

Proposed Montana Medicaid - Fee Schedule
Optometric
July 1, 2015

Definitions:

Modifier – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

Description – Procedure code short description. You must refer to the appropriate official CPT-4, HCPCS or CDT-5 coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable. Fees for drugs, radiopharmaceuticals, blood products, immune globins, vaccines, and toxoids are reviewed and updated quarterly -- effective dates that are greater than three months old indicate that there has been no fee change since that date.

Method – Source of fee determination

Fee Sched: Medicaid fee; not determined using RBRVS payment schedule

Medicare: Medicare-prevailing fee.

RBRVS: Based on Medicare Relative Value Units (RVU's) x Montana Medicaid conversion factor x policy adjuster. Conversion factor for fiscal year 2016 is \$24.93.

MSRP: Manufacturers Suggested Retail Price (MSRP): Equals a percentage of billed charges based on MSRP or the provider acquisition cost (when no MSRP is available)

***If a valid, current code is not present, that code may be a non-covered service**

Fees The facility rate is paid to physicians/practitioners providing services in the following sites: hospitals, emergency rooms, ambulatory surgery centers, IHS provider based and IHS 638 free standing facilities, skilled nursing and nursing facilities, hospice, ambulance, inpatient psychiatric and partial psychiatric hospitals, psychiatric residential treatment centers, comprehensive inpatient rehab facilities, birthing centers and military treatment facilities. All other sites of service receive the office rate. Procedures not normally done in the office are shown with the same facility rate, while those done in both locations have different rates. Bundled services, which are covered but paid as part of a related service, are shown with an RBRVS method and a fee of \$0.00. Policy adjustments are applied to certain codes to increase or decrease reimbursement for the service. Vaccines covered by the Vaccines for Children (VFC) program are not reimbursable for individuals under 19. Please refer to the Medicaid Provider website for the list of VFC vaccines.

Global Days – Global surgery indicator. Global surgery periods are pre- and post-operative time frames assigned to surgical procedures.

000: Same day as procedure

010: Same day and ten days following procedure

090: One day prior to and ninety days following procedure

MMM: In maternity cases, the global period is per the CPT-4 code description

ZZZ: Add-on code, global period does not apply. An add-on code must be billed with its associated primary code

