NURSE MIDWIFE MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS.
NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE – ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

HPSA ADULT - MAXIMUM ALLOWABLE FEES PAID TO NURSE MIDWIVES FOR HEALTH PERSONNEL SHORTAGE AREA (HPSA) SERVICES PROVIDED TO ADULT RECIPIENTS.

HPSA PED - MAXIMUM ALLOWABLE FEES PAID TO NURSE MIDWIVES FOR HPSA SERVICES PROVIDED TO PEDIATRIC RECIPIENTS.

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT:
(608) 221-9883 OR (800) 947-9627*

*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E., NURSE SERVICE PROVIDERS ARE PROVIDER TYPE 33).

TABLE I
PROVIDER TYPES

33 - NURSE MIDWIVES

TABLE II
PRICING ACTION CODES
(PAC)

11J, 21J	- INDIVIDUAL CONSIDERATION, MEDICAL CONSULTANT
120, 220	- NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
170, 270	- PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

TABLE III
MODIFIERS

MODIFIER	DESCRIPTION
QB	PHYSICIAN PROVIDING SERVICE IN A RURAL HPSA
QU	PHYSICIAN PROVIDING SERVICE IN AN URBAN HPSA
TC	TECHNICAL COMPONENT
TH	OBSTETRICAL TREATMENT/SERVICES, PRENATAL OR POSTPARTUM
TJ	PEDIATRIC INCENTIVE PROGRAM
26	PROFESSIONAL COMPONENT
80	ASSISTANT SURGEON

PROC DESCRIPTION

PROC	M1	M2	TM	PROVIDER TYPE	PAC	EFFECT DATE	MAX FEE	HPSA ADULT	HPSA PED
56820	COLPOSCOPY OF THE VULVA								
56820				33	21J	01/01/03			
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)								
56821				33	21J	01/01/03			
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT, WITH BIOPSY(S)								
57420				33	21J	01/01/03			
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)								
57421				33	21J	01/01/03			
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX								
57455				33	21J	01/01/03			
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE								
57456				33	21J	01/01/03			
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION								
57461				33	21J	01/01/03			
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)								
58300				33	270	07/01/02	30.26		
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)								
58301				33	270	07/01/02	27.75		
59025	FETAL NON-STRESS TEST								
59025				33	270	07/01/02	49.40		
59025	QB			33	270	07/01/02		74.10	74.10
59025	QU			33	270	07/01/02		74.10	74.10
59300	EPISIOTOMY OR VAGINAL REPAIR ONLY, BY OTHER THAN ATTENDING								
59300				33	270	07/01/02	211.92		
59300	QB			33	270	07/01/02		317.88	317.88
59300	QU			33	270	07/01/02		317.88	317.88
59400	TOTAL OBSTETRIC CARE (ALL-INCLUSIVE, ''GLOBAL'' CARE)								
59400			80	33	270	07/01/02	204.83		
59400	TOTAL OBSTETRIC CARE (ALL-INCLUSIVE/ "GLOBAL" CARE) NURSE-MIDWIVES								
59400				33	270	07/01/02	1024.15		
59400	QB			33	270	07/01/02		1536.23	1536.23
59400	QU			33	270	07/01/02		1536.23	1536.23
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);								

