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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	01	00	10	2/1/1999	\$118.00		
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	01	00	20	2/1/1999	\$590.50		
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	11	00	27	1/1/1999	\$776.00		
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	01	00	40	2/1/1999	\$283.50		
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	01	00	10	2/1/1999	\$97.00		
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	01	00	20	2/1/1999	\$485.50		
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	11	00	27	1/1/1999	\$776.00		
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	01	00	40	2/1/1999	\$177.50		
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	01	00	10	2/1/1999	\$126.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	01	00	20	2/1/1999	\$630.00		
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	11	00	27	1/1/1999	\$776.00		
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	01	00	40	2/1/1999	\$295.00		
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	01	00	10	2/1/1999	\$161.98		
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	01	00	20	2/1/1999	\$809.92		
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	11	00	27	1/1/1999	\$776.00		
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	01	00	40	2/1/1999	\$404.00		
36147	ACCESS AV DIAL GRFT FOR EVAL	11	00	27	6/1/2011	\$1,293.00		
36147	ACCESS AV DIAL GRFT FOR EVAL	01	00	40	6/1/2011	\$776.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	01	00	25	5/1/2009	\$120.68		
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	01	00	40	5/1/2009	\$120.68		
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	01	00	25	5/1/2009	\$114.96		
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	11	00	27	5/1/2009	\$776.00		
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	01	00	40	5/1/2009	\$114.96		
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	01	00	25	5/1/2009	\$278.82		
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	11	00	27	5/1/2009	\$776.00		
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	01	00	40	5/1/2009	\$278.82		
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	01	00	25	5/1/2009	\$265.50		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	11	00	27	5/1/2009	\$776.00		
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	01	00	40	5/1/2009	\$265.50		
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	01	00	20	5/1/2009	\$319.11		
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	11	00	27	5/1/2009	\$776.00		
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	01	00	40	5/1/2009	\$319.11		
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	01	00	20	5/1/2009	\$341.64		
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	11	00	27	5/1/2009	\$776.00		
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	01	00	40	5/1/2009	\$341.64		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	01	00	20	5/1/2009	\$64.48		
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	11	00	27	5/1/2009	\$776.00		
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	01	00	40	5/1/2009	\$64.48		
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	01	00	20	5/1/2009	\$185.89		
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	11	00	27	5/1/2009	\$776.00		
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	01	00	40	5/1/2009	\$185.89		
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	01	00	20	5/1/2009	\$130.43		
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	11	00	27	5/1/2009	\$776.00		
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	01	00	40	5/1/2009	\$130.43		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	01	00	20	5/1/2009	\$184.09		
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	11	00	27	5/1/2009	\$776.00		
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	01	00	40	5/1/2009	\$184.09		
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	01	00	25	5/1/2009	\$44.00		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	01	00	25	2/1/1999	\$58.00		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	11	00	27	1/1/1999	\$776.00		
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	01	00	40	2/1/1999	\$48.00		
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	01	00	25	2/1/1999	\$218.50		
