

INSURANCE  
DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF PROPERTY AND CASUALTY

Medical Fee Schedules: Automobile Insurance Personal Injury Protection and Motor Bus Medical Expense Insurance Coverage

Proposed Repeal and New Rules: N.J.A.C. 11:3-29 Appendix, Exhibits 1, 4, 5 and 6

Proposed New Rule: N.J.A.C. 11:3-29 Appendix, Exhibit 7

Proposed Amendments: N.J.A.C. 11:3-29.1, 29.2, 29.3, and 29.4

Authorized By: Steven M. Goldman, Commissioner, Department of Banking and Insurance.

Authority: N.J.S.A. 17:1-8.1, 17:1-15e and 39:6A-4.6.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2006-293

Submit comments by November 4, 2006 to:

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The agency proposal follows:

Summary

N.J.S.A. 39:6A-4.6(a) requires the Commissioner of the Department of Banking and Insurance (Department) to promulgate and biennially review medical fee schedules for the reimbursement of health care providers providing services or equipment for which reimbursement is made under the medical expense benefit of the Personal Injury Protection (PIP) coverage and medical expense benefits by motor bus insurers. The statute requires

that the fee schedules “incorporate the reasonable and prevailing fees of 75 percent of the practitioners” within a region. The medical fee schedules establish per service limits of liability for reimbursement of medically necessary services provided as part of the PIP coverage.

In accordance with N.J.S.A. 39:6A-4.6(a) and the Appellate Division case, *In the Matter of the Commissioner’s Failure to Adopt 861 CPT Codes and to Promulgate Hospital and Dental Fee Schedules*, 358 N.J. Super 135 (App. Div. 2003), the Department is proposing amendments to N.J.A.C. 11:3-29, to repeal and propose new Appendix, Exhibits 1, 4, 5 and 6, the physicians’, durable medical equipment, ambulance fee schedules and the fees subject to the daily maximum, respectively. In addition, the Department is proposing a new fee schedule for Ambulatory Surgical Centers (Appendix, Exhibit 7).

As discussed in the amendments to the fee schedule rules and amendments proposed December 18, 2000 at 32 N.J.R. 4332(a) and affirmed in *Coalition for Quality Health Care, et al v. Department of Banking and Insurance*, 358 N.J. Super 123, (App. Div. 2003), the Department bases its fee schedules on paid rather than billed fees. In developing the physicians’ fee schedule, the Department contracted once again with Ingenix, the largest purveyor of fee schedules for information from its paid or “allowed” fee databases. Ingenix provided information on paid fees in preferred provider organizations (PPOs) at the 80<sup>th</sup> percentile. For comparison to other payors, the Department has looked at the Part B participating provider fee schedule of Medicare (Medicare fee schedule), the largest medical payor in the United States, the New York State Worker’s Compensation and No Fault Fee Schedule (NY fee schedule) and the use by other states and the District of Columbia of fee schedules based on a multiple of the Medicare fee schedule.

The Department determined that since, as noted below, the Medicare fee schedule is extremely comprehensive and is resource based, it was appropriate to calculate its Physicians' Fee Schedule as percentages of the current Medicare fee schedule. In developing these proposed amendments, the Department informally sought public input pursuant to N.J.A.C. 1:30-5.3(a), by which it solicited input from medical service providers, insurers and other interested parties. Initially, the Department had considered using a multiplier of 120 percent of the Medicare fee schedule since it corresponded well to much of the paid fee data collected by the Department. Based on comments from providers concerning the additional administrative costs of treating PIP patients, the Department raised the percentage to 130 percent of the Medicare fee schedule in the current proposal. However, the Department recognized that, for certain CPT codes, fees set at 130 percent of the Medicare fee schedule would not reflect the "reasonable and prevailing" fees and would thus produce an anomaly. Through the informal preproposal process the Department also solicited comments from providers and payors to identify such anomalies. For example, the Department recognized that where a CPT code on the current fee schedule is greater than 130 percent of Medicare, the new fee was calculated as the percentage of the Medicare fee schedule that most closely approximated the current fee. Based upon the information submitted by providers through the informal preproposal process and paid fee data provided by insurers, a number of fees have been set at higher or lower percentages of Medicare.

A percentage of the Medicare fee schedule is an appropriate base for calculating the New Jersey automobile medical fee schedule. The Centers for Medicare and Medicaid Services (CMS) with input from the provider community, calculate a relative value unit (RVU) for the physician work, practice expenses and malpractice premium expense for each

Current Procedural Terminology (CPT) code. These RVUs are then adjusted by a geographic practice cost index (GPCI) that reflects the impact of the costs of physician work, practice expenses and malpractice cost in a specific geographic region. The result is multiplied by a dollar amount known as the Medicare conversion factor to produce the fees for each Medicare region.

In setting the current fees as a percentage of Medicare, the Department is not taking the position that future updates to the schedule, such as the biennial review required by N.J.S.A. 39:6A-4.6(a), will use the same percentages of Medicare. The Department recognizes that future updates to the conversion factor developed by CMS, the amount by which the GPCI adjusted RVUs are multiplied to produce the actual Medicare fees, is required by Federal law to include factors that are not related to the cost of providing care to Medicare beneficiaries. Therefore, the Department will evaluate future adjustments at the time of the review.

As noted above, prior to making this formal proposal the Department obtained input from interested parties, both providers and payors, pursuant to N.J.A.C. 1:30-5.3(a). Many comments and suggestions were received that were integrated into the proposal and the Department appreciates the time and effort that provider groups, in particular, expended in giving us information. However, virtually all providers stated that it costs more to provide services to PIP patients because automobile insurers unreasonably delay reimbursement. Because prompt and proper payment by insurers is necessary to the full success of a fee schedule, the Department reminds insurers of their obligations in this regard. The Department is concerned by provider reports and other information indicative of insurer attempts to deny or delay payments, or to make reduced payments where full payments are

required. It is the Department's position that pre-certification should guarantee prompt and full payment except in extraordinary circumstances such as where there is no coverage or evidence of fraud exists. The Department is currently examining information about insurer attempts to improperly deny, delay or reduce payments, and is prepared to act in accordance with its findings.

N.J.A.C. 11:3-29.1(c) is being amended to clarify that the exemption is from the subchapter, not just the fee schedules. A new paragraph (c)4 is being added to include inpatient services provided in hospitals and other institutions to the list of entities and services that are not subject to this subchapter. An exemption from the fee schedules for inpatient services is currently included in the current rule at N.J.A.C. 11:3-29.4(a). That language has been moved to new N.J.A.C. 11:3-29.1(c)4.

The Department is proposing to amend N.J.A.C. 11:3-29.2 to include several new definitions including "ambulatory surgery facility," "ambulatory surgical case" "co-surgery," "modifier" and "multiple surgeries" and "powered traction device." The definition of "CPT" has been amended to update the version used in this proposal and to include the copyright information from the American Medical Association. The definition of "HCPCS" has been amended to refer to the new name of the Federal agency that governs Medicare.

N.J.A.C. 11:3-29.3 is being amended to change the definitions of the geographic regions used for the fee schedule. The Department has determined to use the same two geographic regions used by Medicare, North and South, instead of the three regions used in the current version of the fee schedule. The regions are defined by county and zip code.

N.J.A.C. 11:3-29.4(a) is proposed to be amended to delete "provider's" from the reference to usual, reasonable and customary fees in accordance with the revised definition

of this term at N.J.A.C. 11:3-29.4(e) and to delete the exemption for inpatient hospital services that has been recodified at N.J.A.C. 11:3-29.1(c). The exemption from the physicians' fee schedule for services provided in the trauma units of Level I and Level II trauma hospitals has been revised to more clearly express the Department's intent in providing the exemption. The rule has also been amended to provide a higher reimbursement for surgical services performed in hospital emergency rooms.

N.J.A.C. 11:3-29.4(c)1 is being amended to clarify that for items of durable medical equipment for which a rental fee is provided, the insurer's limit of liability is 15 times the rental fee "or the purchase price of the item, whichever is less".

The Department is amending N.J.A.C. 11:3-29.4(e)1 to provide some parameters for the determination of the usual, customary and reasonable fee for CPT codes that are not on the fee schedule. The proposed amendments state that the provider should bill the insurer with his or her usual and customary fee, that is, the fee that he or she receives for the service from other private payors including health insurers, managed care organizations and workers' compensation managed care organizations. The insurer determines if the fee is reasonable by comparing it to fees paid for that service in that region or zip code. This two-step procedure is consistent with the finding in the *Tito Cobo v. Market Transition Facility* (293 N.J. Super 374, App. Div. 1996) case. Cobo states, "The effectiveness of the medical fee schedules in reducing the cost of auto insurance in New Jersey is dependent upon adherence by insurers to this review process." The Department is also including in the definition the provision that insurers may use regional or zip code information contained in national fee databases such as those maintained by Ingenix or Wasserman to determine the reasonableness of fees. In correspondence and meetings with the Department, providers

have routinely used the Ingenix databases as evidence of appropriate fee levels, it is entirely appropriate for insurers to use such databases in determining the reasonableness of fees.

N.J.A.C. 11:3-29.4(e)2 is proposed to be amended to require that the applicable provisions of N.J.A.C. 11:3-29.4 concerning billing and payment are applied to out-of-State fees and fees that are not on the schedule. Examples of such provisions would be the use of modifiers, multiple surgical procedures and restrictions on unbundling.

N.J.A.C. 11:3-29.4(f)1 through 6 are proposed to be amended to conform the language concerning fees for multiple and bilateral surgeries, co-surgeries and the use of assistant surgeons to the language in the Medicare Claims Processing Manual. The amendments clarify that the reductions only apply to surgical procedures, give the modifiers for use in reporting such surgical procedures and revise the formula to 100 percent of the eligible charge for the highest cost procedure and 50 percent of the eligible charge for all subsequent procedures. The general language in existing N.J.A.C. 11:3-29.4(f)4 concerning the payment of multiple procedures and services has been deleted and replaced with more specific requirements for the reimbursement of assistant surgeons and non-physician surgeons. N.J.A.C. 11:3-29.4(f)6 has been added to address how to determine when the services of co-surgeons and assistants surgeons are reimbursable. N.J.A.C. 11:3-29.4(f)7 has been added to address the situation where co-surgeons and assistant surgeons do not use the required modifier and the insurer pays 100 percent of the eligible charge to one surgeon.

N.J.A.C. 11:3-29.4(g), which prohibits unbundling of codes or fragmented billing, is being amended to adopt and incorporate by reference the National Correct Coding Initiative Edits, created and updated by CMS. These edits indicate which CPT codes cannot be billed

with other codes because the services described in the other code are already included in the first code. Most providers should already be familiar with this system since it is used by Medicare. In addition, the proposed amendments include several specific examples of prohibited unbundling. The prohibition on the separate reimbursement for hot and cold packs is recodified as N.J.A.C. 11:3-29.4(g)1. Proposed N.J.A.C. 11:3-29.4(g)2 prohibits billing a separate code for reading an X-ray or MRI report as part of an office visit where the technical and professional component of that service has already been reimbursed. It also clarifies that the code for interpretation of an imaging study can only be used when done by a provider in separate facility or practice. Proposed N.J.A.C. 11:3-29.4(g)3 clarifies that fluoroscopic guidance in certain surgical procedures can only be billed per spinal region, not by level. Proposed N.J.A.C. 11:3-29.4(g)4 references material on the appropriate use of Electrodiagnostic nerve testing found in Appendix J of the CPT manual as a reference for proper reimbursement of these procedures. Proposed N.J.A.C. 11:3-29.4(g)5 states, following Medicare, that moderate or conscious sedation administered by the provider who is performing the procedure is not separately reimbursable. Proposed N.J.A.C. 11:3-29.4(g)6 gives the circumstances where moderate or conscious sedation is reimbursable when administered by a second physician.

New N.J.A.C. 11:3-29.4(h) is being proposed to require that the codes for a nerve conduction study are only reimbursable when the results are interpreted by a physician who is on site and directly supervises the test.

Proposed new N.J.A.C. 11:3-29.4(i) would require that the results for nerve conduction studies and needle electromyography should be integrated into a unified diagnostic impression and are not reimbursable separately.



N.J.A.C. 11:3-29.4(h) is being recodified as subsection (j) with no change in text.

N.J.A.C. 11:3-29.4(i), recodified as subsection (k) is being amended to clarify the information that is required for reimbursement off codes for “unlisted procedures or services” that are not on the fee schedule.

Current N.J.A.C. 11:3-29.4(j) and (k) are being deleted since those requirements are now included in N.J.A.C. 11:3-29.4(f). N.J.A.C. 11:3-29.4(l) is being amended to clarify the requirements concerning CPT codes that can be billed as global fees or split into technical and physician components.

N.J.A.C. 11:3-29.4(m) is being amended to increase the amount of the daily maximum from \$90.00 to \$99.00 based on comments received from chiropractors that they are providing additional services. However, the Department is reviewing how chiropractic and physical therapy billing is handled in other states and plans to consider future rulemaking on this issue. N.J.A.C. 11:3-29.4(m) is also being amended to clarify the circumstances under which an insurer shall reimburse providers in excess of the daily maximum when the requirements of the paragraph are met. Several providers were concerned that the existing language that an insurer “is not prohibited” from reimbursing in excess of the daily maximum has been interpreted to mean that the insurer could simply decide not to reimburse in excess of the daily maximum regardless of the nature of the injuries of the patient and the treatment required. It was the Department’s intent for payors to provide reimbursement above the daily maximum if the provider can demonstrate that the severity or extent of the injury meets the requirements of the rule. The Department is also amending the rule to clarify that the daily maximum applies to any provider who performs the listed services, including dentists.

N.J.A.C. 11:3-29.4(n) is being recodified as of N.J.A.C. 11:3-29.4(m)1 since it refers to the Physical Medicine and Rehabilitation codes. The Department is adding N.J.A.C. 11:3-29.4(m)2 stating that powered traction devices are to be billed with the CPT code 97012 consistent with the Federal Food and Drug Administration's (FDA) designation of them as providing the modality of traction. N.J.A.C. 11:3-29.4(m)3 has been added stating that cold or low-powered laser treatment is included in the modality of infrared treatment represented by CPT code 97026 consistent with the FDA's designation of such modalities.

N.J.A.C. 11:3-29.4(m)4 is being added to incorporate the recent amendment to N.J.S.A. 39:6A-4, which states that physical therapy shall not be reimbursable under PIP unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of their respective practices. This clarifies that while patients can have direct access to physical therapy treatment in health insurance, referrals continue to be required for auto insurance medical expense coverage. The statute also states that physical therapy can only be provided by licensed physical therapists. The Department recognizes that other licensees routinely use the same CPT codes as those used by physical therapists but such treatment cannot be considered as or referred to as physical therapy.

Current N.J.A.C. 11:3-29.4(o) is being recodified as subsection (n). A new subsection (o), which sets the requirements for billing facility fees for Ambulatory Surgical Facilities or centers (ASCs) is being proposed. Certain types of same-day surgical or testing procedures can be performed in an ASC as a lower-cost alternative to a hospital. The physician services in ASCs are reimbursed according to the physicians' fee schedule. The ASC also charges a facility fee for the cost of the services provided by the ASC itself. Until now, these

facility fees have been unregulated and the Department has become aware that in some cases, facility fees have far exceeded what would have been charged by a hospital for the same procedure. Medicare has recently set facility fees for ASC's at a prospectively determined rate that approximates the costs incurred by ASCs in providing services. The rates are determined by conducting a survey of the audited costs of a sample of ASCs every five years. The rates are adjusted for inflation during the years when the survey is not conducted. The Department is using the Medicare system whereby procedures designated by CPT codes that are performed in ASCs are put into nine fee groups. Proposed new N.J.A.C. 11:3-29.4(p) clarifies what services and equipment are included or excluded from the facility fee. Proposed new N.J.A.C. 11:3-29.4(q) sets forth the multiple procedure reduction formula that applies to ASCs.

N.J.A.C. 11:3-29 Appendix, Exhibit 1 is proposed for repeal and a new Exhibit 1, Physicians Fee Schedule, is proposed to replace it. The existing fee schedule contains 92 of the most commonly used CPT codes in the treatment of auto accident injuries. The proposed new physicians' fee schedule contains more than a thousand additional codes. The additional codes on the schedule should lessen the number of disputes about fees, resolution of which has increased costs to both physicians and insurers. Exhibit 1 now contains a fee for anesthesia units. The Department has received a recent survey of paid fees for anesthesia units in New Jersey and has decided to use the 75th percentile of the median payer. In addition, the Department has added CPT 99140 that permits additional anesthesia units for anesthesia complicated by emergency conditions. Following Medicare, the fee schedule will no longer provide reimbursement for CPT 97014 – unattended electrical stimulation. Instead, this treatment will be reimbursed under HCPCS code G0283.

As noted above, the physicians' fee schedule includes the CPT code number, a column for the modifier, if any and a short description of the procedure. The next two columns of the schedule are the fees for the north and south regions and the last column is the ASC group, if any. The new fee schedule for ambulance services at N.J.A.C. 11:3-29 Appendix, Exhibit 4 includes several new codes and is based on 2005 Medicare rates for New Jersey. These fees are set at 100 percent of the current Medicare rates, consistent with the present rule.

The fee schedule for durable medical equipment and prosthetic devices is proposed as N.J.A.C. 11:3-29 Appendix, Exhibit 5. A modifier following the Federal Health Care Financing Administration's Common Procedure Code System (HCPCS) code is used to distinguish between equipment purchased new (modifier -NU), purchased used (modifier -UE), and rental equipment (modifier -RR). See N.J.A.C. 11:3-29.4(c). Modifiers are listed for applicable codes only. These fees are set at 100 percent of the current Medicare rates, consistent with the present rule.

Proposed new N.J.A.C. 11:3-29 Appendix, Exhibit 6, CPT Codes Subject to Daily Maximum, includes several changes. First, three new CPT codes have been added to the list of codes subject to the daily maximum: 97112 Neuromuscular Reeducation; 97530 Therapeutic Activities and 98943 – Chiropractic Manipulation –Extraspinal, 1 or more regions. N.J.S.A. 39:6A-4.6(b) permits the fee schedule to include a single fee for a group of services commonly provided together. The codes originally subject to the daily maximum included services commonly provided together at the time the fee schedule was amended. The Department has stated, however, that it was prepared to add codes to the daily maximum if the use of additional codes became so frequent as to qualify them as commonly

provided together. The Department has received information from various insurers that the use of the three codes mentioned above has increased dramatically. One insurer reported a 62 percent increase in the units billed of CPT 97112, a 33 percent increase in 97530 and a 130 percent increase in 98943. As these codes are now by their increased usage commonly performed together with the codes on the original list, the Department is adding them to the codes subject to the daily maximum. In addition, the Department is substituting the HPCPS code G0283 for CPT 97014 on the list of codes subject to the daily maximum. As noted above, Medicare has determined that G0283 is the appropriate code for reimbursement of unattended electrical stimulation.

In addition to adding codes to Appendix, Exhibit 6, the Department has added the description of the procedures such as 'Supervised Modality' or 'One-on-one patient contact required' from the CPT manual. The Department has also included notes with certain codes that clarify that the modality represented by the code includes modalities that providers may seek to bill separately with brand-name equipment.

The Department is proposing to delete the exemption from the daily maximum for osteopathic manipulation performed by an osteopath or medical doctor in Appendix, Exhibit 6. The exemption was included as a result of comments to an earlier proposal to the effect that osteopathic manipulation was sometimes performed by Doctors of Osteopathic (ODs) and Doctors of Medicine (MDs). The Department believes that the occasional use of the osteopathic manipulation codes should not reach the daily maximum and that multiple billings of codes should be subject to the same daily maximum as chiropractic manipulation when performed with other treatment modalities.

Proposed new N.J.A.C. 11:3-29 Appendix, Exhibit 7 contains the ASC facility fee for the nine groupings of CPT codes performed in ASCs. The Department is using a multiplier of the Medicare fee schedule for ASCs as is done in many other states. Ingenix has not established a database of ASC facility fees. The Department is setting the amount of the facility fees at 300 percent of the 2006 Medicare base rate and wage index for locality 14 for the South Jersey region and locality 15 for the North Jersey region. The Department believes that this percentage of Medicare for the ASC facility fees is appropriate based on information received during the informal preproposal process.

This rule proposal provides for a comment period of 60 days and, therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, is not subject to the provisions of N.J.A.C. 1:30-3.1 and 3.2 governing rulemaking calendars.

#### Social Impact

The proposed repeals, new rules and amendments to the Medical Fee Schedules affect automobile insurers, purchasers of automobile insurance and health care providers who provide medical services and equipment to New Jersey resident insureds injured in accidents involving automobiles and/or buses.

The fee schedules have been revised and updated to include many more codes, thus enabling insurers and providers to streamline billing and claims paying systems. Dollar amounts appearing in the fee schedules “incorporate the reasonable and prevailing fees of 75 percent of the practitioners within the region” as required by N.J.S.A. 39:6A-4.6a.

Of major significance is the establishment of a fee schedule for ASCs. Pursuant to the proposed new schedule, the facility fees for procedures performed in ASCs will be one of nine fee groups. The Department believes that this approach will be supported by providers

and insurers since it will simplify the billing for these services, reduce the incidence of billing abuse and fraud, decrease the time required to pay claims and result in more effective cost containment.

Another change expected to favorably impact insurers and providers is the adoption of the National Correct Coding System edits that should prevent disputes about unbundling of services. Minimizing such disputes will facilitate the efficient processing of claims, alleviating administrative burdens on providers and insurers alike.

### Economic Impact

The medical fee schedules and rules are intended to establish limits on the amount of medical expenses paid by insurers on behalf of New Jersey residents who are injured in automobile or bus accidents, thereby lowering the cost of automobile personal injury protection coverage and motor bus medical expense coverage in New Jersey.

Because many new codes are being added to the physicians' fee schedule, the reimbursement amounts heretofore paid for some generally categorized procedures may be reduced. Other fees, such as the daily maximum for physical medicine and rehabilitation codes have been increased.

Health care providers and insurers will incur some cost, initially, as a result of incorporating the revised fee schedules and rules into their respective billing and claims payment systems and procedures. The Department does not believe that these costs will be substantial. The overall effect of these proposed amendments, new rules and repeals is, however, expected to be a reduction in costs currently borne by insurers and, in turn, by insureds.

Additionally, the Department believes that the proposed repeals, new rules and amendments will have a favorable economic impact on insurers and providers by eliminating many costly disputes and ensuring that fees are uniform and not excessive. These rules and amendments should also reduce inefficiency in billing and payment fraud and enhance competition, all of which should exert downward pressure on private passenger auto insurance rates. As amended, these rules should also continue to provide a reasonable and prevailing level of reimbursement to providers.

#### Federal Standards Statement

A Federal standards analysis is not required because the medical fee schedules and rules are not subject to any Federal requirements or standards.

#### Jobs Impact

The Department does not anticipate the creation of any jobs as a result of the proposed repeals, new rules and amendments. The Department invites commenters to submit any data or studies regarding the jobs impact of this proposal together with any written comments on other aspects of this proposal.

#### Agriculture Industry Impact

The proposed repeals, new rules and amendments will not have any impact on the agriculture industry in New Jersey.



### Regulatory Flexibility Analysis

The Department's proposed repeals, new rules and amendments will apply to "small businesses" as that term is defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. These "small businesses" are insurance companies authorized to write private passenger automobile insurance and/or motor bus medical expense coverage.

The revised rules will require that all automobile and motor bus insurers, including those qualifying as small businesses, implement the proposed fee schedule changes. Since medical fee schedules for automobile and motor bus insurers have been utilized for many years, the Department does not believe that compliance with the proposed new rules and amendments will require any additional professional services other than those used by insurers as part of their regular claim review processes. Insurers may incur a one time cost to distribute the new fee schedules, make necessary system adjustments, and for the training of personnel in the new rules. Accordingly, the Department does not believe that the requirements set forth in the proposed new rules and amendments impose any undue burden on insurers.

The proposed new rules and amendments provide no different reporting, recordkeeping or other compliance requirements based on business size. The requirement that the maximum reimbursement for treatment of injuries sustained in automobile accidents be established by the fee schedule is set by statute, N.J.S.A. 36:6A-4.6, which does not provide for any exceptional treatment based upon insurer size. To ensure that New Jersey resident insureds receive adequate treatment of injuries covered by PIP provisions, it is important that all automobile accident claims be administered in a similar manner. Thus, the

utilization of different compliance requirements would not be desirable or feasible. Therefore, for the reasons discussed above, and to continue to ensure consistency in the benefits provided to New Jersey insureds under their PIP automobile insurance coverage, no differentiation in compliance requirements is provided based on business size.

### Smart Growth Impact

The proposed repeals, new rules and amendments will not have an impact on the achievement of smart growth or the implementation of the State Development and Redevelopment Plan.

**Full text** of the rules proposed for repeal may be found in the New Jersey Administrative Code at N.J.A.C. 11:3-19 Appendix, Exhibits 1,4, 5 and 6.

**Full text** of the proposed amendments and new rules follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

11:3-29.1 Purpose and scope

(a) – (b) (No change.)

(c) [These fee schedules do] **This subchapter does** not apply to the following:

1. (No change.)

2. Any other kind of insurance including health insurance, even when the health insurer may be required pursuant to its health insurance contract to pay benefits to, or on behalf of, a person who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile or motor bus, or as a pedestrian, caused by an automobile or motor bus or an object propelled by or from an automobile or motor bus;

[and]

3. Medical services or equipment provided outside of the geographic boundaries of New Jersey except as set forth in N.J.A.C. 11:3-29.4(d)2[.]; **and**

**4. Inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes.**

#### 11:3-29.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

**"Ambulatory surgery facility" or "ASC" means:**

**1. A surgical facility, licensed as an ambulatory surgery facility in New Jersey in accordance with N.J.A.C. 8:43A-1 in which ambulatory surgical cases are performed and which is separate and apart from any other facility license. (The ambulatory surgery facility may be physically connected to another licensed facility, such as a hospital, but is corporately, financially and administratively distinct, for example, it uses a separate tax-id number); or**

**2. A physician-owned single operating room in an office setting that is certified by Medicare.**

**"Ambulatory surgical case" means a procedure that is not minor surgery as defined in N.J.A.C. 13:35-4A.3 .**

**"Co-surgery" means two surgeons (each in a different specialty) are required to perform a specific procedure. Co-surgery also refers to surgical procedures involving**

**two surgeons performing the parts of one procedure simultaneously.**

“CPT” means the American Medical Association’s Current Procedural Terminology, Fourth Edition, Version 2006, coding system. **Current Procedural Terminology (CPT) is copyright 2005 American Medical Association (AMA) all rights reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained in the CPT. Applicable Federal Acquisition Regulation and Defense Federal Acquisition Supplement Regulation (FARS/DFARS), 48 CFR, restrictions apply to government use. CPT® is a trademark of the American Medical Association.**

“HCPCS” means the Federal [Health Care Financing Administration’s (HCFA’s)] **Center for Medicare and Medicaid Services (CMS)** Common Procedure Code System.

“**Modifier**” means **an addition to the five-digit CPT code of either two letters or numbers that indicates that a service or procedure was performed that has been altered by some specific circumstance but not changed in its definition or code.**

“**Multiple surgeries**” means **additional procedures, unrelated to the major procedure and adding significant time or complexity, performed on the same patient at the same operative session or on the same day. Co-surgeons, surgical teams, or assistants-at-surgery may participate in performing multiple surgeries on the same patient on the same day.**

**“Powered traction device” means VAX-D, DRX or similar devices determined by the Federal Food and Drug Administration to provide traction services.**

...

11:3-29.3 Regions

(a) Region I, as used in this subchapter, consists of **Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem counties, which are comprised of** the following three- **and five-**digit zip codes in New Jersey: **077, 080, 081, 082, 083, [and] 084, 086, 087, 088 and 089. Region I also includes: 08502, 08504, 08512, 08528, 08530, 08536, 08551, 08553, 08556 through 08559 and 08570.**

(b) Region II, as used in this subchapter, consists of **Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union and Warren counties, which are comprised of** the following three- **and five-**digit zip codes in New Jersey: **070, 071, 072, 073, 074, 075, 076, [077,] 078[,], and 079[, 085, 086, 087, 088 and 089]. Region II also includes: 08501, 08505, 08510, 08511, 08514, 08515, 08518, 08520, 08525 through 08527, 08533 through 08535, 08541 through 08544, 08550, 08554, 08555 and 08560 through 08562.**

[(c) Region III, as used in this subchapter, consists of the following three-digit zip codes in New Jersey: 070, 071, 072, 073, 074, 075 and 076.]

11:3-29.4 Application of medical fee schedules

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary

expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter. Nothing in this subchapter shall, however, compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the [provider's] usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. [The fee schedules set forth at N.J.A.C. 11:3-29 Appendix, Exhibits 1 through 5, incorporated herein by reference, shall not apply to inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes, reimbursement of which shall be limited to the provider's usual, customary and reasonable fees.] The physicians' fee schedule at subchapter Appendix, Exhibit 1 shall not apply to services provided in [emergency care] **the trauma units** at Level I and Level II trauma hospitals. **Services subject to the exemption for trauma units shall use the modifier “-TU”. Surgical services (CPT 10000 through 69999) provided in emergency care in acute care hospitals that are not subject to the trauma care exemption shall be reimbursed at 150 percent of the physician’s fee schedule and shall use the modifier “-ER”.** Insurers [will] **are** not [be] required to pay for services or equipment that are not medically necessary.

(b) (No change.)

(c) The fees set forth in the schedule for durable medical equipment, subchapter Appendix, Exhibit 5, are retail prices which may include purchase prices for both new and used equipment, and/or monthly rentals. New equipment shall be distinguished with the use of modifier-NU, used equipment with modifier-UE and rental equipment with modifier-RR.

1. The insurer's total limit of liability for the rental of a single item of durable medical equipment set forth in the schedule is 15 times the monthly rental fee **or the purchase price of the item, whichever is less.**

(d) (No change.)

(e) **[The] Except as noted in (e)1 and 2 below, the** insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in or not covered by the fee schedules shall be a reasonable amount considering the fee schedule amount for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

**1. For the purposes of this subchapter, determination of the usual, reasonable and customary fee means that the provider submits to the insurer his or her usual and customary fee, that is, the amount that the provider is reimbursed for the service by all payors. The insurer determines the reasonableness of the provider's fee by comparison of its experience with that provider and with other providers in the region. The insurer may use national databases of fees, such as those published by Ingenix ([www.ingenixonline.com](http://www.ingenixonline.com)) or Wasserman (<http://www.medfees.com/>), for example, to determine the reasonableness of fees for the provider's geographic region or zip code.**

**2. All applicable provisions of this section concerning billing and**

**payment apply to fees for services provided outside of New Jersey and to fees that are not on the fee schedule.**

(f) [Except as provided in (m) below, the] **The** following shall apply to multiple and bilateral [procedures] **surgeries (CPT 10000 through 69999), co-surgeries and assistant surgeons:**

1. [When multiple or bilateral procedures are performed on the same patient by the same provider at the same time or during the same visit, it is virtually never appropriate for the fee to be the sum of the fees for each procedure. The primary procedure at a single session shall be paid at 100 percent of the eligible charge, the second procedure at no more than 50 percent of the upper limit in the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits in the fee schedule for those particular procedures.] **For multiple surgeries, rank the surgical procedures in descending order by the fee schedule. The highest valued procedure is reimbursed at 100 percent of the eligible charge. Additional procedures are reported with the modifier “-51” and are reimbursed at 50 percent of the eligible charge. If any of the multiple surgeries are bilateral surgeries using the modifier “-50,” consider the bilateral procedure at 150 percent as one payment amount, rank this with the remaining procedures, and apply the appropriate multiple surgery reductions.**

2. [Procedure codes denoted as "each additional" are valued as listed and are not subject to the multiple and bilateral procedures guidelines.] **There are two types of procedures that are exempt from the multiple procedure reduction. Codes in CPT that have the note, “Modifier -51 exempt” shall be reimbursed at 100 percent of the eligible**



charge. In addition, some related procedures are commonly carried out in addition to the primary procedure. These procedure codes contain a specific descriptor that includes the words, “each additional” or “list separately in addition to the primary procedure.” These add-on codes cannot be reported as stand-alone codes but when reported with the primary procedure are not subject to the 50 percent multiple procedure reduction.

3. The terminology for some procedure codes includes the terms “bilateral or “unilateral or bilateral.” The payment adjustment rules for bilateral surgeries do not apply to procedures identified by CPT as “bilateral” or “unilateral or bilateral” since the fee schedule reflects any additional work required for bilateral surgeries. If a procedure is not identified by its terminology as a bilateral procedure (or unilateral or bilateral) and is performed bilaterally, providers must report the procedure with modifier “-50” as a single line item. Reimbursement for bilateral surgeries reported with the modifier “-50” shall be 150 percent of the eligible charge.

[3. If two or more providers in different specialties perform procedures or if one provider performs multiple procedures on different body parts or regions, each individual provider, or each individual body region or body part procedure may be reimbursed separately. For purposes of such billing, the body shall be divided into: head (including skull and brain); face; neck; chest; abdomen; back; and pelvic regions. In addition, the extremities shall be subdivided into right and left: upper arm, elbow, forearm, wrist and hand; and thigh, knee, lower leg, ankle and foot. This reference to specific body parts or regions is included as a guideline to be used in billings for operative and surgical procedures. It is not intended

to apply to nor should it be used in connection with billings submitted for non-surgical services provided during the same visit except as a means of describing the treatment rendered.]

**4. For co-surgeries, each surgeon bills for the procedure with a modifier “-62”. For co-surgeries (modifier 62), the fee schedule amount applicable to the payment for each co-surgeon is 62.5 percent of the eligible charge.**

[4. Nothing in this subchapter shall be construed to prevent PIP insurers or motor bus insurers from paying only reasonable and appropriate fees when multiple procedures are performed at the same time or multiple services provided during the same visit.]

**5. The eligible charge for medically necessary assistant surgeon expenses shall be 20 percent of the primary physician's allowable fee determined pursuant to the fee schedule and rules. Assistant surgeon expenses shall be reported using modifier -80, -81 or -82 as designated in CPT. When the assistant surgeon is someone other than a physician surgeon, the reimbursement shall not exceed 85 percent of the amount that would have been reimbursed had a physician surgeon provided the service. Non-physician assistant surgeon services shall be reported using modifier-AS.**

**6. The necessity for co-surgeons and assistant surgeons for an operation shall be determined by reference to authorities such as the Medicare physician fee schedule database ([www.cms.gov](http://www.cms.gov)). Fees for assistant surgeons and co-surgeons are not rendered eligible for reimbursement simply because it is the policy of a provider or an ASC that one be present.**

**7. It is the responsibility of providers that are acting as co-surgeons**

**or assistant surgeons to include the correct modifier in their bills, especially as they may not be submitted to the insurer at the same time. If a surgeon submits a bill without a modifier and is paid 100 percent of the eligible charge and the insurer subsequently receives a bill from a co-surgeon or assistant surgeon for the same procedure, the insurer shall notify both providers that it has already paid 100 percent of the eligible charge and that it cannot reimburse the co-surgeon or assistant surgeon until the overpayment has been offset or refunded.**

(g) Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing. [CPT 97010 (application of hot/cold packs) is bundled into the payment for other services and shall not be reimbursed separately.] **Providers and payors shall use the National Correct Coding Initiative Edits, incorporated herein by referenced, as updated quarterly by CMS and available at <http://www.cms.hhs.gov/physicians/cciedits/>.**

**1. CPT 97010 (application of hot/cold packs) is bundled into the payment for other services and shall not be reimbursed separately.**

**2. The eligible charge for an office visit includes reviewing the report of an imaging study when the provider of the imaging study has billed for the technical and professional component of the service. In these circumstances, it is not appropriate for the provider to bill for an office visit and CPT 76140 or for the physician component of the imaging study. CPT 76140 may only be billed where a provider in a different practice or facility reviews an imaging study and produces a written report.**

3. When CPT 76005, fluoroscopic guidance, can be billed separately and is not included as part of another procedure, it is reimbursable only per spinal region, not per level.

4. Appendix J of the CPT manual, Electrodiagnostic Medicine Listing of Sensory, Motor and Mixed Nerves may be used as a reference for the appropriate reimbursement of this type of Electrodiagnostic testing.

5. Moderate (conscious) sedation performed by the physician who also furnishes the medical or surgical service cannot be reimbursed separately. In that case, payment for the sedation is bundled into the payment for the medical or surgical service. As a result, CPT codes 99143 through 99145 are not reimbursable.

6. CPT codes 99148 through 99150 are only reimbursable when a second physician other than the provider performing the diagnostic or therapeutic services provides moderate sedation in a facility setting (for example, hospital, outpatient hospital/ambulatory surgery center or skilled nursing facility). CPT codes 99148 through 99145 are not reimbursable for services performed by a second physician in a physician office, freestanding imaging center or for any procedure code identified in CPT as including moderate (conscious) sedation.

(h) To be reimbursable, nerve conduction studies (NCS) (CPT 95900 through 95904) must be interpreted by a physician who was on site and directly supervised or performed the nerve conduction study. Needle EMG interpretation must be performed in the same facility on the same day by the same physician who performed and/or supervised the nerve conduction studies.

(i) The reporting of Nerve Conduction Studies and Needle

**Electromyography (EMG) (CPT 95860-95872) results should be integrated into a unified diagnostic impression. Separate reports for needle EMG and NCS are not reimbursable under the codes above.**

[(h)](j) (No change in text.)

[(i)](k) CPT codes for unlisted procedures or services **that are not on the fee schedule** (example: [97139 Unlisted therapeutic procedure]**#64999 Unlisted procedure nervous system**) are not reimbursable without documentation **from the provider** describing the procedure or service performed, demonstrating its medical appropriateness and indicating why it is not duplicative of a code for a listed procedure or service. **Documentation may include the existence of temporary or AMA Category III or HCPCS codes for the procedure or information in the AMA CPT Assistant publication. In submitting bills for unlisted codes, the provider should base the fee on a comparable procedure. It is never appropriate for the provider to bill an unlisted code for a list of services that have CPT codes. Providers that intend to use unlisted codes in non-emergency situations are encouraged to notify the insurer in advance through the precertification process. Based on the information submitted by the provider, the insurer shall determine whether the CPT coding is appropriate.**

[(j)] The insurer's limit of liability for medically necessary assistant surgeon expenses shall be 20 percent of the primary physician's allowable fee determined pursuant to the fee schedule and rules. Assistant surgeon expenses shall be reported using modifier -80, -81 or -82 as designated in CPT. When the assistant surgeon is someone other than a physician surgeon, the reimbursement shall not exceed 85 percent of the amount that would have been reimbursed had a physician surgeon provided the service. These services shall

be reported using modifier-AS as designated in HCPCS.

(k) When two physician surgeons are required for a specific surgical procedure, the separate services claimed by each surgeon shall be reported using the modifier -62 as designated in CPT. Total eligible expense shall equal 150 percent of a single practitioner's eligible expense amount for the surgical procedure performed, to be divided equally between the two surgeons.]

(l) [The professional component of global service charges shall be reported using modifier -26 as designated in CPT.] **Certain CPT codes are listed in the fee schedule with three entries. There is a global fee with no modifier, a technical component with modifier "TC" and a physician component with modifier "-26".** Services with [professional] **physician** component amounts of zero in the fee schedule are considered to be 100 percent technical. [The technical component is the difference between the global service and the professional component amounts listed in the fee schedule.] **A provider shall not bill the global fee and a technical or physician component. The technical or physician component shall be billed when only that part of the service is being provided.**

(m) The daily maximum allowable fee shall be [\$90.00] **\$99.00** for the Physical Medicine and Rehabilitation CPT codes listed in subchapter Appendix, Exhibit 6, incorporated herein by reference, that are commonly provided together. The daily maximum applies when such services are performed for the same patient on the same date. **The daily maximum applies to all providers, including dentists.** However, [an insurer is not prohibited from reimbursing providers in excess of the daily maximum where] **when the provider can demonstrate that** the severity or extent of the injury is such that

extraordinary time and effort is needed for effective treatment, **the insurer shall reimburse in excess of the daily maximum.** Such injuries could include, but are not limited to, severe brain injury and non-soft-tissue injuries to more than one part of the body. **Such injuries would not include diagnoses for which there are care paths in N.J.A.C. 11:3-4.** Treatment that the provider believes should not be subject to the daily maximum shall be billed using modifier-22 as designated in CPT for unusual procedural services. Unless already provided to the insurer as part of a decision point review or precertification request, the billing shall be accompanied by documentation of why the extraordinary time and effort for treatment was needed.

