



STATE OF MARYLAND

DHMH

Office of Health Services  
Medical Care Programs 1-800-685-5861Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201  
Parris N. Glendening, Governor - Georges C. Benjamin, M.D., SecretaryMARYLAND MEDICAL ASSISTANCE PROGRAM  
Physicians' Services Transmittal No. 122

March 15, 2000

Physicians

**FROM:** Joseph M. Millstone *JMM*  
Executive Director

**NOTE:** Please ensure that appropriate staff members in your organization are informed about the contents of this transmittal.

Adoption of Proposed Amendments to COMAR 10.09.02 Physicians' Services

**ACTION:**

Proposed Regulation (Permanent Status)

**Effective Date:**

March 6, 2000

**PROGRAM CONTACT PERSON:**

Robert Zielaskiewicz (410) 767-1481

The amendments to Regulations .01, .03 - .05, and .07 under COMAR 10.09.02 Physicians' Services have been approved as proposed in the Maryland Register. These amendments revise the Physicians' Services Fee Manual through 1999 CPT- 4; replace local procedure codes for injectable drugs, VFC vaccine administration, and hospital outpatient visits with J-codes and CPT codes; and eliminate the Second Surgical Opinion requirement.

JMM:rz

**1.3 Fees and Charges.**

- A. An applicant shall pay an application fee as follows:  
 (1) The following amounts shall be paid directly to the Council of Landscape Architectural Registration Boards (CLARB), or its designee, in connection with the testing services:
- [(a) Section 1 — Legal and Administrative Aspects of Practice ..... \$39,
  - [(b) Section 2(7) — Analytical and Technical Aspects of Practice ..... \$69,
  - [(c) Section 3 — Conceptualization and Communication ..... \$108,
  - [(d) Section 4 — Design Synthesis ..... \$108,
  - [(e) Section 5 — Integration of Technical and Design Requirements ..... \$108,
  - [(f) Section 6 — Grading and Drainage ..... \$108;]
  - [(a) Section A — Legal and Administrative Aspects of Practice ..... \$40,
  - [(b) Section B — Analytical Aspects of Practice .. \$75,
  - [(c) Section C — Planning and Design ..... \$160,
  - [(d) Section D — Structural Considerations and Materials and Methods of Construction ..... \$125,
  - [(e) Section E — Grading, Drainage, and Stormwater Management ..... \$160.
- (2) (text unchanged)  
 (3) The following amount shall be paid directly to an examination/testing contractor designated by the Board in connection with the testing services ..... [\$41.] \$51.  
 B. (text unchanged)

WILLIAM B. KIRWIN  
 Chairman

Board of Examiners of Landscape Architects

**Title 10  
 DEPARTMENT OF  
 HEALTH AND MENTAL HYGIENE**

**Subtitle 09 MEDICAL CARE PROGRAMS**

**10.09.02 Physicians' Services**

Authority: Health-General Article, §42-104(b), 15-103, and 15-105, Annotated Code of Maryland

**Notice of Proposed Action**

[99-373-P-1]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01, .03 — .05, and .07 under COMAR 10.09.02 Physicians' Services.

**Statement of Purpose**

The purpose of this action is to revise the Physicians' Services Provider Fee Manual through 1999 CPT-4, replace the local Y-codes, Z-codes, and hospital outpatient codes with J-codes and CPT-4 codes, and eliminate the second surgical opinion requirement for certain surgical procedures.

**Comparison to Federal Standards**

There is a corresponding federal standard to this proposed regulation, but the proposed regulation is not more restrictive or stringent.

**Estimate of Economic Impact**

The proposed action has no economic impact.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Opportunity for Public Comment**

Comments on the proposed action may be sent to Michele Phinney, Regulations Coordinator, O'Connor Building, 201 West Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 767-6489, or call (410) 767-6499. These comments must be received by January 18, 2000.

**Editor's Note on Incorporation by Reference**

Pursuant to State Government Article, §7-207, Annotated Code of Maryland, the Maryland Medical Assistance Program, Physicians' Services Provider Fee Manual, Revision 1999 has been declared a document generally available to the public and appropriate for incorporation by reference. For this reason, it will not be printed in the Maryland Register or the Code of Maryland Regulations (COMAR). Copies of this document are filed in special public depositories located throughout the State. A list of these depositories was published in 26:14 Md. R. 1076 (July 2, 1999). The document may also be inspected at the office of the Division of State Documents, 1700 Margaret Avenue, Annapolis, Maryland.

**.01 Definitions.**

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) ["Case management" means the provision of primary care services to an assigned case management enrollee.] "Board" means the Board of Physician Quality Assurance.

[(3) "Case management enrollee" means a recipient who has been determined by the Department, in accordance with the provisions of COMAR 10.09.24.14 or 10.09.25.14, to be subject to the restrictions imposed by those regulations, and who has selected or been assigned to a case manager as his or her primary care provider under the terms of those regulations.

(4) "Case manager" means a provider who has entered into an agreement with the Department to furnish case management services.]

[(5)] (3) — [(9)] (7) (text unchanged)

[(10) "Elective surgery" means surgery which can safely be delayed from the time of the initial recommendation by a surgeon that a surgical procedure is the treatment of choice for the recipient's diagnosed condition until a second surgical opinion has been obtained.]

[(11)] (8) — [(17)] (15) (text unchanged)

[(18) "Peer Review Organization" means the organization responsible for reviewing the use of medical services to determine medical necessity according to 42 U.S.C. §1320c et seq.]

[(19)] (16) "Physician" means an individual legally licensed to practice medicine by the Board or in the state in which the physician's practice is located.

[(20)] (17) — [(21)] (18) (text unchanged)

[(22) "Primary care" means that medical care which addresses a patient's general health needs. It includes the coordination of the individual's health care with the responsibility for the prevention of disease, promotion and

maintenance of health, treatment of illness and referral to other specialists for more intensive care when appropriate.]  
 [(23)] (19) — [(28)] (24) (text unchanged)

[(29) "Second surgical opinion" means an independent surgical opinion obtained from a physician before the performance of a surgical procedure previously recommended by another physician.]

(25) "Utilization control agent (UCA)" means the organization responsible for reviewing the use of hospital services to determine medical necessity and lengths of stay according to professional standards.

**.03 Conditions for Participation.**

A. (text unchanged)

B. Specific requirements for participation in the Program as a physicians' services provider require that the provider:

(1) [Shall submit additional information, if applying for participation in a particular status, as follows:

(a) If applying for consultant-specialist status, the provider shall submit documentation of that status,

(b) If applying for participation as a case manager, the provider shall enter into a case management provider agreement specifying that the provider will comply with the conditions set forth in §B(4) of this regulation] *Shall submit documentation of consultant-specialist status if applying for that status;*

(2) May not place a restriction on a recipient's right to select providers of his or her choice[, except that a case manager may require that a case management enrollee obtain services in accordance with the restrictions imposed by COMAR 10.09.24.14 or 10.09.25.14];

(3) (text unchanged)

[(4) Shall, if participating as a case manager, meet the following requirements:

(a) Furnish medically necessary primary care services to all case management enrollees assigned to him or her,

(b) Make services available during a regular schedule of office hours including a minimum of 25 hours per week on not fewer than 4 days of the week,

(c) Designate and make known to the Department and to all case management enrollees the other participating physician or physicians who will be available to furnish primary care services during periods, such as vacation or illness, when the case manager does not maintain a regular schedule of office hours,

(d) Refer case management enrollees to other participating physicians or to participating hospitals for medically necessary services, and make all referrals on a form designated by the Department,

(e) Maintain at all times the capacity, through a 24-hour answering service or other means, to respond to the medical needs of case management enrollees and, when medically necessary, refer enrollees to appropriate sources of emergency care;]

[(5)] (4) — [(7)] (6) (text unchanged)

[(8) Shall, if participating as a surgeon, obtain a second surgical opinion from another physician before the performance of certain elective surgical procedures which require hospitalization, as identified under Regulation .05H of this chapter.]

[(9)] (7) (text unchanged)

**.04 Covered Services.**

The Program covers the following medically necessary services rendered to recipients:

A. — H. (text unchanged)

[I. Case management, when furnished to a case management enrollee assigned to the provider under the provisions of COMAR 10.09.24.14 or 10.09.25.14;]

[J.] I. (text unchanged)

**.05 Limitations.**

A. Services which are not covered are:

(1) — (2) (text unchanged)

(3) Physician inpatient hospital services rendered during any period that is in excess of the length of stay authorized by the [Peer Review Organization (PRO)] *Utilization control agent (UCA);*

(4) (text unchanged)

(5) Services which are investigational [as not medically necessary] or *experimental;*

(6) — (14) (text unchanged)

(15) Drugs and supplies dispensed by the physician which are acquired by the physician at no cost[;]

(16) *Disposable medical supplies; and*

(17) *Services prohibited by the Board of Physician Quality Assurance.*

B. — G. (text unchanged)

[H. The Program does not pay for the following elective surgical procedures when they are performed on a hospital nonemergency inpatient basis unless a second surgical opinion has first been obtained from another physician, or the Program or its designee has waived the requirement for a second surgical opinion before surgery:

(1) Cholecystectomy;

(2) Hysterectomy;

(3) Transurethral prostatectomy;

(4) Laminectomy;

(5) Discectomy;

(6) Spinal fusion;

(7) Coronary artery bypass;

(8) Arthroplasty; and

(9) Elective Cesarean section.]

**.07 Payment Procedures.**

A. — C. (text unchanged)

D. The Maryland Medical Assistance Program Physicians' Services Provider Fee Manual, Revision [1996] 1999, is contained in the Medical Assistance Provider Fee Manual, dated October 1, 1986, which is used in conjunction with "Physicians' Current Procedural Terminology", Fourth Edition, [1997] 1999 (CPT-4), published by the American Medical Association. All the provisions of these documents, unless specifically excepted, are incorporated by reference [with the following amendments: Physicians' Services Provider Fee Manual Supp. No. 1].

E. The Department will pay for covered services at the lower of:

(1) Physician's customary charge or *acquisition cost;*

(2) (text unchanged)

F. — H. (text unchanged)

I. The provider may not bill the Department or the recipient for:

(1) Completion of forms and reports[, except for the completion of an Aid to Families with Dependent Children Medical Certification form which is covered as part of the associated medical visit];

(2) — (3) (text unchanged)  
 (4) Services which are provided at no charge to the general public; and  
 (5) Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of the recipient.

J. The Program will make no direct payment to nurses, physicians' assistants, nurse practitioners, or nurse anesthetists when employed and supervised by a physician.

K — Q. (text unchanged)

[R. The Program will reimburse a participating case manager a \$5 case management fee for each management enrollee for each month during which the enrollee is assigned to the case manager, whether or not the enrollee obtained services from the case manager during that month. Payment of the case management fee shall be in addition to any payment, under the provisions of §§A — Q of this regulation, for other covered services rendered by the case manager.]

[S.] R. (text unchanged)

GEORGES C. BENJAMIN, M.D.  
 Secretary of Health and Mental Hygiene

**Subtitle 20 KIDNEY DISEASE PROGRAM**

**10.20.01 General Regulations**

Authority: Health-General Article, §§13-301 — 13-315 and 16-204, Annotated Code of Maryland

**Notice of Proposed Action**  
 [89-374-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulations .01 — .05, adopt new Regulations .06 and .08, amend and recodify existing Regulation .06 to become Regulation .07, amend and recodify existing Regulation .07 to become Regulation .09, and recodify existing Regulations .09 — .10 to become Regulations .10 — .12 under COMAR 10.20.01 General Regulations.

**Statement of Purpose**

The purpose of this action is to address the Kidney Disease Program implementation of the Kidney Disease Program Reimbursable Drug List and the legislatively mandated Kidney Disease Program Drug Rebate Program.

**Comparison to Federal Standards**

There is no corresponding federal standard to this proposed regulation.

**Estimate of Economic Impact**

I. Summary of Economic Impact. The proposed amendments will provide for recovery of funds obtained through the legislatively mandated Kidney Disease Program Drug Rebate Program.

II. Types of Economic Impacts.	Revenue (R+/R-) Expenditure (E+/E-)	Magnitude
A. Of issuing agency: Kidney Disease Program Drug Rebate Program	(R+)	\$104,000
B. On other State agencies:	NONE	
C. On local governments:	NONE	

	Benefit (+) Cost (-)	Magnitude
D. On regulated industries or trade groups: Pharmaceutical manufacturers' Drug Rebate Program	(-)	\$412,000
E. On other industries or trade groups: Pharmacies	(-)	Negligible
F. Direct and indirect effects on public:	NONE	

D. On regulated industries or trade groups:  
 Pharmaceutical manufacturers' Drug Rebate Program  
 E. On other industries or trade groups:  
 Pharmacies  
 F. Direct and indirect effects on public:

**III. Assumptions. (Identified by Impact Letter and Number from Section II.)**

A and D. Pharmaceutical manufacturers participating in the Maryland Medical Assistance Drug Rebate Program will extend the same rebate policy to the Kidney Disease Program. The vendor for the Kidney Disease Program Drug Rebate Program anticipates approximately \$412,000 annually in rebate recoveries. The vendor estimates \$108,000 in annual fees for maintaining the Kidney Disease Program Drug Rebate Program. Participating pharmacies will dispense prescribed medications from the Kidney Disease Program Reimbursable Drug List and will be encouraged to purchase their drugs from participating pharmaceutical manufacturers and thus lessen the possibility of their incurring non-reimbursable charges.

E. Participating pharmacies will continue to dispense prescribed medications to certified Kidney Disease Program recipients. Whether the recipient is a renal transplant recipient or a chronic maintenance dialysis patient will have little or no economic impact on those pharmacies.

**Economic Impact on Small Businesses**

The proposed action has minimal or no economic impact on small businesses.

**Opportunity for Public Comment**

Comments may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to (410) 833-7687, or call (410) 767-6499. These comments must be received by January 18, 2000.

**.01 Definitions.**

- A. (text unchanged)
- B. Terms Defined.
  - (1) — (7) (text unchanged)
  - (8) "Family" means the recipient and all of the following individuals sharing the same household with the recipient:
    - (a) (text unchanged)
    - (b) The recipient's natural or adopted children who are younger than 21 years old; [and]
    - (c) The recipient's natural or adoptive parent, if the recipient is a child younger than 21 years old; and
    - (d) The recipient's stepchildren or grandchildren for which the recipient has legal or presumed guardianship.
  - (9) — (15) (text unchanged)
  - (16) "Program participation fee" means an annual premium which may be assessed by the Program and is based on family income or liquid assets, or both.
  - [(16)] (17) — [(18)] (19) (text unchanged)
  - (20) "Reimbursable drug list" means the Kidney Disease Program formulary of medications approved for payment.
  - [(19)] (21) "Representative" means an individual who, because of an applicant's or a recipient's mental or physical incapacity or youth, or specified dialysis or transplant facility personnel who have been so designated by virtue of the



For information concerning Final Action on Regulations, see inside front cover.

### Symbol Key

Roman type indicates text already existing at the time of the proposed action. *Italic type* indicates new text added at the time of proposed action. A single underline indicates text added at the time of final action. [Single brackets] indicate deleted text. [[Double brackets]] indicate text deleted at the time of final action.

### Computer Printouts Available

Computer printouts of newly adopted regulations are available to the general public and to State agencies from the Maryland Information Retrieval System (MIRS) database. MIRS automatically updates COMAR, integrating new and amended text into existing text, and removing all symbols and obsolete material. State agencies may find MIRS printouts particularly valuable in preparing the next generation of regulation amendments for publication in the *Maryland Register*. For more information, call (410) 974-3500.

## Title 07 DEPARTMENT OF HUMAN RESOURCES

### Subtitle 06 COMMUNITY SERVICES ADMINISTRATION

#### 07.06.05 Transitional Emergency, Medical, and Housing Assistance

Authority: Article 88A, §§1A(a) and 3(a),  
Annotated Code of Maryland

#### Notice of Final Action (99-380-F)

On February 11, 2000, the Secretary of Human Resources adopted amendments to Regulation .11 under COMAR 07.06.05 Transitional Emergency, Medical, and Housing Assistance. This action, which was proposed for adoption in 26:26 Md. R. 1966 — 1966 (December 17, 1999), has been adopted as proposed.

Effective Date: March 6, 2000.

