

# providers' news

A publication for participating providers and their office staffs

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## reporting fraud, waste and abuse

If you suspect any potentially fraudulent activity by a provider, beneficiary or another entity, never confront the person suspected; instead call the FRAUD HOTLINE at 1-800-FRAUD-21 (1-800-372-8321). The Fraud Hotline is available 24 hours a day, 7 days a week. All reports are kept strictly confidential, and callers can remain anonymous.

This applies to Arkansas Blue Cross and Blue Shield, its subsidiaries and affiliate companies, including Medi-Pak® Advantage.

# Blue Cross and Blue Shield Association to launch national consumer cost tool

The National Consumer Cost Tool (NCCT) is an online service that allows members to make more informed decisions when choosing common medical tests, procedures and other services. The NCCT methodology has been developed by the Blue Cross and Blue Shield Association with input from certain NCCT Blue pilot Plans (including Arkansas) and is uniformly applied across all independent Blue Cross and Blue Shield Plans.

Blue Cross and Blue Shield members will have the opportunity to view cost estimates, expressed in a range, for various commonly-performed elective treatments and procedures. Based on the specific treatment category and geographic area chosen by the member, the cost estimates will be displayed for specified area hospitals, ambulatory surgery centers, and free-standing radiology centers for inpatient, outpatient and diagnostic services along with the facilities names, locations and phone numbers.

Blue Cross and Blue Shield Plans' members will have access to the NCCT through their respective customer service portals of their local Plans. This online service will allow members to consider total treatment costs - both professional and facility combined - for a number of procedures performed at these designated facilities in Arkansas and bordering counties in the True Blue PPO provider network. Greater health care transparency means providing increased detail about health care trends, allowing members to make more informed decisions when choosing common medical tests, procedures and other services.

The NCCT informs members

that actual costs may vary due to various factors and that access to the information is not a guarantee of coverage. The following is a more detailed summary of how the cost estimates are derived.

There are two components to the NCCT tool, the first component pertains to procedures and the second component pertains to the office visits.

## **Procedure Component:**

The procedure component of the NCCT methodology has four steps that determine the values displayed in the NCCT tool. The workflow is as follows.

1. A selected set of raw claims data is compressed into cases of care.
2. The cases are then analyzed to remove cases that might skew the facility average for those treatment categories.
3. Next, the cost bands are created for each procedure based on averages of all facilities.
4. Finally, volume data is attached to the treatment cost bands and the information is ready for display.

The creation of the cases is a fairly basic methodology that encompasses several key steps.

First, the proper facility and professional claims must be selected (NCCT excludes things like secondary payer and non-PPO claims). The clinical selection of facility claims is based on either DRGs or MS DRGs for inpatient services or CPT codes for outpatient and diagnostic services.

After the requisite facility claims have been selected, the next step is to link the professional services as-

sociated with the facility component of the claims in order to get an estimate of total cost for the case. The professional services are selected by linking all professional claims incurred on or between the admission and discharge dates for a member (for inpatient claims) or by linking all professional claims incurred on the same day of service (for outpatient and diagnostic services).

After the cases are created, certain inpatient, outpatient, and diagnostic service cases are removed from the dataset.

1. Any case that contains an emergency room revenue code or place of service code is removed. In addition, any diagnostic service case without a corresponding technical component coded within their procedure modifier field is removed.
2. Cases that do not meet certain thresholds of facility or professional costs are removed as well.
3. Any case that is two standard deviations away from the average for a facility and treatment category combination is removed.
4. Any facility/treatment category combination that does not have at least three cases for fixed pricing (DRG and case rate), or six cases for non-case rate pricing (percent of charge and per diems) is removed.

Assigning the market ranges to the facility and treatment category combinations is the next step of the NCCT methodology.

- All dollars are rolled up to the treatment category level.
- A straight average is calculated for all of the facilities.

- The incremental ranges are calculated (the ranges are 10 percent for inpatient or outpatient and 20 percent for diagnostic services).

The final step of the NCCT component methodology deals with assigning volume data to each provider and treatment category combination.

#### Office Visit Component

The office visit component of NCCT is much more basic than that

of the facility component. Each office visit category is broken down by individual CPT code and then costs are assigned to each CPT code and location combination based on fee schedules or claims data. The locations are based on Zip codes (however several Zip codes could define one location).

Chiropractic office visit calculations differ from other office visits. The average cost for chiropractic office visits is based on a cost per visit calculation rather than CPT codes.

If a representative of a hospital, ambulatory surgery center or freestanding radiology center has questions about the NCCT, please contact your respective regional Network Development Representative.

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## implant invoices: changes to process

Effective November 1, 2011, Arkansas Blue Cross and Blue Shield will implement a change to how information concerning implant invoices is collected. This change was approved in the interest of:

1. Significantly reducing Medical Record Requests from providers.
2. Controlling utilization costs for the benefit of our members and Arkansas Blue Cross.
3. Assuring fair and reasonable reimbursement to providers.
4. Easing administrative burdens on both Arkansas Blue Cross and providers.

Implementation of the new reporting process for outpatient facilities and ambulatory surgery centers to report their cost for implants (revenue codes 0275 and 0278) will be subject to the following:

1. Provider cost will be determined by replacing existing policy of requir-

ing a provider submit an invoice for ALL revenue code 0275 and 0278 events to only requiring an invoice above a reported charge threshold. Those events BELOW that threshold will be automatically priced and adjudicated at provider cost based upon information submitted by the provider at the time of claim filing. Those events above the established threshold will go through the existing process (requesting invoice with bar-coded letter).

2. Providers will be required to populate the HCP Segment of the 2400 Loop in AHIN for each 0275 and 0278 event (regardless of threshold amount). HCP01 must always be populated with "13" and the provider's cost will be entered into HCP02 for each line 0275 or 0278 is billed.
3. Arkansas Blue Cross will monitor data for each provider and across the networks.
4. Arkansas Blue Cross reserves

the right at any time to adjust any provider's threshold, based upon our analysis of information patterns indicating such a need.

5. Periodically, Arkansas Blue Cross will randomly select a small sample of below threshold revenue codes 0275 and 0278 line items for audit.
6. Paper claims filed after the implementation date will be adjudicated according to claim attachments, if any:
  - A) Honoring an attached invoice; or
  - B) At \$0 if no attachment.

**Please note:** This is not a reimbursement change.

If you have any questions regarding this upcoming process, please send an e-mail to Nancy Grove at [nkgrove@arkbluecross.com](mailto:nkgrove@arkbluecross.com).

# Arkansas Blue Cross and Blue Shield is ready for your HIPAA 5010 transactions

All HIPAA electronic transactions must be conducted in the 5010 format by January 1, 2012 according to the U.S. Department of Health and Human Services (DHHS) regulation. On January 1, 2012 no HIPAA transaction, including electronic claims, may be submitted in the 4010A1 format.

Please be aware that there are specific version numbers for each HIPAA transaction that must be used.

Arkansas Blue Cross and Blue Shield and its affiliates are committed to assisting our provider community with a smooth transition to the latest HIPAA compliant formats. On July 1, 2011 we began conducting electronic transactions in the 5010 format with our trading partners who had completed testing and were ready to migrate to the new version.

All submitters must successfully test their transactions and request migration to the 5010 format before being moved into production on that format. Provid-

ers may obtain additional information regarding the 5010 transition at [arkansasbluecross.com/providers/5010resourcecenter.aspx](http://arkansasbluecross.com/providers/5010resourcecenter.aspx). As soon as you and your vendors are ready to begin testing, please contact EDI Services at 501-378-2419 or 866-582-3247 for further

instructions.

Arkansas Blue Cross and its affiliates encourage providers to act now to help ensure that there are no issues come January 1, 2012 with receiving and processing claims in this new format.

Transaction Type		Version Code
270 / 271	Health Care Eligibility Benefit Inquiry & Response	005010X279A1
276 / 277	Health Care Claim Status Request & Response	005010X212
278	Health Care Services Review - Request for Review & Response	005010X217
837	Health Care Claim: Professional	005010X222A1
837	Health Care Claim: Institutional	005010X223A2
837	Health Care Claim: Dental (FEP only)	005010X224A2
835	Health Care Claim Payment/Advice	005010X221A1

## strapping codes by chiropractors

Arkansas Blue Cross and Blue Shield and its affiliates recently have become aware of billing by chiropractors for strapping codes. The American Chiropractic Association (ACA) has a position statement on billing for these codes. It is the intention of Arkansas Blue Cross and its affiliates to adhere to the ACA recommendation allowing the billing of CPT codes 29200-29280, 29520-29590 once every 90 days when no other services are billed on that date.

Records will be required if performed for a new episode of care within the 90 day time frame. Additionally, separate reimbursement for CPT codes 29200-29280, 29520-29590 will not be made when billed on the same date as E&M, physical therapy and manipulation codes.

# private business HIPAA 5010 testing process

Providers who send claims direct to the EDI Gateway should follow these steps:

1. Go to the link below and complete the 5010 Contact Information form. This will provide EDI with the information needed to automate your 5010 testing process. <https://secure.arkansasbluecross.com/providers/5010ToolsAndUpdates/5010TestingContactInformation.aspx>
2. Read the Companion Guide to understand the 4010 to 5010 changes.
3. Send test files until you receive an e-mail with the test score of 95 percent or higher.
4. After receiving the "passed testing" e-mail, complete the Move to Production form at the following link: <https://secure.arkansasbluecross.com/providers/5010ToolsAndUpdates/5010MoveToProductionforPrivateBusiness.aspx>

[arkansasbluecross.com/providers/5010ToolsAndUpdates/5010MoveToProductionforPrivateBusiness.aspx](https://secure.arkansasbluecross.com/providers/5010ToolsAndUpdates/5010MoveToProductionforPrivateBusiness.aspx)

For providers who use a clearinghouse or billing agent, follow these steps:

1. Contact your clearinghouse, billing agent or software vendor and ask them about their 5010 transition plan.
2. Ask when they will start testing Arkansas Blue Cross and Blue Shield or claims.
3. Find out if you fall under the blanket approval plan for clearinghouses, billing agents or software vendors.

Blanket approval - Many claim submitters use the same software,

or the same clearinghouse to submit their electronic claims to Arkansas Blue Cross and its affiliates. EDI will not require clearinghouses, billing agents, or software vendors to submit 5010 test files for all of their clients.

Once a clearinghouse, billing agent, or software vendor has successfully completed testing with one of their clients, they will send a spreadsheet with all of their clients listed. EDI will automatically update all of these submitters listed on the spreadsheet to a production status.

For additional information about HIPAA 5010, please visit the EDI 5010 Resource Center at: [arkansasbluecross.com/providers/5010resourcecenter.aspx](https://secure.arkansasbluecross.com/providers/5010resourcecenter.aspx).

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# allergen specific IgE in vitro testing

Coverage policy 1997188: Allergen Specific IgE In Vitro Testing (previously named: RAST Testing), has been updated.

Up to ten screening allergen specific in vitro IgE tests meet primary coverage criteria for effectiveness and are covered only for the evaluation of rhinitis, extrinsic asthma, extrinsic allergic alveolitis, pulmonary eosinophilia, atopic dermatitis, urticaria, anaphylactic shock due to adverse food reactions, venom or serum. Even then, they are covered only when certain conditions prevent the performance, or adversely affect the interpretation, of skin tests.

Those conditions are:

- Erratic wheezing;
- Hyper reactive skin;
- Urticaria;
- Dermatographism;
- Severe eczema;
- Food anaphylaxis;
- Allergy to latex;
- Patient non-cooperative or refuses skin testing;
- Patient taking pharmacological drugs that interfere with the interpretation of skin tests and the drugs cannot be discontinued (i.e., antihistamines, tricyclic antidepressants or beta blockers);

- Children under the age of four years old.

Medical record documentation must state which of the above conditions precludes skin testing.

If the above conditions are present, up to ten screening allergen specific in vitro IgE tests will be covered. If one or more of these is unequivocally positive, up to thirty more tests may be covered.

A copy of the positive screening allergen specific in vitro IgE test is the only documentation needed with the claim for coverage of the additional thirty tests.

# EFT requirement

Electronic Funds Transfer (EFT) or direct deposit will be required of all participating providers of Arkansas Blue Cross and Blue Shield's Preferred Payment Plan (PPP), Health Advantage's HMO network and USABLE Corporation's Arkansas' FirstSource® PPO and True Blue PPO network effective October 1, 2012. This will be a requirement in order to participate in these provider networks beginning October 1, 2012. Dental providers will not be included at this time.

Implementing EFT will begin as follows:

1. Beginning January 1, 2012, all new provider applicants will

be required to enroll in EFT, regardless of whether this is a new clinic or an existing practice. For example, if a new physician is applying to participate in any of the networks mentioned above, and the physician is applying to join an already established clinic, that clinic must be paid via EFT.

2. Beginning January 1, 2012, all providers making a change to any of their information will be required to enroll in EFT. For example, a physician's office needs to change a telephone number within its clinic and submit a change of data form. That

change will not be made until the clinic has enrolled in EFT.

3. All participating providers must be enrolled into EFT by October 1, 2012 (excluding dental).

EFT enrollment may be completed on AHIN or contact your local regional Network Development Representative. See the "Claims Payments, Refunds & Offsets" section of the Arkansas Blue Cross Provider Manual at [arkansasbluecross.com/providers](http://arkansasbluecross.com/providers)

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## Blue Card

### claims filing rule reminders for durable medical equipment, lab and specialty pharmacy

In 2004, the Blue Cross and Blue Shield Association (the Association) revised its "Blue Card" claims filing rules for providers specializing in independent clinical laboratory, durable/home medical equipment and supply, and specialty pharmacy. While these revisions are several years old, the Association has only recently tightened system requirements related to these rules. These rules apply to all provider networks and claims related to Arkansas Blue Cross and Blue Shield, Blue Advantage Administrators of Arkansas and Health Advantage when claims are being submitted via the "Blue Card" process of the

Association, a process used to facilitate the efficient processing of claims for members receiving services outside their local service area or state.

Claims for independent clinical laboratory, durable/home medical equipment and supply, and specialty pharmacy are filed to the local Blue Cross and Blue Shield Plan (sometimes called the "Host Plan"). The local Blue Cross Plan is usually defined as the Plan in whose service area the services are rendered. The Blue Plan that issued coverage for a given member, or that contracted with their employer to administer their self-funded health plan, is referred

to as the "Home Plan". (Please note that "Host Plan" and "Home Plans" are in every case independent companies so that the "Host Plan" is not responsible for funding of any insurance issued by a "Home Plan". The "Host Plan's" role is limited to a claims processing and customer services assistance function with respect to the out-of-state provision of services to the "Home Plan's" member.)

#### **Clinical Lab:**

For clinical lab, the local Blue Cross Plan is defined as the plan in which service area the specimen was drawn.

Example: a blood specimen

(continued from previous page) **claims filing rule reminders for dme, lab and specialty pharmacy**

is drawn at a physician's office in Little Rock that participates in the Health Advantage network on a member who has Health Advantage benefit coverage. The lab is sent to New York to be processed and is billed from North Carolina. This laboratory participates in the Health Advantage network. The claim must be billed directly to Health Advantage as the specimen was drawn in Arkansas. The claim will be processed as in network for covered services.

Another example: A blood specimen is drawn in Hot Springs on a member who has health plan coverage administered through Blue Advantage Administrators of Arkansas. The clinic where the specimen is obtained is not in any Arkansas Blue Cross provider networks. The lab specimen is sent to Denver, CO to be processed and will be billed by the lab from Denver. The lab is also not in any Arkansas Blue Cross or affiliates' provider network. The claim must be billed directly to Blue Advantage as the specimen was obtained in Arkansas. The claim will be processed as out of network for covered services.

Information required on claims submitted for clinical lab:

- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.

### **Durable/Home Medical Equipment and Supply**

For durable/home medical equipment and supply, the local Blue Cross Plan is the plan in which service area the equipment was

shipped to or purchased at a retail store.

For example: a member with Arkansas Blue Cross and Blue Shield insurance living in Fort Smith, AR orders diabetic supplies from a mail order supplier in Ohio. The supplier participates in the Host Plan's network in Ohio but not Arkansas. The claim must be filed directly to Arkansas Blue Cross because Arkansas is where the supplies were shipped. The claim will be processed as out of network for covered services.

Information required on claims submitted for durable/home medical equipment:

- Patient's Address, Field 5 on CMS 1500 Health Insurance Claim Form or in loop 2010CA on the 837 Professional Electronic Submission.
- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.
- Place of Service, Field 24B on the CMS 1500 Health Insurance Claim Form or in loop 2300, segment CLM05-1 on the 837 Professional Electronic Submission.
- Service Facility Location Information, Field 32 on CMS 1500 Health Insurance Form or in loop 2310 A (claim level) on the 837 Professional Electronic Submission.

### **Specialty Pharmacy**

For specialty pharmacy, the local Blue Cross Plan is defined as the plan in which service area the ordering physician is located.

For example: a physician

whose clinic is in Pine Bluff orders specialty drugs for a Health Advantage member who lives in Stuttgart. The specialty pharmacy is located in Jackson, MS and is in the Mississippi Blue Cross and Blue Shield provider networks, but not in any Arkansas Blue Cross or affiliates' networks. The claim must be filed directly to Health Advantage as the ordering physician's practice location is in Arkansas. The claim will be processed as out of network as the specialty pharmacy is not in any Arkansas Blue Cross or affiliates' provider networks.

Information required on claims submitted for specialty pharmacy:

- Referring Provider, Field 17 on CMS 1500 Health Insurance Claim Form or loop 2310A (claim level) on the 837 Professional Electronic Submission.

The Blue Card program has always relied on the provider agreement status and pricing of the local Blue Cross and Blue Shield Plan and that is still true. The mere fact that a claim is required to be submitted directly to a certain Blue Cross and Blue Shield Plan does not obligate any local Blue Cross Blue and Shield Plan to offer contracts to any lab, DME supplier or specialty pharmacy. However, the Association's rules for Blue Card have been revised to allow Blue Cross and Blue Shield Plans to contract with out of state clinical labs, durable medical equipment suppliers and specialty pharmacies. Each local Blue Cross and Blue Shield Plan will make its own decisions related to provider contracting and pricing.

# FEP

## generic dispensing rate

Providers can help both Standard Option and Basic Option members save money by using generic drugs when available.

When Standard Option members use a preferred retail pharmacy and purchase generic drugs, they pay 20 percent of the Plan Allowance as opposed to 30 percent for brand-name drugs. This may result in significant savings since the

coinsurance amount is calculated on the much lower cost of a generic drug. Basic Option members may see an out-of-pocket savings of up to \$30 per prescription with the use of generic drugs purchased at a preferred retail pharmacy.

When Standard Option members use the mail service pharmacy, members may save up to \$60 per prescription by using a generic drug

verses a brand-name drug. Standard Option members also have an opportunity to save more with the 2011 Standard Option Generic Incentive Program.

At the conclusion of the 2011, the Federal Employee Program (FEP) hopes to see an increase in the generic dispensing rate as well as improved cost savings for our members.

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## pharmacy

## prior authorizations for oral and self-administered prescription drugs

Effective October 1, 2011, most prior authorizations for oral and self-administered prescription drugs will be handled by CVS Caremark. Arkansas Blue Cross and Blue Pharmacy Division will continue to review exceptions for fertility drugs, non-covered prescription medications, and prescriptions that exceed dosing limits. More information on our new process will be mailed to providers' offices. Fully insured groups and several self insured groups utilize other pharmacy vendors and prior authorization companies.

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## Arkansas state and public school employees phone number change for American health holding

American Health Holding (AHH) is the pre-certification company (not associated with Health Advantage) for Arkansas State and Public School Employees and Retirees. The direct telephone number for AHH will no longer be used and has been disconnected. Instead,

providers should call the Employee Benefits Division's (EBD) main number, 1-877-815-1017, and select "2". Listen to the prompts to be directed to AHH and then select "Option 1" to speak with an intake coordinator. Providers who want to speak with a nurse to update

the authorization information or to appeal a denial, should select "Option 2" to speak with a nurse.



# Arkansas state and public school employees insurance plan options are changing

## **Name change and new benefit option**

Effective January 1, 2012, ARHealth, the health plan for Arkansas State and Public School Employees and Retirees, is changing names and adding a new benefit option. The new plan name will be ARBenefits, and member may choose from ARBenefits Gold, Silver or Bronze options.

Due to the changes, there will be new group numbers and all members will receive new ID cards. Providers should ensure members provide new ID cards for services after January 1, 2012.

Health Advantage will administer the Gold and Bronze options. Gold option will be the same as the current ARHealth Health Advantage plan and the Bronze option will be the same as the current High Deductible PPO plan. QualChoice will administer the Silver option, which

will be a new option.

Precertification for all options will continue to be through American Health Holdings (AHH), and the list of services that require precertification is not changing. If there are changes, there will be alerts posted on AHIN.

Wellness benefits will be covered 100% for all three options. Additional plan information will be available in the December newsletter.

## **LifeSynch**

Along with the other plan changes, LifeSynch will no longer be providing the behavioral health coverage for the ARBenefits plan options. Behavioral health claims will be processed by Health Advantage for the Gold and Bronze options. Members will utilize the Health Advantage network.

## **Bariatric Surgery**

The ARBenefits plans will also be making a change regarding bariatric surgery. Subscribers and spouses will be eligible, if they meet criteria, for bariatric surgery benefits after January 1, 2012. To meet criteria, members must:

- Take part in a physician supervised weight loss program for six months prior to surgery,
- Participate in the ARBenefits Plus program (see article following), and
- Be followed by a case manager with Employee Benefits Division and/or AHH.

More detailed requirements will be available at [arbenefit.org](http://arbenefit.org) before January 1, 2011. Providers may refer members to Employee Benefits Division for more information.

# Arkansas state and public school employees ARBenefitsPlus

On July 1, 2011 the Employee Benefits Division (EBD), group administrator for Arkansas State and Public School plans, introduced ARBenefitsPlus to their members. ARBenefitsPlus is a nurse coaching program for members with specific chronic conditions. Those conditions include:

- Asthma (pediatric and adult)
- Chronic Obstructive Pulmonary Disease (COPD)

- Chronic pain from osteoarthritis or low back pain
- Congestive heart failure
- Coronary artery disease
- Diabetes (pediatric and adult)
- Hyperlipidemia
- Hypertension

If a member of the Arkansas State or Arkansas Public School plans has one of these conditions and requires extra guidance, please

refer them to ARBenefitsPlus for an Arkansas-based nurse coach. The nurse coach along with you, the physician, can provide members with assistance in setting step-by-step goals that can successfully manage their condition and support a healthier lifestyle.

The member should call 1-877-815-1017 and press '1' for more information on ARBenefitsPlus.

# AHIN

## meaningful use compliance

The Advanced Health Information Network (AHIN) has partnered with Greenway Medical Technology to provide a solution for today's medical practice that can assist providers in meeting the criteria for Meaningful Use.

Most medical offices within Arkansas use AHIN daily to access necessary information such as eligibility, claim status, remittance advices, correcting errant claims, and more. Now, medical offices can have the award winning functionality of Greenway's PrimeSuite Electronic Health Record and Practice Management System integrated with the robust functionality of AHIN.