[(n)] **1.** (No change in text.)

**2. CPT 97012 is the appropriate code for billing powered traction therapy.**

**3. CPT 97026 is the appropriate code for billing cold or low-powered laser therapy.**

**4. HPCPS code G0283 is the appropriate code for billing unattended electrical stimulation.**

**5. Pursuant to N.J.S.A. 39:6A-4, physical therapy, as defined in N.J.S.A. 45:9-37.13, shall not be reimbursable under PIP unless rendered by a licensed physical therapist pursuant to a referral from a licensed physician, dentist, podiatrist or chiropractor within the scope of the respective practices.**

[(o)](n) (No change in text.)

**(o) ASC facility fee group numbers are indicated by CPT code on the physician's fee schedule, subchapter Appendix, Exhibit 1. The facility fees for each**

ASC group are listed in subchapter Appendix, Exhibit 7. If a procedure can be performed in an ASC but it is not listed in the physician's fee schedule, the ASC facility fee for the procedure shall be the fee group in Appendix, Exhibit 7 that includes procedures similar to the unlisted procedure. For example, if an injection code is not included in Appendix Exhibit 7, the facility fee for the procedure would be the same as for other injection codes that have a group number. In no case, shall a facility fee be greater than the highest facility fee on the schedule (Group 9). If a CPT code is subsequently assigned an ASC group number by Medicare, as found in <http://www.cms.hhs.gov/providers/pufdownload/default.asp#asc>, the facility fee for that code shall be that of the same group number in Appendix, Exhibit 7. The ASC facility fee includes services that would be covered if the service were furnished in a hospital on an inpatient or outpatient basis, including:

1. Use of operating and recovery rooms, patient preparation areas, waiting rooms, and other areas used by the patient or offered for use to persons accompanying the patient.

2. All services and procedures in connection with covered procedures furnished by nurses, technical personnel and others involved in patient's care;

3. Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;

4. Diagnostic and therapeutic items and services;

5. Administrative, recordkeeping, and housekeeping items and services;



6. Blood, blood plasma, platelets, etc.; and

7. Anesthesia materials, including the anesthetic itself, and any materials, whether disposable or re-usable, necessary for its administration.

(p) The following services are not included in the ASC facility fee:

1. The sale, lease or rental of durable medical equipment (DME) to ASC patients for use in their homes. If the ASC furnishes items of DME to patients, billing for such items should be made in accordance with subchapter Appendix, Exhibit 5; and

2. Prosthetic and other devices, including neuro-stimulators, internal/external fixators, tissue grafts, plates, screws, anchors and wires, whether implanted, inserted, or otherwise applied by covered surgical procedures. Such prosthetics and devices shall be billed at invoice plus 20 percent.

(q) When multiple procedures are performed in an ASC in the same operative session, the ASC facility fee for the procedure with the highest payment group number is reimbursed at 100 percent and reimbursement of any additional procedures furnished in the same session is 50 percent of the applicable facility fee. For example, if two Group 2 procedures and a Group 1 procedure are all performed in the same operative session, reimbursement of the ASC facility fee is 100 percent of the first Group 2 fee plus 50 percent of the second Group 2 fee, plus 50 percent of the Group 1 fee.

Appendix  
Exhibit 1  
Physicians' Fee Schedule

CPT*	MO D	DESCRIPTION	Fee	Fee	
			Schedule	Schedule	ASC
			North	South	Group
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Anes		ANESTHESIA UNITS	65.72	63.79	
10060		I&D OF ABSCESS ; SIMPLE OR SINGLE	139.46	132.57	
10061		I&D OF ABSCESS ; COMPLICATED OR MULTIPLE	247.56	236.68	
10120		INCISION&REMOVAL FB SUBCUT TISSUES; SIMPLE	200.37	188.63	
10121		INCS & REMOV FB SUBQ TISS; COMPLIC	367.60	348.10	
10140		I&D HEMATOMA/SEROMA/FLUID COLLEC	195.85	185.86	
10160		PUNCTURE ASPIRATION ABSCESS HEMATOMA BULLA/CYST	165.43	156.59	
11000		DEBRID EXT ECZEM/INF SKIN; UP 10% BODY SURFACE	69.49	66.16	
11001		DEBRID EXTEN ECZEMAT/INFEC SKIN; EA AD 10% SURFA	31.38	30.02	
11010		DEBRID INCL REMOV FOREIGN MAT; SKIN & SUBQ TISS	664.17	626.78	2
11011		DEBRID INCL REMOV FOREIGN MAT; SKIN-SUBQ-MUSC	784.63	740.27	2
11012		DEBRID INCL REMOV FOREIGN MAT; SKIN-SUBQ-MUSC-BN	1,143.38	1,077.90	2
11040		DEBRIDEMENT; SKIN PARTIAL THICKNESS	60.19	57.24	
11041		DEBRIDEMENT; SKIN FULL THICKNESS	87.20	83.32	
11042		DEBRIDEMENT; SKIN AND SUBCUTANEOUS TISSUE	122.92	117.26	2
11043		DEBRID; SKIN-SUBQ TISS-MUSCL	343.15	324.53	2
11044		DEBRID; SKIN-SUBQ TISS-MUSCL-BONE	448.19	423.74	2
11055		PAR/CUT BEN HYPERKERATOTIC LESION; SINGLE LESION	58.47	55.37	
11056		PARING/CUT BEN HYPERKERATOTIC LESION; 2-4 LES	73.62	69.98	
11057		PARING/CUT BEN HYPERKERATOTIC LESION; > 4 LES	90.45	86.19	
11101		BX SKIN SUBQ TISS&MUCOUS MEMB (SEP PRO); EA ADD	42.16	40.22	
11200		REMOVAL SKIN TAGS ANY AREA;TO & INCL 15 LESION	104.56	98.81	
11300		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 0.5CM/LESS	121.07	82.23	
11301		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 0.6-1.0 CM	121.07	106.80	
11302		SHAV EPID/DERM 1 LES TRUNK ARMS/LEGS; 1.1-2.0 CM	121.07	128.02	
11305		SHAV 1 LES SCALP NECK HAND FT GENIT;0.5 CM/LESS	121.07	154.18	
11306		SHAV 1 LES SCALP NECK HAND FT GENIT;0.6 TO 1.0CM	121.07	84.64	
11310		SHAV 1 LES FACE EARS EYELD NOSE LPS; 0.5 CM/LESS	106.69	114.87	
11311		SHAV 1 LES FACE EARS EYELD NSE LPS;0.6 TO 1.0 CM	131.05	124.16	
11400		EXC BEN LES NO SKIN TAG TRNK ARM/LEG;0.5 CM/LESS	167.39	156.82	
11401		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 0.6-1.0 CM	192.73	181.56	
11402		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 1.1-2.0 CM	218.97	206.77	
11403		EXC BEN LES NO SKIN TAG TRNK ARM/LEG; 2.1-3.0 CM	245.70	232.44	
11420		EXC BEN LES SCALP NECK HAND FT GENIT;0.5 CM/LESS	161.79	152.26	
11421		EXC BEN LES SCALP NECK HAND FT GENIT; 0.6-1.0 CM	204.67	193.32	
11422		EXC BEN LES SCALP NECK HAND FT GENIT; 1.1-2.0 CM	228.48	216.02	
11423		EXC BEN LES SCALP NECK HAND FT GENIT; 2.1-3.0 CM	270.04	255.66	
11440		EXC BEN LES FACE EARS EYELD NSE LPS; 0.5 CM/LESS	191.92	180.14	
11441		EXC BEN LES FACE EARS EYELD NSE LPS; 0.6-1.0 CM	224.02	211.29	
11442		EXC BEN LES FACE EARS EYELD NSE LPS; 1.1-2.0 CM	250.59	236.64	
11719		TRIMMING OF NONDYSTROPHIC NAILS ANY NUMBER	24.84	23.48	
11720		DEBRIDEMENT OF NAIL BY ANY METHOD; ONE TO FIVE	39.04	37.10	
11721		DEBRIDEMENT OF NAIL BY ANY METHOD; SIX OR MORE	57.95	55.37	
11730		AVUL NAIL PLATE PARTIAL/COMPLETE SIMPLE; SINGLE	127.52	121.56	
11732		AVULSION PLATE PART/COMPLT SIMPL; EA ADD NAIL	59.51	56.90	
11750		EXC NAIL&NAIL MATRIX PART/CMPL PERM REMOVAL;	237.93	225.76	
11765		WEDGE EXC SKIN NAIL FOLD	147.39	137.97	
11901		INJECTION INTRALESIONAL; MORE THAN SEVEN LESIONS	82.81	78.94	
11950		SUBQ INJ FILLING MAT; 1 CC/LESS	115.18	108.89	
12001		SIMPL REPR SCLP AX GENIT TRNK&/EXTREM; < 2.5 CM	215.41	204.26	
12002		SIMPL REPR SCLP AX GENIT TRNK&/EXTREM;2.6-7.5 CM	228.32	216.74	

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12004		SIMPL REPR SCLP/AX/GENIT/TRUNK/EXTREM; 7.6-12.5	266.88	253.62	
12011		SIMPL REPR FACE EARS NOSE&MUCOUS MEMB; < 2.5 CM	228.03	216.09	
12013		SIMPL REPR FACE/EARS/NOSE/MUCOUS MEMB; 2.6-5.0	249.39	236.57	
12031		LAYER CLOS WNDS SCLP AX TRNK&/EXTREM; < 2.5 CM	257.86	244.87	
12032		LAYER CLOS WNDS SCLP AX TRNK&/EXTREM; 2.6-7.5 CM	367.82	346.84	
12034		LAYER CLO SCLP/AX/TRUNK/EXTREM; 7.6 TO 12.5 CM	356.53	338.44	2
12041		LAYER CLO NECK/HANDS/FT/GENIT; 2.5 CM/LESS	285.91	271.47	
12042		LAYER CLO NECK/HANDS/FT/GENIT; 2.6 TO 7.5 CM	347.52	329.21	
12051		LAYER CLO FACE/EARS/NOSE/LIPS; 2.5 CM/LESS	335.48	317.33	
12052		LAYER CLO FACE/EARS/NOSE/LIPS; 2.6 TO 5.0 CM	346.67	328.55	
13100		REPR COMPLX TRUNK; 1.1 CM TO 2.5 CM	419.12	396.62	
13101		REPR COMPLX TRUNK; 2.6 CM TO 7.5 CM	496.96	470.83	3
13102		REPR COMPLX-TRUNK; EA ADD 5 CM/LESS	141.19	134.45	
13120		REPR COMPLX SCLP/ARMS/LEGS; 1.1 CM TO 2.5 CM	433.91	410.83	2
13121		REPR COMPLX SCLP/ARMS/LEGS; 2.6 CM TO 7.5 CM	529.27	501.90	3
13122		REPR CMLPX-SCALP/ARMS/LEGS; EA ADD 5 CM/LESS	173.00	164.44	
13131		REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 1.1-2.5	472.16	447.62	2
13132		REPR COMPLX FOREHEAD/CHIN/AX/GENIT/FT; 2.6-7.5	680.78	646.93	3
13133		REPR CMLPX-FACE/NECK/HAND/FEET; EA ADD 5 CM/LESS	222.56	212.68	
13150		REPR COMPLX LIDS/NOSE/EARS/LIPS; 1.0 CM/LESS	507.69	480.60	3
13151		REPR COMPLX LIDS/NOSE/EARS/LIPS; 1.1 TO 2.5 CM	535.41	508.18	3
13152		REPR COMPLX LIDS/NOSE/EARS/LIPS; 2.6 TO 7.5 CM	712.24	677.47	3
13153		REPR CMLPX-EYE/NOSE/EARS/LIPS; EA ADD 5 CM/LESS	252.16	240.75	
13160		SECNDRY CLO SURG WOUND/DEHISCENCE EXTEN/COMPLIC	1,050.60	1,007.14	2
14000		ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS	807.81	764.30	2
14001		ADJACENT TISS TRANSF TRUNK; 10.1 TO 30.0 SQ CM	1,047.67	994.45	3
14020		ADJACENT TRANSF SCLP/ARMS/LEGS; 10 SQ CM/LESS	892.37	844.56	3
14040		ADJACENT TRANSF CHIN/NECK/AX/FT; 10 SQ CM/LESS	970.15	920.40	2
14041		ADJACENT TRANSF CHIN/NECK/AX/FT; 10.1-30.0 SQ CM	1,271.18	1,209.86	3
14060		ADJACENT TRANSF LIDS/NOSE/LIPS; 10 SQ CM/LESS	1,004.67	954.55	3
15000		SURG PREP/CREATE RECIPI SITE; 1ST 100 SQ CM/1%	462.27	440.40	2
15100		SPLIT GFT TRUNK; 1ST 100 SQ CM/1% BODY CHILD	1,291.10	1,221.61	2
15101		SPLIT GFT TRUNK; EA ADD 100/EA ADD 1% BODY CHILD	325.95	306.07	3
15260		FULL THICK GFT NOSE/EARS/LIDS/LIPS; 20 SQ CM	1,171.89	1,113.52	2
16000		INIT TX 1ST DEGREE BURN WHEN LOCAL TX REQUIRED	101.92	96.98	
16020		DSG &/OR DEBRID INIT/SUBSQ; WO ANES OFC/HOSP SM	123.07	116.06	
16025		DSG &/OR DEBRID INIT/SUBSQ; WO ANES MEDIUM	211.93	201.75	2
17004		DESTRUC BEN/PREMLIG LES OTH THN SKN TAG; 15/>	289.55	275.99	
17110		DESTRUC FLAT WARTS MOLLUSC CONTAG/MILIA; UP 14	133.65	125.11	
17250		CHEMICAL CAUTERIZATION OF GRANULATION TISSUE	102.27	95.82	
17261		DESTRUC MALIG LESION TRUNK ARMS/LEGS; 0.6-1.0 CM	160.15	151.28	
17262		DESTRUC MALIG LESION TRUNK ARMS/LEGS; 1.1-2.0 CM	198.84	188.27	
17304		CHEMOSURG MOHS TECH; 1ST STAGE UP TO 5 SPECIMEN	906.48	859.77	
17305		CHEMOSURG MOHS TECH; 2ND STAGE UP TO 5 SPECIMEN	388.23	366.73	
19000		PUNCTURE ASPIRATION OF CYST OF BREAST;	167.23	156.70	
19120		EXC BREAST CYST TUMR/LES OPEN MALE/FEMALE 1/>	597.77	571.03	3
19125		EXC BRST CYST/LES ID PRE-OP RAD MARKR OPN; 1 LES	641.60	613.30	3
19290		PREOPERATIVE PLACEMENT NEEDLE LOC WIRE BREAST;	241.45	226.29	1
20100		EXPLOR PENETRATING WOUND (SEPART PROC); NECK	851.05	821.37	
20101		EXPLOR PENETRATING WOUND (SEPART PROC); CHEST	545.96	514.02	
20102		EXPLOR PENETRAT WOUND (SEP PROC); ABD/FLANK/BACK	677.92	637.81	

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20103		EXPLOR PENETRATING WOUND (SEPART PROC); EXTREM	828.59	781.90	
20520		REMOV FB MUSCL/TENDON SHEATH; SIMPL	282.01	500.36	
20526		INJECTION THERAPEUTIC CARPAL TUNNEL	113.53	108.00	
20550		INJECTION; TENDON SHEATH LIGAMENT GANGLION CYST	86.09	81.99	
20551		SINGLE TENDON ORIGIN/INSERTION	83.80	79.86	
20552		INJECTION; SNG OR MULT TRIGGER PTS 1 OR 2 MUSCLES	123.20	116.92	
20553		INJECTION; SNG OR MULT TRIGGER POINTS; 3 OR > MUSCLES	243.11	230.62	
20600		ARTHROCEN ASPIRATION &OR INJ; SM JOINT/BURSA	89.21	84.90	
20605		ARTHROCEN ASPIRATION &OR INJ; INTERMED JNT/BURSA	98.03	93.09	
20610		ARTHROCEN ASPIR&INJ; MAJOR JNT BURSA/GANG CYST	139.39	132.25	
20680		REMOVAL OF IMPLANT; DEEP	730.47	684.16	
20931		ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	460.01	443.94	
21085		IMPRESSION&CUSTOM PREPARATION; ORAL SURG SPLINT	1,028.95	980.95	
21110		APPLIC HALO MAXILLOFACIAL FIX W/REMV-SEP PROC	1,017.66	958.17	
21116		APPLIC INTERDENTAL DEVICE-NOT FX/DISLOC W/REMV	305.96	283.76	
21320		CLO TX NASAL BONE FX; W/STABILIZATION	340.68	319.80	2
21453		CLO TX MANDIB FX W/INTERDENTAL FIXA	971.06	913.38	3
21800		CLO TX RIB FX UNCOMP EA	134.90	127.52	1
22505		MANIPULATION OF SPINE W/ANESTHESIA OR CONSCIOUS SEDA	197.57	190.58	2
22554		ARTHRSIS ANT INTERBODY W/MINI DISKECT; BELOW C2	5,927.44	5,695.60	
22585		ARTHRSIS ANT INTERBODY W/MINI DISKECT; EA ADD	1,587.52	1,532.08	
22845		ANTERIOR INSTRUMENTATION; 2-3 VERTEBRAL SEGMENTS	4,327.00	4,176.55	
22851		APPLIC INTERVERT BIOMECH DEVC VERT DEFEC/INTRSP	2,396.95	2,313.45	
23500		CLO TX CLAV FX; WO MANIP	295.91	280.03	1
23505		CLO TX CLAV FX; W/MANIP	486.72	462.01	1
23600		CLO TX PROX HUMERAL FX; WO MANIP	449.81	424.96	1
23605		CLO TX PROX HUMERAL FX; W/MANIP W/WO SKELE TRACT	664.44	630.15	2
23650		CLO TX SHOULDER DISLOC W/MANIP; WO ANES	417.76	396.45	1
23655		CLO TX SHOULDER DISLOC W/MANIP; REQUIRING ANES	522.00	497.84	1
23700		MANIP UNDER ANES-SHLDR JNT W/APPLIC FIX APPARAT	327.09	312.42	
27096		INJ PROC SI JNT ARTHROGRPH &/ ANES/STEROID	651.68	607.95	
27275		MANIPULATION OF HIP W/ANESTHESIA OR CONSCIOUS SEDATIO	304.43	290.39	
29125		APPLICATION OF SHORT ARM SPLINT ; STATIC	110.10	103.74	
29130		APPLIC FINGER SPLINT; STATIC	65.99	62.87	
29220		STRAPPING; LOW BACK	79.80	77.40	
29240		STRAPPING; SHOULDER	90.97	86.22	
29260		STRAPPING; ELBOW/WRIST	75.54	71.46	
29280		STRAPPING; HAND/FINGER	76.10	71.75	
29345		APPLIC LONG LEG CAST	190.87	181.03	
29365		APPLIC CYLINDER CAST	170.87	161.73	
29405		APPLICATION OF SHORT LEG CAST ;	124.87	118.16	
29425		APPLICATION SHORT LEG CAST; WALKING/AMB TYPE	133.77	126.89	
29505		APPLIC LONG LEG SPLINT	110.72	104.34	
29515		APPLICATION OF SHORT LEG SPLINT	94.65	89.79	
29530		STRAPPING; KNEE	79.59	75.24	
29540		STRAPPING; ANKLE	54.70	52.23	
29550		STRAPPING; TOES	52.62	50.18	
29580		STRAPPING; UNNA BOOT	72.14	68.48	
29700		REMOV/BIVALVING; GAUNTLET BOOT BODY CAST	87.04	82.19	
29705		REMOV/BIVALVING; FULL ARM FULL LEG CAST	95.13	90.49	
29800		ARTHROSCOPY TMJ DIAGNOSTIC W/WO SYNOVIAL BIOPSY	2,776.95	2,640.15	3

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29804		ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL	3,285.45	3,133.04	3
29805		SCOPE SHOULDER DX W/WO SYNOVIAL BX SEP PROC	2,414.03	2,300.99	
29806		ARTHROSCOPY SHOULDER SURGICAL; CAPSULORRHAPHY	5,330.52	5,101.07	
29807		SCOPE SHOULDER SURGICAL; REPAIR SLAP LESION	5,197.05	4,971.74	
29819		SCOPE SHOULDER SURGICAL; W/REMOVAL LOOSE BODY/FB	3,008.97	2,872.22	
29820		ARTHROSCOPY SHOULDER SURG; SYNOVECTOMY PARTIAL	2,774.57	2,649.02	
29821		ARTHROSCOPY SHLDR SURG; SYNOVECTECTOMY COMPLETE	3,030.75	2,893.55	
29822		ARTHROSCOPY SHOULDER SURG; DEBRIDEMENT LIMITED	2,947.23	2,812.68	3
29823		ARTHROSCOPY SHOULDER SURG; DEBRIDEMENT EXTENSIVE	3,212.60	3,067.02	3
29824		SCOPE SHLDR SURG;DIST CLAVICULET W/ARTICLR SURF	3,293.19	3,142.08	
29825		SCOPE SHLDR SURG; W/LYSIS&RES ADHES W/WO MANIP	3,002.72	2,866.50	
29826		ARTHROSCOPY SHOULDER SURG; DECOMP SUBACROM SPACE	3,448.31	3,295.26	3
29827		SCOPE SHOULDER SURGICAL; W/ROTATOR CUFF REPAIR	4,366.71	5,375.97	
29860		ARTHROSCOPY HIP DX W/WO SYNOVIAL BX (SEP PROC)	2,431.70	2,322.36	4
29861		ARTHROSCOPY HIP SURG; W/REMOV LOOSE/FB	2,678.87	2,562.11	4
29862		ARTHROSCOPY HIP SURG; DEBRID/SHAV ARTIC CARTIL	2,985.43	2,850.79	9
29863		ARTHROSCOPY HIP SURG; W/SYNOVECTOMY	2,951.52	2,817.57	4
29870		ARTHROSCOPY KNEE DX W/WO SYNOVIAL BX (SEP PRO)	1,612.73	1,537.03	3
29871		ARTHROSCOPY KNEE SURG; INFECTION LAVAGE&DRAINAGE	2,018.07	1,926.12	
29873		ARTHROSCOPY KNEE SURGICAL; WITH LATERAL RELEASE	2,041.24	1,941.03	
29874		ARTHROSCOPY KNEE SURG; REMOV LOOSE/FB	2,116.70	2,021.11	3
29875		ARTHROSCOPY KNEE SURG; SYNOVECTOMY LTD (SEP PRO)	2,538.86	2,421.63	4
29876		ARTHROSCOPY KNEE SURG; SYNOVECTOMY MAJOR	3,119.27	2,977.74	4
29877		ARTHROSCOPY KNEE SURG; DEBRID/SHAV ARTICLR CART	2,943.23	2,808.00	4
29879		ARTHROSCOP KNEE SURG; ABRAS PLSTY/DRILL/MICROFX	2,461.69	2,350.08	3
29880		ARTHROSCOPY KNEE SURG; W/MENISECTMY (MED & LAT)	3,311.24	3,162.42	4
29881		ARTHROSCOPY KNEE; W/MENISECTOMY MED/LAT	3,072.92	2,932.88	4
29882		ARTHROSCOPY KNEE SURG; W/MENISCUS REPR (MED/LAT)	3,318.30	3,171.15	3
29887		ARTHROSCOPY KNEE; DRILL-OSTEOCHOND LES W/FIXA	2,756.32	2,631.86	3
29888		ARTHROSCOPICALLY AIDED ACL REPAIR/AUGMENT/RECON	3,914.33	3,749.66	3
30200		INJ INTO TURBINATE THERAP	140.91	132.26	
30300		REMOV FB INTRANASAL; OFFIC TYPE PROC	336.93	313.08	
30901		CONTROL NASAL HEMORRHAGE ANT SIMPLE ANY METHOD	150.09	142.43	
30903		CONTRL NASAL HEMORR-ANT-COMPLX ANY METHD	249.99	235.31	1
30905		CONTRL NASAL HEMORR-POST-W/PACKS-CAUT; INIT	322.40	303.43	1
31000		LAVAGE BY CANNULATION; MAXIL SINUS	235.56	220.53	
31231		NASAL ENDOSCOPY DX UNILATERAL/BILATERAL SEP PROC	265.41	247.73	
31237		NASL/SINUS ENDO; W/BX POLYPECT/DEBRID SEP PROC	481.90	453.78	2
31500		INTUBATION ENDOTRACHEAL EMER PROC	162.66	158.20	
31505		LARYNGOSCOPY INDIRECT; DX (SEP PROC)	121.34	113.69	
31515		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; ASPIRAT	313.91	294.92	1
31525		LARYNGOSCOPY DIRECT W/WO TRACHEOSCOPY; DX EX NB	366.54	346.44	1
31575		LARYNGOSCOPY FLEXIBLE FIBEROPTIC; DIAGNOSTIC	176.45	166.14	
31622		BRONCHOSCOPY; DX W/WO CELL WASHING (SEP PROC)	494.34	464.06	
31645		BRONCHOSCOPY; W/THERAP ASPIR TRACHBRONCH-INIT	481.92	453.96	
32000		THORACENTESIS-ASPIRAT-INIT/SUBSQT	268.03	251.67	1
32002		THORACENTESIS W/INSRT TUBE (SEPART PROC)	313.44	295.80	
32020		TUBE THORACOSTOMY W/WO WATER SEAL (SEPART PROC)	308.69	1,060.96	
32405		BX LUNG/MEDIASTINUM PERCUT NEEDLE	146.15	141.39	1
32601		THORACOSCOPY DX (SEP PRO); LUNGS & PLEURAL WO BX	464.27	448.50	
33210		INSRT/REPLAC TEMP ONE CHMBR ELECT/CATH (SEP PRO)	255.78	247.12	

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33212		INSRT/REPLAC PACEMKR PULSE GEN; 1 CHMBR ATRL/VEN	510.37	489.53	
36000		INTRODUCTION OF NEEDLE OR INTRACATHETER VEIN	44.12	41.16	
36005		INJ PROC CONTRAST VENOGRAPHY	512.93	474.06	
36140		INTRO NEEDLE/INTRACATHETER; EXTREM ART	882.39	817.17	
36400		VENIPUNCT < 3 YR; FEM/JUGULAR/SAGITTAL SINUS	38.08	36.40	
36406		VENIPUNCTURE < 3 YR; OTHER VEIN	26.69	25.17	
36410		VENIPUNCT >3 YR W/MD SKILL-SEP PROC NOT ROUTINE	27.29	25.71	
36415		ROUTINE VENIPUNCT/FNGR/HEEL/EAR STICK CLCT SPEC	10.10	8.90	
36425		VENIPUNCTURE CUTDOWN; AGE 1/OVER	55.72	54.05	
36430		TRANSFUSION BLD/BLD COMPONENTS	63.58	58.55	
36471		INJECTION SCLEROSING SOLUTION; MX VEINS SAME LEG	276.07	259.58	
36555		INSRT CENTRAL VENOUS CATH; 5 YR/UNDER	491.78	461.08	
36556		INSRT CENTRAL VENOUS CATH; >5 YR	478.41	448.50	
36600		ART PUNCT WITHDRAWAL BLD DX	47.09	44.42	
36620		ART CATH/CANNULAT SAMPLING MON/TRANSFUS-SP; PERQ	207.66	202.27	
36800		INSRT CANNULA (SEPART PROC); VEIN-VEIN	247.44	236.64	
36860		EXT CANNULA DECLOT (SP); WO BALLOON CATH	217.04	206.69	2
37609		LIG/BX TEMPORAL ART	444.70	420.04	2
43235		UGI ENDO; DX W/WO CLCT SPECMN-BRUSH/WASH-SP	445.03	417.50	1
43246		UGI ENDO; W/DIRECTED PLCMT PERQ GASTROSTOMY TUBE	343.06	331.45	2
43247		UGI ENDO; W/REMOV FB	271.47	262.16	2
43248		UGI ENDO; W/INSRT GUIDE WIRE-DILAT ESOPHAGUS	253.96	245.10	2
43249		UGI ENDO; W/BALLOON DILAT ESOPHAGUS (<30MM DIAM)	234.43	226.27	
43255		UGI ENDO; W/CONTRL BLEEDING ANY METHD	381.10	368.13	2
43259		UGI ENDO; W/ENDO ULTRASOUND EXAM	407.51	393.73	3
43260		ERCP; DX W/WO COLLEC SPECMN-BRUSH/WASH (SEP PRO)	468.39	452.60	2
43450		DILAT ESOPH-UNGUIDED SOUND/BOUGIE-1/MX PASSES	235.89	221.73	1
43760		CHANGE GASTROSTOMY TUBE	187.27	291.76	1
44139		MOBILIZA SPLENIC FLEXURE PERFMD W/PART COLECTOMY	175.34	169.91	
44500		INTRO LONG GI TUBE (SEPART PROC)	36.60	35.44	
45300		PROCTSIGMODSCPY RIGD; DIAGNOSTIC-SEP PROC	113.69	105.79	
45330		SIGMOIDSCPY FLXIBLE; DIAGNOSTIC-SEP PROC	190.92	178.85	
45355		COLONOSCOPY RIGID/FLEX TRNSABD VIA COLOTOMY 1/MX	283.15	273.70	1
45378		COLONOSCOPY FLEX-PROX SPLEN FLEX; DX-SEP PROC	576.97	543.60	2
46040		I&D ISCHIORECTAL &/OR PERIRECT ABSCESS (SEP PRO)	618.92	587.85	3
46600		ANOSCPY; DX W/WO COLLCT SPECIMEN BRUSH/WASH-SP	122.23	114.09	
47000		BX LIVER NEEDLE; PERCUT	289.91	273.18	1
49080		PERITONEOCENTESIS-ABD PARACENTESIS; INIT	314.03	293.18	2
49320		LAP SURG-ABD/PERITNM; DX-W/WO SPECMN (SEP PROC)	455.14	438.26	3
49421		INSRT INTRAPERITONEAL CANNULA-DRAIN; PERM	473.79	520.31	4
50392		INTRO INTRACATH/CATH-RENAL PELVIS-DRAIN PERCUT	276.60	266.55	1
50394		INJ PROC PYELOGRAPHY THRU NEPHROSTOMY TUBE	203.70	189.75	
51600		INJ PROC-CYSTOGRAPHY/VOIDING URETHROCYSTOGRAPHY	352.89	327.05	
51700		BLADDER IRRIGA SIMPL LAVAGE &/OR INSTILL	144.91	136.31	
51720		BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	214.06	203.91	
51725	TC	SIMPL CYSTOMETROGRAM	309.06	283.63	
51725	26	SIMPL CYSTOMETROGRAM	113.91	110.36	
51725		SIMPL CYSTOMETROGRAM	422.97	393.99	
51726	TC	COMPLEX CYSTOMETROGRAM	420.73	386.10	
51726	26	COMPLEX CYSTOMETROGRAM	129.03	124.97	
51726		COMPLEX CYSTOMETROGRAM	549.76	511.07	1
51741	TC	COMPLEX UROFLOWMETRY	26.21	24.12	

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51741	26	COMPLEX UROFLOWMETRY	85.97	83.29	
51741		COMPLEX UROFLOWMETRY	112.18	107.41	
51784	TC	EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	211.68	194.32	
51784	26	EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	115.56	111.94	
51784		EMG STDY ANAL/URETH SPHNCTR OTH THAN NDLE TECH	327.24	306.25	
52000		CYSTOURETHROSCOPY-SEP PROC	310.43	292.47	1
52005		CYSTOURETHROSCOPY W/URETERAL CATH EXCLUS-RAD	467.08	437.55	2
52204		CYSTOURETHROSCOPY W/BX	1,006.21	932.06	2
52281		CYSTOURETHROSCOPY W/REMV FB-SEP PROC; SIMPLE	582.88	545.44	2
52310		CYSTURETHRSCPY W/INSERTION INDWELL URETRL STENT	438.56	413.09	2
52332		CATHETERIZATION URETHRA; SIMPLE	503.79	473.03	2
52351		CYSTOURETHROSCOPY W/URETEROSCOPY	453.80	438.79	
53600		DILAT URETHRAL STRICT-SOUND DILAT-MALE; INIT	135.90	129.34	
53601		DILAT URETHRAL STRICT-SOUND/DILAT-MALE; SUBSQT	130.77	123.73	
53660		DILAT FE URETHRA INCL SUPPOSITORY; INIT	118.14	111.10	
53661		DILAT FE URETHRA INCL SUPPOSITORY; SUBSQT	118.07	111.06	
54235		INJ CORPORA CAVERNOSA W/PHARMACOLOGIC AGENT	123.57	117.91	
57452		BX SINGLE/MX/LOCAL EXCISION LESION W/WO FULG	163.75	156.27	
57500		CAUTERY OF CERVIX; CRYOCAUTERY INITIAL OR REPEAT	209.59	196.17	
57511		TAH W/WO REMOVAL OF TUBE W/WO REMOVAL OF OVARY;	220.05	209.55	
58340		HYSTEROSCPY SURG;W/BX ENDOMET&POLYPECT W/WO D&C	240.72	224.29	
58558		AMNIOCENTESIS; DIAGNOSTIC	405.42	391.07	1
59000		INDUCED ABORTION BY DILATION AND CURETTAGE	207.64	196.33	
59841		INJECTION PROCEDURE DISKOGRAPHY EA LEVEL; LUMBAR	542.43	521.14	5
62263		PERQ LYSIS EPID ADHES W/RAD LOC MX SESS; 2/> DAY	1,698.96	1,594.52	
62264		PERQ LYSIS EPIDURL ADHES RAD LOC MX SESS; 1 DAY	1,091.00	1,026.64	
62270		SPINAL PUNCT LUMBAR DX	373.92	349.68	1
62273		INJ EPIDURAL-BLOOD/CLOT PATCH	433.52	410.24	1
62280		INJ/INFUS NEUROLY W/WO OTH TX SUBSTAN; SUBARACH	875.70	819.50	
62281		INJ NEUROLY W/WO OTH SUBSTNC; EPIDURAL CERV/THOR	751.62	705.2	
62282		INJ NEUROLY W/WO OTH TX SUBSTANCE; EPIDUR LUMB	974.28	907.48	1
62284		INJ PROC-MYELOGRAPHY &/OR CAT-SPINAL	592.66	552.86	
62287		ASPIR/DECOMPRESS-PERQ-NUCLEUS PULPOS 1/MX-LUMB	4,819.92	4,612.64	9
62290		INJ 1 NOT NEUROLYT-W/WO CM-DX/TX-EPID; CERV/THOR	1,378.05	1,290.81	
62291		INJECTION PROC DISKOGRAPHY EA LEVEL; CERV/THOR	1,204.08	1,130.79	
62292		INJ PROC-CHEMONUCLEOLYSIS-DISK; 1/MX LUMBAR	1,656.36	1,591.53	
62310		INJ 1 NOT NEUROLYTIC W/WO CM-DX/TX-EPID;LUMB/SAC	1,063.51	995.12	1
62311		INJ NOT NEUROLYTIC-W/WO CM-DX/TX-EPID; LUMB/SAC	1,025.50	956.41	1
62318		INJ NOT LYTIC-W/WO CM-DX/TX-EPIDUR; CERV/THOR	703.22	656.96	1
62319		INJECTION ANESTHETIC AGT; GT OCCIPITAL NERVE	619.50	579.16	1
63075		DISKECTOMY ANT W/DECOMP; CERV SNGL INTERSPACE	9,046.68	8,702.22	
63076		DISKECTOMY ANT W/DECOMP; CERV EA ADD INTERSPACE	1,755.78	1,694.70	
64402		INJECTION ANESTHETIC AGENT; FACIAL NERVE	255.76	242.00	
64405		INJECTION ANES AGT; OTH PERIPH NERVE/BRANCH	246.76	234.08	
64413		INJECTION ANESTHETIC AGENT; CERVICAL PLEXUS	289.24	273.48	
64415		INJ ANES AGENT; BRACHIAL PLEXUS	385.16	361.96	1
64417		INJECTION ANESTHETIC AGENT; AXILLARY NERVE	404.70	379.78	1
64418		INJECTION ANESTHETIC AGENT; SUPRASCAPULAR NERVE	354.22	332.58	
64420		INJECTION ANES AGT; INTERCOSTAL NERVE SINGLE	460.24	429.12	
64421		INJECTION ANES AGT; INTERCOSTL NERV MX RGN BLOCK	706.90	658.30	
64425		INJECTION ANES AGT; ILIOING ILIOHYPOGASTRIC NERV	302.50	287.88	

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			Schedule	Schedule	ASC
			North	South	Group
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64435		INJ ANES AGENT; PARACERVICAL NERV	362.02	287.88	
64445		INJ ANES AGENT; SCIATIC NERV	373.88	341.00	
64447		INJECTION ANESTHETIC AGENT; FEMORAL NERVE SINGLE	166.68	161.68	
64449		INJ ANES; LUMB PLEXUS POST CONT INFUS DAILY MGMT	340.40	329.64	
64450		INJECTION ANES AGT; OTH PERIPH NERVE/BRANCH	339.15	322.74	
64470		INJ ANES/STEROID FACET JT/NRV; CERV/THOR-1LEVEL	826.88	769.26	1
64472		INJ ANES/STEROID FACET JT/NRV; CERV/THOR-EA ADD	325.72	306.34	1
64475		INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-1LEVEL	758.48	704.06	1
64476		INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-EA ADD	280.72	263.30	1
64479		INJ ANES/STEROID EPIDUR; CERV/THOR 1 LEVEL	879.72	819.72	1
64480		INJ ANES/STEROID EPIDUR; CERV/THOR-EA ADD	493.00	463.55	1
64483		INJ ANES/STEROID EPIDURL; LUMB/SAC 1 LEVEL	891.92	829.20	1
64484		INJ ANES/STEROID EPIDUR; LUMB/SAC-EA ADD	416.78	390.08	1
64505		INJ ANES AGENT; SPHENOPALATINE GANGLION	231.10	220.06	
64510		INJECTION ANESTHETIC AGENT; STELLATE GANGLION	422.94	395.06	
64520		INJ ANES AGENT; LUMBAR/THORACIC	590.38	549.42	1
64550		APPLICATION OF SURFACE NEUROSTIMULATOR	26.69	25.17	
64565		PERCUT IMPLNT NEUROSTIM ELECTRODES; NEUROMUSCUL	295.71	278.04	
64600		DESTRCT TRIGEMINAL; SUPRAORBITAL/INFRAORBITAL	759.40	710.18	
64605		DESTRCT TRIGEMINAL; 2ND & 3RD DIV FORAMEN OVAL	905.58	853.76	
64610		DESTRCT TRIGEMINAL; 2ND & 3RD DIV W/RAD MON	982.76	933.24	
64612		CHEMODENERVATION MUSC; MUSC INNERV FACIAL NERV	296.66	280.68	
64613		DESTRCT BY NEUROLYTIC AGENT; CERV SPINAL MUSCL	327.86	309.32	
64614		CHEMODENERVATION MUSCLE; EXTREM &OR TRUNK MUSCLE	361.86	341.43	
64620		DESTRUCTION NEUROLYTIC AGENT INTERCOSTAL NERVE	462.36	435.03	
64622		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT	729.95	682.73	1
64623		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT	358.44	334.58	1
64626		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT	749.28	701.70	
64627		DESTRCT BY NEUROLYTIC AGENT; PARAVERTEBRAL FACET JNT	518.00	481.92	1
64640		NEUROPLASTY &/OR TRANSP; MEDIAN @ CARPAL TUNNEL	472.62	446.21	
64680		DESTRUC NEURLYT AGT W/WO RAD MON; CELIAC PLEXUS	634.28	593.40	
64721		NEUROPLASTY &/OR TRANSP; MEDIAN CARPAL TUNNEL	1,789.08	1,697.00	
64818		SYMPATHECTOMY LUMBAR	1,412.54	1,360.28	
70030	TC	RAD EXAM EYE DETECTION FB	26.21	24.12	
70030	26	RAD EXAM EYE DETECTION FB	12.95	12.52	
70030		RAD EXAM EYE DETECTION FB	39.16	36.63	
70100	TC	RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	32.21	29.63	
70100	26	RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	13.47	13.04	
70100		RAD EXAM MANDIB; PART LESS THAN 4 VIEWS	45.68	42.67	
70110	TC	RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	39.18	36.10	
70110	26	RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	18.32	17.73	
70110		RAD EXAM MANDIB; COMPLT MINI 4 VIEWS	57.50	53.83	
70120	TC	RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	39.18	36.10	
70120	26	RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	13.47	13.04	
70120		RAD EXAM MASTOIDS; LESS THAN 3 VIEWS PER SIDE	52.65	49.14	
70140	TC	RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	39.18	36.10	
70140	26	RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	13.99	13.55	
70140		RAD EXAM FACIAL BONES; LESS THAN 3 VIEWS	53.17	49.65	
70150	TC	RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	49.28	45.40	
70150	26	RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	18.84	18.25	
70150		RAD EXAM FACIAL BONES; COMPLT MINI 3 VIEWS	68.12	63.65	
70160	TC	RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	32.21	29.63	



