Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
0030T	00	ANTIPROTHROMBIN	CLINICAL LABORATORY	NonFacility	$ 11.60
0042T	00	CEREBRAL PERFUSI	RADIOLOGY - CT	NonFacility	$ 649.94
0048T	00	IMPL VAD XTRACOR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1715.77
0050T	00	REMV VAD XTRACOR	SURGERY - CARDIOVASCULAR	NonFacility	$ 258.39
0051T	00	IMPL TOTAL REPL	SURGERY - CARDIOVASCULAR	NonFacility	$ 7572.96
0054T	00	CPTR-ASST MUSCSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 530.29
0055T	00	CPTR-ASST MUSCSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 709.03
0073T	00	COMPNSTR-BASED B	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 844.83
0075T	00	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2399.89
0075T	26	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 720.53
0075T	TC	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1679.36
0076T	00	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 733.67
0076T	26	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 195.63
0076T	TC	TRNSCATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 538.04
0078T	00	EVASC RPR AAA PS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2567.21
0079T	00	PLCMT VISCERAL E	SURGERY - CARDIOVASCULAR	NonFacility	$ 302.67
0080T	00	EVASC RPR AAA PS	SURGERY - CARDIOVASCULAR	NonFacility	$ 425.95
0081T	00	PLCMT VISCERAL E	SURGERY - CARDIOVASCULAR	NonFacility	$ 302.67
0102T	00	EXTRCRPL SHOCK W	MEDICINE - OTHER	NonFacility	$ 522.35
0159T	00	COMPUTER AIDED D	RADIOLOGY - MRI	NonFacility	$ 33.85
0159T	26	COMPUTER AIDED D	RADIOLOGY - MRI	NonFacility	$ 5.69
0159T	TC	COMPUTER AIDED D	RADIOLOGY - MRI	NonFacility	$ 28.16
0163T	00	TOT DISC ARTHRP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2603.37
0164T	00	RMVL TOT DISC AR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1869.16
0165T	00	REVJ TOT DISC AR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.14
0171T	00	PST SPINOUS PROC	SURGERY - NERVOUS	NonFacility	$ 1223.59
0172T	00	PST SPINOUS PROC	SURGERY - NERVOUS	NonFacility	$ 596.97
0174T	00	CAD CHEST RADIOG	RADIOLOGY	NonFacility	$ 4.42
0175T	00	CAD CHEST RADIOG	RADIOLOGY	NonFacility	$ 4.42
0179T	00	64 LEAD ECG W/TR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 19.54
0182T	00	HDR ELECTRONIC B	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 352.56
0182T	26	HDR ELECTRONIC B	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 123.39
0182T	TC	HDR ELECTRONIC B	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 229.17
0183T	00	LOW FREQUENCY WO	MEDICINE - OTHER	NonFacility	$ 33.95
0184T	00	RECTAL TUMOR EXC	SURGERY - DIGESTIVE	NonFacility	$ 1236.26
0190T	00	INTRAOCULAR RADI	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 426.66
0191T	00	ANT SEGMENT INSE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1654.35
0192T	00	ANT SEGMENT INSE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1692.02
01953	00	ANES 2/3 DGR BRN	ANESTHESIA - PM	NonFacility	$ 61.00
0195T	00	ARTHRODESIS PRES	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2430.22
0196T	00	ARTHRODESIS PRES	SURGERY - MUSCULOSKELETAL	NonFacility	$ 160.96
0197T	00	IFXJ LOCLZ&TRAKG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 118.10
0198T	00	MEAS OCULAR BLOO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 89.56
01996	00	DAILY HOSP MGMT	ANESTHESIA - PM	NonFacility	$ 183.00
0199T	00	PHYSIOL REC TRMR	MEDICINE - OTHER	NonFacility	$ 136.69
0200T	00	PERQ SAC AGMNTJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 827.18
0201T	00	PERQ SAC AGMNTJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1021.08
0202T	00	POST VERT ARTHRP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2084.98
0205T	00	IV CATH CORONARY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 147.89
0206T	00	CPTR DBS ALYS ML	MEDICINE - OTHER	NonFacility	$ 334.17
0207T	00	EVAC MEIBOMIAN G	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 33.57
0208T	00	PURE TONE AUDIOM	MEDICINE - OTHER	NonFacility	$ 33.30
0212T	00	COMPRE AUDIOM TH	MEDICINE - OTHER	NonFacility	$ 71.61

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
0213T	00	NJX DX/THER PARA	SURGERY - NERVOUS	NonFacility	$ 307.82
0214T	00	NJX DX/THER PARA	SURGERY - NERVOUS	NonFacility	$ 154.20
0215T	00	NJX PARAVERTBRL	SURGERY - NERVOUS	NonFacility	$ 156.07
0216T	00	NJX DX/THER PARA	SURGERY - NERVOUS	NonFacility	$ 276.02
0217T	00	NJX DX/THER PARA	SURGERY - NERVOUS	NonFacility	$ 140.62
0218T	00	NJX PARAVERTBRL	SURGERY - NERVOUS	NonFacility	$ 142.48
0223T	00	ACOUSTIC CARDIOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 0.02
0224T	00	ACOUSTIC CARDIOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 0.02
0225T	00	ACOUSTIC CARDIOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 0.02
0226T	00	ANOSCOPY HIGH RE	SURGERY - DIGESTIVE	NonFacility	$ 127.84
0227T	00	ANOSCOPY HIGH RE	SURGERY - DIGESTIVE	NonFacility	$ 331.24
0228T	00	NJX ANES/STEROID	SURGERY - NERVOUS	NonFacility	$ 120.58
0229T	00	NJX ANES/STERD T	SURGERY - NERVOUS	NonFacility	$ 118.84
0230T	00	NJX ANES/STEROID	SURGERY - NERVOUS	NonFacility	$ 341.36
0231T	00	NJX ANES/STEROID	SURGERY - NERVOUS	NonFacility	$ 150.64
0232T	00	NJX PLTLT PLASMA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 74.44
0234T	00	TRLUML PERIPHERA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1522.52
0235T	00	TRLUML PERIPHERA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1522.42
0236T	00	TRLUML PERIPH AT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1292.92
0237T	00	TRLUML PERIPH AT	SURGERY - CARDIOVASCULAR	NonFacility	$ 627.13
0238T	00	TRLUML PERIPHERA	SURGERY - CARDIOVASCULAR	NonFacility	$ 942.21
0242T	00	GI TRACT TRANSIT	MEDICINE - OTHER	NonFacility	$ 2048.87
0242T	26	GI TRACT TRANSIT	MEDICINE - OTHER	NonFacility	$ 371.94
0242T	TC	GI TRACT TRANSIT	MEDICINE - OTHER	NonFacility	$ 1676.93
0249T	00	LIGATION HEMORRH	SURGERY - DIGESTIVE	NonFacility	$ 381.75
0253T	00	INSJ ANT SGM FLU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1367.05
0256T	00	EVASC CATHETER-D	SURGERY - CARDIOVASCULAR	NonFacility	$ 3521.57
0257T	00	OPEN THORACIC CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 3379.11
0258T	00	TTHRC EXPOS CATH	SURGERY - CARDIOVASCULAR	NonFacility	$ 4223.87
0259T	00	CARDIAC EXPOSURE	SURGERY - CARDIOVASCULAR	NonFacility	$ 4927.86
0279T	00	CELL ENUMRTION W	CLINICAL LABORATORY	NonFacility	$ 69.30
0280T	00	CELL ENUMRATION	CLINICAL LABORATORY	NonFacility	$ 23.10
0295T	00	EXT ECG > 48HR T	MEDICINE - CARDIOVASCULAR	NonFacility	$ 179.57
0296T	00	EXT ECG > 48HR T	MEDICINE - CARDIOVASCULAR	NonFacility	$ 53.81
0297T	00	EXT ECG > 48HR T	MEDICINE - CARDIOVASCULAR	NonFacility	$ 79.46
0298T	00	EXT ECG > 48HR T	MEDICINE - CARDIOVASCULAR	NonFacility	$ 46.30
10021	00	FINE NDLE ASPIR;	SURGERY - INTEGUMENTARY	NonFacility	$ 222.65
10022	00	FINE NEEDLE ASPI	SURGERY - INTEGUMENTARY	NonFacility	$ 220.20
10040	00	ACNE SURGERY	SURGERY - INTEGUMENTARY	NonFacility	$ 161.03
10060	00	I&D OF ABSCESS ;	SURGERY - INTEGUMENTARY	NonFacility	$ 171.40
10061	00	I&D ABSCESS; COM	SURGERY - INTEGUMENTARY	NonFacility	$ 290.96
10080	00	I&D OF PILONIDAL	SURGERY - INTEGUMENTARY	NonFacility	$ 257.41
10081	00	I&D OF PILONIDAL	SURGERY - INTEGUMENTARY	NonFacility	$ 405.04
10120	00	INCISION&REMOVAL	SURGERY - INTEGUMENTARY	NonFacility	$ 210.44
10121	00	INCISION&REMOVAL	SURGERY - INTEGUMENTARY	NonFacility	$ 407.47
10140	00	I&D HEMATOMA SER	SURGERY - INTEGUMENTARY	NonFacility	$ 240.95
10160	00	PUNCT ASPIR ABSC	SURGERY - INTEGUMENTARY	NonFacility	$ 196.42
10180	00	I&D COMPLEX POST	SURGERY - INTEGUMENTARY	NonFacility	$ 366.00
11000	00	DBRDMT EXTENSV E	SURGERY - INTEGUMENTARY	NonFacility	$ 82.35
11001	00	DBRDMT EXTNSVE E	SURGERY - INTEGUMENTARY	NonFacility	$ 34.16
11004	00	DEBRID SKN SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 969.27
11005	00	DEBRID SKN SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 1290.12
11006	00	DEBRID SKN SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 1180.33

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Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
11008	00	REMOVAL PROSHETI	SURGERY - INTEGUMENTARY	NonFacility	$ 453.23
11010	00	DEBRID ASSOC OPE	SURGERY - INTEGUMENTARY	NonFacility	$ 729.55
11011	00	DEBRID ASSOC OPE	SURGERY - INTEGUMENTARY	NonFacility	$ 811.29
11012	00	DBRDMT FX&/DISLC	SURGERY - INTEGUMENTARY	NonFacility	$ 1094.93
11042	00	DEBRIDEMENT SUBC	SURGERY - INTEGUMENTARY	NonFacility	$ 113.45
11043	00	DEBRIDEMENT MUSC	SURGERY - INTEGUMENTARY	NonFacility	$ 436.75
11044	00	DEBRIDEMENT BONE	SURGERY - INTEGUMENTARY	NonFacility	$ 600.84
11045	00	DBRDMT SUBCUTANE	SURGERY - INTEGUMENTARY	NonFacility	$ 55.50
11046	00	DEBRIDEMENT MUSC	SURGERY - INTEGUMENTARY	NonFacility	$ 96.38
11047	00	DEBRIDEMENT BONE	SURGERY - INTEGUMENTARY	NonFacility	$ 158.60
11055	00	PARING/CUTTING B	SURGERY - INTEGUMENTARY	NonFacility	$ 74.41
11056	00	PARING/CUTTING B	SURGERY - INTEGUMENTARY	NonFacility	$ 90.28
11057	00	PARING/CUTTING B	SURGERY - INTEGUMENTARY	NonFacility	$ 107.98
11100	00	BX SKIN SUBQ TIS	SURGERY - INTEGUMENTARY	NonFacility	$ 160.43
11101	00	BIOPSY SKIN SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 52.46
11200	00	REMOVAL SKN TAGS	SURGERY - INTEGUMENTARY	NonFacility	$ 130.54
11201	00	REMOVAL SK TGS M	SURGERY - INTEGUMENTARY	NonFacility	$ 29.89
11300	00	SHAV 1 LES TRNK	SURGERY - INTEGUMENTARY	NonFacility	$ 105.53
11301	00	SHAV 1 LES TRNK	SURGERY - INTEGUMENTARY	NonFacility	$ 144.57
11302	00	SHAV 1 LES TRNK	SURGERY - INTEGUMENTARY	NonFacility	$ 172.63
11303	00	SHAV 1 LES TRNK	SURGERY - INTEGUMENTARY	NonFacility	$ 203.13
11305	00	SHAV 1 LES SCALP	SURGERY - INTEGUMENTARY	NonFacility	$ 106.75
11306	00	SHAV 1 LES SCALP	SURGERY - INTEGUMENTARY	NonFacility	$ 148.84
11307	00	SHAV 1 LES SCALP	SURGERY - INTEGUMENTARY	NonFacility	$ 176.28
11308	00	SHAV 1 LES SCALP	SURGERY - INTEGUMENTARY	NonFacility	$ 195.19
11310	00	SHAV 1 LES FACE	SURGERY - INTEGUMENTARY	NonFacility	$ 131.15
11311	00	SHAV 1 LES FACE	SURGERY - INTEGUMENTARY	NonFacility	$ 166.52
11312	00	SHAV 1 LES FACE	SURGERY - INTEGUMENTARY	NonFacility	$ 193.37
11313	00	SHAV 1 LES FACE	SURGERY - INTEGUMENTARY	NonFacility	$ 241.56
11400	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 181.16
11401	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 223.25
11402	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 248.87
11403	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 287.30
11404	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 326.34
11406	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 467.87
11420	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 182.39
11421	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 237.29
11422	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 264.74
11423	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 308.05
11424	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 355.62
11426	00	EXC BEN LES MARG	SURGERY - INTEGUMENTARY	NonFacility	$ 511.77
11440	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 200.68
11441	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 254.37
11442	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 286.08
11443	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 343.42
11444	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 433.71
11446	00	EXC B9 LES MRGN	SURGERY - INTEGUMENTARY	NonFacility	$ 595.96
11450	00	EXC SKIN HIDRADE	SURGERY - INTEGUMENTARY	NonFacility	$ 553.88
11451	00	EXC SKIN HIDRADE	SURGERY - INTEGUMENTARY	NonFacility	$ 716.74
11462	00	EXC SKIN HIDRADE	SURGERY - INTEGUMENTARY	NonFacility	$ 545.94
11463	00	EXC SKIN HIDRADE	SURGERY - INTEGUMENTARY	NonFacility	$ 734.43
11470	00	EXC SKN HIDRADEN	SURGERY - INTEGUMENTARY	NonFacility	$ 605.72
11471	00	EXC SKIN HIDRADE	SURGERY - INTEGUMENTARY	NonFacility	$ 754.56

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
11600	00	EXCISION MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 283.03
11601	00	EXCISION MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 346.48
11602	00	EXCISION MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 380.03
11603	00	EXCISION MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 432.48
11604	00	EXCISION MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 478.84
11606	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 680.13
11620	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 288.53
11621	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 349.52
11622	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 394.67
11623	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 462.38
11624	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 520.33
11626	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 630.73
11640	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 300.11
11641	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 365.39
11642	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 420.89
11643	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 497.13
11644	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 612.42
11646	00	EXCISION MALIGNA	SURGERY - INTEGUMENTARY	NonFacility	$ 806.41
11719	00	TRIMMING NONDYST	SURGERY - INTEGUMENTARY	NonFacility	$ 32.94
11720	00	DEBRIDEMENT NAIL	SURGERY - INTEGUMENTARY	NonFacility	$ 47.58
11721	00	DEBRIDEMENT NAIL	SURGERY - INTEGUMENTARY	NonFacility	$ 67.10
11730	00	AVUL NAIL PLAT P	SURGERY - INTEGUMENTARY	NonFacility	$ 149.45
11732	00	AVULSION NAIL PL	SURGERY - INTEGUMENTARY	NonFacility	$ 68.93
11740	00	EVACUATION OF SU	SURGERY - INTEGUMENTARY	NonFacility	$ 69.55
11750	00	EXC NAIL&MATRIX	SURGERY - INTEGUMENTARY	NonFacility	$ 336.10
11752	00	EXC NAIL&MATRIX	SURGERY - INTEGUMENTARY	NonFacility	$ 481.90
11755	00	BIOPSY NAIL UNIT	SURGERY - INTEGUMENTARY	NonFacility	$ 204.34
11760	00	REPAIR OF NAIL B	SURGERY - INTEGUMENTARY	NonFacility	$ 320.24
11762	00	RECONSTRUCTION O	SURGERY - INTEGUMENTARY	NonFacility	$ 417.23
11765	00	WEDGE EXCISION O	SURGERY - INTEGUMENTARY	NonFacility	$ 201.91
11770	00	EXCISION PILONID	SURGERY - INTEGUMENTARY	NonFacility	$ 408.08
11771	00	EXCISION PILONID	SURGERY - INTEGUMENTARY	NonFacility	$ 848.49
11772	00	EXCISION PILONID	SURGERY - INTEGUMENTARY	NonFacility	$ 1025.38
11900	00	INJECTION INTRAL	SURGERY - INTEGUMENTARY	NonFacility	$ 87.84
11901	00	INJECTION INTRAL	SURGERY - INTEGUMENTARY	NonFacility	$ 112.24
11920	00	TATTOOING INCL	SURGERY - INTEGUMENTARY	NonFacility	$ 277.54
11921	00	TATTOOING INCL	SURGERY - INTEGUMENTARY	NonFacility	$ 317.81
11922	00	TATTOOING INCL M	SURGERY - INTEGUMENTARY	NonFacility	$ 93.93
11950	00	SUBCUT INJ FIL M	SURGERY - INTEGUMENTARY	NonFacility	$ 117.12
11951	00	SUBCUT INJ FIL M	SURGERY - INTEGUMENTARY	NonFacility	$ 162.87
11952	00	SUBCUT INJ FIL M	SURGERY - INTEGUMENTARY	NonFacility	$ 215.32
11954	00	SUBCUT INJ FIL M	SURGERY - INTEGUMENTARY	NonFacility	$ 254.37
11960	00	INSRT EXPANDER N	SURGERY - INTEGUMENTARY	NonFacility	$ 1458.48
11970	00	REPLCMT TISSUE X	SURGERY - INTEGUMENTARY	NonFacility	$ 962.55
11971	00	REMV TISS EXPAND	SURGERY - INTEGUMENTARY	NonFacility	$ 719.79
11976	00	REMOVAL IMPL CON	SURGERY - INTEGUMENTARY	NonFacility	$ 233.01
11980	00	SUBCUT HORMONE P	SURGERY - INTEGUMENTARY	NonFacility	$ 167.75
11981	00	INSRT NON-BIODEG	SURGERY - INTEGUMENTARY	NonFacility	$ 214.71
11982	00	REMV NON-BIODEGR	SURGERY - INTEGUMENTARY	NonFacility	$ 241.56
11983	00	REMV REINS NONBI	SURGERY - INTEGUMENTARY	NonFacility	$ 371.49
12001	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 234.84
12002	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 249.48
12004	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 294.02

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
12005	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 365.39
12006	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 453.23
12007	00	SIMPL REPR SCLP&	SURGERY - INTEGUMENTARY	NonFacility	$ 508.73
12011	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 249.48
12013	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 274.50
12014	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 322.69
12015	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 405.04
12016	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 483.11
12017	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 423.34
12018	00	SIMPL REPR FACE&	SURGERY - INTEGUMENTARY	NonFacility	$ 513.00
12020	00	TX SUP WOUND DEH	SURGERY - INTEGUMENTARY	NonFacility	$ 416.62
12021	00	TX SUP WOUND DEH	SURGERY - INTEGUMENTARY	NonFacility	$ 247.65
12031	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 373.31
12032	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 473.96
12034	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 472.73
12035	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 573.40
12036	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 627.67
12037	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 705.76
12041	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 390.40
12042	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 451.39
12044	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 527.64
12045	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 575.83
12046	00	RPR INTERMEDIATE	SURGERY - INTEGUMENTARY	NonFacility	$ 704.53
12047	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 751.50
12051	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 416.01
12052	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 474.57
12053	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 522.15
12054	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 553.88
12055	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 664.28
12056	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 775.90
12057	00	REPAIR INTERMEDI	SURGERY - INTEGUMENTARY	NonFacility	$ 860.09
13100	00	REPAIR COMPLEX T	SURGERY - INTEGUMENTARY	NonFacility	$ 491.05
13101	00	REPAIR COMPLEX T	SURGERY - INTEGUMENTARY	NonFacility	$ 621.57
13102	00	REPAIR COMPLEX T	SURGERY - INTEGUMENTARY	NonFacility	$ 169.58
13120	00	REPR CMPLX SCLP	SURGERY - INTEGUMENTARY	NonFacility	$ 509.95
13121	00	REPR CMPLX SCLP	SURGERY - INTEGUMENTARY	NonFacility	$ 692.34
13122	00	REPAIR COMPLEX S	SURGERY - INTEGUMENTARY	NonFacility	$ 188.49
13131	00	REPR CMPLX FORHE	SURGERY - INTEGUMENTARY	NonFacility	$ 564.23
13132	00	REPR CMPLX FORHE	SURGERY - INTEGUMENTARY	NonFacility	$ 914.36
13133	00	REPAIR COMPLEX F	SURGERY - INTEGUMENTARY	NonFacility	$ 266.56
13150	00	REPR CMPLX EYELD	SURGERY - INTEGUMENTARY	NonFacility	$ 561.19
13151	00	REPR CMPLX EYELD	SURGERY - INTEGUMENTARY	NonFacility	$ 639.88
13152	00	REPR CMPLX EYELD	SURGERY - INTEGUMENTARY	NonFacility	$ 885.10
13153	00	REPAIR COMPLX EY	SURGERY - INTEGUMENTARY	NonFacility	$ 292.18
13160	00	SECONDARY CLOSUR	SURGERY - INTEGUMENTARY	NonFacility	$ 1296.84
14000	00	ADJ TISS TRANS T	SURGERY - INTEGUMENTARY	NonFacility	$ 971.72
14001	00	ADJNT TIS TRANSF	SURGERY - INTEGUMENTARY	NonFacility	$ 1259.63
14020	00	ADJT TIS TRNSFR/	SURGERY - INTEGUMENTARY	NonFacility	$ 1091.28
14021	00	ADJT/REARRGMT SC	SURGERY - INTEGUMENTARY	NonFacility	$ 1377.35
14040	00	ADJT TIS TRNS/RE	SURGERY - INTEGUMENTARY	NonFacility	$ 1209.61
14041	00	ADJT/REARGMT F/C	SURGERY - INTEGUMENTARY	NonFacility	$ 1503.01
14060	00	ADJT TIS TRNSFR/	SURGERY - INTEGUMENTARY	NonFacility	$ 1231.56
14061	00	ADJT TIS REARGMT	SURGERY - INTEGUMENTARY	NonFacility	$ 1611.59

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
14301	00	ADJNT TIS TRNSFR	SURGERY - INTEGUMENTARY	NonFacility	$ 1742.13
14302	00	ADJT TIS TRNSFR/	SURGERY - INTEGUMENTARY	NonFacility	$ 383.07
14350	00	FILLETED FINGER/	SURGERY - INTEGUMENTARY	NonFacility	$ 1185.21
15002	00	PREP SITE T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 521.53
15003	00	PREP SITE T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 114.06
15004	00	PREP SITE F/S/N/	SURGERY - INTEGUMENTARY	NonFacility	$ 620.97
15005	00	PREP SITE F/S/N/	SURGERY - INTEGUMENTARY	NonFacility	$ 191.53
15040	00	HARVEST SKN TISS	SURGERY - INTEGUMENTARY	NonFacility	$ 393.44
15050	00	PINCH GFT 1/MX-S	SURGERY - INTEGUMENTARY	NonFacility	$ 856.43
15100	00	SPLT AGRFT T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 1355.40
15101	00	SPLT AGRFT T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 292.18
15110	00	EPIDRM AGRFT T/A	SURGERY - INTEGUMENTARY	NonFacility	$ 1345.64
15111	00	EPIDRM AGRFT T/A	SURGERY - INTEGUMENTARY	NonFacility	$ 193.37
15115	00	EPIDERMAL AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 1356.00
15116	00	EPIDERMAL AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 267.78
15120	00	SPLIT AGRFT F/S/	SURGERY - INTEGUMENTARY	NonFacility	$ 1487.15
15121	00	SPLT AGRFT F/S/N	SURGERY - INTEGUMENTARY	NonFacility	$ 415.39
15130	00	DRM AGRFT T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 1054.67
15131	00	DRM AGRFT T/A/L	SURGERY - INTEGUMENTARY	NonFacility	$ 155.55
15135	00	DRM AGRFT F/S/N/	SURGERY - INTEGUMENTARY	NonFacility	$ 1362.71
15136	00	DRM AGRFT F/S/N/	SURGERY - INTEGUMENTARY	NonFacility	$ 136.65
15150	00	CLTR SKIN AUTOGR	SURGERY - INTEGUMENTARY	NonFacility	$ 1109.57
15151	00	CLTR SKIN AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 202.52
15152	00	CLTR SKIN AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 258.63
15155	00	CLTR SKIN AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 1080.29
15156	00	CLTR SKIN AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 283.65
15157	00	CLTR SKIN AGRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 289.75
15200	00	FULL THICK GFT T	SURGERY - INTEGUMENTARY	NonFacility	$ 1273.05
15201	00	FTH/GFT FR W/DIR	SURGERY - INTEGUMENTARY	NonFacility	$ 228.74
15220	00	FTG SCLP ARM&/LE	SURGERY - INTEGUMENTARY	NonFacility	$ 1199.85
15221	00	FTH/GFT FR W/DIR	SURGERY - INTEGUMENTARY	NonFacility	$ 213.50
15240	00	FTG FOREHEAD CHN	SURGERY - INTEGUMENTARY	NonFacility	$ 1452.99
15241	00	FTH/GT FR W/DIR	SURGERY - INTEGUMENTARY	NonFacility	$ 286.69
15260	00	FTH/GFT FREE W/D	SURGERY - INTEGUMENTARY	NonFacility	$ 1580.49
15261	00	FTH/GFT FREE W/D	SURGERY - INTEGUMENTARY	NonFacility	$ 336.10
15271	00	APP SKN SUB GRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 258.63
15272	00	APP SKN SUB GRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 48.80
15273	00	APP SKN SUB GRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 531.29
15274	00	APP SKN SUB GRFT	SURGERY - INTEGUMENTARY	NonFacility	$ 125.05
15275	00	SUB GRFT F/S/N/H	SURGERY - INTEGUMENTARY	NonFacility	$ 277.54
15276	00	SUB GRFT F/S/N/H	SURGERY - INTEGUMENTARY	NonFacility	$ 60.38
15277	00	SUB GRFT F/S/N/H	SURGERY - INTEGUMENTARY	NonFacility	$ 534.36
15278	00	SUB GRFT F/S/N/H	SURGERY - INTEGUMENTARY	NonFacility	$ 147.00
15570	00	FRMJ DIRECT/TUBE	SURGERY - INTEGUMENTARY	NonFacility	$ 1395.04
15572	00	FRMJ DIRECT/TUBE	SURGERY - INTEGUMENTARY	NonFacility	$ 1352.34
15574	00	FRMJ DIR/TUBE PE	SURGERY - INTEGUMENTARY	NonFacility	$ 1423.10
15576	00	FRMJ DIRECT/TUBE	SURGERY - INTEGUMENTARY	NonFacility	$ 1264.51
15600	00	DELAY FLAP/SECTI	SURGERY - INTEGUMENTARY	NonFacility	$ 500.19
15610	00	DELAY FLP/SECT F	SURGERY - INTEGUMENTARY	NonFacility	$ 514.83
15620	00	DELAY FLAP/SECT;	SURGERY - INTEGUMENTARY	NonFacility	$ 678.92
15630	00	DELAY FLAP/SECT;	SURGERY - INTEGUMENTARY	NonFacility	$ 717.95
15650	00	TRNSF INTERMED P	SURGERY - INTEGUMENTARY	NonFacility	$ 796.64
15731	00	FOREHEAD FLAP W/	SURGERY - INTEGUMENTARY	NonFacility	$ 1803.73

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
15732	00	MUSC MYOCUT/FASC	SURGERY - INTEGUMENTARY	NonFacility	$ 2383.83
15734	00	MUSCLE MYOCUT/FA	SURGERY - INTEGUMENTARY	NonFacility	$ 2434.47
15736	00	MUSC MYOCUT/FASC	SURGERY - INTEGUMENTARY	NonFacility	$ 2131.91
15738	00	MUSC MYOCUT/FASC	SURGERY - INTEGUMENTARY	NonFacility	$ 2281.36
15740	00	FLAP; ISLAND PED	SURGERY - INTEGUMENTARY	NonFacility	$ 1612.81
15750	00	FLAP; NEUROVASCU	SURGERY - INTEGUMENTARY	NonFacility	$ 1469.47
15756	00	FREE MUSCLE/MYOC	SURGERY - INTEGUMENTARY	NonFacility	$ 3820.97
15757	00	FREE SKIN FLP W/	SURGERY - INTEGUMENTARY	NonFacility	$ 3791.08
15758	00	FREE FASCL FLP W	SURGERY - INTEGUMENTARY	NonFacility	$ 3774.62
15760	00	GFT; COMPOS INCL	SURGERY - INTEGUMENTARY	NonFacility	$ 1335.27
15770	00	GRAFT; DERMA-FAT	SURGERY - INTEGUMENTARY	NonFacility	$ 1059.55
15775	00	PUNCH GFT HAIR T	SURGERY - INTEGUMENTARY	NonFacility	$ 478.84
15776	00	PUNCH GFT HAIR T	SURGERY - INTEGUMENTARY	NonFacility	$ 663.06
15777	00	IMPLNT BIO IMPLN	SURGERY - INTEGUMENTARY	NonFacility	$ 383.68
15780	00	DERMABRASION; TO	SURGERY - INTEGUMENTARY	NonFacility	$ 1296.23
15781	00	DERMABRASION; SE	SURGERY - INTEGUMENTARY	NonFacility	$ 839.34
15782	00	DERM; REGIONAL O	SURGERY - INTEGUMENTARY	NonFacility	$ 888.14
15783	00	DERMABRASION; SU	SURGERY - INTEGUMENTARY	NonFacility	$ 756.99
15786	00	ABRASION; SINGLE	SURGERY - INTEGUMENTARY	NonFacility	$ 376.97
15787	00	ABRASION; EA ADD	SURGERY - INTEGUMENTARY	NonFacility	$ 75.02
15788	00	CHEMICAL PEEL, F	SURGERY - INTEGUMENTARY	NonFacility	$ 667.33
15789	00	CHEMICAL PEEL, F	SURGERY - INTEGUMENTARY	NonFacility	$ 872.28
15792	00	CHEMICAL PEEL, N	SURGERY - INTEGUMENTARY	NonFacility	$ 646.58
15793	00	CHEMICAL PEEL, N	SURGERY - INTEGUMENTARY	NonFacility	$ 743.57
15819	00	CERVICOPLASTY	SURGERY - INTEGUMENTARY	NonFacility	$ 1199.24
15820	00	BLEPHAROPLASTY,	SURGERY - INTEGUMENTARY	NonFacility	$ 871.67
15821	00	BLPHPLSTY LOW EY	SURGERY - INTEGUMENTARY	NonFacility	$ 929.01
15822	00	BLEPHAROPLASTY,	SURGERY - INTEGUMENTARY	NonFacility	$ 672.82
15823	00	BLPHPLSTY UP EYE	SURGERY - INTEGUMENTARY	NonFacility	$ 1082.72
15824	00	RHYTIDECTOMY; FO	SURGERY - INTEGUMENTARY	NonFacility	$ 1743.96
15825	00	RHYTIDECT; NECK	SURGERY - INTEGUMENTARY	NonFacility	$ 1962.33
15826	00	RHYTIDECTOMY; GL	SURGERY - INTEGUMENTARY	NonFacility	$ 1417.62
15828	00	RHYTIDECTOMY; CH	SURGERY - INTEGUMENTARY	NonFacility	$ 3706.29
15829	00	RHYTIDECTOMY; SM	SURGERY - INTEGUMENTARY	NonFacility	$ 4142.43
15830	00	EXC SKIN & SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 1859.85
15832	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1435.92
15833	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1365.76
15834	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1366.98
15835	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1448.72
15836	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1174.83
15837	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1235.83
15838	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 924.13
15839	00	EXC EXCSV SKN&SU	SURGERY - INTEGUMENTARY	NonFacility	$ 1357.83
15840	00	GFT FACE NERV PA	SURGERY - INTEGUMENTARY	NonFacility	$ 1638.44
15841	00	GFT FACE NERV PA	SURGERY - INTEGUMENTARY	NonFacility	$ 2668.70
15842	00	GFT FACE NERV PA	SURGERY - INTEGUMENTARY	NonFacility	$ 4082.03
15845	00	GFT FACE NERV PA	SURGERY - INTEGUMENTARY	NonFacility	$ 1555.47
15847	00	EXC EXCESSIVE SK	SURGERY - INTEGUMENTARY	NonFacility	$ 661.50
15850	00	REMOVL SUTS UNDE	SURGERY - INTEGUMENTARY	NonFacility	$ 137.24
15851	00	REMOVAL SUTS UND	SURGERY - INTEGUMENTARY	NonFacility	$ 146.39
15852	00	DRESSING CHANGE	SURGERY - INTEGUMENTARY	NonFacility	$ 77.47
15860	00	IV INJ AGT TEST	SURGERY - INTEGUMENTARY	NonFacility	$ 187.27
15920	00	EXC COCCYGEAL PR	SURGERY - INTEGUMENTARY	NonFacility	$ 947.91

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
15922	00	EXC COCCYGEAL PR	SURGERY - INTEGUMENTARY	NonFacility	$ 1171.18
15931	00	EXC SAC PRESS UL	SURGERY - INTEGUMENTARY	NonFacility	$ 1076.02
15933	00	EXC SAC PRESS UL	SURGERY - INTEGUMENTARY	NonFacility	$ 1325.51
15934	00	EXC SAC PRESS UL	SURGERY - INTEGUMENTARY	NonFacility	$ 1471.90
15935	00	EXC SAC PRESS UL	SURGERY - INTEGUMENTARY	NonFacility	$ 1751.89
15936	00	EXC SAC ULCR PRE	SURGERY - INTEGUMENTARY	NonFacility	$ 1421.28
15937	00	EXC SAC ULCER PR	SURGERY - INTEGUMENTARY	NonFacility	$ 1658.55
15940	00	EXC ISCH PRESS U	SURGERY - INTEGUMENTARY	NonFacility	$ 1101.04
15941	00	EXC ISCH PRESS U	SURGERY - INTEGUMENTARY	NonFacility	$ 1431.04
15944	00	EXC ISCH PRESS U	SURGERY - INTEGUMENTARY	NonFacility	$ 1410.29
15945	00	EXC ISCH PRESS U	SURGERY - INTEGUMENTARY	NonFacility	$ 1564.62
15946	00	EXC ISCH ULCER O	SURGERY - INTEGUMENTARY	NonFacility	$ 2619.29
15950	00	EXC TROCH PRESS	SURGERY - INTEGUMENTARY	NonFacility	$ 910.71
15951	00	EXC TROCH ULCER	SURGERY - INTEGUMENTARY	NonFacility	$ 1289.51
15952	00	EXC TROCH PRSS U	SURGERY - INTEGUMENTARY	NonFacility	$ 1357.22
15953	00	EXC TROCH ULCER	SURGERY - INTEGUMENTARY	NonFacility	$ 1539.61
15956	00	EXC TROCH ULCER	SURGERY - INTEGUMENTARY	NonFacility	$ 1832.40
15958	00	EXC TROCH ULCR P	SURGERY - INTEGUMENTARY	NonFacility	$ 1867.18
16000	00	INIT TX 1ST DEG	SURGERY - INTEGUMENTARY	NonFacility	$ 108.57
16020	00	DRS&/DBRDMT PRTL	SURGERY - INTEGUMENTARY	NonFacility	$ 126.88
16025	00	DRS&/DBRDMT PRTL	SURGERY - INTEGUMENTARY	NonFacility	$ 233.01
16030	00	DRS&/DBRDMT PRTL	SURGERY - INTEGUMENTARY	NonFacility	$ 278.15
16035	00	ESCHAROTOMY; INI	SURGERY - INTEGUMENTARY	NonFacility	$ 340.37
16036	00	ESCHAROTOMY; EA	SURGERY - INTEGUMENTARY	NonFacility	$ 137.85
17000	00	DSTRJ ALL PRMLG	SURGERY - INTEGUMENTARY	NonFacility	$ 124.44
17003	00	DSTRJ ALL PRMLG	SURGERY - INTEGUMENTARY	NonFacility	$ 11.60
17004	00	DESTRUCTION PREM	SURGERY - INTEGUMENTARY	NonFacility	$ 274.50
17106	00	DESTRUC CUT VASC	SURGERY - INTEGUMENTARY	NonFacility	$ 538.62
17107	00	DSTRJ CUTANEOUS	SURGERY - INTEGUMENTARY	NonFacility	$ 702.71
17108	00	DSTRJ CUTANEOUS	SURGERY - INTEGUMENTARY	NonFacility	$ 994.90
17110	00	DESTRUCTION BENI	SURGERY - INTEGUMENTARY	NonFacility	$ 168.97
17111	00	DSTRJ B9 SK TGS/	SURGERY - INTEGUMENTARY	NonFacility	$ 202.52
17250	00	CHEMICAL CAUT GR	SURGERY - INTEGUMENTARY	NonFacility	$ 114.68
17260	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 148.84
17261	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 222.65
17262	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 271.44
17263	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 299.51
17264	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 320.24
17266	00	DESTRUC MALIG LE	SURGERY - INTEGUMENTARY	NonFacility	$ 364.77
17270	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 232.41
17271	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 256.20
17272	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 292.18
17273	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 326.34
17274	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 386.73
17276	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 448.94
17280	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 217.16
17281	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 277.54
17282	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 321.46
17283	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 388.56
17284	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 452.00
17286	00	DESTRUC MAL LES	SURGERY - INTEGUMENTARY	NonFacility	$ 573.99
17311	00	CHMSRG MOHS MG T	SURGERY - INTEGUMENTARY	NonFacility	$ 1066.26
17312	00	CHMSRG MOHS MG T	SURGERY - INTEGUMENTARY	NonFacility	$ 635.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
17313	00	CHMSRG MOHS MG T	SURGERY - INTEGUMENTARY	NonFacility	$ 972.31
17314	00	CHMSRG MOHS MG T	SURGERY - INTEGUMENTARY	NonFacility	$ 588.63
17315	00	CHMSRG MOHS MG T	SURGERY - INTEGUMENTARY	NonFacility	$ 128.09
17340	00	CRYOTHERAPY CO2	SURGERY - INTEGUMENTARY	NonFacility	$ 78.70
17360	00	CHEMICAL EXFOLIA	SURGERY - INTEGUMENTARY	NonFacility	$ 208.62
17380	00	ELECTROLYSIS EPI	SURGERY - INTEGUMENTARY	NonFacility	$ 121.39
19000	00	PUNCTURE ASPIRAT	SURGERY - INTEGUMENTARY	NonFacility	$ 173.85
19001	00	PUNCTURE ASPIRAT	SURGERY - INTEGUMENTARY	NonFacility	$ 43.92
19020	00	MASTOTOMY W/EXPL	SURGERY - INTEGUMENTARY	NonFacility	$ 686.85
19030	00	INJ PROC ONLY-MA	SURGERY - INTEGUMENTARY	NonFacility	$ 262.90
19100	00	BX BREAST; PERQ	SURGERY - INTEGUMENTARY	NonFacility	$ 221.43
19101	00	BIOPSY OF BREAST	SURGERY - INTEGUMENTARY	NonFacility	$ 508.12
19102	00	BX BREAST; PERQ	SURGERY - INTEGUMENTARY	NonFacility	$ 346.48
19103	00	BX BREAST;PERQ V	SURGERY - INTEGUMENTARY	NonFacility	$ 875.34
19105	00	ABLTJ CRYOSURGIC	SURGERY - INTEGUMENTARY	NonFacility	$ 3288.45
19110	00	NIPPLE EXPLORATI	SURGERY - INTEGUMENTARY	NonFacility	$ 715.52
19112	00	EXCISION LACTIFE	SURGERY - INTEGUMENTARY	NonFacility	$ 669.76
19120	00	EXC CYST/ABERRAN	SURGERY - INTEGUMENTARY	NonFacility	$ 742.35
19125	00	EXC BREAST LES P	SURGERY - INTEGUMENTARY	NonFacility	$ 824.70
19126	00	EXC BRST LES OPN	SURGERY - INTEGUMENTARY	NonFacility	$ 262.90
19260	00	EXCISION CHST WA	SURGERY - INTEGUMENTARY	NonFacility	$ 1939.77
19271	00	EXC CHEST WALL T	SURGERY - INTEGUMENTARY	NonFacility	$ 2635.15
19272	00	EXC CHEST WALL T	SURGERY - INTEGUMENTARY	NonFacility	$ 2922.45
19290	00	PREOP PLCMT NDLE	SURGERY - INTEGUMENTARY	NonFacility	$ 256.80
19291	00	PREOP PLMT LOCAL	SURGERY - INTEGUMENTARY	NonFacility	$ 110.41
19295	00	IMG GID PLMT MTL	SURGERY - INTEGUMENTARY	NonFacility	$ 141.53
19296	00	PLMT EXPANDABLE	SURGERY - INTEGUMENTARY	NonFacility	$ 6074.26
19297	00	PLMT EXPANDABLE	SURGERY - INTEGUMENTARY	NonFacility	$ 154.33
19298	00	PLCMT RT BRACHYT	SURGERY - INTEGUMENTARY	NonFacility	$ 2003.21
19300	00	MAST GYNECOMASTI	SURGERY - INTEGUMENTARY	NonFacility	$ 785.66
19301	00	MAST PRTL	SURGERY - INTEGUMENTARY	NonFacility	$ 1012.58
19302	00	MAST PRTL W/AX L	SURGERY - INTEGUMENTARY	NonFacility	$ 1406.63
19303	00	MAST SMPL COMPL	SURGERY - INTEGUMENTARY	NonFacility	$ 1569.50
19304	00	MAST SUBQ	SURGERY - INTEGUMENTARY	NonFacility	$ 883.88
19305	00	MAST RAD W/PECTO	SURGERY - INTEGUMENTARY	NonFacility	$ 1775.68
19306	00	MAST RAD W/PECT/	SURGERY - INTEGUMENTARY	NonFacility	$ 1864.13
19307	00	MAST MODF RAD W/	SURGERY - INTEGUMENTARY	NonFacility	$ 1869.61
19316	00	MASTOPEXY	SURGERY - INTEGUMENTARY	NonFacility	$ 1235.83
19318	00	REDUCTION MAMMAP	SURGERY - INTEGUMENTARY	NonFacility	$ 1792.15
19324	00	MAMMAPLASTY AUG;	SURGERY - INTEGUMENTARY	NonFacility	$ 771.02
19325	00	MAMMAPLASTY AUG;	SURGERY - INTEGUMENTARY	NonFacility	$ 1025.38
19328	00	REMOVAL OF INTAC	SURGERY - INTEGUMENTARY	NonFacility	$ 780.78
19330	00	REMOVAL OF MAMMA	SURGERY - INTEGUMENTARY	NonFacility	$ 999.78
19340	00	IMMED INSRT PROS	SURGERY - INTEGUMENTARY	NonFacility	$ 1294.39
19342	00	DELAY INSRT PROS	SURGERY - INTEGUMENTARY	NonFacility	$ 1470.69
19350	00	NIPPLE/AREOLA RE	SURGERY - INTEGUMENTARY	NonFacility	$ 1316.97
19355	00	CORRECTION OF IN	SURGERY - INTEGUMENTARY	NonFacility	$ 1118.72
19357	00	BREAST RECON IMM	SURGERY - INTEGUMENTARY	NonFacility	$ 2486.93
19361	00	BRST RCNSTJ W/LA	SURGERY - INTEGUMENTARY	NonFacility	$ 2680.89
19364	00	BREAST RECONSTRU	SURGERY - INTEGUMENTARY	NonFacility	$ 4488.91
19366	00	BREAST RECONSTRU	SURGERY - INTEGUMENTARY	NonFacility	$ 2226.46
19367	00	BREAST RECON W/T	SURGERY - INTEGUMENTARY	NonFacility	$ 2905.38
19368	00	BREAST RECON W/T	SURGERY - INTEGUMENTARY	NonFacility	$ 3594.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
19369	00	BREAST RECON W/T	SURGERY - INTEGUMENTARY	NonFacility	$ 3311.02
19370	00	OPEN PERIPROSTHE	SURGERY - INTEGUMENTARY	NonFacility	$ 1088.22
19371	00	PERIPROSTHETIC C	SURGERY - INTEGUMENTARY	NonFacility	$ 1248.04
19380	00	REVISION OF RECO	SURGERY - INTEGUMENTARY	NonFacility	$ 1227.29
19396	00	PREPARATION MOUL	SURGERY - INTEGUMENTARY	NonFacility	$ 364.16
20005	00	I&D SOFT TISSUE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 477.02
20100	00	EXPL PENETRAT WO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 966.84
20101	00	EXPL PENETRAT WO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 613.03
20102	00	EXPL WOUND-SEP P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 727.10
20103	00	EXPL PENETRAT WO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 879.00
20150	00	EXC EPIPHYSEAL B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1535.95
20200	00	BIOPSY, MUSCLE;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 299.51
20205	00	BIOPSY, MUSCLE;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 415.39
20206	00	BIOPSY, MUSCLE,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 394.67
20220	00	BX BONE TROCAR/N	SURGERY - MUSCULOSKELETAL	NonFacility	$ 268.39
20225	00	BIOPSY BONE TROC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 998.55
20240	00	BIOPSY BONE OPEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 362.34
20245	00	BIOPSY BONE OPEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1005.27
20250	00	BX VERTEBRAL BOD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 601.45
20251	00	BX VERTEBRAL BOD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 661.84
20500	00	INJECTION SINUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 177.51
20501	00	INJECTION SINUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 198.25
20520	00	REMOVAL FB MUSC/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 300.11
20525	00	REMOVAL FB MUSC/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 722.23
20526	00	INJECTION THERAP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 117.72
20527	00	INJECTION ENZYME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 136.03
20550	00	INJECTION; SINGL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 90.28
20551	00	INJECTION; SINGL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 90.89
20552	00	INJECTION SINGLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 82.96
20553	00	INJECTION SINGLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 93.93
20555	00	PLACEMENT NEEDLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 552.65
20600	00	ARTHROCEN ASPIRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 84.78
20605	00	ARTHROCEN ASPIRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 92.11
20610	00	ARTHROCENTESIS A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 120.78
20612	00	ASPIR &OR INJECT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 91.50
20615	00	ASPIRATION&INJEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 337.94
20650	00	INSRT WIRE/PIN W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 306.21
20660	00	APPL CRANIAL TON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 396.49
20661	00	APPLIC HALO INCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 758.22
20662	00	APPLICATION HALO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 725.28
20663	00	APPLIC HALO INCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 714.29
20664	00	APPL HALO 6 OR M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1296.23
20665	00	REMOVL TONGS/HAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 183.00
20670	00	REMOVAL IMPLANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 597.19
20680	00	REMOVAL OF IMPLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 939.99
20690	00	APPLICATION UNIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 910.10
20692	00	APPLICATION MULT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1704.31
20693	00	ADJUSTMENT/REVJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 724.67
20694	00	REMOVAL UNDER AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 659.40
20696	00	XTRNL FIXJ W/STE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1650.63
20697	00	XTRNL FIXJ W/STR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2131.91
20802	00	REPLANTATION ARM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3832.55
20805	00	REPLANTATION FOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5078.16

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
20808	00	REPLANTATION HAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 6720.86
20816	00	REPLANTATION DIG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3474.49
20822	00	REPLANT DIGIT-DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3031.64
20824	00	REPLANTATION THU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3565.99
20827	00	REPLANT THUMB DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3162.18
20838	00	REPLANTATION FT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3980.79
20900	00	BONE GRAFT ANY D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 635.62
20902	00	BONE GRAFT ANY D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 541.06
20910	00	CARTILAGE GRAFT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 677.09
20912	00	CARTILAGE GRAFT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 777.12
20920	00	FASCIA LATA GRAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 643.54
20922	00	FASCIA LATA GRAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 963.17
20924	00	TENDON GRAFT FRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 800.30
20926	00	TISSUE GRAFTS OT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 699.65
20930	00	ALLOGRAFT FOR SP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 196.42
20931	00	ALLOGRAFT FOR SP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 184.82
20936	00	AUTOGRAFT SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 209.22
20937	00	AUTOGRAFT SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 278.77
20938	00	AUTOGRAFT SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 304.39
20950	00	MON FL PRESS DET	SURGERY - MUSCULOSKELETAL	NonFacility	$ 375.76
20955	00	BONE GRAFT W/MIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4127.79
20956	00	BONE GRAFT W/MIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4278.47
20957	00	BONE GRAFT W/MIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4183.91
20962	00	BONE GRF W/MVASC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4205.88
20969	00	FREE OSTEOQ FLP;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4573.08
20970	00	FREE OSTEOQ FLAP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4613.35
20972	00	FREE OSTEOQ FLAP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3917.96
20973	00	FREE OSTEOQ FLAP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4194.28
20974	00	E-STIM AID BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 104.92
20975	00	E-STIM AID BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 284.87
20979	00	US STIM AID BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 82.35
20982	00	ABLATION BONE TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5661.30
20985	00	CPTR-ASST SURGIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 242.77
21010	00	ARTHROTOMY, TEMP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1179.71
21011	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 517.27
21012	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 555.70
21013	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 804.57
21014	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 858.86
21015	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1021.73
21016	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1726.87
21025	00	EXCISION OF BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1388.34
21026	00	EXCISION OF BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 933.89
21029	00	REMOVAL CONTOUR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1199.24
21030	00	EXCISION BEN TUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 780.78
21031	00	EXCISION OF TORU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 587.43
21032	00	EXCISION MAXILLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 597.19
21034	00	EXCISION MALIGNA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2107.51
21040	00	EXCISION BEN TUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 787.50
21044	00	EXCISION MALIGNA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1418.21
21045	00	EXC MALIG TUMR M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1978.20
21046	00	EXC BEN TUMR/CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1725.05
21047	00	EXC BEN TUMR MAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2089.83
21048	00	EXC BEN TUMR/CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1757.99

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
21049	00	EXC BEN TUMR MAX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2023.32
21050	00	CONDYLECTOMY TMJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1400.53
21060	00	MENISCECTOMY PAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1300.49
21070	00	CORONOIDECTOMY S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1009.54
21073	00	MANIPULATION TMJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 584.36
21076	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1509.71
21077	00	IMPRESSION&CSTM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3731.90
21079	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2552.19
21080	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2888.29
21081	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2646.14
21082	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2464.96
21083	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2291.72
21084	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2708.35
21085	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1180.94
21086	00	IMPRESS&CSTM PRE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2713.23
21087	00	IMPRESSION&CSTM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2710.79
21088	00	IMPRESSION & CUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4778.63
21100	00	APPLIC HALO-MAXI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1105.30
21110	00	APPLIC INTERDENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1176.67
21116	00	INJECTION PROC T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 233.01
21120	00	GENIOPLASTY; AUG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 986.96
21121	00	GENIOPLASTY; SLI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1178.49
21122	00	GENIOPLASTY 2/>	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1077.84
21123	00	GENIOPLASTY; SLI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1338.31
21125	00	AUG MAND BDY/ANG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4879.90
21127	00	AUG MAND BODY/AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5648.49
21137	00	REDUCTION FOREHE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1176.67
21138	00	RDUC FOREHEAD; C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1424.32
21139	00	RDUC FOREHEAD; S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1546.32
21141	00	RECON MIDFACE LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2200.24
21142	00	RCNSTJ MIDFACE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2215.47
21143	00	RCNSTJ MIDFACE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2285.63
21145	00	RECON MIDFACE LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2431.41
21146	00	RCNSTJ MIDFACE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2724.81
21147	00	RCNSTJ MIDFACE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2693.10
21150	00	RECON MIDFACE LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2579.63
21151	00	RECON MIDFACE LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3220.13
21154	00	RECON MIDFACE RQ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3304.30
21155	00	RECON MIDFACE RQ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3542.82
21159	00	RECON MIDFCE FOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4346.16
21160	00	RECON MIDFCE FOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4451.69
21172	00	RECON ORB RIM&LO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2859.62
21175	00	RECON BIFRONTAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3730.69
21179	00	RECON FOREHEAD&/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2384.44
21180	00	RECON FOREHEAD&/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2618.67
21181	00	RECON CONTOUR BE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1107.74
21182	00	RCNSTJ ORBIT/FHD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3255.51
21183	00	RCNSTJ ORBIT/FHD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3742.89
21184	00	RCNSTJ ORBIT/FHD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3942.96
21188	00	RECON MIDFACE OS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2657.10
21193	00	RECON MAND RAMI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2001.37
21194	00	RCNSTJ MNDBLR RA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2269.15
21195	00	RECON MAND RAMI&	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2154.48

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
21196	00	RECON MAND RAMI&	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2338.70
21198	00	OSTEOTOMY, MANDI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1845.82
21199	00	OSTEOT MAND SEG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1661.00
21206	00	OSTEOTOMY, MAXIL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1897.07
21208	00	OSTEOPLASTY FACI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2777.27
21209	00	OSTEOPLASTY FACI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1329.16
21210	00	GRAFT BONE; NASA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3254.29
21215	00	GRAFT, BONE; MAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5597.87
21230	00	GFT; RIB CART AU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1257.19
21235	00	GRAFT; EAR CART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1145.55
21240	00	ARTHRP TEMPOROMA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1754.93
21242	00	ARTHROPLASTY TMJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1615.85
21243	00	ARTHPLSTY TMJ W/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2671.13
21244	00	RECON MAND EXTRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1682.34
21245	00	RECON MAND SUBPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1789.09
21246	00	RECON MAND SUBPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1355.40
21247	00	RECON MAND CONDY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2630.88
21248	00	RECON MAND/MAX E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1687.22
21249	00	RECON MAND/MAX E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2325.27
21255	00	RECON ZYGOMATIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2239.87
21256	00	RECONSTRUCT ORBI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1897.68
21260	00	PERIORBIT OSTEOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2018.44
21261	00	PERIORBIT OSTEOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3686.77
21263	00	PERIORBIT OSTEOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3127.40
21267	00	ORBIT REPOSIT UN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2549.76
21268	00	ORBIT REPOSIT UN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3187.80
21270	00	MALAR AUG PROSTH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1466.40
21275	00	SEC REV ORBITOCR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1324.90
21280	00	MEDIAL CANTHOPEX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 883.26
21282	00	LATERAL CANTHOPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 579.48
21295	00	REDUCT MASSETER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 283.65
21296	00	REDUCT MASSETER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 680.13
21310	00	CLOS TX NASL BN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 168.36
21315	00	CLOS TX NASL BN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 411.13
21320	00	CLOS TX NASL BON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 391.01
21325	00	OPEN TX NASAL FR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.35
21330	00	OPEN TX NASL FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 896.68
21335	00	OPEN TX NASAL FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1170.57
21336	00	OPEN TX NASAL SE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1018.07
21337	00	CLOSED TX NASAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 617.91
21338	00	OPEN TX NASOETHM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1165.69
21339	00	OPEN TX NASOETHM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1309.03
21340	00	PERQ TX NASOETHM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1267.56
21343	00	OPEN TX DPRSD FR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1879.98
21344	00	OPEN TX FRNTL SI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2615.02
21345	00	CLOSED TX NASOMA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1257.19
21346	00	OPEN TX NASOMAXI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1492.64
21347	00	OPEN TX NASOMAXI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1712.85
21348	00	OPTX NASOMAX CPL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1809.84
21355	00	PERQ TX FX MALAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 686.24
21356	00	OPEN TX DPRSD ZY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 770.41
21360	00	OPEN TX DPRSD MA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 843.00
21365	00	OPEN TX FX MALAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1792.15

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
21366	00	OPEN TX FX MALAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2003.80
21385	00	OPEN TX ORB BLOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1123.60
21386	00	OPEN TX ORB BLOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1074.80
21387	00	OPEN TX ORB BLOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1200.46
21390	00	OPEN TX ORB BLOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1259.63
21395	00	OPTX ORB FLOOR B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1523.15
21400	00	CLOS TX FX ORBIT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 281.20
21401	00	CLOS TX FX ORBIT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 738.08
21406	00	OPN TX FX ORBIT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 850.33
21407	00	OPEN TX FX ORBIT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1033.94
21408	00	OPEN TX FX ORBIT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1431.65
21421	00	CLOS TX PALATL/M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1169.95
21422	00	OPEN TX PALATAL/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1056.50
21423	00	OPN TX PALATL/MA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1282.81
21431	00	CLOS TX CRANIOFA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1199.85
21432	00	OPEN TX CRANIOFA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1076.63
21433	00	OPEN TX CRANIOFA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2751.05
21435	00	OPEN TX CRANIOFC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2125.20
21436	00	OPTX CRNFCL SEP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3263.44
21440	00	CLOS TX MAND/MAX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 842.39
21445	00	OPEN TX MAND/MAX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1166.91
21450	00	CLOS TX MAND FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 877.77
21451	00	CLOS TX MAND FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1136.40
21452	00	PERQ TX MAND FRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 907.05
21453	00	CLOS TX MAND FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1334.04
21454	00	OPEN TX MAND FRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 882.04
21461	00	OPEN TX MAND FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3016.38
21462	00	OPEN TX MAND FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3231.11
21465	00	OPEN TREATMENT M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1492.64
21470	00	OPEN TX MAND FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1923.90
21480	00	CLOSED TX TM DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 140.30
21485	00	CLOS TX TM DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1025.38
21490	00	OPEN TX TEMPOROM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1486.54
21495	00	OPEN TREATMENT O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1092.48
21497	00	INTRDNTL WIRING	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1038.21
21501	00	I&D DEEP ABSC/HE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 691.12
21502	00	I&D DEEP ABSC/HE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 847.88
21510	00	INCISION DP W/OP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 743.57
21550	00	BIOPSY SOFT TISS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 397.71
21552	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.35
21554	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1218.76
21555	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 639.88
21556	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 815.55
21557	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1399.92
21558	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2288.67
21600	00	EXCISION OF RIB,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 894.25
21610	00	COSTOTRANSVERSEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1819.60
21615	00	EXCISION FIRST A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1097.98
21616	00	EXC 1 &OR CERV R	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1364.55
21620	00	OSTECTOMY OF STE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 845.45
21627	00	STERNAL DEBRIDEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 888.14
21630	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2056.28
21632	00	RADL RES STERNUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2066.04

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
21685	00	HYOID MYOTOMY AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1620.12
21700	00	DIV SCALENUS ANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 692.34
21705	00	DIV SCALENUS ANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1028.45
21720	00	DIV STERNOCLEIDO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 701.49
21725	00	DIVISION STERNOC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 845.45
21740	00	RECON REPAIR PEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1740.29
21742	00	RECON REP PECTUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1834.85
21743	00	RECON REP PECTUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2414.34
21750	00	CLOSE MEDIAN STE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1173.61
21800	00	CLOS TX RIB FRAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 156.76
21805	00	OPEN TX RIB FRAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 416.01
21810	00	TX RIB FRACTURE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 813.12
21820	00	CLOSED TREATMENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 208.62
21825	00	OPEN TX STERNUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 919.86
21920	00	BX SOFT TISSUE B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 400.16
21925	00	BIOPSY SOFT TISS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 666.10
21930	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 725.89
21931	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 777.12
21932	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1115.68
21933	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1230.35
21935	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1675.64
21936	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2384.44
22010	00	I&D OPN DP ABSC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1483.49
22015	00	I&D OPN DP ABSC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1467.63
22100	00	PART EXC POST VE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1369.43
22101	00	PART EXC POST VE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1388.95
22102	00	PART EXC POST VE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1305.38
22103	00	PART EXC POST VE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 236.68
22110	00	PART EXC VERT BD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1688.44
22112	00	PART EXC VERT BD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1675.64
22114	00	PART EXC VERT BD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1585.98
22116	00	PART EXC VERT BO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 231.80
22206	00	OSTEOTOMY SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3801.45
22207	00	OSTEOTOMY SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3846.59
22208	00	OSTEOTOMY SPINE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 963.17
22210	00	OSTEOT SPINE POS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2824.25
22212	00	OSTEOT SPINE POS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2342.36
22214	00	OSTEOT SPINE POS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2361.27
22216	00	OSTEOT SPINE POS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 604.50
22220	00	OSTEOT SPI W/DSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2563.78
22222	00	OSTEOT SPI W/DSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2346.01
22224	00	OSTEOT SPI W/DSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2521.09
22226	00	OSTEOT SPI W/DSK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 605.11
22305	00	CLOS TX VERTEBRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 290.36
22310	00	CLTX VRT BDY FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 467.26
22315	00	CLTX VRT FX&/DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1360.88
22318	00	OPEN TX ODONTOID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2593.68
22319	00	OPEN TX ODONTOID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2876.10
22325	00	OPEN TX VERT FX/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2270.38
22326	00	OPEN TX VERT FX/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2358.22
22327	00	OPEN TX VERT FX/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2337.48
22328	00	OPN TX VERT FX/D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 467.26
22505	00	MANIP SPN RQR AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 189.10

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
22520	00	PERCUTANEOUS VER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3477.54
22521	00	PERCUTANEOUS VER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3400.08
22522	00	PERQ VERTPLSTY 1	SURGERY - MUSCULOSKELETAL	NonFacility	$ 387.95
22523	00	PRQ VRT AGMNTJ M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 964.39
22524	00	PRQ VRT AGMNTJ M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 925.96
22525	00	PRQ VRT AGMNTJ M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 434.32
22526	00	PERQ INTRDSCL EL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3098.12
22527	00	PERQ INTRDSCL EL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2445.44
22532	00	ARTHRD LAT XTRCV	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2854.13
22533	00	ARTHRD LAT XTRCV	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2698.59
22534	00	ARTHRD LAT XTRCV	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.07
22548	00	ARTHRD ANT TRANS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3073.74
22551	00	ARTHRD ANT INTER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3119.48
22552	00	ARTHRD ANT INTER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 727.10
22554	00	ARTHRD ANT MIN D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2041.64
22556	00	ARTHRD ANT MIN D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2682.73
22558	00	ARTHRODESIS W/MI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2485.09
22585	00	ARTHRODESIS W/MI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 557.53
22590	00	ARTHRDSIS POST T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2503.39
22595	00	ARTHRDSIS POST T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2379.56
22600	00	ARTHRDSIS POST/P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2031.88
22610	00	ARTHRDSIS POST/P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1993.45
22612	00	ARTHRDSIS POST/P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2568.66
22614	00	ARTHRDSIS POST/P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 649.64
22630	00	ARTHRDSIS POST W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2471.06
22632	00	ARTHRDSIS POST W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 529.48
22633	00	ARTHDSIS POST/PO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3342.13
22634	00	ARTHDSIS POST/PO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 901.56
22800	00	ARTHRODESIS POST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2173.39
22802	00	ARTHRODESIS POST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3416.54
22804	00	ARTHRODESIS POST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3941.14
22808	00	ARTHRODESIS ANT;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2960.88
22810	00	ARTHRODESIS ANT;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3311.02
22812	00	ARTHRODESIS ANT;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3564.16
22818	00	KYPHECTOMY RES V	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3529.40
22819	00	KYPHECTOMY RES V	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4352.26
22830	00	EXPLORATION OF S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1291.35
22840	00	POSTERIOR NON-SE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1266.33
22841	00	INTERNAL SPINAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 601.45
22842	00	POSTERIOR SEGMEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1268.78
22843	00	POSTERIOR SEGMEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1346.85
22844	00	POSTERIOR SEGMEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1634.15
22845	00	ANTERIOR INSTRUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1218.14
22846	00	ANTERIOR INSTRUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1263.90
22847	00	ANTERIOR INSTRUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1438.35
22848	00	PELVIC FIXATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 597.78
22849	00	REINSERTION SPIN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2098.98
22850	00	REMOVAL POST NON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1144.94
22851	00	APPLICATION INTE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 677.09
22852	00	REMOVAL POSTERIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1093.71
22855	00	REMOVAL OF ANTER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1789.70
22856	00	TOT DISC ARTHRP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2663.82
22857	00	TOT DISC ARTHRP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2765.69

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
22861	00	REVJ RPLCMT DISC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2993.82
22862	00	REVJ RPLCMT DISC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3159.75
22864	00	RMVL DISC ARTHRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2656.49
22865	00	RMVL DISC ARTHRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3368.97
22900	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 835.69
22901	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1098.59
22902	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 691.73
22903	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 726.50
22904	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1721.38
22905	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2231.95
23000	00	REMV SUBDELTOID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 833.24
23020	00	CAPSULAR CONTRAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1093.10
23030	00	I&D SHOULDER ARE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 654.52
23031	00	I&D SHOULDER ARE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 596.57
23035	00	INCISION BONE CO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1084.56
23040	00	ARTHROT GLENOHUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1139.47
23044	00	ARTHROT AC SC JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 906.44
23065	00	BX SOFT TISSUE S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 336.10
23066	00	BX SOFT TISSUE S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 794.21
23071	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 690.50
23073	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1143.12
23075	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 574.60
23076	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 862.52
23077	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1874.49
23078	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2322.84
23100	00	ARTHROT GLENOHUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 772.86
23101	00	ARTHROT AC/SC JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 706.37
23105	00	ARTHRT GLENOHUMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1006.48
23106	00	ARTHRT GLENOHUMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 758.83
23107	00	ARTHRT GLENOHUMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1044.91
23120	00	CLAVICULECTOMY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 911.93
23125	00	CLAVICULECTOMY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1114.45
23130	00	ACROMPLSTY/ACROM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 954.02
23140	00	EXC/CURET BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 819.21
23145	00	EXC/CURET BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1096.75
23146	00	EXC/CURET BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 957.08
23150	00	EXC/CURET BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1041.25
23155	00	EXC BONE CYST PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1254.14
23156	00	EXC BONE CYST PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1066.87
23170	00	SEQUESTRECTOMY ,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 850.94
23172	00	SEQUESTRECTOMY ,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 874.12
23174	00	SEQECT HUM HEAD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1193.74
23180	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1080.29
23182	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1047.97
23184	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1175.45
23190	00	OSTECTOMY OF SCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 887.53
23195	00	RESECTION, HUMER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1193.13
23200	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2197.18
23210	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2568.66
23220	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2851.09
23330	00	REMOVAL FB SHOUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 351.97
23331	00	REMOVAL FOREIGN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 929.01
23332	00	REMOVAL FOREIGN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1406.63

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
23350	00	INJ SHLDR ARTHRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 239.11
23395	00	MUSC TRNSF ANY T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2058.10
23397	00	MUSC TRNSF TYPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1834.24
23400	00	SCAPULOPEXY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1554.25
23405	00	TENOTOMY SHLDR A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 999.16
23406	00	TENOT SHLDR; MX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1246.20
23410	00	REP RUPTURED MUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1314.52
23412	00	REP RUPTURED MUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1370.04
23415	00	CORACOACROMIAL L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1098.59
23420	00	RECNSTR CMPL SHL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1551.82
23430	00	TENODESIS OF LON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1173.61
23440	00	RESECTION/TPLNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1209.00
23450	00	CAPSULORRHAPHY A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1518.88
23455	00	CAPSULORRHAPHY A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1615.85
23460	00	CPSLORR ANT ANY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1752.50
23462	00	CPSLORR ANT; W/C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1721.99
23465	00	CAPSULORRHAPHY G	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1792.75
23466	00	CPSLORR GLENOHUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1788.48
23470	00	ARTHPLSTY GLENHU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1951.35
23472	00	ARTHPLSTY GLENOH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2421.65
23480	00	OSTEOTOMY CLAVIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1305.99
23485	00	OSTEOTOMY CLAV W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1540.83
23490	00	PROPH TX W/WO ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1362.10
23491	00	PROPH TX W/WO ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1624.41
23500	00	CLOS TX CLAVICUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 326.34
23505	00	CLOS TX CLAVICUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 531.29
23515	00	OPEN TREATMENT C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1134.59
23520	00	CLOS TX STERNOCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 339.15
23525	00	CLOS TX STERNOCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 541.06
23530	00	OPEN TX STERNOCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 866.79
23532	00	OPN TX STERNOCLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 980.26
23540	00	CLOS TX AC DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 334.27
23545	00	CLOS TX AC DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 485.55
23550	00	OPEN TX AC DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 903.40
23552	00	OPEN TX AC DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1040.64
23570	00	CLOS TX SCAP FX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 346.48
23575	00	CLTX SCAPULAR FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 597.19
23585	00	OPEN TX SCAPULAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1550.59
23600	00	CLOS TX PROX HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 484.94
23605	00	CLTX PROX HUMRL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 710.64
23615	00	OPEN TREATMENT P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1402.37
23616	00	OPEN PROX HUMERA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2023.32
23620	00	CLTX GREATER HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 400.16
23625	00	CLOS TX GT HUM T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 577.67
23630	00	OPEN TREATMENT G	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1217.53
23650	00	CLOS TX SHLDR DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 458.11
23655	00	CLOS TX SHLDR DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.07
23660	00	OPEN TX ACUTE SH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 917.43
23665	00	CLTX SHOULDER DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 645.38
23670	00	OPEN TX SHOULDER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1371.25
23675	00	CLTX SHOULDER DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 838.12
23680	00	OPEN TX SHOULDER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1466.40
23700	00	MANJ W/ANES SHOU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 306.82

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
23800	00	ARTHRODESIS, GLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1640.87
23802	00	ARTHRDSIS GLENOH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2019.06
23900	00	INTERTHORACOSCAP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2158.13
23920	00	DISARTICULATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1750.05
23921	00	DISARTIC SHLDR;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 653.30
23930	00	I&D UP ARM/ELB A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 545.32
23931	00	I&D UPPER ARM OR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 422.72
23935	00	INCI DP W/OPENIN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 782.62
24000	00	ARTHROT ELB INCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 744.80
24006	00	ARTHROTOMY ELB W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1126.03
24065	00	BX SFT TISS UPPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 391.61
24066	00	BX SFT TISS UP A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 913.77
24071	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 670.37
24073	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1149.23
24075	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 746.62
24076	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 830.81
24077	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1593.90
24079	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2141.06
24100	00	ARTHROT ELBOW; W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 639.27
24101	00	ARTHRT ELBOW W/J	SURGERY - MUSCULOSKELETAL	NonFacility	$ 782.00
24102	00	ARTHROTOMY, ELBO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 969.88
24105	00	EXCISION, OLECRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 529.48
24110	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 919.24
24115	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1141.29
24116	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1373.09
24120	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 822.88
24125	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 965.61
24126	00	EXC/CURTG BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1019.89
24130	00	EXCISION, RADIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 793.60
24134	00	SEQUESTRECTOMY S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1190.70
24136	00	SEQUESTRECTOMY R	SURGERY - MUSCULOSKELETAL	NonFacility	$ 957.08
24138	00	SEQUESTRECTOMY ,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1049.79
24140	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1129.09
24145	00	PART EXCISION BO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 948.53
24147	00	PART EXCISION BO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 985.75
24149	00	RADL RES SOFT TI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1848.88
24150	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2300.88
24152	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1937.93
24155	00	RESECTION OF ELB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1354.18
24160	00	IMPLANT REMOVAL;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 952.79
24164	00	IMPLANT REMOVAL;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 781.39
24200	00	REMOVL FB UPPER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 306.82
24201	00	REMOVAL FB UPPER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 848.49
24220	00	INJECTION PROC E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 263.51
24300	00	MANIPULATION ELB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 616.09
24301	00	MUSC/TEND TRNSF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1194.97
24305	00	TENDON LEN UPPER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 911.32
24310	00	TENOTOMY OPEN EL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 749.07
24320	00	TENPLSTY W/MUSC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1234.62
24330	00	FLEXOR-PLASTY, E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1135.79
24331	00	FLEX-PLASTY ELB;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1254.75
24332	00	TENOLYSIS TRICEP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 958.29
24340	00	TENODESIS BICEPS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 967.43

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
24341	00	REPR TEND/MUSC A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1160.81
24342	00	RINSJ RPTD BICEP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1241.32
24343	00	REPR LAT COLLAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1110.18
24344	00	RECON LAT COLLAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1739.69
24345	00	REPAIR MCL ELBOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1102.86
24346	00	RECONSTRUCT MCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1743.35
24357	00	TENOTOMY ELBOW L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 696.61
24358	00	TENOTOMY ELBOW L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 819.82
24359	00	TENOTOMY ELBOW L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1034.53
24360	00	ARTHROPLASTY, EL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1434.08
24361	00	ARTHROPLSTY ELB;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1613.42
24362	00	ARTHROPLSTY ELB;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1696.98
24363	00	ARTHROPLASTY ELB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2407.01
24365	00	ARTHROPLASTY, RA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1011.97
24366	00	ARTHROPLASTY RAD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1082.13
24400	00	OSTEOTOMY HUMERU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1305.38
24410	00	MX OSTEOT W/REAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1674.42
24420	00	OSTEOPLASTY, HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1574.99
24430	00	REPR NONUNION/MA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1685.40
24435	00	REPR NON/MALUNIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1709.80
24470	00	HEMIEPIPHYSEAL A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.03
24495	00	DECOMP FASCIOT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1044.29
24498	00	PROPH TX W/WO ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1386.50
24500	00	CLOS TX HUM SHAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 529.48
24505	00	CLTX HUMERAL SHF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 761.87
24515	00	OPTX HUMERAL SHF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1392.61
24516	00	TX HUMRAL SHAFT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1376.13
24530	00	CLTX SPRCNDYLR/T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 567.29
24535	00	CLTX SPRCNDYLR/T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 950.97
24538	00	PERQ FIX SPRCOND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1174.22
24545	00	OPEN TX HUMERAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1470.08
24546	00	OPEN TX HUMERAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1671.37
24560	00	CLTX HUMERAL EPI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 475.18
24565	00	CLTX HUMERAL EPI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 792.99
24566	00	PRQ SKEL FIXJ HU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1117.50
24575	00	OPEN TX HUMERAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1158.37
24576	00	CLTX HUMERAL CON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 501.42
24577	00	CLTX HUMERAL CON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 822.88
24579	00	OPEN TX HUMERAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1323.06
24582	00	PRQ SKEL FIXJ HU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1249.87
24586	00	OPEN TX PERIARTI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1745.17
24587	00	OPN TX PERIARTIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1740.29
24600	00	TX CLOS ELB DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 556.31
24605	00	TX CLOS ELB DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 719.79
24615	00	OPEN TX ACUTE/CH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1131.52
24620	00	CLOSED TX MONTEG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 865.58
24635	00	OPEN TX MONTEGGI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1132.75
24640	00	CLTX RDL HEAD SU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 189.10
24650	00	CLOS TX RADIAL H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 384.91
24655	00	CLOS TX RADIAL H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 663.06
24665	00	OPEN TX RADIAL H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1021.73
24666	00	OPEN TX RADIAL H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1158.99
24670	00	CLOSED TX ULNAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 431.87

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
24675	00	CLOSED TX ULNAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 695.39
24685	00	OPEN TX ULNAR FR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1024.18
24800	00	ARTHRODESIS, ELB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1283.42
24802	00	ARTHRDSIS ELB JO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1596.33
24900	00	AMP ARM THRU HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1150.43
24920	00	AMP ARM THRU HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1140.67
24925	00	AMP ARM THRU HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 883.88
24930	00	AMP ARM THRU HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1210.83
24931	00	AMP ARM THRU HUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1270.60
24935	00	STUMP ELONGATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1700.04
24940	00	CINEPLASTY UPPER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1376.48
25000	00	INCISION EXT TEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 538.01
25001	00	INCISION FLEXOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 520.92
25020	00	DECOMP FASC FORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 894.25
25023	00	DECOMP FASC FORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1748.84
25024	00	DECOMP FASC FORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1232.78
25025	00	DECOMP FASC FORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1930.01
25028	00	I&D FOREARM &OR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 803.36
25031	00	I&D FOREARM AND/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 586.20
25035	00	INCI DP BN CORTX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 990.02
25040	00	ARTHROT RADIO/MI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 897.90
25065	00	BX SOFT TISSUE F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 389.17
25066	00	BX SFT TISSUE FO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 583.75
25071	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 702.10
25073	00	EXC TUMOR SFT TI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 874.12
25075	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 577.05
25076	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 818.00
25077	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1407.25
25078	00	RAD RESCJ TUM SO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1870.22
25085	00	CAPSULOTOMY, WRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 724.67
25100	00	ARTHROTOMY WRIST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 541.67
25101	00	ARTHRT WRST W/JT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 635.62
25105	00	ARTHROT WRIST JO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 771.02
25107	00	ARTHROT DIST RAD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 971.72
25109	00	EXC TDN F/ARM&/W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 832.03
25110	00	EXC LES TEND SHE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 556.92
25111	00	EXCISION OF GANG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 494.09
25112	00	EXCISION GANGLIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.07
25115	00	RADL EXC BURSA W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1259.02
25116	00	RADL EXC BURSA W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1007.09
25118	00	SYNOVECTOMY EXTE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 600.23
25119	00	SYNOVECT EXT WRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 795.42
25120	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 850.33
25125	00	EXC BONE CYST RA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1003.43
25126	00	EXC BONE CYST RA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1006.48
25130	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 706.98
25135	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 891.80
25136	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 778.35
25145	00	SEQUESTRECTOMY F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 878.38
25150	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 907.66
25151	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 993.06
25170	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2224.62
25210	00	CARPECTOMY; ONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 773.47

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
25215	00	CARPECTOMY; ALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 990.63
25230	00	RADICAL STYLOIDE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 681.36
25240	00	EXCISION DIST UL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 687.46
25246	00	INJECTION PROC W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 267.78
25248	00	EXPL W/REMOVAL D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 687.46
25250	00	REMOVAL WRIST PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 828.97
25251	00	REMV WRST PROSTH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1140.06
25259	00	MANIPULATION WRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 619.14
25260	00	REPR TEND/MUSC F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1054.67
25263	00	REPR TEND/MUSC F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1054.67
25265	00	REPR TEND/MUSC F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1254.75
25270	00	REPR TEND/MUSC E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 839.95
25272	00	REPR TEND/MUSC E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 944.26
25274	00	REP TEND/MUSC EX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1129.09
25275	00	REP TEND EXT FOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1067.49
25280	00	LEN/SHRT TEND FO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 958.29
25290	00	TENOT OPEN FLX/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 793.60
25295	00	TENOLYSIS FLEX/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 890.58
25300	00	TENODESIS@WRIST;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1087.60
25301	00	TENODESIS@WRIST;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1026.00
25310	00	TEND TPLNT/TRNSF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1040.03
25312	00	TEND TPLNT/TRNSF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1210.22
25315	00	FLEX ORIGIN SLID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1299.88
25316	00	FLX SLIDE FORARM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1490.19
25320	00	CPSLORR/RECNSTR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1547.55
25332	00	ARTHRP WRST W/WO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1339.54
25335	00	CENTRALIZATION O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1406.02
25337	00	RECON DIST ULNA/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1407.25
25350	00	OSTEOTOMY, RADIU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1139.47
25355	00	OSTEOT RADIUS; M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1289.51
25360	00	OSTEOTOMY; ULNA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1108.96
25365	00	OSTEOTOMY; RADIU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1521.92
25370	00	MX OSTEOTOMIES;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1665.27
25375	00	MX OSTEOTOMIES;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1475.57
25390	00	OSTEOPLASTY RADI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1294.39
25391	00	OSTEPLSTY RADUS/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1662.84
25392	00	OSTEOPLASTY RADI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1694.55
25393	00	OSTEPLSTY RADUS&	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1889.13
25394	00	OSTEOPLASTY CARP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1241.93
25400	00	REPR NON/MALUNIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1357.22
25405	00	REP NON/MALUNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1734.81
25415	00	REPR NON/MALUNIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1638.44
25420	00	REP NON/MALUNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1953.18
25425	00	REPR DEFECT W/AU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1667.72
25426	00	REPR DEFECT W/AU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1794.58
25430	00	INSERTION VASCUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1119.94
25431	00	REPAIR NONUNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1243.77
25440	00	RPR NONUNION SCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1227.90
25441	00	ARTHPLSTY W/PROS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1469.47
25442	00	ARTHROPLSTY W/PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1257.19
25443	00	ARTHPLSTY W/REPL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1241.32
25444	00	ARTHROPLASTY W/P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1208.38
25445	00	ARTHPLSTY W/PROS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1141.90

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
25446	00	ARTHPLSTY W/PROS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1877.55
25447	00	ARTHRP INTERPOS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1299.27
25449	00	REVJ ARTHRP W/RE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1657.96
25450	00	EPIPHYSEAL ARRES	SURGERY - MUSCULOSKELETAL	NonFacility	$ 950.36
25455	00	EPIPHYSEAL ARRES	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1035.76
25490	00	PROPH TX N/P/PLT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1151.66
25491	00	PROPH TX N/P/PLT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1248.04
25492	00	PROPH TX N/P/PLT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1505.45
25500	00	CLOS TX RADIAL S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 396.49
25505	00	CLOS TX RADIAL S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 766.14
25515	00	OPEN TREATMENT R	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1052.23
25520	00	CLOS TX RADIAL F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 851.55
25525	00	OPEN RDL SHAFT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1254.14
25526	00	OPEN RDL SHAFT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1551.82
25530	00	CLOS TX ULNAR SH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 383.07
25535	00	CLOS TX ULNAR SH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.96
25545	00	OPEN TREATMENT O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 979.64
25560	00	CLOSED TX RADIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 403.20
25565	00	CLOSED TX RADIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 800.30
25574	00	OPEN TX RADIAL &	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1054.05
25575	00	OPEN TX RDL& ULN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1422.50
25600	00	CLTX DSTL RADIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 435.53
25605	00	CLTX DSTL RDL FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 955.24
25606	00	PERQ DSTL RADIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1046.13
25607	00	OPTX DSTL RADL X	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1141.90
25608	00	OPTX DSTL RADL I	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1287.08
25609	00	OPTX DSTL RADL I	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1642.70
25622	00	CLOSED TX CARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 448.94
25624	00	CLOSED TX CARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 703.31
25628	00	OPEN TX CARPAL S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1134.59
25630	00	CLTX CARPAL BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 457.50
25635	00	CLTX CARPAL BONE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 672.21
25645	00	OPEN TX CARPAL B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 893.02
25650	00	CLOSED TX ULNAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 478.84
25651	00	PERCUT SKEL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 746.62
25652	00	OPEN TX ULNAR ST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 974.76
25660	00	CLTX RDCRPL/INTE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 630.12
25670	00	OPEN TX RADIOCAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 958.90
25671	00	PERQ SKEL FIX DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 819.21
25675	00	CLOSED TX DISTAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 660.00
25676	00	OPN TX RADIOULNA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 991.84
25680	00	CLTX TRANS-SCAPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 724.05
25685	00	OPEN TX TRANS-SC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1160.81
25690	00	CLOS TX LUNATE D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 731.38
25695	00	OPEN TREATMENT L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1000.39
25800	00	ARTHRODESIS WRIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1173.61
25805	00	ARTHRODESIS WRIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1359.06
25810	00	ARTHRODESIS WRIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1379.19
25820	00	ARTHRDSIS WRST;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 963.17
25825	00	ARTHRODESIS, WRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1189.47
25830	00	ARTHRD DSTL RAD/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1495.07
25900	00	AMP FOREARM THRU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1176.67
25905	00	AMP FOREARM; OPE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1160.81

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
25907	00	AMP FOREARM; SEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.62
25909	00	AMP FORARM THRU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1137.02
25915	00	KRUKENBERG PROCE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1879.37
25920	00	DISARTICULATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1090.66
25922	00	DISART THRU WRST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 853.37
25924	00	DISARTICULATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1063.81
25927	00	TRANSMETACARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1241.93
25929	00	TRANSMC AMP; SEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 904.62
25931	00	TRANSMETACARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1112.62
26010	00	DRAINAGE OF FING	SURGERY - MUSCULOSKELETAL	NonFacility	$ 386.13
26011	00	DRAINAGE FINGER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 582.55
26020	00	DRAIN TEND SHEAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 669.16
26025	00	DRAINAGE PALMAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 651.46
26030	00	DRAINAGE OF PALM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 769.81
26034	00	INCISION BONE CO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 835.07
26035	00	DECOMPRS FNGR &O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1324.90
26037	00	DECOMPRESSIVE FA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 898.52
26040	00	FASCIOTOMY, PALM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 475.18
26045	00	FASCIOTOMY, PALM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 727.10
26055	00	TENDON SHEATH IN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 850.94
26060	00	TENOTOMY PERCUT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 408.69
26070	00	ARTHROT W/EXPL D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 470.30
26075	00	ARTHROT W/EXPL D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 495.93
26080	00	ARTHROT W/EXPL D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 595.96
26100	00	ARTHROT W/BX; CM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 505.69
26105	00	ARTHROT W/BX; MC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 514.22
26110	00	ARTHROT W/BX; IP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 492.25
26111	00	EX TUM/VASC MALF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 680.74
26113	00	EX TUM/VASC MAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 894.25
26115	00	EXC TUM/VASC MAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 888.76
26116	00	EXC TUM/VAS MAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 821.05
26117	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1137.02
26118	00	RAD RESCJ TUM SO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1757.38
26121	00	FASCT PALM W/WO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 937.56
26123	00	FASCT PRTL PALMA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1299.88
26125	00	FASCT PRTL PALMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 453.23
26130	00	SYNOVECTOMY, CAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 711.25
26135	00	SYNOVECT MCP JNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 863.13
26140	00	SYNOVECT PROX IP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 788.11
26145	00	SYNOVECT FLEX TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 800.30
26160	00	EXC LES TEND SHE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 860.09
26170	00	EXC TDN PALM FLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 630.12
26180	00	EXC TDN FINGER F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 687.46
26185	00	SESAMOIDECTOMY T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 841.79
26200	00	EXCISION/CURET B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 703.92
26205	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 950.36
26210	00	EXC BONE CYST PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 685.01
26215	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 879.61
26230	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 783.84
26235	00	PART EXC BN; PRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 773.47
26236	00	PART EXC BN; DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 687.46
26250	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1519.47
26260	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1178.49

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
26262	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 920.47
26320	00	REMOVAL IMPLANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 535.56
26340	00	MANIP FNGR JNT U	SURGERY - MUSCULOSKELETAL	NonFacility	$ 492.87
26341	00	MANIPLATN PALAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 176.89
26350	00	RPR/ADVMNT FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1097.98
26352	00	RPR/ADVMNT FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1257.19
26356	00	RPR/ADVMNT FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1671.98
26357	00	RPR/ADVMNT FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1346.24
26358	00	RPR/ADVMNT FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1426.16
26370	00	REPR PROFUNDUS T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1186.43
26372	00	RPR/ADVMNT TDN W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1380.40
26373	00	RPR/ADVMNT TDN W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1315.75
26390	00	EXC FLX TEND IMP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1298.66
26392	00	REMV ROD&INSRT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1512.77
26410	00	REPR EXT TEND HA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 870.46
26412	00	REPR EXT TEND HA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1058.93
26415	00	EXC EXT TEND IMP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1110.18
26416	00	REMV ROD&INSRT E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1268.17
26418	00	REPR EXT TEND FN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 879.00
26420	00	REPR EXT TEND FN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1107.12
26426	00	RPR XTNSR TDN CN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 868.62
26428	00	RPR XTNSR TDN CN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1166.30
26432	00	CLTX DSTL XTNSR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 763.10
26433	00	REPR EXT TEND DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 818.00
26434	00	REPR EXT TEND DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 991.84
26437	00	REALIGNMENT EXT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 958.29
26440	00	TENOLYSIS FLEXOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 957.67
26442	00	TENOLYSIS FLEX;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1482.88
26445	00	TENOLYSIS EXT TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 888.76
26449	00	TENOLYSIS CMPLX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1170.57
26450	00	TENOTOMY FLEXOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 620.97
26455	00	TENOTOMY FLEX FI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 617.30
26460	00	TENOT EXT HAND/F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 599.01
26471	00	TENODESIS; PROX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 946.09
26474	00	TENODESIS; DISTA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 914.98
26476	00	LEN TENDON EXT H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 893.02
26477	00	SHRT TENDON EXT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 894.25
26478	00	LEN TENDON FLEX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 965.61
26479	00	SHRT TENDON FLX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 960.73
26480	00	TRNSF/TPLNT TEND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1162.03
26483	00	TENDON TRANSFER	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1310.87
26485	00	TRNSF/TPLNT TEND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1255.35
26489	00	TRNSF/TPLNT TEND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1395.65
26490	00	OPPONENSPLASTY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1225.47
26492	00	OPPONENSPLASTY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1369.43
26494	00	OPPONENSPLSTY;HY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1239.50
26496	00	OPPONENSPLASTY O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1335.88
26497	00	TRNSF TEND TO RE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1347.46
26498	00	TRNSF TEND TO RE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1800.08
26499	00	CORRECTION CLAW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1287.69
26500	00	RECON TEND PULLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 968.05
26502	00	RECON TEND PULLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1095.54
26508	00	RELEASE OF THENA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 966.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
26510	00	CROSS INTRINSIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 921.08
26516	00	CAPSLDSIS MCP JO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1086.40
26517	00	CAPSULODESIS MTC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1285.24
26518	00	CAPSULODESIS MTC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1301.11
26520	00	CAPCTOMY/CAPSULO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1004.66
26525	00	CAPCTOMY/CAPSULO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1006.48
26530	00	ARTHPLSTY MCP JO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 838.73
26531	00	ARTHROPLASTY MCP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 976.60
26535	00	ARTHPLSTY IP JOI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 634.39
26536	00	ARTHROPLASTY IP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1051.01
26540	00	REPAIR COLLAT LI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1019.89
26541	00	RECON COLLAT LIG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1248.04
26542	00	RECON LIG MCP JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1052.23
26545	00	RECON LIG IP JNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1076.02
26546	00	REPAIR NON-UNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1524.97
26548	00	REPR&RECNSTR FNG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1185.21
26550	00	POLLICIZATION OF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2439.35
26551	00	TRNSF TOE TO HAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5148.30
26553	00	TRNSF TOE-HAND A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4423.63
26554	00	TRNSF TOE-HAND A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 5427.06
26555	00	TRNSF FINGER OTH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2172.77
26556	00	TRNSF FREE TOE J	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4417.54
26560	00	REPR SYNDACTYLY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 884.49
26561	00	REPR SYNDACTYLY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1417.62
26562	00	REPR SYNDACTYLY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1925.13
26565	00	OSTEOTOMY; METAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1053.44
26567	00	OSTEOTOMY; PHALA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1055.89
26568	00	OSTEOPLASTY LEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1391.99
26580	00	REPAIR CLEFT HAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2274.65
26587	00	RECON POLYDACTYL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1547.55
26590	00	REPAIR MACRODACT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2064.20
26591	00	REPAIR INTRIN MU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 667.94
26593	00	RELEASE INTRIN M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 919.24
26596	00	EXC CONSTRICT RI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1159.58
26600	00	CLTX METACARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 425.16
26605	00	CLTX METACARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 479.45
26607	00	CLTX METACARPAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 688.69
26608	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 738.69
26615	00	OPEN TX METACARP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 875.94
26641	00	CLTX CARPO/METAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 558.76
26645	00	CLTX CARPO/METAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 634.39
26650	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 739.31
26665	00	OPEN TX CARPOMET	SURGERY - MUSCULOSKELETAL	NonFacility	$ 971.11
26670	00	CLTX CARPO/METAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 503.24
26675	00	CLTX CARPO/MTCRP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 675.25
26676	00	PRQ SKEL FIXJ CA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 774.69
26685	00	OPEN TX CARPOMET	SURGERY - MUSCULOSKELETAL	NonFacility	$ 889.37
26686	00	OPEN TX CMC DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 977.81
26700	00	CLTX METACARPOPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 481.90
26705	00	CLTX METACARPOPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 618.53
26706	00	PRQ SKEL FIXJ ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 675.25
26715	00	OPEN TREATMENT M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 874.12
26720	00	CLTX PHLNGL FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 290.36

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
26725	00	CLTX PHLNGL FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 512.39
26727	00	PERQ FIX PHALANG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 726.50
26735	00	OPEN TX PHALANGE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 911.93
26740	00	CLOS TX ARTIC FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 336.10
26742	00	CLOS TX ARTIC FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 561.19
26746	00	OPEN TX ARTICULA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1134.59
26750	00	CLTX DSTL PHLNGL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 272.05
26755	00	CLTX DSTL PHLNGL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 473.34
26756	00	PERCUT SKELETAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 641.70
26765	00	OPEN TX DISTAL P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 750.90
26770	00	CLTX IPHAL JT DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 410.51
26775	00	CLTX IPHAL JT DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 575.83
26776	00	PRQ SKEL FIXJ IP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 681.36
26785	00	OPEN TX INTERPHA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 820.43
26820	00	FUS OPPOSITION T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1223.64
26841	00	ARTHRD CARPO/MET	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1129.70
26842	00	ARTHRD CRP/MTACR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1229.13
26843	00	ARTHRDSIS CMC JO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1142.51
26844	00	ARTHRDSIS CMC JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1274.87
26850	00	ARTHRODESIS META	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1074.19
26852	00	ARTHRD MTCRPL JT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1234.62
26860	00	ARTHRDSIS IP JOI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 861.91
26861	00	ARTHRD IPHAL JT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 170.79
26862	00	ARTHRD IPHAL JT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1122.99
26863	00	ARTHRD IPHAL JT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 383.07
26910	00	AMP MTCRPL W/FIN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1112.00
26951	00	AMP F/TH 1/2 JT/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 979.03
26952	00	AMP F/TH 1/2 JT/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1002.21
26990	00	I&D PELVIS/HIP J	SURGERY - MUSCULOSKELETAL	NonFacility	$ 975.99
26991	00	I&D PELVIS/HIP J	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1083.33
26992	00	INCI BN CORTX PE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1529.85
27000	00	TENOTOMY ADDUCTO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 697.22
27001	00	TENOTOMY, ADDUCT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 852.76
27003	00	TENOT ADDUCTSUBQ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 929.01
27005	00	TENOTOMY HIP FLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1155.93
27006	00	TENOTOMY ABDUCTS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1168.73
27025	00	FASCIOTOMY, HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1442.62
27027	00	DECOMPRESSION FA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1328.55
27030	00	ARTHROTOMY, HIP,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1507.89
27033	00	ARTHROT HIP W/EX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1562.78
27035	00	DENERVAT HIP JNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1809.84
27036	00	CAPSULECT/CAPSUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1606.71
27040	00	BX SOFT TISSUE P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 527.03
27041	00	BX SOFT TISS PEL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1092.48
27043	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 775.90
27045	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1233.40
27047	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 775.90
27048	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 938.77
27049	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2090.42
27050	00	ARTHROTOMY WITH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 575.83
27052	00	ARTHROTOMY, WITH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 892.41
27054	00	ARTHROTOMY W/SYN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1080.90
27057	00	DCMPRN FASCIOTOM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1504.24

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27059	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3024.94
27060	00	EXCISION; ISCHIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 682.58
27062	00	EXCISION; TROCH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 710.64
27065	00	EXCISION BONE CY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 795.42
27066	00	EXCISION BONE CY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1287.69
27067	00	EXC B1 CST/B9 TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1652.46
27070	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1351.73
27071	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1446.90
27075	00	RAD RESCT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3408.01
27076	00	RAD RESCT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3791.69
27077	00	RADICAL RESCTION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 4529.16
27078	00	RAD RESCT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2993.21
27080	00	COCCYGECTOMY, PR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 796.03
27086	00	REMOVAL FB PELV/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 375.76
27087	00	REMOVAL FB PELVI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1006.48
27090	00	REMOVAL HIP PROS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1324.28
27091	00	REMV HIP PROSTH;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2579.63
27093	00	INJ PROC HIP ART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 298.90
27095	00	INJ PROC HIP ART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 362.94
27096	00	INJECT SI JOINT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 283.03
27097	00	RELEASE/RECESSIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1062.61
27098	00	TRANSFER, ADDUCT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1004.66
27100	00	TRNSF EXT OBLIQ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1306.60
27105	00	TRANSFER PARASPI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1376.13
27110	00	TRNSF ILIOPSOAS;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1533.50
27111	00	TRANSFER ILIOPSO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1382.85
27120	00	ACETABULOPLASTY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2075.19
27122	00	ACETABULOPLASTY;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1770.18
27125	00	HEMIARTHROPLASTY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1815.33
27130	00	ARTHPLSTY ACETAB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2329.55
27132	00	CONV PREV HIP TO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2723.59
27134	00	REVJ TOT HIP ART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3143.27
27137	00	REVJ TOT HIP ART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2399.69
27138	00	REVJ TOT HIP ART	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2497.91
27140	00	OSTEOT&TRNSF GT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1435.30
27146	00	OSTEOT ILIAC ACE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2043.46
27147	00	OSTEOT ILIAC; W/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2365.53
27151	00	OSTEOTOMY ILIAC;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2491.19
27156	00	OSTEOT; W/FEM OS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2762.02
27158	00	OSTEOTOMY, PELVI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2234.38
27161	00	OSTEOTOMY FEMORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1956.84
27165	00	OSTEOT INTERTROC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2205.12
27170	00	BN GFT FEM HEAD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1900.11
27175	00	TX SLP FEMORAL E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1058.93
27176	00	TX SLP FEM EPIPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1457.26
27177	00	OPTX SLP FEM EPI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1780.56
27178	00	OPTX SLP FEM EPI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1449.94
27179	00	OPN TX SLIP FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1556.70
27181	00	OPEN TX SLIP FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1784.82
27185	00	EPIPHYSL ARRST E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 994.28
27187	00	PROPH TX W/WO MM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1590.86
27193	00	CLTX PEL RING FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 735.65
27194	00	CLTX PEL RING FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1116.88

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27200	00	CLOSED TREATMENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 269.01
27202	00	OPEN TREATMENT C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 971.11
27215	00	OPTX ILIAC TUBRS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1066.87
27216	00	PERQ SKELETAL FI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1575.60
27217	00	OPTX ANT PELVIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1490.19
27218	00	OPTX POST PEL BO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2038.58
27220	00	CLTX ACETABULUM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 828.36
27222	00	CLTX ACETABULM H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1564.62
27226	00	OPEN TX POST/ANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1674.42
27227	00	OPEN TX ACETAB F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2694.92
27228	00	OPEN TX ACETAB F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3083.50
27230	00	CLTX FEM FX PROX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 737.47
27232	00	CLTX FEM FX PROX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1235.23
27235	00	PRQ SKEL FIXJ FE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1456.05
27236	00	OPEN TX FEM FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1918.41
27238	00	CLTX INTER/PERI/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 714.29
27240	00	CLTX INTR/PERI/S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1529.85
27244	00	TX INTER/PR/SUBT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1973.32
27245	00	TX INTERTROCH FE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2002.60
27246	00	CLTX GREATER TRO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 599.62
27248	00	OPEN TREATMENT G	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1201.07
27250	00	CLTX HIP DISLOCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 355.62
27252	00	CLTX HIP DISLOCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1210.22
27253	00	OPTX HIP DISLOCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1511.55
27254	00	OPEN TX HIP DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2041.03
27256	00	TX SPONTAN HIP D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 465.42
27257	00	TX SPON HIP DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 539.24
27258	00	OPN TX SPONT HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1776.90
27259	00	OPN TX SPONT HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2496.07
27265	00	CLOS TX HIP ARTH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 620.36
27266	00	CLOS TX HIP ARTH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 916.20
27267	00	CLOSED TX FEMORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 666.72
27268	00	CLOSED TX FEMORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 822.27
27269	00	OPEN TX FEMORAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1967.82
27275	00	MANIP HIP JNT RQ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 279.99
27280	00	ARTHRODESIS, SAC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1646.36
27282	00	ARTHRODESIS, SYM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1309.03
27284	00	ARTHRODESIS, HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2536.34
27286	00	ARTHRDSIS HIP JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2679.68
27290	00	INTERPELVIABDOMI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2565.01
27295	00	DISARTICULATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2049.56
27301	00	I&D DEEP ABSC BU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1028.45
27303	00	INC DEEP W/OPNG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1011.36
27305	00	FASCIOTOMY, ILIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.35
27306	00	TENOT PERQ ADDUC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 598.39
27307	00	TENOT PERCUT HAM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 738.08
27310	00	ARTHROT KNEE W/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1155.93
27323	00	BX SOFT TISSUE T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 414.19
27324	00	BX SOFT TISSUE T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 609.38
27325	00	NEURECTOMY HAMST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 847.27
27326	00	NEURECTOMY POPLI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 778.35
27327	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 667.94
27328	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 917.43

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27329	00	RAD RESECT TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1672.58
27330	00	ARTHROT KNEE; W/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 627.06
27331	00	ARTHROT KNEE; JN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 744.19
27332	00	ARTHRT W/EXC SEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1008.92
27333	00	ARTHRT W/EXC SEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 916.81
27334	00	ARTHROT W/SYNOVE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1077.84
27335	00	ARTHROT-SYNOVECT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1215.71
27337	00	EXCISON TUMOR SO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 692.34
27339	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1246.20
27340	00	EXCISION, PREPAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 571.56
27345	00	EXCISION SYNOVIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 756.38
27347	00	EXCISION LESION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 820.43
27350	00	PATELLECTOMY OR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1029.06
27355	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 952.79
27356	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1168.73
27357	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1290.73
27358	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 464.81
27360	00	PART EXC BN FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1349.30
27364	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2605.26
27365	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 3069.45
27370	00	INJECTION PROC K	SURGERY - MUSCULOSKELETAL	NonFacility	$ 259.86
27372	00	REMOVAL FB DP TH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 919.86
27380	00	SUTURE INFRAPATR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 932.07
27381	00	SUT INFRAPATELLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1269.39
27385	00	SUT QUAD/HAMSTRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 997.33
27386	00	SUTR QUADRICEPS/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1318.18
27390	00	TENOT OPN HAMSTR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 693.55
27391	00	TENOT OPN HMSTRN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 904.01
27392	00	TENOT OPN HAMSTR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1115.68
27393	00	LEN HAMSTRING TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 799.08
27394	00	LEN HAMSTRING TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1032.10
27395	00	LEN HAMSTRING TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1397.49
27396	00	TRANSPLANT/TRANS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 971.11
27397	00	TRANSPLANT/TRANS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1446.90
27400	00	TRANSFER TENDON/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1093.10
27403	00	ARTHROTOMY W/MEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.03
27405	00	REPR PRIM TORN L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1071.75
27407	00	REPR PRIM TORN L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1232.78
27409	00	REPR TORN LIG KN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1539.00
27412	00	AUTOLOGOUS CHOND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2656.49
27415	00	OSTEOCHONDRAL AL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2191.07
27416	00	OSTEOCHONDRAL AU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1550.59
27418	00	ANTERIOR TIBIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1326.73
27420	00	RECONSTRUCTION D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1186.43
27422	00	RECON DISLOC PAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1182.16
27424	00	RECNSTR DISLOC P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1185.21
27425	00	LATERAL RETINACU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 694.16
27427	00	LIG RECONSTRUCT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1140.06
27428	00	LIG RECONSTRUCT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1769.57
27429	00	LIG RECON KNEE;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1986.73
27430	00	QUADRICEPSPLASTY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1175.45
27435	00	CAPSULOT POST CA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1274.26
27437	00	ARTHPLSTY PAT; W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1045.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27438	00	ARTHROPLASTY PAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1340.76
27440	00	ARTHROPLASTY, KN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1235.83
27441	00	ARTHROPLASTY TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1276.71
27442	00	ARTHROPLASTY FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1387.11
27443	00	ARTHPLSTY FEM CO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1298.66
27445	00	ARTHROPLASTY KNE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2024.55
27446	00	ARTHROPLASTY KNE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1787.87
27447	00	ARTHPLSTY KNEE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2491.19
27448	00	OSTEOTOMY FEMUR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1307.21
27450	00	OSTEOTOMY FEMUR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1631.11
27454	00	OSTEOT MX REALGN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2069.08
27455	00	OSTEOT PROX TIBI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1504.24
27457	00	OSTEOT PROX TIBI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1548.14
27465	00	OSTEOPLASTY, FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1991.00
27466	00	OSTEOPLASTY, FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1901.95
27468	00	OSTEOPLASTY FEM;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2150.82
27470	00	REPR NON-/MALUNI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1894.62
27472	00	RPR NON/MAL FEMU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2044.07
27475	00	ARREST EPIPHYSL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1046.13
27477	00	ARREST EPIPHYSL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1162.64
27479	00	ARREST EPIPHYSL;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1356.00
27485	00	ARREST HEMIEPIPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1063.81
27486	00	REVJ TOTAL KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2276.48
27487	00	REVJ TOT KNEE AR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2865.12
27488	00	RMVL PROSTH TOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1931.23
27495	00	PROPH TX N/P/PLT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1817.76
27496	00	DECOMPRESSION FA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 813.72
27497	00	DCMPRN FASCT THI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 881.43
27498	00	DCMPRN FASCIOTOM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 970.50
27499	00	DCMPRN FASCT THI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1063.20
27500	00	CLOS TX FEM SHAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 802.14
27501	00	CLTX SPRCNDYLR/T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 789.33
27502	00	CLTX FEM SHFT FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1255.35
27503	00	CLTX SPRCNDYLR/T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1277.93
27506	00	OPTX FEM SHFT FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2148.37
27507	00	OPTX FEM SHFT FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1575.60
27508	00	CLTX FEM FX DSTL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 811.29
27509	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.03
27510	00	CLTX FEM FX DSTL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1108.96
27511	00	OPEN TX FEMORAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1635.37
27513	00	OPEN TX FEMORAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2048.95
27514	00	OPEN TX FEMORAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1612.81
27516	00	CLTX DISTAL FEMO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 767.36
27517	00	CLTX DSTL FEM EP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1079.07
27519	00	OPEN TX DISTAL F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1469.47
27520	00	CLOS TX PATELLAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 481.90
27524	00	OPEN TX PATELLAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1198.01
27530	00	CLTX TIBIAL FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.66
27532	00	CLTX TIBIAL FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 957.67
27535	00	OPEN TX TIBIAL F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1464.58
27536	00	OPTX TIBIAL FX P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1911.71
27538	00	CLTX INTERCONDYL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 719.79
27540	00	OPEN TX INTERCON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1306.60

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27550	00	CLOS TX KNEE DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 766.14
27552	00	CLOS TX KNEE DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 982.69
27556	00	OPEN TX KNEE DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1445.68
27557	00	OPEN TX KNEE DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1732.37
27558	00	OPEN TX KNEE DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1962.33
27560	00	CLOS TX PATR DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 569.72
27562	00	CLOS TX PATR DIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 735.04
27566	00	OPTX PATELLAR DI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1427.38
27570	00	MANIP KNEE JNT U	SURGERY - MUSCULOSKELETAL	NonFacility	$ 232.41
27580	00	ARTHRODESIS, KNE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2320.40
27590	00	AMP THIGH THRU F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1360.88
27591	00	AMP THI THRU FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1483.49
27592	00	AMP THI THRU FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1148.00
27594	00	AMP THI FEM; SEC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 830.19
27596	00	AMP THI THRU FEM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1201.07
27598	00	DISARTICULATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1214.49
27600	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 683.80
27601	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 714.29
27602	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 844.83
27603	00	I&D LEG/ANKLE; D	SURGERY - MUSCULOSKELETAL	NonFacility	$ 820.43
27604	00	I&D LEG OR ANKLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 716.13
27605	00	TENOT PERQ ACHIL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 548.38
27606	00	TENOT PERQ ACHLL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 467.26
27607	00	INCISION , LEG O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 979.64
27610	00	ARTHROT ANK INCL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1042.47
27612	00	ARTHRT PST CAPSU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 900.34
27613	00	BX SOFT TISSUE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 386.73
27614	00	BX SOFT TISSUE L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 880.22
27615	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1628.06
27616	00	RAD RESCJ TUM SO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2125.20
27618	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 677.09
27619	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 811.90
27620	00	ARTHRT ANKLE W/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 731.38
27625	00	ARTHROTOMY WITH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 934.50
27626	00	ARTHROT W/SYNOVE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.62
27630	00	EXC LES TEND SHE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 833.24
27632	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 683.80
27634	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1113.84
27635	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 943.05
27637	00	EXC BN CYST/TUMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1203.50
27638	00	EXC BN CYST/TUMR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1247.42
27640	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1371.86
27641	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1098.59
27645	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2633.31
27646	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2266.11
27647	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1764.08
27648	00	INJECTION PROC A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 251.32
27650	00	REPR PRIM OPN/PE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1068.69
27652	00	REPR PRIM OP EN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1153.49
27654	00	REPAIR SECONDARY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1144.94
27656	00	REPAIR, FASCIAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 867.40
27658	00	REPR FLEX TEND L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 605.11
27659	00	REPR FLEX TEND L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 785.66

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27664	00	REPR EXT TEND LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 577.05
27665	00	RPR EXTENSOR TEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 663.06
27675	00	RPR DISLOC PERON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 802.14
27676	00	REPR DISLOC PERO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 995.51
27680	00	TENOLYSIS FLEX/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 687.46
27681	00	TENOLYSIS FLEX/E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 837.51
27685	00	LNGTH/SHRT TENDO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 987.57
27686	00	LEN/SHRT TENDON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 890.58
27687	00	GASTROCNEMIUS RE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 734.43
27690	00	TRANSFER/TRANSPL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1016.85
27691	00	TRANSFER/TRANSPL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1201.68
27692	00	TRNSF/TPLNT 1 TE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 179.34
27695	00	REPR PRIM DISRUP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 782.62
27696	00	REPR PRIM DISRUP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 918.65
27698	00	REPR SEC DISRUPT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1046.13
27700	00	ARTHROPLASTY, AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 982.08
27702	00	ARTHROPLASTY, AN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1588.41
27703	00	ARTHROPLASTY ANK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1845.82
27704	00	REMOVAL OF ANKLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 907.66
27705	00	OSTEOTOMY; TIBIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1223.64
27707	00	OSTEOTOMY; FIBUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 628.29
27709	00	OSTEOTOMY; TIBIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1853.76
27712	00	OSTEOT; MX REALI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1764.69
27715	00	OSTEPLSTY TIBIA&	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1714.68
27720	00	REPR NONUNION/MA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1405.41
27722	00	REP NON/MALUNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1407.25
27724	00	REPR NON/MALUNIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2062.37
27725	00	REPR NONUNION TI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1939.77
27726	00	REPAIR FIBULA NO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1520.70
27727	00	REPAIR CONGEN PS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1588.41
27730	00	ARREST EPIPHYSEA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 920.47
27732	00	ARREST EPIPHYSEA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 658.18
27734	00	ARREST EPIPHYSEA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 897.90
27740	00	ARREST EPIPHYSEA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1076.02
27742	00	ARREST EPIPHYSEA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1146.78
27745	00	PROPH TX N/P/PLT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1205.95
27750	00	CLTX TIBIAL SHAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 518.49
27752	00	CLTX TIBIAL SHAF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 831.42
27756	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 904.01
27758	00	OPTX TIBIAL SHFT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1420.66
27759	00	TX TIBL SHFT FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1606.09
27760	00	CLTX MEDIAL MALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 501.42
27762	00	CLTX MEDIAL MALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 743.57
27766	00	OPEN TREATMENT M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 963.17
27767	00	CLOSED TREATMENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 410.51
27768	00	CLOSED TREATMENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 651.46
27769	00	OPEN TREATMENT P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1128.48
27780	00	CLTX PROX FIBULA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 450.78
27781	00	CLTX PROX FIBULA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 647.20
27784	00	OPEN TREATMENT P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1121.15
27786	00	CLTX DSTL FIBULA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 474.57
27788	00	CLTX DSTL FIBULA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 649.03
27792	00	OPEN TX DISTAL F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1124.82

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
27808	00	CLOSED TX BIMALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 497.13
27810	00	CLOSED TX BIMALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 728.32
27814	00	OPEN TREATMENT B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1233.40
27816	00	CLTX TRIMALLEOLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 472.14
27818	00	CLTX TRIMALLEOLA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 750.90
27822	00	OPEN TX TRIMALLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1349.91
27823	00	OPEN TX TRIMALLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1537.18
27824	00	CLTX FX W8 BRG A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 474.57
27825	00	CLOS TX FX DIST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 853.98
27826	00	OPEN TREATMENT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1319.40
27827	00	OPEN TREATMENT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1734.81
27828	00	OPEN TREATMENT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2083.11
27829	00	OPEN TX DISTAL T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1068.08
27830	00	CLOS TX PROX TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 558.14
27831	00	CLOS TX PROX TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.66
27832	00	OPEN TX PROX TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1160.81
27840	00	CLOS TX ANK DISL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 560.58
27842	00	CLTX ANKLE DISLC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 769.20
27846	00	OPTX ANKLE DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1176.67
27848	00	OPTX ANKLE DISLO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1329.16
27860	00	MANIPULATION ANK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 280.60
27870	00	ARTHRODESIS, ANK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1684.18
27871	00	ARTHRDSIS TIBIOF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1107.12
27880	00	AMPUTATION LEG T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1537.79
27881	00	AMP LEG TIB&FIB;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1451.78
27882	00	AMP LEG THRU TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1033.33
27884	00	AMP LEG TIB&FIB;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 958.29
27886	00	AMP LEG THRU TIB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1094.32
27888	00	AMP ANK MALLEOLI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1136.40
27889	00	ANKLE DISARTICUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1128.48
27892	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 888.76
27893	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 895.46
27894	00	DECOMP FASCOT LE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1388.95
28001	00	INCISION AND DRA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 414.80
28002	00	I&D BELOW FASCIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 790.54
28003	00	I&D BELOW FASCIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1069.92
28005	00	INCISION, BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 977.20
28008	00	FASCIOTOMY, FOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 656.34
28010	00	TENOTOMY PERCUT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 364.77
28011	00	TENOTOMY PERCUT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 517.88
28020	00	ARTHROT EXPL/DRN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 789.93
28022	00	ARTHROT EXPL DRN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 723.44
28024	00	ARTHROT EXPL DRN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 685.01
28035	00	RELEASE, TARSAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 794.21
28039	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 782.62
28041	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 738.08
28043	00	EXCISION TUMOR S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 563.64
28045	00	EXC TUMOR SOFT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 774.69
28046	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1212.65
28047	00	RAD RESECTION TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1555.47
28050	00	ARTHRT W/BX INTE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 683.19
28052	00	ARTHRTOMY W/BX M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 652.08
28054	00	ARTHRTOMY W/BX I	SURGERY - MUSCULOSKELETAL	NonFacility	$ 588.02