Greenway's PrimeChart® Clinical Charting EMR streamlines clinical processes for providers and clinical support staff. Reimbursements and practice profitability improve dramatically through accurate coding and compliance. With over 3,000 specialty EMR exam tem-

plates provided, PrimeChart works the way you practice medicine.

PrimeSuite® transfers information seamlessly between administrative and clinical functions – a truly integrated system. PrimeSuite functionality includes:

- Patient scheduling utilizing single-click drag and drop scheduling, wizard, or template based;
- At-a-glance patient demographics and rules viewed directly within the patient scheduling software system;
- Custom flags;
- Patient tracking; and
- User-friendly Web browser for easy navigation.

PrimeExchange® enables secure clinical information exchange facilitated integration with external systems through a secure, managed network infrastructure. HL7, CCD, ADT, lab results, microbiology reports, transcriptions and radiology reports are centralized through

a single interface; eliminating disruptions and expensive IT maintenance. PrimeExchange functionality includes:

- ASP hosting or client/server available;
- 2010 Best in KLAS awards;
- ONC-ATCB complete;
- CCHIT certified;
- Customers based in 30 specialties and sub-specialties;
- Certified for Child Health and Cardiovascular Medicine.

Experienced and certified local staff will be on site to help with your implementation, train your staff and provide your first line of support. If you are interested in taking AHIN to the next generation and meeting your requirements for Meaningful Use, contact AHIN for a demonstration. Contact Kim Allen at 501-378-3146 or e-mail to [ksallen@arkbluecross.com](mailto:ksallen@arkbluecross.com)

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## charging facility copayments for an office visit

If a member of Arkansas Blue Cross and Blue Shield or its affiliates, including FEP and Blue Card, visits a doctor whose office is located in a facility (such as a hospital), the member should only be charged the doctor's copayment and not charged an additional hospital copayment. Arkansas

Blue Cross and Blue Shield and its affiliates do not recognize facility charges for clinic visits.

Facility charges for services performed in a clinic should be billed under revenue codes 0510-0519. These services will be denied and charges for these services should not be collected from mem-

bers of Arkansas Blue Cross or its affiliates health plans. Covered services performed in a clinic will be reimbursed when billed on a professional claim.

# claims filing rules for counties bordering Arkansas

Here is a reminder on the claims filing rules for health care providers located in counties of states that border Arkansas.

If a member has insurance coverage with Arkansas Blue Cross and Blue Shield and if that member receives services from a healthcare provider located in a bordering county who is contracted to be in the provider networks of Arkansas Blue Cross or its affiliates, the provider must submit the claim directly to Arkansas Blue Cross or its affiliates, as applicable. In this scenario, Arkansas Blue Cross essentially fills both the “Host” and “Home” Plan function, based on the peculiar circumstances of border county proximity and the network participation agreement in place with the out-of-state provider. This rule also applies to Health Advantage, its members and contracted providers, as well as to health plans administered by Blue Advantage Administrators of Arkansas.

An example would be a physician in Memphis, TN, who provides care to a patient with health plan coverage from Health Advantage. If that physician is in the Health Advantage provider network, the claim must be submitted to Health Advantage in Little Rock.

If a health care provider in a bordering county is not in the provider networks of Arkansas Blue Cross and its affiliates, but is participating in the networks of the Blue Cross and Blue Shield plan where the provider is located, and that provider renders services to a

member with coverage from Arkansas Blue Cross and its affiliates, the provider must file claims to the local Blue Cross Blue Shield plan as the “Host Plan”.

An example would be a physician in Memphis, TN, who provides care to a patient with health plan coverage from Health Advantage. This physician is NOT in the Health Advantage provider network but is in the Blue Cross Blue Shield of Tennessee provider networks. This claim must be submitted to Blue Cross Blue Shield of Tennessee.

If a health care provider located in a county bordering Arkansas, who participates in the provider networks of Arkansas Blue Cross and its affiliates renders care to a member with insurance from a Blue Cross Blue and Shield Plan other than Arkansas Blue Cross and its affiliates, the provider must file the claim to the local Blue Cross

and Blue Shield Plan, as the “Host Plan”.

An example would be a physician in Branson, MO (located in a county bordering Arkansas) who provides care to a member with insurance coverage from Blue Cross Blue Shield of Montana. This claim must be submitted to the local Blue Plan which, for a place of service location in Branson, MO is Anthem Blue Cross and Blue Shield of Missouri. It does not matter whether the physician is in the Anthem Blue Cross and Blue Shield of Missouri provider networks, the claim still must be submitted to the local or “Host Plan”.

The exceptions to these rules apply to health care providers for lab, durable medical equipment/ medical supplies and specialty pharmacy.



# preventive care services summary

## non-grandfathered/PPACA wellness

Over the last several months, Arkansas Blue Cross and Blue Shield has had calls and questions on the differences between the wellness benefits for health plans created before the Patient Protection and Preventative Care Act (PPACA), know as grandfathered plans, and the wellness benefits health plans created after PPACA, know as non-grandfathered plans. We hope that the following Preventive Care Services Summary in this *Providers' News* will help providers have a clearer understanding of the preventive services covered. Please note, however, that the following information is subject to change as regulatory standards or guidance evolve. Please note, as well, that the following is offered as information/educational only and not as legal advice or counseling. Providers should consult legal counsel of their choice for any legal or regulatory compliance advice or guidance desired.

The preventive services component of the law requires that all "non-grandfathered" health insurance plans cover those preventive medicine services given an "A" or "B" recommendation by the U.S. Preventive Services Task Force (USPSTF). Arkansas Blue Cross and its' affiliates have studied these recommendations and have developed coverage policy on each of these preventive medicine services; please refer to [arkbluecross.com](http://arkbluecross.com) or [heathadvantage-hmo.com](http://heathadvantage-hmo.com). This includes the evaluation and management, lab, immunizations and other services.

Arkansas Blue Cross encourages each physician and other providers of preventive services to become familiar with the USPSTF and Bright Futures recommendations and Arkansas Blue Cross coverage policies. Most of the inquiries received are on lab and other services such as chest X-rays, electrocardiograms, breathing capacity tests, catheter for hystero-graphy, vitamins, B-12 injections, cardiovascular stress tests, CT for bone density, CT for head/brain, removing ear wax, consultations, etc that are not included in the USPSTF or Bright Future recommendations are a State of Arkansas mandate and are therefore not part of Arkansas Blue Cross coverage policy for non-grand fathered/PPACA preventive services. If procedure codes are billed that are not listed as a PPACA preventive service and billed with a preventive diagnosis these would be provider write off as not meeting Primary Coverage Criteria and would therefore not be member liability.

For Preventive Service Procedure Codes that are listed in this summary and in the appropriate Arkansas Blue Cross coverage policy as a PPACA preventive service, Modifier 33 should be appended to those procedure codes when billed with the specified preventive diagnosis. For example: A preventive procedure is performed along with other services during an office visit, appending 33 to the preventive service line would be appropriate.

If other screening procedure codes are performed during the visit

and the codes are not listed in this summary or in the Arkansas Blue Cross coverage policy, these services may be subject to the member's deductible, coinsurance and applicable copayments and should be billed with the appropriate diagnosis code other than preventive.

### Summary of Arkansas Blue Cross and Health Advantage Coverage Policies

The Federal Patient Protection and Preventive Care Act (PPACA) was passed by Congress and signed into law by the President in March 2010. The preventive services component of the law became effective September 23, 2010.

A component of PPACA was a requirement that all "non-grandfathered" health insurance plans are required to cover those preventive medicine services given an "A" or "B" recommendation by the USPSTF. Plans are not required to provide coverage for the preventive services if they are delivered by out-of-network providers.

Task Force recommendations are graded on a five-point scale (A-E), reflecting the strength of evidence in support of the intervention.

- **Grade A:** There is good evidence to support the recommendation that the condition be specifically considered in a periodic health examination.
- **Grade B:** There is fair evidence to support the recommendation that the condition be specifically considered in a periodic health examination.

- **Grade C:** There is insufficient evidence to recommend for or against the inclusion of the condition in a periodic health examination, but recommendations may be made on other grounds.
- **Grade D:** There is fair evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.
- **Grade E:** There is good evidence to support the recommendation that the condition be excluded from consideration in a periodic health examination.

Those preventive medicine services listed as Grade A and B recommendations are covered without cost sharing (i.e., deductible, coinsurance, or copayment) by health plans for appropriate preventive care services provided by an in-network provider. If the primary purpose for the office visit is for other than Grade A or B USPSTF preventive care services, deductible, coinsurance, or copayment may be applied.

Services are typically included as part of a normal wellness visit; the appropriate office visit code should be used. Evaluation and Management (E&M) codes for preventive services (CPT Codes 99381-99397) will always be considered preventive.

CPT Codes 99401-99404, when used to designate a preventive service, must have the applicable wellness/preventive diagnosis code as the primary reason for the visit. When the primary purpose of the service is the delivery of an evidence-based service in accordance with a USPSTF A or B rating in ef-

fect and other preventive services identified in preventive services mandates (legislative or regulatory), the service may be billed with Modifier 33. The correct coding as listed for both ICD-9 and CPT or HCPCS codes is also required.

#### **For Self-funded plans with SPD language**

Certain Self-Funded plans may have a different list of preventive care benefits. Please refer to the enrollee's plan specific SPD for coverage. Group specific policy will supersede this policy when applicable. This policy does not apply to the Walmart Associates Group Health Plan participants.

#### **Summary**

This is only a brief summary discussing preventive services as they pertain to the new federal law. This document has been prepared only for informational purposes. The information should not be construed as legal or medical advice.

Because it is generally expected that continued guidance from federal regulators will be released on issues pertaining to health care reform, the information provided is subject to change. Please refer to coverage policies frequently.

Many of the services listed are considered preventive care services under PPACA. That means for those non-grand fathered members these services are covered with no out-of-pocket costs if the member receives the services from an in-network health care professional and the sole reason for the visit is to receive the preventive care services.

A health care professional may

provide preventive services as part of an office visit. The member may be responsible for cost sharing for the office visit, if the preventive service is not the primary purpose of the visit or if the health care professional bills the member for the office visit separately from the preventive care service.

Member should direct questions about the screening tests, immunizations, counseling or supplements to their health care professionals.

Note: Please encourage your patients to update their personal Health Record with information gathered during a preventive visit.

Note: The cost of drugs, medications, vitamins or supplements that are recommended or prescribed for preventive measures are generally not covered as a preventive care benefit. Examples include, but are not limited to:

- a. Aspirin for any indication, including but not limited to, for prevention of cardiovascular disease.
- b. Supplements, including but not limited to: oral fluoride supplementation, and folic acid supplementation.
- c. Tobacco cessation products or medications.

For additional information please refer to the applicable coverage policy.

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# coding guidelines for PPACA preventive benefits plans

Subject to change as regulations and further clarifications are received, please refer to Arkansas Blue Cross and Health Advantage Coverage Policy: [arkbluecross.com](http://arkbluecross.com) or [healthadvantage-hmo.com](http://healthadvantage-hmo.com). These coverage policies are updated frequently.

<b>Abdominal Aortic Aneurysm, Screening (Coverage Policy 2011011)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) screening (Grade B)
<b>CPT/HCPCS Codes:</b>
G0389 – Ultrasound B-scan and/or real time with image documentation; for abdominal aortic aneurysm (AAA) screening
<b>ICD-9 Codes</b>
V15.82 - Personal history of tobacco use, presenting hazards to health
V81.2 – Other and unspecified cardiovascular conditions

<b>Alcohol Misuse; Counseling and/or Screening (Coverage Policy 2011012)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. (Grade B)
<b>HRSA (Bright Futures) Recommendation</b>
Bright Futures recommends initiating questioning regarding alcohol or drug use and if positive, to follow with an alcohol or drug screening tool.
<b>CPT/HCPCS Codes</b>
99408 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409 - Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes
<b>ICD-9 Codes</b>
305.00-.305.03 Non dependent alcohol abuse
V79.1 Screening for alcoholism

<b>Anemia, Screening in Infants, Children &amp; Adolescents</b>
<b>HRSA (Bright Futures) Recommendations</b>
Hemoglobin & hematocrit should be screened for at the 4-month well-child visit in children who are pre-term or who are low birth weight infants, and those not on an iron-fortified formula.
Hemoglobin & hematocrit should be screened for routinely at the 12 month well-child visit.
Hemoglobin & hematocrit should be screened selectively for children who are positive for risk screening questions at the 3 – 21 year visits
<b>CPT/HCPCS Codes</b>
85014 – Blood count, hematocrit
85018 – Blood count, hemoglobin
<b>ICD9 Codes</b>
V78.0 – Special screening, iron deficiency anemia

<b>Aspirin to Prevent Cardiovascular Disease in Adults (Coverage Policy 2011013)</b>
<b>USPSTF Recommendations</b>
The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage. (Grade A)
The USPSTF recommends the use of aspirin for women age 55 to 79 years when the potential benefit of a reduction in ischemic strokes outweighs the potential harm of an increase in gastrointestinal hemorrhage. (Grade A)
<b>CPT/HCPCS Codes</b>
99386-99387 – Initial comprehensive preventive medicine evaluation and management of an individual
99396-99397 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD9 Codes</b>
None

<b>Autism, Screening</b>
<b>HRSA (Bright Futures) Recommendation</b>
Provide the autism specific screening test at the 18 month well child visit
<b>CPT/HCPCS Codes</b>
96110 – Developmental testing, limited (e.g., Developmental Screening test II, Early Language Milestone Screen), with interpretation and report
<b>ICD9 Codes</b>
V79.3 – Special screening for developmental handicaps in early childhood Screen), with interpretation and report

<b>Bacteriuria, Screening In Pregnant Women (Coverage Policy 2011020)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for asymptomatic bacteriuria with urine culture for pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later. (Grade A)
<b>CPT/HCPCS Codes:</b>
87081 - Culture, presumptive, pathogenic organisms, screening only
87084 - Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart
87086 – Culture, bacterial; quantitative colony count, urine
87088 - Culture, bacterial; with isolation and presumptive identification of each isolate, urine
<b>ICD-9 Codes</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies

<b>BRCA Testing; Genetic Counseling And Evaluation (Coverage Policy 2011016)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends that women whose family history is associated with an increased risk for deleterious mutations in BRCA1 or BRCA2 genes be referred for genetic counseling and evaluation for BRCA testing. (Grade B)
<b>CPT/HCPCS Codes:</b>
96040, Genetic counseling service
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
S0265 - Genetic counseling
*99403 and 99404 require review of records.
<b>ICD9 Codes:</b>
V16.3 –Family history of breast cancer
V16.41 – Family history of ovarian cancer
V26.33 – Genetic counseling

<b>Breast Cancer, Preventive Medication (Coverage Policy 2011017)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends that clinicians discuss chemo prevention with women at high risk for breast cancer and at low risk for adverse effects of chemo prevention. Clinicians should inform patients of the potential benefits and harms of chemo prevention. (Grade B)
<b>CPT/HCPCS Codes</b>
99384-99387 - Initial comprehensive preventive medicine evaluation and management of an individual
99394-99397 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Codes</b>
217 - Benign neoplasm of breast
610.8 - Other benign mammary dysplasia
V10.3 - Personal history of malignant neoplasm, breast
V16.3 - Family history of breast cancer
V84.01 - Genetic susceptibility to breast cancer.-

<b>Breast Cancer, Screening (Mammography) (Coverage Policy 2011018)</b>
<b>USPSTF Recommendation</b>
The USPSTF currently recommends biennial screening mammography for women with or without clinical breast examination, every 1-2 years for women aged 40 and older. (Grade B)



<b>CPT/HCPCS Codes</b>
77051 – Computer aided detection, with further physician review for interpretation, with or without digitization of film radiographic images; diagnostic mammography.
77052 - Computer aided detection, with further physician review for interpretation, with or without digitization of film radiographic images; screening mammography
77055 – Mammography; unilateral
77056 – Mammography; bilateral
77057 – Screening mammography, bilateral
G0202 – Screening mammography, producing direct digital image, bilateral, all views
G0204 – Diagnostic mammography, producing direct digital image, bilateral, all views
G0206 – Diagnostic mammography, producing direct digital image, unilateral, all views
<b>ICD-9 Codes</b>
V76.11 - Screening mammogram for high risk patient
V76.12 – Other screening mammogram

<b>Breastfeeding Counseling (Coverage Policy 2011019)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends interventions during pregnancy and after birth to promote and support breastfeeding. (Grade B)
<b>CPT/HCPCS Codes</b>
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Codes</b>
V24.1 – Postpartum care and examination of lactating mothers.

<b>Cervical Cancer, Screening (Coverage Policy 2011021)</b>
<b>USPSTF Recommendation</b>
The USPSTF strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix (Grade A)
<b>HRSA (Bright Futures) Recommendation</b>
Bright Futures recommends screening for cervical dysplasia with Pap smear within 3 years of onset of sexual activity.
<b>CPT/HCPCS Codes</b>
88141-88143 Cytopathology, cervical or vaginal
88147-88148 – Cytopathology smears, cervical or vaginal
88150-88154 – Cytopathology slides, cervical or vaginal
88164-88167 – Cytopathology slides, cervical or vaginal
88174-88175 – Cytopathology, cervical or vaginal
G0101 – Cervical or vaginal cancer screening
G0123-G0124 – Screening cytopathology; cervical or vaginal
G0141 – Screening cytopathology smears, cervical or vaginal

<b>(continued) Cervical Cancer, Screening (Coverage Policy 2011021)</b>
G0143-G0145 – Screening cytopathology, cervical or vaginal
G0147-G0148 - Screening cytopathology smears, cervical or vaginal
P3000-P3001 Screening Papanicolaou smear
Q0091 – Screening Papanicolaou smear
S0610 – Annual gynecological exam, new patient
S0612 – Annual gynecological exam, established patient
<b>ICD-9 Codes</b>
V72.31 - Routine gynecological examination
V72.32 - Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear
V76.2 – Special screening for malignant neoplasm of the cervix

<b>Chlamydia Infection, Screening In Women &amp; Adolescents (Coverage Policy 2011022)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk. (Grade A)
The USPSTF recommends screening for chlamydial infection for all pregnant women age 24 and younger and for older pregnant women who are at increased risk. (Grade B)
<b>HRSA (Bright Futures) Recommendation</b>
Screen sexually active adolescents for chlamydia using tests appropriate to the patient population and clinical setting.
<b>CPT/HCPCS Codes:</b>
87270 – Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87320 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; Chlamydia trachomatis
87490– Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia, direct probe, trachomatis, direct probe technique
87491 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87800 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique.
87810 – Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis observation; Chlamydia trachomatis
<b>ICD-9 Codes</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies
V69.2 – High risk sexual behavior.
V73.88 – Special screening examination for other specified chlamydial diseases
V73.98 - Special screening examination for unspecified chlamydial disease

<b>Colorectal Cancer, Screening (Coverage Policy 2011045)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary. (Grade A)
<b>CPT/HCPCS Codes:</b>
Use of the PT modifier with these codes will help identify the procedure as preventive; refer to coverage policy for coverage of polyp removal during a preventive service.
00810 – Anesthesia for lower intestinal endoscopic procedures (Restricted to medical necessity)
45330 – Sigmoidoscopy, flexible; diagnostic
45331 – Sigmoidoscopy, flexible; with biopsy, single or multiple
45333 – Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other; hot biopsy forceps or cautery lesion(s) by hot biopsy forceps or bipolar cautery
45338 – Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other, by snare technique
45339 – Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45378 – Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45380 – Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381 – Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection
45383 – Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s) or other lesion(s)
45384 – Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery
45385 – Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique.
82270 – Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
82274 – Blood, occult, by fecal hemoglobin determined by immunoassay, qualitative, feces, 1-3 simultaneous determinations
88305 – Level IV – Surgical pathology, gross and microscopic examination
G0104 – Colorectal cancer screening; flexible sigmoidoscopy
G0105 – Colorectal cancer screening; colonoscopy on individual at high risk
G0121 – Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk
G0328 – Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations
<b>ICD-9 Codes:</b>
V76.41 Screening for malignant neoplasm of the rectum
V76.51 Special screening for malignant neoplasms, colon

<b>Congenital/Inherited Metabolic Disorders &amp; Hemoglobinopathies</b>
<b>HRSA (Bright Futures) Recommendations</b>
Conduct screening as required by the state. (Arkansas statute requires newborn screening for metabolic (inborn errors of metabolism) and hemoglobinopathies); the tests are usually done prior to discharge from the hospital following birth of the infant).