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70160	26	RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	12.95	12.52	
70160		RAD EXAM NASAL BONES COMPLT MINI 3 VIEWS	45.16	42.15	
70200	TC	RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	49.28	45.40	
70200	26	RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	20.49	19.83	
70200		RAD EXAM; ORBITS COMPLT MINI 4 VIEWS	69.76	65.22	
70210	TC	RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	39.18	36.10	
70210	26	RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	12.95	12.52	
70210		RAD EXAM SINUSES PARANASAL LESS THAN 3 VIEWS	52.13	48.62	
70220	TC	RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	49.28	45.40	
70220	26	RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	18.32	17.73	
70220		RAD EXAM SINUSES PARANASAL COMPLT MINI 3 VIEWS	67.60	63.13	
70250	TC	RAD EXAM SKULL; LESS THAN 4 VIEWS W/WO STEREO	39.18	36.10	
70250	26	RAD EXAM SKULL; LESS THAN 4 VIEWS W/WO STEREO	17.80	17.23	
70250		RAD EXAM SKULL; LESS THAN 4 VIEWS W/WO STEREO	56.98	53.33	
70260	TC	RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/WO STEREO	56.37	51.94	
70260	26	RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/WO STEREO	25.30	24.49	
70260		RAD EXAM SKULL; COMPLT MINI 4 VIEWS W/WO STEREO	81.67	76.44	
70300	TC	RAD EXAM TEETH; SNGL VIEW	16.59	15.29	
70300	26	RAD EXAM TEETH; SNGL VIEW	8.70	8.37	
70300		RAD EXAM TEETH; SNGL VIEW	25.29	23.67	
70320	TC	RAD EXAM TEETH; COMPLT FULL MOUTH	49.28	45.40	
70320	26	RAD EXAM TEETH; COMPLT FULL MOUTH	16.76	16.20	
70320		RAD EXAM TEETH; COMPLT FULL MOUTH	66.04	61.59	
70330	TC	RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	52.88	48.71	
70330	26	RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	17.80	17.23	
70330		RADIOLOGIC EXAM TMJ OPEN&CLOS MOUTH; BIL	70.68	65.92	
70336	TC	MR IMAGING TEMPOROMANDIBULAR JOINT	703.26	647.39	
70336	26	MR IMAGING TEMPOROMANDIBULAR JOINT	109.95	106.42	
70336		MR IMAGING TEMPOROMANDIBULAR JOINT	813.22	753.81	
70350	TC	CEPHALOGRAM ORTHODONTIC	23.80	21.91	
70350	26	CEPHALOGRAM ORTHODONTIC	13.55	13.08	
70350		CEPHALOGRAM ORTHODONTIC	37.35	34.98	
70355	TC	CEPHALOGRAM ORTHODONTIC	36.18	33.35	
70355	26	CEPHALOGRAM ORTHODONTIC	15.11	14.61	
70355		ORTHOPANTOGRAM	51.29	47.96	
70360	TC	RAD EXAM; NECK SOFT TISS	26.21	24.12	
70360	26	RAD EXAM; NECK SOFT TISS	12.95	12.52	
70360		RAD EXAM; NECK SOFT TISS	39.16	36.63	
70450	TC	CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	380.61	350.38	
70450	26	CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	81.00	78.41	
70450		CAT HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	461.60	428.77	
70460	TC	CAT HEAD/BRAIN; W/CONTRAST MAT	355.78	327.52	
70460	26	CAT HEAD/BRAIN; W/CONTRAST MAT	83.54	80.86	
70460		CAT HEAD/BRAIN; W/CONTRAST MAT	439.32	408.38	
70470	TC	CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	443.89	408.60	
70470	26	CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	94.32	91.29	
70470		CAT HEAD/BRAIN; WO CONTRAST FOLLOWED BY CONTRAST	538.20	499.89	
70480	TC	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	296.28	272.75	
70480	26	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	94.84	91.81	
70480		CAT ORBIT/SELLA/OUTER-MID-INNER EAR; WO CONTRAST	391.12	364.55	
70481	TC	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	355.78	327.52	

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70481	26	CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	101.86	98.59	
70481		CAT ORBIT/SELLA/OUTER-MID-INNER EAR; W/CONTRAST	457.64	426.11	
70482	TC	CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	443.89	408.60	
70482	26	CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	107.30	103.84	
70482		CAT ORBIT/SELLA/EAR; WO CONTRAST THEN CONTRAST	551.19	512.45	
70486	TC	CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	296.28	272.75	
70486	26	CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	84.06	81.38	
70486		CAT MAXILLOFACIAL AREA; WITHOUT CONTRST MATERIAL	380.34	354.12	
70487	TC	CAT MAXILLOFACIAL AREA; W/CONTRAST	355.78	327.52	
70487	26	CAT MAXILLOFACIAL AREA; W/CONTRAST	96.49	93.38	
70487		CAT MAXILLOFACIAL AREA; W/CONTRAST	452.26	420.90	
70490	TC	CAT SOFT TISS NECK; WO CONTRAST	296.28	272.75	
70490	26	CAT SOFT TISS NECK; WO CONTRAST	94.84	91.81	
70490		CAT SOFT TISS NECK; WO CONTRAST	391.12	364.55	
70491	TC	CAT SOFT TISS NECK; W/CONTRAST	355.78	327.52	
70491	26	CAT SOFT TISS NECK; W/CONTRAST	101.86	98.59	
70491		CAT SOFT TISS NECK; W/CONTRAST	457.64	426.11	
70492	TC	CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	443.89	408.60	
70492	26	CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	106.70	103.30	
70492		CAT SOFT TISS NECK; WO CONTRAST THEN CONTRAST	550.59	511.90	
70540	TC	MRI ORBIT FACE & NECK	693.68	637.79	
70540	26	MRI ORBIT FACE & NECK	99.68	96.50	
70540		MRI ORBIT FACE & NECK	793.36	734.31	
70551	TC	MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	703.26	647.39	
70551	26	MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	109.95	106.42	
70551		MR IMAGING BRAIN; WITHOUT CONTRAST MATERIAL	813.22	753.81	
70552	TC	MRI BRAIN; W/CONTRAST	843.78	776.70	
70552	26	MRI BRAIN; W/CONTRAST	132.08	127.83	
70552		MRI BRAIN; W/CONTRAST	975.86	904.53	
70553	TC	MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	1,562.43	1,438.28	
70553	26	MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	174.69	169.07	
70553		MR IMAGING BRAIN; W/O CONTRAST FOLLOWED BY CONTRAST	1,737.11	1,607.35	
71010	TC	RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	34.83	32.04	
71010	26	RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	16.06	15.55	
71010		RADIOLOGIC EXAMINATION CHST; SINGLE VIEW FRONTAL	50.89	47.59	
71020	TC	RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	42.20	38.88	
71020	26	RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	17.40	16.84	
71020		RADIOLOGIC EXAMINATION CHST 2 VIEWS FRNTL&LAT;	59.60	55.72	
71021	TC	RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	46.28	42.64	
71021	26	RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	19.97	19.32	
71021		RAD EXAM CHEST-FRONT & LAT; W/APICAL LORDOTIC	66.24	61.96	
71022	TC	RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	46.28	42.64	
71022	26	RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	22.65	21.92	
71022		RAD EXAM CHEST-FRONT & LAT; W/OBLIQ PROJ	68.93	64.56	
71030	TC	RAD EXAM CHEST COMPLT MINI 4 VIEWS	49.28	45.40	
71030	26	RAD EXAM CHEST COMPLT MINI 4 VIEWS	22.65	21.92	
71030		RAD EXAM CHEST COMPLT MINI 4 VIEWS	71.93	67.31	
71035	TC	RAD EXAM CHEST SPECIAL VIEWS	32.21	29.63	
71035	26	RAD EXAM CHEST SPECIAL VIEWS	13.47	13.04	
71035		RAD EXAM CHEST SPECIAL VIEWS	45.68	42.67	
71100	TC	RAD EXAM RIBS UNILAT; 2 VIEWS	36.18	33.35	

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71100	26	RAD EXAM RIBS UNILAT; 2 VIEWS	16.16	15.64	
71100		RAD EXAM RIBS UNILAT; 2 VIEWS	52.34	48.98	
71101	TC	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	52.89	48.72	
71101	26	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	25.04	24.22	
71101		RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	77.93	72.94	
71110	TC	RAD EXAM RIBS BILAT; 3 VIEWS	49.28	45.40	
71110	26	RAD EXAM RIBS BILAT; 3 VIEWS	19.97	19.32	
71110		RAD EXAM RIBS BILAT; 3 VIEWS	69.24	64.71	
71111	TC	RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	56.37	51.94	
71111	26	RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	23.17	22.44	
71111		RAD EXAM RIBS BILAT; W/PA CHEST MINI 4 VIEWS	79.53	74.37	
71120	TC	RAD EXAM; STERNUM MINI 2 VIEWS	40.99	37.75	
71120	26	RAD EXAM; STERNUM MINI 2 VIEWS	15.11	14.61	
71120		RAD EXAM; STERNUM MINI 2 VIEWS	56.10	52.36	
71250	TC	CAT THORAX; WITHOUT CONTRAST MATERIAL	371.28	341.78	
71250	26	CAT THORAX; WITHOUT CONTRAST MATERIAL	85.70	82.95	
71250		CAT THORAX; WITH CONTRAST MATERIAL	456.99	424.74	
71260	TC	CAT THORAX; WITH CONTRAST MATERIAL	443.89	408.60	
71260	26	CAT THORAX; WITH CONTRAST MATERIAL	91.68	88.71	
71260		CAT THORAX; WITH CONTRAST MATERIAL	535.56	497.33	
71270	TC	CAT THORAX; WO CONTRAST THEN W/CONTRAST	555.79	511.60	
71270	26	CAT THORAX; WO CONTRAST THEN W/CONTRAST	101.86	98.59	
71270		CAT THORAX; WO CONTRAST THEN W/CONTRAST	657.64	610.19	
72010	TC	RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	64.18	59.11	
72010	26	RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	33.44	32.36	
72010		RAD EXAM SPINE-ENTIRE-SURVEY STUDY AP & LAT	97.62	91.46	
72020	TC	RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	26.21	24.12	
72020	26	RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	11.30	10.95	
72020		RADIOLOGIC EXAM SPINE SINGLE VIEW SPEC LEVEL	37.51	35.06	
72040	TC	RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	59.32	54.65	
72040	26	RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	25.23	24.42	
72040		RADIOLOGIC EXAMINATION SPINE CERV; TWO/3 VIEWS	84.53	79.07	
72050	TC	RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	75.88	69.91	
72050	26	RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	30.49	29.51	
72050		RADIOLOGIC EXAMINATION SPINE CERV; MINI 4 VIEWS	106.37	99.44	
72052	TC	RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	92.58	85.22	
72052	29	RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	35.22	34.10	
72052		RAD EX SPN CERV; CMPL INCL OBL&FLX &OR EXT STDY	127.81	119.32	
72069	TC	RAD EXAM SPINE THORACOLUMBAR STANDING	30.41	27.98	
72069	26	RAD EXAM SPINE THORACOLUMBAR STANDING	16.76	16.20	
72069		RAD EXAM SPINE THORACOLUMBAR STANDING	47.16	44.16	
72070	26	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	58.02	53.43	
72070	TC	RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	22.87	22.14	
72070		RADIOLOGIC EXAMINATION SPINE; THORACIC TWO VIEWS	80.87	75.57	
72072	TC	RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	46.28	42.64	
72072	26	RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	16.16	15.64	
72072		RAD EXAM SPINE; THORACIC AP & LAT W/SWIM VIEW	62.43	58.28	
72074	TC	RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	57.58	53.04	
72074	26	RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	16.16	15.64	
72074		RAD EXAM SPINE; THORACIC COMPLT W/OBLIQ MINI 4	73.72	68.69	
72080	TC	RAD EXAM SPINE; THORACOLUMBAR AP & LAT	42.19	38.86	

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72080	26	RAD EXAM SPINE; THORACOLUMBAR AP & LAT	16.16	15.64	
72080		RAD EXAM SPINE; THORACOLUMBAR AP & LAT	58.34	54.50	
72090	TC	RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	42.19	38.86	
72090	26	RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	20.49	19.83	
72090		RAD EXAM SPINE; SCOLIOSIS STUDY W/SUPINE & ERECT	62.67	58.68	
72100	TC	RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	42.19	38.86	
72100	26	RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	16.16	15.64	
72100		RADIOLOGIC EXAM SPINE LUMBOSACRAL; TWO/3 VIEWS	58.34	54.50	
72110	TC	RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	79.72	73.44	
72110	26	RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	31.36	30.35	
72110		RADIOLOGIC EXAM SPINE LUMBOSACRAL; MINI 4 VIEWS	111.08	103.81	
72114	TC	RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	74.40	68.48	
72114	26	RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	26.94	26.08	
72114		RAD EXAM SPINE LUMBOSACRAL; COMPLT INCL BENDING	101.34	94.55	
72120	TC	RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	56.37	51.94	
72120	26	RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	16.16	15.64	
72120		RAD EXAM SPINE LUMBOSACRAL BENDING ONLY MINI 4	72.53	67.59	
72125	TC	CAT CERV SPINE; WO CONTRAST	371.28	341.78	
72125	26	CAT CERV SPINE; WO CONTRAST	85.70	82.95	
72125		CAT CERV SPINE; WO CONTRAST	456.99	424.74	
72126	TC	CAT CERV SPINE; W/CONTRAST	443.89	408.60	
72126	26	CAT CERV SPINE; W/CONTRAST	90.03	87.14	
72126		CAT CERV SPINE; W/CONTRAST	533.91	495.74	
72128	TC	CAT THORACIC SPINE; WO CONTRAST	371.28	511.60	
72128	26	CAT THORACIC SPINE; WO CONTRAST	85.70	91.29	
72128		CAT THORACIC SPINE; WO CONTRAST	456.99	602.89	
72131	TC	CAT LUMBAR SPINE; WO CONTRAST	371.28	341.78	
72131	26	CAT LUMBAR SPINE; WO CONTRAST	85.70	82.95	
72131		CAT LUMBAR SPINE; WO CONTRAST	456.99	424.74	
72132	TC	CAT LUMBAR SPINE; W/CONTRAST	443.89	408.60	
72132	26	CAT LUMBAR SPINE; W/CONTRAST	90.03	87.14	
72132		CAT LUMBAR SPINE; W/CONTRAST	533.91	495.74	
72141	TC	MR IMAG SP CANAL&CONTENTS CERV; W/O CONTRST MATL	833.09	766.90	
72141	26	MR IMAG SP CANAL&CONTENTS CERV; W/O CONTRST MATL	140.51	135.98	
72141		MR IMAG SP CANAL&CONTENTS THOR; W/O CONTRST MATL	973.60	902.89	
72146	TC	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	843.78	718.69	
72146	26	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	142.86	114.79	
72146		MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	986.64	833.48	
72148	26	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	888.90	818.20	
72148	TC	MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	135.04	121.15	
72148		MR IMAG SP CANAL&CONTENTS LUMB; W/O CONTRST MATL	1,023.94	939.36	
72149	TC	MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	843.78	776.70	
72149	26	MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	132.68	128.38	
72149		MRI SPINAL CANAL & CONTENTS LUMBAR; W/CONTRAST	976.46	905.07	
72156	TC	MRI SPINAL CANAL WO THEN W/CONTRAST CERV	1,562.43	1,438.28	
72156	26	MRI SPINAL CANAL WO THEN W/CONTRAST CERV	190.32	184.20	
72156		MRI SPINAL CANAL WO THEN W/CONTRAST CERV	1,752.75	1,622.47	
72157	TC	MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	1,562.43	1,438.28	
72157	26	MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	189.72	183.64	
72157		MRI SPINAL CANAL WO THEN W/CONTRAST; THORACIC	1,752.15	1,621.92	
72158	TC	MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	1,562.43	1,438.28	

Appendix  
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72158	26	MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	174.69	169.07	
72158		MRI SPINAL CANAL W/O THEN W/CONTRAST; LUMBAR	1,737.11	1,607.35	
72170	TC	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	48.32	44.44	
72170	26	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	19.42	18.78	
72170		CAT PELVIS; WITHOUT CONTRAST MATERIAL	67.74	63.22	
72190	TC	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	42.19	38.86	
72190	26	RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	15.64	15.13	
72190		RADIOLOGIC EXAMINATION PELVIS; ONE OR TWO VIEWS	57.82	53.99	
72192	TC	CAT PELVIS; WITHOUT CONTRAST MATERIAL	371.28	341.78	
72192	26	CAT PELVIS; WITHOUT CONTRAST MATERIAL	80.85	78.25	
72192		CAT PELVIS; WITHOUT CONTRAST MATERIAL	452.14	420.03	
72193	TC	CAT PELVIS; WITH CONTRAST MATERIAL	429.59	395.45	
72193	26	CAT PELVIS; WITH CONTRAST MATERIAL	85.70	82.95	
72193		CAT PELVIS; WITH CONTRAST MATERIAL	515.28	478.40	
72194	TC	CAT PELVIS; WO CONTRAST THEN W/CONTRAST	532.12	489.76	
72194	26	CAT PELVIS; WO CONTRAST THEN W/CONTRAST	90.03	87.14	
72194		CAT PELVIS; WO CONTRAST THEN W/CONTRAST	622.14	576.90	
72196	TC	MRI PELVIS	835.15	768.08	
72196	26	MRI PELVIS	128.27	124.15	
72196		MRI PELVIS	963.42	892.23	
72200	TC	RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	32.21	29.63	
72200	26	RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	12.95	12.52	
72200		RAD EXAM SACROILIAC JT; LESS THAN 3 VIEWS	45.16	42.15	
72202	TC	RAD EXAM SACROILIAC JT; 3/MORE VIEWS	39.18	36.10	
72202	26	RAD EXAM SACROILIAC JT; 3/MORE VIEWS	13.99	13.55	
72202		RAD EXAM SACROILIAC JT; 3/MORE VIEWS	53.17	49.65	
72220	TC	RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	36.18	33.35	
72220	26	RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	12.95	12.52	
72220		RAD EXAM SACRUM & COCCYX MINI 2 VIEWS	49.13	45.86	
72240	TC	MYELOGRAPHY CERV-RAD S & I	458.60	422.16	
72240	26	MYELOGRAPHY CERV-RAD S & I	102.74	99.48	
72240		MYELOGRAPHY CERV-RAD S & I	561.34	521.64	
72255	TC	MYELOGRAPHY THORACIC RAD S&I	417.54	384.32	
72255	26	MYELOGRAPHY THORACIC RAD S&I	100.90	97.78	
72255		MYELOGRAPHY THORACIC RAD S&I	518.44	482.10	
72265	TC	MYELOGRAPHY LUMBOSACRAL-RAD S & I	393.50	362.26	
72265	26	MYELOGRAPHY LUMBOSACRAL-RAD S & I	92.62	89.76	
72265		MYELOGRAPHY LUMBOSACRAL-RAD S & I	486.12	452.04	
72275	TC	EPIDUROGRAPHY RAD S&I	422.68	390.36	
72275	26	EPIDUROGRAPHY RAD S&I	164.76	160.00	
72275		EPIDUROGRAPHY RAD S&I	587.44	550.36	
72285	TC	DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	808.46	744.16	
72285	26	DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	131.48	127.40	
72285		DISKOGRAPHY CERVICAL OR THORACIC RAD S&I	939.94	871.56	
72295	TC	DISKOGRAPHY LUMBAR RAD S&I	758.16	697.84	
72295	26	DISKOGRAPHY LUMBAR RAD S&I	95.96	92.94	
72295		DISKOGRAPHY LUMBAR RAD S&I	854.12	790.78	
73000	TC	RAD EXAM; CLAV COMPLT	32.21	29.63	
73000	26	RAD EXAM; CLAV COMPLT	11.83	11.45	
73000		RAD EXAM; CLAV COMPLT	44.04	41.08	
73010	TC	RAD EXAM; SCAPULA COMPLT	32.21	29.63	
73010	26	RAD EXAM; SCAPULA COMPLT	12.95	12.52	

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73010		RAD EXAM; SCAPULA COMPLT	45.16	42.15	
73020	TC	RAD EXAM SHOULDER; 1 VIEW	29.21	26.87	
73020	26	RAD EXAM SHOULDER; 1 VIEW	11.30	10.95	
73020		RAD EXAM SHOULDER; 1 VIEW	40.51	37.82	
73030	TC	RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	51.76	47.71	
73030	26	RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	19.27	18.66	
73030		RADIOLOGIC EXAM SHLDR; COMPLETE MINI 2 VIEWS	71.03	66.36	
73040	TC	RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	132.57	122.07	
73040	26	RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	39.92	38.64	
73040		RADIOLOGIC EXAMINATION SHLDR ARTHROGRPH RAD S&I	172.50	160.71	
73050	TC	RAD EXAM; ACROMIOCLAV JT BILAT W/WO WT DISTRACT	42.19	38.86	
73050	26	RAD EXAM; ACROMIOCLAV JT BILAT W/WO WT DISTRACT	15.11	14.61	
73050		RAD EXAM; ACROMIOCLAV JT BILAT W/WO WT DISTRACT	57.30	53.47	
73060	TC	RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	36.18	33.35	
73060	26	RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	12.95	12.52	
73060		RADIOLOGIC EXAMINATION; HUMERUS MINIMUM 2 VIEWS	49.13	45.86	
73070	TC	RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	32.21	29.63	
73070	26	RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	11.30	10.95	
73070		RADIOLOGIC EXAMINATION ELBOW; TWO VIEWS	43.51	40.57	
73080	TC	RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	36.18	33.35	
73080	26	RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	12.95	12.52	
73080		RADIOLOGIC EXAM ELB; COMPLETE MINI 3 VIEWS	49.13	45.86	
73090	TC	RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	32.21	29.52	
73090	26	RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	11.83	11.39	
73090		RADIOLOGIC EXAMINATION; FOREARM TWO VIEWS	44.04	40.91	
73100	TC	RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	30.41	27.87	
73100	26	RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	11.83	11.39	
73100		RADIOLOGIC EXAMINATION WRIST; TWO VIEWS	42.24	39.27	
73110	TC	RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	37.86	34.82	
73110	26	RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	14.94	14.45	
73110		RADIOLOGIC EXAM WRST; COMPLETE MINI 3 VIEWS	52.80	49.28	
73120	TC	RADIOLOGIC EXAMINATION HAND; TWO VIEWS	30.41	27.98	
73120	26	RADIOLOGIC EXAMINATION HAND; TWO VIEWS	11.83	11.45	
73120		RADIOLOGIC EXAMINATION HAND; TWO VIEWS	42.24	39.43	
73130	TC	RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	37.86	34.82	
73130	26	RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	14.94	14.45	
73130		RADIOLOGIC EXAMINATION HAND; MINIMUM THREE VIEWS	52.80	49.28	
73140	TC	RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	26.21	24.12	
73140	26	RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	9.66	9.36	
73140		RADIOLOGIC EXAMINATION FINGER MINIMUM TWO VIEWS	35.87	33.48	
73221	TC	MR IMAGING ANY JOINT OF UPPER EXTREMITY	693.68	637.79	
73221	26	MR IMAGING ANY JOINT OF UPPER EXTREMITY	99.68	96.50	
73221		MR IMAGING ANY JOINT OF UPPER EXTREMITY	793.36	734.31	
73500	TC	RAD EXAM HIP; UNILAT 1 VIEW	29.21	26.87	
73500	26	RAD EXAM HIP; UNILAT 1 VIEW	12.95	12.52	
73500		RAD EXAM HIP; UNILAT 1 VIEW	42.16	39.39	
73510	TC	RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	39.52	36.42	
73510	26	RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	17.08	16.53	
73510		RADIOLOGIC EXAM HIP UNI; CMPL MINI 2 VIEWS	56.59	52.95	
73520	TC	RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	42.19	38.86	
73520	26	RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	19.44	18.80	

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73520		RAD EXAM HIPS BIL MIN 2 VIEWS W/AP VIEW PELVIS	61.63	57.66	
73525	TC	RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	132.57	122.07	
73525	26	RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	40.40	39.10	
73525		RADIOLOGIC EXAMINATION HIP ARTHROGRAPHY RAD S&I	172.98	161.19	
73540	TC	RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	36.18	33.35	
73540	26	RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	15.11	14.61	
73540		RAD EXAM PELVIS & HIPS INFANT/CHILD MINI 2 VIEWS	51.29	47.96	
73542	TC	RAD EXAM S I JT ARTHROGRAPHY RAD S&I	132.57	122.07	
73542	26	RAD EXAM S I JT ARTHROGRAPHY RAD S&I	41.81	40.57	
73542		RAD EXAM S I JT ARTHROGRAPHY RAD S&I	174.38	162.66	
73550	TC	RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	40.35	37.19	
73550	26	RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	14.44	13.96	
73550		RADIOLOGIC EXAMINATION FEMUR TWO VIEWS	54.80	51.16	
73560	TC	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	35.93	33.05	
73560	26	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	14.44	13.96	
73560		RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	50.37	47.01	
73562	TC	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	40.35	37.19	
73562	26	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	15.02	14.54	
73562		RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	59.58	55.30	
73564	TC	RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	46.72	43.04	
73564	26	RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	19.27	18.65	
73564		RADIOLOGIC EXAM KNEE; COMPLETE 4/MORE VIEWS	65.98	61.69	
73565	TC	RAD EXAM KNEE; BOTH KNEES STANDING AP	30.41	27.98	
73565	26	RAD EXAM KNEE; BOTH KNEES STANDING AP	12.95	12.52	
73565		RAD EXAM KNEE; BOTH KNEES STANDING AP	43.36	40.50	
73590	TC	RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	38.90	35.78	
73590	26	RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	15.64	15.12	
73590		RADIOLOGIC EXAMINATION; TIBIA&FIBULA TWO VIEWS	54.54	50.90	
73592	TC	RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	30.41	27.98	
73592	26	RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	11.83	11.45	
73592		RAD EXAM; LOWER EXTREM INFANT MINI 2 VIEWS	42.24	39.43	
73600	TC	RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	30.41	27.98	
73600	26	RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	11.83	11.45	
73600		RADIOLOGIC EXAMINATION ANKLE; TWO VIEWS	42.24	39.43	
73610	TC	RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	37.86	34.82	
73610	26	RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	14.94	14.45	
73610		RADIOLOGIC EXAM ANK; COMPLETE MINI 3 VIEWS	52.80	49.28	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	132.57	122.07	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	40.40	39.10	
73615		RADIOLOGIC EXAMINATION ANK ARTHROGRAPHY RAD S&I	172.98	161.19	
73620	TC	RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	30.41	27.98	
73620	26	RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	11.83	11.45	
73620		RADIOLOGIC EXAMINATION FOOT; TWO VIEWS	42.24	39.43	
73630	TC	RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	38.11	35.05	
73630	26	RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	15.04	14.54	
73630		RADIOLOGIC EXAM FOOT; COMPLETE MINI 3 VIEWS	53.15	49.60	
73650	TC	RAD EXAM; CALCAN MINI 2 VIEWS	29.21	26.87	
73650	26	RAD EXAM; CALCAN MINI 2 VIEWS	11.83	11.45	
73650		RAD EXAM; CALCAN MINI 2 VIEWS	41.03	38.32	
73660	TC	RAD EXAM; TOE(S) MINI 2 VIEWS	26.21	24.12	
73660	26	RAD EXAM; TOE(S) MINI 2 VIEWS	9.66	9.36	

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73660		RAD EXAM; TOE(S) MINI 2 VIEWS	35.87	33.48	
73700	TC	CAT LOWER EXTREM; WO CONTRAST	310.71	285.97	
73700	26	CAT LOWER EXTREM; WO CONTRAST	80.85	78.25	
73700		CAT LOWER EXTREM; WO CONTRAST	391.56	364.23	
73720	TC	MRI LOWER EXTREM OTHER THAN JT	1,539.90	1,415.75	
73720	26	MRI LOWER EXTREM OTHER THAN JT	158.94	153.87	
73720		MRI LOWER EXTREM OTHER THAN JT	1,698.83	1,569.61	
73721	TC	MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	693.68	637.79	
73721	26	MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	99.68	96.50	
73721		MR IMAG ANY JNT LOW EXTREM; W/O CONTRST MATERIAL	793.36	734.31	
74000	TC	RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	32.21	29.63	
74000	26	RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	13.47	13.04	
74000		RADIOLOGIC EXAMINATION ABD; SINGLE AP VIEW	45.68	42.67	
74010	TC	RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	36.18	33.35	
74010	26	RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	17.28	16.71	
74010		RADIOLOGIC EXAM ABD; AP&ADD OBLIQUE&CONE VIEWS	53.46	50.05	
74020	TC	RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	39.18	36.10	
74020	26	RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	19.97	19.32	
74020		RAD EX ABD; CMPL INCL DECUBITUS &OR ERECT VIEWS	59.15	55.42	
74022	TC	RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	46.28	42.64	
74022	26	RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	23.17	22.44	
74022		RAD EXAM ABD; CMPL ACUTE ABD SERIES-PA CHEST	69.45	65.08	
74150	TC	CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	355.78	327.52	
74150	26	CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	87.87	85.05	
74150		CAT ABDOMEN; WITHOUT CONTRAST MATERIAL	443.65	412.57	
74160	TC	CAT ABDOMEN; WITH CONTRAST MATERIAL	472.54	434.99	
74160	26	CAT ABDOMEN; WITH CONTRAST MATERIAL	103.75	100.41	
74160		CAT ABDOMEN; WITH CONTRAST MATERIAL	576.29	535.41	
74170	TC	CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	532.12	489.76	
74170	26	CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	103.49	100.18	
74170		CAT ABD; W/OTHER W/CONTRAST & FURTHER SECTIONS	635.61	589.94	
74280	TC	RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	140.87	129.73	
74280	26	RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	72.75	70.43	
74280		RAD EXAM COLON; AIR CONTRAST W/HI DENSITY BARIUM	213.62	200.15	
74290	TC	CHOLECYSTOGRAPHY ORAL CONTRAST	46.28	42.64	
74290	26	CHOLECYSTOGRAPHY ORAL CONTRAST	23.17	22.44	
74290		CHOLECYSTOGRAPHY ORAL CONTRAST	69.45	65.08	
74400	TC	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	106.25	97.89	
74400	26	UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	36.11	34.96	
74400		UROGRAPHY IV W/WO KUB W/WO TOMOGRAPHY	142.36	132.85	
74410	TC	UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	123.08	113.32	
74410	26	UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	36.11	34.96	
74410		UROGRAPHY INFUSION DRIP TECH &/OR BOLUS TECH	159.20	148.29	
74415	TC	UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	133.78	123.18	
74415	26	UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	36.11	34.96	
74415		UROGRAPHY INFUSION DRIP &/OR BOLUS; W/NEPHROTOM	169.90	158.13	
74420	TC	UROGRAPHY RETROGRADE W/WO KUB	164.79	151.70	
74420	26	UROGRAPHY RETROGRADE W/WO KUB	26.94	26.08	
74420		UROGRAPHY RETROGRADE W/WO KUB	191.72	177.78	
76000	TC	FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	189.45	174.39	



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76000	26	FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	28.50	27.63	
76000		FLUORO (SEP PRO) TO 1 HR TIME-NOT 71023/71034	217.95	202.02	
76003	TC	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	189.45	174.39	
76003	26	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	90.75	87.87	
76003		FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	280.20	262.29	
76005	TC	FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	189.45	174.39	
76005	26	FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	96.30	93.54	
76005		FLUORO GUID&LOCALIZ NEEDLE/CATH-SPINE INJ PROCS	285.75	267.96	
76006		RAD EXAM STRESS VIEW(S) ANY JT-STRESS BY PHYS	35.06	33.87	
76150		XERORADIOGRAPHY	26.21	24.12	
76376	TC	3D REND CT,MRI,W/O IMG POSTPROCESSING	210.00	192.93	
76376	26	3D REND CT,MRI,W/O IMG POSTPROCESSING	15.59	15.09	
76376		3D REND CT,MRI,W/O IMG POSTPROCESSING	225.59	208.03	
76377	TC	3D REND CT,MRI,W IMG POSTPROCESSING	221.03	203.96	
76377	26	3D REND CT,MRI,W IMG POSTPROCESSING	61.24	59.32	
76377		3D REND CT,MRI,W IMG POSTPROCESSING	282.27	263.26	
76506	TC	ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	89.18	82.12	
76506	26	ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	50.14	48.48	
76506		ECHO B-SCAN &/OR REAL TIME W/A-MODE WHERE INDICA	139.32	130.60	
76511	TC	OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	125.97	115.82	
76511	26	OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	74.48	71.79	
76511		OPHTH ULTRASOUND ECHO DX; A-SCAN ONLY	200.45	187.62	
76512	TC	OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	114.19	105.13	
76512	26	OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	75.21	72.41	
76512		OPHTH ULTRASOUND ECHO DX; CONTACT B-SCAN	189.38	177.54	
76516	TC	OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	76.69	70.62	
76516	26	OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	43.06	41.46	
76516		OPHTH BIOMETRY BY ULTRASOUND ECHO A-SCAN	119.73	112.07	
76519	TC	OPHTH BIOMETRY A-SCAN; W/I/O LENS POWER CALCULAT	82.10	75.57	
76519	26	OPHTH BIOMETRY A-SCAN; W/I/O LENS POWER CALCULAT	43.06	41.46	
76519		OPHTH BIOMETRY A-SCAN; W/I/O LENS POWER CALCULAT	125.15	117.04	
76536	TC	US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	89.18	82.12	
76536	26	US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	40.96	39.66	
76536		US SOFT TISS HEAD&NCK B-SCAN &/REL TM W/IMGE DOC	130.16	121.77	
76700	TC	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	124.28	114.43	
76700	26	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	60.37	58.42	
76700		US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	184.65	172.85	
76705	TC	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	89.18	82.12	
76705	26	US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	43.62	42.22	
76705		US ABD B-SCAN &/OR REAL TIME W/IMAGE DOC; LTD	132.80	124.35	
76770	TC	US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	124.28	114.43	
76770	26	US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	54.43	52.69	
76770		US RETROPERITN B-SCAN &/ REL TM W/IMAG DOC; CMPL	178.71	167.13	
76775	TC	US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	89.18	82.12	
76775	26	US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	43.10	41.72	
76775		US RETROPERITON B-SCAN &/ REL TM W/IMAG DOC; LTD	132.28	123.84	
76856	TC	US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	96.15	88.60	
76856	26	US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	51.23	49.57	
76856		US PELV B-SCAN &/OR REAL TIME W/IMAGE DOC; CMPL	147.38	138.16	
76857	TC	US PELV B-SCAN &/OR REAL TIME W/IMAG DOC; LTD/F/U	105.65	97.15	
76857	26	US PELV B-SCAN &/OR REAL TIME W/IMAG DOC; LTD/F/U	27.98	27.11	

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76857		US PELV B-SCAN &OR REAL TIME W/IMAG DOC; LTD/F/U	133.64	124.25	
76870	TC	ULTRASOUND SCROTUM AND CONTENTS	96.15	88.60	
76870	26	ULTRASOUND SCROTUM AND CONTENTS	47.42	45.90	
76870		US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	143.57	134.50	
76872	TC	ECHOGRAPHY TRANSRECTAL;	126.80	116.70	
76872	26	ECHOGRAPHY TRANSRECTAL;	51.10	49.50	
76872		ECHOGRAPHY TRANSRECTAL;	177.92	166.21	
76880	TC	ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	89.18	82.12	
76880	26	ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	43.62	42.22	
76880		ECHO EXTREM NON-VASCULAR B-SCAN W/IMAGE DOCUMEN	132.80	124.35	
76942	TC	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	174.29	160.26	
76942	26	US GUID NDLE PLCMT IMAGING SUPERVIS&INTEPR	49.58	48.00	
76942		ULTRASON GUIDAN THORACENT/ABD PARACENT-RAD S & I	223.87	208.26	
77300	TC	BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	83.90	77.23	
77300	26	BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	45.77	44.32	
77300		BASIC RAD DOSIMETRY CALCULAT-PRSC BY TREATING MD	129.68	121.55	
77331	TC	SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	31.01	28.52	
77331	26	SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	64.09	62.06	
77331		SPCL DOSIMETRY ONLY WHEN PRSC TREATING PHYSICIAN	95.11	90.58	
77334	TC	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	204.09	187.88	
77334	26	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	91.55	88.65	
77334	TC	TREATMENT DEVICES DESIGN&CONSTRUCTION; COMPLEX	295.65	276.52	
77336		CONT MED PHYSICS CNSLT REPORTED PER WK TX	187.38	172.51	
77413		RADIATION TX DELIV-3/MORE TX AREAS; 6-10 MEV	146.87	135.24	
77414		RADIATION TX DELIV-3/MORE TX AREAS; 11-19 MEV	146.87	135.24	
77427		RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS	244.39	236.68	
78006	TC	THYROID IMAGING W/UPTAKE; SNGL DETERM	149.89	138.00	
78006	26	THYROID IMAGING W/UPTAKE; SNGL DETERM	36.11	34.96	
78006		THYROID IMAGING W/UPTAKE; SNGL DETERM	186.00	172.95	
78007	TC	THYROID IMAGING W/UPTAKE; MX DETERM	161.79	148.94	
78007	26	THYROID IMAGING W/UPTAKE; MX DETERM	37.25	36.02	
78007		THYROID IMAGING W/UPTAKE; MX DETERM	199.02	184.96	
78215	TC	LIVER & SPLEEN IMAGING; STATIC ONLY	184.03	34.96	
78215	26	LIVER & SPLEEN IMAGING; STATIC ONLY	36.11	204.30	
78215		LIVER & SPLEEN IMAGING; STATIC ONLY	220.14	201.03	
78223	TC	HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	229.70	211.43	
78223	26	HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	62.53	60.52	
78223		HEPATOBILI DUCT SYST IMAGING INCL GB W/WO FUNCT	292.23	271.95	
78300	TC	BONE &/OR JT IMAGING; LTD AREA	156.38	143.99	
78300	26	BONE &/OR JT IMAGING; LTD AREA	46.37	44.88	
78300		BONE &/OR JT IMAGING; LTD AREA	202.75	188.86	
78306	TC	BONE AND/OR JOINT IMAGING; WHOLE BODY	267.80	246.51	
78306	26	BONE AND/OR JOINT IMAGING; WHOLE BODY	64.18	62.10	
78306		BONE AND/OR JOINT IMAGING; WHOLE BODY	331.97	308.59	
78315	TC	BONE &/OR JT IMAGING; 3 PHASE STUDY	299.88	276.06	
78315	26	BONE &/OR JT IMAGING; 3 PHASE STUDY	75.52	73.07	
78315		BONE &/OR JT IMAGING; 3 PHASE STUDY	375.41	349.13	
78461	TC	MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	296.28	272.75	
78461	26	MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	92.35	89.31	
78461		MYOCARDIAL PERFUS IMAG; MX STUDIES REST/STRESS	388.64	362.05	
78464	TC	MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	443.89	408.60	