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	11	00	27	1/1/1999	\$776.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	01	00	40	2/1/1999	\$118.00		
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	01	00	20	2/1/1999	\$336.00		
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	11	00	27	1/1/1999	\$776.00		
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	01	00	40	2/1/1999	\$165.50		
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	01	00	20	2/1/1999	\$189.00		
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	11	00	27	1/1/1999	\$776.00		
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	01	00	40	2/1/1999	\$94.50		
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	01	00	20	2/1/1999	\$800.00		
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	11	00	27	1/1/1999	\$776.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	01	00	40	2/1/1999	\$231.00		
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	01	00	20	2/1/1999	\$960.00		
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	11	00	27	1/1/1999	\$776.00		
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	01	00	40	2/1/1999	\$231.00		
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	01	00	10	2/1/1999	\$192.00		
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	01	00	20	2/1/1999	\$960.00		
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	11	00	27	1/1/1999	\$776.00		
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	01	00	40	2/1/1999	\$231.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	01	00	10	5/1/2009	\$88.83		
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	01	00	20	5/1/2009	\$555.20		
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	11	00	27	5/1/2009	\$776.00		
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	01	00	40	5/1/2009	\$555.20		
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	01	00	20	5/1/2009	\$547.39		
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	11	00	27	5/1/2009	\$776.00		
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	01	00	40	5/1/2009	\$547.39		
36835	Insertion of Thomas shunt (separate procedure)	01	00	10	2/1/1999	\$143.00		
36835	Insertion of Thomas shunt (separate procedure)	01	00	20	2/1/1999	\$715.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit Description
36835	Insertion of Thomas shunt (separate procedure)	01	00	40	2/1/1999	\$231.00	
36860	External cannula declotting (separate procedure); without balloon catheter	01	00	20	2/1/1999	\$384.00	
36860	External cannula declotting (separate procedure); without balloon catheter	11	00	27	1/1/1999	\$943.00	
36860	External cannula declotting (separate procedure); without balloon catheter	01	00	40	2/1/1999	\$216.50	
36861	External cannula declotting (separate procedure); with balloon catheter	01	00	20	2/1/1999	\$384.00	
36861	External cannula declotting (separate procedure); with balloon catheter	11	00	27	1/1/1999	\$943.00	
36861	External cannula declotting (separate procedure); with balloon catheter	01	00	40	2/1/1999	\$216.50	
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	01	00	20	6/1/2011	\$160.00	
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	11	00	27	6/1/2011	\$776.00	

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
49421	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER FOR DIALYSIS, OPEN	01	00	40	2/1/1999	\$160.00		
49422	Removal of permanent intraperitoneal cannula or catheter	01	00	20	2/1/1999	\$386.30		
49422	Removal of permanent intraperitoneal cannula or catheter	11	00	27	1/1/1999	\$776.00		
50200	Renal biopsy; percutaneous, by trocar or needle	01	00	25	2/1/1999	\$138.00		
50200	Renal biopsy; percutaneous, by trocar or needle	11	00	27	1/1/1999	\$776.00		
50200	Renal biopsy; percutaneous, by trocar or needle	01	00	40	2/1/1999	\$39.50		
50205	Renal biopsy; by surgical exposure of kidney	01	00	10	2/1/1999	\$62.50		
50205	Renal biopsy; by surgical exposure of kidney	01	00	25	2/1/1999	\$312.00		
50205	Renal biopsy; by surgical exposure of kidney	11	00	27	1/1/1999	\$776.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
50205	Renal biopsy; by surgical exposure of kidney	01	00	40	2/1/1999	\$114.50		
50240	Nephrectomy, partial	01	00	10	2/1/1999	\$141.50		
50240	Nephrectomy, partial	01	00	20	2/1/1999	\$706.50		
50240	Nephrectomy, partial	01	00	40	2/1/1999	\$397.50		
50340	Recipient nephrectomy (separate procedure)	01	00	10	2/1/1999	\$124.20		
50340	Recipient nephrectomy (separate procedure)	01	00	20	2/1/1999	\$621.00		
