

**PHYSICIAN EVALUATION AND MANAGEMENT FEE SCHEDULE
EFFECTIVE JANUARY 1, 2008**

For services provided to children under the age of 21, reimbursement is increased by 4%. The *EXCEPTIONS are listed below.

The following specialty types will receive a 24% fee increase in addition to the above mentioned 4% fee increase for services provided to children under the age of 21:

02, 03, 04, 05, 08, 10, 15, 17, 21, 22, 23, 29, 30, 31, 36, 37, 38, 43, 46, 51, 53, 55, 57, 58, 60, 62

*The EXCEPTIONS to the 4% fee increase for services provided to children under the age of 21 are: RPICC, NCG, OBCG, injectable medications, supplies, devices, and laboratory/pathology services.

** The following rates are for primary care evaluation and management services provided to recipients of ages 00-19: 99212 = 1 unit at \$26.45; 99213 = 1 unit at \$32.56; and 99214 = 1 unit at \$48.27.

CODE	DESCRIPTION	00-20 MAX FEE	00-20 SPEC MAX FEE	MAX FEE	MAX UNITS	M1	M2	M3	M4
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	32.45	40.24	31.20	1	22	25		
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	34.02	42.18	32.71	1	22	25		
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.63	62.78	48.68	1	22	25		
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	71.59	88.78	68.84	1	22	25		
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	90.98	112.81	87.48	1	22	25		
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	12.98	16.09	12.48	1	22	24	25	
99211 FP	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	10.21	12.66	9.82	1				
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	22.71	28.16	21.84	1	22	24	25	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	27.67	34.32	26.61		22	24	25	
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	43.12	53.47	41.46		22	24	25	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ES	62.69	77.74	60.28	1	22	24	25	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY T	37.58	46.59	36.13	1	22			
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	35.12	43.55	33.77	1	22			
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	57.78	71.65	55.56	1	22			
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	81.06	100.51	77.94	1	22			
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	50.85	63.05	48.89	1	24	25		
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATI	68.81	85.32	66.16	1	24	25		

99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	101.68	126.08	97.77	1	24	25		
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	21.03	26.08	20.22	1	22	24	25	99
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	37.77	46.84	36.32	1	22	24	25	99
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	54.11	67.10	52.03	1	22	24	25	99
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	70.86	87.86	68.13	1	22	24	25	
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	92.90	115.20	89.33	1	22	24	25	
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	115.56	143.30	111.12	1	22	24	25	
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	37.16	46.08	35.73	1	22	24	25	99
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	53.90	66.84	51.83	1	22	24	25	99
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE SERVICES	27.56	34.17	26.50	1	22	25		
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE SERVICES	51.46	63.81	49.48	1	22	25		
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE SERVICES	70.65	87.60	67.93	1	22	25		
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE SERVICES	104.34	129.39	100.33	1	22	25		
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE SERVICES	127.41	157.99	122.51	1	22	25		
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE SERVICES	27.77	34.43	26.70	1	22	25		
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE SERVICES	42.47	52.67	40.84	1	22	25		
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE SERVICES	64.93	80.51	62.43	1	22	25		
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE SERVICES	94.13	116.72	90.51	1	22	25		
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THE SERVICES	113.73	141.03	109.36	1	22	25		
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WITH A PHYSICIAN	14.80	18.35	14.23	1	22	24	25	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WITH A PHYSICIAN	22.92	28.42	22.04	1	22	24	25	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WITH A PHYSICIAN	42.24	52.38	40.62	1	22	24	25	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WITH A PHYSICIAN	64.69	80.21	62.20	1	22	24	25	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WITH A PHYSICIAN	101.93	126.39	98.01	1	22	24	25	
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY ILL PATIENT	142.31	176.47	136.84	1	22	24	25	99
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY ILL OR CRITICALLY ILL PATIENT	64.52	80.01	62.04	4	22	24	25	
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	426.34	528.66	NA	1	22	25		
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	206.02	255.47	NA	1	22	24	25	
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	493.93	612.47	NA	1	22	25		
99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT	211.74	262.56	NA	1	22	25		
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	73.51	91.15	NA	1	22	25		
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	66.15	82.03	NA	1	22	25		
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	66.56	82.53	NA	1	22	25		
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	45.53	56.46	43.78	1	22	25		
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	63.50	78.74	61.06	1	22	25		
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	81.67	101.27	78.53	1	22	25		
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	22.46	27.86	21.60	1	22	25		
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	34.10	42.29	32.79	1	22	25		
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	45.33	56.21	43.59	1	22	25		
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE PATIENT	67.38	83.55	64.79	1	22	25		

