

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
54	99201	OFFICE,NEW,PROBLEM, STRAIGHTFORWARD	26.04								
55	99201	OFFICE,NEW,PROBLEM, STRAIGHTFORWARD	42.93								
54	99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD	49.47								
55	99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD	73.35								
54	99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX	75.73								
55	99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX	106.63								
54	99204	OFFICE,NEW PT, COMPREHEN, MOD COMPLX	129.27								
55	99204	OFFICE,NEW PT, COMPREHEN, MOD COMPLX	163.35								
54	99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX	166.28								
55	99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX	202.91								
54	99211	OFFICE,EST PT, MINIMAL PROBLEMS	9.00								X
55	99211	OFFICE,EST PT, MINIMAL PROBLEMS	19.83								X
54	99212	OFFICE,EST PT, PROBLEM,STRAITFORWD	24.77								X
55	99212	OFFICE,EST PT, PROBLEM,STRAITFORWD	42.93								X
54	99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX	50.27								
55	99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX	71.93								
54	99214	OFFICE,EST PT, DETAILED, MOD COMPLX	77.53								
55	99214	OFFICE,EST PT, DETAILED, MOD COMPLX	105.88								
54	99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX	109.21								
55	99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX	142.03								
54	99218	INITIAL OBSERVATION CARE, PER DAY, F	98.00								
55	99218	INITIAL OBSERVATION CARE, PER DAY, F	98.00								
54	99219	INITIAL OBSERVATION CARE, PER DAY, F	133.44								
55	99219	INITIAL OBSERVATION CARE, PER DAY, F	133.44								
54	99220	INITIAL OBSERVATION CARE, PER DAY, F	183.03								
55	99220	INITIAL OBSERVATION CARE, PER DAY, F	183.03								
54	99221	INITIAL HOSP,COMPRES,STRTFWD,LOCMPLX	100.27								
55	99221	INITIAL HOSP,COMPRES,STRTFWD,LOCMPLX	100.27								
54	99222	INITIAL HOSP,COMPRES,MOD COMPLX	136.12								
55	99222	INITIAL HOSP,COMPRES,MOD COMPLX	136.12								
54	99223	INITIAL HOSP,COMPRES, HIGH COMPLX	200.31								
55	99223	INITIAL HOSP,COMPRES, HIGH COMPLX	200.31								
54	99224	SUBSEQUENT OBSERVATION CARE, PER DAY	39.24								
55	99224	SUBSEQUENT OBSERVATION CARE, PER DAY	39.24								
54	99225	SUBSEQUENT OBSERVATION CARE, PER DAY	71.15								
55	99225	SUBSEQUENT OBSERVATION CARE, PER DAY	71.15								
54	99226	SUBSEQUENT OBSERVATION CARE, PER DAY	102.84								
55	99226	SUBSEQUENT OBSERVATION CARE, PER DAY	102.84								
54	99231	SUBSEQNT HOSP,PRBLM,STRTFWD R LO CLX	38.64								
55	99231	SUBSEQNT HOSP,PRBLM,STRTFWD R LO CLX	38.64								
54	99232	SBSQNT HOSP,XPANDED,MOD COMPLXTY	71.10								
55	99232	SBSQNT HOSP,XPANDED,MOD COMPLXTY	71.10								
54	99233	SBSQNT HOSP,DETAILED, HIGH COMPLXTY	102.48								
55	99233	SBSQNT HOSP,DETAILED, HIGH COMPLXTY	102.48								
54	99234	OBSERV/HOSP SAME DATE	132.72							X	
55	99234	OBSERV/HOSP SAME DATE	132.72							X	

