

Provider Fees

New England Medicare Part B



MEDICARE FEE SCHEDULE EFFECTIVE 01/01/2009
AREA 50 VERMONT

| NOTE | PROCEDURE | MOD | PAR AMOUNT | NON-PAR AMOUNT | LIMITING CHARGE |
|-------|-----------|------|---------------|-------------------|--------------------|
| ----- | ----- | ---- | ----- | ----- | ----- |
| | 20697 | | 1,172.98 | 1,114.33 | 1,281.48 |
| | 37205 | | 4,036.78 | 3,834.94 | 4,410.18 |
| # | 37205 | | 431.52 | 409.94 | 471.43 |
| | 37206 | | 2,432.30 | 2,310.69 | 2,657.29 |
| # | 37206 | | 210.08 | 199.58 | 229.52 |
| | 47525 | | 486.10 | 461.80 | 531.07 |
| # | 47525 | | 109.22 | 103.76 | 119.32 |
| | 51798 | | 19.85 | 18.86 | 21.69 |
| | 63650 | | 367.56 | 349.18 | 401.56 |
| | 63685 | | 349.08 | 331.63 | 381.37 |
| | 63688 | | 313.18 | 297.52 | 342.15 |
| C | 75557 | | 450.38 | 427.86 | 492.04 |
| | 76775 | | 107.59 | 102.21 | 117.54 |
| | 76775 | 26 | 29.60 | 28.12 | 32.34 |
| | 93228 | | 25.13 | 23.87 | 27.45 |
| | 93279 | | 54.28 | 51.57 | 59.31 |
| | 93279 | 26 | 35.50 | 33.73 | 38.79 |
| | 93280 | | 64.46 | 61.24 | 70.43 |
| | 93280 | 26 | 42.66 | 40.53 | 46.61 |
| | 93281 | | 75.35 | 71.58 | 82.32 |
| | 93281 | 26 | 49.83 | 47.34 | 54.44 |
| | 93282 | | 69.47 | 66.00 | 75.90 |
| | 93282 | 26 | 46.43 | 44.11 | 50.73 |
| | 93283 | | 84.66 | 80.43 | 92.49 |
| | 93283 | 26 | 58.43 | 55.51 | 63.84 |
| | 93284 | | 99.32 | 94.35 | 108.50 |
| | 93284 | 26 | 69.54 | 66.06 | 75.97 |
| | 93285 | | 46.76 | 44.42 | 51.08 |
| | 93285 | 26 | 29.03 | 27.58 | 31.72 |
| | 93286 | | 26.42 | 25.10 | 28.87 |
| | 93286 | 26 | 14.72 | 13.98 | 16.08 |
| | 93287 | | 34.84 | 33.10 | 38.07 |
| | 93287 | 26 | 21.72 | 20.63 | 23.72 |
| | 93288 | | 41.92 | 39.82 | 45.79 |
| | 93288 | 26 | 23.84 | 22.65 | 26.05 |
| | 93289 | | 64.82 | 61.58 | 70.82 |
| | 93289 | 26 | 43.02 | 40.87 | 47.00 |
| | 93290 | | 30.75 | 29.21 | 33.59 |
| | 93290 | 26 | 20.82 | 19.78 | 22.75 |
| | 93291 | | 40.14 | 38.13 | 43.85 |
| | 93291 | 26 | 24.02 | 22.82 | 26.24 |
| | 93292 | | 36.24 | 34.43 | 39.59 |
| | 93292 | 26 | 23.84 | 22.65 | 26.05 |
| | 93293 | | 56.73 | 53.89 | 61.97 |
| | 93293 | TC | 40.23 | 38.22 | 43.95 |

NHIC, Corp.

www.medicarenhic.com

Provider Fees

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|-------|----|--------|--------|--------|
| 93293 | 26 | 16.50 | 15.68 | 18.03 |
| 93294 | | 36.03 | 34.23 | 39.36 |
| 93295 | | 65.24 | 61.98 | 71.28 |
| 93297 | | 25.13 | 23.87 | 27.45 |
| 93298 | | 29.03 | 27.58 | 31.72 |
| 93352 | | 37.34 | 35.47 | 40.79 |
| 96360 | | 54.52 | 51.79 | 59.56 |
| 96361 | | 15.65 | 14.87 | 17.10 |
| 96365 | | 66.60 | 63.27 | 72.76 |
| 96366 | | 21.02 | 19.97 | 22.97 |
| 96367 | | 33.44 | 31.77 | 36.54 |
| 96368 | | 19.60 | 18.62 | 21.41 |
| 96369 | | 146.19 | 138.88 | 159.71 |
| 96370 | | 15.00 | 14.25 | 16.39 |
| 96371 | | 71.08 | 67.53 | 77.66 |
| 96372 | | 20.49 | 19.47 | 22.39 |
| 96373 | | 17.47 | 16.60 | 19.09 |
| 96374 | | 52.93 | 50.28 | 57.82 |
| 96375 | | 22.75 | 21.61 | 24.85 |

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