

Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers

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Publications Staff

Millie C. Pérez
Pauline Crutcher
Shari Bailey
Bill Angel

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Questions concerning this publication or its contents may be directed in writing to:

**Medicare Part A
Publications
P.O. Box 2078
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32231-0048**

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GENERAL INFORMATION

Ambulance Fee Schedule Initiative

At press time, HCFA has announced a delay in implementation of certain components of the ambulance fee schedule initiative. Important information regarding this delay may be found in the "Implementation Date of the Ambulance Fee Schedule" section of this publication on page 8.

The Health Care Financing Administration (HCFA) plans to implement a new payment system for medically necessary transports effective for services provided **on or after January 1, 2001**, based on section 4531 (b) (2) of the Balanced Budget Act of 1997 (which added a new section [1834 (1)] to the Social Security Act). **This new payment system will involve new HCPCS codes, payment methods, and claim requirements.** HCFA will no longer pay for these services based on reasonable charges or reasonable cost. Instead, payment will be made from a fee schedule. The fee schedule applies to all ambulance services, including volunteer, municipal, private, independent, and institutional providers (i.e., hospitals, critical access hospitals, skilled nursing facilities and home health agencies).

Ambulance services will be reported on claims using new HCPCS codes that reflect the seven categories of ground service and two categories of air service.

Mandatory assignment is required for all ambulance services when the fee schedule is implemented.

The fee schedule will be phased in over a four-year period. When fully implemented, the fee schedule will replace the current retrospective reasonable cost reimbursement system for providers and the reasonable charge system for ambulance suppliers.

This publication provides a basic overview of the new ambulance fee schedule payment system, including the transition schedule and delayed implementation of certain components. Please refer to HCFA Program Memoranda (PM) AB-00-88 and AB-00-118, issued on September 18, 2000 and November 30, 2000 respectively, for more information. Copies of these PMs can be downloaded at www.hcfa.gov/medlearn/refamb.htm

Categories of Ambulance Services

There are **seven** categories of ground ambulance services and **two** categories of air ambulance services under the new fee schedule. The ground service categories refer to both land and water transportation and are listed below:

The **ground** service categories include:

1. Basic Life Support
2. Basic Life Support – Emergency
3. Advanced Life Support, Level 1
4. Advanced Life Support, Level 1 – Emergency
5. Advanced Life Support, Level 2
6. Specialty Care Transport
7. Paramedic Intercept

The **air** service categories include:

1. Fixed Wing Air Ambulance (airplane)
2. Rotary Wing Air Ambulance (helicopter)

Ground Services

Ground services are reimbursable if they meet Medicare medically necessary coverage guidelines. An emergency response is one that, at the time the ambulance is called, is provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the beneficiary's health in serious jeopardy; in impairment to bodily functions; or in serious dysfunction to any bodily organ or part.

Ground Services Category Definitions

Basic Life Support (BLS) — The provision of basic life support services as defined by the National EMS Education and Practice Blueprint from EMT, including the establishment of a peripheral intravenous (IV) line.

Basic Life Support (BLS) – Emergency — The provision of BLS services as described above, in the context of an emergency response.

Advanced Life Support, Level 1 (ALS1) — The provision of an assessment by an advanced life support (ALS) provider or supplier or the provision of one or more ALS interventions. An ALS provider/supplier is defined as a provider trained to the level of the EMT-Intermediate or Paramedic as defined in the National EMS Education and Practice Blueprint. An ALS intervention is defined as procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint.

Advanced Life Support, Level 1 (ALS1 – Emergency) — The provision of ALS1 services, as specified above, in the context of an emergency response.

Advanced Life Support, Level 2 (ALS2) — The administration of three or more different medications **or** the provision of at least one of the following ALS procedures:

- Manual defibrillation/cardioversion
- Endotracheal intubation
- Central venous line
- Cardiac pacing
- Chest decompression
- Surgical airway
- Intraosseous line

Advanced life support (ALS) assessment is an assessment performed by an ALS crew that results in the determination that the patient's condition requires an ALS level of care, even if no other ALS intervention is performed.

Ambulance Fee Schedule Initiative (continued)

Specialty Care Transport (SCT) — A level of inter-facility service, for a critically injured or ill beneficiary, provided beyond the scope of the paramedic as defined in the National EMS Education and Practice Blueprint. This is necessary when a beneficiary’s condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area, e.g., nursing, medicine respiratory care, cardiovascular care, or a paramedic with additional training. Florida Medicare processes all claims for SCT on an individual consideration (IC) basis.

Paramedic Intercept (PI) — Paramedic intercept services are ALS services provided by an entity that does not provide the ambulance transport. Under a limited number of circumstances, Medicare payment may be made for these services. *NOTE: the Paramedic Intercept provision is not applicable in most geographical areas, including all of Florida.*

Air Services

Air services are reimbursable when transport meets Medicare coverage requirements, and the beneficiary’s medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Florida Medicare processes all claims for air services on an IC basis.

Higher operational costs for the two types of aircraft are recognized with two distinct payment amounts for air ambulance mileage. The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles (not nautical miles).

Air Services Category Definitions

Fixed Wing Air Ambulance (FW) — Transport by fixed wing air ambulance may be necessary because the beneficiary’s condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic) preclude such rapid delivery to the nearest appropriate facility. Transport by fixed wing air ambulance may also be necessary because the beneficiary is inaccessible by a land or water ambulance vehicle.

Rotary Wing Air Ambulance (RW) — Transport by rotary wing air ambulance may be necessary because the beneficiary’s condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic) preclude such rapid delivery to the nearest appropriate facility. Transport by rotary wing air ambulance may also be necessary because the beneficiary is inaccessible by a land or water ambulance vehicle.

HCPCS Codes for New Categories of Service

For ambulance service claims with dates of service on or after **January 1, 2001**, the applicable HCPCS codes (and their descriptions) are as follows:

- A0425 Ground mileage
- A0426 Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)

- A0427 Ambulance service, advanced life support, emergency transport, level 1 (ALS1-emergency)
- A0428 Ambulance service, basic life support, non-emergency transport (BLS)
- A0429 Ambulance service, basic life support, emergency transport (BLS - emergency)
- A0430 Ambulance service, conventional air services, transport, one way (fixed wing)
- A0431 Ambulance service, conventional air services, transport, one way (rotary wing)
- A0432 Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers
- A0433 Advanced life support, level 2 (ALS2)
- A0434 Specialty care transport (SCT)
- A0435 Fixed wing air mileage, per statute mile (FW)
- A0436 Rotary wing air mileage, per statute mile (RW)

NOTE: PI, ALS2, SCT, FW, or RW assumes an emergency condition and, therefore, does not require an emergency designator.

Changes Associated with the Ambulance Fee Schedule Initiative

When the ambulance fee schedule initiative is implemented, payment for ambulance services will be based on items and services provided, **not on the vehicle used**. Even if a local government requires an ALS response for all calls, Medicare pays only for the level of services provided and then only when the services are both medically necessary and covered by Medicare under the ambulance benefit.

Payment under the fee schedule for ambulance services is comprised of a base rate payment plus a separate payment for mileage. This base rate includes both the transport of the beneficiary to the nearest appropriate facility and all items and services associated with the transport. The base rate precludes a separate payment for items and services. Such items and services include, but are not limited to items that are both medically necessary and Medicare-covered such as oxygen, drugs, extra attendants, and EKG testing.

When the ambulance fee schedule is implemented, services will be paid based on the lower of the actual billed amount or the ambulance fee schedule amount (see page 8 for more information about the implementation date). The fee schedule will be phased in over a four-year period and when fully implemented will replace the current retrospective reasonable cost reimbursement system for providers and reasonable charge system for ambulance suppliers. Contractor reimbursement rates will be based on the supplier’s current billing methodology during the transition period.

Claims jurisdiction remains unchanged for the duration of the transition to the fee schedule.

Ambulance Fee Schedule Initiative (continued)

**Ambulance Fee Schedule Components
Ground Ambulance Services**

1. **Conversion Factor (CF)** — Money amount that serves as a nationally uniform base rate for all ground ambulance services and will be updated as necessary.
2. **Relative Value Unit (RVU)** — A numeric value assigned to each category of ground ambulance service relative to the value of a base level of ambulance service (the BLS level).

Service Level	RVU
BLS	1.00
BLS – Emergency	1.60
ALS1	1.20
ALS1 – Emergency	1.90
ALS2	2.75
SCT	3.25
PI	1.75

3. **Geographic Adjustment Factor (GAF)** — The non-facility practice expense (PE) of the geographic practice cost index (GPCI) of the Medicare physician fee schedule used to address regional differences in the cost of furnishing ambulance services for each ambulance fee schedule area. The location used is the one at which the beneficiary put in the ambulance.
4. **Mileage** — A nationally uniform loaded mileage rate of \$5 per loaded statute mile except for the paramedic intercept (PI) category. Mileage is not billable for PI services.
5. **Rural Area Mileage Adjustment** — For services furnished in a rural area, an additional amount for mileage to account for higher costs typical to rural operations. The increase to the mileage rate is 50 percent (up to \$7.50) per loaded statute mile for the first 17 miles. HCFA will provide files to contractors that identify rural/urban ZIP codes.

Air Ambulance Services

1. **Base Rate** — The national uniform base rate for fixed wing is \$2213.00. The national uniform base rate for rotary wing is \$2573.00. No conversion factor or RVU is applied.
2. **Geographic Adjustment Factor (GAF)** — Applied in the same manner as the ground ambulance services, except the applicable GPCI is applied to 50 percent of each of the base rates (fixed and rotary wing).
3. **Mileage** — A nationally uniform loaded mileage rate of \$6 per loaded statute mile flown for fixed wing services and \$16 per loaded statute mile flown for rotary wing services.
4. **Rural Area Mileage Adjustment** — For services furnished in a rural area, an additional 50 percent of the unadjusted fee schedule amount to account for higher costs typical to rural operations.

Point of Pickup

Point of pickup, as identified by the five-digit ZIP code, establishes if a rural adjustment applies. Each leg of multi-leg transports is separately evaluated for rural adjustment application determined by the point of pickup for each leg.

Rural area, with the exception of the paramedic intercept category, is defined as a U.S. Postal Service ZIP code that is located in whole or in part, outside of either a Metropolitan Statistical Area (MSA) or New England County Metropolitan Area (NECMA), or is an area wholly within a MSA or NECMA that has been identified as rural under the “Goldsmith modification.” (The Goldsmith modification establishes an operational definition of rural areas within large counties that contain one or more metropolitan areas. The Goldsmith areas are so isolated by distance or physical features that they are more rural than urban in character and lack easy geographic access to health services.)

Transition Schedule

When the ambulance fee schedule is implemented, payment under the schedule will be phased-in over a four-year period.

Initially, the fee schedule amount will comprise only 20 percent of the amount allowed from Medicare and the remaining 80 percent allowed by Medicare for a service furnished in year 1 of the transition will be based on the provider’s reasonable cost or the supplier’s reasonable charge. Thereafter, the fee schedule amount will increase each calendar year as a percentage of the allowed amount until it reaches 100 percent in year 4. Thus, in year 1, year 2, and year 3, the amount allowed for an ambulance service will be the lower of the submitted charge or a blended rate that comprises both a fee schedule component and a provider’s reasonable cost or a supplier’s reasonable charge.

The phase-in schedule is as follows:

<i>Fee Schedule Year</i>	<i>Fee Schedule Percentage</i>	<i>Cost/Charge Percentage</i>
Year 1	20%	80%
Year 2	50%	50%
Year 3	80%	20%
Year 4	100%	0%

Calculating the Blended Rate during the Transition

Payment of ambulance services currently follow one of two methodologies. Suppliers are paid based on a reasonable charge methodology. Institutional providers are paid based on the provider’s interim rate (which is a percentage based on the provider’s historical cost-to-charge ratio multiplied by the submitted charge) and then cost-settled at the end of the provider’s fiscal year.

For services furnished during the transition period, payment of ambulance services will be a blended rate. Intermediaries will determine both the reasonable cost for a service furnished by a provider and the fee schedule amount that would be payable for the service; then apply the appropriate percentage to each amount to derive a blended-rate payment amount applicable to the service.

New HCPCS Codes

- HCPCS codes A0425 through A0436 must be used effective with service dates on or after January 1, 2001. However, these codes are not valid for services dates prior to January 1, 2001.

Ambulance Fee Schedule Initiative (continued)

- No grace period will be provided to transition the use of the new HCPCS codes (except mileage codes A0380 and A0390).
- Claims submitted with old HCPCS codes for dates of service on or after January 1, 2001 will be returned to the provider

Factors Impacting Payment

Categories of Service

Medicare pays only for the category of service provided and then only when it is medically necessary.

Multiple Patients

More than one patient may be transported e.g., from the scene of a traffic accident. The fee should be prorated by the number of patients in the ambulance. Medicare Part B coinsurance, deductible, and mandatory assignment apply to this prorated amount.

Pronouncement of Death

The following two scenarios apply to payment for ambulance services when the beneficiary dies. No payment will be made if the beneficiary was pronounced dead prior to the time the ambulance is called.

1. The beneficiary is pronounced dead after the ambulance is called but before the ambulance arrives at the scene: Payment may be made for a BLS service if a ground vehicle is dispatched or at the fixed wing or rotary wing base rate, as applicable, if an air ambulance is dispatched. (For suppliers, there will be only one line item for this situation.) Neither mileage nor a rural adjustment would be paid. The blended rate amount will otherwise apply. Suppliers continue to use the QL modifier.
2. The beneficiary is pronounced dead after being loaded into the ambulance (regardless of whether pronounced during or subsequent to the transport): Payment is made following the usual rules of payment as if the beneficiary had not died. This scenario includes a determination of "dead on arrival" (DOA) at the facility to which the beneficiary was transported.

NOTE: Notwithstanding the beneficiary's apparent condition, the death of a beneficiary should be recognized only when the pronouncement of death is made by an individual who is licensed or otherwise authorized under State law to pronounce death in the State where such pronouncement is made.

Multiple Arrivals

When multiple units respond to a call for services, the entity that provides the transport for the beneficiary bills for all services furnished. If BLS and ALS entities respond to a call and the BLS entity furnishes the transport after an ALS assessment was furnished, the BLS entity will bill using the ALS1 rate. The BLS entity will be paid at the ALS1 rate. The BLS entity and the ALS entity settle payment for the ALS assessment.

HCPCS Codes for Service and Mileage

Individual HCPCS codes for service and mileage along with specific ZIP codes and number of miles must be reflected on the claim so accurate claim processing can occur.

Since the ZIP code is used for pricing, more than one ambulance service may be reported on the same claim for a beneficiary if all points of pickup have the same ZIP code. Prepare a separate claim for each trip if the points of pickup are located in different ZIP codes.

Concepts Impacting Coding

The implementation of the Ambulance Fee Schedule has generated some new coding requirements. The following are the concepts that will now drive the ambulance coding requirements:

- Seven categories of ground ambulance services
- Two categories of air ambulance services
- Payment based on the condition of the beneficiary, not on the type of vehicle used
- Payment is determined by the point of pickup as reported by the five-digit ZIP code
- Increased payment for rural services
- New HCPCS codes effective for dates of service beginning January 1, 2001
- Services and supplies included in base rate
- No grace period for old HCPCS for dates of service after January 1, 2001 (except mileage codes A0380 and A0390)

HCFA-1450 (UB-92) Claim Form Coding Requirements

The following instructions are for ambulance claims with dates of service on or after January 1, 2001.

- Use the new HCPCS codes to reflect the type of service the beneficiary received and not the type of vehicle used. Not all previous HCPCS codes were applicable since providers have been reporting the base rate and mileage codes.
- Each ambulance trip will require two lines of coding, one line for the service and one line for the mileage. Report the miles as whole numbers. If a trip has a fraction of a mile, round up to the nearest whole number. Code "1" as the mileage for trips of less than a mile.
- Only one ZIP code may be reported per claim; because billing requirements do not allow value codes (ZIP codes) to be line item specific. More than one ambulance trip may be reported on the same claim for a beneficiary only if the ZIP codes of all points of pickup are the same. Providers must prepare a separate claim for a beneficiary for each trip if the points of pickup are located in different ZIP codes.
- Report the appropriate bill type (13x, 22x, 23x, 32x, 33x, 34x, 83x or 85x): Please note that with the advent of the Outpatient Prospective Payment System, there are only a few provider types who can appropriately use bill type 83x.
- The point of pickup as reported by the five-digit ZIP code determines payment. Value code = "A0" (A-Zero) with the related ZIP code of the geographic location from which the beneficiary was placed on board the ambulance. Report the ZIP code in the dollar portion of the form locator by right justifying the

Ambulance Fee Schedule Initiative (continued)

numerals to the left of the dollar/cents delimiter in Form Locators 39-41. Providers utilizing the UB-92 flat file use record type 41 fields 16-39. On the X12 institutional claims transactions, show HI*BE:A0:::12345~,2300Loop, HI segment

- Form Locator 42, Revenue Code = 540
- Report the new HCPCS codes established for the ambulance fee schedule. No other HCPCS codes are acceptable for the reporting of ambulance services and mileage.
- Report an origin and destination modifier for each ambulance trip provided and either a QM (Ambulance service provided under arrangement by a provider of services) or QN (Ambulance service furnished directly by a provider of services) modifier.
- Report line-item dates of service per revenue code line. This means that providers must report two separate revenue code lines for every ambulance trip provided along with the date of service of each trip.
- Report service units for line items reflecting each ambulance trip provided for HCPCS codes A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, or A0434. The service units for each occurrence of

these HCPCS codes are always equal to one. In addition, for line items reflecting HCPCS code A0425, A0435, or A0436, providers must also report the number of loaded miles.

- Report total charges for line items reflecting HCPCS codes A0426, A0427, A0428, A0429, A0430, A0431, A0432, A0433, or A0434. Report in FL 47- "Total Charges" the actual charge for the ambulance service including all supplies used for the ambulance trip but excluding the charge for mileage. For line items reflecting HCPCS codes A0425, A0435, or A0436, providers are to report the actual charge for mileage.