Space: Global concept does not apply to this code

PA – Prior Authorization

Y: Prior authorization is required

Space - this indicator does not apply to this code

Indicators

Mult - Multiple surgery guidelines do apply

Bilat - Bilateral. The procedure can be done bilaterally

Assist - Assistant. An assistant is allowed for this procedure

Co-Surg - Co-Surgery. A co-surgeon is allowed for this procedure

Team - A team of surgeons is allowed for this procedure

Related - The procedure code listed is separately billable

Y - indicator is applicable to this code

Space - this indicator does not apply to this code

Policy Adjust - F = Family Planning M = Maternity

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Proc	Mod	Description	Effective	Method	Fees		Global Days	PA	Mult	Bilat	Indicators			Policy Adjust
					Office	Facility					Assist	CoSurg	Team	
A4262		TEMPORARY TEAR DUCT PLUG	07/01/2003	RBRVS	\$0.00	\$0.00								
A4263		PERMANENT TEAR DUCT PLUG	07/01/2003	RBRVS	\$0.00	\$0.00								
A6410		STERILE EYE PAD	01/01/2015	MEDICARE	\$0.43	\$0.00								
A6411		NON-STERILE EYE PAD	07/01/2014	MSRP	\$0.00	\$0.00								
A6412		OCCLUSIVE EYE PATCH	07/01/2014	MSRP	\$0.00	\$0.00								
E1399		MISC SUPP & EQUIP. NOC (OR WHEELCH	07/01/2014	MSRP	\$0.00	\$0.00								
G0117		GLAUCOMA SCR N HGH RISK DIREC	09/01/2011	RBRVS	\$0.00	\$0.00								
G0118		GLAUCOMA SCR N HGH RISK DIREC	09/01/2011	RBRVS	\$0.00	\$0.00								
V2500		CONTACT LENS PMMA SPHERICAL	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2501		CNTCT LENS PMMA-TORIC/PRISM	07/01/2014	FEE SCHED	\$77.44	\$0.00					Y			
V2502		CONTACT LENS PMMA BIFOCAL	07/01/2014	FEE SCHED	\$130.76	\$0.00					Y			
V2503		CNTCT LENS PMMA COLOR VISION	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2510		CNTCT GAS PERMEABLE SPHERICL	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2511		CNTCT TORIC PRISM BALLAST	07/01/2014	FEE SCHED	\$77.44	\$0.00					Y			
V2512		CNTCT LENS GAS PERMBL BIFOCL	07/01/2014	FEE SCHED	\$130.76	\$0.00					Y			
V2513		CONTACT LENS EXTENDED WEAR	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2520		CONTACT LENS HYDROPHILIC	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2521		CNTCT LENS HYDROPHILIC TORIC	07/01/2014	FEE SCHED	\$77.44	\$0.00					Y			