LYNDA G. FOX  
Secretary of Human Resources

## Title 09 DEPARTMENT OF LABOR, LICENSING, AND REGULATION

### Subtitle 17 BOARD OF EXAMINING ENGINEERS

#### 09.17.01 Code of Ethics

Authority: Public Local Laws of Maryland, Article 4

#### Notice of Final Action (99-341-F)

On January 18, 2000, the Board of Examining Engineers adopted amendments to Regulations .03 and .04 under COMAR 09.17.01 Code of Ethics. This action, which was

~~proposed for adoption in 26:23 Md. R. 1798 — 1799 (November 5, 1999), has been adopted as proposed.  
Effective Date: March 6, 2000.~~

~~JOHN WILLIAMS  
Chairman  
State Board of Examining Engineers~~

## Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### Subtitle 09 MEDICAL CARE PROGRAMS

#### 10.09.02 Physicians' Services

Authority: Health-General Article, §§2-104(b), 15-103, and 15-105,  
Annotated Code of Maryland

#### Notice of Final Action (99-373-F-II)

On February 9, 2000, amendments to Regulations .01, .03 — .05, and .07 under COMAR 10.09.02 Physicians' Services were adopted by the Secretary of Health and Mental Hygiene. This action, which was proposed for adoption in 26:26 Md. R. 1972 — 1974 (December 17, 1999), has been adopted as proposed.

Effective Date: March 6, 2000.

GEORGES C. BENJAMIN, M.D.  
Secretary of Health and Mental Hygiene

### Subtitle 13 DRUGS

#### 10.13.01 Dispensing of Prescription Drugs by a Licensee

Authority: Health Occupations Article, §12-102,  
Annotated Code of Maryland

#### Notice of Final Action (99-348-F)

On January 30, 2000, amendments to Regulation .03 under COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee were adopted by the Secretary of Health and Mental Hygiene. This action, which was pro

COMAR 10.09.02

1999

MARYLAND MEDICAL ASSISTANCE PROGRAM

PHYSICIANS' SERVICES PROVIDER FEE MANUAL

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## **INTRODUCTION**

This manual has been prepared to provide a convenient reference source of information for Physicians' Services providers who participate with the Maryland Medical Assistance Fee-For-Service Program. The narrative portion of the manual contains coverage and limitations information and specific billing instructions for physicians. The numeric portion of the manual is the physicians' fee schedule which is current through 1999 CPT-4. Additional resources prepared for providers include the Maryland Medical Assistance Provider Handbook and Maryland Medicaid Billing Instructions for the HCFA-1500. Contact Provider Relations for either of these documents at (410) 767-5503 or (800) 445-1159.

## **GENERAL INFORMATION SECTION**

### **ABBREVIATIONS USED IN THE FEE SCHEDULE**

**A, E, S Form Required.** Certain procedures have special requirements which must be met in order for them to be covered by the Program. Providers certify compliance with these requirements by completing specific forms prior to rendering the service. These include the Certification For Abortion (DHMH 521), the Document For Hysterectomy (DHMH 2990) and the Sterilization Consent Form (DHMH 2989).

**AC Aftercare Days.** The number of days in the surgical aftercare period which are included in the fee for the surgical procedure.

**B.R./B.I. By Report/By Invoice** When the value of the procedure is to be determined "By Report" or "By Invoice", the following information must be submitted with the claim:

a. For services or procedures provided in Medicine (CPT procedure codes 90281 - 99499) or Radiology (CPT procedure codes 70010 79999) describe the service or procedure performed. When describing "By Report" procedures for radiology services, specify the method by which the service was performed.

b. For surgical procedures, surgeons and anesthesiologists must provide the following information

- 1) Diagnosis (post-operative),
- 2) Size, location and number of lesion(s) or procedure(s), where appropriate, and
- 3) Major surgical procedure and supplementary procedure(s)

c. For procedures 78990, 79900, 99070 and certain immunization injections, a copy of a current invoice which shows the per unit cost of the supply or pharmaceutical is required.

**P Preauthorization Required.** Certain services require prior authorization. Requests for preauthorization are generally made in writing and must document that the services are both necessary and appropriate.

**0.00 Not Used/Not Paid.** When the listed fee is zero, the code is either not used by the Program (use other codes or unlisted procedures

if appropriate), or the service is not payable by the Program

#### BILLING TIME LIMITATIONS

Claims must be received within 9 months of the date services were rendered. If a claim is received within the 9-month limit but rejected due to erroneous or missing data, resubmittal will be accepted within 60 days of rejection or within 9 months of the date the service was rendered, whichever is later. If a claim is rejected because of late receipt, the patient may not be billed for that claim. If a claim is submitted and you do not receive a payment or a rejection within 90 days, please resubmit the claim.

**NOTE:** Medicare/Medicaid Crossover claims must be received within 120 days of the date payment was made by Medicare. This is the date of Medicare's Explanation of Benefits form. The Medical Assistance Program recognizes the billing time limitations of Medicare and will not make payment when Medicare has rejected a claim due to late billing.

#### COMMON PROCEDURE CODING SYSTEM

The Maryland Medical Assistance Program utilizes the five character Health Care Financing Administration's Common Procedure Coding System (HCPCS) for the billing of services on the HCFA-1500 claim form. These include the numeric CPT-4 HCPCS and certain national alpha-numeric HCPCS. The Program also uses local alpha-numeric HCPCS which were created for specific reporting purposes.

##### 1 CPT-4 HCPCS

The Maryland Medical Assistance Program's Physicians' Services Provider Fee Manual primarily utilizes the codes in the latest revision of the Physicians' Current Procedural Terminology, Fourth Edition (CPT-4). Physicians must have access to the latest revision of CPT-4 in order to properly complete the invoice form. CPT is developed and published by the American Medical Association and revisions to it are published annually. This fee manual is also updated annually to reflect the new additions, changes or deletions to CPT-4. For complete explanations and instructions on the use of CPT-4, you must refer to the introduction section of that book. CPT CODES, DESCRIPTIONS AND TWO-DIGIT MODIFIERS ONLY ARE COPYRIGHT 1998 AMERICAN MEDICAL ASSOCIATION.

The Medical Assistance Program does not uniformly cover or use all CPT HCPCS or follow all CPT descriptions or guidelines. Any Program use of a CPT procedure code which differs from that found in CPT will be noted in the instructions for the use of that procedure in this manual.

For information on AMA products call (800) 621-8335

##### 2. NATIONAL HCPCS

The physicians' fee schedule also utilizes certain national alpha-numeric HCPCS for procedures or services which do not appear in CPT. These codes are used for the billing of injectable drugs. The national HCPCS codes are listed at the end of the CPT HCPCS section of this manual.

##### 3. LOCAL HCPCS

The Program has created its own special codes which identify certain procedures or services which either do not appear in CPT or are used

instead of CPT in order to report certain services separately. These special codes begin with the letter "W" and are listed at the end of the national HCPCS section of this manual.

**a. Non-Hospital Vaginal Delivery**

- W0482 - Vaginal delivery, home
- W0484 - Vaginal delivery, free-standing birth center
- W0488 - Supplies used, vaginal delivery, home or birth center

**b. Healthy Kids Program**

- W0609 - EPSDT, vision screen
- W9075 - EPSDT, new patient/full screen
- W9076 - EPSDT screen, hospital outpatient department
- W9077 - EPSDT, established patient/full screen
- W9078 - EPSDT, interperiodic/partial screen
- W9080 - EPSDT, full screen, state-supervised care
- W9081 - EPSDT, partial screen, state-supervised care

**c. Healthy Start Program**

- W9090 - Prenatal risk assessment
- W9091 - Enriched maternity service

**CONSULTATION AND REFERRAL**

**A CONSULTATION IS TO BE DISTINGUISHED FROM A REFERRAL**

**REFERRAL** means a transfer of the patient from one physician to another for diagnosis and treatment of the condition for which the referral was made. The physician to whom the referral is made, whether he/she is a generalist or a specialist, will be considered as the primary care physician and not as a consultant.

**CONSULTATION** requires a written opinion or advice rendered by a consultant-specialist whose opinion or advice is requested by the patient's attending physician for the further evaluation or management of the patient by the attending physician. If the consultant-specialist assumes responsibility for the continuing care of the patient, any subsequent service rendered by him/her is not a consultation. The consultation must be provided in the specialty in which the consultant-specialist is registered with the Program.

**ATTENDING PHYSICIAN** means a physician, other than a house officer, resident or intern, who is directly responsible for the patient's care. Medicaid reimbursement for a consultation is not authorized when a member of the house staff either requests or provides the consultation. Providers may not bill the Program for consultations requested or rendered by house staff.

**COVERED SERVICES**

All services for which reimbursement is sought must be provided in accordance with the Medical Care Program's Physicians' Services regulations, COMAR 10.09.02. Providers furnishing services to Medical Assistance recipients must do so in full compliance with Title VI of the Civil Rights Act of 1964, Maryland statutes and other laws and regulations which prohibit discrimination.

The Program covers the following medically necessary services:

1. Physicians' services rendered in a physician's office, the patient's home, a hospital, a skilled or intermediate care nursing facility, a free-standing clinic, or elsewhere when the services are
  - a. Performed by the physician or one of the following:
    - 1) Another licensed physician in the physician's employ,
    - 2) A certified registered physician's assistant, licensed nurse practitioner, licensed registered nurse, certified psychologist, certified social worker, or a certified nurse-midwife, provided that the individual providing the service is in the physician's employ and is under the physician's direct supervision, and performs the service within the scope of the individual's license or certification for the purpose of assisting in the provision of physicians' services.
  - b. Clearly related to the patient's individual medical needs as diagnostic, curative, palliative or rehabilitative services.
  - c. Adequately described in the patient's medical record;
2. Consultations;
3. Diagnostic procedures to include:
  - a. Procedures related to the patient's medical needs,
  - b. Laboratory services performed by a physician or personnel under the physician's direct supervision, when the physician is not required to register his/her office as a medical laboratory pursuant to Health-General Article, Title 17, Subtitle 2, Annotated Code of Maryland;
4. Drugs dispensed by the physician within the limitations of COMAR 10.09.03;
5. Injectable drugs administered by the physician within the limitations of COMAR 10.09.03;
6. Medical equipment and supplies dispensed by the physician within the limitations of COMAR 10.09.12;
7. Abortions upon certification of the physician performing the procedure that the procedure is necessary based upon the physician's professional judgment and that one of the following conditions exists
  - a. If continuation of pregnancy is likely to result in the death of the woman,
  - b. If the woman is a victim of rape, sexual offense or incest which has been reported to a law enforcement agency or a public health or social agency,
  - c. If it can be ascertained by the physician within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality,
  - d. If it can be ascertained by the physician within a reasonable degree of medical certainty that termination of the pregnancy



is medically necessary because there is a substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health,

e. That there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and if carried to term there is substantial risk of a serious or long lasting effect on the woman's future mental health; and

8. Sterilizations when performed according to criteria contained in 42 Code of Federal Regulations §§441.250 - 441.258 and when the appropriate forms, as established by guideline, are properly completed and attached to the claim.

#### FOLLOW-UP OR AFTERCARE DAYS

Fees for surgical procedures include follow-up care for the number of days indicated in this manual. The Program does not pay the surgeon for hospital and office visits during the surgical aftercare period. When the follow-up period is listed as "0" (zero), the listed value is for the surgical procedure only. All post-operative care in those cases is to be invoiced on a fee-for-service basis.

#### HOSPITAL OUTPATIENT VISITS

Medical services provided to a Medicaid patient in a hospital outpatient setting by a physician, nurse practitioner or nurse midwife should be billed by using CPT Evaluation and Management codes 99201 - 99205 and 99211 - 99215 in conjunction with a modifier -26 for the professional component of the hospital outpatient visit. The maximum allowance for a hospital outpatient visit is \$10.00. Providers will not be reimbursed for hospital outpatient visits unless the modifier -26 is suffixed to the appropriate CPT outpatient visit code.

These codes are not to be used for reporting services to hospital inpatients or emergency room patients. Services provided by interns or residents are not billable to the Program under any circumstances.

#### MAXIMUM REIMBURSEMENT

The fees listed in this manual represent the maximum fees allowed for specific procedures. Providers must consider the fee paid by the Medical Assistance Program as payment in full and are prohibited by law from requesting or receiving additional payment from the recipient or recipient's family members. If the Program denies payment or requests repayment on the basis that an otherwise covered service was not medically necessary, the provider may not seek payment for that service from the recipient or recipient's family members.

#### MEDICARE/MEDICAID RECIPIENTS

Many Medicaid recipients are also eligible for Medicare benefits. The Medical Assistance Program is always the payer of last resort. Whenever a Medical Assistance recipient is known to be enrolled in Medicare, Medicare must be billed first. In most instances, the Medicare number will be imprinted on the Medicaid identification card. INVOICES FOR THE MEDICARE/MEDICAID RECIPIENT MUST BE SUBMITTED ON THE HCFA-1500 DIRECTLY TO THE MEDICARE INTERMEDIARY.

When billing Medicare on the HCFA-1500 form, place the letters "MMA" (Maryland Medical Assistance) and the recipient's 11-digit

identification number in Block 9a and check "Accept Assignment" in Block 27. This will assure that Medicare will automatically forward the appropriate information to Medical Assistance which is responsible to pay for the deductible or co-insurance. Also make certain to check both Medicare and Medicaid in Block 1 on the top of the HCFA-1500. Failure to do so will delay any payments due.

#### MODIFIERS

A modifier provides the means by which the reporting physician can indicate that a service or procedure that has been performed has been altered by some specific circumstance but not changed in its definition or code. When applicable, the modifying circumstance would be identified by the appropriate modifier code, which is a 2-digit number suffixed to the procedure code in Block 24D of the HCFA-1500.

The Program only recognizes the following modifiers:

**-26 Professional Component:** Use modifier -26 to indicate that you are billing for only the professional component applicable for a radiology (CPT codes 70010 - 79999) service.

**NOTE:** This modifier is not to be used with physician visit/service CPT codes in the 90281 - 99499 series, except for, procedures 99201 - 99215 when used to report hospital outpatient visits and for immunization administration of vaccines/toxoids or immune globulin covered under the Vaccines for Children program.

Certain procedures (e.g., radiology, electrocardiogram, specific diagnostic services) may be a combination of a physician professional component and a technical component. When the physician component is reported separately, the service must be identified by adding the modifier -26 to the usual procedure number.

The maximum fees listed for radiology services are composed of two parts, a professional component and a technical component. The Program will reimburse a provider for both components (i.e., 100% of the maximum reimbursement) when the technical component is not billed by a health care facility.

When a test is performed by a laboratory or another physician, interpretation of the results is not considered a separate billable item. The interpretation is considered to be part of the physician visit.

**-30 Anesthesia Service:** The provider who administers the anesthesia must use the modifier -30 with the applicable surgical or medical procedure code. CPT anesthesia codes are not used by the Program, except for procedure codes 00857, 00955 and 01996.

Codes for the listing of anesthesia services are the same as those for surgical procedures and are found in the Surgery section (CPT codes 10040 - 69979). Anesthesia services are reported by adding the modifier code -30 to the surgical procedure code.

Payment for anesthesia services includes the usual preoperative and postoperative visits, the administration of the anesthetic, the administration of fluids and/or blood and the usual monitoring services. The units of service for anesthesia invoices may not exceed the number of times a specific procedure was performed on the date given. Time is not considered a factor when billing for anesthesia.

The maximum reimbursement for anesthesia services is 30% of the listed fee for the surgical procedure. The minimum allowance is \$30.00. This modifier should be used only by the anesthesiologist and not by the surgeon.

**-50 Multiple or Bilateral Procedures:** Use modifier -50 when multiple or bilateral surgical procedures (CPT codes 10040 - 69979) are provided at the same operative session. The major procedure should be reported without a modifier. Use the modifier for the second and subsequent procedures.

The Program will pay up to the amount listed in the fee schedule for the procedure without the modifier and up to 50% of the amount in the fee schedule for the procedures with the code -50 modifier.

**NOTE:** When a procedure has a code for both a single procedure and for each additional procedure, use the procedure code for the second and subsequent procedures and add the code modifier -50. When only one procedure code is available, regardless of the number of procedures performed, use the same procedure code with the modifier -50 to report the second and subsequent procedures of that type.

**Bilateral Procedures** - When there is no procedure code to identify bilateral procedures, use the code for a unilateral procedure plus the same code with a modifier -50 to identify that the service was provided bilaterally. Do not charge separately for component or related procedures which are part of the major procedure. Codes for such procedures are listed for those occasions when they are performed as a "separate procedure."

**-80 Assistant Surgeon:** Use modifier -80 with the applicable surgical procedure code (CPT codes 10040 - 69979) to indicate the services of a physician acting as surgical assistant. Maximum payment is 20% of the listed fee for the procedure. The minimum allowance is \$25.00. THE ASSISTANT SURGEON MUST BE A PHYSICIAN who is an enrolled Medical Assistance provider. This modifier should only be used for the assistant surgeon.