<b>(continued) Congenital/Inherited Metabolic Disorders &amp; Hemoglobinopathies</b>
<b>CPT/HCPCS Codes</b>
S3620 – Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel
<b>ICD9 Codes</b>
V77.0 – Special screening for thyroid disorders
V77.3 – Special screening for phenylketonuria
V77.4 – Special screening for galactosemia
V77.7 – Special screening for other inborn errors of metabolism
V78.2 – Special screening for sickle cell disease
V78.3 – Special screening for other hemoglobinopathies

<b>Dental Caries In Preschool Children (Coverage Policy 2011029)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride. (Grade B)
<b>HRSA (Bright Futures) Recommendation</b>
Oral fluoride supplementation if the primary water source is deficient in fluoride from age 1 to 6.
<b>CPT HCPCS Codes:</b>
99381-99383 – Initial comprehensive preventive medicine evaluation and management of an individual.
99391-99393 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records
<b>ICD-9 Codes</b>
V20.2 – Routine infant or child health check
V70.31 – Need for prophylactic fluoride administration

<b>Depression, Screening In Adults (Coverage Policy 2011043)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. (Grade B)
<b>CPT/HCPCS Codes:</b>
99385-99387 – Initial comprehensive preventive medicine evaluation and management of an individual
99395-99397 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes

99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Code</b>
V79.0 Screening for depression

<b>Depression, Screening In Adolescents (Coverage Policy 2011044)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening of adolescents (12-18 years of age) for major depressive disorder (MDD) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up. (Grade B)
<b>CPT HCPCS Codes:</b>
99384-99385 – Initial comprehensive preventive medicine evaluation and management of an individual.
99394-99395 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Codes</b>
V79.0 Screening for depression

<b>Development Screening</b>
<b>HRSA (Bright Futures) Recommendations</b>
Begin structured developmental screening at the 18 month well child visit, with repeat evaluation at 2½
<b>CPT/HCPCS Codes</b>
96110 – Developmental testing, limited (e.g., Developmental Screening test II, Early Language Milestone Screen), with interpretation and report
<b>ICD9 Code</b>
V79.3 – Special screening for developmental handicaps in early childhood

<b>Diabetes Mellitus, Type 2, Screening In Adults (Coverage Policy 2011026)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for Type 2 Diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. (Grade B)
<b>CPT/HCPCS Codes</b>
82947 – Glucose; quantitative, blood (Except reagent strip)
82950 – Glucose; post glucose dose (includes glucose)
83036 – Hemoglobin; glycosylated (A1C)
<b>ICD-9 Codes:</b>
V77.1 – screening for diabetes mellitus

<b>Folic Acid, Prevention Of Neural Tube Defects (Coverage Policy 2011041)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) (Grade A) of folic acid. Not routinely covered for “all women capable of pregnancy”. (Grade A)
<b>CPT/HCPCS Codes</b>
99384-99386 – Initial comprehensive preventive medicine evaluation and management of an individual
99394-99396 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Code</b>
V65.49 Other specified counseling

<b>Gonorrhea, Prophylaxis, Newborn Ophthalmic (Coverage Policy 2011035)</b>
<b>USPSTF Recommendation</b>
The USPSTF strongly recommends prophylactic ocular topical medication for all newborns against ophthalmia neonatorum. (Grade A)
<b>CPT/HCPCS Code:</b>
99461– Initial care, per day, for evaluation and management of normal newborn infant seen in other than a hospital or birthing center.
<b>ICD 9 Code:</b>
V07.8 – Need for other specified prophylactic measure

<b>Gonorrhea, Screening (Coverage Policy 2011038)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (i.e., if young or have other individual or population. (Grade B) risk factors)
<b>HRSA (Bright Futures) Recommendation</b>
Screen sexually active adolescents for gonorrhea using tests appropriate to the patient population and clinical setting.
<b>CPT/HCPCS Codes:</b>
87590 – Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591 – Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87800 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801 - Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique

87850 – Infectious agent antigen detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
<b>ICD-9 Code</b>
V69.2 – High risk sexual behavior.
V74.5 – Special Screening Exam for Venereal Disease

<b>Hearing Loss, Screening In Newborns (Coverage Policy 2011036)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for hearing loss in all newborn infants. (Grade B)
<b>HRSA (Bright Futures) Recommendation</b>
If not done at birth (e.g., newborn delivered at home or discharged from Neonatal Intensive Care Unit) screening should be completed within the first month of life.
After the 4th month, if there are positive responses to risk screening questions, the infant should be referred for diagnostic audiologic assessment.
At years 4, 5, and 6, audiometry screening is recommended, universally, and subsequent to that, if there are positive responses to risk screening questions, audiometry is recommended.
<b>CPT HCPCS Codes:</b>
92586 – Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587 – Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)
92552 – Pure tone audiometry (threshold); air only
92579 – Visual reinforced audiometry
92582 – Conditional play audiometry
99381 – Initial comprehensive preventive medicine evaluation and management of an individual.
99391 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99461– Initial care, per day, for evaluation and management of normal newborn infant seen in other than a hospital or birthing center.
<b>ICD 9 Codes:</b>
V20.2 - Routine infant or child health check
V20.31 – Health supervision for newborn under 8 days old
V20.32 – Health supervision for newborn 8 to 28 days old
V72.19 – Other examination of ears and hearing

<b>Hepatitis B Virus Infection In Pregnancy, Screening (Coverage Policy 2011039)</b>
<b>USPSTF Recommendation</b>
The USPSTF strongly recommends screening for hepatitis B virus infection in pregnant women at their first prenatal visit (Grade A)
<b>CPT/HCPCS Codes:</b>
80055 –Obstetric panel
87340 – Hepatitis B associated antigen
<b>ICD-9 Codes</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies
V28.9 – Antenatal screening NOS

<b>High Blood Pressure, Screening In Adults (Coverage Policy 2011015)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for high blood pressure in adults aged 18 and older. (Grade A)
<b>CPT/HCPCS Codes</b>
99385-99387 – Initial comprehensive preventive medicine evaluation and management of an individual
99395-99397 - Periodic comprehensive preventive medicine reevaluation and management of an individual
<b>ICD-9 Code</b>
V81.1 - Screening for hypertension

<b>High Blood Pressure, Screening In Infants, Children &amp; Adolescents</b>
<b>HRSA (Bright Futures) Recommendation</b>
Infants & children with specific risk factors for high blood pressure should be screened up through age 2 ½; blood pressure examination is included in the complete physical examination done routinely after 2½.
<b>CPT/HCPCS Codes</b>
99381 – Initial comprehensive preventive medicine evaluation, new patient, infant
99382 – Initial comprehensive preventive medicine evaluation, new patient, 1-4 years
99383 – Initial comprehensive preventive medicine evaluation, new patient, 5-11 years
99384 – Initial comprehensive preventive medicine evaluation, new patient, 12-17 years
99385 – Initial comprehensive preventive medicine evaluation, new patient, 18-39 years
99391 – Comprehensive preventive medicine re-evaluation, infant
99392 – Comprehensive preventive medicine re-evaluation, 1-4 years
99393 – Comprehensive preventive medicine re-evaluation, 5-11 years
99394 – Comprehensive preventive medicine re-evaluation, 12-17 years
99395 – Comprehensive preventive medicine re-evaluation, 18-39 years

<b>Human Immunodeficiency Virus (HIV), Screening (Coverage Policy 2011040)</b>
<b>USPSTF Recommendations</b>
The USPSTF strongly recommends that clinicians screen for human immunodeficiency virus (HIV) all adolescents and adults at increased risk for HIV infection. (Grade A)
<b>HRSA (Bright Futures) Recommendations</b>
Sexually active adolescents who are positive on risk questions should be screened for HIV
<b>CPT/HCPCS Codes:</b>
86689 – HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701 – Antibody; HIV-1
86703 – Antibody; HIV-1 and HIV-2, single assay
87390 – Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi quantitative, multiple step method; HIV-1
87534 – Infectious agent antigen detection by enzyme immunoassay technique qualitative or semi quantitative; HIV-1 Direct probe technique
87535 – Infectious agent antigen detection by enzyme immunoassay technique qualitative or semi quantitative; HIV-1 amplified probe technique



G0432 – Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening
G0433 – Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening
G0435 – Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2 Screening
S3645 – HIV-1 antibody testing of oral mucosal transudate
<b>ICD-9 Codes</b>
V01.79 –Contact or exposure to other viral diseases
V08 – Asymptomatic HIV infection status
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies
V73.89 Special screening examination for other specified viral diseases

<b>Hypothyroidism, Screening In Newborns (Coverage Policy 2011023)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for congenital hypothyroidism in newborns. (Grade A)
<b>HRSA (Bright Futures) Recommendation</b>
Conduct screening as required by the state. (Arkansas statute requires newborn screening for hypothyroidism; this test is usually done prior to discharge from the hospital following birth of the infant).
<b>CPT/HCPCS Codes</b>
84436 – Thyroxine; Total
84437 – Thyroxine; requiring elution (e.g. Neonatal)
84439 – Thyroxine; free
84443 – Thyroid stimulating hormone (TSH)
<b>ICD 9 Code:</b>
V77.0 - Screening for thyroid disorder

<b>Iron Deficiency Anemia Screening In Pregnant Women (Coverage Policy 2011014)</b>
<b>USPSTF Grade: B</b>
The USPSTF recommends routine screening for iron deficiency anemia in asymptomatic pregnant women.
<b>CPT/HCPCS Codes:</b>
80050 – General Health Panel
80055 – Obstetrical panel
85013 – Blood count; Spun Microhematocrit
85014 – Blood count; hematocrit (Hct)
85018 – Blood count; hemoglobin (Hgb)
85025 - Complete (CBC), automated (Hgb, Hct, RBC, WBC and Platelet count) and automated differential WBC count
85027 – Complete (CBC), automated (Hgb, Hct, RBC, WBC and Platelet count)
G0306 - Complete CBC
G0307 - Complete CBC
<b>ICD-9 Code</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies

<b>Iron Supplementation For Children (Coverage Policy 2011042)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. (Grade B)
<b>CPT/HCPCS Codes</b>
No codes.
<b>ICD9 code</b>
V20.2 – Routine infant or child health check

<b>Lead Screening In Infants and Children Through Age 6</b>
<b>HRSA (Bright Futures) Recommendation</b>
Begin screening at the 6-month well-child visit for children who are positive on risk screening questions. Continue as routine screening for children from high prevalence area or on Medicaid, and screen selectively children from low prevalence areas and not on Medicaid
<b>CPT/HCPCS Codes</b>
83655 - Lead
<b>ICD9 Codes</b>
V82.5 – Screening for chemical poisoning & other contamination

<b>Lipid (Cholesterol), Screening (Coverage Policy 2011010)</b>
<b>USPSTF Recommendations</b>
The USPSTF strongly recommends screening men aged 35 and older for lipid disorders. (Grade A)
The USPSTF recommends screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease. (Grade B)
The USPSTF strongly recommends screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease. (Grade A)
The USPSTF recommends screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease. (Grade B)
<b>CPT/HCPCS Codes:</b>
80061 – Lipid panel. This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
<b>ICD-9 Codes:</b>
V77.91 - Screening for lipid disorders
V70.0 - General medical exam
V70.9 – General Medical Exam NOS

<b>Nutrition (Dietary) Counseling, Adults (Coverage Policy 2011034)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians. (Grade B)

<b>CPT/HCPCS Codes</b>
97802 and 97803, Medical Nutrition Therapy
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
G0108 Diabetes training services
G0270 Medical Nutrition Therapy
S9140-S9141 Diabetic management program
S9452 Nutrition Classes
S9460-S9465 – Diabetic management program
S9470 Nutritional counseling
*99403 and 99404 require review of records.
<b>ICD9 Codes:</b>
V65.3 – Dietary surveillance and counseling

<b>Obesity In Adults And Children 6 Years Or Older; Screening And Counseling (Coverage Policies 2011025 And 2011030)</b>
<b>USPSTF Grade: B</b>
The USPSTF recommends that clinicians screen all adult patients and children 6 years or older for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese individuals. For children clinicians should offer then or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. (Grade B)
<b>CPT/HCPCS Codes</b>
99383-99387 – Initial comprehensive preventive medicine evaluation and management of an individual
99393-99397 - Periodic comprehensive preventive medicine reevaluation and management of an individual
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD9 Codes</b>
V70.9 – General medical exam NOS
V77.8 – Screening for obesity

<b>Osteoporosis Screening In Women (Coverage Policy 2011031)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for osteoporosis in women age 65 and older, be screened routinely for osteoporosis. The USPSTF recommends that routine screening begin at age 60 for women at increased risk for osteoporotic fractures. (Grade B).

<b>(continued) Osteoporosis Screening In Women (Coverage Policy 2011031)</b>
<b>CPT/HCPCS Code:</b>
77080 – Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (e.g., hips, pelvis, spine)
<b>ICD-9 Code</b>
V82.81 Special screening for osteoporosis

<b>Phenylketonuria Screening In Newborns (Coverage Policy 2011028)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends screening for phenylketonuria (PKU) in newborns. (Grade A)
<b>HRSA (Bright Futures) Recommendation</b>
Conduct screening as required by the state. (Arkansas statute requires newborn screening for phenylketonuria; this test is usually done prior to discharge from the hospital following birth of the infant).
<b>CPT/HCPCS Code</b>
84030 – Phenylalanine (PKU), blood
<b>ICD 9 Code:</b>
V77.3 – Screening for Phenylketonuria (PKU)

<b>Pregnancy, Screening, In Sexually Active Females Without Contraception, Late Menses, Or Amenorrhea</b>
<b>HRSA (Bright Futures) Recommendation</b>
The USPSTF recommends screening for pregnancy with urine human chorionic gonadotrophin in sexually active females who do not practice contraception, who have late menses, or amenorrhea, ages 11 to 21.
<b>CPT/HCPCS Codes</b>
81025 – Urine pregnancy test, by visual color comparison methods
84703 – Gonadotrophin, chorionic (hCG); qualitative
<b>ICD9 Code</b>
None

<b>Rh Incompatibility Screening (Coverage Policy 2011027)</b>
<b>USPSTF Recommendations</b>
The USPSTF strongly recommends Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care. (Grade A)
The USPSTF recommends repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24-28 weeks' gestation, unless the biological father is known to be Rh (D)-negative. (Grade B)
<b>CPT/HCPCS Codes:</b>
80055 – Obstetrical Panel
86901 – Blood typing; Rh (D)

<b>ICD-9 Code</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies

<b>Sexually Transmitted Infections (STI's); Behavioral Counseling To Prevent (Coverage Policy 2011032)</b>
<b>USPSTF Grade: B</b>
The USPSTF recommends high intensity behavioral counseling to prevent sexually transmitted infections (STI's) for all sexually active adolescents and for adults at increased risk for STI's. (Grade B)
<b>CPT/HCPCS Codes</b>
99401 - Preventive medicine counseling; 15 minutes
99402 – Preventive medicine counseling; 30 minutes
99403* – Preventive medicine counseling; 45 minutes
99404* – Preventive medicine counseling; 60 minutes
*99403 and 99404 require review of records.
<b>ICD-9 Codes</b>
V65.44 – HIV Counseling
V65.45 – Counseling on other sexually transmitted diseases
V69.2 – Problems related to high-risk sexual behavior

<b>Sickle Cell Screening Disease, Newborn Screening (Coverage Policy 2011032)</b>
<b>USPSTF Recommendations</b>
The USPSTF recommends screening for sickle cell disease in newborns. (Grade A)
<b>HRSA (Bright Futures) Recommendation</b>
Conduct screening as required by the state. (Arkansas statute requires newborn screening for hemoglobinopathies; this test is usually done prior to discharge from the hospital following birth of the infant).
<b>CPT/HCPCS Codes</b>
83020 – Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021 – Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)
S3620 – Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU) and thyroxine, total
<b>ICD9 Code</b>
V78.2 – Special screening for sickle cell disease or trait.

<b>Syphilis, Screening (Coverage Policy 2011037)</b>
<b>USPSTF Recommendations</b>
The USPSTF recommends that clinicians screen all persons at increased risk for syphilis infection, and all pregnant women for syphilis infection. (Grade A)
<b>HRSA (Bright Futures) Recommendation</b>
Bright Futures recommends screening for syphilis in all adolescents who are sexually active and positive for high risk.

<b>(continued) Syphilis, Screening (Coverage Policy 2011037)</b>
<b>CPT/HCPCS Codes:</b>
80055 - Obstetric Panel
86592 - Syphilis Test; qualitative
86780 - Antibody; Treponema pallidum
<b>ICD-9 Codes</b>
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies
V69.2 Problems related to high risk sexual behavior
V74.5 Screening examination for venereal disease

<b>Tobacco Use, Screening, Counseling And Interventions (Coverage Policy 2011024)</b>
<b>USPSTF Recommendations</b>
The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. (Grade A)
The USPSTF recommends that clinicians ask all pregnant women about tobacco use and provide augmented, pregnancy-tailored counseling for those who smoke. (Grade A)
<b>CPT/HCPCS Codes:</b>
99406 – Smoking and tobacco use cessation counseling visit; intermediate; 3-10 minutes
99407 – Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes
G0436 - Smoking and tobacco use cessation counseling visit; intermediate; 3-10 minutes
G0437 - Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes
<b>ICD9 Codes</b>
305.1 – Tobacco dependence
649.0 - Smoking complicating pregnancy
V15.82 – History of tobacco use
V22.0 – V22.2 - Prenatal Visits
V23.0 – V23.9 - Prenatal visits for patients with high risk pregnancies

<b>Tuberculosis, Screening</b>
<b>HRSA Recommendation</b>
Begin selective screening for tuberculosis with the tuberculin skin test for infants, children, and adolescents who are at increased risk based on risk screening questions, at the first month well-child visit and continue through adolescence.
<b>CPT/HCPCS Codes</b>
CPT 86580 – Skin test, tuberculosis, intradermal
<b>ICD9 Code</b>
V74.1 – Screening for pulmonary tuberculosis

<b>Visual Impairment, Screening In Children (Coverage Policy 2011033)</b>
<b>USPSTF Recommendation</b>
The USPSTF recommends vision screening for all children at least once between the ages of 3 and 5 years, to detect the presence of amblyopia or its risk factors (Grade B)
<b>HRSA (Bright Futures) Recommendations</b>
Selective screening of newborn, infants, and children through age 2, to assess for abnormal fundoscopic examination, particularly if premature or other risk conditions.
Objective measurement of vision with age-appropriate visual acuity measurement using HOTV, tumbling E tests, Snellen letters, Snellen numbers, or Picture tests such as Allen figures or LEA symbols.
<b>CPT/HCPS Code</b>
99173 - Screening test of visual acuity, quantitative, bilateral
99174 - Ocular photoscreening, interpretation, report, bilateral
<b>ICD9 Codes:</b>
V20.2 – Routine infant or child health check
V72.0 – Examination of eyes and vision
V80.2 – Special screening for “other eye conditions”, including congenital anomaly of eye

<b>Well-Child Visits, Newborn, Infant, Children, Adolescents, &amp; Ages 18-21</b>
<b>HRSA (Bright Futures) Recommendation</b>
Bright Futures recommends well child visits at birth, first week after birth, at age 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years, 2½ years, 3 years, 4 years, 5 years, 6 years, 7 years, 8 years, 9 years, 10 years, between 11-14 years, between 15-17 years, and 18 to 21 years.
Coverage for these visits is similar to that required by Arkansas Statute.
<b>CPT/HCPCS</b>
CPT 99381 – Initial comprehensive preventive medicine exam, infant
CPT 99382 – Initial comprehensive preventive medicine exam, age 1 through 4 years
CPT 99383 – Initial comprehensive preventive medicine exam, age 5 through 11 years
CPT 99384 – Initial comprehensive preventive medicine exam, age 12 through 17 years
CPT 99385 – Initial comprehensive preventive medicine exam, age 18 through 21 years
CPT 99391 – Periodic comprehensive preventive medicine exam, age younger than 1 year
CPT 99382 – Periodic comprehensive preventive medicine exam, age 1 through 4 years
CPT 99383 – Periodic comprehensive preventive medicine exam, age 5 through 11 years
CPT 99384 – Periodic comprehensive preventive medicine exam, age 12 through 17 years
CPT 99385 – Periodic comprehensive preventive medicine exam, age 18 through 21 years
<b>ICD9 Codes</b>
V20.2 – Routine infant or child health check (ages infant through 17)
V70.0 – Routine general health exam at a health care facility

## coding guidelines for PPACA: other preventive services

### ACIP Immunizations Recommendations

An immunization that does not fall under one of the exclusions in the Certificate of Coverage is considered covered after all of the following conditions are satisfied: (1) FDA approval; (2) explicit ACIP recommendation published in the Morbidity & Mortality Weekly Report (MMWR) of the Centers for Disease Control and Prevention (CDC). Implementation will typically occur within 60 days after publication in MMWR.

### Immunization Administration Codes::

CPT 90460 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first vaccine/toxic component (This code is effective 1/1/2011)

CPT 90461 – Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxic component (List separately in addition to code for primary procedure) (This code is effective 1/1/2011)

CPT 90471 – Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

CPT 90472 – Immunization administration (add)

CPT 90473 – Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

CPT 90474 – Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) List separately in addition to code for primary procedure.

HCPCS G0008 – Administration of influenza virus vaccine

HCPCS G0009 – Administration Pneumococcal

HCPCS G0010 – Administration of hepatitis B vaccine

### Immunization/Vaccine Codes

CPT 90376 – Rabies immune globulin, heat treated (Rlg-HT), human, for intramuscular and/or subcutaneous use

CPT 90632 – Hepatitis A vaccine, adult, for intramuscular use; (Appropriate ICD9 code is V05.3)

CPT 90633 – Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use (Appropriate ICD code is V05.3)

CPT 90634 – Hep A Vacc, Ped/Adol

CPT 90636 – Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use (Appropriate ICD9 code is V05.3)

CPT 90645 – Hemophilus influenza B vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use (Appropriate ICD9 code is V03.81)

CPT 90646 – Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use (Appropriate ICD9 code is V03.81)

CPT 90647 – Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use (Appropriate ICD9 code is V03.81)



CPT 90648 – Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use (Appropriate ICD9 code is V03.81)
CPT 90649 – Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use. <b>Note: coverage for 90649 is limited to females age 11 – 26.</b> (Appropriate ICD9 code is V04.89)
CPT 90650 – Human Papilloma virus (HPV) vaccine, types 16, 18, bivalent, 3 dose schedule, for intramuscular use. <b>Note: coverage for 90650 is limited to females age 11 – 26.</b> (Appropriate ICD9 code is V04.89)
CPT 90655 – Influenza virus vaccine, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use (Appropriate ICD9 code is V04.81)
CPT 90656 – Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use (Appropriate ICD9 code is V04.81)
CPT 90657 – Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use (Appropriate ICD9 code is V04.81)
CPT 90658 – Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Appropriate ICD9 code is V04.81)
CPT 90660 – Influenza virus vaccine, live, for intranasal use <b>Note: coverage is limited to ages 2 – 49</b> (Appropriate ICD9 code is V04.81)
CPT 90669 – Pneumococcal Vacc
CPT 90670 – Pneumococcal conjugate vaccine, 13 valent, for intramuscular use (Appropriate ICD9 code is V03.82)
CPT 90675 - Rabies Vaccine for intramuscular use. <b>Only for Very Select Persons Who Meet Specific Criteria.</b>
CPT 90676 – Rabies Vaccine
CPT 90680 – Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use (Appropriate ICD9 code is V04.89)
CPT 90681 – Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use (Appropriate ICD9 code is V04.89)
CPT 90690 - Typhoid vaccine, live, oral. <b>Only for Very Select Children 6 years of age &amp; over, Adolescents, or Adults who meet certain criteria</b> (Appropriate ICD9 code is V03.1)
CPT 90691 - Typhoid vaccine, Vi capsular polysaccharide, intramuscular. <b>Only for Very Select Children 2 years of age &amp; over, Adolescents, &amp; Adults who meet certain criteria.</b> (Appropriate ICD9 code is V03.1)
CPT 90692 - Typhoid vaccine, heat & phenol inactivated. <b>Only for Very Select Children 6 months of age &amp; over, Adolescents, or Adults who meet certain criteria.</b> (Appropriate ICD9 code is V03.1)
CPT 90696 - Diphtheria, tetanus toxoids, acellular pertussis vaccine & polio vaccine, inactivated. <b>Children 4-6 years of age Only.</b> (Appropriate ICD9 code is V06.8).
CPT 90698 - Diphtheria, tetanus toxoids, acellular pertussis vaccine, hemophilus influenza type b, and poliovirus vaccine. <b>Infants &amp; Children Only less than 4 years</b> (Appropriate ICD9 code is V06.8).
CPT 90700 – Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use (Appropriate ICD9 code is V06.1).
CPT 90702 – Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use
CPT 90701 – DIP Vaccine