NOTE: *There are cases where the provider does not incur any cost for mileage (e.g., a subsidy is received from a local municipality or the transport vehicle is owned and operated by a governmental or volunteer entity, if the beneficiary is pronounced dead after the ambulance is called but before the ambulance arrives at the scene). In these situations, providers are to report the ambulance trip in accordance to the above instructions. In addition, for purposes of reporting mileage, a separate line item with the appropriate HCPCS code, modifiers, and units should be reported. For the related charges, providers report \$1.00 in FL48 "Non-covered Charges."*

Definitions of Level of Service

BLS	Basic Life Support (BLS): Where medically necessary, the provision of basic life support (BLS) services as defined in the National EMS Education and Practice Blueprint for the EMT-Basic including the establishment of a peripheral intravenous (IV) line.
ALS1	Advanced Life Support, Level 1 (ALS1): Where medically necessary, the provision of an assessment by an advanced life support (ALS) provider and/or the provision of one or more ALS interventions. An ALS provider is defined as a provider trained to the level of the EMT-Intermediate or Paramedic as defined in the National EMS Education and Practice Blueprint. An ALS intervention is defined as a procedure beyond the scope of an EMT-Basic as defined in the National EMS Education and Practice Blueprint.
ALS2	Advanced Life Support, Level 2 (ALS2): Where medically necessary, the administration of at least three different medications and/or the provision of one or more of the following ALS procedures: Manual defibrillation/cardioversion, Endotracheal intubation, Central venous line, Cardiac pacing, Chest decompression, Surgical airway, Intraosseous line.
SCT	Specialty Care Transport (SCT): Where medically necessary, in a critically injured or ill patient, a level of inter-facility service provided beyond the scope of the Paramedic as defined in the National EMS Education and Practice Blueprint. This is necessary when a patient's condition requires ongoing care that must be provided by one or more health professionals in an appropriate specialty area (nursing, medicine, respiratory care, cardiovascular care, or a paramedic with additional training).
PI	Paramedic Intercept (PI): These services are defined in 42 CFR 410.40. They are ALS services provided by an entity that does not provide the ambulance transport. Under limited circumstances, these services can receive Medicare payment.
FW	Fixed Wing Air Ambulance (FW): Fixed wing air ambulance is provided when the patient's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate. In addition, fixed wing air ambulance may be necessary because the point of pick-up is inaccessible by land vehicle, or great distances or other obstacles (for example, heavy traffic) are involved in getting the patient to the nearest hospital with appropriate facilities.
RW	Rotary Wing Air Ambulance (RW): Rotary wing air ambulance is provided when the patient's medical condition is such that transportation by either basic or advanced life support ground ambulance is not appropriate. In addition, rotary wing air ambulance may be necessary because the point of pick-up is inaccessible by land vehicle, or great distances or other obstacles (for example, heavy traffic) are involved in getting the patient to the nearest hospital with appropriate facilities.

Implementation Date of the Ambulance Fee Schedule

On November 30, 2000, HCFA announced a delay in the implementation of the ambulance fee schedule. This means that payment for ambulance services will be made based on 100 percent of the allowance under the current payment rules (updated for inflation as described in PM AB-00-88) and **not** on the basis of the “80 percent current/20 percent fee schedule” blend methodology.

Although implementation of the fee schedule is delayed, implementation of the new HCPCS codes for ambulance services and requirement to report the ZIP code of the point of pickup on the claim is not delayed. Therefore, the new HCPCS codes and reporting the ZIP code of the point of pickup are effective with services furnished on or after January 1, 2001.

Delay Mandatory Assignment for Ambulance Services

Based on PM AB-00-88, “Implementation of the Ambulance Fee Schedule”, released September 18, 2000, contractors were to make systems changes to assure that claims for ambulance services follow mandatory assignment rules. Contractors have been instructed not to revise their systems with regard to mandatory assignment until further notice. However; when mandatory assignment becomes effective, it may be necessary for contractors to enforce mandatory assignment for ambulance services through administrative actions.

ALS Vehicle Used, but No ALS Service Furnished

Also based on PM AB-00-88, suppliers and providers using an ALS vehicle to furnish a BLS level of service are instructed to report on the claim HCPCS A0428 or A0429, the new HCPCS code for BLS and BLS emergency, respectively. **This policy is not being implemented at this time.** Until further notice, these claims must be submitted with the new HCPCS code, A0426 (ALS1) or A0427 (ALS1 emergency); contractors will process accordingly.

Payment for Mileage

Until further notice, suppliers should submit claims with the appropriate current codes, A0380 for BLS mileage and A0390 for ALS mileage. Contractors will not accept for processing any claim with the new code, A0425, until further notice.

The reasonable charge for services furnished in calendar year 2001 for A0380 and A0390 will be calculated on a supplier specific basis by multiplying each supplier’s reasonable charge for 2000 by the ambulance inflation factor.

Payment Based upon the Condition of the Beneficiary

The regulation for ambulance fee schedule also includes a clarification of the policy for payment. Payment will be based on the condition of the beneficiary and the services rendered by the crew. The vehicle dispatched does not determine payment. This policy is also delayed until a final regulation implementing the fee schedule becomes effective.

Components of Ambulance Fee Schedule that Are Effective January 1, 2001

Even though there is a delay in the implementation date of the fee schedule, most requirements from Program Memorandum AB-00-88 remain effective for January 1, 2001 except: payment using the fee schedule, ALS vehicle used but no ALS service rendered, mandatory assignment for carriers, and payments based on the condition of the beneficiary. These items are explained above.

The requirements that remain effective January 1, 2001 include:

- **New HCPCS codes**
- **No grace period for old ambulance codes (except A0380 and A0390)** – There will be no grace period for most ambulance codes. The only codes with a grace period are the mileage codes A0380 and A0390, which will be used until the fee schedule is implemented.
- **ZIP code on the claim/bill** – Contractors will continue to pay ambulance claims on a reasonable charge basis and intermediaries will continue to pay ambulance bills on a reasonable cost basis until the fee schedule is implemented by a final rule. Although payment amount is not based on the ZIP code (since this is a facet of fee schedule), the ZIP code is required as part of the claim information. Submitted ZIP codes that are invalid will result in the claim being returned to the provider. For foreign claims, the ZIP code must be reported as “00000.”
- **ALS transportation but no ALS service allowed at ALS1** – Until the fee schedule is implemented, there is a coding exception for ALS transport provided but no ALS service rendered; i.e., codes A0324, A0328, A0344 and A0348. When this occurs, the provider should code ALS1 or ALS1 emergency. Once the fee schedule is implemented, ambulance services must reflect the service provided based on the condition of the beneficiary.

Further information regarding implementation of the Ambulance Fee Schedule will be provided on our provider Web site – www.floridamedicare.com – and in future issues of the *Medicare A Bulletin* as it becomes available from HCFA.

This publication was produced prior to the publication of the final rule implementing Medicare’s Ambulance Fee Schedule Payment System. We have incorporated the best information available at the time of publication. Please refer to the final rule as published in the Federal Register for authoritative guidance on this new system. This publication should not be considered an authoritative source in making Medicare program policy determinations.

Crosswalk to New Codes for Ambulance Services

As a result of the implementation of the national ambulance fee scheduled initiative, claims for ambulance services furnished on or after January 1, 2000, must be reported using the new HCFA common procedure coding system (HCPCS) codes.

The following table provides a crosswalk of the new HCPCS codes to the old codes to assist ambulance provider in reporting ambulance services during the transition period.

NOTE: Not all previous HCPCS codes are applicable to providers since providers have been reporting the inclusive rate and mileage codes as described in section 3660.1 of the Medicare Intermediary Manual (MIM).

New HCPCS Code	Description of HCPCS Codes	Old HCPCS Code
A0430	Ambulance service, conventional air services, transport, one way, fixed wing (FW)	A0030
A0431	Ambulance service, conventional air services, transport, one way, rotary wing (RW)	A0040
A0429	Ambulance service, basic life support (BLS), emergency transport, water, special transportation services	A0050
A0428	Ambulance service, BLS, non-emergency transport, supplies included, mileage separately billed	A0320
A0429	Ambulance service, BLS, emergency transport, supplies included, mileage separately billed	A0322
None	Ambulance service, ALS, non-emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed	A0324
A0426	Ambulance service, ALS, non-emergency transport, specialized ALS services rendered, supplies included, mileage separately billed	A0326
None	Ambulance service, ALS, emergency transport, no specialized ALS services rendered, supplies included, mileage separately billed	A0328
A0427	Ambulance service, ALS, emergency transport, specialized ALS services rendered, supplies included, mileage separately billed	A0330
A0433	Ambulance service, ALS2, supplies included, mileage separately billed	A0330
A0434	Ambulance service, SCT, supplies included, mileage separately billed	A0330
A0425*	BLS mileage (per mile) * Providers must continue to bill for mileage using code A0380 or A0390, as appropriate. See page 8 regarding the delay in implementation of code A0425.	A0380 (averaged with A0390)
A0425*	ALS mileage (per mile) * See above statement.	A0390 (averaged with A0380)
None	Ambulance waiting time (ALS or BLS), one-half (1/2) hour increments	A0420
None	Extra ambulance attendant, ALS or BLS (requires medical review)	A0424
A0999	Unlisted ambulance service	A0999
A0432	Paramedic ALS intercept (PI), rural area transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers.	Q0186
A0435	Air mileage; FW, (per statute mile)	Local Carrier Code
A0436	Air mileage; RW, (per statute mile)	Local Carrier Code

COB Contractor Fact Sheet for Providers

The Health Care Financing Administration (HCFA) has embarked on an important initiative to further expand its campaign against Medicare waste, fraud and abuse under the Medicare Integrity Program. HCFA awarded the Coordination of Benefits (COB) contract to consolidate the activities that support the collection, management, and reporting of other insurance coverage of Medicare beneficiaries.

The awarding of the COB contract provides many benefits for employers, providers, suppliers, third party payers, attorneys, beneficiaries, and Federal and State insurance programs. All Medicare Secondary Payer (MSP) claims investigations will be initiated from, and researched at the COB contractor. This will no longer be a function of your local Medicare intermediary or carrier. Implementing this single-source development approach will greatly reduce the amount of duplicate MSP investigations. This will also offer a centralized, one-stop customer service approach, for

all MSP-related inquiries, including those seeking general MSP information, but not those related to specific claims or recoveries that serve to protect the Medicare Trust Funds. The COB contractor will provide customer service to all callers from any source, including but not limited to beneficiaries, attorneys/other beneficiary representatives, employers, insurers, providers, and suppliers.

Information Gathering

Medicare generally uses the term Medicare Secondary Payer or "MSP" when the Medicare program is not responsible for paying a claim first. The COB contractor will use a variety of methods and programs to identify situations in which Medicare beneficiaries have other health insurance that is primary to Medicare. In such situations, the other health plan has the legal obligation to meet the beneficiary's health care expenses first before Medicare. The table below describes a few of these methods and programs.

<i>Method/Program</i>	<i>Description</i>
Initial Enrollment Questionnaire (IEQ)	Beneficiaries are sent a questionnaire about other insurance coverage approximately three (3) months before they are entitled to Medicare.
IRS/SSA/HCFA Data Match	Under the Omnibus Budget Reconciliation Act of 1989, employers are required to complete a questionnaire that requests Group Health Plan (GHP) information on identified workers who are either entitled to Medicare or married to a Medicare beneficiary.
MSP Claims Investigation	This activity involves the collection of data on other health insurance that may be primary to Medicare based on information submitted on a medical claim or from other sources.
Voluntary MSP Data Match Agreements	Voluntary Agreements allow for the electronic data exchange of GHP eligibility and Medicare information between HCFA and employers or various insurers.

Provider Requests for Claims Payment

Intermediaries and carriers will continue to process claims submitted for primary or secondary payment. Claims processing will not be a function of the COB contractor. Questions concerning how to bill for payment (e.g., value codes, occurrence codes) should continue to be directed to your local intermediary or carrier. If a provider submits a claim on behalf of a beneficiary and there is an indication of MSP, but not sufficient information to disprove the existence of MSP, the claim will be investigated by the COB contractor. This investigation will be performed with the provider or supplier that submitted the claim. MSP investigations will no longer be a function of your local intermediary or carrier. The goal of MSP information gathering and investigation is to identify MSP situations quickly and accurately, thus ensuring correct primary and secondary payments by the responsible party. Providers, physicians, and other suppliers benefit not only from lower administrative claims costs, but also through enhanced customer service to their Medicare patients.

Medicare Secondary Payer Auxiliary Records in HCFA's Database

The COB contractor will be the sole authority in ensuring the accuracy and integrity of the MSP information contained in HCFA's database (i.e., Common Working File). Information received as a result of MSP gathering

and investigation is stored on the CWF in an MSP auxiliary file. The MSP auxiliary file allows for the entry of several auxiliary records, where necessary. MSP data may be updated, as necessary, based on additional information received from external parties (e.g., beneficiaries, providers, attorneys, third party payers). Beneficiary, spouse and/or family member changes in employment, reporting of an accident, illness, or injury, Federal program coverage changes, or any other insurance coverage information should be reported directly to the COB contractor. HCFA also relies on providers and suppliers to ask their Medicare patients about the presence of other primary health care coverage, and to report this information when filing claims with the Medicare program.

Contacting the COB Contractor

Effective January 1, 2001, refer all MSP inquiries; including, the reporting of potential MSP situations, changes in a beneficiary's insurance coverage, changes in employment, and general MSP questions/ concerns to the COB contractor. Continue to call your local intermediary and/or carrier regarding claims-related questions. The COB contractor's Customer Call Center toll free number is 1-800-999-1118 or TDD/TYY 1-800-318-8782. Customer service representatives are available to assist you from 8 a.m. to 8 p.m., Monday through Friday, Eastern standard time, except holidays. Clip and post this section in a handy place for access by your office and billing staff.

“DO NOT FORWARD” INITIATIVE

Effective January 1, 2001, Medicare intermediaries will implement the “Do Not Forward” (DNF) initiative for Medicare checks that could not be delivered to providers. With this initiative, First Coast Service Options, Inc. will use “Return Service Requested” envelopes to prevent the forwarding of Medicare checks to locations other than those recorded on the Medicare provider files.

When a check is returned, if applicable, the U.S. Postal Service will provide Medicare with a new address or reason for nondelivery. However, if a new address is supplied with the returned check, Medicare cannot automatically change the address of the provider or remail the check to the provider. Checks not delivered due to this “Do Not Forward” initiative will be released only after the appropriate address change process has occurred. The provider must complete a Change of Address form HCFA-855C or other written notification.

The form or written notification must bear an original signature from an authorized representative of the entity that completed the original provider registration form. No copies, faxes, or stamps are acceptable. For purposes of this process, the most important address is the “Pay To” address. If the provider does not furnish the “Pay To” address on Form HCFA-855C or the written notification, it will be returned and the address will not be updated.

To obtain copies of Form HCFA-855C, providers may access the provider Web Site at: www.floridamedicare.com, or call Medicare Provider Registration Department at (904) 791-6270. Please note that addresses cannot be changed based on telephone calls; written notification as described above is required.

Update of Codes and Payment Group for Ambulatory Surgical Centers

Effective for services furnished on or after January 1, 2001, in an ambulatory surgical center (ASC) are being made in accordance with the 2001 HCPCS update:

Deleted Code	Code to Report	Payment Group
52335	52351	3
52336	52352	4
52337	52353	4
52338	52354	4
52340	52400	3

Effective for services performed on or after January 1, 2000 the following CPT codes are covered when furnished in an ASC:

62263, 64470, 64472, 64479, 64480,
64483, 64484, 64626, 64627.

These codes are all paid under payment group 1.

2001 HCPCS—Additional Changes and Corrections

Since the publication of 2001 HCPCS information in the First Quarter 2001 *Medicare A Bulletin* the following changes and corrections have been noted:

- CPT codes 97532 and 97533 were inadvertently omitted from the list of CPT codes added for 2001. These codes are correctly listed as the replacement codes for code 97770, which have been discontinued for 2001.
- CPT code 87072 is discontinued for 2001. The CPT code to report was incorrectly listed as 87081. The correct CPT codes to report are 87076 or 87077.

GENERAL COVERAGE

Off Label Use of Oral Chemotherapy Drugs Methotrexate and Cyclophosphamide

For claims with dates of services **on or after January 1, 2000**, the self-administrable oral chemotherapy (cancer) drugs Methotrexate (HCPCS code J8610) and Cyclophosphamide (HCPCS code J8530) have been identified as drugs that may also be used in immunosuppressive therapy for patients who have had organ transplants. As a result, Medicare pays providers for these drugs when billed either as an anti-cancer chemotherapeutic agent **or** used in conjunction with immunosuppressive therapy.

When billing for these drugs, providers must either report a diagnosis of cancer **or** an occurrence code 36 (and a corresponding date) on the bill. Providers must continue to report a diagnosis code of cancer when billing for these drugs dispensed as an anti-cancer chemotherapeutic agent. When billing for these drugs used in conjunction with immunosuppressive therapy, providers must continue to report an occurrence code 36, and a corresponding date (the date of discharge for the inpatient hospital stay which the beneficiary received the transplant procedure).

Ultrasonic Osteogenic Stimulator

An ultrasonic osteogenic stimulator is a non-invasive device that emits low intensity, pulsed ultrasound. The ultrasound signal is applied to the skin surface at the fracture location via ultrasound, conductive gel in order to stimulate fracture healing.

Effective for services performed **on or after January 1, 2001**, ultrasonic osteogenic stimulators are covered as medically reasonable and necessary for the treatment of non-union fractures. Documentation to demonstrate nonunion of fractures may be:

1. A minimum of two sets of radiographs obtained prior to starting treatment with the osteogenic stimulator, separated by a minimum of 90 days. Each radiograph must include multiple views of the fracture site accompanied with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs.
2. Indications that the patient failed at least one surgical intervention for the treatment of the fracture.

Non-unions of the skull, vertebrae, and those that are tumor-related are excluded from coverage.