#### NON-COVERED SERVICES

Services which the Program does not cover are

1. Physicians' services not medically justified
2. Non-emergency dialysis services related to chronic kidney disorders unless they are provided in a Medicare-certified facility
3. Physicians' inpatient hospital services rendered during any period that is in excess of the length of stay authorized by the Utilization Control Agent (UCA),
4. Physicians' services denied by Medicare as not medically necessary,
5. Services which are investigational or experimental
6. Autopsies
7. Physicians' services included as part of the cost of an inpatient facility, hospital outpatient department or free-standing

clinic,

8. Payments to physicians for specimen collections, except by venipuncture and capillary or arterial puncture,
9. Audiometric tests for the sole purpose of prescribing hearing aids,
10. Immunizations required for travel outside the continental United States,
11. Injections and visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical record,
12. Visits solely to accomplish one or more of the following:
  - a. Prescription, drug or food supplement pick-up, collection of specimens for laboratory procedures,
  - b. Recording of an electrocardiogram,
  - c. Ascertaining the patient's weight,
  - d. Interpretation of laboratory tests or panels,
13. Medical Assistance prescriptions and injections for central nervous system stimulants and anorectic agents when used for weight control,
14. Drugs and supplies dispensed by the physician which are acquired by the physician at no cost,
15. Preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the provider may not bill them as consultations or hospital visits,
16. Referrals from one physician to another for treatment of specific patient problems may not be billed as consultations,
17. The operating surgeon may not bill for the administration of anesthesia or for an assistant surgeon who is not in the operating surgeon's employ,
18. The Program will not pay a physician for those laboratory or x-ray services performed by another facility,
19. The Program does not cover services rendered to an inpatient before one preoperative inpatient day, unless preauthorized by the Program,
20. Acupuncture is not a covered service
21. Radial keratotomy is not a covered service,
22. Disposable medical supplies,
23. Services prohibited by the Board of Physician Quality Assurance, and
24. The provider may not bill the Program or the recipient for:



24. The provider may not bill the Program or the recipient for:
- a. Completion of forms and reports,
  - b. Broken or missed appointments,
  - c. Professional services rendered by mail or telephone,
  - d. Services which are provided at no charge to the general public, and
  - e. Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of the recipient.

#### PAYMENT IN FULL

Reimbursement for services will be paid up to the maximum fees allowed by the Program. All payments made by the Program to providers shall be considered as payment in full for services rendered and no additional charge shall be made by the provider to any person for covered services. Acceptance of payment from the patient or patient's family in addition to payments made by the Program constitutes an overpayment which is in violation of Federal and State regulations.

#### PHYSICIANS' SERVICES REIMBURSEMENT

The fee schedule for physicians' services lists the CPT-4 codes used by the Program and the maximum fee paid for each coded procedure. A provider using CPT terminology and coding selects the procedure or service that most accurately identifies the service performed. Any service or procedure should be adequately documented in the medical record. Providers must maintain such records as are necessary to document fully the services provided. The records must be retained for six years. Lack of acceptable documentation may cause the Program to deny payment or, if payment has already been made, to request repayment, or to impose sanctions, which may include withholding of payment or suspension or removal from the Program. Payment for services is based upon the procedure code(s) selected by the provider. Although some providers delegate the task of assigning codes, the accuracy of the claim is solely the provider's responsibility and is subject to audit.

#### PREAUTHORIZATION

1. Some physician services within the fee schedule require preauthorization. Preauthorization is required for the following procedures or services:
  - a. Cosmetic Surgery - to correct a congenital or acquired anomaly will be preauthorized when there is documentation that the anomaly represents a significant deviation from the normal state and affects the patient's health to a degree that it impairs his or her ability to function in society,
  - b. Contact lens evaluation and fitting - when there is medical justification,
  - c. Lipectomy and panniculectomy - when there is an abnormal amount of redundant skin and subcutaneous tissue and that this is causing significant health problems in the patient,
  - d. All evaluations, procedures and treatment related in any way to sex reassignment - when the patient is enrolled in a Sexual Behaviors Consultation Program and/or Gender Identity Clinic recognized by the Program and the patient is transsexual which impairs his or her ability to function in society (also applies to e. and f. below),

e. Medical Assistance prescriptions and injections for female hormones for biologic males,

f. Medical Assistance prescriptions and injections for male hormones for biologic females,

g. Transplantations of vital organs - when more conservative forms of treatment have failed,

h. Services rendered to an inpatient before one preoperative day, and

i. Surgical procedures for the treatment of morbid obesity - preauthorization criteria include:

- 1) the patient is at least 100 lbs. overweight or 100% over ideal body weight, whichever is less,
- 2) the obesity is of at least three year's duration,
- 3) there is a history of serious but futile attempts at weight reduction under medical supervision,
- 4) there is an absence of any correctable endocrinopathy which might contribute to obesity and
- 5) a psychiatric evaluation is performed to determine the stability of the patient in terms of tolerating the operative procedure and post-operative sequelae.

2. Services which have been determined by Medicare to be ineffective, unsafe, or without proven clinical value are generally presumed to be not medically necessary, but will be preauthorized if the provider can satisfactorily document medical necessity in a particular case. These services are found in the Medicare Carriers Manual, Part 3, Claims Process, Chapter II, Coverage Issues Appendix.

3. The Program will preauthorize services when the provider submits adequate documentation demonstrating that the service is both necessary and appropriate. "Necessary" means directly related to diagnostic, preventive, curative, palliative or rehabilitative treatment. "Appropriate" means an effective service that can be provided, taking into consideration the particular circumstances of the recipient and the relative cost of any alternative services which could be used for the same purpose.

Preauthorization for all services which require it must be requested in writing. A Preauthorization Request Form for Physician Services (DHMH 4523) must be completed and submitted to:

Medical Care Operations Administration  
Division of Claims Processing  
P.O. Box 17058  
Baltimore, Maryland 21203

Specific documentation must be attached to the preauthorization request form which includes but is not limited to the following:

- a. Complete narrative justification of the procedure(s)
- b. Brief history and physical exam,
- c. Result of pertinent ancillary studies if applicable, and
- d. Pertinent medical evaluations and consultations if applicable.

**Note:** Preauthorization for contact lens evaluation and fitting should be submitted on the request form for Vision Care Services DHMH 4546.

For all written requests for preauthorization, the physician will receive written notification of the Program's decision. If the request is approved, a preauthorization number will be given. This number must be entered in Block 23 of the HCFA-1500 claim form when billing for the service. Authorizations are valid for only 60 days from the date of the letter of approval. Program approval of preauthorization requests only relates to the medical necessity of providing the service described in the written request. The approval is not a verification of the patient's eligibility for Medical Assistance.

4. Preauthorization must be obtained prior to making any arrangements for sending a patient out-of-state to a non-contiguous state for elective services. Contiguous states are those which surround the State of Maryland. They are: Delaware, Pennsylvania, Virginia and West Virginia and Washington, D.C. Referrals to these four states and Washington, D.C. do not require an out-of-state preauthorization. They may, however, require preauthorization for other reasons, such as, for organ transplants.

5. Preauthorization normally required by the Program is waived when the service is covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing.

Please refer to Program regulations COMAR 10.09.02 and current guidelines and/or transmittals for additional information on services requiring preauthorization.

#### SUPPLEMENTAL PAYMENT

An additional 20% supplemental payment will be made for the following Medicine and Surgery procedure codes when performed in a Home or Office setting:

<u>Procedure Code</u>	<u>Service</u>
91000 · 91299	Gastroenterology
92018 · 92317	Ophthalmology
92502 · 92596	Otorhinolaryngology
93000 · 93799	Cardiovascular
93980 · 93981	Cardiovascular
94010 · 94652	Pulmonary
94664 · 94690	Pulmonary
94720 · 94799	Pulmonary
95027	Allergy
95056 · 95078	Allergy
95120 · 95180	Allergy
95819 · 95958	Neurology
96520 · 96545	Chemotherapy
96900 · 96912	Dermatology
97010 · 97752	Physical Medicine
10040 · 36406	
36420 · 59410	
59812 · 59830	Surgery

59850 - 69979

An additional 100% supplemental payment will be made for the following Surgery procedure codes when performed in an Office setting

59840 - 59841           Surgery

#### THIRD-PARTY RECOVERIES

In general, the Medical Assistance Program is always the payer of last resort. If a recipient is covered by insurance or other third-party benefits, the provider must seek payment from that source first. The only exception to the MA as payer of last resort rule is for the provision of well child/Healthy Kids services and prenatal care. Bill Medical Assistance first for these services, even if the recipient has other insurance. If payment of a claim is made by both the Program and a third party, the provider must refund to the Program either the amount paid by the Program or the third party.

#### UNLISTED MEDICINE OR SURGERY PROCEDURES

It is recognized that there may be specific services or procedures performed by physicians' services providers that are not found in CPT. Therefore, certain CPT code numbers ending in "99" have been designated for reporting unlisted procedures. When an unlisted procedure number is used, the service or procedure must be described by an attached report to the invoice.

Invoices with unlisted procedures MUST be accompanied by surgical notes or other sufficient medical information to enable the Medical Assistance Program to arrive at a value for the procedure.

Pertinent information should include an adequate definition or description of the nature, extent and need for the procedure; and the time, effort and equipment necessary to provide the service.

Attached reports must be legible and must be keyed to the unlisted procedure code(s) on the HCFA-1500. An alpha or numeric indicator on the claim form beside the procedure code should be keyed to the corresponding section or page of the report with the same indicator to facilitate manual review and valuation.

#### USUAL AND CUSTOMARY CHARGES

Providers must bill the Program their usual and customary charge to the general public for similar services, except for, injectable drugs, the provision of diagnostic or therapeutic radiopharmaceuticals, and supplies, in which case, providers must bill their acquisition cost.

Payments to providers will be the lower of the

1. Physician's customary charge or acquisition cost or
2. Program's fee schedule.

SERVICES INFORMATION SECTION**ABORTIONS**

Abortions have special requirements which must be met in order for them to be covered by the Medical Assistance Program. The Program may reimburse providers for abortions provided that one of the conditions listed below exists:

1. The abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.
2. A document is submitted by an official of a law enforcement agency or public health service where the rape or incest of the mother was reported. The document includes the following information:
  - a. name and address of victim,
  - b. name and address of person making report (if different from the victim),
  - c. date of the rape or incest incident,
  - d. date of the report,
  - e. statement that the report was signed by the person making it,
 and
  - f. name and signature of the person at the law enforcement agency or public health service who took the rape or incest report.
3. The abortion is necessary because, based on the professional judgment of the attending physician, continuation of the pregnancy is likely to result in the death of the woman.
4. The attending physician certifies that, within a reasonable degree of medical certainty, based upon his/her professional judgment, termination of pregnancy is medically necessary because there is a substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.
5. The attending physician certifies that, in his/her professional judgment, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.
6. The attending physician certifies that, within a reasonable degree of medical certainty, based on his/her professional judgment, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.
7. The attending physician certifies that this procedure is necessary for a victim of rape, sexual offense or incest, and the incident has been reported to a law enforcement agency or to a public health or social agency.

The "Certification of Abortion" DEME 521 must accompany any invoice submitted to the Medical Assistance Program by a practitioner, hospital, clinic or agency when such invoice is for services related to a termination of pregnancy (except spontaneous abortion or treatment of ectopic pregnancy) or for medical procedures necessary to voluntarily terminate a pregnancy for victims of rape or incest (59840 - 59841, 59850 - 59852, 59855 - 59857).

It is also necessary that the medical record reflect the medical necessity for the therapeutic abortion as determined by the certifying physician. The specific condition for which the abortion was performed must be documented in this record. Such documentation must explicitly state, at the time of service, the physician's findings which indicate the basis on which the medical necessity for the abortion was determined. Completion of the certification form alone is not sufficient to serve as documentation, nor is it sufficient to render a clinical opinion and/or diagnosis without supporting evidence in the medical record. Lack of acceptable documentation in the medical record will cause the Program to deny payment, or in those cases where payment has been made, the Program will require repayment from the provider.

#### ALLERGY IMMUNOTHERAPY

##### 1. Procedure code 95117

The Program will reimburse for a maximum of two units of service for this procedure regardless of the number of injections given at one visit.

##### 2. Procedure codes 95120 through 95134

These codes refer to the injection of the allergen in the prescribing physician's office and include the office visit. Do not bill for an office visit in addition to these codes. The Program will reimburse for only one unit of service for these procedures regardless of the number of injections given at one visit.

When allergy injections are administered in other than the prescribing physician's office, use the appropriate office visit code only if there is a separate identifiable medical service, otherwise, use code 95117. The length of observation time spent by the patient in the office or facility does not increase the level of service.

Do not bill for procedure codes 95120 - 95134 in addition to the office visit code.

##### 3. Procedure code 95144

This code refers to the preparation and provision of antigens for the patient and includes an office visit. The Program will reimburse for only one unit of service for this procedure regardless of the number of injections given at the visit.

#### CRITICAL CARE

CPT procedure codes 99291 (first hour) and 99292 (each additional 30 minutes) are used for critical care services when a physician is required to be in constant attendance, usually in a critical care area, as a result of a medical emergency, such as cardiac arrest or respiratory failure. These codes are not meant to describe daily visits by physicians to non-critically ill patients in critical care areas (use subsequent hospital care, 99231 - 99233, or hospital consultation codes, 99251 - 99263, as appropriate).

Procedure code 99291 may be billed once per day and code 99292 four times per day. The maximum reimbursement allowed for both procedures within a five-day period is \$100.00. Additional claims received for the same five-day period above this amount will be rejected. The rejection can be appealed in writing if there is

sufficient documentation in the patient record to substantiate that the patient was in cardiopulmonary arrest or similar medical emergency, multiple times, during the period in question.

#### **FAMILY PLANNING SERVICES**

Abortions and hysterectomies are not considered family planning services. Common family planning procedures include:

<u>Procedure Code</u>	<u>Description of Service</u>
J1055	Depo-Provera Contraceptive
J7300	IUD Kit
58300	IUD insertion
58301	IUD Removal
A4260	Norplant Kit
11975	Norplant Insertion
11976	Norplant Removal
11977	Norplant Removal w/Reinsertion
99070	Diaphragm
57170	Diaphragm Fitting

The following CPT Evaluation and Management codes should be used for billing for family planning services in conjunction with an ICD-9 diagnosis code of V25:

<u>New Patients</u>	<u>Established Patients</u>
99201 - 99205	99211 - 99215
99241 - 99245	99394 - 99396
99384 - 99386	

#### **GYNECOLOGY**

The appropriate Preventive Medicine codes should be used for annual gynecologic exams for asymptomatic patients. Use 99384 - 99387 for new patients or 99394 - 99397 for established patients. A Pap test is considered part of the office visit and only billable by the laboratory which reads and interprets the slide.

The appropriate Evaluation and Management codes should be used for symptomatic patients. Use 99201 - 99205 for a new patient or 99212 - 99215 for an established patient.

#### **HEALTHY KIDS/EPSDT**

##### **1. Preventive Medicine Services**

The Healthy Kids/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program is a comprehensive pediatric program to be billed only by those physicians, nurse practitioners and free-standing clinics who have been certified by the Program as Healthy Kids/EPSDT providers. This program uses both local alpha-numeric HCPCS and CPT HCPCS for billing well child care:

##### **a. W9075 or 99381 - 99385 - New Patient/Full Screen**

A full screen includes a health and developmental history, unclothed physical exam, appropriate laboratory tests, immunizations and health education/anticipatory guidance.

**b. W9076 - Hospital Outpatient Department Screen**

This code is used for both new and established patients for those physicians' services not included in the cost-based hospital rate.

**c. W9077 or 99391 - 99395 - Established Patient/Full Screen**

A full screen is completed on an established patient at subsequent intervals.

**d. W9078 - Interperiodic/Partial Screen**

These visits are provided as follow-up to a full screen to reassess the child's physical, developmental/mental status or a condition previously diagnosed. The scope of the service may be limited to that which is medically necessary to diagnose and treat the patient or to refer the patient for specialty care.

**e. W9080 - Full Screen, State-Supervised Care**

**f. W9081 - Partial Screen, State-Supervised Care**

Both of these codes are used for new and established patients who are in the care and custody of a State agency pursuant to a court order or a voluntary placement agreement (foster care).

**2. Objective Tests**

Other procedure codes for objective tests approved by the Healthy Kids Program which are used in conjunction with the screening procedure codes are:

- a. Developmental Test - 96110, 96111
- b. Hearing/Screening Test - 92551
- c. Vision Screen - W0609

**3. Other Ancillary Services**

Immunizations, on-site laboratory services and family planning services are additional procedures which can be used in conjunction with a Healthy Kids exam. Please refer to the Healthy Kids Program Screening Provider Manual and Billing Instructions for additional information, or call your Healthy Kids Nurse Consultant at (410) 767-1485 or (800) 685-5861, X1485.