(continued) Immunization/Vaccine Codes
CPT 90703 – Tetanus toxoid adsorbed, for intramuscular use
CPT 90704 – Mumps virus vaccine, live, for subcutaneous use (Appropriate ICD9 code is V04.6).
CPT 90705 – Measles virus vaccine, live, for subcutaneous use (Appropriate ICD9 code is V04.2).
CPT 90706 – Rubella virus vaccine, live, for subcutaneous use (Appropriate ICD9 code is V04.3).
CPT 90707 – Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use (Appropriate ICD9 code is V06.4).
CPT 90710 – Measles, mumps, rubella, and varicella vaccine (MMRV), live for subcutaneous use (Appropriate ICD9 code is V06.8).
CPT 90712 - Poliovirus vaccine, live, oral. <b>Only for Very Select Children, Adolescents, or Adults who meet certain criteria.</b> (Appropriate ICD9 code is V04.0).
CPT 90713 – Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use (Appropriate ICD9 code is V04.0).
CPT 90714 – Tetanus and diphtheria toxoids (Tc) absorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD9 code is V06.5).
CPT 90715 – Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD9 code is V06.1).
CPT 90716 – Varicella virus vaccine, live, for subcutaneous use (Appropriate ICD9 code is V06.4).
CPT 90717 - Yellow fever vaccine, live. <b>Only for Very Select Infants, Children, Adolescents, or Adults who meet certain criteria.</b> (Appropriate ICD9 code is V04.4).
CPT 90718 – Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use (Appropriate ICD9 code is V06.5).
CPT 90721 – DTAP/HIB Vaccine
CPT 90725 - Cholera vaccine. (Appropriate ICD9 code is V03.0).
CPT 90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Appropriate ICD9 code is V03.82).
CPT 90733 – Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use (Appropriate ICD9 code is V03.89).
CPT 90734 – Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use (Appropriate ICD9 code is V03.9).
CPT 90735 - Japanese encephalitis virus vaccine. Vaccine Not Commercially Available. Some Vaccine Available for Children & Adolescents 1-16 Years of Age thru Sanofi-Pasteur for Travel to Endemic Areas. (Appropriate ICD9 code is V05.0).
CPT 90736 – Zoster (shingles) vaccine, live, for subcutaneous injection. <b>Note: coverage for the Zoster vaccine is limited to age 50+</b> (Appropriate ICD9 code is V05.8).
CPT 90738 - Japanese encephalitis virus vaccine, inactivated. <b>Adolescents age 17-18, and Adults, for Travel to Endemic Areas.</b> (Appropriate ICD9 code is V05.0).
CPT 90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use

CPT 90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
CPT 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
CPT 90746 – Hepatitis B vaccine, adult dosage, for intramuscular use
CPT 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
CPT 90748 – Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use (Appropriate ICD9 code is V06.8 or V06.9).
CPT 90749 – Vaccine Toxoid

<b>Prostate Cancer Screening</b>
Arkansas State Mandate
Act 75 of 2009 requires payment for prostate cancer screening as recommended by the National Comprehensive Cancer Network effective January 2009.
<b>CPT/HCPCS Codes</b>
84153 – Prostate specific antigen (PSA)
G0102 – Prostate cancer screening; digital rectal examination
G0103 – Prostate cancer screening; prostate specific antigen test (PSA)
<b>ICD-9 Codes</b>
V76.44 – Screen malignant neoplasm-prostate

<b>Miscellaneous Procedures Covered Under Wellness, But Not Listed Under PPACA, allowed only once a year in conjunction with an annual wellness exam</b>
<b>CPT/HCPCS Codes</b>
99385 – Initial comprehensive preventive medical exam, 18-39 years
99386 – Initial comprehensive preventive medical exam, 40-64 years
99387 – Initial comprehensive preventive medical exam, 65 years and older
99395 – Periodic comprehensive preventive medicine exam, 18-39 years
99396 – Periodic comprehensive preventive medicine exam, 40-64 years
99397 – Periodic comprehensive preventive medicine exam, 65 years and older
80050 – General Health Panel (Must include comprehensive metabolic panel, Blood count, complete, thyroid stimulating hormone)
81000 – Urinalysis by dipstick or tablet reagent, non-automated, with microscopy
81001 – Urinalysis, by dipstick or tablet reagent, automated, with microscopy
<b>ICD9 Codes</b>
V70.0 – General Medical Examination

# coverage policy manual updates

The following policies were added or updated in Arkansas Blue Cross and Blue Shield's Coverage Policy Manual since June 2011. To view entire policies, access the coverage policies located on the Arkansas Blue Cross Web site at [arkansasbluecross.com](http://arkansasbluecross.com).

## New / Updated Policies:

Policy#	Policy Name
1998027	Positional Plagiocephaly and Craniosynostoses: Adjustable Cranial Orthoses as Treatment
1998095	Intraoperative Neurophysiologic Monitoring
1998104	Transplant, Liver
1998158	Trastuzumab
2006006	Osteochondral Allograft and/or Mosaicplasty for Osteochondral Defects of the Knee
2006016	Rituximab (Rituxan), Off-Label Use
2006023	Artificial Heart, Total
2008023	Corticosteroid Infusion of Middle Ear for Sudden Hearing Loss
2010000	Capsaicin (Qutenza) for the Treatment of Post-Herpetic Neuralgia
2010009	Bevacizumab (Avastin) for Ocular Indications
2011008	Left Atrial Appendage, Closure Device, Percutaneous
2011009	Genetic Test: Hla-B*5701 Testing For Abacavir Hypersensitivity Reaction
2011010	Preventive Services - for Non-Grandfathered Plans: Serum Lipids Screening
2011011	Preventive Services - for Non-Grandfathered Plans: Abdominal Aortic Aneurysm Screening
2011012	Preventive Services - for Non-Grandfathered Plans: Alcohol Misuse Counseling and/or Screening
2011013	Preventive Services - for Non-Grandfathered Plans: Aspirin to Prevent Cardiovascular Disease in Adults
2011014	Preventive Services - for Non-Grandfathered Plans: Iron Deficiency Anemia Screening in Pregnant Women
2011015	Preventive Services - for Non-Grandfathered Plans: High Blood Pressure Screening in Adults
2011016	Preventive Services - for Non-Grandfathered Plans: BRCA Testing; Genetic Counseling and Evaluation
2011017	Preventive Services - for Non-Grandfathered Plans: Breast Cancer Preventive Medication
2011018	Preventive Services - for Non-Grandfathered Plans: Breast Cancer Screening (Mammography)
2011019	Preventive Services - for Non-Grandfathered Plans: Breastfeeding Counseling
2011020	Preventive Services - for Non-Grandfathered Plans: Bacteriuria Screening in Pregnant Women
2011021	Preventive Services - for Non-Grandfathered Plans: Cervical Cancer Screening
2011022	Preventive Services - for Non-Grandfathered Plans: Chlamydial Infection Screening in Women
2011023	Preventive Services - for Non-Grandfathered Plans: Hypothyroidism Screening in Newborns
2011024	Preventive Services - for Non-Grandfathered Plans: Tobacco Use, Screening, Counseling and Interventions

Policy#	Policy Name
2011025	Preventive Services - for Non-Grandfathered Plans: Obesity Screening in Adults
2011026	Preventive Services - for Non-Grandfathered Plans: Type 2 Diabetes Mellitus Screening For Adults
2011027	Preventive Services - for Non-Grandfathered Plans: Rh Incompatibility Screening
2011028	Preventive Services - for Non-Grandfathered Plans: Phenylketonuria Screening in Newborns
2011029	Preventive Services - for Non-Grandfathered Plans: Dental Caries Prevention in Preschool Children
2011030	Preventive Services - for Non-Grandfathered Plans: Obesity in Children; Screening and Counseling
2011031	Preventive Services - for Non-Grandfathered Plans: Osteoporosis Screening in Women
2011032	Preventive Services - for Non-Grandfathered Plans: Sexually Transmitted Infections (STI's); Behavioral Counseling to Prevent
2011033	Preventive Services - for Non-Grandfathered Plans: Visual Impairment Screening in Children
2011034	Preventive Services - for Non-Grandfathered Plans: Nutrition (Dietary) Counseling, Adults
2011035	Preventive Services - for Non-Grandfathered Plans: Gonorrhea Prophylaxis, Newborn Ophthalmic
2011036	Preventive Services - for Non-Grandfathered Plans: Hearing Loss Screening in Newborns
2011037	Preventive Services - for Non-Grandfathered Plans: Syphilis Screening
2011038	Preventive Services - for Non-Grandfathered Plans: Gonorrhea Screening
2011039	Preventive Services - for Non-Grandfathered Plans: Hepatitis B Virus Infection in Pregnancy, Screening For
2011040	Preventive Services - for Non-Grandfathered Plans: Human Immunodeficiency Virus (HIV) Screening
2011041	Preventive Services - for Non-Grandfathered Plans: Folic Acid For Prevention of Neural Tube Defects
2011042	Preventive Services - for Non-Grandfathered Plans: Iron Supplementation For Children
2011043	Preventive Services - for Non-Grandfathered Plans: Depression Screening, Adults
2011044	Preventive Services - for Non-Grandfathered Plans: Depression Screening in Adolescents
2011045	Preventive Services - for Non-Grandfathered Plans: Colorectal Cancer Screening
2011046	Preventive Services - for Non-Grandfathered Plans: Sickle Cell Disease, Newborn Screening
2011047	Genetic Test: Genotyping For 9p21 Single Nucleotide Polymorphisms to Predict Risk of Cardiovascular Disease Or Aneurysm
2011048	Laboratory Test: Area Under the Curve (AUC) For 5-Fluorouracil (5-Fu) Dosing
2011049	Genetic Testing: Coronary Artery Disease, Testing to Predict Risk (Corus Cad™)
2011050	Autologous Fat Grafting to The Breast and Adipose-Derived Stem Cells
2011051	Acoustic Cardiography
2011052	Chronic Cerebrospinal Venous Insufficiency in Multiple Sclerosis, Diagnosis and Treatment
2011053	Autism Spectrum Disorder - early Behavioral Intervention
2011054	Autism Spectrum Disorder - interventions Other Than Early Behavioral Intervention

# fee schedule

## home health agency fee schedule

The following Home Health Agency codes were updated on the Arkansas Blue Cross fee schedule on September 1, 2011.

Revenue Code	CPT/ HCPCS Code	Description	Allowance	Comments
571 (Home Health Aide Visit)	99600	Unlisted home health service or procedure	Per Case Manager must be AT LEAST MEDICAID RATE	This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested. (Medicaid Allow is approximately \$67.00 PER VISIT)
552	S9123	Nursing care, in the home; by RN, per hour	\$42.00 Per hour	This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested.
572	S9122	Home health aide or certified nurse assistant, per hour.	\$19.00 Per Hour	One unit equals one hour. This service will require case management approval. Four hours/units equals one Home Health Aide visit
552	S9124	Nursing care, in the home; by LPN, per hour	\$32.00 Per hour	This code and service only paid when pre-approved by case management. Detailed description of service will likely be requested.
551	99500-99512, 99600	RN Visit See CPT code book for code descriptions Modifier TD Required	\$146 per visit	One unit equals one visit (up to approximately 2 hours)
551	99500-99512, 99600	LPN Visit See CPT code book for code descriptions Modifier TE Required	\$98 per visit	One unit equals one visit (up to approximately 2 hours)
561	S9127	Social Work visit, in the home, per diem	\$70.00	One unit equals one day's services
441	S9128	Speech Therapy, in the home, per diem	\$80.00	One unit equals one day's services
431	S9129	Occupational Therapy, in the home, per diem	\$80.00	One unit equals one day's services
421	S9131	Physical Therapy, in the home, per diem	\$142.00	One unit equals one day's services

# fee schedule

## durable medical equipment fee schedule

The following durable medical equipment codes were updated on Arkansas Blue Cross fee schedule on September 1, 2011.

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A4216	\$0.47	\$0.00	\$0.00
A4217	\$3.29	\$0.00	\$0.00
A4217	\$3.29	\$0.00	\$0.00
A4221	\$23.75	\$0.00	\$0.00
A4222	\$49.02	\$0.00	\$0.00
A4233	\$0.84	\$0.00	\$0.00
A4234	\$3.81	\$0.00	\$0.00
A4235	\$2.46	\$0.00	\$0.00
A4236	\$1.76	\$0.00	\$0.00
A4253	\$38.75	\$0.00	\$0.00
A4255	\$4.32	\$0.00	\$0.00
A4256	\$10.20	\$0.00	\$0.00
A4257	\$13.38	\$0.00	\$0.00
A4258	\$18.93	\$0.00	\$0.00
A4259	\$12.65	\$0.00	\$0.00
A4265	\$3.56	\$0.00	\$0.00
A4280	\$5.59	\$0.00	\$0.00
A4310	\$7.12	\$0.00	\$0.00
A4311	\$15.56	\$0.00	\$0.00
A4312	\$18.92	\$0.00	\$0.00
A4313	\$19.41	\$0.00	\$0.00
A4314	\$26.52	\$0.00	\$0.00
A4315	\$26.55	\$0.00	\$0.00
A4316	\$26.55	\$0.00	\$0.00
A4320	\$5.59	\$0.00	\$0.00
A4322	\$3.17	\$0.00	\$0.00
A4326	\$11.32	\$0.00	\$0.00
A4327	\$46.80	\$0.00	\$0.00
A4328	\$10.62	\$0.00	\$0.00
A4330	\$6.85	\$0.00	\$0.00
A4331	\$3.34	\$0.00	\$0.00
A4332	\$0.13	\$0.00	\$0.00
A4333	\$2.31	\$0.00	\$0.00
A4334	\$5.17	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A4336	\$1.51	\$0.00	\$0.00
A4338	\$12.86	\$0.00	\$0.00
A4340	\$33.31	\$0.00	\$0.00
A4344	\$16.80	\$0.00	\$0.00
A4346	\$17.47	\$0.00	\$0.00
A4349	\$2.12	\$0.00	\$0.00
A4351	\$1.80	\$0.00	\$0.00
A4352	\$5.72	\$0.00	\$0.00
A4353	\$7.34	\$0.00	\$0.00
A4354	\$12.38	\$0.00	\$0.00
A4355	\$9.35	\$0.00	\$0.00
A4357	\$10.18	\$0.00	\$0.00
A4358	\$6.95	\$0.00	\$0.00
A4360	\$0.51	\$0.00	\$0.00
A4361	\$18.78	\$0.00	\$0.00
A4362	\$3.63	\$0.00	\$0.00
A4363	\$2.48	\$0.00	\$0.00
A4364	\$3.08	\$0.00	\$0.00
A4366	\$1.37	\$0.00	\$0.00
A4367	\$7.32	\$0.00	\$0.00
A4368	\$0.27	\$0.00	\$0.00
A4369	\$2.54	\$0.00	\$0.00
A4371	\$3.83	\$0.00	\$0.00
A4372	\$4.39	\$0.00	\$0.00
A4373	\$6.58	\$0.00	\$0.00
A4375	\$18.02	\$0.00	\$0.00
A4376	\$49.91	\$0.00	\$0.00
A4377	\$4.50	\$0.00	\$0.00
A4378	\$32.26	\$0.00	\$0.00
A4379	\$15.75	\$0.00	\$0.00
A4380	\$39.16	\$0.00	\$0.00
A4381	\$4.84	\$0.00	\$0.00
A4382	\$25.82	\$0.00	\$0.00
A4383	\$29.57	\$0.00	\$0.00

(continued from page 35) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A4384	\$10.09	\$0.00	\$0.00
A4385	\$5.35	\$0.00	\$0.00
A4388	\$4.58	\$0.00	\$0.00
A4389	\$6.52	\$0.00	\$0.00
A4390	\$10.08	\$0.00	\$0.00
A4391	\$7.41	\$0.00	\$0.00
A4392	\$8.58	\$0.00	\$0.00
A4393	\$9.48	\$0.00	\$0.00
A4394	\$2.71	\$0.00	\$0.00
A4396	\$42.46	\$0.00	\$0.00
A4397	\$5.02	\$0.00	\$0.00
A4398	\$14.49	\$0.00	\$0.00
A4399	\$12.86	\$0.00	\$0.00
A4400	\$51.26	\$0.00	\$0.00
A4402	\$1.68	\$0.00	\$0.00
A4404	\$1.77	\$0.00	\$0.00
A4405	\$3.57	\$0.00	\$0.00
A4406	\$6.02	\$0.00	\$0.00
A4407	\$9.19	\$0.00	\$0.00
A4408	\$10.35	\$0.00	\$0.00
A4409	\$6.52	\$0.00	\$0.00
A4410	\$9.48	\$0.00	\$0.00
A4411	\$5.35	\$0.00	\$0.00
A4412	\$2.84	\$0.00	\$0.00
A4413	\$5.77	\$0.00	\$0.00
A4414	\$5.17	\$0.00	\$0.00
A4415	\$6.29	\$0.00	\$0.00
A4416	\$2.89	\$0.00	\$0.00
A4417	\$3.91	\$0.00	\$0.00
A4418	\$1.90	\$0.00	\$0.00
A4419	\$1.83	\$0.00	\$0.00
A4422	\$0.13	\$0.00	\$0.00
A4423	\$1.95	\$0.00	\$0.00
A4424	\$4.99	\$0.00	\$0.00
A4425	\$3.76	\$0.00	\$0.00
A4426	\$2.87	\$0.00	\$0.00
A4427	\$2.92	\$0.00	\$0.00
A4428	\$6.83	\$0.00	\$0.00
A4429	\$8.65	\$0.00	\$0.00
A4430	\$8.94	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A4431	\$6.52	\$0.00	\$0.00
A4432	\$3.77	\$0.00	\$0.00
A4433	\$3.51	\$0.00	\$0.00
A4434	\$3.95	\$0.00	\$0.00
A4450	\$0.12	\$0.00	\$0.00
A4452	\$0.42	\$0.00	\$0.00
A4455	\$1.50	\$0.00	\$0.00
A4461	\$3.45	\$0.00	\$0.00
A4463	\$13.97	\$0.00	\$0.00
A4481	\$0.40	\$0.00	\$0.00
A4556	\$12.74	\$0.00	\$0.00
A4557	\$22.14	\$0.00	\$0.00
A4558	\$5.71	\$0.00	\$0.00
A4559	\$0.11	\$0.00	\$0.00
A4561	\$21.59	\$0.00	\$0.00
A4562	\$53.69	\$0.00	\$0.00
A4595	\$30.22	\$0.00	\$0.00
A4604	\$60.40	\$0.00	\$0.00
A4605	\$17.20	\$0.00	\$0.00
A4608	\$52.58	\$0.00	\$0.00
A4611	\$206.06	\$0.00	\$154.56
A4612	\$83.85	\$0.00	\$63.94
A4613	\$151.27	\$0.00	\$109.39
A4614	\$24.95	\$0.00	\$0.00
A4615	\$0.75	\$0.00	\$0.00
A4616	\$0.07	\$0.00	\$0.00
A4617	\$3.25	\$0.00	\$0.00
A4618	\$9.32	\$0.00	\$6.99
A4619	\$1.27	\$0.00	\$0.00
A4620	\$0.65	\$0.00	\$0.00
A4623	\$6.87	\$0.00	\$0.00
A4624	\$2.76	\$0.00	\$0.00
A4625	\$7.27	\$0.00	\$0.00
A4626	\$3.35	\$0.00	\$0.00
A4628	\$3.93	\$0.00	\$0.00
A4629	\$4.86	\$0.00	\$0.00
A4630	\$6.55	\$0.00	\$0.00
A4633	\$43.05	\$0.00	\$0.00
A4635	\$4.56	\$0.00	\$3.03
A4636	\$3.76	\$0.00	\$2.74



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A4637	\$2.24	\$0.00	\$1.69
A4639	\$287.21	\$0.00	\$0.00
A4640	\$56.46	\$0.00	\$42.29
A5051	\$2.17	\$0.00	\$0.00
A5052	\$1.56	\$0.00	\$0.00
A5053	\$1.83	\$0.00	\$0.00
A5054	\$1.88	\$0.00	\$0.00
A5055	\$1.51	\$0.00	\$0.00
A5061	\$3.70	\$0.00	\$0.00
A5062	\$2.33	\$0.00	\$0.00
A5063	\$2.84	\$0.00	\$0.00
A5071	\$6.30	\$0.00	\$0.00
A5072	\$3.15	\$0.00	\$0.00
A5073	\$3.34	\$0.00	\$0.00
A5081	\$2.95	\$0.00	\$0.00
A5082	\$12.47	\$0.00	\$0.00
A5083	\$0.66	\$0.00	\$0.00
A5093	\$1.90	\$0.00	\$0.00
A5102	\$23.69	\$0.00	\$0.00
A5105	\$40.11	\$0.00	\$0.00
A5112	\$36.31	\$0.00	\$0.00
A5113	\$4.94	\$0.00	\$0.00
A5114	\$9.38	\$0.00	\$0.00
A5120	\$0.25	\$0.00	\$0.00
A5121	\$7.82	\$0.00	\$0.00
A5122	\$13.48	\$0.00	\$0.00
A5126	\$1.39	\$0.00	\$0.00
A5131	\$14.14	\$0.00	\$0.00
A5200	\$11.86	\$0.00	\$0.00
A5500	\$66.69	\$0.00	\$0.00
A5501	\$200.05	\$0.00	\$0.00
A5503	\$32.60	\$0.00	\$0.00
A5504	\$32.60	\$0.00	\$0.00
A5505	\$32.60	\$0.00	\$0.00
A5506	\$32.60	\$0.00	\$0.00
A5507	\$32.60	\$0.00	\$0.00
A5512	\$27.21	\$0.00	\$0.00
A5513	\$40.61	\$0.00	\$0.00
A6010	\$32.48	\$0.00	\$0.00
A6011	\$2.39	\$0.00	\$0.00
A6021	\$22.05	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A6022	\$22.05	\$0.00	\$0.00
A6023	\$199.62	\$0.00	\$0.00
A6024	\$6.49	\$0.00	\$0.00
A6154	\$15.08	\$0.00	\$0.00
A6196	\$7.71	\$0.00	\$0.00
A6197	\$17.24	\$0.00	\$0.00
A6199	\$5.54	\$0.00	\$0.00
A6203	\$3.52	\$0.00	\$0.00
A6204	\$6.53	\$0.00	\$0.00
A6207	\$7.70	\$0.00	\$0.00
A6209	\$7.84	\$0.00	\$0.00
A6210	\$20.90	\$0.00	\$0.00
A6211	\$30.81	\$0.00	\$0.00
A6212	\$10.18	\$0.00	\$0.00
A6214	\$10.79	\$0.00	\$0.00
A6219	\$1.00	\$0.00	\$0.00
A6220	\$2.71	\$0.00	\$0.00
A6222	\$2.24	\$0.00	\$0.00
A6223	\$2.54	\$0.00	\$0.00
A6224	\$3.79	\$0.00	\$0.00
A6229	\$3.79	\$0.00	\$0.00
A6231	\$4.91	\$0.00	\$0.00
A6232	\$7.21	\$0.00	\$0.00
A6233	\$20.13	\$0.00	\$0.00
A6234	\$6.86	\$0.00	\$0.00
A6235	\$17.64	\$0.00	\$0.00
A6236	\$28.58	\$0.00	\$0.00
A6237	\$8.30	\$0.00	\$0.00
A6238	\$23.91	\$0.00	\$0.00
A6240	\$12.84	\$0.00	\$0.00
A6241	\$2.70	\$0.00	\$0.00
A6242	\$6.36	\$0.00	\$0.00
A6243	\$12.92	\$0.00	\$0.00
A6244	\$41.20	\$0.00	\$0.00
A6245	\$7.62	\$0.00	\$0.00
A6246	\$10.41	\$0.00	\$0.00
A6247	\$24.95	\$0.00	\$0.00
A6248	\$17.03	\$0.00	\$0.00
A6251	\$2.09	\$0.00	\$0.00
A6252	\$3.41	\$0.00	\$0.00
A6253	\$6.65	\$0.00	\$0.00