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
28055	00	NEURECTOMY INTRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 627.06
28060	00	FASCIECTOMY PLAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 777.12
28062	00	FASCIECTOMY PLAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 904.62
28070	00	SYNOVECTOMY; INT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 769.20
28072	00	SYNOVECT; METATA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 769.81
28080	00	EXC INTERDIGTL N	SURGERY - MUSCULOSKELETAL	NonFacility	$ 764.93
28086	00	SYNOVECT TENDON	SURGERY - MUSCULOSKELETAL	NonFacility	$ 819.82
28088	00	SYNOVECTOMY TEND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 695.39
28090	00	EXC LES TEND TEN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 701.49
28092	00	EXC LES TEND SHE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 634.39
28100	00	EXC/CURET BN CYS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 902.78
28102	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 841.79
28103	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 690.50
28104	00	EXC/CURTG BONE C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 772.86
28106	00	EXC BN CYST TARS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 736.26
28107	00	EXC BN CYST TARS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 833.24
28108	00	EXC BONE CYST/TU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 651.46
28110	00	OSTEC PARTIAL EX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 685.01
28111	00	OSTEC COMPLETE E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 777.12
28112	00	OSTEC CMPL EXCIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 737.47
28113	00	OSTEC CMPL EXCIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 895.46
28114	00	OSTEC CMPL; ALL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1638.44
28116	00	OSTECTOMY EXCISI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1150.43
28118	00	OSTECTOMY, CALCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 889.98
28119	00	OSTECTOMY CALCAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 789.93
28120	00	PARTIAL EXCISION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1073.57
28122	00	PART EXC BONE; T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1015.62
28124	00	PARTICAL EXCISIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 721.62
28126	00	RES PART/CMPL PH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 587.43
28130	00	TALECTOMY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1055.28
28140	00	METATARSECTOMY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 957.67
28150	00	PHALANGECTOMY TO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 653.91
28153	00	RES CONDYLE DIST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 612.42
28160	00	HEMIPHALANGECTOM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 628.29
28171	00	RAD RESCJ TUMOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1398.10
28173	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1255.35
28175	00	RADICAL RESECTIO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 783.84
28190	00	REMOVAL FOREIGN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 375.15
28192	00	REMOVAL OF FOREI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 714.91
28193	00	REMOVAL FOREIGN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 818.00
28200	00	RPR TDN FLXR FOO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 713.07
28202	00	RPR TENDON FLXR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 936.33
28208	00	REPAIR TENDON EX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 695.39
28210	00	RPR TENDON XTNSR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 881.43
28220	00	TENOLYSIS FLEX F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 678.92
28222	00	TENOLYSIS FLEX F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 780.17
28225	00	TENOLYSIS EXT FO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 594.13
28226	00	TENOLYSIS EXT FO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 695.39
28230	00	TX OPN TENDON FL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 651.46
28232	00	TX OPEN TENDON F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 581.32
28234	00	TENOT OPEN EXT F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 607.54
28238	00	RECON POST TIBL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1038.21
28240	00	TENOT LEN/RLSE A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 671.60

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
28250	00	DIVISION OF PLAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 861.91
28260	00	CAPSULOT MIDFOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1054.05
28261	00	CAPSULOT MIDFOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1499.36
28262	00	CAPSULOT MIDFOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2153.25
28264	00	CAPSULOTOMY, MID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1284.02
28270	00	CAPSUL MTTARPHLN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 731.98
28272	00	CAPSULOTOMY IPHA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 592.90
28280	00	SYNDACTYLIZATION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 795.42
28285	00	CORRECTION, HAMM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 706.98
28286	00	CORRECT COCK-UP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 685.62
28288	00	OSTEC PART EXOST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 902.17
28289	00	HALLUX RIGIDUS C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1126.03
28290	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 874.73
28292	00	HALLUX VALGUS; K	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1203.50
28293	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1592.68
28294	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1144.35
28296	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1108.96
28297	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1268.17
28298	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1095.54
28299	00	CORRJ HALLUX VAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1398.71
28300	00	OSTEOTOMY; CALCA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1070.53
28302	00	OSTEOTOMY; TALUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1096.16
28304	00	OSTEOT TARSAL BN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1222.41
28305	00	OSTEOT TARSAL BO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1090.05
28306	00	OSTEOT W/WO LNGT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 923.53
28307	00	OSTEOT W/WO LNGT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1118.11
28308	00	OSTEOT W/WO LNGT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 835.07
28309	00	OSTEOT W/WO LNGT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1448.72
28310	00	OSTEOT;PROX PHAL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 812.51
28312	00	OSTEOTOMY;OTH PH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 749.07
28313	00	RECON ANGULAR DE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 793.60
28315	00	SESAMOIDECTOMY,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 719.79
28320	00	REPR NONUNION/MA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1006.48
28322	00	RPR NON/MALUNION	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1197.42
28340	00	RECON TOE MACROD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 922.92
28341	00	RECON TOE MACROD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1065.65
28344	00	RECONSTRUCTION,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 701.49
28345	00	RCNSTJ TOE SYNDA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 846.67
28360	00	RECONSTRUCTION,	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1601.83
28400	00	CLOS TX CALCAN F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 374.53
28405	00	CLOS TX CALCAN F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 599.62
28406	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 827.76
28415	00	OPEN TREATMENT C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1815.94
28420	00	OPEN TREATMENT C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1955.02
28430	00	CLOS TX TALUS FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 351.97
28435	00	CLOSED TX TALUS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 509.95
28436	00	PRQ SKELETAL FIX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 678.31
28445	00	OPEN TREATMENT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1720.77
28446	00	OPEN OSTEOCHONDR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1930.62
28450	00	TX TARSAL B1 FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 324.51
28455	00	TX TARSAL B1 FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 450.78
28456	00	PRQ SKEL FIXJ TA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 450.17
28465	00	OPEN TX TARSAL F	SURGERY - MUSCULOSKELETAL	NonFacility	$ 980.87

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
28470	00	CLOS TX MT FX; W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 321.46
28475	00	CLTX METAR FX W/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 400.75
28476	00	PRQ SKEL FIXJ ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 529.48
28485	00	OPEN TREATMENT M	SURGERY - MUSCULOSKELETAL	NonFacility	$ 848.49
28490	00	CLTX FX GRT TOE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 211.06
28495	00	CLTX FX GRT TOE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 263.51
28496	00	PRQ SKEL FIXJ FX	SURGERY - MUSCULOSKELETAL	NonFacility	$ 634.39
28505	00	OPEN TX FRACTURE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1026.00
28510	00	CLTX FX PHLX/PHL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 181.77
28515	00	CLTX FX PHLX/PHL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 238.50
28525	00	OPEN TX FRACTURE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 864.36
28530	00	CLOSED TREATMENT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 172.63
28531	00	OPEN TX SESAMOID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 602.07
28540	00	CLOS TX TARSAL B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 307.44
28545	00	CLOS TX TARSAL B	SURGERY - MUSCULOSKELETAL	NonFacility	$ 400.16
28546	00	PRQ SKEL FIXJ TA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 752.72
28555	00	OPEN TREATMENT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1348.07
28570	00	CLOS TX TALOTARS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 257.41
28575	00	CLOS TX TALOTARS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 523.98
28576	00	PRQ SKEL FIXJ TA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 578.87
28585	00	OPEN TREATMENT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1440.80
28600	00	CLOS TX TARSOMT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 324.51
28605	00	CLOS TX TARSOMT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 441.02
28606	00	PRQ SKEL FIXJ TA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 617.30
28615	00	OPEN TREATMENT T	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1250.47
28630	00	CLOS TX MTP JNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 230.58
28635	00	CLOS TX MTP JNT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 268.39
28636	00	PRQ SKEL FIXJ ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 448.35
28645	00	OPEN TX METATARS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 973.54
28660	00	CLTX INTERPHALAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 170.79
28665	00	CLTX INTERPHALAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 241.56
28666	00	PRQ SKEL FIXJ IN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 318.42
28675	00	OPEN TREATMENT I	SURGERY - MUSCULOSKELETAL	NonFacility	$ 888.76
28705	00	ARTHRODESIS; PAN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2117.27
28715	00	ARTHRODESIS; TRI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1573.77
28725	00	ARTHRODESIS; SUB	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1284.02
28730	00	ARTHRD MIDTARSL/	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1355.40
28735	00	ARTHRDSIS MIDTAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1288.30
28737	00	ARTHRDSIS W/TEND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1124.82
28740	00	ARTHRDSIS MIDTAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1318.18
28750	00	ARTHRODESIS GREA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1281.59
28755	00	ARTHRDSIS GREAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 761.87
28760	00	ARTHRDSIS EXT HA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1211.44
28800	00	AMPUTATION, FOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 923.53
28805	00	AMPUTATION, FOOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1249.26
28810	00	AMPUTATION METAT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 724.05
28820	00	AMP TOE; METATAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 814.94
28825	00	AMP TOE; INTERPH	SURGERY - MUSCULOSKELETAL	NonFacility	$ 897.29
28890	00	ESWT HI NRG PFRM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 528.86
29000	00	APPLICATION OF H	SURGERY - MUSCULOSKELETAL	NonFacility	$ 384.91
29010	00	APPLIC RISSER JA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 344.64
29015	00	APPLIC RISSER JA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 368.43
29020	00	APPLIC TURNBUCKL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 331.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
29025	00	APPLIC TURNBUCKL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 405.63
29035	00	APPLICATION BODY	SURGERY - MUSCULOSKELETAL	NonFacility	$ 362.34
29040	00	APPLIC BDY CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 357.46
29044	00	APPLIC BDY CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 394.67
29046	00	APPLIC BDY CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 427.60
29049	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 136.65
29055	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 319.03
29058	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 171.40
29065	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 143.35
29075	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 132.97
29085	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 140.91
29086	00	APPLICATION CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 109.80
29105	00	APPLICATION OF L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 131.15
29125	00	APPLIC SHORT ARM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 103.10
29126	00	APPLICATION SHOR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 118.33
29130	00	APPLICATION FING	SURGERY - MUSCULOSKELETAL	NonFacility	$ 62.22
29131	00	APPLICATION FING	SURGERY - MUSCULOSKELETAL	NonFacility	$ 78.08
29200	00	STRAPPING; THORA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 82.35
29240	00	STRAPPING; SHOUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 89.66
29260	00	STRAPPING; ELBOW	SURGERY - MUSCULOSKELETAL	NonFacility	$ 78.70
29280	00	STRAPPING; HAND	SURGERY - MUSCULOSKELETAL	NonFacility	$ 76.25
29305	00	APPLICATION HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 358.06
29325	00	APPLIC HIP SPICA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 398.32
29345	00	APPLICATION OF L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 206.18
29355	00	APPLIC LONG LEG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 212.89
29358	00	APPLICATION OF L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 233.62
29365	00	APPLICATION OF C	SURGERY - MUSCULOSKELETAL	NonFacility	$ 184.82
29405	00	APPLICATION OF S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 134.20
29425	00	APPLIC SHRT LEG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 144.57
29435	00	APPLICATION PATR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 180.55
29440	00	ADD WALKER PREVI	SURGERY - MUSCULOSKELETAL	NonFacility	$ 80.51
29445	00	APPLIC RIGID TOT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 222.04
29450	00	APPL CLUBFOOT CA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 232.41
29505	00	APPLICATION OF L	SURGERY - MUSCULOSKELETAL	NonFacility	$ 117.12
29515	00	APPLICATION OF S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 108.57
29520	00	STRAPPING; HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 76.25
29530	00	STRAPPING; KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 79.90
29540	00	STRAPPING; ANKLE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 64.67
29550	00	STRAPPING; TOES	SURGERY - MUSCULOSKELETAL	NonFacility	$ 63.44
29580	00	STRAPPING; UNNA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 80.51
29581	00	APPL MLTLAYR COM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 145.79
29582	00	APPL MLTLAYR COM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 125.05
29583	00	APPL MLTLAYR COM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 77.47
29584	00	APPL MLTLAYR COM	SURGERY - MUSCULOSKELETAL	NonFacility	$ 125.05
29590	00	DENIS-BROWNE SPL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 84.78
29700	00	REMV/BIVALV; GAU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 98.22
29705	00	REMV/BIVALV; FUL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 102.48
29710	00	REMV/BIVALV; SHO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 184.82
29715	00	REMOVAL/BIVALVIN	SURGERY - MUSCULOSKELETAL	NonFacility	$ 134.20
29720	00	REPAIR OF SPICA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 121.39
29730	00	WINDOWING OF CAS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 99.42
29740	00	WEDGING OF CAST	SURGERY - MUSCULOSKELETAL	NonFacility	$ 142.12
29750	00	WEDGING OF CLUBF	SURGERY - MUSCULOSKELETAL	NonFacility	$ 160.43

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
29800	00	ARTHRS TEMPOROMA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 827.76
29804	00	ARTHROSCOPY TMJ	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1032.71
29805	00	ARTHROSCOPY SHOU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 742.35
29806	00	SCOPE SHOULDER S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1701.27
29807	00	SCOPE SHLDR SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1656.73
29819	00	SCOPE SHLDR SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 929.62
29820	00	SCOPE SHLDR SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 857.03
29821	00	SCOPE SHLDR SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 938.17
29822	00	SCOPE SHOULDER S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 911.93
29823	00	SCOPE SHOULDER S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 996.72
29824	00	SCOPE SHLDR SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1070.53
29825	00	ARTHROSCOPY SHOU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 929.01
29826	00	SCOPE SHOULDER;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1065.04
29827	00	SCOPE SHOULDER S	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1736.02
29828	00	ARTHROSCOPY SHOU	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1465.81
29830	00	ARTHROSCOPY ELBO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 716.74
29834	00	SCOPE ELBOW SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 778.96
29835	00	SCOPE ELB SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 799.69
29836	00	SCOPE ELB SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 924.13
29837	00	SCOPE ELBOW SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 838.12
29838	00	SCOPE ELB SURGIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 937.56
29840	00	ARTHROSCOPY WRIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 708.80
29843	00	SCOPE WRIST SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 760.05
29844	00	SCOPE WRIST SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 783.84
29845	00	SCOPE WRIST SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 903.40
29846	00	SCOPE WRIST SURG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 822.88
29847	00	ARTHROSCOPY WRIS	SURGERY - MUSCULOSKELETAL	NonFacility	$ 860.70
29848	00	ENDO WRST SURG R	SURGERY - MUSCULOSKELETAL	NonFacility	$ 792.99
29850	00	ARTHROSCOPY AID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 932.07
29851	00	ARTHROSCOPY AID	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1491.42
29855	00	ARTHRS AID TIBIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1252.31
29856	00	ARTHRS AID TIBIA	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1600.60
29860	00	SCOPE HIP DX W/W	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1044.91
29861	00	ARTHROSCOPY HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1152.88
29862	00	SCOPE HIP SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1294.39
29863	00	SCOPE HIP SURGIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1291.96
29866	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1671.37
29867	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2036.15
29868	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2693.71
29870	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 912.54
29871	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 809.45
29873	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 813.72
29874	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 852.15
29875	00	SCOPE KNEE; SYNO	SURGERY - MUSCULOSKELETAL	NonFacility	$ 783.23
29876	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1038.21
29877	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 982.69
29879	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1051.01
29880	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1096.16
29881	00	SCOPE KNEE SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1022.95
29882	00	SCOPE KNEE; W/ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1107.12
29883	00	SCOPE KNEE; W/ME	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1343.19
29884	00	ARTHROSCOPY KNEE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 980.26
29885	00	ARTHRS KNEE DRIL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1188.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
29886	00	ARTHRS KNEE DRIL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1002.82
29887	00	ARTHRS KNEE DRLG	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1182.16
29888	00	ARTHSCPY AIDED A	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1589.02
29889	00	ARTHSCPY AIDED P	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1950.75
29891	00	SCOPE ANK SURG;E	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1107.74
29892	00	ARTHROS AIDED RE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1165.69
29893	00	ENDOSCOPIC PLANT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 921.69
29894	00	ARTHROSCOPY ANK	SURGERY - MUSCULOSKELETAL	NonFacility	$ 822.88
29895	00	SCOPE ANK SURG;	SURGERY - MUSCULOSKELETAL	NonFacility	$ 791.15
29897	00	SCOPE ANK SURGIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 831.42
29898	00	SCOPE ANK SURGIC	SURGERY - MUSCULOSKELETAL	NonFacility	$ 925.96
29899	00	ARTHROSCOPY ANKL	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1689.06
29900	00	SCOPE MCP JOINT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 676.48
29901	00	SCOPE MCP JOINT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 806.41
29902	00	SCOPE MCP JNT;RD	SURGERY - MUSCULOSKELETAL	NonFacility	$ 931.45
29904	00	ARTHRS SUBTALAR	SURGERY - MUSCULOSKELETAL	NonFacility	$ 996.72
29905	00	ARTHROSCOPY SUBT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1075.41
29906	00	ARTHROSCOPY SUBT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1132.14
29907	00	ARTHROSCOPY SUBT	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1377.97
29914	00	ARTHROSCOPY HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1849.49
29915	00	ARTHROSCOPY HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1884.25
29916	00	ARTHROSCOPY HIP	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1884.25
30000	00	DRAIN ABSC/HEMAT	SURGERY - RESPIRATORY	NonFacility	$ 355.01
30020	00	DRAINAGE ABSC/HE	SURGERY - RESPIRATORY	NonFacility	$ 346.48
30100	00	BIOPSY, INTRANAS	SURGERY - RESPIRATORY	NonFacility	$ 214.71
30110	00	EXCISION, NASAL	SURGERY - RESPIRATORY	NonFacility	$ 349.52
30115	00	EXCISION, NASAL	SURGERY - RESPIRATORY	NonFacility	$ 674.04
30117	00	EXC INTRANASL LE	SURGERY - RESPIRATORY	NonFacility	$ 1278.54
30118	00	EXC INTRANASL LE	SURGERY - RESPIRATORY	NonFacility	$ 1225.47
30120	00	EXC/SURG PLANING	SURGERY - RESPIRATORY	NonFacility	$ 814.33
30124	00	EXC DERMOID CYST	SURGERY - RESPIRATORY	NonFacility	$ 430.65
30125	00	EXC DERMOID CYST	SURGERY - RESPIRATORY	NonFacility	$ 971.72
30130	00	EXC INF TURBINAT	SURGERY - RESPIRATORY	NonFacility	$ 589.25
30140	00	SBMCSL RESCJ INF	SURGERY - RESPIRATORY	NonFacility	$ 674.04
30150	00	RHINECTOMY; PART	SURGERY - RESPIRATORY	NonFacility	$ 1247.42
30160	00	RHINECTOMY; TOTA	SURGERY - RESPIRATORY	NonFacility	$ 1251.69
30200	00	INJECTION IN TUR	SURGERY - RESPIRATORY	NonFacility	$ 172.63
30210	00	DISPLACEMENT THE	SURGERY - RESPIRATORY	NonFacility	$ 228.13
30220	00	INSERTION, NASAL	SURGERY - RESPIRATORY	NonFacility	$ 450.17
30300	00	REMOVAL FB INTRA	SURGERY - RESPIRATORY	NonFacility	$ 345.86
30310	00	REMV FB INTRANAS	SURGERY - RESPIRATORY	NonFacility	$ 322.08
30320	00	REMOVAL FB INTRA	SURGERY - RESPIRATORY	NonFacility	$ 710.03
30400	00	RHINP PRIM LAT&A	SURGERY - RESPIRATORY	NonFacility	$ 1624.41
30410	00	RHINO PRIM; CMPL	SURGERY - RESPIRATORY	NonFacility	$ 1920.86
30420	00	RHINO PRIM; INCL	SURGERY - RESPIRATORY	NonFacility	$ 2191.07
30430	00	RHINOPLASTY SEC;	SURGERY - RESPIRATORY	NonFacility	$ 1436.53
30435	00	RHINOPLASTY SEC;	SURGERY - RESPIRATORY	NonFacility	$ 1854.97
30450	00	RHINOPLASTY SEC;	SURGERY - RESPIRATORY	NonFacility	$ 2474.10
30460	00	RHINO DEFORM CLE	SURGERY - RESPIRATORY	NonFacility	$ 1253.53
30462	00	RHINO DEFORM; TI	SURGERY - RESPIRATORY	NonFacility	$ 2433.24
30465	00	REPAIR OF NASAL	SURGERY - RESPIRATORY	NonFacility	$ 1564.01
30520	00	SEPTOPLASTY/SUBM	SURGERY - RESPIRATORY	NonFacility	$ 968.05
30540	00	REPAIR CHOANAL A	SURGERY - RESPIRATORY	NonFacility	$ 1069.92

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
30545	00	REPR CHOANAL ATR	SURGERY - RESPIRATORY	NonFacility	$ 1433.47
30560	00	LYSIS INTRANASAL	SURGERY - RESPIRATORY	NonFacility	$ 409.92
30580	00	REPAIR FISTULA;	SURGERY - RESPIRATORY	NonFacility	$ 984.52
30600	00	REPAIR FISTULA;	SURGERY - RESPIRATORY	NonFacility	$ 902.78
30620	00	SEPTAL/OTH INTRA	SURGERY - RESPIRATORY	NonFacility	$ 972.31
30630	00	REPAIR NASAL SEP	SURGERY - RESPIRATORY	NonFacility	$ 989.40
30801	00	ABLTJ SOFT TIS I	SURGERY - RESPIRATORY	NonFacility	$ 344.03
30802	00	ABLTJ SOF TISS I	SURGERY - RESPIRATORY	NonFacility	$ 445.90
30901	00	CNTRL NASL HEMOR	SURGERY - RESPIRATORY	NonFacility	$ 164.09
30903	00	CNTRL NASL HEMOR	SURGERY - RESPIRATORY	NonFacility	$ 302.55
30905	00	CTRL NSL HEMRRG	SURGERY - RESPIRATORY	NonFacility	$ 376.37
30906	00	CTRL NSL HEMRRG	SURGERY - RESPIRATORY	NonFacility	$ 430.04
30915	00	LIGATION ARTERIE	SURGERY - RESPIRATORY	NonFacility	$ 921.69
30920	00	LIG ART; INTRL M	SURGERY - RESPIRATORY	NonFacility	$ 1330.39
30930	00	FX NSL INF TURBI	SURGERY - RESPIRATORY	NonFacility	$ 192.76
31000	00	LAVAGE CANNULATI	SURGERY - RESPIRATORY	NonFacility	$ 274.50
31002	00	LAVAGE CANNULATI	SURGERY - RESPIRATORY	NonFacility	$ 315.36
31020	00	SINUSOTOMY, MAXI	SURGERY - RESPIRATORY	NonFacility	$ 739.31
31030	00	SINUSOT MAXIL; R	SURGERY - RESPIRATORY	NonFacility	$ 1072.96
31032	00	SINUSOT MAXIL; R	SURGERY - RESPIRATORY	NonFacility	$ 902.78
31040	00	PTERYGOMAX FOSSA	SURGERY - RESPIRATORY	NonFacility	$ 1195.58
31050	00	SINUSOTOMY SPHEN	SURGERY - RESPIRATORY	NonFacility	$ 775.90
31051	00	SINUSOTOMY SPHEN	SURGERY - RESPIRATORY	NonFacility	$ 1016.85
31070	00	SINUSOTOMY FRONT	SURGERY - RESPIRATORY	NonFacility	$ 685.62
31075	00	SINUSOTOMY FRNTL	SURGERY - RESPIRATORY	NonFacility	$ 1244.99
31080	00	SINUSOT FRNTL; O	SURGERY - RESPIRATORY	NonFacility	$ 1613.42
31081	00	SINUSOT FRNTL;OB	SURGERY - RESPIRATORY	NonFacility	$ 2107.51
31084	00	SINUSOTOMY FRNTL	SURGERY - RESPIRATORY	NonFacility	$ 1872.06
31085	00	SINUSOT FRNTL; O	SURGERY - RESPIRATORY	NonFacility	$ 2201.44
31086	00	SINUSOT FRNTL; N	SURGERY - RESPIRATORY	NonFacility	$ 1786.66
31087	00	SINUSOT FRNTL; N	SURGERY - RESPIRATORY	NonFacility	$ 1748.84
31090	00	SINUSOTOMY UNI 3	SURGERY - RESPIRATORY	NonFacility	$ 1597.56
31200	00	ETHMOIDECTOMY; I	SURGERY - RESPIRATORY	NonFacility	$ 853.37
31201	00	ETHMOIDECTOMY; I	SURGERY - RESPIRATORY	NonFacility	$ 1159.58
31205	00	ETHMOIDECTOMY; E	SURGERY - RESPIRATORY	NonFacility	$ 1384.67
31225	00	MAXILLECTOMY; W/	SURGERY - RESPIRATORY	NonFacility	$ 2980.40
31230	00	MAXILLECTOMY; W/	SURGERY - RESPIRATORY	NonFacility	$ 3336.03
31231	00	NASAL ENDO DX UN	SURGERY - RESPIRATORY	NonFacility	$ 293.41
31233	00	NASAL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 414.19
31235	00	NASAL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 473.34
31237	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 511.77
31238	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 528.25
31239	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 1080.90
31240	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 266.56
31254	00	NASAL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 455.66
31255	00	NASAL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 669.16
31256	00	NASL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 328.78
31267	00	NASL/SINUS ENDO;	SURGERY - RESPIRATORY	NonFacility	$ 530.09
31276	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 845.45
31287	00	NASL/SINUS ENDO	SURGERY - RESPIRATORY	NonFacility	$ 387.34
31288	00	NASAL ENDO W/SPH	SURGERY - RESPIRATORY	NonFacility	$ 448.94
31290	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 1908.65
31291	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 2017.24

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
31292	00	NASL ENDO;MED/IN	SURGERY - RESPIRATORY	NonFacility	$ 1642.70
31293	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 1790.32
31294	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 2053.83
31295	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 3649.57
31296	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 6833.09
31297	00	NASAL/SINUS NDSC	SURGERY - RESPIRATORY	NonFacility	$ 6769.05
31300	00	LARYNGOTOMY W/RM	SURGERY - RESPIRATORY	NonFacility	$ 2019.67
31320	00	LARYNGOTOMY ; DI	SURGERY - RESPIRATORY	NonFacility	$ 1020.50
31360	00	LARYNGECTOMY TOT	SURGERY - RESPIRATORY	NonFacility	$ 3292.72
31365	00	LARYNGECTOMY TOT	SURGERY - RESPIRATORY	NonFacility	$ 4108.27
31367	00	LARYNGECTOMY STO	SURGERY - RESPIRATORY	NonFacility	$ 3519.64
31368	00	LARYNGECTOMY STO	SURGERY - RESPIRATORY	NonFacility	$ 3915.51
31370	00	PARTIAL LARYNGEC	SURGERY - RESPIRATORY	NonFacility	$ 3299.44
31375	00	PARTIAL LARYNGEC	SURGERY - RESPIRATORY	NonFacility	$ 3126.20
31380	00	PARTIAL LARYNGEC	SURGERY - RESPIRATORY	NonFacility	$ 3076.78
31382	00	PARTIAL LARYNG H	SURGERY - RESPIRATORY	NonFacility	$ 3379.95
31390	00	PHARYNGOLARYNGEC	SURGERY - RESPIRATORY	NonFacility	$ 4566.38
31395	00	PHARYNGOLARYNGEC	SURGERY - RESPIRATORY	NonFacility	$ 4818.91
31400	00	ARYTENOIDECTOMY/	SURGERY - RESPIRATORY	NonFacility	$ 1596.33
31420	00	EPIGLOTTIDECTOMY	SURGERY - RESPIRATORY	NonFacility	$ 1345.64
31500	00	INTUBATION ENDOT	SURGERY - RESPIRATORY	NonFacility	$ 185.43
31502	00	TRACHEOT TUBE CH	SURGERY - RESPIRATORY	NonFacility	$ 57.95
31505	00	LARYNGOSCOPY, IN	SURGERY - RESPIRATORY	NonFacility	$ 129.32
31510	00	LARYNGOSCOPY, IN	SURGERY - RESPIRATORY	NonFacility	$ 333.06
31511	00	LARYNGOSCOPY IND	SURGERY - RESPIRATORY	NonFacility	$ 334.27
31512	00	LARYNGSCPY INDIR	SURGERY - RESPIRATORY	NonFacility	$ 330.00
31513	00	LARYNGSCPY INDIR	SURGERY - RESPIRATORY	NonFacility	$ 218.98
31515	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 328.78
31520	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 256.80
31525	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 397.10
31526	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 262.29
31527	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 322.69
31528	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 240.34
31529	00	LARYNGOSCOPY W/W	SURGERY - RESPIRATORY	NonFacility	$ 269.62
31530	00	LARYNGSCPY DIREC	SURGERY - RESPIRATORY	NonFacility	$ 330.00
31531	00	LARYNGOSCOPY FOR	SURGERY - RESPIRATORY	NonFacility	$ 355.62
31535	00	LARYNGOSCOPY DIR	SURGERY - RESPIRATORY	NonFacility	$ 316.58
31536	00	LARGSC W/BX W/OP	SURGERY - RESPIRATORY	NonFacility	$ 353.18
31540	00	LARYNGOSCOPY EXC	SURGERY - RESPIRATORY	NonFacility	$ 406.25
31541	00	LARGSC EXC TUM&/	SURGERY - RESPIRATORY	NonFacility	$ 444.06
31545	00	LARGSC MICRO/TEL	SURGERY - RESPIRATORY	NonFacility	$ 608.15
31546	00	LARGSC MICRO/TEL	SURGERY - RESPIRATORY	NonFacility	$ 920.47
31560	00	LARYNGSCPY DIR O	SURGERY - RESPIRATORY	NonFacility	$ 526.41
31561	00	LARGSC W/ARYTENO	SURGERY - RESPIRATORY	NonFacility	$ 575.83
31570	00	LARYNGSCPY DIR W	SURGERY - RESPIRATORY	NonFacility	$ 549.59
31571	00	LARGSC W/NJX VOC	SURGERY - RESPIRATORY	NonFacility	$ 419.07
31575	00	LARYNGSCPY FLEXI	SURGERY - RESPIRATORY	NonFacility	$ 181.77
31576	00	LARYNGSCPY FLXIB	SURGERY - RESPIRATORY	NonFacility	$ 355.01
31577	00	LARYNGSCPY FLX F	SURGERY - RESPIRATORY	NonFacility	$ 384.29
31578	00	LARYNGSCPY FLX F	SURGERY - RESPIRATORY	NonFacility	$ 446.51
31579	00	LARYNGSCPY FLEX/	SURGERY - RESPIRATORY	NonFacility	$ 344.64
31580	00	LARYNGOPLASTY; W	SURGERY - RESPIRATORY	NonFacility	$ 1932.44
31582	00	LARYNGPLSTY;STEN	SURGERY - RESPIRATORY	NonFacility	$ 3051.16

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
31584	00	LARYNGOPLASTY W/	SURGERY - RESPIRATORY	NonFacility	$ 2433.24
31587	00	LARYNGOPLASTY, C	SURGERY - RESPIRATORY	NonFacility	$ 1616.47
31588	00	LARYNGOPLASTY NO	SURGERY - RESPIRATORY	NonFacility	$ 1831.79
31590	00	LARYNG REINNERV-	SURGERY - RESPIRATORY	NonFacility	$ 1402.98
31595	00	SECT RECUR LARYN	SURGERY - RESPIRATORY	NonFacility	$ 1221.20
31600	00	TRACHEOSTOMY PLA	SURGERY - RESPIRATORY	NonFacility	$ 663.06
31601	00	TRACHS PLND SPX	SURGERY - RESPIRATORY	NonFacility	$ 433.10
31603	00	TRACHEOST EMERG	SURGERY - RESPIRATORY	NonFacility	$ 373.92
31605	00	TRACHEOST EMERG;	SURGERY - RESPIRATORY	NonFacility	$ 307.44
31610	00	TRACHEOST FENEST	SURGERY - RESPIRATORY	NonFacility	$ 1141.90
31611	00	CONSTRUCT TRACHE	SURGERY - RESPIRATORY	NonFacility	$ 852.76
31612	00	TRACH PUNCT PERQ	SURGERY - RESPIRATORY	NonFacility	$ 128.09
31613	00	TRACHEOSTOMA REV	SURGERY - RESPIRATORY	NonFacility	$ 710.03
31614	00	TRACHEOSTOMA REV	SURGERY - RESPIRATORY	NonFacility	$ 1185.82
31615	00	TRACHEOBRONCHOSC	SURGERY - RESPIRATORY	NonFacility	$ 291.57
31620	00	ENDOBRNCL US BRO	SURGERY - RESPIRATORY	NonFacility	$ 439.80
31622	00	BRNCHSC INCL FLU	SURGERY - RESPIRATORY	NonFacility	$ 503.85
31623	00	BRNCHSC BRUSHING	SURGERY - RESPIRATORY	NonFacility	$ 545.32
31624	00	BRNCHSC W/BRNCL	SURGERY - RESPIRATORY	NonFacility	$ 508.73
31625	00	BRONCHOSCOPY BRO	SURGERY - RESPIRATORY	NonFacility	$ 549.00
31626	00	BRONCHOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 712.47
31627	00	BRONCHOSCOPY W/C	SURGERY - RESPIRATORY	NonFacility	$ 1955.63
31628	00	BRONCHOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 649.64
31629	00	BRONCHOSCOPY NEE	SURGERY - RESPIRATORY	NonFacility	$ 993.06
31630	00	BRNCHSC W/TRACHE	SURGERY - RESPIRATORY	NonFacility	$ 342.82
31631	00	BRONCHOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 390.40
31632	00	BRONCHOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 117.12
31633	00	BRONCHOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 143.96
31634	00	BRONCHOSCOPY BAL	SURGERY - RESPIRATORY	NonFacility	$ 3238.42
31635	00	BRONCHOSCOPY W/R	SURGERY - RESPIRATORY	NonFacility	$ 564.84
31636	00	BRNCHSC W/PLACEM	SURGERY - RESPIRATORY	NonFacility	$ 379.41
31637	00	BRONCHOSCOPY EAC	SURGERY - RESPIRATORY	NonFacility	$ 129.32
31638	00	BRNCHSC REVJ TRA	SURGERY - RESPIRATORY	NonFacility	$ 433.71
31640	00	BRONCHOSCOPY W/E	SURGERY - RESPIRATORY	NonFacility	$ 437.36
31641	00	BRNCHSC W/DSTRJ	SURGERY - RESPIRATORY	NonFacility	$ 435.53
31643	00	BRNCHSC W/PLMT C	SURGERY - RESPIRATORY	NonFacility	$ 294.63
31645	00	BRNCHSC W/THER A	SURGERY - RESPIRATORY	NonFacility	$ 492.25
31646	00	BRNCHSC W/THER A	SURGERY - RESPIRATORY	NonFacility	$ 446.51
31656	00	BRNCHSC W/NJX CO	SURGERY - RESPIRATORY	NonFacility	$ 498.97
31715	00	TRANSTRACHEAL IN	SURGERY - RESPIRATORY	NonFacility	$ 91.50
31717	00	CATHETERIZATION	SURGERY - RESPIRATORY	NonFacility	$ 460.54
31720	00	CATHETER ASPIR;	SURGERY - RESPIRATORY	NonFacility	$ 86.62
31725	00	CATH ASPIR SEP P	SURGERY - RESPIRATORY	NonFacility	$ 158.60
31730	00	TRANSTRACH INTRO	SURGERY - RESPIRATORY	NonFacility	$ 1486.54
31750	00	TRACHEOPLASTY; C	SURGERY - RESPIRATORY	NonFacility	$ 2159.97
31755	00	TRACHEOPLSTY; TR	SURGERY - RESPIRATORY	NonFacility	$ 2719.93
31760	00	TRACHEOPLASTY; I	SURGERY - RESPIRATORY	NonFacility	$ 2341.74
31766	00	CARINAL RECONSTR	SURGERY - RESPIRATORY	NonFacility	$ 3076.17
31770	00	BRONCHOPLASTY; G	SURGERY - RESPIRATORY	NonFacility	$ 2272.81
31775	00	BRONCHOPLASTY; E	SURGERY - RESPIRATORY	NonFacility	$ 2359.43
31780	00	EXC TRACHEAL STE	SURGERY - RESPIRATORY	NonFacility	$ 1978.20
31781	00	EXC TRACH STENOS	SURGERY - RESPIRATORY	NonFacility	$ 2491.19
31785	00	EXCISION TRACHEA	SURGERY - RESPIRATORY	NonFacility	$ 1792.75

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
31786	00	EXCISION TRACHEA	SURGERY - RESPIRATORY	NonFacility	$ 2505.22
31800	00	SUTURE TRACHEAL	SURGERY - RESPIRATORY	NonFacility	$ 1119.33
31805	00	SUT TRACHEAL WND	SURGERY - RESPIRATORY	NonFacility	$ 1402.37
31820	00	SURG CLSR TRACHE	SURGERY - RESPIRATORY	NonFacility	$ 685.01
31825	00	SURG CLSR TRACHE	SURGERY - RESPIRATORY	NonFacility	$ 959.51
31830	00	REVISION OF TRAC	SURGERY - RESPIRATORY	NonFacility	$ 689.28
32035	00	THORACOSTOMY W/R	SURGERY - RESPIRATORY	NonFacility	$ 1196.19
32036	00	THORACOSTOMY OPE	SURGERY - RESPIRATORY	NonFacility	$ 1298.06
32096	00	THORACTOMY W/DX	SURGERY - RESPIRATORY	NonFacility	$ 1479.23
32097	00	THORACTOMY W/DX	SURGERY - RESPIRATORY	NonFacility	$ 1479.23
32098	00	THORACOTOMY W/BI	SURGERY - RESPIRATORY	NonFacility	$ 1390.16
32100	00	THORACOTOMY WITH	SURGERY - RESPIRATORY	NonFacility	$ 1625.61
32110	00	THORCOM CTRL TRA	SURGERY - RESPIRATORY	NonFacility	$ 2462.52
32120	00	THORACOTOMY POST	SURGERY - RESPIRATORY	NonFacility	$ 1477.39
32124	00	THORACOTOMY OPN	SURGERY - RESPIRATORY	NonFacility	$ 1568.89
32140	00	THORCOM W/REMOVA	SURGERY - RESPIRATORY	NonFacility	$ 1679.30
32141	00	THORACOTOMY W/RE	SURGERY - RESPIRATORY	NonFacility	$ 2593.07
32150	00	THORCOM W/RMVL I	SURGERY - RESPIRATORY	NonFacility	$ 1690.89
32151	00	THORCOM W/RMVL I	SURGERY - RESPIRATORY	NonFacility	$ 1716.50
32160	00	THORACOTOMY W/CA	SURGERY - RESPIRATORY	NonFacility	$ 1308.42
32200	00	PNEUMONOST; W/OP	SURGERY - RESPIRATORY	NonFacility	$ 1903.77
32201	00	PNEUMONOST; W/PE	SURGERY - RESPIRATORY	NonFacility	$ 1465.20
32215	00	PLEUL SCARIFICAT	SURGERY - RESPIRATORY	NonFacility	$ 1353.56
32220	00	DECORTICATION PU	SURGERY - RESPIRATORY	NonFacility	$ 2703.47
32225	00	DECORTICATION PU	SURGERY - RESPIRATORY	NonFacility	$ 1687.22
32310	00	PLEURECTOMY PARI	SURGERY - RESPIRATORY	NonFacility	$ 1554.86
32320	00	DECORTICATION&PA	SURGERY - RESPIRATORY	NonFacility	$ 2712.62
32400	00	BIOPSY, PLEURA;	SURGERY - RESPIRATORY	NonFacility	$ 245.83
32405	00	BIOPSY LUNG/MEDI	SURGERY - RESPIRATORY	NonFacility	$ 168.97
32420	00	PNEUMOCENTESIS P	SURGERY - RESPIRATORY	NonFacility	$ 189.10
32421	00	THORACENTESIS PU	SURGERY - RESPIRATORY	NonFacility	$ 253.75
32422	00	THORACENTESIS WI	SURGERY - RESPIRATORY	NonFacility	$ 322.69
32440	00	REMOVAL OF LUNG	SURGERY - RESPIRATORY	NonFacility	$ 2691.26
32442	00	REMOVAL LUNG PNE	SURGERY - RESPIRATORY	NonFacility	$ 4742.66
32445	00	REMOVAL LUNG PNE	SURGERY - RESPIRATORY	NonFacility	$ 5940.06
32480	00	RMVL LUNG OTHER	SURGERY - RESPIRATORY	NonFacility	$ 2543.04
32482	00	RMVL LUNG OTHER	SURGERY - RESPIRATORY	NonFacility	$ 2717.50
32484	00	RMVL LUNG OTHER	SURGERY - RESPIRATORY	NonFacility	$ 2467.40
32486	00	RMVL LUNG XCP TO	SURGERY - RESPIRATORY	NonFacility	$ 4025.31
32488	00	RMVL LUNG OTHER/	SURGERY - RESPIRATORY	NonFacility	$ 4072.27
32491	00	RMVL LUNG OTH/TH	SURGERY - RESPIRATORY	NonFacility	$ 2532.06
32501	00	RES&REPR BRONCHU	SURGERY - RESPIRATORY	NonFacility	$ 426.99
32503	00	RESCJ APICAL LUN	SURGERY - RESPIRATORY	NonFacility	$ 3098.74
32504	00	RESCJ APICAL LUN	SURGERY - RESPIRATORY	NonFacility	$ 3548.31
32505	00	THORACOTOMY W/TH	SURGERY - RESPIRATORY	NonFacility	$ 1706.15
32506	00	THORACOTOMY W/TH	SURGERY - RESPIRATORY	NonFacility	$ 287.91
32507	00	THORACOTOMY W/DX	SURGERY - RESPIRATORY	NonFacility	$ 287.91
32540	00	EXTRAPLEURAL ENU	SURGERY - RESPIRATORY	NonFacility	$ 2924.90
32550	00	INSERTION INDWEL	SURGERY - RESPIRATORY	NonFacility	$ 1265.72
32551	00	TUBE THORACOSTOM	SURGERY - RESPIRATORY	NonFacility	$ 293.41
32552	00	RMVL NDWELLG TUN	SURGERY - RESPIRATORY	NonFacility	$ 306.21
32553	00	PLMT NTRSTL DEV	SURGERY - RESPIRATORY	NonFacility	$ 979.64
32560	00	INSTLJ VIA CHEST	SURGERY - RESPIRATORY	NonFacility	$ 423.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
32561	00	INSTLJ VIA CH TU	SURGERY - RESPIRATORY	NonFacility	$ 158.60
32562	00	INSTLJ CH TUBE/C	SURGERY - RESPIRATORY	NonFacility	$ 142.12
32601	00	THORSC DX LUNGS/	SURGERY - RESPIRATORY	NonFacility	$ 528.86
32604	00	THORACOSCOPY DX	SURGERY - RESPIRATORY	NonFacility	$ 833.85
32606	00	THORACOSCOPY DX	SURGERY - RESPIRATORY	NonFacility	$ 797.87
32607	00	THORACOSCOPY W/D	SURGERY - RESPIRATORY	NonFacility	$ 566.68
32608	00	THORACOSCOPY W/D	SURGERY - RESPIRATORY	NonFacility	$ 696.00
32609	00	THORACOSCOPY WIT	SURGERY - RESPIRATORY	NonFacility	$ 481.29
32650	00	THORACOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 1133.36
32651	00	THORACOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 1840.34
32652	00	THRSC TOT PULM D	SURGERY - RESPIRATORY	NonFacility	$ 2802.90
32653	00	THORACOSCOPY RMV	SURGERY - RESPIRATORY	NonFacility	$ 1775.68
32654	00	THORACOSCOPY CON	SURGERY - RESPIRATORY	NonFacility	$ 1986.12
32655	00	THORACOSCOPY W/R	SURGERY - RESPIRATORY	NonFacility	$ 1615.24
32656	00	THORACOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 1358.44
32658	00	THORACOSCOPY W/R	SURGERY - RESPIRATORY	NonFacility	$ 1221.20
32659	00	THRSC CRTJ PRCRD	SURGERY - RESPIRATORY	NonFacility	$ 1249.26
32661	00	THORACOSCOPY W/E	SURGERY - RESPIRATORY	NonFacility	$ 1365.16
32662	00	THORACOSCOPY W/E	SURGERY - RESPIRATORY	NonFacility	$ 1531.68
32663	00	THORACOSCOPY W/L	SURGERY - RESPIRATORY	NonFacility	$ 2397.25
32664	00	THORACOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 1444.45
32665	00	THORACOSCOPY W/E	SURGERY - RESPIRATORY	NonFacility	$ 2095.92
32666	00	THORACOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 1595.74
32667	00	THORACOSCOPY W/T	SURGERY - RESPIRATORY	NonFacility	$ 287.91
32668	00	THORACOSCOPY W/D	SURGERY - RESPIRATORY	NonFacility	$ 289.75
32669	00	THORACOSCOPY W/S	SURGERY - RESPIRATORY	NonFacility	$ 2458.26
32670	00	THORACOSCOPY W/B	SURGERY - RESPIRATORY	NonFacility	$ 2933.44
32671	00	THORACOSCOPY W/P	SURGERY - RESPIRATORY	NonFacility	$ 3256.72
32672	00	THORACOSCOPY W/R	SURGERY - RESPIRATORY	NonFacility	$ 2785.82
32673	00	THORACOSCOPY RES	SURGERY - RESPIRATORY	NonFacility	$ 2195.36
32674	00	THORCOSCPY W/MED	SURGERY - RESPIRATORY	NonFacility	$ 394.67
32800	00	REPAIR LUNG HERN	SURGERY - RESPIRATORY	NonFacility	$ 1563.40
32810	00	CLOS CHEST WALL	SURGERY - RESPIRATORY	NonFacility	$ 1528.03
32815	00	OPEN CLOSURE MAJ	SURGERY - RESPIRATORY	NonFacility	$ 4715.81
32820	00	MAJOR RECONSTRUC	SURGERY - RESPIRATORY	NonFacility	$ 2285.02
32851	00	LUNG TRANSPLANT	SURGERY - RESPIRATORY	NonFacility	$ 4400.45
32852	00	LUNG TRANSPLANT	SURGERY - RESPIRATORY	NonFacility	$ 4870.14
32853	00	LUNG TRANSPLANT	SURGERY - RESPIRATORY	NonFacility	$ 5244.68
32854	00	LUNG TRANSPLANT	SURGERY - RESPIRATORY	NonFacility	$ 5733.89
32855	00	BKBENCH PREPJ CA	SURGERY - RESPIRATORY	NonFacility	$ 435.00
32856	00	BKBENCH PREPJ CA	SURGERY - RESPIRATORY	NonFacility	$ 422.79
32900	00	RESECTION RIBS X	SURGERY - RESPIRATORY	NonFacility	$ 2334.43
32905	00	THORACPLSTY SCHE	SURGERY - RESPIRATORY	NonFacility	$ 2281.97
32906	00	THORACPLSTY; W/C	SURGERY - RESPIRATORY	NonFacility	$ 2831.57
32940	00	PNEUMONOLYSIS XT	SURGERY - RESPIRATORY	NonFacility	$ 2095.92
32960	00	PNEUMOTHORAX THE	SURGERY - RESPIRATORY	NonFacility	$ 238.50
32997	00	TOTAL LUNG LAVAG	SURGERY - RESPIRATORY	NonFacility	$ 605.72
32998	00	ABLATION PULMONA	SURGERY - RESPIRATORY	NonFacility	$ 4505.98
33010	00	PERICARDIOCENTES	SURGERY - CARDIOVASCULAR	NonFacility	$ 214.10
33011	00	PERICARDIOCENTES	SURGERY - CARDIOVASCULAR	NonFacility	$ 212.89
33015	00	TUBE PERICARDIOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 903.40
33020	00	PERICARDIOTOMY R	SURGERY - CARDIOVASCULAR	NonFacility	$ 1494.48
33025	00	CRTJ PERICARDIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1371.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
33030	00	PRICARDIECTOMY S	SURGERY - CARDIOVASCULAR	NonFacility	$ 2206.32
33031	00	PRICARDIECTOMY S	SURGERY - CARDIOVASCULAR	NonFacility	$ 2464.96
33050	00	RESECTION PERICA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1704.31
33120	00	EXC INTRACARD TU	SURGERY - CARDIOVASCULAR	NonFacility	$ 2682.73
33130	00	RESECTION OF EXT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2493.03
33140	00	TRANSMYOCARDIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2741.90
33141	00	TRANSMYOCARD REV	SURGERY - CARDIOVASCULAR	NonFacility	$ 242.77
33202	00	INSERTION EPICAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1335.27
33203	00	INSERTION EPICAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1411.51
33206	00	INS NEW/RPLCMT P	SURGERY - CARDIOVASCULAR	NonFacility	$ 811.29
33207	00	INS NEW/RPLC PRM	SURGERY - CARDIOVASCULAR	NonFacility	$ 865.58
33208	00	INS NEW/RPLCMT P	SURGERY - CARDIOVASCULAR	NonFacility	$ 936.33
33210	00	INSJ/RPLCMT TEMP	SURGERY - CARDIOVASCULAR	NonFacility	$ 323.30
33211	00	INSJ/RPLCMT TEMP	SURGERY - CARDIOVASCULAR	NonFacility	$ 326.34
33212	00	INS PM PLS GEN W	SURGERY - CARDIOVASCULAR	NonFacility	$ 601.45
33213	00	INS PACEMAKER PU	SURGERY - CARDIOVASCULAR	NonFacility	$ 688.07
33214	00	UPG PACEMAKER SY	SURGERY - CARDIOVASCULAR	NonFacility	$ 855.82
33215	00	REPSTN PREV IMPL	SURGERY - CARDIOVASCULAR	NonFacility	$ 544.12
33216	00	INSJ 1 TRANSVNS	SURGERY - CARDIOVASCULAR	NonFacility	$ 672.21
33217	00	INSJ 2 TRANSVNS	SURGERY - CARDIOVASCULAR	NonFacility	$ 666.72
33218	00	RPR 1 ELTRD PRM	SURGERY - CARDIOVASCULAR	NonFacility	$ 697.83
33220	00	RPR 2 ELTRDS PRM	SURGERY - CARDIOVASCULAR	NonFacility	$ 705.15
33221	00	INS PACEMAKER PU	SURGERY - CARDIOVASCULAR	NonFacility	$ 641.70
33222	00	REV/RELOCATION S	SURGERY - CARDIOVASCULAR	NonFacility	$ 612.42
33223	00	REVJ SKN POCKET	SURGERY - CARDIOVASCULAR	NonFacility	$ 740.53
33224	00	INSRT PACE ELEC	SURGERY - CARDIOVASCULAR	NonFacility	$ 910.71
33225	00	INSRT PACE ELEC	SURGERY - CARDIOVASCULAR	NonFacility	$ 822.88
33226	00	REPSTN PREV IMPL	SURGERY - CARDIOVASCULAR	NonFacility	$ 876.55
33227	00	REMVL PERM PM PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 612.42
33228	00	REMVL PERM PM PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 638.66
33229	00	REMVL PERM PM PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 664.88
33230	00	INS PACNG CVDFB	SURGERY - CARDIOVASCULAR	NonFacility	$ 690.50
33231	00	INS PACNG CVDFB	SURGERY - CARDIOVASCULAR	NonFacility	$ 716.74
33233	00	REMOVAL PERMANEN	SURGERY - CARDIOVASCULAR	NonFacility	$ 425.16
33234	00	REMV TRNS PACEMA	SURGERY - CARDIOVASCULAR	NonFacility	$ 868.01
33235	00	REMV TRNS PACEMA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1130.91
33236	00	REMV EPICARD PAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 1348.07
33237	00	REMV EPICARD PAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 1461.52
33238	00	RMVL PRM TRANSVE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1602.44
33240	00	INSJ 1/2 CHMBR P	SURGERY - CARDIOVASCULAR	NonFacility	$ 830.19
33241	00	REMVL PAC CVDFB	SURGERY - CARDIOVASCULAR	NonFacility	$ 401.37
33243	00	RMVL 1/2CHMBR PA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2383.22
33244	00	REMV CARDIOVERT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1528.03
33249	00	INS/REP PAC PERM	SURGERY - CARDIOVASCULAR	NonFacility	$ 1626.84
33250	00	ABLATION ARRHYTH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2544.88
33251	00	ABLATION ARRHYTH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2822.42
33254	00	ABLATION & RECON	SURGERY - CARDIOVASCULAR	NonFacility	$ 2360.04
33255	00	ABLATION & RCNST	SURGERY - CARDIOVASCULAR	NonFacility	$ 2879.14
33256	00	ABLATION & RCNST	SURGERY - CARDIOVASCULAR	NonFacility	$ 3425.69
33257	00	ATRIA ABLATE & R	SURGERY - CARDIOVASCULAR	NonFacility	$ 1005.27
33258	00	ATRIA ABLTJ &RCN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1132.14
33259	00	ATRIA ABLTJ & RC	SURGERY - CARDIOVASCULAR	NonFacility	$ 1462.75
33261	00	OPRATIVE ABLTJ V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2813.88

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
33262	00	REM PAC CVDFB PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 665.49
33263	00	REM PAC CVDFB PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 691.73
33264	00	REM PAC CVDFB PL	SURGERY - CARDIOVASCULAR	NonFacility	$ 717.95
33265	00	NDSC ABLATION &	SURGERY - CARDIOVASCULAR	NonFacility	$ 2342.36
33266	00	NDSC ABLATION &	SURGERY - CARDIOVASCULAR	NonFacility	$ 3207.94
33282	00	IMPL PT-ACTIVATE	SURGERY - CARDIOVASCULAR	NonFacility	$ 577.67
33284	00	REMV PT-ACTIV CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 414.80
33300	00	REPAIR CARDIAC W	SURGERY - CARDIOVASCULAR	NonFacility	$ 4161.95
33305	00	REPAIR CARD WOUN	SURGERY - CARDIOVASCULAR	NonFacility	$ 7013.04
33310	00	CARDIOTOMY EXPLO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2004.42
33315	00	CARDIOTOMY EXPLO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2568.05
33320	00	SUT REPR AORTA/G	SURGERY - CARDIOVASCULAR	NonFacility	$ 1831.18
33321	00	SUTR RPR AORTA/G	SURGERY - CARDIOVASCULAR	NonFacility	$ 2045.91
33322	00	SUTURE REPAIR AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2409.45
33330	00	INSJ GRAFT AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2485.70
33332	00	INSJ GRAFT AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2424.10
33335	00	INSJ GRAFT AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 3273.81
33400	00	VALVULOPLASTY AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3975.91
33401	00	VALVULOPLASTY AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2511.33
33403	00	VALVULPLSTY AORT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2601.60
33404	00	CONSTRUCTION API	SURGERY - CARDIOVASCULAR	NonFacility	$ 3063.37
33405	00	RPLCMT PROST AOR	SURGERY - CARDIOVASCULAR	NonFacility	$ 4002.13
33406	00	RPLCMT AORTIC VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 5014.10
33410	00	RPLCMT AORTIC VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 4429.74
33411	00	RPLCMT AORTIC VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 5830.88
33412	00	REPLACEMENT AORT	SURGERY - CARDIOVASCULAR	NonFacility	$ 4301.64
33413	00	REPLACEMENT AORT	SURGERY - CARDIOVASCULAR	NonFacility	$ 5638.12
33414	00	REPR LT VENT OUT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3783.15
33415	00	RESECTION/INCISI	SURGERY - CARDIOVASCULAR	NonFacility	$ 3505.00
33416	00	VENTRICULOMYOT I	SURGERY - CARDIOVASCULAR	NonFacility	$ 3517.80
33417	00	AORTOPLASTY SUPR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2901.11
33420	00	VALVOTOMY MITRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2352.12
33422	00	VALVOTOMY MITRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2927.33
33425	00	VALVULOPLASTY MI	SURGERY - CARDIOVASCULAR	NonFacility	$ 4692.02
33426	00	VALVULPLSTY MITR	SURGERY - CARDIOVASCULAR	NonFacility	$ 4166.83
33427	00	VLVP MITRAL VALV	SURGERY - CARDIOVASCULAR	NonFacility	$ 4299.19
33430	00	REPLACEMENT MITR	SURGERY - CARDIOVASCULAR	NonFacility	$ 4870.14
33460	00	VALVCTOMY TRICUS	SURGERY - CARDIOVASCULAR	NonFacility	$ 4389.47
33463	00	VALVULPLSTY TRIC	SURGERY - CARDIOVASCULAR	NonFacility	$ 5320.31
33464	00	VALCULPLSTY TRIC	SURGERY - CARDIOVASCULAR	NonFacility	$ 4229.05
33465	00	REPLCMT TRICUSPI	SURGERY - CARDIOVASCULAR	NonFacility	$ 4753.65
33468	00	TRICUSPID VALV R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3257.33
33470	00	VALVOT PULM VALV	SURGERY - CARDIOVASCULAR	NonFacility	$ 2130.69
33471	00	VALVOTOMY PULM V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2114.21
33472	00	VALVOTOMY PULM V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2122.15
33474	00	VALVOTOMY PULMON	SURGERY - CARDIOVASCULAR	NonFacility	$ 3661.15
33475	00	REPLACEMENT, PUL	SURGERY - CARDIOVASCULAR	NonFacility	$ 4058.25
33476	00	R VENTRIC RESCJ	SURGERY - CARDIOVASCULAR	NonFacility	$ 2605.87
33478	00	OUTFLOW TRACT AG	SURGERY - CARDIOVASCULAR	NonFacility	$ 2726.65
33496	00	RPR NON-STRUCT P	SURGERY - CARDIOVASCULAR	NonFacility	$ 2902.93
33500	00	RPR CORONARY AV/	SURGERY - CARDIOVASCULAR	NonFacility	$ 2737.02
33501	00	RPR CORONARY AV/	SURGERY - CARDIOVASCULAR	NonFacility	$ 1937.93
33502	00	RPR ANOM CORONAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2200.83

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
33503	00	RPR ANOM CORONAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2333.21
33504	00	RPR ANOM CORONAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2521.70
33505	00	RPR ANOM CORON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 3583.06
33506	00	RPR ANOM CORONAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 3562.95
33507	00	RPR ANOM AORTIC	SURGERY - CARDIOVASCULAR	NonFacility	$ 2999.31
33508	00	NDSC SURG W/VIDE	SURGERY - CARDIOVASCULAR	NonFacility	$ 28.06
33510	00	CAB-VEIN ONLY; 1	SURGERY - CARDIOVASCULAR	NonFacility	$ 3408.01
33511	00	CAB-VEIN ONLY; 2	SURGERY - CARDIOVASCULAR	NonFacility	$ 3733.74
33512	00	CAB-VEIN ONLY; 3	SURGERY - CARDIOVASCULAR	NonFacility	$ 4231.48
33513	00	CAB-VEIN ONLY; 4	SURGERY - CARDIOVASCULAR	NonFacility	$ 4330.92
33514	00	CAB-VEIN ONLY; 5	SURGERY - CARDIOVASCULAR	NonFacility	$ 4596.26
33516	00	CAB-VEIN ONLY; 6	SURGERY - CARDIOVASCULAR	NonFacility	$ 4778.64
33517	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 327.57
33518	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 717.95
33519	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 952.79
33521	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 1148.00
33522	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 1293.78
33523	00	CORONARY ARTERY	SURGERY - CARDIOVASCULAR	NonFacility	$ 1469.47
33530	00	REOPERAT CAB > 1	SURGERY - CARDIOVASCULAR	NonFacility	$ 914.36
33533	00	CABG W/ARTERIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3300.64
33534	00	CABG W/ARTERIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3870.38
33535	00	CABG W/ARTERIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 4310.79
33536	00	CABG W/ARTERIAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 4633.48
33542	00	MYOCARDIAL RESEC	SURGERY - CARDIOVASCULAR	NonFacility	$ 4531.61
33545	00	RPR POSTINFRCJ V	SURGERY - CARDIOVASCULAR	NonFacility	$ 5330.68
33548	00	SURG VENTRICULAR	SURGERY - CARDIOVASCULAR	NonFacility	$ 5190.99
33572	00	CORONARY ENDARTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 408.08
33600	00	CLOSURE ATRIOVEN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2941.36
33602	00	CLOSURE SEMILUNA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2838.88
33606	00	ANAST PULMONARY	SURGERY - CARDIOVASCULAR	NonFacility	$ 3065.19
33608	00	REPR COMPLX CARD	SURGERY - CARDIOVASCULAR	NonFacility	$ 3118.26
33610	00	REP CMPLX CARD A	SURGERY - CARDIOVASCULAR	NonFacility	$ 3054.81
33611	00	REPR DBL OUTLT R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3412.27
33612	00	REPR DBL OUTLT R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3434.84
33615	00	REPR CARD ANOM C	SURGERY - CARDIOVASCULAR	NonFacility	$ 3478.76
33617	00	RPR COMPLEX CARD	SURGERY - CARDIOVASCULAR	NonFacility	$ 3712.99
33619	00	REPR 1 VENT W/AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 4599.93
33620	00	APPLICATION RIGH	SURGERY - CARDIOVASCULAR	NonFacility	$ 3104.84
33621	00	TRANSTHORACIC CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1667.10
33622	00	RECONSTRUCTION C	SURGERY - CARDIOVASCULAR	NonFacility	$ 6537.86
33641	00	RPR ATRIAL SEPTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2830.95
33645	00	DIR/PTCH CLS SIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2748.60
33647	00	RPR ATRIAL & VEN	SURGERY - CARDIOVASCULAR	NonFacility	$ 3079.21
33660	00	RPR INCPLT/PRTL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3057.87
33665	00	RPR INTRM/TRANSJ	SURGERY - CARDIOVASCULAR	NonFacility	$ 3500.73
33670	00	RPR COMPL AV CAN	SURGERY - CARDIOVASCULAR	NonFacility	$ 3458.02
33675	00	CLOSURE MULTIPLE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3434.23
33676	00	CLOSURE MULTIPLE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3282.35
33677	00	CLOSURE MULTIPLE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3410.44
33681	00	CLSR 1 VENTRICUL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3181.09
33684	00	CLOS VSD W/WO PA	SURGERY - CARDIOVASCULAR	NonFacility	$ 3448.87
33688	00	CLSR V-SEPTAL DF	SURGERY - CARDIOVASCULAR	NonFacility	$ 3270.15
33690	00	BANDING OF PULMO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2033.70

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
33692	00	CMPL REPR TETRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2823.64
33694	00	CMPL REPR TETRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3425.69
33697	00	CMPL REPR TETRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3659.92
33702	00	REPR SINUS VALSA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2671.13
33710	00	RPR SINUS VALSAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3123.14
33720	00	REPR SINUS VALSA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2669.92
33722	00	CLOS AORTICO-LT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2809.00
33724	00	REPAIR ISOLATED	SURGERY - CARDIOVASCULAR	NonFacility	$ 2691.88
33726	00	REPAIR PULM VENO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3570.26
33730	00	COMPLETE RPR ANO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3430.57
33732	00	RPR COR TRIATM/S	SURGERY - CARDIOVASCULAR	NonFacility	$ 2860.85
33735	00	ATRIAL SEPTECTOM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2223.41
33736	00	ATRIAL SEPTECTOM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2431.41
33737	00	ATRIAL SEPTECT/S	SURGERY - CARDIOVASCULAR	NonFacility	$ 2230.11
33750	00	SHUNT SUBCLAVIAN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2500.34
33755	00	SHUNT ASCENDING	SURGERY - CARDIOVASCULAR	NonFacility	$ 2202.06
33762	00	SHUNT DESCENDING	SURGERY - CARDIOVASCULAR	NonFacility	$ 2066.63
33764	00	SHUNT CENTRAL W/	SURGERY - CARDIOVASCULAR	NonFacility	$ 2218.53
33766	00	SHUNT SUPERIOR V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2342.36
33767	00	SHUNT SUPERIOR V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2449.11
33768	00	ANASTOMOSIS CAVO	SURGERY - CARDIOVASCULAR	NonFacility	$ 682.58
33770	00	RPR TRPOS GREAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3719.71
33771	00	RPR TRPOS GREAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3521.46
33774	00	RPR TRPOS GREAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3129.85
33775	00	RPR TRPOS GREAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3000.54
33776	00	RPR TRPOS GRT VS	SURGERY - CARDIOVASCULAR	NonFacility	$ 3167.67
33777	00	RPR TRPOS GRT VS	SURGERY - CARDIOVASCULAR	NonFacility	$ 3079.83
33778	00	RPR TRPOS GRT VE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3807.55
33779	00	RPR TGV AORTIC P	SURGERY - CARDIOVASCULAR	NonFacility	$ 3780.70
33780	00	RPR TGV AORTIC P	SURGERY - CARDIOVASCULAR	NonFacility	$ 4049.10
33781	00	RPR TGV AORTIC P	SURGERY - CARDIOVASCULAR	NonFacility	$ 3743.50
33782	00	A-ROOT TLCJ VSD	SURGERY - CARDIOVASCULAR	NonFacility	$ 5557.60
33783	00	A-ROOT TLCJ VSD	SURGERY - CARDIOVASCULAR	NonFacility	$ 6007.16
33786	00	TOTAL REPAIR TRU	SURGERY - CARDIOVASCULAR	NonFacility	$ 3686.16
33788	00	REIMPL AN ANOMAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2479.60
33800	00	AORTIC SUSPENSIO	SURGERY - CARDIOVASCULAR	NonFacility	$ 1693.94
33802	00	DIVISION OF ABER	SURGERY - CARDIOVASCULAR	NonFacility	$ 1842.16
33803	00	DIV ABERRANT VES	SURGERY - CARDIOVASCULAR	NonFacility	$ 1972.09
33813	00	OBLTRJ AORTOPULM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2197.18
33814	00	OBLTRJ AORTOPULM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2641.26
33820	00	REPAIR OF PDA; B	SURGERY - CARDIOVASCULAR	NonFacility	$ 1688.44
33822	00	REPAIR PDA; DIVI	SURGERY - CARDIOVASCULAR	NonFacility	$ 1649.40
33824	00	REPAIR PDA; DIVI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2034.92
33840	00	EXC COARCJ AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2092.87
33845	00	EXCISION COARCTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2356.38
33851	00	EXC COARCJ AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2180.71
33852	00	RPR HYPOPLSTC A-	SURGERY - CARDIOVASCULAR	NonFacility	$ 2535.12
33853	00	RPR HYPOPLSTC A-	SURGERY - CARDIOVASCULAR	NonFacility	$ 3395.80
33860	00	ASCENDING AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 5561.26
33863	00	AS-AORT GRF W/CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 5498.43
33864	00	ASCENDING AORTA	SURGERY - CARDIOVASCULAR	NonFacility	$ 5642.39
33870	00	TRANSVERSE ARCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 4402.90
33875	00	DESCENDING THORA	SURGERY - CARDIOVASCULAR	NonFacility	$ 3427.53

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
33877	00	RPR THORACOABDOM	SURGERY - CARDIOVASCULAR	NonFacility	$ 6284.11
33880	00	EVASC RPR DTA CO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3214.02
33881	00	EVASC RPR DTA EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2760.20
33883	00	PLMT PROX XTN PR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1997.10
33884	00	PLMT PROX XTN PR	SURGERY - CARDIOVASCULAR	NonFacility	$ 730.16
33886	00	PLMT DSTL XTN PR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1721.38
33889	00	OPN SUBCLA CRTD	SURGERY - CARDIOVASCULAR	NonFacility	$ 1417.01
33891	00	BYP GRF W/DESCEN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1774.45
33910	00	PULMONARY ART EM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2905.38
33915	00	PULMONARY ART EM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2357.00
33916	00	PULMONARY ENDART	SURGERY - CARDIOVASCULAR	NonFacility	$ 2862.68
33917	00	RPR PULMONARY AR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2563.17
33920	00	RPR PULMONARY AT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3157.30
33922	00	TRANSECTION PULM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2400.92
33924	00	LIG&TKDN SYSIC-T	SURGERY - CARDIOVASCULAR	NonFacility	$ 497.13
33925	00	RPR P-ART ARBORI	SURGERY - CARDIOVASCULAR	NonFacility	$ 3013.34
33926	00	RPR P-ART ARBORI	SURGERY - CARDIOVASCULAR	NonFacility	$ 4163.77
33933	00	BKBENCH PREPJ CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 637.10
33935	00	HEART-LUNG TRNSP	SURGERY - CARDIOVASCULAR	NonFacility	$ 6023.03
33944	00	BKBENCH PREPJ CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 449.84
33945	00	HEART TRANSPLANT	SURGERY - CARDIOVASCULAR	NonFacility	$ 8315.36
33960	00	PROLONGED EXTRAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 1712.23
33961	00	PROLONGED EXTRAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 952.20
33967	00	INSRT INTRA-AORT	SURGERY - CARDIOVASCULAR	NonFacility	$ 475.18
33968	00	REMV INTRA-AO BA	SURGERY - CARDIOVASCULAR	NonFacility	$ 60.38
33970	00	INSJ INTRA-AORT	SURGERY - CARDIOVASCULAR	NonFacility	$ 636.82
33971	00	RMVL I-AORT BALO	SURGERY - CARDIOVASCULAR	NonFacility	$ 1240.71
33973	00	INSJ I-AORT BALO	SURGERY - CARDIOVASCULAR	NonFacility	$ 922.92
33974	00	RMVL ASCENDING-A	SURGERY - CARDIOVASCULAR	NonFacility	$ 1579.87
33975	00	INSJ VENTRIC ASS	SURGERY - CARDIOVASCULAR	NonFacility	$ 1924.51
33976	00	INSJ VENTRIC ASS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2141.67
33977	00	REMV VENT DEVC;	SURGERY - CARDIOVASCULAR	NonFacility	$ 2086.16
33978	00	REMV VENT DEVC;	SURGERY - CARDIOVASCULAR	NonFacility	$ 2306.97
33979	00	INSRTION VENT AS	SURGERY - CARDIOVASCULAR	NonFacility	$ 4208.31
33980	00	REMV VENT ASST D	SURGERY - CARDIOVASCULAR	NonFacility	$ 6281.05
33981	00	RPLCMT XTRCORP V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2165.89
33982	00	PLCMT VAD PMP IM	SURGERY - CARDIOVASCULAR	NonFacility	$ 4310.96
33983	00	RPLCMT VAD PMP I	SURGERY - CARDIOVASCULAR	NonFacility	$ 6222.78
34001	00	EMBOLECT/THROMBE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1708.58
34051	00	EMBLC/THRMBC INN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1701.86
34101	00	EMBOLECT; AXILRY	SURGERY - CARDIOVASCULAR	NonFacility	$ 1072.37
34111	00	EMBLC/THRMBC W/W	SURGERY - CARDIOVASCULAR	NonFacility	$ 1071.75
34151	00	EMBLC/THRMBC RNL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2479.60
34201	00	EMBLC/THRMBC FEM	SURGERY - CARDIOVASCULAR	NonFacility	$ 1811.06
34203	00	EMBLC/THRMBC POP	SURGERY - CARDIOVASCULAR	NonFacility	$ 1715.89
34401	00	THRMBC DIR/W/CAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2543.65
34421	00	THROMBEC; VENA C	SURGERY - CARDIOVASCULAR	NonFacility	$ 1302.33
34451	00	THROMBEC; VENA C	SURGERY - CARDIOVASCULAR	NonFacility	$ 2660.78
34471	00	THRMBC DIR/W/CAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1975.75
34490	00	THRMBC DIR/W/CAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1076.63
34501	00	VALVULOPLASTY FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1653.67
34502	00	RECONSTRUCTION V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2677.85
34510	00	VENOUS VALV TRAN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1920.25

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
34520	00	CROSS-OVER VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1825.09
34530	00	SAPHENOPOPLITEAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1759.20
34800	00	ENDO REPR AAA; U	SURGERY - CARDIOVASCULAR	NonFacility	$ 2023.32
34802	00	ENDO REPR AAA; W	SURGERY - CARDIOVASCULAR	NonFacility	$ 2231.34
34803	00	ENDOVASC REPR AA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2305.15
34804	00	ENDO REPR AAA; W	SURGERY - CARDIOVASCULAR	NonFacility	$ 2234.38
34805	00	ENDOVASC REP AAA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2115.44
34806	00	TCAT PLACEMENT P	SURGERY - CARDIOVASCULAR	NonFacility	$ 184.82
34808	00	EVASC PLACEMENT	SURGERY - CARDIOVASCULAR	NonFacility	$ 365.39
34812	00	OPEN FEM ART EXP	SURGERY - CARDIOVASCULAR	NonFacility	$ 601.45
34813	00	PLCMT FEM PROS G	SURGERY - CARDIOVASCULAR	NonFacility	$ 425.16
34820	00	OPN ILIAC ART-DE	SURGERY - CARDIOVASCULAR	NonFacility	$ 867.40
34825	00	PLCMT EXT PROS R	SURGERY - CARDIOVASCULAR	NonFacility	$ 1248.65
34826	00	PLCMT EXT PROS R	SURGERY - CARDIOVASCULAR	NonFacility	$ 368.43
34830	00	OPN REPR AO ANEU	SURGERY - CARDIOVASCULAR	NonFacility	$ 3248.80
34831	00	OPN REPR AO ANEU	SURGERY - CARDIOVASCULAR	NonFacility	$ 3457.42
34832	00	OPN REPR AO ANEU	SURGERY - CARDIOVASCULAR	NonFacility	$ 3493.40
34833	00	ILIAC ART EXPOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 1089.44
34834	00	BRACH ART EXPOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 492.87
34900	00	EVASC RPR ILIAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 1606.09
35001	00	DIR RPR ARYSM/&G	SURGERY - CARDIOVASCULAR	NonFacility	$ 2014.18
35002	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 2138.02
35005	00	DIR RPR ANEURYSM	SURGERY - CARDIOVASCULAR	NonFacility	$ 1866.56
35011	00	DIR RPR ANEURYSM	SURGERY - CARDIOVASCULAR	NonFacility	$ 1765.92
35013	00	DIR RPR ARYSM&GR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2198.40
35021	00	DIR REP ANEUR;OC	SURGERY - CARDIOVASCULAR	NonFacility	$ 2155.09
35022	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 2450.93
35045	00	DIR RPR ARYSM&GR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1720.17
35081	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3118.26
35082	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3890.50
35091	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3239.04
35092	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 4657.86
35102	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3377.50
35103	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 4008.24
35111	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 2482.66
35112	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3050.55
35121	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 2928.56
35122	00	DIR REP ANEUR; R	SURGERY - CARDIOVASCULAR	NonFacility	$ 3533.67
35131	00	DIR REP ANEUR; O	SURGERY - CARDIOVASCULAR	NonFacility	$ 2488.15
35132	00	DIR REP ANEUR/EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 3022.49
35141	00	DIR REP ANEUR/EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 1976.97
35142	00	DIR REP ANEUR/EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2370.41
35151	00	DIR REP ANEUR/EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2232.56
35152	00	DIR REP ANEUR/EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2585.74
35180	00	REPAIR CONGEN AV	SURGERY - CARDIOVASCULAR	NonFacility	$ 1518.88
35182	00	REPAIR CONGEN AV	SURGERY - CARDIOVASCULAR	NonFacility	$ 3051.16
35184	00	REPAIR CONGEN AV	SURGERY - CARDIOVASCULAR	NonFacility	$ 1808.00
35188	00	RPR/TRAUMATIC AR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1509.12
35189	00	RPR/TRAUMATIC AR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2845.59
35190	00	RPR/TRAUMATIC AR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1318.18
35201	00	REPAIR BLOOD VES	SURGERY - CARDIOVASCULAR	NonFacility	$ 1646.36
35206	00	REPR BLD VESSEL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1346.85
35207	00	REPR BLD VESSEL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1203.50

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
35211	00	REPR BLD VES DIR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2407.01
35216	00	REPR BLD VES DIR	SURGERY - CARDIOVASCULAR	NonFacility	$ 3462.90
35221	00	REPAIR BLD VESSE	SURGERY - CARDIOVASCULAR	NonFacility	$ 2475.33
35226	00	REPR BLD VESSEL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1485.93
35231	00	REPAIR BLD VESSE	SURGERY - CARDIOVASCULAR	NonFacility	$ 2050.79
35236	00	REPR BLD VES W/V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1721.99
35241	00	REPR VESS W/GFT;	SURGERY - CARDIOVASCULAR	NonFacility	$ 2510.10
35246	00	REPR VESS W/GFT;	SURGERY - CARDIOVASCULAR	NonFacility	$ 2685.18
35251	00	REPR BLD VES W/V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2938.93
35256	00	REPR BLD VES W/V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1810.45
35261	00	REPR BLD VESS W/	SURGERY - CARDIOVASCULAR	NonFacility	$ 1848.88
35266	00	REPR VESS W/GFT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1522.54
35271	00	REPR VES W/GFT N	SURGERY - CARDIOVASCULAR	NonFacility	$ 2413.11
35276	00	REPR VES W/GFT N	SURGERY - CARDIOVASCULAR	NonFacility	$ 2505.22
35281	00	RPR BLVSL W/GRFT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2808.39
35286	00	RPR BLVSL W/GRF	SURGERY - CARDIOVASCULAR	NonFacility	$ 1665.27
35301	00	TEAEC W/PATCH GR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1868.40
35302	00	TEAEC W/GRAFT SU	SURGERY - CARDIOVASCULAR	NonFacility	$ 1990.39
35303	00	TEAEC W/GRAFT PO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2191.07
35304	00	TEAEC W/GRAFT TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2277.09
35305	00	TEAEC W/GRAFT TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2188.64
35306	00	TEAEC W/GRAFT EA	SURGERY - CARDIOVASCULAR	NonFacility	$ 813.12
35311	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2690.65
35321	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 1587.80
35331	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2616.85
35341	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2454.60
35351	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2294.17
35355	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 1864.13
35361	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2809.00
35363	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 3068.25
35371	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 1465.81
35372	00	TEAEC W/WO PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 1756.77
35390	00	REOP CAROTD THRM	SURGERY - CARDIOVASCULAR	NonFacility	$ 286.08
35400	00	ANGIOSCOPY NON-C	SURGERY - CARDIOVASCULAR	NonFacility	$ 269.01
35450	00	TRLUML BALOON AN	SURGERY - CARDIOVASCULAR	NonFacility	$ 917.43
35452	00	TRLUML BALLOON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 636.82
35458	00	TRNSLM ANGPLS-OP	SURGERY - CARDIOVASCULAR	NonFacility	$ 868.62
35460	00	TRLUML BALLOON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 553.26
35471	00	TRLUML BALLOON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 4896.38
35472	00	TRLUML BALLOON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 3470.84
35475	00	TRNSLM ANGPLST-P	SURGERY - CARDIOVASCULAR	NonFacility	$ 3674.56
35476	00	TRLUML BALLOON A	SURGERY - CARDIOVASCULAR	NonFacility	$ 2761.42
35500	00	HARVEST UXTR VEI	SURGERY - CARDIOVASCULAR	NonFacility	$ 575.22
35501	00	BYPASS W/VEIN CO	SURGERY - CARDIOVASCULAR	NonFacility	$ 2780.94
35506	00	BYPASS W/VEIN CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2393.59
35508	00	BYPASS W/VEIN CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2505.22
35509	00	BYPASS W/VEIN CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2668.09
35510	00	BYPASS W/VEIN CA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2280.14
35511	00	BYPASS W/VEIN SU	SURGERY - CARDIOVASCULAR	NonFacility	$ 2141.67
35512	00	BYPASS W/VEIN SU	SURGERY - CARDIOVASCULAR	NonFacility	$ 2225.84
35515	00	BYPASS W/VEIN SU	SURGERY - CARDIOVASCULAR	NonFacility	$ 2426.53
35516	00	BYPASS W/VEIN SU	SURGERY - CARDIOVASCULAR	NonFacility	$ 2208.77
35518	00	BYPASS W/VEIN AX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2130.69

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
35521	00	BYPASS W/VEIN AX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2258.78
35522	00	BYPASS W/VEIN AX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2189.25
35523	00	BYPASS W/VEIN BR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2305.76
35525	00	BYPASS W/VEIN BR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2036.15
35526	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3008.46
35531	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3612.96
35533	00	BYPASS W/VEIN AX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2849.25
35535	00	BYPASS W/VEIN HE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3300.03
35536	00	BYPASS W/VEIN SP	SURGERY - CARDIOVASCULAR	NonFacility	$ 3103.00
35537	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3842.31
35538	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 4314.45
35539	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 4011.28
35540	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 4510.86
35556	00	BYPASS W/VEIN FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 2497.30
35558	00	BYPASS W/VEIN FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 2194.13
35560	00	BYPASS W/VEIN AO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3181.70
35563	00	BYPASS W/VEIN IL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2485.09
35565	00	BYPASS W/VEIN IL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2363.10
35566	00	BYPASS GFT W/VEI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2992.60
35570	00	BYP TIBL-TIBL/PR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2558.29
35571	00	BYPASS GFT W/VEI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2395.43
35572	00	HARVEST FEMPOP V	SURGERY - CARDIOVASCULAR	NonFacility	$ 619.14
35583	00	IN-SITU VEIN BYP	SURGERY - CARDIOVASCULAR	NonFacility	$ 2580.24
35585	00	IN-SITU VEIN BYP	SURGERY - CARDIOVASCULAR	NonFacility	$ 3003.58
35587	00	IN-SITU VEIN BYP	SURGERY - CARDIOVASCULAR	NonFacility	$ 2468.02
35600	00	HARVEST UPPER EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 456.88
35601	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2591.84
35606	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2110.56
35612	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1631.72
35616	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2050.17
35621	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1976.36
35623	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2419.22
35626	00	BYPASS NOT VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2781.54
35631	00	BYPASS GFT NOT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 3318.34
35632	00	BYPASS GRAFT W/O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3133.51
35633	00	BYPASS GRAFT W/O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3381.16
35634	00	BYPASS GRAFT W/O	SURGERY - CARDIOVASCULAR	NonFacility	$ 3066.41
35636	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2943.81
35637	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 3064.57
35638	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 3126.79
35642	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1840.34
35645	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1773.24
35646	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 3079.21
35647	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2785.82
35650	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1904.38
35654	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2461.91
35656	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1936.71
35661	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1945.26
35663	00	BYPS GFT W/OTH T	SURGERY - CARDIOVASCULAR	NonFacility	$ 2253.90
35665	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2108.12
35666	00	BYPASS GFT NOT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 2274.65
35671	00	BYP OTH/THN VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 2005.03
35681	00	BYPASS COMPOSITE	SURGERY - CARDIOVASCULAR	NonFacility	$ 143.35

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
35682	00	BYPASS GFT; AUTO	SURGERY - CARDIOVASCULAR	NonFacility	$ 638.66
35683	00	BYPASS GFT; AUTO	SURGERY - CARDIOVASCULAR	NonFacility	$ 752.72
35685	00	PLCMT VEIN PATCH	SURGERY - CARDIOVASCULAR	NonFacility	$ 358.67
35686	00	CREAT DIST AV FI	SURGERY - CARDIOVASCULAR	NonFacility	$ 298.90
35691	00	TRPOS&/RIMPLTJ V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1748.84
35693	00	TRPOS&/RIMPLTJ V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1548.14
35694	00	TRPOS&/RIMPLTJ S	SURGERY - CARDIOVASCULAR	NonFacility	$ 1813.49
35695	00	TRPOS&/RIMPLTJ C	SURGERY - CARDIOVASCULAR	NonFacility	$ 1889.74
35697	00	REIMPL VISCERAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 267.78
35700	00	REOP FEM-POP > 1	SURGERY - CARDIOVASCULAR	NonFacility	$ 275.11
35701	00	EXPL N/FLWD SURG	SURGERY - CARDIOVASCULAR	NonFacility	$ 943.05
35721	00	EXPL N/FLWD SURG	SURGERY - CARDIOVASCULAR	NonFacility	$ 799.69
35741	00	EXPL N/FLWD SURG	SURGERY - CARDIOVASCULAR	NonFacility	$ 882.65
35761	00	EXPL N/FLWD SURG	SURGERY - CARDIOVASCULAR	NonFacility	$ 653.91
35800	00	EXPL POSTOP HEMO	SURGERY - CARDIOVASCULAR	NonFacility	$ 838.73
35820	00	EXPL POSTOP HEMO	SURGERY - CARDIOVASCULAR	NonFacility	$ 3429.96
35840	00	EXPL POSTOP HEMO	SURGERY - CARDIOVASCULAR	NonFacility	$ 1098.59
35860	00	EXPL POSTOP HEMO	SURGERY - CARDIOVASCULAR	NonFacility	$ 713.68
35870	00	REPAIR OF GRAFT-	SURGERY - CARDIOVASCULAR	NonFacility	$ 2289.29
35875	00	THROMBECTOMY ART	SURGERY - CARDIOVASCULAR	NonFacility	$ 1055.28
35876	00	THROMBECT ART/VE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1688.44
35879	00	REV LO EXTREM AR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1659.78
35881	00	REV LO EXTR ART	SURGERY - CARDIOVASCULAR	NonFacility	$ 1838.51
35883	00	REVISION FEMORAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2144.11
35884	00	REVISION FEMORAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 2254.51
35901	00	EXCISION INFECTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 885.10
35903	00	EXCISION INFECTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 996.72
35905	00	EXCISION INFECTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3099.35
35907	00	EXCISION INFECTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 3429.35
36000	00	INTRODUCTION NEE	SURGERY - CARDIOVASCULAR	NonFacility	$ 40.86
36002	00	INJECTION PX PRQ	SURGERY - CARDIOVASCULAR	NonFacility	$ 278.15
36005	00	INJECTION PROC E	SURGERY - CARDIOVASCULAR	NonFacility	$ 549.59
36010	00	INTRO CATHETER S	SURGERY - CARDIOVASCULAR	NonFacility	$ 928.41
36011	00	SEL CATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1490.19
36012	00	SEL CATH PLCMT V	SURGERY - CARDIOVASCULAR	NonFacility	$ 1426.77
36013	00	INTRO CATHETER R	SURGERY - CARDIOVASCULAR	NonFacility	$ 1297.45
36014	00	SLCTV CATHETER P	SURGERY - CARDIOVASCULAR	NonFacility	$ 1359.67
36015	00	SLCTV CATH PLMT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1484.72
36100	00	INTRO NEEDLE/INT	SURGERY - CARDIOVASCULAR	NonFacility	$ 866.79
36120	00	INTRO NEEDLE/INT	SURGERY - CARDIOVASCULAR	NonFacility	$ 724.05
36140	00	INTRO NEEDLE/INT	SURGERY - CARDIOVASCULAR	NonFacility	$ 786.88
36147	00	INTRO NDL/CATH A	SURGERY - CARDIOVASCULAR	NonFacility	$ 1293.18
36148	00	INTRO NDL/CATH A	SURGERY - CARDIOVASCULAR	NonFacility	$ 405.63
36160	00	INTRO NEEDLE/INT	SURGERY - CARDIOVASCULAR	NonFacility	$ 857.03
36200	00	INTRODUCTION CAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1061.38
36215	00	SEL CATH PLCMT A	SURGERY - CARDIOVASCULAR	NonFacility	$ 1866.56
36216	00	SEL CATH PLCMT A	SURGERY - CARDIOVASCULAR	NonFacility	$ 2042.85
36217	00	SEL CATH PLCMT A	SURGERY - CARDIOVASCULAR	NonFacility	$ 3309.79
36218	00	SEL CATH PLCMT A	SURGERY - CARDIOVASCULAR	NonFacility	$ 311.70
36245	00	SLCTV CATHJ EA 1	SURGERY - CARDIOVASCULAR	NonFacility	$ 2014.79
36246	00	SLCTV CATHJ 2ND	SURGERY - CARDIOVASCULAR	NonFacility	$ 2012.97
36247	00	SLCTV CATHJ 3RD+	SURGERY - CARDIOVASCULAR	NonFacility	$ 3151.81
36248	00	SLCTV CATHJ EA 2	SURGERY - CARDIOVASCULAR	NonFacility	$ 267.17

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
36251	00	SLCTV CATH 1STOR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2635.15
36252	00	SLCTV CATH 1STOR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2892.56
36253	00	SUPSLCTV CATH 2N	SURGERY - CARDIOVASCULAR	NonFacility	$ 4031.41
36254	00	SUPSLCTV CATH 2N	SURGERY - CARDIOVASCULAR	NonFacility	$ 4194.28
36260	00	INSJ IMPLANTABLE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1016.24
36261	00	REVJ IMPLANTED I	SURGERY - CARDIOVASCULAR	NonFacility	$ 615.48
36262	00	REMOVAL IMPLANTE	SURGERY - CARDIOVASCULAR	NonFacility	$ 469.69
36400	00	VNPNXR <3 YEARS	SURGERY - CARDIOVASCULAR	NonFacility	$ 44.53
36405	00	VNPNXR <3 YEARS	SURGERY - CARDIOVASCULAR	NonFacility	$ 40.27
36406	00	VNPNXR <3 YEARS	SURGERY - CARDIOVASCULAR	NonFacility	$ 28.67
36410	00	VENIPUNCT AGE 3	SURGERY - CARDIOVASCULAR	NonFacility	$ 31.71
36415	00	COLLECTION VENOU	CLINICAL LABORATORY	NonFacility	$ 3.00
36416	00	COLLECTION CAPIL	CLINICAL LABORATORY	NonFacility	$ 3.00
36420	00	VENIPUNCTURE CUT	SURGERY - CARDIOVASCULAR	NonFacility	$ 84.78
36425	00	VENIPUNCTURE CUT	SURGERY - CARDIOVASCULAR	NonFacility	$ 66.49
36430	00	TRANSFUSION BLOO	SURGERY - CARDIOVASCULAR	NonFacility	$ 56.11
36440	00	PUSH TRANSFUSION	SURGERY - CARDIOVASCULAR	NonFacility	$ 92.72
36450	00	EXCHNG TRANSFUSI	SURGERY - CARDIOVASCULAR	NonFacility	$ 191.53
36455	00	EXCHNG TRANSFUSI	SURGERY - CARDIOVASCULAR	NonFacility	$ 212.28
36460	00	TRANSFUSION INTR	SURGERY - CARDIOVASCULAR	NonFacility	$ 591.08
36470	00	NJX SCLEROSING S	SURGERY - CARDIOVASCULAR	NonFacility	$ 229.96
36471	00	NJX SCLEROSING S	SURGERY - CARDIOVASCULAR	NonFacility	$ 284.26
36475	00	ENDOVENUS ABLAT	SURGERY - CARDIOVASCULAR	NonFacility	$ 2920.62
36476	00	ENDOVEN ABLAT TX	SURGERY - CARDIOVASCULAR	NonFacility	$ 644.76
36478	00	ENDOVEN ABLAT TX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2360.65
36479	00	ENDOVEN ABLAT TX	SURGERY - CARDIOVASCULAR	NonFacility	$ 666.72
36481	00	PRQ PORTAL VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1340.15
36500	00	VENOUS CATH SELC	SURGERY - CARDIOVASCULAR	NonFacility	$ 316.58
36510	00	CATH UMBILICAL V	SURGERY - CARDIOVASCULAR	NonFacility	$ 177.51
36511	00	THERAPEUTIC APHE	SURGERY - CARDIOVASCULAR	NonFacility	$ 158.60
36512	00	THERAPEUTIC APHE	SURGERY - CARDIOVASCULAR	NonFacility	$ 154.94
36513	00	THERAPEUTIC APHE	SURGERY - CARDIOVASCULAR	NonFacility	$ 164.70
36514	00	THERAPEUTIC APHE	SURGERY - CARDIOVASCULAR	NonFacility	$ 830.19
36515	00	TX APHERES; W/XT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3092.65
36516	00	TX APHERES; W/XT	SURGERY - CARDIOVASCULAR	NonFacility	$ 3431.80
36522	00	PHOTOPHERESIS EX	SURGERY - CARDIOVASCULAR	NonFacility	$ 2165.46
36555	00	INSJ NON-TUNNELE	SURGERY - CARDIOVASCULAR	NonFacility	$ 436.75
36556	00	INSJ NON-TUNNELE	SURGERY - CARDIOVASCULAR	NonFacility	$ 381.25
36557	00	INSJ TUNNELED CV	SURGERY - CARDIOVASCULAR	NonFacility	$ 1442.62
36558	00	INSJ TUNNELED CV	SURGERY - CARDIOVASCULAR	NonFacility	$ 1310.87
36560	00	INSJ TUNNELED CT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1795.81
36561	00	INSJ TUNNELED CT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1884.25
36563	00	INSJ TUNNELED CT	SURGERY - CARDIOVASCULAR	NonFacility	$ 1938.54
36565	00	INSRT TUNNL CNTR	SURGERY - CARDIOVASCULAR	NonFacility	$ 1607.32
36566	00	INSRT TUNNL CNTR	SURGERY - CARDIOVASCULAR	NonFacility	$ 6454.28
36568	00	INSJ PRPH CVC W/	SURGERY - CARDIOVASCULAR	NonFacility	$ 490.43
36569	00	INSERTION PICC W	SURGERY - CARDIOVASCULAR	NonFacility	$ 425.77
36570	00	INSJ PRPH CTR VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1846.43
36571	00	INSERTION PERIPH	SURGERY - CARDIOVASCULAR	NonFacility	$ 2008.68
36575	00	REP CV ACSS CATH	SURGERY - CARDIOVASCULAR	NonFacility	$ 256.20
36576	00	REP CVAD SUBQ PO	SURGERY - CARDIOVASCULAR	NonFacility	$ 604.50
36578	00	REPL CATH ONLY C	SURGERY - CARDIOVASCULAR	NonFacility	$ 827.76
36580	00	REPL CMPL NON-TU	SURGERY - CARDIOVASCULAR	NonFacility	$ 366.61

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
36581	00	REPL CMPL TUNNLD	SURGERY - CARDIOVASCULAR	NonFacility	$ 1227.90
36582	00	REPL CMPL TUNNLD	SURGERY - CARDIOVASCULAR	NonFacility	$ 1748.84
36583	00	REPL CMPL TUNNLD	SURGERY - CARDIOVASCULAR	NonFacility	$ 1850.70
36584	00	REPL CMPL PICC N	SURGERY - CARDIOVASCULAR	NonFacility	$ 355.01
36585	00	REPL CMPL PERIPH	SURGERY - CARDIOVASCULAR	NonFacility	$ 1764.08
36589	00	REMOVAL TUNNELED	SURGERY - CARDIOVASCULAR	NonFacility	$ 278.15
36590	00	REMV TUNNLD CVAD	SURGERY - CARDIOVASCULAR	NonFacility	$ 460.54
36591	00	COLLECT BLOOD FR	SURGERY - CARDIOVASCULAR	NonFacility	$ 36.59
36592	00	COLLECT BLOOD FR	SURGERY - CARDIOVASCULAR	NonFacility	$ 40.27
36593	00	DECLOT BY THROMB	SURGERY - CARDIOVASCULAR	NonFacility	$ 43.92
36595	00	MECH REMV PERICA	SURGERY - CARDIOVASCULAR	NonFacility	$ 968.66
36596	00	MECH REMV INTRAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 219.59
36597	00	REPSTN PREVIOUSL	SURGERY - CARDIOVASCULAR	NonFacility	$ 207.40
36598	00	CNTRST NJX RAD E	SURGERY - CARDIOVASCULAR	NonFacility	$ 184.82
36600	00	ARTERIAL PUNCTUR	SURGERY - CARDIOVASCULAR	NonFacility	$ 50.03
36620	00	ART CATH-SAMPL-S	SURGERY - CARDIOVASCULAR	NonFacility	$ 85.39
36625	00	ART CATH-SAMPL-S	SURGERY - CARDIOVASCULAR	NonFacility	$ 183.00
36640	00	ART CATH PROLONG	SURGERY - CARDIOVASCULAR	NonFacility	$ 207.40
36660	00	CATHETERIZATION	SURGERY - CARDIOVASCULAR	NonFacility	$ 118.33
36680	00	PLACEMENT NEEDLE	SURGERY - CARDIOVASCULAR	NonFacility	$ 102.48
36800	00	INSRT CANNULA-SE	SURGERY - CARDIOVASCULAR	NonFacility	$ 269.01
36810	00	INSRT CANNULA-SE	SURGERY - CARDIOVASCULAR	NonFacility	$ 362.94
36815	00	INSRT CANNULA-SE	SURGERY - CARDIOVASCULAR	NonFacility	$ 256.80
36818	00	AV ANASTOM OPEN;	SURGERY - CARDIOVASCULAR	NonFacility	$ 1163.85
36819	00	AV ANASTOM OPN;B	SURGERY - CARDIOVASCULAR	NonFacility	$ 1387.11
36820	00	AV ANASTOM OPN;F	SURGERY - CARDIOVASCULAR	NonFacility	$ 1393.83
36821	00	ARTERIOVENOUS AN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1182.16
36822	00	INSRT CANNULA PR	SURGERY - CARDIOVASCULAR	NonFacility	$ 646.58
36823	00	INSRT ART&VENUS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2228.29
36825	00	CREATE AV FISTUL	SURGERY - CARDIOVASCULAR	NonFacility	$ 1391.38
36830	00	CREAT AV FIST NO	SURGERY - CARDIOVASCULAR	NonFacility	$ 1146.17
36831	00	THROMBEC OPN-AV	SURGERY - CARDIOVASCULAR	NonFacility	$ 792.38
36832	00	REV OPN AV FIST;	SURGERY - CARDIOVASCULAR	NonFacility	$ 1010.15
36833	00	REV OPN AV FIST;	SURGERY - CARDIOVASCULAR	NonFacility	$ 1141.90
36835	00	INSERTION THOMAS	SURGERY - CARDIOVASCULAR	NonFacility	$ 808.84
36838	00	DIST REVASC&INTR	SURGERY - CARDIOVASCULAR	NonFacility	$ 2042.23
36860	00	EXT CANULA DECLO	SURGERY - CARDIOVASCULAR	NonFacility	$ 322.08
36861	00	EXT CANNULA DECL	SURGERY - CARDIOVASCULAR	NonFacility	$ 259.25
36870	00	THROMBECT PERQ A	SURGERY - CARDIOVASCULAR	NonFacility	$ 2980.40
37140	00	VENOUS ANASTOMOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2406.41
37145	00	VENOUS ANASTOMOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2535.73
37160	00	VENOUS ANASTOMOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2220.35
37180	00	VENOUS ANASTOMOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2482.05
37181	00	VENOUS ANASTOMOS	SURGERY - CARDIOVASCULAR	NonFacility	$ 2684.56
37182	00	INSRTION TRANSVE	SURGERY - CARDIOVASCULAR	NonFacility	$ 1504.24
37183	00	REVJ TRANSVNS IN	SURGERY - CARDIOVASCULAR	NonFacility	$ 8278.76
37184	00	PRIM PRQ TRLUML	SURGERY - CARDIOVASCULAR	NonFacility	$ 3878.92
37185	00	PRIM PRQ TRLUML	SURGERY - CARDIOVASCULAR	NonFacility	$ 1285.85
37186	00	SEC PRQ TRANSLUM	SURGERY - CARDIOVASCULAR	NonFacility	$ 2577.20
37187	00	PRQ TRANSLUMINAL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3706.29
37188	00	PRQ TRLUML MCHNL	SURGERY - CARDIOVASCULAR	NonFacility	$ 3121.93
37191	00	INS INTRVAS VC F	SURGERY - CARDIOVASCULAR	NonFacility	$ 4790.24
37192	00	REPSNG INTRVAS V	SURGERY - CARDIOVASCULAR	NonFacility	$ 3212.82

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
37193	00	RTRVL INTRVAS VC	SURGERY - CARDIOVASCULAR	NonFacility	$ 3066.41
37195	00	THROMBOLYSIS CER	SURGERY - CARDIOVASCULAR	NonFacility	$ 614.64
37200	00	TRANSCATHETER BI	SURGERY - CARDIOVASCULAR	NonFacility	$ 398.93
37201	00	TCAT THER INFUSI	SURGERY - CARDIOVASCULAR	NonFacility	$ 486.17
37202	00	TCAT THER INFUSI	SURGERY - CARDIOVASCULAR	NonFacility	$ 594.13
37203	00	TCAT RETRIEVAL P	SURGERY - CARDIOVASCULAR	NonFacility	$ 2170.34
37204	00	TRANSCATH OCCLUD	SURGERY - CARDIOVASCULAR	NonFacility	$ 1598.17
37205	00	TCAT PLMT IV STE	SURGERY - CARDIOVASCULAR	NonFacility	$ 6881.28
37206	00	TCAT PLMT IV STE	SURGERY - CARDIOVASCULAR	NonFacility	$ 4142.43
37207	00	TCAT PLMT IV STE	SURGERY - CARDIOVASCULAR	NonFacility	$ 758.22
37208	00	TCAT PLMT IV STE	SURGERY - CARDIOVASCULAR	NonFacility	$ 366.61
37209	00	EXCHNG PREV PLAC	SURGERY - CARDIOVASCULAR	NonFacility	$ 201.30
37210	00	UTERINE FIBROID	SURGERY - CARDIOVASCULAR	NonFacility	$ 5711.32
37215	00	TRNSCATH PLCMT I	SURGERY - CARDIOVASCULAR	NonFacility	$ 1963.55
37216	00	TRNSCATH PLCMT I	SURGERY - CARDIOVASCULAR	NonFacility	$ 1723.22
37220	00	REVASCULARIZATIO	SURGERY - CARDIOVASCULAR	NonFacility	$ 5694.25
37221	00	REVSC OPN/PRQ IL	SURGERY - CARDIOVASCULAR	NonFacility	$ 8413.57
37222	00	REVASCULARIZATIO	SURGERY - CARDIOVASCULAR	NonFacility	$ 1642.09
37223	00	REVSC OPN/PRQ IL	SURGERY - CARDIOVASCULAR	NonFacility	$ 4633.48
37224	00	REVSC OPN/PRG FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 6841.03
37225	00	REVSC OPN/PRQ FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 19312.84
37226	00	REVSC OPN/PRQ FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 16165.31
37227	00	REVSC OPN/PRQ FE	SURGERY - CARDIOVASCULAR	NonFacility	$ 26109.34
37228	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 9737.85
37229	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 19148.14
37230	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 15044.14
37231	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 24138.45
37232	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2187.41
37233	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 2673.58
37234	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 6964.24
37235	00	REVSC OPN/PRQ TI	SURGERY - CARDIOVASCULAR	NonFacility	$ 7440.64
37250	00	INTRAVASC US DUR	SURGERY - CARDIOVASCULAR	NonFacility	$ 194.58
37251	00	INTRAVASC US DUR	SURGERY - CARDIOVASCULAR	NonFacility	$ 144.57
37500	00	VASC ENDOSCOPY S	SURGERY - CARDIOVASCULAR	NonFacility	$ 1201.68
37565	00	LIGATION INTERNA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1205.34
37600	00	LIGATION EXTERNA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1221.20
37605	00	LIGATION INTERNA	SURGERY - CARDIOVASCULAR	NonFacility	$ 1398.71
37606	00	LIG INT/COMMON C	SURGERY - CARDIOVASCULAR	NonFacility	$ 914.36
37607	00	LIG/BANDING ANGI	SURGERY - CARDIOVASCULAR	NonFacility	$ 647.81
37609	00	LIGATION/BIOPSY	SURGERY - CARDIOVASCULAR	NonFacility	$ 487.37
37615	00	LIGATION MAJOR A	SURGERY - CARDIOVASCULAR	NonFacility	$ 824.09
37616	00	LIGATION MAJOR A	SURGERY - CARDIOVASCULAR	NonFacility	$ 1865.34
37617	00	LIGATION MAJOR A	SURGERY - CARDIOVASCULAR	NonFacility	$ 2227.68
37618	00	LIGAMENT MAJOR A	SURGERY - CARDIOVASCULAR	NonFacility	$ 649.03
37619	00	INS INTRVAS VC F	SURGERY - CARDIOVASCULAR	NonFacility	$ 2976.14
37650	00	REPSNG INTRVAS V	SURGERY - CARDIOVASCULAR	NonFacility	$ 874.12
37660	00	RTRVL INTRVAS VC	SURGERY - CARDIOVASCULAR	NonFacility	$ 2111.17
37700	00	LIG LONG SAPHENO	SURGERY - CARDIOVASCULAR	NonFacility	$ 430.04
37718	00	LIG DIV&STRIPPIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 744.80
37722	00	LIG DIV&STRIP LO	SURGERY - CARDIOVASCULAR	NonFacility	$ 832.03
37735	00	LIG & STRIP LNG/	SURGERY - CARDIOVASCULAR	NonFacility	$ 1085.17
37760	00	LIG PRFRATR VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 1084.56
37761	00	LIG PRFRATR VEIN	SURGERY - CARDIOVASCULAR	NonFacility	$ 972.31

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
37765	00	STAB PHLEBECT VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 786.27
37766	00	STAB PHLEBECT VA	SURGERY - CARDIOVASCULAR	NonFacility	$ 964.39
37780	00	LIG SHORT SAPHEN	SURGERY - CARDIOVASCULAR	NonFacility	$ 444.06
37785	00	LIGATION DIV &/	SURGERY - CARDIOVASCULAR	NonFacility	$ 589.86
37788	00	PENILE REVASCULA	SURGERY - CARDIOVASCULAR	NonFacility	$ 2371.03
37790	00	PENILE VENOUS OC	SURGERY - CARDIOVASCULAR	NonFacility	$ 825.93
38100	00	SPLENECTOMY TOTA	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1839.73
38101	00	SPLENECTOMY TOTA	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1849.49
38102	00	SPLENECTOMY; TOT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 429.44
38115	00	RPR RPTD SPLEEN	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 2034.92
38120	00	LAPAROSCOPIC SUR	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1679.30
38200	00	INJECTION PROCED	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 250.71
38204	00	MGMT RECIP HEM P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 170.79
38205	00	BLD-DRV HEMATOP	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 132.97
38206	00	BLD-DERIV HEM PR	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 134.20
38207	00	TPLNT PREP HEM P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 84.17
38208	00	TRNSPL PREP HEMA	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 53.07
38209	00	TRNSP PREP HMATO	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 22.56
38210	00	TPLNT PREP HEM P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 148.23
38211	00	TPLNT PREP HEM P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 134.81
38212	00	TPLNT PREP HEMAT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 89.05
38213	00	TPLNT PREP HEMAT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 22.56
38214	00	TPLNT PREP HEMAT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 76.86
38215	00	TPLNT PREP HEM P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 89.05
38220	00	BONE MARROW; ASP	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 245.22
38221	00	BONE MARROW BIOP	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 269.01
38230	00	BONE MARROW HARV	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 547.16
38232	00	BONE MARROW HARV	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 332.45
38240	00	MARROW/BLD-DRV P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 207.40
38241	00	MARROW/BLD-DRV P	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 207.40
38242	00	BN MARROW/BLD-DE	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 157.37
38300	00	DRAINAGE LYMPH N	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 426.38
38305	00	DRAINAGE LYMPH N	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 741.74
38308	00	LYMPHANGIOT/OTH	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 719.17
38380	00	SUTR&/LIG THORAC	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 913.77
38381	00	SUTR&/LIG THORAC	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1360.28
38382	00	SUTR&/LIG THORAC	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1118.11
38500	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 507.51
38505	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 203.13
38510	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 819.21
38520	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 746.62
38525	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 682.58
38530	00	BX/EXC LYMPH NOD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 872.89
38542	00	DISSECTION DEEP	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 837.51
38550	00	EXC CYST HYGROMA	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 782.62
38555	00	EXC CYST HYGROMA	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1610.36
38562	00	LTD LYMPH STAG-S	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1137.63
38564	00	LTD LYMPH STAG-S	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1139.47
38570	00	LAPS SURG RETROP	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 896.07
38571	00	LAPS SURG BILATE	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1382.85
38572	00	LAP SURG; PELV L	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1557.31
38700	00	SUPRAHYOID LYMPH	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1301.11
38720	00	CERVICAL LYMPHAD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 2176.45

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
38724	00	CERVICAL LYMPHAD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 2350.28
38740	00	AXILLARY LYMPHAD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1091.87
38745	00	AXILLARY LYMPHAD	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1388.95
38746	00	THORCOM THRC W/M	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 445.90
38747	00	ABD LYMPHADENECT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 438.59
38760	00	INGUINOFEM LYMPH	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1356.61
38765	00	INGUINFEM/PELV L	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 2101.41
38770	00	PELVIC LYMPHECT	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1354.79
38780	00	RETROPERIT TRANS	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 1723.83
38790	00	INJECTION PROCED	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 137.24
38792	00	INJ RADIOACTIVE	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 65.26
38794	00	CANNULATION THOR	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 502.01
38900	00	INTRAOP SENTINEL	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 246.44
39000	00	MEDIASTINOT W/EX	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 824.09
39010	00	MEDIASTINOT W/EX	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1356.61
39200	00	RESECTION OF MED	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1502.40
39220	00	RESECTION MEDIAS	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1939.15
39400	00	MEDIASTINOSCOPY	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 853.37
39501	00	REPAIR LACERATIO	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1384.07
39503	00	RPR NEONATAL DIP	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 9865.95
39540	00	REPR DIAPHRAGMAT	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1417.62
39541	00	REPR DIAPHRAGMAT	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1534.12
39545	00	IMBRICATION DIAP	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1504.83
39560	00	RESCJ DIAPHRAGM	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 1299.88
39561	00	RESCJ DIAPHRAGM	SURGERY - MEDIASTINUM & DIAPHRAGM	NonFacility	$ 2039.19
40490	00	BIOPSY OF LIP	SURGERY - DIGESTIVE	NonFacility	$ 204.34
40500	00	VERMILIONECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 783.23
40510	00	EXC LIP; TRNS WE	SURGERY - DIGESTIVE	NonFacility	$ 753.95
40520	00	EXC LIP; V-EXC W	SURGERY - DIGESTIVE	NonFacility	$ 772.24
40525	00	EXC LIP; FULL TH	SURGERY - DIGESTIVE	NonFacility	$ 897.29
40527	00	EXC LIP; FULL TH	SURGERY - DIGESTIVE	NonFacility	$ 1039.41
40530	00	RESCJ LIP > ONE-	SURGERY - DIGESTIVE	NonFacility	$ 855.82
40650	00	RPR LIP FULL THI	SURGERY - DIGESTIVE	NonFacility	$ 647.81
40652	00	RPR LIP FULL THI	SURGERY - DIGESTIVE	NonFacility	$ 759.44
40654	00	RPR LIP FULL THK	SURGERY - DIGESTIVE	NonFacility	$ 893.64
40700	00	PLASTIC REPR CLE	SURGERY - DIGESTIVE	NonFacility	$ 1504.24
40701	00	PLASTIC REPR CLE	SURGERY - DIGESTIVE	NonFacility	$ 1828.75
40702	00	PLASTIC REPR CLE	SURGERY - DIGESTIVE	NonFacility	$ 1382.85
40720	00	PLASTIC REPR CLE	SURGERY - DIGESTIVE	NonFacility	$ 1630.49
40761	00	PLASTIC REPR CLE	SURGERY - DIGESTIVE	NonFacility	$ 1751.89
40800	00	DRAIN ABSCESS VE	SURGERY - DIGESTIVE	NonFacility	$ 312.32
40801	00	DRAIN ABSCESS VE	SURGERY - DIGESTIVE	NonFacility	$ 478.84
40804	00	REMV EMBEDDED FB	SURGERY - DIGESTIVE	NonFacility	$ 320.85
40805	00	REMV EMBEDDED FB	SURGERY - DIGESTIVE	NonFacility	$ 495.93
40806	00	INCISION LABIAL	SURGERY - DIGESTIVE	NonFacility	$ 159.21
40808	00	BIOPSY VESTIBULE	SURGERY - DIGESTIVE	NonFacility	$ 279.38
40810	00	EXC LES-VESTIBUL	SURGERY - DIGESTIVE	NonFacility	$ 311.09
40812	00	EXC LES-MOUTH; W	SURGERY - DIGESTIVE	NonFacility	$ 436.75
40814	00	EXC LES-MOUTH; W	SURGERY - DIGESTIVE	NonFacility	$ 589.25
40816	00	EXC LES-MOUTH; C	SURGERY - DIGESTIVE	NonFacility	$ 622.18
40818	00	EXC MUCOS VESTIB	SURGERY - DIGESTIVE	NonFacility	$ 549.00
40819	00	EXCISION OF FREN	SURGERY - DIGESTIVE	NonFacility	$ 468.46
40820	00	DESTRCT LES VEST	SURGERY - DIGESTIVE	NonFacility	$ 403.20