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78464	26	MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	81.58	78.87	
78464		MYOCARDIAL PERFUS IMAG; TOMO (SPECT) SNGL STUDY	525.46	487.49	
78465	TC	MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	740.17	681.36	
78465	26	MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	109.76	106.09	
78465		MYOCARDIAL PERFUS IMAG; TOMO MX STUDIES	849.91	787.44	
78472	TC	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	346.76	319.24	
78472	26	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	73.44	71.02	
78472		CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY	420.20	390.26	
78478	TC	MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	98.55	90.79	
78478	26	MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	47.10	45.50	
78478		MYOCARD PERFUS STDY W/WALL MOTION QUAL/QUAN STDY	145.65	136.29	
78480	TC	MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	98.55	90.79	
78480	26	MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	46.50	44.94	
78480		MYOCARDIAL PERFUSION STUDY W/EJECTION FRACTION	145.05	135.75	
78481	TC	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	328.38	302.30	
78481	26	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	74.15	71.64	
78481		CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY	402.53	373.95	
78580	TC	PULM PERFUSION IMAGING PARTICULATE	215.40	198.28	
78580	26	PULM PERFUSION IMAGING PARTICULATE	55.04	53.25	
78580		PULM PERFUSION IMAGING PARTICULATE	270.43	251.52	
78707	TC	KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	280.29	258.01	
78707	26	KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	71.19	68.89	
78707		KIDNEY IMAG W/VASC FLOW & FUNCT; SNGL W/O PHARM	351.49	326.90	
80048		BASIC METABOLIC PANEL	15.38	15.38	
80051		ELECTROLYTE PANEL	9.59	9.59	
80053		COMPREHENSIVE METABOLIC PANEL	17.37	17.37	
80061		LIPID PANEL	24.34	24.34	
80069		RENAL FUNCTION PANEL	15.77	15.77	
80074		ACUTE HEPATITIS PANEL	86.50	86.50	
80076		HEPATIC FUNCTION PANEL	14.85	14.85	
80100		DRUG SCREEN QUAL; MX DRUG CLASS CHROMAT EA PROC	26.42	26.42	
80101		RX SCREEN QUAL; SINGLE RX CLASS METH EA RX CLASS	25.01	25.01	
80162		DIGOXIN	24.12	24.12	
80164		DIPROPYLACETIC ACID	17.76	17.76	
80178		LITHIUM	12.01	12.01	
80185		PHENYTOIN; TOTAL	24.08	24.08	
81000		UA DIP STICK/TABLET REAGENT; NON-AUTO W/MICRO	5.76	5.76	
81001		UA DIP STICK/TABLET REAGENT; AUTO W/MICRO	5.76	5.76	
81002		UA DIP STICK/TABLET REAGENT; W/O MICRO NON-AUTO	4.64	4.64	
81003		UA DIP STICK/TABLET REAGENT; W/O MICRO AUTO	4.08	4.08	
81025		URINE PREGNANCY TEST VISUAL COLOR COMPAR METHODS	11.49	11.49	
82105		ALPHA-FETOPROTEIN; SERUM	30.47	30.47	
82131		AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN	30.64	30.64	
82150		AMYLASE	11.78	11.78	
82164		ANGIOTENSIN I - CONVERTING ENZYME	26.51	26.51	
82247		BILIRUBIN; TOTAL	9.13	9.13	
82248		BILIRUBIN; DIRECT	9.13	9.13	
82270		BLD OCCLT PEROX ACTV QUAL; FECES 1-3 SIMXAN DTRM	5.90	5.90	
82310		CALCIUM; TOTAL	9.36	9.36	
82378		CARCINOEMBRYONIC ANTIGEN	34.46	34.46	
82465		CHOLESTEROL SERUM OR WHOLE BLOOD TOTAL	7.90	7.90	

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82533		CORTISOL; TOTAL	29.61	29.61	
82550		CREATINE KINASE (CK),(CPK) TOTAL	11.83	11.83	
82552		CK - ISOENZYMES	24.32	24.32	
82553		CK - MB FRACTION ONLY	13.31	13.31	
82554		CK - ISOFORMS	21.55	21.55	
82785		GAMMAGLOBULIN; IGE	29.91	29.91	
82803		GASES; BLOOD, ANY COMB OF PH, PCO2. PO2, CO2, HCO3	35.15	35.15	
82947		GLUCOSE; QUANTITATIVE BLOOD	7.12	7.12	
82948		GLUCOSE; BLOOD REAGENT STRIP	5.76	5.76	
82950		GLUCOSE; POST GLUCOSE DOSE	8.63	8.63	
82951		GLUCOSE; TOLERANCE TEST THREE SPECIMENS	23.39	23.39	
82952		GLU; TOLERANCE TEST EA ADD BEYOND 3 SPECIMENS	2.37	2.37	
82962		GLU BLD GLU MON DEVICE CLEARED FDA SPEC HOME USE	3.94	3.94	
82977		GLUTAMYLTRANSFERASE GAMMA	13.01	13.01	
82985		GLYCATED PROTEIN	27.38	27.38	
83001		GONADOTROPIN; FOLLICLE STIMULATING HORMONE	33.76	33.76	
83002		GONADOTROPIN; LUTEINIZING HORMONE	33.64	33.64	
83020		HGB FRACTIONATION&QUANTITATION; ELEC-PHORE	23.39	23.39	
83020	26	HGB FRACTIONATION&QUANTITATION; ELEC-PHORE	28.78	27.76	
83021		HGB FRACTIONATION&QUANTITATION; CHROMATGRPH	32.80	32.80	
83036		HEMOGLOBIN; GLYCATED	17.63	17.63	
83540		IRON	11.77	11.77	
83550		IRON BINDING CAPACITY	15.87	15.87	
83615		LACTATE DEHYDROGENASE;	10.97	10.97	
83690		LIPASE	12.51	12.51	
83718		LIPOPROTEIN DIRECT MEASUREMENT; HIGH DNSITY CHOL	14.87	14.87	
83721		LIPOPROT DIR MSR; DIR MSR LDL CHOL	17.33	17.33	
83735		MAGNESIUM	12.17	12.17	
83890		MOLECULAR DXS; MOLECULAR ISOLATION/EXTRACTION	7.28	7.28	
83892		MOLECULAR DIAGNOSTICS; ENZYMATIC DIGESTION	7.28	7.28	
83894		MOLECULAR DXS; SEPARATION GEL ELECTROPHORESIS	7.28	7.28	
83896		MOLECULAR DXS; SEPARATION GEL ELECTROPHORESIS	7.28	7.28	
83898		MOLEC DX; AMPLIF NCLEIC ACID 1 PRIM PAIR-EA PAIR	30.45	30.45	
83912		MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	7.28	7.28	
83912	26	MOLECULAR DIAGNOSTICS; INTERPRETATION AND REPORT	26.98	26.90	
83970		PARATHORMONE	74.97	74.97	
83986		PH BODY FLUID EXCEPT BLOOD	6.50	6.50	
84066		PHOSPHATASE ACID; PROSTATIC	17.55	17.55	
84075		PHOSPHATASE ALKALINE;	9.40	9.40	
84100		PHOSPHORUS INORGANIC;	8.62	8.62	
84132		POTASSIUM; SERUM	8.35	8.35	
84144		PROGESTERONE	37.90	37.90	
84146		PROLACTIN	35.22	35.22	
84154		PROSTATE SPECIFIC ANTIGEN; FREE	33.41	33.41	
84155		PROTEIN; TOTAL EXCEPT REFRACTOMETRY	6.66	6.66	
84165		PROTEIN; ELEC-PHORE FRACTIONATION&QUANTITATION	19.51	19.51	
84165		PROTEIN; ELEC-PHORE FRACTIONATION&QUANTITATION	28.18	27.21	
84295		SODIUM; SERUM	7.94	7.94	
84402		TESTOSTERONE; FREE	46.24	46.24	
84403		TESTOSTERONE; TOTAL	46.90	46.90	
84436		THYROXINE; TOTAL	12.49	12.49	
84439		THYROXINE; FREE	16.38	16.38	

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84443		THYROID STIMULATING HORMONE	30.51	30.51	
84450		TRANSFERASE; ASPARTATE AMINO	9.39	9.39	
84460		TRANSFERASE; ALANINE AMINO	9.62	9.62	
84478		TRIGLYCERIDES	10.45	10.45	
84479		THYROID HORMONE UPTAKE/HORMONE BINDING RATIO	11.75	11.75	
84480		TRIIODOTHYRONINE T3; TOTAL	25.75	25.75	
84481		TRIIODOTHYRONINE T3; FREE	30.77	30.77	
84520		UREA NITROGEN; QUANTITATIVE	7.16	7.16	
84550		URIC ACID; BLOOD	8.20	8.20	
84702		GONADOTROPIN CHORIONIC; QUANTITATIVE	27.34	27.34	
84703		GONADOTROPIN CHORIONIC; QUALITATIVE	13.64	13.64	
85013		BLOOD COUNT; SPUN MICROHEMATOCRIT	4.30	4.30	
85014		BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	4.30	4.30	
85018		BLOOD COUNT; HEMOGLOBIN	4.30	4.30	
85021		BLOOD COUNT; HEMOGRAM AUTOMATED	12.59	12.59	
85022		BLOOD COUNT; HEMOGRAM AUTO&MANUAL DIFF WBC COUNT	14.59	14.59	
85023		BLD CT; HG/PLATELET CT AUTO & MANUAL WBC	18.31	18.31	
85025	26	BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC			
85025		BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC	24.32	21.68	
85027		BLOOD COUNT; HEMOGRAM&PLATELET COUNT AUTOMATED	11.75	11.75	
85031		BLOOD COUNT; HEMOGRAM MANUAL COMPLETE CBC	0.00	0.00	
85044		BLOOD COUNT; RETICULOCYTE COUNT MANUAL	7.81	7.81	
85045		BLOOD COUNT; RETICULOCYTE COUNT FLOW CYTOMETRY	7.27	7.27	
85610	26	PROTHROMBIN TIME;			
85610		PROTHROMBIN TIME;	7.14	7.14	
85651		SEDIMENTATION RATE ERYTHROCYTE; NON-AUTOMATED	6.45	6.45	
85652		SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED	4.90	4.90	
85660		SICKLING OF RBC REDUCTION	10.02	10.02	
85730		THROMBOPLASTIN TIME PARTIAL; PLASMA/WHOLE BLOOD	10.89	10.89	
86003		ALLERGEN SPECIFIC IGE; QUAN/SEMIQUAN EA ALLERGEN	9.49	9.49	
86038		ANTINUCLEAR ANTIBODIES;	21.96	21.96	
86060		ANTISTREPTOLYSIN 0; TITER	13.26	13.26	
86140		C-REACTIVE PROTEIN;	9.40	9.40	
86147		CARDIOLIPIN ANTIBODY EACH IG CLASS	46.20	46.20	
86160		COMPLEMENT; ANTIGEN EACH COMPONENT	21.81	21.81	
86225		DEOXYRIBONUCLEIC ACID ANTIBDY; NATV/DBL STRANDED	24.96	24.96	
86235		XTRACTABLE NUCLEAR ANTIG ANTIBDY METH EA ANTIBDY	32.58	32.58	
86255		XTRACTABLE NUCLEAR ANTIG ANTIBDY METH EA ANTIBDY	21.89	21.89	
86255	26	FLUORESCENT NONINF AGT ANTIBDY; SCR EA ANTIBDY	28.78	27.76	
86300		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE; CA 15-3	37.79	37.79	
86304		IMMUNOASSAY TUMOR ANTIGEN QUANTITATIVE; CA 125	37.79	37.79	
86308		HETEROPHILE ANTIBODIES; SCREENING	9.40	9.40	
86316		IMMUNOASSAY TUMOR ANTIGEN; OTH ANTIGEN QUAN EA	37.79	37.79	
86317		IMMUNOASSAY INF AGT ANTIBODY QUANTITATIVE NOS	27.24	27.24	
86334		IMMUNOFIXATION ELECTROPHORESIS	40.57	40.57	
86334	26	IMMUNOFIXATION ELECTROPHORESIS	28.78	27.76	
86359		T CELLS; TOTAL COUNT	68.51	68.51	
86360		T CELLS; ABSOLUTE CD4&CD8 COUNT INCLUDING RATIO	85.35	85.35	
86376		MICROSOMAL ANTIBODIES EACH	26.43	26.43	
86403		PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY	18.51	18.51	
86430		RHEUMATOID FACTOR; QUALITATIVE	10.31	10.31	
86580		SKIN TEST; TUBERCULOSIS INTRADERMAL	15.99	14.74	

Appendix  
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86585		SKIN TEST; TUBERCULOSIS TINE TEST	12.38	0.00	
86592		SYPHILIS TEST; QUALITATIVE	7.75	7.75	
86645		ANTIBODY; CYTOMEGALOVIRUS IGM	30.60	30.60	
86694		ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST	26.14	26.14	
86695		ANTIBODY; HERPES SIMPLEX TYPE 1	23.96	23.96	
86701		ANTIBODY; HIV-1	16.13	16.13	
86704		HEPATITIS B CORE ANTIBODY; TOTAL	21.89	21.89	
86706		HEPATITIS B SURFACE ANTIBODY	19.51	19.51	
86707		HEPATITIS BE ANTIBODY	21.01	21.01	
86708		HEPATITIS A ANTIBODY; TOTAL	22.50	22.50	
86709		HEPATITIS A ANTIBODY; IGM ANTIBODY	20.45	20.45	
86787		ANTIBODY; VARICELLA-ZOSTER	23.40	23.40	
86800		THYROGLOBULIN ANTIBODY	28.89	28.89	
86803		HEPATITIS C ANTIBODY;	25.92	25.92	
86850		ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	29.88	29.88	
86900		BLOOD TYPING; ABO	5.42	5.42	
86901		BLOOD TYPING; RH	16.64	16.64	
87040		CULT BACTERL; BLD W/ISOLAT&PRESUMP ID ISOLATES	18.75	18.75	
87045		CULT BACTERL; FECES SALMONELLA&SHIGELLA SPECIES	17.13	17.13	
87060		CULTURE BACTERIAL DEFINITIVE; THROAT/NOSE	10.63	10.63	
87070		CULT BACT; NOT URINE/BLD/STOOL W/SOLTN & ID ISO	15.64	15.64	
87072		CULT/DIRECT BACT ID EA COMMERCIAL KIT NOT URIN	10.80	10.80	
87076		CULT BACT; ANAEROB ISOLATE ADD METHD-DEFIN ID-EA	14.68	14.68	
87077		CULT BACT; AEROBIC-ADD METHD DEFIN ID-EA ISOL	14.68	14.68	
87081		CULT PRESUMPTIVE PATH ORGNSMS SCREENING ONLY;	12.04	12.04	
87084		CULT PRESUMP PATH ORGNSMS SCR ONLY; W/COLONY EST	15.64	15.64	
87086		CULTURE BACTERIAL; QUANTITATIVE COLONY CNT URINE	14.66	14.66	
87087		CULTURE BACTERIAL URIN; COMMERCIAL KIT	11.27	11.27	
87088		CULT BACTERL; W/ISOLAT&PRESUMP ID ISOLATES URINE	14.70	14.70	
87101		CULT FUNGI ISOLATN W/PRESUM ID; SKIN/HAIR/NAIL	14.00	14.00	
87102		CULT FUNGI ISOLAT W/PRESUMP ID ISOLATES; OTH SRC	15.26	15.26	
87109		CULTURE MYCOPLASMA ANY SOURCE	27.95	27.95	
87147		CULT TYPE; IMMUNOLOGIC METHD PER ANTISERUM	9.40	9.40	
87163		CULTURE ANY SOURCE ADD IDENT METHD REQUIRED	11.95	11.95	
87177		OVA&PARASITES DIRECT SMEARS CONC&IDENTIFICATION	16.16	16.16	
87184		SUSECPT STDY ANTIMICROBIAL AGT; DISK METH-PLATE	12.52	12.52	
87186		SUSCEPT-ANTIMICROBIAL; MICRO/AGAR DILUT-PER PLT	15.70	15.70	
87205		SMEAR-PRIM SOURCE W/INTERPT; GRAM/GIEMSA STAIN	7.75	7.75	
87210		SMEAR PRIM SOURCE W/INTEPR; WET MOUNT-INF AGTS	7.75	7.75	
87220		TISS EXAM KOH SLIDE-SAMP HAIR/SKIN/NAIL	7.75	7.75	
87252		VIRUS ISLTN; TISS CULT INOC/OBSRV & PRESUMP ID	47.35	47.35	
87328		INF AGT-IMMUNOASSAY; CRYPTOSPORIDUM/GIARDIA	20.01	20.01	
87340		INF AGT-IMMUNOASSAY; HEP B SURFACE ANTIG	18.76	18.76	
88104	TC	CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	37.62	34.59	
88104	26	CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	44.58	42.97	
88104		CYTOPATH NOT CERV/VAG; SMEARS W/INTERPT	82.20	77.56	
88108	TC	CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	59.27	54.43	
88108	26	CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	44.58	42.97	
88108		CYTOPATHOLOGY CONC TECHNIQUE SMEARS&INTEPR	103.83	97.40	
88148		CYTOPATH CERV/VAG; SCR-MNL RESCR-MD SUPERVISN	22.15	22.15	
88150		CYTOPATH SLIDES CERV/VAG; MNL SCR UND PHYS SUPV	19.19	19.19	
88166		CYTOPATH SLIDES CERV/VAG; MNL SCR UND PHYS SUPV	19.19	19.19	

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88173	TC	CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	94.12	86.41	
88173	26	CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	110.32	106.35	
88173		CYTOPATH EVALUATION FINE NDLE ASPIR; INTEPR&RPT	204.44	192.76	
88300	TC	LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	25.73	23.63	
88300	26	LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	6.45	6.24	
88300		LEVEL I - SURGICAL PATHOLOGY GROSS EXAM ONLY	32.18	29.87	
88302	TC	LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	59.27	54.43	
88302	26	LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	10.87	10.47	
88302		LEVEL II - SURGICAL PATHOLOGY GROSS & MIC EXAM	70.12	64.90	
88304	TC	LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	74.89	68.77	
88304	26	LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	17.36	16.74	
88304		LEVEL III - SURGICAL PATH GROSS & MICRO EXAM	92.25	85.51	
88305	TC	LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	96.89	89.02	
88305	26	LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	60.37	58.18	
88305		LEVEL IV - SURGICAL PATHOLOGY GROSS & MICRO EXAM	157.25	147.19	
88307	TC	LEVEL V- SURG PATH GROSS/MICRO EXAM	151.94	139.59	
88307	26	LEVEL V- SURG PATH GROSS/MICRO EXAM	126.62	122.07	
88307		LEVEL V- SURG PATH GROSS/MICRO EXAM	278.56	261.66	
88311	TC	DECALCIFICATION PROCEDURE	8.29	7.64	
88311	26	DECALCIFICATION PROCEDURE	19.01	18.33	
88311		DECALCIFICATION PROCEDURE	27.29	25.97	
88312	TC	SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	78.01	71.59	
88312	26	SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	42.93	41.39	
88312		SPECIAL STAINS; GROUP I FOR MICROORGANISMS EACH	120.94	112.98	
88313	TC	SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	69.60	63.88	
88313	26	SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	19.01	18.33	
88313		SPCL STAINS; GRP II ALL BUT ICYTOCHEM/IPEROX EA	88.60	82.20	
88331	TC	PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	37.38	34.45	
88331	26	PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	94.60	91.18	
88331		PATH CNSLT DUR SURG; 1ST TISS BLK W/FZ-SNGL SPEC	131.98	125.63	
88342	TC	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	67.08	61.61	
88342	26	IMMUNOCYTOCHEMISTRY EACH ANTIBODY	67.38	64.96	
88342		IMMUNOCYTOCHEMISTRY EACH ANTIBODY	134.46	126.57	
90471		IMMUNIZATION ADMINISTRATION ; ONE VACCINE	27.98	26.30	
90472		IMMUNIZATION ADMINISTRATION; EA ADD VACCINE	16.11	15.35	
90718		TD ADSORBED INDIVIDUAL 7 YEARS OR OLDER IM USE	16.34	16.34	
90760		INTRAVENOUS HYDRATION; INITIAL; UP TO 1HR	98.16	90.92	
90761		INTRAVENOUS HYDRATION; EA ADDL; UP TO 8HRS	30.65	28.60	
90765		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; INITIAL; UP T	120.08	111.18	
90766		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; EA ADDL HR	38.95	36.53	
90767		INTRAVENOUS INFUSION; THERAPY; PROPH; DIAG; EA ADDL SEC	65.31	60.75	
90768		INTRAVENOUS INFUSION; THERAPY; PROPH; CONCURRENT INFL	37.22	34.91	
90772		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; SUB	27.98	26.30	
90773		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INT	28.46	26.78	
90774		THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION; INT	89.44	82.84	
90775		EA ADDL SEQ INTRA-VENOUS PUSH NEW SUB/DRUG	41.39	38.48	
90801		PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION	219.14	211.25	
90804		PSYCHOTX OV/OP BEHV MOD/SUPPT 20-30 MIN;	93.96	90.62	
90805		PSYCHOTX OV/OP BEHV MOD 20-30 MIN; W/MED E&M	102.90	99.40	
90806		PSYCHOTX OV/OP BEHV MOD/SUPPT 45-50 MIN;	140.95	136.08	
90807		PSYCHOTX OV/OP BEHV MOD 45-50 MIN; W/MED E&M	149.76	144.78	

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90808		PSYCHOTX OV/OP BEHV MOD/SUPPT 75-80 MIN;	210.21	203.02	
90809		PSYCHOT OV/OP BEHV MOD 75-80 MIN; W/MED E&M	217.23	210.07	
90813		PSYCHOTX OV/OP INTERACTIV 45-50 MIN; W/MED E&M	159.71	154.30	
90816		PSYCHOTX INPT/P HOS/RCS-BEHV MOD 20-30 MIN;	94.24	91.03	
90817		PSYCHOTX IP/RCS BEHV MOD 20-30 MIN; W/MED E&M	102.58	99.26	
90818		PSYCHOTX INPT/P HOS/RCS-BEHV MOD 45-50 MIN;	141.91	137.07	
90819		PSYCHOTHER IP/RCS-BEHV MOD 45-50 MIN; W/MED E&M	148.32	143.57	
90846		FAMILY PSYCHOTHERAPY	136.37	131.78	
90853		GROUP PSYCHOTHERAPY (NON FAMILY)	71.16	68.58	
90857		INTERACTIVE GROUP PSYCHOTHERAPY	50.75	48.84	
90862		PHARM MGMT W/SCRIPT USE & REVIEW-MIN PSYCHOTH	85.98	82.88	
90875		INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY W/BIOFEEDBACK	135.00	133.00	
90876		INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY W/BIOFEEDBACK	144.00	142.00	
90901		BIOFEEDBACK TRAINING BY ANY MODALITY	118.08	111.28	
90935		HEMODIALYSIS PROC W/SINGLE PHYSICIAN EVALUATION	105.78	101.54	
92002		OPHTH SERV: MED EXAM & EVAL; INTERMED NEW PT	105.13	99.66	
92004		OPHTH SERV: MED EXAM; COMP NEW PT 1/MORE VISITS	191.14	181.45	
92012		OPHTH SERV: MED EXAM & EVAL; INITERMED ESTAB PT	97.79	92.17	
92014		OPHTH SERV: MED EXAM & EVAL; COMP ESTAB PT	143.52	135.69	
92020		GONIOSCOPY	40.20	38.23	
92060	TC	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	26.92	24.74	
92060	26	SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	54.35	52.40	
92060		SENSIMOTOR EXAM W/MX MSR OCULR DEV W/I&R-SP	81.28	77.14	
92065	TC	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	35.88	32.96	
92065	26	ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	44.28	42.70	
92065		ORTHOPTIC &/ PLEOPTIC TRAIN W/MED DIRECT & EVAL	80.16	75.68	
92081	TC	VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	47.96	44.03	
92081	26	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	28.26	27.25	
92081		VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	76.22	71.28	
92082	TC	VISUAL FIELD EXAM UNI/BIL W/I&R; LTD EXAM	62.99	57.81	
92082	26	VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	34.84	33.57	
92082		VISUAL FIELD EXAM UNI/BIL W/I&R; INTERMED	97.83	91.38	
92083	TC	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	73.20	67.18	
92083	26	OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	39.77	38.30	
92083		OPHTHALMOSCOPY EXT W/RETINAL DRAWING W/I&R; INIT	112.97	105.48	
92225		VISUAL FIELD EXAM UNI/BIL W/I&R; EXTENDED EXAM	33.51	32.14	
92226		OPHTH EXT W/RETINAL DRAWING W/I&R; SUBSEQUENT	30.30	29.02	
92235	TC	FLUORESCEIN ANGIOGRAPHY W/I&R	138.11	126.92	
92235	26	FLUORESCEIN ANGIOGRAPHY W/I&R	65.42	62.99	
92235		FLUORESCEIN ANGIOGRAPHY W/I&R	203.53	189.89	
92250	TC	FUNDUS PHOTOGRAPHY W/I&R	81.02	74.35	
92250	26	FUNDUS PHOTOGRAPHY W/I&R	34.84	33.57	
92250		FUNDUS PHOTOGRAPHY W/I&R	115.86	107.91	
92504		BINOCULAR MICROSCOPY	39.91	37.30	
92507		TX SPEECH LANG VOICE COMMUN&/AUD DISORDER; INDIV	94.78	88.87	
92552		PURE TONE AUDIOMETRY; AIR ONLY	28.37	26.17	
92553		PURE TONE AUDIOMETRY; AIR AND BONE	42.55	39.26	
92557		COMP AUD THRESHOLD EVALUATION&SPEECH RECOGNITION	77.27	71.36	
92567		TYMPANOMETRY	34.13	31.54	
92569		ACOUSTIC REFLEX DECAY TEST	26.56	24.52	
92585	TC	AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	61.72	210.10	
92585	26	AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	182.32	74.45	



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92585		AUDITORY EVOKED POTENTIALS &/OR TEST CNS; COMP	244.04	284.55	
92588	TC	EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	28.86	87.27	
92588	26	EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	94.59	27.79	
92588		EVOKED OTOACOUSTIC EMISSIONS; COMP/DX EVALUATION	123.45	115.08	
92971		CARDIOASSIST-METHOD CIRCULATORY ASSIST; EXTERNAL	146.22	140.69	
93000		ECG ROUTINE ECG W/AT LEAST 12 LEADS; W/I&R	47.25	44.18	
93005		ECG-ROUTINE ECG W/12 LEADS; TRACING ONLY	43.08	39.64	
93010		ECG-ROUTINE W/12 LEADS; INTERPT & REPORT ONLY	17.93	17.33	
93015		CV STRESS TEST W/TREADMILL-PHARM; INTRPT & REPRT	163.61	153.31	
93016		CV STRESS TEST W/TREADMILL; PHYS SUPERVS ONLY	34.63	33.45	
93018		CV STRESS TEST W/TREADMILL; INTERPT & REPRT ONLY	22.72	21.96	
93040		RHYTHM ECG ONE TO THREE LEADS; W/I&R	21.32	20.20	
93042		RHYTHM ECG 1-3 LEADS; INTERPRETATION&REPORT ONLY	27.30	26.43	
93224		ECG-24 HR W/SUPERIMPOSIT SCAN; REPRT-REVIEW-INTRPT	256.19	237.80	
93227		ECG-24 HR W/SUPERIMPOSIT SCAN; MD REVIEW & REPRT	39.48	38.16	
93230		ECG-24 HR W/MINI PRINTOUT; REPORT-REVIEW-INTERPT	273.98	254.19	
93236		ECG-24 HR COMPUTR; MONITOR & DATA ANALY W/REPORT	164.79	151.70	
93237		ECG-24 HR COMPUTR MONITOR; PHYS REVIEW & INTERPT	34.03	32.90	
93303	TC	TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	98.53	224.38	
93303	26	TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	243.63	95.19	
93303		TRANSTHOR ECHO CONGEN CARD ANOMALIES; COMPLETE	342.16	319.55	
93307	TC	ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	70.43	224.38	
93307	26	ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	243.63	68.00	
93307		ECHO TRNSTHORAC REAL-TIME W/WO M-MODE; CMPL	314.07	292.38	
93312	TC	ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPRT	166.00	222.85	
93312	26	ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPRT	241.70	160.43	
93312		ECHO TRANSESOPH REAL-TIME; W/PROBE PLCMT & REPRT	407.69	383.28	
93320	TC	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	29.30	100.02	
93320	26	DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	108.54	28.28	
93320		DOPPLER ECHO CONT WAVE W/SPECTRAL DISPLY; CMPL	137.84	128.30	
93325	TC	DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	5.93	170.50	
93325	26	DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	184.98	5.73	
93325		DOPPLR ECHO COLOR FLOW VELOCITY MAPPING	190.91	176.23	
93350	TC	ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	113.80	103.81	
93350	26	ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	112.62	109.88	
93350		ECHO TRNSTHORAC DUR REST & STRESS W/INTERP & RPT	226.42	213.68	
93501	TC	RT HEART CATH	236.60	984.78	
93501	26	RT HEART CATH	1,069.12	228.64	
93501		RT HEART CATH	1,305.72	1,213.43	
93503		INSERTION&PLCMT FLOW DIRECTED CATH MON PRPOS	202.14	196.61	
93510	TC	LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	370.59	2,153.83	
93510	26	LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	2,338.25	356.55	
93510		LT HRT CATH RETRO BRACH ART AX ART/FEM ART; PERQ	2,708.82	2,510.38	
93526	TC	COMBO RT HEART CATH & RETROGRADE LT HEART CATH	501.33	2,815.64	
93526	26	COMBO RT HEART CATH & RETROGRADE LT HEART CATH	3,056.64	482.89	
93526		COMBO RT HEART CATH & RETROGRADE LT HEART CATH	3,557.97	3,298.53	
93540		INJ PROC DURING CARDIAC CATH; AORTOCORON VEN GFT	33.11	31.94	
93543		INJ PROC-CARDIAC CATH; LT VENT/LT ATRIAL ANGIO	22.20	21.45	
93545		INJECTION PROC DUR CARD CATH; SELCTV COR ANGIO	30.94	29.85	
93555	TC	IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	394.37	363.06	
93555	26	IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	62.89	60.70	

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93555		IMAG SUPERVS I & R-CARD CATH; VENT/ATRIAL ANGIO	457.25	423.76	
93556	TC	IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	620.70	571.34	
93556	26	IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	63.93	61.72	
93556		IMAG SUPERVS I & R-CARD CATH; PULM ANGIOGRAPHY	684.63	633.06	
93720		PLETHYSMOGRAPHY TOTAL BODY; W/I&R	57.90	53.99	
93731	TC	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	31.37	28.93	
93731	26	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	34.15	32.98	
93731		ELEC ANALY DUL-CHAMB PACEMKR SYS; W/O REPOG	65.52	61.91	
93732	TC	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	32.57	30.03	
93732	26	ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	70.43	68.00	
93732		ELEC ANALY DUL-CHAMB PACEMKR SYS; W/REPROG	103.00	98.05	
93733	TC	ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	46.75	43.12	
93733	26	ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	13.55	13.08	
93733		ELEC ANALY DUL CHAMB INTRL PACEMKR SYS TEL ANALY	60.31	56.20	
93736	TC	ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	40.74	37.61	
93736	26	ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	11.91	11.49	
93736		ELEC ANALY 1 CHAMB INTRL PACEMKR SYS TEL ANALY	52.65	49.10	
93798		PHYSICIAN SERVICES OP CARD REHAB; W/CONT ECG MON	42.72	40.22	
93875	TC	NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	141.12	129.87	
93875	26	NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	16.76	16.20	
93875		NONINVASIV PHYSIOLOG STDY EXTRACRAN ART BIL STDY	157.87	146.06	
93880	TC	DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	339.55	312.82	
93880	26	DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	45.21	43.77	
93880		DUPLEX SCAN XTRACRAN ART; COMPLETE BIL STUDY	384.76	356.60	
93882	TC	DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	213.10	196.33	
93882	26	DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	31.19	30.19	
93882		DUPLEX SCAN EXTRACRAN ART; UNILAT/LTD STUDY	244.28	226.53	
93886	TC	TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	402.77	370.97	
93886	26	TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	74.11	71.58	
93886		TRANSCRANIL DOPPLR STDY INTRACRAN ART; CMPL STDY	476.88	442.55	
93922	TC	NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	163.11	150.12	
93922	26	NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	18.80	18.21	
93922		NONINVASIV PHYSIOLOG STDY-UP/LO EXTREM ART 1 LEV	181.91	168.34	
93923	TC	NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	244.36	225.00	
93923	26	NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	34.39	33.31	
93923		NONINVASIV PHYSIOL STDY-UP/LO EXTM ART MX LEVELS	278.75	258.31	
93925	TC	DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	413.48	380.63	
93925	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	44.17	42.74	
93925		DUPLEX SCAN LOWR EXTREM ART/BYPASS; CMPL BIL	457.64	423.38	
93926	TC	DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	247.23	227.68	
93926	26	DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	30.06	29.12	
93926		DUPLEX SCAN LOWR EXTREM ART/BYPASS; UNI/LTD STDY	277.30	256.82	
93930	TC	DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	330.89	304.97	
93930	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	35.52	34.37	
93930		DUPLEX SCAN UPPR EXTREM ART/BYPASS; COMPLT BILAT	366.39	339.34	
93931	TC	DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	215.27	198.39	
93931	26	DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	23.61	22.88	
93931		DUPLEX SCAN UPPR EXTREM ART/BYPASS; UNI/LTD STDY	238.88	221.27	
93965	TC	NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	166.83	153.50	
93965	26	NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	26.42	25.56	
93965		NON-INVASIV PHYSIOLOG STDY EXTREM VEINS BIL STDY	193.25	179.06	

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93970	TC	DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	321.50	296.48	
93970	26	DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	52.14	50.49	
93970		DUPLEX SCAN-EXTREM VEINS; CMPL BIL STUDY	373.65	346.97	
93971	TC	DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	220.31	203.14	
93971	26	DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	33.90	32.83	
93971		DUPLEX SCAN-EXTREM VEINS; UNI/LTD STUDY	254.22	235.98	
93975	TC	DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	444.35	409.28	
93975	26	DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	136.12	131.81	
93975		DUPLEX SCAN IN-OUTFLO ABD/PELV ORGAN; CMPL STDY	580.48	541.07	
93978	TC	DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	276.19	254.79	
93978	26	DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	49.99	48.40	
93978		DUPLEX SCAN AORTA/INFER VENA CAVA/GFTS; CMPL	326.17	303.20	
94010	TC	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	38.22	35.14	
94010	26	SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	12.35	11.97	
94010		SPIROMETRY W/RECRD-TOT & TIMED VC-EXPIR FLO RATE	50.57	47.11	
94060	TC	BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	61.78	56.90	
94060	26	BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	22.05	21.37	
94060		BRONCHOSPSM EVAL: SPIROM PRE & POST BRONCHODILAT	83.82	78.27	
94070	TC	PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	43.26	40.08	
94070	26	PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	43.54	42.20	
94070		PROLONGED POSTEXPOSE EVAL-BRONCHOSPASM-MX DETERM	86.79	82.26	
94200	TC	MAXIMUM BREATHING CAPACTY MAX VOLUNTARY VENT	25.60	23.56	
94200	26	MAXIMUM BREATHING CAPACTY MAX VOLUNTARY VENT	8.02	7.79	
94200		MAXIMUM BREATHING CAPACTY MAX VOLUNTARY VENT	33.62	31.34	
94240	TC	FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	37.26	34.37	
94240	26	FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	18.84	18.25	
94240		FUNCT RESIDUAL CAPACITY/RESIDUAL VOL: MX METH	56.10	52.62	
94260	TC	THORACIC GAS VOLUME	34.37	31.68	
94260	26	THORACIC GAS VOLUME	9.66	9.36	
94260		THORACIC GAS VOLUME	44.03	41.05	
94350	TC	DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	42.78	39.40	
94350	26	DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	18.84	18.25	
94350		DETERM MALDISTRIBUTION INSPIRED GAS: MX BREATH	61.63	57.66	
94360	TC	DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	40.14	37.05	
94360	26	DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	18.84	18.25	
94360		DETERM RESIST AIRFLO-OSCILLATORY/PLETHYSMOGRAPHY	58.98	55.30	
94370	TC	DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	39.43	36.24	
94370	26	DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	18.84	18.25	
94370		DETERM ARWAY CLOS VOLUME SINGLE BREATH TESTS	58.27	54.50	
94375	TC	RESPIRATORY FLOW VOLUME LOOP	31.62	29.08	
94375	26	RESPIRATORY FLOW VOLUME LOOP	22.05	21.37	
94375		RESPIRATORY FLOW VOLUME LOOP	53.66	50.44	
94640		NONPRESSURIZED INHAL TX ACUT ARWAY OBSTRUCTION	18.99	17.50	
94657		VENTILATION ASSIST & MANAGEMENT; SUBSQT DAY	104.08	98.59	
94720	TC	CARBON MONOXIDE DIFFUSING CAPACITY	58.18	53.60	
94720	26	CARBON MONOXIDE DIFFUSING CAPACITY	18.84	18.25	
94720		CARBON MONOXIDE DIFFUSING CAPACITY	77.01	71.85	
94760		NONINVASV EAR/PULSE OXM O2 SATURATION; SING DETERM	25.90	24.30	
94761		NONINVASV EAR/PULSE OXM O2 SATURATION; MX DETERM	38.15	36.26	
94762		NONINVASV EAR/PULSE OXM O2 SAT; OVERNGT-SEP PROC	50.84	47.24	
95015		INTRAQ SEQUENT/INCREM-IMMED REACT-SPEC # TESTS	16.72	15.90	

