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SUBJECT Implementation of the Medical Assistance Program's Physician Fee Increases for Select Primary Care Services	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to announce the Department of Public Welfare's (Department) implementation of Section 1202 of the Patient Protection and Affordable Care Act (ACA) and to provide MA Program enrolled physicians with information regarding the Department's implementation of the ACA increased primary care services fees, effective May 31, 2013.

SCOPE:

This bulletin applies to MA enrolled physicians who render primary care services to MA beneficiaries in the Fee-for-Service (FFS) and managed care delivery systems. Physicians participating in the MA managed care delivery system should address payment questions regarding the primary care services fee increases directly to the applicable MA managed care organization (MCO).

BACKGROUND:

Section 1202 of the Patient Protection and Affordable Care Act (Pub. L. 111- 148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152) (collectively the ACA), and the implementing federal regulations require state Medicaid programs to pay increased fees for primary care services to physicians that qualify for the primary care fee increases (qualifying physicians) that are no less than the Medicare rates in effect in calendar years (CY) 2013 and 2014, or if greater, the rates that would be applicable in those CYs using the CY 2009 Medicare physician fee schedule (MPFS) conversion factor (CF). Only Healthcare Common Procedure Coding System (HCPCS) Evaluation and Management (E&M) codes 99201 through 99499 and Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor codes, are designated for the ACA increased primary care services fees. The Centers for Medicare and Medicaid Services (CMS) published the final Federal regulation implementing Section 1202 of the ACA at 77 FR 66670 on November 6, 2012.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p style="text-align: center;">The appropriate toll free number for your provider type</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

On January 3, 2013, the Department published notice of its intent to pay the ACA increased fees for primary care services to MA Program enrolled qualifying physicians in the *Pennsylvania Bulletin* at 43 Pa.B.105.

In order to receive the primary care services increased fees, qualifying physicians must first self-attest to the Department that they qualify for the ACA increased primary care services fees based on their primary specialty and then also attest to meeting either Board Certification or the 60% threshold. States may not pay a physician the ACA increased primary care services fees without evidence of self-attestation. The Department published MA Bulletin 31-13-11, titled "Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form", issued on January 22, 2013, and MA Bulletin 31-13-32, titled "Revised Physician Attestation Form for Primary Care Services", issued on May 3, 2013, to inform physicians of the requirements that must be met in order to qualify for the ACA increased primary care services fees, and to issue the Physician Attestation Form.

The Department's implementation of the ACA increased primary care services fees was contingent upon the completion of necessary PROMIS^e™ system changes and upon CMS' approval of the Department's State Plan Amendment (SPA). The Department submitted its SPA to CMS on January 31, 2013, and CMS approved the Department's SPA submission on April 30, 2013.

DISCUSSION:

Under the ACA, states are required to pay qualifying physicians increased fees for certain E&M and vaccine administration procedure codes to the extent covered by the State. Under Pennsylvania's MA Program, payment is made for vaccine administration using the vaccine product procedure codes. On April 3, 2013, CMS advised the Department that we may crosswalk our vaccine product procedure codes to the vaccine administration procedure codes identified in the federal implementing regulation. CMS also advised the Department that the vaccine product procedure codes covered by the MA Program can be included in determining whether eligible physicians meet the 60% threshold of qualifying Medicaid-billed E&M and vaccine administration procedure codes to qualify for payment of the ACA increased primary care services fees.

ACA Primary Care Fee Schedule

As permitted under the Federal implementing regulation at 42 CFR 447.405 (relating to amount of required minimum payments), the Department's methodology to set the increased fees, for the FFS and the managed care delivery systems, is based on the office-setting rate using the mean over all counties for each of the qualifying E&M and vaccine administration/vaccine product procedure codes. In March 2013, CMS provided the Department with a model of Pennsylvania's 2013 ACA increased primary care services fees

based on this methodology, as calculated by CMS' contractor, Deloitte. From the CMS/Deloitte model, the Department's formula for calculating the statewide mean rate is:

$$\frac{5 \times (\text{GPCI 01 rate}) + 62 \times (\text{GPCI 99 rate})}{67}$$

GPCI 01 is Pennsylvania Geographic Practice Cost Index for the Philadelphia region.
GPCI 99 is Pennsylvania Geographic Practice Cost Index for the Rest of the Commonwealth.

The Department's "ACA Primary Care Services (ACA-PCS) FFS Fee Schedule – Statewide Average Office Rates 2013", is attached to this MA Bulletin and is available on the Department's dedicated ACA webpage and on the "For Providers" Fee Schedule webpage.