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
40830	00	CLOSURE LACERATI	SURGERY - DIGESTIVE	NonFacility	$ 380.03
40831	00	CLOSURE LACERATI	SURGERY - DIGESTIVE	NonFacility	$ 501.42
40840	00	VESTIBULOPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1257.19
40842	00	VESTIBULOPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1268.78
40843	00	VESTIBULOPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1656.73
40844	00	VESTIBULOPLASTY;	SURGERY - DIGESTIVE	NonFacility	$ 2185.59
40845	00	VESTIBULOPLASTY;	SURGERY - DIGESTIVE	NonFacility	$ 2344.19
41000	00	INTRAORAL I&D TO	SURGERY - DIGESTIVE	NonFacility	$ 248.26
41005	00	INTRAORAL I&D AB	SURGERY - DIGESTIVE	NonFacility	$ 347.70
41006	00	INTRAORAL I&D; S	SURGERY - DIGESTIVE	NonFacility	$ 558.14
41007	00	INTRAORAL I&D AB	SURGERY - DIGESTIVE	NonFacility	$ 557.53
41008	00	INTRAORAL I&D; S	SURGERY - DIGESTIVE	NonFacility	$ 573.99
41009	00	INTRAORAL I&D; M	SURGERY - DIGESTIVE	NonFacility	$ 609.99
41010	00	INCISION LINGUAL	SURGERY - DIGESTIVE	NonFacility	$ 312.32
41015	00	EXTRAORAL I&D AB	SURGERY - DIGESTIVE	NonFacility	$ 657.57
41016	00	EXTRAORAL I&D AB	SURGERY - DIGESTIVE	NonFacility	$ 670.37
41017	00	EXTRAORAL I&D; S	SURGERY - DIGESTIVE	NonFacility	$ 677.70
41018	00	EXTRAORAL I&D; M	SURGERY - DIGESTIVE	NonFacility	$ 773.47
41019	00	PLACEMENT NEEDLE	SURGERY - DIGESTIVE	NonFacility	$ 799.08
41100	00	BIOPSY TONGUE AN	SURGERY - DIGESTIVE	NonFacility	$ 261.68
41105	00	BIOPSY TONGUE PO	SURGERY - DIGESTIVE	NonFacility	$ 263.51
41108	00	BIOPSY FLOOR MOU	SURGERY - DIGESTIVE	NonFacility	$ 225.70
41110	00	EXCISION LESION	SURGERY - DIGESTIVE	NonFacility	$ 325.73
41112	00	EXC LES TONGUE W	SURGERY - DIGESTIVE	NonFacility	$ 512.39
41113	00	EXC LES TONGUE W	SURGERY - DIGESTIVE	NonFacility	$ 560.58
41114	00	EXC LESION TONGU	SURGERY - DIGESTIVE	NonFacility	$ 1024.77
41115	00	EXCIISION LINGUA	SURGERY - DIGESTIVE	NonFacility	$ 375.15
41116	00	EXCISION LESION	SURGERY - DIGESTIVE	NonFacility	$ 503.24
41120	00	GLOSSECTOMY < ON	SURGERY - DIGESTIVE	NonFacility	$ 1676.25
41130	00	GLOSSECTOMY HEMI	SURGERY - DIGESTIVE	NonFacility	$ 2083.72
41135	00	GLOSSECTOMY PRTL	SURGERY - DIGESTIVE	NonFacility	$ 3479.99
41140	00	GLSSC COMPL/TOT	SURGERY - DIGESTIVE	NonFacility	$ 3540.37
41145	00	GLSSC COMPL/TOT	SURGERY - DIGESTIVE	NonFacility	$ 4457.18
41150	00	GLOSSECTOMY; COM	SURGERY - DIGESTIVE	NonFacility	$ 3536.71
41153	00	GLOSSECTOMY; W/S	SURGERY - DIGESTIVE	NonFacility	$ 3843.53
41155	00	GLOSSECTOMY; COM	SURGERY - DIGESTIVE	NonFacility	$ 4812.81
41250	00	RPR LAC 2.5 CM/<	SURGERY - DIGESTIVE	NonFacility	$ 363.55
41251	00	RPR LAC 2.5 CM/<	SURGERY - DIGESTIVE	NonFacility	$ 376.97
41252	00	REPR LAC TONGUE	SURGERY - DIGESTIVE	NonFacility	$ 483.72
41500	00	FIXJ TONGUE MECH	SURGERY - DIGESTIVE	NonFacility	$ 709.41
41510	00	SUTURE TONGUE LI	SURGERY - DIGESTIVE	NonFacility	$ 661.22
41512	00	TONGUE BASE SUSP	SURGERY - DIGESTIVE	NonFacility	$ 985.14
41520	00	FRENOPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 534.36
41530	00	SUBMUCOSAL ABLTJ	SURGERY - DIGESTIVE	NonFacility	$ 4836.59
41800	00	DRAIN ABSCESS DE	SURGERY - DIGESTIVE	NonFacility	$ 362.94
41805	00	REMV FB-DENTOALV	SURGERY - DIGESTIVE	NonFacility	$ 373.31
41806	00	RMVL EMBEDDED FB	SURGERY - DIGESTIVE	NonFacility	$ 535.56
41820	00	GINGIVECTOMY EXC	SURGERY - DIGESTIVE	NonFacility	$ 395.28
41821	00	OPRCULECTOMY EXC	SURGERY - DIGESTIVE	NonFacility	$ 89.66
41822	00	EXC FIBROUS TUBE	SURGERY - DIGESTIVE	NonFacility	$ 441.63
41823	00	EXC OSSEOUS TUBE	SURGERY - DIGESTIVE	NonFacility	$ 658.18
41825	00	EXC LESION/TUMOR	SURGERY - DIGESTIVE	NonFacility	$ 319.03
41826	00	EXC LESION/TUMOR	SURGERY - DIGESTIVE	NonFacility	$ 452.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
41827	00	EXC LESION/TUMOR	SURGERY - DIGESTIVE	NonFacility	$ 667.33
41828	00	EXC HYPERPLSTC A	SURGERY - DIGESTIVE	NonFacility	$ 467.87
41830	00	ALVEOLECT W/CURE	SURGERY - DIGESTIVE	NonFacility	$ 594.74
41850	00	DESTRUCTION LESI	SURGERY - DIGESTIVE	NonFacility	$ 197.64
41870	00	PERIODONTAL MUCO	SURGERY - DIGESTIVE	NonFacility	$ 494.09
41872	00	GINGIVOPLASTY EA	SURGERY - DIGESTIVE	NonFacility	$ 570.34
41874	00	ALVEOLOPLASTY EA	SURGERY - DIGESTIVE	NonFacility	$ 563.64
42000	00	DRAINAGE ABSCESS	SURGERY - DIGESTIVE	NonFacility	$ 243.38
42100	00	BIOPSY PALATE UV	SURGERY - DIGESTIVE	NonFacility	$ 232.41
42104	00	EXC LESION PALAT	SURGERY - DIGESTIVE	NonFacility	$ 325.73
42106	00	EXC LESION PALAT	SURGERY - DIGESTIVE	NonFacility	$ 409.92
42107	00	EXC LESION PALAT	SURGERY - DIGESTIVE	NonFacility	$ 714.29
42120	00	RESCJ PALATE/EXT	SURGERY - DIGESTIVE	NonFacility	$ 1579.87
42140	00	UVULECTOMY EXCIS	SURGERY - DIGESTIVE	NonFacility	$ 389.17
42145	00	PALATOPHARYNGOPL	SURGERY - DIGESTIVE	NonFacility	$ 1141.90
42160	00	DESTRUCTION LESI	SURGERY - DIGESTIVE	NonFacility	$ 369.65
42180	00	REPAIR LACERATIO	SURGERY - DIGESTIVE	NonFacility	$ 381.85
42182	00	REPAIR LACERATIO	SURGERY - DIGESTIVE	NonFacility	$ 515.45
42200	00	PALATOPLASTY-CLE	SURGERY - DIGESTIVE	NonFacility	$ 1415.17
42205	00	PALATOPLASTY W/C	SURGERY - DIGESTIVE	NonFacility	$ 1494.48
42210	00	PALATOPLASTY CLE	SURGERY - DIGESTIVE	NonFacility	$ 1736.02
42215	00	PALATOPLASTY CLE	SURGERY - DIGESTIVE	NonFacility	$ 1120.56
42220	00	PALATOPLASTY CLE	SURGERY - DIGESTIVE	NonFacility	$ 859.48
42225	00	PALATOPLASTY; AT	SURGERY - DIGESTIVE	NonFacility	$ 1478.00
42226	00	LENGTHENING PALA	SURGERY - DIGESTIVE	NonFacility	$ 1474.35
42227	00	LENGTHENING PALA	SURGERY - DIGESTIVE	NonFacility	$ 1420.05
42235	00	REPAIR ANTERIOR	SURGERY - DIGESTIVE	NonFacility	$ 1182.16
42260	00	REPAIR NASOLABIA	SURGERY - DIGESTIVE	NonFacility	$ 1309.64
42280	00	MAXILLARY IMPRES	SURGERY - DIGESTIVE	NonFacility	$ 252.53
42281	00	INSJ PIN-RETAINE	SURGERY - DIGESTIVE	NonFacility	$ 319.63
42300	00	DRAINAGE ABSCESS	SURGERY - DIGESTIVE	NonFacility	$ 326.96
42305	00	DRAINAGE ABSCESS	SURGERY - DIGESTIVE	NonFacility	$ 702.10
42310	00	DRG ABSC SUBMAXI	SURGERY - DIGESTIVE	NonFacility	$ 254.37
42320	00	DRAINAGE ABSCESS	SURGERY - DIGESTIVE	NonFacility	$ 392.22
42330	00	SIALOLITHOTOMY;	SURGERY - DIGESTIVE	NonFacility	$ 364.77
42335	00	SIALOLITH; SUBMA	SURGERY - DIGESTIVE	NonFacility	$ 581.32
42340	00	SIALOLITHOTOMY;	SURGERY - DIGESTIVE	NonFacility	$ 731.98
42400	00	BIOPSY SALIVARY	SURGERY - DIGESTIVE	NonFacility	$ 169.58
42405	00	BIOPSY SALIVARY	SURGERY - DIGESTIVE	NonFacility	$ 475.79
42408	00	EXC SUBLINGUAL S	SURGERY - DIGESTIVE	NonFacility	$ 714.29
42409	00	MARSUP SUBLINGUA	SURGERY - DIGESTIVE	NonFacility	$ 518.49
42410	00	EXC PAROTID TUMO	SURGERY - DIGESTIVE	NonFacility	$ 1018.07
42415	00	EXC PAROTID TUMO	SURGERY - DIGESTIVE	NonFacility	$ 1832.40
42420	00	EXC PAROTID TUMO	SURGERY - DIGESTIVE	NonFacility	$ 2100.18
42425	00	EXCISION PAROTID	SURGERY - DIGESTIVE	NonFacility	$ 1384.07
42426	00	EXC PAROTID TUMO	SURGERY - DIGESTIVE	NonFacility	$ 2245.36
42440	00	EXCISION SUBMAND	SURGERY - DIGESTIVE	NonFacility	$ 764.32
42450	00	EXISION OF SUBLI	SURGERY - DIGESTIVE	NonFacility	$ 716.13
42500	00	PLASTIC REPR SAL	SURGERY - DIGESTIVE	NonFacility	$ 683.19
42505	00	PLASTIC REPR SAL	SURGERY - DIGESTIVE	NonFacility	$ 884.49
42507	00	PAROTID DUCT DIV	SURGERY - DIGESTIVE	NonFacility	$ 830.19
42508	00	PAROTID DUCT DIV	SURGERY - DIGESTIVE	NonFacility	$ 1165.69
42509	00	PAROTID DUCT DVR	SURGERY - DIGESTIVE	NonFacility	$ 1395.04

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
42510	00	PAROTID DIVERS B	SURGERY - DIGESTIVE	NonFacility	$ 1022.34
42550	00	INJECTION PROCED	SURGERY - DIGESTIVE	NonFacility	$ 228.74
42600	00	CLOSURE SALIVARY	SURGERY - DIGESTIVE	NonFacility	$ 764.32
42650	00	DILATION SALIVAR	SURGERY - DIGESTIVE	NonFacility	$ 129.93
42660	00	DILAT&CATHJ SALI	SURGERY - DIGESTIVE	NonFacility	$ 167.75
42665	00	LIGATION SALIVAR	SURGERY - DIGESTIVE	NonFacility	$ 486.17
42700	00	I&D ABSCESS PERI	SURGERY - DIGESTIVE	NonFacility	$ 295.84
42720	00	I&D ABSCESS; RET	SURGERY - DIGESTIVE	NonFacility	$ 735.65
42725	00	I&D ABSCESS; RET	SURGERY - DIGESTIVE	NonFacility	$ 1325.51
42800	00	BIOPSY OROPHARYN	SURGERY - DIGESTIVE	NonFacility	$ 248.87
42802	00	BIOPSY HYPOPHARY	SURGERY - DIGESTIVE	NonFacility	$ 372.70
42804	00	BIOPSY NASOPHARY	SURGERY - DIGESTIVE	NonFacility	$ 311.70
42806	00	BX NASOPHARYNX S	SURGERY - DIGESTIVE	NonFacility	$ 351.97
42808	00	EXCISION/DESTRUC	SURGERY - DIGESTIVE	NonFacility	$ 360.51
42809	00	REMOVAL FOREIGN	SURGERY - DIGESTIVE	NonFacility	$ 270.23
42810	00	EXC BRANCHIAL CL	SURGERY - DIGESTIVE	NonFacility	$ 608.15
42815	00	EXC BRANCHIAL CL	SURGERY - DIGESTIVE	NonFacility	$ 900.95
42820	00	TONSILLECTOMY &	SURGERY - DIGESTIVE	NonFacility	$ 475.79
42821	00	TONSILLECTOMY &	SURGERY - DIGESTIVE	NonFacility	$ 494.70
42825	00	TONSILLECTOMY ON	SURGERY - DIGESTIVE	NonFacility	$ 426.38
42826	00	TONSILLECTOMY ON	SURGERY - DIGESTIVE	NonFacility	$ 410.51
42830	00	ADENOIDECTOMY PR	SURGERY - DIGESTIVE	NonFacility	$ 336.10
42831	00	ADENOIDECTOMY PR	SURGERY - DIGESTIVE	NonFacility	$ 361.73
42835	00	ADENOIDECTOMY SE	SURGERY - DIGESTIVE	NonFacility	$ 304.39
42836	00	ADENOIDECTOMY SE	SURGERY - DIGESTIVE	NonFacility	$ 393.44
42842	00	RADICAL RESECTIO	SURGERY - DIGESTIVE	NonFacility	$ 1584.14
42844	00	RADICAL RESCJ TO	SURGERY - DIGESTIVE	NonFacility	$ 2207.55
42845	00	RADICAL RESCJ TO	SURGERY - DIGESTIVE	NonFacility	$ 3616.02
42860	00	EXCISION TONSIL	SURGERY - DIGESTIVE	NonFacility	$ 304.39
42870	00	EXC/DSTRJ LINGUA	SURGERY - DIGESTIVE	NonFacility	$ 918.65
42890	00	LIMITED PHARYNGE	SURGERY - DIGESTIVE	NonFacility	$ 2266.11
42892	00	RES LAT PHARYNGE	SURGERY - DIGESTIVE	NonFacility	$ 2986.51
42894	00	RESCJ PHRNGL WAL	SURGERY - DIGESTIVE	NonFacility	$ 3809.99
42900	00	SUTURE PHARYNX W	SURGERY - DIGESTIVE	NonFacility	$ 560.58
42950	00	PHARYNGOPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1270.60
42953	00	PHARYNGOESOPHAGE	SURGERY - DIGESTIVE	NonFacility	$ 1549.98
42955	00	PHARYNGOSTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1194.35
42960	00	CONTROL OROPHARY	SURGERY - DIGESTIVE	NonFacility	$ 276.32
42961	00	CTRL OROPHARYNGE	SURGERY - DIGESTIVE	NonFacility	$ 684.40
42962	00	CTRL OROPHARYNGE	SURGERY - DIGESTIVE	NonFacility	$ 847.27
42970	00	CTRL NASOPHARYNG	SURGERY - DIGESTIVE	NonFacility	$ 640.50
42971	00	CTRL NASOPHARYNG	SURGERY - DIGESTIVE	NonFacility	$ 746.62
42972	00	CTRL NASOPHARYNG	SURGERY - DIGESTIVE	NonFacility	$ 838.12
43020	00	ESOPHAGOTOMY CER	SURGERY - DIGESTIVE	NonFacility	$ 863.13
43030	00	CRICOPHARYNGEAL	SURGERY - DIGESTIVE	NonFacility	$ 855.82
43045	00	ESOPHAGOTOMY THO	SURGERY - DIGESTIVE	NonFacility	$ 2202.06
43100	00	EXC LESION ESOPH	SURGERY - DIGESTIVE	NonFacility	$ 1019.30
43101	00	EXC LESION ESOPH	SURGERY - DIGESTIVE	NonFacility	$ 1704.31
43107	00	TOT ESOPHAGECTOM	SURGERY - DIGESTIVE	NonFacility	$ 4254.66
43108	00	TOT ESOPHG W/O T	SURGERY - DIGESTIVE	NonFacility	$ 7488.83
43112	00	TOTAL ESOPHAGECT	SURGERY - DIGESTIVE	NonFacility	$ 4537.71
43113	00	TOT ESOPHG W/THO	SURGERY - DIGESTIVE	NonFacility	$ 7411.36
43116	00	PRTL ESOPHAGECTO	SURGERY - DIGESTIVE	NonFacility	$ 8322.07

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
43117	00	PRTL ESOPHECT DS	SURGERY - DIGESTIVE	NonFacility	$ 4155.24
43118	00	PRTL ESOPH DSTL	SURGERY - DIGESTIVE	NonFacility	$ 6120.02
43121	00	PRTL ESOPHAGEC W	SURGERY - DIGESTIVE	NonFacility	$ 4806.70
43122	00	PRTL ESOPHG THOR	SURGERY - DIGESTIVE	NonFacility	$ 4210.76
43123	00	PART ESOPHAGECT	SURGERY - DIGESTIVE	NonFacility	$ 7538.23
43124	00	TOT/PART ESOPHAG	SURGERY - DIGESTIVE	NonFacility	$ 6393.29
43130	00	DIVERTICULECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1299.88
43135	00	DIVERTICULECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2496.69
43200	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 340.98
43201	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 466.03
43202	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 445.90
43204	00	ESOPHAGOSCOPY; W	SURGERY - DIGESTIVE	NonFacility	$ 374.53
43205	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 375.15
43215	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 258.02
43216	00	ESOPHAGOSCPY RIG	SURGERY - DIGESTIVE	NonFacility	$ 326.34
43217	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 598.39
43219	00	ESOPHAGOSCOPY; I	SURGERY - DIGESTIVE	NonFacility	$ 286.69
43220	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 211.67
43226	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 236.68
43227	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 351.97
43228	00	ESOPHAGOSCOPY; W	SURGERY - DIGESTIVE	NonFacility	$ 373.31
43231	00	ESPHGSC RGD/FLX	SURGERY - DIGESTIVE	NonFacility	$ 319.03
43232	00	ESOPHSCOPY; US G	SURGERY - DIGESTIVE	NonFacility	$ 439.80
43234	00	UPPER GI ENDOSCO	SURGERY - DIGESTIVE	NonFacility	$ 443.47
43235	00	UPPER GI NDSC DX	SURGERY - DIGESTIVE	NonFacility	$ 474.57
43236	00	UPPER GI NDSC W/	SURGERY - DIGESTIVE	NonFacility	$ 589.25
43237	00	UPR GI NDSC & US	SURGERY - DIGESTIVE	NonFacility	$ 395.28
43238	00	UP GI ENDO;TRANS	SURGERY - DIGESTIVE	NonFacility	$ 494.09
43239	00	UPPER NDSC BIOPS	SURGERY - DIGESTIVE	NonFacility	$ 550.20
43240	00	UPR GI NDSC TRAN	SURGERY - DIGESTIVE	NonFacility	$ 666.72
43241	00	UPR GI NDSC TNDS	SURGERY - DIGESTIVE	NonFacility	$ 260.47
43242	00	UPPER GI NDSC UL	SURGERY - DIGESTIVE	NonFacility	$ 711.86
43243	00	UPR GI NDSC NJX	SURGERY - DIGESTIVE	NonFacility	$ 449.56
43244	00	UPR GI NDSC BAND	SURGERY - DIGESTIVE	NonFacility	$ 496.54
43245	00	UP GI ENDO;W/DIL	SURGERY - DIGESTIVE	NonFacility	$ 314.75
43246	00	UPR GI NDSC PLMT	SURGERY - DIGESTIVE	NonFacility	$ 422.72
43247	00	UPPER GI NDSC W/	SURGERY - DIGESTIVE	NonFacility	$ 336.10
43248	00	UPR GI NDSC INSJ	SURGERY - DIGESTIVE	NonFacility	$ 315.97
43249	00	UPR GI NDSC BALL	SURGERY - DIGESTIVE	NonFacility	$ 291.57
43250	00	UPR GI NDSC RMVL	SURGERY - DIGESTIVE	NonFacility	$ 315.97
43251	00	UGI ENDO; W/REMV	SURGERY - DIGESTIVE	NonFacility	$ 365.39
43255	00	UPR GI NDSC CONT	SURGERY - DIGESTIVE	NonFacility	$ 474.57
43256	00	UGI ENDO; W/TRNS	SURGERY - DIGESTIVE	NonFacility	$ 428.22
43257	00	UP GI ENDO;DEL T	SURGERY - DIGESTIVE	NonFacility	$ 530.09
43258	00	UGI ENDO; W/ABLA	SURGERY - DIGESTIVE	NonFacility	$ 447.74
43259	00	UPPER GI NDSC W/	SURGERY - DIGESTIVE	NonFacility	$ 509.95
43260	00	ERCP DX W/WO COL	SURGERY - DIGESTIVE	NonFacility	$ 583.14
43261	00	ERCP W/BIOPSY SI	SURGERY - DIGESTIVE	NonFacility	$ 613.03
43262	00	ERCP W/SPHINCTER	SURGERY - DIGESTIVE	NonFacility	$ 720.40
43263	00	ERCP W/PRESSURE	SURGERY - DIGESTIVE	NonFacility	$ 711.25
43264	00	ERCP W/RMVCALCUL	SURGERY - DIGESTIVE	NonFacility	$ 864.36
43265	00	ERCP W/DSTRJ LIT	SURGERY - DIGESTIVE	NonFacility	$ 971.11
43267	00	ERCP W/INSJ NASO	SURGERY - DIGESTIVE	NonFacility	$ 717.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
43268	00	ERCP W/INSJ TUBE	SURGERY - DIGESTIVE	NonFacility	$ 728.93
43269	00	ERCP; REMOVAL FB	SURGERY - DIGESTIVE	NonFacility	$ 798.48
43271	00	ERCP; BALLN DILA	SURGERY - DIGESTIVE	NonFacility	$ 719.79
43272	00	ERCP; W/ABLAT TU	SURGERY - DIGESTIVE	NonFacility	$ 719.17
43273	00	ENDOSCOPIC PAPIL	SURGERY - DIGESTIVE	NonFacility	$ 216.55
43279	00	LAPS ESOPHAGOMYO	SURGERY - DIGESTIVE	NonFacility	$ 2094.71
43280	00	LAP SURG-ESOPHAG	SURGERY - DIGESTIVE	NonFacility	$ 1741.51
43281	00	LAPS RPR PARAESP	SURGERY - DIGESTIVE	NonFacility	$ 2611.97
43282	00	LAPS RPR PARAESP	SURGERY - DIGESTIVE	NonFacility	$ 2936.48
43283	00	LAPS ESOPHAGEAL	SURGERY - DIGESTIVE	NonFacility	$ 294.63
43300	00	ESOPHGPLSTY CERV	SURGERY - DIGESTIVE	NonFacility	$ 1002.82
43305	00	ESOPHGPLSTY CERV	SURGERY - DIGESTIVE	NonFacility	$ 1809.23
43310	00	ESOPHGPLSTY THOR	SURGERY - DIGESTIVE	NonFacility	$ 2554.64
43312	00	ESOPHGPLSTY THOR	SURGERY - DIGESTIVE	NonFacility	$ 2789.48
43313	00	ESOPHGPLSTY CONG	SURGERY - DIGESTIVE	NonFacility	$ 4568.20
43314	00	ESOPHGPLSTY CONG	SURGERY - DIGESTIVE	NonFacility	$ 5027.52
43320	00	EGST W/WO VAGOTO	SURGERY - DIGESTIVE	NonFacility	$ 2261.84
43325	00	ESOPHAGOGASTRIC	SURGERY - DIGESTIVE	NonFacility	$ 2173.39
43327	00	ESOPG/GSTR FUNDO	SURGERY - DIGESTIVE	NonFacility	$ 1482.88
43328	00	ESOPG/GSTR FUNDO	SURGERY - DIGESTIVE	NonFacility	$ 2178.27
43330	00	ESOPHAGOMYOTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2127.03
43331	00	ESOPHAGOMYOTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2281.36
43332	00	RPR PARAESOPH HI	SURGERY - DIGESTIVE	NonFacility	$ 2123.97
43333	00	LAPT RPR PARAESO	SURGERY - DIGESTIVE	NonFacility	$ 2306.36
43334	00	RPR PARAESOPH HI	SURGERY - DIGESTIVE	NonFacility	$ 2331.37
43335	00	RPR PARAESOPH HI	SURGERY - DIGESTIVE	NonFacility	$ 2511.94
43336	00	RPR PARAESOPH HI	SURGERY - DIGESTIVE	NonFacility	$ 2752.28
43337	00	RPR PARAESOPH HI	SURGERY - DIGESTIVE	NonFacility	$ 3004.19
43338	00	ESOPHAGUS LENGTH	SURGERY - DIGESTIVE	NonFacility	$ 244.60
43340	00	ESOPHAGOJEJUNOST	SURGERY - DIGESTIVE	NonFacility	$ 2217.31
43341	00	ESOPHAGOJEJUNOST	SURGERY - DIGESTIVE	NonFacility	$ 2435.68
43350	00	ESOPHAGOSTOMY FI	SURGERY - DIGESTIVE	NonFacility	$ 1927.56
43351	00	ESOPHAGOSTOMY FI	SURGERY - DIGESTIVE	NonFacility	$ 2213.04
43352	00	ESOPHAGOSTOMY FI	SURGERY - DIGESTIVE	NonFacility	$ 1802.51
43360	00	GI RECON-PREV ES	SURGERY - DIGESTIVE	NonFacility	$ 3845.37
43361	00	GI RECON PREV ES	SURGERY - DIGESTIVE	NonFacility	$ 4354.71
43400	00	LIGATION DIRECT	SURGERY - DIGESTIVE	NonFacility	$ 2585.12
43401	00	TRNSXJ ESOPH W/R	SURGERY - DIGESTIVE	NonFacility	$ 2524.13
43405	00	LIG/STAPL GE JNC	SURGERY - DIGESTIVE	NonFacility	$ 2452.15
43410	00	SUT ESOPH WOUND/	SURGERY - DIGESTIVE	NonFacility	$ 1674.42
43415	00	SUTURE ESOPH WOU	SURGERY - DIGESTIVE	NonFacility	$ 2846.82
43420	00	CLOS ESOPHAGOST/	SURGERY - DIGESTIVE	NonFacility	$ 1648.20
43425	00	CLO ESOPHAGOSTOM	SURGERY - DIGESTIVE	NonFacility	$ 2483.87
43450	00	DILATION ESOPH U	SURGERY - DIGESTIVE	NonFacility	$ 251.93
43453	00	DILATION ESOPHAG	SURGERY - DIGESTIVE	NonFacility	$ 468.46
43456	00	DILAT ESOPHAGUS	SURGERY - DIGESTIVE	NonFacility	$ 944.87
43458	00	DILAT ESOPH BALL	SURGERY - DIGESTIVE	NonFacility	$ 616.71
43460	00	ESOPG/GSTR TAMPO	SURGERY - DIGESTIVE	NonFacility	$ 368.43
43496	00	FREE JEJUNUM TRS	SURGERY - DIGESTIVE	NonFacility	$ 3645.08
43500	00	GASTROTOMY W/EXP	SURGERY - DIGESTIVE	NonFacility	$ 1253.53
43501	00	GASTROTOMY W/SUT	SURGERY - DIGESTIVE	NonFacility	$ 2152.64
43502	00	GASTROTOMY W/SUT	SURGERY - DIGESTIVE	NonFacility	$ 2435.68
43510	00	GASTROT; W/ESPH	SURGERY - DIGESTIVE	NonFacility	$ 1512.16

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
43520	00	PYLOROMYOTOMY CU	SURGERY - DIGESTIVE	NonFacility	$ 1127.87
43605	00	BIOPSY STOMACH L	SURGERY - DIGESTIVE	NonFacility	$ 1329.16
43610	00	EXC LOCAL ULCER/	SURGERY - DIGESTIVE	NonFacility	$ 1567.66
43611	00	EXC LOCAL MALIGN	SURGERY - DIGESTIVE	NonFacility	$ 1955.02
43620	00	GSTRCT TOT W/ESO	SURGERY - DIGESTIVE	NonFacility	$ 3178.65
43621	00	GASTRECT TOTAL;	SURGERY - DIGESTIVE	NonFacility	$ 3649.57
43622	00	GSTRCT TOT W/FRM	SURGERY - DIGESTIVE	NonFacility	$ 3695.92
43631	00	GASTRECT PART DI	SURGERY - DIGESTIVE	NonFacility	$ 2328.33
43632	00	GASTRECT PART DI	SURGERY - DIGESTIVE	NonFacility	$ 3236.60
43633	00	GASTRECT PART DI	SURGERY - DIGESTIVE	NonFacility	$ 3066.41
43634	00	GASTRECTOMY PART	SURGERY - DIGESTIVE	NonFacility	$ 3390.92
43635	00	VAGOT WHEN PERF	SURGERY - DIGESTIVE	NonFacility	$ 183.61
43640	00	VGTMY W/PYLORPLS	SURGERY - DIGESTIVE	NonFacility	$ 1881.20
43641	00	VGTMY W/PYLOROPL	SURGERY - DIGESTIVE	NonFacility	$ 1903.16
43644	00	LAPS GSTR RSTCV	SURGERY - DIGESTIVE	NonFacility	$ 2788.26
43645	00	LAP GASTR RSTRCI	SURGERY - DIGESTIVE	NonFacility	$ 2981.02
43647	00	LAPS IMPLTJ/RPLC	SURGERY - DIGESTIVE	NonFacility	$ 1115.18
43648	00	LAPS REVISION/RM	SURGERY - DIGESTIVE	NonFacility	$ 1552.99
43651	00	LAP SURG; TRANSE	SURGERY - DIGESTIVE	NonFacility	$ 1033.33
43652	00	LAP SURG; TRANSE	SURGERY - DIGESTIVE	NonFacility	$ 1210.83
43653	00	LAP SURG; GASTRO	SURGERY - DIGESTIVE	NonFacility	$ 894.25
43752	00	NASO/ORO-GASTRC	SURGERY - DIGESTIVE	NonFacility	$ 70.14
43753	00	GASTRIC INTUBAT&	SURGERY - DIGESTIVE	NonFacility	$ 37.21
43754	00	GASTRIC INTUBAT	SURGERY - DIGESTIVE	NonFacility	$ 141.53
43755	00	GASTRIC INTUBATI	SURGERY - DIGESTIVE	NonFacility	$ 215.94
43756	00	DUODENAL INTUBAT	SURGERY - DIGESTIVE	NonFacility	$ 391.61
43757	00	DUODENAL INTUBAT	SURGERY - DIGESTIVE	NonFacility	$ 503.85
43760	00	CHANGE GASTROSTO	SURGERY - DIGESTIVE	NonFacility	$ 574.60
43761	00	REPOS NASO/ORO G	SURGERY - DIGESTIVE	NonFacility	$ 201.30
43770	00	LAPS GASTRIC RES	SURGERY - DIGESTIVE	NonFacility	$ 1779.94
43771	00	LAPS GASTRIC RES	SURGERY - DIGESTIVE	NonFacility	$ 2030.04
43772	00	LAPS GASTRIC RES	SURGERY - DIGESTIVE	NonFacility	$ 1530.46
43773	00	LAPS GASTRIC RES	SURGERY - DIGESTIVE	NonFacility	$ 2031.27
43774	00	LAPS GASTRIC RES	SURGERY - DIGESTIVE	NonFacility	$ 1537.18
43775	00	LAPS GSTRC RSTRI	SURGERY - DIGESTIVE	NonFacility	$ 2192.91
43800	00	PYLOROPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1490.19
43810	00	GASTRODUODENOSTO	SURGERY - DIGESTIVE	NonFacility	$ 1618.30
43820	00	GASTROJEJUNOSTOM	SURGERY - DIGESTIVE	NonFacility	$ 2125.81
43825	00	GASTROJEJUNOSTOM	SURGERY - DIGESTIVE	NonFacility	$ 2080.66
43830	00	GASTROST OPN; NO	SURGERY - DIGESTIVE	NonFacility	$ 1105.30
43831	00	GASTROSTOMY OPEN	SURGERY - DIGESTIVE	NonFacility	$ 927.19
43832	00	GASTROST OPEN; W	SURGERY - DIGESTIVE	NonFacility	$ 1692.71
43840	00	GASTRORRHAPHY SU	SURGERY - DIGESTIVE	NonFacility	$ 2155.09
43842	00	GASTRIC RSTCV W/	SURGERY - DIGESTIVE	NonFacility	$ 1909.87
43843	00	GAST RESTRIC W/O	SURGERY - DIGESTIVE	NonFacility	$ 2025.77
43845	00	GASTRIC RSTCV W/	SURGERY - DIGESTIVE	NonFacility	$ 3136.55
43846	00	GASTRIC RSTCV W/	SURGERY - DIGESTIVE	NonFacility	$ 2616.24
43847	00	GASTRIC RSTCV W/	SURGERY - DIGESTIVE	NonFacility	$ 2862.68
43848	00	REVISION OPEN GA	SURGERY - DIGESTIVE	NonFacility	$ 3095.08
43850	00	REV GASTROJEJUN	SURGERY - DIGESTIVE	NonFacility	$ 2596.11
43855	00	REV GASTRODUOD A	SURGERY - DIGESTIVE	NonFacility	$ 2692.49
43860	00	REV GASTROJEJ AN	SURGERY - DIGESTIVE	NonFacility	$ 2629.66
43865	00	REV GASTROJEJ AN	SURGERY - DIGESTIVE	NonFacility	$ 2735.19

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
43870	00	CLOSURE GASTROST	SURGERY - DIGESTIVE	NonFacility	$ 1129.70
43880	00	CLOSURE GASTROCO	SURGERY - DIGESTIVE	NonFacility	$ 2565.01
43881	00	IMPLTJ/RPLCMT GA	SURGERY - DIGESTIVE	NonFacility	$ 1191.69
43882	00	REVISION/RMVL GA	SURGERY - DIGESTIVE	NonFacility	$ 1505.98
43886	00	GSTR RSTCV PX OP	SURGERY - DIGESTIVE	NonFacility	$ 552.04
43887	00	GSTR RSTCV PX OP	SURGERY - DIGESTIVE	NonFacility	$ 503.24
43888	00	GSTR RSTCV OPN R	SURGERY - DIGESTIVE	NonFacility	$ 713.68
44005	00	ENTEROLYSIS-SEP	SURGERY - DIGESTIVE	NonFacility	$ 1753.11
44010	00	DUODENOTOMY EXPL	SURGERY - DIGESTIVE	NonFacility	$ 1382.23
44015	00	TUBE/NEEDLE CATH	SURGERY - DIGESTIVE	NonFacility	$ 235.46
44020	00	ENTROT SM INTST;	SURGERY - DIGESTIVE	NonFacility	$ 1553.02
44021	00	ENTROT SM INTST	SURGERY - DIGESTIVE	NonFacility	$ 1569.50
44025	00	COLOTOMY EXPLORA	SURGERY - DIGESTIVE	NonFacility	$ 1579.87
44050	00	RDUC VOLVULUS BY	SURGERY - DIGESTIVE	NonFacility	$ 1493.25
44055	00	CORRECT MALROTAT	SURGERY - DIGESTIVE	NonFacility	$ 2399.69
44100	00	BX INTESTINE CAP	SURGERY - DIGESTIVE	NonFacility	$ 192.15
44110	00	EXC 1/> SMALL/LA	SURGERY - DIGESTIVE	NonFacility	$ 1356.61
44111	00	EXC 1/> SM/LG LE	SURGERY - DIGESTIVE	NonFacility	$ 1578.65
44120	00	ENTRC RESCJ SMAL	SURGERY - DIGESTIVE	NonFacility	$ 1958.67
44121	00	ENTERECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 395.89
44125	00	ENTERECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 1893.40
44126	00	ENTERECT RES SM	SURGERY - DIGESTIVE	NonFacility	$ 3938.08
44127	00	ENTERECT RES SM	SURGERY - DIGESTIVE	NonFacility	$ 4567.59
44128	00	ENTERECT RES SM	SURGERY - DIGESTIVE	NonFacility	$ 397.71
44130	00	ENTEROENTEROST A	SURGERY - DIGESTIVE	NonFacility	$ 2081.27
44137	00	RMVL TRNSPLED IN	SURGERY - DIGESTIVE	NonFacility	$ 1851.62
44139	00	MOBILIZA SPLENIC	SURGERY - DIGESTIVE	NonFacility	$ 198.25
44140	00	COLECTOMY PARTIA	SURGERY - DIGESTIVE	NonFacility	$ 2150.82
44141	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 2888.90
44143	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 2665.04
44144	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 2823.03
44145	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 2674.19
44146	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 3375.07
44147	00	COLECTOMY PRTL A	SURGERY - DIGESTIVE	NonFacility	$ 3088.98
44150	00	COLECTOMY W/O PR	SURGERY - DIGESTIVE	NonFacility	$ 2968.21
44151	00	COLECTOMY W/O PR	SURGERY - DIGESTIVE	NonFacility	$ 3404.35
44155	00	COLECTOMY TOT AB	SURGERY - DIGESTIVE	NonFacility	$ 3309.18
44156	00	COLECTOMY TOT AB	SURGERY - DIGESTIVE	NonFacility	$ 3661.15
44157	00	COLECTOMY TOT AB	SURGERY - DIGESTIVE	NonFacility	$ 3472.66
44158	00	COLCT TTL ABD W/	SURGERY - DIGESTIVE	NonFacility	$ 3555.62
44160	00	COLECTOMY PRTL W	SURGERY - DIGESTIVE	NonFacility	$ 1987.34
44180	00	LAPAROSCOPY ENTE	SURGERY - DIGESTIVE	NonFacility	$ 1475.57
44186	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 1043.70
44187	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 1754.32
44188	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 1945.26
44202	00	LAPS ENTERECT RE	SURGERY - DIGESTIVE	NonFacility	$ 2225.84
44203	00	LAPAROSCOPY SMAL	SURGERY - DIGESTIVE	NonFacility	$ 396.49
44204	00	LAPAROSCOPY COLE	SURGERY - DIGESTIVE	NonFacility	$ 2478.39
44205	00	LAPS COLECTOMY P	SURGERY - DIGESTIVE	NonFacility	$ 2158.13
44206	00	LAPS COLECTOMY P	SURGERY - DIGESTIVE	NonFacility	$ 2821.81
44207	00	LAPS COLECTOMY P	SURGERY - DIGESTIVE	NonFacility	$ 2951.12
44208	00	LAPS COLECTMY PR	SURGERY - DIGESTIVE	NonFacility	$ 3203.06
44210	00	LAPS COLECTOMY T	SURGERY - DIGESTIVE	NonFacility	$ 2876.71

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
44211	00	LAPS COLCT TTL A	SURGERY - DIGESTIVE	NonFacility	$ 3571.48
44212	00	LAPS COLECTOMY A	SURGERY - DIGESTIVE	NonFacility	$ 3303.70
44213	00	LAPS MOBLJ SPLEN	SURGERY - DIGESTIVE	NonFacility	$ 309.87
44227	00	LAPS CLSR NTRSTM	SURGERY - DIGESTIVE	NonFacility	$ 2690.04
44300	00	PLACEMENT ENTERO	SURGERY - DIGESTIVE	NonFacility	$ 1346.24
44310	00	ILEOSTOMY/JEJUNO	SURGERY - DIGESTIVE	NonFacility	$ 1673.80
44312	00	REVJ ILEOSTOMY S	SURGERY - DIGESTIVE	NonFacility	$ 949.75
44314	00	REVJ ILEOSTOMY C	SURGERY - DIGESTIVE	NonFacility	$ 1619.53
44316	00	CONTINENT ILEOST	SURGERY - DIGESTIVE	NonFacility	$ 2250.86
44320	00	COLOSTOMY/SKIN L	SURGERY - DIGESTIVE	NonFacility	$ 1919.02
44322	00	COLOSTOMY/SKN LV	SURGERY - DIGESTIVE	NonFacility	$ 1536.56
44340	00	REVJ COLOSTOMY S	SURGERY - DIGESTIVE	NonFacility	$ 972.93
44345	00	REVJ COLOSTOMY C	SURGERY - DIGESTIVE	NonFacility	$ 1677.46
44346	00	REVJ COLOSTOMY W	SURGERY - DIGESTIVE	NonFacility	$ 1886.70
44360	00	ENDOSCOPY UPPER	SURGERY - DIGESTIVE	NonFacility	$ 263.51
44361	00	ENDOSCOPY UPPER	SURGERY - DIGESTIVE	NonFacility	$ 289.75
44363	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 344.64
44364	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 370.88
44365	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 330.61
44366	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 436.75
44369	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 445.90
44370	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 480.06
44372	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 427.60
44373	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 344.64
44376	00	ENTEROSC >2ND PR	SURGERY - DIGESTIVE	NonFacility	$ 510.57
44377	00	ENTEROSC >2ND PR	SURGERY - DIGESTIVE	NonFacility	$ 540.44
44378	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 692.95
44379	00	ENTEROSCOPY > 2N	SURGERY - DIGESTIVE	NonFacility	$ 731.98
44380	00	ILEOSCOPY STOMA	SURGERY - DIGESTIVE	NonFacility	$ 114.06
44382	00	ILEOSCOPY STOMA	SURGERY - DIGESTIVE	NonFacility	$ 137.85
44383	00	ILEOSCOPY STOMA	SURGERY - DIGESTIVE	NonFacility	$ 288.53
44385	00	NDSC EVAL INTSTI	SURGERY - DIGESTIVE	NonFacility	$ 397.10
44386	00	NDSC EVAL INTSTI	SURGERY - DIGESTIVE	NonFacility	$ 545.94
44388	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 549.59
44389	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 632.55
44390	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 733.20
44391	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 813.12
44392	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 692.95
44393	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 803.36
44394	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 803.96
44397	00	COLONOSCOPY STOM	SURGERY - DIGESTIVE	NonFacility	$ 460.54
44500	00	INTRODUCTION LON	SURGERY - DIGESTIVE	NonFacility	$ 42.70
44602	00	ENTERORRHAPHY 1P	SURGERY - DIGESTIVE	NonFacility	$ 2251.47
44603	00	ENTERORRHAPHY MU	SURGERY - DIGESTIVE	NonFacility	$ 2580.86
44604	00	SUTR LG INTESTIN	SURGERY - DIGESTIVE	NonFacility	$ 1699.43
44605	00	SUTR LG INTESTIN	SURGERY - DIGESTIVE	NonFacility	$ 2098.36
44615	00	INTSTINAL STRICT	SURGERY - DIGESTIVE	NonFacility	$ 1727.49
44620	00	CLOSURE ENTEROST	SURGERY - DIGESTIVE	NonFacility	$ 1383.46
44625	00	CLOS ENTEROSTMY;	SURGERY - DIGESTIVE	NonFacility	$ 1633.56
44626	00	CLOS ENTEROSTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2590.62
44640	00	CLOSURE INTESTIN	SURGERY - DIGESTIVE	NonFacility	$ 2259.39
44650	00	CLOS ENTEROENTER	SURGERY - DIGESTIVE	NonFacility	$ 2344.79
44660	00	CLOS ENTEROVESIC	SURGERY - DIGESTIVE	NonFacility	$ 2231.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
44661	00	CLOS ENTEROVESIC	SURGERY - DIGESTIVE	NonFacility	$ 2538.16
44680	00	INTESTINAL PLICA	SURGERY - DIGESTIVE	NonFacility	$ 1717.11
44700	00	EXCLU SM INTST M	SURGERY - DIGESTIVE	NonFacility	$ 1635.37
44701	00	INTRAOPERATIVE C	SURGERY - DIGESTIVE	NonFacility	$ 273.89
44715	00	BKBENCH PREP CAD	SURGERY - DIGESTIVE	NonFacility	$ 601.24
44720	00	BCKBNCH RECNSTR	SURGERY - DIGESTIVE	NonFacility	$ 427.60
44721	00	BCKBNCH RECNSTR	SURGERY - DIGESTIVE	NonFacility	$ 630.73
44800	00	EXC MECKELS DIVE	SURGERY - DIGESTIVE	NonFacility	$ 1211.44
44820	00	EXCISION LESION	SURGERY - DIGESTIVE	NonFacility	$ 1342.58
44850	00	SUTURE MESENTERY	SURGERY - DIGESTIVE	NonFacility	$ 1185.82
44900	00	I&D OF APPENDICE	SURGERY - DIGESTIVE	NonFacility	$ 1227.29
44901	00	I&D APPENDICEAL	SURGERY - DIGESTIVE	NonFacility	$ 1516.43
44950	00	APPENDECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1027.22
44955	00	APPY; DONE @ TIM	SURGERY - DIGESTIVE	NonFacility	$ 137.85
44960	00	APPY; RUPT W/ABS	SURGERY - DIGESTIVE	NonFacility	$ 1393.83
44970	00	LAPAROSCOPIC APP	SURGERY - DIGESTIVE	NonFacility	$ 947.91
45000	00	TRANSRECTAL DRAI	SURGERY - DIGESTIVE	NonFacility	$ 663.06
45005	00	I&D SUBMUCOSAL A	SURGERY - DIGESTIVE	NonFacility	$ 392.22
45020	00	I&D DEEP SUPRALE	SURGERY - DIGESTIVE	NonFacility	$ 882.65
45100	00	BX ANORECTAL WAL	SURGERY - DIGESTIVE	NonFacility	$ 459.32
45108	00	ANORECTAL MYOMEC	SURGERY - DIGESTIVE	NonFacility	$ 565.46
45110	00	PROCTECTOMY; CMP	SURGERY - DIGESTIVE	NonFacility	$ 2959.66
45111	00	PROCTECTOMY; PAR	SURGERY - DIGESTIVE	NonFacility	$ 1740.29
45112	00	PROCTECTOMY ABDO	SURGERY - DIGESTIVE	NonFacility	$ 3044.46
45113	00	PROCTECT PART W/	SURGERY - DIGESTIVE	NonFacility	$ 3170.71
45114	00	PROCTECTOMY PART	SURGERY - DIGESTIVE	NonFacility	$ 2892.56
45116	00	PROCTECTMY PART	SURGERY - DIGESTIVE	NonFacility	$ 2516.82
45119	00	PRCTECT CMBN PUL	SURGERY - DIGESTIVE	NonFacility	$ 3124.97
45120	00	PROCTECT CMPL; W	SURGERY - DIGESTIVE	NonFacility	$ 2530.85
45121	00	PROCTECT CMPL; W	SURGERY - DIGESTIVE	NonFacility	$ 2766.30
45123	00	PROCTECTOMY PART	SURGERY - DIGESTIVE	NonFacility	$ 1775.06
45126	00	PELVIC EXENTERAT	SURGERY - DIGESTIVE	NonFacility	$ 4681.67
45130	00	EXC RECTAL PROCI	SURGERY - DIGESTIVE	NonFacility	$ 1735.41
45135	00	EXC RECTAL PROCI	SURGERY - DIGESTIVE	NonFacility	$ 2165.46
45136	00	EXC ILEOANAL RSV	SURGERY - DIGESTIVE	NonFacility	$ 2902.93
45150	00	DIVISION STRICTU	SURGERY - DIGESTIVE	NonFacility	$ 620.97
45160	00	EXC RECTAL TUMOR	SURGERY - DIGESTIVE	NonFacility	$ 1606.71
45171	00	EXC RCT TUM NOT	SURGERY - DIGESTIVE	NonFacility	$ 983.91
45172	00	EXC RCT TUM INCL	SURGERY - DIGESTIVE	NonFacility	$ 1349.91
45190	00	DESTRUCTION RECT	SURGERY - DIGESTIVE	NonFacility	$ 1077.84
45300	00	PROCTOSGMDSC RGD	SURGERY - DIGESTIVE	NonFacility	$ 173.85
45303	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 1320.63
45305	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 279.99
45307	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 317.81
45308	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 292.79
45309	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 317.81
45315	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 345.25
45317	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 338.54
45320	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 333.66
45321	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 173.24
45327	00	PROCTOSGMDSC RIG	SURGERY - DIGESTIVE	NonFacility	$ 203.13
45330	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 215.32
45331	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 270.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
45332	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 447.74
45333	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 452.00
45334	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 274.50
45335	00	SIGMOIDSCPY FLXI	SURGERY - DIGESTIVE	NonFacility	$ 390.40
45337	00	SGMDSC FLX DCMPR	SURGERY - DIGESTIVE	NonFacility	$ 236.07
45338	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 501.42
45339	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 527.64
45340	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 694.77
45341	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 262.29
45342	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 400.75
45345	00	SIGMOIDOSCOPY FL	SURGERY - DIGESTIVE	NonFacility	$ 290.96
45355	00	COLONOSCPY RIGID	SURGERY - DIGESTIVE	NonFacility	$ 337.33
45378	00	COLONOSCOPY FLX	SURGERY - DIGESTIVE	NonFacility	$ 631.94
45379	00	COLONOSCOPY FLEX	SURGERY - DIGESTIVE	NonFacility	$ 802.75
45380	00	COLONOSCOPY W/BI	SURGERY - DIGESTIVE	NonFacility	$ 755.78
45381	00	COLNSCPY FLX PRO	SURGERY - DIGESTIVE	NonFacility	$ 735.65
45382	00	COLNSCPY FLEX SP	SURGERY - DIGESTIVE	NonFacility	$ 993.06
45383	00	COLONOSCOPY FLEX	SURGERY - DIGESTIVE	NonFacility	$ 907.66
45384	00	COLONOSOCPY FLEX	SURGERY - DIGESTIVE	NonFacility	$ 748.45
45385	00	COLONOSCOPY FLEX	SURGERY - DIGESTIVE	NonFacility	$ 853.98
45386	00	COLSC FLX PROX S	SURGERY - DIGESTIVE	NonFacility	$ 1046.74
45387	00	COLONSCPY PROX S	SURGERY - DIGESTIVE	NonFacility	$ 577.67
45391	00	COLONSCPY FLEX P	SURGERY - DIGESTIVE	NonFacility	$ 496.54
45392	00	COLONSCPY FLEX;I	SURGERY - DIGESTIVE	NonFacility	$ 636.82
45395	00	LAPS PROCTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 3186.58
45397	00	LAPS PROCTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 3442.17
45400	00	LAPAROSCOPY PROC	SURGERY - DIGESTIVE	NonFacility	$ 1846.43
45402	00	LAPAROSCOPY PROC	SURGERY - DIGESTIVE	NonFacility	$ 2463.14
45500	00	PROCTOPLASTY; FO	SURGERY - DIGESTIVE	NonFacility	$ 810.67
45505	00	PROCTOPLASTY PRO	SURGERY - DIGESTIVE	NonFacility	$ 902.17
45520	00	PERIRECTAL INJ S	SURGERY - DIGESTIVE	NonFacility	$ 203.13
45540	00	PROCTOPEXY ABDOM	SURGERY - DIGESTIVE	NonFacility	$ 1695.16
45541	00	PROCTOPEXY PERIN	SURGERY - DIGESTIVE	NonFacility	$ 1462.75
45550	00	PROCTOPEXY W/SIG	SURGERY - DIGESTIVE	NonFacility	$ 2339.91
45560	00	REPAIR RECTOCELE	SURGERY - DIGESTIVE	NonFacility	$ 1136.40
45562	00	EXPL RPR&PRESACR	SURGERY - DIGESTIVE	NonFacility	$ 1778.12
45563	00	EXPL RPR&PRESACR	SURGERY - DIGESTIVE	NonFacility	$ 2595.50
45800	00	CLOSURE RECTOVES	SURGERY - DIGESTIVE	NonFacility	$ 1964.78
45805	00	CLSR RECTOVESICA	SURGERY - DIGESTIVE	NonFacility	$ 2303.31
45820	00	CLOSURE RECTOURE	SURGERY - DIGESTIVE	NonFacility	$ 1886.08
45825	00	CLOSURE RECTOURE	SURGERY - DIGESTIVE	NonFacility	$ 2344.19
45900	00	RDCTJ PROCIDENTI	SURGERY - DIGESTIVE	NonFacility	$ 315.36
45905	00	DILAT ANAL SPHIN	SURGERY - DIGESTIVE	NonFacility	$ 264.13
45910	00	DILAT RECTAL STR	SURGERY - DIGESTIVE	NonFacility	$ 311.09
45915	00	REMV FECAL IMPAC	SURGERY - DIGESTIVE	NonFacility	$ 486.17
45990	00	ANRCT XM SURG RE	SURGERY - DIGESTIVE	NonFacility	$ 173.85
46020	00	PLACEMENT SETON	SURGERY - DIGESTIVE	NonFacility	$ 404.43
46030	00	REMOVAL ANAL SET	SURGERY - DIGESTIVE	NonFacility	$ 201.30
46040	00	I&D ISCHIORECTAL	SURGERY - DIGESTIVE	NonFacility	$ 783.23
46045	00	I&D INTRAMURAL A	SURGERY - DIGESTIVE	NonFacility	$ 658.18
46050	00	I&D PERIANAL ABS	SURGERY - DIGESTIVE	NonFacility	$ 281.20
46060	00	I&D ISCHIORCT/IN	SURGERY - DIGESTIVE	NonFacility	$ 720.40
46070	00	INCISION ANAL SE	SURGERY - DIGESTIVE	NonFacility	$ 342.21

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
46080	00	SPHINCTEROTOMY A	SURGERY - DIGESTIVE	NonFacility	$ 364.77
46083	00	INCISION THROMBO	SURGERY - DIGESTIVE	NonFacility	$ 268.39
46200	00	FISSURECTOMY INC	SURGERY - DIGESTIVE	NonFacility	$ 620.36
46220	00	EXCISION SINGLE	SURGERY - DIGESTIVE	NonFacility	$ 295.84
46221	00	HEMORRHOIDECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 387.95
46230	00	EXCISION MULTIPL	SURGERY - DIGESTIVE	NonFacility	$ 401.98
46250	00	HEMORRHOIDECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 673.43
46255	00	HEMORRHOIDECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 748.45
46257	00	HEMORRHOID NTRNL	SURGERY - DIGESTIVE	NonFacility	$ 641.70
46258	00	HRHC 1 COL/GRP W	SURGERY - DIGESTIVE	NonFacility	$ 714.29
46260	00	HEMORRHOIDECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 727.10
46261	00	HRHC NTRNL & XTR	SURGERY - DIGESTIVE	NonFacility	$ 815.55
46262	00	HRHC 2/> COL/GRP	SURGERY - DIGESTIVE	NonFacility	$ 850.33
46270	00	SURG TX ANAL FIS	SURGERY - DIGESTIVE	NonFacility	$ 738.08
46275	00	SURG TX ANAL FIS	SURGERY - DIGESTIVE	NonFacility	$ 778.96
46280	00	TX ANAL FSTL TRA	SURGERY - DIGESTIVE	NonFacility	$ 711.25
46285	00	SURG TX ANAL FIS	SURGERY - DIGESTIVE	NonFacility	$ 761.87
46288	00	CLOS ANAL FIST W	SURGERY - DIGESTIVE	NonFacility	$ 838.12
46320	00	EXC THROMBOSED H	SURGERY - DIGESTIVE	NonFacility	$ 265.96
46500	00	INJECTION SCLERO	SURGERY - DIGESTIVE	NonFacility	$ 328.78
46505	00	CHEMODENERVATION	SURGERY - DIGESTIVE	NonFacility	$ 430.65
46600	00	ANOSCOPY DX W/WO	SURGERY - DIGESTIVE	NonFacility	$ 126.88
46604	00	ANOSCOPY W/DILAT	SURGERY - DIGESTIVE	NonFacility	$ 805.79
46606	00	ANOSCOPY W/BX SI	SURGERY - DIGESTIVE	NonFacility	$ 326.96
46608	00	ANOSCOPY W/RMVL	SURGERY - DIGESTIVE	NonFacility	$ 336.10
46610	00	ANOSCOPY W/RMVL	SURGERY - DIGESTIVE	NonFacility	$ 331.84
46611	00	ANOSCOPY; W/REMO	SURGERY - DIGESTIVE	NonFacility	$ 259.25
46612	00	ANOSC RMVL MULT	SURGERY - DIGESTIVE	NonFacility	$ 392.83
46614	00	ANOSCOPY CONTROL	SURGERY - DIGESTIVE	NonFacility	$ 193.98
46615	00	ANOSCOPY ABLATIO	SURGERY - DIGESTIVE	NonFacility	$ 223.86
46700	00	ANOPLASTY PLASTI	SURGERY - DIGESTIVE	NonFacility	$ 1008.31
46705	00	ANOPLASTY PLASTI	SURGERY - DIGESTIVE	NonFacility	$ 776.51
46706	00	REPAIR ANAL FIST	SURGERY - DIGESTIVE	NonFacility	$ 263.51
46707	00	REPAIR ANORECTAL	SURGERY - DIGESTIVE	NonFacility	$ 750.90
46710	00	RPR ILEOANAL POU	SURGERY - DIGESTIVE	NonFacility	$ 1746.39
46712	00	RPR ILEOANAL POU	SURGERY - DIGESTIVE	NonFacility	$ 3275.63
46715	00	RPR LW IMPERFORA	SURGERY - DIGESTIVE	NonFacility	$ 766.14
46716	00	RPR LW IMPERFORA	SURGERY - DIGESTIVE	NonFacility	$ 1866.56
46730	00	RPR HI IMPRF ANU	SURGERY - DIGESTIVE	NonFacility	$ 3021.26
46735	00	RPR HI IMPRF ANU	SURGERY - DIGESTIVE	NonFacility	$ 3351.28
46740	00	RPR HI IMPRF ANU	SURGERY - DIGESTIVE	NonFacility	$ 3365.31
46742	00	RPR HI IMPRF ANU	SURGERY - DIGESTIVE	NonFacility	$ 3944.79
46744	00	RPR CLOACAL ANOM	SURGERY - DIGESTIVE	NonFacility	$ 5369.11
46746	00	RPR CLOACAL ANOM	SURGERY - DIGESTIVE	NonFacility	$ 5880.29
46748	00	RPR CLOACAL ANOM	SURGERY - DIGESTIVE	NonFacility	$ 6350.59
46750	00	SPHNCTROP ANAL I	SURGERY - DIGESTIVE	NonFacility	$ 1209.61
46751	00	SPHNCTROP ANAL I	SURGERY - DIGESTIVE	NonFacility	$ 985.14
46753	00	GRF THIERSCH RCT	SURGERY - DIGESTIVE	NonFacility	$ 912.54
46754	00	RMVL THIERSCH WI	SURGERY - DIGESTIVE	NonFacility	$ 440.41
46760	00	SPHINCTEROPLASTY	SURGERY - DIGESTIVE	NonFacility	$ 1707.97
46761	00	SPHINCTEROPLSTY-	SURGERY - DIGESTIVE	NonFacility	$ 1478.00
46762	00	SPHINCTEROPLSTY-	SURGERY - DIGESTIVE	NonFacility	$ 1454.21
46900	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 350.13

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
46910	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 367.82
46916	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 356.85
46917	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 680.13
46922	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 383.07
46924	00	DSTRJ LESION ANU	SURGERY - DIGESTIVE	NonFacility	$ 780.78
46930	00	DESTRUCTION INTE	SURGERY - DIGESTIVE	NonFacility	$ 325.12
46940	00	CURET ANAL FISS	SURGERY - DIGESTIVE	NonFacility	$ 333.06
46942	00	CURET ANAL FISS	SURGERY - DIGESTIVE	NonFacility	$ 310.48
46945	00	HRHC NTRNL LIG O	SURGERY - DIGESTIVE	NonFacility	$ 434.32
46946	00	HRHC NTRNL LIG O	SURGERY - DIGESTIVE	NonFacility	$ 458.11
46947	00	HEMORRHOIDOPEXY	SURGERY - DIGESTIVE	NonFacility	$ 592.31
47000	00	BIOPSY LIVER NEE	SURGERY - DIGESTIVE	NonFacility	$ 531.91
47001	00	BX LIVER NDLE; D	SURGERY - DIGESTIVE	NonFacility	$ 169.58
47010	00	HEPATOTOMY OPN D	SURGERY - DIGESTIVE	NonFacility	$ 1918.41
47011	00	HEPATOTOMY PRQ D	SURGERY - DIGESTIVE	NonFacility	$ 323.91
47015	00	LAPT W/ASPIR&/NJ	SURGERY - DIGESTIVE	NonFacility	$ 1833.01
47100	00	BIOPSY LIVER WED	SURGERY - DIGESTIVE	NonFacility	$ 1329.78
47120	00	HEPATECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 3731.31
47122	00	HEPATECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 5538.08
47125	00	HEPATECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 4956.76
47130	00	HEPATECTOMY RESC	SURGERY - DIGESTIVE	NonFacility	$ 5324.60
47135	00	LIVER ALLOTRANSP	SURGERY - DIGESTIVE	NonFacility	$ 7866.41
47136	00	LIVER ALLOTRANSP	SURGERY - DIGESTIVE	NonFacility	$ 6720.86
47140	00	DONOR HEPATECTOM	SURGERY - DIGESTIVE	NonFacility	$ 5689.37
47141	00	DONOR HEPATECTOM	SURGERY - DIGESTIVE	NonFacility	$ 6321.92
47142	00	DONOR HEPATECTOM	SURGERY - DIGESTIVE	NonFacility	$ 7526.04
47143	00	BKBENCH PREP CAD	SURGERY - DIGESTIVE	NonFacility	$ 522.38
47144	00	BKBENCH PREPJ CA	SURGERY - DIGESTIVE	NonFacility	$ 773.02
47145	00	BKBENCH PREPJ CA	SURGERY - DIGESTIVE	NonFacility	$ 763.49
47146	00	BKBENCH RCNSTJ L	SURGERY - DIGESTIVE	NonFacility	$ 538.62
47147	00	BACKBENCH RECONS	SURGERY - DIGESTIVE	NonFacility	$ 627.67
47300	00	MARSUPIALIZATION	SURGERY - DIGESTIVE	NonFacility	$ 1795.20
47350	00	MGMT LIVER HEMOR	SURGERY - DIGESTIVE	NonFacility	$ 2187.41
47360	00	MGMT LIVER HEMOR	SURGERY - DIGESTIVE	NonFacility	$ 2985.90
47361	00	MGMT LIVER HEMOR	SURGERY - DIGESTIVE	NonFacility	$ 4871.98
47362	00	MGMT LIVER HEMOR	SURGERY - DIGESTIVE	NonFacility	$ 2284.41
47370	00	LAPS SURG ABLTJ	SURGERY - DIGESTIVE	NonFacility	$ 1986.12
47371	00	LAPS SURG ABLTJ	SURGERY - DIGESTIVE	NonFacility	$ 2025.77
47380	00	ABLTJ OPN 1/> LV	SURGERY - DIGESTIVE	NonFacility	$ 2322.22
47381	00	ABLTJ OPN 1/> LV	SURGERY - DIGESTIVE	NonFacility	$ 2385.67
47382	00	ABLTJ 1/> LVR TU	SURGERY - DIGESTIVE	NonFacility	$ 7187.49
47400	00	HEPATICOTOMY W/E	SURGERY - DIGESTIVE	NonFacility	$ 3448.27
47420	00	CHOLEDOCH W/EXPL	SURGERY - DIGESTIVE	NonFacility	$ 2140.45
47425	00	CHOLEDOCHOTOMY;	SURGERY - DIGESTIVE	NonFacility	$ 2168.51
47460	00	TRANSDUOL SPHINC	SURGERY - DIGESTIVE	NonFacility	$ 2044.68
47480	00	CHOLECYSTOTOMY W	SURGERY - DIGESTIVE	NonFacility	$ 1368.21
47490	00	CHOLECYSTOSTOMY	SURGERY - DIGESTIVE	NonFacility	$ 860.70
47500	00	INJECTION PX PRQ	SURGERY - DIGESTIVE	NonFacility	$ 172.63
47505	00	INJ PX CHOLANGIO	SURGERY - DIGESTIVE	NonFacility	$ 66.49
47510	00	INTRO PERQ TRANS	SURGERY - DIGESTIVE	NonFacility	$ 817.39
47511	00	INTRO TRANSHEPAT	SURGERY - DIGESTIVE	NonFacility	$ 1019.30
47525	00	CHANGE PRQ BILIA	SURGERY - DIGESTIVE	NonFacility	$ 817.39
47530	00	REV &OR REINSERT	SURGERY - DIGESTIVE	NonFacility	$ 2288.67

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
47550	00	BILIARY NDSC INT	SURGERY - DIGESTIVE	NonFacility	$ 271.44
47552	00	BILIARY NDSC PRQ	SURGERY - DIGESTIVE	NonFacility	$ 553.26
47553	00	BILIARY NDSC PRQ	SURGERY - DIGESTIVE	NonFacility	$ 555.08
47554	00	BILIARY ENDOSCOP	SURGERY - DIGESTIVE	NonFacility	$ 833.24
47555	00	BILIARY NDSC PRQ	SURGERY - DIGESTIVE	NonFacility	$ 661.84
47556	00	BILI ENDO; W/DIL	SURGERY - DIGESTIVE	NonFacility	$ 750.29
47560	00	LAP SURG; W/TRNS	SURGERY - DIGESTIVE	NonFacility	$ 439.80
47561	00	LAP SURG; W/TRNS	SURGERY - DIGESTIVE	NonFacility	$ 478.84
47562	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 1182.16
47563	00	LAPS SURG CHOLEC	SURGERY - DIGESTIVE	NonFacility	$ 1202.28
47564	00	LAPS SURG CHOLEC	SURGERY - DIGESTIVE	NonFacility	$ 1382.23
47570	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 1233.40
47600	00	CHOLECYSTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1711.01
47605	00	CHOLECYSTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1563.40
47610	00	CHOLECYSTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2006.25
47612	00	CHOLECYSTECTOMY	SURGERY - DIGESTIVE	NonFacility	$ 2027.61
47620	00	CHOLEY; W/TRANSD	SURGERY - DIGESTIVE	NonFacility	$ 2199.62
47630	00	BILIARY DUCT STO	SURGERY - DIGESTIVE	NonFacility	$ 943.65
47700	00	EXPL CONGENITAL	SURGERY - DIGESTIVE	NonFacility	$ 1667.10
47701	00	PORTOENETEROSTOM	SURGERY - DIGESTIVE	NonFacility	$ 2834.00
47711	00	EXC BILE DUX TUM	SURGERY - DIGESTIVE	NonFacility	$ 2490.58
47712	00	EXC BILE DUX TUM	SURGERY - DIGESTIVE	NonFacility	$ 3195.12
47715	00	EXCISION CHOLEDO	SURGERY - DIGESTIVE	NonFacility	$ 2103.86
47720	00	CHOLECYSTOENTERO	SURGERY - DIGESTIVE	NonFacility	$ 1817.15
47721	00	CHOLECYSTOENTERO	SURGERY - DIGESTIVE	NonFacility	$ 2144.11
47740	00	CHOLECYSTOENTERO	SURGERY - DIGESTIVE	NonFacility	$ 2073.35
47741	00	CHOLECYSTOENTERO	SURGERY - DIGESTIVE	NonFacility	$ 2343.58
47760	00	ANAST XTRHEPATC	SURGERY - DIGESTIVE	NonFacility	$ 3580.02
47765	00	ANAST INTRAHEPAT	SURGERY - DIGESTIVE	NonFacility	$ 4800.00
47780	00	ANAST ROUX-EN-Y	SURGERY - DIGESTIVE	NonFacility	$ 3929.54
47785	00	ANAST ROUX-EN-Y	SURGERY - DIGESTIVE	NonFacility	$ 5153.79
47800	00	RCNSTJ PLSTC BIL	SURGERY - DIGESTIVE	NonFacility	$ 2519.25
47801	00	PLACEMENT CHOLED	SURGERY - DIGESTIVE	NonFacility	$ 1717.73
47802	00	U-TUBE HEPATICOE	SURGERY - DIGESTIVE	NonFacility	$ 2423.48
47900	00	SUTURE EXTRAHEPA	SURGERY - DIGESTIVE	NonFacility	$ 2178.27
48000	00	PLACE DRAIN PERI	SURGERY - DIGESTIVE	NonFacility	$ 2989.55
48001	00	PLACE DRAIN PERI	SURGERY - DIGESTIVE	NonFacility	$ 3708.73
48020	00	REMOVAL PANCREAT	SURGERY - DIGESTIVE	NonFacility	$ 1870.83
48100	00	BIOPSY PANCREAS	SURGERY - DIGESTIVE	NonFacility	$ 1412.13
48102	00	BIOPSY PANCREA P	SURGERY - DIGESTIVE	NonFacility	$ 868.62
48105	00	RESECJ/DBRDMT PA	SURGERY - DIGESTIVE	NonFacility	$ 4578.57
48120	00	EXCISION LESION	SURGERY - DIGESTIVE	NonFacility	$ 1768.36
48140	00	PANCREATECT; W/O	SURGERY - DIGESTIVE	NonFacility	$ 2502.18
48145	00	PANCREATECTOMY;	SURGERY - DIGESTIVE	NonFacility	$ 2601.60
48146	00	PANCREATECT DIST	SURGERY - DIGESTIVE	NonFacility	$ 2969.42
48148	00	EXCISION AMPULLA	SURGERY - DIGESTIVE	NonFacility	$ 1977.58
48150	00	PANCREATECTMY W/	SURGERY - DIGESTIVE	NonFacility	$ 4990.31
48152	00	PNCREATEC TOT DU	SURGERY - DIGESTIVE	NonFacility	$ 4620.05
48153	00	PANCREATEC W/NEA	SURGERY - DIGESTIVE	NonFacility	$ 4981.78
48154	00	PNCREATECT W/NEA	SURGERY - DIGESTIVE	NonFacility	$ 4633.48
48155	00	PANCREATECTOMY T	SURGERY - DIGESTIVE	NonFacility	$ 2884.02
48160	00	PANCREATECTOMY W	SURGERY - DIGESTIVE	NonFacility	$ 5017.76
48400	00	INJECTION INTRAO	SURGERY - DIGESTIVE	NonFacility	$ 178.12

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
48500	00	MARSUPIALIZATION	SURGERY - DIGESTIVE	NonFacility	$ 1811.67
48510	00	XTRNL DRG PSEUDO	SURGERY - DIGESTIVE	NonFacility	$ 1718.34
48511	00	XTRNL DRG PSEUDO	SURGERY - DIGESTIVE	NonFacility	$ 1490.81
48520	00	INT ANAST PANCRE	SURGERY - DIGESTIVE	NonFacility	$ 1747.01
48540	00	INT ANAST PANCRE	SURGERY - DIGESTIVE	NonFacility	$ 2086.77
48545	00	PANCREATORRHAPHY	SURGERY - DIGESTIVE	NonFacility	$ 2130.69
48547	00	DUOD EXCLU W/GAS	SURGERY - DIGESTIVE	NonFacility	$ 2859.62
48548	00	PANCREATICOJEJUN	SURGERY - DIGESTIVE	NonFacility	$ 2666.25
48551	00	BKBENCH PREPJ CA	SURGERY - DIGESTIVE	NonFacility	$ 367.30
48552	00	BACKBNCH RECONST	SURGERY - DIGESTIVE	NonFacility	$ 387.34
48554	00	TRANSPLANTATION	SURGERY - DIGESTIVE	NonFacility	$ 4004.58
48556	00	RMVL TRANSPLANTE	SURGERY - DIGESTIVE	NonFacility	$ 1996.49
49000	00	EXPLORATORY LAPA	SURGERY - DIGESTIVE	NonFacility	$ 1235.23
49002	00	REOPENING RECENT	SURGERY - DIGESTIVE	NonFacility	$ 1661.61
49010	00	EXPL RETROPERITO	SURGERY - DIGESTIVE	NonFacility	$ 1535.34
49020	00	DRG PERITONEAL A	SURGERY - DIGESTIVE	NonFacility	$ 2549.76
49021	00	DRG PERITONEAL A	SURGERY - DIGESTIVE	NonFacility	$ 1421.89
49040	00	DRG SUBDIAPHRAGM	SURGERY - DIGESTIVE	NonFacility	$ 1601.21
49041	00	DRG SUBDIAPHRAGM	SURGERY - DIGESTIVE	NonFacility	$ 1457.26
49060	00	DRG RETROPERITON	SURGERY - DIGESTIVE	NonFacility	$ 1784.21
49061	00	DRG RETROPERITON	SURGERY - DIGESTIVE	NonFacility	$ 1431.04
49062	00	DRG XTRAPERITONE	SURGERY - DIGESTIVE	NonFacility	$ 1201.68
49082	00	ABDOM PARACENTES	SURGERY - DIGESTIVE	NonFacility	$ 294.02
49083	00	ABDOM PARACENTES	SURGERY - DIGESTIVE	NonFacility	$ 554.47
49084	00	PERITONEAL LAVAG	SURGERY - DIGESTIVE	NonFacility	$ 176.28
49180	00	BX ABDL/RETROPER	SURGERY - DIGESTIVE	NonFacility	$ 270.84
49203	00	EXCISION/DESTRUC	SURGERY - DIGESTIVE	NonFacility	$ 1929.39
49204	00	EXC/DESTRUCTION	SURGERY - DIGESTIVE	NonFacility	$ 2461.30
49205	00	EXC/DESTRUCTION	SURGERY - DIGESTIVE	NonFacility	$ 2825.46
49215	00	EXC PRESAC/SACRO	SURGERY - DIGESTIVE	NonFacility	$ 3537.94
49220	00	STAGING LAPAROTO	SURGERY - DIGESTIVE	NonFacility	$ 1550.59
49250	00	UMBILECTOMY OMPH	SURGERY - DIGESTIVE	NonFacility	$ 922.31
49255	00	OMENTECTOMY EPIP	SURGERY - DIGESTIVE	NonFacility	$ 1257.80
49320	00	LAPS ABD PRTM&OM	SURGERY - DIGESTIVE	NonFacility	$ 525.21
49321	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 554.47
49322	00	LAPS SURG W/ASPI	SURGERY - DIGESTIVE	NonFacility	$ 599.01
49323	00	LAP SUR; W/DRN L	SURGERY - DIGESTIVE	NonFacility	$ 1027.22
49324	00	LAPS INSERTION T	SURGERY - DIGESTIVE	NonFacility	$ 632.55
49325	00	LAPS W/REVISION	SURGERY - DIGESTIVE	NonFacility	$ 677.09
49326	00	LAPAROSCOPY W/OM	SURGERY - DIGESTIVE	NonFacility	$ 309.87
49327	00	LAPS W/INSERTION	SURGERY - DIGESTIVE	NonFacility	$ 237.29
49400	00	INJECTION AIR/CO	SURGERY - DIGESTIVE	NonFacility	$ 286.08
49402	00	REMOVAL PERITONE	SURGERY - DIGESTIVE	NonFacility	$ 1366.37
49411	00	INTERSTITIAL DEV	SURGERY - DIGESTIVE	NonFacility	$ 850.94
49412	00	PLMT INTRSTL DEV	SURGERY - DIGESTIVE	NonFacility	$ 148.23
49418	00	INSJ INTRAPERITO	SURGERY - DIGESTIVE	NonFacility	$ 2727.26
49419	00	INSERTION TUNNEL	SURGERY - DIGESTIVE	NonFacility	$ 714.91
49421	00	INSERTION TUNNEL	SURGERY - DIGESTIVE	NonFacility	$ 617.91
49422	00	REMOVAL TUNNELED	SURGERY - DIGESTIVE	NonFacility	$ 620.97
49423	00	EXCHNG ABSC/CYST	SURGERY - DIGESTIVE	NonFacility	$ 898.52
49424	00	CONTRST INJ ABSC	SURGERY - DIGESTIVE	NonFacility	$ 243.38
49425	00	INSERTION PERITO	SURGERY - DIGESTIVE	NonFacility	$ 1223.02
49426	00	REVIS PERITONEAL	SURGERY - DIGESTIVE	NonFacility	$ 1032.71

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
49427	00	INJECT EVALUATE	SURGERY - DIGESTIVE	NonFacility	$ 78.70
49428	00	LIGATION PERITON	SURGERY - DIGESTIVE	NonFacility	$ 702.71
49429	00	RMVL PERITONEAL-	SURGERY - DIGESTIVE	NonFacility	$ 731.38
49435	00	INSJ SUBQ EXTENS	SURGERY - DIGESTIVE	NonFacility	$ 197.03
49436	00	DELAYED CREATION	SURGERY - DIGESTIVE	NonFacility	$ 297.06
49440	00	INSERT GASTROSTO	SURGERY - DIGESTIVE	NonFacility	$ 1738.47
49441	00	INSERT DUODENOST	SURGERY - DIGESTIVE	NonFacility	$ 1895.84
49442	00	INSERT CECOSTOMY	SURGERY - DIGESTIVE	NonFacility	$ 1655.51
49446	00	CONVERT GASTROST	SURGERY - DIGESTIVE	NonFacility	$ 1592.68
49450	00	REPLACE GASTROST	SURGERY - DIGESTIVE	NonFacility	$ 1160.81
49451	00	REPLACE DUODENOS	SURGERY - DIGESTIVE	NonFacility	$ 1140.06
49452	00	REPLACEMENT GAST	SURGERY - DIGESTIVE	NonFacility	$ 1428.59
49460	00	OBSTRUCTIVE MATE	SURGERY - DIGESTIVE	NonFacility	$ 1271.21
49465	00	CONTRAST INJECTI	SURGERY - DIGESTIVE	NonFacility	$ 273.89
49491	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 1248.04
49492	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 1490.81
49495	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 634.39
49496	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 971.11
49500	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 631.94
49501	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 950.97
49505	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 819.21
49507	00	RPR 1ST INGUN HR	SURGERY - DIGESTIVE	NonFacility	$ 1009.54
49520	00	RPR RECRT INGUIN	SURGERY - DIGESTIVE	NonFacility	$ 1000.39
49521	00	RPR RECRT INGUN	SURGERY - DIGESTIVE	NonFacility	$ 1218.76
49525	00	RPR INGUN HERNIA	SURGERY - DIGESTIVE	NonFacility	$ 905.22
49540	00	REPAIR LUMBAR HE	SURGERY - DIGESTIVE	NonFacility	$ 1070.53
49550	00	RPR 1ST FEM HRNA	SURGERY - DIGESTIVE	NonFacility	$ 910.71
49553	00	RPR 1ST FEM HERN	SURGERY - DIGESTIVE	NonFacility	$ 997.94
49555	00	RPR RECRT FEM HE	SURGERY - DIGESTIVE	NonFacility	$ 947.91
49557	00	RPR RECRT FEM HR	SURGERY - DIGESTIVE	NonFacility	$ 1150.43
49560	00	REPR INIT INCS/V	SURGERY - DIGESTIVE	NonFacility	$ 1173.01
49561	00	RPR 1ST INCAL/VN	SURGERY - DIGESTIVE	NonFacility	$ 1484.11
49565	00	RPR RECRT INCAL/	SURGERY - DIGESTIVE	NonFacility	$ 1220.59
49566	00	RPR RECRT INCAL/	SURGERY - DIGESTIVE	NonFacility	$ 1499.95
49568	00	IMPLANT MESH OPN	SURGERY - DIGESTIVE	NonFacility	$ 437.98
49570	00	RPR EPIGASTRIC H	SURGERY - DIGESTIVE	NonFacility	$ 648.42
49572	00	RPR EPIGASTRIC H	SURGERY - DIGESTIVE	NonFacility	$ 807.02
49580	00	RPR UMBILICAL HE	SURGERY - DIGESTIVE	NonFacility	$ 525.21
49582	00	RPR UMBILICAL HE	SURGERY - DIGESTIVE	NonFacility	$ 751.50
49585	00	RPR UMBILICAL HR	SURGERY - DIGESTIVE	NonFacility	$ 695.39
49587	00	RPR UMBILICAL HE	SURGERY - DIGESTIVE	NonFacility	$ 824.70
49590	00	RPR SPIGELIAN HE	SURGERY - DIGESTIVE	NonFacility	$ 903.40
49600	00	RPR SMALL OMPHAL	SURGERY - DIGESTIVE	NonFacility	$ 1166.30
49605	00	RPR LG OMPHALOCE	SURGERY - DIGESTIVE	NonFacility	$ 8060.99
49606	00	REPR LG OMPHALOC	SURGERY - DIGESTIVE	NonFacility	$ 1815.33
49610	00	REPAIR OF OMPHAL	SURGERY - DIGESTIVE	NonFacility	$ 1094.32
49611	00	REPAIR OF OMPHAL	SURGERY - DIGESTIVE	NonFacility	$ 913.77
49650	00	LAPAROSCOPY SURG	SURGERY - DIGESTIVE	NonFacility	$ 670.37
49651	00	LAPS SURG RPR RE	SURGERY - DIGESTIVE	NonFacility	$ 872.89
49652	00	LAPS REPAIR HERN	SURGERY - DIGESTIVE	NonFacility	$ 1185.82
49653	00	LAP RPR HRNA XCP	SURGERY - DIGESTIVE	NonFacility	$ 1485.93
49654	00	LAPAROSCOPY REPA	SURGERY - DIGESTIVE	NonFacility	$ 1363.94
49655	00	LAPS RPR INCISIO	SURGERY - DIGESTIVE	NonFacility	$ 1642.09

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
49656	00	LAPS RPR RECURRE	SURGERY - DIGESTIVE	NonFacility	$ 1368.21
49657	00	LAPS RPR RECURRE	SURGERY - DIGESTIVE	NonFacility	$ 1972.09
49900	00	SEC ABDOMINAL WA	SURGERY - DIGESTIVE	NonFacility	$ 1291.35
49904	00	OMENTAL FLAP EXT	SURGERY - DIGESTIVE	NonFacility	$ 2382.62
49905	00	OMENTAL FLAP INT	SURGERY - DIGESTIVE	NonFacility	$ 581.32
49906	00	FREE OMENTAL FLA	SURGERY - DIGESTIVE	NonFacility	$ 6560.47
50010	00	RENL EXPL NOT NE	SURGERY - URINARY	NonFacility	$ 1234.01
50020	00	DRAINAGE PERIREN	SURGERY - URINARY	NonFacility	$ 1757.99
50021	00	DRAINAGE PERIREN	SURGERY - URINARY	NonFacility	$ 1497.52
50040	00	NEPHROSTOMY/NEPH	SURGERY - URINARY	NonFacility	$ 1617.69
50045	00	NEPHROTOMY W/EXP	SURGERY - URINARY	NonFacility	$ 1621.35
50060	00	NEPHROLITHOTOMY	SURGERY - URINARY	NonFacility	$ 1998.33
50065	00	NEPHROLITHOTOMY	SURGERY - URINARY	NonFacility	$ 2101.41
50070	00	NEPHROLITH; COMP	SURGERY - URINARY	NonFacility	$ 2086.16
50075	00	NEPHROLITHOTOMY	SURGERY - URINARY	NonFacility	$ 2563.78
50080	00	PRQ NEPHROSTOLIT	SURGERY - URINARY	NonFacility	$ 1526.80
50081	00	PERQ NEPHROSTOLI	SURGERY - URINARY	NonFacility	$ 2244.14
50100	00	TRNSXJ/REPOSITIO	SURGERY - URINARY	NonFacility	$ 1734.20
50120	00	PYELOTOMY W/EXPL	SURGERY - URINARY	NonFacility	$ 1654.28
50125	00	PYELOTOMY W/DRAI	SURGERY - URINARY	NonFacility	$ 1729.93
50130	00	PYELOTOMY W/REMO	SURGERY - URINARY	NonFacility	$ 1811.06
50135	00	PYELOTOMY COMPLI	SURGERY - URINARY	NonFacility	$ 1962.33
50200	00	RENAL BIOPSY PRQ	SURGERY - URINARY	NonFacility	$ 908.89
50205	00	RENAL BIOPSY SUR	SURGERY - URINARY	NonFacility	$ 1214.49
50220	00	NEPHRECTOMY W/PR	SURGERY - URINARY	NonFacility	$ 1804.96
50225	00	NEPHRECTOMY W/PR	SURGERY - URINARY	NonFacility	$ 2081.27
50230	00	NEPHRECTOMY W/PR	SURGERY - URINARY	NonFacility	$ 2245.36
50234	00	NEPHRECTOMY W/TO	SURGERY - URINARY	NonFacility	$ 2278.30
50236	00	NEPHRECTOMY TOT	SURGERY - URINARY	NonFacility	$ 2573.54
50240	00	NEPHRECTOMY PART	SURGERY - URINARY	NonFacility	$ 2318.57
50250	00	OPEN ABLATION RE	SURGERY - URINARY	NonFacility	$ 2146.55
50280	00	EXCISION/UNROOFI	SURGERY - URINARY	NonFacility	$ 1659.16
50290	00	EXCISION PERINEP	SURGERY - URINARY	NonFacility	$ 1522.54
50300	00	DONOR NEPHRECTOM	SURGERY - URINARY	NonFacility	$ 1650.93
50320	00	DONOR NEPHRECTOM	SURGERY - URINARY	NonFacility	$ 2327.72
50323	00	BKBENCH PREPJ CA	SURGERY - URINARY	NonFacility	$ 311.06
50325	00	BKBENCH PREPJ LI	SURGERY - URINARY	NonFacility	$ 313.89
50327	00	BKBENCH RCNSTJ R	SURGERY - URINARY	NonFacility	$ 358.06
50328	00	BKBENCH RCNSTJ R	SURGERY - URINARY	NonFacility	$ 313.54
50329	00	BKBENCH RCNSTJ A	SURGERY - URINARY	NonFacility	$ 298.90
50340	00	RECIPIENT NEPHRE	SURGERY - URINARY	NonFacility	$ 1481.66
50360	00	RENAL ALTRNSPLJ	SURGERY - URINARY	NonFacility	$ 4076.56
50365	00	RENAL ALTRNSPLJ	SURGERY - URINARY	NonFacility	$ 4588.33
50370	00	RMVL TRNSPLED RE	SURGERY - URINARY	NonFacility	$ 1901.95
50380	00	RENAL AUTOTRNSPL	SURGERY - URINARY	NonFacility	$ 3224.40
50382	00	RMVL&RPLCMT INTL	SURGERY - URINARY	NonFacility	$ 2072.13
50384	00	REMOVAL INDWELLI	SURGERY - URINARY	NonFacility	$ 1761.65
50385	00	REMOVE & REPLACE	SURGERY - URINARY	NonFacility	$ 2027.00
50386	00	REMOVE INT DWELL	SURGERY - URINARY	NonFacility	$ 1318.79
50387	00	RMVL&RPLCMT XTRN	SURGERY - URINARY	NonFacility	$ 957.67
50389	00	RMVL NFROS TUBE	SURGERY - URINARY	NonFacility	$ 544.12
50390	00	ASPIR&/NJX RNL C	SURGERY - URINARY	NonFacility	$ 171.40
50391	00	INSTLJ THER AGEN	SURGERY - URINARY	NonFacility	$ 219.59

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
50392	00	INTRO INTRACATH-	SURGERY - URINARY	NonFacility	$ 314.75
50393	00	INTRO URETER CAT	SURGERY - URINARY	NonFacility	$ 383.07
50394	00	INJECTION PROCED	SURGERY - URINARY	NonFacility	$ 172.01
50395	00	INTRO GUIDE PELV	SURGERY - URINARY	NonFacility	$ 317.20
50396	00	MANOMETRIC STUDI	SURGERY - URINARY	NonFacility	$ 204.34
50398	00	CHANGE NEPHROSTO	SURGERY - URINARY	NonFacility	$ 860.70
50400	00	PYELOPLASTY SIMP	SURGERY - URINARY	NonFacility	$ 2022.73
50405	00	PYELOPLASTY COMP	SURGERY - URINARY	NonFacility	$ 2445.44
50500	00	NEPHRORRHAPHY SU	SURGERY - URINARY	NonFacility	$ 2081.27
50520	00	CLOSURE NEPHROCU	SURGERY - URINARY	NonFacility	$ 1803.73
50525	00	CLSR NEPHROVISCE	SURGERY - URINARY	NonFacility	$ 2424.10
50526	00	CLSR NEPHROVISCE	SURGERY - URINARY	NonFacility	$ 2374.07
50540	00	SYMPHYSIOTOMY HO	SURGERY - URINARY	NonFacility	$ 1984.90
50541	00	LAPAROSCOPY SURG	SURGERY - URINARY	NonFacility	$ 1613.42
50542	00	LAPS ABLTJ RENAL	SURGERY - URINARY	NonFacility	$ 2047.73
50543	00	LAPAROSCOPY SURG	SURGERY - URINARY	NonFacility	$ 2613.79
50544	00	LAPAROSCOPY SURG	SURGERY - URINARY	NonFacility	$ 2194.74
50545	00	LAPAROSCOPY RADI	SURGERY - URINARY	NonFacility	$ 2360.04
50546	00	LAPAROSCOPY NEPH	SURGERY - URINARY	NonFacility	$ 2099.59
50547	00	LAPAROSCOPY DONO	SURGERY - URINARY	NonFacility	$ 2620.51
50548	00	LAPAROSCOPY NEPH	SURGERY - URINARY	NonFacility	$ 2374.07
50551	00	RENAL ENDOSCOPY	SURGERY - URINARY	NonFacility	$ 634.39
50553	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 669.76
50555	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 723.44
50557	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 737.47
50561	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 837.51
50562	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 1029.06
50570	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 871.07
50572	00	RNL NDSC NFROT W	SURGERY - URINARY	NonFacility	$ 943.65
50574	00	RENAL NDSC NEPHR	SURGERY - URINARY	NonFacility	$ 1002.82
50575	00	RNL NDSC NFROT/P	SURGERY - URINARY	NonFacility	$ 1267.56
50576	00	RNL NDSC NFROT F	SURGERY - URINARY	NonFacility	$ 1000.39
50580	00	RNL NDSC NFROT/P	SURGERY - URINARY	NonFacility	$ 1073.57
50590	00	LITHOTRIPSY XTRC	SURGERY - URINARY	NonFacility	$ 1582.30
50592	00	ABLTJ 1/> RENAL	SURGERY - URINARY	NonFacility	$ 5702.79
50593	00	ABLATION RENAL T	SURGERY - URINARY	NonFacility	$ 7593.75
50600	00	URTROTOMY W/EXPL	SURGERY - URINARY	NonFacility	$ 1637.82
50605	00	URETEROTOMY INSE	SURGERY - URINARY	NonFacility	$ 1628.67
50610	00	URTROLITHOTOMY U	SURGERY - URINARY	NonFacility	$ 1656.12
50620	00	URTROLITHOTOMY M	SURGERY - URINARY	NonFacility	$ 1583.53
50630	00	URTROLITHOTOMY L	SURGERY - URINARY	NonFacility	$ 1547.55
50650	00	URETRECECTOMY W/	SURGERY - URINARY	NonFacility	$ 1810.45
50660	00	URETERECTOMY TOT	SURGERY - URINARY	NonFacility	$ 1997.72
50684	00	INJ PX URETEROGR	SURGERY - URINARY	NonFacility	$ 295.23
50686	00	MANOMETRIC STUDI	SURGERY - URINARY	NonFacility	$ 182.39
50688	00	CHNG URTROST TUB	SURGERY - URINARY	NonFacility	$ 137.85
50690	00	INJ PROC-VISUALI	SURGERY - URINARY	NonFacility	$ 167.75
50700	00	URETEROPLASTY PL	SURGERY - URINARY	NonFacility	$ 1616.47
50715	00	URETEROLYSIS W/W	SURGERY - URINARY	NonFacility	$ 1959.29
50722	00	URETEROLYSIS FOR	SURGERY - URINARY	NonFacility	$ 1728.10
50725	00	URETEROLYSIS W/R	SURGERY - URINARY	NonFacility	$ 1901.34
50727	00	REVJ URINARY-CUT	SURGERY - URINARY	NonFacility	$ 874.12
50728	00	REVIS URIN-CUT A	SURGERY - URINARY	NonFacility	$ 1202.89

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
50740	00	URETEROPYELOSTOM	SURGERY - URINARY	NonFacility	$ 1992.84
50750	00	URETEROCALYCOSTO	SURGERY - URINARY	NonFacility	$ 2028.20
50760	00	URETEROURETEROST	SURGERY - URINARY	NonFacility	$ 1931.83
50770	00	TRANSURETEROURET	SURGERY - URINARY	NonFacility	$ 1976.97
50780	00	URETERONEOCYSTOS	SURGERY - URINARY	NonFacility	$ 1917.20
50782	00	URETERONEOCYSTOS	SURGERY - URINARY	NonFacility	$ 1962.33
50783	00	URETERONEOCYSTOS	SURGERY - URINARY	NonFacility	$ 1952.57
50785	00	URETERONEOCYSTOS	SURGERY - URINARY	NonFacility	$ 2115.44
50800	00	URETEROENTEROSTO	SURGERY - URINARY	NonFacility	$ 1609.15
50810	00	URETEROSIGMOIDOS	SURGERY - URINARY	NonFacility	$ 2251.47
50815	00	URETEROCOLON CON	SURGERY - URINARY	NonFacility	$ 2136.79
50820	00	URETEROILEAL CON	SURGERY - URINARY	NonFacility	$ 2286.24
50825	00	CONTINENT DIVERS	SURGERY - URINARY	NonFacility	$ 2895.01
50830	00	URINARY UNIDIVER	SURGERY - URINARY	NonFacility	$ 3135.35
50840	00	RPLCMT ALL/PART	SURGERY - URINARY	NonFacility	$ 2152.05
50845	00	CUTANANEOUS APPE	SURGERY - URINARY	NonFacility	$ 2181.92
50860	00	URETEROSTOMY TRA	SURGERY - URINARY	NonFacility	$ 1647.58
50900	00	URETERORRHAPHY S	SURGERY - URINARY	NonFacility	$ 1459.70
50920	00	CLOSURE URETEROC	SURGERY - URINARY	NonFacility	$ 1540.22
50930	00	CLOSURE URETEROC	SURGERY - URINARY	NonFacility	$ 1983.08
50940	00	DELIGATION URETE	SURGERY - URINARY	NonFacility	$ 1542.06
50945	00	LAPAROSCOPY URTR	SURGERY - URINARY	NonFacility	$ 1706.74
50947	00	LAP SURG; URETER	SURGERY - URINARY	NonFacility	$ 2414.95
50948	00	LAP SURG; URETER	SURGERY - URINARY	NonFacility	$ 2246.59
50951	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 662.45
50953	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 700.88
50955	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 768.59
50957	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 753.95
50961	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 680.13
50970	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 656.34
50972	00	NDSC URETEROTOMY	SURGERY - URINARY	NonFacility	$ 633.17
50974	00	URETERAL ENDOSCO	SURGERY - URINARY	NonFacility	$ 838.12
50976	00	URETERAL ENDOSC	SURGERY - URINARY	NonFacility	$ 824.70
50980	00	NDSC URETEROTOMY	SURGERY - URINARY	NonFacility	$ 630.73
51020	00	CYSTOTOMY/CYSTOS	SURGERY - URINARY	NonFacility	$ 814.94
51030	00	CYSTOTOMY; W/CRY	SURGERY - URINARY	NonFacility	$ 800.30
51040	00	CYSTOSTOMY CYSTO	SURGERY - URINARY	NonFacility	$ 503.85
51045	00	CYSTOTOMY W/INSJ	SURGERY - URINARY	NonFacility	$ 828.97
51050	00	CYSTOLITHOTOMY C	SURGERY - URINARY	NonFacility	$ 823.48
51060	00	TRANSVESICAL URE	SURGERY - URINARY	NonFacility	$ 1015.03
51065	00	CYSTOTOMY W/CALC	SURGERY - URINARY	NonFacility	$ 1008.31
51080	00	DRAINAGE PERIVES	SURGERY - URINARY	NonFacility	$ 706.37
51100	00	ASPIRATION BLADD	SURGERY - URINARY	NonFacility	$ 104.92
51101	00	ASPIRATION BLADD	SURGERY - URINARY	NonFacility	$ 212.28
51102	00	ASPIRATION BLADD	SURGERY - URINARY	NonFacility	$ 396.49
51500	00	EXC URACHAL CYST	SURGERY - URINARY	NonFacility	$ 1080.29
51520	00	CYSTOTOMY SIMPLE	SURGERY - URINARY	NonFacility	$ 1023.57
51525	00	CYSTOTOMY EXCISE	SURGERY - URINARY	NonFacility	$ 1503.63
51530	00	CYSTOTOMY EXCISI	SURGERY - URINARY	NonFacility	$ 1351.73
51535	00	CYSTOTOMY EXCISE	SURGERY - URINARY	NonFacility	$ 1348.07
51550	00	CYSTECTOMY PARTI	SURGERY - URINARY	NonFacility	$ 1669.54
51555	00	CYSTECTOMY PARTI	SURGERY - URINARY	NonFacility	$ 2206.32
51565	00	CYSTECTOMY PART	SURGERY - URINARY	NonFacility	$ 2249.63

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
51570	00	CYSTECTOMY COMPL	SURGERY - URINARY	NonFacility	$ 2573.54
51575	00	CYSTECTOMY W/BI	SURGERY - URINARY	NonFacility	$ 3200.61
51580	00	CYSTECTOMY W/URE	SURGERY - URINARY	NonFacility	$ 3333.58
51585	00	CYSTECTOMY W/URE	SURGERY - URINARY	NonFacility	$ 3712.99
51590	00	CYSTECT CMPL CON	SURGERY - URINARY	NonFacility	$ 3391.53
51595	00	CYSTECT CMPL CON	SURGERY - URINARY	NonFacility	$ 3849.03
51596	00	CYSTECT CMPL W/C	SURGERY - URINARY	NonFacility	$ 4136.33
51597	00	PELVIC EXENTERAT	SURGERY - URINARY	NonFacility	$ 4008.24
51600	00	INJ PROC-CYSTOGR	SURGERY - URINARY	NonFacility	$ 318.42
51605	00	NJX&PLMT CHAIN C	SURGERY - URINARY	NonFacility	$ 66.49
51610	00	NJX RETROGRADE U	SURGERY - URINARY	NonFacility	$ 186.04
51700	00	BLDR IRRIGATION	SURGERY - URINARY	NonFacility	$ 146.39
51701	00	INSJ NON-NDWELLG	SURGERY - URINARY	NonFacility	$ 100.65
51702	00	INSJ TEMP NDWELL	SURGERY - URINARY	NonFacility	$ 128.70
51703	00	INSJ TEMP NDWELL	SURGERY - URINARY	NonFacility	$ 234.84
51705	00	CHANGE CYSTOSTOM	SURGERY - URINARY	NonFacility	$ 189.70
51710	00	CHANGE CYSTOSTOM	SURGERY - URINARY	NonFacility	$ 265.35
51715	00	ENDO INJ IMPLNT	SURGERY - URINARY	NonFacility	$ 500.81
51720	00	BLADDER INSTILLA	SURGERY - URINARY	NonFacility	$ 195.19
51725	00	SIMPLE CYSTOMETR	SURGERY - URINARY	NonFacility	$ 361.12
51725	26	SIMPLE CYSTOMETR	SURGERY - URINARY	NonFacility	$ 132.38
51725	TC	SIMPLE CYSTOMETR	SURGERY - URINARY	NonFacility	$ 228.74
51726	00	BLADDER PRESSURE	SURGERY - URINARY	NonFacility	$ 528.25
51726	26	BLADDER PRESSURE	SURGERY - URINARY	NonFacility	$ 150.06
51726	TC	BLADDER PRESSURE	SURGERY - URINARY	NonFacility	$ 378.19
51727	00	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 491.66
51727	26	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 184.22
51727	TC	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 307.44
51728	00	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 489.21
51728	26	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 181.16
51728	TC	COMPLEX CYSTOMET	SURGERY - URINARY	NonFacility	$ 308.05
51729	00	COMPLX CYSTOMETR	SURGERY - URINARY	NonFacility	$ 535.56
51729	26	COMPLX CYSTOMETR	SURGERY - URINARY	NonFacility	$ 218.37
51729	TC	COMPLX CYSTOMETR	SURGERY - URINARY	NonFacility	$ 317.19
51736	00	SIMPLE UROFLOMET	SURGERY - URINARY	NonFacility	$ 90.89
51736	26	SIMPLE UROFLOMET	SURGERY - URINARY	NonFacility	$ 53.68
51736	TC	SIMPLE UROFLOMET	SURGERY - URINARY	NonFacility	$ 37.21
51741	00	COMPLEX UROFLOME	SURGERY - URINARY	NonFacility	$ 142.12
51741	26	COMPLEX UROFLOME	SURGERY - URINARY	NonFacility	$ 99.42
51741	TC	COMPLEX UROFLOME	SURGERY - URINARY	NonFacility	$ 42.70
51784	00	EMG ANAL/URETH S	SURGERY - URINARY	NonFacility	$ 336.72
51784	26	EMG ANAL/URETH S	SURGERY - URINARY	NonFacility	$ 133.59
51784	TC	EMG ANAL/URETH S	SURGERY - URINARY	NonFacility	$ 203.13
51785	00	NEEDLE EMG STDY	SURGERY - URINARY	NonFacility	$ 366.61
51785	26	NEEDLE EMG STDY	SURGERY - URINARY	NonFacility	$ 134.20
51785	TC	NEEDLE EMG STDY	SURGERY - URINARY	NonFacility	$ 232.41
51792	00	STIMULUS EVOKED	SURGERY - URINARY	NonFacility	$ 375.76
51792	26	STIMULUS EVOKED	SURGERY - URINARY	NonFacility	$ 96.99
51792	TC	STIMULUS EVOKED	SURGERY - URINARY	NonFacility	$ 278.77
51797	00	VOID PRESSURE ST	SURGERY - URINARY	NonFacility	$ 233.01
51797	26	VOID PRESSURE ST	SURGERY - URINARY	NonFacility	$ 72.59
51797	TC	VOID PRESSURE ST	SURGERY - URINARY	NonFacility	$ 160.42
51798	00	MEASUREMENT PVR	SURGERY - URINARY	NonFacility	$ 31.71

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
51800	00	CYSTOPLASTY/CYST	SURGERY - URINARY	NonFacility	$ 1825.09
51820	00	CYSTOURETHROPLAS	SURGERY - URINARY	NonFacility	$ 1851.31
51840	00	ANT VESICOURETHR	SURGERY - URINARY	NonFacility	$ 1124.82
51841	00	ANT VESICOURETHR	SURGERY - URINARY	NonFacility	$ 1336.49
51845	00	ABDOMINO-VAG VES	SURGERY - URINARY	NonFacility	$ 1018.68
51860	00	CYSTORRHAPHY SUT	SURGERY - URINARY	NonFacility	$ 1263.29
51865	00	CYSTORRHAPHY SUT	SURGERY - URINARY	NonFacility	$ 1546.32
51880	00	CLOSURE CYSTOSTO	SURGERY - URINARY	NonFacility	$ 807.02
51900	00	CLSR VESICOVAGIN	SURGERY - URINARY	NonFacility	$ 1421.28
51920	00	CLOSURE VESICOUT	SURGERY - URINARY	NonFacility	$ 1308.42
51925	00	CLSR VESICOUTERI	SURGERY - URINARY	NonFacility	$ 1756.16
51940	00	CLOSURE EXSTROPH	SURGERY - URINARY	NonFacility	$ 2816.31
51960	00	ENTEROCYSTOPLAST	SURGERY - URINARY	NonFacility	$ 2433.24
51980	00	CUTANEOUS VESICO	SURGERY - URINARY	NonFacility	$ 1241.32
51990	00	LAPAROSCOPY URET	SURGERY - URINARY	NonFacility	$ 1291.35
51992	00	LAPAROSCOPY SLIN	SURGERY - URINARY	NonFacility	$ 1429.81
52000	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 356.24
52001	00	CYSTO W/IRRG&EVA	SURGERY - URINARY	NonFacility	$ 657.57
52005	00	CYSTO BLADDER W/	SURGERY - URINARY	NonFacility	$ 486.17
52007	00	CYSTO W/URTRL CA	SURGERY - URINARY	NonFacility	$ 886.31
52010	00	CYSTO W/EJACULAT	SURGERY - URINARY	NonFacility	$ 674.04
52204	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 722.83
52214	00	CYSTO W/DESTRUCT	SURGERY - URINARY	NonFacility	$ 1008.31
52224	00	CYSTO W/REMOVAL	SURGERY - URINARY	NonFacility	$ 1318.18
52234	00	CYSTO W/REMOVAL	SURGERY - URINARY	NonFacility	$ 433.71
52235	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 509.34
52240	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 891.19
52250	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 427.60
52260	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 369.04
52265	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 700.27
52270	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 674.64
52275	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 921.08
52276	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 469.08
52277	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 577.67
52281	00	CYSTO CALIBRATIO	SURGERY - URINARY	NonFacility	$ 513.00
52282	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 593.51
52283	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 484.33
52285	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 487.37
52290	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 430.65
52300	00	CYSTO W/RESCJ/FU	SURGERY - URINARY	NonFacility	$ 498.36
52301	00	CYSTO W/RESECJ E	SURGERY - URINARY	NonFacility	$ 517.27
52305	00	CYSTO INC/RESCJ	SURGERY - URINARY	NonFacility	$ 492.25
52310	00	CYSTO W/SIMPLE R	SURGERY - URINARY	NonFacility	$ 427.60
52315	00	CYSTO W/COMPLEX	SURGERY - URINARY	NonFacility	$ 753.34
52317	00	LITH: CRUSH CALC	SURGERY - URINARY	NonFacility	$ 1567.66
52318	00	LITH: CRUSH CALC	SURGERY - URINARY	NonFacility	$ 838.73
52320	00	CYSTOURETHROSCOP	SURGERY - URINARY	NonFacility	$ 435.53
52325	00	CYSTO FRAGMENTAT	SURGERY - URINARY	NonFacility	$ 566.68
52327	00	CYSTO W/SUBURTRI	SURGERY - URINARY	NonFacility	$ 464.20
52330	00	CYSTO MANJ W/O R	SURGERY - URINARY	NonFacility	$ 1216.32
52332	00	CYSTO W/INSERT U	SURGERY - URINARY	NonFacility	$ 824.09
52334	00	CYSTO INSJ URTRL	SURGERY - URINARY	NonFacility	$ 452.62
52341	00	CYSTO W/TX URETE	SURGERY - URINARY	NonFacility	$ 511.77

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
52342	00	CYSTO W/TX URETE	SURGERY - URINARY	NonFacility	$ 556.31
52343	00	CYSTO W/TX INTRA	SURGERY - URINARY	NonFacility	$ 619.75
52344	00	CYSTO W/URTROSCO	SURGERY - URINARY	NonFacility	$ 671.60
52345	00	CYSTO W/URTROSCO	SURGERY - URINARY	NonFacility	$ 716.74
52346	00	CYSTO W/URTROSCO	SURGERY - URINARY	NonFacility	$ 809.45
52351	00	CYSTO W/URTROSCO	SURGERY - URINARY	NonFacility	$ 553.26
52352	00	CYSTO W/URETEROS	SURGERY - URINARY	NonFacility	$ 650.26
52353	00	CYSTO W/URETEROS	SURGERY - URINARY	NonFacility	$ 747.23
52354	00	CYSTO/PYELOSCOPY	SURGERY - URINARY	NonFacility	$ 691.12
52355	00	CYSTO/PYELOSCOPY	SURGERY - URINARY	NonFacility	$ 824.09
52400	00	CYSTO INC FULG/R	SURGERY - URINARY	NonFacility	$ 828.97
52402	00	CYSTURETHRSCPY T	SURGERY - URINARY	NonFacility	$ 473.34
52450	00	TRANSURETHRAL IN	SURGERY - URINARY	NonFacility	$ 816.78
52500	00	TRANSURETHRAL RE	SURGERY - URINARY	NonFacility	$ 850.94
52601	00	TRURL ELECTROSUR	SURGERY - URINARY	NonFacility	$ 1457.87
52630	00	TRURL RESCJ RESI	SURGERY - URINARY	NonFacility	$ 774.69
52640	00	TRURL RESCJ POST	SURGERY - URINARY	NonFacility	$ 519.10
52647	00	LASER COAGJ PRST	SURGERY - URINARY	NonFacility	$ 3534.88
52648	00	LASER VAPORIZATI	SURGERY - URINARY	NonFacility	$ 3617.84
52649	00	LASER ENUCLEATIO	SURGERY - URINARY	NonFacility	$ 1704.92
52700	00	TRURL DRAINAGE P	SURGERY - URINARY	NonFacility	$ 759.44
53000	00	URTT/URTS XTRNL	SURGERY - URINARY	NonFacility	$ 259.25
53010	00	URETHROTOMY/URET	SURGERY - URINARY	NonFacility	$ 509.95
53020	00	MEATOTOMY CUTTIN	SURGERY - URINARY	NonFacility	$ 170.79
53025	00	MEATOTOMY CUTTIN	SURGERY - URINARY	NonFacility	$ 112.84
53040	00	DRAINAGE DEEP PE	SURGERY - URINARY	NonFacility	$ 681.97
53060	00	DRG OF SKENE'S G	SURGERY - URINARY	NonFacility	$ 308.66
53080	00	DRG PERINEAL URI	SURGERY - URINARY	NonFacility	$ 749.07
53085	00	DRG PERINEAL URI	SURGERY - URINARY	NonFacility	$ 1094.32
53200	00	BIOPSY URETHRA	SURGERY - URINARY	NonFacility	$ 269.01
53210	00	URETHRECTOMY TOT	SURGERY - URINARY	NonFacility	$ 1345.64
53215	00	URETHRECTOMY TOT	SURGERY - URINARY	NonFacility	$ 1629.88
53220	00	EXC/FULGURATION	SURGERY - URINARY	NonFacility	$ 786.88
53230	00	EXC URETHRAL DIV	SURGERY - URINARY	NonFacility	$ 1055.28
53235	00	EXC URETHRAL DIV	SURGERY - URINARY	NonFacility	$ 1111.39
53240	00	MARSUP URETHRAL	SURGERY - URINARY	NonFacility	$ 744.19
53250	00	EXCISION OF BULB	SURGERY - URINARY	NonFacility	$ 721.62
53260	00	EXC/FULGURATION	SURGERY - URINARY	NonFacility	$ 345.86
53265	00	EXC/FULGURATION	SURGERY - URINARY	NonFacility	$ 380.64
53270	00	EXCISION OR FULG	SURGERY - URINARY	NonFacility	$ 360.51
53275	00	EXCISION/FULGURA	SURGERY - URINARY	NonFacility	$ 461.15
53400	00	URETHROPLASTY 1S	SURGERY - URINARY	NonFacility	$ 1399.31
53405	00	URETHROPLASTY 2N	SURGERY - URINARY	NonFacility	$ 1534.73
53410	00	URETHROPLASTY 1	SURGERY - URINARY	NonFacility	$ 1716.50
53415	00	URETHROPLASTY 1	SURGERY - URINARY	NonFacility	$ 1981.85
53420	00	URTP 2-STG RCNST	SURGERY - URINARY	NonFacility	$ 1424.32
53425	00	URTP 2-STG RCNST	SURGERY - URINARY	NonFacility	$ 1649.40
53430	00	URETHROPLASTY RC	SURGERY - URINARY	NonFacility	$ 1671.37
53431	00	URETHRPLSTY W/TU	SURGERY - URINARY	NonFacility	$ 2021.50
53440	00	SLING OPRATION C	SURGERY - URINARY	NonFacility	$ 1540.22
53442	00	RMVL/REVJ SLING	SURGERY - URINARY	NonFacility	$ 1357.83
53444	00	INSERTION TANDEM	SURGERY - URINARY	NonFacility	$ 1391.99
53445	00	INSJ INFLATABLE	SURGERY - URINARY	NonFacility	$ 1540.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
53446	00	REMVL INFLATABLE	SURGERY - URINARY	NonFacility	$ 1125.44
53447	00	RMVL&RPLCMT NFLT	SURGERY - URINARY	NonFacility	$ 1420.66
53448	00	REMV&REPL INFLAT	SURGERY - URINARY	NonFacility	$ 2247.20
53449	00	RPR NFLTBL URETH	SURGERY - URINARY	NonFacility	$ 1071.14
53450	00	URETHROMEATOPLAS	SURGERY - URINARY	NonFacility	$ 712.47
53460	00	URETHROMEATOPLST	SURGERY - URINARY	NonFacility	$ 799.08
53500	00	URETHROLYSIS TRA	SURGERY - URINARY	NonFacility	$ 1298.66
53502	00	URETHRORRHAPHY S	SURGERY - URINARY	NonFacility	$ 843.61
53505	00	URETHRORRHAPHY S	SURGERY - URINARY	NonFacility	$ 849.10
53510	00	URETHRORRHAPHY S	SURGERY - URINARY	NonFacility	$ 1104.08
53515	00	URTORR SUTR URET	SURGERY - URINARY	NonFacility	$ 1388.95
53520	00	CLOS URETHROST/U	SURGERY - URINARY	NonFacility	$ 970.50
53600	00	DILAT URETHRAL S	SURGERY - URINARY	NonFacility	$ 147.00
53601	00	DILAT URETHRAL S	SURGERY - URINARY	NonFacility	$ 142.12
53605	00	DILAT URETHRAL S	SURGERY - URINARY	NonFacility	$ 114.06
53620	00	DILAT URETHRAL S	SURGERY - URINARY	NonFacility	$ 210.44
53621	00	DILAT URETHRAL S	SURGERY - URINARY	NonFacility	$ 197.03
53660	00	DILAT FEMALE URE	SURGERY - URINARY	NonFacility	$ 123.82
53661	00	DILAT FE URETH-S	SURGERY - URINARY	NonFacility	$ 122.60
53665	00	DILAT FEMALE URE	SURGERY - URINARY	NonFacility	$ 67.10
53850	00	TRURL DSTRJ PRST	SURGERY - URINARY	NonFacility	$ 4019.82
53852	00	TRURL DSTRJ PRST	SURGERY - URINARY	NonFacility	$ 3878.92
53855	00	INSERT TEMP PROS	SURGERY - URINARY	NonFacility	$ 1096.75
53860	00	TRURL RF FEMALE	SURGERY - URINARY	NonFacility	$ 2621.12
54000	00	SLITTING PREPUCE	SURGERY - MALE GENITAL	NonFacility	$ 264.13
54001	00	SLITTING PREPUCE	SURGERY - MALE GENITAL	NonFacility	$ 328.18
54015	00	I&D PENIS DEEP	SURGERY - MALE GENITAL	NonFacility	$ 541.06
54050	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 210.44
54055	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 196.42
54056	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 222.04
54057	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 233.01
54060	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 314.15
54065	00	DSTRJ LESION PEN	SURGERY - MALE GENITAL	NonFacility	$ 356.85
54100	00	BIOPSY PENIS SEP	SURGERY - MALE GENITAL	NonFacility	$ 322.69
54105	00	BIOPSY PENIS DEE	SURGERY - MALE GENITAL	NonFacility	$ 471.53
54110	00	EXCISION OF PENI	SURGERY - MALE GENITAL	NonFacility	$ 1090.05
54111	00	EXC PENILE PLAQU	SURGERY - MALE GENITAL	NonFacility	$ 1405.41
54112	00	EXC PENILE PLAQU	SURGERY - MALE GENITAL	NonFacility	$ 1648.79
54115	00	REMOVAL FOREIGN	SURGERY - MALE GENITAL	NonFacility	$ 784.45
54120	00	AMPUTATION PENIS	SURGERY - MALE GENITAL	NonFacility	$ 1104.69
54125	00	AMPUTATION PENIS	SURGERY - MALE GENITAL	NonFacility	$ 1423.71
54130	00	AMPUTAION PENIS	SURGERY - MALE GENITAL	NonFacility	$ 2095.92
54135	00	AMPUTATION PENIS	SURGERY - MALE GENITAL	NonFacility	$ 2661.37
54150	00	CIRCUMCISION W/C	SURGERY - MALE GENITAL	NonFacility	$ 284.26
54160	00	CIRCUMCISION NEO	SURGERY - MALE GENITAL	NonFacility	$ 394.05
54161	00	CIRCUMCISION AGE	SURGERY - MALE GENITAL	NonFacility	$ 343.42
54162	00	LYSIS/EXCISION P	SURGERY - MALE GENITAL	NonFacility	$ 461.15
54163	00	REPAIR INCOMPLET	SURGERY - MALE GENITAL	NonFacility	$ 378.80
54164	00	FRENULOTOMY PENI	SURGERY - MALE GENITAL	NonFacility	$ 334.27
54200	00	INJECTION PEYRON	SURGERY - MALE GENITAL	NonFacility	$ 187.88
54205	00	NJX PEYRONIE W/S	SURGERY - MALE GENITAL	NonFacility	$ 935.11
54220	00	IRRIGATION CORPO	SURGERY - MALE GENITAL	NonFacility	$ 360.51
54230	00	INJECTION CORPOR	SURGERY - MALE GENITAL	NonFacility	$ 167.75