50340	Recipient nephrectomy (separate procedure)	01	00	40	2/1/1999	\$307.50		
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	01	00	10	2/1/1999	\$186.00		
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	01	00	20	2/1/1999	\$931.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	01	00	40	2/1/1999	\$461.00		
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	01	00	10	2/1/1999	\$200.00		
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	01	00	20	2/1/1999	\$1,000.00		
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	01	00	40	2/1/1999	\$768.50		
50370	Removal of transplanted renal allograft	01	00	10	2/1/1999	\$155.50		
50370	Removal of transplanted renal allograft	01	00	20	2/1/1999	\$777.50		
50370	Removal of transplanted renal allograft	01	00	40	2/1/1999	\$382.00		
71010	Radiologic examination, chest; single view, frontal	01	00	54	2/1/1999	\$19.00		
71010	Radiologic examination, chest; single view, frontal	21	04	54	11/1/1995	\$19.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
71010	Radiologic examination, chest; single view, frontal	01	00	57	2/1/1999	\$7.50		
71010	Radiologic examination, chest; single view, frontal	21	04	57	11/1/1995	\$7.50		
71010	Radiologic examination, chest; single view, frontal	11	00	RD	1/1/1999	\$11.50		
71010	Radiologic examination, chest; single view, frontal	21	04	RD	11/1/1995	\$11.50		
71015	Radiologic examination, chest; stereo, frontal	01	00	54	2/1/1999	\$19.00		
71015	Radiologic examination, chest; stereo, frontal	21	04	54	11/1/1995	\$19.00		
71015	Radiologic examination, chest; stereo, frontal	01	00	57	2/1/1999	\$7.50		
71015	Radiologic examination, chest; stereo, frontal	21	04	57	11/1/1995	\$7.50		
71015	Radiologic examination, chest; stereo, frontal	11	00	RD	1/1/1999	\$11.50		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
71015	Radiologic examination, chest; stereo, frontal	21	04	RD	11/1/1995	\$11.50		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	01	00	54	2/1/1999	\$30.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	21	04	54	11/1/1995	\$30.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	01	00	57	2/1/1999	\$15.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	21	04	57	11/1/1995	\$15.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	11	00	RD	1/1/1999	\$15.00		
71020	Radiologic examination, chest, 2 views, frontal and lateral;	21	04	RD	11/1/1995	\$15.00		
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	01	00	54	2/1/1999	\$30.00		
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	01	00	57	2/1/1999	\$15.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	11	00	RD	1/1/1999	\$15.00		
71030	Radiologic examination, chest, complete, minimum of 4 views;	01	00	54	2/1/1999	\$37.50		
71030	Radiologic examination, chest, complete, minimum of 4 views;	01	00	57	2/1/1999	\$15.00		
71030	Radiologic examination, chest, complete, minimum of 4 views;	11	00	RD	1/1/1999	\$22.50		
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	01	00	54	2/1/1999	\$140.00		
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	01	00	57	2/1/1999	\$60.00		
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	11	00	RD	1/1/1999	\$80.00		
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	01	00	54	2/1/1999	\$65.00		
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	01	00	57	2/1/1999	\$26.00		

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75658	Angiography, brachial, retrograde, radiological supervision and interpretation	11	00	RD	1/1/1999	\$39.00	
75791	AV DIALYSIS SHUNT IMAGING	01	00	54	6/1/2011	\$190.83	
75791	AV DIALYSIS SHUNT IMAGING	01	00	57	6/1/2011	\$124.56	
75791	AV DIALYSIS SHUNT IMAGING	11	00	RD	6/1/2011	\$189.00	
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	01	00	54	2/1/1999	\$79.00	
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	01	00	57	2/1/1999	\$32.00	
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	11	00	RD	1/1/1999	\$47.00	
75820	Venography, extremity, unilateral, radiological supervision and interpretation	01	00	54	2/1/1999	\$37.50	

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75820	Venography, extremity, unilateral, radiological supervision and interpretation	01	00	57	2/1/1999	\$15.00		
75820	Venography, extremity, unilateral, radiological supervision and interpretation	11	00	RD	1/1/1999	\$22.50		
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	01	00	54	2/1/1999	\$496.00		