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59409          80  33                      270  07/01/02     110.24
59409  VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59409              33                      270  07/01/02     551.19
59409  QB          33                      270  07/01/02                826.79    826.79
59409  QU          33                      270  07/01/02                826.79    826.79
59410  VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE
59410          80  33                      270  07/01/02     117.77
59410  VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE
59410              33                      270  07/01/02     588.83
59410  QB          33                      270  07/01/02                883.25    883.25
59410  QU          33                      270  07/01/02                883.25    883.25
59412  EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DE
59412              33                      270  07/01/02     130.85
59412  QB          33                      270  07/01/02                196.28    196.28
59412  QU          33                      270  07/01/02                196.28    196.28
59414  DELIVERY OF PLACENTA (SEPARATE PROCEDURE)
59414              33                      270  07/01/02     346.70
59414  QB          33                      270  07/01/02                520.05    520.05
59414  QU          33                      270  07/01/02                520.05    520.05
59425  ANTEPARTUM CARE ONLY, 4-6 VISITS
59425              33                      270  07/01/02     263.54
59425  QB          33                      270  07/01/02                395.31    395.31
59425  QU          33                      270  07/01/02                395.31    395.31
59426  ANTEPARTUM CARE 7 OR MORE VISITS
59426              33                      270  07/01/02     451.87
59426  QB          33                      270  07/01/02                677.81    677.81
59426  QU          33                      270  07/01/02                677.81    677.81
59430  POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)  NURSE-MIDWIVES
59430              33                      270  07/01/02      91.43
59430  QB          33                      270  07/01/02                137.15    137.15
59430  QU          33                      270  07/01/02                137.15    137.15
59514  CAESAREAN DELIVERY ONLY;
59514          80  33                      270  07/01/02     161.74
59610  ROUTINE OBSTERTRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH/WITHOUT EPISIO
59610          80  33                      270  07/01/02     217.88
59610  TOTAL OBSTETRIC CARE (ALL-INCLUSIVE/ "GLOBAL" CARE)NURSE-MIDWIVES
59610              33                      270  07/01/02    1089.41
59610  QB          33                      270  07/01/02               1634.12   1634.12
59610  QU          33                      270  07/01/02               1634.12   1634.12
59612  VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);
59612              33                      270  07/01/02     584.06
59612  QB          33                      270  07/01/02                876.09    876.09
59612  QU          33                      270  07/01/02                876.09    876.09
59612  VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH/WITHOUT EPISIOTOMY/FORCEPS
59612          80  33                      270  07/01/02     116.81
59614  VAGINAL DELIVERY ONLY (W/WO EPISIOTOMY AND/OR FORCEPS);INCLUDING POSTPARTUM CARE
59614              33                      270  07/01/02     650.58
59614  QB          33                      270  07/01/02                975.87    975.87
59614  QU          33                      270  07/01/02                975.87    975.87
59614  VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH/WITHOUT EPIS/FORCEPS INCLD
59614          80  33                      270  07/01/02     130.11
76801  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76801              33                      21J  01/01/03
76801  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76801          26  33                      21J  01/01/03
76801  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76801          TC  33                      21J  01/01/03
76802  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76802              33                      21J  01/01/03
76802  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76802          26  33                      21J  01/01/03
76802  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76802          TC  33                      21J  01/01/03
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76811  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76811              33                        21J  01/01/03
76811  QB          33                        21J  01/01/03
76811  QU          33                        21J  01/01/03
76811  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76811          26  33                        21J  01/01/03
76811  QB      26  33                        21J  01/01/03
76811  QU      26  33                        21J  01/01/03