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
54231	00	DYNAMIC CAVERNOS	SURGERY - MALE GENITAL	NonFacility	$ 242.77
54235	00	INJ CORPORA CAVE	SURGERY - MALE GENITAL	NonFacility	$ 155.55
54240	00	PENILE PLETHYSMO	SURGERY - MALE GENITAL	NonFacility	$ 170.79
54240	26	PENILE PLETHYSMO	SURGERY - MALE GENITAL	NonFacility	$ 114.68
54240	TC	PENILE PLETHYSMO	SURGERY - MALE GENITAL	NonFacility	$ 56.11
54250	00	NOCTURNAL PENILE	SURGERY - MALE GENITAL	NonFacility	$ 214.71
54250	26	NOCTURNAL PENILE	SURGERY - MALE GENITAL	NonFacility	$ 194.58
54250	TC	NOCTURNAL PENILE	SURGERY - MALE GENITAL	NonFacility	$ 20.13
54300	00	PENIS STRAIGHTEN	SURGERY - MALE GENITAL	NonFacility	$ 1131.52
54304	00	PENIS CORRJ CHOR	SURGERY - MALE GENITAL	NonFacility	$ 1324.28
54308	00	URETHROPLASTY 2N	SURGERY - MALE GENITAL	NonFacility	$ 1261.45
54312	00	URETHROPLASTY 2N	SURGERY - MALE GENITAL	NonFacility	$ 1446.29
54316	00	URETHROPLASTY 2N	SURGERY - MALE GENITAL	NonFacility	$ 1762.26
54318	00	URETHROPLASTY 3R	SURGERY - MALE GENITAL	NonFacility	$ 1244.99
54322	00	1 STG DSTL HYPOS	SURGERY - MALE GENITAL	NonFacility	$ 1379.79
54324	00	1 STG DSTL HYPOS	SURGERY - MALE GENITAL	NonFacility	$ 1714.07
54326	00	1 STG DSTL HYPOS	SURGERY - MALE GENITAL	NonFacility	$ 1625.61
54328	00	1 STAGE DSTL HYP	SURGERY - MALE GENITAL	NonFacility	$ 1643.91
54332	00	1 STAGE PROX PEN	SURGERY - MALE GENITAL	NonFacility	$ 1787.87
54336	00	1 STG PERINEAL H	SURGERY - MALE GENITAL	NonFacility	$ 2020.28
54340	00	RPR HYPOSPADIAS	SURGERY - MALE GENITAL	NonFacility	$ 987.57
54344	00	RPR HYPOSPADIAS	SURGERY - MALE GENITAL	NonFacility	$ 1675.03
54348	00	RPR HYPOSPADIAS	SURGERY - MALE GENITAL	NonFacility	$ 1785.44
54352	00	RPR HYPOSPADIAS	SURGERY - MALE GENITAL	NonFacility	$ 2509.49
54360	00	PLASTIC RPR PENI	SURGERY - MALE GENITAL	NonFacility	$ 1272.44
54380	00	PLASTIC RPR PENI	SURGERY - MALE GENITAL	NonFacility	$ 1410.29
54385	00	PLASTIC PENIS EP	SURGERY - MALE GENITAL	NonFacility	$ 1770.80
54390	00	PLASTIC RPR PENI	SURGERY - MALE GENITAL	NonFacility	$ 2095.92
54400	00	INSJ PENILE PROS	SURGERY - MALE GENITAL	NonFacility	$ 929.62
54401	00	INSJ PENILE PROS	SURGERY - MALE GENITAL	NonFacility	$ 1142.51
54405	00	INSJ MULTI-COMPO	SURGERY - MALE GENITAL	NonFacility	$ 1419.44
54406	00	RMVL INFLATABLE	SURGERY - MALE GENITAL	NonFacility	$ 1279.14
54408	00	RPR COMPONENT IN	SURGERY - MALE GENITAL	NonFacility	$ 1382.85
54410	00	RMVL&RPLCMT INFL	SURGERY - MALE GENITAL	NonFacility	$ 1509.12
54411	00	RMVL&RPLCMT NFLT	SURGERY - MALE GENITAL	NonFacility	$ 1796.42
54415	00	RMVL NON-NFLTBL/	SURGERY - MALE GENITAL	NonFacility	$ 921.08
54416	00	RMVL&RPLCMT NON-	SURGERY - MALE GENITAL	NonFacility	$ 1238.89
54417	00	RMVL&RPLCMT PENI	SURGERY - MALE GENITAL	NonFacility	$ 1573.16
54420	00	CORPORA CAVERNOS	SURGERY - MALE GENITAL	NonFacility	$ 1239.50
54430	00	CORPORA CAVERNOS	SURGERY - MALE GENITAL	NonFacility	$ 1123.60
54435	00	CORPORA CAVERNOS	SURGERY - MALE GENITAL	NonFacility	$ 727.71
54440	00	PLASTIC OPERATIO	SURGERY - MALE GENITAL	NonFacility	$ 1666.16
54450	00	FORESKN MANJ W/L	SURGERY - MALE GENITAL	NonFacility	$ 125.05
54500	00	BIOPSY TESTIS NE	SURGERY - MALE GENITAL	NonFacility	$ 131.15
54505	00	BIOPSY TESTIS IN	SURGERY - MALE GENITAL	NonFacility	$ 369.04
54512	00	EXC XTRPARENCHYM	SURGERY - MALE GENITAL	NonFacility	$ 935.72
54520	00	ORCHIECTOMY SIMP	SURGERY - MALE GENITAL	NonFacility	$ 565.46
54522	00	ORCHIECTOMY PART	SURGERY - MALE GENITAL	NonFacility	$ 1012.58
54530	00	ORCHIECTOMY RADI	SURGERY - MALE GENITAL	NonFacility	$ 883.26
54535	00	ORCHIECTOMY RADI	SURGERY - MALE GENITAL	NonFacility	$ 1285.85
54550	00	EXPLORATION FOR	SURGERY - MALE GENITAL	NonFacility	$ 853.37
54560	00	EXPL UNDESCENDED	SURGERY - MALE GENITAL	NonFacility	$ 1169.34
54600	00	RDCTJ TORSION TS	SURGERY - MALE GENITAL	NonFacility	$ 789.33

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
54620	00	FIXATION CONTRAL	SURGERY - MALE GENITAL	NonFacility	$ 527.03
54640	00	ORCHIOPEXY INGUI	SURGERY - MALE GENITAL	NonFacility	$ 819.21
54650	00	ORCHIOPEXY ABDL	SURGERY - MALE GENITAL	NonFacility	$ 1232.17
54660	00	INSJ TESTICULAR	SURGERY - MALE GENITAL	NonFacility	$ 617.91
54670	00	SUTURE/REPAIR TE	SURGERY - MALE GENITAL	NonFacility	$ 703.31
54680	00	TRANSPLANTATION	SURGERY - MALE GENITAL	NonFacility	$ 1363.94
54690	00	LAPAROSCOPY SURG	SURGERY - MALE GENITAL	NonFacility	$ 1186.43
54692	00	LAPAROSCOPY ORCH	SURGERY - MALE GENITAL	NonFacility	$ 1334.04
54700	00	I&D EPIDIDYMIS T	SURGERY - MALE GENITAL	NonFacility	$ 369.04
54800	00	BIOPSY EPIDIDYMI	SURGERY - MALE GENITAL	NonFacility	$ 241.56
54830	00	EXCISION LOCAL L	SURGERY - MALE GENITAL	NonFacility	$ 645.97
54840	00	EXCISION SPERMAT	SURGERY - MALE GENITAL	NonFacility	$ 561.19
54860	00	EPIDIDYMECTOMY U	SURGERY - MALE GENITAL	NonFacility	$ 728.93
54861	00	EPIDIDYMECTOMY B	SURGERY - MALE GENITAL	NonFacility	$ 985.14
54865	00	EXPLORATION EPID	SURGERY - MALE GENITAL	NonFacility	$ 620.97
54900	00	EPIDIDYMOVASOSTO	SURGERY - MALE GENITAL	NonFacility	$ 1333.43
54901	00	EPIDIDYMOVASOSTO	SURGERY - MALE GENITAL	NonFacility	$ 1845.82
55000	00	PNXR ASPIR HYDRO	SURGERY - MALE GENITAL	NonFacility	$ 206.18
55040	00	EXCISION HYDROCE	SURGERY - MALE GENITAL	NonFacility	$ 586.81
55041	00	EXCISION HYDROCE	SURGERY - MALE GENITAL	NonFacility	$ 885.70
55060	00	RPR TUNICA VAGIN	SURGERY - MALE GENITAL	NonFacility	$ 658.79
55100	00	DRAINAGE SCROTAL	SURGERY - MALE GENITAL	NonFacility	$ 372.09
55110	00	SCROTAL EXPLORAT	SURGERY - MALE GENITAL	NonFacility	$ 670.98
55120	00	REMOVAL FOREIGN	SURGERY - MALE GENITAL	NonFacility	$ 616.71
55150	00	RESECTION SCROTU	SURGERY - MALE GENITAL	NonFacility	$ 850.33
55175	00	SCROTOPLASTY SIM	SURGERY - MALE GENITAL	NonFacility	$ 630.73
55180	00	SCROTOPLASTY COM	SURGERY - MALE GENITAL	NonFacility	$ 1198.01
55200	00	VASOTOMY CANNULI	SURGERY - MALE GENITAL	NonFacility	$ 814.94
55250	00	VASECTOMY UNI/BI	SURGERY - MALE GENITAL	NonFacility	$ 717.35
55300	00	VASOTOMY-VASOGMS	SURGERY - MALE GENITAL	NonFacility	$ 317.81
55400	00	VASOVASOSTOMY VA	SURGERY - MALE GENITAL	NonFacility	$ 875.34
55450	00	LIGATION PRQ VAS	SURGERY - MALE GENITAL	NonFacility	$ 646.58
55500	00	EXC HYDROCEL SPE	SURGERY - MALE GENITAL	NonFacility	$ 666.10
55520	00	EXC LESION SPERM	SURGERY - MALE GENITAL	NonFacility	$ 711.86
55530	00	EXC VARICOCELE/L	SURGERY - MALE GENITAL	NonFacility	$ 614.26
55535	00	EXC VARICOCELE/L	SURGERY - MALE GENITAL	NonFacility	$ 744.80
55540	00	EXC VARICOCELE/L	SURGERY - MALE GENITAL	NonFacility	$ 857.03
55550	00	LAPS LIGATION SP	SURGERY - MALE GENITAL	NonFacility	$ 735.65
55600	00	VESICULOTOMY;	SURGERY - MALE GENITAL	NonFacility	$ 735.04
55605	00	VESICULOTOMY COM	SURGERY - MALE GENITAL	NonFacility	$ 882.04
55650	00	VESICULECTOMY AN	SURGERY - MALE GENITAL	NonFacility	$ 1246.20
55680	00	EXCISION MULLERI	SURGERY - MALE GENITAL	NonFacility	$ 589.86
55700	00	BX PROS; NDLE/PU	SURGERY - MALE GENITAL	NonFacility	$ 392.22
55705	00	BIOPSY PROSTATE	SURGERY - MALE GENITAL	NonFacility	$ 468.46
55706	00	BX PROSTATE STRT	SURGERY - MALE GENITAL	NonFacility	$ 659.40
55720	00	PROSTATOTOMY EXT	SURGERY - MALE GENITAL	NonFacility	$ 786.88
55725	00	PROSTATOTOMY EXT	SURGERY - MALE GENITAL	NonFacility	$ 1027.22
55801	00	PROSTATECTOMY PE	SURGERY - MALE GENITAL	NonFacility	$ 1905.60
55810	00	PROSTATECTOMY PE	SURGERY - MALE GENITAL	NonFacility	$ 2307.58
55812	00	PROSTATECTOMY PE	SURGERY - MALE GENITAL	NonFacility	$ 2824.85
55815	00	PROSTATECTOMY PE	SURGERY - MALE GENITAL	NonFacility	$ 3099.96
55821	00	PROSTATECTOMY SU	SURGERY - MALE GENITAL	NonFacility	$ 1532.91
55831	00	PROSTATECTOMY RE	SURGERY - MALE GENITAL	NonFacility	$ 1659.16

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
55840	00	PROSTATECTOMY RE	SURGERY - MALE GENITAL	NonFacility	$ 2349.67
55842	00	PROSTECT RETROPU	SURGERY - MALE GENITAL	NonFacility	$ 2517.41
55845	00	PROSTECT RETROPU	SURGERY - MALE GENITAL	NonFacility	$ 2877.92
55860	00	EXPOS PROSTATE A	SURGERY - MALE GENITAL	NonFacility	$ 1534.73
55862	00	EXPOS PROSTATE I	SURGERY - MALE GENITAL	NonFacility	$ 1930.01
55865	00	EXPOS PROSTATE I	SURGERY - MALE GENITAL	NonFacility	$ 2347.24
55866	00	LAPS PROSTECT RE	SURGERY - MALE GENITAL	NonFacility	$ 3059.10
55870	00	ELECTROEJACULATI	SURGERY - MALE GENITAL	NonFacility	$ 304.39
55873	00	CRYOSURGICAL ABL	SURGERY - MALE GENITAL	NonFacility	$ 9811.67
55875	00	TRANSPERINEAL PL	SURGERY - MALE GENITAL	NonFacility	$ 1334.66
55876	00	PLMT INTERSTITIA	SURGERY - MALE GENITAL	NonFacility	$ 236.07
55920	00	PLACEMENT NEEDLE	SURGERY - MALE GENITAL	NonFacility	$ 759.44
56405	00	I&D VULVA/PERINE	SURGERY - FEMALE GENITAL	NonFacility	$ 178.73
56420	00	I&D OF BARTHOLIN	SURGERY - FEMALE GENITAL	NonFacility	$ 203.13
56440	00	MARSUPIALIZATION	SURGERY - FEMALE GENITAL	NonFacility	$ 301.33
56441	00	LYSIS LABIAL ADH	SURGERY - FEMALE GENITAL	NonFacility	$ 242.17
56442	00	HYMENOTOMY SIMPL	SURGERY - FEMALE GENITAL	NonFacility	$ 79.29
56501	00	DESTRUCTION LESI	SURGERY - FEMALE GENITAL	NonFacility	$ 212.28
56515	00	DESTRUCTION LESI	SURGERY - FEMALE GENITAL	NonFacility	$ 364.16
56605	00	BIOPSY VULVA/PER	SURGERY - FEMALE GENITAL	NonFacility	$ 134.81
56606	00	BIOPSY VULVA/PER	SURGERY - FEMALE GENITAL	NonFacility	$ 61.61
56620	00	VULVECTOMY SIMPL	SURGERY - FEMALE GENITAL	NonFacility	$ 817.39
56625	00	VULVECTOMY SIMPL	SURGERY - FEMALE GENITAL	NonFacility	$ 985.14
56630	00	VULVECTOMY RADIC	SURGERY - FEMALE GENITAL	NonFacility	$ 1447.50
56631	00	VULVECT RAD PART	SURGERY - FEMALE GENITAL	NonFacility	$ 1838.51
56632	00	VULVECT RAD PART	SURGERY - FEMALE GENITAL	NonFacility	$ 2128.85
56633	00	VULVECTOMY RADIC	SURGERY - FEMALE GENITAL	NonFacility	$ 1886.08
56634	00	VULVECT CMPLT; W	SURGERY - FEMALE GENITAL	NonFacility	$ 1990.39
56637	00	VULVECT CMPLT; W	SURGERY - FEMALE GENITAL	NonFacility	$ 2346.01
56640	00	VULVECT CMPLT W/	SURGERY - FEMALE GENITAL	NonFacility	$ 2330.15
56700	00	PART HYMENECTOMY	SURGERY - FEMALE GENITAL	NonFacility	$ 307.44
56740	00	EXC BARTHOLINS G	SURGERY - FEMALE GENITAL	NonFacility	$ 489.82
56800	00	PLASTIC REPAIR I	SURGERY - FEMALE GENITAL	NonFacility	$ 400.16
56805	00	CLITOROPLASTY IN	SURGERY - FEMALE GENITAL	NonFacility	$ 1901.95
56810	00	PERINEOPLASTY RP	SURGERY - FEMALE GENITAL	NonFacility	$ 429.44
56820	00	COLPOSCOPY OF TH	SURGERY - FEMALE GENITAL	NonFacility	$ 180.55
56821	00	COLPOSCOPY VULVA	SURGERY - FEMALE GENITAL	NonFacility	$ 240.34
57000	00	COLPOTOMY W/EXPL	SURGERY - FEMALE GENITAL	NonFacility	$ 314.75
57010	00	COLPOTOMY W/DRAI	SURGERY - FEMALE GENITAL	NonFacility	$ 713.07
57020	00	COLPOCENTESIS SE	SURGERY - FEMALE GENITAL	NonFacility	$ 154.94
57022	00	I&D VAGINAL HEMA	SURGERY - FEMALE GENITAL	NonFacility	$ 276.32
57023	00	I&D VAGINAL HEMA	SURGERY - FEMALE GENITAL	NonFacility	$ 514.83
57061	00	DESTRUCTION VAGI	SURGERY - FEMALE GENITAL	NonFacility	$ 184.82
57065	00	DESTRUCTION VAGI	SURGERY - FEMALE GENITAL	NonFacility	$ 312.93
57100	00	BIOPSY VAGINAL M	SURGERY - FEMALE GENITAL	NonFacility	$ 143.96
57105	00	BIOPSY VAGINAL M	SURGERY - FEMALE GENITAL	NonFacility	$ 220.82
57106	00	VAGINECTOMY PART	SURGERY - FEMALE GENITAL	NonFacility	$ 788.11
57107	00	VAGINECTOMY PRTL	SURGERY - FEMALE GENITAL	NonFacility	$ 2318.57
57109	00	VAGINECT PART RE	SURGERY - FEMALE GENITAL	NonFacility	$ 2658.33
57110	00	VAGINECTOMY COMP	SURGERY - FEMALE GENITAL	NonFacility	$ 1487.15
57111	00	VAGINECTOMY COMP	SURGERY - FEMALE GENITAL	NonFacility	$ 2680.30
57112	00	VAGINECT CMPL RE	SURGERY - FEMALE GENITAL	NonFacility	$ 2739.45
57120	00	COLPOCLEISIS LE	SURGERY - FEMALE GENITAL	NonFacility	$ 844.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
57130	00	EXCISION VAGINAL	SURGERY - FEMALE GENITAL	NonFacility	$ 293.41
57135	00	EXCISION VAGINAL	SURGERY - FEMALE GENITAL	NonFacility	$ 314.75
57150	00	IRRIGATION VAGIN	SURGERY - FEMALE GENITAL	NonFacility	$ 79.90
57155	00	INSERTION UTERIN	SURGERY - FEMALE GENITAL	NonFacility	$ 687.46
57156	00	INSERTION VAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 269.01
57160	00	FIT&INSJ PESSARY	SURGERY - FEMALE GENITAL	NonFacility	$ 124.44
57170	00	DIAPHRAGM/CERVIC	SURGERY - FEMALE GENITAL	NonFacility	$ 109.18
57180	00	INTRO ANY HEMOST	SURGERY - FEMALE GENITAL	NonFacility	$ 230.58
57200	00	COLPORRHAPHY SUT	SURGERY - FEMALE GENITAL	NonFacility	$ 488.60
57210	00	COLPOPERINEORRHA	SURGERY - FEMALE GENITAL	NonFacility	$ 603.27
57220	00	PLASTIC URETHRAL	SURGERY - FEMALE GENITAL	NonFacility	$ 527.03
57230	00	PLASTIC REPAIR U	SURGERY - FEMALE GENITAL	NonFacility	$ 662.45
57240	00	ANT COLPORRHAPHY	SURGERY - FEMALE GENITAL	NonFacility	$ 1107.74
57250	00	POST COLPORRHAPH	SURGERY - FEMALE GENITAL	NonFacility	$ 1101.63
57260	00	COMBINED ANTEROP	SURGERY - FEMALE GENITAL	NonFacility	$ 1364.55
57265	00	CMBND ANTEROPOST	SURGERY - FEMALE GENITAL	NonFacility	$ 1507.89
57267	00	INSJ MESH/PROSTH	SURGERY - FEMALE GENITAL	NonFacility	$ 437.36
57268	00	REPAIR ENTEROCEL	SURGERY - FEMALE GENITAL	NonFacility	$ 793.60
57270	00	REPAIR ENTEROCEL	SURGERY - FEMALE GENITAL	NonFacility	$ 1321.85
57280	00	COLPOPEXY ABDOMI	SURGERY - FEMALE GENITAL	NonFacility	$ 1595.74
57282	00	COLPOPEXY VAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 831.42
57283	00	COLPOPEXY VAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 1144.94
57284	00	PARAVAGINAL DEFE	SURGERY - FEMALE GENITAL	NonFacility	$ 1376.13
57285	00	PARAVAGINAL DEFE	SURGERY - FEMALE GENITAL	NonFacility	$ 1126.03
57287	00	RMVL/REVJ SLING	SURGERY - FEMALE GENITAL	NonFacility	$ 1153.49
57288	00	SLING OPERATION	SURGERY - FEMALE GENITAL	NonFacility	$ 1202.28
57289	00	PEREYRA PX W/ANT	SURGERY - FEMALE GENITAL	NonFacility	$ 1239.50
57291	00	CONSTRUCTION ART	SURGERY - FEMALE GENITAL	NonFacility	$ 893.02
57292	00	CONSTRUCTION ART	SURGERY - FEMALE GENITAL	NonFacility	$ 1370.64
57295	00	REVJ/RMVL PROSTH	SURGERY - FEMALE GENITAL	NonFacility	$ 803.36
57296	00	REVJ W/RMVL PROS	SURGERY - FEMALE GENITAL	NonFacility	$ 1577.42
57300	00	CLSR RECTOVAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 894.25
57305	00	CLSR RECTOVAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 1493.87
57307	00	CLO RECTOVAG FIS	SURGERY - FEMALE GENITAL	NonFacility	$ 1690.28
57308	00	CLO RECTOVAG FIS	SURGERY - FEMALE GENITAL	NonFacility	$ 1051.62
57310	00	CLOSURE URETHROV	SURGERY - FEMALE GENITAL	NonFacility	$ 791.15
57311	00	CLO URETHRVAG FI	SURGERY - FEMALE GENITAL	NonFacility	$ 901.56
57320	00	CLOSURE VESICOVA	SURGERY - FEMALE GENITAL	NonFacility	$ 908.89
57330	00	CLOS VSCOVAG FIS	SURGERY - FEMALE GENITAL	NonFacility	$ 1272.44
57335	00	VAGINOPLASTY INT	SURGERY - FEMALE GENITAL	NonFacility	$ 1936.11
57400	00	DILATION VAGINA	SURGERY - FEMALE GENITAL	NonFacility	$ 222.65
57410	00	PELVIC EXAMINATI	SURGERY - FEMALE GENITAL	NonFacility	$ 176.28
57415	00	REMOVAL IMPACTED	SURGERY - FEMALE GENITAL	NonFacility	$ 263.51
57420	00	COLPOSCOPY ENTIR	SURGERY - FEMALE GENITAL	NonFacility	$ 189.10
57421	00	COLPOSCOPY ENTIR	SURGERY - FEMALE GENITAL	NonFacility	$ 254.98
57423	00	PARAVAGINAL DEFE	SURGERY - FEMALE GENITAL	NonFacility	$ 1534.73
57425	00	LAPAROSCOPY COLP	SURGERY - FEMALE GENITAL	NonFacility	$ 1613.42
57426	00	REVISION PROSTHE	SURGERY - FEMALE GENITAL	NonFacility	$ 1446.29
57452	00	COLPOSCOPY CERVI	SURGERY - FEMALE GENITAL	NonFacility	$ 177.51
57454	00	COLPSCPY CERV UP	SURGERY - FEMALE GENITAL	NonFacility	$ 251.93
57455	00	COLPOSCOPY CERVI	SURGERY - FEMALE GENITAL	NonFacility	$ 233.62
57456	00	COLPOSCOPY CERVI	SURGERY - FEMALE GENITAL	NonFacility	$ 221.43
57460	00	COLPSCPY CERV W/	SURGERY - FEMALE GENITAL	NonFacility	$ 474.57

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
57461	00	COLPSCPY CERV W/	SURGERY - FEMALE GENITAL	NonFacility	$ 534.97
57500	00	BIOPSY CERVIX SI	SURGERY - FEMALE GENITAL	NonFacility	$ 211.67
57505	00	ENDOCERVICAL CUR	SURGERY - FEMALE GENITAL	NonFacility	$ 165.31
57510	00	CAUTERY CERVIX E	SURGERY - FEMALE GENITAL	NonFacility	$ 215.94
57511	00	CAUTERY CERVIX C	SURGERY - FEMALE GENITAL	NonFacility	$ 237.29
57513	00	CAUTERY CERVIX L	SURGERY - FEMALE GENITAL	NonFacility	$ 234.23
57520	00	CONIZATION CERV	SURGERY - FEMALE GENITAL	NonFacility	$ 500.19
57522	00	CONIZA CERV W/WO	SURGERY - FEMALE GENITAL	NonFacility	$ 431.87
57530	00	TRACHELECTOMY AM	SURGERY - FEMALE GENITAL	NonFacility	$ 565.46
57531	00	RAD TRACHELECT W	SURGERY - FEMALE GENITAL	NonFacility	$ 2820.58
57540	00	EXCISION CERVICA	SURGERY - FEMALE GENITAL	NonFacility	$ 1287.08
57545	00	EXC CERVICAL STU	SURGERY - FEMALE GENITAL	NonFacility	$ 1359.06
57550	00	EXCISION CERVICA	SURGERY - FEMALE GENITAL	NonFacility	$ 672.21
57555	00	EXC CERV STUMP V	SURGERY - FEMALE GENITAL	NonFacility	$ 990.63
57556	00	EXC CERV STUMP V	SURGERY - FEMALE GENITAL	NonFacility	$ 941.83
57558	00	DILATION & CURET	SURGERY - FEMALE GENITAL	NonFacility	$ 204.95
57700	00	CERCLAGE UTERINE	SURGERY - FEMALE GENITAL	NonFacility	$ 508.12
57720	00	TRACHLORRHAPHY-U	SURGERY - FEMALE GENITAL	NonFacility	$ 504.46
57800	00	DILATION CERVICA	SURGERY - FEMALE GENITAL	NonFacility	$ 97.60
58100	00	ENDOMETRIAL BX W	SURGERY - FEMALE GENITAL	NonFacility	$ 179.34
58110	00	ENDOMETRIAL BX C	SURGERY - FEMALE GENITAL	NonFacility	$ 79.90
58120	00	DILATION & CURET	SURGERY - FEMALE GENITAL	NonFacility	$ 412.96
58140	00	MYOMECTOMY 1-4 M	SURGERY - FEMALE GENITAL	NonFacility	$ 1514.59
58145	00	MYOMECTOMY 1-4 M	SURGERY - FEMALE GENITAL	NonFacility	$ 896.07
58146	00	MYOMECTOMY 5/> M	SURGERY - FEMALE GENITAL	NonFacility	$ 1917.80
58150	00	TOTAL ABDOMINAL	SURGERY - FEMALE GENITAL	NonFacility	$ 1641.48
58152	00	TOT ABD HYST W/W	SURGERY - FEMALE GENITAL	NonFacility	$ 2065.43
58180	00	SUPRACERVICAL AB	SURGERY - FEMALE GENITAL	NonFacility	$ 1580.49
58200	00	TOT ABD HYST W/P	SURGERY - FEMALE GENITAL	NonFacility	$ 2164.85
58210	00	RAD ABDL HYSTERE	SURGERY - FEMALE GENITAL	NonFacility	$ 2891.35
58240	00	PELV EXENTERAT W	SURGERY - FEMALE GENITAL	NonFacility	$ 4593.21
58260	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 1367.59
58262	00	VAG HYST 250 GM/	SURGERY - FEMALE GENITAL	NonFacility	$ 1526.80
58263	00	VAG HYST 250 GM/	SURGERY - FEMALE GENITAL	NonFacility	$ 1644.52
58267	00	VAG HYST 250 GM/	SURGERY - FEMALE GENITAL	NonFacility	$ 1748.23
58270	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 1460.93
58275	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 1629.88
58280	00	VAG HYSTER W/TOT	SURGERY - FEMALE GENITAL	NonFacility	$ 1742.74
58285	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 2177.65
58290	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 1909.87
58291	00	VAG HYST UTRUS >	SURGERY - FEMALE GENITAL	NonFacility	$ 2073.35
58292	00	VAG HYST UTRUS>2	SURGERY - FEMALE GENITAL	NonFacility	$ 2184.98
58293	00	VAG HYST >250 GM	SURGERY - FEMALE GENITAL	NonFacility	$ 2270.38
58294	00	VAGINAL HYSTEREC	SURGERY - FEMALE GENITAL	NonFacility	$ 2021.50
58300	00	INSERTION INTRAU	SURGERY - FEMALE GENITAL	NonFacility	$ 120.78
58301	00	REMOVAL INTRAUTE	SURGERY - FEMALE GENITAL	NonFacility	$ 156.76
58321	00	ARTIFICIAL INSEM	SURGERY - FEMALE GENITAL	NonFacility	$ 123.82
58322	00	ARTIFICIAL INSEM	SURGERY - FEMALE GENITAL	NonFacility	$ 141.53
58323	00	SPERM WASHING AR	SURGERY - FEMALE GENITAL	NonFacility	$ 29.89
58340	00	CATH & SALINE/CO	SURGERY - FEMALE GENITAL	NonFacility	$ 200.68
58345	00	TRANSCERV FALLOP	SURGERY - FEMALE GENITAL	NonFacility	$ 463.58
58346	00	INSERTION HEYMAN	SURGERY - FEMALE GENITAL	NonFacility	$ 739.31
58350	00	CHROMOTUBATION O	SURGERY - FEMALE GENITAL	NonFacility	$ 157.37

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
58353	00	ENDOMET ABLAT TH	SURGERY - FEMALE GENITAL	NonFacility	$ 1754.32
58356	00	ENDOMETRIAL CRYO	SURGERY - FEMALE GENITAL	NonFacility	$ 3228.66
58400	00	UTERINE SUSPENSI	SURGERY - FEMALE GENITAL	NonFacility	$ 732.59
58410	00	UTERINE SUSP W/W	SURGERY - FEMALE GENITAL	NonFacility	$ 1328.55
58520	00	HYSTERORRHAPHY R	SURGERY - FEMALE GENITAL	NonFacility	$ 1334.66
58540	00	HYSTEROPLASTY RP	SURGERY - FEMALE GENITAL	NonFacility	$ 1501.18
58541	00	LAPAROSCOPY SUPR	SURGERY - FEMALE GENITAL	NonFacility	$ 1418.83
58542	00	LAPS SUPRACRV HY	SURGERY - FEMALE GENITAL	NonFacility	$ 1585.37
58543	00	LAPS SUPRACERVIC	SURGERY - FEMALE GENITAL	NonFacility	$ 1612.20
58544	00	LAPS SUPRACRV HY	SURGERY - FEMALE GENITAL	NonFacility	$ 1742.74
58545	00	LAPS MYOMECTOMY	SURGERY - FEMALE GENITAL	NonFacility	$ 1479.84
58546	00	LAPS MYOMECTOMY	SURGERY - FEMALE GENITAL	NonFacility	$ 1870.83
58548	00	LAPS W/RAD HYST	SURGERY - FEMALE GENITAL	NonFacility	$ 2941.36
58550	00	LAPS VAGINAL HYS	SURGERY - FEMALE GENITAL	NonFacility	$ 1460.32
58552	00	LAPS W/VAG HYSTE	SURGERY - FEMALE GENITAL	NonFacility	$ 1620.73
58553	00	LAPS W/VAGINAL H	SURGERY - FEMALE GENITAL	NonFacility	$ 1881.20
58554	00	LAPS VAGINAL HYS	SURGERY - FEMALE GENITAL	NonFacility	$ 2174.00
58555	00	HYSTEROSCOPY DIA	SURGERY - FEMALE GENITAL	NonFacility	$ 414.80
58558	00	HYSTEROSCOPY BX	SURGERY - FEMALE GENITAL	NonFacility	$ 556.92
58559	00	HYSTEROSCOPY LYS	SURGERY - FEMALE GENITAL	NonFacility	$ 571.56
58560	00	HYSTEROSCOPY DIV	SURGERY - FEMALE GENITAL	NonFacility	$ 645.38
58561	00	HYSTEROSCOPY REM	SURGERY - FEMALE GENITAL	NonFacility	$ 913.16
58562	00	HYSTEROSCOPY REM	SURGERY - FEMALE GENITAL	NonFacility	$ 586.20
58563	00	HYSTEROSCOPY END	SURGERY - FEMALE GENITAL	NonFacility	$ 2864.50
58565	00	HYSTEROSCOPY BI	SURGERY - FEMALE GENITAL	NonFacility	$ 3076.17
58570	00	LAPAROSCOPY W TO	SURGERY - FEMALE GENITAL	NonFacility	$ 1525.58
58571	00	LAPS TOTAL HYSTE	SURGERY - FEMALE GENITAL	NonFacility	$ 1687.22
58572	00	LAPAROSCOPY TOTA	SURGERY - FEMALE GENITAL	NonFacility	$ 1894.62
58573	00	LAPAROSCOPY TOT	SURGERY - FEMALE GENITAL	NonFacility	$ 2163.63
58600	00	LIG FALLOPION TU	SURGERY - FEMALE GENITAL	NonFacility	$ 599.62
58605	00	LIG FALLOP TUBE	SURGERY - FEMALE GENITAL	NonFacility	$ 542.28
58611	00	LIG/TRNSXJ FALOP	SURGERY - FEMALE GENITAL	NonFacility	$ 129.32
58615	00	OCCLUS FALLOPIAN	SURGERY - FEMALE GENITAL	NonFacility	$ 408.08
58660	00	LAPAROSCOPY W/LY	SURGERY - FEMALE GENITAL	NonFacility	$ 1110.80
58661	00	LAPAROSCOPY W/RM	SURGERY - FEMALE GENITAL	NonFacility	$ 1065.65
58662	00	LAPS FULG/EXC OV	SURGERY - FEMALE GENITAL	NonFacility	$ 1165.69
58670	00	LAPAROSCOPY FULG	SURGERY - FEMALE GENITAL	NonFacility	$ 602.66
58671	00	LAPAROSCOPY W/PL	SURGERY - FEMALE GENITAL	NonFacility	$ 602.07
58672	00	LAPAROSCOPY FIMB	SURGERY - FEMALE GENITAL	NonFacility	$ 1220.59
58673	00	LAPAROSCOPY SALP	SURGERY - FEMALE GENITAL	NonFacility	$ 1328.55
58700	00	SALPINGECTOMY CO	SURGERY - FEMALE GENITAL	NonFacility	$ 1271.21
58720	00	SALP-OOPH CMPL/P	SURGERY - FEMALE GENITAL	NonFacility	$ 1187.04
58740	00	LYSIS OF ADHESIO	SURGERY - FEMALE GENITAL	NonFacility	$ 1446.90
58750	00	TUBOTUBAL ANASTA	SURGERY - FEMALE GENITAL	NonFacility	$ 1495.07
58752	00	TUBOUTERINE IMPL	SURGERY - FEMALE GENITAL	NonFacility	$ 1432.86
58760	00	FIMBRIOPLASTY	SURGERY - FEMALE GENITAL	NonFacility	$ 1345.64
58770	00	SALPINGOSTOMY	SURGERY - FEMALE GENITAL	NonFacility	$ 1394.43
58800	00	DRAINAGE OVARIAN	SURGERY - FEMALE GENITAL	NonFacility	$ 527.03
58805	00	DRAINAGE OVARIAN	SURGERY - FEMALE GENITAL	NonFacility	$ 667.94
58820	00	DRAINAGE OVARIAN	SURGERY - FEMALE GENITAL	NonFacility	$ 514.22
58822	00	DRAINAGE OVARIAN	SURGERY - FEMALE GENITAL	NonFacility	$ 1201.07
58823	00	DRG PELVIC ABSCE	SURGERY - FEMALE GENITAL	NonFacility	$ 1445.68
58825	00	TRANSPOSITION OV	SURGERY - FEMALE GENITAL	NonFacility	$ 1148.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
58900	00	BIOPSY OVARY UNI	SURGERY - FEMALE GENITAL	NonFacility	$ 705.76
58920	00	WEDGE RESECT/BIS	SURGERY - FEMALE GENITAL	NonFacility	$ 1154.11
58925	00	OVARIAN CYSTECTO	SURGERY - FEMALE GENITAL	NonFacility	$ 1215.10
58940	00	OOPHORECTOMY PAR	SURGERY - FEMALE GENITAL	NonFacility	$ 838.12
58943	00	OOPHORECTOMY PRT	SURGERY - FEMALE GENITAL	NonFacility	$ 1856.80
58950	00	RESCJ OVARIAN/TU	SURGERY - FEMALE GENITAL	NonFacility	$ 1771.41
58951	00	RESCJ PRIM PRTL	SURGERY - FEMALE GENITAL	NonFacility	$ 2280.14
58952	00	RESCJ PRIM PRTL	SURGERY - FEMALE GENITAL	NonFacility	$ 2572.32
58953	00	BSO W/OMENTECTOM	SURGERY - FEMALE GENITAL	NonFacility	$ 3187.19
58954	00	BSO W/OMENTECTOM	SURGERY - FEMALE GENITAL	NonFacility	$ 3456.81
58956	00	BSO W/TOT OMENTE	SURGERY - FEMALE GENITAL	NonFacility	$ 2175.22
58957	00	RESECJ RECUR OVA	SURGERY - FEMALE GENITAL	NonFacility	$ 2474.10
58958	00	RESECTION RECRT	SURGERY - FEMALE GENITAL	NonFacility	$ 2729.69
58960	00	LAPAROT-STAG OVA	SURGERY - FEMALE GENITAL	NonFacility	$ 1526.19
58970	00	FOLLICLE PUNCTUR	SURGERY - FEMALE GENITAL	NonFacility	$ 353.18
58974	00	EMBRYO TRANSFER	SURGERY - FEMALE GENITAL	NonFacility	$ 223.00
58976	00	GAMETE ZYGOTE/EM	SURGERY - FEMALE GENITAL	NonFacility	$ 400.75
59000	00	AMNIOCENTESIS DI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 206.79
59001	00	AMNIOCENTESISS T	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 303.78
59012	00	CORDOCENTESIS IN	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 337.33
59015	00	CHORIONIC VILLUS	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 254.98
59020	00	FETAL CONTRACTIO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 109.80
59020	26	FETAL CONTRACTIO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 61.00
59020	TC	FETAL CONTRACTIO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 48.80
59025	00	FETAL NONSTRESS	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 75.02
59025	26	FETAL NONSTRESS	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 48.80
59025	TC	FETAL NONSTRESS	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 26.22
59030	00	FETAL SCALP BLOO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 167.13
59050	00	FETAL MONITORING	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 84.17
59051	00	FETAL MONITR LAB	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 70.14
59070	00	TRANSABDOMINAL A	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 681.97
59072	00	FETAL UMBILICAL	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 876.55
59074	00	FETAL FLUID DRAI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 660.61
59076	00	FETAL SHUNT PLAC	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 863.13
59100	00	HYSTEROTOMY ABDO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1366.37
59120	00	TX ECTOPIC PREGN	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1307.21
59121	00	TX ECTOPIC PREGN	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1310.26
59130	00	SURGICAL TX ECTO	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1378.58
59135	00	SURG TX ECTOP PG	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1390.77
59136	00	SURG TX ECTOP PG	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1446.29
59140	00	TX ECTOPIC PREGN	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 594.13
59150	00	LAPS TX ECTOPIC	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1264.51
59151	00	LAPS TX ECTOPIC	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1235.23
59160	00	CURETTAGE POSTPA	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 344.64
59200	00	INSERTION CERVIC	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 119.56
59300	00	EPISIOT/VAG REPR	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 312.32
59320	00	CERCLAGE CERVIX	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 251.93
59325	00	CERCLAGE CERVIX	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 362.34
59350	00	HYSTERORRHAPHY R	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 461.76
59400	00	ROUTINE OB CARE	OBSTETRICS - GLOBAL	NonFacility	$ 2958.45
59409	00	VAGINAL DELIVERY	OBSTETRICS - GLOBAL	NonFacility	$ 1269.39
59410	00	VAGINAL DELIVERY	OBSTETRICS - GLOBAL	NonFacility	$ 1485.33
59412	00	EXTERNAL CEPHALI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 171.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
59414	00	DELIVERY PLACENT	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 151.88
59425	00	ANTEPARTUM CARE	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 750.29
59426	00	ANTEPARTUM CARE	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 1343.80
59430	00	POSTPARTUM CARE	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 228.74
59510	00	OB ANTEPARTUM CA	OBSTETRICS - GLOBAL	NonFacility	$ 3353.10
59514	00	CESAREAN DELIVER	OBSTETRICS - GLOBAL	NonFacility	$ 1509.12
59515	00	CESAREAN DELIVER	OBSTETRICS - GLOBAL	NonFacility	$ 1798.24
59525	00	STOT/TOT HYSTERE	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 807.02
59610	00	ROUTINE OB CARE	OBSTETRICS - GLOBAL	NonFacility	$ 3118.26
59612	00	VAGINAL DELIVERY	OBSTETRICS - GLOBAL	NonFacility	$ 1428.59
59614	00	VAGINAL DELIVERY	OBSTETRICS - GLOBAL	NonFacility	$ 1606.09
59618	00	ROUTINE OBSTETRI	OBSTETRICS - GLOBAL	NonFacility	$ 3504.39
59620	00	CESAREAN DELIVER	OBSTETRICS - GLOBAL	NonFacility	$ 1659.16
59622	00	CESAREAN DLVRY &	OBSTETRICS - GLOBAL	NonFacility	$ 1949.53
59812	00	TX INCOMPLETE AB	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 517.88
59820	00	TX MISSED ABORTI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 617.91
59821	00	TX MISSED ABORTI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 624.63
59830	00	TX SEPTIC ABORTI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 717.35
59840	00	INDUCED ABORTION	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 350.74
59841	00	INDUCED ABORTION	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 624.02
59850	00	INDUCED ABORTION	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 578.28
59851	00	INDUCE ABORT 1/>	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 654.52
59852	00	INDUCE ABORT 1/>	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 834.46
59855	00	INDUCED ABORT 1/	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 682.58
59856	00	INDUCED ABORT 1/	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 804.57
59857	00	INDUCED ABORT 1/	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 869.24
59866	00	MULTIFETAL PREGN	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 359.28
59870	00	UTERINE EVACUATI	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 774.69
59871	00	REMOVAL CERCLAGE	SURGERY - MATERNITY & DELIVERY	NonFacility	$ 221.43
60000	00	I&D THYROGLOSSAL	SURGERY - ENDOCRINE	NonFacility	$ 256.80
60100	00	BIOPSY THYROID P	SURGERY - ENDOCRINE	NonFacility	$ 184.82
60200	00	EXC CYST/ADENOMA	SURGERY - ENDOCRINE	NonFacility	$ 1061.38
60210	00	PRTL THYROID LOB	SURGERY - ENDOCRINE	NonFacility	$ 1137.63
60212	00	PRTL THYROID LOB	SURGERY - ENDOCRINE	NonFacility	$ 1629.88
60220	00	TOTAL THYROID LO	SURGERY - ENDOCRINE	NonFacility	$ 1243.77
60225	00	TOTAL THYROID LO	SURGERY - ENDOCRINE	NonFacility	$ 1496.30
60240	00	THYROIDECTOMY TO	SURGERY - ENDOCRINE	NonFacility	$ 1577.42
60252	00	THYROIDECTOMY TO	SURGERY - ENDOCRINE	NonFacility	$ 2140.45
60254	00	THYROIDECTOMY TO	SURGERY - ENDOCRINE	NonFacility	$ 2746.17
60260	00	THYROIDECTOMY RM	SURGERY - ENDOCRINE	NonFacility	$ 1779.94
60270	00	THYROIDECT W/SUB	SURGERY - ENDOCRINE	NonFacility	$ 2259.39
60271	00	THYROIDECTOMY SU	SURGERY - ENDOCRINE	NonFacility	$ 1723.22
60280	00	EXCISION THYROGL	SURGERY - ENDOCRINE	NonFacility	$ 711.25
60281	00	EXCISION THYROGL	SURGERY - ENDOCRINE	NonFacility	$ 949.14
60300	00	ASPIRATION AND/O	SURGERY - ENDOCRINE	NonFacility	$ 175.67
60500	00	PARATHYROIDECTOM	SURGERY - ENDOCRINE	NonFacility	$ 1645.75
60502	00	PARATHYROIDECTOM	SURGERY - ENDOCRINE	NonFacility	$ 2069.08
60505	00	PARATHYRDEC/EXPL	SURGERY - ENDOCRINE	NonFacility	$ 2265.50
60512	00	PARATHYROID AUTO	SURGERY - ENDOCRINE	NonFacility	$ 399.55
60520	00	THYMECTOMY PRTL/	SURGERY - ENDOCRINE	NonFacility	$ 1686.63
60521	00	THYMECT PART/TOT	SURGERY - ENDOCRINE	NonFacility	$ 1927.56
60522	00	THYMECT; W/RAD M	SURGERY - ENDOCRINE	NonFacility	$ 2333.21
60540	00	ADRENALECTOMY W/	SURGERY - ENDOCRINE	NonFacility	$ 1758.60

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
60545	00	ADRENALECTOMY EX	SURGERY - ENDOCRINE	NonFacility	$ 2013.56
60600	00	EXC CAROTID BODY	SURGERY - ENDOCRINE	NonFacility	$ 2391.77
60605	00	EXC CAROTID BODY	SURGERY - ENDOCRINE	NonFacility	$ 2990.16
60650	00	LAPAROSCOPY ADRE	SURGERY - ENDOCRINE	NonFacility	$ 1969.05
61000	00	SUBDURAL TAP FON	SURGERY - NERVOUS	NonFacility	$ 175.07
61001	00	SUBDURAL TAP FON	SURGERY - NERVOUS	NonFacility	$ 198.25
61020	00	VENTRICULAR PUNC	SURGERY - NERVOUS	NonFacility	$ 211.67
61026	00	VENTRICULAR PUNC	SURGERY - NERVOUS	NonFacility	$ 204.95
61050	00	CISTERNAL/LATERA	SURGERY - NERVOUS	NonFacility	$ 171.40
61055	00	CISTERNAL/LATERA	SURGERY - NERVOUS	NonFacility	$ 224.47
61070	00	PUNCTURE SHUNT T	SURGERY - NERVOUS	NonFacility	$ 131.76
61105	00	TWIST DRILL HOLE	SURGERY - NERVOUS	NonFacility	$ 704.53
61107	00	TWIST DRILL HOLE	SURGERY - NERVOUS	NonFacility	$ 517.27
61108	00	TWIST DRILL HOLE	SURGERY - NERVOUS	NonFacility	$ 1413.35
61120	00	BURR HOLE VENTRI	SURGERY - NERVOUS	NonFacility	$ 1163.85
61140	00	BURR HOLE/TREPHI	SURGERY - NERVOUS	NonFacility	$ 1993.45
61150	00	BURR HOLE/TREPHI	SURGERY - NERVOUS	NonFacility	$ 2147.17
61151	00	BURR HOLE; W/SUB	SURGERY - NERVOUS	NonFacility	$ 1560.96
61154	00	BURR HOLE W/EVAC	SURGERY - NERVOUS	NonFacility	$ 1998.33
61156	00	BURR HOLE W/ASPI	SURGERY - NERVOUS	NonFacility	$ 1986.12
61210	00	BURR HOLE IMPLAN	SURGERY - NERVOUS	NonFacility	$ 603.89
61215	00	INSJ SUBQ RSVR P	SURGERY - NERVOUS	NonFacility	$ 775.29
61250	00	BURR HOLE/TREPHI	SURGERY - NERVOUS	NonFacility	$ 1351.73
61253	00	BURR HOLE/TREPHI	SURGERY - NERVOUS	NonFacility	$ 1370.04
61304	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 2617.47
61305	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 3205.49
61312	00	CRANIECTOMY HMTM	SURGERY - NERVOUS	NonFacility	$ 3326.27
61313	00	CRANIECTOMY HMTM	SURGERY - NERVOUS	NonFacility	$ 3157.30
61314	00	CRANIECTOMY HMTM	SURGERY - NERVOUS	NonFacility	$ 2909.65
61315	00	CRANIECTOMY HMTM	SURGERY - NERVOUS	NonFacility	$ 3309.79
61316	00	INCISION & SUBCU	SURGERY - NERVOUS	NonFacility	$ 142.73
61320	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 3049.93
61321	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 3376.29
61322	00	CRANIECT/CRANIOT	SURGERY - NERVOUS	NonFacility	$ 3765.45
61323	00	CRANIECT/CRANIOT	SURGERY - NERVOUS	NonFacility	$ 3808.76
61330	00	DECOMPRESSION OR	SURGERY - NERVOUS	NonFacility	$ 2770.57
61332	00	EXPLORATION ORBI	SURGERY - NERVOUS	NonFacility	$ 3121.32
61333	00	EXPL ORBIT TRANS	SURGERY - NERVOUS	NonFacility	$ 3227.46
61334	00	EXPL ORBIT TRANS	SURGERY - NERVOUS	NonFacility	$ 2144.72
61340	00	SUBTEMPORAL CRAN	SURGERY - NERVOUS	NonFacility	$ 2285.63
61343	00	CRNEC SUBOCCIPIT	SURGERY - NERVOUS	NonFacility	$ 3520.85
61345	00	OTHER CRANIAL DE	SURGERY - NERVOUS	NonFacility	$ 3260.39
61440	00	CRANIOTOMY SECTI	SURGERY - NERVOUS	NonFacility	$ 3193.91
61450	00	CRANIECT-SUBTEMP	SURGERY - NERVOUS	NonFacility	$ 3064.57
61458	00	CRANIECT SUBOCCI	SURGERY - NERVOUS	NonFacility	$ 3212.82
61460	00	CRANIECTOMY SUBO	SURGERY - NERVOUS	NonFacility	$ 3334.19
61470	00	CRANIECTOMY SUBO	SURGERY - NERVOUS	NonFacility	$ 3065.19
61480	00	CRNEC SUBOCPTL M	SURGERY - NERVOUS	NonFacility	$ 2555.84
61490	00	CRANIOTOMY LOBOT	SURGERY - NERVOUS	NonFacility	$ 3032.25
61500	00	CRANIECTOMY W/EX	SURGERY - NERVOUS	NonFacility	$ 2136.18
61501	00	CRANIECTOMY OSTE	SURGERY - NERVOUS	NonFacility	$ 1835.46
61510	00	CRANIEC TREPHINE	SURGERY - NERVOUS	NonFacility	$ 3481.21
61512	00	CRNEC TREPHINE B	SURGERY - NERVOUS	NonFacility	$ 4094.24

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
61514	00	CRNEC TREPHINE B	SURGERY - NERVOUS	NonFacility	$ 3044.46
61516	00	CRNEC TREPHINE B	SURGERY - NERVOUS	NonFacility	$ 2957.23
61517	00	IMPLTJ BRAIN INT	SURGERY - NERVOUS	NonFacility	$ 142.73
61518	00	CRNEC EXC BRAIN	SURGERY - NERVOUS	NonFacility	$ 4418.14
61519	00	CRNEC EXC TUM IN	SURGERY - NERVOUS	NonFacility	$ 4740.21
61520	00	CRNEC TUM INFRAT	SURGERY - NERVOUS	NonFacility	$ 6070.60
61521	00	CRNEC TUM INFRAT	SURGERY - NERVOUS	NonFacility	$ 5108.66
61522	00	CRNEC INFRATNTOR	SURGERY - NERVOUS	NonFacility	$ 3503.16
61524	00	CRNEC INFRATNTOR	SURGERY - NERVOUS	NonFacility	$ 3317.12
61526	00	CRNEC TRANSTEMPO	SURGERY - NERVOUS	NonFacility	$ 5787.57
61530	00	CRNEC EXC CEREBE	SURGERY - NERVOUS	NonFacility	$ 4913.45
61531	00	SUBDURAL IMPLTJ	SURGERY - NERVOUS	NonFacility	$ 1928.78
61533	00	CRANIOT SUBDURAL	SURGERY - NERVOUS	NonFacility	$ 2424.10
61534	00	CRANIOT EPILEPTO	SURGERY - NERVOUS	NonFacility	$ 2615.63
61535	00	CRANIOT RMVL EPI	SURGERY - NERVOUS	NonFacility	$ 1570.72
61536	00	CRANIOT EPILEPTO	SURGERY - NERVOUS	NonFacility	$ 4148.54
61537	00	CRANIOT TEMPORAL	SURGERY - NERVOUS	NonFacility	$ 3919.17
61538	00	CRANIOT LOBEC TE	SURGERY - NERVOUS	NonFacility	$ 4227.83
61539	00	CRANIOT LOBECTOM	SURGERY - NERVOUS	NonFacility	$ 3767.90
61540	00	CRANIOT LOBECTOM	SURGERY - NERVOUS	NonFacility	$ 3497.06
61541	00	CRANIOTOMY TRANS	SURGERY - NERVOUS	NonFacility	$ 3431.18
61542	00	CRANIOTOMY TOTAL	SURGERY - NERVOUS	NonFacility	$ 3671.52
61543	00	CRANIOTOMY PARTI	SURGERY - NERVOUS	NonFacility	$ 3447.05
61544	00	CRANIOTOMY EXCIS	SURGERY - NERVOUS	NonFacility	$ 2914.53
61545	00	CRANIOTOMY EXCIS	SURGERY - NERVOUS	NonFacility	$ 5093.41
61546	00	CRANIOT HYPOPHYS	SURGERY - NERVOUS	NonFacility	$ 3688.00
61548	00	HYPOPHYSEC/EXC P	SURGERY - NERVOUS	NonFacility	$ 2511.33
61550	00	CRANIECTOMY CRAN	SURGERY - NERVOUS	NonFacility	$ 1526.19
61552	00	CRANIECT CRANIOS	SURGERY - NERVOUS	NonFacility	$ 1995.27
61556	00	CRANIEC CRANIOSY	SURGERY - NERVOUS	NonFacility	$ 2680.89
61557	00	CRANIECTOMY CRAN	SURGERY - NERVOUS	NonFacility	$ 2682.73
61558	00	XTN CRANIECT MUL	SURGERY - NERVOUS	NonFacility	$ 2995.04
61559	00	XTN CRNEC MLT SU	SURGERY - NERVOUS	NonFacility	$ 3298.82
61563	00	EXC BENIGN TUM C	SURGERY - NERVOUS	NonFacility	$ 3168.28
61564	00	EXC BENIGN TUM C	SURGERY - NERVOUS	NonFacility	$ 3857.56
61566	00	CRANIOTOMY SELEC	SURGERY - NERVOUS	NonFacility	$ 3611.73
61567	00	CRANIOTOMY MULTI	SURGERY - NERVOUS	NonFacility	$ 4123.52
61570	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 2959.66
61571	00	CRANIECTOMY/CRAN	SURGERY - NERVOUS	NonFacility	$ 3181.70
61575	00	TRNSRAL SKULL BS	SURGERY - NERVOUS	NonFacility	$ 3963.70
61576	00	TRNSRL SKUL BSE/	SURGERY - NERVOUS	NonFacility	$ 5793.06
61580	00	CRANIOFACIAL ANT	SURGERY - NERVOUS	NonFacility	$ 3912.47
61581	00	CRANIOFACIAL ANT	SURGERY - NERVOUS	NonFacility	$ 4335.19
61582	00	CRANFCL ANT CRAN	SURGERY - NERVOUS	NonFacility	$ 4654.82
61583	00	CRANFCL ANT CRAN	SURGERY - NERVOUS	NonFacility	$ 4581.62
61584	00	ORBITOCRANIAL AN	SURGERY - NERVOUS	NonFacility	$ 4496.22
61585	00	ORBITOCRANIAL AN	SURGERY - NERVOUS	NonFacility	$ 4972.63
61586	00	BICORONAL TRANSZ	SURGERY - NERVOUS	NonFacility	$ 3607.47
61590	00	INFRATEMPORAL MI	SURGERY - NERVOUS	NonFacility	$ 4972.63
61591	00	INFRATEMPO MID C	SURGERY - NERVOUS	NonFacility	$ 5034.85
61592	00	ORBITOCRNL APPR	SURGERY - NERVOUS	NonFacility	$ 5034.23
61595	00	TRANSTEMP APPR P	SURGERY - NERVOUS	NonFacility	$ 3799.00
61596	00	TRANSCOCHLR POST	SURGERY - NERVOUS	NonFacility	$ 4079.60

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
61597	00	TRNSCONDLR POST	SURGERY - NERVOUS	NonFacility	$ 4666.42
61598	00	TRANSPTRSAL POST	SURGERY - NERVOUS	NonFacility	$ 4285.17
61600	00	RESCJ/EXC LES BA	SURGERY - NERVOUS	NonFacility	$ 3417.16
61601	00	RESCJ/EXC LES BA	SURGERY - NERVOUS	NonFacility	$ 3755.10
61605	00	RESCJ/EXC LES IN	SURGERY - NERVOUS	NonFacility	$ 3547.08
61606	00	RES/EXC LES INFR	SURGERY - NERVOUS	NonFacility	$ 4810.37
61607	00	RES/EXC LES PARA	SURGERY - NERVOUS	NonFacility	$ 4628.60
61608	00	RES/EXC LES PARA	SURGERY - NERVOUS	NonFacility	$ 5168.43
61609	00	TRNSXJ/LIGATION	SURGERY - NERVOUS	NonFacility	$ 1007.70
61610	00	TRNSXJ/LIG CAROT	SURGERY - NERVOUS	NonFacility	$ 3060.92
61611	00	TRNSXJ/LIG CAROT	SURGERY - NERVOUS	NonFacility	$ 663.67
61612	00	TRANSEC CAROTID-	SURGERY - NERVOUS	NonFacility	$ 2451.54
61613	00	OBLTRJ CAROTID A	SURGERY - NERVOUS	NonFacility	$ 5180.64
61615	00	RESCJ/EXC LES BA	SURGERY - NERVOUS	NonFacility	$ 3796.57
61616	00	RES/EXC INF LES	SURGERY - NERVOUS	NonFacility	$ 5288.60
61618	00	SECONDARY RPR DU	SURGERY - NERVOUS	NonFacility	$ 2078.23
61619	00	SECONDARY REPR D	SURGERY - NERVOUS	NonFacility	$ 2392.38
61623	00	EVASC TEMP BALLO	SURGERY - NERVOUS	NonFacility	$ 933.29
61624	00	TCAT PERMANENT O	SURGERY - NERVOUS	NonFacility	$ 1865.34
61626	00	TCAT PERMANT OCC	SURGERY - NERVOUS	NonFacility	$ 1482.88
61630	00	BALLOON ANGIOPLA	SURGERY - NERVOUS	NonFacility	$ 2129.46
61635	00	TCAT PLMT IV STE	SURGERY - NERVOUS	NonFacility	$ 2306.97
61640	00	BALLOON DILAT IN	SURGERY - NERVOUS	NonFacility	$ 1052.23
61641	00	BALLOON DILAT IN	SURGERY - NERVOUS	NonFacility	$ 370.27
61642	00	BALLOON DILAT IN	SURGERY - NERVOUS	NonFacility	$ 739.31
61680	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 3624.55
61682	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 6778.20
61684	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 4539.53
61686	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 7275.94
61690	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 3486.69
61692	00	INTRACRANIAL ARV	SURGERY - NERVOUS	NonFacility	$ 5889.44
61697	00	COMPLX INTRACRAN	SURGERY - NERVOUS	NonFacility	$ 6776.36
61698	00	CPLX INTRACRANIA	SURGERY - NERVOUS	NonFacility	$ 7397.33
61700	00	SIMPLE INTRACRAN	SURGERY - NERVOUS	NonFacility	$ 5525.28
61702	00	SIMPLE INTRACRAN	SURGERY - NERVOUS	NonFacility	$ 6431.72
61703	00	SURG ANEURY-CERV	SURGERY - NERVOUS	NonFacility	$ 2161.19
61705	00	SURG ANEURY; INT	SURGERY - NERVOUS	NonFacility	$ 4136.33
61708	00	SURG ANEURY; INT	SURGERY - NERVOUS	NonFacility	$ 3388.49
61710	00	SURG ANEURY; INT	SURGERY - NERVOUS	NonFacility	$ 3099.96
61711	00	ANAST ARTL EXTRA	SURGERY - NERVOUS	NonFacility	$ 4171.71
61720	00	CREAT LES-STEREO	SURGERY - NERVOUS	NonFacility	$ 1958.06
61735	00	CREAT LES-STEREO	SURGERY - NERVOUS	NonFacility	$ 2447.27
61750	00	STEREOTACTIC BX	SURGERY - NERVOUS	NonFacility	$ 2239.26
61751	00	STRTCTC BX ASPIR	SURGERY - NERVOUS	NonFacility	$ 2179.49
61760	00	STRTCTC IMPLTJ E	SURGERY - NERVOUS	NonFacility	$ 2481.43
61770	00	STERTAC LOCALIZ-	SURGERY - NERVOUS	NonFacility	$ 2529.01
61781	00	STRTCTC CPTR ASS	SURGERY - NERVOUS	NonFacility	$ 434.92
61782	00	STRTCTC CPTR ASS	SURGERY - NERVOUS	NonFacility	$ 356.85
61783	00	STEREOTACTIC COM	SURGERY - NERVOUS	NonFacility	$ 434.92
61790	00	CREATE LES STRTC	SURGERY - NERVOUS	NonFacility	$ 1359.06
61791	00	CREATE LES STRTC	SURGERY - NERVOUS	NonFacility	$ 1749.44
61796	00	STEREOTACTIC RAD	SURGERY - NERVOUS	NonFacility	$ 1514.00
61797	00	STRTCTC RADIOSUR	SURGERY - NERVOUS	NonFacility	$ 350.13

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
61798	00	STEREOTACTIC RAD	SURGERY - NERVOUS	NonFacility	$ 2004.42
61799	00	STRTCTC RADIOSUR	SURGERY - NERVOUS	NonFacility	$ 483.72
61800	00	APPL STRTCTC HEA	SURGERY - NERVOUS	NonFacility	$ 240.95
61850	00	TWIST/BURR HOLE	SURGERY - NERVOUS	NonFacility	$ 1557.90
61860	00	CRANIEC-IMPLNT N	SURGERY - NERVOUS	NonFacility	$ 2499.73
61863	00	STRTCTC IMPLTJ N	SURGERY - NERVOUS	NonFacility	$ 2389.32
61864	00	STRTCTC IMPLTJ N	SURGERY - NERVOUS	NonFacility	$ 466.64
61867	00	STRTCTC IMPLTJ N	SURGERY - NERVOUS	NonFacility	$ 3660.54
61868	00	STRTCTC IMPLTJ N	SURGERY - NERVOUS	NonFacility	$ 822.27
61870	00	CRANIECT-ELECTRO	SURGERY - NERVOUS	NonFacility	$ 1887.92
61875	00	CRANIECT-ELECTRO	SURGERY - NERVOUS	NonFacility	$ 1620.73
61880	00	REVJ/RMVL INTRAC	SURGERY - NERVOUS	NonFacility	$ 874.73
61885	00	INSJ/RPLCMT CRAN	SURGERY - NERVOUS	NonFacility	$ 1023.57
61886	00	INSJ/RPLCMT CRAN	SURGERY - NERVOUS	NonFacility	$ 1296.84
61888	00	REVJ/RMVL NEUROS	SURGERY - NERVOUS	NonFacility	$ 621.57
62000	00	ELEVATION DEPRES	SURGERY - NERVOUS	NonFacility	$ 1541.44
62005	00	ELEVAT SKULL FX;	SURGERY - NERVOUS	NonFacility	$ 2001.37
62010	00	ELEVAT DPRSD SKU	SURGERY - NERVOUS	NonFacility	$ 2417.38
62100	00	CRANIOT-REPR CSF	SURGERY - NERVOUS	NonFacility	$ 2572.32
62115	00	RDCTJ CRANIOMEGA	SURGERY - NERVOUS	NonFacility	$ 2023.32
62116	00	RDCTJ CRANIOMEGA	SURGERY - NERVOUS	NonFacility	$ 2827.91
62117	00	RDCTJ CRANIOMEGA	SURGERY - NERVOUS	NonFacility	$ 2843.16
62120	00	RPR ENCEPHALOCEL	SURGERY - NERVOUS	NonFacility	$ 2773.62
62121	00	CRANIOTOMY FOR E	SURGERY - NERVOUS	NonFacility	$ 2757.16
62140	00	CRANIOPLASTY SKU	SURGERY - NERVOUS	NonFacility	$ 1654.28
62141	00	CRANIOPLASTY SKU	SURGERY - NERVOUS	NonFacility	$ 1822.03
62142	00	RMVL BONE FLAP/P	SURGERY - NERVOUS	NonFacility	$ 1399.31
62143	00	RPLCMT BONE FLAP	SURGERY - NERVOUS	NonFacility	$ 1641.48
62145	00	CRANIOPLASTY SKU	SURGERY - NERVOUS	NonFacility	$ 2258.17
62146	00	CRANIOPLASTY W/A	SURGERY - NERVOUS	NonFacility	$ 1961.11
62147	00	CRANIOPLASTY W/A	SURGERY - NERVOUS	NonFacility	$ 2321.61
62148	00	INCISE&RETRIEVAL	SURGERY - NERVOUS	NonFacility	$ 205.56
62160	00	NEUROENDO IC PLC	SURGERY - NERVOUS	NonFacility	$ 311.70
62161	00	NEUROENDO IC;DIS	SURGERY - NERVOUS	NonFacility	$ 2416.17
62162	00	NUNDSC ICRA FENE	SURGERY - NERVOUS	NonFacility	$ 3024.33
62163	00	NEUROENDOSCOPY I	SURGERY - NERVOUS	NonFacility	$ 1942.81
62164	00	NEUROENDOSCOPY I	SURGERY - NERVOUS	NonFacility	$ 3293.94
62165	00	NUNDSC ICRA EXC	SURGERY - NERVOUS	NonFacility	$ 2513.15
62180	00	VENTRICULOCISTER	SURGERY - NERVOUS	NonFacility	$ 2552.80
62190	00	CREATION SHUNT;	SURGERY - NERVOUS	NonFacility	$ 1449.94
62192	00	CREATION SHUNT;	SURGERY - NERVOUS	NonFacility	$ 1542.67
62194	00	RPLCMT/IRRG SUBA	SURGERY - NERVOUS	NonFacility	$ 602.07
62200	00	VENTRICULOCISTER	SURGERY - NERVOUS	NonFacility	$ 2189.86
62201	00	VENTRCULOCISTERN	SURGERY - NERVOUS	NonFacility	$ 1892.19
62220	00	CREATION SHUNT;	SURGERY - NERVOUS	NonFacility	$ 1609.15
62223	00	CRTJ SHUNT VENTR	SURGERY - NERVOUS	NonFacility	$ 1663.43
62225	00	RPLCMT/IRRIGATIO	SURGERY - NERVOUS	NonFacility	$ 798.48
62230	00	REPLAC/REVIS CSF	SURGERY - NERVOUS	NonFacility	$ 1331.61
62252	00	REPRGRMG PROGRAM	SURGERY - NERVOUS	NonFacility	$ 160.43
62252	26	REPRGRMG PROGRAM	SURGERY - NERVOUS	NonFacility	$ 75.65
62252	TC	REPRGRMG PROGRAM	SURGERY - NERVOUS	NonFacility	$ 84.78
62256	00	RMVL COMPL CSF S	SURGERY - NERVOUS	NonFacility	$ 929.01
62258	00	RMVL COMPLETE CS	SURGERY - NERVOUS	NonFacility	$ 1787.87

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
62263	00	PRQ LYSIS EPIDUR	SURGERY - NERVOUS	NonFacility	$ 1066.26
62264	00	PRQ LYSIS EPIDUR	SURGERY - NERVOUS	NonFacility	$ 641.09
62267	00	PRQ ASPIR PULPOS	SURGERY - NERVOUS	NonFacility	$ 417.84
62268	00	PERCUTANEOUS ASP	SURGERY - NERVOUS	NonFacility	$ 716.74
62269	00	BIOPSY SPINAL CO	SURGERY - NERVOUS	NonFacility	$ 771.02
62270	00	SPINAL PUNCTURE	SURGERY - NERVOUS	NonFacility	$ 248.87
62272	00	SPINAL PUNCTURE	SURGERY - NERVOUS	NonFacility	$ 298.29
62273	00	INJECTION EPIDUR	SURGERY - NERVOUS	NonFacility	$ 265.35
62280	00	INJX/INFUSION NE	SURGERY - NERVOUS	NonFacility	$ 492.87
62281	00	INJX/INFUS NEURO	SURGERY - NERVOUS	NonFacility	$ 457.50
62282	00	INJX/INFUS NEURO	SURGERY - NERVOUS	NonFacility	$ 463.58
62284	00	INJECTION PROCED	SURGERY - NERVOUS	NonFacility	$ 345.25
62287	00	DCMPRN PERQ NUCL	SURGERY - NERVOUS	NonFacility	$ 887.53
62290	00	INJECTION PX DIS	SURGERY - NERVOUS	NonFacility	$ 520.33
62291	00	INJECTION PX DIS	SURGERY - NERVOUS	NonFacility	$ 487.99
62292	00	INJECTION PX DIS	SURGERY - NERVOUS	NonFacility	$ 796.03
62294	00	NJX ARTERIAL OCC	SURGERY - NERVOUS	NonFacility	$ 1187.66
62310	00	NJX DX/THER SBST	SURGERY - NERVOUS	NonFacility	$ 350.74
62311	00	NJX DX/THER SBST	SURGERY - NERVOUS	NonFacility	$ 304.99
62318	00	NJXS INFUS/BOLUS	SURGERY - NERVOUS	NonFacility	$ 365.39
62319	00	NJX INFUS/BOLUS	SURGERY - NERVOUS	NonFacility	$ 334.27
62350	00	IMPLANT EPID CAT	SURGERY - NERVOUS	NonFacility	$ 622.18
62351	00	IMPLANT EPID CAT	SURGERY - NERVOUS	NonFacility	$ 1359.06
62355	00	REMOV PREV IMPLN	SURGERY - NERVOUS	NonFacility	$ 469.08
62360	00	IMPLANT/REPLAC D	SURGERY - NERVOUS	NonFacility	$ 474.57
62361	00	IMPLTJ/RPLCMT FS	SURGERY - NERVOUS	NonFacility	$ 626.45
62362	00	IMPLTJ/RPLCMT IT	SURGERY - NERVOUS	NonFacility	$ 652.08
62365	00	RMVL SUBQ RSVR/P	SURGERY - NERVOUS	NonFacility	$ 516.04
62367	00	ELECT ANLYS IMPL	SURGERY - NERVOUS	NonFacility	$ 63.44
62368	00	ELECT ANALYS IMP	SURGERY - NERVOUS	NonFacility	$ 90.28
62369	00	ELECT ANLYS IMPL	SURGERY - NERVOUS	NonFacility	$ 223.25
62370	00	ELEC ANLYS IMPLT	SURGERY - NERVOUS	NonFacility	$ 233.62
63001	00	LAMINECT W/EXPLO	SURGERY - NERVOUS	NonFacility	$ 1967.82
63003	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 1977.58
63005	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 1879.98
63011	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 1736.02
63012	00	LAMINECTOMY W/RM	SURGERY - NERVOUS	NonFacility	$ 1901.34
63015	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 2363.10
63016	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 2421.65
63017	00	LAMINECTOMY W/O	SURGERY - NERVOUS	NonFacility	$ 1985.51
63020	00	LAMNOTMY INCL W/	SURGERY - NERVOUS	NonFacility	$ 1859.85
63030	00	LAMNOTMY INCL W/	SURGERY - NERVOUS	NonFacility	$ 1536.56
63035	00	LAMNOTMY W/DCMPR	SURGERY - NERVOUS	NonFacility	$ 318.42
63040	00	LAMOT PRTL FFD E	SURGERY - NERVOUS	NonFacility	$ 2251.47
63042	00	LAMOT PRTL FFD E	SURGERY - NERVOUS	NonFacility	$ 2085.54
63043	00	LAMOT PRTL FFD E	SURGERY - NERVOUS	NonFacility	$ 501.09
63044	00	LAMOT W/PRTL FFD	SURGERY - NERVOUS	NonFacility	$ 511.05
63045	00	LAM FACETEC&FORA	SURGERY - NERVOUS	NonFacility	$ 2028.20
63046	00	LAM FACETEC&FORA	SURGERY - NERVOUS	NonFacility	$ 1934.89
63047	00	LAM FACETEC&FORA	SURGERY - NERVOUS	NonFacility	$ 1756.16
63048	00	LAMINECT 1 SEGMT	SURGERY - NERVOUS	NonFacility	$ 350.74
63050	00	LAMOP CERVICAL W	SURGERY - NERVOUS	NonFacility	$ 2483.87
63051	00	LAMOPLASTY CERVI	SURGERY - NERVOUS	NonFacility	$ 2755.32

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
63055	00	TRANSPEDICULAR D	SURGERY - NERVOUS	NonFacility	$ 2610.14
63056	00	TRANSPEDICULAR D	SURGERY - NERVOUS	NonFacility	$ 2378.34
63057	00	TRANSPEDICULAR D	SURGERY - NERVOUS	NonFacility	$ 530.68
63064	00	COSTOVERTEBRAL D	SURGERY - NERVOUS	NonFacility	$ 2840.71
63066	00	COSTOVERTEBRAL D	SURGERY - NERVOUS	NonFacility	$ 339.76
63075	00	DISCECTOMY ANT D	SURGERY - NERVOUS	NonFacility	$ 2205.71
63076	00	DISCECTOMY ANT D	SURGERY - NERVOUS	NonFacility	$ 412.96
63077	00	DISCECTOMY ANT D	SURGERY - NERVOUS	NonFacility	$ 2423.48
63078	00	DISCECTOMY ANT D	SURGERY - NERVOUS	NonFacility	$ 322.08
63081	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 2849.25
63082	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 444.06
63085	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 3081.05
63086	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 318.42
63087	00	VCRPEC THORACOLM	SURGERY - NERVOUS	NonFacility	$ 3890.50
63088	00	VCRPEC THORACOLM	SURGERY - NERVOUS	NonFacility	$ 429.44
63090	00	VCRPEC TRANSPRTL	SURGERY - NERVOUS	NonFacility	$ 3193.30
63091	00	VCRPEC TRANSPRTL	SURGERY - NERVOUS	NonFacility	$ 296.45
63101	00	VERTEB CORPECT L	SURGERY - NERVOUS	NonFacility	$ 3727.63
63102	00	VERTEB CORPECT L	SURGERY - NERVOUS	NonFacility	$ 3622.72
63103	00	VCRPEC LAT XTRCA	SURGERY - NERVOUS	NonFacility	$ 484.94
63170	00	LAM W/MYELOTOMY	SURGERY - NERVOUS	NonFacility	$ 2504.00
63172	00	LAM W/DRG INTRME	SURGERY - NERVOUS	NonFacility	$ 2234.38
63173	00	LAM W/DRG INTRME	SURGERY - NERVOUS	NonFacility	$ 2750.44
63180	00	LAM&SCTJ DENTATE	SURGERY - NERVOUS	NonFacility	$ 2248.43
63182	00	LAM&SCTJ DENTATE	SURGERY - NERVOUS	NonFacility	$ 2457.64
63185	00	LAMINECTOMY W/RH	SURGERY - NERVOUS	NonFacility	$ 1890.96
63190	00	LAMINECTOMY W/RH	SURGERY - NERVOUS	NonFacility	$ 2041.64
63191	00	LAMINECTOMY W/SE	SURGERY - NERVOUS	NonFacility	$ 1872.06
63194	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2236.22
63195	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2428.36
63196	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2444.84
63197	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2719.93
63198	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2647.34
63199	00	LAM CORDOTOMY SC	SURGERY - NERVOUS	NonFacility	$ 2969.42
63200	00	LAMINECTOMY RELE	SURGERY - NERVOUS	NonFacility	$ 2422.87
63250	00	LAM EXC/OCCLUSIO	SURGERY - NERVOUS	NonFacility	$ 4752.42
63251	00	LAM EXC/OCCLUSIO	SURGERY - NERVOUS	NonFacility	$ 4870.76
63252	00	LAMINECT-EXC AV	SURGERY - NERVOUS	NonFacility	$ 4866.49
63265	00	LAMINECT-EXC LES	SURGERY - NERVOUS	NonFacility	$ 2665.66
63266	00	LAMINECT-EXC LES	SURGERY - NERVOUS	NonFacility	$ 2747.99
63267	00	LAMINECT EXC LES	SURGERY - NERVOUS	NonFacility	$ 2197.18
63268	00	LAMINECT-EXC LES	SURGERY - NERVOUS	NonFacility	$ 2282.57
63270	00	LAM EXC ISPI LES	SURGERY - NERVOUS	NonFacility	$ 3307.97
63271	00	LAM EXC ISPI LES	SURGERY - NERVOUS	NonFacility	$ 3314.67
63272	00	LAM EXC ISPI LES	SURGERY - NERVOUS	NonFacility	$ 3050.55
63273	00	LAM EXC ISPI LES	SURGERY - NERVOUS	NonFacility	$ 2925.50
63275	00	LAMINECTOMY BX/E	SURGERY - NERVOUS	NonFacility	$ 2870.61
63276	00	LAMINECTOMY BX/E	SURGERY - NERVOUS	NonFacility	$ 2852.92
63277	00	LAMINECTOMY BX/E	SURGERY - NERVOUS	NonFacility	$ 2482.05
63278	00	LAMINECTOMY BX/E	SURGERY - NERVOUS	NonFacility	$ 2502.18
63280	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 3389.71
63281	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 3350.06
63282	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 3158.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
63283	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 3013.34
63285	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 4169.88
63286	00	LAM BX/EXC ISPI	SURGERY - NERVOUS	NonFacility	$ 4128.40
63287	00	LAMINECT; INTRAM	SURGERY - NERVOUS	NonFacility	$ 4392.53
63290	00	LAMINECTOMY; COM	SURGERY - NERVOUS	NonFacility	$ 4468.17
63295	00	OSTEOPLASTIC REC	SURGERY - NERVOUS	NonFacility	$ 538.01
63300	00	VCRPEC LES 1 SGM	SURGERY - NERVOUS	NonFacility	$ 2939.54
63301	00	VCRPEC LES 1 SGM	SURGERY - NERVOUS	NonFacility	$ 3446.44
63302	00	VCRPEC LES 1 SEG	SURGERY - NERVOUS	NonFacility	$ 3411.05
63303	00	VCRPEC LES 1 SEG	SURGERY - NERVOUS	NonFacility	$ 3599.54
63304	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 3741.66
63305	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 3906.36
63306	00	VERTEBRL CORPECT	SURGERY - NERVOUS	NonFacility	$ 3931.99
63307	00	VCRPEC LES 1 SEG	SURGERY - NERVOUS	NonFacility	$ 3745.93
63308	00	VERTEBRAL CORPEC	SURGERY - NERVOUS	NonFacility	$ 530.09
63600	00	CREATION LES SPI	SURGERY - NERVOUS	NonFacility	$ 1318.18
63610	00	STEREOTACT STIM-	SURGERY - NERVOUS	NonFacility	$ 1920.25
63615	00	STRTCTC BX ASPIR	SURGERY - NERVOUS	NonFacility	$ 1879.98
63620	00	STEREOTACTIC RAD	SURGERY - NERVOUS	NonFacility	$ 1652.46
63621	00	STEREOTACTIC RAD	SURGERY - NERVOUS	NonFacility	$ 401.98
63650	00	PRQ IMPLTJ NSTIM	SURGERY - NERVOUS	NonFacility	$ 665.49
63655	00	LAMINECT IMPLANT	SURGERY - NERVOUS	NonFacility	$ 1359.67
63661	00	RMVL SPINAL NSTI	SURGERY - NERVOUS	NonFacility	$ 931.45
63662	00	RMVL SPINAL NSTI	SURGERY - NERVOUS	NonFacility	$ 1162.64
63663	00	REVJ INCL RPLCMT	SURGERY - NERVOUS	NonFacility	$ 1335.27
63664	00	REVJ INCL RPLCMT	SURGERY - NERVOUS	NonFacility	$ 1209.61
63685	00	INSRT/REPL SPINA	SURGERY - NERVOUS	NonFacility	$ 631.94
63688	00	REVJ/RMVL IMPLAN	SURGERY - NERVOUS	NonFacility	$ 570.95
63700	00	REPAIR MENINGOCE	SURGERY - NERVOUS	NonFacility	$ 2019.06
63702	00	REPAIR MENINGOCE	SURGERY - NERVOUS	NonFacility	$ 2247.81
63704	00	REPAIR MYELOMENI	SURGERY - NERVOUS	NonFacility	$ 2541.22
63706	00	REPAIR MYELOMENI	SURGERY - NERVOUS	NonFacility	$ 2889.52
63707	00	RPR DURAL/CEREBR	SURGERY - NERVOUS	NonFacility	$ 1441.41
63709	00	REPR DURAL/CSF L	SURGERY - NERVOUS	NonFacility	$ 1756.16
63710	00	DURAL GRAFT SPIN	SURGERY - NERVOUS	NonFacility	$ 1757.99
63740	00	CREAT SHUNT LUMB	SURGERY - NERVOUS	NonFacility	$ 1496.30
63741	00	CREAT SHUNT LUMB	SURGERY - NERVOUS	NonFacility	$ 959.51
63744	00	REPLAC LUMBOSUBA	SURGERY - NERVOUS	NonFacility	$ 1040.64
63746	00	REMOV LUMBOSUBAR	SURGERY - NERVOUS	NonFacility	$ 913.77
64400	00	INJ ANES AGT; TR	SURGERY - NERVOUS	NonFacility	$ 175.07
64402	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 178.73
64405	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 173.85
64408	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 191.53
64410	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 231.80
64412	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 229.35
64413	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 186.04
64415	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 203.13
64416	00	INJECTION ANES B	SURGERY - NERVOUS	NonFacility	$ 137.85
64417	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 203.74
64418	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 214.10
64420	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 253.75
64421	00	INJ ANES AGENT;	SURGERY - NERVOUS	NonFacility	$ 375.76
64425	00	INJECTION ANES I	SURGERY - NERVOUS	NonFacility	$ 207.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
64430	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 237.89
64435	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 226.92
64445	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 214.10
64446	00	INJECTION ANES S	SURGERY - NERVOUS	NonFacility	$ 141.53
64447	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 111.63
64448	00	INJECTION ANES F	SURGERY - NERVOUS	NonFacility	$ 125.05
64449	00	INJECTION ANES L	SURGERY - NERVOUS	NonFacility	$ 142.73
64450	00	INJECTION ANES O	SURGERY - NERVOUS	NonFacility	$ 162.25
64455	00	NJX ANES&/STEROI	SURGERY - NERVOUS	NonFacility	$ 82.96
64479	00	NJX ANES&/STRD W	SURGERY - NERVOUS	NonFacility	$ 441.63
64480	00	NJX ANES&/STRD W	SURGERY - NERVOUS	NonFacility	$ 225.70
64483	00	NJX ANES&/STRD W	SURGERY - NERVOUS	NonFacility	$ 424.56
64484	00	NJX ANES&/STRD W	SURGERY - NERVOUS	NonFacility	$ 216.55
64490	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 307.44
64491	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 154.33
64492	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 156.15
64493	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 273.89
64494	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 140.30
64495	00	NJX DX/THER AGT	SURGERY - NERVOUS	NonFacility	$ 142.12
64505	00	INJECTION ANES A	SURGERY - NERVOUS	NonFacility	$ 157.99
64508	00	INJECTION ANESTH	SURGERY - NERVOUS	NonFacility	$ 239.72
64510	00	INJECTION ANES A	SURGERY - NERVOUS	NonFacility	$ 216.55
64517	00	INJECTION ANES S	SURGERY - NERVOUS	NonFacility	$ 274.50
64520	00	INJECTION ANES L	SURGERY - NERVOUS	NonFacility	$ 293.41
64530	00	INJX ANES CELIAC	SURGERY - NERVOUS	NonFacility	$ 302.55
64550	00	APPLICATION SURF	SURGERY - NERVOUS	NonFacility	$ 25.01
64553	00	PRQ IMPLTJ NEURO	SURGERY - NERVOUS	NonFacility	$ 331.84
64555	00	PRQ IMPLTJ NEURO	SURGERY - NERVOUS	NonFacility	$ 331.84
64561	00	PRQ IMPLTJ NEURO	SURGERY - NERVOUS	NonFacility	$ 1730.53
64565	00	PRQ IMPLTJ NSTIM	SURGERY - NERVOUS	NonFacility	$ 277.54
64566	00	POST TIB NEUROST	SURGERY - NERVOUS	NonFacility	$ 231.80
64568	00	INC IMPLTJ CRNL	SURGERY - NERVOUS	NonFacility	$ 1152.27
64569	00	REVISION/REPLMT	SURGERY - NERVOUS	NonFacility	$ 1137.63
64570	00	REMOVAL CRNL NRV	SURGERY - NERVOUS	NonFacility	$ 1001.60
64575	00	INC IMPLTJ PERIP	SURGERY - NERVOUS	NonFacility	$ 448.94
64580	00	INC IMPLTJ NSTIM	SURGERY - NERVOUS	NonFacility	$ 487.37
64581	00	INC IMPLTJ NEURO	SURGERY - NERVOUS	NonFacility	$ 1334.66
64585	00	REVJ/RMVL PERIPH	SURGERY - NERVOUS	NonFacility	$ 495.31
64590	00	INSERTION/RPLCMT	SURGERY - NERVOUS	NonFacility	$ 477.02
64595	00	REVISION/RMVL PE	SURGERY - NERVOUS	NonFacility	$ 479.45
64600	00	DESTRCT TRIGEMIN	SURGERY - NERVOUS	NonFacility	$ 639.27
64605	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 948.53
64610	00	DSTRJ NEURLYTIC	SURGERY - NERVOUS	NonFacility	$ 1124.82
64611	00	CHEMODENERV PARO	SURGERY - NERVOUS	NonFacility	$ 179.95
64612	00	CHEMODENERV MUSC	SURGERY - NERVOUS	NonFacility	$ 269.62
64613	00	CHEMODENERVATION	SURGERY - NERVOUS	NonFacility	$ 260.47
64614	00	CHEMODENERVATION	SURGERY - NERVOUS	NonFacility	$ 279.99
64620	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 438.59
64630	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 367.20
64632	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 140.30
64633	00	DSTR NROLYTC AGN	SURGERY - NERVOUS	NonFacility	$ 810.67
64634	00	DSTR NROLYTC AGN	SURGERY - NERVOUS	NonFacility	$ 371.49
64635	00	DSTR NROLYTC AGN	SURGERY - NERVOUS	NonFacility	$ 796.64

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
64636	00	DSTR NROLYTC AGN	SURGERY - NERVOUS	NonFacility	$ 334.27
64640	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 355.62
64650	00	CHEMODENERVATION	SURGERY - NERVOUS	NonFacility	$ 109.18
64653	00	CHEMODENERVATION	SURGERY - NERVOUS	NonFacility	$ 132.36
64680	00	DSTRJ NEUROLYTIC	SURGERY - NERVOUS	NonFacility	$ 487.99
64681	00	DSTRJ NULYT W/WO	SURGERY - NERVOUS	NonFacility	$ 597.19
64702	00	NEUROPLASTY DIGI	SURGERY - NERVOUS	NonFacility	$ 754.56
64704	00	NEUROPLASTY NERV	SURGERY - NERVOUS	NonFacility	$ 523.98
64708	00	NEURP MAJOR PRPH	SURGERY - NERVOUS	NonFacility	$ 764.32
64712	00	NEURP MAJOR PRPH	SURGERY - NERVOUS	NonFacility	$ 873.50
64713	00	NEURP MAJOR PRPH	SURGERY - NERVOUS	NonFacility	$ 1224.25
64714	00	NEURP MAJOR PRPH	SURGERY - NERVOUS	NonFacility	$ 1065.04
64716	00	NEUROPLASTY &/TR	SURGERY - NERVOUS	NonFacility	$ 844.22
64718	00	NEUROPLASTY &/TR	SURGERY - NERVOUS	NonFacility	$ 913.16
64719	00	NEUROPLASTY &/TR	SURGERY - NERVOUS	NonFacility	$ 620.97
64721	00	NEUROPLASTY &/TR	SURGERY - NERVOUS	NonFacility	$ 661.84
64722	00	DECOMPRESSION UN	SURGERY - NERVOUS	NonFacility	$ 543.50
64726	00	DECOMPRESSION PL	SURGERY - NERVOUS	NonFacility	$ 450.78
64727	00	INTERNAL NEUROLY	SURGERY - NERVOUS	NonFacility	$ 301.94
64732	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 647.20
64734	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 658.79
64736	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 689.28
64738	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 796.03
64740	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 730.16
64742	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 755.78
64744	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 706.98
64746	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 738.08
64752	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 818.60
64755	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 1462.14
64760	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 789.93
64761	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 726.50
64763	00	TRNSXJ/AVLSN OBT	SURGERY - NERVOUS	NonFacility	$ 864.97
64766	00	TRNSXJ/AVLSN OBT	SURGERY - NERVOUS	NonFacility	$ 969.88
64771	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 911.32
64772	00	TRANSECTION/AVUL	SURGERY - NERVOUS	NonFacility	$ 910.10
64774	00	EXC NEUROMA; CUT	SURGERY - NERVOUS	NonFacility	$ 658.18
64776	00	EXC NEUROMA DIGI	SURGERY - NERVOUS	NonFacility	$ 620.97
64778	00	EXCISION NEUROMA	SURGERY - NERVOUS	NonFacility	$ 301.94
64782	00	EXC NEUROMA HAND	SURGERY - NERVOUS	NonFacility	$ 729.55
64783	00	EXC NEUROMA; HAN	SURGERY - NERVOUS	NonFacility	$ 353.18
64784	00	EXC NEUROMA MAJO	SURGERY - NERVOUS	NonFacility	$ 1161.42
64786	00	EXCISION NEUROMA	SURGERY - NERVOUS	NonFacility	$ 1721.99
64787	00	IMPLANTATION NER	SURGERY - NERVOUS	NonFacility	$ 406.25
64788	00	EXC NEUROFIBROMA	SURGERY - NERVOUS	NonFacility	$ 622.18
64790	00	EXC NEUROFIBROMA	SURGERY - NERVOUS	NonFacility	$ 1322.45
64792	00	EXC NEUROFIBROMA	SURGERY - NERVOUS	NonFacility	$ 1830.58
64795	00	BIOPSY NERVE	SURGERY - NERVOUS	NonFacility	$ 317.81
64802	00	SYMPATHECTOMY CE	SURGERY - NERVOUS	NonFacility	$ 966.23
64804	00	SYMPATHECTOMY CE	SURGERY - NERVOUS	NonFacility	$ 1357.22
64809	00	SYMPATHECTOMY TH	SURGERY - NERVOUS	NonFacility	$ 1284.02
64818	00	SYMPATHECTOMY LU	SURGERY - NERVOUS	NonFacility	$ 1082.13
64820	00	SYMPATHECTOMY DI	SURGERY - NERVOUS	NonFacility	$ 1202.28
64821	00	SYMPATHECTOMY UL	SURGERY - NERVOUS	NonFacility	$ 1094.93

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
64822	00	SYMPATHECTOMY UL	SURGERY - NERVOUS	NonFacility	$ 1083.33
64823	00	SYMPATHECTOMY SU	SURGERY - NERVOUS	NonFacility	$ 1229.74
64831	00	SUTURE DIGITAL N	SURGERY - NERVOUS	NonFacility	$ 1074.80
64832	00	SUTR DIGITAL NRV	SURGERY - NERVOUS	NonFacility	$ 555.70
64834	00	SUTURE 1 NERVE H	SURGERY - NERVOUS	NonFacility	$ 1182.77
64835	00	SUTURE 1 NERVE M	SURGERY - NERVOUS	NonFacility	$ 1293.78
64836	00	SUTURE 1 NERVE U	SURGERY - NERVOUS	NonFacility	$ 1295.00
64837	00	SUTURE EACH ADDI	SURGERY - NERVOUS	NonFacility	$ 603.27
64840	00	SUTURE POSTERIOR	SURGERY - NERVOUS	NonFacility	$ 1365.76
64856	00	SUT MAJ NERV ARM	SURGERY - NERVOUS	NonFacility	$ 1626.84
64857	00	SUT MAJ NERV ARM	SURGERY - NERVOUS	NonFacility	$ 1698.21
64858	00	SUTURE SCIATIC N	SURGERY - NERVOUS	NonFacility	$ 1917.20
64859	00	SUTURE EACH ADDI	SURGERY - NERVOUS	NonFacility	$ 417.84
64861	00	SUTURE BRACHIAL	SURGERY - NERVOUS	NonFacility	$ 2175.22
64862	00	SUTURE LUMBAR PL	SURGERY - NERVOUS	NonFacility	$ 2302.09
64864	00	SUTURE FACIAL NE	SURGERY - NERVOUS	NonFacility	$ 1398.10
64865	00	SUTURE FACIAL NE	SURGERY - NERVOUS	NonFacility	$ 1840.94
64866	00	ANASTOMOSIS FACI	SURGERY - NERVOUS	NonFacility	$ 1898.89
64868	00	ANASTOMOSIS FACI	SURGERY - NERVOUS	NonFacility	$ 1675.64
64870	00	ANASTOMOSIS FACI	SURGERY - NERVOUS	NonFacility	$ 1751.28
64872	00	SUTURE NERVE REQ	SURGERY - NERVOUS	NonFacility	$ 193.37
64874	00	SUTURE NERVE REQ	SURGERY - NERVOUS	NonFacility	$ 279.99
64876	00	SUTURE NERVE REQ	SURGERY - NERVOUS	NonFacility	$ 325.73
64885	00	NERVE GRAFT HEAD	SURGERY - NERVOUS	NonFacility	$ 1814.72
64886	00	NERVE GRAFT HEAD	SURGERY - NERVOUS	NonFacility	$ 2151.43
64890	00	NERVE GRAFT 1 ST	SURGERY - NERVOUS	NonFacility	$ 1747.62
64891	00	NERV GFT 1 STRAN	SURGERY - NERVOUS	NonFacility	$ 1845.22
64892	00	NERVE GRAFT 1 ST	SURGERY - NERVOUS	NonFacility	$ 1693.32
64893	00	NERVE GRAFT 1 ST	SURGERY - NERVOUS	NonFacility	$ 1790.32
64895	00	NERVE GRAFT MLT	SURGERY - NERVOUS	NonFacility	$ 2123.38
64896	00	NERVE GRAFT MLT	SURGERY - NERVOUS	NonFacility	$ 2499.73
64897	00	NERVE GRAFT MLT	SURGERY - NERVOUS	NonFacility	$ 2044.68
64898	00	NERVE GRAFT MLT	SURGERY - NERVOUS	NonFacility	$ 2225.84
64901	00	NERVE GRAFT EACH	SURGERY - NERVOUS	NonFacility	$ 1009.54
64902	00	NERVE GRAFT EACH	SURGERY - NERVOUS	NonFacility	$ 1163.25
64905	00	NERVE PEDICLE TR	SURGERY - NERVOUS	NonFacility	$ 1650.63
64907	00	NERVE PEDICAL TR	SURGERY - NERVOUS	NonFacility	$ 1952.57
64910	00	NERVE REPAIR W/C	SURGERY - NERVOUS	NonFacility	$ 1305.38
64911	00	NERVE REPAIR W/A	SURGERY - NERVOUS	NonFacility	$ 1610.97
65091	00	EVISCERATION OCU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 981.46
65093	00	EVISCERATION OCU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 972.93
65101	00	ENUCLEATION OF E	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1134.59
65103	00	ENUCLEATION EYE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1185.82
65105	00	ENUCLEATION EYE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1310.26
65110	00	EXENTERATION ORB	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1856.19
65112	00	EXENTERATION ORB	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2172.77
65114	00	XENTERAT ORBIT C	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2276.48
65125	00	MOD OCULR IMPL W	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 683.80
65130	00	INSRT OCULAR IMP	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1124.82
65135	00	INSRT OCULAR IMP	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1144.35
65140	00	INSRT OCULAR IMP	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1219.98
65150	00	REINSERTION OCUL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 857.64
65155	00	REINSERTION OCUL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1312.69

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
65175	00	REMOVAL OCULAR I	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 988.18
65205	00	REMOVAL FB EYE C	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 86.01
65210	00	RMVL FB XTRNL EY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 105.53
65220	00	RMVL FB XTRNL EY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 87.84
65222	00	RMVL FB XTRNL EY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 116.51
65235	00	RMVL FB INTRAOCU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1071.14
65260	00	RMVL FB IO FROM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1421.89
65265	00	RMVL FB IO FROM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1695.16
65270	00	RPR LAC CJNC W/W	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 395.28
65272	00	REPR LACERAT; CO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 730.77
65273	00	REPR LACERAT; CO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 567.90
65275	00	RPR LAC CORNEA N	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 848.49
65280	00	RPR LAC CORNEA&/	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1049.17
65285	00	RPR LAC CORN&/SC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1618.91
65286	00	RPR LAC APPL TIS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1051.62
65290	00	RPR WND EXTRAOCU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 767.36
65400	00	EXCISION LESION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1016.24
65410	00	BIOPSY CORNEA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 220.20
65420	00	EXCISION/TRANSPO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 764.93
65426	00	EXCISION/TRANSPO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 971.11
65430	00	CORNEA SCRAPING	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 176.28
65435	00	RMVL CORNEAL EPI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 122.60
65436	00	RMVL CORNEAL EPI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 594.13
65450	00	DSTRJ LESION CRY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 484.33
65600	00	MULTIPLE PUNCTUR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 588.02
65710	00	KERATOPLASTY ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1686.63
65730	00	KERATOPLASTY PEN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1874.49
65750	00	KERATOPLASTY PEN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1888.52
65755	00	KERATOPLASTY PEN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1884.25
65756	00	KERATOPLASTY END	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1767.75
65757	00	BACKBENCH PREPJ	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 243.89
65760	00	KERATOMILEUSIS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2063.59
65765	00	KERATOPHAKIA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2602.21
65767	00	EPIKERATOPLASTY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2422.87
65770	00	KERATOPROSTHESIS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2362.49
65771	00	RADIAL KERATOTOM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1166.30
65772	00	CORNEAL RELAXING	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 675.86
65775	00	CORNEAL WEDGE RE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 816.78
65778	00	PLACE AMNIOTIC M	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2252.69
65779	00	PLACE AMNIOTIC M	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2037.97
65780	00	OCULAR SURFACE R	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1341.97
65781	00	OCULAR SURFACE R	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2000.15
65782	00	OCCULAR SURFACE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1811.67
65800	00	PARACENTSIS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 229.35
65805	00	PARACENTSIS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 252.53
65810	00	PARACENTSIS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 713.68
65815	00	PARACEN ANT CHAM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 962.55
65820	00	GONIOTOMY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1107.74
65850	00	TRABECULOTOMY AB	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1309.03
65855	00	TRABECULOPLASTY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 518.49
65860	00	SEVERING ADHESIO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 508.12
65865	00	SEVERING ADS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 702.10
65870	00	SEVERING ADS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 908.89

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
65875	00	SEVERING ADS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 954.02
65880	00	SEVERING ADS ANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 980.26
65900	00	REMV EPITHL DNGR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1433.47
65920	00	RMVL IMPLANTED M	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1191.31
65930	00	RMVL BLOOD CLOT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 991.84
66020	00	INJX ANTERIOR CH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 272.66
66030	00	INJX ANTERIOR CH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 245.22
66130	00	EXCISION LESION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1084.56
66150	00	FSTLJ SCLERA GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1285.24
66155	00	FSTLJ SCLERA GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1284.02
66160	00	FSTLJ SCLERA SCL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1456.64
66165	00	FSTLJ SCLERA GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1258.41
66170	00	FSTLJ SCLERA GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1805.57
66172	00	FSTLJ SCLERA GLC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2273.42
66174	00	TRLUML DILAT AQU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1763.48
66175	00	TRLUML DILAT AQU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1999.54
66180	00	AQUEOUS SHUNT EX	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1786.05
66185	00	REVISION AQUEOUS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1150.43
66220	00	REPAIR SCLERAL S	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1111.39
66225	00	REPAIR SCLERAL S	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1457.26
66250	00	REVJ/RPR OPRATIV	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1137.63
66500	00	IRIDOTOMY-SEP PR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 519.10
66505	00	IRIDOTOMY-SEP PR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 568.52
66600	00	IRIDECTOMY W/COR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1218.14
66605	00	IRIDECTOMY W/COR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1568.28
66625	00	IRIDECT-CORNL SE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 650.26
66630	00	IRIDECT-CORNL SE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 872.89
66635	00	IRIDECT-CORNL SE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 849.10
66680	00	REPAIR IRIS CILI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 800.30
66682	00	SUTURE IRIS CILI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 966.84
66700	00	CILIARY BODY DES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 666.10
66710	00	CILIARY BODY DST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 678.31
66711	00	CILIARY BODY DST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 943.65
66720	00	CILIARY BODY DES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 698.43
66740	00	CILIARY BODY DES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 644.15
66761	00	IRIDOTOMY/IRRIDE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 685.01
66762	00	IRIDOPLASTY PHOT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 710.64
66770	00	DSTRJ CYST/LESIO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 774.69
66820	00	DISCISSION SECON	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 597.19
66821	00	POST-CATARACT LA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 491.66
66825	00	REPOSITIONING IO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1146.78
66830	00	REMV 2ND CATARAC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1058.93
66840	00	RMVL LENS MATERI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1083.33
66850	00	RMVL LENS MATERI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1209.00
66852	00	RMVL LENS MATERI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1310.87
66920	00	RMVL LENS MATERI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1121.76
66930	00	REMOVAL LENS MAT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1275.48
66940	00	REMOVAL LENS MAT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1205.95
66982	00	XCAPSULAR CATARA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1642.70
66983	00	ICAPSULAR CATARA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1115.68
66984	00	CATARACT REMOVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1180.94
66985	00	INSJ IO LENS PRO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1164.46
66986	00	EXCHANGE INTRAOC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1392.61

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
66990	00	USE OPHTHALMIC E	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 139.08
67005	00	RMVL VITREOUS AN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 733.20
67010	00	RMVL VITREOUS AN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 825.31
67015	00	ASPIRATION/RELEA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 879.61
67025	00	INJ SUBSTITUTE P	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1106.51
67027	00	IMPLANT INTRAVIT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1323.06
67028	00	INTRAVITREAL INJ	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 323.30
67030	00	DISCISSION VITRE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 775.29
67031	00	SEVERING VITREOU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 582.55
67036	00	VITRECTOMY MECHA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1474.96
67039	00	VITRECTOMY MCHNL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1922.08
67040	00	VTRECTOMY MCHNL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2181.92
67041	00	VITRECTOMY PARS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2039.19
67042	00	VITRECTOMY PARS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2335.64
67043	00	VITRECTOMY PARS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2492.42
67101	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1187.66
67105	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1085.78
67107	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1890.96
67108	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2473.51
67110	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1307.21
67112	00	RPR RETINAL DTCH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2038.58
67113	00	RPR COMPLEX RETI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2685.77
67115	00	RELEASE ENCIRCLI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 747.84
67120	00	RMVL IMPLNT MATL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1004.66
67121	00	RMVL IMPLT MATRL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1407.86
67141	00	PROPH RTA DTCHMN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 797.26
67145	00	PROPH RTA DTCHMN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 792.99
67208	00	DSTRJ LOCLZD LES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 886.31
67210	00	DSTRJ LOCLZD LES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1061.99
67218	00	DSTRJ LES RETINA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2086.16
67220	00	DSTRJ LES CHOROI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1651.85
67221	00	DESTRUC LES CHOR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 447.12
67225	00	DSTRUC LES CHROI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 45.15
67227	00	DESTRUCTION RETI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 901.56
67228	00	EXTENSIVE RETINO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1829.36
67229	00	EXTENSIVE RETINO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1720.77
67250	00	SCLERAL REINFORC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1202.28
67255	00	SCLERAL REINFORC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1302.94
67311	00	STRABISMUS RECES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 920.47
67312	00	STRABISMUS RECES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1114.45
67314	00	STRABISMUS RECES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1034.53
67316	00	STRABISMUS RECES	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1251.08
67318	00	STRABISMUS ANY S	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1041.86
67320	00	TRANSPOSITION PR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 492.25
67331	00	STRABISMUS SURG-	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 488.60
67332	00	STRABISMUS SURG-	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 530.68
67334	00	STRABISMUS POST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 460.54
67335	00	PLACEMENT ADJUST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 239.72
67340	00	STRABISMUS EXPL&	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 547.77
67343	00	RLS XTNSV SCAR T	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1013.80
67345	00	CHEMODENERVATION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 373.31
67346	00	BIOPSY EXTRAOCUL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 320.85
67400	00	ORBITOTOMY W/O B	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1438.96

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
67405	00	ORBITOTOMY W/O B	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1199.85
67412	00	ORBITOTOMY W/O B	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1323.06
67413	00	ORBITOTOMY W/O B	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1332.21
67414	00	ORBITOTOMY W/O B	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2014.79
67415	00	FINE NEEDLE ASPI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 166.52
67420	00	ORBITOTOMY BONE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2554.64
67430	00	ORBITOTOMY BONE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1854.37
67440	00	ORBITOTOMY BONE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1831.18
67445	00	ORBITOTOMY BONE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 2205.71
67450	00	ORBITOTOMY BONE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1902.56
67500	00	RETROBULBAR INJE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 134.81
67505	00	RETROBULBAR INJE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 140.30
67515	00	INJECTION MEDICA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 149.45
67550	00	ORBITAL IMPLANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1501.18
67560	00	ORBITAL IMPLANT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1499.36
67570	00	OPTIC NERVE DECO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1898.89
67700	00	BLEPHAROTOMY DRA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 392.83
67710	00	SEVERING OF TARS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 331.84
67715	00	CANTHOTOMY SEPAR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 351.36
67800	00	EXCISION CHALAZI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 193.37
67801	00	EXCISION CHALAZI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 250.10
67805	00	EXCISION CHALAZI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 309.87
67808	00	EXC CHALAZION AN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 569.11
67810	00	BIOPSY EYELID	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 333.06
67820	00	CORRECTION TRICH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 79.90
67825	00	CORRECTION TRICH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 197.64
67830	00	CORRECTION TRICH	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 398.32
67835	00	CORRECT TRICHIAS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 686.24
67840	00	EXC LESION EYELI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 414.80
67850	00	DESTRUCTION LESI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 331.22
67875	00	TEMPORARY CLOSUR	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 259.25
67880	00	CONSTJ INTERMARG	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 692.95
67882	00	CONSTJ INTERMARG	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 862.52
67900	00	REPAIR BROW PTOS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 981.46
67901	00	RPR BLEPHAROPTOS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1084.56
67902	00	RPR BLEPHAROPT F	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1118.72
67903	00	RPR BLEPHAROPTOS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 930.84
67904	00	RPR BLEPHAROPTOS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1119.94
67906	00	RPR BLEPHAROPTOS	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 762.48
67908	00	REPR BLEPHAROPTO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 756.38
67909	00	REDUCTION OVERCO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 824.09
67911	00	CORRECTION LID R	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 868.01
67912	00	CORR LAGOPHTHALM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1342.58
67914	00	REPAIR ECTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 592.31
67915	00	REPAIR ECTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 523.37
67916	00	REPAIR ECTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 820.43
67917	00	REPAIR ECTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 899.13
67921	00	REPAIR ENTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 566.07
67922	00	REPAIR ENTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 506.30
67923	00	REPAIR ENTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 871.07
67924	00	REPAIR ENTROPION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 896.68
67930	00	SUTR WND EYELID/	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 560.58
67935	00	SUTR WND EYELID/	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 915.59

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
67938	00	REMOVAL EMBEDDED	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 359.28
67950	00	CANTHOPLASTY	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 880.82
67961	00	EXCISION & REPAI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 882.04
67966	00	EXCISION & REPAI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1180.94
67971	00	RCNSTJ EYELID FU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1144.35
67973	00	RCNSTJ EYELID FU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1480.45
67974	00	RCNSTJ EYELID FU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1475.57
67975	00	RCNSTJ EYELID FU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1080.90
68020	00	INCISION CONJUNC	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 181.77
68040	00	EXPRESSION CONJU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 101.87
68100	00	BIOPSY CONJUNCTI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 255.59
68110	00	EXCISION LESION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 339.76
68115	00	EXCISION LESION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 462.38
68130	00	EXCISION LESION	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 792.38
68135	00	DESTRUCTION LESI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 237.29
68200	00	SUBCONJUNCTIVAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 64.67
68320	00	CONJUNCTIVOPLAST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1094.32
68325	00	CONJUNCTIVOPLAST	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1026.00
68326	00	CJP RCNSTJ CUL-D	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1003.43
68328	00	CONJUNCTPL CUL-D	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1112.62
68330	00	RPR SYMBLEPHARON	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 919.24
68335	00	REPR SYMBLEPHARO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1007.70
68340	00	RPR & DIV SYMBLE	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 825.93
68360	00	CONJUNCTIVAL FLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 807.63
68362	00	CONJUNCTIVAL FLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1020.50
68371	00	HARVESTING CONJU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 613.03
68400	00	INCISION DRAINAG	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 420.27
68420	00	INCISION DRAINAG	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 473.96
68440	00	SNIP INCISION LA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 162.25
68500	00	EXCISION LACRIMA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1540.83
68505	00	EXCISION LACRIMA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1521.92
68510	00	BIOPSY LACRIMAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 692.34
68520	00	EXCISION LACRIMA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1046.13
68525	00	BIOPSY LACRIMAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 431.87
68530	00	RMVL FB/DACRYOLI	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 655.73
68540	00	EXC LACRIMAL GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1413.35
68550	00	EXC LACRIMAL GLA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1707.97
68700	00	PLASTIC REPAIR C	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 939.99
68705	00	CORRECTION EVERT	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 360.51
68720	00	DACRYOCYSTORHINO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1170.57
68745	00	CONJUNCTIVORHINO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1187.66
68750	00	CONJUNCTIVORHINO	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1225.47
68760	00	CLO LACRIMAL PUN	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 305.60
68761	00	CLSR LACRIMAL PU	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 222.04
68770	00	CLOSURE LACRIMAL	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 944.87
68801	00	DILATION LACRIMA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 185.43
68810	00	PROBE NASOLACRIM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 361.12
68811	00	PROBE NASOLACRIM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 319.03
68815	00	PROBE NASOLACRIM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 666.10
68816	00	PROBE NASOLACRIM	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 1025.38
68840	00	PROBE LACRIMAL C	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 191.53
68850	00	INJECTION CONTRA	SURGERY - EYE & OCULAR ADNEXA	NonFacility	$ 100.04
69000	00	DRAINAGE EXTERNA	SURGERY - AUDITORY	NonFacility	$ 284.26

