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SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2015 THRU DECEMBER 31, 2015

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| 40  | 37202| TRANSCATHETER THERAPY, INFUSION OTHER         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37211| TRANSCATHETER THERAPY, ARTERIAL INFUSION     | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37212| TRANSCATHETER THERAPY, VENOUS INFUSION      | CCR |        |     |    |      |       | CCR |         |    | X    |       |'
| 40  | 37213| TRANSCATHETER THERAPY, ARTERIAL OR VENOUS   | CCR |        |     |    |      |       | CCR |         |    | X    |       |'
| 40  | 37214| REMOVAL OF CATHETER IN ARTERY OR VENOUS     | CCR |        |     |    |      |       | CCR |         |    | X    |       |'
| 40  | 37215| TRANSCATH STENT, CCA W/EPS                   | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37216| TRANSCATH STENT, CCA W/O EPS                  | CCR |        |     |    |      |       | CCR |         |    |     | X     |'
| 40  | 37217| INSERTION OF INTRAVASCULAR STENTS IN         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37218| TRANSCATHETER PLACEMENT OF INTRAVASCULAR     | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37224| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37225| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37226| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37227| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37228| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
| 40  | 37229| REvascularization, ENDOVASCULAR, OPE         | CCR |        |     |    |      |       | CCR |         |    |     |       |'
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| 40  | 38208 | TRANSPLANT PREPARATION OF HEMATOPOIE | CCR |
| 40  | 38209 | TRANSPLANT PREPARATION OF HEMATOPOIE | CCR |
| 40  | 38210 | T-CELL DEPLETION OF HARVEST | CCR |
| 40  | 38211 | TUMOR CELL DEPLET OF HARVEST | CCR |
| 40  | 38212 | RBC DEPLETION OF HARVEST | CCR |
| 40  | 38213 | PLATELETS DEPLET OF HARVEST | CCR |
| 40  | 38214 | VOLUME DEPLET OF HARVEST | CCR |
| 40  | 38215 | HARVEST STEM CELL CONCENTRATE | CCR |
| 40  | 38220 | BONE MARROW ASPIRATION | CCR |
| 40  | 38221 | BONE MARROW BIOPSY | CCR |
| 40  | 38230 | BONE MARROW HARVESTING FOR TRANSPLAN | CCR |
| 40  | 38232 | BONE MARROW HARVESTING FOR TRANSPLAN | CCR |
| 40  | 38240 | BONE MARROW TRANSPLANTATION | CCR |
| 40  | 38241 | BONE MARROW TRANSPLANT,AUTOLOGOUS | CCR |
| 40  | 38242 | LYMPHOCYTE INFUSE TRANSPLANT | CCR |
| 40  | 38243 | HEMATOPOIETIC PROGENITOR CELL (HPC); | CCR |
| 40  | 38380 | THORACIC DUCT PROCEDURE | CCR |
| 40  | 38381 | THORACIC DUCT PROCEDURE | CCR |
| 40  | 38382 | SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR | CCR |
| 40  | 38562 | LIM.LYMPHADENECTOMY/STAGING; PELVIC | CCR |
| 40  | 38564 | LIM.LYMPHADENECTOMY/STAGE;RETROPERIT | CCR |
| 40  | 38720 | REMOVAL OF LYMPH NODES, NECK | CCR |
| 40  | 38724 | CERVICAL LYMHPHADENECTOMY | CCR |
| 40  | 38746 | THORACIC LYMHPHADENECTOMY BY THORACOT | CCR |
| 40  | 38747 | ABDOMINAL LYMHPHADENECTOMY, REGIONAL, | CCR |
| 40  | 38750 | REMOVE GROIN LYMPH NODES | CCR |
| 40  | 38770 | REMOVE PELVIS LYMPH NODES | CCR |
| 40  | 38780 | REMOVE ABDOMEN LYMPH NODES | CCR |
| 40  | 38792 | INJECTION PROCEDURE; RADIOACTIVE TRA | CCR |
| 40  | 38794 | ACCESS THORACIC LYMPH DUCT | CCR |
| 40  | 38900 | INTRAOPERATIVE IDENTIFICATION (EG, M | CCR |
| 40  | 39000 | EXPLORATION OF MEDIASTINUM | CCR |
| 40  | 39010 | EXPLORATION OF MEDIASTINUM | CCR |
| 40  | 39200 | RESECTION OF MEDIASTINAL CYST | CCR |
| 40  | 39220 | RESECTION OF MEDIASTINAL TUMOR | CCR |
| 40  | 39501 | REPAIR, LACERATION OF DIAPHRAGM | CCR |
| 40  | 39503 | REPAIR,NEONATAL DIAPHRAGMATIC HERNIA | CCR |
| 40  | 39540 | REPAIR OF DIAPHRAGM HERNIA | CCR |
| 40  | 39541 | REPAIR OF DIAPHRAGM HERNIA | CCR |
| 40  | 39545 | REVISION OF DIAPHRAGM | CCR |
| 40  | 39560 | RESECT DIAPHRAGM, SIMPLE | CCR |
| 40  | 39561 | RESECT DIAPHRAGM, COMPLEX | CCR |
| 40  | 40000 | TISSUE TRANSDER; DEFECT TO 10 CM | CCR |
| 40  | 40805 | REMOVAL FOREIGN BODY, MOUTH | CCR |
|     | 41000 | DRAINAGE OF MOUTH LESION | CCR |
| 40  | 41019 | PLACEMENT OF NEEDLES, CATHETERS, OR | CCR |
| 40  | 41105 | BIOPSY OF TONGUE | CCR |
| 40  | 41110 | EXCISION OF TONGUE LESION | CCR |
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SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2015 THRU DECEMBER 31, 2015

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### SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

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## SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS JANUARY 1, 2015 THRU DECEMBER 31, 2015

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### SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS JANUARY 1, 2015 THRU DECEMBER 31, 2015**

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### SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

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# Sole Community Hospital Services Fee Schedule

**FEES EFFECTIVE FOR DOS JANUARY 1, 2015 THRU DECEMBER 31, 2015**

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### SOLE COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

**FEES EFFECTIVE FOR DOS January 1, 2015 THRU DECEMBER 31, 2015**

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## SOL COMMUNITY HOSPITAL SERVICES FEE SCHEDULE

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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 Molina 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. |
| List below is an explanation of the type of service found on this schedule. |
| 40 - Sole Community Hospital Outpatient Services |
| 20 - Enhanced Outpatient Rehab Services (under age 3) |
| COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee. |
| NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule. |
| 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. |
| COLUMN 6. 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 7. SEX (Restriction): Some procedure codes are restricted to a particular sex. |
| COLUMN 8. UVS>001: An 'X' in this column means more than one unit of service per day may be billed. |
| COLUMN 9. Effective date: Type of Service (TOS) 40 was created 4/1/09 specifically for Sole Community Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected. |
| COLUMN 10. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only. |