The ultrasonic osteogenic stimulator may not be used concurrently with other non-invasive osteogenic devices. The national non-coverage policy related to ultrasonic osteogenic stimulators for fresh fractures and delayed unions remains in place. This policy relates only to non-union as defined above. ❖

Currently, the common working file edits the claims for a diagnosis of cancer when these HCPCS are reported. However, because of their expanded use in conjunction with immunosuppressive therapy, the CWF file will be modified to accept either a diagnosis of cancer **or** an occurrence code when these two HCPCS codes are reported. Claims received containing these HCPCS codes reported with the occurrence code 36 (indication that the drug is reported in conjunction with immunosuppressive therapy), will be suspended until the necessary systems modifications have been made. System modifications will be made by April 1, 2001. At the time, the pending claims will be released for payment and the applicable interest will be paid. Interest is payable on “clean” claims not paid timely in accordance with the claims processing timeliness guidelines. ❖

Additional Coverage for Autologous Stem Cell Transplantation

An article addressing additional coverage for autologous stem cell transplantation (AuSCT) was published in the October/November 2000 *Medicare A Bulletin* (page 7). Since then, the national coverage policy for AuSCT for patients with multiple myeloma has been revised to state the following:

Effective October 1, 2000, single AuSCT is only covered for Durie-Salmon STAGE II or III patients that fit the following requirement:

- Newly diagnosed or responsive multiple myeloma. This includes those patients with previously untreated disease, those with a least a partial response to prior chemotherapy (defined as a fifty percent decrease either in measurable paraprotein [serum and/or urine] or in a bone marrow infiltration, sustained for at least one month), and those in responsive relapse; and
- Adequate cardiac, renal pulmonary, and hepatic function.

NOTE: Tandem transplantation for multiple myeloma remains noncovered. ❖

MEDICAL POLICIES

2001 HCPCS Local Medical Review Policy Changes

Florida Medicare has revised local medical review policies (LMRPs) impacted by the 2001 HCFA Common Procedure Coding System (HCPCS) update. The following table lists the LMRPs affected by the HCPCS update. Procedure codes have been added, revised, replaced and removed accordingly.

LMRP TITLE	2001 CHANGES	PUBLISHED
44388: Colonoscopy	CPT codes 44397 and 45387 added to policy	Oct/Nov 2000 <i>Bulletin</i> (page 18)
70541: Magnetic Resonance Angiography (MRA)	CPT codes 70544 - 70549 added to policy CPT code 70541 removed from policy. See CPT codes 70544 - 70549 to report services. Policy identification number changed to 70544	Jun/Jul 200 <i>Bulletin</i> (page 21)
77750: Clinical Brachytherapy	Descriptor change for CPT codes 77761, 77776, 77789 and 77790	2000 HCPCS Special <i>Bulletin</i> 12/1999 (page 25)
78267: Breath Test for Helicobacter Pylori (H. Pylori)	Descriptor change for CPT code 83013	2000 HCPCS Special <i>Bulletin</i> 12/1999 (page 27)
80061: Lipid Profile/ Cholesterol Testing	Descriptor change for CPT code 82465	<i>Bulletin</i> G-360, 1/21/1999
80100: Qualitative Drug Screen	Descriptor change for CPT codes 80100 and 80101	Oct/Nov 2000 <i>Bulletin</i> (page 25)
82105: Tumor Markers	CPT codes 86294, 86300, 86301 and 86304 added to policy	<i>Bulletin</i> G-360, 1/21/1999
82270: Fecal Occult Blood Testing	Descriptor change for CPT code 82270	Jun/Jul 1999 <i>Bulletin</i> (page 47)
84154: Free Prostate Specific Antigen	CPT code 84152 added to policy Policy identification number changed to 84152 Policy named changed to Complexed and Free Prostate Specific Antigen	Jun/Jul 1999 <i>Bulletin</i> (page 52)
87086: Urine Bacterial Culture	Descriptor change for CPT codes 87086 and 87088 CPT code 87087 removed from policy. See CPT code 87088 to report services	Dec 1999/Jan 2000 <i>Bulletin</i> (page 22)
93312: Transesophageal Echocardiogram	CPT code 93318 added to policy	<i>Bulletin</i> G-367, 3/18/1999
95115: Allergen Immunotherapy	New definition of "dose" for CPT code 95165	Oct/Nov 2000 <i>Bulletin</i> (page 39)
97003: Occupational Therapy Policy for Rehabilitation Services	CPT codes 97532 and 97533 added to policy CPT code 97770 removed from policy. See CPT codes 97532 and 97533 to report services	<i>Bulletin</i> G-348, 9/18/1998
A0320: Ground Ambulance Services	HCPCS codes A0426-A0434 added to policy HCPCS codes A0320-A0330 removed from policy Policy identification number changed to A0426	Jun/Jul 2000 <i>Bulletin</i> (page 43)

LOCAL AND FOCUSED MEDICAL REVIEW POLICIES

2001 HCPCS Local Medical Review Policy Changes (continued)

LMRP TITLE	2001 CHANGES	PUBLISHED
DYSPHRT: Dysphagia/ Swallowing Diagnosis & Therapy	HCPCS code G0195 and G0196 added to policy Statement of noncoverage added for CPT code 92525	<i>Bulletin G-354, 12/7/1998</i>
G0108: Diabetes Outpatient Self-Management Training	Descriptor change for HCPCS codes G0108 and G0109	Feb/Mar 2000 <i>Bulletin</i> (page 39)
G0160: Cryosurgical Ablation of the Prostate	CPT code 55873 added to policy HCPCS code G0160 and G0161 removed from policy. See CPT code 55873 to report services. Policy identification number changed to 55873	Jun/Jul 1999 <i>Bulletin</i> (page 20)
J0001: Self-Administered Drugs	Added new HCPCS code Q2016 to replace HCPCS code J3490 NOTE: HCPCS code Q2016 was effective 7/1/2000.	Oct/Nov 2000 <i>Bulletin</i> (page 45)
J0585: Botulinum Toxin Type A (Botox)	CPT code 64614 added to policy Descriptor change for CPT code 64612	2000 HCPCS Special <i>Bulletin</i> 12/1999 (page 45)
J1561: Intravenous Immune Globulin	HCPCS code J1563 added to policy HCPCS code J1562 removed from policy	Apr/May 2000 <i>Bulletin</i> (page 25)
J1950: Leuprolide Acetate	HCPCS code J9219 added to policy	Aug/Sep 2000 <i>Bulletin</i> (page 45)
J7190: Hemophilia Clotting Factors	HCPCS code Q2022 added to policy	Jun/Jul 2000 <i>Bulletin</i> (page 55)
PHPPROG: Psychiatric Partial Hospitalization Program	CPT codes 97532 and 97533 added to policy CPT code 97770 removed from policy. See CPT codes 97532 and 97533 to report services. HCPCS codes G0176 and G0177 added to policy HCPCS code G0172 removed from policy. See HCPCS G0177 to report services. HCPCS code Q0082 removed from policy	Apr/May 2000 <i>Bulletin</i> (page 29)

Final LMRPs are available on the Florida Medicare provider Web site – www.floridamedicare.com. ❖

ESRD

End Stage Renal Disease Blood Pricing

The following new End Stage Renal Disease (ESRD) blood pricing, effective for services rendered on and after January 1, 2001, updates the existing *Medicare Part A ESRD Processing Manual*, section 23. Providers may use this pricing update to reconcile Medicare claim payments for applicable services rendered *on and after January 1, 2001*.

The following procedure codes for blood and blood related services are billable by ESRD providers to Medicare Part A (bill type 72x) in the HCFA-1450 (UB-92) claim form or its electronic equivalent.

Blood and Blood Related Services

Legend	
Description	Name/Description of blood and/or blood related service
Procedure Code	HCFA Common Procedure Coding System (HCPCS), or Current Procedural Terminology (CPT) code reportable on the HCFA-1450 (UB-92) claim form or its electronic equivalent
Revenue Code	Code identifying a specific accommodation, ancillary service or billing calculation. (Appropriate revenue code must be used with procedure code for reimbursement)
Allowable Price	Medicare Part A reimbursement allowance for the blood and/or blood related service
NOTE: When a procedure code indicates "diagnosis code required," the diagnosis coding requirement is exclusive of diagnosis code 585 (Chronic Renal Disease).	

Description	Procedure Code	Revenue Code	Allowable Price
Blood typing; antigen screening for compatible blood unit using reagent serum, per unit screened	X0079	390	\$32.00
Blood typing; ABO	X0080	390	\$22.50
Blood typing; RBC antigens, other than ABO or Rh(D), each	X0081	390	\$32.00
Antibody screen, RBC, each serum technique	X0086	390	\$30.00
Antibody identification, RBC antibodies, each panel for each serum technique	X0087	390	\$73.00
Compatibility test each unit; immediate spin technique	X0088	390	\$47.00
Blood typing; Rh(D)	X0089	390	\$21.50
Frozen blood, preparation for freezing, each unit; with freezing and thawing	X0090	390	\$199.00
HTLV or HIV antibody, confirmatory test (Western Blot)	X0091	390	\$67.50
Hepatitis B surface antigen(HBsAg)	X0093	390	\$53.25
Hepatitis C antibody	X0094	390	\$92.00
Leukocyte transfusion	X0096	390	\$600.00

Questions regarding this information may be addressed to Medicare Part A Customer Service at (904) 355-8899.

2001 OUPATIENT SERVICES FEE SCHEDULE

Outpatient Medicare Services Fee Schedule for 2001

The Health Care Financing Administration (HCFA) in conjunction with the Medicare Part B carrier, develops the Medicare Part A annual outpatient fee schedule. The fee schedule reimbursement amounts published in this bulletin are effective for services furnished **on or after January 1, 2001**. HCFA extends a 90-day grace period where either 2000 or 2001 HCPCS codes are accepted.

Effective January 1, 2001 through March 31, 2001, providers may use either the 2000 or the 2001 HCPCS codes. **Effective April 1, 2001**, only the 2001 HCPCS codes will be accepted by Medicare.

Fee Schedule Lists

The following fee schedule reimbursement amounts are provided in this section:

- Clinical Laboratory Services
- Orthotics/Prosthetics Devices
- Surgical Dressings Items
- Rehabilitation Services (by locality)
- Radiology Services (by locality)
- Other Diagnostic Services (by locality)

Outpatient rehabilitation, radiology and other diagnostic services are reimbursed based on the provider locality in the state of Florida.

Clinical laboratory, medical and surgical supplies and orthotic and prosthetic devices are reimbursed based on the standard fee schedule for the state of Florida. All providers are reimbursed at the same fee scheduled allowance for these services, regardless of geographical location.

Locality Structure

HCFA reduced the number of localities in 1997. This means the state of Florida is now divided into three geographic localities. *Localities 01 and 02 are merged and priced at the same fee schedule rate.* For this reason, locality 01 fee schedule reimbursement information for both radiology and other diagnostics is not repeated for locality 02.

NOTE: Although the attached fee schedule listings do not reflect reimbursement in locality 02, the Direct Data Entry (DDE) system will reflect all four localities. However, localities 01 and 02 are the same fee schedule rates.

Questions regarding these fees may be addressed to Medicare Part A Customer Service Representatives by calling (904) 355- 8899. ❖

CLINICAL LABORATORY SERVICES FEE SCHEDULE

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
ATP02	7.20	7.44	G0107	3.50	3.62	80061	18.51	19.13
ATP03	9.18	9.49	G0123	0.00	0.00	80061QW	18.51	19.13
ATP04	9.69	10.01	G0143	0.00	0.00	80069	12.00	12.40
ATP05	10.81	11.17	G0144	0.00	0.00	80072	35.67	36.86
ATP06	10.84	11.20	G0145	0.00	0.00	80074	65.82	68.01
ATP07	11.29	11.67	G0147	0.00	0.00	80076	11.29	11.67
ATP08	11.70	12.09	G0148	0.00	0.00	80090	79.56	82.21
ATP09	12.00	12.40	P2038	6.95	7.18	80100	20.10	20.77
ATP10	12.00	12.40	P3000	7.15	7.39	80101	19.03	19.66
ATP11	12.21	12.62	P9612	3.00	3.00	80101QW	19.03	19.66
ATP12	12.48	12.90	P9615	3.00	3.00	80102	18.31	18.92
ATP16	14.61	15.10	Q0111	5.90	6.10	80150	20.83	21.52
ATP18	14.71	15.20	Q0112	5.90	6.10	80152	24.74	25.56
ATP19	15.28	15.79	Q0113	7.47	7.72	80154	25.56	26.41
ATP20	15.78	16.31	Q0114	9.88	10.21	80156	20.12	20.79
ATP21	16.27	16.81	Q0115	13.68	14.14	80157	13.74	14.20
ATP22	16.77	17.33	78267	10.86	11.22	80158	24.05	24.85
G0001	3.00	3.00	78268	93.09	96.19	80160	23.79	24.58
G0026	5.90	6.10	80048	11.70	12.09	80162	18.35	18.96
G0027	8.99	9.29	80051	9.69	10.01	80164	18.72	19.34
G0103	25.42	26.27	80053	14.61	15.10	80166	21.42	22.13

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
80168	22.58	23.33	82003	27.96	28.89	82307	44.53	46.01
80170	22.65	23.41	82009	6.25	6.46	82308	37.01	38.24
80172	22.52	23.27	82010	9.88	10.21	82310	7.12	7.36
80173	20.12	20.79	82010QW	9.88	10.21	82330	18.88	19.51
80174	23.79	24.58	82013	15.44	15.95	82331	7.15	7.39
80176	16.08	16.62	82016	19.16	19.80	82340	8.34	8.62
80178	9.13	9.43	82017	23.31	24.09	82355	15.99	16.52
80182	18.72	19.34	82024	53.38	55.16	82360	12.09	12.49
80184	15.83	16.36	82030	17.88	18.48	82365	17.11	17.68
80185	18.32	18.93	82040	5.67	5.86	82370	17.32	17.90
80186	19.03	19.66	82042	2.43	2.51	82373	9.95	10.28
80188	22.93	23.69	82043	2.43	2.51	82374	6.76	6.99
80190	23.15	23.92	82044	6.33	6.54	82375	17.03	17.60
80192	23.15	23.92	82044QW	6.33	6.54	82376	7.85	8.11
80194	20.17	20.84	82055	14.93	15.43	82378	26.22	27.09
80196	9.81	10.14	82055QW	14.93	15.43	82379	23.31	24.09
80197	18.97	19.60	82075	16.66	17.22	82380	12.75	13.18
80198	19.56	20.21	82085	13.42	13.87	82382	23.76	24.55
80200	22.27	23.01	82088	56.32	58.20	82383	34.63	35.78
80201	16.48	17.03	82101	41.48	42.86	82384	32.92	34.02
80202	18.72	19.34	82103	18.56	19.18	82387	28.75	29.71
80299	18.92	19.55	82104	19.98	20.65	82390	14.84	15.33
80400	45.06	46.56	82105	23.18	23.95	82397	19.53	20.18
80402	120.14	124.14	82106	23.18	23.95	82415	17.51	18.09
80406	108.14	111.74	82108	35.22	36.39	82435	6.35	6.56
80408	173.44	179.22	82120	3.98	4.11	82436	4.50	4.65
80410	111.03	114.73	82120QW	3.98	4.11	82438	6.76	6.99
80412	455.46	470.64	82127	19.16	19.80	82441	8.30	8.58
80414	71.36	73.74	82128	19.16	19.80	82465	6.02	6.22
80415	77.24	79.81	82131	23.31	24.09	82465QW	6.02	6.22
80416	182.40	188.48	82135	22.75	23.51	82480	9.82	10.15
80417	60.80	62.83	82136	23.31	24.09	82482	8.22	8.49
80418	800.92	827.62	82139	23.31	24.09	82485	19.80	20.46
80420	99.54	102.86	82140	20.14	20.81	82486	24.09	24.89
80422	63.69	65.81	82143	9.50	9.82	82487	19.80	20.46
80424	65.84	68.03	82145	21.48	22.20	82488	19.80	20.46
80426	205.16	212.00	82150	8.96	9.26	82489	19.80	20.46
80428	92.16	95.23	82154	39.85	41.18	82491	24.09	24.89
80430	108.42	112.03	82157	40.46	41.81	82492	24.09	24.89
80432	175.51	181.36	82160	34.57	35.72	82495	28.03	28.96
80434	139.75	144.41	82163	28.37	29.32	82507	38.43	39.71
80435	142.30	147.04	82164	20.17	20.84	82520	20.94	21.64
80436	125.98	130.18	82172	19.58	20.23	82523	25.83	26.69
80438	69.63	71.95	82175	26.22	27.09	82525	17.15	17.72
80439	92.84	95.93	82180	13.66	14.12	82528	31.11	32.15
80440	80.34	83.02	82190	16.89	17.45	82530	23.10	23.87
81000	4.37	4.52	82205	15.83	16.36	82533	22.53	23.28
81000QW	4.37	4.52	82232	22.36	23.11	82540	6.40	6.61
81001	4.37	4.52	82239	23.67	24.46	82541	24.09	24.89
81002	3.54	3.66	82240	24.05	24.85	82542	24.09	24.89
81003	3.10	3.20	82247	6.94	7.17	82543	24.09	24.89
81003QW	3.10	3.20	82248	6.94	7.17	82544	24.09	24.89
81005	3.00	3.10	82252	2.70	2.79	82550	9.01	9.31
81007	3.55	3.67	82261	23.31	24.09	82552	18.51	19.13
81007QW	3.55	3.67	82270	4.49	4.64	82553	12.86	13.29
81015	3.98	4.11	82273	4.49	4.64	82554	12.86	13.29
81020	5.09	5.26	82273QW	4.49	4.64	82565	7.07	7.31
81025	8.74	9.03	82286	9.52	9.84	82570	7.15	7.39
81050	4.14	4.28	82300	13.11	13.55	82575	13.06	13.50
82000	17.12	17.69	82306	40.91	42.27	82585	11.85	12.25