Non-Medicaid Beneficiaries and Non-Qualifying Physicians

The ACA increased primary care services fees apply only to services rendered to Federal Medicaid beneficiaries. Qualifying physicians rendering services to non-Medicaid beneficiaries, such as, General Assistance MA beneficiaries, will be paid the current MA Program Fee Schedule rate. Physicians who do not qualify for the ACA increased primary care services fees will continue to be paid the current MA Program Fee Schedule rate for the designated E&M and vaccine administration/vaccine product procedure codes.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screens

In order to incentivize certain providers to provide and report complete EPSDT screens in accordance with the Department's EPSDT Periodicity Schedule, the Department currently pays providers, including physicians, an "enhanced amount" for complete EPSDT screens based on four tiers of \$80, \$90, \$105 and \$125 depending on the particular screening periodicity. The Department uses preventive E&M codes 99381-99385 and 99391-99395, with an EP modifier and other specified procedure codes from the Department's EPSDT Periodicity Schedule, to identify and provide payment for complete EPSDT screens. These preventive E&M procedure codes are included in the range of codes designated by CMS as primary care services.

As such, the Department developed systems logic to ensure that qualifying physicians rendering complete EPSDT screens will be paid the ACA increased primary care services fee for the E&M procedure code, when such fee is higher than the complete EPSDT screen fee. If the MA Program fee for the complete EPSDT screen is higher than the ACA increased primary care services fee, the physician will receive the higher EPSDT fee, determined by the billed amount on the physician's claim form.

Within the next several months, the Department will issue a separate MA Bulletin to emphasize the importance for physicians and other authorized providers to perform a

comprehensive evaluation of a child's health. This bulletin will remind providers of the Department's requirements for the submission of EPSDT claims to the MA Program.

Managed Care Information

Section 1202 of the ACA applies to qualifying physicians under the MA managed care delivery system. Please note the Department determines which physicians qualify for the ACA increased primary care services fees and will notify the applicable MCO of the same.

Physician Training

The Department conducted training sessions for physicians in April 2013, related to the implementation of the ACA primary care fee increases and the process for submitting the Physician Attestation Form. The Department will conduct additional training sessions for physicians in mid-June 2013. Physicians will be required to pre-register for the training session(s) and Departmental staff will be available after each session to answer questions. More information regarding the dates for physician training will be posted to the "ACA Physician Fee Increases for Primary Care Services" website and will be relayed to physicians via an upcoming PROMISe™ RA Banner Alert. Additionally, physicians may access a tutorial for assistance with completing the Physician Attestation Form on the Department's website.

PROCEDURE:

Physician Attestation Form

Qualifying physicians must submit their Physician Attestation Forms to the Department as instructed in MA Bulletins 31-13-11 and 31-13-32. Upon receipt and processing of the Physician Attestation Form, the Department will assign a special indicator to the qualifying physician's enrollment file for claims payment purposes of the ACA primary care services increased fees. The Department will notify qualifying physicians via a "Provider Change Notice" of the special indicator begin and end dates. The special indicator begin date is the effective date of the Physician Attestation Form.

Claims Submission

Qualifying physicians must not submit claims for the ACA increased primary care services fees with dates of service in a single detail line that span the end of the CY (i.e., December 31) and the beginning of the following CY (i.e., January 1), when the ACA primary care services fees will change.

Physicians who are not qualified for the ACA increased primary care services fee, i.e., physicians who have not self-attested to a primary specialty in family medicine, internal medicine or pediatric medicine and board certification by the ABPS, ABMS or AOA; OR,

physicians who have not self-attested to the 60% threshold will be paid the current MA Program Fee Schedule rate regardless of a CY span.

The Department established edits related to the ACA increased primary care services fees. Edit 826 (Detail Spans Calendar Year/Split Detail for Payment), Edit 1053 (Board Cert and/or Volume Cert Req for ACA Fee), and/or Edit 1055 (Span Dates: Split Detail Dates by Board/Volume Cert) will post on claims submitted with dates of service. Please be advised that only E&M procedure codes 99221, 99222, 99223, 99231, 99232, 99233, 99291 and 99292 may be used for span billing of claims.

The Department developed examples of claim submission scenarios, as described above, for appropriate span billing of claims using the specified E&M procedure codes. The examples are posted on the Department's dedicated ACA webpage.

Retroactive Mass Claim Adjustments

The Department will systematically reprocess paid ACA primary care services claims for qualifying physicians retroactive to January 1, 2013, for those physicians who submitted their Physician Attestation Forms to the Department by April 1, 2013, and for those physicians attesting to the 60% threshold using the vaccine product procedure codes by July 1, 2013. The Department estimates that the mass claim adjustment process will begin during the last week of June 2013. Due to the expected volume of claims, the mass claim adjustment process may be completed over the course of several financial cycles. Therefore, it is essential that qualified physicians do not resubmit or adjust their primary care services claims for dates of service on and after January 1, 2013 through and including May 30, 2013. The Department will notify physicians of the mass adjustment process via an RA Banner PROMISe™ Alert.

