	3	NO
H	65103	ENUCLEATION OF EYE; WITH IMPLANT	7/1/1997	\$417.00	3	NO
H	65105	ENUCLEATION OF EYE; WITH IMPLANT	7/1/1997	\$513.00	3	NO
H	65110	EXENTERATION OF ORBIT (DOES NOT	7/1/1997	\$585.00	3	NO
H	65112	EXENTERATION OF ORBIT (DOES NOT	7/1/1997	\$812.00	3	NO
H	65114	EXENTERATION OF ORBIT, REMOVAL O	7/1/1997	\$812.00	3	NO
H	65130	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$417.00	3	NO
H	65135	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$363.00	3	NO
H	65140	INSERTION OF OCULAR IMPLANT SECO	7/1/1997	\$417.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	65150	REINSERTION OF OCULAR IMPLANT; W	7/1/1997	\$363.00	3	NO
H	65155	REINSERTION OF OCULAR IMPLANT WI	7/1/1997	\$417.00	3	NO
H	65175	REMOVAL OF OCULAR IMPLANT (FOR O	7/1/1997	\$271.00	3	NO
H	65235	REMOVAL OF FOREIGN BODY, INTRAO	7/1/1997	\$363.00	3	NO
H	65260	REMOVAL OF FOREIGN BODY INTRAO	7/1/1997	\$417.00	3	NO
H	65265	REMOVAL OF FOREIGN BODY, INTRAO	7/1/1997	\$513.00	3	NO
H	65270	REPAIR OF LACERATION; CONJUNCTIV	7/1/1997	\$363.00	3	NO
H	65272	REPAIR OF LACERATION; CONJUNCTIV	7/1/1997	\$363.00	3	NO
H	65275	REPAIR OF LACERATION; CORNEA NON	7/1/1997	\$513.00	3	NO
H	65280	REPAIR OF LACERATION; CORNEA AND	7/1/1997	\$513.00	3	NO
H	65285	REPAIR OF LACERATION CORNEA AND/	7/1/1997	\$513.00	3	NO
H	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	7/1/1997	\$417.00	3	NO
H	65400	EXCISION OF LESION, CORNEA (KERA	7/1/1997	\$271.00	3	NO
H	65410	BIOPSY OF CORNEA	7/1/1997	\$363.00	3	NO
H	65420	EXCISION OR TRANSPOSITION OF PTE	7/1/1997	\$363.00	3	NO
H	65426	EXCISION OR TRANSPOSITION OF PTE	7/1/1997	\$585.00	3	NO
H	65710	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65730	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65750	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65755	KERATOPLASTY (CORNEAL TRANSPLANT	7/1/1997	\$812.00	3	NO
H	65770	KERATOPROSTHSIS	7/1/2002	\$812.00	3	NO
H	65771	RADIAL KERATOTOMY	1/1/1991	NC	9	NO
H	65800	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$271.00	3	NO
H	65805	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$271.00	3	NO
H	65810	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$417.00	3	NO
H	65815	PARACENTESIS OF ANTERIOR CHAMBER	7/1/1997	\$363.00	3	NO
H	65850	TRABECULOTOMY AB EXTERNO	7/1/1997	\$513.00	3	NO
H	65865	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$271.00	3	NO
H	65870	SEVERING ADHESION OF ANTERIOR SE	7/1/1997	\$513.00	3	NO
H	65875	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$513.00	3	NO
H	65880	SEVERING ADHESIONS OF ANTERIOR S	7/1/1997	\$513.00	3	NO
H	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	7/1/1997	\$585.00	3	NO
H	65920	REMOVAL OF IMPLANTED MATERIAL, A	7/1/1997	\$812.00	3	NO
H	65930	REMOVAL OF BLOOD CLOT, ANTERIOR	7/1/1997	\$585.00	3	NO
H	66020	INJECTION, ANTERIOR CHAMBER OF E	7/1/1997	\$271.00	3	NO
H	66030	INJECTION ANTERIOR CHAMBER (SEPA	7/1/1997	\$271.00	3	NO
H	66130	EXCISION OF LESION, SCLERA	7/1/1997	\$812.00	3	NO
H	66150	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66155	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66160	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$363.00	3	NO
H	66165	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66170	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66172	FISTULIZATION OF SCLERA FOR GLAU	7/1/1997	\$513.00	3	NO
H	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	7/1/1997	\$417.00	3	NO
H	66185	REVISION OF AQUEOUS SHUNT TO EXT	7/1/1997	\$417.00	3	NO
H	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	7/1/1997	\$417.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	66225	REPAIR OF SCLERAL STAPHYLOMA; WI	7/1/1997	\$513.00	3	NO
H	66250	REVISION OR REPAIR OF OPERATIVE	7/1/1997	\$363.00	3	NO
H	66500	IRIDOTOMY BY STAB INCISION (SEPA	7/1/1997	\$271.00	3	NO
H	66505	IRIDOTOMY BY STAB INCISION (SEPA	7/1/1997	\$271.00	3	NO
H	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66625	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66630	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66635	IRIDECTOMY WITH CORNEOSCLERAL OR	7/1/1997	\$417.00	3	NO
H	66680	REPAIR OF IRIS CILIARY BODY (AS	7/1/1997	\$417.00	3	NO
H	66682	SUTURE OF IRIS CILIARY BODY (SEP	7/1/1997	\$363.00	3	NO
H	66700	CYCLODIATHERMY INITIAL	7/1/1997	\$363.00	3	NO
H	66710	CILIARY BODY DESTRUCTION; CYCLOP	7/1/1997	\$363.00	3	NO
H	66711	CILIARY BODY DESTRUCTION; CYCLOP	11/1/2006	\$363.00	3	NO
H	66720	CILIARY BODY DESTRUCTION; CRYOTH	7/1/1997	\$363.00	3	NO
H	66740	CILIARY BODY DESTRUCTION; CYCLOD	7/1/1997	\$363.00	3	NO
H	66821	DISCISSION OF SECONDARY MEMBRANE	7/1/1997	\$363.00	3	NO
H	66825	REPOSITIONING OF INTRAOCULAR LEN	7/1/2003	\$513.00	3	NO
H	66830	REMOVAL OF SECONDARY MEMBRANOUS	7/1/1997	\$513.00	3	NO
H	66840	REMOVAL OF LENS MATERIAL ASPIRAT	7/1/1997	\$513.00	3	NO
H	66850	REMOVAL OF LENS MATERIAL PHACOFR	7/1/1997	\$812.00	3	NO
H	66852	REMOVAL OF LENS MATERIAL; PARS P	7/1/1997	\$513.00	3	NO
H	66920	REMOVAL OF LENS MATERIAL; INTRAC	7/1/1997	\$513.00	3	NO
H	66930	EXTRACTION OF LENS WITH OR WITHO	7/1/1997	\$585.00	3	NO
H	66940	REMOVAL OF LENS MATERIAL; EXTRAC	7/1/1997	\$585.00	3	NO
H	66982	EXTRACAPSULAR CATARACT REMOVAL W	7/1/2001	\$855.00	3	NO
H	66983	INTRACAPSULAR CATARACT EXTRACTIO	7/1/1997	\$855.00	3	NO
H	66984	EXTRACAPSULAR CATARACT REM W/INS	1/1/2008	\$781.41	3	NO
H	66985	INSERT OF INTRAOCULAR LENS PROST	7/1/1997	\$752.00	3	NO
H	66986	EXCHANGE OF INTRAOCULAR LENS	7/1/1997	\$752.00	3	NO
H	67005	REMOVAL OF VITREOUS ANTERIOR APP	7/1/1997	\$513.00	3	NO
H	67010	REMOVAL OF VITREOUS, ANTERIOR AP	7/1/1997	\$513.00	3	NO
H	67015	ASPIRATION OR RELEASE OF VITREOU	7/1/1997	\$271.00	3	NO
H	67025	INJECTION OF VITREOUS SUBSTITUTE	7/1/1997	\$271.00	3	NO
H	67027	IMPLANTATION OR REPLACEMENT OF I	7/1/2003	\$513.00	3	NO
H	67030	DISCISSION OF VITREOUS STRANDS (	7/1/1997	\$271.00	3	NO
H	67031	SEVERING OF VITREOUS STRANDS, VI	7/1/1997	\$363.00	3	NO
H	67036	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$513.00	3	NO
H	67038	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	INVALID	N	NO
H	67039	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$812.00	3	NO
H	67040	VITRECTOMY, MECHANICAL, PARS PLA	7/1/1997	\$812.00	3	NO
H	67041	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$1,232.35	3	NO
H	67042	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$1,232.35	3	NO
H	67043	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$1,232.35	3	NO
H	67107	REPAIR OF RETINAL DETACHMENT; SC	7/1/1997	\$585.00	3	NO
H	67108	REPAIR OF RETINAL DTACHMENT; W/V	7/1/1997	\$812.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	67112	REPAIR OF RETINAL DETACHMENT; BY	7/1/1997	\$812.00	3	NO
H	67113	REPAIR OF COMPLEX RETINAL DETACH	1/1/2008	\$1,232.35	3	NO
H	67115	RELEASE OF ENCIRCLING MATERIAL (	7/1/1997	\$363.00	3	NO
H	67120	REMOVAL OF IMPLANTED MATERIAL, P	7/1/1997	\$363.00	3	NO
H	67121	REMOVAL OF IMPLANTED MATERIAL PO	7/1/1997	\$363.00	3	NO
H	67141	PROPHYLAXIS OF RETINAL DETACHMEN	7/1/1997	\$363.00	3	NO
H	67218	DESTRUCTION OF LOCALIZED LESION	7/1/1997	\$585.00	3	NO
H	67227	DESTRUCTION OF EXTENSIVE OR PROG	7/1/1997	\$271.00	3	NO
H	67229	TREATMENT OF EXTENSIVE OR PROGRE	1/1/2008	\$172.23	3	NO
H	67250	SCLERAL REINFORCEMENT (SEPARATE	7/1/1997	\$417.00	3	NO
H	67255	SCLERAL REINFORCEMENT (SEPARATE	7/1/1997	\$417.00	3	NO
H	67311	STRABISMUS SURG, RECESSION OR RES	7/1/1997	\$417.00	3	NO
H	67312	STRABISMUS SURG, RECESSION OR RES	7/1/1997	\$513.00	3	NO
H	67314	STRABISMUS SURGERY, RECESSION OR	7/1/1997	\$513.00	3	NO
H	67316	STRABISMUS SURGERY, RECESSION OR	7/1/1997	\$585.00	3	NO
H	67318	STRABISMUS SURGERY, ANY PROCEDUR	7/1/1997	\$513.00	3	NO
H	67320	TRANSPOSITION PROC(EG, FOR PARETI	7/1/1997	\$513.00	3	NO
H	67331	STRABISMUS SURG ON PATIENT W/PRE	7/1/1997	\$513.00	3	NO
H	67332	STRABISMUS SURG ON PATIENT W/SCA	7/1/1997	\$513.00	3	NO
H	67340	STRABISMUS SURGERY INVOLVING EXP	7/1/1997	\$513.00	3	NO
H	67346	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2007	\$271.00	3	NO
H	67350	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2007	INVALID	N	NO
H	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	7/1/1997	\$417.00	3	NO
H	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$513.00	3	NO
H	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$585.00	3	NO
H	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	7/1/1997	\$585.00	3	NO
H	67415	FINE NEEDLE ASPIRATION OF ORBITA	7/1/1997	\$271.00	3	NO
H	67420	ORBITOTOMY WITH BONE FLAP OR WIN	7/1/1997	\$585.00	3	NO
H	67430	ORBITOTOMY WITH BONE FLAP LATERA	7/1/1997	\$585.00	3	NO
H	67440	ORBITOTOMY WITH BONE FLAP OR WIN	7/1/1997	\$585.00	3	NO
H	67450	ORBITOTOMY WITH BONE FLAP LATERA	7/1/1997	\$585.00	3	NO
H	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	7/1/1997	\$513.00	3	NO
H	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	7/1/1997	\$363.00	3	NO
H	67715	CANTHOTOMY (SEPARATE PROCEDURE)	7/1/1997	\$271.00	3	NO
H	67808	EXCISION OF CHALAZION UNDER GENE	7/1/1997	\$363.00	3	NO
H	67830	CORRECTION OF TRICHIASIS; INCISI	7/1/1997	\$363.00	3	NO
H	67835	CORRECTION OF TRICHIASIS; INCISI	7/1/1997	\$363.00	3	NO
H	67880	CONSTRUCTION OF INTERMARGINAL AD	7/1/1997	\$417.00	3	NO
H	67882	CONSTRUCTION OF INTERMARGINAL AD	7/1/1997	\$417.00	3	NO
H	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	7/1/1997	\$585.00	3	YES
H	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	7/1/1997	\$585.00	3	YES
H	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	7/1/1997	\$513.00	3	YES
H	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	7/1/1997	\$513.00	3	YES
H	67906	REPAIR OF BLEPHAROPTOSIS SUPERIO	7/1/1997	\$585.00	3	YES
H	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	7/1/1997	\$513.00	3	YES
H	67909	REDUCTION OF OVERCORRECTION OF P	7/1/1997	\$513.00	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	67911	CORRECTION OF LID RETRACTION	7/1/1997	\$417.00	3	NO
H	67914	REPAIR OF ECTROPION; SUTURE	7/1/1997	\$417.00	3	NO
H	67916	REPAIR OF ECTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67917	REPAIR OF ECTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67921	REPAIR OF ENTROPION; SUTURE	7/1/1997	\$417.00	3	NO
H	67923	REPAIR OF ENTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67924	REPAIR OF ENTROPION; BLEPHAROPLA	7/1/1997	\$513.00	3	NO
H	67935	SUTURE OF RECENT WOUND EYELID IN	7/1/1997	\$363.00	3	NO
H	67950	CANTHOPLASTY (RECONSTRUCTION OF C	1/1/2004	\$363.00	3	NO
H	67961	EXCISION AND REPAIR OF EYELID, I	1/1/2004	\$417.00	3	NO
H	67966	OVER ONE-FOURTH OF LID MARGIN	1/1/2004	\$417.00	3	NO
H	67971	RECONSTRUCTION OF EYELID, FULL T	7/1/1997	\$417.00	3	NO
H	67973	RECONSTRUCTION OF EYELID FULLTHI	7/1/1997	\$417.00	3	NO
H	67974	RECONSTRUCTION OF EYELID FULLTHI	7/1/1997	\$417.00	3	NO
H	67975	RECONSTRUCTION OF EYELID FULL TH	7/1/1997	\$417.00	3	NO
H	68115	EXCISION OF LESION CONJUNCTIVA;	7/1/2003	\$363.00	3	NO
H	68130	EXCISION OF LESION CONJUNCTIVA;	7/1/1997	\$363.00	3	NO
H	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	7/1/1997	\$513.00	3	NO
H	68325	WITH BUCCAL MUCOUS MEMBRANE GRAF	7/1/1997	\$513.00	3	NO
H	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	7/1/1997	\$513.00	3	NO
H	68328	CONJUNCTIVOPLASTY RECONSTRUCTION	7/1/1997	\$513.00	3	NO
H	68330	REPAIR OF SYMBLEPHARON; CONJUNCT	7/1/1997	\$513.00	3	NO
H	68335	REPAIR OF SYMBLEPHARON WITH FREE	7/1/1997	\$513.00	3	NO
H	68340	REPAIR OF SYMBLEPHARON DIVISION	7/1/1997	\$513.00	3	NO
H	68360	CONJUNCTIVAL FLAP BRIDGE OR PART	7/1/1997	\$363.00	3	NO
H	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	7/1/1997	\$363.00	3	NO
H	68500	EXCISION OF LACRIMAL GLAND (DACR	7/1/1997	\$417.00	3	NO
H	68505	EXCISION OF LACRIMAL GLAND (DACR	7/1/1997	\$417.00	3	NO
H	68510	BIOPSY OF LACRIMAL GLAND	7/1/1997	\$271.00	3	NO
H	68520	EXCISION OF LACRIMAL SAC (DACRYO	7/1/1997	\$417.00	3	NO
H	68525	BIOPSY OF LACRIMAL SAC	7/1/1997	\$271.00	3	NO
H	68540	EXCISION OF LACRIMAL GLAND TUMOR	7/1/1997	\$417.00	3	NO
H	68550	EXCISION OF LACRIAMAL GLAND TUMO	7/1/1997	\$417.00	3	NO
H	68700	PLASTIC REPAIR OF CANALICULI	7/1/1997	\$363.00	3	NO
H	68720	DACRYOCYSTORHINOSTOMY (FISTULATI	7/1/1997	\$513.00	3	NO
H	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	7/1/1997	\$513.00	3	NO
H	68750	CONJUNCTIVORHINOSTOMY (FISTULIZF	7/1/1997	\$513.00	3	NO
H	68770	CLOSURE OF LACRIMAL FISTULA (SEP	7/1/2003	\$513.00	3	NO
H	68810	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$314.00	3	NO
H	68811	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$422.00	3	NO
H	68815	PROBING OF NASOLACRIMAL DUCT, WI	1/1/1999	\$422.00	3	NO
H	68816	PROBING OF NASOLACRIMAL DUCT, WI	1/1/2008	\$485.61	3	NO
H	69090	EAR PIERCING	1/1/1984	NC	9	NO
H	69110	EXCISION EXTERNAL EAR PARTIAL SI	7/1/1997	\$271.00	3	NO
H	69120	EXCISION EXTERNAL EAR; COMPLETE	7/1/1997	\$363.00	3	NO
H	69140	EXCISION EXOSTOSIS(ES) EXTERNAL	7/1/1997	\$363.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	69145	EXCISION SOFT TISSUE LESION EXTE	7/1/1997	\$363.00	3	NO
H	69150	RADICAL EXCISION EXTERNAL AUDITO	7/1/1997	\$417.00	3	NO
H	69205	REMOVAL FOREIGN BODY FROM EXTERN	7/1/1997	\$271.00	3	NO
H	69310	RECONSTRUCTION OF EXTERNAL AUDIT	7/1/1997	\$417.00	3	NO
H	69320	RECONSTRUCTION EXTERNAL AUDITORY	7/1/1997	\$812.00	3	NO
H	69400	EUSTACHIAN TUBE INFLATION TRANSN	7/1/1997	\$217.12	3	NO
H	69401	EUSTACHIAN TUBE INFLATION TRANSN	7/1/1997	\$217.12	3	NO
H	69405	EUSTACHIAN TUBE CATHERIZATION TR	7/1/1997	\$250.92	3	NO
H	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
H	69421	MYRINGOTOMY INCLUDING ASPIRATION	7/1/1997	\$417.00	3	NO
H	69436	TYMPANOSTOMY (REQUIRING INSERTIO	7/1/1997	\$417.00	3	NO
H	69440	MIDDLE EAR EXPLORATION THROUGH P	7/1/1997	\$417.00	3	NO
H	69450	TYMPANOLYSIS TRANSCANAL	7/1/1997	\$271.00	3	NO
H	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	7/1/1997	\$812.00	3	NO
H	69502	MASTOIDECTOMY COMPLETE	7/1/1997	\$812.00	3	NO
H	69505	MASTOIDECTOMY; MODIFIED RADICAL	7/1/1997	\$812.00	3	NO
H	69511	MASTOIDECTOMY; RADICAL	7/1/1997	\$812.00	3	NO
H	69530	PETROUS APICECTOMY INCLUDING RAD	7/1/1997	\$812.00	3	NO
H	69550	EXCISION AURAL GLOMUS TUMOR TRAN	7/1/1997	\$585.00	3	NO
H	69552	EXCISION AURAL GLOMUS TUMOR; TRA	7/1/1997	\$812.00	3	NO
H	69601	REVISION MASTOIDECTOMY RESULTING	7/1/1997	\$812.00	3	NO
H	69602	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69603	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69604	REVISION MASTOIDECTOMY; RESULTIN	7/1/1997	\$812.00	3	NO
H	69605	WITH APICETOMY	7/1/1997	\$812.00	3	NO
H	69620	MYRINGOPLASTY (SURGERY CONFINED	7/1/1997	\$363.00	3	NO
H	69631	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69632	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69633	TYMPANOPLASTY WITHOUT MASTOIDECT	7/1/1997	\$585.00	3	NO
H	69635	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69636	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69637	TYMPANOPLASTY WITH ANTROTOMY OR	7/1/1997	\$812.00	3	NO
H	69641	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69642	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69643	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69644	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69645	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69646	TYMPANOPLASTY WITH MASTOIDECTOMY	7/1/1997	\$812.00	3	NO
H	69650	STAPES MOBILIZATION	7/1/1997	\$812.00	3	NO
H	69660	STAPEDECTOMY OR STAPEDOTOMY W/RE	7/1/1997	\$585.00	3	NO
H	69661	STAPEDECTOMY OR STAPEDOTOMY W/RE	7/1/1997	\$585.00	3	NO
H	69662	REVISION OF STAPEDECTOMY OR STAP	7/1/1997	\$585.00	3	NO
H	69666	REPAIR OVAL WINDOW FISTULA	7/1/1997	\$513.00	3	NO
H	69667	REPAIR ROUND WINDOW FISTULA	7/1/1997	\$513.00	3	NO
H	69670	MASTOID OBLITERATION (SEPARATE P	7/1/1997	\$417.00	3	NO
H	69676	TYMPANIC NEURECTOMY	7/1/1997	\$417.00	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	69700	CLOSURE POSTAURICULAR FISTULA MA	7/1/1997	\$417.00	3	NO
H	69710	IMPLANTATION OR REPLACEMENT OF E	7/1/1997	\$417.00	3	NO
H	69711	REMOVAL OR REPAIR OF ELECTROMAGN	7/1/1997	\$271.00	3	NO
H	69720	DECOMPRESSION FACIAL NERVE INTRA	7/1/1997	\$585.00	3	NO
H	69725	DECOMPRESSION FACIAL NERVE INTRA	7/1/1997	\$585.00	3	NO
H	69740	SUTURE FACIAL NERVE INTRATEMPORA	7/1/1997	\$585.00	3	NO
H	69745	SUTURE FACIAL NERVE INTRATEMPORA	7/1/1997	\$585.00	3	NO
H	69801	LABYRINTHOTOMY, W/OR W/OUT CRYOS	7/1/1997	\$585.00	3	NO
H	69802	LABYRINTHOTOMY WITH MASTOIDECTOM	7/1/1997	\$812.00	3	NO
H	69805	ENDOLYMPHATIC SAC OPERATION WITH	7/1/1997	\$812.00	3	NO
H	69806	ENDOLYMPHATIC SAC OPERATION; WIT	7/1/1997	\$812.00	3	NO
H	69820	FENESTRATION SEMICIRCULAR CANAL	7/1/1997	\$585.00	3	NO
H	69840	REVISION FENESTRATION OPERATION	7/1/1997	\$585.00	3	NO
H	69905	LABYRINTHECTOMY TRANSCANAL	7/1/1997	\$812.00	3	NO
H	69910	LABYRINTHECTOMY; WITH MASTOIDECT	7/1/1997	\$812.00	3	NO
H	69915	VESTIBULAR NERVE SECTION TRANSLA	7/1/1997	\$812.00	3	NO
H	69930	COCHLEAR DEVICE IMPLANTATION WIT	1/1/1999	\$941.00	3	NO
H	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	8/11/2003	NC	9	NO
H	92018	OPHTHALMOLOGICAL EXAMINATION AND	7/1/1997	\$250.92	3	NO
H	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	2/1/1994	\$0.01	5	NO
H	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	6/21/2004	\$217.00	3	NO
H	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
H	93799	UNLISTED CARDIOVASCULAR SERVICE	1/1/1984	\$0.01	5	NO
H	94799	UNLISTED PULMONARY SERVICE OR PR	1/1/1984	\$0.01	5	NO
H	99000	HANDLING AND/OR CONVEYANCE OF SP	8/14/1989	NC	9	NO
H	99002	HANDLING, CONVEYANCE, AND/OR ANY	8/14/1989	NC	9	NO
H	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
H	A9170	NONCOVERED SERVICE BY CHIROPRACT	4/1/2002	INVALID	N	NO
H	D2110	AMALGAM - ONE SURFACE, PRIMARY	4/1/2003	INVALID	N	NO
H	D2120	AMALGAM - TWO SURFACES, PRIMARY	4/1/2003	INVALID	N	NO
H	D2130	AMALGAM - THREE SURFACES, PRIMAR	4/1/2003	INVALID	N	NO
H	D2131	AMALGAM - FOUR OR MORE SURFACES,	4/1/2003	INVALID	N	NO
H	D2140	AMALGAM - ONE SURFACE, PERMANENT	1/1/2002	\$363.00	3	NO
H	D2161	AMALGAM - FOUR OR MORE SURFACES,	1/1/2002	\$363.00	3	NO
H	D2336	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
H	D2337	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
H	D2380	RESIN-BASED COMPOSITE - ONE SURF	4/1/2003	INVALID	N	NO
H	D2381	RESIN-BASED COMPOSITE - TWO SURF	4/1/2003	INVALID	N	NO
H	D2382	RESIN-BASED COMPOSITE - THREE OR	4/1/2003	INVALID	N	NO
H	D2385	RESIN-BASED COMPOSITE - ONE SURF	4/1/2003	INVALID	N	NO
H	D2386	RESIN-BASED COMPOSITE - TWO SURF	4/1/2003	INVALID	N	NO
H	D2387	RESIN-BASED COMPOSITE - THREE SU	4/1/2003	INVALID	N	NO
H	D2388	RESIN-BASED COMPOSITE - FOUR OR	4/1/2003	INVALID	N	NO
H	D2970	TEMPORARY CROWN (FRACTURED TOOTH	1/1/2005	INVALID	N	NO
H	D4220	GINGIVAL CURETTAGE, SURGICAL - P	4/1/2003	INVALID	N	NO
H	G0105	COLORECTAL CANCER SCREENING; COL	10/1/2002	\$363.00	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
H	G0121	COLORECTAL CANCER SCREENING; COL	7/1/2001	\$363.00	3	NO
H	M0300	IV CHELATION THERAPY (CHEMICAL E	10/1/1984	NC	9	NO
H	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	8/30/1994	NC	9	NO
H	S4005	INTERIM LABOR FACILITY GLOBAL (L	1/1/2004	\$0.01	5	NO
H	V2785	PROCESSING, PRESERVING AND TRANS	10/1/1998	\$1,600.00	3	NO
J	69210	REMOVAL IMPACTED CERUMEN (SEPARA	1/1/2008	\$34.14	3	NO
J	92506	EVALUATION OF SPEECH, LANGUAGE,	1/1/2008	\$98.11	3	NO
J	92507	TREATMENT OF SPEECH, LANGUAGE, V	1/1/2008	\$44.89	3	YES
J	92508	TREATMENT OF SPEECH,LANGUAGE,VOI	1/1/2008	\$20.97	3	YES
J	92510	AURAL REHABILITATION FOLLOWING C	1/1/2006	INVALID	N	YES
J	92525	EVALUATION OF SWALLOWING AND ORA	7/1/2003	INVALID	N	NO
J	92526	TREATMENT OF SWALLOWING DYSFUNCT	1/1/2008	\$59.67	3	YES
J	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	1/1/2008	\$40.05	3	NO
J	92542	POSITIONAL NYSTAGMUS TEST MINIMU	1/1/2008	\$40.86	3	NO
J	92543	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$19.08	3	NO
J	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	1/1/2008	\$32.79	3	NO
J	92545	OSCILLATING TRACKING TEST WITH R	1/1/2008	\$29.84	3	NO
J	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	1/1/2008	\$60.75	3	NO
J	92547	USE OF VERTICAL ELECTRODES .....	1/1/2008	\$4.03	3	NO
J	92551	SCREENING TEST, PURE TONE, AIR O	1/1/2008	\$6.99	3	NO
J	92552	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$13.71	3	NO
J	92553	BASIC AUDIOLOGIC ASSESSMENT	1/1/2008	\$19.62	3	NO
J	92555	SPEECH AUDIOMETRY THRESHOLD;	1/1/2008	\$11.29	3	NO
J	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	1/1/2008	\$16.67	3	NO
J	92557	COMPREHENSIVE AUDIOMETRY THRESHO	1/1/2008	\$35.75	3	NO
J	92562	LOUDNESS BALANCE TEST ALTERNATE	1/1/2008	\$13.98	3	NO
J	92563	tone decay test	1/1/2008	\$12.10	3	NO
J	92564	SHORT INCREMENT SENSITIVITY INDE	1/1/2008	\$13.71	3	NO
J	92565	STENGER TEST, PURE TONE	1/1/2008	\$10.75	3	NO
J	92567	TYMPANOMETRY (IMPEDANCE TESTING)	1/1/2008	\$15.32	3	NO
J	92568	ACOUSTIC REFLEX TESTING; THRESHO	1/1/2008	\$9.68	3	NO
J	92569	ACOUSTIC REFLEX TESTING; DECAY	1/1/2008	\$10.48	3	NO
J	92571	FILTERED SPEECH TEST	1/1/2008	\$11.56	3	NO
J	92572	STAGGERED SPONDAIC WORD TEST	1/1/2008	\$6.18	3	NO
J	92576	SYNTHETIC SENTENCE IDENTIFICATIO	1/1/2008	\$13.98	3	NO
J	92577	STENGER TEST, SPEECH	1/1/2008	\$18.01	3	NO
J	92579	VISUAL REINFORCEMENT AUDROMETRY	1/1/2008	\$22.04	3	NO
J	92582	CONDITIONING PLAY AUDIOMETRY	1/1/2008	\$23.65	3	NO
J	92583	SELECT PICTURE AUDIOMETRY	1/1/2008	\$24.73	3	NO
J	92585	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$72.31	3	NO
J	92586	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$50.53	3	NO
J	92587	EVOKED OTACOUSTIC EMISSIONS-LIMI	1/1/2008	\$38.71	3	NO
J	92588	EVOKED OTACOUSTIC EMISSIONS-COMP	1/1/2008	\$53.22	3	NO
J	92589	CENTRAL AUDITORY FUNCTION TEST(S	1/1/2005	INVALID	N	NO
J	92590	HEARING AID EXAMINATION AND SELE	1/1/2008	\$83.05	3	NO
J	92591	HEARING AID EXAMINATION AND SELE	1/1/2008	\$84.01	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
J	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
J	92594	ELECTROACOUSTIC EVALUATION FOR H	1/1/2008	\$25.61	3	NO
J	92595	ELECTROACOUSTIC EVALUATION FOR H	1/1/2008	\$29.47	3	NO
J	92597	EVALUATION FOR USE AND/OR FITTING	1/1/2008	\$69.35	3	NO
J	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
J	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR	1/1/2008	\$105.10	3	NO
J	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR	1/1/2008	\$72.31	3	NO
J	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR	1/1/2008	\$66.39	3	NO
J	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR	1/1/2008	\$43.28	3	NO
J	92605	EVALUATION FOR PRESCRIPTION OF N	1/1/2003	NC	9	NO
J	92606	THERAPEUTIC SERVICE(S) FOR THE U	1/1/2003	NC	9	NO
J	92607	EVALUATION FOR PRESCRIPTION FOR	1/1/2008	\$92.20	3	NO
J	92608	EVAL FOR PRESCRIPTION FOR SPEECH	1/1/2008	\$18.28	3	NO
J	92609	THERAPEUTIC SERVICES FOR THE USE	1/1/2008	\$48.65	3	NO
J	92610	EVALUATION OF ORAL AND PHARYNGEA	1/1/2008	\$82.25	3	NO
J	92611	MOTION FLUOROSCOPIC EVALUATION O	1/1/2008	\$83.87	3	NO
J	92620	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
J	92621	EVALUATION OF CENTRAL AUDITORY F	1/1/2005	NC	9	NO
J	92626	EVALUATION OF AUDITORY REHABILIT	1/1/2008	\$58.33	3	YES
J	92627	EVALUATION OF AUDITORY REHABILIT	1/1/2008	\$14.52	3	YES
J	92630	AUDITORY REHABILITATION; PRE-LING	1/1/2008	\$98.13	3	YES
J	92633	AUDITORY REHABILITATION; POST-LIN	1/1/2008	\$98.13	3	YES
J	97703	CHECKOUT FOR ORTHOTIC/PROSTETIC	1/1/2006	INVALID	N	YES
J	A4649	SURGICAL SUPPLIES, MISCELLANEOUS	1/1/2008	\$4.92	3	NO
J	E1900	SYNTHESIZED SPEECH AUGMENTATIVE	4/1/2002	INVALID	N	NO
J	E2500	SPEECH GENERATING DEVICE, DIGITI	4/1/2008	\$373.46	3	YES
J	E2502	SPEECH GENERATING DEVICE, DIGITI	4/1/2008	\$1,141.99	3	YES
J	E2504	SPEECH GENERATING DEVICE, DIGITI	4/1/2008	\$1,506.44	3	YES
J	E2506	SPEECH GENERATING DEVICE, DIGITI	4/1/2008	\$2,208.88	3	YES
J	E2508	SPEECH GENERATING DEVICE, SYNTHE	4/1/2008	\$3,415.66	3	YES
J	E2510	SPEECH GENERATING DEVICE, SYNTHE	4/1/2008	\$6,463.68	3	YES
J	E2511	SPEECH GENERATING SOFTWARE PROGR	1/1/2004	\$0.01	5	YES
J	E2512	ACCESSORY FOR SPEECH GENERATING	4/1/2008	\$481.00	3	YES
J	E2599	ACCESSORY FOR SPEECH GENERATING	1/1/2008	\$518.00	3	YES
J	G0195	CLINICAL EVALUATION OF SWALLOWIN	7/1/2003	INVALID	N	NO
J	G0196	EVALUATION OF SWALLOWING INVOLVI	7/1/2003	INVALID	N	NO
J	G0197	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
J	G0200	EVALUATION OF PATIENT FOR PRESCR	7/1/2003	INVALID	N	NO
J	K0541	SPEECH GENERATING DEVICE, DIGITI	4/1/2004	INVALID	N	NO
J	K0542	SPEECH GENERATING DEVICE, DIGITI	4/1/2004	INVALID	N	NO
J	K0543	SPEECH GENERATING DEVICE, SYNTHE	4/1/2004	INVALID	N	NO
J	K0544	SPEECH GENERATING DEVICE, SYNTHE	4/1/2004	INVALID	N	NO
J	K0545	SPEECH GENERATING SOFTWARE PROGR	4/1/2004	INVALID	N	NO
J	K0546	ACCESSORY FOR SPEECH GENERATING	4/1/2004	INVALID	N	NO
J	K0547	ACCESSORY FOR SPEECH GENERATING	4/1/2004	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	K0731	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	K0732	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	L7510	REPAIRING PROSTHETIC DEVICE, REP	1/1/2008	\$208.15	3	NO
J	L7520	REPAIR PROSTHETIC DEVICE, LABOR	1/1/2008	\$21.38	3	YES
J	L8500	ARTIFICIAL LARYNX ANY TYPE	4/1/2008	\$597.94	3	NO
J	L8501	TRACHEOSTOMY SPEAKING VALVE	4/1/2008	\$92.52	3	NO
J	L8505	ARTIFICIAL LARYNX REPLACEMENT BA	1/1/2008	\$207.20	3	NO
J	L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHE	4/1/2008	\$31.50	3	NO
J	L8509	TRACHEO-ESOPHAGEAL VOICE PROTHES	4/1/2008	\$82.11	3	NO
J	L8510	VOICE AMPLIFIER	4/1/2008	\$189.99	3	NO
J	L8511	INSERT FOR INDWELLING TRACHEOESO	3/1/2008	NC	9	NO
J	L8512	GELATIN CAPSULES OR EQUIVALENT,	3/1/2008	NC	9	NO
J	L8513	CLEANING DEVICE USED WITH TRACHE	3/1/2008	NC	9	NO
J	L8514	TRACHEOESOPHAGEAL PUNCTURE DILAT	3/1/2008	NC	9	NO
J	L8515	GELATIN CAPSULE, APPLICATION DEV	4/1/2008	\$47.45	3	NO
J	L8615	HEADSET/HEADPIECE FO RUSE WITH C	4/1/2008	\$339.09	3	NO
J	L8616	MICROPHONE FOR USE WITH COCHLEAR	4/1/2008	\$78.98	3	NO
J	L8617	TRANSMITTING COIL FOR USE WITH C	4/1/2008	\$68.98	3	NO
J	L8618	TRANSMITTER CABLE FO RUSE WITH C	4/1/2008	\$19.71	3	NO
J	L8619	COCHLEAR IMPLANT EXTERNAL SPEECH	4/1/2008	\$6,176.53	3	YES
J	L8620	LITHIUM ION BATTERY FOR USE WITH	1/1/2006	INVALID	N	YES
J	L8621	ZINC AIR BATTERY FOR USE WITH CO	4/1/2008	\$0.47	3	NO
J	L8622	ALKALINE BATTERY FOR USE WITH CO	4/1/2008	\$0.25	3	NO
J	L8623	LITHIUM ION BATTERY FOR USE WITH	4/1/2008	\$48.64	3	YES
J	L8624	LITHIUM ION BATTERY FOR USE WITH	4/1/2008	\$121.25	3	YES
J	L9900	ORTHOTIC AND PROSTHETIC SUPPLY,	1/1/2008	\$932.40	3	YES
J	S0618	AUDIOMETRY FOR HEARING AID EVALU	1/1/2005	NC	9	NO
J	S8945	PHYSICAL MEDICINE TREATMENT FOR	4/1/2004	INVALID	N	NO
J	S9092	CANOLITH REPOSITIONING, PER VISI	1/1/2008	\$23.31	3	NO
J	S9152	SPEECH THERAPY, REEVALUATION	1/1/2008	\$49.73	3	NO
J	V5008	HEARING SCREENING	1/1/1994	NC	9	NO
J	V5010	HEARING AID EVALUATION/TESTS/SEL	12/1/1996	NC	9	NO
J	V5011	FITTING/ORIENTATION/CHECKING OF	1/1/2008	\$103.60	3	YES
J	V5014	REPAIR/MODIFICATION OF A HEARING	1/1/2008	\$108.78	3	YES
J	V5020	CONFORMITY EVALUATION	1/1/1994	NC	9	NO
J	V5030	HEARING AID, MONAURAL, BODY WORN	1/1/2008	\$621.60	3	YES
J	V5040	HEARING AID, MONAURAL, BODY WORN	1/1/2008	\$621.60	3	YES
J	V5050	HEARING AID, MONAURAL, IN THE EA	1/1/2008	\$621.60	3	YES
J	V5060	HEARING AID, MONAURAL, BEHIND TH	1/1/2008	\$621.60	3	YES
J	V5070	GLASSES, AIR CONDUCTION	1/1/1994	NC	9	NO
J	V5080	GLASSES, BONE CONDUCTION	1/1/1994	NC	9	NO
J	V5090	HEARING AID DISPENSING/FITTING	7/1/2002	NC	9	NO
J	V5095	SEMI-IMPLANTABLE MIDDLE EAR HEAR	1/1/2003	NC	9	NO
J	V5100	HEARING AID, BILATERAL, BODY WOR	1/1/1994	NC	9	NO
J	V5110	DISPENSING FEE, BILATERAL	1/1/1994	NC	9	NO
J	V5120	BINAURAL, BODY	1/1/1994	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	V5130	BINAURAL HEARING AID, IN THE EAR	1/1/2008	\$621.60	3	YES
J	V5140	BINAURAL HEARING AID, BEHIND THE	1/1/2008	\$621.60	3	YES
J	V5150	BINAURAL, GLASSES	1/1/1994	NC	9	NO
J	V5160	DISPENSING FEE, BINAURAL	1/1/2008	\$49.94	3	YES
J	V5170	HEARING AID, CROS, IN THE EAR	1/1/2008	\$621.60	3	YES
J	V5180	HEARING AID, CROS, BEHIND THE EA	1/1/2008	\$621.60	3	YES
J	V5190	HEARING AID, CROS, GLASSES	1/1/1994	NC	9	NO
J	V5200	HEARING AID DISPENSING FEE, CROS	1/1/2008	\$49.94	3	YES
J	V5210	HEARING AID, BICROS, IN THE EAR	1/1/2008	\$621.60	3	YES
J	V5220	HEARING AID, BICROS, BEHIND THE	1/1/2008	\$621.60	3	YES
J	V5230	HEARING AID, BICROS, GLASSES	1/1/1994	NC	9	NO
J	V5240	HEARING AID DISPENSING FEE, BICR	1/1/2008	\$49.94	3	YES
J	V5241	DISPENSING FEE, MONAURAL HEARING	1/1/2008	\$49.94	3	YES
J	V5242	HEARING AID, ANALOG, MONAURAL, C	1/1/2002	NC	9	NO
J	V5243	HEARING AID, ANALOG, MONAURAL, I	1/1/2002	NC	9	NO
J	V5244	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5245	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5246	HEARING AID, DIGITALLY PROGRAMMA	1/1/2008	\$621.60	3	YES
J	V5247	HEARING AID, DIGITALLY PROGRAMMA	1/1/2008	\$621.60	3	YES
J	V5248	HEARING AID, ANALOG, BINAURAL, C	1/1/2002	NC	9	NO
J	V5249	HEARING AID, ANALOG, BINAURAL, I	1/1/2002	NC	9	NO
J	V5250	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5251	HEARING AID, DIGITALLY PROGRAMMA	1/1/2002	NC	9	NO
J	V5252	HEARING AID, DIGITALLY PROGRAMMA	1/1/2008	\$621.60	3	YES
J	V5253	HEARING AID, DIGITALLY PROGRAMMA	1/1/2008	\$621.60	3	YES
J	V5254	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5255	HEARING AID, DIGITAL, MONAURAL,	1/1/2002	NC	9	NO
J	V5256	HEARING AID, DIGITAL, MONAURAL,	1/1/2008	\$621.60	3	YES
J	V5257	HEARING AID, DIGITAL, MONAURAL,	1/1/2008	\$621.60	3	YES
J	V5258	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO
J	V5259	HEARING AID, DIGITAL, BINAURAL,	1/1/2002	NC	9	NO
J	V5260	HEARING AID, DIGITAL, BINAURAL,	1/1/2008	\$621.60	3	YES
J	V5261	HEARING AID, DIGITAL, BINAURAL,	1/1/2008	\$621.60	3	YES
J	V5262	HEARING AID, DISPOSABLE, ANY TYP	1/1/2002	NC	9	NO
J	V5263	HEARING AID, DISPOSABLE, ANY TYP	1/1/2002	NC	9	NO
J	V5264	EAR MOLD, NOT DISPOSABLE	1/1/2008	\$33.62	3	YES
J	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY	1/1/2002	NC	9	NO
J	V5266	BATTERY FOR USE IN HEARING AID	4/1/2008	\$1.92	3	NO
J	V5267	HEARING AID SUPPLIES/ACCESSORIES	1/1/2008	\$70.45	3	YES
J	V5268	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5269	ASSISTIVE LISTENING DEVICE, ALER	1/1/2002	NC	9	NO
J	V5270	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5271	ASSISTIVE LISTENING DEVICE, TELE	1/1/2002	NC	9	NO
J	V5272	ASSISTIVE LISTENING DEVICE, TDD	1/1/2002	NC	9	NO
J	V5273	ASSISTIVE LISTENING DEVICE, FOR	4/1/2002	NC	9	NO
J	V5274	ASSISTIVE LISTENING DEVICE, NOT	1/1/2008	\$111.27	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
J	V5275	EAR IMPRESSION, EACH	1/1/2002	NC	9	NO
J	V5298	HEARING AID, NOT OTHERWISE CLASS	1/1/2003	NC	9	NO
J	V5299	HEARING AID	11/1/1993	NC	9	NO
J	V5336	REPAIR/MODIFICATION OF AUGMENTAT	1/1/2008	\$754.21	3	YES
J	V5362	SPEECH SCREENING	1/1/2008	\$31.68	3	NO
J	V5363	LANGUAGE SCREENING, INCLUDES SPE	1/1/2008	\$31.68	3	NO
J	V5364	DYSPHAGIA SCREENING STUDY (TO DE	1/1/2008	\$31.67	3	NO
K	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
K	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2008	\$3.11	3	NO
K	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
K	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	1/1/2008	\$152.14	3	NO
K	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	1/1/2008	\$89.51	3	NO
K	70030	RADIOLOGIC EXAMINATION EYE FOR D	1/1/2008	\$19.08	3	NO
K	70100	RADIOLOGIC EXAMINATION MANDIBLE	1/1/2008	\$21.50	3	NO
K	70110	RADIOLOGIC EXAMINATION MANDIBLE;	1/1/2008	\$27.42	3	NO
K	70120	RADIOLOGIC EXAMINATION MASTOIDS	1/1/2008	\$24.46	3	NO
K	70130	RADIOLOGIC EXAMINATION MASTOIDS;	1/1/2008	\$36.56	3	NO
K	70134	RADIOLOGIC EXAMINATION INTERNAL	1/1/2008	\$33.87	3	NO
K	70140	RADIOLOGIC EXAMINATION FACIAL BO	1/1/2008	\$23.65	3	NO
K	70150	RADIOLOGIC EXAMINATION FACIAL BO	1/1/2008	\$31.45	3	NO
K	70160	RADIOLOGIC EXAMINATION NASAL BON	1/1/2008	\$21.50	3	NO
K	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	1/1/2008	\$36.85	3	NO
K	70190	RADIOLOGIC EXAMINATION OPTIC FOR	1/1/2008	\$25.54	3	NO
K	70200	RADIOLOGIC EXAMINATION; ORBITS C	1/1/2008	\$32.26	3	NO
K	70210	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$23.39	3	NO
K	70220	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$30.37	3	NO
K	70240	RADIOLOGIC EXAMINATION SELLA TUR	1/1/2008	\$19.62	3	NO
K	70250	RADIOLOGIC EXAMINATION SKULL LES	1/1/2008	\$26.61	3	NO
K	70260	RADIOLOGIC EXAMINATION SKULL; CO	1/1/2008	\$37.09	3	NO
K	70300	RADIOLOGIC EXAMINATION TEETH SIN	1/1/2008	\$11.56	3	NO
K	70310	RADIOLOGIC EXAMINATION TEETH; PA	1/1/2008	\$20.70	3	NO
K	70320	RADIOLOGIC EXAMINATION TEETH; CO	1/1/2008	\$31.45	3	NO
K	70328	RADIOLOGIC EXAMINATION TEMPOROMA	1/1/2008	\$20.70	3	NO
K	70330	RADIOLOGIC EXAMINATION TEMPOROMA	1/1/2008	\$33.06	3	NO
K	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	1/1/2008	\$74.19	3	NO
K	70336	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$371.21	3	NO
K	70350	CEPHALOGRAM ORTHODONTIC	1/1/2008	\$16.67	3	YES
K	70355	ORTHOPANTOGRAM	1/1/2008	\$21.77	3	YES
K	70360	RADIOLOGIC EXAMINATION NECK SOFT	1/1/2008	\$18.82	3	NO
K	70370	RADIOLOGIC EXAMINATION; PHARYNX	1/1/2008	\$50.00	3	NO
K	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	1/1/2008	\$84.40	3	NO
K	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	1/1/2008	\$64.51	3	NO
K	70380	RADIOLOGIC EXAMINATION SALIVARY	1/1/2008	\$26.07	3	NO
K	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	1/1/2008	\$66.93	3	NO
K	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	1/1/2008	\$162.62	3	NO
K	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$202.68	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$247.03	3	NO
K	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	1/1/2008	\$200.26	3	NO
K	70481	COMPUTERIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$233.59	3	NO
K	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$275.25	3	NO
K	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	1/1/2008	\$184.40	3	NO
K	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$220.68	3	NO
K	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$267.72	3	NO
K	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	1/1/2008	\$187.62	3	NO
K	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$220.95	3	NO
K	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$266.65	3	NO
K	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$398.90	3	NO
K	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$399.44	3	NO
K	70540	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$343.90	3	NO
K	70542	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$436.80	3	NO
K	70543	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$718.77	3	NO
K	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$384.38	3	NO
K	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$383.85	3	NO
K	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$683.83	3	NO
K	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$384.12	3	NO
K	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$389.49	3	NO
K	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$683.56	3	NO
K	70551	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$385.46	3	NO
K	70552	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$451.05	3	NO
K	70553	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$733.82	3	NO
K	70554	MRI, BRAIN, FUNCTIONAL MRI; INCL	1/1/2007	NC	9	NO
K	70555	MRI, BRAIN, FUNCTIONAL MRI; REQU	1/1/2007	NC	9	NO
K	70557	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	70558	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	70559	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
K	71010	RADIOLOGIC EXAMINATION, CHEST; S	1/1/2008	\$19.08	3	NO
K	71015	RADIOLOGIC EXAMINATION CHEST; ST	1/1/2008	\$22.04	3	NO
K	71020	RADIOLOGIC EXAMINATION, CHEST, T	1/1/2008	\$25.00	3	NO
K	71021	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$30.11	3	NO
K	71022	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$32.52	3	NO
K	71023	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$40.32	3	NO
K	71030	RADIOLOGIC EXAMINATION, CHEST, C	1/1/2008	\$33.60	3	NO
K	71034	RADIOLOGIC EXAMINATION CHEST COM	1/1/2008	\$60.48	3	NO
K	71035	RADIOLOGIC EXAMINATION CHEST SPE	1/1/2008	\$22.31	3	NO
K	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	1/1/2008	\$65.32	3	NO
K	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	1/1/2008	\$93.00	3	NO
K	71090	INSERTION PACEMAKER, FLUOROSCOPY	1/1/2008	\$66.43	3	NO
K	71100	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$24.19	3	NO
K	71101	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$28.76	3	NO
K	71110	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$31.45	3	NO
K	71111	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$37.36	3	NO
K	71120	RADIOLOGIC EXAMINATION STERNUM M	1/1/2008	\$25.27	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	71130	RADIOLOGIC EXAMINATION; STERNOCL	1/1/2008	\$27.96	3	NO
K	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	1/1/2008	\$208.59	3	NO
K	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$246.22	3	NO
K	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$302.67	3	NO
K	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$401.32	3	NO
K	71550	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$392.99	3	NO
K	71551	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$459.38	3	NO
K	71552	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$741.89	3	NO
K	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$403.20	3	NO
K	72010	RADIOLOGIC EXAMINATION SPINE ENT	1/1/2008	\$47.31	3	NO
K	72020	RADIOLOGIC EXAMINATION SPINE SIN	1/1/2008	\$17.20	3	NO
K	72040	RADIOLOGIC EXAMINATION, SPINE, C	1/1/2008	\$25.80	3	NO
K	72050	RADIOLOGIC EXAMINATION SPINE CER	1/1/2008	\$37.09	3	NO
K	72052	RADIOLOGIC EXAMINATION SPINE CE	1/1/2008	\$45.96	3	NO
K	72069	RADIOLOGIC EXAMINATION, SPINE, T	1/1/2008	\$23.12	3	NO
K	72070	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$25.80	3	NO
K	72072	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$28.49	3	NO
K	72074	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$33.60	3	NO
K	72080	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$26.61	3	NO
K	72090	RADIOLOGIC EXAMINATION SPINE; SC	1/1/2008	\$30.64	3	NO
K	72100	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$27.42	3	NO
K	72110	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$37.90	3	NO
K	72114	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$48.38	3	NO
K	72120	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$34.14	3	NO
K	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	1/1/2008	\$208.59	3	NO
K	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	1/1/2008	\$245.41	3	NO
K	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	1/1/2008	\$298.10	3	NO
K	72128	COMPUTED TOMOGRAPHY, THORACIC SP	1/1/2008	\$208.59	3	NO
K	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$245.41	3	NO
K	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	1/1/2008	\$297.83	3	NO
K	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	1/1/2008	\$208.59	3	NO
K	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	1/1/2008	\$245.41	3	NO
K	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	1/1/2008	\$299.17	3	NO
K	72141	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$376.86	3	NO
K	72142	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$456.15	3	NO
K	72146	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$403.20	3	NO
K	72147	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$442.71	3	NO
K	72148	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$399.17	3	NO
K	72149	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$451.32	3	NO
K	72156	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$739.47	3	NO
K	72157	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$728.72	3	NO
K	72158	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$731.67	3	NO
K	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$426.05	3	NO
K	72170	RADIOLOGIC EXAMINATION, PELVIS;	1/1/2008	\$20.43	3	NO
K	72190	RADIOLOGIC EXAMINATION PELVIS; C	1/1/2008	\$27.42	3	NO
K	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$387.88	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
K	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	1/1/2008	\$203.48	3	NO
K	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$235.74	3	NO
K	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$289.23	3	NO
K	72195	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$380.62	3	NO
K	72196	MAGNETIC RESONANSE (EG, PROTON)	1/1/2008	\$443.79	3	NO
K	72197	MAGNETIC RESONANCE IMAGING, PELV	1/1/2008	\$725.49	3	NO
K	72198	MAGNETIC RESONANCE ANGIOGRPAHY,	1/1/2008	\$399.97	3	NO
K	72200	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$20.97	3	NO
K	72202	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$25.00	3	NO
K	72220	RADIOLOGIC EXAMINATION SACRUM AN	1/1/2008	\$22.31	3	NO
K	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$149.72	3	NO
K	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	1/1/2008	\$138.43	3	NO
K	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	1/1/2008	\$132.25	3	NO
K	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	1/1/2008	\$202.41	3	NO
K	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	1/1/2008	\$85.21	3	NO
K	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$230.09	3	NO
K	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	1/1/2008	\$207.78	3	NO
K	73000	RADIOLOGIC EXAMINATION CLAVICLE	1/1/2008	\$20.16	3	NO
K	73010	RADIOLOGIC EXAMINATION; SCAPULA	1/1/2008	\$20.97	3	NO
K	73020	RADIOLOGIC EXAMINATION SHOULDER	1/1/2008	\$18.28	3	NO
K	73030	RADIOLOGIC EXAMINATION SHOULDER;	1/1/2008	\$22.58	3	NO
K	73040	RADIOLOGICAL EXAMINATION, SHOULD	1/1/2008	\$78.49	3	NO
K	73050	RADIOLOGIC EXAMINATION ACROMIOCL	1/1/2008	\$26.34	3	NO
K	73060	RADIOLOGIC EXAMINATION; HUMERUS	1/1/2008	\$22.31	3	NO
K	73070	RADIOLOGIC EXAMINATION, ELBOW; T	1/1/2008	\$19.89	3	NO
K	73080	RADIOLOGIC EXAMINATION ELBOW; CO	1/1/2008	\$23.65	3	NO
K	73085	RADIOLIGIC EXAMINATION, ELBOW, A	1/1/2008	\$76.07	3	NO
K	73090	RADIOLOGIC EXAMINATION; FOREARM,	1/1/2008	\$20.16	3	NO
K	73092	RADIOLOGIC EXAMINATION; UPPER EX	1/1/2008	\$19.89	3	NO
K	73100	RADIOLOGIC EXAMINATION, WRIST; T	1/1/2008	\$19.89	3	NO
K	73110	RADIOLOGIC EXAMINATION WRIST; CO	1/1/2008	\$22.31	3	NO
K	73115	RADIOLOGIC EXAMINATION, WRIST, A	1/1/2008	\$68.54	3	NO
K	73120	RADIOLOGIC EXAMINATION HAND TWO	1/1/2008	\$19.62	3	NO
K	73130	RADIOLOGIC EXAMINATION HAND; MIN	1/1/2008	\$21.50	3	NO
K	73140	RADIOLOGIC EXAMINATION FINGER OR	1/1/2008	\$18.01	3	NO
K	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	1/1/2008	\$185.20	3	NO
K	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$241.11	3	NO
K	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$269.88	3	NO
K	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$362.88	3	NO
K	73218	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$377.40	3	NO
K	73219	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$438.41	3	NO
K	73220	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$720.65	3	NO
K	73221	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$370.41	3	NO
K	73222	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$431.42	3	NO
K	73223	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$711.51	3	NO
K	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$397.82	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	73500	RADIOLOGIC EXAMINATION HIP UNILA	1/1/2008	\$19.35	3	NO
K	73510	RADIOLOGIC EXAMINATION HIP; COMP	1/1/2008	\$25.00	3	NO
K	73520	RADIOLOGIC EXAMINATION HIPS BILA	1/1/2008	\$28.76	3	NO
K	73525	RADIOLOGIC EXAMINATION, HIP, ART	1/1/2008	\$76.34	3	NO
K	73530	RADIOLOGIC EXAMINATION HIP DURIN	1/1/2008	\$24.39	3	NO
K	73540	RADIOLOGIC EXAMINATION PELVIS AN	1/1/2008	\$25.00	3	NO
K	73542	RADIOLOGICAL EXAMINATION, SACROI	1/1/2008	\$73.11	3	NO
K	73550	RADIOLOGIC EXAMINATION, FEMUR, T	1/1/2008	\$22.31	3	NO
K	73560	RADIOLOGIC EXAMINATION KNEE ANTE	1/1/2008	\$20.97	3	NO
K	73562	RADIOLOGIC EXAMINATION KNEE ANTE	1/1/2008	\$23.65	3	NO
K	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	1/1/2008	\$26.88	3	NO
K	73565	RADIOLOGIC EXAMINATION, KNEE; BO	1/1/2008	\$20.70	3	NO
K	73580	RADIOLOGIC EXAMINATION, KNEE, AR	1/1/2008	\$90.85	3	NO
K	73590	RADIOLOGIC EXAMINATION; TIBIA AN	1/1/2008	\$20.70	3	NO
K	73592	RADIOLOGIC EXAMINATION; LOWER EX	1/1/2008	\$19.89	3	NO
K	73600	RADIOLOGIC EXAMINATION, ANKLE; T	1/1/2008	\$19.62	3	NO
K	73610	RADIOLOGIC EXAMINATION ANKLE; CO	1/1/2008	\$21.77	3	NO
K	73615	RADIOLOGIC EXAMINATION, ANKLE, A	1/1/2008	\$76.88	3	NO
K	73620	RADIOLOGIC EXAMINATION, FOOT; TW	1/1/2008	\$19.62	3	NO
K	73630	RADIOLOGIC EXAMINATION FOOT; COM	1/1/2008	\$21.50	3	NO
K	73650	RADIOLOGIC EXAMINATION CALCANEUS	1/1/2008	\$19.35	3	NO
K	73660	RADIOLOGIC EXAMINATION; TOE OR T	1/1/2008	\$17.74	3	NO
K	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	1/1/2008	\$185.20	3	NO
K	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	1/1/2008	\$218.27	3	NO
K	73702	COMPUTIERIZED AXIAL TOMOGRAPHY L	1/1/2008	\$270.41	3	NO
K	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$375.78	3	NO
K	73718	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$374.71	3	NO
K	73719	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$437.61	3	NO
K	73720	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$720.12	3	NO
K	73721	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$372.29	3	NO
K	73722	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$433.04	3	NO
K	73723	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$711.24	3	NO
K	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$401.32	3	NO
K	74000	RADIOLOGIC EXAMINATION ABDOMEN S	1/1/2008	\$20.43	3	NO
K	74010	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$25.80	3	NO
K	74020	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$27.96	3	NO
K	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	1/1/2008	\$33.06	3	NO
K	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	1/1/2008	\$201.87	3	NO
K	74160	COMPUTERIZED AXIAL TOMOGRAPHY AB	1/1/2008	\$247.83	3	NO
K	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	1/1/2008	\$308.85	3	NO
K	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$396.75	3	NO
K	74181	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$367.72	3	NO
K	74182	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$455.88	3	NO
K	74183	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$725.76	3	NO
K	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$400.24	3	NO
K	74190	PERITONEOGRAM, RADIOLOGICAL SUPER	1/1/2008	\$52.94	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	74210	RADIOLOGIC EXAMINATION PHARYNX A	1/1/2008	\$49.46	3	NO
K	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	1/1/2008	\$54.30	3	NO
K	74230	SWALLOWING FUNCTION, WITH CINERA	1/1/2008	\$58.87	3	NO
K	74235	REMOVAL OF FOREIGN BODY(S), ESOP	1/1/2008	\$114.18	3	NO
K	74240	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$69.89	3	NO
K	74241	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$72.31	3	NO
K	74245	RADIOLOGIC EXAM, GASTROINTESTINA	1/1/2008	\$108.06	3	NO
K	74246	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$77.41	3	NO
K	74247	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$80.91	3	NO
K	74249	RADIOLOGICAL EXAM, GASTROINTESTI	1/1/2008	\$114.51	3	NO
K	74250	RADIOLOGIC EXAMINATION, SMALL IN	1/1/2008	\$60.21	3	NO
K	74251	RADIOLOGIC EXAMINATION, SMALL BO	1/1/2008	\$115.85	3	NO
K	74260	DUODENOGRAPHY HYPOTONIC	1/1/2008	\$102.41	3	NO
K	74270	RADIOLOGIC EXAMINATION, COLON; B	1/1/2008	\$83.87	3	NO
K	74280	RADIOLOGIC EXAMINATION COLON AIR	1/1/2008	\$113.70	3	NO
K	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	1/1/2008	\$147.30	3	NO
K	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	1/1/2008	\$36.83	3	NO
K	74291	CHOLECYSTOGRAPHY ORAL CONTRAST A	1/1/2008	\$26.61	3	NO
K	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$97.84	3	NO
K	74301	CHOLANGIOGRAPHY; ADDITIONAL SET	1/1/2008	\$7.80	3	NO
K	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$36.59	3	NO
K	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	1/1/2008	\$100.26	3	NO
K	74327	POSTOPERATIVE BILIARY DUCT CALCU	1/1/2008	\$81.45	3	NO
K	74328	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$111.33	3	NO
K	74329	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$111.07	3	NO
K	74330	COMBINED ENDOSCOPIC CATHETERIZAT	1/1/2008	\$118.33	3	NO
K	74340	INTRO OF LONG GASTROINTESTINAL T	1/1/2008	\$91.08	3	NO
K	74350	PERCUTANEOUD PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
K	74355	PERCUTANEOUS PLACEMENT OF ENTERO	1/1/2008	\$98.87	3	NO
K	74360	INTRALUMINAL DILATION OF STRICTU	1/1/2008	\$105.88	3	NO
K	74363	PERCUTANEOUS TRANSHEPATIC DILATA	1/1/2008	\$198.26	3	NO
K	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	1/1/2008	\$70.43	3	NO
K	74410	UROGRAPHY, INFUSION, DRIP TECHN	1/1/2008	\$76.61	3	NO
K	74415	UROGRAPHY INFUSION DRIP TECHNIQU	1/1/2008	\$83.87	3	NO
K	74420	UROGRAPHY RETROGRADE WITH OR WIT	1/1/2008	\$84.86	3	NO
K	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	1/1/2008	\$12.90	3	NO
K	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	1/1/2008	\$46.50	3	NO
K	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	1/1/2008	\$52.15	3	NO
K	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	1/1/2008	\$71.88	3	NO
K	74450	URETHROCYSTOGRAPHY, RETROGRADE,	1/1/2008	\$51.90	3	NO
K	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	1/1/2008	\$60.21	3	NO
K	74470	RADIOLOGIC EXAMINATION, RENAL CY	1/1/2008	\$53.46	3	NO
K	74475	INTRODUCTION OF INTRACATHETER OR	1/1/2008	\$120.15	3	NO
K	74480	INTRO OF URETERAL CATHETER OR ST	1/1/2008	\$120.15	3	NO
K	74485	DILATION OF NEPHROSTOMY, URETERS	1/1/2008	\$101.34	3	NO
K	74710	PELVIMETRY WITH OR WITHOUT PLACE	1/1/2008	\$38.98	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	1/1/2008	\$52.95	3	NO
K	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
K	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	1/1/2008	\$62.28	3	NO
K	75552	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
K	75553	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
K	75554	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
K	75555	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
K	75556	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
K	75557	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	\$392.18	3	NO
K	75558	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$431.69	3	NO
K	75559	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$569.32	3	NO
K	75560	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$560.18	3	NO
K	75561	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$528.19	3	NO
K	75562	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$555.34	3	NO
K	75563	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$653.18	3	NO
K	75564	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$652.92	3	NO
K	75600	AORTOGRAPHY, THORACIC, W/OUT SER	1/1/2008	\$332.24	3	NO
K	75605	AORTOGRAPHY, THORACIC, BY SERIAL	1/1/2008	\$335.19	3	NO
K	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	1/1/2008	\$333.31	3	NO
K	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	1/1/2008	\$371.75	3	NO
K	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$496.20	3	NO
K	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	1/1/2008	\$345.95	3	NO
K	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	1/1/2008	\$343.26	3	NO
K	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	1/1/2008	\$342.72	3	NO
K	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	1/1/2008	\$363.15	3	NO
K	75665	ANGIOGRAPHY, CAROTID, CEREBRAL,	1/1/2008	\$344.33	3	NO
K	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	1/1/2008	\$361.80	3	NO
K	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$342.45	3	NO
K	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$358.58	3	NO
K	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	1/1/2008	\$341.91	3	NO
K	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	1/1/2008	\$373.90	3	NO
K	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	1/1/2008	\$338.15	3	NO
K	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	1/1/2008	\$349.17	3	NO
K	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	1/1/2008	\$337.08	3	NO
K	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	1/1/2008	\$358.58	3	NO
K	75726	ANGIOGRAPHY,VISCERAL,SELECTIVE O	1/1/2008	\$334.66	3	NO
K	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	1/1/2008	\$336.27	3	NO
K	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$351.59	3	NO
K	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	1/1/2008	\$336.27	3	NO
K	75741	ANGIOGRAPHY, PULMONARY, UNILATER	1/1/2008	\$337.08	3	NO
K	75743	ANGIOGRAPHY, PULMONARY, BILATERA	1/1/2008	\$351.05	3	NO
K	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	1/1/2008	\$333.31	3	NO
K	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	1/1/2008	\$341.64	3	NO
K	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	1/1/2008	\$300.52	3	NO
K	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	1/1/2008	\$113.16	3	NO
K	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$178.54	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$189.95	3	NO
K	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$196.70	3	NO
K	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$208.38	3	NO
K	75809	SHUNTOGRAM FOR INVESTIGATION OF	1/1/2008	\$47.31	3	NO
K	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL	1/1/2008	\$385.36	3	NO
K	75820	VENOGRAPHY, EXTREMITY, UNILATERA	1/1/2008	\$64.78	3	NO
K	75822	VENOGRAPHY, EXTREMITY, BILATERAL	1/1/2008	\$88.97	3	NO
K	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	1/1/2008	\$330.09	3	NO
K	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	1/1/2008	\$329.82	3	NO
K	75831	VENOGRAPHY, RENAL, UNILATERAL, S	1/1/2008	\$330.62	3	NO
K	75833	VENOGRAPHY, RENAL, BILATERAL, SE	1/1/2008	\$347.56	3	NO
K	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	1/1/2008	\$333.04	3	NO
K	75842	VENOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$346.21	3	NO
K	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	1/1/2008	\$333.85	3	NO
K	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	1/1/2008	\$332.24	3	NO
K	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	1/1/2008	\$339.49	3	NO
K	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	1/1/2008	\$64.51	3	NO
K	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$341.11	3	NO
K	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$342.72	3	NO
K	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$330.09	3	NO
K	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$330.09	3	NO
K	75893	VENOUS SAMPLING THRU CATH, W/OR	1/1/2008	\$308.58	3	NO
K	75894	TRANSCATHETER THERAPY, EMBOLIZAT	1/1/2008	\$708.18	3	NO
K	75896	TRANSCATHETER THERAPY, INFUSION,	1/1/2008	\$621.76	3	NO
K	75898	ANGIOGRAPHY THRU EXISTING CATHET	1/1/2008	\$87.71	3	NO
K	75900	EXCHANGE OF A PREVIOUSLY PLACED	1/1/2008	\$590.62	3	NO
K	75901	MECHANICAL REMOVAL OF PERICATHET	1/1/2008	\$92.20	3	NO
K	75902	MECHANICAL REMOVAL OF INTRALUMIN	1/1/2008	\$72.84	3	NO
K	75940	PERCUTANEOUS PLACEMENT OF IVC FI	1/1/2008	\$364.60	3	NO
K	75945	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$139.87	3	NO
K	75946	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$78.11	3	NO
K	75952	ENDOVASCULAR REPAIR OF INFRARENA	6/1/2004	\$0.01	5	NO
K	75953	PLACEMENT OF PROXIMAL OR DISTAL	6/1/2004	\$0.01	5	NO
K	75954	ENDOVASCULAR REPAIR OF ILIAC ART	1/1/2003	\$0.01	5	NO
K	75960	TRANSCATHETER INTRO OF INTRAVASC	1/1/2008	\$437.52	3	NO
K	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	1/1/2008	\$402.12	3	NO
K	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$381.70	3	NO
K	75964	TRANSLUMIANL BALLOON ANGIOPLASTY	1/1/2008	\$209.13	3	NO
K	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$413.41	3	NO
K	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$209.66	3	NO
K	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	1/1/2008	\$345.65	3	NO
K	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$120.96	3	NO
K	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	1/1/2008	\$199.56	3	NO
K	75982	PERCUTANEOUS PLACE OF DRAIN CATH	1/1/2008	\$217.98	3	NO
K	75984	CHANGE OF PERCUTANEOUS TUBE OR D	1/1/2008	\$81.18	3	NO
K	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	1/1/2008	\$93.54	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
K	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	1/1/2008	\$451.01	3	NO
K	75993	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$242.11	3	NO
K	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	1/1/2008	\$477.74	3	NO
K	75995	TRANSLUMINAL ATHERECTOMY, VISCER	1/1/2008	\$477.48	3	NO
K	75996	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$241.85	3	NO
K	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2007	INVALID	N	NO
K	76000	FLUOROSCOPY (SEP PROC), UP TO ON	1/1/2008	\$77.68	3	NO
K	76001	FLUOROSCOPY, PHYS TIME MORE THAN	1/1/2008	\$96.27	3	NO
K	76003	FLUOROSCOPIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
K	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2007	INVALID	N	NO
K	76006	MANUAL APPLICATION OF STRESS PER	1/1/2007	INVALID	N	NO
K	76010	RADIOLOGIC EXAMINATION FROM NOSE	1/1/2008	\$20.97	3	NO
K	76012	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO
K	76013	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO
K	76020	BONE AGE STUDIES	1/1/2007	INVALID	N	NO
K	76040	BONE LENGTH STUDIES (ORTHOROENTG	1/1/2007	INVALID	N	NO
K	76061	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
K	76062	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
K	76065	INFANT	1/1/2007	INVALID	N	NO
K	76066	JOINT SURVEY, SINGLE VIEW, TWO O	1/1/2007	INVALID	N	NO
K	76070	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
K	76071	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
K	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
K	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
K	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
K	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	1/1/2007	INVALID	N	NO
K	76080	RADIOLOGIC EXAM, FISTULA OR SINU	1/1/2008	\$48.38	3	NO
K	76082	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
K	76083	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
K	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
K	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
K	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
K	76090	MAMMOGRAPHY UNILATERAL	1/1/2007	INVALID	N	NO
K	76091	MAMMOGRAPHY; BILATERAL	1/1/2007	INVALID	N	NO
K	76092	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2007	INVALID	N	NO
K	76093	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
K	76094	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
K	76095	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2007	INVALID	N	NO
K	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
K	76098	RADIOLOGICAL EXAMINATION, SURGIC	1/1/2008	\$16.67	3	NO
K	76100	RADIOLOGICAL EXAMINATION, SINGLE	1/1/2008	\$70.16	3	NO
K	76101	RADIOLOGIC EXAM,CMPLX MOTION(HYP	1/1/2008	\$85.75	3	NO
K	76102	RADIOLOGIC EXAMINATION COMPLEX M	1/1/2008	\$109.40	3	NO
K	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$48.38	3	NO
K	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$31.14	3	NO
K	76140	CONSULTATION ON X-RAY EXAMINATIO	4/1/1982	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	76150	XERORADIOGRAPHY	1/1/2008	\$13.44	3	NO
K	76350	SUBTRACTION IN CONJUNCTION WITH	1/1/2008	\$78.20	3	NO
K	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
K	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
K	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	1/1/2007	INVALID	N	NO
K	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
K	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
K	76376	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
K	76377	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
K	76380	COMPUTED TOMOGRAPHY, LIMITED OR	1/1/2008	\$139.24	3	NO
K	76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2008	\$349.44	3	NO
K	76393	MAGNETIC RESONANCE GUIDANCE FOR	1/1/2007	INVALID	N	NO
K	76394	MAGNETIC RESONANCE GUIDANCE FOR,	1/1/2007	INVALID	N	NO
K	76400	MAGNETIC RESONANCE (EG, PROTON)	1/1/2007	INVALID	N	NO
K	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO
K	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
K	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
K	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
K	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	4/1/1982	\$0.01	5	NO
K	76506	ECHOENCEPHALOGRAPHY, REAL TIME W	1/1/2008	\$72.31	3	NO
K	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$117.73	3	NO
K	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$86.28	3	NO
K	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$81.45	3	NO
K	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPH	1/1/2008	\$68.01	3	NO
K	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	1/1/2008	\$9.14	3	NO
K	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$54.03	3	NO
K	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$56.72	3	NO
K	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	1/1/2008	\$53.49	3	NO
K	76536	ULTRASOUND, SOFT TISSUES OF HEAD	1/1/2008	\$66.93	3	NO
K	76604	ULTRASOUND, CHEST, B-SCAN (INCL	1/1/2008	\$58.60	3	NO
K	76645	ULTRASOUND, BREAST(S) (UNILATERA	1/1/2008	\$54.57	3	NO
K	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	1/1/2008	\$90.05	3	NO
K	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	1/1/2008	\$66.39	3	NO
K	76770	ULTRASOUND, RETROPERITONEAL (REN	1/1/2008	\$87.09	3	NO
K	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	1/1/2008	\$66.12	3	NO
K	76776	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2008	\$90.05	3	NO
K	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2007	INVALID	N	NO
K	76800	ULTRASOUND, SPINAL CANAL AND CON	1/1/2008	\$84.67	3	NO
K	76801	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$96.23	3	NO
K	76802	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$59.94	3	NO
K	76805	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$99.72	3	NO
K	76810	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$72.04	3	NO
K	76811	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$170.69	3	NO
K	76812	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$121.50	3	NO
K	76813	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$92.20	3	NO
K	76814	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$61.56	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	76815	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$65.32	3	NO
K	76816	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$70.16	3	NO
K	76817	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$71.50	3	NO
K	76818	FETAL BIOPHYSICAL PROFILE; WITH	1/1/2008	\$87.09	3	NO
K	76819	FETAL BIOPHYSICAL PROFILE; WITHO	1/1/2008	\$72.84	3	NO
K	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	1/1/2008	\$57.52	3	NO
K	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	1/1/2008	\$73.11	3	NO
K	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$130.37	3	NO
K	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$62.90	3	NO
K	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$65.32	3	NO
K	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$49.19	3	NO
K	76830	ULTRASOUND, TRANSVAGINAL	1/1/2008	\$75.00	3	NO
K	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	1/1/2008	\$76.61	3	NO
K	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	1/1/2008	\$75.53	3	NO
K	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	1/1/2008	\$65.86	3	NO
K	76870	ULTRASOUND, SCROTUM AND CONTENTS	1/1/2008	\$73.65	3	NO
K	76872	ECHOGRAPHY, TRANSRECTAL	1/1/2008	\$90.05	3	NO
K	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	1/1/2008	\$123.92	3	NO
K	76880	ULTRASOUND, EXTREMITY, NON-VASCU	1/1/2008	\$71.77	3	NO
K	76885	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$79.30	3	NO
K	76886	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$66.93	3	NO
K	76930	ULTRASONIC GUIDANCE FOR PERICARD	1/1/2008	\$70.96	3	NO
K	76932	ULTRASONIC GUIDANCE FOR ENDOMYO	1/1/2008	\$66.43	3	NO
K	76936	ULTRASOUND GUIDED COMPRESSION RE	1/1/2008	\$245.41	3	NO
K	76937	ULTRASOUND GUIDANCE FOR VASCULAR	1/1/2008	\$25.27	3	NO
K	76940	ULTRASOUND GUIDANCE FOR, AND MON	1/1/2008	\$123.78	3	NO
K	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	1/1/2008	\$90.57	3	NO
K	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	1/1/2008	\$113.70	3	NO
K	76945	ULTRASONIC GUIDANCE FOR CHORIONI	1/1/2008	\$65.65	3	NO
K	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	1/1/2008	\$49.73	3	NO
K	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	1/1/2008	\$49.46	3	NO
K	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	1/1/2008	\$56.72	3	NO
K	76965	ULTRASONIC GUIDANCE FOR INTERSTI	1/1/2008	\$174.99	3	NO
K	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	1/1/2008	\$50.80	3	NO
K	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	1/1/2008	\$71.36	3	NO
K	76977	ULTRASOUND BOND DENSITY MEASUREM	1/1/2008	\$20.70	3	NO
K	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	1/1/2007	INVALID	N	NO
K	76999	UNLISTED ULTRASOUND PROCEDURE (E	4/1/1982	\$0.01	5	NO
K	77001	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2008	\$59.67	3	NO
K	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE	1/1/2008	\$54.57	3	NO
K	77003	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2008	\$53.22	3	NO
K	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$351.05	3	NO
K	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$232.51	3	NO
K	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$123.11	3	NO
K	77021	MRI FOR NEEDLE PLACEMENT, RADIOL	1/1/2008	\$355.35	3	NO
K	77031	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2008	\$221.49	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2008	\$51.34	3	NO
K	77051	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$12.36	3	NO
K	77052	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$12.36	3	NO
K	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$73.38	3	NO
K	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$105.10	3	NO
K	77055	MAMMOGRAPHY; UNILATERAL	1/1/2008	\$57.25	3	NO
K	77056	MAMMOGRAPHY; BILATERAL	1/1/2008	\$71.50	3	NO
K	77057	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2008	\$59.94	3	NO
K	77058	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$574.69	3	NO
K	77059	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$709.63	3	NO
K	77071	MANUAL APPLICATION OF STRESS PER	1/1/2008	\$21.50	3	NO
K	77072	BONE AGE STUDIES	1/1/2008	\$16.40	3	NO
K	77073	BONE LENGTH STUDIES (ORTHO ROENTG	1/1/2008	\$30.64	3	NO
K	77074	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$46.50	3	NO
K	77075	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$64.51	3	NO
K	77076	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$53.22	3	NO
K	77077	JOINT SURVEY, SINGLE VIEW, 2 OR	1/1/2008	\$39.24	3	NO
K	77078	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$102.95	3	NO
K	77079	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$73.38	3	NO
K	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$79.83	3	NO
K	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$29.03	3	NO
K	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$25.27	3	NO
K	77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 O	1/1/2007	NC	9	NO
K	77084	MRI, BONE MAROW BLOOD SUPPLY	1/1/2007	NC	9	NO
K	77261	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$52.95	3	NO
K	77262	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$79.56	3	NO
K	77263	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$118.27	3	NO
K	77280	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$129.29	3	NO
K	77285	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$211.01	3	NO
K	77290	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$285.47	3	NO
K	77295	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$811.51	3	NO
K	77299	UNLISTED PROCEDURE, THERAPEUTIC	4/1/1982	\$0.01	5	NO
K	77300	BASIC RADIATION DOSIMETRY CALCUL	1/1/2008	\$58.33	3	NO
K	77301	INTENSITY MODULATED RADIOTHERAPY	1/1/2008	\$1,266.59	3	NO
K	77305	TELE THERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$70.96	3	NO
K	77310	TELE THERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$95.42	3	NO
K	77315	TELE THERAPY, ISODOSE PLAN (WHETH	1/1/2008	\$125.80	3	NO
K	77321	SPECIAL TELE THERAPY PORT PLAN, P	1/1/2008	\$130.37	3	NO
K	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	1/1/2008	\$103.76	3	NO
K	77327	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$150.80	3	NO
K	77328	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$214.77	3	NO
K	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	1/1/2008	\$46.23	3	NO
K	77332	TREATMENT DEVICES, DESIGN AND CO	1/1/2008	\$58.33	3	NO
K	77333	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$73.65	3	NO
K	77334	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$131.71	3	NO
K	77336	CONTINUING MEDICAL RADIATION PHY	1/1/2008	\$72.04	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	77370	SPECIAL MEDICAL RADIATION PHYSIC	1/1/2008	\$95.69	3	NO
K	77371	RADIATION TREATMENT DELIVERY, ST	1/1/2008	\$816.61	3	NO
K	77372	RADIATION TREATMENT DELIVERY, ST	1/1/2008	\$619.85	3	NO
K	77373	STEREOTACTIC BODY RADIATION THER	1/1/2007	NC	9	NO
K	77399	UNLISTED PROCEDURE MEDICAL RADIA	4/1/1982	\$0.01	5	NO
K	77401	RADIATION TREATMENT DELIVERY, SU	1/1/2008	\$41.93	3	NO
K	77402	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.66	3	NO
K	77403	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$63.97	3	NO
K	77404	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.93	3	NO
K	77406	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.93	3	NO
K	77407	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$81.98	3	NO
K	77408	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$80.37	3	NO
K	77409	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$84.40	3	NO
K	77411	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$84.13	3	NO
K	77412	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$96.50	3	NO
K	77413	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$96.50	3	NO
K	77414	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$102.41	3	NO
K	77416	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$102.41	3	NO
K	77417	THERAPEUTIC RADIOLOGY PORT FILM(	1/1/2008	\$15.32	3	NO
K	77418	INTENSITY MODULATED TREATMENT DE	1/1/2008	\$455.08	3	NO
K	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	4/1/2006	NC	9	NO
K	77422	HIGH ENERGY NEUTRON RADIATION TR	7/1/2006	NC	9	NO
K	77423	HIGH ENERGY NEUTRON RADIATION TR	7/1/2006	NC	9	NO
K	77427	RADIATION TREATMENT MANAGEMENT,	1/1/2008	\$134.94	3	NO
K	77431	RADIATION THERAPY MANAGEMENT W/C	1/1/2008	\$70.16	3	NO
K	77432	STEREOTACTIC RADIATION TREATMENT	1/1/2008	\$300.52	3	NO
K	77435	STEREOTACTIC BODY RADIATION THER	1/1/2007	NC	9	NO
K	77470	SPECIAL TREATMENT PROCEDURE (EG,	1/1/2008	\$326.32	3	NO
K	77499	UNLISTED PROCEDURE THERAPEUTIC R	9/20/1993	\$0.01	5	NO
K	77520	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
K	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
K	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
K	77525	PROTON TREATMENT DELIVERY; COMPL	10/1/2001	\$0.01	5	NO
K	77600	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$185.20	3	NO
K	77605	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$277.94	3	NO
K	77610	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$234.66	3	NO
K	77615	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$334.39	3	NO
K	77620	HYPERTHERMIA GENERATED BY INTRAC	1/1/2008	\$187.35	3	NO
K	77750	INFUSION OR INSTILLATION OF RADI	1/1/2008	\$230.90	3	NO
K	77761	INTRACAVITARY RADIATION SOURCE A	1/1/2008	\$226.33	3	NO
K	77762	INTRACAVITARY RADIOELEMENT APPLI	1/1/2008	\$328.47	3	NO
K	77763	INTRACAVITARY RADIOELEMENT APPLI	1/1/2008	\$464.76	3	NO
K	77776	INTERSTITIAL RADIATION SOURCE AP	1/1/2008	\$254.55	3	NO
K	77777	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$403.74	3	NO
K	77778	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$576.58	3	NO
K	77781	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$512.87	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	77782	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$595.93	3	NO
K	77783	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$718.23	3	NO
K	77784	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$928.44	3	NO
K	77789	SURFACE APPLICATION OF RADIATION	1/1/2008	\$63.44	3	NO
K	77790	SUPERVISION, HANDLING, LOADING O	1/1/2008	\$56.99	3	NO
K	77799	UNLISTED PROCEDURE CLINICAL BRAC	4/1/1982	\$0.01	5	NO
K	78000	THYROID UPTAKE; SINGLE DETERMINA	1/1/2008	\$39.51	3	NO
K	78001	THYROID UPTAKE; MULTIPLE DETERMI	1/1/2008	\$51.88	3	NO
K	78003	THYROID UPTAKE; STIMULATION SUPP	1/1/2008	\$44.62	3	NO
K	78006	THYROID IMAGING WITH UPTAKE SING	1/1/2008	\$108.06	3	NO
K	78007	THYROID IMAGING WITH UPTAKE; MUL	1/1/2008	\$91.93	3	NO
K	78010	THYROID IMAGING; ONLY	1/1/2008	\$79.83	3	NO
K	78011	THYROID IMAGING; WITH VASCULAR F	1/1/2008	\$96.50	3	NO
K	78015	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$113.43	3	NO
K	78016	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$158.05	3	NO
K	78018	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$197.57	3	NO
K	78020	THYROID CARCINOMA METASTASES UPT	1/1/2008	\$62.36	3	NO
K	78070	PARATHYROID IMAGING	1/1/2008	\$139.24	3	NO
K	78075	ADRENAL IMAGING, CORTEX AND/OR M	1/1/2008	\$217.19	3	NO
K	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
K	78102	BONE MARROW IMAGING LIMITED AREA	1/1/2008	\$89.78	3	NO
K	78103	BONE MARROW IMAGING; MULTIPLE AR	1/1/2008	\$129.02	3	NO
K	78104	BONE MARROW IMAGING; WHOLE BODY	1/1/2008	\$155.90	3	NO
K	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	1/1/2008	\$41.40	3	NO
K	78111	BLOOD OR PLASMA VOLUME RADIOISOT	1/1/2008	\$77.15	3	NO
K	78120	RED CELL VOLUME DETERMINATION (S	1/1/2008	\$59.14	3	NO
K	78121	RED CELL MASS DETERMINATION; MUL	1/1/2008	\$87.63	3	NO
K	78122	WHOLE BLOOD BOLUME DETERMINATION	1/1/2008	\$129.02	3	NO
K	78130	RED CELL SURVIVAL STUDY;	1/1/2008	\$104.83	3	NO
K	78135	RED CELL SURVIVAL STUDY; DIFFERE	1/1/2008	\$181.71	3	NO
K	78140	LABELED RED CELL SEQUESTRATION,	1/1/2008	\$124.19	3	NO
K	78160	PLASMA RADIOIRON DISAPPEARANCE (	1/1/2006	INVALID	N	NO
K	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
K	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
K	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
K	78185	SPLEEN IMAGING ONLY, WITH OR WIT	1/1/2008	\$98.11	3	NO
K	78190	KINETICS,STUDY OF PLATELET SURVI	1/1/2008	\$221.49	3	NO
K	78191	PLATELET SURVIVAL STUDY	1/1/2008	\$200.79	3	NO
K	78195	LYMPHATICS AND LYMPH NODES IMAGI	1/1/2008	\$184.93	3	NO
K	78199	UNLISTED HEMATOPOIETIC, RETICULO	4/1/1982	\$0.01	5	NO
K	78201	LIVER IMAGING STATIC ONLY	1/1/2008	\$96.50	3	NO
K	78202	LIVER IMAGING; WITH VASCULAR FLO	1/1/2008	\$113.43	3	NO
K	78205	LIVER IMAGING (SPECT)	1/1/2008	\$185.47	3	NO
K	78206	LIVERY IMAGING (SPECT); WITH VAS	1/1/2008	\$248.10	3	NO
K	78215	LIVER AND SPLEEN IMAGING STATIC	1/1/2008	\$110.48	3	NO
K	78216	LIVER AND SPLEEN IMAGING; WITH V	1/1/2008	\$112.36	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78220	LIVER FUNCTION STUDY WITH HEPATO	1/1/2008	\$116.39	3	NO
K	78223	HEPATOBIILIARY DUCTAL SYSTEM IMAG	1/1/2008	\$161.82	3	NO
K	78230	SALIVARY GLAND IMAGING;	1/1/2008	\$89.24	3	NO
K	78231	SALIVARY GLAND IMAGING; WITH SER	1/1/2008	\$104.29	3	NO
K	78232	SALIVARY GLAND FUNCTION STUDY	1/1/2008	\$109.94	3	NO
K	78258	ESOPHAGEAL MOTILITY	1/1/2008	\$124.99	3	NO
K	78261	GASTRIC MUCOSA IMAGING	1/1/2008	\$151.07	3	NO
K	78262	GASTROESOPHAGEAL REFLUX STUDY	1/1/2008	\$153.22	3	NO
K	78264	GASTRIC EMPTYING STUDY	1/1/2008	\$161.55	3	NO
K	78267	UREA BREATH TEST, C-14; ACQUISIT	1/1/2008	\$6.53	3	NO
K	78268	UREA BREATH TEST, C-14; ANALYSIS	1/1/2008	\$55.99	3	NO
K	78270	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$53.22	3	NO
K	78271	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$55.37	3	NO
K	78272	VITAMIN B-12 ABSORPTION STUDIES	1/1/2008	\$72.84	3	NO
K	78278	ACUTE GASTROINTESTINAL BLOOD LOS	1/1/2008	\$193.54	3	NO
K	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2001	\$0.01	5	NO
K	78290	INTESTING IMAGING (EG, ECTOPIC G	1/1/2008	\$143.00	3	NO
K	78291	PERITONEAL-VENOUS SHUNT PATENCY	1/1/2008	\$136.01	3	NO
K	78299	UNLISTED GASTROINTESTINAL PROCED	4/1/1982	\$0.01	5	NO
K	78300	BONE AND/OR JOINT IMAGING; LIMIT	1/1/2008	\$101.88	3	NO
K	78305	BONE IMAGING; MULTIPLE AREAS	1/1/2008	\$142.46	3	NO
K	78306	BONE IMAGING; WHOLE BODY	1/1/2008	\$160.20	3	NO
K	78315	BONE AND/OR JOINT IMAGING; THREE	1/1/2008	\$192.73	3	NO
K	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	1/1/2008	\$197.30	3	NO
K	78350	BONE DENSITY (BONE MINERAL CONTE	1/1/2008	\$29.57	3	NO
K	78351	BONE DENSITY (BONE MINERAL CONTE	1/1/2008	\$11.29	3	NO
K	78399	UNLISTED MUSCULOSKELETAL PROCEDU	4/1/1982	\$0.01	5	NO
K	78414	DETERMINATION OF CENTRAL C-V HEM	7/1/2003	\$0.01	5	NO
K	78428	CARDIAC SHUNT DETECTION	1/1/2008	\$111.82	3	NO
K	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	1/1/2008	\$86.82	3	NO
K	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO
K	78456	ACUTE VENOUS THROMBOSIS IMAGING,	1/1/2008	\$189.24	3	NO
K	78457	VENOUS THROMBOSOS IMAGING(E.G.,V	1/1/2008	\$114.51	3	NO
K	78458	VENOUS THROMBOSIS IMAGING (EG VE	1/1/2008	\$147.30	3	NO
K	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78460	MYOCARDIAL PERFUSION IMAGING; (P	1/1/2008	\$111.01	3	NO
K	78461	MYOCARDIAL PERFUSION IMAGING; MU	1/1/2008	\$170.42	3	NO
K	78464	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$229.29	3	NO
K	78465	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$381.96	3	NO
K	78466	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$109.94	3	NO
K	78468	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$147.03	3	NO
K	78469	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$186.28	3	NO
K	78472	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$193.27	3	NO
K	78473	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$279.82	3	NO
K	78478	MYOCARDIAL PERFUSION STUDY W/WAL	1/1/2008	\$58.06	3	NO
K	78480	MYOCARDIAL PERFUSION STUDY W/EJE	1/1/2008	\$51.88	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78481	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$181.44	3	NO
K	78483	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$267.46	3	NO
K	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
K	78494	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$234.12	3	NO
K	78496	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$174.45	3	NO
K	78499	UNLISTED CARDIOVASCULAR PROCEDUR	4/1/1982	\$0.01	5	NO
K	78580	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$132.25	3	NO
K	78584	PULMONARY PERFUSION IMAGING,PART	1/1/2008	\$122.04	3	NO
K	78585	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$214.23	3	NO
K	78586	PULMONARY VENTILATION IMAGING AE	1/1/2008	\$96.23	3	NO
K	78587	PULMONARY VENTILATION IMAGING AE	1/1/2008	\$111.82	3	NO
K	78588	PULMONARY PERFUSION IMAGING, PAR	1/1/2008	\$161.82	3	NO
K	78591	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$101.34	3	NO
K	78593	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$121.77	3	NO
K	78594	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$159.13	3	NO
K	78596	PULMONARY QUANTITATIVE DIFFERENT	1/1/2008	\$252.40	3	NO
K	78599	UNLISTED RESPIRATORY PROCEDURE D	4/1/1982	\$0.01	5	NO
K	78600	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$123.11	3	NO
K	78601	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$124.72	3	NO
K	78605	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$121.77	3	NO
K	78606	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$160.20	3	NO
K	78607	BRAIN IMAGING, TOMOGRAPHIC (SPEC	1/1/2008	\$281.16	3	NO
K	78608	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$1,256.57	3	YES
K	78609	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$1,256.57	3	YES
K	78610	BRAIN IMAGING, VASCULAR FLOW ONL	1/1/2008	\$73.38	3	NO
K	78615	CEREBRAL VASCULAR FLOW	1/1/2008	INVALID	N	NO
K	78630	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$187.08	3	NO
K	78635	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$130.91	3	NO
K	78645	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$147.30	3	NO
K	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	1/1/2008	\$250.25	3	NO
K	78650	CEREBROSPINAL FLUID LEAKAGE DETE	1/1/2008	\$176.33	3	NO
K	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	1/1/2008	\$91.66	3	NO
K	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	4/1/1982	\$0.01	5	NO
K	78700	KIDNEY IMAGING STATIC ONLY	1/1/2008	\$110.21	3	NO
K	78701	KIDNEY IMAGING; WITH VASCULAR FL	1/1/2008	\$127.68	3	NO
K	78704	KIDNEY IMAGING; WITH FUNCTION ST	1/1/2007	INVALID	N	NO
K	78707	KIDNEY IMAGING; WITH VASCULAR FL	1/1/2008	\$164.24	3	NO
K	78708	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$159.67	3	NO
K	78709	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$201.33	3	NO
K	78710	KIDNEY IMAGING; TOMOGRAPHIC (SEP	1/1/2008	\$184.13	3	NO
K	78715	KIDNEY VASCULAR FLOW ONLY	1/1/2007	INVALID	N	NO
K	78725	KIDNEY FUNCTION STUDY WITHOUT PH	1/1/2008	\$67.47	3	NO
K	78730	URINARY BLADDER RESIDUAL STUDY	1/1/2008	\$51.88	3	NO
K	78740	URETERAL REFLUX STUDY (RADIOPHAR	1/1/2008	\$100.53	3	NO
K	78760	TESTICULAR IMAGING	1/1/2007	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	78761	TESTICULAR IMAGING; WITH VASCULA	1/1/2008	\$124.72	3	NO
K	78799	UNLISTED GENITOURINARY PROCEDURE	4/1/1982	\$0.01	5	NO
K	78800	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$123.92	3	NO
K	78801	TUMOR LOCALIZATION; MULTIPLE ARE	1/1/2008	\$157.79	3	NO
K	78802	TUMOR LOCALIZATION; WHOLE BODY	1/1/2008	\$201.33	3	NO
K	78803	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$274.71	3	NO
K	78804	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$362.61	3	NO
K	78805	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$125.53	3	NO
K	78806	ABSCESS LOCALIZATION; WHOLE BODY	1/1/2008	\$222.03	3	NO
K	78807	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$269.88	3	NO
K	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID	N	YES
K	78811	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,040.87	3	YES
K	78812	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,224.16	3	YES
K	78813	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,356.66	3	YES
K	78814	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,212.91	3	YES
K	78815	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,431.24	3	YES
K	78816	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,531.57	3	YES
K	78890	GENERATION OF AUTOMATED DATA: IN	1/1/2008	\$32.79	3	NO
K	78891	GENERATION OF AUTOMATED DATA INT	1/1/2008	\$66.12	3	NO
K	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
K	78999	UNLISTED MISCELLANEOUS PROCEDURE	4/1/1982	\$0.01	5	NO
K	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
K	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
K	79005	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$130.91	3	NO
K	79020	RADIPHARMACEUTICAL THERAPY, THYR	1/1/2005	INVALID	N	NO
K	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
K	79035	RADIOPHARMACEUTICAL THERAPY FOR	1/1/2005	INVALID	N	NO
K	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
K	79101	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$138.70	3	NO
K	79200	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$140.58	3	NO
K	79300	RADIOPHARMACEUTICAL THERAPY, BY	4/1/1982	\$0.01	5	NO
K	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
K	79403	RADIOPHARMACEUTICAL THERAPY, RAD	1/1/2008	\$189.77	3	NO
K	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
K	79440	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$137.89	3	NO
K	79445	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$158.81	3	NO
K	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
K	79999	RADIOPHARMACEUTICAL THERAPY, UNL	4/1/1982	\$0.01	5	NO
K	80047	BASIC METABOLIC PANEL (CALCIUM,	1/1/2008	\$22.58	3	NO
K	80048	BASIC METABOLIC PANEL (CALCIUM,T	11/1/2001	\$8.66	3	NO
K	80050	GENERAL HEALTH PANEL	10/1/2001	\$36.75	3	NO
K	80051	ELECROLYTE PANEL	11/1/2001	\$7.17	3	NO
K	80053	COMPREHENSIVE METABOLIC PANEL	11/1/2001	\$10.81	3	NO
K	80055	OBSTETRIC PANEL	10/1/2001	\$40.00	3	NO
K	80061	LIPID PANEL; CHOLESTEROL, SERUM,	11/1/2001	\$13.70	3	NO
K	80069	RENAL FUNCTION PANEL	11/1/2001	\$8.88	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
K	80074	ACUTE HEPATITIS PANEL	11/1/2001	\$48.71	3	NO
K	80076	HEPATIC FUNCTION PANEL	11/1/2001	\$8.35	3	NO
K	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
K	80100	DRUG SCREEN, QUALITATIVE; MULTIP	11/1/2001	\$14.87	3	NO
K	80101	DRUG SCREEN, QUALITATIVE; SINGLE	11/1/2001	\$14.08	3	NO
K	80102	DRUG, CONFIRMATION, EACH PROCEDU	11/1/2001	\$13.55	3	NO
K	80103	TISSUE PREPARATION FOR DRUG ANAL	10/1/2005	\$0.01	5	NO
K	80150	AMIKACIN	11/1/2001	\$15.41	3	NO
K	80152	AMITRIPTYLINE	11/1/2001	\$18.31	3	NO
K	80154	BENZODIAZEPINES	11/1/2001	\$18.91	3	NO
K	80156	CARBAMAZEPINE; TOTAL	11/1/2001	\$14.89	3	NO
K	80157	CARBAMAZEPINE; FREE	11/1/2001	\$10.17	3	NO
K	80158	CYCLOSPORINE	11/1/2001	\$18.46	3	NO
K	80160	DESIPRAMINE	11/1/2001	\$17.60	3	NO
K	80162	DIGOXIN	11/1/2001	\$13.58	3	NO
K	80164	DIPROPYLACETIC ACID (VALPROIC AC	11/1/2001	\$13.85	3	NO
K	80166	DOXEPIN	11/1/2001	\$15.85	3	NO
K	80168	ETHOSUXIMIDE	11/1/2001	\$16.71	3	NO
K	80170	GENTAMICIN	11/1/2001	\$16.76	3	NO
K	80172	GOLD	11/1/2001	\$16.66	3	NO
K	80173	HALOPERIDOL	11/1/2001	\$14.89	3	NO
K	80174	IMIPRAMINE	11/1/2001	\$17.60	3	NO
K	80176	LIDOCAINE	11/1/2001	\$15.02	3	NO
K	80178	LITHIUM	11/1/2001	\$6.76	3	NO
K	80182	NORTRIPTYLINE	11/1/2001	\$13.85	3	NO
K	80184	PHENOBARBITAL	11/1/2001	\$11.71	3	NO
K	80185	PHENYTOIN; TOTAL	11/1/2001	\$13.56	3	NO
K	80186	PHENYTOIN; FREE	11/1/2001	\$14.08	3	NO
K	80188	PRIMIDONE	11/1/2001	\$16.97	3	NO
K	80190	PROCAINAMIDE;	11/1/2001	\$17.13	3	NO
K	80192	PROCAINAMIDE; WITH METABOLITES (	11/1/2001	\$17.13	3	NO
K	80194	QUINIDINE	11/1/2001	\$14.93	3	NO
K	80195	SIROLIMUS	1/1/2006	\$14.19	3	NO
K	80196	SALICYLATE	11/1/2001	\$7.26	3	NO
K	80197	TACROLIMUS	11/1/2001	\$14.04	3	NO
K	80198	THEOPHYLLINE	11/1/2001	\$14.47	3	NO
K	80200	TOBRAMYCIN	11/1/2001	\$16.48	3	NO
K	80201	TOPIRAMATE	11/1/2001	\$12.20	3	NO
K	80202	VANCOMYCIN	11/1/2001	\$13.85	3	NO
K	80299	QUANTITATION OF DRUG, NOT ELSEWH	11/1/2001	\$14.00	3	NO
K	80400	ACTH STIMULATION PANEL; FOR ADRE	11/1/2001	\$33.34	3	NO
K	80402	ACTH STIMUALTION PANEL; FOR 21 H	11/1/2001	\$88.90	3	NO
K	80406	ACTH STIMUALTION PANEL; FOR 3 BE	11/1/2001	\$80.02	3	NO
K	80408	ALDOSTERONE SUPPRESSION EVALUATI	11/1/2001	\$128.35	3	NO
K	80410	CALCITONIN STIMULATION PANEL (EG	11/1/2001	\$82.10	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	80412	CORTICOTROPIC RELEASING HORMONE	11/1/2001	\$337.04	3	NO
K	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
K	80415	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
K	80416	RENAL VEIN RENIN STIMUALTION PAN	11/1/2001	\$134.98	3	NO
K	80417	PERIPHERAL VEIN RENIN STIMULATIO	11/1/2001	\$44.99	3	NO
K	80418	COMBINED RAPID ANTERIOR PITUITAR	11/1/2001	\$592.68	3	NO
K	80420	DEXAMETHASONE SUPPRESSION PANEL;	11/1/2001	\$73.66	3	NO
K	80422	GLUCAGON TOLERANCE PANEL; FOR IN	11/1/2001	\$47.13	3	NO
K	80424	GLUCAGON TOLERANCE PANEL; FOR PH	11/1/2001	\$51.65	3	NO
K	80426	GONADOTROPIN RELEASING HORMONE S	11/1/2001	\$151.82	3	NO
K	80428	GROWTH HORMONE STIMULATION PANEL	11/1/2001	\$68.20	3	NO
K	80430	GROWTH HORMONE SUPPRESSION PANEL	11/1/2001	\$80.23	3	NO
K	80432	INSULIN-INDUCED C-PEPTIDE SUPPRE	11/1/2001	\$138.13	3	NO
K	80434	INSULIN TOLERANCE PANEL; FOR ACT	11/1/2001	\$103.42	3	NO
K	80435	INSULIN TOLERANCE PANEL; FOR GRO	11/1/2001	\$105.30	3	NO
K	80436	METYRAPONE PANEL	11/1/2001	\$93.23	3	NO
K	80438	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$51.53	3	NO
K	80439	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$68.70	3	NO
K	80440	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$59.45	3	NO
K	80500	CLINICAL PATHOLOGY CONSULTATION;	1/1/2008	\$15.86	3	NO
K	80502	CLINICAL PATHOLOGY CONSULTATION	1/1/2008	\$49.73	3	NO
K	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
K	81001	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
K	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
K	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
K	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO
K	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO
K	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
K	81020	URINALYSIS; TWO OR THREE GLASS T	11/1/2001	\$3.77	3	NO
K	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
K	81050	VOLUME MEASUREMENT FOR TIMED COL	11/1/2001	\$3.06	3	NO
K	81099	UNLISTED URINALYSIS PROCEDURE	10/1/2005	\$0.01	5	NO
K	82000	ACETALDEHYDE BLOOD	11/1/2001	\$12.67	3	NO
K	82003	ACETAMINOPHEN	11/1/2001	\$20.69	3	NO
K	82009	ACETONE OR OTHER KETONE BODIES,	11/1/2001	\$4.63	3	NO
K	82010	ACETONE; QUANTITATIVE	11/1/2001	\$8.35	3	NO
K	82013	ACETYLCHOLINESTRASE	11/1/2001	\$11.43	3	NO
K	82016	ACYLCARNITINES; QUALITATIVE, EAC	11/1/2001	\$14.18	3	NO
K	82017	ACYLCARNITINES; QUANTITATIVE, EA	11/1/2001	\$17.25	3	NO
K	82024	ADRENOCORTICOTROPIC HORMONE (ACT	11/1/2001	\$39.50	3	NO
K	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYC	11/1/2001	\$16.38	3	NO
K	82040	ALBUMIN SERUM	11/1/2001	\$5.07	3	NO
K	82042	ALBUMIN; URINE OR OTHER SOURCE,	11/1/2001	\$5.29	3	NO
K	82043	ALBUMIN; URINE, MICROALBUMIN, QU	11/1/2001	\$5.92	3	NO
K	82044	ALBUMIN; URINE, MICROALBUMIN, SE	11/1/2001	\$4.68	3	NO
K	82045	ALBUMIN; ISCHEMIA MODIFIED	1/1/2005	\$35.10	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82055	ALCOHOL (ETHANOL); ANY SPECIMEN	11/1/2001	\$11.05	3	NO
K	82075	ALCOHOL (ETHANOL); BREATH	11/1/2001	\$12.33	3	NO
K	82085	ALDOLASE	11/1/2001	\$9.93	3	NO
K	82088	ALDOSTERONE	11/1/2001	\$41.68	3	NO
K	82101	ALKALOIDS, URINE, QUANTITATIVE	11/1/2001	\$30.70	3	NO
K	82103	ALPHA-1-ANTITRYPSIN; TOTAL	11/1/2001	\$13.73	3	NO
K	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	11/1/2001	\$14.79	3	NO
K	82105	ALPHA-FETOPROTEIN; SERUM	11/1/2001	\$16.38	3	NO
K	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUI	11/1/2001	\$16.38	3	NO
K	82107	ALPHA-FETOPROTEIN; AFP-L3 FRACTI	1/1/2007	NC	9	NO
K	82108	ALUMINUM	11/1/2001	\$16.35	3	NO
K	82120	AMINES, VAGINAL FLUID, QUALITATI	11/1/2001	\$3.23	3	NO
K	82127	AMINO ACIDS; SINGLE, QUALITATIVE	11/1/2001	\$14.18	3	NO
K	82128	AMINO ACIDS QUALITATIVE	11/1/2001	\$14.18	3	NO
K	82131	AMINO ACIDS, QUANTITATION, EACH	11/1/2001	\$17.25	3	NO
K	82135	AMINOLEVULINIC ACID DELTA (ALA)	11/1/2001	\$16.84	3	NO
K	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS,	11/1/2001	\$17.25	3	NO
K	82139	AMINO ACIDS, 6 OR MORE AMINO ACI	11/1/2001	\$17.25	3	NO
K	82140	AMMONIA	11/1/2001	\$14.90	3	NO
K	82143	AMNIOTIC FLUID SCAN (SPECTROPHOT	11/1/2001	\$7.03	3	NO
K	82145	AMPHETAMINE OR METHAMPHETAMINE	11/1/2001	\$15.90	3	NO
K	82150	AMYLASE	11/1/2001	\$6.63	3	NO
K	82154	ANDROSTANEDIOL GLUCURONIDE	11/1/2001	\$29.49	3	NO
K	82157	ANDROSTENEDIONE	11/1/2001	\$29.94	3	NO
K	82160	ANDROSTERONE	11/1/2001	\$25.58	3	NO
K	82163	ANGIOTENSIN II	11/1/2001	\$20.99	3	NO
K	82164	ANGIOTENSIN I - CONVERTING ENZYM	11/1/2001	\$14.93	3	NO
K	82172	APOLIPOPROTEIN, EACH	11/1/2001	\$15.84	3	NO
K	82175	ARSENIC	11/1/2001	\$19.40	3	NO
K	82180	ASCORBIC ACID (VITAMIN C) BLOOD	11/1/2001	\$10.11	3	NO
K	82190	ATOMIC ABSORPTION SPECTROSCOPY,	11/1/2001	\$15.24	3	NO
K	82205	BARBITURATES, NOT ELSEWHERE SPEC	11/1/2001	\$11.71	3	NO
K	82232	BETA-2 MICROGLOBULIN	11/1/2001	\$16.55	3	NO
K	82239	BILE ACIDS; TOTAL	11/1/2001	\$17.52	3	NO
K	82240	BILE ACIDS; CHOLYLGLYCINE	11/1/2001	\$27.18	3	NO
K	82247	BILIRUBIN; TOTAL	11/1/2001	\$5.14	3	NO
K	82248	BILIRUBIN; DIRECT	11/1/2001	\$5.14	3	NO
K	82252	BILIRUBIN; FECES QUALITATIVE	11/1/2001	\$4.65	3	NO
K	82261	BIOTINIDASE, EACH SPECIMEN	11/1/2001	\$17.25	3	NO
K	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
K	82271	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
K	82272	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
K	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
K	82274	BLOOD, OCCULT, BY FECAL HEMOGLOB	12/1/2002	\$3.32	3	NO
K	82286	BRADYKININ	11/1/2001	\$7.04	3	NO
K	82300	CADMIUM	11/1/2001	\$20.94	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82306	CALCIFEDIOL (25-OH VITAMIN D-3)	11/1/2001	\$24.55	3	NO
K	82307	CALCIFEROL (VITAMIN D)	11/1/2001	\$32.95	3	NO
K	82308	CALCITONIN	11/1/2001	\$27.39	3	NO
K	82310	CALCIUM; TOTAL	11/1/2001	\$5.27	3	NO
K	82330	CALCIUM; IONIZED	11/1/2001	\$13.97	3	NO
K	82331	CALCIUM BLOOD; AFTER CALCIUM INF	11/1/2001	\$5.29	3	NO
K	82340	CALCIUM; URINE QUANTITATIVE, TIM	11/1/2001	\$5.33	3	NO
K	82355	CALCULUS; QUALITATIVE ANALYSIS	11/1/2001	\$11.83	3	NO
K	82360	CALCULUS (STONE); QUANTITATIVE A	11/1/2001	\$13.17	3	NO
K	82365	CALCULUS (STONE) QUANTITATIVE; I	11/1/2001	\$13.19	3	NO
K	82370	CALCULUS (STONE) QUANTITATIVE; X	11/1/2001	\$12.82	3	NO
K	82373	CARBOHYDRATE DEFICIENT TRANSFERR	11/1/2001	\$7.36	3	NO
K	82374	CARBON DIOXIDE (BICARBONATE)	11/1/2001	\$5.00	3	NO
K	82375	CARON MONOXIDE (CARBOXYHEMOGLOBI	11/1/2001	\$12.60	3	NO
K	82376	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$5.70	3	NO
K	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	11/1/2001	\$19.40	3	NO
K	82379	CARNITINE (TOTAL AND FREE), QUAN	11/1/2001	\$17.25	3	NO
K	82380	CAROTENE	11/1/2001	\$9.44	3	NO
K	82382	CATECHOLAMINES; TOTAL URINE	11/1/2001	\$17.58	3	NO
K	82383	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$21.42	3	NO
K	82384	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$25.83	3	NO
K	82387	CATHEPSIN-D	11/1/2001	\$21.28	3	NO
K	82390	CERULOPLASMIN	11/1/2001	\$10.98	3	NO
K	82397	CHEMILUMINESCENT ASSAY	11/1/2001	\$14.45	3	NO
K	82415	CHLORAMPHENICOL	11/1/2001	\$12.96	3	NO
K	82435	CHLORIDE; BLOOD	11/1/2001	\$4.70	3	NO
K	82436	CHLORIDE; URINE	11/1/2001	\$5.14	3	NO
K	82438	CHLORIDE; OTHER SOURCE	11/1/2001	\$5.00	3	NO
K	82441	CHLORINATED HYDROCARBONS SCREEN	11/1/2001	\$6.14	3	NO
K	82465	CHOLESTEROL, SERUM OR WHOLE BLOO	11/1/2001	\$4.45	3	NO
K	82480	CHOLINESTERASE SERUM	11/1/2001	\$8.06	3	NO
K	82482	CHOLINESTERASE; RBC	11/1/2001	\$7.86	3	NO
K	82485	CHONDROITIN B SULFATE QUANTITATI	11/1/2001	\$21.12	3	NO
K	82486	CHROMATOGRAPHY, QUALITATIVE; COL	11/1/2001	\$18.47	3	NO
K	82487	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$14.75	3	NO
K	82488	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$21.85	3	NO
K	82489	CHROMATOGRAPHY, QUALITATIVE; THI	11/1/2001	\$18.91	3	NO
K	82491	CHROMOTOGRAPHY, QUANTITATIVE; CO	11/1/2001	\$18.47	3	NO
K	82492	CHROMATOGRAPHY; MULTIPLE ANALYTE	11/1/2001	\$18.47	3	NO
K	82495	CHROMIUM	11/1/2001	\$20.74	3	NO
K	82507	CITRIC ACID	11/1/2001	\$28.44	3	NO
K	82520	COCAINE OR METABOLITE	11/1/2001	\$15.50	3	NO
K	82523	COLLAGEN CROSS LINKS, ANY METHOD	11/1/2001	\$19.11	3	NO
K	82525	COPPER	11/1/2001	\$12.69	3	NO
K	82528	CORTICOSTERONE	11/1/2001	\$23.02	3	NO
K	82530	CORTISOL; FREE	11/1/2001	\$17.09	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82533	CORTISOL; TOTAL	11/1/2001	\$16.67	3	NO
K	82540	CREATINE	11/1/2001	\$4.74	3	NO
K	82541	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82542	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82543	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82544	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
K	82550	CREATINE KINASE (CK), (CPK); TOT	11/1/2001	\$6.67	3	NO
K	82552	CREATINE PHOSPHOKINASE (CPK) BLO	11/1/2001	\$13.70	3	NO
K	82553	CREATINE KINASE (CK), (CPK); MB	11/1/2001	\$11.80	3	NO
K	82554	CREATINE KINASE (CK, (CPK); ISOF	11/1/2001	\$12.14	3	NO
K	82565	CREATININE; BLOOD	11/1/2001	\$5.23	3	NO
K	82570	CREATININE; OTHER SOURCE	11/1/2001	\$5.29	3	NO
K	82575	CREATININE; CLEARANCE	11/1/2001	\$9.66	3	NO
K	82585	CRYOFIBRINOGEN	11/1/2001	\$8.77	3	NO
K	82595	CRYOGLOBULIN, QUALITATIVE OR SEM	11/1/2001	\$6.62	3	NO
K	82600	CYANIDE	11/1/2001	\$19.84	3	NO
K	82607	CYANOCOBALAMIN (VITAMIN B-12)	11/1/2001	\$15.41	3	NO
K	82608	CYANOCOBALAMIN (VITAMIN B-12); U	11/1/2001	\$14.65	3	NO
K	82610	CYSTATIN C	1/1/2008	NC	9	NO
K	82615	CYSTINE AND HOMOCYSTINE URINE QU	11/1/2001	\$8.35	3	NO
K	82626	DEHYDROEPIANDROSTERONE (DHEA)	11/1/2001	\$25.85	3	NO
K	82627	DEHYDROEPIANDROSTERONE-SULFATE (	11/1/2001	\$22.73	3	NO
K	82633	DESOXYCORTICOSTERONE, 11-	11/1/2001	\$31.68	3	NO
K	82634	DESOXYCORTISOL, 11-	11/1/2001	\$29.94	3	NO
K	82638	DIBUCAINE NUMBER	11/1/2001	\$12.52	3	NO
K	82646	DIHYDROCODINONE	11/1/2001	\$21.12	3	NO
K	82649	DIHYDROMORPHINONE	11/1/2001	\$26.28	3	NO
K	82651	DIHYDROTESTOSTERONE (DHT)	11/1/2001	\$26.40	3	NO
K	82652	DIHYDROXYVITAMIN D, 1, 25	11/1/2001	\$39.36	3	NO
K	82654	DIMETHADIONE	11/1/2001	\$14.16	3	NO
K	82656	ELASTASE, PANCREATIC (EL-1), FEC	1/1/2005	\$11.93	3	NO
K	82657	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
K	82658	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
K	82664	ELECTROPHORETIC TECHNIQUE NOT EL	11/1/2001	\$35.14	3	NO
K	82666	EPIANDROSTERONE	11/1/2001	\$21.97	3	NO
K	82668	ERYTHROPOIETIN	11/1/2001	\$19.22	3	NO
K	82670	ESTRADIOL	11/1/2001	\$28.58	3	NO
K	82671	ESTROGENS FRACTIONATED	11/1/2001	\$33.03	3	NO
K	82672	ESTROGENS; TOTAL	11/1/2001	\$22.18	3	NO
K	82677	ESTRIOL	11/1/2001	\$24.74	3	NO
K	82679	ESTRONE	11/1/2001	\$25.53	3	NO
K	82690	ETHCHLORVYNOL	11/1/2001	\$17.68	3	NO
K	82693	ETHYLENE GLYCOL	11/1/2001	\$15.24	3	NO
K	82696	ETIOCHOLANOLONE	11/1/2001	\$24.12	3	NO
K	82705	FAT OR LIPIDS, FECES; QUALITATIV	11/1/2001	\$4.51	3	NO
K	82710	FAT OR LIPIDS, FECES; QUANTITATI	11/1/2001	\$17.18	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	82715	FAT DIFFERENTIAL FECES QUANTITAT	11/1/2001	\$17.60	3	NO
K	82725	FATTY ACIDS, NONESTERIFIED	11/1/2001	\$13.62	3	NO
K	82726	VERY LONG CHAIN FATTY ACIDS	11/1/2001	\$18.47	3	NO
K	82728	FERRITIN	11/1/2001	\$8.95	3	NO
K	82731	FETAL FIBRONECTIN, CERVICOVAGINA	11/1/2001	\$65.87	3	NO
K	82735	FLUORIDE	11/1/2001	\$18.97	3	NO
K	82742	FLURAZEPAM	11/1/2001	\$20.25	3	NO
K	82746	FOLIC ACID; SERUM	11/1/2001	\$15.04	3	NO
K	82747	FOLIC ACID; RBC	11/1/2001	\$17.71	3	NO
K	82757	FRUCTOSE SEMEN	2/22/1994	NC	9	NO
K	82759	GALACTOKINASE RBC	11/1/2001	\$21.97	3	NO
K	82760	GALACTOSE	11/1/2001	\$11.45	3	NO
K	82775	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$21.54	3	NO
K	82776	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$8.58	3	NO
K	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IG	11/1/2001	\$6.56	3	NO
K	82785	GAMMAGLOBULIN; IGE	11/1/2001	\$16.84	3	NO
K	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SU	11/1/2001	\$8.21	3	NO
K	82800	GASES BLOOD PH ONLY	11/1/2001	\$8.67	3	NO
K	82803	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$19.79	3	NO
K	82805	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$29.02	3	NO
K	82810	GASES, BLOOD, O2 SATURATION ONLY	11/1/2001	\$8.92	3	NO
K	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2	11/1/2001	\$10.23	3	NO
K	82926	GASTRIC ACID, FREE AND TOTAL; EA	11/1/2001	\$4.95	3	NO
K	82928	GASTRIC ACID, FREE OR TOTAL; EAC	11/1/2001	\$6.70	3	NO
K	82938	GASTRIN AFTER SECRETIN STIMULATI	11/1/2001	\$18.10	3	NO
K	82941	GASTRIN	11/1/2001	\$18.04	3	NO
K	82943	GLUCAGON	11/1/2001	\$14.62	3	NO
K	82945	GLUCOSE, BODY FLUID, OTHER THAN	11/1/2001	\$4.01	3	NO
K	82946	GLUCAGON TOLERANCE TEST	11/1/2001	\$15.41	3	NO
K	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
K	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
K	82950	GLUCOSE; POST GLUCOSE DOSE (INCL	11/1/2001	\$4.85	3	NO
K	82951	GLUCOSE; TOLERANCE TEST (GTT) TH	11/1/2001	\$7.71	3	NO
K	82952	GLUCOSE; TOLERANCE TEST EACH ADD	11/1/2001	\$4.01	3	NO
K	82953	GLUCOSE; TOLBUTAMIDE TOLERANCE T	11/1/2001	\$15.49	3	NO
K	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$9.92	3	NO
K	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$6.20	3	NO
K	82962	GLUCOSE, BLOOD, BY GLUCOSE MONIT	10/1/2001	\$4.34	3	NO
K	82963	GLUCOSIDASE, BETA	11/1/2001	\$21.97	3	NO
K	82965	GLUTAMATE DEHYDROGENASE	11/1/2001	\$7.90	3	NO
K	82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	11/1/2001	\$16.19	3	NO
K	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	11/1/2001	\$7.36	3	NO
K	82978	GLUTATHIONE	11/1/2001	\$14.58	3	NO
K	82979	GLUTATHIONE REDUCTASE RBC	11/1/2001	\$7.04	3	NO
K	82980	GLUTETHIMIDE	11/1/2001	\$12.28	3	NO
K	82985	GLYCATED PROTEIN	11/1/2001	\$15.41	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83001	GONADOTROPIN; FOLLICLE STIMULATI	11/1/2001	\$19.01	3	NO
K	83002	GONADTROPIN; LUTEINIZING HORMONE	11/1/2001	\$18.94	3	NO
K	83003	GROWTH HORMONE, HUMAN (HGH) (SOM	11/1/2001	\$17.05	3	NO
K	83008	GUANOSINE MONOPHOSPHATE (GMP), C	11/1/2001	\$17.17	3	NO
K	83009	HELICOBACTER PYLORI, BLOOD TEST	1/1/2005	\$69.64	3	NO
K	83010	HAPTOGLOBIN; QUANTITATIVE	11/1/2001	\$12.86	3	NO
K	83012	HAPTOGLOBIN; PHENOTYPES	11/1/2001	\$15.41	3	NO
K	83013	HELICOBACTER PYLORI; BREATH TEST	11/1/2001	\$68.89	3	NO
K	83014	HELICOBACTER PYLORI; DRUG ADMINI	11/1/2001	\$8.04	3	NO
K	83015	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$18.56	3	NO
K	83018	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$22.46	3	NO
K	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	7/1/1997	\$17.67	3	NO
K	83021	HEMOGLOBIN FRACTIONATION AND QUA	11/1/2001	\$18.47	3	NO
K	83026	HEMOGLOBIN; BY COPPER SULFATE ME	11/1/2001	\$2.41	3	NO
K	83030	HEMOGLOBIN; F(FETAL) CHEMICAL	11/1/2001	\$8.46	3	NO
K	83033	HEMOGLOBIN; F (FETAL), QUALITATI	11/1/2001	\$6.10	3	NO
K	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	11/1/2001	\$9.93	3	NO
K	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) B	4/1/2006	NC	9	NO
K	83045	HEMOGLOBIN; METHEMOGLOBIN QUALIT	11/1/2001	\$5.07	3	NO
K	83050	HEMOGLOBIN; METHEMOGLOBIN QUANTI	11/1/2001	\$7.49	3	NO
K	83051	HEMOGLOBIN; PLASMA	11/1/2001	\$7.47	3	NO
K	83055	HEMOGLOBIN; SULFHEMOGLOBIN QUALI	11/1/2001	\$5.03	3	NO
K	83060	HEMOGLOBIN; SULFHEMOGLOBIN QUANT	11/1/2001	\$8.46	3	NO
K	83065	HEMOGLOBIN; THERMOLABILE	11/1/2001	\$7.04	3	NO
K	83068	HEMOGLOBIN; UNSTABLE SCREEN	11/1/2001	\$8.67	3	NO
K	83069	HEMOBLOBIN; URINE	11/1/2001	\$2.95	3	NO
K	83070	HEMOSIDERIN; QUALITATIVE	11/1/2001	\$4.85	3	NO
K	83071	HEMOSIDERIN; QUANTITATIVE	11/1/2001	\$7.03	3	NO
K	83080	B-HEXOSAMINIDASE, EACH ASSAY	11/1/2001	\$17.25	3	NO
K	83088	HISTAMINE	11/1/2001	\$30.20	3	NO
K	83090	HOMOCYSTINE	11/1/2001	\$17.25	3	NO
K	83150	HOMOVANILLIC ACID (HVA)	11/1/2001	\$19.79	3	NO
K	83491	HYDROXYCORTICOSTEROIDS, 17- (17-	11/1/2001	\$17.92	3	NO
K	83497	HYDROCYINDOLACETIC ACID 5-(HIAA)	11/1/2001	\$13.19	3	NO
K	83498	HYDROXYPROGESTERONE, 17-D	11/1/2001	\$27.78	3	NO
K	83499	HYDROXYPROGESTERONE 20	11/1/2001	\$25.77	3	NO
K	83500	HYDROXYPROLINE; FREE	11/1/2001	\$23.16	3	NO
K	83505	HYDROXYPROLINE; TOTAL	11/1/2001	\$24.86	3	NO
K	83516	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$11.80	3	NO
K	83518	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$8.67	3	NO
K	83519	IMMUNOASSAY, ANALYTE, QUANTITATI	11/1/2001	\$13.82	3	NO
K	83520	IMMUNOASSAY, ANALYTE; NOT OTHERW	11/1/2001	\$13.24	3	NO
K	83525	INSULIN; TOTAL	11/1/2001	\$11.70	3	NO
K	83527	INSULIN; FREE	11/1/2001	\$13.25	3	NO
K	83528	INTRINSIC FACTOR	11/1/2001	\$16.27	3	NO
K	83540	IRON	11/1/2001	\$6.62	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83550	IRON BINDING CAPACITY	11/1/2001	\$8.94	3	NO
K	83570	ISOCITRIC DEHYDROGENASE (IDH)	11/1/2001	\$9.04	3	NO
K	83582	KETOGENIC STEROIDS; FRACTIONATIO	11/1/2001	\$14.50	3	NO
K	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	11/1/2001	\$13.09	3	NO
K	83593	KETOSTEROIDS, 17- (17-KS); FRACT	11/1/2001	\$26.90	3	NO
K	83605	LACTATE (LACTIC ACID)	11/1/2001	\$10.92	3	NO
K	83615	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$6.18	3	NO
K	83625	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$13.09	3	NO
K	83630	LACTOFERRIN, FECAL; QUALITATIVE	1/1/2005	\$11.93	3	NO
K	83631	LACTOFERRIN, FECAL; QUANTITATIVE	4/1/2006	NC	9	NO
K	83632	LACTOGEN, HUMAN PLACENTAL (HPL)	11/1/2001	\$20.67	3	NO
K	83633	LACTOSE URINE QUALITATIVE	11/1/2001	\$5.63	3	NO
K	83634	LACTOSE URINE; QUANTITATIVE	11/1/2001	\$11.78	3	NO
K	83655	LEAD	11/1/2001	\$12.37	3	NO
K	83661	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$22.48	3	NO
K	83662	LECITHIN-SPHINGOMYELIN RATIO (L/	11/1/2001	\$19.34	3	NO
K	83663	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$9.67	3	NO
K	83664	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$4.83	3	NO
K	83670	LEUCINE AMINOPEPTIDASE (LAP)	11/1/2001	\$9.37	3	NO
K	83690	LIPASE	11/1/2001	\$7.04	3	NO
K	83695	LIPOPROTEIN (A)	4/1/2006	NC	9	NO
K	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLI	1/1/2007	NC	9	NO
K	83700	LIPOPROTEIN, BLOOD; ELECTROPHORE	11/1/2006	NC	9	NO
K	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUT	11/1/2006	NC	9	NO
K	83704	LIPOPROTEIN, BLOOD; QUANTITATION	11/1/2006	NC	9	NO
K	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
K	83716	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	INVALID	N	NO
K	83718	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$8.37	3	NO
K	83719	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$11.90	3	NO
K	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$9.75	3	NO
K	83727	LUTEINIZING RELEASING FACTOR (LR	11/1/2001	\$17.58	3	NO
K	83735	MAGNESIUM	11/1/2001	\$6.85	3	NO
K	83775	MALATE DEHYDROGENASE	11/1/2001	\$7.54	3	NO
K	83785	MANGANESE	11/1/2001	\$25.15	3	NO
K	83788	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
K	83789	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
K	83805	MEPROBAMATE	11/1/2001	\$18.03	3	NO
K	83825	MERCURY, QUANTITATIVE	11/1/2001	\$16.63	3	NO
K	83835	METANEPHRINES	11/1/2001	\$17.32	3	NO
K	83840	METHADONE	11/1/2001	\$16.69	3	NO
K	83857	METHEMALBUMIN	11/1/2001	\$10.98	3	NO
K	83858	METHSUXIMIDE	11/1/2001	\$15.16	3	NO
K	83864	MUCOPOLYSACCHARIDES, ACID; QUANT	11/1/2001	\$20.36	3	NO
K	83866	MUCOPOLYSACCHARIDES ACID URINE;	11/1/2001	\$10.08	3	NO
K	83872	MUCIN SYNOVIAL FLUID (ROPES TEST	11/1/2001	\$5.70	3	NO
K	83873	MYELIN BASIC PROTEIN, CEREBROSPI	11/1/2001	\$7.38	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	83874	MYOGLOBIN	11/1/2001	\$13.20	3	NO
K	83880	NATRIURETIC PEPTIDE	1/1/2003	\$25.10	3	NO
K	83883	NEPHELOMETRY, EACH ANALYTE NOT E	11/1/2001	\$13.90	3	NO
K	83885	NICKEL	11/1/2001	\$25.06	3	NO
K	83887	NICOTINE	11/1/2001	\$24.22	3	NO
K	83890	MOLECULAR DIAGNOSTICS; MOLECULAR	11/1/2001	\$4.10	3	NO
K	83891	MOLECULAR DIAGNOSTICS; ISOLATION	11/1/2001	\$4.10	3	NO
K	83892	NUCLEAR MOLECULAR DIAGNOSTICS; E	11/1/2001	\$4.10	3	NO
K	83893	MOLECULAR DIAGNOSTICS; DOT/SLOT	11/1/2001	\$4.10	3	NO
K	83894	NUCLEAR MOLECULAR DIAGNOSTICS; S	11/1/2001	\$4.10	3	NO
K	83896	NUCLEAR MOLECULAR DIAGNOSTICS; N	11/1/2001	\$4.10	3	NO
K	83897	MOLECULAR DIAGNOSTICS; NUCLEIC A	11/1/2001	\$4.10	3	NO
K	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
K	83900	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$34.66	3	NO
K	83901	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
K	83902	MOLECULAR DIAGNOSTICS; REVERSE T	11/1/2001	\$8.79	3	NO
K	83903	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83904	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83905	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83906	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
K	83907	MOLECULAR DIAGNOSTICS; LYSIS OF	1/1/2006	\$13.81	3	NO
K	83908	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$17.33	3	NO
K	83909	MOLECULAR DIAGNOSTICS; SEPARATIO	1/1/2006	\$17.33	3	NO
K	83912	NUCLEAR MOLECULAR DIAGNOSTICS; I	1/1/2008	\$13.44	3	NO
K	83913	MOLECULAR DIAGNOSTICS; RNA STABI	1/1/2007	NC	9	NO
K	83914	MUTATION IDENTIFICATION BY ENZYM	1/1/2006	\$17.33	3	NO
K	83915	NUCLEOTIDASE 5	11/1/2001	\$11.40	3	NO
K	83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL	11/1/2001	\$20.56	3	NO
K	83918	ORGANIC ACIDS; TOTAL, QUANTITATI	11/1/2001	\$16.84	3	NO
K	83919	ORGANIC ACIDS; QUALITATIVE, EACH	11/1/2001	\$16.84	3	NO
K	83921	ORGANIC ACID, SINGLE, QUANTITATI	11/1/2001	\$16.84	3	NO
K	83925	OPIATES, (EG, MORPHINE, MEPERIDI	11/1/2001	\$19.90	3	NO
K	83930	OSMOLALITY BLOOD	11/1/2001	\$6.76	3	NO
K	83935	OSMOLALITY; URINE	11/1/2001	\$6.97	3	NO
K	83937	OSTEOCALCIN (BONE G1A PROTEIN)	11/1/2001	\$30.53	3	NO
K	83945	OXALATE	11/1/2001	\$13.17	3	NO
K	83950	ONCOPROTEIN, HER-2/NEU	12/1/2002	\$65.87	3	NO
K	83970	PARATHORMONE (PARATHYROID HORMON	11/1/2001	\$42.21	3	NO
K	83986	PH BODY FLUID EXCEPT BLOOD	11/1/2001	\$3.66	3	NO
K	83992	PHENCYCLIDINE (PCP)	11/1/2001	\$15.03	3	NO
K	83993	CALPROTECTIN, FECAL	1/1/2008	\$20.29	3	NO
K	84022	PHENOTHIAZINE	11/1/2001	\$15.93	3	NO
K	84030	PHENYLALANINE (PKU), BLOOD	3/1/1992	NC	9	NO
K	84035	PHENYLKETONES, QUALITATIVE	11/1/2001	\$3.74	3	NO
K	84060	PHOSPHATASE, ACID; TOTAL	11/1/2001	\$7.55	3	NO
K	84061	PHOSPHATASE, ACID; FORENSIC EXAM	11/1/2001	\$8.10	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84066	PHOSPHATASE, ACID; PROSTATIC	11/1/2001	\$9.88	3	NO
K	84075	PHOSPHATASE, ALKALINE;	11/1/2001	\$5.29	3	NO
K	84078	PHOSPHATASE ALKALINE BLOOD; HEAT	11/1/2001	\$7.47	3	NO
K	84080	PHOSPHATASE, ALKALINE; ISOENZYME	11/1/2001	\$15.13	3	NO
K	84081	PHOSPHATIDYLGlycerol	11/1/2001	\$16.90	3	NO
K	84085	PHOSPHOGLUCONATE 6- DEHYDROGENAS	11/1/2001	\$6.90	3	NO
K	84087	PHOSPHOHEXOSE ISOMERASE	11/1/2001	\$10.56	3	NO
K	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	11/1/2001	\$4.85	3	NO
K	84105	PHOSPHORUS (PHOSPHATE); URINE	11/1/2001	\$5.29	3	NO
K	84106	PORPHOBILINOGEN URINE QUALITATIV	11/1/2001	\$4.38	3	NO
K	84110	PORPHOBILINOGEN URINE; QUANTITAT	11/1/2001	\$8.64	3	NO
K	84119	PORPHYRINS, URINE; QUALITATIVE	11/1/2001	\$8.81	3	NO
K	84120	PORPHYRINS, URINE; QUANTITATION	11/1/2001	\$15.04	3	NO
K	84126	PORPHYRINS, FECES; QUANTITATIVE	11/1/2001	\$26.05	3	NO
K	84127	PORPHYRINS, FECES; QUALITATIVE	11/1/2001	\$11.91	3	NO
K	84132	POTASSIUM; SERUM	11/1/2001	\$4.70	3	NO
K	84133	POTASSIUM; URINE	11/1/2001	\$4.40	3	NO
K	84134	PREALBUMIN	11/1/2001	\$14.92	3	NO
K	84135	PREGNANEDIOL	11/1/2001	\$19.57	3	NO
K	84138	PREGNANETRIOL	11/1/2001	\$19.36	3	NO
K	84140	PREGNENOLONE	11/1/2001	\$21.15	3	NO
K	84143	17-HYDROXYPREGNENOLONE	11/1/2001	\$23.34	3	NO
K	84144	PROGESTERONE	11/1/2001	\$21.33	3	NO
K	84146	PROLACTIN	11/1/2001	\$19.82	3	NO
K	84150	PROSTAGLANDIN, EACH	11/1/2001	\$25.53	3	NO
K	84152	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
K	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	11/1/2001	\$18.81	3	NO
K	84154	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
K	84155	PROTEIN; TOTAL, EXCEPT REFRACTOM	11/1/2001	\$3.74	3	NO
K	84156	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
K	84157	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
K	84160	PROTEIN TOTAL SERUM; REFRACTOMET	11/1/2001	\$5.29	3	NO
K	84163	PREGNANCY-ASSOCIATED PLASMA PROT	1/1/2005	\$15.56	3	NO
K	84165	PROTEIN; ELECTROPHORETIC FRACTIO	7/1/1997	\$15.45	3	NO
K	84166	PROTEIN; ELECTROPHORETIC FRACTIO	10/1/2005	\$18.44	3	NO
K	84181	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$24.55	3	NO
K	84182	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$25.95	3	NO
K	84202	PROTOPORPHYRIN RBC QUANTITATIVE	10/1/2001	\$14.67	3	NO
K	84203	PROTOPORPHYRIN RBC; SCREEN	11/1/2001	\$8.80	3	NO
K	84206	PROINSULIN	11/1/2001	\$18.22	3	NO
K	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6	11/1/2001	\$28.73	3	NO
K	84210	PYRUVATE	11/1/2001	\$11.11	3	NO
K	84220	PYRUVATE KINASE	11/1/2001	\$9.65	3	NO
K	84228	QUININE	11/1/2001	\$11.90	3	NO
K	84233	RECEPTOR ASSAY; ESTROGEN	11/1/2001	\$65.87	3	NO
K	84234	RECEPTOR ASSAY; PROGESTERONE	11/1/2001	\$66.33	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84235	RECEPTOR ASSAY; ENDOCRINE OTHER	11/1/2001	\$53.51	3	NO
K	84238	RECEPTOR ASSAY; NON-ENDOCRINE (S	11/1/2001	\$37.39	3	NO
K	84244	RENIN	11/1/2001	\$22.50	3	NO
K	84252	RIBOFLAVIN (VITAMIN B-2)	11/1/2001	\$20.69	3	NO
K	84255	SELENIUM	11/1/2001	\$26.11	3	NO
K	84260	SEROTONIN	11/1/2001	\$31.68	3	NO
K	84270	SEX HORMONE BINDING GLOBULIN (SH	11/1/2001	\$22.22	3	NO
K	84275	SIALIC ACID	11/1/2001	\$13.73	3	NO
K	84285	SILICA	11/1/2001	\$24.09	3	NO
K	84295	SODIUM; SERUM	11/1/2001	\$4.92	3	NO
K	84300	SODIUM; URINE	11/1/2001	\$4.97	3	NO
K	84302	SODIUM; OTHER SOURCE	1/1/2003	\$5.02	3	NO
K	84305	SOMATOMEDIN	11/1/2001	\$21.74	3	NO
K	84307	SOMATOSTATIN	11/1/2001	\$18.70	3	NO
K	84311	SPECTROPHOTOMETRY, ANALYTE NOT E	11/1/2001	\$7.15	3	NO
K	84315	SPECIFIC GRAVITY (EXCEPT URINE)	11/1/2001	\$2.56	3	NO
K	84375	SUGARS CHROMATOGRAPHIC TLC OR PA	11/1/2001	\$8.95	3	NO
K	84376	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
K	84377	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
K	84378	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
K	84379	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
K	84392	SULFATE, URINE	11/1/2001	\$4.85	3	NO
K	84402	TESTOSTERONE; FREE	11/1/2001	\$26.04	3	NO
K	84403	TESTOSTERONE; TOTAL	11/1/2001	\$26.40	3	NO
K	84425	THIAMINE (VITAMIN B-1)	11/1/2001	\$21.72	3	NO
K	84430	THIOCYANATE	11/1/2001	\$8.95	3	NO
K	84432	THYROGLOBULIN	11/1/2001	\$16.43	3	NO
K	84436	THYROXINE; TOTAL	11/1/2001	\$7.03	3	NO
K	84437	THYROXINE; REQUIRING ELUTION (EG	11/1/2001	\$6.62	3	NO
K	84439	THYROXINE; FREE	11/1/2001	\$9.22	3	NO
K	84442	THYROXINE BINDING GLOBULIN (TBG)	11/1/2001	\$15.13	3	NO
K	84443	THYROID STIMULATING HORMONE (TSH	11/1/2001	\$17.18	3	NO
K	84445	THYROID STIMULATING IMMUNE GLOBU	11/1/2001	\$52.01	3	NO
K	84446	TOCOPHEROL ALPHA (VITAMIN E)	11/1/2001	\$14.50	3	NO
K	84449	TRANCORTIN (CORTISOL BINDING GL	11/1/2001	\$18.40	3	NO
K	84450	TRANSFERASSE; ASPARTATE AMINO (A	11/1/2001	\$5.28	3	NO
K	84460	TRANSFERASE; ALANINE AMINO (ALT)	11/1/2001	\$5.42	3	NO
K	84466	TRANSFERRIN	11/1/2001	\$13.06	3	NO
K	84478	TRIGLYCERIDES	11/1/2001	\$5.88	3	NO
K	84479	THYROID HORMONE (T3 OR T4) UPTAK	11/1/2001	\$6.62	3	NO
K	84480	TRIIODOTHYRONINE T3; TOTAL (TT-3	11/1/2001	\$14.50	3	NO
K	84481	TRIDOTHYRONINE (T-3); FREE	11/1/2001	\$17.32	3	NO
K	84482	TRIDOTHYRONINE (T-3); REVERSE	11/1/2001	\$16.12	3	NO
K	84484	TROPONIN	11/1/2001	\$10.06	3	NO
K	84485	TRYPSIN DUODENAL FLUID	11/1/2001	\$7.67	3	NO
K	84488	TRYPSIN; FECES, QUALITATIVE	11/1/2001	\$7.47	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	84490	TRYPsin; FECES, QUANTITATIVE, 24	11/1/2001	\$7.78	3	NO
K	84510	TYROSINE	11/1/2001	\$10.64	3	NO
K	84512	TROPONIN, QUALITATIVE	11/1/2001	\$7.87	3	NO
K	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
K	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
K	84540	UREA NITROGEN URINE	11/1/2001	\$4.85	3	NO
K	84545	UREA NITROGEN CLEARANCE	11/1/2001	\$6.75	3	NO
K	84550	URIC ACID; BLOOD	11/1/2001	\$4.63	3	NO
K	84560	URIC ACID; OTHER SOURCE	11/1/2001	\$4.85	3	NO
K	84577	UROBILINOGEN FECES QUANTITATIVE	11/1/2001	\$3.90	3	NO
K	84578	UROBILINOGEN URINE QUALITATIVE	11/1/2001	\$3.32	3	NO
K	84580	UROBILINOGEN URINE; QUANTITATIVE	11/1/2001	\$7.26	3	NO
K	84583	UROBILINOGEN URINE; SEMIQUANTITA	11/1/2001	\$5.14	3	NO
K	84585	VANILLYLMANDELIC ACID (VMA) URIN	11/1/2001	\$15.85	3	NO
K	84586	VASOACTIVE INTESTINAL PEPTIDE (V	11/1/2001	\$36.13	3	NO
K	84588	VASOPRESSIN (ANTIDIURETIC HORMON	11/1/2001	\$34.71	3	NO
K	84590	VITAMIN A	11/1/2001	\$11.85	3	NO
K	84591	VITAMIN, NOT OTHERWISE SPECIFIED	11/1/2001	\$11.85	3	NO
K	84597	VITAMIN K	11/1/2001	\$14.02	3	NO
K	84600	VOLATILES (EG, ACETIC ANHYDRIDE,	11/1/2001	\$16.44	3	NO
K	84620	XYLOSE ABSORPTION TEST, BLOOD AN	11/1/2001	\$12.11	3	NO
K	84630	ZINC	11/1/2001	\$11.65	3	NO
K	84681	C-PEPTIDE	11/1/2001	\$21.28	3	NO
K	84702	GONADOTROPIN, CHORIONIC (HCG); Q	11/1/2001	\$15.39	3	NO
K	84703	GONADOTROPIN CHORIONIC QUALITAVE	11/1/2001	\$7.68	3	NO
K	84704	GONADOTROPIN, CHORIONIC (HCG); F	1/1/2008	\$15.56	3	NO
K	84830	OVULATION TESTS, BY VISUAL COLOR	2/22/1994	NC	9	NO
K	84999	UNLISTED CHEMISTRY PROCEDURE	4/1/1982	\$0.01	5	NO
K	85002	BLEEDING TIME	11/1/2001	\$4.60	3	NO
K	85004	BLOOD COUNT; AUTOMATED DIFFERENT	1/1/2003	\$6.69	3	NO
K	85007	BLOOD COUNT; BLOOD SMEAR, MICROS	7/1/1997	\$4.06	3	NO
K	85008	BLOOD COUNT; BLOOD SMEAR, MICROS	11/1/2001	\$3.52	3	NO
K	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO
K	85013	BLOOD COUNT; SPUN MICROHEMATOCRI	11/1/2001	\$2.42	3	NO
K	85014	BLOOD COUNT; HEMATOCRIT (HCT)	11/1/2001	\$2.42	3	NO
K	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
K	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
K	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
K	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
K	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
K	85025	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$7.95	3	NO
K	85027	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$6.62	3	NO
K	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO
K	85032	BLOOD COUNT; MANUAL CELL COUNT (	1/1/2003	\$4.45	3	NO
K	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
K	85044	BLOOD COUNT; RETICULOCYTE, MANUA	11/1/2001	\$4.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	85045	BLOOD COUNT; RETICULOCYTE, AUTOM	11/1/2001	\$4.10	3	NO
K	85046	BLOOD COUNT; RETICULOCYTES, AUTO	11/1/2001	\$5.70	3	NO
K	85048	BLOOD COUNT; LEUKOCYTE (WBC), AU	11/1/2001	\$2.60	3	NO
K	85049	BLOOD COUNT; PLATELET, AUTOMATED	1/1/2003	\$4.63	3	NO
K	85055	RETICULATED PLATELET ASSAY	1/1/2004	\$18.71	3	NO
K	85060	BLOOD SMEAR, PERIPHERAL, INTERPR	1/1/2008	\$17.20	3	NO
K	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
K	85097	BONE MARROW, SMEAR INTERPRETATIO	1/1/2008	\$73.65	3	NO
K	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
K	85130	CHROMOGENIC SUBSTRATE ASSAY	11/1/2001	\$12.17	3	NO
K	85170	CLOT RETRACTION	11/1/2001	\$3.70	3	NO
K	85175	CLOT LYSIS TIME WHOLE BLOOD DILU	11/1/2001	\$4.65	3	NO
K	85210	CLOTTING FACTOR II PROTHROMBIN S	11/1/2001	\$13.28	3	NO
K	85220	CLOTTING; FACTOR V (ACG OR PROAC	11/1/2001	\$16.38	3	NO
K	85230	CLOTTING; FACTOR VII (PROCONVERT	11/1/2001	\$16.38	3	NO
K	85240	CLOTTING; FACTOR VIII (AHG) ONE	11/1/2001	\$16.38	3	NO
K	85244	CLOTTING; FACTOR VIII RELATED AN	11/1/2001	\$20.88	3	NO
K	85245	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
K	85246	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
K	85247	CLOTTING; FACTOR VIII, VON WILLE	11/1/2001	\$23.47	3	NO
K	85250	CLOTTING; FACTOR IX (PTC OR CHRI	11/1/2001	\$16.38	3	NO
K	85260	CLOTTING; FACTOR X (STUART-PROWE	11/1/2001	\$16.38	3	NO
K	85270	CLOTTING; FACTOR XI (PTA)	11/1/2001	\$16.38	3	NO
K	85280	CLOTTING; FACTOR XII (HAGEMAN)	11/1/2001	\$19.79	3	NO
K	85290	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$16.38	3	NO
K	85291	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$9.09	3	NO
K	85292	CLOTTING; PREKALLIKREIN ASSAY (F	11/1/2001	\$19.37	3	NO
K	85293	CLOTTING; HIGH MOLECULAR WEIGHT	11/1/2001	\$19.37	3	NO
K	85300	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.12	3	NO
K	85301	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.06	3	NO
K	85302	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.29	3	NO
K	85303	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$14.14	3	NO
K	85305	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.85	3	NO
K	85306	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$15.67	3	NO
K	85307	ACTIVATED PROTEIN C (APC) RESIST	11/1/2001	\$15.67	3	NO
K	85335	FACTOR INHIBITOR TEST	11/1/2001	\$13.17	3	NO
K	85337	THROMBOMODULIN	11/1/2001	\$10.66	3	NO
K	85345	COAGULATION TIME LEE AND WHITE	11/1/2001	\$4.40	3	NO
K	85347	COAGULATION TIME; ACTIVATED	11/1/2001	\$3.23	3	NO
K	85348	COAGULATION TIME; OTHER METHODS	11/1/2001	\$3.80	3	NO
K	85360	EUGLOBULIN LYSIS	11/1/2001	\$8.59	3	NO
K	85362	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$6.56	3	NO
K	85366	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$8.81	3	NO
K	85370	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$11.62	3	NO
K	85378	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$7.30	3	NO
K	85379	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$10.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	85380	FIBRIN DEGRADATION PRODUCTS, D-D	1/1/2003	\$10.52	3	NO
K	85384	FIBRINOGEN; ACTIVITY	11/1/2001	\$8.69	3	NO
K	85385	FIBRINOGEN; ANTIGEN	11/1/2001	\$8.69	3	NO
K	85390	FIBRINOLYSINS OR COAGULOPATHY SC	7/1/1997	\$7.08	3	NO
K	85396	COAGULATION/FIBRINOLYSIS ASSAY,	1/1/2008	\$14.52	3	NO
K	85400	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$9.04	3	NO
K	85410	FIBRINOLYTIC MECHANISMS ALPHA-2	11/1/2001	\$7.89	3	NO
K	85415	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$17.58	3	NO
K	85420	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$6.69	3	NO
K	85421	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$10.41	3	NO
K	85441	HEINZ BODIES DIRECT	11/1/2001	\$4.30	3	NO
K	85445	HEINZ BODIES; INDUCED ACETYL PHE	11/1/2001	\$6.97	3	NO
K	85460	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$7.91	3	NO
K	85461	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$6.79	3	NO
K	85475	HEMOLYSIN, ACID	11/1/2001	\$9.07	3	NO
K	85520	HEPARIN ASSAY	11/1/2001	\$13.39	3	NO
K	85525	HEPARIN NEUTRALIZATION	11/1/2001	\$12.12	3	NO
K	85530	HEPARIN-PROTAMINE TOLERANCE TEST	11/1/2001	\$14.50	3	NO
K	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
K	85536	IRON STAIN, PERIPHERAL BLOOD	11/1/2001	\$6.62	3	NO
K	85540	LEUKOCYTE ALKALINE PHOSPHATASE W	11/1/2001	\$8.79	3	NO
K	85547	MECHANICAL FRAGILITY RBC	11/1/2001	\$8.79	3	NO
K	85549	MURAMIDASE	11/1/2001	\$19.18	3	NO
K	85555	OSMOTIC FRAGILITY, RBC; UNINCUBA	11/1/2001	\$6.84	3	NO
K	85557	OSMOTIC FRAGILITY, RBC; INCUBATE	11/1/2001	\$6.85	3	NO
K	85576	PLATELET; AGGREGATION (IN VITRO)	7/1/1997	\$29.50	3	NO
K	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
K	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
K	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
K	85597	PLATELET NEUTRALIZATION	11/1/2001	\$18.38	3	NO
K	85610	PROTHROMBIN TIME	11/1/2001	\$4.02	3	NO
K	85611	PROTHROMBIN TIME; SUBSTITUTION,	11/1/2001	\$4.03	3	NO
K	85612	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
K	85613	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
K	85635	REPTILASE TEST	11/1/2001	\$10.07	3	NO
K	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
K	85652	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$2.76	3	NO
K	85660	SICKLING OF RBC REDUCTION SLIDE	11/1/2001	\$5.65	3	NO
K	85670	THROMBIN TIME; PLASMA	11/1/2001	\$5.91	3	NO
K	85675	THROMBIN TIME; TITER	10/1/2001	\$7.01	3	NO
K	85705	THROMBOPLASTIN INHIBITION; TISSU	11/1/2001	\$9.85	3	NO
K	85730	THROMBOPLASTIN TIME PARTIAL (PTT	11/1/2001	\$6.14	3	NO
K	85732	THROMBOPLASTIN TIME, PARTIAL (PT	11/1/2001	\$6.62	3	NO
K	85810	VISCOSITY	11/1/2001	\$11.94	3	NO
K	85999	UNLISTED HEMATOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
K	86000	AGGLUTININS, FEBRILE, EACH ANTIG	11/1/2001	\$7.14	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86001	ALLERGEN SPECIFIC IGG QUANTITATI	11/1/2001	\$5.34	3	NO
K	86003	ALLERGEN SPECIFIC IGE; QUANTITAT	11/1/2001	\$5.34	3	NO
K	86005	ALLERGEN SPECIFIC IGE; QUALITATI	11/1/2001	\$8.15	3	NO
K	86021	ANTIBODY IDENTIFICATION LEUKOCYT	11/1/2001	\$15.39	3	NO
K	86022	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$18.78	3	NO
K	86023	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$12.74	3	NO
K	86038	ANTINUCLEAR ANTIBODIES (ANA);	11/1/2001	\$12.36	3	NO
K	86039	ANTINUCLEAR ANTIBODIES (ANA); TI	11/1/2001	\$11.42	3	NO
K	86060	ANTISTREPTOLYSIN O TITER	11/1/2001	\$7.47	3	NO
K	86063	ANTISTREPTOLYSIN O; SCREEN	11/1/2001	\$5.91	3	NO
K	86064	B CELLS, TOTAL COUNT	1/1/2006	INVALID	N	NO
K	86077	BLOOD BANK PHYSICIAN SERVICES; D	1/1/2008	\$36.56	3	NO
K	86078	BLOOD BANK PHYSICIAN SERVICES IN	1/1/2008	\$37.90	3	NO
K	86079	BLOOD BANK PHYSICIAN SERVICES AU	1/1/2008	\$37.63	3	NO
K	86140	C-REACTIVE PROTEIN	11/1/2001	\$5.29	3	NO
K	86141	C-REACTIVE PROTEIN; HIGH SENSITI	12/1/2002	\$13.24	3	NO
K	86146	BETA 2 BLYCOPROTEIN I ANTIBODY,	11/1/2001	\$26.02	3	NO
K	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIB	11/1/2001	\$26.02	3	NO
K	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHO	11/1/2001	\$16.43	3	NO
K	86155	CHEMOTAXIS ASSAY SPECIFY METHOD	11/1/2001	\$16.34	3	NO
K	86156	COLD AGGLUTININ; SCREEN	11/1/2001	\$6.85	3	NO
K	86157	COLD AGGLUTININ; TITER	11/1/2001	\$8.24	3	NO
K	86160	COMPLEMENT; ANTIGEN, EACH COMPON	11/1/2001	\$12.28	3	NO
K	86161	COMPLEMENT; FUNCTIONAL ACTIVITY,	11/1/2001	\$12.28	3	NO
K	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH5	11/1/2001	\$20.78	3	NO
K	86171	COMPLEMENT FIXATION TESTS, EACH	11/1/2001	\$10.25	3	NO
K	86185	COUNTERIMMUNOELECTROPHORESIS, EA	11/1/2001	\$9.15	3	NO
K	86200	CYCLIC CITRULLINATED PEPTIDE (CC	1/1/2006	\$13.39	3	NO
K	86215	DEOXYRIBONUCLEASE ANTIBODY	11/1/2001	\$13.56	3	NO
K	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$14.05	3	NO
K	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$12.38	3	NO
K	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANT	11/1/2001	\$16.38	3	NO
K	86243	FC RECEPTOR	11/1/2001	\$20.99	3	NO
K	86255	FLUORESCENT ANTIBODY; SCREEN, EA	7/1/1997	\$15.33	3	NO
K	86256	FLUORESCENT ANTIBODY; TITER, EAC	7/1/1997	\$16.55	3	NO
K	86277	GROWTH HORMONE, HUMAN (HGH), ANT	11/1/2001	\$16.10	3	NO
K	86280	HEMAGGLUTINATION INHIBITION TEST	11/1/2001	\$8.37	3	NO
K	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	6/1/2006	\$21.28	3	NO
K	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
K	86308	HETEROPHILE ANTIBODIES; SCREENIN	11/1/2001	\$5.29	3	NO
K	86309	HETEROPHILE ANTIBODIES; TITER	11/1/2001	\$6.62	3	NO
K	86310	HETEROPHILE ANTIBODIES; TITERS A	11/1/2001	\$7.54	3	NO
K	86316	IMMUNOASSAY FOR TUMOR ANTIGEN; O	11/1/2001	\$21.28	3	NO
K	86317	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$15.33	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86318	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$13.24	3	NO
K	86320	IMMUNOELECTROPHORESIS; SERUM	7/1/1997	\$30.77	3	NO
K	86325	IMMUNOELECTROPHORESIS; OTHER FLU	7/1/1997	\$30.69	3	NO
K	86327	IMMUNOELECTROPHORISIS; CROSSED (	7/1/1997	\$31.15	3	NO
K	86329	IMMUNODIFFUSION, NOT ELSEWHERE S	11/1/2001	\$14.36	3	NO
K	86331	IMMUNODIFFUSION; GEL DIFFUSION,	11/1/2001	\$12.25	3	NO
K	86332	IMMUNE COMPLEX ASSAY	11/1/2001	\$24.92	3	NO
K	86334	IMMUNOFIXATION ELECTROPHORESIS;	7/1/1997	\$30.66	3	NO
K	86335	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2005	\$30.34	3	NO
K	86336	INHIBIN A	12/1/2002	\$15.29	3	NO
K	86337	INSULIN ANTIBODIES	11/1/2001	\$21.90	3	NO
K	86340	INTRINSIC FACTOR ANTIBODIES	11/1/2001	\$15.41	3	NO
K	86341	ISLET CELL ANTIBODY	11/1/2001	\$20.23	3	NO
K	86343	LEUKOCYTE HISTAMINE RELEASE TEST	11/1/2001	\$12.74	3	NO
K	86344	LEUKOCYTE PHAGOCYTOSIS	11/1/2001	\$8.17	3	NO
K	86353	LYMPHOCYTE TRANSFORMATION, MITOG	11/1/2001	\$50.14	3	NO
K	86355	B CELLS, TOTAL COUNT	1/1/2006	\$39.00	3	NO
K	86356	MONONUCLEAR CELL ANTIGEN, QUANTI	1/1/2008	NC	9	NO
K	86357	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	\$39.00	3	NO
K	86359	T CELLS; TOTAL COUNT	11/1/2001	\$38.58	3	NO
K	86360	T CELLS; T4 AND T8, INCLUDING RA	11/1/2001	\$48.05	3	NO
K	86361	T CELLS; ABSOLUTE CD4 COUNT	11/1/2001	\$18.50	3	NO
K	86367	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	\$39.00	3	NO
K	86376	MICROSOMAL ANTIBODIES (EG, THYRO	11/1/2001	\$14.88	3	NO
K	86378	MIGRATION INHIBITORY FACTOR TEST	11/1/2001	\$20.14	3	NO
K	86379	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	INVALID	N	NO
K	86382	NEUTRALIZATION TEST VIRAL	11/1/2001	\$17.29	3	NO
K	86384	NITROBLUE TETRAZOLIUM DYE TEST (	11/1/2001	\$11.65	3	NO
K	86403	PARTICLE AGGLUTINATION; SCREEN,	11/1/2001	\$10.42	3	NO
K	86406	PARTICLE AGGLUTINATION; TITER, E	11/1/2001	\$10.88	3	NO
K	86430	RHEUMATOID FACTOR; QUALITATIVE	11/1/2001	\$5.81	3	NO
K	86431	RHEUMATOID FACTOR; QUANTITATIVE	11/1/2001	\$5.81	3	NO
K	86480	TUBERCULOSIS TEST, CELL MEDIATED	11/1/2006	NC	9	NO
K	86485	SKIN TEST; CANDIDA	10/1/2001	\$27.75	3	NO
K	86486	SKIN TEST; UNLISTED ANTIGEN, EAC	1/1/2008	\$4.05	3	NO
K	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	1/1/2008	\$7.26	3	NO
K	86510	SKIN TEST; HISTOPLASMOSIS	1/1/2008	\$8.06	3	NO
K	86580	SKIN TEST; TUBERCULOSIS INTRADER	1/1/2008	\$6.72	3	NO
K	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
K	86586	SKIN TEST; UNLISTED ANTIGEN, EAC	1/1/2008	INVALID	N	NO
K	86587	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	INVALID	N	NO
K	86590	STREPTOKINASE ANTIBODY	11/1/2001	\$11.28	3	NO
K	86592	SYPHILIS TEST; QUALITATIVE (EG,	11/1/2001	\$4.37	3	NO
K	86593	SYPHILIS TEST; QUANTITATIVE	11/1/2001	\$4.51	3	NO
K	86602	ANTIBODY; ACTINOMYCES	11/1/2001	\$10.40	3	NO
K	86603	ANTIBODY; ADENOVIRUS	11/1/2001	\$13.16	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86606	ANTIBODY; ASPIRGILLUS	11/1/2001	\$15.39	3	NO
K	86609	ANTIBODY; BACTERIUM, NOT ELSEWHE	11/1/2001	\$13.18	3	NO
K	86611	BARTONELLA	11/1/2001	\$10.40	3	NO
K	86612	ANTIBODY; BLASTOMYCES	11/1/2001	\$13.19	3	NO
K	86615	ANTIBODY; BORDETELLA	11/1/2001	\$13.49	3	NO
K	86617	ANTIBODY; BORRELIA BURGDORFERI (	11/1/2001	\$15.84	3	NO
K	86618	ANTIBODY; BORELLIA BUFGDORFERI (	11/1/2001	\$17.42	3	NO
K	86619	ANTIBODY; BORRELIA (RELAPSING FE	11/1/2001	\$13.68	3	NO
K	86622	ANTIBODY; BRUCELLA	11/1/2001	\$9.14	3	NO
K	86625	ANTIBODY; CAMPYLOBACTER	11/1/2001	\$13.42	3	NO
K	86628	ANTIBODY; CANDIDA	11/1/2001	\$12.28	3	NO
K	86631	ANTIBODY; CHLAMYDIA	11/1/2001	\$12.10	3	NO
K	86632	ANTIBODY; CHLAMYDIA, IGM	11/1/2001	\$12.99	3	NO
K	86635	ANTIBODY; COCCIDIODES	11/1/2001	\$11.73	3	NO
K	86638	ANTIBODY; COXIELLA BRUNETII (Q F	11/1/2001	\$12.40	3	NO
K	86641	ANTIBODY; CRYPTOOCOCCUS	11/1/2001	\$14.74	3	NO
K	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	11/1/2001	\$14.72	3	NO
K	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV),	11/1/2001	\$17.23	3	NO
K	86648	ANTIBODY; DIPHTHERIA	11/1/2001	\$15.55	3	NO
K	86651	ANTIBODY; ENCEPHALITIS, CALIFORN	11/1/2001	\$13.49	3	NO
K	86652	ANTIBODY; ENCEPHALITIS, EASTERN	11/1/2001	\$13.49	3	NO
K	86653	ANTIBODY; ENCEPHALITIS, ST. LOUI	11/1/2001	\$13.49	3	NO
K	86654	ANTIBODY; ENCEPHALITIS, WESTERN	11/1/2001	\$13.49	3	NO
K	86658	ANTIBODY; ENTEROVIRUS (EG, COXSA	11/1/2001	\$13.33	3	NO
K	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$13.42	3	NO
K	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$15.64	3	NO
K	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$18.55	3	NO
K	86666	EHRlichIA	11/1/2001	\$10.40	3	NO
K	86668	ANTIBODY; FRANCISELLA TULARENSIS	11/1/2001	\$10.64	3	NO
K	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE	11/1/2001	\$12.54	3	NO
K	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
K	86677	ANTIBODY; HELICOBACTER PYLORI	11/1/2001	\$14.84	3	NO
K	86682	ANTIBODY; HELMINTH, NOT ELSEWHER	11/1/2001	\$13.30	3	NO
K	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
K	86684	ANTIBODY; HEMOPHILUS INFLUENZA	11/1/2001	\$16.21	3	NO
K	86687	ANTIBODY; HTLV I	11/1/2001	\$8.58	3	NO
K	86688	ANTIBODY; HTLV-II	11/1/2001	\$14.33	3	NO
K	86689	ANTIBODY; HTLV OR HIV ANTIBODY,	11/1/2001	\$19.80	3	NO
K	86692	ANTIBODY; HEPATITIS, DELTA AGENT	11/1/2001	\$17.55	3	NO
K	86694	ANTIBODY; HERPES SIMPLEX, NON-SP	11/1/2001	\$14.72	3	NO
K	86695	ANTIBODY; HERPES SIMPLEX, TYPE I	11/1/2001	\$13.49	3	NO
K	86696	HERPES SIMPLEX, TYPE 2	3/1/2003	\$25.00	3	NO
K	86698	ANTIBODY; HISTOPLASMA	11/1/2001	\$12.79	3	NO
K	86701	ANTIBODY; HIV-1	11/1/2001	\$9.09	3	NO
K	86702	ANTIBODY; HIV-2	11/1/2001	\$13.83	3	NO
K	86703	ANTIBODY; HIV-1 AND HIV-2, SINGL	11/1/2001	\$14.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86704	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.33	3	NO
K	86705	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.04	3	NO
K	86706	HEPATITIS B SURFACE ANTIBODY (HB	11/1/2001	\$10.98	3	NO
K	86707	HEPATITIS BE ANTIBODY (HBEAB)	11/1/2001	\$11.83	3	NO
K	86708	HEPATITIS A ANTIBODY (HAAB), TOT	11/1/2001	\$12.67	3	NO
K	86709	HEPATITIS A ANTIBODY (HAAB); IGM	11/1/2001	\$11.51	3	NO
K	86710	ANTIBODY; INFLUENZA VIRUS	11/1/2001	\$13.87	3	NO
K	86713	ANTIBODY; LEGIONELLA	11/1/2001	\$15.65	3	NO
K	86717	ANTIBODY; LEISHMANIA	11/1/2001	\$12.53	3	NO
K	86720	ANTIBODY; LEPTOSPIRA	11/1/2001	\$13.49	3	NO
K	86723	ANTIBODY; LISTERIA MONOCYTOGENES	11/1/2001	\$13.49	3	NO
K	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENI	11/1/2001	\$13.16	3	NO
K	86729	ANTIBODY; LYMPHOGRANULOMA VENERE	11/1/2001	\$12.22	3	NO
K	86732	ANTIBODY; MUCORMYCOSIS	11/1/2001	\$13.49	3	NO
K	86735	ANTIBODY; MUMPS	11/1/2001	\$13.34	3	NO
K	86738	ANTIBODY; MYCOPLASMA	11/1/2001	\$13.55	3	NO
K	86741	ANTIBODY; NEISSERIA MENINGITIS	11/1/2001	\$13.49	3	NO
K	86744	ANTIBODY; NOCARDIA	11/1/2001	\$13.49	3	NO
K	86747	ANTIBODY; PAROVIRUS	11/1/2001	\$15.37	3	NO
K	86750	ANTIBODY; PLASMODIUM (MALARIA)	11/1/2001	\$13.49	3	NO
K	86753	ANTIBODY; PROTOZOA, NOT ELSEWHER	11/1/2001	\$12.67	3	NO
K	86756	ANTIBODY; RESPIRATORY SYNCYTIAL	11/1/2001	\$13.18	3	NO
K	86757	RICKETTSIA	11/1/2001	\$19.80	3	NO
K	86759	ANTIBODY; ROTAVIRUS	11/1/2001	\$13.49	3	NO
K	86762	ANTIBODY; RUBELLA	11/1/2001	\$14.72	3	NO
K	86765	ANTIBODY; RUBEOLA	11/1/2001	\$13.18	3	NO
K	86768	ANTIBODY; SALMONELLA	11/1/2001	\$13.49	3	NO
K	86771	ANTIBODY; SHIGELLA	11/1/2001	\$13.49	3	NO
K	86774	ANTIBODY; TETANUS	11/1/2001	\$15.13	3	NO
K	86777	ANTIBODY; TOXOPLASMA	11/1/2001	\$14.72	3	NO
K	86778	ANTIBODY; TOXOPLASMA, IGM	11/1/2001	\$14.73	3	NO
K	86781	ANTIBODY; TREPONEMA PALLIDUM, CO	11/1/2001	\$13.54	3	NO
K	86784	ANTIBODY; TRICHINELLA	11/1/2001	\$12.85	3	NO
K	86787	ANTIBODY; VARICELLA-ZOSTER	11/1/2001	\$13.18	3	NO
K	86788	ANTIBODY; WEST NILE VIRUS, IGM	1/1/2007	\$17.42	3	NO
K	86789	ANTIBODY; WEST NILE VIRUS	1/1/2007	\$14.88	3	NO
K	86790	ANTIBODY; VIRUS, NOT ELSEWHERE S	11/1/2001	\$13.18	3	NO
K	86793	ANTIBODY; YERSINIA	11/1/2001	\$13.49	3	NO
K	86800	THYROGLOBULIN ANTIBODY	11/1/2001	\$16.27	3	NO
K	86803	HEPATITIS C ANTIBODY;	11/1/2001	\$14.60	3	NO
K	86804	HEPATITIS C ANTIBODY; CONFIRMATO	11/1/2001	\$15.84	3	NO
K	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$53.47	3	NO
K	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$48.66	3	NO
K	86807	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$40.47	3	NO
K	86808	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$30.35	3	NO
K	86812	HLA TYPING; A, B, OR C (EG, A10,	11/1/2001	\$26.39	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	86813	HLA TYPING; A, B, OR C, MULTIPLE	11/1/2001	\$59.30	3	NO
K	86816	HLA TYPING; DR/DQ, SINGLE ANTIGE	11/1/2001	\$28.48	3	NO
K	86817	HLA TYPING; DR/DQ, MULTIPLE ANTI	11/1/2001	\$65.85	3	NO
K	86821	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$57.74	3	NO
K	86822	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$37.38	3	NO
K	86849	UNLISTED IMMUNOLOGY PROCEDURE	10/1/2005	\$0.01	5	NO
K	86850	ANTIBODY SCREEN, RBC, EACH SERUM	7/1/1997	\$7.81	3	NO
K	86860	ANTIBODY ELUTION (RBC), EACH ELU	2/15/2000	\$32.48	3	NO
K	86870	ANTIBODY IDENTIFICATION, RBC ANT	10/1/2001	\$38.52	3	NO
K	86880	ANTIHUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.49	3	NO
K	86885	ANTIHUMAN GLOBULIN TEST; INDIRECT	11/1/2001	\$5.85	3	NO
K	86886	ANTIHUMAN GLOBULIN TEST; INDIRECT	11/1/2001	\$5.29	3	NO
K	86890	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2001	\$46.51	3	NO
K	86891	AUTOLOGOUS BLOOD OR COMPONENT, C	7/1/2006	NC	9	NO
K	86900	BLOOD TYPING; ABO	11/1/2001	\$3.05	3	NO
K	86901	BLOOD TYPING; RH (D)	10/1/2001	\$6.62	3	NO
K	86903	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.66	3	NO
K	86904	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.72	3	NO
K	86905	BLOOD TYPING; RBC ANTIGENS, OTHE	11/1/2001	\$3.91	3	NO
K	86906	BLOOD TYPING; RH PHENOTYPING, CO	11/1/2001	\$7.93	3	NO
K	86910	BLOOD TYPING, FOR PATERNITY TEST	2/22/1994	NC	9	NO
K	86911	BLOOD TYPING, FOR PATERNITY TEST	1/1/1994	NC	9	NO
K	86915	BONE MARROW, MODIFICATION OR TRE	7/1/2003	INVALID	N	NO
K	86920	COMPATIBILITY TEST EACH UNIT; IM	10/1/2001	\$58.92	3	NO
K	86921	COMPATIBILITY TEST EACH UNIT; IN	6/19/2006	\$58.92	3	NO
K	86922	COMPATIBILITY TEST EACH UNIT; AN	12/5/2005	\$58.92	3	NO
K	86923	COMPATIBILITY TEST EACH UNIT; EL	1/1/2006	\$0.01	5	NO
K	86927	FRESH FROZEN PLASMA, THAWING, EA	10/1/2005	\$0.01	5	NO
K	86930	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
K	86931	FROZEN BLOOD, EACH UNIT; THAWING	10/1/2005	\$0.01	5	NO
K	86932	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
K	86940	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$8.38	3	NO
K	86941	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$12.38	3	NO
K	86950	LEUKOCYTE TRANSFUSION	11/1/2000	\$0.01	5	NO
K	86960	VOLUME REDUCTION OF BLOOD OR BLO	1/1/2006	NC	9	NO
K	86965	POOLING OF PLATELETS OR OTHER BL	10/1/2001	\$27.35	3	NO
K	86970	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86971	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86972	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
K	86975	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86976	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86977	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86978	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
K	86985	SPLITTING OF BLOOD OR BLOOD PROD	10/1/2005	\$0.01	5	NO
K	86999	UNLISTED TRANSFUSION MEDICINE PR	10/1/2005	\$0.01	5	NO
K	87001	ANIMAL INOCULATION SMALL ANIMAL	11/1/2001	\$13.52	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87003	ANIMAL INOCULATION SMALL ANIMAL;	11/1/2001	\$17.21	3	NO
K	87015	CONCENTRATION (ANY TYPE), FOR IN	11/1/2001	\$6.83	3	NO
K	87040	CULTURE, BACTERIAL; BLOOD, WITH	11/1/2001	\$10.56	3	NO
K	87045	CULTURE, BACTERIAL; FECES, W/ISO	11/1/2001	\$9.65	3	NO
K	87046	CULTURE, BACTERIAL; STOOL, AEROB	11/1/2001	\$2.41	3	NO
K	87070	CULTURE, BACTERIAL; ANY OTHER SO	11/1/2001	\$8.81	3	NO
K	87071	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
K	87073	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
K	87075	CULTURE, BACTERIAL; ANY SOURCE,	11/1/2001	\$9.68	3	NO
K	87076	CULTURE, BACTERIAL; ANAEROBIC IS	11/1/2001	\$8.26	3	NO
K	87077	CULTURE, BACTERIAL; AEROBIC ISOL	11/1/2001	\$8.26	3	NO
K	87081	CULTURE, PRESUMPTIVE, PATHOGENIC	11/1/2001	\$6.78	3	NO
K	87084	CULTURE PRESUMPTIVE PATHOGENIC O	11/1/2001	\$8.81	3	NO
K	87086	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$8.26	3	NO
K	87088	CULTURE, BACTERIAL; WITH ISOLATI	11/1/2001	\$8.27	3	NO
K	87101	CULTURE, FUNGI (MOLD OR YEAST) I	11/1/2001	\$7.89	3	NO
K	87102	CULTURE, FUNGI, ISOLATION; OTHER	11/1/2001	\$8.59	3	NO
K	87103	CULTURE, FUNGI, ISOLATION; BLOOD	11/1/2001	\$9.22	3	NO
K	87106	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
K	87107	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
K	87109	CULTURE MYCOPLASMA ANY SOURCE	11/1/2001	\$15.73	3	NO
K	87110	CULTURE, CHLAMYDIA, ANY SOURCE	11/1/2001	\$20.04	3	NO
K	87116	CULTURE, TUBERCLE OR OTHER ACID-	11/1/2001	\$11.05	3	NO
K	87118	CULTURE, MYCOBACTERIAL, DEFINITI	11/1/2001	\$11.20	3	NO
K	87140	CULTURE, TYPING; IMMUNOFLUORESC	11/1/2001	\$5.71	3	NO
K	87143	CULTURE, TYPING; GAS LIQUID CHRO	11/1/2001	\$12.82	3	NO
K	87147	CULTURE, TYPING; IMMUNOLOGIC MET	11/1/2001	\$5.29	3	NO
K	87149	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$20.51	3	NO
K	87152	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$5.35	3	NO
K	87158	CULTURE TYPING; OTHER METHODS	11/1/2001	\$5.35	3	NO
K	87164	DARK FIELD EXAMINATION ANY SOURC	7/1/1997	\$14.74	3	NO
K	87166	DARK FIELD EXAMINATION ANY SOURC	11/1/2001	\$11.55	3	NO
K	87168	MACROSCOPIC EXAMINATION; ARTHROP	11/1/2001	\$4.37	3	NO
K	87169	MACROSCOPIC EXAMINATION; PARASIT	11/1/2001	\$4.37	3	NO
K	87172	PINWORM EXAM (EG, CELLOPHANE TAP	11/1/2001	\$4.37	3	NO
K	87176	HOMOGENIZATION, TISSUE, FOR CULT	11/1/2001	\$6.02	3	NO
K	87177	OVA AND PARASITES DIRECT SMEARS	11/1/2001	\$9.10	3	NO
K	87181	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
K	87184	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$7.05	3	NO
K	87185	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
K	87186	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$8.84	3	NO
K	87187	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$10.60	3	NO
K	87188	SUSCEPTIBILITY STUDIES, ANTIMIRO	11/1/2001	\$6.79	3	NO
K	87190	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$4.95	3	NO
K	87197	SERUM BACTERICIDAL TITER (SCHLIC	11/1/2001	\$12.27	3	NO
K	87198	CYTOMEGALOVIRUS, DIRECT FLUORESC	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87199	ENTEROVIRUS, DIRECT FLUORESCENT	7/1/2003	INVALID	N	NO
K	87205	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
K	87206	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$5.49	3	NO
K	87207	SMEAR, PRIMARY SOURCE WITH INTER	7/1/1997	\$7.58	3	NO
K	87209	SMEAR, PRIMARY SOURCE W/INTERPRE	1/1/2006	\$18.58	3	NO
K	87210	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
K	87220	TISSUE EXAMINATION BY KOH SLIDE	11/1/2001	\$4.37	3	NO
K	87230	TOXIN OR ANTITOXIN ASSAY, TISSUE	11/1/2001	\$20.19	3	NO
K	87250	VIRUS ISOLATION; INOCULATION OF	11/1/2001	\$19.99	3	NO
K	87252	VIRUS ISOLATION; TISSUE CULTURE	11/1/2001	\$24.54	3	NO
K	87253	VIRUS ISOLATION; TISSUE CULTURE,	11/1/2001	\$20.65	3	NO
K	87254	VIRUS ISOLATION; CENTRIFUGE ENHA	11/1/2001	\$5.00	3	NO
K	87255	VIRUS ISOLATION; INCLUDING IDENT	1/1/2003	\$35.01	3	NO
K	87260	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87265	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87267	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
K	87269	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
K	87270	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87271	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
K	87272	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87273	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87274	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87275	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87276	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87277	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87278	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87279	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87280	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87281	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87283	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87285	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87290	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87299	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87300	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
K	87301	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87305	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2007	\$12.40	3	NO
K	87320	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87324	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87327	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87328	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87329	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
K	87332	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87335	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87336	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87337	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87338	HELICOBACTER PYLORI, STOOL	1/15/2007	\$12.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87339	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87340	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
K	87341	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
K	87350	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$11.78	3	NO
K	87380	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$16.79	3	NO
K	87385	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87390	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
K	87391	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
K	87400	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
K	87420	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87425	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87427	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87430	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87449	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
K	87450	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
K	87451	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
K	87470	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
K	87471	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87472	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87475	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87476	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87477	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87480	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87481	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87482	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87485	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87486	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87487	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87490	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87491	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87492	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.75	3	NO
K	87495	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87496	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87497	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87498	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
K	87500	INFECTIOUS AGENT DETECTION BY NU	1/1/2008	\$36.29	3	NO
K	87510	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87511	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87512	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87515	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87516	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87517	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87520	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87521	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87522	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87525	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87526	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87527	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87528	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87529	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87530	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87531	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87532	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87533	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87534	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87535	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87536	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$87.02	3	NO
K	87537	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87538	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87539	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87540	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87541	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87542	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87550	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87551	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87552	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87555	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87556	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87557	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87560	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87561	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87562	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87580	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87581	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87582	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87590	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87591	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87592	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
K	87620	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87621	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87622	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87640	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
K	87641	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
K	87650	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
K	87651	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
K	87652	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
K	87653	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
K	87660	INFECTIOUS AGENT DETECTION BY NU	1/1/2004	\$20.73	3	NO
K	87797	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
K	87798	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
K	87799	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$0.01	5	NO
K	87800	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	87801	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
K	87802	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87803	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87804	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
K	87807	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2005	\$12.40	3	NO
K	87808	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2007	NC	9	NO
K	87809	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2008	\$12.40	3	NO
K	87810	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87850	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87880	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
K	87899	INFECTIOUS AGENT DETECTION BY IM	8/1/2003	\$12.27	3	NO
K	87900	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2006	\$124.02	3	NO
K	87901	INFECTIOUS AGENT GENOTYPE ANALYS	11/1/2001	\$263.28	3	NO
K	87902	INFECTIOUS AGENT GENOTYPE ANALYS	12/1/2002	\$263.28	3	NO
K	87903	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$499.71	3	NO
K	87904	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$24.54	3	NO
K	87999	UNLISTED MICROBIOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
K	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
K	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
K	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
K	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
K	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
K	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO
K	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
K	88104	CYTOPATHOLOGY, FLUIDS,WASHINGS O	1/1/2008	\$41.13	3	NO
K	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$53.49	3	NO
K	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$66.39	3	NO
K	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$50.27	3	NO
K	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	1/1/2008	\$82.52	3	NO
K	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	10/1/2002	NC	9	NO
K	88130	SEX CHROMATIN IDENTIFICATION BAR	10/1/2001	\$21.69	3	NO
K	88140	SEX CHROMATIN IDENTIFICATION; PE	11/1/2001	\$8.18	3	NO
K	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2008	\$17.47	3	NO
K	88142	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
K	88143	CYTOPATHOLOGY; WITH MANUAL SCREE	1/1/2003	\$20.95	3	NO
K	88144	CYTOPATHOLOGY; WITH MANUAL SCREE	7/1/2003	INVALID	N	NO
K	88145	CYTOPATHOLOGY; WITH MANUAL SCREE	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88147	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$14.76	3	NO
K	88148	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$20.95	3	NO
K	88150	SYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
K	88152	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
K	88153	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88154	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88155	CYTOPATHOLOGY SMEARS WITH DEFINI	1/1/2003	\$6.19	3	NO
K	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	1/1/2008	\$37.36	3	NO
K	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$41.13	3	NO
K	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$50.00	3	NO
K	88164	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88165	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88166	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88167	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
K	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
K	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
K	88172	CYTOPATHOLOGY, EVALUATION OF FIN	1/1/2008	\$37.63	3	NO
K	88173	EVALUATION OF FINE NEEDLE ASPIRA	1/1/2008	\$97.84	3	NO
K	88174	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$22.13	3	NO
K	88175	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$30.17	3	NO
K	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
K	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	1/1/2008	\$75.53	3	NO
K	88184	FLOW CYTOMETRY, CELL SURFACE, CY	1/1/2008	\$43.55	3	NO
K	88185	FLOW CYTOMETRY, CELL SURFACE, CY	1/1/2008	\$23.39	3	NO
K	88187	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$48.65	3	NO
K	88188	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$60.21	3	NO
K	88189	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$78.49	3	NO
K	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/1982	\$0.01	5	NO
K	88230	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$78.53	3	NO
K	88233	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$143.92	3	NO
K	88235	TISSUE CULTURE FOR CHROMOSOME A	11/1/2001	\$82.15	3	NO
K	88237	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$129.17	3	NO
K	88239	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$144.43	3	NO
K	88240	CRYOPRESERVATION, FREEZING AND S	11/1/2001	\$10.33	3	NO
K	88241	THAWING AND EXPANSION OF FRAZEN	11/1/2001	\$10.33	3	NO
K	88245	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$152.23	3	NO
K	88248	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
K	88249	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
K	88261	CHROMOSOME ANALYSIS; COUNT 5 CEL	11/1/2001	\$180.74	3	NO
K	88262	CHROMOSOME ANALYSIS; COUNT 15-20	11/1/2001	\$127.47	3	NO
K	88263	CHROMOSOME ANALYSIS; COUNT 45 CE	11/1/2001	\$153.68	3	NO
K	88264	CHROMOSOME ANALYSIS; ANALYZE 20	11/1/2001	\$127.47	3	NO
K	88267	CHROMOSOME ANALYSIS, AMNIOTIC FL	11/1/2001	\$183.85	3	NO
K	88269	CHROMOSOME ANALYSIS IN SITU FOR	11/1/2001	\$170.09	3	NO
K	88271	MOLECULAR CYTOGENETICS; DNA PROB	11/1/2001	\$21.90	3	NO
K	88272	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$27.38	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88273	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$32.86	3	NO
K	88274	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$35.59	3	NO
K	88275	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$41.07	3	NO
K	88280	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$25.66	3	NO
K	88283	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$70.14	3	NO
K	88285	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$19.43	3	NO
K	88289	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$22.57	3	NO
K	88291	CYTOGENETICS AND MOLECULAR CYTOG	1/1/2008	\$19.89	3	NO
K	88299	UNLISTED CYTOGENETIC STUDY	4/1/1982	\$0.01	5	NO
K	88300	LEVEL I - SURGICAL PATHOLOGY, GR	1/1/2008	\$15.86	3	NO
K	88302	LEVEL II - SURGICAL PATHOLOGY, G	1/1/2008	\$33.87	3	NO
K	88304	LEVEL III - SURGICAL PATHOLOGY,	1/1/2008	\$43.55	3	NO
K	88305	LEVEL IV - SURGICAL PATHOLOGY, G	1/1/2008	\$75.00	3	NO
K	88307	LEVEL V - SURGICAL PATHOLOGY, GR	1/1/2008	\$139.51	3	NO
K	88309	LEVEL VI - SURGICAL PATHOLOGY, G	1/1/2008	\$209.66	3	NO
K	88311	DECALCIFICATION PROCEDURE (LIST	1/1/2008	\$13.17	3	NO
K	88312	SPECIAL STAINS (LIST SEPERATELY	1/1/2008	\$62.63	3	NO
K	88313	SPECIAL STAINS GROUP II ALL OTHE	1/1/2008	\$45.16	3	NO
K	88314	SPECIAL STAINS HISTOCHEMICAL STA	1/1/2008	\$68.01	3	NO
K	88318	DETERMINATIVE HISTOCHEMISTRY TO	1/1/2008	\$65.32	3	NO
K	88319	DETERMINATIVE HISTOCHEMISTRY OR	1/1/2008	\$105.64	3	NO
K	88321	CONSULTATION AND REPORT ON REFER	1/1/2008	\$66.12	3	NO
K	88323	CONSULTATION AND REPORT ON REFER	1/1/2008	\$101.61	3	NO
K	88325	CONSULTATION, COMPREHENSIVE, WIT	1/1/2008	\$143.27	3	NO
K	88329	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$36.29	3	NO
K	88331	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$64.78	3	NO
K	88332	CONSULTATION DURING SURGERY; EAC	1/1/2008	\$29.30	3	NO
K	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$65.32	3	NO
K	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$38.17	3	NO
K	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	1/1/2008	\$67.20	3	NO
K	88346	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$69.35	3	NO
K	88347	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$58.87	3	NO
K	88348	ELECTRON MICROSCOPY DIAGNOSTIC	1/1/2008	\$352.67	3	NO
K	88349	SCANNING	1/1/2008	\$154.02	3	NO
K	88355	MORPHOMETRIC ANALYSIS SKELETAL M	1/1/2008	\$252.40	3	NO
K	88356	MORPHOMETRIC ANALYSIS NERVE	1/1/2008	\$215.04	3	NO
K	88358	MORPHOMETRIC ANALYSIS; TUMOR	1/1/2008	\$54.57	3	NO
K	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	1/1/2008	\$81.69	3	NO
K	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	1/1/2008	\$115.32	3	NO
K	88362	NERVE TEASING PREPARATIONS	1/1/2008	\$192.19	3	NO
K	88365	IN SITU HYBRIDIZATION (EG, FISH)	1/1/2008	\$95.96	3	NO
K	88367	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$154.02	3	NO
K	88368	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$120.42	3	NO
K	88371	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$30.44	3	NO
K	88372	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$31.04	3	NO
K	88380	MICRODISSECTION (IE, SAMPLE PREPA	10/1/2005	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	88381	MICRODISSECTION (IE, SIMPLE PREP	1/1/2008	\$154.60	3	NO
K	88384	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
K	88385	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
K	88386	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
K	88399	UNLISTED SURGICAL PATHOLOGY PROC	4/1/1982	\$0.01	5	NO
K	88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	11/1/2001	\$2.57	3	NO
K	89049	CAFFEINE HALOTHANE CONTRACTURE T	1/1/2008	\$135.74	3	NO
K	89050	CELL COUNT, MISCELLANEOUS BODY F	11/1/2001	\$4.83	3	NO
K	89051	CELL COUNT MISCELLANEOUS BODY FL	11/1/2001	\$5.63	3	NO
K	89055	LEUKOCYTE COUNT, FECAL	1/1/2003	\$4.41	3	NO
K	89060	CRYSTAL IDENTIFICATION BY LIGHT	1/1/2008	\$14.25	3	NO
K	89100	DUODENAL INTUBATION AND ASPIRATI	1/1/2008	\$113.16	3	NO
K	89105	DUODENAL INTUBATION AND ASPIRATI	1/1/2008	\$109.67	3	NO
K	89125	FAT STAIN, FECES, URINE, OR RESP	11/1/2001	\$2.95	3	NO
K	89130	GASTRIC INTUBATION AND ASPIRATIO	1/1/2008	\$93.81	3	NO
K	89132	GASTRIC INTUBATION AND ASPIRATIO	1/1/2008	\$80.10	3	NO
K	89135	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$119.88	3	NO
K	89136	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$87.90	3	NO
K	89140	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$113.70	3	NO
K	89141	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$115.85	3	NO
K	89160	MEAT FIBERS FECES	11/1/2001	\$3.77	3	NO
K	89190	NASAL SMEAR FOR EOSINOPHILS	11/1/2001	\$4.85	3	NO
K	89220	SPUTUM, OBTAINING SPECIMEN, AERO	1/1/2008	\$11.56	3	NO
K	89225	STARCH GRANULES, FECES	1/1/2004	\$2.97	3	NO
K	89230	SWEAT COLLECTION BY IONTOPHORESI	1/1/2008	\$3.23	3	NO
K	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
K	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
K	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
K	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
K	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
K	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
K	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
K	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
K	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
K	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
K	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
K	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
K	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
K	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
K	89264	SPERM IDENTIFICATION FROM TESTIS	1/1/1999	NC	9	NO
K	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
K	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
K	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
K	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
K	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
K	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	89300	SEMEN ANALYSIS PRESENCE AND/OR M	12/7/1993	NC	9	NO
K	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
K	89320	SEMEN ANALYSIS; VOLUME, COUNT, M	4/1/1982	NC	9	NO
K	89321	SEMEN ANALYSIS; SPERM PRESENCE A	1/1/2001	NC	9	NO
K	89322	SEMEN ANALYSIS; VOLUME, COUNT, M	1/1/2008	NC	9	NO
K	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
K	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
K	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
K	89331	SPERM EVALUATION, FOR RETROGRADE	1/1/2008	NC	9	NO
K	89335	CRYOPRESERVATION, REPODUCTIVE T	1/1/2004	NC	9	NO
K	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
K	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
K	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
K	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
K	89350	SPUTUM OBTAINING SPECIMEN AEROSO	4/1/2004	INVALID	N	NO
K	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
K	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
K	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
K	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
K	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
K	89360	SWEAT COLLECTION BY IONTOPHORESIS	4/1/2004	INVALID	N	NO
K	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
K	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
K	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
K	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
K	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
K	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
K	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
K	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
K	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
K	G0026	FECAL LEUKOCYTE EXAMINATION	7/1/2003	INVALID	N	NO
K	G0027	SEMEN ANALYSIS: PRESENCE AND/OR	7/1/2003	INVALID	N	NO
K	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
K	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO
K	G0103	PROSTATE CANCER SCREENING; PROST	1/1/2008	\$19.49	3	NO
K	G0106	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$113.70	3	NO
K	G0107	COLORECTAL CANCER SCREENING; FEC	1/1/2007	INVALID	N	NO
K	G0120	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$113.70	3	NO
K	G0122	COLORECTAL CANCER SCREENING; BAR	1/1/2008	\$120.69	3	NO
K	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
K	G0124	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$17.47	3	NO
K	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
K	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
K	G0130	SINGLE ENERGY X-RAY ABSORPTIOMET	1/1/2008	\$28.76	3	NO
K	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
K	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
K	G0141	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$17.47	3	NO
K	G0143	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
K	G0144	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$22.93	3	NO
K	G0145	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$31.26	3	NO
K	G0147	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$15.29	3	NO
K	G0148	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$21.70	3	NO
K	G0163	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0164	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0165	POSITRON EMISSION TOMOGRAPHY (PE	4/1/2002	INVALID	N	NO
K	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
K	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
K	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
K	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2008	\$95.16	3	NO
K	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$103.49	3	NO
K	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$83.33	3	NO
K	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0218	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES
K	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
K	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
K	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
K	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
K	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
K	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
K	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
K	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
K	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
K	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
K	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
K	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2007	INVALID	N	NO
K	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
K	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
K	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
K	G0262	SMALL INTESTINAL IMAGING; INTRAL	4/1/2004	INVALID	N	NO
K	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
K	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2008	\$8.33	3	NO
K	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2008	\$6.93	3	NO
K	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2008	\$13.87	3	NO
K	G0330	PET IMAGING INITIAL DIAGNOSIS CE	4/1/2005	INVALID	N	NO
K	G0331	PET IMAGING RESTAGING OVARIAN	4/1/2005	INVALID	N	NO
K	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
K	G0389	ULTRASOUND B-SCAN AND/OR REAL TI	1/1/2007	NC	9	NO
K	P2028	CEPHALIN FLOCCULATION, BLOOD	8/24/1993	NC	9	NO
K	P2029	CONGO RED, BLOOD	8/24/1993	NC	9	NO
K	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	10/1/1984	NC	9	NO
K	P2033	THYMOL TURBIDITY, BLOOD	8/24/1993	NC	9	NO
K	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
K	P3000	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2008	\$15.29	3	NO
K	P3001	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2008	\$17.47	3	NO
K	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO
K	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
K	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO
K	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
K	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
K	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
K	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
K	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
K	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
K	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
K	P9023	PLASMA, POOLED MULTIPLE DONOR, S	1/1/2001	NC	9	NO
K	P9031	PLATELETS, LEUKOCYTES REDUCED, E	1/1/2001	NC	9	NO
K	P9032	PLATELETS, IRRADIATED, EACH UNIT	1/1/2001	NC	9	NO
K	P9033	PLATELETS, LEUKOCYTES REDUCED, I	1/1/2001	NC	9	NO
K	P9034	PLATELETS, PHERESIS, EACH UNIT	1/1/2001	NC	9	NO
K	P9035	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2001	NC	9	NO
K	P9036	PLATELETS, PHERESIS, IRRADIATED,	1/1/2001	NC	9	NO
K	P9037	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2001	NC	9	NO
K	P9038	RED BLOOD CELLS, IRRADIATED, EAC	1/1/2001	NC	9	NO
K	P9039	RED BLOOD CELLS, DEGLYCEROLIZED,	1/1/2001	NC	9	NO
K	P9040	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/2001	NC	9	NO
K	P9041	INFUSION, ALBUMIN (HUMAN), 5%, 5	1/1/2001	NC	9	NO
K	P9042	INFUSION, ALBUMIN (HUMAN), 25%,	4/1/2002	INVALID	N	NO
K	P9043	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2001	NC	9	NO
K	P9044	PLASMA, CRYOPRECIPITATE REDUCED,	1/1/2001	NC	9	NO
K	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 2	1/1/2002	NC	9	NO
K	P9046	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
K	P9047	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
K	P9048	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2002	NC	9	NO
K	P9050	GRANULOCYTES, PHERESIS, EACH UNI	1/1/2002	NC	9	NO
K	P9051	WHOLE BLOOD OR RED BLOOD CELLS,	1/1/2004	NC	9	NO
K	P9052	PLATELETS, HLA-MATCHED LEUKOCYTE	1/1/2004	NC	9	NO
K	P9053	PLATELETS, PHERESIS, LEUKOCYTES	1/1/2004	NC	9	NO
K	P9054	WHOLE BLOOD OR RED BLOOD CELLS,	1/1/2004	NC	9	NO
K	P9055	PLATELETS, LEUKOCYTES REDUCED, C	1/1/2004	NC	9	NO
K	P9056	WHOLE BLOOD, LEUKOCYTES REDUCED,	1/1/2004	NC	9	NO
K	P9057	RED BLOOD CELLS, FROZEN/DEGLYCER	1/1/2004	NC	9	NO
K	P9058	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/2004	NC	9	NO
K	P9059	FRESH FROZEN PLASMA BETWEEN 8-24	1/1/2004	NC	9	NO
K	P9060	FRESH FROZEN PLASMA, DONOR RETES	1/1/2004	NC	9	NO
K	P9603	TRAVEL ALLOW 1-WAY IN CONNECTION	1/1/2008	\$0.83	3	NO
K	P9604	TRAVEL ALL 1-WAY IN CONNECTION W	1/1/2008	\$0.83	3	NO
K	P9615	CATHETERIZATION FOR COLLECTION O	1/1/2008	\$2.30	3	NO
K	Q0035	CARDIOKYMOGRAPHY	1/1/2004	NC	9	NO
K	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
K	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	4/20/1992	NC	9	NO
K	Q0111	WET MOUNTS, INCLUDING PREPARATIO	1/1/2008	\$3.68	3	NO
K	Q0112	ALL POTASSIUM HYDROXIDE (KOH) PR	1/1/2008	\$3.68	3	NO
K	Q0113	PINWORM EXAMINATIONS	1/1/2008	\$4.65	3	NO
K	Q0114	FERN TEST	8/16/1993	NC	9	NO
K	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
K	Q3000	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY,	1/1/2001	NC	9	NO
K	Q3002	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3003	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3004	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO

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K	Q3005	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3006	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3007	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3008	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3009	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3010	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3011	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
K	Q3012	SUPPLY OF ORAL RADIOPHARMACEUTIC	1/1/2006	INVALID	N	NO
K	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
K	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
K	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	1/1/2008	INVALID	N	NO
K	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	1/1/2008	INVALID	N	NO
K	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
K	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
K	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
K	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
K	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	1/1/2008	\$0.62	3	NO
K	Q9952	INJECTION, GADOLINIUM-BASED MAGN	1/1/2008	INVALID	N	NO
K	Q9953	INJECTION, IRON-BASED MAGNETIC R	1/1/2008	\$31.50	3	NO
K	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2008	\$9.53	3	NO
K	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO
K	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2008	\$42.32	3	NO
K	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2008	\$62.61	3	NO
K	Q9958	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9959	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9960	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9961	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9962	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9963	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9964	HIGH OSMOLOR CONTRAST MATERIAL,	7/1/2005	NC	9	NO
K	Q9965	LOW OSMOLAR CONTRAST MATERIAL, 1	4/1/2008	\$1.39	3	NO
K	Q9966	LOW OSMOLAR CONTRAST MATERIAL, 2	4/1/2008	\$1.14	3	NO
K	Q9967	LOW OSMOLAR CONTRAST MATERIAL, 3	4/1/2008	\$0.21	3	NO
K	R0070	TRANSPORT OF PORT X-RAY EQUIP/PE	1/1/2008	\$84.64	3	NO
K	R0075	TRANSPORT OF PORT X-RAY EQUIP/PE	8/1/2006	\$0.01	5	NO
K	R0076	TRANSPORTATION OF PORTABLE EKG T	1/1/2008	\$52.03	3	NO
K	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	INVALID	N	NO
K	S0830	ULTRASOUND PACHYMETRY TO DETERMI	1/1/2005	INVALID	N	NO
K	S3625	MATERNAL SERUM TRIPLE MARKER SCR	1/1/2004	NC	9	NO
K	S3626	MATERNAL SERUM QUADRUPLE MARKER	1/1/2006	NC	9	NO
K	S3628	PLACENTAL ALPHA MICROGLOBULIN-1	4/1/2008	NC	9	NO
K	S3630	EOSINOPHIL COUNT, BLOOD, DIRECT	1/1/2003	NC	9	NO
K	S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN	4/1/2002	INVALID	N	NO
K	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2001	NC	9	NO
K	S3800	GENETIC TESTING FOR AMYOTROPHIC	7/1/2007	\$0.01	5	NO
K	S3890	DNA ANALYSIS, FECAL, FOR COLOREC	1/1/2005	NC	9	NO

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K	S4042	MANAGEMENT OF OVULATION INDUCTIO	1/1/2005	NC	9	NO
K	S8037	MAGNETIC RESONANCE CHOLANGIOPANC	1/1/2003	NC	9	NO
K	S8042	MAGNETIC RESONANCE IMAGING (MRI)	1/1/2003	NC	9	NO
K	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
K	S8075	COMPUTER ANALYSIS OF FULL-FIELD	7/1/2006	INVALID	N	NO
K	S8080	SCINTIAMMOGRAPHY, UNILATERAL,IN	1/1/2005	NC	9	NO
K	S8085	FLUORINE-18 FLUORODEOXYGLUCOSE I	1/1/2005	NC	9	NO
K	S8093	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2007	INVALID	N	NO
L	10060	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$69.89	3	NO
L	10061	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$122.84	3	NO
L	10120	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$93.27	3	NO
L	10121	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$176.06	3	NO
L	10140	INCISION AND DRAINAGE OF HEMATOM	1/1/2008	\$97.57	3	NO
L	10160	PUNCTURE ASPIRATION OF ABSCESS H	1/1/2008	\$81.18	3	NO
L	10180	INCISION AND DRAINAGE, COMPLEX,	1/1/2008	\$152.68	3	NO
L	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$34.68	3	NO
L	11010	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$313.96	3	NO
L	11011	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$364.49	3	NO
L	11012	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$520.13	3	NO
L	11040	DEBRIDEMENT; SKIN PARTIAL THICKN	1/1/2008	\$30.11	3	NO
L	11041	DEBRIDEMENT; SKIN FULL THICKNESS	1/1/2008	\$37.09	3	NO
L	11042	DEBRIDEMENT; SKIN AND SUBCUTANEO	1/1/2008	\$51.07	3	NO
L	11043	DEBRIDEMENT; SKIN SUBCUTANEOUS T	1/1/2008	\$183.05	3	NO
L	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	1/1/2008	\$245.15	3	NO
L	11055	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$29.84	3	NO
L	11056	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$37.09	3	NO
L	11057	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$45.70	3	NO
L	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$60.48	3	NO
L	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$20.97	3	NO
L	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	6/8/1994	NC	9	NO
L	11420	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.15	3	NO
L	11421	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$98.65	3	NO
L	11422	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$110.21	3	NO
L	11423	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$129.83	3	NO
L	11424	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$148.92	3	NO
L	11426	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$214.77	3	NO
L	11620	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$116.66	3	NO
L	11621	EXCISION MELIGNANT LESION SCALP	1/1/2008	\$135.74	3	NO
L	11622	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$153.22	3	NO
L	11623	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$182.52	3	NO
L	11624	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$208.59	3	NO
L	11626	EXCISION MALIGNANT LESION SCALP	1/1/2008	\$261.27	3	NO
L	11719	TRIMMING OF NONDYSTROPHIC NAILS,	1/1/2008	\$12.63	3	NO
L	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$19.62	3	NO
L	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$29.03	3	NO
L	11730	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$63.17	3	NO

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L	11732	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$29.84	3	NO
L	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2008	\$27.42	3	NO
L	11750	EXCISION OF NAIL AND NAIL MATRIX	1/1/2008	\$134.13	3	NO
L	11752	EXCISION OF NAIL & NAIL MATRIX P	1/1/2008	\$191.12	3	NO
L	11755	BIOPSY OF NAIL UNIT (EG, PLATE,	1/1/2008	\$84.40	3	NO
L	11760	REPAIR OF NAIL BED	1/1/2008	\$124.72	3	NO
L	11762	RECONSTRUCTION OF NAIL BED WITH	1/1/2008	\$171.23	3	NO
L	11765	WEDGE EXCICION OF SKIN OF NAIL F	1/1/2008	\$75.26	3	NO
L	11900	INJECTION INTRALESIONAL UP TO AN	1/1/2008	\$33.87	3	NO
L	11901	INJECTION INTRALESIONAL; MORE TH	1/1/2008	\$42.47	3	NO
L	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$101.88	3	NO
L	12002	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$108.33	3	NO
L	12004	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$127.14	3	NO
L	12041	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$146.50	3	NO
L	12042	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$174.72	3	NO
L	12044	LAYER CL;OSURE OF WOUNDS OF NECK	1/1/2008	\$192.73	3	NO
L	13131	REPAIR COMPLEX FOREHEAD CHEEKS C	1/1/2008	\$230.90	3	NO
L	13132	REPAIR COMPLEX FOREHEAD CHEEKS C	1/1/2008	\$355.35	3	NO
L	13160	SECONDARY CLOSURE OF SURGICAL WO	1/1/2008	\$551.85	3	NO
L	14040	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$490.02	3	NO
L	14041	ADJACENT TISSUE TRANSFER OR REAR	1/1/2008	\$665.82	3	NO
L	15000	SURGICAL PREP OR CREATION OF REC	1/1/2007	INVALID	N	NO
L	15050	PINCH GRAFT SINGLE OR MULTIPLE T	1/1/2008	\$350.78	3	NO
L	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	1/1/2008	\$616.36	3	NO
L	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	1/1/2008	\$144.88	3	NO
L	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
L	15350	APPLICATION OF ALLOGRAFT (HOMOGR	1/1/2006	INVALID	N	NO
L	15351	APPLICATION OF ALLOGRAFT, SKIN;	1/1/2006	INVALID	N	NO
L	15400	XENOGRAFT, SKIN (DERMAL), FOR TE	1/1/2008	\$244.61	3	NO
L	15401	XENOGRAFT, SKIN, FOR TEMP WOUND	1/1/2008	\$75.53	3	NO
L	15574	FORMATION OF DIRECT OR TUBED PED	1/1/2008	\$601.04	3	NO
L	15620	INTERMEDIATE DELAY OF ANY FLAP P	1/1/2008	\$306.70	3	NO
L	16000	INITIAL TREATMENT FIRST DEGREE B	1/1/2008	\$48.38	3	NO
L	16020	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$57.25	3	NO
L	16025	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$101.07	3	NO
L	16030	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$119.35	3	NO
L	16035	ESCHAROTOMY; INITIAL INCISION	1/1/2008	\$153.48	3	NO
L	16036	ESCHAROTOMY; EACH ADDITIONAL INC	1/1/2008	\$61.02	3	NO
L	17000	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$46.50	3	NO
L	17003	DESTRUCTION BY ANY METHOD, INCLU	1/1/2008	\$5.11	3	NO
L	17004	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$114.51	3	NO
L	17110	DESTRUCTION, OF BENIGN LESIONS O	1/1/2008	\$63.97	3	NO
L	17999	UNLISTED PROCEDURE, SKIN, MUCOUS	9/1/1986	\$0.01	5	NO
L	20520	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$131.98	3	NO
L	20525	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$339.76	3	NO
L	20550	INJECTION(S); TENDON SHEATH, LIG	1/1/2008	\$41.13	3	NO

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L	20600	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$37.63	3	NO
L	20605	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$40.86	3	NO
L	20670	REMOVAL OF IMPLANT; SUPERFICIAL	1/1/2008	\$332.24	3	NO
L	20680	REMOVAL OF IMPLANT; DEEP (EG BUR	1/1/2008	\$405.62	3	NO
L	20900	BONE GRAFT, ANY DONOR AREA; MINO	1/1/2008	\$412.88	3	NO
L	27603	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$355.62	3	NO
L	27604	INCISION AND DRAINAGE; INFECTED	1/1/2008	\$305.89	3	NO
L	27605	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$279.01	3	NO
L	27606	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$215.85	3	NO
L	27607	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$427.39	3	NO
L	27610	ARTHROTOMY, ANKLE, FOR INFECTION	1/1/2008	\$462.60	3	NO
L	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	1/1/2008	\$404.81	3	NO
L	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$155.37	3	NO
L	27614	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$371.21	3	NO
L	27620	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$329.55	3	NO
L	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	1/1/2008	\$427.39	3	NO
L	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	1/1/2008	\$460.99	3	NO
L	27630	EXCISION OF LESION OF TENDON SHE	1/1/2008	\$356.16	3	NO
L	27647	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$591.09	3	NO
L	27648	INJECTION PROCEDURE FOR ANKLE AR	1/1/2008	\$116.66	3	NO
L	27650	REPAIR PRIMARY OPEN OR PERCUTANE	1/1/2008	\$504.00	3	NO
L	27652	SUTURE PRIMARY RUPTURED ACHILLES	1/1/2008	\$537.87	3	NO
L	27654	REPAIR SECONDARY RUPTURED ACHILL	1/1/2008	\$504.27	3	NO
L	27680	TENOLYSIS, INCLUDING TIBIA, FIBU	1/1/2008	\$313.15	3	NO
L	27681	TENOLYSIS, INCLUDING TIBIA, FIBU	1/1/2008	\$368.79	3	NO
L	27685	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$409.11	3	NO
L	27686	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$405.89	3	NO
L	27687	GASTROCNEMIUS RECESSION (EG STRA	1/1/2008	\$333.85	3	NO
L	27690	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$441.91	3	NO
L	27691	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$522.28	3	NO
L	27692	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$82.52	3	NO
L	27695	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$357.24	3	NO
L	27696	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$428.20	3	NO
L	27698	SUTURE SECONDARY REPAIR TORN RUP	1/1/2008	\$474.70	3	NO
L	27705	OSTEOTOMY TIBIA	1/1/2008	\$548.89	3	NO
L	27792	OPEN TREATMENT OF DISTAL FIBULAR	1/1/2008	\$428.47	3	NO
L	27840	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$237.62	3	NO
L	27842	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$333.58	3	NO
L	27846	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$525.24	3	NO
L	27848	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$610.98	3	NO
L	27860	MANIPULATION OF ANKLE UNDER GENE	1/1/2008	\$125.26	3	NO
L	27870	ARTHRODESIS, ANKLE, OPEN	1/1/2008	\$746.73	3	NO
L	27899	UNLISTED PROCEDURE LEG OR ANKLE	2/1/1993	\$0.01	5	NO
L	28001	INCISION AND DRAINAGE INFECTED B	1/1/2008	\$170.15	3	NO
L	28002	DEEP INFECTION BELOW FASCIA REQU	1/1/2008	\$317.99	3	NO
L	28003	DEEP INFECTION BELOW FASCIA REQU	1/1/2008	\$449.16	3	NO