76811  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76811          TC  33                        21J  01/01/03
76811  QB      TC  33                        21J  01/01/03
76811  QU      TC  33                        21J  01/01/03
76812  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76812              33                        21J  01/01/03
76812  QB          33                        21J  01/01/03
76812  QU          33                        21J  01/01/03
76812  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76812          26  33                        21J  01/01/03
76812  QB      26  33                        21J  01/01/03
76812  QU      26  33                        21J  01/01/03
76812  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVAL
76812          TC  33                        21J  01/01/03
76812  QB      TC  33                        21J  01/01/03
76812  QU      TC  33                        21J  01/01/03
76816  ULTRASOUND, PREGNANT UTERUS, REAL TIME W IMAGE DOCO/FOLLOW-UP; TRANSABDOMNL APPRCH PER F
76816              33                        270  07/01/02      66.44
76816  QB          33                        270  07/01/02                 99.66     99.66
76816  QU          33                        270  07/01/02                 99.66     99.66
76817  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL
76817              33                        21J  01/01/03
76817  QB          33                        21J  01/01/03
76817  QU          33                        21J  01/01/03
76817  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL
76817          26  33                        21J  01/01/03
76817  QB      26  33                        21J  01/01/03
76817  QU      26  33                        21J  01/01/03
76817  ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL
76817          TC  33                        21J  01/01/03
76817  QB      TC  33                        21J  01/01/03
76817  QU      TC  33                        21J  01/01/03
76819  FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING
76819              33                        270  07/01/02      85.46
76819  FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING
76819          26  33                        270  07/01/02      30.54
76819  FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING
76819          TC  33                        270  07/01/02      54.90
81001  URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GLUCOSE, HEMOGLOBIN KETONES
81001              33                        270  01/01/98       4.37
81003  URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, ETC.  AUTOMATED
81003              33                        270  01/01/98       3.10
81003  QW          33                        270  01/01/03       3.10
82565  CREATININE; BLOOD
82565              33                        270  01/01/98       7.07
82950  GLUCOSE;
82950              33                        270  01/01/98       6.56
82950  QW          33                        270  07/01/01       6.56
84132  POTASSIUM; SERUM
84132              33                        270  01/01/98       6.35
84295  SODIUM; SERUM
84295              33                        270  01/01/98       6.65
84450  TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)
84450              33                        270  01/01/98       7.14
84520  UREA NITROGEN; QUANTITATIVE
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84520             33                      270  01/01/98       5.45
84550  URIC ACID; BLOOD
84550             33                      270  01/01/98       6.25
84703  QUALITATIVE
84703             33                      270  07/01/98      10.38
84703  QW         33                      270  01/01/03      10.38
85018  BLOOD COUNT; HEMOGLOBIN (HGB)
85018             33                      270  01/01/98       3.27
85018  QW         33                      270  07/01/01       3.27
85025  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB/HCT/RBC/WBC/PLATELET COUNT) DIFFERENTIAL WBC
85025             33                      270  01/01/98      10.74
85027  BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)
85027             33                      270  01/01/98       8.95
86592  SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)
86592             33                      270  01/01/98       5.90
86703  ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY
86703             33                      270  01/01/98      18.96
86762  ANTIBODY; RUBELLA
86762             33                      270  01/01/98      19.89
86850  ANTIBODY SCREEN RBC, EACH SERUM TECHNIQUE
86850             33                      270  07/01/02      27.37
86900  BLOOD TYPING; ABO
86900             33                      270  07/01/98       3.79
87070  CULTURE,BACTERIAL;ANY OTHER SOURCE EXCPT URINE,BLOOD OR STOOL,AEROBIC, W/ISOLATION/PRESU
87070             33                      270  01/01/98      11.90
87081  CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;
87081             33                      270  01/01/98       9.16
87081  QW         33                      270  01/01/00       9.16