V2522		CNTCT LENS HYDROPHIL BIFOCL	07/01/2014	FEE SCHED	\$130.76	\$0.00					Y			
V2523		CNTCT LENS HYDROPHIL EXTEND	07/01/2014	FEE SCHED	\$24.09	\$0.00					Y			
V2599		CONTACT LENS/ES OTHER TYPE	07/01/2014	MSRP	\$0.00	\$0.00								
V2623		PLASTIC EYE PROSTH CUSTOM	01/01/2015	MEDICARE	\$905.61	\$0.00								
V2624		POLISHING ARTIFICIAL EYE	01/01/2015	MEDICARE	\$73.83	\$0.00								
V2625		ENLARGEMNT OF EYE PROSTHESIS	01/01/2015	MEDICARE	\$465.34	\$0.00								
V2626		REDUCTION OF EYE PROSTHESIS	01/01/2015	MEDICARE	\$190.23	\$0.00								
V2627		SCLERAL COVER SHELL	01/01/2015	MEDICARE	\$1,596.47	\$0.00					Y			
V2628		FABRICATION & FITTING	01/01/2015	MEDICARE	\$386.80	\$0.00								
65205		REMOVE FOREIGN BODY FROM EYE	07/01/2015	RBRVS	\$44.36	\$35.16	000				Y	Y		
65210		REMOVE FOREIGN BODY FROM EYE	07/01/2015	RBRVS	\$54.48	\$42.47	000				Y	Y		
65220		REMOVE FOREIGN BODY FROM EYE	07/01/2015	RBRVS	\$45.95	\$33.68	000				Y	Y		
65222		REMOVE FOREIGN BODY FROM EYE	07/01/2015	RBRVS	\$53.08	\$41.63	000				Y	Y		
65435		CURETTE/TREAT CORNEA	07/01/2015	RBRVS	\$62.85	\$55.04	000				Y	Y		
66821		AFTER CATARACT LASER SURGERY	07/01/2015	RBRVS	\$261.88	\$247.35	090				Y	Y		
66984		CATARACT SURG W/IOL 1 STAGE	07/01/2015	RBRVS	\$509.23	\$509.23	090				Y	Y		
67820		REVISE EYELASHES	07/01/2015	RBRVS	\$39.63	\$42.41	000				Y	Y		
67916		REPAIR EYELID DEFECT	07/01/2015	RBRVS	\$469.06	\$343.40	090		Y		Y	Y		
67938		REMOVE EYELID FOREIGN BODY	07/01/2015	RBRVS	\$189.75	\$91.19	010				Y	Y		
68530		CLEARANCE OF TEAR DUCT	07/01/2015	RBRVS	\$338.50	\$205.31	010				Y	Y		
68760		CLOSE TEAR DUCT OPENING	07/01/2015	RBRVS	\$158.79	\$116.35	010				Y	Y		
68761		CLOSE TEAR DUCT OPENING	07/01/2015	RBRVS	\$117.00	\$94.65	010				Y	Y		
68801		DILATE TEAR DUCT OPENING	07/01/2015	RBRVS	\$98.31	\$85.19	010				Y	Y		
68810		PROBE NASOLACRIMAL DUCT	07/01/2015	RBRVS	\$191.09	\$149.22	010				Y	Y		
68840		EXPLORE/IRRIGATE TEAR DUCTS	07/01/2015	RBRVS	\$101.36	\$92.98	010				Y	Y		
76510		OPHTH US B & QUANT A	07/01/2015	RBRVS	\$134.16	\$134.16						Y		
76510	TC	OPHTH US B & QUANT A	07/01/2015	RBRVS	\$64.00	\$64.00						Y		
76510	26	OPHTH US B & QUANT A	07/01/2015	RBRVS	\$70.13	\$70.13						Y		