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CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A6254	\$1.27	\$0.00	\$0.00
A6255	\$3.18	\$0.00	\$0.00
A6257	\$1.61	\$0.00	\$0.00
A6258	\$4.52	\$0.00	\$0.00
A6259	\$11.48	\$0.00	\$0.00
A6266	\$2.02	\$0.00	\$0.00
A6402	\$0.13	\$0.00	\$0.00
A6403	\$0.45	\$0.00	\$0.00
A6407	\$1.97	\$0.00	\$0.00
A6410	\$0.41	\$0.00	\$0.00
A6441	\$0.70	\$0.00	\$0.00
A6442	\$0.18	\$0.00	\$0.00
A6443	\$0.30	\$0.00	\$0.00
A6444	\$0.59	\$0.00	\$0.00
A6445	\$0.34	\$0.00	\$0.00
A6446	\$0.43	\$0.00	\$0.00
A6447	\$0.70	\$0.00	\$0.00
A6448	\$1.22	\$0.00	\$0.00
A6449	\$1.84	\$0.00	\$0.00
A6452	\$6.20	\$0.00	\$0.00
A6453	\$0.64	\$0.00	\$0.00
A6454	\$0.81	\$0.00	\$0.00
A6455	\$1.46	\$0.00	\$0.00
A6456	\$1.34	\$0.00	\$0.00
A6457	\$1.20	\$0.00	\$0.00
A6531	\$45.38	\$0.00	\$0.00
A6532	\$63.95	\$0.00	\$0.00
A6545	\$89.36	\$0.00	\$67.02
A6550	\$24.80	\$0.00	\$0.00
A7000	\$10.01	\$0.00	\$0.00
A7001	\$30.97	\$0.00	\$0.00
A7002	\$3.42	\$0.00	\$0.00
A7003	\$2.88	\$0.00	\$0.00
A7004	\$1.61	\$0.00	\$0.00
A7005	\$27.49	\$0.00	\$0.00
A7006	\$10.01	\$0.00	\$0.00
A7007	\$4.62	\$0.00	\$0.00
A7008	\$9.81	\$0.00	\$0.00
A7009	\$43.43	\$0.00	\$0.00
A7010	\$21.04	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A7012	\$3.97	\$0.00	\$0.00
A7013	\$0.74	\$0.00	\$0.00
A7014	\$4.71	\$0.00	\$0.00
A7015	\$1.97	\$0.00	\$0.00
A7016	\$7.25	\$0.00	\$0.00
A7017	\$140.60	\$0.00	\$105.44
A7018	\$0.34	\$0.00	\$0.00
A7025	\$456.23	\$0.00	\$0.00
A7026	\$30.16	\$0.00	\$0.00
A7027	\$195.65	\$0.00	\$0.00
A7028	\$51.97	\$0.00	\$0.00
A7029	\$21.23	\$0.00	\$0.00
A7030	\$170.55	\$0.00	\$0.00
A7031	\$63.08	\$0.00	\$0.00
A7032	\$36.64	\$0.00	\$0.00
A7033	\$25.68	\$0.00	\$0.00
A7034	\$106.35	\$0.00	\$0.00
A7035	\$33.26	\$0.00	\$0.00
A7036	\$14.23	\$0.00	\$0.00
A7037	\$36.73	\$0.00	\$0.00
A7038	\$4.88	\$0.00	\$0.00
A7039	\$11.78	\$0.00	\$0.00
A7040	\$42.67	\$0.00	\$0.00
A7041	\$80.17	\$0.00	\$0.00
A7042	\$181.98	\$0.00	\$0.00
A7043	\$30.34	\$0.00	\$0.00
A7044	\$109.31	\$0.00	\$0.00
A7045	\$17.60	\$0.00	\$13.20
A7046	\$17.64	\$0.00	\$0.00
A7501	\$110.17	\$0.00	\$0.00
A7502	\$52.36	\$0.00	\$0.00
A7503	\$11.89	\$0.00	\$0.00
A7504	\$0.70	\$0.00	\$0.00
A7505	\$4.91	\$0.00	\$0.00
A7506	\$0.35	\$0.00	\$0.00
A7507	\$2.61	\$0.00	\$0.00
A7508	\$3.01	\$0.00	\$0.00
A7509	\$1.48	\$0.00	\$0.00
A7520	\$49.80	\$0.00	\$0.00
A7521	\$49.35	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
A7522	\$47.37	\$0.00	\$0.00
A7524	\$81.19	\$0.00	\$0.00
A7525	\$2.17	\$0.00	\$0.00
A7526	\$3.54	\$0.00	\$0.00
A7527	\$3.76	\$0.00	\$0.00
A8000	\$160.86	\$0.00	\$120.66
A8001	\$160.86	\$0.00	\$120.66
E0100	\$22.10	\$0.00	\$17.62
E0105	\$51.52	\$0.00	\$39.71
E0110	\$81.39	\$14.25	\$61.03
E0111	\$55.86	\$0.00	\$43.08
E0112	\$38.81	\$0.00	\$29.61
E0113	\$21.66	\$0.00	\$16.26
E0114	\$49.50	\$0.00	\$37.41
E0116	\$29.10	\$0.00	\$21.90
E0117	\$202.15	\$0.00	\$151.63
E0130	\$63.50	\$0.00	\$49.48
E0135	\$75.80	\$0.00	\$58.15
E0140	\$326.11	\$32.62	\$244.60
E0141	\$104.24	\$0.00	\$78.18
E0143	\$108.70	\$0.00	\$81.35
E0144	\$287.91	\$28.80	\$215.92
E0147	\$519.68	\$51.97	\$389.78
E0148	\$114.87	\$0.00	\$86.14
E0149	\$201.80	\$0.00	\$151.34
E0153	\$72.78	\$0.00	\$54.58
E0154	\$63.75	\$0.00	\$47.79
E0155	\$24.25	\$0.00	\$18.49
E0156	\$23.90	\$0.00	\$17.94
E0157	\$74.07	\$0.00	\$55.55
E0158	\$26.40	\$0.00	\$19.79
E0159	\$16.15	\$0.00	\$12.12
E0160	\$29.48	\$0.00	\$22.08
E0161	\$27.51	\$0.00	\$20.60
E0162	\$152.84	\$0.00	\$118.53
E0163	\$115.68	\$0.00	\$89.21
E0165	\$157.90	\$0.00	\$118.43
E0167	\$12.00	\$0.00	\$9.04
E0167	\$12.00	\$0.00	\$9.04
E0167	\$12.00	\$0.00	\$9.04
E0168	\$150.92	\$0.00	\$113.18

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0168	\$150.92	\$0.00	\$113.18
E0168	\$150.92	\$0.00	\$113.18
E0170	\$1,607.20	\$168.59	\$1,205.40
E0171	\$289.20	\$30.34	\$216.90
E0175	\$59.05	\$0.00	\$43.46
E0184	\$204.24	\$21.90	\$153.18
E0185	\$285.18	\$0.00	\$218.87
E0188	\$27.72	\$0.00	\$20.82
E0189	\$46.33	\$0.00	\$34.76
E0191	\$9.83	\$0.93	\$7.37
E0193	\$9,034.60	\$816.81	\$6,775.95
E0194	\$32,543.20	\$3,413.64	\$24,407.40
E0197	\$197.57	\$0.00	\$173.54
E0198	\$197.57	\$0.00	\$149.91
E0199	\$28.58	\$0.00	\$21.43
E0200	\$83.16	\$0.00	\$62.40
E0202	\$626.10	\$65.67	\$469.58
E0205	\$203.56	\$22.39	\$152.67
E0210	\$29.10	\$0.00	\$21.82
E0215	\$74.31	\$7.41	\$55.74
E0217	\$520.77	\$57.98	\$390.55
E0225	\$390.84	\$39.08	\$293.12
E0235	\$172.60	\$0.00	\$129.45
E0236	\$442.50	\$46.41	\$331.88
E0239	\$401.07	\$40.11	\$300.82
E0249	\$92.55	\$0.00	\$69.41
E0250	\$977.60	\$88.38	\$733.20
E0251	\$740.80	\$66.97	\$555.60
E0255	\$1,174.80	\$106.21	\$881.10
E0256	\$833.50	\$75.35	\$625.13
E0260	\$1,404.60	\$126.99	\$1,053.45
E0261	\$1,369.40	\$123.81	\$1,027.05
E0265	\$1,998.80	\$180.71	\$1,499.10
E0266	\$1,775.90	\$160.56	\$1,331.93
E0271	\$200.75	\$0.00	\$156.82
E0272	\$182.96	\$0.00	\$136.56
E0275	\$13.65	\$0.00	\$10.23
E0276	\$13.96	\$0.00	\$11.04
E0277	\$7,035.00	\$636.03	\$5,276.25
E0280	\$34.54	\$0.00	\$25.90
E0290	\$724.90	\$65.53	\$543.68

(continued from page 39) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0291	\$543.00	\$49.09	\$407.25
E0292	\$840.40	\$75.98	\$630.30
E0293	\$715.10	\$64.66	\$536.33
E0294	\$1,306.50	\$118.12	\$979.88
E0295	\$1,273.50	\$115.13	\$955.13
E0296	\$1,642.00	\$148.45	\$1,231.50
E0297	\$1,406.70	\$127.18	\$1,055.03
E0300	\$2,566.38	\$256.63	\$1,924.78
E0301	\$2,707.20	\$244.76	\$2,030.40
E0302	\$7,154.40	\$646.82	\$5,365.80
E0303	\$3,039.80	\$274.82	\$2,279.85
E0304	\$7,706.70	\$696.76	\$5,780.03
E0310	\$175.52	\$0.00	\$132.82
E0316	\$1,944.70	\$175.82	\$1,458.53
E0325	\$10.61	\$0.00	\$7.01
E0326	\$11.02	\$0.00	\$8.25
E0371	\$4,444.80	\$401.85	\$3,333.60
E0372	\$5,393.40	\$487.61	\$4,045.05
E0373	\$6,144.70	\$555.54	\$4,608.53
E0424	\$0.00	\$173.31	\$0.00
E0431	\$0.00	\$28.74	\$0.00
E0433	\$0.00	\$51.63	\$0.00
E0434	\$0.00	\$28.74	\$0.00
E0439	\$0.00	\$173.31	\$0.00
E0450	\$9,773.80	\$977.38	\$7,330.35
E0457	\$644.59	\$64.46	\$483.41
E0459	\$468.30	\$46.83	\$351.23
E0460	\$7,694.80	\$769.48	\$5,771.10
E0461	\$9,773.80	\$977.38	\$7,330.35
E0462	\$2,682.00	\$268.20	\$2,011.50
E0463	\$14,752.20	\$1,475.22	\$11,064.15
E0464	\$14,752.20	\$1,475.22	\$11,064.15
E0470	\$2,319.90	\$231.99	\$1,739.93
E0471	\$4,934.90	\$493.49	\$3,701.18
E0472	\$4,934.90	\$493.49	\$3,701.10
E0480	\$395.20	\$39.52	\$296.40
E0482	\$4,510.70	\$451.07	\$3,383.03
E0483	\$11,151.70	\$1,115.17	\$8,363.78
E0484	\$38.73	\$0.00	\$29.06
E0500	\$1,151.40	\$115.14	\$863.55

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0550	\$447.00	\$44.70	\$335.25
E0560	\$155.07	\$0.00	\$116.30
E0561	\$96.74	\$0.00	\$72.55
E0562	\$272.33	\$27.22	\$204.25
E0565	\$544.00	\$54.40	\$408.00
E0570	\$169.00	\$16.90	\$126.75
E0571	\$314.40	\$31.44	\$235.80
E0572	\$399.50	\$39.95	\$299.63
E0574	\$422.30	\$42.23	\$316.73
E0575	\$1,078.10	\$107.81	\$808.58
E0580	\$121.19	\$0.00	\$90.88
E0585	\$367.80	\$36.78	\$275.85
E0600	\$408.30	\$40.83	\$306.23
E0601	\$858.50	\$85.85	\$643.88
E0602	\$30.97	\$0.00	\$23.23
E0605	\$24.24	\$0.00	\$19.41
E0607	\$70.09	\$6.68	\$52.56
E0610	\$212.08	\$0.00	\$159.08
E0615	\$426.92	\$52.16	\$320.20
E0617	\$3,541.00	\$354.10	\$2,655.75
E0618	\$2,940.80	\$294.08	\$2,205.60
E0620	\$917.19	\$91.71	\$687.89
E0621	\$100.69	\$0.00	\$75.90
E0627	\$346.38	\$34.65	\$259.78
E0628	\$346.38	\$34.65	\$259.78
E0629	\$346.38	\$34.65	\$259.78
E0630	\$1,068.70	\$106.87	\$801.53
E0635	\$1,283.50	\$128.35	\$962.63
E0636	\$11,061.80	\$1,106.18	\$8,296.35
E0650	\$751.28	\$93.22	\$563.47
E0651	\$963.38	\$98.41	\$722.54
E0652	\$5,560.95	\$549.60	\$4,166.99
E0655	\$113.21	\$0.00	\$85.01
E0656	\$605.99	\$60.53	\$454.55
E0657	\$569.31	\$56.83	\$56.83
E0660	\$167.57	\$0.00	\$125.66
E0665	\$143.70	\$0.00	\$107.91
E0666	\$144.84	\$0.00	\$108.66
E0667	\$339.62	\$0.00	\$254.72
E0668	\$460.52	\$0.00	\$345.38

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0669	\$192.29	\$0.00	\$144.25
E0671	\$435.68	\$43.58	\$326.75
E0672	\$338.53	\$33.86	\$253.91
E0673	\$281.30	\$0.00	\$211.00
E0675	\$4,038.80	\$403.38	\$3,029.10
E0691	\$942.58	\$94.26	\$706.93
E0692	\$1,183.61	\$118.35	\$887.71
E0693	\$1,459.07	\$145.91	\$1,094.30
E0694	\$4,644.06	\$464.41	\$3,483.07
E0705	\$57.82	\$0.00	\$42.34
E0720	\$385.57	\$38.56	\$289.18
E0730	\$381.72	\$38.17	\$286.29
E0731	\$374.15	\$37.42	\$280.61
E0740	\$548.46	\$54.85	\$411.38
E0744	\$949.90	\$94.99	\$712.43
E0745	\$798.20	\$79.82	\$598.65
E0747	\$4,107.76	\$408.20	\$3,051.99
E0748	\$4,081.15	\$408.11	\$3,060.88
E0749	\$2,982.90	\$298.29	\$2,237.18
E0760	\$3,391.37	\$339.15	\$2,543.52
E0762	\$1,153.39	\$115.34	\$865.01
E0764	\$11,608.54	\$1,160.84	\$8,706.41
E0765	\$88.25	\$0.00	\$66.21
E0776	\$127.64	\$0.00	\$93.92
E0780	\$10.88	\$0.00	\$0.00
E0781	\$277.83	\$9.26	\$0.00
E0782	\$3,907.01	\$390.71	\$2,930.28
E0783	\$8,587.66	\$858.78	\$6,440.75
E0784	\$4,380.10	\$438.01	\$3,285.08
E0785	\$495.63	\$0.00	\$0.00
E0786	\$8,074.40	\$807.44	\$6,055.82
E0791	\$288.51	\$9.62	\$0.00
E0840	\$66.10	\$0.00	\$49.59
E0849	\$540.54	\$54.06	\$405.37
E0850	\$110.20	\$0.00	\$82.66
E0855	\$527.23	\$52.72	\$395.41
E0856	\$161.57	\$0.00	\$121.19
E0860	\$40.42	\$0.00	\$30.96
E0870	\$103.71	\$0.00	\$78.12
E0880	\$111.94	\$0.00	\$84.72
E0890	\$126.30	\$0.00	\$101.74

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0900	\$134.40	\$0.00	\$100.83
E0910	\$180.80	\$18.08	\$135.60
E0911	\$450.60	\$45.06	\$337.95
E0912	\$1,035.00	\$103.50	\$776.25
E0920	\$411.40	\$41.14	\$308.55
E0930	\$436.10	\$43.61	\$327.08
E0935	\$0.00	\$22.37	\$0.00
E0940	\$314.40	\$31.44	\$235.80
E0941	\$415.40	\$41.54	\$311.55
E0942	\$17.70	\$0.00	\$13.26
E0944	\$40.90	\$0.00	\$30.67
E0945	\$39.52	\$0.00	\$30.59
E0946	\$527.50	\$52.75	\$395.63
E0947	\$540.72	\$56.07	\$405.54
E0948	\$523.01	\$52.28	\$368.87
E0950	\$92.68	\$0.00	\$69.52
E0951	\$16.92	\$0.00	\$12.68
E0952	\$19.75	\$0.00	\$14.83
E0955	\$212.08	\$0.00	\$159.05
E0956	\$103.41	\$0.00	\$77.55
E0957	\$144.69	\$0.00	\$108.51
E0958	\$457.60	\$45.76	\$343.20
E0959	\$46.37	\$0.00	\$35.09
E0960	\$95.43	\$0.00	\$71.58
E0961	\$31.20	\$0.00	\$15.58
E0966	\$70.66	\$0.00	\$53.00
E0967	\$68.90	\$0.00	\$51.66
E0969	\$139.66	\$0.00	\$104.75
E0971	\$45.51	\$0.00	\$34.16
E0973	\$102.51	\$0.00	\$76.88
E0974	\$69.91	\$0.00	\$52.83
E0978	\$38.08	\$0.00	\$28.23
E0980	\$29.48	\$0.00	\$21.98
E0981	\$49.46	\$0.00	\$37.45
E0982	\$52.14	\$0.00	\$39.11
E0983	\$2,621.70	\$262.17	\$1,966.28
E0984	\$2,004.10	\$200.41	\$1,546.43
E0985	\$212.78	\$0.00	\$159.57
E0986	\$5,102.34	\$510.24	\$3,826.78
E0990	\$104.70	\$0.00	\$81.80
E0992	\$99.81	\$0.00	\$74.87

(continued from page 41) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E0994	\$18.49	\$0.00	\$13.88
E0995	\$31.89	\$0.00	\$23.90
E1002	\$4,251.61	\$425.16	\$3,188.71
E1003	\$4,606.26	\$460.64	\$3,454.69
E1004	\$5,107.39	\$510.74	\$3,830.53
E1005	\$5,528.35	\$552.83	\$4,146.27
E1006	\$6,771.71	\$677.15	\$5,078.79
E1007	\$9,169.15	\$916.92	\$6,876.86
E1008	\$9,169.97	\$916.99	\$6,877.50
E1010	\$1,199.78	\$119.98	\$899.85
E1014	\$383.02	\$38.31	\$287.25
E1015	\$120.32	\$0.00	\$90.23
E1016	\$137.74	\$0.00	\$103.30
E1020	\$255.32	\$0.00	\$191.49
E1028	\$216.65	\$0.00	\$162.47
E1029	\$387.63	\$38.76	\$290.72
E1030	\$1,222.31	\$122.24	\$916.74
E1031	\$529.90	\$52.99	\$397.43
E1035	\$6,432.20	\$643.22	\$4,824.15
E1036	\$9,017.30	\$901.73	\$6,762.98
E1037	\$1,138.00	\$113.80	\$853.50
E1038	\$189.10	\$18.91	\$141.83
E1039	\$358.70	\$35.87	\$269.03
E1050	\$1,068.20	\$106.82	\$801.15
E1060	\$1,322.40	\$132.24	\$991.80
E1070	\$1,148.90	\$114.89	\$861.68
E1083	\$826.00	\$82.60	\$619.50
E1084	\$880.90	\$88.09	\$660.68
E1087	\$1,180.40	\$118.04	\$885.30
E1088	\$1,344.30	\$134.43	\$1,008.23
E1092	\$1,145.90	\$114.59	\$859.43
E1093	\$1,159.30	\$115.93	\$869.48
E1100	\$1,088.90	\$108.89	\$816.68
E1110	\$1,066.30	\$106.63	\$799.73
E1150	\$855.70	\$85.57	\$641.78
E1160	\$655.60	\$65.56	\$491.70
E1161	\$2,481.91	\$248.19	\$1,861.46
E1170	\$936.90	\$93.69	\$702.68
E1171	\$840.80	\$84.08	\$630.60
E1172	\$1,027.50	\$102.75	\$770.63

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E1180	\$1,063.00	\$106.30	\$797.25
E1190	\$1,228.00	\$122.80	\$921.00
E1195	\$1,120.10	\$112.01	\$840.08
E1200	\$912.70	\$91.27	\$684.53
E1221	\$453.40	\$45.34	\$340.05
E1222	\$710.40	\$71.04	\$532.80
E1223	\$776.40	\$77.64	\$582.30
E1224	\$851.20	\$85.12	\$638.40
E1225	\$453.80	\$45.38	\$340.35
E1226	\$572.36	\$58.91	\$429.23
E1227	\$247.43	\$24.74	\$185.59
E1230	\$2,372.51	\$233.34	\$1,876.37
E1232	\$2,243.08	\$224.32	\$1,682.33
E1233	\$2,324.19	\$232.42	\$1,743.14
E1234	\$2,023.37	\$202.36	\$1,517.52
E1235	\$1,948.35	\$194.84	\$1,461.26
E1236	\$1,718.95	\$171.89	\$1,289.21
E1237	\$1,733.96	\$173.40	\$1,300.49
E1238	\$1,718.95	\$171.89	\$1,289.21
E1240	\$1,080.60	\$108.06	\$810.45
E1270	\$828.10	\$82.81	\$621.08
E1280	\$1,170.30	\$117.03	\$877.73
E1295	\$1,083.00	\$108.30	\$812.25
E1296	\$515.73	\$52.39	\$386.80
E1297	\$109.73	\$0.00	\$82.29
E1298	\$444.39	\$45.47	\$333.29
E1310	\$2,252.52	\$192.66	\$1,689.39
E1372	\$171.01	\$0.00	\$126.58
E1390	\$1,733.10	\$173.31	\$1,299.83
E1391	\$1,733.10	\$173.31	\$1,299.83
E1392	\$516.30	\$51.63	\$387.23
E1405	\$2,100.90	\$210.09	\$1,628.20
E1406	\$1,902.10	\$190.21	\$1,426.58
E1700	\$307.46	\$30.15	\$230.60
E1701	\$11.13	\$0.00	\$0.00
E1702	\$20.13	\$0.00	\$0.00
E1800	\$1,092.30	\$109.23	\$819.23
E1801	\$1,353.10	\$135.31	\$1,014.83
E1802	\$3,428.00	\$342.80	\$2,571.00
E1805	\$1,126.50	\$112.65	\$844.88