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L	28005	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$440.29	3	NO
L	28008	FASCIOTOMY, FOOT AND/OR TOE	1/1/2008	\$269.88	3	NO
L	28010	TENOTOMY SUBCUTANEOUS TOE SINGLE	1/1/2008	\$154.56	3	NO
L	28011	TENOTOMY SUBCUTANEOUS TOE; MULTI	1/1/2008	\$220.95	3	NO
L	28020	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$327.40	3	YES
L	28022	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$294.87	3	NO
L	28024	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$284.93	3	NO
L	28030	NEURECTOMY OF INTRINSIC MUSCULAT	1/1/2007	INVALID	N	NO
L	28035	TARSAL TUNNEL RELEASE (POSTERIOR	1/1/2008	\$325.52	3	NO
L	28043	EXCISION, TUMOR, FOOT; SUBCUTANE	1/1/2008	\$218.00	3	NO
L	28045	EXCISION, TUMOR, FOOT; DEEP, SUB	1/1/2008	\$301.32	3	NO
L	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	1/1/2008	\$276.86	3	NO
L	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY;	1/1/2008	\$263.69	3	NO
L	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY;	1/1/2008	\$243.26	3	NO
L	28055	NEURECTOMY, INTRINSIC MUSCULATUR	1/1/2008	\$283.85	3	NO
L	28060	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$319.60	3	NO
L	28062	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$383.85	3	NO
L	28070	SYNOVECTOMY INTERTARSAL OR TARSO	1/1/2008	\$312.08	3	NO
L	28072	SYNOVECTOMY; METATARSOPHALANGEAL	1/1/2008	\$305.36	3	NO
L	28080	EXCISION OF INTERDIGITAL (MORTON	1/1/2008	\$292.72	3	NO
L	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	1/1/2008	\$363.69	3	NO
L	28088	SYNOVECTOMY TENDON SHEATH; EXTEN	1/1/2008	\$284.12	3	NO
L	28090	EXCISION OF LESION OF TENDON OR	1/1/2008	\$285.47	3	NO
L	28092	EXCISION OF LESION OF TENDON/FIB	1/1/2008	\$261.54	3	NO
L	28100	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$391.64	3	NO
L	28102	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$393.79	3	NO
L	28103	EXCISION OF CURETTAGE OF BONE CY	1/1/2008	\$322.02	3	NO
L	28104	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$317.45	3	NO
L	28106	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$340.03	3	NO
L	28107	EXCISION OF CURETTAGE OF BONE CY	1/1/2008	\$355.62	3	NO
L	28108	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$263.16	3	NO
L	28110	OSTECTOMY PARTIAL EXCISION FIFTH	1/1/2008	\$277.67	3	NO
L	28111	OSTECTOMY COMPLETE EXCISION OF F	1/1/2008	\$330.09	3	NO
L	28112	OSTECTOMY COMPLETE EXCISION; OTH	1/1/2008	\$304.55	3	NO
L	28113	OSTECTOMY COMPLETE EXCISION; FIF	1/1/2008	\$354.01	3	NO
L	28114	OSTECTOMY, COMP EXCISION; ALL ME	1/1/2008	\$674.69	3	NO
L	28116	OSTECTOMY EXCISION OF TARSAL COA	1/1/2008	\$469.32	3	NO
L	28118	OSTECTOMY, CALCANEUS	1/1/2008	\$363.96	3	NO
L	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	1/1/2008	\$323.64	3	NO
L	28120	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$373.90	3	NO
L	28122	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$424.97	3	NO
L	28124	PARTIAL EXCISION (CRATERIZATION,	1/1/2008	\$294.07	3	NO
L	28126	RESECTION, PARTIAL OR COMPLETE,	1/1/2008	\$233.05	3	NO
L	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2008	\$459.11	3	NO
L	28140	METATARSECTOMY	1/1/2008	\$412.34	3	NO
L	28150	PHALANGECTOMY SINGLE EACH	1/1/2008	\$266.38	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28153	RESECTION HEAD OF PHALANX	1/1/2008	\$241.11	3	NO
L	28160	HEMIPHALANGECTOMY OR INTERPHALAN	1/1/2008	\$250.25	3	NO
L	28171	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$446.21	3	NO
L	28173	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$486.26	3	NO
L	28175	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$348.90	3	NO
L	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	1/1/2008	\$154.56	3	NO
L	28192	REMOVE FOREIGN BODY; DEEP	1/1/2008	\$298.37	3	NO
L	28193	REMOVE FOREIGN BODY; COMPLICATED	1/1/2008	\$337.88	3	NO
L	28200	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$290.84	3	NO
L	28202	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$411.00	3	NO
L	28208	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$276.60	3	NO
L	28210	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$370.41	3	NO
L	28220	TENOLYSIS FLEXOR SINGLE	1/1/2008	\$276.06	3	NO
L	28222	TENOLYSIS FLEXOR; MULTIPLE (THRO	1/1/2008	\$323.37	3	NO
L	28225	TENOLYSIS EXTENSOR SINGLE	1/1/2008	\$238.96	3	NO
L	28226	TENOLYSIS EXTENSOR; MULTIPLE (TH	1/1/2008	\$282.51	3	NO
L	28230	TENOTOMY OPEN FLEXOR FOOT SINGLE	1/1/2008	\$266.65	3	NO
L	28232	TENOTOMY OPEN FLEXOR; TOE SINGLE	1/1/2008	\$235.47	3	NO
L	28234	TENOTOMY OPEN EXTENSOR FOOT OR T	1/1/2008	\$240.84	3	NO
L	28238	RECONSTRUCTION, POSTERIOR TIBIAL	1/1/2008	\$442.18	3	NO
L	28240	TENOTOMY LENGTHENING, OR RELEASE	1/1/2008	\$270.68	3	NO
L	28250	DIVISION OF PLANTAR FASCIA AND M	1/1/2008	\$346.21	3	NO
L	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	1/1/2008	\$433.57	3	NO
L	28261	CAPSULOTOMY MIDFOOT; WITH TENDON	1/1/2008	\$635.71	3	NO
L	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	1/1/2008	\$905.32	3	NO
L	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	1/1/2008	\$550.77	3	NO
L	28270	CAPSULOTOMY; METATARSOPHALANGEAL	1/1/2008	\$291.92	3	NO
L	28272	CAPSULOTOMY FOR CONTRACTURE INTE	1/1/2008	\$239.50	3	NO
L	28280	WEBBING OPERATION (CREATE SYNDAC	1/1/2008	\$336.00	3	NO
L	28285	HAMMERTOES OPERATION; ONE TOE (EG	1/1/2008	\$284.39	3	NO
L	28286	HAMMERTOES OPERATION, ONE TOE (EG	1/1/2008	\$279.82	3	NO
L	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY	1/1/2008	\$351.59	3	NO
L	28289	HALLUX RIGIDUS CORRECTION WITH C	1/1/2008	\$470.40	3	NO
L	28290	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$357.24	3	NO
L	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
L	28294	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$473.09	3	NO
L	28296	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$511.80	3	NO
L	28297	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$536.79	3	NO
L	28298	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$451.58	3	NO
L	28299	CORRECTION, HALLUX VALGUS (BUNIO	1/1/2008	\$591.36	3	NO
L	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	1/1/2008	\$482.76	3	NO
L	28302	OSTEOTOMY; TALUS	1/1/2008	\$474.43	3	NO
L	28304	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$508.57	3	NO
L	28305	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$493.79	3	NO
L	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	1/1/2008	\$375.51	3	NO
L	28307	OSTEOTOMY, METATARSAL,BASE/SHAFT	1/1/2008	\$482.23	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28308	OSTEOTOMY METATARSAL BASE OR SHA	1/1/2008	\$332.24	3	NO
L	28309	OSTEOTOMY METATARSALS MULTIPLE F	1/1/2008	\$643.51	3	NO
L	28310	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$332.77	3	NO
L	28312	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$299.98	3	NO
L	28313	RECONSTRUCTION, ANGULAR DEFORMIT	1/1/2008	\$311.54	3	NO
L	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	1/1/2008	\$292.99	3	NO
L	28320	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$461.53	3	NO
L	28322	REPAIR OF NONUNION OR MALUNION M	1/1/2008	\$512.60	3	NO
L	28340	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$396.21	3	YES
L	28341	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$456.96	3	YES
L	28360	RECONSTRUCTION, CLEFT FOOT	1/1/2008	\$709.90	3	NO
L	28400	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$165.04	3	NO
L	28405	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$272.03	3	NO
L	28406	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$378.20	3	NO
L	28415	OPEN TREATMENT OF CALCANEAL FRAC	1/1/2008	\$884.89	3	NO
L	28420	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$863.65	3	NO
L	28430	CLOSED TREATMENT OF TALUS FRACTU	1/1/2008	\$155.37	3	NO
L	28435	TREATMENT OF CLOSED TALUS FRACTU	1/1/2008	\$211.28	3	NO
L	28436	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$303.21	3	NO
L	28445	NPEN TX OF TALUS FRACTURE, INCLU	1/1/2008	\$816.61	3	NO
L	28450	TREATMENT OF TARSAL BONE FRACTUR	1/1/2008	\$142.46	3	NO
L	28455	TREATMENT OF CLOSED TARSAL BONE	1/1/2008	\$190.31	3	NO
L	28456	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$193.80	3	NO
L	28465	OPEN TX OF TARSAL BONE FRACTURE,	1/1/2008	\$382.77	3	NO
L	28470	CLOSED TREATMENT OF METATARSAL F	1/1/2008	\$143.54	3	NO
L	28475	TREATMENT OF CLOSED METATARSAL F	1/1/2008	\$180.10	3	NO
L	28476	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$237.35	3	NO
L	28485	OPEN TX OF METATARSAL FRACTURE,	1/1/2008	\$317.99	3	NO
L	28490	CLOSED TREATMENT OF FRACTURE GRE	1/1/2008	\$88.70	3	NO
L	28495	TREATMENT OF CLOSED FRACTURE GRE	1/1/2008	\$109.40	3	NO
L	28496	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$288.69	3	NO
L	28505	OPEN TX OF FRACTURE, GREAT TOE,	1/1/2008	\$332.51	3	NO
L	28510	CLOSED TREATMENT OF FRACTURE, PH	1/1/2008	\$76.07	3	NO
L	28515	TREATMENT OF CLOSED FRACTURE PHA	1/1/2008	\$98.38	3	NO
L	28525	OPEN TX OF FRACTURE, PHALANX OR	1/1/2008	\$301.59	3	NO
L	28530	CLOSED TREATMENT OF SESAMOID FRA	1/1/2008	\$72.84	3	NO
L	28531	OPEN TREATMENT OF SESAMOID FRACT	1/1/2008	\$262.35	3	NO
L	28540	CLOSED TREATMENT OF TARSAL BONE	1/1/2008	\$130.64	3	NO
L	28545	TREATMENT OF CLOSED TARSAL BONE	1/1/2008	\$147.03	3	NO
L	28546	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$292.99	3	NO
L	28555	OPEN TX OF TARSAL BONE DISLOCATI	1/1/2008	\$466.10	3	NO
L	28570	CLOSED TREATMENT OF TALOTARSAL J	1/1/2008	\$118.27	3	NO
L	28575	TREATMENT OF CLOSED TALOTARSAL J	1/1/2008	\$210.47	3	NO
L	28576	PERCUTANEOUS SKELETAL FEXATION O	1/1/2008	\$250.25	3	NO
L	28585	OPEN TX OF TALOTARSAL JOINT DISL	1/1/2008	\$467.71	3	NO
L	28600	CLOSED TREATMENT OF TARSOMETATAR	1/1/2008	\$136.55	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	28605	TREATMENT OF CLOSED TARSOMETATAR	1/1/2008	\$173.64	3	NO
L	28606	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$279.28	3	NO
L	28615	OPEN TX OF TARSOMETATARSAL JOINT	1/1/2008	\$485.18	3	NO
L	28630	CLOSED TREATMENT OF METATARSOPHA	1/1/2008	\$96.50	3	NO
L	28635	TREATMENT OF CLOSED METATARSOPHA	1/1/2008	\$115.05	3	NO
L	28636	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$193.27	3	NO
L	28645	OPEN TX OF METATARSOPHALANGEAL J	1/1/2008	\$276.33	3	NO
L	28660	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$71.23	3	NO
L	28665	TREATMENT OF CLOSED INTERPHALANG	1/1/2008	\$100.53	3	NO
L	28666	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$148.11	3	NO
L	28675	OPEN TX OF INTERPHALANGEAL JOINT	1/1/2008	\$280.90	3	NO
L	28705	PANTALAR ARTHRODESIS	1/1/2008	\$947.52	3	NO
L	28715	TRIPLE ARTHRODESIS	1/1/2008	\$699.69	3	NO
L	28725	SUBTALAR ARTHRODESIS	1/1/2008	\$585.18	3	NO
L	28730	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$597.81	3	NO
L	28735	ATHRODESIS MIDTARSAL OR TARSOMET	1/1/2008	\$573.89	3	NO
L	28737	ARTHRODESIS, WITH TENDON LENGTHE	1/1/2008	\$509.38	3	NO
L	28740	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$569.86	3	NO
L	28750	ARTHRODESIS GREAT TOE METATARSOP	1/1/2008	\$568.51	3	NO
L	28755	ARTHRODESIS GREAT TOE; INTERPHAL	1/1/2008	\$318.26	3	NO
L	28760	ARTHRODESIS GREAT TOE INTERPHALA	1/1/2008	\$496.74	3	NO
L	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	1/1/2008	\$414.49	3	NO
L	28805	AMPUTATION FOOT; TRANSMETATARSAL	1/1/2008	\$523.35	3	NO
L	28810	AMPUTATION METATARSAL WITH TOE S	1/1/2008	\$316.38	3	NO
L	28820	AMPUTATION TOE METATARSOPHALANGE	1/1/2008	\$352.13	3	NO
L	28825	AMPUTATION TOE; INTERPHALANGEAL	1/1/2008	\$302.40	3	NO
L	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
L	29345	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$90.85	3	NO
L	29355	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$93.54	3	NO
L	29405	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$59.67	3	NO
L	29425	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$64.24	3	NO
L	29440	ADDING WALKER TO PREVIOUSLY APPL	1/1/2008	\$35.48	3	NO
L	29445	APPLICATION OF RIGID TOTAL CONTA	1/1/2008	\$102.41	3	NO
L	29450	APPLICATION OF CLUBFOOT CAST WIT	1/1/2008	\$103.22	3	NO
L	29505	APPLICATION LONG LEG SPLINT (THI	1/1/2008	\$51.61	3	NO
L	29515	APPLICATION OF SHORT LEG SPLINT	1/1/2008	\$45.96	3	NO
L	29540	STRAPPING; ANKLE AND/OR FOOT	1/1/2008	\$27.42	3	NO
L	29550	STRAPPING; TOES	1/1/2008	\$26.61	3	NO
L	29580	STRAPPING; UNNA BOOT	1/1/2008	\$34.68	3	NO
L	29590	DENIS-BROWNE SPLINT STRAPPING	1/1/2008	\$37.36	3	NO
L	29700	REMOVAL OR BIVALVING GAUNTLET BO	1/1/2008	\$41.93	3	NO
L	29730	WINDOWING OF CAST	1/1/2008	\$44.89	3	NO
L	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	1/1/2008	\$65.32	3	NO
L	29750	WEDGING OF CLUBFOOT CAST	1/1/2008	\$67.20	3	NO
L	29799	UNLISTED PROCEDURE CASTING OR ST	5/1/1982	\$0.01	5	NO
L	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2008	\$3.11	3	NO
L	38220	BONE MARROW; ASPIRATION ONLY	1/1/2008	\$123.38	3	NO
L	64450	INJECTION ANESTHETIC AGENT; OTHE	1/1/2008	\$71.23	3	NO
L	64550	APPLICATION OF SURFACE (TRANSCUT	1/1/2008	\$12.10	3	NO
L	64640	DESTRUCTION BY NEUROLYTIC AGENT;	1/1/2008	\$183.32	3	NO
L	64702	NEUROPLASTY; DIGITAL, ONE OR BOT	1/1/2008	\$294.07	3	NO
L	64704	NEUROLYSIS; NERVE OF HAND OR FOO	1/1/2008	\$228.75	3	NO
L	64726	DECOMPRESSION; PLANTAR DIGITAL N	1/1/2008	\$202.41	3	NO
L	64774	EXCISION OF NEUROMA CUTANEOUS NE	1/1/2008	\$277.13	3	NO
L	64776	EXCISION OF NEUROMA; DIGITAL NER	1/1/2008	\$268.26	3	NO
L	64778	EXCISION OF NEUROMA; DIGITAL NER	1/1/2008	\$134.40	3	NO
L	64782	EXCISION OF NEUROMA; HAND OR FOO	1/1/2008	\$308.58	3	NO
L	64783	EXCISION OF NEUROMA; HAND OR FOO	1/1/2008	\$159.94	3	NO
L	64787	INSERTION OF PLASTIC CAP ON NERV	1/1/2008	\$184.67	3	NO
L	64788	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$253.75	3	NO
L	64831	SUTURE OF DIGITAL NERVE HAND OR	1/1/2008	\$501.04	3	NO
L	64832	SUTURE OF DIGITAL NERVE HAND OR	1/1/2008	\$249.98	3	NO
L	64834	SUTURE OF ONE NERVE; HAND OR FOO	1/1/2008	\$517.17	3	NO
L	64837	SUTURE OF EACH ADDITIONAL NERVE	1/1/2008	\$277.67	3	NO
L	90471	IMMUNIZATION ADMIN; SINGLE OR CO	1/1/2008	\$14.25	3	NO
L	90703	TETANUS TOXOID ADSORBED, FOR INT	4/1/2008	\$21.47	3	NO
L	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
L	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
L	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
L	93922	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$85.48	3	NO
L	93923	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$131.44	3	NO
L	95831	MUSCLE TESTING, MANUAL (SEPARATE	1/1/2008	\$19.62	3	NO
L	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
L	97014	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.21	3	NO
L	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
L	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
L	97022	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$11.29	3	NO
L	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
L	97032	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$11.56	3	NO
L	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
L	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
L	97110	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.16	3	NO
L	97124	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$16.13	3	NO
L	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
L	97799	UNLISTED PHYSICAL MEDICINE/REHAB	10/1/1991	\$0.01	5	NO
L	99000	HANDLING AND/OR CONVEYANCE OF SP	8/1/1989	NC	9	NO
L	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/1/1987	NC	9	NO
L	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
L	99050	SERVICES PROVIDED IN THE OFFICE	1/1/2008	\$12.13	3	NO
L	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
L	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	99056	SVCS TYPICALLY PROVIDED IN THE O	3/1/1987	NC	9	NO
L	99058	SVCS PROVIDED ON AN EMERGENCY BA	1/1/2008	\$4.88	3	NO
L	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
L	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	1/1/1991	NC	9	NO
L	99199	UNLISTED SPECIAL SERVICE OR REPO	8/1/1986	\$0.01	5	NO
L	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	3	NO
L	99202	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$46.50	3	NO
L	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	3	NO
L	99204	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$105.37	3	NO
L	99205	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$132.52	3	NO
L	99211	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$14.78	3	NO
L	99212	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$27.42	3	NO
L	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	3	NO
L	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	3	NO
L	99215	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$91.93	3	NO
L	99231	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$27.42	3	NO
L	99232	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$48.92	3	NO
L	99233	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$69.89	3	NO
L	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$50.00	3	NO
L	99241	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$36.02	3	NO
L	99242	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$66.93	3	NO
L	99243	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$91.93	3	NO
L	99244	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$135.48	3	NO
L	99245	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$168.27	3	NO
L	99251	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$35.21	3	NO
L	99252	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$56.18	3	NO
L	99253	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$83.33	3	NO
L	99254	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$119.88	3	NO
L	99255	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$149.18	3	NO
L	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
L	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
L	99275	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
L	99281	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$15.05	3	NO
L	99282	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$28.76	3	NO
L	99283	EMERGENCY DEPT VISIT FOR THE E/M	1/1/2008	\$46.50	3	NO
L	99284	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$85.21	3	NO
L	99285	EMER DEPT VISIT FOR E/M OF PT, W	1/1/2008	\$127.41	3	NO
L	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
L	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
L	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
L	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$24.19	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$40.05	3	NO
L	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$56.18	3	NO
L	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
L	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$41.40	3	NO
L	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$60.48	3	NO
L	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$87.36	3	NO
L	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$114.78	3	NO
L	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
L	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$31.99	3	NO
L	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$50.53	3	NO
L	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$77.68	3	NO
L	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	3	NO
L	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	3	NO
L	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	3	NO
L	99361	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
L	99362	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
L	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
L	99372	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
L	99373	PHONE CALL BY PHYS TO PT OR CONS	1/1/2008	INVALID	N	NO
L	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
L	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
L	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
L	A4465	NONELASTIC BINDER FOR EXREMITY	4/1/2008	\$20.81	3	NO
L	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
L	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
L	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
L	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
L	A4550	SURGICAL TRAYS	4/1/2008	\$26.01	3	NO
L	A4570	SPLINT -H	7/1/2002	NC	9	NO
L	A4572	RIB BELT -H	7/1/2003	INVALID	N	NO
L	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
L	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
L	A4649	SURGICAL SUPPLY; MISCELLANEOUS	12/20/2004	\$0.01	5	NO
L	A5500	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$56.69	3	NO
L	A5501	FOR DIABETICS ONLY, FITTING (INC	4/1/2008	\$170.03	3	NO
L	A5502	FOR DIABETICS ONLY, MULTIPLE DEN	4/1/2002	INVALID	N	NO
L	A5503	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
L	A5504	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
L	A5505	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	A5506	FOR DIABETICS ONLY, MODIFICATION	4/1/2008	\$25.21	3	NO
L	A5507	FOR DIABETICS ONLY, NOT OTHERWIS	4/1/2008	\$25.21	3	NO
L	A5509	FOR DIABETICS ONLY, DIRECT FORME	1/1/2006	INVALID	N	NO
L	A5510	FOR DIABETICS ONLY, DIRECT FORME	4/1/2008	\$31.75	3	NO
L	A5511	FOR DIABETICS ONLY, CUSTOM-MOLDE	1/1/2006	INVALID	N	NO
L	A5512	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$23.13	3	NO
L	A5513	FOR DIABETICS ONLY, MULT DENSITY	4/1/2008	\$34.51	3	NO
L	A9160	NONCOVERED SERVICE BY PODIATRIST	4/1/2002	INVALID	N	NO
L	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$19.79	3	NO
L	E0105	CANE, QUAD OR THREE-PRONG, INCLU	4/1/2008	\$46.53	3	NO
L	E0110	CRUTCHES, FOREARM, INCLUDES CRUT	4/1/2008	\$74.10	3	NO
L	E0111	CRUTCH, FOREARM, INCLUDES CRUTCH	4/1/2008	\$50.86	3	NO
L	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$35.34	3	NO
L	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$20.18	3	NO
L	E0114	CRUTCHES UNDERARM, OTHER THAN WO	4/1/2008	\$45.07	3	NO
L	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$26.49	3	NO
L	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$8.11	3	NO
L	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	11/1/2001	\$0.01	5	NO
L	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
L	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
L	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
L	J0150	INJECTION, ADENOSINE FOR THERAPE	4/1/2008	\$12.85	3	NO
L	J0170	INJECTION, ADRENALIN, EPINEPHRIN	4/1/2008	\$0.69	3	NO
L	J0190	INJECTION, BIPERIDEN LACTATE, PE	10/25/2006	NC	9	NO
L	J0205	INJECTION, ALGLUCERASE, PER 10 U	4/1/2008	\$39.67	3	NO
L	J0210	INJECTION, METHYLDOPATE HCL, UP	4/1/2008	\$15.19	3	NO
L	J0270	INJECTION, ALPROSTADIL, PER 1.25	4/1/2008	\$0.60	3	NO
L	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	4/1/2008	\$0.37	3	NO
L	J0290	INJECTION, AMPICILLIN, UP TO 500	4/1/2008	\$2.25	3	NO
L	J0300	INJECTION, AMOBARBITAL, UP TO 12	4/1/2008	\$11.96	3	NO
L	J0330	INJECTION, SUCCINYLMCHOLINE CHLOR	4/1/2008	\$0.17	3	NO
L	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
L	J0360	INJECTION, HYDRALAZINE HCL, UP T	4/1/2008	\$6.07	3	NO
L	J0380	INJECTION, METARAMINOL BITARTRAT	10/15/2003	\$1.33	3	NO
L	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
L	J0460	INJECTION, ATROPINE SULFATE, UP	4/1/2008	\$0.33	3	NO
L	J0470	INJECTION, DIMERCAPROL, PER 100	4/1/2008	\$26.67	3	NO
L	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	4/1/2008	\$190.85	3	NO
L	J0500	INJECTION, DICYCLOMINE HCL, UP T	4/1/2008	\$11.92	3	NO
L	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
L	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
L	J0530	INJECTION, PENICILLIN G BENZATHI	1/1/2008	\$14.75	3	NO
L	J0540	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
L	J0550	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
L	J0560	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$23.32	3	NO
L	J0570	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$40.75	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J0580	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$46.07	3	NO
L	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
L	J0600	INJECTION, EDETATE CALCIUM DISOC	4/1/2008	\$50.23	3	NO
L	J0610	INJECTION, CALCIUM GLUCONATE, PE	4/1/2008	\$0.36	3	NO
L	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	11/1/2006	\$13.70	3	NO
L	J0630	INJECTION, CALCITONIN-SALMON, UP	4/1/2008	\$44.57	3	NO
L	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
L	J0640	INJECTION, LEUCOVORIN CALCIUM, P	4/1/2008	\$0.78	3	NO
L	J0670	INJECTION, MEPIVACAINE HCL, PER	4/1/2008	\$1.15	3	NO
L	J0690	INJECTION, CEFAZOLIN SODIUM, UP	4/1/2008	\$0.66	3	NO
L	J0694	INJECTION, CEFOXITIN SODIUM, 1 G	4/1/2008	\$8.19	3	NO
L	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
L	J0696	INJECTION, CEFTRIAZONE SODIUM, P	4/1/2008	\$1.48	3	NO
L	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	4/1/2008	\$4.29	3	NO
L	J0702	INJECTION, BETAMETHASONE ACETATE	4/1/2008	\$5.75	3	NO
L	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
L	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/1/2008	\$18.38	3	NO
L	J0725	INJECTION, CHORIONIC GONADOTROPI	4/1/2008	\$3.37	3	NO
L	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
L	J0743	INJECTION, CILASTATIN SODIUM IMI	4/1/2008	\$14.28	3	NO
L	J0745	INJECTION, CODEINE PHOSPHATE, PE	4/1/2008	\$1.27	3	NO
L	J0760	INJECTION, COLCHICINE, PER 1 MG	4/1/2008	\$5.00	3	NO
L	J0770	INJECTION, COLISTIMETHATE SODIUM	4/1/2008	\$19.88	3	NO
L	J0780	INJECTION, PROCHLORPERAZINE, UP	4/1/2008	\$1.16	3	NO
L	J0800	INJECTION, CORTICOTROPIN, UP TO	4/1/2008	\$2,355.52	3	NO
L	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
L	J0895	INJECTION, DEFEROXAMINE MESYLATE	4/1/2008	\$12.31	3	NO
L	J0900	INJECTION, TESTOSTERONE ENANTHAT	7/1/2006	\$1.38	3	NO
L	J0945	INJECTION, BROMPHENIRAMINE MALEA	7/1/2007	INVALID	N	NO
L	J0970	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$34.43	3	NO
L	J1000	INJECTION, DEPO-ESTRADIOL CYPION	4/1/2008	\$6.18	3	NO
L	J1020	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$2.41	3	NO
L	J1030	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$4.47	3	NO
L	J1040	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$9.41	3	NO
L	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
L	J1060	INJECTION, TESTOSTERONE CYPIONAT	7/1/2006	\$4.14	3	NO
L	J1070	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$4.82	3	NO
L	J1080	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$6.96	3	NO
L	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
L	J1095	INJECTION, DEXAMETHASONE ACETATE	7/1/2003	INVALID	N	NO
L	J1100	INJECTION, DEXAMETHASONE SODIUM	4/1/2008	\$0.08	3	NO
L	J1110	INJECTION, DIHYDROERGOTAMINE MES	4/1/2008	\$24.50	3	NO
L	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	4/1/2008	\$16.68	3	NO
L	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	4/1/2008	\$1.18	3	NO
L	J1165	INJECTION, PHENYTOIN SODIUM, PER	4/1/2008	\$0.45	3	NO
L	J1170	INJECTION, HYDROMORPHONE HCL, UP	4/1/2008	\$1.28	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J1180	INJECTION, DYPHYLLINE, UP TO 500	7/1/2006	\$8.05	3	NO
L	J1190	INJECTION, DEXRAZOXANE HCL, PER	4/1/2008	\$180.94	3	NO
L	J1200	INJECTION, DIPHENHYDRAMINE HCL,	4/1/2008	\$0.75	3	NO
L	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	4/1/2008	\$165.12	3	NO
L	J1212	INJECTION, DMSO, DIMETHYL SULFOX	4/1/2008	\$50.49	3	NO
L	J1230	INJECTION, METHADONE HCL, UP TO	4/1/2008	\$2.95	3	NO
L	J1240	INJECTION, DIMENHYDRINATE, UP TO	4/1/2008	\$3.12	3	NO
L	J1250	INJECTION, DOBUTAMINE HCL, PER 2	4/1/2008	\$5.14	3	NO
L	J1320	INJECTION, AMITRIPTYLINE HCL, UP	7/1/2006	\$2.24	3	NO
L	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
L	J1380	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$8.61	3	NO
L	J1390	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$17.22	3	NO
L	J1410	INJECTION, ESTROGEN CONJUGATED,	4/1/2008	\$71.25	3	NO
L	J1435	INJECTION, ESTRONE, PER 1 MG(EST	7/1/2007	INVALID	N	NO
L	J1440	INJECTION, FILGRASTIM (G-CSF), 3	4/1/2008	\$199.24	3	NO
L	J1441	INJECTION, FILGRASTIM (G-CSF), 4	4/1/2008	\$306.63	3	NO
L	J1460	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$11.55	3	NO
L	J1470	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$23.11	3	NO
L	J1480	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$34.66	3	NO
L	J1490	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$46.21	3	NO
L	J1500	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$57.77	3	NO
L	J1510	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$69.33	3	NO
L	J1520	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$80.83	3	NO
L	J1530	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$92.42	3	NO
L	J1540	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$104.01	3	NO
L	J1550	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$115.53	3	NO
L	J1570	INJECTION, GANCICLOVIR SODIUM, 5	4/1/2008	\$43.85	3	NO
L	J1580	INJECTION, GARAMYCIN, GENTAMICIN	4/1/2008	\$1.04	3	NO
L	J1600	INJECTION, GOLD SODIUM THIOMALAT	4/1/2008	\$7.84	3	NO
L	J1630	INJECTION, HALOPERIDOL, UP TO 5	4/1/2008	\$1.73	3	NO
L	J1631	INJECTION, HALOPERIDOL DECANOATE	4/1/2008	\$2.41	3	NO
L	J1645	INJECTION, DALTEPARIN SODIUM, PE	4/1/2008	\$10.79	3	NO
L	J1650	INJECTION, ENOXAPARIN SODIUM, 10	4/1/2008	\$5.90	3	NO
L	J1670	INJECTION, TETANUS IMMUNE GLOBUL	4/1/2008	\$99.75	3	NO
L	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
L	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
L	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
L	J1720	INJECTION, HYDROCORTISONE SODIUM	4/1/2008	\$2.23	3	NO
L	J1730	INJECTION, DIAZOXIDE, UP TO 300	1/1/2007	\$111.85	3	NO
L	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
L	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
L	J1790	INJECTION, DROPERIDOL, UP TO 5 M	4/1/2008	\$1.32	3	NO
L	J1800	INJECTION, PROPRANOLOL HCL, UP T	4/1/2008	\$3.18	3	NO
L	J1810	INJECTION, DROPERIDOL AND FENTAN	7/1/2006	\$5.58	3	NO
L	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
L	J1840	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$5.09	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J1850	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$0.76	3	NO
L	J1885	INJECTION, KETOROLAC TROMETHAMIN	4/1/2008	\$0.34	3	NO
L	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
L	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
L	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
L	J1940	INJECTION, FUROSEMIDE, UP TO 20	4/1/2008	\$0.19	3	NO
L	J1955	INJECTION, LEVOCARNITINE, PER 1	4/1/2008	\$5.88	3	NO
L	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO
L	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
L	J1980	INJECTION, HYOSCYAMINE SULFATE,	4/1/2008	\$9.29	3	NO
L	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	7/1/2006	\$21.05	3	NO
L	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
L	J2010	INJECTION, LINCOMYCIN HCL, UP TO	4/1/2008	\$4.26	3	NO
L	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	4/1/2008	\$0.64	3	NO
L	J2150	INJECTION, MANNITOL, 25% IN 50 M	4/1/2008	\$0.86	3	NO
L	J2175	INJECTION, MEPERIDINE HCL, PER 1	4/1/2008	\$1.52	3	NO
L	J2180	INJECTION, MEPERIDINE AND PROMET	7/1/2006	\$3.79	3	NO
L	J2210	INJECTION, METHYLERGONOVINE MALE	10/1/2007	\$5.04	3	NO
L	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
L	J2250	INJECTION, MIDAZOLAM HCL, PER 1	4/1/2008	\$0.15	3	NO
L	J2270	INJECTION, MORPHINE SULFATE, UP	4/1/2008	\$1.79	3	NO
L	J2275	INJECTION, MORPHINE SULFATE (PRE	4/1/2008	\$2.39	3	NO
L	J2300	INJECTION, NALBUPHINE HCL, PER 1	4/1/2008	\$0.96	3	NO
L	J2310	INJECTION, NALOXONE HCL, PER 1 M	4/1/2008	\$3.16	3	NO
L	J2320	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$4.76	3	NO
L	J2321	INJECTION, NANDROLONE DECANOATE,	1/1/2008	\$7.13	3	NO
L	J2322	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$19.03	3	NO
L	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
L	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
L	J2360	INJECTION, ORPHENADRINE CITRATE,	4/1/2008	\$9.02	3	NO
L	J2370	INJECTION, PHENYLEPHRINE HCL, UP	4/1/2008	\$0.70	3	NO
L	J2400	INJECTION, CHLOROPROCAINE HCL, P	4/1/2008	\$12.72	3	NO
L	J2405	INJECTION, ONDANSETRON HCL, PER	4/1/2008	\$0.22	3	NO
L	J2410	INJECTION, OXYMORPHONE HCL, UP T	4/1/2008	\$2.51	3	NO
L	J2440	INJECTION, PAPAVERINE HCL, UP TO	4/1/2008	\$0.57	3	NO
L	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/1/2007	INVALID	N	NO
L	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
L	J2510	INJECTION, PENICILLIN G PROCAINE	4/1/2008	\$10.29	3	NO
L	J2515	INJECTION, PENTOBARBITAL SODIUM,	4/1/2008	\$7.61	3	NO
L	J2540	INJECTION, PENICILLIN G POTASSIU	4/1/2008	\$0.94	3	NO
L	J2550	INJECTION, PROMETHAZINE HCL, UP	4/1/2008	\$1.37	3	NO
L	J2560	INJECTION, PHENOBARBITAL SODIUM,	4/1/2008	\$3.00	3	NO
L	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	4/1/2008	\$2.05	3	NO
L	J2597	INJECTION, DESMOPRESSIN ACETATE,	4/1/2008	\$1.87	3	NO
L	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	INVALID	N	NO
L	J2650	INJECTION, PREDNISOLONE ACETATE,	4/1/2007	\$0.17	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J2675	INJECTION, PROGESTERONE, PER 50	4/1/2008	\$1.51	3	NO
L	J2680	INJECTION, FLUPHENAZINE DECANOAT	4/1/2008	\$2.37	3	NO
L	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/1/2008	\$2.65	3	NO
L	J2700	INJECTION, OXACILLIN SODIUM, UP	4/1/2008	\$1.58	3	NO
L	J2710	INJECTION, NEOSTIGMINE METHYLSUL	4/1/2008	\$0.10	3	NO
L	J2720	INJECTION, PROTAMINE SULFATE, PE	4/1/2008	\$0.59	3	NO
L	J2730	INJECTION, PRALIDOXIME CHLORIDE,	4/1/2008	\$88.08	3	NO
L	J2760	INJECTION, PHENTOLAMINE MESYLATE	4/1/2008	\$21.08	3	NO
L	J2765	INJECTION, METOCLOPRAMIDE HCL, U	4/1/2008	\$0.34	3	NO
L	J2790	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$89.71	3	NO
L	J2800	INJECTION, METHOCARBAMOL, UP TO	4/1/2008	\$10.22	3	NO
L	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	4/1/2008	\$25.10	3	NO
L	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
L	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	7/1/2006	\$24.50	3	NO
L	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	1/1/2007	INVALID	N	NO
L	J2920	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$2.07	3	NO
L	J2930	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$3.02	3	NO
L	J2950	INJECTION, PROMAZINE HCL, UP TO	11/1/2006	\$0.38	3	NO
L	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
L	J2995	INJECTION, STREPTOKINASE, PER 25	7/1/2006	\$79.50	3	NO
L	J3000	INJECTION, STREPTOMYCIN, UP TO 1	4/1/2008	\$6.98	3	NO
L	J3010	INJECTION, FENTANYL CITRATE, 0.1	4/1/2008	\$0.28	3	NO
L	J3070	INJECTION, PENTAZOCINE, 30 MG (T	4/1/2008	\$6.11	3	NO
L	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO
L	J3105	INJECTION, TERBUTALINE SULFATE,	4/1/2008	\$2.42	3	NO
L	J3120	INJECTION, TESTOSTERONE ENANTHAT	1/1/2008	\$5.29	3	NO
L	J3130	INJECTION, TESTOSTERONE ENANTHAT	4/1/2008	\$10.12	3	NO
L	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
L	J3150	INJECTION, TESTOSTERONE PROPIONA	8/21/2006	\$5.07	3	NO
L	J3230	INJECTION, CHLORPROMAZINE HCL, U	4/1/2008	\$3.22	3	NO
L	J3240	INJECTION, THYROTROPIN ALPHA, 0.	4/1/2008	\$838.96	3	NO
L	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	4/1/2008	\$4.46	3	NO
L	J3260	INJECTION, TOBRAMYCIN SULFATE, U	4/1/2008	\$2.32	3	NO
L	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	4/1/2008	\$2.18	3	NO
L	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
L	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
L	J3301	INJECTION, TRIAMCINOLONE ACETONI	4/1/2008	\$1.38	3	NO
L	J3302	INJECTION, TRIAMCINOLONE DIACETA	7/1/2006	\$0.28	3	NO
L	J3303	INJECTION, TRAMCINOLONE HEXACETO	4/1/2008	\$1.34	3	NO
L	J3305	INJECTION, TRIMETREXATE GLUCORON	10/1/2007	\$149.71	3	NO
L	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
L	J3320	INJECTION, SPECTINOMYCIN HCL, UP	4/1/2007	\$30.08	3	NO
L	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO
L	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1/1/2008	\$0.86	3	NO
L	J3364	INJECTION, UROKINASE, 5000 IU VI	7/1/2006	\$9.16	3	NO
L	J3365	INJECTION, IV, UROKINASE, 250,00	7/1/2006	\$457.73	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	J3370	INJECTION, VANCOMYCIN HCL, UP TO	4/1/2008	\$3.14	3	NO
L	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO
L	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
L	J3410	INJECTION, HYDROXYZINE HCL, UP T	4/1/2008	\$0.14	3	NO
L	J3420	INJECTION, VITAMIN B-12 CYANOCOB	4/1/2008	\$0.25	3	NO
L	J3430	INJECTION, PHYTONADIONE (VITAMIN	10/1/2007	\$3.62	3	NO
L	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
L	J3470	INJECTION, HYALURONIDASE, UP TO	4/1/2008	\$17.28	3	NO
L	J3475	INJECTION, MAGNESIUM SULFATE, PE	4/1/2008	\$0.05	3	NO
L	J3480	INJECTION, POTASSIUM CHLORIDE, P	4/1/2008	\$0.01	3	NO
L	J3490	UNCLASSIFIED DRUGS	11/1/2004	\$0.01	5	NO
L	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
L	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
L	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
L	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
L	J7030	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$1.03	3	NO
L	J7040	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.52	3	NO
L	J7042	5% DEXTROSE/NORMAL SALINE (500 M	4/1/2008	\$0.28	3	NO
L	J7050	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.26	3	NO
L	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
L	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	4/1/2008	\$1.09	3	NO
L	J7070	INFUSION, D-5-W, 1000 CC	4/1/2008	\$2.18	3	NO
L	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	4/1/2008	\$13.60	3	NO
L	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	4/1/2008	\$10.46	3	NO
L	J7120	RINGERS LACTATE INFUSION, UP TO	4/1/2008	\$0.91	3	NO
L	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
L	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
L	J7197	ANTITHROMBIN III (HUMAN), PER I.	1/1/2008	\$1.91	3	NO
L	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	12/20/2004	NC	9	NO
L	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	4/1/2008	\$0.04	3	NO
L	J7509	METHYLPREDNISOLONE, ORAL, PER 4	4/1/2008	\$0.08	3	NO
L	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	4/1/2008	\$0.03	3	NO
L	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
L	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	4/1/2008	\$767.40	3	NO
L	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	4/1/2008	\$276.07	3	NO
L	J9213	INTERFERON ALFA-2A, RECOMBINANT,	4/1/2008	\$40.92	3	NO
L	J9214	INTERFERON ALFA-2B, RECOMBINANT,	4/1/2008	\$14.16	3	NO
L	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
L	J9216	INTERFERON GAMMA-1B, 3 MILLION U	7/1/2007	\$309.58	3	NO
L	J9217	LEUPROLIDE ACETATE (FOR DEPOT SU	4/1/2008	\$220.86	3	NO
L	J9266	PEGASPARGASE, PER SINGLE DOSE VI	4/1/2008	\$2,093.62	3	NO
L	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
L	J9340	THIOTEPA, 15 MG (THIOPLEX)	4/1/2008	\$40.40	3	NO
L	K0628	FOR DIABETICS ONLY, MULTIPLE DEN	1/1/2006	INVALID	N	NO
L	K0629	FOR DIABETICS ONLY, MULT DENSITY	1/1/2006	INVALID	N	NO
L	L1902	ANKLE FOOT ORTHOSIS, ANKLE GAUNT	4/1/2008	\$70.36	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L1906	ANKLE FOOT ORTHOSIS, MULTILIGAME	4/1/2008	\$86.46	3	NO
L	L1930	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$198.61	3	NO
L	L1940	ANKLE FOOT ORTHOSIS, PLASTIC OR	4/1/2008	\$381.91	3	NO
L	L1970	ANKLE FOOT ORTHOSIS, PLASTIC WIT	4/1/2008	\$531.76	3	NO
L	L2112	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$347.74	3	NO
L	L2114	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$426.72	3	NO
L	L2116	ANKLE FOOT ORTHOSIS, FRACTURE OR	4/1/2008	\$511.77	3	NO
L	L2270	ADDITIONS TO LOWER EXTREMITY VAR	4/1/2008	\$51.47	3	NO
L	L2275	ADDITION TO LOWER EXTREMITY, VAR	4/1/2008	\$112.43	3	NO
L	L2280	ADDITION TO LOWER EXTREMITY, MOL	4/1/2008	\$326.01	3	NO
L	L2820	ADDITION TO LOWER EXTREMITY ORTH	4/1/2008	\$62.43	3	NO
L	L2999	LOWER LIMB ORTHOSES, NOT OTHERWI	4/1/2008	\$5,361.03	3	NO
L	L3000	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$235.72	3	NO
L	L3001	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$99.24	3	NO
L	L3002	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$121.19	3	NO
L	L3003	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$130.76	3	NO
L	L3010	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$130.76	3	NO
L	L3020	FOOT INSERT, REMOVABLE, MOLDED T	4/1/2008	\$148.89	3	NO
L	L3030	FOOT INSERT, REMOVABLE, FORMED T	4/1/2008	\$57.27	3	NO
L	L3040	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$35.31	3	NO
L	L3050	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$35.31	3	NO
L	L3060	FOOT, ARCH SUPPORT, REMOVABLE, P	4/1/2008	\$55.36	3	NO
L	L3070	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$23.84	3	NO
L	L3080	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$23.84	3	NO
L	L3090	FOOT, ARCH SUPPORT, NONREMOVABLE	4/1/2008	\$30.55	3	NO
L	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLI	4/1/2008	\$32.44	3	NO
L	L3140	FOOT, ABDUCTION ROTATION BAR, IN	4/1/2008	\$66.81	3	NO
L	L3150	FOOT, ABDUCTION ROTATION BAR, WI	4/1/2008	\$61.08	3	NO
L	L3170	FOOT, PLASTIC, SILICONE OR EQUAL	4/1/2008	\$38.19	3	NO
L	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
L	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$43.48	3	NO
L	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUP	4/1/2008	\$48.32	3	NO
L	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$43.48	3	NO
L	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$48.32	3	NO
L	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SU	4/1/2008	\$48.32	3	NO
L	L3208	SURGICAL BOOT, EACH, INFANT	4/1/2008	\$33.82	3	NO
L	L3209	SURGICAL BOOT, EACH, CHILD	4/1/2008	\$33.82	3	NO
L	L3211	SURGTICAL BOOT, EACH, JUNIOR	4/1/2008	\$38.65	3	NO
L	L3212	BENESCH BOOT, PAIR, INFANT	4/1/2008	\$43.48	3	NO
L	L3213	BENESCH BOOT, PAIR, CHILD	4/1/2008	\$43.48	3	NO
L	L3214	BENESCH BOOT, PAIR, JUNIOR	4/1/2008	\$48.32	3	NO
L	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$64.84	3	NO
L	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$103.22	3	NO
L	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE	4/1/2008	\$80.38	3	NO
L	L3218	ORTHOPEDIC FOOTWEAR, WOMAN'S SUR	7/1/2003	INVALID	N	NO
L	L3219	ORHTOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$75.48	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$131.99	3	NO
L	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE,	4/1/2008	\$97.31	3	NO
L	L3223	ORTHOPEDIC FOOTWEAR, MAN'S SURGI	7/1/2003	INVALID	N	NO
L	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOE	4/1/2008	\$232.31	3	NO
L	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLD	4/1/2008	\$196.09	3	NO
L	L3251	FOOT, SHOE MOLDED TO PATIENT MOD	1/1/1994	NC	9	NO
L	L3252	FOOT, SHOE MOLDED TO PATIENT MOD	4/1/2008	\$158.40	3	NO
L	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR	4/1/2008	\$75.31	3	NO
L	L3254	NONSTANDARD SIZE OR WIDTH	4/1/2008	\$15.47	3	NO
L	L3255	NONSTANDARD SIZE OR LENGTH	4/1/2008	\$15.47	3	NO
L	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL	4/1/2008	\$43.48	3	NO
L	L3260	AMBULATORY SURGICAL BOOT, EACH	4/1/2008	\$96.63	3	NO
L	L3265	PLASTAZOTE SANDAL, EACH	4/1/2008	\$43.48	3	NO
L	L3300	LIFT, ELEVATION, HEEL, TAPERED T	4/1/2008	\$39.13	3	NO
L	L3310	LIFT, ELEVATION, HEEL AND SHOE,	4/1/2008	\$61.08	3	NO
L	L3320	LIFT, ELEVATION, HEEL AND SOLE,	4/1/2008	\$50.77	3	NO
L	L3330	LIFT, ELEVATION, METAL EXTENSION	4/1/2008	\$424.69	3	NO
L	L3332	LIFT, ELEVATION, INSIDE SHOE, TA	4/1/2008	\$55.36	3	NO
L	L3334	LIFT, ELEVATION, HEEL, PER INCH	4/1/2008	\$28.63	3	NO
L	L3340	HEEL WEDGE, SACH	4/1/2008	\$63.95	3	NO
L	L3350	HEELK WEDGE	4/1/2008	\$17.19	3	NO
L	L3360	SOLE WEDGE, OUTSIDE SOLE	4/1/2008	\$26.72	3	NO
L	L3370	SOLE WEDGE, BETWEEN SOLE	4/1/2008	\$37.20	3	NO
L	L3380	CLUBFOOT WEDGE	4/1/2008	\$37.20	3	NO
L	L3390	OUTFLARE WEDGE	4/1/2008	\$37.20	3	NO
L	L3400	METATARSAL BAR WEDGE, ROCKER	4/1/2008	\$30.55	3	NO
L	L3410	METATARSAL BAR WEDGE, BETWEEN SO	4/1/2008	\$69.66	3	NO
L	L3420	FULL SOLE AND HEEL WEDGE, BETWEE	4/1/2008	\$41.04	3	NO
L	L3430	HEEL, COUNTER, PLASTIC REINFORCE	4/1/2008	\$120.25	3	NO
L	L3440	HEEL, COUNTER, LEATHER REINFORCE	4/1/2008	\$57.27	3	NO
L	L3450	HEEL, SACH CUSHION TYPE	4/1/2008	\$79.21	3	NO
L	L3455	HEEL, NEW LEATHER, STANDARD	4/1/2008	\$30.55	3	NO
L	L3460	HEEL, NEW RUBBER, STANDARD	4/1/2008	\$25.76	3	NO
L	L3465	HEEL, THOMAS WITH WEDGE	4/1/2008	\$43.91	3	NO
L	L3470	HEEL, THOMAS EXTENDED TO BALL	4/1/2008	\$46.76	3	NO
L	L3480	HEEL, PAD AND DEPRESSION FOR SPU	4/1/2008	\$46.76	3	NO
L	L3485	HEEL, PAD, REMOVABLE FOR SPUR	4/1/2008	\$16.08	3	NO
L	L3500	MISCELLANEOUS SHOE ADDITION, INS	4/1/2008	\$21.95	3	NO
L	L3510	MISCELLANEOUS SHOE ADDITION, INS	4/1/2008	\$21.95	3	NO
L	L3520	MISCELLANEOUS SHOE ADDITION, INS	4/1/2008	\$23.84	3	NO
L	L3530	MISCELLANEOUS SHOE ADDITION, SOL	4/1/2008	\$23.84	3	NO
L	L3540	MISCELLANEOUS SHOE ADDITION, SOL	4/1/2008	\$38.19	3	NO
L	L3550	MISCELLANEOUS SHOE ADDITION, TOE	4/1/2008	\$6.67	3	NO
L	L3560	MISCELLANEOUS SHOE ADDITION, TOE	4/1/2008	\$17.19	3	NO
L	L3570	MISCELLANEOUS SHOE ADDITION, SPE	4/1/2008	\$63.95	3	NO
L	L3580	MISCELLANEOUS SHOE ADDITON, CONV	4/1/2008	\$48.67	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
L	L3590	MISCELLANEOUS SHOE ADDITION, CON	4/1/2008	\$40.08	3	NO
L	L3595	MISCELLANEOUS SHOE ADDITION, MAR	4/1/2008	\$31.49	3	NO
L	L3600	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$57.27	3	NO
L	L3610	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$75.39	3	NO
L	L3620	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$57.27	3	NO
L	L3630	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$75.39	3	NO
L	L3640	TRANSFER OF AN ORTHOSIS FROM ONE	4/1/2008	\$32.44	3	NO
L	L3649	UNLISTED PROCEDURES FOR FOOT ORT	4/1/2008	\$893.51	3	NO
L	L4210	REPAIR OF ORTHOTIC DEVICE, REPAI	4/1/2008	\$193.29	3	NO
L	L4360	WALKING BOOT,PNEUMATIC, W/OR W/O	4/1/2008	\$265.39	3	NO
L	L4386	NON-PNEUMATIC WALKING SPLINT,WIT	4/1/2008	\$118.97	3	NO
L	L5000	PARTIAL FOOT, SHOE INSERT WITH L	4/1/2008	\$386.97	3	NO
L	L5010	PARTIAL FOOT, MOLDED SOCKET, ANK	4/1/2008	\$932.41	3	NO
L	L5020	PARTIAL FOOT, MOLDED SOCKET, TIB	4/1/2008	\$1,729.17	3	NO
L	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
L	M0300	IV CHELATION THERAPY (CHEMICAL E	8/30/1994	NC	9	NO
L	Q0185	DERMAL AND EPIDERMAL TISSUE, OF	4/1/2002	INVALID	N	NO
L	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$12.11	3	NO
L	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$30.32	3	NO
L	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$6.06	3	NO
L	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$15.17	3	NO
L	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$8.55	3	NO
L	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$13.75	3	NO
L	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$4.27	3	NO
L	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$6.88	3	NO
L	S0390	ROUTINE FOOT CARE; REMOVAL AND/O	1/1/2003	NC	9	NO
N	10040	ACNE SURGERY (EG MARSUPIALIZATIO	1/1/2008	\$62.63	3	NO
N	10060	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$69.89	3	NO
N	10061	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$122.84	3	NO
N	10080	INCISION AND DRAINAGE OF PILONID	1/1/2008	\$115.32	3	NO
N	10120	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$93.27	3	NO
N	10121	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$176.06	3	NO
N	10140	INCISION AND DRAINAGE OF HEMATOM	1/1/2008	\$97.57	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	10160	PUNCTURE ASPIRATION OF ABSCESS H	1/1/2008	\$81.18	3	NO
N	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$34.68	3	NO
N	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$15.32	3	NO
N	11010	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$62.79	3	NO
N	11011	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$72.90	3	NO
N	11012	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$104.03	3	NO
N	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	1/1/2008	\$30.11	3	NO
N	11041	DEBRIDEMENT; SKIN FULL THICKNESS	1/1/2008	\$37.09	3	NO
N	11055	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$29.84	3	NO
N	11056	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$37.09	3	NO
N	11057	PARING OR CUTTING OF BENIGN HYPE	1/1/2008	\$45.70	3	NO
N	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$60.48	3	NO
N	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$20.97	3	NO
N	11300	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$42.47	3	NO
N	11301	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$56.45	3	NO
N	11305	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$44.35	3	NO
N	11306	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$60.21	3	NO
N	11310	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$52.42	3	NO
N	11311	SHAVING OF EPIDERMAL OR DERMAL L	1/1/2008	\$65.59	3	NO
N	11400	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.68	3	NO
N	11401	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$92.20	3	NO
N	11402	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$102.41	3	NO
N	11403	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$118.54	3	NO
N	11404	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$135.21	3	NO
N	11406	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$187.08	3	NO
N	11420	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.15	3	NO
N	11421	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$98.65	3	NO
N	11422	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$110.21	3	NO
N	11423	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$129.83	3	NO
N	11424	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$148.92	3	NO
N	11426	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$214.77	3	NO
N	11440	EXCISION, OTHER BENIGN LESION IN	1/1/2008	\$87.36	3	NO
N	11441	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$106.98	3	NO
N	11442	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$119.88	3	NO
N	11443	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$145.96	3	NO
N	11444	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$184.93	3	NO
N	11446	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$248.10	3	NO
N	11719	TRIMMING OF NONDYSTROPHIC NAILS,	1/1/2008	\$12.63	3	NO
N	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$19.62	3	NO
N	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$29.03	3	NO
N	11730	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$63.17	3	NO
N	11732	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$29.84	3	NO
N	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2008	\$27.42	3	NO
N	11750	EXCISION OF NAIL AND NAIL MATRIX	1/1/2008	\$134.13	3	NO
N	11900	INJECTION INTRALESIONAL UP TO AN	1/1/2008	\$33.87	3	NO
N	11901	INJECTION INTRALESIONAL; MORE TH	1/1/2008	\$42.47	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	11975	INSERTION, IMPLANTABLE CONTRACEP	1/1/2008	\$83.33	3	NO
N	11976	REMOVAL, IMPLANTABLE CONTRACEPTI	1/1/2008	\$99.72	3	NO
N	11977	REMOVAL WITH REINSERTION, IMPLAN	1/1/2008	\$157.79	3	NO
N	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$101.88	3	NO
N	12002	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$108.33	3	NO
N	12004	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$127.14	3	NO
N	12005	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$158.59	3	NO
N	12006	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$197.03	3	NO
N	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$222.84	3	NO
N	12011	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$107.79	3	NO
N	12013	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$118.54	3	NO
N	12014	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$140.04	3	NO
N	12015	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$175.80	3	NO
N	12016	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$208.59	3	NO
N	12017	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$187.62	3	NO
N	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$45.00	3	NO
N	12020	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$181.17	3	NO
N	12021	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$105.64	3	NO
N	12031	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$135.21	3	NO
N	12032	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$183.86	3	NO
N	12041	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$146.50	3	NO
N	12042	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$174.72	3	NO
N	12051	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$165.85	3	NO
N	12052	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$177.95	3	NO
N	12053	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$191.92	3	NO
N	16000	INITIAL TREATMENT FIRST DEGREE B	1/1/2008	\$48.38	3	NO
N	16020	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$57.25	3	NO
N	16025	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$101.07	3	NO
N	16030	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$119.35	3	NO
N	16036	ESCHAROTOMY; EACH ADDITIONAL INC	1/1/2008	\$61.02	3	NO
N	17000	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$46.50	3	NO
N	17003	DESTRUCTION BY ANY METHOD, INCLU	1/1/2008	\$5.11	3	NO
N	17004	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$114.51	3	NO
N	17110	DESTRUCTION, OF BENIGN LESIONS O	1/1/2008	\$63.97	3	NO
N	17111	DESTRUCTION BY ANY METHOD OF FLA	1/1/2008	\$75.80	3	NO
N	17250	CHEMICAL CAUTERIZATION OF GRANUL	1/1/2008	\$48.65	3	NO
N	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	1/1/2008	\$31.45	3	NO
N	17999	UNLISTED PROCEDURE SKIN MUCOUS M	8/1/1986	\$0.01	5	NO
N	19000	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$76.88	3	NO
N	19001	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$19.08	3	NO
N	19100	BIOPSY OF BREAST; PERCUTANEOUS,	1/1/2008	\$94.08	3	NO
N	19367	BREAST RECONSTRUCTION W/TRANSVER	1/1/2008	\$253.16	3	NO
N	19368	BREAST RECONSTRUCTION W/TRANSVER	1/1/2008	\$312.02	3	NO
N	19369	BREAST RECONSTRUCTION W/TRANSVER	1/1/2008	\$287.24	3	NO
N	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
N	20000	INCISION OF SOFT TISSUE ABSCESS	1/1/2008	\$137.09	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	20520	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$131.98	3	NO
N	20550	INJECTION(S); TENDON SHEATH, LIG	1/1/2008	\$41.13	3	NO
N	20552	INJECTION(S); SINGLE OR MULTIPLE	7/1/2004	NC	9	NO
N	20600	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$37.63	3	NO
N	20605	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$40.86	3	NO
N	20610	ARTHROCENTESIS ASPIRATION AND/OR	1/1/2008	\$50.53	3	NO
N	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
N	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	1/1/2008	\$101.71	3	NO
N	23330	REMOVAL OF FOREIGN BODY SHOULDER	1/1/2008	\$153.48	3	NO
N	23500	CLOSED TREATMENT OF CLAVICULAR F	1/1/2008	\$140.85	3	NO
N	23520	CLOSED TREATMENT OF STERNOCLAVIC	1/1/2008	\$143.81	3	NO
N	23540	CLOSED TREATMENT OF ACROMIOCLAVI	1/1/2008	\$144.35	3	NO
N	23570	CLOSED TREATMENT OF SCAPULAR FRA	1/1/2008	\$150.53	3	NO
N	23600	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2008	\$212.62	3	NO
N	23620	CLOSED TREATMENT OF GREATER TUBE	1/1/2008	\$172.57	3	NO
N	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
N	24065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$153.75	3	NO
N	24500	CLOSED TREATMENT OF HUMERAL SHAF	1/1/2008	\$229.56	3	NO
N	24530	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$247.83	3	NO
N	24560	CLOSED TREATMENT OF HUMERAL EPIC	1/1/2008	\$206.44	3	NO
N	24576	CLOSED TREATMENT OF HUMERAL COND	1/1/2008	\$217.19	3	NO
N	24600	TREATMENT OF CLOSED ELBOW DISLOC	1/1/2008	\$252.40	3	NO
N	24650	CLOSED TREATMENT OF RADIAL HEAD	1/1/2008	\$168.27	3	NO
N	24670	CLOSED TREATMENT OF ULNAR FRACTU	1/1/2008	\$188.97	3	NO
N	24999	UNLISTED PROCEDURE HUMERUS OR EL	2/13/1989	\$0.01	5	NO
N	25500	CLOSED TREATMENT OF RADIAL SHAFT	1/1/2008	\$171.23	3	NO
N	25530	CLOSED TREATMENT OF ULNAR SHAFT	1/1/2008	\$166.12	3	NO
N	25560	CLOSED TREATMENT OF RADIAL AND U	1/1/2008	\$173.64	3	NO
N	25600	CLOSED TREATMENT OF DISTAL RADIA	1/1/2008	\$190.85	3	NO
N	25622	TREATMENT OF CLOSED CARPAL SCAPH	1/1/2008	\$195.42	3	NO
N	25630	CLOSED TREATMENT OF CARPAL BONE	1/1/2008	\$200.79	3	NO
N	25650	CLOSED TREATMENT OF ULNAR STYLOI	1/1/2008	\$208.86	3	NO
N	25830	DISTAL RADIOULNAR JOINT ARTHRODE	1/1/2008	\$138.00	3	NO
N	25999	UNLISTED PROCEDURE FOREARM OR WR	2/1/1994	\$0.01	5	NO
N	26010	DRAINAGE OF FINGER ABSCESS SIMPL	1/1/2008	\$185.74	3	NO
N	26600	CLOSED TREATMENT OF METACARPAL F	1/1/2008	\$173.38	3	NO
N	26670	CLOSED TREATMENT OF CARPOMETACAR	1/1/2008	\$220.68	3	NO
N	26700	CLOSED TREATMENT OF METACARPOPHA	1/1/2008	\$208.05	3	NO
N	26720	CLOSED TREATMENT OF PHALANGEAL S	1/1/2008	\$125.53	3	NO
N	26740	CLOSED TX OF ARTICULAR FX, INVOL	1/1/2008	\$144.88	3	NO
N	26750	CLOSED TREATMENT OF DISTAL PHALA	1/1/2008	\$117.73	3	NO
N	26770	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$178.48	3	NO
N	26989	UNLISTED PROCEDURE HANDS OR FING	2/1/1994	\$0.01	5	NO
N	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	1/1/2008	\$174.45	3	NO
N	27193	CLOSED TREATMENT OF PELVIC RING	1/1/2008	\$320.41	3	NO
N	27200	CLOSED TREATMENT OF COCCYGEAL FR	1/1/2008	\$116.66	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	27220	CLOSED TREATMENT OF ACETABULUM (	1/1/2008	\$360.19	3	NO
N	27230	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$323.10	3	NO
N	27246	CLOSED TREATMENT OF GREATER TROC	1/1/2008	\$265.84	3	NO
N	27500	CLOSED TREATMENT OF FEMORAL SHAF	1/1/2008	\$354.28	3	NO
N	27501	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$348.90	3	NO
N	27508	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$358.04	3	NO
N	27516	CLOSED TREATMENT OF DISTAL FEMOR	1/1/2008	\$334.66	3	NO
N	27520	CLOSED TREATMENT OF PATELLAR FRA	1/1/2008	\$210.47	3	NO
N	27530	CLOSED TREATMENT OF TIBIAL FRACT	1/1/2008	\$263.69	3	NO
N	27550	CLOSED TREATMENT OF KNEE DISLOCA	1/1/2008	\$334.39	3	NO
N	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$155.37	3	NO
N	27750	CLOSED TREATMENT OF TIBIAL SHAFT	1/1/2008	\$227.40	3	NO
N	27760	CLOSED TREATMENT OF MEDIAL MALLE	1/1/2008	\$219.07	3	NO
N	27780	CLOSED TREATMENT OF PROXIMAL FIB	1/1/2008	\$194.61	3	NO
N	27786	CLOSED TREATMENT OF DISTAL FIBUL	1/1/2008	\$207.78	3	NO
N	27808	CLOSED TX OF BIMALLEOLAR ANKLE F	1/1/2008	\$216.92	3	NO
N	27816	CLOSED TREATMENT OF TRIMALLEOLAR	1/1/2008	\$206.44	3	NO
N	27830	CLOSED TREATMENT OF PROXIMAL TIB	1/1/2008	\$235.47	3	NO
N	27840	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$237.62	3	NO
N	27899	UNLISTED PROCEDURE LEG OR ANKLE	2/13/1989	\$0.01	5	NO
N	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	1/1/2008	\$154.56	3	NO
N	28400	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$165.04	3	NO
N	28430	CLOSED TREATMENT OF TALUS FRACTU	1/1/2008	\$155.37	3	NO
N	28450	TREATMENT OF TARSAL BONE FRACTUR	1/1/2008	\$142.46	3	NO
N	28470	CLOSED TREATMENT OF METATARSAL F	1/1/2008	\$143.54	3	NO
N	28490	CLOSED TREATMENT OF FRACTURE GRE	1/1/2008	\$88.70	3	NO
N	28510	CLOSED TREATMENT OF FRACTURE, PH	1/1/2008	\$76.07	3	NO
N	28530	CLOSED TREATMENT OF SESAMOID FRA	1/1/2008	\$72.84	3	NO
N	28540	CLOSED TREATMENT OF TARSAL BONE	1/1/2008	\$130.64	3	NO
N	28570	CLOSED TREATMENT OF TALOTARSAL J	1/1/2008	\$118.27	3	NO
N	28600	CLOSED TREATMENT OF TARSOMETATAR	1/1/2008	\$136.55	3	NO
N	28630	CLOSED TREATMENT OF METATARSOPHA	1/1/2008	\$96.50	3	NO
N	28660	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$71.23	3	NO
N	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
N	29065	APPLICATION; SHOULDER TO HAND (L	1/1/2008	\$62.90	3	NO
N	29075	APPLICATION; ELBOW TO FINGER (SH	1/1/2008	\$57.79	3	NO
N	29085	APPLICATION; HAND AND LOWER FORE	1/1/2008	\$61.56	3	NO
N	29105	APPLICATION OF LONG ARM SPLINT (	1/1/2008	\$58.87	3	NO
N	29125	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$44.89	3	NO
N	29126	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$53.76	3	NO
N	29130	APPLICATION OF FINGER SPLINT STA	1/1/2008	\$27.42	3	NO
N	29131	APPLICATION OF FINGER SPLINT; DY	1/1/2008	\$34.68	3	NO
N	29200	STRAPPING THORAX	1/1/2008	\$37.09	3	NO
N	29220	STRAPPING; LOW BACK	1/1/2008	\$36.83	3	NO
N	29240	STRAPPING; SHOULDER (EG VELPEAU)	1/1/2008	\$42.47	3	NO
N	29260	STRAPPING; ELBOW OR WRIST	1/1/2008	\$35.48	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	29280	STRAPPING; HAND OR FINGER	1/1/2008	\$35.21	3	NO
N	29345	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$90.85	3	NO
N	29355	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$93.54	3	NO
N	29358	APPLICATION OF LONG LEG CAST BRA	1/1/2008	\$100.53	3	NO
N	29365	APPLICATION OF CYLINDER CAST (TH	1/1/2008	\$81.18	3	NO
N	29405	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$59.67	3	NO
N	29425	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$64.24	3	NO
N	29435	APPLICATION OF PATELLAR TENDON B	1/1/2008	\$78.76	3	NO
N	29440	ADDING WALKER TO PREVIOUSLY APPL	1/1/2008	\$35.48	3	NO
N	29450	APPLICATION OF CLUBFOOT CAST WIT	1/1/2008	\$103.22	3	NO
N	29505	APPLICATION OF LONG LEG SPLINT (	1/1/2008	\$51.61	3	NO
N	29515	APPLICATION OF SHORT LEG SPLINT	1/1/2008	\$45.96	3	NO
N	29520	STRAPPING HIP	1/1/2008	\$37.09	3	NO
N	29530	STRAPPING; KNEE	1/1/2008	\$36.83	3	NO
N	29540	STRAPPING; ANKLE AND/OR FOOT	1/1/2008	\$27.42	3	NO
N	29550	STRAPPING; TOES	1/1/2008	\$26.61	3	NO
N	29580	STRAPPING; UNNA BOOT	1/1/2008	\$34.68	3	NO
N	29590	DENIS-BROWNE SPLINT STRAPPING	1/1/2008	\$37.36	3	NO
N	29700	REMOVAL OR BIVALVING GAUNTLET BO	1/1/2008	\$41.93	3	NO
N	29705	REMOVAL OR VIBALVING; FULL OR FU	1/1/2008	\$45.70	3	NO
N	29720	REPAIR OF SPICA BODY CAST OR JAC	1/1/2008	\$52.68	3	NO
N	29730	WINDOWING OF CAST	1/1/2008	\$44.89	3	NO
N	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	1/1/2008	\$65.32	3	NO
N	29750	WEDGING OF CLUBFOOT CAST	1/1/2008	\$67.20	3	NO
N	29799	UNLISTED PROCEDURE CASTING OR ST	4/1/1982	\$0.01	5	NO
N	29848	ARTHROSCOPY, WRIST, SURGICAL; W/	1/1/2008	\$339.49	3	NO
N	30300	REMOVE FOREIGN BODY INTRANASAL O	1/1/2008	\$151.87	3	NO
N	30801	CAUTERY AND/OR ABLATION, MUCOSA	1/1/2008	\$142.46	3	NO
N	30802	CAUTERIZATION AND/OR ABLATION, M	1/1/2008	\$183.32	3	NO
N	30901	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2008	\$70.96	3	NO
N	30905	CONTROL NASAL HEMORRHAGE, POSTER	1/1/2008	\$153.48	3	NO
N	30906	CONTROL NASAL HEMORRHAGE POSTERI	1/1/2008	\$176.33	3	NO
N	36000	INTRODUCTION OF NEEDLE OR INTRAC	1/1/2008	\$19.62	3	NO
N	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	1/1/2008	\$18.82	3	NO
N	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	1/1/2008	\$16.40	3	NO
N	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	1/1/2008	\$12.90	3	NO
N	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
N	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2008	\$3.11	3	NO
N	36430	TRANSFUSION, BLOOD OR BLOOD COMP	1/1/2008	\$28.22	3	NO
N	36540	COLLECTION OF BLOOD SPECIMEN FRO	1/1/2008	INVALID	N	NO
N	36600	ARTERIAL PUNCTURE WITHDRAWAL OF	1/1/2008	\$22.31	3	NO
N	37788	PENILE REVASCULARIZATION, ARTERY	3/1/1992	NC	9	NO
N	38220	BONE MARROW; ASPIRATION ONLY	1/1/2008	\$123.38	3	NO
N	38221	BONE MARROW; BIOPSY, NEEDLE OR T	1/1/2008	\$136.55	3	NO
N	38300	DRAINAGE OF LYMPH NODE ABSCESS O	1/1/2008	\$178.75	3	NO
N	40800	DRAINAGE OF ABSCESS CYST HEMATOM	1/1/2008	\$120.96	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
N	40804	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$129.56	3	NO
N	41005	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$133.06	3	NO
N	42000	DRAINAGE OF ABSCESS OF PALATE UV	1/1/2008	\$104.29	3	NO
N	43760	CHANGE OF GASTROSTOMY TUBE, PERC	1/1/2008	\$160.20	3	NO
N	44500	INTRODUCTION OF LONG GASTROINTES	1/1/2008	\$18.28	3	NO
N	45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOS	1/1/2008	\$90.59	3	NO
N	45331	SIGMOIDOSCOPY, FLEXIBLE; WITH BI	1/1/2008	\$116.93	3	NO
N	46050	INCISION AND DRAINAGE PERIANAL A	1/1/2008	\$108.86	3	NO
N	46083	INCISION OF THROMBOSED HEMORRHOI	1/1/2008	\$108.86	3	NO
N	46288	CLOSURE OF ANAL FISTULA WITH REC	1/1/2008	\$333.31	3	NO
N	46320	ENUCLEATION OR EXCISION OF EXTER	1/1/2008	\$107.25	3	NO
N	46600	ANOSCOPY DIAGNOSTIC (SEPARATE PR	1/1/2008	\$55.91	3	NO
N	46606	ANOSCOPY; WITH BIOPSY, SINGLE OR	1/1/2008	\$126.60	3	NO
N	46900	CHEMOSURGERY OF CONDYLOMATA ANAL	1/1/2008	\$132.25	3	NO
N	46910	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$140.31	3	NO
N	46999	UNLISTED PROCEDURE ANUS	2/1/1994	\$0.01	5	NO
N	47136	LIVER ALLOTRANSPLANTATION; HETER	1/1/2008	\$564.64	3	NO
N	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	1/1/2008	\$103.70	3	NO
N	49999	UNLISTED PROCEDURE ABDOMEN PERIT	2/13/1989	\$0.01	5	NO
N	51700	BLADDER IRRIGATION SIMPLE LAVAGE	1/1/2008	\$67.74	3	NO
N	51702	INSERTION OF TEMPORARY INDWELLIN	1/1/2008	\$66.66	3	NO
N	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPL	1/1/2008	\$88.97	3	NO
N	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	1/1/2008	\$186.28	3	NO
N	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	1/1/2008	\$165.04	3	NO
N	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
N	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
N	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
N	54050	DESTRUCTION OF CONDYLOMATA PENIS	1/1/2008	\$83.60	3	NO
N	54055	DESTRUCTION OF LESION(S) PENIS S	1/1/2008	\$80.37	3	NO
N	54060	DESTRUCTION OF LESION(S) PENIS S	1/1/2008	\$139.24	3	NO
N	55100	DRAINAGE OF SCROTAL WALL ABSCESS	1/1/2008	\$166.66	3	NO
N	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
N	55899	UNLISTED PROCEDURE MALE GENITAL	2/13/1989	\$0.01	5	NO
N	56501	DESTRUCTION OF LESION(S), VULVA;	1/1/2008	\$93.27	3	NO
N	56820	COLPOSCOPY OF THE VULVA;	1/1/2008	\$79.56	3	NO
N	56821	COLPOSCOPY OF THE VULVA; WITH BI	1/1/2008	\$107.25	3	NO
N	57061	DESTRUCTION OF VAGINAL LESION(S)	1/1/2008	\$81.45	3	NO
N	57100	BIOPSY OF VAGINAL MUCOSA SIMPLE	1/1/2008	\$63.97	3	NO
N	57150	IRRIGATION AND/OR APPLICATION OF	1/1/2008	\$42.74	3	NO
N	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	1/1/2008	\$61.02	3	NO
N	57420	COLPOSCOPY OF THE ENTIRE VAGINA,	1/1/2008	\$83.60	3	NO
N	57421	COLPOSCOPY OF THE ENTIRE VAGINA,	1/1/2008	\$114.24	3	NO
N	57452	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$78.76	3	NO
N	57454	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$112.63	3	NO
N	57455	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$104.56	3	NO
N	57456	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$98.65	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	57460	COLPOSCOPY (VAGINOSCOPY); WITH L	1/1/2008	\$231.71	3	NO
N	57461	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$256.70	3	NO
N	57500	BIOPSY OF CERVIX, SINGLE OR MULT	1/1/2008	\$99.99	3	NO
N	57510	CAUTERY OF CERVIX; ELECTRO OR TH	1/1/2008	\$97.57	3	NO
N	57511	CAUTERIZATION OF CERVIX; CRYOCAU	1/1/2008	\$105.10	3	NO
N	58100	ENDOMETRIAL SAMPLING W/OR W/OUT	1/1/2008	\$80.10	3	NO
N	58300	INSERTION OF INTRAUTERINE DEVICE	1/1/2008	\$63.17	3	NO
N	58301	REMOVAL OF INTRAUTERINE DEVICE (	1/1/2008	\$71.77	3	NO
N	58953	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$277.62	3	NO
N	58954	BILATERAL SALPINGO-OOPHORECTOMY	1/1/2008	\$301.43	3	NO
N	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
N	59020	FETAL CONTRACTION STRESS TEST	1/1/2008	\$47.58	3	NO
N	59025	FETAL NON-STRESS TEST	1/1/2008	\$31.45	3	NO
N	59030	FETAL SCALP BLOOD SAMPLING	1/1/2008	\$85.48	3	NO
N	59200	INSERTION OF CERVICAL DILATOR (E	1/1/2008	\$56.72	3	NO
N	59300	EPISIOTOMY OR VAGINAL REPAIR, BY	1/1/2008	\$138.70	3	NO
N	59400	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,903.87	3	NO
N	59409	VAGINAL DELIVERY ONLY WITH OR WI	1/1/2008	\$868.72	3	NO
N	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	1/1/2008	\$995.75	3	NO
N	59412	EXTERNAL CEPHALIC VERSION, WITH	1/1/2008	\$115.78	3	NO
N	59414	DELIVERY OF PLACENTA (SEPARATE P	1/1/2008	\$103.72	3	NO
N	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	1/1/2008	\$465.11	3	NO
N	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	1/1/2008	\$828.92	3	NO
N	59430	POSTPARTUM CARE ONLY (SEPARATE P	1/1/2008	\$153.56	3	NO
N	59514	CAESAREAN DELIVERY ONLY	1/1/2008	\$205.26	3	NO
N	59610	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,993.92	3	NO
N	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$974.05	3	NO
N	59614	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$1,084.19	3	NO
N	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2008	\$224.64	3	NO
N	59840	INDUCED ABORTION, BY DILATION AN	1/1/2008	\$156.17	3	NO
N	59841	INDUCED ABORTION, BY DILATION AN	1/1/2008	\$274.71	3	NO
N	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
N	60001	ASPIRATION AND/OR INJECTION, THY	1/1/2008	INVALID	N	NO
N	60210	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$96.07	3	NO
N	60212	PARTIAL THYROID LOBECTOMY, UNIAL	1/1/2008	\$138.27	3	NO
N	60271	THYROIDECTOMY, INC SUBSTERNAL TH	1/1/2008	\$147.46	3	NO
N	60512	PARATHYROID AUTOTRANSPLANTATION	1/1/2008	\$34.84	3	NO
N	60521	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$167.46	3	NO
N	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$201.76	3	NO
N	64435	INJECTION ANESTHETIC AGENT; PARA	1/1/2008	\$107.25	3	NO
N	64450	INJECTION ANESTHETIC AGENT; OTHE	1/1/2008	\$71.23	3	NO
N	69000	DRAINAGE EXTERNAL EAR ABSCESS OR	1/1/2008	\$119.08	3	NO
N	69020	DRAINAGE EXTERNAL AUDITORY CANAL	1/1/2008	\$149.99	3	NO
N	69200	REMOVAL FOREIGN BODY FROM EXTERN	1/1/2008	\$83.87	3	NO
N	69210	REMOVAL IMPACTED CERUMEN (SEPARA	1/1/2008	\$34.14	3	NO
N	69399	UNLISTED PROCEDURE EXTERNAL EAR	2/1/1994	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	69420	MYRINGOTOMY INCLUDING ASPIRATION	1/1/2008	\$123.38	3	NO
N	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR	10/1/2005	\$0.01	5	NO
N	90283	IMMUNE GLOBULIN (IGIV), HUMAN, F	10/1/2005	\$0.01	5	NO
N	90287	BOTULINUM ANTITOXIN, EQUINE, ANY	10/1/2005	\$0.01	5	NO
N	90288	BOTULISM IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
N	90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
N	90296	DIPHThERIA ANTITOXIN, EQUINE, AN	10/1/2005	\$0.01	5	NO
N	90371	HEPATITIS B IMMUNE GLOBULIN (HBI	4/1/2008	\$119.97	3	NO
N	90375	RABIES IMMUNE GLOBULIN (RIG), HU	4/1/2008	\$67.83	3	NO
N	90376	RABIES IMMUNE GLOBULIN, HEAT-TRE	4/1/2008	\$78.08	3	NO
N	90378	RESPIRATORY SYNCYTIAL VIRUS IMMU	1/1/2008	\$836.17	3	NO
N	90379	RESPIRATORY SYNCYTIAL VIRUS IMMU	11/1/2001	NC	9	NO
N	90384	RHO(D)IMMUNE GLOBULIN (RHIG)HUMA	7/1/2007	NC	9	NO
N	90385	RHO(D)IMMUNE GLOBULIN(RHIG)HUMAN	7/1/2007	NC	9	NO
N	90386	RHO(D)IMMUNE GLOBULIN(RHIGIV)HUM	7/1/2007	NC	9	NO
N	90389	TETANUS IMMUNE GLOBULIN (TIG), H	10/1/2005	\$0.01	5	NO
N	90393	VACCINIA IMMUNE GLOBULIN, HUMAN,	10/1/2005	\$0.01	5	NO
N	90396	VARICELLA-ZOSTER IMMUNE GLOBULIN	4/1/2006	\$0.01	5	NO
N	90399	UNLISTED IMMUNE GLOBULIN	10/1/2005	\$0.01	5	NO
N	90465	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$14.25	3	NO
N	90466	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$7.80	3	NO
N	90467	IMMUNIZATION ADMINISTRATION (INT	1/1/2008	\$9.41	3	NO
N	90468	IMMUNIZATION ADMINISTRATION (INT	1/1/2008	\$7.26	3	NO
N	90471	IMMUNIZATION ADMIN; ONE VACCINE	1/1/2008	\$14.25	3	NO
N	90472	IMMUNIZATION ADMIN; EACH ADDITIO	1/1/2008	\$7.80	3	NO
N	90473	IMMUNIZATION ADMIN. BY INTRANASA	1/1/2008	\$9.68	3	NO
N	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
N	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO
N	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
N	90585	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$116.90	3	NO
N	90586	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$113.75	3	NO
N	90632	HEPATITIS A VACCINE, ADULT DOSAG	4/1/2008	\$45.81	3	NO
N	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
N	90636	HEPATITIS A AND HEPATITIS B VACC	1/1/2008	\$102.46	3	NO
N	90645	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
N	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
N	90647	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
N	90648	HEMOPHILUS INFLUENZA B VACCINE (	1/1/2008	\$22.56	3	NO
N	90649	HUMAN PAPILOMA VIRUS (HPV) VACC	1/1/2008	\$124.32	3	NO
N	90656	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$18.00	3	NO
N	90658	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$13.70	3	NO
N	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
N	90660	INFLUENZA VIRUS VACCINE, LIVE, F	1/1/2008	\$22.03	3	NO
N	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
N	90675	RABIES VACCINE, FOR INTRMUSCULAR	4/1/2008	\$152.54	3	NO
N	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
N	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
N	90692	TYPHOID VACCINE, HEAT AND PHENOL	1/1/1999	NC	9	NO
N	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
N	90698	DIPHTHERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
N	90701	DIPHTHERIA, TETANUS TOXOIDS, AND	1/1/2007	NC	9	NO
N	90703	TETANUS TOXOID ADSORBED, FOR INT	4/1/2008	\$21.47	3	NO
N	90704	MUMPS VIRUS VACCINE, LIVE, FOR S	4/1/2008	\$21.91	3	NO
N	90705	MEASLES VIRUS VACCINE, LIVE, FOR	1/1/2008	\$16.76	3	NO
N	90706	RUBELLA VIRUS VACCINE, LIVE, FOR	4/1/2008	\$18.75	3	NO
N	90707	MEASLES, MUMPS AND RUBELLA VIRUS	4/1/2008	\$42.55	3	NO
N	90708	MEASLES AND RUBELLA VIRUS VACCIN	1/1/2008	\$24.76	3	NO
N	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
N	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	5/1/2000	NC	9	NO
N	90713	POLIOVIRUS VACCINE, INACTIVATED,	4/1/2008	\$25.71	3	NO
N	90714	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$19.97	3	NO
N	90715	TETANUS, DIPHTHERIA TOXOIDS AND	4/1/2008	\$35.13	3	NO
N	90716	VARICELLA VIRUS VACCINE, LIVE, F	4/1/2008	\$73.46	3	NO
N	90717	YELLOW FEVER VACCINE, LIVE, FOR	10/24/1989	NC	9	NO
N	90718	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$11.69	3	NO
N	90719	DIPHTHERIA TOXOID, FOR INTRAMUSC	1/1/2008	\$8.62	3	NO
N	90720	DIPHTHERIA, TETANUS TOXOIDS, WHO	1/1/2008	\$36.70	3	NO
N	90725	CHOLERA VACCINE FOR INJECTABLE U	10/24/1989	NC	9	NO
N	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
N	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	4/1/2008	\$32.70	3	NO
N	90733	MENINGOCOCCAL POLYSACCHARIDE VAC	4/1/2008	\$93.87	3	NO
N	90734	MENINGOCOCCAL CONJUGATE VACCINE,	1/1/2008	\$106.19	3	NO
N	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
N	90736	ZOSTER (SHINGLES) VACCINE, LIVE,	1/1/2008	\$197.49	3	NO
N	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$118.63	3	NO
N	90743	HEPATITIS B VACCINE, ADOLESCENT	4/1/2008	\$24.22	3	NO
N	90746	HEPATITIS B VACCINE, ADULT DOSAG	1/1/2008	\$59.32	3	NO
N	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$114.51	3	NO
N	90749	UNLISTED VACCINE/TOXOID	9/1/2004	\$0.01	5	NO
N	90760	INTRAVENOUS INFUSION, HYDRATION;	1/1/2008	\$44.08	3	NO
N	90761	INTRAVENOUS INFUSION, HYDRATION;	1/1/2008	\$13.71	3	NO
N	90765	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$53.76	3	NO
N	90766	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$17.74	3	NO
N	90767	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$28.76	3	NO
N	90768	INTRAVENOUS INFUSION, FOR THERAP	1/1/2008	\$16.67	3	NO
N	90772	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$14.25	3	NO
N	90774	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$41.13	3	NO
N	90775	THERAPEUTIC, PROPHYLACTIC OR DIA	1/1/2008	\$18.82	3	NO
N	90779	UNLISTED THERAPEUTIC, PROPHYLACT	1/1/2006	\$0.01	5	NO
N	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
N	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
N	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
N	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	1/1/2008	\$38.44	3	NO
N	90901	BIOFEEDBACK TRAINING BY ANY MODA	1/1/2008	\$27.96	3	NO
N	91105	GASTRIC INTUBATION, AND ASPIRATI	1/1/2008	\$64.78	3	NO
N	91299	UNLISTED DIAGNOSTIC GASTROENTERO	2/13/1989	\$0.01	5	NO
N	92551	SCREENING TEST PURE TONE AIR ONL	1/1/2008	\$6.99	3	NO
N	92552	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$13.71	3	NO
N	92553	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$19.62	3	NO
N	92555	SPEECH AUDIOMETRY THRESHOLD;	1/1/2008	\$11.29	3	NO
N	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	1/1/2008	\$16.67	3	NO
N	92557	COMPREHENSIVE AUDIOMETRY THRESHO	1/1/2008	\$35.75	3	NO
N	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
N	92560	BEKESY AUDIOMETRY; SCREENING	1/1/2008	\$15.44	3	NO
N	92567	TYMPANOMETRY (IMPEDANCE TESTING)	1/1/2008	\$15.32	3	NO
N	92586	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$50.53	3	NO
N	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	1/1/2008	\$38.71	3	NO
N	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	1/1/2008	\$53.22	3	NO
N	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
N	92950	CARDIOPULMONARY RESUSCITATION (E	1/1/2008	\$215.85	3	NO
N	92953	TEMPORARY TRANSCUTANEOUS PACING	1/1/2008	\$8.60	3	NO
N	92960	CARDIOVERSION ELECTIVE ELECTRICA	1/1/2008	\$219.07	3	NO
N	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	1/1/2008	\$18.01	3	NO
N	93005	ELECTROCARDIOGRAM TRACING ONLY W	1/1/2008	\$11.56	3	NO
N	93010	ELECTROCARDIOGRAM INTERPRETATION	1/1/2008	\$6.45	3	NO
N	93016	CARDIOVASCULAR STRESS TEST USING	1/1/2008	\$17.74	3	NO
N	93040	RHYTHM ECG, ONE TO THREE LEADS;	1/1/2008	\$10.21	3	NO
N	93041	RYTHM ECG ONE TO THREE LEADS; TR	1/1/2008	\$4.30	3	NO
N	93042	RHYTHM ECG ONE TO THREE LEADS; I	1/1/2008	\$5.91	3	NO
N	93501	RIGHT HEART CATHETERIZATION	1/1/2008	\$580.76	3	NO
N	93503	INSERTION AND PLACEMENT OF FLOW	1/1/2008	\$100.53	3	NO
N	93505	ENDOMYOCARDIAL BIOPSY	1/1/2008	\$220.58	3	NO
N	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$32.26	3	NO
N	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$51.88	3	NO
N	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$28.76	3	NO
N	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$25.80	3	NO
N	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$42.47	3	NO
N	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$25.80	3	NO
N	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
N	93741	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$50.00	3	NO
N	93742	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$55.10	3	NO
N	93743	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$60.48	3	NO
N	93744	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$65.86	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	93784	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$52.42	3	NO
N	93790	AMBULATORY BLOOD PRESSURE MONITO	1/1/2008	\$13.98	3	NO
N	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO
N	94010	SPIROMETRY INCLUDING GRAPHIC REC	1/1/2008	\$23.92	3	NO
N	94060	BRONCHODILATION RESPONSIVE, SPIR	1/1/2008	\$40.59	3	NO
N	94070	BRONCHOSPASM PROVOCATION EVAL, M	1/1/2008	\$42.74	3	NO
N	94150	VITAL CAPACITY TOTAL (SEPARATE P	1/1/2008	\$15.32	3	NO
N	94200	MAXIMUM BREATHING CAPACITY MAXIM	1/1/2008	\$15.86	3	NO
N	94375	RESPIRATORY FLOW VOLUME LOOP	1/1/2008	\$26.07	3	NO
N	94640	NONPRESSURIZED INHALATION TREATM	1/1/2008	\$9.14	3	NO
N	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
N	94664	DEMONSTRATION AND/OR EVALUATION	1/1/2008	\$9.95	3	NO
N	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
N	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$53.76	3	NO
N	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$66.93	3	NO
N	94690	OXYGEN UPTAKE, EXPIRED GAS ANALY	1/1/2008	\$50.27	3	NO
N	94760	NONINVASIVE EAR OR PULSE OXIMETR	1/1/2008	\$1.88	3	NO
N	94761	NONINVASIVE EAR/PULSE OXIMETRY F	1/1/2008	\$3.76	3	NO
N	94772	CIRCADIAN RESPIRATORY PATTERN RE	1/1/2008	\$187.03	3	NO
N	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
N	95027	INTRACUTANEOUS TESTS, SEQUENTIAL	1/1/2008	\$4.84	3	NO
N	95056	PHOTO TESTS	1/1/2008	\$11.83	3	NO
N	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	1/1/2008	\$12.36	3	NO
N	95065	DIRECT NASAL MUCOUS MEMBRANE TES	1/1/2008	\$8.60	3	NO
N	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	1/1/2008	\$9.95	3	NO
N	95117	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$12.36	3	NO
N	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
N	95831	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$19.62	3	NO
N	95832	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$17.47	3	NO
N	95833	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$27.96	3	NO
N	95834	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$33.33	3	NO
N	95851	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$13.71	3	NO
N	95852	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$9.95	3	NO
N	95974	ELECTRONIC ANALYSIS OF IMPLANTED	1/1/2008	\$129.29	3	NO
N	95999	UNLISTED NEUROLOGICAL OR NEUROMU	2/13/1989	\$0.01	5	NO
N	96150	HEALTH AND BEHAVIOR ASSESSMENT,	1/1/2008	\$18.55	3	NO
N	96151	HEALTH AND BEHAVIOR ASSESSMENT;	1/1/2008	\$18.02	3	NO
N	96152	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$17.21	3	NO
N	96153	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$4.03	3	NO
N	96154	HEALTH AND BEHAVIOR INTERVENTION	1/1/2008	\$16.94	3	NO
N	96400	CHEMOTHERAPY ADMINISTRATION; SUB	1/1/2006	INVALID	N	NO
N	96401	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$41.93	3	NO
N	96402	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$30.64	3	NO
N	96405	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$87.63	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	96406	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$105.10	3	NO
N	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96409	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$85.48	3	NO
N	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96411	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$49.46	3	NO
N	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	96413	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$118.54	3	NO
N	96414	CHEMO ADMIN, INTRAVEN; INFUSION	1/1/2006	INVALID	N	NO
N	96415	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$26.88	3	NO
N	96416	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$127.95	3	NO
N	96417	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$58.33	3	NO
N	96450	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$216.92	3	NO
N	96521	REFILLING AND MAINTENANCE OF POR	1/1/2008	\$104.03	3	NO
N	96522	REFILLING AND MAINT OF IMPLANTAB	1/1/2008	\$78.76	3	NO
N	96523	IRRIGATION OF IMPLANTED VENOUS A	1/1/2008	\$19.62	3	NO
N	96999	UNLISTED SPECIAL DERMATOLOGICAL	2/13/1989	\$0.01	5	NO
N	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO
N	97012	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.48	3	NO
N	97014	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.21	3	NO
N	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
N	97022	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$11.29	3	NO
N	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
N	97032	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$11.56	3	NO
N	97033	APPLICATION OF A MODALITY TO ON	4/1/2005	NC	9	NO
N	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
N	97036	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$17.20	3	NO
N	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
N	97110	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.16	3	NO
N	97112	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.97	3	NO
N	97116	THERAPEUTIC PROCEDURE, ONE OR MO	1/1/2008	\$17.74	3	NO
N	97124	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$16.13	3	NO
N	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
N	97140	MANUAL THERAPY TECHNIQUES, ONE O	1/1/2008	\$18.82	3	NO
N	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
N	97530	THERAPEUTIC ACTIVITIES, DIRECT P	1/1/2008	\$21.24	3	NO
N	97545	WORK HARDENING/CONDITIONING; INI	1/1/1993	NC	9	NO
N	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
N	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
N	97602	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$24.20	3	NO
N	97750	PHYSICAL PERFORMANCE TEST OR MEA	1/1/2008	\$21.24	3	NO
N	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
N	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
N	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
N	99050	SERVICES PROVIDED IN THE OFFICE	1/1/2008	\$12.13	3	NO
N	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
N	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
N	99058	SVCS PROVIDED ON AN EMERGENCY BA	1/1/2008	\$4.88	3	NO
N	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
N	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
N	99170	ANOGENITAL EXAMINATION WIT COLPO	1/1/2008	\$94.89	3	NO
N	99173	SCREENING TEST OF VISUAL ACUITY,	1/1/2008	\$1.88	3	NO
N	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	1/1/2008	\$26.88	3	NO
N	99199	UNLISTED SPECIAL SERVICE OR REPO	4/1/1982	\$0.01	5	NO
N	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	3	NO
N	99202	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$46.50	3	NO
N	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	3	NO
N	99204	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$105.37	3	NO
N	99205	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$132.52	3	NO
N	99211	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$14.78	3	NO
N	99212	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$27.42	3	NO
N	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	3	NO
N	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	3	NO
N	99215	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$91.93	3	NO
N	99217	OBSERVATION CARE DISCHARGE DAY M	1/1/2008	\$50.27	3	NO
N	99218	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$47.58	3	NO
N	99219	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$78.76	3	NO
N	99220	INITIAL OBSERVATION CARE, PER DA	1/1/2008	\$110.75	3	NO
N	99221	INITIAL HOSPITAL CARE, PER DAY,	1/1/2008	\$65.32	3	NO
N	99222	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$91.39	3	NO
N	99223	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$133.32	3	NO
N	99231	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$27.42	3	NO
N	99232	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$48.92	3	NO
N	99233	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$69.89	3	NO
N	99234	OBSERVATION OR INPATIENT HOSP CA	1/1/2008	\$95.69	3	NO
N	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$50.00	3	NO
N	99239	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$72.31	3	NO
N	99241	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$36.02	3	NO
N	99242	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$66.93	3	NO
N	99243	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$91.93	3	NO
N	99244	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$135.48	3	NO
N	99245	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$168.27	3	NO
N	99251	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$35.21	3	NO
N	99252	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$56.18	3	NO
N	99253	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$83.33	3	NO
N	99254	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$119.88	3	NO
N	99255	INITIAL IP CONS FOR NEW OR EST P	1/1/2008	\$149.18	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
N	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
N	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
N	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
N	99281	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$15.05	3	NO
N	99282	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$28.76	3	NO
N	99283	EMERGENCY DEPT VISIT FOR THE E/M	1/1/2008	\$46.50	3	NO
N	99284	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$85.21	3	NO
N	99285	EMER DEPT VISIT FOR E/M OF PT, W	1/1/2008	\$127.41	3	NO
N	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
N	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
N	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
N	99304	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$46.50	3	NO
N	99305	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$61.82	3	NO
N	99306	INITIAL NURSING FACILITY CARE, P	1/1/2008	\$76.07	3	NO
N	99307	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$24.19	3	NO
N	99308	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$40.05	3	NO
N	99309	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$56.18	3	NO
N	99310	SUBSEQUENT NURSING FACILITY CARE	1/1/2008	\$70.43	3	NO
N	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
N	99315	NURSING FACILITY DISCHARGE DAY M	1/1/2008	\$43.55	3	NO
N	99316	NURSING FACILITY DISCHARGE DAY M	1/1/2008	\$57.25	3	NO
N	99318	E & M OF A PATIENT INVOLVING AN	1/1/2008	\$46.50	3	NO
N	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99324	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$41.40	3	NO
N	99325	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$60.48	3	NO
N	99326	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$87.36	3	NO
N	99327	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$114.78	3	NO
N	99328	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$142.20	3	NO
N	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
N	99334	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$31.99	3	NO
N	99335	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$50.53	3	NO
N	99336	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$77.68	3	NO
N	99337	DOMICILIARY OR REST HOME VISIT F	1/1/2008	\$114.24	3	NO
N	99339	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO
N	99340	INDIVIDUAL PHYSICIAN SUPERVISION	1/1/2006	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	3	NO
N	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	3	NO
N	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	3	NO
N	99344	HOME VISIT FOR THE E/M OF A NEW	1/1/2008	\$115.05	3	NO
N	99345	HOME VISIT FOR THE E/M OF A NEW	1/1/2008	\$142.20	3	NO
N	99347	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$31.99	3	NO
N	99348	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$50.53	3	NO
N	99349	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$77.95	3	NO
N	99350	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$115.05	3	NO
N	99354	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.62	3	NO
N	99355	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.08	3	NO
N	99361	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
N	99362	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
N	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
N	99372	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
N	99373	PHONE CALL BY PHYS TO PT OR CONS	1/1/2008	INVALID	N	NO
N	99381	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$70.16	3	NO
N	99382	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$75.80	3	NO
N	99383	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$74.73	3	NO
N	99384	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	3	NO
N	99385	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	3	NO
N	99386	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$95.16	3	NO
N	99387	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$103.49	3	NO
N	99391	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$54.84	3	NO
N	99392	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$61.29	3	NO
N	99393	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$60.75	3	NO
N	99394	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$66.93	3	NO
N	99395	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$67.47	3	NO
N	99396	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$74.46	3	NO
N	99397	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$82.52	3	NO
N	99401	PREVENTIVE MEDICINE COUNSELING A	1/1/2008	\$28.22	3	NO
N	99402	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$47.58	3	NO
N	99403	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$66.12	3	NO
N	99404	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$85.21	3	NO
N	99429	UNLISTED PREVENTIVE MEDICINE SER	2/1/1994	\$0.01	5	NO
N	99431	HISTORY AND EXAM OF NORMAL NEWBO	1/1/2008	\$42.20	3	NO
N	99432	NORMAL NEWBORN CARE IN OTHER THA	1/1/2008	\$61.29	3	NO
N	99433	SUBSEQUENT HOSP CARE, FOR THE E/	1/1/2008	\$22.31	3	NO
N	99435	HISTORY AND EXAMINATION OF THE N	1/1/2008	\$56.99	3	NO
N	99436	ATTENDANCE AT DELIVERY (WHEN REQ	1/1/2008	\$53.76	3	NO
N	99440	NEWBORN RESUSCITATION; PROVISION	1/1/2008	\$105.37	3	NO
N	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
N	A4214	STERILE SALINE OR WATER, 30CC VI	4/1/2004	INVALID	N	NO
N	A4260	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	INVALID	N	NO
N	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	4/1/2008	\$82.97	3	NO
N	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	4/1/2008	\$20.47	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	A4310	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$6.26	3	NO
N	A4311	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$12.04	3	NO
N	A4312	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$14.64	3	NO
N	A4313	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$15.03	3	NO
N	A4314	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$20.53	3	NO
N	A4315	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$21.42	3	NO
N	A4316	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$23.05	3	NO
N	A4320	IRRIGATION TRAY WITH BULB OR PIS	4/1/2008	\$5.09	3	NO
N	A4322	IRRIGATION SYRINGE, BULB OR PIST	4/1/2008	\$2.62	3	NO
N	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
N	A4326	MALE EXTERNAL CATHETER WITH INTE	4/1/2008	\$9.90	3	NO
N	A4327	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$42.61	3	NO
N	A4328	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$9.44	3	NO
N	A4329	EXTERNAL CATHETER STARTER SET, M	4/1/2002	INVALID	N	NO
N	A4330	PERIANAL FECAL COLLECTION POUCH	4/1/2008	\$6.62	3	NO
N	A4335	INCONTINENCE SUPPLY; MISCELLANEO	4/1/2008	\$0.96	3	NO
N	A4338	INDWELLING CATHETER; FOLEY TYPE;	4/1/2008	\$11.71	3	NO
N	A4340	INDWELLING CATHETER; SPECIALTY T	4/1/2008	\$30.32	3	NO
N	A4344	INDWELLING CATHETER, FOLEY TYPE,	4/1/2008	\$15.30	3	NO
N	A4346	INDWELLING CATHETER; FOLEY TYPE,	4/1/2008	\$18.71	3	NO
N	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
N	A4351	INTERMITTENT URINARY CATHETER; S	4/1/2008	\$1.73	3	NO
N	A4352	INTERMITTENT URINARY CATHETER; C	4/1/2008	\$6.13	3	NO
N	A4354	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$9.58	3	NO
N	A4355	IRRIGATION TUBING SET FOR CONTIN	4/1/2008	\$8.51	3	NO
N	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	4/1/2008	\$40.51	3	NO
N	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	4/1/2008	\$9.70	3	NO
N	A4358	URINARY DRAINAGE BAG, LEG OR ABD	4/1/2008	\$5.59	3	NO
N	A4359	URINARY SUSPENSORY WITHOUT LEG B	1/1/2007	INVALID	N	NO
N	A4361	OSTOMY FACEPLATE, EACH	4/1/2008	\$18.37	3	NO
N	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	4/1/2008	\$2.94	3	NO
N	A4367	OSTOMY BELT, EACH	4/1/2008	\$7.35	3	NO
N	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4/1/2008	\$4.07	3	NO
N	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	4/1/2008	\$13.81	3	NO
N	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	4/1/2008	\$12.26	3	NO
N	A4400	OSTOMY IRRIGATION SET	4/1/2005	NC	9	NO
N	A4402	LUBRICANT, PER OUNCE	4/1/2008	\$1.60	3	NO
N	A4404	OSTOMY RING, EACH	4/1/2008	\$1.44	3	NO
N	A4421	OSTOMY SUPPLY; MISCELLANEOUS	4/1/2008	\$96.20	3	NO
N	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
N	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
N	A4465	NONELASTIC BINDER FOR EXREMITY	4/1/2008	\$20.81	3	NO
N	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
N	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
N	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
N	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
N	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
N	A4550	SURGICAL TRAYS	4/1/2008	\$26.01	3	NO
N	A4554	DISPOSABLE UNDERPADS, ALL SIZES,	1/1/2005	NC	9	NO
N	A4565	SLINGS	4/1/2008	\$10.41	3	NO
N	A4570	SPLINT	7/1/2002	NC	9	NO
N	A4572	RIB BELT	7/1/2003	INVALID	N	NO
N	A4580	CAST SUPPLIES (EG; PLASTER)	7/1/2002	NC	9	NO
N	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
N	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
N	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
N	A4649	SURGICAL SUPPLY; MISCELLANEOUS	12/20/2004	\$0.01	5	NO
N	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
N	A4750	BLOOD TUBING, ARTERIAL OR VENOUS	1/1/2004	NC	9	NO
N	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	4/1/2008	\$1.98	3	NO
N	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2008	\$1.42	3	NO
N	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.66	3	NO
N	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.71	3	NO
N	A5055	STOMA CAP	4/1/2008	\$1.38	3	NO
N	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	4/1/2008	\$2.00	3	NO
N	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.58	3	NO
N	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
N	A5071	OSTOMY POUCH, URINARY; WITH BARR	4/1/2008	\$5.74	3	NO
N	A5072	OSTOMY POUCH, URINARY; WITHOUT B	4/1/2008	\$3.34	3	NO
N	A5073	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.04	3	NO
N	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
N	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
N	A5081	CONTINENT DEVICE; PLUG FOR CONTI	4/1/2008	\$2.68	3	NO
N	A5082	CONTINENT DEVICE; CATHETER FOR C	4/1/2008	\$9.69	3	NO
N	A5093	OSTOMY ACCESSORY; CONVEX INSERT	4/1/2008	\$1.59	3	NO
N	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	4/1/2008	\$21.56	3	NO
N	A5105	URINARY SUSPENSORY WITH LEG BAG,	4/1/2008	\$33.09	3	NO
N	A5112	URINARY LEG BAG; LATEX	4/1/2008	\$33.06	3	NO
N	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
N	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
N	B4081	NASOGASTRIC TUBING WITH SYLET	1/1/2008	\$20.49	3	NO
N	B4082	NASOGASTRIC TUBING WITHOUT STYLE	1/1/2008	\$15.26	3	NO
N	B4083	STOMACH TUBE - LEVINE TYPE	1/1/2008	\$2.33	3	NO
N	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING	4/1/2002	INVALID	N	NO
N	D1203	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
N	D1204	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
N	D1206	TOPICAL FLUORIDE VARNISH; THERAP	1/1/2008	\$13.19	3	NO
N	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$19.79	3	NO
N	E0105	CANE, QUAD OR THREE-PRONG, INCLU	4/1/2008	\$46.53	3	NO
N	E0110	CRUTCHES, FOREARM, INC CRUTCHES	4/1/2008	\$74.10	3	NO
N	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	4/1/2008	\$50.86	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$35.34	3	NO
N	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$20.18	3	NO
N	E0114	CRUTCHES, UNDERARM, OTHER THAN W	4/1/2008	\$45.07	3	NO
N	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$26.49	3	NO
N	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$8.11	3	NO
N	E0602	BREAST PUMP, MANUAL, ANY TYPE	4/1/2008	\$23.60	3	NO
N	E1399	DURABLE MEDICAL EQUIPMENT, MISCE	11/1/2001	\$0.01	5	NO
N	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
N	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
N	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
N	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
N	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
N	G0101	CERVICAL OR VAGINAL CANCER SCREE	1/1/2008	\$26.34	3	NO
N	G0104	COLORECTAL CANCER SCREENING; FLE	1/1/2008	\$90.59	3	NO
N	G0108	DIABETES OUTPATIENT SELF-MANAGEM	1/1/2008	\$20.97	3	NO
N	G0109	DIABETES OUTPATIENT SELF-MANAGEM	12/20/2004	NC	9	NO
N	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
N	G0124	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$17.47	3	NO
N	G0127	TRIMMING OF DYSTROPHIC NAILS, AN	1/1/1999	NC	9	NO
N	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
N	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
N	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
N	G0348	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
N	G0349	ADDITIONAL SEQUENTIAL INFUSION,	1/1/2006	INVALID	N	NO
N	G0350	CONCURRENT INFUSIN REPORT ONLY O	1/1/2006	INVALID	N	NO
N	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
N	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
N	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
N	G0355	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
N	G0356	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO
N	G0357	INTRAVENOUS, PUSH TECHNIQUE, SIN	1/1/2006	INVALID	N	NO
N	G0358	INTRAVENOUS, PUSH TECHNIQUE, EAC	1/1/2006	INVALID	N	NO
N	G0359	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	G0360	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
N	G0361	INITIATION OF PROLONGED CHEMOTHE	1/1/2006	INVALID	N	NO
N	G0362	EACH ADDITIONAL SEQUENTIAL INFUS	1/1/2006	INVALID	N	NO
N	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
N	G0364	BONE MARROW ASPIRATION PERFORMED	1/1/2008	\$9.41	3	NO
N	G0375	SMOKING AND TOBACCO USE CESSATIO	1/1/2008	INVALID	N	NO
N	G0376	SMOKING AND TOBACCO USE CESSATIO	1/1/2008	INVALID	N	NO
N	G9001	COORDINATED CARE FEE (MCM INITIA	1/1/2008	\$23.76	3	NO
N	G9002	COORDINATED CARE FEE (MCM FULL C	1/1/2008	\$72.52	3	NO
N	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
N	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
N	G9005	COORDINATED CARE FEE, (MCM FULL-	1/1/2008	\$124.32	3	NO
N	G9006	COORDINATED CARE FEE (MCM-HOME/E	1/1/2008	\$41.44	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
N	G9009	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$36.26	3	NO
N	G9010	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$62.16	3	NO
N	G9011	COORDINATED CARE FEE (MCM-TELEPH	1/1/2008	\$10.36	3	NO
N	G9012	COORDINATED CARE FEE (MCM-CASE M	1/1/2008	\$41.44	3	NO
N	G9016	SMOKING CESSATION COUNSELING, IN	1/1/2008	\$10.36	3	NO
N	J0120	INJECTION, TETRACYCLINE, UP TO 2	2/13/2006	\$0.01	5	NO
N	J0130	INJECTION ABCISIMAB, 10 MG (REOP	4/1/2008	\$423.05	3	NO
N	J0150	INJECTION, ADENOSINE FOR THERAPE	4/1/2008	\$12.85	3	NO
N	J0151	INJECTION, ADENOSINE, 90 MG (NOT	4/1/2004	INVALID	N	NO
N	J0170	INJECTION, ADRENALIN, EPINEPHRIN	4/1/2008	\$0.69	3	NO
N	J0190	INJECTION, BIPERIDEN LACTATE, PE	10/25/2006	NC	9	NO
N	J0205	INJECTION, ALGLUCERASE, PER 10 U	4/1/2008	\$39.67	3	NO
N	J0207	INJECTION, AMIFOSTINE, 500 MG (E	4/1/2008	\$511.22	3	NO
N	J0210	INJECTION, METHYLDOPATE HCL, UP	4/1/2008	\$15.19	3	NO
N	J0256	INJECTION, ALPHA 1-PROTEINASE IN	4/1/2008	\$3.66	3	NO
N	J0270	INJECTION, ALPROSTADIL, PER 1.25	4/1/2008	\$0.60	3	NO
N	J0280	INJECTION, AMINOPHYLLIN, UP TO 2	4/1/2008	\$0.37	3	NO
N	J0285	INJECTION, AMPHOTERICIN B, 50 MG	4/1/2008	\$11.98	3	NO
N	J0286	INJECTION, AMPHOTERICIN B, ANY L	7/1/2003	INVALID	N	NO
N	J0290	INJECTION, AMPICILLIN, UP TO 500	4/1/2008	\$2.25	3	NO
N	J0295	INJECTION, AMPICILLIN SODIUM/SUL	4/1/2008	\$4.40	3	NO
N	J0300	INJECTION, AMOBARBITAL, UP TO 12	4/1/2008	\$11.96	3	NO
N	J0330	INJECTION, SUCCINYLMCHOLINE CHLOR	4/1/2008	\$0.17	3	NO
N	J0340	INJECTION, NANDROLONE PHENPROPIO	4/1/2002	INVALID	N	NO
N	J0350	INJECTION, ANISTREPLASE, PER 30	7/1/2006	\$2,268.46	3	NO
N	J0360	INJECTION, HYDRALAZINE HCL, UP T	4/1/2008	\$6.07	3	NO
N	J0380	INJECTION, METARAMINOL BITARTRAT	10/15/2003	\$1.33	3	NO
N	J0390	INJECTION, CHLOROQUINE HCL, UP T	2/13/2006	\$0.01	5	NO
N	J0395	INJECTION, ARBUTAMINE HCL, 1 MG	2/13/2006	\$0.01	5	NO
N	J0460	INJECTION, ATROPINE SULFATE, UP	4/1/2008	\$0.33	3	NO
N	J0470	INJECTION, DIMERCAPROL, PER 100	4/1/2008	\$26.67	3	NO
N	J0475	INJECTION, BACLOFEN, 10 MG (LIOR	4/1/2008	\$190.85	3	NO
N	J0476	INJECTION, BACLOFEN, 50 MCG FOR	4/1/2008	\$69.76	3	NO
N	J0500	INJECTION, DICYCLOMINE HCL, UP T	4/1/2008	\$11.92	3	NO
N	J0510	INJECTION, BENZQUINAMIDE HCL, UP	4/1/2002	INVALID	N	NO
N	J0515	INJECTION, BENZTROPINE MESYLATE,	4/1/2008	\$24.06	3	NO
N	J0520	INJECTION, BETHANECHOL CHLORIDE,	2/13/2006	\$0.01	5	NO
N	J0530	INJECTION, PENICILLIN G BENZATHI	1/1/2008	\$14.75	3	NO
N	J0540	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
N	J0550	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$32.90	3	NO
N	J0560	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$23.32	3	NO
N	J0570	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$40.75	3	NO
N	J0580	INJECTION, PENICILLIN G BENZATHI	4/1/2008	\$46.07	3	NO
N	J0585	BOTULINUM TOXIN TYPE A, PER UNIT	4/1/2008	\$5.22	3	NO
N	J0590	INJECTION, ETHYLNOREPINEPHRINE H	4/1/2002	INVALID	N	NO
N	J0600	INJECTION, EDETATE CALCIUM DISOD	4/1/2008	\$50.23	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J0610	INJECTION, CALCIUM GLUCONATE, PE	4/1/2008	\$0.36	3	NO
N	J0620	INJECTION, CALCIUM GLYCEROPHOSPH	11/1/2006	\$13.70	3	NO
N	J0630	INJECTION, CALCITONIN-SALMON, UP	4/1/2008	\$44.57	3	NO
N	J0635	INJECTION, CALCITRIOL, 1 MCG AMP	7/1/2003	INVALID	N	NO
N	J0640	INJECTION, LEUCOVORIN CALCIUM, P	4/1/2008	\$0.78	3	NO
N	J0670	INJECTION, MEPIVACAINE HCL, PER	4/1/2008	\$1.15	3	NO
N	J0690	INJECTION, CEFAZOLIN SODIUM, UP	4/1/2008	\$0.66	3	NO
N	J0694	INJECTION, CEFOXITIN SODIUM, 1 G	4/1/2008	\$8.19	3	NO
N	J0695	INJECTION, CEFONICID SODIUM, 1 G	4/1/2002	INVALID	N	NO
N	J0696	INJECTION, CEFTRIAZONE SODIUM, P	4/1/2008	\$1.48	3	NO
N	J0698	CEFOTAXIME SODIUM, PER G (CLAFOR	4/1/2008	\$4.29	3	NO
N	J0702	INJECTION, BETAMETHASONE ACETATE	4/1/2008	\$5.75	3	NO
N	J0704	INJECTION, BETAMETHASONE SODIUM	7/1/2006	\$1.13	3	NO
N	J0710	INJECTION, CEPHAPIRIN SODIUM, UP	2/13/2006	\$0.01	5	NO
N	J0713	INJECTION, CEFTAZIDIME, PER 500	4/1/2008	\$3.47	3	NO
N	J0715	INJECTION, CEFTIZOXIME SODIUM, P	4/1/2008	\$5.24	3	NO
N	J0720	INJECTION, CHLORAMPHENICOL SODIU	4/1/2008	\$18.38	3	NO
N	J0725	INJECTION, CHORIONIC GONADOTROPI	4/1/2008	\$3.37	3	NO
N	J0730	INJECTION, CHLORPHENIRAMINE MALE	4/1/2002	INVALID	N	NO
N	J0735	INJECTION, CLONIDINE HCL, 1 MG (	4/1/2008	\$56.00	3	NO
N	J0743	INJECTION, CILASTATIN SODIUM IMI	4/1/2008	\$14.28	3	NO
N	J0745	INJECTION, CODEINE PHOSPHATE, PE	4/1/2008	\$1.27	3	NO
N	J0760	INJECTION, COLCHICINE, PER 1 MG	4/1/2008	\$5.00	3	NO
N	J0770	INJECTION, COLISTIMETHATE SODIUM	4/1/2008	\$19.88	3	NO
N	J0780	INJECTION, PROCHLORPERAZINE, UP	4/1/2008	\$1.16	3	NO
N	J0800	INJECTION, CORTICOTROPIN, UP TO	4/1/2008	\$2,355.52	3	NO
N	J0810	INJECTION, CORTISONE ACETATE, UP	4/1/2002	INVALID	N	NO
N	J0835	INJECTION, COSYNTROPIN, PER 0.25	4/1/2008	\$65.60	3	NO
N	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	10/1/2007	\$878.83	3	NO
N	J0880	INJECTION, DARBEPOETIN ALFA, 5 M	1/1/2006	INVALID	N	NO
N	J0881	INJECTION, DARBEPOETIN ALFA, 1 M	4/1/2008	\$2.77	3	NO
N	J0882	INJECTION, DARBEPOETIN ALFA, 1 M	4/1/2008	\$2.77	3	NO
N	J0885	INJECTION, EPOETIN ALFA, (FOR NO	4/1/2008	\$9.07	3	NO
N	J0895	INJECTION, DEFEROXAMINE MESYLATE	4/1/2008	\$12.31	3	NO
N	J0900	INJECTION, TESTOSTERONE ENANTHAT	7/1/2006	\$1.38	3	NO
N	J0945	INJECTION, BROMPHENIRAMINE MALEA	7/1/2007	INVALID	N	NO
N	J0970	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$34.43	3	NO
N	J1000	INJECTION, DEPO-ESTRADIOL CYPION	4/1/2008	\$6.18	3	NO
N	J1020	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$2.41	3	NO
N	J1030	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$4.47	3	NO
N	J1040	INJECTION, METHYLPREDNISOLONE AC	4/1/2008	\$9.41	3	NO
N	J1050	INJECTION, MEDROXYPROGESTERONE A	7/1/2003	INVALID	N	NO
N	J1055	INJECTION, MEDROXYPROGESTERONE A	1/23/2006	\$65.54	3	NO
N	J1056	INJECTION, MEDROXYPROGESTERONE A	7/2/2006	NC	9	NO
N	J1060	INJECTION, TESTOSTERONE CYPIONAT	7/1/2006	\$4.14	3	NO
N	J1070	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$4.82	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J1080	INJECTION, TESTOSTERONE CYPIONAT	4/1/2008	\$6.96	3	NO
N	J1090	INJECTION, TESTOSTERONE CYPIONAT	4/1/2002	INVALID	N	NO
N	J1095	INJECTION, DEXAMEHTASONE ACETATE	7/1/2003	INVALID	N	NO
N	J1100	INJECTION, DEXAMETHASONE SODIUM	4/1/2008	\$0.08	3	NO
N	J1110	INJECTION, DIHYDROERGOTAMINE MES	4/1/2008	\$24.50	3	NO
N	J1120	INJECTION, ACETAZOLAMIDE SODIUM,	4/1/2008	\$16.68	3	NO
N	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	4/1/2008	\$1.18	3	NO
N	J1165	INJECTION, PHENYTOIN SODIUM, PER	4/1/2008	\$0.45	3	NO
N	J1170	INJECTION, HYDROMORPHONE HCL, UP	4/1/2008	\$1.28	3	NO
N	J1180	INJECTION, DYPHYLLINE, UP TO 500	7/1/2006	\$8.05	3	NO
N	J1190	INJECTION, DEXRAZOXANE HCL, PER	4/1/2008	\$180.94	3	NO
N	J1200	INJECTION, DIPHENHYDRAMINE HCL,	4/1/2008	\$0.75	3	NO
N	J1205	INJECTION, CHLOROTHIAZIDE SODIUM	4/1/2008	\$165.12	3	NO
N	J1212	INJECTION, DMSO, DIMETHYL SULFOX	4/1/2008	\$50.49	3	NO
N	J1230	INJECTION, METHADONE HCL, UP TO	4/1/2008	\$2.95	3	NO
N	J1240	INJECTION, DIMENHYDRINATE, UP TO	4/1/2008	\$3.12	3	NO
N	J1245	INJECTION, DIPYRIDAMOLE, PER 10	4/1/2008	\$0.73	3	NO
N	J1250	INJECTION, DOBUTAMINE HCL, PER 2	4/1/2008	\$5.14	3	NO
N	J1320	INJECTION, AMITRIPTYLINE HCL, UP	7/1/2006	\$2.24	3	NO
N	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	4/1/2008	\$14.36	3	NO
N	J1330	INJECTION, ERGONOVINE MALEATE, U	2/13/2006	\$0.01	5	NO
N	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
N	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	4/1/2008	\$6.76	3	NO
N	J1380	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$8.61	3	NO
N	J1390	INJECTION, ESTRADIOL VALERATE, U	4/1/2008	\$17.22	3	NO
N	J1410	INJECTION, ESTROGEN CONJUGATED,	4/1/2008	\$71.25	3	NO
N	J1435	INJECTION, ESTRONE, PER 1 MG(EST	7/1/2007	INVALID	N	NO
N	J1440	INJECTION, FILGRASTIM (G-CSF), 3	4/1/2008	\$199.24	3	NO
N	J1441	INJECTION, FILGRASTIM (G-CSF), 4	4/1/2008	\$306.63	3	NO
N	J1455	INJECTION, FOSCARNET SODIUM, PER	4/1/2008	\$10.38	3	NO
N	J1460	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$11.55	3	NO
N	J1470	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$23.11	3	NO
N	J1480	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$34.66	3	NO
N	J1490	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$46.21	3	NO
N	J1500	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$57.77	3	NO
N	J1510	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$69.33	3	NO
N	J1520	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$80.83	3	NO
N	J1530	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$92.42	3	NO
N	J1540	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$104.01	3	NO
N	J1550	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$115.53	3	NO
N	J1560	INJECTION, GAMMA GLOBULIN, INTRA	4/1/2008	\$115.53	3	NO
N	J1565	INJECTION, RESPIRATORY SYNCYTIAL	7/1/2006	\$16.18	3	NO
N	J1570	INJECTION, GANCICLOVIR SODIUM, 5	4/1/2008	\$43.85	3	NO
N	J1580	INJECTION, GARAMYCIN, GENTAMICIN	4/1/2008	\$1.04	3	NO
N	J1600	INJECTION, GOLD SODIUM THIOMALAT	4/1/2008	\$7.84	3	NO
N	J1610	INJECTION, GLUCAGON HYDROCHLORID	4/1/2008	\$68.66	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J1620	INJECTION, GONADORELIN HYDROCHLO	1/1/2007	\$180.30	3	NO
N	J1626	INJECTION, GRANISETRON HYDROCHLO	4/1/2008	\$4.96	3	NO
N	J1630	INJECTION, HALOPERIDOL, UP TO 5	4/1/2008	\$1.73	3	NO
N	J1631	INJECTION, HALOPERIDOL DECANOATE	4/1/2008	\$2.41	3	NO
N	J1642	INJECTION, HEPARIN SODIUM, (HEPA	4/1/2008	\$0.02	3	NO
N	J1644	INJECTION, HEPARIN SODIUM, PER 1	4/1/2008	\$0.07	3	NO
N	J1645	INJECTION, DALTEPARIN SODIUM, PE	4/1/2008	\$10.79	3	NO
N	J1650	INJECTION, ENOXAPARIN SODIUM, 10	4/1/2008	\$5.90	3	NO
N	J1670	INJECTION, TETANUS IMMUNE GLOBUL	4/1/2008	\$99.75	3	NO
N	J1690	INJECTION, PREDNISOLONE TEBUTATE	4/1/2002	INVALID	N	NO
N	J1700	INJECTION, HYDROCORTISONE ACETAT	4/1/2003	\$0.24	3	NO
N	J1710	INJECTION, HYDROCORTISONE SODIUM	2/13/2006	\$0.01	5	NO
N	J1720	INJECTION, HYDROCORTISONE SODIUM	4/1/2008	\$2.23	3	NO
N	J1730	INJECTION, DIAZOXIDE, UP TO 300	1/1/2007	\$111.85	3	NO
N	J1739	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
N	J1741	INJECTION, HYDROXYPROGESTERONE C	4/1/2002	INVALID	N	NO
N	J1742	INJECTION, IBUTILIDE FUMARATE, 1	4/1/2008	\$323.30	3	NO
N	J1743	INJECTION, IDURSULFASE, 1 MG	4/1/2008	\$0.01	5	NO
N	J1750	INJECTION, IRON DEXTRAN, 50 MG (	1/1/2006	INVALID	N	NO
N	J1785	INJECTION, IMIGLUCERASE, PER UNI	4/1/2008	\$4.00	3	NO
N	J1790	INJECTION, DROPERIDOL, UP TO 5 M	4/1/2008	\$1.32	3	NO
N	J1800	INJECTION, PROPRANOLOL HCL, UP T	4/1/2008	\$3.18	3	NO
N	J1810	INJECTION, DROPERIDOL AND FENTAN	7/1/2006	\$5.58	3	NO
N	J1820	INJECTION, INSULIN, UP TO 100 UN	7/1/2003	INVALID	N	NO
N	J1825	INJECTION, INTERFERON BETA-1A, 3	11/1/2006	\$435.47	3	NO
N	J1830	INTERFERON BETA-1B, PER 0.25 MG	4/1/2008	\$116.62	3	NO
N	J1840	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$5.09	3	NO
N	J1850	INJECTION, KANAMYCIN SULFATE, UP	4/1/2008	\$0.76	3	NO
N	J1885	INJECTION, KETOROLAC TROMETHAMIN	4/1/2008	\$0.34	3	NO
N	J1890	INJECTION, CEPHALOTHIN SODIUM, U	7/11/2005	\$0.01	5	NO
N	J1910	INJECTION, KUTAPRESSIN, UP TO 2	4/1/2004	INVALID	N	NO
N	J1930	INJECTION, PROPIOMAZINE, UP TO 2	4/1/2002	INVALID	N	NO
N	J1940	INJECTION, FUROSEMIDE, UP TO 20	4/1/2008	\$0.19	3	NO
N	J1950	INJECTION, LEUPROLIDE ACETATE (F	4/1/2008	\$441.65	3	NO
N	J1955	INJECTION, LEVOCARNITINE, PER 1	4/1/2008	\$5.88	3	NO
N	J1956	INJECTION, LEVOFLOXACIN, 250 MG	4/1/2008	\$5.87	3	NO
N	J1960	INJECTION, LEVORPHANOL TARTRATE,	1/30/2006	\$4.54	3	NO
N	J1970	INJECTION, METHOTRIMEPRAZINE, UP	4/1/2002	INVALID	N	NO
N	J1980	INJECTION, HYOSCYAMINE SULFATE,	4/1/2008	\$9.29	3	NO
N	J1990	INJECTION, CHLORDIAZEPOXIDE HCL,	7/1/2006	\$21.05	3	NO
N	J2000	INJECTION, LIDOCAINE HCL, 50 CC	4/1/2004	INVALID	N	NO
N	J2010	INJECTION, LINCOMYCIN HCL, UP TO	4/1/2008	\$4.26	3	NO
N	J2060	INJECTION, LORAZEPAM, 2 MG (ATIV	4/1/2008	\$0.64	3	NO
N	J2150	INJECTION, MANNITOL, 25% IN 50 M	4/1/2008	\$0.86	3	NO
N	J2175	INJECTION, MEPERIDINE HCL, PER 1	4/1/2008	\$1.52	3	NO
N	J2180	INJECTION, MEPERIDINE AND PROMET	7/1/2006	\$3.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J2210	INJECTION, METHYLERGONOVINE MALE	10/1/2007	\$5.04	3	NO
N	J2240	INJECTION, METOCURINE IODIDE, UP	4/1/2002	INVALID	N	NO
N	J2250	INJECTION, MIDAZOLAM HCL, PER 1	4/1/2008	\$0.15	3	NO
N	J2260	INJECTION, MILRINONE LACTATE, 5	4/1/2008	\$4.55	3	NO
N	J2270	INJECTION, MORPHINE SULFATE, UP	4/1/2008	\$1.79	3	NO
N	J2271	INJECTION, MORPHINE SULFATE, 100	4/1/2008	\$3.72	3	NO
N	J2275	INJECTION, MORPHINE SULFATE (PRE	4/1/2008	\$2.39	3	NO
N	J2300	INJECTION, NALBUPHINE HCL, PER 1	4/1/2008	\$0.96	3	NO
N	J2310	INJECTION, NALOXONE HCL, PER 1 M	4/1/2008	\$3.16	3	NO
N	J2320	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$4.76	3	NO
N	J2321	INJECTION, NANDROLONE DECANOATE,	1/1/2008	\$7.13	3	NO
N	J2322	INJECTION, NANDROLONE DECANOATE,	4/1/2008	\$19.03	3	NO
N	J2330	INJECTION, THIOTHIXENE, UP TO 4	4/1/2002	INVALID	N	NO
N	J2350	INJECTION, NIACINAMIDE, NIACIN,	4/1/2002	INVALID	N	NO
N	J2355	INJECTION, OPRELVEKIN, 5 MG (NEU	4/1/2008	\$246.98	3	NO
N	J2360	INJECTION, ORPHENADRINE CITRATE,	4/1/2008	\$9.02	3	NO
N	J2370	INJECTION, PHENYLEPHRINE HCL, UP	4/1/2008	\$0.70	3	NO
N	J2400	INJECTION, CHLOROPROCAINE HCL, P	4/1/2008	\$12.72	3	NO
N	J2405	INJECTION, ONDANSETRON HCL, PER	4/1/2008	\$0.22	3	NO
N	J2410	INJECTION, OXYMORPHONE HCL, UP T	4/1/2008	\$2.51	3	NO
N	J2430	INJECTION, PAMIDRONATE DISODIUM,	4/1/2008	\$28.33	3	NO
N	J2440	INJECTION, PAPAVERINE HCL, UP TO	4/1/2008	\$0.57	3	NO
N	J2460	INJECTION, OXYTETRACYCLINE HCL,	7/1/2007	INVALID	N	NO
N	J2469	INJECTION, PALONOSETRON HCL, 25	4/1/2008	\$17.22	3	NO
N	J2480	INJECTION, HYDROCHLORIDES OF OPI	4/1/2002	INVALID	N	NO
N	J2505	INJECTION, PEGFILGRASTIM, 6 MG (	4/1/2008	\$2,200.10	3	NO
N	J2510	INJECTION, PENICILLIN G PROCAINE	4/1/2008	\$10.29	3	NO
N	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
N	J2515	INJECTION, PENTOBARBITAL SODIUM,	4/1/2008	\$7.61	3	NO
N	J2540	INJECTION, PENICILLIN G POTASSIU	4/1/2008	\$0.94	3	NO
N	J2543	INJECTION, PIPERACILLIN SODIUM/T	4/1/2008	\$5.15	3	NO
N	J2545	PENTAMIDINE ISETHIONATE, INHAL S	4/1/2008	\$54.31	3	NO
N	J2550	INJECTION, PROMETHAZINE HCL, UP	4/1/2008	\$1.37	3	NO
N	J2560	INJECTION, PHENOBARBITAL SODIUM,	4/1/2008	\$3.00	3	NO
N	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	4/1/2008	\$2.05	3	NO
N	J2597	INJECTION, DESMOPRESSIN ACETATE,	4/1/2008	\$1.87	3	NO
N	J2640	INJECTION, PREDNISOLONE SODIUM P	4/1/2002	INVALID	N	NO
N	J2650	INJECTION, PREDNISOLONE ACETATE,	4/1/2007	\$0.17	3	NO
N	J2670	INJECTION, TOLAZOLINE HCL, UP TO	7/1/2005	\$0.01	5	NO
N	J2675	INJECTION, PROGESTERONE, PER 50	4/1/2008	\$1.51	3	NO
N	J2680	INJECTION, FLUPHENAZINE DECANOAT	4/1/2008	\$2.37	3	NO
N	J2690	INJECTION, PROCAINAMIDE HCL, UP	1/1/2008	\$2.65	3	NO
N	J2700	INJECTION, OXACILLIN SODIUM, UP	4/1/2008	\$1.58	3	NO
N	J2710	INJECTION, NEOSTIGMINE METHYLSUL	4/1/2008	\$0.10	3	NO
N	J2720	INJECTION, PROTAMINE SULFATE, PE	4/1/2008	\$0.59	3	NO
N	J2725	INJECTION, PROTIRELIN, PER 250 M	7/1/2006	\$21.78	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J2730	INJECTION, PRALIDOXIME CHLORIDE,	4/1/2008	\$88.08	3	NO
N	J2760	INJECTION, PHENTOLAMINE MESYLATE	4/1/2008	\$21.08	3	NO
N	J2765	INJECTION, METOCLOPRAMIDE HCL, U	4/1/2008	\$0.34	3	NO
N	J2788	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$28.43	3	NO
N	J2790	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$89.71	3	NO
N	J2792	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$15.62	3	NO
N	J2800	INJECTION, METHOCARBAMOL, UP TO	4/1/2008	\$10.22	3	NO
N	J2810	INJECTION, THEOPHYLLINE, PER 40	4/1/2008	\$0.03	3	NO
N	J2820	INJECTION, SARGRAMOSTIM (GM-CSF)	4/1/2008	\$25.10	3	NO
N	J2860	INJECTION, SECOBARBITAL SODIUM,	4/1/2002	INVALID	N	NO
N	J2910	INJECTION, AUROTHIOGLUCOSE, UP T	7/1/2006	\$24.50	3	NO
N	J2912	INJECTION, SODIUM CHLORIDE, 0.9%	1/1/2007	INVALID	N	NO
N	J2920	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$2.07	3	NO
N	J2930	INJECTION, METHYLPREDNISOLONE SO	4/1/2008	\$3.02	3	NO
N	J2950	INJECTION, PROMAZINE HCL, UP TO	11/1/2006	\$0.38	3	NO
N	J2970	INJECTION, METHICILLIN SODIUM, U	4/1/2002	INVALID	N	NO
N	J2995	INJECTION, STREPTOKINASE, PER 25	7/1/2006	\$79.50	3	NO
N	J3000	INJECTION, STREPTOMYCIN, UP TO 1	4/1/2008	\$6.98	3	NO
N	J3010	INJECTION, FENTANYL CITRATE, 0.1	4/1/2008	\$0.28	3	NO
N	J3030	INJECTION, SUMATRIPTAN SUCCINATE	4/1/2008	\$66.61	3	NO
N	J3070	INJECTION, PENTAZOCINE, 30 MG (T	4/1/2008	\$6.11	3	NO
N	J3080	INJECTION, CHLORPROTHIXENE, UP T	4/1/2002	INVALID	N	NO
N	J3105	INJECTION, TERBUTALINE SULFATE,	4/1/2008	\$2.42	3	NO
N	J3120	INJECTION, TESTOSTERONE ENANTHAT	1/1/2008	\$5.29	3	NO
N	J3130	INJECTION, TESTOSTERONE ENANTHAT	4/1/2008	\$10.12	3	NO
N	J3140	INJECTION, TESTOSTERONE SUSPENS	7/5/2004	\$0.62	3	NO
N	J3150	INJECTION, TESTOSTERONE PROPIONA	8/21/2006	\$5.07	3	NO
N	J3230	INJECTION, CHLORPROMAZINE HCL, U	4/1/2008	\$3.22	3	NO
N	J3240	INJECTION, THYROTROPIN ALPHA, 0.	4/1/2008	\$838.96	3	NO
N	J3250	INJECTION, TRIMETHOBENZAMIDE HCL	4/1/2008	\$4.46	3	NO
N	J3260	INJECTION, TOBRAMYCIN SULFATE, U	4/1/2008	\$2.32	3	NO
N	J3265	INJECTION, TORSEMIDE, 10 MG/ML (	4/1/2008	\$2.18	3	NO
N	J3270	INJECTION, IMIPRAMINE HCL, UP TO	4/1/2002	INVALID	N	NO
N	J3280	INJECTION, THIETHYLPERAZINE MALE	2/13/2006	\$0.01	5	NO
N	J3301	INJECTION, TRIAMCINOLONE ACETONI	4/1/2008	\$1.38	3	NO
N	J3302	INJECTION, TRIAMCINOLONE DIACETA	7/1/2006	\$0.28	3	NO
N	J3303	INJECTION, TRIAMCINOLONE HEXACET	4/1/2008	\$1.34	3	NO
N	J3305	INJECTION, TRIMETREXATE GLUCORON	10/1/2007	\$149.71	3	NO
N	J3310	INJECTION, PERPHENAZINE, UP TO 5	2/13/2006	\$0.01	5	NO
N	J3320	INJECTION, SPECTINOMYCIN HCL, UP	4/1/2007	\$30.08	3	NO
N	J3350	INJECTION, UREA, UP TO 40 G (URE	2/13/2006	\$0.01	5	NO
N	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	1/1/2008	\$0.86	3	NO
N	J3364	INJECTION, UROKINASE, 5000 IU VI	7/1/2006	\$9.16	3	NO
N	J3365	INJECTION, IV, UROKINASE, 250,00	7/1/2006	\$457.73	3	NO
N	J3370	INJECTION, VANCOMYCIN HCL, UP TO	4/1/2008	\$3.14	3	NO
N	J3390	INJECTION, METHOXAMINE, UP TO 20	4/1/2002	INVALID	N	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J3400	INJECTION, TRIFLUPROMAZINE HCL,	2/13/2006	\$0.01	5	NO
N	J3410	INJECTION, HYDROXYZINE HCL, UP T	4/1/2008	\$0.14	3	NO
N	J3420	INJECTION, VITAMIN B-12 CYANOCOB	4/1/2008	\$0.25	3	NO
N	J3430	INJECTION, PHYTONADIONE (VITAMIN	10/1/2007	\$3.62	3	NO
N	J3450	INJECTION, MEPHENTERMINE SULFATE	4/1/2002	INVALID	N	NO
N	J3470	INJECTION, HYALURONIDASE, UP TO	4/1/2008	\$17.28	3	NO
N	J3475	INJECTION, MAGNESIUM SULFATE, PE	4/1/2008	\$0.05	3	NO
N	J3480	INJECTION, POTASSIUM CHLORIDE, P	4/1/2008	\$0.01	3	NO
N	J3490	UNCLASSIFIED DRUGS	11/1/2004	\$0.01	5	NO
N	J3520	EDETATE DISODIUM, PER 150 MG (EN	1/1/2001	NC	9	NO
N	J3530	NASAL VACCINE INHALATION	1/17/2005	NC	9	NO
N	J3535	DRUG ADMINISTERED THROUGH A METE	1/1/2005	\$0.01	5	NO
N	J3570	LAETRILE, AMYGDALIN, VITAMIN B17	3/1/1989	NC	9	NO
N	J7030	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$1.03	3	NO
N	J7040	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.52	3	NO
N	J7042	5% DEXTROSE/NORMAL SALINE (500 M	4/1/2008	\$0.28	3	NO
N	J7050	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.26	3	NO
N	J7051	STERILE SALINE OR WATER, UP TO 5	1/1/2006	INVALID	N	NO
N	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	4/1/2008	\$1.09	3	NO
N	J7070	INFUSION, D-5-W, 1000 CC	4/1/2008	\$2.18	3	NO
N	J7100	INFUSION, DEXTRAN 40, 500 ML (GE	4/1/2008	\$13.60	3	NO
N	J7110	INFUSION, DEXTRAN 75, 500 ML (GE	4/1/2008	\$10.46	3	NO
N	J7120	RINGERS LACTATE INFUSION, UP TO	4/1/2008	\$0.91	3	NO
N	J7130	HYPERTONIC SALINE SOLUTION, 50 O	3/1/1989	\$0.01	5	NO
N	J7190	FACTOR VIII (ANTI-HEMOPHILIC FAC	4/1/2008	\$0.76	3	NO
N	J7191	FACTOR VIII (ANTI-HEMOPHILIC FAC	2/1/1999	\$2.20	3	NO
N	J7194	FACTOR IX COMPLEX, PER IU (KONYN	4/1/2008	\$0.80	3	NO
N	J7197	ANTITHROMBIN III (HUMAN), PER I.	1/1/2008	\$1.91	3	NO
N	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
N	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO
N	J7304	CONTRACEPTIVE SUPPLY, HORMONE CO	1/1/2005	\$3.77	3	NO
N	J7306	LEVONORGESTREL (CONTRACEPTIVE) I	1/1/2006	NC	9	NO
N	J7307	ETONOGESTREL (CONTRACEPTIVE) IMP	1/1/2008	\$554.38	3	NO
N	J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING	12/20/2004	NC	9	NO
N	J7315	SODIUM HYALURONATE, 20 MG, FOR I	4/1/2002	INVALID	N	NO
N	J7320	HYLAN G-F 20, 16 MG, FOR INTRA A	1/1/2007	INVALID	N	NO
N	J7500	AZATHIOPRINE, ORAL, 50 MG (IMURA	4/1/2008	\$0.15	3	NO
N	J7501	AZATHIOPRINE, PARENTERAL, 100 MG	4/1/2008	\$50.04	3	NO
N	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	4/1/2008	\$3.66	3	NO
N	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTI	4/1/2008	\$383.79	3	NO
N	J7505	MUROMONAB-CD3, PARENTERAL, 5 MG	4/1/2008	\$986.88	3	NO
N	J7506	PREDNISONE, ORAL, PER 5 MG (LIQU	4/1/2008	\$0.04	3	NO
N	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	4/1/2008	\$3.91	3	NO
N	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
N	J7509	METHYLPREDNISOLONE, ORAL, PER 4	4/1/2008	\$0.08	3	NO
N	J7510	PREDNISOLONE, ORAL, PER 5 MG (DE	4/1/2008	\$0.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J7513	DACLIZUMAB, PARENTERAL, 25 MG (Z	4/1/2008	\$315.68	3	NO
N	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	4/1/2008	\$0.90	3	NO
N	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	4/1/2008	\$19.81	3	NO
N	J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHE	1/1/1996	NC	9	NO
N	J7611	ALBUTEROL, INHALATION SOL, ADM THR	4/1/2008	\$0.07	3	NO
N	J7612	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.12	3	NO
N	J7613	ALBUTEROL, INHALATION SOLUTION AD	4/1/2008	\$0.04	3	NO
N	J7614	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.28	3	NO
N	J7619	ALBUTEROL, ALL FORMULATIONS INCL	1/1/2005	INVALID	N	NO
N	J7699	NOC DRUGS, INHALATION SOLUTION A	11/1/2004	\$0.01	5	NO
N	J7799	NOC DRUGS, OTHER THAN INHALATION	11/1/2004	\$0.01	5	NO
N	J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSIT	1/1/2006	\$0.01	5	NO
N	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
N	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (B	4/1/2008	\$0.82	3	NO
N	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	4/1/2008	\$29.55	3	NO
N	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO
N	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	4/1/2008	\$0.16	3	NO
N	J8999	PRESCRIPTION DRUG, ORAL, CHEMOTH	11/1/2004	\$0.01	5	NO
N	J9000	DOXORUBICIN HCL, 10 MG (ADRIAMYC	4/1/2008	\$4.75	3	NO
N	J9001	DOXORUBICIN HYDROCHLORIDE, ALL L	4/1/2008	\$413.49	3	NO
N	J9010	ALEMTUZUMAB, 10 MG (CAMPATH)	4/1/2008	\$551.07	3	NO
N	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	4/1/2008	\$767.40	3	NO
N	J9017	ARSENIC TRIOXIDE, 1 MG (TRISENOX	4/1/2008	\$34.48	3	NO
N	J9020	ASPARAGINASE, 10,000 UNITS (ELSP	4/1/2008	\$57.02	3	NO
N	J9031	BCG LIVE (INTRAVESICAL), PER INS	4/1/2008	\$113.75	3	NO
N	J9035	INJECTION, BEVACIZUMAB, 10 MG (A	4/1/2008	\$57.44	3	NO
N	J9040	BLEOMYCIN SULFATE, 15 UNITS (BLE	4/1/2008	\$29.02	3	NO
N	J9041	INJECTION, BORTEZOMIB, .1 MG (VE	4/1/2008	\$34.43	3	NO
N	J9045	CARBOPLATIN, 50 MG (PARAPLATIN)	4/1/2008	\$6.31	3	NO
N	J9055	INJECTION, CETUXIMAB, 10 MG (ERB	4/1/2008	\$49.81	3	NO
N	J9060	CISPLATIN, POWDER OR SOLUTION, P	4/1/2008	\$2.27	3	NO
N	J9062	CISPLATIN, 50 MG (PLATINOL AQ)	4/1/2008	\$11.32	3	NO
N	J9065	INJECTION, CLADRIBINE, PER 1 MG	4/1/2008	\$30.63	3	NO
N	J9070	CYCLOPHOSPHAMIDE, 100 MG (CYTOXA	4/1/2008	\$1.87	3	NO
N	J9080	CYCLOPHOSPHAMIDE, 200 MG (CYTOXA	4/1/2008	\$3.74	3	NO
N	J9090	CYCLOPHOSPHAMIDE, 500 MG (CYTOXA	4/1/2008	\$9.36	3	NO
N	J9091	CYCLOPHOSPHAMIDE, 1 G (CYTOXAN,	4/1/2008	\$18.71	3	NO
N	J9092	CYCLOPHOSPHAMIDE, 2 G (CYTOXAN,	4/1/2008	\$37.43	3	NO
N	J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	4/1/2008	\$1.86	3	NO
N	J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	4/1/2008	\$3.72	3	NO
N	J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 5	4/1/2008	\$9.29	3	NO
N	J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1	4/1/2008	\$18.59	3	NO
N	J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2	4/1/2008	\$37.17	3	NO
N	J9098	CYTARABINE LIPOSOME, 10 MG	4/1/2008	\$414.95	3	NO
N	J9100	CYTARABINE, 100 MG (CYTOSAR-U)	4/1/2008	\$1.20	3	NO
N	J9110	CYTARABINE, 500 MG (CYTOSAR-U)	4/1/2008	\$6.02	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J9120	DACTINOMYCIN, 0.5 MG (COSMEGEN)	11/1/2006	\$493.43	3	NO
N	J9130	DACARBAZINE, 100 MG (DTIC-DOME)	4/1/2008	\$4.60	3	NO
N	J9140	DACARBAZINE, 200 MG (DTIC-DOME)	4/1/2008	\$9.21	3	NO
N	J9150	DAUNORUBICIN HCL, 10 MG (CERUBID	4/1/2008	\$17.14	3	NO
N	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL	4/1/2008	\$56.06	3	NO
N	J9160	DENILEUKIN DIFTITOX, 300 MCG (ON	4/1/2008	\$1,410.03	3	NO
N	J9165	DIETHYLSTILBESTROL DIPHOSPHATE,	2/13/2006	\$0.01	5	NO
N	J9170	DOCETAXEL, 20 MG (TAXOTERE)	4/1/2008	\$325.85	3	NO
N	J9178	INJECTION, EPIRUBICIN HCL, 2 MG	4/1/2008	\$6.24	3	NO
N	J9181	ETOPOSIDE, 10 MG (VEPESID, TOPOS	4/1/2008	\$0.40	3	NO
N	J9182	ETOPOSIDE, 100 MG (VEPESID, TOPO	4/1/2008	\$4.03	3	NO
N	J9185	FLUDARABINE PHOSPHATE, 50 MG (FL	4/1/2008	\$200.75	3	NO
N	J9190	FLUOROURACIL, 500 MG (ADRUCIL)	4/1/2008	\$1.87	3	NO
N	J9200	FLOXURIDINE, 500 MG (FUDR)	4/1/2008	\$51.12	3	NO
N	J9201	GEMCITABINE HCL, 200 MG (GEMZAR)	4/1/2008	\$131.78	3	NO
N	J9202	GOSERELIN ACETATE IMPLANT, PER 3	4/1/2008	\$189.73	3	NO
N	J9206	IRINOTECAN, 20 MG (CAMPTOSAR)	4/1/2008	\$126.24	3	NO
N	J9208	IFOSFAMIDE, PER 1 GM (IFEX)	4/1/2008	\$37.92	3	NO
N	J9209	MESNA, 200 MG (MESNEX)	4/1/2008	\$7.87	3	NO
N	J9211	IDARUBICIN HCL, 5 MG (IDAMYCIN)	1/1/2008	\$290.42	3	NO
N	J9212	INJECTION, INTERFERON ALFACON-1,	4/1/2008	\$4.80	3	NO
N	J9213	INTERFERON ALFA-2A, RECOMBINANT,	4/1/2008	\$40.92	3	NO
N	J9214	INTERFERON ALFA-2B, RECOMBINANT,	4/1/2008	\$14.16	3	NO
N	J9215	INTERFERON ALFA-N3, (HUMAN LEUKO	2/13/2006	\$0.01	5	NO
N	J9216	INTERFERON GAMMA-1B, 3 MILLION U	7/1/2007	\$309.58	3	NO
N	J9218	LEUPROLIDE ACETATE, PER 1 MG (LU	4/1/2008	\$7.47	3	NO
N	J9219	LEUPROLIDE ACETATE IMPLANT, 65 M	4/1/2008	\$1,608.17	3	NO
N	J9230	MECHLORETHAMINE HCL, (NITROGEN M	10/1/2007	\$144.44	3	NO
N	J9245	INJECTION, MELPHALAN HCL, 50 MG	7/1/2007	\$1,563.63	3	NO
N	J9250	METHOTREXATE SODIUM, 5 MG (FOLEX	4/1/2008	\$0.21	3	NO
N	J9260	METHOTREXATE SODIUM, 50 MG (FOLE	4/1/2008	\$2.26	3	NO
N	J9263	INJECTION, OXALIPLATIN, 0.5 MG	4/1/2008	\$9.49	3	NO
N	J9264	INJECTION, PACLITAXEL PROTEIN-BO	4/1/2008	\$8.85	3	NO
N	J9265	PACLITAXEL, 30 MG (TAXOL)	4/1/2008	\$11.95	3	NO
N	J9266	PEGASPARGASE, PER SINGLE DOSE VI	1/1/2008	\$2,098.87	3	NO
N	J9268	PENTOSTATIN, PER 10 MG (NIPENT)	4/1/2008	\$1,828.92	3	NO
N	J9270	PLICAMYCIN, 2500 MCG (MITHRACIN)	5/24/2001	\$98.74	3	NO
N	J9280	MITOMYCIN, 5 MG (MUTAMYCIN)	4/1/2008	\$13.05	3	NO
N	J9290	MITOMYCIN, 20 MG (MUTAMYCIN)	4/1/2008	\$52.19	3	NO
N	J9291	MITOMYCIN, 40 MG (MUTAMYCIN)	4/1/2008	\$104.38	3	NO
N	J9293	MITOXANTRONE HCL, PER 5 MG (NOVA	4/1/2008	\$88.70	3	NO
N	J9300	GEMTUZUMAB OZOGAMICIN, 5 MG (MYL	4/1/2008	\$2,428.97	3	NO
N	J9305	INJECTION, PEMETREXED, 10 MG (AL	4/1/2008	\$46.20	3	NO
N	J9310	RITUXIMAB, 100 MG (RITUXAN)	1/1/2008	\$508.66	3	NO
N	J9320	STREPTOZOCIN, 1 GM (ZANOSAR)	4/1/2008	\$190.64	3	NO
N	J9340	THIOTEPA, 15 MG (THIOPLEX)	4/1/2008	\$40.40	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	J9350	THYTROPAR, THYROID CANCER, 10 UN	4/1/2008	\$898.54	3	NO
N	J9355	TRASTUZUMAB, 10 MG (HERCEPTIN)	4/1/2008	\$60.08	3	NO
N	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	2/13/2006	\$0.01	5	NO
N	J9360	VINBLASTINE SULFATE, 1 MG (VELBA	1/1/2008	\$1.07	3	NO
N	J9370	VINCRISTINE SULFATE, 1 MG (ONCOV	4/1/2008	\$7.02	3	NO
N	J9375	VINCRISTINE SULFATE 2 MG (ONCOVI	4/1/2008	\$14.04	3	NO
N	J9380	VINCRISTINE SULFATE, 5 MG (ONCOV	4/1/2008	\$35.09	3	NO
N	J9390	VINORELBINE TARTRATE, PER 10 MG	4/1/2008	\$16.22	3	NO
N	J9395	INJECTION, FULVESTRANT, 25 MG	4/1/2008	\$81.36	3	NO
N	J9600	PORFIMER SODIUM, 75 MG, (PHOTOFR	4/1/2008	\$2,503.55	3	NO
N	J9999	NOT OTHERWISE CLASSIFIED, ANTINE	9/1/2005	\$0.01	5	NO
N	L3800	WRIST HAND FINGER ORTHOSIS, SHOR	1/1/2008	INVALID	N	NO
N	L4350	PNEUMATIC ANKLE CONTROL SPLINT,	4/1/2008	\$70.77	3	NO
N	L5968	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$2,732.22	3	NO
N	L5975	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$348.56	3	NO
N	L5988	ALL LOWER EXTREMITY PROSTHESIS,	4/1/2008	\$1,502.00	3	NO
N	L7499	UNLISTED PROCEDURES FOR UPPER EX	1/1/1994	\$0.01	5	NO
N	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8195	GRADIENT COMPRESSION STOCKING, W	1/1/2006	INVALID	N	NO
N	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
N	L8300	TRUSS, SINGLE WITH STANDARD PAD	4/1/2008	\$80.27	3	NO
N	L8310	TRUSS, DOUBLE WITH STANDARD PADS	4/1/2008	\$112.42	3	NO
N	L8320	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$42.80	3	NO
N	L8330	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$37.81	3	NO
N	M0064	BREIF OFFICE VISIT FOR THE SOLE	1/1/2008	\$23.12	3	NO
N	M0300	IV CHELATION THERAPY (CHEMICAL	2/1/1994	NC	9	NO
N	P9612	CATHETERIZATION FOR COLLECTION O	1/1/2008	\$2.30	3	NO
N	Q0136	INJECTION, EPOETIN ALPHA, (FOR N	1/1/2006	INVALID	N	NO
N	Q0137	INJECTION, DARBEPOETIN ALFA, 1 M	1/1/2006	INVALID	N	NO
N	Q0160	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
N	Q0161	FACTOR IX (ANTIHEMOPHILIC FACTOR	4/1/2002	INVALID	N	NO
N	Q0163	DIPHENHYDRAMINE HYDROOCHLORIDE,	4/1/2008	\$0.02	3	NO
N	Q0164	PROCHLORPERAZINE MALEATE, 5 MG,	4/1/2008	\$0.06	3	NO
N	Q0165	PROCHLORPERAZINE MALEASTE, 10 MG	4/1/2008	\$0.08	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	Q0166	GRANISETRON HYDROCHLORIDE, 1 MG,	4/1/2008	\$46.96	3	NO
N	Q0167	DRONABINOL, 2.5 MG, ORAL, FDA AP	4/1/2008	\$5.42	3	NO
N	Q0168	DRONABINOL, 5 MG, ORAL, FDA APPR	4/1/2008	\$10.84	3	NO
N	Q0169	PROMETHAZINE HYDROCHLORIDE, 12.5	4/1/2008	\$0.45	3	NO
N	Q0170	PROMETHAZINE HYDROCHLORIDE, 25 M	4/1/2008	\$0.19	3	NO
N	Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10	4/1/2008	\$0.01	3	NO
N	Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25	10/1/2007	\$0.04	3	NO
N	Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE,	4/1/2008	\$0.29	3	NO
N	Q0174	THIETHYLPERAZINE MALEATE, 10 MG,	1/30/2006	\$0.83	3	NO
N	Q0175	PERPHENZAININE, 4 MG, ORAL, FDA AP	4/1/2008	\$0.19	3	NO
N	Q0176	PERPHENZAININE, 8 MG, ORAL, FDA AP	4/1/2008	\$0.20	3	NO
N	Q0177	HYDROXYZINE PAMOATE, 25 MG, ORAL	7/1/2007	\$0.05	3	NO
N	Q0178	HYDROXYZINE PAMOATE, 50 MG, ORAL	4/1/2008	\$0.05	3	NO
N	Q0179	ONDANSETRON HYDROCHLORIDE, 8 MG,	4/1/2008	\$4.60	3	NO
N	Q0180	DOLASETRON MESYLATE, 100 MG, ORA	4/1/2008	\$49.17	3	NO
N	Q0181	UNSPECIFIED ORAL DOSAGE FORM, FD	6/13/2005	\$0.01	5	NO
N	Q0183	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2005	INVALID	N	NO
N	Q0184	DERMAL TISSUE, OF HUMAN ORIGIN,	1/1/2003	INVALID	N	NO
N	Q0185	DERMAL AND EPIDERMAL, TISSUE OF	4/1/2002	INVALID	N	NO
N	Q3025	INJECTION, INTERFERON BETA-1A, 1	4/1/2008	\$132.30	3	NO
N	Q3026	INJECTION, INTERFERON BETA-1A, 1	1/1/2003	\$89.69	3	NO
N	Q4001	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$36.03	3	NO
N	Q4002	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$136.17	3	NO
N	Q4003	CAST SUPPLIES, APPLICATION OF SH	1/1/2008	\$25.88	3	NO
N	Q4004	CAST SUPPLIES, APPLIATION OF SHO	1/1/2008	\$89.59	3	NO
N	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$9.54	3	NO
N	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$21.51	3	NO
N	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$4.78	3	NO
N	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$10.75	3	NO
N	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$6.36	3	NO
N	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$14.34	3	NO
N	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$3.18	3	NO
N	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$7.17	3	NO
N	Q4013	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$11.58	3	NO
N	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$19.56	3	NO
N	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$5.79	3	NO
N	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$9.78	3	NO
N	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$6.70	3	NO
N	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$10.69	3	NO
N	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$3.36	3	NO
N	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$5.35	3	NO
N	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.96	3	NO
N	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$8.95	3	NO
N	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$2.49	3	NO
N	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.48	3	NO
N	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$27.83	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
N	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$86.87	3	NO
N	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$13.91	3	NO
N	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$43.44	3	NO
N	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$21.27	3	NO
N	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$56.00	3	NO
N	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$10.64	3	NO
N	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$28.00	3	NO
N	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$19.84	3	NO
N	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$49.37	3	NO
N	Q4035	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$9.92	3	NO
N	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$24.69	3	NO
N	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$12.11	3	NO
N	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$30.32	3	NO
N	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$6.06	3	NO
N	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$15.17	3	NO
N	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$14.72	3	NO
N	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$25.12	3	NO
N	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$7.36	3	NO
N	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$12.57	3	NO
N	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$8.55	3	NO
N	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$13.75	3	NO
N	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$4.27	3	NO
N	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$6.88	3	NO
N	Q4049	FINGER SPLINT, STATIC	1/1/2008	\$1.55	3	NO
N	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	1/1/2008	\$51.80	3	NO
N	Q4051	SPLINT SUPPLIES, MISC (INC THERM	1/1/2008	\$51.80	3	NO
N	Q4079	INJECTION, NATALIZUMAB, PER 1 MG	1/1/2008	INVALID	N	NO
N	Q4087	INJECTION,IMMUNE GLOBULIN,(OCTOG	1/1/2008	INVALID	N	NO
N	Q4088	INJECTION,IMMUNE GLOBULIN,(GAMMA	1/1/2008	INVALID	N	NO
N	Q4089	INJECTION RHO(D) IMMUNE GLOBULIN	1/1/2008	INVALID	N	NO
N	Q4090	INJECTION HEPATITIS B IMMUNE GLO	1/1/2008	INVALID	N	NO
N	Q4091	INJECTION IMMUNE GLOBULIN(FLEBOG	1/1/2008	INVALID	N	NO
N	Q4092	INJECTION IMMUNE GLOBULIN(GAMUNE	1/1/2008	INVALID	N	NO
N	Q4093	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
N	Q4094	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
N	Q4095	INJECTION, ZOLEDRONIC ACID (RECL	1/1/2008	INVALID	N	NO
N	S0020	INJECTION, BUPIVICAINE HYDROCHLO	4/1/2008	\$1.80	3	NO
N	S0023	INJECTION, CIMETIDINE HYDROCHLOR	4/1/2008	\$1.39	3	NO
N	S0180	ETONOGESTREL (CONTRACEPTIVE) IMP	1/1/2008	INVALID	N	NO
N	S0191	MISOPROSTOL, ORAL, 200 MCG	8/10/2003	\$1.20	3	NO
N	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	1/1/2008	\$309.76	3	NO
N	S5011	5% DEXTROSE IN LACTATED RINGER'S	2/1/2006	\$14.35	3	NO
N	S8415	SUPPLIES FOR HOME DELIVERY OF IN	1/1/2008	\$229.27	3	NO
N	S9075	SMOKING CESSATION TREATMENT	1/1/2008	\$10.36	3	NO
N	S9470	NUTRITIONAL COUNSELING, DIETICIA	1/1/2008	\$45.69	3	NO
P	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	1/1/2008	\$57.52	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	1/1/2008	\$65.32	3	NO
P	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	1/1/2008	\$23.39	3	NO
P	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	1/1/2008	\$43.55	3	NO
P	51772	URETHRAL PRESSURE PROFILE STUDIE	1/1/2008	\$62.09	3	NO
P	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	1/1/2008	\$58.06	3	NO
P	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	1/1/2008	\$58.06	3	NO
P	51792	STIMULUS EVOKED RESPONSE (EG MEA	1/1/2008	\$42.47	3	NO
P	51795	VOIDING PRESSURE STUDIES (VP); B	1/1/2008	\$58.33	3	NO
P	51797	VOIDING PRESSURE STUDIES (VP); I	1/1/2008	\$61.02	3	NO
P	54240	PENILE PLETHYSMOGRAPHY	1/1/2008	\$50.27	3	NO
P	54250	NOCTURNAL PENILE TUMESCENCE AND/	1/1/2008	\$84.40	3	NO
P	59020	FETAL CONTRACTION STRESS TEST	1/1/2008	\$28.49	3	NO
P	59025	FETAL NON-STRESS TEST	1/1/2008	\$23.12	3	NO
P	62252	REPROGRAMMING OF PROGRAMMABLE CE	1/1/2008	\$34.41	3	NO
P	62367	ELECTRONIC ANALYSIS OF PROGRAMMA	1/1/2008	\$28.76	3	NO
P	62368	ELECTRONIC ANALYSIS OF PROGRAMMA	1/1/2008	\$39.78	3	NO
P	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	1/1/2008	\$43.55	3	NO
P	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	1/1/2008	\$44.35	3	NO
P	70030	RADIOLOGIC EXAMINATION EYE FOR D	1/1/2008	\$6.45	3	NO
P	70100	RADIOLOGIC EXAMINATION MANDIBLE	1/1/2008	\$6.72	3	NO
P	70110	RADIOLOGIC EXAMINATION MANDIBLE;	1/1/2008	\$9.14	3	NO
P	70120	RADIOLOGIC EXAMINATION MASTOIDS	1/1/2008	\$6.72	3	NO
P	70130	RADIOLOGIC EXAMINATION MASTOIDS;	1/1/2008	\$12.63	3	NO
P	70134	RADIOLOGIC EXAMINATION INTERNAL	1/1/2008	\$12.63	3	NO
P	70140	RADIOLOGIC EXAMINATION FACIAL BO	1/1/2008	\$6.99	3	NO
P	70150	RADIOLOGIC EXAMINATION FACIAL B	1/1/2008	\$9.41	3	NO
P	70160	RADIOLOGIC EXAMINATION NASAL BON	1/1/2008	\$6.45	3	NO
P	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	1/1/2008	\$11.02	3	NO
P	70190	RADIOLOGIC EXAMINATION OPTIC FOR	1/1/2008	\$7.80	3	NO
P	70200	RADIOLOGIC EXAMINATION; ORBITS C	1/1/2008	\$10.21	3	NO
P	70210	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$6.45	3	NO
P	70220	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$9.14	3	NO
P	70240	RADIOLOGIC EXAMINATION SELLA TURC	1/1/2008	\$6.99	3	NO
P	70250	RADIOLOGIC EXAMINATION SKULL LES	1/1/2008	\$8.87	3	NO
P	70260	RADIOLOGIC EXAMINATION SKULL; CO	1/1/2008	\$12.63	3	NO
P	70300	RADIOLOGIC EXAMINATION TEETH SIN	1/1/2008	\$4.30	3	NO
P	70310	RADIOLOGIC EXAMINATION TEETH; PA	1/1/2008	\$6.45	3	NO
P	70320	RADIOLOGIC EXAMINATION TEETH; CO	1/1/2008	\$8.33	3	NO
P	70328	RADIOLOGIC EXAMINATION TEMPOROM	1/1/2008	\$6.72	3	NO
P	70330	RADIOLOGIC EXAMINATION TEMPOROMA	1/1/2008	\$8.87	3	NO
P	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	1/1/2008	\$20.16	3	NO
P	70336	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$54.30	3	NO
P	70350	CEPHALOGRAM ORTHODONTIC	1/1/2008	\$6.72	3	YES
P	70355	ORTHOPANTOGRAM	1/1/2008	\$7.53	3	YES
P	70360	RADIOLOGIC EXAMINATION NECK SOFT	1/1/2008	\$6.45	3	NO
P	70370	RADIOLOGIC EXAMINATION; PHARYNX	1/1/2008	\$11.56	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	1/1/2008	\$30.91	3	NO
P	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	1/1/2008	\$15.86	3	NO
P	70380	RADIOLOGIC EXAMINATION SALIVARY	1/1/2008	\$6.45	3	NO
P	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	1/1/2008	\$13.98	3	NO
P	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	1/1/2008	\$31.18	3	NO
P	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$41.40	3	NO
P	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$46.77	3	NO
P	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	1/1/2008	\$47.04	3	NO
P	70481	COMPUTIRIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$50.53	3	NO
P	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$52.95	3	NO
P	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	1/1/2008	\$41.66	3	NO
P	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$47.85	3	NO
P	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$51.88	3	NO
P	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	1/1/2008	\$47.04	3	NO
P	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$50.53	3	NO
P	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$52.95	3	NO
P	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$64.24	3	NO
P	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$64.24	3	NO
P	70540	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$49.46	3	NO
P	70542	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$59.14	3	NO
P	70543	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$79.03	3	NO
P	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$44.08	3	NO
P	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$43.81	3	NO
P	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$65.86	3	NO
P	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$43.81	3	NO
P	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$43.81	3	NO
P	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$65.86	3	NO
P	70551	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$54.30	3	NO
P	70552	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$65.32	3	NO
P	70553	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$86.28	3	NO
P	70554	MRI, BRAIN, FUNCTIONAL MRI; INCL	1/1/2007	NC	9	NO
P	70555	MRI, BRAIN, FUNCTIONAL MRI; REQU	1/1/2007	NC	9	NO
P	70557	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$108.60	3	NO
P	70558	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$120.69	3	NO
P	70559	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$120.69	3	NO
P	71010	RADIOLOGIC EXAMINATION, CHEST; S	1/1/2008	\$6.72	3	NO
P	71015	RADIOLOGIC EXAMINATION CHEST; ST	1/1/2008	\$7.80	3	NO
P	71020	RADIOLOGIC EXAMINATION, CHEST, T	1/1/2008	\$8.06	3	NO
P	71021	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$9.95	3	NO
P	71022	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$11.29	3	NO
P	71023	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$13.98	3	NO
P	71030	RADIOLOGIC EXAMINATION, CHEST, C	1/1/2008	\$11.29	3	NO
P	71034	RADIOLOGIC EXAMINATION CHEST COM	1/1/2008	\$17.20	3	NO
P	71035	RADIOLOGIC EXAMINATION CHEST SPE	1/1/2008	\$6.72	3	NO
P	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	1/1/2008	\$21.24	3	NO
P	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	1/1/2008	\$26.88	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	71090	INSERTION PACEMAKER, FLUOROSCOPY	1/1/2008	\$21.24	3	NO
P	71100	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$8.06	3	NO
P	71101	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$9.95	3	NO
P	71110	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$9.95	3	NO
P	71111	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$11.56	3	NO
P	71120	RADIOLOGIC EXAMINATION STERNUM M	1/1/2008	\$7.53	3	NO
P	71130	RADIOLOGIC EXAMINATION; STERNOCL	1/1/2008	\$8.06	3	NO
P	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	1/1/2008	\$42.47	3	NO
P	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$45.43	3	NO
P	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$50.53	3	NO
P	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$70.43	3	NO
P	71550	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$53.22	3	NO
P	71551	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$63.44	3	NO
P	71552	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$82.79	3	NO
P	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$66.66	3	NO
P	72010	RADIOLOGIC EXAMINATION SPINE ENT	1/1/2008	\$16.40	3	NO
P	72020	RADIOLOGIC EXAMINATION SPINE SIN	1/1/2008	\$5.64	3	NO
P	72040	RADIOLOGIC EXAMINATION, SPINE, C	1/1/2008	\$8.06	3	NO
P	72050	RADIOLOGIC EXAMINATION SPINE CER	1/1/2008	\$11.29	3	NO
P	72052	RADIOLOGIC EXAMINATION SPINE CER	1/1/2008	\$13.44	3	NO
P	72069	RADIOLOGIC EXAMINATION, SPINE, T	1/1/2008	\$8.33	3	NO
P	72070	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$8.06	3	NO
P	72072	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$8.06	3	NO
P	72074	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$8.06	3	NO
P	72080	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$8.06	3	NO
P	72090	RADIOLOGIC EXAMINATION SPINE; SC	1/1/2008	\$10.21	3	NO
P	72100	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$8.06	3	NO
P	72110	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$11.29	3	NO
P	72114	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$13.44	3	NO
P	72120	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$8.06	3	NO
P	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	1/1/2008	\$42.47	3	NO
P	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	1/1/2008	\$44.62	3	NO
P	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	1/1/2008	\$46.77	3	NO
P	72128	COMPUTED TOMOGRAPHY, THORACIC SP	1/1/2008	\$42.47	3	NO
P	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$44.62	3	NO
P	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	1/1/2008	\$46.77	3	NO
P	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	1/1/2008	\$42.47	3	NO
P	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	1/1/2008	\$44.62	3	NO
P	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	1/1/2008	\$46.77	3	NO
P	72141	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$58.60	3	NO
P	72142	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$70.69	3	NO
P	72146	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$58.60	3	NO
P	72147	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$70.43	3	NO
P	72148	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$54.57	3	NO
P	72149	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$65.59	3	NO
P	72156	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$94.08	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	72157	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$93.81	3	NO
P	72158	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$86.28	3	NO
P	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$67.74	3	NO
P	72170	RADIOLOGIC EXAMINATION, PELVIS;	1/1/2008	\$6.45	3	NO
P	72190	RADIOLOGIC EXAMINATION PELVIS; C	1/1/2008	\$7.80	3	NO
P	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$66.39	3	NO
P	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	1/1/2008	\$40.05	3	NO
P	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$42.47	3	NO
P	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$44.62	3	NO
P	72195	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$53.49	3	NO
P	72196	MAGNETIC RESONANSE (EG, PROTON)	1/1/2008	\$63.44	3	NO
P	72197	MAGNETIC RESONANCE IMAGING, PELV	1/1/2008	\$82.79	3	NO
P	72198	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$65.86	3	NO
P	72200	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$6.45	3	NO
P	72202	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$6.99	3	NO
P	72220	RADIOLOGIC EXAMINATION SACRUM AN	1/1/2008	\$6.45	3	NO
P	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$33.06	3	NO
P	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	1/1/2008	\$32.52	3	NO
P	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	1/1/2008	\$30.11	3	NO
P	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	1/1/2008	\$48.38	3	NO
P	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	1/1/2008	\$26.88	3	NO
P	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$42.20	3	NO
P	72291	RADIOLOGICAL SUPERVISION AND INT	1/1/2008	\$50.27	3	NO
P	72292	RADIOLOGICAL SUPERVISION AND INT	1/1/2008	\$51.34	3	NO
P	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	1/1/2008	\$30.91	3	NO
P	73000	RADIOLOGIC EXAMINATION CLAVICLE	1/1/2008	\$5.91	3	NO
P	73010	RADIOLOGIC EXAMINATION; SCAPULA	1/1/2008	\$6.45	3	NO
P	73020	RADIOLOGIC EXAMINATION SHOULDER	1/1/2008	\$5.64	3	NO
P	73030	RADIOLOGIC EXAMINATION SHOULDER;	1/1/2008	\$6.72	3	NO
P	73040	RADIOLOGIC EXAMINATION, SHOULDER	1/1/2008	\$19.89	3	NO
P	73050	RADIOLOGIC EXAMINATION ACROMIOCL	1/1/2008	\$7.53	3	NO
P	73060	RADIOLOGIC EXAMINATION; HUMERUS	1/1/2008	\$6.45	3	NO
P	73070	RADIOLOGIC EXAMINATION, ELBOW; T	1/1/2008	\$5.64	3	NO
P	73080	RADIOLOGIC EXAMINATION ELBOW; CO	1/1/2008	\$6.45	3	NO
P	73085	RADIOLOGIC EXAMINATION, ELBOW, A	1/1/2008	\$19.89	3	NO
P	73090	RADIOLOGIC EXAMINATION; FOREARM,	1/1/2008	\$5.91	3	NO
P	73092	RADIOLOGIC EXAMINATION; UPPER EX	1/1/2008	\$5.91	3	NO
P	73100	RADIOLOGIC EXAMINATION, WRIST; T	1/1/2008	\$5.91	3	NO
P	73110	RADIOLOGIC EXAMINATION WRIST; CO	1/1/2008	\$6.45	3	NO
P	73115	RADIOLOGIC EXAMINATION, WRIST, A	1/1/2008	\$19.89	3	NO
P	73120	RADIOLOGIC EXAMINATION HAND TWO	1/1/2008	\$5.91	3	NO
P	73130	RADIOLOGIC EXAMINATION HAND; MIN	1/1/2008	\$6.45	3	NO
P	73140	RADIOLOGIC EXAMINATION FINGER OR	1/1/2008	\$4.84	3	NO
P	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	1/1/2008	\$40.05	3	NO
P	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$42.47	3	NO
P	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$44.62	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$66.39	3	NO
P	73218	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$49.46	3	NO
P	73219	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$59.40	3	NO
P	73220	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$79.03	3	NO
P	73221	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$49.46	3	NO
P	73222	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$59.40	3	NO
P	73223	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$79.03	3	NO
P	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$65.32	3	NO
P	73500	RADIOLOGIC EXAMINATION HIP UNILA	1/1/2008	\$6.45	3	NO
P	73510	RADIOLOGIC EXAMINATION HIP; COMP	1/1/2008	\$7.80	3	NO
P	73520	RADIOLOGIC EXAMINATION HIPS BILA	1/1/2008	\$9.68	3	NO
P	73525	RADIOLOGIC EXAMINATION, HIP, ART	1/1/2008	\$20.16	3	NO
P	73530	RADIOLOGIC EXAMINATION HIP DURIN	1/1/2008	\$10.75	3	NO
P	73540	RADIOLOGIC EXAMINATION PELVIS AN	1/1/2008	\$7.53	3	NO
P	73542	RADIOLOGICAL EXAMINATION, SACROI	1/1/2008	\$20.97	3	NO
P	73550	RADIOLOGIC EXAMINATION, FEMUR, T	1/1/2008	\$6.45	3	NO
P	73560	RADIOLOGIC EXAMINATION KNEE ANTE	1/1/2008	\$6.45	3	NO
P	73562	RADIOLOGIC EXAMINATION KNEE; ANT	1/1/2008	\$6.72	3	NO
P	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	1/1/2008	\$8.06	3	NO
P	73565	RADIOLOGIC EXAMINATION, KNEE; BO	1/1/2008	\$6.45	3	NO
P	73580	RADIOLOGIC EXAMINATION, KNEE, AR	1/1/2008	\$19.89	3	NO
P	73590	RADIOLOGIC EXAMINATION; TIBIA AN	1/1/2008	\$6.45	3	NO
P	73592	RADIOLOGIC EXAMINATION; LOWER EX	1/1/2008	\$5.91	3	NO
P	73600	RADIOLOGIC EXAMINATION, ANKLE; T	1/1/2008	\$5.91	3	NO
P	73610	RADIOLOGIC EXAMINATION ANKLE; CO	1/1/2008	\$6.45	3	NO
P	73615	RADIOLOGIC EXAMINATION, ANKLE, A	1/1/2008	\$20.16	3	NO
P	73620	RADIOLOGIC EXAMINATION, FOOT; TW	1/1/2008	\$5.91	3	NO
P	73630	RADIOLOGIC EXAMINATION FOOT; COM	1/1/2008	\$6.45	3	NO
P	73650	RADIOLOGIC EXAMINATION CALCANEUS	1/1/2008	\$5.91	3	NO
P	73660	RADIOLOGIC EXAMINATION; TOE OR T	1/1/2008	\$4.84	3	NO
P	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	1/1/2008	\$40.05	3	NO
P	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	1/1/2008	\$42.47	3	NO
P	73702	COMPUTERIZED AXIAL TOMOGRAPHY LO	1/1/2008	\$44.62	3	NO
P	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$69.89	3	NO
P	73718	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$49.46	3	NO
P	73719	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$59.14	3	NO
P	73720	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$78.76	3	NO
P	73721	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$49.46	3	NO
P	73722	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$59.40	3	NO
P	73723	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$79.03	3	NO
P	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$66.66	3	NO
P	74000	RADIOLOGIC EXAMINATION ABDOMEN S	1/1/2008	\$6.72	3	NO
P	74010	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$8.60	3	NO
P	74020	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$9.95	3	NO
P	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	1/1/2008	\$11.56	3	NO
P	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	1/1/2008	\$43.55	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
P	74160	COMPUTERIZED AXIAL TOMOGRAPHY AB	1/1/2008	\$46.77	3	NO
P	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	1/1/2008	\$51.34	3	NO
P	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$69.62	3	NO
P	74181	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$53.22	3	NO
P	74182	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$63.44	3	NO
P	74183	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$82.79	3	NO
P	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$65.86	3	NO
P	74190	PERITONEOGRAM, RADIOLOGICAL SUPE	1/1/2008	\$17.74	3	NO
P	74210	RADIOLOGIC EXAMINATION PHARYNX A	1/1/2008	\$13.44	3	NO
P	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	1/1/2008	\$16.93	3	NO
P	74230	SWALLOWING FUNCTION, WITH CINERA	1/1/2008	\$19.35	3	NO
P	74235	REMOVAL OF FOREIGN BODY(S), ESOP	1/1/2008	\$43.81	3	NO
P	74240	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$25.27	3	NO
P	74241	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$25.27	3	NO
P	74245	RADIOLOGIC EXAM, GASTGROINTESTIN	1/1/2008	\$33.33	3	NO
P	74246	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$25.27	3	NO
P	74247	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$25.27	3	NO
P	74249	RADIOLOGICAL EXAM, GASTROINTESTI	1/1/2008	\$33.33	3	NO
P	74250	RADIOLOGIC EXAMINATION, SMALL IN	1/1/2008	\$17.20	3	NO
P	74251	RADIOLOGIC EXAMINATION, SMALL BO	1/1/2008	\$25.27	3	NO
P	74260	DUODENOGRAPHY HYPOTONIC	1/1/2008	\$18.28	3	NO
P	74270	RADIOLOGIC EXAMINATION, COLON; B	1/1/2008	\$25.27	3	NO
P	74280	RADIOLOGIC EXAMINATION COLON AIR	1/1/2008	\$36.02	3	NO
P	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	1/1/2008	\$73.92	3	NO
P	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	1/1/2008	\$11.56	3	NO
P	74291	CHOLECYSTOGRAPHY ORAL CONTRAST;	1/1/2008	\$7.53	3	NO
P	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$13.44	3	NO
P	74301	CHOLANGIOGRAPHY; ADDITIONAL SET	1/1/2008	\$7.53	3	NO
P	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$15.59	3	NO
P	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	1/1/2008	\$19.89	3	NO
P	74327	POSTOPERATIVE BILIARY DUCT CALCU	1/1/2008	\$25.54	3	NO
P	74328	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$25.80	3	NO
P	74329	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$25.80	3	NO
P	74330	COMBINED ENDOSCOPIC CATHETERIZAT	1/1/2008	\$33.06	3	NO
P	74340	INTRO OF LONG GASTROINTESTINAL T	1/1/2008	\$19.89	3	NO
P	74350	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
P	74355	PERCUTANEOUS PLACEMENT OF ENTERO	1/1/2008	\$27.69	3	NO
P	74360	INTRALUMINAL DILATION OF STRICTU	1/1/2008	\$20.43	3	NO
P	74363	PERCUTANEOUS TRANSHEPATIC DILATA	1/1/2008	\$32.26	3	NO
P	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	1/1/2008	\$18.01	3	NO
P	74410	UROGRAPHY, INFUSION, DRIP TECHN	1/1/2008	\$18.01	3	NO
P	74415	UROGRAPHY INFUSION DRIP TECHNIQU	1/1/2008	\$18.01	3	NO
P	74420	UROGRAPHY RETROGRADE WITH OR WIT	1/1/2008	\$13.44	3	NO
P	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	1/1/2008	\$13.44	3	NO
P	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	1/1/2008	\$11.83	3	NO
P	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	1/1/2008	\$14.25	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	1/1/2008	\$43.01	3	NO
P	74450	URETHROCYSTOGRAPHY, RETROGRADE,	1/1/2008	\$12.36	3	NO
P	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	1/1/2008	\$12.36	3	NO
P	74470	RADIOLOGIC EXAMINATION, RENAL CY	1/1/2008	\$19.62	3	NO
P	74475	INTRODUCTION OF INTRACATHETER OR	1/1/2008	\$19.89	3	NO
P	74480	INTRO OF URETERAL CATH OR STENT	1/1/2008	\$19.89	3	NO
P	74485	DILATION OF NEPHROSTOMY, URETERS	1/1/2008	\$19.89	3	NO
P	74710	PELVIMETRY WITH OR WITHOUT PLACE	1/1/2008	\$12.63	3	NO
P	74740	HYSTEOSALPINGOGRAPHY, RADIOLOGI	1/1/2008	\$14.25	3	NO
P	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
P	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	1/1/2008	\$22.85	3	NO
P	75552	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
P	75553	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
P	75554	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
P	75555	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
P	75556	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
P	75557	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	\$91.12	3	NO
P	75558	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$88.97	3	NO
P	75559	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$116.12	3	NO
P	75560	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$102.14	3	NO
P	75561	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$100.80	3	NO
P	75562	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$97.57	3	NO
P	75563	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$120.69	3	NO
P	75564	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$114.24	3	NO
P	75600	AORTOGRAPHY, THORACIC, W/OUT SER	1/1/2008	\$19.35	3	NO
P	75605	AORTOGRAPHY, THORACIC, BY SERIAL	1/1/2008	\$43.28	3	NO
P	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	1/1/2008	\$42.74	3	NO
P	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	1/1/2008	\$68.28	3	NO
P	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$88.44	3	NO
P	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	1/1/2008	\$55.37	3	NO
P	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	1/1/2008	\$49.73	3	NO
P	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	1/1/2008	\$48.92	3	NO
P	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	1/1/2008	\$62.90	3	NO
P	75665	ANGIOGRAPHY, CAROTID, CEREBRAL,	1/1/2008	\$49.46	3	NO
P	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	1/1/2008	\$61.56	3	NO
P	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$48.92	3	NO
P	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$61.56	3	NO
P	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	1/1/2008	\$48.65	3	NO
P	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	1/1/2008	\$81.18	3	NO
P	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	1/1/2008	\$43.28	3	NO
P	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	1/1/2008	\$48.92	3	NO
P	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	1/1/2008	\$43.28	3	NO
P	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	1/1/2008	\$57.79	3	NO
P	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE O	1/1/2008	\$41.93	3	NO
P	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	1/1/2008	\$42.47	3	NO
P	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$49.73	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
P	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	1/1/2008	\$42.47	3	NO
P	75741	ANGIOGRAPHY, PULMONARY, UNILATER	1/1/2008	\$48.38	3	NO
P	75743	ANGIOGRAPHY, PULMONARY, BILATERA	1/1/2008	\$60.75	3	NO
P	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	1/1/2008	\$41.93	3	NO
P	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	1/1/2008	\$44.89	3	NO
P	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	1/1/2008	\$13.44	3	NO
P	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	1/1/2008	\$67.47	3	NO
P	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$30.91	3	NO
P	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$42.47	3	NO
P	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$30.11	3	NO
P	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$42.74	3	NO
P	75809	SHUNTOGRAM FOR INVESTIGATION OF	1/1/2008	\$17.20	3	NO
P	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL	1/1/2008	\$41.66	3	NO
P	75820	VENOGRAPHY, EXTREMITY, UNILATERA	1/1/2008	\$26.07	3	NO
P	75822	VENOGRAPHY, EXTREMITY, BILATERAL	1/1/2008	\$38.98	3	NO
P	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	1/1/2008	\$42.20	3	NO
P	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	1/1/2008	\$41.66	3	NO
P	75831	VENOGRAPHY, RENAL, UNILATERAL, S	1/1/2008	\$41.93	3	NO
P	75833	VENOGRAPHY, RENAL, BIALTERAL, SE	1/1/2008	\$55.37	3	NO
P	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	1/1/2008	\$43.01	3	NO
P	75842	VENOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$54.57	3	NO
P	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	1/1/2008	\$43.01	3	NO
P	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	1/1/2008	\$42.47	3	NO
P	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	1/1/2008	\$44.89	3	NO
P	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	1/1/2008	\$25.80	3	NO
P	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$52.68	3	NO
P	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$52.95	3	NO
P	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$41.66	3	NO
P	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$41.66	3	NO
P	75893	VENOUS SAMPLING THRU CATH, W/OR	1/1/2008	\$19.89	3	NO
P	75894	TRANSCATHETER THERAPY, EMBOLIZAT	1/1/2008	\$48.65	3	NO
P	75896	TRANSCATHETER THERAPY, INFUSION,	1/1/2008	\$48.92	3	NO
P	75898	ANGIOGRAPHY THRU EXISTING CATHET	1/1/2008	\$61.02	3	NO
P	75900	EXCHANGE OF A PREVIOUSLY PLACED	1/1/2008	\$18.28	3	NO
P	75901	MECHANICAL REMOVAL OF PERICATHET	1/1/2008	\$18.01	3	NO
P	75902	MECHANICAL REMOVAL OF INTRALUMIN	1/1/2008	\$14.52	3	NO
P	75940	PERCUTANEOUS PLACEMENT OF IVC FI	1/1/2008	\$20.43	3	NO
P	75945	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$15.59	3	NO
P	75946	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$15.86	3	NO
P	75952	ENDOVASCULAR REPAIR OF INFRARENA	1/1/2008	\$170.96	3	NO
P	75953	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$51.88	3	NO
P	75954	ENDOVASCULAR REPAIR OF ILIAC ART	1/1/2008	\$84.67	3	NO
P	75956	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$273.10	3	NO
P	75957	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2008	\$234.12	3	NO
P	75958	PLACEMENT OF PROXIMAL EXTENSION	1/1/2008	\$155.90	3	NO
P	75959	PLACEMENT OF DISTAL EXTENSION PR	1/1/2008	\$136.55	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	75960	TRANSCATHETER INTRO OF INTRAVASC	1/1/2008	\$31.18	3	NO
P	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	1/1/2008	\$155.37	3	NO
P	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$20.16	3	NO
P	75964	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$13.71	3	NO
P	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$50.00	3	NO
P	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$13.98	3	NO
P	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	1/1/2008	\$30.37	3	NO
P	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$19.35	3	NO
P	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	1/1/2008	\$51.61	3	NO
P	75982	PERCUTANEOUS PLACE OF DRAIN CATH	1/1/2008	\$51.61	3	NO
P	75984	CHANGE OF PERCUTANEOUS TUBE OR D	1/1/2008	\$25.80	3	NO
P	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	1/1/2008	\$42.47	3	NO
P	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	1/1/2008	\$21.50	3	NO
P	75993	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$14.25	3	NO
P	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	1/1/2008	\$53.76	3	NO
P	75995	TRANSLUMINAL ATHERECTOMY, VISCER	1/1/2008	\$50.00	3	NO
P	75996	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$13.71	3	NO
P	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2007	INVALID	N	NO
P	76000	FLUOROSCOPY (SEP PROC), UP TO ON	1/1/2008	\$6.18	3	NO
P	76001	FLUOROSCOPY, PHYS TIME MORE THAN	1/1/2008	\$25.00	3	NO
P	76003	FLUROSCOPIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
P	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2007	INVALID	N	NO
P	76006	MANUAL APPLICATION OF STRESS PER	1/1/2007	INVALID	N	NO
P	76010	RADIOLOGIC EXAMINATION FROM NOSE	1/1/2008	\$6.72	3	NO
P	76012	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO
P	76013	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO
P	76020	BONE AGE STUDIES	1/1/2007	INVALID	N	NO
P	76040	BONE LENGTH STUDIES (ORTHOROENTG	1/1/2007	INVALID	N	NO
P	76061	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
P	76062	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
P	76065	INFANT	1/1/2007	INVALID	N	NO
P	76066	JOINT SURVEY, SINGLE VIEW, TWO O	1/1/2007	INVALID	N	NO
P	76070	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
P	76071	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
P	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
P	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
P	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
P	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	1/1/2007	INVALID	N	NO
P	76080	RADIOLOGIC EXAM, FISTULA OR SINU	1/1/2008	\$19.89	3	NO
P	76082	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
P	76083	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
P	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
P	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
P	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
P	76090	MAMMOGRAPHY UNILATERAL	1/1/2007	INVALID	N	NO
P	76091	MAMMOGRAPHY; BILATERAL	1/1/2007	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	76092	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2007	INVALID	N	NO
P	76093	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
P	76094	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
P	76095	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2007	INVALID	N	NO
P	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
P	76098	RADIOLOGICAL EXAMINATION, SURGIC	1/1/2008	\$5.91	3	NO
P	76100	RADIOLOGICAL EXAMINATION, SINGLE	1/1/2008	\$21.50	3	NO
P	76101	RADIOLOGIC EXAM,CMLPX MOTION(HYP	1/1/2008	\$21.50	3	NO
P	76102	RADIOLOGIC EXAMINATION COMPLEX M	1/1/2008	\$21.50	3	NO
P	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$14.25	3	NO
P	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$9.95	3	NO
P	76140	CONSULTATION ON X-RAY EXAMINATIO	4/1/1982	\$0.01	5	NO
P	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
P	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
P	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	1/1/2007	INVALID	N	NO
P	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
P	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
P	76376	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
P	76377	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
P	76380	COMPUTED TOMOGRAPHY, LIMITED OR	1/1/2008	\$35.75	3	NO
P	76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2008	\$51.07	3	NO
P	76393	MAGNETIC RESONANCE GUIDANCE FOR	1/1/2007	INVALID	N	NO
P	76394	MAGNETIC RESONANCE GUIDANCE FOR,	1/1/2007	INVALID	N	NO
P	76400	MAGNETIC RESONANCE (EG, PROTON)	1/1/2007	INVALID	N	NO
P	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO
P	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
P	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
P	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
P	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	4/1/1982	\$0.01	5	NO
P	76506	ECHOENCEPHALOGRAPHY, REAL TIME W	1/1/2008	\$24.73	3	NO
P	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$60.21	3	NO
P	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$36.56	3	NO
P	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$36.56	3	NO
P	76513	OPHTHALMIC ULTRASOUND; ECHOGRAPH	1/1/2008	\$25.80	3	NO
P	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	1/1/2008	\$6.99	3	NO
P	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$20.97	3	NO
P	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$20.97	3	NO
P	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	1/1/2008	\$22.04	3	NO
P	76536	ULTRASOUND, SOFT TISSUES OF HEAD	1/1/2008	\$20.16	3	NO
P	76604	ULTRASOUND, CHEST, B-SCAN (INCL	1/1/2008	\$19.89	3	NO
P	76645	ULTRASOUND, BREAST(S) (UNILATERA	1/1/2008	\$19.62	3	NO
P	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	1/1/2008	\$29.84	3	NO
P	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	1/1/2008	\$21.77	3	NO
P	76770	ULTRASOUND, RETROPERITONEAL (REN	1/1/2008	\$27.15	3	NO
P	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	1/1/2008	\$21.50	3	NO
P	76776	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2008	\$27.42	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2007	INVALID	N	NO
P	76800	ULTRASOUND, SPINAL CANAL AND CON	1/1/2008	\$40.59	3	NO
P	76801	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$36.56	3	NO
P	76802	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$30.91	3	NO
P	76805	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$36.56	3	NO
P	76810	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$36.02	3	NO
P	76811	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$71.50	3	NO
P	76812	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$66.66	3	NO
P	76813	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$41.93	3	NO
P	76814	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$35.21	3	NO
P	76815	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$24.19	3	NO
P	76816	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$31.99	3	NO
P	76817	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$27.69	3	NO
P	76818	FETAL BIOPHYSICAL PROFILE; WITH	1/1/2008	\$39.51	3	NO
P	76819	FETAL BIOPHYSICAL PROFILE; WITHO	1/1/2008	\$28.49	3	NO
P	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	1/1/2008	\$19.08	3	NO
P	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	1/1/2008	\$26.34	3	NO
P	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$62.09	3	NO
P	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$30.64	3	NO
P	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$21.50	3	NO
P	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$21.50	3	NO
P	76830	ULTRASOUND, TRANSVAGINAL	1/1/2008	\$25.27	3	NO
P	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	1/1/2008	\$26.61	3	NO
P	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	1/1/2008	\$25.54	3	NO
P	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	1/1/2008	\$14.25	3	NO
P	76870	ULTRASOUND, SCROTUM AND CONTENTS	1/1/2008	\$23.65	3	NO
P	76872	ECHOGRAPHY, TRANSRECTAL	1/1/2008	\$25.80	3	NO
P	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	1/1/2008	\$58.06	3	NO
P	76880	ULTRASOUND, EXTREMITY, NON-VASCU	1/1/2008	\$21.50	3	NO
P	76885	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$26.88	3	NO
P	76886	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$22.58	3	NO
P	76930	ULTRASONIC GUIDANCE FOR PERICARD	1/1/2008	\$25.80	3	NO
P	76932	ULTRASONIC GUIDANCE FOR ENDOMYOC	1/1/2008	\$26.07	3	NO
P	76936	ULTRASOUND GUIDED COMPRESSION RE	1/1/2008	\$74.73	3	NO
P	76937	ULTRASOUND GUIDANCE FOR VASCULAR	1/1/2008	\$11.56	3	NO
P	76940	ULTRASOUND GUIDANCE FOR, AND MON	1/1/2008	\$79.03	3	NO
P	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	1/1/2008	\$50.27	3	NO
P	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	1/1/2008	\$24.73	3	NO
P	76945	ULTRASONIC GUIDANCE FOR CHORIONI	1/1/2008	\$24.73	3	NO
P	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	1/1/2008	\$14.25	3	NO
P	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	1/1/2008	\$13.98	3	NO
P	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	1/1/2008	\$21.50	3	NO
P	76965	ULTRASONIC GUIDANCE FOR INTERSTI	1/1/2008	\$50.27	3	NO
P	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	1/1/2008	\$14.78	3	NO
P	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	1/1/2008	\$30.37	3	NO
P	76977	ULTRASOUND BONE DENSITY MEASUREM	1/1/2008	\$2.15	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
P	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	1/1/2007	INVALID	N	NO
P	76998	ULTRASONIC GUIDANCE, INTRAOPERAT	1/1/2008	\$46.23	3	NO
P	76999	UNLISTED ULTRASOUND PROCEDURE (E	4/1/1982	\$0.01	5	NO
P	77001	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2008	\$13.98	3	NO
P	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE	1/1/2008	\$19.35	3	NO
P	77003	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2008	\$20.97	3	NO
P	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$44.35	3	NO
P	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$42.47	3	NO
P	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE	1/1/2008	\$146.23	3	NO
P	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$31.45	3	NO
P	77021	MRI FOR NEEDLE PLACEMENT, RADIOL	1/1/2008	\$55.91	3	NO
P	77022	MRI FOR, AND MONITORING OF, PARE	1/1/2008	\$156.44	3	NO
P	77031	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2008	\$58.60	3	NO
P	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2008	\$20.43	3	NO
P	77051	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$2.42	3	NO
P	77052	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$2.42	3	NO
P	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$13.44	3	NO
P	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$16.67	3	NO
P	77055	MAMMOGRAPHY; UNILATERAL	1/1/2008	\$25.54	3	NO
P	77056	MAMMOGRAPHY; BILATERAL	1/1/2008	\$31.72	3	NO
P	77057	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2008	\$25.54	3	NO
P	77058	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$59.40	3	NO
P	77059	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$59.40	3	NO
P	77072	BONE AGE STUDIES	1/1/2008	\$6.72	3	NO
P	77073	BONE LENGTH STUDIES (ORTHO ROENTG	1/1/2008	\$9.95	3	NO
P	77074	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$16.67	3	NO
P	77075	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$19.89	3	NO
P	77076	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$25.54	3	NO
P	77077	JOINT SURVEY, SINGLE VIEW, 2 OR	1/1/2008	\$11.56	3	NO
P	77078	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$9.14	3	NO
P	77079	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$8.06	3	NO
P	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$8.06	3	NO
P	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$8.33	3	NO
P	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$6.45	3	NO
P	77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 O	1/1/2007	NC	9	NO
P	77084	MRI, BONE MAROW BLOOD SUPPLY	1/1/2007	NC	9	NO
P	77261	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$52.95	3	NO
P	77262	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$79.56	3	NO
P	77263	THERAPEUTIC RADIOLOGY TREATMENT	1/1/2008	\$118.27	3	NO
P	77280	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$26.07	3	NO
P	77285	THERAPEUTIC RADIOLOGY SIMUALTION	1/1/2008	\$38.71	3	NO
P	77290	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$57.79	3	NO
P	77295	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$168.54	3	NO
P	77299	UNLISTED PROCEDURE, THERAPEUTIC	4/1/1982	\$0.01	5	NO
P	77300	BASIC RADIATION DOSIMETRY CALCUL	1/1/2008	\$22.85	3	NO
P	77301	INTENSITY MODULATED RADIOTHERAPY	1/1/2008	\$295.14	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	77305	TELETHERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$26.07	3	NO
P	77310	TELETHERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$38.71	3	NO
P	77315	TELETHERAPY, ISODOSE PLAN (WHETH	1/1/2008	\$57.79	3	NO
P	77321	SPECIAL TELETHERAPY PORT PLAN PA	1/1/2008	\$35.21	3	NO
P	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	1/1/2008	\$34.68	3	NO
P	77327	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$51.34	3	NO
P	77328	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$77.41	3	NO
P	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	1/1/2008	\$31.99	3	NO
P	77332	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$20.16	3	NO
P	77333	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$30.91	3	NO
P	77334	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$45.96	3	NO
P	77399	UNLISTED PROCEDURE MEDICAL RADIA	4/1/1982	\$0.01	5	NO
P	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	4/1/2006	NC	9	NO
P	77431	RADIATION THERAPY MANAGEMENT W/C	1/1/2008	\$70.16	3	NO
P	77432	STEREOTACTIC RADIATION TREATMENT	1/1/2008	\$300.52	3	NO
P	77470	SPECIAL TREATMENT PROCEDURE (EG	1/1/2008	\$77.41	3	NO
P	77499	UNLISTED PROCEDURE THERAPEUTIC R	4/1/1982	\$0.01	5	NO
P	77520	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
P	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
P	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
P	77525	PROTON TREATMENT DELIVERY; COMPL	12/1/2002	\$0.01	5	NO
P	77600	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$56.99	3	NO
P	77605	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$77.95	3	NO
P	77610	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$57.79	3	NO
P	77615	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$77.15	3	NO
P	77620	HYPERTHERMIA GENERATED BY INTRAC	1/1/2008	\$60.48	3	NO
P	77750	INFUSION OR INSTILLATION OF RADI	1/1/2008	\$182.52	3	NO
P	77761	INTRACAVITARY RADIATION SOURCE A	1/1/2008	\$138.16	3	NO
P	77762	INTRACAVITARY RADIOELEMENT APPLI	1/1/2008	\$211.81	3	NO
P	77763	INTRCAVITARY RADIOELEMENT APPLIC	1/1/2008	\$317.45	3	NO
P	77776	INTERSTITIAL RADIATION SOURCE AP	1/1/2008	\$168.00	3	NO
P	77777	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$276.33	3	NO
P	77778	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$414.76	3	NO
P	77781	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$48.12	3	NO
P	77782	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$79.03	3	NO
P	77783	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$124.45	3	NO
P	77784	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$194.07	3	NO
P	77789	SURFACE APPLICATION OF RADIATION	1/1/2008	\$42.47	3	NO
P	77790	SUPERVISION, HANDLING, LOADING O	1/1/2008	\$38.71	3	NO
P	77799	UNLISTED PROCEDURE CLINICAL BRAC	4/1/1982	\$0.01	5	NO
P	78000	THYROID UPTAKE; SINGLE DETERMINA	1/1/2008	\$6.99	3	NO
P	78001	THYROID UPTAKE; MULTIPLE DETERMI	1/1/2008	\$9.68	3	NO
P	78003	THYROID UPTAKE; STIMULATION SUPP	1/1/2008	\$12.10	3	NO
P	78006	THYROID IMAGING WITH UPTAKE SING	1/1/2008	\$18.01	3	NO
P	78007	THYROID IMAGING WITH UPTAKE; MUL	1/1/2008	\$18.28	3	NO
P	78010	THYROID IMAGING; ONLY	1/1/2008	\$14.52	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78011	THYROID IMAGING; WITH VASCULAR F	1/1/2008	\$16.67	3	NO
P	78015	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$24.73	3	NO
P	78016	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$30.11	3	NO
P	78018	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$31.99	3	NO
P	78020	THYROID CARCINOMA METASTASES UPT	1/1/2008	\$22.04	3	NO
P	78070	PARATHYROID IMAGING	1/1/2008	\$30.37	3	NO
P	78075	ADRENAL IMAGING, CORTEX AND/OR M	1/1/2008	\$27.42	3	NO
P	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
P	78102	BONE MARROW IMAGING LIMITED AREA	1/1/2008	\$20.16	3	NO
P	78103	BONE MARROW IMAGING; MULTIPLE AR	1/1/2008	\$27.69	3	NO
P	78104	BONE MARROW IMAGING; WHOLE BODY	1/1/2008	\$29.57	3	NO
P	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	1/1/2008	\$7.26	3	NO
P	78111	BLOOD OR PLASMA VOLUME RADIOISOT	1/1/2008	\$8.33	3	NO
P	78120	RED CELL VOLUME DETERMINATION (S	1/1/2008	\$8.60	3	NO
P	78121	RED CELL MASS DETERMINATION; MUL	1/1/2008	\$11.83	3	NO
P	78122	WHOLE BLOOD VOLUME DETERMINATION	1/1/2008	\$16.67	3	NO
P	78130	RED CELL SURVIVAL STUDY;	1/1/2008	\$22.58	3	NO
P	78135	RED CELL SURVIVAL STUDY; DIFFERE	1/1/2008	\$23.65	3	NO
P	78140	LABELED RED CELL SEQUESTRATION,	1/1/2008	\$22.31	3	NO
P	78160	PLASMA RADIOIRON DISAPPEARANCE (	1/1/2006	INVALID	N	NO
P	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
P	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
P	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
P	78185	SPLEEN IMAGING ONLY, WITH OR WIT	1/1/2008	\$14.78	3	NO
P	78190	KINETICS,STUDY OF PLATELET SURVI	1/1/2008	\$41.66	3	NO
P	78191	PLATELET SURVIVAL STUDY	1/1/2008	\$22.31	3	NO
P	78195	LYMPHATICS AND LYMPH NODES IMAGI	1/1/2008	\$44.35	3	NO
P	78199	UNLISTED HEMATOPOIETIC, RETICULO	4/1/1982	\$0.01	5	NO
P	78201	LIVER IMAGING STATIC ONLY	1/1/2008	\$16.13	3	NO
P	78202	LIVER IMAGING; WITH VASCULAR FLO	1/1/2008	\$18.55	3	NO
P	78205	LIVER IMAGING (SPECT)	1/1/2008	\$26.07	3	NO
P	78206	LIVER IMAGING (SPECT); WITH VASC	1/1/2008	\$35.48	3	NO
P	78215	LIVER AND SPLEEN IMAGING STATIC	1/1/2008	\$18.01	3	NO
P	78216	LIVER AND SPLEEN IMAGING; WITH V	1/1/2008	\$20.70	3	NO
P	78220	LIVER FUNCTION STUDY WITH HEPATO	1/1/2008	\$18.01	3	NO
P	78223	HEPATOBIILIARY DUCTAL SYSTEM IMAG	1/1/2008	\$30.91	3	NO
P	78230	SALIVARY GLAND IMAGING;	1/1/2008	\$16.40	3	NO
P	78231	SALIVARY GLAND IMAGING; WITH SER	1/1/2008	\$19.08	3	NO
P	78232	SALIVARY GLAND FUNCTION STUDY	1/1/2008	\$17.20	3	NO
P	78258	ESOPHAGEAL MOTILITY	1/1/2008	\$27.42	3	NO
P	78261	GASTRIC MUCOSA IMAGING	1/1/2008	\$25.54	3	NO
P	78262	GASTROESOPHAGEAL REFLUX STUDY	1/1/2008	\$25.00	3	NO
P	78264	GASTRIC EMPTYING STUDY	1/1/2008	\$28.49	3	NO
P	78270	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$7.53	3	NO
P	78271	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$7.53	3	NO
P	78272	VITAMIN B-12 ABSORPTION STUDIES	1/1/2008	\$9.95	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78278	ACUTE GASTROINTESTINAL BLOOD LOS	1/1/2008	\$36.29	3	NO
P	78282	GASTROINTESTINAL PROTEIN LOSS	1/1/2008	\$13.98	3	NO
P	78290	INTESTINE IMAGING (EG, ECTOPIC G	1/1/2008	\$25.00	3	NO
P	78291	PERITONEAL-VENOUS SHUNT PATENCY	1/1/2008	\$32.52	3	NO
P	78299	UNLISTED GASTROINTESTINAL PROCED	4/1/1982	\$0.01	5	NO
P	78300	BONE AND/OR JOINT IMAGING; LIMIT	1/1/2008	\$22.85	3	NO
P	78305	BONE IMAGING; MULTIPLE AREAS	1/1/2008	\$30.64	3	NO
P	78306	BONE IMAGING; WHOLE BODY	1/1/2008	\$31.72	3	NO
P	78315	BONE AND/OR JOINT IMAGING; THREE	1/1/2008	\$37.36	3	NO
P	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	1/1/2008	\$38.17	3	NO
P	78350	BONE DENSITY (BONE MINERAL CONTE	1/1/2008	\$8.06	3	NO
P	78399	UNLISTED MUSCULOSKELETAL PROCEDU	4/1/1982	\$0.01	5	NO
P	78414	DETERMINATION OF CENTRAL C-V HEM	1/1/2008	\$16.93	3	NO
P	78428	CARDIAC SHUNT DETECTION	1/1/2008	\$30.11	3	NO
P	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	1/1/2008	\$18.28	3	NO
P	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO
P	78456	ACUTE VENOUS THROMBOSIS IMAGING,	1/1/2008	\$38.17	3	NO
P	78457	VENOUS THROMBOSIS IMAGING(E.G.,V	1/1/2008	\$28.22	3	NO
P	78458	VENOUS THROMBOSIS IMAGING (EG VE	1/1/2008	\$33.33	3	NO
P	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78460	MYOCARDIAL PERFUSION IMAGING; (P	1/1/2008	\$31.99	3	NO
P	78461	MYOCARDIAL PERFUSION IMAGING; MU	1/1/2008	\$45.70	3	NO
P	78464	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$41.40	3	NO
P	78465	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$55.91	3	NO
P	78466	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$25.80	3	NO
P	78468	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$30.64	3	NO
P	78469	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$34.68	3	NO
P	78472	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$36.83	3	NO
P	78473	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$55.37	3	NO
P	78478	MYOCARDIAL PERFUSION STUDY W/WAL	1/1/2008	\$20.16	3	NO
P	78480	MYOCARDIAL PERFUSION STUDY W/EJE	1/1/2008	\$13.98	3	NO
P	78481	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$37.90	3	NO
P	78483	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$56.99	3	NO
P	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
P	78494	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$45.43	3	NO
P	78496	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$19.35	3	NO
P	78499	UNLISTED CARDIOVASCULAR PROCEDUR	4/1/1982	\$0.01	5	NO
P	78580	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$27.15	3	NO
P	78584	PULMONARY PERFUSION IMAGIN, PART	1/1/2008	\$36.29	3	NO
P	78585	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$40.05	3	NO
P	78586	PULMONARY VENTILATION IMAGING AE	1/1/2008	\$14.78	3	NO
P	78587	PULMONARY BENTILATION IMAGING AE	1/1/2008	\$18.01	3	NO
P	78588	PULMONARY PERFUSION IMAGING, PAR	1/1/2008	\$40.05	3	NO
P	78591	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$14.78	3	NO
P	78593	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$18.01	3	NO

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P	78594	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$19.35	3	NO
P	78596	PULMONARY QUANTITATIVE DIFFERENT	1/1/2008	\$46.23	3	NO
P	78599	UNLISTED RESPIRATORY PROCEDURE D	4/1/1982	\$0.01	5	NO
P	78600	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$16.13	3	NO
P	78601	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$18.55	3	NO
P	78605	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$19.35	3	NO
P	78606	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$23.39	3	NO
P	78607	BRAIN IMAGING, TOMOGRAPHIC (SPEC	1/1/2008	\$45.43	3	NO
P	78608	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$55.10	3	YES
P	78609	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$55.10	3	YES
P	78610	BRAIN IMAGING, VASCULAR FLOW ONL	1/1/2008	\$11.29	3	NO
P	78615	CEREBRAL VASCULAR FLOW	1/1/2008	INVALID	N	NO
P	78630	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$25.00	3	NO
P	78635	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$22.85	3	NO
P	78645	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$20.70	3	NO
P	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	1/1/2008	\$33.06	3	NO
P	78650	CEREBROSPINAL FLUID LEAKAGE DETE	1/1/2008	\$22.58	3	NO
P	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	1/1/2008	\$19.62	3	NO
P	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	4/1/1982	\$0.01	5	NO
P	78700	KIDNEY IMAGING STATIC ONLY	1/1/2008	\$16.67	3	NO
P	78701	KIDNEY IMAGING; WITH VASCULAR FL	1/1/2008	\$18.01	3	NO
P	78704	KIDNEY IMAGING; WITH FUNCTION ST	1/1/2007	INVALID	N	NO
P	78707	KIDNEY IMAGING; WITH VASCULAR FL	1/1/2008	\$35.21	3	NO
P	78708	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$44.35	3	NO
P	78709	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$51.61	3	NO
P	78710	KIDNEY IMAGING; TOMOGRAPHIC (SPE	1/1/2008	\$24.19	3	NO
P	78715	KIDNEY VASCULAR FLOW ONLY	1/1/2007	INVALID	N	NO
P	78725	KIDNEY FUNCTION STUDY WITHOUT PH	1/1/2008	\$14.25	3	NO
P	78730	URINARY BLADDER RESIDUAL STUDY	1/1/2008	\$7.53	3	NO
P	78740	URETERAL REFLUX STUDY (RADIOPHAR	1/1/2008	\$20.97	3	NO
P	78760	TESTICULAR IMAGING	1/1/2007	INVALID	N	NO
P	78761	TESTICULAR IMAGING; WITH VASCULA	1/1/2008	\$26.07	3	NO
P	78799	UNLISTED GENITOURINARY PROCEDURE	4/1/1982	\$0.01	5	NO
P	78800	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$24.46	3	NO
P	78801	TUMOR LOCALIZATION; MULTIPLE ARE	1/1/2008	\$29.57	3	NO
P	78802	TUMOR LOCALIZATION; WHOLE BODY	1/1/2008	\$31.72	3	NO
P	78803	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$40.32	3	NO
P	78804	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$39.24	3	NO
P	78805	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$26.88	3	NO
P	78806	ABSCESS LOCALIZATION; WHOLE BODY	1/1/2008	\$31.72	3	NO
P	78807	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$40.32	3	NO
P	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID	N	YES
P	78811	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$58.06	3	YES
P	78812	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$72.04	3	YES
P	78813	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$74.46	3	YES
P	78814	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$81.72	3	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	78815	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$90.32	3	YES
P	78816	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$92.47	3	YES
P	78890	GENERATION OF AUTOMATED DATA: IN	1/1/2008	\$2.15	3	NO
P	78891	GENERATION OF AUTOMATED DATA INT	1/1/2008	\$4.03	3	NO
P	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
P	78999	UNLISTED MISCELLANEOUS PROCEDURE	4/1/1982	\$0.01	5	NO
P	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
P	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
P	79005	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$66.12	3	NO
P	79020	RADIOPHARMACEUTICAL THERAPY, THY	1/1/2005	INVALID	N	NO
P	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
P	79035	RADIOPHARMACEUTICAL THERAPY FOR5	1/1/2005	INVALID	N	NO
P	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
P	79101	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$72.84	3	NO
P	79200	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$73.65	3	NO
P	79300	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$61.56	3	NO
P	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
P	79403	RADIOPHARMACEUTICAL THERAPY, RAD	1/1/2008	\$85.75	3	NO
P	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
P	79440	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$73.92	3	NO
P	79445	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$88.97	3	NO
P	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
P	79999	RADIOPHARMACEUTICAL THERAPY, UNL	4/1/1982	\$0.01	5	NO
P	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
P	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
P	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
P	80415	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
P	82107	ALPHA-FETOPROTEIN; AFP-L3 FRACTI	1/1/2007	NC	9	NO
P	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
P	82610	CYSTATIN C	1/1/2008	NC	9	NO
P	82757	FRUCTOSE SEMEN	4/1/1982	NC	9	NO
P	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	1/1/2008	\$13.98	3	NO
P	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLI	1/1/2007	NC	9	NO
P	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
P	83912	NUCLEAR MOLECULAR DIAGNOSTICS; I	1/1/2008	\$13.44	3	NO
P	83913	MOLECULAR DIAGNOSTICS; RNA STABI	1/1/2007	NC	9	NO
P	84030	PHENYLALANINE (PKU), BLOOD	4/1/1982	NC	9	NO
P	84165	PROTEIN; ELECTROPHORETIC FRACTIO	1/1/2008	\$13.71	3	NO
P	84166	PROTEIN; ELECTROPHORETIC FRACTIO	1/1/2008	\$13.71	3	NO
P	84181	WESTERN BLOT, WITH INTERPRETATIO	1/1/2008	\$13.98	3	NO
P	84182	WESTERN BLOT, WITH INTERPRETATIO	1/1/2008	\$14.52	3	NO
P	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
P	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
P	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
P	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
P	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
P	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
P	85390	FIBRINOLYSINS OR COAGULOPATHY SC	1/1/2008	\$13.71	3	NO
P	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
P	85576	PLATELET; AGGREGATION (IN VITRO)	1/1/2008	\$14.25	3	NO
P	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
P	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
P	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
P	86255	FLUORESCENT ANTIBODY; SCREEN, EA	1/1/2008	\$13.98	3	NO
P	86256	FLUORESCENT ANTIBODY; TITER, EAC	1/1/2008	\$13.98	3	NO
P	86320	IMMUNOELECTROPHORESIS; SERUM	1/1/2008	\$13.98	3	NO
P	86325	IMMUNOELECTROPHORESIS; OTHER FLU	1/1/2008	\$13.71	3	NO
P	86327	IMMUNOELECTROPHORESIS; CROSSED (	1/1/2008	\$16.40	3	NO
P	86334	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2008	\$13.98	3	NO
P	86335	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2008	\$13.98	3	NO
P	86356	MONONUCLEAR CELL ANTIGEN, QUANTI	1/1/2008	NC	9	NO
P	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
P	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
P	86911	BLOOD TYPING, FOR PATERNITY TEST	8/1/1993	NC	9	NO
P	87164	DARK FIELD EXAMINATION ANY SOURC	1/1/2008	\$13.44	3	NO
P	87207	SMEAR, PRIMARY SOURCE WITH INTER	1/1/2008	\$14.25	3	NO
P	87808	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2007	NC	9	NO
P	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
P	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
P	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
P	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
P	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
P	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO
P	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
P	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS	1/1/2008	\$21.50	3	NO
P	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$21.50	3	NO
P	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$29.57	3	NO
P	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$21.50	3	NO
P	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	1/1/2008	\$44.62	3	NO
P	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	10/1/2002	NC	9	NO
P	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2008	\$17.47	3	NO
P	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	1/1/2008	\$19.08	3	NO