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95024		INTRAQ W/ALLERG EXTRCT-IMMED REACT-SPEC # TEST	9.49	8.75	
95027		SKIN END POINT TITRATION	9.49	8.75	
95028		INTRAQ W/ALLERG EXTRACT-DELAYED REACT-# TESTS	14.30	13.16	
95117		PROF SRVC ALLERG IMMUNOTX WO EXTRACT; 2/MORE INJ	31.01	28.52	
95144		PROF SRVC SUPV PREP&PRVS ANTIG ALLERG; 1 VIAL	15.03	14.04	
95810	TC	POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	1,003.46	922.05	
95810	26	POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	262.55	254.07	
95810		POLYSOMNOGRAPHY; W/4-MORE ADD PARAMETERS	1,266.01	1,176.14	
95816		EEG INCLUDING RECORDING AWAKE&DROWSY	200.73	184.52	
95816	26	EEG INCLUDING RECORDING AWAKE&DROWSY	86.81	83.73	
95816		EEG INCLUDING RECORDING AWAKE&DROWSY	287.56	268.24	
95819	TC	EEG INCLUDING RECORDING AWAKE&ASLEEP	156.86	144.27	
95819	26	EEG INCLUDING RECORDING AWAKE&ASLEEP	86.81	83.73	
95819		EEG INCLUDING RECORDING AWAKE&ASLEEP	243.69	228.01	
95831		MUSCLE TESTING MANUAL W/REPORT; EXTREMITY/TRUNK	42.72	40.22	
95832		MUSC TST MANUAL W/RPT; HND W/WO COMPAR W/NL SIDE	41.43	39.29	
95833		MUSC TST MANUAL W/RPT; TOTAL EVAL BDY EXCLD HNDS	69.60	65.87	
95834		MUSC TEST MAN (SEP PROC) W/RPT; TOT BODY W HANDS	81.44	77.31	
95851		RANGE MOTION MSR&RPT; EA EXTREM/EA TRUNK SECTION	34.59	30.50	
95852		ROM MEAS-REPORT (SEP PRO); HAND W/WO COMPAR	21.84	20.46	
95860	TC	NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	93.94	86.28	
95860	26	NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	119.50	115.20	
95860		NEEDLE EMG 1 EXTREM W/WO REL PARASPINAL AREAS	213.46	201.50	
95861	TC	NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	71.92	66.34	
95861	26	NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	191.54	184.58	
95861		NEEDLE EMG 2 EXTREM W/WO REL PARASPINAL AREAS	263.46	250.92	
95863	TC	NEEDLE EMG 3 EXTREM W/WO REL PARASPINAL AREAS	91.34	84.16	
95863	26	NEEDLE EMG 3 EXTREM W/WO REL PARASPINAL AREAS	230.58	222.32	
95863		NEEDLE EMG 3 EXTREM W/WO REL PARASPINAL AREAS	321.92	306.48	
95864	TC	NEEDLE EMG 4 EXTREM W/WO REL PARASPINAL AREAS	174.38	160.66	
95864	26	NEEDLE EMG 4 EXTREM W/WO REL PARASPINAL AREAS	246.66	237.74	
95864		NEEDLE EMG 4 EXTREM W/WO REL PARASPINAL AREAS	421.04	398.42	
95869	TC	NEEDLE EMG; THORACIC PARASPINAL MUSCLES	20.90	19.28	
95869	26	NEEDLE EMG; THORACIC PARASPINAL MUSCLES	45.94	44.30	
95869		NEEDLE EMG; THORACIC PARASPINAL MUSCLES	66.84	63.58	
95900	TC	NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	101.34	93.08	
95900	26	NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	51.80	49.94	
95900		NERVE CONDOC STUDY EA NRV; MOTOR WO F-WAVE	153.14	143.02	
95903	TC	NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	87.48	80.36	
95903	26	NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	74.36	71.70	
95903		NERVE CONDOC STUDY EA NRV; MOTOR W/F-WAVE	161.84	152.04	
95904	TC	NERVE CONDOC STUDY EA NRV; SENSORY	88.40	81.20	
95904	26	NERVE CONDOC STUDY EA NRV; SENSORY	42.62	41.08	
95904		NERVE CONDOC STUDY EA NRV; SENSORY	131.00	122.28	
95920	TC	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	126.30	116.26	
95920	26	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	267.00	257.48	
95920		INTRAOPERATIVE NEUROPHYSIOLOGY TESTING PER HOUR	393.30	373.76	
95925	TC	SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	139.51	128.52	
95925	26	SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	104.90	101.27	
95925		SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	244.38	229.79	
95926	TC	SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	88.58	81.60	

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95926	26	SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	66.78	64.40	
95926		SOMATOSENSORY STUDY ANY/ALL NERV; LOWER LIMBS	155.36	146.02	
95934	TC	H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	22.99	21.21	
95934	26	H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	68.99	66.51	
95934		H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	91.96	87.71	
96101		PSYCHOLOGICAL TESTING W/I&R PER HOUR; PSYCHOLOGIST O	186.32	180.13	
96102		PSYCHOLOGICAL TESTING W/I&R PER HOUR; TECHNICIAN	66.21	62.56	
96103		PSYCHOLOGICAL TESTING W/I&R PER HOUR; COMPUTER	40.17	38.74	
96116		NEUROBEHAVIORAL STATUS EXAM W/I&R PER HOUR	179.39	173.04	
96118		NEUROPSYCHOLOGICAL TESTING BATTERY W/I&R PER HOUR; PS	218.22	208.65	
96119		NEUROPSYCHOLOGICAL TESTING BATTERY W/I&R PER HOUR; TE	98.61	93.12	
96120		NEUROPSYCHOLOGICAL TESTING BATTERY W/I&R PER HOUR; CC	72.02	67.96	
96150		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN,INITIAL	37.36	36.10	
96151		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN,REASSESS	36.32	35.07	
96152		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN, INDIV	34.67	33.49	
96153		HEALTH&BEHAVIOR ASSESSMNT,EA 15 MIN, GRP	8.10	7.83	
96900		ACTINOTHERAPY	27.40	25.22	
96912		PHOTOCHEMOTHERAPY; PSORALENS & ULTRAVIOLET A	78.13	71.86	
97001		PHYSICAL THERAPY EVALUATION	110.02	105.40	
97002		PHYSICAL THERAPY RE-EVALUATION	58.68	56.04	
97003		OCCUPATIONAL THERAPY EVALUATION	118.31	113.05	
97004		OCCUPATIONAL THERAPY RE-EVALUATION	72.50	68.73	
97010		APPLIC MODAL 1/> AREAS; HOT/COLD PACKS	0.00	0.00	
97012		APPLICATION MODALITY 1/MORE AREAS; TRACTION MECH	24.60	23.64	
97014		APPLICATION MODALITY TO 1 OR MORE AREAS; E-STIM	0.00	0.00	
G0283		ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE A	16.47	16.47	
97016		APPLICATION MODAL 1/MORE AREAS; VASOPNEUMAT DEVC	20.68	19.66	
97018		APPLICATION MODALITY 1/MORE AREAS; PARAFFIN BATH	11.10	10.47	
97022		APPLICATION MODALITY TO 1/MORE AREAS; WHIRLPOOL	25.34	23.99	
97024		APPLICATION MODALITY TO 1/MORE AREAS; DIATHERMY	9.02	8.57	
97026		APPLICATION MODALITY TO 1/MORE AREAS; INFRARED	7.22	6.86	
97028		APPLICATION MODALITY 1/MORE AREAS; ULTRAVIOLET	8.85	8.45	
97032		APPLICATION MODAL 1/MORE AREAS; E-STIM EA 15 MIN	23.13	22.15	
97033		APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	30.26	28.73	
97034		APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	20.44	19.54	
97035		APPLICATION MODAL 1/MORE AREAS; US EA 15 MIN	25.48	24.53	
97036		APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	34.31	32.51	
97110		THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	43.76	41.96	
97112		THERAP PROC 1/> AREAS EA 15 MIN; BALANCE/COORDIN	45.84	43.82	
97113		THERAP PROC 1/> AREAS EA 15 MIN; AQUATIC THERAP	50.46	48.02	
97116		TX PROC 1/MORE AREAS EA 15 MIN; GAIT TRN	41.25	39.54	
97124		THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	32.55	31.15	
97140		MANUAL THERAPY TECH 1/MORE REGIONS EA 15 MIN	37.92	36.36	
97150		THERAPEUTIC PROCEDURE GROUP	25.38	24.27	
97530		THERAPEUTIC ACTV DIR PT CNTC PROVIDER EA 15 MIN	49.22	47.00	
97532		DEVEL COGNITIVE SKILL-DIR PT CONTACT-EA 15 MIN	54.52	52.48	
97533		SENSORY INTEG TECHNIQUES-DIR PT CONTACT-EA 15 MIN	37.84	36.32	
97535		SELF CARE/HOME MGMT TRAIN-1 ON 1-EA 15 MIN	43.56	41.57	
97537		COMMUNITY/WORK REINTEGRAT TRAIN-1 ON 1-EA 15 MIN	39.39	37.73	
97542		WHEELCHAIR MGMT/PROPULSION TRAINING EA 15 MIN	40.59	38.83	
97545		WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	76.74	76.74	

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97546		WORK HARDENING/CONDING; EACH ADDITIONAL HOUR	30.70	30.70	
97750		PHYSICAL PRFRM TEST/MSR W/WRITTEN RPT EA 15 MIN	50.56	48.30	
97760		ORTHOT FIT&TRN UP EXT LW EXTRM &/ TRNK EA 15 MIN	45.33	43.30	
97761		PROSTHETIC TRAINING	41.25	39.52	
97762		CHKOUT ORTHOTIC/PROSTHETIC USE; EST PATIENT	39.23	36.96	
97810		ACUPUNCT 1/> NDLES W/O E-STIM; INIT 15 MIN 1-1	75.95	72.15	
97811		ACUPUNCT 1/> NDLES W/O E-STIM; EA ADD 15 MIN 1-1	59.13	56.17	
97813		ACUPUNCT 1/> NDLES WITH E-STIM; INIT 15 MIN 1-1	83.23	79.07	
97814		ACUPUNCT 1/> NDLES WITH E-STIM;EA ADD 15 MIN 1-1	65.74	62.45	
98925		OSTEOPATHIC MANIP TX; 1 2 BODY REGIONS INVLV	43.65	41.73	
98926		OSTEOPATHIC MANIP TX; 3 4 BODY REGIONS INVLV	59.96	57.45	
98927		OSTEOPATHIC MANIP TX; 5 6 BODY REGIONS INVLV	76.84	73.71	
98928		OSTEOPATHIC MANIP TX; 7 8 BODY REGIONS INVLV	91.07	87.37	
98940		CHIROPRACTIC MANIPULATIVE TX; SPINAL 1-2 REGIONS	37.77	36.28	
98941		CHIROPRACTIC MANIPULATIVE TX; SPINAL 3-4 REGIONS	52.39	50.41	
98942		CHIROPRACTIC MANIPULATIVE TX; SPINAL 5 REGIONS	67.95	65.51	
98943		CHIROPRACTIC MANIP TX; XTRASPINAL 1/MORE REGIONS	35.82	34.73	
99070		SUPPLIES & MATERIALS; ADDL TO USUAL FOR OFFICE VISIT	38.09	38.09	
99071		EDUCATION SUPPLIES; S/A BOOKS, TAPES & PAMPHLETS FOR P	18.56	18.56	
99140		ANES COMPLICATED BY EMER CONDITIONS	add 2 units	add 2 units	
99148		MODERATE SEDATION BY PHYS PERF SERVICE, <5YRS, INI 30 M	92.00	88.00	
99149		MODERATE SEDATION BY PHYS PERF SERVICE, 5YRS OR >, INI 3	84.00	80.00	
99150		MODERATE SEDATION BY PHYS PERF SERVICE, EA ADDL 15 MIN	46.00	42.00	
99195		PHLEBOTOMY THERAPEUTIC	27.40	25.22	
99201		OFC/OUTPT VISIT E&M NEW SELF LIMIT/MINOR 10 MIN	41.80	39.67	
99202		OFC/OUTPT VISIT E&M NEW LOW-MOD SEVERITY 20 MIN	73.65	70.13	
99203		OFC/OUTPT VISIT E&M NEW MODERATE SEVERITY 30 MIN	109.29	104.21	
99204		OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 45 MIN	153.97	147.09	
99205		OFC/OUTPT VISIT E&M NEW MOD-HI SEVERITY 60 MIN	194.88	186.55	
99211		OFC/OUTPT VISIT E&M ESTAB NO PHYS PRES 5 MIN	32.79	30.72	
99212		OFC/OUTPT VISIT E&M EST SELF-LIMIT/MINOR 10 MIN	44.12	41.79	
99213		OFC/OUTPT VISIT E&M EST LOW-MOD SEVERITY 15 MIN	59.87	56.85	
99214		OFC/OUTPT VISIT E&M EST MOD-HI SEVERITY 25 MIN	93.57	89.00	
99215		OFC/OUTPT VISIT E&M ESTAB MOD-HI SEVRTY 40 MIN	134.95	128.89	
99218		INIT OBSRV CARE-DAY E&M LOW SEVERITY	96.04	92.91	
99219		INIT OBSRV CARE-DAY E&M MODERATE SEVERITY	159.61	154.45	
99220		INIT OBSRV CARE-DAY E&M HIGH SEVERITY	224.47	217.14	
99221		INIT HOSP CARE-DAY E&M LOW SEVERITY 30 MIN	97.12	93.94	
99222		INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	160.82	155.56	
99223		INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	223.99	216.66	
99231		SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	56.10	54.24	
99232		SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	79.40	76.78	
99233		SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	112.84	109.14	
99234		OBSRV/INPT HOSP CARE E&M LOW SEVERITY	193.17	186.85	
99235		OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	254.54	246.30	
99238		HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	101.57	97.94	
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	138.45	133.52	
99241		OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	74.23	70.56	
99242		OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	108.68	103.72	
99243		OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	138.02	131.73	
99244		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	193.96	185.49	
99245		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	250.29	239.61	

Appendix  
Exhibit 1  
Physicians' Fee Schedule

CPT*	MO D	DESCRIPTION	Fee	Fee	
			Schedule	Schedule	ASC
			North	South	Group
*Current Procedural Terminology (CPT) is copyright 2005 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. the AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.					
99251		INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	51.22	49.54	
99252		INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	103.17	99.71	
99253		INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	141.01	136.28	
99254		INIT INPT CNSLT NEW/ESTAB MOD-HI SEVERITY 80 MIN	202.75	195.91	
99255		INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	279.50	270.10	
99281		EMERG DEPT VISIT E&M SELF LIMITED/MINOR	90.65	88.00	
99282		EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	127.50	123.89	
99283		EMERG DEPT VISIT E&M MODERATE SEVERITY	192.00	186.62	
99284		EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	288.97	280.97	
99285		EMERG DEPT E&M-HIGH SEVERITY IMMED SIG THREAT	427.60	415.92	
99291		CRITICAL CARE E&M-CRIT ILL/INJUR; 1ST 30-74 MIN	373.11	357.33	
99292		CRITICAL CARE E&M-CRIT ILL/INJUR; EA ADD 30 MIN	163.62	157.66	
99296		SUBSQT NICU CARE PER DAY E&M CRIT ILL & UNSTABLE	585.08	566.49	
99298		SUBSQT NICU-DAY E/M RECOV VERY LW BIRTH WT INFNT	207.39	200.73	
99304		E&M NEW NURS FACIL/DAY LOW COMPLEXITY	94.39	91.08	
99305		E&M NEW NURS FACIL/DAY MOD COMPLEXITY	125.14	120.82	
99306		E&M NEW NURS FACIL/DAY HIGH COMPLEXITY	154.17	148.94	
99307		SUBSQT NRS FACL CARE DAY E&M STABLE	48.95	47.15	
99308		SUBSQT NRS FACL CARE DAY E&M LOW CMPL	81.09	78.12	
99309		SUBSQT NRS FACL CARE DAY E&M MOD CMPL	114.15	110.02	
99310		SUBSQT NRS FACL CARE DAY E&M HIGH CMPL	142.97	137.79	
99341		HOME VISIT E&M NEW PT LOW SEVERITY-20 MIN	83.89	80.76	
99342		HOME VISIT E&M NEW PT MODERATE SEVERITY-30 MIN	123.46	118.95	
99347		HOME VISIT E&M ESTAB PT MINOR PROB-15 MIN	65.57	63.02	
99348		HOME VISIT E&M ESTAB PT LOW-MOD SEVERITY-25 MIN	103.42	99.59	
99349		HOME VISIT E&M ESTAB PT MOD-HI SEVERITY-40 MIN	159.50	153.87	
99354		PROLONG PHYS SRVC OFFIC/OTH OUTPT W/PT; 1ST HR	142.38	137.24	
99355		PROLONG PHYS SERV OUTPT W/PT; EA ADD 30 MIN	140.70	135.66	
99356		PROLONG PHYS SRVC INPT W/PT; 1ST HR	129.75	125.41	
99357		PROLONG PHYS SERV INPT W/PT; EA ADD 30 MIN	130.83	126.44	

Appendix  
Exhibit 4

Ambulance Services

HCPCS	Description	North	South
A0425	GROUND MILEAGE, PER STATUTE MILE	6.05	6.05
A0426	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT	266.89	250.54
A0427	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT,	422.57	396.69
A0428	AMBULANCE SERVICE, BLS, NON-EMERGENCY TRANSPORT	222.41	208.78
A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, "	3,264.60	3,116.07
A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	611.62	574.15
A0434	SPECIALTY CARE TRANSPORT (SCT)	722.83	678.54
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	19.14	19.14



Appendix  
Exhibit 5

**Fee Schedule for Durable Medical Equipment, Prosthetics, Orthotics & Supplies**

<b>HCPSCS</b>	<b>Mod</b>	<b>Description</b>	<b>Fee</b>
A4216		Sterile water/saline, 10 ml	\$0.45
A4217		Sterile water/saline, 500 ml	\$3.13
A4221		Maint drug infus cath per wk	\$22.64
A4222		Infusion supplies with pump	\$46.73
A4253	NU	Blood glucose/reagent strips	\$36.94
A4254	NU	Battery for glucose monitor	\$6.58
A4254	RR	Battery for glucose monitor	\$0.67
A4254	UE	Battery for glucose monitor	\$4.94
A4255		Glucose monitor platforms	\$3.91
A4256		Calibrator solution/chips	\$9.72
A4257		Replace Lensshield Cartridge	\$12.75
A4258		Lancet device each	\$18.05
A4259		Lancets per box	\$12.06
A4265		Paraffin	\$3.39
A4280		Brst prsths adhsv atchmnt	\$4.94
A4310		Insert tray w/o bag/cath	\$7.14
A4311		Catheter w/o bag 2-way latex	\$12.61
A4312		Cath w/o bag 2-way silicone	\$15.33
A4313		Catheter w/bag 3-way	\$18.15
A4314		Cath w/drainage 2-way latex	\$24.01
A4315		Cath w/drainage 2-way silcne	\$25.80
A4316		Cath w/drainage 3-way	\$26.95
A4320		Irrigation tray	\$5.04
A4321		Cath therapeutic irrig agent	\$0.00
A4322		Irrigation syringe	\$2.94
A4326		Male external catheter	\$10.79
A4327		Fem urinary collect dev cup	\$42.27
A4328		Fem urinary collect pouch	\$10.45
A4330		Stool collection pouch	\$7.15
A4331		Extension drainage tubing	\$3.18
A4332		Lube sterile packet	\$0.12
A4333		Urinary cath anchor device	\$2.20
A4334		Urinary cath leg strap	\$4.93
A4338		Indwelling catheter latex	\$10.56
A4340		Indwelling catheter special	\$31.75
A4344		Cath indw foley 2 way silicn	\$13.62
A4346		Cath indw foley 3 way	\$17.05
A4348		Male ext cath extended wear	\$27.83
A4349		Disposable male external cat	\$2.02
A4351		Straight tip urine catheter	\$1.74
A4352		Coude tip urinary catheter	\$6.42
A4353		Intermittent urinary cath	\$6.99
A4354		Cath insertion tray w/bag	\$11.70
A4355		Bladder irrigation tubing	\$8.91
A4356		Ext ureth clmp or compr dvc	\$45.63
A4357		Bedside drainage bag	\$9.19
A4358		Urinary leg or abdomen bag	\$6.63
A4359		Urinary suspensory w/o leg b	\$30.63
A4361		Ostomy face plate	\$18.26
A4362		Solid skin barrier	\$3.46

Appendix  
Exhibit 5

A4364		Adhesive, liquid or equal	\$2.93
A4365		Adhesive remover wipes	\$11.32
A4366		Ostomy vent	\$1.30
A4367		Ostomy belt	\$7.35
A4368		Ostomy filter	\$0.26
A4369		Skin barrier liquid per oz	\$2.42
A4371		Skin barrier powder per oz	\$3.65
A4372		Skin barrier solid 4x4 equiv	\$4.18
A4373		Skin barrier with flange	\$6.28
A4375		Drainable plastic pch w fcpl	\$17.18
A4376		Drainable rubber pch w fcplt	\$47.58
A4377		Drainable plstic pch w/o fp	\$4.29
A4378		Drainable rubber pch w/o fp	\$30.75
A4379		Urinary plastic pouch w fcpl	\$15.02
A4380		Urinary rubber pouch w fcplt	\$37.33
A4381		Urinary plastic pouch w/o fp	\$4.61
A4382		Urinary hvy plstc pch w/o fp	\$24.62
A4383		Urinary rubber pouch w/o fp	\$28.19
A4384		Ostomy faceplt/silicone ring	\$9.62
A4385		Ost skn barrier sld ext wear	\$5.10
A4387		Ost clsd pouch w att st barr	\$0.00
A4388		Drainable pch w ex wear barr	\$4.36
A4389		Drainable pch w st wear barr	\$6.22
A4390		Drainable pch ex wear convex	\$9.61
A4391		Urinary pouch w ex wear barr	\$7.07
A4392		Urinary pouch w st wear barr	\$8.18
A4393		Urine pch w ex wear bar conv	\$9.04
A4394		Ostomy pouch liq deodorant	\$2.58
A4395		Ostomy pouch solid deodorant	\$0.05
A4396		Peristomal hernia supprt blt	\$40.48
A4397		Irrigation supply sleeve	\$4.79
A4398		Ostomy irrigation bag	\$13.81
A4399		Ostomy irrig cone/cath w brs	\$12.26
A4400		Ostomy irrigation set	\$48.87
A4402		Lubricant per ounce	\$1.39
A4404		Ostomy ring each	\$1.54
A4405		Nonpectin based ostomy paste	\$3.40
A4406		Pectin based ostomy paste	\$5.74
A4407		Ext wear ost skn barr <=4sqö	\$8.76
A4408		Ext wear ost skn barr >4sqö	\$9.87
A4409		Ost skn barr w flng <=4 sqö	\$6.22
A4410		Ost skn barr w flng >4sqö	\$9.04
A4413		2 pc drainable ost pouch	\$5.50
A4414		Ostomy sknbarr w flng <=4sqö	\$4.93
A4415		Ostomy skn barr w flng >4sqö	\$6.00
A4416		Ost pch clsd w barrier/fltr	\$2.75
A4417		Ost pch w bar/bltinconv/fltr	\$3.72
A4418		Ost pch clsd w/o bar w fltr	\$1.81
A4419		Ost pch for bar w flange/flt	\$1.74
A4420		Ost pch clsd for bar w lk fl	\$0.00
A4422		Ost pouch absorbent material	\$0.12
A4423		Ost pch for bar w lk fl/fltr	\$1.86

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Exhibit 5

A4424		Ost pch drain w bar & filter	\$4.75
A4425		Ost pch drain for barrier fl	\$3.58
A4426		Ost pch drain 2 piece system	\$2.73
A4427		Ost pch drain/barr lk flng/f	\$2.78
A4428		Urine ost pouch w faucet/tap	\$6.51
A4429		Urine ost pouch w bltinconv	\$8.25
A4430		Ost urine pch w b/bltin conv	\$8.52
A4431		Ost pch urine w barrier/tapv	\$6.22
A4432		Os pch urine w bar/fange/tap	\$3.59
A4433		Urine ost pch bar w lock fln	\$3.34
A4434		Ost pch urine w lock flng/ft	\$3.76
A4450	AU	Non-waterproof tape	\$0.09
A4450	AV	Non-waterproof tape	\$0.09
A4450	AW	Non-waterproof tape	\$0.11
A4452	AU	Waterproof tape	\$0.36
A4452	AV	Waterproof tape	\$0.36
A4452	AW	Waterproof tape	\$0.40
A4455		Adhesive remover per ounce	\$1.40
A4462		Abdmnl drssng holder/binder	\$3.29
A4481		Tracheostoma filter	\$0.37
A4483		Moisture exchanger	\$0.00
A4556		Electrodes, pair	\$12.14
A4557		Lead wires, pair	\$17.94
A4558		Conductive paste or gel	\$5.45
A4561		Pessary rubber, any type	\$18.63
A4562		Pessary, non rubber, any type	\$46.38
A4595		TENS suppl 2 lead per month	\$28.81
A4605	NU	Trach suction cath close sys	\$16.40
A4608		Transtracheal oxygen cath	\$58.15
A4611	NU	Heavy duty battery	\$196.45
A4611	RR	Heavy duty battery	\$20.37
A4611	UE	Heavy duty battery	\$147.34
A4612	NU	Battery cables	\$67.94
A4612	RR	Battery cables	\$6.92
A4612	UE	Battery cables	\$51.81
A4613	NU	Battery charger	\$144.21
A4613	RR	Battery charger	\$14.43
A4613	UE	Battery charger	\$104.29
A4614		Hand-held PEFR meter	\$23.78
A4618	NU	Breathing circuits	\$8.89
A4618	RR	Breathing circuits	\$1.02
A4618	UE	Breathing circuits	\$6.67
A4619		Face tent	\$1.21
A4623		Tracheostomy inner cannula	\$6.55
A4624	NU	Tracheal suction tube	\$2.35
A4625		Trach care kit for new trach	\$6.93
A4626		Tracheostomy cleaning brush	\$3.19
A4628	NU	Oropharyngeal suction cath	\$3.67
A4629		Tracheostomy care kit	\$4.63
A4630	NU	Repl bat t.e.n.s. own by pt	\$5.69
A4632	NU	Infus pump rplcmnt battery	\$0.00
A4632	RR	Infus pump rplcmnt battery	\$0.00

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Exhibit 5

A4632	UE	Infus pump rplcemnt battery	\$0.00
A4633	NU	Uvl replacement bulb	\$41.04
A4635	NU	Underarm crutch pad	\$5.12
A4635	RR	Underarm crutch pad	\$0.69
A4635	UE	Underarm crutch pad	\$3.39
A4636	NU	Handgrip for cane etc	\$3.58
A4636	RR	Handgrip for cane etc	\$0.43
A4636	UE	Handgrip for cane etc	\$2.61
A4637	NU	Repl tip cane/crutch/walker	\$2.13
A4637	RR	Repl tip cane/crutch/walker	\$0.30
A4637	UE	Repl tip cane/crutch/walker	\$1.61
A4638	NU	Repl batt pulse gen sys	\$0.00
A4638	RR	Repl batt pulse gen sys	\$0.00
A4638	UE	Repl batt pulse gen sys	\$0.00
A4639	NU	Infrared ht sys replcmnt pad	\$287.21
A4640	NU	Alternating pressure pad	\$59.80
A4640	RR	Alternating pressure pad	\$5.98
A4640	UE	Alternating pressure pad	\$44.86
A5051		Pouch clsd w barr attached	\$2.07
A5052		Clsd ostomy pouch w/o barr	\$1.49
A5053		Clsd ostomy pouch faceplate	\$1.74
A5054		Clsd ostomy pouch w/flange	\$1.79
A5055		Stoma cap	\$1.42
A5061		Pouch drainable w barrier at	\$3.52
A5062		Drnble ostomy pouch w/o barr	\$2.22
A5063		Drain ostomy pouch w/flange	\$2.70
A5071		Urinary pouch w/barrier	\$6.01
A5072		Urinary pouch w/o barrier	\$3.52
A5073		Urinary pouch on barr w/flng	\$3.18
A5081		Continent stoma plug	\$3.30
A5082		Continent stoma catheter	\$11.89
A5093		Ostomy accessory convex inse	\$1.94
A5102		Bedside drain btl w/wo tube	\$22.42
A5105		Urinary suspensory	\$40.76
A5112		Urinary leg bag	\$29.43
A5113		Latex leg strap	\$4.70
A5114		Foam/fabric leg strap	\$8.94
A5119		Skin barrier wipes box pr 50	\$10.85
A5121		Solid skin barrier 6x6	\$6.54
A5122		Solid skin barrier 8x8	\$10.92
A5126		Disk/foam pad +or- adhesive	\$1.32
A5131		Appliance cleaner	\$15.86
A5200		Percutaneous catheter anchor	\$11.30
A5500		Diab shoe for density insert	\$59.36
A5501		Diabetic custom molded shoe	\$178.04
A5503		Diabetic shoe w/roller/rockr	\$26.40
A5504		Diabetic shoe with wedge	\$26.40
A5505		Diab shoe w/metatarsal bar	\$26.40
A5506		Diabetic shoe w/off set heel	\$26.40
A5507		Modification diabetic shoe	\$26.40
A6010		Collagen based wound filler	\$30.96
A6011		Collagen gel/paste wound fil	\$2.28

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Exhibit 5

A6021		Collagen dressing <=16 sq in	\$21.02
A6022		Collagen drsg>6<=48 sq in	\$21.02
A6023		Collagen dressing >48 sq in	\$190.30
A6024		Collagen dsg wound filler	\$6.19
A6154		Wound pouch each	\$14.38
A6196		Alginate dressing <=16 sq in	\$7.35
A6197		Alginate drsg >16 <=48 sq in	\$16.44
A6199		Alginate drsg wound filler	\$5.29
A6200		Compos drsg <=16 no border	\$9.50
A6201		Compos drsg >16<=48 no bdr	\$20.80
A6202		Compos drsg >48 no border	\$34.88
A6203		Composite drsg <= 16 sq in	\$3.35
A6204		Composite drsg >16<=48 sq in	\$6.23
A6207		Contact layer >16<= 48 sq in	\$7.34
A6209		Foam drsg <=16 sq in w/o bdr	\$7.48
A6210		Foam drg >16<=48 sq in w/o b	\$19.92
A6211		Foam drg > 48 sq in w/o brdr	\$29.37
A6212		Foam drg <=16 sq in w/border	\$9.70
A6214		Foam drg > 48 sq in w/border	\$10.29
A6216		Non-sterile gauze<=16 sq in	\$0.05
A6217		Non-sterile gauze>16<=48 sq	\$0.00
A6219		Gauze <= 16 sq in w/border	\$0.95
A6220		Gauze >16 <=48 sq in w/bordr	\$2.58
A6222		Gauze <=16 in no w/sal w/o b	\$2.13
A6223		Gauze >16<=48 no w/sal w/o b	\$2.42
A6224		Gauze > 48 in no w/sal w/o b	\$3.61
A6229		Gauze >16<=48 sq in watr/sal	\$3.61
A6231		Hydrogel dsg<=16 sq in	\$4.66
A6232		Hydrogel dsg>16<=48 sq in	\$6.88
A6233		Hydrogel dressing >48 sq in	\$19.19
A6234		Hydrocolld drg <=16 w/o bdr	\$6.54
A6235		Hydrocolld drg >16<=48 w/o b	\$16.82
A6236		Hydrocolld drg > 48 in w/o b	\$27.25
A6237		Hydrocolld drg <=16 in w/bdr	\$7.91
A6238		Hydrocolld drg >16<=48 w/bdr	\$22.79
A6240		Hydrocolld drg filler paste	\$12.24
A6241		Hydrocolloid drg filler dry	\$2.57
A6242		Hydrogel drg <=16 in w/o bdr	\$6.07
A6243		Hydrogel drg >16<=48 w/o bdr	\$12.31
A6244		Hydrogel drg >48 in w/o bdr	\$39.28
A6245		Hydrogel drg <= 16 in w/bdr	\$7.27
A6246		Hydrogel drg >16<=48 in w/b	\$9.92
A6247		Hydrogel drg > 48 sq in w/b	\$23.78
A6248		Hydrogel drsg gel filler	\$16.24
A6251		Absorpt drg <=16 sq in w/o b	\$1.99
A6252		Absorpt drg >16 <=48 w/o bdr	\$3.25
A6253		Absorpt drg > 48 sq in w/o b	\$6.34
A6254		Absorpt drg <=16 sq in w/bdr	\$1.21
A6255		Absorpt drg >16<=48 in w/bdr	\$3.03
A6257		Transparent film <= 16 sq in	\$1.53
A6258		Transparent film >16<=48 in	\$4.30
A6259		Transparent film > 48 sq in	\$10.94

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Exhibit 5

A6266		Impreg gauze no h20/sal/yard	\$1.92
A6402		Sterile gauze <= 16 sq in	\$0.12
A6403		Sterile gauze>16 <= 48 sq in	\$0.43
A6407		Packing strips, non-impreg	\$1.88
A6410		Sterile eye pad	\$0.39
A6411		Non-sterile eye pad	\$0.00
A6441		Pad band w>=3ö <5ö/yd	\$0.67
A6442		Conform band n/s w<3ö/yd	\$0.17
A6443		Conform band n/s w>=3ö<5ö/yd	\$0.29
A6444		Conform band n/s w>=5ö/yd	\$0.56
A6445		Conform band s w <3ö/yd	\$0.32
A6446		Conform band s w>=3ö <5ö/yd	\$0.41
A6447		Conform band s w >=5ö/yd	\$0.67
A6448		Lt compres band <3ö/yd	\$1.16
A6449		Lt compres band >=3ö <5ö/yd	\$1.75
A6450		Lt compres band >=5ö/yd	\$0.00
A6451		Mod compres band w>=3ö<5ö/yd	\$0.00
A6452		High compres band w>=3ö<5ö/yd	\$5.91
A6453		Self-adher band w <3ö/yd	\$0.61
A6454		Self-adher band w>=3ö <5ö/yd	\$0.77
A6455		Self-adher band >=5ö/yd	\$1.39
A6456		Zinc paste band w >=3ö<5ö/yd	\$1.28
A6501		Compres burngarment bodysuit	\$0.00
A6502		Compres burngarment chinstrp	\$0.00
A6503		Compres burngarment facehood	\$0.00
A6504		Cmprsburngarment glove-wrist	\$0.00
A6505		Cmprsburngarment glove-elbow	\$0.00
A6506		Cmprsburngrmnt glove-axilla	\$0.00
A6507		Cmprs burngarment foot-knee	\$0.00
A6508		Cmprs burngarment foot-thigh	\$0.00
A6509		Compres burn garment jacket	\$0.00
A6510		Compres burn garment leotard	\$0.00
A6511		Compres burn garment panty	\$0.00
A6550		Neg pres wound ther drsg set	\$27.42
A6551		Neg press wound ther canistr	\$24.53
A7000	NU	Disposable canister for pump	\$8.33
A7001	NU	Nondisposable pump canister	\$29.83
A7002	NU	Tubing used w suction pump	\$3.46
A7003	NU	Nebulizer administration set	\$2.73
A7004	NU	Disposable nebulizer sml vol	\$1.53
A7005	NU	Nondisposable nebulizer set	\$27.79
A7006	NU	Filtered nebulizer admin set	\$8.14
A7007	NU	Lg vol nebulizer disposable	\$3.97
A7008	NU	Disposable nebulizer prefill	\$11.00
A7009	NU	Nebulizer reservoir bottle	\$37.90
A7010	NU	Disposable corrugated tubing	\$23.31
A7012	NU	Nebulizer water collec devic	\$3.58
A7013	NU	Disposable compressor filter	\$0.75
A7014	NU	Compressor nondispos filter	\$4.04
A7015	NU	Aerosol mask used w nebulize	\$1.65
A7016	NU	Nebulizer dome & mouthpiece	\$6.52
A7017	NU	Nebulizer not used w oxygen	\$134.04

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A7017	RR	Nebulizer not used w oxygen	\$13.40
A7017	UE	Nebulizer not used w oxygen	\$100.52
A7018		Water distilled w/nebulizer	\$0.38
A7025	NU	Replace chest compress vest	\$434.94
A7026	NU	Replace chst cmprss sys hose	\$28.75
A7030	NU	CPAP full face mask	\$188.64
A7031	NU	Replacement facemask interfa	\$69.77
A7032	NU	Replacement nasal cushion	\$40.53
A7033	NU	Replacement nasal pillows	\$28.41
A7034	NU	Nasal application device	\$117.64
A7035	NU	Pos airway press headgear	\$35.42
A7036	NU	Pos airway press chinstrap	\$18.20
A7037	NU	Pos airway pressure tubing	\$39.21
A7038	NU	Pos airway pressure filter	\$4.58
A7039	NU	Filter, non disposable w pap	\$15.33
A7040		One way chest drain valve	\$36.86
A7041		Water seal drain container	\$69.26
A7042		Implanted pleural catheter	\$154.13
A7043		Vacuum drainagebottle/tubing	\$21.92
A7044	NU	PAP oral interface	\$120.91
A7045	NU	Repl exhalation port for PAP	\$19.47
A7045	RR	Repl exhalation port for PAP	\$1.95
A7045	UE	Repl exhalation port for PAP	\$14.60
A7046	NU	Repl water chamber, PAP dev	\$19.51
A7501		Tracheostoma valve w diaphra	\$105.03
A7502		Replacement diaphragm/fplate	\$49.91
A7503		HMES filter holder or cap	\$11.33
A7504		Tracheostoma HMES filter	\$0.67
A7505		HMES or trach valve housing	\$4.68
A7506		HMES/trachvalve adhesivedisk	\$0.33
A7507		Integrated filter & holder	\$2.49
A7508		Housing & Integrated Adhesiv	\$2.87
A7509		Heat & moisture exchange sys	\$1.41
A7520		Trach/laryn tube non-cuffed	\$47.48
A7521		Trach/laryn tube cuffed	\$47.05
A7522		Trach/laryn tube stainless	\$45.16
A7524		Tracheostoma stent/stud/bttn	\$77.40
A7525		Tracheostomy mask	\$2.07
A7526		Tracheostomy tube collar	\$3.37
A7527		Trach/laryn tube plug/stop	\$3.58
E0100	NU	Cane adjust/fixd with tip	\$18.75
E0100	RR	Cane adjust/fixd with tip	\$5.05
E0100	UE	Cane adjust/fixd with tip	\$14.52
E0105	NU	Cane adjust/fixd quad/3 pro	\$49.11
E0105	RR	Cane adjust/fixd quad/3 pro	\$7.53
E0105	UE	Cane adjust/fixd quad/3 pro	\$36.24
E0110	NU	Crutch forearm pair	\$72.57
E0110	RR	Crutch forearm pair	\$13.59
E0110	UE	Crutch forearm pair	\$54.42
E0111	NU	Crutch forearm each	\$53.26
E0111	RR	Crutch forearm each	\$8.33
E0111	UE	Crutch forearm each	\$41.10

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E0112	NU	Crutch underarm pair wood	\$37.00
E0112	RR	Crutch underarm pair wood	\$8.44
E0112	UE	Crutch underarm pair wood	\$28.23
E0113	NU	Crutch underarm each wood	\$21.13
E0113	RR	Crutch underarm each wood	\$5.15
E0113	UE	Crutch underarm each wood	\$15.86
E0114	NU	Crutch underarm pair no wood	\$47.19
E0114	RR	Crutch underarm pair no wood	\$8.57
E0114	UE	Crutch underarm pair no wood	\$35.67
E0116	NU	Crutch underarm each no wood	\$23.79
E0116	RR	Crutch underarm each no wood	\$5.40
E0116	UE	Crutch underarm each no wood	\$17.84
E0117	NU	Underarm springassist crutch	\$192.71
E0117	RR	Underarm springassist crutch	\$19.26
E0117	UE	Underarm springassist crutch	\$144.55
E0130	NU	Walker rigid adjust/fixd ht	\$70.08
E0130	RR	Walker rigid adjust/fixd ht	\$16.82
E0130	UE	Walker rigid adjust/fixd ht	\$52.51
E0135	NU	Walker folding adjust/fixd	\$74.47
E0135	RR	Walker folding adjust/fixd	\$17.26
E0135	UE	Walker folding adjust/fixd	\$54.67
E0140	NU	Walker w trunk support	\$360.71
E0140	RR	Walker w trunk support	\$36.08
E0140	UE	Walker w trunk support	\$270.54
E0141	NU	Rigid wheeled walker adj/fix	\$115.29
E0141	RR	Rigid wheeled walker adj/fix	\$22.36
E0141	UE	Rigid wheeled walker adj/fix	\$86.47
E0143	NU	Walker folding wheeled w/o s	\$120.23
E0143	RR	Walker folding wheeled w/o s	\$21.59
E0143	UE	Walker folding wheeled w/o s	\$89.98
E0144	NU	Enclosed walker w rear seat	\$318.45
E0144	RR	Enclosed walker w rear seat	\$27.08
E0144	UE	Enclosed walker w rear seat	\$203.01
E0147	NU	Walker variable wheel resist	\$574.81
E0147	RR	Walker variable wheel resist	\$57.48
E0147	UE	Walker variable wheel resist	\$431.13
E0148	NU	Heavyduty walker no wheels	\$127.05
E0148	RR	Heavyduty walker no wheels	\$12.72
E0148	UE	Heavyduty walker no wheels	\$95.28
E0149	NU	Heavy duty wheeled walker	\$223.20
E0149	RR	Heavy duty wheeled walker	\$22.32
E0149	UE	Heavy duty wheeled walker	\$167.39
E0153	NU	Forearm crutch platform atta	\$69.38
E0153	RR	Forearm crutch platform atta	\$7.84
E0153	UE	Forearm crutch platform atta	\$52.03
E0154	NU	Walker platform attachment	\$70.51
E0154	RR	Walker platform attachment	\$8.56
E0154	UE	Walker platform attachment	\$53.57
E0155	NU	Walker wheel attachment,pair	\$31.56
E0155	RR	Walker wheel attachment,pair	\$3.85
E0155	UE	Walker wheel attachment,pair	\$24.05
E0156	NU	Walker seat attachment	\$26.43