99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	32.47	40.26	31.22	1	22	
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	47.37	58.74	45.55	1	22	25
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	30.42	37.72	29.25	1	22	25
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	43.70	54.19	42.02	1	22	25
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	72.49	89.89	69.70	1	22	25
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	94.13	116.72	90.51	1	22	25
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW P	110.47	136.98	106.22	1	22	25
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	31.45	39.00	30.24	1	22	25
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	48.39	60.01	46.53	1	22	25
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	67.79	84.06	65.18	1	22	25
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTA	96.78	120.01	93.06	1	22	25
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	30.42	37.72	29.25	1	22	25
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	43.90	54.43	42.21	1	22	25
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	70.44	87.34	67.73	1	22	25
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	92.09	114.19	88.55	1	22	25
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIR	110.26	136.72	106.02	1	22	25
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	29.81	36.96	28.66	1	22	
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	44.51	55.19	42.80	1	22	
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	64.31	79.75	61.84	1	22	
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHI	89.23	110.65	85.80	1	22	
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	51.04	63.29	49.08	1	22	
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUI	50.23	62.29	48.30	1	22	
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	46.55	57.72	44.76	1	22	
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FAC	46.76	57.98	44.96	1	22	
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 3	40.56	50.29	39.00	2	22	
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN I	71.59	88.78	NA	1		
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	71.59	88.78	NA	1		
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	71.59	88.78	NA	1		
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	71.59	88.78	NA	1		
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	71.59	88.78	NA	1		
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	71.59	88.78	NA	1		
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	NA	NA	68.84	1	22	
99385	EP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	71.59	88.78	NA	1		
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	54.12	67.11	52.04	1		
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	NA	NA	60.68	1	22	
99386	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	NA	NA	60.68	1		
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPR	NA	NA	66.77	1	22	
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF	71.59	88.78	NA	1		
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	71.59	88.78	NA	1		
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	71.59	88.78	NA	1		

99393	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF	43.50	53.94	NA	1			
99394		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	71.59	88.78	NA	1			
99394	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF	47.80	59.27	NA	1			
99395		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	NA	NA	68.84	1			
99395	EP	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	71.59	88.78	NA	1			
99395	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF	47.80	59.27	45.96	1			
99396		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	NA	NA	50.28	1	22		
99396	FP	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF	NA	NA	50.28	1			
99397		PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A CO	NA	NA	56.56	1	22		
99401		PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	17.36	21.52	16.69	1	22		
99402		COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	30.22	37.48	29.06	1	22		
99403	FP	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALT	42.48	52.68	40.85	1			
99431		HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOS	30.42	37.72	NA	1	22	25	
99432		NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUD	47.78	59.25	NA	1	22	25	
99433		SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL NI	16.54	20.51	NA	1	22	25	
99435		HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARA	42.06	52.15	NA	1	22		
99436		ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	38.59	47.85	NA	1	22	25	
99440		NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CH	75.96	94.19	NA	1	22	25	
99477		INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NE	189.89	235.46	NA	1	22	25	
G0245		INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIAB	35.93	44.56	34.55	1	22		
G0246		FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DI	20.83	25.83	20.03	1	22		
G0247		ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSOR	24.50	30.38	23.56	1	22		
H1000		PRENATAL CARE, AT RISK ASSESSMENT	54.08	NA	52.00	1	22	25	99
H1001		PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	108.16	NA	104.00	1	22	25	99
H1001	TG	PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	162.24	NA	156.00	1	25		