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
69005	00	DRAINAGE EXTERNA	SURGERY - AUDITORY	NonFacility	$ 335.49
69020	00	DRAINAGE EXTERNA	SURGERY - AUDITORY	NonFacility	$ 359.28
69090	00	EAR PIERCING	SURGERY - AUDITORY	NonFacility	$ 48.80
69100	00	BIOPSY EXTERNAL	SURGERY - AUDITORY	NonFacility	$ 164.09
69105	00	BIOPSY EXTERNAL	SURGERY - AUDITORY	NonFacility	$ 216.55
69110	00	EXCISION EXTERNA	SURGERY - AUDITORY	NonFacility	$ 713.07
69120	00	EXCISION EXTERNA	SURGERY - AUDITORY	NonFacility	$ 635.62
69140	00	EXCISION EXOSTOS	SURGERY - AUDITORY	NonFacility	$ 1382.23
69145	00	EXCISION SOFT TI	SURGERY - AUDITORY	NonFacility	$ 604.50
69150	00	RAD EXC XTRNL AU	SURGERY - AUDITORY	NonFacility	$ 1692.71
69155	00	RAD EXC XTRNL AU	SURGERY - AUDITORY	NonFacility	$ 2720.55
69200	00	RMVL FB XTRNL AU	SURGERY - AUDITORY	NonFacility	$ 189.10
69205	00	RMVL FB XTRNL AU	SURGERY - AUDITORY	NonFacility	$ 162.25
69210	00	RMVL IMPACTED CE	SURGERY - AUDITORY	NonFacility	$ 78.70
69220	00	DEBRIDEMENT MAST	SURGERY - AUDITORY	NonFacility	$ 212.28
69222	00	DEBRIDEMENT MAST	SURGERY - AUDITORY	NonFacility	$ 342.21
69300	00	OTOPLASTY PROTRU	SURGERY - AUDITORY	NonFacility	$ 1035.15
69310	00	RECONSTRUCTION E	SURGERY - AUDITORY	NonFacility	$ 1725.65
69320	00	RCNSTJ XTRNL AUD	SURGERY - AUDITORY	NonFacility	$ 2456.42
69400	00	EUSTACHIAN INFLA	SURGERY - AUDITORY	NonFacility	$ 222.04
69401	00	EUSTACHIAN INFLA	SURGERY - AUDITORY	NonFacility	$ 129.93
69405	00	EUSTACHIAN TUBE	SURGERY - AUDITORY	NonFacility	$ 410.51
69420	00	MYRINGOTOMY ASPI	SURGERY - AUDITORY	NonFacility	$ 297.67
69421	00	MYRINGOTOMY ASPI	SURGERY - AUDITORY	NonFacility	$ 242.17
69424	00	VENTILATING TUBE	SURGERY - AUDITORY	NonFacility	$ 199.46
69433	00	TYMPANOSTOMY LOC	SURGERY - AUDITORY	NonFacility	$ 311.09
69436	00	TYMPANOSTOMY GEN	SURGERY - AUDITORY	NonFacility	$ 261.68
69440	00	MID EAR EXPLOR-P	SURGERY - AUDITORY	NonFacility	$ 1093.71
69450	00	TYMPANOLYSIS TRA	SURGERY - AUDITORY	NonFacility	$ 858.86
69501	00	TRANSMASTOID ANT	SURGERY - AUDITORY	NonFacility	$ 1174.83
69502	00	MASTOIDECTOMY CO	SURGERY - AUDITORY	NonFacility	$ 1564.01
69505	00	MASTOIDECTOMY MO	SURGERY - AUDITORY	NonFacility	$ 1921.47
69511	00	MASTOIDECTOMY RA	SURGERY - AUDITORY	NonFacility	$ 1975.13
69530	00	PETROUS APICECTO	SURGERY - AUDITORY	NonFacility	$ 2665.04
69535	00	RESCJ TEMPORAL B	SURGERY - AUDITORY	NonFacility	$ 4348.00
69540	00	EXCISION AURAL P	SURGERY - AUDITORY	NonFacility	$ 323.91
69550	00	EXCISION AURAL G	SURGERY - AUDITORY	NonFacility	$ 1661.00
69552	00	EXCISION AURAL G	SURGERY - AUDITORY	NonFacility	$ 2534.50
69554	00	EXCISION AURAL G	SURGERY - AUDITORY	NonFacility	$ 4016.77
69601	00	REVJ MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 1684.79
69602	00	REVJ MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 1750.66
69603	00	REVJ MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 2028.20
69604	00	REVJ MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 1801.91
69605	00	REVJ MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 2510.71
69610	00	TYMPANIC MEMB RP	SURGERY - AUDITORY	NonFacility	$ 622.18
69620	00	MYRINGOPLASTY	SURGERY - AUDITORY	NonFacility	$ 1091.28
69631	00	TYMPANOPLASTY W/	SURGERY - AUDITORY	NonFacility	$ 1406.63
69632	00	TYMPNOPLSTY W/O	SURGERY - AUDITORY	NonFacility	$ 1726.26
69633	00	TYMPANOPLASTY W/	SURGERY - AUDITORY	NonFacility	$ 1665.27
69635	00	TYMPP ANTRT/MAST	SURGERY - AUDITORY	NonFacility	$ 1947.08
69636	00	TYMPP ANTRT/MAST	SURGERY - AUDITORY	NonFacility	$ 2208.16
69637	00	TMPP ANTRT/MASTO	SURGERY - AUDITORY	NonFacility	$ 2200.24
69641	00	TMPP MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 1672.58

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
69642	00	TMPP MASTOIDECTO	SURGERY - AUDITORY	NonFacility	$ 2155.70
69643	00	TMPP MASTOIDECT	SURGERY - AUDITORY	NonFacility	$ 1969.05
69644	00	TMPP MASTOIDECT	SURGERY - AUDITORY	NonFacility	$ 2376.52
69645	00	TYMPANOPLASTY MA	SURGERY - AUDITORY	NonFacility	$ 2328.94
69646	00	TYMPANOPLASTY MA	SURGERY - AUDITORY	NonFacility	$ 2476.55
69650	00	STAPES MOBILIZAT	SURGERY - AUDITORY	NonFacility	$ 1277.32
69660	00	STAPEDECTOMY/STA	SURGERY - AUDITORY	NonFacility	$ 1496.30
69661	00	STAPEDECTOMY; W/	SURGERY - AUDITORY	NonFacility	$ 1953.18
69662	00	REVISION STAPEDE	SURGERY - AUDITORY	NonFacility	$ 1874.49
69666	00	REPAIR OVAL WIND	SURGERY - AUDITORY	NonFacility	$ 1292.57
69667	00	REPAIR ROUND WIN	SURGERY - AUDITORY	NonFacility	$ 1296.23
69670	00	MASTOID OBLITERA	SURGERY - AUDITORY	NonFacility	$ 1514.00
69676	00	TYMPANIC NEURECT	SURGERY - AUDITORY	NonFacility	$ 1330.39
69700	00	CLOSURE POSTAURI	SURGERY - AUDITORY	NonFacility	$ 1108.35
69711	00	RMVL/RPR EMGNT B	SURGERY - AUDITORY	NonFacility	$ 1390.16
69714	00	IMPLTJ OSSEOINTE	SURGERY - AUDITORY	NonFacility	$ 1742.13
69715	00	IMPLJ OSSEOINTEG	SURGERY - AUDITORY	NonFacility	$ 2166.69
69717	00	RPLMCT OSSEOINTE	SURGERY - AUDITORY	NonFacility	$ 1847.65
69718	00	RPLMCT OSSEOINTE	SURGERY - AUDITORY	NonFacility	$ 2191.68
69720	00	DCMPRN FACIAL NR	SURGERY - AUDITORY	NonFacility	$ 1888.52
69725	00	DCMPRN NRV INTRA	SURGERY - AUDITORY	NonFacility	$ 3069.45
69740	00	SUTR NRV ITPRL W	SURGERY - AUDITORY	NonFacility	$ 1899.50
69745	00	SUTR NRV ITPRL W	SURGERY - AUDITORY	NonFacility	$ 2023.32
69801	00	LABYRINTHOTOMY;	SURGERY - AUDITORY	NonFacility	$ 1198.01
69805	00	ENDOLYMPH SAC OP	SURGERY - AUDITORY	NonFacility	$ 1709.80
69806	00	ENDOLYMPH SAC OP	SURGERY - AUDITORY	NonFacility	$ 1529.85
69820	00	FENESTRATION SEM	SURGERY - AUDITORY	NonFacility	$ 1383.46
69840	00	REVISION FENESTR	SURGERY - AUDITORY	NonFacility	$ 1444.45
69905	00	LABYRINTHECTOMY;	SURGERY - AUDITORY	NonFacility	$ 1477.39
69910	00	LABYRINTHECTOMY	SURGERY - AUDITORY	NonFacility	$ 1656.12
69915	00	VESTIBULAR NRV S	SURGERY - AUDITORY	NonFacility	$ 2452.76
69930	00	COCHLEAR DEVICE	SURGERY - AUDITORY	NonFacility	$ 2009.91
69950	00	VESTIBULAR NRV S	SURGERY - AUDITORY	NonFacility	$ 2956.00
69955	00	TOTAL FACIAL NER	SURGERY - AUDITORY	NonFacility	$ 3239.65
69960	00	DECOMPRESSION IN	SURGERY - AUDITORY	NonFacility	$ 3156.07
69970	00	REMOVAL TUMOR TE	SURGERY - AUDITORY	NonFacility	$ 3518.41
69990	00	MICROSURG TQS RE	SURGERY - AUDITORY	NonFacility	$ 355.62
70010	00	MYELOGRAPHY POST	RADIOLOGY	NonFacility	$ 272.05
70015	00	CISTERNOGRAPHY P	RADIOLOGY	NonFacility	$ 236.68
70015	26	CISTERNOGRAPHY P	RADIOLOGY	NonFacility	$ 102.48
70015	TC	CISTERNOGRAPHY P	RADIOLOGY	NonFacility	$ 134.20
70030	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 46.35
70030	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 14.64
70030	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 31.71
70100	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 50.62
70100	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25
70100	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 35.37
70110	00	RADIOLOG EXAM MA	RADIOLOGY	NonFacility	$ 64.05
70110	26	RADIOLOG EXAM MA	RADIOLOGY	NonFacility	$ 21.36
70110	TC	RADIOLOG EXAM MA	RADIOLOGY	NonFacility	$ 42.69
70120	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 54.91
70120	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 15.26
70120	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 39.65

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
70130	00	RADEX MASTOIDS C	RADIOLOGY	NonFacility	$ 89.05
70130	26	RADEX MASTOIDS C	RADIOLOGY	NonFacility	$ 28.67
70130	TC	RADEX MASTOIDS C	RADIOLOGY	NonFacility	$ 60.38
70134	00	RADEX INTERNAL A	RADIOLOGY	NonFacility	$ 75.02
70134	26	RADEX INTERNAL A	RADIOLOGY	NonFacility	$ 28.67
70134	TC	RADEX INTERNAL A	RADIOLOGY	NonFacility	$ 46.35
70140	00	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 47.58
70140	26	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 15.87
70140	TC	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 31.71
70150	00	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 68.32
70150	26	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 21.97
70150	TC	RADEX FACIAL BON	RADIOLOGY	NonFacility	$ 46.35
70160	00	RADEX NASAL BONE	RADIOLOGY	NonFacility	$ 52.46
70160	26	RADEX NASAL BONE	RADIOLOGY	NonFacility	$ 14.64
70160	TC	RADEX NASAL BONE	RADIOLOGY	NonFacility	$ 37.82
70170	00	DACRYOCSTOGRAPY	RADIOLOGY	NonFacility	$ 95.07
70170	26	DACRYOCSTOGRAPY	RADIOLOGY	NonFacility	$ 26.24
70170	TC	DACRYOCSTOGRAPY	RADIOLOGY	NonFacility	$ 68.83
70190	00	RADIOLOGIC EXAM;	RADIOLOGY	NonFacility	$ 57.34
70190	26	RADIOLOGIC EXAM;	RADIOLOGY	NonFacility	$ 17.69
70190	TC	RADIOLOGIC EXAM;	RADIOLOGY	NonFacility	$ 39.65
70200	00	RADEX ORBITS COM	RADIOLOGY	NonFacility	$ 70.75
70200	26	RADEX ORBITS COM	RADIOLOGY	NonFacility	$ 23.79
70200	TC	RADEX ORBITS COM	RADIOLOGY	NonFacility	$ 46.96
70210	00	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 48.80
70210	26	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 14.64
70210	TC	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 34.16
70220	00	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 62.83
70220	26	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 20.74
70220	TC	RADEX SINUSES PA	RADIOLOGY	NonFacility	$ 42.09
70240	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 48.19
70240	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 16.48
70240	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 31.71
70250	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 58.56
70250	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 20.13
70250	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 38.43
70260	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 76.25
70260	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 28.06
70260	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 48.19
70300	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 23.18
70300	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 9.15
70300	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 14.03
70310	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 57.95
70310	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 14.64
70310	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 43.31
70320	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 78.70
70320	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 19.53
70320	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 59.17
70328	00	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 48.80
70328	26	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 15.25
70328	TC	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 33.55
70330	00	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 76.25
70330	26	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 20.75

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
70330	TC	RADEX TEMPOROMAN	RADIOLOGY	NonFacility	$ 55.50
70332	00	TEMPOROMANDBLE J	RADIOLOGY	NonFacility	$ 136.03
70332	26	TEMPOROMANDBLE J	RADIOLOGY	NonFacility	$ 46.37
70332	TC	TEMPOROMANDBLE J	RADIOLOGY	NonFacility	$ 89.66
70336	00	MRI TEMPOROMANDI	RADIOLOGY - MRI	NonFacility	$ 748.45
70336	26	MRI TEMPOROMANDI	RADIOLOGY - MRI	NonFacility	$ 125.66
70336	TC	MRI TEMPOROMANDI	RADIOLOGY - MRI	NonFacility	$ 622.79
70350	00	CEPHALOGRAM ORTH	RADIOLOGY	NonFacility	$ 34.16
70350	26	CEPHALOGRAM ORTH	RADIOLOGY	NonFacility	$ 15.25
70350	TC	CEPHALOGRAM ORTH	RADIOLOGY	NonFacility	$ 18.91
70355	00	ORTHOPANTOGRAM	RADIOLOGY	NonFacility	$ 36.00
70355	26	ORTHOPANTOGRAM	RADIOLOGY	NonFacility	$ 17.70
70355	TC	ORTHOPANTOGRAM	RADIOLOGY	NonFacility	$ 18.30
70360	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 44.53
70360	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 14.64
70360	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 29.89
70370	00	RAD EXAM; PHARYN	RADIOLOGY	NonFacility	$ 123.21
70370	26	RAD EXAM; PHARYN	RADIOLOGY	NonFacility	$ 26.83
70370	TC	RAD EXAM; PHARYN	RADIOLOGY	NonFacility	$ 96.38
70371	00	CMPLX DYNAMIC PH	RADIOLOGY	NonFacility	$ 154.33
70371	26	CMPLX DYNAMIC PH	RADIOLOGY	NonFacility	$ 69.55
70371	TC	CMPLX DYNAMIC PH	RADIOLOGY	NonFacility	$ 84.78
70373	00	LARYNGOGRAPY CON	RADIOLOGY	NonFacility	$ 129.32
70373	26	LARYNGOGRAPY CON	RADIOLOGY	NonFacility	$ 35.39
70373	TC	LARYNGOGRAPY CON	RADIOLOGY	NonFacility	$ 93.93
70380	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 60.99
70380	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25
70380	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 45.74
70390	00	SIALOGRAPHY RAD	RADIOLOGY	NonFacility	$ 159.82
70390	26	SIALOGRAPHY RAD	RADIOLOGY	NonFacility	$ 32.94
70390	TC	SIALOGRAPHY RAD	RADIOLOGY	NonFacility	$ 126.88
70450	00	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 325.12
70450	26	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 72.59
70450	TC	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 252.53
70460	00	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 422.72
70460	26	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 96.38
70460	TC	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 326.34
70470	00	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 510.57
70470	26	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 108.59
70470	TC	CT HEAD/BRAIN W/	RADIOLOGY - CT	NonFacility	$ 401.98
70480	00	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 508.12
70480	26	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 109.19
70480	TC	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 398.93
70481	00	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 589.25
70481	26	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 117.72
70481	TC	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 471.53
70482	00	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 671.60
70482	26	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 123.83
70482	TC	CT ORBIT SELLA/P	RADIOLOGY - CT	NonFacility	$ 547.77
70486	00	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 426.38
70486	26	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 96.99
70486	TC	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 329.39
70487	00	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 514.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
70487	26	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 111.02
70487	TC	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 403.20
70488	00	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 625.24
70488	26	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 121.39
70488	TC	CT MAXILLOFACIAL	RADIOLOGY - CT	NonFacility	$ 503.85
70490	00	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 422.11
70490	26	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 109.80
70490	TC	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 312.31
70491	00	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 505.69
70491	26	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 117.74
70491	TC	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 387.95
70492	00	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 611.83
70492	26	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 123.84
70492	TC	CT SOFT TISSUE N	RADIOLOGY - CT	NonFacility	$ 487.99
70496	00	CTA HEAD C-/C+	RADIOLOGY - CT	NonFacility	$ 1061.99
70496	26	CTA HEAD C-/C+	RADIOLOGY - CT	NonFacility	$ 150.06
70496	TC	CTA HEAD C-/C+	RADIOLOGY - CT	NonFacility	$ 911.93
70498	00	CTA NCK C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 1063.20
70498	26	CTA NCK C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 150.06
70498	TC	CTA NCK C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 913.14
70540	00	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 822.88
70540	26	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 115.29
70540	TC	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 707.59
70542	00	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 914.36
70542	26	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 137.85
70542	TC	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 776.51
70543	00	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 1232.78
70543	26	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 183.00
70543	TC	MRI ORBIT FACE &	RADIOLOGY - MRI	NonFacility	$ 1049.78
70544	00	MRA HEAD W/O CON	RADIOLOGY - MRA	NonFacility	$ 972.31
70544	26	MRA HEAD W/O CON	RADIOLOGY - MRA	NonFacility	$ 102.48
70544	TC	MRA HEAD W/O CON	RADIOLOGY - MRA	NonFacility	$ 869.83
70545	00	MRA HEAD W/CONTR	RADIOLOGY - MRA	NonFacility	$ 966.84
70545	26	MRA HEAD W/CONTR	RADIOLOGY - MRA	NonFacility	$ 102.48
70545	TC	MRA HEAD W/CONTR	RADIOLOGY - MRA	NonFacility	$ 864.36
70546	00	MRA HEAD W/O &W/	RADIOLOGY - MRA	NonFacility	$ 1535.95
70546	26	MRA HEAD W/O &W/	RADIOLOGY - MRA	NonFacility	$ 153.72
70546	TC	MRA HEAD W/O &W/	RADIOLOGY - MRA	NonFacility	$ 1382.23
70547	00	MRA NECK W/O CON	RADIOLOGY - MRA	NonFacility	$ 969.88
70547	26	MRA NECK W/O CON	RADIOLOGY - MRA	NonFacility	$ 102.48
70547	TC	MRA NECK W/O CON	RADIOLOGY - MRA	NonFacility	$ 867.40
70548	00	MRA NECK W/CONTR	RADIOLOGY - MRA	NonFacility	$ 1012.58
70548	26	MRA NECK W/CONTR	RADIOLOGY - MRA	NonFacility	$ 102.48
70548	TC	MRA NECK W/CONTR	RADIOLOGY - MRA	NonFacility	$ 910.10
70549	00	MRA NECK W/O &W/	RADIOLOGY - MRA	NonFacility	$ 1535.34
70549	26	MRA NECK W/O &W/	RADIOLOGY - MRA	NonFacility	$ 153.11
70549	TC	MRA NECK W/O &W/	RADIOLOGY - MRA	NonFacility	$ 1382.23
70551	00	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 846.06
70551	26	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 126.27
70551	TC	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 719.79
70552	00	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 945.48
70552	26	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 152.49
70552	TC	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 792.99

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
70553	00	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 1222.41
70553	26	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 201.30
70553	TC	MRI BRAIN BRAIN	RADIOLOGY - MRI	NonFacility	$ 1021.11
70554	00	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 930.23
70554	26	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 181.78
70554	TC	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 748.45
70555	00	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 990.45
70555	26	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 223.25
70555	TC	MRI BRAIN FUNCTI	RADIOLOGY - MRI	NonFacility	$ 767.20
70557	00	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 639.37
70557	26	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 297.06
70557	TC	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 342.31
70558	00	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 765.23
70558	26	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 278.77
70558	TC	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 486.46
70559	00	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 711.86
70559	26	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 283.65
70559	TC	MRI BRAIN OPEN I	RADIOLOGY - MRI	NonFacility	$ 428.21
71010	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 39.04
71010	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25
71010	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 23.79
71015	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 48.80
71015	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 17.68
71015	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 31.12
71020	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 51.23
71020	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 18.91
71020	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 32.32
71021	00	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 61.61
71021	26	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 22.57
71021	TC	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 39.04
71022	00	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 75.02
71022	26	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 26.24
71022	TC	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 48.78
71023	00	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 109.80
71023	26	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 32.94
71023	TC	RADEX CH 2 VIEWS	RADIOLOGY	NonFacility	$ 76.86
71030	00	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 75.02
71030	26	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 26.24
71030	TC	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 48.78
71034	00	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 145.18
71034	26	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 40.88
71034	TC	RADEX CHEST COMP	RADIOLOGY	NonFacility	$ 104.30
71035	00	RADEX CHEST SPEC	RADIOLOGY	NonFacility	$ 56.73
71035	26	RADEX CHEST SPEC	RADIOLOGY	NonFacility	$ 15.87
71035	TC	RADEX CHEST SPEC	RADIOLOGY	NonFacility	$ 40.86
71040	00	BRONCHOGRAPY UNI	RADIOLOGY	NonFacility	$ 154.33
71040	26	BRONCHOGRAPY UNI	RADIOLOGY	NonFacility	$ 48.19
71040	TC	BRONCHOGRAPY UNI	RADIOLOGY	NonFacility	$ 106.14
71060	00	BRONCHOGRAPY BIL	RADIOLOGY	NonFacility	$ 226.92
71060	26	BRONCHOGRAPY BIL	RADIOLOGY	NonFacility	$ 63.44
71060	TC	BRONCHOGRAPY BIL	RADIOLOGY	NonFacility	$ 163.48
71100	00	RADEX RIBS UNILA	RADIOLOGY	NonFacility	$ 53.07
71100	26	RADEX RIBS UNILA	RADIOLOGY	NonFacility	$ 18.91

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
71100	TC	RADEX RIBS UNILA	RADIOLOGY	NonFacility	$ 34.16
71101	00	RADEX RIBS UNI W	RADIOLOGY	NonFacility	$ 63.44
71101	26	RADEX RIBS UNI W	RADIOLOGY	NonFacility	$ 22.58
71101	TC	RADEX RIBS UNI W	RADIOLOGY	NonFacility	$ 40.86
71110	00	RADEX RIBS BILAT	RADIOLOGY	NonFacility	$ 65.26
71110	26	RADEX RIBS BILAT	RADIOLOGY	NonFacility	$ 22.56
71110	TC	RADEX RIBS BILAT	RADIOLOGY	NonFacility	$ 42.70
71111	00	RADEX RIBS BI W/	RADIOLOGY	NonFacility	$ 84.17
71111	26	RADEX RIBS BI W/	RADIOLOGY	NonFacility	$ 26.83
71111	TC	RADEX RIBS BI W/	RADIOLOGY	NonFacility	$ 57.34
71120	00	RADEX STERNUM MI	RADIOLOGY	NonFacility	$ 52.46
71120	26	RADEX STERNUM MI	RADIOLOGY	NonFacility	$ 17.07
71120	TC	RADEX STERNUM MI	RADIOLOGY	NonFacility	$ 35.39
71130	00	RADEX STERNOCLAV	RADIOLOGY	NonFacility	$ 60.38
71130	26	RADEX STERNOCLAV	RADIOLOGY	NonFacility	$ 18.91
71130	TC	RADEX STERNOCLAV	RADIOLOGY	NonFacility	$ 41.47
71250	00	CT THORAX W/O CO	RADIOLOGY - CT	NonFacility	$ 426.38
71250	26	CT THORAX W/O CO	RADIOLOGY - CT	NonFacility	$ 99.42
71250	TC	CT THORAX W/O CO	RADIOLOGY - CT	NonFacility	$ 326.96
71260	00	CT THORAX W/CONT	RADIOLOGY - CT	NonFacility	$ 511.16
71260	26	CT THORAX W/CONT	RADIOLOGY - CT	NonFacility	$ 106.14
71260	TC	CT THORAX W/CONT	RADIOLOGY - CT	NonFacility	$ 405.02
71270	00	CT THORAX W/O &W	RADIOLOGY - CT	NonFacility	$ 628.90
71270	26	CT THORAX W/O &W	RADIOLOGY - CT	NonFacility	$ 117.74
71270	TC	CT THORAX W/O &W	RADIOLOGY - CT	NonFacility	$ 511.16
71275	00	CTA CH C-/C+ POS	RADIOLOGY - CT	NonFacility	$ 836.91
71275	26	CTA CH C-/C+ POS	RADIOLOGY - CT	NonFacility	$ 164.09
71275	TC	CTA CH C-/C+ POS	RADIOLOGY - CT	NonFacility	$ 672.82
71550	00	MRI CHEST W/O CO	RADIOLOGY - MRI	NonFacility	$ 921.69
71550	26	MRI CHEST W/O CO	RADIOLOGY - MRI	NonFacility	$ 124.44
71550	TC	MRI CHEST W/O CO	RADIOLOGY - MRI	NonFacility	$ 797.25
71551	00	MRI CHEST W/CONT	RADIOLOGY - MRI	NonFacility	$ 1035.15
71551	26	MRI CHEST W/CONT	RADIOLOGY - MRI	NonFacility	$ 147.01
71551	TC	MRI CHEST W/CONT	RADIOLOGY - MRI	NonFacility	$ 888.14
71552	00	MRI CHEST W/O &W	RADIOLOGY - MRI	NonFacility	$ 1399.31
71552	26	MRI CHEST W/O &W	RADIOLOGY - MRI	NonFacility	$ 193.37
71552	TC	MRI CHEST W/O &W	RADIOLOGY - MRI	NonFacility	$ 1205.94
71555	00	MRA CHEST W/O &W	RADIOLOGY - MRA	NonFacility	$ 981.46
71555	26	MRA CHEST W/O &W	RADIOLOGY - MRA	NonFacility	$ 155.55
71555	TC	MRA CHEST W/O &W	RADIOLOGY - MRA	NonFacility	$ 825.91
72010	00	RADEX SPINE ENTI	RADIOLOGY	NonFacility	$ 115.29
72010	26	RADEX SPINE ENTI	RADIOLOGY	NonFacility	$ 37.82
72010	TC	RADEX SPINE ENTI	RADIOLOGY	NonFacility	$ 77.47
72020	00	RADEX SPINE 1 VI	RADIOLOGY	NonFacility	$ 39.04
72020	26	RADEX SPINE 1 VI	RADIOLOGY	NonFacility	$ 13.42
72020	TC	RADEX SPINE 1 VI	RADIOLOGY	NonFacility	$ 25.62
72040	00	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 60.99
72040	26	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 19.52
72040	TC	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 41.47
72050	00	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 84.78
72050	26	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 26.83
72050	TC	RADEX SPINE CERV	RADIOLOGY	NonFacility	$ 57.95
72052	00	RADEX SPINE CRV	RADIOLOGY	NonFacility	$ 106.14

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
72052	26	RADEX SPINE CRV	RADIOLOGY	NonFacility	$ 31.12
72052	TC	RADEX SPINE CRV	RADIOLOGY	NonFacility	$ 75.02
72069	00	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 58.56
72069	26	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 19.52
72069	TC	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 39.04
72070	00	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 54.29
72070	26	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 18.91
72070	TC	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 35.38
72072	00	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 61.61
72072	26	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 18.91
72072	TC	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 42.70
72074	00	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 71.98
72074	26	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 18.91
72074	TC	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 53.07
72080	00	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 57.95
72080	26	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 19.52
72080	TC	RADEX SPINE THOR	RADIOLOGY	NonFacility	$ 38.43
72090	00	RADEX SPINE SCOL	RADIOLOGY	NonFacility	$ 78.08
72090	26	RADEX SPINE SCOL	RADIOLOGY	NonFacility	$ 25.63
72090	TC	RADEX SPINE SCOL	RADIOLOGY	NonFacility	$ 52.45
72100	00	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 64.05
72100	26	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 19.52
72100	TC	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 44.53
72110	00	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 87.84
72110	26	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 26.85
72110	TC	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 60.99
72114	00	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 116.51
72114	26	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 31.73
72114	TC	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 84.78
72120	00	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 79.90
72120	26	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 19.52
72120	TC	RADEX SPINE LUMB	RADIOLOGY	NonFacility	$ 60.38
72125	00	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 427.60
72125	26	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 99.42
72125	TC	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 328.18
72126	00	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 510.57
72126	26	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 104.32
72126	TC	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 406.25
72127	00	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 618.53
72127	26	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 107.98
72127	TC	CT CERVICAL SPIN	RADIOLOGY - CT	NonFacility	$ 510.55
72128	00	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 426.38
72128	26	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 99.42
72128	TC	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 326.96
72129	00	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 510.57
72129	26	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 104.32
72129	TC	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 406.25
72130	00	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 620.97
72130	26	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 108.58
72130	TC	CT THORACIC SPIN	RADIOLOGY - CT	NonFacility	$ 512.39
72131	00	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 425.77
72131	26	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 99.43
72131	TC	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 326.34

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
72132	00	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 509.34
72132	26	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 104.30
72132	TC	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 405.04
72133	00	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 619.75
72133	26	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 108.59
72133	TC	CT LUMBAR SPINE	RADIOLOGY - CT	NonFacility	$ 511.16
72141	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 770.41
72141	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 136.65
72141	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 633.76
72142	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 956.47
72142	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 163.48
72142	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 792.99
72146	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 785.66
72146	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 136.65
72146	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 649.01
72147	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 869.24
72147	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 164.09
72147	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 705.15
72148	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 775.29
72148	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 126.88
72148	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 648.41
72149	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 943.05
72149	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 152.51
72149	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 790.54
72156	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 1225.47
72156	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 220.20
72156	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 1005.27
72157	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 1158.99
72157	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 220.22
72157	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 938.77
72158	00	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 1206.56
72158	26	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 202.52
72158	TC	MRI SPINAL CANAL	RADIOLOGY - MRI	NonFacility	$ 1004.04
72159	00	MRA SPINAL CANAL	RADIOLOGY - MRA	NonFacility	$ 1073.57
72159	26	MRA SPINAL CANAL	RADIOLOGY - MRA	NonFacility	$ 152.49
72159	TC	MRA SPINAL CANAL	RADIOLOGY - MRA	NonFacility	$ 921.08
72170	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 43.31
72170	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25
72170	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 28.06
72190	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 65.26
72190	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 18.91
72190	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 46.35
72191	00	CTA PELVIS C-/C+	RADIOLOGY - CT	NonFacility	$ 807.02
72191	26	CTA PELVIS C-/C+	RADIOLOGY - CT	NonFacility	$ 156.17
72191	TC	CTA PELVIS C-/C+	RADIOLOGY - CT	NonFacility	$ 650.85
72192	00	CT PELVIS W/O CO	RADIOLOGY - CT	NonFacility	$ 403.20
72192	26	CT PELVIS W/O CO	RADIOLOGY - CT	NonFacility	$ 93.34
72192	TC	CT PELVIS W/O CO	RADIOLOGY - CT	NonFacility	$ 309.86
72193	00	CT PELVIS W/CONT	RADIOLOGY - CT	NonFacility	$ 484.33
72193	26	CT PELVIS W/CONT	RADIOLOGY - CT	NonFacility	$ 99.42
72193	TC	CT PELVIS W/CONT	RADIOLOGY - CT	NonFacility	$ 384.91
72194	00	CT PELVIS W/O &	RADIOLOGY - CT	NonFacility	$ 617.30
72194	26	CT PELVIS W/O &	RADIOLOGY - CT	NonFacility	$ 104.30

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
72194	TC	CT PELVIS W/O &	RADIOLOGY - CT	NonFacility	$ 513.00
72195	00	MRI PELVIS W/O C	RADIOLOGY - MRI	NonFacility	$ 843.00
72195	26	MRI PELVIS W/O C	RADIOLOGY - MRI	NonFacility	$ 125.05
72195	TC	MRI PELVIS W/O C	RADIOLOGY - MRI	NonFacility	$ 717.95
72196	00	MRI PELVIS W/CON	RADIOLOGY - MRI	NonFacility	$ 933.89
72196	26	MRI PELVIS W/CON	RADIOLOGY - MRI	NonFacility	$ 147.62
72196	TC	MRI PELVIS W/CON	RADIOLOGY - MRI	NonFacility	$ 786.27
72197	00	MRI PELVIS W/O &	RADIOLOGY - MRI	NonFacility	$ 1249.87
72197	26	MRI PELVIS W/O &	RADIOLOGY - MRI	NonFacility	$ 192.76
72197	TC	MRI PELVIS W/O &	RADIOLOGY - MRI	NonFacility	$ 1057.11
72198	00	MRA PELVIS W/WO	RADIOLOGY - MRA	NonFacility	$ 976.60
72198	26	MRA PELVIS W/WO	RADIOLOGY - MRA	NonFacility	$ 153.72
72198	TC	MRA PELVIS W/WO	RADIOLOGY - MRA	NonFacility	$ 822.88
72200	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 47.58
72200	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 14.64
72200	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 32.94
72202	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 56.11
72202	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 16.48
72202	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 39.63
72220	00	RADEX SACRUM & C	RADIOLOGY	NonFacility	$ 46.97
72220	26	RADEX SACRUM & C	RADIOLOGY	NonFacility	$ 14.64
72220	TC	RADEX SACRUM & C	RADIOLOGY	NonFacility	$ 32.33
72240	00	MYELOGRAPY CERVI	RADIOLOGY	NonFacility	$ 242.17
72240	26	MYELOGRAPY CERVI	RADIOLOGY	NonFacility	$ 77.47
72240	TC	MYELOGRAPY CERVI	RADIOLOGY	NonFacility	$ 164.70
72255	00	MYELOGRAPY THORA	RADIOLOGY	NonFacility	$ 224.47
72255	26	MYELOGRAPY THORA	RADIOLOGY	NonFacility	$ 76.25
72255	TC	MYELOGRAPY THORA	RADIOLOGY	NonFacility	$ 148.22
72265	00	MYELOGRAPY LUMBO	RADIOLOGY	NonFacility	$ 227.53
72265	26	MYELOGRAPY LUMBO	RADIOLOGY	NonFacility	$ 70.77
72265	TC	MYELOGRAPY LUMBO	RADIOLOGY	NonFacility	$ 156.76
72270	00	MYELOGRAPY 2/MOR	RADIOLOGY	NonFacility	$ 355.01
72270	26	MYELOGRAPY 2/MOR	RADIOLOGY	NonFacility	$ 113.45
72270	TC	MYELOGRAPY 2/MOR	RADIOLOGY	NonFacility	$ 241.56
72275	00	EPIDUROGRAPHY RA	RADIOLOGY	NonFacility	$ 170.19
72275	26	EPIDUROGRAPHY RA	RADIOLOGY	NonFacility	$ 62.83
72275	TC	EPIDUROGRAPHY RA	RADIOLOGY	NonFacility	$ 107.36
72285	00	DISKOGRAPY CERVI	RADIOLOGY	NonFacility	$ 256.20
72285	26	DISKOGRAPY CERVI	RADIOLOGY	NonFacility	$ 96.38
72285	TC	DISKOGRAPY CERVI	RADIOLOGY	NonFacility	$ 159.82
72291	00	RAD S&I PERQ VRT	RADIOLOGY	NonFacility	$ 250.87
72291	26	RAD S&I PERQ VRT	RADIOLOGY	NonFacility	$ 120.78
72291	TC	RAD S&I PERQ VRT	RADIOLOGY	NonFacility	$ 130.09
72292	00	RAD S&I PERQ VRT	RADIOLOGY - CT	NonFacility	$ 283.23
72292	26	RAD S&I PERQ VRT	RADIOLOGY - CT	NonFacility	$ 125.66
72292	TC	RAD S&I PERQ VRT	RADIOLOGY - CT	NonFacility	$ 157.57
72295	00	DISKOGRAPY LUMBA	RADIOLOGY	NonFacility	$ 225.08
72295	26	DISKOGRAPY LUMBA	RADIOLOGY	NonFacility	$ 69.55
72295	TC	DISKOGRAPY LUMBA	RADIOLOGY	NonFacility	$ 155.53
73000	00	RADEX CLAVICLE C	RADIOLOGY	NonFacility	$ 45.15
73000	26	RADEX CLAVICLE C	RADIOLOGY	NonFacility	$ 14.03
73000	TC	RADEX CLAVICLE C	RADIOLOGY	NonFacility	$ 31.12
73010	00	RADEX SCAPULA CO	RADIOLOGY	NonFacility	$ 47.58

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
73010	26	RADEX SCAPULA CO	RADIOLOGY	NonFacility	$ 15.25
73010	TC	RADEX SCAPULA CO	RADIOLOGY	NonFacility	$ 32.33
73020	00	RADEX SHOULDER 1	RADIOLOGY	NonFacility	$ 38.43
73020	26	RADEX SHOULDER 1	RADIOLOGY	NonFacility	$ 12.80
73020	TC	RADEX SHOULDER 1	RADIOLOGY	NonFacility	$ 25.63
73030	00	RADEX SHOULDER C	RADIOLOGY	NonFacility	$ 48.80
73030	26	RADEX SHOULDER C	RADIOLOGY	NonFacility	$ 16.48
73030	TC	RADEX SHOULDER C	RADIOLOGY	NonFacility	$ 32.32
73040	00	RADEX SHOULDER A	RADIOLOGY	NonFacility	$ 172.01
73040	26	RADEX SHOULDER A	RADIOLOGY	NonFacility	$ 46.97
73040	TC	RADEX SHOULDER A	RADIOLOGY	NonFacility	$ 125.04
73050	00	RADEX A-C JOINTS	RADIOLOGY	NonFacility	$ 59.79
73050	26	RADEX A-C JOINTS	RADIOLOGY	NonFacility	$ 18.32
73050	TC	RADEX A-C JOINTS	RADIOLOGY	NonFacility	$ 41.47
73060	00	RADEX HUMERUS MI	RADIOLOGY	NonFacility	$ 46.97
73060	26	RADEX HUMERUS MI	RADIOLOGY	NonFacility	$ 14.64
73060	TC	RADEX HUMERUS MI	RADIOLOGY	NonFacility	$ 32.33
73070	00	RADEX ELBOW 2 VI	RADIOLOGY	NonFacility	$ 44.53
73070	26	RADEX ELBOW 2 VI	RADIOLOGY	NonFacility	$ 12.82
73070	TC	RADEX ELBOW 2 VI	RADIOLOGY	NonFacility	$ 31.71
73080	00	RADEX ELBOW COMP	RADIOLOGY	NonFacility	$ 56.11
73080	26	RADEX ELBOW COMP	RADIOLOGY	NonFacility	$ 14.64
73080	TC	RADEX ELBOW COMP	RADIOLOGY	NonFacility	$ 41.47
73085	00	RADEX ELBOW ARTH	RADIOLOGY	NonFacility	$ 154.33
73085	26	RADEX ELBOW ARTH	RADIOLOGY	NonFacility	$ 45.76
73085	TC	RADEX ELBOW ARTH	RADIOLOGY	NonFacility	$ 108.57
73090	00	RADEX FOREARM 2	RADIOLOGY	NonFacility	$ 44.53
73090	26	RADEX FOREARM 2	RADIOLOGY	NonFacility	$ 13.42
73090	TC	RADEX FOREARM 2	RADIOLOGY	NonFacility	$ 31.11
73092	00	RADEX UPPER EXTR	RADIOLOGY	NonFacility	$ 46.35
73092	26	RADEX UPPER EXTR	RADIOLOGY	NonFacility	$ 13.42
73092	TC	RADEX UPPER EXTR	RADIOLOGY	NonFacility	$ 32.93
73100	00	RADEX WRIST 2 VI	RADIOLOGY	NonFacility	$ 48.19
73100	26	RADEX WRIST 2 VI	RADIOLOGY	NonFacility	$ 14.64
73100	TC	RADEX WRIST 2 VI	RADIOLOGY	NonFacility	$ 33.55
73110	00	RADEX WRIST COMP	RADIOLOGY	NonFacility	$ 56.73
73110	26	RADEX WRIST COMP	RADIOLOGY	NonFacility	$ 14.64
73110	TC	RADEX WRIST COMP	RADIOLOGY	NonFacility	$ 42.09
73115	00	RADEX WRIST ARTH	RADIOLOGY	NonFacility	$ 168.36
73115	26	RADEX WRIST ARTH	RADIOLOGY	NonFacility	$ 46.97
73115	TC	RADEX WRIST ARTH	RADIOLOGY	NonFacility	$ 121.39
73120	00	RADEX HAND 2 VIE	RADIOLOGY	NonFacility	$ 43.92
73120	26	RADEX HAND 2 VIE	RADIOLOGY	NonFacility	$ 13.42
73120	TC	RADEX HAND 2 VIE	RADIOLOGY	NonFacility	$ 30.50
73130	00	RADEX HAND MINIM	RADIOLOGY	NonFacility	$ 50.62
73130	26	RADEX HAND MINIM	RADIOLOGY	NonFacility	$ 14.64
73130	TC	RADEX HAND MINIM	RADIOLOGY	NonFacility	$ 35.98
73140	00	RADEX FINGR MINI	RADIOLOGY	NonFacility	$ 48.19
73140	26	RADEX FINGR MINI	RADIOLOGY	NonFacility	$ 11.60
73140	TC	RADEX FINGR MINI	RADIOLOGY	NonFacility	$ 36.59
73200	00	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 408.08
73200	26	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 93.34
73200	TC	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 314.74

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
73201	00	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 488.60
73201	26	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 99.43
73201	TC	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 389.17
73202	00	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 624.63
73202	26	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 104.30
73202	TC	CT UPPER EXTREMI	RADIOLOGY - CT	NonFacility	$ 520.33
73206	00	CTA UXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 769.81
73206	26	CTA UXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 154.94
73206	TC	CTA UXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 614.87
73218	00	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 842.39
73218	26	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 114.07
73218	TC	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 728.32
73219	00	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 926.57
73219	26	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 138.46
73219	TC	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 788.11
73220	00	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 1246.20
73220	26	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 183.61
73220	TC	MRI UPPER EXTREM	RADIOLOGY - MRI	NonFacility	$ 1062.59
73221	00	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 798.48
73221	26	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 115.90
73221	TC	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 682.58
73222	00	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 878.38
73222	26	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 138.46
73222	TC	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 739.92
73223	00	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 1188.25
73223	26	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 183.00
73223	TC	MRI ANY JT UPPER	RADIOLOGY - MRI	NonFacility	$ 1005.25
73225	00	MRA UPPER EXTREM	RADIOLOGY - MRA	NonFacility	$ 1053.44
73225	26	MRA UPPER EXTREM	RADIOLOGY - MRA	NonFacility	$ 146.39
73225	TC	MRA UPPER EXTREM	RADIOLOGY - MRA	NonFacility	$ 907.05
73500	00	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 42.09
73500	26	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 15.26
73500	TC	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 26.83
73510	00	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 60.38
73510	26	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 18.91
73510	TC	RADEX HIP UNILAT	RADIOLOGY	NonFacility	$ 41.47
73520	00	RADEX HIPS BILAT	RADIOLOGY	NonFacility	$ 64.67
73520	26	RADEX HIPS BILAT	RADIOLOGY	NonFacility	$ 22.58
73520	TC	RADEX HIPS BILAT	RADIOLOGY	NonFacility	$ 42.09
73525	00	RADEX HIP ARTHRO	RADIOLOGY	NonFacility	$ 156.76
73525	26	RADEX HIP ARTHRO	RADIOLOGY	NonFacility	$ 47.58
73525	TC	RADEX HIP ARTHRO	RADIOLOGY	NonFacility	$ 109.18
73530	00	RADEX HIP OPERAT	RADIOLOGY	NonFacility	$ 62.65
73530	26	RADEX HIP OPERAT	RADIOLOGY	NonFacility	$ 25.63
73530	TC	RADEX HIP OPERAT	RADIOLOGY	NonFacility	$ 37.02
73540	00	RADEX PELVIS&HIP	RADIOLOGY	NonFacility	$ 62.83
73540	26	RADEX PELVIS&HIP	RADIOLOGY	NonFacility	$ 18.30
73540	TC	RADEX PELVIS&HIP	RADIOLOGY	NonFacility	$ 44.53
73550	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 45.74
73550	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25
73550	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 30.49
73560	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 47.58
73560	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 15.25

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
73560	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 32.33
73562	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 56.73
73562	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 16.48
73562	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 40.25
73564	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 65.87
73564	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 19.52
73564	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 46.35
73565	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 51.85
73565	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 15.86
73565	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 35.99
73580	00	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 200.68
73580	26	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 48.80
73580	TC	RADIOLOGIC EXAM	RADIOLOGY	NonFacility	$ 151.88
73590	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 44.53
73590	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 14.64
73590	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 29.89
73592	00	RADEX LOWER EXTR	RADIOLOGY	NonFacility	$ 46.97
73592	26	RADEX LOWER EXTR	RADIOLOGY	NonFacility	$ 13.42
73592	TC	RADEX LOWER EXTR	RADIOLOGY	NonFacility	$ 33.55
73600	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 44.53
73600	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 13.42
73600	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 31.11
73610	00	RADEX ANKLE COMP	RADIOLOGY	NonFacility	$ 51.23
73610	26	RADEX ANKLE COMP	RADIOLOGY	NonFacility	$ 14.64
73610	TC	RADEX ANKLE COMP	RADIOLOGY	NonFacility	$ 36.59
73615	00	RADEX ANKLE ARTH	RADIOLOGY	NonFacility	$ 162.25
73615	26	RADEX ANKLE ARTH	RADIOLOGY	NonFacility	$ 46.97
73615	TC	RADEX ANKLE ARTH	RADIOLOGY	NonFacility	$ 115.28
73620	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 43.31
73620	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 13.42
73620	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 29.89
73630	00	RADEX FOOT COMPL	RADIOLOGY	NonFacility	$ 50.62
73630	26	RADEX FOOT COMPL	RADIOLOGY	NonFacility	$ 14.64
73630	TC	RADEX FOOT COMPL	RADIOLOGY	NonFacility	$ 35.98
73650	00	RADEX CALCANEUS	RADIOLOGY	NonFacility	$ 43.92
73650	26	RADEX CALCANEUS	RADIOLOGY	NonFacility	$ 13.42
73650	TC	RADEX CALCANEUS	RADIOLOGY	NonFacility	$ 30.50
73660	00	RADEX TOE MINIMU	RADIOLOGY	NonFacility	$ 45.15
73660	26	RADEX TOE MINIMU	RADIOLOGY	NonFacility	$ 10.99
73660	TC	RADEX TOE MINIMU	RADIOLOGY	NonFacility	$ 34.16
73700	00	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 408.69
73700	26	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 93.34
73700	TC	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 315.35
73701	00	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 492.25
73701	26	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 99.42
73701	TC	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 392.83
73702	00	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 625.85
73702	26	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 104.32
73702	TC	CT LOWER EXTREMI	RADIOLOGY - CT	NonFacility	$ 521.53
73706	00	CTA LXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 843.00
73706	26	CTA LXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 164.09
73706	TC	CTA LXTR C-/C+ P	RADIOLOGY - CT	NonFacility	$ 678.91
73718	00	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 828.97

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
73718	26	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 115.29
73718	TC	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 713.68
73719	00	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 916.81
73719	26	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 137.85
73719	TC	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 778.96
73720	00	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 1246.20
73720	26	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 183.61
73720	TC	MRI LOWER EXTREM	RADIOLOGY - MRI	NonFacility	$ 1062.59
73721	00	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 813.12
73721	26	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 115.90
73721	TC	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 697.22
73722	00	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 887.53
73722	26	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 139.69
73722	TC	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 747.84
73723	00	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 1185.82
73723	26	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 183.61
73723	TC	MRI ANY JT LOWER	RADIOLOGY - MRI	NonFacility	$ 1002.21
73725	00	MRA LOWER EXTREM	RADIOLOGY - MRA	NonFacility	$ 978.42
73725	26	MRA LOWER EXTREM	RADIOLOGY - MRA	NonFacility	$ 155.55
73725	TC	MRA LOWER EXTREM	RADIOLOGY - MRA	NonFacility	$ 822.87
74000	00	RADEX ABDOMEN 1	RADIOLOGY	NonFacility	$ 41.47
74000	26	RADEX ABDOMEN 1	RADIOLOGY	NonFacility	$ 15.25
74000	TC	RADEX ABDOMEN 1	RADIOLOGY	NonFacility	$ 26.22
74010	00	RAD EX ABD; AP&A	RADIOLOGY	NonFacility	$ 60.99
74010	26	RAD EX ABD; AP&A	RADIOLOGY	NonFacility	$ 19.52
74010	TC	RAD EX ABD; AP&A	RADIOLOGY	NonFacility	$ 41.47
74020	00	RADEX ABDOMEN CO	RADIOLOGY	NonFacility	$ 65.26
74020	26	RADEX ABDOMEN CO	RADIOLOGY	NonFacility	$ 23.18
74020	TC	RADEX ABDOMEN CO	RADIOLOGY	NonFacility	$ 42.08
74022	00	RAD EX ABD; CMPL	RADIOLOGY	NonFacility	$ 78.08
74022	26	RAD EX ABD; CMPL	RADIOLOGY	NonFacility	$ 27.46
74022	TC	RAD EX ABD; CMPL	RADIOLOGY	NonFacility	$ 50.62
74150	00	CT ABDOMEN W/O C	RADIOLOGY - CT	NonFacility	$ 408.69
74150	26	CT ABDOMEN W/O C	RADIOLOGY - CT	NonFacility	$ 101.87
74150	TC	CT ABDOMEN W/O C	RADIOLOGY - CT	NonFacility	$ 306.82
74160	00	CT ABDOMEN W/CON	RADIOLOGY - CT	NonFacility	$ 545.94
74160	26	CT ABDOMEN W/CON	RADIOLOGY - CT	NonFacility	$ 108.58
74160	TC	CT ABDOMEN W/CON	RADIOLOGY - CT	NonFacility	$ 437.36
74170	00	CT ABDOMEN W/O &	RADIOLOGY - CT	NonFacility	$ 717.95
74170	26	CT ABDOMEN W/O &	RADIOLOGY - CT	NonFacility	$ 120.17
74170	TC	CT ABDOMEN W/O &	RADIOLOGY - CT	NonFacility	$ 597.78
74174	00	CT ANGIO ABD&PLV	RADIOLOGY - CT	NonFacility	$ 1007.70
74174	26	CT ANGIO ABD&PLV	RADIOLOGY - CT	NonFacility	$ 189.10
74174	TC	CT ANGIO ABD&PLV	RADIOLOGY - CT	NonFacility	$ 818.60
74175	00	CTA ABD C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 857.03
74175	26	CTA ABD C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 163.48
74175	TC	CTA ABD C-/C+ PO	RADIOLOGY - CT	NonFacility	$ 693.55
74176	00	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 388.56
74176	26	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 151.88
74176	TC	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 236.68
74177	00	CT ABDOEN & PELV	RADIOLOGY - CT	NonFacility	$ 610.60
74177	26	CT ABDOEN & PELV	RADIOLOGY - CT	NonFacility	$ 159.21
74177	TC	CT ABDOEN & PELV	RADIOLOGY - CT	NonFacility	$ 451.39

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
74178	00	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 772.86
74178	26	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 176.29
74178	TC	CT ABDOMEN & PEL	RADIOLOGY - CT	NonFacility	$ 596.57
74181	00	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 759.44
74181	26	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 124.44
74181	TC	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 635.00
74182	00	MRI ABDOMEN W/CO	RADIOLOGY - MRI	NonFacility	$ 1015.62
74182	26	MRI ABDOMEN W/CO	RADIOLOGY - MRI	NonFacility	$ 147.61
74182	TC	MRI ABDOMEN W/CO	RADIOLOGY - MRI	NonFacility	$ 868.01
74183	00	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 1251.08
74183	26	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 192.15
74183	TC	MRI ABDOMEN W/O	RADIOLOGY - MRI	NonFacility	$ 1058.93
74185	00	MRA ABDOMEN W/WO	RADIOLOGY - MRA	NonFacility	$ 974.15
74185	26	MRA ABDOMEN W/WO	RADIOLOGY - MRA	NonFacility	$ 153.72
74185	TC	MRA ABDOMEN W/WO	RADIOLOGY - MRA	NonFacility	$ 820.43
74190	00	PERITONEOGRAM RS	RADIOLOGY	NonFacility	$ 136.38
74190	26	PERITONEOGRAM RS	RADIOLOGY	NonFacility	$ 41.47
74190	TC	PERITONEOGRAM RS	RADIOLOGY	NonFacility	$ 94.91
74210	00	RADEX PHARYNX&/C	RADIOLOGY	NonFacility	$ 123.82
74210	26	RADEX PHARYNX&/C	RADIOLOGY	NonFacility	$ 30.51
74210	TC	RADEX PHARYNX&/C	RADIOLOGY	NonFacility	$ 93.31
74220	00	RADEX ESOPHAGUS	RADIOLOGY	NonFacility	$ 143.35
74220	26	RADEX ESOPHAGUS	RADIOLOGY	NonFacility	$ 39.66
74220	TC	RADEX ESOPHAGUS	RADIOLOGY	NonFacility	$ 103.69
74230	00	SWALLOWING FUNCJ	RADIOLOGY	NonFacility	$ 145.18
74230	26	SWALLOWING FUNCJ	RADIOLOGY	NonFacility	$ 45.15
74230	TC	SWALLOWING FUNCJ	RADIOLOGY	NonFacility	$ 100.03
74235	00	RMVL FB ESOPHAGE	RADIOLOGY	NonFacility	$ 282.89
74235	26	RMVL FB ESOPHAGE	RADIOLOGY	NonFacility	$ 104.92
74235	TC	RMVL FB ESOPHAGE	RADIOLOGY	NonFacility	$ 177.97
74240	00	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 175.67
74240	26	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 59.17
74240	TC	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 116.50
74241	00	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 187.27
74241	26	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 57.95
74241	TC	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 129.32
74245	00	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 280.60
74245	26	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 78.08
74245	TC	RADEX GI TRACT U	RADIOLOGY	NonFacility	$ 202.52
74246	00	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 200.68
74246	26	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 59.17
74246	TC	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 141.51
74247	00	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 221.43
74247	26	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 59.18
74247	TC	RADEX UPPER GI W	RADIOLOGY	NonFacility	$ 162.25
74249	00	RADEX GI UPR W/W	RADIOLOGY	NonFacility	$ 301.33
74249	26	RADEX GI UPR W/W	RADIOLOGY	NonFacility	$ 78.08
74249	TC	RADEX GI UPR W/W	RADIOLOGY	NonFacility	$ 223.25
74250	00	RADEX SMALL INTE	RADIOLOGY	NonFacility	$ 167.13
74250	26	RADEX SMALL INTE	RADIOLOGY	NonFacility	$ 40.27
74250	TC	RADEX SMALL INTE	RADIOLOGY	NonFacility	$ 126.86
74251	00	RAD EX SM INTEST	RADIOLOGY	NonFacility	$ 543.50
74251	26	RAD EX SM INTEST	RADIOLOGY	NonFacility	$ 59.17

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
74251	TC	RAD EX SM INTEST	RADIOLOGY	NonFacility	$ 484.33
74260	00	DUODENOGRAPHY HY	RADIOLOGY	NonFacility	$ 451.39
74260	26	DUODENOGRAPHY HY	RADIOLOGY	NonFacility	$ 42.70
74260	TC	DUODENOGRAPHY HY	RADIOLOGY	NonFacility	$ 408.69
74261	00	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 688.07
74261	26	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 186.65
74261	TC	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 501.42
74262	00	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 772.86
74262	26	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 204.96
74262	TC	CT COLONOGRPHY D	RADIOLOGY - CT	NonFacility	$ 567.90
74263	00	CT COLONOGRAPHY	RADIOLOGY - CT	NonFacility	$ 1184.59
74263	26	CT COLONOGRAPHY	RADIOLOGY - CT	NonFacility	$ 195.19
74263	TC	CT COLONOGRAPHY	RADIOLOGY - CT	NonFacility	$ 989.40
74270	00	RADEX COLON BARI	RADIOLOGY	NonFacility	$ 239.11
74270	26	RADEX COLON BARI	RADIOLOGY	NonFacility	$ 59.17
74270	TC	RADEX COLON BARI	RADIOLOGY	NonFacility	$ 179.94
74280	00	RADEX COLON W/SP	RADIOLOGY	NonFacility	$ 331.84
74280	26	RADEX COLON W/SP	RADIOLOGY	NonFacility	$ 84.79
74280	TC	RADEX COLON W/SP	RADIOLOGY	NonFacility	$ 247.05
74283	00	THERAPEUTIC ENEM	RADIOLOGY	NonFacility	$ 334.88
74283	26	THERAPEUTIC ENEM	RADIOLOGY	NonFacility	$ 169.58
74283	TC	THERAPEUTIC ENEM	RADIOLOGY	NonFacility	$ 165.30
74290	00	CHOLECYSTOGRAPHY	RADIOLOGY	NonFacility	$ 107.36
74290	26	CHOLECYSTOGRAPHY	RADIOLOGY	NonFacility	$ 27.46
74290	TC	CHOLECYSTOGRAPHY	RADIOLOGY	NonFacility	$ 79.90
74291	00	CHOLECYST ORAL C	RADIOLOGY	NonFacility	$ 95.77
74291	26	CHOLECYST ORAL C	RADIOLOGY	NonFacility	$ 17.07
74291	TC	CHOLECYST ORAL C	RADIOLOGY	NonFacility	$ 78.70
74300	00	CHOLANGIOGRAPHY&	RADIOLOGY	NonFacility	$ 96.74
74300	26	CHOLANGIOGRAPHY&	RADIOLOGY	NonFacility	$ 31.12
74300	TC	CHOLANGIOGRAPHY&	RADIOLOGY	NonFacility	$ 65.62
74301	00	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 73.73
74301	26	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 18.91
74301	TC	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 54.82
74305	00	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 94.43
74305	26	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 36.60
74305	TC	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 57.83
74320	00	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 177.51
74320	26	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 46.36
74320	TC	CHOLANGIO&/PANCR	RADIOLOGY	NonFacility	$ 131.15
74327	00	POSTOP BILIARY S	RADIOLOGY	NonFacility	$ 216.55
74327	26	POSTOP BILIARY S	RADIOLOGY	NonFacility	$ 64.06
74327	TC	POSTOP BILIARY S	RADIOLOGY	NonFacility	$ 152.49
74328	00	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 286.97
74328	26	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 60.99
74328	TC	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 225.98
74329	00	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 290.03
74329	26	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 60.99
74329	TC	ENDOSCOPIC CATHJ	RADIOLOGY	NonFacility	$ 229.04
74330	00	CMBN NDSC CATHJ	RADIOLOGY	NonFacility	$ 305.00
74330	26	CMBN NDSC CATHJ	RADIOLOGY	NonFacility	$ 78.08
74330	TC	CMBN NDSC CATHJ	RADIOLOGY	NonFacility	$ 226.92
74340	00	INTRO LONG GI TU	RADIOLOGY	NonFacility	$ 232.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
74340	26	INTRO LONG GI TU	RADIOLOGY	NonFacility	$ 46.97
74340	TC	INTRO LONG GI TU	RADIOLOGY	NonFacility	$ 185.87
74355	00	PERCUTANEOUS PLA	RADIOLOGY	NonFacility	$ 252.43
74355	26	PERCUTANEOUS PLA	RADIOLOGY	NonFacility	$ 66.49
74355	TC	PERCUTANEOUS PLA	RADIOLOGY	NonFacility	$ 185.94
74360	00	INTRALUMINAL DIL	RADIOLOGY	NonFacility	$ 270.78
74360	26	INTRALUMINAL DIL	RADIOLOGY	NonFacility	$ 48.81
74360	TC	INTRALUMINAL DIL	RADIOLOGY	NonFacility	$ 221.97
74363	00	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 491.13
74363	26	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 76.86
74363	TC	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 414.27
74400	00	UROGRAPHY IV W/W	RADIOLOGY	NonFacility	$ 176.89
74400	26	UROGRAPHY IV W/W	RADIOLOGY	NonFacility	$ 41.47
74400	TC	UROGRAPHY IV W/W	RADIOLOGY	NonFacility	$ 135.42
74410	00	UROGRAPHY INFUSI	RADIOLOGY	NonFacility	$ 184.22
74410	26	UROGRAPHY INFUSI	RADIOLOGY	NonFacility	$ 42.10
74410	TC	UROGRAPHY INFUSI	RADIOLOGY	NonFacility	$ 142.12
74415	00	UROGRAPY INFUSIO	RADIOLOGY	NonFacility	$ 214.10
74415	26	UROGRAPY INFUSIO	RADIOLOGY	NonFacility	$ 41.47
74415	TC	UROGRAPY INFUSIO	RADIOLOGY	NonFacility	$ 172.63
74420	00	UROGRAPHY RETROG	RADIOLOGY	NonFacility	$ 218.86
74420	26	UROGRAPHY RETROG	RADIOLOGY	NonFacility	$ 31.71
74420	TC	UROGRAPHY RETROG	RADIOLOGY	NonFacility	$ 187.15
74425	00	UROGRAPHY ANTEGR	RADIOLOGY	NonFacility	$ 125.83
74425	26	UROGRAPHY ANTEGR	RADIOLOGY	NonFacility	$ 31.12
74425	TC	UROGRAPHY ANTEGR	RADIOLOGY	NonFacility	$ 94.71
74430	00	CYSTOGRAPHY MINI	RADIOLOGY	NonFacility	$ 128.09
74430	26	CYSTOGRAPHY MINI	RADIOLOGY	NonFacility	$ 27.44
74430	TC	CYSTOGRAPHY MINI	RADIOLOGY	NonFacility	$ 100.65
74440	00	VASOGRPHY/VESICU	RADIOLOGY	NonFacility	$ 137.85
74440	26	VASOGRPHY/VESICU	RADIOLOGY	NonFacility	$ 32.94
74440	TC	VASOGRPHY/VESICU	RADIOLOGY	NonFacility	$ 104.91
74445	00	CORPORA CAVERNOS	RADIOLOGY	NonFacility	$ 184.77
74445	26	CORPORA CAVERNOS	RADIOLOGY	NonFacility	$ 100.65
74445	TC	CORPORA CAVERNOS	RADIOLOGY	NonFacility	$ 84.12
74450	00	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 133.90
74450	26	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 29.28
74450	TC	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 104.62
74455	00	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 144.57
74455	26	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 28.67
74455	TC	URETHROCYSTOGRAP	RADIOLOGY	NonFacility	$ 115.90
74470	00	RADEX RENAL CYST	RADIOLOGY	NonFacility	$ 137.72
74470	26	RADEX RENAL CYST	RADIOLOGY	NonFacility	$ 46.97
74470	TC	RADEX RENAL CYST	RADIOLOGY	NonFacility	$ 90.75
74475	00	INTRO CATH IN RE	RADIOLOGY	NonFacility	$ 187.27
74475	26	INTRO CATH IN RE	RADIOLOGY	NonFacility	$ 46.36
74475	TC	INTRO CATH IN RE	RADIOLOGY	NonFacility	$ 140.91
74480	00	INTRO URETERAL C	RADIOLOGY	NonFacility	$ 187.88
74480	26	INTRO URETERAL C	RADIOLOGY	NonFacility	$ 46.35
74480	TC	INTRO URETERAL C	RADIOLOGY	NonFacility	$ 141.53
74485	00	DILATION NEPHROS	RADIOLOGY	NonFacility	$ 182.39
74485	26	DILATION NEPHROS	RADIOLOGY	NonFacility	$ 46.36
74485	TC	DILATION NEPHROS	RADIOLOGY	NonFacility	$ 136.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
74710	00	PELVIMETRY W/WOP	RADIOLOGY	NonFacility	$ 67.71
74710	26	PELVIMETRY W/WOP	RADIOLOGY	NonFacility	$ 29.28
74710	TC	PELVIMETRY W/WOP	RADIOLOGY	NonFacility	$ 38.43
74740	00	HYSTEROSALPINGOG	RADIOLOGY	NonFacility	$ 126.27
74740	26	HYSTEROSALPINGOG	RADIOLOGY	NonFacility	$ 32.34
74740	TC	HYSTEROSALPINGOG	RADIOLOGY	NonFacility	$ 93.93
74742	00	TRANSCERVICAL CA	RADIOLOGY	NonFacility	$ 277.00
74742	26	TRANSCERVICAL CA	RADIOLOGY	NonFacility	$ 53.07
74742	TC	TRANSCERVICAL CA	RADIOLOGY	NonFacility	$ 223.93
74775	00	PERINEOGRAM	RADIOLOGY	NonFacility	$ 160.53
74775	26	PERINEOGRAM	RADIOLOGY	NonFacility	$ 53.68
74775	TC	PERINEOGRAM	RADIOLOGY	NonFacility	$ 106.85
75557	00	CARDIAC MRI MORP	RADIOLOGY - MRI	NonFacility	$ 750.29
75557	26	CARDIAC MRI MORP	RADIOLOGY - MRI	NonFacility	$ 205.58
75557	TC	CARDIAC MRI MORP	RADIOLOGY - MRI	NonFacility	$ 544.71
75559	00	CARDIAC MRI W/O	RADIOLOGY - MRI	NonFacility	$ 1100.42
75559	26	CARDIAC MRI W/O	RADIOLOGY - MRI	NonFacility	$ 262.30
75559	TC	CARDIAC MRI W/O	RADIOLOGY - MRI	NonFacility	$ 838.12
75561	00	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 1015.62
75561	26	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 226.92
75561	TC	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 788.70
75563	00	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 1249.87
75563	26	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 269.62
75563	TC	CARDIAC MRI W/W/	RADIOLOGY - MRI	NonFacility	$ 980.25
75565	00	CARDIAC MRI FOR	RADIOLOGY - MRI	NonFacility	$ 154.33
75565	26	CARDIAC MRI FOR	RADIOLOGY - MRI	NonFacility	$ 21.36
75565	TC	CARDIAC MRI FOR	RADIOLOGY - MRI	NonFacility	$ 132.97
75571	00	CT HEART NO CONT	RADIOLOGY - CT	NonFacility	$ 153.11
75571	26	CT HEART NO CONT	RADIOLOGY - CT	NonFacility	$ 46.97
75571	TC	CT HEART NO CONT	RADIOLOGY - CT	NonFacility	$ 106.14
75572	00	CT HEART CONTRAS	RADIOLOGY - CT	NonFacility	$ 514.22
75572	26	CT HEART CONTRAS	RADIOLOGY - CT	NonFacility	$ 143.35
75572	TC	CT HEART CONTRAS	RADIOLOGY - CT	NonFacility	$ 370.87
75573	00	CT HRT CONTRST C	RADIOLOGY - CT	NonFacility	$ 744.19
75573	26	CT HRT CONTRST C	RADIOLOGY - CT	NonFacility	$ 206.18
75573	TC	CT HRT CONTRST C	RADIOLOGY - CT	NonFacility	$ 538.01
75574	00	CTA HRT CORNRY A	RADIOLOGY - CT	NonFacility	$ 1148.61
75574	26	CTA HRT CORNRY A	RADIOLOGY - CT	NonFacility	$ 196.42
75574	TC	CTA HRT CORNRY A	RADIOLOGY - CT	NonFacility	$ 952.19
75600	00	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 466.64
75600	26	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 44.53
75600	TC	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 422.11
75605	00	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 386.73
75605	26	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 100.65
75605	TC	AORTOGRAPHY THOR	RADIOLOGY	NonFacility	$ 286.08
75625	00	AORTOGRAPHY ABDO	RADIOLOGY	NonFacility	$ 384.29
75625	26	AORTOGRAPHY ABDO	RADIOLOGY	NonFacility	$ 99.42
75625	TC	AORTOGRAPHY ABDO	RADIOLOGY	NonFacility	$ 284.87
75630	00	AORTOGRAPHY ABDL	RADIOLOGY	NonFacility	$ 448.35
75630	26	AORTOGRAPHY ABDL	RADIOLOGY	NonFacility	$ 154.94
75630	TC	AORTOGRAPHY ABDL	RADIOLOGY	NonFacility	$ 293.41
75635	00	CTA ABDL AORTA&B	RADIOLOGY - CT	NonFacility	$ 960.73
75635	26	CTA ABDL AORTA&B	RADIOLOGY - CT	NonFacility	$ 207.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
75635	TC	CTA ABDL AORTA&B	RADIOLOGY - CT	NonFacility	$ 753.33
75650	00	ANGIOGRAPHY CERV	RADIOLOGY	NonFacility	$ 415.39
75650	26	ANGIOGRAPHY CERV	RADIOLOGY	NonFacility	$ 129.32
75650	TC	ANGIOGRAPHY CERV	RADIOLOGY	NonFacility	$ 286.07
75658	00	ANIOGRAPHY BRACH	RADIOLOGY	NonFacility	$ 416.62
75658	26	ANIOGRAPHY BRACH	RADIOLOGY	NonFacility	$ 111.02
75658	TC	ANIOGRAPHY BRACH	RADIOLOGY	NonFacility	$ 305.60
75660	00	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 421.50
75660	26	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 112.24
75660	TC	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 309.26
75662	00	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 492.25
75662	26	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 144.57
75662	TC	ANGIOGRAPHY EXTE	RADIOLOGY	NonFacility	$ 347.68
75665	00	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 436.14
75665	26	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 114.68
75665	TC	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 321.46
75671	00	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 503.24
75671	26	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 143.96
75671	TC	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 359.28
75676	00	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 423.34
75676	26	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 114.68
75676	TC	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 308.66
75680	00	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 477.61
75680	26	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 144.57
75680	TC	ANGIOGRAPHY CARO	RADIOLOGY	NonFacility	$ 333.04
75685	00	ANGIOGRAPHY VERT	RADIOLOGY	NonFacility	$ 423.34
75685	26	ANGIOGRAPHY VERT	RADIOLOGY	NonFacility	$ 114.07
75685	TC	ANGIOGRAPHY VERT	RADIOLOGY	NonFacility	$ 309.27
75705	00	ANGIOGRAPHY SPIN	RADIOLOGY	NonFacility	$ 494.70
75705	26	ANGIOGRAPHY SPIN	RADIOLOGY	NonFacility	$ 186.04
75705	TC	ANGIOGRAPHY SPIN	RADIOLOGY	NonFacility	$ 308.66
75710	00	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 409.92
75710	26	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 97.60
75710	TC	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 312.32
75716	00	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 467.26
75716	26	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 113.47
75716	TC	ANGIOGRAPHY EXTR	RADIOLOGY	NonFacility	$ 353.79
75726	00	ANGIOGRAPHY VISC	RADIOLOGY	NonFacility	$ 406.25
75726	26	ANGIOGRAPHY VISC	RADIOLOGY	NonFacility	$ 98.81
75726	TC	ANGIOGRAPHY VISC	RADIOLOGY	NonFacility	$ 307.44
75731	00	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 412.96
75731	26	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 101.26
75731	TC	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 311.70
75733	00	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 477.61
75733	26	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 117.72
75733	TC	ANGIOGRAPHY ADRE	RADIOLOGY	NonFacility	$ 359.89
75736	00	ANGIOGRAPHY PELV	RADIOLOGY	NonFacility	$ 406.86
75736	26	ANGIOGRAPHY PELV	RADIOLOGY	NonFacility	$ 98.22
75736	TC	ANGIOGRAPHY PELV	RADIOLOGY	NonFacility	$ 308.64
75741	00	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 389.17
75741	26	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 113.45
75741	TC	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 275.72
75743	00	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 433.10

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
75743	26	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 143.96
75743	TC	ANGIOGRAPHY PULM	RADIOLOGY	NonFacility	$ 289.14
75746	00	ANGRPH PULMONARY	RADIOLOGY	NonFacility	$ 394.67
75746	26	ANGRPH PULMONARY	RADIOLOGY	NonFacility	$ 98.22
75746	TC	ANGRPH PULMONARY	RADIOLOGY	NonFacility	$ 296.45
75756	00	ANGIOGRAPHY INTE	RADIOLOGY	NonFacility	$ 425.77
75756	26	ANGIOGRAPHY INTE	RADIOLOGY	NonFacility	$ 110.41
75756	TC	ANGIOGRAPHY INTE	RADIOLOGY	NonFacility	$ 315.36
75774	00	ANGIO SELECT EA	RADIOLOGY	NonFacility	$ 289.75
75774	26	ANGIO SELECT EA	RADIOLOGY	NonFacility	$ 31.12
75774	TC	ANGIO SELECT EA	RADIOLOGY	NonFacility	$ 258.63
75791	00	ANGIOGRPHY AV SH	RADIOLOGY	NonFacility	$ 514.83
75791	26	ANGIOGRPHY AV SH	RADIOLOGY	NonFacility	$ 140.91
75791	TC	ANGIOGRPHY AV SH	RADIOLOGY	NonFacility	$ 373.92
75801	00	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 455.26
75801	26	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 73.81
75801	TC	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 381.45
75803	00	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 482.06
75803	26	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 101.87
75803	TC	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 380.19
75805	00	ANGRPH CATH F/U	RADIOLOGY	NonFacility	$ 500.72
75805	26	ANGRPH CATH F/U	RADIOLOGY	NonFacility	$ 70.75
75805	TC	ANGRPH CATH F/U	RADIOLOGY	NonFacility	$ 429.97
75807	00	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 534.84
75807	26	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 101.88
75807	TC	LYMPHANGIOGRAPHY	RADIOLOGY	NonFacility	$ 432.96
75809	00	SHUNTOGRAM INDWE	RADIOLOGY	NonFacility	$ 147.61
75809	26	SHUNTOGRAM INDWE	RADIOLOGY	NonFacility	$ 40.27
75809	TC	SHUNTOGRAM INDWE	RADIOLOGY	NonFacility	$ 107.34
75810	00	SPLENOPORTOGRAPH	RADIOLOGY	NonFacility	$ 990.16
75810	26	SPLENOPORTOGRAPH	RADIOLOGY	NonFacility	$ 100.04
75810	TC	SPLENOPORTOGRAPH	RADIOLOGY	NonFacility	$ 890.12
75820	00	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 198.86
75820	26	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 61.01
75820	TC	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 137.85
75822	00	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 243.38
75822	26	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 90.89
75822	TC	VENOGRAPHY EXTRE	RADIOLOGY	NonFacility	$ 152.49
75825	00	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 368.43
75825	26	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 97.60
75825	TC	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 270.83
75827	00	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 369.65
75827	26	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 95.77
75827	TC	VENOGRAPHY CAVAL	RADIOLOGY	NonFacility	$ 273.88
75831	00	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 381.25
75831	26	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 104.93
75831	TC	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 276.32
75833	00	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 425.16
75833	26	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 125.66
75833	TC	VENOGRAPHY RENAL	RADIOLOGY	NonFacility	$ 299.50
75840	00	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 375.76
75840	26	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 103.71
75840	TC	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 272.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
75842	00	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 426.38
75842	26	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 127.48
75842	TC	VENOGRAPHY ADREN	RADIOLOGY	NonFacility	$ 298.90
75860	00	VENOGRAPHY VENOU	RADIOLOGY	NonFacility	$ 380.64
75860	26	VENOGRAPHY VENOU	RADIOLOGY	NonFacility	$ 100.65
75860	TC	VENOGRAPHY VENOU	RADIOLOGY	NonFacility	$ 279.99
75870	00	VENOGRAPHY SUPER	RADIOLOGY	NonFacility	$ 380.03
75870	26	VENOGRAPHY SUPER	RADIOLOGY	NonFacility	$ 98.22
75870	TC	VENOGRAPHY SUPER	RADIOLOGY	NonFacility	$ 281.81
75872	00	VENOGRAPHY EPIDU	RADIOLOGY	NonFacility	$ 453.23
75872	26	VENOGRAPHY EPIDU	RADIOLOGY	NonFacility	$ 101.87
75872	TC	VENOGRAPHY EPIDU	RADIOLOGY	NonFacility	$ 351.36
75880	00	VENOGRAPHY ORBIT	RADIOLOGY	NonFacility	$ 201.91
75880	26	VENOGRAPHY ORBIT	RADIOLOGY	NonFacility	$ 59.18
75880	TC	VENOGRAPHY ORBIT	RADIOLOGY	NonFacility	$ 142.73
75885	00	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 400.16
75885	26	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 123.84
75885	TC	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 276.32
75887	00	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 403.81
75887	26	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 123.21
75887	TC	PERQ TRANSHEPAT	RADIOLOGY	NonFacility	$ 280.60
75889	00	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 373.92
75889	26	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 98.22
75889	TC	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 275.70
75891	00	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 373.92
75891	26	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 98.22
75891	TC	HEPAT VENOG WEDG	RADIOLOGY	NonFacility	$ 275.70
75893	00	VENOUS SAMPLING	RADIOLOGY	NonFacility	$ 319.63
75893	26	VENOUS SAMPLING	RADIOLOGY	NonFacility	$ 45.15
75893	TC	VENOUS SAMPLING	RADIOLOGY	NonFacility	$ 274.48
75894	00	TRANSCATHETER EM	RADIOLOGY	NonFacility	$ 1820.69
75894	26	TRANSCATHETER EM	RADIOLOGY	NonFacility	$ 115.90
75894	TC	TRANSCATHETER EM	RADIOLOGY	NonFacility	$ 1704.79
75896	00	TRANSCATHETER IN	RADIOLOGY	NonFacility	$ 1603.05
75896	26	TRANSCATHETER IN	RADIOLOGY	NonFacility	$ 117.72
75896	TC	TRANSCATHETER IN	RADIOLOGY	NonFacility	$ 1485.33
75898	00	ANGIOGRPH VIA EX	RADIOLOGY	NonFacility	$ 222.95
75898	26	ANGIOGRPH VIA EX	RADIOLOGY	NonFacility	$ 148.23
75898	TC	ANGIOGRPH VIA EX	RADIOLOGY	NonFacility	$ 74.72
75900	00	EXCHNG CATH THRO	RADIOLOGY	NonFacility	$ 1535.06
75900	26	EXCHNG CATH THRO	RADIOLOGY	NonFacility	$ 42.70
75900	TC	EXCHNG CATH THRO	RADIOLOGY	NonFacility	$ 1492.36
75901	00	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 251.32
75901	26	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 41.49
75901	TC	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 209.83
75902	00	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 123.21
75902	26	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 34.16
75902	TC	MECHANICAL RMVL	RADIOLOGY	NonFacility	$ 89.05
75945	00	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 314.32
75945	26	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 36.00
75945	TC	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 278.32
75946	00	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 216.02
75946	26	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 35.39

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
75946	TC	IV ULTRASOUND RS	RADIOLOGY - ULTRASOUND	NonFacility	$ 180.63
75952	00	EVASC RPR INFRAR	RADIOLOGY	NonFacility	$ 545.14
75952	26	EVASC RPR INFRAR	RADIOLOGY	NonFacility	$ 398.93
75952	TC	EVASC RPR INFRAR	RADIOLOGY	NonFacility	$ 146.21
75953	00	PLMT XTN PROSTH	RADIOLOGY	NonFacility	$ 533.88
75953	26	PLMT XTN PROSTH	RADIOLOGY	NonFacility	$ 121.40
75953	TC	PLMT XTN PROSTH	RADIOLOGY	NonFacility	$ 412.48
75954	00	EVASC RPR ILIAC	RADIOLOGY	NonFacility	$ 1466.60
75954	26	EVASC RPR ILIAC	RADIOLOGY	NonFacility	$ 198.86
75954	TC	EVASC RPR ILIAC	RADIOLOGY	NonFacility	$ 1267.74
75956	00	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 2496.22
75956	26	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 627.67
75956	TC	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 1868.55
75957	00	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 3259.80
75957	26	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 536.79
75957	TC	EVASC RPR DESCND	RADIOLOGY	NonFacility	$ 2723.01
75958	00	PLMT PROX XTN PR	RADIOLOGY	NonFacility	$ 3408.65
75958	26	PLMT PROX XTN PR	RADIOLOGY	NonFacility	$ 355.62
75958	TC	PLMT PROX XTN PR	RADIOLOGY	NonFacility	$ 3053.03
75959	00	PLMT DSTL XTN PR	RADIOLOGY	NonFacility	$ 3805.90
75959	26	PLMT DSTL XTN PR	RADIOLOGY	NonFacility	$ 316.58
75959	TC	PLMT DSTL XTN PR	RADIOLOGY	NonFacility	$ 3489.32
75960	00	TCAT STENT ILIAC	RADIOLOGY	NonFacility	$ 356.85
75960	26	TCAT STENT ILIAC	RADIOLOGY	NonFacility	$ 71.37
75960	TC	TCAT STENT ILIAC	RADIOLOGY	NonFacility	$ 285.48
75961	00	TCAT RETRIEVAL P	RADIOLOGY	NonFacility	$ 638.66
75961	26	TCAT RETRIEVAL P	RADIOLOGY	NonFacility	$ 364.16
75961	TC	TCAT RETRIEVAL P	RADIOLOGY	NonFacility	$ 274.50
75962	00	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 384.29
75962	26	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 45.75
75962	TC	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 338.54
75964	00	TRLUML BALOON AN	RADIOLOGY	NonFacility	$ 234.84
75964	26	TRLUML BALOON AN	RADIOLOGY	NonFacility	$ 31.71
75964	TC	TRLUML BALOON AN	RADIOLOGY	NonFacility	$ 203.13
75966	00	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 461.15
75966	26	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 114.68
75966	TC	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 346.47
75968	00	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 231.80
75968	26	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 31.12
75968	TC	TRLUML BALO ANGI	RADIOLOGY	NonFacility	$ 200.68
75970	00	TRANSCATHETER BI	RADIOLOGY	NonFacility	$ 897.29
75970	26	TRANSCATHETER BI	RADIOLOGY	NonFacility	$ 72.59
75970	TC	TRANSCATHETER BI	RADIOLOGY	NonFacility	$ 824.70
75978	00	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 380.64
75978	26	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 45.76
75978	TC	TRANSLUMINAL BAL	RADIOLOGY	NonFacility	$ 334.88
75980	00	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 514.92
75980	26	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 125.66
75980	TC	PRQ TRANSHEPATC	RADIOLOGY	NonFacility	$ 389.26
75982	00	PRQ PLMT INT/EXT	RADIOLOGY	NonFacility	$ 532.45
75982	26	PRQ PLMT INT/EXT	RADIOLOGY	NonFacility	$ 125.66
75982	TC	PRQ PLMT INT/EXT	RADIOLOGY	NonFacility	$ 406.79
75984	00	CHANGE PRQ TUBE/	RADIOLOGY	NonFacility	$ 185.43

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
75984	26	CHANGE PRQ TUBE/	RADIOLOGY	NonFacility	$ 62.22
75984	TC	CHANGE PRQ TUBE/	RADIOLOGY	NonFacility	$ 123.21
75989	00	RADIOLOGICAL GUI	RADIOLOGY	NonFacility	$ 226.31
75989	26	RADIOLOGICAL GUI	RADIOLOGY	NonFacility	$ 101.26
75989	TC	RADIOLOGICAL GUI	RADIOLOGY	NonFacility	$ 125.05
76000	00	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 163.48
76000	26	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 14.64
76000	TC	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 148.84
76001	00	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 248.49
76001	26	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 59.79
76001	TC	FLUOROSCOPY SPX	RADIOLOGY	NonFacility	$ 188.70
76010	00	RADEX FROM NOSE	RADIOLOGY	NonFacility	$ 45.74
76010	26	RADEX FROM NOSE	RADIOLOGY	NonFacility	$ 15.86
76010	TC	RADEX FROM NOSE	RADIOLOGY	NonFacility	$ 29.88
76080	00	RADEX ABSCESS/FI	RADIOLOGY	NonFacility	$ 102.48
76080	26	RADEX ABSCESS/FI	RADIOLOGY	NonFacility	$ 46.37
76080	TC	RADEX ABSCESS/FI	RADIOLOGY	NonFacility	$ 56.11
76098	00	RADIOLOGICAL EXA	RADIOLOGY	NonFacility	$ 32.33
76098	26	RADIOLOGICAL EXA	RADIOLOGY	NonFacility	$ 14.03
76098	TC	RADIOLOGICAL EXA	RADIOLOGY	NonFacility	$ 18.30
76100	00	RADEX 1 PLNE BOD	RADIOLOGY	NonFacility	$ 208.62
76100	26	RADEX 1 PLNE BOD	RADIOLOGY	NonFacility	$ 51.25
76100	TC	RADEX 1 PLNE BOD	RADIOLOGY	NonFacility	$ 157.37
76101	00	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 292.18
76101	26	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 53.68
76101	TC	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 238.50
76102	00	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 391.61
76102	26	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 53.68
76102	TC	RAD EXAM COMPLX	RADIOLOGY	NonFacility	$ 337.93
76120	00	CINERAD/VIDEORAD	RADIOLOGY	NonFacility	$ 123.21
76120	26	CINERAD/VIDEORAD	RADIOLOGY	NonFacility	$ 32.33
76120	TC	CINERAD/VIDEORAD	RADIOLOGY	NonFacility	$ 90.88
76125	00	CINERADIOGRAPY/V	RADIOLOGY	NonFacility	$ 80.37
76125	26	CINERADIOGRAPY/V	RADIOLOGY	NonFacility	$ 24.41
76125	TC	CINERADIOGRAPY/V	RADIOLOGY	NonFacility	$ 55.96
76376	00	3D RENDERING W/I	RADIOLOGY - CT	NonFacility	$ 121.39
76376	26	3D RENDERING W/I	RADIOLOGY - CT	NonFacility	$ 17.70
76376	TC	3D RENDERING W/I	RADIOLOGY - CT	NonFacility	$ 103.69
76377	00	3D RENDER W/INTE	RADIOLOGY - CT	NonFacility	$ 161.03
76377	26	3D RENDER W/INTE	RADIOLOGY - CT	NonFacility	$ 67.10
76377	TC	3D RENDER W/INTE	RADIOLOGY - CT	NonFacility	$ 93.93
76380	00	CT LIMITED/LOCAL	RADIOLOGY - CT	NonFacility	$ 334.88
76380	26	CT LIMITED/LOCAL	RADIOLOGY - CT	NonFacility	$ 82.96
76380	TC	CT LIMITED/LOCAL	RADIOLOGY - CT	NonFacility	$ 251.92
76390	00	MAGNETIC RESONAN	RADIOLOGY - MRI	NonFacility	$ 743.57
76390	26	MAGNETIC RESONAN	RADIOLOGY - MRI	NonFacility	$ 117.72
76390	TC	MAGNETIC RESONAN	RADIOLOGY - MRI	NonFacility	$ 625.85
76506	00	ECHOENCEPHALOGRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 192.15
76506	26	ECHOENCEPHALOGRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 54.30
76506	TC	ECHOENCEPHALOGRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 137.85
76510	00	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 262.29
76510	26	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 149.45
76510	TC	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 112.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
76511	00	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 159.21
76511	26	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 82.96
76511	TC	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 76.25
76512	00	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 149.45
76512	26	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 85.40
76512	TC	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 64.05
76513	00	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 138.46
76513	26	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 56.73
76513	TC	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 81.73
76514	00	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 22.56
76514	26	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 15.86
76514	TC	OPHTHALMIC US DX	RADIOLOGY - ULTRASOUND	NonFacility	$ 6.70
76516	00	OPHTHALMIC BIOME	RADIOLOGY - ULTRASOUND	NonFacility	$ 112.84
76516	26	OPHTHALMIC BIOME	RADIOLOGY - ULTRASOUND	NonFacility	$ 48.19
76516	TC	OPHTHALMIC BIOME	RADIOLOGY - ULTRASOUND	NonFacility	$ 64.65
76519	00	OPHTH BIOMET A-S	RADIOLOGY - ULTRASOUND	NonFacility	$ 121.39
76519	26	OPHTH BIOMET A-S	RADIOLOGY - ULTRASOUND	NonFacility	$ 49.41
76519	TC	OPHTH BIOMET A-S	RADIOLOGY - ULTRASOUND	NonFacility	$ 71.98
76529	00	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 114.06
76529	26	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 51.23
76529	TC	OPHTHALMIC ULTRA	RADIOLOGY - ULTRASOUND	NonFacility	$ 62.83
76536	00	US SOFT TISSUE H	RADIOLOGY - ULTRASOUND	NonFacility	$ 183.61
76536	26	US SOFT TISSUE H	RADIOLOGY - ULTRASOUND	NonFacility	$ 46.97
76536	TC	US SOFT TISSUE H	RADIOLOGY - ULTRASOUND	NonFacility	$ 136.64
76604	00	US CHEST REAL TI	RADIOLOGY - ULTRASOUND	NonFacility	$ 140.30
76604	26	US CHEST REAL TI	RADIOLOGY - ULTRASOUND	NonFacility	$ 46.37
76604	TC	US CHEST REAL TI	RADIOLOGY - ULTRASOUND	NonFacility	$ 93.93
76645	00	US BREAST REAL T	RADIOLOGY - ULTRASOUND	NonFacility	$ 151.27
76645	26	US BREAST REAL T	RADIOLOGY - ULTRASOUND	NonFacility	$ 46.35
76645	TC	US BREAST REAL T	RADIOLOGY - ULTRASOUND	NonFacility	$ 104.92
76700	00	US ABDOMINAL REA	RADIOLOGY - ULTRASOUND	NonFacility	$ 223.86
76700	26	US ABDOMINAL REA	RADIOLOGY - ULTRASOUND	NonFacility	$ 68.93
76700	TC	US ABDOMINAL REA	RADIOLOGY - ULTRASOUND	NonFacility	$ 154.93
76705	00	ULTRASOUND ABDOM	RADIOLOGY - ULTRASOUND	NonFacility	$ 169.58
76705	26	ULTRASOUND ABDOM	RADIOLOGY - ULTRASOUND	NonFacility	$ 50.03
76705	TC	ULTRASOUND ABDOM	RADIOLOGY - ULTRASOUND	NonFacility	$ 119.55
76770	00	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 212.89
76770	26	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 62.83
76770	TC	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 150.06
76775	00	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 179.95
76775	26	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 50.03
76775	TC	US RETROPERITONE	RADIOLOGY - ULTRASOUND	NonFacility	$ 129.92
76776	00	US TRNSPLNT KIDN	RADIOLOGY - ULTRASOUND	NonFacility	$ 239.11
76776	26	US TRNSPLNT KIDN	RADIOLOGY - ULTRASOUND	NonFacility	$ 64.67
76776	TC	US TRNSPLNT KIDN	RADIOLOGY - ULTRASOUND	NonFacility	$ 174.44
76800	00	ULTRASOUND SPINA	RADIOLOGY - ULTRASOUND	NonFacility	$ 206.79
76800	26	ULTRASOUND SPINA	RADIOLOGY - ULTRASOUND	NonFacility	$ 92.11
76800	TC	ULTRASOUND SPINA	RADIOLOGY - ULTRASOUND	NonFacility	$ 114.68
76801	00	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 211.06
76801	26	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 82.97
76801	TC	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 128.09
76802	00	US PREG UTERUS 1	RADIOLOGY - ULTRASOUND	NonFacility	$ 116.51
76802	26	US PREG UTERUS 1	RADIOLOGY - ULTRASOUND	NonFacility	$ 69.55

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
76802	TC	US PREG UTERUS 1	RADIOLOGY - ULTRASOUND	NonFacility	$ 46.96
76805	00	US PREG UTERUS A	RADIOLOGY - ULTRASOUND	NonFacility	$ 238.50
76805	26	US PREG UTERUS A	RADIOLOGY - ULTRASOUND	NonFacility	$ 82.96
76805	TC	US PREG UTERUS A	RADIOLOGY - ULTRASOUND	NonFacility	$ 155.54
76810	00	US PREG UTERUS >	RADIOLOGY - ULTRASOUND	NonFacility	$ 158.60
76810	26	US PREG UTERUS >	RADIOLOGY - ULTRASOUND	NonFacility	$ 81.74
76810	TC	US PREG UTERUS >	RADIOLOGY - ULTRASOUND	NonFacility	$ 76.86
76811	00	US PREG UTERUS W	RADIOLOGY - ULTRASOUND	NonFacility	$ 318.42
76811	26	US PREG UTERUS W	RADIOLOGY - ULTRASOUND	NonFacility	$ 157.99
76811	TC	US PREG UTERUS W	RADIOLOGY - ULTRASOUND	NonFacility	$ 160.43
76812	00	US PREG UTERUS D	RADIOLOGY - ULTRASOUND	NonFacility	$ 324.51
76812	26	US PREG UTERUS D	RADIOLOGY - ULTRASOUND	NonFacility	$ 148.23
76812	TC	US PREG UTERUS D	RADIOLOGY - ULTRASOUND	NonFacility	$ 176.28
76813	00	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 206.79
76813	26	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 97.61
76813	TC	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 109.18
76814	00	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 132.97
76814	26	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 81.74
76814	TC	US FETAL NUCHAL	RADIOLOGY - ULTRASOUND	NonFacility	$ 51.23
76815	00	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 147.00
76815	26	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 53.68
76815	TC	US PREGNANT UTER	RADIOLOGY - ULTRASOUND	NonFacility	$ 93.32
76816	00	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 185.43
76816	26	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 70.75
76816	TC	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 114.68
76817	00	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 166.52
76817	26	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 62.83
76817	TC	US PREG UTERUS R	RADIOLOGY - ULTRASOUND	NonFacility	$ 103.69
76818	00	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 197.03
76818	26	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 87.23
76818	TC	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 109.80
76819	00	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 150.06
76819	26	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 64.67
76819	TC	FETAL BIOPHYSICA	RADIOLOGY - ULTRASOUND	NonFacility	$ 85.39
76820	00	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 80.51
76820	26	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 41.47
76820	TC	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 39.04
76821	00	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 156.76
76821	26	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 58.56
76821	TC	DOPPLER VELOCIME	RADIOLOGY - ULTRASOUND	NonFacility	$ 98.20
76825	00	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 345.25
76825	26	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 138.46
76825	TC	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 206.79
76826	00	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 195.19
76826	26	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 68.93
76826	TC	ECHO FETAL CARDI	RADIOLOGY - ULTRASOUND	NonFacility	$ 126.26
76827	00	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 111.63
76827	26	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 48.19
76827	TC	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 63.44
76828	00	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 82.35
76828	26	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 46.35
76828	TC	DOPPLER ECHO FET	RADIOLOGY - ULTRASOUND	NonFacility	$ 36.00
76830	00	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 197.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
76830	26	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 57.95
76830	TC	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 139.08
76831	00	SALINE INFUS SON	RADIOLOGY - ULTRASOUND	NonFacility	$ 197.64
76831	26	SALINE INFUS SON	RADIOLOGY - ULTRASOUND	NonFacility	$ 59.79
76831	TC	SALINE INFUS SON	RADIOLOGY - ULTRASOUND	NonFacility	$ 137.85
76856	00	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 197.64
76856	26	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 58.56
76856	TC	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 139.08
76857	00	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 163.48
76857	26	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 33.55
76857	TC	US PELVIC NONOBS	RADIOLOGY - ULTRASOUND	NonFacility	$ 129.93
76870	00	ULTRASOUND SCROT	RADIOLOGY - ULTRASOUND	NonFacility	$ 195.80
76870	26	ULTRASOUND SCROT	RADIOLOGY - ULTRASOUND	NonFacility	$ 54.91
76870	TC	ULTRASOUND SCROT	RADIOLOGY - ULTRASOUND	NonFacility	$ 140.89
76872	00	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 228.74
76872	26	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 60.38
76872	TC	ULTRASOUND TRANS	RADIOLOGY - ULTRASOUND	NonFacility	$ 168.36
76873	00	US TRANSRCT PRST	RADIOLOGY - ULTRASOUND	NonFacility	$ 292.18
76873	26	US TRANSRCT PRST	RADIOLOGY - ULTRASOUND	NonFacility	$ 133.58
76873	TC	US TRANSRCT PRST	RADIOLOGY - ULTRASOUND	NonFacility	$ 158.60
76881	00	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 206.79
76881	26	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 51.85
76881	TC	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 154.94
76882	00	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 54.29
76882	26	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 36.00
76882	TC	US EXTREMITY NON	RADIOLOGY - ULTRASOUND	NonFacility	$ 18.29
76885	00	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 225.70
76885	26	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 62.83
76885	TC	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 162.87
76886	00	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 172.63
76886	26	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 51.85
76886	TC	US INFT HIPS R-T	RADIOLOGY - ULTRASOUND	NonFacility	$ 120.78
76930	00	US GUIDANCE PERI	RADIOLOGY - ULTRASOUND	NonFacility	$ 153.11
76930	26	US GUIDANCE PERI	RADIOLOGY - ULTRASOUND	NonFacility	$ 59.79
76930	TC	US GUIDANCE PERI	RADIOLOGY - ULTRASOUND	NonFacility	$ 93.32
76932	00	US ENDOMYOCARDIA	RADIOLOGY - ULTRASOUND	NonFacility	$ 171.29
76932	26	US ENDOMYOCARDIA	RADIOLOGY - ULTRASOUND	NonFacility	$ 61.00
76932	TC	US ENDOMYOCARDIA	RADIOLOGY - ULTRASOUND	NonFacility	$ 110.29
76936	00	US GUID COMPRESS	RADIOLOGY - ULTRASOUND	NonFacility	$ 505.07
76936	26	US GUID COMPRESS	RADIOLOGY - ULTRASOUND	NonFacility	$ 175.07
76936	TC	US GUID COMPRESS	RADIOLOGY - ULTRASOUND	NonFacility	$ 330.00
76937	00	US GUID VASC ACS	RADIOLOGY - ULTRASOUND	NonFacility	$ 56.73
76937	26	US GUID VASC ACS	RADIOLOGY - ULTRASOUND	NonFacility	$ 26.24
76937	TC	US GUID VASC ACS	RADIOLOGY - ULTRASOUND	NonFacility	$ 30.49
76940	00	US &MNTR PARENCH	RADIOLOGY - ULTRASOUND	NonFacility	$ 312.08
76940	26	US &MNTR PARENCH	RADIOLOGY - ULTRASOUND	NonFacility	$ 176.89
76940	TC	US &MNTR PARENCH	RADIOLOGY - ULTRASOUND	NonFacility	$ 135.19
76941	00	US GUID FETAL TR	RADIOLOGY - ULTRASOUND	NonFacility	$ 230.26
76941	26	US GUID FETAL TR	RADIOLOGY - ULTRASOUND	NonFacility	$ 115.29
76941	TC	US GUID FETAL TR	RADIOLOGY - ULTRASOUND	NonFacility	$ 114.97
76942	00	US GUIDANCE NEED	RADIOLOGY - ULTRASOUND	NonFacility	$ 306.82
76942	26	US GUIDANCE NEED	RADIOLOGY - ULTRASOUND	NonFacility	$ 57.34
76942	TC	US GUIDANCE NEED	RADIOLOGY - ULTRASOUND	NonFacility	$ 249.48

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
76945	00	US GUIDANCE CHOR	RADIOLOGY - ULTRASOUND	NonFacility	$ 169.12
76945	26	US GUIDANCE CHOR	RADIOLOGY - ULTRASOUND	NonFacility	$ 56.73
76945	TC	US GUIDANCE CHOR	RADIOLOGY - ULTRASOUND	NonFacility	$ 112.39
76946	00	US GUIDANCE AMNI	RADIOLOGY - ULTRASOUND	NonFacility	$ 66.49
76946	26	US GUIDANCE AMNI	RADIOLOGY - ULTRASOUND	NonFacility	$ 31.72
76946	TC	US GUIDANCE AMNI	RADIOLOGY - ULTRASOUND	NonFacility	$ 34.77
76948	00	US GUIDANCE ASPI	RADIOLOGY - ULTRASOUND	NonFacility	$ 67.71
76948	26	US GUIDANCE ASPI	RADIOLOGY - ULTRASOUND	NonFacility	$ 32.33
76948	TC	US GUIDANCE ASPI	RADIOLOGY - ULTRASOUND	NonFacility	$ 35.38
76950	00	US GUIDANCE PLAC	RADIOLOGY - ULTRASOUND	NonFacility	$ 114.68
76950	26	US GUIDANCE PLAC	RADIOLOGY - ULTRASOUND	NonFacility	$ 49.42
76950	TC	US GUIDANCE PLAC	RADIOLOGY - ULTRASOUND	NonFacility	$ 65.26
76965	00	US GUIDANCE INTE	RADIOLOGY - ULTRASOUND	NonFacility	$ 214.71
76965	26	US GUIDANCE INTE	RADIOLOGY - ULTRASOUND	NonFacility	$ 116.51
76965	TC	US GUIDANCE INTE	RADIOLOGY - ULTRASOUND	NonFacility	$ 98.20
76970	00	US STUDY FOLLOW	RADIOLOGY - ULTRASOUND	NonFacility	$ 145.18
76970	26	US STUDY FOLLOW	RADIOLOGY - ULTRASOUND	NonFacility	$ 34.16
76970	TC	US STUDY FOLLOW	RADIOLOGY - ULTRASOUND	NonFacility	$ 111.02
76975	00	GI ENDOSCOPIC UL	RADIOLOGY - ULTRASOUND	NonFacility	$ 184.24
76975	26	GI ENDOSCOPIC UL	RADIOLOGY - ULTRASOUND	NonFacility	$ 72.59
76975	TC	GI ENDOSCOPIC UL	RADIOLOGY - ULTRASOUND	NonFacility	$ 111.65
76977	00	US BONE DENSITY	RADIOLOGY - ULTRASOUND	NonFacility	$ 19.52
76977	26	US BONE DENSITY	RADIOLOGY - ULTRASOUND	NonFacility	$ 4.88
76977	TC	US BONE DENSITY	RADIOLOGY - ULTRASOUND	NonFacility	$ 14.64
76998	00	ULTRASONIC GUIDA	RADIOLOGY - ULTRASOUND	NonFacility	$ 302.17
76998	26	ULTRASONIC GUIDA	RADIOLOGY - ULTRASOUND	NonFacility	$ 109.18
76998	TC	ULTRASONIC GUIDA	RADIOLOGY - ULTRASOUND	NonFacility	$ 192.99
77001	00	FLUORO CENTRAL V	RADIOLOGY	NonFacility	$ 175.67
77001	26	FLUORO CENTRAL V	RADIOLOGY	NonFacility	$ 32.94
77001	TC	FLUORO CENTRAL V	RADIOLOGY	NonFacility	$ 142.73
77002	00	FLUOROSCOPIC GUI	RADIOLOGY	NonFacility	$ 117.72
77002	26	FLUOROSCOPIC GUI	RADIOLOGY	NonFacility	$ 45.74
77002	TC	FLUOROSCOPIC GUI	RADIOLOGY	NonFacility	$ 71.98
77003	00	FLUORO NEEDLE/CA	RADIOLOGY	NonFacility	$ 97.60
77003	26	FLUORO NEEDLE/CA	RADIOLOGY	NonFacility	$ 48.19
77003	TC	FLUORO NEEDLE/CA	RADIOLOGY	NonFacility	$ 49.41
77011	00	CT GUIDANCE STER	RADIOLOGY - CT	NonFacility	$ 1151.05
77011	26	CT GUIDANCE STER	RADIOLOGY - CT	NonFacility	$ 102.48
77011	TC	CT GUIDANCE STER	RADIOLOGY - CT	NonFacility	$ 1048.57
77012	00	CT GUIDANCE NEED	RADIOLOGY - CT	NonFacility	$ 287.30
77012	26	CT GUIDANCE NEED	RADIOLOGY - CT	NonFacility	$ 98.22
77012	TC	CT GUIDANCE NEED	RADIOLOGY - CT	NonFacility	$ 189.08
77013	00	CT GUIDANCE &MON	RADIOLOGY - CT	NonFacility	$ 1032.04
77013	26	CT GUIDANCE &MON	RADIOLOGY - CT	NonFacility	$ 348.91
77013	TC	CT GUIDANCE &MON	RADIOLOGY - CT	NonFacility	$ 683.13
77014	00	CT GUIDANCE RADI	RADIOLOGY - CT	NonFacility	$ 306.82
77014	26	CT GUIDANCE RADI	RADIOLOGY - CT	NonFacility	$ 72.59
77014	TC	CT GUIDANCE RADI	RADIOLOGY - CT	NonFacility	$ 234.23
77021	00	MR GUIDANCE NEED	RADIOLOGY - MRI	NonFacility	$ 703.92
77021	26	MR GUIDANCE NEED	RADIOLOGY - MRI	NonFacility	$ 129.93
77021	TC	MR GUIDANCE NEED	RADIOLOGY - MRI	NonFacility	$ 573.99
77022	00	MR GUIDANCE &MON	RADIOLOGY - MRI	NonFacility	$ 1265.70
77022	26	MR GUIDANCE &MON	RADIOLOGY - MRI	NonFacility	$ 364.77

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
77022	TC	MR GUIDANCE &MON	RADIOLOGY - MRI	NonFacility	$ 900.93
77031	00	STRTCTC LOCLZJ G	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 284.87
77031	26	STRTCTC LOCLZJ G	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 136.65
77031	TC	STRTCTC LOCLZJ G	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 148.22
77032	00	MAMMOGRAPHIC GID	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 93.93
77032	26	MAMMOGRAPHIC GID	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 47.58
77032	TC	MAMMOGRAPHIC GID	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 46.35
77051	00	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 19.52
77051	26	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 5.49
77051	TC	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 14.03
77052	00	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 19.52
77052	26	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 5.49
77052	TC	COMPUTER-AIDED D	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 14.03
77053	00	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 114.68
77053	26	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 30.51
77053	TC	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 84.17
77054	00	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 154.33
77054	26	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 38.43
77054	TC	MAMMARY DUCTOGRA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 115.90
77055	00	MAMMOGRAPHY UNIL	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 139.08
77055	26	MAMMOGRAPHY UNIL	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 59.79
77055	TC	MAMMOGRAPHY UNIL	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 79.29
77056	00	MAMMOGRAPHY BILA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 177.51
77056	26	MAMMOGRAPHY BILA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 74.41
77056	TC	MAMMOGRAPHY BILA	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 103.10
77057	00	SCREENING MAMMOG	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 132.36
77057	26	SCREENING MAMMOG	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 59.79
77057	TC	SCREENING MAMMOG	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 72.57
77058	00	MRI BREAST UNILA	RADIOLOGY - MRI	NonFacility	$ 1238.89
77058	26	MRI BREAST UNILA	RADIOLOGY - MRI	NonFacility	$ 139.08
77058	TC	MRI BREAST UNILA	RADIOLOGY - MRI	NonFacility	$ 1099.81
77059	00	MRI BREAST BILAT	RADIOLOGY - MRI	NonFacility	$ 1305.99
77059	26	MRI BREAST BILAT	RADIOLOGY - MRI	NonFacility	$ 139.08
77059	TC	MRI BREAST BILAT	RADIOLOGY - MRI	NonFacility	$ 1166.91
77071	00	MANUAL APPL STRE	RADIOLOGY	NonFacility	$ 70.14
77072	00	BONE AGE STUDIES	RADIOLOGY	NonFacility	$ 38.43
77072	26	BONE AGE STUDIES	RADIOLOGY	NonFacility	$ 16.48
77072	TC	BONE AGE STUDIES	RADIOLOGY	NonFacility	$ 21.95
77073	00	BONE LENGTH STUD	RADIOLOGY	NonFacility	$ 62.22
77073	26	BONE LENGTH STUD	RADIOLOGY	NonFacility	$ 24.40
77073	TC	BONE LENGTH STUD	RADIOLOGY	NonFacility	$ 37.82
77074	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 111.63
77074	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 38.43
77074	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 73.20
77075	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 162.87
77075	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 45.75
77075	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 117.12
77076	00	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 156.15
77076	26	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 57.95
77076	TC	RADIOLOGIC EXAMI	RADIOLOGY	NonFacility	$ 98.20
77077	00	JOINT SURVEY SIN	RADIOLOGY	NonFacility	$ 68.93
77077	26	JOINT SURVEY SIN	RADIOLOGY	NonFacility	$ 28.07
77077	TC	JOINT SURVEY SIN	RADIOLOGY	NonFacility	$ 40.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
77078	00	CT BONE MINERL D	RADIOLOGY - CT	NonFacility	$ 253.75
77078	26	CT BONE MINERL D	RADIOLOGY - CT	NonFacility	$ 21.36
77078	TC	CT BONE MINERL D	RADIOLOGY - CT	NonFacility	$ 232.39
77080	00	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 161.64
77080	26	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 18.30
77080	TC	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 143.34
77081	00	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 47.58
77081	26	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 18.30
77081	TC	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 29.28
77082	00	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 45.74
77082	26	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 10.37
77082	TC	DXA BONE DENSITY	RADIOLOGY - BONE DENSITY	NonFacility	$ 35.37
77084	00	BONE MARROW BLOO	RADIOLOGY - MRI	NonFacility	$ 862.52
77084	26	BONE MARROW BLOO	RADIOLOGY - MRI	NonFacility	$ 137.24
77084	TC	BONE MARROW BLOO	RADIOLOGY - MRI	NonFacility	$ 725.28
77261	00	THERAPEUTIC RADI	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 122.00
77262	00	THERAPEUTIC RADI	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 184.82
77263	00	THERAPEUTIC RADI	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 274.50
77280	00	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 302.55
77280	26	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 59.79
77280	TC	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 242.76
77285	00	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 525.80
77285	26	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 90.28
77285	TC	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 435.52
77290	00	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 830.19
77290	26	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 132.97
77290	TC	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 697.22
77295	00	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1003.43
77295	26	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 391.01
77295	TC	THER RAD SIMULAJ	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 612.42
77300	00	BASIC RADIATION	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 115.90
77300	26	BASIC RADIATION	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 53.07
77300	TC	BASIC RADIATION	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 62.83
77301	00	INTENS MOD RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 3653.22
77301	26	INTENS MOD RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 684.41
77301	TC	INTENS MOD RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 2968.81
77305	00	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 114.06
77305	26	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 59.79
77305	TC	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 54.27
77310	00	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 161.64
77310	26	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 90.28
77310	TC	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 71.36
77315	00	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 240.34
77315	26	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 132.98
77315	TC	TELETHERAPY ISOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 107.36
77321	00	SPEC TELETHERAP	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 186.04
77321	26	SPEC TELETHERAP	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 81.13
77321	TC	SPEC TELETHERAP	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 104.91
77326	00	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 236.07
77326	26	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 79.31
77326	TC	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 156.76
77327	00	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 334.88
77327	26	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 118.94