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E0156	RR	Walker seat attachment	\$3.38
E0156	UE	Walker seat attachment	\$19.85
E0157	NU	Walker crutch attachment	\$69.63
E0157	RR	Walker crutch attachment	\$8.99
E0157	UE	Walker crutch attachment	\$52.23
E0158	NU	Walker leg extenders set of4	\$32.18
E0158	RR	Walker leg extenders set of4	\$3.55
E0158	UE	Walker leg extenders set of4	\$24.29
E0159	NU	Brake for wheeled walker	\$17.81
E0159	RR	Brake for wheeled walker	\$1.80
E0159	UE	Brake for wheeled walker	\$13.38
E0160	NU	Sitz type bath or equipment	\$28.10
E0160	RR	Sitz type bath or equipment	\$4.33
E0160	UE	Sitz type bath or equipment	\$21.05
E0161	NU	Sitz bath/equipment w/faucet	\$26.23
E0161	RR	Sitz bath/equipment w/faucet	\$3.57
E0161	UE	Sitz bath/equipment w/faucet	\$19.64
E0162	NU	Sitz bath chair	\$145.70
E0162	RR	Sitz bath chair	\$15.29
E0162	UE	Sitz bath chair	\$113.00
E0163	NU	Commode chair stationry fxd	\$110.29
E0163	RR	Commode chair stationry fxd	\$24.43
E0163	UE	Commode chair stationry fxd	\$76.95
E0164	NU	Commode chair mobile fixed a	\$181.40
E0164	RR	Commode chair mobile fixed a	\$26.43
E0164	UE	Commode chair mobile fixed a	\$115.64
E0165	RR	Commode chair stationry det	\$18.22
E0166	RR	Commode chair mobile detach	\$26.47
E0167	NU	Commode chair pail or pan	\$12.00
E0167	RR	Commode chair pail or pan	\$1.26
E0167	UE	Commode chair pail or pan	\$9.04
E0168	NU	Heavyduty/wide commode chair	\$150.92
E0168	RR	Heavyduty/wide commode chair	\$15.17
E0168	UE	Heavyduty/wide commode chair	\$113.18
E0169	RR	Seatlift incorp commodechair	\$47.20
E0175	NU	Commode chair foot rest	\$66.23
E0175	RR	Commode chair foot rest	\$5.63
E0175	UE	Commode chair foot rest	\$41.43
E0180	RR	Press pad alternating w pump	\$20.37
E0181	RR	Press pad alternating w/ pum	\$22.60
E0182	RR	Pressure pad alternating pum	\$26.18
E0184	NU	Dry pressure mattress	\$165.50
E0184	RR	Dry pressure mattress	\$24.57
E0184	UE	Dry pressure mattress	\$126.92
E0185	NU	Gel pressure mattress pad	\$271.88
E0185	RR	Gel pressure mattress pad	\$44.94
E0185	UE	Gel pressure mattress pad	\$208.66
E0186	RR	Air pressure mattress	\$20.30
E0187	RR	Water pressure mattress	\$22.57
E0188	NU	Synthetic sheepskin pad	\$26.43
E0188	RR	Synthetic sheepskin pad	\$3.10
E0188	UE	Synthetic sheepskin pad	\$19.85

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E0189	NU	Lambswool sheepskin pad	\$44.17
E0189	RR	Lambswool sheepskin pad	\$5.63
E0189	UE	Lambswool sheepskin pad	\$33.13
E0191	NU	Protector heel or elbow	\$9.99
E0191	RR	Protector heel or elbow	\$1.02
E0191	UE	Protector heel or elbow	\$7.46
E0193	RR	Powered air flotation bed	\$869.41
E0194	RR	Air fluidized bed	\$3,149.86
E0196	RR	Gel pressure mattress	\$27.62
E0197	NU	Air pressure pad for mattres	\$188.34
E0197	RR	Air pressure pad for mattres	\$30.57
E0197	UE	Air pressure pad for mattres	\$165.44
E0198	NU	Water pressure pad for mattr	\$188.34
E0198	RR	Water pressure pad for mattr	\$22.95
E0198	UE	Water pressure pad for mattr	\$142.92
E0199	NU	Dry pressure pad for mattres	\$32.05
E0199	RR	Dry pressure pad for mattres	\$3.19
E0199	UE	Dry pressure pad for mattres	\$24.04
E0200	NU	Heat lamp without stand	\$67.39
E0200	RR	Heat lamp without stand	\$10.76
E0200	UE	Heat lamp without stand	\$50.57
E0202	RR	Phototherapy light w/ photom	\$62.61
E0205	NU	Heat lamp with stand	\$164.95
E0205	RR	Heat lamp with stand	\$19.85
E0205	UE	Heat lamp with stand	\$123.71
E0210	NU	Electric heat pad standard	\$32.64
E0210	RR	Electric heat pad standard	\$3.07
E0210	UE	Electric heat pad standard	\$24.48
E0215	NU	Electric heat pad moist	\$60.21
E0215	RR	Electric heat pad moist	\$6.62
E0215	UE	Electric heat pad moist	\$45.17
E0217	NU	Water circ heat pad w pump	\$422.00
E0217	RR	Water circ heat pad w pump	\$46.99
E0217	UE	Water circ heat pad w pump	\$316.47
E0220	NU	Hot water bottle	\$7.20
E0220	RR	Hot water bottle	\$0.76
E0220	UE	Hot water bottle	\$5.38
E0225	NU	Hydrocollator unit	\$330.35
E0225	RR	Hydrocollator unit	\$32.56
E0225	UE	Hydrocollator unit	\$247.76
E0230	NU	Ice cap or collar	\$7.21
E0230	RR	Ice cap or collar	\$0.81
E0230	UE	Ice cap or collar	\$5.39
E0235	RR	Paraffin bath unit portable	\$17.26
E0236	RR	Pump for water circulating p	\$38.28
E0238	NU	Heat pad non-electric moist	\$27.03
E0238	RR	Heat pad non-electric moist	\$2.72
E0238	UE	Heat pad non-electric moist	\$19.88
E0239	NU	Hydrocollator unit portable	\$449.83
E0239	RR	Hydrocollator unit portable	\$44.99
E0239	UE	Hydrocollator unit portable	\$337.39
E0249	NU	Pad water circulating heat u	\$99.60

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E0249	RR	Pad water circulating heat u	\$10.95
E0249	UE	Pad water circulating heat u	\$74.70
E0250	RR	Hosp bed fixed ht w/ mattres	\$92.92
E0251	RR	Hosp bed fixd ht w/o mattres	\$67.67
E0255	RR	Hospital bed var ht w/ mattr	\$101.58
E0256	RR	Hospital bed var ht w/o matt	\$70.85
E0260	RR	Hosp bed semi-electr w/ matt	\$140.46
E0261	RR	Hosp bed semi-electr w/o mat	\$116.40
E0265	RR	Hosp bed total electr w/ mat	\$192.12
E0266	RR	Hosp bed total elec w/o matt	\$177.59
E0271	NU	Mattress innerspring	\$211.19
E0271	RR	Mattress innerspring	\$23.06
E0271	UE	Mattress innerspring	\$158.37
E0272	NU	Mattress foam rubber	\$194.91
E0272	RR	Mattress foam rubber	\$21.13
E0272	UE	Mattress foam rubber	\$146.18
E0275	NU	Bed pan standard	\$15.31
E0275	RR	Bed pan standard	\$1.60
E0275	UE	Bed pan standard	\$11.48
E0276	NU	Bed pan fracture	\$13.30
E0276	RR	Bed pan fracture	\$1.57
E0276	UE	Bed pan fracture	\$10.52
E0277	RR	Powered pres-redu air mattrs	\$645.46
E0280	NU	Bed cradle	\$37.00
E0280	RR	Bed cradle	\$4.11
E0280	UE	Bed cradle	\$27.75
E0290	RR	Hosp bed fx ht w/o rails w/m	\$63.53
E0291	RR	Hosp bed fx ht w/o rail w/o	\$46.16
E0292	RR	Hosp bed var ht w/o rail w/o	\$71.43
E0293	RR	Hosp bed var ht w/o rail w/	\$68.69
E0294	RR	Hosp bed semi-elect w/ mattr	\$111.47
E0295	RR	Hosp bed semi-elect w/o matt	\$111.47
E0296	RR	Hosp bed total elect w/ matt	\$140.95
E0297	RR	Hosp bed total elect w/o mat	\$140.67
E0300	NU	Enclosed ped crib hosp grade	\$2,838.62
E0300	RR	Enclosed ped crib hosp grade	\$283.86
E0300	UE	Enclosed ped crib hosp grade	\$2,128.96
E0301	RR	HD hosp bed, 350-600 lbs	\$252.58
E0302	RR	Ex hd hosp bed > 600 lbs	\$715.44
E0303	RR	Hosp bed hvy dty xtra wide	\$285.83
E0304	RR	Hosp bed xtra hvy dty x wide	\$770.67
E0305	RR	Rails bed side half length	\$15.12
E0310	NU	Rails bed side full length	\$194.14
E0310	RR	Rails bed side full length	\$22.76
E0310	UE	Rails bed side full length	\$146.91
E0316	RR	Bed safety enclosure	\$211.28
E0325	NU	Urinal male jug-type	\$8.59
E0325	RR	Urinal male jug-type	\$1.51
E0325	UE	Urinal male jug-type	\$6.17
E0326	NU	Urinal female jug-type	\$10.50
E0326	RR	Urinal female jug-type	\$1.19
E0326	UE	Urinal female jug-type	\$7.87

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E0371	RR	Nonpower mattress overlay	\$417.09
E0372	RR	Powered air mattress overlay	\$506.09
E0373	RR	Nonpowered pressure mattress	\$579.75
E0424	RR	Stationary compressed gas O2	\$200.41
E0431	RR	Portable gaseous O2	\$32.07
E0434	RR	Portable liquid O2	\$32.07
E0439	RR	Stationary liquid O2	\$200.41
E0441		Oxygen contents, gaseous	\$162.98
E0442		Oxygen contents, liquid	\$162.98
E0443		Portable O2 contents, gas	\$21.41
E0444		Portable O2 contents, liquid	\$21.41
E0450	RR	Vol control vent invasiv int	\$954.52
E0457	NU	Chest shell	\$614.51
E0457	RR	Chest shell	\$61.45
E0457	UE	Chest shell	\$460.85
E0459	RR	Chest wrap	\$50.89
E0460	RR	Neg press vent portabl/statn	\$623.53
E0461	RR	Vol control vent noninv int	\$1,002.05
E0462	RR	Rocking bed w/ or w/o side r	\$291.40
E0463	RR	Press supp vent invasive int	\$1,406.38
E0464	RR	Press supp vent noninv int	\$1,406.38
E0470	RR	RAD w/o backup non-inv intrfc	\$218.11
E0471	RR	RAD w/backup non inv intrfc	\$545.84
E0472	RR	RAD w backup invasive intrfc	\$545.84
E0480	RR	Percussor elect/pneum home m	\$43.94
E0482	RR	Cough stimulating device	\$403.53
E0483	RR	Chest compression gen system	\$1,063.13
E0484	NU	Non-elec oscillatory pep dvc	\$36.92
E0484	RR	Non-elec oscillatory pep dvc	\$3.69
E0484	UE	Non-elec oscillatory pep dvc	\$27.70
E0500	RR	Ippb all types	\$109.77
E0550	RR	Humidif extens supple w ippb	\$50.13
E0560	NU	Humidifier supplemental w/ i	\$145.79
E0560	RR	Humidifier supplemental w/ i	\$17.09
E0560	UE	Humidifier supplemental w/ i	\$109.34
E0561	NU	Humidifier nonheated w PAP	\$107.00
E0561	RR	Humidifier nonheated w PAP	\$10.69
E0561	UE	Humidifier nonheated w PAP	\$80.24
E0562	NU	Humidifier heated used w PAP	\$301.22
E0562	RR	Humidifier heated used w PAP	\$30.11
E0562	UE	Humidifier heated used w PAP	\$225.91
E0565	RR	Compressor air power source	\$51.86
E0570	RR	Nebulizer with compression	\$16.10
E0571	RR	Aerosol compressor for svneb	\$28.28
E0572	RR	Aerosol compressor adjust pr	\$35.93
E0574	RR	Ultrasonic generator w svneb	\$37.97
E0575	RR	Nebulizer ultrasonic	\$102.78
E0580	NU	Nebulizer for use w/ regulat	\$134.04
E0580	RR	Nebulizer for use w/ regulat	\$13.40
E0580	UE	Nebulizer for use w/ regulat	\$100.52
E0585	RR	Nebulizer w/ compressor & he	\$35.07
E0600	RR	Suction pump portab hom modl	\$44.03

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E0601	RR	Cont airway pressure device	\$100.10
E0602	NU	Manual breast pump	\$29.52
E0602	RR	Manual breast pump	\$2.96
E0602	UE	Manual breast pump	\$22.14
E0605	NU	Vaporizer room type	\$26.43
E0605	RR	Vaporizer room type	\$3.07
E0605	UE	Vaporizer room type	\$21.77
E0606	RR	Drainage board postural	\$19.50
E0607	NU	Blood glucose monitor home	\$66.82
E0607	RR	Blood glucose monitor home	\$6.68
E0607	UE	Blood glucose monitor home	\$50.10
E0610	NU	Pacemaker monitr audible/vis	\$237.86
E0610	RR	Pacemaker monitr audible/vis	\$25.09
E0610	UE	Pacemaker monitr audible/vis	\$178.42
E0615	NU	Pacemaker monitr digital/vis	\$421.54
E0615	RR	Pacemaker monitr digital/vis	\$58.50
E0615	UE	Pacemaker monitr digital/vis	\$316.16
E0617	RR	Automatic ext defibrillator	\$304.05
E0618	RR	Apnea monitor	\$245.23
E0619	RR	Apnea monitor w recorder	\$0.00
E0620	NU	Cap bld skin piercing laser	\$874.39
E0620	RR	Cap bld skin piercing laser	\$87.43
E0620	UE	Cap bld skin piercing laser	\$655.79
E0621	NU	Patient lift sling or seat	\$81.59
E0621	RR	Patient lift sling or seat	\$9.25
E0621	UE	Patient lift sling or seat	\$61.51
E0627	NU	Seat lift incorp lift-chair	\$330.71
E0627	RR	Seat lift incorp lift-chair	\$33.08
E0627	UE	Seat lift incorp lift-chair	\$248.01
E0628	NU	Seat lift for pt furn-electr	\$330.71
E0628	RR	Seat lift for pt furn-electr	\$33.08
E0628	UE	Seat lift for pt furn-electr	\$248.01
E0629	NU	Seat lift for pt furn-non-el	\$330.71
E0629	RR	Seat lift for pt furn-non-el	\$33.08
E0629	UE	Seat lift for pt furn-non-el	\$248.01
E0630	RR	Patient lift hydraulic	\$96.83
E0635	RR	Patient lift electric	\$104.01
E0636	RR	PT support & positioning sys	\$1,054.56
E0650	NU	Pneuma compresor non-segment	\$654.14
E0650	RR	Pneuma compresor non-segment	\$88.87
E0650	UE	Pneuma compresor non-segment	\$490.62
E0651	NU	Pneum compresor segmental	\$918.42
E0651	RR	Pneum compresor segmental	\$91.85
E0651	UE	Pneum compresor segmental	\$688.82
E0652	NU	Pneum compres w/cal pressure	\$4,506.23
E0652	RR	Pneum compres w/cal pressure	\$445.36
E0652	UE	Pneum compres w/cal pressure	\$3,929.74
E0655	NU	Pneumatic appliance half arm	\$104.55
E0655	RR	Pneumatic appliance half arm	\$12.68
E0655	UE	Pneumatic appliance half arm	\$78.39
E0660	NU	Pneumatic appliance full leg	\$159.75
E0660	RR	Pneumatic appliance full leg	\$16.63

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E0660	UE	Pneumatic appliance full leg	\$110.39
E0665	NU	Pneumatic appliance full arm	\$116.44
E0665	RR	Pneumatic appliance full arm	\$14.07
E0665	UE	Pneumatic appliance full arm	\$87.45
E0666	NU	Pneumatic appliance half leg	\$138.08
E0666	RR	Pneumatic appliance half leg	\$14.23
E0666	UE	Pneumatic appliance half leg	\$103.59
E0667	NU	Seg pneumatic appl full leg	\$323.77
E0667	RR	Seg pneumatic appl full leg	\$32.38
E0667	UE	Seg pneumatic appl full leg	\$242.82
E0668	NU	Seg pneumatic appl full arm	\$375.60
E0668	RR	Seg pneumatic appl full arm	\$37.07
E0668	UE	Seg pneumatic appl full arm	\$281.71
E0669	NU	Seg pneumatic appli half leg	\$174.06
E0669	RR	Seg pneumatic appli half leg	\$17.41
E0669	UE	Seg pneumatic appli half leg	\$130.56
E0671	NU	Pressure pneum appl full leg	\$415.35
E0671	RR	Pressure pneum appl full leg	\$41.54
E0671	UE	Pressure pneum appl full leg	\$311.50
E0672	NU	Pressure pneum appl full arm	\$322.73
E0672	RR	Pressure pneum appl full arm	\$32.28
E0672	UE	Pressure pneum appl full arm	\$242.06
E0673	NU	Pressure pneum appl half leg	\$268.17
E0673	RR	Pressure pneum appl half leg	\$26.82
E0673	UE	Pressure pneum appl half leg	\$201.15
E0675	RR	Pneumatic compression device	\$384.55
E0691	NU	Uvl pnl 2 sq ft or less	\$898.59
E0691	RR	Uvl pnl 2 sq ft or less	\$89.86
E0691	UE	Uvl pnl 2 sq ft or less	\$673.94
E0692	NU	Uvl sys panel 4 ft	\$1,128.37
E0692	RR	Uvl sys panel 4 ft	\$112.83
E0692	UE	Uvl sys panel 4 ft	\$846.29
E0693	NU	Uvl sys panel 6 ft	\$1,390.98
E0693	RR	Uvl sys panel 6 ft	\$139.10
E0693	UE	Uvl sys panel 6 ft	\$1,043.24
E0694	NU	Uvl md cabinet sys 6 ft	\$4,427.34
E0694	RR	Uvl md cabinet sys 6 ft	\$442.73
E0694	UE	Uvl md cabinet sys 6 ft	\$3,320.53
E0701	NU	Helmet w face guard prefab	\$153.35
E0701	RR	Helmet w face guard prefab	\$15.33
E0701	UE	Helmet w face guard prefab	\$115.03
E0720	NU	Tens two lead	\$367.58
E0720	RR	Tens two lead	\$37.00
E0730	NU	Tens four lead	\$370.56
E0730	RR	Tens four lead	\$37.00
E0731	NU	Conductive garment for tens/	\$356.69
E0740	NU	Incontinence treatment systm	\$522.87
E0740	RR	Incontinence treatment systm	\$52.29
E0740	UE	Incontinence treatment systm	\$392.18
E0744	RR	Neuromuscular stim for scoli	\$91.57
E0745	RR	Neuromuscular stim for shock	\$89.51
E0747	NU	Elec osteogen stim not spine	\$3,585.85

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E0747	RR	Elec osteogen stim not spine	\$358.57
E0747	UE	Elec osteogen stim not spine	\$2,689.39
E0748	NU	Elec osteogen stim spinal	\$3,696.01
E0748	RR	Elec osteogen stim spinal	\$369.60
E0748	UE	Elec osteogen stim spinal	\$2,772.02
E0749	RR	Elec osteogen stim implanted	\$270.14
E0752		Neurostimulator electrode	\$361.63
E0754		Pulsegenerator pt programmer	\$1,153.54
E0756		Implantable pulse generator	\$6,569.18
E0757		Implantable RF receiver	\$4,693.57
E0758		External RF transmitter	\$4,131.42
E0759		Replace rdfrquncy transmitttr	\$546.09
E0760	NU	Osteogen ultrasound stimltor	\$3,071.32
E0760	RR	Osteogen ultrasound stimltor	\$307.14
E0760	UE	Osteogen ultrasound stimltor	\$2,303.49
E0765	NU	Nerve stimulator for tx n&v	\$84.13
E0765	RR	Nerve stimulator for tx n&v	\$8.43
E0765	UE	Nerve stimulator for tx n&v	\$63.12
E0776	NU	Iv pole	\$121.69
E0776	RR	Iv pole	\$18.65
E0776	UE	Iv pole	\$89.53
E0779	RR	Amb infusion pump mechanical	\$16.73
E0780	NU	Mech amb infusion pump <8hrs	\$10.37
E0781	RR	External ambulatory infus pu	\$225.14
E0782	NU	Non-programble infusion pump	\$4,078.58
E0782	RR	Non-programble infusion pump	\$407.87
E0782	UE	Non-programble infusion pump	\$3,058.94
E0783	NU	Programmable infusion pump	\$7,420.86
E0783	RR	Programmable infusion pump	\$742.10
E0783	UE	Programmable infusion pump	\$5,565.66
E0784	RR	Ext amb infusn pump insulin	\$417.57
E0785	KF	Replacement impl pump cathet	\$381.53
E0786	NU	Implantable pump replacement	\$7,312.42
E0786	RR	Implantable pump replacement	\$731.24
E0786	UE	Implantable pump replacement	\$5,484.33
E0791	RR	Parenteral infusion pump sta	\$268.77
E0840	NU	Tract frame attach headboard	\$62.29
E0840	RR	Tract frame attach headboard	\$13.87
E0840	UE	Tract frame attach headboard	\$46.69
E0849	NU	Cervical pneum trac equip	\$515.31
E0849	RR	Cervical pneum trac equip	\$51.53
E0849	UE	Cervical pneum trac equip	\$386.46
E0850	NU	Traction stand free standing	\$89.30
E0850	RR	Traction stand free standing	\$12.27
E0850	UE	Traction stand free standing	\$66.98
E0855	NU	Cervical traction equipment	\$502.63
E0855	RR	Cervical traction equipment	\$50.26
E0855	UE	Cervical traction equipment	\$376.96
E0860	NU	Tract equip cervical tract	\$34.04
E0860	RR	Tract equip cervical tract	\$6.51
E0860	UE	Tract equip cervical tract	\$25.53
E0870	NU	Tract frame attach footboard	\$105.06

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E0870	RR	Tract frame attach footboard	\$13.22
E0870	UE	Tract frame attach footboard	\$78.80
E0880	NU	Trac stand free stand extrem	\$106.71
E0880	RR	Trac stand free stand extrem	\$19.71
E0880	UE	Trac stand free stand extrem	\$80.77
E0890	NU	Traction frame attach pelvic	\$102.35
E0890	RR	Traction frame attach pelvic	\$32.83
E0890	UE	Traction frame attach pelvic	\$82.44
E0900	NU	Trac stand free stand pelvic	\$108.90
E0900	RR	Trac stand free stand pelvic	\$27.62
E0900	UE	Trac stand free stand pelvic	\$81.70
E0910	RR	Trapeze bar attached to bed	\$19.56
E0920	RR	Fracture frame attached to b	\$39.69
E0930	RR	Fracture frame free standing	\$39.69
E0935	RR	Exercise device passive moti	\$22.73
E0940	RR	Trapeze bar free standing	\$31.68
E0941	RR	Gravity assisted traction de	\$38.73
E0942	NU	Cervical head harness/halter	\$19.85
E0942	RR	Cervical head harness/halter	\$2.34
E0942	UE	Cervical head harness/halter	\$14.88
E0944	NU	Pelvic belt/harness/boot	\$41.03
E0944	RR	Pelvic belt/harness/boot	\$4.60
E0944	UE	Pelvic belt/harness/boot	\$30.78
E0945	NU	Belt/harness extremity	\$44.32
E0945	RR	Belt/harness extremity	\$4.44
E0945	UE	Belt/harness extremity	\$34.31
E0946	RR	Fracture frame dual w cross	\$59.16
E0947	NU	Fracture frame attachmnts pe	\$606.46
E0947	RR	Fracture frame attachmnts pe	\$62.89
E0947	UE	Fracture frame attachmnts pe	\$454.84
E0948	NU	Fracture frame attachmnts ce	\$586.59
E0948	RR	Fracture frame attachmnts ce	\$58.64
E0948	UE	Fracture frame attachmnts ce	\$413.70
E0950	NU	Tray	\$103.95
E0950	RR	Tray	\$10.41
E0950	UE	Tray	\$77.97
E0951	NU	Loop heel	\$18.98
E0951	RR	Loop heel	\$1.90
E0951	UE	Loop heel	\$14.22
E0952	NU	Toe loop/holder, each	\$18.83
E0952	RR	Toe loop/holder, each	\$1.89
E0952	UE	Toe loop/holder, each	\$14.13
E0955	NU	Cushioned headrest	\$202.18
E0955	RR	Cushioned headrest	\$20.23
E0955	UE	Cushioned headrest	\$151.63
E0956	NU	W/c lateral trunk/hip suppor	\$98.58
E0956	RR	W/c lateral trunk/hip suppor	\$9.87
E0956	UE	W/c lateral trunk/hip suppor	\$73.93
E0957	NU	W/c medial thigh support	\$137.93
E0957	RR	W/c medial thigh support	\$13.79
E0957	UE	W/c medial thigh support	\$103.45
E0958	RR	Whlchr att- conv 1 arm drive	\$42.41



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E0959	NU	Amputee adapter	\$44.21
E0959	RR	Amputee adapter	\$4.45
E0959	UE	Amputee adapter	\$33.46
E0960	NU	W/c shoulder harness/straps	\$90.98
E0960	RR	W/c shoulder harness/straps	\$9.10
E0960	UE	W/c shoulder harness/straps	\$68.24
E0961	NU	Wheelchair brake extension	\$25.28
E0961	RR	Wheelchair brake extension	\$2.64
E0961	UE	Wheelchair brake extension	\$12.63
E0966	NU	Wheelchair head rest extensi	\$64.73
E0966	RR	Wheelchair head rest extensi	\$6.47
E0966	UE	Wheelchair head rest extensi	\$48.55
E0967	NU	Wheelchair hand rims	\$65.66
E0967	RR	Wheelchair hand rims	\$6.56
E0967	UE	Wheelchair hand rims	\$49.25
E0968	RR	Wheelchair commode seat	\$17.93
E0969	NU	Wheelchair narrowing device	\$146.19
E0969	RR	Wheelchair narrowing device	\$14.63
E0969	UE	Wheelchair narrowing device	\$109.64
E0971	NU	Wheelchair anti-tipping devi	\$63.00
E0971	RR	Wheelchair anti-tipping devi	\$6.34
E0971	UE	Wheelchair anti-tipping devi	\$47.27
E0972	NU	Transfer board or device	\$47.23
E0972	RR	Transfer board or device	\$4.77
E0972	UE	Transfer board or device	\$35.44
E0973	NU	W/Ch access det adj armrest	\$114.97
E0973	RR	W/Ch access det adj armrest	\$10.95
E0973	UE	W/Ch access det adj armrest	\$86.23
E0974	NU	W/Ch access anti-rollback	\$78.41
E0974	RR	W/Ch access anti-rollback	\$8.31
E0974	UE	W/Ch access anti-rollback	\$59.25
E0977	NU	Wheelchair wedge cushion	\$62.10
E0977	RR	Wheelchair wedge cushion	\$6.22
E0977	UE	Wheelchair wedge cushion	\$46.59
E0978	NU	W/C acc,saf belt pelv strap	\$42.70
E0978	RR	W/C acc,saf belt pelv strap	\$4.28
E0978	UE	W/C acc,saf belt pelv strap	\$31.66
E0980	NU	Wheelchair safety vest	\$33.06
E0980	RR	Wheelchair safety vest	\$3.30
E0980	UE	Wheelchair safety vest	\$24.66
E0981	NU	Seat upholstery, replacement	\$47.15
E0981	RR	Seat upholstery, replacement	\$4.80
E0981	UE	Seat upholstery, replacement	\$35.70
E0982	NU	Back upholstery, replacement	\$51.53
E0982	RR	Back upholstery, replacement	\$5.15
E0982	UE	Back upholstery, replacement	\$38.64
E0983	RR	Add pwr joystick	\$235.02
E0984	NU	Add pwr tiller	\$1,623.99
E0984	RR	Add pwr tiller	\$151.01
E0984	UE	Add pwr tiller	\$1,253.13
E0985	NU	W/c seat lift mechanism	\$202.85
E0985	RR	W/c seat lift mechanism	\$20.30

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E0985	UE	W/c seat lift mechanism	\$152.12
E0986	NU	Man w/c push-rim pow assist	\$4,864.24
E0986	RR	Man w/c push-rim pow assist	\$486.43
E0986	UE	Man w/c push-rim pow assist	\$3,648.20
E0990	NU	Whellchair elevating leg res	\$99.82
E0990	RR	Whellchair elevating leg res	\$13.22
E0990	UE	Whellchair elevating leg res	\$77.99
E0992	NU	Wheelchair solid seat insert	\$80.88
E0992	RR	Wheelchair solid seat insert	\$7.86
E0992	UE	Wheelchair solid seat insert	\$60.66
E0994	NU	Wheelchair arm rest	\$16.81
E0994	RR	Wheelchair arm rest	\$1.68
E0994	UE	Wheelchair arm rest	\$12.62
E0995	NU	Wheelchair calf rest	\$26.43
E0995	RR	Wheelchair calf rest	\$2.65
E0995	UE	Wheelchair calf rest	\$19.85
E0997	NU	Wheelchair caster w/ a fork	\$66.51
E0997	RR	Wheelchair caster w/ a fork	\$7.13
E0997	UE	Wheelchair caster w/ a fork	\$49.89
E0998	NU	Wheelchair caster w/o a fork	\$38.28
E0998	RR	Wheelchair caster w/o a fork	\$3.96
E0998	UE	Wheelchair caster w/o a fork	\$28.73
E0999	NU	Wheelchr pneumatic tire w/wh	\$114.97
E0999	RR	Wheelchr pneumatic tire w/wh	\$11.51
E0999	UE	Wheelchr pneumatic tire w/wh	\$86.23
E1001	NU	Wheelchair wheel	\$98.06
E1001	RR	Wheelchair wheel	\$10.29
E1001	UE	Wheelchair wheel	\$73.55
E1002	NU	Pwr seat tilt	\$4,113.02
E1002	RR	Pwr seat tilt	\$411.33
E1002	UE	Pwr seat tilt	\$3,084.76
E1003	NU	Pwr seat recline	\$4,391.30
E1003	RR	Pwr seat recline	\$439.14
E1003	UE	Pwr seat recline	\$3,293.48
E1004	NU	Pwr seat recline mech	\$4,869.05
E1004	RR	Pwr seat recline mech	\$486.90
E1004	UE	Pwr seat recline mech	\$3,651.77
E1005	NU	Pwr seat recline pwr	\$5,270.36
E1005	RR	Pwr seat recline pwr	\$527.03
E1005	UE	Pwr seat recline pwr	\$3,952.78
E1006	NU	Pwr seat combo w/o shear	\$6,455.70
E1006	RR	Pwr seat combo w/o shear	\$645.55
E1006	UE	Pwr seat combo w/o shear	\$4,841.78
E1007	NU	Pwr seat combo w/shear	\$8,741.27
E1007	RR	Pwr seat combo w/shear	\$874.13
E1007	UE	Pwr seat combo w/shear	\$6,555.94
E1008	NU	Pwr seat combo pwr shear	\$8,742.05
E1008	RR	Pwr seat combo pwr shear	\$874.20
E1008	UE	Pwr seat combo pwr shear	\$6,556.55
E1009	NU	Add mech leg elevation	\$0.00
E1009	RR	Add mech leg elevation	\$0.00
E1009	UE	Add mech leg elevation	\$0.00

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E1010	NU	Add pwr leg elevation	\$1,143.79
E1010	RR	Add pwr leg elevation	\$114.38
E1010	UE	Add pwr leg elevation	\$857.86
E1011	NU	Ped wc modify width adjustm	\$0.00
E1011	RR	Ped wc modify width adjustm	\$0.00
E1011	UE	Ped wc modify width adjustm	\$0.00
E1014	NU	Reclining back add ped w/c	\$365.14
E1014	RR	Reclining back add ped w/c	\$36.52
E1014	UE	Reclining back add ped w/c	\$273.85
E1015	NU	Shock absorber for man w/c	\$114.70
E1015	RR	Shock absorber for man w/c	\$11.46
E1015	UE	Shock absorber for man w/c	\$86.02
E1016	NU	Shock absorber for power w/c	\$131.31
E1016	RR	Shock absorber for power w/c	\$13.14
E1016	UE	Shock absorber for power w/c	\$98.48
E1017	NU	HD shck absrbr for hd man wc	\$0.00
E1017	RR	HD shck absrbr for hd man wc	\$0.00
E1017	UE	HD shck absrbr for hd man wc	\$0.00
E1018	NU	HD shck absrber for hd powwc	\$0.00
E1018	RR	HD shck absrber for hd powwc	\$0.00
E1018	UE	HD shck absrber for hd powwc	\$0.00
E1020	NU	Residual limb support system	\$243.41
E1020	RR	Residual limb support system	\$24.32
E1020	UE	Residual limb support system	\$182.55
E1028	NU	W/c manual swingaway	\$206.54
E1028	RR	W/c manual swingaway	\$20.65
E1028	UE	W/c manual swingaway	\$154.89
E1029	NU	W/c vent tray fixed	\$369.54
E1029	RR	W/c vent tray fixed	\$36.95
E1029	UE	W/c vent tray fixed	\$277.15
E1030	NU	W/c vent tray gimbaled	\$1,165.27
E1030	RR	W/c vent tray gimbaled	\$116.53
E1030	UE	W/c vent tray gimbaled	\$873.96
E1031	RR	Rollabout chair with casters	\$50.51
E1035	RR	Patient transfer system	\$613.20
E1037	RR	Transport chair, ped size	\$108.49
E1038	RR	Transport chair pt wt <250lb	\$40.01
E1039	RR	Transport chair pt wt >=250lb	\$22.65
E1050	RR	Wheelchr fxd full length arms	\$101.84
E1060	RR	Wheelchair detachable arms	\$113.30
E1070	RR	Wheelchair detachable foot r	\$109.53
E1083	RR	Hemi-wheelchair fixed arms	\$72.17
E1084	RR	Hemi-wheelchair detachable a	\$98.10
E1087	RR	Wheelchair lightwt fixed arm	\$116.00
E1088	RR	Wheelchair lightweight det a	\$150.77
E1092	RR	Wheelchair wide w/ leg rests	\$128.51
E1093	RR	Wheelchair wide w/ foot rest	\$110.52
E1100	RR	Whchr s-recl fxd arm leg res	\$103.81
E1110	RR	Wheelchair semi-recl detach	\$101.66
E1150	RR	Wheelchair standard w/ leg r	\$78.16
E1160	RR	Wheelchair fixed arms	\$61.46
E1161	NU	Manual adult wc w tiltinspac	\$2,366.09

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E1161	RR	Manual adult wc w tiltinspac	\$236.61
E1161	UE	Manual adult wc w tiltinspac	\$1,774.57
E1170	RR	Whlchr ampu fxd arm leg rest	\$86.31
E1171	RR	Wheelchair amputee w/o leg r	\$68.67
E1172	RR	Wheelchair amputee detach ar	\$88.30
E1180	RR	Wheelchair amputee w/ foot r	\$94.39
E1190	RR	Wheelchair amputee w/ leg re	\$109.06
E1195	RR	Wheelchair amputee heavy dut	\$106.79
E1200	RR	Wheelchair amputee fixed arm	\$81.21
E1210	RR	Whlchr moto ful arm leg rest	\$379.61
E1211	RR	Wheelchair motorized w/ det	\$418.51
E1221	RR	Wheelchair spec size w foot	\$41.92
E1222	RR	Wheelchair spec size w/ leg	\$67.79
E1223	RR	Wheelchair spec size w foot	\$74.02
E1224	RR	Wheelchair spec size w/ leg	\$81.15
E1225	RR	Manual semi-reclining back	\$45.20
E1226	NU	Manual fully reclining back	\$545.65
E1226	RR	Manual fully reclining back	\$56.16
E1226	UE	Manual fully reclining back	\$409.20
E1227	NU	Wheelchair spec sz spec ht a	\$277.50
E1227	RR	Wheelchair spec sz spec ht a	\$27.30
E1227	UE	Wheelchair spec sz spec ht a	\$208.15
E1228	RR	Wheelchair spec sz spec ht b	\$23.82
E1230	NU	Power operated vehicle	\$2,035.06
E1230	RR	Power operated vehicle	\$222.45
E1230	UE	Power operated vehicle	\$1,520.49
E1231	NU	Rigid ped w/c tilt-in-space	\$0.00
E1231	RR	Rigid ped w/c tilt-in-space	\$0.00
E1231	UE	Rigid ped w/c tilt-in-space	\$0.00
E1232	NU	Folding ped wc tilt-in-space	\$2,138.41
E1232	RR	Folding ped wc tilt-in-space	\$213.85
E1232	UE	Folding ped wc tilt-in-space	\$1,603.82
E1233	NU	Rig ped wc tltnspc w/o seat	\$2,215.73
E1233	RR	Rig ped wc tltnspc w/o seat	\$221.57
E1233	UE	Rig ped wc tltnspc w/o seat	\$1,661.79
E1234	NU	Fld ped wc tltnspc w/o seat	\$1,928.95
E1234	RR	Fld ped wc tltnspc w/o seat	\$192.91
E1234	UE	Fld ped wc tltnspc w/o seat	\$1,446.70
E1235	NU	Rigid ped wc adjustable	\$1,857.43
E1235	RR	Rigid ped wc adjustable	\$185.75
E1235	UE	Rigid ped wc adjustable	\$1,393.07
E1236	NU	Folding ped wc adjustable	\$1,638.73
E1236	RR	Folding ped wc adjustable	\$163.87
E1236	UE	Folding ped wc adjustable	\$1,229.05
E1237	NU	Rgd ped wc adjstabl w/o seat	\$1,653.05
E1237	RR	Rgd ped wc adjstabl w/o seat	\$165.30
E1237	UE	Rgd ped wc adjstabl w/o seat	\$1,239.80
E1238	NU	Fld ped wc adjstabl w/o seat	\$1,723.55
E1238	RR	Fld ped wc adjstabl w/o seat	\$172.37
E1238	UE	Fld ped wc adjstabl w/o seat	\$1,292.64
E1240	RR	Whlchr litwt det arm leg rest	\$103.02
E1270	RR	Wheelchair lightweight leg r	\$76.84

