

**RHODE ISLAND – MEDICARE PART B
CY 09 MEDICARE FEE SCHEDULE
LOCALITY 01**

PROCEDURE CODE	PAR AMOUNT	NONPAR AMOUNT	LIMITING CHARGE
R0070	\$222.63	\$211.50	\$243.23
R0075	\$222.63	\$211.50	\$243.23

Limiting Charge applies to unassigned claims by non-participating providers.
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May 1, 2009