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
77327	TC	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 215.94
77328	00	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 456.27
77328	26	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 178.73
77328	TC	BRACHYTHERAPY IS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 277.54
77331	00	SPEC DOSIMETRY-P	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 105.53
77331	26	SPEC DOSIMETRY-P	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 74.41
77331	TC	SPEC DOSIMETRY-P	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 31.12
77332	00	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 128.09
77332	26	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 46.35
77332	TC	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 81.74
77333	00	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 106.14
77333	26	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 71.98
77333	TC	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 34.16
77334	00	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 254.98
77334	26	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 105.53
77334	TC	TX DEVICES DESIG	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 149.45
77336	00	CONT MED PHYSICS	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 90.28
77338	00	MLC IMRT DESIGN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 808.84
77338	26	MLC IMRT DESIGN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 383.68
77338	TC	MLC IMRT DESIGN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 425.16
77370	00	SPCL MEDICAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 187.88
77371	00	RADIATION DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 2067.74
77372	00	RADIATION DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1358.44
77373	00	STEREOTACTIC BOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 2521.70
77401	00	RADIATION TX DEL	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 43.92
77402	00	RAD TX DEL-1 TX	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 229.35
77403	00	RAD TX DEL-1 TX	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 201.91
77404	00	RAD TX DEL-1 TX	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 223.25
77406	00	RAD TX DEL-1 TX	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 225.70
77407	00	RADJ DLVR 2 AREA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 372.70
77408	00	RADJ DLVR 2 AREA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 273.27
77409	00	RADJ DLVR 2 AREA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 302.55
77411	00	RADJ DLVR 2 AREA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 300.72
77412	00	RADJ DLVR 3/> AR	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 354.40
77413	00	RADJ DLVR 3/> AR	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 356.85
77414	00	RADJ DLVR 3/> AR	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 398.32
77416	00	RADJ DLVR 3/> AR	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 400.16
77417	00	THERAPEUTIC RADI	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 25.01
77418	00	INTENS MOD TX DE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 844.83
77421	00	STRSC X-RAY GDN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 181.16
77421	26	STRSC X-RAY GDN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 32.94
77421	TC	STRSC X-RAY GDN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 148.22
77422	00	HIGH ENERGY NEUT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 338.54
77423	00	HIGH ENERGY NEUT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 385.52
77427	00	RADIATION TREATM	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 328.78
77431	00	RADIATION THERAP	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 166.52
77432	00	STERETCTC RADIAT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 694.16
77435	00	STEREOTACTIC BOD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1152.27
77469	00	INTRAOPERATIVE R	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 533.13
77470	00	SPECIAL TREATMEN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 368.43
77470	26	SPECIAL TREATMEN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 178.73
77470	TC	SPECIAL TREATMEN	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 189.70
77520	00	PROTON TX DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1604.36

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
77522	00	PROTON TX DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1601.49
77523	00	PROTON TX DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1663.37
77525	00	PROTON TX DELIVE	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1856.80
77600	00	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 636.21
77600	26	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 132.97
77600	TC	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 503.24
77605	00	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1277.93
77605	26	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 184.22
77605	TC	HYPERTHERMIA EXT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1093.71
77610	00	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1046.13
77610	26	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 130.54
77610	TC	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 915.59
77615	00	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1510.33
77615	26	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 178.12
77615	TC	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1332.21
77620	00	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 697.83
77620	26	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 127.49
77620	TC	HYPERTHERMIA INT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 570.34
77750	00	NFS/INSTLJ RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 583.75
77750	26	NFS/INSTLJ RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 427.60
77750	TC	NFS/INSTLJ RADIO	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 156.15
77761	00	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 600.84
77761	26	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 326.96
77761	TC	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 273.88
77762	00	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 814.33
77762	26	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 492.87
77762	TC	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 321.46
77763	00	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1154.70
77763	26	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 739.31
77763	TC	INTRACAVITARY RA	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 415.39
77776	00	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 695.39
77776	26	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 400.76
77776	TC	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 294.63
77777	00	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 968.66
77777	26	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 650.26
77777	TC	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 318.40
77778	00	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1397.49
77778	26	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 969.27
77778	TC	INTERSTITIAL RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 428.22
77785	00	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 333.66
77785	26	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 122.00
77785	TC	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 211.66
77786	00	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 928.41
77786	26	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 275.11
77786	TC	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 653.30
77787	00	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1429.81
77787	26	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 421.50
77787	TC	REMOTE AFTLD RAD	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 1008.31
77789	00	SURFACE APPLICAT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 180.55
77789	26	SURFACE APPLICAT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 98.22
77789	TC	SURFACE APPLICAT	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 82.33
77790	00	SUPERVISION HAND	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 149.45
77790	26	SUPERVISION HAND	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 89.66

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Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
77790	TC	SUPERVISION HAND	RADIOLOGY - RADIATION THERAPY	NonFacility	$ 59.79
78000	00	THYROID UPTAKE S	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 112.24
78000	26	THYROID UPTAKE S	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 16.48
78000	TC	THYROID UPTAKE S	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 95.76
78001	00	THYROID UPTAKE M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 143.96
78001	26	THYROID UPTAKE M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 22.57
78001	TC	THYROID UPTAKE M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 121.39
78003	00	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 125.66
78003	26	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 28.06
78003	TC	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 97.60
78006	00	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 359.28
78006	26	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 41.47
78006	TC	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 317.81
78007	00	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 257.41
78007	26	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 42.70
78007	TC	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 214.71
78010	00	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 248.26
78010	26	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 32.33
78010	TC	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 215.93
78011	00	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 278.77
78011	26	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 38.43
78011	TC	THYROID IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 240.34
78015	00	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 333.06
78015	26	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 56.74
78015	TC	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 276.32
78016	00	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 489.21
78016	26	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 67.10
78016	TC	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 422.11
78018	00	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 500.19
78018	26	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 72.59
78018	TC	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 427.60
78020	00	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 141.53
78020	26	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 50.64
78020	TC	THYROID CARCINOM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 90.89
78070	00	PARATHYROID IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 271.44
78070	26	PARATHYROID IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 69.55
78070	TC	PARATHYROID IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 201.89
78075	00	ADRENAL IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 660.61
78075	26	ADRENAL IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 62.83
78075	TC	ADRENAL IMAGING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 597.78
78102	00	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 260.47
78102	26	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 46.37
78102	TC	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 214.10
78103	00	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 347.70
78103	26	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 63.44
78103	TC	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 284.26
78104	00	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 395.89
78104	26	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 68.32
78104	TC	BONE MARROW IMAG	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 327.57
78110	00	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 127.48
78110	26	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 16.48
78110	TC	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 111.00
78111	00	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 147.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78111	26	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 18.91
78111	TC	PLASMA VOL RADIO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 128.09
78120	00	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 136.65
78120	26	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 19.53
78120	TC	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 117.12
78121	00	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 156.15
78121	26	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 26.24
78121	TC	RED CELL VOLUME	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 129.91
78122	00	WHOLE BLOOD VOLU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 190.92
78122	26	WHOLE BLOOD VOLU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 37.21
78122	TC	WHOLE BLOOD VOLU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 153.71
78130	00	RED CELL SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 245.83
78130	26	RED CELL SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 52.46
78130	TC	RED CELL SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 193.37
78135	00	RBC SURVIVAL STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 523.98
78135	26	RBC SURVIVAL STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 54.91
78135	TC	RBC SURVIVAL STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 469.07
78140	00	LABELED RBC SEQU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 228.13
78140	26	LABELED RBC SEQU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 52.46
78140	TC	LABELED RBC SEQU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 175.67
78185	00	SPLEEN IMAGING O	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 305.60
78185	26	SPLEEN IMAGING O	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 33.55
78185	TC	SPLEEN IMAGING O	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 272.05
78190	00	KINETICS PLATELE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 605.11
78190	26	KINETICS PLATELE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 91.50
78190	TC	KINETICS PLATELE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 513.61
78191	00	PLATELET SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 295.23
78191	26	PLATELET SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 51.85
78191	TC	PLATELET SURVIVA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 243.38
78195	00	LYMPHATICS & LYM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 545.94
78195	26	LYMPHATICS & LYM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 102.48
78195	TC	LYMPHATICS & LYM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 443.46
78201	00	LIVER IMAGING ST	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 285.48
78201	26	LIVER IMAGING ST	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 37.83
78201	TC	LIVER IMAGING ST	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 247.65
78202	00	LIVER IMAGING W/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 319.63
78202	26	LIVER IMAGING W/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 42.09
78202	TC	LIVER IMAGING W/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 277.54
78205	00	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 368.43
78205	26	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 60.38
78205	TC	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 308.05
78206	00	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 546.55
78206	26	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 81.13
78206	TC	LIVER IMAGING SP	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 465.42
78215	00	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 298.29
78215	26	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 41.49
78215	TC	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 256.80
78216	00	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 214.71
78216	26	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 48.19
78216	TC	LIVER & SPLEEN I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 166.52
78226	00	HEPATOBILIARY SY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 588.63
78226	26	HEPATOBILIARY SY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 62.83
78226	TC	HEPATOBILIARY SY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 525.80

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78227	00	HEPATOBIL SYST I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 805.79
78227	26	HEPATOBIL SYST I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 75.63
78227	TC	HEPATOBIL SYST I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 730.16
78230	00	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 256.20
78230	26	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 38.43
78230	TC	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 217.77
78231	00	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 207.40
78231	26	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 43.31
78231	TC	SALIVARY GLAND I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 164.09
78232	00	SALIVARY GLAND F	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 201.30
78232	26	SALIVARY GLAND F	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 39.05
78232	TC	SALIVARY GLAND F	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 162.25
78258	00	ESOPHAGEAL MOTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 359.89
78258	26	ESOPHAGEAL MOTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 63.44
78258	TC	ESOPHAGEAL MOTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 296.45
78261	00	GASTRIC MUCOSA I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 388.56
78261	26	GASTRIC MUCOSA I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 59.17
78261	TC	GASTRIC MUCOSA I	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 329.39
78262	00	GASTROESOPHAGEAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 381.85
78262	26	GASTROESOPHAGEAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 56.12
78262	TC	GASTROESOPHAGEAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 325.73
78264	00	GASTRIC EMPTYING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 444.06
78264	26	GASTRIC EMPTYING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 66.49
78264	TC	GASTRIC EMPTYING	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 377.57
78267	00	UREA BREATH TEST	CLINICAL LABORATORY	NonFacility	$ 4.73
78268	00	UREA BREATH TEST	CLINICAL LABORATORY	NonFacility	$ 40.52
78270	00	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 126.27
78270	26	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 17.09
78270	TC	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 109.18
78271	00	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 131.76
78271	26	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 16.48
78271	TC	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 115.28
78272	00	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 143.35
78272	26	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 21.96
78272	TC	VITAMIN B-12 ABS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 121.39
78278	00	ACUTE GASTROINTE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 535.56
78278	26	ACUTE GASTROINTE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 84.17
78278	TC	ACUTE GASTROINTE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 451.39
78282	00	GASTROINTESTINAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 129.90
78282	26	GASTROINTESTINAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 32.94
78282	TC	GASTROINTESTINAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 96.96
78290	00	INTESTINE IMAGIN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 489.21
78290	26	INTESTINE IMAGIN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 58.56
78290	TC	INTESTINE IMAGIN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 430.65
78291	00	PERITONEAL-VENOU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 392.22
78291	26	PERITONEAL-VENOU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 75.02
78291	TC	PERITONEAL-VENOU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 317.20
78300	00	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 273.89
78300	26	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 52.46
78300	TC	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 221.43
78305	00	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 362.34
78305	26	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 70.16
78305	TC	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 292.18

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78306	00	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 398.32
78306	26	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 73.20
78306	TC	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 325.12
78315	00	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 536.18
78315	26	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 86.62
78315	TC	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 449.56
78320	00	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 395.89
78320	26	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 88.46
78320	TC	BONE &/JOINT IMA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 307.43
78350	00	BONE DENSITY 1/>	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 53.68
78350	26	BONE DENSITY 1/>	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 18.30
78350	TC	BONE DENSITY 1/>	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 35.38
78351	00	BONE DENSTY 1/>	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 25.63
78414	00	CARD-VASC HEMODY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 189.10
78414	26	CARD-VASC HEMODY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 37.21
78414	TC	CARD-VASC HEMODY	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 151.89
78428	00	CARDIAC SHUNT DE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 314.15
78428	26	CARDIAC SHUNT DE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 67.71
78428	TC	CARDIAC SHUNT DE	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 246.44
78445	00	NONCARDIAC VASCU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 267.17
78445	26	NONCARDIAC VASCU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 40.86
78445	TC	NONCARDIAC VASCU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 226.31
78451	00	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 529.48
78451	26	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 112.25
78451	TC	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 417.23
78452	00	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 743.57
78452	26	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 132.97
78452	TC	MYOCARDIAL SPECT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 610.60
78453	00	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 456.27
78453	26	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 82.35
78453	TC	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 373.92
78454	00	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 647.20
78454	26	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 108.58
78454	TC	MYOCARDIAL PERFU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 538.62
78456	00	ACUTE VENOUS THR	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 550.20
78456	26	ACUTE VENOUS THR	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 88.46
78456	TC	ACUTE VENOUS THR	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 461.74
78457	00	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 306.82
78457	26	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 65.26
78457	TC	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 241.56
78458	00	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 324.51
78458	26	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 76.25
78458	TC	VENOUS THROMBOSI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 248.26
78459	00	MYOCARDIAL IMAGI	RADIOLOGY - PET SCANS	NonFacility	$ 2357.03
78459	26	MYOCARDIAL IMAGI	RADIOLOGY - PET SCANS	NonFacility	$ 131.76
78459	TC	MYOCARDIAL IMAGI	RADIOLOGY - PET SCANS	NonFacility	$ 2225.27
78466	00	MYOCARDIAL IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 286.69
78466	26	MYOCARDIAL IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 59.79
78466	TC	MYOCARDIAL IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 226.90
78468	00	MYOCARDIAL IMAG;	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 356.24
78468	26	MYOCARDIAL IMAG;	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 71.37
78468	TC	MYOCARDIAL IMAG;	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 284.87
78469	00	MYOCRD INFARCT A	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 406.25

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78469	26	MYOCRD INFARCT A	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 80.52
78469	TC	MYOCRD INFARCT A	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 325.73
78472	00	CARD BLOOD POOL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 408.69
78472	26	CARD BLOOD POOL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 85.39
78472	TC	CARD BLOOD POOL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 323.30
78473	00	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 550.82
78473	26	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 129.32
78473	TC	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 421.50
78481	00	CARD BL POOL PLA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 350.74
78481	26	CARD BL POOL PLA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 87.84
78481	TC	CARD BL POOL PLA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 262.90
78483	00	CARD BL POOL PLN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 492.25
78483	26	CARD BL POOL PLN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 133.58
78483	TC	CARD BL POOL PLN	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 358.67
78491	00	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 1684.77
78491	26	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 133.58
78491	TC	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 1551.19
78492	00	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 2131.38
78492	26	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 168.36
78492	TC	MYOCRD IMAGE PET	RADIOLOGY - PET SCANS	NonFacility	$ 1963.02
78494	00	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 441.63
78494	26	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 104.30
78494	TC	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 337.33
78496	00	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 155.55
78496	26	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 43.92
78496	TC	CARD BL POOL GAT	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 111.63
78579	00	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 312.93
78579	26	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 41.49
78579	TC	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 271.44
78580	00	PULMONARY PERFUS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 333.66
78580	26	PULMONARY PERFUS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 62.83
78580	TC	PULMONARY PERFUS	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 270.83
78582	00	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 577.05
78582	26	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 89.68
78582	TC	PULMONARY VENTIL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 487.37
78597	00	QUANT DIFFERENTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 352.58
78597	26	QUANT DIFFERENTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 61.62
78597	TC	QUANT DIFFERENTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 290.96
78598	00	QUANT DIFF PULM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 541.67
78598	26	QUANT DIFF PULM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 70.14
78598	TC	QUANT DIFF PULM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 471.53
78600	00	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 279.38
78600	26	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 37.21
78600	TC	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 242.17
78601	00	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 331.22
78601	26	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 43.31
78601	TC	BRAIN IMAGING <	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 287.91
78605	00	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 308.66
78605	26	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 45.76
78605	TC	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 262.90
78606	00	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 497.75
78606	26	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 53.69
78606	TC	BRAIN IMAGING MI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 444.06

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78607	00	BRAIN IMAGING TO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 573.40
78607	26	BRAIN IMAGING TO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 103.71
78607	TC	BRAIN IMAGING TO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 469.69
78608	00	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 2344.46
78608	26	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 128.71
78608	TC	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 2215.75
78609	00	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 126.88
78609	26	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 126.87
78609	TC	BRAIN IMAGING PE	RADIOLOGY - PET SCANS	NonFacility	$ 0.01
78610	00	BRAIN IMAGING VA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 279.38
78610	26	BRAIN IMAGING VA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 26.24
78610	TC	BRAIN IMAGING VA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 253.14
78630	00	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 519.10
78630	26	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 57.95
78630	TC	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 461.15
78635	00	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 485.55
78635	26	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 51.85
78635	TC	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 433.70
78645	00	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 484.33
78645	26	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 48.80
78645	TC	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 435.53
78647	00	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 518.49
78647	26	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 74.43
78647	TC	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 444.06
78650	00	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 505.69
78650	26	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 51.87
78650	TC	CEREBROSPINAL FL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 453.82
78660	00	RADIOPHARMACEUTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 267.17
78660	26	RADIOPHARMACEUTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 45.15
78660	TC	RADIOPHARMACEUTI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 222.02
78700	00	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 273.89
78700	26	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 38.43
78700	TC	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 235.46
78701	00	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 331.22
78701	26	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 41.47
78701	TC	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 289.75
78707	00	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 378.80
78707	26	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 81.13
78707	TC	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 297.67
78708	00	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 299.51
78708	26	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 102.48
78708	TC	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 197.03
78709	00	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 572.78
78709	26	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 119.56
78709	TC	KIDNEY IMG MORPH	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 453.22
78710	00	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 359.89
78710	26	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 54.91
78710	TC	KIDNEY IMAGING M	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 304.98
78725	00	KIDNEY FUNCJ STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 161.03
78725	26	KIDNEY FUNCJ STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 31.71
78725	TC	KIDNEY FUNCJ STU	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 129.32
78730	00	URINARY BLADDER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 118.94
78730	26	URINARY BLADDER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 14.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
78730	TC	URINARY BLADDER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 104.91
78740	00	URETERAL REFLUX	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 337.33
78740	26	URETERAL REFLUX	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 48.80
78740	TC	URETERAL REFLUX	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 288.53
78761	00	TESTICULAR IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 330.61
78761	26	TESTICULAR IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 60.99
78761	TC	TESTICULAR IMAGI	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 269.62
78800	00	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 295.23
78800	26	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 56.12
78800	TC	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 239.11
78801	00	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 392.83
78801	26	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 67.10
78801	TC	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 325.73
78802	00	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 511.77
78802	26	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 72.59
78802	TC	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 439.18
78803	00	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 558.76
78803	26	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 92.12
78803	TC	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 466.64
78804	00	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 912.54
78804	26	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 91.50
78804	TC	RP LOCLZJ TUMOR/	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 821.04
78805	00	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 292.18
78805	26	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 62.22
78805	TC	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 229.96
78806	00	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 532.52
78806	26	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 72.59
78806	TC	RP LOCLZJ INFLAM	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 459.93
78807	00	RADOPHRM LOC INF	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 557.53
78807	26	RADOPHRM LOC INF	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 91.50
78807	TC	RADOPHRM LOC INF	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 466.03
78808	00	NJX RP LOCLZJ NO	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 72.59
78811	00	PET IMAGING LIMI	RADIOLOGY - PET SCANS	NonFacility	$ 2496.22
78811	26	PET IMAGING LIMI	RADIOLOGY - PET SCANS	NonFacility	$ 135.42
78811	TC	PET IMAGING LIMI	RADIOLOGY - PET SCANS	NonFacility	$ 2360.80
78812	00	PET IMAGING SKUL	RADIOLOGY - PET SCANS	NonFacility	$ 3259.80
78812	26	PET IMAGING SKUL	RADIOLOGY - PET SCANS	NonFacility	$ 167.14
78812	TC	PET IMAGING SKUL	RADIOLOGY - PET SCANS	NonFacility	$ 3092.66
78813	00	PET IMAGING WHOL	RADIOLOGY - PET SCANS	NonFacility	$ 3408.65
78813	26	PET IMAGING WHOL	RADIOLOGY - PET SCANS	NonFacility	$ 173.85
78813	TC	PET IMAGING WHOL	RADIOLOGY - PET SCANS	NonFacility	$ 3234.80
78814	00	PET IMAGING CT F	RADIOLOGY - PET SCANS	NonFacility	$ 3758.35
78814	26	PET IMAGING CT F	RADIOLOGY - PET SCANS	NonFacility	$ 190.92
78814	TC	PET IMAGING CT F	RADIOLOGY - PET SCANS	NonFacility	$ 3567.43
78815	00	PET IMAGING CT A	RADIOLOGY - PET SCANS	NonFacility	$ 3790.12
78815	26	PET IMAGING CT A	RADIOLOGY - PET SCANS	NonFacility	$ 211.67
78815	TC	PET IMAGING CT A	RADIOLOGY - PET SCANS	NonFacility	$ 3578.45
78816	00	PET IMAGING FOR	RADIOLOGY - PET SCANS	NonFacility	$ 3790.12
78816	26	PET IMAGING FOR	RADIOLOGY - PET SCANS	NonFacility	$ 216.55
78816	TC	PET IMAGING FOR	RADIOLOGY - PET SCANS	NonFacility	$ 3573.57
79005	00	RP THERAPY ORAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 242.17
79005	26	RP THERAPY ORAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 150.67
79005	TC	RP THERAPY ORAL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 91.50

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
79101	00	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 273.27
79101	26	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 173.85
79101	TC	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 99.42
79200	00	RP THERAPY INRAC	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 281.20
79200	26	RP THERAPY INRAC	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 170.79
79200	TC	RP THERAPY INRAC	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 110.41
79300	00	RP THERAPY INTER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 437.05
79300	26	RP THERAPY INTER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 137.85
79300	TC	RP THERAPY INTER	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 299.20
79403	00	RP THER RADIOLBL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 347.70
79403	26	RP THER RADIOLBL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 192.76
79403	TC	RP THER RADIOLBL	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 154.94
79440	00	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 255.59
79440	26	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 168.36
79440	TC	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 87.23
79445	00	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 411.62
79445	26	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 207.40
79445	TC	RP THERAPY INTRA	RADIOLOGY - NUCLEAR MEDICINE	NonFacility	$ 204.22
80047	00	BASIC METABOLIC	CLINICAL LABORATORY	NonFacility	$ 5.09
80048	00	BASIC METABOLIC	CLINICAL LABORATORY	NonFacility	$ 5.09
80050	00	GENERAL HEALTH P	CLINICAL LABORATORY	NonFacility	$ 17.50
80051	00	ELECTROLYTE PANE	CLINICAL LABORATORY	NonFacility	$ 4.22
80053	00	COMPREHENSIVE ME	CLINICAL LABORATORY	NonFacility	$ 6.36
80055	00	OBSTETRIC PANEL	CLINICAL LABORATORY	NonFacility	$ 25.55
80061	00	LIPID PANEL	CLINICAL LABORATORY	NonFacility	$ 8.06
80069	00	RENAL FUNCTION P	CLINICAL LABORATORY	NonFacility	$ 5.22
80074	00	ACUTE HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 28.65
80076	00	HEPATIC FUNCTION	CLINICAL LABORATORY	NonFacility	$ 4.91
80100	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.75
80101	00	RX SCRN QUAL; RX	CLINICAL LABORATORY	NonFacility	$ 8.28
80102	00	DRUG CONFIRMATIO	CLINICAL LABORATORY	NonFacility	$ 7.97
80103	00	TISSUE PREPARATI	CLINICAL LABORATORY	NonFacility	$ 9.60
80104	00	DRUG SCRN QUAL M	CLINICAL LABORATORY	NonFacility	$ 16.11
80150	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.07
80152	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.77
80154	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 11.13
80156	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.76
80157	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 7.98
80158	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.86
80160	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.35
80162	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 7.99
80164	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.15
80166	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.33
80168	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.83
80170	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.86
80172	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.80
80173	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.76
80174	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.35
80176	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.84
80178	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 3.97
80182	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.15
80184	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 6.89
80185	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 7.98

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
80186	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.28
80188	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.98
80190	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.08
80192	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 10.08
80194	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.78
80195	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.26
80196	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 4.27
80197	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.26
80198	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.51
80200	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 9.70
80201	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 7.17
80202	00	DRUG SCREEN QUAL	CLINICAL LABORATORY	NonFacility	$ 8.15
80400	00	ACTH STIMULATION	CLINICAL LABORATORY	NonFacility	$ 19.61
80402	00	ACTH STIMULATION	CLINICAL LABORATORY	NonFacility	$ 52.30
80406	00	ACTH STIMJ PANEL	CLINICAL LABORATORY	NonFacility	$ 47.07
80408	00	ALDOSTERONE SUPP	CLINICAL LABORATORY	NonFacility	$ 75.50
80410	00	CALCITONIN STIMU	CLINICAL LABORATORY	NonFacility	$ 48.33
80412	00	CORTICOTROPIC RE	CLINICAL LABORATORY	NonFacility	$ 198.25
80414	00	CHORNC GONAD STI	CLINICAL LABORATORY	NonFacility	$ 31.06
80415	00	CHORNC GONAD STI	CLINICAL LABORATORY	NonFacility	$ 33.62
80416	00	RENAL VEIN RENIN	CLINICAL LABORATORY	NonFacility	$ 79.41
80417	00	PERIPHERAL VEIN	CLINICAL LABORATORY	NonFacility	$ 26.47
80418	00	COMBINED RAPID A	CLINICAL LABORATORY	NonFacility	$ 348.63
80420	00	DEXMETHASONE SUP	CLINICAL LABORATORY	NonFacility	$ 43.33
80422	00	GLUCOSE TOLERANC	CLINICAL LABORATORY	NonFacility	$ 27.72
80424	00	GLUCOSE TOLERANC	CLINICAL LABORATORY	NonFacility	$ 30.38
80426	00	GONADOTROPIN REL	CLINICAL LABORATORY	NonFacility	$ 89.29
80428	00	GROWTH HORMONE S	CLINICAL LABORATORY	NonFacility	$ 40.12
80430	00	GROWTH HORMONE S	CLINICAL LABORATORY	NonFacility	$ 47.20
80432	00	INSULIN-INDUCED	CLINICAL LABORATORY	NonFacility	$ 81.26
80434	00	INSULIN TOLERANC	CLINICAL LABORATORY	NonFacility	$ 60.84
80435	00	INSULIN TOLERANC	CLINICAL LABORATORY	NonFacility	$ 61.95
80436	00	METYRAPONE PANEL	CLINICAL LABORATORY	NonFacility	$ 54.84
80438	00	THYROTROPIN RELE	CLINICAL LABORATORY	NonFacility	$ 30.32
80439	00	THYROTROPIN RELE	CLINICAL LABORATORY	NonFacility	$ 40.42
80440	00	THYROTROPIN RELE	CLINICAL LABORATORY	NonFacility	$ 34.98
80500	00	CLINICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 12.83
80502	00	CLINICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 39.60
81000	00	URINLS DIP STICK	OFFICE LAB	NonFacility	$ 2.72
81001	00	URNLS DIP STICK/	OFFICE LAB	NonFacility	$ 2.72
81002	00	URNLS DIP STICK/	OFFICE LAB	NonFacility	$ 2.20
81003	00	URNLS DIP STICK/	OFFICE LAB	NonFacility	$ 1.93
81005	00	URINALYSIS QUAL/	OFFICE LAB	NonFacility	$ 1.86
81007	00	URINALYSIS BACTE	OFFICE LAB	NonFacility	$ 2.21
81015	00	URINALYSIS MICRO	OFFICE LAB	NonFacility	$ 2.61
81020	00	URINALYSIS 2/3 G	OFFICE LAB	NonFacility	$ 3.17
81025	00	URINE PREGNANCY	OFFICE LAB	NonFacility	$ 5.44
81050	00	VOLUME MEASUREME	CLINICAL LABORATORY	NonFacility	$ 1.80
82000	00	ACETALDEHYDE BLO	CLINICAL LABORATORY	NonFacility	$ 7.46
82003	00	ACETAMINOPHEN	CLINICAL LABORATORY	NonFacility	$ 12.18
82009	00	ACETONE/OTHER KE	CLINICAL LABORATORY	NonFacility	$ 2.72
82010	00	ACETONE/OTHER KE	OFFICE LAB	NonFacility	$ 7.03
82013	00	ACETYLCHOLINESTE	CLINICAL LABORATORY	NonFacility	$ 6.72

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
82016	00	ACYLCARNITINES Q	CLINICAL LABORATORY	NonFacility	$ 8.34
82017	00	ACYLCARNITINES Q	CLINICAL LABORATORY	NonFacility	$ 10.15
82024	00	ADRENOCORTICOTRO	CLINICAL LABORATORY	NonFacility	$ 23.23
82030	00	ADENOSINE 5-MONO	CLINICAL LABORATORY	NonFacility	$ 15.52
82040	00	ALBUMIN SERUM PL	CLINICAL LABORATORY	NonFacility	$ 2.98
82042	00	ALBUMIN URINE/OT	CLINICAL LABORATORY	NonFacility	$ 3.11
82043	00	ALBUMIN URINE MI	CLINICAL LABORATORY	NonFacility	$ 3.48
82044	00	ALBUMIN URINE MI	OFFICE LAB	NonFacility	$ 3.94
82045	00	ALBUMIN ISCHEMIA	CLINICAL LABORATORY	NonFacility	$ 20.42
82055	00	ALCOHOL ANY SPEC	OFFICE LAB	NonFacility	$ 9.28
82075	00	ALCOHOL BREATH	CLINICAL LABORATORY	NonFacility	$ 7.25
82085	00	ALDOLASE	CLINICAL LABORATORY	NonFacility	$ 5.84
82088	00	ALDOSTERONE	CLINICAL LABORATORY	NonFacility	$ 24.52
82101	00	ALKALOIDS URINE	CLINICAL LABORATORY	NonFacility	$ 18.06
82103	00	ALPHA-1-ANTITRYP	CLINICAL LABORATORY	NonFacility	$ 8.08
82104	00	ALPHA-1-ANTITRYP	CLINICAL LABORATORY	NonFacility	$ 8.70
82105	00	ALPHA-FETOPROTEI	CLINICAL LABORATORY	NonFacility	$ 10.09
82106	00	ALPHA-FETOPROTEI	CLINICAL LABORATORY	NonFacility	$ 10.09
82107	00	AFP-L3 FRACTION	CLINICAL LABORATORY	NonFacility	$ 38.75
82108	00	ALUMINUM	CLINICAL LABORATORY	NonFacility	$ 15.33
82120	00	AMINES VAGINAL F	OFFICE LAB	NonFacility	$ 3.23
82127	00	AMINO ACIDS 1 QU	CLINICAL LABORATORY	NonFacility	$ 8.34
82128	00	AMINO ACIDS MULT	CLINICAL LABORATORY	NonFacility	$ 8.34
82131	00	AMINO ACIDS 1 QU	CLINICAL LABORATORY	NonFacility	$ 10.15
82135	00	AMINOLEVULINIC A	CLINICAL LABORATORY	NonFacility	$ 9.90
82136	00	AMINO ACIDS 2-5	CLINICAL LABORATORY	NonFacility	$ 10.15
82139	00	AMINO ACIDS 6/>	CLINICAL LABORATORY	NonFacility	$ 10.15
82140	00	AMMONIA	CLINICAL LABORATORY	NonFacility	$ 8.77
82143	00	AMNIOTIC FLUID S	CLINICAL LABORATORY	NonFacility	$ 4.13
82145	00	AMPHETAMINE OR M	CLINICAL LABORATORY	NonFacility	$ 9.35
82150	00	AMYLASE	CLINICAL LABORATORY	NonFacility	$ 3.90
82154	00	ANDROSTANEDIOL G	CLINICAL LABORATORY	NonFacility	$ 17.35
82157	00	ANDROSTENEDIONE	CLINICAL LABORATORY	NonFacility	$ 17.61
82160	00	ANDROSTERONE	CLINICAL LABORATORY	NonFacility	$ 15.04
82163	00	ANGIOTENSIN II	CLINICAL LABORATORY	NonFacility	$ 12.35
82164	00	ANGIOTENSIN I -	CLINICAL LABORATORY	NonFacility	$ 8.78
82172	00	APOLIPOPROTEIN E	CLINICAL LABORATORY	NonFacility	$ 9.32
82175	00	ARSENIC	CLINICAL LABORATORY	NonFacility	$ 11.41
82180	00	ASCORBIC ACID BL	CLINICAL LABORATORY	NonFacility	$ 5.95
82190	00	ATOMIC ABSRPJ SP	CLINICAL LABORATORY	NonFacility	$ 8.97
82205	00	BARBITURATES NOT	CLINICAL LABORATORY	NonFacility	$ 6.89
82232	00	BETA-2 MICROGLOB	CLINICAL LABORATORY	NonFacility	$ 9.73
82239	00	BILE ACIDS TOTAL	CLINICAL LABORATORY	NonFacility	$ 10.31
82240	00	BILE ACIDS; CHOL	CLINICAL LABORATORY	NonFacility	$ 15.99
82247	00	BILIRUBIN TOTAL	CLINICAL LABORATORY	NonFacility	$ 3.02
82248	00	BILIRUBIN DIRECT	CLINICAL LABORATORY	NonFacility	$ 3.02
82252	00	BILIRUBIN FECES	CLINICAL LABORATORY	NonFacility	$ 2.73
82261	00	BIOTINIDASE EACH	CLINICAL LABORATORY	NonFacility	$ 10.15
82270	00	BLOOD OCCULT PER	OFFICE LAB	NonFacility	$ 2.80
82271	00	BLOOD OCCULT PER	OFFICE LAB	NonFacility	$ 2.80
82272	00	BLOOD OCCULT PER	OFFICE LAB	NonFacility	$ 2.80
82274	00	BLOOD OCCULT FEC	OFFICE LAB	NonFacility	$ 13.67
82286	00	BRADYKININ	CLINICAL LABORATORY	NonFacility	$ 4.14

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
82300	00	CADMIUM	CLINICAL LABORATORY	NonFacility	$ 13.92
82306	00	25 HYDROXY INCLU	CLINICAL LABORATORY	NonFacility	$ 17.81
82308	00	CALCITONIN	CLINICAL LABORATORY	NonFacility	$ 16.11
82310	00	CALCIUM TOTAL	CLINICAL LABORATORY	NonFacility	$ 3.10
82330	00	CALCIUM; IONIZED	CLINICAL LABORATORY	NonFacility	$ 8.22
82331	00	CALCIUM AFTER CA	CLINICAL LABORATORY	NonFacility	$ 3.11
82340	00	CALCIUM URINE QU	CLINICAL LABORATORY	NonFacility	$ 3.63
82355	00	CALCULUS QUALITA	CLINICAL LABORATORY	NonFacility	$ 6.96
82360	00	CALCULUS QUANTIT	CLINICAL LABORATORY	NonFacility	$ 7.74
82365	00	CALCULUS INFRARE	CLINICAL LABORATORY	NonFacility	$ 7.76
82370	00	CALCULUS XRAY DI	CLINICAL LABORATORY	NonFacility	$ 7.54
82373	00	CARBOHYDRATE DEF	CLINICAL LABORATORY	NonFacility	$ 10.86
82374	00	CARBON DIOXIDE B	CLINICAL LABORATORY	NonFacility	$ 2.94
82375	00	CARBOXYHEMOGLOBI	CLINICAL LABORATORY	NonFacility	$ 7.42
82376	00	CARBOXYHEMOGLOBI	CLINICAL LABORATORY	NonFacility	$ 3.60
82378	00	CARCINOEMBRYONIC	CLINICAL LABORATORY	NonFacility	$ 11.41
82379	00	CARNITINE QUANTI	CLINICAL LABORATORY	NonFacility	$ 10.15
82380	00	CAROTENE	CLINICAL LABORATORY	NonFacility	$ 5.55
82382	00	CATECHOLAMINES T	CLINICAL LABORATORY	NonFacility	$ 10.34
82383	00	CATECHOLAMINES B	CLINICAL LABORATORY	NonFacility	$ 15.07
82384	00	CATECHOLAMINES F	CLINICAL LABORATORY	NonFacility	$ 15.19
82387	00	CATHEPSIN-D	CLINICAL LABORATORY	NonFacility	$ 12.52
82390	00	CERULOPLASMIN	CLINICAL LABORATORY	NonFacility	$ 6.46
82397	00	CHEMILUMINESCENT	CLINICAL LABORATORY	NonFacility	$ 8.50
82415	00	CHLORAMPHENICOL	CLINICAL LABORATORY	NonFacility	$ 7.62
82435	00	CHLORIDE; BLOOD	CLINICAL LABORATORY	NonFacility	$ 2.76
82436	00	CHLORIDE; URINE	CLINICAL LABORATORY	NonFacility	$ 3.02
82438	00	CHLORIDE OTHER S	CLINICAL LABORATORY	NonFacility	$ 2.94
82441	00	CHLORINATED HYDR	CLINICAL LABORATORY	NonFacility	$ 3.61
82465	00	CHOLESTEROL SERU	CLINICAL LABORATORY	NonFacility	$ 2.62
82480	00	CHOLINESTERASE;	CLINICAL LABORATORY	NonFacility	$ 4.74
82482	00	CHOLINESTERASE;	CLINICAL LABORATORY	NonFacility	$ 4.62
82485	00	CHONDROITIN B SU	CLINICAL LABORATORY	NonFacility	$ 12.42
82486	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 10.86
82487	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 9.61
82488	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 12.86
82489	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 11.13
82491	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 10.86
82492	00	CHROMATOGRAPHY Q	CLINICAL LABORATORY	NonFacility	$ 10.86
82495	00	CHROMIUM	CLINICAL LABORATORY	NonFacility	$ 12.20
82507	00	CITRATE	CLINICAL LABORATORY	NonFacility	$ 16.73
82520	00	COCAINE OR METAB	CLINICAL LABORATORY	NonFacility	$ 9.11
82523	00	COLLAGEN CROSS L	CLINICAL LABORATORY	NonFacility	$ 11.24
82525	00	COPPER	CLINICAL LABORATORY	NonFacility	$ 7.46
82528	00	CORTICOSTERONE	CLINICAL LABORATORY	NonFacility	$ 13.54
82530	00	CORTISOL FREE	CLINICAL LABORATORY	NonFacility	$ 10.05
82533	00	CORTISOL TOTAL	CLINICAL LABORATORY	NonFacility	$ 9.81
82540	00	CREATINE	CLINICAL LABORATORY	NonFacility	$ 2.79
82541	00	COL-CHR/MS QUAL	CLINICAL LABORATORY	NonFacility	$ 10.86
82542	00	COL-CHR/MS QUAN	CLINICAL LABORATORY	NonFacility	$ 10.86
82543	00	COL-CHR/MS STABL	CLINICAL LABORATORY	NonFacility	$ 10.86
82544	00	COL-CHR/MS STABL	CLINICAL LABORATORY	NonFacility	$ 10.86
82550	00	CREATINE KINASE	CLINICAL LABORATORY	NonFacility	$ 3.92

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
82552	00	CREATINE KINASE;	CLINICAL LABORATORY	NonFacility	$ 8.06
82553	00	CREATINE KINASE	CLINICAL LABORATORY	NonFacility	$ 6.95
82554	00	CREATINE KINASE;	CLINICAL LABORATORY	NonFacility	$ 7.14
82565	00	CREATININE BLOOD	CLINICAL LABORATORY	NonFacility	$ 3.08
82570	00	CREATININE OTHER	CLINICAL LABORATORY	NonFacility	$ 3.11
82575	00	CREATININE; CLEA	CLINICAL LABORATORY	NonFacility	$ 5.68
82585	00	CRYOFIBRINOGEN	CLINICAL LABORATORY	NonFacility	$ 5.16
82595	00	CRYOGLOBULIN QUA	CLINICAL LABORATORY	NonFacility	$ 3.89
82600	00	CYANIDE	CLINICAL LABORATORY	NonFacility	$ 11.67
82607	00	CYANOCOBALAMIN V	CLINICAL LABORATORY	NonFacility	$ 9.07
82608	00	CYANOCOBALAMIN V	CLINICAL LABORATORY	NonFacility	$ 8.61
82610	00	CYSTATIN C	CLINICAL LABORATORY	NonFacility	$ 8.18
82615	00	CSTINE&HOMOCSTIN	CLINICAL LABORATORY	NonFacility	$ 4.91
82626	00	DEHYDROEPIANDROS	CLINICAL LABORATORY	NonFacility	$ 15.20
82627	00	DEHYDROEPIANDROS	CLINICAL LABORATORY	NonFacility	$ 13.38
82633	00	DESOXYCORTICOSTE	CLINICAL LABORATORY	NonFacility	$ 18.64
82634	00	DEOXYCORTISOL 11	CLINICAL LABORATORY	NonFacility	$ 17.61
82638	00	DIBUCAINE NUMBER	CLINICAL LABORATORY	NonFacility	$ 7.37
82646	00	DIHYDROCODEINONE	CLINICAL LABORATORY	NonFacility	$ 12.42
82649	00	DIHYDROMORPHINON	CLINICAL LABORATORY	NonFacility	$ 15.46
82651	00	DIHYDROTESTOSTER	CLINICAL LABORATORY	NonFacility	$ 15.53
82652	00	1 25 DIHYDROXY I	CLINICAL LABORATORY	NonFacility	$ 23.16
82654	00	DIMETHADIONE	CLINICAL LABORATORY	NonFacility	$ 8.33
82656	00	ELASTASE PANCREA	CLINICAL LABORATORY	NonFacility	$ 6.94
82657	00	NZYM ACTIV BLD C	CLINICAL LABORATORY	NonFacility	$ 10.86
82658	00	NZYM ACTV BLOOD	CLINICAL LABORATORY	NonFacility	$ 10.86
82664	00	ELCTROPHORETIC T	CLINICAL LABORATORY	NonFacility	$ 20.67
82666	00	EPIANDROSTERONE	CLINICAL LABORATORY	NonFacility	$ 12.92
82668	00	ERYTHROPOIETIN	CLINICAL LABORATORY	NonFacility	$ 11.31
82670	00	ESTRADIOL	CLINICAL LABORATORY	NonFacility	$ 16.81
82671	00	ESTROGENS FRACTI	CLINICAL LABORATORY	NonFacility	$ 19.43
82672	00	ESTROGENS TOTAL	CLINICAL LABORATORY	NonFacility	$ 13.05
82677	00	ESTRIOL	CLINICAL LABORATORY	NonFacility	$ 14.55
82679	00	ESTRONE	CLINICAL LABORATORY	NonFacility	$ 15.02
82690	00	ETHCHLORVYNOL	CLINICAL LABORATORY	NonFacility	$ 10.40
82693	00	ETHYLENE GLYCOL	CLINICAL LABORATORY	NonFacility	$ 8.96
82696	00	ETIOCHOLANOLONE	CLINICAL LABORATORY	NonFacility	$ 14.19
82705	00	FAT/LIPIDS FECES	CLINICAL LABORATORY	NonFacility	$ 3.06
82710	00	FAT/LIPIDS FECES	CLINICAL LABORATORY	NonFacility	$ 10.11
82715	00	FAT DIFFIAL FECE	CLINICAL LABORATORY	NonFacility	$ 10.35
82725	00	FATTY ACIDS NONE	CLINICAL LABORATORY	NonFacility	$ 8.01
82726	00	VERY LONG CHAIN	CLINICAL LABORATORY	NonFacility	$ 10.86
82728	00	FERRITIN	CLINICAL LABORATORY	NonFacility	$ 8.19
82731	00	FETAL FIBRONECTI	CLINICAL LABORATORY	NonFacility	$ 38.75
82735	00	FLUORIDE	CLINICAL LABORATORY	NonFacility	$ 11.16
82742	00	FLURAZEPAM	CLINICAL LABORATORY	NonFacility	$ 11.91
82746	00	FOLIC ACID; SERU	CLINICAL LABORATORY	NonFacility	$ 8.85
82747	00	FOLIC ACID; RBC	CLINICAL LABORATORY	NonFacility	$ 10.42
82757	00	FRUCTOSE SEMEN	CLINICAL LABORATORY	NonFacility	$ 10.43
82759	00	GALACTOKINASE RB	CLINICAL LABORATORY	NonFacility	$ 12.92
82760	00	GALACTOSE	CLINICAL LABORATORY	NonFacility	$ 6.74
82775	00	GALACTOSE-1-PHOS	CLINICAL LABORATORY	NonFacility	$ 12.67
82776	00	GALACTOSE-1-PHOS	CLINICAL LABORATORY	NonFacility	$ 5.04

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
82784	00	GAMMAGLOBULIN IG	CLINICAL LABORATORY	NonFacility	$ 5.59
82785	00	GAMMAGLOBULIN IG	CLINICAL LABORATORY	NonFacility	$ 9.91
82787	00	GAMMAGLOBULIN IM	CLINICAL LABORATORY	NonFacility	$ 4.83
82800	00	GASES BLOOD PH O	CLINICAL LABORATORY	NonFacility	$ 5.09
82803	00	BLOOD GASES ANY	CLINICAL LABORATORY	NonFacility	$ 11.64
82805	00	GASES BLOOD PH D	CLINICAL LABORATORY	NonFacility	$ 17.07
82810	00	GASES BLOOD O2 S	CLINICAL LABORATORY	NonFacility	$ 5.25
82820	00	HEMOGLOBIN-OXYGE	CLINICAL LABORATORY	NonFacility	$ 6.01
82930	00	GASTRIC ACID ANA	CLINICAL LABORATORY	NonFacility	$ 3.22
82938	00	GASTRIN AFTER SE	CLINICAL LABORATORY	NonFacility	$ 10.65
82941	00	GASTRIN	CLINICAL LABORATORY	NonFacility	$ 10.61
82943	00	GLUCAGON	CLINICAL LABORATORY	NonFacility	$ 8.59
82945	00	GLUCOSE BODY FLU	OFFICE LAB	NonFacility	$ 3.37
82946	00	GLUCOSE TOLERANC	CLINICAL LABORATORY	NonFacility	$ 9.07
82947	00	GLUCOSE QUANTITA	OFFICE LAB	NonFacility	$ 3.37
82948	00	GLUCOSE BLOOD RE	OFFICE LAB	NonFacility	$ 2.72
82950	00	GLUCOSE POST GLU	OFFICE LAB	NonFacility	$ 4.08
82951	00	GLUCOSE TOLERANC	OFFICE LAB	NonFacility	$ 11.06
82952	00	GLUCOSE TOLERANC	OFFICE LAB	NonFacility	$ 3.37
82953	00	GLUCOSE; TOLBUTA	CLINICAL LABORATORY	NonFacility	$ 9.11
82955	00	GLUC-6-PHOSPHATE	CLINICAL LABORATORY	NonFacility	$ 5.83
82960	00	GLUC-6-PHOSPHATE	CLINICAL LABORATORY	NonFacility	$ 3.64
82962	00	GLU BLD MONITR C	OFFICE LAB	NonFacility	$ 2.01
82963	00	GLUCOSIDASE BETA	CLINICAL LABORATORY	NonFacility	$ 12.92
82965	00	GLUTAMATE DEHYDR	CLINICAL LABORATORY	NonFacility	$ 4.65
82975	00	GLUTAMINE	CLINICAL LABORATORY	NonFacility	$ 9.53
82977	00	GLUTAMYLTRANSFER	CLINICAL LABORATORY	NonFacility	$ 4.33
82978	00	GLUTATHIONE	CLINICAL LABORATORY	NonFacility	$ 8.58
82979	00	GLUTATHIONE REDU	CLINICAL LABORATORY	NonFacility	$ 4.14
82980	00	GLUTETHIMIDE	CLINICAL LABORATORY	NonFacility	$ 11.02
82985	00	GLYCATED PROTEIN	OFFICE LAB	NonFacility	$ 12.95
83001	00	GONADOTROPIN FOL	CLINICAL LABORATORY	NonFacility	$ 11.18
83002	00	GONADOTROPIN LUT	CLINICAL LABORATORY	NonFacility	$ 11.14
83003	00	GROWTH HORMONE H	CLINICAL LABORATORY	NonFacility	$ 10.03
83008	00	GUANOSINE MONOPH	CLINICAL LABORATORY	NonFacility	$ 10.10
83009	00	HPYLORI BLOOD AN	CLINICAL LABORATORY	NonFacility	$ 40.52
83010	00	HAPTOGLOBIN QUAN	CLINICAL LABORATORY	NonFacility	$ 7.57
83012	00	HAPTOGLOBIN PHEN	CLINICAL LABORATORY	NonFacility	$ 10.34
83013	00	HPYLORI BREATH A	CLINICAL LABORATORY	NonFacility	$ 40.52
83014	00	HPYLORI DRUG ADM	CLINICAL LABORATORY	NonFacility	$ 4.73
83015	00	HEAVY METAL SCRE	CLINICAL LABORATORY	NonFacility	$ 11.33
83018	00	HEAVY METAL QUAN	CLINICAL LABORATORY	NonFacility	$ 13.21
83020	00	HEMOGLOBIN FRACT	CLINICAL LABORATORY	NonFacility	$ 7.74
83020	26	HEMOGLOBIN FRACT	CLINICAL LABORATORY	NonFacility	$ 7.74
83021	00	HEMOGLOBIN FRACT	CLINICAL LABORATORY	NonFacility	$ 10.86
83026	00	HEMOGLOBIN COPPE	OFFICE LAB	NonFacility	$ 2.03
83030	00	HEMOGLOBIN F FET	CLINICAL LABORATORY	NonFacility	$ 4.98
83033	00	HEMOGLOBIN F FET	CLINICAL LABORATORY	NonFacility	$ 3.59
83036	00	HEMOGLOBIN GLYCO	CLINICAL LABORATORY	NonFacility	$ 5.84
83037	00	HGB GLYCOSYLATED	OFFICE LAB	NonFacility	$ 8.34
83045	00	HEMOGLOBIN METHE	CLINICAL LABORATORY	NonFacility	$ 2.98
83050	00	HEMOGLOBIN METHE	CLINICAL LABORATORY	NonFacility	$ 4.41
83051	00	HEMOGLOBIN PLASM	CLINICAL LABORATORY	NonFacility	$ 4.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
83055	00	HEMOGLOBIN SULFH	CLINICAL LABORATORY	NonFacility	$ 2.96
83060	00	HEMOGLOBIN SULFH	CLINICAL LABORATORY	NonFacility	$ 4.98
83065	00	HEMOGLOBIN THERM	CLINICAL LABORATORY	NonFacility	$ 4.14
83068	00	HEMOGLOBIN UNSTA	CLINICAL LABORATORY	NonFacility	$ 5.09
83069	00	HEMOGLOBIN URINE	CLINICAL LABORATORY	NonFacility	$ 2.37
83070	00	HEMOSIDERIN QUAL	CLINICAL LABORATORY	NonFacility	$ 2.86
83071	00	HEMOSIDERIN QUAN	CLINICAL LABORATORY	NonFacility	$ 4.13
83080	00	B-HEXOSAMINIDASE	CLINICAL LABORATORY	NonFacility	$ 10.15
83088	00	HISTAMINE	CLINICAL LABORATORY	NonFacility	$ 17.77
83090	00	HOMOCYSTEINE	CLINICAL LABORATORY	NonFacility	$ 10.15
83150	00	HOMOVANILLIC ACI	CLINICAL LABORATORY	NonFacility	$ 11.64
83491	00	HYDROXYCORTICOST	CLINICAL LABORATORY	NonFacility	$ 10.54
83497	00	HYDROXYINDOLACET	CLINICAL LABORATORY	NonFacility	$ 7.76
83498	00	HYDROXYPROGESTER	CLINICAL LABORATORY	NonFacility	$ 16.34
83499	00	HYDROXYPROGESTER	CLINICAL LABORATORY	NonFacility	$ 15.16
83500	00	HYDROXYPROLINE F	CLINICAL LABORATORY	NonFacility	$ 13.62
83505	00	HYDROXYPROLINE T	CLINICAL LABORATORY	NonFacility	$ 14.62
83516	00	IMMUNOASSAY ANAL	CLINICAL LABORATORY	NonFacility	$ 6.94
83518	00	IMMUNOASSAY ANAL	OFFICE LAB	NonFacility	$ 7.28
83519	00	IMMUNOASSAY ANAL	CLINICAL LABORATORY	NonFacility	$ 8.13
83520	00	IMMUNOASSAY ANAL	CLINICAL LABORATORY	NonFacility	$ 7.79
83525	00	INSULIN TOTAL	CLINICAL LABORATORY	NonFacility	$ 6.88
83527	00	INSULIN FREE	CLINICAL LABORATORY	NonFacility	$ 7.79
83528	00	INTRINSIC FACTOR	CLINICAL LABORATORY	NonFacility	$ 9.57
83540	00	IRON	CLINICAL LABORATORY	NonFacility	$ 3.90
83550	00	IRON BINDING CAP	CLINICAL LABORATORY	NonFacility	$ 5.26
83570	00	ISOCITRIC DEHYDR	CLINICAL LABORATORY	NonFacility	$ 5.32
83582	00	KETOGENIC STEROI	CLINICAL LABORATORY	NonFacility	$ 8.53
83586	00	KETOSTEROIDS 17-	CLINICAL LABORATORY	NonFacility	$ 7.70
83593	00	KETOSTEROIDS 17-	CLINICAL LABORATORY	NonFacility	$ 15.82
83605	00	LACTATE	CLINICAL LABORATORY	NonFacility	$ 6.43
83615	00	LACTATE DEHYDROG	CLINICAL LABORATORY	NonFacility	$ 3.63
83625	00	LACTATE DEHYDROG	CLINICAL LABORATORY	NonFacility	$ 7.70
83630	00	LACTOFERRIN FECA	CLINICAL LABORATORY	NonFacility	$ 11.81
83631	00	LACTOFERRIN FECA	CLINICAL LABORATORY	NonFacility	$ 11.81
83632	00	LACTOGEN HPL HUM	CLINICAL LABORATORY	NonFacility	$ 12.16
83633	00	LACTOSE URINE QU	CLINICAL LABORATORY	NonFacility	$ 3.31
83634	00	LACTOSE URINE QU	CLINICAL LABORATORY	NonFacility	$ 6.93
83655	00	LEAD	CLINICAL LABORATORY	NonFacility	$ 7.28
83661	00	FETAL LUNG MATUR	CLINICAL LABORATORY	NonFacility	$ 13.23
83662	00	FETAL LUNG MATUR	CLINICAL LABORATORY	NonFacility	$ 11.38
83663	00	FETAL LUNG MATUR	CLINICAL LABORATORY	NonFacility	$ 11.38
83664	00	FETAL LUNG MATUR	CLINICAL LABORATORY	NonFacility	$ 11.38
83670	00	LEUCINE AMINOPEP	CLINICAL LABORATORY	NonFacility	$ 5.51
83690	00	LIPASE	CLINICAL LABORATORY	NonFacility	$ 4.14
83695	00	LIPOPROTEIN A	CLINICAL LABORATORY	NonFacility	$ 7.79
83698	00	LIPOPROTEIN-ASSO	CLINICAL LABORATORY	NonFacility	$ 20.42
83700	00	LIPOPROTEIN BLOO	CLINICAL LABORATORY	NonFacility	$ 6.77
83701	00	LIPOPROTEIN BLOO	CLINICAL LABORATORY	NonFacility	$ 14.93
83704	00	LIPOPROTEIN BLOO	CLINICAL LABORATORY	NonFacility	$ 18.98
83718	00	LIPOPROTEIN DIR	CLINICAL LABORATORY	NonFacility	$ 4.93
83719	00	LIPOPROTEIN DIRE	CLINICAL LABORATORY	NonFacility	$ 7.00
83721	00	LIPOPROTEIN DIRE	CLINICAL LABORATORY	NonFacility	$ 5.74

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
83727	00	LUTEINIZING RELE	CLINICAL LABORATORY	NonFacility	$ 10.34
83735	00	MAGNESIUM	CLINICAL LABORATORY	NonFacility	$ 4.03
83775	00	MALATE DEHYDROGE	CLINICAL LABORATORY	NonFacility	$ 4.44
83785	00	MANGANESE	CLINICAL LABORATORY	NonFacility	$ 14.79
83788	00	MASS & TANDEM SP	CLINICAL LABORATORY	NonFacility	$ 10.86
83789	00	MASS & TANDEM SP	CLINICAL LABORATORY	NonFacility	$ 10.86
83805	00	MEPROBAMATE	CLINICAL LABORATORY	NonFacility	$ 10.61
83825	00	MERCURY QUANTITA	CLINICAL LABORATORY	NonFacility	$ 9.78
83835	00	METANEPHRINES	CLINICAL LABORATORY	NonFacility	$ 10.19
83840	00	METHADONE	CLINICAL LABORATORY	NonFacility	$ 9.82
83857	00	METHEMALBUMIN	CLINICAL LABORATORY	NonFacility	$ 6.46
83858	00	METHSUXIMIDE	CLINICAL LABORATORY	NonFacility	$ 8.91
83861	00	MICROFLUIDIC ANA	CLINICAL LABORATORY	NonFacility	$ 9.90
83864	00	MUCOPOLYSACCHARI	CLINICAL LABORATORY	NonFacility	$ 11.97
83866	00	MUCOPOLYSACCHARI	CLINICAL LABORATORY	NonFacility	$ 5.93
83872	00	MUCIN SYNOVIAL F	CLINICAL LABORATORY	NonFacility	$ 3.53
83873	00	MYELIN BASIC PRO	CLINICAL LABORATORY	NonFacility	$ 10.35
83874	00	MYOGLOBIN	CLINICAL LABORATORY	NonFacility	$ 7.77
83876	00	MYELOPEROXIDASE	CLINICAL LABORATORY	NonFacility	$ 20.42
83880	00	NATRIURETIC PEPT	CLINICAL LABORATORY	NonFacility	$ 20.42
83883	00	NEPHELOMETRY EAC	CLINICAL LABORATORY	NonFacility	$ 8.18
83885	00	NICKEL	CLINICAL LABORATORY	NonFacility	$ 14.74
83887	00	NICOTINE	CLINICAL LABORATORY	NonFacility	$ 14.25
83890	00	MOLEC DIAG ISOL/	CLINICAL LABORATORY	NonFacility	$ 2.41
83891	00	MOLEC ISOL/XTRJ	CLINICAL LABORATORY	NonFacility	$ 2.41
83892	00	MOLEC ENZYMATIC	CLINICAL LABORATORY	NonFacility	$ 2.41
83893	00	MOLEC DOT/SLOT B	CLINICAL LABORATORY	NonFacility	$ 2.41
83894	00	MOLEC SEP GEL EL	CLINICAL LABORATORY	NonFacility	$ 2.41
83896	00	MOLECULAR DX NUC	CLINICAL LABORATORY	NonFacility	$ 2.41
83897	00	MOLEC NUCLEIC AC	CLINICAL LABORATORY	NonFacility	$ 2.41
83898	00	MOLECULAR DX AMP	CLINICAL LABORATORY	NonFacility	$ 10.08
83900	00	MOLECULAR DX AMP	CLINICAL LABORATORY	NonFacility	$ 20.17
83901	00	MOLECULAR DX AMP	CLINICAL LABORATORY	NonFacility	$ 10.08
83902	00	MOLECULAR DIAGNO	CLINICAL LABORATORY	NonFacility	$ 8.54
83903	00	MOLEC MUTATION S	CLINICAL LABORATORY	NonFacility	$ 10.08
83904	00	MOLEC DX; MUTATI	CLINICAL LABORATORY	NonFacility	$ 10.08
83905	00	MOLEC DX; MUTAT	CLINICAL LABORATORY	NonFacility	$ 10.08
83906	00	MOLEC DX; MUTAT	CLINICAL LABORATORY	NonFacility	$ 10.08
83907	00	MOLEC DX LYSIS C	CLINICAL LABORATORY	NonFacility	$ 8.03
83908	00	MOLECULAR DX AMP	CLINICAL LABORATORY	NonFacility	$ 10.08
83909	00	MOLEC SEP&ID HI	CLINICAL LABORATORY	NonFacility	$ 10.08
83912	00	MOLECULAR DIAGNO	CLINICAL LABORATORY	NonFacility	$ 2.41
83912	26	MOLECULAR DIAGNO	CLINICAL LABORATORY	NonFacility	$ 2.41
83913	00	MOLECULAR DIAGNO	CLINICAL LABORATORY	NonFacility	$ 8.03
83914	00	MUTATION ID ENZY	CLINICAL LABORATORY	NonFacility	$ 10.08
83915	00	NUCLEOTIDASE 5-	CLINICAL LABORATORY	NonFacility	$ 6.71
83916	00	OLIGOCLONAL IMMU	CLINICAL LABORATORY	NonFacility	$ 12.10
83918	00	ORGANIC ACIDS TO	CLINICAL LABORATORY	NonFacility	$ 9.90
83919	00	ORGANIC ACIDS QU	CLINICAL LABORATORY	NonFacility	$ 9.90
83921	00	ORGANIC ACID 1 Q	CLINICAL LABORATORY	NonFacility	$ 9.90
83925	00	OPIATE(S) DRUG A	CLINICAL LABORATORY	NonFacility	$ 11.71
83930	00	OSMOLALITY BLOOD	CLINICAL LABORATORY	NonFacility	$ 3.97
83935	00	OSMOLALITY; URIN	CLINICAL LABORATORY	NonFacility	$ 4.10

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
83937	00	OSTEOCALCIN	CLINICAL LABORATORY	NonFacility	$ 17.96
83945	00	OXALATE	CLINICAL LABORATORY	NonFacility	$ 7.74
83950	00	ONCOPROTEIN HER-	CLINICAL LABORATORY	NonFacility	$ 38.75
83951	00	ONCOPROTEIN DES-	CLINICAL LABORATORY	NonFacility	$ 38.75
83970	00	PARATHORMONE	CLINICAL LABORATORY	NonFacility	$ 24.83
83986	00	PH BODY FLUID NO	OFFICE LAB	NonFacility	$ 3.08
83987	00	PH EXHALED BREAT	CLINICAL LABORATORY	NonFacility	$ 9.55
83992	00	PHENCYCLIDINE	CLINICAL LABORATORY	NonFacility	$ 8.84
83993	00	CALPROTECTIN FEC	CLINICAL LABORATORY	NonFacility	$ 11.81
84022	00	PHENOTHIAZINE	CLINICAL LABORATORY	NonFacility	$ 9.37
84030	00	PHENYLALANINE BL	CLINICAL LABORATORY	NonFacility	$ 3.31
84035	00	PHENYLKETONES QU	CLINICAL LABORATORY	NonFacility	$ 2.20
84060	00	PHOSPHATASE ACID	CLINICAL LABORATORY	NonFacility	$ 4.44
84061	00	PHOSPHATASE ACID	CLINICAL LABORATORY	NonFacility	$ 4.76
84066	00	PHOSPHATASE ACID	CLINICAL LABORATORY	NonFacility	$ 5.81
84075	00	PHOSPHATASE ALKA	CLINICAL LABORATORY	NonFacility	$ 3.11
84078	00	PHOSPHATASE ALKA	CLINICAL LABORATORY	NonFacility	$ 4.39
84080	00	PHOSPHATASE ALKA	CLINICAL LABORATORY	NonFacility	$ 8.90
84081	00	PHOSPHATIDYLGLYC	CLINICAL LABORATORY	NonFacility	$ 9.94
84085	00	PHOSPHOGLUCONATE	CLINICAL LABORATORY	NonFacility	$ 4.06
84087	00	PHOSPHOHEXOSE IS	CLINICAL LABORATORY	NonFacility	$ 6.21
84100	00	PHOSPHORUS INORG	CLINICAL LABORATORY	NonFacility	$ 2.85
84105	00	PHOSPHORUS INORG	CLINICAL LABORATORY	NonFacility	$ 3.11
84106	00	PORPHOBILINOGEN	CLINICAL LABORATORY	NonFacility	$ 2.57
84110	00	PORPHOBILINOGEN	CLINICAL LABORATORY	NonFacility	$ 5.08
84112	00	PLACENTAL ALPHA	CLINICAL LABORATORY	NonFacility	$ 38.07
84119	00	PORPHYRINS URINE	CLINICAL LABORATORY	NonFacility	$ 5.18
84120	00	PORPHYRINS URINE	CLINICAL LABORATORY	NonFacility	$ 8.85
84126	00	PORPHYRINS FECES	CLINICAL LABORATORY	NonFacility	$ 15.32
84127	00	PORPHYRINS FECES	CLINICAL LABORATORY	NonFacility	$ 7.01
84132	00	POTASSIUM SERUM	CLINICAL LABORATORY	NonFacility	$ 2.76
84133	00	POTASSIUM; URINE	CLINICAL LABORATORY	NonFacility	$ 2.59
84134	00	PREALBUMIN	CLINICAL LABORATORY	NonFacility	$ 8.77
84135	00	PREGNANEDIOL	CLINICAL LABORATORY	NonFacility	$ 11.51
84138	00	PREGNANETRIOL	CLINICAL LABORATORY	NonFacility	$ 11.39
84140	00	PREGNENOLONE	CLINICAL LABORATORY	NonFacility	$ 12.44
84143	00	17-HYDROXYPREGNE	CLINICAL LABORATORY	NonFacility	$ 13.73
84144	00	PROGESTERONE	CLINICAL LABORATORY	NonFacility	$ 12.55
84145	00	PROCALCITONIN (P	CLINICAL LABORATORY	NonFacility	$ 11.66
84146	00	PROLACTIN	CLINICAL LABORATORY	NonFacility	$ 11.66
84150	00	PROSTAGLNDIN EAC	CLINICAL LABORATORY	NonFacility	$ 15.02
84152	00	PROSTATE SPECIFI	CLINICAL LABORATORY	NonFacility	$ 11.06
84153	00	PROSTATE SPECIFI	CLINICAL LABORATORY	NonFacility	$ 11.06
84154	00	PROSTATE SPECIFI	CLINICAL LABORATORY	NonFacility	$ 11.06
84155	00	PROTEIN XCPT REF	CLINICAL LABORATORY	NonFacility	$ 2.21
84156	00	PROTEIN TOTAL XC	CLINICAL LABORATORY	NonFacility	$ 2.21
84157	00	PROTEIN TOTAL XC	CLINICAL LABORATORY	NonFacility	$ 2.21
84160	00	PROTEIN TOTAL RE	CLINICAL LABORATORY	NonFacility	$ 3.11
84163	00	PREGNANCY-ASSOCI	OFFICE LAB	NonFacility	$ 12.94
84165	00	PROTEIN ELECTROP	CLINICAL LABORATORY	NonFacility	$ 6.46
84165	26	PROTEIN ELECTROP	CLINICAL LABORATORY	NonFacility	$ 6.46
84166	00	PROTEIN; ELECTRO	CLINICAL LABORATORY	NonFacility	$ 10.73
84166	26	PROTEIN; ELECTRO	CLINICAL LABORATORY	NonFacility	$ 10.73

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
84181	00	PROTEIN WESTRN B	CLINICAL LABORATORY	NonFacility	$ 10.25
84181	26	PROTEIN WESTRN B	CLINICAL LABORATORY	NonFacility	$ 10.25
84182	00	PROTEIN WESTRN B	CLINICAL LABORATORY	NonFacility	$ 10.83
84182	26	PROTEIN WESTRN B	CLINICAL LABORATORY	NonFacility	$ 10.83
84202	00	PROTOPORPHYRIN R	CLINICAL LABORATORY	NonFacility	$ 8.63
84203	00	PROTOPORPHYRIN R	CLINICAL LABORATORY	NonFacility	$ 5.18
84206	00	PROINSULIN	CLINICAL LABORATORY	NonFacility	$ 10.72
84207	00	PYRIDOXAL PHOSPH	CLINICAL LABORATORY	NonFacility	$ 16.90
84210	00	PYRUVATE	CLINICAL LABORATORY	NonFacility	$ 6.53
84220	00	PYRUVATE KINASE	CLINICAL LABORATORY	NonFacility	$ 5.67
84228	00	QUININE	CLINICAL LABORATORY	NonFacility	$ 7.00
84233	00	RECEPTOR ASSAY E	CLINICAL LABORATORY	NonFacility	$ 38.75
84234	00	RECEPTOR ASSAY P	CLINICAL LABORATORY	NonFacility	$ 39.03
84235	00	RECEPTOR ASSAY E	CLINICAL LABORATORY	NonFacility	$ 31.48
84238	00	RECEPTOR ASSAY N	CLINICAL LABORATORY	NonFacility	$ 22.00
84244	00	RENIN	CLINICAL LABORATORY	NonFacility	$ 13.23
84252	00	RIBOFLAVIN	CLINICAL LABORATORY	NonFacility	$ 12.18
84255	00	SELENIUM	CLINICAL LABORATORY	NonFacility	$ 15.36
84260	00	SEROTONIN	CLINICAL LABORATORY	NonFacility	$ 18.64
84270	00	SEX HORM BINDING	CLINICAL LABORATORY	NonFacility	$ 13.07
84275	00	SIALIC ACID	CLINICAL LABORATORY	NonFacility	$ 8.08
84285	00	SILICA	CLINICAL LABORATORY	NonFacility	$ 14.17
84295	00	SODIUM SERUM PLA	CLINICAL LABORATORY	NonFacility	$ 2.89
84300	00	SODIUM; URINE	CLINICAL LABORATORY	NonFacility	$ 2.92
84302	00	SODIUM OTHER SOU	CLINICAL LABORATORY	NonFacility	$ 2.92
84305	00	SOMATOMEDIN	CLINICAL LABORATORY	NonFacility	$ 12.79
84307	00	SOMATOSTATIN	CLINICAL LABORATORY	NonFacility	$ 11.00
84311	00	SPECTROPHOTOMETR	CLINICAL LABORATORY	NonFacility	$ 4.20
84315	00	SPECIFIC GRAVITY	CLINICAL LABORATORY	NonFacility	$ 1.51
84375	00	SUGARS CHROMATOG	CLINICAL LABORATORY	NonFacility	$ 11.79
84376	00	SUGARS MONO DI&O	CLINICAL LABORATORY	NonFacility	$ 3.31
84377	00	SUGARS MONO DI&O	CLINICAL LABORATORY	NonFacility	$ 3.31
84378	00	SUGARS MONO DI&O	CLINICAL LABORATORY	NonFacility	$ 6.93
84379	00	SUGARS MONO DI&O	CLINICAL LABORATORY	NonFacility	$ 6.93
84392	00	SULFATE URINE	CLINICAL LABORATORY	NonFacility	$ 2.86
84402	00	TESTOSTERONE FRE	CLINICAL LABORATORY	NonFacility	$ 15.32
84403	00	TESTOSTERONE TOT	CLINICAL LABORATORY	NonFacility	$ 15.53
84425	00	THIAMINE	CLINICAL LABORATORY	NonFacility	$ 12.77
84430	00	THIOCYANATE	CLINICAL LABORATORY	NonFacility	$ 7.00
84431	00	THROMBOXANE META	CLINICAL LABORATORY	NonFacility	$ 7.79
84432	00	THYROGLOBULIN	CLINICAL LABORATORY	NonFacility	$ 9.66
84436	00	THYROXINE TOTAL	CLINICAL LABORATORY	NonFacility	$ 4.13
84437	00	THYROXINE REQUIR	CLINICAL LABORATORY	NonFacility	$ 3.89
84439	00	THYROXINE FREE	CLINICAL LABORATORY	NonFacility	$ 5.43
84442	00	THYROXINE BINDIN	CLINICAL LABORATORY	NonFacility	$ 8.90
84443	00	THYROID STIMULAT	CLINICAL LABORATORY	NonFacility	$ 10.11
84445	00	THYROID STIMULAT	CLINICAL LABORATORY	NonFacility	$ 30.59
84446	00	TOCOPHEROL ALPHA	CLINICAL LABORATORY	NonFacility	$ 8.53
84449	00	TRANSCORTIN CORT	CLINICAL LABORATORY	NonFacility	$ 10.83
84450	00	TRANSFERASE ASPA	CLINICAL LABORATORY	NonFacility	$ 3.11
84460	00	TRANSFERASE ALAN	CLINICAL LABORATORY	NonFacility	$ 3.18
84466	00	TRANSFERRIN	CLINICAL LABORATORY	NonFacility	$ 7.68
84478	00	TRIGLYCERIDES	CLINICAL LABORATORY	NonFacility	$ 3.46

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
84479	00	THYROID HORM UPT	CLINICAL LABORATORY	NonFacility	$ 3.89
84480	00	TRIIODOTHYRONINE	CLINICAL LABORATORY	NonFacility	$ 8.53
84481	00	TRIIODOTHYRONINE	CLINICAL LABORATORY	NonFacility	$ 10.19
84482	00	TRIIODOTHYRONINE	CLINICAL LABORATORY	NonFacility	$ 9.48
84484	00	TROPONIN QUANTIT	CLINICAL LABORATORY	NonFacility	$ 5.92
84485	00	TRYPSIN DUODENAL	CLINICAL LABORATORY	NonFacility	$ 4.52
84488	00	TRYPSIN FECES QU	CLINICAL LABORATORY	NonFacility	$ 4.39
84490	00	TRYPSIN FECES QU	CLINICAL LABORATORY	NonFacility	$ 4.58
84510	00	TYROSINE	CLINICAL LABORATORY	NonFacility	$ 6.26
84512	00	TROPONIN QUALITA	CLINICAL LABORATORY	NonFacility	$ 4.63
84520	00	UREA NITROGEN QU	CLINICAL LABORATORY	NonFacility	$ 2.37
84525	00	UREA NITROGEN SE	CLINICAL LABORATORY	NonFacility	$ 2.26
84540	00	UREA NITROGEN UR	CLINICAL LABORATORY	NonFacility	$ 2.86
84545	00	UREA NITROGEN CL	CLINICAL LABORATORY	NonFacility	$ 3.97
84550	00	URIC ACID BLOOD	CLINICAL LABORATORY	NonFacility	$ 2.72
84560	00	URIC ACID OTHER	CLINICAL LABORATORY	NonFacility	$ 2.86
84577	00	UROBILINOGEN FEC	CLINICAL LABORATORY	NonFacility	$ 7.51
84578	00	UROBILINOGEN URI	CLINICAL LABORATORY	NonFacility	$ 1.95
84580	00	UROBILINOGEN URI	CLINICAL LABORATORY	NonFacility	$ 4.27
84583	00	UROBILINOGEN URI	CLINICAL LABORATORY	NonFacility	$ 3.02
84585	00	VANILLYLMANDELIC	CLINICAL LABORATORY	NonFacility	$ 9.33
84586	00	VASOACTIVE INTES	CLINICAL LABORATORY	NonFacility	$ 21.26
84588	00	VASOPRESSIN	CLINICAL LABORATORY	NonFacility	$ 20.42
84590	00	VITAMIN A	CLINICAL LABORATORY	NonFacility	$ 6.98
84591	00	VITAMIN NOT OTHE	CLINICAL LABORATORY	NonFacility	$ 6.98
84597	00	VITAMIN K	CLINICAL LABORATORY	NonFacility	$ 8.24
84600	00	VOLATILES	CLINICAL LABORATORY	NonFacility	$ 9.67
84620	00	XYLOSE ABSORPTIO	CLINICAL LABORATORY	NonFacility	$ 7.13
84630	00	ZINC	CLINICAL LABORATORY	NonFacility	$ 6.85
84681	00	C-PEPTIDE	CLINICAL LABORATORY	NonFacility	$ 12.52
84702	00	GONADOTROPIN CHO	OFFICE LAB	NonFacility	$ 12.94
84703	00	GONADOTROPIN CHO	CLINICAL LABORATORY	NonFacility	$ 4.52
84704	00	GONADOTROPIN CHO	OFFICE LAB	NonFacility	$ 12.94
84830	00	OVULATION TEST V	OFFICE LAB	NonFacility	$ 8.62
85002	00	BLEEDING TIME	CLINICAL LABORATORY	NonFacility	$ 2.71
85004	00	BLOOD COUNT AUTO	CLINICAL LABORATORY	NonFacility	$ 3.89
85007	00	BLOOD COUNT SMEA	CLINICAL LABORATORY	NonFacility	$ 2.07
85008	00	BLD COUNT SMEAR	CLINICAL LABORATORY	NonFacility	$ 2.07
85009	00	BLOOD COUNT MANU	CLINICAL LABORATORY	NonFacility	$ 2.24
85013	00	BLOOD COUNT SPUN	OFFICE LAB	NonFacility	$ 2.03
85014	00	BLOOD COUNT HEMA	OFFICE LAB	NonFacility	$ 2.03
85018	00	BLOOD COUNT HEMO	OFFICE LAB	NonFacility	$ 2.03
85025	00	BLOOD COUNT COMP	CLINICAL LABORATORY	NonFacility	$ 4.68
85027	00	BLOOD COUNT COMP	CLINICAL LABORATORY	NonFacility	$ 3.89
85032	00	BLOOD COUNT MANU	CLINICAL LABORATORY	NonFacility	$ 2.59
85041	00	BLOOD COUNT RED	CLINICAL LABORATORY	NonFacility	$ 1.81
85044	00	BLOOD COUNT RETI	CLINICAL LABORATORY	NonFacility	$ 2.59
85045	00	BLOOD COUNT RETI	CLINICAL LABORATORY	NonFacility	$ 2.41
85046	00	BLOOD COUNT RETI	CLINICAL LABORATORY	NonFacility	$ 3.36
85048	00	BLOOD COUNT LEUK	CLINICAL LABORATORY	NonFacility	$ 1.53
85049	00	BLOOD COUNT PLAT	CLINICAL LABORATORY	NonFacility	$ 2.69
85055	00	RETICULATED PLAT	CLINICAL LABORATORY	NonFacility	$ 16.11
85060	00	BLOOD SMEAR PERI	CLINICAL LABORATORY	NonFacility	$ 9.76

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
85060	26	BLOOD SMEAR PERI	CLINICAL LABORATORY	NonFacility	$ 9.76
85097	00	BONE MARROW SMEA	CLINICAL LABORATORY	NonFacility	$ 36.08
85130	00	CHROMOGENIC SUBS	CLINICAL LABORATORY	NonFacility	$ 7.15
85170	00	CLOT RETRACTION	CLINICAL LABORATORY	NonFacility	$ 2.18
85175	00	CLOT LYSIS TIME	CLINICAL LABORATORY	NonFacility	$ 2.73
85210	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 7.81
85220	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 10.62
85230	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 10.77
85240	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 10.77
85244	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 12.28
85245	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 13.81
85246	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 13.81
85247	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 13.81
85250	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 11.45
85260	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 10.77
85270	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 10.77
85280	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 11.64
85290	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 9.83
85291	00	CLOTTING FACTOR	CLINICAL LABORATORY	NonFacility	$ 5.35
85292	00	CLOTTING PREKALL	CLINICAL LABORATORY	NonFacility	$ 11.39
85293	00	CLOTTING HI MOLE	CLINICAL LABORATORY	NonFacility	$ 11.39
85300	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 7.13
85301	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 6.51
85302	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 7.23
85303	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 8.32
85305	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 6.98
85306	00	CLOTTING INHIBIT	CLINICAL LABORATORY	NonFacility	$ 9.22
85307	00	ACTIVATED PROT C	CLINICAL LABORATORY	NonFacility	$ 9.22
85335	00	FACTOR INHIBITOR	CLINICAL LABORATORY	NonFacility	$ 7.74
85337	00	THROMBOMODULIN	CLINICAL LABORATORY	NonFacility	$ 6.27
85345	00	COAGULATION TIME	CLINICAL LABORATORY	NonFacility	$ 2.59
85347	00	COAGULATION TIME	CLINICAL LABORATORY	NonFacility	$ 2.56
85348	00	COAGULATION TIME	CLINICAL LABORATORY	NonFacility	$ 2.24
85360	00	EUGLOBULIN LYSIS	CLINICAL LABORATORY	NonFacility	$ 5.05
85362	00	FIBRN DEGRAD PRO	CLINICAL LABORATORY	NonFacility	$ 4.14
85366	00	FIBRIN DEGRADAT	CLINICAL LABORATORY	NonFacility	$ 5.18
85370	00	FIBRIN DGRADJ SP	CLINICAL LABORATORY	NonFacility	$ 6.83
85378	00	FIBRIN DGRADJ PR	CLINICAL LABORATORY	NonFacility	$ 4.29
85379	00	FIBRIN DGRADJ PR	CLINICAL LABORATORY	NonFacility	$ 6.12
85380	00	FIBRIN DGRADJ PR	CLINICAL LABORATORY	NonFacility	$ 6.12
85384	00	FIBRINOGEN ACTIV	CLINICAL LABORATORY	NonFacility	$ 5.11
85385	00	FIBRINOGEN ANTIG	CLINICAL LABORATORY	NonFacility	$ 5.11
85390	00	FIBRINOLYSINS/CO	CLINICAL LABORATORY	NonFacility	$ 3.11
85390	26	FIBRINOLYSINS/CO	CLINICAL LABORATORY	NonFacility	$ 3.11
85396	00	COAGJ/FBRNLYS AS	CLINICAL LABORATORY	NonFacility	$ 7.90
85397	00	COAGJ&FIBRINOLYS	CLINICAL LABORATORY	NonFacility	$ 13.81
85400	00	FIBRINOLYTIC FAC	CLINICAL LABORATORY	NonFacility	$ 5.32
85410	00	FBRNLYC FACTORS&	CLINICAL LABORATORY	NonFacility	$ 4.64
85415	00	FBRNLYC FACTORS&	CLINICAL LABORATORY	NonFacility	$ 10.34
85420	00	FBRNLYC FACTORS&	CLINICAL LABORATORY	NonFacility	$ 3.93
85421	00	FBRNLYC FACTORS&	CLINICAL LABORATORY	NonFacility	$ 6.13
85441	00	HEINZ BODIES DIR	CLINICAL LABORATORY	NonFacility	$ 2.53
85445	00	HEINZ BOD; INDUC	CLINICAL LABORATORY	NonFacility	$ 4.10

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
85460	00	HGB/RBCS FETAL F	CLINICAL LABORATORY	NonFacility	$ 4.66
85461	00	HGB/RBCS FETAL F	CLINICAL LABORATORY	NonFacility	$ 3.99
85475	00	HEMOLYSIN ACID	CLINICAL LABORATORY	NonFacility	$ 5.34
85520	00	HEPARIN ASSAY	CLINICAL LABORATORY	NonFacility	$ 7.88
85525	00	HEPARIN NEUTRALI	CLINICAL LABORATORY	NonFacility	$ 7.13
85530	00	HEPARIN-PROTAMIN	CLINICAL LABORATORY	NonFacility	$ 8.53
85536	00	IRON STAIN PERIP	CLINICAL LABORATORY	NonFacility	$ 3.89
85540	00	WBC ALKALINE PHO	CLINICAL LABORATORY	NonFacility	$ 5.17
85547	00	MECHANICAL FRAGI	CLINICAL LABORATORY	NonFacility	$ 5.17
85549	00	MURAMIDASE	CLINICAL LABORATORY	NonFacility	$ 11.29
85555	00	OSMOTIC FRAGILIT	CLINICAL LABORATORY	NonFacility	$ 4.02
85557	00	OSMOTIC FRAGILIT	CLINICAL LABORATORY	NonFacility	$ 8.03
85576	00	PLATELET AGGREGA	CLINICAL LABORATORY	NonFacility	$ 12.92
85576	26	PLATELET AGGREGA	CLINICAL LABORATORY	NonFacility	$ 12.92
85597	00	PHOSPHOLIPID NEU	CLINICAL LABORATORY	NonFacility	$ 10.82
85598	00	PHOSPHOLIPID NEU	CLINICAL LABORATORY	NonFacility	$ 10.63
85610	00	PROTHROMBIN TIME	OFFICE LAB	NonFacility	$ 3.37
85611	00	PROTHROMBIN TIME	CLINICAL LABORATORY	NonFacility	$ 2.37
85612	00	RUSSELL VIPER VE	CLINICAL LABORATORY	NonFacility	$ 5.75
85613	00	RUSSELL VIPER VE	CLINICAL LABORATORY	NonFacility	$ 5.75
85635	00	REPTILASE TEST	CLINICAL LABORATORY	NonFacility	$ 5.92
85651	00	SEDIMENTATION RA	OFFICE LAB	NonFacility	$ 3.05
85652	00	SEDIMENTATION RA	CLINICAL LABORATORY	NonFacility	$ 1.63
85660	00	SICKLING RBC RED	CLINICAL LABORATORY	NonFacility	$ 3.32
85670	00	THROMBIN TIME PL	CLINICAL LABORATORY	NonFacility	$ 3.47
85675	00	THROMBIN TIME TI	CLINICAL LABORATORY	NonFacility	$ 4.12
85705	00	THROMBOPLASTIN I	CLINICAL LABORATORY	NonFacility	$ 5.79
85730	00	THROMBOPLASTIN T	CLINICAL LABORATORY	NonFacility	$ 3.61
85732	00	THROMBOPLASTIN T	CLINICAL LABORATORY	NonFacility	$ 3.89
85810	00	VISCOSITY	CLINICAL LABORATORY	NonFacility	$ 7.02
86000	00	AGGLUTININS FEBR	CLINICAL LABORATORY	NonFacility	$ 4.20
86001	00	ALLERGEN SPECIFI	CLINICAL LABORATORY	NonFacility	$ 3.14
86003	00	ALLERGEN SPECIFI	CLINICAL LABORATORY	NonFacility	$ 3.14
86005	00	ALLERGEN SPECIFI	CLINICAL LABORATORY	NonFacility	$ 4.80
86021	00	ANTIBODY IDENTIF	CLINICAL LABORATORY	NonFacility	$ 9.06
86022	00	ANTIBODY IDENTIF	CLINICAL LABORATORY	NonFacility	$ 11.05
86023	00	ANTIBODY IDENTIF	CLINICAL LABORATORY	NonFacility	$ 7.49
86038	00	ANTINUCLEAR ANTI	CLINICAL LABORATORY	NonFacility	$ 7.27
86039	00	ANTINUCLEAR ANTI	CLINICAL LABORATORY	NonFacility	$ 6.72
86060	00	ANTISTREPTOLYSIN	CLINICAL LABORATORY	NonFacility	$ 4.39
86063	00	ANTISTREPTOLYSIN	CLINICAL LABORATORY	NonFacility	$ 3.47
86077	00	BLD BNK PHYS SER	CLINICAL LABORATORY	NonFacility	$ 21.37
86078	00	BLD BNK PHYS SER	CLINICAL LABORATORY	NonFacility	$ 21.68
86079	00	BLD BNK PHYS SER	CLINICAL LABORATORY	NonFacility	$ 21.84
86140	00	C-REACTIVE PROTE	CLINICAL LABORATORY	NonFacility	$ 3.11
86141	00	C-REACTIVE PROTE	CLINICAL LABORATORY	NonFacility	$ 7.79
86146	00	BETA 2 GLYCOPROT	CLINICAL LABORATORY	NonFacility	$ 15.30
86147	00	CARDIOLIPIN ANTI	CLINICAL LABORATORY	NonFacility	$ 15.30
86148	00	ANTI-PHOSPHATIDY	CLINICAL LABORATORY	NonFacility	$ 9.66
86155	00	CHEMOTAXIS ASSAY	CLINICAL LABORATORY	NonFacility	$ 9.61
86156	00	COLD AGGLUTININ	CLINICAL LABORATORY	NonFacility	$ 4.03
86157	00	COLD AGGLUTININ;	CLINICAL LABORATORY	NonFacility	$ 4.85
86160	00	COMPLEMENT ANTIG	CLINICAL LABORATORY	NonFacility	$ 7.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
86161	00	COMPLEMENT FUNCT	CLINICAL LABORATORY	NonFacility	$ 7.22
86162	00	COMPLEMENT TOTAL	CLINICAL LABORATORY	NonFacility	$ 12.22
86171	00	COMPLEMENT FIXAT	CLINICAL LABORATORY	NonFacility	$ 6.03
86185	00	CNTERIMMUNOELECT	CLINICAL LABORATORY	NonFacility	$ 5.38
86200	00	CYCLIC CITRULLIN	CLINICAL LABORATORY	NonFacility	$ 7.79
86215	00	DEOXYRIBONUCLEAS	CLINICAL LABORATORY	NonFacility	$ 7.97
86225	00	DNA ANTIBODY NAT	CLINICAL LABORATORY	NonFacility	$ 8.27
86226	00	DNA ANTIBODY SIN	CLINICAL LABORATORY	NonFacility	$ 7.29
86235	00	EXTRACTABLE NUCL	CLINICAL LABORATORY	NonFacility	$ 10.79
86243	00	FC RECEPTOR	CLINICAL LABORATORY	NonFacility	$ 12.34
86255	00	FLUORESCENT NONN	CLINICAL LABORATORY	NonFacility	$ 7.25
86255	26	FLUORESCENT NONN	CLINICAL LABORATORY	NonFacility	$ 7.25
86256	00	FLUORESCENT NONN	CLINICAL LABORATORY	NonFacility	$ 7.25
86256	26	FLUORESCENT NONN	CLINICAL LABORATORY	NonFacility	$ 7.25
86277	00	GROWTH HORMONE H	CLINICAL LABORATORY	NonFacility	$ 9.47
86280	00	HEMAGGLUTINATION	CLINICAL LABORATORY	NonFacility	$ 4.93
86294	00	IMMUNOASSAY TUMO	CLINICAL LABORATORY	NonFacility	$ 11.80
86300	00	IMMUNOASSAY TUMO	CLINICAL LABORATORY	NonFacility	$ 12.52
86301	00	IMMUNOASSAY TUMO	CLINICAL LABORATORY	NonFacility	$ 12.52
86304	00	IMMUNOASSAY TUMO	CLINICAL LABORATORY	NonFacility	$ 12.52
86305	00	HUMAN EPIDIDYMIS	CLINICAL LABORATORY	NonFacility	$ 12.52
86308	00	HETEROPHILE ANTI	OFFICE LAB	NonFacility	$ 4.45
86309	00	HETEROPHILE ANTI	CLINICAL LABORATORY	NonFacility	$ 3.89
86310	00	HETEROPHILE ANTI	CLINICAL LABORATORY	NonFacility	$ 4.44
86316	00	IMMUNOASSAY TUMO	CLINICAL LABORATORY	NonFacility	$ 12.52
86317	00	IMMUNOASSAY INFE	CLINICAL LABORATORY	NonFacility	$ 9.02
86318	00	IMMUNOASSAY NFCT	OFFICE LAB	NonFacility	$ 11.12
86320	00	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.48
86320	26	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.48
86325	00	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.45
86325	26	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.45
86327	00	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.65
86327	26	IMMUNOELECTROPHO	CLINICAL LABORATORY	NonFacility	$ 13.65
86329	00	IMMUNODIFFUSION	CLINICAL LABORATORY	NonFacility	$ 8.45
86331	00	IMMUNODIFFUSION	CLINICAL LABORATORY	NonFacility	$ 7.21
86332	00	IMMUNE COMPLEX A	CLINICAL LABORATORY	NonFacility	$ 14.66
86334	00	IMMUNOFIXATION E	CLINICAL LABORATORY	NonFacility	$ 13.44
86334	26	IMMUNOFIXATION E	CLINICAL LABORATORY	NonFacility	$ 13.44
86335	00	IMMUNOFIXJ ELECT	CLINICAL LABORATORY	NonFacility	$ 17.66
86335	26	IMMUNOFIXJ ELECT	CLINICAL LABORATORY	NonFacility	$ 17.66
86336	00	INHIBIN A	CLINICAL LABORATORY	NonFacility	$ 9.37
86337	00	INSULIN ANTIBODI	CLINICAL LABORATORY	NonFacility	$ 12.88
86340	00	INTRINSIC FACTOR	CLINICAL LABORATORY	NonFacility	$ 9.07
86341	00	ISLET CELL ANTIB	CLINICAL LABORATORY	NonFacility	$ 11.90
86343	00	LEUKOCYTE HISTAM	CLINICAL LABORATORY	NonFacility	$ 7.50
86344	00	LEUKOCYTE PHAGOC	CLINICAL LABORATORY	NonFacility	$ 4.80
86352	00	CELLULAR FUNCTIO	CLINICAL LABORATORY	NonFacility	$ 40.87
86353	00	LYMPHOCYTE TRANS	CLINICAL LABORATORY	NonFacility	$ 29.49
86355	00	B CELLS TOTAL CO	CLINICAL LABORATORY	NonFacility	$ 22.69
86356	00	MONONUCLEAR CELL	CLINICAL LABORATORY	NonFacility	$ 16.11
86357	00	NATURAL KILLER C	CLINICAL LABORATORY	NonFacility	$ 22.69
86359	00	T CELLS TOTAL CO	CLINICAL LABORATORY	NonFacility	$ 22.69
86360	00	T CELLS ABSOLUTE	CLINICAL LABORATORY	NonFacility	$ 28.27

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
86361	00	T CELLS ABSOLUTE	CLINICAL LABORATORY	NonFacility	$ 16.11
86367	00	STEM CELLS TOTAL	CLINICAL LABORATORY	NonFacility	$ 22.69
86376	00	MICROSOMAL ANTIB	CLINICAL LABORATORY	NonFacility	$ 8.75
86378	00	MIGRATION INHIBI	CLINICAL LABORATORY	NonFacility	$ 11.84
86382	00	NEUTRALIZATION T	CLINICAL LABORATORY	NonFacility	$ 10.17
86384	00	NITROBLUE TETRAZ	CLINICAL LABORATORY	NonFacility	$ 6.85
86386	00	NUCLEAR MATRIX P	CLINICAL LABORATORY	NonFacility	$ 9.50
86403	00	PARTICLE AGGLUTI	OFFICE LAB	NonFacility	$ 8.76
86406	00	PARTICLE AGGLUTI	CLINICAL LABORATORY	NonFacility	$ 6.40
86430	00	RHEUMATOID FACTO	CLINICAL LABORATORY	NonFacility	$ 3.41
86431	00	RHEUMATOID FACTO	CLINICAL LABORATORY	NonFacility	$ 3.41
86480	00	TB CELL MEDIATED	CLINICAL LABORATORY	NonFacility	$ 37.28
86481	00	TB ANTIGEN RESPO	CLINICAL LABORATORY	NonFacility	$ 36.63
86485	00	SKIN TEST CANDID	CLINICAL LABORATORY	NonFacility	$ 6.82
86486	00	SKIN TEST UNLIST	CLINICAL LABORATORY	NonFacility	$ 2.01
86490	00	SKIN TEST COCCID	OFFICE LAB	NonFacility	$ 3.76
86510	00	SKIN TEST HISTOP	OFFICE LAB	NonFacility	$ 3.76
86580	00	SKIN TEST TUBERC	OFFICE LAB	NonFacility	$ 4.21
86590	00	STREPTOKINASE AN	CLINICAL LABORATORY	NonFacility	$ 6.64
86592	00	SYPHILIS TEST NO	CLINICAL LABORATORY	NonFacility	$ 2.57
86593	00	SYPHILIS TEST QU	CLINICAL LABORATORY	NonFacility	$ 2.65
86602	00	ANTIBODY ACTINOM	CLINICAL LABORATORY	NonFacility	$ 6.12
86603	00	ANTIBODY ADENOVI	CLINICAL LABORATORY	NonFacility	$ 7.74
86606	00	ANTIBODY ASPERGI	CLINICAL LABORATORY	NonFacility	$ 9.06
86609	00	ANTIBODY BACTERI	CLINICAL LABORATORY	NonFacility	$ 7.75
86611	00	ANTIBODY BARTONE	CLINICAL LABORATORY	NonFacility	$ 6.12
86612	00	ANTIBODY BLASTOM	CLINICAL LABORATORY	NonFacility	$ 7.77
86615	00	ANTIBODY BORDETE	CLINICAL LABORATORY	NonFacility	$ 7.93
86617	00	ANTIBODY BORRELI	CLINICAL LABORATORY	NonFacility	$ 9.32
86618	00	ANTIBODY BORRELI	CLINICAL LABORATORY	NonFacility	$ 10.25
86619	00	ANTIBODY BORRELI	CLINICAL LABORATORY	NonFacility	$ 8.05
86622	00	ANTIBODY BRUCELL	CLINICAL LABORATORY	NonFacility	$ 5.37
86625	00	ANTIBODY CAMPYLO	CLINICAL LABORATORY	NonFacility	$ 7.90
86628	00	ANTIBODY CANDIDA	CLINICAL LABORATORY	NonFacility	$ 7.22
86631	00	ANTIBODY CHLAMYD	CLINICAL LABORATORY	NonFacility	$ 7.11
86632	00	ANTIBODY CHLAMYD	CLINICAL LABORATORY	NonFacility	$ 7.64
86635	00	ANTIBODY COCCIDI	CLINICAL LABORATORY	NonFacility	$ 6.90
86638	00	ANTIBODY COXIELL	CLINICAL LABORATORY	NonFacility	$ 7.30
86641	00	ANTIBODY CRYPTOC	CLINICAL LABORATORY	NonFacility	$ 8.67
86644	00	ANTIBODY CYTOMEG	CLINICAL LABORATORY	NonFacility	$ 8.66
86645	00	ANTIBODY CYTOMEG	CLINICAL LABORATORY	NonFacility	$ 10.13
86648	00	ANTIBODY DIPHTHE	CLINICAL LABORATORY	NonFacility	$ 9.15
86651	00	ANTIBODY ENCEPHA	CLINICAL LABORATORY	NonFacility	$ 7.93
86652	00	ANTIBODY ENCEPHA	CLINICAL LABORATORY	NonFacility	$ 7.93
86653	00	ANTIBODY ENCEPHA	CLINICAL LABORATORY	NonFacility	$ 7.93
86654	00	ANTIBODY ENCEPHA	CLINICAL LABORATORY	NonFacility	$ 7.93
86658	00	ANTIBODY ENTEROV	CLINICAL LABORATORY	NonFacility	$ 7.84
86663	00	ANTIBODY EPSTEIN	CLINICAL LABORATORY	NonFacility	$ 7.90
86664	00	ANTIBODY EPSTEIN	CLINICAL LABORATORY	NonFacility	$ 9.20
86665	00	ANTIBODY EPSTEIN	CLINICAL LABORATORY	NonFacility	$ 10.91
86666	00	ANTIBODY EHRLICH	CLINICAL LABORATORY	NonFacility	$ 6.12
86668	00	ANTIBODY FRANCIS	CLINICAL LABORATORY	NonFacility	$ 6.26
86671	00	ANTIBODY FUNGUS	CLINICAL LABORATORY	NonFacility	$ 7.38

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
86674	00	ANTIBODY GIARDIA	CLINICAL LABORATORY	NonFacility	$ 8.85
86677	00	ANTIBODY HELICOB	CLINICAL LABORATORY	NonFacility	$ 8.73
86682	00	ANTIBODY HELMINT	CLINICAL LABORATORY	NonFacility	$ 7.82
86684	00	ANTIBODY HAEMOPH	CLINICAL LABORATORY	NonFacility	$ 9.53
86687	00	ANTIBODY HTLV-I	CLINICAL LABORATORY	NonFacility	$ 5.05
86688	00	ANTIBODY HTLV-II	CLINICAL LABORATORY	NonFacility	$ 8.43
86689	00	ANTIBODY HTLV/HI	CLINICAL LABORATORY	NonFacility	$ 11.64
86692	00	ANTIBODY HEP DEL	CLINICAL LABORATORY	NonFacility	$ 10.32
86694	00	ANTIBODY HERPES	CLINICAL LABORATORY	NonFacility	$ 8.66
86695	00	ANTIBODY HERPES	CLINICAL LABORATORY	NonFacility	$ 7.93
86696	00	ANTIBODY HERPES	CLINICAL LABORATORY	NonFacility	$ 11.64
86698	00	ANTIBODY HISTOPL	CLINICAL LABORATORY	NonFacility	$ 7.52
86701	00	ANTIBODY HIV-1	CLINICAL LABORATORY	NonFacility	$ 5.34
86702	00	ANTIBODY HIV-2	CLINICAL LABORATORY	NonFacility	$ 8.14
86703	00	ANTIBODY HIV-1&H	CLINICAL LABORATORY	NonFacility	$ 8.25
86704	00	HEPATITIS B CORE	CLINICAL LABORATORY	NonFacility	$ 7.25
86705	00	HEPATITIS B CORE	CLINICAL LABORATORY	NonFacility	$ 7.08
86706	00	HEPATITIS B SURF	CLINICAL LABORATORY	NonFacility	$ 6.46
86707	00	HEPATITIS BE ANT	CLINICAL LABORATORY	NonFacility	$ 6.96
86708	00	HEPATITIS ANTIBO	CLINICAL LABORATORY	NonFacility	$ 7.46
86709	00	HEPATITIS ANTIBO	CLINICAL LABORATORY	NonFacility	$ 6.77
86710	00	ANTIBODY INF VIR	CLINICAL LABORATORY	NonFacility	$ 8.16
86713	00	ANTIBODY LEGIONE	CLINICAL LABORATORY	NonFacility	$ 9.21
86717	00	ANTIBODY LEISHMA	CLINICAL LABORATORY	NonFacility	$ 7.37
86720	00	ANTIBODY LEPTOSP	CLINICAL LABORATORY	NonFacility	$ 7.93
86723	00	ANTIBODY LISTERI	CLINICAL LABORATORY	NonFacility	$ 7.93
86727	00	ANTIBODY LYMPHOC	CLINICAL LABORATORY	NonFacility	$ 7.74
86729	00	ANTIBODY LYMPHOG	CLINICAL LABORATORY	NonFacility	$ 7.19
86732	00	ANTIBODY MUCORMY	CLINICAL LABORATORY	NonFacility	$ 7.93
86735	00	ANTIBODY MUMPS	CLINICAL LABORATORY	NonFacility	$ 7.85
86738	00	ANTIBODY MYCOPLS	CLINICAL LABORATORY	NonFacility	$ 7.97
86741	00	ANTIBODY NEISSER	CLINICAL LABORATORY	NonFacility	$ 7.93
86744	00	ANTIBODY NOCARDI	CLINICAL LABORATORY	NonFacility	$ 7.93
86747	00	ANTIBODY PARVOVI	CLINICAL LABORATORY	NonFacility	$ 9.04
86750	00	ANTIBODY PLASMOD	CLINICAL LABORATORY	NonFacility	$ 7.93
86753	00	ANTIBODY PROTOZO	CLINICAL LABORATORY	NonFacility	$ 7.46
86756	00	ANTIBODY RESPIRA	CLINICAL LABORATORY	NonFacility	$ 7.75
86757	00	ANTIBODY RICKETT	CLINICAL LABORATORY	NonFacility	$ 11.64
86759	00	ANTIBODY ROTAVIR	CLINICAL LABORATORY	NonFacility	$ 7.93
86762	00	ANTIBODY RUBELLA	CLINICAL LABORATORY	NonFacility	$ 8.66
86765	00	ANTIBODY RUBEOLA	CLINICAL LABORATORY	NonFacility	$ 7.75
86768	00	ANTIBODY SALMONE	CLINICAL LABORATORY	NonFacility	$ 7.93
86771	00	ANTIBODY SHIGELL	CLINICAL LABORATORY	NonFacility	$ 7.93
86774	00	ANTIBODY TETANUS	CLINICAL LABORATORY	NonFacility	$ 8.90
86777	00	ANTIBODY TOXOPLA	CLINICAL LABORATORY	NonFacility	$ 8.66
86778	00	ANTIBODY TOXOPLA	CLINICAL LABORATORY	NonFacility	$ 8.66
86780	00	ANTIBODY TREPONE	CLINICAL LABORATORY	NonFacility	$ 7.97
86784	00	ANTIBODY TRICHIN	CLINICAL LABORATORY	NonFacility	$ 7.56
86787	00	ANTIBODY VARICEL	CLINICAL LABORATORY	NonFacility	$ 7.75
86788	00	ANTIBODY WEST NI	CLINICAL LABORATORY	NonFacility	$ 10.13
86789	00	ANTIBODY WEST NI	CLINICAL LABORATORY	NonFacility	$ 8.66
86790	00	ANTIBODY VIRUS N	CLINICAL LABORATORY	NonFacility	$ 7.75
86793	00	ANTIBODY YERSINI	CLINICAL LABORATORY	NonFacility	$ 7.93

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
86800	00	THYROGLOBULIN AN	CLINICAL LABORATORY	NonFacility	$ 9.57
86803	00	HEPATITIS C ANTI	CLINICAL LABORATORY	NonFacility	$ 8.58
86804	00	HEPATITIS C ANTI	CLINICAL LABORATORY	NonFacility	$ 9.32
86805	00	LYMPHOCYTOTOXICI	CLINICAL LABORATORY	NonFacility	$ 31.45
86806	00	LMPHOCYTOTOXICIT	CLINICAL LABORATORY	NonFacility	$ 28.63
86807	00	SERUM SCREENING	CLINICAL LABORATORY	NonFacility	$ 23.81
86808	00	SERUM SCREENING	CLINICAL LABORATORY	NonFacility	$ 17.85
86812	00	HLA TYPING A/B/C	CLINICAL LABORATORY	NonFacility	$ 15.52
86813	00	HLA TYPING A/B/C	CLINICAL LABORATORY	NonFacility	$ 34.89
86816	00	HLA TYPING DR/DQ	CLINICAL LABORATORY	NonFacility	$ 16.76
86817	00	HLA TYPING DR/DQ	CLINICAL LABORATORY	NonFacility	$ 38.73
86821	00	HLA TYPING; LYMP	CLINICAL LABORATORY	NonFacility	$ 33.97
86822	00	HLA TYPING; LYMP	CLINICAL LABORATORY	NonFacility	$ 21.99
86825	00	HLA CROSSMATCH N	CLINICAL LABORATORY	NonFacility	$ 48.32
86826	00	HLA CROSSMATCH N	CLINICAL LABORATORY	NonFacility	$ 16.11
86850	00	ANTIBODY SCREEN	CLINICAL LABORATORY	NonFacility	$ 6.51
86860	00	ANTIBODY ELUTION	CLINICAL LABORATORY	NonFacility	$ 7.90
86870	00	ANTIBODY ID RBC	CLINICAL LABORATORY	NonFacility	$ 12.08
86880	00	ANTIHUMAN GLOBUL	CLINICAL LABORATORY	NonFacility	$ 3.23
86885	00	ANTIHUMAN GLOBUL	CLINICAL LABORATORY	NonFacility	$ 3.44
86886	00	ANTIHUMAN GLOBUL	CLINICAL LABORATORY	NonFacility	$ 3.11
86890	00	AUTOLGUS BLD/CMP	CLINICAL LABORATORY	NonFacility	$ 26.17
86891	00	AUTOLOGOUS BLD;	CLINICAL LABORATORY	NonFacility	$ 40.88
86900	00	BLOOD TYPING ABO	CLINICAL LABORATORY	NonFacility	$ 1.79
86901	00	BLOOD TYPING RH	CLINICAL LABORATORY	NonFacility	$ 1.79
86902	00	BLOOD TYPE ANTIG	CLINICAL LABORATORY	NonFacility	$ 2.26
86904	00	BLOOD TYPING ANT	CLINICAL LABORATORY	NonFacility	$ 5.72
86905	00	BLOOD TYPING RBC	CLINICAL LABORATORY	NonFacility	$ 2.30
86906	00	BLOOD TYPING RH	CLINICAL LABORATORY	NonFacility	$ 4.66
86910	00	BLOOD TYPING PAT	CLINICAL LABORATORY	NonFacility	$ 7.12
86911	00	BLOOD TYPING PAT	CLINICAL LABORATORY	NonFacility	$ 6.20
86920	00	COMPATIBILITY EA	CLINICAL LABORATORY	NonFacility	$ 10.84
86921	00	COMPATIBILITY EA	CLINICAL LABORATORY	NonFacility	$ 8.83
86922	00	COMPATIBILITY EA	CLINICAL LABORATORY	NonFacility	$ 9.76
86923	00	COMPATIBILITY EA	CLINICAL LABORATORY	NonFacility	$ 7.90
86927	00	FRESH FROZEN PLA	CLINICAL LABORATORY	NonFacility	$ 4.18
86930	00	FROZEN BLOOD EAC	CLINICAL LABORATORY	NonFacility	$ 32.68
86931	00	FROZEN BLOOD EAC	CLINICAL LABORATORY	NonFacility	$ 24.47
86932	00	FROZEN BLOOD EAC	CLINICAL LABORATORY	NonFacility	$ 32.68
86940	00	HEMOLYSINS&AGGLU	CLINICAL LABORATORY	NonFacility	$ 4.93
86941	00	HEMOLYSINS&AGGLU	CLINICAL LABORATORY	NonFacility	$ 7.29
86945	00	IRRADIATION BLOO	CLINICAL LABORATORY	NonFacility	$ 9.14
86950	00	LEUKOCYTE TRANSF	CLINICAL LABORATORY	NonFacility	$ 20.29
86960	00	VOLUME REDUCTION	CLINICAL LABORATORY	NonFacility	$ 9.14
86965	00	POOLING PLATELET	CLINICAL LABORATORY	NonFacility	$ 8.21
86970	00	PRETX RBC ANTIBO	CLINICAL LABORATORY	NonFacility	$ 6.51
86971	00	PRETX RBC ANTIBO	CLINICAL LABORATORY	NonFacility	$ 6.51
86972	00	PRETX RBC ANTIBO	CLINICAL LABORATORY	NonFacility	$ 10.53
86975	00	PRETX SERUM RBC	CLINICAL LABORATORY	NonFacility	$ 8.83
86976	00	PRETX SERUM RBC	CLINICAL LABORATORY	NonFacility	$ 9.76
86977	00	PRETX SERUM RBC	CLINICAL LABORATORY	NonFacility	$ 8.83
86978	00	PRETX SERUM RBC	CLINICAL LABORATORY	NonFacility	$ 8.83
86985	00	SPLITTING BLOOD/	CLINICAL LABORATORY	NonFacility	$ 6.51

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
87001	00	ANIMAL INOCULATI	CLINICAL LABORATORY	NonFacility	$ 7.95
87003	00	ANIMAL INOCULATI	CLINICAL LABORATORY	NonFacility	$ 10.13
87015	00	CONCENTRATION IN	CLINICAL LABORATORY	NonFacility	$ 4.02
87040	00	CULTURE BACTERIA	CLINICAL LABORATORY	NonFacility	$ 6.21
87045	00	CUL BACT STOOL A	CLINICAL LABORATORY	NonFacility	$ 5.67
87046	00	CUL BACT STOOL A	CLINICAL LABORATORY	NonFacility	$ 5.67
87070	00	CUL BACT XCPT UR	CLINICAL LABORATORY	NonFacility	$ 5.18
87071	00	CUL BACT QUAN AE	CLINICAL LABORATORY	NonFacility	$ 5.67
87073	00	CUL BACT QUAN AN	CLINICAL LABORATORY	NonFacility	$ 5.67
87075	00	CULTURE BACTERIA	CLINICAL LABORATORY	NonFacility	$ 5.69
87076	00	CUL BACT ANAEROB	CLINICAL LABORATORY	NonFacility	$ 4.86
87077	00	CUL BACT AEROBIC	CLINICAL LABORATORY	NonFacility	$ 4.86
87081	00	CUL PRSMPTV PTHG	CLINICAL LABORATORY	NonFacility	$ 3.99
87084	00	CULT PRSMPT SCRN	CLINICAL LABORATORY	NonFacility	$ 5.18
87086	00	CULTURE BACTERIA	CLINICAL LABORATORY	NonFacility	$ 4.86
87088	00	CULTURE BCT ISOL	CLINICAL LABORATORY	NonFacility	$ 4.87
87101	00	CULT FUNGI ISOLA	CLINICAL LABORATORY	NonFacility	$ 4.64
87102	00	CULTURE FNGI MOL	CLINICAL LABORATORY	NonFacility	$ 5.05
87103	00	CULTURE FNGI MOL	CLINICAL LABORATORY	NonFacility	$ 5.43
87106	00	CULTURE FUNGI DE	CLINICAL LABORATORY	NonFacility	$ 6.21
87107	00	CULTURE FUNGI DE	CLINICAL LABORATORY	NonFacility	$ 6.21
87109	00	CULTURE MYCOPLAS	CLINICAL LABORATORY	NonFacility	$ 9.26
87110	00	CULTURE CHLAMYDI	CLINICAL LABORATORY	NonFacility	$ 11.79
87116	00	CULTURE TUBERCLE	CLINICAL LABORATORY	NonFacility	$ 6.50
87118	00	CULTURE MYCOBACT	CLINICAL LABORATORY	NonFacility	$ 6.58
87140	00	CULTURE TYPING I	CLINICAL LABORATORY	NonFacility	$ 3.35
87143	00	CULTURE TYPING G	CLINICAL LABORATORY	NonFacility	$ 7.54
87147	00	CULTURE TYPING I	CLINICAL LABORATORY	NonFacility	$ 3.11
87149	00	CULTURE TYPING N	CLINICAL LABORATORY	NonFacility	$ 12.06
87150	00	CULTYP NUC ACID	CLINICAL LABORATORY	NonFacility	$ 21.11
87152	00	CULTURE TYPING I	CLINICAL LABORATORY	NonFacility	$ 3.15
87153	00	CULTYP NUCLEIC A	CLINICAL LABORATORY	NonFacility	$ 69.39
87158	00	CULTURE TYPING O	CLINICAL LABORATORY	NonFacility	$ 3.15
87164	00	DARK FIELD EXAM	CLINICAL LABORATORY	NonFacility	$ 6.46
87164	26	DARK FIELD EXAM	CLINICAL LABORATORY	NonFacility	$ 6.46
87166	00	DARK FIELD EXAM	CLINICAL LABORATORY	NonFacility	$ 6.80
87168	00	MACROSCOPIC EXAM	CLINICAL LABORATORY	NonFacility	$ 2.57
87169	00	MACROSCOPIC EXAM	CLINICAL LABORATORY	NonFacility	$ 2.57
87172	00	PINWORM EXAMINAT	OFFICE LAB	NonFacility	$ 3.67
87176	00	HOMOGENIZATION T	CLINICAL LABORATORY	NonFacility	$ 3.54
87177	00	OVA&PARASITES DI	CLINICAL LABORATORY	NonFacility	$ 5.35
87181	00	SUSCEPTBILTY STD	CLINICAL LABORATORY	NonFacility	$ 2.86
87184	00	SUSCEPTIBILITY S	CLINICAL LABORATORY	NonFacility	$ 4.15
87185	00	SUSCEPTIBILITY S	CLINICAL LABORATORY	NonFacility	$ 2.86
87186	00	SUSCEPTIBLTY STD	CLINICAL LABORATORY	NonFacility	$ 5.20
87187	00	SUSCEPTIBLTY STD	CLINICAL LABORATORY	NonFacility	$ 6.23
87188	00	SUSCEPT-ANTIMICR	CLINICAL LABORATORY	NonFacility	$ 3.99
87190	00	SUSCEPTIBLTY STD	CLINICAL LABORATORY	NonFacility	$ 3.40
87197	00	SERUM BACTERICID	CLINICAL LABORATORY	NonFacility	$ 9.04
87205	00	SMEAR-PRIM W/INT	CLINICAL LABORATORY	NonFacility	$ 2.57
87206	00	SMEAR-PRIM W/INT	CLINICAL LABORATORY	NonFacility	$ 3.23
87207	00	SMR PRIM SRC SPE	CLINICAL LABORATORY	NonFacility	$ 3.60
87207	26	SMR PRIM SRC SPE	CLINICAL LABORATORY	NonFacility	$ 3.60