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					Office	Facility					Assist	CoSurg	Team	
76511		OPHTH US QUANT A ONLY	07/01/2015	RBRVS	\$81.11	\$81.11								Y
76511	TC	OPHTH US QUANT A ONLY	07/01/2015	RBRVS	\$38.86	\$38.86								Y
76511	26	OPHTH US QUANT A ONLY	07/01/2015	RBRVS	\$42.21	\$42.21								Y
76512		OPHTH US B W/NON-QUANT A	07/01/2015	RBRVS	\$73.29	\$73.29								Y
76512	TC	OPHTH US B W/NON-QUANT A	07/01/2015	RBRVS	\$31.33	\$31.33								Y
76512	26	OPHTH US B W/NON-QUANT A	07/01/2015	RBRVS	\$41.93	\$41.93								Y
76514		ECHO EXAM OF EYE THICKNESS	07/01/2015	RBRVS	\$12.14	\$12.14								
76514	TC	ECHO EXAM OF EYE THICKNESS	07/01/2015	RBRVS	\$4.24	\$4.24								
76514	26	ECHO EXAM OF EYE THICKNESS	07/01/2015	RBRVS	\$7.87	\$7.87								
76516		ECHO EXAM OF EYE	07/01/2015	RBRVS	\$62.13	\$62.13								
76516	TC	ECHO EXAM OF EYE	07/01/2015	RBRVS	\$37.48	\$37.48								
76516	26	ECHO EXAM OF EYE	07/01/2015	RBRVS	\$24.63	\$24.63								
76519		ECHO EXAM OF EYE	07/01/2015	RBRVS	\$66.60	\$66.60								
76519	TC	ECHO EXAM OF EYE	07/01/2015	RBRVS	\$41.93	\$41.93								
76519	26	ECHO EXAM OF EYE	07/01/2015	RBRVS	\$24.63	\$24.63							Y	
92002		EYE EXAM NEW PATIENT	07/01/2015	RBRVS	\$63.85	\$37.89								
92004		EYE EXAM NEW PATIENT	07/01/2015	RBRVS	\$116.83	\$78.85								
92012		EYE EXAM ESTABLISH PATIENT	07/01/2015	RBRVS	\$67.21	\$41.52								
92014		EYE EXAM&TX ESTAB PT 1/>VST	07/01/2015	RBRVS	\$97.19	\$63.13								
92015		DETERMINE REFRACTIVE STATE	07/01/2015	RBRVS	\$15.78	\$15.50								
92020		SPECIAL EYE EVALUATION	07/01/2015	RBRVS	\$21.00	\$16.53								
92025		CORNEAL TOPOGRAPHY	07/01/2015	RBRVS	\$30.02	\$30.02								
92025	TC	CORNEAL TOPOGRAPHY	07/01/2015	RBRVS	\$14.01	\$14.01								
92025	26	CORNEAL TOPOGRAPHY	07/01/2015	RBRVS	\$15.97	\$15.97								
92060		SPECIAL EYE EVALUATION	07/01/2015	RBRVS	\$51.24	\$51.24								
92060	TC	SPECIAL EYE EVALUATION	07/01/2015	RBRVS	\$21.00	\$21.00								
92060	26	SPECIAL EYE EVALUATION	07/01/2015	RBRVS	\$30.21	\$30.21								
92065		ORTHOPTIC/PLEOPTIC TRAINING	07/01/2015	RBRVS	\$42.30	\$42.30								
92065	TC	ORTHOPTIC/PLEOPTIC TRAINING	07/01/2015	RBRVS	\$27.98	\$27.98								
92065	26	ORTHOPTIC/PLEOPTIC TRAINING	07/01/2015	RBRVS	\$14.29	\$14.29								
92071		CONTACT LENS FITTING FOR TX	07/01/2015	RBRVS	\$30.02	\$26.67							Y	
92072		FIT CONTAC LENS FOR MANAGMNT	07/01/2015	RBRVS	\$106.21	\$81.37							Y	
92081		VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$26.95	\$26.95								
92081	TC	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$14.01	\$14.01								
92081	26	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$12.90	\$12.90								
92082		VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$37.83	\$37.83								
92082	TC	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$20.72	\$20.72								
92082	26	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$17.09	\$17.09								
92083		VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$50.68	\$50.68								
92083	TC	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$28.54	\$28.54								
92083	26	VISUAL FIELD EXAMINATION(S)	07/01/2015	RBRVS	\$22.11	\$22.11								
92100		SERIAL TONOMETRY EXAM(S)	07/01/2015	RBRVS	\$63.25	\$26.95								
92132		CMPTR OPHTH DX IMG ANT SEGMENT	07/01/2015	RBRVS	\$27.51	\$27.51								
92132	TC	CMPTR OPHTH DX IMG ANT SEGMENT	07/01/2015	RBRVS	\$12.34	\$12.34								
92132	26	CMPTR OPHTH DX IMG ANT SEGMENT	07/01/2015	RBRVS	\$15.13	\$15.13								
92133		CMPTR OPHTH IMG OPTIC NERVE	07/01/2015	RBRVS	\$34.76	\$34.76								