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E1806	\$1,111.00	\$111.10	\$833.25
E1810	\$1,110.80	\$111.08	\$833.10
E1811	\$1,406.90	\$140.69	\$1,055.18
E1812	\$902.00	\$90.20	\$676.50
E1815	\$1,126.50	\$112.65	\$844.88
E1816	\$1,429.10	\$142.91	\$1,071.75
E1818	\$1,458.90	\$145.89	\$1,094.18
E1820	\$85.74	\$0.00	\$64.32
E1821	\$110.40	\$0.00	\$82.82
E1825	\$1,126.50	\$112.65	\$844.88
E1830	\$1,126.50	\$112.65	\$844.88
E1840	\$3,986.90	\$398.69	\$2,990.18
E1841	\$4,751.70	\$475.17	\$2,375.85
E2000	\$543.70	\$54.37	\$407.78
E2100	\$674.67	\$67.47	\$506.01
E2101	\$197.79	\$0.00	\$148.34
E2120	\$2,974.00	\$297.40	\$2,230.50
E2201	\$391.37	\$39.14	\$293.53
E2202	\$497.18	\$49.72	\$372.91
E2203	\$502.50	\$50.23	\$376.86
E2204	\$853.22	\$85.33	\$639.91
E2205	\$34.27	\$0.00	\$25.72
E2206	\$42.67	\$0.00	\$32.00
E2207	\$45.47	\$0.00	\$34.11
E2208	\$124.60	\$0.00	\$93.45
E2209	\$112.41	\$0.00	\$84.32
E2210	\$6.87	\$0.00	\$5.16
E2211	\$36.74	\$0.00	\$27.55
E2212	\$6.16	\$0.00	\$4.64
E2213	\$31.90	\$0.00	\$23.91
E2214	\$37.76	\$0.00	\$28.31
E2215	\$10.07	\$0.00	\$7.53
E2219	\$43.90	\$0.00	\$32.93
E2220	\$29.92	\$0.00	\$22.88
E2221	\$26.80	\$0.00	\$20.12
E2222	\$22.09	\$0.00	\$16.58
E2224	\$102.86	\$0.00	\$77.15
E2225	\$18.25	\$0.00	\$13.68
E2226	\$39.80	\$0.00	\$29.85
E2227	\$1,962.22	\$196.23	\$1,471.68
E2228	\$982.09	\$98.20	\$736.59

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E2231	\$161.20	\$0.00	\$120.89
E2310	\$1,227.52	\$122.75	\$920.64
E2311	\$2,485.17	\$248.53	\$1,863.88
E2312	\$2,698.01	\$269.79	\$2,023.49
E2313	\$335.93	\$33.60	\$251.95
E2321	\$2,340.21	\$234.03	\$1,755.15
E2322	\$2,478.24	\$247.82	\$1,858.68
E2323	\$72.55	\$0.00	\$54.41
E2324	\$45.96	\$0.00	\$34.48
E2325	\$1,412.76	\$141.30	\$1,059.58
E2326	\$364.14	\$36.43	\$273.09
E2327	\$3,588.22	\$358.82	\$2,691.16
E2328	\$5,197.89	\$519.78	\$3,898.43
E2329	\$1,852.59	\$185.25	\$1,389.44
E2330	\$3,589.60	\$358.95	\$2,692.22
E2340	\$375.90	\$37.60	\$281.95
E2341	\$563.90	\$56.39	\$422.93
E2342	\$469.91	\$46.99	\$352.44
E2343	\$751.87	\$75.17	\$563.90
E2351	\$732.83	\$73.30	\$549.61
E2360	\$100.16	\$0.00	\$75.12
E2361	\$146.29	\$0.00	\$109.74
E2362	\$96.48	\$0.00	\$72.36
E2363	\$195.10	\$0.00	\$146.33
E2364	\$100.16	\$0.00	\$75.12
E2365	\$117.66	\$0.00	\$88.27
E2366	\$276.52	\$0.00	\$207.40
E2367	\$439.59	\$43.97	\$329.70
E2368	\$541.86	\$54.20	\$406.40
E2369	\$471.97	\$47.20	\$353.97
E2370	\$842.14	\$84.22	\$631.60
E2371	\$158.12	\$0.00	\$118.59
E2373	\$1,137.67	\$113.77	\$853.27
E2374	\$560.16	\$56.01	\$420.14
E2375	\$898.49	\$89.84	\$673.85
E2376	\$1,407.97	\$140.80	\$1,056.00
E2377	\$509.49	\$50.94	\$382.14
E2381	\$79.91	\$0.00	\$59.94
E2382	\$21.79	\$0.00	\$16.33
E2383	\$159.31	\$0.00	\$119.49
E2384	\$84.88	\$0.00	\$63.65

(continued from page 43) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
E2385	\$51.93	\$0.00	\$38.93
E2386	\$157.88	\$0.00	\$118.39
E2387	\$70.79	\$0.00	\$53.13
E2388	\$52.86	\$0.00	\$39.65
E2389	\$28.70	\$0.00	\$21.52
E2390	\$44.89	\$0.00	\$33.64
E2391	\$21.51	\$0.00	\$16.13
E2392	\$56.51	\$0.00	\$42.39
E2394	\$80.51	\$0.00	\$60.39
E2395	\$57.22	\$0.00	\$42.94
E2396	\$69.77	\$0.00	\$52.33
E2397	\$434.41	\$43.44	\$325.79
E2402	\$1,551.85	\$51.73	\$0.00
E2500	\$410.20	\$41.03	\$307.64
E2502	\$1,254.33	\$125.44	\$940.76
E2504	\$1,654.63	\$165.48	\$1,240.96
E2506	\$2,426.18	\$242.61	\$1,819.60
E2508	\$3,751.68	\$375.17	\$2,813.77
E2510	\$7,099.55	\$709.95	\$5,324.66
E2601	\$64.16	\$0.00	\$48.11
E2602	\$125.24	\$0.00	\$93.94
E2603	\$159.01	\$0.00	\$119.25
E2604	\$197.63	\$0.00	\$148.25
E2605	\$282.35	\$0.00	\$211.80
E2606	\$440.49	\$44.07	\$314.94
E2607	\$304.04	\$0.00	\$228.03
E2608	\$365.12	\$36.50	\$273.85
E2611	\$327.64	\$32.76	\$245.75
E2612	\$443.23	\$44.32	\$332.40
E2613	\$412.28	\$41.24	\$309.21
E2614	\$570.56	\$57.06	\$427.94
E2615	\$474.47	\$47.45	\$355.83
E2616	\$638.37	\$63.84	\$478.79
E2619	\$53.84	\$0.00	\$40.40
E2620	\$574.51	\$57.45	\$430.90
E2621	\$602.90	\$60.28	\$452.18
E2622	\$347.69	\$34.78	\$260.77
E2623	\$442.43	\$44.26	\$331.82
E2624	\$350.55	\$35.05	\$262.93
E2625	\$443.77	\$44.38	\$332.82

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
K0001	\$558.70	\$55.87	\$419.03
K0002	\$858.30	\$85.83	\$643.73
K0003	\$939.80	\$93.98	\$704.85
K0004	\$1,191.50	\$119.15	\$893.63
K0005	\$1,939.26	\$193.91	\$1,454.42
K0006	\$1,118.20	\$111.82	\$838.65
K0007	\$1,872.40	\$187.24	\$1,404.30
K0010	\$3,798.10	\$379.81	\$2,848.58
K0011	\$5,965.90	\$596.59	\$4,474.43
K0012	\$3,408.30	\$340.83	\$2,556.23
K0015	\$190.60	\$0.00	\$142.94
K0017	\$53.62	\$0.00	\$40.21
K0018	\$29.95	\$0.00	\$22.48
K0019	\$18.08	\$0.00	\$13.57
K0020	\$48.73	\$0.00	\$36.53
K0037	\$42.94	\$0.00	\$32.22
K0038	\$25.44	\$0.00	\$19.09
K0039	\$56.51	\$0.00	\$42.39
K0040	\$78.32	\$0.00	\$58.73
K0041	\$55.51	\$0.00	\$41.63
K0042	\$34.96	\$0.00	\$26.22
K0043	\$20.49	\$0.00	\$15.37
K0044	\$17.45	\$0.00	\$13.09
K0045	\$59.39	\$0.00	\$44.55
K0046	\$20.49	\$0.00	\$15.37
K0047	\$80.22	\$0.00	\$60.15
K0050	\$34.10	\$0.00	\$25.58
K0051	\$55.18	\$0.00	\$41.37
K0052	\$96.96	\$0.00	\$72.72
K0053	\$107.00	\$0.00	\$80.26
K0056	\$99.76	\$0.00	\$74.84
K0065	\$46.63	\$0.00	\$34.97
K0069	\$104.82	\$0.00	\$78.61
K0070	\$192.13	\$0.00	\$144.10
K0071	\$114.60	\$0.00	\$85.93
K0072	\$68.98	\$0.00	\$51.74
K0073	\$36.50	\$0.00	\$27.38
K0077	\$61.73	\$0.00	\$46.29
K0098	\$28.54	\$0.00	\$21.39
K0105	\$104.30	\$0.00	\$78.22



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
K0195	\$221.00	\$22.10	\$165.75
K0455	\$2,778.30	\$277.83	\$2,083.73
K0552	\$2.78	\$0.00	\$0.00
K0601	\$1.16	\$0.00	\$0.00
K0602	\$6.67	\$0.00	\$0.00
K0603	\$0.60	\$0.00	\$0.00
K0604	\$6.38	\$0.00	\$0.00
K0605	\$15.31	\$0.00	\$0.00
K0606	\$26,415.40	\$2,641.54	\$19,811.55
K0607	\$226.19	\$0.00	\$169.65
K0608	\$141.17	\$0.00	\$105.87
K0609	\$938.77	\$0.00	\$0.00
K0672	\$77.11	\$0.00	\$0.00
K0730	\$1,808.41	\$180.84	\$1,356.30
K0733	\$31.69	\$0.00	\$23.78
K0800	\$1,168.79	\$116.00	\$876.59
K0801	\$1,884.33	\$188.41	\$1,413.24
K0802	\$2,132.46	\$213.24	\$1,599.35
K0806	\$1,413.92	\$141.39	\$1,060.44
K0807	\$2,145.46	\$214.55	\$1,609.11
K0808	\$3,319.48	\$331.94	\$2,489.60
K0813	\$3,271.50	\$327.15	\$2,453.63
K0814	\$4,187.90	\$418.79	\$3,140.93
K0815	\$4,768.40	\$476.84	\$3,576.30
K0816	\$4,566.80	\$456.68	\$3,425.10
K0820	\$3,494.40	\$349.44	\$2,620.80
K0821	\$4,485.70	\$448.57	\$3,364.28
K0822	\$5,421.20	\$542.12	\$4,065.90
K0823	\$5,456.90	\$545.69	\$4,092.68
K0824	\$6,567.30	\$656.73	\$4,925.48
K0825	\$6,012.30	\$601.23	\$4,509.23
K0826	\$8,502.20	\$850.22	\$6,376.65
K0827	\$7,229.40	\$722.94	\$5,422.05
K0828	\$9,368.60	\$936.86	\$7,026.45
K0829	\$8,603.10	\$860.31	\$6,452.33
K0835	\$5,502.40	\$550.24	\$4,126.80
K0836	\$5,706.30	\$570.63	\$4,279.73
K0837	\$6,567.30	\$656.73	\$4,925.48
K0838	\$5,875.10	\$587.51	\$4,406.33
K0839	\$8,502.20	\$850.22	\$6,376.65
K0840	\$12,880.80	\$1,288.08	\$9,660.60

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
K0841	\$5,856.70	\$585.67	\$4,292.53
K0842	\$5,856.70	\$585.67	\$4,292.53
K0843	\$7,051.40	\$705.14	\$5,288.55
K0848	\$7,166.30	\$716.63	\$5,374.73
K0849	\$6,890.20	\$689.02	\$5,167.65
K0850	\$8,312.80	\$831.28	\$6,234.60
K0851	\$7,992.70	\$799.27	\$5,994.53
K0852	\$9,604.90	\$960.49	\$7,203.68
K0853	\$9,866.70	\$986.67	\$7,400.03
K0854	\$13,071.10	\$1,307.11	\$9,803.25
K0855	\$12,347.60	\$1,234.76	\$9,260.70
K0856	\$7,692.40	\$769.24	\$5,769.30
K0857	\$7,846.50	\$784.65	\$5,884.88
K0858	\$9,544.00	\$954.40	\$7,158.00
K0859	\$9,102.00	\$910.20	\$4,551.00
K0860	\$13,634.80	\$1,363.48	\$10,226.10
K0861	\$9,924.70	\$992.47	\$7,443.53
K0862	\$9,544.00	\$954.40	\$7,158.00
K0863	\$13,634.80	\$1,363.48	\$10,226.10
K0864	\$16,225.50	\$1,622.55	\$12,169.13
L0112	\$1,272.78	\$0.00	\$0.00
L0113	\$259.35	\$0.00	\$0.00
L0120	\$22.44	\$0.00	\$0.00
L0130	\$137.99	\$0.00	\$0.00
L0140	\$55.24	\$0.00	\$0.00
L0150	\$91.40	\$0.00	\$0.00
L0160	\$176.62	\$0.00	\$0.00
L0170	\$578.54	\$0.00	\$0.00
L0172	\$119.20	\$0.00	\$0.00
L0174	\$232.34	\$0.00	\$0.00
L0180	\$348.15	\$0.00	\$0.00
L0190	\$450.83	\$0.00	\$0.00
L0200	\$503.74	\$0.00	\$0.00
L0220	\$138.11	\$0.00	\$0.00
L0430	\$1,380.62	\$0.00	\$0.00
L0450	\$147.00	\$0.00	\$0.00
L0454	\$315.38	\$0.00	\$0.00
L0456	\$904.44	\$0.00	\$0.00
L0458	\$811.03	\$0.00	\$0.00
L0460	\$912.87	\$0.00	\$0.00
L0462	\$1,135.42	\$0.00	\$0.00

(continued from page 45) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L0464	\$1,351.72	\$0.00	\$0.00
L0466	\$362.06	\$0.00	\$0.00
L0468	\$419.18	\$0.00	\$0.00
L0470	\$539.24	\$0.00	\$0.00
L0472	\$376.40	\$0.00	\$0.00
L0480	\$1,296.94	\$0.00	\$0.00
L0482	\$1,311.58	\$0.00	\$0.00
L0484	\$1,503.08	\$0.00	\$0.00
L0486	\$1,621.93	\$0.00	\$0.00
L0488	\$912.87	\$0.00	\$0.00
L0490	\$257.23	\$0.00	\$0.00
L0491	\$698.40	\$0.00	\$0.00
L0492	\$452.64	\$0.00	\$0.00
L0621	\$84.49	\$0.00	\$0.00
L0622	\$218.50	\$0.00	\$0.00
L0625	\$50.11	\$0.00	\$0.00
L0626	\$70.89	\$0.00	\$0.00
L0627	\$373.81	\$0.00	\$0.00
L0628	\$76.28	\$0.00	\$0.00
L0630	\$147.26	\$0.00	\$0.00
L0631	\$933.55	\$0.00	\$0.00
L0633	\$260.77	\$0.00	\$0.00
L0635	\$899.77	\$0.00	\$0.00
L0636	\$1,219.76	\$0.00	\$0.00
L0637	\$1,104.80	\$0.00	\$0.00
L0638	\$1,199.37	\$0.00	\$0.00
L0639	\$1,104.80	\$0.00	\$0.00
L0640	\$951.53	\$0.00	\$0.00
L0700	\$1,735.67	\$0.00	\$0.00
L0710	\$1,869.76	\$0.00	\$0.00
L0810	\$2,316.40	\$0.00	\$0.00
L0820	\$1,954.01	\$0.00	\$0.00
L0830	\$3,130.79	\$0.00	\$0.00
L0859	\$1,373.83	\$0.00	\$0.00
L0861	\$196.01	\$0.00	\$0.00
L0970	\$122.97	\$0.00	\$0.00
L0972	\$112.45	\$0.00	\$0.00
L0974	\$169.99	\$0.00	\$0.00
L0976	\$159.18	\$0.00	\$0.00
L0978	\$166.76	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L0980	\$19.69	\$0.00	\$0.00
L0982	\$18.36	\$0.00	\$0.00
L0984	\$51.36	\$0.00	\$0.00
L1000	\$1,866.88	\$0.00	\$0.00
L1005	\$2,910.57	\$0.00	\$0.00
L1010	\$66.89	\$0.00	\$0.00
L1020	\$92.69	\$0.00	\$0.00
L1025	\$105.47	\$0.00	\$0.00
L1030	\$71.74	\$0.00	\$0.00
L1040	\$75.01	\$0.00	\$0.00
L1050	\$90.78	\$0.00	\$0.00
L1060	\$88.10	\$0.00	\$0.00
L1070	\$86.16	\$0.00	\$0.00
L1080	\$48.48	\$0.00	\$0.00
L1085	\$146.40	\$0.00	\$0.00
L1090	\$86.70	\$0.00	\$0.00
L1100	\$149.43	\$0.00	\$0.00
L1110	\$217.93	\$0.00	\$0.00
L1120	\$39.50	\$0.00	\$0.00
L1200	\$1,524.11	\$0.00	\$0.00
L1210	\$221.31	\$0.00	\$0.00
L1220	\$214.18	\$0.00	\$0.00
L1230	\$480.79	\$0.00	\$0.00
L1240	\$70.92	\$0.00	\$0.00
L1250	\$68.80	\$0.00	\$0.00
L1260	\$69.23	\$0.00	\$0.00
L1270	\$66.55	\$0.00	\$0.00
L1280	\$72.96	\$0.00	\$0.00
L1290	\$66.48	\$0.00	\$0.00
L1300	\$1,628.54	\$0.00	\$0.00
L1310	\$1,568.80	\$0.00	\$0.00
L1500	\$1,760.10	\$0.00	\$0.00
L1510	\$1,016.38	\$0.00	\$0.00
L1520	\$2,306.31	\$0.00	\$0.00
L1600	\$145.32	\$0.00	\$0.00
L1610	\$38.50	\$0.00	\$0.00
L1620	\$113.32	\$0.00	\$0.00
L1630	\$143.32	\$0.00	\$0.00
L1640	\$449.41	\$0.00	\$0.00
L1650	\$206.39	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L1652	\$324.17	\$0.00	\$0.00
L1660	\$192.99	\$0.00	\$0.00
L1680	\$1,218.26	\$0.00	\$0.00
L1685	\$1,006.05	\$0.00	\$0.00
L1686	\$771.53	\$0.00	\$0.00
L1690	\$1,758.49	\$0.00	\$0.00
L1700	\$1,450.82	\$0.00	\$0.00
L1710	\$1,865.62	\$0.00	\$0.00
L1720	\$1,384.00	\$0.00	\$0.00
L1730	\$1,095.55	\$0.00	\$0.00
L1755	\$1,339.09	\$0.00	\$0.00
L1810	\$90.47	\$0.00	\$0.00
L1820	\$121.69	\$0.00	\$0.00
L1830	\$73.99	\$0.00	\$0.00
L1831	\$267.65	\$0.00	\$0.00
L1832	\$514.22	\$0.00	\$0.00
L1834	\$656.56	\$0.00	\$0.00
L1836	\$121.32	\$0.00	\$0.00
L1840	\$955.58	\$0.00	\$0.00
L1843	\$815.94	\$0.00	\$0.00
L1844	\$1,411.50	\$0.00	\$0.00
L1845	\$792.21	\$0.00	\$0.00
L1846	\$992.75	\$0.00	\$0.00
L1847	\$523.05	\$0.00	\$0.00
L1850	\$281.52	\$0.00	\$0.00
L1860	\$924.99	\$0.00	\$0.00
L1900	\$293.02	\$0.00	\$0.00
L1902	\$90.02	\$0.00	\$0.00
L1904	\$397.73	\$0.00	\$0.00
L1906	\$101.71	\$0.00	\$0.00
L1907	\$511.71	\$0.00	\$0.00
L1910	\$254.82	\$0.00	\$0.00
L1920	\$306.15	\$0.00	\$0.00
L1930	\$266.78	\$0.00	\$0.00
L1932	\$811.49	\$0.00	\$0.00
L1940	\$428.27	\$0.00	\$0.00
L1945	\$782.94	\$0.00	\$0.00
L1950	\$632.14	\$0.00	\$0.00
L1951	\$763.72	\$0.00	\$0.00
L1960	\$468.81	\$0.00	\$0.00
L1970	\$601.84	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L1971	\$426.24	\$0.00	\$0.00
L1980	\$324.48	\$0.00	\$0.00
L1990	\$377.01	\$0.00	\$0.00
L2000	\$857.88	\$0.00	\$0.00
L2005	\$3,726.33	\$0.00	\$0.00
L2010	\$837.74	\$0.00	\$0.00
L2020	\$987.59	\$0.00	\$0.00
L2030	\$866.26	\$0.00	\$0.00
L2034	\$1,909.66	\$0.00	\$0.00
L2035	\$146.24	\$0.00	\$0.00
L2036	\$1,648.91	\$0.00	\$0.00
L2037	\$1,408.75	\$0.00	\$0.00
L2038	\$1,209.26	\$0.00	\$0.00
L2040	\$150.16	\$0.00	\$0.00
L2050	\$477.93	\$0.00	\$0.00
L2060	\$552.96	\$0.00	\$0.00
L2070	\$114.59	\$0.00	\$0.00
L2080	\$325.05	\$0.00	\$0.00
L2090	\$393.94	\$0.00	\$0.00
L2106	\$707.76	\$0.00	\$0.00
L2108	\$983.28	\$0.00	\$0.00
L2112	\$479.08	\$0.00	\$0.00
L2114	\$554.59	\$0.00	\$0.00
L2116	\$664.41	\$0.00	\$0.00
L2126	\$1,012.80	\$0.00	\$0.00
L2128	\$1,450.31	\$0.00	\$0.00
L2132	\$769.70	\$0.00	\$0.00
L2134	\$962.68	\$0.00	\$0.00
L2136	\$1,089.90	\$0.00	\$0.00
L2180	\$132.07	\$0.00	\$0.00
L2182	\$97.03	\$0.00	\$0.00
L2184	\$126.06	\$0.00	\$0.00
L2186	\$127.33	\$0.00	\$0.00
L2188	\$296.29	\$0.00	\$0.00
L2190	\$84.69	\$0.00	\$0.00
L2192	\$333.59	\$0.00	\$0.00
L2200	\$53.62	\$0.00	\$0.00
L2210	\$56.85	\$0.00	\$0.00
L2220	\$73.89	\$0.00	\$0.00
L2230	\$68.29	\$0.00	\$0.00
L2232	\$87.86	\$0.00	\$0.00