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	01	00	57	2/1/1999	\$198.40		
75962	Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation	11	00	RD	1/1/1999	\$297.60		
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	01	00	54	2/1/1999	\$62.50		
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	01	00	57	2/1/1999	\$25.00		
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	11	00	RD	1/1/1999	\$37.50		
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	01	00	54	5/1/2009	\$91.13		

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76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	01	00	57	5/1/2009	\$27.64		
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	11	00	RD	5/1/2009	\$63.49		
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	01	00	54	2/1/1999	\$263.62		
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	01	00	57	2/1/1999	\$69.17		
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	11	00	RD	1/1/1999	\$194.46		
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	01	00	53	2/1/1999	\$160.00		
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	01	00	58	2/1/1999	\$50.00		
78291	Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt)	11	00	RN	1/1/1999	\$110.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
78701	Kidney imaging morphology; with vascular flow	01	00	53	2/1/1999	\$92.50		
78701	Kidney imaging morphology; with vascular flow	01	00	58	2/1/1999	\$37.50		
78701	Kidney imaging morphology; with vascular flow	11	00	RN	1/1/1999	\$55.00		
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	01	00	53	2/1/1999	\$114.00		
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	01	00	58	2/1/1999	\$45.00		
78707	Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention	11	00	RN	1/1/1999	\$69.00		
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	01	00	53	5/1/2009	\$114.00		
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	01	00	58	5/1/2009	\$45.00		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
78708	Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	11	00	RN	5/1/2009	\$69.00		
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	01	00	58	5/1/2009	\$60.91		
78709	Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)	11	00	RN	5/1/2009	\$304.91		
78710	Kidney imaging morphology; tomographic (SPECT)	01	00	53	2/1/1999	\$233.45		
78710	Kidney imaging morphology; tomographic (SPECT)	01	00	58	2/1/1999	\$33.48		
78710	Kidney imaging morphology; tomographic (SPECT)	11	00	RN	1/1/1999	\$199.97		
78725	Kidney function study, non-imaging radioisotopic study	01	00	53	2/1/1999	\$100.00		
78725	Kidney function study, non-imaging radioisotopic study	01	00	58	2/1/1999	\$30.00		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
78725	Kidney function study, non-imaging radioisotopic study	11	00	RN	1/1/1999	\$70.00		
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	11	00	86	5/1/2009	\$9.36		
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374) Chloride (82435) Potassium (84132) Sodium (84295)	11	00	86	1/1/1999	\$7.00		
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot	11	00	86	5/1/2009	\$11.69		
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (11	00	86	5/1/2009	\$9.60		
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	11	00	86	5/1/2009	\$52.66		
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate am	11	00	86	5/1/2009	\$9.03		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
80158	Cyclosporine	11	00	86	5/1/2009	\$17.09		
80195	Sirolimus	11	00	86	5/1/2009	\$15.34		
80197	Tacrolimus	11	00	86	5/1/2009	\$21.66		
80299	Quantitation of drug, not elsewhere specified	11	00	86	5/1/2009	\$15.30		
82040	Albumin; serum, plasma or whole blood	11	00	86	1/1/1999	\$3.65		
82247	Bilirubin; total	11	00	86	5/1/2009	\$6.93		
82248	Bilirubin; direct	11	00	86	5/1/2009	\$6.93		
82310	Calcium; total	11	00	86	1/1/1999	\$7.11		
82374	Carbon dioxide (bicarbonate)	11	00	86	1/1/1999	\$6.72		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
82435	Chloride; blood	11	00	86	1/1/1999	\$6.34		
82565	Creatinine; blood	11	00	86	1/1/1999	\$7.06	4 PER MONTH	
82565	Creatinine; blood	21	04	86	11/1/1995	\$3.00	4 PER MONTH	
82570	Creatinine; other source	11	00	86	11/1/1995	\$6.00		
82570	Creatinine; other source	21	04	86	11/1/1995	\$6.00		
82575	Creatinine; clearance	11	00	86	1/1/1999	\$10.00	4 PER MONTH	
82728	Ferritin	11	00	86	5/1/2009	\$12.00		