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					Office	Facility					Assist	CoSurg	Team	
92133	TC	CMPTR OPHTH IMG OPTIC NERVE	07/01/2015	RBRVS	\$12.62	\$12.62								
92133	26	CMPTR OPHTH IMG OPTIC NERVE	07/01/2015	RBRVS	\$22.11	\$22.11								
92134		CPTR OPHTH DX IMG POST SEGMT	07/01/2015	RBRVS	\$35.60	\$35.60								
92134	TC	CPTR OPHTH DX IMG POST SEGMT	07/01/2015	RBRVS	\$12.90	\$12.90								
92134	26	CPTR OPHTH DX IMG POST SEGMT	07/01/2015	RBRVS	\$22.67	\$22.67								
92136		OPHTHALMIC BIOMETRY	07/01/2015	RBRVS	\$71.06	\$71.06								
92136	TC	OPHTHALMIC BIOMETRY	07/01/2015	RBRVS	\$46.40	\$46.40								
92136	26	OPHTHALMIC BIOMETRY	07/01/2015	RBRVS	\$24.63	\$24.63						Y		
92140		GLAUCOMA PROVOCATIVE TESTS	07/01/2015	RBRVS	\$49.56	\$21.08								
92145		CORNEAL HYSTERESIS DETERM	07/01/2015	RBRVS	\$12.42	\$12.42								
92225		SPECIAL EYE EXAM INITIAL	07/01/2015	RBRVS	\$21.28	\$16.81						Y		
92226		SPECIAL EYE EXAM SUBSEQUENT	07/01/2015	RBRVS	\$19.60	\$15.13						Y		
92227		REMOTE DX RETINAL IMAGING	07/01/2015	RBRVS	\$11.50	\$11.50								
92228		REMOTE RETINAL IMAGING MGMT	07/01/2015	RBRVS	\$28.06	\$28.06								
92228	TC	REMOTE RETINAL IMAGING MGMT	07/01/2015	RBRVS	\$10.94	\$10.94								
92228	26	REMOTE RETINAL IMAGING MGMT	07/01/2015	RBRVS	\$17.09	\$17.09								
92230		EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$45.71	\$26.44						Y		
92235		EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$86.42	\$86.42						Y		
92235	TC	EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$49.20	\$49.20						Y		
92235	26	EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$37.20	\$37.20						Y		
92250		EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$62.13	\$62.13								
92250	TC	EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$43.05	\$43.05								
92250	26	EYE EXAM WITH PHOTOS	07/01/2015	RBRVS	\$19.04	\$19.04								
92260		OPHTHALMOSCOPY/DYNAMOMETRY	07/01/2015	RBRVS	\$14.57	\$8.71								
92265		EYE MUSCLE EVALUATION	07/01/2015	RBRVS	\$67.72	\$67.72								
92265	TC	EYE MUSCLE EVALUATION	07/01/2015	RBRVS	\$30.77	\$30.77								
92265	26	EYE MUSCLE EVALUATION	07/01/2015	RBRVS	\$36.92	\$36.92								
92283		COLOR VISION EXAMINATION	07/01/2015	RBRVS	\$44.25	\$44.25								
92283	TC	COLOR VISION EXAMINATION	07/01/2015	RBRVS	\$36.64	\$36.64								
92283	26	COLOR VISION EXAMINATION	07/01/2015	RBRVS	\$7.59	\$7.59								
92284		DARK ADAPTATION EYE EXAM	07/01/2015	RBRVS	\$49.28	\$49.28								
92284	TC	DARK ADAPTATION EYE EXAM	07/01/2015	RBRVS	\$39.14	\$39.14								
92284	26	DARK ADAPTATION EYE EXAM	07/01/2015	RBRVS	\$10.10	\$10.10								
92285		EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$16.33	\$16.33								
92285	TC	EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$13.74	\$13.74								
92285	26	EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$2.56	\$2.56								
92286		INTERNAL EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$30.30	\$30.30								
92286	TC	INTERNAL EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$12.62	\$12.62								
92286	26	INTERNAL EYE PHOTOGRAPHY	07/01/2015	RBRVS	\$17.65	\$17.65								
92310		CONTACT LENS FITTING	07/01/2015	RBRVS	\$75.84	\$47.63							Y	
92311		CONTACT LENS FITTING	07/01/2015	RBRVS	\$79.55	\$44.08							Y	
92312		CONTACT LENS FITTING	07/01/2015	RBRVS	\$92.67	\$51.07							Y	
92313		CONTACT LENS FITTING	07/01/2015	RBRVS	\$76.70	\$37.61							Y	
92314		PRESCRIPTION OF CONTACT LENS	07/01/2015	RBRVS	\$63.08	\$27.90							Y	
92315		RX CNTACT LENS APHAKIA 1 EYE	07/01/2015	RBRVS	\$57.30	\$17.09							Y	
92316		RX CNTACT LENS APHAKIA 2 EYE	07/01/2015	RBRVS	\$72.17	\$26.11							Y	