**4. Vaccine Administration/Vaccines for Children Program**

Eligible providers should bill for administering childhood vaccines received free from the federal Vaccines for Children Program (VFC) by using the appropriate CPT code for the vaccine/toxoid or immune globulin in conjunction with the modifier -26. The maximum reimbursement is \$10.00 per administration. Providers will not be reimbursed for vaccine administration unless the modifier -26 is affixed to the appropriate CPT vaccine code. VFC immunization administration codes are as follows:



## VACCINE

CPT-26

Hepatitis B Immune Globulin (HBIG)	90371-26
Hemophilus influenza b, HbOC conjugate (Hib)	90645-26
Hemophilus influenza b, PRP-D conjugate (Hib)	90646-26
Hemophilus influenza b, PRP-OMP conjugate (Hib)	90647-26
Hemophilus influenza b, PRP-T conjugate (Hib)	90648-26
Influenza virus, split virus, 6-35 months	90657-26
Influenza virus, split virus, 3 years/above	90658-26
Diphtheria, tetanus toxoids and acellular pertussis (DTaP)	90700-26
Diphtheria and tetanus toxoids (DT, 0-6)	90702-26
Measles, mumps and rubella virus (MMR)	90707-26
Poliovirus, live, oral (OPV)	90712-26
Poliovirus, inactivated (IPV)	90713-26
Varicella virus, live	90716-26
Tetanus toxoid and diphtheria (Td, 7-18)	90718-26
Diphtheria, tetanus toxoids, whole cell pertussis and Hemophilus influenza b (DTP-Hib)	90720-26
Diphtheria, tetanus toxoids, acellular pertussis and Hemophilus influenza b (DTaP-Hib)	90721-26
Hepatitis B, pediatric or pediatric/adolescent	90744-26
Hepatitis B, adolescent/high risk infant	90745-26
Hepatitis B and Hemophilus influenza b (HepB-Hib)	90748-26

## 5. Sick Visits

Healthy Kids billing codes can be used when a child is being seen for an illness if the child is due for a well child exam and if all of the requirements for a Healthy Kids exam can be completed. If the child has already received a preventive well child exam or is too sick to complete a full Healthy Kids exam, use the CPT Evaluation and Management codes (99201 - 99215) for sick or acute illness related office visits.

## HYSTERECTOMIES

The Program will not reimburse for a hysterectomy performed on an individual if done for the following reasons:

1. It was performed solely for the purpose of rendering the individual permanently incapable of reproducing, or
2. There was more than one purpose to the procedure, and it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

The Program will reimburse for a hysterectomy not covered by and 2. above only if the following conditions are met:

1. The person who secured authorization to perform the hysterectomy has informed the individual and her representative, if any, orally and in writing, that the hysterectomy will render the individual permanently incapable of reproducing, and
2. The individual or her representative, if any, has signed a written acknowledgement of receipt of that information.

Informing the patient and acknowledgement by the patient that she

necessary when the following conditions exist

1. The individual was already sterile before the hysterectomy, or
2. The individual requires a hysterectomy because of a life-threatening emergency situation. Here the physician determines that prior informing and acknowledgement are not possible, and
3. The physician who performs the hysterectomy
  - a. Certifies, in writing, that the individual was already sterile at the time of the hysterectomy and states the cause of the sterility, or
  - b. Certifies, in writing, that the hysterectomy was performed under a life-threatening emergency situation in which the physician determines that prior acknowledgement was not possible. The physician must also include a description of the nature of the emergency.

Regulations require the physician who performs the hysterectomy (not a secondary provider such as an assisting surgeon or anesthesiologist) to certify that the woman met one of the specified exemptions. A "Document For Hysterectomy" DEMH 2990 must accompany every invoice for a hysterectomy (51925, 56308, 58150 - 58285, 58951, 59135, 59525). Do not bill other services on the same claim form with this procedure.

#### INJECTABLE DRUGS

The Program reimburses physicians' services providers their acquisition cost for any drugs injected in the office or home setting. The maximum reimbursement established for each J-code represents the estimated actual cost of the drug to the provider. These fees are not published in this manual.

Physicians must bill their acquisition cost for injectable drugs. The acquisition cost must be the charge in Block 24F of the HCFA-1500. The Program's maximum reimbursement will be the physician's acquisition cost. The acquisition cost is defined as the purchase price of the drug (less any discounts) for the amount administered, including any portion of tax and shipping. The HCFA-1500 must include the J-code in block 24D and the number of units administered in Block 24G. The dosage of the J-code times the number of units equals the total amount of the drug actually given.

When an injectable drug is administered which does not have a specific J-code or the "strength" is different from the ones listed, indicate the name of the drug, NDC Number, and the total amount administered, and use the appropriate unclassified J-code in Block 24D of the HCFA-1500. The maximum number of units which can be administered for an unlisted injectable drug is "1." Use J9999 for unclassified antineoplastic drugs and J3490 for all other unclassified drugs.

Claims that contain unlisted codes cannot be processed for payment without an attached copy of a recent invoice which clearly shows the per unit cost of the drug. Unclassified procedure codes require manual review and payment may be delayed. Payment processing can be facilitated by writing on the attached invoice the calculation used to determine the acquisition cost of the unlisted drug. The drug name written on the HCFA-1500 must agree with the name of the drug listed

written on the HCFA-1500 must agree with the name of the drug listed on the invoice. The actual cost documentation is only required for unlisted injectable drugs.

#### MATERNITY CARE

The Program does not reimburse physicians for "global care" for maternity services. CPT code 59400 is not used. Instead, the Program will reimburse for vaginal delivery, including in-hospital postpartum care, as a separate procedure, code 59410. Cesarean deliveries are generally billed using code 59515. The Program will also pay for antepartum care using codes 59425 - 59426 and for postpartum care (outside the hospital) using code 59430. Procedures 59425 - 59426 are payable as separate encounters rather than as a group of visits as described in CPT. Prenatal care services may also be billed using the appropriate Evaluation and Management code for each visit as described in CPT. In general, the first prenatal visit will be the most detailed and comprehensive and follow-up visits will be less comprehensive and require less time.

Vaginal and cesarean deliveries must be billed separately from prenatal care. A claim for a delivery which includes other procedures on the same date of service must list the delivery first and then the subsequent procedures with the appropriate modifier. A tubal ligation performed at the time of a cesarean delivery must be billed separately using procedure code 58611 with a modifier -50 and include the Sterilization Consent Form.

In addition to the services normally provided with prenatal and postpartum office visits, physicians may bill for two extra services covered under the Healthy Start Program, risk assessment and enriched maternity services.

#### Code Description of Service

**W9090 Prenatal Risk Assessment-Plan of Care** - The Prenatal Risk Assessment form (DHMH 4850) is completed at the time of the initial prenatal visit. Each Prenatal Risk Assessment form must be submitted to the recipient's local health department regardless of risk status. One unit of service will be reimbursed for each pregnancy.

**W9091 Enriched Maternity Service** - Enriched maternity services can be provided in conjunction with and in addition to each prenatal and postpartum office visit (up to 60 days after delivery). These services may include counseling, health education, nutrition education, care coordination, referral to services such as WIC, smoking cessation, drug and alcohol treatment or family planning.

Call (410) 767-6750 or (800) 685-5861, X6750 for additional information concerning the Healthy Start Program.

#### NEONATAL INTENSIVE CARE

Procedure codes 99295 - 99298 are used for neonatal intensive care services provided by a physician directing the care of a neonate or infant in a neonatal intensive care unit (NICU). In order for providers to be reimbursed for NICU services, the following requirements must be met:

1. All of the services included in the current CPT NICU code descriptions, global descriptors and parenthetical notes must be

throughout a 24-hour period, and constant observation by the health care team under direct physician supervision."

2. Services must be provided to patients in a NICU who are critically ill, either stable or unstable, and require cardiac and/or respiratory support (ventilator or nasal CPAP).

3. The following guidelines should be used to determine the appropriateness of using the NICU codes instead of the Initial Hospital Care codes (99291 - 99293) or Subsequent Hospital Care codes (99231 - 99233). The lists of specific appropriate circumstances are meant to give guidance and not to be restrictive. The qualifying circumstances used to report a particular level of service must be adequately documented in the medical record.

a. 99295 - Initial neonatal intensive care provided on the date of admission.

- 1) Neonate below 1,000 grams,
- 2) Neonate requiring assisted ventilation (CPAP or IMV)
- 3) Neonate receiving cardiovascular drugs parenterally,
- 4) Neonate with multiple organ system dysfunction,
- 5) Neonate with a major surgical problem on the first surgical day, regardless of the number of prior surgical interventions, or
- 6) Neonate with major cardiac anomalies.

b. 99296 - Subsequent neonatal intensive care, unstable neonate

- 1) Neonate below 1,000 grams,
- 2) Neonate on assisted ventilation requiring frequent changes in ventilator settings,
- 3) Neonate with acute deterioration who requires reintubation and assisted ventilation,
- 4) Neonate receiving cardiovascular drugs parenterally,
- 5) Neonate with multiple organ system dysfunction, or
- 6) Neonate following major surgery on post-operative day one

c. 99297 - Subsequent neonatal intensive care, stable neonate.

- 1) Neonate below 1,000 grams receiving cardiac and/or respiratory support, or
- 2) Neonate on assisted ventilation requiring infrequent changes in ventilator settings.

d. 99298 - Subsequent neonatal intensive care, recovering very low birth weight neonate.

- 1). Neonate below 1,500 grams receiving intensive cardiac and respiratory monitoring, and
- 2). Neonate was critically ill and received prior initial and subsequent neonatal intensive care.

#### NEWBORN CARE

A newborn infant can receive a Healthy Kids initial screen while in the hospital. Use billing code W9075 for the initial exam only

in the hospital. Use billing code W9075 for the initial exam only instead of the newborn care CPT codes. The following CPT-4 codes are used to report services to normal newborns in hospital and office settings:

Procedure	Codes	Code
Initial Care, Hospital	99221 - 99223	or 99431
Subsequent Care, Hospital	99231 - 99233	or 99433
Initial Care, Office		99432

#### OPHTHALMOLOGY

1. Do not bill separately for tonometry. This service is included in an office visit.

2. The fitting and dispensing of eyeglasses can be billed on the HCFA-1500.

#### PATHOLOGY AND LABORATORY

1. Specific information concerning pathology and laboratory services can be found in the Medical Laboratories Provider Manual and Fee Schedule under COMAR 10.09.09. Call (410) 767-1455 or (800) 685-5861, X1455 for additional information or a copy of this document.

#### 2. Physician Office Laboratories

Physicians may only bill the Program for those laboratory procedures which they perform or are performed under their direct supervision. Physicians' services providers cannot be reimbursed for clinical laboratory services without a Clinical Laboratory Improvement Amendments (CLIA) certification and approval by the Maryland Laboratory Administration if located in Maryland. Laboratory procedures which the physician refers to an outside laboratory or practitioner for performance must be billed by the laboratory or practitioner. The physician may not bill for any laboratory procedure which is referred to a laboratory or another physician.

Interpretation of laboratory results, or the taking of specimens other than blood, is considered part of the office visit and may not be charged as a separate procedure.

#### RADIOLOGY

The nuclear medicine codes (78000 - 79999) are to be used for in-vivo testing only. In-vitro tests are described in the Pathology and Laboratory section of CPT (80049 - 89399).

When performing radiology services using hospital equipment and/or staff, bill only for the professional component by adding the modifier -26 to the procedure code. Payment for the professional component shall be a percentage of the total fee as follows:

CPT-4	% of Total Fee
70010 - 76499	42
Computerized Tomography	28
76506 - 79999	50

**RENAL DIALYSIS**

Physicians' services provided to a renal dialysis patient include only those routine professional services that entail substantial direct involvement and the physical presence of the physician in the delivery of services directly to the patient. Routine professional services include all physicians' services furnished during a dialysis session that meet the following requirements:

1. They are personally furnished by a physician to an individual patient,
2. They contribute directly to the diagnosis or treatment of an individual patient and
3. They ordinarily must be performed by a physician.

Routine professional services associated with renal dialysis include at least all of the following services when medically appropriate:

1. Visits to the patient during dialysis and review of laboratory test results, nurses' notes and any other medical documentation, as a basis for,
  - a. Adjustment of the patient's medication or diet, or the dialysis procedure,
  - b. Prescription of medical supplies, and
  - c. Evaluation of the patient's psychosocial status and the appropriateness of the treatment modality.
2. Medical direction of staff in delivering services to the patient during a dialysis session.
3. Pre-dialysis and post-dialysis examinations, or examinations that could have been furnished on a pre-dialysis or post-dialysis basis.
4. Insertion of catheters for patients who are on peritoneal dialysis and do not have indwelling catheters.

Use CPT procedure codes as appropriate for professional services rendered to an individual patient:

- 90935 Hemodialysis procedure with a single physician evaluation
- 90937 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription.
- 90945 Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration) with single physician evaluation
- 90947 Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration) requiring repeated evaluations with or without substantial revision of dialysis.

Insertion of a cannula or catheter should be billed using procedure code 49420 or 49421.

NOTE: Physicians' services to a renal dialysis patient must

be supported by a contemporaneous entry in the medical record, written and signed by the attending physician, documenting that the physician personally provided the services. Inadequate documentation will result in denial of payment, or if payment has already been made, in recovery of payment.

#### STERILIZATIONS AND TUBAL LIGATIONS

Sterilizations have special requirements which must be met in order for them to be covered by the Medical Assistance Program. The Program will reimburse for the sterilization of an individual, including a tubal ligation, only if all of the following conditions are met:

1. The individual is at least 21 years of age at the time consent is obtained,
2. The individual is not mentally incompetent,
3. The individual is not institutionalized
4. The individual has voluntarily given informed consent as described in Part I of the consent document, "Sterilization Consent Form" DHMH 2989 and
5. At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of premature delivery or emergency abdominal surgery. An individual may consent to be sterilized at the time of a premature delivery or emergency abdominal surgery, if at least 72 hours have passed since he or she gave informed consent for the sterilization. In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery.

A "Sterilization Consent Form" DHMH 2989 must accompany all invoices for sterilization (55250, 55450, 56301 - 56302, 58600 - 58615, 58700). A sterilization/tubal ligation procedure must be billed on a separate HCFA-1500 claim form. If the procedure was performed on the same date of service as another procedure, a modifier is required in Block 24D for the second or subsequent procedure.

The sterilization form consists of four parts:

Part I - Consent to Sterilization - This section must be completed for all sterilizations and must be signed and dated by the individual being sterilized.

Part II - Interpreter's Statement - This section must be completed only when an interpreter is provided to assist the individual to be sterilized to understand the consent statement.

Part III - Statement of Person Obtaining Consent - This section must be completed for all sterilizations and must be signed and dated by the person who counseled the individual to be sterilized.

Part IV - Physician's Statement - This section must be completed for all sterilizations by the physician. One of the final paragraphs, the one which is not used, must be crossed out. This section is worded so that the physician is required to sign this form on or after the date of sterilization. This section may not be signed or dated by the

physician prior to the date of sterilization.

**SUPPLIES, PROVISION OF DIAGNOSTIC/THERAPEUTIC RADIOPHARMACEUTICAL(S)  
AND IMMUNIZATION INJECTIONS**

Physicians must bill their acquisition cost for procedure codes 99070 for supplies and materials, 78990 for the provision of diagnostic radiopharmaceutical(s), 79900 for the provision of therapeutic radiopharmaceutical(s) and for certain immunization injections. The acquisition cost is defined as the purchase price of the supply or pharmaceutical (less any discounts) for the amount administered, including any portion of tax or shipping. The name of the supply or radiopharmaceutical and the amount (or number) given must be clearly indicated in Block 34D of the HCFA-1500. A copy of a current invoice which clearly shows the per unit cost of the supply or pharmaceutical must be attached to the claim form. The calculation used to determine the acquisition cost must also be written on the invoice.

