

				Medicare Rates per Deloitte			
				1/1/13 to 12/31/13		1/1/14 to 12/31/14*	
Office/Outpatient	Code	Medicaid Cov	Medicaid rate	Non-Facility	Facility	Non-Facility	Facility
New Patient	99201	Yes	24.13	\$ 50.37	N/A	\$ 47.12	N/A
	99202	Yes	48.03	\$ 84.84	N/A	\$ 80.38	N/A
	99203	Yes	68.82	\$ 121.76	N/A	\$ 115.80	N/A
	99204	Yes	99.17	\$ 184.18	N/A	\$ 176.16	N/A
	99205	Yes	122.28	\$ 227.28	N/A	\$ 218.89	N/A
Established Patient	99211	Yes	9.17	\$ 23.81	N/A	\$ 22.20	N/A
	99212	Yes	24.13	\$ 50.37	N/A	\$ 47.53	N/A
	99213	Yes	36.31	\$ 82.12	N/A	\$ 78.48	N/A
	99214	Yes	56.46	\$ 120.30	N/A	\$ 115.47	N/A
	99215	Yes	83.57	\$ 160.80	N/A	\$ 154.10	N/A
Hospital Observation New or Established Patient							
	99217	Yes	50.53	N/A	\$ 78.15	N/A	\$ 76.14
	99218	Yes	53.33	N/A	\$ 105.57	N/A	\$ 103.32
	99219	Yes	87.31	N/A	\$ 143.85	N/A	\$ 141.20
	99220	Yes	116.67	N/A	\$ 196.89	N/A	\$ 193.01
Hospital Inpatient							
Initial Hospital Care New or Established Patient	99221	Yes	55.51	N/A	\$ 107.51	N/A	\$ 105.17
	99222	Yes	87.63	N/A	\$ 146.30	N/A	\$ 143.17
	99223	Yes	116.67	N/A	\$ 215.63	N/A	\$ 211.30
Subsequent Hospital Care	99231	Yes	27.32	N/A	\$ 41.58	N/A	\$ 40.77
	99232	Yes	42.31	N/A	\$ 76.71	N/A	\$ 75.11
	99233	Yes	59.39	N/A	\$ 110.54	N/A	\$ 108.30
Observation or Inpatient care (includes admission & discharge services)-patient admitted and discharge on same day	99234	Yes	95.13	N/A	\$ 142.84	N/A	\$ 140.11
	99235	Yes	128.86	N/A	\$ 179.43	N/A	\$ 175.96
	99236	Yes	157.96	N/A	\$ 231.64	N/A	\$ 226.93
Discharge management 30 min or less	99238	Yes	50.28	N/A	\$ 78.32	N/A	\$ 76.32
Discharge management more than 30 min	99239	Yes	65.64	N/A	\$ 115.42	N/A	\$ 112.63
Consultations							
Emergency Room New or Established patients	99281	Yes	15.42	N/A	\$ 21.98	N/A	\$ 21.57
	99282	Yes	23.95	N/A	\$ 43.08	N/A	\$ 42.24
	99283	Yes	48.05	N/A	\$ 64.17	N/A	\$ 62.91
	99284	Yes	73.66	N/A	\$ 122.02	N/A	\$ 119.64
	99285	Yes	115.85	N/A	\$ 179.17	N/A	\$ 175.96
first 30-74 min	99291	Yes	144.08	\$ 301.99	N/A	\$ 289.08	N/A
each additional 30 min	99292	Yes	71.82	\$ 132.31	N/A	\$ 289.08	N/A
NF Services, Dom Services							
Initial NF(99304-99306)	99304	Yes	46.61	\$ 100.56	N/A	\$ 97.44	N/A
	99305	Yes	60.71	\$ 142.66	N/A	\$ 138.72	N/A
	99306	Yes	74.08	\$ 179.85	N/A	\$ 175.54	N/A

