

Physician Evaluation and Management Fee Schedule
Effective March 2, 2009

For services provided to children under the age of 21, reimbursement is increased by 4%. The exceptions are: RPICC, NCG, OBCG, injectable medications, supplies, devices, and laboratory/pathology services.

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 age 21:

002, 003, 004, 005, 008, 010, 014, 015, 017, 020, 021, 022, 023, 029, 030, 031, 036, 037, 038, 039, 043, 046, 051, 053, 055, 057, 058, 060, 062

** 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	00-20	Max Fee	Units	M1	M2	M3	M4	M5
		Max Fee	Spec Fee							
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	32.45	40.24	31.20	1	Q6	22	25		
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	34.01	42.17	32.70	1	Q6	22	25		
99203	OFFICE AND OUTPATIENT VISIT FOR A NEW PATIENT MUST INCLUDE A DETAILED	50.63	62.78	48.68	1	Q6	22	25		
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	71.58	88.76	68.83	1	Q6	22	25		
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	90.98	112.81	87.48	1	Q6	22	25		
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	12.98	16.09	12.48	1	Q6	22	24	25	
99211	FP OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	10.20	12.65	9.81	1	Q6				
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	22.71	28.16	21.84	1	Q6	22	24	25	
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	27.67	34.32	26.61	1	Q6	22	24	25	
99214	OFFICE OR OUTPATIENT VISIT FOR THE EVAL AND MANAGEMENT OF AN EST. PAT	43.12	53.47	41.46	1	Q6	22	24	25	
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT	62.68	77.72	60.27	1	Q6	22	24	25	
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZ	37.45	46.44	36.01	1	Q6	22			
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	35.21	43.67	33.86	1	Q6	22			
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	58.22	72.19	55.98	1	Q6	22			
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT	81.22	100.72	78.10	1	Q6	22			
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF ,	51.08	63.35	49.12	1	Q6	24	25		
99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF ,	69.22	85.84	66.56	1	Q6	24	25		

Code	Description	00-20	00-20	Max Fee	Units	M1	M2	M3	M4	M5
		Max Fee	Spec Fee							
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF ,	102.19	126.72	98.26	1	Q6	24	25		
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEME	21.17	26.26	20.36	1	Q6	22	24	25	
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEME	38.06	47.20	36.60	1	Q6	22	24	25	
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEME	54.55	67.64	52.45	1	Q6	22	24	25	
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANA	71.46	88.61	68.71	1	Q6	22			
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANA	93.43	115.86	89.84	1	Q6	22			
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANA	116.04	143.89	111.58	1	Q6	22			
99238	HOSPITAL DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	37.24	46.18	35.81	1	Q6	22	24	25	
99239	HOSPITAL DISCHARGE DAY MANAGEMENT, MORE THAN 30 MINUTES	53.94	66.89	51.87	1	Q6				
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRE:	27.48	34.07	26.42	1	Q6	22	25		
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRE:	51.71	64.12	49.72	1	Q6	22	25		
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRE:	70.65	87.60	67.93	1	Q6	22	25		
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRE:	104.64	129.76	100.62	1	Q6	22	25		
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRE:	127.84	158.52	122.92	1	Q6	22	25		
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUI	27.89	34.59	26.82	1	Q6	22	25		
99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUI	42.94	53.25	41.29	1	Q6	22	25		
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUI	65.55	81.28	63.03	1	Q6	22	25		
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUI	94.66	117.38	91.02	1	Q6	22	25		
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUI	114.41	141.87	110.01	1	Q6	22	25		
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	14.79	18.34	14.22	1	Q6	22	24	25	
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	22.91	28.41	22.03	1	Q6	22	24	25	
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	42.24	52.38	40.62	1	Q6	22	24	25	
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	64.69	80.21	62.20	1	Q6	22	24	25	
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A	101.92	126.38	98.00	1	Q6	22	24	25	
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRI	141.49	175.45	136.05	1	Q6	22	24	25	
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE UNSTABLE CRITICALLY	64.13	79.52	61.66	4	Q6	22	24	25	
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	45.80	56.79	44.04	1	Q6	22	25		
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	63.71	79.00	61.26	1	Q6	22	25		
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEM	82.05	101.74	78.89	1	Q6	22	25		

Code	Description	00-20	00-20	Max Fee	Units	M1	M2	M3	M4	M5
		Max Fee	Spec Fee							
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MA	22.59	28.01	21.72	1	Q6	22	25		
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MA	34.21	42.41	32.89	1	Q6	22	25		
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MA	45.39	56.28	43.64	1	Q6	22	25		
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MA	67.58	83.80	64.98	1	Q6	22	25		
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT, 30 MINUTES OR LESS	32.57	40.39	31.32	1	Q6	22			
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING	47.64	59.08	45.81	1	Q6	22	25		
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	30.34	37.62	29.17	1	Q6	22	25		
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	43.76	54.27	42.08	1	Q6	22	25		
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	72.66	90.10	69.87	1	Q6	22	25		
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	94.66	117.38	91.02	1	Q6	22	25		
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	111.16	137.83	106.88	1	Q6	22	25		
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	31.54	39.11	30.33	1	Q6	22	25		
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	48.64	60.31	46.77	1	Q6	22	25		
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	68.20	84.57	65.58	1	Q6	22	25		
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF	97.50	120.90	93.75	1	Q6	22	25		
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHIC	30.34	37.62	29.17	1	Q6	22			
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHIC	43.76	54.27	42.08	1	Q6	22			
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHIC	70.65	87.60	67.93	1	Q6	22			
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHIC	92.83	115.11	89.26	1	Q6	22			
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHIC	111.16	137.83	106.88	1	Q6	22			
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATII	29.92	37.10	28.77	1	Q6	22			
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATII	44.57	55.27	42.86	1	Q6	22			
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATII	64.74	80.28	62.25	1	Q6	22			
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATII	89.78	111.33	86.33	1	Q6	22			
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTIN	51.51	63.87	49.53	1	Q6	22			
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTIN	50.69	62.86	48.74	1	Q6	22			
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIREC	46.82	58.06	45.02	1	Q6	22			
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIREC	47.02	58.30	45.21	1	Q6	22			
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANC	40.56	50.29	39.00	2	Q6	22			