(continued from page 47) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L2240	\$70.73	\$0.00	\$0.00
L2250	\$300.54	\$0.00	\$0.00
L2260	\$174.97	\$0.00	\$0.00
L2265	\$132.81	\$0.00	\$0.00
L2270	\$45.42	\$0.00	\$0.00
L2275	\$110.51	\$0.00	\$0.00
L2280	\$382.99	\$0.00	\$0.00
L2300	\$303.63	\$0.00	\$0.00
L2310	\$138.73	\$0.00	\$0.00
L2320	\$189.85	\$0.00	\$0.00
L2330	\$351.99	\$0.00	\$0.00
L2335	\$192.14	\$0.00	\$0.00
L2340	\$468.75	\$0.00	\$0.00
L2350	\$803.08	\$0.00	\$0.00
L2360	\$58.35	\$0.00	\$0.00
L2370	\$248.21	\$0.00	\$0.00
L2375	\$127.42	\$0.00	\$0.00
L2380	\$138.83	\$0.00	\$0.00
L2385	\$146.26	\$0.00	\$0.00
L2387	\$139.98	\$0.00	\$0.00
L2390	\$92.59	\$0.00	\$0.00
L2395	\$176.44	\$0.00	\$0.00
L2397	\$99.13	\$0.00	\$0.00
L2405	\$79.29	\$0.00	\$0.00
L2415	\$110.47	\$0.00	\$0.00
L2425	\$130.34	\$0.00	\$0.00
L2430	\$130.34	\$0.00	\$0.00
L2492	\$96.27	\$0.00	\$0.00
L2500	\$311.14	\$0.00	\$0.00
L2510	\$705.70	\$0.00	\$0.00
L2520	\$445.50	\$0.00	\$0.00
L2525	\$1,031.01	\$0.00	\$0.00
L2526	\$579.32	\$0.00	\$0.00
L2530	\$200.36	\$0.00	\$0.00
L2540	\$380.36	\$0.00	\$0.00
L2550	\$242.91	\$0.00	\$0.00
L2570	\$537.15	\$0.00	\$0.00
L2580	\$392.54	\$0.00	\$0.00
L2600	\$231.61	\$0.00	\$0.00
L2610	\$273.87	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L2620	\$264.62	\$0.00	\$0.00
L2622	\$345.83	\$0.00	\$0.00
L2624	\$300.74	\$0.00	\$0.00
L2627	\$1,449.94	\$0.00	\$0.00
L2628	\$1,417.03	\$0.00	\$0.00
L2630	\$247.66	\$0.00	\$0.00
L2640	\$325.58	\$0.00	\$0.00
L2650	\$122.28	\$0.00	\$0.00
L2660	\$190.40	\$0.00	\$0.00
L2670	\$192.37	\$0.00	\$0.00
L2680	\$176.47	\$0.00	\$0.00
L2750	\$92.96	\$0.00	\$0.00
L2755	\$118.85	\$0.00	\$0.00
L2760	\$68.52	\$0.00	\$0.00
L2768	\$118.48	\$0.00	\$0.00
L2780	\$57.24	\$0.00	\$0.00
L2785	\$26.80	\$0.00	\$0.00
L2795	\$82.83	\$0.00	\$0.00
L2800	\$90.22	\$0.00	\$0.00
L2810	\$73.54	\$0.00	\$0.00
L2820	\$73.45	\$0.00	\$0.00
L2830	\$79.46	\$0.00	\$0.00
L2840	\$49.27	\$0.00	\$0.00
L2850	\$56.35	\$0.00	\$0.00
L3000	\$285.66	\$0.00	\$0.00
L3001	\$120.26	\$0.00	\$0.00
L3002	\$146.86	\$0.00	\$0.00
L3003	\$158.44	\$0.00	\$0.00
L3010	\$158.44	\$0.00	\$0.00
L3020	\$180.41	\$0.00	\$0.00
L3030	\$69.39	\$0.00	\$0.00
L3040	\$42.79	\$0.00	\$0.00
L3050	\$42.79	\$0.00	\$0.00
L3060	\$67.07	\$0.00	\$0.00
L3070	\$28.91	\$0.00	\$0.00
L3080	\$28.91	\$0.00	\$0.00
L3090	\$37.03	\$0.00	\$0.00
L3100	\$39.31	\$0.00	\$0.00
L3140	\$80.97	\$0.00	\$0.00
L3150	\$74.01	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L3170	\$46.27	\$0.00	\$0.00
L3224	\$49.74	\$0.00	\$0.00
L3225	\$58.31	\$0.00	\$0.00
L3300	\$47.41	\$0.00	\$0.00
L3310	\$74.01	\$0.00	\$0.00
L3330	\$514.66	\$0.00	\$0.00
L3332	\$67.07	\$0.00	\$0.00
L3334	\$34.70	\$0.00	\$0.00
L3340	\$77.49	\$0.00	\$0.00
L3350	\$20.80	\$0.00	\$0.00
L3360	\$32.38	\$0.00	\$0.00
L3370	\$45.09	\$0.00	\$0.00
L3380	\$45.09	\$0.00	\$0.00
L3390	\$45.09	\$0.00	\$0.00
L3400	\$37.03	\$0.00	\$0.00
L3410	\$84.46	\$0.00	\$0.00
L3420	\$49.72	\$0.00	\$0.00
L3430	\$145.73	\$0.00	\$0.00
L3440	\$69.39	\$0.00	\$0.00
L3450	\$95.98	\$0.00	\$0.00
L3455	\$37.03	\$0.00	\$0.00
L3460	\$31.21	\$0.00	\$0.00
L3465	\$53.20	\$0.00	\$0.00
L3470	\$56.66	\$0.00	\$0.00
L3480	\$56.66	\$0.00	\$0.00
L3500	\$26.62	\$0.00	\$0.00
L3510	\$26.62	\$0.00	\$0.00
L3520	\$28.91	\$0.00	\$0.00
L3530	\$28.91	\$0.00	\$0.00
L3540	\$46.27	\$0.00	\$0.00
L3550	\$8.11	\$0.00	\$0.00
L3560	\$20.80	\$0.00	\$0.00
L3570	\$77.49	\$0.00	\$0.00
L3580	\$58.98	\$0.00	\$0.00
L3590	\$48.58	\$0.00	\$0.00
L3595	\$38.15	\$0.00	\$0.00
L3600	\$69.39	\$0.00	\$0.00
L3610	\$91.38	\$0.00	\$0.00
L3620	\$69.39	\$0.00	\$0.00
L3630	\$91.38	\$0.00	\$0.00
L3640	\$39.31	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L3650	\$53.79	\$0.00	\$0.00
L3671	\$745.73	\$0.00	\$0.00
L3674	\$978.27	\$0.00	\$0.00
L3702	\$238.98	\$0.00	\$0.00
L3710	\$122.95	\$0.00	\$0.00
L3720	\$627.96	\$0.00	\$0.00
L3730	\$918.50	\$0.00	\$0.00
L3740	\$1,179.40	\$0.00	\$0.00
L3760	\$413.89	\$0.00	\$0.00
L3762	\$89.00	\$0.00	\$0.00
L3763	\$579.42	\$0.00	\$0.00
L3764	\$629.57	\$0.00	\$0.00
L3765	\$1,061.20	\$0.00	\$0.00
L3766	\$1,123.73	\$0.00	\$0.00
L3806	\$375.94	\$0.00	\$0.00
L3807	\$206.94	\$0.00	\$0.00
L3808	\$276.57	\$0.00	\$0.00
L3900	\$1,081.85	\$0.00	\$0.00
L3901	\$1,330.05	\$0.00	\$0.00
L3904	\$2,423.73	\$0.00	\$0.00
L3905	\$820.73	\$0.00	\$0.00
L3906	\$327.04	\$0.00	\$0.00
L3908	\$49.59	\$0.00	\$0.00
L3912	\$103.18	\$0.00	\$0.00
L3913	\$224.15	\$0.00	\$0.00
L3915	\$439.94	\$0.00	\$0.00
L3917	\$87.40	\$0.00	\$0.00
L3919	\$224.15	\$0.00	\$0.00
L3921	\$265.82	\$0.00	\$0.00
L3923	\$72.00	\$0.00	\$0.00
L3925	\$44.46	\$0.00	\$0.00
L3927	\$28.96	\$0.00	\$0.00
L3929	\$76.12	\$0.00	\$0.00
L3931	\$170.02	\$0.00	\$0.00
L3933	\$176.60	\$0.00	\$0.00
L3935	\$182.86	\$0.00	\$0.00
L3960	\$741.63	\$0.00	\$0.00
L3961	\$1,390.49	\$0.00	\$0.00
L3962	\$593.83	\$0.00	\$0.00
L3964	\$553.79	\$55.37	\$415.31
L3965	\$883.69	\$88.39	\$662.76

(continued from page 49) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L3966	\$783.19	\$78.32	\$587.39
L3967	\$1,641.72	\$0.00	\$0.00
L3968	\$991.11	\$99.10	\$743.34
L3969	\$589.13	\$58.91	\$441.83
L3970	\$235.66	\$23.56	\$176.74
L3971	\$1,558.33	\$0.00	\$0.00
L3972	\$149.85	\$0.00	\$112.39
L3973	\$1,641.72	\$0.00	\$0.00
L3974	\$127.10	\$0.00	\$95.33
L3975	\$1,390.49	\$0.00	\$0.00
L3976	\$1,390.49	\$0.00	\$0.00
L3977	\$1,558.33	\$0.00	\$0.00
L3978	\$1,641.72	\$0.00	\$0.00
L3980	\$304.68	\$0.00	\$0.00
L3982	\$343.82	\$0.00	\$0.00
L3984	\$299.12	\$0.00	\$0.00
L3995	\$35.29	\$0.00	\$0.00
L4000	\$1,139.67	\$0.00	\$0.00
L4010	\$582.45	\$0.00	\$0.00
L4020	\$851.75	\$0.00	\$0.00
L4030	\$557.00	\$0.00	\$0.00
L4040	\$363.03	\$0.00	\$0.00
L4045	\$277.45	\$0.00	\$0.00
L4050	\$349.18	\$0.00	\$0.00
L4055	\$230.32	\$0.00	\$0.00
L4060	\$268.79	\$0.00	\$0.00
L4070	\$299.64	\$0.00	\$0.00
L4080	\$85.55	\$0.00	\$0.00
L4090	\$96.64	\$0.00	\$0.00
L4100	\$99.23	\$0.00	\$0.00
L4110	\$79.37	\$0.00	\$0.00
L4130	\$489.06	\$0.00	\$0.00
L4350	\$77.75	\$0.00	\$0.00
L4360	\$234.19	\$0.00	\$0.00
L4370	\$159.67	\$0.00	\$0.00
L4380	\$90.85	\$0.00	\$0.00
L4386	\$144.19	\$0.00	\$0.00
L4392	\$21.42	\$0.00	\$0.00
L4394	\$15.63	\$0.00	\$0.00
L4396	\$152.64	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L4398	\$70.24	\$0.00	\$0.00
L4631	\$1,345.12	\$0.00	\$0.00
L5000	\$607.04	\$0.00	\$0.00
L5010	\$1,378.37	\$0.00	\$0.00
L5020	\$2,070.66	\$0.00	\$0.00
L5050	\$2,606.65	\$0.00	\$0.00
L5060	\$2,945.38	\$0.00	\$0.00
L5100	\$2,561.46	\$0.00	\$0.00
L5105	\$3,130.33	\$0.00	\$0.00
L5150	\$3,731.29	\$0.00	\$0.00
L5160	\$3,925.77	\$0.00	\$0.00
L5200	\$3,411.79	\$0.00	\$0.00
L5210	\$2,521.87	\$0.00	\$0.00
L5220	\$3,168.23	\$0.00	\$0.00
L5230	\$3,755.23	\$0.00	\$0.00
L5250	\$5,083.87	\$0.00	\$0.00
L5270	\$4,830.70	\$0.00	\$0.00
L5280	\$5,258.51	\$0.00	\$0.00
L5301	\$2,485.13	\$0.00	\$0.00
L5311	\$3,316.91	\$0.00	\$0.00
L5321	\$3,467.10	\$0.00	\$0.00
L5331	\$5,219.60	\$0.00	\$0.00
L5341	\$5,446.97	\$0.00	\$0.00
L5400	\$1,285.09	\$0.00	\$0.00
L5410	\$501.99	\$0.00	\$0.00
L5420	\$1,645.74	\$0.00	\$0.00
L5430	\$604.58	\$0.00	\$0.00
L5450	\$489.48	\$0.00	\$0.00
L5460	\$655.13	\$0.00	\$0.00
L5500	\$1,293.10	\$0.00	\$0.00
L5505	\$2,089.70	\$0.00	\$0.00
L5510	\$1,537.31	\$0.00	\$0.00
L5520	\$1,727.75	\$0.00	\$0.00
L5530	\$1,785.54	\$0.00	\$0.00
L5535	\$1,789.03	\$0.00	\$0.00
L5540	\$1,918.18	\$0.00	\$0.00
L5560	\$2,306.93	\$0.00	\$0.00
L5570	\$2,277.70	\$0.00	\$0.00
L5580	\$2,543.22	\$0.00	\$0.00
L5585	\$2,551.60	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L5590	\$2,496.54	\$0.00	\$0.00
L5595	\$3,628.23	\$0.00	\$0.00
L5600	\$4,006.65	\$0.00	\$0.00
L5610	\$2,162.21	\$0.00	\$0.00
L5611	\$1,451.81	\$0.00	\$0.00
L5613	\$2,236.22	\$0.00	\$0.00
L5614	\$1,537.50	\$0.00	\$0.00
L5616	\$1,631.76	\$0.00	\$0.00
L5617	\$509.79	\$0.00	\$0.00
L5618	\$272.22	\$0.00	\$0.00
L5620	\$334.02	\$0.00	\$0.00
L5622	\$435.55	\$0.00	\$0.00
L5624	\$436.80	\$0.00	\$0.00
L5626	\$479.67	\$0.00	\$0.00
L5628	\$517.67	\$0.00	\$0.00
L5629	\$381.82	\$0.00	\$0.00
L5630	\$466.10	\$0.00	\$0.00
L5631	\$527.89	\$0.00	\$0.00
L5632	\$200.08	\$0.00	\$0.00
L5634	\$274.10	\$0.00	\$0.00
L5636	\$229.60	\$0.00	\$0.00
L5637	\$347.09	\$0.00	\$0.00
L5638	\$454.84	\$0.00	\$0.00
L5639	\$1,010.28	\$0.00	\$0.00
L5640	\$576.19	\$0.00	\$0.00
L5642	\$575.79	\$0.00	\$0.00
L5643	\$1,508.42	\$0.00	\$0.00
L5644	\$634.91	\$0.00	\$0.00
L5645	\$720.43	\$0.00	\$0.00
L5646	\$640.88	\$0.00	\$0.00
L5647	\$716.78	\$0.00	\$0.00
L5648	\$699.05	\$0.00	\$0.00
L5649	\$2,189.38	\$0.00	\$0.00
L5650	\$516.19	\$0.00	\$0.00
L5651	\$1,442.84	\$0.00	\$0.00
L5652	\$458.33	\$0.00	\$0.00
L5653	\$536.82	\$0.00	\$0.00
L5654	\$355.21	\$0.00	\$0.00
L5655	\$276.35	\$0.00	\$0.00
L5656	\$342.51	\$0.00	\$0.00
L5658	\$327.63	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L5661	\$548.35	\$0.00	\$0.00
L5665	\$493.09	\$0.00	\$0.00
L5666	\$84.10	\$0.00	\$0.00
L5668	\$121.32	\$0.00	\$0.00
L5670	\$326.01	\$0.00	\$0.00
L5671	\$518.08	\$0.00	\$0.00
L5672	\$268.69	\$0.00	\$0.00
L5673	\$660.15	\$0.00	\$0.00
L5676	\$425.25	\$0.00	\$0.00
L5677	\$592.39	\$0.00	\$0.00
L5678	\$47.70	\$0.00	\$0.00
L5679	\$550.10	\$0.00	\$0.00
L5680	\$294.13	\$0.00	\$0.00
L5681	\$1,198.52	\$0.00	\$0.00
L5682	\$574.96	\$0.00	\$0.00
L5683	\$1,198.52	\$0.00	\$0.00
L5684	\$48.50	\$0.00	\$0.00
L5685	\$116.69	\$0.00	\$0.00
L5686	\$48.68	\$0.00	\$0.00
L5688	\$69.20	\$0.00	\$0.00
L5690	\$97.22	\$0.00	\$0.00
L5692	\$159.65	\$0.00	\$0.00
L5694	\$217.96	\$0.00	\$0.00
L5695	\$195.94	\$0.00	\$0.00
L5696	\$200.01	\$0.00	\$0.00
L5697	\$72.34	\$0.00	\$0.00
L5698	\$107.84	\$0.00	\$0.00
L5699	\$168.01	\$0.00	\$0.00
L5700	\$2,581.54	\$0.00	\$0.00
L5701	\$3,100.25	\$0.00	\$0.00
L5702	\$3,922.28	\$0.00	\$0.00
L5703	\$2,401.58	\$0.00	\$0.00
L5704	\$482.95	\$0.00	\$0.00
L5705	\$862.93	\$0.00	\$0.00
L5706	\$845.91	\$0.00	\$0.00
L5707	\$1,115.23	\$0.00	\$0.00
L5710	\$385.67	\$0.00	\$0.00
L5711	\$488.53	\$0.00	\$0.00
L5712	\$511.96	\$0.00	\$0.00
L5714	\$432.54	\$0.00	\$0.00
L5716	\$764.54	\$0.00	\$0.00

(continued from page 51) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L5718	\$843.49	\$0.00	\$0.00
L5722	\$819.98	\$0.00	\$0.00
L5724	\$1,813.48	\$0.00	\$0.00
L5726	\$2,090.00	\$0.00	\$0.00
L5728	\$2,232.90	\$0.00	\$0.00
L5780	\$1,188.65	\$0.00	\$0.00
L5781	\$3,645.67	\$0.00	\$0.00
L5782	\$3,843.34	\$0.00	\$0.00
L5785	\$521.97	\$0.00	\$0.00
L5790	\$863.87	\$0.00	\$0.00
L5795	\$1,289.99	\$0.00	\$0.00
L5810	\$484.38	\$0.00	\$0.00
L5811	\$717.50	\$0.00	\$0.00
L5812	\$542.95	\$0.00	\$0.00
L5814	\$3,383.88	\$0.00	\$0.00
L5816	\$873.36	\$0.00	\$0.00
L5818	\$875.69	\$0.00	\$0.00
L5822	\$1,534.46	\$0.00	\$0.00
L5824	\$1,646.15	\$0.00	\$0.00
L5826	\$2,845.41	\$0.00	\$0.00
L5828	\$2,544.61	\$0.00	\$0.00
L5830	\$1,876.60	\$0.00	\$0.00
L5840	\$3,161.21	\$0.00	\$0.00
L5845	\$1,633.12	\$0.00	\$0.00
L5848	\$979.77	\$0.00	\$0.00
L5850	\$153.70	\$0.00	\$0.00
L5855	\$309.71	\$0.00	\$0.00
L5856	\$21,872.86	\$0.00	\$0.00
L5857	\$7,761.33	\$0.00	\$0.00
L5858	\$16,933.86	\$0.00	\$0.00
L5910	\$435.14	\$0.00	\$0.00
L5920	\$637.48	\$0.00	\$0.00
L5925	\$403.70	\$0.00	\$0.00
L5930	\$3,066.83	\$0.00	\$0.00
L5940	\$602.66	\$0.00	\$0.00
L5950	\$934.74	\$0.00	\$0.00
L5960	\$1,158.25	\$0.00	\$0.00
L5962	\$571.65	\$0.00	\$0.00
L5964	\$843.89	\$0.00	\$0.00
L5966	\$1,075.32	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L5968	\$3,311.03	\$0.00	\$0.00
L5970	\$205.10	\$0.00	\$0.00
L5971	\$205.10	\$0.00	\$0.00
L5972	\$386.08	\$0.00	\$0.00
L5973	\$15,676.01	\$0.00	\$0.00
L5974	\$238.85	\$0.00	\$0.00
L5975	\$422.43	\$0.00	\$0.00
L5976	\$546.97	\$0.00	\$0.00
L5978	\$306.67	\$0.00	\$0.00
L5979	\$2,056.06	\$0.00	\$0.00
L5980	\$3,533.85	\$0.00	\$0.00
L5981	\$2,698.79	\$0.00	\$0.00
L5982	\$564.00	\$0.00	\$0.00
L5984	\$605.81	\$0.00	\$0.00
L5985	\$257.28	\$0.00	\$0.00
L5986	\$602.78	\$0.00	\$0.00
L5987	\$6,554.56	\$0.00	\$0.00
L5988	\$1,820.20	\$0.00	\$0.00
L5990	\$1,653.01	\$0.00	\$0.00
L6000	\$1,348.71	\$0.00	\$0.00
L6010	\$1,356.94	\$0.00	\$0.00
L6020	\$1,349.76	\$0.00	\$0.00
L6025	\$7,291.34	\$0.00	\$0.00
L6050	\$2,073.53	\$0.00	\$0.00
L6055	\$2,557.87	\$0.00	\$0.00
L6100	\$2,127.38	\$0.00	\$0.00
L6110	\$2,258.26	\$0.00	\$0.00
L6120	\$2,546.19	\$0.00	\$0.00
L6130	\$2,359.36	\$0.00	\$0.00
L6200	\$2,870.60	\$0.00	\$0.00
L6205	\$3,281.36	\$0.00	\$0.00
L6250	\$2,976.84	\$0.00	\$0.00
L6300	\$3,584.71	\$0.00	\$0.00
L6310	\$2,878.22	\$0.00	\$0.00
L6320	\$1,731.59	\$0.00	\$0.00
L6350	\$3,529.49	\$0.00	\$0.00
L6360	\$2,870.12	\$0.00	\$0.00
L6370	\$2,001.00	\$0.00	\$0.00
L6380	\$1,182.86	\$0.00	\$0.00
L6382	\$1,403.30	\$0.00	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L6384	\$1,739.62	\$0.00	\$0.00
L6386	\$402.83	\$0.00	\$0.00
L6388	\$450.19	\$0.00	\$0.00
L6400	\$2,260.12	\$0.00	\$0.00
L6450	\$2,778.13	\$0.00	\$0.00
L6500	\$2,803.17	\$0.00	\$0.00
L6550	\$3,436.07	\$0.00	\$0.00
L6570	\$3,943.94	\$0.00	\$0.00
L6580	\$1,480.71	\$0.00	\$0.00
L6582	\$1,373.21	\$0.00	\$0.00
L6584	\$2,006.08	\$0.00	\$0.00
L6586	\$1,973.75	\$0.00	\$0.00
L6588	\$2,717.38	\$0.00	\$0.00
L6590	\$2,665.00	\$0.00	\$0.00
L6600	\$225.36	\$0.00	\$0.00
L6605	\$222.52	\$0.00	\$0.00
L6610	\$182.25	\$0.00	\$0.00
L6611	\$375.14	\$0.00	\$0.00
L6615	\$174.94	\$0.00	\$0.00
L6616	\$74.36	\$0.00	\$0.00
L6620	\$302.29	\$0.00	\$0.00
L6621	\$2,084.06	\$0.00	\$0.00
L6623	\$606.96	\$0.00	\$0.00
L6624	\$3,431.46	\$0.00	\$0.00
L6625	\$638.99	\$0.00	\$0.00
L6628	\$465.14	\$0.00	\$0.00
L6629	\$159.93	\$0.00	\$0.00
L6630	\$258.94	\$0.00	\$0.00
L6632	\$58.55	\$0.00	\$0.00
L6635	\$199.36	\$0.00	\$0.00
L6637	\$388.47	\$0.00	\$0.00
L6638	\$2,278.52	\$0.00	\$0.00
L6640	\$325.03	\$0.00	\$0.00
L6641	\$175.76	\$0.00	\$0.00
L6642	\$209.28	\$0.00	\$0.00
L6645	\$362.93	\$0.00	\$0.00
L6646	\$2,873.73	\$0.00	\$0.00
L6647	\$473.11	\$0.00	\$0.00
L6648	\$2,963.86	\$0.00	\$0.00
L6650	\$381.07	\$0.00	\$0.00
L6655	\$83.44	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L6660	\$93.01	\$0.00	\$0.00
L6665	\$55.34	\$0.00	\$0.00
L6670	\$57.62	\$0.00	\$0.00
L6672	\$160.33	\$0.00	\$0.00
L6675	\$112.43	\$0.00	\$0.00
L6676	\$118.18	\$0.00	\$0.00
L6677	\$270.30	\$0.00	\$0.00
L6680	\$278.75	\$0.00	\$0.00
L6682	\$272.94	\$0.00	\$0.00
L6684	\$314.09	\$0.00	\$0.00
L6686	\$583.98	\$0.00	\$0.00
L6687	\$519.76	\$0.00	\$0.00
L6688	\$614.31	\$0.00	\$0.00
L6689	\$642.82	\$0.00	\$0.00
L6690	\$697.48	\$0.00	\$0.00
L6691	\$311.05	\$0.00	\$0.00
L6692	\$641.15	\$0.00	\$0.00
L6693	\$2,586.73	\$0.00	\$0.00
L6694	\$660.15	\$0.00	\$0.00
L6695	\$550.10	\$0.00	\$0.00
L6696	\$1,198.52	\$0.00	\$0.00
L6697	\$1,198.52	\$0.00	\$0.00
L6698	\$518.08	\$0.00	\$0.00
L6703	\$298.01	\$0.00	\$0.00
L6704	\$698.86	\$0.00	\$0.00
L6706	\$362.57	\$0.00	\$0.00
L6707	\$1,290.11	\$0.00	\$0.00
L6708	\$867.06	\$0.00	\$0.00
L6709	\$1,272.15	\$0.00	\$0.00
L6711	\$612.58	\$0.00	\$0.00
L6712	\$1,127.89	\$0.00	\$0.00
L6713	\$1,423.50	\$0.00	\$0.00
L6714	\$1,205.69	\$0.00	\$0.00
L6721	\$2,142.98	\$0.00	\$0.00
L6722	\$1,847.40	\$0.00	\$0.00
L6805	\$383.44	\$0.00	\$0.00
L6810	\$224.11	\$0.00	\$0.00
L6881	\$3,724.99	\$0.00	\$0.00
L6882	\$2,825.59	\$0.00	\$0.00
L6883	\$1,681.42	\$0.00	\$0.00
L6884	\$2,523.46	\$0.00	\$0.00