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P	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$19.35	3	NO
P	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$29.03	3	NO
P	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
P	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
P	88172	CYTOPATHOLOGY, EVALUATION OF FIN	1/1/2008	\$23.12	3	NO
P	88173	EVALUATION OF FINE NEEDLE ASPIRA	1/1/2008	\$53.22	3	NO
P	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
P	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	1/1/2008	\$29.03	3	NO
P	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/1982	\$0.01	5	NO
P	88299	UNLISTED CYTOGENETIC STUDY	4/1/1982	\$0.01	5	NO
P	88300	LEVEL I - SURGICAL PATHOLOGY, GR	1/1/2008	\$3.23	3	NO
P	88302	LEVEL II - SURGICAL PATHOLOGY, G	1/1/2008	\$5.38	3	NO
P	88304	LEVEL III - SURGICAL PATHOLOGY,	1/1/2008	\$8.33	3	NO
P	88305	LEVEL IV - SURGICAL PATHOLOGY, G	1/1/2008	\$29.03	3	NO
P	88307	LEVEL V - SURGICAL PATHOLOGY, GR	1/1/2008	\$61.29	3	NO
P	88309	LEVEL VI - SURGICAL PATHOLOGY, G	1/1/2008	\$102.68	3	NO
P	88311	DECALCIFICATION PROCEDURE (LIST	1/1/2008	\$9.14	3	NO
P	88312	SPECIAL STAINS (LIST SEPERATELY	1/1/2008	\$20.70	3	NO
P	88313	SPECIAL STAINS GROUP II ALL OTHE	1/1/2008	\$9.14	3	NO
P	88314	SPECIAL STAINS HISTOCHEMICAL STA	1/1/2008	\$17.47	3	NO
P	88318	DETERMINATIVE HISTOCHEMISTRY TO	1/1/2008	\$16.40	3	NO
P	88319	DETERMINATIVE HISTOCHEMISTRY OR	1/1/2008	\$20.16	3	NO
P	88323	CONSULTATION AND REPORT ON REFER	1/1/2008	\$65.05	3	NO
P	88331	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$45.96	3	NO
P	88332	CONSULTATION DURING SURGERY; EAC	1/1/2008	\$22.58	3	NO
P	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$46.50	3	NO
P	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$26.88	3	NO
P	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	1/1/2008	\$32.52	3	NO
P	88346	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$32.79	3	NO
P	88347	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$32.26	3	NO
P	88348	ELECTRON MICROSCOPY DIAGNOSTIC	1/1/2008	\$57.79	3	NO
P	88349	SCANNING	1/1/2008	\$29.30	3	NO
P	88355	MORPHOMETRIC ANALYSIS SKELETAL M	1/1/2008	\$70.16	3	NO
P	88356	MORPHOMETRIC ANALYSIS NERVE	1/1/2008	\$115.05	3	NO
P	88358	MORPHOMETRIC ANALYSIS; TUMOR	1/1/2008	\$37.36	3	NO
P	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	1/1/2008	\$42.47	3	NO
P	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	1/1/2008	\$45.96	3	NO
P	88362	NERVE TEASING PREPARATIONS	1/1/2008	\$83.33	3	NO
P	88365	IN SITU HYBRIDIZATION (EG, FISH)	1/1/2008	\$44.89	3	NO
P	88367	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$48.92	3	NO
P	88368	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$52.68	3	NO
P	88371	PROTEIN ANALYSIS OF TISSUE BY WE	1/1/2008	\$13.44	3	NO
P	88372	PROTEIN ANALYSIS OF TISSUE BY WE	1/1/2008	\$14.25	3	NO
P	88381	MICRODISSECTION (IE, SIMPLE PREP	1/1/2008	\$42.09	3	NO
P	88385	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
P	88386	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	88399	UNLISTED SURGICAL PATHOLOGY PROC	4/1/1982	\$0.01	5	NO
P	89060	CRYSTAL IDENTIFICATION BY COMPEN	1/1/2008	\$14.25	3	NO
P	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
P	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
P	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
P	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
P	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
P	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
P	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
P	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
P	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
P	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
P	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
P	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
P	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
P	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
P	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
P	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
P	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
P	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
P	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
P	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
P	89300	SEMEN ANALYSIS PRESENCE AND/OR M	4/1/1982	NC	9	NO
P	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
P	89320	SEMEN ANALYSIS; VOLUME, COUNT, M	4/1/1988	NC	9	NO
P	89321	SEMEN ANALYSIS; SPERM PRESENCE A	1/1/2001	NC	9	NO
P	89322	SEMEN ANALYSIS; VOLUME, COUNT, M	1/1/2008	NC	9	NO
P	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
P	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
P	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
P	89331	SPERM EVALUATION, FOR RETROGRADE	1/1/2008	NC	9	NO
P	89335	CRYOPRESERVATION, REPRODUCTIVE T	1/1/2004	NC	9	NO
P	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
P	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
P	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
P	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
P	89350	SPUTUM OBTAINING SPECIMEN AEROSL	4/1/2004	INVALID	N	NO
P	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
P	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
P	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
P	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
P	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
P	89360	SWEAT COLLECTION BY IONTOPHORESI	4/1/2004	INVALID	N	NO
P	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
P	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
P	90632	HEPATITIS A VACCINE, ADULT DOSAG	2/1/2001	\$15.19	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	90633	HEPATITIS A VACCINE, PEDIATRIC/A	1/1/1999	\$15.19	3	NO
P	90636	HEPATITIS A AND HEPATITIS B VACC	2/1/2003	\$15.19	3	NO
P	90645	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
P	90647	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90648	HEMOPHILUS INFLUENZA B VACCINE (	1/1/1999	\$15.19	3	NO
P	90649	HUMAN PAPILOMA VIRUS (HPV) VACC	12/1/2006	\$15.19	3	NO
P	90655	INFLUENZA VIRUS VACCINE, SPLIT V	11/15/2003	\$15.19	3	NO
P	90656	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2005	\$15.19	3	NO
P	90657	INFLUENZA VIRUS VACCINE, SPLIT V	9/1/2000	\$15.19	3	NO
P	90658	INFLUENZA VIRUS VACCINE, SPLIT V	9/1/2000	\$15.19	3	NO
P	90660	INFLUENZA VIRUS VACCINE, LIVE, F	9/15/2005	\$15.19	3	NO
P	90669	PNEUMOCOCCAL CONJUGATE VACCINE,	1/1/1999	\$15.19	3	NO
P	90680	ROTAVIRUS VACCINE, PENTAVALENT,	7/1/2006	\$15.19	3	NO
P	90698	DIPHTHERIA, TETANUS TOXOIDS, ACE	3/1/2005	NC	9	NO
P	90700	DIPHTHERIA, TETANUS TOXOIDS, AND A	1/1/1995	\$15.19	3	NO
P	90701	DIPHTHERIA, TETANUS TOXOIDS, AND	1/1/2007	NC	9	NO
P	90702	DIPHTHERIA AND TETANUS TOXOIDS (	1/1/1995	\$15.19	3	NO
P	90707	MEASLES, MUMPS AND RUBELLA VIRUS	1/1/1995	\$15.19	3	NO
P	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
P	90710	MEASLES, MUMPS, RUBELLA, AND VAR	5/1/2006	\$15.19	3	NO
P	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	4/1/2001	NC	9	NO
P	90713	POLIOVIRUS VACCINE, INACTIVATED,	1/1/1995	\$15.19	3	NO
P	90714	TETANUS AND DIPHTHERIA TOXOIDS (	7/1/2005	\$15.19	3	NO
P	90715	TETANUS, DIPHTHERIA TOXOIDS AND	7/1/2005	\$15.19	3	NO
P	90716	VARICELLA VIRUS VACCINE, LIVE, F	11/1/1996	\$15.19	3	NO
P	90721	DIPHTHERIA, TETANUS TOXOIDS, ACE	5/1/2002	\$15.19	3	NO
P	90723	DIPHTHERIA, TETANUS TOXOIDS, ACE	4/1/2003	\$15.19	3	NO
P	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
P	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	1/1/2001	\$15.19	3	NO
P	90733	MENINGOCOCCAL POLYSACCHARIDE VAC	8/1/2005	\$15.19	3	NO
P	90734	MENINGOCOCCAL CONJUGATE VACCINE,	6/27/2005	\$15.19	3	NO
P	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
P	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2001	\$15.19	3	NO
P	90744	HEPATITIS B VACCINE, PEDIATRIC/A	4/1/1996	\$15.19	3	NO
P	90746	IMMUNIZATION, ACTIVE, HEPATITIS	1/1/2001	\$15.19	3	NO
P	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2001	\$15.19	3	NO
P	90748	HEPATITIS B AND HEMOPHILUS INFLU	1/1/1999	\$15.19	3	NO
P	90749	UNLISTED VACCINE/TOXOID	4/1/2005	\$15.19	3	NO
P	91000	ESOPHAGEAL INTUBATION AND COLLEC	1/1/2008	\$29.57	3	NO
P	91010	ESOPHAGEAL MOTILITY STUDY	1/1/2008	\$47.85	3	NO
P	91011	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$57.79	3	NO
P	91012	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$55.91	3	NO
P	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	1/1/2008	\$54.57	3	NO
P	91022	DUODENAL MOTILITY (MANOMETRIC) S	4/1/2006	NC	9	NO
P	91030	ESOPHAGUS ACID PERFUSION (BERNST	1/1/2008	\$34.94	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
P	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
P	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$37.36	3	NO
P	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$60.48	3	NO
P	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
P	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
P	91040	ESOPHAGEAL BALLOON DISTENSION PR	4/1/2005	NC	9	NO
P	91052	GASTRIC ANALYSIS TEST WITH INJEC	1/1/2008	\$30.37	3	NO
P	91055	GASTRIC INTUBATION WASHINGS AND	1/1/2008	\$33.87	3	NO
P	91060	GASTRIC SALINE LOAD TEST	1/1/2007	INVALID	N	NO
P	91065	BREATH HYDROGEN TEST (EG, FOR DE	1/1/2008	\$7.53	3	NO
P	91110	GASTROINTESTINAL TRACT IMAGING,	1/1/2008	\$137.63	3	NO
P	91120	RECTAL SENSATION, TONE, AND COMP	4/1/2006	NC	9	NO
P	91122	ANORECTAL MANOMETRY	1/1/2008	\$66.66	3	NO
P	91132	ELECTROGASTROPOGRAPHY, DIAGNOSTI	1/1/2008	\$19.89	3	NO
P	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC,	1/1/2008	\$25.27	3	NO
P	91299	UNLISTED DIAGNOSTIC GASTROENTERO	9/1/1993	\$0.01	5	NO
P	92025	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	\$12.90	3	NO
P	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	1/1/2008	\$26.61	3	NO
P	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	1/1/2008	\$13.98	3	NO
P	92081	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$13.71	3	NO
P	92082	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$16.93	3	NO
P	92083	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$19.35	3	NO
P	92135	SCANNING COMPUTERIZED OPHTHALMIC	1/1/2008	\$13.44	3	NO
P	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	1/1/2008	\$20.97	3	NO
P	92235	OPHTHALMOSCOPY WITH MEDICAL DIAG	1/1/2008	\$31.99	3	NO
P	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	1/1/2008	\$43.28	3	NO
P	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	1/1/2008	\$16.93	3	NO
P	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	1/1/2008	\$30.11	3	NO
P	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	1/1/2008	\$30.91	3	NO
P	92275	ELECTRORETINOGRAPHY WITH MEDICAL	1/1/2008	\$39.24	3	NO
P	92283	COLOR VISION EXAMINATION EXTENDE	1/1/2008	\$6.72	3	NO
P	92284	DARK ADAPTATION EXAMINATION WITH	1/1/2008	\$8.87	3	NO
P	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	1/1/2008	\$8.06	3	NO
P	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	1/1/2008	\$25.80	3	NO
P	92499	UNLISTED ORPHTHALMOLOGICAL SERVI	9/21/1993	\$0.01	5	NO
P	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	1/1/2008	\$15.86	3	NO
P	92542	POSITIONAL NYSTAGMUS TEST MINIMU	1/1/2008	\$12.90	3	NO
P	92543	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$4.30	3	NO
P	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	1/1/2008	\$10.21	3	NO
P	92545	OSCILLATING TRACKING TEST WITH R	1/1/2008	\$9.14	3	NO
P	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	1/1/2008	\$11.29	3	NO
P	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	1/1/2008	\$20.16	3	NO
P	92585	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$19.35	3	NO
P	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	1/1/2008	\$5.38	3	NO
P	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	1/1/2008	\$13.98	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
P	92978	INTRAVASCULAR ULTRASOUND DURING	1/1/2008	\$70.96	3	NO
P	92979	INTERVASCULAR ULTRASOUND DURING	1/1/2008	\$56.99	3	NO
P	93024	ERGONOVINE PROVOCATION TEST	1/1/2008	\$45.70	3	NO
P	93025	MICROVOLT T-WAVE ALTERNANS FOR A	1/1/2008	\$29.30	3	NO
P	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	1/1/2008	\$9.68	3	NO
P	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$49.73	3	NO
P	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$28.49	3	NO
P	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$35.75	3	NO
P	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	1/1/2008	\$20.70	3	NO
P	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	1/1/2008	\$84.13	3	NO
P	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	1/1/2008	\$48.12	3	NO
P	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$106.71	3	NO
P	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$69.89	3	NO
P	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	1/1/2008	\$78.76	3	NO
P	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$14.78	3	NO
P	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$6.18	3	NO
P	93325	DOPPLER COLOR FLOW VELOCITY MAPP	1/1/2008	\$2.96	3	NO
P	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$58.06	3	NO
P	93501	RIGHT HEART CATHETERIZATION	1/1/2008	\$120.96	3	NO
P	93505	ENDOMYOCARDIAL BIOPSY	1/1/2008	\$175.26	3	NO
P	93508	CATHETER PLACEMENT IN CORONARY A	1/1/2008	\$174.72	3	NO
P	93510	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$183.86	3	NO
P	93511	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$211.55	3	NO
P	93514	LEFT HEART CATHETERIZATION BY LE	1/1/2008	\$286.81	3	NO
P	93524	COMBINED TRANSSEPTAL AND RETROGR	1/1/2008	\$288.96	3	NO
P	93526	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$250.79	3	NO
P	93527	COMBINED RT HEART CATH & TRANSSE	1/1/2008	\$302.94	3	NO
P	93528	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$370.94	3	NO
P	93529	COMBINED RIGHT HEART CATH/LEFT H	1/1/2008	\$201.06	3	NO
P	93530	RIGHT HEART CATHETERIZATION, FOR	1/1/2008	\$172.84	3	NO
P	93531	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$337.34	3	NO
P	93532	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$400.24	3	NO
P	93533	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$269.61	3	NO
P	93536	PERCUTANEOUS INSERTION OF INTRA-	4/1/2002	INVALID	N	NO
P	93555	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$31.99	3	NO
P	93556	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$32.79	3	NO
P	93561	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$18.28	3	NO
P	93562	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$5.91	3	NO
P	93571	INTRAVASCULAR DOPPLER VELOCITY A	1/1/2008	\$70.43	3	NO
P	93572	INTRAVASCULAR DOPPLER VELOCITY A	1/1/2008	\$54.84	3	NO
P	93600	BUNDLE OF HIS RECORDING	1/1/2008	\$85.48	3	NO
P	93602	INTRA-ATRIAL RECORDING	1/1/2008	\$85.48	3	NO
P	93603	RIGHT VENTRICULAR RECORDING	1/1/2008	\$85.48	3	NO
P	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
P	93609	INTRAVENTRICULAR AND/OR INTRA-AT	1/1/2008	\$201.33	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	93610	INTRA-ATRIAL PACING	1/1/2008	\$121.23	3	NO
P	93612	INTRAVENTRICULAR PACING	1/1/2008	\$121.23	3	NO
P	93615	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$36.29	3	NO
P	93616	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$54.03	3	NO
P	93618	INDUCTION OF ARRHYTHMIA BY ELECT	1/1/2008	\$171.76	3	NO
P	93619	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/2008	\$300.79	3	NO
P	93620	COMP ELECTROPHYSIOLOGIC EVAL INC	1/1/2008	\$472.82	3	NO
P	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/2008	\$84.67	3	NO
P	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/2008	\$124.99	3	NO
P	93623	PROGRAMMED STIMULATION AND PACIN	1/1/2008	\$114.78	3	NO
P	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	1/1/2008	\$207.19	3	NO
P	93631	INTRA-OPERATIVE CARDIAC PACING A	1/1/2008	\$304.55	3	NO
P	93640	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$141.12	3	NO
P	93641	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$238.43	3	NO
P	93642	ELECTROPHYSIOLOGIC EVALUATION OF	1/1/2008	\$197.84	3	NO
P	93660	EVALUATION OF CARDIOVASCULAR FUN	1/1/2008	\$74.19	3	NO
P	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	1/1/2008	\$110.48	3	NO
P	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	1/1/2008	\$6.72	3	NO
P	93724	ELECTRONIC ANALYSIS OF ANTITACHY	1/1/2008	\$191.39	3	NO
P	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$17.47	3	NO
P	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$36.02	3	NO
P	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$6.72	3	NO
P	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	7/1/1991	\$17.14	3	NO
P	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$28.76	3	NO
P	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$5.91	3	NO
P	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
P	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
P	93740	TEMPERATURE GRADIENT STUDIES	1/1/2008	\$5.64	3	NO
P	93741	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$31.45	3	NO
P	93742	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$36.02	3	NO
P	93743	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$40.32	3	NO
P	93744	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$46.50	3	NO
P	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO
P	93760	THERMOGRAM CEPHALIC	1/1/2008	\$19.95	3	NO
P	93762	THERMOGRAM; PERIPHERAL	1/1/2008	\$20.76	3	NO
P	93770	DETERMINATION OF VENOUS PRESSURE	1/1/2008	\$5.91	3	NO
P	93799	UNLISTED CARDIOVASCULAR SERVICE	4/5/1993	\$0.01	5	NO
P	93875	NON-INVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$8.33	3	NO
P	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$22.58	3	NO
P	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$15.32	3	NO
P	93886	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$36.29	3	NO
P	93888	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$23.92	3	NO
P	93890	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
P	93892	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
P	93893	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
P	93922	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$9.41	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	93923	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$17.20	3	NO
P	93924	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$19.35	3	NO
P	93925	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$22.04	3	NO
P	93926	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$15.05	3	NO
P	93930	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$17.74	3	NO
P	93931	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$11.83	3	NO
P	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$13.17	3	NO
P	93970	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$25.80	3	NO
P	93971	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$16.93	3	NO
P	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$68.01	3	NO
P	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$44.35	3	NO
P	93978	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$25.00	3	NO
P	93979	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$16.67	3	NO
P	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$47.31	3	NO
P	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$16.40	3	NO
P	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	1/1/2008	\$9.68	3	NO
P	94010	SPIROMETRY INCLUDING GRAPHIC REC	1/1/2008	\$6.18	3	NO
P	94060	BRONCHOSPASM EVALUATION SPIROMET	1/1/2008	\$11.02	3	NO
P	94070	PROLONGED POSTEXPOSURE EVALUATIO	1/1/2008	\$21.50	3	NO
P	94150	VITAL CAPACITY TOTAL (SEPARATE P	1/1/2008	\$2.96	3	NO
P	94200	MAXIMUM BREATHING CAPACITY MAXIM	1/1/2008	\$4.03	3	NO
P	94240	FUNCTIONAL RESIDUAL CAPACITY OR	1/1/2008	\$9.41	3	NO
P	94250	EXPIRED GAS COLLECTION QUANTITAT	1/1/2008	\$4.03	3	NO
P	94260	THORACIC GAS VOLUME	1/1/2008	\$4.84	3	NO
P	94350	DETERMINATION OF MALDISTRIBUTION	1/1/2008	\$9.41	3	NO
P	94360	DETERMINATION OF RESISTANCE TO A	1/1/2008	\$9.41	3	NO
P	94370	DETERMINATION OF AIRWAY CLOSING	1/1/2008	\$9.41	3	NO
P	94375	RESPIRATORY FLOW VOLUME LOOP	1/1/2008	\$11.02	3	NO
P	94400	BREATHING RESPONSE TO C02 (C02 R	1/1/2008	\$14.78	3	NO
P	94450	BREATHING RESPONSE TO HYPOXIA (H	1/1/2008	\$14.25	3	NO
P	94620	PULMONARY STRESS TESTING SIMPLE	1/1/2008	\$23.12	3	NO
P	94621	PULMONARY STRESS TESTING; COMPLE	1/1/2008	\$51.88	3	NO
P	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$9.41	3	NO
P	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$7.26	3	NO
P	94690	OXYGEN UPTASKE EXPIRED GAS ANALY	1/1/2008	\$2.69	3	NO
P	94720	CARBON MONOXIDE DIFFUSING CAPACI	1/1/2008	\$9.41	3	NO
P	94725	MEMBRANE DIFFUSION CAPACITY	1/1/2008	\$9.41	3	NO
P	94750	PULMONARY COMPLIANCE STUDY (EG,	1/1/2008	\$8.33	3	NO
P	94770	CARBON DIOXIDE EXPIRED GAS DETER	1/1/2008	\$5.38	3	NO
P	94772	CIRCADIAN RESPIRATORY PATTERN RE	1/1/2008	\$55.45	3	NO
P	94799	UNLISTED PULMONARY SERVICE OR PR	6/1/1991	\$0.01	5	NO
P	95805	MULTIPLE SLEEP LATENCY TESTING (	1/1/2008	\$69.62	3	NO
P	95806	SLEEP STUDY, SIMULTANEOUS RECORD	1/1/2008	\$61.02	3	NO
P	95807	SLEEP STUDY, 3 OR MORE PARAMETER	1/1/2008	\$60.48	3	NO
P	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$98.11	3	NO
P	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$129.29	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	1/1/2008	\$138.97	3	NO
P	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$41.93	3	NO
P	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$66.39	3	NO
P	95816	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$41.93	3	NO
P	95819	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$41.93	3	NO
P	95822	ELECTROENCEPHALOGRAM (EEG); RECO	1/1/2008	\$41.93	3	NO
P	95824	ELECTROENCEPHALOGRAM (EEG); CERE	1/1/2008	\$28.76	3	NO
P	95827	ELECTROENCEPHALOGRAM (EEG); ALL	1/1/2008	\$40.59	3	NO
P	95829	ELECTROCORTICOGRAM AT SURGERY (S	1/1/2008	\$238.43	3	NO
P	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
P	95860	ELECTROMYOGRAPHY ONE EXTREMITY A	1/1/2008	\$37.90	3	NO
P	95861	ELECTROMYOGRAPHY; TWO EXTREMITIE	1/1/2008	\$60.48	3	NO
P	95863	ELECTROMYOGRAPHY; THREE EXTREMIT	1/1/2008	\$72.84	3	NO
P	95864	ELECTROMYOGRAPHY; FOUR EXTREMITI	1/1/2008	\$77.68	3	NO
P	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2008	\$63.17	3	NO
P	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2008	\$49.46	3	NO
P	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	1/1/2008	\$30.64	3	NO
P	95868	ELECTROMYOGRAPHY CRANIAL NERVE S	1/1/2008	\$45.70	3	NO
P	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	1/1/2008	\$14.52	3	NO
P	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	1/1/2008	\$14.52	3	NO
P	95872	NEEDLE ELECTROMYOGRAPHY USING SI	1/1/2008	\$98.65	3	NO
P	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2008	\$14.52	3	NO
P	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2008	\$14.78	3	NO
P	95875	ISCHEMIC LIMB EXERCISE TEST WITH	1/1/2008	\$42.47	3	NO
P	95900	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$16.40	3	NO
P	95903	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$23.39	3	NO
P	95904	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$13.44	3	NO
P	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	1/1/2008	\$84.40	3	NO
P	95921	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$33.60	3	NO
P	95922	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$37.09	3	NO
P	95923	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$34.94	3	NO
P	95925	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$21.24	3	NO
P	95926	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$20.97	3	NO
P	95927	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$21.77	3	NO
P	95930	VISUAL EVOKED POTENTIAL (VEP) TE	1/1/2008	\$13.71	3	NO
P	95933	ORBICULARIS OCULI (BLINK) REFLEX	1/1/2008	\$22.85	3	NO
P	95934	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$19.89	3	NO
P	95936	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$21.50	3	NO
P	95937	NEUROMUSCULAR JUNCTION TESTING (	1/1/2008	\$26.34	3	NO
P	95950	MONITORING FOR IDENTIFICATION AN	1/1/2008	\$58.60	3	NO
P	95951	MONITORING FOR IDENTIFICATION OF	1/1/2008	\$232.51	3	NO
P	95953	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$125.80	3	NO
P	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	1/1/2008	\$93.81	3	NO
P	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	1/1/2008	\$37.63	3	NO
P	95956	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$119.35	3	NO
P	95957	DIGITAL ANALYSIS OF ELECTROENCEP	1/1/2008	\$77.15	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	95958	WADA ACTIVATION TEST FOR HEMISPH	1/1/2008	\$162.89	3	NO
P	95961	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$125.53	3	NO
P	95962	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$129.29	3	NO
P	95965	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2008	\$311.54	3	NO
P	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2008	\$154.56	3	NO
P	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2008	\$128.49	3	NO
P	96020	NEUROFUNCTIONAL TEST SEL AND ADM	1/1/2007	NC	9	NO
P	99056	SVCS TYPICALLY PROVIDED IN THE O	1/1/1992	NC	9	NO
P	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
P	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
P	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
P	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
P	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
P	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
P	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO
P	G0106	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$36.02	3	NO
P	G0120	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$36.02	3	NO
P	G0122	COLORECTAL CANCER SCREENING; BAR	1/1/2008	\$37.09	3	NO
P	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
P	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
P	G0130	SINGLE ENERGY X-RAY ABSORPTIOMET	1/1/2008	\$8.06	3	NO
P	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
P	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
P	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
P	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO
P	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
P	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2008	\$25.54	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$31.72	3	NO
P	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$25.54	3	NO
P	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0218	PET IMAGING WHOLD BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES
P	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
P	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
P	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
P	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
P	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
P	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
P	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
P	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
P	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
P	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
P	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
P	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
P	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
P	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2007	INVALID	N	NO
P	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
P	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
P	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
P	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
P	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
P	G0365	VESSEL MAPPING OF VESSELS FOR HE	1/1/2008	\$9.41	3	NO
P	G0389	ULTRASOUND B-SCAN AND/OR REAL TI	1/1/2007	NC	9	NO
P	P2028	CEPHALIN FLOCCULATION, BLOOD	4/1/1988	NC	9	NO
P	P2029	CONGO RED, BLOOD	12/1/1984	NC	9	NO
P	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	12/1/1984	NC	9	NO
P	P2033	THYMOL TURBIDITY, BLOOD	12/1/1984	NC	9	NO
P	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
P	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO
P	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
P	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
P	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
P	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
P	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
P	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
P	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
P	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
P	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO
P	Q0035	CARDIOKYMOGRAPHY	1/1/2004	NC	9	NO
P	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
P	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	4/20/1992	NC	9	NO
P	Q0114	FERN TEST	8/16/1993	NC	9	NO
P	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
P	Q9942	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
P	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	INVALID	N	NO
P	S3800	GENETIC TESTING FOR AMYOTROPHIC	7/1/2007	\$0.01	5	NO
P	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
S	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	1/1/1996	NC	9	NO
S	29105	APPLICATION OF LONG ARM SPLINT (	1/1/2008	\$58.87	3	NO
S	29125	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$44.89	3	NO
S	29126	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$53.76	3	NO
S	29130	APPLICATION OF FINGER SPLINT STA	1/1/2008	\$27.42	3	NO
S	29131	APPLICATION OF FINGER SPLINT; DY	1/1/2008	\$34.68	3	NO
S	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
S	36416	COLLECTION OF CAPELLARY BLOOD SP	1/1/2008	\$3.11	3	NO
S	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	1/1/2008	\$61.02	3	NO
S	59400	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,903.87	3	NO
S	59409	VAGINAL DELIVERY ONLY (WITH OR W	1/1/2008	\$868.72	3	NO
S	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	1/1/2008	\$995.75	3	NO
S	59412	EXTERNAL CEPHALIC VERSION, WITH	1/1/2008	\$115.78	3	NO
S	59414	DELIVERY OF PLACENTA (SEPARATE P	1/1/2008	\$103.72	3	NO
S	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	1/1/2008	\$465.11	3	NO
S	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	1/1/2008	\$828.92	3	NO
S	59430	POSTPARTUM CARE ONLY (SEPARATE P	1/1/2008	\$153.56	3	NO
S	59610	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,993.92	3	NO
S	59612	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$974.05	3	NO
S	59614	VAGINAL DELIVERY ONLY, AFTER PRE	1/1/2008	\$1,084.19	3	NO
S	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/2003	\$0.01	5	NO
S	69090	EAR PIERCING	1/1/1996	NC	9	NO
S	70140	RADIOLOGIC EXAMINATION, FACIAL B	1/1/2008	\$23.65	3	NO
S	70150	RADIOLOGIC EXAMINATION, FACIAL B	1/1/2008	\$31.45	3	NO
S	70250	RADIOLOGIC EXAMINATION, SKULL; L	1/1/2008	\$26.61	3	NO
S	70260	RADIOLOGIC EXAMINATION, SKULL; C	1/1/2008	\$37.09	3	NO
S	70328	RADIOLOGIC EXAMINATION, TEMPOROM	1/1/2008	\$20.70	3	NO
S	70330	RADIOLOGIC EXAMINATION, TEMPOROM	1/1/2008	\$33.06	3	NO
S	71010	RADIOLOGIC EXAMINATION, CHEST; S	1/1/2008	\$19.08	3	NO
S	71020	RADIOLOGIC EXAMINATION, CHEST, T	1/1/2008	\$25.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	71030	RADIOLOGIC EXAMINATION, CHEST, C	1/1/2008	\$33.60	3	NO
S	71100	RADIOLOGIC EXAMINATION, RIBS, UN	1/1/2008	\$24.19	3	NO
S	71101	RADIOLOGIC EXAMINATION, RIBS, UN	1/1/2008	\$28.76	3	NO
S	71110	RADIOLOGIC EXAMINATION, RIBS, BI	1/1/2008	\$31.45	3	NO
S	71120	RADIOLOGIC EXAMINATION; STERNUM,	1/1/2008	\$25.27	3	NO
S	71130	RADIOLOGIC EXAMINATION; STERNOCL	1/1/2008	\$27.96	3	NO
S	72010	RADIOLOGIC EXAMINATION, SPINE, E	1/1/2008	\$47.31	3	NO
S	72050	RADIOLOGIC EXAMINATION, SPINE, C	1/1/2008	\$37.09	3	NO
S	72052	RADIOLOGIC EXAMINATION, SPINE, C	1/1/2008	\$45.96	3	NO
S	72070	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$25.80	3	NO
S	72072	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$28.49	3	NO
S	72080	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$26.61	3	NO
S	72090	RADIOLOGIC EXAMINATION, SPINE; S	1/1/2008	\$30.64	3	NO
S	72100	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$27.42	3	NO
S	72110	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$37.90	3	NO
S	72114	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$48.38	3	NO
S	72120	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$34.14	3	NO
S	72170	RADIOLOGIC EXAMINATION, PELVIS;	1/1/2008	\$20.43	3	NO
S	72202	RADIOLOGIC EXAMINATION, SACROILI	1/1/2008	\$25.00	3	NO
S	72220	RADIOLOGIC EXAMINATION, SACRUM A	1/1/2008	\$22.31	3	NO
S	73010	RADIOLOGIC EXAMINATION; SCAPULA,	1/1/2008	\$20.97	3	NO
S	73030	RADIOLOGIC EXAMINATION, SHOULDER	1/1/2008	\$22.58	3	NO
S	73060	RADIOLOGIC EXAMINATION; HUMERUS,	1/1/2008	\$22.31	3	NO
S	73070	RADIOLOGIC EXAMINATION, ELBOW; T	1/1/2008	\$19.89	3	NO
S	73080	RADIOLOGIC EXAMINATION, ELBOW; C	1/1/2008	\$23.65	3	NO
S	73090	RADIOLOGIC EXAMINATION; FOREARM,	1/1/2008	\$20.16	3	NO
S	73100	RADIOLOGIC EXAMINATION, WRIST; T	1/1/2008	\$19.89	3	NO
S	73110	RADIOLOGIC EXAMINATION, WRIST; C	1/1/2008	\$22.31	3	NO
S	73120	RADIOLOGIC EXAMINATION, HAND; TW	1/1/2008	\$19.62	3	NO
S	73130	RADIOLOGIC EXAMINATION, HAND; MI	1/1/2008	\$21.50	3	NO
S	73140	RADIOLOGIC EXAMINATION, FINGER O	1/1/2008	\$18.01	3	NO
S	73510	RADIOLOGIC EXAMINATION, HIP; COM	1/1/2008	\$25.00	3	NO
S	73520	RADIOLOGIC EXAM, HIPS, BILATERAL	1/1/2008	\$28.76	3	NO
S	73550	RADIOLOGIC EXAMINATION, FEMUR, T	1/1/2008	\$22.31	3	NO
S	73560	RADIOLOGIC EXAMINATION, KNEE; AN	1/1/2008	\$20.97	3	NO
S	73562	RADIOLOGIC EXAMINATION, KNEE; AN	1/1/2008	\$23.65	3	NO
S	73600	RADIOLOGIC EXAMINATION, ANKLE; T	1/1/2008	\$19.62	3	NO
S	73610	RADIOLOGIC EXAMINATION, ANKLE; C	1/1/2008	\$21.77	3	NO
S	73620	RADIOLOGIC EXAMINATION, FOOT; TW	1/1/2008	\$19.62	3	NO
S	73630	RADIOLOGIC EXAMINATION, FOOT; CO	1/1/2008	\$21.50	3	NO
S	73650	RADIOLOGIC EXAMINATION; CALCANEU	1/1/2008	\$19.35	3	NO
S	74000	RADIOLOGIC EXAMINATION, ABDOMEN;	1/1/2008	\$20.43	3	NO
S	74010	RADILOGIC EXAMINATION, ABDOMEN;	1/1/2008	\$25.80	3	NO
S	74210	RADIOLOGIC EXAMINATION; PHARYNX	1/1/2008	\$49.46	3	NO
S	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	1/1/2008	\$54.30	3	NO
S	74270	RADIOLOGIC EXAMINATION, COLON; B	1/1/2008	\$83.87	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
S	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
S	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
S	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO
S	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO
S	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
S	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
S	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
S	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
S	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
S	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
S	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
S	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
S	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO
S	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
S	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
S	85031	BLOOD COUNT; HEMOGRAM, MANUAL, C	7/1/2003	INVALID	N	NO
S	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
S	85048	BLOOD COUNT; WHITE BLOOD CELL (W	11/1/2001	\$2.60	3	NO
S	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
S	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
S	90385	RHO(D)IMMUNE GLOBULIN(RHIG)HUMAN	7/1/2007	NC	9	NO
S	90471	IMMUNIZATION ADMIN; ONE VACCINE	1/1/2008	\$14.25	3	NO
S	90472	IMMUNIZATION ADMIN; EACH ADDITIO	1/1/2008	\$7.80	3	NO
S	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE	10/1/2005	\$0.01	5	NO
S	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE	10/1/2005	\$0.01	5	NO
S	90581	ANTHRAX VACCINE, FOR SUBCUTANEOU	10/1/2005	\$0.01	5	NO
S	90585	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$116.90	3	NO
S	90586	BACILLUS CALMETTE-GUERIN VACCINE	4/1/2008	\$113.75	3	NO
S	90632	HEPATITIS A VACCINE, ADULT DOSAG	4/1/2008	\$45.81	3	NO
S	90634	HEPATITIS A VACCINE, PEDIATRIC/A	10/1/2004	NC	9	NO
S	90636	HEPATITIS A AND HEPATITIS B VACC	1/1/2008	\$102.46	3	NO
S	90645	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
S	90646	HEMOPHILUS INFLUENZA B VACCINE (	12/1/2005	NC	9	NO
S	90647	HEMOPHILUS INFLUENZA B VACCINE (	4/1/2008	\$20.41	3	NO
S	90648	HEMOPHILUS INFLUENZA B VACCINE (	1/1/2008	\$22.56	3	NO
S	90658	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$13.70	3	NO
S	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
S	90665	LYME DISEASE VACCINE, ADULT DOSA	5/9/2005	NC	9	NO
S	90675	RABIES VACCINE, FOR INTRAMUSCULA	4/1/2008	\$152.54	3	NO
S	90676	RABIES VACCINE, FOR INTRADERMAL	5/16/2005	\$0.01	5	NO
S	90690	TYPHOID VACCINE, LIVE, ORAL	1/1/1999	NC	9	NO
S	90691	TYPHOID VACCINE, VI CAPSULAR POL	1/1/1999	NC	9	NO
S	90692	TYPHOID VACCINE, HEAT AND PHENOL	1/1/1999	NC	9	NO
S	90693	TYPHOID VACCINE, ACETONE-KILLED,	1/1/1999	NC	9	NO
S	90701	DIPHTHERIA, TETANUS TOXOIDS, AND	1/1/2007	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	90703	TETANUS TOXOID ADSORBED, FOR INT	4/1/2008	\$21.47	3	NO
S	90704	MUMPS VIRUS VACCINE, LIVE, FOR S	4/1/2008	\$21.91	3	NO
S	90705	MEASLES VIRUS VACCINE, LIVE, FOR	1/1/2008	\$16.76	3	NO
S	90706	RUBELLA VIRUS VACCINE, LIVE, FOR	4/1/2008	\$18.75	3	NO
S	90707	MEASLES, MUMPS AND RUBELLA VIRUS	4/1/2008	\$42.55	3	NO
S	90708	MEASLES AND RUBELLA VIRUS VACCIN	1/1/2008	\$24.76	3	NO
S	90709	IMMUNIZATION, ACTIVE; RUBELLA &	7/1/2003	INVALID	N	NO
S	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	5/1/2000	NC	9	NO
S	90713	POLIOVIRUS VACCINE, INACTIVATED,	4/1/2008	\$25.71	3	NO
S	90716	VARICELLA VIRUS VACCINE, LIVE, F	4/1/2008	\$73.46	3	NO
S	90718	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$11.69	3	NO
S	90719	DIPHTHERIA TOXOID, FOR INTRAMUSC	1/1/2008	\$8.62	3	NO
S	90720	DIPHTHERIA, TETANUS TOXOIDS, WHO	1/1/2008	\$36.70	3	NO
S	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
S	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	4/1/2008	\$32.70	3	NO
S	90733	MENINGOCOCCAL POLYSACCHARIDE VAC	4/1/2008	\$93.87	3	NO
S	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
S	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$118.63	3	NO
S	90746	HEPATITIS B VACCINE, ADULT DOSAG	1/1/2008	\$59.32	3	NO
S	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$114.51	3	NO
S	90749	UNLISTED VACCINE/TOXOID	9/1/2004	\$0.01	5	NO
S	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
S	90801	PSYCHIATRIC DIAGNOSTIC INTERVIEW	1/1/2008	\$136.17	3	NO
S	90802	INTERACTIVE PSYCHIATRIC DIAGNOST	1/1/2008	\$136.17	3	NO
S	90804	INDIVIDUAL THERAPY, INSIGHT, 20-	1/1/2008	\$68.09	3	NO
S	90805	INDIVIDUAL THERAPY, INSIGHT, WIT	1/1/2008	\$68.09	3	NO
S	90806	INDIVIDUAL THERAPY, INSIGHT, 45-	1/1/2008	\$102.13	3	NO
S	90807	INDIVIDUAL THERAPY, INSIGHT, WIT	1/1/2008	\$102.13	3	NO
S	90808	INDIVIDUAL THERAPY, INSIGHT, 75-	1/1/2008	\$170.21	3	NO
S	90809	INDIVIDUAL THERAPY,INSIGHT, WITH	1/1/2008	\$170.21	3	NO
S	90810	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$68.09	3	NO
S	90811	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$68.09	3	NO
S	90812	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$102.13	3	NO
S	90813	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$102.13	3	NO
S	90814	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$170.21	3	NO
S	90815	INDIVIDUAL THERAPY, INTERACTIVE,	1/1/2008	\$170.21	3	NO
S	90816	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$68.09	3	NO
S	90817	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$68.09	3	NO
S	90818	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$102.13	3	NO
S	90819	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$102.13	3	NO
S	90821	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$170.21	3	NO
S	90822	INDIVIDUAL PSYCHOTHERAPY, INSIGH	1/1/2008	\$170.21	3	NO
S	90823	INDIVIDUAL PSYCHOTHERPAY, INTERA	1/1/2008	\$68.09	3	NO
S	90824	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2008	\$68.09	3	NO
S	90826	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2008	\$102.13	3	NO
S	90827	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2008	\$102.13	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	90828	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2008	\$170.21	3	NO
S	90829	INDIVIDUAL PSYCHOTHERAPY, INTERA	1/1/2008	\$170.21	3	NO
S	90845	MEDICAL PSYCHOANALYSIS	10/1/2004	NC	9	NO
S	90846	FAMILY THERAPY WITHOUT PATIENT P	1/1/2008	\$138.31	3	NO
S	90847	FAMILY THERAPY, WITH PATIENT PRE	1/1/2008	\$138.31	3	NO
S	90849	MULTI-FAMILY GROUP THERAPY	1/1/2008	\$46.12	3	NO
S	90853	GROUP THERAPY	1/1/2008	\$46.12	3	NO
S	90857	INTERACTIVE GROUP THERAPY	1/1/2008	\$46.12	3	NO
S	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	1/1/2008	\$68.09	3	NO
S	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
S	90882	ENVIRONMENTAL INTERVENTION WITH	1/1/2008	\$92.20	3	NO
S	90887	INTERPRETATION OR EXPLANATION OF	1/1/2008	\$92.20	3	NO
S	90901	BIOFEEDBACK TRAINING BY ANY MODA	1/1/2008	\$27.96	3	NO
S	92326	REPLACEMENT OF CONTACT LENS (EAC	1/1/2008	\$39.51	3	NO
S	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
S	92340	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
S	92341	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
S	92342	FITTING OF SPECTACLES, EXCEPT FO	1/1/2008	\$25.90	3	NO
S	92352	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
S	92353	FITTING OF SPECTACLE PROSTHESIS	1/1/2008	\$25.90	3	NO
S	92354	FITTING OF SPECTACLE MOUNTED LOW	5/15/1990	NC	9	NO
S	92355	FITTING OF SPECTACLE MOUNTED LOW	5/15/1990	NC	9	NO
S	92358	PROSTHESIS SERVICE FOR APHAKIA T	1/1/2008	\$22.58	3	NO
S	92370	REPAIR AND REFITTING SPECTACLES	1/1/2008	\$22.85	3	NO
S	92371	REPAIR AND REFITTING SPECTACLES;	1/1/2008	\$14.78	3	NO
S	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
S	92392	SUPPLY OF LOW VISION AIDS; (A LO	1/1/2006	INVALID	N	NO
S	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
S	95831	MUSCLE TESTING OF MANUAL (SEP PR	1/1/2008	\$19.62	3	YES
S	95832	MUSCLE TESTING MANUAL (SEP PROC)	1/1/2008	\$17.47	3	YES
S	95833	MUSCLE TESTING MANUAL (SEP PROC)	1/1/2008	\$27.96	3	YES
S	95834	MUSCLE TESTING MANUAL (SEP PROC)	1/1/2008	\$33.33	3	YES
S	95851	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$13.71	3	YES
S	95852	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$9.95	3	YES
S	96100	PSYCHOLOGICAL TESTING WITH INTER	1/1/2006	INVALID	N	NO
S	96101	PSYCHOLOGICAL TESTING, PER HOUR	1/1/2008	\$92.20	3	NO
S	96111	DEVELOPMENTAL TESTING; EXTENDED	1/1/2008	\$100.53	3	NO
S	96115	NEUROBEHAVIORAL STATUS EXAM WITH	1/1/2006	INVALID	N	NO
S	96117	NEUROPSYCHO TESTING BATTERY (HAL	1/1/2006	INVALID	N	NO
S	96150	HEALTH AND BEHAVIOR ASSESSMENT	4/1/2008	\$18.55	3	NO
S	96151	HEALTH AND BEHAVIOR ASSESSMENT;	10/1/2006	\$8.25	3	YES
S	97001	PHYSICAL THERAPY EVALUATION	1/1/2008	\$53.22	3	NO
S	97002	PHYSICAL THERAPY RE-EVALUATION	1/1/2008	\$28.22	3	NO
S	97003	OCCUPATIONAL THERAPY EVALUATION	1/1/2008	\$56.99	3	NO
S	97004	OCCUPATIONAL THERAPY RE-EVALUATI	1/1/2008	\$33.87	3	NO
S	97010	APPLICATION OF A MODALITY TO ONE	10/1/2004	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	97012	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$10.48	3	YES
S	97014	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$10.21	3	YES
S	97016	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97018	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97020	APPLICATION OF A MODALITY TO ONE	1/1/2006	INVALID	N	NO
S	97022	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$11.29	3	YES
S	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97026	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97028	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97032	APPLICATION OF MODALITY TO ONE O	1/1/2008	\$11.56	3	YES
S	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
S	97036	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$17.20	3	YES
S	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
S	97110	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.16	3	YES
S	97112	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.97	3	YES
S	97113	THERAPEUTIC PROCEDURE ONE OR MOR	1/1/2008	\$23.65	3	YES
S	97116	THERAPEUTIC PROCEDURE, ONE OR MO	1/1/2008	\$17.74	3	YES
S	97124	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$16.13	3	YES
S	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
S	97140	MANUAL THERAPY TECHNIQUES, ONE O	1/1/2008	\$18.82	3	YES
S	97150	THERAPEUTIC PROCEDURE(S), GROUP	1/1/2008	\$12.63	3	YES
S	97504	ORTHOTIC(S) FITTING & TRAINING,	1/1/2006	INVALID	N	YES
S	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	YES
S	97530	THERAPEUTIC ACTIVITIES, DIRECT P	1/1/2008	\$21.24	3	YES
S	97532	DEVELOPMENT OF COGNITIVE SKILLS	1/1/2001	NC	9	NO
S	97533	SENSORY INTEGRATIVE TECHNIQUES T	1/1/2001	NC	9	NO
S	97535	SELF CARE/HOME MANAGEMENT TRAINI	1/1/2008	\$21.50	3	YES
S	97537	COMMUNITY/WORK REINTEGRATION TRA	1/1/2008	\$19.62	3	YES
S	97542	WHEELCHAIR MANAGEMENT (EG, ASSES	1/1/2008	\$19.89	3	YES
S	97597	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$37.63	3	NO
S	97598	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$47.31	3	NO
S	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
S	97602	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$24.20	3	NO
S	97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2006	INVALID	N	YES
S	97750	PHYSICAL PERFORMANCE TEST OR MEA	1/1/2008	\$21.24	3	NO
S	97755	ASSISTIVE TECHNOLOGY ASSESSMENT,	1/1/2008	\$24.73	3	YES
S	97760	ORTHOTIC(S) MANAGEMENT AND TRAIN	1/1/2008	\$22.58	3	YES
S	97761	PROSTHETIC TRAINING, UPPER AND/O	1/1/2008	\$20.43	3	YES
S	97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC	1/1/2008	\$20.70	3	YES
S	97780	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
S	97781	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2005	INVALID	N	NO
S	97802	MEDICAL NUTRITION THERAPY; INITI	1/1/2008	\$22.85	3	NO
S	97803	MEDICAL NUTRITION THERAPY; RE-AS	1/1/2008	\$20.43	3	NO
S	97804	MEDICLA NUTRITION THERAPY; GROUP	1/1/2008	\$11.02	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	97810	ACUPUNCTURE, ONE OR MORE NEEDLES	1/1/2008	\$26.34	3	NO
S	97811	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$20.43	3	NO
S	97813	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$28.22	3	NO
S	97814	ACUPUNCTURE, 1 OR MORE NEEDLES;	1/1/2008	\$22.85	3	NO
S	98940	CHIROPRACTIC MANIPULATIVE TREATM	1/1/2008	\$18.55	3	NO
S	98941	CHIROPRACTIC MANIPULATIVE TREATM	1/1/2008	\$25.54	3	NO
S	98942	CHIROPRACTIC MANIPULATIVE TREATM	1/1/2008	\$33.60	3	NO
S	98943	CHIROPRACTIC MANIPULATIVE TREATM	1/1/1997	NC	9	NO
S	99000	HANDLING AND/OR CONVEYANCE OF SP	1/1/1996	NC	9	NO
S	99024	POSTOPERATIVE FOLLOW-UP VISIT, I	1/1/1996	NC	9	NO
S	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
S	99056	SVCS TYPICALLY PROVIDED IN THE O	1/1/1996	NC	9	NO
S	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	1/1/1996	NC	9	NO
S	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	3	NO
S	99202	OFFICE VISIT FOR THE EVALUATION	1/1/2008	\$46.50	3	NO
S	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	3	NO
S	99212	OFFICE VISIT FOR THE EVALUATION	1/1/2008	\$27.42	3	NO
S	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	3	NO
S	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	3	NO
S	99261	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99262	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99263	FOLLOW-UP IP CONS FOR EST PT, WH	1/1/2006	INVALID	N	NO
S	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
S	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
S	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
S	99301	E/M OF NEW OR EST PT INVOLVING A	1/1/2006	INVALID	N	NO
S	99302	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
S	99303	E/M OF NEW OR EST PT INVOLVING N	1/1/2006	INVALID	N	NO
S	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
S	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
S	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	3	NO
S	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	3	NO
S	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	3	NO
S	99347	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$31.99	3	NO
S	99348	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$50.53	3	NO
S	99349	HOME VISIT FOR THE E/M OF AN EST	1/1/2008	\$77.95	3	NO
S	99354	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.62	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	99355	PROLONGED PHYSICIAN SERVICE IN T	1/1/2008	\$69.08	3	NO
S	99361	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
S	99362	MEDICAL CONF BY PHYS W/INTERDISC	1/1/2008	INVALID	N	NO
S	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO
S	99385	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	3	NO
S	99386	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$95.16	3	NO
S	99391	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$54.84	3	NO
S	99395	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$67.47	3	NO
S	99396	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$74.46	3	NO
S	99401	PREVENTIVE MEDICINE COUNSELING A	1/1/2008	\$28.22	3	NO
S	99402	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$47.58	3	NO
S	99403	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$66.12	3	NO
S	99404	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$85.21	3	NO
S	99431	HISTORY AND EXAM OF NORMAL NEWBO	1/1/2008	\$42.20	3	NO
S	99432	NORMAL NEWBORN CARE IN OTHER THA	1/1/2008	\$61.29	3	NO
S	99433	SUBSEQUENT HOSP CARE, FOR THE E/	1/1/2008	\$22.31	3	NO
S	99435	HISTORY AND EXAMINATION OF THE N	1/1/2008	\$56.99	3	NO
S	99440	NEWBORN RESUSCITATION; PROVISION	1/1/2008	\$105.37	3	NO
S	99455	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
S	99456	WORK RELATED OR MEDICAL DISABILI	1/1/2008	\$156.46	3	NO
S	99551	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
S	99552	HOME INFUSION FOR PAIN MANAGEMEN	4/1/2004	INVALID	N	NO
S	99553	HOME INFUSION FOR TOCOLYTIC THER	4/1/2004	INVALID	N	NO
S	99554	HOME INFUSION FOR HEMATOPOIETIC	4/1/2004	INVALID	N	NO
S	99555	HOME INFUSION FOR CHEMOTHERAPY,	4/1/2004	INVALID	N	NO
S	99556	HOME INFUSION FOR ANTIBIOTICS/AN	4/1/2004	INVALID	N	NO
S	99557	HOME INFUSION OF CONTINUOUS ANTI	4/1/2004	INVALID	N	NO
S	99558	HOME INFUSION OF IMMUNOTHERAPY,	4/1/2004	INVALID	N	NO
S	99559	HOME INFUSION OF PERITONEAL DIAL	4/1/2004	INVALID	N	NO
S	99560	HOME INFUSION OF ENTERAL NUTRITI	4/1/2004	INVALID	N	NO
S	99561	HOME INFUSION OF HYDRATION THERA	4/1/2004	INVALID	N	NO
S	99562	HOME INFUSION OF TOTAL PARENTERA	4/1/2004	INVALID	N	NO
S	99563	HOME ADMINISTRATION OF AEROSOLIZ	4/1/2004	INVALID	N	NO
S	99564	HOME INFUSION FOR ANTI-HEMOPHILI	4/1/2004	INVALID	N	NO
S	99565	HOME INFUSION OF ALPHA-1-PROTEIN	4/1/2004	INVALID	N	NO
S	99566	HOME INFUSION FO RUNINTERRUPTED,	4/1/2004	INVALID	N	NO
S	99567	HOME INFUSION OF SYMPATHOMIMETIC	4/1/2004	INVALID	N	NO
S	99568	HOME INFUSION OF MISCELLANEOUS D	4/1/2004	INVALID	N	NO
S	99569	HOME INFUSION, EACH ADDITIONAL T	4/1/2004	INVALID	N	NO
S	99600	UNLISTED HOME VISIT SERVICE OR P	4/1/2003	\$48.13	3	YES
S	99601	HOME INFUSION/SPECIALTY DRUG ADM	1/1/2008	\$49.86	3	YES
S	99602	HOME INFUSION/SPECIALTY DRUG ADM	1/1/2008	\$29.92	3	YES
S	A4221	SUPPLIES FOR MAINTENANCE OF DRUG	1/1/2008	\$22.70	3	NO
S	A4222	INFUSION SUPPLIES FOR EXTERNAL D	4/1/2008	\$42.18	3	NO
S	A4261	CERVICAL CAP FOR CONTRACEPTIVE U	4/1/2008	\$82.97	3	NO
S	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	4/1/2008	\$20.47	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	A4301	IMPLANTABLE ACCESS TOTAL CATHETE	1/1/1996	NC	9	NO
S	A4305	DISPOSABLE DRUG DELIVERY SYSTEM,	1/1/2008	\$22.41	3	YES
S	A4306	DISPOSABLE DRUG DELIVERY SYSTEM,	1/1/2008	\$22.41	3	YES
S	A4570	SPLINT	7/1/2002	NC	9	NO
S	A9900	MISCELLANEOUS DME SUPPLY, ACCESS	10/1/2005	NC	9	NO
S	A9901	DME DELIVERY, SET UP, AND/OR DIS	9/1/2003	NC	9	NO
S	B4034	ENTERAL FEEDING SUPPLY KIT; SYRI	1/1/2008	\$5.80	3	NO
S	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP	1/1/2008	\$11.05	3	NO
S	B4036	ENTERAL FEEDING SUPPLY KIT; GRAV	1/1/2008	\$7.57	3	NO
S	B4081	NASOGASTRIC TUBING WITH STYLET	1/1/2008	\$20.49	3	NO
S	B4082	NASOGASTRIC TUBING WITHOUT STYLE	1/1/2008	\$15.26	3	NO
S	B4083	STOMACH TUBE - LEVINE TYPE	1/1/2008	\$2.33	3	NO
S	B4084	GASTROSTOMY/JEJUNOSTOMY TUBING,	4/1/2002	INVALID	N	NO
S	B4085	GASTROSTOMY TUBE WITH SILICONE S	4/1/2002	INVALID	N	NO
S	B4086	GASTROSTOMY/JEJUNOSTOMY TUBE, AN	1/1/2008	INVALID	N	NO
S	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, ST	1/1/2008	\$32.89	3	NO
S	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LO	3/1/2008	\$78.00	3	NO
S	B4100	FOOD THICKENER, ADMINISTERED ORA	1/1/2003	NC	9	NO
S	B4102	ENTERAL FORMULA, FOR ADULTS, USE	1/1/2005	NC	9	NO
S	B4103	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2005	NC	9	NO
S	B4104	ADDITIVE FOR ENTERAL FORMULA (EG	1/1/2005	NC	9	NO
S	B4149	ENTERAL FORMULA, MANUFACTURED BL	1/1/2005	NC	9	NO
S	B4150	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2008	\$0.63	3	NO
S	B4151	ENTERAL FORMULAE; CATEGORY I; NA	1/1/2005	INVALID	N	NO
S	B4152	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2008	\$0.53	3	NO
S	B4153	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2008	\$1.80	3	NO
S	B4154	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2008	\$1.16	3	NO
S	B4155	ENTERAL FORMULA, NUTRITIONALLY I	1/1/2008	\$0.90	3	NO
S	B4156	ENTERAL FORMULAE; CATEGORY VI; S	1/1/2005	INVALID	N	NO
S	B4157	ENTERAL FORMULA, NUTRITIONALLY C	1/1/2008	\$1.80	3	NO
S	B4158	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2008	\$0.63	3	NO
S	B4159	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2008	\$0.63	3	NO
S	B4160	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2008	\$0.63	3	NO
S	B4161	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2008	\$1.80	3	NO
S	B4162	ENTERAL FORMULA, FOR PEDIATRICS,	1/1/2008	\$1.80	3	NO
S	B4164	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$15.62	3	NO
S	B4168	PARENTERAL NUTRITION SOLUTION; A	1/1/2008	\$22.75	3	NO
S	B4172	PARENTERAL NUTRITION SOLUTION; A	1/1/2008	\$36.16	3	NO
S	B4176	PARENTERAL NUTRITION SOLUTION; A	1/1/2008	\$44.04	3	NO
S	B4178	PARENTERAL NUTRITION SOLUTION; A	1/1/2008	\$52.88	3	NO
S	B4180	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$22.39	3	NO
S	B4184	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
S	B4185	PARENTERAL NUTRITION SOLUTION, P	1/1/2008	\$11.28	3	NO
S	B4186	PARENTERAL NUTRITION SOLUTION; L	1/1/2006	INVALID	N	NO
S	B4189	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$163.34	3	NO
S	B4193	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$211.06	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	B4197	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$256.95	3	NO
S	B4199	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$293.62	3	NO
S	B4216	PARENTERAL NUTRITION; ADDITIVES	1/1/2008	\$7.10	3	NO
S	B4220	PARENTERAL NUTRITION SUPPLY KIT;	1/1/2008	\$7.36	3	NO
S	B4222	PARENTERAL NUTRITION SUPPLY KIT;	1/1/2008	\$9.07	3	NO
S	B4224	PARENTERAL NUTRITION ADMINISTRAT	1/1/2008	\$22.99	3	NO
S	B5000	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$10.92	3	NO
S	B5100	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$4.27	3	NO
S	B5200	PARENTERAL NUTRITION SOLUTION; C	1/1/2008	\$5.02	3	NO
S	B9000	ENTERAL NUTRITION INFUSION PUMP	1/1/2008	\$106.81	3	YES
S	B9002	ENTERAL NUTRITION INFUSION PUMP	1/1/2008	\$112.56	3	YES
S	B9004	PARENTERAL NUTRITION INFUSION PU	1/1/2008	\$367.05	3	YES
S	B9006	PARENTERAL NUTRITION INFUSION PU	1/1/2008	\$367.05	3	YES
S	B9998	NOC FOR ENTERAL SUPPLIES	3/1/2008	\$10.04	3	NO
S	B9999	NOC FOR PARENTERAL SUPPLIES	9/1/1990	\$0.01	5	YES
S	BRS01	SHELTER CARE	4/1/2003	INVALID	N	NO
S	BRS02	THERAPEUTIC FOSTER CARE/PROCTOR	4/1/2003	INVALID	N	NO
S	BRS03	THERAPEUTIC FOSTER CARE/PROCTOR	4/1/2003	INVALID	N	NO
S	BRS04	RESIDENTIAL CARE/LEVEL 4	4/1/2003	INVALID	N	NO
S	BRS05	RESIDENTIAL CARE/LEVEL 5	4/1/2003	INVALID	N	NO
S	D0120	PERIODIC ORAL EVALUATION, ESTABL	1/1/2008	\$24.07	3	NO
S	D0140	LIMITED ORAL EVALUATION - PROBLE	1/1/2008	\$32.08	3	NO
S	D0145	ORAL EVALUATION FOR A PATIENT UN	1/1/2008	\$24.07	3	NO
S	D0150	COMPREHENSIVE ORAL EVALUATION -	1/1/2008	\$37.44	3	NO
S	D0160	DETAILED AND EXTENSIVE ORAL EVAL	1/1/2008	\$64.33	3	NO
S	D0170	RE-EVALUATION-LIMITED, PROBLEM F	1/1/2008	\$25.03	3	NO
S	D0180	COMPREHENSIVE PERIODONTAL EVALUA	1/1/2008	\$37.44	3	NO
S	D0210	INTRAORAL - COMPLETE SERIES (INC	1/1/2008	\$31.07	3	NO
S	D0220	INTRAORAL PERIAPICAL-FIRST FILM	1/1/2008	\$9.60	3	NO
S	D0230	INTRAORAL PERIAPICAL-EACH ADDITI	1/1/2008	\$5.55	3	NO
S	D0240	INTRAORAL-OCCLUSAL FILM	1/1/2008	\$4.43	3	NO
S	D0250	EXTRAORAL-FIRST FILM	1/1/2008	\$18.87	3	NO
S	D0260	EXTRAORAL-EACH ADDITIONAL FILM	1/1/2008	\$14.43	3	NO
S	D0270	BITEWING - SINGLE FILM	1/1/2008	\$5.55	3	NO
S	D0272	BITEWINGS - TWO FILMS	1/1/2008	\$11.10	3	NO
S	D0273	BITEWINGS - THREE FILMS	1/1/2008	\$16.28	3	NO
S	D0274	BITEWINGS - FOUR FILMS	1/1/2008	\$13.31	3	NO
S	D0277	VERTICAL BITEWINGS - 7 TO 8 FILM	1/1/2008	\$23.06	3	NO
S	D0290	POSTERIOR - ANTERIOR OR LATERAL	1/1/2008	\$19.97	3	NO
S	D0310	SIALOGRAPHY	10/1/2000	\$0.01	5	NO
S	D0320	TEMPOROMADIBULAR JOINT ARTHROGRA	10/1/2000	\$0.01	5	NO
S	D0321	OTHER TEMPOROMANDIBULAR JOINT FI	1/1/2008	\$21.08	3	NO
S	D0322	TOMOGRAPHIC SURVEY	10/1/2000	\$0.01	5	NO
S	D0330	PANORAMIC FILM	1/1/2008	\$23.31	3	NO
S	D0340	CEPHALOMETRIC FILM	1/1/2008	\$17.76	3	NO
S	D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	1/1/2008	\$21.55	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D0360	CONE BEAM CT - CRANIOFACIAL DATA	1/1/2007	\$0.01	5	NO
S	D0362	CONE BEAM - TWO-D IMAGE RECONSTR	1/1/2007	\$0.01	5	NO
S	D0363	CONE BEAM - 3D IMAGE RECONSTRUCT	1/1/2007	\$0.01	5	NO
S	D0415	COLLECTION OF MICROORGANISMS FOR	10/1/2000	\$0.01	5	NO
S	D0416	VIRAL CULTURE	1/1/2005	NC	9	NO
S	D0421	GENETIC TEST FOR SUSCEPTIBILITY	1/1/2005	NC	9	NO
S	D0425	CARIES SUSCEPTIBILITY TESTS	1/1/2000	NC	9	NO
S	D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST T	1/1/2005	NC	9	NO
S	D0460	PULP VITALITY TESTS	1/1/2000	NC	9	NO
S	D0470	DIAGNOSTIC CASTS	1/1/2000	NC	9	NO
S	D0472	ACCESSION OF TISSUE, GROSS EXAMI	1/1/2008	\$35.51	3	NO
S	D0473	ACCESSION OF TISSUE, GROSS AND M	1/1/2008	\$35.51	3	NO
S	D0474	ACCESSION OF TISSUE, GROSS AND M	1/1/2008	\$35.51	3	NO
S	D0475	DECALCIFICATION PROCEDURE	1/1/2005	NC	9	NO
S	D0476	SPECIAL STAINS FOR MICROORGANISM	1/1/2005	NC	9	NO
S	D0477	SPECIAL STAINS, NOT FOR MICROORG	1/1/2005	NC	9	NO
S	D0478	IMMUNOHISTOCHEMICAL STAINS	1/1/2005	NC	9	NO
S	D0479	TISSUE IN-SITU HYBRIDIZATION, IN	1/1/2005	NC	9	NO
S	D0480	ACCESSION OF EXFOLIATIVE CYTOLOG	1/1/2008	\$35.51	3	NO
S	D0481	ELECTRON MICROSCOPY - DIAGNOSTIC	1/1/2005	NC	9	NO
S	D0482	DIRECT IMMUNOFLUORESCENCE	1/1/2005	NC	9	NO
S	D0483	INDIRECT IMMUNOFLUORESCENCE	1/1/2005	NC	9	NO
S	D0484	CONSULTATION ON SLIDES PREPARED	1/1/2005	NC	9	NO
S	D0485	CONSULTATION, INCLUDING PREPARAT	1/1/2005	NC	9	NO
S	D0486	ACCESSION OF BRUSH BIOPSY SAMPLE	1/1/2007	\$0.01	5	NO
S	D0501	HISTOPATHOLOGIC EXAMINATIONS	4/1/2003	INVALID	N	NO
S	D0502	OTHER ORAL PATHOLOGY PROCEDURES,	1/1/2000	\$0.01	5	NO
S	D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE	1/1/2000	NC	9	NO
S	D1110	PROPHYLAXIS - ADULT	1/1/2008	\$37.81	3	NO
S	D1120	PROPHYLAXIS - CHILD	1/1/2008	\$29.07	3	NO
S	D1201	TOPICAL APPLICATION OF FLUORIDE	1/1/2007	INVALID	N	NO
S	D1203	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
S	D1204	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
S	D1205	TOPICAL APPLICATION OF FLUORIDE	1/1/2007	INVALID	N	NO
S	D1206	TOPICAL FLUORIDE VARNISH; THERAP	1/1/2008	\$13.19	3	NO
S	D1310	NUTRITIONAL COUSELING FOR THE CO	1/1/2005	\$0.01	P	NO
S	D1320	TOBACCO COUNSELING FOR THE CONTR	1/1/2008	\$10.36	3	NO
S	D1330	ORAL HYGIENE INSTRUCTIONS	1/1/2005	\$0.01	P	NO
S	D1351	SEALANT - PER TOOTH	1/1/2008	\$19.64	3	NO
S	D1510	SPACE MAINTAINER - FIXED-UNILATE	1/1/2008	\$77.68	3	NO
S	D1515	SPACE MAINTAINER - FIXED BILATER	1/1/2008	\$99.88	3	NO
S	D1520	SPACE MAINTAINER - REMOVABLE-UNI	1/1/2008	\$75.46	3	NO
S	D1525	SPACE MAINTAINER - REMOVABLE-BIL	1/1/2008	\$89.89	3	NO
S	D1550	RECEMENTATION OF SPACE MAINTAINE	1/1/2008	\$27.74	3	NO
S	D1555	REMOVAL OF FIXED SPACE MAINTAINE	1/1/2008	\$23.95	3	NO
S	D2110	AMALGAM - ONE SURFACE, PRIMARY	4/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D2120	AMALGAM - TWO SURFACES, PRIMARY	4/1/2003	INVALID	N	NO
S	D2130	AMALGAM - THREE SURFACES, PRIMAR	4/1/2003	INVALID	N	NO
S	D2131	AMALGAM - FOUR OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2140	AMALGAM - ONE SURFACE, PRIMARY O	1/1/2008	\$37.68	3	NO
S	D2150	AMALGAM - TWO SURFACES, PRIMARY	1/1/2008	\$47.39	3	NO
S	D2160	AMALGAM - THREE SURFACES, PRIMAR	1/1/2008	\$57.67	3	NO
S	D2161	AMALGAM - FOUR OR MORE SURFACES,	1/1/2008	\$65.55	3	NO
S	D2330	RESIN-BASED COMPOSITE - ONE SURF	1/1/2008	\$39.95	3	NO
S	D2331	RESIN-BASED COMPOSITE - TWO SURF	1/1/2008	\$54.28	3	NO
S	D2332	RESIN-BASED COMPOSITE - THREE SU	1/1/2008	\$69.28	3	NO
S	D2335	RESIN-BASED COMPOSITE - FOUR OR	1/1/2008	\$84.11	3	NO
S	D2336	COMPOSITE RESIN CROWN, ANTERIOR	4/1/2003	INVALID	N	NO
S	D2337	RESIN-BASED COMPOSITE CROWN, ANT	4/1/2003	INVALID	N	NO
S	D2380	RESIN - ONE SURFACE, POSTERIOR -	4/1/2003	INVALID	N	NO
S	D2381	RESIN - TWO SURFACES, POSTERIOR	4/1/2003	INVALID	N	NO
S	D2382	RESIN - THREE OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2385	RESIN - ONE SURFACE, POSTERIOR -	4/1/2003	INVALID	N	NO
S	D2386	RESIN - TWO SURFACES, POSTERIOR	4/1/2003	INVALID	N	NO
S	D2387	RESIN - THREE OR MORE SURFACES,	4/1/2003	INVALID	N	NO
S	D2388	RESIN-BASED COMPOSITE - FOUR OR	4/1/2003	INVALID	N	NO
S	D2390	RESIN-BASED COMPOSITE CROWN, ANT	1/1/2008	\$75.42	3	NO
S	D2391	RESIN-BASED COMPOSITE - ONE SURF	1/1/2008	\$37.68	3	NO
S	D2392	RESIN-BASED COMPOSITE - TWO SURF	1/1/2008	\$47.39	3	NO
S	D2393	RESIN-BASED COMPOSITE - THREE SU	1/1/2008	\$57.67	3	NO
S	D2394	RESIN-BASED COMPOSITE - FOUR OR	1/1/2008	\$65.55	3	NO
S	D2410	GOLD FOIL - ONE SURFACE	1/1/2000	NC	9	NO
S	D2420	GOLD FOIL - TWO SURFACES	1/1/2000	NC	9	NO
S	D2430	GOLD FOIL - THREE SURFACES	1/1/2000	NC	9	NO
S	D2510	INLAY - METALLIC - ONE SURFACE	1/1/2000	NC	9	NO
S	D2520	INLAY - METALLIC - TWO SURFACES	1/1/2000	NC	9	NO
S	D2530	INLAY - METALLIC - THREE OR MORE	1/1/2000	NC	9	NO
S	D2542	ONLAY - METALLIC - TWO SURFACES	1/1/2000	NC	9	NO
S	D2543	ONLAY - METALLIC - THREE SURFACE	1/1/2000	NC	9	NO
S	D2544	ONLAY - METALLIC - FOUR OR MORE	1/1/2000	NC	9	NO
S	D2610	INLAY PORCELAIN/CERAMIC - ONE SU	1/1/2000	NC	9	NO
S	D2620	INLAY - PORCELAIN/ TWO SURFACES	1/1/2000	NC	9	NO
S	D2630	INLAY - PERCELAIN/CERAMIC - THRE	1/1/2000	NC	9	NO
S	D2642	ONLAY - PORCELAIN/CERAMIC - TWO	1/1/2000	NC	9	NO
S	D2643	ONLAY - PORCELAIN/CERAMIC - THRE	1/1/2000	NC	9	NO
S	D2644	ONLAY - PORCELAIN/CERAMIC - FOUR	1/1/2000	NC	9	NO
S	D2650	INLAY - COMPOSITE/RESIN - ONE SU	1/1/2000	NC	9	NO
S	D2651	INLAY - COMPOSITE/RESIN - TWO SU	1/1/2000	NC	9	NO
S	D2652	INLAY - COMPOSITE/RESIN - THREE	1/1/2000	NC	9	NO
S	D2662	ONLAY - COMPOSITE/RESIN - TWO SU	1/1/2000	NC	9	NO
S	D2663	ONLAY - COMPOSITE/RESIN - THREE	1/1/2000	NC	9	NO
S	D2664	ONLAY - COMPOSITE/RESIN - FOUR O	1/1/2000	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D2710	CROWN - RESIN-BASED COMPOSITE (I	1/1/2008	\$62.15	3	NO
S	D2712	CROWN - 3/4 RESIN-BASED COMPOSIT	1/1/2005	NC	9	NO
S	D2720	CROWN - RESIN WITH HIGH NOBLE ME	1/1/2000	NC	9	NO
S	D2721	CROWN - RESIN WITH PREDOMINANTLY	1/1/2008	\$199.76	3	YES
S	D2722	CROWN - RESIN WITH NOBLE METAL	1/1/2008	\$233.05	3	YES
S	D2740	CROWN - PORCELAIN/CERAMIC - SUBS	1/1/2000	NC	9	NO
S	D2750	CROWN - PORCELAIN FUSED TO HIGH	1/1/2000	NC	9	NO
S	D2751	CROWN - PORCELAIN FUSED TO PREDO	1/1/2008	\$266.35	3	YES
S	D2752	CROWN - PORCELAIN FUSED TO NOBLE	1/1/2008	\$277.44	3	YES
S	D2780	CROWN - 3/4 CASDT HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D2781	CROWN - 3/4 CAST PREDOMINATELY B	1/1/2000	NC	9	NO
S	D2782	CROWN - 3/4 CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D2790	CROWN - FULL CAST HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D2791	CROWN - FULL CAST PREDOMINANTLY	1/1/2000	NC	9	NO
S	D2792	CROWN - FULL CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D2794	CORWN-TITANIUM	1/1/2005	NC	9	NO
S	D2799	PROVISIONAL CROWN	1/1/2000	NC	9	NO
S	D2910	RECEMENT INLAY, ONLAY OR PARTIAL	1/1/2008	\$27.74	3	NO
S	D2915	RECEMENT CAST OR PREFABRICATED P	1/1/2005	NC	9	NO
S	D2920	RECEMENT CROWN	1/1/2008	\$27.74	3	NO
S	D2930	PREFABRICATED STAINLESS STEEL CR	1/1/2008	\$74.37	3	NO
S	D2931	PREFABRICATED STAINLESS STEEL CR	1/1/2008	\$78.21	3	NO
S	D2932	PREFABRICATED RESIN CROWN	1/1/2008	\$62.15	3	NO
S	D2933	PREFABRICATED STAINLESS STEEL CR	1/1/2008	\$66.58	3	NO
S	D2934	PREFABRICATED ESTHETIC COATED ST	1/1/2005	NC	9	NO
S	D2940	SEDATIVE FILLING	1/1/2008	\$29.88	3	NO
S	D2950	CORE BUILDUP, INCLUDING ANY PINS	1/1/2008	\$49.94	3	NO
S	D2951	PIN RETENTION - PER TOOTH, IN AD	1/1/2008	\$22.58	3	NO
S	D2952	CAST POST AND CORE IN ADDITION T	1/1/2000	NC	9	NO
S	D2953	EACH ADDITIONAL CAST POST - SAME	1/1/2000	NC	9	NO
S	D2954	PREFABRICATED POST AND CORE IN A	1/1/2008	\$66.58	3	NO
S	D2955	POST REMOVAL (NOT IN CONJUNCTION	10/1/2000	\$0.01	5	NO
S	D2957	EACH ADDITIONAL PREFABRICATED PO	1/1/2008	\$66.58	3	NO
S	D2960	LABIAL VENEER (LAMINATE) - CHAIR	1/1/2000	NC	9	NO
S	D2961	LABIAL VENEER (RESIN LAMINATE) -	1/1/2000	NC	9	NO
S	D2962	LABIAL VENEER (PORCELAIN LAMINAT	1/1/2000	NC	9	NO
S	D2970	TEMPORARY CROWN (FRACTURED TOOTH	1/1/2008	\$46.61	3	NO
S	D2971	ADDITIONAL PROCEDURES TO CONSTRU	1/1/2005	NC	9	NO
S	D2975	COPING	1/1/2005	NC	9	NO
S	D2980	CROWN REPAIR, BY REPORT	1/1/2000	\$0.01	5	YES
S	D2999	UNSPECIFIED RESTORATIVE PROCEDUR	1/1/2000	NC	9	NO
S	D3110	PULP CAP - DIRECT (EXCLUDING FIN	1/1/2000	NC	9	NO
S	D3120	PULP CAP - INDIRECT (EXCLUDING F	1/1/2000	NC	9	NO
S	D3220	THERAPEUTIC PULPOTOMY (EXCLUDING	1/1/2008	\$50.07	3	NO
S	D3221	PULPAL DEBRIDEMENT, PRIMARY AND	1/1/2008	\$47.72	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D3230	PULPAL THERAPY (RESORBABLE FILLI	1/1/2008	\$47.72	3	NO
S	D3240	PULPAL THERAPY (RESORBABLE FILLI	1/1/2008	\$47.72	3	NO
S	D3310	ENDODONTIC THERAPY - ANTERIOR (E	1/1/2008	\$149.82	3	NO
S	D3320	ENDODONTIC THERAPY - BICUSPID (E	1/1/2008	\$172.02	3	NO
S	D3330	ENDODONTIC THERAPY - MOLAR (EXCL	1/1/2008	\$216.40	3	NO
S	D3331	TREATMENT OF ROOT CANAL OBSTRUCT	1/1/2008	\$269.36	3	NO
S	D3332	INCOMPLETE ENDODONTIC THERAPY; I	1/1/2000	\$0.01	5	NO
S	D3333	INTERNAL ROOT REPAIR OF PERFORAT	1/1/2000	\$0.01	5	NO
S	D3346	RETREATMENT OF PREVIOUS ROOT CAN	4/1/2005	\$0.01	5	YES
S	D3347	RETREATMENT OF PREVIOUS ROOT CAN	1/1/2000	NC	9	NO
S	D3348	RETREATMENT OF PREVIOUS ROOT CAN	1/1/2000	NC	9	NO
S	D3351	APEXIFICATION/RECALCIFICATION -	1/1/2008	\$110.98	3	NO
S	D3352	APEXIFICATION/RECALCIFICATION -	1/1/2008	\$55.49	3	NO
S	D3353	APEXIFICATION/RECALCIFICATION -	10/1/2000	\$0.01	5	NO
S	D3410	APICOECTOMY/PERIRADICULAR SURGER	1/1/2008	\$160.37	3	NO
S	D3421	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3425	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3426	APICOECTOMY/PERIRADICULAR SURGER	1/1/2000	NC	9	NO
S	D3430	RETROGRADE FILLING - PER ROOT	1/1/2000	NC	9	NO
S	D3450	ROOT AMPUTATION - PER ROOT	1/1/2000	NC	9	NO
S	D3460	ENDODONTIC ENDOSSEOUS IMPLANT	1/1/2000	NC	9	NO
S	D3470	INTENTIONAL REPLANTATION (INCLUD	1/1/2000	NC	9	NO
S	D3910	SURGICAL PROCEDURE FOR ISOLATION	1/1/2000	NC	9	NO
S	D3920	HEMISECTION (INCLUDING ANY ROOT	1/1/2000	NC	9	NO
S	D3950	CANAL PREPARATION AND FITTING OF	1/1/2008	\$83.23	3	NO
S	D3999	UNSPECIFIED ENDODONITC PROCEDURE	1/1/2000	NC	9	NO
S	D4210	GINGIVECTOMY OR GINGIVOPLASTY -	1/1/2008	\$53.87	6	NO
S	D4211	GINGIVECTOMY OR GINGIVOPLASTY -	1/1/2008	\$40.40	6	NO
S	D4220	GINGIVAL CURETTAGE, SURGICAL, PE	4/1/2003	INVALID	N	NO
S	D4230	ANATOMICAL CROWN EXPOSURE - FOUR	1/1/2007	NC	9	NO
S	D4231	ANATOMICAL CROWN EXPOSURE - ONE	1/1/2007	NC	9	NO
S	D4240	GINGIVAL FLAP PROCEDURE, INCL RO	1/1/2008	\$55.49	3	NO
S	D4241	GINGIVAL FLAP PROC, INCL ROOT PL	1/1/2008	\$42.18	3	NO
S	D4245	APICALLY POSITIONED FLAP	1/1/2008	\$66.58	3	NO
S	D4249	CLINICAL CROWN LENGTHENING - HAR	1/1/2000	NC	9	NO
S	D4260	SD4261S SURGERY (INCL FLAP ENTRY	1/1/2008	\$326.14	3	NO
S	D4261	OSSEOUS SURGERY (INCL FLAP ENTRY	1/1/2008	\$244.60	3	NO
S	D4263	BONE REPLACEMENT GRAFT - FIRST S	1/1/2000	NC	9	NO
S	D4264	BONE REPLACEMENT GRAFT - EACH AD	1/1/2000	NC	9	NO
S	D4265	BIOLOGIC MATERIALS TO AID IN SOF	1/1/2003	NC	9	NO
S	D4266	GUIDED TISSUE REGENERATION - RES	1/1/2000	NC	9	NO
S	D4267	GUIDED TISSUE REGENERATION - NON	1/1/2000	NC	9	NO
S	D4268	SURGICAL REVISION PROCEDURE, PER	1/1/2008	\$66.58	3	NO
S	D4270	PEDICLE SOFT TISSUE GRAFT PROCED	1/1/2000	NC	9	NO
S	D4271	FREE SOFT TISSUE GRAFT PROCEDURE	1/1/2000	NC	9	NO
S	D4273	SUBEPITHELIAL CONNECTIVE TISSUE	1/1/2000	NC	9	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D4274	DISTAL OR PROXIMAL WEDGE PROCEDU	1/1/2000	NC	9	NO
S	D4275	SOFT TISSUE ALLOGRAFT	1/1/2003	NC	9	NO
S	D4276	COMBINED CONNECTIVE TISSUE AND D	1/1/2003	NC	9	NO
S	D4320	PROVISIONAL SPLINTING INTRACORON	1/1/2000	NC	9	NO
S	D4321	PROVISIONAL SPLINTING EXTRACORON	1/1/2000	NC	9	NO
S	D4341	PERIODONTAL SCALING AND ROOT PLA	1/1/2008	\$64.24	3	NO
S	D4342	PERIODONTAL SCALING AND ROOT PLA	1/1/2008	\$48.17	3	NO
S	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE	1/1/2008	\$49.94	3	NO
S	D4381	LOCALIZED DELIVERY OF ANTIMICROB	1/1/2000	NC	9	NO
S	D4910	PERIODONTAL MAINTENANCE	1/1/2008	\$33.30	3	NO
S	D4920	UNSCHEDULED DRESSING CHANGE (BY	1/1/2000	\$0.01	5	NO
S	D4999	UNSPECIFIED PERIODONTAL PROCEDUR	1/1/2000	NC	9	NO
S	D5110	COMPLETE DENTURE - MAXILLARY	1/1/2008	\$360.67	3	YES
S	D5120	COMPLETE DENTURE - MANDIBULAR	1/1/2008	\$360.67	3	YES
S	D5130	IMMEDIATE DENTURE - MAXILLARY	1/1/2008	\$360.67	3	YES
S	D5140	IMMEDIATE DENTURE - MANDIBULAR	1/1/2008	\$360.67	3	YES
S	D5211	MAXILLARY PARTIAL DENTURE - RESI	3/1/2003	NC	9	NO
S	D5212	MANDIBULAR PARTIAL DENTURE - RES	3/1/2003	NC	9	NO
S	D5213	MAXILLARY PARTIAL DENTURE - CAST	1/1/2008	\$360.67	3	YES
S	D5214	MANDIBULAR PARTIAL DENTURE - CAS	1/1/2008	\$360.67	3	YES
S	D5225	MAXILLARY PARTIAL DENTURE - FLEX	1/1/2005	NC	9	NO
S	D5226	MANDIBULAR PARTIAL DENTURE - FLE	1/1/2005	NC	9	NO
S	D5281	REMOVABLE UNILATERAL PARTIAL DEN	1/1/2000	NC	9	NO
S	D5410	ADJUST COMPLETE DENTUE - MAXILLA	1/1/2008	\$18.87	3	NO
S	D5411	ADJUST COMPLETE DENTURE - MANDIB	1/1/2008	\$18.87	3	NO
S	D5421	ADJUST PARTIAL DENTURE - MAXILLA	1/1/2008	\$19.97	3	NO
S	D5422	ADJUST PARTIAL DENTURE - MANDIBU	1/1/2008	\$19.97	3	NO
S	D5510	REPAIR BROKEN COMPLETE DENTURE B	1/1/2008	\$33.30	3	NO
S	D5520	REPLACE MISSING OR BROKEN TEETH	1/1/2008	\$33.30	3	NO
S	D5610	REPAIR RESIN DENTUE BASE	1/1/2008	\$33.30	3	NO
S	D5620	REPAIR CAST FRAMEWORK	1/1/2008	\$33.30	3	NO
S	D5630	REPAIR OR REPLACE BROKEN CLASP	1/1/2008	\$55.49	3	NO
S	D5640	REPLACE BROKEN TEETH - PER TOOTH	1/1/2008	\$33.30	3	NO
S	D5650	ADD TOOTH TO EXISTING PARTIAL DE	1/1/2008	\$33.30	3	NO
S	D5660	ADD CLASP TO EXISTING PARTIAL DE	1/1/2008	\$49.94	3	NO
S	D5670	REPLACE ALL TEETH AND ACRYLIC ON	1/1/2003	NC	9	NO
S	D5671	REPLACE ALL TEETH AND ACRYLIC ON	1/1/2003	NC	9	NO
S	D5710	REBASE COMPLETE MAXILLARY DENTUR	1/1/2008	\$176.70	3	NO
S	D5711	REBASE COMPLETE MANDIBULAR DENTU	1/1/2008	\$176.70	3	NO
S	D5720	REBASE MAXILLARY PARTIAL DENTURE	1/1/2008	\$176.70	3	NO
S	D5721	REBASE MANDIBULAR PARTIAL DENTUR	1/1/2008	\$176.70	3	NO
S	D5730	RELINE COMPLETE MAXILLARY DENTUR	1/1/2008	\$33.30	3	NO
S	D5731	RELINE COMPLETE MANDIBULAR DENTU	1/1/2008	\$33.30	3	NO
S	D5740	RELINE MAXILLARY PARTIAL DENTURE	1/1/2008	\$33.30	3	NO
S	D5741	RELINE MANDIBULAR PARTIAL DENTUR	1/1/2008	\$33.30	3	NO
S	D5750	RELINE COMPLETE MAXILLARY DENTUR	1/1/2008	\$110.98	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D5751	RELIN COMPLETE MANDIBULAR DENTU	1/1/2008	\$110.98	3	NO
S	D5760	RELIN MAXILLARY PARTIAL DENTURE	1/1/2008	\$110.98	3	NO
S	D5761	RELIN MANDIBULAR PARTIAL DENTUR	1/1/2008	\$110.98	3	NO
S	D5810	INTERIM COMPLETE DENTURE (MAXILL	1/1/2000	NC	9	NO
S	D5811	INTERIM COMPLETE DENTURE (MANDIB	1/1/2000	NC	9	NO
S	D5820	INTERIM PARTIAL DENTURE (MAXILLA	1/1/2008	\$157.47	3	NO
S	D5821	INTERIM PARTIAL DENTURE (MANDIBU	1/1/2008	\$163.77	3	NO
S	D5850	TISSUE CONDITIONING, MAXILLARY	1/1/2008	\$28.85	3	NO
S	D5851	TISSUE CONDITIONING, MANDIBULAR	1/1/2008	\$28.85	3	NO
S	D5860	OVERDENTURE - COMPLETE, BY REPOR	1/1/2000	NC	9	NO
S	D5861	OVERDENTURE - PARTIAL, BY REPORT	1/1/2000	NC	9	NO
S	D5862	PRECISION ATTACHMENT, BY REPORT	1/1/2000	NC	9	NO
S	D5867	REPLACEMENT OF REPLACEABLE PART	1/1/2000	NC	9	NO
S	D5875	MODIFICATION OF REMOVABLE PROSTH	1/1/2000	NC	9	NO
S	D5899	UNSPECIFIED REMOVABLE PROSTHODON	1/1/2000	NC	9	NO
S	D5911	FACIAL MOULAGE (SECTIONAL)	10/1/2000	\$0.01	5	NO
S	D5912	FACIAL MOULAGE (COMPLETE)	10/1/2000	\$0.01	5	NO
S	D5913	NASAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5914	AURICULAR PROSTHESIS	1/1/2000	NC	9	NO
S	D5915	ORBITAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5916	OCULAR PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5919	FACIAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5922	NASAL SEPTAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5923	OCULAR PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5924	CRANIAL PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5925	FACIAL AUGMENTATION IMPLANT PROS	10/1/2000	\$0.01	5	NO
S	D5926	NASAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5927	AURICULAR PROSTHESIS, REPLACEMEN	1/1/2000	NC	9	NO
S	D5928	ORBITAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5929	FACIAL PROSTHESIS, REPLACEMENT	10/1/2000	\$0.01	5	NO
S	D5931	OBTURATOR PROSTHESIS, SURGICAL	10/1/2000	\$0.01	5	NO
S	D5932	OBTURATOR PROSTHESIS, DEFINITIVE	10/1/2000	\$0.01	5	NO
S	D5933	OBTURATOR PROSTHESIS, MODIFICATI	10/1/2000	\$0.01	5	NO
S	D5934	MANDIBULAR RESECTION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5935	MANDIBULAR RESECTION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5936	OBTURATOR PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5937	TRISMUS APPLIANCE (NOT FOR TMD T	10/1/2000	\$0.01	5	NO
S	D5951	FEEDING AID	10/1/2000	\$0.01	5	NO
S	D5952	SPEECH AID PROSTHESIS, PEDIATRIC	1/1/2008	\$443.91	3	NO
S	D5953	SPEECH AID PROSTHESIS, ADULT	10/1/2000	\$0.01	5	NO
S	D5954	PALATAL AUGMENTATION PROSTHESIS	10/1/2000	\$0.01	5	NO
S	D5955	PALATAL LIFT PROSTHESIS, DEFINIT	1/1/2008	\$443.91	3	NO
S	D5958	PALATAL LIFT PROSTHESIS, INTERIM	10/1/2000	\$0.01	5	NO
S	D5959	PALATAL LIFT PROSTHESIS, MODIFIC	10/1/2000	\$0.01	5	NO
S	D5960	SPEECH AID PROSTHESIS, MODIFICAT	10/1/2000	\$0.01	5	NO
S	D5982	SURGICAL STENT	1/1/2000	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D5983	RADIATION CARRIER	10/1/2000	\$0.01	5	NO
S	D5984	RADIATION SHIELD	10/1/2000	\$0.01	5	NO
S	D5985	RADIATION CONE LOCATOR	10/1/2000	\$0.01	5	NO
S	D5986	FLUORIDE GEL CARRIER	10/1/2000	\$0.01	5	NO
S	D5987	COMMISSURE SPLINT	10/1/2000	\$0.01	5	NO
S	D5988	SURGICAL SPLINT	1/1/2000	NC	9	NO
S	D5999	UNSPECIFIED MAXILLOFACIAL PROSTH	1/1/2000	NC	9	NO
S	D6010	SURGICAL PLACEMENT OF IMPLANT BO	1/1/2000	NC	9	NO
S	D6012	SURGICAL PLACEMENT OF INTERIM IM	1/1/2007	NC	9	NO
S	D6020	ABUTMENT PLACEMENT OF SUBSTITUTI	1/1/2005	INVALID	N	NO
S	D6040	SURGICAL PLACEMENT: EPOSTEAL IMP	1/1/2000	NC	9	NO
S	D6050	SURGICAL PLACEMENT: TRANSOSTEAL	1/1/2000	NC	9	NO
S	D6053	IMPLANT/ABUTMENT SUPPORTED REMOV	1/1/2003	NC	9	NO
S	D6054	IMPLANT/ABUTMENT SUPPORTED REMOV	1/1/2003	NC	9	NO
S	D6055	DENTAL IMPLANT SUPPORTED CONNECT	1/1/2000	NC	9	NO
S	D6056	PREFABRICATED ABUTMENT - INCLUDE	1/1/2000	NC	9	NO
S	D6057	CUSTOM ABUTMENT - INCLUDES PLACE	1/1/2000	NC	9	NO
S	D6058	ABUTMENT SUPPORTED PORCELAIN/CER	1/1/2000	NC	9	NO
S	D6059	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6060	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6061	ABUTMENT SUPPORTED PORCELAIN FUS	1/1/2000	NC	9	NO
S	D6062	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6063	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6064	ABUTMENT SUPPORTED CAST METAL CR	1/1/2000	NC	9	NO
S	D6065	IMPLANT SUPPORTED PORCELAIN/CERA	1/1/2000	NC	9	NO
S	D6066	IMPLANT SUPPORTED PORCELAIN FUSE	1/1/2000	NC	9	NO
S	D6067	IMPLANT SUPPORTED METAL CROWN (T	1/1/2000	NC	9	NO
S	D6068	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6069	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6070	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6071	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6072	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6073	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6074	ABUTMENT SUPPORTED RETAINER FOR	1/1/2000	NC	9	NO
S	D6075	IMPLANT SUPPORTED RETAINER FOR C	1/1/2000	NC	9	NO
S	D6076	IMPLANT SUPPORTED RETAINER FOR P	1/1/2000	NC	9	NO
S	D6077	IMPLANT SUPPORTED RETAINER FOR C	1/1/2000	NC	9	NO
S	D6078	IMPLANT/ABUTMENT SUPPORTED FIXED	1/1/2000	NC	9	NO
S	D6079	IMPLANT/ABUTMENT SUPPORTED FIXED	1/1/2000	NC	9	NO
S	D6080	IMPLANT MAINTENANCE PROCEDURES,	1/1/2000	NC	9	NO
S	D6090	REPAIR IMPLANT SUPPORTED PROSTHE	1/1/2000	NC	9	NO
S	D6091	REPLACEMENT OF SEMI-PRECISION OR	1/1/2007	NC	9	NO
S	D6092	RECEMENT IMPLANT/ABUTMENT SUPPOR	1/1/2007	NC	9	NO
S	D6093	RECEMENT IMPLANT/ABUTMENT SUPPOR	1/1/2007	NC	9	NO
S	D6094	ABUTMENT SUPPORTED CROWN - (TITA	1/1/2005	NC	9	NO
S	D6095	REPAIR IMPLANT ABUTMENT, BY REPO	1/1/2000	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D6100	IMPLANT REMOVAL, BY REPORT	1/1/2000	NC	9	NO
S	D6190	RADIOGRAPHIC/SURGICAL IMPLANT IN	1/1/2005	NC	9	NO
S	D6194	ABUTMENT SUPPORTED RETAINER CROW	1/1/2005	NC	9	NO
S	D6199	IMPLANT REMOVAL, BY REPORT	1/1/2000	NC	9	NO
S	D6205	PONTIC - INDIRECT RESIN BASED CO	1/1/2005	NC	9	NO
S	D6210	PONTIC-CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6211	PONTIC-CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6212	PONTIC-CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6214	PONTIC - TITANIUM	1/1/2005	NC	9	NO
S	D6240	PONTIC-PORCELAIN FUSED TO HIGH N	1/1/2000	NC	9	NO
S	D6241	PONTIC-PORCELAIN FUSED TO PREDOM	1/1/2000	NC	9	NO
S	D6242	PONTIC-PORCELAIN FUSED TO NOBLE	1/1/2000	NC	9	NO
S	D6245	PONTIC - PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6250	PONTIC-RESIN WITH HIGH NOBLE MET	1/1/2000	NC	9	NO
S	D6251	PONTIC-RESIN WITH PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6252	PONTIC-RESIN WITH PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6253	PROVISIONAL PONTIC	1/1/2003	NC	9	NO
S	D6519	INLAY/ONLAY - PORCELAIN/CERAMIC	4/1/2003	INVALID	N	NO
S	D6520	INLAY - METALLIC - TWO SURFACES	4/1/2003	INVALID	N	NO
S	D6530	INLAY - METALLIC - THREE OR MORE	4/1/2003	INVALID	N	NO
S	D6543	ONLAY-METALLIC-THREE SURFACES	4/1/2003	INVALID	N	NO
S	D6544	ONLAY - METALLIC - THREE SURFACE	4/1/2003	INVALID	N	NO
S	D6545	RETAINER - CAST METAL FOR RESIN	1/1/2000	NC	9	NO
S	D6548	RETAINER - PORCELAIN/CERAMIC FOR	1/1/2000	NC	9	NO
S	D6600	INLAY - PORCELAIN/CERAMIC, TWO S	1/1/2003	NC	9	NO
S	D6601	INLAY - PORCELAIN/CERAMIC, THREE	1/1/2003	NC	9	NO
S	D6602	INLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6603	INLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6604	INLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6605	INLAY - CST PREDOMINANTLY BASE M	1/1/2003	NC	9	NO
S	D6606	INLAY - CAST NOBLE METAL, TWO SU	1/1/2003	NC	9	NO
S	D6607	INLAY - CAST NOBLE METAL, THREE	1/1/2003	NC	9	NO
S	D6608	ONLAY - PORCELAIN/CERAMIC, TWO S	1/1/2003	NC	9	NO
S	D6609	ONLAY - PORCELAIN/CERAMIC, THREE	1/1/2003	NC	9	NO
S	D6610	ONLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6611	ONLAY - CAST HIGH NOBLE METAL, T	1/1/2003	NC	9	NO
S	D6612	ONLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6613	ONLAY - CAST PREDOMINANTLY BASE	1/1/2003	NC	9	NO
S	D6614	ONLAY - CAST NOBLE METAL, TWO SU	1/1/2003	NC	9	NO
S	D6615	ONLAY - CAST NOBLE METAL, THREE	1/1/2003	NC	9	NO
S	D6624	INLAY - TITANIUM	1/1/2005	NC	9	NO
S	D6634	ONLAY - TITANIUM	1/1/2005	NC	9	NO
S	D6710	CROWN - INDIRECT RESIN BASED COM	1/1/2005	NC	9	NO
S	D6720	CROWN-RESIN WITH HIGH NOBLE META	1/1/2000	NC	9	NO
S	D6721	CROWN - RESIN WITH PREDOMINANTLY	4/1/2000	NC	9	NO
S	D6722	CROWN - RESIN WITH NOBLE METAL	4/1/2000	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D6740	CROWN - PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6750	CROWN - PORCELAIN FUSED TO HIGH	1/1/2000	NC	9	NO
S	D6751	CROWN-PORCELAIN FUSED TO PREDOMI	1/1/2000	NC	9	NO
S	D6752	CROWN - PORCELAIN FUSED TO NOBLE	1/1/2000	NC	9	NO
S	D6780	CROWN - 3/4 CAST HIGH NOBLE META	1/1/2000	NC	9	NO
S	D6781	CROWN - 3/4 CAST PREDOMINATELY B	1/1/2000	NC	9	NO
S	D6782	CROWN - 3/4 CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6783	CROWN - 3/4 PORCELAIN/CERAMIC	1/1/2000	NC	9	NO
S	D6790	CROWN-FULL CAST HIGH NOBLE METAL	1/1/2000	NC	9	NO
S	D6791	CROWN - FULL CAST PREDOMINANTLY	1/1/2000	NC	9	NO
S	D6792	CROWN - FULL CAST NOBLE METAL	1/1/2000	NC	9	NO
S	D6793	PROVISIONAL RETAINER CROWN	1/1/2003	NC	9	NO
S	D6794	CROWN - TITANIUM	1/1/2005	NC	9	NO
S	D6920	CONNECTOR BAR	1/1/2000	NC	9	NO
S	D6930	RECEMENT FIXED PARTIAL DENTURE	1/1/2008	\$46.61	3	NO
S	D6940	STRESS BREAKER	1/1/2000	NC	9	NO
S	D6950	PRECISION ATTACHMENT	1/1/2000	NC	9	NO
S	D6970	CAST POST AND CORE IN ADDITION T	1/1/2000	NC	9	NO
S	D6971	CAST POST AS PART OF FIXED PARTI	1/1/2007	INVALID	N	NO
S	D6972	PREFABRICATED POST AND CORE IN A	1/1/2008	\$66.58	3	YES
S	D6973	CORE BUILD UP FOR RETAINER; INCL	1/1/2000	NC	9	NO
S	D6975	COPING - METAL	1/1/2000	NC	9	NO
S	D6976	EACH ADDITIONAL CAST POST - SAME	1/1/2000	NC	9	NO
S	D6977	EACH ADDITIONAL PREFABRICATED PO	1/1/2000	NC	9	NO
S	D6980	FIXED PARTIAL DENTURE REPAIR, BY	1/1/2000	\$0.01	5	YES
S	D6985	PEDIATRIC PARTIAL DENTURE, FIXED	1/1/2003	NC	9	NO
S	D6999	UNSPECIFIED FIXED PROSTHODONTIC	1/1/2000	NC	9	NO
S	D7110	SINGLE TOOTH	4/1/2003	INVALID	N	NO
S	D7111	EXTRACTION, CORONAL REMNANTS - D	1/1/2008	\$31.08	3	NO
S	D7120	EACH ADDITIONAL TOOTH	4/1/2003	INVALID	N	NO
S	D7130	ROOT REMOVAL - EXPOSED ROOTS	4/1/2003	INVALID	N	NO
S	D7140	EXTRACTION, ERUPTED TOOTH OR EXP	1/1/2008	\$77.90	3	NO
S	D7210	SURGICAL REM OF ERUPTED TOOTH RE	1/1/2008	\$88.79	3	NO
S	D7220	ROMOVAL OF IMPACTED TOOTH - SOFT	1/1/2008	\$96.04	3	NO
S	D7230	REMOVAL OF IMPACTED TOOTH - PART	1/1/2008	\$130.18	3	NO
S	D7240	REMOVAL OF IMPACTED TOOTH - COMP	1/1/2008	\$160.06	3	NO
S	D7241	REMOVAL OF IMPACTED TOOTH - COMP	1/1/2000	\$0.01	5	NO
S	D7250	SURGICAL REMOVAL OF RESIDUAL TOO	1/1/2008	\$119.51	3	NO
S	D7260	OROLANTRAL FISTULA CLOSURE	1/1/2008	\$99.88	3	NO
S	D7261	PRIMARY CLOSURE OF A SINUS PERFO	1/1/2003	NC	9	NO
S	D7270	TOOTH REIMPLANTATION AND/OR STAB	1/1/2008	\$66.58	3	NO
S	D7272	TOOTH TRANSPLANTATION (INC REIMP	1/1/2000	NC	9	NO
S	D7280	SURGICAL ACCESS OF AN UNERUPTED	1/1/2000	NC	9	NO
S	D7281	SURGICAL EXPOSURE OF IMPACTED OR	1/1/2005	INVALID	N	NO
S	D7282	MOBILIZATION OF ERUPTED OR MALPO	1/1/2003	NC	9	NO
S	D7283	PLACEMENT OF DEVICE TO FACILITAT	1/1/2005	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7285	BIOPSY OF ORAL TISSUE - HARD (BO	10/1/2000	\$0.01	5	NO
S	D7286	BIOPSY OF ORAL TISSUE - SOFT	1/1/2008	\$49.94	3	NO
S	D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE C	1/1/2003	\$0.01	5	NO
S	D7288	BRUSH BIOPSY - TRANSEPITHELIAL S	1/1/2005	\$0.01	5	NO
S	D7290	SURGICAL REPOSITIONING OF TEETH	1/1/2000	NC	9	NO
S	D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRE	1/1/2000	NC	9	NO
S	D7292	SURGICAL PLACEMENT: TEMPORARY AN	1/1/2007	NC	9	NO
S	D7293	SURGICAL PLACEMENT: TEMPORARY AN	1/1/2007	NC	9	NO
S	D7294	SURGICAL PLACEMENT: TEMPORARY AN	1/1/2007	NC	9	NO
S	D7310	ALVEOLOPLASTY IN CONJUNCTION WIT	1/1/2000	NC	9	NO
S	D7311	ALVEOLOPLASTY IN CONJUNCTION WIT	1/1/2005	NC	9	NO
S	D7320	ALVEOLOPLASTY NOT IN CONJ WITH E	1/1/2008	\$38.84	3	NO
S	D7321	ALVEOLOPLASTY NOT IN CONJUNCTIN	1/1/2005	\$0.01	P	NO
S	D7340	VESTIBULOPLASTY - RIDGE EXTENSIO	10/1/2000	\$0.01	5	NO
S	D7350	VESTIBULOPLASTY RIDGE EXTENSION	10/1/2000	\$0.01	5	NO
S	D7410	EXCISION OF BENIGN LESION UP TO	1/1/2000	NC	9	NO
S	D7411	EXCISION OF BENIGN LESION GREATE	1/1/2003	NC	9	NO
S	D7412	EXCISION OF BENIGN LESION, COMPL	1/1/2003	NC	9	NO
S	D7413	EXCISION OF MALIGNANT LESION UP	1/1/2003	NC	9	NO
S	D7414	EXCISION OF MALIGNANT LESION GRE	1/1/2003	NC	9	NO
S	D7415	EXCISION OF MALIGNANT LESION, CO	1/1/2003	NC	9	NO
S	D7420	RADICAL EXCISION - LESION DIAMET	4/1/2003	INVALID	N	NO
S	D7430	EXCISION OF BENIGN TUMOR - LESIO	4/1/2003	INVALID	N	NO
S	D7431	EXCISION OF BENIGN TUMOR - LESIO	4/1/2003	INVALID	N	NO
S	D7440	EXCISION OF MALIGNANT TUMOR - LE	10/1/2000	\$0.01	5	NO
S	D7441	EXCISION OF MALIGNANT TUMOR - LE	10/1/2000	\$0.01	5	NO
S	D7450	REMOVAL OF BENIGN ODONTOGENIC CY	1/1/2008	\$171.72	3	NO
S	D7451	REMOVAL OF BENIGN ODONTOGENIC CY	10/1/2000	\$0.01	5	NO
S	D7460	REMOVAL OF BENIGN NONODONTOGENIC	1/1/2000	NC	9	NO
S	D7461	REMOVAL OF BENIGN NONODONTOGENIC	1/1/2000	NC	9	NO
S	D7465	DESTRUCTION OF LESION(S) BY PHYS	1/1/2005	NC	9	NO
S	D7471	REMOVAL OF LATERAL EXOSTOSIS (MA	1/1/2008	\$38.84	3	NO
S	D7472	REMOVAL OF TORUS PALATINUS	1/1/2003	NC	9	NO
S	D7473	REMOVAL OF TORUS MANDIBULARIS	1/1/2003	NC	9	NO
S	D7480	PARTIAL OSTECTOMY (GUTTERING OR	4/1/2003	INVALID	N	NO
S	D7485	SURGICAL REDUCTION OF OSSEOUS TU	1/1/2003	NC	9	NO
S	D7490	RADICAL RESECTION OF MAXILLA OR	10/1/2000	\$0.01	5	NO
S	D7510	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$69.36	3	NO
S	D7511	INCISION AND DRAINAGE OF ABSCESS	1/1/2005	\$0.01	5	NO
S	D7520	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$42.18	3	NO
S	D7521	INCISION AND DRAINAGE OF ABSCESS	1/1/2005	\$0.01	5	NO
S	D7530	REMOVAL OF FOREIGN BODY FROM MUC	1/1/2008	\$88.79	3	NO
S	D7540	REMOVAL OF REACTION - PRODUCING	10/1/2000	\$0.01	5	NO
S	D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY	10/1/2000	\$0.01	5	NO
S	D7560	MAXILLARY SINUSOTOMY FOR REMOVAL	10/1/2000	\$0.01	5	NO
S	D7610	MAXILLA - OPEN REDUCTION (TEETH	10/1/2000	\$0.01	5	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7620	MAXILLA - CLOSED REDUCTION (TEET	10/1/2000	\$0.01	5	NO
S	D7630	MANDIBLE - OPEN REDUCTION (TEETH	10/1/2000	\$0.01	5	NO
S	D7640	MANDIBLE - CLOSED REDUCTION (TEE	10/1/2000	\$0.01	5	NO
S	D7650	MALAR AND/OR ZYGOMATIC ARCH - OP	10/1/2000	\$0.01	5	NO
S	D7660	MALAR AND/OR ZYGOMATIC ARCH - CL	10/1/2000	\$0.01	5	NO
S	D7670	ALVEOLUS - CLOSED REDUCTION, MAY	1/1/2008	\$343.85	3	NO
S	D7671	ALVEOLUS - OPEN REDUCTION, MAY I	1/1/2003	NC	9	NO
S	D7680	FACIAL BONES - COMPLICATED REDUC	10/1/2000	\$0.01	5	NO
S	D7710	MAXILLA - OPEN REDUCTION	10/1/2000	\$0.01	5	NO
S	D7720	MAXILLA - CLOSED REDUCTION	1/1/2008	\$64.37	3	NO
S	D7730	MANDIBLE - OPEN REDUCTION	10/1/2000	\$0.01	5	NO
S	D7740	MANDIBLE - CLOSED REDUCTION	10/1/2000	\$0.01	5	NO
S	D7750	MALAR AND/OR ZYGOMATIC ARCH - OP	10/1/2000	\$0.01	5	NO
S	D7760	MALAR AND/OR ZYGOMATIC ARCH - CL	10/1/2000	\$0.01	5	NO
S	D7770	ALVEOLUS - OPEN REDUCTION STABIL	10/1/2000	\$0.01	5	NO
S	D7771	ALVEOLUS - CLOSED REDUCTION STAB	1/1/2003	NC	9	NO
S	D7780	FACIAL BONES - COMPLICATED REDUC	10/1/2000	\$0.01	5	NO
S	D7810	OPEN REDUCTION OF DISLOCATION	1/1/2000	NC	9	NO
S	D7820	CLOSED REDUCTION OF DISLOCATION	1/1/2000	NC	9	NO
S	D7830	MANIPULATION UNDER ANESTHESIA	1/1/2000	NC	9	NO
S	D7840	CONDYLECTOMY	1/1/2000	NC	9	NO
S	D7850	SURGICAL DISCECTOMY, WITH/WITHOU	1/1/2000	NC	9	NO
S	D7852	DISC REPAIR	1/1/2000	NC	9	NO
S	D7854	SYNOVECTOMY	1/1/2000	NC	9	NO
S	D7856	MYOTOMY	1/1/2000	NC	9	NO
S	D7858	JOINT RECONSTRUCTION	1/1/2000	NC	9	NO
S	D7860	ARTHROTOMY	1/1/2000	NC	9	NO
S	D7865	ARTHROPLASTY	1/1/2000	NC	9	NO
S	D7870	ARTHROCENTESIS	1/1/2000	NC	9	NO
S	D7871	NON-ARTHROSCOPIC LYSIS AND LAVAG	1/1/2000	NC	9	NO
S	D7872	ARTHROSCOPY - DIAGNOSIS, WITH OR	1/1/2000	NC	9	NO
S	D7873	ARTHROSCOPY - SURGICAL: LAVAGE A	1/1/2000	NC	9	NO
S	D7874	ARTHROSCOPY - SURGICAL: DISC REP	1/1/2000	NC	9	NO
S	D7875	ARTHROSCOPY - SURGICAL: SYNOVECT	1/1/2000	NC	9	NO
S	D7876	ARTHROSCOPY - SURGICAL: DISCECTO	1/1/2000	NC	9	NO
S	D7877	ARTHROSCOPY - SURGICAL; DEBRIDEM	1/1/2000	NC	9	NO
S	D7880	OCCLUSAL ORTHOTIC DEVICE, BY REP	4/1/2000	NC	9	NO
S	D7899	UNSPECIFIED TMD THERAPY, BY REPO	1/1/2000	NC	9	NO
S	D7910	SUTURE OF RECENT SMALL WOUNDS UP	1/1/2008	\$64.65	3	NO
S	D7911	COMPLICATED SUTURE - UP TO FIVE	1/1/2008	\$96.97	3	NO
S	D7912	COMPLICATED SUTURE - GREATER THA	1/1/2008	\$140.07	3	NO
S	D7920	SKIN GRAFT (IDENTIFY DEFECT COVE	10/1/2000	\$0.01	5	YES
S	D7940	OSTEOPLASTY - FOR ORTHOGNATHIC D	1/1/2000	NC	9	NO
S	D7941	OSTEOTOMY - RAMUS, CLOSED	1/1/2000	NC	9	NO
S	D7943	OSTEOTOMY - MANDIBULAR RAMI WITH	1/1/2000	NC	9	NO
S	D7944	OSTEOTOMY - SEGMENTED OR SUBAPIC	1/1/2000	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D7945	OSTEOTOMY - BODY OF MANDIBLE	1/1/2000	NC	9	NO
S	D7946	LEFORT I (MAXILLA TOTAL)	1/1/2000	NC	9	NO
S	D7947	LEFORT I (MAXILLA SEGMENTED)	1/1/2000	NC	9	NO
S	D7948	LEFORT II OR LEFORT III (OSTEOPL	1/1/2000	NC	9	NO
S	D7949	LEFORT II OR LEFORT III WITH BON	1/1/2000	NC	9	NO
S	D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CAR	1/1/2000	\$0.01	5	NO
S	D7951	SINUS AUGMENTATION WITH BONE OR	1/1/2007	NC	9	NO
S	D7953	BONE REPLACEMENT GRAFT FOR RIDGE	1/1/2005	NC	9	NO
S	D7955	REPAIR OF MAXILLOFACIAL SOFT AND	1/1/2000	NC	9	NO
S	D7960	FRENULECTOMY (FRENECTOMY OR FREN	1/1/2000	NC	9	NO
S	D7963	FRENULOPLASTY	1/1/2005	NC	9	NO
S	D7970	EXCISION OF HYPERPLASTIC TISSUE	1/1/2008	\$66.58	3	NO
S	D7971	EXCISION OF PERICORONAL GINGIVA	1/1/2000	NC	9	NO
S	D7972	SURGICAL REDUCTION OF FIBROUS TU	1/1/2003	NC	9	NO
S	D7980	SIALOLITHOTOMY	10/1/2000	\$0.01	5	NO
S	D7981	EXCISION OF SALIVARY GLAND, BY R	1/1/2000	\$0.01	5	NO
S	D7982	SIALODOCHOPLASTY	10/1/2000	\$0.01	5	NO
S	D7983	CLOSURE OF SALIVARY FISTULA	10/1/2000	\$0.01	5	NO
S	D7990	EMERGENCY TRACHEOTOMY	10/1/2000	\$0.01	5	NO
S	D7991	CORONOIDECTOMY	1/1/2000	NC	9	NO
S	D7995	SYNTHETIC GRAFT - MANDIBLE OR FA	1/1/2000	NC	9	NO
S	D7996	IMPLANT-MANDIBLE FOR AUGMENTATIO	1/1/2000	NC	9	NO
S	D7997	APPLIANCE REMOVAL (NOT BY DENTIS	1/1/2000	\$0.01	5	NO
S	D7998	INTRAORAL PLACEMENT OF A FIXATIO	1/1/2007	NC	9	NO
S	D7999	UNSPECIFIED ORAL SURGERY PROCEDU	1/1/2000	NC	9	NO
S	D8010	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8020	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8030	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8040	LIMITED ORTHODONTIC TREATMENT OF	1/1/2000	\$0.01	5	YES
S	D8050	INTERCEPTIVE ORTHODONTIC TREATME	1/1/2000	\$0.01	5	YES
S	D8060	INTERCEPTIVE ORTHODONTIC TREATME	1/1/2000	\$0.01	5	YES
S	D8070	COMPREHENSIVE ORTHODONTIC TREATM	10/1/2000	\$0.01	5	NO
S	D8080	COMPREHENSIVE ORTHODONTIC TREATM	1/1/2000	\$0.01	5	YES
S	D8090	COMPREHENSIVE ORTHODONTIC TREATM	10/1/2000	\$0.01	5	NO
S	D8100	ORTHODONTIC RECORDS NOT TO BE PA	4/1/2001	NC	9	NO
S	D8110	REMOVABLE APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8120	FIXED APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8200	ORTHODONTIC EXAMINATION	10/1/2004	NC	9	NO
S	D8210	REMOVABLE APPLIANCE THERAPY	1/1/2000	\$0.01	5	YES
S	D8220	FIXED APPLIANCE THERAPY	1/1/2000	\$0.01	5	YES
S	D8360	REMOVABLE APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8370	FIXED APPLIANCE THERAPY	1/1/2005	INVALID	N	NO
S	D8460	CLASS I MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8470	CLASS II MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8480	CLASS III MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8560	CLASS I MALOCCLUSION	1/1/2005	INVALID	N	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D8570	CLASS II MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8580	CLASS III MALOCCLUSION	1/1/2005	INVALID	N	NO
S	D8650	TREATMENT OF THE ATYPICAL OR EXT	1/1/2005	INVALID	N	NO
S	D8660	PRE-ORTHODONTIC TREATMENT VISIT	1/1/2000	\$0.01	5	YES
S	D8670	PERIODIC ORTHODONTIC TREATMENT V	1/1/2000	\$0.01	5	YES
S	D8680	ORTHODONTIC RETENTION (REMOVAL O	1/1/2000	\$0.01	5	YES
S	D8690	ORTHODONTIC TREATMENT, (ALTERNAT	1/1/2000	\$0.01	5	YES
S	D8691	REPAIR OF ORTHODONTIC APPLIANCE	1/1/2000	NC	9	NO
S	D8692	REPLACEMENT OF LOST OR BROKEN RE	1/1/2000	NC	9	NO
S	D8693	REBONDING OR RECEMENTING; AND/OR	1/1/2007	NC	9	NO
S	D8750	POST TREATMENT STABILIZATION	10/1/2000	\$0.01	5	YES
S	D8999	UNSPECIFIED ORTHODONTIC PROCEDUR	1/1/2000	\$0.01	5	YES
S	D9110	PALLIATIVE (EMERGENCY) TREATMENT	1/1/2008	\$45.88	3	NO
S	D9120	FIXED PARTIAL DENTURE SECTIONING	1/1/2007	NC	9	NO
S	D9210	LOCAL ANESTHESIA NOT IN CONJUNCT	1/1/2000	NC	9	NO
S	D9211	REGIONAL BLOCK ANESTHESIA	10/1/2000	\$0.01	5	NO
S	D9212	TRIGEMINAL DIVISION BLOCK ANESTH	1/1/2008	\$27.74	3	NO
S	D9215	LOCAL ANESTHESIA	1/1/2000	NC	9	NO
S	D9220	DEEP SEDATION/GENERAL ANESTHESIA	1/1/2008	\$122.07	3	NO
S	D9221	DEEP SEDATION/GENERAL ANESTHESIA	1/1/2008	\$29.96	3	NO
S	D9230	ANALGESIA, ANXIOLYSIS, INHALATIO	1/1/2008	\$8.88	3	NO
S	D9241	INTRAVENOUS CONSCIOUS SEDATION/A	1/1/2008	\$112.04	3	NO
S	D9242	INTRAVENOUS CONSCIOUS SEDATION/A	1/1/2000	\$0.01	5	NO
S	D9248	NON-INTRAVENOUS CONSCIOUS SEDATI	1/1/2008	\$77.70	3	NO
S	D9310	CONSULT-DIAGNOSTIC SVC PROVIDED	1/1/2008	\$27.74	3	NO
S	D9410	HOUSE/EXTENDED CARE FACILITY CAL	10/1/2007	\$0.01	P	NO
S	D9420	HOSPITAL CALL	1/1/2008	\$110.98	3	NO
S	D9430	OFFICE VISIT FOR OBSERVATION (DU	1/1/2008	\$8.88	3	NO
S	D9440	OFFICE VISIT AFTER REGULARLY SCH	1/1/2008	\$36.62	3	NO
S	D9450	CASE PRESENTATION, DETAILED AND	1/1/2003	NC	9	NO
S	D9610	THERAPEUTIC DRUG INJECTION, BY R	1/1/2008	\$13.31	3	NO
S	D9612	THERAPEUTIC PARENTERAL DRUGS, TW	1/1/2007	\$0.01	5	NO
S	D9630	ORAL DRUGS AND/OR MEDICAMENTS, B	1/1/2008	\$42.68	3	NO
S	D9910	APPLICATION OF DESENSITIZING MED	1/1/2000	NC	9	NO
S	D9911	APPLICATION OF DESENSIIZING RESI	1/1/2000	NC	9	NO
S	D9920	BEHAVIOR MANAGEMENT, BY REPORT	10/1/2000	\$0.01	5	NO
S	D9930	TREATMENT OF COMPLICATIONS (POST	1/1/2000	\$0.01	5	NO
S	D9940	OCCLUSAL GUARD, BY REPORT	1/1/2000	NC	9	NO
S	D9941	FABRICATION OF ATHLETIC MOUTHGUA	1/1/2000	NC	9	NO
S	D9942	REPAIR AND/OR RELINE OF OCCLUSAL	1/1/2005	NC	9	NO
S	D9950	OCCLUSION ANALYSIS - MOUNTED CAS	1/1/2000	NC	9	NO
S	D9951	OCCLUSAL ADJUSTMENT - LIMITED	1/1/2000	NC	9	NO
S	D9952	OCCLUSAL ADJUSTMENT - COMPLETE	1/1/2000	NC	9	NO
S	D9970	ENAMEL MICROABRASION	1/1/2000	NC	9	NO
S	D9971	ODONTOPLASTY 1-2 TEETH; INCLUDES	1/1/2000	NC	9	NO
S	D9972	EXTERNAL BLEACHING - PER ARCH	1/1/2000	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	D9973	EXTERNAL BLEACHING - PER TOOTH	1/1/2000	NC	9	NO
S	D9974	INTERNAL BLEACHING - PER TOOTH	1/1/2000	NC	9	NO
S	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	1/1/2000	\$0.01	5	NO
S	E0602	BREAST PUMP, MANUAL, ANY TYPE	4/1/2008	\$28.19	3	NO
S	E0776	IV POLE	1/1/2008	\$96.66	3	NO
S	E0779	AMBULATORY INFUSION PUMP, MECHAN	1/1/2008	\$22.11	3	YES
S	E0780	AMBULATORY INFUSION PUMP, MECHAN	1/1/2008	\$15.89	3	YES
S	E0783	INFUSION PUMP SYSTEM, IMPLANTABL	1/1/1998	NC	9	NO
S	E1210	SINGLE VISION LENS SPHERO CYLIND	1/1/2006	INVALID	N	NO
S	E1300	SINGLE VISION LENS 4.25 TO 8.00	10/1/2000	NC	9	NO
S	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
S	G0151	SERVICES OF PHYSICAL THERAPIST I	1/1/2000	NC	9	NO
S	G0152	SERVICES OF OCCUPATIONAL THERAPI	1/1/2000	NC	9	NO
S	G0153	SERVICES OF SPEECH AND LANGUAGE	1/1/2000	NC	9	NO
S	G0155	SERVICES OF CLINICAL SOCIAL WORK	1/1/2000	NC	9	NO
S	G0156	SERVICES OF HOME HEALTH AIDE IN	1/1/2000	NC	9	NO
S	G0166	EXTERNAL COUNTERPULSATION, PER T	1/1/2000	NC	9	NO
S	G0167	HYPERBARIC OXYGEN TREATMENT NOT	4/1/2004	INVALID	N	NO
S	G0176	ACTIVITY THERAPY RELATED TO THE	1/1/2008	\$17.56	3	NO
S	G0177	TRAINING AND EDUCATIONAL SERVICE	1/1/2008	\$48.92	3	NO
S	G0369	PHARMACY SUPPLY FEE FOR INTITAL	1/1/2006	INVALID	N	NO
S	G0370	PHARMACY SUPPLY FEE FOR ORAL ANT	1/1/2006	INVALID	N	NO
S	G0371	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
S	G0374	PHARMACY DISPENSING FEE FOR INHA	1/1/2006	INVALID	N	NO
S	G9001	COORDINATED CARE FEE (MCM INITIA	1/1/2008	\$23.76	3	NO
S	G9002	COORDINATED CARE FEE (MCM FULL C	1/1/2008	\$72.52	3	NO
S	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
S	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
S	G9005	COORDINATED CARE FEE, (MCM FULL-	1/1/2008	\$124.32	3	NO
S	G9006	COORDINATED CARE FEE (MCM-HOME/E	1/1/2008	\$41.44	3	NO
S	G9009	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$36.26	3	NO
S	G9010	COORDINATED CARE FEE (MCM-PARTIA	1/1/2008	\$62.16	3	NO
S	G9011	COORDINATED CARE FEE (MCM-TELEPH	1/1/2008	\$10.36	3	NO
S	G9012	COORDINATED CARE FEE (MCM-CASE M	1/1/2008	\$41.44	3	NO
S	G9016	SMOKING CESSATION COUNSELING, IN	1/1/2008	\$10.36	3	NO
S	G9037	SERVICES PROVIDED BY REHABILITAT	10/1/2005	INVALID	N	NO
S	G9041	SERVICES PROVIDED BY A QUALIFIED	1/1/2005	NC	9	NO
S	G9042	SERVICES PROVIDED BY AN ORIENTAT	1/1/2005	NC	9	NO
S	G9043	SERVICES PROVIDED BY A LOW VISIO	1/1/2005	NC	9	NO
S	G9044	SERVICES PROVIDED BY A CERTIFIED	1/1/2005	NC	9	NO
S	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	1/1/2003	\$0.01	P	NO
S	H0002	BEHAVIORAL HEALTH SCREENING TO D	1/1/2003	\$0.01	P	NO
S	H0003	ALCOHOL AND/OR DRUG SCREENING; L	1/1/2003	\$0.01	P	NO
S	H0004	BEHAVIORAL HEALTH COUNSELING AND	1/1/2008	\$23.05	3	NO
S	H0005	ALCOHOL AND/OR DRUG SERVICES; GR	1/1/2003	\$0.01	P	NO
S	H0007	ALCOHOL AND/OR DRUG SERVICES; CR	1/1/2003	\$0.01	P	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	H0008	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0009	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0010	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0011	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0012	ALCOHOL AND/OR DRUG SERVICES; SU	1/1/2003	\$0.01	P	NO
S	H0013	ALCOHOL AND/OR DRUG SERVICES; AC	1/1/2003	\$0.01	P	NO
S	H0014	ALCOHOL AND/OR DRUG SERVICES; AM	1/1/2003	\$0.01	P	NO
S	H0015	ALCOHOL AND/OR DRUG SERVICES; IN	1/1/2003	\$0.01	P	NO
S	H0016	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2003	\$0.01	P	NO
S	H0017	BEHAVIORAL HEALTH; RESIDENTIAL,	7/1/2007	\$123.54	3	NO
S	H0018	BEHAVIORAL HEALTH; SHORT-TERM RE	7/1/2007	\$123.54	3	NO
S	H0019	BEHAVIORAL HEALTH; LONG-TERM RES	7/1/2007	\$123.54	3	NO
S	H0020	ALCOHOL AND/OR DRUG SERVICES; ME	1/1/2003	\$0.01	P	NO
S	H0021	ALCOHOL AND/OR DRUG TRAINING SER	1/1/2003	\$0.01	P	NO
S	H0022	ALCOHOL AND/OR DRUG INTERVENTION	10/1/2003	NC	9	NO
S	H0023	BEHAVIORAL HEALTH OUTREACH SERVI	10/1/2003	NC	9	NO
S	H0024	BEHAVIORAL HEALTH PREVENTION INF	1/1/2003	\$0.01	P	NO
S	H0025	BEHAVIORAL HEALTH PREVENTION EDU	1/1/2003	\$0.01	P	NO
S	H0026	ALCOHOL AND/OR DRUG PREVENTION P	1/1/2003	\$0.01	P	NO
S	H0027	ALCOHOL AND/OR DRUG PREVENTION E	1/1/2003	\$0.01	P	NO
S	H0028	ALCOHOL AND/OR DRUG PREVENTION P	1/1/2003	\$0.01	P	NO
S	H0029	ALCOHOL AND/OR DRUG PREVENTION A	1/1/2003	\$0.01	P	NO
S	H0030	BEHAVIORAL HEALTH HOTLINE SERVIC	1/1/2003	\$0.01	P	NO
S	H0031	MENTAL HEALTH ASSESSMENT, BY NON	1/1/2008	\$92.20	3	NO
S	H0032	MENTAL HEALTH SERVICE PLAN DEVEL	1/1/2008	\$92.20	3	NO
S	H0033	ORAL MEDICATION ADMINISTRATION,	1/1/2003	\$0.01	P	NO
S	H0034	MEDICATION TRAINING AND SUPPORT,	1/1/2008	\$16.31	3	NO
S	H0035	MENTAL HEALTH PARTIAL HOSPITALIZ	1/1/2003	\$0.01	P	NO
S	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE	1/1/2008	\$8.15	3	NO
S	H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE	7/1/2003	\$0.01	1	NO
S	H0038	SELF-HELP/PEER SERVICES, PER 15	1/1/2003	\$0.01	P	NO
S	H0039	ASSERTIVE COMMUNITY TREATMENT, F	1/1/2008	\$31.33	3	NO
S	H0040	ASSERTIVE COMMUNITY TREATMENT PR	7/1/2005	\$0.01	1	NO
S	H0041	FOSTER CARE, CHILD, NON-THERAPEU	1/1/2003	NC	9	NO
S	H0042	FOSTER CARE, CHILD, NON-THERAPEU	1/1/2003	NC	9	NO
S	H0043	SUPPORTED HOUSING, PER DIEM	1/1/2003	NC	9	NO
S	H0044	SUPPORTED HOUSING, PER MONTH	1/1/2003	NC	9	NO
S	H0045	RESPIRE CARE SERVICES, NOT IN TH	1/1/2003	\$0.01	P	NO
S	H0046	THERAPEUTIC FOSTER CARE/PROCTOR	10/1/2007	NC	9	NO
S	H0047	ALCOHOL AND/OR OTHER DRUG ABUSE	1/1/2003	NC	9	NO
S	H0049	ALCOHOL AND/OR DRUG SCREENING	1/1/2007	NC	9	NO
S	H0050	ALCOHOL AND/OR DRUG SERVICES, BR	1/1/2007	NC	9	NO
S	H2010	COMPREHENSIVE MEDICATION SERVICE	1/1/2008	\$23.05	3	NO
S	H2011	CRISIS INTERVENTION SERVICE, PER	1/1/2004	\$0.01	P	NO
S	H2012	BEHAVIORAL HEALTH DAY TREATMENT,	7/1/2003	\$0.01	1	NO
S	H2013	PSYCHIATRIC HEALTH FACILITY SERV	1/1/2008	\$448.15	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	H2014	SKILLS TRAINING AND DEVELOPMENT,	1/1/2008	\$2.84	3	NO
S	H2015	COMPREHENSIVE COMMUNITY SUPPORT	7/1/2005	\$0.01	1	NO
S	H2016	COMPREHENSIVE COMMUNITY SUPPORT	7/23/2007	\$0.01	1	NO
S	H2017	PSYCHOSOCIAL REHABILITATION SERV	1/1/2004	NC	9	NO
S	H2019	THERAPEUTIC BEHAVIORAL SERVICES,	1/1/2004	NC	9	NO
S	H2020	THERAPEUTIC BEHAVIORAL SERVICES,	7/1/2007	NC	9	NO
S	H2021	COMMUNITY BASED WRAPAROUND SERVI	1/1/2003	\$0.01	P	NO
S	H2022	COMMUNITY BASED WRAPAROUND SERVI	1/1/2003	\$0.01	P	NO
S	H2023	SUPPORTED EMPLOYEMENT, PER 15 MI	1/1/2008	\$16.31	3	NO
S	H2024	SUPPORTED EMPLOYMENT, PER DIEM	1/1/2004	NC	9	NO
S	H2025	ONGOING SUPPORT TO MAINTAIN EMPL	1/1/2004	NC	9	NO
S	H2026	ONGOING SUPPORT TO MAINTAIN EMPL	1/1/2004	NC	9	NO
S	H2027	PSYCHOEDUCATIONAL SERVICE, PER 1	1/1/2004	\$0.01	P	NO
S	H2028	SEXUAL OFFENDER TREATMENT SERVIC	1/1/2004	NC	9	NO
S	H2029	SEXUAL OFFENDER TREATMENT SERVIC	1/1/2004	NC	9	NO
S	H2030	MENTAL HEALTH CLUBHOUSE SERVICES	1/1/2004	NC	9	NO
S	H2031	MENTAL HEALTH CLUBHOUSE SERVICES	1/1/2004	NC	9	NO
S	H2032	ACTIVITY THERAPY, PER 15 MINUTES	1/1/2008	\$8.15	3	NO
S	H2033	MULTISYSTEMIC THERAPY FOR JUVENI	1/1/2008	\$23.05	3	NO
S	H2034	ALCOHOL AND/OR DRUG ABUSE HALFWA	1/1/2004	NC	9	NO
S	H2036	ALCOHOL AND/OR OTHER DRUG TREATM	1/1/2004	NC	9	NO
S	H2037	DEVELOPMENTAL DELAY PREVENTION A	1/1/2004	NC	9	NO
S	J1330	INJECTION, ERGONOVINE MALEATE, U	8/1/2004	\$4.93	3	NO
S	J1750	INJECTION, IRON DEXTRAN, 50 MG	1/1/2006	INVALID	N	NO
S	J2210	INJECTION, METHYLERGONOVINE MALE	10/1/2007	\$5.04	3	NO
S	J2590	INJECTION, OXYTOCIN, UP TO 10 UN	4/1/2008	\$2.05	3	NO
S	J2788	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$28.43	3	NO
S	J2790	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$89.71	3	NO
S	J2792	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$15.62	3	NO
S	J3430	INJECTION, PHYTONADIONE (VITAMIN	10/1/2007	\$3.62	3	NO
S	J7030	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$1.03	3	NO
S	J7050	INFUSION, NORMAL SALINE SOLUTION	4/1/2008	\$0.26	3	NO
S	J7060	5% DEXTROSE/WATER (500 ML = 1 UN	4/1/2008	\$1.09	3	NO
S	J7070	INFUSION, D-5-W, 1000 CC	4/1/2008	\$2.18	3	NO
S	J7120	RINGERS LACTATE INFUSION, UP TO	4/1/2008	\$0.91	3	NO
S	J7502	CYCLOSPORINE, ORAL, 100 MG (NEOR	4/1/2008	\$3.66	3	NO
S	J7515	CYCLOSPORINE, ORAL, 25 MG (NEORA	4/1/2008	\$0.90	3	NO
S	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	4/1/2008	\$19.81	3	NO
S	J7611	ALBUTEROL, INHALATION SOL, ADM THR	4/1/2008	\$0.07	3	NO
S	J7612	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.12	3	NO
S	J7613	ALBUTEROL, INHALATION SOLUTION AD	4/1/2008	\$0.04	3	NO
S	J7614	LEVALBUTEROL, INHALATION SOLUTIO	4/1/2008	\$0.28	3	NO
S	K0100	OCCUPATIONAL THERAPY UP TO 30 MI	4/1/2004	INVALID	N	NO
S	K0455	INFUSION PUMP USED FOR UNINTERRU	1/1/1998	NC	9	NO
S	L0500	LUMBAR-SACRAL-ORTHOSIS (LSO), FL	1/1/2005	INVALID	N	NO
S	L3805	WRIST HAND FINGER ORTHOSIS, LONG	1/1/2008	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	MFC03	SDSD: MEDICALLY FRAGILE CHILDREN	6/25/1996	\$960.00	3	NO
S	OCP01	EARLY CHILDHOOD MENTAL HEALTH OU	4/1/2003	INVALID	N	NO
S	OCP02	EARLY CHILDHOOD PREVENTIVE MENTA	4/1/2003	INVALID	N	NO
S	OCP03	EARLY CHILDHOOD PREVENTIVE MENTA	4/1/2003	INVALID	N	NO
S	OCP04	EARLY CHILDHOOD MENTAL HEALTH CO	4/1/2003	INVALID	N	NO
S	OCP05	DEVELOPMENTAL SUPPORT AND CARE C	4/1/2003	INVALID	N	NO
S	PUB04	OMAP: PUBLIC HEALTH TREATMENT FO	10/1/2002	INVALID	N	NO
S	Q0086	PHYSICAL THERAPY EVALUATION/TREA	4/1/2004	INVALID	N	NO
S	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$6.70	3	NO
S	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$10.69	3	NO
S	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$3.36	3	NO
S	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$5.35	3	NO
S	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.96	3	NO
S	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$8.95	3	NO
S	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$2.49	3	NO
S	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.48	3	NO
S	Q4049	FINGER SPLINT, STATIC	1/1/2008	\$1.55	3	NO
S	Q4051	SPLINT SUPPLIES, MISC (INC THERM	1/1/2008	\$51.80	3	NO
S	Q4093	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
S	Q4094	ALBUTEROL,ALL,SEPARATED ISOMERS,	1/1/2008	INVALID	N	NO
S	Q5001	HOSPICE CARE PROVIDED IN PATIENT	1/1/2007	NC	9	NO
S	Q5002	HOSPICE CARE PROVIDED IN ASSISTE	1/1/2007	NC	9	NO
S	Q5003	HOSPICE CARE PROVIDED IN NURSING	1/1/2007	NC	9	NO
S	Q5004	HOSPICE CARE PROVIDED IN SKILLED	1/1/2007	NC	9	NO
S	Q5005	HOSPICE CARE PROVIDED IN INPATIE	1/1/2007	NC	9	NO
S	Q5006	HOSPICE CARE PROVIDED IN INPATIE	1/1/2007	NC	9	NO
S	Q5007	HOSPICE CARE PROVIDED IN LONG-TE	1/1/2007	NC	9	NO
S	Q5008	HOSPICE CARE PROVIDED IN INPATIE	1/1/2007	NC	9	NO
S	Q5009	HOSPICE CARE PROVIDED IN PLACE N	1/1/2007	NC	9	NO
S	S0191	MISOPROSTOL, ORAL, 200 MCG	8/1/2004	\$1.20	3	NO
S	S0255	HOSPICE REFERRAL VISIT PERFORMED	1/1/2002	NC	9	NO
S	S0271	PHYSICIAN MANAGEMENT OF PATIENT	4/1/2007	NC	9	NO
S	S0595	DISPENSING NEW SPECTACLE LENSES	1/1/2006	NC	9	NO
S	S1015	IV TUBING EXTENSION SET	1/1/2001	NC	9	NO
S	S1016	NON-PVC (POLYVINYL CHLORIDE) INT	1/1/2001	NC	9	NO
S	S5000	PRESCRIPTION DRUG, GENERIC	1/1/2003	\$0.01	P	NO
S	S5001	PRESCRIPTION DRUG, BRAND NAME	1/1/2003	\$0.01	P	NO
S	S5011	5% DEXTROSE IN LACTATED RINGER'S	2/1/2006	\$14.35	3	NO
S	S5025	INFUSION PUMP RENTAL, PER DIEM	4/1/2002	INVALID	N	NO
S	S5035	HOME INFUSION THERAPY, ROUTINE S	4/1/2003	\$0.01	5	YES
S	S5036	HOME INFUSION THERAPY, REPAIR OF	1/1/2008	\$8.53	3	YES
S	S5115	HOME CARE TRAINING, NON-FAMILY;	9/1/2003	\$7.00	3	YES
S	S5145	FOSTER CARE, THERAPEUTIC, CHILD;	2/1/2005	\$0.01	1	NO
S	S5146	FOSTER CARE, THERAPEUTIC, CHILD;	7/1/2007	\$2,486.42	3	NO
S	S5151	UNSKILLED RESPITE CARE, NOT HOSP	1/1/2003	\$0.01	P	NO
S	S5160	EMERGENCY RESPONSE SYSTEM; INSTA	5/1/2003	\$0.01	1	YES