Code	Description	00-20	00-20	Max Fee	Units	M1	M2	M3	M4	M5
		Max Fee	Spec Fee							
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMEN	71.58	88.76	68.83	1	Q6				
99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	71.58	88.76	68.83	1	Q6				
99383	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMEN	49.63	61.54	47.72	1	Q6				
99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	71.58	88.76	68.83	1	Q6				
99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	71.58	88.76	68.83	1	Q6				
99384	FP INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	54.12	67.11	52.04	1	Q6				
99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	71.58	88.76	68.83	1	Q6	22			
99385	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMEN	54.12	67.11	52.04	1	Q6				
99385	EP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMEN	71.58	88.76	68.83	1	Q6				
99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	68.39	84.80	65.76	1	Q6	22			
99386	FP INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMEN	63.11	78.25	60.68	1	FP	Q6			
99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A	75.32	93.39	72.42	1	Q6	22			
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAG	71.58	88.76	68.83	1	Q6				
99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	71.58	88.76	68.83	1	Q6				
99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	71.58	88.76	68.83	1	Q6				
99393	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAG	43.49	53.93	41.82	1	Q6				
99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	71.58	88.76	68.83	1	Q6				
99394	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAG	47.79	59.26	45.95	1	Q6				
99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	71.58	88.76	68.83	1	Q6				
99395	EP PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	71.58	88.76	68.83	1	Q6				
99395	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAG	47.79	59.26	45.95	1	Q6				
99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	56.79	70.43	54.61	1	Q6	22			
99396	FP PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAG	52.28	64.83	50.27	1	Q6				
99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIR	63.71	79.00	61.26	1	Q6	22			
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVE	18.93	23.47	18.20	1	Q6	22			
99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO	32.57	40.39	31.32	1	Q6	22			
99403	FP COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO	42.48	52.68	40.85	1	Q6				
99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND M	31.54	39.11	30.33	1	22	25			
99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWB	51.71	64.12	49.72	1	22	25			

Code	Description	00-20	00-20	Max Fee	Units	M1	M2	M3	M4	M5
		Max Fee	Spec Fee							
99462	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT C	16.90	20.96	16.25	1	22	25			
99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND M	41.93	52.00	40.32	1	22	25			
99464	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN)	38.58	47.84	37.10	1	22	25			
99465	DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE	82.05	101.74	78.89	1	22	25			
99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING /	130.49	161.81	125.47	1	22	25			
99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING /	64.52	80.01	62.04	1	22	25			
99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AI	485.33	601.80	466.66	1	22	25			
99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUA	211.72	262.54	203.58	1	22	25			
99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AI	436.87	541.72	420.07	1	22	25			
99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUA	215.37	267.06	207.09	1	22	25			
99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AI	302.71	375.36	291.07	1	22	25			
99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUA	179.75	222.89	172.84	1	22	25			
99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	190.76	236.54	183.42	1					
99478	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMI	77.76	96.42	74.77	1	22	25			
99479	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMI	67.58	83.80	64.98	1	22	25			
99480	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMI	64.94	80.52	62.44	1	22	25			
99499	SC ORAL EVALUATION/COUNSELING AND FLUORIDE VARNISH UP TO 42 MONTHS OF	27.00	27.00	27.00	1	SC				
99499	TG UNLISTED EVALUATION & MANAGEMENT SERVICE	0.00	0.00	0.00	1	SC	TG	22	57	
99499	TG UNLISTED EVALUATION AND MANAGEMENT SERVICE	0.00	0.00	0.00	1	TR	22	73	74	TG
99499	TG UNLISTED EVALUATION AND MANAGEMENT SERVICE	0.00	0.00	0.00	1	TR	22	73	74	TG
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	34.65	42.97	33.32	1	22				
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT	19.97	24.76	19.20	1	22				
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SE	23.10	28.64	22.21	1	22				
H1000	PRENATAL CARE, AT RISK ASSESSMENT	54.08		52.00	1	22	25			
H1001	PRENATAL CARE,AT-RISK ENHANCED SERVICES; ANTEPARTUM MANAGEMENT	108.16		104.00	1	22	25			
H1001	TG PRENATAL CARE,AT-RISK ENHANCED SERVICE,ANTEPARTUM MANAGEMENT	162.24		156.00	1	TG	25			