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
87209	00	SMR PRIM SRC CPL	CLINICAL LABORATORY	NonFacility	$ 10.81
87210	00	SMEAR-PRIM W/INT	OFFICE LAB	NonFacility	$ 3.67
87220	00	TISS EXAM KOH SL	OFFICE LAB	NonFacility	$ 3.67
87230	00	TOXIN/ANTITOXIN	CLINICAL LABORATORY	NonFacility	$ 11.88
87250	00	VIRUS ISLTN; INO	CLINICAL LABORATORY	NonFacility	$ 11.76
87252	00	VIRUS ISLTN; TIS	CLINICAL LABORATORY	NonFacility	$ 15.68
87253	00	VIRUS TISSUE CUL	CLINICAL LABORATORY	NonFacility	$ 12.15
87254	00	VIRUS ISOLAT;CEN	CLINICAL LABORATORY	NonFacility	$ 11.76
87255	00	VIRUS ISOLAT; W/	CLINICAL LABORATORY	NonFacility	$ 20.37
87260	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87265	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87267	00	IAADI ENTEROVIRU	CLINICAL LABORATORY	NonFacility	$ 7.22
87269	00	INF AGT ANTIG DE	CLINICAL LABORATORY	NonFacility	$ 7.22
87270	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87271	00	IAADI CYTOMEGALO	CLINICAL LABORATORY	NonFacility	$ 7.22
87272	00	INF AGT IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87273	00	IAADI HERPES SMP	CLINICAL LABORATORY	NonFacility	$ 7.22
87274	00	IAADI HERPES SMP	CLINICAL LABORATORY	NonFacility	$ 7.22
87275	00	IAADI INFLUENZA	CLINICAL LABORATORY	NonFacility	$ 7.22
87276	00	IAADI INFFLUENZA	CLINICAL LABORATORY	NonFacility	$ 7.22
87277	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87278	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87279	00	IAADI PARAINFLUE	CLINICAL LABORATORY	NonFacility	$ 7.22
87280	00	IAADI RESPIRATOR	CLINICAL LABORATORY	NonFacility	$ 7.22
87281	00	IAADI PNEUMOCUST	CLINICAL LABORATORY	NonFacility	$ 7.22
87283	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87285	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87290	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87299	00	IAADI NOT OTHERW	CLINICAL LABORATORY	NonFacility	$ 7.22
87300	00	INF AGT-IMMUNOFL	CLINICAL LABORATORY	NonFacility	$ 7.22
87301	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87305	00	IAAD EIA QUAL/SE	CLINICAL LABORATORY	NonFacility	$ 7.22
87320	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87324	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87327	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87328	00	INF AGT ENZYME I	CLINICAL LABORATORY	NonFacility	$ 7.22
87329	00	INF AGT ANTIG EI	CLINICAL LABORATORY	NonFacility	$ 7.22
87332	00	IAAD EIA CYTOMEG	CLINICAL LABORATORY	NonFacility	$ 7.22
87335	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87336	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87337	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87338	00	INF AGT-MX STEP;	CLINICAL LABORATORY	NonFacility	$ 8.65
87339	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87340	00	IAAD EIA HEPATIT	CLINICAL LABORATORY	NonFacility	$ 6.21
87341	00	IAAD EIA HEPATIT	CLINICAL LABORATORY	NonFacility	$ 6.21
87350	00	IAAD EIA HEPATIT	CLINICAL LABORATORY	NonFacility	$ 6.93
87380	00	IAAD EIA HEPATIT	CLINICAL LABORATORY	NonFacility	$ 9.88
87385	00	IAAD EIA HISTOPL	CLINICAL LABORATORY	NonFacility	$ 7.22
87389	00	IAAD EIA HIV-1 A	CLINICAL LABORATORY	NonFacility	$ 14.33
87390	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 10.61
87391	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 10.61
87400	00	IAAD EIA INFLUEN	CLINICAL LABORATORY	NonFacility	$ 7.22
87420	00	IAAD EIA RESPIRA	CLINICAL LABORATORY	NonFacility	$ 7.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
87425	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87427	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 7.22
87430	00	IAAD EIA STREPTO	CLINICAL LABORATORY	NonFacility	$ 7.22
87449	00	IAAD EIA MULT ST	CLINICAL LABORATORY	NonFacility	$ 7.22
87450	00	IAAD EIA SINGLE	CLINICAL LABORATORY	NonFacility	$ 5.77
87451	00	INF AGT-IMMUNOAS	CLINICAL LABORATORY	NonFacility	$ 5.77
87470	00	IADNA BARTONELLA	CLINICAL LABORATORY	NonFacility	$ 12.06
87471	00	IADNA BARTONELLA	CLINICAL LABORATORY	NonFacility	$ 21.11
87472	00	IADNA BARTONELLA	CLINICAL LABORATORY	NonFacility	$ 25.77
87475	00	IADNA BORRELIA B	CLINICAL LABORATORY	NonFacility	$ 12.06
87476	00	IADNA BORRELIA B	CLINICAL LABORATORY	NonFacility	$ 21.11
87477	00	IADNA BORRELIA B	CLINICAL LABORATORY	NonFacility	$ 25.77
87480	00	IADNA CANDIDA SP	CLINICAL LABORATORY	NonFacility	$ 12.06
87481	00	IADNA CANDIDA SP	CLINICAL LABORATORY	NonFacility	$ 21.11
87482	00	IADNA CANDIDA SP	CLINICAL LABORATORY	NonFacility	$ 25.11
87485	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 12.06
87486	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 21.11
87487	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 25.77
87490	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 12.06
87491	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 21.11
87492	00	IADNA CHLAMYDIA	CLINICAL LABORATORY	NonFacility	$ 21.03
87493	00	INF AGENT DET NU	CLINICAL LABORATORY	NonFacility	$ 21.11
87495	00	IADNA CYTOMEGALO	CLINICAL LABORATORY	NonFacility	$ 12.06
87496	00	IADNA CYTOMEGALO	CLINICAL LABORATORY	NonFacility	$ 21.11
87497	00	IADNA CYTOMEGALO	CLINICAL LABORATORY	NonFacility	$ 25.77
87498	00	IADNA ENTEROVIRU	CLINICAL LABORATORY	NonFacility	$ 21.11
87500	00	INFECTIOUS AGENT	CLINICAL LABORATORY	NonFacility	$ 21.11
87501	00	INFECTIOUS AGENT	CLINICAL LABORATORY	NonFacility	$ 30.33
87502	00	INFECTIOUS AGENT	CLINICAL LABORATORY	NonFacility	$ 50.30
87503	00	NFCT AGENT DNA/R	CLINICAL LABORATORY	NonFacility	$ 12.27
87510	00	IADNA GARDNERELL	CLINICAL LABORATORY	NonFacility	$ 12.06
87511	00	IADNA GARDNERELL	CLINICAL LABORATORY	NonFacility	$ 21.11
87512	00	IADNA GARDNERELL	CLINICAL LABORATORY	NonFacility	$ 25.11
87515	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 12.06
87516	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 21.11
87517	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 25.77
87520	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 12.06
87521	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 21.11
87522	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 25.77
87525	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 12.06
87526	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 21.11
87527	00	IADNA HEPATITIS	CLINICAL LABORATORY	NonFacility	$ 25.11
87528	00	IADNA HERPES SIM	CLINICAL LABORATORY	NonFacility	$ 12.06
87529	00	IADNA HERPES SOM	CLINICAL LABORATORY	NonFacility	$ 21.11
87530	00	IADNA HERPES SOM	CLINICAL LABORATORY	NonFacility	$ 25.77
87531	00	IADNA HERPES VIR	CLINICAL LABORATORY	NonFacility	$ 12.06
87532	00	IADNA HERPES VIR	CLINICAL LABORATORY	NonFacility	$ 21.11
87533	00	IADNA HERPES VIR	CLINICAL LABORATORY	NonFacility	$ 25.11
87534	00	IADNA HIV-1 DIRE	CLINICAL LABORATORY	NonFacility	$ 12.06
87535	00	IADNA HIV-1 AMPL	CLINICAL LABORATORY	NonFacility	$ 21.11
87536	00	IADNA HIV-1 QUAN	CLINICAL LABORATORY	NonFacility	$ 51.19
87537	00	IADNA HIV-2 DIRE	CLINICAL LABORATORY	NonFacility	$ 12.06
87538	00	IADNA HIV-2 AMPL	CLINICAL LABORATORY	NonFacility	$ 21.11

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
87539	00	IADNA HIV-2 QUAN	CLINICAL LABORATORY	NonFacility	$ 25.77
87540	00	IADNA LEGIONELLA	CLINICAL LABORATORY	NonFacility	$ 12.06
87541	00	IADNA LEGIONELLA	CLINICAL LABORATORY	NonFacility	$ 21.11
87542	00	IADNA LEGIONELLA	CLINICAL LABORATORY	NonFacility	$ 25.11
87550	00	IADNA MYCOBACTER	CLINICAL LABORATORY	NonFacility	$ 12.06
87551	00	IADNA MYCOBACTER	CLINICAL LABORATORY	NonFacility	$ 21.11
87552	00	IADNA MYCOBACTER	CLINICAL LABORATORY	NonFacility	$ 25.77
87555	00	INF AGT-DNA/RNA;	CLINICAL LABORATORY	NonFacility	$ 12.06
87556	00	INF AGT-DNA/RNA;	CLINICAL LABORATORY	NonFacility	$ 21.11
87557	00	IADNA MYCOBACTER	CLINICAL LABORATORY	NonFacility	$ 25.77
87560	00	INF AGT-DNA/RNA;	CLINICAL LABORATORY	NonFacility	$ 12.06
87561	00	INF AGT-DNA/RNA;	CLINICAL LABORATORY	NonFacility	$ 21.11
87562	00	IADNA MYCOBACTER	CLINICAL LABORATORY	NonFacility	$ 25.77
87580	00	IADNA MYCOPLSM P	CLINICAL LABORATORY	NonFacility	$ 12.06
87581	00	IADNA MYCOPLSM P	CLINICAL LABORATORY	NonFacility	$ 21.11
87582	00	IADNA MYCOPLSM P	CLINICAL LABORATORY	NonFacility	$ 25.11
87590	00	IADNA NEISSERIA	CLINICAL LABORATORY	NonFacility	$ 12.06
87591	00	IADNA NEISSERIA	CLINICAL LABORATORY	NonFacility	$ 21.11
87592	00	IADNA NEISSERIA	CLINICAL LABORATORY	NonFacility	$ 25.77
87620	00	IADNA PAPILLOMAV	CLINICAL LABORATORY	NonFacility	$ 12.06
87621	00	IADNA PAPILLOMAV	CLINICAL LABORATORY	NonFacility	$ 21.11
87622	00	IADNA PAPILLOMAV	CLINICAL LABORATORY	NonFacility	$ 25.11
87640	00	IADNA S AUREUS A	CLINICAL LABORATORY	NonFacility	$ 21.11
87641	00	IADNA S AUREUS M	CLINICAL LABORATORY	NonFacility	$ 21.11
87650	00	IADNA STREPTOCOC	CLINICAL LABORATORY	NonFacility	$ 12.06
87651	00	IADNA STREPTOCOC	CLINICAL LABORATORY	NonFacility	$ 21.11
87652	00	IADNA STREPTOCOC	CLINICAL LABORATORY	NonFacility	$ 25.11
87653	00	IADNA STREPTOCOC	CLINICAL LABORATORY	NonFacility	$ 21.11
87660	00	IADNA TRICHOMONA	CLINICAL LABORATORY	NonFacility	$ 12.06
87797	00	IADNA NOS DIRECT	CLINICAL LABORATORY	NonFacility	$ 12.06
87798	00	IADNA NOS AMPLIF	CLINICAL LABORATORY	NonFacility	$ 21.11
87799	00	IADNA NOS QUANTI	CLINICAL LABORATORY	NonFacility	$ 25.77
87800	00	IADNA MULTIPLE O	CLINICAL LABORATORY	NonFacility	$ 24.13
87801	00	IADNA MULTIPLE O	CLINICAL LABORATORY	NonFacility	$ 42.23
87802	00	IAADIADOO STREPT	CLINICAL LABORATORY	NonFacility	$ 7.22
87803	00	INF AGT ANTIG IM	CLINICAL LABORATORY	NonFacility	$ 7.22
87804	00	IAADIADOO INFLUE	OFFICE LAB	NonFacility	$ 14.00
87807	00	IAADIADOO RESPIR	CLINICAL LABORATORY	NonFacility	$ 7.22
87808	00	IAADIADOO TRICHO	CLINICAL LABORATORY	NonFacility	$ 7.22
87809	00	INFECTIOUS AGENT	CLINICAL LABORATORY	NonFacility	$ 7.22
87810	00	CHLAMYDIA TRACHO	CLINICAL LABORATORY	NonFacility	$ 7.22
87850	00	IAADIADOO NEISSE	CLINICAL LABORATORY	NonFacility	$ 7.22
87880	00	IAADIADOO STREPT	OFFICE LAB	NonFacility	$ 10.31
87899	00	IAADIADOO NOT OT	CLINICAL LABORATORY	NonFacility	$ 7.22
87900	00	NFCT AGT DRUG SU	CLINICAL LABORATORY	NonFacility	$ 78.41
87901	00	NFCT GEXYP NUCLE	CLINICAL LABORATORY	NonFacility	$ 154.87
87902	00	NFCT AGNT GENOTY	CLINICAL LABORATORY	NonFacility	$ 154.87
87903	00	NFCT PHEXYP RESI	CLINICAL LABORATORY	NonFacility	$ 293.95
87904	00	NFCT PHEXYP RESI	CLINICAL LABORATORY	NonFacility	$ 15.68
87905	00	INFECTIOUS AGENT	CLINICAL LABORATORY	NonFacility	$ 7.35
87906	00	NFCT GEXYP DNA/R	CLINICAL LABORATORY	NonFacility	$ 76.08
88000	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 120.35
88005	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 138.49

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
88007	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 150.44
88012	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 108.41
88014	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 108.41
88016	00	NECROPSY GROSS E	LAB - PATHOLOGY	NonFacility	$ 138.49
88020	00	NECROPSY GROSS &	LAB - PATHOLOGY	NonFacility	$ 186.50
88025	00	NECROPSY GROSS &	LAB - PATHOLOGY	NonFacility	$ 204.64
88027	00	NECROPSY GROSS&M	LAB - PATHOLOGY	NonFacility	$ 222.56
88028	00	NECROPSY GROSS &	LAB - PATHOLOGY	NonFacility	$ 108.41
88029	00	NECROPSY GROSS&M	LAB - PATHOLOGY	NonFacility	$ 108.41
88036	00	NECROPSY LIMITED	LAB - PATHOLOGY	NonFacility	$ 60.17
88037	00	NECROPSY LIMITD	LAB - PATHOLOGY	NonFacility	$ 48.23
88040	00	NECROPSY FORENSI	LAB - PATHOLOGY	NonFacility	$ 300.88
88045	00	NECROPSY CORONER	LAB - PATHOLOGY	NonFacility	$ 30.09
88104	00	CYTOPATH NO CERV	LAB - PATHOLOGY	NonFacility	$ 37.39
88104	26	CYTOPATH NO CERV	LAB - PATHOLOGY	NonFacility	$ 16.82
88104	TC	CYTOPATH NO CERV	LAB - PATHOLOGY	NonFacility	$ 20.57
88106	00	CYTP FLU BR/WA X	LAB - PATHOLOGY	NonFacility	$ 46.24
88106	26	CYTP FLU BR/WA X	LAB - PATHOLOGY	NonFacility	$ 16.82
88106	TC	CYTP FLU BR/WA X	LAB - PATHOLOGY	NonFacility	$ 29.42
88108	00	CYTP CONCENTRATI	LAB - PATHOLOGY	NonFacility	$ 43.36
88108	26	CYTP CONCENTRATI	LAB - PATHOLOGY	NonFacility	$ 16.59
88108	TC	CYTP CONCENTRATI	LAB - PATHOLOGY	NonFacility	$ 26.77
88112	00	CYTOPATH SELCTV	LAB - PATHOLOGY	NonFacility	$ 61.06
88112	26	CYTOPATH SELCTV	LAB - PATHOLOGY	NonFacility	$ 34.73
88112	TC	CYTOPATH SELCTV	LAB - PATHOLOGY	NonFacility	$ 26.33
88120	00	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 297.12
88120	26	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 34.07
88120	TC	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 263.05
88121	00	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 250.88
88121	26	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 30.31
88121	TC	CYTP INSITU HYBR	LAB - PATHOLOGY	NonFacility	$ 220.57
88125	00	CYTOPATHOLOGY FO	LAB - PATHOLOGY	NonFacility	$ 13.06
88125	26	CYTOPATHOLOGY FO	LAB - PATHOLOGY	NonFacility	$ 7.97
88125	TC	CYTOPATHOLOGY FO	LAB - PATHOLOGY	NonFacility	$ 5.09
88130	00	SEX CHROMATIN ID	LAB - PATHOLOGY	NonFacility	$ 12.94
88140	00	SEX CHROMATIN ID	LAB - PATHOLOGY	NonFacility	$ 6.87
88141	00	CYTP CERVICAL/VA	LAB - PATHOLOGY	NonFacility	$ 16.81
88142	00	CYTP CERV/VAG AU	LAB - PATHOLOGY	NonFacility	$ 17.41
88143	00	CYTOPATH CERV/VA	LAB - PATHOLOGY	NonFacility	$ 17.41
88147	00	CYTP SMRS C/V SC	LAB - PATHOLOGY	NonFacility	$ 9.78
88148	00	CYTOPATH CERV/VA	LAB - PATHOLOGY	NonFacility	$ 13.06
88150	00	CYTPTH SLIDE CER	LAB - PATHOLOGY	NonFacility	$ 9.08
88152	00	CYTPTH SLDE CERV	LAB - PATHOLOGY	NonFacility	$ 9.08
88153	00	CYTOPATH CERV/VA	LAB - PATHOLOGY	NonFacility	$ 9.08
88154	00	CYTOPATH CERV/VA	LAB - PATHOLOGY	NonFacility	$ 9.08
88155	00	CYTP SLIDES C/V	LAB - PATHOLOGY	NonFacility	$ 5.15
88160	00	CYTOPATH SMERS O	LAB - PATHOLOGY	NonFacility	$ 30.97
88160	26	CYTOPATH SMERS O	LAB - PATHOLOGY	NonFacility	$ 14.82
88160	TC	CYTOPATH SMERS O	LAB - PATHOLOGY	NonFacility	$ 16.15
88161	00	CYTOPATH SMEAR;	LAB - PATHOLOGY	NonFacility	$ 31.86
88161	26	CYTOPATH SMEAR;	LAB - PATHOLOGY	NonFacility	$ 14.60
88161	TC	CYTOPATH SMEAR;	LAB - PATHOLOGY	NonFacility	$ 17.26
88162	00	CYTOPATH SMEARS;	LAB - PATHOLOGY	NonFacility	$ 45.35

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
88162	26	CYTOPATH SMEARS;	LAB - PATHOLOGY	NonFacility	$ 22.57
88162	TC	CYTOPATH SMEARS;	LAB - PATHOLOGY	NonFacility	$ 22.78
88164	00	CYTP SLIDES CERV	LAB - PATHOLOGY	NonFacility	$ 9.08
88165	00	CYTP SLIDES C/V	LAB - PATHOLOGY	NonFacility	$ 9.08
88166	00	CYTP SLIDES C/V	LAB - PATHOLOGY	NonFacility	$ 9.08
88167	00	CYTOPATH SLIDES-	LAB - PATHOLOGY	NonFacility	$ 9.08
88172	00	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 31.86
88172	26	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 18.14
88172	TC	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 13.72
88173	00	CYTP EVAL FINE N	LAB - PATHOLOGY	NonFacility	$ 80.09
88173	26	CYTP EVAL FINE N	LAB - PATHOLOGY	NonFacility	$ 41.59
88173	TC	CYTP EVAL FINE N	LAB - PATHOLOGY	NonFacility	$ 38.50
88174	00	CYTOPATH CERV/VA	LAB - PATHOLOGY	NonFacility	$ 18.36
88175	00	CYTP C/V AUTO TH	LAB - PATHOLOGY	NonFacility	$ 22.76
88177	00	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 18.14
88177	26	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 13.94
88177	TC	CYTP FINE NDL AS	LAB - PATHOLOGY	NonFacility	$ 4.20
88182	00	FLOW CYTOMETRY C	LAB - PATHOLOGY	NonFacility	$ 60.62
88182	26	FLOW CYTOMETRY C	LAB - PATHOLOGY	NonFacility	$ 21.46
88182	TC	FLOW CYTOMETRY C	LAB - PATHOLOGY	NonFacility	$ 39.16
88184	00	FLOW CYTOMETRY C	LAB - PATHOLOGY	NonFacility	$ 47.35
88185	00	FLOW CYTOMETRY C	LAB - PATHOLOGY	NonFacility	$ 28.32
88187	00	FLOW CYTOMETRY I	LAB - PATHOLOGY	NonFacility	$ 40.93
88188	00	FLOW CYTOMETRY I	LAB - PATHOLOGY	NonFacility	$ 50.44
88189	00	FLOW CYTOMETRY I	LAB - PATHOLOGY	NonFacility	$ 63.71
88230	00	TISS CULT NON-NE	LAB - PATHOLOGY	NonFacility	$ 100.12
88233	00	TISS CULT NON-NE	LAB - PATHOLOGY	NonFacility	$ 120.94
88235	00	TISS CULT NON-NE	LAB - PATHOLOGY	NonFacility	$ 126.55
88237	00	TISS CUL NEO DIS	LAB - PATHOLOGY	NonFacility	$ 108.55
88239	00	TISS CUL NEO DIS	LAB - PATHOLOGY	NonFacility	$ 126.78
88240	00	CRYOPRESERV CELL	LAB - PATHOLOGY	NonFacility	$ 8.68
88241	00	THAWING&EXPANSIO	LAB - PATHOLOGY	NonFacility	$ 8.68
88245	00	CHRMSM BREAKAGE	LAB - PATHOLOGY	NonFacility	$ 127.93
88248	00	CHRMSM BREAKAGE	LAB - PATHOLOGY	NonFacility	$ 148.82
88249	00	CHRMSM BREAKAGE	LAB - PATHOLOGY	NonFacility	$ 148.82
88261	00	CHRMSM COUNT 5 C	LAB - PATHOLOGY	NonFacility	$ 151.88
88262	00	CHRMSM COUNT 15-	LAB - PATHOLOGY	NonFacility	$ 107.12
88263	00	CHRMSM COUNT 45	LAB - PATHOLOGY	NonFacility	$ 129.15
88264	00	CHROMOSM ANALY;	LAB - PATHOLOGY	NonFacility	$ 107.12
88267	00	CHROMO ANALY AMN	LAB - PATHOLOGY	NonFacility	$ 154.49
88269	00	CHROMO ANAL AMNI	LAB - PATHOLOGY	NonFacility	$ 142.93
88271	00	MOLECULAR CYTOGE	LAB - PATHOLOGY	NonFacility	$ 18.41
88272	00	MOLECULAR CYTOGE	LAB - PATHOLOGY	NonFacility	$ 23.01
88273	00	MOLECULAR CYTOGE	LAB - PATHOLOGY	NonFacility	$ 27.61
88274	00	MOLECULAR CYTOGE	LAB - PATHOLOGY	NonFacility	$ 29.92
88275	00	CYTOGEN; INTERPH	LAB - PATHOLOGY	NonFacility	$ 34.51
88280	00	CHRMSM ANALYSIS	LAB - PATHOLOGY	NonFacility	$ 21.57
88283	00	CHRMSM ANALYSIS	LAB - PATHOLOGY	NonFacility	$ 58.95
88285	00	CHRMSM ANALYSIS	LAB - PATHOLOGY	NonFacility	$ 16.33
88289	00	CHRMSM ANALYSIS	LAB - PATHOLOGY	NonFacility	$ 29.59
88291	00	CYTOGENETICS&MOL	LAB - PATHOLOGY	NonFacility	$ 17.48
88300	00	LEVEL I SURG PAT	LAB - PATHOLOGY	NonFacility	$ 14.38
88300	26	LEVEL I SURG PAT	LAB - PATHOLOGY	NonFacility	$ 2.66

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
88300	TC	LEVEL I SURG PAT	LAB - PATHOLOGY	NonFacility	$ 11.72
88302	00	LEVEL II SURG PA	LAB - PATHOLOGY	NonFacility	$ 29.42
88302	26	LEVEL II SURG PA	LAB - PATHOLOGY	NonFacility	$ 3.98
88302	TC	LEVEL II SURG PA	LAB - PATHOLOGY	NonFacility	$ 25.44
88304	00	LEVEL III SURG P	LAB - PATHOLOGY	NonFacility	$ 37.17
88304	26	LEVEL III SURG P	LAB - PATHOLOGY	NonFacility	$ 6.64
88304	TC	LEVEL III SURG P	LAB - PATHOLOGY	NonFacility	$ 30.53
88305	00	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 62.17
88305	26	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 22.35
88305	TC	LEVEL IV SURG PA	LAB - PATHOLOGY	NonFacility	$ 39.82
88307	00	LEVEL V SURG PAT	LAB - PATHOLOGY	NonFacility	$ 127.66
88307	26	LEVEL V SURG PAT	LAB - PATHOLOGY	NonFacility	$ 48.24
88307	TC	LEVEL V SURG PAT	LAB - PATHOLOGY	NonFacility	$ 79.42
88309	00	LEVEL VI SURG PA	LAB - PATHOLOGY	NonFacility	$ 193.81
88309	26	LEVEL VI SURG PA	LAB - PATHOLOGY	NonFacility	$ 84.30
88309	TC	LEVEL VI SURG PA	LAB - PATHOLOGY	NonFacility	$ 109.51
88311	00	DECALCIFICATION	LAB - PATHOLOGY	NonFacility	$ 11.06
88311	26	DECALCIFICATION	LAB - PATHOLOGY	NonFacility	$ 7.30
88311	TC	DECALCIFICATION	LAB - PATHOLOGY	NonFacility	$ 3.76
88312	00	SPECIAL STAIN GR	LAB - PATHOLOGY	NonFacility	$ 59.96
88312	26	SPECIAL STAIN GR	LAB - PATHOLOGY	NonFacility	$ 15.93
88312	TC	SPECIAL STAIN GR	LAB - PATHOLOGY	NonFacility	$ 44.03
88313	00	SPCL STN 2 I&R E	LAB - PATHOLOGY	NonFacility	$ 43.81
88313	26	SPCL STN 2 I&R E	LAB - PATHOLOGY	NonFacility	$ 7.08
88313	TC	SPCL STN 2 I&R E	LAB - PATHOLOGY	NonFacility	$ 36.73
88314	00	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 52.43
88314	26	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 13.72
88314	TC	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 38.71
88319	00	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 82.96
88319	26	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 16.15
88319	TC	SPECIAL STAIN I&	LAB - PATHOLOGY	NonFacility	$ 66.81
88321	00	CNSLT&RPT REF SL	LAB - PATHOLOGY	NonFacility	$ 54.43
88323	00	CONSLTJ&REPRT MA	LAB - PATHOLOGY	NonFacility	$ 85.62
88323	26	CONSLTJ&REPRT MA	LAB - PATHOLOGY	NonFacility	$ 51.99
88323	TC	CONSLTJ&REPRT MA	LAB - PATHOLOGY	NonFacility	$ 33.63
88325	00	CNSLT COMP W/REV	LAB - PATHOLOGY	NonFacility	$ 117.04
88329	00	PATHOLOGY CONSUL	LAB - PATHOLOGY	NonFacility	$ 30.53
88331	00	PATH CONS-SURG;1	LAB - PATHOLOGY	NonFacility	$ 53.76
88331	26	PATH CONS-SURG;1	LAB - PATHOLOGY	NonFacility	$ 36.28
88331	TC	PATH CONS-SURG;1	LAB - PATHOLOGY	NonFacility	$ 17.48
88332	00	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 24.11
88332	26	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 17.92
88332	TC	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 6.19
88333	00	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 55.75
88333	26	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 36.73
88333	TC	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 19.02
88334	00	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 33.85
88334	26	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 22.13
88334	TC	PATH CONSLTJ SUR	LAB - PATHOLOGY	NonFacility	$ 11.72
88342	00	IMCYTCHM TISS IM	LAB - PATHOLOGY	NonFacility	$ 60.17
88342	26	IMCYTCHM TISS IM	LAB - PATHOLOGY	NonFacility	$ 25.22
88342	TC	IMCYTCHM TISS IM	LAB - PATHOLOGY	NonFacility	$ 34.95
88346	00	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 59.74

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
88346	26	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 25.45
88346	TC	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 34.29
88347	00	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 46.68
88347	26	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 24.11
88347	TC	IMMUNOFLUORESCEN	LAB - PATHOLOGY	NonFacility	$ 22.57
88348	00	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 379.20
88348	26	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 44.91
88348	TC	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 334.29
88349	00	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 189.60
88349	26	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 23.23
88349	TC	ELECTRON MICROSC	LAB - PATHOLOGY	NonFacility	$ 166.37
88355	00	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 133.63
88355	26	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 52.22
88355	TC	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 81.41
88356	00	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 171.24
88356	26	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 83.41
88356	TC	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 87.83
88358	00	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 44.47
88358	26	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 26.33
88358	TC	MORPHOMETRIC ANA	LAB - PATHOLOGY	NonFacility	$ 18.14
88360	00	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 72.13
88360	26	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 32.31
88360	TC	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 39.82
88361	00	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 88.27
88361	26	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 34.29
88361	TC	M/PHMTRC ALYS TU	LAB - PATHOLOGY	NonFacility	$ 53.98
88362	00	NERVE TEASING PR	LAB - PATHOLOGY	NonFacility	$ 160.62
88362	26	NERVE TEASING PR	LAB - PATHOLOGY	NonFacility	$ 65.27
88362	TC	NERVE TEASING PR	LAB - PATHOLOGY	NonFacility	$ 95.35
88363	00	EXAM & SELECT AR	LAB - PATHOLOGY	NonFacility	$ 24.78
88365	00	IN SITU HYBRIDIZ	LAB - PATHOLOGY	NonFacility	$ 95.13
88365	26	IN SITU HYBRIDIZ	LAB - PATHOLOGY	NonFacility	$ 35.18
88365	TC	IN SITU HYBRIDIZ	LAB - PATHOLOGY	NonFacility	$ 59.95
88367	00	MORPHOMTRIC ANAL	LAB - PATHOLOGY	NonFacility	$ 143.80
88367	26	MORPHOMTRIC ANAL	LAB - PATHOLOGY	NonFacility	$ 37.39
88367	TC	MORPHOMTRIC ANAL	LAB - PATHOLOGY	NonFacility	$ 106.41
88368	00	M/PHMTRC ALYS IN	LAB - PATHOLOGY	NonFacility	$ 126.11
88368	26	M/PHMTRC ALYS IN	LAB - PATHOLOGY	NonFacility	$ 38.94
88368	TC	M/PHMTRC ALYS IN	LAB - PATHOLOGY	NonFacility	$ 87.17
88371	00	PROTEIN ANAL TIS	LAB - PATHOLOGY	NonFacility	$ 19.10
88371	26	PROTEIN ANAL TIS	LAB - PATHOLOGY	NonFacility	$ 19.10
88372	00	PROT ANALY W BLO	LAB - PATHOLOGY	NonFacility	$ 19.55
88372	26	PROT ANALY W BLO	LAB - PATHOLOGY	NonFacility	$ 19.55
88380	00	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 117.04
88380	26	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 46.91
88380	TC	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 70.13
88381	00	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 117.70
88381	26	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 34.07
88381	TC	MICRODISSECTION	LAB - PATHOLOGY	NonFacility	$ 83.63
88384	00	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 204.86
88384	26	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 59.41
88384	TC	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 145.45
88385	00	RA-BASED EVL MLT	LAB - PATHOLOGY	NonFacility	$ 375.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
88385	26	RA-BASED EVL MLT	LAB - PATHOLOGY	NonFacility	$ 42.92
88385	TC	RA-BASED EVL MLT	LAB - PATHOLOGY	NonFacility	$ 332.08
88386	00	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 394.91
88386	26	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 57.52
88386	TC	RA-BASED EVAL ML	LAB - PATHOLOGY	NonFacility	$ 337.39
88387	00	MACRO EXAM DISSE	LAB - PATHOLOGY	NonFacility	$ 24.11
88387	26	MACRO EXAM DISSE	LAB - PATHOLOGY	NonFacility	$ 19.25
88387	TC	MACRO EXAM DISSE	LAB - PATHOLOGY	NonFacility	$ 4.86
88388	00	MACR EXM DISS&PR	LAB - PATHOLOGY	NonFacility	$ 14.38
88388	26	MACR EXM DISS&PR	LAB - PATHOLOGY	NonFacility	$ 11.95
88388	TC	MACR EXM DISS&PR	LAB - PATHOLOGY	NonFacility	$ 2.43
88720	00	BILIRUBIN TOTAL	LAB - PATHOLOGY	NonFacility	$ 4.31
88738	00	HGB QUANTITATIVE	LAB - PATHOLOGY	NonFacility	$ 4.31
88740	00	HEMOGLOBIN QUAN	LAB - PATHOLOGY	NonFacility	$ 4.31
88741	00	HEMOGLOBIN QUANT	LAB - PATHOLOGY	NonFacility	$ 4.31
89049	00	CAFFEINE HALOTHA	CLINICAL LABORATORY	NonFacility	$ 101.75
89050	00	CELL COUNT MISCE	CLINICAL LABORATORY	NonFacility	$ 2.84
89051	00	CELL COUNT MISC	CLINICAL LABORATORY	NonFacility	$ 3.31
89055	00	LEUKOCYTE ASSMT	OFFICE LAB	NonFacility	$ 3.67
89060	00	CRYSTAL ID LIGHT	CLINICAL LABORATORY	NonFacility	$ 4.30
89060	26	CRYSTAL ID LIGHT	CLINICAL LABORATORY	NonFacility	$ 4.30
89125	00	FAT STAIN FECES	CLINICAL LABORATORY	NonFacility	$ 2.60
89160	00	MEAT FIBERS FECE	CLINICAL LABORATORY	NonFacility	$ 2.22
89190	00	NASAL SMEAR EOSI	OFFICE LAB	NonFacility	$ 4.08
89220	00	SPUTUM OBTAINING	CLINICAL LABORATORY	NonFacility	$ 6.20
89230	00	SWEAT COLLECTION	CLINICAL LABORATORY	NonFacility	$ 1.86
89250	00	CUL OOCYTE/EMBRY	CLINICAL LABORATORY	NonFacility	$ 944.22
89251	00	CULT OOCYTE/EMBR	CLINICAL LABORATORY	NonFacility	$ 982.16
89300	00	SEMEN; PRESENCE/	OFFICE LAB	NonFacility	$ 7.66
89310	00	SEMEN ANALYSIS;	OFFICE LAB	NonFacility	$ 7.40
89320	00	SEMEN ANALYSIS;	OFFICE LAB	NonFacility	$ 10.36
89321	00	SEMEN ANALYSIS S	CLINICAL LABORATORY	NonFacility	$ 7.25
89322	00	SEMEN ANALYSIS S	OFFICE LAB	NonFacility	$ 13.32
89325	00	SPERM ANTIBODIES	CLINICAL LABORATORY	NonFacility	$ 6.42
89329	00	SPERM EVALUATION	CLINICAL LABORATORY	NonFacility	$ 12.61
89330	00	SPERM EVALUATION	CLINICAL LABORATORY	NonFacility	$ 5.96
89331	00	SPERM EVALUATION	CLINICAL LABORATORY	NonFacility	$ 11.79
90281	00	IMMUNE GLOBULIN	IMMUNIZATIONS	NonFacility	$ 59.88
90283	00	IMMUNE GLOBULIN	IMMUNIZATIONS	NonFacility	$ 35.80
90284	00	IMMUNE GLOBULIN	IMMUNIZATIONS	NonFacility	$ 12.55
90291	00	CYTOMEGALOVIRUS	IMMUNIZATIONS	NonFacility	$ 1345.15
90371	00	HEPATITIS B IMMU	IMMUNIZATIONS	NonFacility	$ 135.76
90375	00	RABIES IMMUNE GL	IMMUNIZATIONS	NonFacility	$ 224.28
90376	00	RABIES IG HEAT-T	IMMUNIZATIONS	NonFacility	$ 209.90
90378	00	RESPIRATORY SYNC	IMMUNIZATIONS	NonFacility	$ 1501.20
90384	00	RHO(D) IMMUNE GL	IMMUNIZATIONS	NonFacility	$ 110.27
90385	00	RHO(D) IMMUNE GL	IMMUNIZATIONS	NonFacility	$ 29.58
90386	00	RHO(D) IMMUNE GL	IMMUNIZATIONS	NonFacility	$ 11.66
90389	00	TETANUS IMMUNE G	IMMUNIZATIONS	NonFacility	$ 415.86
90396	00	VARICELLA-ZOSTER	IMMUNIZATIONS	NonFacility	$ 168.00
90460	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 41.47
90461	00	IM ADM THRU 18YR	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 20.74
90471	00	IMADM PRQ ID SUB	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 36.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
90472	00	IMADM PRQ ID SUB	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 18.30
90473	00	IMADM INTRANSL/O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 24.40
90474	00	IMADM INTRANSL/O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 15.86
90581	00	ANTHRAX VACCINE	IMMUNIZATIONS	NonFacility	$ 118.80
90585	00	BACILLUS CALMETT	IMMUNIZATIONS	NonFacility	$ 136.66
90586	00	BACILLUS CALMETT	IMMUNIZATIONS	NonFacility	$ 143.86
90632	00	HEPATITIS A VACC	IMMUNIZATIONS	NonFacility	$ 76.09
90633	00	HEPATITIS A VACC	IMMUNIZATIONS	NonFacility	$ 35.14
90634	00	HEPATITIS A VACC	IMMUNIZATIONS	NonFacility	$ 29.14
90636	00	HEPATITIS A & B	IMMUNIZATIONS	NonFacility	$ 111.00
90644	00	MENINGOCOCCAL &	IMMUNIZATIONS	NonFacility	$ 22.46
90645	00	HEMOPHILUS INFLU	IMMUNIZATIONS	NonFacility	$ 28.01
90646	00	HEMOPHILUS INFLU	IMMUNIZATIONS	NonFacility	$ 26.54
90647	00	HEMOPHILUS INFLU	IMMUNIZATIONS	NonFacility	$ 27.32
90648	00	HEMOPHILUS INFLU	IMMUNIZATIONS	NonFacility	$ 30.56
90649	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 156.32
90650	00	HUMAN PAPILLOMA	IMMUNIZATIONS	NonFacility	$ 154.50
90654	00	INFLUENZA VACCIN	IMMUNIZATIONS	NonFacility	$ 20.44
90655	00	INFLUENZA VIRUS	IMMUNIZATIONS	NonFacility	$ 17.47
90656	00	INFLUENZA VIRUS	IMMUNIZATIONS	NonFacility	$ 15.48
90657	00	INFLUENZA VACCIN	IMMUNIZATIONS	NonFacility	$ 7.40
90658	00	INFLUENZA VIRUS	IMMUNIZATIONS	NonFacility	$ 14.05
90660	00	INFLUENZA VACCIN	IMMUNIZATIONS	NonFacility	$ 24.84
90662	00	INFLUENZA VACCIN	IMMUNIZATIONS	NonFacility	$ 37.10
90665	00	LYME DISEASE VAC	IMMUNIZATIONS	NonFacility	$ 77.17
90669	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 114.58
90670	00	PNEUMOCOCCAL CON	IMMUNIZATIONS	NonFacility	$ 145.14
90675	00	RABIES VACCINE I	IMMUNIZATIONS	NonFacility	$ 241.40
90676	00	RABIES VACCINE I	IMMUNIZATIONS	NonFacility	$ 237.60
90680	00	ROTAVIRUS VACCIN	IMMUNIZATIONS	NonFacility	$ 86.81
90681	00	ROTAVIRUS VACCIN	IMMUNIZATIONS	NonFacility	$ 127.88
90690	00	TYPHOID VACCINE	IMMUNIZATIONS	NonFacility	$ 45.22
90691	00	TYPHOID VACCINE	IMMUNIZATIONS	NonFacility	$ 75.08
90692	00	TYPHOID VACC H-P	IMMUNIZATIONS	NonFacility	$ 1.16
90696	00	DTAP-IPV INACTIV	IMMUNIZATIONS	NonFacility	$ 57.60
90698	00	DTAP-HIB-IPV INA	IMMUNIZATIONS	NonFacility	$ 96.52
90700	00	DIPHTH TETANUS T	IMMUNIZATIONS	NonFacility	$ 26.44
90701	00	DIPHTHERA TETANU	IMMUNIZATIONS	NonFacility	$ 19.52
90702	00	DIPHTHERIA TETAN	IMMUNIZATIONS	NonFacility	$ 40.79
90703	00	TETANUS TOXOID A	IMMUNIZATIONS	NonFacility	$ 38.58
90704	00	MUMPS VIRUS VACC	IMMUNIZATIONS	NonFacility	$ 26.69
90705	00	MEASLES VIRUS VA	IMMUNIZATIONS	NonFacility	$ 20.63
90706	00	RUBELLA VIRUS VA	IMMUNIZATIONS	NonFacility	$ 22.98
90707	00	MEASLES MUMPS RU	IMMUNIZATIONS	NonFacility	$ 62.48
90708	00	MEASLES & RUBELL	IMMUNIZATIONS	NonFacility	$ 20.38
90710	00	MEASLES MUMPS RU	IMMUNIZATIONS	NonFacility	$ 177.02
90712	00	POLIOVIRUS VACCI	IMMUNIZATIONS	NonFacility	$ 24.54
90713	00	POLIOVIRUS VACCI	IMMUNIZATIONS	NonFacility	$ 31.99
90714	00	TD TOXOIDS ADSOR	IMMUNIZATIONS	NonFacility	$ 24.72
90715	00	TDAP VACCINE 7/>	IMMUNIZATIONS	NonFacility	$ 46.49
90716	00	VARICELLA VIRUS	IMMUNIZATIONS	NonFacility	$ 104.52
90717	00	YELLOW FEVER VAC	IMMUNIZATIONS	NonFacility	$ 85.79
90718	00	TETANUS & DIPHTH	IMMUNIZATIONS	NonFacility	$ 25.38

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
90720	00	DTP-HIB VACCINE	IMMUNIZATIONS	NonFacility	$ 34.01
90721	00	DTAP-HIB VACCINE	IMMUNIZATIONS	NonFacility	$ 57.18
90723	00	DTAP-HEPB-IPV VA	IMMUNIZATIONS	NonFacility	$ 84.86
90725	00	CHOLERA VACCINE	IMMUNIZATIONS	NonFacility	$ 1.04
90727	00	PLAGUE VACCINE I	IMMUNIZATIONS	NonFacility	$ 9.00
90732	00	PNEUMOCOCCAL POL	IMMUNIZATIONS	NonFacility	$ 71.78
90733	00	MENINGOCOCCAL PO	IMMUNIZATIONS	NonFacility	$ 127.79
90734	00	MENINGOCOCCAL CO	IMMUNIZATIONS	NonFacility	$ 132.23
90735	00	JAPANESE ENCEPHA	IMMUNIZATIONS	NonFacility	$ 122.50
90736	00	ZOSTER SHINGLES	IMMUNIZATIONS	NonFacility	$ 195.89
90738	00	JAPANESE ENCEPHA	IMMUNIZATIONS	NonFacility	$ 283.39
90740	00	HEP B VACCINE, D	IMMUNIZATIONS	NonFacility	$ 143.30
90743	00	HEPATITIS B VACC	IMMUNIZATIONS	NonFacility	$ 71.28
90744	00	HEPATITIS B VACC	IMMUNIZATIONS	NonFacility	$ 26.38
90746	00	HEPATITIS B VACC	IMMUNIZATIONS	NonFacility	$ 67.14
90747	00	HEP B VACCINE, D	IMMUNIZATIONS	NonFacility	$ 126.00
90748	00	HEPB-HIB VACCINE	IMMUNIZATIONS	NonFacility	$ 52.27
90801	00	PSYCHIATRIC DIAG	MEDICINE - OTHER	NonFacility	$ 259.86
90802	00	INTERACTIVE PSYC	MEDICINE - OTHER	NonFacility	$ 278.77
90804	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 112.72
90805	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 127.46
90806	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 156.28
90807	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 178.70
90808	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 229.30
90809	00	INDIV PSYCTX OFF	MEDICINE - OTHER	NonFacility	$ 252.35
90810	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 119.77
90811	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 142.19
90812	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 170.38
90813	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 192.79
90814	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 247.24
90815	00	INDIV PSYCTX INT	MEDICINE - OTHER	NonFacility	$ 267.73
90816	00	INDIV PSYCTX INP	MEDICINE - OTHER	NonFacility	$ 103.11
90817	00	IND PSYCTX INPT/	MEDICINE - OTHER	NonFacility	$ 116.56
90818	00	INDIV PSYCTX INP	MEDICINE - OTHER	NonFacility	$ 153.72
90819	00	IND PSYCTX INPT/	MEDICINE - OTHER	NonFacility	$ 167.81
90821	00	INDIV PSYCTX INP	MEDICINE - OTHER	NonFacility	$ 226.74
90822	00	IND PSYCTX INPT/	MEDICINE - OTHER	NonFacility	$ 242.11
90823	00	INDIV PSYCTX IA	MEDICINE - OTHER	NonFacility	$ 110.81
90824	00	IND PSYCTX IA IN	MEDICINE - OTHER	NonFacility	$ 126.17
90826	00	INDIV PSYCTX IA	MEDICINE - OTHER	NonFacility	$ 162.68
90827	00	IND PSYCTX IA IN	MEDICINE - OTHER	NonFacility	$ 176.13
90828	00	INDIV PSYCTX IA	MEDICINE - OTHER	NonFacility	$ 235.06
90829	00	IND PSYCTX IA IN	MEDICINE - OTHER	NonFacility	$ 250.43
90845	00	PSYCHOANALYSIS	MEDICINE - OTHER	NonFacility	$ 138.46
90846	00	FAMILY PSYCHOTHE	MEDICINE - OTHER	NonFacility	$ 146.39
90847	00	FAMILY PSYCHOTHE	MEDICINE - OTHER	NonFacility	$ 182.39
90849	00	MULTIPLE FAMILY	MEDICINE - OTHER	NonFacility	$ 55.50
90853	00	GROUP PSYCHOTHER	MEDICINE - OTHER	NonFacility	$ 53.68
90857	00	INTERACTIVE GROU	MEDICINE - OTHER	NonFacility	$ 59.79
90862	00	PHARMACOLOGIC MG	MEDICINE - OTHER	NonFacility	$ 95.16
90865	00	NARCOSYNTHESIS F	MEDICINE - OTHER	NonFacility	$ 262.29
90867	00	TRANSCRANIAL MAG	MEDICINE - OTHER	NonFacility	$ 673.43
90868	00	TRANSCRANIAL MAG	MEDICINE - OTHER	NonFacility	$ 325.12

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

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Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
90869	00	REPET TMS TX SUB	MEDICINE - OTHER	NonFacility	$ 832.03
90870	00	ELECTROCONVULSIV	MEDICINE - OTHER	NonFacility	$ 233.62
90875	00	INDIV PSYCHOPHYS	MEDICINE - OTHER	NonFacility	$ 121.39
90876	00	INDIV PSYCHOPHYS	MEDICINE - OTHER	NonFacility	$ 180.55
90880	00	HYPNOTHERAPY	MEDICINE - OTHER	NonFacility	$ 176.28
90882	00	ENVIRONM INTERVE	MEDICINE - OTHER	NonFacility	$ 144.57
90885	00	PSYCHIATRIC EVAL	MEDICINE - OTHER	NonFacility	$ 83.58
90887	00	INTERPJ/EXPLNAJ	MEDICINE - OTHER	NonFacility	$ 144.57
90889	00	PREP REPORT PT P	MEDICINE - OTHER	NonFacility	$ 124.44
90901	00	BIOFEEDBACK TRAI	MEDICINE - OTHER	NonFacility	$ 57.34
90911	00	BIOFDBK TRNG PER	MEDICINE - OTHER	NonFacility	$ 142.73
90935	00	HEMODIALYSIS PRO	MEDICINE - OTHER	NonFacility	$ 114.06
90937	00	HEMODIALYSIS PX	MEDICINE - OTHER	NonFacility	$ 187.27
90940	00	HEMODIALYSIS ACC	MEDICINE - OTHER	NonFacility	$ 97.60
90945	00	DIALYSIS OTHER/T	MEDICINE - OTHER	NonFacility	$ 118.33
90947	00	DIALYSIS OTH/THN	MEDICINE - OTHER	NonFacility	$ 191.53
90951	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 1654.28
90952	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 1222.41
90953	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 815.55
90954	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 1362.71
90955	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 767.98
90956	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 517.27
90957	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 1096.16
90958	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 736.26
90959	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 480.06
90960	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 485.55
90961	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 391.01
90962	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 281.81
90963	00	ESRD SVC HOME DI	MEDICINE - OTHER	NonFacility	$ 925.96
90964	00	ESRD SVC HOME DI	MEDICINE - OTHER	NonFacility	$ 779.57
90965	00	ESRD SVC HOME DI	MEDICINE - OTHER	NonFacility	$ 742.96
90966	00	ESRD SVC HOME DI	MEDICINE - OTHER	NonFacility	$ 389.17
90967	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 33.55
90968	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 26.24
90969	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 25.63
90970	00	ESRD RELATED SVC	MEDICINE - OTHER	NonFacility	$ 13.42
90989	00	DIALYSIS TRAININ	MEDICINE - OTHER	NonFacility	$ 611.21
90993	00	DIALYSIS TRAININ	MEDICINE - OTHER	NonFacility	$ 132.36
90997	00	HEMOPERFUSION	MEDICINE - OTHER	NonFacility	$ 151.88
91010	00	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 303.78
91010	26	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 112.86
91010	TC	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 190.92
91013	00	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 41.47
91013	26	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 17.68
91013	TC	ESOPHAGEAL MOTIL	MEDICINE - OTHER	NonFacility	$ 23.79
91020	00	GASTRIC MOTILITY	MEDICINE - OTHER	NonFacility	$ 373.92
91020	26	GASTRIC MOTILITY	MEDICINE - OTHER	NonFacility	$ 128.70
91020	TC	GASTRIC MOTILITY	MEDICINE - OTHER	NonFacility	$ 245.22
91022	00	DUODENAL MOTILIT	MEDICINE - OTHER	NonFacility	$ 299.51
91022	26	DUODENAL MOTILIT	MEDICINE - OTHER	NonFacility	$ 131.15
91022	TC	DUODENAL MOTILIT	MEDICINE - OTHER	NonFacility	$ 168.36
91030	00	ESOPHAGUS ACID P	MEDICINE - OTHER	NonFacility	$ 223.86
91030	26	ESOPHAGUS ACID P	MEDICINE - OTHER	NonFacility	$ 82.96

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
91030	TC	ESOPHAGUS ACID P	MEDICINE - OTHER	NonFacility	$ 140.90
91034	00	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 317.20
91034	26	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 86.62
91034	TC	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 230.58
91035	00	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 760.05
91035	26	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 142.75
91035	TC	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 617.30
91037	00	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 258.63
91037	26	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 88.46
91037	TC	GASTROESOPHAG RE	MEDICINE - OTHER	NonFacility	$ 170.17
91038	00	ESOPH FUNCT TST	MEDICINE - OTHER	NonFacility	$ 226.92
91038	26	ESOPH FUNCT TST	MEDICINE - OTHER	NonFacility	$ 99.44
91038	TC	ESOPH FUNCT TST	MEDICINE - OTHER	NonFacility	$ 127.48
91040	00	ESOPHAGEAL BALLO	MEDICINE - OTHER	NonFacility	$ 578.87
91040	26	ESOPHAGEAL BALLO	MEDICINE - OTHER	NonFacility	$ 87.23
91040	TC	ESOPHAGEAL BALLO	MEDICINE - OTHER	NonFacility	$ 491.64
91065	00	BREATH HYDROGEN	MEDICINE - OTHER	NonFacility	$ 107.98
91065	26	BREATH HYDROGEN	MEDICINE - OTHER	NonFacility	$ 17.70
91065	TC	BREATH HYDROGEN	MEDICINE - OTHER	NonFacility	$ 90.28
91110	00	GI IMAG INTRALUM	MEDICINE - OTHER	NonFacility	$ 1455.44
91110	26	GI IMAG INTRALUM	MEDICINE - OTHER	NonFacility	$ 330.00
91110	TC	GI IMAG INTRALUM	MEDICINE - OTHER	NonFacility	$ 1125.44
91111	00	GASTROINTESTINAL	MEDICINE - OTHER	NonFacility	$ 1141.90
91111	26	GASTROINTESTINAL	MEDICINE - OTHER	NonFacility	$ 91.50
91111	TC	GASTROINTESTINAL	MEDICINE - OTHER	NonFacility	$ 1050.40
91117	00	COLON MOTILITY S	MEDICINE - OTHER	NonFacility	$ 255.59
91120	00	RECTAL SESATION	MEDICINE - OTHER	NonFacility	$ 633.17
91120	26	RECTAL SESATION	MEDICINE - OTHER	NonFacility	$ 83.58
91120	TC	RECTAL SESATION	MEDICINE - OTHER	NonFacility	$ 549.59
91122	00	ANORECTAL MANOME	MEDICINE - OTHER	NonFacility	$ 370.27
91122	26	ANORECTAL MANOME	MEDICINE - OTHER	NonFacility	$ 151.29
91122	TC	ANORECTAL MANOME	MEDICINE - OTHER	NonFacility	$ 218.98
91132	00	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 125.23
91132	26	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 46.97
91132	TC	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 78.26
91133	00	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 242.06
91133	26	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 61.00
91133	TC	ELECTROGASTROGRA	MEDICINE - OTHER	NonFacility	$ 181.06
92002	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 119.56
92004	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 223.86
92012	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 125.66
92014	00	OPHTH MEDICAL XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 183.61
92015	00	DETERMINATION RE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 48.80
92018	00	OPHTH XM&EVAL AN	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 226.92
92019	00	OPHTH XM&EVAL AN	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 111.63
92020	00	GONIOSCOPY SEPAR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 42.09
92025	00	COMPUTERIZED COR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 54.91
92025	26	COMPUTERIZED COR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 31.12
92025	TC	COMPUTERIZED COR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 23.79
92060	00	SENSORMOTOR XM W	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 94.54
92060	26	SENSORMOTOR XM W	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 60.99
92060	TC	SENSORMOTOR XM W	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 33.55
92065	00	ORTHOPTIC &/PLEO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 75.02

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
92065	26	ORTHOPTIC &/PLEO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 30.51
92065	TC	ORTHOPTIC &/PLEO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 44.51
92071	00	FIT CONTACT LENS	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 67.10
92072	00	FITTING CONTACT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 214.10
92081	00	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 84.78
92081	26	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 31.71
92081	TC	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 53.07
92082	00	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 113.45
92082	26	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 39.65
92082	TC	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 73.80
92083	00	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 128.70
92083	26	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 44.53
92083	TC	VISUAL FIELD XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 84.17
92100	00	SERIAL TONOMETRY	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 142.12
92132	00	CMPTR OPHTHALMIC	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 65.26
92132	26	CMPTR OPHTHALMIC	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 37.82
92132	TC	CMPTR OPHTHALMIC	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 27.44
92133	00	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 79.90
92133	26	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 52.46
92133	TC	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 27.44
92134	00	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 79.90
92134	26	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 52.46
92134	TC	COMPUTERIZED OPH	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 27.44
92136	00	OPHTH BIOMET PAR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 128.70
92136	26	OPHTH BIOMET PAR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 48.80
92136	TC	OPHTH BIOMET PAR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 79.90
92140	00	PROVOCATIVE TEST	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 91.50
92225	00	OPHTHALMOSCPY EX	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 40.86
92226	00	OPHTHALMOSCPY EX	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 36.59
92227	00	REMOTE IMG DX RE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 20.74
92228	00	REMOTE IMAGING M	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 53.68
92228	26	REMOTE IMAGING M	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 31.12
92228	TC	REMOTE IMAGING M	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 22.56
92230	00	FLUORESCEIN ANGI	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 93.93
92235	00	FLUORESCEIN ANGI	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 200.68
92235	26	FLUORESCEIN ANGI	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 73.20
92235	TC	FLUORESCEIN ANGI	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 127.48
92240	00	INDOCYANINE GREE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 369.65
92240	26	INDOCYANINE GREE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 99.42
92240	TC	INDOCYANINE GREE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 270.23
92250	00	FUNDUS PHOTOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 114.06
92250	26	FUNDUS PHOTOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 38.43
92250	TC	FUNDUS PHOTOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 75.63
92260	00	OPHTHALMODYNAMOM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 28.06
92265	00	NEEDLE OCULOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 122.60
92265	26	NEEDLE OCULOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 68.93
92265	TC	NEEDLE OCULOGRAP	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 53.67
92270	00	ELECTRO-OCULOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 139.08
92270	26	ELECTRO-OCULOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 68.33
92270	TC	ELECTRO-OCULOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 70.75
92275	00	ELECTRORETINOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 215.94
92275	26	ELECTRORETINOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 90.89
92275	TC	ELECTRORETINOGRA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 125.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
92283	00	COLOR VISION XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 73.81
92283	26	COLOR VISION XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 15.25
92283	TC	COLOR VISION XM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 58.56
92284	00	DARK ADAPTATION	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 94.54
92284	26	DARK ADAPTATION	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 20.13
92284	TC	DARK ADAPTATION	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 74.41
92285	00	XTRNL OCULAR PHO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 67.10
92285	26	XTRNL OCULAR PHO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 18.91
92285	TC	XTRNL OCULAR PHO	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 48.19
92286	00	SPEC ANT SEGMT P	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 186.04
92286	26	SPEC ANT SEGMT P	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 57.95
92286	TC	SPEC ANT SEGMT P	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 128.09
92287	00	SPECIAL ANT SEGM	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 180.55
92310	00	PRSC & FIT CONTA	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 151.88
92311	00	RX&FITG CONTACT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 151.88
92312	00	RX&FITG CONTACT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 172.01
92313	00	RX&FITG CORNEOSC	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 147.00
92314	00	RX&FTG CONTACT C	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 120.17
92315	00	RX CONTACT CORNE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 106.75
92316	00	RX CONTACT CORNE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 140.30
92317	00	RX CONTACT CORNE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 118.94
92325	00	MODIFICAJ CONTAC	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 48.19
92326	00	REPLACEMENT CONT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 57.34
92340	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 57.95
92341	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 66.49
92342	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 71.98
92352	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 64.05
92353	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 75.02
92354	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 119.56
92355	00	FITTING SPECTACL	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 75.63
92358	00	PROSTHESIS SERVI	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 25.01
92370	00	RPR&REFITG SPECT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 50.03
92371	00	RPR&REFITG SPECT	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 21.36
92502	00	OTOLARYNGOLOGIC	MEDICINE - OTHER	NonFacility	$ 157.99
92504	00	BINOCULAR MICROS	MEDICINE - OTHER	NonFacility	$ 47.58
92506	00	EVAL SPEECH LANG	MEDICINE - OTHER	NonFacility	$ 259.86
92507	00	TX SPEECH LANG V	MEDICINE - OTHER	NonFacility	$ 107.98
92508	00	TX SPEECH LANG V	MEDICINE - OTHER	NonFacility	$ 53.07
92511	00	NASOPHARYNGOSCOP	MEDICINE - OTHER	NonFacility	$ 248.87
92512	00	NASAL FUNCTION S	MEDICINE - OTHER	NonFacility	$ 98.22
92516	00	FACIAL NERVE FUN	MEDICINE - OTHER	NonFacility	$ 103.10
92520	00	LARYNGEAL FUNCTI	MEDICINE - OTHER	NonFacility	$ 103.10
92526	00	TX SWALLOWING DY	MEDICINE - OTHER	NonFacility	$ 168.97
92531	00	SPONTANEOUS NYST	MEDICINE - OTHER	NonFacility	$ 29.28
92532	00	POSITIONAL NYSTA	MEDICINE - OTHER	NonFacility	$ 34.77
92533	00	CALORIC VESTIBUL	MEDICINE - OTHER	NonFacility	$ 50.03
92534	00	OPTOKINETIC NYST	MEDICINE - OTHER	NonFacility	$ 38.43
92540	00	VSTBLR FUNCJ NYS	MEDICINE - OTHER	NonFacility	$ 160.43
92540	26	VSTBLR FUNCJ NYS	MEDICINE - OTHER	NonFacility	$ 132.37
92540	TC	VSTBLR FUNCJ NYS	MEDICINE - OTHER	NonFacility	$ 28.06
92541	00	SPONTANEOUS NYST	MEDICINE - OTHER	NonFacility	$ 84.17
92541	26	SPONTANEOUS NYST	MEDICINE - OTHER	NonFacility	$ 34.16
92541	TC	SPONTANEOUS NYST	MEDICINE - OTHER	NonFacility	$ 50.01

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
92542	00	POSITIONAL NYSTA	MEDICINE - OTHER	NonFacility	$ 86.01
92542	26	POSITIONAL NYSTA	MEDICINE - OTHER	NonFacility	$ 28.67
92542	TC	POSITIONAL NYSTA	MEDICINE - OTHER	NonFacility	$ 57.34
92543	00	CALORIC VESTIBUL	MEDICINE - OTHER	NonFacility	$ 40.86
92543	26	CALORIC VESTIBUL	MEDICINE - OTHER	NonFacility	$ 9.15
92543	TC	CALORIC VESTIBUL	MEDICINE - OTHER	NonFacility	$ 31.71
92544	00	OPTKINETIC NYSTA	MEDICINE - OTHER	NonFacility	$ 70.14
92544	26	OPTKINETIC NYSTA	MEDICINE - OTHER	NonFacility	$ 22.56
92544	TC	OPTKINETIC NYSTA	MEDICINE - OTHER	NonFacility	$ 47.58
92545	00	OSCILLATING TRAC	MEDICINE - OTHER	NonFacility	$ 65.26
92545	26	OSCILLATING TRAC	MEDICINE - OTHER	NonFacility	$ 20.13
92545	TC	OSCILLATING TRAC	MEDICINE - OTHER	NonFacility	$ 45.13
92546	00	SINUSOIDAL VERTI	MEDICINE - OTHER	NonFacility	$ 140.91
92546	26	SINUSOIDAL VERTI	MEDICINE - OTHER	NonFacility	$ 25.01
92546	TC	SINUSOIDAL VERTI	MEDICINE - OTHER	NonFacility	$ 115.90
92547	00	USE VERTICAL ELE	MEDICINE - OTHER	NonFacility	$ 7.31
92548	00	COMPUTERIZED DYN	MEDICINE - OTHER	NonFacility	$ 153.72
92548	26	COMPUTERIZED DYN	MEDICINE - OTHER	NonFacility	$ 42.70
92548	TC	COMPUTERIZED DYN	MEDICINE - OTHER	NonFacility	$ 111.02
92550	00	TYMPANOMETRY AND	MEDICINE - OTHER	NonFacility	$ 34.77
92551	00	SCREENING TEST P	MEDICINE - OTHER	NonFacility	$ 17.68
92552	00	PURE TONE AUDIOM	MEDICINE - OTHER	NonFacility	$ 36.59
92553	00	PURE TONE AUDIOM	MEDICINE - OTHER	NonFacility	$ 46.97
92555	00	SPEECH AUDIOMETR	MEDICINE - OTHER	NonFacility	$ 26.24
92556	00	SPEECH AUDIOMETR	MEDICINE - OTHER	NonFacility	$ 40.27
92557	00	COMPRE AUDIOMETR	MEDICINE - OTHER	NonFacility	$ 68.32
92558	00	EVOKED OTOACOUST	MEDICINE - OTHER	NonFacility	$ 17.07
92559	00	AUDIOMETRIC TEST	MEDICINE - OTHER	NonFacility	$ 45.15
92560	00	BEKESY AUDIOMETR	MEDICINE - OTHER	NonFacility	$ 31.12
92561	00	BEKESY AUDIOMETR	MEDICINE - OTHER	NonFacility	$ 46.97
92562	00	LOUD BALANC TEST	MEDICINE - OTHER	NonFacility	$ 42.09
92563	00	TONE DECAY TEST	MEDICINE - OTHER	NonFacility	$ 35.39
92564	00	SHORT INCREMENT	MEDICINE - OTHER	NonFacility	$ 32.94
92565	00	STENGER TEST PUR	MEDICINE - OTHER	NonFacility	$ 20.13
92567	00	TYMPANOMETRY	MEDICINE - OTHER	NonFacility	$ 26.24
92568	00	ACOUSTIC REFLEX	MEDICINE - OTHER	NonFacility	$ 28.06
92570	00	ACOUSTIC IMMIT T	MEDICINE - OTHER	NonFacility	$ 53.07
92571	00	FILTERED SPEECH	MEDICINE - OTHER	NonFacility	$ 27.44
92572	00	STAGGERED SPONDA	MEDICINE - OTHER	NonFacility	$ 38.43
92575	00	SENSORINEURAL AC	MEDICINE - OTHER	NonFacility	$ 64.67
92576	00	SYNTHETIC SENTEN	MEDICINE - OTHER	NonFacility	$ 36.59
92577	00	STENGER TEST SPE	MEDICINE - OTHER	NonFacility	$ 25.01
92579	00	VISUAL REINFORCE	MEDICINE - OTHER	NonFacility	$ 72.59
92582	00	CONDITIONING PLA	MEDICINE - OTHER	NonFacility	$ 70.75
92583	00	SELECT PICTURE A	MEDICINE - OTHER	NonFacility	$ 54.29
92584	00	ELECTROCOCHLEOGR	MEDICINE - OTHER	NonFacility	$ 100.65
92585	00	AUDITORY EVOKED	MEDICINE - OTHER	NonFacility	$ 166.52
92585	26	AUDITORY EVOKED	MEDICINE - OTHER	NonFacility	$ 42.70
92585	TC	AUDITORY EVOKED	MEDICINE - OTHER	NonFacility	$ 123.82
92586	00	AUDITORY EVOKED	MEDICINE - OTHER	NonFacility	$ 100.65
92587	00	DISTORT PRODUCT	MEDICINE - OTHER	NonFacility	$ 58.56
92587	26	DISTORT PRODUCT	MEDICINE - OTHER	NonFacility	$ 11.60
92587	TC	DISTORT PRODUCT	MEDICINE - OTHER	NonFacility	$ 46.96

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
92588	00	DISTRT PROD EVOK	MEDICINE - OTHER	NonFacility	$ 100.65
92588	26	DISTRT PROD EVOK	MEDICINE - OTHER	NonFacility	$ 31.12
92588	TC	DISTRT PROD EVOK	MEDICINE - OTHER	NonFacility	$ 69.53
92590	00	HEARING AID EXAM	MEDICINE - OTHER	NonFacility	$ 82.35
92591	00	HEARING AID EXAM	MEDICINE - OTHER	NonFacility	$ 104.92
92592	00	HEARING AID CHEC	MEDICINE - OTHER	NonFacility	$ 32.94
92593	00	HEARING AID CHEC	MEDICINE - OTHER	NonFacility	$ 53.68
92594	00	ELECTROACOUST EV	MEDICINE - OTHER	NonFacility	$ 31.12
92595	00	ELECTROACOUST EV	MEDICINE - OTHER	NonFacility	$ 67.10
92596	00	EAR PROTECTOR AT	MEDICINE - OTHER	NonFacility	$ 63.44
92597	00	EVAL&/FITG VOICE	MEDICINE - OTHER	NonFacility	$ 178.12
92601	00	ANALYSIS COCHLEA	MEDICINE - OTHER	NonFacility	$ 253.75
92602	00	ANALYSIS COCHLEA	MEDICINE - OTHER	NonFacility	$ 159.82
92603	00	ANALYSIS COCHLEA	MEDICINE - OTHER	NonFacility	$ 234.23
92604	00	ANALYSIS COCHLEA	MEDICINE - OTHER	NonFacility	$ 137.85
92605	00	EVAL RX N-SP-GEN	MEDICINE - OTHER	NonFacility	$ 162.87
92606	00	TX SRVC NON-SPCH	MEDICINE - OTHER	NonFacility	$ 146.39
92607	00	EVAL PRSC SPCH-G	MEDICINE - OTHER	NonFacility	$ 266.56
92608	00	EVAL PRSC SPCH-G	MEDICINE - OTHER	NonFacility	$ 54.29
92609	00	TX SRVC USE SPCH	MEDICINE - OTHER	NonFacility	$ 144.57
92610	00	EVALUATION ORAL&	MEDICINE - OTHER	NonFacility	$ 191.53
92611	00	MOT FLUORO EVAL	MEDICINE - OTHER	NonFacility	$ 205.56
92612	00	FLX FIBEROPTIC E	MEDICINE - OTHER	NonFacility	$ 262.90
92613	00	FLX FO ENDO EVAL	MEDICINE - OTHER	NonFacility	$ 64.05
92614	00	FLX FO ENDO EVAL	MEDICINE - OTHER	NonFacility	$ 234.84
92615	00	FLX ENDO LARYNG	MEDICINE - OTHER	NonFacility	$ 56.73
92616	00	FLX FO ENDO SWAL	MEDICINE - OTHER	NonFacility	$ 319.63
92617	00	FLX ENDO SWALLW&	MEDICINE - OTHER	NonFacility	$ 70.14
92618	00	EVAL RX N-SP-GEN	MEDICINE - OTHER	NonFacility	$ 58.56
92620	00	EVAL CENTRAL AUD	MEDICINE - OTHER	NonFacility	$ 129.93
92621	00	EVAL CENTRAL AUD	MEDICINE - OTHER	NonFacility	$ 29.89
92625	00	ASSESSMENT TINNI	MEDICINE - OTHER	NonFacility	$ 101.26
92626	00	EVALUATION AUDIT	MEDICINE - OTHER	NonFacility	$ 136.65
92627	00	EVALUATION AUDIT	MEDICINE - OTHER	NonFacility	$ 32.94
92640	00	ANALYSIS W/PRGRM	MEDICINE - OTHER	NonFacility	$ 150.67
92950	00	CARDIOPULMONARY	MEDICINE - CARDIOVASCULAR	NonFacility	$ 456.88
92953	00	TEMPORARY TRANSC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 19.52
92960	00	CARDIOVERSION EL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 411.74
92961	00	CARDIOVERSION EL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 437.36
92970	00	CARDIOASSIST-MET	MEDICINE - CARDIOVASCULAR	NonFacility	$ 305.60
92971	00	CARDIOASSIST-MET	MEDICINE - CARDIOVASCULAR	NonFacility	$ 172.01
92973	00	PRQ TRANSLUMINAL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 325.12
92974	00	TRNSCATH PLCMT R	MEDICINE - CARDIOVASCULAR	NonFacility	$ 298.29
92975	00	THROMBOLYSIS INT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 716.74
92977	00	THROMBOLYSIS COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 171.40
92978	00	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 492.12
92978	26	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 165.91
92978	TC	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 326.21
92979	00	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 284.69
92979	26	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 132.97
92979	TC	INTRAVASC US COR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 151.72
92980	00	TCAT PLMT INTRAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1482.27
92981	00	TCAT PLMT INTRAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 412.35

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
92982	00	PRQ TRLUML CORON	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1098.59
92984	00	PRQ TRLUML CORON	MEDICINE - CARDIOVASCULAR	NonFacility	$ 294.02
92986	00	PRQ BALLOON VALV	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2436.29
92987	00	PRQ BALLOON VALV	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2518.64
92990	00	PRQ BALLOON VALV	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1949.53
92992	00	ATRIAL SEPTECT/S	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2562.43
92993	00	ATRIAL SEPTECT/S	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2657.96
92995	00	PRQ TRLUML CORON	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1210.22
92996	00	PRQ TRLUML CORON	MEDICINE - CARDIOVASCULAR	NonFacility	$ 323.30
92997	00	PRQ TRLUML PULMO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1154.11
92998	00	PRQ TRLUML PULMO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 583.75
93000	00	ECG-ROUTINE 12 L	MEDICINE - OTHER	NonFacility	$ 33.55
93005	00	ECG-ROUTINE 12 L	MEDICINE - OTHER	NonFacility	$ 18.30
93010	00	ECG-ROUTINE 12 L	MEDICINE - OTHER	NonFacility	$ 15.25
93015	00	CV STRESS TST W/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 156.15
93016	00	CV STRESS; PHYS	MEDICINE - CARDIOVASCULAR	NonFacility	$ 40.27
93017	00	CV STRESS TEST;	MEDICINE - CARDIOVASCULAR	NonFacility	$ 89.05
93018	00	CV STRESS; INTER	MEDICINE - CARDIOVASCULAR	NonFacility	$ 26.83
93024	00	ERGONOVINE PROVO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 196.42
93024	26	ERGONOVINE PROVO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 104.31
93024	TC	ERGONOVINE PROVO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 92.11
93025	00	MICROVOLT T-WAVE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 328.78
93025	26	MICROVOLT T-WAVE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 67.71
93025	TC	MICROVOLT T-WAVE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 261.07
93040	00	RHYTHM ECG 1-3 L	MEDICINE - CARDIOVASCULAR	NonFacility	$ 22.56
93041	00	RHYTHM ECG 1-3 L	MEDICINE - CARDIOVASCULAR	NonFacility	$ 9.15
93042	00	RHYTHM ECG 1-3 L	MEDICINE - CARDIOVASCULAR	NonFacility	$ 13.42
93224	00	XTRNL ECG < 48 H	MEDICINE - CARDIOVASCULAR	NonFacility	$ 178.12
93225	00	XTRNL ECG < 48 H	MEDICINE - CARDIOVASCULAR	NonFacility	$ 52.46
93226	00	EXTERNAL ECG SCA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 78.70
93227	00	XTRNL ECG CONTIN	MEDICINE - CARDIOVASCULAR	NonFacility	$ 46.97
93228	00	XTRNL MOBILE CV	MEDICINE - CARDIOVASCULAR	NonFacility	$ 43.92
93229	00	XTRNL MOBILE CV	MEDICINE - CARDIOVASCULAR	NonFacility	$ 504.36
93268	00	XTRNL PT ACTIV E	MEDICINE - CARDIOVASCULAR	NonFacility	$ 412.96
93270	00	XTRNL PT ACTIVAT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 28.06
93271	00	XTRNL PT ACTIVAT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 339.76
93272	00	XTRNL PT ACTIVTD	MEDICINE - CARDIOVASCULAR	NonFacility	$ 45.15
93278	00	SIGNAL AVERAGED	MEDICINE - CARDIOVASCULAR	NonFacility	$ 59.79
93278	26	SIGNAL AVERAGED	MEDICINE - CARDIOVASCULAR	NonFacility	$ 21.97
93278	TC	SIGNAL AVERAGED	MEDICINE - CARDIOVASCULAR	NonFacility	$ 37.82
93279	00	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 90.28
93279	26	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 59.79
93279	TC	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 30.49
93280	00	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 106.75
93280	26	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 71.37
93280	TC	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 35.38
93281	00	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 123.82
93281	26	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 82.96
93281	TC	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 40.86
93282	00	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 114.06
93282	26	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 77.47
93282	TC	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 36.59
93283	00	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 145.79

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93283	26	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 103.70
93283	TC	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 42.09
93284	00	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 162.87
93284	26	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 115.29
93284	TC	PROGRM EVAL IMPL	MEDICINE - OTHER	NonFacility	$ 47.58
93285	00	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 76.25
93285	26	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 48.19
93285	TC	PROGRAM EVAL IMP	MEDICINE - OTHER	NonFacility	$ 28.06
93286	00	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 45.15
93286	26	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 25.02
93286	TC	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 20.13
93287	00	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 59.79
93287	26	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 37.84
93287	TC	PERI-PX EVAL&PRO	MEDICINE - OTHER	NonFacility	$ 21.95
93288	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 68.32
93288	26	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 39.65
93288	TC	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 28.67
93289	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 115.90
93289	26	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 81.13
93289	TC	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 34.77
93290	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 52.46
93290	26	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 36.00
93290	TC	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 16.46
93291	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 65.87
93291	26	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 39.65
93291	TC	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 26.22
93292	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 59.17
93292	26	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 39.65
93292	TC	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 19.52
93293	00	TRANSTELEPHONIC	MEDICINE - OTHER	NonFacility	$ 92.11
93293	26	TRANSTELEPHONIC	MEDICINE - OTHER	NonFacility	$ 28.06
93293	TC	TRANSTELEPHONIC	MEDICINE - OTHER	NonFacility	$ 64.05
93294	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 60.38
93295	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 118.33
93296	00	INTERROGATION RE	MEDICINE - OTHER	NonFacility	$ 57.95
93297	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 43.92
93298	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 48.80
93299	00	INTERROGATION EV	MEDICINE - OTHER	NonFacility	$ 59.29
93303	00	COMPLETE TTHRC E	MEDICINE - CARDIOVASCULAR	NonFacility	$ 344.03
93303	26	COMPLETE TTHRC E	MEDICINE - CARDIOVASCULAR	NonFacility	$ 114.07
93303	TC	COMPLETE TTHRC E	MEDICINE - CARDIOVASCULAR	NonFacility	$ 229.96
93304	00	F-UP/LIMITED TTH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 217.16
93304	26	F-UP/LIMITED TTH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 65.28
93304	TC	F-UP/LIMITED TTH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 151.88
93306	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 401.37
93306	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 117.72
93306	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 283.65
93307	00	ECHO TRANSTHORAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 259.86
93307	26	ECHO TRANSTHORAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 82.35
93307	TC	ECHO TRANSTHORAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 177.51
93308	00	ECHO TRANSTHORC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 174.46
93308	26	ECHO TRANSTHORC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 47.58
93308	TC	ECHO TRANSTHORC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 126.88

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93312	00	ECG TRANSESOPHAG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 523.98
93312	26	ECG TRANSESOPHAG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 190.92
93312	TC	ECG TRANSESOPHAG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 333.06
93313	00	ECHO R-T 2D W/PR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 70.14
93314	00	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 453.23
93314	26	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 108.59
93314	TC	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 344.64
93315	00	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 608.43
93315	26	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 251.32
93315	TC	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 357.11
93316	00	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 76.25
93317	00	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 484.53
93317	26	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 160.44
93317	TC	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 324.09
93318	00	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 740.12
93318	26	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 195.19
93318	TC	ECHO TRANSESOPHA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 544.93
93320	00	DOPPLER ECHOCARD	MEDICINE - CARDIOVASCULAR	NonFacility	$ 113.45
93320	26	DOPPLER ECHOCARD	MEDICINE - CARDIOVASCULAR	NonFacility	$ 34.16
93320	TC	DOPPLER ECHOCARD	MEDICINE - CARDIOVASCULAR	NonFacility	$ 79.29
93321	00	DOP ECHOCARD PUL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 51.23
93321	26	DOP ECHOCARD PUL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 14.03
93321	TC	DOP ECHOCARD PUL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 37.20
93325	00	DOP ECHOCARD COL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 67.71
93325	26	DOP ECHOCARD COL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 6.72
93325	TC	DOP ECHOCARD COL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 60.99
93350	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 343.42
93350	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 132.36
93350	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 211.06
93351	00	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 408.69
93351	26	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 161.04
93351	TC	ECHO TTHRC R-T 2	MEDICINE - CARDIOVASCULAR	NonFacility	$ 247.65
93352	00	USE OF ECHO CONT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 60.38
93451	00	RIGHT HEART CATH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1370.64
93451	26	RIGHT HEART CATH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 266.56
93451	TC	RIGHT HEART CATH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1104.08
93452	00	L HRT CATH W/NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1521.92
93452	26	L HRT CATH W/NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 467.26
93452	TC	L HRT CATH W/NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1054.66
93453	00	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1991.61
93453	26	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 612.42
93453	TC	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1379.19
93454	00	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1569.50
93454	26	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 470.91
93454	TC	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1098.59
93455	00	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1831.18
93455	26	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 543.50
93455	TC	CATH PLMT & NJX	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1287.68
93456	00	CATH PLMT R HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1964.17
93456	26	CATH PLMT R HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 602.68
93456	TC	CATH PLMT R HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1361.49
93457	00	CATH PLMT R HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2225.84
93457	26	CATH PLMT R HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 675.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93457	TC	CATH PLMT R HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1549.98
93458	00	CATH PLMT L HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1894.01
93458	26	CATH PLMT L HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 574.61
93458	TC	CATH PLMT L HRT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1319.40
93459	00	CATH PLMT L HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2091.65
93459	26	CATH PLMT L HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 646.59
93459	TC	CATH PLMT L HRT/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1445.06
93460	00	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2238.66
93460	26	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 720.40
93460	TC	R & L HRT CATH W	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1518.26
93461	00	R&L HRT CATH W/I	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2565.01
93461	26	R&L HRT CATH W/I	MEDICINE - CARDIOVASCULAR	NonFacility	$ 794.83
93461	TC	R&L HRT CATH W/I	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1770.18
93462	00	LEFT HEART CATH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 366.00
93463	00	MEDICATION ADMIN	MEDICINE - CARDIOVASCULAR	NonFacility	$ 193.98
93464	00	PHYSIOLOGIC EXER	MEDICINE - CARDIOVASCULAR	NonFacility	$ 452.62
93464	26	PHYSIOLOGIC EXER	MEDICINE - CARDIOVASCULAR	NonFacility	$ 170.81
93464	TC	PHYSIOLOGIC EXER	MEDICINE - CARDIOVASCULAR	NonFacility	$ 281.81
93503	00	INSERTION FLOW D	MEDICINE - CARDIOVASCULAR	NonFacility	$ 236.68
93505	00	ENDOMYOCARDIAL B	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1271.21
93505	26	ENDOMYOCARDIAL B	MEDICINE - CARDIOVASCULAR	NonFacility	$ 425.16
93505	TC	ENDOMYOCARDIAL B	MEDICINE - CARDIOVASCULAR	NonFacility	$ 846.05
93530	00	R HRT CATHETERIZ	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1633.74
93530	26	R HRT CATHETERIZ	MEDICINE - CARDIOVASCULAR	NonFacility	$ 412.35
93530	TC	R HRT CATHETERIZ	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1221.39
93531	00	CMBN R HRT & RET	MEDICINE - CARDIOVASCULAR	NonFacility	$ 4282.24
93531	26	CMBN R HRT & RET	MEDICINE - CARDIOVASCULAR	NonFacility	$ 810.06
93531	TC	CMBN R HRT & RET	MEDICINE - CARDIOVASCULAR	NonFacility	$ 3472.18
93532	00	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 4520.01
93532	26	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 962.55
93532	TC	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 3557.46
93533	00	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 4038.18
93533	26	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 646.58
93533	TC	CMBN R HRT T-SEP	MEDICINE - CARDIOVASCULAR	NonFacility	$ 3391.60
93561	00	INDICAT DILUT ST	MEDICINE - CARDIOVASCULAR	NonFacility	$ 83.28
93561	26	INDICAT DILUT ST	MEDICINE - CARDIOVASCULAR	NonFacility	$ 41.48
93561	TC	INDICAT DILUT ST	MEDICINE - CARDIOVASCULAR	NonFacility	$ 41.80
93562	00	INDIC DIL STD AR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 38.25
93562	26	INDIC DIL STD AR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 12.81
93562	TC	INDIC DIL STD AR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 25.44
93563	00	NJX SEL HRT ART	MEDICINE - CARDIOVASCULAR	NonFacility	$ 100.65
93564	00	NJX SEL HRT ART/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 102.48
93565	00	NJX SEL L VENT/A	MEDICINE - CARDIOVASCULAR	NonFacility	$ 77.47
93566	00	NJX SEL R VENT/A	MEDICINE - CARDIOVASCULAR	NonFacility	$ 303.78
93567	00	NJX SUPRAVALV AO	MEDICINE - CARDIOVASCULAR	NonFacility	$ 250.71
93568	00	NJX PULMONARY AN	MEDICINE - CARDIOVASCULAR	NonFacility	$ 274.50
93571	00	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 490.96
93571	26	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 165.31
93571	TC	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 325.65
93572	00	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 306.89
93572	26	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 131.77
93572	TC	INTRAVASC DOPPLE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 175.12
93580	00	PERQ TRNSCATH CL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1787.27

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93581	00	PERQ TRNSCATH CL	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2359.43
93600	00	BUNDLE OF HIS RE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 343.20
93600	26	BUNDLE OF HIS RE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 208.01
93600	TC	BUNDLE OF HIS RE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 135.19
93602	00	INTRA-ATRIAL REC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 282.36
93602	26	INTRA-ATRIAL REC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 206.79
93602	TC	INTRA-ATRIAL REC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 75.57
93603	00	RIGHT VENTRICULA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 322.90
93603	26	RIGHT VENTRICULA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 206.79
93603	TC	RIGHT VENTRICULA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 116.11
93609	00	INTRA-VENTRIC&/A	MEDICINE - CARDIOVASCULAR	NonFacility	$ 671.28
93609	26	INTRA-VENTRIC&/A	MEDICINE - CARDIOVASCULAR	NonFacility	$ 492.87
93609	TC	INTRA-VENTRIC&/A	MEDICINE - CARDIOVASCULAR	NonFacility	$ 178.41
93610	00	INTRA-ATRIAL PAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 386.28
93610	26	INTRA-ATRIAL PAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 295.23
93610	TC	INTRA-ATRIAL PAC	MEDICINE - CARDIOVASCULAR	NonFacility	$ 91.05
93612	00	INTRAVENTRICULAR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 405.06
93612	26	INTRAVENTRICULAR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 293.41
93612	TC	INTRAVENTRICULAR	MEDICINE - CARDIOVASCULAR	NonFacility	$ 111.65
93613	00	INTRACARDIAC ELE	MEDICINE - CARDIOVASCULAR	NonFacility	$ 691.73
93615	00	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 107.71
93615	26	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 89.66
93615	TC	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 18.05
93616	00	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 160.80
93616	26	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 115.90
93616	TC	ESOPHGL REC ATRI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 44.90
93618	00	INDUCTION ARRHYT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 685.56
93618	26	INDUCTION ARRHYT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 421.50
93618	TC	INDUCTION ARRHYT	MEDICINE - CARDIOVASCULAR	NonFacility	$ 264.06
93619	00	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1261.59
93619	26	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 728.33
93619	TC	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 533.26
93620	00	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1779.38
93620	26	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1147.39
93620	TC	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 631.99
93621	00	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 3177.20
93621	26	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 207.40
93621	TC	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 2969.80
93622	00	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1965.69
93622	26	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 303.78
93622	TC	COMPRE ELECTROPH	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1661.91
93623	00	PROGRAM STIM & P	MEDICINE - CARDIOVASCULAR	NonFacility	$ 508.71
93623	26	PROGRAM STIM & P	MEDICINE - CARDIOVASCULAR	NonFacility	$ 281.81
93623	TC	PROGRAM STIM & P	MEDICINE - CARDIOVASCULAR	NonFacility	$ 226.90
93624	00	ELECTROPHYSIOLOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 632.92
93624	26	ELECTROPHYSIOLOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 478.84
93624	TC	ELECTROPHYSIOLOG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 154.08
93631	00	INTRA-OP PACING/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1221.42
93631	26	INTRA-OP PACING/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 708.80
93631	TC	INTRA-OP PACING/	MEDICINE - CARDIOVASCULAR	NonFacility	$ 512.62
93640	00	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 847.73
93640	26	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 345.87
93640	TC	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 501.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93641	00	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1079.65
93641	26	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 584.98
93641	TC	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 494.67
93642	00	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 737.47
93642	26	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 447.12
93642	TC	EPHYS EVAL PACG	MEDICINE - CARDIOVASCULAR	NonFacility	$ 290.35
93650	00	ICAR CATHETER AB	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1052.23
93651	00	ICAR CATH ABLTJ	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1603.66
93652	00	ICAR CATH ABLATI	MEDICINE - CARDIOVASCULAR	NonFacility	$ 1745.17
93660	00	CARDIOVASCULAR F	MEDICINE - CARDIOVASCULAR	NonFacility	$ 279.38
93660	26	CARDIOVASCULAR F	MEDICINE - CARDIOVASCULAR	NonFacility	$ 171.40
93660	TC	CARDIOVASCULAR F	MEDICINE - CARDIOVASCULAR	NonFacility	$ 107.98
93662	00	INTRACARD ECHOCA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 531.68
93662	26	INTRACARD ECHOCA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 258.03
93662	TC	INTRACARD ECHOCA	MEDICINE - CARDIOVASCULAR	NonFacility	$ 273.65
93668	00	PERIPHERAL ARTER	MEDICINE - OTHER	NonFacility	$ 28.67
93701	00	BIOMPEDANCE-DERI	MEDICINE - OTHER	NonFacility	$ 43.92
93724	00	ELECTRONIC ANALY	MEDICINE - OTHER	NonFacility	$ 527.64
93724	26	ELECTRONIC ANALY	MEDICINE - OTHER	NonFacility	$ 441.63
93724	TC	ELECTRONIC ANALY	MEDICINE - OTHER	NonFacility	$ 86.01
93740	00	TEMPRATURE GRADI	MEDICINE - OTHER	NonFacility	$ 16.46
93745	00	INIT SETUP&PROG	MEDICINE - OTHER	NonFacility	$ 142.75
93745	26	INIT SETUP&PROG	MEDICINE - OTHER	NonFacility	$ 77.02
93745	TC	INIT SETUP&PROG	MEDICINE - OTHER	NonFacility	$ 65.73
93750	00	INTERROGATION VA	MEDICINE - OTHER	NonFacility	$ 87.23
93770	00	DERMINATION OF V	MEDICINE - OTHER	NonFacility	$ 14.64
93784	00	AMBL BLD PRESS W	MEDICINE - OTHER	NonFacility	$ 108.57
93786	00	AMBL BLD PRESS W	MEDICINE - OTHER	NonFacility	$ 48.80
93788	00	AMBL BLD PRESS W	MEDICINE - OTHER	NonFacility	$ 27.44
93790	00	AMBL BLD PRESS T	MEDICINE - OTHER	NonFacility	$ 32.33
93797	00	OUTPATIENT CARDI	MEDICINE - OTHER	NonFacility	$ 29.89
93798	00	OUTPATIENT CARDI	MEDICINE - OTHER	NonFacility	$ 42.70
93880	00	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 395.89
93880	26	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 51.86
93880	TC	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 344.03
93882	00	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 268.39
93882	26	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 34.77
93882	TC	DUPLEX SCAN EXTR	MEDICINE - OTHER	NonFacility	$ 233.62
93886	00	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 499.58
93886	26	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 78.70
93886	TC	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 420.88
93888	00	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 332.45
93888	26	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 53.07
93888	TC	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 279.38
93890	00	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 436.14
93890	26	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 83.58
93890	TC	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 352.56
93892	00	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 502.01
93892	26	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 96.38
93892	TC	TRANSCRANIAL DOP	MEDICINE - OTHER	NonFacility	$ 405.63
93893	00	TRANSCRAN DOPPLE	MEDICINE - OTHER	NonFacility	$ 491.05
93893	26	TRANSCRAN DOPPLE	MEDICINE - OTHER	NonFacility	$ 97.00
93893	TC	TRANSCRAN DOPPLE	MEDICINE - OTHER	NonFacility	$ 394.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
93922	00	NON-INVAS PHYSIO	MEDICINE - OTHER	NonFacility	$ 196.42
93922	26	NON-INVAS PHYSIO	MEDICINE - OTHER	NonFacility	$ 20.75
93922	TC	NON-INVAS PHYSIO	MEDICINE - OTHER	NonFacility	$ 175.67
93923	00	NON-INVASIVE PHY	MEDICINE - OTHER	NonFacility	$ 301.94
93923	26	NON-INVASIVE PHY	MEDICINE - OTHER	NonFacility	$ 38.43
93923	TC	NON-INVASIVE PHY	MEDICINE - OTHER	NonFacility	$ 263.51
93924	00	N-INVAS PHYSIOLO	MEDICINE - OTHER	NonFacility	$ 371.49
93924	26	N-INVAS PHYSIOLO	MEDICINE - OTHER	NonFacility	$ 43.31
93924	TC	N-INVAS PHYSIOLO	MEDICINE - OTHER	NonFacility	$ 328.18
93925	00	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 498.36
93925	26	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 49.42
93925	TC	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 448.94
93926	00	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 321.46
93926	26	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 34.16
93926	TC	DUP-SCAN LXTR AR	MEDICINE - OTHER	NonFacility	$ 287.30
93930	00	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 391.01
93930	26	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 39.65
93930	TC	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 351.36
93931	00	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 261.08
93931	26	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 26.24
93931	TC	DUP-SCAN UXTR AR	MEDICINE - OTHER	NonFacility	$ 234.84
93965	00	NON-INVAS STDY E	MEDICINE - OTHER	NonFacility	$ 200.07
93965	26	NON-INVAS STDY E	MEDICINE - OTHER	NonFacility	$ 29.89
93965	TC	NON-INVAS STDY E	MEDICINE - OTHER	NonFacility	$ 170.18
93970	00	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 405.04
93970	26	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 58.56
93970	TC	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 346.48
93971	00	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 267.17
93971	26	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 39.04
93971	TC	DUP-SCAN XTR VEI	MEDICINE - OTHER	NonFacility	$ 228.13
93975	00	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 607.54
93975	26	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 154.94
93975	TC	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 452.60
93976	00	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 348.30
93976	26	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 103.70
93976	TC	DUPLEX SCAN FLO	MEDICINE - OTHER	NonFacility	$ 244.60
93978	00	DUP-SCAN AORTA I	MEDICINE - OTHER	NonFacility	$ 381.25
93978	26	DUP-SCAN AORTA I	MEDICINE - OTHER	NonFacility	$ 56.13
93978	TC	DUP-SCAN AORTA I	MEDICINE - OTHER	NonFacility	$ 325.12
93979	00	DUPLEX SCAN AORT	MEDICINE - OTHER	NonFacility	$ 264.13
93979	26	DUPLEX SCAN AORT	MEDICINE - OTHER	NonFacility	$ 37.82
93979	TC	DUPLEX SCAN AORT	MEDICINE - OTHER	NonFacility	$ 226.31
93980	00	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 286.69
93980	26	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 108.57
93980	TC	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 178.12
93981	00	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 196.42
93981	26	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 37.82
93981	TC	DUPLEX SCAN PENI	MEDICINE - OTHER	NonFacility	$ 158.60
93982	00	IMPLANT WIRELESS	MEDICINE - CARDIOVASCULAR	NonFacility	$ 68.93
93990	00	DUPLEX SCAN HEMO	MEDICINE - OTHER	NonFacility	$ 321.46
93990	26	DUPLEX SCAN HEMO	MEDICINE - OTHER	NonFacility	$ 21.36
93990	TC	DUPLEX SCAN HEMO	MEDICINE - OTHER	NonFacility	$ 300.10
94002	00	VENTILATION ASSI	MEDICINE - OTHER	NonFacility	$ 151.88

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
94003	00	VENTILATION ASSI	MEDICINE - OTHER	NonFacility	$ 109.18
94004	00	VENTILATION ASSI	MEDICINE - OTHER	NonFacility	$ 79.90
94005	00	HOME VENTILATOR	MEDICINE - OTHER	NonFacility	$ 151.27
94010	00	SPIROMTRY W/RECR	MEDICINE - OTHER	NonFacility	$ 54.91
94010	26	SPIROMTRY W/RECR	MEDICINE - OTHER	NonFacility	$ 14.05
94010	TC	SPIROMTRY W/RECR	MEDICINE - OTHER	NonFacility	$ 40.86
94011	00	MEAS SPIROMTRC F	MEDICINE - OTHER	NonFacility	$ 166.52
94012	00	MEAS SPIRO FRCD	MEDICINE - OTHER	NonFacility	$ 256.80
94013	00	MEASUREMENT LUNG	MEDICINE - OTHER	NonFacility	$ 53.07
94014	00	PT-INITIATE SPIR	MEDICINE - OTHER	NonFacility	$ 81.13
94015	00	PATIENT-INITIATE	MEDICINE - OTHER	NonFacility	$ 39.04
94016	00	PATIENT-INITIATE	MEDICINE - OTHER	NonFacility	$ 42.09
94060	00	BRONCHODILAT RES	MEDICINE - OTHER	NonFacility	$ 95.77
94060	26	BRONCHODILAT RES	MEDICINE - OTHER	NonFacility	$ 25.02
94060	TC	BRONCHODILAT RES	MEDICINE - OTHER	NonFacility	$ 70.75
94070	00	BRONCHOSPASM EVA	MEDICINE - OTHER	NonFacility	$ 96.38
94070	26	BRONCHOSPASM EVA	MEDICINE - OTHER	NonFacility	$ 48.19
94070	TC	BRONCHOSPASM EVA	MEDICINE - OTHER	NonFacility	$ 48.19
94150	00	VITAL CAPACITY T	MEDICINE - OTHER	NonFacility	$ 37.82
94150	26	VITAL CAPACITY T	MEDICINE - OTHER	NonFacility	$ 6.72
94150	TC	VITAL CAPACITY T	MEDICINE - OTHER	NonFacility	$ 31.10
94200	00	MAX BREATHING CA	MEDICINE - OTHER	NonFacility	$ 37.21
94200	26	MAX BREATHING CA	MEDICINE - OTHER	NonFacility	$ 9.15
94200	TC	MAX BREATHING CA	MEDICINE - OTHER	NonFacility	$ 28.06
94250	00	EXPIRED GAS COLL	MEDICINE - OTHER	NonFacility	$ 40.27
94250	26	EXPIRED GAS COLL	MEDICINE - OTHER	NonFacility	$ 9.15
94250	TC	EXPIRED GAS COLL	MEDICINE - OTHER	NonFacility	$ 31.12
94375	00	RESPIRATORY FLOW	MEDICINE - OTHER	NonFacility	$ 61.61
94375	26	RESPIRATORY FLOW	MEDICINE - OTHER	NonFacility	$ 24.40
94375	TC	RESPIRATORY FLOW	MEDICINE - OTHER	NonFacility	$ 37.21
94400	00	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 84.78
94400	26	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 31.71
94400	TC	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 53.07
94450	00	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 90.28
94450	26	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 31.72
94450	TC	BREATHING RESPON	MEDICINE - OTHER	NonFacility	$ 58.56
94452	00	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 90.89
94452	26	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 24.40
94452	TC	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 66.49
94453	00	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 122.60
94453	26	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 31.71
94453	TC	HIGH ALTITUDE SI	MEDICINE - OTHER	NonFacility	$ 90.89
94610	00	INTRAPULMONARY S	MEDICINE - OTHER	NonFacility	$ 98.22
94620	00	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 109.18
94620	26	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 51.85
94620	TC	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 57.33
94621	00	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 264.13
94621	26	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 117.74
94621	TC	PULMONARY STRESS	MEDICINE - OTHER	NonFacility	$ 146.39
94640	00	PRESSURIZED/NONP	MEDICINE - OTHER	NonFacility	$ 23.18
94642	00	PENTAMIDINE AERS	MEDICINE - OTHER	NonFacility	$ 56.89
94644	00	CONTINUOUS INHAL	MEDICINE - OTHER	NonFacility	$ 58.56
94645	00	CONTINUOUS INHAL	MEDICINE - OTHER	NonFacility	$ 21.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
94660	00	CPAP VENTILATION	MEDICINE - OTHER	NonFacility	$ 95.77
94662	00	CONTINUOUS NEGAT	MEDICINE - OTHER	NonFacility	$ 60.99
94664	00	DEM&/EVAL PT ARO	MEDICINE - OTHER	NonFacility	$ 23.79
94667	00	MANJ CH WALL FAC	MEDICINE - OTHER	NonFacility	$ 32.94
94668	00	MANJ CHEST WALL	MEDICINE - OTHER	NonFacility	$ 32.33
94680	00	O2 UPTK EXP GAS	MEDICINE - OTHER	NonFacility	$ 92.72
94680	26	O2 UPTK EXP GAS	MEDICINE - OTHER	NonFacility	$ 21.36
94680	TC	O2 UPTK EXP GAS	MEDICINE - OTHER	NonFacility	$ 71.36
94681	00	O2 UPTAKE EXPIRE	MEDICINE - OTHER	NonFacility	$ 95.16
94681	26	O2 UPTAKE EXPIRE	MEDICINE - OTHER	NonFacility	$ 16.48
94681	TC	O2 UPTAKE EXPIRE	MEDICINE - OTHER	NonFacility	$ 78.68
94690	00	O2 UPTAKE EXP GA	MEDICINE - OTHER	NonFacility	$ 81.13
94690	26	O2 UPTAKE EXP GA	MEDICINE - OTHER	NonFacility	$ 6.11
94690	TC	O2 UPTAKE EXP GA	MEDICINE - OTHER	NonFacility	$ 75.02
94726	00	PLETHYSMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 96.38
94726	26	PLETHYSMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 21.97
94726	TC	PLETHYSMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 74.41
94727	00	GAS DILUT/WASHOU	MEDICINE - OTHER	NonFacility	$ 75.63
94727	26	GAS DILUT/WASHOU	MEDICINE - OTHER	NonFacility	$ 21.95
94727	TC	GAS DILUT/WASHOU	MEDICINE - OTHER	NonFacility	$ 53.68
94728	00	AIRWAY RESISTANC	MEDICINE - OTHER	NonFacility	$ 75.63
94728	26	AIRWAY RESISTANC	MEDICINE - OTHER	NonFacility	$ 21.95
94728	TC	AIRWAY RESISTANC	MEDICINE - OTHER	NonFacility	$ 53.68
94729	00	CO DIFFUSING CAP	MEDICINE - OTHER	NonFacility	$ 95.77
94729	26	CO DIFFUSING CAP	MEDICINE - OTHER	NonFacility	$ 14.64
94729	TC	CO DIFFUSING CAP	MEDICINE - OTHER	NonFacility	$ 81.13
94750	00	PULMONARY COMPLI	MEDICINE - OTHER	NonFacility	$ 118.94
94750	26	PULMONARY COMPLI	MEDICINE - OTHER	NonFacility	$ 18.30
94750	TC	PULMONARY COMPLI	MEDICINE - OTHER	NonFacility	$ 100.64
94760	00	NONINVASIVE EAR/	MEDICINE - OTHER	NonFacility	$ 4.27
94761	00	NONINVASIVE EAR/	MEDICINE - OTHER	NonFacility	$ 6.72
94762	00	NONINVASIVE EAR/	MEDICINE - OTHER	NonFacility	$ 37.82
94770	00	CO2 EXPIRED GAS	MEDICINE - OTHER	NonFacility	$ 57.95
94772	00	CIRCADIAN RESPIR	MEDICINE - OTHER	NonFacility	$ 503.52
94772	26	CIRCADIAN RESPIR	MEDICINE - OTHER	NonFacility	$ 191.29
94772	TC	CIRCADIAN RESPIR	MEDICINE - OTHER	NonFacility	$ 312.23
94774	00	PEDIATRIC APNEA	MEDICINE - OTHER	NonFacility	$ 552.67
94775	00	PEDIATRIC APNEA	MEDICINE - OTHER	NonFacility	$ 87.21
94776	00	PEDIATRIC APNEA	MEDICINE - OTHER	NonFacility	$ 413.66
94777	00	PEDIATRIC APNEA	MEDICINE - OTHER	NonFacility	$ 51.88
94780	00	CAR SEAT/BED TES	MEDICINE - OTHER	NonFacility	$ 90.89
94781	00	CAR SEAT/BED TES	MEDICINE - OTHER	NonFacility	$ 35.39
95004	00	PERCUTANEOUS TES	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 9.76
95010	00	PERQ TSTS SEQL&I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 28.67
95012	00	NITRIC OXIDE EXP	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 32.33
95015	00	IQ TSTS SEQL&INC	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 21.95
95024	00	INTRACUTANEOUS T	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 11.60
95027	00	INTRACUTANEOUS T	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 7.92
95028	00	INTRAQ W/ALLERG	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 18.91
95044	00	PATCH/APPLICATIO	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 9.76
95052	00	PHOTO PATCH TEST	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 10.98
95056	00	PHOTO TESTS	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 60.38
95060	00	OPHTHALMIC MUCOU	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 41.47

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
95065	00	DIRECT NASAL MUC	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 36.59
95070	00	INHALA BRONCH CH	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 64.67
95071	00	INHALA BRONCHIAL	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 80.51
95075	00	INGESTION CHALLE	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 105.53
95115	00	PROF SRVC IMMUNO	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 16.48
95117	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 20.13
95120	00	PROFSRVC IMMUNOT	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 20.13
95125	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 24.40
95130	00	PROF SRVC IMMUNO	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 34.77
95131	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 43.31
95132	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 53.68
95133	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 64.05
95134	00	PROF SVCS ALLG I	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 76.86
95144	00	PREPJ& ANTIGEN P	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 19.52
95145	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 25.63
95146	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 42.09
95147	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 40.86
95148	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 57.95
95149	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 75.63
95165	00	PREPJ& ALLERGEN	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 19.52
95170	00	PREPJ& ANTIGEN A	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 15.25
95180	00	RAPID DESENSITIZ	MEDICINE - ALLERGY & CLINICAL IMMUNOLOGY	NonFacility	$ 234.23
95250	00	GLUC MNTR CONT R	MEDICINE - OTHER	NonFacility	$ 220.20
95251	00	GLUC MNTR CONT R	MEDICINE - OTHER	NonFacility	$ 69.55
95800	00	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 369.04
95800	26	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 104.30
95800	TC	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 264.74
95801	00	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 173.85
95801	26	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 92.11
95801	TC	SLP STDY UNATND	MEDICINE - OTHER	NonFacility	$ 81.74
95803	00	ACTIGRAPHY TESTI	MEDICINE - OTHER	NonFacility	$ 208.01
95803	26	ACTIGRAPHY TESTI	MEDICINE - OTHER	NonFacility	$ 85.41
95803	TC	ACTIGRAPHY TESTI	MEDICINE - OTHER	NonFacility	$ 122.60
95805	00	MX SLEEP LATENCY	MEDICINE - OTHER	NonFacility	$ 652.69
95805	26	MX SLEEP LATENCY	MEDICINE - OTHER	NonFacility	$ 153.11
95805	TC	MX SLEEP LATENCY	MEDICINE - OTHER	NonFacility	$ 499.58
95806	00	SLEEP STD AIRFLO	MEDICINE - OTHER	NonFacility	$ 336.72
95806	26	SLEEP STD AIRFLO	MEDICINE - OTHER	NonFacility	$ 136.04
95806	TC	SLEEP STD AIRFLO	MEDICINE - OTHER	NonFacility	$ 200.68
95807	00	SLEEP STDY RESP-	MEDICINE - OTHER	NonFacility	$ 790.54
95807	26	SLEEP STDY RESP-	MEDICINE - OTHER	NonFacility	$ 134.81
95807	TC	SLEEP STDY RESP-	MEDICINE - OTHER	NonFacility	$ 655.73
95808	00	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 1102.86
95808	26	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 216.55
95808	TC	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 886.31
95810	00	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 1267.56
95810	26	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 284.26
95810	TC	POLYSOMNOGRAPHY	MEDICINE - OTHER	NonFacility	$ 983.30
95811	00	POLYSOMNOG; W/4/	MEDICINE - OTHER	NonFacility	$ 1399.31
95811	26	POLYSOMNOG; W/4/	MEDICINE - OTHER	NonFacility	$ 306.83
95811	TC	POLYSOMNOG; W/4/	MEDICINE - OTHER	NonFacility	$ 1092.48
95812	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 441.02
95812	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 90.28

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
95812	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 350.74
95813	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 528.86
95813	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 144.57
95813	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 384.29
95816	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 405.04
95816	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 90.89
95816	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 314.15
95819	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 442.86
95819	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 90.28
95819	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 352.58
95822	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 426.99
95822	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 90.28
95822	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 336.71
95824	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 116.20
95824	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 63.44
95824	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 52.76
95827	00	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 753.95
95827	26	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 90.89
95827	TC	ELECTROENCEPHALO	MEDICINE - OTHER	NonFacility	$ 663.06
95829	00	ELECTROCORTICOGR	MEDICINE - OTHER	NonFacility	$ 2167.28
95829	26	ELECTROCORTICOGR	MEDICINE - OTHER	NonFacility	$ 517.27
95829	TC	ELECTROCORTICOGR	MEDICINE - OTHER	NonFacility	$ 1650.01
95830	00	INSERTION SPHENO	MEDICINE - OTHER	NonFacility	$ 308.05
95831	00	MUSC TEST MNL W/	MEDICINE - OTHER	NonFacility	$ 45.15
95832	00	MUSC TSTG MNL W/	MEDICINE - OTHER	NonFacility	$ 42.70
95833	00	MUSC TSTG MNL W/	MEDICINE - OTHER	NonFacility	$ 59.17
95834	00	MUSC TSTG MNL W/	MEDICINE - OTHER	NonFacility	$ 71.98
95851	00	ROM&RPT-SEP PROC	MEDICINE - OTHER	NonFacility	$ 28.06
95852	00	ROM MEAS&REPRT H	MEDICINE - OTHER	NonFacility	$ 22.56
95857	00	CHOLINESTERASE I	MEDICINE - OTHER	NonFacility	$ 73.20
95860	00	NDL EMG 1 XTR W/	MEDICINE - OTHER	NonFacility	$ 139.69
95860	26	NDL EMG 1 XTR W/	MEDICINE - OTHER	NonFacility	$ 82.35
95860	TC	NDL EMG 1 XTR W/	MEDICINE - OTHER	NonFacility	$ 57.34
95861	00	NDL EMG 2 XTR W/	MEDICINE - OTHER	NonFacility	$ 203.13
95861	26	NDL EMG 2 XTR W/	MEDICINE - OTHER	NonFacility	$ 132.38
95861	TC	NDL EMG 2 XTR W/	MEDICINE - OTHER	NonFacility	$ 70.75
95863	00	NDL EMG 3 XTR W/	MEDICINE - OTHER	NonFacility	$ 243.38
95863	26	NDL EMG 3 XTR W/	MEDICINE - OTHER	NonFacility	$ 158.60
95863	TC	NDL EMG 3 XTR W/	MEDICINE - OTHER	NonFacility	$ 84.78
95864	00	NDL EMG 4 XTR W/	MEDICINE - OTHER	NonFacility	$ 272.66
95864	26	NDL EMG 4 XTR W/	MEDICINE - OTHER	NonFacility	$ 169.58
95864	TC	NDL EMG 4 XTR W/	MEDICINE - OTHER	NonFacility	$ 103.08
95865	00	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 190.31
95865	26	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 136.03
95865	TC	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 54.28
95866	00	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 161.03
95866	26	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 107.98
95866	TC	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 53.05
95867	00	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 122.60
95867	26	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 67.71
95867	TC	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 54.89
95868	00	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 167.75
95868	26	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 100.65