87210  SMEAR, PRIMARY SOURCE WITH INTERPRETATION;WET MOUNT FOR INFECTIOUS AGENTS (SALINE,INDIA
87210             33                      270  01/01/98       5.90
87210  QW         33                      270  01/01/03       5.90
87340  INFECTIOUS AGENT ANTIGEN DETECT BY ENZYME IMMUNOASSAY TECHN;TYPES 40/41 HEPATITIS B SURF
87340             33                      270  01/01/98      14.27
87491  INFECTIOUS AGENT DETECT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQ
87491             33                      270  01/01/98      48.50
87880  INFECTIOUS AGENT DETECT BY IMMUNOASSAY W DIRECT OPTICAL OBSERV;STREPTOCOCCUS, GROUP A
87880             33                      270  01/01/98      16.58
87880  QW         33                      270  01/01/00      16.58
88164  CYTOPATHOLOGY SLIDES,CERVICAL/VAGINAL(BETHESDA SYSTEM);MANUAL SCREEN W/MD SUPERVISION
88164             33                      270  01/01/00      14.60
88174  CYTOPATHOLOGY, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PH
88174             33                      270  01/01/03      29.85
88174  CYTOPATHOLOGY, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PH
88174          TC 33                      270  01/01/03      17.91
88174  CYTOPATHOLOGY, AUTOMATED THIN LAYER PREPARATION; SCREENING BY AUTOMATED SYSTEM, UNDER PH
88174          26 33                      270  01/01/03      11.94
88175  CYTOPATHOLOGY, AUTOMATED THIN LAYER PREPARATION; WITH SCREENING BY AUTOMATED SYSTEM AND
88175             33                      270  01/01/03      36.82
90384  RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE
90384             33                      21J  01/01/99
90780  IV INFUSION FOR THERAPY/DIAGNOSIS, ADMIN BY PHYS OR UNDER SUPERV OF PHYS; UP TO 1 HOUR
90780             33                      270  07/01/02      25.07
90781  IV INFUSION,THERAPY/DIAGNOSIS,ADMIN BY MD/UNDER MD SUPR;EA ADDITIONAL HOUR,UP TO 8 HOURS
90781             33                      270  07/01/02      25.07
99070  SUPPLIES AND MATERIALS (EXCEPT SPECTACLES) PROVIDED BY THE PHYSICIAN* RGN 12 ONLY
99070             33                      270  10/01/03      13.20
99201  OFFICE/OP VISIT-NEW PATIENT: PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION (10 MIN)
99201             33                      270  07/01/02      19.60
99201  TJ         33                      270  07/01/02      25.92
99201  QB         33                      270  07/01/02                 23.52     31.10
99201  QU         33                      270  07/01/02                 23.52     31.10
99202  OFFICE/OP VISIT-NEW PATIENT:EXPAND PROB-FOCUSED HIST/EXAM & STRAIGHT MED DECISION(20MIN)
99202             33                      270  07/01/02      32.98
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99202  TJ          33                      270  07/01/02      44.88
99202  QB          33                      270  07/01/02                39.58     53.88
99202  QU          33                      270  07/01/02                39.58     53.88
99203  OFFICE/OP VISIT-NEW PATIENT: DETAILED HIST/EXAM & MED DECISION-LOW COMPLEXITY (30 MIN)
99203              33                      270  10/01/03      49.30
99203  TJ          33                      270  10/01/03      74.57
99203  QB          33                      270  10/01/03                59.16     89.47
99203  QU          33                      270  10/01/03                59.16     89.47
99204  OFFICE OR OTHER OUTPATIENT VISIT; NEW PATIENT; COMPREHENSIVE HISTORY/EXAM
99204              33                      270  10/01/03      70.54
99204  TJ          33                      270  10/01/03     108.45
99204  QB          33                      270  10/01/03                84.65    130.15
99204  QU          33                      270  10/01/03                84.65    130.15
99204  QB  TH      33                      270  10/01/03               105.81    105.81
99204  QU  TH      33                      270  10/01/03               105.81    105.81
99205  OFFICE/OP VISIT-NEW PATIENT:COMPREHENSIVE HIST/EXAM, MED DECISION-HIGH-COMPLEXITY(60MIN)
99205              33                      270  07/01/02      89.74
99205  TJ          33                      270  07/01/02     149.87
99205  QB          33                      270  07/01/02               107.69    179.87
99205  QU          33                      270  07/01/02               107.69    179.87
99211  OFFICE/ OP VISIT-ESTABLISHED PATIENT: MINIMAL PRESENTING PROBLEM (5 MIN)
99211              33                      270  07/01/02      10.87
99211  TJ          33                      270  07/01/02      11.70
99211  QB          33                      270  07/01/02                13.04     14.06
99211  QU          33                      270  07/01/02                13.04     14.06
99212  OFFICE/OP VISIT-ESTABLISHED PATIENT:PROB-FOCUSED HIST/EXAM, STRAIGHT MED DECISION(10MIN)
99212              33                      270  07/01/02      19.56
99212  TJ          33                      270  07/01/02      23.37
99212  QB          33                      270  07/01/02                23.47     29.30
99212  QU          33                      270  07/01/02                23.47     29.30