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	S5161	EMERGENCY RESPONSE SYSTEM; SERVI	5/1/2003	\$0.01	1	YES
S	S5162	EMERGENCY RESPONSE SYSTEM; PURCH	5/1/2003	\$0.01	1	YES
S	S5497	HOME INFUSION THERAPY, CATHETER	1/1/2008	\$7.29	3	YES
S	S5498	HOME INFUSION THERAPY, CATHETER	1/1/2008	\$6.22	3	NO
S	S5501	HOME INFUSION THERAPY, CATHETER	1/1/2008	\$7.46	3	NO
S	S5520	HOME INFUSION THERAPY, ALL SUPPL	1/1/2008	\$77.92	3	NO
S	S5521	HOME INFUSION THERAPY, ALL SUPPL	1/1/2008	\$77.92	3	NO
S	S8415	SUPPLIES FOR HOME DELIVERY OF IN	1/1/2008	\$229.27	3	NO
S	S8948	APPLICATION OF A MODALITY TO ONE	1/1/2004	NC	9	NO
S	S8950	COMPLEX LYMPHEDEMA THERAPY, EACH	10/1/2004	NC	9	NO
S	S8990	PHYSICAL OR MANIPULATIVE THERAPY	1/1/2004	NC	9	NO
S	S9075	SMOKING CESSATION TREATMENT	1/1/2008	\$10.36	1	NO
S	S9123	NURSING CARE, IN THE HOME; BY RE	1/1/2008	\$36.16	3	YES
S	S9124	NURSING CARE, IN THE HOME; BY LI	1/1/2008	\$30.73	3	YES
S	S9125	RESPIRE CARE SERVICES, IN THE HO	1/1/2003	\$0.01	P	NO
S	S9131	PHYSICAL THERAPY; IN HOME, PER D	1/1/2003	NC	9	NO
S	S9200	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9210	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9220	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9225	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9230	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9300	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9308	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9310	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9325	HOME INFUSION THERAPY, PAIN MANA	1/1/2008	\$51.80	3	YES
S	S9326	HOME INFUSION THERAPY, CONTINUOU	1/1/2008	\$42.89	3	YES
S	S9327	HOME INFUSION THERAPY, INTERMITT	1/1/2008	\$42.89	3	YES
S	S9328	HOME INFUSION THERAPY, IMPLANTED	1/1/2008	\$42.89	3	YES
S	S9329	HOME INFUSION THERAPY, CHEMOTHER	1/1/2008	\$80.81	3	YES
S	S9330	HOME INFUSION THERAPY, CONTINUOU	1/1/2008	\$120.18	3	NO
S	S9331	HOME INFUSION THERAPY, INTERMITT	1/1/2008	\$92.20	3	NO
S	S9335	HOME THERAPY, HEMODIALYSIS; ADMI	1/1/2004	NC	9	NO
S	S9336	HOME INFUSION THERAPY, CONTINUOU	1/1/2008	\$80.81	3	NO
S	S9341	HOME THERAPY; ENTERAL NUTRITION	1/1/2008	\$5.17	3	NO
S	S9342	HOME THERAPY; ENTERAL NUTRITION	1/1/2008	\$19.86	3	YES
S	S9347	HOME INFUSION THERAPY, UNINTERRU	1/1/2003	NC	9	NO
S	S9348	HOME INFUSION THERAPY, SYMPATHOM	1/1/2008	\$80.81	3	NO
S	S9349	HOME INFUSION THERAPY, TOCOLYTIC	4/1/2003	NC	9	NO
S	S9351	HOME INFUSION THERAPY, CONTINUOU	1/1/2008	\$103.60	3	NO
S	S9355	HOME INFUSION THERAPY, CHELATION	1/1/2008	\$80.81	3	NO
S	S9364	HOME INFUSION THERAPY, TOTAL PAR	1/1/2008	\$43.47	3	NO
S	S9365	HOME INFUSION THERAPY, TOTAL PAR	1/1/2008	\$108.78	3	NO
S	S9366	HOME INFUSION THERAPY, TOTAL PAR	1/1/2008	\$135.72	3	NO
S	S9367	HOME INFUSION THERAPY, TOTAL PAR	1/1/2008	\$139.86	3	NO
S	S9368	HOME INFUSION THERAPY, TOTAL PAR	1/1/2008	\$139.86	3	NO
S	S9373	HOME INFUSION THERAPY, HYDRATION	1/1/2008	\$36.26	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	S9374	HOME INFUSION THERAPY, HYDRATION	1/1/2008	\$41.44	3	NO
S	S9375	HOME INFUSION THERAPY, HYDRATION	1/1/2008	\$56.98	3	NO
S	S9376	HOME INFUSION THERAPY, HYDRATION	1/1/2008	\$56.98	3	NO
S	S9377	HOME INFUSION THERAPY, HYDRATION	1/1/2008	\$56.98	3	NO
S	S9379	HOME INFUSION THERAPY,INF THERAP	1/1/2008	\$9.12	3	YES
S	S9395	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9420	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9423	NURSING SERVICES, PATIENT ASSESS	4/1/2002	INVALID	N	NO
S	S9425	NURSING SERVICES AND ALL NECESSA	4/1/2002	INVALID	N	NO
S	S9470	NUTRITIONAL COUNSELING, DIETICIA	1/1/2008	\$45.69	3	NO
S	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC	4/1/2005	\$0.01	P	NO
S	S9484	CRISIS INTERVENTION MENTAL HEALT	1/1/2003	\$0.01	P	NO
S	S9485	CRISIS INTERVENTION MENTAL HEALT	8/1/2004	NC	9	NO
S	S9490	HOME INFUSION THERAPY, CORTICOST	1/1/2003	NC	9	NO
S	S9494	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$8.95	3	NO
S	S9497	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$85.99	3	NO
S	S9500	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$91.17	3	NO
S	S9501	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$91.17	3	NO
S	S9502	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$111.89	3	NO
S	S9503	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$111.89	3	NO
S	S9504	HOME INFUSION THERAPY, ANTIBIOTI	1/1/2008	\$111.89	3	NO
S	S9524	NURSING SERVICES RELATED TO HOME	4/1/2004	INVALID	N	NO
S	S9526	SKILLED NURSING VISITS FOR BLOOD	4/1/2002	INVALID	N	NO
S	S9533	PAIN MANAGEMENT, INTRAVENOUS, EP	4/1/2002	INVALID	N	NO
S	S9535	ADMIN OF HEMATOPOIETIC HORMONES	4/1/2002	INVALID	N	NO
S	S9539	ADMIN OF ANTIBIOTICS, INTRAVENOU	4/1/2002	INVALID	N	NO
S	S9545	ADMIN OF IMMUNE GLOBULIN, INTRAV	4/1/2002	INVALID	N	NO
S	S9546	HOME INFUSION OF BLOOD PRODUCTS,	4/1/2004	INVALID	N	NO
S	S9550	HOME IV THERAPY, HYDRATION FLUID	4/1/2002	INVALID	N	NO
S	S9555	ADDITIONAL HOME INFUSION THERAPY	4/1/2002	INVALID	N	NO
S	S9590	HOME THERAPY, IRRIGATION THERAPY	4/1/2003	NC	9	NO
S	S9802	HOME INFUSION/SPECIALTY DRUG ADM	4/1/2004	INVALID	N	NO
S	S9803	EACH ADDITIONAL HOUR (LIST SEPAR	4/1/2004	INVALID	N	NO
S	S9981	MEDICAL RECORDS COPYING FEE, ADM	1/1/2008	\$18.65	3	NO
S	S9982	MEDICAL RECORDS COPYING FEE, PER	1/1/2008	\$4.66	3	NO
S	S9986	NOT MEDICALLY NECESSARY SERVICE	1/1/2002	NC	9	NO
S	T1000	PRIVATE DUTY/INDEPENDENT NURSING	9/1/2003	\$7.00	3	YES
S	T1001	NURSING ASSESSMENT/EVALUATION	1/1/2008	\$34.19	3	NO
S	T1002	RN SERVICES, UP TO 15 MINUTES	9/1/2003	\$7.00	3	YES
S	T1005	RESPIRE CARE SERVICES, UP TO 15	1/1/2003	\$0.01	P	NO
S	T1011	ALCOHOL AND DRUG SERVICE NOS - I	4/1/2004	INVALID	N	NO
S	T1012	FAMILY SUPPORT SERVICES (FAMILY	10/1/2003	NC	9	NO
S	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	1/1/2008	\$7.93	3	NO
S	T1016	CASE MANAGEMENT, PER 15 MINUTES	1/1/2008	\$23.05	3	NO
S	T1018	SCHOOL-BASED INDIVIDUALIZED EDUC	1/1/2003	NC	9	NO
S	T1019	PERSONAL CARE SERVICES, PER 15 M	4/1/2003	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	T1020	PERSONAL CARE SERVICES, PER DIEM	4/1/2003	NC	9	NO
S	T1021	HOME HEALTH AIDE OR CERTIFIED NU	4/1/2003	NC	9	NO
S	T1022	CONTRACTED HOME HEALTH AGENCY SE	4/1/2003	NC	9	NO
S	T1023	SCREENING TO DETERMINE THE APPRO	1/1/2008	\$92.20	3	NO
S	T1030	NURSING CARE, IN THE HOME, BY RE	1/1/2008	\$17.19	3	YES
S	T1031	NURSING CARE, IN THE HOME, BY LI	1/1/2008	\$15.32	3	YES
S	T2010	PREADMISSION SCREENING AND RESID	7/1/2007	\$173.22	3	NO
S	T2011	PREADMISSION SCREENING AND RESID	7/1/2007	\$606.27	3	NO
S	T2012	HABILITATION, EDUCATIONAL; WAIVE	1/1/2004	NC	9	NO
S	T2013	HABILITATION, EDUCATIONAL, WAIVE	1/1/2004	NC	9	NO
S	T2014	HABILITATION, PREVOCATIONAL, WAI	1/1/2004	NC	9	NO
S	T2015	HABILITATION, PREVOCATIONAL, WAI	1/1/2004	NC	9	NO
S	T2017	HABILITATION, RESIDENTIAL, WAIVE	1/1/2004	NC	9	NO
S	T2018	HABILITATION, SUPPORTED EMPLOYME	1/1/2004	NC	9	NO
S	T2019	HABILITATION, SUPPORTED EMPLOYME	1/1/2004	NC	9	NO
S	T2021	DAY HABILITATION, WAIVER; PER 15	1/1/2004	NC	9	NO
S	T2022	CASE MANAGEMENT, PER MONTH	1/1/2004	NC	9	NO
S	T2023	TARGETED CASE MANAGEMENT PER MON	10/1/2003	\$80.00	3	NO
S	T2024	SERVICE ASSESSMENT/PLAN OF CARE	1/1/2004	NC	9	NO
S	T2025	WAIVER SERVICES; NOT OTHERWISE S	1/1/2004	NC	9	NO
S	T2026	SPECIALIZED CHILDCARE, WAIVER; P	1/1/2004	NC	9	NO
S	T2027	SPECIALIZED CHILDCARE, WAIVER; P	1/1/2004	NC	9	NO
S	T2028	SPECIALIZED SUPPLY, NOT OTHERWIS	1/1/2004	NC	9	NO
S	T2029	SPECIALIZED MEDICAL EQUIPMENT, N	1/1/2004	NC	9	NO
S	T2030	ASSISTED LIVING, WAIVER; PER MON	1/1/2004	NC	9	NO
S	T2031	ASSISTED LIVING; WAIVER, PER DIE	1/1/2004	NC	9	NO
S	T2032	RESIDENTIAL CARE, NOT OTHERWISE	1/1/2004	NC	9	NO
S	T2033	RESIDENTIAL CARE,N0S, WAIVER; PE	7/1/2005	\$0.01	1	NO
S	T2035	UTILITY SERVICES TO SUPPORT MEDI	1/1/2004	NC	9	NO
S	T2036	THERAPEUTIC CAMPING, OVERNIGHT,	1/1/2004	NC	9	NO
S	T2037	THERAPEUTIC CAMPING, DAY, WAIVER	1/1/2004	NC	9	NO
S	T2038	COMMUNITY TRANSITION, WAIVER; PE	1/1/2004	NC	9	NO
S	T2039	VEHICLE MODIFICATIONS, WAIVER; P	1/1/2004	NC	9	NO
S	T2040	FINANCIAL MANAGEMENT, SELF-DIREC	1/1/2004	NC	9	NO
S	T2041	SUPPORTS BROKERAGE, SELF-DIRECTE	1/1/2004	NC	9	NO
S	T2042	HOSPICE ROUTINE HOME CARE; PER D	1/1/2004	NC	9	NO
S	T2043	HOSPICE CONTINUOUS HOME CARE; PE	1/1/2004	NC	9	NO
S	T2044	HOSPICE INPATIENT RESPITE CARE;	1/1/2004	NC	9	NO
S	T2045	HOSPICE GENERAL INPATIENT CARE;	1/1/2004	NC	9	NO
S	T2046	HOSPICE LONG TERM CARE, ROOM AND	1/1/2004	NC	9	NO
S	TCM01	OMAP: TARGETED CASE MANAGMENT -	10/1/2004	INVALID	N	NO
S	TU111	HOMECARE WORKER LEAVE TIME USED	7/1/2006	\$9.76	3	NO
S	V2020	FRAME PURCHASES ON SWEEP CONTRAC	9/1/2007	\$63.25	3	NO
S	V2025	DELUXE FRAME	9/1/2007	\$47.22	3	YES
S	V2100	SPHERE SINGLE VISION PLANO TO PL	9/1/2007	\$8.10	3	NO
S	V2101	SPHERE SINGLE VISION PLUS OR MIN	9/1/2007	\$9.58	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2102	SPHERE SINGLE VISION PLUS OR MIN	9/1/2007	\$14.71	3	NO
S	V2103	SPHEROCYLINDER SINGLE VISION PLA	9/1/2007	\$8.10	3	NO
S	V2104	SPHEROCYLINDER SINGLE VISION PLA	9/1/2007	\$9.53	3	NO
S	V2105	SPHEROCYLINDER SINGLE VISION PLA	9/1/2007	\$12.75	3	NO
S	V2106	SPHEROCYLINDER SINGLE VISION PLA	9/1/2007	\$15.75	3	NO
S	V2107	SPHEROCYLINDER SINGLE VIS PLUS O	9/1/2007	\$9.69	3	NO
S	V2108	SPHEROCYLINDER SINGLE VI PLUS OR	9/1/2007	\$11.30	3	NO
S	V2109	SPHEROCYLINDER SINGLE VIS PLUS O	9/1/2007	\$14.30	3	NO
S	V2110	SPEROCYLINDER SINGLE VISION PLUS	9/1/2007	\$17.30	3	NO
S	V2111	SPHEROCYLINDER SINGLE VISION PLU	9/1/2007	\$16.92	3	NO
S	V2112	SPHEROCYLINDER SINGLE VIS PLUS O	7/1/2007	\$17.55	3	NO
S	V2113	SPHEROCYLINDER, SGL VISION, + OR	7/1/2007	\$20.47	3	NO
S	V2114	SPHEROCYLINDER, SINGLE VISION, S	9/1/2007	\$27.22	3	NO
S	V2115	LENTICULAR (MYODISC) PER LENS SI	7/1/2007	\$23.04	3	NO
S	V2116	LENTICULAR LENS NONASPHERIC PER	4/1/2004	INVALID	N	NO
S	V2117	LENTICULAR ASPHERIC PER LENS SIN	4/1/2004	INVALID	N	NO
S	V2118	ANISEIKONIC LENS, SINGLE VISION	1/1/1994	NC	9	NO
S	V2121	LENTICULAR LENS, PER LENS, SINGL	7/1/2007	\$17.43	3	NO
S	V2199	NOC SINGLE VISION LENS (PER LENS	7/1/2002	\$175.00	3	YES
S	V2200	SPHERE BIFOCAL PLANO TO PLUS OR	9/1/2007	\$10.30	3	NO
S	V2201	SPHERE BIFOCAL PLUS OR MINUS 4.1	9/1/2007	\$12.27	3	NO
S	V2202	SPHERE BIFOCAL PLUS OR MINUS 7.1	7/1/2007	\$17.00	3	NO
S	V2203	SPHEROCYLINDER BIFOCAL PLANO TO	7/1/2007	\$10.30	3	NO
S	V2204	SPHEROCYLINDER BIFOCAL PLANO TO	9/1/2007	\$11.80	3	NO
S	V2205	SPHEROCYLINDER BIFOCAL PLANO TO	9/1/2007	\$14.80	3	NO
S	V2206	SPHEROCYLINDER BIFOCAL PLANO TO	9/1/2007	\$17.91	3	NO
S	V2207	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$11.86	3	NO
S	V2208	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$13.36	3	NO
S	V2209	SPHEROCYLINDER BIFOCAL PLUS OR M	9/1/2007	\$16.48	3	NO
S	V2210	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$19.48	3	NO
S	V2211	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$19.02	3	NO
S	V2212	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$19.77	3	NO
S	V2213	SPHEROCYLINDER BIFOCAL PLUS/MINU	9/1/2007	\$22.70	3	NO
S	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE	9/1/2007	\$29.30	3	NO
S	V2215	LENTICULAR (MYODISC) PER LENS BI	9/1/2007	\$27.77	3	NO
S	V2216	LENTICULAR NONASPHERIC PER LENS	4/1/2004	INVALID	N	NO
S	V2217	LENTICULAR ASPHERIC LENS BIFOCAL	4/1/2004	INVALID	N	NO
S	V2218	ANISEIKONIC, PER LENS, BIFOCAL	1/1/1994	NC	9	NO
S	V2219	BIFOCAL SEG WIDTH OVER 28MM	3/13/2007	NC	9	NO
S	V2220	BIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	NO
S	V2221	LENTICULAR LENS, PER LENS, BIFOC	9/1/2007	\$27.22	3	NO
S	V2299	SPECIALTY BIFOCAL(BY REPORT) (PE	9/1/2007	\$185.00	3	YES
S	V2300	SPHERE TRIFOCAL PLANO TO PLUS OR	9/1/2007	\$14.81	3	NO
S	V2301	SPHERE TRIFOCAL PLUS OR MINUS 4.	9/1/2007	\$16.31	3	NO
S	V2302	SPHERE TRIFOCAL PLUS OR MINUS 7.	9/1/2007	\$39.92	3	NO
S	V2303	SPHEROCYLINDER TRIFOCAL PLANO TO	9/1/2007	\$14.81	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2304	SPHEROCYLINDER TRIFOCAL PLANO TO	9/1/2007	\$16.31	3	NO
S	V2305	SPHEROCYLINDER TRIFOCAL PLANO TO	9/1/2007	\$19.31	3	NO
S	V2306	SPHEROCYLINDER TRIFOCAL PLANO TO	9/1/2007	\$22.31	3	NO
S	V2307	SPHEROCYLINDER TRIFOCAL PLUS OR	9/1/2007	\$16.31	3	NO
S	V2308	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$17.81	3	NO
S	V2309	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$20.81	3	NO
S	V2310	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$23.81	3	NO
S	V2311	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$35.42	3	NO
S	V2312	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$36.92	3	NO
S	V2313	SPHEROCYLINDER TRIFOCAL PLUS/MIN	9/1/2007	\$39.92	3	NO
S	V2314	SPHEROCYLINDER TRIFOCAL SPHERE O	9/1/2007	\$39.92	3	NO
S	V2315	LENTICULAR (MYODISC) PER LENS TR	6/18/1993	NC	9	NO
S	V2316	LENTICULAR NONASPHERIC PER LENS	4/1/2004	INVALID	N	NO
S	V2317	LENTICULAR ASPHERIC LENS TRIFOCA	4/1/2004	INVALID	N	NO
S	V2318	ANISEIKONIC LENS, TRIFOCAL	1/1/1994	NC	9	NO
S	V2319	TRIFOCAL SEG WIDTH OVER 28MM	6/18/1993	NC	9	NO
S	V2320	TRIFOCAL ADD OVER 3.25D	11/1/2003	\$5.25	3	NO
S	V2321	LENTICULAR LENS, PER LENS, TRIFO	1/1/2004	NC	9	NO
S	V2399	SPECIALTY TRIFOCAL (PER LENS), P	7/1/2002	\$200.00	3	YES
S	V2410	VARIABLE ASPHERICITY LENS SINGLE	9/1/2007	\$22.54	3	NO
S	V2430	VARIABLE ASPHERICITY LENS BIFOCA	9/1/2007	\$27.54	3	NO
S	V2499	VARIABLE SPHERICITY LENS, OTHER	9/1/2007	\$32.54	3	NO
S	V2500	CONTACT LENS, PMA, SPHERICAL, PE	1/1/2008	\$155.40	3	YES
S	V2501	PMMA, TORIC OR PRISM BALLAST, PE	1/1/2008	\$155.40	3	YES
S	V2502	PMMA, BIFOCAL, PER LENS	1/1/2008	\$155.40	3	YES
S	V2503	PMMA, BIFOCAL, COLOR VISION DEFI	1/1/2008	\$155.40	3	YES
S	V2510	GAS PERMEABLE, SPERICAL, PER LEN	1/1/2008	\$155.40	3	YES
S	V2511	GAS PERMEABLE, TORIC, PRISM BALL	1/1/2008	\$155.40	3	YES
S	V2512	GAS PERMEABLE, BIFOCAL, PER LENS	1/1/2008	\$155.40	3	YES
S	V2513	GAS PERMEABLE, EXTENDED WEAR, PE	1/1/2008	\$155.40	3	YES
S	V2520	HYDROPHILIC, SPERICAL, PER LENS	1/1/2008	\$186.48	3	YES
S	V2521	HYDROPHILIC, TORIC OR PRISM BALL	1/1/2008	\$155.40	3	YES
S	V2522	HYDROPHILIC, BIFOCAL, PER LENS	1/1/2008	\$155.40	3	YES
S	V2523	CONTACT LENS, HYDROPHILIC, EXTEN	1/1/2008	\$155.40	3	YES
S	V2530	SCLERAL, PER LENS	1/1/2008	\$155.40	3	YES
S	V2531	CONTACT LENS, SCLERAL, GAL PERME	1/1/2008	\$155.40	3	YES
S	V2599	CONTACT LENS, OTHER TYPE	3/1/1995	\$0.01	5	YES
S	V2600	HAND HELD LOW VISION AIDS AND OT	1/1/1994	NC	9	NO
S	V2610	SINGLE LENS SPECTACLE MOUNTED LO	1/1/1994	NC	9	NO
S	V2615	TELESCOPIC AND OTHER COMPOUND LE	1/1/1994	NC	9	NO
S	V2700	BALANCE LENS PER LENS	9/1/2007	\$10.94	3	NO
S	V2702	DELUXE LENS FEATURE	1/1/2005	NC	9	NO
S	V2710	SLAB OFF PRISM GLASS OR PLASTIC	11/1/2003	\$34.00	3	NO
S	V2715	PRISM PER LENS	8/8/2005	\$1.75	3	NO
S	V2718	PRESS-ON LENS, FRESNELL PRISM, P	11/1/2003	\$18.65	3	NO
S	V2730	SPECIAL BASE CURVE GLASS OR PLAS	11/1/2003	\$1.16	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
S	V2740	TINT PLASTIC ROSE 1 OR 2 PER LEN	4/1/2004	INVALID	N	NO
S	V2741	TINT PLASTIC OTHER THAN ROSE 1-2	4/1/2004	INVALID	N	NO
S	V2742	TINT GLASS ROSE 1 OR 2 PER LENS	4/1/2004	INVALID	N	NO
S	V2743	TINT GLASS OTHER THAN ROSE 1 OR	4/1/2004	INVALID	N	NO
S	V2744	TINT PHOTOCHROMATIC PER LENS	9/1/2007	\$25.00	3	NO
S	V2745	ADDITION TO LENS; TINT, ANY COLO	4/1/2004	\$4.00	3	NO
S	V2750	ANTIREFLECTIVE COATING, PER LENS	1/1/1994	NC	9	NO
S	V2755	U-V LENS, PER LENS	1/1/1994	NC	9	NO
S	V2756	EYE GLASS CASE	1/1/2004	NC	9	NO
S	V2760	SCRATCH RESISTANT COATING PER LE	11/1/2003	\$1.25	3	NO
S	V2761	MIRROR COATING, ANY TYPE, SOLID,	1/1/2004	NC	9	NO
S	V2762	POLARIZATION, ANY LENS MATERIAL,	1/1/2004	NC	9	NO
S	V2770	OCCLUDER LENS PER LENS	7/1/2002	NC	9	NO
S	V2780	OVERSIZE LENS PER LENS	9/1/2007	NC	9	NO
S	V2781	PROGRESSIVE LENS, PER LENS	12/1/2006	NC	9	YES
S	V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC	1/1/2004	\$15.00	3	YES
S	V2783	LENS, INDEX GREATER THAN OR EQUA	1/1/2004	\$22.50	3	YES
S	V2784	LENS, POLYCARBONATE OR EQUAL, AN	4/1/2004	\$12.00	3	YES
S	V2786	SPECIALTY OCCUPATIONAL MULTIFOCA	1/1/2004	NC	9	NO
S	V2787	ASTIGMATISM CORRECTING FUNCTION	1/1/2008	NC	9	NO
S	V2797	VISION SUPPLY, ACCESSORY AND/OR	1/1/2004	NC	9	NO
S	V2799	VISION SERVICE, MISCELLANEOUS	9/1/2007	\$0.01	5	NO
T	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
T	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG,	1/1/2008	\$128.76	3	NO
T	51726	COMPLEX CYSTOMETROGRAM (EG, CALI	1/1/2008	\$184.67	3	NO
T	51736	SIMPLE UROFLOWMETRY (UFR) (EG, S	1/1/2008	\$12.63	3	NO
T	51741	COMPLEX UROFLOWMETRY (EG, CALIBR	1/1/2008	\$14.52	3	NO
T	51772	URETHRAL PRESSURE PROFILE STUDIE	1/1/2008	\$132.79	3	NO
T	51784	ELECTROMYOGRAPHY STUDIES (EMG) O	1/1/2008	\$93.54	3	NO
T	51785	ELECTROMYOGRAPHIC STUDIES (EMG)	1/1/2008	\$106.98	3	NO
T	51792	STIMULUS EVOKED RESPONSE (EG MEA	1/1/2008	\$146.76	3	NO
T	51795	VOIDING PRESSURE STUDIES (VP); B	1/1/2008	\$180.90	3	NO
T	51797	VOIDING PRESSURE STUDIES (VP); I	1/1/2008	\$135.74	3	NO
T	53670	CATHERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO
T	54240	PENILE PLETHYSMOGRAPHY	1/1/2008	\$20.70	3	NO
T	54250	NOCTURNAL PENILE TUMESCENCE AND/	1/1/2008	\$6.99	3	NO
T	59020	FETAL CONTRACTION STRESS TEST	1/1/2008	\$19.08	3	NO
T	59025	FETAL NON-STRESS TEST	1/1/2008	\$8.33	3	NO
T	62252	REPROGRAMMING OF PROGRAMMABLE CE	1/1/2008	\$32.79	3	NO
T	70010	MYELOGRAPHY, POSTERIOR FOSSA, RA	1/1/2008	\$108.60	3	NO
T	70015	CISTERNOGRAPHY, POSITIVE CONTRAS	1/1/2008	\$45.16	3	NO
T	70030	RADIOLOGIC EXAMINATION EYE FOR D	1/1/2008	\$12.63	3	NO
T	70100	RADIOLOGIC EXAMINATION MANDIBLE	1/1/2008	\$14.78	3	NO
T	70110	RADIOLOGIC EXAMINATION MANDIBLE;	1/1/2008	\$18.28	3	NO
T	70120	RADIOLOGIC EXAMINATION MASTOIDS	1/1/2008	\$17.74	3	NO
T	70130	RADIOLOGIC EXAMINATION MASTOIDS;	1/1/2008	\$23.92	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	70134	RADIOLOGIC EXAMINATION INTERNAL	1/1/2008	\$21.24	3	NO
T	70140	RADIOLOGIC EXAMINATION FACIAL BO	1/1/2008	\$16.67	3	NO
T	70150	RADIOLOGIC EXAMINATION FACIAL BO	1/1/2008	\$22.04	3	NO
T	70160	RADIOLOGIC EXAMINATION NASAL BON	1/1/2008	\$15.05	3	NO
T	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL	1/1/2008	\$26.21	3	NO
T	70190	RADIOLOGIC EXAMINATION OPTIC FOR	1/1/2008	\$17.74	3	NO
T	70200	RADIOLOGIC EXAMINATION; ORBITS C	1/1/2008	\$22.04	3	NO
T	70210	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$16.93	3	NO
T	70220	RADIOLOGIC EXAMINATION SINUSES P	1/1/2008	\$21.24	3	NO
T	70240	RADIOLOGIC EXAMINATION SELLA TUR	1/1/2008	\$12.63	3	NO
T	70250	RADIOLOGIC EXAMINATION SKULL LES	1/1/2008	\$17.74	3	NO
T	70260	RADIOLOGIC EXAAMINATION SKULL; C	1/1/2008	\$24.46	3	NO
T	70300	RADIOLOGIC EXAMINATION TEETH SIN	1/1/2008	\$7.26	3	NO
T	70310	RADIOLOGIC EXAMINATION TEETH; PA	1/1/2008	\$14.25	3	NO
T	70320	RADIOLOGIC EXAMINATION TEETH; CO	1/1/2008	\$23.12	3	NO
T	70328	RADIOLOGIC EXAMINATION TEMPOROMA	1/1/2008	\$13.98	3	NO
T	70330	RADIOLOGIC EXAMINATION TEMPOROMA	1/1/2008	\$24.19	3	NO
T	70332	TEMPOROMANDIBULAR JOINT ARTHROGR	1/1/2008	\$54.03	3	NO
T	70336	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$316.92	3	NO
T	70350	CEPHALOGRAM ORTHODONTIC	1/1/2008	\$9.95	3	YES
T	70355	ORTHOPANTOGRAM	1/1/2008	\$14.25	3	YES
T	70360	RADIOLOGIC EXAMINATION NECK SOFT	1/1/2008	\$12.36	3	NO
T	70370	RADIOLOGIC EXAMINATION; PHARYNX	1/1/2008	\$38.44	3	NO
T	70371	COMPLEX DYNAMIC PHARYNGEAL AND S	1/1/2008	\$53.49	3	NO
T	70373	LARYNGOGRAPHY, CONTRAST, RADIOLO	1/1/2008	\$48.65	3	NO
T	70380	RADIOLOGIC EXAMINATION SALIVARY	1/1/2008	\$19.62	3	NO
T	70390	SIALOGRAPHY, RADIOLOGICAL SUPERV	1/1/2008	\$52.95	3	NO
T	70450	COMPUTED TOMOGRAPHY, HEAD OR BRA	1/1/2008	\$131.44	3	NO
T	70460	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$161.28	3	NO
T	70470	COMPUTERIZED AXIAL TOMOGRAPHY HE	1/1/2008	\$200.26	3	NO
T	70480	COMPUTED TOMOGRAPHY, ORBIT, SELL	1/1/2008	\$153.22	3	NO
T	70481	COMPUTERIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$183.05	3	NO
T	70482	COMPUTERIZED AXIAL TOMOGRAPHY OR	1/1/2008	\$222.30	3	NO
T	70486	COMPUTED TOMOGRAPHY, MAXILLOFACI	1/1/2008	\$142.73	3	NO
T	70487	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$172.84	3	NO
T	70488	COMPUTERIZED AXIAL TOMOGRAPHY MA	1/1/2008	\$215.85	3	NO
T	70490	COMPUTED TOMOGRAPHY, SOFT TISSUE	1/1/2008	\$140.58	3	NO
T	70491	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$170.42	3	NO
T	70492	COMPUTERIZED AXIAL TOMOGRAPHY SO	1/1/2008	\$213.70	3	NO
T	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$334.66	3	NO
T	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$335.19	3	NO
T	70540	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$324.44	3	NO
T	70542	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$377.66	3	NO
T	70543	MAGNETIC RESONANCE IMAGING, ORBI	1/1/2008	\$639.74	3	NO
T	70544	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$340.30	3	NO
T	70545	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$340.03	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	70546	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$617.97	3	NO
T	70547	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$340.30	3	NO
T	70548	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$345.68	3	NO
T	70549	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$617.70	3	NO
T	70551	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$331.16	3	NO
T	70552	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$385.73	3	NO
T	70553	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$647.54	3	NO
T	70554	MRI, BRAIN, FUNCTIONAL MRI; INCL	1/1/2007	NC	9	NO
T	70555	MRI, BRAIN, FUNCTIONAL MRI; REQU	1/1/2007	NC	9	NO
T	70557	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	70558	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	70559	MAGNETIC RESONANCE (EG, PROTON)	1/1/2004	\$0.01	5	NO
T	71010	RADIOLOGIC EXAMINATION, CHEST; S	1/1/2008	\$12.36	3	NO
T	71015	RADIOLOGIC EXAMINATION CHEST; ST	1/1/2008	\$14.25	3	NO
T	71020	RADIOLOGIC EXAMINATION, CHEST, T	1/1/2008	\$16.93	3	NO
T	71021	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$20.16	3	NO
T	71022	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$21.24	3	NO
T	71023	RADIOLOGIC EXAMINATION CHEST TWO	1/1/2008	\$26.34	3	NO
T	71030	RADIOLOGIC EXAMINATION, CHEST, C	1/1/2008	\$22.31	3	NO
T	71034	RADIOLOGIC EXAMINATION CHEST COM	1/1/2008	\$43.28	3	NO
T	71035	RADIOLOGIC EXAMINATION CHEST SPE	1/1/2008	\$15.59	3	NO
T	71040	BRONCHOGRAPHY, UNILATERAL, RADIO	1/1/2008	\$44.08	3	NO
T	71060	BRONCHOGRAPHY, BILATERAL, RADIOL	1/1/2008	\$66.12	3	NO
T	71090	INSERTION PACEMAKER, FLUOROSCOPY	1/1/2008	\$46.45	3	NO
T	71100	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$16.13	3	NO
T	71101	RADIOLOGIC EXAMINATION RIBS UNIL	1/1/2008	\$18.82	3	NO
T	71110	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$21.50	3	NO
T	71111	RADIOLOGIC EXAMINATION RIBS BILA	1/1/2008	\$25.80	3	NO
T	71120	RADIOLOGIC EXAMINATION STERNUM M	1/1/2008	\$17.74	3	NO
T	71130	RADIOLOGIC EXAMINATION; STERNOCL	1/1/2008	\$19.89	3	NO
T	71250	COMPUTED TOMOGRAPHY, THORAX; WIT	1/1/2008	\$166.12	3	NO
T	71260	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$200.79	3	NO
T	71270	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$252.13	3	NO
T	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$330.89	3	NO
T	71550	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$339.76	3	NO
T	71551	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$395.94	3	NO
T	71552	MAGNETIC RESONANCE IMAGING, CHES	1/1/2008	\$659.10	3	NO
T	71555	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$336.54	3	NO
T	72010	RADIOLOGIC EXAMINATION SPINE ENT	1/1/2008	\$30.91	3	NO
T	72020	RADIOLOGIC EXAMINATION SPINE SIN	1/1/2008	\$11.56	3	NO
T	72040	RADIOLOGIC EXAMINATION, SPINE, C	1/1/2008	\$17.74	3	NO
T	72050	RADIOLOGIC EXAMINATION SPINE CER	1/1/2008	\$25.80	3	NO
T	72052	RADIOLOGIC EXAMINATION SPINE CER	1/1/2008	\$32.52	3	NO
T	72069	RADIOLOGIC EXAMINATION, SPINE, T	1/1/2008	\$14.78	3	NO
T	72070	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$17.74	3	NO
T	72072	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$20.43	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	72074	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$25.54	3	NO
T	72080	RADIOLOGIC EXAMINATION, SPINE; T	1/1/2008	\$18.55	3	NO
T	72090	RADIOLOGIC EXAMINATION SPINE; SC	1/1/2008	\$20.43	3	NO
T	72100	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$19.35	3	NO
T	72110	RADIOLOGIC EXAMINATION, SPINE, L	1/1/2008	\$26.61	3	NO
T	72114	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$34.94	3	NO
T	72120	RADIOLOGIC EXAMINATION SPINE LUM	1/1/2008	\$26.07	3	NO
T	72125	COMPUTED TOMOGRAPHY, CERVICAL SP	1/1/2008	\$166.12	3	NO
T	72126	COMPUTERIZED AXIAL TOMOGRAPHY CE	1/1/2008	\$200.79	3	NO
T	72127	COMPUTERIZED AXIAL TOMOGRAPHY, C	1/1/2008	\$251.33	3	NO
T	72128	COMPUTED TOMOGRAPHY, THORACIC SP	1/1/2008	\$166.12	3	NO
T	72129	COMPUTERIZED AXIAL TOMOGRAPHY TH	1/1/2008	\$200.79	3	NO
T	72130	COMPUTERIZED AXIAL TOMOGRAPHY, T	1/1/2008	\$251.06	3	NO
T	72131	COMPUTED TOMOGRAPHY, LUMBAR SPIN	1/1/2008	\$166.12	3	NO
T	72132	COMPUTERIZED AXIAL TOMOGRAPHY LU	1/1/2008	\$200.79	3	NO
T	72133	COMPUTERIZED AXIAL TOMOGRAPHY, L	1/1/2008	\$252.40	3	NO
T	72141	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$318.26	3	NO
T	72142	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$385.46	3	NO
T	72146	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$344.60	3	NO
T	72147	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$372.29	3	NO
T	72148	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$344.60	3	NO
T	72149	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$385.73	3	NO
T	72156	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$645.39	3	NO
T	72157	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$634.91	3	NO
T	72158	MAGNETIC RESONANCE (EG,PROTON) I	1/1/2008	\$645.39	3	NO
T	72159	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$358.31	3	NO
T	72170	RADIOLOGIC EXAMINATION, PELVIS;	1/1/2008	\$13.98	3	NO
T	72190	RADIOLOGIC EXAMINATION PELVIS; C	1/1/2008	\$19.62	3	NO
T	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$321.48	3	NO
T	72192	COMPUTERIZED AXIAL TOMOGRAPHY, P	1/1/2008	\$163.43	3	NO
T	72193	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$193.27	3	NO
T	72194	COMPUTERIZED AXIAL TOMOGRAPHY PE	1/1/2008	\$244.61	3	NO
T	72195	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$327.13	3	NO
T	72196	MAGNETIC RESONANSE (EG, PROTON)	1/1/2008	\$380.35	3	NO
T	72197	MAGNETIC RESONANCE IMAGING, PELV	1/1/2008	\$642.70	3	NO
T	72198	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$334.12	3	NO
T	72200	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$14.52	3	NO
T	72202	RADIOLOGIC EXAMINATION SACROILIA	1/1/2008	\$18.01	3	NO
T	72220	RADIOLOGIC EXAMINATION SACRUM AN	1/1/2008	\$15.86	3	NO
T	72240	MYELOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$116.66	3	NO
T	72255	MYELOGRAPHY, THORACIC, RADIOLOGI	1/1/2008	\$105.91	3	NO
T	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOL	1/1/2008	\$102.14	3	NO
T	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL	1/1/2008	\$154.02	3	NO
T	72275	EPIDUROGRAPHY, RADIOLOGICAL SUPE	1/1/2008	\$58.33	3	NO
T	72285	DISKOGRAPHY, CERVICAL, RADIOLOGI	1/1/2008	\$187.89	3	NO
T	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICA	1/1/2008	\$176.87	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	73000	RADIOLOGIC EXAMINATION CLAVICLE	1/1/2008	\$14.25	3	NO
T	73010	RADIOLOGIC EXAMINATION; SCAPULA	1/1/2008	\$14.52	3	NO
T	73020	RADIOLOGIC EXAMINATION SHOULDER	1/1/2008	\$12.63	3	NO
T	73030	RADIOLOGIC EXAMINATION SHOULDER;	1/1/2008	\$15.86	3	NO
T	73040	RADIOLOGICAL EXAMINATION, SHOULD	1/1/2008	\$58.60	3	NO
T	73050	RADIOLOGIC EXAMINATION ACROMIOCL	1/1/2008	\$18.82	3	NO
T	73060	RADIOLOGIC EXAMINATION; HUMERUS	1/1/2008	\$15.86	3	NO
T	73070	RADIOLOGIC EXAMINATION, ELBOW; T	1/1/2008	\$14.25	3	NO
T	73080	RADIOLOGIC EXAMINATION ELBOW; CO	1/1/2008	\$17.20	3	NO
T	73085	RADIOLOGIC EXAMINATION, ELBOW, A	1/1/2008	\$56.18	3	NO
T	73090	RADIOLOGIC EXAMINATION; FOREARM,	1/1/2008	\$14.25	3	NO
T	73092	RADIOLOGIC EXAMINATION; UPPER EX	1/1/2008	\$13.98	3	NO
T	73100	RADIOLOGIC EXAMINATION, WRIST; T	1/1/2008	\$13.98	3	NO
T	73110	RADIOLOGIC EXAMINATION WRIST; CO	1/1/2008	\$15.86	3	NO
T	73115	RADIOLOGIC EXAMINATION, WRIST, A	1/1/2008	\$48.65	3	NO
T	73120	RADIOLOGIC EXAMINATION HAND TWO	1/1/2008	\$13.71	3	NO
T	73130	RADIOLOGIC EXAMINATIO;N HAND; MI	1/1/2008	\$15.05	3	NO
T	73140	RADIOLOGIC EXAMINATION FINGER OR	1/1/2008	\$13.17	3	NO
T	73200	COMPUTED TOMOGRAPHY, UPPER EXTRE	1/1/2008	\$145.15	3	NO
T	73201	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$175.26	3	NO
T	73202	COMPUTERIZED AXIAL TOMOGRAPHY UP	1/1/2008	\$225.25	3	NO
T	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$296.49	3	NO
T	73218	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$327.94	3	NO
T	73219	MAGNETIC RESONANCE IMAGING, UPPE	1/1/2008	\$379.01	3	NO
T	73220	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$641.63	3	NO
T	73221	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$320.95	3	NO
T	73222	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$372.02	3	NO
T	73223	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$632.49	3	NO
T	73225	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$332.51	3	NO
T	73500	RADIOLOGIC EXAMINATION HIP UNILA	1/1/2008	\$12.90	3	NO
T	73510	RADIOLOGIC EXAMINATION HIP; COMP	1/1/2008	\$17.20	3	NO
T	73520	RADIOLOGIC EXAMINATION HIPS BILA	1/1/2008	\$19.08	3	NO
T	73525	RADIOLOGIC EXAMINATION, HIP, ART	1/1/2008	\$56.18	3	NO
T	73530	RADIOLOGIC EXAMINATION HIP DURIN	1/1/2008	\$14.01	3	NO
T	73540	RADIOLOGIC EXAMINATION PELVIS AN	1/1/2008	\$17.47	3	NO
T	73542	RADIOLOGICAL EXAMINATION, SACROI	1/1/2008	\$52.15	3	NO
T	73550	RADIOLOGIC EXAMINATION, FEMUR, T	1/1/2008	\$15.86	3	NO
T	73560	RADIOLOGIC EXAMINATION KNEE ANTE	1/1/2008	\$14.52	3	NO
T	73562	RADIOLOGIC EXAMINATION KNEE; ANT	1/1/2008	\$16.93	3	NO
T	73564	RADIOLOGIC EXAM, KNEE; COMPLETE,	1/1/2008	\$18.82	3	NO
T	73565	RADIOLOGIC EXAMINATION, KNEE; BO	1/1/2008	\$14.25	3	NO
T	73580	RADIOLOGIC EXAMINATION, KNEE, AR	1/1/2008	\$70.96	3	NO
T	73590	RADIOLOGIC EXAMINATION; TIBIA AN	1/1/2008	\$14.25	3	NO
T	73592	RADIOLOGIC EXAMINATION; LOWER EX	1/1/2008	\$13.98	3	NO
T	73600	RADIOLOGIC EXAMINATION, ANKLE; T	1/1/2008	\$13.71	3	NO
T	73610	RADIOLOGIC EXAMINATION ANKLE; CO	1/1/2008	\$15.32	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	73615	RADIOLOGIC EXAMINATION, ANKLE, A	1/1/2008	\$56.72	3	NO
T	73620	RADIOLOGIC EXAMINATION, FOOT; TW	1/1/2008	\$13.71	3	NO
T	73630	RADIOLOGIC EXAMINATION FOOT; COM	1/1/2008	\$15.05	3	NO
T	73650	RADIOLOGIC EXAMINATION CALCANEUS	1/1/2008	\$13.44	3	NO
T	73660	RADIOLOGIC EXAMINATION; TOE OR T	1/1/2008	\$12.90	3	NO
T	73700	COMPUTED TOMOGRAPHY, LOWER EXTRE	1/1/2008	\$145.15	3	NO
T	73701	COMPUTERIZED AXIAL TOMOGRAPHY LO	1/1/2008	\$175.80	3	NO
T	73702	COMPUTERIZED AXIAL TOMOGRAPHY LO	1/1/2008	\$225.79	3	NO
T	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$305.89	3	NO
T	73718	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$325.25	3	NO
T	73719	MAGNETIC RESONANCE IMAGING, LOWE	1/1/2008	\$378.47	3	NO
T	73720	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$641.36	3	NO
T	73721	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$322.83	3	NO
T	73722	MAGNETIC RESONANCE IMAGING, ANY	1/1/2008	\$373.63	3	NO
T	73723	MAGNETIC RESONANCE IAMGING, ANY	1/1/2008	\$632.22	3	NO
T	73725	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$334.66	3	NO
T	74000	RADIOLOGIC EXAMINATION ABDOMEN S	1/1/2008	\$13.71	3	NO
T	74010	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$17.20	3	NO
T	74020	RADIOLOGIC EXAMINATION ABDOMEN;	1/1/2008	\$18.01	3	NO
T	74022	RADIOLOGIC EXAMINATION, ABDOMEN;	1/1/2008	\$21.50	3	NO
T	74150	COMPUTED TOMOGRAPHY, ABDOMEN; WI	1/1/2008	\$158.32	3	NO
T	74160	COMPUTERIZED AXAIAL TOMOGRAPHY A	1/1/2008	\$201.06	3	NO
T	74170	COMPUTERIZED AXIAL TOMOGRAPHY AB	1/1/2008	\$257.51	3	NO
T	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$327.13	3	NO
T	74181	MAGNETIC RESONANCE (EG, PROTON)	1/1/2008	\$314.50	3	NO
T	74182	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$392.45	3	NO
T	74183	MAGNETIC RESONANCE IMAGING, ABDO	1/1/2008	\$642.97	3	NO
T	74185	MAGNETIC RESONANCE ANGIOGRAPHY,	1/1/2008	\$334.39	3	NO
T	74190	PERITONEOGRAM, RADIOLOGICAL SUPE	1/1/2008	\$35.81	3	NO
T	74210	RADIOLOGIC EXAMINATION PHARYNX A	1/1/2008	\$36.02	3	NO
T	74220	RADIOLOGIC EXAMINATION; ESOPHAGU	1/1/2008	\$37.36	3	NO
T	74230	SWALLOWING FUNCTION, WITH CINERA	1/1/2008	\$39.51	3	NO
T	74235	REMOVAL OF FOREIGN BODY(S), ESOP	1/1/2008	\$71.62	3	NO
T	74240	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$44.62	3	NO
T	74241	RADIOLOGIC EXAMINATION GASTROINT	1/1/2008	\$47.04	3	NO
T	74245	RADIOLOGIC EXAM, GASTGROINTESTIN	1/1/2008	\$74.73	3	NO
T	74246	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$52.15	3	NO
T	74247	RADIOLOGICAL EXAMINATION GASTROI	1/1/2008	\$55.64	3	NO
T	74249	RADIOLOGICAL EXAM, GASTROINTESTI	1/1/2008	\$81.18	3	NO
T	74250	RADIOLOGIC EXAMINTION, SMALL INT	1/1/2008	\$43.01	3	NO
T	74251	RADIOLOGIC EXAMINATION, SMALL BO	1/1/2008	\$90.59	3	NO
T	74260	DUODENOGRAPHY HYPOTONIC	1/1/2008	\$84.13	3	NO
T	74270	RADIOLOGIC EXAMINATION, COLON; B	1/1/2008	\$58.60	3	NO
T	74280	RADIOLOGIC EXAMINATION COLON AIR	1/1/2008	\$77.68	3	NO
T	74283	BARIUM ENEMA, THERAPEUTIC, FOR R	1/1/2008	\$73.38	3	NO
T	74290	CHOLECYSTOGRAPHY ORAL CONTRAST	1/1/2008	\$25.27	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	74291	CHOLECYSTOGRAPHY ORAL CONTRAST;	1/1/2008	\$19.08	3	NO
T	74300	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$84.86	3	NO
T	74305	CHOLANGIOGRAPHY AND/OR PANCREATO	1/1/2008	\$21.54	3	NO
T	74320	CHOLANGIOGRAPHY, PERCUTANEOUS, T	1/1/2008	\$80.37	3	NO
T	74327	POSTOPERATIVE BILIARY DUCT CALCU	1/1/2008	\$55.91	3	NO
T	74328	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$86.41	3	NO
T	74329	ENDOSCOPIC CATHETERIZATION OF TH	1/1/2008	\$86.15	3	NO
T	74330	COMBINED ENDOSCOPIC CATHETERIZAT	1/1/2008	\$86.41	3	NO
T	74340	INTRO OF LONG GASTROINTESTINAL T	1/1/2008	\$71.88	3	NO
T	74350	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
T	74355	PERCUTANEOUS PLACEMENT OF INTERO	1/1/2008	\$71.88	3	NO
T	74360	INTRALUMINAL DILATION OF STRICTU	1/1/2008	\$86.41	3	NO
T	74363	PERCUTANEOUS TRANSHEPATIC DILATA	1/1/2008	\$166.86	3	NO
T	74400	UROGRAPHY (PYELOGRAPHY), INTRAVE	1/1/2008	\$52.42	3	NO
T	74410	UROGRAPHY, INFUSION, DRIP TECHN	1/1/2008	\$58.60	3	NO
T	74415	UROGRAPHY INFUSION DRIP TECHNIQU	1/1/2008	\$65.86	3	NO
T	74420	UROGRAPHY RETROGRADE WITH OR WIT	1/1/2008	\$71.88	3	NO
T	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOG	1/1/2008	\$35.81	3	NO
T	74430	CYSTOGRAPHY, MINIMUM OF THREE VI	1/1/2008	\$34.68	3	NO
T	74440	VASOGRAPHY, VESICULOGRAPHY, OR E	1/1/2008	\$37.90	3	NO
T	74445	CORPORA CAVERNOSOGRAPHY, RADIOLO	1/1/2008	\$30.88	3	NO
T	74450	URETHROCYSTOGRAPHY, RETROGRADE,	1/1/2008	\$39.96	3	NO
T	74455	URETHROCYSTOGRAPHY, VOIDING, RAD	1/1/2008	\$47.85	3	NO
T	74470	RADIOLOGIC EXAMINATION, RENAL CY	1/1/2008	\$34.25	3	NO
T	74475	INTRODUCTION OF INTRACATHETER OR	1/1/2008	\$100.26	3	NO
T	74480	INTRO OF URETERAL CATH OR STENT	1/1/2008	\$100.26	3	NO
T	74485	DILATION OF NEPHROSTOMY, URETERS	1/1/2008	\$81.45	3	NO
T	74710	PELVIMETRY WITH OR WITHOUT PLACE	1/1/2008	\$26.34	3	NO
T	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGI	1/1/2008	\$38.71	3	NO
T	74742	TRANSCERVICAL CATHETERIZATION OF	1/1/1993	NC	9	NO
T	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR	1/1/2008	\$39.96	3	NO
T	75552	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
T	75553	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
T	75554	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
T	75555	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
T	75556	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	INVALID	N	NO
T	75557	CARDIAC MAGNETIC RESONANCE IMAGI	1/1/2008	\$301.06	3	NO
T	75558	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$342.72	3	NO
T	75559	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$453.20	3	NO
T	75560	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$458.04	3	NO
T	75561	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$427.39	3	NO
T	75562	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$457.77	3	NO
T	75563	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$532.49	3	NO
T	75564	CARDIAC MRI FOR MORPHOLOGY AND F	1/1/2008	\$538.68	3	NO
T	75600	AORTOGRAPHY, THORACIC, W/OUT SER	1/1/2008	\$312.88	3	NO
T	75605	AORTOGRAPHY, THORACIC, BY SERIAL	1/1/2008	\$291.92	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	75625	AORTOGRAPHY, ABDOMINAL, BY SERIA	1/1/2008	\$290.57	3	NO
T	75630	AORTOGRAPHY, ABDOM PLUS BILAT IL	1/1/2008	\$303.48	3	NO
T	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY	1/1/2008	\$407.77	3	NO
T	75650	ANGIOGRAPHY, CERVICOCEREBRAL, CA	1/1/2008	\$290.57	3	NO
T	75658	ANGIOGRAPHY, BRACHIAL, RETROGRAD	1/1/2008	\$293.53	3	NO
T	75660	ANGIOGRAPHY, EXTERNAL CAROTID, U	1/1/2008	\$293.80	3	NO
T	75662	ANGIOGRAPHY, EXTERNAL CAROTID, B	1/1/2008	\$300.25	3	NO
T	75665	ANGIOGRPAHY, CAROTID, CEREBRAL,	1/1/2008	\$294.87	3	NO
T	75671	ANGIOGRAPHY, CAROTID, CEREBRAL,	1/1/2008	\$300.25	3	NO
T	75676	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$293.53	3	NO
T	75680	ANGIOGRAPHY, CAROTID, CERVICAL,	1/1/2008	\$297.02	3	NO
T	75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL	1/1/2008	\$293.26	3	NO
T	75705	ANGIOGRAPHY, SPINAL, SELECTIVE,	1/1/2008	\$292.72	3	NO
T	75710	ANGIOGRAPHY, EXTREMITY, UNILATER	1/1/2008	\$294.87	3	NO
T	75716	ANGIOGRAPHY, EXTREMITY, BILATERA	1/1/2008	\$300.25	3	NO
T	75722	ANGIOGRAPHY, RENAL, UNILATERAL,	1/1/2008	\$293.80	3	NO
T	75724	ANGIOGRAPHY, RENAL, BILATERAL, S	1/1/2008	\$300.79	3	NO
T	75726	ANGIOGRAPHY,VISCERAL,SELECTIVE O	1/1/2008	\$292.72	3	NO
T	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL	1/1/2008	\$293.80	3	NO
T	75733	ANGIOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$301.86	3	NO
T	75736	ANGIOGRAPHY, PELVIC, SELECTIVE O	1/1/2008	\$293.80	3	NO
T	75741	ANGIOGRAPHY, PULMONARY, UNILATER	1/1/2008	\$288.69	3	NO
T	75743	ANGIOGRAPHY, PULMONARY, BILATERA	1/1/2008	\$290.30	3	NO
T	75746	ANGIOGRAPHY, PULMONARY, BY NONSE	1/1/2008	\$291.38	3	NO
T	75756	ANGIOGRAPHY, INTERNAL MAMMARY, R	1/1/2008	\$296.76	3	NO
T	75774	ANGIOGRAPHY, SELECTIVE, EACH ADD	1/1/2008	\$287.08	3	NO
T	75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT	1/1/2008	\$45.70	3	NO
T	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$148.43	3	NO
T	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY	1/1/2008	\$148.43	3	NO
T	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$167.38	3	NO
T	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMIN	1/1/2008	\$166.86	3	NO
T	75809	SHUNTOGRAM FOR INVESTIGATION OF	1/1/2008	\$30.11	3	NO
T	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL	1/1/2008	\$344.88	3	NO
T	75820	VENOGRAPHY, EXTREMITY, UNILATERA	1/1/2008	\$38.71	3	NO
T	75822	VENOGRAPHY, EXTREMITY, BILATERAL	1/1/2008	\$50.00	3	NO
T	75825	VENOGRAPHY, CAVAL, INFERIOR, W/S	1/1/2008	\$287.88	3	NO
T	75827	VENOGRAPHY, CAVAL, SUPERIOR, W/S	1/1/2008	\$288.15	3	NO
T	75831	VENOGRAPHY, RENAL, UNILATERAL, S	1/1/2008	\$288.69	3	NO
T	75833	VENOGRAPHY, RENAL, BILATERAL, SE	1/1/2008	\$292.19	3	NO
T	75840	VENOGRAPHY, ADRENAL, UNILATERAL,	1/1/2008	\$290.04	3	NO
T	75842	VENOGRAPHY, ADRENAL, BILATERAL,	1/1/2008	\$291.65	3	NO
T	75860	VENOGRAPHY, SINUS OR JUGULAR, CA	1/1/2008	\$290.84	3	NO
T	75870	VENOGRAPHY, SUPERIOR SAGITTAL SI	1/1/2008	\$289.77	3	NO
T	75872	VENOGRAPHY, EPIDURAL, RADIOLOGIC	1/1/2008	\$294.60	3	NO
T	75880	VENOGRAPHY, ORBITAL, RADIOLOGICA	1/1/2008	\$38.71	3	NO
T	75885	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$288.42	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	75887	PERCUTANEOUS TRANSHEPATIC PORTOG	1/1/2008	\$289.77	3	NO
T	75889	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$288.42	3	NO
T	75891	HEPATIC VENOGRAPHY, WEDGED OR FR	1/1/2008	\$288.42	3	NO
T	75893	VENOUS SAMPLING THRU CATH, W/OR	1/1/2008	\$288.69	3	NO
T	75894	TRANSCATHETER THERAPY, EMBOLIZAT	1/1/2008	\$660.95	3	NO
T	75896	TRANSCATHETER THERAPY, INFUSION,	1/1/2008	\$574.79	3	NO
T	75898	ANGIOGRAPHY THRU EXISTING CATHET	1/1/2008	\$28.80	3	NO
T	75900	EXCHANGE OF A PREVIOUSLY PLACED	1/1/2008	\$572.98	3	NO
T	75901	MECHANICAL REMOVAL OF PERICATHET	1/1/2008	\$74.19	3	NO
T	75902	MECHANICAL REMOVAL OF INTRALUMIN	1/1/2008	\$58.33	3	NO
T	75940	PERCUTANEOUS PLACEMENT OF IVC FI	1/1/2008	\$344.88	3	NO
T	75945	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$124.82	3	NO
T	75946	INTRAVASCULAR ULTRASOUND (NON-CO	1/1/2008	\$62.80	3	NO
T	75952	ENDOVASCULAR REPAIR OF INFRARENA	6/1/2004	\$0.01	5	NO
T	75953	PLACEMENT OF PROXIMAL OR DISTAL	6/1/2004	\$0.01	5	NO
T	75954	ENDOVASCULAR REPAIR OF ILIAC ART	10/1/2005	\$0.01	5	NO
T	75956	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$0.01	5	NO
T	75957	ENDOVASCULAR REPAIR OF DESCENDIN	1/1/2006	\$0.01	5	NO
T	75958	PLACEMENT OF PROXIMAL EXTENSION	1/1/2006	\$0.01	5	NO
T	75959	PLACEMENT OF DISTAL EXTENSION PR	1/1/2006	\$0.01	5	NO
T	75960	TRANSCATHETER INTRO OF INTRAVASC	1/1/2008	\$407.67	3	NO
T	75961	TRANSCATHETER RETRIEVAL,PERCUTAN	1/1/2008	\$246.76	3	NO
T	75962	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$361.54	3	NO
T	75964	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$195.42	3	NO
T	75966	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$363.42	3	NO
T	75968	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$195.69	3	NO
T	75970	TRANSCATHETER BIOPSY, RADIOLOGIC	1/1/2008	\$315.81	3	NO
T	75978	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$101.61	3	NO
T	75980	PERCUTANEOUS TRANSHEPATIC BILIRY	1/1/2008	\$148.43	3	NO
T	75982	PERCUTANEOUS PLACE OF DRAIN CATH	1/1/2008	\$166.86	3	NO
T	75984	CHANGE OF PERCUTANEOUS TUBE OR D	1/1/2008	\$55.37	3	NO
T	75989	RADIOLOGICAL GUIDANCE FOR PERCUT	1/1/2008	\$51.07	3	NO
T	75992	TRANSLUMINAL ATHERECTOMY, PERIPH	1/1/2008	\$431.29	3	NO
T	75993	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$228.88	3	NO
T	75994	TRANSLUMINAL ATHERECTOMY, RENAL,	1/1/2008	\$429.99	3	NO
T	75995	TRANSLUMINAL ATHERECTOMY, VISCER	1/1/2008	\$429.99	3	NO
T	75996	TRANSLUMINAL ATHERECTOMY, EACH A	1/1/2008	\$228.88	3	NO
T	75998	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2007	INVALID	N	NO
T	76000	FLUOROSCOPY 9SEP PROC), UP TO ON	1/1/2008	\$71.50	3	NO
T	76001	FLUOROSCOPY, PHYS TIME MORE THAN	1/1/2008	\$71.88	3	NO
T	76003	FLUROSCOPIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
T	76005	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2007	INVALID	N	NO
T	76006	MANUAL APPLICATION OF STRESS PER	1/1/2007	INVALID	N	NO
T	76010	RADIOLOGIC EXAMINATION FROM NOSE	1/1/2008	\$14.25	3	NO
T	76012	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO
T	76013	RADIOLOGICAL SUPERVISION AND INT	1/1/2007	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76020	BONE AGE STUDIES	1/1/2007	INVALID	N	NO
T	76040	BONE LENGTH STUDIES (ORTHOROENTG	1/1/2007	INVALID	N	NO
T	76061	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
T	76062	RADIOLOGIC EXAMINATION OSSEOUS S	1/1/2007	INVALID	N	NO
T	76065	INFANT	1/1/2007	INVALID	N	NO
T	76066	JOINT SURVEY, SINGLE VIEW, TWO O	1/1/2007	INVALID	N	NO
T	76070	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
T	76071	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2007	INVALID	N	NO
T	76075	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
T	76076	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
T	76077	DUAL ENERGY X-RAY ABSORPTIOMETRY	1/1/2007	INVALID	N	NO
T	76078	RADIOGRAPHIC ABSORPTIOMETRY (EG,	1/1/2007	INVALID	N	NO
T	76080	RADIOLOGIC EXAM, FISTULA OR SINU	1/1/2008	\$28.49	3	NO
T	76082	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
T	76083	COMPUTER AIDED DETECTION WITH FU	1/1/2007	INVALID	N	NO
T	76085	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
T	76086	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
T	76088	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2007	INVALID	N	NO
T	76090	MAMMOGRAPHY UNILATERAL	1/1/2007	INVALID	N	NO
T	76091	MAMMOGRAPHY; BILATERAL	1/1/2007	INVALID	N	NO
T	76092	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2007	INVALID	N	NO
T	76093	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
T	76094	MAGNETIC RESONANCE IMAGING, BREA	1/1/2007	INVALID	N	NO
T	76095	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2007	INVALID	N	NO
T	76096	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2007	INVALID	N	NO
T	76098	RADIOLOGICAL EXAMINATION, SURGIC	1/1/2008	\$10.75	3	NO
T	76100	RADIOLOGICAL EXAMINATION, SINGLE	1/1/2008	\$48.65	3	NO
T	76101	RADIOLOGIC EXAM,CMPLX MOTION(HYP	1/1/2008	\$64.24	3	NO
T	76102	RADIOLOGIC EXAMINATION COMPLEX M	1/1/2008	\$87.90	3	NO
T	76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$34.14	3	NO
T	76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY	1/1/2008	\$21.54	3	NO
T	76150	XERORADIOGRAPHY	1/1/2008	\$13.44	3	NO
T	76350	SUBTRACTION IN CONJUNCTION WITH	1/1/2008	\$78.20	3	NO
T	76355	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
T	76360	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
T	76362	COMPUTERIZED AXIAL TOMOGRAPHIC G	1/1/2007	INVALID	N	NO
T	76370	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2007	INVALID	N	NO
T	76375	CORONAL, SAGITTAL, MULTIPLANAR,	1/1/2006	INVALID	N	NO
T	76376	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
T	76377	3D RENDERING W/INTERPRETATION AN	4/1/2006	NC	9	NO
T	76380	COMPUTED TOMOGRAPHY, LIMITED OR	1/1/2008	\$103.49	3	NO
T	76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2008	\$298.37	3	NO
T	76393	MAGNETIC RESONANCE GUIDANCE FOR	1/1/2007	INVALID	N	NO
T	76394	MAGNETIC RESONANCE GUIDANCE FOR,	1/1/2007	INVALID	N	NO
T	76400	MAGNETIC RESONANCE (EG, PROTON)	1/1/2007	INVALID	N	NO
T	76490	ULTRASOUND GUIDANCE FOR, AND MON	4/1/2004	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76496	UNLISTED FLUOROSCOPIC PROCEDURE	1/1/2003	\$0.01	5	NO
T	76497	UNLISTED COMPUTED TOMOGRAPHY PRO	1/1/2003	\$0.01	5	NO
T	76498	UNLISTED MAGNETIC RESONANCE PROC	1/1/2003	\$0.01	5	NO
T	76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC	10/1/2001	\$0.01	5	NO
T	76506	ECHOENCEPHALOGRAPHY, REAL TIME W	1/1/2008	\$47.58	3	NO
T	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$57.52	3	NO
T	76511	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$49.73	3	NO
T	76512	OPHTHALMIC ULTRASOUND, DIAGNOSTI	1/1/2008	\$44.89	3	NO
T	76513	OPHTHALMIC ULTRASOUND; ECHOGRAPH	1/1/2008	\$42.20	3	NO
T	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPH	1/1/2008	\$2.15	3	NO
T	76516	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$33.06	3	NO
T	76519	OPHTHALMIC BIOMETRY BY ULTRASOUN	1/1/2008	\$35.75	3	NO
T	76529	OPHTHALMIC ULTRASONIC FOREIGN BO	1/1/2008	\$31.45	3	NO
T	76536	ULTRASOUND, SOFT TISSUES OF HEAD	1/1/2008	\$46.77	3	NO
T	76604	ULTRASOUND, CHEST, B-SCAN (INCL	1/1/2008	\$38.71	3	NO
T	76645	ULTRASOUND, BREAST(S) (UNILATERA	1/1/2008	\$34.94	3	NO
T	76700	ULTRASOUND, ABDOMINAL, B-SCAN AN	1/1/2008	\$60.21	3	NO
T	76705	ECHOGRAPHY ABDOMINAL B-SCAN AND/	1/1/2008	\$44.62	3	NO
T	76770	ULTRASOUND, RETROPERITONEAL (REN	1/1/2008	\$59.94	3	NO
T	76775	ECHOGRAPHY RETROPERITONEAL B-SCA	1/1/2008	\$44.62	3	NO
T	76776	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2008	\$62.63	3	NO
T	76778	ULTRASOUND, TRANSPLANTED KIDNEY,	1/1/2007	INVALID	N	NO
T	76800	ULTRASOUND, SPINAL CANAL AND CON	1/1/2008	\$44.08	3	NO
T	76801	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$59.67	3	NO
T	76802	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$29.03	3	NO
T	76805	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$63.17	3	NO
T	76810	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$41.40	3	NO
T	76811	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$99.19	3	NO
T	76812	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$54.84	3	NO
T	76813	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$50.27	3	NO
T	76814	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$26.34	3	NO
T	76815	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$41.13	3	NO
T	76816	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$38.17	3	NO
T	76817	ULTRASOUND, PREGNANT UTERUS, REA	1/1/2008	\$43.81	3	NO
T	76818	FETAL BIOPHYSICAL PROFILE; WITH	1/1/2008	\$47.58	3	NO
T	76819	FETAL BIOPHYSICAL PROFILE; WITHO	1/1/2008	\$44.35	3	NO
T	76820	DOPPLER VELOCIMETRY, FETAL; UMBI	1/1/2008	\$38.44	3	NO
T	76821	DOPPLER VELOCIMETRY, FETAL; MIDD	1/1/2008	\$46.77	3	NO
T	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$68.28	3	NO
T	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOV	1/1/2008	\$32.26	3	NO
T	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$43.81	3	NO
T	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL,	1/1/2008	\$27.69	3	NO
T	76830	ULTRASOUND, TRANSVAGINAL	1/1/2008	\$49.73	3	NO
T	76831	HYSTEROSONOGRAPHY, WITH OR WITHO	1/1/2008	\$50.00	3	NO
T	76856	ULTRASOUND, PELVIC (NON-OBSTETRI	1/1/2008	\$50.00	3	NO
T	76857	ECHOGRAPHY, PELVIC (NON-OBSTETRI	1/1/2008	\$51.61	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	76870	ULTRASOUND, SCROTUM AND CONTENTS	1/1/2008	\$50.00	3	NO
T	76872	ECHOGRAPHY, TRANSRECTAL	1/1/2008	\$64.24	3	NO
T	76873	ECHOGRAPHY, TRANSRECTAL; PROSTAT	1/1/2008	\$65.86	3	NO
T	76880	ULTRASOUND, EXTREMITY, NON-VASCU	1/1/2008	\$50.27	3	NO
T	76885	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$52.42	3	NO
T	76886	ULTRASOUND, INFANT HIPS, REAL TI	1/1/2008	\$44.35	3	NO
T	76930	ULTRASONIC GUIDANCE FOR PERICARD	1/1/2008	\$45.16	3	NO
T	76932	ULTRASONIC GUIDANCE FOR ENDOMYOC	1/1/2008	\$42.04	3	NO
T	76936	ULTRASOUND GUIDED COMPRESSION RE	1/1/2008	\$170.69	3	NO
T	76937	ULTRASOUND GUIDANCE FOR VASCULAR	1/1/2008	\$13.71	3	NO
T	76940	ULTRASOUND GUIDANCE FOR, AND MON	1/1/2008	\$46.97	3	NO
T	76941	ULTRASONIC GUIDANCE FOR INTRAUTE	1/1/2008	\$41.78	3	NO
T	76942	ULTRASONIC GUIDANCE FOR NEEDLE P	1/1/2008	\$88.97	3	NO
T	76945	ULTRASONIC GUIDANCE FOR CHORIONI	1/1/2008	\$41.78	3	NO
T	76946	ULTRASONIC GUIDANCE FOR AMNIOCEN	1/1/2008	\$35.48	3	NO
T	76948	ULTRASONIC GUIDANCE FOR ASPIRATI	1/1/2008	\$35.48	3	NO
T	76950	ULTRASONIC GUIDANCE FOR PLACEMEN	1/1/2008	\$35.21	3	NO
T	76965	ULTRASONIC GUIDANCE FOR INTERSTI	1/1/2008	\$124.72	3	NO
T	76970	ULTRASOUND STUDY FOLLOW-UP (SPEC	1/1/2008	\$36.02	3	NO
T	76975	GASTROINTESTINAL ENDOSCOPIC ULTR	1/1/2008	\$42.04	3	NO
T	76977	ULTRASOUND BONE DENSITY MEASUREM	1/1/2008	\$18.55	3	NO
T	76986	ULTRASONIC GUIDANCE, INTRAOPERAT	1/1/2007	INVALID	N	NO
T	76999	UNLISTED ULTRASOUND PROCEDURE (E	10/1/2001	\$0.01	5	NO
T	77001	FLUOROSCOPIC GUIDANCE FOR CENTRA	1/1/2008	\$45.70	3	NO
T	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE	1/1/2008	\$35.21	3	NO
T	77003	FLUOROSCOPIC GUIDANCE AND LOCALI	1/1/2008	\$32.26	3	NO
T	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$306.70	3	NO
T	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$190.04	3	NO
T	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR	1/1/2008	\$91.66	3	NO
T	77021	MRI FOR NEEDLE PLACEMENT, RADIOL	1/1/2008	\$299.44	3	NO
T	77031	STEREOTACTIC LOCALIZATION GUIDAN	1/1/2008	\$162.89	3	NO
T	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE	1/1/2008	\$30.91	3	NO
T	77051	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$9.95	3	NO
T	77052	COMPUTER-AIDED DETECTION W/FURTH	1/1/2008	\$9.95	3	NO
T	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$59.94	3	NO
T	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2008	\$88.44	3	NO
T	77055	MAMMOGRAPHY; UNILATERAL	1/1/2008	\$31.72	3	NO
T	77056	MAMMOGRAPHY; BILATERAL	1/1/2008	\$39.78	3	NO
T	77057	SCREENING MAMMOGRAPHY, BILATERAL	1/1/2008	\$34.41	3	NO
T	77058	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$515.29	3	NO
T	77059	MRI, BREAST, WITHOUT AND/OR WITH	1/1/2008	\$650.23	3	NO
T	77072	BONE AGE STUDIES	1/1/2008	\$9.68	3	NO
T	77073	BONE LENGTH STUDIES (ORTHOROENTG	1/1/2008	\$20.70	3	NO
T	77074	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$29.84	3	NO
T	77075	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$44.62	3	NO
T	77076	RADIOLOGIC EXAMINATION, OSSEOUS	1/1/2008	\$27.69	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	77077	JOINT SURVEY, SINGLE VIEW, 2 OR	1/1/2008	\$27.69	3	NO
T	77078	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$93.81	3	NO
T	77079	COMPUTED TOMOGRAPHY, BONE MINERA	1/1/2008	\$65.32	3	NO
T	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$71.77	3	NO
T	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$20.70	3	NO
T	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY	1/1/2008	\$18.82	3	NO
T	77083	RADIOGRAPHIC ABSORPTIOMETRY, 1 O	1/1/2007	NC	9	NO
T	77084	MRI, BONE MAROW BLOOD SUPPLY	1/1/2007	NC	9	NO
T	77280	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$103.22	3	NO
T	77285	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$172.30	3	NO
T	77290	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$227.67	3	NO
T	77295	THERAPEUTIC RADIOLOGY SIMULATION	1/1/2008	\$642.97	3	NO
T	77299	UNLISTED PROCEDURE, THERAPEUTIC	10/1/2001	\$0.01	5	NO
T	77300	BASIC RADIATION DOSIMETRY CALCUL	1/1/2008	\$35.48	3	NO
T	77301	INTENSITY MODULATED RADIOTHERAPY	1/1/2008	\$971.44	3	NO
T	77305	TELEETHERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$44.89	3	NO
T	77310	TELEETHERAPY ISODOSE PLAN (WHETHE	1/1/2008	\$56.72	3	NO
T	77315	TELEETHERAPY, ISODOSE PLAN (WHETH	1/1/2008	\$68.01	3	NO
T	77321	SPECIAL TELEETHERAPY PORT PLAN PA	1/1/2008	\$95.16	3	NO
T	77326	BRACHYTHERAPY ISODOSE PLAN; SIMP	1/1/2008	\$69.08	3	NO
T	77327	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$99.46	3	NO
T	77328	BRACHYTHERAPY ISODOSE CALCULATIO	1/1/2008	\$137.36	3	NO
T	77331	SPECIAL DOSIMETRY (EG, TLD, MICR	1/1/2008	\$14.25	3	NO
T	77332	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$38.17	3	NO
T	77333	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$42.74	3	NO
T	77334	TREATMENT DEVICES DESIGN AND CON	1/1/2008	\$85.75	3	NO
T	77336	CONTINUING MEDICAL RADIATION PHY	1/1/2008	\$72.04	3	NO
T	77370	SPECIAL MEDICAL RADIATION PHYSIC	1/1/2008	\$95.69	3	NO
T	77371	RADIATION TREATMENT DELIVERY, ST	1/1/2008	\$816.61	3	NO
T	77372	RADIATION TREATMENT DELIVERY, ST	1/1/2008	\$619.85	3	NO
T	77373	STEREOTACTIC BODY RADIATION THER	1/1/2007	NC	9	NO
T	77399	UNLISTED PROCEDURE MEDICAL RADIA	10/1/2001	\$0.01	5	NO
T	77401	RADIATION TREATMENT DELIVERY, SU	1/1/2008	\$41.93	3	NO
T	77402	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.66	3	NO
T	77403	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$63.97	3	NO
T	77404	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.93	3	NO
T	77406	RADIATION TREATMENT DELIVERY,SIN	1/1/2008	\$66.93	3	NO
T	77407	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$81.98	3	NO
T	77408	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$80.37	3	NO
T	77409	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$84.40	3	NO
T	77411	RADIATION TREATMENT DELIVERY,TWO	1/1/2008	\$84.13	3	NO
T	77412	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$96.50	3	NO
T	77413	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$96.50	3	NO
T	77414	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$102.41	3	NO
T	77416	RADIATION TREATMENT DELIVERY,THR	1/1/2008	\$102.41	3	NO
T	77417	THERAPEUTIC RADIOLOGY PORT FILM(	1/1/2008	\$15.32	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	77418	INTENSITY MODULATED TREATMENT DE	1/1/2008	\$455.08	3	NO
T	77421	STEREOSCOPIC X-RAY GUIDANCE FOR	4/1/2006	NC	9	NO
T	77422	HIGH ENERGY NEUTRON RADIATION TR	7/1/2006	NC	9	NO
T	77423	HIGH ENERGY NEUTRON RADIATION TR	7/1/2006	NC	9	NO
T	77470	SPECIAL TREATMENT PROCEDURE (EG	1/1/2008	\$248.91	3	NO
T	77520	PROTON TREATMENT DELIERY; SIMPLE	12/1/2002	\$0.01	5	NO
T	77522	PROTON TREATMENT DELIVERY; SIMPL	12/1/2002	\$0.01	5	NO
T	77523	PROTON TREATMENT DELIVERY; INTER	12/1/2002	\$0.01	5	NO
T	77525	PROTON TREATMENT DELIVERY; COMPL	10/1/2001	\$0.01	5	NO
T	77600	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$128.22	3	NO
T	77605	HYPERTHERMIA, EXTERNALLY GENERAT	1/1/2008	\$199.99	3	NO
T	77610	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$176.87	3	NO
T	77615	HYPERTHERMIA GENERATED BY INTERS	1/1/2008	\$257.24	3	NO
T	77620	HYPERTHERMIA GENERATED BY INTRAC	1/1/2008	\$126.87	3	NO
T	77750	INFUSION OR INSTILLATION OF RADI	1/1/2008	\$48.38	3	NO
T	77761	INTRACAVITARY RADIATION SOURCE A	1/1/2008	\$88.17	3	NO
T	77762	INTRACAVITARY RADIOELEMENT APPLI	1/1/2008	\$116.66	3	NO
T	77763	INTRACAVITARY RADIOELEMENT APPLI	1/1/2008	\$147.30	3	NO
T	77776	INTERSTITIAL RADIATION SOURCE AP	1/1/2008	\$86.55	3	NO
T	77777	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$127.41	3	NO
T	77778	INTERSTITIAL RADIOELEMENT APPLIC	1/1/2008	\$161.82	3	NO
T	77781	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$464.76	3	NO
T	77782	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$516.90	3	NO
T	77783	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$593.78	3	NO
T	77784	REMOTE AFTERLOADING HIGH INTENSI	1/1/2008	\$734.36	3	NO
T	77789	SURFACE APPLICATION OF RADIATION	1/1/2008	\$20.97	3	NO
T	77790	SUPERVISION, HANDLING, LOADING O	1/1/2008	\$18.28	3	NO
T	77799	UNLISTED PROCEDURE CLINICAL BRAC	10/1/2005	\$0.01	5	NO
T	78000	THYROID UPTAKE; SINGLE DETERMINA	1/1/2008	\$32.52	3	NO
T	78001	THYROID UPTAKE; MULTIPLE DETERMI	1/1/2008	\$42.20	3	NO
T	78003	THYROID UPTAKE; STIMULATION SUPP	1/1/2008	\$32.52	3	NO
T	78006	THYROID IMAGING WITH UPTAKE SING	1/1/2008	\$90.05	3	NO
T	78007	THYROID IMAGING WITH UPTAKE; MUL	1/1/2008	\$73.65	3	NO
T	78010	THYROID IMAGING; ONLY	1/1/2008	\$65.32	3	NO
T	78011	THYROID IMAGING; WITH VASCULAR F	1/1/2008	\$79.83	3	NO
T	78015	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$88.70	3	NO
T	78016	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$127.95	3	NO
T	78018	THYROID CARCINOMA METASTASES IMA	1/1/2008	\$165.58	3	NO
T	78020	THYROID CARCINOMA METASTASES UPT	1/1/2008	\$40.32	3	NO
T	78070	PARATHYROID IMAGING	1/1/2008	\$108.86	3	NO
T	78075	ADRENAL IMAGING, CORTEX AND/OR M	1/1/2008	\$189.77	3	NO
T	78099	UNLISTED ENDOCRINE PROCEDURE DIA	10/1/2001	\$0.01	5	NO
T	78102	BONE MARROW IMAGING LIMITED AREA	1/1/2008	\$69.62	3	NO
T	78103	BONE MARROW IMAGING; MULTIPLE AR	1/1/2008	\$101.34	3	NO
T	78104	BONE MARROW IMAGING; WHOLE BODY	1/1/2008	\$126.34	3	NO
T	78110	PLASMA VOLUME, RADIOPHARMACEUTIC	1/1/2008	\$34.14	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78111	BLOOD OR PLASMA VOLUME RADIOISOT	1/1/2008	\$68.81	3	NO
T	78120	RED CELL VOLUME DETERMINATION (S	1/1/2008	\$50.53	3	NO
T	78121	RED CELL MASS DETERMINATION; MUL	1/1/2008	\$75.80	3	NO
T	78122	WHOLE BLOOD VOLUME DETERMINATION	1/1/2008	\$112.36	3	NO
T	78130	RED CELL SURVIVAL STUDY;	1/1/2008	\$82.25	3	NO
T	78135	RED CELL SURVIVAL STUDY; DIFFERE	1/1/2008	\$158.05	3	NO
T	78140	LABELED RED CELL SEQUESTRATION,	1/1/2008	\$101.88	3	NO
T	78160	PLASMA RADIOIRON DISSAPPEARANCE	1/1/2006	INVALID	N	NO
T	78162	RADIOIRON ORAL ABSORPTION	1/1/2006	INVALID	N	NO
T	78170	RADIOIRON RED CELL UTILIZATION	1/1/2006	INVALID	N	NO
T	78172	CHELATABLE IRON FOR ESTIMATION O	1/1/2006	INVALID	N	NO
T	78185	SPLEEN IMAGING ONLY, WITH OR WIT	1/1/2008	\$83.33	3	NO
T	78190	KINETICS,STUDY OF PLATELET SURVI	1/1/2008	\$179.83	3	NO
T	78191	PLATELET SURVIVAL STUDY	1/1/2008	\$178.48	3	NO
T	78195	LYMPHATICS AND LYMPH NODES IMAGI	1/1/2008	\$140.58	3	NO
T	78199	UNLISTED HEMATOPOIETIC, RETICULO	10/1/2005	\$0.01	5	NO
T	78201	LIVER IMAGING STATIC ONLY	1/1/2008	\$80.37	3	NO
T	78202	LIVER IMAGING; WITH VASCULAR FLO	1/1/2008	\$94.89	3	NO
T	78205	LIVER IMAGING (SPECT)	1/1/2008	\$159.40	3	NO
T	78206	LIVER IMAGING (SPECT); WITH VASC	1/1/2008	\$212.62	3	NO
T	78215	LIVER AND SPLEEN IMAGING STATIC	1/1/2008	\$92.47	3	NO
T	78216	LIVER AND SPLEEN IMAGING; WITH V	1/1/2008	\$91.66	3	NO
T	78220	LIVER FUNCTION STUDY WITH HEPATO	1/1/2008	\$98.38	3	NO
T	78223	HEPATOBIILIARY DUCTAL SYSTEM IMAG	1/1/2008	\$130.91	3	NO
T	78230	SALIVARY GLAND IMAGING;	1/1/2008	\$72.84	3	NO
T	78231	SALIVARY GLAND IMAGING; WITH SER	1/1/2008	\$85.21	3	NO
T	78232	SALIVARY GLAND FUNCTION STUDY	1/1/2008	\$92.74	3	NO
T	78258	ESOPHAGEAL MOTILITY	1/1/2008	\$97.57	3	NO
T	78261	GASTRIC MUCOSA IMAGING	1/1/2008	\$125.53	3	NO
T	78262	GASTROESOPHAGEAL REFLUX STUDY	1/1/2008	\$128.22	3	NO
T	78264	GASTRIC EMPTYING STUDY	1/1/2008	\$133.06	3	NO
T	78267	UREA BREATH TEST, C-14; ACQUISIT	1/1/2008	\$6.53	3	NO
T	78268	UREA BREATH TEST, C-14; ANALYSIS	1/1/2008	\$55.99	3	NO
T	78270	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$45.70	3	NO
T	78271	VITAMIN B-12 ABSORPTION STUDY (E	1/1/2008	\$47.85	3	NO
T	78272	VITAMIN B-12 ABSORPTION STUDIES	1/1/2008	\$62.90	3	NO
T	78278	ACUTE GASTROINTESTINAL BLOOD LOS	1/1/2008	\$157.25	3	NO
T	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2001	\$0.01	5	NO
T	78290	INTESTINE IMAGING (EG, ECTOPIC G	1/1/2008	\$118.00	3	NO
T	78291	PERITONEAL-VENOUS SHUNT PATENCY	1/1/2008	\$103.49	3	NO
T	78299	UNLISTED GASTROINTESTINAL PROCED	10/1/2001	\$0.01	5	NO
T	78300	BONE AND/OR JOINT IMAGING; LIMIT	1/1/2008	\$79.03	3	NO
T	78305	BONE IMAGING; MULTIPLE AREAS	1/1/2008	\$111.82	3	NO
T	78306	BONE IMAGING; WHOLE BODY	1/1/2008	\$128.49	3	NO
T	78315	BONE AND/OR JOINT IMAGING; THREE	1/1/2008	\$155.37	3	NO
T	78320	BONE IMAGING; TOMOGRAPHIC (SPECT	1/1/2008	\$159.13	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78350	BONE DENSITY (BONE MINERAL CONTE	1/1/2008	\$21.50	3	NO
T	78351	BONE DENSITY (BONE MINERAL CONTE	1/1/2008	\$11.29	3	NO
T	78399	UNLISTED MUSCULOSKELETAL PROCEDU	10/1/2001	\$0.01	5	NO
T	78428	CARDIAC SHUNT DETECTION	1/1/2008	\$81.72	3	NO
T	78445	NON-CARDIAC VASCULAR FLOW IMAGIN	1/1/2008	\$68.54	3	NO
T	78455	VENOUS THROMBOSIS STUDY (EG RADI	1/1/2006	INVALID	N	NO
T	78456	ACUTE VENOUS THROMBOSIS IMAGING,	1/1/2008	\$151.07	3	NO
T	78457	VENOUS THROMBOSIS STUDY(E.G.,VEN	1/1/2008	\$86.28	3	NO
T	78458	VENOUS THROMBOSIS IMAGING (EG VE	1/1/2008	\$113.97	3	NO
T	78459	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78460	MYOCARDIAL PERFUSION IMAGING; (P	1/1/2008	\$79.03	3	NO
T	78461	MYOCARDIAL PERFUSION IMAGING; MU	1/1/2008	\$124.72	3	NO
T	78464	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$187.89	3	NO
T	78465	MYOCARDIAL PERFUSION IMAGING; TO	1/1/2008	\$326.05	3	NO
T	78466	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$84.13	3	NO
T	78468	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$116.39	3	NO
T	78469	MYOCARDIAL IMAGING, INFARCT AVID	1/1/2008	\$151.60	3	NO
T	78472	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$156.44	3	NO
T	78473	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$224.45	3	NO
T	78478	MYOCARDIAL PERFUSION STUDY W/WAL	1/1/2008	\$37.90	3	NO
T	78480	MYOCARDIAL PERFUSION STUDY W/EJE	1/1/2008	\$37.90	3	NO
T	78481	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$143.54	3	NO
T	78483	CARDIAC BLOOD POOL IMAGING, (PLA	1/1/2008	\$210.47	3	NO
T	78491	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78492	MYOCARDIAL IMAGING, POSITRON EMI	10/1/2005	NC	9	YES
T	78494	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$188.70	3	NO
T	78496	CARDIAC BLOOD POOL IMAGING, GATE	1/1/2008	\$155.10	3	NO
T	78499	UNLISTED CARDIOVASCULAR PROCEDUR	10/1/2001	\$0.01	5	NO
T	78580	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$105.10	3	NO
T	78584	PULMONARY PERFUSION IMAGING, PAR	1/1/2008	\$85.75	3	NO
T	78585	PULMONARY PERFUSION IMAGING PART	1/1/2008	\$174.18	3	NO
T	78586	PULMONARY VENTILATION IMAGING AE	1/1/2008	\$81.45	3	NO
T	78587	PULMONARY VENTILATION IMAGING AE	1/1/2008	\$93.81	3	NO
T	78588	PULMONARY PERFUSION IMAGING, PAR	1/1/2008	\$121.77	3	NO
T	78591	BULMONARY VENTILATION IMAGING GA	1/1/2008	\$86.55	3	NO
T	78593	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$103.76	3	NO
T	78594	PULMONARY VENTILATION IMAGING GA	1/1/2008	\$139.78	3	NO
T	78596	PULMONARY QUANTITATIVE DIFFERENT	1/1/2008	\$206.17	3	NO
T	78599	UNLISTED RESPIRATORY PROCEDURE D	10/1/2001	\$0.01	5	NO
T	78600	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$106.98	3	NO
T	78601	BRAIN IMAGING, LESS THAN 4 STATI	1/1/2008	\$106.18	3	NO
T	78605	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$102.41	3	NO
T	78606	BRAIN IMAGING, MINIMUM 4 STATIS	1/1/2008	\$136.82	3	NO
T	78607	BRAIN IMAGING, TOMOGRAPHIC (SPEC	1/1/2008	\$235.74	3	NO
T	78608	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$1,194.48	3	YES
T	78609	BRAIN IMAGING, POSITRON EMISSION	1/1/2008	\$1,194.48	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	78610	BRAIN IMAGING, VASCULAR FLOW ONL	1/1/2008	\$62.09	3	NO
T	78615	CEREBRAL VASCULAR FLOW	1/1/2008	INVALID	N	NO
T	78630	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$162.09	3	NO
T	78635	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$108.06	3	NO
T	78645	CEREBROSPINAL FLUID FLOW IMAGING	1/1/2008	\$126.60	3	NO
T	78647	CEREBROSPINAL FLUID FLOW, IMAGIN	1/1/2008	\$217.19	3	NO
T	78650	CEREBROSPINAL FLUID LEAKAGE DETE	1/1/2008	\$153.75	3	NO
T	78660	RADIOPHARMACEUTICAL DACRYOCYSTOG	1/1/2008	\$72.04	3	NO
T	78699	UNLISTED NERVOUS SYSTEM PROCEDUR	10/1/2001	\$0.01	5	NO
T	78700	KIDNEY IMAGING STATIC ONLY	1/1/2008	\$93.54	3	NO
T	78701	KIDNEY IMAGING; WITH VASCULAR FL	1/1/2008	\$109.67	3	NO
T	78704	KIDNEY IMAGING; WITH FUNCTION ST	1/1/2007	INVALID	N	NO
T	78707	KIDNEY IMAGING; WITH VASCUL;AR F	1/1/2008	\$129.02	3	NO
T	78708	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$115.32	3	NO
T	78709	KIDNEY IMAGING WITH VASCULAR FLO	1/1/2008	\$149.72	3	NO
T	78710	KIDNEY IMAGING; TOMOGRAPHIC (SPE	1/1/2008	\$159.94	3	NO
T	78715	KIDNEY VASCULAR FLOW ONLY	1/1/2007	INVALID	N	NO
T	78725	KIDNEY FUNCTION STUDY WITHOUT PH	1/1/2008	\$53.22	3	NO
T	78730	URINARY BLADDER RESIDUAL STUDY	1/1/2008	\$44.35	3	NO
T	78740	URETERAL REFLUX STUDY (RADIOPHAR	1/1/2008	\$79.56	3	NO
T	78760	TESTICULAR IMAGING	1/1/2007	INVALID	N	NO
T	78761	TESTICULAR IMAGING; WITH VASCULA	1/1/2008	\$98.65	3	NO
T	78799	UNLISTED GENITOURINARY PROCEDURE	10/1/2001	\$0.01	5	NO
T	78800	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$99.46	3	NO
T	78801	TUMOR LOCALIZATION; MULTIPLE ARE	1/1/2008	\$128.22	3	NO
T	78802	TUMOR LOCALIZATION; WHOLE BODY	1/1/2008	\$169.61	3	NO
T	78803	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$234.39	3	NO
T	78804	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$323.37	3	NO
T	78805	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$98.65	3	NO
T	78806	ABSCESS LOCALIZATION; WHOLE BODY	1/1/2008	\$190.31	3	NO
T	78807	RADIOPHARMACEUTICAL LOCALIZATION	1/1/2008	\$229.56	3	NO
T	78810	TUMOR IMAGING, POSITRON EMISSION	1/1/2005	INVALID	N	YES
T	78811	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$998.05	3	YES
T	78812	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,171.22	3	YES
T	78813	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,301.91	3	YES
T	78814	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,152.97	3	YES
T	78815	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,365.07	3	YES
T	78816	POSITRON EMISSION TOMOGRAPHY (PE	1/1/2008	\$1,463.84	3	YES
T	78890	GENERATION OF AUTOMATED DATA: IN	1/1/2008	\$30.64	3	NO
T	78891	GENERATION OF AUTOMATED DATA INT	1/1/2008	\$62.09	3	NO
T	78990	PROVISION OF DIAGNOSTIC RADIOPHA	1/1/2005	INVALID	N	NO
T	78999	UNLISTED MISCELLANEOUS PROCEDURE	10/1/2001	\$0.01	5	NO
T	79000	RADIOPHARMACEUTICAL THERAPY, HYP	1/1/2005	INVALID	N	NO
T	79001	RADIONUCLIDE THERAPY HYPERTHYROI	1/1/2005	INVALID	N	NO
T	79005	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$64.78	3	NO
T	79020	RADIOPHARMACEUTICAL THERAPY, THY	1/1/2005	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	79030	RADIOPHARMACEUTICAL ABLATION OF	1/1/2005	INVALID	N	NO
T	79035	RADIOPHARMACEUTICAL THERAPY FOR	1/1/2005	INVALID	N	NO
T	79100	RADIOPHARMACEUTICAL THERAPY, POL	1/1/2005	INVALID	N	NO
T	79101	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$65.86	3	NO
T	79200	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$66.93	3	NO
T	79300	RADIOPHARMACEUTICAL THERAPY, BY	4/1/1982	\$0.01	5	NO
T	79400	RADIOPHARMACEUTICAL THERAPY, NON	1/1/2005	INVALID	N	NO
T	79403	RADIOPHARMACEUTICAL THERAPY, RAD	1/1/2008	\$104.03	3	NO
T	79420	INTRAVASCULAR RADIOPHARMACEUTICA	1/1/2005	INVALID	N	NO
T	79440	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$63.97	3	NO
T	79445	RADIOPHARMACEUTICAL THERAPY, BY	1/1/2008	\$72.14	3	NO
T	79900	PROVISION OF THERAPEUTIC RADIOPH	1/1/2005	INVALID	N	NO
T	79999	RADIOPHARMACEUTICAL THERAPY, UNL	10/1/2001	\$0.01	5	NO
T	80048	BASIC METABOLIC PANEL (CALCIUM,T	11/1/2001	\$8.66	3	NO
T	80050	GENERAL HEALTH PANEL	10/1/2001	\$36.75	3	NO
T	80051	ELECTROLYTE PANEL	11/1/2001	\$7.17	3	NO
T	80053	COMPREHENSIVE METABOLIC PANEL	11/1/2001	\$10.81	3	NO
T	80055	OBSTETRIC PANEL	10/1/2001	\$40.00	3	NO
T	80061	LIPID PANEL; CHOLESTEROL, SERUM,	11/1/2001	\$13.70	3	NO
T	80069	RENAL FUNCTION PANEL	11/1/2001	\$8.88	3	NO
T	80072	ARTHRITIS PANEL; URIC ACID, BLOO	4/1/2002	INVALID	N	NO
T	80074	ACUTE HEPATITIS PANEL	11/1/2001	\$48.71	3	NO
T	80076	HEPATIC FUNCTION PANEL	11/1/2001	\$8.35	3	NO
T	80090	TORCH ANTIBODY PANEL; ANTIBODY,	7/1/2003	INVALID	N	NO
T	80100	DRUG SCREEN, QUALITATIVE; MULTIP	11/1/2001	\$14.87	3	NO
T	80101	DRUG SCREEN, QUALITATIVE; SINGLE	11/1/2001	\$14.08	3	NO
T	80102	DRUG, CONFIRMATION, EACH PROCEDU	11/1/2001	\$13.55	3	NO
T	80103	TISSUE PREPARATION FOR DRUG ANAL	10/1/2005	\$0.01	5	NO
T	80150	AMIKACIN	11/1/2001	\$15.41	3	NO
T	80152	AMITRIPTYLINE	11/1/2001	\$18.31	3	NO
T	80154	BENZODIAZEPINES	11/1/2001	\$18.91	3	NO
T	80156	CARBAMAZEPINE; TOTAL	11/1/2001	\$14.89	3	NO
T	80157	CARBAMAZEPINE; FREE	11/1/2001	\$10.17	3	NO
T	80158	CYCLOSPORINE	11/1/2001	\$18.46	3	NO
T	80160	DESIPRAMINE	11/1/2001	\$17.60	3	NO
T	80162	DIGOXIN	11/1/2001	\$13.58	3	NO
T	80164	DIPROPYLACETIC ACID (VALPROIC AC	11/1/2001	\$13.85	3	NO
T	80166	DOXEPIN	11/1/2001	\$15.85	3	NO
T	80168	ETHOSUXIMIDE	11/1/2001	\$16.71	3	NO
T	80170	GENTAMICIN	11/1/2001	\$16.76	3	NO
T	80172	GOLD	11/1/2001	\$16.66	3	NO
T	80173	HALOPERIDOL	11/1/2001	\$14.89	3	NO
T	80174	IMIPRAMINE	11/1/2001	\$17.60	3	NO
T	80176	LIDOCAINE	11/1/2001	\$15.02	3	NO
T	80178	LITHIUM	11/1/2001	\$6.76	3	NO
T	80182	NORTRIPTYLINE	11/1/2001	\$13.85	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	80184	PHENOBARBITAL	11/1/2001	\$11.71	3	NO
T	80185	PHENYTOIN; TOTAL	11/1/2001	\$13.56	3	NO
T	80186	PHENYTOIN; FREE	11/1/2001	\$14.08	3	NO
T	80188	PRIMIDONE	11/1/2001	\$16.97	3	NO
T	80190	PROCAINAMIDE;	11/1/2001	\$17.13	3	NO
T	80192	PROCAINAMIDE; WITH METABOLITES (	11/1/2001	\$17.13	3	NO
T	80194	QUINIDINE	11/1/2001	\$14.93	3	NO
T	80195	SIROLIMUS	1/1/2006	\$14.19	3	NO
T	80196	SALICYLATE	11/1/2001	\$7.26	3	NO
T	80197	TACROLIMUS	11/1/2001	\$14.04	3	NO
T	80198	THEOPHYLLINE	11/1/2001	\$14.47	3	NO
T	80200	TOBRAMYCIN	11/1/2001	\$16.48	3	NO
T	80201	TOPIRAMATE	11/1/2001	\$12.20	3	NO
T	80202	VANCOMYCIN	11/1/2001	\$13.85	3	NO
T	80299	QUANTITATION OF DRUG, NOT ELSEWH	11/1/2001	\$14.00	3	NO
T	80400	ACTH STIMUALTION PANEL; FOR ADRE	11/1/2001	\$33.34	3	NO
T	80402	ACTH STIMUALTION PANEL; FOR 21 H	11/1/2001	\$88.90	3	NO
T	80406	ACTH STIMULATION PANEL; FOR 3 BE	11/1/2001	\$80.02	3	NO
T	80408	ALDOSTERONE SUPPRESSION EVALUATI	11/1/2001	\$128.35	3	NO
T	80410	CALCITONIN STIMULATION PANEL (EG	11/1/2001	\$82.16	3	NO
T	80412	CORTICOTROPIC RELEASING HORMONE	11/1/2001	\$337.04	3	NO
T	80414	CHORIONIC GONADOTROPHIN STIMULAT	1/1/1994	NC	9	NO
T	80415	CHORIONIC GONADOTROPHIN STIMUALT	1/1/1994	NC	9	NO
T	80416	RENAL VEIN RENIN STIMUALTION PAN	11/1/2001	\$134.98	3	NO
T	80417	PERIPHERAL VEIN RENIN STIMUALTIO	11/1/2001	\$44.99	3	NO
T	80418	COMBINED RAPID ANTERIOR PITUITAR	11/1/2001	\$592.68	3	NO
T	80420	DEXAMETHASONE SUPPRESSION PANEL;	11/1/2001	\$73.66	3	NO
T	80422	GLUCAGON TOLERANCE PANEL; FOR IN	11/1/2001	\$47.13	3	NO
T	80424	GLUCAGON TOLERANCE PANEL; FOR PH	11/1/2001	\$51.65	3	NO
T	80426	GONADOTROPIN RELEASING HORMONE S	11/1/2001	\$151.82	3	NO
T	80428	GROWTH HORMONE STIMULATION PANEL	11/1/2001	\$68.20	3	NO
T	80430	GROWTH HORMONE SUPPRESSION PANEL	11/1/2001	\$80.23	3	NO
T	80432	INSULIN-INDUCED C-PEPTIDE SUPPRE	11/1/2001	\$138.13	3	NO
T	80434	INSULIN TOLERANCE PANEL; FOR ACT	11/1/2001	\$103.42	3	NO
T	80435	INSULIN TOLERANCE PANEL; FOR GRO	11/1/2001	\$105.30	3	NO
T	80436	METYRAPONE PANEL	11/1/2001	\$93.23	3	NO
T	80438	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$51.53	3	NO
T	80439	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$68.70	3	NO
T	80440	THYROTROPIN RELEASING HORMONE (T	11/1/2001	\$59.45	3	NO
T	80500	CLINICAL PATHOLOGY CONSULTATION;	1/1/2008	\$15.86	3	NO
T	80502	CLINICAL PATHOLOGY CONSULTATION	1/1/2008	\$49.73	3	NO
T	81000	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
T	81001	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$3.23	3	NO
T	81002	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.62	3	NO
T	81003	URINALYSIS, BY DIP STICK OR TABL	11/1/2001	\$2.29	3	NO
T	81005	URINALYSIS; QUALITATIVE OR SEMIQ	11/1/2001	\$2.22	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	81007	URINALYSIS; BACTERIURIA SCREEN,	11/1/2001	\$2.63	3	NO
T	81015	URINALYSIS; MICROSCOPIC ONLY	11/1/2001	\$3.11	3	NO
T	81020	URINALYSIS; TWO OR THREE GLASS T	11/1/2001	\$3.77	3	NO
T	81025	URINE PREGNANCY TEST, BY VISUAL	11/1/2001	\$6.47	3	NO
T	81050	VOLUME MEASUREMENT FOR TIMED COL	11/1/2001	\$3.06	3	NO
T	81099	UNLISTED URINALYSIS PROCEDURE	10/1/2005	\$0.01	5	NO
T	82000	ACETALDEHYDE BLOOD	11/1/2001	\$12.67	3	NO
T	82003	ACETAMINOPHEN	11/1/2001	\$20.69	3	NO
T	82009	ACETONE OR OTHER KETONE BODIES,	11/1/2001	\$4.63	3	NO
T	82010	ACETONE; QUANTITATIVE	11/1/2001	\$8.35	3	NO
T	82013	ACETYLCHOLINESTRASE	11/1/2001	\$11.43	3	NO
T	82016	ACYLCARNITINES; QUALITATIVE, EAC	11/1/2001	\$14.18	3	NO
T	82017	ACYLCARNITINES; QUANTITATIVE, EA	11/1/2001	\$17.25	3	NO
T	82024	ADRENOCORTICOTROPIC HORMONE (ACT	11/1/2001	\$39.50	3	NO
T	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYC	11/1/2001	\$16.38	3	NO
T	82040	ALBUMIN SERUM	11/1/2001	\$5.07	3	NO
T	82042	ALBUMIN; URINE OR OTHER SOURCE,	11/1/2001	\$5.29	3	NO
T	82043	ALBUMIN; URINE, MICROALBUMIN, QU	11/1/2001	\$5.92	3	NO
T	82044	ALBUMIN; URINE, MICROALBUMIN, SE	11/1/2001	\$4.68	3	NO
T	82045	ALBUMIN; ISCHEMIA MODIFIED	1/1/2005	\$35.10	3	NO
T	82055	ALCOHOL (ETHANOL); ANY SPECIMAN	11/1/2001	\$11.05	3	NO
T	82075	ALCOHOL (ETHANOL); BREATH	11/1/2001	\$12.33	3	NO
T	82085	ALDOLASE	11/1/2001	\$9.93	3	NO
T	82088	ALDOSTERONE	11/1/2001	\$41.68	3	NO
T	82101	ALKALOIDS, URINE, QUANTITATIVE	11/1/2001	\$30.70	3	NO
T	82103	ALPHA-1-ANTITRYPSIN; TOTAL	11/1/2001	\$13.73	3	NO
T	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	11/1/2001	\$14.79	3	NO
T	82105	ALPHA-FETOPROTEIN; SERUM	11/1/2001	\$16.38	3	NO
T	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUI	11/1/2001	\$16.38	3	NO
T	82107	ALPHA-FETOPROTEIN; AFP-L3 FRACTI	1/1/2007	NC	9	NO
T	82108	ALUMINUM	11/1/2001	\$16.35	3	NO
T	82120	AMINES, VAGINAL FLUID, QUALITATI	11/1/2001	\$3.23	3	NO
T	82127	AMINO ACIDS; SINGLE, QUALITATIVE	11/1/2001	\$14.18	3	NO
T	82128	AMINO ACIDS QUALITATIVE	11/1/2001	\$14.18	3	NO
T	82131	AMINO ACIDS, QUANTITATION, EACH	11/1/2001	\$17.25	3	NO
T	82135	AMINOLEVULINIC ACID DELTA (ALA)	11/1/2001	\$16.84	3	NO
T	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS,	11/1/2001	\$17.25	3	NO
T	82139	AMINO ACIDS, 6 OR MORE AMINO ACI	11/1/2001	\$17.25	3	NO
T	82140	AMMONIA	11/1/2001	\$14.90	3	NO
T	82143	AMNIOTIC FLUID SCAN (SPECTROPHOT	11/1/2001	\$7.03	3	NO
T	82145	AMPHETAMINE OR METHAMPHETAMINE	11/1/2001	\$15.90	3	NO
T	82150	AMYLASE	11/1/2001	\$6.63	3	NO
T	82154	ANDROSTANEDIOL GLUCURONIDE	11/1/2001	\$29.49	3	NO
T	82157	ANDROSTENEDIONE	11/1/2001	\$29.94	3	NO
T	82160	ANDROSTERONE	11/1/2001	\$25.58	3	NO
T	82163	ANGIOTENSIN II	11/1/2001	\$20.99	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82164	ANGIOTENSIN I - CONVERTING ENZYM	11/1/2001	\$14.93	3	NO
T	82172	APOLIPOPROTEIN, EACH	11/1/2001	\$15.84	3	NO
T	82175	ARSENIC	11/1/2001	\$19.40	3	NO
T	82180	ASCORBIC ACID (VITAMIN C) BLOOD	11/1/2001	\$10.11	3	NO
T	82190	ATOMIC ABSORPTION SPECTROSCOPY,	11/1/2001	\$15.24	3	NO
T	82205	BARBITURATES, NOT ELSEWHERE SPEC	11/1/2001	\$11.71	3	NO
T	82232	BETA-2 MICROGLOBULIN	11/1/2001	\$16.55	3	NO
T	82239	BILE ACIDS; TOTAL	11/1/2001	\$17.52	3	NO
T	82240	BILE ACIDS; CHOLYLGLYCINE	11/1/2001	\$27.18	3	NO
T	82247	BILIRUBIN; TOTAL	11/1/2001	\$5.14	3	NO
T	82248	BILIRUBIN; DIRECT	11/1/2001	\$5.14	3	NO
T	82252	BILIRUBIN; FECES QUALITATIVE	11/1/2001	\$4.65	3	NO
T	82261	BIOTINIDASE, EACH SPECIMEN	11/1/2001	\$17.25	3	NO
T	82270	BLOOD, OCCULT, BY PEROXIDASE ACT	11/1/2001	\$3.32	3	NO
T	82271	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
T	82272	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	\$3.36	3	NO
T	82273	BLOOD, OCCULT, BY PEROXIDASE ACT	1/1/2006	INVALID	N	NO
T	82286	BRADYKININ	11/1/2001	\$7.04	3	NO
T	82300	CADMIUM	11/1/2001	\$20.94	3	NO
T	82306	CALCIFEDIOL (25-OH VITAMIN D-3)	1/1/2006	\$24.55	3	NO
T	82307	CALCIFEROL (VITAMIN D)	11/1/2001	\$32.95	3	NO
T	82308	CALCITONIN	11/1/2001	\$27.39	3	NO
T	82310	CALCIUM; TOTAL	11/1/2001	\$5.27	3	NO
T	82330	CALCIUM; IONIZED	11/1/2001	\$13.97	3	NO
T	82331	CALCIUM BLOOD; AFTER CALCIUM INF	11/1/2001	\$5.29	3	NO
T	82340	CALCIUM; URINE QUANTITATIVE, TIM	11/1/2001	\$5.33	3	NO
T	82355	CALCULUS; QUALITATIVE ANALYSIS	11/1/2001	\$11.83	3	NO
T	82360	CALCULUS (STONE); QUANITATIVE AN	11/1/2001	\$13.17	3	NO
T	82365	CALCULUS (STONE) QUANTITATIVE; I	11/1/2001	\$13.19	3	NO
T	82370	CALCULUS (STONE) QUANTITATIVE; X	11/1/2001	\$12.82	3	NO
T	82373	CARBOHYDRATE DEFICIENT TRANSFERR	11/1/2001	\$7.36	3	NO
T	82374	CARBON DIOXIDE (BICARBONATE)	11/1/2001	\$5.00	3	NO
T	82375	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$12.60	3	NO
T	82376	CARBON MONOXIDE (CARBOXYHEMOGLOB	11/1/2001	\$5.70	3	NO
T	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	11/1/2001	\$19.40	3	NO
T	82379	CARNITINE (TOTAL AND FREE), QUAN	11/1/2001	\$17.25	3	NO
T	82380	CAROTENE	11/1/2001	\$9.44	3	NO
T	82382	CATECHOLAMINES; TOTAL URINE	11/1/2001	\$17.58	3	NO
T	82383	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$21.42	3	NO
T	82384	CATECHOLAMINES (DOPAMINE NOREPIN	11/1/2001	\$25.83	3	NO
T	82387	CATHEPSIN-D	11/1/2001	\$21.28	3	NO
T	82390	CERULOPLASMIN	11/1/2001	\$10.98	3	NO
T	82397	CHEMILUMINESCENT ASSAY	11/1/2001	\$14.45	3	NO
T	82415	CHLORAMPHENICOL	11/1/2001	\$12.96	3	NO
T	82435	CHLORIDE; BLOOD	11/1/2001	\$4.70	3	NO
T	82436	CHLORIDE; URINE	11/1/2001	\$5.14	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82438	CHLORIDE; OTHER SOURCE	11/1/2001	\$5.00	3	NO
T	82441	CHLORINATED HYDROCARBONS SCREEN	11/1/2001	\$6.14	3	NO
T	82465	CHOLESTEROL, SERUM OR WHOLE BLOO	11/1/2001	\$4.45	3	NO
T	82480	CHOLINESTERASE SERUM	11/1/2001	\$8.06	3	NO
T	82482	CHOLINESTERASE; RBC	11/1/2001	\$7.86	3	NO
T	82485	CHONDROITIN B SULFATE QUANTITATI	11/1/2001	\$21.12	3	NO
T	82486	CHROMATOGRAPHY, QUALITATIVE; COL	11/1/2001	\$18.47	3	NO
T	82487	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$14.75	3	NO
T	82488	CHROMATOGRAPHY, QUALITATIVE; PAP	11/1/2001	\$21.85	3	NO
T	82489	CHROMATOGRAPHY, QUALITATIVE; THI	11/1/2001	\$18.91	3	NO
T	82491	CHROMOTOGRAPHY, QUANTITATIVE; CO	11/1/2001	\$18.47	3	NO
T	82492	CHROMATOGRAPHY, QUANTITATIVE COL	11/1/2001	\$18.47	3	NO
T	82495	CHROMIUM	11/1/2001	\$20.74	3	NO
T	82507	CITRIC ACID	11/1/2001	\$28.44	3	NO
T	82520	COCAINE OR METABOLITE	11/1/2001	\$15.50	3	NO
T	82523	COLLAGEN CROSS LINKS, ANY METHOD	11/1/2001	\$19.11	3	NO
T	82525	COPPER	11/1/2001	\$12.69	3	NO
T	82528	CORTICOSTERONE	11/1/2001	\$23.02	3	NO
T	82530	CORTISOL; FREE	11/1/2001	\$17.09	3	NO
T	82533	CORTISOL; TOTAL	11/1/2001	\$16.67	3	NO
T	82540	CREATINE	11/1/2001	\$4.74	3	NO
T	82541	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82542	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82543	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82544	COLUMN CHROMATOGRAPHY/MASS SPECT	11/1/2001	\$18.47	3	NO
T	82550	CREATINE KINASE (CK), (CPK); TOT	11/1/2001	\$6.67	3	NO
T	82552	CREATINE PHOSPHOKINASE (CPK) BLO	11/1/2001	\$13.70	3	NO
T	82553	CREATINE KINASE (CK), (CPK); MB	11/1/2001	\$11.80	3	NO
T	82554	CREATINE KINASE (CK), (CPK); ISO	11/1/2001	\$12.14	3	NO
T	82565	CREATININE; BLOOD	11/1/2001	\$5.23	3	NO
T	82570	CREATININE; OTHER SOURCE	11/1/2001	\$5.29	3	NO
T	82575	CREATININE; CLEARANCE	11/1/2001	\$9.66	3	NO
T	82585	CRYOFIBRINOGEN	11/1/2001	\$8.77	3	NO
T	82595	CRYOGLOBULIN, QUALITATIVE OR SEM	11/1/2001	\$6.62	3	NO
T	82600	CYANIDE	11/1/2001	\$19.84	3	NO
T	82607	CYANOCOBALAMIN (VITAMIN B-12)	11/1/2001	\$15.41	3	NO
T	82608	CYANOCOBALAMIN (VITAMIN B-12); U	11/1/2001	\$14.65	3	NO
T	82610	CYSTATIN C	1/1/2008	NC	9	NO
T	82615	CYSTINE AND HOMOCYSTINE URINE QU	11/1/2001	\$8.35	3	NO
T	82626	DEHYDROEPIANDROSTERONE (DHEA)	11/1/2001	\$25.85	3	NO
T	82627	DEHYDROEPIANDROSTERONE-SULFATE (	11/1/2001	\$22.73	3	NO
T	82633	DESOXYCORTICOSTERONE, 11-	11/1/2001	\$31.68	3	NO
T	82634	DESOXYCORTISOL, 11-	11/1/2001	\$29.94	3	NO
T	82638	DIBUCAINE NUMBER	11/1/2001	\$12.52	3	NO
T	82646	DIHYDROCODINONE	11/1/2001	\$21.12	3	NO
T	82649	DIHYDROMORPHINONE	11/1/2001	\$26.28	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82651	DIHYDROTESTOSTERONE (DHT)	11/1/2001	\$26.40	3	NO
T	82652	DIHYDROXYVITAMIN D, 1, 25	11/1/2001	\$39.36	3	NO
T	82654	DIMETHADIONE	11/1/2001	\$14.16	3	NO
T	82656	ELASTASE, PANCREATIC (EL-1), FEC	1/1/2005	\$11.93	3	NO
T	82657	ENZYME ACTIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
T	82658	ENZYME ACITIVITY IN BLOOD CELLS,	11/1/2001	\$18.47	3	NO
T	82664	ELECTROPHORETIC TECHNIQUE NOT EL	11/1/2001	\$35.14	3	NO
T	82666	EPIANDROSTERONE	11/1/2001	\$21.97	3	NO
T	82668	ERYTHROPOIETIN	11/1/2001	\$19.22	3	NO
T	82670	ESTRADIOL	11/1/2001	\$28.58	3	NO
T	82671	ESTROGENS FRACTIONATED	11/1/2001	\$33.03	3	NO
T	82672	ESTROGENS; TOTAL	11/1/2001	\$22.18	3	NO
T	82677	ESTRIOL	11/1/2001	\$24.74	3	NO
T	82679	ESTRONE	11/1/2001	\$25.53	3	NO
T	82690	ETHCHLORVYNOL	11/1/2001	\$17.68	3	NO
T	82693	ETHYLENE GLYCOL	11/1/2001	\$15.24	3	NO
T	82696	ETIOCHOLANOLONE	11/1/2001	\$24.12	3	NO
T	82705	FAT OR LIPIDS, FECES; QUALITATIV	11/1/2001	\$4.51	3	NO
T	82710	FAT OR LIPIDS, FECES; QUANTITATI	11/1/2001	\$17.18	3	NO
T	82715	FAT DIFFERENTIAL FECES QUANTITAT	11/1/2001	\$17.60	3	NO
T	82725	FATTY ACIDS, NONESTERIFIED	11/1/2001	\$13.62	3	NO
T	82726	VERY LONG CHAIN FATTY ACIDS	11/1/2001	\$18.47	3	NO
T	82728	FERRITIN	11/1/2001	\$8.95	3	NO
T	82731	FETAL FIBRONECTIN,CERVICOVAGINAL	11/1/2001	\$65.87	3	NO
T	82735	FLOURIDE	11/1/2001	\$18.97	3	NO
T	82742	FLURAZEPAM	11/1/2001	\$20.25	3	NO
T	82746	FOLIC ACID; SERUM	11/1/2001	\$15.04	3	NO
T	82747	FOLIC ACID; RBC	11/1/2001	\$17.71	3	NO
T	82757	FRUCTOSE SEMEN	2/22/1994	NC	9	NO
T	82759	GALACTOKINASE RBC	11/1/2001	\$21.97	3	NO
T	82760	GALACTOSE	11/1/2001	\$11.45	3	NO
T	82775	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$21.54	3	NO
T	82776	GALACTOSE-1-PHOSPHATE URIDYL TRA	11/1/2001	\$8.58	3	NO
T	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IG	11/1/2001	\$6.56	3	NO
T	82785	GAMMAGLOBULIN; IGE	11/1/2001	\$16.84	3	NO
T	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SU	11/1/2001	\$8.21	3	NO
T	82800	GASES BLOOD PH ONLY	11/1/2001	\$8.67	3	NO
T	82803	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$19.79	3	NO
T	82805	GASES, BLOOD, ANY COMBINATION OF	11/1/2001	\$29.02	3	NO
T	82810	GASES, BLOOD, O2 SATURATION ONLY	11/1/2001	\$8.92	3	NO
T	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2	11/1/2001	\$10.23	3	NO
T	82926	GASTRIC ACID, FREE AND TOTAL; EA	11/1/2001	\$4.95	3	NO
T	82928	GASTRIC ACID, FREE OR TOTAL; EAC	11/1/2001	\$6.70	3	NO
T	82938	GASTRIN AFTER SECRETIN STIMULATI	11/1/2001	\$18.10	3	NO
T	82941	GASTRIN	11/1/2001	\$18.04	3	NO
T	82943	GLUCAGON	11/1/2001	\$14.62	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	82945	GLUCOSE, BODY FLUID, OTHER THAN	11/1/2001	\$4.01	3	NO
T	82946	GLUCAGON TOLERANCE TEST	11/1/2001	\$15.41	3	NO
T	82947	GLUCOSE; QUANTITATIVE, BLOOD (EX	11/1/2001	\$4.01	3	NO
T	82948	GLUCOSE; BLOOD, REAGENT STRIP	11/1/2001	\$3.23	3	NO
T	82950	GLUCOSE; POST GLUCOSE DOSE (INCL	11/1/2001	\$4.85	3	NO
T	82951	GLUCOSE; TOLERANCE TEST (GTT) TH	11/1/2001	\$7.71	3	NO
T	82952	GLUCOSE; TOLERANCE TEST EACH ADD	11/1/2001	\$4.01	3	NO
T	82953	GLUCOSE; TOLBUTAMIDE TOLERANCE T	11/1/2001	\$15.49	3	NO
T	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$9.92	3	NO
T	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENAS	11/1/2001	\$6.20	3	NO
T	82962	GLUCOSE, BLOOD, BY GLUCOSE MONIT	10/1/2001	\$4.34	3	NO
T	82963	GLUCOSIDASE, BETA	11/1/2001	\$21.97	3	NO
T	82965	GLUTAMATE DEHYDROGENASE	11/1/2001	\$7.90	3	NO
T	82975	GLUTAMINE (GLUTAMIC ACID AMIDE)	11/1/2001	\$16.19	3	NO
T	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	11/1/2001	\$7.36	3	NO
T	82978	GLUTATHIONE	11/1/2001	\$14.58	3	NO
T	82979	GLUTATHIONE REDUCTASE RBC	11/1/2001	\$7.04	3	NO
T	82980	GLUTETHIMIDE	11/1/2001	\$12.28	3	NO
T	82985	GLYCATED PROTEIN	11/1/2001	\$15.41	3	NO
T	83001	GONADOTROPIN; FOLLICLE STIMULATI	11/1/2001	\$19.01	3	NO
T	83002	GONADOTROPIN; LUTEINIZING HORMON	11/1/2001	\$18.94	3	NO
T	83003	GROWTH HORMONE, HUMAN (HGH) (SOM	11/1/2001	\$17.05	3	NO
T	83008	GUANOSINE MONOPHOSPHATE (GMP), C	11/1/2001	\$17.17	3	NO
T	83009	HELICOBACTER PYLORI, BLOOD TEST	1/1/2005	\$69.64	3	NO
T	83010	HAPTOGLOVIN; QUANTITATIVE	11/1/2001	\$12.86	3	NO
T	83012	HAPTOGLOBIN; PHENOTYPES	11/1/2001	\$15.41	3	NO
T	83013	HELICOBACTER PYLORI; BREATH TEST	11/1/2001	\$68.89	3	NO
T	83014	HELICOBACTER PYLORI; DRUG ADMINI	11/1/2001	\$8.04	3	NO
T	83015	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$18.56	3	NO
T	83018	HEAVY METAL (ARSENIC, BARIUM, BE	11/1/2001	\$22.46	3	NO
T	83020	HEMOGLOBIN; ELECTROPHORESIS (EG,	7/1/1997	\$17.67	3	NO
T	83021	HEMOGLOBIN FRACTIONATION AND QUA	11/1/2001	\$18.47	3	NO
T	83026	HEMOGLOBIN; BY COPPER SULFATE ME	11/1/2001	\$2.41	3	NO
T	83030	HEMOGLOBIN; F(FETAL) CHEMICAL	11/1/2001	\$8.46	3	NO
T	83033	HEMOGLOBIN; F (FETAL), QUALITATI	11/1/2001	\$6.10	3	NO
T	83036	HEMOGLOBIN; GLYCOSYLATED (A1C)	11/1/2001	\$9.93	3	NO
T	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) B	4/1/2006	NC	9	NO
T	83045	HEMOGLOBIN; METHEMOGLOBIN QUALIT	11/1/2001	\$5.07	3	NO
T	83050	HEMOGLOBIN; METHEMOGLOBIN QUANTI	11/1/2001	\$7.49	3	NO
T	83051	HEMOGLOBIN; PLASMA	11/1/2001	\$7.47	3	NO
T	83055	HEMOGLOBIN; SULFHEMOGLOBIN QUALI	11/1/2001	\$5.03	3	NO
T	83060	HEMOGLOBIN; SULFHEMOGLOBIN QUANT	11/1/2001	\$8.46	3	NO
T	83065	HEMOGLOBIN; THERMOLABILE	11/1/2001	\$7.04	3	NO
T	83068	HEMOGLOBIN; UNSTABLE SCREEN	11/1/2001	\$8.67	3	NO
T	83069	HEMOGLOBIN; URINE	11/1/2001	\$2.95	3	NO
T	83070	HEMOSIDERIN; QUALITATIVE	11/1/2001	\$4.85	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83071	HEMOSIDERIN; QUANTITATIVE	11/1/2001	\$7.03	3	NO
T	83080	B-HEXOSAMINIDASE, EACH ASSAY	11/1/2001	\$17.25	3	NO
T	83088	HISTAMINE	11/1/2001	\$30.20	3	NO
T	83090	HOMOCYSTINE	11/1/2001	\$17.25	3	NO
T	83150	HOMOVANILLIC ACID (HVA)	11/1/2001	\$19.79	3	NO
T	83491	HYDROXYCORTICOSTEROIDS, 17- (17-	11/1/2001	\$17.92	3	NO
T	83497	HYDROXYINDOLACETIC ACID 5-(HIAA)	11/1/2001	\$13.19	3	NO
T	83498	HYDROXYPROGESTERONE, 17-D	11/1/2001	\$27.78	3	NO
T	83499	HYDROXYPROGESTERONE 20	11/1/2001	\$25.77	3	NO
T	83500	HYDROXYPROLINE; FREE	11/1/2001	\$23.16	3	NO
T	83505	HYDROXYPROLINE; TOTAL	11/1/2001	\$24.86	3	NO
T	83516	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$11.80	3	NO
T	83518	IMMUNOASSAY FOR ANALYTE OTHER TH	11/1/2001	\$8.67	3	NO
T	83519	IMMUNOASSAY, ANALYTE, QUANTITATI	11/1/2001	\$13.82	3	NO
T	83520	IMMUNOASSAY, ANALYTE; NOT OTHERW	11/1/2001	\$13.24	3	NO
T	83525	INSULIN; TOTAL	11/1/2001	\$11.70	3	NO
T	83527	INSULIN; FREE	11/1/2001	\$13.25	3	NO
T	83528	INTRINSIC FACTOR	11/1/2001	\$16.27	3	NO
T	83540	IRON	11/1/2001	\$6.62	3	NO
T	83550	IRON BINDING CAPACITY	11/1/2001	\$8.94	3	NO
T	83570	ISOCITRIC DEHYDROGENASE (IDH)	11/1/2001	\$9.04	3	NO
T	83582	KETOGENIC STEROIDS; FRACTIONATIO	11/1/2001	\$14.50	3	NO
T	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	11/1/2001	\$13.09	3	NO
T	83593	KETOSTEROIDS, 17- (17-KS); FRACT	11/1/2001	\$26.90	3	NO
T	83605	LACTATE (LACTIC ACID)	11/1/2001	\$10.92	3	NO
T	83615	LACTATE DEHDROGENASE (LD), (LDH)	11/1/2001	\$6.18	3	NO
T	83625	LACTATE DEHYDROGENASE (LD), (LDH	11/1/2001	\$13.09	3	NO
T	83630	LACTOFERRIN, FECAL; QUALITATIVE	1/1/2005	\$11.93	3	NO
T	83631	LACTOFERRIN, FECAL; QUANTITATIVE	4/1/2006	NC	9	NO
T	83632	LACTOGEN, HUMAN PLACENTAL (HPL)	11/1/2001	\$20.67	3	NO
T	83633	LACTOSE URINE QUALITATIVE	11/1/2001	\$5.63	3	NO
T	83634	LACTOSE URINE; QUANTITATIVE	11/1/2001	\$11.78	3	NO
T	83655	LEAD	11/1/2001	\$12.37	3	NO
T	83661	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$22.48	3	NO
T	83662	LECITHIN-SPHINGOMYELIN RATIO (L/	11/1/2001	\$19.34	3	NO
T	83663	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$9.67	3	NO
T	83664	FETAL LUNG MATURITY ASSESSMENT;	11/1/2001	\$4.83	3	NO
T	83670	LEUCINE AMINOPEPTIDASE (LAP)	11/1/2001	\$9.37	3	NO
T	83690	LIPASE	11/1/2001	\$7.04	3	NO
T	83695	LIPOPROTEIN (A)	4/1/2006	NC	9	NO
T	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLI	1/1/2007	NC	9	NO
T	83700	LIPOPROTEIN, BLOOD; ELECTROPHORE	11/1/2006	NC	9	NO
T	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUT	11/1/2006	NC	9	NO
T	83704	LIPOPROTEIN, BLOOD; QUANTITATION	11/1/2006	NC	9	NO
T	83715	LIPOPROTEIN, BLOOD; ELECTROPHORE	1/1/2006	INVALID	N	NO
T	83716	LIPOPROTEIN, BLOOD; HIGH RESOLUT	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83718	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$8.37	3	NO
T	83719	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$11.90	3	NO
T	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	11/1/2001	\$9.75	3	NO
T	83727	LUTEINIZING RELEASE FACTOR (LRH)	11/1/2001	\$17.58	3	NO
T	83735	MAGNESIUM	11/1/2001	\$6.85	3	NO
T	83775	MALATE DEHYDROGENASE	11/1/2001	\$7.54	3	NO
T	83785	MANGANESE	11/1/2001	\$25.15	3	NO
T	83788	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
T	83789	MASS SPECTROMETRY AND TANDEM MAS	11/1/2001	\$18.47	3	NO
T	83805	MEPROBAMATE	11/1/2001	\$18.03	3	NO
T	83825	MERCURY, QUANTITATIVE	11/1/2001	\$16.63	3	NO
T	83835	METANEPHRINES	11/1/2001	\$17.32	3	NO
T	83840	METHADONE	11/1/2001	\$16.69	3	NO
T	83857	METHEMALBUMIN	11/1/2001	\$10.98	3	NO
T	83858	METHSUXIMIDE	11/1/2001	\$15.16	3	NO
T	83864	MUCOPOLYSACCHARIDES, ACID; QUANT	11/1/2001	\$20.36	3	NO
T	83866	MUCOPOLYSACCHARIDES ACID URINE;	11/1/2001	\$10.08	3	NO
T	83872	MUCIN SYNOVIAL FLUID (ROPES TEST	11/1/2001	\$5.70	3	NO
T	83873	MYELIN BASIC PROTEIN, CEREBROSPI	11/1/2001	\$7.38	3	NO
T	83874	MYOGLOBIN	11/1/2001	\$13.20	3	NO
T	83880	NATRIURETIC PEPTIDE	1/1/2003	\$25.10	3	NO
T	83883	NEPHELOMETRY, EACH ANALYTE NOT E	11/1/2001	\$13.90	3	NO
T	83885	NICKEL	11/1/2001	\$25.06	3	NO
T	83887	NICOTINE	11/1/2001	\$24.22	3	NO
T	83890	MOLECULAR DIAGNOSTICS; MOLECULAR	11/1/2001	\$4.10	3	NO
T	83891	MOLECULAR DIAGNOSTICS; ISOLATION	11/1/2001	\$4.10	3	NO
T	83892	NUCLEAR MOLECULAR DIAGNOSTICS; E	11/1/2001	\$4.10	3	NO
T	83893	MOLECULAR DIAGNOSTICS; DOT/SLOT	11/1/2001	\$4.10	3	NO
T	83894	NUCLEAR NOLECULAR DIAGNOSTICS; S	11/1/2001	\$4.10	3	NO
T	83896	NUCLEAR MOLECULAR DIAGNOSTICS; N	11/1/2001	\$4.10	3	NO
T	83897	MOLECULAR DIAGNOSTICS; NUCLEIC A	11/1/2001	\$4.10	3	NO
T	83898	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
T	83900	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$34.66	3	NO
T	83901	MOLECULAR DIAGNOSTICS; AMPLIFICA	11/1/2001	\$17.15	3	NO
T	83902	MOLECULAR DIAGNOSTICS; REVERSE T	11/1/2001	\$8.79	3	NO
T	83903	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83904	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83905	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83906	MOLECULAR DIAGNOSTICS; MUTATION	11/1/2001	\$17.15	3	NO
T	83907	MOLECULAR DIAGNOSTICS; LYSIS OF	1/1/2006	\$13.81	3	NO
T	83908	MOLECULAR DIAGNOSTICS; AMPLIFICA	1/1/2006	\$17.33	3	NO
T	83909	MOLECULAR DIAGNOSTICS; SEPARATIO	1/1/2006	\$17.33	3	NO
T	83913	MOLECULAR DIAGNOSTICS; RNA STABI	1/1/2007	NC	9	NO
T	83914	MUTATION IDENTIFICATION BY ENZYM	1/1/2006	\$17.33	3	NO
T	83915	NUCLEOTIDASE 5	11/1/2001	\$11.40	3	NO
T	83916	OLIGOCLONAL IMMUNE (OLIGOCLONAL	11/1/2001	\$20.56	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	83918	ORGANIC ACIDS; TOTAL, QUANTITATI	11/1/2001	\$16.84	3	NO
T	83919	ORGANIC ACIDS; QUALITATIVE, EACH	11/1/2001	\$16.84	3	NO
T	83921	ORGANIC ACID, SINGLE, QUANTITATI	11/1/2001	\$16.84	3	NO
T	83925	OPIATES, (EG, MORPHINE, MEPERIDI	11/1/2001	\$19.90	3	NO
T	83930	OSMOLALITY BLOOD	11/1/2001	\$6.76	3	NO
T	83935	OSMOLALITY; URINE	11/1/2001	\$6.97	3	NO
T	83937	OSTEOCALCIN (BONE G1A PROTEIN)	11/1/2001	\$30.53	3	NO
T	83945	OXALATE	11/1/2001	\$13.17	3	NO
T	83970	PARATHORMONE (PARATHYROID HORMON	11/1/2001	\$42.21	3	NO
T	83986	PH BODY FLUID EXCEPT BLOOD	11/1/2001	\$3.66	3	NO
T	83992	PHENCYCLIDINE (PCP)	11/1/2001	\$15.03	3	NO
T	84022	PHENOTHIAZINE	11/1/2001	\$15.93	3	NO
T	84030	PHENYLALANINE (PKU), BLOOD	3/1/1992	NC	9	NO
T	84035	PHENYLKETONES, QUALITATIVE	11/1/2001	\$3.74	3	NO
T	84060	PHOSPHATASE, ACID; TOTAL	11/1/2001	\$7.55	3	NO
T	84061	PHOSPHATASE, ACID; FORENSIC EXAM	11/1/2001	\$8.10	3	NO
T	84066	PHOSPHATASE, ACID; PROSTATIC	11/1/2001	\$9.88	3	NO
T	84075	PHOSPHATASE, ALKALINE;	11/1/2001	\$5.29	3	NO
T	84078	PHOSPHATASE ALKALINE BLOOD; HEAT	11/1/2001	\$7.47	3	NO
T	84080	PHOSPHATASE, ALKALINE; ISOENZYME	11/1/2001	\$15.13	3	NO
T	84081	PHOSPHATIDYLGYCEROL	11/1/2001	\$16.90	3	NO
T	84085	PHOSPHOGLUCONATE 6- DEHYDROGENAS	11/1/2001	\$6.90	3	NO
T	84087	PHOSPHOHEXOSE ISOMERASE	11/1/2001	\$10.56	3	NO
T	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	11/1/2001	\$4.85	3	NO
T	84105	PHOSPHORUS (PHOSPHATE); BLOOD UR	11/1/2001	\$5.29	3	NO
T	84106	PORPHOBILINOGEN URINE QUALITATIV	11/1/2001	\$4.38	3	NO
T	84110	PORPHOBILINOGEN URINE; QUANTITAT	11/1/2001	\$8.64	3	NO
T	84119	PORPHYRINS, URINE; QUALITATIVE	11/1/2001	\$8.81	3	NO
T	84120	PORPHYRINS, URINE; QUANTITATION	11/1/2001	\$15.04	3	NO
T	84126	PORPHYRINS, FECES; QUANTITATIVE	11/1/2001	\$26.05	3	NO
T	84127	PORPHYRINS, FECES; QUALITATIVE	11/1/2001	\$11.91	3	NO
T	84132	POTASSIUM; SERUM	11/1/2001	\$4.70	3	NO
T	84133	POTASSIUM; URINE	11/1/2001	\$4.40	3	NO
T	84134	PREALBUMIN	11/1/2001	\$14.92	3	NO
T	84135	PREGNANEDIOL	11/1/2001	\$19.57	3	NO
T	84138	PREGNANETRIOL	11/1/2001	\$19.36	3	NO
T	84140	PREGNENOLONE	11/1/2001	\$21.15	3	NO
T	84143	17-HYDROXYPREGNENOLONE	11/1/2001	\$23.34	3	NO
T	84144	PROGESTERONE	11/1/2001	\$21.33	3	NO
T	84146	PROLACTIN	11/1/2001	\$19.82	3	NO
T	84150	PROSTAGLANDIN, EACH	11/1/2001	\$25.53	3	NO
T	84152	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
T	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	11/1/2001	\$18.81	3	NO
T	84154	PROSTATE SPECIFIC ANTIGEN (PSA);	11/1/2001	\$18.81	3	NO
T	84155	PROTEIN; TOTAL, EXCEPT REFRACTOM	11/1/2001	\$3.74	3	NO
T	84156	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	84157	PROTEIN, TOTAL, EXCEPT BY REFRAC	1/1/2004	\$3.79	3	NO
T	84160	PROTEIN TOTAL SERUM; REFRACTOMET	11/1/2001	\$5.29	3	NO
T	84163	PREGNANCY-ASSOCIATED PLASMA PROT	1/1/2005	\$15.56	3	NO
T	84165	PROTEIN; ELECTROPHORETIC FRACTIO	7/1/1997	\$15.45	3	NO
T	84166	PROTEIN; ELECTROPHORETIC FRACTIO	10/1/2005	\$18.44	3	NO
T	84181	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$24.55	3	NO
T	84182	PROTEIN; WESTERN BLOT, WITH INTE	7/1/1997	\$25.95	3	NO
T	84202	PROTOPORPHYRIN RBC QUANTITATIVE	11/1/2001	\$14.67	3	NO
T	84203	PROTOPORPHYRIN RBC; SCREEN	11/1/2001	\$8.80	3	NO
T	84206	PROINSULIN	11/1/2001	\$18.22	3	NO
T	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6	11/1/2001	\$28.73	3	NO
T	84210	PYRUVATE	11/1/2001	\$11.11	3	NO
T	84220	PYRUVATE KINASE	11/1/2001	\$9.65	3	NO
T	84228	QUININE	11/1/2001	\$11.90	3	NO
T	84233	RECEPTOR ASSAY; ESTROGEN	11/1/2001	\$65.87	3	NO
T	84234	RECEPTOR ASSAY; PROGESTERONE	11/1/2001	\$66.33	3	NO
T	84235	RECEPTOR ASSAY; ENDOCRINE OTHER	11/1/2001	\$53.51	3	NO
T	84238	RECEPTOR ASSAY; NON-ENDOCRINE (S	11/1/2001	\$37.39	3	NO
T	84244	RENIN	11/1/2001	\$22.50	3	NO
T	84252	RIBOFLAVIN (VITAMIN B-2)	11/1/2001	\$20.69	3	NO
T	84255	SELENIUM	11/1/2001	\$26.11	3	NO
T	84260	SEROTONIN	11/1/2001	\$31.68	3	NO
T	84270	SEX HORMONE BINDING GLOBULIN (SH	11/1/2001	\$22.22	3	NO
T	84275	SIALIC ACID	11/1/2001	\$13.73	3	NO
T	84285	SILICA	11/1/2001	\$24.09	3	NO
T	84295	SODIUM; SERUM	11/1/2001	\$4.92	3	NO
T	84300	SODIUM; URINE	11/1/2001	\$4.97	3	NO
T	84302	SODIUM; OTHER SOURCE	1/1/2003	\$5.02	3	NO
T	84305	SOMATOMEDIN	11/1/2001	\$21.74	3	NO
T	84307	SOMATOSTATIN	11/1/2001	\$18.70	3	NO
T	84311	SPECTROPHOTOMETRY, ANALYTE NOT E	11/1/2001	\$7.15	3	NO
T	84315	SPECIFIC GRAVITY (EXCEPT URINE)	11/1/2001	\$2.56	3	NO
T	84375	SUGARS CHROMATOGRAPHIC TLC OR PA	11/1/2001	\$8.95	3	NO
T	84376	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
T	84377	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$5.63	3	NO
T	84378	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
T	84379	SUGARS (MON-, DI, AND OLIGOSACCH	11/1/2001	\$11.78	3	NO
T	84392	SULFATE, URINE	11/1/2001	\$4.85	3	NO
T	84402	TESTOSTERONE; FREE	11/1/2001	\$26.04	3	NO
T	84403	TESTOSTERONE; TOTAL	11/1/2001	\$26.40	3	NO
T	84425	THIAMINE (VITAMIN B-1)	11/1/2001	\$21.72	3	NO
T	84430	THIOCYANATE	11/1/2001	\$8.95	3	NO
T	84432	THYROGLOBULIN	11/1/2001	\$16.43	3	NO
T	84436	THYROXINE; TOTAL	11/1/2001	\$7.03	3	NO
T	84437	THYROXINE; REQUIRING ELUTION (EG	11/1/2001	\$6.62	3	NO
T	84439	THYROXINE; FREE	11/1/2001	\$9.22	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	84442	THYROXINE BINDING GLOBULIN (TBG)	11/1/2001	\$15.13	3	NO
T	84443	THYROID STIMULATING HORMONE (TSH	11/1/2001	\$17.18	3	NO
T	84445	THYROID STIMULATING IMMUNE GLOBU	11/1/2001	\$52.01	3	NO
T	84446	TOCOPHEROL ALPHA (VITAMIN E)	11/1/2001	\$14.50	3	NO
T	84449	TRANCORTIN (CORTISOL BINDING GL	11/1/2001	\$18.40	3	NO
T	84450	TRANSFERASSE; ASPARTATE AMINO (A	11/1/2001	\$5.28	3	NO
T	84460	TRANSFERASE; ALANINE AMINO (ALT)	11/1/2001	\$5.42	3	NO
T	84466	TRANSFERRIN	11/1/2001	\$13.06	3	NO
T	84478	TRIGLYCERIDES	11/1/2001	\$5.88	3	NO
T	84479	THYROID HORMONE (T3 OR T4) UPTAK	11/1/2001	\$6.62	3	NO
T	84480	TRIIODOTHYRONINE T3; TOTAL (TT-3	11/1/2001	\$14.50	3	NO
T	84481	TRIDOTHYRONINE (T-3); FREE	11/1/2001	\$17.32	3	NO
T	84482	TRIDOTHYRONINE (T-3); REVERSE	11/1/2001	\$16.12	3	NO
T	84484	TROPONIN	11/1/2001	\$10.06	3	NO
T	84485	TRYPSIN DUODENAL FLUID	11/1/2001	\$7.67	3	NO
T	84488	TRYPSIN; FECES, QUALITATIVE	11/1/2001	\$7.47	3	NO
T	84490	TRYPSIN; FECES, QUANTITATIVE, 24	11/1/2001	\$7.78	3	NO
T	84510	TYROSINE	11/1/2001	\$10.64	3	NO
T	84512	TROPONIN, QUALITATIVE	11/1/2001	\$7.87	3	NO
T	84520	UREA NITROGEN; QUANTITATIVE	11/1/2001	\$4.03	3	NO
T	84525	UREA NITROGEN; SEMIQUANTITATIVE	11/1/2001	\$3.23	3	NO
T	84540	UREA NITROGEN URINE	11/1/2001	\$4.85	3	NO
T	84545	UREA NITROGEN CLEARANCE	11/1/2001	\$6.75	3	NO
T	84550	URIC ACID; BLOOD	11/1/2001	\$4.63	3	NO
T	84560	URIC ACID; OTHER SOURCE	11/1/2001	\$4.85	3	NO
T	84577	UROBILINOGEN FECES QUANTITATIVE	11/1/2001	\$3.90	3	NO
T	84578	UROBILINOGEN URINE QUALITATIVE	11/1/2001	\$3.32	3	NO
T	84580	UROBILINOGEN URINE; QUANTITATIVE	11/1/2001	\$7.26	3	NO
T	84583	UROBILINOGEN URINE; SEMIQUANTITA	11/1/2001	\$5.14	3	NO
T	84585	VANILLYLMANDELIC ACID (VMA) URIN	11/1/2001	\$15.85	3	NO
T	84586	VASOACTIVE INTESTINAL PEPTIDE (V	11/1/2001	\$36.13	3	NO
T	84588	VASOPRESSIN (ANTIDIURETIC HORMON	11/1/2001	\$34.71	3	NO
T	84590	VITAMIN A	11/1/2001	\$11.85	3	NO
T	84591	VITAMIN, NOT OTHERWISE SPECIFIED	11/1/2001	\$11.85	3	NO
T	84597	VITAMIN K	11/1/2001	\$14.02	3	NO
T	84600	VOLATILES (EG, ACETIC ANHYDRIDE,	11/1/2001	\$16.44	3	NO
T	84620	XYLOSE ABSORPTION TEST, BLOOD AN	11/1/2001	\$12.11	3	NO
T	84630	ZINC	11/1/2001	\$11.65	3	NO
T	84681	C-PEPTIDE	11/1/2001	\$21.28	3	NO
T	84702	GONADOTROPIN, CHORIONIC (HCG); Q	11/1/2001	\$15.39	3	NO
T	84703	GONADOTROPIN CHORIONIC QUALITAVE	11/1/2001	\$7.68	3	NO
T	84830	OVULATION TESTS, BY VISUAL COLOR	2/22/1994	NC	9	NO
T	84999	UNLISTED CHEMISTRY PROCEDURE	12/1/1999	\$0.01	5	NO
T	85002	BLEEDING TIME	11/1/2001	\$4.60	3	NO
T	85004	BLOOD COUNT; AUTOMATED DIFFERENT	1/1/2003	\$6.69	3	NO
T	85007	BLOOD COUNT; BLOOD SMEAR, MICROS	7/1/1997	\$4.06	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85008	BLOOD COUNT; BLOOD SMEAR, MICROS	11/1/2001	\$3.52	3	NO
T	85009	BLOOD COUNT; MANUAL DIFFERENTIAL	11/1/2001	\$3.80	3	NO
T	85013	BLOOD COUNT; SPUN MICROHEMATOCRI	11/1/2001	\$2.42	3	NO
T	85014	BLOOD COUNT; HEMATOCRIT (HCT)	11/1/2001	\$2.42	3	NO
T	85018	BLOOD COUNT; HEMOGLOBIN (HGB)	11/1/2001	\$2.42	3	NO
T	85021	BLOOD COUNT; HEMOGRAM AUTOMATED	7/1/2003	INVALID	N	NO
T	85022	BLOOD COUNT HEMOGRAM AUTOMATED A	7/1/2003	INVALID	N	NO
T	85023	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
T	85024	BLOOD COUNT HEMOGRAM AND PLATELE	7/1/2003	INVALID	N	NO
T	85025	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$7.95	3	NO
T	85027	BLOOD COUNT; COMPLETE (CBC), AUT	11/1/2001	\$6.62	3	NO
T	85031	BLOOD COUNT HEMOGRAM MANUAL COMP	7/1/2003	INVALID	N	NO
T	85032	BLOOD COUNT; MANUAL CELL COUNT (	1/1/2003	\$4.45	3	NO
T	85041	BLOOD COUNT; RED BLOOD CELL (RBC	11/1/2001	\$3.08	3	NO
T	85044	BLOOD COUNT; RETICULOCYTE, MANUA	11/1/2001	\$4.40	3	NO
T	85045	BLOOD COUNT; RETICULOCYTE, AUTOM	11/1/2001	\$4.10	3	NO
T	85046	BLOOD COUNT; RETICULOCYTES, AUTO	11/1/2001	\$5.70	3	NO
T	85048	BLOOD COUNT; LEUKOCYTE (WBC), AU	11/1/2001	\$2.60	3	NO
T	85049	BLOOD COUNT; PLATELET, AUTOMATED	1/1/2003	\$4.63	3	NO
T	85055	RETICULATED PLATELET ASSAY	1/1/2004	\$18.71	3	NO
T	85060	BLOOD SMEAR, PERIPHERAL, INTERPR	1/1/2008	\$17.20	3	NO
T	85095	BONE MARROW; ASPIRATION ONLY	4/1/2002	INVALID	N	NO
T	85097	BONE MARROW, SMEAR INTERPRETATIO	1/1/2008	\$73.65	3	NO
T	85102	BONE MARROW BIOPSY, NEEDLE OR TR	4/1/2002	INVALID	N	NO
T	85130	CHROMOGENIC SUBSTRATE ASSAY	11/1/2001	\$12.17	3	NO
T	85170	CLOT RETRACTION	11/1/2001	\$3.70	3	NO
T	85175	CLOT LYSIS TIME WHOLE BLOOD DILU	11/1/2001	\$4.65	3	NO
T	85210	CLOTTING FACTOR II PROTHROMBIN S	11/1/2001	\$13.28	3	NO
T	85220	CLOTTING; FACTOR V (ACG OR PROAC	11/1/2001	\$16.38	3	NO
T	85230	CLOTTING; FACTOR VII (PROCONVERT	11/1/2001	\$16.38	3	NO
T	85240	CLOTTING; FACTOR VIII (AHG) ONE	11/1/2001	\$16.38	3	NO
T	85244	CLOTTING; FACTOR VIII RELATED AN	11/1/2001	\$20.88	3	NO
T	85245	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
T	85246	CLOTTING; FACTOR VIII, VW FACTOR	11/1/2001	\$23.47	3	NO
T	85247	CLOTTING; FACTOR VIII, VON WILLE	11/1/2001	\$23.47	3	NO
T	85250	CLOTTING; FACTOR IX (PTC OR CHRI	11/1/2001	\$16.38	3	NO
T	85260	CLOTTING; FACTOR X (STRUART-PROW	11/1/2001	\$16.38	3	NO
T	85270	CLOTTING; FACTOR XI (PTA)	11/1/2001	\$16.38	3	NO
T	85280	CLOTTING; FACTOR XII (HAGEMAN)	11/1/2001	\$19.79	3	NO
T	85290	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$16.38	3	NO
T	85291	CLOTTING; FACTOR XIII (FIBRIN ST	11/1/2001	\$9.09	3	NO
T	85292	CLOTTING; PREKALLIKREIN ASSAY (F	11/1/2001	\$19.37	3	NO
T	85293	CLOTTING; HIGH MOLECULAR WEIGHT	11/1/2001	\$19.37	3	NO
T	85300	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.12	3	NO
T	85301	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.06	3	NO
T	85302	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$12.29	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85303	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$14.14	3	NO
T	85305	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$11.85	3	NO
T	85306	CLOTTING INHIBITORS OR ANTICOAGU	11/1/2001	\$15.67	3	NO
T	85307	ACTIVATED PROTEIN C (APC) RESIST	11/1/2001	\$15.67	3	NO
T	85335	FACOTR INHIBITOR TEST	11/1/2001	\$13.14	3	NO
T	85337	THROMBOMODULIN	11/1/2001	\$10.66	3	NO
T	85345	COAGULATION TIME LEE AND WHITE	11/1/2001	\$4.40	3	NO
T	85347	COAGULATION TIME; ACTIVATED	11/1/2001	\$3.23	3	NO
T	85348	COAGULATION TIME; OTHER METHODS	11/1/2001	\$3.80	3	NO
T	85360	EUGLOBULIN LYSIS	11/1/2001	\$8.59	3	NO
T	85362	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$6.56	3	NO
T	85366	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$8.81	3	NO
T	85370	FIBRIN(OGEN) DEGRADATION (SPLIT)	11/1/2001	\$11.62	3	NO
T	85378	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$7.30	3	NO
T	85379	FIBRIN DEGRADATION PRODUCTS, D-D	11/1/2001	\$10.40	3	NO
T	85380	FIBRIN DEGRADATION PRODUCTS, D-D	1/1/2003	\$10.52	3	NO
T	85384	FIBRINOGEN: ACTIVITY	11/1/2001	\$8.69	3	NO
T	85385	FIBRINOGEN; ANTIGEN	11/1/2001	\$8.69	3	NO
T	85390	FIBRINOLYSINS OR COAGULOPATHY SC	7/1/1997	\$7.08	3	NO
T	85396	COAGULATION/FIBRINOLYSIS ASSAY,	1/1/2008	\$14.52	3	NO
T	85400	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$9.04	3	NO
T	85410	FIBRINOLYTIC MECHANISMS ALPHA-2	11/1/2001	\$7.89	3	NO
T	85415	FIBRINOLYTIC FACTORS AND INHIBIT	11/1/2001	\$17.58	3	NO
T	85420	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$6.69	3	NO
T	85421	FIBRINOLYTIC MECHANISMS; PLASMIN	11/1/2001	\$10.41	3	NO
T	85441	HEINZ BODIES DIRECT	11/1/2001	\$4.30	3	NO
T	85445	HEINZ BODIES; INDUCED ACETYL PHE	11/1/2001	\$6.97	3	NO
T	85460	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$7.91	3	NO
T	85461	HEMOGLOBIN OR RBCS, FETAL, FOR F	11/1/2001	\$6.79	3	NO
T	85475	HEMOLYSIN, ACID	11/1/2001	\$9.07	3	NO
T	85520	HEPARIN ASSAY	11/1/2001	\$13.39	3	NO
T	85525	HEPARIN NEUTRALIZATION	11/1/2001	\$12.12	3	NO
T	85530	HEPARIN-PROTAMINE TOLERANCE TEST	11/1/2001	\$14.50	3	NO
T	85535	IRON STAIN (RBC OR BONE MARROW S	4/1/2002	INVALID	N	NO
T	85536	IRON STAIN, PERIPHERAL BLOOD	11/1/2001	\$6.62	3	NO
T	85540	LEUKOCYTE ALKALINE PHOSPHATASE W	11/1/2001	\$8.79	3	NO
T	85547	MECHANICAL FRAGILITY RBC	11/1/2001	\$8.79	3	NO
T	85549	MURAMIDASE	11/1/2001	\$19.18	3	NO
T	85555	OSMOTIC FRAGILITY, RBC; UNINCUBA	11/1/2001	\$6.84	3	NO
T	85557	OSMOTIC FRAGILITY, RBC; INCUBATE	11/1/2001	\$6.85	3	NO
T	85576	PLATELET; AGGREGATION (IN VITRO)	7/1/1997	\$29.50	3	NO
T	85585	PLATELET; ESTIMATION ON SMEAR ON	7/1/2003	INVALID	N	NO
T	85590	PLATELET; MANUAL COUNT	7/1/2003	INVALID	N	NO
T	85595	PLATELET; AUTOMATED COUNT	7/1/2003	INVALID	N	NO
T	85597	PLATELET NEUTRLIZATION	11/1/2001	\$18.38	3	NO
T	85610	PROTHROMBIN TIME	11/1/2001	\$4.02	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	85611	PROTHROMBIN TIME; SUBSTITUTION,	11/1/2001	\$4.03	3	NO
T	85612	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
T	85613	RUSSELL VIPER VENOM TIME (INCLUD	11/1/2001	\$6.56	3	NO
T	85635	REPTILASE TEST	11/1/2001	\$10.07	3	NO
T	85651	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$3.63	3	NO
T	85652	SEDIMENTATION RATE, ERYTHROCYTE;	11/1/2001	\$2.76	3	NO
T	85660	SICKLING OF RBC REDUCTION SLIDE	11/1/2001	\$5.65	3	NO
T	85670	THROMBIN TIME PLASMA	11/1/2001	\$5.91	3	NO
T	85675	THROMBIN TIME; TITER	11/1/2001	\$7.01	3	NO
T	85705	THROMBOPLASTIN INHIBITION; TISSU	11/1/2001	\$9.85	3	NO
T	85730	THROMBOPLASTIN TIME PARTIAL (PTT	11/1/2001	\$6.14	3	NO
T	85732	THROMBOPLASTIN TIME, PARTIAL (PT	11/1/2001	\$6.62	3	NO
T	85810	VISCOSITY	11/1/2001	\$11.94	3	NO
T	85999	UNLISTED HEMATOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
T	86000	AGGLUTININS, FEBRILE, EACH ANTIG	11/1/2001	\$7.14	3	NO
T	86001	ALLERGEN SPECIFIC IGG QUANTITATI	11/1/2001	\$5.34	3	NO
T	86003	ALLERGEN SPECIFIC IGE; QUANTITAT	11/1/2001	\$5.34	3	NO
T	86005	ALLERGEN SPECIFIC IGE; QUALITATI	11/1/2001	\$8.15	3	NO
T	86021	ANTIBODY IDENTIFICATION LEUKOCYT	11/1/2001	\$15.39	3	NO
T	86022	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$18.78	3	NO
T	86023	ANTIBODY IDENTIFICATION; PLATELE	11/1/2001	\$12.74	3	NO
T	86038	ANTINUCLEAR ANTIBODIES (ANA);	11/1/2001	\$12.36	3	NO
T	86039	ANTINUCLEAR ANTIBODIES (ANA); TI	11/1/2001	\$11.42	3	NO
T	86060	ANTISTREPTOLYSIN O TITER	11/1/2001	\$7.47	3	NO
T	86063	ANTISTREPTOLYSIN O; SCREEN	11/1/2001	\$5.91	3	NO
T	86064	B CELLS, TOTAL COUNT	1/1/2006	INVALID	N	NO
T	86077	BLOOD BANK PHYSYCIAN SERVICES; D	1/1/2008	\$36.56	3	NO
T	86078	BLOOD BANK PHYSICIAN SERVICES IN	1/1/2008	\$37.90	3	NO
T	86079	BLOOD BANK PHYSICIAN SERVICES AU	1/1/2008	\$37.63	3	NO
T	86140	C-REACTIVE PROTEIN	11/1/2001	\$5.29	3	NO
T	86141	C-REACTIVE PROTEIN; HIGH SENSITI	12/1/2002	\$13.24	3	NO
T	86146	BETA 2 BLYCOPROTEIN I ANTIBODY,	11/1/2001	\$26.02	3	NO
T	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIB	11/1/2001	\$26.02	3	NO
T	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHO	11/1/2001	\$16.43	3	NO
T	86155	CHEMOTAXIS ASSAY SPECIFY METHOD	11/1/2001	\$16.34	3	NO
T	86156	COLD AGGLUTININ; SCREEN	11/1/2001	\$6.85	3	NO
T	86157	COLD AGGLUTININ; TITER	11/1/2001	\$8.24	3	NO
T	86160	COMPLEMENT; ANTIGEN, EACH COMPON	11/1/2001	\$12.28	3	NO
T	86161	COMPLEMENT; FUNCTIONAL ACTIVITY,	11/1/2001	\$12.28	3	NO
T	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH5	11/1/2001	\$20.78	3	NO
T	86171	COMPLEMENT FIXATION TESTS, EACH	11/1/2001	\$10.25	3	NO
T	86185	COUNTERIMMUNOELECTROPHORESIS, EA	11/1/2001	\$9.15	3	NO
T	86200	CYCLIC CITRULLINATED PEPTIDE (CC	1/1/2006	\$13.39	3	NO
T	86215	DEOXYRIBONUCLEASE ANTIBODY	11/1/2001	\$13.56	3	NO
T	86225	DEOCYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$14.05	3	NO
T	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTI	11/1/2001	\$12.38	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANT	11/1/2001	\$16.38	3	NO
T	86243	FC RECEPTOR	11/1/2001	\$20.99	3	NO
T	86255	FLUORESCENT ANTIBODY; SCREEN, EA	7/1/1997	\$15.33	3	NO
T	86256	FLUORESCENT ANTIBODY; TITER, EAC	7/1/1997	\$16.55	3	NO
T	86277	GROWTH HORMONE, HUMAN (HGH), ANT	11/1/2001	\$16.10	3	NO
T	86280	HEMAGGLUTINATION INHIBITION TEST	11/1/2001	\$8.37	3	NO
T	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	6/1/2006	\$21.28	3	NO
T	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, Q	11/1/2001	\$21.28	3	NO
T	86308	HETEROPHILE ANTIBODIES; SCREENIN	11/1/2001	\$5.29	3	NO
T	86309	HETEROPHILE ANTIBODIES; TITER	11/1/2001	\$6.62	3	NO
T	86310	HETEROPHILE ANTIBODIES; TITERS A	11/1/2001	\$7.54	3	NO
T	86316	IMMUNOASSAY FOR TUMOR ANTIGEN; O	11/1/2001	\$21.28	3	NO
T	86317	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$15.33	3	NO
T	86318	IMMUNOASSAY FOR INFECTIOUS AGENT	11/1/2001	\$13.24	3	NO
T	86320	IMMUNOELECTROPHORESIS; SERUM	7/1/1997	\$30.77	3	NO
T	86325	IMMUNOELECTROPHORESIS; OTHER FLU	7/1/1997	\$30.69	3	NO
T	86327	IMMUNOELECTROPHORESIS; CROSSED (	7/1/1997	\$31.15	3	NO
T	86329	IMMUNODIFFUSION, NOT ELSEWHERE S	11/1/2001	\$14.36	3	NO
T	86331	IMMUNODIFFUSION; GEL DIFFUSION,	11/1/2001	\$12.25	3	NO
T	86332	IMMUNE COMPLEX ASSAY	11/1/2001	\$24.92	3	NO
T	86334	IMMUNOFIXATION ELECTROPHORESIS;	7/1/1997	\$30.66	3	NO
T	86335	IMMUNOFIXATION ELECTROPHORESIS;	1/1/2005	\$30.34	3	NO
T	86336	INHIBIN A	8/1/2002	\$15.29	3	NO
T	86337	INSULIN ANTIBODIES	11/1/2001	\$21.90	3	NO
T	86340	INTRINSIC FACTOR ANTIBODIES	11/1/2001	\$15.41	3	NO
T	86341	ISLET CELL ANTIBODY	11/1/2001	\$20.23	3	NO
T	86343	LEUKOCYTE HISTAMINE RELEASE TEST	11/1/2001	\$12.74	3	NO
T	86344	LEUKOCYTE PHAGOCYTOSIS	11/1/2001	\$8.17	3	NO
T	86353	LYMPHOCYTE TRANSFORMATION, MITOG	11/1/2001	\$50.14	3	NO
T	86355	B CELLS, TOTAL COUNT	1/1/2006	\$39.00	3	NO
T	86356	MONONUCLEAR CELL ANTIGEN, QUANTI	1/1/2008	NC	9	NO
T	86357	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	\$39.00	3	NO
T	86359	T CELLS; TOTAL COUNT	11/1/2001	\$38.58	3	NO
T	86360	T CELLS; T4 AND T8, INCLUDING RA	11/1/2001	\$48.05	3	NO
T	86361	T CELLS; ABSOLUTE CD4 COUNT	11/1/2001	\$18.50	3	NO
T	86367	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	\$39.00	3	NO
T	86376	MICROSOMAL ANTIBODIES (EG, THYRO	11/1/2001	\$14.88	3	NO
T	86378	MIGRATION INHIBITORY FACTOR TEST	11/1/2001	\$20.14	3	NO
T	86379	NATURAL KILLER (NK) CELLS, TOTAL	1/1/2006	INVALID	N	NO
T	86382	NEUTRALIZATION TEST VIRAL	11/1/2001	\$17.29	3	NO
T	86384	NITROBLUE TETRAZOLIUM DYE TEST (	11/1/2001	\$11.65	3	NO
T	86403	PARTICLE AGGLUTINATION; SCREEN,	11/1/2001	\$10.42	3	NO
T	86406	PARTICLE AGGLUTINATION; TITER, E	11/1/2001	\$10.88	3	NO
T	86430	RHEUMATOID FACTOR; QUALITATIVE	11/1/2001	\$5.81	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86431	RHEUMATOID FACTOR; QUANTITATIVE	11/1/2001	\$5.81	3	NO
T	86480	TUBERCULOSIS TEST, CELL MEDIATED	11/1/2006	NC	9	NO
T	86485	SKIN TEST; CANDIDA	10/1/2001	\$27.75	3	NO
T	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	1/1/2008	\$7.26	3	NO
T	86510	SKIN TEST; HISTOPLASMOSIS	1/1/2008	\$8.06	3	NO
T	86580	SKIN TEST; TUBERCULOSIS INTRADER	1/1/2008	\$6.72	3	NO
T	86585	SKIN TEST; TUBERCULOSIS TINE TES	1/1/2006	INVALID	N	NO
T	86586	SKIN TEST; UNLISTED ANTIGEN, EAC	1/1/2008	INVALID	N	NO
T	86587	STEM CELLS (IE, CD34), TOTAL COU	1/1/2006	INVALID	N	NO
T	86590	STREPTOKINASE ANTIBODY	11/1/2001	\$11.28	3	NO
T	86592	SYPHILIS TEST; QUALITATIVE (EG,	11/1/2001	\$4.37	3	NO
T	86593	SYPHILIS TEST; QUANTITATIVE	11/1/2001	\$4.51	3	NO
T	86602	ANTIBODY; ACTINOMYCES	11/1/2001	\$10.40	3	NO
T	86603	ANTIBODY; ADENOVIRUS	11/1/2001	\$13.16	3	NO
T	86606	ANTIBODY; ASPIRIGILLUS	11/1/2001	\$15.39	3	NO
T	86609	ANTIBODY; BACTERIUM, NOT ELSEWHE	11/1/2001	\$13.18	3	NO
T	86611	BARTONELLA	11/1/2001	\$10.40	3	NO
T	86612	ANTIBODY; BLASTOMYCES	11/1/2001	\$13.19	3	NO
T	86615	ANTIBODY; BORDETELLA	11/1/2001	\$13.49	3	NO
T	86617	ANTIBODY; BORRELIA BURGDORFERI (	11/1/2001	\$15.84	3	NO
T	86618	ANTIBODY; BORELLIA BUFGDORFERI (	11/1/2001	\$17.42	3	NO
T	86619	ANTIBODY; BORRELIA (RELAPSING FE	11/1/2001	\$13.68	3	NO
T	86622	ANTIBODY; BRUCELLA	11/1/2001	\$9.14	3	NO
T	86625	ANTIBODY; CAMPYLOBACTER	11/1/2001	\$13.42	3	NO
T	86628	ANTIBODY; CANDIDA	11/1/2001	\$12.28	3	NO
T	86631	ANTIBODEY; CHLAMYDIA	11/1/2001	\$12.10	3	NO
T	86632	ANTIBODY; CHLAMYDIA, IGM	11/1/2001	\$12.99	3	NO
T	86635	ANTIBODY; COCCIDIOIDES	11/1/2001	\$11.73	3	NO
T	86638	ANTIBODY; COXIELLA BRUNETII (Q F	11/1/2001	\$12.40	3	NO
T	86641	ANTIODY; CRYPTOCOCCUS	11/1/2001	\$14.74	3	NO
T	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	11/1/2001	\$14.72	3	NO
T	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV),	11/1/2001	\$17.23	3	NO
T	86648	ANTIBODY; DIPHTHERIA	11/1/2001	\$15.55	3	NO
T	86651	ANTIBODY; ENCEPHALITIS, CALIFORN	11/1/2001	\$13.49	3	NO
T	86652	ANTIBODY; ENCEPHALITIS, EASTERN	11/1/2001	\$13.49	3	NO
T	86653	ANTIBODY; ENCEPHALITIS, ST. LOUI	11/1/2001	\$13.49	3	NO
T	86654	ANTIBODY; ENCEPHALITIS, WESTERN	11/1/2001	\$13.49	3	NO
T	86658	ANTIBODY; ENTEROVIRUS (EG, COXSA	11/1/2001	\$13.33	3	NO
T	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$13.42	3	NO
T	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$15.64	3	NO
T	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRU	11/1/2001	\$18.55	3	NO
T	86666	EHRlichia	11/1/2001	\$10.40	3	NO
T	86668	ANTIBODY; FRANCISELLA TULARENSIS	11/1/2001	\$10.64	3	NO
T	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE	11/1/2001	\$12.54	3	NO
T	86674	ANTIBODY; GIARDIA LAMBLIA	11/1/2001	\$15.05	3	NO
T	86677	ANTIBODY; HELICOBACTER PYLORI	11/1/2001	\$14.84	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86682	ANTIBODY; HELMINTH, NOT ELSEWHER	11/1/2001	\$13.30	3	NO
T	86683	HEMOGLOBIN, FECAL	4/1/2002	INVALID	N	NO
T	86684	ANTIBODY; HEMOPHILUS INFLUENZA	11/1/2001	\$16.21	3	NO
T	86687	ANTIBODY; HTLV I	11/1/2001	\$8.58	3	NO
T	86688	ANTIBODY; HTLV-II	11/1/2001	\$14.33	3	NO
T	86689	ANTIBODY; HTLV OR HIV ANTIBODY,	11/1/2001	\$19.80	3	NO
T	86692	ANTIBODY; HEPATITIS, DELTA AGENT	11/1/2001	\$17.55	3	NO
T	86694	ANTIBODY; HERPES SIMPLEX, NON-SP	11/1/2001	\$14.72	3	NO
T	86695	ANTIBODY; HERPES SIMPLEX, TYPE I	11/1/2001	\$13.49	3	NO
T	86696	HERPES SIMPLEX, TYPE 2	3/1/2003	\$25.00	3	NO
T	86698	ANTIBODY; HISTOPLASMA	11/1/2001	\$12.79	3	NO
T	86701	ANTIBODY; HIV-1	11/1/2001	\$9.09	3	NO
T	86702	ANTIBODY; HIV-2	11/1/2001	\$13.83	3	NO
T	86703	ANTIBODY; HIV-1 AND HIV-2, SINGL	11/1/2001	\$14.03	3	NO
T	86704	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.33	3	NO
T	86705	HEPATITIS B CORE ANTIBODY (HBCAB	11/1/2001	\$12.04	3	NO
T	86706	HEPATITIS B SURFACE ANTIBODY (HB	11/1/2001	\$10.98	3	NO
T	86707	HEPATITIS BE ANTIBODY (HBEAB)	11/1/2001	\$11.83	3	NO
T	86708	HEPATITIS A ANTIBODY (HAAB), TOT	11/1/2001	\$12.67	3	NO
T	86709	HEPATITIS A ANTIBODY (HAAB); IGM	11/1/2001	\$11.51	3	NO
T	86710	ANTIBODY; INFLUENZA VIRUS	11/1/2001	\$13.87	3	NO
T	86713	ANTIBODY; LEGIONELLA	11/1/2001	\$15.65	3	NO
T	86717	ANTIBODY; LEISHMANIA	11/1/2001	\$12.53	3	NO
T	86720	ANTIBODY; LEPTOSPIRA	11/1/2001	\$13.49	3	NO
T	86723	ANTIBODY; LISTERIA MONOCYTOGENES	11/1/2001	\$13.49	3	NO
T	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENI	11/1/2001	\$13.16	3	NO
T	86729	ANTIBODY; LYMPHOGRANULOMA VENERE	11/1/2001	\$12.22	3	NO
T	86732	ANTIBODY; MUCORMYCOSIS	11/1/2001	\$13.49	3	NO
T	86735	ANTIBODY; MUMPS	11/1/2001	\$13.34	3	NO
T	86738	ANTIBODY; MYCOPLASMA	11/1/2001	\$13.55	3	NO
T	86741	ANTIBODY; NEISSERIA MENINGITIS	11/1/2001	\$13.49	3	NO
T	86744	ANTIBODY; NOCARDIA	11/1/2001	\$13.49	3	NO
T	86747	ANTIBODY; PARVOVIRUS	11/1/2001	\$15.37	3	NO
T	86750	ANTIBODY; PLASMODIUM (MALARIA)	11/1/2001	\$13.49	3	NO
T	86753	ANTIBODY; PROTOZOA, NOT ELSEWHER	11/1/2001	\$12.67	3	NO
T	86756	ANTIBODY; RESPIRATORY SYNCYTIAL	11/1/2001	\$13.18	3	NO
T	86757	RICKETTSIA	11/1/2001	\$19.80	3	NO
T	86759	ANTIBODY; ROTAVIRUS	11/1/2001	\$13.49	3	NO
T	86762	ANTIBODY; RUBELLA	11/1/2001	\$14.72	3	NO
T	86765	ANTIBODY; RUBEOLA	11/1/2001	\$13.18	3	NO
T	86768	ANTIBODY; SALMONELLA	11/1/2001	\$13.49	3	NO
T	86771	ANTIBODY; SHIGELLA	11/1/2001	\$13.49	3	NO
T	86774	ANTIBODY; TETANUS	11/1/2001	\$15.13	3	NO
T	86777	ANTIBODY; TOXOPLASMA	11/1/2001	\$14.72	3	NO
T	86778	ANTIBODY; TOXOPLASMA, IGM	11/1/2001	\$14.73	3	NO
T	86781	ANTIBODY; TREPONEMA PALLIDUM, CO	11/1/2001	\$13.54	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86784	ANTIBODY; TRICHINELLA	11/1/2001	\$12.85	3	NO
T	86787	ANTIBODY; VARICELLA-ZOSTER	11/1/2001	\$13.18	3	NO
T	86788	ANTIBODY; WEST NILE VIRUS, IGM	1/1/2007	\$17.42	3	NO
T	86789	ANTIBODY; WEST NILE VIRUS	1/1/2007	\$14.88	3	NO
T	86790	ANTIBODY; VIRUS, NOT ELSEWHERE S	11/1/2001	\$13.18	3	NO
T	86793	ANTIBODY; YERSINIA	11/1/2001	\$13.49	3	NO
T	86800	THYROGLOBULIN ANTIBODY	11/1/2001	\$16.27	3	NO
T	86803	HEPATITIS C ANTIBODY	11/1/2001	\$14.60	3	NO
T	86804	HEPATITIS C ANTIBODY; CONFIRMATO	11/1/2001	\$15.84	3	NO
T	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$53.47	3	NO
T	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL	11/1/2001	\$48.66	3	NO
T	86807	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$40.47	3	NO
T	86808	SERUM SCREENING FOR CYTOTOXIC PE	11/1/2001	\$30.35	3	NO
T	86812	HLA TYPING; A, B, OR C (EG, A10,	11/1/2001	\$26.39	3	NO
T	86813	HLA TYPING; A, B, OR C, MULTIPLE	11/1/2001	\$59.30	3	NO
T	86816	HLA TYPING; DR/DQ, SINGLE ANTIGE	11/1/2001	\$28.48	3	NO
T	86817	HLA TYPING; DR/DQ, MULTIPLE ANTI	11/1/2001	\$65.85	3	NO
T	86821	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$57.74	3	NO
T	86822	TISSUE TYPING; LYMPHOCYTE CULTUR	11/1/2001	\$37.38	3	NO
T	86849	UNLISTED IMMUNOLOGY PROCEDURE	10/1/2005	\$0.01	5	NO
T	86850	ANTIBODY SCREEN, RBC, EACH SERUM	7/1/1997	\$7.81	3	NO
T	86860	ANTIBODY ELUTION (RBC), EACH ELU	2/15/2000	\$32.48	3	NO
T	86870	ANTIBODY IDENTIFICATION, RBC ANT	10/1/2001	\$38.52	3	NO
T	86880	ANTI HUMAN GLOBULIN TEST (COOMBS	11/1/2001	\$5.49	3	NO
T	86885	ANTI HUMAN GLOBULIN TEST; INDIREC	11/1/2001	\$5.85	3	NO
T	86886	ANTI HUMAN GLOBULIN TEST; INDIREC	11/1/2001	\$5.29	3	NO
T	86890	AUTOLOGOUS BLOOD OR COMPONENT, C	10/1/2001	\$46.51	3	NO
T	86891	AUTOLOGOUS BLOOD OR COMPONENT, C	7/1/2006	NC	9	NO
T	86900	BLOOD TYPING; ABO	11/1/2001	\$3.05	3	NO
T	86901	BLOOD TYPING; RH (D)	10/1/2001	\$6.62	3	NO
T	86903	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.66	3	NO
T	86904	BLOOD TYPING; ANTIGEN SCREENING	11/1/2001	\$9.72	3	NO
T	86905	BLOOD TYPING; RBC ANTIGENS, OTHE	11/1/2001	\$3.91	3	NO
T	86906	BLOOD TYPING; RH PHENOTYPING, CO	11/1/2001	\$7.93	3	NO
T	86910	BLOOD TYPING, FOR PATERNITY TEST	2/22/1994	NC	9	NO
T	86911	BLOOD TYPING, FOR PATERNITY TEST	1/1/1994	NC	9	NO
T	86915	BONE MARROW, MODIFICATION OR TRE	7/1/2003	INVALID	N	NO
T	86920	COMPATIBILITY TEST EACH UNIT; IM	10/1/2001	\$58.92	3	NO
T	86921	COMPATIBILITY TEST EAH UNIT; INC	6/19/2006	\$58.92	3	NO
T	86922	COMPATIBILITY TEST EACH UNIT; AN	12/5/2005	\$58.92	3	NO
T	86923	COMPATIBILITY TEST EACH UNIT; EL	1/1/2006	\$0.01	5	NO
T	86927	FRESH FROZEN PLASMA, THAWING, EA	9/25/2006	\$29.46	3	NO
T	86930	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
T	86931	FROZEN BLOOD, EACH UNIT; THAWING	10/1/2005	\$0.01	5	NO
T	86932	FROZEN BLOOD, EACH UNIT; FREEZIN	10/1/2005	\$0.01	5	NO
T	86940	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$8.38	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	86941	HEMOLYSINS AND AGGLUTININS, AUTO	11/1/2001	\$12.38	3	NO
T	86945	IRRADIATION OF BLOOD PRODUCT, EA	3/23/2006	\$12.91	3	NO
T	86950	LEUKOCYTE TRANSFUSION	11/1/2000	\$0.01	5	NO
T	86960	VOLUME REDUCTION OF BLOOD OR BLO	1/1/2006	NC	9	NO
T	86965	POOLING OF PLATELETS OR OTHER BL	10/1/2001	\$27.35	3	NO
T	86970	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86971	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86972	PRETREATMENT OF RBC'S FOR USE IN	10/1/2005	\$0.01	5	NO
T	86975	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86976	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86977	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86978	PRETREATMENT OF SERUM FOR USE IN	10/1/2005	\$0.01	5	NO
T	86985	SPLITTING OF BLOOD OR BLOOD PROD	10/1/2005	\$0.01	5	NO
T	86999	UNLISTED TRANSFUSION MEDICINE PR	10/1/2005	\$0.01	5	NO
T	87001	ANIMAL INOCULATION SMALL ANIMAL	11/1/2001	\$13.52	3	NO
T	87003	ANIMAL INOCULATION SMALL ANIMAL;	11/1/2001	\$17.21	3	NO
T	87015	CONCENTRATION (ANY TYPE), FOR IN	11/1/2001	\$6.83	3	NO
T	87040	CULTURE, BACTERIAL; BLOOD, WITH	11/1/2001	\$10.56	3	NO
T	87045	CULTURE, BACTERIAL; FECES, W/ISO	11/1/2001	\$9.65	3	NO
T	87046	CULTURE, BACTERIAL; STOOL, AEROB	11/1/2001	\$2.41	3	NO
T	87070	CULTURE, BACTERIAL; ANY OTHER SO	11/1/2001	\$8.81	3	NO
T	87071	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
T	87073	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$4.82	3	NO
T	87075	CULTURE, BACTERIAL; ANY SOURCE,	11/1/2001	\$9.68	3	NO
T	87076	CULTURE, BACTERIAL; ANAEROBIC IS	11/1/2001	\$8.26	3	NO
T	87077	CULTURE, BACTERIAL; AEROBIC ISOL	11/1/2001	\$8.26	3	NO
T	87081	CULTURE, PRESUMPTIVE, PATHOGENIC	11/1/2001	\$6.78	3	NO
T	87084	CULTURE PRESUMPTIVE PATHOGENIC O	11/1/2001	\$8.81	3	NO
T	87086	CULTURE, BACTERIAL; QUANTITATIVE	11/1/2001	\$8.26	3	NO
T	87088	CULTURE, BACTERIAL; WITH ISOLATI	11/1/2001	\$8.27	3	NO
T	87101	CULTURE, FUNGI (MOLD OR YEAST) I	11/1/2001	\$7.89	3	NO
T	87102	CULTURE, FUNGI, ISOLATION; OTHER	11/1/2001	\$8.59	3	NO
T	87103	CULTURE, FUNGI, ISOLATION; BLOOD	11/1/2001	\$9.22	3	NO
T	87106	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
T	87107	CULTURE, FUNGI, DEFINITIVE IDENT	11/1/2001	\$8.95	3	NO
T	87109	CULTURE MYCOPLASMA ANY SOURCE	11/1/2001	\$15.73	3	NO
T	87110	CULTURE, CHLAMYDIA, ANY SOURCE	11/1/2001	\$20.04	3	NO
T	87116	CULTURE, TUBERCLE OR OTHER ACID-	11/1/2001	\$11.05	3	NO
T	87118	CULTURE, MYCOBACTERIA, DEFINITIV	11/1/2001	\$11.20	3	NO
T	87140	CULTURE, TYPING; IMMUNOFLUORESC	11/1/2001	\$5.71	3	NO
T	87143	CULTURE, TYPING; GAS LIQUID CHRO	11/1/2001	\$12.82	3	NO
T	87147	CULTURE, TYPING; IMMUNOLOGIC MET	11/1/2001	\$5.29	3	NO
T	87149	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$20.51	3	NO
T	87152	CULTURE, TYPING; IDENTIFICATION	11/1/2001	\$5.35	3	NO
T	87158	CULTURE TYPING; OTHER METHODS	11/1/2001	\$5.35	3	NO
T	87164	DARK FIELD EXAMINATION ANY SOURC	7/1/1997	\$14.74	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87166	DARK FIELD EXAMINATION ANY SOURC	11/1/2001	\$11.55	3	NO
T	87168	MACROSCOPIC EXAMINATION; ARTHROP	11/1/2001	\$4.37	3	NO
T	87169	MACROSCOPIC EXAMINATION; PARASIT	11/1/2001	\$4.37	3	NO
T	87172	PINWORM EXAM (EG, CELLOPHANE TAP	11/1/2001	\$4.37	3	NO
T	87176	HOMOGENIZATION, TISSUE, FOR CULT	11/1/2001	\$6.02	3	NO
T	87177	OVA AND PARASITES DIRECT SMEARS	11/1/2001	\$9.10	3	NO
T	87181	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
T	87184	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$7.05	3	NO
T	87185	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$0.86	3	NO
T	87186	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$8.84	3	NO
T	87187	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$10.60	3	NO
T	87188	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$6.79	3	NO
T	87190	SUSCEPTIBILITY STUDIES, ANTIMICR	11/1/2001	\$4.95	3	NO
T	87197	SERUM BACTERICIDAL TITER (SCHLIC	11/1/2001	\$12.27	3	NO
T	87205	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$4.37	3	NO
T	87206	SMEAR, PRIMARY SOURCE WITH INTER	11/1/2001	\$5.49	3	NO
T	87207	SMEAR, PRIMARY SOURCE WITH INTER	7/1/1997	\$7.58	3	NO
T	87209	SMEAR, PRIMARY SOURCE W/INTERPRE	1/1/2006	\$18.58	3	NO
T	87210	SMEAR, PRIMARY SOURCE WIHT INTER	11/1/2001	\$4.37	3	NO
T	87220	TISSUE EXAMINATION BY KOH SLIDE	11/1/2001	\$4.37	3	NO
T	87230	TOXIN FOE ANTITOXIN ASSAY, TISSU	11/1/2001	\$20.19	3	NO
T	87250	VIRUS ISOLATION; INOCULATION OF	11/1/2001	\$19.99	3	NO
T	87252	VIRUS ISOLATION; TISSUE CULTURE	11/1/2001	\$24.54	3	NO
T	87253	VIRUS ISOLATION; TISSUE CULTURE,	11/1/2001	\$20.65	3	NO
T	87254	VIRUS ISOLATION; CENTRIFUGE ENHA	11/1/2001	\$5.00	3	NO
T	87255	VIRUS ISOLATION; INCLUDING IDENT	1/1/2003	\$35.01	3	NO
T	87260	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87265	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87267	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
T	87269	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
T	87270	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87271	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2003	\$12.40	3	NO
T	87272	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87273	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87274	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87275	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87276	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87277	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87278	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87279	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87280	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87281	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87283	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87285	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87290	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87299	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87300	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
T	87301	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87305	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2007	\$12.40	3	NO
T	87320	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87324	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87327	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87328	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87329	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2004	\$12.40	3	NO
T	87332	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87335	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87336	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87337	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87338	HELICOBACTER PYLORI, STOOL	1/15/2007	\$12.40	3	NO
T	87339	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87340	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
T	87341	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$10.56	3	NO
T	87350	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$11.78	3	NO
T	87380	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$16.79	3	NO
T	87385	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87390	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
T	87391	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$18.04	3	NO
T	87400	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$6.13	3	NO
T	87420	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87425	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87427	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87430	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87449	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$12.27	3	NO
T	87450	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
T	87451	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$9.81	3	NO
T	87470	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87471	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87472	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87475	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87476	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87477	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87480	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87481	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87482	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87485	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87486	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87487	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87490	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87491	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87492	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.75	3	NO
T	87495	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87496	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87497	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87498	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
T	87510	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87511	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87512	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87515	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87516	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87517	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87520	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87521	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87522	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87525	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87526	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87527	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87528	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87529	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87530	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87531	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87532	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87533	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87534	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87535	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87536	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$87.02	3	NO
T	87537	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87538	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87539	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87540	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87541	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87542	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87550	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87551	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87552	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87555	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87556	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87557	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87560	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87561	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87562	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87580	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87581	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87582	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87590	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87591	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87592	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$43.81	3	NO
T	87620	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87621	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	87622	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87640	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
T	87641	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
T	87650	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$20.51	3	NO
T	87651	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$35.89	3	NO
T	87652	INFECTIOUS AGENT ANTIGEN DETECTI	11/1/2001	\$42.69	3	NO
T	87653	INFECTIOUS AGENT DETECTION BY NU	1/1/2007	\$36.29	3	NO
T	87660	INFECTIOUS AGENT DETECTION BY NU	1/1/2004	\$20.73	3	NO
T	87797	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
T	87798	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
T	87799	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$0.01	5	NO
T	87800	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$20.51	3	NO
T	87801	INFECTIOUS AGENT DETECTION BY NU	11/1/2001	\$35.89	3	NO
T	87802	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87803	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87804	INFECTIOUS AGENT ANTIGEN DETECTI	12/1/2002	\$12.27	3	NO
T	87807	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2005	\$12.40	3	NO
T	87808	INFECTIOUS AGENT ANTIGEN DETECTI	1/1/2007	NC	9	NO
T	87810	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87850	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87880	INFECTIOUS AGENT DETECTION BY IM	11/1/2001	\$12.27	3	NO
T	87899	INFECTIOUS AGENT DETECTION BY IM	8/1/2003	\$12.27	3	NO
T	87900	INFECTIOUS AGENT DRUG SUSCEPTIBI	1/1/2006	\$124.02	3	NO
T	87901	INFECTIOUS AGENT GENOTYPE ANALYS	11/1/2001	\$263.28	3	NO
T	87902	INFECTIOUS AGENT GENOTYPE ANALYS	12/1/2002	\$263.28	3	NO
T	87903	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$499.71	3	NO
T	87904	INFECTIOUS AGENT PHENOTYPE ANALY	11/1/2001	\$24.54	3	NO
T	87999	UNLISTED MICROBIOLOGY PROCEDURE	10/1/2001	\$0.01	5	NO
T	88000	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88005	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88007	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88012	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88014	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88016	NECROPSY (AUTOPSY) GROSS EXAMINA	4/1/1982	NC	9	NO
T	88020	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88025	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88027	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88028	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88029	NECROPSY (AUTOPSY) GROSS AND MIC	4/1/1982	NC	9	NO
T	88036	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
T	88037	NECROPSY (AUTOPSY) LIMITED GROSS	4/1/1982	NC	9	NO
T	88040	NECROPSY (AUTOPSY) FORENSIC EXAM	4/1/1982	NC	9	NO
T	88045	NECROPSY (AUTOPSY); CORONER'S CA	4/1/1982	NC	9	NO
T	88099	UNLISTED NECROPSY (AUTOPSY) PROC	4/1/1982	NC	9	NO
T	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS	1/1/2008	\$19.62	3	NO
T	88106	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$31.99	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88107	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$36.83	3	NO
T	88108	CYTOPATHOLOGY FLUIDS WASHINGS OR	1/1/2008	\$28.76	3	NO
T	88112	CYTOPATHOLOGY, SELECTIVE CELLULA	1/1/2008	\$37.90	3	NO
T	88125	CYTOPATHOLOGY, FERENSIC, (EG, SP	1/1/1989	NC	9	NO
T	88130	SEX CHROMATIN IDENTIFICATION BAR	10/1/2001	\$21.69	3	NO
T	88140	SEX CHROMATIN IDENTIFICATION; PE	11/1/2001	\$8.18	3	NO
T	88141	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2008	\$17.47	3	NO
T	88142	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
T	88143	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$20.95	3	NO
T	88144	CYTOPATHOLOGY, CERVICAL OR VAGIN	7/1/2003	INVALID	N	NO
T	88145	CYTOPATHOLOGY, CERVICAL OR VAGIN	7/1/2003	INVALID	N	NO
T	88147	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$14.76	3	NO
T	88148	CYTOPATHOLOGY SMEARS, CERVICAL O	1/1/2003	\$20.95	3	NO
T	88150	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
T	88152	CYTOPATHOLOGY, SMEARS, CERVICAL	1/1/2003	\$14.76	3	NO
T	88153	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88154	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88155	CYTOPATHOLOGY SMEARS WITH DEFINI	1/1/2003	\$6.19	3	NO
T	88160	CYTOPATHOLOGY, SMEARS, ANY OTHER	1/1/2008	\$18.28	3	NO
T	88161	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$21.77	3	NO
T	88162	CYTOPATHOLOGY ANY OTHER SOURCE;	1/1/2008	\$20.97	3	NO
T	88164	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88165	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88166	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88167	CYTOPATHOLOGY, SLIDES, CERVICAL	1/1/2003	\$14.76	3	NO
T	88170	FINE NEEDLE ASPIRATION; SUPERFIC	4/1/2002	INVALID	N	NO
T	88171	FINE NEEDLE ASPIRATION WITH OR W	4/1/2002	INVALID	N	NO
T	88172	CYTOPATHOLOGY, EVALUATION OF FIN	1/1/2008	\$14.52	3	NO
T	88173	EVALUATION OF FINE NEEDLE ASPIRA	1/1/2008	\$44.62	3	NO
T	88174	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$22.13	3	NO
T	88175	CYTOPATHOLOGY, CERVICAL OR VAGIN	1/1/2003	\$30.17	3	NO
T	88180	FLOW CYTOMETRY; EACH CELL SURFAC	1/1/2005	INVALID	N	NO
T	88182	FLOW CYTOMETRY; CELL CYCLE OR DN	1/1/2008	\$46.50	3	NO
T	88184	FLOW CYTOMETRY, CELL SURFACE, CY	1/1/2008	\$43.55	3	NO
T	88185	FLOW CYTOMETRY, CELL SURFACE, CY	1/1/2008	\$23.39	3	NO
T	88187	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$48.65	3	NO
T	88188	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$60.21	3	NO
T	88189	FLOW CYTOMETRY, INTERPRETATION;	1/1/2008	\$78.49	3	NO
T	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	12/1/1999	\$0.01	5	NO
T	88230	TISSUE CULTURE FOR CHROMOSOME A	11/1/2001	\$78.53	3	NO
T	88233	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$143.92	3	NO
T	88235	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$82.15	3	NO
T	88237	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$129.17	3	NO
T	88239	TISSUE CULTURE FOR CHROMOSOME AN	11/1/2001	\$144.43	3	NO
T	88240	CRYOPRESERVATION, FREEZING AND S	11/1/2001	\$10.33	3	NO
T	88241	THAWING AND EXPANSION OF FROZEN	11/1/2001	\$10.33	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88245	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$152.23	3	NO
T	88248	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
T	88249	CHROMOSOME ANALYSIS FOR BREAKAGE	11/1/2001	\$177.10	3	NO
T	88261	CHROMOSOME ANALYSIS; COUNT 5 CEL	11/1/2001	\$180.74	3	NO
T	88262	CHROMOSOME ANALYSIS; COUNT 15-20	11/1/2001	\$127.47	3	NO
T	88263	CHROMOSOME ANALYSIS; COUNT 45 CE	11/1/2001	\$153.68	3	NO
T	88264	CHROMOSOME ANALYSIS; ANALYZE 20	11/1/2001	\$127.47	3	NO
T	88267	CHROMOSOME ANALYSIS, AMNIOTIC FL	11/1/2001	\$183.85	3	NO
T	88269	CHROMOSOME ANALYSIS IN SITU FOR	11/1/2001	\$170.09	3	NO
T	88271	MOLECULAR CYTOGENETICS; DNA PROB	11/1/2001	\$21.90	3	NO
T	88272	MOLECULAR CYTOGENETICS; CHROMOSO	11/1/2001	\$27.38	3	NO
T	88273	MOLECULAR CYTOGENETICA; CHROMOSO	11/1/2001	\$32.86	3	NO
T	88274	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$35.59	3	NO
T	88275	MOLECULAR CYTOGENETICS; INTERPHA	11/1/2001	\$41.07	3	NO
T	88280	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$25.66	3	NO
T	88283	CHROMESOME ANALYSIS; ADDITIONAL	11/1/2001	\$70.14	3	NO
T	88285	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$19.43	3	NO
T	88289	CHROMOSOME ANALYSIS; ADDITIONAL	11/1/2001	\$22.57	3	NO
T	88291	CYTOGENETICS AND MOLECULAR CYTOG	1/1/2008	\$19.89	3	NO
T	88299	UNLISTED CYTOGENETIC STUDY	12/1/1999	\$0.01	5	NO
T	88300	LEVEL I - SURGICAL PATHOLOGY, GR	1/1/2008	\$12.63	3	NO
T	88302	LEVEL II - SURGICAL PATHOLOGY, G	1/1/2008	\$28.49	3	NO
T	88304	LEVEL III - SURGICAL PATHOLOGY,	1/1/2008	\$35.21	3	NO
T	88305	LEVEL IV - SURGICAL PATHOLOGY, G	1/1/2008	\$45.96	3	NO
T	88307	LEVEL V - SURGICAL PATHOLOGY, GR	1/1/2008	\$78.22	3	NO
T	88309	LEVEL VI - SURGICAL PATHOLOGY, G	1/1/2008	\$106.98	3	NO
T	88311	DECALCIFICATION PROCEDURE (LIST	1/1/2008	\$4.03	3	NO
T	88312	SPECIAL STAINS (LIST SEPARATELY	1/1/2008	\$41.93	3	NO
T	88313	SPECIAL STAINS GROUP II ALL OTHE	1/1/2008	\$36.02	3	NO
T	88314	SPECIAL STAINS HISTOCHEMICAL STA	1/1/2008	\$50.53	3	NO
T	88318	DETERMINATIVE HISTOCHEMISTRY TO	1/1/2008	\$48.92	3	NO
T	88319	DETERMINATIVE HISTOCHEMISTRY OR	1/1/2008	\$85.48	3	NO
T	88323	CONSULTATION AND REPORT ON REFER	1/1/2008	\$36.56	3	NO
T	88331	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$18.82	3	NO
T	88332	CONSULTATION DURING SURGERY; EAC	1/1/2008	\$6.72	3	NO
T	88333	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$18.82	3	NO
T	88334	PATHOLOGY CONSULTATION DURING SU	1/1/2008	\$11.29	3	NO
T	88342	IMMUNOCYTOCHEMISTRY (INCLUDING T	1/1/2008	\$34.68	3	NO
T	88346	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$36.56	3	NO
T	88347	IMMUNOFLUORESCENT STUDY, EACH AN	1/1/2008	\$26.61	3	NO
T	88348	ELECTRON MICROSCOPY DIAGNOSTIC	1/1/2008	\$294.87	3	NO
T	88349	SCANNING	1/1/2008	\$124.72	3	NO
T	88355	MORPHOMETRIC ANALYSIS SKELETAL M	1/1/2008	\$182.25	3	NO
T	88356	MORPHOMETRIC ANALYSIS NERVE	1/1/2008	\$99.99	3	NO
T	88358	MORPHOMETRIC ANALYSIS; TUMOR	1/1/2008	\$17.20	3	NO
T	88360	MORPHOMETRIC ANALYSIS, TUMOR IMM	1/1/2008	\$39.51	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	88361	MORPHOMETRIC ANALYSIS; TUMOR IMM	1/1/2008	\$69.35	3	NO
T	88362	NERVE TEASING PREPARATIONS	1/1/2008	\$108.86	3	NO
T	88365	IN SITU HYBRIDIZATION (EG, FISH)	1/1/2008	\$51.07	3	NO
T	88367	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$105.10	3	NO
T	88368	MORPHOMETRIC ANALYSIS, IN SITU H	1/1/2008	\$67.74	3	NO
T	88371	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$30.44	3	NO
T	88372	PROTEIN ANALYSIS OF TISSUE BY WE	7/1/1997	\$31.04	3	NO
T	88381	MICRODISSECTION (IE, SIMPLE PREP	1/1/2008	\$112.51	3	NO
T	88384	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
T	88385	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
T	88386	ARRAY-BASED EVALUATION OF MULTIP	11/1/2006	NC	9	NO
T	88399	UNLISTED SURGICAL PATHOLOGY PROC	10/1/2001	\$0.01	5	NO
T	88400	BILIRUBIN, TOTAL, TRANSCUTANEOUS	11/1/2001	\$2.57	3	NO
T	89049	CAFFEINE HALOTHANE CONTRACTURE T	1/1/2006	\$130.27	3	NO
T	89050	CELL COUNT, MISCELLANEOUS BODY F	11/1/2001	\$4.83	3	NO
T	89051	CELL COUNT MISCELLANEOUS BODY FL	11/1/2001	\$5.63	3	NO
T	89055	LEUKOCYTE COUNT, FECAL	1/1/2003	\$4.41	3	NO
T	89100	DUODENAL INTUBATION AND ASPIRATI	1/1/2008	\$113.16	3	NO
T	89105	DUODENAL INTUBATION AND ASPIRATI	1/1/2008	\$109.67	3	NO
T	89125	FAT STAIN, FECES, URINE, OR RESP	11/1/2001	\$2.95	3	NO
T	89130	GASTRIC INTUBATION AND ASPIRATIO	1/1/2008	\$93.81	3	NO
T	89132	GASTRIC INTUBATION AND ASPIRATIO	1/1/2008	\$80.10	3	NO
T	89135	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$119.88	3	NO
T	89136	GASTRIC INTUBATION ASPIRATIO;N A	1/1/2008	\$87.90	3	NO
T	89140	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$113.70	3	NO
T	89141	GASTRIC INTUBATION ASPIRATION AN	1/1/2008	\$115.85	3	NO
T	89160	MEAT FIBERS FECES	11/1/2001	\$3.77	3	NO
T	89190	NASAL SMEAR FOR EOSINOPHILS	11/1/2001	\$4.85	3	NO
T	89220	SPUTUM, OBTAINING SPECIMEN, AERO	1/1/2008	\$11.56	3	NO
T	89225	STARCH GRANULES, FECES	1/1/2004	\$2.97	3	NO
T	89230	SWEAT COLLECTION BY IONTOPHORESI	1/1/2008	\$3.23	3	NO
T	89235	WATER LOAD TEST	1/1/2004	NC	9	NO
T	89240	UNLISTED MISCELLANEOUS PATHOLOGY	1/1/2004	NC	9	NO
T	89250	CULTURE AND FERTILIZATION OF OOC	1/1/1996	NC	9	NO
T	89251	CULTURE AND FERTILIZATION OF OOC	1/1/1998	NC	9	NO
T	89252	ASSISTED OOCYTE FERTILIZATION, M	4/1/2004	INVALID	N	NO
T	89253	ASSISTED EMBRYO HATCHING, MICROT	1/1/1998	NC	9	NO
T	89254	OOCYTE IDENTIFICATION FROM FOLLI	1/1/1998	NC	9	NO
T	89255	PREPARATION OF EMBRYO FOR TRANSF	1/1/1998	NC	9	NO
T	89256	PREPARATION OF CRYOPRESERVED EMB	4/1/2004	INVALID	N	NO
T	89257	SPERM IDENTIFICATION FROM ASPIRA	1/1/1998	NC	9	NO
T	89258	CRYOPRESERVATION; EMBRYO	1/1/1998	NC	9	NO
T	89259	CRYOPRESERVATION; SPERM	1/1/1998	NC	9	NO
T	89260	SPERM ISOLATION; SIMPLE PREP FOR	1/1/1998	NC	9	NO
T	89261	SPERM ISOLATION; COMPLEX PREP FO	1/1/1998	NC	9	NO
T	89264	SPERM IDENTIFICATION FROM TESTS	1/1/1999	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	89268	INSEMINATION OF OOCYTES	1/1/2004	NC	9	NO
T	89272	EXTENDED CULTURE OF OOCYTE(S)/EM	1/1/2004	NC	9	NO
T	89280	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
T	89281	ASSISTED OOCYTE FERTILIZATION, M	1/1/2004	NC	9	NO
T	89290	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
T	89291	BIOPSY, OOCYTE POLAR BODY OR EMB	1/1/2004	NC	9	NO
T	89300	SEMEN ANALYSIS PRESENCE AND/OR M	12/7/1993	NC	9	NO
T	89310	SEMEN ANALYSIS; MOTILITY AND COU	4/1/1982	NC	9	NO
T	89320	SEMEN ANALYSIS; VOLUME, COUNT, M	4/1/1982	NC	9	NO
T	89321	SEMEN ANALYSIS; SPERM PRESENCE A	1/1/2001	NC	9	NO
T	89322	SEMEN ANALYSIS; VOLUME, COUNT, M	1/1/2008	NC	9	NO
T	89325	SPERM ANTIBODIES	4/1/1982	NC	9	NO
T	89329	SPERM EVALUATION HAMSTER PENETRA	3/1/1987	NC	9	NO
T	89330	SPERM EVALUATION CERVICAL MUCUS	8/1/1986	NC	9	NO
T	89331	SPERM EVALUATION, FOR RETROGRADE	1/1/2008	NC	9	NO
T	89335	CRYOPRESERVATION, REPRODUCTIVE T	1/1/2004	NC	9	NO
T	89342	STORAGE, (PER YEAR); EMBRYO(S)	1/1/2004	NC	9	NO
T	89343	STORAGE, (PER YEAR); SPERM/SEMEN	1/1/2004	NC	9	NO
T	89344	STORAGE, (PER YEAR); REPRODUCTIV	1/1/2004	NC	9	NO
T	89346	STORAGE, (PER YEAR); OOCYTE(S)	1/1/2004	NC	9	NO
T	89350	SPUTUM OBTAINING SPECIMEN AEROSO	4/1/2004	INVALID	N	NO
T	89352	THAWING OF CRYOPRESERVED; EMBRYO	1/1/2004	NC	9	NO
T	89353	THAWING OF CRYOPRESERVED; SPERM/	1/1/2004	NC	9	NO
T	89354	THAWING OF CRYOPRESERVED; REPROD	1/1/2004	NC	9	NO
T	89355	STARCH GRANULES FECES	4/1/2004	INVALID	N	NO
T	89356	THAWING OF CRYOPRESERVED; OOCYTE	1/1/2004	NC	9	NO
T	89360	SWEAT COLLECTION BY IONTOPHORESIS	4/1/2004	INVALID	N	NO
T	89365	WATER LOAD TEST	4/1/2004	INVALID	N	NO
T	89399	UNLISTED MISCELLANEOUS PATHOLOGY	4/1/2004	INVALID	N	NO
T	90701	IMMUNIZATION, ACTIVE; DIPHTHERIA	1/1/2007	NC	9	NO
T	90709	IMMUNIZATION, ACTIVE; RUBELLA &	7/1/2003	INVALID	N	NO
T	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	1/1/2001	NC	9	NO
T	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
T	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
T	90862	PHARMACOLOGIC MANAGEMENT; CLOZAR	1/1/2008	\$18.72	3	NO
T	91000	ESOPHAGEAL INTUBATION AND COLLEC	1/1/2008	\$15.05	3	NO
T	91010	ESOPHAGEAL MOTILITY STUDY	1/1/2008	\$102.41	3	NO
T	91011	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$127.14	3	NO
T	91012	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$139.78	3	NO
T	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	1/1/2008	\$110.75	3	NO
T	91022	DUODENAL MOTILITY (MANOMETRIC) S	4/1/2006	NC	9	NO
T	91030	ESOPHAGUS ACID PERFUSION (BERNST	1/1/2008	\$59.67	3	NO
T	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
T	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
T	91034	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$125.26	3	NO
T	91035	ESOPHAGUS, GASTROESOPHAGEAL REFL	1/1/2008	\$279.01	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	91037	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
T	91038	ESOPHAGEAL FUNCTION TEST, GASTRO	4/1/2005	NC	9	NO
T	91040	ESOPHAGEAL BALLOON DISTENSION PR	4/1/2005	NC	9	NO
T	91052	GASTRIC ANALYSIS TEST WITH INJEC	1/1/2008	\$61.82	3	NO
T	91055	GASTRIC INTUBATION WASHINGS AND	1/1/2008	\$68.81	3	NO
T	91060	GASTRIC SALINE LOAD TEST	1/1/2007	INVALID	N	NO
T	91065	BREATH HYDROGEN TEST (EG, FOR DE	1/1/2008	\$36.83	3	NO
T	91110	GASTROINTESTINAL TRACT IMAGING,	1/1/2008	\$549.70	3	NO
T	91120	RECTAL SENSATION, TONE, AND COMP	4/1/2006	NC	9	NO
T	91122	ANORECTAL MANOMETRY	1/1/2008	\$114.51	3	NO
T	91299	UNLISTED DIAGNOSTIC GASTROENTERO	9/1/1993	\$0.01	5	NO
T	92025	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	\$8.87	3	NO
T	92060	SENSORIMOTOR EXAM W/MULTIPLE MEA	1/1/2008	\$12.90	3	NO
T	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINI	1/1/2008	\$13.17	3	NO
T	92081	VISUAL FIELD EXAM, UNILATERAL OR	1/1/2008	\$22.04	3	NO
T	92082	VISUAL FIELD EXAM,UNILATERAL OR	1/1/2008	\$29.30	3	NO
T	92083	VISUAL FIELD EXAM,UNILATERAL OR	1/1/2008	\$33.87	3	NO
T	92135	SCANNING COMPUTERIZED OPHTHALMIC	1/1/2008	\$17.74	3	NO
T	92136	OPHTHALMIC BIOMETRY BY PARTIAL C	1/1/2008	\$38.71	3	NO
T	92235	OPHTHALMOSCOPY WITH MEDICAL DIAG	1/1/2008	\$60.21	3	NO
T	92240	INDOCYNAINE-GREEN ANGIOGRAPHY (I	1/1/2008	\$141.93	3	NO
T	92250	FUNDUS PHOTOGRAPHY WITH INTERPRE	1/1/2008	\$35.21	3	NO
T	92265	OCULOELECTROMYOGRAPHY ONE OR MOR	1/1/2008	\$30.11	3	NO
T	92270	ELECTRO-OCULOGRAPHY WITH MEDICAL	1/1/2008	\$32.52	3	NO
T	92275	ELECTRORETINOGRAPHY WITH MEDICAL	1/1/2008	\$45.16	3	NO
T	92283	COLOR VISION EXAMINATION EXTENDE	1/1/2008	\$22.31	3	NO
T	92284	DARK ADAPTATION EXAMINATION WITH	1/1/2008	\$44.35	3	NO
T	92285	EXTERNAL OCULAR PHOTOGRAPHY W/IN	1/1/2008	\$23.39	3	NO
T	92286	SPECIAL ANTERIOR SEGMENT PHOTOGR	1/1/2008	\$69.08	3	NO
T	92499	UNLISTED OPHTHALMOLOGICAL SERVIC	9/21/1993	\$0.01	5	NO
T	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	1/1/2008	\$24.19	3	NO
T	92542	POSITIONAL NYSTAGMUS TEST MINIMU	1/1/2008	\$27.96	3	NO
T	92543	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$14.78	3	NO
T	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	1/1/2008	\$22.58	3	NO
T	92545	OSCILLATING TRACKING TEST WITH R	1/1/2008	\$20.70	3	NO
T	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	1/1/2008	\$49.46	3	NO
T	92548	COMPUTERIZED DYNAMIC POSTUROGRAP	1/1/2008	\$53.76	3	NO
T	92585	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$52.95	3	NO
T	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	1/1/2008	\$33.33	3	NO
T	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	1/1/2008	\$39.24	3	NO
T	92599	UNLISTED OTORHYINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
T	92978	INTRAVASCULAR ULTRASOUND DURING	1/1/2008	\$124.82	3	NO
T	92979	INTERVASCULAR ULTRASOUND DURING	1/1/2008	\$63.06	3	NO
T	93024	ERGONOVINE PROVOCATION TEST	1/1/2008	\$37.09	3	NO
T	93025	MICROVOLT T-WAVE ALTERNANS FOR A	1/1/2008	\$173.91	3	NO
T	93278	SIGNAL-AVERAGED ELECTROCARDIOGRA	1/1/2008	\$29.57	3	NO