**ANSWERS TO FREQUENTLY ASKED QUESTIONS**

**1. Covered Services:**

- a. Abortions are covered for only five medical reasons
  - 1) Life of the mother,
  - 2) Mother's current or future health,
  - 3) Mother's current or future mental health,
  - 4) Fetus is probably deformed and
  - 5) Mother was a victim of rape or incest.
- b. Acupuncture is not
- c. CAT Scans and MRI's are covered and do not require preauthorization.
- d. Hysterectomies are covered and patient consent is not needed if patient is over age 55 or is already sterile.
- e. Immunizations are covered. The Program reimburses providers for the actual cost of the vaccines except for those covered under the Vaccines For Children program, in which case, the Program reimburses providers for the administration of the vaccines. An office visit associated with giving the vaccine is covered but the administration of the injection is not (except for a VFC injection).
- f. Artificial insemination and in-vitro fertilization are not covered.
- g. Diagnostic and screening mammography are covered services. Use procedure codes 76090 (unilateral) or 76091 (bilateral) when the patient is referred by a physician. Use code 76092 for walk-in screening. No physician referral is required, however, the age of the patient is restricted to over 34.
- h. Pap Smears and PKU for infants are not billable by a physician. The Program does not pay separately for taking a specimen. These procedures are covered under the Medical Laboratories Program.
- i. Routine physical examinations for a job or school are covered



services and the appropriate office visit should be billed.

2. Certain procedures (usually cosmetic surgery) require that a written request be made to the Program for preauthorization.

3. There is no mandate for providers to accept all Medicaid recipients who come to them directly or by referral. There is, however, against discrimination in general (COMAR 10.09.02.03 E).

4. Use the unlisted skin procedure code 17999 for the removal of sutures without anesthesia and attach a copy of the office report to the invoice.

5. Most Medical Assistance forms, including those for abortions, hysterectomies and sterilizations are available through the local Health Departments, except for preauthorization forms.

For Preauthorization forms write

Medical Care Operations Administration  
201 W. Preston Street, Room SS-12  
Baltimore, MD 21201  
(410) 767-5180

## CPT-4 HCPCS AND MAXIMUM REIMBURSEMENTS

PROC *	FEE	AC	PROC *	FEE	AC	PROC *	FEE	AC	PROC *	FEE	AC	PROC *	FEE	AC
00857	287.00	0	11601	35.00	90	12037	78.00	0	15736	232.00	45	15950	165.00	90
00955	272.00	0	11602	47.00	90	12041	24.00	0	15738	232.00	45	15951	186.00	90
01996	14.50	0	11603	74.00	90	12042	35.00	10	15740	277.00	90	15952	255.00	90
10040	9.00	0	11604	101.00	90	12044	47.00	10	15750	232.00	90	15953	301.00	90
10060	15.00	0	11606	125.00	90	12045	59.00	10	15756	892.00	90	15956	384.00	90
10061	50.00	0	11620	42.00	90	12046	83.00	10	15757	892.00	90	15958	416.00	90
10080	10.00	0	11621	62.00	90	12047	101.00	0	15758	892.00	90	15999	B.R.	90
10081	25.00	30	11622	85.00	90	12051	29.00	0	15760	232.00	45	16000	19.00	0
10120	15.00	0	11623	125.00	90	12052	39.00	10	15770	277.00	60	16010	20.00	0
10121	40.00	0	11624	158.00	90	12053	50.00	10	15775	0.00	0	16015	60.00	0
10140	15.00	0	11626	165.00	0	12054	78.00	10	15776	0.00	0	16020	10.00	0
10160	11.00	0	11640	62.00	90	12055	116.00	10	15780 P	277.00	90	16025	14.00	0
10180	32.78	3	11641	85.00	90	12056	137.00	10	15781 P	195.00	90	16030	18.00	0
11000	13.00	0	11642	105.00	90	12057	145.00	0	15782 P	95.00	90	16035	40.00	0
11001	7.00	0	11643	128.00	90	13100	31.00	30	15783	0.00	0	17000	14.00	0
11010	114.00	10	11644	170.00	90	13101	65.00	30	15786 P	13.00	0	17003	6.00	0
11011	136.00	0	11646	300.00	90	13120	43.00	30	15787 P	9.00	0	17004	68.00	10
11012	189.00	0	11719	4.00	0	13121	96.00	30	15788 P	36.00	90	17106	15.00	0
11040	10.00	0	11720	9.00	0	13131	61.00	30	15789 P	36.00	90	17107	25.00	10
11041	50.00	0	11721	16.00	0	13132	140.00	30	15792 P	19.00	90	17108	180.00	0
11042	75.00	0	11730	23.00	0	13150	47.00	30	15793 P	19.00	90	17110	10.00	0
11043	75.00	30	11732	13.00	0	13151	73.00	30	15810 P	140.00	90	17111	15.00	10
11044	125.00	0	11740	18.00	0	13152	175.00	30	15811 P	155.00	90	17250	10.00	0
11055	10.00	0	11750	59.00	30	13160	50.00	10	15819 P	184.00	30	17260	14.00	10
11056	14.00	0	11752	71.00	30	13300	225.00	30	15820 P	277.00	30	17261	14.00	10
11057	17.00	0	11755	59.00	30	14000	92.00	60	15821 P	293.00	30	17262	14.00	10
11100	19.00	7	11760	59.00	30	14001	140.00	60	15822 P	185.00	30	17263	14.00	10
11101	11.00	0	11762	71.00	0	14020	140.00	60	15823 P	205.00	30	17264	14.00	10
11200	12.00	0	11765	59.00	30	14021	218.00	60	15824 P	218.00	30	17266	28.00	10
11201	6.00	0	11770	126.00	30	14040	185.00	60	15825 P	205.00	30	17270	14.00	10
11300	10.00	0	11771	163.00	60	14041	239.00	60	15826 P	185.00	30	17271	14.00	10
11301	6.00	0	11772	168.00	60	14060	239.00	60	15828 P	656.00	45	17272	14.00	10
11302	15.00	0	11900	10.00	0	14061	299.00	60	15829	656.00	30	17273	14.00	10
11303	17.00	0	11901	14.00	0	14300	300.00	0	15831 P	276.00	30	17274	14.00	10
11305	10.00	0	11920	14.00	0	14350	150.00	30	15832 P	163.00	30	17276	28.00	10
11306	16.00	0	11921	30.00	0	15000	29.00	0	15833 P	102.00	30	17280	14.00	10
11307	17.00	0	11922	30.00	0	15001	29.00	90	15834 P	112.00	30	17281	14.00	0
11308	24.00	0	11950	10.00	30	15050	29.00	0	15835 P	112.00	30	17282	14.00	10
11310	10.00	0	11951	14.00	30	15100	116.00	45	15836 P	128.00	30	17283	14.00	10
11311	16.00	0	11952	25.00	30	15101	55.00	45	15837 P	128.00	30	17284	14.00	10
11312	17.00	0	11954	35.00	30	15120	254.00	45	15838 P	112.00	30	17286	28.00	10
11313	24.00	0	11960	219.00	30	15121	122.00	45	15839 P	112.00	30	17304	137.00	30
11400	18.00	15	11970	219.00	30	15200	96.00	45	15840	473.00	100	17305	51.00	30
11401	23.00	15	11971	60.00	0	15201	47.00	0	15841	625.00	30	17306	51.00	30
11402	26.00	15	11975	90.00	0	15220	140.00	45	15842	750.00	30	17307	B.R.	30
11403	30.00	15	11976	90.00	0	15221	67.00	0	15845	577.00	120	17310	35.00	30
11404	35.00	15	11977	90.00	0	15240	188.00	45	15850	0.00	0	17340	9.00	0
11406	60.00	30	12001	11.00	0	15241	92.00	0	15851	28.00	30	17360	8.00	0
11420	31.00	15	12002	24.00	0	15260	232.00	45	15852	30.00	0	17380	0.00	0
11421	31.00	15	12004	31.00	0	15261	114.00	0	15860	12.00	0	17999	B.R.	0
11422	36.00	15	12005	36.00	10	15350	200.00	0	15876	0.00	60	19000	12.00	0
11423	41.00	0	12006	43.00	10	15351	100.00	90	15877	0.00	60	19001	6.00	0
11424	51.00	15	12007	47.00	0	15400	50.00	0	15878	0.00	60	19020	60.00	14
11426	61.00	15	12011	20.00	0	15401	50.00	90	15879	0.00	60	19030	22.00	0
11440	31.00	15	12013	28.00	0	15570	160.00	90	15920	143.00	90	19100	62.00	0
11441	31.00	15	12014	39.00	10	15572	175.00	90	15922	218.00	90	19101	83.00	30
11442	36.00	15	12015	50.00	10	15574	170.00	90	15931	175.00	90	19110	154.00	0
11443	56.00	15	12016	78.00	10	15576	175.00	90	15933	186.00	90	19112	154.00	0
11444	69.00	15	12017	97.00	10	15580	189.00	45	15934	292.00	90	19120	103.00	30
11446	75.00	0	12018	135.00	0	15600	92.00	45	15935	336.00	90	19125	103.00	30
11450	141.00	15	12020	50.00	3	15610	114.00	45	15936	300.00	90	19126	103.00	30
11451	141.00	15	12021	25.00	3	15620	191.00	45	15937	350.00	90	19140	185.00	60
11462	141.00	15	12031	19.00	0	15625	128.00	45	15940	199.00	90	19160	140.00	60
11463	141.00	15	12032	25.00	0	15630	191.00	45	15941	250.00	30	19162	210.00	60
11470	141.00	15	12034	39.00	0	15650	150.00	45	15944	227.00	90	19180	185.00	60
11471	141.00	15	12035	50.00	10	15732	232.00	45	15945	249.00	90	19182	232.00	45
11600	29.00	90	12036	64.00	10	15734	232.00	45	15946	406.00	90	19200	427.00	60

PRDC

19260			180	21125	277.23		105.00		296.00
	503.00								
	550.00			21137			236.00		
19316		20827			527.00			21725	
	530.00	20900				21344			
	343.00		239.00	120	21143				30.00 45
	128.00	20920		216.00		21348		21810	
				110.00				21820	
				196.00		21360	168.00	21920	
	291.00							21925	
								21935	153.00
				21175	715.00				188.00
					375.00				
	100.00		931.00				400.00	22110	125.00
			450.00			21407	230.00		125.00
						21408		22116	125.00
								22210	
						21422			500.00
				21196					500.00
				21198					
20102		21010			327.00			332.00	
20200				21210	196.00			22305	
			157.50		306.00	120	21445		
			316.00	21235	306.00	120		179.00	
					306.00	120	21452		
								257.00	
20251	175.00		316.00	21246		21462	392.00		500.00
20500	175.00	21045				21465		22556	
								22558	
20550			302.00					22590	500.00
		21077			270.00	120		174.00	120
								148.00	500.00
								168.00	
20660					180.00	120	21501		300.00
				21280			143.00		692.00 180
		21086			200.00	120	21550		
				21296					600.00
20670							21557	300.00	692.00
	86.00							140.00	
		21110	188.00	21310					1150.00
				21315				22830	157.00
	116.43			21320					204.00
					105.00	21620	155.00		

	216.00				238.00	120	24600						
					214.00	120	24605			25270			
			392.00				24615						
									248.00			121.00	
										25290			
	151.00		408.00		24180								
												222.00	
									24666				
					437.00								
					24151								
		23490								206.00			
					24155					340.00			
					24160								
23020	260.00		67.00		24200								
23030		23520			24201								
					24220								
23040	141.00		238.00						284.00	25360			
	260.00		263.00									330.00	
	116.00				24310							251.00	
			284.00					25000	113.00				
								25020	146.00			420.00	
												330.00	
23100	195.00							25028		25393			
	116.00				24342								
					24350								
23106		23615	218.00		330.00				49.00			311.00	
		23616	218.00		116.00		25065			25420		356.00	120
					143.00							408.00	120
												294.00	120
												373.00	120
	175.00				350.00		25077						
					350.00	120	25085		191.00			177.00	120
									175.00				
					512.00				175.00				
	211.00	120	23670	284.00	238.00	120	25105					206.00	120
												350.00	120
23170								25111				174.00	
		23800											
			710.00		480.00	120	25116		218.00				
									155.00				
		23920						25119					
					238.00	120	25120		175.00	120			
					105.00		25125			25505			
					116.00				244.00	120			
			151.00						168.00				
									168.00			332.00	
			128.00		121.00				182.00				
								25150		25535			
												188.00	120
								25210	168.00	25565			
					24565				238.00			238.00	
			128.00										
	515.00		238.00						149.00				
			330.00										
	284.00									25611		177.00	120
			222.00										
	143.00		248.00		117.00				131.00				
	427.00		188.00					25263					

	PROC		PROC					
25630		110.00		121.00				
	26236	110.00		180.00			515.00	120
		177.00	26541			177.00	120	27165
		284.00	26542			100.00	120	27170
				121.00				569.00
	196.00							27176
	149.00		26548					552.00
			26550					120
		188.00		1215.00				27179
	202.00	294.00						
	116.00	251.00			26992			480.00
				195.00				
	286.00	251.00	26560	1227.00				27193
		278.00			27003			
	266.00				27005			146.00
				187.67				
				177.00				
25900			26567	175.00	27030			327.00
	175.00	26412						
			26585			350.00		
	335.00			100.00				
		149.00		100.00				
		177.00	26593					
		238.00		100.00				
	213.00			100.00		143.00		222.00
								480.00
	213.00	128.00	26605					180
25999								497.00
								180
	116.00				27066	175.00		402.00
								515.00
			26650			211.00	120	
	103.00				27071	218.00	120	
26035			120 26670	45		437.00	120	27252
		149.00	120 26675					356.00
								180
		131.00	120 26685		27078			515.00
				175.00	27079			180
		131.00						
26070	131.00					131.00		
		131.00						27265
26080					27090	330.00		
					27091			
26110	103.00	26489			27093			270.00
		266.00			27098	206.00	120	27286
	160.00	300.00			27100			
26121				146.00				
26123		368.00				480.00	120	27299
	150.00		120 26755		27111			
						569.00	120	27303
						480.00	120	27305
		177.00			27125	402.00	120	27306
						923.00	180	27307
62.00		177.00				989.00	180	27310
								206.00
						900.00	180	27320
						900.00	180	27323
						284.00	120	27324
						480.00	120	27327
	134.00	110.00				515.00	120	27328
177.00					27151	561.00	120	27329
	26535			222.00		632.00	120	195.00

PROC \* FEE

			260.00	120	27635	238.00	120	27816					
27332			400.00	120	27637	309.00	120	27818					
						309.00	120	27822	<b>309.00</b>	<b>120</b>	<b>28114</b>		
	330.00					284.00	120	27823	356.00	120	28116		
						218.00						116.00	
						<b>437.00</b>	<b>120</b>	<b>27825</b>	113.00		28119	151.00	
			169.00						356.00			132.00	
27355						259.00	120	27829	196.00			132.00	
	316.00					278.00	120				28130		
27357			188.00		27654	330.00	120						
27358		27506				143.00			188.00	120	28150		
						149.00	120					122.00	
	437.00	120	27508			188.00	120		59.00				
27370									284.00				
		27510	188.00	120	27665	188.00	120	27848			28173		
						143.00		27860					
	326.00								408.00	120	28190		
	284.00								245.00	120	28192		
		27516			27681				259.00	120	28193		
27390	131.00	27517							284.00	120	28200	97.00	
									<b>201.00</b>	<b>120</b>	<b>28202</b>	121.00	120
	218.00	27520	105.00	120	27687	105.00	120				28208		
						119.00	120				28210		
	188.00		105.00					27886	251.00	120	28210	116.00	120
			116.00						259.00	120	28220	131.00	120
									259.00	120	28222	110.00	120
	<b>408.00</b>	<b>120</b>	<b>27536</b>			238.00	120					131.00	120
27400													
	373.00					330.00	120	27894					
	<b>330.00</b>	<b>120</b>	<b>27550</b>		27702	384.00	120	27899					
						592.00	120						
	426.00	120	27556			592.00	120	28002			28238	194.00	120
			27557									116.00	
			444.00			149.00					28260	188.00	
						408.00	180	28010				213.00	
	356.00	27562											
	356.00		284.00						218.00			284.00	
	444.00		480.00								28272		
27429			309.00		27724						28280		
						418.00							
27437	330.00							28043					
						238.00	120	28045					
						143.00	120	28046	160.00		28289		
						294.00	120	28050			28290		
	523.00	120	27599			426.00	120	28052				194.00	
						515.00	120						
								28060	146.00			216.00	
			149.00		27750	126.00	120	28062					
					27752	143.00	120				28297		
	<b>670.00</b>	<b>120</b>	<b>27604</b>			284.00	120	28072					
			17.00			400.00	120	28080					
	444.00	120	27606						149.00		28300	222.00	
									116.00				
	<b>284.00</b>	<b>120</b>	<b>27610</b>										
	330.00		27612		27766	213.00	120	28092					
											28306		
	622.00	180	27614									213.00	
			195.00			188.00	120	28103				164.00	120
						58.00			125.00			150.00	120
								28106	146.00	120			
					27792	188.00	120	28107	121.00	120	28312	145.00	120
	373.00	120	27625			102.00	120	28108	110.00			213.00	
	480.00	120	27626			113.00	120	28110				142.00	120
	259.00	120	27630			259.00						194.00	120