99213  OFFICE OR OTHER OUTPATIENT VISIT;ESTABLISH PATIENT;EXPANDED PROBLEM-FOCUSED HISTORY/EXAM
99213              33                      270  10/01/03      27.00
99213  TJ          33                      270  10/01/03      43.14
99213  QB          33                      270  10/01/03                32.40     51.75
99213  QU          33                      270  10/01/03                32.40     51.75
99213  QB  TH      33                      270  10/01/03                40.50     40.50
99213  QU  TH      33                      270  10/01/03                40.50     40.50
99214  OFFICE/OP VISIT-ESTABLISHED PAT:DETAILED HIST/EXAM, MED DECISEON MOD COMPLEXITY-25 MIN
99214              33                      270  10/01/03      42.46
99214  TJ          33                      270  10/01/03      88.91
99214  QB          33                      270  10/01/03                50.95    106.68
99214  QU          33                      270  10/01/03                50.95    106.68
99215  OFFICE/OP VISIT/ESTBLISHED PAT:COMPREHENSVE HIST/EXAM, MED DECISN HIGH COMPLEXITY-40MIN
99215              33                      270  07/01/02      62.22
99215  TJ          33                      270  07/01/02     114.22
99215  QB          33                      270  07/01/02                74.66    137.06
99215  QU          33                      270  07/01/02                74.66    137.06
99354  PROLONGED MD SERVICE OFFICE/OUTPATIENT SETTING, DIRECT CONTACT BEYOND USUAL'FIRST HOUR
99354              33                      21J  01/01/01
99355  PROLONGED MD SERVICE OFFICE/OUTPATIENT SETTING DIRECT CONTACT BEYOND USUAL/EA ADD 30 MIN
99355              33                      21J  01/01/01
99381  INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVAL & MANAGEMENT OF AN INDIVIDUAL INCL AGE
99381              33                      270  07/01/02      22.96
99391  PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION & MANAGEMENT OF AN INDIVIDUAL IN
99391              33                      270  07/01/02      18.87
99401  PREVENTIVE MEDICINE COUNSELING &/OR RISK FACTOR REDUCTION INTERVENTION TO INDIVID-15 MIN
99401              33                      270  10/01/03       9.39
99402  PREVENTIVE MEDICINE COUNSELING &/OR RISK FACTOR REDUCTION INTERVENTION TO INDIVID-30 MIN
99402              33                      270  10/01/03      18.78
99403  PREVENTIVE MEDICINE COUNSELING &/OR RISK FACTOR REDUCTION INTERVENTION TO INDIVID-45 MIN
99403              33                      270  10/01/03      28.18
99404  PREVENTIVE MEDICINE COUNSELING &/OR RISK FACTOR REDUCTION INTERVENTION TO INDIVID-60 MIN
99404              33                      270  10/01/03      37.57
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99432  NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL/BIRTHING ROOM
99432             33                       270  07/01/02      69.01
99432  QB         33                       270  07/01/02                82.81     82.81
99432  QU         33                       270  07/01/02                82.81     82.81
99436  ATTENDANCE AT DELIVERY (WHEN REQUESTED BY ATTENDING PHYSICIAN) & INITIAL STABILIZATION
99436             33                       21J  01/01/98
99436  QB         33                       21J  01/01/98
99436  QU         33                       21J  01/01/98
99440  NEWBORN RESUSCIT: PROVISION OF POSITIVE PRESS VENTIL A/O CHEST COMPRESS IN PRESSENCE OF
99440             33                       270  07/01/02      83.23
99499  UNLISTED EVALUATION AND MANAGEMENT SERVICE
99499             33                       21J  01/01/92
A4261  CERVICAL CAP FOR CONTRACEPTIVE USE
A4261             33                       170  10/01/03      41.88
A4266  DIAPHRAGM FOR CONTRACEPTIVE USE
A4266             33                       270  10/01/03       6.59
A4267  CONTRACEPTIVE SUPPLY, CONDOM, MALE, EACH
A4267             33                       270  10/01/03        .16
A4268  CONTRACEPTIVE SUPPLY, CONDOM, FEMALE, EACH
A4268             33                       270  10/01/03       3.44
A4269  CONTRACEPTIVE SUPPLY, SPERMACIDE (E.G., FOAM, GEL), EACH
A4269             33                       270  10/01/03       6.29
J0295  INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GRAM
J0295             33                       270  02/01/03      75.50
J1055  INJECTION, MEDROXYPROGESTRONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
J1055             33                       270  10/01/03      36.60
J2210  INJECTION, METHERGINE MALEATE, UP TO 0.2 MG
J2210             33                       270  03/01/03       7.00
J2460  INJECTION, OXYTETRACYCLINE, UP TO 50 MG
J2460             33                       270  03/01/03       4.30
J3430  INJECTION VITAMIN K UP TO 10 MG
J3430             33                       270  03/01/03       5.60
S4993  CONTRACEPTIVE PILLS FOR BIRTH CONTROL
S4993             33                       270  10/01/03       8.94
S9445  PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SES
S9445             33                       270  10/01/03      37.57

END OF REPORT
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