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E1280	RR	Whchr h-duty det arm leg res	\$122.82
E1295	RR	Wheelchair heavy duty fixed	\$118.19
E1296	NU	Wheelchair special seat heig	\$417.92
E1296	RR	Wheelchair special seat heig	\$42.45
E1296	UE	Wheelchair special seat heig	\$313.44
E1297	NU	Wheelchair special seat dept	\$88.92
E1297	RR	Wheelchair special seat dept	\$9.88
E1297	UE	Wheelchair special seat dept	\$66.68
E1298	NU	Wheelchair spec seat depth/w	\$381.91
E1298	RR	Wheelchair spec seat depth/w	\$38.20
E1298	UE	Wheelchair spec seat depth/w	\$286.43
E1310	NU	Whirlpool non-portable	\$2,147.40
E1310	RR	Whirlpool non-portable	\$183.67
E1310	UE	Whirlpool non-portable	\$1,610.55
E1372	NU	Oxy suppl heater for nebuliz	\$163.03
E1372	RR	Oxy suppl heater for nebuliz	\$23.69
E1372	UE	Oxy suppl heater for nebuliz	\$102.58
E1390	RR	Oxygen concentrator	\$200.41
E1391	RR	Oxygen concentrator, dual	\$200.41
E1405	RR	O2/water vapor enrich w/heat	\$235.48
E1406	RR	O2/water vapor enrich w/o he	\$216.51
E1700	NU	Jaw motion rehab system	\$293.11
E1700	RR	Jaw motion rehab system	\$28.75
E1700	UE	Jaw motion rehab system	\$219.84
E1701		Repl cushions for jaw motion	\$10.37
E1702		Repl measr scales jaw motion	\$20.81
E1800	RR	Adjust elbow ext/flex device	\$104.13
E1801	RR	SPS elbow device	\$121.09
E1802	RR	Adjst forearm pro/sup device	\$326.80
E1805	RR	Adjust wrist ext/flex device	\$112.39
E1806	RR	SPS wrist device	\$99.37
E1810	RR	Adjust knee ext/flex device	\$112.39
E1811	RR	SPS knee device	\$125.87
E1815	RR	Adjust ankle ext/flex device	\$112.39
E1816	RR	SPS ankle device	\$127.85
E1818	RR	SPS forearm device	\$130.52
E1820	NU	Soft interface material	\$81.74
E1820	RR	Soft interface material	\$8.17
E1820	UE	Soft interface material	\$61.31
E1821	NU	Replacement interface SPSD	\$105.25
E1821	RR	Replacement interface SPSD	\$10.51
E1821	UE	Replacement interface SPSD	\$78.95
E1825	RR	Adjust finger ext/flex devc	\$112.39
E1830	RR	Adjust toe ext/flex device	\$112.39
E1840	RR	Adj shoulder ext/flex device	\$371.82
E1841	RR	Static str shldr dev rom adj	\$453.00
E2000	RR	Gastric suction pump hme mdl	\$48.62
E2100	NU	Bld glucose monitor w voice	\$634.31
E2100	RR	Bld glucose monitor w voice	\$63.43
E2100	UE	Bld glucose monitor w voice	\$475.75
E2101	NU	Bld glucose monitor w lance	\$188.56
E2101	RR	Bld glucose monitor w lance	\$18.86

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E2101	UE	Bld glucose monitor w lance	\$141.42
E2120	RR	Pulse gen sys tx endolymp fl	\$283.52
E2201	NU	Man w/ch acc seat w>=20ö<24ö	\$373.10
E2201	RR	Man w/ch acc seat w>=20ö<24ö	\$37.31
E2201	UE	Man w/ch acc seat w>=20ö<24ö	\$279.83
E2202	NU	Seat width 24-27 in	\$473.98
E2202	RR	Seat width 24-27 in	\$47.40
E2202	UE	Seat width 24-27 in	\$355.50
E2203	NU	Frame depth less than 22 in	\$479.05
E2203	RR	Frame depth less than 22 in	\$47.89
E2203	UE	Frame depth less than 22 in	\$359.28
E2204	NU	Frame depth 22 to 25 in	\$813.40
E2204	RR	Frame depth 22 to 25 in	\$81.35
E2204	UE	Frame depth 22 to 25 in	\$610.05
E2205	NU	Manual wc accessory, handrim	\$32.67
E2205	RR	Manual wc accessory, handrim	\$3.25
E2205	UE	Manual wc accessory, handrim	\$24.50
E2206	NU	Complete wheel lock assembly	\$40.68
E2206	RR	Complete wheel lock assembly	\$4.06
E2206	UE	Complete wheel lock assembly	\$30.50
E2310	NU	Electro connect btw control	\$1,170.24
E2310	RR	Electro connect btw control	\$117.02
E2310	UE	Electro connect btw control	\$877.68
E2311	NU	Electro connect btw 2 sys	\$2,369.20
E2311	RR	Electro connect btw 2 sys	\$236.93
E2311	UE	Electro connect btw 2 sys	\$1,776.90
E2320	NU	Hand chin control	\$1,025.90
E2320	RR	Hand chin control	\$102.59
E2320	UE	Hand chin control	\$769.45
E2321	NU	Hand interface joystick	\$1,589.10
E2321	RR	Hand interface joystick	\$158.92
E2321	UE	Hand interface joystick	\$1,191.84
E2322	NU	Mult mech switches	\$1,410.36
E2322	RR	Mult mech switches	\$141.03
E2322	UE	Mult mech switches	\$1,057.78
E2323	NU	Special joystick handle	\$69.16
E2323	RR	Special joystick handle	\$6.92
E2323	UE	Special joystick handle	\$51.87
E2324	NU	Chin cup interface	\$43.82
E2324	RR	Chin cup interface	\$4.37
E2324	UE	Chin cup interface	\$32.87
E2325	NU	Sip and puff interface	\$1,346.83
E2325	RR	Sip and puff interface	\$134.70
E2325	UE	Sip and puff interface	\$1,010.13
E2326	NU	Breath tube kit	\$347.14
E2326	RR	Breath tube kit	\$34.73
E2326	UE	Breath tube kit	\$260.34
E2327	NU	Head control interface mech	\$2,612.38
E2327	RR	Head control interface mech	\$261.24
E2327	UE	Head control interface mech	\$1,959.28
E2328	NU	Head/extremity control inter	\$4,955.32
E2328	RR	Head/extremity control inter	\$495.52

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E2328	UE	Head/extremity control inter	\$3,716.50
E2329	NU	Head control nonproportional	\$1,766.13
E2329	RR	Head control nonproportional	\$176.61
E2329	UE	Head control nonproportional	\$1,324.60
E2330	NU	Head control proximity switc	\$3,422.09
E2330	RR	Head control proximity switc	\$342.20
E2330	UE	Head control proximity switc	\$2,566.58
E2340	NU	W/c wdth 20-23 in seat frame	\$358.36
E2340	RR	W/c wdth 20-23 in seat frame	\$35.85
E2340	UE	W/c wdth 20-23 in seat frame	\$268.79
E2341	NU	W/c wdth 24-27 in seat frame	\$537.58
E2341	RR	W/c wdth 24-27 in seat frame	\$53.76
E2341	UE	W/c wdth 24-27 in seat frame	\$403.19
E2342	NU	W/c dpth 20-21 in seat frame	\$447.98
E2342	RR	W/c dpth 20-21 in seat frame	\$44.80
E2342	UE	W/c dpth 20-21 in seat frame	\$335.99
E2343	NU	W/c dpth 22-25 in seat frame	\$716.78
E2343	RR	W/c dpth 22-25 in seat frame	\$71.67
E2343	UE	W/c dpth 22-25 in seat frame	\$537.58
E2351	NU	Electronic SGD interface	\$698.63
E2351	RR	Electronic SGD interface	\$69.88
E2351	UE	Electronic SGD interface	\$523.96
E2360	NU	22nf nonsealed leadacid	\$112.34
E2360	RR	22nf nonsealed leadacid	\$11.29
E2360	UE	22nf nonsealed leadacid	\$84.26
E2361	NU	22nf sealed leadacid battery	\$139.47
E2361	RR	22nf sealed leadacid battery	\$13.95
E2361	UE	22nf sealed leadacid battery	\$104.62
E2362	NU	Gr24 nonsealed leadacid	\$91.98
E2362	RR	Gr24 nonsealed leadacid	\$9.20
E2362	UE	Gr24 nonsealed leadacid	\$68.98
E2363	NU	Gr24 sealed leadacid battery	\$186.00
E2363	RR	Gr24 sealed leadacid battery	\$18.61
E2363	UE	Gr24 sealed leadacid battery	\$139.50
E2364	NU	U1nonsealed leadacid battery	\$112.34
E2364	RR	U1nonsealed leadacid battery	\$11.29
E2364	UE	U1nonsealed leadacid battery	\$84.26
E2365	NU	U1 sealed leadacid battery	\$112.17
E2365	RR	U1 sealed leadacid battery	\$11.22
E2365	UE	U1 sealed leadacid battery	\$84.15
E2366	NU	Battery charger, single mode	\$263.62
E2366	RR	Battery charger, single mode	\$26.43
E2366	UE	Battery charger, single mode	\$197.72
E2367	NU	Battery charger, dual mode	\$419.08
E2367	RR	Battery charger, dual mode	\$41.91
E2367	UE	Battery charger, dual mode	\$314.31
E2368	NU	Power wc motor replacement	\$516.57
E2368	RR	Power wc motor replacement	\$51.67
E2368	UE	Power wc motor replacement	\$387.44
E2369	NU	Pwr wc gear box replacement	\$449.94
E2369	RR	Pwr wc gear box replacement	\$45.00
E2369	UE	Pwr wc gear box replacement	\$337.45

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E2370	NU	Pwr wc motor/gear box combo	\$802.84
E2370	RR	Pwr wc motor/gear box combo	\$80.29
E2370	UE	Pwr wc motor/gear box combo	\$602.12
E2402	RR	Neg press wound therapy pump	\$1,716.46
E2500	NU	SGD digitized pre-rec <=8min	\$391.06
E2500	RR	SGD digitized pre-rec <=8min	\$39.11
E2500	UE	SGD digitized pre-rec <=8min	\$293.29
E2502	NU	SGD prerec msg >8min <=20min	\$1,195.80
E2502	RR	SGD prerec msg >8min <=20min	\$119.59
E2502	UE	SGD prerec msg >8min <=20min	\$896.86
E2504	NU	SGD prerec msg>20min <=40min	\$1,577.42
E2504	RR	SGD prerec msg>20min <=40min	\$157.76
E2504	UE	SGD prerec msg>20min <=40min	\$1,183.05
E2506	NU	SGD prerec msg > 40 min	\$2,312.96
E2506	RR	SGD prerec msg > 40 min	\$231.29
E2506	UE	SGD prerec msg > 40 min	\$1,734.69
E2508	NU	SGD spelling phys contact	\$3,576.61
E2508	RR	SGD spelling phys contact	\$357.67
E2508	UE	SGD spelling phys contact	\$2,682.47
E2510	NU	SGD w multi methods msg/accs	\$6,768.25
E2510	RR	SGD w multi methods msg/accs	\$676.82
E2510	UE	SGD w multi methods msg/accs	\$5,076.18
E2511	NU	SGD sftwre prgrm for PC/PDA	\$0.00
E2511	RR	SGD sftwre prgrm for PC/PDA	\$0.00
E2511	UE	SGD sftwre prgrm for PC/PDA	\$0.00
E2512	NU	SGD accessory, mounting sys	\$0.00
E2512	RR	SGD accessory, mounting sys	\$0.00
E2512	UE	SGD accessory, mounting sys	\$0.00
E2601	NU	Gen w/c cushion wdth < 22 in	\$88.65
E2601	RR	Gen w/c cushion wdth < 22 in	\$8.86
E2601	UE	Gen w/c cushion wdth < 22 in	\$66.49
E2602	NU	Gen w/c cushion wdth >=22 in	\$161.88
E2602	RR	Gen w/c cushion wdth >=22 in	\$16.20
E2602	UE	Gen w/c cushion wdth >=22 in	\$121.43
E2603	NU	Skin protect wc cus wd <22in	\$223.04
E2603	RR	Skin protect wc cus wd <22in	\$22.31
E2603	UE	Skin protect wc cus wd <22in	\$167.28
E2604	NU	Skin protect wc cus wd>=22in	\$315.76
E2604	RR	Skin protect wc cus wd>=22in	\$31.56
E2604	UE	Skin protect wc cus wd>=22in	\$236.83
E2605	NU	Position wc cush wdth <22 in	\$321.69
E2605	RR	Position wc cush wdth <22 in	\$32.19
E2605	UE	Position wc cush wdth <22 in	\$241.29
E2606	NU	Position wc cush wdth>=22 in	\$436.07
E2606	RR	Position wc cush wdth>=22 in	\$43.61
E2606	UE	Position wc cush wdth>=22 in	\$327.06
E2607	NU	Skin pro/pos wc cus wd <22in	\$295.60
E2607	RR	Skin pro/pos wc cus wd <22in	\$29.56
E2607	UE	Skin pro/pos wc cus wd <22in	\$221.70
E2608	NU	Skin pro/pos wc cus wd>=22in	\$354.00
E2608	RR	Skin pro/pos wc cus wd>=22in	\$35.42
E2608	UE	Skin pro/pos wc cus wd>=22in	\$265.51



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E2611	NU	Gen use back cush wdth <22in	\$312.35
E2611	RR	Gen use back cush wdth <22in	\$31.23
E2611	UE	Gen use back cush wdth <22in	\$234.29
E2612	NU	Gen use back cush wdth>=22in	\$422.54
E2612	RR	Gen use back cush wdth>=22in	\$42.25
E2612	UE	Gen use back cush wdth>=22in	\$316.89
E2613	NU	Position back cush wd <22in	\$393.04
E2613	RR	Position back cush wd <22in	\$39.31
E2613	UE	Position back cush wd <22in	\$294.78
E2614	NU	Position back cush wd>=22in	\$543.93
E2614	RR	Position back cush wd>=22in	\$54.40
E2614	UE	Position back cush wd>=22in	\$407.97
E2615	NU	Pos back post/lat wdth <22in	\$452.32
E2615	RR	Pos back post/lat wdth <22in	\$45.24
E2615	UE	Pos back post/lat wdth <22in	\$339.23
E2616	NU	Pos back post/lat wdth>=22in	\$608.58
E2616	RR	Pos back post/lat wdth>=22in	\$60.86
E2616	UE	Pos back post/lat wdth>=22in	\$456.45
E2618	NU	Wc acc solid seat supp base	\$0.00
E2618	RR	Wc acc solid seat supp base	\$0.00
E2618	UE	Wc acc solid seat supp base	\$0.00
E2619	NU	Replace cover w/c seat cush	\$51.32
E2619	RR	Replace cover w/c seat cush	\$5.13
E2619	UE	Replace cover w/c seat cush	\$38.51
E2620	NU	WC planar back cush wd <22in	\$574.76
E2620	RR	WC planar back cush wd <22in	\$57.47
E2620	UE	WC planar back cush wd <22in	\$431.08
E2621	NU	WC planar back cush wd>=22in	\$547.70
E2621	RR	WC planar back cush wd>=22in	\$54.77
E2621	UE	WC planar back cush wd>=22in	\$410.79
K0001	RR	Standard wheelchair	\$52.48
K0002	RR	Stnd hemi (low seat) whlchr	\$81.83
K0003	RR	Lightweight wheelchair	\$89.59
K0004	RR	High strength ltwt whlchr	\$114.12
K0005	NU	Ultralightweight wheelchair	\$1,848.76
K0005	RR	Ultralightweight wheelchair	\$184.86
K0005	UE	Ultralightweight wheelchair	\$1,386.55
K0006	RR	Heavy duty wheelchair	\$122.39
K0007	RR	Extra heavy duty wheelchair	\$169.81
K0010	RR	Stnd wt frame power whlchr	\$362.09
K0011	RR	Stnd wt pwr whlchr w control	\$497.02
K0012	RR	Ltwt portbl power whlchr	\$304.88
K0015	NU	Detach non-adjus hght armrst	\$181.70
K0015	RR	Detach non-adjus hght armrst	\$18.18
K0015	UE	Detach non-adjus hght armrst	\$136.27
K0017	NU	Detach adjust armrest base	\$51.11
K0017	RR	Detach adjust armrest base	\$5.11
K0017	UE	Detach adjust armrest base	\$38.33
K0018	NU	Detach adjust armrst upper	\$28.55
K0018	RR	Detach adjust armrst upper	\$2.84
K0018	UE	Detach adjust armrst upper	\$21.43
K0019	NU	Arm pad each	\$16.35

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K0019	RR	Arm pad each	\$1.64
K0019	UE	Arm pad each	\$12.25
K0020	NU	Fixed adjust armrest pair	\$46.46
K0020	RR	Fixed adjust armrest pair	\$4.65
K0020	UE	Fixed adjust armrest pair	\$34.83
K0037	NU	High mount flip-up footrest	\$48.16
K0037	RR	High mount flip-up footrest	\$4.30
K0037	UE	High mount flip-up footrest	\$36.13
K0038	NU	Leg strap each	\$24.26
K0038	RR	Leg strap each	\$2.43
K0038	UE	Leg strap each	\$18.20
K0039	NU	Leg strap h style each	\$53.88
K0039	RR	Leg strap h style each	\$5.40
K0039	UE	Leg strap h style each	\$40.41
K0040	NU	Adjustable angle footplate	\$74.67
K0040	RR	Adjustable angle footplate	\$7.45
K0040	UE	Adjustable angle footplate	\$55.99
K0041	NU	Large size footplate each	\$52.92
K0041	RR	Large size footplate each	\$5.31
K0041	UE	Large size footplate each	\$39.69
K0042	NU	Standard size footplate each	\$36.43
K0042	RR	Standard size footplate each	\$3.63
K0042	UE	Standard size footplate each	\$27.32
K0043	NU	Ftrst lower extension tube	\$19.53
K0043	RR	Ftrst lower extension tube	\$1.95
K0043	UE	Ftrst lower extension tube	\$14.66
K0044	NU	Ftrst upper hanger bracket	\$16.64
K0044	RR	Ftrst upper hanger bracket	\$1.67
K0044	UE	Ftrst upper hanger bracket	\$12.48
K0045	NU	Footrest complete assembly	\$56.62
K0045	RR	Footrest complete assembly	\$5.67
K0045	UE	Footrest complete assembly	\$42.47
K0046	NU	Elevat legrst low extension	\$19.53
K0046	RR	Elevat legrst low extension	\$1.95
K0046	UE	Elevat legrst low extension	\$14.66
K0047	NU	Elevat legrst up hangr brack	\$76.48
K0047	RR	Elevat legrst up hangr brack	\$7.67
K0047	UE	Elevat legrst up hangr brack	\$57.34
K0050	NU	Ratchet assembly	\$32.50
K0050	RR	Ratchet assembly	\$3.24
K0050	UE	Ratchet assembly	\$24.39
K0051	NU	Cam relese assem ftrst/lgrst	\$52.61
K0051	RR	Cam relese assem ftrst/lgrst	\$5.29
K0051	UE	Cam relese assem ftrst/lgrst	\$39.44
K0052	NU	Swingaway detach footrest	\$92.44
K0052	RR	Swingaway detach footrest	\$9.24
K0052	UE	Swingaway detach footrest	\$69.32
K0053	NU	Elevate footrest articulate	\$102.01
K0053	RR	Elevate footrest articulate	\$10.19
K0053	UE	Elevate footrest articulate	\$76.51
K0056	NU	Seat ht <17 or >=21 ltwt wc	\$95.10
K0056	RR	Seat ht <17 or >=21 ltwt wc	\$9.51

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K0056	UE	Seat ht <17 or >=21 ltwc	\$71.34
K0064	NU	Zero pressure tube flat free	\$30.40
K0064	RR	Zero pressure tube flat free	\$3.05
K0064	UE	Zero pressure tube flat free	\$22.78
K0065	NU	Spoke protectors	\$44.46
K0065	RR	Spoke protectors	\$4.45
K0065	UE	Spoke protectors	\$33.34
K0066	NU	Solid tire any size each	\$28.52
K0066	RR	Solid tire any size each	\$2.75
K0066	UE	Solid tire any size each	\$21.71
K0067	NU	Pneumatic tire any size each	\$40.91
K0067	RR	Pneumatic tire any size each	\$4.01
K0067	UE	Pneumatic tire any size each	\$29.30
K0068	NU	Pneumatic tire tube each	\$5.88
K0068	RR	Pneumatic tire tube each	\$0.61
K0068	UE	Pneumatic tire tube each	\$4.42
K0069	NU	Rear whl complete solid tire	\$99.92
K0069	RR	Rear whl complete solid tire	\$9.99
K0069	UE	Rear whl complete solid tire	\$74.94
K0070	NU	Rear whl compl pneum tire	\$183.16
K0070	RR	Rear whl compl pneum tire	\$18.33
K0070	UE	Rear whl compl pneum tire	\$137.37
K0071	NU	Front castr compl pneum tire	\$109.25
K0071	RR	Front castr compl pneum tire	\$10.93
K0071	UE	Front castr compl pneum tire	\$81.92
K0072	NU	Frnt cstr cmpl sem-pneum tir	\$65.76
K0072	RR	Frnt cstr cmpl sem-pneum tir	\$6.57
K0072	UE	Frnt cstr cmpl sem-pneum tir	\$49.32
K0073	NU	Caster pin lock each	\$34.80
K0073	RR	Caster pin lock each	\$3.48
K0073	UE	Caster pin lock each	\$26.10
K0074	NU	Pneumatic caster tire each	\$36.00
K0074	RR	Pneumatic caster tire each	\$3.96
K0074	UE	Pneumatic caster tire each	\$26.99
K0075	NU	Semi-pneumatic caster tire	\$41.85
K0075	RR	Semi-pneumatic caster tire	\$4.72
K0075	UE	Semi-pneumatic caster tire	\$31.39
K0076	NU	Solid caster tire each	\$25.55
K0076	RR	Solid caster tire each	\$2.58
K0076	UE	Solid caster tire each	\$19.18
K0077	NU	Front caster assem complete	\$58.85
K0077	RR	Front caster assem complete	\$5.88
K0077	UE	Front caster assem complete	\$44.13
K0078	NU	Pneumatic caster tire tube	\$9.60
K0078	RR	Pneumatic caster tire tube	\$0.95
K0078	UE	Pneumatic caster tire tube	\$7.18
K0090	NU	Rear tire power wheelchair	\$76.18
K0090	RR	Rear tire power wheelchair	\$7.63
K0090	UE	Rear tire power wheelchair	\$57.14
K0091	NU	Rear tire tube power whlchr	\$20.77
K0091	RR	Rear tire tube power whlchr	\$2.07
K0091	UE	Rear tire tube power whlchr	\$15.57

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K0092	NU	Rear assem cmplt powr whlchr	\$243.13
K0092	RR	Rear assem cmplt powr whlchr	\$24.30
K0092	UE	Rear assem cmplt powr whlchr	\$182.35
K0093	NU	Rear zero pressure tire tube	\$151.88
K0093	RR	Rear zero pressure tire tube	\$15.19
K0093	UE	Rear zero pressure tire tube	\$113.91
K0094	NU	Wheel tire for power base	\$49.50
K0094	RR	Wheel tire for power base	\$4.96
K0094	UE	Wheel tire for power base	\$37.11
K0095	NU	Wheel tire tube each base	\$49.50
K0095	RR	Wheel tire tube each base	\$4.96
K0095	UE	Wheel tire tube each base	\$37.11
K0096	NU	Wheel assem powr base complt	\$274.29
K0096	RR	Wheel assem powr base complt	\$27.42
K0096	UE	Wheel assem powr base complt	\$205.72
K0097	NU	Wheel zero presure tire tube	\$63.09
K0097	RR	Wheel zero presure tire tube	\$6.31
K0097	UE	Wheel zero presure tire tube	\$47.31
K0098	NU	Drive belt power wheelchair	\$27.21
K0098	RR	Drive belt power wheelchair	\$2.72
K0098	UE	Drive belt power wheelchair	\$20.39
K0099	NU	Pwr wheelchair front caster	\$80.91
K0099	RR	Pwr wheelchair front caster	\$8.11
K0099	UE	Pwr wheelchair front caster	\$60.68
K0102	NU	Crutch and cane holder	\$43.35
K0102	RR	Crutch and cane holder	\$4.34
K0102	UE	Crutch and cane holder	\$32.51
K0104	NU	Cylinder tank carrier	\$118.78
K0104	RR	Cylinder tank carrier	\$11.87
K0104	UE	Cylinder tank carrier	\$89.09
K0105	NU	Iv hanger	\$99.43
K0105	RR	Iv hanger	\$9.93
K0105	UE	Iv hanger	\$74.57
K0106	NU	Arm trough each	\$107.16
K0106	RR	Arm trough each	\$10.74
K0106	UE	Arm trough each	\$80.38
K0195	RR	Elevating whlchair leg rests	\$17.91
K0452	NU	Wheelchair bearings	\$6.55
K0452	RR	Wheelchair bearings	\$0.56
K0452	UE	Wheelchair bearings	\$4.92
K0455	RR	Pump uninterrupted infusion	\$225.14
K0552		Supply/ext inf pump syr type	\$2.65
K0600	NU	Functional neuromuscularstim	\$10,513.04
K0600	RR	Functional neuromuscularstim	\$1,051.30
K0600	UE	Functional neuromuscularstim	\$7,884.79
K0601	NU	Repl batt silver oxide 1.5 v	\$1.10
K0602	NU	Repl batt silver oxide 3 v	\$6.36
K0603	NU	Repl batt alkaline 1.5 v	\$0.57
K0604	NU	Repl batt lithium 3.6 v	\$6.09
K0605	NU	Repl batt lithium 4.5 v	\$14.60
K0606	RR	AED garment w elec analysis	\$0.00
K0607	NU	Repl batt for AED	\$194.23

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K0607	RR	Repl batt for AED	\$19.43
K0607	UE	Repl batt for AED	\$145.67
K0608	NU	Repl garment for AED	\$121.21
K0608	RR	Repl garment for AED	\$12.14
K0608	UE	Repl garment for AED	\$90.91
K0609		Repl electrode for AED	\$806.09
K0618		TLSO 2 piece rigid shell	\$603.48
K0619		TLSO 3 piece rigid shell	\$396.43
K0620		Tubular elastic dressing	\$1.14
K0628		Multi den insert direct form	\$24.22
K0629		Multi den insert custom mold	\$36.14
K0630		SIO flex pelvisacral prefab	\$72.82
K0631		SIO flex pelvisacral custom	\$194.47
K0632		SIO panel prefab	\$0.00
K0634		LO flexibl L1-below L5 pre	\$43.27
K0635		LO sag stays/panels pre-fab	\$61.25
K0636		LO sagitt rigid panel prefab	\$322.98
K0637		LO flex w/o rigid stays pre	\$65.92
K0639		LSO post rigid panel pre	\$127.26
K0640		LSO sag-coro rigid frame pre	\$806.64
K0642		LSO flexion control prefab	\$225.31
K0644		LSO sagit rigid panel prefab	\$765.98
K0645		LSO sagittal rigid panel cus	\$1,136.01
K0646		LSO sag-coronal panel prefab	\$844.13
K0647		LSO sag-coronal panel custom	\$1,036.35
K0648		LSO s/c shell/panel prefab	\$844.13
K0649		LSO s/c shell/panel custom	\$822.21
K0670			\$9,447.23
K0671	RR		\$32.07
L0100		Cranial orthosis/helmet mold	\$508.32
L0110		Cranial orthosis/helmet nonm	\$108.14
L0112		Cranial cervical orthosis	\$1,099.77
L0120		Cerv flexible non-adjustable	\$19.97
L0130		Flex thermoplastic collar mo	\$163.75
L0140		Cervical semi-rigid adjustab	\$48.19
L0150		Cerv semi-rig adj molded chn	\$93.08
L0160		Cerv semi-rig wire occ/mand	\$126.15
L0170		Cervical collar molded to pt	\$485.46
L0172		Cerv col thermplas foam 2 pi	\$110.16
L0174		Cerv col foam 2 piece w thor	\$206.79
L0180		Cer post col occ/man sup adj	\$305.29
L0190		Cerv collar supp adj cerv ba	\$408.91
L0200		Cerv col supp adj bar & thor	\$393.76
L0210		Thoracic rib belt	\$42.35
L0220		Thor rib belt custom fabrica	\$116.20
L0430		Dewall posture protector	\$1,118.91
L0450		TLSO flex prefab thoracic	\$153.23
L0452		tlso flex custom fab thoraci	\$0.00
L0454		TLSO flex prefab sacrococ-T9	\$272.52
L0456		TLSO flex prefab	\$781.51
L0458		TLSO 2Mod symphis-xipho pre	\$700.77
L0460		TLSO2Mod symphysis-stern pre	\$788.75

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L0462		TLSO 3Mod sacro-scap pre	\$981.08
L0464		TLSO 4Mod sacro-scap pre	\$1,167.97
L0466		TLSO rigid frame pre soft ap	\$281.24
L0468		TLSO rigid frame prefab pelv	\$345.05
L0470		TLSO rigid frame pre subclav	\$559.55
L0472		TLSO rigid frame hyperex pre	\$364.51
L0480		TLSO rigid plastic custom fa	\$1,294.16
L0482		TLSO rigid lined custom fab	\$1,442.24
L0484		TLSO rigid plastic cust fab	\$1,432.83
L0486		TLSO rigidlined cust fab two	\$1,523.40
L0488		TLSO rigid lined pre one pie	\$788.75
L0490		TLSO rigid plastic pre one	\$222.28
L0700		Ctlso a-p-l control molded	\$1,521.85
L0710		Ctlso a-p-l control w/ inter	\$1,579.78
L0810		Halo cervical into jckt vest	\$1,971.80
L0820		Halo cervical into body jack	\$1,626.01
L0830		Halo cerv into milwaukee typ	\$2,360.48
L0860		Magnetic resonanc image comp	\$917.03
L0861		Halo repl liner/interface	\$169.36
L0960		Post surgical support pads	\$52.00
L0970		Tlso corset front	\$89.04
L0972		Lso corset front	\$85.83
L0974		Tlso full corset	\$134.77
L0976		Lso full corset	\$120.36
L0978		Axillary crutch extension	\$144.90
L0980		Peroneal straps pair	\$13.14
L0982		Stocking supp grips set of f	\$12.25
L0984		Protective body sock each	\$49.28
L1000		Ctlso milwauke initial model	\$1,528.27
L1005		Tension based scoliosis orth	\$2,514.93
L1010		Ctlso axilla sling	\$50.52
L1020		Kyphosis pad	\$65.06
L1025		Kyphosis pad floating	\$125.16
L1030		Lumbar bolster pad	\$47.89
L1040		Lumbar or lumbar rib pad	\$58.73
L1050		Sternal pad	\$62.67
L1060		Thoracic pad	\$71.99
L1070		Trapezius sling	\$67.73
L1080		Outrigger	\$41.66
L1085		Outrigger bil w/ vert extens	\$115.87
L1090		Lumbar sling	\$75.72
L1100		Ring flange plastic/leather	\$122.90
L1110		Ring flange plas/leather mol	\$192.25
L1120		Covers for upright each	\$29.90
L1200		Furnsh initial orthosis only	\$1,179.44
L1210		Lateral thoracic extension	\$262.62
L1220		Anterior thoracic extension	\$222.35
L1230		Milwaukee type superstructur	\$570.54
L1240		Lumbar derotation pad	\$58.99
L1250		Anterior asis pad	\$54.38
L1260		Anterior thoracic derotation	\$56.95
L1270		Abdominal pad	\$58.32

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L1280		Rib gusset (elastic) each	\$69.76
L1290		Lateral trochanteric pad	\$59.17
L1300		Body jacket mold to patient	\$1,676.57
L1310		Post-operative body jacket	\$1,669.85
L1500		Thkao mobility frame	\$1,429.84
L1510		Thkao standing frame	\$1,206.10
L1520		Thkao swivel walker	\$2,237.57
L1600		Abduct hip flex frejka w cvr	\$97.00
L1610		Abduct hip flex frejka covr	\$36.11
L1620		Abduct hip flex pavlik harne	\$111.61
L1630		Abduct control hip semi-flex	\$127.56
L1640		Pelv band/spread bar thigh c	\$405.85
L1650		HO abduction hip adjustable	\$174.28
L1652		HO bi thighcuffs w sprdr bar	\$280.10
L1660		HO abduction static plastic	\$128.82
L1680		Pelvic & hip control thigh c	\$917.18
L1685		Post-op hip abduct custom fa	\$895.39
L1686		HO post-op hip abduction	\$915.55
L1690		Combination bilateral HO	\$1,519.45
L1700		Leg perthes orth toronto typ	\$1,149.54
L1710		Legg perthes orth newington	\$1,345.66
L1720		Legg perthes orthosis trilat	\$991.92
L1730		Legg perthes orth scottish r	\$874.78
L1750		Legg perthes sling	\$197.47
L1755		Legg perthes patten bottom t	\$1,226.70
L1800		Knee orthoses elas w stays	\$50.07
L1810		Ko elastic with joints	\$80.86
L1815		Elastic with condylar pads	\$72.92
L1820		Ko elas w/ condyle pads & jo	\$110.80
L1825		Ko elastic knee cap	\$41.39
L1830		Ko immobilizer canvas longit	\$78.06
L1831		Knee orth pos locking joint	\$231.26
L1832		KO adj jnt pos rigid support	\$610.20
L1834		Ko w/0 joint rigid molded to	\$661.57
L1836		Rigid KO wo joints	\$104.84
L1840		Ko derot ant cruciate custom	\$778.96
L1843		KO single upright custom fit	\$705.03
L1844		Ko w/adj jt rot cntrl molded	\$1,230.78
L1845		Ko w/ adj flex/ext rotat cus	\$773.31
L1846		Ko w adj flex/ext rotat mold	\$1,027.16
L1847		KO adjustable w air chambers	\$451.94
L1850		Ko swedish type	\$237.93
L1855		Ko plas doub upright jnt mol	\$1,102.92
L1858		Ko polycentric pneumatic pad	\$987.35
L1860		Ko supracondylar socket mold	\$983.84
L1870		Ko doub upright lacers molde	\$970.86
L1880		Ko doub upright cuffs/lacers	\$628.50
L1900		Afo sprng wir drsflx calf bd	\$203.07
L1901		Prefab ankle orthosis	\$13.91
L1902		Afo ankle gauntlet	\$78.65
L1904		Afo molded ankle gauntlet	\$366.07
L1906		Afo multiligamentus ankle su	\$91.42

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L1907		AFO supramalleolar custom	\$442.14
L1910		Afo sing bar clasp attach sh	\$250.43
L1920		Afo sing upright w/ adjust s	\$281.52
L1930		Afo plastic	\$178.08
L1932		Afo rig ant tib prefab TCF/=	\$701.18
L1940		Afo molded to patient plasti	\$472.54
L1945		Afo molded plas rig ant tib	\$696.82
L1950		Afo spiral molded to pt plas	\$747.58
L1951		AFO spiral prefabricated	\$659.91
L1960		Afo pos solid ank plastic mo	\$556.33
L1970		Afo plastic molded w/ankle j	\$710.42
L1971		AFO w/ankle joint, prefab	\$368.30
L1980		Afo sing solid stirrup calf	\$310.10
L1990		Afo doub solid stirrup calf	\$400.15
L2000		Kafo sing fre stirr thi/calf	\$860.95
L2005		KAFO sng/dbl mechanical act	\$2,828.47
L2010		Kafo sng solid stirrup w/o j	\$928.01
L2020		Kafo dbl solid stirrup band/	\$954.92
L2030		Kafo dbl solid stirrup w/o j	\$979.11
L2035		KAFO plastic pediatric size	\$138.45
L2036		Kafo plas doub free knee mol	\$1,862.14
L2037		Kafo plas sing free knee mol	\$1,647.69
L2038		Kafo w/o joint multi-axis an	\$1,413.85
L2039		KAFO,plstic,medlat rotat con	\$1,746.25
L2040		Hkafo torsion bil rot straps	\$133.65
L2050		Hkafo torsion cable hip pelv	\$367.62
L2060		Hkafo torsion ball bearing j	\$462.71
L2070		Hkafo torsion unilat rot str	\$101.88
L2080		Hkafo unilat torsion cable	\$287.28
L2090		Hkafo unilat torsion ball br	\$330.08
L2106		Afo tib fx cast plaster mold	\$656.67
L2108		Afo tib fx cast molded to pt	\$976.12
L2112		Afo tibial fracture soft	\$446.08
L2114		Afo tib fx semi-rigid	\$582.10
L2116		Afo tibial fracture rigid	\$640.42
L2126		Kafo fem fx cast thermoplas	\$1,201.86
L2128		Kafo fem fx cast molded to p	\$1,555.07
L2132		Kafo femoral fx cast soft	\$809.64
L2134		Kafo fem fx cast semi-rigid	\$970.73
L2136		Kafo femoral fx cast rigid	\$1,186.95
L2180		Plas shoe insert w ank joint	\$88.15
L2182		Drop lock knee	\$68.99
L2184		Limited motion knee joint	\$93.25
L2186		Adj motion knee jnt lerman t	\$124.61
L2188		Quadrilateral brim	\$300.59
L2190		Waist belt	\$70.79
L2192		Pelvic band & belt thigh fla	\$342.53
L2200		Limited ankle motion ea jnt	\$37.08
L2210		Dorsiflexion assist each joi	\$55.29
L2220		Dorsi & plantar flex ass/res	\$69.92
L2230		Split flat caliper stirr & p	\$57.76
L2232		Rocker bottom, contact AFO	\$0.00



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L2240		Round caliper and plate atta	\$62.95
L2250		Foot plate molded stirrup at	\$267.48
L2260		Reinforced solid stirrup	\$201.20
L2265		Long tongue stirrup	\$88.65
L2270		Varus/valgus strap padded/li	\$41.33
L2275		Plastic mod low ext pad/line	\$94.89
L2280		Molded inner boot	\$393.00
L2300		Abduction bar jointed adjust	\$270.23
L2310		Abduction bar-straight	\$92.60
L2320		Non-molded lacer	\$185.37
L2330		Lacer molded to patient mode	\$394.10
L2335		Anterior swing band	\$171.01
L2340		Pre-tibial shell molded to p	\$365.67
L2350		Prosthetic type socket molde	\$891.45
L2360		Extended steel shank	\$51.93
L2370		Patten bottom	\$257.65
L2375		Torsion ank & half solid sti	\$85.05
L2380		Torsion straight knee joint	\$92.67
L2385		Straight knee joint heavy du	\$100.83
L2390		Offset knee joint each	\$87.84
L2395		Offset knee joint heavy duty	\$117.78
L2397		Suspension sleeve lower ext	\$88.85
L2405		Knee joint drop lock ea jnt	\$68.50
L2415		Knee joint cam lock each joi	\$95.43
L2425		Knee disc/dial lock/adj flex	\$112.64
L2430		Knee jnt ratchet lock ea jnt	\$112.64
L2492		Knee lift loop drop lock rin	\$87.46
L2500		Thi/glut/ischia wgt bearing	\$237.47
L2510		Th/wght bear quad-lat brim m	\$636.43
L2520		Th/wght bear quad-lat brim c	\$427.28
L2525		Th/wght bear nar m-l brim mo	\$1,056.13
L2526		Th/wght bear nar m-l brim cu	\$515.60
L2530		Thigh/wght bear lacer non-mo	\$230.48
L2540		Thigh/wght bear lacer molded	\$325.12
L2550		Thigh/wght bear high roll cu	\$262.73
L2570		Hip clevis type 2 posit jnt	\$358.55
L2580		Pelvic control pelvic sling	\$400.84
L2600		Hip clevis/thrust bearing fr	\$154.60
L2610		Hip clevis/thrust bearing lo	\$213.33
L2620		Pelvic control hip heavy dut	\$268.36
L2622		Hip joint adjustable flexion	\$230.84
L2624		Hip adj flex ext abduct cont	\$266.91
L2627		Plastic mold recipro hip & c	\$1,569.99
L2628		Metal frame recipro hip & ca	\$1,621.05
L2630		Pelvic control band & belt u	\$227.02
L2640		Pelvic control band & belt b	\$337.29
L2650		Pelv & thor control gluteal	\$92.75
L2660		Thoracic control thoracic ba	\$140.30
L2670		Thorac cont paraspinal uprig	\$158.59
L2680		Thorac cont lat support upri	\$147.41
L2750		Plating chrome/nickel pr bar	\$74.06
L2755		Carbon graphite lamination	\$102.64