	194.00	120	28899					31365	
	213.00			29838	168.00		500.00		
						30520	500.00	31368	851.00 180
							500.00		674.00 180
	88.00			29845			254.00		552.00 180
			59.00		168.00		480.00	365	
	125.00	120	29044						816.00 180
28415	238.00	120	29046						480.00 180
		120	29055		224.00		201.00		373.00 180
28435		120	29058	29855	224.00	30630		31502	
			29065	29856	224.00				
		120	29085		265.00		24.00		
			29125	29862	291.00	30905			156.00 180
	194.00	120	29126	29863					
		120	29131				47.00		
			29200		224.00				
	143.00	120	29220		224.00				
			29240						
			29260						
28510			29325					31531	161.00
				29883	245.00				156.00
				29885	245.00		150.00		186.00
						31080		31560	356.00
				29888		31081	302.00	31570	146.00
							389.00 180		176.00
					255.00				
					142.00	31087			131.00
28600					168.00	31200	603.00 180		180.00 180
							151.00		
							305.00		900.00
				29909					500.00
	143.00			30000	31.00		674.00 180	31585	
					33.00			31586	
				30100			120.00	31587	350.00
28645					96.00				
								31595	
							245.00	31599	
							220.00	31600	
						31255			
	356.00	180	29750						218.00
	259.00	180	29804	30150					172.50
		120	29820	30200			300.00		
	194.00	120	29821				325.00		
						31292	350.00		45
							350.00		
28800	238.00	120	29825	30300			300.00		113.00
						31294			113.00
					143.00	31300			
28825					444.00 180				

						PROC		
	113.00				105.00	33503		1137.00
31640		32500	444.00	33222			33779	
	150.00	32501				888.00		
	113.00					33510		1066.00
			848.00	33235		1137.00		
31700	104.00		444.00		200.00	33513		
				33238	200.00		33803	534.00
					200.00	33517		
31717	20.00					1250.00	120	
					150.00			
		110.00						534.00
31730		88.00		33244				656.00
						2098.00	120	717.00
						1038.00	120	
			100.00			1250.00	120	33852
					315.00	1462.00	120	33853
31775	100.00		110.00	33253	398.00			500.00
							33861	717.00
						1066.00		
					437.00			
	569.00		622.00		437.00			888.00
	150.00							
		32665		33322				800.00
		32800		33330	622.00			850.00
	105.00		125.00		710.00	33619	750.00	
32005					888.00			
							1050.00	
	191.00				888.00	33660		
		32854					888.00	
		32900					1066.00	700.00
	252.00				938.00		710.00	700.00
			600.00			33684		
32120								
32124				33415				251.00
	327.00				710.00	33692		
32150	306.00					33694		
				33422	717.00	33697	995.00	
			437.00		875.00		995.00	
							1102.00	33978
			622.00					
		33031			875.00		888.00	238.00
			356.00					
			875.00				656.00	238.00
		33130				33736		
			284.00		888.00		656.00	34151
					960.00			
	238.00				656.00	33762		278.00
								174.00
					656.00			
						33767	656.00	
		33212					995.00	34490
	500.00							
			105.00	33502				



PROC *	FEE	AC	PROC *	FEE	AC	PROC *	FEE			
35001	569.00	90	35454	275.00	7	35646	587.00			37607
35002	569.00	90	35456	275.00	7	35650	480.00	36450		
35005	569.00	90	35458	275.00	7	35651	699.00	36455		
35011	356.00	90	35459	275.00	7	35654	480.00			175.00
35013	356.00	90	35460	275.00	7	35656	408.00			
35021	713.00	90	35470	275.00	7	35661	408.00			107.00
35022	713.00	90	35471	275.00	7	35663	408.00	36470		
35045	356.00	90	35472	275.00	7	35665	408.00			
35081	713.00	90	35473	275.00	7	35666	408.00		169.00	240.00
35082	713.00	90	35474	275.00	7	35671	376.00	36488	36.00	
35091	713.00	90	35475	275.00	7	35681	408.00		36.00	37720
35092	713.00	90	35476	275.00	7	35682	166.00		59.00	37730
35102	713.00	90	35480	275.00	0	35683	189.00			
35103	713.00	90	35481	275.00	0	35691	408.00	36493		
35111	356.00	90	35482	275.00	0	35693	600.00	36500		37780
35112	713.00	90	35483	275.00	0	35694	600.00			37785
35121	713.00	90	35484	275.00	0	35695	587.00			55.00
35122	713.00	90	35485	275.00	0	35700	350.00	36522		145.00
35131	587.00	90	35490	275.00	0	35701	177.00	36530		
35132	587.00	90	35491	275.00	0	35721	149.00			
35141	444.00	90	35492	275.00	0	35741	149.00			45
35142	587.00	90	35493	275.00	0	35761	150.00			
35151	480.00	90	35494	275.00	0	35800	250.00	36533	120.00	90
35152	587.00	90	35495	275.00	0	35820	250.00			378.00
35161	587.00	30	35500	B.R.	90	35840	250.00			125.00
35162	587.00	90	35501	569.00	90	35860	250.00			
35180	180.00	90	35506	569.00	90	35870	250.00			
35182	180.00	90	35507	569.00	90	35875	250.00			38241
35184	180.00	90	35508	569.00	96	35876	275.00			
35188	180.00	90	35509	569.00	90	35901	350.00			100.00
35189	B.R.	90	35511	480.00	90	35903	350.00			100.00
35190	180.00	30	35515	480.00	90	35905	350.00			30
35201	255.00	90	35516	480.00	90	35907	350.00			
35206	255.00	90	35518	480.00	90	36000	8.00		219.00	38381
35207	230.00	90	35521	480.00	90	36005	10.00			90
35211	765.00	90	35526	587.00	90	36010	42.00			
35216	765.00	90	35531	710.00	90	36011	42.00			
35221	306.00	90	35533	640.00	90	36012	78.00			
35226	255.00	90	35536	587.00	90	36013	42.00			38525
35231	459.00	90	35541	587.00	90	36014	42.00	36832		110.00
35236	459.00	90	35546	587.00	90	36015	78.00	36833		160.00
35241	1071.00	90	35548	587.00	90	36100	78.00			148.00
35246	969.00	90	35549	710.00	90	36120	78.00	36835	356.00	
35251	561.00	90	35551	711.00	90	36140	42.00			
35256	459.00	90	35556	569.00	90	36145	21.00			100.00
35261	459.00	90	35558	480.00	90	36160	59.00			38700
35266	459.00	90	35560	587.00	90	36200	67.00			231.00
35271	969.00	90	35563	587.00	90	36215	40.00			
35276	867.00	90	35565	587.00	90	36216	78.00			231.00
35281	510.00	90	35566	569.00	90	36217	90.00		765.00	
35286	357.00	90	35571	516.00	90	36218	20.00	37195	104.00	
35301	713.00	90	35582	408.00	90	36245	40.00			
35311	714.00	90	35583	408.00	90	36246	78.00		148.50	
35321	714.00	90	35585	408.00	90	36247	90.00	37202		
35331	587.00	90	35587	408.00	90	36248	20.00			38770
35341	713.00	90	35601	497.00	90	36260	244.00	37204		657.00
35351	569.00	90	35606	497.00	90	36261	136.00			
35355	569.00	90	35612	408.00	90	36262	136.00			38792
35361	717.00	90	35616	408.00	90	36299	B.R.			38794
35363	717.00	90	35621	480.00	90	36400	15.00			
35371	408.00	90	35623	717.00	90	36405	14.00	37209		175.00
35372	450.00	90	35626	587.00	90	36406	14.00			
35381	534.00	90	35631	657.00	90	36410	14.00			
35390	275.00	90	35636	587.00	90	36415	1.50	37565		
35400	72.00	45	35641	587.00	90	36420	21.00		175.00	
35450	275.00	7	35642	587.00	90	36425	14.00		175.00	
35452	275.00	7	35645	587.00	90	36430	15.00		175.00	

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	408.00							
	497.00		497.00		134.00	43117	810.00	
	444.00	41145			323.00			352.00
		41150			392.00			
			677.00	42426		43124	750.00	43453
					121.00		500.00	43458
40490		41251		42500			444.00	
40500							141.00	
	140.00	120	41520					
	411.00	120	41599					
40527	454.00	120	41800	42550				
				42600				
40650				42660			103.00	
40654	143.00				204.00		133.00	333.00
40700	348.00						151.00	
40702								587.00
	348.00							587.00
	400.00			42800			234.00	
40800								426.00
40801				42808			267.00	426.00
		41872					219.00	462.00
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							219.00	
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							239.00	
							239.00	43800
40820						43260	239.00	43810
							239.00	
							250.00	
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		42182						45
			356.00				282.00	43840
			444.00	42870			270.00	294.00
								272.00
			356.00					
					427.00		282.00	43847
			373.00				408.00	
					150.00	43305		
			356.00					
			162.00				392.00	
		42299				43325		
						43326		333.00
		42320			302.00	43340		
						43341	525.00	326.00
							340.00	345.00
		42330			356.00			
41113			131.00			43360	350.00	
					680.00			53.00
					710.00			

			PROC			PROC *	
			45805			47765	
		231.00	45820	462.00			515.00
	345.00			515.00		47785	
		162.00					
44141			45910		31.00		
		206.00					
	534.00		46030			48000	294.00
			46040				145.00
			46045			48005	
	587.00	110.00	46050		46999		352.00
	895.00						
	960.00	45108	46070				
	1060.00	141.00	46080		47010		
			46083				
	910.00			110.00			
			46210	32.00	47100	48146	
			46211	131.00			
44310	333.00	444.00				444.00	
						444.00	
			46221				750.00
	306.00	45120	46230	26.00		624.00	
			46250				
		45123					
	322.00	45126		160.00		48155	
44340						2500.00	
		587.00			47136		48400
	210.00					326.00	
	100.00			272.00	47360		
		201.00					110.00
44363	145.00	153.00		200.00		48520	
				222.00		48540	
	150.00	45300		125.00			
44366	155.00	45303			462.00		
		45307				48550	
	155.00	45308	46500				
	155.00						
	91.00	33.00			263.00		
						49000	
44382	121.00	45330					
		128.00					240.00
44388	121.00						110.00
	158.00		46700				277.00
	170.00		46705				100.00
		194.00					279.00
		244.00					
	282.00		46730	251.00			
		209.00	46735	402.00			
		246.00					201.00
							62.00
	323.00	45379					326.00
		275.00					350.00
	373.00	246.00					
				231.00	47700		164.00
44625	222.00		46751				
	392.00		46753	125.00		333.00	
			46754				
		408.00	46760		47712	373.00	49400
			46761				
				231.00			
				231.00			
		175.00					
		45562					
		150.00					
			46917				
						462.00	

			PROC			PROC		PROC	
	100.00	50370		50930	497.00		408.00		294.00
			622.00	50953				53215	
			50.00				408.00		
		45		50970				53235	
	175.00					52204			
		50405				52224			
	195.00	45	408.00			52235	116.00		
49555	231.00		497.00	51000		52240	263.00		284.00
	231.00	45	587.00						
	246.00					52265	65.00		408.00
49566	268.00								
	147.00	50559							408.00
					373.00		123.00		153.00
		45		51065	252.00	52281	62.00		160.00
				51500		52282	148.00		
49590		45		51520	326.00				
				51535		52290			
	150.00					52305		53510	284.00
	251.00				408.00	52310			
	238.00								
50010	356.00	50650		51590					
	408.00					52332	105.00		
							151.00		
50065	497.00	50700	408.00				180.00	53675	220.00
	497.00					52338			
50080	163.00		534.00						
		50728	373.00	51710					
			497.00						
			471.00	51725			408.00		
						52606			
		50783					255.00		
							123.00		
50225	497.00	50810	462.00				408.00		
	497.00			51800			206.00		
							408.00		168.00
		50830	622.00			53000		54112	103.00
							123.00		
	219.00					53020		54130	408.00
50320					383.00				587.00
50340	408.00				284.00				
			408.00		408.00				

		PROC							
			123.00		250.00		131.00	58323	
							227.00		
							287.00		
					215.00			58350	
				56345	400.00	57270			259.00 45
				56346		57280			323.00
54235			160.00						230.00 45
		55200			398.00				
							252.00		396.00 45
				56351			326.00		58.00 45
	284.00				175.00		450.00		211.00
54312			131.00				302.00		
									252.00
			168.00				357.00		
			195.00						234.00
	306.00		195.00		215.00	57310			
	357.00		284.00	56399				58805	
	383.00		408.00						
54336									100.00
		55705							
			284.00						
					23.00			58925	266.00
									266.00
						57500			
54390			710.00	56625					
					392.00				
			408.00		326.00				
		55842	556.00		392.00				
							110.00	58970	
							110.00		
			153.00	56640	639.00	120	57531		
	248.00	55862		56700					
	248.00								
								59015	
					200.00			59025	
54505			180	56810					
	123.00								
							14.00		
								59100	
			175.00						
	168.00				125.00				265.00
								59135	356.00
54620				57107	423.00	58152	356.00		
								59140	
								59150	
							373.00	120	59151
			252.00				710.00	120	59160
				57120	546.00				59200
					246.00				
54800			219.00		281.00	58262	373.00		123.00
			225.00			58263			
				57130					
54840	123.00			57170			373.00		45
	168.00	56318						59409	
						58280	439.00		
					100.00	58285			
	284.00		255.00		179.00		18.00		
	168.00			57230					
			250.00						

		61154				62100		63030	
		61156	515.00					63035	728.00
			153.00						
	895.00		263.00	61583	123	62120	569.00	63046	
			692.00						
	916.00			61586		62141	480.00	63055	
			569.00				216.00		622.00
59820			569.00				216.00		
			569.00				650.00		692.00
		61315				62146			
	118.00		603.00						
		61321	603.00				587.00		121.00
	131.00			61598					497.00
		45				62192	437.00		
	206.00	61333				62194	121.00		497.00
	294.00								
59855			323.00						
		61345					480.00		
						62225		63088	248.00
59870	131.00	45						63090	497.00
50000		61470			383.00	123	62268		583.00
	89.00								
60100	29.00							63173	
		61500	636.00	61618					
					700.00		62273	39.00	
	240.00						62274		800.00
			710.00				62276		639.00
		45							
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	348.00	61520	923.00		960.00		62280		817.00
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					960.00				
		61526	710.00					125.00	63251
60502									
	462.00						62290		63266
					817.00			63267	692.00
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	444.00		782.00						
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								254.00	692.00
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			603.00	61791					692.00
			816.00			62362	173.00		
				61850					63280
			426.00						
							63001		
									692.00
		61558	480.00					515.00	692.00
61107							63011	566.00	
							63012	250.00	
				61885				800.00	
	170.00	61564					63016		
	408.00				408.00				
	480.00		692.00			63020	515.00	63303	



				PROC					PROC		
63305		54620		64866	515.00			639.00	120	67025	238.00
63306		64622		64868	515.00				120	67027	
	597.00	64630		64870	515.00			100.00			238.00
		64640		64872						67030	587.00
				64874	281.00					67036	
63610				64876							587.00
				64885		65810		160.00			
				64886				98.00			
63655			306.00	64890	194.00	180	65820	238.00			
		64713		64891	225.00			306.00			
63685			357.00	64892	255.00	180	65855	270.00			
		64716	327.00	64893							
		64718		64895	224.00	180	65865				622.00 120
63702	408.00	64719		64896						67110	622.00 120
63704				64897	306.00						587.00
				64898							
		64722		64901	153.00	180	65900	204.00			201.00
				64902	153.00	180	65920				224.00
				64905	153.00						206.00
63710	485.00			64907			66020	65.00			206.00
		64734	143.00	64999			66030	20.00		67208	248.00
	400.00			65091	200.00						
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53746		64740		65101					45		
				65103							
64402			160.00								
64405			105.00	65110	392.00		66170				
64408				65112	400.00		66172				480.00
				65114			66180				
		64760	281.00	65125							281.00
64413				65130		30					281.00
64415			175.00	65135	251.00		66225			67314	30
		64766	202.00	65140						67316	
64418				65150							
				65155			66505				
				65175	179.00						
				65205			66605				
				65210				200.00			
		64782	142.00	65220			66630				
		64783	60.00	65222			66635				
			202.00	65235							30
				65260	238.00						
		64787		65265				60.00			
				65270							
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				65280	244.00						
		64804		65285			66770	160.00		67414	
			408.00	65286							
				65290					45	67420	
				65400						67430	
				65410			66830				
				65420	121.00			392.00			302.00
64565				65426			66850				
			191.00	65430							
				65435							
				65436	61.00			444.00			
64580				65450			66940	392.00			
				65600				728.00		67560	125.00
				65710						67570	
64595			255.00	65730							
			101.50	65730				499.00		67700	12.00
			485.00	65733	603.00	120	66999				
64610	67.00	64861		65760	603.00	120	67005	419.00			
	50.00	64862		65765	603.00	120	67010	503.00	120	67800	
				65767			67015			67801	