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE	MED	PA	SEX	PSR	SL	X-	UVS
				MIN-MAX	REV					OVERS	>001
54	99235	OBSERV/HOSP SAME DATE	166.48							X	
55	99235	OBSERV/HOSP SAME DATE	166.48							X	
54	99236	OBSERV/HOSP SAME DATE	215.12							X	
55	99236	OBSERV/HOSP SAME DATE	215.12							X	
54	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	71.32								
55	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	71.32								
54	99239	HOSPITAL DISCHARGE DAY	105.60								
55	99239	HOSPITAL DISCHARGE DAY	105.60								
54	99281	EMER DEPT VST, PRBLM, STRTFWD	20.87								
55	99281	EMER DEPT VST, PRBLM, STRTFWD	20.87								
54	99282	EMER DEPT VST, PRBLM, LOW CmplXty	40.97								
55	99282	EMER DEPT VST, PRBLM, LOW CmplXty	40.97								
54	99283	EMER DEPT VSTXXPAND, LOW Cmplsty	61.24								
55	99283	EMER DEPT VSTXXPAND, LOW Cmplsty	61.24								
54	99284	EMER DEPT VST, DETAILED, MOD CmplXty	117.11								
55	99284	EMER DEPT VST, DETAILED, MOD CmplXty	117.11								
54	99285	EMER DEPT VST, COMPHSV, HIGH CmplXty	171.67								
55	99285	EMER DEPT VST, COMPHSV, HIGH CmplXty	171.67								
54	99291	CRITICAL CARE, FIRST HOUR	221.25		X						
55	99291	CRITICAL CARE, FIRST HOUR	272.22		X						
54	99292	CRITICAL CARE, EVALUATION AND MANAGE	111.22		X						X
55	99292	CRITICAL CARE, EVALUATION AND MANAGE	121.73		X						X
54	99304	INITIAL NURSING FACILITY CARE, PER D	91.95								
55	99304	INITIAL NURSING FACILITY CARE, PER D	91.95								
54	99305	INITIAL NURSING FACILITY CARE, PER D	130.65								
55	99305	INITIAL NURSING FACILITY CARE, PER D	130.65								
54	99306	INITIAL NURSING FACILITY CARE, PER D	165.68								
55	99306	INITIAL NURSING FACILITY CARE, PER D	165.68								
54	99307	SUBSEQUENT NURSING FACILITY CARE, PE	43.78								
55	99307	SUBSEQUENT NURSING FACILITY CARE, PE	43.78								
54	99308	SUBSEQUENT NURSING FACILITY CARE, PE	67.96								
55	99308	SUBSEQUENT NURSING FACILITY CARE, PE	67.96								
54	99309	SUBSEQUENT NURSING FACILITY CARE, PR	89.30								
55	99309	SUBSEQUENT NURSING FACILITY CARE, PR	89.30								
54	99310	SEBSEQUENT NURSING FACILITY CARE, PE	133.16								
55	99310	SEBSEQUENT NURSING FACILITY CARE, PE	133.16								
54	99315	NURSING FAC DISCHARGE DAY	71.91								
55	99315	NURSING FAC DISCHARGE DAY	71.91								
54	99316	NURSING FAC DISCHARGE DAY	103.42								
55	99316	NURSING FAC DISCHARGE DAY	103.42								
54	99324	DOMICIL/R-HOME VISIT NEW PAT	54.89								
55	99324	DOMICIL/R-HOME VISIT NEW PAT	54.89								
54	99325	DOMICIL/R-HOME VISIT NEW PAT	79.51								
55	99325	DOMICIL/R-HOME VISIT NEW PAT	79.51								
54	99326	DOMICIL/R-HOME VISIT NEW PAT	137.75								
55	99326	DOMICIL/R-HOME VISIT NEW PAT	137.75								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
54	99327	DOMICIL/R-HOME VISIT NEW PAT	183.66								
55	99327	DOMICIL/R-HOME VISIT NEW PAT	183.66								
54	99328	DOMICIL/R-HOME VISIT NEW PAT	213.61								
55	99328	DOMICIL/R-HOME VISIT NEW PAT	213.61								
54	99334	DOMICIL/R-HOME VISIT EST PAT	59.61								
55	99334	DOMICIL/R-HOME VISIT EST PAT	59.61								
54	99335	DOMICIL/R-HOME VISIT EST PAT	93.43								
55	99335	DOMICIL/R-HOME VISIT EST PAT	93.43								
54	99336	DOMICIL/R-HOME VISIT EST PAT	132.68								
55	99336	DOMICIL/R-HOME VISIT EST PAT	132.68								
54	99337	DOMICIL/R-HOME VISIT EST PAT	190.18								
55	99337	DOMICIL/R-HOME VISIT EST PAT	190.18								
54	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	54.57								
55	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	54.57								
54	99342	HOME,NEW PT, EXPANDED, MOD COMPLEX	78.84								
55	99342	HOME,NEW PT, EXPANDED, MOD COMPLEX	78.84								
54	99343	HOME,NEW PT, DETAILED, HIGH COMPLEX	129.60								
55	99343	HOME,NEW PT, DETAILED, HIGH COMPLEX	129.60								
54	99344	HOME VISIT, NEW PATIENT	179.81								
55	99344	HOME VISIT, NEW PATIENT	179.81								
54	99345	HOME VISIT, NEW PATIENT	216.71								
55	99345	HOME VISIT, NEW PATIENT	216.71								
54	99347	HOME VISIT, ESTAB PATIENT	54.86								
55	99347	HOME VISIT, ESTAB PATIENT	54.86								
54	99348	HOME VISIT, ESTAB PATIENT	83.19								
55	99348	HOME VISIT, ESTAB PATIENT	83.19								
54	99349	HOME VISIT, ESTAB PATIENT	126.06								
55	99349	HOME VISIT, ESTAB PATIENT	126.06								