(continued from page 53) durable medical equipment fee schedule

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L6885	\$2,870.12	\$0.00	\$0.00
L6890	\$166.11	\$0.00	\$0.00
L6895	\$503.16	\$0.00	\$0.00
L6900	\$1,393.23	\$0.00	\$0.00
L6905	\$1,322.99	\$0.00	\$0.00
L6910	\$1,303.69	\$0.00	\$0.00
L6915	\$564.10	\$0.00	\$0.00
L6920	\$6,603.25	\$0.00	\$0.00
L6925	\$6,972.46	\$0.00	\$0.00
L6930	\$7,089.36	\$0.00	\$0.00
L6935	\$7,798.22	\$0.00	\$0.00
L6940	\$8,860.17	\$0.00	\$0.00
L6945	\$10,022.92	\$0.00	\$0.00
L6950	\$9,420.06	\$0.00	\$0.00
L6955	\$11,820.86	\$0.00	\$0.00
L6960	\$11,655.96	\$0.00	\$0.00
L6965	\$17,027.69	\$0.00	\$0.00
L6970	\$17,307.49	\$0.00	\$0.00
L6975	\$17,400.38	\$0.00	\$0.00
L7007	\$4,134.27	\$0.00	\$0.00
L7008	\$6,506.90	\$0.00	\$0.00
L7009	\$4,218.26	\$0.00	\$0.00
L7040	\$3,387.10	\$0.00	\$0.00
L7045	\$1,941.94	\$0.00	\$0.00
L7170	\$7,044.71	\$0.00	\$0.00
L7180	\$36,806.97	\$0.00	\$0.00
L7181	\$36,507.91	\$0.00	\$0.00
L7185	\$7,133.71	\$0.00	\$0.00
L7186	\$10,295.68	\$0.00	\$0.00
L7190	\$9,076.30	\$0.00	\$0.00
L7191	\$10,943.99	\$0.00	\$0.00
L7260	\$2,364.48	\$0.00	\$0.00
L7261	\$3,784.38	\$0.00	\$0.00
L7266	\$925.78	\$0.00	\$0.00
L7272	\$2,043.92	\$0.00	\$0.00
L7274	\$5,692.78	\$0.00	\$0.00
L7360	\$216.98	\$0.00	\$0.00
L7362	\$260.96	\$0.00	\$0.00
L7364	\$475.37	\$0.00	\$0.00
L7366	\$644.89	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L7367	\$354.72	\$0.00	\$0.00
L7368	\$459.86	\$0.00	\$0.00
L7400	\$279.25	\$0.00	\$0.00
L7401	\$312.62	\$0.00	\$0.00
L7402	\$337.60	\$0.00	\$0.00
L7403	\$335.54	\$0.00	\$0.00
L7404	\$506.41	\$0.00	\$0.00
L7405	\$662.32	\$0.00	\$0.00
L7900	\$493.14	\$0.00	\$0.00
L8000	\$33.81	\$0.00	\$0.00
L8001	\$114.28	\$0.00	\$0.00
L8002	\$150.33	\$0.00	\$0.00
L8015	\$54.62	\$0.00	\$0.00
L8020	\$204.74	\$0.00	\$0.00
L8030	\$300.58	\$0.00	\$0.00
L8031	\$300.58	\$0.00	\$0.00
L8032	\$35.69	\$0.00	\$0.00
L8035	\$3,338.09	\$0.00	\$0.00
L8040	\$2,171.74	\$0.00	\$0.00
L8041	\$2,617.68	\$0.00	\$0.00
L8042	\$2,941.21	\$0.00	\$0.00
L8043	\$3,294.13	\$0.00	\$0.00
L8044	\$3,647.08	\$0.00	\$0.00
L8045	\$2,283.79	\$0.00	\$0.00
L8046	\$2,352.94	\$0.00	\$0.00
L8047	\$1,205.89	\$0.00	\$0.00
L8300	\$76.01	\$0.00	\$0.00
L8310	\$120.01	\$0.00	\$0.00
L8320	\$55.40	\$0.00	\$0.00
L8330	\$59.32	\$0.00	\$0.00
L8400	\$14.18	\$0.00	\$0.00
L8410	\$20.75	\$0.00	\$0.00
L8415	\$21.07	\$0.00	\$0.00
L8417	\$68.51	\$0.00	\$0.00
L8420	\$18.74	\$0.00	\$0.00
L8430	\$20.58	\$0.00	\$0.00
L8435	\$21.73	\$0.00	\$0.00
L8440	\$39.81	\$0.00	\$0.00
L8460	\$69.26	\$0.00	\$0.00
L8465	\$49.35	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L8470	\$7.22	\$0.00	\$0.00
L8480	\$9.47	\$0.00	\$0.00
L8485	\$10.02	\$0.00	\$0.00
L8500	\$700.54	\$0.00	\$0.00
L8501	\$108.85	\$0.00	\$0.00
L8507	\$38.16	\$0.00	\$0.00
L8509	\$99.50	\$0.00	\$0.00
L8510	\$230.25	\$0.00	\$0.00
L8511	\$66.27	\$0.00	\$0.00
L8512	\$2.00	\$0.00	\$0.00
L8513	\$4.75	\$0.00	\$0.00
L8514	\$85.93	\$0.00	\$0.00
L8515	\$57.51	\$0.00	\$0.00
L8600	\$562.68	\$0.00	\$0.00
L8603	\$394.58	\$0.00	\$0.00
L8606	\$198.29	\$0.00	\$0.00
L8609	\$5,936.51	\$0.00	\$0.00
L8610	\$597.76	\$0.00	\$0.00
L8612	\$577.61	\$0.00	\$0.00
L8613	\$271.23	\$0.00	\$0.00
L8614	\$17,440.65	\$0.00	\$0.00
L8615	\$410.95	\$0.00	\$0.00
L8616	\$95.71	\$0.00	\$0.00
L8617	\$83.61	\$0.00	\$0.00
L8618	\$23.88	\$0.00	\$0.00
L8619	\$7,487.15	\$0.00	\$0.00
L8621	\$0.56	\$0.00	\$0.00
L8622	\$0.30	\$0.00	\$0.00
L8623	\$58.94	\$0.00	\$0.00
L8624	\$146.90	\$0.00	\$0.00
L8627	\$6,359.97	\$0.00	\$0.00
L8628	\$1,127.17	\$0.00	\$0.00
L8629	\$163.15	\$0.00	\$0.00
L8630	\$303.58	\$0.00	\$0.00
L8631	\$1,978.01	\$0.00	\$0.00
L8641	\$315.42	\$0.00	\$0.00
L8642	\$262.29	\$0.00	\$0.00
L8658	\$275.02	\$0.00	\$0.00
L8659	\$1,758.24	\$0.00	\$0.00
L8670	\$501.59	\$0.00	\$0.00
L8680	\$418.53	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used
L8681	\$972.09	\$0.00	\$0.00
L8682	\$5,431.95	\$0.00	\$0.00
L8683	\$4,781.35	\$0.00	\$0.00
L8684	\$703.47	\$0.00	\$0.00
L8685	\$11,914.88	\$0.00	\$0.00
L8686	\$7,602.64	\$0.00	\$0.00
L8687	\$15,506.04	\$0.00	\$0.00
L8688	\$9,894.09	\$0.00	\$0.00
L8689	\$1,571.69	\$0.00	\$0.00
L8690	\$4,334.46	\$0.00	\$0.00
L8691	\$2,429.62	\$0.00	\$0.00
L8693	\$1,381.61	\$0.00	\$0.00
L8695	\$15.18	\$0.00	\$0.00
Q0478	\$167.44	\$0.00	\$0.00
Q0479	\$11,004.58	\$0.00	\$0.00
Q0480	\$82,062.03	\$7,617.58	\$0.00
Q0481	\$13,239.77	\$0.00	\$0.00
Q0482	\$4,146.93	\$0.00	\$0.00
Q0483	\$17,083.53	\$1,585.81	\$0.00
Q0484	\$3,317.56	\$0.00	\$0.00
Q0485	\$320.32	\$0.00	\$0.00
Q0486	\$266.58	\$0.00	\$0.00
Q0487	\$311.03	\$0.00	\$0.00
Q0489	\$14,810.51	\$1,374.82	\$0.00
Q0490	\$640.64	\$0.00	\$0.00
Q0491	\$1,007.13	\$0.00	\$0.00
Q0492	\$81.16	\$0.00	\$0.00
Q0493	\$231.02	\$0.00	\$0.00
Q0494	\$195.48	\$0.00	\$0.00
Q0495	\$3,805.93	\$0.00	\$0.00
Q0496	\$1,365.99	\$0.00	\$0.00
Q0497	\$426.53	\$0.00	\$0.00
Q0498	\$468.00	\$0.00	\$0.00
Q0499	\$152.06	\$0.00	\$0.00
Q0500	\$27.82	\$0.00	\$0.00
Q0501	\$465.33	\$0.00	\$0.00
Q0502	\$592.40	\$0.00	\$0.00
Q0503	\$1,184.85	\$0.00	\$0.00
Q0504	\$625.20	\$0.00	\$0.00
Q0506	\$778.22	\$0.00	\$0.00

# Fee Schedule

## fee schedule additions and updates

The following CPT and HCPCS codes were updated on the Arkansas Blue Cross and Blue Shield fee schedule.

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
65757	BR	\$0.00	\$0.00	\$350.00	\$0.00	\$0.00
70010	\$172.40	\$172.40	\$0.00	\$172.40	\$172.40	\$0.00
78492	\$0.00	\$141.43	BR	\$0.00	\$141.43	\$0.00
78808	\$54.44	\$54.44	\$0.00	\$54.44	\$54.44	\$0.00
80104	\$20.83	\$1.46	\$19.37	\$20.83	\$1.46	\$19.37
90371	\$121.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90375	\$194.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90376	\$186.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90385	\$26.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90585	\$118.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90586	\$119.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90632	\$49.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90675	\$148.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90691	\$60.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90703	\$31.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90714	\$19.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90715	\$41.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90717	\$70.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90718	\$24.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90732	\$59.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99455	\$241.93	\$0.00	\$0.00	\$203.43	\$0.00	\$0.00
99456	\$342.42	\$0.00	\$0.00	\$307.69	\$0.00	\$0.00
0262T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0263T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0264T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0265T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0266T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0267T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0268T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0269T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0270T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0271T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0272T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0273T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0274T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0275T	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0550F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
0551F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1127F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1128F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3125F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3267F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3394F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3395F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6100F	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9576	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9577	\$2.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9578	\$2.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9579	\$2.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
A9583	\$13.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9283	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9284	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9285	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9365	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9406	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9730	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
C9731	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E1036	\$9,017.30	\$901.73	\$6,762.98	\$0.00	\$0.00	\$0.00
G8553	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8588	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G8589	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0129	\$21.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0130	\$549.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0133	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0135	\$424.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0150	\$9.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0152	\$99.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0171	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0180	\$146.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0205	\$43.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0207	\$326.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0210	\$41.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0215	\$37.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0256	\$4.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0270	\$0.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0278	\$0.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0280	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0282	\$0.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0285	\$13.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0287	\$8.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0289	\$31.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0290	\$3.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(continued from page 57) fee schedule additions and updates

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J0295	\$2.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0348	\$1.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0360	\$4.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0364	\$5.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0400	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0456	\$4.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0470	\$30.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0475	\$205.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0476	\$78.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0480	\$2,297.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0515	\$29.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0558	\$3.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0561	\$4.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0583	\$2.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0586	\$7.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0587	\$11.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0592	\$1.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0594	\$19.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0595	\$0.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0597	\$31.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0610	\$0.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0630	\$59.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0636	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0640	\$1.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0641	\$1.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0670	\$1.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0690	\$0.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0692	\$3.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0694	\$5.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0697	\$2.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0698	\$1.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0702	\$5.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0706	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0713	\$2.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0718	\$4.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0720	\$20.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0725	\$11.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0735	\$24.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0740	\$786.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0744	\$1.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0770	\$14.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0780	\$2.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0795	\$5.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0834	\$73.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J0850	\$1,004.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0878	\$0.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0881	\$3.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0882	\$3.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0885	\$10.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0886	\$10.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0894	\$33.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J0895	\$10.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1020	\$1.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1030	\$2.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1040	\$7.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1051	\$8.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1070	\$3.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1080	\$6.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1110	\$27.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1120	\$33.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1160	\$1.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1162	\$644.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1165	\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1170	\$1.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1200	\$0.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1205	\$289.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1212	\$100.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1230	\$6.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1240	\$3.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1245	\$0.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1250	\$5.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1260	\$5.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1265	\$0.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1270	\$3.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1300	\$197.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1325	\$15.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1327	\$23.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1335	\$29.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1364	\$7.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1380	\$7.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1410	\$109.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1430	\$144.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1438	\$216.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1440	\$259.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1441	\$409.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1450	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1451	\$8.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1453	\$1.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1455	\$15.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(continued from page 59) fee schedule additions and updates

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J1457	\$2.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1458	\$362.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1459	\$36.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1460	\$20.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1560	\$205.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1561	\$39.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1566	\$32.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1569	\$39.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1570	\$70.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1571	\$57.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1572	\$36.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1573	\$57.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1580	\$0.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1600	\$14.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1610	\$97.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1626	\$1.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1630	\$1.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1631	\$16.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1640	\$10.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1642	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1644	\$0.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1645	\$12.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1650	\$6.59	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1652	\$6.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1655	\$3.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1670	\$267.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1720	\$4.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1740	\$157.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1742	\$130.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1750	\$12.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1756	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1790	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1800	\$2.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1817	\$2.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1885	\$0.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1930	\$32.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1931	\$27.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1940	\$1.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1945	\$317.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1950	\$623.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1953	\$0.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1955	\$7.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J1980	\$13.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2010	\$6.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J2020	\$36.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2060	\$0.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2150	\$0.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2175	\$1.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2210	\$6.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2250	\$0.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2270	\$2.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2271	\$1.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2275	\$2.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2280	\$3.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2300	\$1.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2310	\$8.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2323	\$11.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2325	\$48.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2353	\$122.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2354	\$1.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2355	\$254.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2357	\$21.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2360	\$5.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2370	\$1.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2400	\$14.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2405	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2410	\$2.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2425	\$12.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2426	\$6.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2430	\$15.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2440	\$0.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2469	\$18.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2501	\$2.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2503	\$1,073.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2505	\$2,759.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2510	\$12.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2515	\$22.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2540	\$0.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2543	\$4.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2545	\$54.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2550	\$1.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2560	\$3.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2562	\$288.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2590	\$0.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2597	\$2.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2675	\$1.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2680	\$11.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2690	\$8.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2700	\$2.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(continued from page 61) fee schedule additions and updates

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J2720	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2724	\$13.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2730	\$93.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2760	\$59.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2765	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2770	\$179.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2778	\$420.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2780	\$0.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2783	\$196.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2785	\$54.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2788	\$31.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2790	\$89.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2792	\$19.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2794	\$5.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2795	\$0.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2796	\$47.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2800	\$29.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2805	\$79.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2810	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2820	\$25.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2916	\$4.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2920	\$1.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2930	\$2.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2993	\$1,438.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J2997	\$43.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3000	\$10.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3010	\$0.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3030	\$80.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3070	\$11.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3095	\$2.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3101	\$58.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3105	\$1.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3120	\$4.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3130	\$10.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3230	\$9.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3240	\$1,095.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3243	\$1.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3246	\$10.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3250	\$6.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3260	\$2.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3300	\$3.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3301	\$1.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3303	\$1.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3315	\$219.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J3355	\$68.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3357	\$121.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3360	\$0.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3370	\$3.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3396	\$10.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3410	\$1.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3415	\$6.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3420	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3430	\$1.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3465	\$6.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3471	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3475	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3485	\$1.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3486	\$7.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3487	\$233.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J3488	\$231.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7042	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7060	\$1.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7070	\$2.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7100	\$21.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7185	\$1.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7187	\$0.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7189	\$1.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7190	\$0.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7192	\$1.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7193	\$0.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7194	\$0.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7195	\$1.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7197	\$2.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7198	\$1.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7308	\$157.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7312	\$203.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7321	\$92.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7323	\$142.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7324	\$175.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7325	\$12.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7500	\$0.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7501	\$112.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7502	\$3.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7504	\$594.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7505	\$1,179.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7506	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7507	\$2.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7509	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7510	\$0.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(continued from page 63) fee schedule additions and updates

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J7511	\$460.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7515	\$0.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7516	\$23.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7517	\$1.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7518	\$3.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7520	\$11.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7525	\$145.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7605	\$5.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7606	\$4.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7608	\$2.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7611	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7612	\$0.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7614	\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7620	\$0.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7626	\$4.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7631	\$0.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7639	\$29.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7682	\$82.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J7686	\$434.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8501	\$6.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8510	\$3.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8520	\$7.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8521	\$25.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8530	\$0.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8540	\$0.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8560	\$37.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8562	\$82.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8600	\$6.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8610	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8700	\$9.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J8705	\$80.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9000	\$3.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9001	\$562.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9010	\$613.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9015	\$1,030.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9017	\$42.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9025	\$5.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9027	\$127.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9031	\$119.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9033	\$19.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9035	\$63.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9040	\$25.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9041	\$43.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J9045	\$5.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9050	\$183.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9055	\$52.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9060	\$2.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9065	\$25.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9070	\$11.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9098	\$510.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9100	\$0.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9120	\$595.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9130	\$3.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9150	\$14.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9155	\$2.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9160	\$1,681.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9171	\$20.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9178	\$2.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9181	\$0.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9185	\$110.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9190	\$1.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9200	\$63.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9201	\$99.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9202	\$219.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9206	\$9.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9207	\$66.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9208	\$34.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9209	\$2.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9211	\$54.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9214	\$17.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9217	\$209.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9218	\$3.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9225	\$3,900.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9226	\$15,151.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9245	\$1,459.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9250	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9260	\$1.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9261	\$117.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9263	\$10.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9264	\$9.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9265	\$5.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9268	\$1,160.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9280	\$20.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9293	\$43.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9300	\$2,852.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9302	\$47.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9303	\$90.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9305	\$55.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

(continued from page 65) fee schedule additions and updates

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
J9310	\$635.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9320	\$279.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9328	\$5.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9330	\$53.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9340	\$121.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9351	\$9.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9355	\$73.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9360	\$1.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9370	\$4.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9390	\$21.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9395	\$88.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
J9600	\$3,124.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0741	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0742	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0743	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0744	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0745	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K0746	BR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
L8680	\$418.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0138	\$0.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0139	\$0.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0166	\$0.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0167	\$5.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0168	\$14.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0169	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0170	\$0.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0179	\$0.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q0180	\$69.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2009	\$0.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2017	\$336.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2040	\$5.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2041	\$0.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2042	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2043	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q2044	\$36.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q3025	\$247.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4074	\$70.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4101	\$38.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4102	\$4.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4103	\$4.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4104	\$18.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4105	\$10.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4106	\$42.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CPT / HCPCS Code	Total / Purchase	Professional / Rental	Technical / Used	Total SOS / Purchase	Prof SOS / Rental	Tech SOS / Used
Q4107	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4108	\$20.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4110	\$32.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4111	\$7.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4112	\$368.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4113	\$368.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4114	\$1,075.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q4116	\$34.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9954	\$10.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9956	\$42.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9957	\$64.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9958	\$0.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9961	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9965	\$1.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9966	\$0.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Q9967	\$0.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S0195	\$57.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S3620	\$55.00	\$0.00	\$0.00	BR	\$0.00	\$0.00
S3828	BR	BR	BR	\$0.00	BR	\$0.00
S3829	BR	BR	BR	\$0.00	BR	\$0.00
S3830	BR	BR	BR	\$0.00	BR	\$0.00
S3831	BR	BR	BR	\$0.00	BR	\$0.00
S3833	BR	BR	BR	\$0.00	BR	\$0.00
S3834	BR	BR	BR	\$0.00	BR	\$0.00
S9341	\$7.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S9342	\$14.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
S9343	\$5.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Arkansas Blue Cross and Blue Shield  
P. O. Box 2181  
Little Rock, AR 72203

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# providers' news staff

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Editor: Karen Green, 501-378-6628 FAX 501-378-2465, [ProvidersNews@arkbluecross.com](mailto:ProvidersNews@arkbluecross.com)

## Please Note

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