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92317		RX CORNEOSCLERAL CNTACT LENS	07/01/2015	RBRVS	\$59.81	\$17.37		Y						
92325		MODIFICATION OF CONTACT LENS	07/01/2015	RBRVS	\$33.29	\$33.29		Y						
92326		REPLACEMENT OF CONTACT LENS	07/01/2015	RBRVS	\$27.70	\$27.70		Y						
92340		FIT SPECTACLES MONOFOCAL	07/01/2015	RBRVS	\$28.06	\$14.94								
92341		FIT SPECTACLES BIFOCAL	07/01/2015	RBRVS	\$32.02	\$19.19								
92342		FIT SPECTACLES MULTIFOCAL	07/01/2015	RBRVS	\$34.54	\$21.41								
92352		FIT APHAKIA SPECTCL MONOFOCL	09/01/2011	RBRVS	\$0.00	\$0.00								
92353		FIT APHAKIA SPECTCL MULTIFOC	09/01/2011	RBRVS	\$0.00	\$0.00								
92370		REPAIR & ADJUST SPECTACLES	07/01/2015	FEE SCHED	\$18.41	\$0.00								
96110		DEVELOPMENTAL SCREEN W/SCORE	07/01/2015	RBRVS	\$7.59	\$7.59								
96111		DEVELOPMENTAL TEST EXTEND	07/01/2015	RBRVS	\$101.55	\$96.24								
96116		NEUROBEHAVIORAL STATUS EXAM	07/01/2015	RBRVS	\$73.80	\$69.05								
99050		MEDICAL SERVICES AFTER HRS	07/01/2003	RBRVS	\$0.00	\$0.00							Y	
99051		MED SERV EVE/WKEND/HOLIDAY	01/01/2006	RBRVS	\$0.00	\$0.00							Y	
99053		MED SERV 10PM-8AM 24 HR FAC	01/01/2006	RBRVS	\$0.00	\$0.00							Y	
99056		MED SERVICE OUT OF OFFICE	07/01/2003	RBRVS	\$0.00	\$0.00							Y	
99060		OUT OF OFFICE EMERG MED SERV	01/01/2006	RBRVS	\$0.00	\$0.00							Y	
99070		SPECIAL SUPPLIES	07/01/2003	RBRVS	\$0.00	\$0.00							Y	
99173		VISUAL ACUITY SCREEN	07/01/2015	RBRVS	\$2.56	\$2.56							Y	
99201		OFFICE/OUTPATIENT VISIT NEW	07/01/2015	RBRVS	\$34.60	\$21.19							Y	
99202		OFFICE/OUTPATIENT VISIT NEW	07/01/2015	RBRVS	\$59.08	\$39.82							Y	
99203		OFFICE/OUTPATIENT VISIT NEW	07/01/2015	RBRVS	\$86.11	\$61.54							Y	
99204		OFFICE/OUTPATIENT VISIT NEW	07/01/2015	RBRVS	\$130.95	\$103.87							Y	
99205		OFFICE/OUTPATIENT VISIT NEW	07/01/2015	RBRVS	\$164.63	\$135.03							Y	
99211		OFFICE/OUTPATIENT VISIT EST	07/01/2015	RBRVS	\$15.69	\$7.31							Y	
99212		OFFICE/OUTPATIENT VISIT EST	07/01/2015	RBRVS	\$34.60	\$20.35							Y	
99213		OFFICE/OUTPATIENT VISIT EST	07/01/2015	RBRVS	\$57.36	\$40.32							Y	
99214		OFFICE/OUTPATIENT VISIT EST	07/01/2015	RBRVS	\$85.24	\$62.35							Y	
99215		OFFICE/OUTPATIENT VISIT EST	07/01/2015	RBRVS	\$115.20	\$88.68							Y	
99231		SUBSEQUENT HOSPITAL CARE	07/01/2015	RBRVS	\$31.02	\$31.02							Y	
99232		SUBSEQUENT HOSPITAL CARE	07/01/2015	RBRVS	\$57.52	\$57.52							Y	
99233		SUBSEQUENT HOSPITAL CARE	07/01/2015	RBRVS	\$82.98	\$82.98							Y	
99281		EMERGENCY DEPT VISIT	07/01/2015	RBRVS	\$16.67	\$16.67								
99282		EMERGENCY DEPT VISIT	07/01/2015	RBRVS	\$32.84	\$32.84								
99283		EMERGENCY DEPT VISIT	07/01/2015	RBRVS	\$49.62	\$49.62								
99307		NURSING FAC CARE SUBSEQ	07/01/2015	RBRVS	\$35.16	\$35.16								
99308		NURSING FAC CARE SUBSEQ	07/01/2015	RBRVS	\$54.28	\$54.28								
99347		HOME VISIT EST PATIENT	07/01/2015	RBRVS	\$43.95	\$43.95							Y	
99348		HOME VISIT EST PATIENT	07/01/2015	RBRVS	\$66.54	\$66.54							Y	