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			325.00				70332		
			299.00	69655	497.00	180		72128	
		58745	306.00		569.00			15.50	
67835			299.00		552.00	180	70360		
			299.00		<b>622.00</b>	<b>180</b>	<b>70371</b>	72131	146.00
		68761			657.00	180	70373		
67875				69646	522.00	180		72142	
	300.00				306.00				
67900	150.00	68811					70460	201.50	
		68840			467.00			146.00	295.00
	320.00	68899			462.00	180		175.00	395.00
	320.00				402.00	180		175.00	395.00
								175.00	365.00
67911	238.00							146.00	
								175.00	
		69105			552.00	180			
					503.00	180		200.00	
		69140	100.00						
			150.00				70552		
67924				69801					
		69200			503.00	180			
					600.00	180			
				69820					
				69840					
					643.00	180	71023		
					650.00	180	71030		
67974			503.00						
					615.00	180		73020	
					695.00				
58100									
		69433							
			33.00				71130		
68320	238.00								
				70120					
	350.00		356.00	70130				73120	
68328			462.00					295.00	123
68330	175.00	69511						73130	
			404.00	70150					
	175.00			70160					
			400.00					73202	
								73220	200.00
				70220				73225	
			480.00						
68500									
	238.00		550.00				72100		
68525			311.00						
			462.00	180	70328				



PROC

77328



75900 100.00

75960

200.00  
200.00  
200.00

76770

152.00

107.50  
65.50

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208.50

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200.00

75676

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75724

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100.00

61.00

145.00  
161.00

50.50

76090

70.50

107.50

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76120

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116.00  
116.00  
164.00  
201.00  
175.00  
200.00

77315

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PROC

PROC

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78220

90804

90477

91055

90585

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91105

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90812

92002 21.00

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92018

92019

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90845

90853

90857

78810

40.00

10.00

78461

100.00

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PROC

	100.00		93232		93623		94350	
	144.00							
			93236				94375	
			93237					
		92575			93641	175.00		
92317					93642			
					93652			
92330		92583					94650	25.00
		92585						
92341								
						120.00		
			93316					
		92593						
92370		35.00						
		11.00						
		12.00	93325		93737			
					93738			
				144.00				
			93503					
92395					93762			
					93770			
		92953			93784			
		92970			93788			
					93790			
92506					93797			171.00
					93798			
		92979						
		297.00	93529	196.00				
					93882			
		92981						
					93888			
		92986						
		500.00						
			93539					
		92992						
		92993						
		92995						
		343.00	93543					
		93000	93555				95115	
92546								
			93600				95130	
		93017			93980			
92555								
		93024			94010			
					94014			
							95145	
					94016			
92560								
			93615					
		93226			94200			
					94240			
			93620	320.00				30.17
				100.00				

PROC #						PROC
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						99382
				98942		
				99000	99255	37.00
	96440					99387
	96445					
	96520				99272	
95852	96530				99273	
	96542					
						99402
					99283	
95863						
	23.00					
				99082		99429
						99431
					99296	
95872	97003					
	13.00					
		10.00		99140		
				99142	99302	
						10.50
						99499
					99316	
95927		10.00		99192		
					99331	
					99332	
95951	97039				99342	
	10.00					
95970					99356	
	97535					
					99359	
95975					99360	
	20.00			99232		
					99371	

## NATIONAL ALPHA-NUMERIC HCPCS

PROC CODE	DESCRIPTION
A4260	Levonorgestrel (contraceptive) Implants System
J0120	Tetracycline, up to 250 mg
J0150	Adenosine, 6 mg
J0151	Adenosine, 90 mg
J0170	Adrenalin, Epinephrine, up to 1 ml amp
J0190	Biperiden Lactate, per 5 mg
J0205	Alglucerase, per 10 units
J0207	Amifostine, 500 mg
J0210	Methyl dopate HCL, up to 250 mg
J0256	Alpha 1 - Proteinase Inhibitor - human, 10 mg
J0270	Alprostadil, 1.25 mcg
J0280	Aminophyllin, up to 250 mg
J0290	Ampicillin Sodium, up to 500 mg
J0295	Ampicillin Sodium/Sulbactam Sodium, per 1.5 gm
J0300	Amobarbital, up to 125 mg
J0330	Succinylcholine Chloride, up to 20 mg
J0340	Nandrolone Phenpropionate, up to 50 mg
J0360	Hydralazine HCL, up to 20 mg
J0380	Metaraminol Bitartrate, per 10 mg
J0390	Chloroquine Hydrochloride, up to 250 mg
J0400	Trimethaphan Camsylate, up to 500 mg
J0460	Atropine Sulfate, up to 0.3 mg
J0470	Dimercaprol, per 100 mg
J0475	Baclofen, 10 mg
J0500	Dicyclomine HCL, up to 20 mg
J0510	Benzquinamide HCL, up to 50 mg
J0515	Benztropine Mesylate, per 1 mg
J0520	Bethanechol Chloride, Myotonachol or Urecholine, up to 5 mg
J0530	Penicillin G Benzathine & Penicillin G Procaine, up to 600,000 units
J0540	Penicillin G Benzathine & Penicillin G Procaine, up to 1,200,000 units
J0550	Penicillin G Benzathine & Penicillin G Procaine, up to 2,400,000 units
J0560	Penicillin G Benzathine, up to 600,000 units
J0570	Penicillin G Benzathine, up to 1,200,000 units
J0580	Penicillin G Benzathine, up to 2,400,000 units
J0585	Botulinum Toxin Type A, per unit
J0590	Ethylnorepinephrine HCL, 1 ml
J0600	Edetate Calcium Disodium, up to 1,000 mg
J0610	Calcium Gluconate, per 10 ml
J0620	Calcium Glycerophosphate & Calcium Lactate, per 10 ml
J0630	Calcitonin Salmon, up to 400 units
J0635	Calcitrol, 1 mcg ampule
J0640	Leucovorin Calcium, per 50 mg
J0670	Mepivacaine Hydrochloride, per 10 ml
J0690	Cefazolin Sodium, up to 500 mg
J0694	Cefoxitin Sodium, 1 gm
J0695	Cefonicid Sodium, 1 gm
J0696	Ceftriaxone Sodium, per 250 mg
J0697	Sterile Cefuroxime Sodium, per 750 mg
J0698	Cefotaxime Sodium, per gm
J0702	Betamethasone Acetate & Betamethasone Sodium Phosphate, per 3 mg
J0704	Betamethasone Sodium Phosphate, per 4 mg
J0710	Cephapirin Sodium, up to 1 gm
J0713	Ceftazidime, per 500 mg

J0715 Ceftizoxime Sodium, per 500 mg  
 J0720 Chloramphenicol Sodium Succinate, up to 1 gm  
 J0725 Chorionic Gonadotropin, per 1,000 USP units  
 J0730 Chlorpheniramine Maleate, per 10 mg  
 J0735 Clonidine Hydrochloride, 1 mg  
 J0743 Cilastatin Sodium; Imipenem, per 250 mg  
 J0745 Codeine Phosphate, per 30 mg  
 J0760 Colchicine, per 1 mg  
 J0770 Colistimethate Sodium, up to 150 mg  
 J0780 Prochlorperazine, up to 10 mg  
 J0800 Corticotropin, up to 40 units  
 J0810 Cortisone, up to 50 mg  
 J0835 Cosyntropin, per 0.25 mg  
 J0850 Cytomegalovirus Immune Globulin intravenous (human), per vial  
 J0895 Deferoxamine Mesylate, 500 mg per 5 cc  
 J0900 Testosterone Enanthate & Estradiol Valerate, up to 1 cc  
 J0945 Brompheniramine Maleate, per 10 mg  
 J0970 Estradiol Valerate, up to 40 mg  
 J1000 Depo-Estradiol Cypionate, up to 5 mg  
 J1020 Methylprednisolone Acetate, 20 mg  
 J1030 Methylprednisolone Acetate, 40 mg  
 J1040 Methylprednisolone Acetate, 80 mg  
 J1050 Medroxyprogesterone Acetate, 100 mg  
 J1055 Medroxyprogesterone Acetate, contraceptive, 150 mg  
 J1060 Testosterone Cypionate & Estradiol Cypionate, up to 1 ml  
 J1070 Testosterone Cypionate, up to 100 mg  
 J1080 Testosterone Cypionate, 1 cc, 200 mg  
 J1090 Testosterone Cypionate, 1 cc, 50 mg  
 J1095 Dexamethasone Acetate, per 8 mg  
 J1100 Dexamethasone Sodium Phosphate, up to 4 mg/ml  
 J1110 Dihydroergotamine Mesylate, per 1 mg  
 J1120 Acetazolamide Sodium, up to 500 mg  
 J1160 Digoxin, up to 0.5 mg  
 J1165 Phenytoin Sodium, per 50 mg  
 J1170 Hydromorphone, up to 4 mg  
 J1180 Dyphylline, up to 500 mg  
 J1190 Dexrazoxane Hydrochloride, per 250 mg  
 J1200 Diphenhydramine HCL, up to 50 mg  
 J1205 Chlorodiazide Sodium, per 500 mg  
 J1212 DMSO, Dimethyl Sulfoxide, 50%, 50 ml  
 J1230 Methadone HCL, up to 10 mg  
 J1240 Dimenhydrinate, up to 50 mg  
 J1245 Dipyridamole, per 10 mg  
 J1250 Dobutamine Hydrochloride, per 250 mg  
 J1320 Amitriptyline HCL, up to 20 mg  
 J1325 Epoprostenol, 0.5 mg  
 J1330 Ergonovine Maleate, up to 0.2 mg  
 J1362 Erythromycin Gluceptate, per 250 mg  
 J1364 Erythromycin Lactobionate, per 500 mg  
 J1380 Estradiol Valerate, up to 10 mg  
 J1390 Estradiol Valerate, up to 20 mg  
 J1410 Estrogen Conjugated, per 25 mg  
 J1435 Estrone, per 1 mg  
 J1436 Etidronate Disodium, per 300 mg  
 J1440 Filgrastim (G-CSF), 300 mcg  
 J1441 Filgrastim (G-CSF), 480 mcg  
 J1455 Foscarnet Sodium, per 1,000 mg  
 J1460 Gamma Globulin, intramuscular, 1 cc  
 J1470 Gamma Globulin, intramuscular, 2 cc  
 J1480 Gamma Globulin, intramuscular, 3 cc  
 J1490 Gamma Globulin, intramuscular, 4 cc

J1500 Gamma Globulin, intramuscular, 5 cc  
 J1510 Gamma Globulin, intramuscular, 6 cc  
 J1520 Gamma Globulin, intramuscular, 7 cc  
 J1530 Gamma Globulin, intramuscular, 8 cc  
 J1540 Gamma Globulin, intramuscular, 9 cc  
 J1550 Gamma Globulin, intramuscular, 10 cc  
 J1561 Immune Globulin, intravenous, 500 mg  
 J1562 Immune Globulin, intravenous, 5 gms  
 J1565 Respiratory Syncytial Virus Immune Globulin, 50 mg  
 J1570 Ganciclovir Sodium, 500 mg  
 J1580 Garamycin, Gentamicin, up to 80 mg  
 J1600 Gold Sodium Thiomalate, up to 50 mg  
 J1610 Glucagon Hydrochloride, per 1 mg  
 J1620 Gonadorelin Hydrochloride, per 100 mcg  
 J1626 Granisetron Hydrochloride, 100 mcg  
 J1630 Haloperidol, up to 5 mg  
 J1631 Haloperidol Decanate, per 50 mg  
 J1642 Heparin Sodium, (Heparin Lock Flush, per 10 units  
 J1644 Heparin Sodium, per 1,000 units  
 J1645 Dalteparin Sodium, per 2,500 IU  
 J1650 Enoxaparin Sodium, 10 mg  
 J1670 Tetanus Immune Globulin, Human, up to 250 units  
 J1690 Prednisolone Tebutate, up to 20 mg  
 J1700 Hydrocortisone Acetate, up to 25 mg  
 J1710 Hydrocortisone Sodium Phosphate, up to 50 mg  
 J1720 Hydrocortisone Sodium Succinate, up to 100 mg  
 J1730 Diazoxide, up to 300 mg  
 J1739 Hydroxyprogesterone Caproate, 125 mg/ml  
 J1741 Hydroxyprogesterone Caproate, 250 mg/ml  
 J1742 Ibutilide Fumarate, 1 mg  
 J1760 Iron Dextran, 2 cc  
 J1770 Iron Dextran, 5 cc  
 J1780 Iron Dextran, 10 cc  
 J1785 Imiglucerase, per unit  
 J1790 Droperidol, up to 5 mg  
 J1800 Propranolol HCL, up to 1 mg  
 J1810 Droperidol & Fentanyl Citrate, up to 2 ml amp  
 J1820 Insulin, up to 100 units  
 J1825 Interferon Beta-1A, 33 mcg  
 J1840 Kanamycin Sulfate, up to 500 mg  
 J1850 Kanamycin Sulfate, up to 75 mg  
 J1885 Ketorolac Tromethamine, per 15 mg  
 J1890 Cephalothin Sodium, up to 1 gm  
 J1910 Kutapressin, up to 2 ml  
 J1930 Propriomazine HCL, up to 20 mg  
 J1940 Furosemide, up to 20 mg  
 J1950 Leuprolide Acetate (depot suspension), per 3.75 mg  
 J1955 Levocarnitine, per 1 gm  
 J1960 Levorphanol Tartrate, up to 2 mg  
 J1970 Methotrimeprazine, up to 20 mg  
 J1980 Hyoscyamine Sulfate, up to 0.25 mg  
 J1990 Chlordiazepoxide HCL, up to 100 mg  
 J2000 Lidocaine HCL, 50 cc  
 J2010 Lincomycin HCL, up to 300 mg  
 J2060 Lorazepam, 2 mg  
 J2150 Mannitol, 25% in 50 ml  
 J2175 Meperidine Hydrochloride, per 100 mg  
 J2180 Meperidine & Promethazine HCL, up to 50 mg  
 J2210 Methylergonovine Maleate, up to 0.2 mg  
 J2240 Metocurine Iodine, up to 2 mg  
 J2260 Milrinone Lactate, per 5 ml

J2270 Morphine Sulfate, up to 10 mg  
J2275 Morphine Sulfate (preservative-free sterile solution), per 10 mg  
J2300 Nalbuphine Hydrochloride, per 10 mg  
J2310 Naloxone Hydrochloride, per 1 mg  
J2320 Nandrolone Decanoate, up to 50 mg  
J2321 Nandrolone Decanoate, up to 100 mg  
J2322 Nandrolone Decanoate, up to 200 mg  
J2330 Thiothixene, up to 4 mg  
J2350 Niacinamide, Niacin, up to 100 mg  
J2360 Orphenadrine Citrate, up to 60 mg  
J2370 Phenylephrine HCL, up to 1 ml  
J2400 Chlorprocaine Hydrochloride, per 30 ml  
J2405 Ondansetron Hydrochloride, per 1 mg  
J2410 Oxymorphone HCL, up to 1 mg  
J2430 Pamidronate Disodium, per 30 mg  
J2440 Papaverine HCL, up to 60 mg  
J2460 Oxytetracycline HCL, up to 50 mg  
J2480 Hydrochlorides of Opium Alkaloids, up to 20 mg  
J2510 Penicillin G Procaine, aqueous, up to 600,000 units  
J2512 Pentagastrin, per 2ml  
J2515 Pentobarbital Sodium, per 50 mg  
J2540 Penicillin G Potassium, up to 600,000 units  
J2550 Promethazine HCL, up to 50 mg  
J2560 Phenobarbital Sodium, up to 120 mg  
J2590 Oxytocin, up to 10 units  
J2597 Desmopressin Acetate, per 1 mcg  
J2640 Prednisolone Sodium Phosphate, up to 20 mg  
J2650 Prednisolone Acetate, up to 1 ml  
J2670 Tolazoline HCL, up to 25 mg  
J2675 Progesterone, per 50 mg  
J2680 Fluphenazine Decanoate, up to 25 mg  
J2690 Procainamide HCL, up to 1 gm  
J2700 Oxacillin Sodium, up to 250 mg  
J2710 Neostigmine Methylsulfate, up to 0.5 mg  
J2720 Protamine Sulfate, per 10 mg  
J2725 Protirelin, per 250 mcg  
J2730 Pralidoxime Chloride, up to 1 gm  
J2760 Phentolamine Mesylate, up to 5 mg  
J2765 Metoclopramide HCL, up to 10 mg  
J2790 Rho D Immune Globulin, Human, 1 dose package  
J2800 Methocarbamol, up to 10 ml  
J2810 Theophylline, per 40 mg  
J2820 Sargramostim (GM-CSF), 50 mcg  
J2860 Secobarbital Sodium, up to 250 mg  
J2910 Aurothioglucose, up to 50 mg  
J2912 Sodium Chloride, 0.9%, per 2 ml  
J2920 Methylprednisolone Sodium Succinate, up to 40 mg  
J2930 Methylprednisolone Sodium Succinate, up to 125 mg  
J2950 Promazine HCL, up to 25 mg  
J2970 Methicillin Sodium, up to 1 gm  
J2995 Streptokinase, per 250,000 IU  
J2996 Alteplase Recombinant, per 10 mg  
J3000 Streptomycin, up to 1 gm  
J3010 Fentanyl Citrate, up to 2 ml  
J3030 Sumatriptan Succinate, 6 mg  
J3070 Pentazocine HCL, up to 30 mg  
J3080 Chlorprothixene, up to 50 mg  
J3105 Terbutaline Sulfate, up to 1 mg  
J3120 Testosterone Enanthate, up to 100 mg  
J3130 Testosterone Enanthate, up to 200 mg  
J3140 Testosterone Suspension, up to 50 mg