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
82595	8.95	9.25	82947QW	5.42	5.60	83518QW	11.72	12.11
82600	26.81	27.70	82948	4.37	4.52	83519	18.67	19.29
82607	20.83	21.52	82950	6.56	6.78	83520	17.89	18.49
82608	19.80	20.46	82950QW	6.56	6.78	83525	15.81	16.34
82615	11.29	11.67	82951	17.80	18.39	83527	17.90	18.50
82626	34.93	36.09	82951QW	17.80	18.39	83528	21.98	22.71
82627	30.72	31.74	82952	5.42	5.60	83540	8.95	9.25
82633	42.81	44.24	82952QW	5.42	5.60	83550	12.08	12.48
82634	40.46	41.81	82953	6.56	6.78	83570	12.22	12.63
82638	16.92	17.48	82955	13.40	13.85	83582	19.59	20.24
82646	27.51	28.43	82960	8.03	8.30	83586	17.69	18.28
82649	35.52	36.70	82962	0.00	0.00	83593	36.35	37.56
82651	35.68	36.87	82963	29.69	30.68	83605	14.76	15.25
82652	53.19	54.96	82965	7.20	7.44	83615	8.35	8.63
82654	18.90	19.53	82975	21.88	22.61	83625	17.69	18.28
82657	24.09	24.89	82977	9.95	10.28	83632	27.93	28.86
82658	24.09	24.89	82978	19.70	20.36	83633	7.61	7.86
82664	47.48	49.06	82979	9.52	9.84	83634	11.05	11.42
82666	29.69	30.68	82980	24.05	24.85	83655	16.72	17.28
82668	25.97	26.84	82985	20.83	21.52	83661	27.26	28.17
82670	38.62	39.91	82985QW	20.83	21.52	83662	26.14	27.01
82671	44.64	46.13	83001	25.69	26.55	83663	13.07	13.51
82672	29.97	30.97	83002	25.60	26.45	83664	6.53	6.75
82677	33.43	34.54	83003	23.04	23.81	83670	12.66	13.08
82679	34.50	35.65	83008	23.20	23.97	83690	9.52	9.84
82690	21.75	22.48	83010	17.38	17.96	83715	15.56	16.08
82693	13.60	14.05	83012	23.76	24.55	83716	17.11	17.68
82696	32.60	33.69	83013	93.09	96.19	83718	11.31	11.69
82705	7.04	7.27	83014	10.86	11.22	83718QW	11.31	11.69
82710	21.88	22.61	83015	26.03	26.90	83719	16.08	16.62
82715	23.79	24.58	83018	30.35	31.36	83721	13.18	13.62
82725	11.95	12.35	83020	17.80	18.39	83727	23.76	24.55
82726	24.09	24.89	83021	24.09	24.89	83735	9.26	9.57
82728	18.83	19.46	83026	3.26	3.37	83775	10.19	10.53
82731	89.01	91.98	83030	11.43	11.81	83785	33.98	35.11
82735	12.48	12.90	83033	6.43	6.64	83788	24.09	24.89
82742	27.36	28.27	83036	13.42	13.87	83789	24.09	24.89
82746	20.32	21.00	83036QW	13.42	13.87	83805	24.36	25.17
82747	4.25	4.39	83045	4.83	4.99	83825	22.47	23.22
82757	16.71	17.27	83050	5.80	5.99	83835	23.41	24.19
82759	29.69	30.68	83051	10.10	10.44	83840	22.56	23.31
82760	15.47	15.99	83055	6.80	7.03	83857	14.84	15.33
82775	29.11	30.08	83060	8.03	8.30	83858	18.52	19.14
82776	11.59	11.98	83065	5.93	6.13	83864	27.51	28.43
82784	12.85	13.28	83068	11.71	12.10	83866	13.62	14.07
82785	22.76	23.52	83069	5.45	5.63	83872	8.10	8.37
82787	4.31	4.45	83070	6.56	6.78	83873	23.78	24.57
82800	4.83	4.99	83071	9.50	9.82	83874	17.84	18.43
82803	26.74	27.63	83080	23.31	24.09	83883	18.79	19.42
82805	39.21	40.52	83088	40.81	42.17	83885	7.85	8.11
82810	12.06	12.46	83090	6.69	6.91	83887	32.73	33.82
82820	13.82	14.28	83150	17.11	17.68	83890	3.52	3.64
82926	7.53	7.78	83491	24.21	25.02	83891	3.52	3.64
82928	7.24	7.48	83497	17.82	18.41	83892	3.52	3.64
82938	24.46	25.28	83498	37.54	38.79	83893	3.52	3.64
82941	24.38	25.19	83499	34.83	35.99	83894	3.52	3.64
82943	19.75	20.41	83500	31.30	32.34	83896	3.52	3.64
82945	5.42	5.60	83505	33.59	34.71	83897	3.52	3.64
82946	20.83	21.52	83516	15.95	16.48	83898	23.17	23.94
82947	5.42	5.60	83518	11.72	12.11	83901	23.17	23.94

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
83902	15.00	15.50	84206	18.52	19.14	84550	6.25	6.46
83903	23.17	23.94	84207	25.72	26.58	84560	6.56	6.78
83904	23.17	23.94	84210	15.01	15.51	84577	17.24	17.81
83905	23.17	23.94	84220	7.20	7.44	84578	4.48	4.63
83906	23.17	23.94	84228	7.85	8.11	84580	9.81	10.14
83912	3.52	3.64	84233	89.01	91.98	84583	6.95	7.18
83915	15.41	15.92	84234	89.64	92.63	84585	21.42	22.13
83916	27.12	28.02	84235	72.31	74.72	84586	26.52	27.40
83918	20.96	21.66	84238	50.53	52.21	84588	46.91	48.47
83919	20.96	21.66	84244	30.40	31.41	84590	16.02	16.55
83921	20.96	21.66	84252	17.62	18.21	84591	16.02	16.55
83925	26.89	27.79	84255	35.28	36.46	84597	9.66	9.98
83930	9.13	9.43	84260	20.96	21.66	84600	22.21	22.95
83935	9.42	9.73	84270	11.05	11.42	84620	16.37	16.92
83937	28.42	29.37	84275	10.17	10.51	84630	15.74	16.26
83945	17.80	18.39	84285	32.55	33.64	84681	26.52	27.40
83970	57.04	58.94	84295	6.65	6.87	84702	20.80	21.49
83986	4.95	5.12	84300	6.72	6.94	84703	10.38	10.73
83986QW	4.95	5.12	84305	27.25	28.16	84703QW	10.38	10.73
83992	20.31	20.99	84307	21.37	22.08	84830	13.87	14.33
84022	21.53	22.25	84311	9.66	9.98	85002	6.22	6.43
84030	7.61	7.86	84315	3.46	3.58	85007	4.76	4.92
84035	5.05	5.22	84375	12.09	12.49	85008	4.76	4.92
84060	10.20	10.54	84376	7.61	7.86	85009	5.14	5.31
84061	10.94	11.30	84377	7.61	7.86	85013	3.27	3.38
84066	13.35	13.80	84378	11.05	11.42	85014	3.27	3.38
84075	7.15	7.39	84379	11.05	11.42	85014QW	3.27	3.38
84078	10.09	10.43	84392	6.56	6.78	85018	3.27	3.38
84080	20.44	21.12	84402	35.19	36.36	85018QW	3.27	3.38
84081	22.84	23.60	84403	35.68	36.87	85021	7.72	7.98
84085	9.32	9.63	84425	12.09	12.49	85022	7.59	7.84
84087	11.19	11.56	84430	16.08	16.62	85023	11.71	12.10
84100	6.56	6.78	84432	22.20	22.94	85024	11.70	12.09
84105	6.43	6.64	84436	9.50	9.82	85025	10.74	11.10
84106	5.92	6.12	84437	7.85	8.11	85027	8.95	9.25
84110	11.68	12.07	84439	12.46	12.88	85031	8.18	8.45
84119	11.90	12.30	84442	20.44	21.12	85041	4.16	4.30
84120	20.33	21.01	84443	23.21	23.98	85044	5.94	6.14
84126	35.20	36.37	84445	24.05	24.85	85045	5.54	5.72
84127	16.10	16.64	84446	19.60	20.25	85046	7.72	7.98
84132	6.35	6.56	84449	20.82	21.51	85048	3.52	3.64
84133	5.94	6.14	84450	7.14	7.38	85130	16.44	16.99
84134	20.16	20.83	84460	7.32	7.56	85170	5.00	5.17
84135	26.44	27.32	84466	17.65	18.24	85175	6.28	6.49
84138	26.16	27.03	84478	7.95	8.22	85210	8.03	8.30
84140	23.27	24.05	84478QW	7.95	8.22	85220	24.39	25.20
84143	31.54	32.59	84479	8.95	9.25	85230	24.75	25.58
84144	28.83	29.79	84480	19.60	20.25	85240	24.75	25.58
84146	26.78	27.67	84481	21.73	22.45	85244	28.22	29.16
84150	34.50	35.65	84482	21.73	22.45	85245	31.72	32.78
84152	25.42	26.27	84484	13.60	14.05	85246	31.72	32.78
84153	25.42	26.27	84485	9.90	10.23	85247	31.72	32.78
84154	25.42	26.27	84488	9.90	10.23	85250	26.31	27.19
84155	5.06	5.23	84490	9.90	10.23	85260	24.75	25.58
84160	7.15	7.39	84510	12.09	12.49	85270	24.75	25.58
84165	14.84	15.33	84512	7.50	7.75	85280	26.74	27.63
84181	23.54	24.32	84520	5.45	5.63	85290	22.58	23.33
84182	24.87	25.70	84525	3.98	4.11	85291	12.28	12.69
84202	10.55	10.90	84540	6.56	6.78	85292	7.20	7.44
84203	10.55	10.90	84545	9.12	9.42	85293	7.20	7.44

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
85300	8.03	8.30	85810	16.14	16.68	86360	9.66	9.98
85301	14.95	15.45	86000	9.65	9.97	86361	5.80	5.99
85302	16.61	17.16	86001	7.22	7.46	86376	20.11	20.78
85303	19.11	19.75	86003	7.22	7.46	86378	27.22	28.13
85305	16.02	16.55	86005	11.02	11.39	86382	23.36	24.14
85306	21.18	21.89	86021	20.80	21.49	86384	15.74	16.26
85307	21.18	21.89	86022	25.38	26.23	86403	14.08	14.55
85335	17.80	18.39	86023	17.21	17.78	86406	14.70	15.19
85337	14.41	14.89	86038	16.70	17.26	86430	7.85	8.11
85345	5.94	6.14	86039	15.43	15.94	86431	7.85	8.11
85347	5.88	6.08	86060	10.09	10.43	86590	12.09	12.49
85348	5.14	5.31	86063	7.98	8.25	86592	5.90	6.10
85360	11.05	11.42	86140	7.15	7.39	86593	6.09	6.29
85362	9.52	9.84	86146	22.87	23.63	86602	8.02	8.29
85366	11.90	12.30	86147	22.87	23.63	86603	17.79	18.38
85370	14.67	15.16	86148	22.20	22.94	86606	20.80	21.49
85378	9.86	10.19	86155	22.08	22.82	86609	17.81	18.40
85379	14.06	14.53	86156	9.26	9.57	86611	8.02	8.29
85384	11.74	12.13	86157	11.14	11.51	86612	17.83	18.42
85385	11.74	12.13	86160	16.59	17.14	86615	18.23	18.84
85390	6.56	6.78	86161	16.59	17.14	86617	21.40	22.11
85400	12.22	12.63	86162	28.08	29.02	86618	20.82	21.51
85410	10.66	11.02	86171	13.85	14.31	86619	18.49	19.11
85415	13.11	13.55	86185	12.37	12.78	86622	12.35	12.76
85420	9.04	9.34	86215	18.32	18.93	86625	18.13	18.73
85421	14.07	14.54	86225	18.99	19.62	86628	11.19	11.56
85441	5.81	6.00	86226	16.73	17.29	86631	16.35	16.90
85445	9.42	9.73	86235	24.78	25.61	86632	17.55	18.14
85460	10.69	11.05	86243	28.36	29.31	86635	15.85	16.38
85461	9.17	9.48	86255	16.66	17.22	86638	16.75	17.31
85475	12.26	12.67	86256	16.66	17.22	86641	15.69	16.21
85520	13.11	13.55	86277	21.75	22.48	86644	19.89	20.55
85525	13.11	13.55	86280	11.31	11.69	86645	23.28	24.06
85530	13.11	13.55	86294	0.00	0.00	86648	21.02	21.72
85535	8.95	9.25	86294	0.00	0.00	86651	18.23	18.84
85536	8.95	9.25	86300	28.19	29.13	86652	18.23	18.84
85540	11.88	12.28	86301	28.19	29.13	86653	18.23	18.84
85547	11.88	12.28	86304	28.19	29.13	86654	18.23	18.84
85549	25.92	26.78	86308	7.15	7.39	86658	18.01	18.61
85555	9.24	9.55	86308QW	7.15	7.39	86663	18.13	18.73
85557	18.46	19.08	86309	8.95	9.25	86664	21.14	21.84
85576	29.69	30.68	86310	10.19	10.53	86665	25.07	25.91
85585	3.98	4.11	86316	28.19	29.13	86666	8.02	8.29
85590	5.94	6.14	86317	20.72	21.41	86668	14.38	14.86
85595	6.18	6.39	86318	17.89	18.49	86671	16.95	17.52
85597	24.84	25.67	86318QW	17.89	18.49	86674	19.43	20.08
85610	5.43	5.61	86320	30.98	32.01	86677	20.05	20.72
85610QW	5.43	5.61	86325	30.90	31.93	86682	17.97	18.57
85611	5.45	5.63	86327	31.35	32.40	86683	3.50	3.62
85612	13.22	13.66	86329	19.40	20.05	86683QW	3.50	3.62
85613	13.22	13.66	86331	16.56	17.11	86684	21.90	22.63
85635	13.61	14.06	86332	33.68	34.80	86687	11.60	11.99
85651	4.91	5.07	86334	30.87	31.90	86688	19.37	20.02
85652	3.73	3.85	86337	29.59	30.58	86689	26.75	27.64
85660	7.63	7.88	86340	20.83	21.52	86692	23.72	24.51
85670	7.98	8.25	86341	27.34	28.25	86694	19.89	20.55
85675	6.43	6.64	86343	17.22	17.79	86695	18.23	18.84
85705	11.05	11.42	86344	11.04	11.41	86696	26.75	27.64
85730	8.30	8.58	86353	67.75	70.01	86698	17.28	17.86
85732	8.95	9.25	86359	4.42	4.57	86701	12.28	12.69

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
86702	18.69	19.31	86941	13.13	13.57	87188	8.03	8.30
86703	18.96	19.59	87001	18.27	18.88	87190	7.81	8.07
86704	16.66	17.22	87003	23.26	24.04	87192	8.03	8.30
86705	16.27	16.81	87015	9.23	9.54	87197	20.76	21.45
86706	14.84	15.33	87040	14.27	14.75	87205	5.90	6.10
86707	15.98	16.51	87045	13.04	13.47	87206	7.42	7.67
86708	17.12	17.69	87046	3.26	3.37	87207	8.28	8.56
86709	15.55	16.07	87060	10.68	11.04	87208	7.47	7.72
86710	18.74	19.36	87070	11.90	12.30	87210	5.90	6.10
86713	21.15	21.86	87071	6.52	6.74	87211	7.15	7.39
86717	16.93	17.49	87072	11.16	11.53	87220	5.90	6.10
86720	18.23	18.84	87072QW	11.16	11.53	87230	27.28	28.19
86723	18.23	18.84	87073	6.52	6.74	87250	27.02	27.92
86727	17.79	18.38	87075	13.08	13.52	87252	36.02	37.22
86729	16.51	17.06	87076	11.16	11.53	87253	27.91	28.84
86732	18.23	18.84	87076QW	11.16	11.53	87254	6.76	6.99
86735	18.03	18.63	87077	11.16	11.53	87260	16.58	17.13
86738	18.31	18.92	87077QW	11.16	11.53	87265	16.58	17.13
86741	18.23	18.84	87081	9.16	9.47	87270	16.58	17.13
86744	18.23	18.84	87082	10.13	10.47	87272	16.58	17.13
86747	20.77	21.46	87083	11.61	12.00	87273	16.58	17.13
86750	12.86	13.29	87084	11.90	12.30	87274	16.58	17.13
86753	17.12	17.69	87085	11.90	12.30	87275	16.58	17.13
86756	17.81	18.40	87086	11.16	11.53	87276	16.58	17.13
86757	26.75	27.64	87087	8.94	9.24	87277	16.58	17.13
86759	18.23	18.84	87088	11.18	11.55	87278	16.58	17.13
86762	19.89	20.55	87101	10.66	11.02	87279	16.58	17.13
86765	17.81	18.40	87102	11.61	12.00	87280	16.58	17.13
86768	16.08	16.62	87103	12.46	12.88	87281	16.58	17.13
86771	18.13	18.73	87106	14.27	14.75	87283	16.58	17.13
86774	20.45	21.13	87107	14.27	14.75	87285	16.58	17.13
86777	19.89	20.55	87109	21.26	21.97	87290	16.58	17.13
86778	19.90	20.56	87110	23.47	24.25	87299	16.58	17.13
86781	18.30	18.91	87116	14.93	15.43	87300	8.29	8.57
86784	11.19	11.56	87117	15.99	16.52	87301	16.58	17.13
86787	17.81	18.40	87118	15.13	15.63	87320	16.58	17.13
86790	17.81	18.40	87140	7.71	7.97	87324	16.58	17.13
86793	18.13	18.73	87143	17.32	17.90	87327	16.58	17.13
86800	21.98	22.71	87145	11.05	11.42	87328	16.58	17.13
86803	19.73	20.39	87147	7.15	7.39	87332	16.58	17.13
86804	21.40	22.11	87149	17.60	18.19	87335	16.58	17.13
86805	72.26	74.67	87151	7.76	8.02	87336	16.58	17.13
86806	65.76	67.95	87152	7.23	7.47	87337	16.58	17.13
86807	54.69	56.51	87155	6.71	6.93	87338	0.00	0.00
86808	41.02	42.39	87158	7.23	7.47	87339	16.58	17.13
86812	35.66	36.85	87163	15.30	15.81	87339QW	16.58	17.13
86813	80.13	82.80	87164	14.84	15.33	87340	14.27	14.75
86816	38.49	39.77	87166	15.61	16.13	87341	14.27	14.75
86817	88.98	91.95	87168	5.90	6.10	87350	15.92	16.45
86821	78.03	80.63	87169	5.90	6.10	87380	22.69	23.45
86822	50.52	52.20	87172	5.90	6.10	87385	16.58	17.13
86880	7.42	7.67	87174	11.90	12.30	87390	15.44	15.95
86885	7.90	8.16	87175	14.86	15.36	87391	15.44	15.95
86886	7.15	7.39	87176	8.13	8.40	87400	8.29	8.57
86900	4.12	4.26	87177	12.30	12.71	87420	16.58	17.13
86903	8.37	8.65	87181	1.16	1.20	87425	16.58	17.13
86904	13.14	13.58	87184	9.53	9.85	87427	16.58	17.13
86905	5.28	5.46	87185	1.16	1.20	87430	16.58	17.13
86906	10.71	11.07	87186	11.94	12.34	87449	16.58	17.13
86940	11.33	11.71	87187	14.33	14.81	87450	13.25	13.69