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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
T	93303	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$111.01	3	NO
T	93304	TRANSTHORACIC ECHOCARDIOGRAPHY F	1/1/2008	\$61.82	3	NO
T	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$106.18	3	NO
T	93308	ECHOCARDIOGRAPHY, REAL-TIME W/IM	1/1/2008	\$58.33	3	NO
T	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	1/1/2008	\$127.68	3	NO
T	93314	ECHOCARDIOGRAPHY, REAL TIME WITH	1/1/2008	\$128.49	3	NO
T	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$103.80	3	NO
T	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2008	\$103.80	3	NO
T	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEA	10/1/2002	\$0.01	5	NO
T	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$47.85	3	NO
T	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED	1/1/2008	\$28.22	3	NO
T	93325	DOPPLER COLOR FLOW VELOCITY MAPP	1/1/2008	\$68.28	3	NO
T	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC,	1/1/2008	\$68.01	3	NO
T	93501	RIGHT HEART CATHETERIZATION	1/1/2008	\$467.10	3	NO
T	93505	ENDOMYOCARDIAL BIOPSY	1/1/2008	\$55.79	3	NO
T	93508	CATHETER PLACEMENT IN CORONARY A	1/1/2008	\$344.88	3	NO
T	93510	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$1,021.65	3	NO
T	93511	LEFT HEART CATHETERIZATION RETRO	1/1/2008	\$994.14	3	NO
T	93514	LEFT HEART CATHETERIZATION BY LE	1/1/2008	\$991.55	3	NO
T	93524	COMBINED TRANSSEPTAL AND RETROGR	1/1/2008	\$1,299.84	3	NO
T	93526	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,335.65	3	NO
T	93527	COMBINED RT HEART CATH & TRANSSE	1/1/2008	\$1,299.84	3	NO
T	93528	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,299.84	3	NO
T	93529	COMBINED RIGHT HEART CATH/LEFT H	1/1/2008	\$1,299.84	3	NO
T	93530	RIGHT HEART CATHETERIZATION, FOR	1/1/2008	\$467.10	3	NO
T	93531	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,335.65	3	NO
T	93532	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,295.68	3	NO
T	93533	COMBINED RIGHT HEART CATHETERIZA	1/1/2008	\$1,295.68	3	NO
T	93555	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$172.05	3	NO
T	93556	IMAGING SUPERVISION, INTERPRETAT	1/1/2008	\$270.66	3	NO
T	93561	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$15.05	3	NO
T	93562	INDICATOR DILUTION STUDIES SUCH	1/1/2008	\$9.34	3	NO
T	93571	INTRAVASCULAR DOPPLER VELOCITY A	1/1/2008	\$124.82	3	NO
T	93572	INTRAVASCULAR DOPPLER VELOCITY A	1/1/2008	\$62.80	3	NO
T	93600	BUNDLE OF HIS RECORDING	1/1/2008	\$54.24	3	NO
T	93602	INTRA-ATRIAL RECORDING	1/1/2008	\$30.62	3	NO
T	93603	RIGHT VENTRICULAR RECORDING	1/1/2008	\$46.45	3	NO
T	93607	LEFT VENTRICULAR RECORDING	4/1/2002	INVALID	N	NO
T	93609	INTRAVENTRICULAR AND/OR INTRA-AT	1/1/2008	\$75.26	3	NO
T	93610	INTRA-ATRIAL PACING	1/1/2008	\$37.63	3	NO
T	93612	INTRAVENTRICULAR PACING	1/1/2008	\$44.63	3	NO
T	93613	INTRACARDIAC ELECTROPHYSIOLOGIC	1/1/2008	\$265.99	3	NO
T	93615	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$8.82	3	NO
T	93616	ESOPHAGEAL RECORDING OF ATRIAL E	1/1/2008	\$8.82	3	NO
T	93618	INDUCTION OF ARRHYTHMIA BY ELECT	1/1/2008	\$109.25	3	NO
T	93619	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/2008	\$212.53	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	93620	COMP ELECTROPHYSIOLOGIC EVAL INC	1/1/2008	\$240.61	3	NO
T	93621	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/1992	\$0.01	5	NO
T	93622	COMP ELECTROPHYSIOLOGIC EVAL W/R	1/1/1992	\$0.01	5	NO
T	93623	PROGRAMMED STIMULATION AND PACIN	1/1/2002	\$0.01	5	NO
T	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STU	1/1/2008	\$56.99	3	NO
T	93631	INTRA-OPERATIVE CARDIAC PACING A	1/1/2008	\$175.68	3	NO
T	93640	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$197.48	3	NO
T	93641	ELECTROPHYSIOLOGIC EVAL OF SINGL	1/1/2008	\$197.48	3	NO
T	93642	ELECTROPHYSIOLOGIC EVALUATION OF	1/1/2008	\$187.89	3	NO
T	93660	EVALUATION OF CARDIOVASCULAR FUN	1/1/2008	\$48.12	3	NO
T	93662	INTRACARDIAC ECHOCARDIOGRAPHY DU	10/1/2002	\$0.01	5	NO
T	93701	BIOIMPEDANCE, THORACIC, ELECTRIC	1/1/2008	\$22.85	3	NO
T	93721	PLETHYSMOGRAPHY TOTAL BODY TRACI	1/1/2008	\$23.65	3	NO
T	93724	ELECTRONIC ANALYSIS OF ANTITACHY	1/1/2008	\$92.47	3	NO
T	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$14.78	3	NO
T	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$15.86	3	NO
T	93733	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$22.04	3	NO
T	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	7/1/1991	\$8.83	3	NO
T	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$13.71	3	NO
T	93736	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$19.89	3	NO
T	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
T	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
T	93740	TEMPERATURE GRADIENT STUDIES	1/1/2008	\$3.23	3	NO
T	93741	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$18.55	3	NO
T	93742	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$19.08	3	NO
T	93743	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$20.16	3	NO
T	93744	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$19.35	3	NO
T	93745	INITIAL SET-UP AND PROGRAMMING B	1/1/2005	\$0.01	5	NO
T	93760	THERMOGRAM CEPHALIC	1/1/2008	\$32.48	3	NO
T	93762	THERMOGRAM; PERIPHERAL	1/1/2008	\$42.05	3	NO
T	93770	DETERMINATION OF VENOUS PRESSURE	1/1/2008	\$0.81	3	NO
T	93799	UNLISTED CARDIOVASCULAR SERVICE	3/29/1993	\$0.01	5	NO
T	93875	NON-INVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$64.78	3	NO
T	93880	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$156.44	3	NO
T	93882	DUPLEX SCAN OF EXTRACRANIAL ARTE	1/1/2008	\$99.99	3	NO
T	93886	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$183.05	3	NO
T	93888	TRANSCRANIAL DOPPLER STUDY OF TH	1/1/2008	\$118.54	3	NO
T	93890	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
T	93892	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
T	93893	TRANSCRANIAL DOPPLER STUDY OF TH	4/1/2005	NC	9	NO
T	93922	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$76.07	3	NO
T	93923	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$114.24	3	NO
T	93924	NONINVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$137.89	3	NO
T	93925	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$193.54	3	NO
T	93926	DUPLEX SCAN OF LOWER EXTREMITY A	1/1/2008	\$118.54	3	NO
T	93930	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$154.56	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	93931	DUPLEX SCAN OF UPPER EXTREMITY A	1/1/2008	\$101.61	3	NO
T	93965	NON-INVASIVE PHYSIOLOGIC STUDIES	1/1/2008	\$76.07	3	NO
T	93970	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$151.07	3	NO
T	93971	DUPLEX SCAN OF EXTREMITY VEINS I	1/1/2008	\$101.88	3	NO
T	93975	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$204.56	3	NO
T	93976	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$113.97	3	NO
T	93978	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$134.40	3	NO
T	93979	DUPLEX SCAN OF AORTA, INFERIOR V	1/1/2008	\$95.42	3	NO
T	93980	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$78.76	3	NO
T	93981	DUPLEX SCAN OF ARTERIAL INFLOW A	1/1/2008	\$80.91	3	NO
T	93990	DUPLEX SCAN OF HEMODIALYSIS ACCE	1/1/2008	\$119.08	3	NO
T	94010	SPIROMETRY INCLUDING GRAPHIC REC	1/1/2008	\$17.74	3	NO
T	94060	BRONCHOSPASM EVALUATION SPIROMET	1/1/2008	\$29.57	3	NO
T	94070	PROLONGED POSTEXPOSURE EVALUATIO	1/1/2008	\$21.24	3	NO
T	94150	VITAL CAPACITY TOTAL (SEPARATE P	1/1/2008	\$12.36	3	NO
T	94200	MAXIMUM BREATHING CAPACITY MAXIM	1/1/2008	\$11.83	3	NO
T	94240	FUNCTIONAL RESIDUAL CAPACITY OR	1/1/2008	\$18.01	3	NO
T	94250	EXPIRED GAS COLLECTION QUANTITAT	1/1/2008	\$15.86	3	NO
T	94260	THORACIC GAS VOLUME	1/1/2008	\$16.93	3	NO
T	94350	DETERMINATION OF MALDISTRIBUTION	1/1/2008	\$18.55	3	NO
T	94360	DETERMINATION OF RESISTANCE TO A	1/1/2008	\$20.16	3	NO
T	94370	DETERMINATION OF AIRWAY CLOSING	1/1/2008	\$16.93	3	NO
T	94375	RESPIRATORY FLOW VOLUME LOOP	1/1/2008	\$15.05	3	NO
T	94400	BREATHING RESPONSE TO C02 (C02 R	1/1/2008	\$22.31	3	NO
T	94450	BREATHING RESPONSE TO HYPOXIA (H	1/1/2008	\$21.50	3	NO
T	94620	PULMONARY STRESS TESTING SIMPLE	1/1/2008	\$52.95	3	NO
T	94621	PULMONARY STRESS TESTING; COMPLE	1/1/2008	\$56.45	3	NO
T	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$44.35	3	NO
T	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$59.67	3	NO
T	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$47.58	3	NO
T	94720	CARBON MONOXIDE DIFFUSING CAPACI	1/1/2008	\$27.42	3	NO
T	94725	MEMBRANE DIFFUSION CAPACITY	1/1/2008	\$66.39	3	NO
T	94750	PULMONARY COMPLIANCE STUDY (EG,	1/1/2008	\$37.63	3	NO
T	94770	CARBON DIOXIDE EXPIRED GAS DETER	1/1/2008	\$21.24	3	NO
T	94772	CIRCADIAN RESPIRATORY PATTERN RE	1/1/2008	\$131.59	3	NO
T	94799	UNLISTED PULMONARY SERVICE OR PR	3/29/1993	\$0.01	5	NO
T	95805	MULTIPLE SLEEP LATENCY TESTING (	1/1/2008	\$387.61	3	NO
T	95806	SLEEP STUDY, SIMULTANEOUS RECORD	1/1/2008	\$87.09	3	NO
T	95807	SLEEP STUDY, 3 OR MORE PARAMETER	1/1/2008	\$315.30	3	NO
T	95808	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$358.58	3	NO
T	95810	POLYSOMNOGRAPHY; SLEEP STAGING W	1/1/2008	\$452.66	3	NO
T	95811	POLYSOMNOGRAPHY; OF SLEEP, ATTEN	1/1/2008	\$498.62	3	NO
T	95812	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$112.36	3	NO
T	95813	ELECTROENCEPHALOGRAM (EEG) EXTEN	1/1/2008	\$130.64	3	NO
T	95816	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$101.61	3	NO
T	95819	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$92.47	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	95822	ELECTROENCEPHALOGRAM (EEG); RECO	1/1/2008	\$121.77	3	NO
T	95827	ELECTROENCEPHALOGRAM (EEG); ALL	1/1/2008	\$124.99	3	NO
T	95829	ELECTROCORTICOGRAM AT SURGERY (S	1/1/2008	\$736.24	3	NO
T	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
T	95860	ELECTROMYOGRAPHY ONE EXTREMITY A	1/1/2008	\$26.34	3	NO
T	95861	ELECTROMYOGRAPHY; TWO EXTREMITIE	1/1/2008	\$24.19	3	NO
T	95863	ELECTROMYOGRAPHY; THREE EXTREMIT	1/1/2008	\$29.57	3	NO
T	95864	ELECTROMYOGRAPHY; FOUR EXTREMITI	1/1/2008	\$49.46	3	NO
T	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	1/1/2008	\$20.43	3	NO
T	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIA	1/1/2008	\$11.02	3	NO
T	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	1/1/2008	\$18.82	3	NO
T	95868	ELECTROMYOGRAPHY CRANIAL NERVE S	1/1/2008	\$22.58	3	NO
T	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	1/1/2008	\$10.75	3	NO
T	95870	NEEDLE ELECTROMYOGRAPHY; OTHER T	1/1/2008	\$10.75	3	NO
T	95872	NEEDLE ELECTROMYOGRAPHY USING SI	1/1/2008	\$18.55	3	NO
T	95873	ELECTRICAL STIMULATION FOR GUIDA	1/1/2008	\$10.21	3	NO
T	95874	NEEDLE ELECTROMYOGRAPHY FOR GUID	1/1/2008	\$10.21	3	NO
T	95875	ISCHEMIC LIMB EXERCISE TEST WITH	1/1/2008	\$27.96	3	NO
T	95900	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$27.69	3	NO
T	95903	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$25.00	3	NO
T	95904	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$24.46	3	NO
T	95920	INTRAOPERATIVE NEUROPHYSIOLOGY T	1/1/2008	\$35.75	3	NO
T	95921	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$14.25	3	NO
T	95922	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$17.47	3	NO
T	95923	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$44.62	3	NO
T	95925	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$39.78	3	NO
T	95926	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$38.71	3	NO
T	95927	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$39.24	3	NO
T	95930	VISUAL EVOKED POTENTIAL (VEP) TE	1/1/2008	\$59.40	3	NO
T	95933	ORBICULARIS OCULI (BLINK) REFLEX	1/1/2008	\$23.65	3	NO
T	95934	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$9.68	3	NO
T	95936	H-REFLEX, AMPLITUDE AND LATENCY	1/1/2008	\$7.80	3	NO
T	95937	NEUROMUSCULAR JUNCTION TESTING (	1/1/2008	\$12.10	3	NO
T	95950	MONITORING FOR IDENTIFICATION AN	1/1/2008	\$108.06	3	NO
T	95951	MONITORING FOR IDENTIFICATION OF	10/1/2004	\$0.01	5	NO
T	95953	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$181.17	3	NO
T	95954	PHARMACOLOGICAL OR PHYSICAL ACTI	1/1/2008	\$94.89	3	NO
T	95955	ELECTROENCEPHALOGRAM (EEG) DURIN	1/1/2008	\$60.75	3	NO
T	95956	MONITORING FOR LOCALIZATION OF C	1/1/2008	\$395.14	3	NO
T	95957	DIGITAL ANALYSIS OF ELECTROENCEP	1/1/2008	\$72.84	3	NO
T	95958	WADA ACTIVATION TEST FOR HEMISPH	1/1/2008	\$74.46	3	NO
T	95961	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$43.01	3	NO
T	95962	FUNCTIONAL CORTICAL MAPPING BY S	1/1/2008	\$37.09	3	NO
T	95966	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
T	95967	MAGNETOENCEPHALOGRAPHY (MEG), RE	1/1/2003	\$0.01	5	NO
T	96400	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	96401	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$41.93	3	NO
T	96402	CHEMOTHERAPY ADMINISTRATION, SUB	1/1/2008	\$30.64	3	NO
T	96405	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$87.63	3	NO
T	96406	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$105.10	3	NO
T	96408	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
T	96409	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$85.48	3	NO
T	96410	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
T	96411	CHEMOTHERAPY ADMINISTRATION; INT	1/1/2008	\$49.46	3	NO
T	96412	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2006	INVALID	N	NO
T	96413	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$118.54	3	NO
T	96414	CHEMOTHERAPY ADMINISTRATION, IN	1/1/2006	INVALID	N	NO
T	96415	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$26.88	3	NO
T	96416	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$127.95	3	NO
T	96417	CHEMOTHERAPY ADMIN, INTRAVENOUS	1/1/2008	\$58.33	3	NO
T	96420	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$78.49	3	NO
T	96422	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$129.56	3	NO
T	96423	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$15.91	3	NO
T	96425	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$127.14	3	NO
T	96440	CHEMOTHERAPY ADMINISTRATION INTO	1/1/2008	\$269.34	3	NO
T	96445	CHEMOTHERAPY ADMINISTRATION INTO	1/1/2008	\$261.27	3	NO
T	96450	CHEMOTHERAPY ADMINISTRATION, INT	1/1/2008	\$216.92	3	NO
T	96520	REFILLING AND MAINTENANCE OF PRO	1/1/2006	INVALID	N	NO
T	96521	REFILLING AND MAINTENANCE OF POR	1/1/2008	\$104.03	3	NO
T	96522	REFILLING AND MAINT OF IMPLANTAB	1/1/2008	\$78.76	3	NO
T	96523	IRRIGATION OF IMPLANTED VENOUS A	1/1/2008	\$19.62	3	NO
T	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO
T	96542	CHEMOTHERAPY INJECTION, SUBARACH	1/1/2008	\$131.44	3	NO
T	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
T	96549	UNLISTED CHEMOTHERAPY PROCEDURE	1/1/1997	\$0.01	5	NO
T	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	3/1/1987	NC	9	NO
T	A4641	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2001	NC	9	NO
T	A4642	SUPPLY OF SATUMOMAB PENDETIDE, R	1/1/2001	NC	9	NO
T	A4643	SUPPLY OF ADDITIONAL HIGH DOSE C	1/1/2006	INVALID	N	NO
T	A4644	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4645	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4646	SUPPLY OF LOW OSMOLAR CONTRAST M	1/1/2006	INVALID	N	NO
T	A4647	SUPPLY OF PARAMAGNETIC CONTRAST	1/1/2006	INVALID	N	NO
T	A9500	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$155.50	3	NO
T	A9502	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$67.34	3	NO
T	A9503	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$31.61	3	NO
T	A9504	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$355.95	3	NO
T	A9505	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$15.59	3	NO
T	A9507	SUPPLY OF RADIOPHARMACEUTICAL DI	6/1/2006	\$0.01	5	NO
T	A9508	SUPPLY OF RADIOPHARMACEUTICAL DI	6/1/2006	\$0.01	5	NO
T	A9510	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$27.59	3	NO
T	A9511	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
T	A9512	TECHNETIUM TC-99M PERTECHNETATE,	1/1/2008	\$4.14	3	NO
T	A9513	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9514	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9515	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9516	IODINE I-123 SODIUM IODIDE, DIAG	1/1/2008	\$39.47	3	NO
T	A9517	IODINE I-131 SODIUM IODIDE CAPSU	1/1/2008	\$12.59	3	NO
T	A9518	SUPPLY OF RADIOPHARMACEUTICAL TH	4/1/2004	INVALID	N	NO
T	A9519	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9520	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	A9521	TECHNETIUM TC-99M EXAMETAZIME, D	1/1/2008	\$372.28	3	NO
T	A9522	SUPPLY OF RADIPHARMACEUTICAL DIA	1/1/2006	INVALID	N	NO
T	A9523	SUPPLY OF RADIOPHARMACEUTICAL TH	1/1/2006	INVALID	N	NO
T	A9524	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2008	\$207.20	3	NO
T	A9525	SUPPLY OF LOW OR ISO-OSMOLAR CON	1/1/2006	INVALID	N	NO
T	A9535	INJECTION, METHYLENE BLUE, 1 ML	1/1/2006	\$0.01	5	NO
T	A9536	TECHNETIUM TC-99M DEPREOTIDE, DI	1/1/2006	\$0.01	5	NO
T	A9537	TECHNETIUM TC-99M MEBROFENIN, DI	1/1/2008	\$26.01	3	NO
T	A9538	TECHNETIUM TC-99M PYROPHOSPHATE,	1/1/2008	\$16.58	3	NO
T	A9539	TECHNETIUM TC-99M PENTETATE, DI	1/1/2008	\$9.32	3	NO
T	A9540	TECHNETIUM TC-99M MACROAGGREGATE	1/1/2008	\$9.32	3	NO
T	A9541	TECHNETIUM TC-99M SULFUR COLLOID	1/1/2008	\$17.40	3	NO
T	A9542	INDIUM IN-111 IBRITUMOMAB TIUXET	1/1/2006	\$0.01	5	NO
T	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETA	1/1/2006	\$0.01	5	NO
T	A9544	IODINE I-131 TOSITUMOMAB, DIAGNO	1/1/2006	\$0.01	5	NO
T	A9545	IODINE I-131 TOSITUMOMAB, THERAP	1/1/2006	\$0.01	5	NO
T	A9546	COBALT CO-57/58, CYANOCOBALAMIN,	1/1/2008	\$190.22	3	NO
T	A9547	INDIUM IN-111 OXYQUINOLINE, DIAG	1/1/2008	\$394.98	3	NO
T	A9548	INDIUM IN-111 PENTETATE, DIAGNOS	1/1/2008	\$698.21	3	NO
T	A9549	TECHNETIUM TC-99M ARCITUMOMAB, D	1/1/2007	INVALID	N	NO
T	A9550	TECHNETIUM TC-99M SODIUM GLUCEPT	1/1/2008	\$103.23	3	NO
T	A9551	TECHNETIUM TC-99M SUCCIMER, DIAG	1/1/2008	\$98.42	3	NO
T	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIA	1/1/2008	\$227.92	3	NO
T	A9553	CHROMIUM CR-51 SODIUMCHROMATE, D	1/1/2008	\$514.89	3	NO
T	A9554	IODINE I-125 SODIUM IOTHALAMATE,	1/1/2006	\$0.01	5	NO
T	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER	1/1/2006	\$0.01	5	NO
T	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTI	1/1/2008	\$19.87	3	NO
T	A9557	TECHNETIUM TC-99M BICISATE, DIAG	1/1/2008	\$302.74	3	NO
T	A9558	XENON XE-133 GAS, DIAGNOSTIC, PE	1/1/2008	\$22.43	3	NO
T	A9559	COBALT CO-57 CYANOCOBALAMIN, ORA	1/1/2008	\$60.77	3	NO
T	A9560	TECHNETIUM TC-99M LABELED RED BL	1/1/2008	\$82.54	3	NO
T	A9561	TECHNETIUM TC-99M OXIDRONATE, DI	1/1/2008	\$12.40	3	NO
T	A9562	TECHNETIUM TC-99M MERTIATIDE, DI	1/1/2008	\$172.88	3	NO
T	A9563	SODIUM PHOSPHATE P-32, THERAPEUT	1/1/2008	\$693.63	3	NO
T	A9564	CHROMIC PHOSPHATE P-32 SUSPENSIO	1/1/2006	\$0.01	5	NO
T	A9565	INDIUM IN-111 PENTETREOTIDE, DIA	1/1/2008	INVALID	N	NO
T	A9566	TECHNETIUM TC-99M FANOLESOMAB, D	1/1/2006	\$0.01	5	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	A9567	TECHNETIUM TC-99M PENTETATE, DIA	1/1/2006	\$0.01	5	NO
T	A9600	STRONTIUM SR-89 CHLORIDE, THERAP	6/1/2006	\$0.01	5	NO
T	A9605	SAMARIUM SM-153 LEXIDRONAMM, THE	6/1/2006	\$0.01	5	NO
T	A9698	NONRADIOACTIVE CONTRAST IMAGING	1/1/2006	\$0.01	5	NO
T	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
T	G0026	FECAL LEUKOCYTE EXAMINATION	7/1/2003	INVALID	N	NO
T	G0027	SEMEN ANALYSIS: PRESENCE AND/OR	7/1/2003	INVALID	N	NO
T	G0030	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0031	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0032	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0033	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0034	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0035	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0036	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0037	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0038	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0039	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0040	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0041	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0042	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0043	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0044	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0045	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0046	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0047	PET MYOCARDIAL PERFUSION IMAGING	1/1/2006	INVALID	N	NO
T	G0050	MEASUREMENT OF POST-VOIDING RESI	7/1/2003	INVALID	N	NO
T	G0103	PROSTATE CANCER SCREENING; PROST	1/1/2008	\$19.49	3	NO
T	G0106	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$77.68	3	NO
T	G0107	COLORECTAL CANCER SCREENING; FEC	1/1/2007	INVALID	N	NO
T	G0120	COLORECTAL CANCER SCREENING; ALT	1/1/2008	\$77.68	3	NO
T	G0122	COLORECTAL CANCER SCREENING; BAR	1/1/2008	\$83.60	3	NO
T	G0123	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
T	G0124	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$17.47	3	NO
T	G0125	PET IMAGING REGIONAL OR WHOLE BO	1/1/2006	INVALID	N	YES
T	G0126	PET LUNG IMAGING OF SOLITARY PUL	4/1/2002	INVALID	N	NO
T	G0130	SINGLE ENERGY X-RAY ABOSRPTIOMET	1/1/2008	\$20.70	3	NO
T	G0131	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
T	G0132	COMPUTERIZED TOMOGRAPHY BONE MIN	7/1/2003	INVALID	N	NO
T	G0141	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$17.47	3	NO
T	G0143	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$21.70	3	NO
T	G0144	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$22.93	3	NO
T	G0145	SCREENING CYTOPATHOLOGY, CERVICA	1/1/2008	\$31.26	3	NO
T	G0147	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$15.29	3	NO
T	G0148	SCREENING CYTOPATHOLOGY SMEARS,	1/1/2008	\$21.70	3	NO
T	G0173	LINEAR ACCELERATOR BASED STEREOT	1/1/2001	NC	9	NO
T	G0174	INTENSITY MODULATED RADIATION TH	4/1/2002	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	G0188	FULL LENGTH RADIOGRAPHY OF LOWER	4/1/2002	INVALID	N	NO
T	G0202	SCREENING MAMMOGRAPHY, PRODUCING	1/1/2008	\$69.62	3	NO
T	G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$71.77	3	NO
T	G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCIN	1/1/2008	\$57.79	3	NO
T	G0210	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0211	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0212	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0213	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0214	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0215	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0216	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0217	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0218	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0219	PET IMAGING WHOLE BODY; MELANOMA	6/20/2005	NC	9	YES
T	G0220	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0221	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0222	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0223	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0224	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0225	PET IMAGING WHOLE BODY OR REGION	1/1/2006	INVALID	N	YES
T	G0226	PET IMAGING WHOLE BODY; DIAGNOSI	1/1/2006	INVALID	N	YES
T	G0227	PET IMAGING WHOLE BODY; INITIAL	1/1/2006	INVALID	N	YES
T	G0228	PET IMAGING WHOLE BODY; RESTAGIN	1/1/2006	INVALID	N	YES
T	G0229	PET IMAGING; METABOLIC BRAIN IMA	1/1/2006	INVALID	N	YES
T	G0230	PET IMAGING; METABOLIC ASSESS FO	1/1/2006	INVALID	N	YES
T	G0231	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0232	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0233	PET, WHOLE BODY, FOR RECURRENCE	1/1/2006	INVALID	N	YES
T	G0234	PET, REGIONAL OR WHOLE BODY, FOR	1/1/2006	INVALID	N	YES
T	G0235	PET IMAGING, ANY SITE, NOT OTHER	4/1/2005	NC	9	NO
T	G0236	DIGITIZATION OF FILM RADIOGRAPHI	4/1/2004	INVALID	N	NO
T	G0242	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2006	INVALID	N	NO
T	G0243	MULTI-SOURCE PHOTON STEREOTACTIC	1/1/2007	INVALID	N	NO
T	G0252	PET IMAGING, FULL AND PARTIAL-RI	1/1/2003	NC	9	NO
T	G0253	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
T	G0254	PET IMAGING FOR BREAST CANCER, F	1/1/2006	INVALID	N	NO
T	G0296	PET IMAGING, FULL AND PARTIAL RI	1/1/2006	INVALID	N	NO
T	G0306	COMPLETE CBC, AUTOMATED (HGB, HC	1/1/2008	\$8.33	3	NO
T	G0307	COMPLETE (CBC), AUTOMATED (HGB,	1/1/2008	\$6.93	3	NO
T	G0328	COLORECTALCANCER SCREENING; FECA	1/1/2008	\$13.87	3	NO
T	G0330	PET IMAGING INITIAL DIAGNOSIS CE	4/1/2005	INVALID	N	NO
T	G0331	PET IMAGING RESTAGING OVARIAN	4/1/2005	INVALID	N	NO
T	G0332	PREADMINISTRATION-RELATED SERVIC	1/1/2006	\$0.01	5	NO
T	G0336	PET IMAGING, BRAIN IMAGING FOR T	4/1/2005	INVALID	N	NO
T	G0365	VESSEL MAPPING OF VESSELS FOR HE	1/1/2008	\$119.08	3	NO
T	G0378	HOSPITAL OBSERVATION SERVICE, PE	7/1/2006	\$0.01	5	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	G0379	DIRECT ADMISSION OF PATIENT FOR	7/1/2006	\$0.01	5	NO
T	G0389	ULTRASOUND B-SCAN AND/OR REAL TI	1/1/2007	NC	9	NO
T	P2028	CEPHALIN FLOCCULATION, BLOOD	9/1/1985	NC	9	NO
T	P2029	CONGO RED, BLOOD	9/1/1985	NC	9	NO
T	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC	10/1/1984	NC	9	NO
T	P2033	THYMOL TURBIDITY, BLOOD	10/1/1984	NC	9	NO
T	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID)	1/1/2004	NC	9	NO
T	P3000	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2008	\$15.29	3	NO
T	P3001	SCREENING PAPANICOLAOU SMEAR, CE	1/1/2008	\$17.47	3	NO
T	P7001	CULTURE, BACTERIAL, URINE; QUANT	2/15/2000	NC	9	NO
T	P9010	BLOOD (WHOLE) FOR TRANSFUSION PE	1/1/1988	NC	9	NO
T	P9011	BLOOD (SPLIT UNIT) SPECIFY AMOUN	1/1/1988	NC	9	NO
T	P9012	CRYOPRECIPITATE EACH UNIT	1/1/1988	NC	9	NO
T	P9016	RED BLOOD CELLS, LEUKOCYTES REDU	1/1/1988	NC	9	NO
T	P9017	FRESH FROZEN PLASMA (SINGLE DONO	1/1/1988	NC	9	NO
T	P9019	PLATELETS, EACH UNIT	10/1/2004	NC	9	NO
T	P9020	PLATELET RICH PLASMA EACH UNIT	1/1/1988	NC	9	NO
T	P9021	RED BLOOD CELLS EACH UNIT	1/1/1988	NC	9	NO
T	P9022	RED BLOOD CELLS, WASHED, EACH UN	1/1/1988	NC	9	NO
T	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 2	1/1/2002	NC	9	NO
T	P9046	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
T	P9047	INFUSION, ALBUMIN (HUMAN), 25%,	1/1/2002	NC	9	NO
T	P9048	INFUSION, PLASMA PROTEIN FRACTIO	1/1/2002	NC	9	NO
T	P9050	GRANULOCYTES, PHERESIS, EACH UNI	1/1/2002	NC	9	NO
T	P9615	CATHETERIZATION FOR COLLECTION O	1/1/2008	\$2.30	3	NO
T	Q0035	CARDIOKYMOGRAPHY	1/1/2004	NC	9	NO
T	Q0083	CHEMOTHERAPY ADMINISTRATION BY O	1/1/2008	\$31.08	3	NO
T	Q0084	CHEMOTHERAPY ADMINISTRATION BY I	1/1/2008	\$31.08	3	NO
T	Q0085	CHEMOTHERAPY ADMINISTRATION BY B	1/1/2008	\$31.08	3	NO
T	Q0091	SCREENING PAP SMEAR; OBTAINING,	1/1/1992	NC	9	NO
T	Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	1/1/1992	NC	9	NO
T	Q0111	WET MOUNTS, INCLUDING PREPARATIO	1/1/2008	\$3.68	3	NO
T	Q0112	ALL POTASSIUM HYDROXIDE (KOH) PR	1/1/2008	\$3.68	3	NO
T	Q0113	PINWORM EXAMINATIONS	1/1/2008	\$4.65	3	NO
T	Q0114	FERN TEST	8/16/1993	NC	9	NO
T	Q0115	POST-COITAL DIRECT, QUALITATIVE	8/16/1993	NC	9	NO
T	Q3001	RADIOELEMENTS FOR BRACHYTHERAPY,	1/1/2001	NC	9	NO
T	Q3002	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3003	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3004	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3005	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3006	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3007	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3008	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3009	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q3010	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
T	Q3011	SUPPLY OF RADIOPHARMACEUTICAL DI	1/1/2006	INVALID	N	NO
T	Q9941	INJECTION, IMMUNE GLOBULIN, INTR	1/1/2006	INVALID	N	NO
T	Q9945	LOW OSMOLAR CONTRAST MATERIAL, U	1/1/2008	INVALID	N	NO
T	Q9946	LOW OSMOLAR CONTRAST MATERIAL, 1	1/1/2008	INVALID	N	NO
T	Q9947	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
T	Q9948	LOW OSMOLAR CONTRAST MATERIAL, 2	1/1/2008	INVALID	N	NO
T	Q9949	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
T	Q9950	LOW OSMOLAR CONTRAST MATERIAL, 3	1/1/2008	INVALID	N	NO
T	Q9951	LOW OSMOLAR CONTRAST MATERIAL, 4	1/1/2008	\$0.62	3	NO
T	Q9952	INJECTION, GADOLINIUM-BASED MAGN	1/1/2008	INVALID	N	NO
T	Q9953	INJECTION, IRON-BASED MAGNETIC R	1/1/2008	\$31.50	3	NO
T	Q9954	ORAL MAGNETIC RESONANCE CONTRAST	4/1/2008	\$9.53	3	NO
T	Q9955	INJECTION, PERFLEXANE LIPID MICR	4/1/2005	\$0.01	5	NO
T	Q9956	INJECTION, OCTAFLUOROPROPANCE MI	4/1/2008	\$42.32	3	NO
T	Q9957	INJECTION, PERFLUTREN LIPID MICR	4/1/2008	\$62.61	3	NO
T	Q9965	LOW OSMOLAR CONTRAST MATERIAL, 1	4/1/2008	\$1.39	3	NO
T	Q9966	LOW OSMOLAR CONTRAST MATERIAL, 2	4/1/2008	\$1.14	3	NO
T	Q9967	LOW OSMOLAR CONTRAST MATERIAL, 3	4/1/2008	\$0.21	3	NO
T	R0070	TRANSPORT OF PORT X-RAY EQUIP/PE	1/1/2008	\$84.64	3	NO
T	R0075	TRANSPORT OF PORT X-RAY EQUIP/PE	8/1/2006	\$0.01	5	NO
T	R0076	TRANSPORTATION OF PORTABLE EKG T	1/1/2008	\$52.03	3	NO
T	S0820	COMPUTERIZED CORNEAL TOPOGRAPHY,	1/1/2008	INVALID	N	NO
T	S0830	ULTRASOUND PACYMETRY TO DETERMIN	1/1/2005	INVALID	N	NO
T	S3620	NEWBORN METABOLIC SCREENING PANE	1/1/2008	\$27.97	3	NO
T	S3700	BLADDER TUMOR-ASSOCIATED ANTIGEN	4/1/2002	INVALID	N	NO
T	S3708	GASTROINTESTINAL FAT ABSORPTION	1/1/2001	NC	9	NO
T	S3800	GENETIC TESTING FOR AMYOTROPHIC	7/1/2007	\$0.01	5	NO
T	S8055	ULTRASOUND GUIDANCE FOR MULTIFET	4/1/2002	\$0.01	5	NO
U	90804	INDIVIDUAL THERAPY, INSIGHT, 20-	7/1/2007	\$65.16	1	NO
U	90805	INDIVIDUAL THERAPY, INSIGHT, WIT	7/1/2007	\$65.16	1	NO
U	90806	INDIVIDUAL THERAPY, INSIGHT, 45-	7/1/2007	\$97.68	1	NO
U	90807	INDIVIDUAL THERAPY, INSIGHT, WIT	7/1/2007	\$97.68	1	NO
U	90808	INDIVIDUAL THERAPY,INSIGHT, 75-8	7/1/2007	\$162.89	1	NO
U	90809	INDIVIDUAL THERAPY, INSIGHT, WIT	7/1/2007	\$162.89	1	NO
U	90810	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$65.16	1	NO
U	90811	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$65.16	1	NO
U	90812	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$97.68	1	NO
U	90813	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$97.68	1	NO
U	90814	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$162.89	1	NO
U	90815	INDIVIDUAL THERAPY, INTERACTIVE,	7/1/2007	\$162.89	1	NO
U	90846	FAMILY THERAPY WITHOUT PATIENT P	7/1/2007	\$88.29	3	NO
U	90847	FAMILY THERAPY, WITH PATIENT PRE	7/1/2007	\$132.42	1	NO
U	90849	MULTIPLE-FAMILY GROUP MEDICAL PS	1/1/2007	\$0.01	1	NO
U	90853	GROUP THERAPY	7/1/2007	\$44.16	1	NO
U	90857	INTERACTIVE GROUP THERAPY	7/1/2007	\$44.16	1	NO
U	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	7/1/2007	\$65.16	1	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
U	90882	ENVIRONMENTAL INTERVENTION WITH	7/1/2007	\$88.29	3	NO
U	90887	INTERPRETATION OR EXPLANATION OF	7/1/2007	\$88.29	3	NO
U	G0176	ACTIVITY THERAPY RELATED TO THE	10/1/2007	\$16.82	1	NO
U	G0177	TRAINING AND EDUCATIONAL SERVICE	10/1/2007	\$46.80	1	NO
U	H0004	BEHAVIORAL HEALTH COUNSELING AND	7/1/2007	\$22.01	1	NO
U	H0031	MENTAL HEALTH ASSESSMENT, BY NON	7/1/2007	\$88.29	1	NO
U	H0034	MEDICATION TRAINING AND SUPPORT,	7/1/2007	\$22.01	3	NO
U	H0036	COMMUNITY PSYCHIATRIC SUPPORTIVE	7/1/2007	\$7.81	1	NO
U	H2010	COMPREHENSIVE MEDICATION SERVICE	7/1/2007	\$23.26	3	NO
U	H2013	PSYCHIATRIC HEALTH FACILITY SERV	7/1/2007	\$343.03	3	NO
U	H2018	PSYCHOSOCIAL REHABILITATION SERV	7/1/2007	\$97.72	1	NO
U	H2020	THERAPEUTIC BEHAVIORAL SERVICES,	7/1/2007	NC	9	NO
U	T1013	SIGN LANGUAGE OR ORAL INTERPRETI	7/1/2007	\$7.99	3	NO
U	T1023	SCREENING TO DETERMINE THE APPRO	7/1/2007	\$89.00	3	NO
W	10040	ACNE SURGERY (EG MARSUPIALIZATIO	1/1/2008	\$62.63	3	NO
W	10060	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$69.89	3	NO
W	10061	INCISION AND DRAINAGE OF ABSCESS	1/1/2008	\$122.84	3	NO
W	10080	INCISION AND DRAINAGE OF PILONID	1/1/2008	\$115.32	3	NO
W	10081	INCISION AND DRAINAGE OF PILONID	1/1/2008	\$178.21	3	NO
W	10120	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$93.27	3	NO
W	10121	INCISION AND REMOVAL OF FOREIGN	1/1/2008	\$176.06	3	NO
W	10140	INCISION AND DRAINAGE OF HEMATOM	1/1/2008	\$97.57	3	NO
W	10160	PUNCTURE ASPIRATION OF ABSCESS H	1/1/2008	\$81.18	3	NO
W	10180	INCISION AND DRAINAGE, COMPLEX,	1/1/2008	\$152.68	3	NO
W	11000	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$34.68	3	NO
W	11001	DEBRIDEMENT OF EXTENSIVE ECZEMAT	1/1/2008	\$15.32	3	NO
W	11010	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$62.79	3	NO
W	11011	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$72.90	3	NO
W	11012	DEBRIDEMENT INCLUDING REMOVAL OF	1/1/2008	\$104.03	3	NO
W	11040	DEBRIDEMENT; SKIN, PARTIAL THICK	1/1/2008	\$30.11	3	NO
W	11044	DEBRIDEMENT; SKIN SUBCUTANEOUS T	1/1/2008	\$245.15	3	NO
W	11100	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$60.48	3	NO
W	11101	BIOPSY OF SKIN SUBCUTANEOUS TISS	1/1/2008	\$20.97	3	NO
W	11200	REMOVAL OF SKIN TAGS, MULTIPLE F	4/1/1982	NC	9	NO
W	11201	EXCISION SKIN TAGS MULTIPLE FIBR	4/1/1982	NC	9	NO
W	11400	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.68	3	NO
W	11401	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$92.20	3	NO
W	11402	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$102.41	3	NO
W	11403	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$118.54	3	NO
W	11404	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$135.21	3	NO
W	11420	EXCISION, BENIGN LESION INCL MAR	1/1/2008	\$77.15	3	NO
W	11421	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$98.65	3	NO
W	11422	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$110.21	3	NO
W	11423	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$129.83	3	NO
W	11424	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$148.92	3	NO
W	11426	EXCISION, BENIGN LESION INC MARG	1/1/2008	\$214.77	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	11440	EXCISION, OTHER BENIGN LESION IN	1/1/2008	\$87.36	3	NO
W	11441	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$106.98	3	NO
W	11442	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$119.88	3	NO
W	11443	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$145.96	3	NO
W	11444	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$184.93	3	NO
W	11446	EXCISION OTHER BENIGN LESION FAC	1/1/2008	\$248.10	3	NO
W	11720	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$19.62	3	NO
W	11721	DEBRIDEMENT OF NAIL(S) BY ANY ME	1/1/2008	\$29.03	3	NO
W	11730	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$63.17	3	NO
W	11732	AVULSION OF NAIL PLATE PARTIAL O	1/1/2008	\$29.84	3	NO
W	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2008	\$27.42	3	NO
W	11750	EXCISION OF NAIL AND NAIL MATRIX	1/1/2008	\$134.13	3	NO
W	11760	REPAIR OF NAIL BED	1/1/2008	\$124.72	3	NO
W	11900	INJECTION INTRALESIONAL UP TO AN	1/1/2008	\$33.87	3	NO
W	11901	INJECTION INTRALESIONAL; MORE TH	1/1/2008	\$42.47	3	NO
W	11920	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
W	11921	TATTOOING INTRADERMAL INTRO OF I	4/1/1982	NC	9	NO
W	11922	TATTOOING INTRADERMAL INTRODUCTI	4/1/1982	NC	9	NO
W	11950	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11951	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11952	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11954	SUBCUTANEOUS INJECTION OF "FILLI	4/1/1982	NC	9	NO
W	11971	REMOVAL OF TISSUE EXPANDER(S) WI	1/1/2008	\$328.74	3	NO
W	12001	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$101.88	3	NO
W	12002	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$108.33	3	NO
W	12004	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$127.14	3	NO
W	12005	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$158.59	3	NO
W	12006	SIM REP OF SUPERFICIAL WOUNDS SC	1/1/2008	\$197.03	3	NO
W	12007	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$222.84	3	NO
W	12011	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$107.79	3	NO
W	12013	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$118.54	3	NO
W	12014	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$140.04	3	NO
W	12015	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$175.80	3	NO
W	12016	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$208.59	3	NO
W	12017	SIM REP OF SUPERFICIAL WOUNDS OF	1/1/2008	\$187.62	3	NO
W	12018	SIMPLE REPAIR OF SUPERFICIAL WOU	1/1/2008	\$45.00	3	NO
W	12020	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$181.17	3	NO
W	12021	TREATMENT OF SUPERFICIAL WOUND D	1/1/2008	\$105.64	3	NO
W	12031	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$135.21	3	NO
W	12032	LAYER CLOSURE OF WOUNDS OF SCALP	1/1/2008	\$183.86	3	NO
W	12041	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$146.50	3	NO
W	12042	LAYER CLOSURE OF WOUNDS OF NECK	1/1/2008	\$174.72	3	NO
W	12051	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$165.85	3	NO
W	12052	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$177.95	3	NO
W	12053	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$191.92	3	NO
W	12054	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$209.40	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	12055	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$262.35	3	NO
W	12056	LAYER CLSOURE OF WOUNDS OF FACE	1/1/2008	\$334.92	3	NO
W	12057	LAYER CLOSURE OF WOUNDS OF FACE	1/1/2008	\$69.89	3	NO
W	13100	REPAIR COMPLEX TRUNK 1.1 CM TO 2	1/1/2008	\$202.94	3	NO
W	15000	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
W	15001	SURGICAL PREP OF RECIP SITE BY E	1/1/2007	INVALID	N	NO
W	15100	SPLIT-THICKNESS AUTOGRAFT, TRUNK	1/1/2008	\$123.27	3	NO
W	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS;	1/1/2008	\$28.98	3	NO
W	15120	SPLIT-THICKNESS AUTOGRAFT, FACE,	1/1/2008	\$123.59	3	NO
W	15121	SPLIT GRAFT, FACE, SCALP, EYELID	1/1/2008	\$39.08	3	NO
W	15342	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
W	15343	APPLICATION OF BILAMINATE SKIN S	1/1/2006	INVALID	N	NO
W	15350	HOMOGRAFT SKIN	1/1/2006	INVALID	N	NO
W	15732	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$209.50	3	NO
W	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$214.07	3	NO
W	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$196.49	3	NO
W	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOC	1/1/2008	\$207.62	3	NO
W	15750	FLAP; NEUROVASCULAR PEDICLE	1/1/2008	\$124.67	3	NO
W	15756	FREE MUSCLE FLAP WITH OR WITHOUT	1/1/2008	\$330.68	3	NO
W	15757	FREE SKIN FLAP WITH MICROVASCULA	1/1/2008	\$329.60	3	NO
W	15758	FREE FASCIAL FLAP WITH MICROVASC	1/1/2008	\$329.82	3	NO
W	15770	GRAFT; DERMA-FAT-FASCIA	1/1/2008	\$88.49	3	NO
W	15775	PUNCH GRAFT FOR HAIR TRANSPLANT	4/1/1982	NC	9	NO
W	15776	PUNCH GRAFT FOR HAIR TRANSPLANT;	4/1/1982	NC	9	NO
W	15780	DERMABRASION; TOTAL FACE (EG, FO	4/1/1982	NC	9	NO
W	15781	DERMABRASION; SEGMENTAL, FACE (E	10/1/1984	NC	9	NO
W	15782	DERMABRASION; REGIONAL, OTHER TH	10/1/1984	NC	9	NO
W	15783	DERMABRASION; SUPERFICIAL, ANY S	3/1/1987	NC	9	NO
W	15786	ABRASION SINGLE LESION (EG KERAT	4/1/1982	NC	9	NO
W	15787	ABRASION; EACH ADDITIONAL FOUR L	4/1/1982	NC	9	NO
W	15810	SALABRASION 20 SQ CM OR LESS	1/1/2006	INVALID	N	NO
W	15811	SALABRASION; OVER 20 SQ CM	1/1/2006	INVALID	N	NO
W	15819	CERVICOPLASTY	10/1/1984	NC	9	NO
W	15820	BLEPHAROPLASTY LOWER EYELIDS	4/1/1982	NC	9	NO
W	15821	BLEPHAROPLASTY LOWER EYELID; WIT	4/1/1982	NC	9	NO
W	15824	RHYTIDECTOMY FOREHEAD	4/1/1982	NC	9	NO
W	15825	RHYTIDECTOMY; NECK WITH PLATYSMA	10/1/1984	NC	9	NO
W	15826	RHYTIDECTOMY; GLABELLAR FROWN LI	4/1/1982	NC	9	NO
W	15828	RHYTIDECTOMY; CHEEK CHIN AND NEC	4/1/1982	NC	9	NO
W	15829	RHYTIDECTOMY; SUPERFICIAL MUSCUL	10/1/1984	NC	9	NO
W	15831	EXCISION EXCESSIVE SKIN AND SUBC	1/1/2007	INVALID	N	NO
W	15832	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15833	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15834	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15835	EXCISION EXCESSIVE SKIN AND SUBC	4/1/1982	NC	9	NO
W	15837	EXCISION ECESSIVE SKIN AND SUBCU	4/1/1982	NC	9	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	15838	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
W	15839	EXCISION EXCESSIVE SKIN AND SUBC	10/1/1984	NC	9	NO
W	15841	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$230.20	3	NO
W	15842	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$366.70	3	NO
W	15845	GRAFT FOR FACIAL NERVE PARALYSIS	1/1/2008	\$129.29	3	NO
W	15876	SUCTION ASSISTED LIPECTOMY; HEAD	3/1/1987	NC	9	NO
W	15877	SUCTION ASSISTED LIPECTOMY; TRUN	3/1/1987	NC	9	NO
W	15878	SUCTION ASSISTED LIPECTOMY; UPPE	3/1/1987	NC	9	NO
W	15879	SUCTION ASSISTED LIPECTOMY; LOWE	3/1/1987	NC	9	NO
W	15922	EXCISION, COCCYGEAL PRESSURE ULC	1/1/2008	\$101.28	3	NO
W	15935	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$150.58	3	NO
W	15936	EXCISION, SACRAL PRESSURE ULCER,	1/1/2008	\$123.00	3	NO
W	15937	EXCISION SACRAL PRESSURE ULCER W	1/1/2008	\$143.65	3	NO
W	15946	EXCISION, ISCHIAL PRESSURE ULCER	1/1/2008	\$222.08	3	NO
W	15950	EXCISION TROCHANTERIC DECUBITUS	1/1/2008	\$77.25	3	NO
W	15951	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$111.93	3	NO
W	15952	EXCISION, TROCHANTERIC PRESSURE	1/1/2008	\$115.75	3	NO
W	15953	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$130.37	3	NO
W	15956	EXCISION, TROCHANTERIC PRESSURE	1/1/2008	\$157.73	3	NO
W	15958	EXCISION TROCHANTERIC PRESSURE U	1/1/2008	\$159.72	3	NO
W	15999	UNLISTED PROCEDURE, EXCISION PRE	9/1/1985	\$0.01	5	NO
W	16000	INITIAL TREATMENT FIRST DEGREE B	1/1/2008	\$48.38	3	NO
W	16010	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
W	16015	DRESSINGS AND/OR DEBRIDEMENT INI	1/1/2006	INVALID	N	NO
W	16020	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$57.25	3	NO
W	16025	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$101.07	3	NO
W	16030	DRESSINGS AND/OR DEBRIDEMENT OF	1/1/2008	\$119.35	3	NO
W	16036	ESCHAROTOMY; EACH ADDITIONAL INC	1/1/2008	\$61.02	3	NO
W	17000	DESTRUCTION BY ANY METHOD, OTHER	1/1/2008	\$46.50	3	NO
W	17003	DESTRUCTION BY ANY METHOD, INCLU	1/1/2008	\$5.11	3	NO
W	17110	DESTRUCTION, OF BENIGN LESIONS O	1/1/2008	\$63.97	3	NO
W	17250	CHEMICAL CAUTERIZATION OF GRANUL	1/1/2008	\$50.53	3	NO
W	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N	1/1/2008	\$31.45	3	NO
W	17380	ELECTROLYSIS EPILATION EACH 1/2	8/1/1989	NC	9	NO
W	17999	UNLISTED PROCEDURE SKIN MUCOUS M	4/1/1982	\$0.01	5	NO
W	19000	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$76.88	3	NO
W	19001	PUNCTURE ASPIRATION OF CYST OF B	1/1/2008	\$19.08	3	NO
W	19030	INJECTION PROCEDURE ONLY FOR MAM	1/1/2008	\$117.73	3	NO
W	19100	BIOPSY OF BREAST; PERCUTANEOUS,	1/1/2008	\$94.08	3	NO
W	19140	MASTECTOMY FOR GYNECOMASTIA	1/1/2007	INVALID	N	NO
W	19160	MASTECTOMY, PARTIAL (EG, LUMPECT	1/1/2007	INVALID	N	NO
W	19162	MASTECTOMY PARTIAL (QUADRECTOMY	1/1/2007	INVALID	N	NO
W	19180	MASTECTOMY SIMPLE COMPLETE UNILA	1/1/2007	INVALID	N	NO
W	19182	MASTECTOMY SUBCUTANEOUS	1/1/2007	INVALID	N	NO
W	19200	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO
W	19220	MASTECTOMY RADICAL INCLUDING BRE	1/1/2007	INVALID	N	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	19240	MASTECTOMY,MODIFIED RAD,INCL AXI	1/1/2007	INVALID	N	NO
W	19260	EXCISION OF CHEST WALL TUMOR INC	1/1/2008	\$164.88	3	NO
W	19271	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$225.36	3	NO
W	19272	EXCISION OF CHEST WALL TUMOR INV	1/1/2008	\$248.75	3	NO
W	19316	MASTOPEXY	8/1/2003	NC	9	NO
W	19318	REDUCTION MAMMAPLASTY	1/1/2008	\$160.10	3	NO
W	19357	BREAST RECONSTRUCTION, IMMEDIATE	1/1/2008	\$210.74	3	NO
W	19361	BREAST RECONSTRUCTION W/LATISSIM	1/1/2008	\$213.70	3	NO
W	19364	BREAST RECONSTRUCTION WITH FREE	1/1/2008	\$388.09	3	NO
W	19366	BREAST RECONSTRUCTION WITH OTHER	1/1/2008	\$194.66	3	NO
W	19367	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$253.16	3	NO
W	19368	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$312.02	3	NO
W	19369	BREAST RECONSTRUCTION WITH TRANS	1/1/2008	\$287.24	3	NO
W	19370	OPEN PERIPROSTHETIC CAPSULOTOMY,	10/1/1984	NC	9	NO
W	19396	PREPARATION OF MOULAGE FOR CUSTO	10/1/1984	NC	9	NO
W	19499	UNLISTED PROCEDURE BREAST	2/1/1994	\$0.01	5	NO
W	20000	INCISION OF SOFT TISSUE ABSCESS	1/1/2008	\$137.09	3	NO
W	20005	INCISION OF SOFT TISSUE ABSCESS	1/1/2008	\$202.94	3	NO
W	20100	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$84.94	3	NO
W	20101	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$52.09	3	NO
W	20102	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$63.22	3	NO
W	20103	EXPLORATION OF PENETRATING WOUND	1/1/2008	\$77.52	3	NO
W	20200	BIOPSY MUSCLE SUPERFICIAL	1/1/2008	\$127.68	3	NO
W	20205	BIOPSY MUSCLE; DEEP	1/1/2008	\$176.06	3	NO
W	20206	BIOPSY MUSCLE PERCUTANEOUS NEEDL	1/1/2008	\$193.00	3	NO
W	20220	BIOPSY BONE TROCAR OR NEEDLE SUP	1/1/2008	\$145.69	3	NO
W	20245	BIOPSY, BONE, OPEN; DEEP (EG, HU	1/1/2008	\$88.49	3	NO
W	20251	BIOPSY VERTEBRAL BODY OPEN; LUMB	1/1/2008	\$58.81	3	NO
W	20500	INJECTION OF SINUS TRACT THERAPE	1/1/2008	\$90.85	3	NO
W	20501	INJECTION OF SINUS TRACT; DIAGNO	1/1/2008	\$95.16	3	NO
W	20520	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$131.98	3	NO
W	20525	REMOVAL OF FOREIGN BODY IN MUSCL	1/1/2008	\$339.76	3	NO
W	20550	INJECTION(S); TENDON SHEATH, LIG	1/1/2008	\$41.13	3	NO
W	20600	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$37.63	3	NO
W	20605	ARTHROCENTESIS, ASPIRATION AND/O	1/1/2008	\$40.86	3	NO
W	20610	ARTHROCENTESIS ASPIRATION AND/OR	1/1/2008	\$50.53	3	NO
W	20615	ASPIRATION AND INJECTION FOR TRE	1/1/2008	\$156.17	3	NO
W	20650	INSERTION OF WIRE OR PIN WITH AP	1/1/2008	\$26.66	3	NO
W	20660	APPLICATION OF CRANIAL TONGS, CA	1/1/2008	\$167.73	3	NO
W	20680	REMOVAL OF INPLANT; DEEP (EG BUR	1/1/2008	\$81.12	3	NO
W	20802	REPLANTATION ARM (INCLUDES SURGI	1/1/2008	\$365.73	3	NO
W	20805	REPLANTATION FOREARM (INCLUDES R	1/1/2008	\$474.43	3	NO
W	20808	REPLANTATION HAND (INCLUDES HAND	1/1/2008	\$598.08	3	NO
W	20816	REPLANTATION DIGIT EXCL THUMB (I	1/1/2008	\$380.46	3	NO
W	20822	REPLANTATION DIGIT EXCLUDING THU	1/1/2008	\$334.33	3	NO
W	20824	REPLANTATION THUMB (INCLUDES CAR	1/1/2008	\$377.66	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	20827	REPLANTATION THUMB (INCLUDES DIS	1/1/2008	\$345.62	3	NO
W	20838	REPLANTATION FOOT COMPLETE AMPUT	1/1/2008	\$342.83	3	NO
W	20900	BONE GRAFT, ANY DONOR AREA; MINO	1/1/2008	\$82.58	3	NO
W	20902	BONE GRAFT, ANY DONOR AREA; MAJO	1/1/2008	\$85.53	3	NO
W	20920	FASCIA LATA GRAFT; BY STRIPPER	1/1/2008	\$55.64	3	NO
W	20922	FASCIA LATA GRAFT; BY INCISION A	1/1/2008	\$81.12	3	NO
W	20924	TENDON GRAFT, FROM A DISTANCE (E	1/1/2008	\$71.50	3	NO
W	20931	ALLOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$16.72	3	NO
W	20936	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$25.59	3	NO
W	20937	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$25.27	3	NO
W	20938	AUTOGRAFT FOR SPINE SURGERY ONLY	1/1/2008	\$27.58	3	NO
W	20950	MONITORING OF INTERSTITIAL FLUID	1/1/2008	\$205.09	3	NO
W	20955	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$364.22	3	NO
W	20956	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$385.73	3	NO
W	20957	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$368.36	3	NO
W	20962	BONE GRAFT WITH MICROVASCULAR AN	1/1/2008	\$381.91	3	NO
W	20969	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$403.63	3	NO
W	20970	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$403.47	3	NO
W	20972	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$373.09	3	NO
W	20973	FREE OSTEOCUTANEOUS FLAP WITH MI	1/1/2008	\$404.17	3	NO
W	20974	ELECTRICAL STIMULATION TO AID BO	1/1/2008	\$40.32	3	NO
W	20975	ELECTRICAL STIMULATION TO AID BO	1/1/2008	\$25.64	3	NO
W	20979	LOW INTENSITY ULTRASOUND STIMULA	1/1/2008	\$39.24	3	NO
W	20999	UNLISTED PROCEDURE MUSCULOSKELET	2/1/1994	\$0.01	5	NO
W	21034	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$183.64	3	NO
W	21041	EXCISION OF BENIGN CYST OR TUMOR	7/1/2003	INVALID	N	NO
W	21044	EXCISION OF MALIGNANT TUMOR OF M	1/1/2008	\$121.82	3	NO
W	21045	EXCESION OF MALIGNANT TUMOR OF M	1/1/2008	\$169.13	3	NO
W	21060	MENISCECTOMY, PARTIAL OR COMPLET	1/1/2008	\$111.01	3	NO
W	21116	INJECTION PROCEDURE FOR TEMPOROM	1/1/2008	\$126.60	3	NO
W	21137	REDUCTION FOREHEAD; CONTOURING O	1/1/2008	\$101.34	3	YES
W	21138	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$128.16	3	YES
W	21139	REDUCTION FOREHEAD; CONTOURING A	1/1/2008	\$142.46	3	YES
W	21141	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$187.03	3	YES
W	21142	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$186.28	3	YES
W	21143	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$189.99	3	YES
W	21145	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$215.58	3	YES
W	21146	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$222.73	3	YES
W	21147	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$229.66	3	YES
W	21150	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$237.46	3	YES
W	21151	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$275.57	3	YES
W	21154	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$302.83	3	YES
W	21155	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$338.04	3	YES
W	21159	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$412.29	3	YES
W	21160	RECONSTRUCTION MIDFACE, LEFORT I	1/1/2008	\$417.88	3	YES
W	21172	RECONSTRUCTION SUPERIOR-LATERAL	1/1/2008	\$244.12	3	YES