54	99350	HOME VISIT, ESTAB PATIENT	175.26								
55	99350	HOME VISIT, ESTAB PATIENT	175.26								
54	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	61.06								X
55	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	61.06								X
54	99374	HOME HEALTH CARE SUPERVISION	55.91							X	
55	99374	HOME HEALTH CARE SUPERVISION	68.98							X	
54	99377	HOSPICE CARE SUPERVISION	55.91							X	
55	99377	HOSPICE CARE SUPERVISION	68.98							X	
54	99379	NURSING FAC CARE SUPERVISION	55.91							X	
55	99379	NURSING FAC CARE SUPERVISION	68.98							X	
54	99380	NURSING FAC CARE SUPERVISION	87.69							X	
55	99380	NURSING FAC CARE SUPERVISION	103.61							X	
54	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	76.26	00	00						
55	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	108.74	00	00						
54	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	80.86	01	04						
55	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	113.35	01	04						
54	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	86.01	05	11						
55	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	118.19	05	11						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS CODE	DESCRIPTION	FEE	AGE	MIN-MAX	MED REV	PA	SEX	PSR	SL	X- OVERS	UVS >001
54 99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	101.48	12	17							
55 99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	133.96	12	17							
54 99385	INIT COMP PREV MED 18-39 YRS	97.64	18	39						X	
55 99385	INIT COMP PREV MED 18-39 YRS	129.81	18	39						X	
54 99386	INIT COMP PREV MED 40-64 YRS	118.06	40	64						X	
55 99386	INIT COMP PREV MED 40-64 YRS	150.55	40	64						X	
54 99387	INIT COMP PREV MED 65+	126.97	65	99						X	
55 99387	INIT COMP PREV MED 65+	163.28	65	99						X	
54 99391	PERDC REEVAL &MGT HLTHY INDV,INFANT	69.38	00	00							
55 99391	PERDC REEVAL &MGT HLTHY INDV,INFANT	97.74	00	00							
54 99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	76.26	01	04							
55 99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	104.61	01	04							
54 99393	PERDC REEVAL & MGT,LTE CHLD 5-11 YRS	76.26	05	11							
55 99393	PERDC REEVAL & MGT,LTE CHLD 5-11 YRS	104.28	05	11							
54 99394	PERDC REEVAL & MGT, ADOLS 12-17 YRS	86.01	12	17							
55 99394	PERDC REEVAL & MGT, ADOLS 12-17 YRS	114.05	12	17							
54 99395	PERIODIC COMP PREV MED 18-39 YRS	88.46	18	39						X	
55 99395	PERIODIC COMP PREV MED 18-39 YRS	116.49	18	39						X	
54 99396	PERIODIC COMP PREV MED 40-64 YRS	96.33	40	64						X	
55 99396	PERIODIC COMP PREV MED 40-64 YRS	124.35	40	64						X	
54 99397	PERIODIC COMP PREV MED 65+	101.48	65	99						X	
55 99397	PERIODIC COMP PREV MED 65+	133.96	65	99						X	
54 99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP								X	
55 99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP								X	
54 99460	INITIAL HOSPITAL OR BIRTHING CENTER	90.86	00	00						X	
55 99460	INITIAL HOSPITAL OR BIRTHING CENTER	90.86	00	00						X	
54 99461	INITIAL CARE, PER DAY, FOR EVALUATIO	64.19	00	00						X	
55 99461	INITIAL CARE, PER DAY, FOR EVALUATIO	98.28	00	00						X	
54 99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.22	00	00							
55 99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.22	00	00							
54 99463	INITIAL HOSPITAL OR BIRTHING CENTER	113.90	00	00						X	
55 99463	INITIAL HOSPITAL OR BIRTHING CENTER	113.90	00	00						X	
54 99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.76	00	00							
55 99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.76	00	00							
54 99465	DELIVERY/BIRTHING ROOM RESUSCITATION	145.43	00	00							
55 99465	DELIVERY/BIRTHING ROOM RESUSCITATION	145.43	00	00							
54 99466	CRITICAL CARE SERVICES DELIVERED BY	262.34	00	01							
55 99466	CRITICAL CARE SERVICES DELIVERED BY	262.34	00	01							
54 99467	CRITICAL CARE SERVICES DELIVERED BY	121.27	00	01							X
55 99467	CRITICAL CARE SERVICES DELIVERED BY	121.27	00	01							X
54 99468	INITIAL INPATIENT NEONATAL CRITICAL	945.45	00	00							
55 99468	INITIAL INPATIENT NEONATAL CRITICAL	945.45	00	00							
54 99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	391.98	00	00							
55 99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	391.98	00	00							
54 99471	INITIAL INPATIENT PEDIATRIC CRITICAL	844.67	00	01							
55 99471	INITIAL INPATIENT PEDIATRIC CRITICAL	844.67	00	01							