2001 OUTPATIENT SERVICES FEE SCHEDULE

Clinical Laboratory Services Fee Schedule (continued)

CODE/MD	60%	62%	CODE/MD	60%	62%	CODE/MD	60%	62%
87451	13.25	13.69	87552	59.20	61.17	88166	7.15	7.39
87470	17.60	18.19	87555	17.60	18.19	88167	7.15	7.39
87471	41.20	42.57	87556	41.20	42.57	88230	161.00	166.37
87472	59.20	61.17	87557	59.20	61.17	88233	194.49	200.97
87475	17.60	18.19	87560	17.60	18.19	88235	203.50	210.28
87476	41.20	42.57	87561	41.20	42.57	88237	174.55	180.37
87477	59.20	61.17	87562	59.20	61.17	88239	203.88	210.68
87480	17.60	18.19	87580	17.60	18.19	88240	13.96	14.43
87481	41.20	42.57	87581	41.20	42.57	88241	13.96	14.43
87482	57.69	59.61	87582	57.69	59.61	88245	188.16	194.43
87485	17.60	18.19	87590	17.60	18.19	88248	239.32	247.30
87486	41.20	42.57	87591	41.20	42.57	88249	239.32	247.30
87487	59.20	61.17	87592	59.20	61.17	88261	244.24	252.38
87490	17.60	18.19	87620	17.60	18.19	88262	172.25	177.99
87491	41.20	42.57	87621	41.20	42.57	88263	188.16	194.43
87492	48.31	49.92	87622	57.69	59.61	88264	172.25	177.99
87495	17.60	18.19	87650	17.60	18.19	88267	248.44	256.72
87496	41.20	42.57	87651	41.20	42.57	88269	188.16	194.43
87497	59.20	61.17	87652	57.69	59.61	88271	20.00	20.67
87510	17.60	18.19	87797	17.60	18.19	88272	35.00	36.17
87511	41.20	42.57	87798	41.20	42.57	88273	44.40	45.88
87512	57.69	59.61	87799	59.20	61.17	88274	48.10	49.70
87515	17.60	18.19	87800	17.60	18.19	88275	55.50	57.35
87516	41.20	42.57	87801	41.20	42.57	88280	34.68	35.84
87517	59.20	61.17	87810	16.58	17.13	88283	94.79	97.95
87520	17.60	18.19	87850	16.58	17.13	88285	26.26	27.14
87521	41.20	42.57	87880	16.58	17.13	88289	40.12	41.46
87522	59.20	61.17	87880QW	16.58	17.13	88291	3.52	3.64
87525	17.60	18.19	87899	16.58	17.13	88371	30.71	31.73
87526	41.20	42.57	87899QW	16.58	17.13	88372	31.44	32.49
87527	57.69	59.61	87901	355.78	367.64	88400	3.47	3.59
87528	17.60	18.19	87903	675.29	697.80	89050	6.53	6.75
87529	41.20	42.57	87904	36.02	37.22	89051	7.61	7.86
87530	59.20	61.17	88130	20.79	21.48	89060	9.88	10.21
87531	17.60	18.19	88140	11.05	11.42	89125	5.96	6.16
87532	41.20	42.57	88142	0.00	0.00	89160	5.09	5.26
87533	57.69	59.61	88143	0.00	0.00	89190	6.56	6.78
87534	17.60	18.19	88144	0.00	0.00	89300	12.32	12.73
87535	41.20	42.57	88145	0.00	0.00	89310	11.89	12.29
87536	97.40	100.65	88147	0.00	0.00	89320	16.66	17.22
87537	17.60	18.19	88148	0.00	0.00	89321	16.66	17.22
87538	41.20	42.57	88150	7.15	7.39	89325	14.75	15.24
87539	59.20	61.17	88152	7.15	7.39	89329	28.98	29.95
87540	17.60	18.19	88153	7.15	7.39	89330	13.68	14.14
87541	41.20	42.57	88154	7.15	7.39	89355	4.62	4.77
87542	57.69	59.61	88155	8.28	8.56	89365	7.61	7.86
87550	17.60	18.19	88164	7.15	7.39			
87551	41.20	42.57	88165	7.15	7.39			

ORTHOTIC/PROSTHETIC DEVICES FEE SCHEDULE

CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE
A4214	1.67	A4377	4.09	A5105	33.05	A6255	2.89
A4280	4.76	A4378	29.33	A5112	33.02	A6257	1.46
A4310	6.26	A4379	14.33	A5113	4.48	A6258	4.10
A4311	12.04	A4380	35.60	A5114	7.69	A6259	10.43
A4312	17.20	A4381	4.40	A5119	10.35	A6263	0.28
A4313	15.02	A4382	23.48	A5121	6.05	A6264	0.46
A4314	20.50	A4383	26.89	A5122	12.26	A6265	0.12
A4315	21.39	A4384	9.18	A5123	4.60	A6266	1.83
A4316	23.03	A4385	4.86	A5126	1.07	A6402	0.12
A4319	6.04	A4386	6.41	A5131	12.86	A6403	0.41
A4320	5.08	A4387	3.83	A5200	10.77	A6405	0.32
A4321	0.00	A4388	4.16	A6154	13.29	A6406	0.76
A4322	2.69	A4389	5.93	A6196	7.01	A7501	100.18
A4323	7.68	A4390	9.17	A6197	15.68	A7502	47.61
A4324	2.07	A4391	6.74	A6199	5.04	A7503	10.81
A4325	1.72	A4392	6.34	A6200	9.06	A7504	0.64
A4326	10.29	A4393	8.75	A6201	19.84	A7505	4.46
A4327	40.32	A4394	2.46	A6202	33.27	A7506	0.32
A4328	9.40	A4395	0.05	A6203	3.19	A7507	2.37
A4329	24.30	A4396	38.61	A6204	5.94	A7508	2.74
A4330	6.82	A4397	3.94	A6207	7.00	A7509	1.34
A4331	3.04	A4398	13.17	A6209	7.14	E0751	5735.67
A4332	0.12	A4399	11.70	A6210	19.00	E0753	1337.20
A4333	2.10	A4400	39.63	A6211	28.01	E0756	5735.67
A4334	4.71	A4402	1.35	A6212	9.25	E0757	2928.93
A4338	11.70	A4404	1.61	A6214	9.82	E0758	2805.37
A4340	30.28	A4454	2.49	A6216	0.05	K0112	229.73
A4344	15.28	A4455	1.16	A6217	0	K0113	140.13
A4346	18.69	A4460	0.97	A6219	0.91	K0137	2.30
A4347	16.50	A4462	3.13	A6220	2.46	K0138	3.27
A4348	26.55	A4481	0.36	A6222	2.03	K0139	3.48
A4351	1.73	A4483	0.00	A6223	2.30	K0277	3.98
A4352	5.20	A4560	18.66	A6224	3.44	K0278	5.99
A4353	6.66	A4561	16.82	A6229	3.44	K0279	8.05
A4354	9.56	A4562	45.57	A6231	4.45	K0280	3.04
A4355	7.23	A4622	54.63	A6232	6.57	K0281	0.12
A4356	43.52	A4623	6.25	A6233	18.30	K0400	4.76
A4357	9.25	A4625	6.61	A6234	6.24	K0407	2.10
A4358	6.33	A4626	2.59	A6235	16.05	K0408	4.71
A4359	27.67	A4629	4.42	A6236	25.99	K0409	6.04
A4361	17.52	A5051	2.08	A6237	7.54	K0410	2.07
A4362	3.23	A5052	1.59	A6238	21.74	K0411	1.72
A4363	3.75	A5053	1.60	A6240	11.68	K0419	16.38
A4364	2.50	A5054	1.60	A6241	2.45	K0420	45.38
A4365	10.80	A5055	1.37	A6242	5.79	K0421	4.09
A4367	7.01	A5061	2.58	A6243	11.75	K0422	29.33
A4368	0.25	A5062	2.00	A6244	37.46	K0423	14.33
A4369	2.30	A5063	2.07	A6245	6.93	K0424	35.60
A4370	3.27	A5071	3.53	A6246	9.46	K0425	4.40
A4371	3.48	A5072	2.86	A6247	22.68	K0426	23.48
A4372	3.98	A5073	2.61	A6248	15.49	K0427	26.89
A4373	5.99	A5081	3.14	A6251	1.90	K0428	9.18
A4374	8.05	A5082	9.64	A6252	3.10	K0429	4.86
A4375	16.38	A5093	1.86	A6253	6.05	K0430	6.41
A4376	45.38	A5102	21.53	A6254	1.16	K0431	3.83

2001 OUTPATIENT SERVICES FEE SCHEDULE

Orthotic/Prosthetic Devices Fee Schedule (continued)

CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE
K0432	4.16	L0370	330.63	L1240	70.25	L1970	588.64
K0433	5.93	L0380	464.01	L1250	69.16	L1980	263.51
K0434	9.17	L0390	1022.39	L1260	71.07	L1990	338.57
K0435	6.74	L0400	1172.02	L1270	70.97	L2000	728.26
K0436	6.34	L0410	1366.56	L1280	63.28	L2010	663.87
K0437	8.75	L0420	1353.74	L1290	71.74	L2020	838.37
K0438	2.46	L0430	1073.89	L1300	1199.37	L2030	727.36
K0439	0.05	L0440	875.81	L1310	1234.16	L2035	133.74
K0440	1869.81	L0500	108.21	L1500	1363.82	L2036	1332.12
K0440KM	177.63	L0510	220.28	L1510	862.81	L2037	1227.64
K0440KN	74.79	L0515	131.41	L1520	2049.32	L2038	1026.55
K0441	2253.69	L0520	323.18	L1600	92.52	L2039	1715.78
K0441KM	214.10	L0530	297.46	L1610	31.52	L2040	131.12
K0441KN	90.14	L0540	321.01	L1620	103.81	L2050	349.21
K0442	2532.23	L0550	963.29	L1630	123.87	L2060	448.19
K0442KM	240.56	L0560	1054.01	L1640	331.31	L2070	128.74
K0442KN	101.28	L0565	1051.05	L1650	175.69	L2080	274.55
K0443	2836.11	L0600	68.83	L1660	122.87	L2090	338.43
K0443KM	269.43	L0610	186.66	L1680	1010.22	L2102	334.02
K0443KN	113.44	L0620	311.24	L1685	1065.95	L2104	354.38
K0444	3139.97	L0700	1662.23	L1686	715.11	L2106	488.18
K0444KM	298.29	L0710	1814.43	L1690	1492.95	L2108	767.15
K0444KN	125.60	L0810	1927.56	L1700	1242.04	L2112	364.26
K0445	1966.34	L0820	1559.32	L1710	1459.94	L2114	416.75
K0445KM	186.80	L0830	2251.49	L1720	1078.46	L2116	549.09
K0445KN	78.65	L0860	874.69	L1730	813.69	L2122	588.87
K0446	2025.79	L0900	143.28	L1750	141.26	L2124	731.05
K0446KM	192.45	L0910	286.20	L1755	1184.31	L2126	976.95
K0446KN	81.03	L0920	162.48	L1800	63.68	L2128	1231.18
K0447	1038.22	L0930	332.70	L1810	93.48	L2132	579.19
K0447KM	112.06	L0940	114.79	L1815	85.66	L2134	694.43
K0447KN	47.18	L0950	294.57	L1820	93.09	L2136	849.11
K0449	20.92	L0960	66.13	L1825	41.50	L2180	84.08
K0535	4.45	L0970	82.06	L1830	77.88	L2182	65.81
K0536	6.57	L0972	83.88	L1832	582.03	L2184	118.59
K0537	18.30	L0974	171.40	L1834	684.74	L2186	131.41
L0100	436.83	L0976	153.07	L1840	719.78	L2188	286.72
L0110	128.88	L0978	138.21	L1843	692.73	L2190	74.47
L0120	21.60	L0980	12.53	L1844	1200.34	L2192	256.01
L0130	156.19	L0982	13.66	L1845	723.15	L2200	34.14
L0140	53.90	L0984	43.58	L1846	906.34	L2210	55.40
L0150	89.88	L1000	1457.71	L1847	444.06	L2220	63.60
L0160	127.96	L1010	58.70	L1850	206.67	L2230	55.09
L0170	541.49	L1020	80.20	L1855	884.36	L2240	60.04
L0172	109.80	L1025	91.15	L1858	971.92	L2250	255.13
L0174	197.24	L1030	60.90	L1860	801.59	L2260	143.93
L0180	268.26	L1040	73.31	L1870	823.80	L2265	84.55
L0190	403.80	L1050	63.48	L1880	508.20	L2270	38.56
L0200	370.78	L1060	71.59	L1885	798.90	L2275	93.82
L0210	38.48	L1070	73.19	L1900	217.15	L2280	348.55
L0220	87.94	L1080	50.71	L1902	58.97	L2300	196.75
L0300	145.17	L1085	140.90	L1904	337.64	L2310	88.33
L0310	271.28	L1090	65.82	L1906	98.67	L2320	147.73
L0315	188.81	L1100	116.18	L1910	192.01	L2330	281.93
L0317	256.15	L1110	196.79	L1920	251.01	L2335	165.85
L0320	295.09	L1120	31.35	L1930	169.85	L2340	391.38
L0330	369.97	L1200	1247.80	L1940	383.85		
L0340	589.48	L1210	187.88	L1945	704.90		
L0350	820.97	L1220	159.06	L1950	534.80		
L0360	1211.37	L1230	408.15	L1960	397.98		

2001 OUTPATIENT SERVICES FEE SCHEDULE

Orthotic/Prosthetic Devices Fee Schedule (continued)

CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE
L2350	639.78	L3730	669.04	L4020	658.39	L5595	3248.61
L2360	37.15	L3740	751.88	L4030	362.50	L5600	3492.11
L2370	184.32	L3760	335.71	L4040	293.09	L5610	1583.72
L2375	81.13	L3800	140.49	L4045	235.52	L5611	1232.45
L2380	88.39	L3805	224.79	L4050	296.42	L5613	1926.89
L2385	96.17	L3807	175.69	L4055	191.94	L5614	1305.33
L2390	78.59	L3810	45.53	L4060	228.18	L5616	1041.28
L2395	120.00	L3815	42.27	L4070	217.71	L5617	432.81
L2397	84.16	L3820	72.60	L4080	76.74	L5618	228.97
L2405	67.32	L3825	51.55	L4090	67.93	L5620	212.67
L2415	93.78	L3830	59.48	L4100	76.62	L5622	277.31
L2425	110.66	L3835	64.48	L4110	60.89	L5624	278.10
L2430	110.66	L3840	44.16	L4130	419.07	L5626	364.71
L2435	130.52	L3845	57.04	L4350	75.50	L5628	389.97
L2492	73.22	L3850	81.47	L4360	211.22	L5629	243.10
L2500	226.51	L3855	88.05	L4370	135.55	L5630	343.30
L2510	606.45	L3860	119.72	L4380	83.11	L5631	336.10
L2520	330.77	L3900	1097.63	L4392	18.17	L5632	187.58
L2525	1134.81	L3901	1230.73	L4394	13.26	L5634	232.68
L2526	611.66	L3902	1893.96	L4396	129.57	L5636	194.91
L2530	168.70	L3904	2505.44	L4398	59.63	L5637	220.98
L2540	303.55	L3906	296.41	L5000	404.82	L5638	384.95
L2550	206.21	L3907	398.90	L5010	977.72	L5639	857.64
L2570	455.98	L3908	42.10	L5020	1660.43	L5640	489.13
L2580	432.25	L3910	311.00	L5050	1836.74	L5642	473.93
L2600	147.46	L3912	67.55	L5060	2112.77	L5643	1190.58
L2610	174.37	L3914	68.01	L5100	1840.79	L5644	451.81
L2620	191.98	L3916	89.23	L5105	2657.36	L5645	610.34
L2622	220.18	L3918	60.34	L5150	2686.23	L5646	419.12
L2624	299.33	L3920	71.94	L5160	2921.76	L5647	608.48
L2627	1233.21	L3922	82.53	L5200	2797.99	L5648	503.62
L2628	1448.65	L3923	27.35	L5210	1856.19	L5649	1824.88
L2630	177.79	L3924	88.20	L5220	2109.89	L5650	373.43
L2640	241.29	L3926	72.53	L5230	2909.97	L5651	918.63
L2650	86.17	L3928	42.83	L5250	3968.93	L5652	333.50
L2660	133.82	L3930	44.24	L5270	3951.32	L5653	445.19
L2670	122.48	L3932	38.36	L5280	3921.05	L5654	253.68
L2680	112.36	L3934	33.85	L5300	2514.15	L5655	214.98
L2750	60.02	L3936	62.59	L5310	3730.09	L5656	288.41
L2755	100.89	L3938	65.83	L5320	3782.60	L5658	278.13
L2760	43.62	L3940	75.53	L5330	4833.11	L5660	465.53
L2770	44.33	L3942	52.24	L5340	4992.48	L5661	465.50
L2780	51.60	L3944	86.03	L5400	1041.72	L5662	432.72
L2785	30.34	L3946	70.60	L5410	319.61	L5663	527.11
L2795	61.01	L3948	47.27	L5420	1276.60	L5664	507.84
L2800	76.58	L3950	111.30	L5430	384.93	L5665	391.67
L2810	56.08	L3952	123.35	L5450	313.15	L5666	53.55
L2820	62.35	L3954	77.59	L5460	417.21	L5667	1280.70
L2830	70.11	L3956	0.00	L5500	982.44	L5668	86.37
L2840	39.13	L3960	579.15	L5505	1358.73	L5669	854.01
L2850	44.46	L3962	603.04	L5510	1113.65	L5670	207.57
L3224	42.22	L3963	1525.53	L5520	1100.03	L5672	228.10
L3225	48.57	L3980	217.21	L5530	1321.24	L5674	50.52
L3650	42.06	L3982	268.36	L5535	1297.19	L5675	73.28
L3660	72.21	L3984	286.46	L5540	1384.52	L5676	277.19
L3670	100.66	L3985	425.12	L5560	1486.72	L5677	377.16
L3675	123.30	L3986	491.66	L5570	1545.67	L5678	30.37
L3700	49.04	L3995	24.05	L5580	1804.46	L5680	253.53
L3710	101.87	L4000	936.66	L5585	2220.69	L5682	478.39
L3720	508.23	L4010	527.10	L5590	1838.87	L5684	36.81