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Office/Outpatient	Code	Medicaid Cov	Medicaid rate	Non-Facility	Facility	Non-Facility	Facility
Subsequent NF (99307-99310)	99307	Yes	23.47	\$ 48.40	N/A	\$ 47.21	N/A
	99308	Yes	39.23	\$ 75.24	N/A	\$ 72.82	N/A
	99309	Yes	53.9	\$ 98.71	N/A	\$ 95.92	N/A
	99310	Yes	60.61	\$ 146.14	N/A	\$ 142.31	N/A
NF Discharge (99315-99316)	99315	Yes	45.08	\$ 78.98	N/A	\$ 76.98	N/A
	99316	Yes	57.25	\$ 113.09	N/A	\$ 110.30	N/A
Other NF	99318	Yes	45.34	\$ 103.32	N/A	\$ 100.93	N/A
Dom New Patient (99324-99328)	99324	Yes	38.37	\$ 59.84	N/A	\$ 58.21	N/A
	99325	Yes	53.19	\$ 85.65	N/A	\$ 84.45	N/A
	99326	Yes	76.94	\$ 148.84	N/A	\$ 145.80	N/A
	99327	Yes	109.29	\$ 199.44	N/A	\$ 194.77	N/A
	99328	Yes	139.4	\$ 230.99	N/A	\$ 225.53	N/A
Dom Established Patient (99334-99337)	99334	Yes	28.2	\$ 65.33	N/A	\$ 63.72	N/A
	99335	Yes	44.54	\$ 102.02	N/A	\$ 99.62	N/A
	99336	Yes	68.51	\$ 144.28	N/A	\$ 140.44	N/A
	99337	Yes	107.32	\$ 206.51	N/A	\$ 201.85	N/A
Dom, Home Care plan oversight (99339-99340)	99339	Yes with report and review		\$ 85.39	N/A	\$ 82.99	N/A
	99340	Yes with report and review		\$ 119.14	N/A	\$ 115.69	N/A
Home Services							
New Patient	99341	Yes	44.73	\$ 59.42	N/A	\$ 57.79	N/A
	99342	Yes	63.95	\$ 84.65	N/A	\$ 83.02	N/A
	99343	Yes	93.85	\$ 139.49	N/A	\$ 135.57	N/A
	99344	Yes	119.66	\$ 195.30	N/A	\$ 190.62	N/A
	99345	Yes	140.7	\$ 234.82	N/A	\$ 229.76	N/A
Established Patient	99347	Yes	35.41	\$ 59.89	N/A	\$ 58.27	N/A
	99348	Yes	53.81	\$ 90.42	N/A	\$ 87.99	N/A
	99349	Yes	80.79	\$ 137.51	N/A	\$ 133.65	N/A
	99350	Yes	116.22	\$ 190.45	N/A	\$ 185.76	N/A
Prolonged Services with patient contact; office/outpatient							
first hr	99354	Yes with review	66.64	\$ 107.40	N/A	\$ 105.00	N/A
each additional 30 min	99355	Yes with review	66.34	\$ 104.49	N/A	\$ 102.50	N/A
Inpatient or obseration; first hr.	99356	Yes with review	68.89	N/A	\$ 98.16	N/A	\$ 96.15
	99357	Yes with review	56.45	N/A	\$ 97.33	N/A	\$ 95.32
Prolonged Services without patient contact; office/outpatient							
first hr	99358	Yes with review	38.23	\$ 116.32	N/A	\$ 114.48	N/A
each additional 30 min	99359	Yes with review	based on review	\$ 56.56	N/A	\$ 55.34	N/A
CASE MANAGEMENT							
Anticoagulation Management	99363	Yes with review	based on review	\$ 144.70	N/A	\$ 137.84	N/A
	99364	Yes with review	based on review	\$ 48.29	N/A	\$ 46.27	N/A