The Department will implement an automated adjustment process to address payment for newly enrolled or newly attested physicians who qualify for the increased primary care services fees on or around July 1, 2013. The Department established a weekly process to identify physicians who have been deemed retroactively eligible for the ACA primary care increased fees and will adjust previously paid claims for the designated E&M and vaccine administration/vaccine product codes eligible for the fee increases but were paid using the current MA fee pricing logic. The Department will adjust these claims based on the effective date of receipt of a completed, acceptable Physician Attestation Form.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screens

Physicians must continue to submit claims for complete EPSDT screens to the MA Program according to the instructions set forth by the Department. CMS mandates that the Department report the number of complete EPSDT screens provided to MA eligible children each year via the CMS-416 report. Physicians should reference instructions in MA Bulletin 99-

08-13, titled “Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule”, issued on September 18, 2008 and effective on September 1, 2008; and, MA Bulletin 99-10-06, titled “Revisions to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule”, issued on June 14, 2010 and effective on June 14, 2010.

Qualifying physicians rendering EPSDT services in the managed care delivery system should contact their applicable MCO for instructions on the submission of claims and reporting requirements for complete EPSDT screens.

References

Physicians may view various informative publications, related to the ACA primary care physician fee increases on the Department’s dedicated ACA webpage under “Helpful Links for Providers” at the following website link:

<http://www.dpw.state.pa.us/provider/acaphysicianfeeincreasesforpcs/index.htm>.

Specifically, in addition to this MA Bulletin, physicians may view:

- The Department’s January 3, 2013, intent Public Notice published in the *Pennsylvania Bulletin* at 43 Pa.B.105;
- MA Bulletin 31-13-11, “Medical Assistance Program Fee Increase for Select Primary Care Services and Physician Attestation Form”;
- MA Bulletin 31-13-32, “Revised Physician Attestation Form for Primary Care Services”;
- The Physician Attestation Form;
- The Department’s “ACA Primary Care Services (ACA-PCS) FFS Fee Schedule – State Wide Average Office Rates 2013” (the ACA-PCS Fee Schedule may also be viewed at: <http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm>;
- Claims Submission Span Billing Examples;
- PROMISe™ RA Banner Alerts related to physician training;
- The Federal (Final Rule) implementing regulation;
- CMS’ Questions and Answers related to the ACA; and,
- The Department’s December 6, 2012, Power Point Presentation to the Medical Assistance Advisory Committee.

Attachment: ACA-PCS FFS Fee Schedule – Statewide Average Office Rates 2013

ACA Primary Care Services Fee for Service Fee Schedule - Statewide Average Office Rates 2013

E&M Procedure Code	Evaluation and Management (E&M) Procedure Code Description	ACA-PCS FFS Rate 2013
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	\$ 44.45
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	\$ 75.76
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	\$ 110.16
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	\$ 168.95
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	\$ 209.35
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$ 20.50
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.	\$ 44.45
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	\$ 73.85
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	\$ 108.67
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	\$ 146.10
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	\$ 103.01

99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	\$ 139.63
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	\$ 205.14
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	\$ 39.53
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	\$ 72.59
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.	\$ 104.69
99238	Hospital discharge day management; 30 minutes or less	\$ 72.91
99239	Hospital discharge day management; more than 30 minutes	\$ 107.70
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	\$ 47.75
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	\$ 90.31
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	\$ 123.24
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	\$ 182.24
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	\$ 223.25
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	\$ 49.26
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	\$ 75.86

99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	\$ 115.24
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	\$ 165.87
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	\$ 206.37
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.	\$ 21.31
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.	\$ 41.98
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.	\$ 62.65
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	\$ 119.85
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.	\$ 175.76
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$ 279.71
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	\$ 125.11
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	\$ 94.68
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.	\$ 134.51
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.	\$ 169.76

99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.	\$ 44.78
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.	\$ 69.63
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.	\$ 91.29
99310	Subsequent nursing facility care/per day-new or established patient-35 minutes	\$ 136.00
99315	Nursing facility discharge day management; 30 minutes or less	\$ 73.66
99316	Nursing facility discharge day management; more than 30 minutes	\$ 105.61
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.	\$ 96.50
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	\$ 56.28
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	\$ 81.06
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	\$ 140.50
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	\$ 187.94
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.	\$ 217.91
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.	\$ 61.09

99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	\$ 95.53
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	\$ 135.26
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	\$ 194.64
99341	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	\$ 55.95
99342	Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	\$ 80.48
99343	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	\$ 132.77
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	\$ 56.26
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	\$ 85.16
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	\$ 128.96
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	\$ 179.52
99360	Physician standby service, requiring prolonged physician attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	\$ 62.15
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	\$ 112.01