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L2760		Extension per extension per	\$56.26
L2768		Ortho sidebar disconnect	\$102.38
L2770		Low ext orthosis per bar/jnt	\$54.78
L2780		Non-corrosive finish	\$61.33
L2785		Drop lock retainer each	\$28.09
L2795		Knee control full kneecap	\$71.87
L2800		Knee cap medial or lateral p	\$80.29
L2810		Knee control condylar pad	\$58.79
L2820		Soft interface below knee se	\$75.09
L2830		Soft interface above knee se	\$87.09
L2840		Tibial length sock fx or equ	\$38.91
L2850		Femoral lgth sock fx or equa	\$50.04
L3031		Foot lamin/prepreg composite	\$0.00
L3224		Woman's shoe oxford brace	\$48.75
L3225		Man's shoe oxford brace	\$54.76
L3650		Shlder fig 8 abduct restrain	\$50.18
L3651		Prefab shoulder orthosis	\$47.09
L3652		Prefab dbl shoulder orthosis	\$141.90
L3660		Abduct restrainer canvas&web	\$77.49
L3670		Acromio/clavicular canvas&we	\$98.75
L3675		Canvas vest SO	\$125.49
L3700		Elbow orthoses elas w stays	\$59.52
L3701		Prefab elbow orthosis	\$14.56
L3710		Elbow elastic with metal joi	\$95.04
L3720		Forearm/arm cuffs free motio	\$642.40
L3730		Forearm/arm cuffs ext/flex a	\$865.99
L3740		Cuffs adj lock w/ active con	\$971.20
L3760		EO withjoint, Prefabricated	\$357.62
L3762		Rigid EO wo joints	\$76.89
L3800		Whfo short opponen no attach	\$147.29
L3805		Whfo long opponens no attach	\$312.74
L3807		WHFO,no joint, prefabricated	\$178.81
L3810		Whfo thumb abduction bar	\$47.74
L3815		Whfo second m.p. abduction a	\$45.77
L3820		Whfo ip ext asst w/ mp ext s	\$76.12
L3825		Whfo m.p. extension stop	\$49.39
L3830		Whfo m.p. extension assist	\$62.36
L3835		Whfo m.p. spring extension a	\$67.60
L3840		Whfo spring swivel thumb	\$46.30
L3845		Whfo thumb ip ext ass w/ mp	\$59.80
L3850		Action wrist w/ dorsiflex as	\$113.89
L3855		Whfo adj m.p. flexion contro	\$86.10
L3860		Whfo adj m.p. flex ctrl & i.	\$117.86
L3900		Hinge extension/flex wrist/f	\$953.14
L3901		Hinge ext/flex wrist finger	\$1,309.63
L3904		Whfo electric custom fitted	\$2,157.12
L3906		Wrist gauntlet molded to pt	\$300.77
L3907		Whfo wrst gauntlit thmb spica	\$439.26
L3908		Wrist cock-up non-molded	\$58.85
L3909		Prefab wrist orthosis	\$10.09
L3910		Whfo swanson design	\$300.53
L3911		Prefab hand finger orthosis	\$17.71

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L3912		Flex glove w/elastic finger	\$69.86
L3914		WHO wrist extension cock-up	\$83.92
L3916		Whfo wrist extens w/ outrigg	\$93.55
L3917		Prefab metacarpal fx orthosis	\$75.54
L3918		HFO knuckle bender	\$57.73
L3920		Knuckle bender with outrigge	\$83.34
L3922		Knuckle bend 2 seg to flex j	\$72.03
L3923		HFO, no joint, prefabricated	\$27.82
L3924		Oppenheimer	\$78.54
L3926		Thomas suspension	\$76.57
L3928		Finger extension w/ clock sp	\$51.38
L3930		Finger extension with wrist	\$47.34
L3932		Safety pin spring wire	\$34.62
L3934		Safety pin modified	\$35.49
L3936		Palmer	\$66.51
L3938		Dorsal wrist	\$68.71
L3940		Dorsal wrist w/ outrigger at	\$79.19
L3942		Reverse knuckle bender	\$54.77
L3944		Reverse knuckle bend w/ outr	\$72.34
L3946		HFO composite elastic	\$65.28
L3948		Finger knuckle bender	\$47.46
L3950		Oppenheimer w/ knuckle bend	\$110.46
L3952		Oppenheimer w/ rev knuckle 2	\$122.60
L3954		Spreading hand	\$81.35
L3956		Add joint upper ext orthosis	\$0.00
L3960		Sewho airplan desig abdu pos	\$555.28
L3962		Sewho erbs palsey design abd	\$528.51
L3963		Molded w/ articulating elbow	\$1,341.36
L3964	NU	Seo mobile arm sup att to wc	\$621.11
L3964	RR	Seo mobile arm sup att to wc	\$62.10
L3964	UE	Seo mobile arm sup att to wc	\$465.80
L3965	NU	Arm supp att to wc rancho ty	\$991.11
L3965	RR	Arm supp att to wc rancho ty	\$99.13
L3965	UE	Arm supp att to wc rancho ty	\$743.33
L3966	NU	Mobile arm supports reclinin	\$746.64
L3966	RR	Mobile arm supports reclinin	\$74.67
L3966	UE	Mobile arm supports reclinin	\$559.98
L3968	NU	Friction dampening arm supp	\$944.86
L3968	RR	Friction dampening arm supp	\$94.48
L3968	UE	Friction dampening arm supp	\$708.65
L3969	NU	Monosuspension arm/hand supp	\$642.89
L3969	RR	Monosuspension arm/hand supp	\$64.30
L3969	UE	Monosuspension arm/hand supp	\$482.18
L3970	NU	Elevat proximal arm support	\$264.31
L3970	RR	Elevat proximal arm support	\$26.43
L3970	UE	Elevat proximal arm support	\$198.23
L3972	NU	Offset/lat rocker arm w/ ela	\$168.07
L3972	RR	Offset/lat rocker arm w/ ela	\$16.81
L3972	UE	Offset/lat rocker arm w/ ela	\$126.05
L3974	NU	Mobile arm support supinator	\$142.55
L3974	RR	Mobile arm support supinator	\$14.27
L3974	UE	Mobile arm support supinator	\$106.91

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L3980		Upp ext fx orthosis humeral	\$260.37
L3982		Upper ext fx orthosis rad/ul	\$366.65
L3984		Upper ext fx orthosis wrist	\$271.21
L3985		Forearm hand fx orth w/ wr h	\$574.04
L3986		Humeral rad/ulna wrist fx or	\$480.44
L3995		Sock fracture or equal each	\$32.12
L4000		Repl girdle milwaukee orth	\$959.80
L4002		Replace strap, any orthosis	\$0.00
L4010		Replace trilateral socket br	\$595.72
L4020		Replace quadlat socket brim	\$826.89
L4030		Replace socket brim cust fit	\$506.74
L4040		Replace molded thigh lacer	\$363.33
L4045		Replace non-molded thigh lac	\$246.93
L4050		Replace molded calf lacer	\$414.36
L4055		Replace non-molded calf lace	\$201.23
L4060		Replace high roll cuff	\$239.23
L4070		Replace prox & dist upright	\$211.85
L4080		Repl met band kafo-af0 prox	\$77.81
L4090		Repl met band kafo-af0 calf/	\$80.91
L4100		Repl leath cuff kafo prox th	\$97.55
L4110		Repl leath cuff kafo-af0 cal	\$84.15
L4130		Replace pretibial shell	\$373.47
L4350		Ankle control orthosi prefab	\$67.29
L4360		Pneumati walking boot prefab	\$216.23
L4370		Pneumatic full leg splint	\$142.11
L4380		Pneumatic knee splint	\$99.98
L4386		Non-pneum walk boot prefab	\$124.58
L4392		Replace AFO soft interface	\$18.49
L4394		Replace foot drop spint	\$13.49
L4396		Static AFO	\$131.85
L4398		Foot drop splint recumbent	\$60.71
L5000		Sho insert w arch toe filler	\$405.20
L5010		Mold socket ank hgt w/ toe f	\$1,239.41
L5020		Tibial tubercle hgt w/ toe f	\$1,589.30
L5050		Ank symes mold sckt sach ft	\$1,961.81
L5060		Symes met fr leath socket ar	\$2,953.39
L5100		Molded socket shin sach foot	\$2,032.52
L5105		Plast socket jts/thgh lacer	\$3,395.34
L5150		Mold sckt ext knee shin sach	\$3,128.03
L5160		Mold socket bent knee shin s	\$3,063.19
L5200		Kne sing axis fric shin sach	\$2,650.45
L5210		No knee/ankle joints w/ ft b	\$2,594.72
L5220		No knee joint with artic ali	\$2,368.33
L5230		Fem focal defic constant fri	\$3,050.83
L5250		Hip canad sing axi cons fric	\$4,444.57
L5270		Tilt table locking hip sing	\$4,124.60
L5280		Hemipelvect canad sing axis	\$4,083.36
L5301		BK mold socket SACH ft endo	\$1,841.35
L5311		Knee disart, SACH ft, endo	\$2,691.11
L5321		AK open end SACH	\$2,635.83
L5331		Hip disart canadian SACH ft	\$3,729.80
L5341		Hemipelvectomy canadian SACH	\$4,083.49

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L5400		Postop dress & 1 cast chg bk	\$965.20
L5410		Postop dsg bk ea add cast ch	\$335.08
L5420		Postop dsg & 1 cast chg ak/d	\$1,219.01
L5430		Postop dsg ak ea add cast ch	\$538.08
L5450		Postop app non-wgt bear dsg	\$363.45
L5460		Postop app non-wgt bear dsg	\$437.30
L5500		Init bk ptb plaster direct	\$1,029.99
L5505		Init ak ischal plstr direct	\$1,394.88
L5510		Prep BK ptb plaster molded	\$1,167.56
L5520		Perp BK ptb thermopls direct	\$1,408.99
L5530		Prep BK ptb thermopls molded	\$1,385.19
L5535		Prep BK ptb open end socket	\$1,521.17
L5540		Prep BK ptb laminated socket	\$1,451.53
L5560		Prep AK ischial plast molded	\$1,821.32
L5570		Prep AK ischial direct form	\$1,834.51
L5580		Prep AK ischial thermo mold	\$2,079.33
L5585		Prep AK ischial open end	\$2,051.89
L5590		Prep AK ischial laminated	\$2,139.43
L5595		Hip disartic sach thermopls	\$3,564.77
L5600		Hip disartic sach laminat mold	\$3,943.61
L5610		Above knee hydracadence	\$1,660.39
L5611		Ak 4 bar link w/fric swing	\$1,292.11
L5613		Ak 4 bar ling w/hydraul swig	\$1,965.38
L5614		4-bar link above knee w/swng	\$1,328.51
L5616		Ak univ multiplex sys frict	\$1,089.20
L5617		AK/BK self-aligning unit ea	\$449.35
L5618		Test socket symes	\$237.70
L5620		Test socket below knee	\$263.79
L5622		Test socket knee disarticula	\$387.64
L5624		Test socket above knee	\$336.86
L5626		Test socket hip disarticulat	\$382.37
L5628		Test socket hemipelvectomy	\$399.80
L5629		Below knee acrylic socket	\$339.82
L5630		Syme typ expandabl wall sckt	\$363.58
L5631		Ak/knee disartic acrylic soc	\$469.82
L5632		Symes type ptb brim design s	\$193.97
L5634		Symes type poster opening so	\$285.98
L5636		Symes type medial opening so	\$272.46
L5637		Below knee total contact	\$295.59
L5638		Below knee leather socket	\$469.56
L5639		Below knee wood socket	\$1,145.47
L5640		Knee disarticulat leather so	\$683.74
L5642		Above knee leather socket	\$592.95
L5643		Hip flex inner socket ext fr	\$1,248.22
L5644		Above knee wood socket	\$473.68
L5645		Bk flex inner socket ext fra	\$639.88
L5646		Below knee cushion socket	\$465.28
L5647		Below knee suction socket	\$667.75
L5648		Above knee cushion socket	\$586.80
L5649		Isch containmt/narrow m-l so	\$1,526.90
L5650		Tot contact ak/knee disartic s	\$522.01
L5651		Ak flex inner socket ext fra	\$963.10

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L5652		Suction susp ak/knee disart	\$349.64
L5653		Knee disart expand wall sock	\$466.74
L5654		Socket insert symes	\$281.67
L5655		Socket insert below knee	\$273.66
L5656		Socket insert knee articulat	\$388.80
L5658		Socket insert above knee	\$313.92
L5661		Multi-durometer symes	\$489.46
L5665		Multi-durometer below knee	\$410.63
L5666		Below knee cuff suspension	\$63.06
L5668		Socket insert w/o lock lower	\$84.40
L5670		Bk molded supracondylar susp	\$225.14
L5671		BK/AK locking mechanism	\$398.91
L5672		Bk removable medial brim sus	\$239.14
L5673		Socket insert w lock mech	\$535.88
L5676		Bk knee joints single axis p	\$290.61
L5677		Bk knee joints polycentric p	\$395.42
L5678		Bk joint covers pair	\$31.84
L5679		Socket insert w/o lock mech	\$446.56
L5680		Bk thigh lacer non-molded	\$312.59
L5681		Intl custm cong/latyp insert	\$1,035.59
L5682		Bk thigh lacer glut/ischia m	\$522.84
L5683		Initial custom socket insert	\$1,035.59
L5684		Bk fork strap	\$39.63
L5685		Below knee sus/seal sleeve	\$0.00
L5686		Bk back check	\$54.62
L5688		Bk waist belt webbing	\$65.31
L5690		Bk waist belt padded and lin	\$83.02
L5692		Ak pelvic control belt light	\$106.56
L5694		Ak pelvic control belt pad/l	\$145.49
L5695		Ak sleeve susp neoprene/equa	\$152.12
L5696		Ak/knee disartic pelvic join	\$161.18
L5697		Ak/knee disartic pelvic band	\$64.38
L5698		Ak/knee disartic silesian ba	\$105.02
L5699		Shoulder harness	\$152.54
L5700		Replace socket below knee	\$2,237.14
L5701		Replace socket above knee	\$2,775.37
L5702		Replace socket hip	\$3,497.93
L5704		Custom shape cover BK	\$456.15
L5705		Custom shape cover AK	\$836.27
L5706		Custom shape cvr knee disart	\$815.67
L5707		Custom shape cvr hip disart	\$1,095.86
L5710		Kne-shin exo sng axi mnl loc	\$303.53
L5711		Knee-shin exo mnl lock ultra	\$455.74
L5712		Knee-shin exo frict swg & st	\$394.97
L5714		Knee-shin exo variable frict	\$347.96
L5716		Knee-shin exo mech stance ph	\$584.51
L5718		Knee-shin exo frct swg & sta	\$730.57
L5722		Knee-shin pneum swg frct exo	\$724.08
L5724		Knee-shin exo fluid swing ph	\$1,507.63
L5726		Knee-shin ext jnts fld swg e	\$1,395.08
L5728		Knee-shin fluid swg & stance	\$2,123.25
L5780		Knee-shin pneum/hydra pneum	\$918.18

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L5781		Lower limb pros vacuum pump	\$3,150.08
L5782		HD low limb pros vacuum pump	\$3,320.90
L5785		Exoskeletal bk ultralt mater	\$416.66
L5790		Exoskeletal ak ultra-light m	\$576.63
L5795		Exoskel hip ultra-light mate	\$861.07
L5810		Endoskel knee-shin mnl lock	\$403.43
L5811		Endo knee-shin mnl lck ultra	\$584.89
L5812		Endo knee-shin frct swg & st	\$453.35
L5814		Endo knee-shin hydral swg ph	\$2,923.87
L5816		Endo knee-shin polyc mch sta	\$682.03
L5818		Endo knee-shin frct swg & st	\$825.39
L5822		Endo knee-shin pneum swg frc	\$1,693.33
L5824		Endo knee-shin fluid swing p	\$1,522.73
L5826		Miniature knee joint	\$2,500.45
L5828		Endo knee-shin fluid swg/sta	\$2,767.41
L5830		Endo knee-shin pneum/swg pha	\$1,633.09
L5840		Multi-axial knee/shin system	\$2,844.25
L5845		Knee-shin sys stance flexion	\$1,411.11
L5848		Knee-shin sys hydraul stance	\$846.60
L5850		Endo ak/hip knee extens assi	\$107.50
L5855		Mech hip extension assist	\$247.67
L5856		Elec knee-shin swing/stance	\$18,985.27
L5857		Elec knee-shin swing only	\$6,791.97
L5910		Endo below knee alignable sy	\$317.74
L5920		Endo ak/hip alignable system	\$425.51
L5925		Above knee manual lock	\$269.47
L5930		High activity knee frame	\$2,703.14
L5940		Endo bk ultra-light material	\$437.01
L5950		Endo ak ultra-light material	\$708.48
L5960		Endo hip ultra-light materia	\$1,026.32
L5962		Below knee flex cover system	\$471.39
L5964		Above knee flex cover system	\$817.58
L5966		Hip flexible cover system	\$1,053.17
L5968		Multiaxial ankle w dorsiflex	\$2,860.96
L5970		Foot external keel sach foot	\$162.88
L5972		Flexible keel foot	\$282.64
L5974		Foot single axis ankle/foot	\$186.88
L5975		Combo ankle/foot prosthesis	\$364.98
L5976		Energy storing foot	\$566.72
L5978		Ft prosth multiaxial ankl/ft	\$234.04
L5979		Multi-axial ankle/ft prosth	\$1,829.90
L5980		Flex foot system	\$3,904.64
L5981		Flex-walk sys low ext prosth	\$2,488.65
L5982		Exoskeletal axial rotation u	\$463.63
L5984		Endoskeletal axial rotation	\$456.86
L5985		Lwr ext dynamic prosth pylon	\$226.77
L5986		Multi-axial rotation unit	\$508.19
L5987		Shank ft w vert load pylon	\$5,663.55
L5988		Vertical shock reducing pylo	\$1,572.78
L5990		User adjustable heel height	\$1,428.31
L5995		Lower ext pros heavyduty fea	\$0.00
L6000		Par hand robin-aids thum rem	\$1,089.82

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L6010		Hand robin-aids little/ring	\$1,245.07
L6020		Part hand robin-aids no fing	\$1,105.57
L6025		Part hand disart myoelectric	\$6,300.21
L6050		Wrst MLd sck flx hng tri pad	\$1,777.31
L6055		Wrst mold sock w/exp interfa	\$2,316.11
L6100		Elb mold sock flex hinge pad	\$2,057.97
L6110		Elbow mold sock suspension t	\$2,182.82
L6120		Elbow mold doub split soc ste	\$2,371.31
L6130		Elbow stump activated lock h	\$2,566.33
L6200		Elbow mold outsid lock hinge	\$2,187.84
L6205		Elbow molded w/ expand inter	\$3,283.39
L6250		Elbow inter loc elbow forarm	\$2,269.54
L6300		Shlder disart int lock elbow	\$3,626.48
L6310		Shoulder passive restor comp	\$2,589.43
L6320		Shoulder passive restor cap	\$1,370.51
L6350		Thoracic intern lock elbow	\$4,188.33
L6360		Thoracic passive restor comp	\$2,554.41
L6370		Thoracic passive restor cap	\$2,171.81
L6380		Postop dsg cast chg wrst/elb	\$1,110.39
L6382		Postop dsg cast chg elb dis/	\$1,583.27
L6384		Postop dsg cast chg shlder/t	\$2,038.72
L6386		Postop ea cast chg & realign	\$429.41
L6388		Postop applicat rigid dsg on	\$352.56
L6400		Below elbow prosth tiss shap	\$2,165.88
L6450		Elb disart prosth tiss shap	\$2,488.26
L6500		Above elbow prosth tiss shap	\$2,564.06
L6550		Shldr disar prosth tiss shap	\$3,058.11
L6570		Scap thorac prosth tiss shap	\$3,737.87
L6580		Wrist/elbow bowden cable mol	\$1,256.69
L6582		Wrist/elbow bowden cbl dir f	\$1,110.39
L6584		Elbow fair lead cable molded	\$1,685.32
L6586		Elbow fair lead cable dir fo	\$1,510.45
L6588		Shdr fair lead cable molded	\$2,313.88
L6590		Shdr fair lead cable direct	\$2,155.19
L6600		Polycentric hinge pair	\$200.57
L6605		Single pivot hinge pair	\$198.05
L6610		Flexible metal hinge pair	\$133.52
L6615		Disconnect locking wrist uni	\$147.39
L6616		Disconnect insert locking wr	\$60.65
L6620		Flexion/extension wrist unit	\$243.16
L6623		Spring-ass rot wrst w/ latch	\$514.43
L6625		Rotation wrst w/ cable lock	\$426.53
L6628		Quick disconn hook adapter o	\$384.18
L6629		Lamination collar w/ couplin	\$140.54
L6630		Stainless steel any wrist	\$172.84
L6632		Latex suspension sleeve each	\$52.10
L6635		Lift assist for elbow	\$162.06
L6637		Nudge control elbow lock	\$294.47
L6638		Elec lock on manual pw elbow	\$1,968.81
L6640		Shoulder abduction joint pai	\$299.52
L6641		Excursion amplifier pulley t	\$171.54
L6642		Excursion amplifier lever ty	\$232.51



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L6645		Shoulder flexion-abduction j	\$258.81
L6646		Multipo locking shoulder jnt	\$2,483.11
L6647		Shoulder lock actuator	\$408.79
L6648		Ext pwrd shlder lock/unlock	\$2,560.98
L6650		Shoulder universal joint	\$310.89
L6655		Standard control cable extra	\$64.10
L6660		Heavy duty control cable	\$73.61
L6665		Teflon or equal cable lining	\$42.78
L6670		Hook to hand cable adapter	\$47.40
L6672		Harness chest/shlder saddle	\$164.38
L6675		Harness figure of 8 sing con	\$109.01
L6676		Harness figure of 8 dual con	\$117.00
L6680		Test sock wrist disart/bel e	\$234.49
L6682		Test sock elbw disart/above	\$251.48
L6684		Test socket shldr disart/tho	\$356.97
L6686		Suction socket	\$480.38
L6687		Frame typ socket bel elbow/w	\$470.78
L6688		Frame typ sock above elb/dis	\$437.16
L6689		Frame typ socket shoulder di	\$720.49
L6690		Frame typ sock interscap-tho	\$619.71
L6691		Removable insert each	\$295.57
L6692		Silicone gel insert or equal	\$454.88
L6693		Lockingelbow forearm cntrbal	\$2,235.13
L6694		Elbow socket ins use w/lock	\$0.00
L6695		Elbow socket ins use w/o lck	\$0.00
L6696		Cus elbo skt in for con/atyp	\$0.00
L6697		Cus elbo skt in not con/atyp	\$0.00
L6698		Below/above elbow lock mech	\$0.00
L6700		Terminal device model #3	\$416.01
L6705		Terminal device model #5	\$244.23
L6710		Terminal device model #5x	\$276.79
L6715		Terminal device model #5xa	\$274.93
L6720		Terminal device model #6	\$684.17
L6725		Terminal device model #7	\$331.23
L6730		Terminal device model #7lo	\$592.46
L6735		Terminal device model #8	\$238.97
L6740		Terminal device model #8x	\$311.55
L6745		Terminal device model #88x	\$285.06
L6750		Terminal device model #10p	\$281.77
L6755		Terminal device model #10x	\$280.97
L6765		Terminal device model #12p	\$293.54
L6770		Terminal device model #99x	\$282.98
L6775		Terminal device model#555	\$335.29
L6780		Terminal device model #ss555	\$358.40
L6790		Hooks-accu hook or equal	\$371.86
L6795		Hooks-2 load or equal	\$992.53
L6800		Hooks-aprl vc or equal	\$812.57
L6805		Modifier wrist flexion unit	\$320.29
L6806		Trs grip vc or equal	\$1,273.30
L6807		Term device grip1/2 or equal	\$1,225.78
L6808		Term device infant or child	\$930.84
L6809		Trs super sport passive	\$396.76

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L6810		Pincher tool otto bock or eq	\$149.59
L6825		Hands dorrance vo	\$882.75
L6830		Hand aprl vc	\$1,086.02
L6835		Hand sierra vo	\$946.03
L6840		Hand becker imperial	\$657.23
L6845		Hand becker lock grip	\$759.82
L6850		Term dvc-hand becker plylite	\$552.56
L6855		Hand robin-aids vo	\$702.88
L6860		Hand robin-aids vo soft	\$551.29
L6865		Hand passive hand	\$348.19
L6867		Hand detroit infant hand	\$859.46
L6868		Passive inf hand steeper/hos	\$203.84
L6870		Hand child mitt	\$213.68
L6872		Hand nyu child hand	\$913.46
L6873		Hand mech inf steeper or equ	\$396.87
L6875		Hand bock vc	\$794.99
L6880		Hand bock vo	\$539.19
L6881		Autograsp feature ul term dv	\$3,218.65
L6882		Microprocessor control uplmb	\$2,441.49
L6890		Prefab glove for term device	\$181.87
L6895		Custom glove for term device	\$447.81
L6900		Hand restorat thumb/1 finger	\$1,423.47
L6905		Hand restoration multiple fi	\$1,406.49
L6910		Hand restoration no fingers	\$1,462.41
L6915		Hand restoration replacmnt g	\$502.05
L6920		Wrist disarticul switch ctrl	\$5,352.12
L6925		Wrist disart myoelectronic c	\$6,178.94
L6930		Below elbow switch control	\$5,385.31
L6935		Below elbow myoelectronic ct	\$6,294.62
L6940		Elbow disarticulation switch	\$7,459.47
L6945		Elbow disart myoelectronic c	\$8,363.32
L6950		Above elbow switch control	\$7,997.69
L6955		Above elbow myoelectronic ct	\$9,578.33
L6960		Shldr disartic switch contro	\$9,660.47
L6965		Shldr disartic myoelectronic	\$11,365.99
L6970		Interscapular-thor switch ct	\$11,696.65
L6975		Interscap-thor myoelectronic	\$12,815.82
L7010		Hand otto back steeper/eq sw	\$2,929.07
L7015		Hand sys teknik village swit	\$4,738.25
L7020		Electronic greifer switch ct	\$3,022.01
L7025		Electron hand myoelectronic	\$3,158.35
L7030		Hand sys teknik vill myoelec	\$5,009.08
L7035		Electron greifer myoelectro	\$2,980.70
L7040		Prehensile actuator hosmer s	\$2,446.88
L7045		Electron hook child michigan	\$1,296.25
L7170		Electronic elbow hosmer swit	\$4,702.35
L7180		Electronic elbow sequential	\$28,828.94
L7181		Electronic elbo simultaneous	\$0.00
L7185		Electron elbow adolescent sw	\$5,750.67
L7186		Electron elbow child switch	\$8,760.90
L7190		Elbow adolescent myoelectron	\$8,077.91
L7191		Elbow child myoelectronic ct	\$9,057.94

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L7260	Electron wrist rotator otto	\$1,578.30
L7261	Electron wrist rotator utah	\$2,873.10
L7266	Servo control steeper or equ	\$794.01
L7272	Analogue control unb or equa	\$1,784.90
L7274	Proportional ctl 12 volt uta	\$5,034.85
L7360	Six volt bat otto bock/eq ea	\$243.16
L7362	Battery chrgr six volt otto	\$224.09
L7364	Twelve volt battery utah/equ	\$426.09
L7366	Battery chrgr 12 volt utah/e	\$573.95
L7367	Replacemnt lithium ionbatter	\$306.51
L7368	Lithium ion battery charger	\$397.34
L7900	Male vacuum erection system	\$413.66
L8000	Mastectomy bra	\$29.55
L8001	Breast prosthesis bra & form	\$98.74
L8002	Brst prsth bra & bilat form	\$129.88
L8015	Ext breastprosthesis garment	\$47.19
L8020	Mastectomy form	\$192.33
L8030	Breast prosthesis silicone/e	\$259.38
L8035	Custom breast prosthesis	\$2,884.34
L8040	Nasal prosthesis	\$2,188.43
L8041	Midfacial prosthesis	\$2,637.77
L8042	Orbital prosthesis	\$2,963.80
L8043	Upper facial prosthesis	\$3,319.45
L8044	Hemi-facial prosthesis	\$3,675.11
L8045	Auricular prosthesis	\$2,310.21
L8046	Partial facial prosthesis	\$2,371.03
L8047	Nasal septal prosthesis	\$1,215.16
L8110	Compression stocking BK30-40	\$43.27
L8120	Compression stocking BK40-50	\$60.96
L8300	Truss single w/ standard pad	\$67.65
L8310	Truss double w/ standard pad	\$141.62
L8320	Truss addition to std pad wa	\$42.87
L8330	Truss add to std pad scrotal	\$39.59
L8400	Sheath below knee	\$16.83
L8410	Sheath above knee	\$20.38
L8415	Sheath upper limb	\$19.28
L8417	Pros sheath/sock w gel cushn	\$59.12
L8420	Prosthetic sock multi ply BK	\$18.07
L8430	Prosthetic sock multi ply AK	\$20.89
L8435	Pros sock multi ply upper lm	\$17.62
L8440	Shrinker below knee	\$43.40
L8460	Shrinker above knee	\$53.45
L8465	Shrinker upper limb	\$39.12
L8470	Pros sock single ply BK	\$5.35
L8480	Pros sock single ply AK	\$7.38
L8485	Pros sock single ply upper l	\$8.96
L8500	Artificial larynx	\$609.48
L8501	Tracheostomy speaking valve	\$96.88
L8507	Trach-esoph voice pros pt in	\$32.98
L8509	Trach-esoph voice pros md in	\$85.98
L8510	Voice amplifier	\$198.94
L8511	Indwelling trach insert	\$57.26

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L8512		Gel cap for trach voice pros	\$1.70
L8513		Trach pros cleaning device	\$4.08
L8514		Repl trach puncture dilator	\$74.24
L8515		Gel cap app device for trach	\$49.69
L8600		Implant breast silicone/eq	\$500.79
L8603		Collagen imp urinary 2.5 ml	\$350.22
L8606		Synthetic implnt urinary 1ml	\$172.47
L8610		Ocular implant	\$555.95
L8612		Aqueous shunt prosthesis	\$531.01
L8613		Ossicular implant	\$268.79
L8614		Cochlear device/system	\$15,368.04
L8615		Coch implant headset replace	\$355.07
L8616		Coch implant microphone repl	\$82.70
L8617		Coch implant trans coil repl	\$72.23
L8618		Coch implant tran cable repl	\$20.64
L8619		Replace cochlear processor	\$6,597.40
L8620		Repl lithium ion battery	\$50.93
L8621		Repl zinc air battery	\$0.49
L8622		Repl alkaline battery	\$0.26
L8630		Metacarpophalangeal implant	\$270.19
L8631		MCP joint repl 2 pc or more	\$1,740.67
L8641		Metatarsal joint implant	\$280.72
L8642		Hallux implant	\$246.10
L8658		Interphalangeal joint spacer	\$244.76
L8659		Interphalangeal joint repl	\$1,519.23
L8670		Vascular graft, synthetic	\$446.41
V2020		Vision svcs frames purchases	\$50.28
V2100		Lens spher single plano 4.00	\$41.88
V2101		Single visn sphere 4.12-7.00	\$44.13
V2102		Singl visn sphere 7.12-20.00	\$51.11
V2103		Spherocylindr 4.00d/12-2.00d	\$36.37
V2104		Spherocylindr 4.00d/2.12-4d	\$40.28
V2105		Spherocylinder 4.00d/4.25-6d	\$43.85
V2106		Spherocylinder 4.00d/>6.00d	\$48.43
V2107		Spherocylinder 4.25d/12-2d	\$46.28
V2108		Spherocylinder 4.25d/2.12-4d	\$46.07
V2109		Spherocylinder 4.25d/4.25-6d	\$51.24
V2110		Spherocylinder 4.25d/over 6d	\$52.32
V2111		Spherocylindr 7.25d/.25-2.25	\$54.54
V2112		Spherocylindr 7.25d/2.25-4d	\$59.53
V2113		Spherocylindr 7.25d/4.25-6d	\$65.43
V2114		Spherocylinder over 12.00d	\$72.68
V2115		Lens lenticular bifocal	\$61.26
V2118		Lens aniseikonic single	\$67.21
V2121		Lenticular lens, single	\$67.62
V2200		Lens spher bifoc plano 4.00d	\$54.82
V2201		Lens sphere bifocal 4.12-7.0	\$59.36
V2202		Lens sphere bifocal 7.12-20.	\$67.34
V2203		Lens sphcyl bifocal 4.00d/.1	\$55.30
V2204		Lens sphcyl bifocal 4.00d/2.1	\$56.78
V2205		Lens sphcyl bifocal 4.00d/4.2	\$61.90
V2206		Lens sphcyl bifocal 4.00d/ove	\$62.52

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V2207		Lens sphcy bifocal 4.25-7d/.	\$57.56
V2208		Lens sphcy bifocal 4.25-7/2.	\$59.44
V2209		Lens sphcy bifocal 4.25-7/4.	\$60.43
V2210		Lens sphcy bifocal 4.25-7/ov	\$64.55
V2211		Lens sphcy bifo 7.25-12/.25-	\$67.05
V2212		Lens sphcyl bifo 7.25-12/2.2	\$68.11
V2213		Lens sphcyl bifo 7.25-12/4.2	\$70.66
V2214		Lens sphcyl bifocal over 12.	\$86.10
V2215		Lens lenticular bifocal	\$80.02
V2218		Lens aniseikonic bifocal	\$104.08
V2219		Lens bifocal seg width over	\$44.80
V2220		Lens bifocal add over 3.25d	\$38.61
V2221		Lenticular lens, bifocal	\$77.56
V2300		Lens sphere trifocal 4.00d	\$67.63
V2301		Lens sphere trifocal 4.12-7.	\$65.30
V2302		Lens sphere trifocal 7.12-20	\$66.23
V2303		Lens sphcy trifocal 4.0/.12-	\$64.55
V2304		Lens sphcy trifocal 4.0/2.25	\$69.61
V2305		Lens sphcy trifocal 4.0/4.25	\$71.81
V2306		Lens sphcyl trifocal 4.00/>6	\$73.70
V2307		Lens sphcy trifocal 4.25-7/.	\$71.04
V2308		Lens sphc trifocal 4.25-7/2.	\$71.14
V2309		Lens sphc trifocal 4.25-7/4.	\$73.18
V2310		Lens sphc trifocal 4.25-7/>6	\$74.40
V2311		Lens sphc trifo 7.25-12/.25-	\$71.72
V2312		Lens sphc trifo 7.25-12/2.25	\$72.17
V2313		Lens sphc trifo 7.25-12/4.25	\$81.29
V2314		Lens sphcyl trifocal over 12	\$92.68
V2315		Lens lenticular trifocal	\$115.47
V2318		Lens aniseikonic trifocal	\$156.85
V2319		Lens trifocal seg width > 28	\$45.64
V2320		Lens trifocal add over 3.25d	\$56.02
V2321		Lenticular lens, trifocal	\$114.07
V2410		Lens variab asphericity sing	\$88.67
V2430		Lens variable asphericity bi	\$115.55
V2500		Contact lens pmma spherical	\$86.91
V2501		Cntct lens pmma-toric/prism	\$132.39
V2502		Contact lens pmma bifocal	\$163.08
V2503		Cntct lens pmma color vision	\$150.20
V2510		Cntct gas permeable sphericl	\$101.31
V2511		Cntct toric prism ballast	\$170.47
V2512		Cntct lens gas permbl bifocl	\$201.43
V2513		Contact lens extended wear	\$169.12
V2520		Contact lens hydrophilic	\$111.52
V2521		Cntct lens hydrophilic toric	\$194.15
V2522		Cntct lens hydrophil bifocl	\$188.95
V2523		Cntct lens hydrophil extend	\$150.53
V2530		Contact lens gas impermeable	\$178.86
V2531		Contact lens gas permeable	\$434.85
V2623		Plastic eye prosth custom	\$929.46
V2624		Polishing artificial eye	\$48.82
V2625		Enlargemnt of eye prosthesis	\$296.82

Appendix  
Exhibit 5

V2626		Reduction of eye prosthesis	\$160.00
V2627		Scleral cover shell	\$1,267.88
V2628		Fabrication & fitting	\$247.85
V2700		Balance lens	\$40.49
V2710		Glass/plastic slab off prism	\$68.56
V2715		Prism lens/es	\$12.43
V2718		Fresnell prism press-on lens	\$28.35
V2730		Special base curve	\$16.91
V2744		Tint photochromatic lens/es	\$13.32
V2745		Tint, any color/solid/grad	\$10.69
V2750		Anti-reflective coating	\$16.42
V2755		UV lens/es	\$13.32
V2760		Scratch resistant coating	\$13.61
V2762		Polarization, any lens	\$46.92
V2770		Occluder lens/es	\$20.08
V2780		Oversize lens/es	\$10.05
V2782		Lens, 1.54-1.65 p/1.60-1.79g	\$50.68
V2783		Lens, >= 1.66 p/>=1.80 g	\$57.14
V2784		Lens polycarb or equal	\$37.16
V2786		Occupational multifocal lens	\$0.00

Appendix  
Exhibit 6

CPT Codes Subject to Daily Maximum

CPT\* Description

\*Current Procedural Terminology (CPT) is copyright 2005 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. the AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. CPT® is a trademark of the American Medical Association.

97012	APPLIC MODAL 1/> AREAS; TRACTION-MECH	SUPERVISED MODALITY	includes treatment with VAX-D, DRX and similar machines
G0283	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS		
97016	APPLIC MODAL 1/> AREAS; VASOPNEUMATIC DEVICES	SUPERVISED MODALITY	
97018	APPLIC MODAL 1/> AREAS; PARAFFIN BATH	SUPERVISED MODALITY	
97020	APPLIC MODAL 1/> AREAS; MICROWAVE	SUPERVISED MODALITY	
97022	APPLIC MODAL 1/> AREAS; WHIRLPOOL	SUPERVISED MODALITY	
97024	APPLIC MODAL 1/> AREAS; DIATHERMY	SUPERVISED MODALITY	
97026	APPLIC MODAL 1/> AREAS; INFRARED	SUPERVISED MODALITY	includes cold laser or low-power laser treatment
97028	APPLIC MODAL 1/> AREAS; ULTRAVIOLET	SUPERVISED MODALITY	
97032	APPLIC MODAL 1/> AREAS; ELEC STIM EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97033	APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97034	APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97035	APPLIC MODAL 1/> AREAS; ULTRASOUND EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97036	APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97110	THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97112	NEUROMUSCULAR REEDUCATION	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97140	MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
97150	THERAP PROC GROUP	CONSTANT ATTENDANCE OF PROVIDER REQUIRED	
97530	THERAPEUTIC ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED	
98925	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED		
98926	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED		
98927	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED		
98928	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED		
98929	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED		
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS		
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS		
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS		
98943	CHIROPRACTIC MANIP TX; EXTRA SPINAL 1 OR MORE REGIONS		

**NOTE:** FOR CHIROPRACTIC MANIPULATIVE TREATMENT, THE 5 SPINAL REGIONS REFERRED TO ARE: CERVICAL REGION (INCLUDES ATLANTO-OCCIPITAL JOINT); THORACIC REGION (INCLUDES COSTOVERTEBRAL AND COSTOTRANSVERSE JOINTS); LUMBAR REGION; SACRAL REGION; AND PELVIC (SACRO-ILIAC JOINT) REGION. THE FIVE EXTRA-SPINAL REGIONS REFERRED TO ARE: HEAD (INCLUDING TEMPOROMANDIBULAR JOINT, EXCLUDING ATLANTO-OCCIPITAL) (EXCLUDING COSTOTRANSVERSE AND COSTOVERTEBRAL JOINTS AND ABDOMEN)

**NOTE:** FOR OSTEOMANIPULATIVE TREATMENT, THE BODY REGIONS REFERRED TO ARE: HEAD REGION; CERVICAL REGION; THORACIC REGION; LUMBAR REGION; SACRAL REGION; PELVIC REGION; LOWER EXTREMITIES; UPPER EXTREMITIES; RIB CAGE REGION; ABDOMEN AND VISCERA REGION

Appendix  
Exhibit 7

Ambulatory Surgical Center Facility Fee Schedule

<b>ASC Group</b>	<b>Facility Fee North</b>	<b>Facility Fee South</b>
Group 1	1,265.10	1,171.93
Group 2	1,694.39	1,569.61
Group 3	1,937.53	1,794.84
Group 4	2,393.42	2,217.16
Group 5	2,723.94	2,523.34
Group 6	3,138.04	2,906.94
Group 7	3,780.09	3,501.70
Group 8	3,696.51	3,424.28
Group 9	5,086.97	4,712.34