2001 OUTPATIENT SERVICES FEE SCHEDULE

Orthotic/Prosthetic Devices Fee Schedule (continued)

CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE
L5686	39.08	L5974	178.25	L6637	287.38	L6870	181.81
L5688	46.72	L5975	358.62	L6640	255.30	L6872	720.43
L5690	74.85	L5976	428.39	L6641	122.71	L6873	357.83
L5692	101.64	L5978	223.23	L6642	166.33	L6875	594.55
L5694	138.77	L5979	1745.41	L6645	307.03	L6880	385.72
L5695	128.11	L5980	2836.17	L6650	318.77	L6890	130.10
L5696	141.54	L5981	2291.24	L6655	62.66	L6895	478.63
L5697	61.41	L5982	442.22	L6660	70.21	L6900	1365.87
L5698	100.41	L5984	435.77	L6665	35.23	L6905	1358.12
L5699	180.89	L5985	218.43	L6670	38.95	L6910	1161.34
L5700	2191.70	L5986	484.73	L6672	154.58	L6915	585.52
L5701	2632.07	L5987	5564.74	L6675	91.86	L6920	5105.00
L5702	3329.96	L5988	1545.31	L6676	106.19	L6925	6872.21
L5704	410.01	L6000	1016.37	L6680	177.47	L6930	5136.66
L5705	732.61	L6010	1131.05	L6682	196.22	L6935	6978.86
L5706	718.17	L6020	1054.53	L6684	266.63	L6940	6711.38
L5707	946.80	L6050	1453.10	L6686	602.12	L6945	8200.51
L5710	286.07	L6055	2025.24	L6687	441.23	L6950	7628.42
L5711	399.82	L6100	1472.21	L6688	438.57	L6955	9136.08
L5712	335.03	L6110	1561.53	L6689	525.45	L6960	10348.89
L5714	344.12	L6120	1819.73	L6690	572.59	L6965	11037.47
L5716	557.52	L6130	1980.21	L6691	265.03	L6970	11501.24
L5718	696.84	L6200	2086.82	L6692	427.78	L6975	12578.66
L5722	736.18	L6205	2785.58	L6693	2196.10	L7010	2793.83
L5724	1154.61	L6250	2186.51	L6700	396.80	L7015	4439.61
L5726	1330.67	L6300	2849.88	L6705	232.95	L7020	2603.02
L5728	1820.17	L6310	2460.73	L6710	264.01	L7025	2626.83
L5780	875.78	L6320	1344.26	L6715	262.24	L7030	4016.84
L5785	492.30	L6350	2996.21	L6720	652.58	L7035	2690.18
L5790	550.01	L6360	2694.62	L6725	315.94	L7040	2156.50
L5795	1095.08	L6370	1612.38	L6730	520.47	L7045	1236.40
L5810	372.42	L6380	934.33	L6735	227.93	L7170	5692.81
L5811	557.88	L6382	1405.68	L6740	323.89	L7180	24988.37
L5812	432.41	L6384	1944.59	L6745	284.34	L7185	5621.74
L5814	2872.88	L6386	307.19	L6750	285.18	L7186	6766.31
L5816	654.45	L6388	336.28	L6755	285.91	L7190	5904.74
L5818	734.59	L6400	1774.96	L6765	302.09	L7191	7070.40
L5822	1302.61	L6450	2371.31	L6770	286.59	L7260	1505.42
L5824	1173.08	L6500	2480.88	L6775	320.31	L7261	2740.44
L5826	2415.72	L6550	2982.06	L6780	358.39	L7266	1009.80
L5828	2160.14	L6570	3348.04	L6790	345.65	L7272	1748.68
L5830	1451.50	L6580	1278.22	L6795	964.89	L7274	4393.50
L5840	2683.82	L6582	1157.71	L6800	775.05	L7360	182.53
L5845	1386.49	L6584	1815.60	L6805	260.26	L7362	191.65
L5846	4193.17	L6586	1699.10	L6806	1251.08	L7364	304.81
L5850	97.86	L6588	2232.58	L6807	1008.00	L7366	410.59
L5855	262.95	L6590	2120.63	L6808	860.72	L7900	418.65
L5910	277.04	L6600	143.48	L6809	302.10	L8000	33.65
L5920	405.87	L6605	141.67	L6810	147.53	L8010	47.84
L5925	342.70	L6610	136.06	L6825	869.04	L8015	46.36
L5930	2603.69	L6615	146.60	L6830	1035.87	L8020	174.40
L5940	383.70	L6616	54.32	L6835	902.35	L8030	252.26
L5950	599.95	L6620	234.55	L6840	658.36	L8035	2834.00
L5960	737.43	L6623	654.24	L6845	625.74	L8040	1229.32
L5962	485.31	L6625	464.86	L6850	567.69	L8040KM	116.78
L5964	716.39	L6628	366.44	L6855	670.35	L8040KN	49.17
L5966	912.85	L6629	111.91	L6860	510.23	L8041	1481.71
L5968	2811.03	L6630	164.86	L6865	278.75	L8041KM	140.76
L5970	155.35	L6632	57.26	L6867	745.23	L8041KN	59.26
L5972	290.18	L6635	134.73	L6868	183.39	L8042	1664.83

2001 OUTPATIENT SERVICES FEE SCHEDULE

Orthotic/Prosthetic Devices Fee Schedule (continued)

CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE	CODE/MD	FEE
L8042KM	158.15	L8600	477.66	V2205	47.08	V2430	89.29
L8042KN	66.59	L8603	335.47	V2206	57.31	V2500	62.18
L8043	1864.61	L8606	176.09	V2207	47.83	V2501	94.70
L8043KM	177.13	L8610	489.96	V2208	48.42	V2502	116.67
L8043KN	74.58	L8612	516.77	V2209	53.26	V2503	111.62
L8044	2064.39	L8613	231.36	V2210	68.53	V2510	84.88
L8044KM	196.11	L8614	14644.58	V2211	58.43	V2511	121.95
L8044KN	82.57	L8619	6281.98	V2212	63.58	V2512	144.10
L8045	1292.81	L8630	257.72	V2213	65.21	V2513	120.98
L8045KM	122.81	L8641	279.70	V2214	69.89	V2520	79.78
L8045KN	51.71	L8642	229.59	V2215	75.63	V2521	138.89
L8046	1331.87	L8658	239.96	V2216	78.44	V2522	135.16
L8046KM	126.52	L8670	425.80	V2217	72.14	V2523	115.19
L8046KN	53.27	V2020	61.66	V2218	77.37	V2530	170.60
L8047	682.58	V2100	29.96	V2219	34.06	V2531	418.84
L8047KM	64.84	V2101	31.57	V2220	27.62	V2623	686.64
L8047KN	27.30	V2102	44.78	V2300	50.92	V2624	46.57
L8049	20.92	V2103	26.02	V2301	59.06	V2625	301.62
L8300	74.50	V2104	28.81	V2302	64.71	V2626	191.36
L8310	114.54	V2105	35.28	V2303	53.60	V2627	1095.59
L8320	50.05	V2106	35.79	V2304	56.10	V2628	250.49
L8330	49.59	V2107	37.62	V2305	68.79	V2700	33.51
L8400	14.49	V2108	36.49	V2306	64.16	V2710	49.05
L8410	16.49	V2109	41.95	V2307	63.60	V2715	8.89
L8415	16.40	V2110	48.96	V2308	67.87	V2718	21.85
L8417	58.17	V2111	43.17	V2309	79.39	V2730	16.13
L8420	19.17	V2112	42.59	V2310	87.33	V2740	10.70
L8430	21.08	V2113	58.84	V2311	83.17	V2741	7.77
L8435	18.93	V2114	52.05	V2312	73.32	V2742	8.81
L8440	40.11	V2115	56.59	V2313	100.07	V2743	9.80
L8460	55.81	V2116	50.72	V2314	109.62	V2744	16.73
L8465	49.75	V2117	58.48	V2315	121.69	V2750	19.47
L8470	5.11	V2118	56.09	V2316	114.09	V2755	14.07
L8480	7.04	V2200	39.21	V2317	122.80	V2760	12.25
L8485	8.50	V2201	42.74	V2318	112.21	V2770	15.83
L8490	101.64	V2202	50.30	V2319	37.99	V2780	12.78
L8500	504.83	V2203	39.56	V2320	40.08		
L8501	112.12	V2204	42.90	V2410	68.59		

SURGICAL DRESSING ITEMS FEE SCHEDULE

CODE	FEE	CODE	FEE	CODE	FEE	CODE	FEE
A4460	0.97	A6209	7.14	A6234	6.24	A6253	6.05
A4462	3.13	A6210	19.00	A6235	16.05	A6254	1.16
A6021	20.05	A6211	28.01	A6236	25.99	A6255	2.89
A6022	20.05	A6212	9.25	A6237	7.54	A6257	1.46
A6023	181.51	A6214	9.82	A6238	21.74	A6258	4.10
A6024	5.90	A6216	0.05	A6240	11.68	A6259	10.43
A6154	13.29	A6217	0.00	A6241	2.45	A6263	0.28
A6196	7.01	A6219	0.91	A6242	5.79	A6264	0.46
A6197	15.68	A6220	2.46	A6243	11.75	A6265	0.12
A6199	5.04	A6222	2.03	A6244	37.46	A6266	1.83
A6200	9.06	A6223	2.30	A6245	6.93	A6402	0.12
A6201	19.84	A6224	3.44	A6246	9.46	A6403	0.41
A6202	33.27	A6229	3.44	A6247	22.68	A6405	0.32
A6203	3.19	A6231	4.45	A6248	15.49	A6406	0.76
A6204	5.94	A6232	6.57	A6251	1.90		
A6207	7.00	A6233	18.30	A6252	3.10		

OUTPATIENT REHABILITATION SERVICES FEE SCHEDULE

CODE/MD	LOC 01/02	LOC 03	LOC 04	CODE/MD	LOC 01/02	LOC 03	LOC 04
G0101	37.93	40.13	41.61	29540	38.04	40.61	42.67
G0102	19.16	20.47	21.37	29550	35.95	38.61	40.83
G0128	4.57	4.92	5.26	29580	54.54	58.46	61.40
G0169	41.51	44.22	46.23	29590	54.87	58.58	61.57
11040	37.80	40.54	42.81	64550	25.69	27.50	28.68
11041	57.38	61.48	64.95	90804	64.74	67.76	70.14
11042	78.03	83.61	88.36	90805	72.52	75.81	78.39
11043	189.08	202.90	214.14	90806	97.81	102.22	105.68
11044	243.32	261.62	276.74	90807	105.00	109.80	113.64
29065	81.52	88.08	93.42	90808	147.40	154.22	159.65
29075	74.03	80.05	84.94	90809	154.45	161.49	167.08
29085	77.76	83.86	88.83	90810	71.74	75.08	77.67
29105	77.76	83.86	88.83	90811	79.88	83.52	86.32
29125	59.76	64.22	67.59	90812	104.22	109.07	112.92
29126	87.49	93.76	98.19	90813	111.28	116.34	120.35
29130	47.58	51.10	53.80	90814	150.05	156.85	162.29
29131	74.90	80.14	83.59	90815	156.38	163.34	168.91
29200	65.72	70.19	73.34	90845	91.94	96.03	99.29
29220	59.59	64.09	67.61	90846	96.33	100.68	104.10
29240	70.63	75.52	79.05	90847	114.26	119.38	123.46
29260	56.19	60.12	62.95	90849	35.18	36.87	38.09
29280	58.32	62.51	65.46	90853	34.46	36.09	37.28
29345	117.44	126.86	134.78	90857	36.45	38.31	39.76
29365	102.08	110.43	117.45	90901	45.27	48.30	50.35
29405	78.61	84.96	90.18	90911	69.96	74.25	77.37
29445	149.31	161.27	171.30	92506	78.99	84.05	87.60
29505	77.99	83.67	87.75	92507	60.24	64.22	66.84
29515	66.57	71.43	75.18	92508	38.45	41.11	42.78
29520	66.42	70.85	73.72	92510	125.23	132.91	138.34
29530	59.84	64.01	66.98	92526	65.71	70.06	72.89

2001 OUTPATIENT SERVICES FEE SCHEDULE

Outpatient Rehabilitation Services Fee Schedule (continued)

CODE/MD	LOC 01/02	LOC 03	LOC 04	CODE/MD	LOC 01/02	LOC 03	LOC 04
92552	17.79	19.70	21.12	96105	71.57	79.71	86.05
92553	26.39	29.31	31.53	96111	71.57	79.71	86.05
92555	15.26	16.96	18.27	96115	71.57	79.71	86.05
92556	23.49	26.18	28.28	97001	68.56	73.06	77.10
92557	48.07	53.53	57.77	97002	34.15	36.22	38.02
92561	28.57	31.65	33.97	97003	68.98	72.69	75.69
92562	16.34	18.13	19.49	97004	35.33	37.17	38.60
92563	15.26	16.96	18.27	97012	19.24	20.39	21.22
92564	19.37	21.57	23.27	97014	15.91	16.94	17.69
92565	15.98	17.74	19.08	97016	16.63	17.72	18.51
92567	21.68	24.22	26.24	97018	11.07	11.98	12.63
92568	15.26	16.96	18.27	97020	11.07	11.98	12.63
92569	16.34	18.13	19.49	97022	20.60	22.04	23.00
92571	15.62	17.35	18.67	97024	11.43	12.37	13.03
92572	3.76	4.22	4.60	97026	10.70	11.59	12.22
92573	14.17	15.79	17.05	97028	11.45	12.35	13.00
92575	11.86	13.13	14.08	97032	18.88	20.00	20.82
92576	18.29	20.40	22.05	97033	20.47	21.86	22.95
92577	29.06	32.35	34.91	97034	16.66	17.70	18.45
92579	28.93	32.04	34.38	97035	14.13	14.96	15.60
92582	28.93	32.04	34.38	97036	22.90	24.27	25.24
92583	35.72	39.70	42.76	97039	17.74	18.88	19.69
92584	98.64	109.26	117.22	97110	24.79	26.29	27.60
92587	60.17	66.30	70.96	97112	27.20	28.71	29.92
92587TC	51.92	57.52	61.72	97113	28.77	30.60	32.10
9258726	8.24	8.78	9.24	97116	25.33	26.81	27.98
92588	80.61	88.20	93.97	97124	22.25	23.42	24.29
92588TC	59.08	65.57	70.51	97139	16.66	17.70	18.45
9258826	21.53	22.63	23.46	97140	28.26	29.91	31.18
92589	22.04	24.61	26.65	97150	20.48	21.85	22.93
92596	24.22	26.96	29.09	97504	27.69	29.41	30.86
94664	19.96	22.04	23.56	97520	27.56	29.10	30.33
94665	20.46	22.74	24.49	97530	23.93	25.20	26.28
94667	29.52	32.52	34.67	97532	25.24	26.46	27.38
94668	23.09	25.25	26.70	97533	27.42	28.81	29.82
95831	26.52	28.18	29.31	97535	27.56	29.10	30.33
95832	25.44	27.00	28.07	97537	27.06	28.40	29.40
95833	36.87	38.94	40.35	97542	18.52	19.61	20.41
95834	46.20	48.90	50.81	97703	16.11	17.18	18.09
95851	23.13	24.78	25.87	97750	26.83	28.32	29.52
95852	17.64	18.97	19.86	97770	26.69	28.02	29.01