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS CODE	DESCRIPTION	FEE	AGE	MIN-MAX	MED	PA	SEX	PSR	SL	X-	UVS
					REV					OVERS	>001
54 99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	402.86	00	01							
55 99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	402.86	00	01							
54 99475	INITIAL INPATIENT PEDIATRIC CRITICAL	559.13	02	05							
55 99475	INITIAL INPATIENT PEDIATRIC CRITICAL	559.13	02	05							
54 99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	345.52	02	05							
55 99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	345.52	02	05							
54 99477	INITIAL HOSPITAL CARE, PER DAY, FOR	348.19	00	00							
55 99477	INITIAL HOSPITAL CARE, PER DAY, FOR	348.19	00	00							
54 99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	139.44	00	00							
55 99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	139.44	00	00							
54 99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.69	00	00							
55 99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.69	00	00							
54 99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	118.63	00	00							
55 99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	118.63	00	00							
54 99499	UNLISTED EVALUATION AND MANAGEMENT S	MP								X	
55 99499	UNLISTED EVALUATION AND MANAGEMENT S	MP								X	

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

54 - Affordable Care Act (ACA) Enhanced rates - Facility
55 - Affordable Care Act (ACA) Enhanced rates - Non-Facility

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE.

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny. The fee schedule cannot display age restrictions in days or months; therefore providers should follow Current Procedural Terminology(CPT) coding guidelines based on the age of the recipient on the date of service.

COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments or for manual pricing.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.

COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.

COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.

COLUMN 10. SL (Service Limitation): Codes with frequency limitations. For example, this could include yearly or lifetime limits.

COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.

COLUMN 12. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.