82746	Folic acid; serum	11	00	86	1/1/1999	\$12.00		
82947	Glucose; quantitative, blood (except reagent strip)	11	00	86	1/1/1999	\$4.00		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
83540	Iron	11	00	86	5/1/2009	\$8.45		
83550	Iron binding capacity	11	00	86	1/1/1999	\$5.00		
83690	Lipase	11	00	86	1/1/1999	\$5.00		
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	11	00	86	1/1/1999	\$7.00		
83719	Lipoprotein, direct measurement; VLDL cholesterol	11	00	86	1/1/1999	\$12.00		
83721	Lipoprotein, direct measurement; LDL cholesterol	11	00	86	1/1/1999	\$12.00		
83970	Parathormone (parathyroid hormone)	11	00	86	5/1/2009	\$42.50		
84075	Phosphatase, alkaline;	11	00	86	1/1/1999	\$7.14		
84100	Phosphorus inorganic (phosphate);	11	00	86	5/1/2009	\$6.55		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
84132	Potassium; serum, plasma or whole blood	11	00	86	1/1/1999	\$6.34		
84155	Protein, total, except by refractometry; serum, plasma or whole blood	11	00	86	1/1/1999	\$5.05		
84295	Sodium; serum, plasma or whole blood	11	00	86	1/1/1999	\$6.60		
84443	Thyroid stimulating hormone (TSH)	11	00	86	1/1/1999	\$23.22		
84450	Transferase; aspartate amino (AST) (SGOT)	11	00	86	1/1/1999	\$7.13		
84466	Transferrin	11	00	86	5/1/2009	\$17.00		
84520	Urea nitrogen; quantitative	11	00	86	1/1/1999	\$5.44		
85004	Blood count; automated differential WBC count	11	00	86	5/1/2009	\$7.23		
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	11	00	86	5/1/2009	\$4.50		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
85013	Blood count; spun microhematocrit	11	00	86	1/1/1999	\$3.27		
85014	Blood count; hematocrit (Hct)	11	00	86	1/1/1999	\$3.27		
85018	Blood count; hemoglobin (Hgb)	11	00	86	1/1/1999	\$3.27		
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	11	00	86	1/1/1999	\$6.00		
85610	Prothrombin time;	11	00	86	5/1/2009	\$4.00		
85730	Thromboplastin time, partial (PTT); plasma or whole blood	11	00	86	5/1/2009	\$7.50		
90935	Hemodialysis procedure with single physician evaluation	01	00	60	2/1/1999	\$40.00		
90935	Hemodialysis procedure with single physician evaluation	11	00	AP	1/1/1999	\$115.00	16 PER MONTH	
90935	Hemodialysis procedure with single physician evaluation	21	04	AP	11/1/1995	\$115.00	16 PER MONTH	

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	01	00	60	2/1/1999	\$52.50	16 PER MONTH	
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	11	00	AP	1/1/1999	\$115.00	16 PER MONTH	
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription	21	04	AP	11/1/1995	\$115.00	16 PER MONTH	
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	01	00	60	2/1/1999	\$40.00	1 PER DAY	
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	11	00	AP	1/1/1999	\$35.00	1 PER DAY	
90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation	21	04	AP	11/1/1995	\$35.00	1 PER DAY	
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	01	00	60	2/1/1999	\$52.50	1 PER DAY	
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	11	00	AP	1/1/1999	\$35.00	1 PER DAY	

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription	21	04	AP	11/1/1995	\$35.00	1 PER DAY	
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician v	01	00	60	5/1/2009	\$810.17		
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits	01	00	60	5/1/2009	\$483.20		
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per	01	00	60	5/1/2009	\$324.00		
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per	01	00	60	5/1/2009	\$662.66		
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month	01	00	60	5/1/2009	\$376.28		
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	01	00	60	5/1/2009	\$254.66		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face physician visits per	01	00	60	5/1/2009	\$532.38		
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face physician visits per month	01	00	60	5/1/2009	\$359.78		
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face physician visit per month	01	00	60	5/1/2009	\$235.63		
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face physician visits per month	01	00	60	5/1/2009	\$237.65		
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face physician visits per month	01	00	60	5/1/2009	\$191.55		
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month	01	00	60	5/1/2009	\$138.15		
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	01	00	60	5/1/2009	\$457.40		