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	21175	RECONSTRUCTION, BIFRONTAL, SUPER	1/1/2008	\$295.20	3	YES
W	21179	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$208.21	3	YES
W	21180	RECONSTRUCTION, ENTIRE OR MAJORI	1/1/2008	\$234.82	3	YES
W	21182	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$285.95	3	YES
W	21183	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$320.25	3	YES
W	21184	RECONSTRUCTION OF ORBITAL WALLS,	1/1/2008	\$354.92	3	YES
W	21188	RECONSTRUCTION MIDFACE, OSTEOTOM	1/1/2008	\$228.80	3	YES
W	21193	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$176.66	3	YES
W	21194	RECONSTRUCTION FO MANDIBULAR RAM	1/1/2008	\$197.57	3	YES
W	21195	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$188.16	3	YES
W	21196	RECONSTRUCTION OF MANDIBULAR RAM	1/1/2008	\$202.94	3	YES
W	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	1/1/2008	\$157.25	3	YES
W	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL;	1/1/2008	\$142.89	3	YES
W	21206	OSTEOPLASTY (EG FOR PROGATHISM	1/1/2008	\$155.80	3	NO
W	21209	OSTEOPLASTY, FACIAL BONES; REDUC	1/1/2008	\$105.80	3	YES
W	21240	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$158.43	3	NO
W	21242	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$145.04	3	NO
W	21243	ARTHROPLASTY, TEMPOROMANDIBULAR	1/1/2008	\$236.06	3	NO
W	21244	RECONSTRUCTION OF MANDIBLE, EXTR	1/1/2008	\$142.14	3	NO
W	21245	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$151.82	3	NO
W	21246	RECONSTRUCTION OF MANDIBLE OR MA	1/1/2008	\$121.55	3	NO
W	21247	RECONSTRUCTION OF MANDIBULAR CON	1/1/2008	\$230.79	3	NO
W	21255	RECONSTRUCTION OF ZYGOMATIC ARCH	1/1/2008	\$193.61	3	NO
W	21256	RECONSTRUCTION OF ORBIT W/OSTEOT	1/1/2008	\$162.79	3	YES
W	21260	ORBITAL HYPERTELORISM CORRECTION	1/1/2008	\$164.67	3	YES
W	21261	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$317.51	3	YES
W	21263	PERIORBITAL OSTEOTOMIES FOR ORBI	1/1/2008	\$274.98	3	YES
W	21267	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$220.79	3	YES
W	21268	ORBITAL REPOSITIONING PERIORBITA	1/1/2008	\$266.70	3	YES
W	21270	MALAR AUGMENTATION, PROSTHETIC M	1/1/2008	\$122.52	3	YES
W	21275	SECONDARY REVISION FOR ORBITOCRA	1/1/2008	\$112.68	3	YES
W	21300	CLOSED TREATMENT OF SKULL FRACTU	1/1/2007	INVALID	N	NO
W	21339	OPEN TREATMENT OF ANASOETHMOID F	1/1/2008	\$120.85	3	NO
W	21343	OPEN TREATMENT OF DEPRESSED FRON	1/1/2008	\$163.16	3	NO
W	21347	OPEN TREATMENT OF NASOMAXILLARY	1/1/2008	\$160.85	3	NO
W	21360	OPEN TREATMENT OF DEPRESSED MALA	1/1/2008	\$72.90	3	NO
W	21365	OPEN TREATMENT OF COMPLICATED FR	1/1/2008	\$153.86	3	NO
W	21385	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$98.86	3	NO
W	21386	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$92.47	3	NO
W	21387	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$105.58	3	NO
W	21390	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$105.42	3	NO
W	21395	OPEN TREATMENT OF ORBITAL FLOOR	1/1/2008	\$133.43	3	NO
W	21401	TREATMENT OF FRACTURE OF ORBIT E	1/1/2008	\$63.17	3	NO
W	21406	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$74.67	3	NO
W	21407	OPEN TREATMENT OF FRACTURE OF OR	1/1/2008	\$88.65	3	NO
W	21422	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$93.49	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	21423	OPEN TREATMENT OF PALATAL OR MAX	1/1/2008	\$111.93	3	NO
W	21431	CLOSED TREATMENT OF CRANIOFACIAL	1/1/2008	\$96.39	3	NO
W	21432	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$93.70	3	NO
W	21433	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$238.48	3	NO
W	21435	OPEN TREATMENT OF CRANIOFACIAL S	1/1/2008	\$183.97	3	NO
W	21445	OPEN TREATMENT OF MANDIBULAR OR	1/1/2008	\$92.79	3	NO
W	21454	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$75.96	3	NO
W	21461	OPEN TREATMENT OF MANDIBULAR FRA	1/1/2008	\$122.09	3	NO
W	21462	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$133.81	3	NO
W	21465	OPEN TREATMENT OF MANDIBULAR CON	1/1/2008	\$128.16	3	NO
W	21470	OPEN TREATMENT OF COMPLICATED MA	1/1/2008	\$165.53	3	NO
W	21490	OPEN TREATMENT OF TEMPOROMANDIBU	1/1/2008	\$128.70	3	NO
W	21493	CLOSED TREATMENT OF HYOID FRACTU	1/1/2006	INVALID	N	NO
W	21494	TREATMENT OF CLOSED OR OPEN HYOI	1/1/2006	INVALID	N	NO
W	21495	OPEN TREATMENT OF HYOID FRACTURE	1/1/2008	\$84.62	3	NO
W	21502	INCISION AND DRAINAGE DEEP ABSCE	1/1/2008	\$74.30	3	NO
W	21557	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$81.29	3	NO
W	21600	EXCISION OF RIB PARTIAL	1/1/2008	\$74.62	3	NO
W	21610	COSTOTRANSVERSECTOMY (SEPARATE P	1/1/2008	\$148.06	3	NO
W	21615	EXCISION FIRST AND/OR CERVICAL R	1/1/2008	\$97.52	3	NO
W	21616	EXCISION FIRST AND/OR CERVICAL R	1/1/2008	\$119.40	3	NO
W	21620	OSTECTOMY OF STERNUM PARTIAL	1/1/2008	\$74.40	3	NO
W	21627	STERNAL DEBRIDEMENT	1/1/2008	\$77.09	3	NO
W	21630	RADICAL RESECTION OF STERNUM	1/1/2008	\$178.32	3	NO
W	21632	RADICAL RESECTION OF STERNUM; WI	1/1/2008	\$176.87	3	NO
W	21700	DIVISION OF SCALENUS ANTICUS WIT	1/1/2008	\$58.54	3	NO
W	21705	DIVISION OF SCALENUS ANTICUS; WI	1/1/2008	\$89.35	3	NO
W	21720	DIVISION OF STENOCLEIDOMASTOID F	1/1/2008	\$51.45	3	NO
W	21725	DIVISION OF STERNOCLEIDOMASTOID	1/1/2008	\$72.79	3	NO
W	21740	RECONSTRUCTIVE REPAIR OF PECTUS	1/1/2008	\$152.89	3	NO
W	21750	CLOSURE OF MEDIAN STERNOTOMY SEP	1/1/2008	\$101.71	3	NO
W	21810	TREATMENT OF RIB FRACTURE REQUIR	1/1/2008	\$69.30	3	NO
W	21820	CLOSED TREATMENT OF STERNUM FRAC	1/1/2008	\$88.44	3	NO
W	21825	OPEN TREATMENT OF STERNUM FRACTU	1/1/2008	\$80.21	3	NO
W	21920	BIOPSY, SOFT TISSUE OF BACK OR F	1/1/2008	\$155.64	3	NO
W	22100	PART EXCISION OF POST VERT COMPO	1/1/2008	\$110.80	3	NO
W	22101	PART EXCISION OF POST VERT COMPO	1/1/2008	\$110.80	3	NO
W	22102	PART EXCISION OF POST VERT COMPO	1/1/2008	\$111.07	3	NO
W	22103	PART EXCISION OF POST VERT COMPO	1/1/2008	\$21.02	3	NO
W	22110	PART EXCISION OF VERT BODY, CERV	1/1/2008	\$138.32	3	NO
W	22112	PART EXCISION OF VERT BODY, THOR	1/1/2008	\$137.68	3	NO
W	22114	PART EXCISION OF VERT BODY, LUMB	1/1/2008	\$138.32	3	NO
W	22116	PART EXCISION OF VERT BODY, EA A	1/1/2008	\$21.07	3	NO
W	22210	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$246.54	3	NO
W	22214	OSTEOTOMY OF SPINE, POSTERIOR AP	1/1/2008	\$205.47	3	NO
W	22216	OSTEOTOMY OF SPINE, POSTERIOR OR	1/1/2008	\$55.21	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	22220	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$222.46	3	NO
W	22222	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$206.38	3	NO
W	22224	OSTEOTOMY OF SPINE, ANTERIOR APP	1/1/2008	\$220.47	3	NO
W	22226	OSTEOTOMY OF SPINE, INCLUDING DI	1/1/2008	\$54.73	3	NO
W	22318	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$221.65	3	NO
W	22319	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$246.11	3	NO
W	22325	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$191.28	3	NO
W	22326	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$202.46	3	NO
W	22327	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$198.21	3	NO
W	22328	OPEN TREATMENT AND/OR REDUCTION	1/1/2008	\$41.34	3	NO
W	22548	ARTHRODESIS, ANTERIOR TRANSORAL	1/1/2008	\$258.85	3	YES
W	22554	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$182.62	3	YES
W	22556	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$232.19	3	YES
W	22558	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$211.55	3	YES
W	22585	ARTHRODESIS, ANTERIOR INTERBODY	1/1/2008	\$50.48	3	YES
W	22590	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$213.16	3	YES
W	22595	ARTHRODESIS, POSTERIOR TECHNIQUE	1/1/2008	\$202.46	3	YES
W	22600	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$172.95	3	YES
W	22610	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$171.55	3	YES
W	22612	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$224.07	3	YES
W	22614	ARTHRODESIS, POSTERIOR OR POSTER	1/1/2008	\$58.92	3	YES
W	22630	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$215.09	3	YES
W	22632	ARTHRODESIS, POSTERIOR INTERBODY	1/1/2008	\$47.79	3	YES
W	22800	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$190.53	3	YES
W	22802	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$305.57	3	YES
W	22804	ARTHRODESIS, POSTERIOR, FOR SPIN	1/1/2008	\$354.28	3	YES
W	22808	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$257.78	3	YES
W	22810	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$290.14	3	YES
W	22812	ARTHRODESIS, ANTERIOR, FOR SPINA	1/1/2008	\$314.87	3	YES
W	22818	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$317.13	3	NO
W	22819	KYPHECTOMY, CIRCUMFERENTIAL EXPO	1/1/2008	\$359.06	3	NO
W	22830	EXPLORATION OF SPINAL FUSION	1/1/2008	\$113.92	3	NO
W	22840	POSTERIOR NON-SEGMENTAL INSTRUME	1/1/2008	\$115.10	3	NO
W	22842	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$115.15	3	YES
W	22843	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$121.39	3	YES
W	22844	POSTERIOR SEGMENTAL INSTRUMENTAT	1/1/2008	\$149.51	3	YES
W	22845	ANTERIOR INSTRUMENTATION; 2 TO 3	1/1/2008	\$110.26	3	YES
W	22846	ANTERIOR INSTRUMENTATION; 4 TO 7	1/1/2008	\$114.56	3	YES
W	22847	ANTERIOR INSTRUMENTATION; 8 OR M	1/1/2008	\$125.80	3	YES
W	22848	PELVIC FIXATION (ATTACHMENT OF C	1/1/2008	\$54.41	3	YES
W	22849	REINSERTION OF SPINAL FIXATION D	1/1/2008	\$184.77	3	NO
W	22850	REMOVAL OF POSTERIOR NONSEGMENTA	1/1/2008	\$100.37	3	NO
W	22851	APPLICATION OF INTERVERTEBRAL BI	1/1/2008	\$61.13	3	YES
W	22852	REMOVAL OF POSTERIOR SEGMENTAL I	1/1/2008	\$95.96	3	NO
W	22855	REMOVAL OF ANTERIOR INSTRUMENTAT	1/1/2008	\$155.26	3	NO
W	22899	UNLISTED PROCEDURE SPINE	2/1/1994	\$0.01	5	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	22900	EXCISION ABDOMINAL WALL TUMOR SU	1/1/2008	\$54.84	3	NO
W	23000	REMOVAL OF SUBDELTOID CALCAREOUS	1/1/2008	\$72.15	3	NO
W	23020	CAPSULAR CONTRACTURE RELEASE (SE	1/1/2008	\$97.20	3	NO
W	23035	INCISION DEEP WITH OPENING OF CO	1/1/2008	\$99.29	3	NO
W	23040	ARTHROTOMY GLENOHUMERAL JOINT FO	1/1/2008	\$101.23	3	NO
W	23044	ARTHROTOMY ACROMIOCLAVICULAR STE	1/1/2008	\$80.32	3	NO
W	23065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$136.55	3	NO
W	23066	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$336.00	3	NO
W	23077	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$164.18	3	NO
W	23100	ARTHROTOMY WITH BIOPSY, GLENOHUM	1/1/2008	\$68.06	3	NO
W	23101	ARTHROTOMY WITH BIOPSY, OR W/EXC	1/1/2008	\$63.06	3	NO
W	23105	ARTHROTOMY WITH SYNOVECTOMY; GLE	1/1/2008	\$89.56	3	NO
W	23106	ARTHROTOMY FOR SYNOVECTOMY STERN	1/1/2008	\$66.88	3	NO
W	23107	ARTHROTOMY, GLENOHUMERAL JOINT,	1/1/2008	\$93.33	3	NO
W	23120	CLAVICULECTOMY PARTIAL	1/1/2008	\$78.92	3	NO
W	23125	CLAVICULECTOMY; TOTAL	1/1/2008	\$98.97	3	NO
W	23130	ACROMIOPLASTY OR ACROMIONECTOMY,	1/1/2008	\$84.99	3	NO
W	23145	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$95.75	3	NO
W	23150	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$90.42	3	NO
W	23155	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$110.85	3	NO
W	23156	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$94.83	3	NO
W	23170	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$75.32	3	NO
W	23172	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$76.23	3	NO
W	23174	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$105.64	3	NO
W	23180	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$101.28	3	NO
W	23182	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$96.66	3	NO
W	23184	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$108.92	3	NO
W	23190	OSTECTOMY OF SCAPULA PARTIAL (EG	1/1/2008	\$78.06	3	NO
W	23195	RESECTION HUMERAL HEAD	1/1/2008	\$104.56	3	NO
W	23200	RADICAL RESECTION FOR TUMOR CLAV	1/1/2008	\$123.92	3	NO
W	23210	RADICAL RESECTION FOR TUMOR; SCA	1/1/2008	\$129.02	3	NO
W	23220	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$151.87	3	NO
W	23221	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$171.55	3	NO
W	23222	RADICAL RESECTION FOR TUMOR PROX	1/1/2008	\$239.98	3	NO
W	23330	REMOVAL OF FOREIGN BODY SHOULDER	1/1/2008	\$153.48	3	NO
W	23332	REMOVAL OF FOREIGN BODY; COMPLIC	1/1/2008	\$125.10	3	NO
W	23395	MUSCLE TRANSFER, ANY TYPE, SHOUL	1/1/2008	\$181.22	3	NO
W	23397	MUSCLE TRANSFER ANY TYPE FOR PAR	1/1/2008	\$163.05	3	NO
W	23400	SCAPULOPEXY (EG SPRENGEL'S DEFOR	1/1/2008	\$138.32	3	NO
W	23405	TENOMYOTOMY SINGLE	1/1/2008	\$89.08	3	NO
W	23406	TENOMYOTOMY; MULTIPLE THROUGH SA	1/1/2008	\$111.71	3	NO
W	23410	REPAIR OF RUPTURED MUSCULOTENDIN	1/1/2008	\$128.06	3	NO
W	23412	REPAIR OF RUPTURED SUPRASPINATUS	1/1/2008	\$136.34	3	NO
W	23415	CORACOACROMIAL LIGAMENT RELEASE,	1/1/2008	\$104.72	3	NO
W	23420	REPAIR OF COMPLETE SHOULDER (ROT	1/1/2008	\$148.70	3	NO
W	23430	TENODESIS OF LONG TENDON OF BICE	1/1/2008	\$105.21	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	23440	RESECTION OR TRANSPLANTATION OF	1/1/2008	\$108.97	3	NO
W	23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-	1/1/2008	\$136.28	3	NO
W	23455	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$145.37	3	NO
W	23460	CAPSULORRHAPHY, ANTERIOR, ANY TY	1/1/2008	\$157.14	3	NO
W	23462	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$153.48	3	NO
W	23465	CAPSULORRHAPHY FOR RECURRENT DIS	1/1/2008	\$159.83	3	NO
W	23466	CAPSULORRHAPHY WITH ANY TYPE MUL	1/1/2008	\$156.33	3	NO
W	23470	ARTHROPLASTY WITH PROXIMAL HUMER	1/1/2008	\$174.67	3	NO
W	23472	ARTHROPLASTY WITH GLENOID AND PR	1/1/2008	\$215.20	3	YES
W	23480	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$117.20	3	NO
W	23485	OSTEOTOMY CLAVICLE WITH OR WITHO	1/1/2008	\$137.84	3	NO
W	23490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$116.50	3	NO
W	23491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$145.90	3	NO
W	23500	CLOSED TREATMENT OF CLAVICULAR F	1/1/2008	\$140.85	3	NO
W	23515	OPEN TREATMENT OF CLAVICULAR FRA	1/1/2008	\$81.02	3	NO
W	23520	CLOSED TREATMENT OF STERNOCLAVIC	1/1/2008	\$143.81	3	NO
W	23530	OPEN TREATMENT OF STERNOCLAVICUL	1/1/2008	\$77.09	3	NO
W	23532	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$87.14	3	NO
W	23540	CLOSED TREATMENT OF ACROMIOCLAVI	1/1/2008	\$144.35	3	NO
W	23550	OPEN TREATMENT OF ACROMIOCLAVICU	1/1/2008	\$80.05	3	NO
W	23552	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$92.57	3	NO
W	23570	CLOSED TREATMENT OF SCAPULAR FRA	1/1/2008	\$150.53	3	NO
W	23585	OPEN TREATMENT OF SCAPULAR FRACT	1/1/2008	\$97.09	3	NO
W	23600	CLOSED TREATMENT OF PROXIMAL HUM	1/1/2008	\$212.62	3	NO
W	23615	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$114.29	3	NO
W	23616	OPEN TREATMENT OF PROXIMAL HUMER	1/1/2008	\$209.07	3	NO
W	23620	CLOSED TREATMENT OF GREATER TUBE	1/1/2008	\$172.57	3	NO
W	23630	OPEN TREATMENT OF GREATER HUMERA	1/1/2008	\$81.39	3	NO
W	23650	CLOSED TREATMENT OF SHOULDER DIS	1/1/2008	\$198.64	3	NO
W	23655	TREATMENT OF CLSOED SHOULDER DIS	1/1/2008	\$255.36	3	NO
W	23660	OPEN TREATMENT OF ACUTE SHOULDER	1/1/2008	\$80.86	3	NO
W	23670	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$85.91	3	NO
W	23680	OPEN TREATMENT OF SHOULDER DISLO	1/1/2008	\$106.98	3	NO
W	23800	ARTHRODESIS SHOULDER JOINT WITH	1/1/2008	\$143.38	3	NO
W	23802	ATHRODESIS SHOULDER JOINT; WITH	1/1/2008	\$168.16	3	NO
W	23900	INTERTHORACOSCAPULAR AMPUTATION	1/1/2008	\$189.40	3	NO
W	23920	DISARTICULATION OF SHOULDER	1/1/2008	\$152.36	3	NO
W	23921	DISARTICULATION OF SHOULDER; SEC	1/1/2008	\$61.39	3	NO
W	23929	UNLISTED PROCEDURE SHOULDER	2/1/1994	\$0.01	5	NO
W	24065	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$153.75	3	NO
W	24077	RADICAL RESCTION OF TUMOR (EG, M	1/1/2008	\$114.19	3	NO
W	24100	ARTHROTOMY, ELBOW; WITH SYNOVIAL	1/1/2008	\$55.32	3	NO
W	24101	ARTHROTOMY, ELBOW; W/JOINT EXPLO	1/1/2008	\$69.57	3	NO
W	24102	ARTHROTOMY, ELBOW; WITH SYNOVECT	1/1/2008	\$86.50	3	NO
W	24115	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$101.07	3	NO
W	24116	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$123.11	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	24125	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$81.77	3	NO
W	24126	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$88.65	3	NO
W	24130	EXCISION RADIAL HEAD	1/1/2008	\$70.69	3	NO
W	24134	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$108.92	3	NO
W	24136	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$88.76	3	NO
W	24138	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$92.41	3	NO
W	24140	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$105.26	3	NO
W	24145	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$89.13	3	NO
W	24149	RADICAL RESECTION OF CAPSULE, SO	1/1/2008	\$159.77	3	NO
W	24150	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$138.00	3	NO
W	24151	RADICAL RESECTION FOR TUMOR SHAF	1/1/2008	\$160.04	3	NO
W	24152	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$102.74	3	NO
W	24155	RESECTION OF ELBOW JOINT (ARTHRE	1/1/2008	\$118.86	3	NO
W	24160	IMPLANT REMOVAL ELBOW JOINT	1/1/2008	\$85.05	3	NO
W	24164	IMPLANT REMOVAL; RADIAL HEAD	1/1/2008	\$69.51	3	NO
W	24200	REMOVAL OF FOREIGN BODY SUBCUTAN	1/1/2008	\$140.58	3	NO
W	24220	INJECTION PROCEDURE FOR ELBOW AR	1/1/2008	\$127.41	3	NO
W	24301	MUSCLE OR TENDON TRANSFER ANY TY	1/1/2008	\$106.34	3	NO
W	24320	TENOPLASTY WITH MUSCLE TRANSFER	1/1/2008	\$107.09	3	NO
W	24330	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$101.34	3	NO
W	24331	FLEXOR-PLASTY ELBOW (EG STEINDLE	1/1/2008	\$111.61	3	NO
W	24340	TENODESIS OF BICEPS TENDON AT EL	1/1/2008	\$86.34	3	NO
W	24341	REPAIR, TENDON OR MUSCLE, UPPER	1/1/2008	\$99.08	3	NO
W	24342	REINSERTION OF RUPTURED BICEPS O	1/1/2008	\$111.71	3	NO
W	24350	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
W	24351	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
W	24352	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
W	24354	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
W	24356	FASCIOTOMY LATERAL OR MEDIAL (EG	1/1/2008	INVALID	N	NO
W	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	1/1/2008	\$127.41	3	NO
W	24361	ARTHROPLASTY ELBOW; WITH DISTAL	1/1/2008	\$143.06	3	NO
W	24362	ARTHROPLASTY ELBOW; WITH IMPLANT	1/1/2008	\$148.70	3	NO
W	24363	ATHROPLASTY ELBOW; WITH DISTAL H	1/1/2008	\$208.91	3	NO
W	24365	ARTHROPLASTY RADIAL HEAD	1/1/2008	\$90.37	3	NO
W	24366	ARTHROPLASTY RADIAL HEAD; WITH I	1/1/2008	\$96.82	3	NO
W	24400	OSTEOTOMY HUMERUS WITH OR WITHOU	1/1/2008	\$116.50	3	NO
W	24410	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$148.49	3	NO
W	24420	OSTEOPLASTY HUMERUS (EG SHORTENI	1/1/2008	\$139.18	3	NO
W	24430	REPAIR OF NONUNION OR MALUNION H	1/1/2008	\$144.78	3	NO
W	24435	REPAIR OF NONUNION OR MALUNION H	1/1/2008	\$148.70	3	NO
W	24470	HEMIEPIPHYSEAL ARREST (EG FOR CU	1/1/2008	\$95.10	3	NO
W	24498	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$124.29	3	NO
W	24500	CLOSED TREATMENT OF HUMERAL SHAF	1/1/2008	\$229.56	3	NO
W	24515	OPEN TREATMENT OF HUMERAL SHAFT	1/1/2008	\$124.02	3	NO
W	24516	TREATMENT OF HUMERAL SHAFT FRACT	1/1/2008	\$122.95	3	NO
W	24538	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$105.42	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	24545	OPEN TREATMENT OF HUMERAL SUPRAC	1/1/2008	\$112.20	3	NO
W	24560	CLOSED TREATMENT OF HUMERAL EPIC	1/1/2008	\$206.44	3	NO
W	24565	TREATMENT OF CLOSED EPICONDYLAR	1/1/2008	\$69.83	3	NO
W	24575	OPEN TREATMENT OF HUMERAL EPICON	1/1/2008	\$113.00	3	NO
W	24576	CLOSED TREATMENT OF HUMERAL COND	1/1/2008	\$217.19	3	NO
W	24579	OPEN TREATMENT OF HUMERAL CONDYL	1/1/2008	\$121.44	3	NO
W	24586	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$156.28	3	NO
W	24587	OPEN TREATMENT OF PERIARTICULAR	1/1/2008	\$154.83	3	NO
W	24600	TREATMENT OF CLOSED ELBOW DISLOC	1/1/2008	\$252.40	3	NO
W	24615	OPEN TREATMENT OF ACUTE OR CHRON	1/1/2008	\$101.28	3	NO
W	24635	OPEN TREATMENT OF MONTEGGIA TYPE	1/1/2008	\$155.64	3	NO
W	24650	CLOSED TREATMENT OF RADIAL HEAD	1/1/2008	\$168.27	3	NO
W	24665	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$90.85	3	NO
W	24666	OPEN TREATMENT OF RADIAL HEAD OR	1/1/2008	\$103.06	3	NO
W	24670	CLOSED TREATMENT OF ULNAR FRACTU	1/1/2008	\$188.97	3	NO
W	24685	OPEN TREATMENT OF ULNAR FRACTURE	1/1/2008	\$95.21	3	NO
W	24800	ARTHRODESIS ELBOW JOINT WITH OR	1/1/2008	\$114.94	3	NO
W	24802	ARTHRODESIS ELBOW JOINT; WITH PR	1/1/2008	\$142.46	3	NO
W	24900	AMPUTATION ARM THROUGH HUMERUS W	1/1/2008	\$99.40	3	NO
W	24920	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$99.24	3	NO
W	24925	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$75.96	3	NO
W	24930	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$103.81	3	NO
W	24931	AMPUTATION ARM THROUGH HUMERUS;	1/1/2008	\$116.23	3	NO
W	24940	CINEPLASTY UPPER EXTREMITY COMPL	1/1/2008	\$180.59	3	NO
W	25085	CAPSULOTOMY WRIST (EG FOR CONTRA	1/1/2008	\$70.48	3	NO
W	25107	ARTHROTOMY DISTAL RADIOULNAR JOI	1/1/2008	\$88.97	3	NO
W	25119	SYNOVECTOMY EXTENSOR TENDON SHEA	1/1/2008	\$76.50	3	NO
W	25126	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$112.09	3	NO
W	25135	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$81.50	3	NO
W	25136	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$71.98	3	NO
W	25145	SEQUESTRECTOMY (EG FOR OSTEOMYEL	1/1/2008	\$99.56	3	NO
W	25151	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$109.78	3	NO
W	25170	RADICAL RESECTION FOR TUMOR RADI	1/1/2008	\$145.80	3	NO
W	25215	CARPECTOMY; ALL BONES OR PROXIMA	1/1/2008	\$94.03	3	NO
W	25250	REMOVAL OF WRIST PROSTHESIS (SEP	1/1/2008	\$73.06	3	NO
W	25251	REMOVAL OF WRIST PROSTHESIS; COM	1/1/2008	\$99.94	3	NO
W	25263	REPAIR TENDON OR MUSCLE FLEXOR;	1/1/2008	\$114.40	3	NO
W	25265	REPAIR TENDON OR MUSCLE FLEXOR S	1/1/2008	\$132.68	3	NO
W	25300	TENODESIS AT WRIST FLEXORS OF FI	1/1/2008	\$98.38	3	NO
W	25301	TENODESIS AT WRIST; EXTENSORS OF	1/1/2008	\$94.13	3	NO
W	25310	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$115.37	3	NO
W	25312	TENDON TRANSPLANTATION OR TRANSF	1/1/2008	\$128.92	3	NO
W	25315	FLEXOR ORIGIN SLIDE (EG, FOR CER	1/1/2008	\$136.87	3	NO
W	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL	1/1/2008	\$158.32	3	NO
W	25320	CAPSULORRHAPHY OR RECONSTRUCTION	1/1/2008	\$135.21	3	NO
W	25332	ARTHROPLASTY, WRIST, WITH OR WIT	1/1/2008	\$119.72	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	25335	CENTRALIZATION OF WRIST ON ULNA	1/1/2008	\$137.84	3	YES
W	25337	RECONSTRUCTION FOR STABILIZATION	1/1/2008	\$127.52	3	NO
W	25350	OSTEOTOMY RADIUS DISTAL THIRD	1/1/2008	\$124.88	3	NO
W	25355	OSTEOTOMY RADIUS; MIDDLE OR PROX	1/1/2008	\$137.79	3	NO
W	25360	OSTEOTOMY ULNA	1/1/2008	\$122.09	3	NO
W	25365	OSTEOTOMY; RADIUS AND ULNA	1/1/2008	\$158.22	3	NO
W	25370	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$168.05	3	NO
W	25375	MULTIPLE OSTEOTOMIES WITH REALIG	1/1/2008	\$165.74	3	NO
W	25390	OSTEOPLASTY RADIUS OR ULNA SHORT	1/1/2008	\$137.95	3	NO
W	25391	OSTEOPLASTY RADIUS OR ULNA; LENG	1/1/2008	\$170.42	3	NO
W	25392	OSTEOPLASTY RADIUS AND ULNA SHOR	1/1/2008	\$169.29	3	NO
W	25393	OSTEOPLASTY RADIUS AND ULNA; LEN	1/1/2008	\$192.14	3	NO
W	25400	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$144.78	3	NO
W	25405	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$178.16	3	NO
W	25415	REPAIR OF NONUNION OR MALUNION R	1/1/2008	\$166.55	3	NO
W	25420	REPAIR OF NONUNION OR MALUNION,	1/1/2008	\$195.79	3	NO
W	25425	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$189.56	3	NO
W	25426	REPAIR OF DEFECT WITH AUTOGENOUS	1/1/2008	\$184.93	3	NO
W	25440	REPAIR OF NONUNION, SCAPHOID CAR	1/1/2008	\$113.59	3	NO
W	25441	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$133.81	3	NO
W	25442	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$113.06	3	NO
W	25443	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$108.27	3	NO
W	25444	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$116.71	3	NO
W	25445	ARTHROPLASTY WITH PROSTHETIC REP	1/1/2008	\$102.14	3	NO
W	25446	ATHROPLASTY WITH PROSTHETIC REPL	1/1/2008	\$167.09	3	NO
W	25447	INTERPOSITION ARTHROPLASTY INTER	1/1/2008	\$113.11	3	NO
W	25449	REVISION OF ARTHROPLASTY INCLUDI	1/1/2008	\$146.87	3	NO
W	25450	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$100.85	3	NO
W	25455	EPIPHYSEAL ARREST BY EIPHYSIODES	1/1/2008	\$109.03	3	NO
W	25490	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$127.46	3	NO
W	25491	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$133.86	3	NO
W	25492	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$154.78	3	NO
W	25500	CLOSED TREATMENT OF RADIAL SHAFT	1/1/2008	\$171.23	3	NO
W	25515	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$98.11	3	NO
W	25525	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$131.77	3	NO
W	25526	OPEN TREATMENT OF RADIAL SHAFT F	1/1/2008	\$152.25	3	NO
W	25530	CLOSED TREATMENT OF ULNAR SHAFT	1/1/2008	\$166.12	3	NO
W	25545	OPEN TREATMENT OF ULNAR SHAFT FR	1/1/2008	\$96.93	3	NO
W	25560	CLOSED TREATMENT OF RADIAL AND U	1/1/2008	\$173.64	3	NO
W	25574	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$84.62	3	NO
W	25575	OPEN TREATMENT OF RADIAL AND ULN	1/1/2008	\$124.88	3	NO
W	25600	CLOSED TREATMENT OF DISTAL RADIA	1/1/2008	\$190.85	3	NO
W	25611	PERCUTANEOUS SKELETAL FIXATION O	1/1/2007	INVALID	N	NO
W	25620	OPEN TREATMENT OF DISTAL RADIAL	1/1/2007	INVALID	N	NO
W	25622	CLOSED TREATMENT OF CARPAL SCAPH	1/1/2008	\$195.42	3	NO
W	25628	OPEN TREATMENT OF CARPAL SCAPHOI	1/1/2008	\$99.89	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	25630	CLOSED TREATMENT OF CARPAL BONE	1/1/2008	\$200.79	3	NO
W	25645	OPEN TREATMENT OF CARPAL BONE FR	1/1/2008	\$80.32	3	NO
W	25650	CLOSED TREATMENT OF ULNAR STYLOI	1/1/2008	\$208.86	3	NO
W	25670	OPEN TREATMENT OF RADIOCARPAL OR	1/1/2008	\$86.07	3	NO
W	25676	OPEN TREATMENT OF DISTAL RADIOUL	1/1/2008	\$89.03	3	NO
W	25685	OPEN TREATMENT OF TRANS-SCAPHOPE	1/1/2008	\$102.74	3	NO
W	25695	OPEN TREATMENT OF LUNATE DISLOCA	1/1/2008	\$89.24	3	NO
W	25800	ARTHRODESIS, WRIST JOINT (INCLUD	1/1/2008	\$108.43	3	NO
W	25805	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$124.45	3	NO
W	25810	ARTHRODESIS WRIST JOINT (INCLUDI	1/1/2008	\$123.70	3	NO
W	25820	INTERCARPAL FUSION WITHOUT BONE	1/1/2008	\$87.14	3	NO
W	25825	INTERCARPAL FUSION WITH AUTOGENO	1/1/2008	\$106.34	3	NO
W	25830	DISTAL RADIOULNAR JOINT ARTHRODE	1/1/2008	\$138.00	3	NO
W	25900	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$120.96	3	NO
W	25905	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$119.45	3	NO
W	25907	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$106.71	3	NO
W	25909	AMPUTATION FOREARM THROUGH RADIU	1/1/2008	\$118.86	3	NO
W	25915	KRUKENBERG PROCEDURE	1/1/2008	\$196.28	3	NO
W	25920	DISARTICULATION THROUGH WRIST	1/1/2008	\$95.96	3	NO
W	25922	DISARTICULATION THROUGH WRIST; S	1/1/2008	\$83.81	3	NO
W	25924	DISARTICULATION THROUGH WRIST; R	1/1/2008	\$95.59	3	NO
W	25929	TRANSMETACARPAL AMPUTATION; SECO	1/1/2008	\$78.60	3	NO
W	25931	TRANSMETACARPAL AMPUTATION; REAM	1/1/2008	\$106.55	3	NO
W	26010	DRAINAGE OF FINGER ABSCESS SIMPL	1/1/2008	\$185.74	3	NO
W	26011	DRAINAGE OF FINGER ABSCESS; COMP	1/1/2008	\$287.88	3	NO
W	26215	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$76.72	3	NO
W	26255	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$127.14	3	NO
W	26260	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$75.75	3	NO
W	26261	RADICAL RESECTION (OSTECTOMY) FO	1/1/2008	\$90.37	3	NO
W	26262	RADICAL RESECTION OSTECTOMY) FOR	1/1/2008	\$63.28	3	NO
W	26352	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$123.16	3	NO
W	26357	SECONDARY, EACH TENDON	1/1/2008	\$130.48	3	NO
W	26358	FLEXOR TENDON REPAIR OR ADVANCEM	1/1/2008	\$138.65	3	NO
W	26372	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$136.12	3	NO
W	26373	PROFUNDUS TENDON REPAIR OR ADVAN	1/1/2008	\$129.56	3	NO
W	26390	EXCISION FLEXOR TENDON, W/IMPLAN	1/1/2008	\$123.38	3	NO
W	26392	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$146.55	3	NO
W	26416	REMOVAL OF SYNTHETIC ROD AND INS	1/1/2008	\$125.53	3	NO
W	26420	EXTENSOR TENDON REPAIR DORSUM OF	1/1/2008	\$109.19	3	NO
W	26426	REPAIR OF EXTENSOR TENDON, CENTR	1/1/2008	\$103.06	3	NO
W	26434	EXTENSOR TENDON REPAIR OPEN PRIM	1/1/2008	\$95.21	3	NO
W	26474	TENODESIS FOR DISTAL JOINT STABI	1/1/2008	\$89.03	3	NO
W	26476	TENDON LENGTHENING EXTENSOR SING	1/1/2008	\$86.45	3	NO
W	26479	TENDON SHORTENING, FLEXOR, HAND	1/1/2008	\$93.11	3	NO
W	26483	TENDON TRANSFER OR TRANSPLANT CA	1/1/2008	\$127.95	3	NO
W	26485	TENDON TRANSFER OR TRANSPLANT PA	1/1/2008	\$123.27	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	26492	OPPONENS PLASTY TENDON TRANSFER	1/1/2008	\$127.73	3	NO
W	26494	OPPONENS PLASTY HYPOTHENAR MUSCL	1/1/2008	\$117.20	3	NO
W	26497	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$126.82	3	NO
W	26498	TENDON TRANSFER TO RESTORE INTRI	1/1/2008	\$167.73	3	NO
W	26499	CORRECTION CLAW FINGER OTHER MET	1/1/2008	\$120.31	3	NO
W	26502	TENDON PULLEY RECONSTRUCTION WIT	1/1/2008	\$104.51	3	NO
W	26504	TENDON PULLEY RECONSTRUCTION; WI	1/1/2007	INVALID	N	NO
W	26517	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$122.68	3	NO
W	26518	CAPSULODESIS FOR M-P JOINT STABI	1/1/2008	\$122.84	3	NO
W	26530	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$74.03	3	NO
W	26531	ARTHROPLASTY METACARPOPHALANGEAL	1/1/2008	\$86.34	3	NO
W	26536	ARTHROPLASTY INTERPHALANGEAL JOI	1/1/2008	\$91.02	3	NO
W	26541	RECONSTRUCTION, COLLATERAL LIGAM	1/1/2008	\$119.78	3	NO
W	26546	REPAIR NON-UNION, METACARPAL OR	1/1/2008	\$140.37	3	NO
W	26550	POLLICIZATION OF A DIGIT	1/1/2008	\$220.74	3	NO
W	26553	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$389.87	3	NO
W	26554	TOE-TO-HAND TRANSFER WITH MICROV	1/1/2008	\$533.08	3	NO
W	26555	POSITIONAL CHANGE OF OTHER FINGE	1/1/2008	\$196.49	3	NO
W	26556	FREE TOE JOINT TRANSFER WITH MIC	1/1/2008	\$437.93	3	NO
W	26560	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$82.84	3	YES
W	26561	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$129.35	3	YES
W	26562	REPAIR OF SYNDACTYLY (WEB FINGER	1/1/2008	\$188.32	3	YES
W	26565	OSTEOTOMY FOR CORRECTION OF DEFO	1/1/2008	\$101.02	3	NO
W	26568	OSTEOPLASTY FOR LENGTHENING OF M	1/1/2008	\$133.11	3	NO
W	26580	REPAIR CLEFT HAND	1/1/2008	\$187.41	3	NO
W	26585	REPAIR BIFID DIGIT	4/1/2002	INVALID	N	NO
W	26587	RECONSTRUCTION OF POLYDACTYLOUS	1/1/2008	\$133.97	3	NO
W	26590	REPAIR MACRODACTYLIA, EACH DIGIT	1/1/2008	\$184.83	3	NO
W	26596	EXCISION OF CONSTRICTING RING WI	1/1/2008	\$101.82	3	NO
W	26597	RELEASE OF SCAR CONTRACTURE FLEX	4/1/2002	INVALID	N	NO
W	26600	CLOSED TREATMENT OF METACARPAL F	1/1/2008	\$173.38	3	NO
W	26665	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$80.96	3	NO
W	26670	CLOSED TREATMENT OF CARPOMETACAR	1/1/2008	\$220.68	3	NO
W	26676	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$69.51	3	NO
W	26685	OPEN TREATMENT OF CARPOMETACARPA	1/1/2008	\$76.07	3	NO
W	26686	OPEN TREATMENT OF CLOSED OR OPEN	1/1/2008	\$86.12	3	NO
W	26700	CLOSED TREATMENT OF METACARPOPHA	1/1/2008	\$208.05	3	NO
W	26706	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$59.14	3	NO
W	26720	CLOSED TREATMENT OF PHALANGEAL S	1/1/2008	\$125.53	3	NO
W	26725	CLOSED TREATMENT OF PHALANGEAL S	1/1/2008	\$229.02	3	NO
W	26740	CLOSED TX OF ARTICULAR FX, INVOL	1/1/2008	\$144.88	3	NO
W	26750	CLOSED TREATMENT OF DISTAL PHALA	1/1/2008	\$117.73	3	NO
W	26770	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$178.48	3	NO
W	26820	FUSION IN OPPOSITION THUMB WITH	1/1/2008	\$116.93	3	NO
W	26842	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$118.06	3	NO
W	26843	ARTHRODESIS, ARPOMETACARPAL JOIN	1/1/2008	\$108.22	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	26844	ARTHRODESIS CARPOMETACARPAL JOIN	1/1/2008	\$121.01	3	NO
W	26852	ARTHRODESIS METACARPOPHALANGEAL	1/1/2008	\$117.04	3	NO
W	26862	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$107.41	3	NO
W	26863	ARTHRODESIS INTERPHALANGEAL JOIN	1/1/2008	\$34.62	3	NO
W	27000	TENTOMY ADDUCTOR SUBCUTANEOUS CL	1/1/2008	\$63.11	3	NO
W	27001	TENOTOMY, ADDUCTOR OF HIP, SUBCU	1/1/2008	\$76.18	3	NO
W	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS	1/1/2008	\$81.39	3	NO
W	27005	TENOTOMY ILIOPSOAS OPEN (SEPARAT	1/1/2008	\$103.54	3	NO
W	27006	TENOTOMY ABDUCTORS OPEN (SEPARAT	1/1/2008	\$104.24	3	NO
W	27030	ARTHROTOMY HIP FOR INFECTION WIT	1/1/2008	\$134.83	3	NO
W	27033	ARTHROTOMY, HIP, WITH EXPLORATIO	1/1/2008	\$139.13	3	NO
W	27035	HIP JOINT DENERVATION INTRAPELVI	1/1/2008	\$162.62	3	NO
W	27036	CAPSULECTOMY OR CAPSULOTOMY OF H	1/1/2008	\$140.85	3	NO
W	27048	EXCISION, TUMOR, PELVIS AND HIP	1/1/2008	\$65.16	3	NO
W	27049	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$137.79	3	NO
W	27052	ARTHROTOMY FOR BIOPSY; HIP JOINT	1/1/2008	\$76.23	3	NO
W	27054	ARTHROTOMY WITH SYNOVECTOMY, HIP	1/1/2008	\$95.10	3	NO
W	27060	EXCISION ISCHIAL BURSA	1/1/2008	\$58.97	3	NO
W	27062	EXCISION; TROCHANTERIC BURSA OR	1/1/2008	\$62.58	3	NO
W	27065	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$68.87	3	NO
W	27066	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$113.22	3	NO
W	27067	EXCISION OF BONE CYST OR BENIGN	1/1/2008	\$143.16	3	NO
W	27070	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$118.43	3	NO
W	27071	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$128.54	3	NO
W	27075	RADICAL RESECTION OF TUMOR OR IN	1/1/2008	\$328.04	3	NO
W	27076	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$226.06	3	NO
W	27077	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$380.08	3	NO
W	27078	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$142.14	3	NO
W	27079	RADICAL RESECTION FOR TUMOR OR I	1/1/2008	\$139.18	3	NO
W	27080	COCCYGECTOMY PRIMARY	1/1/2008	\$67.42	3	NO
W	27086	REMOVAL OF FOREIGN BODY SUBCUTAN	1/1/2008	\$174.45	3	NO
W	27087	REMOVAL OF FOREIGN BODY; DEEP	1/1/2008	\$88.60	3	NO
W	27090	REMOVAL OF HIP PROSTHESIS (SEPAR	1/1/2008	\$118.11	3	NO
W	27091	REMOVAL OF HIP PROSTHESIS; COMPL	1/1/2008	\$224.56	3	NO
W	27096	INJECTION PROCEDURE FOR SACROILI	1/1/2008	\$144.08	3	NO
W	27097	HAMSTRING RESECESSION PROXIMAL	1/1/2008	\$92.09	3	NO
W	27098	ADDUCTOR TRANSFER TO ISCHIUM	1/1/2008	\$89.46	3	NO
W	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE	1/1/2008	\$115.15	3	NO
W	27105	TRANSFER PARASPINAL MUSCLE TO HI	1/1/2008	\$120.91	3	NO
W	27110	TRANSFER ILIOPSOAS; TO GREATER T	1/1/2008	\$133.43	3	NO
W	27111	TRANSFER ILLOPSOAS; TO FEMORAL N	1/1/2008	\$125.26	3	NO
W	27120	ACETABULOPLASTY; (EG,WHITMAN,COL	1/1/2008	\$181.60	3	NO
W	27122	ACETABULOPLASTY; RESECTION FEMOR	1/1/2008	\$157.19	3	NO
W	27125	PARTIAL HIP REPLACEMENT, PROSTHE	1/1/2008	\$158.11	3	NO
W	27130	ARTHROPLASTY, ACETABULAR & PROXI	1/1/2008	\$204.72	3	NO
W	27132	CONVERSION OF PREVIOUS HIP SURGE	1/1/2008	\$240.15	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27134	REVISION OF TOTAL HIP ARTHOPLAST	1/1/2008	\$280.41	3	NO
W	27137	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$213.16	3	NO
W	27138	REVISION OF TOTAL HIP ATHROPLAST	1/1/2008	\$221.87	3	NO
W	27140	OSTEOTOMY AND TRANSFER OF GREATE	1/1/2008	\$127.95	3	NO
W	27146	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$179.99	3	NO
W	27147	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$206.44	3	NO
W	27151	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$198.54	3	NO
W	27156	OSTEOTOMY ILIAC ACETABULAR OR IN	1/1/2008	\$245.68	3	NO
W	27158	OSTEOTOMY, PELVIS, BILATERAL (EG	1/1/2008	\$183.16	3	NO
W	27161	OSTEOTOMY FEMORAL NECK (SEPARATE	1/1/2008	\$174.07	3	NO
W	27165	OSTEOTOMY INTERTROCHANTERIC OR S	1/1/2008	\$192.46	3	NO
W	27170	BONE GRAFT, FEMORAL HEAD, NECK,	1/1/2008	\$167.84	3	NO
W	27176	TREATMENT OF SLIPPED FEMORAL EPI	1/1/2008	\$128.16	3	NO
W	27177	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$156.76	3	NO
W	27178	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$125.05	3	NO
W	27179	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$138.32	3	NO
W	27181	OPEN TREATMENT OF SLIPPED FEMORA	1/1/2008	\$148.75	3	NO
W	27185	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$104.24	3	NO
W	27187	PROPHYLACTIC TREATMENT WITH WITH	1/1/2008	\$141.93	3	NO
W	27193	CLOSED TREATMENT OF PELVIC RING	1/1/2008	\$320.41	3	NO
W	27200	CLOSED TREATMENT OF COCCYGEAL FR	1/1/2008	\$116.66	3	NO
W	27202	OPEN TREATMENT OF COCCYGEAL FRAC	1/1/2008	\$127.63	3	NO
W	27217	OPEN TREATMENT OF ANTERIOR RING	1/1/2008	\$144.40	3	NO
W	27218	OPEN TREATMENT OF POSTERIOR RING	1/1/2008	\$192.62	3	NO
W	27220	CLOSED TREATMENT OF ACETABULUM (	1/1/2008	\$360.19	3	NO
W	27226	OPEN TREATMENT OF POSTERIOR OR A	1/1/2008	\$140.10	3	NO
W	27227	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$237.62	3	NO
W	27228	OPEN TREATMENT OF ACETABULAR FRA	1/1/2008	\$273.05	3	NO
W	27230	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$323.10	3	NO
W	27235	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$129.62	3	NO
W	27236	OPEN TREATMENT OF FEMORAL FRACTU	1/1/2008	\$166.66	3	NO
W	27244	TREATMENT OF INTERTROCHANTERIC,	1/1/2008	\$165.42	3	NO
W	27245	OPEN TREATMENT OF INTERTROCHANTE	1/1/2008	\$203.27	3	NO
W	27246	CLOSED TREATMENT OF GREATER TROC	1/1/2008	\$265.84	3	NO
W	27248	OPEN TREATMENT OF GREATER TROCHA	1/1/2008	\$110.42	3	NO
W	27250	CLOSED TREATMENT OF HIP DISLOCAT	1/1/2008	\$332.51	3	NO
W	27253	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$135.05	3	NO
W	27254	OPEN TREATMENT OF HIP DISLOCATIO	1/1/2008	\$180.90	3	NO
W	27256	TREATMETN OF SPONTANEOUS HIP DIS	1/1/2008	\$213.70	3	NO
W	27258	OPEN TREATMENT OF SPONTANEOUS HI	1/1/2008	\$157.09	3	NO
W	27259	OPEN TREATMENT OF CONGENITAL HIP	1/1/2008	\$218.32	3	NO
W	27265	CLOSED TREATMENT OF POST HIP ART	1/1/2008	\$277.94	3	NO
W	27280	ARTHRODESIS SACROILIAC JOINT (IN	1/1/2008	\$145.15	3	NO
W	27282	ARTHRODESIS SYMPHYSIS PUBIS (INC	1/1/2008	\$115.85	3	NO
W	27284	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$231.92	3	NO
W	27286	ARTHRODESIS HIP JOINT (INCLUDES	1/1/2008	\$232.94	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27290	INTERPELVIABDOMINAL AMPUTATION (	1/1/2008	\$223.16	3	NO
W	27295	DISARTICULATION OF HIP	1/1/2008	\$179.77	3	NO
W	27299	UNLISTED PROCEDURE PELVIS OR HIP	2/1/1994	\$0.01	5	NO
W	27303	INCISION DEEP WITH OPENING OF BO	1/1/2008	\$89.83	3	NO
W	27305	FASCIOTOMY ILIOTIBIAL (TENOTOMY)	1/1/2008	\$65.26	3	NO
W	27306	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$54.14	3	NO
W	27307	TENOTOMY SUBCUTANEOUS CLOSED ADD	1/1/2008	\$65.86	3	NO
W	27310	ARTHROTOMY KNEE FOR INFECTION WI	1/1/2008	\$101.55	3	NO
W	27315	NEURECTOMY HAMSTRING MUSCLE	1/1/2007	INVALID	N	NO
W	27320	NEURECTOMY POPLITEAL (GASTROCNEM	1/1/2007	INVALID	N	NO
W	27323	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$166.66	3	NO
W	27324	BIOPSY SOFT TISSUES; DEEP	1/1/2008	\$263.42	3	NO
W	27329	RADICAL RESECTION OF TUMOR (EG,	1/1/2008	\$143.75	3	NO
W	27330	ARTHROTOMY, KNEE; WITH SYNOVIAL	1/1/2008	\$55.59	3	NO
W	27331	ARTHROTOMY, KNEE; W/JOINT EXPLOR	1/1/2008	\$66.12	3	NO
W	27332	ARTHROTOMY, KNEE, WITH EXCISION	1/1/2008	\$89.51	3	NO
W	27333	ARTHROTOMY KNEE FOR EXCISION OF	1/1/2008	\$81.34	3	NO
W	27334	ARTHROTOMY, KNEE, WITH SYNOVECTO	1/1/2008	\$95.53	3	NO
W	27335	ARTHROTOMY KNEE FOR SYNOVECTOMY;	1/1/2008	\$108.17	3	NO
W	27345	EXCISION OF SYNOVIAL CYST OF POP	1/1/2008	\$66.77	3	NO
W	27347	EXCISION OF LESION OF MENISCUS O	1/1/2008	\$69.57	3	NO
W	27350	PATELLECTOMY OR HEMIPATELLECTOMY	1/1/2008	\$91.18	3	NO
W	27355	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$84.73	3	NO
W	27356	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$103.38	3	NO
W	27357	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$115.05	3	NO
W	27358	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$42.58	3	NO
W	27360	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$120.31	3	NO
W	27365	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$172.73	3	NO
W	27380	SUTURE OF INFRAPATELLAR TENDON P	1/1/2008	\$83.65	3	NO
W	27381	SUTURE OF INFRAPATELLAR TENDON S	1/1/2008	\$113.70	3	NO
W	27385	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$89.67	3	NO
W	27386	SUTURE OF QUADRICEPS OR HAMSTRIN	1/1/2008	\$118.16	3	NO
W	27390	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$60.96	3	NO
W	27391	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$80.21	3	NO
W	27392	TENOTOMY OPEN HAMSTRING KNEE TO	1/1/2008	\$99.24	3	NO
W	27393	LENGTHENING OF HAMSTRING TENDON	1/1/2008	\$71.12	3	NO
W	27394	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$92.04	3	NO
W	27395	LENGTHENING OF HAMSTRING TENDON;	1/1/2008	\$124.45	3	NO
W	27396	TRANSPLANT HAMSTRING TENDON TO P	1/1/2008	\$86.66	3	NO
W	27397	TRANSPLANT HAMSTRING TENDON TO P	1/1/2008	\$124.62	3	NO
W	27400	TENDON MUSCLE TRANSFER HAMSTRING	1/1/2008	\$94.13	3	NO
W	27403	ARTHROTOMY WITH OPEN MENISCUS RE	1/1/2008	\$90.64	3	NO
W	27405	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$95.16	3	NO
W	27407	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$109.78	3	NO
W	27409	REPAIR PRIMARY TORN LIGAMENT AND	1/1/2008	\$136.55	3	NO
W	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (	1/1/2008	\$117.95	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27420	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.85	3	NO
W	27422	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.48	3	NO
W	27424	RECONSTRUCTION FOR RECURRENT DIS	1/1/2008	\$105.53	3	NO
W	27425	LATERAL RETINACULAR RELEASE OPEN	1/1/2008	\$61.82	3	NO
W	27427	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$101.23	3	NO
W	27428	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$154.45	3	NO
W	27429	RECONSTRUCTION (AUGMENTATION) KN	1/1/2008	\$172.57	3	NO
W	27430	QUADRICEPS PLASTY (BENNETT OR TH	1/1/2008	\$104.67	3	NO
W	27435	CAPSULOTOMY KNEE POSTERIOR CAPSU	1/1/2008	\$111.12	3	NO
W	27437	ARTHROPLASTY PATELLA WITHOUT PRO	1/1/2008	\$93.00	3	NO
W	27438	ARTHROPLASTY PATELLA; WITH PROST	1/1/2008	\$118.49	3	NO
W	27440	ARTHROPLASTY KNEE TIBIAL PLATEAU	1/1/2008	\$102.57	3	NO
W	27441	ARTHROPLASTY KNEE TIBIAL PLATEAU	1/1/2008	\$108.76	3	NO
W	27442	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$123.59	3	NO
W	27443	ARTHROPLASTY KNEE FEMORAL CONDYL	1/1/2008	\$116.12	3	NO
W	27445	ARTHROPLASTY KNEE CONSTRAINED PR	1/1/2008	\$180.20	3	NO
W	27446	ARTHROPLASTY KNEE TOTAL CONDYLE	1/1/2008	\$160.63	3	NO
W	27447	ARTHROPLASTY, KNEE, CONDYLE & PL	1/1/2008	\$220.31	3	YES
W	27448	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$116.93	3	NO
W	27450	OSTEOTOMY FEMUR SHAFT OR SUPRACO	1/1/2008	\$145.42	3	NO
W	27454	OSTEOTOMY MULTIPLE FEMORAL SHAFT	1/1/2008	\$183.70	3	NO
W	27455	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$134.45	3	NO
W	27457	OSTEOTOMY PROXIMAL TIBIA INCLUDI	1/1/2008	\$138.59	3	NO
W	27465	OSTEOPLASTY FEMUR SHORTENING (EX	1/1/2008	\$167.68	3	NO
W	27466	OSTEOPLASTY FEMUR; LENGTHENING	1/1/2008	\$168.43	3	NO
W	27468	OSTEOPLASTY FEMUR; COMBINED LENG	1/1/2008	\$189.40	3	NO
W	27470	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$167.62	3	NO
W	27472	REPAIR NONUNION OR MALUNION FEMU	1/1/2008	\$181.98	3	NO
W	27475	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$93.06	3	NO
W	27477	TIBIA AND FIBULA PROXIMAL	1/1/2008	\$103.43	3	NO
W	27479	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$130.80	3	NO
W	27485	ARREST HEMIEPIPHYSEAL DISTAL FEM	1/1/2008	\$94.99	3	NO
W	27486	REVISION OF TOTAL KNEE ATHROPLAS	1/1/2008	\$200.85	3	NO
W	27487	REVISION OF TOTAL KNEE ARTHROPLA	1/1/2008	\$254.18	3	NO
W	27488	REMOVAL OF KNEE PROSTHESIS, INCL	1/1/2008	\$169.45	3	NO
W	27495	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$161.87	3	NO
W	27500	CLOSED TREATMENT OF FEMORAL SHAF	1/1/2008	\$354.28	3	NO
W	27501	CLOSED TREATMENT OF SUPRACONDYLA	1/1/2008	\$348.90	3	NO
W	27502	CLOSED TREATMENT OF FEMORAL SHAF	1/1/2008	\$560.45	3	NO
W	27506	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$187.41	3	NO
W	27507	OPEN TREATMENT OF FEMORAL SHAFT	1/1/2008	\$141.17	3	NO
W	27508	CLOSED TREATMENT OF FEMORAL FRAC	1/1/2008	\$358.04	3	NO
W	27511	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$145.15	3	NO
W	27513	OPEN TX OF FEMORAL SUPRACONDYLAR	1/1/2008	\$193.32	3	NO
W	27514	OPEN TX OF FEMORAL FX, DISTAL EN	1/1/2008	\$188.81	3	NO
W	27516	CLOSED TREATMENT OF DISTAL FEMOR	1/1/2008	\$334.66	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27519	OPEN TX OF DISTAL FEMORAL EPIPHY	1/1/2008	\$158.75	3	NO
W	27520	CLOSED TREATMENT OF PATELLAR FRA	1/1/2008	\$210.47	3	NO
W	27524	OPEN TREATMENT OF PATELLAR FRACT	1/1/2008	\$107.09	3	NO
W	27530	CLOSED TREATMENT OF TIBIAL FRACT	1/1/2008	\$263.69	3	NO
W	27535	OPEN TX OF TIBIAL FX, PROXIMAL;	1/1/2008	\$126.12	3	NO
W	27536	OPEN TREATMENT OF TIBIAL FRACTUR	1/1/2008	\$167.84	3	NO
W	27540	OPEN TX OF INTERCONDYLAR SPINE(S	1/1/2008	\$133.75	3	NO
W	27550	CLOSED TREATMENT OF KNEE DISLOAC	1/1/2008	\$334.39	3	NO
W	27556	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$153.43	3	NO
W	27557	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$176.28	3	NO
W	27558	OPEN TX OF KNEE DISLOATION, INC	1/1/2008	\$180.36	3	NO
W	27560	CLOSED TREATMENT OF PATELLAR DIS	1/1/2008	\$238.96	3	NO
W	27566	OPEN TREATMENT OF PATELLAR DISLO	1/1/2008	\$127.30	3	NO
W	27580	FUSION OF KNEE ANY TECHNIQUE	1/1/2008	\$206.87	3	NO
W	27590	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$116.28	3	NO
W	27591	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$130.05	3	NO
W	27592	AMPUTATION THIGH THROUGH FEMUR A	1/1/2008	\$98.43	3	NO
W	27598	DISARTICULATION AT KNEE	1/1/2008	\$105.26	3	NO
W	27599	UNLISTED PROCEDURE FEMUR OR KNEE	2/1/1994	\$0.01	5	NO
W	27600	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$60.00	3	NO
W	27601	DECOMPRESSION FASCIOTOMY, LEG: P	1/1/2008	\$61.50	3	NO
W	27602	DECOMPRESSION FASCIOTOMY, LEG; A	1/1/2008	\$73.92	3	NO
W	27606	TENOTOMY ACHILLES TENDON SUBCUTA	1/1/2008	\$43.17	3	NO
W	27612	ARTHROTOMY ANKLE POSTERIOR CAPSU	1/1/2008	\$80.96	3	NO
W	27613	BIOPSY SOFT TISSUES SUPERFICIAL	1/1/2008	\$155.37	3	NO
W	27620	ARTHROTOMY, ANKLE, W/JOINT EXPLO	1/1/2008	\$65.91	3	NO
W	27625	ARTHROTOMY, ANKLE, WITH SYNOVECT	1/1/2008	\$85.48	3	NO
W	27626	ARTHROTOMY ANKLE FOR SYNOVECTOMY	1/1/2008	\$92.20	3	NO
W	27635	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$84.40	3	NO
W	27637	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$106.71	3	NO
W	27638	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$111.23	3	NO
W	27640	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$127.84	3	NO
W	27641	PARTIAL EXCISION (CRATERIZATION	1/1/2008	\$102.95	3	NO
W	27645	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$153.86	3	NO
W	27646	RESECTION FOR TUMOR RADICAL; FIB	1/1/2008	\$137.95	3	NO
W	27647	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$118.22	3	NO
W	27650	REPAIR PRIMARY OPEN OR PERCUTANE	1/1/2008	\$100.80	3	NO
W	27652	SUTURE PRIMARY RUPTURED ACHILLES	1/1/2008	\$107.57	3	NO
W	27654	REPAIR SECONDARY RUPTURED ACHILL	1/1/2008	\$100.85	3	NO
W	27656	REPAIR FASCIAL DEFECT OF LEG	1/1/2008	\$73.76	3	NO
W	27658	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$54.94	3	NO
W	27659	REPAIR OR SUTURE OF FLEXOR TENDO	1/1/2008	\$72.79	3	NO
W	27665	REPAIR OR SUTURE OF EXTENSOR TEN	1/1/2008	\$60.21	3	NO
W	27675	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$74.40	3	NO
W	27676	REPAIR FOR DISLOCATING PERONEAL	1/1/2008	\$88.65	3	NO
W	27680	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$62.63	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27681	TENOLYSIS INCLUDING TIBIA FIBULA	1/1/2008	\$73.76	3	NO
W	27685	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$81.82	3	NO
W	27686	LENGTHENING OR SHORTENING OF TEN	1/1/2008	\$81.18	3	NO
W	27687	GASTROCNEMIUS RECESSON (EG STRA	1/1/2008	\$66.77	3	NO
W	27690	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$88.38	3	NO
W	27691	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$104.46	3	NO
W	27692	TRANSFER OR TRANSPLANT OF SINGLE	1/1/2008	\$16.50	3	NO
W	27695	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$71.45	3	NO
W	27696	SUTURE PRIMARY TORN RUPTURED OR	1/1/2008	\$85.64	3	NO
W	27698	SUTURE SECONDARY REPAIR TORN RUP	1/1/2008	\$94.94	3	NO
W	27700	ARTHROPLASTY ANKLE	1/1/2008	\$88.17	3	NO
W	27702	ARTHROPLASTY ANKLE; WITH IMPLANT	1/1/2008	\$143.54	3	NO
W	27703	ARTHROPLASTY ANKLE SECONDARY RECO	1/1/2008	\$163.81	3	NO
W	27704	REMOVAL OF ANKLE IMPLANT	1/1/2008	\$78.38	3	NO
W	27705	OSTEOTOMY TIBIA	1/1/2008	\$109.78	3	NO
W	27707	OSTEOTOMY; FIBULA	1/1/2008	\$55.16	3	NO
W	27709	OSTEOTOMY; TIBIA AND FIBULA	1/1/2008	\$148.70	3	NO
W	27712	OSTEOTOMY; MULTIPLE WITH REALIGN	1/1/2008	\$153.27	3	NO
W	27715	OSTEOPLASTY TIBIA AND FIBULA LEN	1/1/2008	\$151.60	3	NO
W	27720	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$125.37	3	NO
W	27722	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$124.94	3	NO
W	27724	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$183.97	3	NO
W	27725	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$169.13	3	NO
W	27727	REPAIR OF CONGENITAL PSEUDARTHRO	1/1/2008	\$145.42	3	NO
W	27730	ARREST, EPIPHYSEAL (EPIPHYSIODES	1/1/2008	\$83.17	3	NO
W	27732	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$59.19	3	NO
W	27734	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$87.84	3	NO
W	27740	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$100.91	3	NO
W	27742	EPIPHYSEAL ARREST BY EPIPHYSIODE	1/1/2008	\$96.45	3	NO
W	27745	PROPHYLACTIC TREATMENT (NAILING	1/1/2008	\$107.63	3	NO
W	27750	CLOSED TREATMENT OF TIBIAL SHAFT	1/1/2008	\$227.40	3	NO
W	27756	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$79.51	3	NO
W	27758	OPEN TREATMENT OF TIBIAL SHAFT F	1/1/2008	\$125.53	3	NO
W	27759	TREATMENT OF TIBIAL SHAFT FRACTU	1/1/2008	\$143.11	3	NO
W	27760	CLOSED TREATMENT OF MEDIAL MALLE	1/1/2008	\$219.07	3	NO
W	27766	OPEN TX OF MEDIAL MALLEOLUS FRAC	1/1/2008	\$92.25	3	NO
W	27780	CLOSED TREATMENT OF PROXIMAL FIB	1/1/2008	\$194.61	3	NO
W	27784	OPEN TX OF PROXIMAL FIBULA OR SH	1/1/2008	\$80.10	3	NO
W	27786	CLOSED TREATMENT OF DISTAL FIBUL	1/1/2008	\$207.78	3	NO
W	27792	OPEN TX OF DISTAL FIBULAR FRACTU	1/1/2008	\$85.69	3	NO
W	27808	CLOSED TX OF BIMALLEOLAR ANKLE F	1/1/2008	\$216.92	3	NO
W	27814	OPEN TX OF BIMALLEOLAR ANKLE FX,	1/1/2008	\$114.02	3	NO
W	27816	CLOSED TREATMENT OF TRIMALLEOLAR	1/1/2008	\$206.44	3	NO
W	27822	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$130.37	3	NO
W	27823	OPEN TX OF TRIMALLEOLAR ANKLE FX	1/1/2008	\$147.89	3	NO
W	27824	CLOSED TREATMENT OF FRACTURE OF	1/1/2008	\$205.09	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	27826	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$101.12	3	NO
W	27827	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$163.81	3	NO
W	27828	OPEN TX OF FRACTURE OF WEIGHT BE	1/1/2008	\$185.79	3	NO
W	27829	OPEN TX OF DISTAL TIBIOFIBULAR J	1/1/2008	\$70.43	3	NO
W	27830	CLOSED TREATMENT OF PROXIMAL TIB	1/1/2008	\$235.47	3	NO
W	27832	OPEN TX OF PROXIMAL TIBIOFIBULAR	1/1/2008	\$72.68	3	NO
W	27840	CLOSED TREATMENT OF ANKLE DISLOC	1/1/2008	\$237.62	3	NO
W	27846	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$105.05	3	NO
W	27848	OPEN TREATMENT OF ANKLE DISLOCAT	1/1/2008	\$122.20	3	NO
W	27870	ARTHRODESIS, ANKLE, OPEN	1/1/2008	\$149.35	3	NO
W	27871	ARTHRODESIS TIBIOFIBULAR JOINT P	1/1/2008	\$98.54	3	NO
W	27880	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$129.24	3	NO
W	27881	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$128.00	3	NO
W	27882	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$92.47	3	NO
W	27886	AMPUTATION LEG THROUGH TIBIA AND	1/1/2008	\$94.62	3	NO
W	27888	AMPUTATION ANKLE THROUGH MALLEOL	1/1/2008	\$101.77	3	NO
W	27889	ANKLE DISARTICULATION	1/1/2008	\$98.76	3	NO
W	28020	ARTHROTOMY WITH EXPLORATION DRAI	1/1/2008	\$65.48	3	NO
W	28030	NEURECTOMY OF INTRINSIC MUSCULAT	1/1/2007	INVALID	N	NO
W	28035	TARSAL TUNNEL RELEASE (POSTERIOR	1/1/2008	\$65.10	3	NO
W	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY I	1/1/2008	\$55.37	3	NO
W	28060	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$63.92	3	NO
W	28062	FASCIECTOMY EXCISION OF PLANTAR	1/1/2008	\$76.77	3	NO
W	28070	SYNOVECTOMY INTERTARSAL OR TARSO	1/1/2008	\$62.42	3	NO
W	28072	SYNOVECTOMY; METATARSOPHALANGEAL	1/1/2008	\$61.07	3	NO
W	28086	SYNOVECTOMY TENDON SHEATH FLEXOR	1/1/2008	\$72.74	3	NO
W	28100	EXCISION OR CURRETAGE OF BONE CY	1/1/2008	\$78.33	3	NO
W	28102	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$78.76	3	NO
W	28103	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$64.40	3	NO
W	28104	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$63.49	3	NO
W	28106	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$68.01	3	NO
W	28107	EXCISION OR CURETTAGE OF BONE CY	1/1/2008	\$71.12	3	NO
W	28110	OSTECTOMY PARTIAL EXCISION FIFTH	1/1/2008	\$55.53	3	NO
W	28111	OSTECTOMY COMPLETE EXCISION FIRS	1/1/2008	\$66.02	3	NO
W	28112	OSTECTOMY COMPLETE EXCISION; OTH	1/1/2008	\$60.91	3	NO
W	28114	OSTECTOMY, COMP EXCISION; ALL ME	1/1/2008	\$134.94	3	NO
W	28118	OSTECTOMY, CALCANEUS	1/1/2008	\$72.79	3	NO
W	28119	OSTECTOMY CALCANEUS; FOR SPUR WI	1/1/2008	\$64.73	3	NO
W	28122	PART EXCISION(CRATERIZATION,SAUC	1/1/2008	\$84.99	3	NO
W	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2008	\$91.82	3	NO
W	28171	RADICAL RESECTION OF TUMOR, BONE	1/1/2008	\$89.24	3	NO
W	28190	REMOVE FOREIGN BODY SUBCUTANEOUS	1/1/2008	\$154.56	3	NO
W	28192	REMOVE FOREIGN BODY; DEEP	1/1/2008	\$298.37	3	NO
W	28200	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$58.17	3	NO
W	28202	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$82.20	3	NO
W	28208	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$55.32	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	28210	REPAIR OR SUTURE OF TENDON FOOT	1/1/2008	\$74.08	3	NO
W	28238	RECONSTRUCTION, POSTERIOR TIBIAL	1/1/2008	\$88.44	3	NO
W	28250	DIVISION OF PLANTAR FASCIA AND M	1/1/2008	\$69.24	3	NO
W	28260	CAPSULOTOMY MIDFOOT MEDIAL RELEA	1/1/2008	\$86.71	3	NO
W	28262	CAPSULOTOMY,MIDFOOT;EXTEN,INCL P	1/1/2008	\$181.06	3	NO
W	28264	CAPSULOTOMY MIDTARSAL (HEYMAN TY	1/1/2008	\$110.15	3	NO
W	28285	HAMMERTOES OPERATION; ONE TOE (EG	1/1/2008	\$56.88	3	NO
W	28292	HALLUX VALGUS (BUNION) CORRECTIO	10/1/2003	NC	9	NO
W	28294	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$94.62	3	NO
W	28296	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$102.36	3	NO
W	28297	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$107.36	3	NO
W	28298	HALLUX VALGUS (BUNION) CORRECTIO	1/1/2008	\$90.32	3	NO
W	28299	CORRECTION, HALLUX VALGUS (BUNIO	1/1/2008	\$118.27	3	NO
W	28300	OSTEOTOMY CALCANEUS (DWYER OR CH	1/1/2008	\$96.55	3	NO
W	28302	OSTEOTOMY; TALUS	1/1/2008	\$94.89	3	NO
W	28304	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$101.71	3	NO
W	28305	OSTEOTOMY MIDTARSAL BONES OTHER	1/1/2008	\$98.76	3	NO
W	28306	OSTEOTOMY, METATARSAL, BASE/SHAF	1/1/2008	\$75.10	3	NO
W	28308	OSTEOTOMY METATARSAL BASE OR SHA	1/1/2008	\$66.45	3	NO
W	28309	OSTEOTOMY METATARSALS MULTIPLE F	1/1/2008	\$128.70	3	NO
W	28310	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$66.55	3	NO
W	28312	OSTEOTOMY FOR SHORTENING ANGULAR	1/1/2008	\$60.00	3	NO
W	28315	SESAMOIDECTOMY FIRST TOE (SEPARA	1/1/2008	\$58.60	3	NO
W	28320	REPAIR OF NONUNION OR MALUNION T	1/1/2008	\$92.31	3	NO
W	28322	REPAIR OF NONUNION OR MALUNION M	1/1/2008	\$102.52	3	NO
W	28340	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$79.24	3	YES
W	28341	RECONSTRUCTION, TOE, MACRODACTYL	1/1/2008	\$91.39	3	YES
W	28344	RECONSTRUCTION, TOE(S); POLYDACT	1/1/2008	\$58.22	3	YES
W	28360	RECONSTRUCTION, CLEFT FOOT	1/1/2008	\$141.98	3	NO
W	28400	CLOSED TREATMENT OF CALCANEAL FR	1/1/2008	\$165.04	3	NO
W	28415	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$176.98	3	NO
W	28420	OPEN TX OF ALCANEAL FRACTURE, IN	1/1/2008	\$172.73	3	NO
W	28430	CLOSED TREATMENT OF TALUS FRACTU	1/1/2008	\$155.37	3	NO
W	28436	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$60.64	3	NO
W	28445	OPEN TX OF TALUS FRACTURE, INCLU	1/1/2008	\$163.32	3	NO
W	28456	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$38.76	3	NO
W	28470	CLOSED TREATMENT OF METATARSAL F	1/1/2008	\$143.54	3	NO
W	28485	OPEN TX OF METATARSAL FRACTURE,	1/1/2008	\$63.60	3	NO
W	28490	CLOSED TREATMENT OF FRACTURE GRE	1/1/2008	\$88.70	3	NO
W	28496	PERCUTANEOUS SKELETAL FIXATION O	1/1/2008	\$57.74	3	NO
W	28510	CLOSED TREATMENT OF FRACTURE, PH	1/1/2008	\$76.07	3	NO
W	28540	CLOSED TREATMENT OF TARSAL BONE	1/1/2008	\$130.64	3	NO
W	28555	OPEN TX OF TARSAL BONE DISLOCATI	1/1/2008	\$93.22	3	NO
W	28570	CLOSED TREATMENT OF TALOTARSAL J	1/1/2008	\$118.27	3	NO
W	28585	OPEN TX OF TALOTARSAL JOINT DISL	1/1/2008	\$93.54	3	NO
W	28600	CLOSED TREATMENT OF TARSOMETATAR	1/1/2008	\$136.55	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	28615	OPEN TX OF TARSOMETATARSAL JOINT	1/1/2008	\$97.04	3	NO
W	28630	CLOSED TREATMENT OF METATARSOPHA	1/1/2008	\$96.50	3	NO
W	28645	OPEN TX OF METATARSOPHALANGEAL J	1/1/2008	\$55.27	3	NO
W	28660	CLOSED TREATMENT OF INTERPHALANG	1/1/2008	\$71.23	3	NO
W	28675	OPEN TX OF INTERPHALANGEAL JOINT	1/1/2008	\$56.18	3	NO
W	28705	PANTALAR ARTHRODESIS	1/1/2008	\$189.50	3	NO
W	28715	TRIPLE ARTHRODESIS	1/1/2008	\$139.94	3	NO
W	28725	SUBTALAR ARTHRODESIS	1/1/2008	\$117.04	3	NO
W	28730	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$119.56	3	NO
W	28735	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$114.78	3	NO
W	28737	ARTHRODESIS, WITH TENDON LENGTHE	1/1/2008	\$101.88	3	NO
W	28740	ARTHRODESIS MIDTARSAL OR TARSOME	1/1/2008	\$113.97	3	NO
W	28755	ARTHRODESIS GREAT TOE; INTERPHAL	1/1/2008	\$63.65	3	NO
W	28760	ARTHRODESIS GREAT TOE INTERPHALA	1/1/2008	\$99.35	3	NO
W	28800	AMPUTATION FOOT MIDTARSAL (CHOPA	1/1/2008	\$82.90	3	NO
W	28899	UNLISTED PROCEDURE FOOT OR TOES	2/1/1994	\$0.01	5	NO
W	29049	APPLICATION, CAST; FIGURE-OF-EIG	1/1/2008	\$61.29	3	NO
W	29055	APPLICATION; SHOULDER SPICA	1/1/2008	\$135.48	3	NO
W	29058	APPLICATION; PLASTER VELPEAU	1/1/2008	\$79.56	3	NO
W	29065	APPLICATION; SHOULDER TO HAND (L	1/1/2008	\$62.90	3	NO
W	29075	APPLICATION; ELBOW TO FINGER (SH	1/1/2008	\$57.79	3	NO
W	29085	APPLICATION; HAND AND LOWER FORE	1/1/2008	\$61.56	3	NO
W	29105	APPLICATION OF LONG ARM SPLINT (	1/1/2008	\$58.87	3	NO
W	29125	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$44.89	3	NO
W	29126	APPLICATION OF SHORT ARM SPLINT	1/1/2008	\$53.76	3	NO
W	29130	APPLICATION OF FINGER SPLINT STA	1/1/2008	\$27.42	3	NO
W	29131	APPLICATION OF FINGER SPLINT; DY	1/1/2008	\$34.68	3	NO
W	29200	STRAPPING THORAX	1/1/2008	\$37.09	3	NO
W	29220	STRAPPING; LOW BACK	1/1/2008	\$36.83	3	NO
W	29240	STRAPPING; SHOULDER (EG VELPEAU)	1/1/2008	\$42.47	3	NO
W	29260	STRAPPING; ELBOW OR WRIST	1/1/2008	\$35.48	3	NO
W	29280	STRAPPING; HAND OR FINGER	1/1/2008	\$35.21	3	NO
W	29305	APPLICATION OF HIP SPICA CAST; O	1/1/2008	\$154.02	3	NO
W	29325	APPLICATION OF HIP SPICA CAST; O	1/1/2008	\$169.08	3	NO
W	29345	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$90.85	3	NO
W	29355	APPLICATION OF LONG LEG CAST (TH	1/1/2008	\$93.54	3	NO
W	29358	APPLICATION OF LONG LEG CAST BRA	1/1/2008	\$100.53	3	NO
W	29365	APPLICATION OF CYLINDER CAST (TH	1/1/2008	\$81.18	3	NO
W	29405	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$59.67	3	NO
W	29425	APPLICATION OF SHORT LEG CAST (B	1/1/2008	\$64.24	3	NO
W	29435	APPLICATION OF PATELLAR TENDON B	1/1/2008	\$78.76	3	NO
W	29440	ADDING WALKER TO PREVIOUSLY APPL	1/1/2008	\$35.48	3	NO
W	29450	APPLICATION OF CLUBFOOT CAST WIT	1/1/2008	\$103.22	3	NO
W	29505	APPLICATION OF LONG LEG SPLINT (	1/1/2008	\$51.61	3	NO
W	29515	APPLICATION OF SHORT LEG SPLINT	1/1/2008	\$45.96	3	NO
W	29520	STRAPPING HIP	1/1/2008	\$37.09	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	29530	STRAPPING; KNEE	1/1/2008	\$36.83	3	NO
W	29540	STRAPPING; ANKLE AND/OR FOOT	1/1/2008	\$27.42	3	NO
W	29550	STRAPPING; TOES	1/1/2008	\$26.61	3	NO
W	29580	STRAPPING; UNNA BOOT	1/1/2008	\$34.68	3	NO
W	29590	DENIS-BROWNE SPLINT STRAPPING	1/1/2008	\$37.36	3	NO
W	29700	REMOVAL OR BIVALVING GAUNTLET BO	1/1/2008	\$41.93	3	NO
W	29705	REMOVAL OR BIVALVING; FULL ARM O	1/1/2008	\$45.70	3	NO
W	29710	REMOVAL OR BIVALVING; SHOULDER O	1/1/2008	\$81.98	3	NO
W	29715	REMOVAL OR BIVALVING; TURNBUCKLE	1/1/2008	\$58.87	3	NO
W	29720	REPAIR OF SPICA BODY CAST OR JAC	1/1/2008	\$52.68	3	NO
W	29730	WINDOWING OF CAST	1/1/2008	\$44.89	3	NO
W	29740	WEDGING OF CAST (EXCEPT CLUBFOOT	1/1/2008	\$65.32	3	NO
W	29750	WEDGING OF CLUBFOOT CAST	1/1/2008	\$67.20	3	NO
W	29804	ARTHROSCOPY, TEMPROMANDIBULAR JO	1/1/2008	\$92.63	3	NO
W	29815	ARTHROSCOPY SHOULDER DIAGNOSTIC	4/1/2002	INVALID	N	NO
W	29819	ARTHROSCOPY SHOULDER SURGICAL; W	1/1/2008	\$83.38	3	NO
W	29820	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$76.93	3	NO
W	29821	ARTHROSCOPY SHOULDER SURGICAL; S	1/1/2008	\$84.08	3	NO
W	29822	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$81.72	3	NO
W	29823	ARTHROSCOPY SHOULDER SURGICAL; D	1/1/2008	\$89.19	3	NO
W	29824	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$94.30	3	NO
W	29825	ARTHROSCOPY SHOULDER SURGICAL WI	1/1/2008	\$83.27	3	NO
W	29826	ARTHROSCOPY, SHOULDER, SURGICAL;	1/1/2008	\$95.75	3	NO
W	29830	ARTHROSCOPY ELBOW DIAGNOSTIC WIT	1/1/2008	\$64.14	3	NO
W	29834	ARTHROSCOPY ELBOW SURGICAL; WITH	1/1/2008	\$69.94	3	NO
W	29835	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$71.61	3	NO
W	29836	ARTHROSCOPY ELBOW SURGICAL; SYNO	1/1/2008	\$82.36	3	NO
W	29837	ARTHROSCOPY ELBOW SURGICAL; DEBR	1/1/2008	\$75.26	3	NO
W	29847	ARTHROSCOPY, WRIST, SURGICAL; IN	1/1/2008	\$76.12	3	NO
W	29855	ARTHROSCOPICALLY AIDED TX OF TIB	1/1/2008	\$112.20	3	NO
W	29874	ARTHROSCOPY KNEE SURGICAL FOR RE	1/1/2008	\$75.59	3	NO
W	29875	ARTHROSCOPY, KNEE, SURGICAL; SYN	1/1/2008	\$70.26	3	NO
W	29876	ARTHROSCOPY KNEE SURGICAL SYNOVE	1/1/2008	\$90.96	3	NO
W	29877	ARTHROSCOPY KNEE SURGICAL; DEBRI	1/1/2008	\$85.96	3	NO
W	29879	ARTHROSCOPY KNEE SURGICAL ABRASI	1/1/2008	\$92.14	3	NO
W	29880	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$96.28	3	NO
W	29881	ARTHROSCOPY KNEE SURGICAL WITH M	1/1/2008	\$89.62	3	NO
W	29882	ARTHROSCOPY KNEE SURGICAL; WITH	1/1/2008	\$96.82	3	NO
W	29883	ARTHROSCOPY, KNEE, SURGICAL; WIT	1/1/2008	\$119.62	3	NO
W	29884	ARTHROSCOPY KNEE SURGICAL WITH L	1/1/2008	\$85.64	3	NO
W	29885	ARTHROSCOPY,KNEE,SURG;DRILL FOR	1/1/2008	\$104.08	3	NO
W	29886	ARTHROSCOPY KNEE SURGICAL; DRILL	1/1/2008	\$87.63	3	NO
W	29887	ARTHROSCOPY KNEE SURGICAL DRILLI	1/1/2008	\$103.54	3	NO
W	29888	ARTHROSCOPICALLY AIDED INTERIOR	1/1/2008	\$141.44	3	NO
W	29889	ARTHROSCOPICALLY AIDED POSTERIOR	1/1/2008	\$171.82	3	NO
W	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR &	1/1/2008	\$73.65	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$72.04	3	NO
W	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$75.59	3	NO
W	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR A	1/1/2008	\$84.08	3	NO
W	29909	UNLISTED PROCEDURE ARTHROSCOPY	4/1/2002	INVALID	N	NO
W	29999	UNLISTED PROCEDURE, ARTHROSCOPY	2/14/2002	\$0.01	5	NO
W	30000	DRAINAGE ABSCESS OR HEMATOMA NAS	1/1/2008	\$149.18	3	NO
W	30020	DRAINAGE ABSCESS OR HEMATOMA NAS	1/1/2008	\$134.13	3	NO
W	30100	BIOPSY INTRANASAL	1/1/2008	\$83.06	3	NO
W	30110	EXCISION, NASAL POLYP(S), SIMPLE	1/1/2008	\$137.89	3	NO
W	30118	EXCISION INTRANASAL LESION; EXTE	1/1/2008	\$104.56	3	NO
W	30120	EXCISION OR SURGICAL PLANING OF	4/1/1982	NC	9	NO
W	30125	EXCISION DERMOID CYST NOSE; COMP	1/1/2008	\$85.16	3	NO
W	30160	RHINECTOMY; TOTAL	1/1/2008	\$110.05	3	NO
W	30410	RHINOPLASTY PRIMARY COMPLETE EXT	1/1/2008	\$174.88	3	NO
W	30430	RHINOPLASTY SECONDARY MINOR REVI	1/1/2008	\$128.81	3	NO
W	30435	RHINOPLASTY SECONDARY; INTERMEDI	1/1/2008	\$171.49	3	NO
W	30450	RHINOPLASTY SECONDARY; MAJOR REV	1/1/2008	\$225.04	3	NO
W	30465	REPAIR OF NASAL VESTIBULAR STENO	1/1/2008	\$133.54	3	NO
W	30540	REPAIR CHOANAL ATRESIA INTRANASA	1/1/2008	\$92.47	3	NO
W	30545	REPAIR CHOANAL ATRESIA; TRANSPAL	1/1/2008	\$132.63	3	NO
W	30901	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2008	\$70.96	3	NO
W	30903	CONTROL NASAL HEMORRHAGE,ANTERIO	1/1/2008	\$120.15	3	NO
W	30930	FRACTURE NASAL INFERIOR TURBINAT	1/1/2008	\$80.64	3	NO
W	31075	SINUSOTOMY FRONTAL TRANSORBITAL	1/1/2008	\$105.37	3	NO
W	31080	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$142.68	3	NO
W	31081	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$164.83	3	NO
W	31084	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$156.23	3	NO
W	31085	SINUSOTOMY FRONTAL OBLITERATIVE	1/1/2008	\$166.12	3	NO
W	31086	SINUSOTOMY FRONTAL NONOBLITERATI	1/1/2008	\$151.33	3	NO
W	31087	SINUSOTOMY FRONTAL NONOBLITERATI	1/1/2008	\$150.21	3	NO
W	31205	ETHMOIDECTOMY; EXTRANASAL TOTAL	1/1/2008	\$120.69	3	NO
W	31225	MAXILLECTOMY WITHOUT ORBITAL EXE	1/1/2008	\$244.77	3	NO
W	31230	MAXILLECTOMY; WITH ORBITAL EXENT	1/1/2008	\$275.14	3	NO
W	31300	LARYNGOTOMY (THYROTOMY LARYNGOFI	1/1/2008	\$169.40	3	NO
W	31360	LARYNGECTOMY TOTAL WITHOUT RADIC	1/1/2008	\$258.42	3	NO
W	31365	LARYNGECTOMY; TOTAL WITH RADICAL	1/1/2008	\$327.67	3	NO
W	31367	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$287.94	3	NO
W	31368	LARYNGECTOMY; SUBTOTAL SUPRAGLOT	1/1/2008	\$326.81	3	NO
W	31370	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$272.94	3	NO
W	31375	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$255.47	3	NO
W	31380	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$253.64	3	NO
W	31382	PARTIAL LARYNGECTOMY (HEMILARYNG	1/1/2008	\$275.74	3	NO
W	31390	PHARYNGOLARYNGECTOMY WITH RADICA	1/1/2008	\$368.85	3	NO
W	31395	PHARYNOGOLARYNGECTOMY WITH RADIC	1/1/2008	\$396.05	3	NO
W	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEX	1/1/2008	\$137.20	3	NO
W	31420	EPIGLOTTIDECTOMY	1/1/2008	\$114.46	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	31500	INTUBATION ENDOTRACHEAL EMERGENC	1/1/2008	\$81.18	3	NO
W	31580	LARYNGOPLASTY FOR LARYNGEAL WEB	1/1/2008	\$165.42	3	NO
W	31584	LARYNGOPLASTY; WITH OPEN REDUCTI	1/1/2008	\$211.06	3	NO
W	31585	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
W	31586	TREATMENT OF CLOSED LARYNGEAL FR	1/1/2006	INVALID	N	NO
W	31587	LARYNGOPLASTY, CRICOID SPLIT	1/1/2008	\$134.67	3	NO
W	31588	LARYNGOPLASTY, NOT OTHERWISE SPE	1/1/2008	\$154.56	3	NO
W	31590	LARYNGEAL REINNERVATION BY NEURO	1/1/2008	\$124.40	3	NO
W	31595	SECTION RECURRENT LARYNGEAL NERV	1/1/2008	\$105.26	3	NO
W	31601	TRACHEOSTOMY PLANNED (SEPARATE P	1/1/2008	\$37.90	3	NO
W	31611	CONSTRUCTION OF TRACHEOESOPHAGEA	1/1/2008	\$71.50	3	NO
W	31615	TRACHEOBRONCHOSCOPY THROUGH ESTA	1/1/2008	\$127.68	3	NO
W	31700	CATHETERIZATION TRANSGLOTTIC (SE	1/1/2007	INVALID	N	NO
W	31708	INSTILLATION OF CONTRAST MATERIA	1/1/2007	INVALID	N	NO
W	31710	CATHETERIZATION FOR BRONCHOGRAPH	1/1/2007	INVALID	N	NO
W	31750	TRACHEOPLASTY; CERVICAL	1/1/2008	\$179.88	3	NO
W	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL	1/1/2008	\$228.21	3	NO
W	31760	TRACHEOPLASTY; INTRATHORACIC	1/1/2008	\$197.73	3	NO
W	31766	CARINAL RECONSTRUCTION	1/1/2008	\$264.55	3	NO
W	31770	BRONCHOPLASTY GRAFT REPAIR	1/1/2008	\$194.61	3	NO
W	31775	BRONCHOPLASTY; EXCISION STENOSIS	1/1/2008	\$207.51	3	NO
W	31780	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$170.26	3	NO
W	31781	EXCISION TRACHEAL STENOSIS AND A	1/1/2008	\$206.60	3	NO
W	31785	EXCISION TRACHEAL TUMOR OR CARCI	1/1/2008	\$155.47	3	NO
W	31786	EXCISION OF TRACHEAL TUMOR OR CA	1/1/2008	\$219.93	3	NO
W	31800	SUTURE OF TRACHEAL WOUND OR INJU	1/1/2008	\$481.15	3	NO
W	31805	SUTURE OF EXTERNAL TRACHEAL WOUN	1/1/2008	\$119.13	3	NO
W	32000	THORACENTESIS PUNCTURE OF PLEUR	1/1/2008	INVALID	N	NO
W	32002	THORACENTESIS WITH INSERTION OF	1/1/2008	INVALID	N	NO
W	32005	CHEMICAL PLEURODESIS (EG FOR REC	1/1/2008	INVALID	N	NO
W	32020	TUBE THORACOSTOMY W/WO WATER SEA	1/1/2008	INVALID	N	NO
W	32035	THORACOSTOMY WITH RIB RESECTION	1/1/2008	\$98.76	3	NO
W	32036	THORACOSTOMY; WITH OPEN FLAP DRA	1/1/2008	\$107.84	3	NO
W	32095	THOROACOTOMY LIMITED FOR BIOPSY	1/1/2008	\$89.24	3	NO
W	32100	THORACOTOMY MAJOR WITH EXPLORATI	1/1/2008	\$139.51	3	NO
W	32110	THORACOTOMY MAJOR WITH CONTROL O	1/1/2008	\$209.23	3	NO
W	32120	THORACOTOMY MAJOR; FOR POSTOPERA	1/1/2008	\$123.22	3	NO
W	32124	THORACOTOMY MAJOR; WITH OPEN INT	1/1/2008	\$131.17	3	NO
W	32140	THORACOTOMY MAJOR; WITH CYST(S)	1/1/2008	\$140.47	3	NO
W	32141	THORACOTOMY MAJOR; WITH EXCISION	1/1/2008	\$200.85	3	NO
W	32150	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$141.34	3	NO
W	32151	THORACOTOMY MAJOR; WITH REMOVAL	1/1/2008	\$145.42	3	NO
W	32160	THORACOTOMY MAJOR; WITH CARDIAC	1/1/2008	\$106.12	3	NO
W	32200	PNEUMONOSTOMY WITH OPEN DRAINAGE	1/1/2008	\$157.36	3	NO
W	32201	PNEUMONOSTOMY; WITH PERCUTANEOUS	1/1/2008	\$131.39	3	NO
W	32215	PLEURAL SCARIFICATION FOR REPEAT	1/1/2008	\$114.99	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	32220	DECORTICATION PLUMONARY (SEPARAT	1/1/2008	\$229.61	3	NO
W	32225	DECORTICATION PULMONARY (SEPARAT	1/1/2008	\$141.50	3	NO
W	32310	PLEURECTOMY, PARIETAL (SEPARATE	1/1/2008	\$131.39	3	NO
W	32320	DECORTICATION AND PARIETAL PLEUR	1/1/2008	\$228.86	3	NO
W	32402	BIOPSY PLEURA; OPEN	1/1/2008	\$80.59	3	NO
W	32440	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$232.78	3	NO
W	32442	REMOVALK OF LUNG, WITH RESECTION	1/1/2008	\$408.20	3	NO
W	32445	REMOVAL OF LUNG, TOTAL PNEUMONEC	1/1/2008	\$449.54	3	NO
W	32480	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$219.56	3	NO
W	32482	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$233.48	3	NO
W	32484	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$211.22	3	NO
W	32486	REMOVAL OF LUNG, WITH CIRCUMFERE	1/1/2008	\$322.83	3	NO
W	32488	REMOVAL OF LUNG, ALL REMAINING L	1/1/2008	\$327.40	3	NO
W	32500	REMOVAL OF LUNG, OTHER THAN TOTA	1/1/2008	\$212.89	3	NO
W	32501	RESECTION AND REPAIR OF PORTION	1/1/2008	\$36.72	3	NO
W	32520	RESECTION OF LUNG WITH RESECTION	1/1/2006	INVALID	N	NO
W	32522	RESECTION OF LUNG; WITH RECONSTR	1/1/2006	INVALID	N	NO
W	32525	RESECTION OF LUNG; WITH MAJOR RE	1/1/2006	INVALID	N	NO
W	32540	EXTRAPLEURAL ENUCLEATION OF EMPY	1/1/2008	\$228.86	3	NO
W	32650	THORACOSCOPY, SURGICAL; WITH PLE	1/1/2008	\$100.75	3	NO
W	32651	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$150.15	3	NO
W	32652	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$226.54	3	NO
W	32653	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$145.58	3	NO
W	32654	THORACOSCOPY, SURGICAL; WITH CON	1/1/2008	\$159.72	3	NO
W	32655	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$135.37	3	NO
W	32656	THORACOSCOPY, SURGICAL; WITH PAR	1/1/2008	\$121.18	3	NO
W	32657	THORACOSCOPY, SURGICAL; WITH WED	1/1/2008	\$118.97	3	NO
W	32658	THORACOSCOPY, SURGICAL; WITH REM	1/1/2008	\$108.97	3	NO
W	32659	THORACOSCOPY, SURGICAL; WITH CRE	1/1/2008	\$110.48	3	NO
W	32660	THORACOSCOPY, SURGICAL; WITH TOT	1/1/2008	\$154.61	3	NO
W	32661	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$121.44	3	NO
W	32662	THORACOSCOPY, SURGICAL; WITH EXC	1/1/2008	\$136.44	3	NO
W	32663	THORACOSCOPY, SURGICAL; WITH LOB	1/1/2008	\$202.84	3	NO
W	32664	THORACOSCOPY, SURGICAL; WITH THO	1/1/2008	\$128.33	3	NO
W	32665	THORACOSCOPY, SURGICAL; WITH ESO	1/1/2008	\$171.33	3	NO
W	32800	REPAIR LUNG HERNIA THROUGH CHEST	1/1/2008	\$133.92	3	NO
W	32810	CLOSURE OF CHEST WALL FOLLOWING	1/1/2008	\$130.05	3	NO
W	32815	OPEN CLOSURE OF MAJOR BRONCHIAL	1/1/2008	\$355.03	3	NO
W	32820	MAJOR RECONSTRUCTION CHEST WALL	1/1/2008	\$198.59	3	NO
W	32851	LUNG TRANSPLANT, SINGLE; WITHOUT	1/1/2008	\$389.71	3	YES
W	32852	LUNG TRANSPLANT, SINGLE; WITH CA	1/1/2008	\$437.98	3	YES
W	32853	LUNG TRANSPLANT, DOUBLE; WITHOUT	1/1/2008	\$466.74	3	YES
W	32854	LUNG TRANSPLANT, DOUBLE; WITH CA	1/1/2008	\$504.16	3	YES
W	32900	RESECTION OF RIBS EXTRAPLEURAL A	1/1/2008	\$196.17	3	NO
W	32905	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$195.31	3	NO
W	32906	THORACOPLASTY SCHEDE TYPE OR EXT	1/1/2008	\$242.14	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	32940	PNEUMONOLYSIS EXTRAPERIOSTEAL IN	1/1/2008	\$179.40	3	NO
W	32999	INLISTED PROCEDURE LUNGS AND PLE	2/1/1994	\$0.01	5	NO
W	33020	PERICARDIOTOMY FOR REMOVAL OF CL	1/1/2008	\$125.69	3	NO
W	33025	CREATION OF PERICADIAL WINDOW OR	1/1/2008	\$116.71	3	NO
W	33030	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$185.79	3	NO
W	33031	PERICARDIECTOMY, SUBTOTAL OR COM	1/1/2008	\$206.71	3	NO
W	33050	EXCISION OF PERICARDIAL CYST OR	1/1/2008	\$143.97	3	NO
W	33120	EXCISION OF INTRACARDIAC TUMOR R	1/1/2008	\$227.94	3	NO
W	33130	RESECTION OF EXTERNAL CARDIAC TU	1/1/2008	\$198.97	3	NO
W	33141	TRANSMYOCARDIAL LASER REVASCULAR	1/1/2008	\$24.84	3	NO
W	33200	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
W	33201	INSERTION OF PERMANENT PACEMAKER	1/1/2007	INVALID	N	NO
W	33238	REMOVAL OF PERMANENT TRANSVENOUS	1/1/2008	\$137.30	3	NO
W	33243	REMOVAL OF IMPLANTABLE CARDIOVER	1/1/2008	\$198.21	3	NO
W	33245	IMPLANTATION OR REPLACEMENT OF I	1/1/2007	INVALID	N	NO
W	33246	IMPLANT/REPLACE. OF IMPLANT. CAR	1/1/2007	INVALID	N	NO
W	33250	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$213.80	3	NO
W	33251	OPER ABLATION OF SUPRAVENTRICULA	1/1/2008	\$236.11	3	NO
W	33253	OPERATIVE INCISIONS AND RECONSTR	1/1/2007	INVALID	N	NO
W	33261	OPERATIVE ABLATION OF VENTRICULA	1/1/2008	\$236.06	3	NO
W	33300	REPAIR OF CARDIAC WOUND WITHOUT	1/1/2008	\$313.85	3	NO
W	33305	REPAIR OF CARDIAC WOUND; WITH CA	1/1/2008	\$506.63	3	NO
W	33310	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$173.11	3	NO
W	33315	CARDIOTOMY EXPLORATORY (INCLUDES	1/1/2008	\$215.58	3	NO
W	33320	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$155.26	3	NO
W	33321	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$180.26	3	NO
W	33322	SUTURE REPAIR OF AORTA OR GREAT	1/1/2008	\$200.95	3	NO
W	33330	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$204.93	3	NO
W	33332	INSERTION OF GRAFT, AORTA OR GRE	1/1/2008	\$203.05	3	NO
W	33335	INSERTION OF GRAFT; WITH CARDIOP	1/1/2008	\$275.84	3	NO
W	33400	VALVULOPLASTY, AORTIC VALVE, OPE	1/1/2008	\$328.04	3	NO
W	33401	VALVULOPLASTY, AORTIC VALVE; OPE	1/1/2008	\$218.00	3	NO
W	33403	VALVULOPLASTY, AORTIC VALVE; USI	1/1/2008	\$227.35	3	NO
W	33404	CONSTRUCTION OF APICAL-AORTIC CO	1/1/2008	\$266.33	3	NO
W	33405	REPLACEMENT, AORTIC VALVE, WITH	1/1/2008	\$344.60	3	NO
W	33406	REPLACEMENT, AORTIC VALVE, WITH	1/1/2008	\$414.11	3	NO
W	33410	REPLACEMENT, AORTIC VALVE, W/CAR	1/1/2008	\$363.58	3	NO
W	33411	REPLACEMENT AORTIC VALVE WITH AO	1/1/2008	\$466.96	3	NO
W	33412	REPLACEMENT AORTIC VALVE WITH TR	1/1/2008	\$374.06	3	NO
W	33413	REPLACEMENT, AORTIC VALVE; BY TR	1/1/2008	\$467.82	3	NO
W	33414	REPAIR OF LEFT VENTRICULAR OUTFL	1/1/2008	\$313.21	3	NO
W	33415	RESECTION OR INCISION OF SUBVALV	1/1/2008	\$288.10	3	NO
W	33416	VENTRICULOMYOTOMY (-MYECTOMY) FO	1/1/2008	\$293.10	3	NO
W	33417	AORTOPLASTY (GUSSET) FOR SUPRAVA	1/1/2008	\$249.98	3	NO
W	33420	VALVOTOMY MITRAL VALVE; CLOSED H	1/1/2008	\$198.43	3	NO
W	33422	VALVOTOMY MITRAL VALVE; OPEN HEA	1/1/2008	\$252.13	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33425	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$366.43	3	NO
W	33426	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$349.66	3	NO
W	33427	VALVULOPLASTY, MITRAL VALVE, WIT	1/1/2008	\$372.66	3	NO
W	33430	REPLACEMENT, MITRAL VALVE, WITH	1/1/2008	\$395.46	3	NO
W	33460	VALVECTOMY, TRICUSPID VALVE, WIT	1/1/2008	\$324.82	3	NO
W	33463	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$405.57	3	NO
W	33464	VALVULOPLASTY, TRICUSPID VALVE;	1/1/2008	\$337.83	3	NO
W	33465	REPLACEMENT, TRICUSPID VALVE, WI	1/1/2008	\$371.70	3	NO
W	33468	TRICUSPID VALVE REPOSITIONING AN	1/1/2008	\$274.01	3	NO
W	33470	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$174.94	3	NO
W	33471	VALVOTOMY, PULMONARY VALVE, CLOS	1/1/2008	\$190.63	3	NO
W	33472	VALVOTOMY, PULMONARY VALVE, OPEN	1/1/2008	\$199.72	3	NO
W	33474	VALVOTOMY PULMONARY VALVE (COMMI	1/1/2008	\$295.46	3	NO
W	33475	REPLACEMENT, PULMONARY VALVE	1/1/2008	\$336.86	3	NO
W	33476	RIGHT VENTRICULAR RESECTION FOR	1/1/2008	\$218.59	3	NO
W	33478	OUTFLOW TRACT AUGMENTATION (GUSS	1/1/2008	\$235.47	3	NO
W	33496	REPAIR OF NON-STRUCTURAL PROSTHE	1/1/2008	\$248.69	3	NO
W	33500	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$231.44	3	NO
W	33501	REPAIR OF CORONARY ARTERIOVENOUS	1/1/2008	\$159.24	3	NO
W	33502	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$189.83	3	NO
W	33503	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$182.95	3	NO
W	33504	ANOMALOUS CORONARY ARTERY; GRAFT	1/1/2008	\$215.31	3	NO
W	33505	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$286.49	3	NO
W	33506	REPAIR OF ANOMALOUS CORONARY ART	1/1/2008	\$307.88	3	NO
W	33510	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$294.77	3	NO
W	33511	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$318.90	3	NO
W	33512	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$353.74	3	NO
W	33513	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$363.85	3	NO
W	33514	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$380.03	3	NO
W	33516	CORONARY ARTERY BYPASS, VEIN ONL	1/1/2008	\$395.24	3	NO
W	33517	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$26.40	3	NO
W	33518	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$56.18	3	NO
W	33519	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$75.64	3	NO
W	33521	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$92.63	3	NO
W	33522	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$106.77	3	NO
W	33523	CORONARY ARTERY BYPASS, USING VE	1/1/2008	\$122.84	3	NO
W	33530	REOPERATION, CORONARY ARTERY BYP	1/1/2008	\$71.07	3	NO
W	33533	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$288.96	3	NO
W	33534	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$330.62	3	NO
W	33535	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$362.45	3	NO
W	33536	CORONARY ARTERY BYPASS, USING AR	1/1/2008	\$386.37	3	NO
W	33542	MYOCARDIAL RESECTION (EG VENTRIC	1/1/2008	\$357.93	3	NO
W	33545	REPAIR OF POSTINFARCTION VENTRIC	1/1/2008	\$424.65	3	NO
W	33572	CORONARY ENDARTERECTOMY, OPEN, A	1/1/2008	\$35.00	3	NO
W	33600	CLOSURE OF ATRIOVENTRICULAR VALV	1/1/2008	\$253.05	3	NO
W	33602	CLOSURE OF SEMILUNAR VALVE (AORT	1/1/2008	\$245.84	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33606	ANASTOMOSIS OF PULMONARY ARTERY	1/1/2008	\$263.75	3	NO
W	33608	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$270.90	3	NO
W	33610	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$262.46	3	NO
W	33611	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$288.15	3	NO
W	33612	REPAIR OF DOUBLE OUTLET RIGHT VE	1/1/2008	\$303.10	3	NO
W	33615	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$285.30	3	NO
W	33617	REPAIR OF COMPLEX CARDIAC ANOMAL	1/1/2008	\$326.43	3	NO
W	33619	REPAIR OF SINGLE VENTRICLE WITH	1/1/2008	\$404.38	3	NO
W	33641	REPAIR ATRIAL SEPTAL DEFECT, SEC	1/1/2008	\$229.34	3	NO
W	33645	DIRECT OR PATCH CLOSURE SINUS VE	1/1/2008	\$233.00	3	NO
W	33647	REPAIR OF ATRIAL SEPTAL DEFECT A	1/1/2008	\$247.78	3	NO
W	33660	REPAIR OF INCOMPLETE OR PARTIAL	1/1/2008	\$264.55	3	NO
W	33665	REPAIR OF INTERMEDIATE OR TRANSI	1/1/2008	\$280.90	3	NO
W	33670	REPAIR OF COMPLETE ATRIOVENTRICU	1/1/2008	\$291.22	3	NO
W	33681	CLOSURE OF VENTRICULAR SEPTAL DE	1/1/2008	\$273.80	3	NO
W	33684	CLOSURE VENTRICULAR SEPTAL DEFEC	1/1/2008	\$283.91	3	NO
W	33688	CLOSURE VENTRICULAR SEPTAL DEFEC	1/1/2008	\$266.70	3	NO
W	33690	BANDING OF PULMONARY ARTERY	1/1/2008	\$171.71	3	NO
W	33692	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$261.81	3	NO
W	33694	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$290.04	3	NO
W	33697	COMPLETE REPAIR TETRALOGY OF FAL	1/1/2008	\$312.99	3	NO
W	33702	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$231.60	3	NO
W	33710	REPAIR SINUS OF VALSALVA FISTULA	1/1/2008	\$258.53	3	NO
W	33720	REPAIR SINUS OF VALSALVA ANEURYS	1/1/2008	\$230.95	3	NO
W	33722	CLOSURE OF AORTICO-LEFT VENTRICU	1/1/2008	\$230.63	3	NO
W	33730	COMPLETE REPAIR OF ANOMALOUS VEN	1/1/2008	\$295.41	3	NO
W	33732	REPAIR OF COR TRIARIATUM OR SUP	1/1/2008	\$248.48	3	NO
W	33735	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$177.62	3	NO
W	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$208.70	3	NO
W	33737	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1/1/2008	\$191.76	3	NO
W	33750	SHUNT CUBCLAVIAN TO PULMONARY AR	1/1/2008	\$181.33	3	NO
W	33755	SHUNT; ASCENDING AORTA TO PULMON	1/1/2008	\$184.13	3	NO
W	33762	SHUNT; DESCENDING AORTA TO PULMO	1/1/2008	\$188.05	3	NO
W	33764	SHUNT CENTRAL WITH PROSTHETIC GR	1/1/2008	\$190.42	3	NO
W	33766	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$204.29	3	NO
W	33767	SHUNT; SUPERIOR VENA CAVA TO PUL	1/1/2008	\$215.63	3	NO
W	33770	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$314.01	3	NO
W	33771	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$312.78	3	NO
W	33774	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$271.17	3	NO
W	33775	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$277.35	3	NO
W	33776	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$294.60	3	NO
W	33777	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$288.31	3	NO
W	33778	REPAIR OF TRANSPOSITION OF THE G	1/1/2008	\$351.00	3	NO
W	33779	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$324.93	3	NO
W	33780	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$348.15	3	NO
W	33781	REP OF TRANSPOSITION OF THE GREA	1/1/2008	\$336.91	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	33786	TOTAL REPAIR TRUNCUS ARTERIOSUS	1/1/2008	\$337.83	3	NO
W	33788	REIMPLANTATION OF AN ANOMALOUS P	1/1/2008	\$229.45	3	NO
W	33800	AORTIC SUSPENSION FOR TRACHEAL D	1/1/2008	\$148.38	3	NO
W	33802	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$157.57	3	NO
W	33803	DIVISION OF ABERRANT VESSEL (VAS	1/1/2008	\$175.69	3	NO
W	33813	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$186.98	3	NO
W	33814	OBLITERATION OF AORTOPULMONARY S	1/1/2008	\$227.67	3	NO
W	33820	REPAIR OF PATENT DUCTUS ARTERIOS	1/1/2008	\$146.93	3	NO
W	33822	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$153.27	3	NO
W	33824	PATENT DUCTUS ARTERIOSUS; DIVISI	1/1/2008	\$175.37	3	NO
W	33840	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$179.18	3	NO
W	33845	EXCISION OF COARCTATION OF AORTA	1/1/2008	\$198.37	3	NO
W	33851	EXCIS OF COARCTATION OF AORTA,W/	1/1/2008	\$189.88	3	NO
W	33852	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$201.17	3	NO
W	33853	REPAIR OF HYPOPLASTIC OR INTERRU	1/1/2008	\$275.25	3	NO
W	33860	ASCENDING AORTA GRAFT, W/CARDIOP	1/1/2008	\$443.90	3	NO
W	33861	ASCENDING AORTA GRAFT, WITH CARD	1/1/2008	\$363.47	3	NO
W	33863	ASCENDING AORTA GRAFT, WITH CARD	1/1/2008	\$453.25	3	NO
W	33870	TRANSVERSE ARCH GRAFT, WITH CARD	1/1/2008	\$379.01	3	NO
W	33875	DESCENDING THORACIC AORTA GRAFT	1/1/2008	\$292.56	3	NO
W	33877	REPAIR OF THORACOABDOMINAL AORTI	1/1/2008	\$497.06	3	NO
W	33910	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$240.20	3	NO
W	33915	PULMONARY ARTERY EMBOLECTOMY; WI	1/1/2008	\$192.73	3	NO
W	33916	PULMONARY ENDARTERECTOMY WITH OR	1/1/2008	\$232.19	3	NO
W	33917	REPAIR OF PULMONARY ARTERY STENO	1/1/2008	\$218.10	3	NO
W	33918	REPAIR OF PULMONARY ARESIA WITH	1/1/2006	INVALID	N	NO
W	33919	REPAIR OF PULMONARY ATRESIA WITH	1/1/2006	INVALID	N	NO
W	33920	REPAIR OF PULMONARY ATRESIA WITH	1/1/2008	\$269.66	3	NO
W	33922	TRANSECTION OF PULMONARY ARTERY	1/1/2008	\$205.52	3	NO
W	33924	LIGATION AND TAKEDOWN OF A SYSTE	1/1/2008	\$44.24	3	NO
W	33930	DONOR CARDIECTOMY-PNEUMONECTOMY	8/1/1986	NC	9	NO
W	33935	HEART LUNG TRANSPLANT WITH RECIP	1/1/2008	\$527.55	3	YES
W	33940	DONOR CARDIECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
W	33945	HEART TRANSPLANT WITH OR WITHOUT	1/1/2008	\$640.17	3	YES
W	33968	REMOVAL OF INTGRA-AORTIC BALLOON	1/1/2008	\$5.11	3	NO
W	33970	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$53.28	3	NO
W	33973	INSERTION OF INTRA-AORTIC BALLOO	1/1/2008	\$77.79	3	NO
W	33975	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$163.48	3	NO
W	33976	INSERTION OF VENTRICULAR ASSIST	1/1/2008	\$182.09	3	NO
W	33977	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$180.20	3	NO
W	33978	REMOVAL OF VENTRICULAR ASSIST DE	1/1/2008	\$200.26	3	NO
W	33999	UNLISTED PROCEDURE CARDIAC SURGE	4/1/1982	\$0.01	5	NO
W	34001	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$141.50	3	NO
W	34051	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$143.43	3	NO
W	34101	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$93.38	3	NO
W	34111	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$93.43	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	34151	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$214.88	3	NO
W	34201	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$142.89	3	NO
W	34203	EMBOLECTOMY OR THROMBECTOMY WITH	1/1/2008	\$149.29	3	NO
W	34401	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$214.50	3	NO
W	34421	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$112.14	3	NO
W	34451	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$232.51	3	NO
W	34471	THROMBECTOMY DIRECT OR WITH CATH	1/1/2008	\$150.90	3	NO
W	34490	AXILLARY AND SUBCLAVIAN VEIN BY	1/1/2008	\$93.65	3	NO
W	34501	VALVULOPLASTY FEMORAL VEIN	1/1/2008	\$146.17	3	NO
W	34502	RECONSTRUCTION OF VENA CAVA, ANY	1/1/2008	\$233.32	3	NO
W	34510	VENOUS VALVE TRANSPOSITION ANY V	1/1/2008	\$166.66	3	NO
W	34520	CROSS-OVER VEIN GRAFT TO VENOUS	1/1/2008	\$161.23	3	NO
W	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSI	1/1/2008	\$150.21	3	NO
W	34800	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$175.47	3	NO
W	34802	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$190.42	3	NO
W	34804	ENDOVASCULAR REPAIR OF INTRARENA	1/1/2008	\$190.20	3	NO
W	34808	ENDOVASCULAR PLACEMENT OF ILIAC	1/1/2008	\$32.31	3	NO
W	34812	OPEN FEMORAL ARTERY EXPOSURE FOR	1/1/2008	\$53.87	3	NO
W	34813	PLACEMENT OF FEMORAL-FEMORAL PRO	1/1/2008	\$37.31	3	NO
W	34820	OPEN ILIAC ARTERY EXPOSURE FOR D	1/1/2008	\$76.77	3	NO
W	34825	2LACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$106.93	3	NO
W	34826	PLACEMENT OF PROXIMAL OR DISTAL	1/1/2008	\$31.56	3	NO
W	34830	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$282.83	3	NO
W	34831	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$293.31	3	NO
W	34832	OPEN REPAIR OF INFRARENAL AORTIC	1/1/2008	\$304.12	3	NO
W	35001	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$175.15	3	NO
W	35002	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$184.61	3	NO
W	35005	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$158.43	3	NO
W	35011	DIRECT REPAIR OF ANEURYSM, FALSE	1/1/2008	\$153.97	3	NO
W	35013	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$190.53	3	NO
W	35021	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$183.81	3	NO
W	35022	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$207.19	3	NO
W	35045	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$148.65	3	NO
W	35081	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$262.03	3	NO
W	35082	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$333.96	3	NO
W	35091	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$286.33	3	NO
W	35092	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$398.85	3	NO
W	35102	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$285.04	3	NO
W	35103	DIR. REPAIR OF ANEURYSM/EXCISION	1/1/2008	\$346.43	3	NO
W	35111	DIRECT REPAIR OF ANEURYSM, PSEUD	1/1/2008	\$213.05	3	NO
W	35112	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$258.64	3	NO
W	35121	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$255.90	3	NO
W	35122	DIRECT REPAIR OF ANEURYSM/EXCISI	1/1/2008	\$300.41	3	NO
W	35131	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$217.03	3	NO
W	35132	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$261.22	3	NO
W	35141	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$173.05	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35142	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$205.69	3	NO
W	35151	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2008	\$195.20	3	NO
W	35152	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2008	\$225.42	3	NO
W	35161	DIRECT REPAIR OF ANEURYSM, PSEU	1/1/2005	INVALID	N	NO
W	35162	DIRECT REPAIR OF ANEURYSM OR EXC	1/1/2005	INVALID	N	NO
W	35180	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$121.77	3	NO
W	35182	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$260.57	3	NO
W	35184	REPAIR CONGENITAL ARTERIOVENOUS	1/1/2008	\$156.98	3	NO
W	35188	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$131.66	3	NO
W	35189	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$243.80	3	NO
W	35190	REPAIR ACQUIRED OR TRAUMATIC ART	1/1/2008	\$114.56	3	NO
W	35201	REPAIR BLOOD VESSEL DIRECT NECK	1/1/2008	\$143.97	3	NO
W	35206	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$117.68	3	NO
W	35207	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$104.94	3	NO
W	35211	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$205.26	3	NO
W	35216	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$265.14	3	NO
W	35221	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$212.30	3	NO
W	35226	REPAIR BLOOD VESSELS OR A-V FIST	1/1/2008	\$130.58	3	NO
W	35231	REPAIR BLOOD VESSEL WITH VEIN GR	1/1/2008	\$178.59	3	NO
W	35236	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$150.04	3	NO
W	35241	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$214.23	3	NO
W	35246	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$234.29	3	NO
W	35251	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$254.02	3	NO
W	35256	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$158.75	3	NO
W	35261	REPAIR BLOOD VESSEL WITH GRAFT O	1/1/2008	\$157.52	3	NO
W	35266	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$131.87	3	NO
W	35271	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$204.07	3	NO
W	35276	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$215.09	3	NO
W	35281	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$242.57	3	NO
W	35286	REPAIR BLOOD VESSEL OR A-V FISTU	1/1/2008	\$145.47	3	NO
W	35301	THROMBOENDARTERECTOMY WITH OR WIT	1/1/2008	\$162.62	3	NO
W	35311	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$232.03	3	NO
W	35321	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$138.65	3	NO
W	35331	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$226.38	3	NO
W	35341	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$215.90	3	NO
W	35351	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$199.23	3	NO
W	35355	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$162.03	3	NO
W	35361	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$244.39	3	NO
W	35363	THROMBOENDARTERECTOMY WITH OR WI	1/1/2008	\$261.38	3	NO
W	35371	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$128.76	3	NO
W	35372	THROMBOENDARTERECTOMY, WITH OR W	1/1/2008	\$154.51	3	NO
W	35381	THROMBOENDARTERECTOMY WITH OR WI	1/1/2007	INVALID	N	NO
W	35390	REOPERATION, CAROTID, THROMBOEND	1/1/2008	\$25.05	3	NO
W	35450	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$79.40	3	NO
W	35452	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$55.48	3	NO
W	35454	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$48.87	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35456	TRANSLUMINAL ANGIOPLASTY, INTRAO	1/1/2008	\$59.24	3	NO
W	35458	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$75.64	3	NO
W	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$69.03	3	NO
W	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	1/1/2008	\$48.44	3	NO
W	35470	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$68.17	3	NO
W	35471	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$79.83	3	NO
W	35472	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$55.00	3	NO
W	35473	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$48.22	3	NO
W	35474	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$58.17	3	NO
W	35475	TRANSLUMINAL BALLOON ANGIOPLASTY	1/1/2008	\$73.01	3	NO
W	35476	TRANSLUMINAL ANGIOPLASTY, PERCUT	1/1/2008	\$46.39	3	NO
W	35500	HARVEST OF UPPER EXTREMITY VEIN,	1/1/2008	\$50.05	3	NO
W	35501	BYPASS GRAFT VEIN CAROTID	1/1/2008	\$227.46	3	NO
W	35506	BYPASS GRAFT VEIN; CAROTID-SUBCL	1/1/2008	\$200.58	3	NO
W	35507	BYPASS GRAFT VEIN; SUBCLAVIAN-CA	1/1/2007	INVALID	N	NO
W	35508	BYPASS GRAFT WITH VEIN CAROTID-V	1/1/2008	\$204.93	3	NO
W	35509	BYPASS GRAFT VEIN; CAROTID-CAROT	1/1/2008	\$221.22	3	NO
W	35511	BYPASS GRAFT VEIN; SUBCLAVIAN-SU	1/1/2008	\$182.03	3	NO
W	35515	BYPASS GRAFT WITH VEIN SUBCLAVIA	1/1/2008	\$203.37	3	NO
W	35516	BYPASS GRAFT VEIN; SUBCLAVIAN-AX	1/1/2008	\$180.04	3	NO
W	35518	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$183.86	3	NO
W	35521	BYPASS GRAFT VEIN; AXILLARY-FEMO	1/1/2008	\$196.39	3	NO
W	35526	BYPASS GRAFT VEIN; AORTOSUBCLAVI	1/1/2008	\$263.80	3	NO
W	35531	BYPASS GRAFT WITH VEIN AORTOCELI	1/1/2008	\$311.75	3	NO
W	35533	BYPASS GRAFT WITH VEIN AXILLARY-	1/1/2008	\$241.49	3	NO
W	35536	BYPASS GRAFT VEIN; SPLENORENAL	1/1/2008	\$271.81	3	NO
W	35541	BYPASS GRAFT, WITH VEIN; AORTOIL	1/1/2007	INVALID	N	NO
W	35546	BYPASS GRAFT WITH VEIN AORTOFEMO	1/1/2007	INVALID	N	NO
W	35548	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$185.90	3	NO
W	35549	BYPASS GRAFT VEIN; AORTOILIOFEMO	1/1/2008	\$202.73	3	NO
W	35551	BYPASS GRAFT VEIN; AORTOFEMORAL-	1/1/2008	\$228.75	3	NO
W	35556	BYPASS GRAFT VEIN; FEMORAL-POPLI	1/1/2008	\$210.90	3	NO
W	35558	BYPASS GRAFT VEIN; FEMORAL-FEMOR	1/1/2008	\$189.07	3	NO
W	35560	BYPASS GRAFT WITH VEIN AORTORENA	1/1/2008	\$275.90	3	NO
W	35563	BYPASS GRAFT VEIN; ILIOILAC	1/1/2008	\$212.57	3	NO
W	35565	BYPASS GRAFT VEIN; ILIOFEMORAL	1/1/2008	\$204.34	3	NO
W	35566	BYPASS GRAFT, W/VEIN;FEMORAL-ANT	1/1/2008	\$253.32	3	NO
W	35571	BYPASS GRAFT, W/VEIN; POPLITEAL-	1/1/2008	\$209.93	3	NO
W	35582	IN-SITU VEIN BYPASS; AORTOFEMORA	1/1/2005	INVALID	N	NO
W	35583	IN-SITU VEIN BYPASS; FEMORAL POP	1/1/2008	\$218.48	3	NO
W	35585	IN-SITU VEIN BYPASS; FEMORAL-ANT	1/1/2008	\$257.94	3	NO
W	35587	IN-SITU VEIN BYPASS; POPLITEAL-T	1/1/2008	\$216.92	3	NO
W	35600	HARVEST OF UPPER EXTREMITY ARTER	1/1/2008	\$39.08	3	NO
W	35601	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$213.96	3	NO
W	35606	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$181.33	3	NO
W	35612	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$141.39	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	35616	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$170.90	3	NO
W	35621	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$172.68	3	NO
W	35623	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$211.12	3	NO
W	35626	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$240.15	3	NO
W	35631	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$290.20	3	NO
W	35636	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$254.88	3	NO
W	35641	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2007	INVALID	N	NO
W	35642	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$158.91	3	NO
W	35645	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$155.21	3	NO
W	35646	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$267.67	3	NO
W	35650	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$165.37	3	NO
W	35651	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$212.73	3	NO
W	35654	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$214.07	3	NO
W	35656	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$168.81	3	NO
W	35661	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$169.08	3	NO
W	35663	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$195.74	3	NO
W	35665	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$183.91	3	NO
W	35666	BYPASS GRAFT WITH OTHER THAN VEI	1/1/2008	\$198.11	3	NO
W	35671	BYPASS GRAFT, WITH OTHER THAN VE	1/1/2008	\$174.34	3	NO
W	35681	BYPASS GRAFT COMPOSITE	1/1/2008	\$12.53	3	NO
W	35682	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$56.18	3	NO
W	35683	BYPASS GRAFT; AUTOGENOUS COMPOSI	1/1/2008	\$66.29	3	NO
W	35691	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$154.72	3	NO
W	35693	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$135.26	3	NO
W	35694	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$161.17	3	NO
W	35695	TRANSPOSITION AND/OR REIMPLANTAT	1/1/2008	\$165.42	3	NO
W	35700	REOPERATION, FEMORAL-POPLITEAL O	1/1/2008	\$24.14	3	NO
W	35701	EXPLORATION (NOT FOLL BY SURG RE	1/1/2008	\$81.50	3	NO
W	35721	EXPLORATION; FEMORAL ARTERY	1/1/2008	\$69.62	3	NO
W	35741	EXPLORATION; POPLITEAL ARTERY	1/1/2008	\$76.45	3	NO
W	35761	EXPLORATION; OTHER VESSELS	1/1/2008	\$56.29	3	NO
W	35800	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$72.15	3	NO
W	35820	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$255.14	3	NO
W	35840	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$93.49	3	NO
W	35860	EXPLORATION FOR POSTOPERATIVE HE	1/1/2008	\$61.23	3	NO
W	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1/1/2008	\$197.68	3	NO
W	35875	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$91.55	3	NO
W	35876	THROMBECTOMY OF ARTERIAL OR VENO	1/1/2008	\$146.76	3	NO
W	35879	REVISION, LOWER EXTREMITY ARTGER	1/1/2008	\$144.40	3	NO
W	35881	REVISION, LOWER EXTREMITY ARTERI	1/1/2008	\$161.01	3	NO
W	35901	EXCISION OF INFECTED GRAFT; NECK	1/1/2008	\$77.74	3	NO
W	35903	EXCISION OF INFECTED GRAFT; EXTR	1/1/2008	\$88.87	3	NO
W	35905	EXCISION OF INFECTED GRAFT; THOR	1/1/2008	\$270.95	3	NO
W	35907	EXCISION OF INFECTED GRAFT; ABDO	1/1/2008	\$298.37	3	NO
W	36400	VENIPUNCTURE, UNDER AGE 3 YEARS;	1/1/2008	\$18.82	3	NO
W	36405	VENIPUNCTURE UNDER AGE 3 YEARS;	1/1/2008	\$16.40	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	36406	VENIPUNCTURE UNDER AGE 3 YEARS O	1/1/2008	\$12.90	3	NO
W	36410	VENIPUNCTURE CHILD OVER AGE 3 OR	1/1/2008	\$13.17	3	NO
W	36415	COLLECTION OF VENOUS BLOOD BY VE	1/1/2008	\$3.11	3	NO
W	36416	COLLECTION OF CAPILLARY BLOOD SP	1/1/2008	\$3.11	3	NO
W	36420	VENIPUNCTURE CUTDOWN UNDER AGE 1	1/1/2008	\$36.02	3	NO
W	36425	VENIPUNCTURE CUTDOWN; AGE 1 OR O	1/1/2008	\$27.96	3	NO
W	36430	TRANSFUSION, BLOOD OR BLOOD COMP	1/1/2008	\$28.22	3	NO
W	36440	PUSH TRANSFUSION BLOOD 2 YEARS O	1/1/2008	\$39.24	3	NO
W	36455	EXCHANGE TRANSFUSION BLOOD; OTHE	1/1/2008	\$18.98	3	NO
W	36460	TRANSFUSION INTRAUTERINE FETAL	1/1/2008	\$50.91	3	NO
W	36468	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
W	36469	SINGLE OR MULTIPLE INJECTIONS OF	3/1/1987	NC	9	NO
W	36470	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
W	36471	INJECTION OF SCLEROSING SOLUTION	2/1/1993	NC	9	NO
W	36490	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
W	36491	PLACEMENT OF CENTRAL VENOUS CATH	4/1/2004	INVALID	N	NO
W	36520	THERAPEUTIC APHERESIS (PLASMA AN	7/1/2003	INVALID	N	NO
W	36521	THERAPEUTIC APHERESIS; W/EXTRACO	7/1/2003	INVALID	N	NO
W	36530	INSERTION OF IMPLANTABLE INTRAVE	4/1/2004	INVALID	N	NO
W	36531	REVISION OF IMPLANTABLE INTRAVEN	4/1/2004	INVALID	N	NO
W	36532	REMOVAL OF IMPLANTABLE INTRAVENO	4/1/2004	INVALID	N	NO
W	36533	INSERTION OF IMPLANTABLE VENOUS	4/1/2004	INVALID	N	NO
W	36534	REVISION OF IMPLANTABLE VENOUS A	4/1/2004	INVALID	N	NO
W	36535	REMOVAL OF IMPLANTABLE VENOUS AC	4/1/2004	INVALID	N	NO
W	36550	DECLOTTING BY THROMBOLYTIC AGENT	1/1/2008	INVALID	N	NO
W	36600	ARTERIAL PUNCTURE WITHDRAWL OF B	1/1/2008	\$22.31	3	NO
W	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN;	1/1/2008	\$120.58	3	NO
W	36821	ARTERIOVENOUS ANASTOMOSIS, DIREC	1/1/2008	\$79.94	3	NO
W	36825	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$87.20	3	NO
W	36830	CREATION OF ARTERIOVENOUS FISTUL	1/1/2008	\$100.21	3	NO
W	36831	THROMBECTOMY, OPEN, ARTERIOVENOU	1/1/2008	\$69.19	3	NO
W	36832	REVISION, OPEN, ARTERIOVENOUS FI	1/1/2008	\$88.38	3	NO
W	36833	REVISION, ARTERIOVENOUS FISTULA;	1/1/2008	\$99.78	3	NO
W	36834	PLASTIC REPAIR OF ARTERIOVENOUS	1/1/2008	\$92.25	3	NO
W	37145	VENOUS ANASTOMOSIS; RENOPORTAL	1/1/2008	\$213.96	3	NO
W	37160	VENOUS ANASTOMOSIS; CAVAL-MESENT	1/1/2008	\$187.73	3	NO
W	37180	VENOUS ANASTOMOSIS; SPLENORENAL,	1/1/2008	\$212.03	3	NO
W	37181	ANASTOMOSIS SPLENORENAL DISTAL (	1/1/2008	\$227.14	3	NO
W	37600	LIGATION EXTERNAL CAROTID ARTERY	1/1/2008	\$107.14	3	NO
W	37605	LIGATION; INTERNAL OR COMMON CAR	1/1/2008	\$122.36	3	NO
W	37606	LIGATION INTERNAL OR COMMON CARO	1/1/2008	\$78.44	3	NO
W	37615	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$67.15	3	NO
W	37616	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$157.30	3	NO
W	37617	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$191.06	3	NO
W	37618	LIGATION MAJOR ARTERY (EG POST-T	1/1/2008	\$54.67	3	NO
W	37660	LIGATION OF COMMON ILIAC VEIN	1/1/2008	\$179.99	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	37720	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
W	37730	LIGATION AND DIVISION AND COMPLE	1/1/2006	INVALID	N	NO
W	37735	LIGATION & DIV & COMP STRIP OF L	1/1/2008	\$94.51	3	NO
W	37760	LIGATION OF PERFORATOR VEINS, SU	1/1/2008	\$92.84	3	NO
W	37785	LIGATION, DIVISION, AND/OR EXCIS	1/1/2008	\$51.23	3	NO
W	37788	PENILE REVASULARIZATION, ARTERY,	3/1/1992	NC	9	NO
W	38100	SPLENECTOMY (SEPARATE PROCEDURE)	1/1/2008	\$149.13	3	NO
W	38101	SPLENECTOMY (SEPARATE PROCEDURE)	1/1/2008	\$151.82	3	NO
W	38102	SPLENECTOMY; TOTAL, EN BLOC FOR	1/1/2008	\$37.47	3	NO
W	38115	REPAIR OF RUPTURED SPLEEN (SPLEN	1/1/2008	\$165.37	3	NO
W	38300	DRAINAGE OF LYMPH NODE ABSCESS O	1/1/2008	\$178.75	3	NO
W	38308	LYMPHANGIOTOMY OR OTHER OPERATIO	1/1/2008	\$60.59	3	NO
W	38380	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$78.06	3	NO
W	38381	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$117.47	3	NO
W	38382	SUTURE AND/OR LIGATION OF THORAC	1/1/2008	\$94.40	3	NO
W	38530	BIOPSY OR EXCISION OF LYMPH NODE	1/1/2008	\$73.65	3	NO
W	38542	DISSECTION DEEP JUGULAR NODE(S)	1/1/2008	\$59.03	3	NO
W	38550	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$63.76	3	NO
W	38555	EXCISION OF CYSTIC HYGROMA, AXIL	1/1/2008	\$136.55	3	NO
W	38562	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$96.18	3	NO
W	38564	LIMITED LYMPHADENECTOMY FOR STAG	1/1/2008	\$95.96	3	NO
W	38570	LAPAROSCOPY, SURGICAL; W/RETROPE	1/1/2008	\$77.36	3	NO
W	38571	LAPAROSCOPY, SURGICAL; WITH BILA	1/1/2008	\$117.30	3	NO
W	38572	LAPAROSCOPY, SURGICAL; W/BILATER	1/1/2008	\$137.79	3	NO
W	38700	SUPRAHYOID LYMPHADENECTOMY	1/1/2008	\$105.26	3	NO
W	38720	CERVICAL LYMPHADENECTOMY (COMPLE	1/1/2008	\$173.54	3	NO
W	38724	CERVICAL LYMPHADENECTOMY (MODIFI	1/1/2008	\$187.46	3	NO
W	38740	AXILLARY LYMPHADENECTOMY SUPERFI	1/1/2008	\$90.59	3	NO
W	38745	AXILLARY LYMPHADENECTOMY; COMPLE	1/1/2008	\$115.69	3	NO
W	38746	THORACIC LYMPHADENECTOMY, REGION	1/1/2008	\$38.55	3	NO
W	38747	ABDOMINAL LYMPHADENECTOMY, REGIO	1/1/2008	\$38.12	3	NO
W	38760	INGUINOFEMORAL LYMPHADENECTOMY,	1/1/2008	\$114.51	3	NO
W	38765	INGUINOFEMORAL LYMPHADENECTOMY,S	1/1/2008	\$177.57	3	NO
W	38770	PELVIC LYMPHADENECTOMY, INCLUDIN	1/1/2008	\$115.21	3	NO
W	38780	RETROPERTTONEAL TRANSABDOMINAL L	1/1/2008	\$148.43	3	NO
W	38999	UNLISTED PROCEDURE HEMIC OR LYMP	2/1/1989	\$0.01	5	NO
W	39000	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$69.62	3	NO
W	39010	MEDIASTINOTOMY WITH EXPLORATION,	1/1/2008	\$118.59	3	NO
W	39200	EXCISION OF MEDIASTINAL CYST	1/1/2008	\$130.53	3	NO
W	39220	EXCISION OF MEDIASTINAL TUMOR	1/1/2008	\$166.49	3	NO
W	39499	UNLISTED PROCEDURE MEDIASTINUM	2/1/1994	\$0.01	5	NO
W	39501	REPAIR, LACERATION OF DIAPHRAGM,	1/1/2008	\$118.22	3	NO
W	39502	REPAIR PARAESOPHAGEAL HIATUS HER	1/1/2008	\$141.23	3	NO
W	39503	REPAIR, NEONATAL DIAPHRAGMATIC H	1/1/2008	\$819.19	3	NO
W	39520	REPAIR DIAPHRAMATIC HERNIA (ESOP	1/1/2008	\$143.16	3	NO
W	39530	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$135.91	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	39531	REPAIR DIAPHRAGMATIC HERNIA (ESO	1/1/2008	\$143.16	3	NO
W	39540	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$120.31	3	NO
W	39541	REPAIR DIAPHRAGMATIC HERNIA (OTH	1/1/2008	\$129.45	3	NO
W	39545	IMBRICATION OF DIAPHRAGM FOR EVE	1/1/2008	\$128.38	3	NO
W	39560	RESECTION, DIAPHRAGM; WITH SIMPL	1/1/2008	\$111.07	3	NO
W	39561	RESECTION, DIAPHRAGM; WITH COMPL	1/1/2008	\$169.56	3	NO
W	39599	UNLISTED PROCEDURE DIAPHRAGM	2/1/1994	\$0.01	5	NO
W	40490	BIOPSY LIP	1/1/2008	\$81.18	3	NO
W	40701	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$161.50	3	NO
W	40702	PLASTIC REPAIR OF CLEFT LIP; PRI	1/1/2008	\$125.48	3	NO
W	40761	PLASTIC REPAIR OF CLEFT LIP WITH	1/1/2008	\$148.38	3	NO
W	40799	UNLISTED PROCEDURE LIPS	4/1/1982	\$0.01	5	NO
W	40800	DRAINAGE OF ABSCESS CYST HEMATOM	1/1/2008	\$120.96	3	NO
W	40801	DRAINAGE OF ABSCESS CYST HEMATOM	1/1/2008	\$191.12	3	NO
W	40804	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$129.56	3	NO
W	40805	REMOVAL OF EMBEDDED FOREIGN BODY	1/1/2008	\$206.44	3	NO
W	40806	INCISION OF LABIAL FRENUM (FRENO	1/1/2008	\$62.36	3	NO
W	40808	BIOPSY VESTIBULE OF MOUTH	1/1/2008	\$106.18	3	NO
W	40810	EXCISION OF LESION OF MUCOSA AND	1/1/2008	\$121.23	3	NO
W	40830	CLOSURE OF LACERATION 2.5 CM OR	1/1/2008	\$155.37	3	NO
W	40831	CLOSURE OF LACERATION, VESTIBULE	1/1/2008	\$205.09	3	NO
W	40840	VESTIBULOPLASTY ANTERIOR	1/1/2008	\$107.30	3	NO
W	40843	VESTIBULOPLASTY; POSTERIOR BILAT	1/1/2008	\$139.40	3	NO
W	40844	VESTIBULOPLASTY; ENTIRE ARCH	1/1/2008	\$183.38	3	NO
W	41000	INTRAORAL INCISION AND DRAINAGE	1/1/2008	\$102.14	3	NO
W	41005	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$133.06	3	NO
W	41006	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$229.82	3	NO
W	41007	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$232.24	3	NO
W	41008	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$233.59	3	NO
W	41009	INCISION AND DRAINAGE OF INTRAOR	1/1/2008	\$249.45	3	NO
W	41010	INCISION OF LINGUAL FRENUM (FREN	1/1/2008	\$122.57	3	NO
W	41015	EXTRAORAL INCISION AND DRAINAGE	1/1/2008	\$270.68	3	NO
W	41016	INCISION AND DRAINAGE OF EXTRAOR	1/1/2008	\$279.28	3	NO
W	41017	INCISION AND DRAINAGE OF EXTRAOR	1/1/2008	\$280.90	3	NO
W	41018	MASTICATOR SPACE	1/1/2008	\$324.17	3	NO
W	41120	GLOSSECTOMY LESS THAN ONE-HALF T	1/1/2008	\$142.52	3	NO
W	41130	GLOSSECTOMY; HEMIGLOSSECTOMY	1/1/2008	\$173.38	3	NO
W	41135	GLOSSECTOMY; PARTIAL WITH UNILAT	1/1/2008	\$291.22	3	NO
W	41140	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$303.58	3	NO
W	41145	GLOSSECTOMY COMPLETE OR TOTAL WI	1/1/2008	\$374.71	3	NO
W	41150	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$297.51	3	NO
W	41153	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$320.36	3	NO
W	41155	GLOSSECTOMY COMPOSITE PROCEDURE	1/1/2008	\$391.27	3	NO
W	41250	REPAIR LACERATION 2.5 CM OR LESS	1/1/2008	\$137.36	3	NO
W	41251	REPAIR LACERATION UP TO 2 CM; PO	1/1/2008	\$154.56	3	NO
W	41800	DRAINAGE ABSCESS CYST HEMATOMA	1/1/2008	\$119.88	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	41805	REMOVAL EMBEDDED FOREIGN BODY FR	1/1/2008	\$123.38	3	NO
W	41870	PERIODONTAL MUCOSAL GRAFTING	6/8/1994	NC	9	NO
W	41872	GINGIVOPLASTY, EACH QUADRANT (SP	6/8/1994	NC	9	NO
W	41874	ALVEOLOPLASTY, EACH QUADRANT (SP	2/1/1993	NC	9	NO
W	42000	DRAINAGE OF ABSCESS OF PALATE UV	1/1/2008	\$104.29	3	NO
W	42120	RESECTION PALATE OR EXTENSIVE RE	1/1/2008	\$128.65	3	NO
W	42180	REPAIR LACERATION OF PALATE UP	1/1/2008	\$156.98	3	NO
W	42200	PALATOPLASTY FOR CLEFT PALATE SO	1/1/2008	\$125.80	3	NO
W	42205	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$132.25	3	NO
W	42210	PALATOPLASTY FOR CLEFT PALATE WI	1/1/2008	\$151.28	3	NO
W	42215	PALATOPLASTY FOR CLEFT PALATE MA	1/1/2008	\$101.23	3	NO
W	42220	PALATOPLASTY FOR CLEFT PALATE; S	1/1/2008	\$78.44	3	NO
W	42225	PALATOPLASTY FOR CLEFT PALATE; A	1/1/2008	\$141.66	3	NO
W	42226	LENGTHENING OF PALATE, AND PHARY	1/1/2008	\$135.15	3	NO
W	42227	LENGTHENING OF PALATE, WITH ISLA	1/1/2008	\$133.81	3	NO
W	42235	REPAIR ANTERIOR PALATE INCLUDING	1/1/2008	\$108.17	3	NO
W	42260	REPAIR NASOLABIAL FISTULA	1/1/2008	\$115.15	3	NO
W	42299	UNLISTED PROCEDURE PALATE UVULA	4/1/1982	\$0.01	5	NO
W	42325	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
W	42326	FISTULIZATION SUBLINGUAL SALIVAR	1/1/2006	INVALID	N	NO
W	42409	MARSUPIALIZATION SUBLINGUAL SALI	1/1/2008	\$41.83	3	NO
W	42410	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$87.52	3	NO
W	42415	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$158.75	3	NO
W	42420	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$182.68	3	NO
W	42425	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$120.21	3	NO
W	42426	EXCISION PAROTID TUMOR OR PAROTI	1/1/2008	\$195.42	3	NO
W	42440	EXCISION SUBMANDIBULAR (SUBMAXIL	1/1/2008	\$65.16	3	NO
W	42507	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$70.10	3	NO
W	42508	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$98.97	3	NO
W	42510	PAROTID DUCT DIVERSION BILATERAL	1/1/2008	\$88.01	3	NO
W	42699	UNLISTED PROCEDURE SALIVARY GLAN	4/1/1982	\$0.01	5	NO
W	42725	INCISION AND DRAINAGE ABSCESS RE	1/1/2008	\$113.06	3	NO
W	42810	EXCISION BRANCHIAL CLEFT CYST OR	1/1/2008	\$50.05	3	NO
W	42815	EXCISION BRANCHIAL CLEFT CYST, V	1/1/2008	\$75.75	3	NO
W	42844	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$185.20	3	NO
W	42845	RADICAL RESECTION OF TONSIL TONS	1/1/2008	\$304.01	3	NO
W	42890	LIMITED PHARYNGECTOMY WITHOUT RA	1/1/2008	\$183.21	3	NO
W	42892	RESECTION OF LATERAL PHARYNGEAL	1/1/2008	\$238.32	3	NO
W	42894	RESECTION OF PHARYNGEAL WALL REQ	1/1/2008	\$308.26	3	NO
W	42950	PHARYNGOPLASTY (PLASTIC OR RECON	1/1/2008	\$109.46	3	NO
W	42953	PHARYNGOESOPHAGEAL REPAIR	1/1/2008	\$142.20	3	NO
W	42955	PHARYNGOSTOMY (FISTULIZATION OF	1/1/2008	\$102.47	3	NO
W	42960	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$118.54	3	NO
W	42961	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$58.60	3	NO
W	42962	CONTROL OROPHARYNGEAL HEMORRHAGE	1/1/2008	\$72.68	3	NO
W	42971	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$64.14	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	42972	CONTROL OF NASOPHARYNGEAL HEMORR	1/1/2008	\$72.84	3	NO
W	43020	ESOPHAGOTOMY CERVICAL APPROACH;	1/1/2008	\$76.12	3	NO
W	43030	CRICOPHARYNGEAL MYOTOMY	1/1/2008	\$74.08	3	NO
W	43045	ESOPHAGOTOMY, THORACIC APPROACH,	1/1/2008	\$187.25	3	NO
W	43100	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$88.27	3	NO
W	43101	EXCISION OF LESION, ESOPHAGUS, W	1/1/2008	\$145.31	3	NO
W	43107	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$360.46	3	NO
W	43108	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$558.19	3	NO
W	43112	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$386.37	3	NO
W	43113	TOTAL OR NEAR TOTAL ESOPHAGECTOM	1/1/2008	\$551.42	3	NO
W	43116	PARTIAL ESOPHAGECTOMY, CERVICAL,	1/1/2008	\$621.41	3	NO
W	43117	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$352.07	3	NO
W	43118	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$465.83	3	NO
W	43121	PARTIAL ESOPHAGECTOMY, DISTAL TW	1/1/2008	\$376.05	3	NO
W	43122	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$356.81	3	NO
W	43123	PARTIAL ESOPHAGECTOMY, THORACOAB	1/1/2008	\$559.75	3	NO
W	43124	TOTAL OR PARTIAL ESOPHAGECTOMY,	1/1/2008	\$475.08	3	NO
W	43130	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$111.50	3	NO
W	43135	DIVERTICULECTOMY HYPOPHARYNX OR	1/1/2008	\$198.91	3	NO
W	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOG	1/1/2008	\$147.36	3	NO
W	43289	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	43300	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$88.22	3	NO
W	43305	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$158.32	3	NO
W	43310	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$218.32	3	NO
W	43312	ESOPHAGOPLASTY (PLASTIC REPAIR O	1/1/2008	\$240.04	3	NO
W	43320	ESOPHAGOGASTROSTOMY (CARDIOPLAST	1/1/2008	\$188.32	3	NO
W	43324	ESOPHAGOGASTRIC FUNDOPLASTY (EG	1/1/2008	\$184.34	3	NO
W	43325	ESOPHAGOGASTRIC FUNDOPLASTY WITH	1/1/2008	\$181.44	3	NO
W	43326	ESOPHAGOGASTRIC FUNDOPLASTY; WIT	1/1/2008	\$184.40	3	NO
W	43330	ESOPHAGOMYOTOMY (HELLER TYPE); A	1/1/2008	\$178.21	3	NO
W	43331	ESOPHAGOMYOTOMY ((HELLER TYPE) W	1/1/2008	\$191.33	3	NO
W	43340	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$184.45	3	NO
W	43341	ESOPHAGOJEJUNOSTOMY (WITHOUT TOT	1/1/2008	\$199.18	3	NO
W	43350	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$156.28	3	NO
W	43351	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$183.21	3	NO
W	43352	ESOPHAGOSTOMY FISTULIZATION OF E	1/1/2008	\$150.90	3	NO
W	43360	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$323.26	3	NO
W	43361	GASTROINTESTINAL RECONSTRUCTION	1/1/2008	\$359.55	3	NO
W	43400	LIGATION DIRECT ESOPHAGEAL VARIC	1/1/2008	\$203.97	3	NO
W	43401	TRANSECTION OF ESOPHAGUS WITH RE	1/1/2008	\$209.02	3	NO
W	43405	LIGATION OR STAPLING AT GASTROES	1/1/2008	\$199.83	3	NO
W	43410	SUTURE ESOPHAGEAL WOUND OR INJUR	1/1/2008	\$137.68	3	NO
W	43415	SUTURE OF ESOPHAGEAL WOUND OR IN	1/1/2008	\$236.65	3	NO
W	43425	CLOSURE OF ESOPHAGOSTOMY OR FIST	1/1/2008	\$204.34	3	NO
W	43499	UNLISTED PROCEDURE ESOPHAGUS	4/1/1982	\$0.01	5	NO
W	43500	GASTROTOMY WITH EXPLORATION OR F	1/1/2008	\$103.22	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	43501	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$179.45	3	NO
W	43502	GASTROTOMY; WITH SUTURE REPAIR O	1/1/2008	\$204.29	3	NO
W	43510	GASTROTOMY; WITH ESOPHAGEAL DILA	1/1/2008	\$124.40	3	NO
W	43520	PYLOROMYOTOMY CUTTING OF PYLORIC	1/1/2008	\$95.26	3	NO
W	43605	BIOPSY OF STOMACH; BY LAPAROTOMY	1/1/2008	\$110.42	3	NO
W	43610	EXCISION, LOCAL; ULCER OR BENIGN	1/1/2008	\$130.80	3	NO
W	43611	EXCISION, LOCAL; MALIGNANT TUMOR	1/1/2008	\$162.19	3	NO
W	43620	GASTRECTOMY, TOTAL; WITH ESOPHAG	1/1/2008	\$266.06	3	NO
W	43621	GASTRECTOMY, TOTAL; WITH ROUX-EN	1/1/2008	\$298.58	3	NO
W	43622	GASTRECTOMY, TOTAL; WITH FORMATI	1/1/2008	\$305.30	3	NO
W	43631	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$195.63	3	YES
W	43632	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$256.44	3	YES
W	43633	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$246.11	3	YES
W	43634	GASTRECTOMY, PARTIAL, DISTAL; WI	1/1/2008	\$270.79	3	YES
W	43635	VAGOTOMY W/PARTIAL DISTAL GASTRE	1/1/2008	\$16.07	3	NO
W	43638	GASTRECTOMY, PARTIAL, PROXIMAL,	1/1/2006	INVALID	N	NO
W	43639	GASTRECTOMY, PARTIAL, PROXIMAL;	1/1/2006	INVALID	N	NO
W	43640	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$155.74	3	NO
W	43641	VAGOTOMY INCLUDING PYLOROPLASTY	1/1/2008	\$157.95	3	NO
W	43651	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$87.04	3	NO
W	43652	LAPAROSCOPY, SURGICAL; TRANSECTI	1/1/2008	\$103.70	3	NO
W	43653	LAPAROSCOPY, SURGICAL; GASTROSTO	1/1/2008	\$73.22	3	NO
W	43659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	43750	PERCUTANEOUS PLACEMENT OF GASTRO	1/1/2008	INVALID	N	NO
W	43800	PYLOROPLASTY	1/1/2008	\$123.97	3	NO
W	43810	GASTRODUODENOSTOMY	1/1/2008	\$134.08	3	NO
W	43820	GASTROJEJUNOSTOMY; WITHOUT VAGOT	1/1/2008	\$168.16	3	NO
W	43825	GASTROJEJUNOSTOMY; WITH VAGOTOMY	1/1/2008	\$172.89	3	NO
W	43830	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$91.02	3	NO
W	43831	GASTROSTOMY TEMPORARY (TUBE RUBB	1/1/2008	\$75.69	3	NO
W	43832	GASTROSTOMY PERMANENT WITH CONST	1/1/2008	\$140.64	3	NO
W	43840	GASTRORRHAPHY SUTURE OF PERFORAT	1/1/2008	\$171.44	3	NO
W	43842	GASTRIC RESTRICTIVE PROCEDURE, W	1/1/2008	\$166.01	3	NO
W	43843	GASTRIC RESTRICTIVE PROC, W/OUT	1/1/2008	\$168.32	3	NO
W	43846	GASTRIC RESTRICTIVE PROC, W/GAST	1/1/2008	\$217.46	3	NO
W	43850	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$217.46	3	NO
W	43855	REVISION OF GASTRODUODENAL ANAST	1/1/2008	\$226.97	3	NO
W	43860	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$219.99	3	NO
W	43865	REVISION OF GASTROJEJUNAL ANASTO	1/1/2008	\$230.31	3	NO
W	43870	CLOSURE OF GASTROSTOMY SURGICAL	1/1/2008	\$92.84	3	NO
W	43880	CLOSURE OF GASTROCOLIC FISTULA	1/1/2008	\$215.47	3	NO
W	44005	ENTEROLYSIS (FREEING OF INTESTIN	1/1/2008	\$146.33	3	NO
W	44010	DUODENOTOMY, FOR EXPLORATION, BI	1/1/2008	\$114.46	3	NO
W	44015	TUBE OR NEEDLE CATHETER JEJUNOST	1/1/2008	\$20.43	3	NO
W	44020	ENTEROTOMY, SMALL INTESTINE, OTH	1/1/2008	\$128.81	3	NO
W	44021	ENTEROTOMY SMALL BOWELL OTHER TH	1/1/2008	\$129.83	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	44025	COLOTOMY, FOR EXPLORATION, BIOPS	1/1/2008	\$131.12	3	NO
W	44050	REDUCTION OF VOLVULUS INTUSSUSCE	1/1/2008	\$124.88	3	NO
W	44055	CORRECTION OF MALROTATION BY LYS	1/1/2008	\$199.56	3	NO
W	44110	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$111.93	3	NO
W	44111	EXCISION OF ONE OR MORE LESIONS	1/1/2008	\$131.34	3	NO
W	44120	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$161.82	3	NO
W	44121	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$34.68	3	NO
W	44125	ENTERECTOMY, RESECTION OF SMALL	1/1/2008	\$158.11	3	NO
W	44130	ENTEROENTEROSTOMY, ANASTOMOSIS O	1/1/2008	\$164.08	3	NO
W	44139	MOBILIZATION (TAKE-DOWN) OF SPLE	1/1/2008	\$17.31	3	NO
W	44140	COLECTOMY PARTIAL WITH ANASTOMOS	1/1/2008	\$181.12	3	NO
W	44141	COLECTOMY PARTIAL; WITH SKIN LE	1/1/2008	\$230.04	3	NO
W	44143	COLECTOMY PARTIAL; WITH END COLO	1/1/2008	\$221.92	3	NO
W	44144	COLECTOMY PARTIAL; WITH RESECTIO	1/1/2008	\$228.43	3	NO
W	44145	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$227.08	3	NO
W	44146	COLECTOMY PARTIAL; WITH COLOPROC	1/1/2008	\$277.08	3	NO
W	44147	COLECTOMY PARTIAL ABDOMINAL AND	1/1/2008	\$244.02	3	NO
W	44150	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$243.10	3	NO
W	44151	COLECTOMY TOTAL ABDOMINAL WITHOU	1/1/2008	\$278.42	3	NO
W	44152	COLECTOMY,TOTAL,ABDOMINAL,W/O PR	1/1/2007	INVALID	N	NO
W	44153	COLECTOMY,TOTAL,ABDOM,W/O PROCTE	1/1/2007	INVALID	N	NO
W	44155	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$273.53	3	NO
W	44156	COLECTOMY TOTAL ABDOMINAL WITH P	1/1/2008	\$301.86	3	NO
W	44160	COLECTOMY, PARTIAL, WITH REMOVAL	1/1/2008	\$165.85	3	NO
W	44200	LAPAROSCOPY, SURGICAL; ENTEROLYS	1/1/2006	INVALID	N	NO
W	44201	LAPAROSCOPY, SURGICAL; JEJUNOSTO	1/1/2006	INVALID	N	NO
W	44202	LAPAROSCOPY, SURGICAL; ENTERECTO	1/1/2008	\$187.57	3	NO
W	44209	UNLISTED LAPAROSCOPY PROCEDURE,	7/1/2003	INVALID	N	NO
W	44300	PLACEMENT, ENTEROSTOMY OR CECOST	1/1/2008	\$111.61	3	NO
W	44310	ILEOSTOMY OR JEJUNOSTOMY, NON-TU	1/1/2008	\$140.37	3	NO
W	44312	REVISION OF ILEOSTOMY;SIMPLE (RE	1/1/2008	\$77.47	3	NO
W	44314	REVISION OF ILEOSTOMY;COMPLICATE	1/1/2008	\$134.35	3	NO
W	44316	CONTINENT ILEOSTOMY (KOCK PROCED	1/1/2008	\$185.90	3	NO
W	44320	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$159.45	3	NO
W	44322	COLOSTOMY OR SKIN LEVEL CECOSTOM	1/1/2008	\$126.17	3	NO
W	44340	REVISION OF COLOSTOMY;SIMPLE (RE	1/1/2008	\$78.22	3	NO
W	44345	REVISION OF COLOSTOMY;COMPLICATE	1/1/2008	\$139.40	3	NO
W	44346	REVISION OF COLOSTOMY;W/REPAIR O	1/1/2008	\$157.52	3	NO
W	44500	INTRODUCTION OF LONG GASTROINTES	1/1/2008	\$18.28	3	NO
W	44602	SUTURE OF SMALL INTESTINE FOR PE	1/1/2008	\$179.99	3	NO
W	44603	SUTURE OF SMALL INTESTINE FOR PE	1/1/2008	\$205.20	3	NO
W	44604	SUTURE OF LARGE INTESTINE FOR PE	1/1/2008	\$142.73	3	NO
W	44605	SUTURE OF INTESTINE (ENTERORRHAP	1/1/2008	\$176.33	3	NO
W	44615	INTESTINAL STRICTUROPLASTY WITH	1/1/2008	\$144.13	3	NO
W	44620	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$114.19	3	NO
W	44625	CLOSURE OF ENTEROSTOMY LARGE OR	1/1/2008	\$136.23	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	44626	CLOSURE OF ENTEROSTOMY, LARGE OR	1/1/2008	\$218.80	3	NO
W	44640	CLOSURE OF INTESTINAL CUTANEOUS	1/1/2008	\$190.10	3	NO
W	44650	CLOSURE OF ENTEROENTERIC OR ENTE	1/1/2008	\$197.46	3	NO
W	44660	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$186.39	3	NO
W	44661	CLOSURE OF ENTEROVESICAL FISTULA	1/1/2008	\$212.94	3	NO
W	44680	INTESTINAL PLICATION (SEPARATE P	1/1/2008	\$141.71	3	NO
W	44700	EXCLUSION OF SMALL INTESTINE FRO	1/1/2008	\$138.75	3	NO
W	44799	UNLISTED PROCEDURE INTESTINE	4/1/1982	\$0.01	5	NO
W	44800	EXCISION OF MECKELS DIVERTICULUM	1/1/2008	\$101.23	3	NO
W	44820	EXCISION OF LESION OF MESENTERY	1/1/2008	\$111.50	3	NO
W	44850	SUTURE OF MESENTERY (SEPARATE PR	1/1/2008	\$99.08	3	NO
W	44899	UNLISTED PROCEDURE MECKELS DIVER	2/1/1989	\$0.01	5	NO
W	44900	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$99.72	3	NO
W	44901	INCISION AND DRAINAGE OF APPENDI	1/1/2008	\$25.05	3	NO
W	44950	APPEDECTOMY	1/1/2008	\$86.45	3	NO
W	44955	APPEDECTOMY WHEN DONE FOR INDIC	1/1/2008	\$12.04	3	NO
W	44960	APPEDECTOMY FOR RUPTURED APPEND	1/1/2008	\$114.94	3	NO
W	44970	LAPAROSCOPY, SURGICAL; APPENDECT	1/1/2008	\$78.49	3	NO
W	44979	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	45000	TRANSRECTAL DRAINAGE OF PELVIC A	1/1/2008	\$52.79	3	NO
W	45108	ANORECTAL MYOMECTOMY	1/1/2008	\$45.53	3	NO
W	45110	PROCTECTOMY; COMPLETE, COMBINED	1/1/2008	\$248.48	3	NO
W	45111	PROCTECTOMY; PARTIAL RESECTION O	1/1/2008	\$145.64	3	NO
W	45112	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$257.56	3	NO
W	45113	PROCTECTOMY, PARTIAL, WITH RECTA	1/1/2008	\$263.10	3	NO
W	45114	PROCTECTOMY, PARTIAL, WITH ANAST	1/1/2008	\$240.58	3	NO
W	45116	PROCTECTOMY PARTIAL WITH ANASTOM	1/1/2008	\$216.76	3	NO
W	45119	PROCTECTOMY, COMBINED ABDOMINOPE	1/1/2008	\$263.42	3	NO
W	45120	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$210.26	3	NO
W	45121	PROCTECTOMY, COMPLETE, ABDOMINAL	1/1/2008	\$231.65	3	NO
W	45123	PROCTECTOMY, PARTIAL, WITHOUT AN	1/1/2008	\$147.73	3	NO
W	45126	PELVIC EXENTERATION FOR COLORECT	1/1/2008	\$386.91	3	NO
W	45130	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$144.83	3	NO
W	45135	EXCISION OF RECTAL PROCIDENTIA W	1/1/2008	\$178.27	3	NO
W	45160	EXCISION OF RECTAL TUMOR BY PROC	1/1/2008	\$131.60	3	NO
W	45170	EXCISION OF RECTAL TUMOR, TRANSA	1/1/2008	\$102.74	3	NO
W	45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAG	1/1/2008	\$55.10	3	NO
W	45303	PROCTOSIGMOIDOSCOPY, RIGID; WITH	1/1/2008	\$520.13	3	NO
W	45520	PERIRECTAL INJECTION OF SCLEROSI	1/1/2008	\$69.62	3	NO
W	45540	PROCTOPEXY (EG, FOR PROLAPSE); A	1/1/2008	\$142.03	3	NO
W	45541	PROCTOPEXY FOR PROLAPSE; PERINEA	1/1/2008	\$120.31	3	NO
W	45550	PROCTOPEXY (EG, FOR PROLAPSE); W	1/1/2008	\$196.01	3	NO
W	45560	REPAIR OF RECTOCELE (SEPARATE PR	1/1/2008	\$95.32	3	NO
W	45562	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$144.83	3	NO
W	45563	EXPLORATION, REPAIR, AND PRESACR	1/1/2008	\$214.77	3	NO
W	45800	CLOSURE OF RECTOVESICAL FISTULA	1/1/2008	\$160.90	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	45805	CLOSURE OF RECTOVESICAL FISTULA;	1/1/2008	\$186.33	3	NO
W	45820	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$160.63	3	NO
W	45825	CLOSURE OF RECTOURETHRAL FISTULA	1/1/2008	\$195.96	3	NO
W	45900	REDUCTION OF PROCIDENTIA SEPARAT	1/1/2008	\$129.29	3	NO
W	46285	FISTULECTOMY; SECOND STAGE	1/1/2008	\$54.84	3	NO
W	46600	ANOSCOPY; DIAGNOSTIC, W/WO COLLE	1/1/2008	\$55.91	3	NO
W	46705	ANOPLASTY PLASTIC OPERATION FOR	1/1/2008	\$64.51	3	NO
W	46715	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$64.89	3	NO
W	46716	REPAIR OF LOW IMPERFORATE ANUS;	1/1/2008	\$145.69	3	NO
W	46730	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$239.45	3	NO
W	46735	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$281.86	3	NO
W	46740	CONSTRUCTION OF ANUS FOR CONGENI	1/1/2008	\$265.57	3	NO
W	46742	REPAIR OF HIGH IMPERFORATE ANUS	1/1/2008	\$322.13	3	NO
W	46744	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$462.55	3	NO
W	46746	REPAIR OF CLOACAL ANOMALY BY ANO	1/1/2008	\$518.30	3	NO
W	46748	REPAIR OF CLOACAL ANOMALY WITH V	1/1/2008	\$522.92	3	NO
W	46750	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$98.76	3	NO
W	46751	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$82.20	3	NO
W	46760	SPHINCTEROPLASTY ANAL FOR INCONT	1/1/2008	\$140.69	3	NO
W	46761	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$122.14	3	NO
W	46762	SPHINCTEROPLASTY, ANAL, FOR INCO	1/1/2008	\$116.93	3	NO
W	46900	DESTRUCTION OF LESION(S) ANUS (E	1/1/2008	\$132.25	3	NO
W	46910	DESTRUCTION OF LESION(S) ANUS SI	1/1/2008	\$140.31	3	NO
W	47000	BIOPSY OF LIVER, NEEDLE; PERCUTA	1/1/2008	\$165.04	3	NO
W	47001	BIOPSY OF LIVER, NEEDLE; WHEN DO	1/1/2008	\$14.84	3	NO
W	47010	HEPATOTOMY FOR DRAINAGE OF ABSCE	1/1/2008	\$158.11	3	NO
W	47011	HEPATOTOMY; FOR PERCUTANEOUS DRA	1/1/2008	\$27.31	3	NO
W	47015	LAPAROTOMY, WITH ASPIRATION AND/	1/1/2008	\$149.29	3	NO
W	47120	HEPATECTOMY RESECTION OF LIVER P	1/1/2008	\$313.74	3	NO
W	47122	HEPATECTOMY, RESECTION OF LIVER;	1/1/2008	\$469.59	3	NO
W	47125	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$420.83	3	NO
W	47130	HEPATECTOMY RESECTION OF LIVER;	1/1/2008	\$452.98	3	NO
W	47133	DONOR HEPATECTOMY (INCLUDING COL	7/17/1987	NC	9	NO
W	47135	LIVER ALLOTRANSPLANTATION; ORTHO	1/1/2008	\$665.76	3	YES
W	47136	LIVER ALLOTRANSPLANTATION; METER	1/1/2008	\$564.64	3	NO
W	47300	MARSUPIALIZATION OF CYST OR ABSC	1/1/2008	\$146.93	3	NO
W	47350	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$181.82	3	NO
W	47360	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$247.73	3	NO
W	47361	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$410.89	3	NO
W	47362	MANAGEMENT OF LIVER HEMORRHAGE;	1/1/2008	\$186.98	3	NO
W	47399	UNLISTED PROCEDURE LIVER	2/1/1994	\$0.01	5	NO
W	47400	HEPATICOTOMY OR HEPATICOSTOMY WI	1/1/2008	\$283.10	3	NO
W	47420	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$178.86	3	NO
W	47425	CHOLEDOCHOTOMY OR CHOLEDOCHOSTOM	1/1/2008	\$180.47	3	NO
W	47460	TRANSDUODENAL SPHINCTEROTOMY OR	1/1/2008	\$167.41	3	NO
W	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOM	1/1/2008	\$110.91	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	47550	BILIARY ENDOSCOPY, INTRAOPERATIV	1/1/2008	\$23.55	3	NO
W	47560	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$38.17	3	NO
W	47561	LAPAROSCOPY, SURGICAL; WITH GUID	1/1/2008	\$41.13	3	NO
W	47562	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$97.57	3	NO
W	47563	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$101.34	3	NO
W	47564	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$117.84	3	NO
W	47570	LAPAROSCOPY, SURGICAL; CHOLECYST	1/1/2008	\$104.78	3	NO
W	47579	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	47600	CHOLECYSTECTOMY	1/1/2008	\$137.36	3	NO
W	47605	CHOLECYSTECTOMY; WITH CHOLANGIOG	1/1/2008	\$130.74	3	NO
W	47610	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$167.73	3	NO
W	47612	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$169.08	3	NO
W	47620	CHOLECYSTECTOMY WITH EXPLORATION	1/1/2008	\$183.70	3	NO
W	47630	BILIARY DUCT STONE EXTRACTION PE	1/1/2008	\$80.26	3	NO
W	47700	EXPLORATION FOR CONGENITAL ATRES	1/1/2008	\$138.86	3	NO
W	47701	PORTOENTEROSTOMY (EG, KASAI PROC	1/1/2008	\$233.48	3	NO
W	47711	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$207.78	3	NO
W	47712	EXCISION OF BILE DUCT TUMOR, WIT	1/1/2008	\$267.29	3	NO
W	47715	EXCISION OF CHOLEDOCHAL CYST	1/1/2008	\$174.02	3	NO
W	47716	ANASTOMOSIS, CHOLEDOCHAL CYST, W	1/1/2007	INVALID	N	NO
W	47720	CHOLECYSTOENTEROSTOMY DIRECT	1/1/2008	\$149.72	3	NO
W	47721	CHOLECYSTOENTEROSTOMY; WITH GAST	1/1/2008	\$177.19	3	NO
W	47740	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$171.60	3	NO
W	47741	CHOLECYSTOENTEROSTOMY; ROUX-EN-Y	1/1/2008	\$194.50	3	NO
W	47760	ANASTOMOSIS, OF EXTRAHEPTIC BILI	1/1/2008	\$284.77	3	NO
W	47765	ANASTOMOSIS, OF INTRAHEPATIC DUC	1/1/2008	\$363.63	3	NO
W	47780	ANASTOMOSIS ROUX-EN-Y OF EXTRAHE	1/1/2008	\$309.50	3	NO
W	47785	ANASTOMOSIS, ROUX-EN-Y, OF INTRA	1/1/2008	\$399.28	3	NO
W	47800	RECONSTRUCTION PLASTIC OF EXTRAH	1/1/2008	\$210.20	3	NO
W	47801	PLACEMENT OF CHOLEDOCHAL STENT	1/1/2008	\$143.22	3	NO
W	47802	U-TUBE HEPATICOENTEROSTOMY	1/1/2008	\$200.42	3	NO
W	47900	SUTURE OF EXTRAHEPATIC BILIARY D	1/1/2008	\$181.66	3	NO
W	47999	UNLISTED PROCEDURE BILIARY TRACT	4/1/1982	\$0.01	5	NO
W	48000	PLACEMENT OF DRAINS, PERIPANCREA	1/1/2008	\$250.74	3	NO
W	48001	PLACEMENT OF DRAINS, PERIPANCREA	1/1/2008	\$310.89	3	NO
W	48005	RESECTION OR DEBRIDEMENT OF PANC	1/1/2007	INVALID	N	NO
W	48020	REMOVAL OF PANCREATIC CALCULUS	1/1/2008	\$153.05	3	NO
W	48100	BIOPSY OF PANCREAS, OPEN (EG, FI	1/1/2008	\$116.44	3	NO
W	48120	EXCISION OF LESION OF PANCREAS (	1/1/2008	\$146.71	3	NO
W	48140	PANCREATECTOMY, DISTAL SUBTOTAL,	1/1/2008	\$208.10	3	NO
W	48145	PANCREATECTOMY DISTAL SUBTOTAL W	1/1/2008	\$216.33	3	NO
W	48146	PANCREATECTOMY, DISTAL, NEAR-TOT	1/1/2008	\$246.60	3	NO
W	48148	EXCISION OF AMPULLA OF VATER	1/1/2008	\$162.79	3	NO
W	48150	PANCREATECTOMY PROXIMAL SUBTOTAL	1/1/2008	\$419.81	3	NO
W	48152	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$387.45	3	NO
W	48153	PANCREATECTOMY, PROXIMAL SUBTOTA	1/1/2008	\$419.65	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	48154	PANCREATECTOMY, PROX SUBTOTAL WI	1/1/2008	\$389.49	3	NO
W	48155	PANCREATECTOMY TOTAL	1/1/2008	\$238.00	3	NO
W	48160	PANCREATECTOMY, TOTAL OR SUBTOTA	4/1/1990	\$0.01	5	YES
W	48180	PANCREATICOJEJUNOSTOMY SIDE-TO-S	1/1/2007	INVALID	N	NO
W	48500	MARSUPIALIZATION OF PANCREATIC C	1/1/2008	\$148.16	3	NO
W	48510	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$141.66	3	NO
W	48511	EXTERNAL DRAINAGE, PSEUDOCYST OF	1/1/2008	\$29.57	3	NO
W	48520	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$144.35	3	NO
W	48540	INTERNAL ANASTOMOSIS OF PANCREAT	1/1/2008	\$174.67	3	NO
W	48545	PANCREATORRHAPHY FOR INJURY	1/1/2008	\$174.67	3	NO
W	48547	DUODENAL EXCLUSION WITH GASTROJE	1/1/2008	\$237.08	3	NO
W	48554	TRANSPLANTATION OF PANCREATIC AL	1/1/2008	\$322.78	3	YES
W	48556	REMOVAL OF TRANSPLANTED PANCREAT	1/1/2008	\$159.77	3	YES
W	48999	UNLISTED PROCEDURE PANCREAS	4/1/1982	\$0.01	5	NO
W	49000	EXPLORATORY LAPAROTOMY, EXPLORAT	1/1/2008	\$103.70	3	NO
W	49002	REOPENING OF RECENT LAPAROTOMY	1/1/2008	\$130.58	3	NO
W	49010	EXPLORATION, RETROPERITONEAL ARE	1/1/2008	\$126.28	3	NO
W	49020	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$211.87	3	NO
W	49021	DRAINAGE OF PERITONEAL ABSCESS O	1/1/2008	\$24.94	3	NO
W	49040	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$131.98	3	NO
W	49041	DRAINAGE OF SUBDIAPHRAGMATIC OR	1/1/2008	\$29.57	3	NO
W	49060	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$148.00	3	NO
W	49061	DRAINAGE OF RETROPERITONEAL ABSC	1/1/2008	\$27.31	3	NO
W	49062	DRAINAGE OF EXTRAPERITONEAL LYMP	1/1/2008	\$101.50	3	NO
W	49085	REMOVAL OF PERITIONEAL FOREIGN B	1/1/2007	INVALID	N	NO
W	49200	EXCISION OR DESTRUCTION, OPEN, I	1/1/2008	INVALID	N	NO
W	49201	EXCISION OR DESTRUCTION BY ANY M	1/1/2008	INVALID	N	NO
W	49215	EXCISION OF PRESACRAL OR SACROCO	1/1/2008	\$299.77	3	NO
W	49220	STAGING LAPAROTOMY FOR HODGKINS	1/1/2008	\$129.67	3	NO
W	49250	UMBILECTOMY OMPHALECTOMY EXCISIO	1/1/2008	\$76.77	3	NO
W	49255	OMENTECTOMY EPIPLOECTOMY RESECTI	1/1/2008	\$104.56	3	NO
W	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	1/1/2008	\$44.78	3	YES
W	49321	LAPAROSCOPY, SURGICAL; WITH BIOP	1/1/2008	\$46.82	3	NO
W	49322	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$51.45	3	NO
W	49323	LAPAROSCOPY, SURGICAL, ABDOMEN,	1/1/2008	\$85.32	3	NO
W	49329	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	YES
W	49425	INSERTION OF PERITONEAL-VENOUS S	1/1/2008	\$103.11	3	NO
W	49426	REVISION OF PERITONEAL-VENOUS SH	1/1/2008	\$87.68	3	NO
W	49495	REPAIR, INITIAL INGUINAL HERNIA,	1/1/2008	\$52.95	3	NO
W	49496	REPAIR INITIAL ING. HERNIA, UNDE	1/1/2008	\$78.92	3	NO
W	49500	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$52.20	3	NO
W	49501	REPAIR INITIAL ING. HERNIA, AGE	1/1/2008	\$78.54	3	NO
W	49505	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$68.22	3	NO
W	49507	REPAIR INITIAL INGUINAL HERNIA,	1/1/2008	\$84.40	3	NO
W	49520	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$83.92	3	NO
W	49521	REPAIR RECURRENT INGUINAL HERNIA	1/1/2008	\$102.84	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	49525	REPAIR INGUINAL HERNIA, SLIDING,	1/1/2008	\$75.64	3	NO
W	49540	REPAIR LUMBAR HERNIA	1/1/2008	\$90.05	3	NO
W	49550	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$76.18	3	NO
W	49553	REPAIR INITIAL FEMORAL HERNIA, A	1/1/2008	\$83.27	3	NO
W	49555	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$79.35	3	NO
W	49557	REPAIR RECURRENT FEMORAL HERNIA;	1/1/2008	\$96.55	3	NO
W	49560	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$99.13	3	NO
W	49561	REPAIR INITIAL INCISIONAL HERNIA	1/1/2008	\$124.67	3	NO
W	49565	REPAIR RECURRENT INCISIONAL HERN	1/1/2008	\$102.14	3	NO
W	49566	REPAIR RECURRENT INCISIONAL HERN	1/1/2008	\$125.91	3	NO
W	49568	IMPLANT OF MESH OR OTHER PROSTH	1/1/2008	\$38.12	3	NO
W	49570	REPAIR EPIGASTRIC HERNIA (EG, PR	1/1/2008	\$53.38	3	NO
W	49572	REPAIR EPIGASTRIC HERNIA; INCARC	1/1/2008	\$65.75	3	NO
W	49580	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$40.97	3	NO
W	49582	REPAIR UMBILICAL HERNIA, UNDER A	1/1/2008	\$61.45	3	NO
W	49585	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$57.42	3	NO
W	49587	REPAIR UMBILICAL HERNIA, AGE 5 Y	1/1/2008	\$68.38	3	NO
W	49590	REPAIR SPIGELIAN HERNIA	1/1/2008	\$75.48	3	NO
W	49600	REPAIR OF SMALL OMPHALOCELE, WIT	1/1/2008	\$97.20	3	NO
W	49605	REPAIR OF LARGE OMPHALOCELE OR G	1/1/2008	\$667.86	3	NO
W	49606	REPAIR OF OMPHALOCELE WITH STAGE	1/1/2008	\$154.83	3	NO
W	49610	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$91.23	3	NO
W	49611	REPAIR OF OMPHALOCELE (GROSS TYP	1/1/2008	\$86.98	3	NO
W	49650	LAPAROSCOPY, SURGICAL; REPAIR IN	1/1/2008	\$56.23	3	NO
W	49651	LAPAROSCOPY, SURGICAL; REPAIR RE	1/1/2008	\$72.68	3	NO
W	49659	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2004	\$0.01	5	NO
W	49900	SUTURE SECONDARY OF ABDOMINAL WA	1/1/2008	\$108.17	3	NO
W	49905	OMENTAL FLAP, INTRA-ABDOMINAL (L	1/1/2008	\$50.80	3	NO
W	49906	FREE OMENTAL FLAP WITH MICROVASC	1/1/1997	\$0.01	5	NO
W	49999	UNLISTED PROCEDURE ABDOMEN PERIT	4/1/1982	\$0.01	5	NO
W	50010	RENAL EXPLORATION, NOT NECESSITA	1/1/2008	\$100.53	3	NO
W	50020	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$145.96	3	NO
W	50021	DRAINAGE OF PERIRENAL OR RENAL A	1/1/2008	\$24.94	3	NO
W	50040	NEPHROSTOMY NEPHROTOMY WITH DRAI	1/1/2008	\$133.54	3	NO
W	50045	NEPHROTOMY WITH EXPLORATION	1/1/2008	\$134.35	3	NO
W	50060	NEPHROLITHOTOMY REMOVAL OF CALCU	1/1/2008	\$165.80	3	NO
W	50065	NEPHROLITHOTOMY; SECONDARY SURGI	1/1/2008	\$168.11	3	NO
W	50070	NEPHROLITHOTOMY; COMPLICATED BY	1/1/2008	\$173.16	3	NO
W	50075	NEPHROLITHOTOMY REMOVAL OF LARGE	1/1/2008	\$213.05	3	NO
W	50100	TRANSECTION OR REPOSITIONING OF	1/1/2008	\$145.21	3	NO
W	50120	PYELOTOMY WITH EXPLORATION	1/1/2008	\$137.46	3	NO
W	50125	PYELOTOMY; WITH DRAINAGE PYELOS	1/1/2008	\$144.13	3	NO
W	50130	PYELOTOMY WITH REMOVAL OF CALCUL	1/1/2008	\$149.56	3	NO
W	50135	PYELOTOMY COMPLICATED (EG SECOND	1/1/2008	\$163.11	3	NO
W	50205	RENAL BIOPSY PERCUTANEOUS; BY SU	1/1/2008	\$100.26	3	NO
W	50220	NEPHRECTOMY, INCLUDING PARTIAL U	1/1/2008	\$149.13	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	50225	NEPHRECTOMY COMPLICATED BECAUSE	1/1/2008	\$172.84	3	NO
W	50230	NEPHRECTOMY,INCLUDING PARTIAL UR	1/1/2008	\$186.28	3	NO
W	50234	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$189.24	3	NO
W	50236	NEPHRECTOMY WITH TOTAL URETERECT	1/1/2008	\$213.75	3	NO
W	50240	NEPHRECTOMY PARTIAL	1/1/2008	\$191.06	3	NO
W	50280	EXCISION OR UNROOFING OF CYSTS O	1/1/2008	\$137.09	3	NO
W	50290	EXCISION OF PERINEPHRIC CYST	1/1/2008	\$130.74	3	NO
W	50320	DONOR NEPHRECTOMY (INCLUDING COL	1/1/2008	\$192.14	3	NO
W	50340	RECIPIENT NEPHRECTOMY (SEPARATE	1/1/2008	\$119.83	3	NO
W	50360	RENAL ALLOTRANSPLANTATION, IMPLA	1/1/2008	\$325.73	3	NO
W	50365	RENAL HOMOTRANSPLANTATION, IMPLA	1/1/2008	\$369.01	3	NO
W	50370	REMOVAL OF TRANSPLANTED RENAL AL	1/1/2008	\$150.74	3	NO
W	50380	RENAL AUTOTRANSPLANTATION REIMPL	1/1/2008	\$243.48	3	NO
W	50398	CHANGE OF NEPHROSTOMY OR PYELOST	1/1/2008	\$55.37	3	NO
W	50400	PYELOPLASTY (FOLEY Y-PYELOPLASTY	1/1/2008	\$167.84	3	NO
W	50405	PYELOPLASTY COMPLICATED (CONGENI	1/1/2008	\$201.98	3	NO
W	50500	NEPHRORRHAPHY SUTURE OF KIDNEY W	1/1/2008	\$170.47	3	NO
W	50520	CLOSURE OF NEPHROCUTANEOUS OR PY	1/1/2008	\$151.44	3	NO
W	50525	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$191.17	3	NO
W	50526	CLOSURE OF NEPHROVISCERAL FISTUL	1/1/2008	\$201.76	3	NO
W	50540	SYMPHYSIOTOMY FOR HORSESHOE KIDN	1/1/2008	\$168.16	3	NO
W	50541	LAPAROSCOPY, SURGICAL; ABLATION	1/1/2008	\$134.24	3	NO
W	50544	LAPAROSCOPY, SURGICAL; PYELOPLAS	1/1/2008	\$183.64	3	NO
W	50545	LAPAROSCOPY, SURGICAL; RADICAL N	1/1/2008	\$197.03	3	NO
W	50546	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$174.24	3	NO
W	50547	LAPAROSCOPY, SURGICAL; DONOR NEP	1/1/2008	\$217.78	3	NO
W	50548	LAPAROSCOPY, SURGICAL; NEPHRECTO	1/1/2008	\$198.80	3	NO
W	50549	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	50559	RENAL ENDOSCOPY THROUGH ESTABLIS	1/1/2005	INVALID	N	NO
W	50578	RENAL ENDOSCOPY THROUGH NEPHROTO	1/1/2005	INVALID	N	NO
W	50600	URETEROTOMY WITH EXPLORATION OR	1/1/2008	\$136.23	3	NO
W	50605	URETEROTOMY FOR INSERTION OF IND	1/1/2008	\$135.31	3	NO
W	50610	URETEROLITHOTOMY UPPER ONE/THIRD	1/1/2008	\$140.21	3	NO
W	50620	URETEROLITHOTOMY; MIDDLE ONE-THI	1/1/2008	\$131.12	3	NO
W	50630	URETEROLITHOTOMY; LOWER ONE-THIR	1/1/2008	\$128.86	3	NO
W	50650	URETERECTOMY WITH BLADDER CUFF (	1/1/2008	\$149.88	3	NO
W	50660	URETERECTOMY TOTAL ECTOPIC URETE	1/1/2008	\$166.44	3	NO
W	50700	URETEROPLASTY PLASTIC OPERATION	1/1/2008	\$135.74	3	NO
W	50715	URETEROLYSIS, WITH OR WITHOUT RE	1/1/2008	\$168.59	3	NO
W	50722	URETEROLYSIS FOR OVARIAN VEIN SY	1/1/2008	\$148.22	3	NO
W	50725	URETEROLYSIS FOR RETROCAVAL URET	1/1/2008	\$161.50	3	NO
W	50727	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$72.20	3	NO
W	50728	REVISION OF URINARY-CUTANEOUS AN	1/1/2008	\$102.04	3	NO
W	50740	URETEROPYELOSTOMY ANASTOMOSIS OF	1/1/2008	\$161.06	3	NO
W	50750	URETEROCALYCOSTOMY ANASTOMOSIS O	1/1/2008	\$166.17	3	NO
W	50760	URETEROURETEROSTOMY	1/1/2008	\$159.67	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	50770	TRANSURETEROURETEROSTOMY ANASTOM	1/1/2008	\$167.78	3	NO
W	50780	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$158.91	3	NO
W	50782	URETERONEOCYSTOSTOMY; ANASTOMOSI	1/1/2008	\$160.37	3	NO
W	50783	URETERONEOCYSTOSTOMY; WITH EXTEN	1/1/2008	\$167.73	3	NO
W	50785	URETERONEOCYSTOSTOMY; WITH VESIC	1/1/2008	\$175.15	3	NO
W	50800	URETEROENTEROSTOMY, DIRECT ANAST	1/1/2008	\$132.36	3	NO
W	50810	URETEROSIGMOIDOSTOMY, W/CREATION	1/1/2008	\$182.35	3	NO
W	50815	URETEROCOLON CONDUIT, INCLUDING	1/1/2008	\$176.71	3	NO
W	50820	URETEROILEAL CONDUIT (ILEAL BLAD	1/1/2008	\$189.77	3	NO
W	50825	CONTINENT DIVERSION, INC INTESTI	1/1/2008	\$240.41	3	NO
W	50830	URINARY UNDIVERSION (EG TAKING D	1/1/2008	\$263.96	3	NO
W	50840	REPLACEMENT OF ALL OR PART OF UR	1/1/2008	\$177.41	3	NO
W	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1/1/2008	\$180.58	3	NO
W	50860	URETEROSTOMY, TRANSPLANTATION OF	1/1/2008	\$136.93	3	NO
W	50900	URETERORRHAPHY SUTURE OF URETER	1/1/2008	\$121.87	3	NO
W	50920	CLOSURE OF URETEROCUTANEOUS FIST	1/1/2008	\$127.52	3	NO
W	50930	CLOSURE OF URETEROISCERAL FISTU	1/1/2008	\$160.69	3	NO
W	50940	DELIGATION OF URETER	1/1/2008	\$128.54	3	NO
W	50945	LAPAROSCOPY, SURGICAL, URETEROLI	1/1/2008	\$143.70	3	NO
W	50959	URETERAL ENDOSCOPY THROUGH ESTAB	1/1/2005	INVALID	N	NO
W	50978	URETERAL ENDOSCOPY THROUGH URETE	1/1/2005	INVALID	N	NO
W	51000	ASPIRATION OF BLADDER BY NEDDLE	1/1/2008	INVALID	N	NO
W	51005	ASPIRATION OF BLADDER BY TROCAR	1/1/2008	INVALID	N	NO
W	51010	ASPIRATION OF BLADDER; WITH INSE	1/1/2008	INVALID	N	NO
W	51020	CYSTOTOMY OR CYSTOSTOMY WITH FUL	1/1/2008	\$65.91	3	NO
W	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CR	1/1/2008	\$66.93	3	NO
W	51040	CYSTOSTOMY CYSTOTOMY WITH DRAINA	1/1/2008	\$41.66	3	NO
W	51045	CYSTOTOMY, WITH INSERTION OF URE	1/1/2008	\$66.98	3	NO
W	51050	CYSTOLITHOTOMY CYSTOTOMY WITH RE	1/1/2008	\$66.93	3	NO
W	51060	TRANSVESICAL URETEROLITHOTOMY	1/1/2008	\$83.01	3	NO
W	51080	DRAINAGE OF PERIVESICAL OR PREVE	1/1/2008	\$57.90	3	NO
W	51500	EXCISION OF URACHAL CYST OR SINU	1/1/2008	\$92.31	3	NO
W	51520	CYSTOTOMY FOR SIMPLE EXCISION OF	1/1/2008	\$85.59	3	NO
W	51525	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$123.97	3	NO
W	51530	CYSTOTOMY; FOR EXCISION OF BLADD	1/1/2008	\$111.71	3	NO
W	51535	CYSTOTOMY FOR EXCISION, INCISION	1/1/2008	\$115.48	3	NO
W	51550	CYSTEATOMY PARTIAL SIMPLE	1/1/2008	\$138.16	3	NO
W	51555	CYSTEATOMY PARTIAL COMPLICATED (	1/1/2008	\$183.48	3	NO
W	51565	CYSTEATOMY PARTIAL WITH REIMPLAN	1/1/2008	\$187.62	3	NO
W	51570	CYSTEATOMY COMPLETE (SEPARATE PR	1/1/2008	\$213.53	3	NO
W	51575	CYSTEATOMY COMPLETE WITH BILATER	1/1/2008	\$265.79	3	NO
W	51580	CYSTEATOMY COMPLETE WITH URETERO	1/1/2008	\$275.36	3	NO
W	51585	CYSTEATOMY COMPLETE WITH URETERO	1/1/2008	\$307.24	3	NO
W	51590	CYSTEATOMY, COMPLETE, W/URETEROI	1/1/2008	\$281.22	3	NO
W	51595	CYSTEATOMY COMPLETE WITH URETERO	1/1/2008	\$318.96	3	NO
W	51596	CYSTEATOMY, COMPLETE, W/CONTINEN	1/1/2008	\$342.02	3	NO

