

Provider Fees

New England

Medicare Part B



MEDICARE FEE SCHEDULE EFFECTIVE 01/01/2009
AREA 03 SOUTHERN MAINE

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
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	20697		1,223.09	1,161.94	1,336.23
	37205		4,196.13	3,986.32	4,584.27
#	37205		436.83	414.99	477.24
	37206		2,529.68	2,403.20	2,763.68
#	37206		212.51	201.88	232.16
	47525		504.28	479.07	550.93
#	47525		111.31	105.74	121.60
	51798		20.64	19.61	22.55
	63650		371.90	353.31	406.31
	63685		354.07	336.37	386.83
	63688		317.90	302.01	347.31
C	75557		465.44	442.17	508.50
	76775		111.22	105.66	121.51
	76775	26	29.95	28.45	32.72
	93228		25.39	24.12	27.74
	93279		55.56	52.78	60.70
	93279	26	36.00	34.20	39.33
	93280		66.00	62.70	72.11
	93280	26	43.28	41.12	47.29
	93281		77.15	73.29	84.28
	93281	26	50.56	48.03	55.23
	93282		71.09	67.54	77.67
	93282	26	47.09	44.74	51.45
	93283		86.61	82.28	94.62
	93283	26	59.28	56.32	64.77
	93284		101.59	96.51	110.99
	93284	26	70.56	67.03	77.08
	93285		47.92	45.52	52.35
	93285	26	29.46	27.99	32.19
	93286		27.06	25.71	29.57
	93286	26	14.87	14.13	16.25
	93287		35.60	33.82	38.89
	93287	26	21.95	20.85	23.98
	93288		43.01	40.86	46.99
	93288	26	24.19	22.98	26.43
	93289		66.36	63.04	72.50
	93289	26	43.64	41.46	47.68
	93290		31.36	29.79	34.26
	93290	26	21.04	19.99	22.99
	93291		41.16	39.10	44.97
	93291	26	24.37	23.15	26.62
	93292		37.10	35.25	40.54
	93292	26	24.19	22.98	26.43
	93293		58.58	55.65	64.00
	93293	TC	41.88	39.79	45.76

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93293	26	16.70	15.87	18.25
93294		36.54	34.71	39.92
93295		66.20	62.89	72.32
93297		25.39	24.12	27.74
93298		29.46	27.99	32.19
93352		38.62	36.69	42.19
96360		56.54	53.71	61.77
96361		16.16	15.35	17.65
96365		69.07	65.62	75.46
96366		21.62	20.54	23.62
96367		34.55	32.82	37.74
96368		20.15	19.14	22.01
96369		152.08	144.48	166.15
96370		15.33	14.56	16.74
96371		74.11	70.40	80.96
96372		21.10	20.05	23.06
96373		17.95	17.05	19.61
96374		54.89	52.15	59.97
96375		23.54	22.36	25.71

AREA 99 REST OF MAINE

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
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	20697		1,065.60	1,012.32	1,164.17
	37205		3,695.53	3,510.75	4,037.36
#	37205		420.36	399.34	459.24
	37206		2,223.75	2,112.56	2,429.44
#	37206		204.98	194.73	223.94
	47525		447.24	424.88	488.61
#	47525		104.88	99.64	114.59
	51798		18.17	17.26	19.85
	63650		358.43	340.51	391.59
	63685		338.74	321.80	370.07
	63688		303.38	288.21	331.44
C	75557		418.40	397.48	457.10
	76775		99.85	94.86	109.09
	76775	26	28.86	27.42	31.53
	93228		24.58	23.35	26.85
	93279		51.56	48.98	56.33
	93279	26	34.43	32.71	37.62
	93280		61.19	58.13	66.85
	93280	26	41.33	39.26	45.15
	93281		71.53	67.95	78.14
	93281	26	48.27	45.86	52.74
	93282		66.04	62.74	72.15
	93282	26	45.04	42.79	49.21
	93283		80.52	76.49	87.96
	93283	26	56.62	53.79	61.86
	93284		94.49	89.77	103.24

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93284	26	67.37	64.00	73.60
93285		44.30	42.09	48.40
93285	26	28.13	26.72	30.73
93286		25.06	23.81	27.38
93286	26	14.40	13.68	15.73
93287		33.22	31.56	36.29
93287	26	21.24	20.18	23.21
93288		39.59	37.61	43.25
93288	26	23.09	21.94	25.23
93289		61.55	58.47	67.24
93289	26	41.69	39.61	45.55
93290		29.46	27.99	32.19
93290	26	20.37	19.35	22.25
93291		37.97	36.07	41.48
93291	26	23.27	22.11	25.43
93292		34.43	32.71	37.62
93292	26	23.09	21.94	25.23
93293		52.82	50.18	57.71
93293	TC	36.74	34.90	40.14
93293	26	16.08	15.28	17.57
93294		34.93	33.18	38.16
93295		63.20	60.04	69.05
93297		24.58	23.35	26.85
93298		28.13	26.72	30.73
93352		34.62	32.89	37.82
96360		50.21	47.70	54.86
96361		14.58	13.85	15.93
96365		61.31	58.24	66.98
96366		19.76	18.77	21.59
96367		31.07	29.52	33.95
96368		18.44	17.52	20.15
96369		133.60	126.92	145.96
96370		14.29	13.58	15.62
96371		64.59	61.36	70.56
96372		19.19	18.23	20.96
96373		16.47	15.65	18.00
96374		48.75	46.31	53.26
96375		21.06	20.01	23.01

-THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.
 C - THE PAYMENT FOR THE TECHNICAL COMPONENT IS CAPPED AT THE OPPTS AMOUNT.
 LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.
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01/08/09

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