99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	\$ 116.49
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	\$ 121.47
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	\$ 137.43
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	\$ 133.57
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years	\$ 154.37
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older	\$ 167.93
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	\$ 100.62
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	\$ 107.34
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	\$ 107.01
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	\$ 117.14
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	\$ 119.59
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years	\$ 127.78
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older	\$ 137.76
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	\$ 27.75
99460	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant	\$ 91.83
99461	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center	\$ 101.27
99462	Subsequent hospital care, per day, for evaluation and management of normal newborn	\$ 42.05
99463	Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date	\$ 116.24
99464	Attendance at delivery (when requested by the delivering physician) and initial stabilization of newborn	\$ 77.09
99465	Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	\$ 149.04
99468	Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ 970.34
99469	Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger	\$ 398.55
99471	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ 861.34
99472	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age	\$ 411.06
99475	Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$ 572.57

99476	Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age	\$ 354.17
99477	Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services	\$ 354.57
99478	Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)	\$ 142.61
99479	Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)	\$ 129.53
99480	Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	\$ 121.30
Vaccine Product Code	Vaccine Product Code Description	ACA-PCS VFC Rate 2013
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	\$23.14
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	\$23.14
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	\$23.14
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	\$23.14
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	\$23.14
90645	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	\$23.14
90646	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	\$23.14
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	\$23.14
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	\$23.14
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use	\$23.14
90650	Human Papillomavirus virus (HPV) vaccine, types 16 and 18, bivalent, 3 dose schedule, for intramuscular use	\$23.14
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use	\$23.14
90655	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use	\$23.14
90656	Influenza virus vaccine, trivalent, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use	\$23.14
90657	Influenza virus vaccine, trivalent, split virus, when administered to children 6-35 months of age, for intramuscular use	\$23.14
90658	Influenza virus vaccine, trivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use	\$23.14
90660	Influenza virus vaccine, trivalent, live, for intranasal use	\$23.14
90661 ①	Influenza virus vaccine, derived from cell cultures, subunit, preservative and antibiotic free, for intramuscular use	\$23.14
90669	Pneumococcal conjugate vaccine, polyvalent, 7 valent, for intramuscular use	\$23.14
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use	\$23.14
90672 ②	Influenza virus vaccine, quadrivalent, live, for intranasal use	\$23.14
90675	Rabies vaccine, for intramuscular use	\$23.14
90676	Rabies vaccine, for intradermal use	\$23.14
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	\$23.14
90681	Rotavirus vaccine, human, attenuated, 2 dose schedule, live, for oral use	\$23.14
90686 ②	Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use	\$23.14
90690	Typhoid vaccine, live, oral	\$23.14
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	\$23.14
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use	\$23.14
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	\$23.14
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	\$23.14
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP - Hib - IPV), for intramuscular use	\$23.14
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	\$23.14
90702	Diphtheria and tetanus toxoids (DT) adsorbed when administered to individuals younger than 7 years, for intramuscular use	\$23.14
90703	Tetanus toxoid adsorbed, for intramuscular use	\$23.14
90704	Mumps virus vaccine, live, for subcutaneous use	\$23.14
90705	Measles virus vaccine, live, for subcutaneous use	\$23.14
90706	Rubella virus vaccine, live, for subcutaneous use	\$23.14
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$23.14

90708	Measles and rubella virus vaccine, live, for subcutaneous use	\$23.14
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	\$23.14
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	\$23.14
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, when administered to individuals 7 years or older, for intramuscular use	\$23.14
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$23.14
90716	Varicella virus vaccine, live, for subcutaneous use	\$23.14
90717	Yellow fever vaccine, live, for subcutaneous use	\$23.14
90718	Tetanus and diphtheria toxoids (Td) adsorbed when administered to individuals 7 years or older, for intramuscular use	\$23.14
90719	Diphtheria toxoid, for intramuscular use	\$23.14
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DtaP-Hib), for intramuscular use	\$23.14
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV), for intramuscular use	\$23.14
90725	Cholera vaccine for injectable use	\$23.14
90727	Plague vaccine, for intramuscular use	\$23.14
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	\$23.14
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	\$23.14
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent), for intramuscular use	\$23.14
90735	Japanese encephalitis virus vaccine, for subcutaneous use	\$23.14
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	\$23.14
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	\$23.14
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	\$23.14
90746	Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use	\$23.14
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	\$23.14
90748	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	\$23.14
90749	Unlisted vaccine/toxoid	\$23.14
G0008	Administration of influenza virus vaccine	\$23.14
G0009	Administration of pneumococcal vaccine	\$23.14

① Code effective 05-28-2013; ② Code effective 6-24-2013