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Office/Outpatient	Code	Medicaid Cov	Medicaid rate	Non-Facility	Facility	Non-Facility	Facility
Care Plan Oversight							
In HHA, care home - 30 min or more	99375	yes paid as G0181	92.25	\$ 115.12	N/A	\$ 111.91	N/A
in hospice 30 min or more	99378	yes paid as G0182	103.97	\$ 115.12	N/A	\$ 111.91	N/A
PREVENTIVE MEDICINE							
New Patient							
Les than one year	99381	Yes	48.67	\$ 124.47	N/A	\$ 119.23	N/A
1-4 yrs	99382	Yes	66.86	\$ 129.49	N/A	\$ 124.28	N/A
5-11 yrs	99382	Yes	65.52	\$ 134.59	N/A	\$ 129.38	N/A
12-17 yrs	99384	Yes	59.27	\$ 151.17	N/A	\$ 145.71	N/A
18-39 yrs	99385	Yes	61.58	\$ 147.03	N/A	\$ 141.57	N/A
40-64 yrs	99386	Yes	59.8	\$ 168.98	N/A	\$ 162.71	N/A
65 and up	99387	Yes	51.38	\$ 183.94	N/A	\$ 176.84	N/A
Established Patient							
Less than one year	99391	Yes	34.35	\$ 111.62	N/A	\$ 107.20	N/A
1-4 yrs	99392	Yes	33.27	\$ 118.64	N/A	\$ 114.22	N/A
5-11 yrs	99393	Yes	40.89	\$ 118.22	N/A	\$ 113.80	N/A
12-17 yrs	99394	Yes	45.94	\$ 129.18	N/A	\$ 124.37	N/A
18-39 yrs	99395	Yes	53.86	\$ 131.82	N/A	\$ 127.01	N/A
40-64 yrs	99396	Yes	55.27	\$ 140.23	N/A	\$ 135.18	N/A
65 and up	99397	Yes	50.97	\$ 151.58	N/A	\$ 145.71	N/A
Counseling & Risk Factor Reduction/Behavior Change Intervention							
Smoking and tobacco use cessation, greater than 3 minutes up to 10 minutes	99406	Yes	9.63	\$ 15.15	N/A	\$ 14.76	N/A
Smoking and tobacco use cessation, greater than 10 minutes	99407	Yes	19.82	\$ 29.61	N/A	\$ 28.81	N/A
Evaluation and Management services for Age 28 days or less							
Initial, per day, newborn, hospital or birthing center	99460	Yes	57.63	N/A	\$ 96.24	N/A	\$ 98.44
Initial, per day, newborn, in other than hospital or birthing center	99461	Yes	48.69	\$ 113.64	N/A	\$ 106.33	N/A
Subsequent hospital care	99462	Yes	30.8	N/A	\$ 44.04	N/A	\$ 43.66
Initial, per day, newborn, hospital or birthing center, admitted and discharged on the same day	99463	Yes	74.71	N/A	\$ 124.13	N/A	\$ 120.10
NEWBORN							
attendance at delivery	99464	Yes	62.6	N/A	\$ 81.67	N/A	\$ 73.41
delivery resuscitation	99465	Yes	112.74	N/A	\$ 155.35	N/A	\$ 152.64
PEDIATRIC Critical Care							
24 m or less, first 30-74 min	99466	Yes	199.35	N/A	\$ 278.84	N/A	\$ 263.64
each additional 30 min	99467	Yes	102.67	N/A	\$ 130.47	N/A	\$ 128.25

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Office/Outpatient	Code	Medicaid Cov	Medicaid rate	Non-Facility	Facility	Non-Facility	Facility
INPATIENT							
initial, less than 28 days old	99468	Yes	300	N/A	\$ 1,014.24	N/A	\$ 962.62
subsequent less than 28 days	99469	Yes	144	N/A	\$ 418.64	N/A	\$ 411.02
initial, 29days to 24 months	99471	Yes	168.72	N/A	\$ 916.71	N/A	\$ 895.01
subsequent 29 days to 24 months	99472	Yes	144	N/A	\$ 432.64	N/A	\$ 417.46
initial 2-5 yrs	99475	Yes	300	N/A	\$ 596.44	N/A	\$ 596.87
subsequent 2+5 years	99476	Yes	144	N/A	\$ 371.04	N/A	\$ 361.07
INITIAL AND CONTINUING INTENSIVE CARE							
initial, less than 28 days old	99477	Yes	144	N/A	\$ 373.19	N/A	\$ 360.51
subsequent Wt. less than 1500 gms	99478	Yes	118.49	N/A	\$ 149.93	N/A	\$ 142.68
subsequent Wt.1500-2500 gms	99479	Yes	108.34	N/A	\$ 136.24	N/A	\$ 129.41
subsequent Wt. less than 2501-5000 gms	99480	Yes	104.4	N/A	\$ 126.81	N/A	\$ 124.55
Unlisted E&M service	99499	Yes	by report	\$ -	N/A	\$ -	N/A
IMMUNIZATION ADMINISTRATION							
18 years or less, first vaccine, any route	90460	To be added effective Jan 1, 2013	covered under code in range 90476-90749; paid 4.00 per administration	\$ 23.11	N/A	\$ 23.11	N/A
Injectible, first vaccine	90471	To be added effective Jan 1, 2013	covered under code in range 90476-90749; paid 4.00 per administration	\$ 30.52	N/A	\$ 28.10	N/A
Injectible, each additional vaccine	90472	To be added effective Jan 1, 2013	covered under code in range 90476-90749; paid 4.00 per administration	\$ 14.40	N/A	\$ 13.59	N/A
Intranasal, oral , first vaccine	90473	To be added effective Jan 1, 2013	covered under code in range 90476-90749; paid 4.00 per administration	\$ 30.52	N/A	\$ 28.10	N/A
Intranasal, oral each additional vaccine	90474	To be added effective Jan 1, 2013	covered under code in range 90476-90749; paid 4.00 per administration	\$ 14.40	N/A	\$ 13.59	N/A

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