RADIOLOGY SERVICES FEE SCHEDULE

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
G0120	139.65	151.06	159.50	70482	349.60	380.27	402.24
G0125	2188.01	2391.07	2528.92	70486	243.09	264.18	279.39
G0126	2208.83	2412.91	2551.55	70487	287.40	312.49	330.57
G0163	2189.46	2392.63	2530.55	70488	348.11	378.74	400.67
G0164	2208.46	2412.52	2551.14	70490	250.62	272.17	287.79
G0165	2190.18	2393.42	2531.36	70491	291.48	316.71	334.90
Q0092	12.06	13.21	13.06	70492	349.60	380.27	402.24
70010	230.56	250.22	264.40	70496	371.39	405.95	432.19
70015	116.64	125.30	131.90	70498	371.39	405.95	432.19
70030	25.58	27.74	29.35	70540	477.94	519.62	547.51
70100	29.94	32.42	34.21	70541	919.66	998.01	1049.10
70110	37.39	40.48	42.75	70542	563.49	612.70	645.68
70120	33.70	36.64	38.81	70543	1012.40	1102.10	1162.00
70130	48.49	52.43	55.32	70544	491.35	536.93	569.42
70134	46.68	50.47	53.28	70545	491.35	536.93	569.42
70140	34.43	37.41	39.61	70546	924.22	1002.70	1053.90
70150	44.42	48.21	50.99	70547	491.35	536.93	569.42
70160	29.57	32.04	33.82	70548	491.35	536.93	569.42
70170	52.93	57.47	60.80	70549	924.22	1002.70	1053.90
70190	35.18	38.17	40.38	70551	511.58	558.15	591.29
70200	45.53	49.36	52.17	70552	612.87	668.47	707.93
70210	33.32	36.26	38.42	70553	1085.00	1185.50	1256.50
70220	44.05	47.83	50.60	71010	28.13	30.46	32.18
70240	26.69	28.89	30.53	71015	31.78	34.34	36.19
70250	37.02	40.10	42.36	71020	35.91	38.94	41.18
70260	52.61	57.04	60.32	71021	43.35	47.02	49.75
70300	16.09	17.64	18.89	71022	45.70	49.64	52.64
70310	25.21	27.36	28.96	71023	51.21	55.43	58.62
70320	42.57	46.29	49.03	71030	47.01	50.89	53.75
70328	28.85	31.25	32.99	71034	81.04	87.95	93.02
70330	45.85	49.79	52.66	71035	29.94	32.42	34.21
70332	110.15	119.69	126.61	71036	91.04	98.74	104.39
70336	509.40	555.81	588.84	71040	88.18	95.57	101.05
70350	24.13	26.17	27.72	71060	125.12	135.75	143.57
70355	33.36	36.23	38.37	71090	95.52	103.74	109.80
70360	25.58	27.74	29.35	71100	34.46	37.38	39.55
70370	67.22	73.01	77.17	71101	40.31	43.59	45.97
70371	126.31	136.82	144.60	71110	45.16	48.98	51.79
70373	93.24	101.49	107.54	71111	51.50	55.89	59.14
70380	35.14	38.21	40.46	71120	35.89	38.96	41.21
70390	89.55	97.64	103.58	71130	39.17	42.46	44.84
70450	227.79	248.13	262.72	71250	289.43	314.97	333.27
70460	278.39	302.96	320.59	71260	338.37	368.44	389.89
70470	340.35	370.67	392.40	71270	413.86	450.93	477.29
70480	250.62	272.17	287.79	71275	398.60	433.69	458.07
70481	291.48	316.71	334.90	71550	486.71	529.65	558.87

2001 OUTPATIENT SERVICES FEE SCHEDULE

Radiology Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
71551	572.27	622.72	657.02	73040	110.28	120.00	127.13
71552	1011.60	1098.50	1155.00	73050	37.11	40.45	42.96
71555	528.01	575.34	609.10	73060	31.87	34.69	36.79
72010	64.59	70.06	74.19	73070	28.46	30.88	32.64
72020	24.47	26.58	28.16	73080	31.87	34.69	36.79
72040	35.55	38.55	40.77	73085	110.64	120.39	127.54
72050	51.63	56.20	59.68	73090	29.19	31.66	33.44
72052	62.91	68.28	72.21	73092	28.11	30.48	32.22
72069	31.57	34.25	36.29	73100	28.60	31.18	33.15
72070	37.00	40.12	42.40	73110	29.93	32.43	34.23
72072	40.76	44.34	47.00	73115	91.17	99.05	104.91
72074	47.41	51.68	54.85	73120	28.11	30.48	32.22
72080	38.22	41.60	44.15	73130	29.93	32.43	34.23
72090	41.18	44.67	47.29	73140	23.73	25.82	27.39
72100	38.22	41.60	44.15	73200	249.19	270.88	286.40
72110	52.35	56.99	60.50	73201	289.43	314.97	333.27
72114	65.58	71.32	75.58	73202	351.66	383.15	405.64
72120	47.18	51.60	54.97	73206	347.52	378.56	400.67
72125	289.43	314.97	333.27	73218	470.33	511.41	538.96
72126	337.26	367.29	388.71	73219	563.49	612.70	645.68
72127	408.31	445.17	471.39	73220	895.02	975.42	1030.10
72128	289.43	314.97	333.27	73221	475.77	517.28	545.07
72129	337.26	367.29	388.71	73222	563.49	612.70	645.68
72130	408.31	445.17	471.39	73223	1012.40	1102.10	1162.00
72131	289.43	314.97	333.27	73500	27.76	30.08	31.79
72132	337.76	367.99	389.64	73510	34.59	37.70	40.09
72133	408.67	445.56	471.79	73520	40.07	43.51	46.11
72141	517.50	564.29	597.57	73525	110.28	120.00	127.13
72142	620.76	676.85	716.74	73530	35.49	38.17	40.11
72146	564.41	615.57	651.78	73540	33.85	36.93	39.30
72147	620.40	676.46	716.33	73542	111.42	121.12	128.26
72148	558.49	609.44	645.49	73550	31.87	34.69	36.79
72149	613.73	669.56	709.27	73560	30.06	32.74	34.76
72156	1096.20	1197.30	1268.90	73562	33.11	36.17	38.52
72157	1096.20	1197.30	1268.90	73564	36.41	39.64	42.11
72158	1085.50	1186.20	1257.50	73565	28.98	31.57	33.54
72170	29.57	32.04	33.82	73580	130.47	142.12	150.57
72190	37.35	40.52	42.82	73590	29.57	32.04	33.82
72191	385.92	420.01	443.82	73592	28.11	30.48	32.22
72192	285.73	311.13	329.33	73600	28.11	30.48	32.22
72193	325.47	354.53	375.27	73610	29.93	32.43	34.23
72194	391.55	426.70	451.59	73615	110.64	120.39	127.54
72195	478.74	521.05	549.91	73620	28.11	30.48	32.22
72196	559.23	608.64	642.37	73630	29.93	32.43	34.23
72197	1022.50	1113.90	1175.60	73650	27.38	29.70	31.40
72200	29.57	32.04	33.82	73660	23.73	25.82	27.39
72202	34.43	37.41	39.61	73700	249.19	270.88	286.40
72220	31.87	34.69	36.79	73701	289.43	314.97	333.27
72240	231.48	251.98	266.68	73702	350.80	382.06	404.30
72255	214.41	233.07	246.37	73706	347.52	378.56	400.67
72265	200.92	218.68	231.46	73718	470.33	511.41	538.96
72270	305.95	332.93	352.44	73719	563.49	612.70	645.68
72275	123.18	134.76	143.95	73720	894.66	975.03	1029.70
72285	383.28	418.08	442.86	73721	475.77	517.28	545.07
72295	346.40	378.15	400.55	73722	563.49	612.70	645.68
73000	29.19	31.66	33.44	73723	1012.40	1102.10	1162.00
73010	29.57	32.04	33.82	73725	528.02	575.33	609.08
73020	26.65	28.93	30.61	74000	29.94	32.42	34.21
73030	32.25	35.07	37.18	74010	34.84	37.76	39.94

2001 OUTPATIENT SERVICES FEE SCHEDULE

Radiology Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	PROC	LOC 01/02	LOC 3	LOC 4
74020	38.50	41.63	43.93	75553	537.40	585.23	619.45
74022	45.57	49.32	52.10	75554	530.07	577.35	610.98
74150	281.36	306.03	323.74	75555	525.99	573.14	606.67
74160	331.52	360.98	382.10	75600	511.97	560.70	594.77
74170	401.29	437.00	462.36	75605	546.76	597.35	632.99
74175	385.92	420.01	443.82	75625	545.67	596.17	631.76
74181	486.71	529.65	558.87	75630	600.79	655.25	693.95
74182	572.27	622.72	657.02	75635	421.80	457.25	482.01
74183	1022.50	1113.90	1175.60	75650	564.79	616.38	652.92
74185	527.63	574.96	608.72	75658	556.86	608.04	644.18
74190	75.13	81.37	85.94	75660	555.77	606.87	642.96
74210	65.09	70.62	74.65	75662	575.61	627.86	664.93
74220	70.27	76.00	80.16	75665	555.90	607.18	643.49
74230	78.81	85.23	89.92	75671	574.16	626.30	663.31
74235	164.77	178.07	187.86	75676	555.90	607.18	643.49
74240	93.74	101.33	106.95	75680	574.16	626.30	663.31
74241	94.82	102.50	108.18	75685	555.04	606.09	642.15
74245	140.65	152.31	160.87	75705	602.29	656.03	694.44
74246	100.75	109.07	115.22	75710	546.53	597.26	633.10
74247	103.06	111.72	118.18	75716	555.04	606.09	642.15
74249	148.40	160.83	169.94	75722	546.76	597.35	632.99
74250	75.84	82.16	86.78	75724	566.34	617.72	653.90
74251	86.36	93.20	98.29	75726	545.67	596.17	631.76
74260	84.70	91.82	97.02	75731	545.67	596.17	631.76
74270	103.42	112.11	118.59	75733	555.41	606.48	642.56
74280	139.65	151.06	159.50	75736	545.67	596.17	631.76
74283	207.86	223.44	235.22	75741	555.04	606.09	642.15
74290	45.57	49.32	52.10	75743	573.31	625.21	661.96
74291	27.06	29.27	30.92	75746	545.67	596.17	631.76
74305	53.42	57.74	60.99	75756	547.35	597.82	633.27
74320	150.17	163.54	173.08	75774	504.58	553.01	586.87
74327	106.33	115.23	121.83	75790	151.57	162.25	170.64
74328	159.17	173.08	183.08	75801	252.92	275.99	292.58
74329	159.17	173.08	183.08	75803	271.06	294.79	311.85
74330	168.94	183.36	193.81	75805	278.91	304.37	322.53
74340	129.98	141.42	149.64	75807	297.54	323.87	342.74
74350	162.14	176.15	186.22	75809	55.65	60.04	63.34
74355	141.94	154.02	162.78	75810	546.17	596.87	632.70
74360	150.17	163.54	173.08	75820	74.64	80.37	84.72
74363	282.24	307.82	326.06	75822	114.33	123.08	129.70
74400	91.85	99.88	105.82	75825	546.17	596.87	632.70
74410	101.63	110.44	116.81	75827	545.67	596.17	631.76
74415	107.92	117.39	124.26	75831	545.67	596.17	631.76
74420	120.73	131.83	139.80	75833	564.79	616.38	652.92
74425	69.93	76.01	80.47	75840	546.66	597.57	633.63
74430	58.16	63.23	66.99	75842	564.43	615.99	652.51
74440	63.66	69.04	72.99	75860	546.89	597.65	633.51
74445	104.36	111.83	117.51	75870	546.53	597.26	633.10
74450	74.74	81.44	86.34	75872	545.67	596.17	631.76
74455	79.58	86.83	92.16	75880	74.64	80.37	84.72
74470	77.01	83.26	87.87	75885	561.71	613.00	649.23
74475	185.49	202.32	214.26	75887	561.71	613.00	649.23
74480	185.49	202.32	214.26	75889	545.67	596.17	631.76
74485	150.67	164.25	174.01	75891	545.67	596.17	631.76
74710	59.27	64.39	68.18	75893	513.47	562.22	596.30
74740	71.04	77.17	81.65	75894	1000.00	1094.80	1161.60
74742	153.87	167.39	177.02	75896	878.81	961.60	1019.80
74775	90.04	97.49	103.02	75898	129.45	138.14	144.88
75552	517.50	564.29	597.57	75900	834.42	914.96	971.35

2001 OUTPATIENT SERVICES FEE SCHEDULE

Radiology Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
75940	513.97	562.92	597.24	76380	187.27	203.13	214.54
75945	198.42	217.07	230.35	76390	507.37	553.62	586.43
75946	111.35	121.62	129.14	76393	504.18	549.47	581.41
75952	240.89	262.59	283.91	76400	517.50	564.29	597.57
75953	104.01	120.55	138.24	76506	90.05	97.48	103.00
75960	617.90	676.30	717.29	76511	101.71	109.06	114.39
75961	631.91	683.38	720.97	76512	96.83	104.57	110.15
75962	635.89	696.97	739.87	76513	108.43	117.08	123.17
75964	342.40	375.02	397.89	76516	74.70	80.61	84.90
75966	677.69	740.93	785.59	76519	78.68	84.91	89.38
75968	342.27	374.71	397.36	76529	95.88	103.57	108.98
75970	489.24	535.11	567.43	76536	85.13	92.15	97.31
75978	637.21	698.23	740.97	76604	79.92	86.38	91.10
75980	285.61	310.08	327.74	76645	70.12	75.83	80.13
75982	312.10	339.16	358.63	76700	119.99	129.90	137.21
75984	113.96	123.42	130.34	76705	87.11	94.39	99.82
75989	184.96	200.19	211.30	76770	115.80	125.36	132.34
75992	635.76	696.66	739.34	76775	86.74	94.01	99.43
75993	342.63	375.10	397.77	76778	115.80	125.36	132.34
75994	677.69	740.93	785.59	76800	113.18	121.53	127.82
75995	676.25	739.36	783.96	76805	134.08	144.88	152.87
75996	342.27	374.71	397.36	76810	267.03	288.07	303.36
76000	59.45	64.95	68.90	76815	89.94	97.15	102.43
76001	137.50	149.42	158.06	76816	73.64	79.41	83.62
76003	79.31	85.92	90.83	76818	109.04	117.81	124.38
76005	80.83	87.42	92.35	76819	95.62	103.65	109.63
76006	24.16	25.85	27.39	76825	161.39	173.06	181.83
76010	29.94	32.42	34.21	76826	75.01	80.32	84.35
76012	121.16	146.09	173.46	76827	102.58	111.44	117.98
76013	94.12	106.52	119.55	76828	74.26	80.42	85.10
76020	30.68	33.19	35.01	76830	96.77	104.76	110.74
76040	46.15	50.38	53.65	76831	97.75	105.60	111.38
76061	63.01	68.19	72.04	76856	96.77	104.76	110.74
76062	84.75	91.78	96.94	76857	61.12	66.30	70.14
76065	43.72	47.40	50.14	76870	93.82	101.69	107.57
76066	59.60	64.81	68.64	76872	96.90	105.07	111.26
76075	135.29	147.83	156.72	76873	162.79	175.82	186.03
76076	41.48	45.12	47.81	76880	87.11	94.39	99.82
76078	40.74	44.36	47.03	76885	98.63	106.67	112.68
76080	69.63	75.13	79.20	76886	88.59	95.92	101.39
76086	120.73	131.83	139.80	76930	96.25	104.08	109.84
76088	165.56	180.67	191.40	76932	96.25	104.08	109.84
76090	70.89	76.58	80.87	76934	95.66	103.61	109.55
76091	86.36	93.20	98.29	76936	354.06	384.26	406.35
76093	765.33	836.14	886.08	76938	96.16	104.31	110.49
76094	1007.30	1101.70	1168.10	76941	131.79	141.49	148.84
76095	362.10	393.96	416.99	76942	95.79	103.92	110.08
76096	80.78	87.46	92.43	76945	98.43	106.43	112.28
76098	25.21	27.36	28.96	76946	79.50	86.47	91.54
76100	79.72	86.27	91.17	76948	80.00	87.17	92.47
76101	86.74	94.01	99.43	76950	81.53	88.22	93.20
76102	98.96	107.53	113.91	76960	81.53	88.22	93.20
76120	61.48	66.69	70.54	76965	294.33	319.88	338.23
76125	45.16	48.98	51.79	76970	62.59	67.84	71.73
76150	16.21	17.82	18.96	76975	102.33	110.51	116.62
76355	382.48	416.94	441.43	76977	56.15	61.32	64.82
76360	379.03	413.16	437.33	76986	166.50	180.24	190.52
76365	360.19	392.82	416.16	77261	75.84	79.84	83.18
76370	159.33	172.93	182.79	77262	114.69	120.72	125.75
76375	145.42	159.23	168.91	77263	170.31	179.19	186.57

Radiology Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
77280	171.62	186.68	197.44	78011	117.79	128.30	135.85
77285	270.20	294.13	311.26	78015	136.05	147.86	156.44
77290	333.87	362.73	383.48	78016	178.64	193.99	204.95
77295	1319.60	1437.60	1521.60	78018	255.60	278.45	294.69
77300	85.20	92.09	97.20	78020	84.76	92.49	98.64
77305	109.59	118.75	125.49	78070	113.35	122.54	129.34
77310	145.88	157.65	166.31	78075	248.95	271.53	287.59
77315	185.59	199.90	210.48	78102	109.07	118.51	125.37
77321	206.35	224.11	236.82	78103	162.49	176.55	186.65
77326	141.04	152.68	161.24	78104	199.67	217.23	229.77
77327	208.27	225.24	237.62	78110	47.74	52.10	55.31
77328	302.61	327.03	344.84	78111	111.75	122.27	129.77
77331	66.22	70.59	73.98	78120	80.20	87.71	93.16
77332	80.63	87.17	91.94	78121	128.89	140.55	148.71
77333	118.57	128.30	135.53	78122	201.60	220.23	233.39
77334	191.18	206.79	218.12	78130	142.87	155.35	164.28
77336	114.77	126.01	133.84	78135	222.00	242.16	256.48
77370	134.61	147.74	156.88	78140	184.48	201.07	212.91
77401	68.95	75.90	80.86	78160	160.49	175.63	186.45
77402	68.95	75.90	80.86	78162	147.41	160.59	169.87
77403	68.95	75.90	80.86	78170	227.22	248.79	264.19
77404	68.95	75.90	80.86	78185	113.03	123.27	130.65
77406	68.95	75.90	80.86	78190	278.85	303.70	321.60
77407	81.04	89.11	94.82	78191	314.96	344.21	364.78
77408	81.04	89.11	94.82	78195	219.20	237.78	251.24
77409	81.04	89.11	94.82	78201	114.88	125.18	132.61
77411	81.04	89.11	94.82	78202	138.28	150.44	159.06
77412	90.23	99.19	105.52	78205	265.85	290.17	307.42
77413	90.23	99.19	105.52	78206	267.61	288.88	302.60
77414	90.23	99.19	105.52	78215	139.35	151.64	160.32
77416	90.23	99.19	105.52	78216	164.83	179.46	189.83
77417	23.23	25.56	27.22	78220	169.95	185.33	196.21
77427	172.80	181.68	189.22	78223	186.53	202.80	214.51
77431	98.88	103.98	108.16	78230	108.74	118.52	125.67
77432	448.03	471.90	491.38	78231	150.51	163.96	173.52
77470	541.12	589.05	623.35	78232	161.69	176.13	186.24
77600	201.21	217.25	229.16	78258	150.62	163.43	172.59
77605	270.14	292.15	308.73	78261	195.56	213.03	225.50
77610	200.71	216.55	228.23	78262	200.63	218.52	231.22
77615	268.15	289.35	305.00	78264	200.73	218.42	231.03
77620	200.94	216.63	228.11	78270	71.34	78.05	82.92
77750	310.13	327.93	341.98	78271	74.60	81.56	86.59
77761	296.94	316.88	332.43	78272	104.42	114.09	121.01
77762	442.34	471.34	493.68	78278	240.62	261.67	276.70
77763	627.10	667.08	698.13	78290	153.95	167.32	176.89
77776	321.61	342.83	360.16	78291	165.52	179.55	189.66
77777	560.68	597.25	625.73	78300	129.84	141.26	149.61
77778	790.73	840.68	879.93	78305	185.67	201.72	213.19
77781	869.86	950.86	1007.90	78306	210.73	229.21	242.40
77782	913.90	997.10	1056.00	78315	238.84	259.69	274.61
77783	978.94	1065.40	1127.10	78320	283.37	308.53	326.46
77784	1078.20	1169.70	1235.50	78350	41.48	45.12	47.81
77789	76.50	80.98	84.39	78428	130.60	141.57	149.60
77790	75.11	79.79	83.42	78445	98.37	106.92	113.15
78000	48.10	52.50	55.72	78455	192.58	209.56	221.64
78001	64.62	70.33	74.43	78456	208.06	227.01	241.22
78003	55.14	59.79	63.19	78457	144.13	156.36	165.20
78006	118.56	129.04	136.59	78458	202.90	220.34	232.72
78007	126.68	137.94	146.05	78460	137.57	148.92	157.18
78010	91.74	99.98	106.01	78461	248.62	269.96	285.33