J3150 Testosterone Propionate, up to 100 mg  
 J3230 Chlorpromazine HCL, up to 50 mg  
 J3240 Thyrotropin, up to 10 IU  
 J3250 Trimethobenzamide HCL, up to 200 mg  
 J3260 Tobramycin Sulfate, up to 80 mg  
 J3265 Torsemide, 10 mg/ml  
 J3270 Imipramine HCL, up to 25 mg  
 J3280 Thiethylperazine Maleate, up to 10 mg  
 J3301 Triamcinolone Acetonide, per 10 mg  
 J3302 Triamcinolone Diacetate, per 5 mg  
 J3303 Triamcinolone Hexacetonide, per 5 mg  
 J3305 Triamtrexate Glucuronate, per 25 mg  
 J3310 Perphenazine, up to 5 mg  
 J3320 Spectinomycin Dihydrochloride, up to 2 gm  
 J3360 Diazepam, up to 5 mg  
 J3364 Urokinase, 5,000 IU vial  
 J3365 Urokinase, 250,000 IU vial  
 J3390 Methoxamine HCL, up to 20 mg  
 J3400 Triflupromazine HCL, up to 20 mg  
 J3410 Hydroxyzine HCL, up to 25 mg  
 J3420 Vitamin B-12 Cyanocobalamin, up to 1,000 mcg  
 J3430 Phytonadione (Vitamin K), per 1 mg  
 J3450 Mephentermine Sulfate, up to 30 mg  
 J3470 Hyaluronidase, up to 150 units  
 J3475 Magnesium Sulfate, per 500 mg  
 J3480 Potassium Chloride, per 2 meq  
 J3490 Unclassified Drugs (name, amount administered, NDC#, invoice)  
 J7030 Normal Saline Solution Infusion, 1,000 cc  
 J7040 Normal Saline Solution Infusion, Sterile (500 ml = 1 unit)  
 J7042 5% Dextrose/Normal Saline (500 ml = 1 unit)  
 J7050 Normal Saline Solution Infusion, 250 cc  
 J7051 Sterile Saline or Water, up to 5 cc  
 J7060 5% Dextrose/Water (500 ml = 1 unit)  
 J7070 D5W Infusion, 1,000 cc  
 J7100 Dextran 40 Infusion, 500 ml  
 J7110 Dextran 75 Infusion, 500 ml  
 J7120 Ringers Lactate Infusion, up to 1,000 cc  
 J7300 Intrauterine Copper Contraceptive Device  
 J9000 Doxorubicin HCL, 10 mg  
 J9015 Aldesleukin, per single use vial  
 J9020 Asparaginase, 10,000 units  
 J9031 BCG live (intravesical) vaccine per instillation  
 J9040 Bleomycin Sulfate, 15 units  
 J9045 Carboplatin, 50 mg  
 J9050 Carmustine, 100 mg  
 J9060 Cisplatin, powder or solution, per 10 mg  
 J9062 Cisplatin, 50 mg  
 J9065 Cladribine, per 1 mg  
 J9070 Cyclophosphamide, 100 mg  
 J9080 Cyclophosphamide, 200 mg  
 J9090 Cyclophosphamide, 500 mg  
 J9091 Cyclophosphamide, 1.0 gm  
 J9092 Cyclophosphamide, 2.0 gm  
 J9093 Cyclophosphamide, lyophilized, 100 mg  
 J9094 Cyclophosphamide, lyophilized, 200 mg  
 J9095 Cyclophosphamide, lyophilized, 500 mg  
 J9096 Cyclophosphamide, lyophilized, 1.0 gm  
 J9097 Cyclophosphamide, lyophilized, 2.0 gm  
 J9100 Cytarabine, 100 mg  
 J9110 Cytarabine, 500 mg  
 J9120 Dactinomycin, 0.5 mg

J9130 Dacarbazine, 100 mg  
 J9140 Dacarbazine, 200 mg  
 J9150 Daunorubicin, 10 mg  
 J9165 Diethylstilbestrol Diphosphate, 250 mg  
 J9170 Docetaxel, 20 mg  
 J9181 Etoposide, 10 mg  
 J9182 Etoposide, 100 mg  
 J9185 Fludarabine Phosphate, 50 mg  
 J9190 Fluorouracil, 500 mg  
 J9200 Floxuridine, 500 mg  
 J9201 Gemcitabine HCL, 200 mg  
 J9202 Goserelin Acetate Implant, per 3.6 mg  
 J9206 Irinotecan, 20 mg  
 J9208 Ifosfamide, 1 gm  
 J9209 Mesna, 200 mg  
 J9211 Idarubicin Hydrochloride, 5 mg  
 J9213 Interferon, Alpha-2A, Recombinant, 3 million units  
 J9214 Interferon, Alpha-2B, Recombinant, 1 million units  
 J9215 Interferon, Alpha-N3, (human leukocyte derived),  
 250,000 IU  
 J9216 Interferon, Gamma 1-B, 3 million units  
 J9217 Leuprolide Acetate (for depot suspension), 7.5 mg  
 J9218 Leuprolide Acetate, per 1 mg  
 J9230 Mechlorethamine HCL, (nitrogen mustard), 10 mg  
 J9245 Melphalan Hydrochloride, 50 mg  
 J9250 Methotrexate Sodium, 5 mg  
 J9260 Nethotrexate Sodium, 50 mg  
 J9265 Paclitaxel, 30 mg  
 J9270 Plicamycin, 2.5 mg  
 J9280 Mitomycin, 5 mg  
 J9290 Mitomycin, 20 mg  
 J9291 Mitomycin, 40 mg  
 J9293 Mitoxantrone Hydrochloride, per 5 mg  
 J9320 Streptozocin, 1 gm  
 J9340 Thiotepa, 15 mg  
 J9350 Topotecan, 4 mg  
 J9360 Vinblastine Sulfate, 1 mg  
 J9370 Vincristine Sulfate, 1 mg  
 J9375 Vincristine Sulfate, 2 mg  
 J9380 Vincristine Sulfate, 5 mg  
 J9390 Vinorelbine Tartrate, per 10 mg  
 J9999 Not otherwise classified, antineoplastic drugs  
 (name, amount administered, NDC#, invoice)

**LOCAL ALPHA-NUMERIC HCPCS AND MAXIMUM REIMBURSEMENTS**

PROC	FEE
W0482	1054.00
W0484	1395.00
W0488	75.00
W0609	4.80
W9075	50.00
W9076	10.00
W9077	50.00
W9078	32.00
W9080	50.00
W9081	32.00
W9090	40.00
W9091	10.00

MARYLAND MEDICAL ASSISTANCE PROGRAM  
CERTIFICATION FOR ABORTION

A COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR ABORTION SERVICES.

Please Print or Type

PATIENT'S NAME

PHYSICIAN COMPLETING FORM

PATIENT'S ADDRESS

PHYSICIAN'S MEDICAL ASSISTANCE PROVIDER NUMBER

PATIENT'S ADDRESS

PLACE OF SERVICE

PATIENT'S MEDICAL ASSISTANCE NUMBER

DATE OF SERVICE

**PART I - Check one of the blocks if applicable and sign the certification.**

- G. I certify that this abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.

DATE

PHYSICIAN'S SIGNATURE

- Attached is a document submitted by an official of a law enforcement agency or public health service where the rape or incest was reported. The document includes the following information:

1. Name and address of victim;
2. Name and address of person making the report (if different from the victim);
3. Date of the rape or incest incident;
4. Date of the report (may not exceed 60 days after the incident);
5. Statement that the report was signed by the person making it;
6. Name and signature of person at law enforcement agency or public health service who took the rape or incest report.

DATE

PHYSICIAN'S SIGNATURE

**PART II - You must check one of the following blocks and sign the certificate, unless you have checked "I" in Part I, above.**

- R. I certify that this abortion is necessary because, based on my professional judgement, continuation of the pregnancy is likely to result in the death of the woman.

DATE

PHYSICIAN'S SIGNATURE

- S. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, termination of pregnancy is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.

DATE

PHYSICIAN'S SIGNATURE

- T. I certify that, in my professional judgement, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.

DATE

PHYSICIAN'S SIGNATURE

- V. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.

DATE

PHYSICIAN'S SIGNATURE

- W. I certify that this procedure is necessary for a victim of rape, sexual offense, or incest, and the incident has been reported to a law enforcement agency or to a public health or social agency.

DATE

PHYSICIAN'S SIGNATURE

**MARYLAND MEDICAL ASSISTANCE PROGRAM  
DOCUMENT FOR HYSTERECTOMY**

A COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR HYSTERECTOMIES.

Please Print or Type

PATIENT'S NAME

\_\_\_\_\_  
PHYSICIAN COMPLETING FORM

PATIENT'S ADDRESS

\_\_\_\_\_  
PHYSICIAN'S MEDICAL ASSISTANCE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_  
PLACE OF SERVICE

PATIENT'S MEDICAL ASSISTANCE NUMBER

\_\_\_\_\_  
DATE OF SERVICE

**SECTION I - To be signed by physician and patient or patient's representative when patient has been informed of the service.**

A. I have performed a hysterectomy on \_\_\_\_\_ (NAME OF PATIENT) hereby certify that the following conditions do not apply to this hysterectomy.

1. It was performed solely for the purpose of rendering the individual permanently incapable of reproducing;  
or
2. If there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing.

I have informed the patient and her representative, if any, orally and in writing, that the hysterectomy will make the patient permanently incapable of reproducing.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

B. Receipt of Hysterectomy Information

I, \_\_\_\_\_ (NAME OF PATIENT) have been informed by \_\_\_\_\_ (NAME OF PHYSICIAN), that the hysterectomy to be performed will render me permanently incapable of reproducing.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT OR REPRESENTATIVE

**SECTION II - To be signed by physician. No patient signature is needed because the individual:**

- A. Was already sterile before the hysterectomy due to \_\_\_\_\_; or  
(CAUSE OF STERILITY)
- B. Required a hysterectomy performed under a life-threatening emergency situation in which prior acknowledgment was not possible. (Describe the nature of the emergency.)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

MARYLAND MEDICAL ASSISTANCE PROGRAM  
STERILIZATION CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from \_\_\_\_\_ When I first asked for \_\_\_\_\_

(Doctor or clinic)

the information I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a \_\_\_\_\_. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on \_\_\_\_\_

Month Day Year

I, \_\_\_\_\_, hereby consent of my own free will to be sterilized by \_\_\_\_\_

(Doctor)

by a method called \_\_\_\_\_. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_  
Month Day Year

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- American Indian or Alaska Native  
 Black (not of Hispanic origin)  
 Asian or Pacific Islander  
 Hispanic  
 White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I

have also read him/her the consent form in \_\_\_\_\_ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

\_\_\_\_\_  
Interpreter

\_\_\_\_\_  
Date

DHMH-2989

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before \_\_\_\_\_ signed the consent form, I explained to him/her the nature of the sterilization operation \_\_\_\_\_ the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

(name of individual)

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon \_\_\_\_\_ on \_\_\_\_\_

(Name of individual to be sterilized)

(Date of sterilization)

\_\_\_\_\_, I explained to him/her the nature of the sterilization operation \_\_\_\_\_ the fact that

(specify type of operation)

it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

Premature delivery

Individual's expected date of delivery:

Emergency abdominal surgery:

(describe circumstances):

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

# MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE PREAUTHORIZATION REQUEST FORM PHYSICIAN SERVICES

## SECTION I - Patient Information

Medicaid Number	<input type="text"/>
Name	<input type="text"/> DOB <input type="text"/> Sex <input type="text"/> Telephone ( <input type="text"/> ) <input type="text"/>
	(Last) (First) (MI)
Address	<input type="text"/>

## SECTION II - Preauthorization General Information

Pay to Provider Number	<input type="text"/>	Request Date	<input type="text"/>
Name	<input type="text"/>		
Address	<input type="text"/>		Telephone ( <input type="text"/> ) <input type="text"/>
Contact	<input type="text"/>		
Provider's Signature	<input type="text"/>		

## SECTION III - Additional Preauthorization Information

Referring Provider	Rendering Provider
<input type="text"/>	<input type="text"/>
Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
	Telephone ( <input type="text"/> ) <input type="text"/>
Dates of Service: From: <input type="text"/>	Thru: <input type="text"/>
Diagnosis Codes: 1 <input type="text"/>	2 <input type="text"/>
	3 <input type="text"/> 4 <input type="text"/>

## SECTION IV - Preauthorization Line Item Information

CODE	MOD1	MOD2	REQUESTED UNITS	DEPARTMENT USE ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## SECTION V - Specific Program Preauthorization Information

Please attach correspondence which includes but is not limited to the following:

- Complete Narrative Justification for procedure(s)
- Brief history and physical examination
- Result of pertinent ancillary studies if applicable
- Pertinent medical evaluations and consultations if applicable

PREAUTHORIZATION NUMBER

SUBMIT TO: Program Systems and Operations Administration  
Division of Claims Processing  
P.O. Box 17058  
Baltimore, Maryland 21203

DOCUMENT CONTROL NUMBER  
(STAMP HERE)

## MARYLAND MEDICAL ASSISTANCE PROGRAM

## TELEPHONE DIRECTORY

## PHYSICIANS' SERVICES PROGRAM

POLICY/COVERAGE ISSUES.....(410) 767-1455  
 ..... 800 685-5861

PHYSICIAN CONSULTANT.....(410) 767-1455  
 ..... 800 685-5861

## OTHER PROGRAMS

CLAIMS - ORIGINALS.....(410) 767-5347  
 P.O. Box 1935  
 Baltimore. MD 21203

CLAIMS - ADJUSTMENTS.....(410) 767-5346  
 P.O. Box 13035  
 Baltimore, MD 21298

ELECTRONIC MEDIA SUBMITTAL.....(410) 767-5863

ELIGIBILITY VERIFICATION SYSTEM (EVS)  
 Metro Baltimore .....(410) 333-3020  
 In-State..... 800 492-2134

## HEALTHCHOICE ACTION LINE

RECIPIENT.....800 284-4510  
 PROVIDER.....800 766-8692

HEALTHY KIDS/EPST POLICY/COVERAGE.....(410) 767-1485  
 ..... 800 685-5861

HEALTHY KIDS/START NURSE CONSULTANTS.....(410) 767-1485  
 ..... 800 685-5861

LABORATORY SERVICES POLICY/COVERAGE.....(410) 767-1455  
 ..... 800 685-5861

PROVIDER ENROLLMENT.....(410) 767-5340  
 Medical Care Operations Administration  
 P.O. Box 17030  
 Baltimore, MD 21203

PROVIDER RELATIONS.....(410) 767-5503  
 Medical Care Operations Administration ..... 800 445-1159  
 P.O. Box 22811  
 Baltimore, MD 21203

THIRD PARTY RECOVERY.....(410) 767-1764

UTILIZATION CONTROL AGENT.....(410) 822-0697  
 (Delmarva Foundation) ..... 800 999-3362