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	51597	PELVIC EXENTERATION COMPLETE FOR	1/1/2008	\$331.38	3	NO
W	51702	INSERTION OF TEMPORARY INDWELLIN	1/1/2008	\$66.66	3	NO
W	51800	CYSTOPLASTY OR CYSTOURETHROPLAST	1/1/2008	\$152.03	3	NO
W	51820	CYSTOURETHROPLASTY WITH UNILATER	1/1/2008	\$161.44	3	NO
W	51840	ANTERIOR VESICOURETHROPEXY, OR U	1/1/2008	\$96.55	3	YES
W	51841	ANTERIOR VESICOURETHROPEXY OR UR	1/1/2008	\$114.72	3	YES
W	51845	ABDOMINO-VAGINAL VESICAL NECK SU	1/1/2008	\$85.48	3	YES
W	51860	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$105.80	3	NO
W	51865	CYSTORRHAPHY SUTURE OF BLADDER W	1/1/2008	\$129.35	3	NO
W	51880	CLOSURE OF CYSTOSTOMY (SEPARATE	1/1/2008	\$68.17	3	NO
W	51900	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$119.67	3	NO
W	51920	CLOSURE OF VESICOUTERINE FISTULA;	1/1/2008	\$110.91	3	NO
W	51925	CLOSURE OF VESICOUTERINE FISTULA;	1/1/2008	\$152.89	3	NO
W	51940	CLOSURE, EXSTROPHY OF BLADDER	1/1/2008	\$239.55	3	NO
W	51960	ENTEROCYSTOPLASTY, INCLUDING INT	1/1/2008	\$200.95	3	NO
W	51980	CUTANEOUS VESICOSTOMY	1/1/2008	\$103.06	3	NO
W	51990	LAPAROSCOPY, SURGICAL; URETHRAL	1/1/2008	\$111.55	3	NO
W	51992	LAPAROSCOPY, SURGICAL; SLING OPE	1/1/2008	\$120.96	3	NO
W	53060	DRAINAGE OF SKENES GLAND ABSCESS	1/1/2008	\$26.83	3	NO
W	53080	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$70.16	3	NO
W	53085	DRAINAGE OF PERINEAL URINARY EXT	1/1/2008	\$100.37	3	NO
W	53210	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$111.93	3	NO
W	53215	URETHRECTOMY TOTAL INCLUDING CYS	1/1/2008	\$135.05	3	NO
W	53230	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$87.14	3	NO
W	53235	EXCISION OF URETHRAL DIVERTICULU	1/1/2008	\$91.50	3	NO
W	53240	MARSUPIALIZATION OF URETHRAL DIV	1/1/2008	\$61.02	3	NO
W	53250	EXCISION OF BULBOURETHRAL GLAND	1/1/2008	\$56.82	3	NO
W	53400	URETHROPLASTY FIRST STAGE FOR FI	1/1/2008	\$115.85	3	NO
W	53405	URETHROPLASTY; SECOND STAGE (FOR	1/1/2008	\$126.93	3	NO
W	53410	URETHROPLASTY ONE-STAGE RECONSTR	1/1/2008	\$142.30	3	NO
W	53415	URETHROPLASTY, TRANSPUBIC OR PER	1/1/2008	\$162.36	3	NO
W	53420	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$120.21	3	NO
W	53425	URETHROPLASTY TWO-STAGE RECONSTR	1/1/2008	\$137.57	3	NO
W	53430	URETHROPLASTY RECONSTRUCTION OF	1/1/2008	\$139.24	3	NO
W	53440	SLING OPERATION FOR CORRECTION O	1/1/2008	\$124.35	3	NO
W	53442	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$109.24	3	NO
W	53443	URETHROPLASTY WITH TUBULARIZATIO	4/1/2002	INVALID	N	NO
W	53445	INSERTION OF INFLATABLE URETHRAL	1/1/2008	\$127.68	3	NO
W	53447	REMOVAL AND REPLACEMENT OF INFLA	1/1/2008	\$118.59	3	NO
W	53449	REPAIR OF INFLATABLE URETHRAL/BL	1/1/2008	\$87.84	3	NO
W	53502	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$70.10	3	NO
W	53505	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$69.73	3	NO
W	53510	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$92.20	3	NO
W	53515	URETHRORRHAPHY SUTURE OF URETHRA	1/1/2008	\$115.96	3	NO
W	53520	CLOSURE OF URETHROSTOMY OR URETH	1/1/2008	\$79.94	3	NO
W	53670	CATHETERIZATION, URETHRA; SIMPLE	7/1/2003	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	53675	CATHETERIZATION; COMPLICATED (MA	7/1/2003	INVALID	N	NO
W	53850	TRANSURETHRAL DESTRUCTION OF PRO	11/1/1998	NC	9	NO
W	53852	TRANSURETHRAL DESTRUCTION OF PRO	7/1/2007	NC	9	NO
W	53899	UNLISTED PROCEDURE URINARY SYSTE	2/1/1994	\$0.01	5	NO
W	54050	DESTRUCTION OF LESION(S) PENIS (	1/1/2008	\$83.60	3	NO
W	54100	BIOPSY OF PENIS CUTANEOUS (SEPAR	1/1/2008	\$132.79	3	NO
W	54110	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$89.99	3	NO
W	54111	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$116.28	3	NO
W	54112	EXCISION OF PENILE PLAQUE (PEYRO	1/1/2008	\$136.66	3	NO
W	54115	REMOVAL FOREIGN BODY FROM DEEP P	1/1/2008	\$64.51	3	NO
W	54120	AMPUTATION OF PENIS PARTIAL	1/1/2008	\$90.26	3	NO
W	54125	AMPUTATION OF PENIS; COMPLETE	1/1/2008	\$117.36	3	NO
W	54130	AMPUTATION OF PENIS RADICAL WITH	1/1/2008	\$173.11	3	NO
W	54135	AMPUTATION OF PENIS RADICAL IN C	1/1/2008	\$221.06	3	NO
W	54152	CIRCUMCISION CLAMP PROCEDURE; EX	1/1/2007	INVALID	N	NO
W	54160	CIRCUMCISION, SURGICAL EXCISION	1/1/2008	\$36.13	3	NO
W	54205	INJECTION PROCEDURE FOR PEYRONIE	1/1/2008	\$77.74	3	NO
W	54300	PLASTIC OPERATION OF PENIS FOR S	1/1/2008	\$95.26	3	NO
W	54304	PLASTIC OPERATION ON PENIS FOR C	1/1/2008	\$111.66	3	NO
W	54308	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$105.96	3	NO
W	54312	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$123.70	3	NO
W	54316	URETHROPLASTY FOR SECOND STAGE H	1/1/2008	\$148.49	3	NO
W	54318	URETHROPLASTY FOR THIRD STAGE HY	1/1/2008	\$105.21	3	NO
W	54322	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$116.18	3	NO
W	54324	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$145.10	3	NO
W	54326	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$141.12	3	NO
W	54328	ONE STAGE DISTAL HYPOSPADIAS REP	1/1/2008	\$137.73	3	NO
W	54332	ONE STAGE PROXIMAL PENILE OR PEN	1/1/2008	\$149.45	3	NO
W	54336	ONE STAGE PERINEAL HYPOSPADIAS R	1/1/2008	\$184.77	3	NO
W	54340	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$83.92	3	NO
W	54344	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$143.75	3	NO
W	54348	REPAIR OF HYPOSPADIAS COMPLICATI	1/1/2008	\$146.44	3	NO
W	54352	REPAIR OF HYPOSPADIAS CRIPPLE RE	1/1/2008	\$215.31	3	NO
W	54360	PLASTIC OPERATION ON PENIS TO CO	1/1/2008	\$107.04	3	YES
W	54380	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$114.67	3	NO
W	54385	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$137.25	3	NO
W	54390	PLASTIC OPERATION ON PENIS FOR E	1/1/2008	\$177.57	3	NO
W	54400	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$77.68	3	YES
W	54401	INSERTION OF PENILE PROSTHESIS;	1/1/2008	\$93.27	3	YES
W	54402	REMOVAL OR REPLACEMENT OF NON-IN	4/1/2002	INVALID	N	NO
W	54405	INSERTION OF MULTI-COMPONENT, IN	1/1/2008	\$117.47	3	YES
W	54407	REMOVAL, REPAIR, OR REPLACEMENT	4/1/2002	INVALID	N	NO
W	54409	SURGICAL CORRECTION OF HYDRAULIC	4/1/2002	INVALID	N	NO
W	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN	1/1/2008	\$103.00	3	NO
W	54430	CORPORA CAVERNOSA-CORPUS SPONGIO	1/1/2008	\$92.68	3	NO
W	54435	CORPORA CAVERNOSA-GLANS PENIS FI	1/1/2008	\$59.67	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	54440	PLASTIC OPERATION OF PENIS FOR I	1/1/2008	\$108.46	3	NO
W	54510	EXCISION OF LOCAL LESION OF TEST	4/1/2002	INVALID	N	NO
W	54530	ORCHIECTOMY RADICAL FOR TUMOR IN	1/1/2008	\$78.97	3	NO
W	54535	ORCHIECTOMY RADICAL FOR TUMOR; W	1/1/2008	\$107.95	3	NO
W	54550	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$70.48	3	NO
W	54560	EXPLORATION FOR UNDESCENDED TEST	1/1/2008	\$98.49	3	NO
W	54600	REDUCTION OF TORSION OF TESTIS S	1/1/2008	\$64.57	3	NO
W	54620	FIXATION OF CONTRALATERAL TESTIS	1/1/2008	\$43.98	3	NO
W	54640	ORCHIOPEXY, INGUINAL APPROACH, W	1/1/2008	\$66.50	3	NO
W	54650	ORCHIOPEXY, ABDOMINAL APPROACH,	1/1/2008	\$104.29	3	NO
W	54660	INSERTION OF TESTICULAR PROSTHES	4/1/1982	NC	9	NO
W	54680	TRANSPLANTATION OF TESTIS(ES) TO	1/1/2008	\$116.34	3	NO
W	54690	LAPAROSCOPY, SURGICAL; ORCHIECTO	1/1/2008	\$96.12	3	NO
W	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEX	1/1/2008	\$112.57	3	NO
W	54820	EXPLORATION OF EPIDIDYMIS WITH O	1/1/2007	INVALID	N	NO
W	54900	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
W	54901	EPIDIDYMOVASOSTOMY ANASTOMOSIS O	7/1/1982	NC	9	NO
W	55120	REMOVAL OF FOREIGN BODY IN SCROT	1/1/2008	\$249.98	3	NO
W	55150	RESECTION OF SCROTUM	1/1/2008	\$68.97	3	NO
W	55300	VASOTOMY FOR VASOGRAMS SEMINAL V	7/1/1982	NC	9	NO
W	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/1982	NC	9	NO
W	55520	EXCISION OF LESION OF SPERMATIC	1/1/2008	\$57.52	3	NO
W	55530	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$50.75	3	NO
W	55535	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$60.91	3	NO
W	55540	EXCISION OF VARICOCELE OR LIGATI	1/1/2008	\$70.21	3	NO
W	55550	LAPAROSCOPY, SURGICAL, WITH LIGA	1/1/2008	\$60.70	3	NO
W	55650	VESICULECTOMY, ANY APPROACH	1/1/2008	\$103.38	3	NO
W	55720	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$68.28	3	NO
W	55725	PROSTATOTOMY EXTERNAL DRAINAGE O	1/1/2008	\$83.60	3	NO
W	55801	PROSTATECTOMY, PERINEAL, SUBTOTA	1/1/2008	\$157.84	3	NO
W	55810	PROSTATECTOMY, PERINEAL RADICAL;	1/1/2008	\$191.39	3	NO
W	55812	PROSTATECTOMY PERINEAL RADICAL;	1/1/2008	\$235.36	3	NO
W	55815	PROSTATECTOMY PERINEAL RADICAL W	1/1/2008	\$258.10	3	NO
W	55821	PROSTATECTOMY (INCLUDING CONTROL	1/1/2008	\$126.39	3	NO
W	55831	PROSTATECTOMY RETROPUBIC SUBTOTA	1/1/2008	\$137.14	3	NO
W	55840	PROSTATECTOMY, RETROPUBIC RADICA	1/1/2008	\$194.88	3	NO
W	55842	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$208.97	3	NO
W	55845	PROSTATECTOMY RETROPUBIC RADICAL	1/1/2008	\$239.55	3	NO
W	55859	TRANSPERINEAL PLACEMENT OF NEEDL	1/1/2007	INVALID	N	NO
W	55862	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$161.28	3	NO
W	55865	EXPOSURE OF PROSTATE ANY APPROAC	1/1/2008	\$194.83	3	NO
W	55870	ELECTROEJACULATION	3/1/1992	NC	9	NO
W	55899	UNLISTED PROCEDURE MALE GENITAL	4/1/1982	\$0.01	5	NO
W	55970	INTERSEX SURGERY MALE TO FEMALE	4/1/1982	NC	9	NO
W	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/1982	NC	9	NO
W	56501	DESTRUCTION OF LESION(S), VULVA;	1/1/2008	\$93.27	3	NO



**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	56620	VULVECTOMY SIMPLE; PARTIAL	1/1/2008	\$75.48	3	NO
W	56625	VULVECTOMY SIMPLE; COMPLETE	1/1/2008	\$84.67	3	NO
W	56630	VULVECTOMY RADICAL WITHOUT SKIN	1/1/2008	\$122.90	3	NO
W	56631	VULVECTOMY, RADICAL, PARTIAL; WI	1/1/2008	\$157.57	3	NO
W	56632	VULVECTOMY,RADICAL,PARTIAL;WITH	1/1/2008	\$179.93	3	NO
W	56633	VULVECTOMY, RADICAL, COMPLETE	1/1/2008	\$160.47	3	NO
W	56634	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$170.80	3	NO
W	56637	VULVECTOMY, RADICAL, COMPLETE; W	1/1/2008	\$203.21	3	NO
W	56640	VULVECTOMY, RADICAL, COMPLETE, W	1/1/2008	\$203.05	3	NO
W	56700	PARTIAL HYMENECTOMY OR REVISION	1/1/2008	\$26.34	3	NO
W	56720	HYMENOTOMY SIMPLE INCISION	1/1/2007	INVALID	N	NO
W	56800	PLASTIC REPAIR OF INTROITUS	1/1/2008	\$34.84	3	NO
W	56805	CLITOROPLASTY FOR INTERSEX STATE	1/1/2008	\$168.22	3	YES
W	57106	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$66.02	3	NO
W	57107	VAGINECTOMY, PARTIAL REMOVAL OF	1/1/2008	\$200.36	3	NO
W	57109	VAGINECTOMY, APRTIAL REMOVAL OF	1/1/2008	\$228.48	3	NO
W	57110	COLPECTOMY OBLITERATION OF VAGIN	1/1/2008	\$129.72	3	NO
W	57111	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$233.59	3	NO
W	57112	VAGINECTOMY, COMPLETE REMOVAL OF	1/1/2008	\$244.29	3	NO
W	57120	COLPOCLEISIS (LE FORT TYPE)	1/1/2008	\$72.90	3	NO
W	57130	EXCISION OF VAGINAL SEPTUM	1/1/2008	\$26.02	3	NO
W	57150	IRRIGATION AND/OR APPLICATION OF	1/1/2008	\$42.74	3	NO
W	57160	FITTING AND INSERTION OF PESSARY	1/1/2008	\$54.03	3	NO
W	57170	DIAPHRAGM OR CERVICAL CAP FITTIN	1/1/2008	\$61.02	3	NO
W	57180	INTRODUCTION OF ANY HEMOSTATIC A	1/1/2008	\$104.03	3	NO
W	57200	COLPORRHAPHY SUTURE OF INJURY OF	1/1/2008	\$41.40	3	NO
W	57210	COLPOPERINEORRHAPHY SUTURE OF IN	1/1/2008	\$51.82	3	NO
W	57220	PLASTIC OPERATION ON URETHRAL SP	1/1/2008	\$44.94	3	NO
W	57230	PLASTIC REPAIR OF URETHROCELE	1/1/2008	\$55.10	3	NO
W	57240	ANTERIOR COLPORRHAPHY, REPAIR OF	1/1/2008	\$87.41	3	NO
W	57250	POSTERIOR COLPORRHAPHY, REPAIR O	1/1/2008	\$86.02	3	NO
W	57260	COMBINED ANTEROPOSTERIOR COLPORR	1/1/2008	\$109.72	3	NO
W	57265	COMBINED ANTEROPOSTERIOR COLPORR	1/1/2008	\$125.15	3	NO
W	57268	REPAIR OF ENTEROCELE VAGINAL APP	1/1/2008	\$67.04	3	NO
W	57270	REPAIR OF ENTEROCELE ABDOMINAL A	1/1/2008	\$113.38	3	NO
W	57280	COLPOPEXY ABDOMINAL APPROACH	1/1/2008	\$137.46	3	NO
W	57282	COLPOPEXY, VAGINAL; EXTRA-PERITO	1/1/2008	\$71.72	3	NO
W	57284	PARAVAGINAL DEFECT REPAIR (INC R	1/1/2008	\$118.06	3	NO
W	57287	REMOVAL OR REVISION OF SLING FOR	1/1/2008	\$97.41	3	NO
W	57288	SLING OPERATION FOR STRESS INCON	1/1/2008	\$114.72	3	YES
W	57289	PEREYRA PROCEDURE INCLUDING ANTE	1/1/2008	\$107.41	3	NO
W	57291	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$76.61	3	YES
W	57292	CONSTRUCTION OF ARTIFICIAL VAGIN	1/1/2008	\$119.35	3	YES
W	57300	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$74.08	3	NO
W	57305	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$124.78	3	NO
W	57307	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$139.99	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

**June 2008**

<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	57308	CLOSURE OF RECTOVAGINAL FISTULA;	1/1/2008	\$89.56	3	NO
W	57310	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$65.80	3	NO
W	57311	CLOSURE OF URETHROVAGINAL FISTUL	1/1/2008	\$74.46	3	NO
W	57320	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$75.75	3	NO
W	57330	CLOSURE OF VESICOVAGINAL FISTULA	1/1/2008	\$108.92	3	NO
W	57335	VAGINOPLASTY FOR INTERSEX STATE	1/1/2008	\$165.69	3	YES
W	57452	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$78.76	3	NO
W	57454	COLPOSCOPY OF THE CERVIX INCLUDI	1/1/2008	\$112.63	3	NO
W	57530	TRACHELECTOMY (CERVICECTOMY) AMP	1/1/2008	\$48.81	3	NO
W	57531	RADICAL TRACHELECTOMY, WITH BILA	1/1/2008	\$245.58	3	NO
W	57540	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$111.61	3	NO
W	57545	EXCISION OF CERVICAL STUMP ABDOM	1/1/2008	\$118.70	3	NO
W	57550	EXCISION OF CERIVCAL STUMP VAGIN	1/1/2008	\$57.42	3	NO
W	57555	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$85.64	3	NO
W	57556	EXCISION OF CERVICAL STUMP VAGIN	1/1/2008	\$80.53	3	NO
W	57720	TRACHELORRHAPHY PLASTIC REPAIR O	1/1/2008	\$43.38	3	NO
W	57820	DILATION AND CURETTAGE OF CERVIC	1/1/2007	INVALID	N	NO
W	58140	MYOMECTOMY, EXCISION OF FIBROID	1/1/2008	\$131.12	3	NO
W	58145	MYOMECTOMY EXCISION OF FIBROID T	1/1/2008	\$77.58	3	NO
W	58150	TOTAL ABDOMINAL HYSTERECTOMY(COR	1/1/2008	\$141.44	3	YES
W	58152	TOT HYSTERECTOMY (CORPUS & CERVI	1/1/2008	\$180.79	3	YES
W	58180	SUPRACERVICAL ABDOMINAL HYSTEREC	1/1/2008	\$136.07	3	YES
W	58200	TOTAL ABDOMINAL HYSTERECTOMY, IN	1/1/2008	\$188.64	3	NO
W	58210	RADICAL ABDOMINAL HYSTERECTOMY,	1/1/2008	\$251.22	3	NO
W	58240	PELVIC EXENTERATION FOR GYNECOLO	1/1/2008	\$381.16	3	NO
W	58260	VAGINAL HYSTERECTOMY, FOR UTERUS	1/1/2008	\$118.54	3	YES
W	58262	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$132.84	3	NO
W	58263	VAGINAL HYSTERECTOMY; WITH REMOV	1/1/2008	\$143.11	3	NO
W	58267	VAGINAL HYSTERECTOMY; WITH COLPO	1/1/2008	\$152.30	3	YES
W	58270	VAGINAL HYSTERECTOMY; WITH REPAI	1/1/2008	\$127.52	3	YES
W	58275	VAGINAL HYSTERECTOMY, WITH TOTAL	1/1/2008	\$141.44	3	YES
W	58280	VAGINAL HYSTERECTOMY WITH TOTAL	1/1/2008	\$151.71	3	YES
W	58285	VAGINAL HYSTERCTOMY RADICAL (SCH	1/1/2008	\$190.74	3	YES
W	58300	INSERTION OF INTRAUTERINE DEVICE	1/1/2008	\$63.17	3	NO
W	58301	REMOVAL OF INTRAUTERINE DEVICE (	1/1/2008	\$71.77	3	NO
W	58350	CHROMOTUBATION OF OVIDUCT, INCLU	4/1/1982	NC	9	NO
W	58400	UTERINE SUSPENSION WITH OR WITHO	1/1/2008	\$62.95	3	YES
W	58410	UTERINE SUSPENSION WITH/OUT SHOR	1/1/2008	\$115.26	3	YES
W	58520	HYSTERORRHAPHY REPAIR OF RUPTURE	1/1/2008	\$111.50	3	NO
W	58540	HYSTEROPLASTY REPAIR OF UTERINE	1/1/2008	\$129.88	3	NO
W	58550	LAPAROSCOPY, SURGICAL, WITH VAGI	1/1/2008	\$127.46	3	YES
W	58551	LAPAROSCOPY, SURGICAL; WITH REMO	7/1/2003	INVALID	N	NO
W	58578	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	58579	UNLISTED HYSTEROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	58600	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$52.42	3	NO
W	58605	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$47.52	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	58611	LIGATION OR TRANSECTION OF FALLO	1/1/2008	\$11.61	3	NO
W	58615	OCCLUSION OF FALLOPIAN TUBES BY	1/1/2008	\$37.09	3	NO
W	58660	LAPAROSCOPY, SURGICAL; WITH LYSI	1/1/2008	\$96.82	3	YES
W	58661	LAPAROSCOPY, SURGICAL; WITH REMO	1/1/2008	\$93.97	3	YES
W	58662	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$102.36	3	NO
W	58670	LAPAROSCOPY, SURGICAL; WITH FULG	1/1/2008	\$52.25	3	NO
W	58671	LAPAROSCOPY, SURGICAL; WITH OCCL	1/1/2008	\$52.31	3	NO
W	58672	LAPAROSCOPY, SURGICAL; WITH FIMB	1/1/2008	\$109.13	3	YES
W	58673	LAPAROSCOPY, SURGICAL; WITH SALP	1/1/2008	\$117.84	3	YES
W	58700	SALPINGECTOMY COMPLETE OR PARTIA	1/1/2008	\$108.70	3	NO
W	58720	SALPINGO-OOPHORECTOMY COMPLETE O	1/1/2008	\$102.52	3	YES
W	58750	TUBOTUBAL ANASTOMOSIS	4/1/1982	NC	9	NO
W	58752	TUBOUTERINE IMPLANTATION	10/1/1984	NC	9	NO
W	58760	FIMBRIOPLASTY	4/1/1982	NC	9	NO
W	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	10/1/1984	NC	9	NO
W	58800	DRAINAGE OF OVARIAN CYSTS UNILAT	1/1/2008	\$45.59	3	NO
W	58805	DRAINAGE OF OVARIAN CYST(S) UNIL	1/1/2008	\$56.50	3	NO
W	58820	DRAINAGE OF OVARIAN ABSCESS VAGI	1/1/2008	\$44.78	3	NO
W	58822	DRAINAGE OF OVARIAN ABSCESS; ABD	1/1/2008	\$96.98	3	NO
W	58823	DRAINAGE OF PELVIC ABSCESS, TRAN	1/1/2008	\$25.21	3	NO
W	58825	TRANSPOSITION, OVARY(S)	1/1/2008	\$100.05	3	NO
W	58900	BIOPSY OF OVARY UNILATERAL OR BI	1/1/2008	\$57.68	3	NO
W	58920	WEDGE RESECTION OR BISECTION OF	1/1/2008	\$101.02	3	NO
W	58925	OVARIAN CYSTECTOMY UNILATERAL OR	1/1/2008	\$103.86	3	NO
W	58940	OOPHORECTOMY PARTIAL OR TOTAL UN	1/1/2008	\$70.53	3	YES
W	58943	OOPHORECTOMY, PARTIAL OR TOTAL,	1/1/2008	\$160.96	3	NO
W	58950	RESECTION OF OVARIAN, TUBAL OR P	1/1/2008	\$152.79	3	NO
W	58951	RESECTION OF OVARIAN MALIGNANCY	1/1/2008	\$197.73	3	NO
W	58952	RESECTION OF OVARIAN, TUBAL OR P	1/1/2008	\$222.89	3	NO
W	58960	LAPAROTOMY, FOR STAGING OR RESTA	1/1/2008	\$132.09	3	NO
W	58999	UNLISTED PROCEDURE FEMALE GENITA	2/1/1994	\$0.01	5	NO
W	59020	FETAL CONTRACTION STRESS TEST	1/1/2008	\$47.58	3	NO
W	59025	FETAL NON-STRESS TEST	1/1/2008	\$31.45	3	NO
W	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR	1/1/2008	\$120.96	3	NO
W	59120	SURG TREAT OF ECTOPIC PREG;TUB O	1/1/2008	\$114.67	3	NO
W	59121	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$115.64	3	NO
W	59130	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$126.23	3	NO
W	59135	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$133.38	3	NO
W	59136	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$127.25	3	NO
W	59140	SURGICAL TREATMENT OF ECTOPIC PR	1/1/2008	\$51.23	3	NO
W	59150	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$111.71	3	NO
W	59151	LAPAROSCOPIC TREATMENT OF ECTOPI	1/1/2008	\$110.26	3	NO
W	59350	HYSTERORRHAPHY OF RUPTURED UTERU	1/1/2008	\$42.26	3	NO
W	59400	ROUTINE OBSTETRIC CARE INCLUDING	1/1/2008	\$1,903.87	3	NO
W	59409	VAGINAL DELIVERY ONLY WITH OR WI	1/1/2008	\$868.72	3	NO
W	59410	VAGINAL DELIVERY ONLY (W/WO EPIS	1/1/2008	\$995.75	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	59425	ANTEPARTUM CARE ONLY; 4-6 VISTS	1/1/2008	\$465.11	3	NO
W	59426	ANTEPARTUM CARE ONLY; 7 OR MORE	1/1/2008	\$828.92	3	NO
W	59430	POSTPARTUM CARE ONLY (SEPARATE P	1/1/2008	\$153.56	3	NO
W	59514	CEASAREAN DELIVERY ONLY	1/1/2008	\$205.26	3	NO
W	59525	SUBTOTAL OR TOTAL HYSTERECTOMY A	1/1/2008	\$108.94	3	NO
W	59620	CESAREAN DELIVERY ONLY, FOLLOWIN	1/1/2008	\$224.64	3	NO
W	59870	UTERINE EVACUATION AND CURETTAGE	1/1/2008	\$65.86	3	NO
W	59898	UNLISTED LAPAROSCOPY PROCEDURE,	10/1/2001	\$0.01	5	NO
W	59899	UNLISTED PROCEDURE MATERNITY CAR	1/1/1999	\$0.01	5	NO
W	60001	ASPIRATION AND/OR INJECTION, THY	1/1/2008	INVALID	N	NO
W	60200	EXCISION OF CYST OR ADENOMA OF T	1/1/2008	\$89.89	3	NO
W	60210	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$96.07	3	NO
W	60212	PARTIAL THYROID LOBECTOMY, UNILA	1/1/2008	\$138.27	3	NO
W	60220	TOTAL THYROID LOBECTOMY, UNILATE	1/1/2008	\$105.21	3	NO
W	60225	TOTAL THYROID LOBECTOMY, UNILATE	1/1/2008	\$126.50	3	NO
W	60240	THROIDECTOMY TOTAL OR COMPLETE	1/1/2008	\$135.85	3	NO
W	60252	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$182.03	3	NO
W	60254	THYROIDECTOMY TOTAL OR SUBTOTAL	1/1/2008	\$237.19	3	NO
W	60260	THYROIDECTOMY, REMOVAL OF ALL RE	1/1/2008	\$152.46	3	NO
W	60270	THYROIDECTOMY, INCL SUBSTERNAL T	1/1/2008	\$190.74	3	NO
W	60271	THYROIDECTOMY, INCLUDING SUBSTER	1/1/2008	\$147.46	3	NO
W	60280	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$59.78	3	NO
W	60281	EXCISION OF THYROGLOSSAL DUCT CY	1/1/2008	\$80.53	3	NO
W	60500	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$139.40	3	NO
W	60502	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$175.69	3	NO
W	60505	PARATHYROIDECTOMY OR EXPLORATION	1/1/2008	\$193.86	3	NO
W	60512	PARATHYROID AUTOTRANSPLANTATION	1/1/2008	\$34.84	3	NO
W	60520	THYMECTOMY, PARTIAL OR TOTAL; TR	1/1/2008	\$146.33	3	NO
W	60521	THYMECTOMY, PARTIAL OR TOAL; STE	1/1/2008	\$167.46	3	NO
W	60522	THYMECTOMY, PARTIAL OR TOTAL; ST	1/1/2008	\$201.76	3	NO
W	60540	ADRENALECTOMY, PART OR COMP, OR	1/1/2008	\$147.19	3	NO
W	60545	ADRENALECTOMY PARTIAL OR COMPLET	1/1/2008	\$169.45	3	NO
W	60600	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$202.14	3	NO
W	60605	EXCISION OF CAROTID BODY TUMOR W	1/1/2008	\$250.58	3	NO
W	60650	LAPAROSCOPY, SURGICAL, WITH ADRE	1/1/2008	\$166.44	3	NO
W	60659	UNLISTED LAPAROSCOPY PROCEDURE,	8/19/2002	\$0.01	5	NO
W	60699	UNLISTED PROCEDURE ENDOCRINE SYS	4/1/1982	\$0.01	5	NO
W	61001	SUBDURAL TAP THROUGH FONTANELLE	1/1/2008	\$14.78	3	NO
W	61140	BURR HOLES OR TREPHINE WITH BIOP	1/1/2008	\$168.05	3	NO
W	61150	BURR HOLE(S) OR TREPHINE WITH DR	1/1/2008	\$180.74	3	NO
W	61151	BURR HOLE(S) OR TREPHINE WITH SU	1/1/2008	\$131.34	3	NO
W	61154	BURR HOLE(S) WITH EVACUATION AND	1/1/2008	\$166.44	3	NO
W	61156	BURR HOLE(S) WITH ASPIRATION OF	1/1/2008	\$169.24	3	NO
W	61210	BURR HOLE(S); FOR IMPLANTING VEN	1/1/2008	\$54.14	3	NO
W	61215	INSERTION OF SUBCUTANEOUS RESERV	1/1/2008	\$61.29	3	NO
W	61250	BURR HOLE(S) OR TREPHINE, SUPRAT	1/1/2008	\$114.13	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61253	BURR HOLES OR TREPHINE INFRATENT	1/1/2008	\$127.90	3	NO
W	61304	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$224.50	3	NO
W	61305	CRANIECTOMY OR CRANIOTOMY EXPLOR	1/1/2008	\$268.32	3	NO
W	61312	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$277.40	3	NO
W	61313	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$265.68	3	NO
W	61314	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$244.23	3	NO
W	61315	CRANIECTOMY OR CRANIOTOMY FOR EV	1/1/2008	\$282.99	3	NO
W	61320	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$261.43	3	NO
W	61321	CRANIECTOMY OR CRANIOTOMY DRAINA	1/1/2008	\$286.33	3	NO
W	61330	DECOMPRESSION OF ORBIT ONLY, TRA	1/1/2008	\$219.34	3	NO
W	61332	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$260.41	3	NO
W	61333	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$258.91	3	NO
W	61334	EXPLORATION OF ORBIT (TRANSCRANI	1/1/2008	\$169.56	3	NO
W	61340	SUBTEMPORAL CRANIAL DECOMPRESSION	1/1/2008	\$193.97	3	NO
W	61343	CRANIECTOMY, SUBOCCIPITAL W/CERV	1/1/2008	\$301.43	3	NO
W	61345	OTHER CRANIAL DECOMPRESSION POST	1/1/2008	\$277.13	3	NO
W	61440	CRANIOTOMY FOR SECTION OF TENTOR	1/1/2008	\$266.92	3	NO
W	61450	CRANIECTOMY, SUBTEMPORAL, FOR SE	1/1/2008	\$254.34	3	NO
W	61458	CRANIECTOMY SUBOCCIPITAL FOR EXP	1/1/2008	\$275.14	3	NO
W	61460	CRANIECTOMY SUBOCCIPITAL FOR SEC	1/1/2008	\$281.16	3	NO
W	61470	CRANIECTOMY SUBOCCIPITAL; FOR ME	1/1/2008	\$253.42	3	NO
W	61480	CRANIECTOMY SUBOCCIPITAL FOR MES	1/1/2008	\$258.96	3	NO
W	61490	CRANIOTOMY FOR LOBOTOMY, INCLUDI	1/1/2008	\$260.31	3	NO
W	61500	CRANIECTOMY; WITH EXCISION OF TU	1/1/2008	\$182.52	3	NO
W	61501	CRANIECTOMY; FOR OSTEOMYELITIS	1/1/2008	\$154.61	3	NO
W	61510	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$294.77	3	NO
W	61512	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$352.34	3	NO
W	61514	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$258.85	3	NO
W	61516	CRANIECTOY TREPHINATION BONE FLA	1/1/2008	\$253.32	3	NO
W	61518	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$378.20	3	NO
W	61519	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$409.54	3	NO
W	61520	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$523.46	3	NO
W	61521	CRANIECTOMY FOR EXCISION OF BRAI	1/1/2008	\$440.94	3	NO
W	61522	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$297.19	3	NO
W	61524	CRANIECTOMY INFRATENTORIAL OR PO	1/1/2008	\$283.15	3	NO
W	61526	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$476.42	3	NO
W	61530	CRANIECTOMY BONE FLAP CRANIOTOMY	1/1/2008	\$403.31	3	NO
W	61533	CRANIOTOMY WITH ELEVATION OF BON	1/1/2008	\$204.88	3	NO
W	61534	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$218.96	3	NO
W	61535	CRANIECTOMY, TREPHINATION, BONE FL	1/1/2008	\$128.43	3	NO
W	61536	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$356.59	3	NO
W	61538	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$336.27	3	NO
W	61539	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$321.11	3	NO
W	61541	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$288.42	3	NO
W	61542	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$314.71	3	NO
W	61543	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$296.59	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61544	CRANIECTOMY TREPHINATION BONE FL	1/1/2008	\$254.02	3	NO
W	61545	CRANIECTOMY, TREPHINATION, BONE	1/1/2008	\$433.84	3	NO
W	61546	CRANIOTOMY FOR HYPOPHYSECTOMY OR	1/1/2008	\$313.53	3	NO
W	61548	HYPOPHYSECTOMY OR EXCISION OF PI	1/1/2008	\$210.63	3	NO
W	61550	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$123.81	3	NO
W	61552	CRANIECTOMY FOR CRANIOSYNOSTOSIS	1/1/2008	\$160.31	3	NO
W	61556	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$217.24	3	NO
W	61557	CRANIOTOMY FOR CRANIOSYNOSTOSIS;	1/1/2008	\$229.29	3	NO
W	61558	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$217.14	3	NO
W	61559	EXTENSIVE CRANIECTOMY FOR MULTIP	1/1/2008	\$331.48	3	NO
W	61563	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$261.22	3	NO
W	61564	EXCISION, INTRA AND EXTRACRANIAL	1/1/2008	\$329.06	3	NO
W	61570	CRANIECTOMY OR CRANIOTOMY;W/EXCI	1/1/2008	\$248.86	3	NO
W	61571	CRANIECTOMY OR CRANIOTOMY WITH T	1/1/2008	\$270.36	3	NO
W	61575	TRANSORAL APPROACH TO SKULL BASE	1/1/2008	\$325.09	3	NO
W	61576	TRANSORAL APP TO SKULL BASE,DECO	1/1/2008	\$501.58	3	NO
W	61580	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$334.12	3	NO
W	61581	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$358.53	3	NO
W	61582	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$377.83	3	NO
W	61583	CRANIOFACIAL APPROACH TO ANTERIO	1/1/2008	\$392.34	3	NO
W	61584	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$379.71	3	NO
W	61585	ORBITOCRANIAL APPROACH TO ANTERI	1/1/2008	\$406.69	3	NO
W	61590	INFRATEMPORAL PRE-AURICULAR APPR	1/1/2008	\$427.61	3	NO
W	61591	INFRATEMPORAL POST_AURICULAR APP	1/1/2008	\$434.00	3	NO
W	61592	ORBITOCRANIAL ZYGOMATIC APPROACH	1/1/2008	\$429.54	3	NO
W	61595	TRANSTEMPORAL APPROACH TO POSTER	1/1/2008	\$318.31	3	NO
W	61596	TRANSCOCHLEAR APPROACH TO POSTER	1/1/2008	\$353.42	3	NO
W	61597	TRANSCONDYLAR APPROACH TO POST C	1/1/2008	\$390.30	3	NO
W	61598	TRANSPETROSAL APPROACH TO POST C	1/1/2008	\$348.69	3	NO
W	61600	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$285.52	3	NO
W	61601	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$315.46	3	NO
W	61605	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$302.18	3	NO
W	61606	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$408.20	3	NO
W	61607	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$380.57	3	NO
W	61608	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$445.46	3	NO
W	61609	TRANSECTION OR LIGATION,CAROTID	1/1/2008	\$91.55	3	NO
W	61610	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$268.91	3	NO
W	61611	TRANSECTION OR LIGATION, CAROTID	1/1/2008	\$69.24	3	NO
W	61612	TRANSECTION OR LIGATION,CAROTID	1/1/2008	\$237.73	3	NO
W	61613	OBLITERATION OF CAROTID ANEURYSM	1/1/2008	\$430.35	3	NO
W	61615	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$334.92	3	NO
W	61616	RESECTION OR EXCISION OF NEOPLAS	1/1/2008	\$446.64	3	NO
W	61618	SECONDARY REPAIR OF DURA FOR CER	1/1/2008	\$175.74	3	NO
W	61619	2ND REPAIR OF DURA FOR CSF LEAK,	1/1/2008	\$203.91	3	NO
W	61680	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$310.20	3	NO
W	61682	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$593.08	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	61684	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$395.14	3	NO
W	61686	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$633.13	3	NO
W	61690	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$294.01	3	NO
W	61692	SURGERY OF INTRACRANIAL ARTERIOV	1/1/2008	\$509.27	3	NO
W	61700	SURGERY OF SIMPLE INTRACRANIAL A	1/1/2008	\$486.04	3	NO
W	61702	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$522.98	3	NO
W	61703	SURGERY OF INTRACRANIAL ANEURYSM	1/1/2008	\$179.29	3	NO
W	61705	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$353.47	3	NO
W	61708	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$291.16	3	NO
W	61710	SURGERY OF ANEURYSM VASCULAR MAL	1/1/2008	\$1,320.61	3	NO
W	61711	ANASTOMOSIS ARTERIAL EXTRACRANIA	1/1/2008	\$360.68	3	NO
W	61850	TWIST DRILL OR BURR HOLE(S) FOR	1/1/2008	\$127.09	3	NO
W	61860	CRANIECTOMY OR CRANIOTOMY FOR IM	1/1/2008	\$209.66	3	NO
W	61862	TWIST DRILL, BURR HOLE, CRANIOTO	4/1/2004	INVALID	N	NO
W	61870	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$159.02	3	NO
W	61875	CRANIECTOMY FOR IMPLANTATION OF	1/1/2008	\$145.53	3	NO
W	61880	REVISION OR REMOVAL OF INTRACRAN	1/1/2008	\$71.72	3	NO
W	61886	INSERTION OR REPLACE OF CRANIAL	1/1/2008	\$501.85	3	NO
W	62005	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$163.43	3	NO
W	62010	ELEVATION OF DEPRESSED SKULL FRA	1/1/2008	\$205.58	3	NO
W	62100	CRANIOTOMY FOR REPAIR OF DURAL/C	1/1/2008	\$219.56	3	NO
W	62115	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$217.67	3	NO
W	62116	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$238.64	3	NO
W	62117	REDUCTION OF CRANIOMEGALIC SKULL	1/1/2008	\$258.32	3	NO
W	62120	REPAIR OF ENCEPHALOCELE,SKULL VA	1/1/2008	\$243.16	3	NO
W	62121	CRANIOTOMY WITH REPAIR OF ENCEPH	1/1/2008	\$227.08	3	NO
W	62140	CRANIOPLASTY FOR SKULL DEFECT UP	1/1/2008	\$141.60	3	NO
W	62141	CRANIOPLASTY FOR SKULL DEFECT; L	1/1/2008	\$155.21	3	NO
W	62142	REMOVAL OF BONE FLAP OR PROSTHET	1/1/2008	\$116.44	3	NO
W	62143	REPLACEMENT OF BONE FLAP OR PROS	1/1/2008	\$138.00	3	NO
W	62145	CRANIOPLASTY FOR SKULL DEFECT WI	1/1/2008	\$189.50	3	NO
W	62146	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$163.05	3	NO
W	62147	CRANIOPLASTY WITH AUTOGRAFT (INC	1/1/2008	\$193.80	3	NO
W	62180	VENTRICULOCISTERNOSTOMY (TORKILD	1/1/2008	\$213.32	3	NO
W	62192	CREATION OF SHUNT; SUBARACHNOID/	1/1/2008	\$129.62	3	NO
W	62200	VENTRICULOCISTERNOSTOMY THIRD VE	1/1/2008	\$186.44	3	NO
W	62220	CREATION OF SHUNT VENTRICULO-ATR	1/1/2008	\$136.87	3	NO
W	62223	CREATION OF SHUNT; VENTRICULO-PE	1/1/2008	\$137.63	3	NO
W	62230	REPLACEMENT OR REVISION OF CEREB	1/1/2008	\$111.61	3	NO
W	62256	REMOVAL OF COMPLETE CEREBROSPINA	1/1/2008	\$75.37	3	NO
W	62258	REMOVAL OF COMPLETE SHUNT SYSTEM	1/1/2008	\$151.39	3	NO
W	62351	IMPLANTATION, REVISION OR REPOSI	1/1/2008	\$113.33	3	YES
W	63001	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$166.23	3	YES
W	63003	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$167.95	3	YES
W	63005	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$158.97	3	YES
W	63011	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$148.86	3	YES

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	63012	LAMINECTOMY WITH REMOVAL OF ABNO	1/1/2008	\$162.84	3	NO
W	63015	LAMINECTOMY W/EXPL AND/OR DECOMP	1/1/2008	\$201.06	3	YES
W	63016	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$206.17	3	YES
W	63017	LAMINECTOMY FOR DECOMPRESSION OF	1/1/2008	\$168.00	3	YES
W	63020	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$158.86	3	YES
W	63030	LAMINOTOMY,FOR DECOMPRESSION OF	1/1/2008	\$131.93	3	YES
W	63035	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$29.25	3	YES
W	63040	LAMINOTOMY(HEMILAMINECTOMY),W/DE	1/1/2008	\$195.10	3	YES
W	63042	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$183.16	3	YES
W	63043	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$28.77	3	YES
W	63044	LAMINOTOMY, WITH DECOMPRESSION O	1/1/2008	\$28.77	3	YES
W	63045	LAMINECTOMY,FACETECTOMY & FORAMI	1/1/2008	\$173.16	3	YES
W	63046	LAMINECTOMY, INC UNI/BI COMP FAC	1/1/2008	\$165.63	3	YES
W	63047	LAMINECTOMY, INC UNI OR BI COMP	1/1/2008	\$151.87	3	YES
W	63048	LAMINECTOMY,INC UNI/BI COMP FACE	1/1/2008	\$31.02	3	YES
W	63055	TRANSPEDICULAR APPROACH W/DECOMP	1/1/2008	\$224.18	3	YES
W	63056	TRANSPEDICULAR APPROACH FOR DECO	1/1/2008	\$208.59	3	YES
W	63057	TRANSPEDICULAR APPR FOR DECOMP O	1/1/2008	\$48.06	3	YES
W	63064	COSTOVERTEBRAL APPROACH W/DECOMP	1/1/2008	\$247.35	3	YES
W	63066	COSTOVERTEBRAL APPROACH FOR DECO	1/1/2008	\$29.62	3	YES
W	63075	DISKECTOMY,ANTERIOR,W/DECOMPRESS	1/1/2008	\$193.37	3	YES
W	63076	DISKECTOMY ANTERIOR FOR DECOMPRE	1/1/2008	\$37.26	3	YES
W	63077	DISKECTOMY, ANTR, FOR DECOMP OF	1/1/2008	\$210.47	3	YES
W	63078	DISKECTOMY,ANT,FOR DECOMP OF SPI	1/1/2008	\$29.46	3	YES
W	63081	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$245.79	3	YES
W	63082	VERTEBRAL CORPECTOMY,PART/COMP,A	1/1/2008	\$40.16	3	YES
W	63085	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$262.94	3	YES
W	63086	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$28.33	3	YES
W	63087	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$335.68	3	YES
W	63088	VERTEBRAL CORPECTOMY,PART/COMP,C	1/1/2008	\$38.60	3	YES
W	63090	VERTEBRAL CORPECTOMY(VERTEBRAL B	1/1/2008	\$271.92	3	YES
W	63091	VERTEBRAL CORPECTOMY,PART/COMP,T	1/1/2008	\$26.29	3	YES
W	63170	LAMINECTOMY W/MYELOTOMY(EG,BISCH	1/1/2008	\$209.93	3	YES
W	63172	LAMINECTOMY W/DRAINAGE OF INTRAM	1/1/2008	\$188.11	3	YES
W	63173	LAMINECTOMY FOR DRAINAGE OF INTR	1/1/2008	\$230.47	3	YES
W	63180	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$189.99	3	YES
W	63182	LAMINECTOMY AND SECTION OF DENTA	1/1/2008	\$204.40	3	YES
W	63185	LAMINECTOMY W/RHIZOTOMY; ONE OR	1/1/2008	\$149.35	3	YES
W	63190	LAMINECTOMY FOR RHIZOTOMY; MORE	1/1/2008	\$172.95	3	YES
W	63191	LAMINECTOMY W/SECTION OF SPINAL	1/1/2008	\$192.08	3	YES
W	63194	LAMINECTOMY W/CORDOTOMY, W/SECTI	1/1/2008	\$194.88	3	YES
W	63195	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$203.16	3	YES
W	63196	LAMINECTOMY W/CORDOTOMY,W/SECTIO	1/1/2008	\$239.12	3	YES
W	63197	LAMINECTOMY FOR CORDOTOMY, WITH	1/1/2008	\$225.15	3	YES
W	63198	LAMINECTOMY W/CORDOTOMY W/SECTIO	1/1/2008	\$240.63	3	YES
W	63199	LAMINECTOMY FOR CORDOTOMY WITH S	1/1/2008	\$249.02	3	YES



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	63200	LAMINECTOMY, W/RELEASE OF TETHER	1/1/2008	\$202.84	3	YES
W	63250	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$392.82	3	YES
W	63251	LAMINECTOMY FOR EXCISION OR OCCL	1/1/2008	\$415.51	3	YES
W	63252	LAMINECTOMY FOR EXCISION OF OCCL	1/1/2008	\$415.13	3	YES
W	63265	LAMINECTOMY FOR EXCISION OR EVAC	1/1/2008	\$225.95	3	YES
W	63266	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$233.05	3	YES
W	63267	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$187.30	3	YES
W	63268	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$183.32	3	YES
W	63270	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$280.09	3	YES
W	63271	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$281.00	3	YES
W	63272	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$259.18	3	YES
W	63273	LAMINECTOMY FOR EXCISION OF INTR	1/1/2008	\$249.18	3	YES
W	63275	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$243.48	3	YES
W	63276	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$242.67	3	YES
W	63277	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$213.70	3	YES
W	63278	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$209.07	3	YES
W	63280	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$288.80	3	YES
W	63281	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$285.79	3	YES
W	63282	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$269.39	3	YES
W	63283	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$255.20	3	YES
W	63285	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$359.60	3	YES
W	63286	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$356.97	3	YES
W	63287	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$374.22	3	YES
W	63290	LAMINECTOMY FOR BIOPSY/EXCISION	1/1/2008	\$377.66	3	YES
W	63300	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$251.65	3	YES
W	63301	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$281.11	3	YES
W	63302	VERT CORP, PART/COMP, FOR EXCIS	1/1/2008	\$280.47	3	YES
W	63303	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$292.88	3	YES
W	63304	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$308.58	3	YES
W	63305	VERT CORPECT, PART/COMP, FOR EXC	1/1/2008	\$321.43	3	YES
W	63306	VERT CORP, PART/COMP, FOR EXCISI	1/1/2008	\$328.20	3	YES
W	63307	VERT CORP,PART/COMP,FOR EXCIS OF	1/1/2008	\$302.99	3	YES
W	63308	VERTEBRAL CORPECTOMY, PART/COMP,	1/1/2008	\$48.22	3	YES
W	63655	LAMINECTOMY FOR IMPLANTATION OF	1/1/2008	\$113.00	3	NO
W	63685	INSERTION OR REPLACE OF SPINAL N	1/1/2008	\$69.62	3	NO
W	63700	REPAIR OF MENINGOCELE LESS THAN	1/1/2008	\$166.92	3	NO
W	63702	REPAIR OF MENINGOCELE; LARGER TH	1/1/2008	\$185.04	3	NO
W	63704	REPAIR OF MYELOMENINGOCELE LESS	1/1/2008	\$213.27	3	NO
W	63706	REPAIR OF MYELOMENINGOCELE; LARG	1/1/2008	\$244.07	3	NO
W	63707	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$122.63	3	NO
W	63709	REPAIR OF DURAL/CEREBROSPINAL FL	1/1/2008	\$150.26	3	NO
W	63710	DURAL GRAFT SPINAL	1/1/2008	\$149.40	3	NO
W	63740	CREATION OF SHUNT,LUMBAR,SUBARAC	1/1/2008	\$123.81	3	NO
W	63741	CREATION OF SHUNT, LUMBAR, SUBAR	1/1/2008	\$83.11	3	NO
W	63744	REPLACEMENT IRRIGATION OR REVISI	1/1/2008	\$87.25	3	NO
W	64400	INJECTION ANESTHETIC AGENT TRIGE	1/1/2008	\$79.30	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	64402	INJECTION ANESTHETIC AGENT; FACI	1/1/2008	\$78.22	3	NO
W	64405	INJECTION ANESTHETIC AGENT; GREA	1/1/2008	\$75.00	3	NO
W	64408	INJECTION ANESTHETIC AGENT VAGUS	1/1/2008	\$82.25	3	NO
W	64410	INJECTION ANESTHETIC AGENT; PHRE	1/1/2008	\$103.49	3	NO
W	64412	INJECTION ANESTHETIC AGENT; SPIN	1/1/2008	\$101.07	3	NO
W	64413	INJECTION ANESTHETIC AGENT; CERV	1/1/2008	\$85.48	3	NO
W	64415	INJECTION, ANESTHETIC AGENT; BRA	1/1/2008	\$108.60	3	NO
W	64417	INJECTION ANESTHETIC AGENT; AXIL	1/1/2008	\$112.90	3	NO
W	64418	INJECTION ANESTHETIC AGENT; SUPR	1/1/2008	\$102.68	3	NO
W	64420	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$127.95	3	NO
W	64421	INJECTION ANESTHETIC AGENT; INTE	1/1/2008	\$194.07	3	NO
W	64425	INJECTION ANESTHETIC AGENT; ILIO	1/1/2008	\$92.74	3	NO
W	64430	INJECTION ANESTHETIC AGENT; PUDE	1/1/2008	\$108.60	3	NO
W	64435	INJECTION ANESTHETIC AGENT; PARA	1/1/2008	\$107.25	3	NO
W	64445	INJECTION, ANESTHETIC AGENT; SCI	1/1/2008	\$107.52	3	NO
W	64450	INJECTION ANESTHETIC AGENT; OTHE	1/1/2008	\$71.23	3	NO
W	64505	INJECTION ANESTHETIC AGENT SPHEN	1/1/2008	\$71.77	3	NO
W	64508	INJECTION ANESTHETIC AGENT; CARO	1/1/2008	\$111.55	3	NO
W	64510	INJECTION ANESTHETIC AGENT; STEL	1/1/2008	\$116.93	3	NO
W	64520	INJECTION ANESTHETIC AGENT; LUMB	1/1/2008	\$159.40	3	NO
W	64580	INCISION FOR IMPLANTATION OF NEU	1/1/2008	\$42.15	3	NO
W	64585	REVISION OR REMOVAL OF PERIPHERA	1/1/2008	\$65.48	3	NO
W	64590	INCISION & SUBCUTANEOUS PLACE OF	1/1/2008	\$51.39	3	NO
W	64704	NEUROLYSIS; NERVE OF HAND OR FOO	1/1/2008	\$45.75	3	NO
W	64708	NEUROPLASTY, MAJOR PERIPHERAL NE	1/1/2008	\$64.03	3	NO
W	64712	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$74.14	3	NO
W	64713	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$102.95	3	NO
W	64714	NEUROLYSIS MAJOR PERIPHERAL NERV	1/1/2008	\$86.07	3	NO
W	64716	NEUROPLASTY AND/OR TRANSPOSITION	1/1/2008	\$71.39	3	NO
W	64722	DECOMPRESSION UNSPECIFIED NERVES	1/1/2008	\$44.14	3	NO
W	64732	TRANSECTION OR AVULSION OF SUPRA	1/1/2008	\$51.07	3	NO
W	64736	TRANSECTION OR AVULSION OF; MENT	1/1/2008	\$51.82	3	NO
W	64738	TRANSECTION OR AVULSION OF; INFE	1/1/2008	\$63.81	3	NO
W	64740	TRANSECTION OR AVULSION OF; LING	1/1/2008	\$63.22	3	NO
W	64742	TRANSECTION OR AVULSION OF; FACI	1/1/2008	\$65.10	3	NO
W	64746	TRANSECTION OR AVULSION OF; PHRE	1/1/2008	\$62.47	3	NO
W	64752	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$68.49	3	NO
W	64755	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$120.85	3	NO
W	64760	TRANSECTION OR AVULSION OF; VAGU	1/1/2008	\$63.71	3	NO
W	64761	TRANSECTION OR AVULSION OF; PUDE	1/1/2008	\$59.67	3	NO
W	64763	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$73.01	3	NO
W	64766	TRANSECTION OR AVULSION OF OBTUR	1/1/2008	\$84.19	3	NO
W	64771	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$79.30	3	NO
W	64772	TRANSECTION OR AVULSION OF OTHER	1/1/2008	\$76.18	3	NO
W	64774	EXCISION OF NEUROMA CUTANEOUS NE	1/1/2008	\$277.13	3	NO
W	64778	EXCISION OF NEUROMA; DIGITAL NER	1/1/2008	\$134.40	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	64784	EXCISION OF NEUROMA; MAJOR PERIP	1/1/2008	\$494.05	3	NO
W	64786	EXCISION OF NEUROMA; SCIATIC NER	1/1/2008	\$152.57	3	NO
W	64792	EXCISION OF NEUROFIBROMA OR NEUR	1/1/2008	\$144.83	3	NO
W	64802	SYMPATHECTOMY, CERVICAL	1/1/2008	\$88.38	3	NO
W	64804	SYMPATHECTOMY, CERVICOTHORACIC	1/1/2008	\$133.32	3	NO
W	64809	SYMPATHECTOMY, THORACOLUMBAR	1/1/2008	\$118.76	3	NO
W	64818	SYMPATHECTOMY, LUMBAR	1/1/2008	\$94.62	3	NO
W	64835	SUTURE OF ONE NERVE; MEDIAN MOTO	1/1/2008	\$112.68	3	NO
W	64836	SUTURE OF ONE NERVE; ULNAR MOTOR	1/1/2008	\$111.87	3	NO
W	64837	SUTURE OF EACH ADDITIONAL NERVE	1/1/2008	\$55.53	3	NO
W	64840	SUTURE OF POSTERIOR TIBIAL NERVE	1/1/2008	\$122.14	3	NO
W	64857	SUTURE OF MAJOR PERIPHERAL NERVE	1/1/2008	\$147.30	3	NO
W	64858	SUTURE OF SCIATIC NERVE	1/1/2008	\$170.47	3	NO
W	64859	SUTURE OF EACH ADDITIONAL MAJOR	1/1/2008	\$37.90	3	NO
W	64861	SUTURE OF BRACHIAL PLEXUS	1/1/2008	\$194.61	3	NO
W	64862	SUTURE OF; LUMBAR PLEXUS	1/1/2008	\$193.00	3	NO
W	64864	SUTURE OF FACIAL NERVE EXTRACRAN	1/1/2008	\$123.33	3	NO
W	64865	SUTURE OF FACIAL NERVE; INTRATEM	1/1/2008	\$161.93	3	NO
W	64866	ANASTOMOSIS FACIAL-SPINAL ACCESS	1/1/2008	\$170.58	3	NO
W	64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL	1/1/2008	\$145.69	3	NO
W	64870	ANASTOMOSIS; FACIAL-PHRENIC	1/1/2008	\$144.78	3	NO
W	64872	SUTURE OF NERVE REQUIRING SECOND	1/1/2008	\$17.74	3	NO
W	64874	SUTURE OF NERVE; REQUIRING EXTEN	1/1/2008	\$26.13	3	NO
W	64876	SUTURE OF NERVE REQUIRING SHORTE	1/1/2008	\$28.71	3	NO
W	64885	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$161.76	3	NO
W	64886	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$190.63	3	NO
W	64890	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$151.66	3	NO
W	64891	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$145.42	3	NO
W	64892	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$145.21	3	NO
W	64893	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$157.14	3	NO
W	64895	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$175.53	3	NO
W	64896	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$194.77	3	NO
W	64897	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$174.56	3	NO
W	64898	NERVE GRAFT (INCLUDES OBTAINING	1/1/2008	\$189.88	3	NO
W	64901	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$88.70	3	NO
W	64902	NERVE GRAFT EACH ADDITIONAL NERV	1/1/2008	\$101.77	3	NO
W	64905	NERVE PEDICLE TRANSFER FIRST STA	1/1/2008	\$134.99	3	NO
W	64907	NERVE PEDICLE TRANSFER; SECOND S	1/1/2008	\$183.05	3	NO
W	65105	ENUCLEATION OF EYE; WITH IMPLANT	1/1/2008	\$108.86	3	NO
W	65110	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$158.11	3	NO
W	65112	EXENTERATION OF ORBIT (DOES NOT	1/1/2008	\$187.51	3	NO
W	65114	EXENTERATION OF ORBIT, REMOVAL O	1/1/2008	\$193.86	3	NO
W	65130	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$93.81	3	NO
W	65135	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$95.42	3	NO
W	65140	INSERTION OF OCULAR IMPLANT SECO	1/1/2008	\$103.22	3	NO
W	65155	REINSERTION OF OCULAR IMPLANT WI	1/1/2008	\$109.99	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	65175	REMOVAL OF OCULAR IMPLANT (FOR O	1/1/2008	\$84.51	3	NO
W	65260	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$120.31	3	NO
W	65265	REMOVAL OF FOREIGN BODY INTRAOCU	1/1/2008	\$135.21	3	NO
W	65272	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$65.00	3	NO
W	65273	REPAIR OF LACERATION; CONJUNCTIV	1/1/2008	\$47.31	3	NO
W	65285	REPAIR OF LACERATION; CORNEA AND	1/1/2008	\$130.05	3	NO
W	65290	REPAIR OF WOUND, EXTRAOCULAR MUS	1/1/2008	\$61.13	3	NO
W	65710	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$138.43	3	NO
W	65730	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$153.54	3	NO
W	65750	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$156.44	3	NO
W	65755	KERATOPLASTY (CORNEAL TRANSPLANT	1/1/2008	\$155.42	3	NO
W	65770	KERATOPROSTHESIS	1/1/2008	\$178.70	3	NO
W	65865	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$61.18	3	NO
W	65870	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$74.24	3	NO
W	65875	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$78.60	3	NO
W	65880	SEVERING ADHESIONS OF ANTERIOR S	1/1/2008	\$83.01	3	NO
W	65900	REMOVAL OF EPITHELIAL DOWNGROWTH	1/1/2008	\$122.57	3	NO
W	65920	REMOVAL OF IMPLANTED MATERIAL, A	1/1/2008	\$98.00	3	NO
W	66150	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$107.36	3	NO
W	66160	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$121.77	3	NO
W	66165	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$104.78	3	NO
W	66170	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$146.98	3	NO
W	66172	FISTULIZATION OF SCLERA FOR GLAU	1/1/2008	\$183.91	3	NO
W	66180	AQUEOUS SHUNT TO EXTRAOCULAR RES	1/1/2008	\$147.03	3	NO
W	66185	REVISION OF AQUEOUS SHUNT TO EXT	1/1/2008	\$92.04	3	NO
W	66220	REPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$88.87	3	NO
W	66225	FEPAIR OF SCLERAL STAPHYLOMA; WI	1/1/2008	\$116.18	3	NO
W	66250	REVISION OR REPAIR OF OPERATIVE	1/1/2008	\$98.76	3	NO
W	66500	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$45.32	3	NO
W	66505	IRIDOTOMY BY STAB INCISION (SEPA	1/1/2008	\$49.41	3	NO
W	66600	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$501.04	3	NO
W	66605	IRIDECTOMY WITH CORNEOSCLERAL OR	1/1/2008	\$132.52	3	NO
W	66680	REPAIR OF IRIS CILIARY BODY (AS	1/1/2008	\$63.33	3	NO
W	66682	SUTURE OF IRIS CILIARY BODY (SEP	1/1/2008	\$76.12	3	NO
W	66986	EXCHANGE OF INTRAOCULAR LENS	1/1/2008	\$117.47	3	NO
W	67005	REMOVAL OF VITREOUS ANTERIOR APP	1/1/2008	\$58.54	3	NO
W	67010	REMOVAL OF VITREOUS, ANTERIOR AP	1/1/2008	\$67.95	3	NO
W	67015	ASPIRATION OR RELEASE OF VITREOU	1/1/2008	\$73.44	3	NO
W	67025	INJECTION OF VITREOUS SUBSTITUTE	1/1/2008	\$92.47	3	NO
W	67030	DISCISSION OF VITREOUS STRANDS (	1/1/2008	\$64.46	3	NO
W	67036	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$121.66	3	NO
W	67038	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	INVALID	N	NO
W	67039	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$156.12	3	NO
W	67040	VITRECTOMY, MECHANICAL, PARS PLA	1/1/2008	\$180.04	3	NO
W	67107	REPAIR OF RETINAL DETACHMENT; SC	1/1/2008	\$151.98	3	NO
W	67108	REPAIR OF RETINAL DETACHMENT; W/	1/1/2008	\$202.84	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	67112	REPAIR OF RETINAL DETACHMENT; BY	1/1/2008	\$166.60	3	NO
W	67115	RELEASE OF ENCIRCLING MATERIAL (	1/1/2008	\$60.59	3	NO
W	67120	REMOVAL OF IMPLANTED MATERIAL, P	1/1/2008	\$83.60	3	NO
W	67121	REMOVAL OF IMPLANTED MATERIAL PO	1/1/2008	\$113.00	3	NO
W	67218	DESTRUCTION OF LOCALIZED LESION	1/1/2008	\$177.73	3	NO
W	67250	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$101.07	3	NO
W	67255	SCLERAL REINFORCEMENT (SEPARATE	1/1/2008	\$107.63	3	NO
W	67314	STRABISMUS SURGERY, RECESSION OR	1/1/2008	\$83.33	3	YES
W	67316	STRABISMUS SURGERY, RECESSION OR	1/1/2008	\$100.32	3	YES
W	67318	STRABISMUS SURGERY, ANY METHOD (	1/1/2008	\$87.31	3	YES
W	67320	TRANSPOSITION PROC(EG,FOR PARETI	1/1/2008	\$40.86	3	NO
W	67331	STRABISMUS SURG ON PATIENT W/PRE	1/1/2008	\$38.71	3	NO
W	67332	STRABISMUS SURG ON PATIENT W/SCA	1/1/2008	\$42.15	3	NO
W	67334	STRABISMUS SURGERY BY POSTERIOR	1/1/2008	\$38.01	3	YES
W	67340	STRABISMUS SURGERY INVOLVING EXP	1/1/2008	\$45.53	3	YES
W	67343	RELEASE OF EXTENSIVE SCAR TISSUE	1/1/2008	\$81.29	3	NO
W	67350	BIOPSY OF EXTRAOCULAR MUSCLE	1/1/2007	INVALID	N	NO
W	67399	UNLISTED PROCEDURE OCULAR MUSCLE	2/1/1994	\$0.01	5	NO
W	67400	ORBITOTOMY W/OUT BONE FLAP (FRON	1/1/2008	\$120.53	3	NO
W	67405	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$101.61	3	NO
W	67412	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$113.27	3	NO
W	67413	ORBITOTOMY WITHOUT BONE FLAP (FR	1/1/2008	\$112.47	3	NO
W	67414	ORBITOTOMY W/OUT BONE FLAP; W/RE	1/1/2008	\$163.91	3	NO
W	67420	ORBITOTOMY WITH BONE FLAP OR WIN	1/1/2008	\$212.35	3	NO
W	67430	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$162.41	3	NO
W	67440	ORBITOTOMY WITH BONE FLAP OR WIN	1/1/2008	\$155.96	3	NO
W	67445	ORBITOTOMY W/BONE FLAP OR WINDOW	1/1/2008	\$179.93	3	NO
W	67450	ORBITOTOMY WITH BONE FLAP LATERA	1/1/2008	\$161.23	3	NO
W	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$124.99	3	NO
W	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE	1/1/2008	\$126.87	3	NO
W	67570	OPTIC NERVE DECOMPRESSION (EG, I	1/1/2008	\$150.15	3	NO
W	67599	UNLISTED PROCEDURE ORBIT	4/1/1982	\$0.01	5	NO
W	67901	REPAIR OF BLEPHAROPTOSIS; FRONTA	1/1/2008	\$77.31	3	YES
W	67902	REPAIR OF BLEPHAROPTOSIS; FRONTA	1/1/2008	\$86.23	3	YES
W	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$84.83	3	YES
W	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO	1/1/2008	\$94.51	3	YES
W	67906	REPAIR OF BLEPHAROPTOSIS; SUPERI	1/1/2008	\$65.86	3	YES
W	67908	REPAIR OF BLEPHAROPTOSIS; CONJUN	1/1/2008	\$63.87	3	YES
W	67950	CANTHOPLASTY (RECONSTRUCTION OF	1/1/2008	\$77.52	3	NO
W	67961	EXCISION & REP OF EYELID INVOLVI	1/1/2008	\$77.15	3	NO
W	67966	EXCISION AND REPAIR OF EYELID IN	1/1/2008	\$97.52	3	NO
W	67971	RECONSTRUCTION OF EYELID, FULL T	1/1/2008	\$93.97	3	NO
W	67973	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$122.20	3	NO
W	67974	RECONSTRUCTION OF EYELID FULL TH	1/1/2008	\$121.71	3	NO
W	68320	CONJUNCTIVOPLASTY WITH CONJUNCTI	1/1/2008	\$94.24	3	NO
W	68325	CONJUNCTIVOPLASTY; WITH BUCCAL M	1/1/2008	\$82.41	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	68326	CONJUNCTIVOPLASTY RECONSTRUCTION	1/1/2008	\$80.21	3	NO
W	68335	REPAIR OF SYMBLEPHARON; WITH FRE	1/1/2008	\$80.42	3	NO
W	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH A	1/1/2008	\$81.34	3	NO
W	68500	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$121.55	3	NO
W	68505	EXCISION OF LACRIMAL GLAND (DACR	1/1/2008	\$124.99	3	NO
W	68540	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$116.66	3	NO
W	68550	EXCISION OF LACRIMAL GLAND TUMOR	1/1/2008	\$144.24	3	NO
W	68720	DACRYOCYSTORHINOSTOMY (FISTULIZA	1/1/2008	\$96.28	3	NO
W	68745	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$96.77	3	NO
W	68750	CONJUNCTIVORHINOSTOMY (FISTULIZA	1/1/2008	\$99.08	3	NO
W	69090	EAR PIERCING	4/1/1982	NC	9	NO
W	69150	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$147.46	3	NO
W	69155	RADICAL EXCISION EXTERNAL AUDITO	1/1/2008	\$233.32	3	NO
W	69210	REMOVAL IMPACTED CERUMEN (SEPARA	1/1/2008	\$34.14	3	NO
W	69320	RECONSTRUCTION EXTERNAL AUDITORY	1/1/2008	\$211.60	3	NO
W	69410	FOCAL APPLICATION OF PHASE CONTR	1/1/2006	INVALID	N	NO
W	69501	TRANSMASTOID ANTROTOMY (SIMPLE M	1/1/2008	\$99.89	3	NO
W	69530	PETROUS APICECTOMY INCLUDING RAD	1/1/2008	\$228.75	3	NO
W	69535	RESECTION TEMPORAL BONE EXTERNAL	1/1/2008	\$377.93	3	NO
W	69550	EXCISION AURAL GLOMUS TUMOR TRAN	1/1/2008	\$141.77	3	NO
W	69552	EXCISION AURAL GLOMUS TUMOR; TRA	1/1/2008	\$220.25	3	NO
W	69554	EXCISION AURAL GLOMUS TUMOR; EXT	1/1/2008	\$360.57	3	NO
W	69604	REVISION MASTOIDECTOMY; RESULTIN	1/1/2008	\$152.89	3	NO
W	69605	REVISION MASTOIDECTOMY; WITH API	1/1/2008	\$216.06	3	NO
W	69650	STAPES MOBILIZATION	1/1/2008	\$108.11	3	NO
W	69670	MASTOID OBLITERATION (SEPARATE P	1/1/2008	\$128.49	3	NO
W	69676	TYMPANIC NEURECTOMY	1/1/2008	\$112.30	3	NO
W	69700	CLOSURE POSTAURICULAR FISTULA MA	1/1/2008	\$95.80	3	NO
W	69711	REMOVAL OR REPAIR OF ELECTROMAGN	1/1/2008	\$117.25	3	NO
W	69720	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$160.47	3	NO
W	69725	DECOMPRESSION FACIAL NERVE INTRA	1/1/2008	\$264.18	3	NO
W	69740	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$163.11	3	NO
W	69745	SUTURE FACIAL NERVE INTRATEMPORA	1/1/2008	\$173.59	3	NO
W	69802	LABYRINTHOTOMY WITH OR WITHOUT C	1/1/2008	\$141.71	3	NO
W	69805	ENDOLYMPHATIC SAC OPERATION WITH	1/1/2008	\$145.53	3	NO
W	69820	FENESTRATION SEMICIRCULAR CANAL	1/1/2008	\$119.29	3	NO
W	69840	REVISION FENESTRATION OPERATION	1/1/2008	\$128.59	3	NO
W	69905	LABYRINTHECTOMY TRANSCANAL	1/1/2008	\$124.24	3	NO
W	69915	VESTIBULAR NERVE SECTION TRANSLA	1/1/2008	\$215.52	3	NO
W	69950	VESTIBULAR NERVE SECTION TRANSCR	1/1/2008	\$256.92	3	NO
W	69955	TOTAL FACIAL NERVE DECOMPRESSION	1/1/2008	\$280.30	3	NO
W	69960	DECOMPRESSION INTERNAL AUDITORY	1/1/2008	\$270.74	3	NO
W	69970	REMOVAL OF TUMOR	1/1/2008	\$304.28	3	NO
W	69990	MICROSURGICAL TECHNIQUES, REQUIR	1/1/2008	\$32.36	3	NO
W	90385	RHO(D)IMMUNE GLOBULIN(RHIG)HUMAN	7/1/2007	NC	9	NO
W	90465	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$14.25	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	90466	IMMUNIZATION ADMINISTRATION UNDE	1/1/2008	\$7.80	3	NO
W	90471	IMMUNIZATION ADMIN; ONE VACCINE	1/1/2008	\$14.25	3	NO
W	90472	IMMUNIZATION ADMIN; EACH ADDITIO	1/1/2008	\$7.80	3	NO
W	90656	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$18.00	3	NO
W	90658	INFLUENZA VIRUS VACCINE, SPLIT V	1/1/2008	\$13.70	3	NO
W	90659	INFLUENZA VIRUS VACCINE, WHOLE V	4/1/2004	INVALID	N	NO
W	90701	DIPHTHERIA, TETANUS TOXOIDS, AND	1/1/2007	NC	9	NO
W	90703	TETANUS TOXOID ADSORBED, FOR INT	4/1/2008	\$21.47	3	NO
W	90704	MUMPS VIRUS VACCINE, LIVE, FOR S	4/1/2008	\$21.91	3	NO
W	90705	MEASLES VIRUS VACCINE, LIVE, FOR	1/1/2008	\$16.76	3	NO
W	90706	RUBELLA VIRUS VACCINE, LIVE, FOR	4/1/2008	\$18.75	3	NO
W	90707	MEASLES, MUMPS AND RUBELLA VIRUS	4/1/2008	\$42.55	3	NO
W	90708	MEASLES AND RUBELLA VIRUS VACCIN	1/1/2008	\$24.76	3	NO
W	90709	IMMUNIZATION ACTIVE; RUBELLA AND	7/1/2003	INVALID	N	NO
W	90712	POLIOVIRUS VACCINE, (ANY TYPE) (	5/1/2000	NC	9	NO
W	90713	POLIOVIRUS VACCINE, INACTIVATED,	4/1/2008	\$25.71	3	NO
W	90715	TETANUS, DIPHTHERIA TOXOIDS AND	4/1/2008	\$35.13	3	NO
W	90716	VARICELLA VIRUS VACCINE, LIVE, F	4/1/2008	\$73.46	3	NO
W	90717	YELLOW FEVER VACCINE, LIVE, FOR	10/24/1989	NC	9	NO
W	90718	TETANUS AND DIPHTHERIA TOXOIDS (	4/1/2008	\$11.69	3	NO
W	90719	DIPHTHERIA TOXOID, FOR INTRAMUSC	1/1/2008	\$8.62	3	NO
W	90720	DIPHTHERIA, TETANUS TOXOIDS, WHO	1/1/2008	\$36.70	3	NO
W	90725	CHOLERA VACCINE FOR INJECTABLE U	10/24/1989	NC	9	NO
W	90727	PLAGUE VACCINE, FOR INTRAMUSCULA	5/9/2005	NC	9	NO
W	90732	PNEUMOCOCCAL POLYSACCHARIDE VACC	4/1/2008	\$32.70	3	NO
W	90733	MENINGOCOCCAL POLYSACCHARIDE VAC	4/1/2008	\$93.87	3	NO
W	90735	JAPANESE ENCEPHALITIS VIRUS VACC	2/1/2001	NC	9	NO
W	90740	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$118.63	3	NO
W	90743	HEPATITIS B VACCINE, ADOLESCENT	4/1/2008	\$24.22	3	NO
W	90746	HEPATITIS B VACCINE, ADULT DOSAG	1/1/2008	\$59.32	3	NO
W	90747	HEPATITIS B VACCINE, DIALYSIS OR	1/1/2008	\$114.51	3	NO
W	90749	UNLISTED VACCINE/TOXOID	9/1/2004	\$0.01	5	NO
W	90780	IV INFUSION FOR THERAPY/DIAGNOSI	1/1/2006	INVALID	N	NO
W	90781	IV INFUSION THERAPY, ADMINISTERE	1/1/2006	INVALID	N	NO
W	90782	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90783	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90784	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	90788	INTRAMUSCULAR INJECTION OF ANTIB	1/1/2006	INVALID	N	NO
W	90799	UNLISTED THERAPEUTIC OR DIAGNOST	1/1/2006	INVALID	N	NO
W	90862	PHARMACOLOGIC MGMNT, INCL PRESCR	1/1/2008	\$38.44	3	NO
W	90870	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2008	\$103.49	3	NO
W	90871	ELECTROCONVULSIVE THERAPY (INCLU	1/1/2006	INVALID	N	NO
W	90999	UNLISTED DIALYSIS PROCEDURE IN H	4/1/1982	\$0.01	5	NO
W	91000	ESOPHAGEAL INTUBATION AND COLLEC	1/1/2008	\$42.20	3	NO
W	91010	ESOPHAGEAL MOTILITY STUDY	1/1/2008	\$150.26	3	NO
W	91011	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$184.93	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	91012	ESOPHAGEAL MOTILITY STUDY; WITH	1/1/2008	\$195.69	3	NO
W	91020	ESOPHAGOGASTRIC MANOMETRIC STUDI	1/1/2008	\$165.31	3	NO
W	91030	ESOPHAGUS ACID PERFUSION (BERNST	1/1/2008	\$94.62	3	NO
W	91032	ESOPHAGUS ACID REFLUX TEST WITH	1/1/2005	INVALID	N	NO
W	91033	ESOPHAGUS ACID REFLUX TEST PROLO	1/1/2005	INVALID	N	NO
W	91052	GASTRIC ANALYSIS TEST WITH INJEC	1/1/2008	\$92.20	3	NO
W	91055	GASTRIC INTUBATION WASHINGS AND	1/1/2008	\$102.68	3	NO
W	91060	GASTRIC SALINE LOAD TEST	1/1/2007	INVALID	N	NO
W	91065	BREATH HYDROGEN TEST (EG, FOR DE	1/1/2008	\$44.35	3	NO
W	91100	INTESTINAL BLEEDING TUBE PASSAGE	1/1/2008	\$101.61	3	NO
W	91105	GASTRIC INTUBATION, AND ASPIRATI	1/1/2008	\$64.78	3	NO
W	91122	ANORECTAL MANOMETRY	1/1/2008	\$181.17	3	NO
W	91299	UNLISTED DIAGNOSTIC GASTROENTERO	4/1/1982	\$0.01	5	NO
W	92330	PRESCRIPTION FITTING AND SUPPLY	1/1/2006	INVALID	N	NO
W	92335	PRESCRIPTION OF OCULAR PROSTHESI	1/1/2006	INVALID	N	NO
W	92354	FITTING OF SPECTACLE MOUNTED LOW	3/14/1989	NC	9	NO
W	92355	FITTING OF SPECTACLE MOUNTED LOW	3/14/1989	NC	9	NO
W	92390	SUPPLY OF SPECTACLES EXCEPT PROS	1/1/2006	INVALID	N	NO
W	92391	SUPPLY OF CONTACT LENSES EXCEPT	1/1/2006	INVALID	N	NO
W	92392	SUPPLY OF LOW VISION AIDS (A LOW	1/1/2006	INVALID	N	NO
W	92393	SUPPLY OF OCULAR PROSTHESIS (ART	1/1/2006	INVALID	N	NO
W	92395	SUPPLY OF PERMANENT PROSTHESIS F	1/1/2006	INVALID	N	NO
W	92396	CONTACT LENSES	1/1/2006	INVALID	N	NO
W	92502	OTOLARYNGOLOGIC EXAMINATION UNDE	1/1/2008	\$69.62	3	NO
W	92504	BINOCULAR MICROSCOPY (SEPARATE D	1/1/2008	\$18.82	3	NO
W	92506	EVALUATION OF SPEECH, LANGUAGE,	1/1/2008	\$98.11	3	NO
W	92507	TREATMENT OF SPEECH, LANGUAGE, V	1/1/2008	\$44.89	3	YES
W	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE	1/1/2008	\$109.67	3	NO
W	92512	NASAL FUNCTION STUDIES EG RHINOM	1/1/2008	\$44.62	3	NO
W	92516	FACIAL NERVE FUNCTION STUDIES (E	1/1/2008	\$43.81	3	NO
W	92520	LARYNGEAL FUNCTION STUDIES	1/1/2008	\$37.09	3	NO
W	92531	SPONTANEOUS NYSTAGMUS INCLUDING	1/1/2008	\$23.50	3	NO
W	92532	POSITIONAL NYSTAGMUS TEST	1/1/2008	\$36.22	3	NO
W	92533	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$9.10	3	NO
W	92534	OPTOKINETIC NYSTAGMUS TEST	1/1/2008	\$17.46	3	NO
W	92541	SPONTANEOUS NYSTAGMUS TEST INCLU	1/1/2008	\$40.05	3	NO
W	92542	POSITIONAL NYSTAGMUS TEST MINIMU	1/1/2008	\$40.86	3	NO
W	92543	CALORIC VESTIBULAR TEST EACH IRR	1/1/2008	\$19.08	3	NO
W	92544	OPTOKINETIC NYSTAGMUS TEST BIDIR	1/1/2008	\$32.79	3	NO
W	92545	OSCILLATING TRACKING TEST WITH R	1/1/2008	\$29.84	3	NO
W	92546	SINUSOIDAL VERTICAL AXIS ROTATIO	1/1/2008	\$60.75	3	NO
W	92547	USE OF VERTICAL ELECTRODES IN AN	1/1/2008	\$4.03	3	NO
W	92551	SCREENING TEST PURE TONE AIR ONL	1/1/2008	\$6.99	3	NO
W	92552	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$13.71	3	NO
W	92553	PURE TONE AUDIOMETRY (THRESHOLD)	1/1/2008	\$19.62	3	NO
W	92555	SPEECH AUDIOMETRY THRESHOLD;	1/1/2008	\$11.29	3	NO



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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	92556	SPEECH AUDIOMETRY THRESHOLD; WIT	1/1/2008	\$16.67	3	NO
W	92557	COMPREHENSIVE AUDIOMETRY THRESHO	1/1/2008	\$35.75	3	NO
W	92559	AUDIOMETRIC TESTING OF GROUPS	10/1/2005	NC	9	NO
W	92561	BEKESY AUDIOMETRY; DIAGNOSTIC	1/1/2008	\$20.70	3	NO
W	92562	LOUDNESS BALANCE TEST ALTERNATE	1/1/2008	\$13.98	3	NO
W	92563	TONE DECAY TEST	1/1/2008	\$12.10	3	NO
W	92564	SHORT INCREMENT SENSITIVITY INDE	1/1/2008	\$13.71	3	NO
W	92565	STENGER TEST PURE TONE	1/1/2008	\$10.75	3	NO
W	92567	TYMPANOMETRY (IMPEDANCE TESTING)	1/1/2008	\$15.32	3	NO
W	92568	ACOUSTIC REFLEX TESTING; THRESHO	1/1/2008	\$9.68	3	NO
W	92569	ACOUSTIC REFLEX TESTING; DECAY	1/1/2008	\$10.48	3	NO
W	92571	FILTERED SPEECH TEST	1/1/2008	\$11.56	3	NO
W	92572	STAGGERED SPONDAIC WORD TEST	1/1/2008	\$6.18	3	NO
W	92573	LOMBARD TEST	1/1/2007	INVALID	N	NO
W	92576	SYNTHETIC SENTENCE IDENTIFICATIO	1/1/2008	\$13.98	3	NO
W	92577	STENGER TEST SPEECH	1/1/2008	\$18.01	3	NO
W	92582	CONDITIONING PLAY AUDIOMETRY	1/1/2008	\$23.65	3	NO
W	92583	SELECT PICTURE AUDIOMETRY	1/1/2008	\$24.73	3	NO
W	92584	ELECTROCOCHLEOGRAPHY	1/1/2008	\$63.17	3	NO
W	92585	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$72.31	3	NO
W	92586	AUDITORY EVOKED POTENTIALS FOR E	1/1/2008	\$50.53	3	NO
W	92587	EVOKED OTOACOUSTIC EMISSIONS; LI	1/1/2008	\$38.71	3	NO
W	92588	EVOKED OTOACOUSTIC EMISSIONS; CO	1/1/2008	\$53.22	3	NO
W	92589	CENTRAL AUDITORY FUNCTION TESTS	1/1/2005	INVALID	N	NO
W	92590	HEARING AID EXAMINATION AND SELE	1/1/2008	\$83.05	3	NO
W	92592	HEARING AID CHECK MONAURAL	1/14/2003	NC	9	NO
W	92593	HEARING AID CHECK; BINAURAL	1/14/2003	NC	9	NO
W	92599	UNLISTED OTORHINOLARYNGOLOGICAL	7/1/2003	INVALID	N	NO
W	92950	CARDIOPULMONARY RESUSCITATION (E	1/1/2008	\$215.85	3	NO
W	92960	CARDIOVERSION ELECTIVE ELECTRICA	1/1/2008	\$219.07	3	NO
W	92970	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$130.91	3	NO
W	92971	CARDIOASSIST-METHOD OF CIRCULATO	1/1/2008	\$73.65	3	NO
W	92987	PERCUTANEOUS BALLOON VALVULOPLAS	1/1/2008	\$1,029.77	3	NO
W	93000	ELECTROCARDIOGRAM, ROUTINE ECG W	1/1/2008	\$18.01	3	NO
W	93005	ELECTROCARDIOGRAM WITH INTERPRET	1/1/2008	\$11.56	3	NO
W	93010	ELECTROCARDIOGRAM WITH INTERPRET	1/1/2008	\$6.45	3	NO
W	93040	RHYTHM ECG, ONE TO THREE LEADS;	1/1/2008	\$10.21	3	NO
W	93041	RHYTHM ECG ONE TO THREE LEADS; T	1/1/2008	\$4.30	3	NO
W	93042	RHYTHM ECG ONE TO THREE LEADS; I	1/1/2008	\$5.91	3	NO
W	93731	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$32.26	3	NO
W	93732	ELECTRONIC ANALYSIS OF DUAL-CHAM	1/1/2008	\$51.88	3	NO
W	93734	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$25.80	3	NO
W	93735	ELECTRONIC ANALYSIS OF SINGLE-CH	1/1/2008	\$42.47	3	NO
W	93737	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
W	93738	ELECTRONIC ANALYSIS OF CARDIOVER	4/1/2002	INVALID	N	NO
W	93741	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$50.00	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	93742	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$55.10	3	NO
W	93743	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$60.48	3	NO
W	93744	ELECTRONIC ANALYSIS OF PACING CA	1/1/2008	\$65.86	3	NO
W	93799	UNLISTED CARDIOVASCULAR SERVICE	4/1/1982	\$0.01	5	NO
W	94010	SPIROMETRY INCLUDING GRAPHIC REC	1/1/2008	\$23.92	3	NO
W	94060	BRONCHODILATION RESPONSIVE, SPIR	1/1/2008	\$40.59	3	NO
W	94070	BRONCHOSPASM PROVOCATION EVAL, M	1/1/2008	\$42.74	3	NO
W	94150	VITAL CAPACITY TOTAL (SEPARATE P	1/1/2008	\$15.32	3	NO
W	94200	MAXIMUM BREATHING CAPACITY MAXIM	1/1/2008	\$15.86	3	NO
W	94240	FUNCTIONAL RESIDUAL CAPACITY OR	1/1/2008	\$27.42	3	NO
W	94250	EXPIRED GAS COLLECTION QUANTITAT	1/1/2008	\$19.89	3	NO
W	94260	THORACIC GAS VOLUME	1/1/2008	\$21.77	3	NO
W	94350	DETERMINATION OF MALDISTRIBUTION	1/1/2008	\$27.96	3	NO
W	94360	DETERMINATION OF RESISTANCE TO A	1/1/2008	\$29.57	3	NO
W	94370	DETERMINATION OF AIRWAY CLOSING	1/1/2008	\$26.34	3	NO
W	94375	RESPIRATORY FLOW VOLUME LOOP	1/1/2008	\$26.07	3	NO
W	94400	BREATHING RESPONSE TO CO2 (CO2 R	1/1/2008	\$37.09	3	NO
W	94450	BREATHING RESPONSE TO HYPOXIA (H	1/1/2008	\$35.75	3	NO
W	94620	PULMONARY STRESS TESTING SIMPLE	1/1/2008	\$76.07	3	NO
W	94640	NONPRESSURIZED INHALATION TREATM	1/1/2008	\$9.14	3	NO
W	94650	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94651	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94652	INTERMITTENT POSITIVE PRESSURE B	7/1/2003	INVALID	N	NO
W	94656	VENTILATION ASSIST AND MANAGEMEN	1/1/2007	INVALID	N	NO
W	94657	VENTILATION ASSIST AND MANAGEMEN	1/1/2007	INVALID	N	NO
W	94660	CONTINUOUS POSTITIVE AIRWAY PRES	1/1/2008	\$40.05	3	NO
W	94662	CONTINUOUS NEGATIVE PRESSURE VEN	1/1/2008	\$27.15	3	NO
W	94665	AEROSOL OR VAPOR INHALATIONS FOR	7/1/2003	INVALID	N	NO
W	94667	MANIPULATION CHEST WALL SUCH AS	1/1/2008	\$15.59	3	NO
W	94668	MANIPULATION CHEST WALL SUCH AS	1/1/2008	\$12.90	3	NO
W	94680	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$53.76	3	NO
W	94681	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$66.93	3	NO
W	94690	OXYGEN UPTAKE EXPIRED GAS ANALYS	1/1/2008	\$50.27	3	NO
W	94720	CARBON MONOXIDE DIFFUSING CAPACI	1/1/2008	\$36.83	3	NO
W	94725	MEMBRANE DIFFUSION CAPACITY	1/1/2008	\$75.80	3	NO
W	94750	PULMONARY COMPLIANCE STUDY (EG,	1/1/2008	\$45.96	3	NO
W	94760	NONINVASIVE EAR/PULSE OXIMETRY F	1/1/2008	\$1.88	3	NO
W	94761	NONINVASIVE EAR/PULSE OXIMETRY F	1/1/2008	\$3.76	3	NO
W	94770	CARBON DIOXIDE EXPIRED GAS DETER	1/1/2008	\$26.61	3	NO
W	94799	UNLISTED PULMONARY SERVICE OR PR	4/1/1982	\$0.01	5	NO
W	95027	INTRACUTANEOUS TESTS, SEQUENTIAL	1/1/2008	\$4.84	3	NO
W	95056	PHOTO TESTS	1/1/2008	\$11.83	3	NO
W	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	1/1/2008	\$12.36	3	NO
W	95065	DIRECT NASAL MUCOUS MEMBRANE TES	1/1/2008	\$8.60	3	NO
W	95070	INHALATION BRONCHIAL CHALLENGE T	1/1/2008	\$51.88	3	NO
W	95071	INHALATION BRONCHIAL CHALLENGE T	1/1/2008	\$65.32	3	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	95078	PROVOCATIVE TESTING (EG RINKEL T	1/1/2007	INVALID	N	NO
W	95115	PROF SVCS FOR ALLERGEN IMMUNOTHE	1/1/2008	\$9.95	3	NO
W	95117	PROFESSIONAL SERVICES FOR ALLERG	1/1/2008	\$12.36	3	NO
W	95199	UNLISTED ALLERGY/CLINICAL IMMUNO	4/1/1982	\$0.01	5	NO
W	95819	ELECTROENCEPHALOGRAM (EEG); INCL	1/1/2008	\$134.40	3	NO
W	95822	ELECTROENCEPHALOGRAM (EEG); RECO	1/1/2008	\$163.70	3	NO
W	95829	ELECTROCORTICOGRAM AT SURGERY (S	1/1/2008	\$974.67	3	NO
W	95831	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$19.62	3	NO
W	95832	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$17.47	3	NO
W	95833	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$27.96	3	NO
W	95834	MUSCLE TESTING MANUAL (SEPARATE	1/1/2008	\$33.33	3	NO
W	95851	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$13.71	3	NO
W	95852	RANGE OF MOTION MEASUREMENTS AND	1/1/2008	\$9.95	3	NO
W	95857	TENSILON TEST FOR MYASTHENIA GRA	1/1/2008	\$30.91	3	NO
W	95858	TENSILON TEST FOR MYASTHENIA GRA	1/1/2006	INVALID	N	NO
W	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXT	1/1/2008	\$64.24	3	NO
W	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXT	1/1/2008	\$84.67	3	NO
W	95863	NEEDLE ELECTROMYOGRAPHY, THREE E	1/1/2008	\$102.41	3	NO
W	95864	NEEDLE ELECTROMYOGRAPHY, FOR EXT	1/1/2008	\$127.14	3	NO
W	95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL	1/1/2008	\$49.46	3	NO
W	95868	NEEDLE ELECTROMYOGRAPHY, CRANIAL	1/1/2008	\$68.28	3	NO
W	95869	NEEDLE ELECTROMYOGRAPHY; THORACI	1/1/2008	\$25.27	3	NO
W	95872	NEEDLE ELECTROMYOGRAPHY USING SI	1/1/2008	\$117.20	3	NO
W	95875	ISCHEMIC LIMB EXERCISE TEST WITH	1/1/2008	\$70.43	3	NO
W	95900	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$44.08	3	NO
W	95904	NERVE CONDUCTION, AMPLITUDE AND	1/1/2008	\$37.90	3	NO
W	95921	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$47.85	3	NO
W	95922	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$54.57	3	NO
W	95923	TESTING OF AUTONOMIC NERVOUS SYS	1/1/2008	\$79.56	3	NO
W	95925	SHORT-LATENCY SOMATOSENSORY EVOK	1/1/2008	\$61.02	3	NO
W	95933	ORBICULARIS OCULI (BLINK) REFLEX	1/1/2008	\$46.50	3	NO
W	95937	NEUROMUSCULAR JUNCTION TESTING (	1/1/2008	\$38.44	3	NO
W	95950	MONITORING FOR IDENTIFICATION AN	1/1/2008	\$166.66	3	NO
W	95999	UNLISTED NEUROLOGICAL OR NEUROMU	4/1/1982	\$0.01	5	NO
W	96520	PORTABLE PUMP REFILLING AND MAIN	1/1/2006	INVALID	N	NO
W	96530	REFILLING AND MAINTENANCE OF IMP	1/1/2006	INVALID	N	NO
W	96545	PROVISION OF CHEMOTHERAPY AGENT	1/1/2006	INVALID	N	NO
W	96549	UNLISTED CHEMOTHERAPY PROCEDURE	9/1/1985	\$0.01	5	NO
W	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT	1/1/2008	\$13.17	3	NO
W	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRA	1/1/2008	\$34.41	3	NO
W	96912	PHOTOCHEMOTHERAPY; PSORALENS AND	1/1/2008	\$44.08	3	NO
W	96999	UNLISTED SPECIAL DERMATOLOGICAL	4/1/1982	\$0.01	5	NO
W	97010	APPLICATION HOT OR COLD PACKS	10/1/2004	NC	9	NO
W	97012	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.48	3	NO
W	97014	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$10.21	3	NO
W	97016	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	97018	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97020	PHYSICAL MEDICINE TREATMENT TO O	1/1/2006	INVALID	N	NO
W	97022	PHYSICAL MEDICINE TREATMENT TO O	1/1/2008	\$11.29	3	NO
W	97024	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97026	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97028	PHYSICAL MEDICINE TREATMENT TO O	4/1/2005	NC	9	NO
W	97032	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$11.56	3	NO
W	97033	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97034	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97035	APPLICATION OF A MODALITY TO ONE	4/1/2005	NC	9	NO
W	97036	APPLICATION OF A MODALITY TO ONE	1/1/2008	\$17.20	3	NO
W	97039	UNLISTED MODALITY (SPECIFY TYPE	4/1/2005	NC	9	NO
W	97110	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.16	3	NO
W	97112	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$20.97	3	NO
W	97116	THERAPEUTIC PROCEDURE, ONE OR MO	1/1/2008	\$17.74	3	NO
W	97124	THERAPEUTIC PROC, ONE OR MORE AR	1/1/2008	\$16.13	3	NO
W	97139	THERAPEUTIC PROC, ONE OR MORE AR	4/1/2005	NC	9	NO
W	97520	PROSTHETIC TRAINING, UPPER AND/O	1/1/2006	INVALID	N	NO
W	97545	WORK HARDENING/CONDITIONING; INIT	1/1/1993	NC	9	NO
W	97546	WORK HARDENING/CONDITIONING; EAC	1/1/1993	NC	9	NO
W	97601	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2005	INVALID	N	NO
W	97602	REMOVAL OF DEVITALIZED TISSUE FR	1/1/2008	\$24.20	3	NO
W	97750	PHYSICAL PERFORMANCE TEST OR MEA	1/1/2008	\$21.24	3	NO
W	97799	UNLISTED PHYSICAL MEDICINE/REHAB	4/1/1982	\$0.01	5	NO
W	99000	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
W	99001	HANDLING AND/OR CONVEYANCE OF SP	5/1/1991	NC	9	NO
W	99002	HANDLING, CONVEYANCE, AND/OR ANY	3/27/1989	NC	9	NO
W	99024	POSTOPERATIVE FOLLOWUP CARE	4/1/1988	NC	9	NO
W	99025	INITIAL (NEW PATIENT) VISIT WHEN	4/1/2004	INVALID	N	NO
W	99050	SERVICES PROVIDED IN THE OFFICE	1/1/2008	\$12.13	3	NO
W	99052	SERVICES REQUESTED BETWEEN 10:00	1/1/2006	INVALID	N	NO
W	99054	SERVICES REQUESTED ON SUNDAYS AN	1/1/2006	INVALID	N	NO
W	99056	SVCS TYPICALLY PROVIDED IN THE O	4/1/1982	NC	9	NO
W	99058	SVCS PROVIDED ON AN EMERGENCY BA	1/1/2008	\$4.88	3	NO
W	99070	SUPP & MAT (EX SPECTACLES) PROVI	10/1/2002	NC	9	NO
W	99071	EDUCATIONAL SUPPLIES SUCH AS BOO	10/1/2004	NC	9	NO
W	99075	MEDICAL TESTIMONY	10/1/2004	NC	9	NO
W	99082	UNUSUAL TRAVEL (EG, TRANSPORTATI	4/1/1982	NC	9	NO
W	99090	ANALYSIS OF CLINICAL DATA STORED	8/1/1989	NC	9	NO
W	99175	IPECAC OR SIMILAR ADMINISTRATION	1/1/2008	\$33.06	3	NO
W	99185	HYPOTHERMIA; TOTAL BODY	1/1/2008	\$25.00	3	NO
W	99186	TOTAL BODY	1/1/2008	\$57.25	3	NO
W	99190	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$87.29	3	NO
W	99191	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$52.96	3	NO
W	99192	ASSEMBLY AND OPERATION OF PUMP W	1/1/2008	\$39.39	3	NO
W	99195	PHLEBOTOMY THERAPEUTIC (SEPARATE	1/1/2008	\$26.88	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	99199	UNLISTED SPECIAL SERVICE OR REPO	4/1/1982	\$0.01	5	NO
W	99201	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$26.61	3	NO
W	99202	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$46.50	3	NO
W	99203	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$68.81	3	NO
W	99204	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$105.37	3	NO
W	99205	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$132.52	3	NO
W	99211	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$14.78	3	NO
W	99212	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$27.42	3	NO
W	99213	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$44.62	3	NO
W	99214	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$67.74	3	NO
W	99215	OFFICE OR OTHER OP VISIT FOR THE	1/1/2008	\$91.93	3	NO
W	99221	INITIAL HOSPITAL CARE, PER DAY,	1/1/2008	\$65.32	3	NO
W	99222	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$91.39	3	NO
W	99223	INITIAL HOSP CARE, PER DAY, FOR	1/1/2008	\$133.32	3	NO
W	99231	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$27.42	3	NO
W	99232	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$48.92	3	NO
W	99233	SUBSEQUENT HOSP CARE, PER DAY, F	1/1/2008	\$69.89	3	NO
W	99238	HOSPITAL DISCHARGE DAY MANAGEMEN	1/1/2008	\$50.00	3	NO
W	99241	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$36.02	3	NO
W	99242	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$66.93	3	NO
W	99243	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$91.93	3	NO
W	99244	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$135.48	3	NO
W	99245	OFFICE CONS FOR NEW OR EST PT, W	1/1/2008	\$168.27	3	NO
W	99271	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99272	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99273	CONFIRMATORY CONS FOR NEW OR EST	1/1/2006	INVALID	N	NO
W	99274	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
W	99275	CONFIRMATORY CONS FOR A PATIENT,	1/1/2006	INVALID	N	NO
W	99281	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$15.05	3	NO
W	99282	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$28.76	3	NO
W	99283	EMERGENCY DEPT VISIT FOR THE E/M	1/1/2008	\$46.50	3	NO
W	99284	EMERG DEPT VISIT FOR E/M OF PT,	1/1/2008	\$85.21	3	NO
W	99285	EMER DEPT VISIT FOR E/M OF PT, W	1/1/2008	\$127.41	3	NO
W	99311	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99312	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99313	SUBSEQUENT NURS FACILITY CARE, P	1/1/2006	INVALID	N	NO
W	99321	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99322	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99323	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99331	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99332	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99333	DOMICILIARY OR REST HOME VISIT F	1/1/2006	INVALID	N	NO
W	99341	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$41.13	3	NO
W	99342	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$60.48	3	NO
W	99343	HOME VISIT FOR E/M OF NEW PT, WH	1/1/2008	\$87.90	3	NO
W	99371	TELEPHONE CALL BY PHYS TO PT OR	1/1/2008	INVALID	N	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

June 2008

TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	99381	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$70.16	3	NO
W	99382	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$75.80	3	NO
W	99383	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$74.73	3	NO
W	99384	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	3	NO
W	99385	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$81.18	3	NO
W	99386	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$95.16	3	NO
W	99387	INITIAL COMPREHENSIVE PREVENTIVE	1/1/2008	\$103.49	3	NO
W	99391	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$54.84	3	NO
W	99392	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$61.29	3	NO
W	99393	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$60.75	3	NO
W	99394	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$66.93	3	NO
W	99395	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$67.47	3	NO
W	99396	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$74.46	3	NO
W	99397	PERIODIC REEVALUATION AND MANAGE	1/1/2008	\$82.52	3	NO
W	99401	PREVENTIVE MEDICINE COUNSELING A	1/1/2008	\$28.22	3	NO
W	99402	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$47.58	3	NO
W	99403	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$66.12	3	NO
W	99404	COUNSELING AND/OR RISK FACTOR RE	1/1/2008	\$85.21	3	NO
W	99429	UNLISTED PREVENTIVE MEDICINE SER	2/1/1994	\$0.01	5	NO
W	99431	HISTORY AND EXAM OF NORMAL NEWBO	1/1/2008	\$42.20	3	NO
W	99432	NORMAL NEWBORN CARE IN OTHER THA	1/1/2008	\$61.29	3	NO
W	99433	SUBSEQUENT HOSP CARE, FOR THE E/	1/1/2008	\$22.31	3	NO
W	99499	UNLISTED EVALUATION AND MANAGEME	1/1/1992	\$0.01	5	NO
W	A4214	STERILE SALINE OR WATER, 30CC VI	4/1/2004	INVALID	N	NO
W	A4310	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$6.26	3	NO
W	A4311	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$12.04	3	NO
W	A4312	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$14.64	3	NO
W	A4313	INSERTION TRAY WITHOUT DRAINAGE	4/1/2008	\$15.03	3	NO
W	A4314	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$20.53	3	NO
W	A4315	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$21.42	3	NO
W	A4316	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$23.05	3	NO
W	A4320	IRRIGATION TRAY WITH BULB OR PIS	4/1/2008	\$5.09	3	NO
W	A4322	IRRIGATION SYRINGE, BULB OR PIST	4/1/2008	\$2.62	3	NO
W	A4323	STERILE SALINE IRRIGATION SOLUTI	4/1/2004	INVALID	N	NO
W	A4326	MALE EXTERNAL CATHETER WITH INTE	4/1/2008	\$9.90	3	NO
W	A4327	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$42.61	3	NO
W	A4328	FEMALE EXTERNAL URINARY COLLECTI	4/1/2008	\$9.44	3	NO
W	A4329	EXTERNAL CATHETER STARTER SET, M	4/1/2002	INVALID	N	NO
W	A4330	PERIANAL FECAL COLLECTION POUCH	4/1/2008	\$6.62	3	NO
W	A4335	INCONTINENCE SUPPLY; MISCELLANEO	4/1/2008	\$0.96	3	NO
W	A4338	INDWELLING CATHETER; FOLEY TYPE;	4/1/2008	\$11.71	3	NO
W	A4340	INDWELLING CATHETER; SPECIALTY T	4/1/2008	\$30.32	3	NO
W	A4344	INDWELLING CATHETER, FOLEY TYPE,	4/1/2008	\$15.30	3	NO
W	A4346	INDWELLING CATHETER; FOLEY TYPE,	4/1/2008	\$18.71	3	NO
W	A4347	MALE EXTERNAL CATHETER WITH OR W	1/1/2005	INVALID	N	NO
W	A4351	INTERMITTENT URINARY CATHETER; S	4/1/2008	\$1.73	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	A4352	INTERMITTENT URINARY CATHETER; C	4/1/2008	\$6.13	3	NO
W	A4354	INSERTION TRAY WITH DRAINAGE BAG	4/1/2008	\$9.58	3	NO
W	A4355	IRRIGATION TUBING SET FOR CONTIN	4/1/2008	\$8.51	3	NO
W	A4356	EXTERNAL URETHRAL CLAMP OR COMPR	4/1/2008	\$40.51	3	NO
W	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIG	4/1/2008	\$9.70	3	NO
W	A4358	URINARY DRAINAGE BAG, LEG OR ABD	4/1/2008	\$5.59	3	NO
W	A4359	URINARY SUSPENSORY WITHOUT LEG B	1/1/2007	INVALID	N	NO
W	A4361	OSTOMY FACEPLATE, EACH	4/1/2008	\$18.37	3	NO
W	A4362	SKIN BARRIER; SOLID, 4 X 4 OR EQ	4/1/2008	\$2.94	3	NO
W	A4367	OSTOMY BELT, EACH	4/1/2008	\$7.35	3	NO
W	A4397	IRRIGATION SUPPLY; SLEEVE, EACH	4/1/2008	\$4.07	3	NO
W	A4398	OSTOMY IRRIGATION SUPPLY; BAG, E	4/1/2008	\$13.81	3	NO
W	A4399	OSTOMY IRRIGATION SUPPLY; CONE/C	4/1/2008	\$12.26	3	NO
W	A4400	OSTOMY IRRIGATION SET	9/1/1996	NC	9	NO
W	A4402	LUBRICANT, PER OUNCE	4/1/2008	\$1.60	3	NO
W	A4404	OSTOMY RING, EACH	4/1/2008	\$1.44	3	NO
W	A4421	OSTOMY SUPPLY; MISCELLANEOUS	4/1/2008	\$96.20	3	NO
W	A4454	TAPE, ALL TYPES, ALL SIZES	7/1/2003	INVALID	N	NO
W	A4460	ELASTIC BANDAGE, PER ROLL (EG; C	7/1/2003	INVALID	N	NO
W	A4465	NONELASTIC BINDER FOR EXREMITY	4/1/2008	\$20.81	3	NO
W	A4470	GRAVLEE JET WASHER	10/1/2001	NC	9	NO
W	A4480	VABRA ASPIRATOR	10/1/2001	NC	9	NO
W	A4490	SURGICAL STOCKING ABOVE KNEE LEN	4/1/2003	NC	9	NO
W	A4495	SURGICAL STOCKING THIGH LENGTH,	4/1/2003	NC	9	NO
W	A4500	SURGICAL STOCKING BELOW KNEE LEN	1/1/2003	NC	9	NO
W	A4510	SURGICAL STOCKING FULL-LENGTH, E	1/1/2003	NC	9	NO
W	A4550	SURGICAL TRAYS	4/1/2008	\$26.01	3	NO
W	A4554	DISPOSABLE UNDERPADS, ALL SIZES,	1/1/2005	NC	9	NO
W	A4565	SLINGS	4/1/2008	\$10.41	3	NO
W	A4570	SPLINT	7/1/2002	NC	9	NO
W	A4572	RIB BELT	7/1/2003	INVALID	N	NO
W	A4580	CAST SUPPLIES (E.G.,PLASTER)	7/1/2002	NC	9	NO
W	A4590	SPECIAL CASTING MATERIAL (E.G.,F	7/1/2002	NC	9	NO
W	A4621	TRACHEOTOMY MASK OR COLLAR	4/1/2004	INVALID	N	NO
W	A4622	TRACHEOSTOMY OR LARYNGECTOMY TUB	4/1/2004	INVALID	N	NO
W	A4649	SURGICAL SUPPLY; MISCELLANEOUS	12/20/2004	\$0.01	5	NO
W	A4712	WATER, STERILE, FOR INJECTION, P	4/1/2004	INVALID	N	NO
W	A5051	OSTOMY POUCH, CLOSED; WITH BARRI	4/1/2008	\$1.98	3	NO
W	A5052	OSTOMY POUCH, CLOSED; WITHOUT BA	4/1/2008	\$1.42	3	NO
W	A5053	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.66	3	NO
W	A5054	OSTOMY POUCH, CLOSED; FOR USE ON	4/1/2008	\$1.71	3	NO
W	A5055	STOMA CAP	4/1/2008	\$1.38	3	NO
W	A5062	OSTOMY POUCH, DRAINABLE; WITHOUT	4/1/2008	\$2.00	3	NO
W	A5063	OSTOMY POUCH, DRAINABLE; FOR USE	4/1/2008	\$2.58	3	NO
W	A5064	POUCH, DRAINABLE; WITH FACEPLATE	4/1/2002	INVALID	N	NO
W	A5071	OSTOMY POUCH, URINARY; WITH BARR	4/1/2008	\$5.74	3	NO

## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	A5072	OSTOMY POUCH, URINARY; WITHOUT B	4/1/2008	\$3.34	3	NO
W	A5073	OSTOMY POUCH, URINARY; FOR USE O	4/1/2008	\$3.04	3	NO
W	A5074	POUCH, URINARY; WITH FACEPLATE A	4/1/2002	INVALID	N	NO
W	A5075	POUCH, URINARY; FOR USE ON FACEP	4/1/2002	INVALID	N	NO
W	A5081	CONTINENT DEVICE; PLUG FOR CONTI	4/1/2008	\$2.68	3	NO
W	A5082	CONTINENT DEVICE; CATHETER FOR C	4/1/2008	\$9.69	3	NO
W	A5093	OSTOMY ACCESSORY; CONVEX INSERT	4/1/2008	\$1.59	3	NO
W	A5102	BEDSIDE DRAINAGE BOTTLE, WITH OR	4/1/2008	\$21.56	3	NO
W	A5105	URINARY SUSPENSORY WITH LEG BAG,	4/1/2008	\$33.09	3	NO
W	A5112	URINARY LEG BAG; LATEX	4/1/2008	\$33.06	3	NO
W	A5119	SKIN BARRIER; WIPES OR SWABS, PE	1/1/2006	INVALID	N	NO
W	A5123	SKIN BARRIER; WITH FLANGE (SOLID	7/1/2003	INVALID	N	NO
W	D1203	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
W	D1204	TOPICAL APPLICATION OF FLUORIDE	1/1/2008	\$13.19	3	NO
W	D1206	TOPICAL FLUORIDE VARNISH; THERAP	1/1/2008	\$13.19	3	NO
W	E0100	CANE, INCLUDES CANES OF ALL MATE	4/1/2008	\$19.79	3	NO
W	E0105	CANE, QUAD OR THREE-PRONG, INCLU	4/1/2008	\$46.53	3	NO
W	E0110	CRUTCHES, FOREARM, INC CRUTCHES	4/1/2008	\$74.10	3	NO
W	E0111	CRUTCH, FOREARM, INC CRUTCHES OF	4/1/2008	\$50.86	3	NO
W	E0112	CRUTCHES, UNDERARM, WOOD, ADJUST	4/1/2008	\$35.34	3	NO
W	E0113	CRUTCH, UNDERARM, WOOD, ADJUSTAB	4/1/2008	\$20.18	3	NO
W	E0114	CRUTCHES, UNDERARM, OTHER THAN W	4/1/2008	\$45.07	3	NO
W	E0116	CRUTCH, UNDERARM, OTHER THAN WOO	4/1/2008	\$26.49	3	NO
W	E0191	HEEL OR ELBOW PROTECTOR, EACH	4/1/2008	\$8.11	3	NO
W	G0001	ROUTINE VENIPUNCTURE FOR COLLECT	1/1/2005	INVALID	N	NO
W	G0002	OFFICE PROCEDURE, INSERTION OF T	7/1/2003	INVALID	N	NO
W	G0008	ADMINISTRATION OF INFLUENZA VIRU	2/15/2000	NC	9	NO
W	G0009	ADMINISTRATION OF PNEUMOCOCCAL V	2/15/2000	NC	9	NO
W	G0010	ADMINISTRATION OF HEPATITIS B VA	2/15/2000	NC	9	NO
W	G0104	COLORECTAL CANCER SCREENING; FLE	1/1/2008	\$90.59	3	NO
W	G0345	INTRAVENOUS INFUSION, HYDRATION;	1/1/2006	INVALID	N	NO
W	G0346	EACH ADDITIONAL HOUR, UP TO EIGH	1/1/2006	INVALID	N	NO
W	G0347	INTRAVENOUS INFUSION, FOR THERAP	1/1/2006	INVALID	N	NO
W	G0351	THERAPEUTIC OR DIAGNOSTIC INJECT	1/1/2006	INVALID	N	NO
W	G0353	INTRAVENOUS PUSH, SINGLE OR INIT	1/1/2006	INVALID	N	NO
W	G0354	EACH ADDITIONAL SEQUENTIAL INTRA	1/1/2006	INVALID	N	NO
W	G0363	IRRIGATION OF IMPLANTED VENOUS A	1/1/2006	INVALID	N	NO
W	G9001	COORDINATED CARE FEE, INITIAL RA	1/1/2008	\$23.76	3	NO
W	G9002	COORDINATED CARE FEE, MAINTENANC	1/1/2008	\$72.52	3	NO
W	G9003	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
W	G9004	COORDINATED CARE FEE, RISK ADJUS	1/1/2003	\$0.01	P	NO
W	G9005	COORDINATED CARE FEE, RISK ADJUS	1/1/2008	\$124.32	3	NO
W	G9006	COORDINATED CARE FEE, HOME MONIT	1/1/2008	\$41.44	3	NO
W	G9009	CASE MANAGEMENT (PARTIAL SERVICE	1/1/2008	\$36.26	3	NO
W	G9010	HIGH RISK CASE MANAGEMENT (PARTI	1/1/2008	\$62.16	3	NO
W	G9011	TELEPHONE CASE MANAGEMENT VISIT	1/1/2008	\$10.36	3	NO



## DMAP FEE FOR SERVICE FEE SCHEDULE

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	G9012	OTHER SPECIFIED CASE MANAGEMENT	1/1/2008	\$41.44	3	NO
W	G9016	SMOKING CESSATION COUNSELING, IN	1/1/2008	\$10.36	3	NO
W	J0295	INJECTION, AMPICILLIN SODIUM/SUL	4/1/2008	\$4.40	3	NO
W	J0350	INJECTION, ANISTREPLASE, PER 30	7/1/2006	\$2,268.46	3	NO
W	J0702	INJECTION, BETAMETHASONE ACETATE	4/1/2008	\$5.75	3	NO
W	J0704	INJECTION, BETAMETHASONE SODIUM	7/1/2006	\$1.13	3	NO
W	J0715	INJECTION, CEFTIZOXIME SODIUM, P	4/1/2008	\$5.24	3	NO
W	J0835	INJECTION, COSYNTROPIN, PER 0.25	4/1/2008	\$65.60	3	NO
W	J0850	INJECTION, CYTOMEGALOVIRUS IMMUN	10/1/2007	\$878.83	3	NO
W	J1056	INJECTION, MEDROXYPROGESTERONE A	7/2/2006	NC	9	NO
W	J1362	INJECTION, ERYTHROMYCIN GLUCEPTA	4/1/2002	INVALID	N	NO
W	J1364	INJECTION, ERYTHROMYCIN LACTOBIO	4/1/2008	\$6.76	3	NO
W	J1610	INJECTION, GLUCAGON HYDROCHLORID	4/1/2008	\$68.66	3	NO
W	J1620	INJECTION, GONADORELIN HYDROCHLO	1/1/2007	\$180.30	3	NO
W	J1642	INJECTION, HEPARIN SODIUM, (HEPA	4/1/2008	\$0.02	3	NO
W	J1644	INJECTION, HEPARIN SODIUM, PER 1	4/1/2008	\$0.07	3	NO
W	J1785	INJECTION, IMIGLUCERASE, PER UNI	4/1/2008	\$4.00	3	NO
W	J1830	INTERFERON BETA-1B, PER 0.25 MG	4/1/2008	\$116.62	3	NO
W	J1950	INJECTION, LEUPROLIDE ACETATE (F	4/1/2008	\$441.65	3	NO
W	J2260	INJECTION, MILRINONE LACTATE, 5	4/1/2008	\$4.55	3	NO
W	J2512	INJECTION, PENTAGASTRIN, PER 2 M	4/1/2002	INVALID	N	NO
W	J2725	INJECTION, PROTIRELIN, PER 250 M	7/1/2006	\$21.78	3	NO
W	J2788	INJECTION, RHO D IMMUNE GLOBULIN	4/1/2008	\$28.43	3	NO
W	J3030	INJECTION, SUMATRIPTAN SUCCINATE	4/1/2008	\$66.61	3	NO
W	J7300	INTRAUTERINE COPPER CONTRACEPTIV	1/23/2006	\$475.00	3	NO
W	J7302	LEVONOGESTREL-RELEASING INTRAUTE	1/23/2006	\$515.29	3	NO
W	J7507	TACROLIMUS, ORAL, PER 1 MG (PROG	4/1/2008	\$3.91	3	NO
W	J7508	TACROLIMUS, ORAL, PER 5 MG (PROG	4/1/2004	INVALID	N	NO
W	J8499	PRESCRIPTION DRUG, ORAL, NON CHE	11/1/2004	\$0.01	5	NO
W	J8530	CYCLOPHOSPHAMIDE; ORAL, 25 MG (C	4/1/2008	\$0.82	3	NO
W	J8560	ETOPOSIDE, ORAL, 50 MG (VEPESID)	4/1/2008	\$29.55	3	NO
W	J8600	MELPHALAN, ORAL, 2 MG (ALKERAN)	1/30/2006	\$6.58	3	NO
W	J8610	METHOTREXATE, ORAL, 2.5 MG (RHEU	4/1/2008	\$0.16	3	NO
W	J9245	INJECTION, MELPHALAN HCL, 50 MG	7/1/2007	\$1,563.63	3	NO
W	L8100	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8110	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8120	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8130	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8140	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8150	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8160	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8170	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8180	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8190	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8200	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8210	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO

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TOS	Proc Code	Description	Eff Dt	Price	PAC	PA
W	L8220	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8230	ELASTIC SUPPORT, ELASTIC STOCKIN	1/1/2006	INVALID	N	NO
W	L8300	TRUSS, SINGLE WITH STANDARD PAD	4/1/2008	\$80.27	3	NO
W	L8310	TRUSS, DOUBLE WITH STANDARD PADS	4/1/2008	\$112.42	3	NO
W	L8320	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$42.80	3	NO
W	L8330	TRUSS, ADDITION TO STANDARD PAD,	4/1/2008	\$37.81	3	NO
W	M0300	IV CHELATION THERAPY (CHEMICAL E	2/1/1994	NC	9	NO
W	M0301	FABRIC WRAPPING OF ABDOMINAL ANE	2/1/1994	NC	9	NO
W	Q4001	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$36.03	3	NO
W	Q4002	CAST SUPPLIES, BODY CAST ADULT,	1/1/2008	\$136.17	3	NO
W	Q4003	CAST SUPPLIES, APPLICATION OF SH	1/1/2008	\$25.88	3	NO
W	Q4004	CAST SUPPLIES, APPLICATION OF SH	1/1/2008	\$89.59	3	NO
W	Q4005	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$9.54	3	NO
W	Q4006	CAST SUPPLIES, LONG ARM CAST, AD	1/1/2008	\$21.51	3	NO
W	Q4007	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$4.78	3	NO
W	Q4008	CAST SUPPLIES, LONG ARM CAST, PE	1/1/2008	\$10.75	3	NO
W	Q4009	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$6.36	3	NO
W	Q4010	CAST SUPPLIES, SHORT ARM CAST, A	1/1/2008	\$14.34	3	NO
W	Q4011	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$3.18	3	NO
W	Q4012	CAST SUPPLIES, SHORT ARM CAST, P	1/1/2008	\$7.17	3	NO
W	Q4013	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$11.58	3	NO
W	Q4014	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$19.56	3	NO
W	Q4015	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$5.79	3	NO
W	Q4016	CAST SUPPLIES, GAUNTLET CAST (IN	1/1/2008	\$9.78	3	NO
W	Q4017	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$6.70	3	NO
W	Q4018	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$10.69	3	NO
W	Q4019	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$3.36	3	NO
W	Q4020	CAST SUPPLIES, LONG ARM SPLINT,	1/1/2008	\$5.35	3	NO
W	Q4021	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.96	3	NO
W	Q4022	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$8.95	3	NO
W	Q4023	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$2.49	3	NO
W	Q4024	CAST SUPPLIES, SHORT ARM SPLINT,	1/1/2008	\$4.48	3	NO
W	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$27.83	3	NO
W	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$86.87	3	NO
W	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$13.91	3	NO
W	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR	1/1/2008	\$43.44	3	NO
W	Q4029	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$21.27	3	NO
W	Q4030	CAST SUPPLIES, LONG LEG CAST, AD	1/1/2008	\$56.00	3	NO
W	Q4031	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$10.64	3	NO
W	Q4032	CAST SUPPLIES, LONG LEG CAST, PE	1/1/2008	\$28.00	3	NO
W	Q4033	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$19.84	3	NO
W	Q4034	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$49.37	3	NO
W	Q4035	CAST SUPPLIES, LON GLEG CYLINDER	1/1/2008	\$9.92	3	NO
W	Q4036	CAST SUPPLIES, LONG LEG CYLINDER	1/1/2008	\$24.69	3	NO
W	Q4037	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$12.11	3	NO
W	Q4038	CAST SUPPLIES, SHORT LEG CAST, A	1/1/2008	\$30.32	3	NO

**DMAP FEE FOR SERVICE FEE SCHEDULE**

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<b>TOS</b>	<b>Proc Code</b>	<b>Description</b>	<b>Eff Dt</b>	<b>Price</b>	<b>PAC</b>	<b>PA</b>
W	Q4039	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$6.06	3	NO
W	Q4040	CAST SUPPLIES, SHORT LEG CAST, P	1/1/2008	\$15.17	3	NO
W	Q4041	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$14.72	3	NO
W	Q4042	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$25.12	3	NO
W	Q4043	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$7.36	3	NO
W	Q4044	CAST SUPPLIES, LONG LEG SPLINT,	1/1/2008	\$12.57	3	NO
W	Q4045	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$8.55	3	NO
W	Q4046	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$13.75	3	NO
W	Q4047	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$4.27	3	NO
W	Q4048	CAST SUPPLIES, SHORT LEG SPLINT,	1/1/2008	\$6.88	3	NO
W	Q4049	FINGER SPLINT, STATIC	1/1/2008	\$1.55	3	NO
W	Q4050	CAST SUPPLIES, FOR UNLISTED TYPE	1/1/2008	\$51.80	3	NO
W	Q4051	SPLINT SUPPLIES, MISC (INC THERM	1/1/2008	\$51.80	3	NO
W	S4989	CONTRACEPTIVE INTRAUTERINE DEVIC	1/1/2008	\$309.76	3	NO
W	S9075	SMOKING CESSATION TREATMENT	1/1/2008	\$10.36	3	NO
W	S9470	NUTRITIONAL COUNSELING, DIETITIA	1/1/2008	\$45.69	3	NO