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	01	00	60	5/1/2009	\$380.82		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	01	00	60	5/1/2009	\$361.65		
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	01	00	60	5/1/2009	\$189.34		
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	01	00	60	5/1/2009	\$16.00		
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	01	00	60	5/1/2009	\$16.00		
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	01	00	60	5/1/2009	\$16.00		
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	01	00	60	5/1/2009	\$16.00		
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	21	00	00	11/1/1995	\$165.00	24 PER PATIENT	
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	01	00	60	2/1/1999	\$500.00	24 PER PATIENT	

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	11	00	AP	1/1/1999	\$165.00	24	PER PATIENT
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	21	04	AP	11/1/1995	\$165.00	24	PER PATIENT
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	01	00	60	2/1/1999	\$50.00		
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	21	04	AP	11/1/1995	\$165.00		
90997	Hemoperfusion (eg, with activated charcoal or resin)	11	00	AP	1/1/1999	\$480.00		
90999	Unlisted dialysis procedure, inpatient or outpatient	11	00	AP	5/3/2005	\$115.00	16	PER MONTH
90999	Unlisted dialysis procedure, inpatient or outpatient	21	04	AP	5/3/2005	\$115.00	16	PER MONTH
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	01	00	80	2/1/1999	\$21.50		
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	11	00	80	1/1/1999	\$21.50		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	21	04	80	11/1/1995	\$21.50		
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	01	00	AZ	2/1/1999	\$11.50		
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	11	00	AZ	1/1/1999	\$11.50		
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	21	04	AZ	11/1/1995	\$11.50		
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	01	00	AY	2/1/1999	\$7.50		
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	11	00	AY	1/1/1999	\$7.50		
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	21	04	AY	11/1/1995	\$7.50		
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	01	00	80	2/1/1999	\$94.98		
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	11	00	80	1/1/1999	\$94.98		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	01	00	AY	2/1/1999	\$14.47		
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	11	00	AZ	1/1/1999	\$80.51		
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination o	01	00	60	2/1/1999	\$20.00		
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling a	01	00	60	2/1/1999	\$20.00		
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with	01	00	60	2/1/1999	\$20.00		
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	01	00	60	2/1/1999	\$20.00		
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of	01	00	60	2/1/1999	\$30.00		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	01	00	60	2/1/1999	\$20.00		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these	11	00	60	7/1/2006	\$20.00		PHYSICIAN BILLING THROUGH THE HOSPITAL
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counselin	01	00	60	2/1/1999	\$20.00		
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counselin	11	00	60	2/1/1999	\$20.00		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low	01	00	60	2/1/1999	\$20.00		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low	11	00	60	7/1/2006	\$20.00		PHYSICIAN BILLING THROUGH THE HOSPITAL
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	01	00	60	2/1/1999	\$20.00		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/o	11	00	60	7/1/2006	\$20.00		PHYSICIAN BILLING THROUGH THE HOSPITAL
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	01	00	60	2/1/1999	\$20.00		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling	11	00	60	7/1/2006	\$20.00		PHYSICIAN BILLING THROUGH THE HOSPITAL
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of	01	00	60	2/1/1999	\$29.50		
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of	11	00	60	1/1/2007	\$29.50		
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination	01	00	60	2/1/1999	\$29.50		
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination	11	00	60	1/1/2007	\$29.50		

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FEE SCHEDULES FOR CHRONIC RENAL DISEASE PROGRAM

Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	01	00	60	2/1/1999	\$42.00		
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	11	00	60	1/1/2007	\$42.00		
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o	01	00	60	2/1/1999	\$17.00		
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o	11	00	60	1/1/2007	\$17.00		
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder	01	00	60	2/1/1999	\$17.00		
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder	11	00	60	1/1/2007	\$17.00		
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coor	01	00	60	2/1/1999	\$17.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coord	11	00	60	1/1/2007	\$17.00		
99238	Hospital discharge day management; 30 minutes or less	01	00	60	2/1/1999	\$17.00		
99238	Hospital discharge day management; 30 minutes or less	11	00	60	1/1/2007	\$17.00		
99239	Hospital discharge day management; more than 30 minutes	01	00	60	2/1/1999	\$17.00		
99239	Hospital discharge day management; more than 30 minutes	11	00	60	1/1/2007	\$17.00		
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers	01	00	90	2/1/1999	\$30.00		
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers	11	00	90	1/1/2007	\$30.00		
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	01	00	90	2/1/1999	\$30.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	11	00	90	1/1/2007	\$30.00		
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies	01	00	90	2/1/1999	\$30.00		
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies	11	00	90	1/1/2007	\$30.00		
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other provid	01	00	90	2/1/1999	\$49.00		
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other provid	11	00	90	1/1/2007	\$49.00		
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers	01	00	90	2/1/1999	\$49.00		
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers	11	00	90	1/1/2007	\$49.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other provid	01	00	90	2/1/1999	\$30.00		
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other provid	11	00	90	1/1/2007	\$30.00		
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of ca	01	00	90	2/1/1999	\$30.00		
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agenc	01	00	90	2/1/1999	\$30.00		
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other pro	01	00	90	2/1/1999	\$49.00		
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other provide	01	00	90	2/1/1999	\$49.00		
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other provide	11	00	90	2/1/1999	\$49.00		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
ADJ	ADJUSTMENT FOR PRIOR CLAIM (FOR DEPT OF HEALTH USE ONLY)	00	00	00	11/1/1995	\$1,000.00		
COI	COINSURANCE PAYMENT (FOR DEPT OF HEALTH USE ONLY)	00	00	00	7/1/1999	\$1,000.00		
COP	COPAY PAYMENT (FOR DEPT OF HEALTH USE ONLY)	00	00	00	7/1/1999	\$1,000.00		
DED	DEDUCTIBLE (FOR DEPT OF HEALTH USE ONLY)	00	00	00	11/1/1995	\$1,000.00		
DRG	INPATIENT HOSPITAL COSTS (FOR DEPT OF HEALTH USE ONLY)	11	03	00	7/1/1999	\$50,000.00		
J0636	Injection, calcitriol, 0.1 mcg	11	00	AE	9/22/2003	\$1.38		
J0636	Injection, calcitriol, 0.1 mcg	21	04	AE	9/22/2003	\$1.38		
J0690	Injection, cefazolin sodium, 500 mg	11	00	AE	9/22/2003	\$1.74		
J0690	Injection, cefazolin sodium, 500 mg	21	04	AE	9/22/2003	\$1.74		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
J0696	Injection, ceftriaxone sodium, per 250 mg	11	00	AE	9/22/2003	\$14.92		
J0696	Injection, ceftriaxone sodium, per 250 mg	21	04	AE	9/22/2003	\$14.92		
J0713	Injection, ceftazidime, per 500 mg	11	00	AE	1/1/1999	\$6.75		
J1580	Injection, garamycin, gentamicin, up to 80 mg	11	00	AE	9/22/2003	\$1.77		
J1580	Injection, garamycin, gentamicin, up to 80 mg	21	04	AE	9/22/2003	\$1.77		
J1955	Injection, levocarnitine, per 1 g	11	00	AE	9/1/2002	\$34.20		
J1955	Injection, levocarnitine, per 1 g	21	04	AE	9/1/2002	\$34.20		
J2501	Injection, paricalcitol, 1 mcg	11	00	AE	9/22/2003	\$5.02		
J2501	Injection, paricalcitol, 1 mcg	21	04	AE	9/22/2003	\$5.02		

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Service Code	Service Description	Provider Type	Service Place	Service Type	Effective Date	Fee	Limit	Description
J3260	Injection, tobramycin sulfate, up to 80 mg	11	00	AE	9/22/2003	\$4.46		
J3260	Injection, tobramycin sulfate, up to 80 mg	21	04	AE	9/22/2003	\$4.46		
J3370	Injection, vancomycin HCl, 500 mg	11	00	AE	9/22/2003	\$7.03		
J3370	Injection, vancomycin HCl, 500 mg	21	04	AE	9/22/2003	\$7.03		