2001 OUTPATIENT SERVICES FEE SCHEDULE

Radiology Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
78464	330.83	360.46	381.51	78647	275.84	300.54	318.05
78465	532.93	581.24	615.34	78650	211.55	230.63	244.09
78466	138.97	150.97	159.65	78660	110.14	119.70	126.62
78468	184.18	200.19	211.62	78700	141.61	154.33	163.36
78469	250.46	272.61	288.35	78701	163.66	178.37	188.76
78472	265.78	289.51	306.51	78704	192.22	209.16	221.22
78473	396.39	431.23	455.88	78707	223.66	243.10	256.98
78478	94.39	102.18	107.90	78708	236.01	256.06	270.47
78480	94.39	102.18	107.90	78709	245.78	266.34	281.21
78481	254.51	276.85	292.72	78710	262.90	287.09	304.26
78483	382.49	416.06	439.89	78715	77.97	84.98	90.06
78494	329.05	357.33	376.94	78725	89.42	97.33	103.06
78496	293.26	319.87	338.10	78730	76.22	82.97	87.92
78580	172.39	187.42	198.18	78740	111.99	121.61	128.59
78584	176.28	191.09	201.78	78760	138.94	151.00	159.71
78585	275.45	299.87	317.41	78761	161.72	175.81	185.91
78586	121.86	132.96	140.95	78800	166.87	181.64	192.23
78587	134.64	146.55	155.03	78801	205.09	223.10	235.89
78588	180.28	195.51	206.72	78802	259.72	283.06	299.69
78591	131.28	143.13	151.53	78803	311.00	338.73	358.47
78593	159.67	174.07	184.28	78805	170.57	185.48	196.16
78594	219.93	240.01	254.12	78806	293.95	320.66	339.65
78596	340.21	370.37	391.87	78807	311.36	339.12	358.88
78600	134.58	146.60	155.12	79000	197.57	212.48	223.59
78601	158.97	173.27	183.43	79001	106.44	114.26	120.12
78605	160.08	174.42	184.62	79020	197.58	212.47	223.57
78606	183.42	199.87	211.63	79030	213.61	229.31	241.05
78607	318.53	346.72	366.88	79035	236.29	253.05	265.62
78610	77.61	84.59	89.66	79100	172.16	185.76	195.75
78615	171.10	186.88	198.09	79200	208.28	223.63	235.04
78630	230.87	251.82	266.70	79400	206.57	222.02	233.58
78635	131.87	143.31	151.54	79440	209.87	225.51	237.19
78645	163.02	177.51	187.80				

OTHER DIAGNOSTIC SERVICES FEE SCHEDULE

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
G0005	48.40	53.38	57.01	59025	43.47	47.76	51.72
G0006	236.32	260.98	279.05	91000	45.15	47.82	49.99
G0015	236.32	260.98	279.05	91010	107.38	114.85	120.56
G0106	139.65	151.06	159.50	91011	129.39	138.06	144.51
G0128	4.57	4.92	5.26	91012	132.51	141.84	148.90
G0130	43.29	47.07	49.84	91020	116.05	123.96	130.09
G0131	131.48	143.67	152.22	91030	56.71	60.07	62.80
G0132	43.29	47.07	49.84	91032	101.18	108.24	113.71
Q0035	25.22	27.35	28.94	91033	131.16	141.06	148.62
51736	56.39	60.37	63.36	91052	56.95	60.58	63.43
51741	99.88	106.83	112.10	91055	61.59	65.43	68.56
51792	119.79	130.21	138.72	91060	35.07	37.54	39.52
51795	199.69	215.18	226.42	91065	25.98	28.10	29.70
51797	195.24	209.57	219.70	91122	128.44	137.61	145.25
54240	97.34	104.37	110.22	92060	72.02	76.57	79.54
54250	194.00	207.23	217.15	92065	40.15	42.87	44.73
59020	67.87	75.12	81.74	92081	56.45	60.47	63.07

2001 OUTPATIENT SERVICES FEE SCHEDULE

Other Diagnostic Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
92082	56.17	60.00	62.51	93303	223.66	242.37	255.94
92083	61.31	65.42	68.09	93304	120.29	130.35	137.73
92135	57.16	61.27	63.90	93307	206.09	224.06	236.99
92235	111.94	120.22	125.91	93308	108.46	118.05	125.12
92240	134.72	144.17	150.61	93312	273.29	295.48	312.31
92250	69.21	74.08	77.16	93314	218.84	238.10	252.56
92265	69.88	74.33	77.52	93315	301.35	324.84	342.80
92270	67.11	71.51	74.79	93317	247.99	268.64	284.27
92275	80.60	85.47	88.95	93320	90.64	98.82	104.81
92283	27.98	30.16	31.67	93321	53.04	58.24	62.14
92284	68.28	73.50	76.72	93325	118.05	130.22	139.19
92285	63.16	68.06	71.10	93350	117.06	126.80	134.01
92286	94.58	101.15	105.36	93501	832.53	908.97	964.83
92541	35.02	37.59	39.62	93505	332.67	355.54	373.83
92542	31.19	33.44	35.15	93508	714.38	774.51	818.22
92543	11.24	12.25	13.08	93510	1663.40	1821.00	1935.70
92544	24.95	26.87	28.36	93511	1657.70	1813.00	1926.40
92545	22.75	24.55	25.98	93514	1773.70	1935.60	2054.60
92546	27.88	29.96	31.56	93524	2196.70	2401.80	2551.70
92547	23.13	25.79	27.87	93526	2205.80	2413.90	2565.50
92548	90.31	98.53	104.82	93527	2239.40	2447.50	2599.30
92552	17.79	19.70	21.12	93528	2303.70	2514.60	2669.60
92553	26.39	29.31	31.53	93529	2069.80	2267.60	2411.50
92555	15.26	16.96	18.27	93530	893.23	973.19	1032.30
92556	23.49	26.18	28.28	93531	2322.60	2537.40	2695.20
92557	48.07	53.53	57.77	93532	2371.70	2586.70	2744.90
92561	28.57	31.65	33.97	93533	2162.60	2366.70	2516.70
92562	16.34	18.13	19.49	93539	46.57	49.57	51.47
92563	15.26	16.96	18.27	93540	48.06	51.10	53.05
92564	19.37	21.57	23.27	93541	18.20	19.18	19.93
92565	15.98	17.74	19.08	93542	17.83	18.79	19.52
92567	21.68	24.22	26.24	93543	31.24	33.26	34.58
92568	15.26	16.96	18.27	93544	29.75	31.73	33.03
92569	16.34	18.13	19.49	93545	42.23	44.88	46.59
92571	15.62	17.35	18.67	93555	281.08	306.72	324.97
92572	3.76	4.22	4.60	93556	419.56	458.43	485.76
92573	14.17	15.79	17.05	93561	51.47	55.62	58.92
92575	11.86	13.13	14.08	93562	22.44	24.54	26.23
92576	18.29	20.40	22.05	93571	274.17	297.13	314.16
92577	29.06	32.35	34.91	93572	171.94	187.08	199.28
92579	28.93	32.04	34.38	93600	208.82	224.43	236.37
92582	28.93	32.04	34.38	93602	170.61	182.53	191.93
92583	35.72	39.70	42.76	93603	196.96	211.30	222.29
92584	98.64	109.26	117.22	93607	249.35	266.37	279.89
92585	113.63	123.87	131.40	93609	663.05	704.80	738.79
92587	60.17	66.30	70.96	93610	232.29	248.32	261.09
92588	80.61	88.20	93.97	93612	242.57	259.57	273.02
92589	22.04	24.61	26.65	93615	65.49	69.38	72.42
92596	24.22	26.96	29.09	93616	98.31	104.21	108.88
93005	17.66	19.39	20.59	93618	419.94	450.96	474.50
93012	93.30	103.17	110.47	93619	756.14	812.98	855.98
93017	65.69	72.38	77.19	93620	1071.10	1148.20	1206.90
93024	115.76	124.23	130.60	93624	354.87	378.57	397.45
93041	5.57	6.17	6.63	93631	708.52	767.59	816.66
93225	48.40	53.38	57.01	93640	496.33	536.82	566.75
93226	85.29	94.03	100.34	93641	648.47	697.97	735.15
93231	59.89	66.12	70.68	93642	577.24	620.86	652.68
93232	84.44	92.94	99.00	93721	28.20	31.26	33.57
93236	101.24	111.23	118.26	93731	45.71	49.19	51.86
93278	61.75	67.75	72.36	93732	70.99	75.62	79.18

2001 OUTPATIENT SERVICES FEE SCHEDULE

Other Diagnostic Services Fee Schedule (continued)

CODE	LOC 01/02	LOC 3	LOC 4	CODE	LOC 01/02	LOC 3	LOC 4
93733	39.75	43.52	46.39	95044	7.74	8.52	9.07
93734	35.95	38.48	40.35	95052	9.55	10.48	11.11
93735	59.92	64.07	67.31	95056	6.65	7.35	7.85
93736	35.02	38.46	41.14	95060	13.67	15.09	16.11
93737	44.85	48.10	50.52	95065	7.74	8.52	9.07
93738	70.62	75.23	78.77	95070	83.96	90.94	95.08
93875	58.09	63.87	68.35	95071	107.15	115.96	121.14
93880	184.03	202.76	217.33	95078	10.05	11.18	12.04
93882	122.56	135.04	144.75	95805	349.66	378.92	399.85
93886	221.52	243.15	259.91	95806	195.54	212.73	226.62
93888	147.97	162.65	174.12	95807	456.38	495.55	522.69
93922	62.51	69.07	74.35	95808	682.60	738.22	775.32
93923	116.46	128.34	137.73	95810	656.05	708.17	743.91
93924	128.28	141.65	152.36	95812	157.23	169.51	178.22
93925	183.64	202.39	216.96	95813	215.08	230.87	241.97
93926	122.92	135.44	145.17	95816	146.96	158.25	166.30
93930	186.91	206.33	221.37	95819	162.54	175.07	183.80
93931	123.92	136.69	146.54	95822	136.85	147.84	156.07
93965	66.11	72.57	77.71	95824	59.07	62.98	65.97
93970	205.07	226.12	242.60	95827	151.34	163.48	172.36
93971	136.06	149.99	160.89	95829	1025.80	1099.20	1145.90
93975	283.19	309.51	330.31	95858	101.88	107.75	112.29
93976	188.76	206.22	220.01	95860	79.59	84.66	88.35
93978	192.45	212.24	227.77	95861	121.10	129.02	135.08
93979	128.67	141.88	152.24	95863	145.86	155.20	162.26
93980	211.44	231.27	246.87	95864	189.04	202.38	212.29
93981	155.65	171.65	184.06	95867	69.40	74.19	77.80
93990	115.39	127.45	136.77	95868	100.15	106.87	111.90
94010	35.73	38.69	40.74	95869	30.87	33.01	34.67
94014	39.36	41.86	43.75	95870	30.51	32.62	34.26
94015	12.81	13.99	14.77	95872	106.66	113.20	118.22
94060	58.74	63.72	67.30	95875	96.11	102.33	107.25
94070	146.90	158.89	166.96	95900	42.52	45.47	47.60
94200	17.91	19.59	20.91	95903	44.29	47.17	49.42
94240	58.19	63.06	66.46	95904	36.63	39.30	41.24
94250	25.02	27.10	28.53	95920	176.30	189.03	199.11
94260	23.86	26.13	27.91	95921	62.14	65.95	68.92
94350	50.81	54.94	57.79	95922	66.91	70.97	74.10
94360	40.93	44.61	47.45	95923	113.58	121.47	126.73
94370	82.56	89.03	93.09	95925	69.26	74.74	78.79
94375	32.25	34.64	36.41	95926	69.26	74.74	78.79
94400	48.69	52.68	55.73	95927	70.48	76.23	80.54
94450	44.80	48.15	50.61	95930	41.22	44.06	45.99
94620	111.44	120.54	126.99	95933	65.69	70.78	74.63
94621	137.31	147.28	154.79	95934	38.40	41.00	43.08
94680	42.38	46.17	49.07	95936	40.25	42.92	45.04
94681	74.51	81.79	87.23	95937	50.50	53.77	56.25
94690	25.25	27.75	29.65	95950	252.41	276.41	295.49
94720	60.50	65.72	69.43	95951	978.63	1052.80	1102.80
94725	55.73	61.40	65.95	95953	415.95	449.86	475.15
94750	115.63	124.95	130.71	95954	239.40	255.57	267.08
94762	17.73	20.46	22.93	95956	1061.30	1146.50	1200.60
94770	33.70	37.20	40.04	95957	173.95	186.27	195.74
95004	4.12	4.61	5.00	95958	317.11	337.87	354.11
95024	5.57	6.17	6.63	95961	220.51	235.54	247.63
95027	5.57	6.17	6.63	95962	231.14	246.34	258.46
95028	8.83	9.69	10.30				

Addresses

CLAIMS STATUS

Coverage Guidelines

Billing Issues Regarding

Outpatient Services, CORE, ORF, PHP

Medicare Part A Customer Service

P. O. Box 2711

Jacksonville, FL 32231

(904) 355-8899

APPEAL RECONSIDERATIONS

Claim Denials (outpatient services only)

Medicare Fair Hearings (Part A)

P. O. Box 45203

Jacksonville, FL

MEDICARE SECONDARY PAYER (MSP)

Information on Hospital Protocols

Admission Questionnaires

Audits

Medicare Secondary Payer

Hospital Review

P. O. Box 45267

Jacksonville, FL 32231

General MSP Information

Completion of UB-92 (MSP Related)

Conditional Payment

Medicare Secondary Payer

P. O. Box 2711

Jacksonville, FL 32231

(904) 355-8899

Automobile Accident Cases

Settlements/Lawsuits

Other Liabilities

Medicare Secondary Payer Subrogation

P. O. Box 44179

Jacksonville, FL 32231

ELECTRONIC CLAIM FILING

"DDE Startup"

Direct Data Entry (DDE)

P. O. Box 44071

Jacksonville, FL 32231

(904) 791-8131

FRAUD AND ABUSE

Medicare Fraud Branch

P. O. Box 45087

Jacksonville, FL 32231

(904) 355-8899

REVIEW REQUEST

Denied claims that may have been payable under the Medicare Part A program

Medicare Part A Reconsiderations

P. O. Box 45053

Jacksonville, FL 32232

OVERPAYMENT COLLECTIONS

Repayment Plans for Part A Participating Providers

Cost Reports (original and amended)

Receipts and Acceptances

Tentative Settlement Determinations

Provider Statistical and Reimbursement (PS&R) Reports

Cost Report Settlement (payments due to provider or Program)

Interim Rate Determinations

TEFRA Target Limit and Skilled Nursing Facility Routine Cost Limit Exceptions

Freedom of Information Act Requests (relative to cost reports and audits)

Provider Audit and Reimbursement Department (PARD)

P.O. Box 45268

Jacksonville, FL 32232-5268

(904) 791-8430

Phone Numbers

PROVIDERS

Automated Response Unit

904-355-8899

Customer Service Representatives:

904-355-8899

BENEFICIARY

904-355-8899

ELECTRONIC MEDIA CLAIMS

EMC Start-Up:

904-791-8767

Electronic Eligibility

904-791-8131

Electronic Remittance Advice

904-791-6865

Direct Data Entry (DDE) Support:

904-791-8131

PC-ACE Support

904-355-0313

Testing:

904-791-6865

Help Desk (Confirmation/Transmission)

904-905-8880

Medicare Web sites

PROVIDERS

Florida Medicare Contractor

www.floridamedicare.com

Health Care Financing Administration

www.hcfa.gov

BENEFICIARIES

Florida Medicare Contractor

www.medicarefla.com

Health Care Financing Administration

www.medicare.gov



MEDICARE A BULLETIN

FIRST COAST SERVICE OPTIONS, INC. ❖ P.O. Box 2078 ❖ JACKSONVILLE, FL 32231-0048