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
95868	TC	NEEDLE ELECTROMY	MEDICINE - OTHER	NonFacility	$ 67.10
95869	00	NEEDLE EMG THRC	MEDICINE - OTHER	NonFacility	$ 84.17
95869	26	NEEDLE EMG THRC	MEDICINE - OTHER	NonFacility	$ 31.71
95869	TC	NEEDLE EMG THRC	MEDICINE - OTHER	NonFacility	$ 52.46
95870	00	NEEDLE EMG LMTD	MEDICINE - OTHER	NonFacility	$ 81.74
95870	26	NEEDLE EMG LMTD	MEDICINE - OTHER	NonFacility	$ 31.71
95870	TC	NEEDLE EMG LMTD	MEDICINE - OTHER	NonFacility	$ 50.03
95872	00	NEEDLE EMG W/1 F	MEDICINE - OTHER	NonFacility	$ 286.08
95872	26	NEEDLE EMG W/1 F	MEDICINE - OTHER	NonFacility	$ 237.89
95872	TC	NEEDLE EMG W/1 F	MEDICINE - OTHER	NonFacility	$ 48.19
95873	00	ELECTRICAL STIMU	MEDICINE - OTHER	NonFacility	$ 84.17
95873	26	ELECTRICAL STIMU	MEDICINE - OTHER	NonFacility	$ 33.55
95873	TC	ELECTRICAL STIMU	MEDICINE - OTHER	NonFacility	$ 50.62
95874	00	NEEDLE EMG GUID	MEDICINE - OTHER	NonFacility	$ 79.90
95874	26	NEEDLE EMG GUID	MEDICINE - OTHER	NonFacility	$ 32.33
95874	TC	NEEDLE EMG GUID	MEDICINE - OTHER	NonFacility	$ 47.57
95875	00	ISCHEMIC LIMB EX	MEDICINE - OTHER	NonFacility	$ 161.03
95875	26	ISCHEMIC LIMB EX	MEDICINE - OTHER	NonFacility	$ 93.34
95875	TC	ISCHEMIC LIMB EX	MEDICINE - OTHER	NonFacility	$ 67.69
95885	00	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 100.04
95885	26	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 31.72
95885	TC	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 68.32
95886	00	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 156.76
95886	26	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 84.78
95886	TC	NEEDLE EMG EA EX	MEDICINE - OTHER	NonFacility	$ 71.98
95887	00	NEEDLE EMG NONEX	MEDICINE - OTHER	NonFacility	$ 139.69
95887	26	NEEDLE EMG NONEX	MEDICINE - OTHER	NonFacility	$ 66.49
95887	TC	NEEDLE EMG NONEX	MEDICINE - OTHER	NonFacility	$ 73.20
95900	00	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 91.50
95900	26	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 36.00
95900	TC	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 55.50
95903	00	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 106.75
95903	26	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 50.64
95903	TC	NRV CNDJ AMPLT&L	MEDICINE - OTHER	NonFacility	$ 56.11
95904	00	NRV CNDJ AMPLITU	MEDICINE - OTHER	NonFacility	$ 80.51
95904	26	NRV CNDJ AMPLITU	MEDICINE - OTHER	NonFacility	$ 29.28
95904	TC	NRV CNDJ AMPLITU	MEDICINE - OTHER	NonFacility	$ 51.23
95905	00	MOTOR &/SENS NRV	MEDICINE - OTHER	NonFacility	$ 128.09
95905	26	MOTOR &/SENS NRV	MEDICINE - OTHER	NonFacility	$ 4.88
95905	TC	MOTOR &/SENS NRV	MEDICINE - OTHER	NonFacility	$ 123.21
95920	00	INTRAOP NEUROPHY	MEDICINE - OTHER	NonFacility	$ 251.93
95920	26	INTRAOP NEUROPHY	MEDICINE - OTHER	NonFacility	$ 178.12
95920	TC	INTRAOP NEUROPHY	MEDICINE - OTHER	NonFacility	$ 73.81
95921	00	AUTO NERV SYS FU	MEDICINE - OTHER	NonFacility	$ 125.05
95921	26	AUTO NERV SYS FU	MEDICINE - OTHER	NonFacility	$ 75.02
95921	TC	AUTO NERV SYS FU	MEDICINE - OTHER	NonFacility	$ 50.03
95922	00	TSTG ANS FUNCJ V	MEDICINE - OTHER	NonFacility	$ 151.88
95922	26	TSTG ANS FUNCJ V	MEDICINE - OTHER	NonFacility	$ 79.90
95922	TC	TSTG ANS FUNCJ V	MEDICINE - OTHER	NonFacility	$ 71.98
95923	00	TESTING AUTONOMI	MEDICINE - OTHER	NonFacility	$ 208.62
95923	26	TESTING AUTONOMI	MEDICINE - OTHER	NonFacility	$ 76.26
95923	TC	TESTING AUTONOMI	MEDICINE - OTHER	NonFacility	$ 132.36
95925	00	SOMATOSENS STUDY	MEDICINE - OTHER	NonFacility	$ 216.55

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
95925	26	SOMATOSENS STUDY	MEDICINE - OTHER	NonFacility	$ 45.15
95925	TC	SOMATOSENS STUDY	MEDICINE - OTHER	NonFacility	$ 171.40
95926	00	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 212.28
95926	26	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 45.76
95926	TC	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 166.52
95927	00	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 206.79
95927	26	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 45.76
95927	TC	SOMATOSEN STUDY	MEDICINE - OTHER	NonFacility	$ 161.03
95928	00	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 340.98
95928	26	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 126.27
95928	TC	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 214.71
95929	00	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 361.12
95929	26	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 126.89
95929	TC	CENTRAL MOTOR EV	MEDICINE - OTHER	NonFacility	$ 234.23
95930	00	VEP TESTING CNS-	MEDICINE - OTHER	NonFacility	$ 189.10
95930	26	VEP TESTING CNS-	MEDICINE - OTHER	NonFacility	$ 29.89
95930	TC	VEP TESTING CNS-	MEDICINE - OTHER	NonFacility	$ 159.21
95933	00	ORBICULARIS OCUL	MEDICINE - OTHER	NonFacility	$ 111.02
95933	26	ORBICULARIS OCUL	MEDICINE - OTHER	NonFacility	$ 50.03
95933	TC	ORBICULARIS OCUL	MEDICINE - OTHER	NonFacility	$ 60.99
95934	00	H-REFLEX AMP STU	MEDICINE - OTHER	NonFacility	$ 84.78
95934	26	H-REFLEX AMP STU	MEDICINE - OTHER	NonFacility	$ 43.31
95934	TC	H-REFLEX AMP STU	MEDICINE - OTHER	NonFacility	$ 41.47
95936	00	H-REFLEX STUDY;	MEDICINE - OTHER	NonFacility	$ 72.59
95936	26	H-REFLEX STUDY;	MEDICINE - OTHER	NonFacility	$ 46.35
95936	TC	H-REFLEX STUDY;	MEDICINE - OTHER	NonFacility	$ 26.24
95937	00	NEUROMUSC JUNC T	MEDICINE - OTHER	NonFacility	$ 97.60
95937	26	NEUROMUSC JUNC T	MEDICINE - OTHER	NonFacility	$ 55.51
95937	TC	NEUROMUSC JUNC T	MEDICINE - OTHER	NonFacility	$ 42.09
95938	00	SHORT-LATENCY SO	MEDICINE - OTHER	NonFacility	$ 530.09
95938	26	SHORT-LATENCY SO	MEDICINE - OTHER	NonFacility	$ 78.09
95938	TC	SHORT-LATENCY SO	MEDICINE - OTHER	NonFacility	$ 452.00
95939	00	CTR MOTR EP STD	MEDICINE - OTHER	NonFacility	$ 829.58
95939	26	CTR MOTR EP STD	MEDICINE - OTHER	NonFacility	$ 205.56
95939	TC	CTR MOTR EP STD	MEDICINE - OTHER	NonFacility	$ 624.02
95950	00	MONITOR ID& LATE	MEDICINE - OTHER	NonFacility	$ 413.58
95950	26	MONITOR ID& LATE	MEDICINE - OTHER	NonFacility	$ 126.89
95950	TC	MONITOR ID& LATE	MEDICINE - OTHER	NonFacility	$ 286.69
95951	00	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 2972.28
95951	26	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 514.22
95951	TC	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 2458.06
95953	00	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 701.49
95953	26	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 277.54
95953	TC	LOCALIZE CEREBRA	MEDICINE - OTHER	NonFacility	$ 423.95
95954	00	PHARM/PHYS ACTIV	MEDICINE - OTHER	NonFacility	$ 441.02
95954	26	PHARM/PHYS ACTIV	MEDICINE - OTHER	NonFacility	$ 190.31
95954	TC	PHARM/PHYS ACTIV	MEDICINE - OTHER	NonFacility	$ 250.71
95955	00	EEG NONINTRACRAN	MEDICINE - OTHER	NonFacility	$ 240.34
95955	26	EEG NONINTRACRAN	MEDICINE - OTHER	NonFacility	$ 83.58
95955	TC	EEG NONINTRACRAN	MEDICINE - OTHER	NonFacility	$ 156.76
95956	00	MNTR SEIZURE CMP	MEDICINE - OTHER	NonFacility	$ 1213.26
95956	26	MNTR SEIZURE CMP	MEDICINE - OTHER	NonFacility	$ 258.63
95956	TC	MNTR SEIZURE CMP	MEDICINE - OTHER	NonFacility	$ 954.63

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
95957	00	DIGITAL ANALYSIS	MEDICINE - OTHER	NonFacility	$ 478.23
95957	26	DIGITAL ANALYSIS	MEDICINE - OTHER	NonFacility	$ 167.14
95957	TC	DIGITAL ANALYSIS	MEDICINE - OTHER	NonFacility	$ 311.09
95958	00	WADA ACTIVATION	MEDICINE - OTHER	NonFacility	$ 679.52
95958	26	WADA ACTIVATION	MEDICINE - OTHER	NonFacility	$ 358.06
95958	TC	WADA ACTIVATION	MEDICINE - OTHER	NonFacility	$ 321.46
95961	00	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 386.73
95961	26	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 253.15
95961	TC	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 133.58
95962	00	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 356.24
95962	26	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 270.23
95962	TC	FUNCT CORTIC MAP	MEDICINE - OTHER	NonFacility	$ 86.01
95965	00	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 3596.86
95965	26	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 697.83
95965	TC	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 2899.03
95966	00	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 2827.61
95966	26	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 348.91
95966	TC	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 2478.70
95967	00	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 818.00
95967	26	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 300.72
95967	TC	MAGNETOENCEPHALO	MEDICINE - OTHER	NonFacility	$ 517.28
95970	00	ELEC ANALY IMPLN	MEDICINE - OTHER	NonFacility	$ 88.46
95971	00	ELEC ANALY NEURO	MEDICINE - OTHER	NonFacility	$ 94.54
95972	00	ELEC ANALY NEURO	MEDICINE - OTHER	NonFacility	$ 171.40
95973	00	ELEC ANALY NEURO	MEDICINE - OTHER	NonFacility	$ 95.77
95974	00	ELEC ANAL NROSTM	MEDICINE - OTHER	NonFacility	$ 296.45
95975	00	ELEC ANALY NROST	MEDICINE - OTHER	NonFacility	$ 161.03
95978	00	ELEC ANALY NEURO	MEDICINE - OTHER	NonFacility	$ 358.06
95979	00	ELEC ANALY NEURO	MEDICINE - OTHER	NonFacility	$ 157.99
95980	00	ELEC ALYS NSTIM	MEDICINE - OTHER	NonFacility	$ 73.20
95981	00	ELEC ALYS NSTIM	MEDICINE - OTHER	NonFacility	$ 47.58
95982	00	ELEC ALYS NSTIM	MEDICINE - OTHER	NonFacility	$ 75.63
95990	00	REFILL&MAINTENAN	MEDICINE - OTHER	NonFacility	$ 106.14
95991	00	REFIL&MNT IMPL P	MEDICINE - OTHER	NonFacility	$ 156.15
95992	00	CANALITH REPOSIT	MEDICINE - OTHER	NonFacility	$ 70.75
96000	00	COMPRE CPTR MTN	MEDICINE - OTHER	NonFacility	$ 148.23
96001	00	COMPRE CPTR MTN	MEDICINE - OTHER	NonFacility	$ 175.07
96002	00	DYN SURF EMG WLK	MEDICINE - OTHER	NonFacility	$ 34.77
96003	00	DYN FINE WIRE EM	MEDICINE - OTHER	NonFacility	$ 30.51
96004	00	PHYS REV COMP CM	MEDICINE - OTHER	NonFacility	$ 186.65
96020	00	TEST SELECTION &	MEDICINE - OTHER	NonFacility	$ 602.02
96020	26	TEST SELECTION &	MEDICINE - OTHER	NonFacility	$ 300.72
96020	TC	TEST SELECTION &	MEDICINE - OTHER	NonFacility	$ 301.30
96040	00	MEDICAL GENETICS	MEDICINE - OTHER	NonFacility	$ 68.32
96101	00	PSYCHOLOGICAL TE	MEDICINE - OTHER	NonFacility	$ 140.30
96102	00	PSYCHOLOGICAL TE	MEDICINE - OTHER	NonFacility	$ 89.05
96103	00	PSYCHOLOGICAL TE	MEDICINE - OTHER	NonFacility	$ 84.17
96105	00	ASSESSMENT PHASI	MEDICINE - OTHER	NonFacility	$ 126.27
96110	00	DEVELOPMENTAL SC	MEDICINE - OTHER	NonFacility	$ 12.19
96111	00	DEVELOPMENTAL TE	MEDICINE - OTHER	NonFacility	$ 220.20
96116	00	NUBHVL STATUS XM	MEDICINE - OTHER	NonFacility	$ 154.94
96118	00	NUROPSYC TESTING	MEDICINE - OTHER	NonFacility	$ 170.19
96119	00	NUROPSYC TSTG WP	MEDICINE - OTHER	NonFacility	$ 114.06

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
96120	00	NEUROPSYCHOLOG T	MEDICINE - OTHER	NonFacility	$ 123.21
96125	00	STANDARDIZED COG	MEDICINE - OTHER	NonFacility	$ 158.60
96150	00	HLTH&BEHAVIOR AS	MEDICINE - OTHER	NonFacility	$ 37.82
96151	00	HLTH&BEHAVIOR AS	MEDICINE - OTHER	NonFacility	$ 36.59
96152	00	HLTH&BEHAVIOR IV	MEDICINE - OTHER	NonFacility	$ 34.77
96153	00	HLTH&BEHAVIOR IV	MEDICINE - OTHER	NonFacility	$ 8.54
96154	00	HLTH&BEHAVIOR IV	MEDICINE - OTHER	NonFacility	$ 34.16
96155	00	HLTH&BEHAVIOR IV	MEDICINE - OTHER	NonFacility	$ 37.82
96360	00	IV INFUSION HYDR	MEDICINE - OTHER	NonFacility	$ 90.89
96361	00	IV INFUSION HYDR	MEDICINE - OTHER	NonFacility	$ 25.63
96365	00	IV INFUSION THER	MEDICINE - OTHER	NonFacility	$ 111.63
96366	00	IV INFUSION THER	MEDICINE - OTHER	NonFacility	$ 34.77
96367	00	IV INFUSION THER	MEDICINE - OTHER	NonFacility	$ 54.29
96368	00	IV NFS THERAPY P	MEDICINE - OTHER	NonFacility	$ 32.33
96369	00	SUBCUTANEOUS INF	MEDICINE - OTHER	NonFacility	$ 245.83
96370	00	SUBCUTANEOUS INF	MEDICINE - OTHER	NonFacility	$ 25.01
96371	00	SUBQ INFUSION AD	MEDICINE - OTHER	NonFacility	$ 126.88
96372	00	THERAPEUTIC PROP	MEDICINE - OTHER	NonFacility	$ 36.00
96373	00	THERAPEUTIC PROP	MEDICINE - OTHER	NonFacility	$ 30.51
96374	00	THER PROPH/DX NJ	MEDICINE - OTHER	NonFacility	$ 89.05
96375	00	THERAPEUTIC INJE	MEDICINE - OTHER	NonFacility	$ 37.21
96376	00	THER PROPH/DX NJ	MEDICINE - OTHER	NonFacility	$ 21.95
96401	00	CHEMOTX ADMN SUB	MEDICINE - CHEMO ADMIN	NonFacility	$ 114.06
96402	00	CHEMOTX ADMN SUB	MEDICINE - CHEMO ADMIN	NonFacility	$ 59.17
96405	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 138.46
96406	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 192.76
96409	00	CHEMOTX ADMN IV	MEDICINE - CHEMO ADMIN	NonFacility	$ 181.16
96411	00	CHEMOTX ADMN IV	MEDICINE - CHEMO ADMIN	NonFacility	$ 101.87
96413	00	CHEMOTX ADMN IV	MEDICINE - CHEMO ADMIN	NonFacility	$ 236.68
96415	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 51.23
96416	00	CHEMOTX ADMN TQ	MEDICINE - CHEMO ADMIN	NonFacility	$ 259.25
96417	00	CHEMOTX ADMN IV	MEDICINE - CHEMO ADMIN	NonFacility	$ 117.12
96420	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 175.07
96422	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 281.20
96423	00	CHEMOTHERAPY ADM	MEDICINE - CHEMO ADMIN	NonFacility	$ 127.48
96425	00	CHEMOTX INTRA-AR	MEDICINE - CHEMO ADMIN	NonFacility	$ 282.42
96440	00	CHEMOTX-PLEURAL	MEDICINE - CHEMO ADMIN	NonFacility	$ 1102.86
96446	00	CHEMOTX ADMN PRT	MEDICINE - CHEMO ADMIN	NonFacility	$ 317.81
96450	00	CHEMOTX ADMN CNS	MEDICINE - CHEMO ADMIN	NonFacility	$ 334.88
96521	00	REFILLING & MAIN	MEDICINE - CHEMO ADMIN	NonFacility	$ 208.62
96522	00	REFILL&MAINTENAN	MEDICINE - CHEMO ADMIN	NonFacility	$ 176.89
96523	00	IRRIGAJ IMPLNTD	MEDICINE - CHEMO ADMIN	NonFacility	$ 40.86
96542	00	CHEMOTX NJX SUBA	MEDICINE - CHEMO ADMIN	NonFacility	$ 212.89
96567	00	PHOTODYN TX EXT	MEDICINE - OTHER	NonFacility	$ 198.25
96570	00	PDT NDSC ABL ABN	MEDICINE - OTHER	NonFacility	$ 99.42
96571	00	PDT NDSC ABL ABN	MEDICINE - OTHER	NonFacility	$ 46.35
96900	00	ACTINOTHERAPY UL	MEDICINE - OTHER	NonFacility	$ 32.33
96902	00	MICRO EXAM HAIRS	MEDICINE - OTHER	NonFacility	$ 36.00
96904	00	WHOLE BODY INTEG	MEDICINE - OTHER	NonFacility	$ 106.14
96910	00	PHOTOCHEMOTX; TA	MEDICINE - OTHER	NonFacility	$ 104.92
96912	00	PHOTOCHEMOTHAPY;	MEDICINE - OTHER	NonFacility	$ 134.81
96913	00	PHOTOCHEMOTHERAP	MEDICINE - OTHER	NonFacility	$ 186.04
96920	00	LASER SKIN DISEA	MEDICINE - OTHER	NonFacility	$ 272.66

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
96921	00	LASER SKIN DISEA	MEDICINE - OTHER	NonFacility	$ 270.23
96922	00	LASER SKIN DISEA	MEDICINE - OTHER	NonFacility	$ 396.49
97001	00	PHYSICAL THERAPY	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 72.27
97002	00	PHYSICAL THERAPY	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 39.09
97003	00	OCCUPATIONAL THE	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 77.43
97004	00	OCCUPATIONAL THE	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 45.72
97005	00	ATHLETIC TRAININ	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 58.63
97006	00	ATHLETIC TRAININ	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 29.13
97010	00	APPLICATION MODA	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 5.16
97012	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 15.12
97014	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 14.01
97016	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 16.22
97018	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 8.48
97022	00	APPLICATION MODA	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 18.81
97024	00	APPLICATION MODA	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 5.90
97026	00	APPLICATION MODA	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 5.16
97028	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 6.64
97032	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 16.96
97033	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 26.18
97034	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 15.86
97035	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 12.17
97036	00	APPL MODALITY 1/	MEDICINE - PHYSICAL MED AND REHAB - MODALITIE	NonFacility	$ 27.29
97110	00	THERAPEUTIC PX 1	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 29.13
97112	00	THER PX 1/> AREA	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 30.24
97113	00	THER PX 1/> AREA	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 36.50
97116	00	THER PX 1/> AREA	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 25.81
97124	00	THER PX 1/> AREA	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 23.60
97140	00	MANUAL THERAPY T	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 27.29
97150	00	THERAPEUTIC PROC	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 18.81
97530	00	THER ACTV DIR PT	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 31.34
97532	00	DEVELOPMENT OF C	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 25.07
97533	00	SENSORY INTEGRAT	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 27.29
97535	00	SELF-CARE/HOME M	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 31.34
97537	00	COMMUNITY/WORK R	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 28.02
97542	00	WHEELCHAIR MGMT	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 28.39
97545	00	WORK HARDENING/C	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 123.16
97546	00	WORK HARDENING/C	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 49.04
97597	00	DEBRIDEMENT OPEN	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 63.05
97598	00	DEBRIDEMENT OPEN	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 77.80
97602	00	REMV DEVITL TISS	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 36.50
97605	00	NEGATIVE PRESSUR	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 37.98
97606	00	NEGATIVE PRESSUR	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 40.56
97750	00	PHYSICAL PERFORM	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 30.24
97755	00	ASSTV TECHNOL AS	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 34.29
97760	00	ORTHOTIC MGMT&TR	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 33.55
97761	00	PROSTHETIC TRAIN	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 29.87
97762	00	CHECKOUT ORTHOTI	MEDICINE - PHYSICAL MED AND REHAB -THERAPIES&	NonFacility	$ 36.14
97802	00	MEDICAL NUTRITIO	MEDICINE - OTHER	NonFacility	$ 49.41
97803	00	MEDICAL NUTRITIO	MEDICINE - OTHER	NonFacility	$ 43.31
97804	00	MEDICAL NUTRITIO	MEDICINE - OTHER	NonFacility	$ 21.95
97810	00	ACUPUNCTURE 1/>	MEDICINE - OTHER	NonFacility	$ 59.79
97811	00	ACUPUNCTURE 1/>	MEDICINE - OTHER	NonFacility	$ 45.15
97813	00	ACUPUNCTURE 1/>	MEDICINE - OTHER	NonFacility	$ 64.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
97814	00	ACUP 1/> NDLS W/	MEDICINE - OTHER	NonFacility	$ 51.85
98925	00	OSTEOPATHIC MANI	MEDICINE - OTHER	NonFacility	$ 48.19
98926	00	OSTEOPATHIC MANI	MEDICINE - OTHER	NonFacility	$ 65.87
98927	00	OSTEOPATHIC MANI	MEDICINE - OTHER	NonFacility	$ 86.01
98928	00	OSTEOPATHIC MANI	MEDICINE - OTHER	NonFacility	$ 100.65
98929	00	OSTEOPATHIC MANI	MEDICINE - OTHER	NonFacility	$ 115.90
98940	00	CHIROPRACTIC MAN	MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMEN	NonFacility	$ 41.24
98941	00	CHIROPRACTIC MAN	MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMEN	NonFacility	$ 57.39
98942	00	CHIROPRACTIC MAN	MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMEN	NonFacility	$ 74.72
98943	00	CHIROPRACTIC MAN	MEDICINE - CHIROPRACTIC MANIPULATIVE TREATMEN	NonFacility	$ 39.65
98960	00	EDUCATION&TRAINI	MEDICINE - OTHER	NonFacility	$ 40.27
98961	00	EDUCATION&TRAINI	MEDICINE - OTHER	NonFacility	$ 19.52
98962	00	EDUCATION&TRAINI	MEDICINE - OTHER	NonFacility	$ 14.64
98966	00	NONPHYSICIAN TEL	MEDICINE - OTHER	NonFacility	$ 23.18
98967	00	NONPHYSICIAN TEL	MEDICINE - OTHER	NonFacility	$ 44.53
98968	00	NONPHYSICIAN TEL	MEDICINE - OTHER	NonFacility	$ 65.87
98969	00	NONPHYSICIAN ONL	MEDICINE - OTHER	NonFacility	$ 35.39
99000	00	HANDL/CONVEY SPE	CLINICAL LABORATORY	NonFacility	$ 2.48
99001	00	HANDL/CONVEY SPE	CLINICAL LABORATORY	NonFacility	$ 3.10
99002	00	HANDL/CONVEY/OTH	MEDICINE - OTHER	NonFacility	$ 14.03
99050	00	SERVICES PROVIDE	MEDICINE - OTHER	NonFacility	$ 34.77
99056	00	SVC TYPICAL PRV	MEDICINE - OTHER	NonFacility	$ 32.94
99058	00	SVC PRV EMER BAS	MEDICINE - OTHER	NonFacility	$ 41.47
99060	00	SVC PRV EMER OUT	MEDICINE - OTHER	NonFacility	$ 46.35
99082	00	UNUSUAL TRAVEL	MEDICINE - OTHER	NonFacility	$ 2.08
99091	00	CLCT&INTEPR PHYS	MEDICINE - OTHER	NonFacility	$ 93.34
99143	00	MODERATE SEDATIO	MEDICINE - OTHER	NonFacility	$ 56.91
99144	00	MODERATE SEDATIO	MEDICINE - OTHER	NonFacility	$ 55.87
99145	00	MODERAT SEDATION	MEDICINE - OTHER	NonFacility	$ 20.25
99148	00	MOD SEDATJ PHYS	MEDICINE - OTHER	NonFacility	$ 100.37
99149	00	MOD SEDATJ PHYS	MEDICINE - OTHER	NonFacility	$ 91.00
99150	00	MOD SEDATJ PHY O	MEDICINE - OTHER	NonFacility	$ 30.60
99170	00	ANOGENITAL XM W/	MEDICINE - OTHER	NonFacility	$ 237.89
99172	00	VISUAL FUNCT SCR	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 32.94
99173	00	SCREENING TEST V	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 4.27
99174	00	OCULAR PHOTOSCRE	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 42.70
99175	00	IPECAC ADMIN FOR	MEDICINE - OTHER	NonFacility	$ 37.82
99183	00	PHYS ATD&SUPERVI	MEDICINE - OTHER	NonFacility	$ 329.39
99190	00	ASSEMBLY&OPERJ P	MEDICINE - OTHER	NonFacility	$ 829.58
99191	00	ASSEMBLY&OPERJ P	MEDICINE - OTHER	NonFacility	$ 580.71
99192	00	ASSEMBLY&OPERJ P	MEDICINE - OTHER	NonFacility	$ 414.80
99195	00	PHLEBOTOMY THERA	MEDICINE - OTHER	NonFacility	$ 123.82
99201	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 65.87
99202	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 113.45
99203	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 165.31
99204	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 256.80
99205	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 322.08
99211	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 32.33
99212	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 65.87
99213	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 110.41
99214	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 165.31
99215	00	OFFICE OUTPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 223.25
99217	00	OBSERVATION CARE	EVALUATION & MANAGEMENT	NonFacility	$ 114.68

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
99218	00	INITIAL OBSERVAT	EVALUATION & MANAGEMENT	NonFacility	$ 107.36
99219	00	INITIAL OBSERVAT	EVALUATION & MANAGEMENT	NonFacility	$ 178.73
99220	00	INITIAL OBSERVAT	EVALUATION & MANAGEMENT	NonFacility	$ 250.71
99221	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 161.03
99222	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 218.37
99223	00	INITIAL HOSPITAL	EVALUATION & MANAGEMENT	NonFacility	$ 321.46
99224	00	SBSQ OBSERVATION	EVALUATION & MANAGEMENT	NonFacility	$ 50.03
99225	00	SBSQ OBSERVATION	EVALUATION & MANAGEMENT	NonFacility	$ 88.46
99226	00	SBSQ OBSERVATION	EVALUATION & MANAGEMENT	NonFacility	$ 132.36
99231	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 64.05
99232	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 115.90
99233	00	SBSQ HOSPITAL CA	EVALUATION & MANAGEMENT	NonFacility	$ 166.52
99234	00	OBSERVATION/INPA	EVALUATION & MANAGEMENT	NonFacility	$ 219.59
99235	00	OBSERVATION/INPA	EVALUATION & MANAGEMENT	NonFacility	$ 287.30
99236	00	OBSERVATION/INPA	EVALUATION & MANAGEMENT	NonFacility	$ 356.85
99238	00	HOSPITAL DISCHAR	EVALUATION & MANAGEMENT	NonFacility	$ 114.06
99239	00	HOSPITAL DISCHAR	EVALUATION & MANAGEMENT	NonFacility	$ 167.13
99241	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 82.35
99242	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 154.94
99243	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 211.67
99244	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 313.54
99245	00	OFFICE CONSULTAT	EVALUATION & MANAGEMENT	NonFacility	$ 383.07
99251	00	INITL INPATIENT	EVALUATION & MANAGEMENT	NonFacility	$ 83.58
99252	00	INITL INPATIENT	EVALUATION & MANAGEMENT	NonFacility	$ 128.70
99253	00	INITL INPATIENT	EVALUATION & MANAGEMENT	NonFacility	$ 196.42
99254	00	INITL INPATIENT	EVALUATION & MANAGEMENT	NonFacility	$ 283.65
99255	00	INITIAL INPATIEN	EVALUATION & MANAGEMENT	NonFacility	$ 342.82
99281	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 34.77
99282	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 68.32
99283	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 103.69
99284	00	EMERGENCY DEPART	EVALUATION & MANAGEMENT	NonFacility	$ 196.42
99285	00	EMERGENCY DEPT V	EVALUATION & MANAGEMENT	NonFacility	$ 289.14
99291	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 436.75
99292	00	CRITICAL CARE IL	EVALUATION & MANAGEMENT	NonFacility	$ 197.64
99304	00	INITIAL NURSING	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 143.96
99305	00	INITIAL NURSING	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 202.52
99306	00	INITIAL NURSING	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 258.63
99307	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 68.93
99308	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 106.14
99309	00	SBSQ NURSING FAC	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 139.69
99310	00	SBSQ NURS FACIL	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 207.40
99315	00	NURSING FACILITY	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 100.65
99316	00	NURSING FACILITY	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 131.15
99318	00	E/M ANNUAL NURSI	EVALUATION & MANAGEMENT - NURSING FACILITY SV	NonFacility	$ 147.00
99324	00	DOMICIL/REST HOM	EVALUATION & MANAGEMENT	NonFacility	$ 92.11
99325	00	DOMICIL/REST HOM	EVALUATION & MANAGEMENT	NonFacility	$ 133.58
99326	00	DOMICIL/REST HOM	EVALUATION & MANAGEMENT	NonFacility	$ 225.08
99327	00	DOMICIL/REST HOM	EVALUATION & MANAGEMENT	NonFacility	$ 294.02
99328	00	DOM/R-HOME E/M N	EVALUATION & MANAGEMENT	NonFacility	$ 344.03
99334	00	DOM/R-HOME E/M E	EVALUATION & MANAGEMENT	NonFacility	$ 96.38
99335	00	DOM/R-HOME E/M E	EVALUATION & MANAGEMENT	NonFacility	$ 149.45
99336	00	DOM/R-HOME E/M E	EVALUATION & MANAGEMENT	NonFacility	$ 210.44
99337	00	DOM/R-HOME E/M E	EVALUATION & MANAGEMENT	NonFacility	$ 303.78

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
99339	00	INDIV PHYS SUPVJ	EVALUATION & MANAGEMENT	NonFacility	$ 126.27
99340	00	INDIV PHYS SUPVJ	EVALUATION & MANAGEMENT	NonFacility	$ 176.89
99341	00	HOME VISIT NEW P	EVALUATION & MANAGEMENT	NonFacility	$ 91.50
99342	00	HOME VISIT NEW P	EVALUATION & MANAGEMENT	NonFacility	$ 133.58
99343	00	HOME VST NEW PAT	EVALUATION & MANAGEMENT	NonFacility	$ 217.77
99344	00	HOME VISIT NEW P	EVALUATION & MANAGEMENT	NonFacility	$ 288.53
99345	00	HOME VISIT NEW P	EVALUATION & MANAGEMENT	NonFacility	$ 346.48
99347	00	HOME VISIT EST P	EVALUATION & MANAGEMENT	NonFacility	$ 90.89
99348	00	HOME VISIT EST P	EVALUATION & MANAGEMENT	NonFacility	$ 136.65
99349	00	HOME VISIT EST P	EVALUATION & MANAGEMENT	NonFacility	$ 200.68
99350	00	HOME VISIT E&M E	EVALUATION & MANAGEMENT	NonFacility	$ 280.60
99354	00	PROLNG SVC OFFIC	EVALUATION & MANAGEMENT	NonFacility	$ 157.99
99355	00	PROLNG SVC OFFIC	EVALUATION & MANAGEMENT	NonFacility	$ 156.76
99356	00	PROLONGED SERVIC	EVALUATION & MANAGEMENT	NonFacility	$ 145.18
99357	00	PROLONGED SVC I/	EVALUATION & MANAGEMENT	NonFacility	$ 145.18
99358	00	PROLNG E/M SVC B	EVALUATION & MANAGEMENT	NonFacility	$ 181.16
99359	00	PROLNG E/M BEFOR	EVALUATION & MANAGEMENT	NonFacility	$ 87.23
99360	00	PHYS STANDBY W/P	EVALUATION & MANAGEMENT	NonFacility	$ 102.48
99363	00	ANTICOAGULANT MG	EVALUATION & MANAGEMENT	NonFacility	$ 202.52
99364	00	ANTICOAGULANT MG	EVALUATION & MANAGEMENT	NonFacility	$ 69.55
99366	00	TEAM CONFERENCE	EVALUATION & MANAGEMENT	NonFacility	$ 70.75
99367	00	TEAM CONFERENCE	EVALUATION & MANAGEMENT	NonFacility	$ 93.34
99368	00	TEAM CONFERENCE	EVALUATION & MANAGEMENT	NonFacility	$ 60.99
99374	00	PHYS SUPERVS PT-	EVALUATION & MANAGEMENT	NonFacility	$ 113.45
99375	00	PHYS SUPERVS PT-	EVALUATION & MANAGEMENT	NonFacility	$ 177.51
99377	00	PHYS SUPERVS HOS	EVALUATION & MANAGEMENT	NonFacility	$ 113.45
99378	00	PHYS SUPERVS HOS	EVALUATION & MANAGEMENT	NonFacility	$ 182.39
99379	00	PHYS SUPERVS NRS	EVALUATION & MANAGEMENT	NonFacility	$ 113.45
99380	00	PHYS SUPERVS NRS	EVALUATION & MANAGEMENT	NonFacility	$ 170.79
99381	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 153.72
99382	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 167.13
99383	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 166.52
99384	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 181.16
99385	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 181.16
99386	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 212.28
99387	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 233.01
99391	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 129.32
99392	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 143.96
99393	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 143.35
99394	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 157.37
99395	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 157.99
99396	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 172.63
99397	00	PERIODIC PREVENT	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 193.98
99401	00	PREVENT MED COUN	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 59.79
99402	00	PREVENT MED COUN	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 103.69
99403	00	PREVENT MED COUN	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 145.18
99404	00	PREVENT MED COUN	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 187.27
99406	00	TOBACCO USE CESS	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 22.56
99407	00	TOBACCO USE CESS	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 43.31
99408	00	ALCOHOL/SUBSTANC	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 57.95
99409	00	ALCOHOL/SUBSTANC	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 113.45
99411	00	PREV MED COUNSEL	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 25.01
99412	00	PREV MED COUNSEL	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 33.55

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
99420	00	ADMN&INTERPJ HEA	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 15.86
99441	00	PHYSICIAN TELEPH	EVALUATION & MANAGEMENT	NonFacility	$ 23.18
99442	00	PHYSICIAN TELEPH	EVALUATION & MANAGEMENT	NonFacility	$ 44.53
99443	00	PHYSICIAN TELEPH	EVALUATION & MANAGEMENT	NonFacility	$ 65.87
99444	00	PHYSICIAN ONLINE	EVALUATION & MANAGEMENT	NonFacility	$ 50.62
99460	00	1ST HOSP/BIRTHIN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 96.38
99461	00	1ST CARE PR DAY	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 146.39
99462	00	SUBQ HOSPITAL CA	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 51.85
99463	00	1ST HOSP/BIRTHIN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 130.54
99464	00	ATTN AT DELIVERY	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 120.78
99465	00	DELIVERY/BIRTHIN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 250.10
99466	00	CRITICAL CARE IN	EVALUATION & MANAGEMENT	NonFacility	$ 430.65
99467	00	CRITICAL CARE IN	EVALUATION & MANAGEMENT	NonFacility	$ 199.46
99468	00	1ST INPATIENT CR	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 1512.77
99469	00	SUBQ I/P CRITICA	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 650.26
99471	00	INITIAL PED CRIT	EVALUATION & MANAGEMENT	NonFacility	$ 1303.54
99472	00	SUBSQ PED CRITIC	EVALUATION & MANAGEMENT	NonFacility	$ 653.91
99475	00	INITIAL PED CRIT	EVALUATION & MANAGEMENT	NonFacility	$ 909.48
99476	00	SUBSEQUENT PED C	EVALUATION & MANAGEMENT	NonFacility	$ 545.94
99477	00	INITIAL HOSP NEO	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 575.22
99478	00	SUBSEQUENT INTEN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 234.84
99479	00	SUBSEQUENT INTEN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 208.01
99480	00	SUBSEQUENT INTEN	EVALUATION & MANAGEMENT - NEONATAL	NonFacility	$ 200.07
A0021	00	AMB SRVC OTSD ST	AMBULANCE	NonFacility	$ 10.98
A0160	00	NONEMERG TRNSPRT	AMBULANCE	NonFacility	$ 0.61
A0225	00	AMB SRVC NEONAT	AMBULANCE	NonFacility	$ 603.89
A0380	00	BLS MILEAGE	AMBULANCE	NonFacility	$ 9.15
A0382	00	BLS ROUTINE DISP	AMBULANCE	NonFacility	$ 10.98
A0384	00	BLS SPCLIZED SRV	AMBULANCE	NonFacility	$ 56.11
A0390	00	ALS MILEAGE	AMBULANCE	NonFacility	$ 9.15
A0392	00	ALS SPCLIZED SRV	AMBULANCE	NonFacility	$ 56.11
A0394	00	ALS SPCLIZED SRV	AMBULANCE	NonFacility	$ 26.83
A0396	00	ALS SPCLIZD SRVC	AMBULANCE	NonFacility	$ 44.53
A0398	00	ALS ROUTINE DISP	AMBULANCE	NonFacility	$ 10.98
A0422	00	AMB OXYGEN&O2 SP	AMBULANCE	NonFacility	$ 41.47
A0425	00	GROUND MILEAGE P	AMBULANCE	NonFacility	$ 11.37
A0426	00	AMB SRVC ALS NON	AMBULANCE	NonFacility	$ 424.51
A0427	00	AMB SRVC ALS EME	AMBULANCE	NonFacility	$ 672.14
A0428	00	AMB SERVICE BLS	AMBULANCE	NonFacility	$ 353.76
A0429	00	AMB SERVICE BLS	AMBULANCE	NonFacility	$ 566.02
A0430	00	FIXED WING AIR T	AMBULANCE	NonFacility	$ 4706.72
A0431	00	ROTARY WING AIR	AMBULANCE	NonFacility	$ 5472.24
A0432	00	PI VOLUNTEER AMB	AMBULANCE	NonFacility	$ 619.09
A0433	00	ALS 2	AMBULANCE	NonFacility	$ 972.84
A0434	00	SPECIALTY CARE T	AMBULANCE	NonFacility	$ 1149.72
A0435	00	FIXED WING AIR M	AMBULANCE	NonFacility	$ 13.35
A0436	00	ROTARY WING AIR	AMBULANCE	NonFacility	$ 35.62
A4206	00	SYRINGE WITH NEE	DME & SUPPLIES	NonFacility	$ 0.22
A4208	00	SYRINGE W/NEEDLE	DME & SUPPLIES	NonFacility	$ 0.22
A4209	00	SYRINGE W/NEEDLE	DME & SUPPLIES	NonFacility	$ 0.22
A4210	00	NEEDLE-FREE INJE	DME & SUPPLIES	NonFacility	$ 340.48
A4212	00	NON CORING NDLE/	DME & SUPPLIES	NonFacility	$ 3.32
A4213	00	SYRINGE STERILE	DME & SUPPLIES	NonFacility	$ 0.44

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A4216	00	STERIL WATER SAL	DME & SUPPLIES	NonFacility	$ 0.24
A4217	00	STERILE WATER/SA	DME & SUPPLIES	NonFacility	$ 1.68
A4221	00	SPL MAINT DRUG I	DME & SUPPLIES	NonFacility	$ 12.12
A4222	00	INFUS SPL EXT RX	DME & SUPPLIES	NonFacility	$ 25.03
A4232	00	SYRINGE W/NDLE E	DME & SUPPLIES	NonFacility	$ 1.57
A4233	00	REPL BATT ALKALI	DME & SUPPLIES	NonFacility	$ 0.43
A4233	NU	REPL BATT ALKALI	DME & SUPPLIES	NonFacility	$ 0.43
A4234	00	REPL BATT ALKALI	DME & SUPPLIES	NonFacility	$ 1.94
A4234	NU	REPL BATT ALKALI	DME & SUPPLIES	NonFacility	$ 1.94
A4235	00	REPL BATT LITHIU	DME & SUPPLIES	NonFacility	$ 1.25
A4235	NU	REPL BATT LITHIU	DME & SUPPLIES	NonFacility	$ 1.25
A4236	00	REPL BATT SILVER	DME & SUPPLIES	NonFacility	$ 0.90
A4236	NU	REPL BATT SILVER	DME & SUPPLIES	NonFacility	$ 0.90
A4244	00	ALCOHOL OR PEROX	DME & SUPPLIES	NonFacility	$ 0.44
A4245	00	ALCOHOL WIPES PE	DME & SUPPLIES	NonFacility	$ 1.10
A4246	00	BETADINE/PHISOHE	DME & SUPPLIES	NonFacility	$ 1.33
A4247	00	BETADINE/IODINE	DME & SUPPLIES	NonFacility	$ 1.77
A4248	00	CHLORHEXIDINE CO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.02
A4250	00	URINE TEST/REAGE	DME & SUPPLIES	NonFacility	$ 6.86
A4253	00	BLD GLU TST/REAG	DME & SUPPLIES	NonFacility	$ 20.63
A4253	NU	BLD GLU TST/REAG	DME & SUPPLIES	NonFacility	$ 20.63
A4255	00	PLATFORMS HOM BL	DME & SUPPLIES	NonFacility	$ 2.20
A4256	00	NORMAL LOW&HI CA	DME & SUPPLIES	NonFacility	$ 6.13
A4257	00	REPL LENS SHIELD	DME & SUPPLIES	NonFacility	$ 6.83
A4258	00	SPRING-POWERED D	DME & SUPPLIES	NonFacility	$ 9.67
A4259	00	LANCETS PER BOX	DME & SUPPLIES	NonFacility	$ 6.82
A4262	00	TEMP ABSORB LAC	DME & SUPPLIES	NonFacility	$ 0.22
A4263	00	PERM NONDISSOLV	DME & SUPPLIES	NonFacility	$ 15.71
A4265	00	PARAFFIN PER POU	DME & SUPPLIES	NonFacility	$ 1.82
A4267	00	CONTRACEPTIVE SU	DME & SUPPLIES	NonFacility	$ 0.22
A4269	00	CONTRACEPTIVE SU	DME & SUPPLIES	NonFacility	$ 0.44
A4280	00	ADHES SKN SUPP A	DME & SUPPLIES	NonFacility	$ 3.01
A4284	00	BREAST SHIELD&SP	DME & SUPPLIES	NonFacility	$ 7.08
A4290	00	SACRAL NERVE STI	DME & SUPPLIES	NonFacility	$ 62.92
A4300	00	IMPL ACSS CATHET	DME & SUPPLIES	NonFacility	$ 5.63
A4305	00	DISPBL RX DEL SY	DME & SUPPLIES	NonFacility	$ 5.09
A4306	00	DISPOSABL DRUG D	DME & SUPPLIES	NonFacility	$ 7.08
A4310	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 4.13
A4311	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 7.94
A4312	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 9.66
A4313	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 9.92
A4314	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 13.54
A4315	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 14.13
A4316	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 15.21
A4320	00	IRRIG TRAY W/BUL	DME & SUPPLIES	NonFacility	$ 2.86
A4322	00	IRRIGATION SYRIN	DME & SUPPLIES	NonFacility	$ 1.63
A4326	00	MALE EXT CATH W/	DME & SUPPLIES	NonFacility	$ 5.78
A4327	00	FE EXT URIN CLCT	DME & SUPPLIES	NonFacility	$ 23.89
A4328	00	FE EXT URIN CLCT	DME & SUPPLIES	NonFacility	$ 5.59
A4330	00	PERIAN FECAL CLC	DME & SUPPLIES	NonFacility	$ 3.83
A4331	00	EXT DRN TUBING W	DME & SUPPLIES	NonFacility	$ 1.70
A4332	00	LUBRICANT INDIVI	DME & SUPPLIES	NonFacility	$ 0.07
A4333	00	URIN CATH ANCHR	DME & SUPPLIES	NonFacility	$ 1.18

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A4334	00	URIN CATH ANCHR	DME & SUPPLIES	NonFacility	$ 2.64
A4336	00	INCONTINENCE SUP	DME & SUPPLIES	NonFacility	$ 0.77
A4338	00	INDWLL CATH; 2-W	DME & SUPPLIES	NonFacility	$ 6.56
A4340	00	INDWELL CATHETER	DME & SUPPLIES	NonFacility	$ 17.00
A4344	00	INDWLL CATH FOLE	DME & SUPPLIES	NonFacility	$ 8.58
A4346	00	INDWLL CATH; FOL	DME & SUPPLIES	NonFacility	$ 10.49
A4349	00	MALE EXTERNAL CA	DME & SUPPLIES	NonFacility	$ 1.08
A4351	00	INTERMIT URIN CA	DME & SUPPLIES	NonFacility	$ 0.97
A4352	00	INTERMIT URIN CA	DME & SUPPLIES	NonFacility	$ 3.44
A4353	00	INTERMIT URIN CA	DME & SUPPLIES	NonFacility	$ 3.75
A4354	00	INSRTION TRAY W/	DME & SUPPLIES	NonFacility	$ 6.32
A4355	00	IRRIG TUBING CON	DME & SUPPLIES	NonFacility	$ 4.78
A4356	00	EXT URETHRAL CLA	DME & SUPPLIES	NonFacility	$ 24.43
A4357	00	BEDSID DRN BAG D	DME & SUPPLIES	NonFacility	$ 5.20
A4358	00	URINARY LEG BAG;	DME & SUPPLIES	NonFacility	$ 3.55
A4360	00	DISPSBL EXT URET	DME & SUPPLIES	NonFacility	$ 0.26
A4361	00	OSTOMY FACEPLATE	DME & SUPPLIES - OSTOMY	NonFacility	$ 9.84
A4362	00	SKN BARRIER; SOL	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.85
A4363	00	OSTOMY CLAMP ANY	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.27
A4364	00	ADHES LIQUID/EQU	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.57
A4366	00	OSTOMY VENT ANY	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.70
A4367	00	OSTOMY BELT EACH	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.94
A4368	00	OSTOMY FILTER AN	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.14
A4369	00	OSTOMY SKIN BARR	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.30
A4371	00	OSTOMY SKIN BARR	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.96
A4372	00	OST SKIN BARR SO	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.24
A4373	00	OST SKN BARR W/F	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.36
A4375	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 9.20
A4376	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 25.48
A4377	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.30
A4378	00	OST POUCH DRAINA	DME & SUPPLIES - OSTOMY	NonFacility	$ 16.47
A4379	00	OST POUCH URIN W	DME & SUPPLIES - OSTOMY	NonFacility	$ 8.04
A4380	00	OST POUCH URIN W	DME & SUPPLIES - OSTOMY	NonFacility	$ 19.99
A4381	00	OST POUCH URIN U	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.47
A4382	00	OST POUCH URIN F	DME & SUPPLIES - OSTOMY	NonFacility	$ 13.18
A4383	00	OST POUCH URIN U	DME & SUPPLIES - OSTOMY	NonFacility	$ 15.10
A4384	00	OST FCEPLAT EQUV	DME & SUPPLIES - OSTOMY	NonFacility	$ 5.15
A4385	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.74
A4387	00	OST POUCH CLOS W	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.38
A4388	00	OST POUCH DRAINA	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.33
A4389	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.33
A4390	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 5.15
A4391	00	OSTOMY POUCH URI	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.79
A4392	00	OST POUCH URIN S	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.38
A4393	00	OST POUCH URIN E	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.84
A4394	00	OSTOMY DEODORANT	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.38
A4395	00	OST DEODORANT OS	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.02
A4396	00	PERISTOMAL HERNI	DME & SUPPLIES - OSTOMY	NonFacility	$ 21.68
A4397	00	IRRIGATION SUPPL	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.57
A4398	00	OSTOMY IRRIGATIO	DME & SUPPLIES - OSTOMY	NonFacility	$ 7.40
A4399	00	OSTOMY IRRIGATIO	DME & SUPPLIES - OSTOMY	NonFacility	$ 6.56
A4400	00	OSTOMY IRRIGATIO	DME & SUPPLIES - OSTOMY	NonFacility	$ 26.17
A4402	00	LUBRICANT PER OU	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A4404	00	OSTOMY RING EACH	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.90
A4405	00	OSTOMY SKIN BARR	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.82
A4406	00	OSTOMY SKIN BARR	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.08
A4407	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.69
A4408	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 5.29
A4409	00	OST SKN BARR EXT	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.33
A4410	00	OST SKN BARR EXT	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.84
A4411	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.74
A4412	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.45
A4413	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.95
A4414	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.64
A4415	00	OST SKN BARRIER	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.22
A4416	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.48
A4417	00	OST POUCH CLO W/	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.99
A4418	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.97
A4419	00	OST POUCH CLOS;	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.94
A4422	00	OST ABSORBNT MAT	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.07
A4423	00	OST POUCH CLOS;	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.00
A4424	00	OSTOMY POUCH DRA	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.54
A4425	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.92
A4426	00	OST POUCH DRAINA	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.46
A4427	00	OST POUCH DRNABL	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.49
A4428	00	OST POUCH URIN W	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.49
A4429	00	OST POUCH URIN W	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.42
A4430	00	OST POUCH URIN W	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.57
A4431	00	OST POUCH URIN;	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.33
A4432	00	OST POUCH URIN;	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.92
A4433	00	OSTOMY POUCH URI	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.79
A4434	00	OST POUCH URIN;	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.02
A4450	00	TAPE NON-WATERPR	DME & SUPPLIES	NonFacility	$ 0.06
A4452	00	TAPE WATERPROOF	DME & SUPPLIES	NonFacility	$ 0.22
A4455	00	ADHESIVE REMOVER	DME & SUPPLIES	NonFacility	$ 0.77
A4456	00	ADHESIVE REMOVER	DME & SUPPLIES	NonFacility	$ 0.13
A4461	00	SURGICAL DRESSIN	DME & SUPPLIES	NonFacility	$ 1.76
A4463	00	SURGICAL DRESSIN	DME & SUPPLIES	NonFacility	$ 7.13
A4465	00	NONELASTIC BINDE	DME & SUPPLIES	NonFacility	$ 3.54
A4470	00	GRAVLEE JET WASH	DME & SUPPLIES	NonFacility	$ 2.44
A4480	00	VABRA ASPIRATOR	DME & SUPPLIES	NonFacility	$ 1.99
A4481	00	TRACHEOSTOMA FLT	DME & SUPPLIES	NonFacility	$ 0.20
A4490	00	SURGICAL STK ABO	DME & SUPPLIES	NonFacility	$ 2.65
A4495	00	SURGICAL STOCKIN	DME & SUPPLIES	NonFacility	$ 2.65
A4500	00	SURGICAL STK BEL	DME & SUPPLIES	NonFacility	$ 1.99
A4510	00	SURGICAL STOCKIN	DME & SUPPLIES	NonFacility	$ 4.87
A4550	00	SURGICAL TRAYS	DME & SUPPLIES	NonFacility	$ 11.50
A4554	00	DISPOSABLE UNDER	DME & SUPPLIES	NonFacility	$ 1.10
A4556	00	ELECTRODES PER	DME & SUPPLIES	NonFacility	$ 6.50
A4557	00	LEAD WIRES PER	DME & SUPPLIES	NonFacility	$ 11.30
A4558	00	CONDUCTIVE GEL/P	DME & SUPPLIES	NonFacility	$ 2.92
A4559	00	COUPLING GEL/PAS	DME & SUPPLIES	NonFacility	$ 0.05
A4561	00	PESSARY RUBBER	DME & SUPPLIES	NonFacility	$ 11.51
A4562	00	PESSARY NON RUBB	DME & SUPPLIES	NonFacility	$ 28.65
A4565	00	SLINGS	DME & SUPPLIES	NonFacility	$ 4.65
A4570	00	SPLINTS	DME & SUPPLIES	NonFacility	$ 6.86

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A4590	00	SPECIAL CAST MAT	DME & SUPPLIES	NonFacility	$ 15.26
A4595	00	ELECTRICAL STIMU	DME & SUPPLIES	NonFacility	$ 15.43
A4604	00	TUBING W/INTGR H	DME & SUPPLIES	NonFacility	$ 30.83
A4604	NU	TUBING W/INTGR H	DME & SUPPLIES	NonFacility	$ 30.83
A4604	RR	TUBING W/INTGR H	DME & SUPPLIES	NonFacility	$ 2.21
A4604	UE	TUBING W/INTGR H	DME & SUPPLIES	NonFacility	$ 16.81
A4605	00	TRACHEAL SUCTION	DME & SUPPLIES	NonFacility	$ 8.78
A4605	NU	TRACHEAL SUCTION	DME & SUPPLIES	NonFacility	$ 8.78
A4608	00	TRANSTRACHEAL OX	DME & SUPPLIES	NonFacility	$ 26.84
A4611	00	BATTRY HEVY DUTY	DME & SUPPLIES	NonFacility	$ 105.20
A4611	NU	BATTRY HEVY DUTY	DME & SUPPLIES	NonFacility	$ 105.20
A4611	RR	BATTRY HEVY DUTY	DME & SUPPLIES	NonFacility	$ 10.91
A4611	UE	BATTRY HEVY DUTY	DME & SUPPLIES	NonFacility	$ 78.90
A4612	00	BATTRY CABLES; R	DME & SUPPLIES	NonFacility	$ 42.80
A4612	NU	BATTRY CABLES; R	DME & SUPPLIES	NonFacility	$ 42.80
A4612	RR	BATTRY CABLES; R	DME & SUPPLIES	NonFacility	$ 4.36
A4612	UE	BATTRY CABLES; R	DME & SUPPLIES	NonFacility	$ 32.64
A4613	00	BATTRY CHARGER;	DME & SUPPLIES	NonFacility	$ 77.23
A4613	NU	BATTRY CHARGER;	DME & SUPPLIES	NonFacility	$ 77.23
A4613	RR	BATTRY CHARGER;	DME & SUPPLIES	NonFacility	$ 7.73
A4613	UE	BATTRY CHARGER;	DME & SUPPLIES	NonFacility	$ 55.85
A4614	00	PEAK EXPIRATORY	DME & SUPPLIES	NonFacility	$ 12.73
A4615	00	CANNULA NASAL	DME & SUPPLIES	NonFacility	$ 0.38
A4616	00	TUBING PER FOOT	DME & SUPPLIES	NonFacility	$ 0.04
A4617	00	MOUTHPIECE	DME & SUPPLIES	NonFacility	$ 1.66
A4618	00	BREATHING CIRCUI	DME & SUPPLIES	NonFacility	$ 4.76
A4618	NU	BREATHING CIRCUI	DME & SUPPLIES	NonFacility	$ 4.76
A4618	RR	BREATHING CIRCUI	DME & SUPPLIES	NonFacility	$ 0.55
A4618	UE	BREATHING CIRCUI	DME & SUPPLIES	NonFacility	$ 3.57
A4619	00	FACE TENT	DME & SUPPLIES	NonFacility	$ 0.65
A4619	NU	FACE TENT	DME & SUPPLIES	NonFacility	$ 0.65
A4620	00	VARIABLE CONCENT	DME & SUPPLIES	NonFacility	$ 0.33
A4623	00	TRACHEOSTOMY INN	DME & SUPPLIES	NonFacility	$ 3.51
A4624	00	TRACHEAL SUCTN C	DME & SUPPLIES	NonFacility	$ 1.41
A4624	NU	TRACHEAL SUCTN C	DME & SUPPLIES	NonFacility	$ 1.41
A4625	00	TRACHEOST CARE K	DME & SUPPLIES	NonFacility	$ 3.71
A4626	00	TRACHEOSTOMY CLE	DME & SUPPLIES	NonFacility	$ 1.71
A4627	00	SPACR BAG/RESRVO	DME & SUPPLIES	NonFacility	$ 6.64
A4628	00	OROPHARYNGEAL SU	DME & SUPPLIES	NonFacility	$ 2.00
A4628	NU	OROPHARYNGEAL SU	DME & SUPPLIES	NonFacility	$ 2.00
A4629	00	TRACHEOST CARE K	DME & SUPPLIES	NonFacility	$ 2.48
A4630	00	REPLCMT BATTRY M	DME & SUPPLIES	NonFacility	$ 3.35
A4630	NU	REPLCMT BATTRY M	DME & SUPPLIES	NonFacility	$ 3.35
A4633	00	REPLCMT BULB/LAM	DME & SUPPLIES	NonFacility	$ 21.98
A4633	NU	REPLCMT BULB/LAM	DME & SUPPLIES	NonFacility	$ 21.98
A4635	00	UNDERARM PAD CRU	DME & SUPPLIES	NonFacility	$ 2.74
A4635	NU	UNDERARM PAD CRU	DME & SUPPLIES	NonFacility	$ 2.74
A4635	RR	UNDERARM PAD CRU	DME & SUPPLIES	NonFacility	$ 0.37
A4635	UE	UNDERARM PAD CRU	DME & SUPPLIES	NonFacility	$ 1.82
A4636	00	REPL HANDGRIP CA	DME & SUPPLIES	NonFacility	$ 2.26
A4636	NU	REPL HANDGRIP CA	DME & SUPPLIES	NonFacility	$ 2.26
A4636	RR	REPL HANDGRIP CA	DME & SUPPLIES	NonFacility	$ 0.23
A4636	UE	REPL HANDGRIP CA	DME & SUPPLIES	NonFacility	$ 1.64

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A4637	00	REPL TIP CANE CR	DME & SUPPLIES	NonFacility	$ 1.14
A4637	NU	REPL TIP CANE CR	DME & SUPPLIES	NonFacility	$ 1.14
A4637	RR	REPL TIP CANE CR	DME & SUPPLIES	NonFacility	$ 0.16
A4637	UE	REPL TIP CANE CR	DME & SUPPLIES	NonFacility	$ 0.86
A4639	00	REPLACEMENT PAD	DME & SUPPLIES	NonFacility	$ 153.80
A4639	NU	REPLACEMENT PAD	DME & SUPPLIES	NonFacility	$ 153.80
A4640	00	REPL PAD W/ALTRN	DME & SUPPLIES	NonFacility	$ 33.91
A4640	NU	REPL PAD W/ALTRN	DME & SUPPLIES	NonFacility	$ 33.91
A4640	RR	REPL PAD W/ALTRN	DME & SUPPLIES	NonFacility	$ 3.45
A4640	UE	REPL PAD W/ALTRN	DME & SUPPLIES	NonFacility	$ 24.02
A4642	00	INDIUM IN-111 SA	INJECTABLES/OTHER DRUGS	NonFacility	$ 1675.00
A4660	00	SPHYGMOMANOMETER	DME & SUPPLIES	NonFacility	$ 5.31
A4663	00	BLOOD PRESSURE C	DME & SUPPLIES	NonFacility	$ 9.95
A4670	00	AUTOMATIC BLOOD	DME & SUPPLIES	NonFacility	$ 25.66
A4680	00	ACTIVATED CARBON	DME & SUPPLIES	NonFacility	$ 26.11
A4690	00	DIALYZER ALL TYP	DME & SUPPLIES	NonFacility	$ 258.19
A4714	00	TREATED H2O PERI	DME & SUPPLIES	NonFacility	$ 35.06
A4750	00	BLD TUBING ART/V	DME & SUPPLIES	NonFacility	$ 4.87
A4772	00	BLD GLU TEST STR	DME & SUPPLIES	NonFacility	$ 10.40
A4773	00	OCCULT BLD TEST	DME & SUPPLIES	NonFacility	$ 6.64
A4802	00	PROTAMINE SULFAT	DME & SUPPLIES	NonFacility	$ 1.77
A4927	00	GLOVES NON-STERI	DME & SUPPLIES	NonFacility	$ 1.55
A4929	00	TOURNIQUET FOR D	DME & SUPPLIES	NonFacility	$ 0.22
A4930	00	GLOVES STERILE P	DME & SUPPLIES	NonFacility	$ 0.44
A5051	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.10
A5052	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.80
A5053	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.94
A5054	00	OSTOMY POUCH CLO	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.96
A5055	00	STOMA CAP	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.77
A5056	00	OST POUCH DRAINA	DME & SUPPLIES - OSTOMY	NonFacility	$ 2.56
A5057	00	OST POUCH DRAINA	DME & SUPPLIES - OSTOMY	NonFacility	$ 5.26
A5061	00	OSTOMY POUCH DRA	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.89
A5062	00	OSTOMY POUCH DRA	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.19
A5063	00	OSTOMY POUCH DRA	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.45
A5071	00	OSTOMY POUCH URI	DME & SUPPLIES - OSTOMY	NonFacility	$ 3.22
A5072	00	OSTOMY POUCH URI	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.89
A5073	00	OSTOMY POUCH URI	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.70
A5081	00	CONTINENT DEVC;P	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.77
A5082	00	CONTINENT DEVC;C	DME & SUPPLIES - OSTOMY	NonFacility	$ 6.37
A5083	00	CONTINENT DEVICE	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.34
A5093	00	OSTOMY ACCESSORY	DME & SUPPLIES - OSTOMY	NonFacility	$ 1.04
A5102	00	BEDSIDE DRN BOTT	DME & SUPPLIES	NonFacility	$ 12.09
A5105	00	URINARY SUSPENSO	DME & SUPPLIES	NonFacility	$ 21.83
A5112	00	URINARY DRAINAGE	DME & SUPPLIES	NonFacility	$ 18.54
A5113	00	LEG STRAP; LATEX	DME & SUPPLIES	NonFacility	$ 2.52
A5114	00	LEG STRAP; FOAM/	DME & SUPPLIES	NonFacility	$ 4.79
A5120	00	SKIN BARRIER WIP	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.13
A5121	00	SKN BARRIER; SOL	DME & SUPPLIES - OSTOMY	NonFacility	$ 4.00
A5122	00	SKN BARRIER; SOL	DME & SUPPLIES - OSTOMY	NonFacility	$ 6.88
A5126	00	ADHES/NON-ADHES;	DME & SUPPLIES - OSTOMY	NonFacility	$ 0.71
A5131	00	APPLINC CLNR INC	DME & SUPPLIES - OSTOMY	NonFacility	$ 8.49
A5200	00	PERQ CATH/TUBE A	DME & SUPPLIES - OSTOMY	NonFacility	$ 6.05
A5500	00	DIABETICS ONLY,F	DME & SUPPLIES	NonFacility	$ 36.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A5501	00	DIABETICS ONLY,F	DME & SUPPLIES	NonFacility	$ 108.14
A5503	00	DIABETICS ONLY,M	DME & SUPPLIES	NonFacility	$ 16.03
A5504	00	DIABETICS ONLY,M	DME & SUPPLIES	NonFacility	$ 16.03
A5505	00	DIABETICS ONLY,M	DME & SUPPLIES	NonFacility	$ 16.03
A5506	00	DIABETICS ONLY,M	DME & SUPPLIES	NonFacility	$ 16.03
A5507	00	DIABETICS ONLY,N	DME & SUPPLIES	NonFacility	$ 16.03
A5512	00	FOR DIAB ONLY MX	DME & SUPPLIES	NonFacility	$ 14.71
A5513	00	FOR DIAB ONLY MX	DME & SUPPLIES	NonFacility	$ 21.95
A6010	00	COLLAGEN BASED W	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.43
A6011	00	COLLEGEN BASED W	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.94
A6021	00	COLLAGEN DRESSIN	DME & SUPPLIES	NonFacility	$ 11.26
A6022	00	COLLAGEN DRESSIN	DME & SUPPLIES	NonFacility	$ 11.26
A6023	00	COLLAGEN DRESSIN	DME & SUPPLIES	NonFacility	$ 101.91
A6024	00	COLLAGEN DRESSIN	DME & SUPPLIES	NonFacility	$ 3.32
A6025	00	GEL SHEET FOR DE	DME & SUPPLIES	NonFacility	$ 9.52
A6154	00	WOUND POUCH EACH	DME & SUPPLIES	NonFacility	$ 7.70
A6196	00	ALGINATE OR OTHE	DME & SUPPLIES	NonFacility	$ 3.94
A6197	00	ALGINATE OR OTHE	DME & SUPPLIES	NonFacility	$ 8.80
A6199	00	ALGINATE OR OTHE	DME & SUPPLIES	NonFacility	$ 2.83
A6203	00	COMPOSITE DRESSI	DME & SUPPLIES	NonFacility	$ 1.79
A6204	00	COMPOSITE DRESSI	DME & SUPPLIES	NonFacility	$ 3.34
A6206	00	CONTACT LAYER, S	DME & SUPPLIES	NonFacility	$ 1.77
A6207	00	CONTACT LAYER, S	DME & SUPPLIES	NonFacility	$ 3.93
A6209	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 4.00
A6210	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 10.67
A6211	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 15.73
A6212	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 5.20
A6213	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 8.41
A6214	00	FOAM DRESSING, W	DME & SUPPLIES	NonFacility	$ 5.51
A6216	00	GAUZE NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.02
A6217	00	GAUZE NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.22
A6218	00	GAUZE NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.22
A6219	00	GAUZE, NON-IMPRE	DME & SUPPLIES	NonFacility	$ 0.51
A6220	00	GAUZE, NON-IMPRE	DME & SUPPLIES	NonFacility	$ 1.38
A6222	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.14
A6223	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.30
A6224	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.93
A6228	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 0.67
A6229	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.93
A6230	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.33
A6231	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 2.50
A6232	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 3.68
A6233	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 10.28
A6234	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 3.50
A6235	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 9.01
A6236	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 14.59
A6237	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 4.24
A6238	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 12.20
A6240	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 6.55
A6241	00	HYDROCOLLOID DRE	DME & SUPPLIES	NonFacility	$ 1.38
A6242	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 3.25
A6243	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 6.59
A6244	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 21.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A6245	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 3.89
A6246	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 5.32
A6247	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 12.73
A6248	00	HYDROGEL DRESSIN	DME & SUPPLIES	NonFacility	$ 8.69
A6251	00	SPECIALTY ABSORP	DME & SUPPLIES	NonFacility	$ 1.07
A6252	00	SPECIALTY ABSORP	DME & SUPPLIES	NonFacility	$ 1.74
A6253	00	SPECIALTY ABSORP	DME & SUPPLIES	NonFacility	$ 3.40
A6254	00	SPECIALTY ABSORP	DME & SUPPLIES	NonFacility	$ 0.65
A6255	00	SPECIALTY ABSORP	DME & SUPPLIES	NonFacility	$ 1.62
A6257	00	TRANSPARENT FILM	DME & SUPPLIES	NonFacility	$ 0.82
A6258	00	TRANSPARENT FILM	DME & SUPPLIES	NonFacility	$ 2.30
A6259	00	TRANSPARENT FILM	DME & SUPPLIES	NonFacility	$ 5.86
A6260	00	WOUND CLEANSERS,	DME & SUPPLIES	NonFacility	$ 0.44
A6261	00	WOUND FILLER GEL	DME & SUPPLIES	NonFacility	$ 1.55
A6262	00	WOUND FILLER DRY	DME & SUPPLIES	NonFacility	$ 0.44
A6266	00	GAUZE, IMPREGNAT	DME & SUPPLIES	NonFacility	$ 1.03
A6402	00	GAUZ NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.07
A6403	00	GAUZ NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.23
A6404	00	GAUZ NON-IMPREG	DME & SUPPLIES	NonFacility	$ 0.22
A6407	00	PACKING STRIPS,	DME & SUPPLIES	NonFacility	$ 1.00
A6410	00	EYE PAD STERILE	DME & SUPPLIES	NonFacility	$ 0.21
A6411	00	EYE PAD NON-STER	DME & SUPPLIES	NonFacility	$ 0.22
A6412	00	EYE PATCH OCCLUS	DME & SUPPLIES	NonFacility	$ 0.22
A6441	00	PADD BANDGE NON-	DME & SUPPLIES	NonFacility	$ 0.36
A6442	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.09
A6443	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.16
A6444	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.30
A6445	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.17
A6446	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.22
A6447	00	CONFORMING BANDG	DME & SUPPLIES	NonFacility	$ 0.36
A6448	00	LT COMPRS BANDGE	DME & SUPPLIES	NonFacility	$ 0.62
A6449	00	LT COMPRS BANDGE	DME & SUPPLIES	NonFacility	$ 0.94
A6452	00	HI COMPRS BANDGE	DME & SUPPLIES	NonFacility	$ 3.17
A6453	00	SLF-ADHERENT BAN	DME & SUPPLIES	NonFacility	$ 0.32
A6454	00	SLF-ADHERENT BAN	DME & SUPPLIES	NonFacility	$ 0.41
A6455	00	SLF-ADHERENT BAN	DME & SUPPLIES	NonFacility	$ 0.74
A6456	00	ZINC PASTE IMPRE	DME & SUPPLIES	NonFacility	$ 0.68
A6457	00	TUBULAR DRSG W/W	DME & SUPPLIES	NonFacility	$ 0.61
A6531	00	GRADIENT COMPRES	DME & SUPPLIES	NonFacility	$ 23.17
A6532	00	GRADIENT COMPRES	DME & SUPPLIES	NonFacility	$ 32.65
A6545	00	GRADIENT COMPRES	DME & SUPPLIES	NonFacility	$ 45.62
A6550	00	WND CARE SET NEG	DME & SUPPLIES	NonFacility	$ 12.66
A7000	00	CANISTER DISPBL	DME & SUPPLIES	NonFacility	$ 5.11
A7000	NU	CANISTER DISPBL	DME & SUPPLIES	NonFacility	$ 5.11
A7001	00	CANISTR NONDISPB	DME & SUPPLIES	NonFacility	$ 17.71
A7001	NU	CANISTR NONDISPB	DME & SUPPLIES	NonFacility	$ 17.71
A7002	00	TUBING USED WITH	DME & SUPPLIES	NonFacility	$ 2.05
A7002	NU	TUBING USED WITH	DME & SUPPLIES	NonFacility	$ 2.05
A7003	00	ADMN SET SM VOL	DME & SUPPLIES	NonFacility	$ 1.47
A7003	NU	ADMN SET SM VOL	DME & SUPPLIES	NonFacility	$ 1.47
A7004	00	SM VOL NONFILTR	DME & SUPPLIES	NonFacility	$ 0.97
A7004	NU	SM VOL NONFILTR	DME & SUPPLIES	NonFacility	$ 0.97
A7005	00	ADMN SET SM VOL	DME & SUPPLIES	NonFacility	$ 16.51

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A7005	NU	ADMN SET SM VOL	DME & SUPPLIES	NonFacility	$ 16.51
A7006	00	ADMN SET W/SM VO	DME & SUPPLIES	NonFacility	$ 5.11
A7006	NU	ADMN SET W/SM VO	DME & SUPPLIES	NonFacility	$ 5.11
A7007	00	LG VOL NEBULIZR	DME & SUPPLIES	NonFacility	$ 2.47
A7007	NU	LG VOL NEBULIZR	DME & SUPPLIES	NonFacility	$ 2.47
A7008	00	LG VOL NEBULIZR	DME & SUPPLIES	NonFacility	$ 5.89
A7008	NU	LG VOL NEBULIZR	DME & SUPPLIES	NonFacility	$ 5.89
A7009	00	RESRVOR BOTTLE L	DME & SUPPLIES	NonFacility	$ 22.51
A7009	NU	RESRVOR BOTTLE L	DME & SUPPLIES	NonFacility	$ 22.51
A7010	00	CORUG TUBE DISPB	DME & SUPPLIES	NonFacility	$ 12.63
A7010	NU	CORUG TUBE DISPB	DME & SUPPLIES	NonFacility	$ 12.63
A7011	00	CORUG TUBE NONDS	DME & SUPPLIES	NonFacility	$ 7.96
A7012	00	WATR CLCT DEVC W	DME & SUPPLIES	NonFacility	$ 2.02
A7012	NU	WATR CLCT DEVC W	DME & SUPPLIES	NonFacility	$ 2.02
A7013	00	FILTER DISPOSABL	DME & SUPPLIES	NonFacility	$ 0.44
A7013	NU	FILTER DISPOSABL	DME & SUPPLIES	NonFacility	$ 0.44
A7014	00	FLTR NON-DISPBL	DME & SUPPLIES	NonFacility	$ 2.40
A7014	NU	FLTR NON-DISPBL	DME & SUPPLIES	NonFacility	$ 2.40
A7015	00	AEROSOL MASK USE	DME & SUPPLIES	NonFacility	$ 1.00
A7015	NU	AEROSOL MASK USE	DME & SUPPLIES	NonFacility	$ 1.00
A7016	00	DOME&MOUTHPECE W	DME & SUPPLIES	NonFacility	$ 3.88
A7016	NU	DOME&MOUTHPECE W	DME & SUPPLIES	NonFacility	$ 3.88
A7017	00	NEBULIZR DURABL	DME & SUPPLIES	NonFacility	$ 71.78
A7017	NU	NEBULIZR DURABL	DME & SUPPLIES	NonFacility	$ 71.78
A7017	RR	NEBULIZR DURABL	DME & SUPPLIES	NonFacility	$ 7.18
A7017	UE	NEBULIZR DURABL	DME & SUPPLIES	NonFacility	$ 53.83
A7018	00	WATR DIST USE W/	DME & SUPPLIES	NonFacility	$ 0.20
A7020	00	INTERFACE COUGH	DME & SUPPLIES	NonFacility	$ 7.75
A7020	NU	INTERFACE COUGH	DME & SUPPLIES	NonFacility	$ 7.75
A7025	00	HI FREQ CHST WAL	DME & SUPPLIES	NonFacility	$ 232.91
A7025	NU	HI FREQ CHST WAL	DME & SUPPLIES	NonFacility	$ 232.91
A7026	00	HI FREQ CHST WAL	DME & SUPPLIES	NonFacility	$ 15.40
A7026	NU	HI FREQ CHST WAL	DME & SUPPLIES	NonFacility	$ 15.40
A7027	00	COMB ORAL/NASAL	DME & SUPPLIES	NonFacility	$ 99.88
A7027	NU	COMB ORAL/NASAL	DME & SUPPLIES	NonFacility	$ 99.88
A7028	00	ORAL CUSHION COM	DME & SUPPLIES	NonFacility	$ 26.53
A7028	NU	ORAL CUSHION COM	DME & SUPPLIES	NonFacility	$ 26.53
A7029	00	NASAL PILLOWS CO	DME & SUPPLIES	NonFacility	$ 10.84
A7029	NU	NASAL PILLOWS CO	DME & SUPPLIES	NonFacility	$ 10.84
A7030	00	FULL FACE MASK U	DME & SUPPLIES	NonFacility	$ 87.07
A7030	NU	FULL FACE MASK U	DME & SUPPLIES	NonFacility	$ 87.07
A7031	00	FACE MASK INTERF	DME & SUPPLIES	NonFacility	$ 32.20
A7031	NU	FACE MASK INTERF	DME & SUPPLIES	NonFacility	$ 32.20
A7032	00	CUSHN NASAL MASK	DME & SUPPLIES	NonFacility	$ 18.71
A7032	NU	CUSHN NASAL MASK	DME & SUPPLIES	NonFacility	$ 18.71
A7033	00	PILLW NASL CANNU	DME & SUPPLIES	NonFacility	$ 13.11
A7033	NU	PILLW NASL CANNU	DME & SUPPLIES	NonFacility	$ 13.11
A7034	00	NASL INTRFCE POS	DME & SUPPLIES	NonFacility	$ 54.29
A7034	NU	NASL INTRFCE POS	DME & SUPPLIES	NonFacility	$ 54.29
A7035	00	HEADGEAR USED W/	DME & SUPPLIES	NonFacility	$ 18.34
A7035	NU	HEADGEAR USED W/	DME & SUPPLIES	NonFacility	$ 18.34
A7036	00	CHINSTRAP USED W	DME & SUPPLIES	NonFacility	$ 8.40
A7036	NU	CHINSTRAP USED W	DME & SUPPLIES	NonFacility	$ 8.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A7037	00	TUBING USED WITH	DME & SUPPLIES	NonFacility	$ 18.93
A7037	NU	TUBING USED WITH	DME & SUPPLIES	NonFacility	$ 18.93
A7038	00	FILTER DISPBL US	DME & SUPPLIES	NonFacility	$ 2.49
A7038	NU	FILTER DISPBL US	DME & SUPPLIES	NonFacility	$ 2.49
A7039	00	FILTER NON DISPB	DME & SUPPLIES	NonFacility	$ 7.07
A7039	NU	FILTER NON DISPB	DME & SUPPLIES	NonFacility	$ 7.07
A7040	00	ONE WAY CHEST DR	DME & SUPPLIES	NonFacility	$ 22.77
A7041	00	WATER SEAL DRAIN	DME & SUPPLIES	NonFacility	$ 42.79
A7042	00	IMPLANTED PLEURA	DME & SUPPLIES	NonFacility	$ 103.30
A7043	00	VACUUM DRAIN BOT	DME & SUPPLIES	NonFacility	$ 16.21
A7044	00	ORAL INTERFACE U	DME & SUPPLIES	NonFacility	$ 55.81
A7044	NU	ORAL INTERFACE U	DME & SUPPLIES	NonFacility	$ 55.81
A7045	00	EXHALATION PORT	DME & SUPPLIES	NonFacility	$ 8.99
A7045	NU	EXHALATION PORT	DME & SUPPLIES	NonFacility	$ 8.99
A7045	RR	EXHALATION PORT	DME & SUPPLIES	NonFacility	$ 0.90
A7045	UE	EXHALATION PORT	DME & SUPPLIES	NonFacility	$ 6.74
A7046	00	WATR CHAMB HUMDI	DME & SUPPLIES	NonFacility	$ 9.01
A7046	NU	WATR CHAMB HUMDI	DME & SUPPLIES	NonFacility	$ 9.01
A7501	00	TRACHEOSTOMA VAL	DME & SUPPLIES	NonFacility	$ 56.24
A7502	00	REPL DIAPH/FCEPL	DME & SUPPLIES	NonFacility	$ 26.73
A7503	00	FLTR HOLDER/CAP	DME & SUPPLIES	NonFacility	$ 6.07
A7504	00	FLTR USE TRACHEO	DME & SUPPLIES	NonFacility	$ 0.36
A7505	00	HOUS REUSABL W/O	DME & SUPPLIES	NonFacility	$ 2.50
A7506	00	ADHES DISC EXCHG	DME & SUPPLIES	NonFacility	$ 0.18
A7507	00	FLTR HLDR&INTGR	DME & SUPPLIES	NonFacility	$ 1.33
A7508	00	HOUS&INTGR ADHES	DME & SUPPLIES	NonFacility	$ 1.54
A7509	00	FLTR HLDR&INTGR	DME & SUPPLIES	NonFacility	$ 0.76
A7520	00	TRACHEOST/LARYNG	DME & SUPPLIES	NonFacility	$ 25.42
A7521	00	TRACHEOST/LARYNG	DME & SUPPLIES	NonFacility	$ 25.19
A7522	00	TRACHEOST/LARYNG	DME & SUPPLIES	NonFacility	$ 24.19
A7524	00	TRACHEOSTOMA STE	DME & SUPPLIES	NonFacility	$ 41.45
A7525	00	TRACHEOSTOMY MAS	DME & SUPPLIES	NonFacility	$ 1.10
A7526	00	TRACHEOSTOMY TUB	DME & SUPPLIES	NonFacility	$ 1.81
A7527	00	TRACHEOSTOMY/LAR	DME & SUPPLIES	NonFacility	$ 1.92
A8000	00	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 82.12
A8000	NU	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 82.12
A8000	RR	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.21
A8000	UE	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 61.60
A8001	00	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 82.12
A8001	NU	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 82.12
A8001	RR	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.21
A8001	UE	HELMET PROTECTVE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 61.60
A9155	00	ARTFICIAL SALIVA	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.00
A9500	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 121.70
A9502	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 83.33
A9503	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 18.53
A9504	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 500.00
A9505	00	THALLIUM TL-201	INJECTABLES/OTHER DRUGS	NonFacility	$ 33.23
A9507	00	INDIUM IN-111 CA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3568.78
A9508	00	IODINE I-131 IOB	INJECTABLES/OTHER DRUGS	NonFacility	$ 842.61
A9509	00	IODINE I-123 SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 2061.69
A9510	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 47.88
A9512	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A9516	00	IODINE I-123 SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 206.17
A9517	00	IODINE I-131 SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 40.70
A9521	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 1297.32
A9524	00	IODINE I-131 IOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 61.75
A9526	00	NITROGEN N-13 AM	DME & SUPPLIES	NonFacility	$ 85.80
A9527	00	IODINE I-125 SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 201.88
A9528	00	IODINE I-131 SOD	DME & SUPPLIES	NonFacility	$ 57.74
A9529	00	IODINE I-131 SOD	DME & SUPPLIES	NonFacility	$ 65.40
A9530	00	IODINE I-131 SOD	DME & SUPPLIES	NonFacility	$ 5.80
A9531	00	IODINE I-131 SOD	DME & SUPPLIES	NonFacility	$ 5.75
A9532	00	IODINE I-125 SER	DME & SUPPLIES	NonFacility	$ 125.00
A9536	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 1400.00
A9537	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 51.76
A9538	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.03
A9539	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 23.02
A9540	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 22.74
A9541	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 60.96
A9542	00	INDIUM IN-111 IB	INJECTABLES/OTHER DRUGS	NonFacility	$ 3990.00
A9543	00	YTTRIUM Y-90 IBR	INJECTABLES/OTHER DRUGS	NonFacility	$ 43092.00
A9544	00	IODINE I-131 TOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 3434.54
A9545	00	IODINE I-131 TOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 33129.53
A9546	00	COBALT CO-57/58	INJECTABLES/OTHER DRUGS	NonFacility	$ 235.83
A9547	00	INDIUM IN-111 OX	INJECTABLES/OTHER DRUGS	NonFacility	$ 918.94
A9548	00	INDIUM IN-111 PE	INJECTABLES/OTHER DRUGS	NonFacility	$ 371.85
A9551	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 581.40
A9552	00	FLUORODEOXYGLUCO	INJECTABLES/OTHER DRUGS	NonFacility	$ 450.00
A9553	00	CHROMIUM CR-51 S	INJECTABLES/OTHER DRUGS	NonFacility	$ 642.96
A9554	00	IODINE I-125 SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 36.27
A9555	00	RUBIDIUM RB-82 D	INJECTABLES/OTHER DRUGS	NonFacility	$ 500.00
A9556	00	GALLIUM GA-67 CI	INJECTABLES/OTHER DRUGS	NonFacility	$ 64.05
A9557	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 424.19
A9558	00	XENON XE-133 GAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 30.40
A9559	00	COBALT CO-57 CYA	INJECTABLES/OTHER DRUGS	NonFacility	$ 83.51
A9560	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 106.48
A9561	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 36.74
A9562	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 883.24
A9563	00	SODIUM PHOSPHATE	INJECTABLES/OTHER DRUGS	NonFacility	$ 347.56
A9564	00	CHROMIC PHOSHATE	INJECTABLES/OTHER DRUGS	NonFacility	$ 331.13
A9568	00	TECHTM TC-99M AR	INJECTABLES/OTHER DRUGS	NonFacility	$ 1235.00
A9569	00	TECHNETIUM TC-99	INJECTABLES/OTHER DRUGS	NonFacility	$ 1297.32
A9570	00	INDIUM IN-111 AU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1837.86
A9571	00	INDIUM IN-111 AU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1837.86
A9572	00	INDIUM IN-111 PE	INJECTABLES/OTHER DRUGS	NonFacility	$ 6470.64
A9576	00	INJECTION GADOTE	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.95
A9577	00	INJ GADOBENATE D	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.41
A9578	00	INJ GADOBENATE D	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.25
A9579	00	INJECTION GADOLI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.14
A9581	00	INJECTION GADOXE	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.50
A9582	00	IODINE I-123 IOB	INJECTABLES/OTHER DRUGS	NonFacility	$ 6150.01
A9583	00	INJECTION GADOFO	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.54
A9584	00	IODINE I-123 IOF	INJECTABLES/OTHER DRUGS	NonFacility	$ 2257.20
A9585	00	INJECTION GADOBU	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.88
A9600	00	STRONTIUM SR-89	INJECTABLES/OTHER DRUGS	NonFacility	$ 3615.30

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Calculation of Anesthesia Partial Units: Proration
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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
A9604	00	SAMARIUM SM-153	INJECTABLES/OTHER DRUGS	NonFacility	$ 8756.31
B4034	00	ENTERAL FEEDING	MEDICINE - ENTERAL FORMULA	NonFacility	$ 9.81
B4035	00	ENTERAL FD SUPPL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 18.69
B4036	00	ENTERAL FD SPL K	MEDICINE - ENTERAL FORMULA	NonFacility	$ 12.84
B4081	00	NASOGASTRIC TUBI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 34.67
B4082	00	NASOGASTRIC TUBI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 25.79
B4083	00	STOMACH TUBE - L	MEDICINE - ENTERAL FORMULA	NonFacility	$ 3.95
B4087	00	GASTROSTOMY/J-TU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 57.22
B4088	00	GASTROSTOMY/J-TU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 57.22
B4149	00	ENTRAL F MANF BL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 2.51
B4150	00	ENTRAL F NUTRITI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1.08
B4152	00	ENTRAL F NUTRITI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 0.89
B4153	00	ENTRAL FORMULA N	MEDICINE - ENTERAL FORMULA	NonFacility	$ 3.06
B4154	00	ENTRAL F NUTRITI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1.95
B4155	00	ENTRAL F NUTRITI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1.52
B4164	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 30.65
B4168	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 44.68
B4172	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 70.14
B4176	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 86.45
B4178	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 103.79
B4180	00	PARNTRAL NUT SOL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 43.99
B4185	00	PARENTERAL NUTRI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 20.27
B4189	00	PARNTRAL NUT;AMI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 320.60
B4193	00	PARNTRAL NUT;AMI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 414.30
B4197	00	PARNTRL NUT;AMIN	MEDICINE - ENTERAL FORMULA	NonFacility	$ 504.38
B4199	00	PARNTRAL NUT;AMI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 576.36
B4216	00	PARNTRAL NUT; AD	MEDICINE - ENTERAL FORMULA	NonFacility	$ 13.93
B4220	00	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 14.44
B4222	00	PARNTRAL NUT SPL	MEDICINE - ENTERAL FORMULA	NonFacility	$ 17.80
B4224	00	PARNTRAL NUTRITI	MEDICINE - ENTERAL FORMULA	NonFacility	$ 45.11
B5000	00	PARNTRAL NUT; AM	MEDICINE - ENTERAL FORMULA	NonFacility	$ 21.44
B5100	00	PARNTRAL NUT; AM	MEDICINE - ENTERAL FORMULA	NonFacility	$ 8.39
B9000	00	ENTERAL NUT INFU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1966.53
B9000	NU	ENTERAL NUT INFU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1966.53
B9000	RR	ENTERAL NUT INFU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 180.70
B9000	UE	ENTERAL NUT INFU	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1474.89
B9002	00	ENTERAL NUTRIT I	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1966.53
B9002	NU	ENTERAL NUTRIT I	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1966.53
B9002	RR	ENTERAL NUTRIT I	MEDICINE - ENTERAL FORMULA	NonFacility	$ 190.46
B9002	UE	ENTERAL NUTRIT I	MEDICINE - ENTERAL FORMULA	NonFacility	$ 1474.89
B9004	00	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 4551.16
B9004	NU	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 4551.16
B9004	RR	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 720.48
B9004	UE	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 3413.35
B9006	00	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 4551.16
B9006	NU	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 4551.16
B9006	RR	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 720.48
B9006	UE	PARNTRAL NUTRIT	MEDICINE - ENTERAL FORMULA	NonFacility	$ 3413.35
D0120	00	PERIODIC ORAL EV	MEDICINE - OTHER	NonFacility	$ 27.44
D0140	00	LTD ORAL EVALUAT	MEDICINE - OTHER	NonFacility	$ 45.15
D0145	00	ORAL EVAL PT UND	MEDICINE - OTHER	NonFacility	$ 42.09
D0150	00	COMP ORAL EVALUA	MEDICINE - OTHER	NonFacility	$ 48.19
D0160	00	DTL&EXT ORAL EVA	MEDICINE - OTHER	NonFacility	$ 95.16

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D0170	00	RE-EVALUATION -	MEDICINE - OTHER	NonFacility	$ 31.71
D0180	00	COMP PERIODONTAL	MEDICINE - OTHER	NonFacility	$ 52.46
D0210	00	INTRAORL - CMPL	MEDICINE - OTHER	NonFacility	$ 79.29
D0220	00	INTRAORL-PERIAPI	MEDICINE - OTHER	NonFacility	$ 15.86
D0230	00	INTRAORL-PERIAPI	MEDICINE - OTHER	NonFacility	$ 14.03
D0240	00	INTRAORAL - OCCL	MEDICINE - OTHER	NonFacility	$ 24.40
D0250	00	EXTRAORAL - FIRS	MEDICINE - OTHER	NonFacility	$ 31.12
D0260	00	EXTRAORAL - EACH	MEDICINE - OTHER	NonFacility	$ 28.06
D0270	00	BITEWING - SINGL	MEDICINE - OTHER	NonFacility	$ 15.86
D0272	00	BITEWINGS - TWO	MEDICINE - OTHER	NonFacility	$ 25.01
D0273	00	BITEWINGS - THRE	MEDICINE - OTHER	NonFacility	$ 31.71
D0274	00	BITEWINGS - FOUR	MEDICINE - OTHER	NonFacility	$ 36.00
D0277	00	VERTICAL BITEWIN	MEDICINE - OTHER	NonFacility	$ 54.29
D0290	00	POST-ANT/LAT SKU	MEDICINE - OTHER	NonFacility	$ 95.77
D0310	00	SIALOGRAPHY. SEE	MEDICINE - OTHER	NonFacility	$ 238.50
D0320	00	TMJ ARTHROGM INC	MEDICINE - OTHER	NonFacility	$ 421.50
D0322	00	TOMOGRAPHIC SURV	MEDICINE - OTHER	NonFacility	$ 342.21
D0330	00	PANORAMIC FILM S	MEDICINE - OTHER	NonFacility	$ 73.81
D0340	00	CEPHALOMETRIC FI	MEDICINE - OTHER	NonFacility	$ 83.58
D0350	00	ORAL/FACIAL PHOT	MEDICINE - OTHER	NonFacility	$ 39.65
D0360	00	CONE BEAM CT - C	MEDICINE - OTHER	NonFacility	$ 477.61
D0362	00	CONE BEAM 2-D RE	MEDICINE - OTHER	NonFacility	$ 381.85
D0363	00	CONE BEAM 3-D RE	MEDICINE - OTHER	NonFacility	$ 397.71
D0415	00	COLLECTION MICRO	MEDICINE - OTHER	NonFacility	$ 23.18
D0416	00	VIRAL CULTURE	MEDICINE - OTHER	NonFacility	$ 33.55
D0417	00	CLCT & PREP SALI	MEDICINE - OTHER	NonFacility	$ 31.12
D0418	00	ANALYSIS OF SALI	MEDICINE - OTHER	NonFacility	$ 31.71
D0421	00	GENETIC TEST FOR	MEDICINE - OTHER	NonFacility	$ 23.18
D0425	00	CARIES SUSCEPTIB	MEDICINE - OTHER	NonFacility	$ 20.13
D0431	00	ADJUNCTIVE PREDX	MEDICINE - OTHER	NonFacility	$ 31.71
D0460	00	PULP VITALITY TE	MEDICINE - OTHER	NonFacility	$ 31.71
D0470	00	DIAGNOSTIC CASTS	MEDICINE - OTHER	NonFacility	$ 69.55
D0472	00	ACCESS TISSUE GR	MEDICINE - OTHER	NonFacility	$ 43.92
D0473	00	ACSS TISSUE GR&M	MEDICINE - OTHER	NonFacility	$ 92.11
D0474	00	ACSS TISS GR&MIC	MEDICINE - OTHER	NonFacility	$ 103.69
D0475	00	DECALCIFICATION	MEDICINE - OTHER	NonFacility	$ 55.50
D0476	00	SPECIAL STAINS F	MEDICINE - OTHER	NonFacility	$ 54.29
D0477	00	SPECIAL STAINS N	MEDICINE - OTHER	NonFacility	$ 73.81
D0478	00	IMMUNOHISTOCHEMI	MEDICINE - OTHER	NonFacility	$ 67.71
D0479	00	TISSUE INSITU HY	MEDICINE - OTHER	NonFacility	$ 103.69
D0480	00	ACESS EXFOLIATIV	MEDICINE - OTHER	NonFacility	$ 63.44
D0481	00	ELECTRON MICROSC	MEDICINE - OTHER	NonFacility	$ 238.50
D0482	00	DIRECT IMMUNOFLU	MEDICINE - OTHER	NonFacility	$ 79.29
D0483	00	INDIRECT IMMUNOF	MEDICINE - OTHER	NonFacility	$ 79.29
D0484	00	CONSULTATION ON	MEDICINE - OTHER	NonFacility	$ 119.56
D0485	00	CONSULT INCL PRE	MEDICINE - OTHER	NonFacility	$ 164.70
D0486	00	ACCESSION TRANSE	MEDICINE - OTHER	NonFacility	$ 76.25
D1110	00	PROPHYLAXIS - AD	MEDICINE - OTHER	NonFacility	$ 56.73
D1120	00	PROPHYLAXIS - CH	MEDICINE - OTHER	NonFacility	$ 39.65
D1203	00	TOP FLUORIDE - C	MEDICINE - OTHER	NonFacility	$ 23.79
D1204	00	TOP FLUORIDE - A	MEDICINE - OTHER	NonFacility	$ 22.56
D1206	00	TOP FLUORIDE VAR	MEDICINE - OTHER	NonFacility	$ 36.00
D1310	00	NUTRIT CNSL CONT	MEDICINE - OTHER	NonFacility	$ 27.44

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D1320	00	TOBACCO CNSL CNT	MEDICINE - OTHER	NonFacility	$ 30.51
D1330	00	ORAL HYGIENE INS	MEDICINE - OTHER	NonFacility	$ 38.43
D1351	00	SEALANT - PER TO	MEDICINE - OTHER	NonFacility	$ 31.12
D1352	00	PREV RSN REST MO	MEDICINE - OTHER	NonFacility	$ 45.15
D1510	00	SPACE MAINTAINER	MEDICINE - OTHER	NonFacility	$ 198.86
D1515	00	SPACE MAINTAINER	MEDICINE - OTHER	NonFacility	$ 278.77
D1520	00	SPACE MAINTAINER	MEDICINE - OTHER	NonFacility	$ 219.59
D1525	00	SPACE MAINTAINER	MEDICINE - OTHER	NonFacility	$ 338.54
D1550	00	RECEMENTATION OF	MEDICINE - OTHER	NonFacility	$ 42.70
D1555	00	REMOVAL OF FIXED	MEDICINE - OTHER	NonFacility	$ 41.47
D2140	00	AMALGAM-ONE SURF	MEDICINE - OTHER	NonFacility	$ 68.32
D2150	00	AMALGAM-TWO SURF	MEDICINE - OTHER	NonFacility	$ 86.62
D2160	00	AMALGAM-THREE SU	MEDICINE - OTHER	NonFacility	$ 106.14
D2161	00	AMALGAM-FOUR/MOR	MEDICINE - OTHER	NonFacility	$ 128.70
D2330	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 83.58
D2331	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 106.75
D2332	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 130.54
D2335	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 154.33
D2390	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 170.79
D2391	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 97.60
D2392	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 128.70
D2393	00	RESIN-BASED COMP	MEDICINE - OTHER	NonFacility	$ 159.82
D2394	00	RESIN COMPOS - F	MEDICINE - OTHER	NonFacility	$ 195.19
D2410	00	GOLD FOIL - ONE	MEDICINE - OTHER	NonFacility	$ 178.73
D2420	00	GOLD FOIL - TWO	MEDICINE - OTHER	NonFacility	$ 298.29
D2430	00	GOLD FOIL - THRE	MEDICINE - OTHER	NonFacility	$ 517.27
D2510	00	INLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 473.34
D2520	00	INLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 536.79
D2530	00	INLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 619.75
D2542	00	ONLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 606.95
D2543	00	ONLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 635.00
D2544	00	ONLAY - METALLIC	MEDICINE - OTHER	NonFacility	$ 660.61
D2610	00	INLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 556.92
D2620	00	INLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 588.02
D2630	00	INLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 626.45
D2642	00	ONLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 608.77
D2643	00	ONLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 656.34
D2644	00	ONLAY - PORCELN/	MEDICINE - OTHER	NonFacility	$ 696.61
D2650	00	INLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 366.00
D2651	00	INLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 436.14
D2652	00	INLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 458.11
D2662	00	ONLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 397.71
D2663	00	ONLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 467.87
D2664	00	ONLAY-RSN COMPOS	MEDICINE - OTHER	NonFacility	$ 500.81
D2710	00	CROWN RESINBASED	MEDICINE - OTHER	NonFacility	$ 282.42
D2712	00	CROWN 3/4 RESINB	MEDICINE - OTHER	NonFacility	$ 282.42
D2720	00	CROWN - RESIN WI	MEDICINE - OTHER	NonFacility	$ 696.61
D2721	00	CROWN - RESIN W/	MEDICINE - OTHER	NonFacility	$ 652.69
D2722	00	CROWN - RESIN WI	MEDICINE - OTHER	NonFacility	$ 666.72
D2740	00	CROWN - PORCELAI	MEDICINE - OTHER	NonFacility	$ 714.29
D2750	00	CROWN - PORCELN	MEDICINE - OTHER	NonFacility	$ 705.15
D2751	00	CROWN-PORCELN FU	MEDICINE - OTHER	NonFacility	$ 656.34
D2752	00	CROWN - PORCELAI	MEDICINE - OTHER	NonFacility	$ 672.21

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D2780	00	CROWN - 3/4 CAST	MEDICINE - OTHER	NonFacility	$ 676.48
D2781	00	CROWN - 3/4 CAST	MEDICINE - OTHER	NonFacility	$ 636.21
D2782	00	CROWN - 3/4 CAST	MEDICINE - OTHER	NonFacility	$ 657.57
D2783	00	CROWN - 3/4 PORC	MEDICINE - OTHER	NonFacility	$ 695.39
D2790	00	CROWN - FULL CAS	MEDICINE - OTHER	NonFacility	$ 680.13
D2791	00	CROWN-FULL CAST	MEDICINE - OTHER	NonFacility	$ 644.15
D2792	00	CROWN - FULL CAS	MEDICINE - OTHER	NonFacility	$ 656.34
D2794	00	CROWNTITANIUM	MEDICINE - OTHER	NonFacility	$ 696.61
D2799	00	PROVISIONAL CROW	MEDICINE - OTHER	NonFacility	$ 282.42
D2910	00	RECEMENT INLAY O	MEDICINE - OTHER	NonFacility	$ 56.73
D2915	00	RECEMENT CAST OR	MEDICINE - OTHER	NonFacility	$ 56.73
D2920	00	RECEMENT CROWN	MEDICINE - OTHER	NonFacility	$ 58.56
D2930	00	PRFABR STAINLESS	MEDICINE - OTHER	NonFacility	$ 158.60
D2931	00	PRFABR STAINLESS	MEDICINE - OTHER	NonFacility	$ 178.73
D2932	00	PREFABRICATED RE	MEDICINE - OTHER	NonFacility	$ 190.92
D2933	00	PRFABR STNLSS ST	MEDICINE - OTHER	NonFacility	$ 218.98
D2934	00	PREFAB ESTHETIC	MEDICINE - OTHER	NonFacility	$ 218.98
D2940	00	PROTECTIVE RESTO	MEDICINE - OTHER	NonFacility	$ 60.38
D2950	00	CORE BUILDUP INC	MEDICINE - OTHER	NonFacility	$ 151.88
D2951	00	PIN RETN - PER T	MEDICINE - OTHER	NonFacility	$ 34.16
D2952	00	POST AND CORE AD	MEDICINE - OTHER	NonFacility	$ 238.50
D2953	00	EACH ADDITIONAL	MEDICINE - OTHER	NonFacility	$ 119.56
D2954	00	PREFABR POST&COR	MEDICINE - OTHER	NonFacility	$ 190.92
D2955	00	POST REMOVAL	MEDICINE - OTHER	NonFacility	$ 147.00
D2957	00	EA ADD PREFABR P	MEDICINE - OTHER	NonFacility	$ 95.77
D2960	00	LABIAL VENEER RE	MEDICINE - OTHER	NonFacility	$ 461.15
D2961	00	LABIAL VENEER -	MEDICINE - OTHER	NonFacility	$ 523.37
D2962	00	LABIAL VENEER -	MEDICINE - OTHER	NonFacility	$ 569.11
D2970	00	TEMPORARY CROWN	MEDICINE - OTHER	NonFacility	$ 143.35
D2971	00	ADD PROC NEW CRW	MEDICINE - OTHER	NonFacility	$ 91.50
D2975	00	COPING	MEDICINE - OTHER	NonFacility	$ 278.77
D3110	00	PULP CAP - DIREC	MEDICINE - OTHER	NonFacility	$ 47.58
D3120	00	PULP CAP - INDIR	MEDICINE - OTHER	NonFacility	$ 38.43
D3220	00	TX PULPOT-CORONL	MEDICINE - OTHER	NonFacility	$ 97.60
D3221	00	PULPAL DEBRIDEME	MEDICINE - OTHER	NonFacility	$ 107.36
D3222	00	PART PULPOTOMY F	MEDICINE - OTHER	NonFacility	$ 99.42
D3230	00	PULPAL THERAPY -	MEDICINE - OTHER	NonFacility	$ 104.30
D3240	00	PULPAL THERAPY -	MEDICINE - OTHER	NonFacility	$ 127.48
D3310	00	ANTERIOR	MEDICINE - OTHER	NonFacility	$ 405.63
D3320	00	BICUSPID	MEDICINE - OTHER	NonFacility	$ 497.13
D3330	00	MOLAR	MEDICINE - OTHER	NonFacility	$ 616.71
D3331	00	TX RC OBSTRUCTIO	MEDICINE - OTHER	NonFacility	$ 159.82
D3332	00	INCOMPLETE ENDO	MEDICINE - OTHER	NonFacility	$ 301.94
D3333	00	INTRL ROOT REPAI	MEDICINE - OTHER	NonFacility	$ 139.08
D3346	00	RETX PREVIOUS RC	MEDICINE - OTHER	NonFacility	$ 541.67
D3347	00	RETX PREVIOUS RC	MEDICINE - OTHER	NonFacility	$ 636.21
D3348	00	RETX PREVIOUS RC	MEDICINE - OTHER	NonFacility	$ 788.11
D3351	00	APEXIFICATION/RE	MEDICINE - OTHER	NonFacility	$ 230.58
D3352	00	APEXIFICAT/RECAL	MEDICINE - OTHER	NonFacility	$ 104.30
D3353	00	APEXIFICAT/RECAL	MEDICINE - OTHER	NonFacility	$ 317.81
D3410	00	APICOECT/PERIRAD	MEDICINE - OTHER	NonFacility	$ 457.50
D3421	00	APICOECT/PERIRAD	MEDICINE - OTHER	NonFacility	$ 508.73
D3425	00	APICOECT/PERIRAD	MEDICINE - OTHER	NonFacility	$ 577.05

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Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
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Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D3426	00	APICOECTOMY/PERI	MEDICINE - OTHER	NonFacility	$ 195.19
D3430	00	RETROGRADE FILLI	MEDICINE - OTHER	NonFacility	$ 143.35
D3450	00	ROOT AMPUTATION	MEDICINE - OTHER	NonFacility	$ 298.29
D3460	00	ENDODONTIC ENDOS	MEDICINE - OTHER	NonFacility	$ 1113.84
D3470	00	INTENTIONAL REIM	MEDICINE - OTHER	NonFacility	$ 569.11
D3910	00	SURG PROC ISOLAT	MEDICINE - OTHER	NonFacility	$ 79.29
D3920	00	HEMISECTION NOT	MEDICINE - OTHER	NonFacility	$ 226.92
D3950	00	CANAL PREP&FIT P	MEDICINE - OTHER	NonFacility	$ 104.30
D4210	00	GINGIVECT/PLSTY	MEDICINE - OTHER	NonFacility	$ 358.06
D4211	00	GINGIVECT/PLSTY	MEDICINE - OTHER	NonFacility	$ 159.82
D4230	00	ANAT CROWN EXP 4	MEDICINE - OTHER	NonFacility	$ 500.81
D4231	00	ANATOMICAL CROWN	MEDICINE - OTHER	NonFacility	$ 238.50
D4240	00	GINGL FLP PROC 4	MEDICINE - OTHER	NonFacility	$ 453.23
D4241	00	GINGL FLP PROC 1	MEDICINE - OTHER	NonFacility	$ 262.29
D4245	00	APICALLY POSITIO	MEDICINE - OTHER	NonFacility	$ 334.88
D4249	00	CLIN CROWN LEN -	MEDICINE - OTHER	NonFacility	$ 497.13
D4260	00	OSSEOUS SURG 4/>	MEDICINE - OTHER	NonFacility	$ 755.78
D4261	00	OSSEOUS SURG 1-3	MEDICINE - OTHER	NonFacility	$ 405.63
D4263	00	BONE REPLCMT GRA	MEDICINE - OTHER	NonFacility	$ 270.23
D4264	00	BN REPLCMT GRAFT	MEDICINE - OTHER	NonFacility	$ 230.58
D4266	00	GUID TISS REGEN-	MEDICINE - OTHER	NonFacility	$ 278.77
D4267	00	GUID TISS REGEN-	MEDICINE - OTHER	NonFacility	$ 358.06
D4270	00	PEDICLE SOFT TIS	MEDICINE - OTHER	NonFacility	$ 536.79
D4271	00	FREE SOFT TISSUE	MEDICINE - OTHER	NonFacility	$ 556.92
D4273	00	SUBEPITHEL CONEC	MEDICINE - OTHER	NonFacility	$ 656.34
D4274	00	DISTAL OR PROXIM	MEDICINE - OTHER	NonFacility	$ 371.49
D4275	00	SOFT TISSUE ALLO	MEDICINE - OTHER	NonFacility	$ 492.87
D4276	00	COMB CNCTIVE TIS	MEDICINE - OTHER	NonFacility	$ 735.65
D4320	00	PRVSAL SPLINTING	MEDICINE - OTHER	NonFacility	$ 262.29
D4321	00	PRVSAL SPLINTING	MEDICINE - OTHER	NonFacility	$ 238.50
D4341	00	PRDONTAL SCALING	MEDICINE - OTHER	NonFacility	$ 151.88
D4342	00	PRDONTAL SCALING	MEDICINE - OTHER	NonFacility	$ 86.62
D4355	00	FULL MOUTH DEBRI	MEDICINE - OTHER	NonFacility	$ 104.30
D4910	00	PERIODONTAL MAIN	MEDICINE - OTHER	NonFacility	$ 93.34
D4920	00	UNSCHEDULED DRES	MEDICINE - OTHER	NonFacility	$ 68.32
D5110	00	COMPLETE DENTURE	MEDICINE - OTHER	NonFacility	$ 872.89
D5120	00	COMPLETE DENTURE	MEDICINE - OTHER	NonFacility	$ 872.89
D5130	00	IMMEDIATE DENTUR	MEDICINE - OTHER	NonFacility	$ 950.97
D5140	00	IMMEDIATE DENTUR	MEDICINE - OTHER	NonFacility	$ 950.97
D5211	00	MAXILLARY PARTIA	MEDICINE - OTHER	NonFacility	$ 735.65
D5212	00	MANDIBULAR PARTI	MEDICINE - OTHER	NonFacility	$ 854.59
D5213	00	MAX PART DENTUR-	MEDICINE - OTHER	NonFacility	$ 964.39
D5214	00	MAND PART DENTUR	MEDICINE - OTHER	NonFacility	$ 964.39
D5225	00	MAXILLARY PARTIA	MEDICINE - OTHER	NonFacility	$ 735.65
D5226	00	MANDIBULAR PARTI	MEDICINE - OTHER	NonFacility	$ 854.59
D5281	00	REMV UNI PART DE	MEDICINE - OTHER	NonFacility	$ 561.19
D5410	00	ADJUST COMPLETE	MEDICINE - OTHER	NonFacility	$ 47.58
D5411	00	ADJUST COMPLETE	MEDICINE - OTHER	NonFacility	$ 47.58
D5421	00	ADJUST PARTIAL D	MEDICINE - OTHER	NonFacility	$ 47.58
D5422	00	ADJUST PARTIAL D	MEDICINE - OTHER	NonFacility	$ 47.58
D5510	00	REPAIR BROKEN CO	MEDICINE - OTHER	NonFacility	$ 95.77
D5520	00	REPL MISS/BROKEN	MEDICINE - OTHER	NonFacility	$ 79.29
D5610	00	REPAIR RESIN DEN	MEDICINE - OTHER	NonFacility	$ 104.30

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D5620	00	REPAIR CAST FRAM	MEDICINE - OTHER	NonFacility	$ 111.63
D5630	00	REPAIR OR REPLAC	MEDICINE - OTHER	NonFacility	$ 135.42
D5640	00	REPLACE BROKEN T	MEDICINE - OTHER	NonFacility	$ 86.62
D5650	00	ADD TOOTH EXISTI	MEDICINE - OTHER	NonFacility	$ 119.56
D5660	00	ADD CLASP EXISTI	MEDICINE - OTHER	NonFacility	$ 143.35
D5670	00	REPLACE ALL TEET	MEDICINE - OTHER	NonFacility	$ 350.74
D5671	00	REPLACE ALL TEET	MEDICINE - OTHER	NonFacility	$ 350.74
D5710	00	REBASE COMPLETE	MEDICINE - OTHER	NonFacility	$ 353.79
D5711	00	REBASE COMPLETE	MEDICINE - OTHER	NonFacility	$ 337.94
D5720	00	REBASE MAXILLARY	MEDICINE - OTHER	NonFacility	$ 334.88
D5721	00	REBASE MANDIBULA	MEDICINE - OTHER	NonFacility	$ 334.88
D5730	00	RELINE COMPLETE	MEDICINE - OTHER	NonFacility	$ 199.46
D5731	00	RELINE COMPLETE	MEDICINE - OTHER	NonFacility	$ 199.46
D5740	00	RELINE MAXILLARY	MEDICINE - OTHER	NonFacility	$ 183.00
D5741	00	RELINE MANDIBULA	MEDICINE - OTHER	NonFacility	$ 183.00
D5750	00	RELINE COMPLETE	MEDICINE - OTHER	NonFacility	$ 266.56
D5751	00	RELINE COMPLETE	MEDICINE - OTHER	NonFacility	$ 266.56
D5760	00	RELINE MAXILLARY	MEDICINE - OTHER	NonFacility	$ 262.29
D5761	00	RELINE MANDIBULA	MEDICINE - OTHER	NonFacility	$ 262.29
D5810	00	INTERIM COMPLETE	MEDICINE - OTHER	NonFacility	$ 421.50
D5811	00	INTERIM COMPLETE	MEDICINE - OTHER	NonFacility	$ 453.23
D5820	00	INTERIM PARTIAL	MEDICINE - OTHER	NonFacility	$ 326.34
D5821	00	INTERIM PARTIAL	MEDICINE - OTHER	NonFacility	$ 345.86
D5850	00	TISSUE CONDITION	MEDICINE - OTHER	NonFacility	$ 83.58
D5851	00	TISSUE CONDITION	MEDICINE - OTHER	NonFacility	$ 83.58
D5911	00	FACIAL MOULAGE	MEDICINE - OTHER	NonFacility	$ 221.43
D5912	00	FACIAL MOULAGE	MEDICINE - OTHER	NonFacility	$ 221.43
D5913	00	NASL PROSTHESIS	MEDICINE - OTHER	NonFacility	$ 4657.27
D5914	00	AURICULAR PROSTH	MEDICINE - OTHER	NonFacility	$ 4657.27
D5915	00	ORB PROSTHESIS S	MEDICINE - OTHER	NonFacility	$ 6303.02
D5916	00	OCULR PROSTH COD	MEDICINE - OTHER	NonFacility	$ 1680.52
D5931	00	OBTUR PROSTH SUR	MEDICINE - OTHER	NonFacility	$ 2507.65
D5932	00	OBTUR PROSTH DEF	MEDICINE - OTHER	NonFacility	$ 4690.21
D5934	00	MAND PROSTH W/GU	MEDICINE - OTHER	NonFacility	$ 4274.79
D5935	00	MAND PROSTH NO G	MEDICINE - OTHER	NonFacility	$ 3719.71
D5936	00	OBTUR/PROSTH INT	MEDICINE - OTHER	NonFacility	$ 4177.80
D5937	00	TRISMUS APPLIANC	MEDICINE - OTHER	NonFacility	$ 525.21
D5951	00	FEEDING AID	MEDICINE - OTHER	NonFacility	$ 682.58
D5952	00	SPCH AID PROSTH	MEDICINE - OTHER	NonFacility	$ 2216.70
D5953	00	SPCH AID PROSTH	MEDICINE - OTHER	NonFacility	$ 4209.53
D5954	00	PALATL AUG PROST	MEDICINE - OTHER	NonFacility	$ 3900.87
D5955	00	PALATL LIFT PROS	MEDICINE - OTHER	NonFacility	$ 3608.08
D5982	00	SURGICAL STENT S	MEDICINE - OTHER	NonFacility	$ 353.79
D5983	00	RADIATION CARRIE	MEDICINE - OTHER	NonFacility	$ 796.03
D5984	00	RADIATION SHIELD	MEDICINE - OTHER	NonFacility	$ 796.03
D5985	00	RADIATION CONE L	MEDICINE - OTHER	NonFacility	$ 796.03
D5986	00	FLUORIDE GEL CAR	MEDICINE - OTHER	NonFacility	$ 79.29
D5987	00	COMMISSURE SPLIN	MEDICINE - OTHER	NonFacility	$ 1193.13
D5988	00	SURGICAL SPLINT	MEDICINE - OTHER	NonFacility	$ 238.50
D5991	00	TOPICAL MEDICAME	MEDICINE - OTHER	NonFacility	$ 91.50
D6010	00	SURG PLCMT BDY:E	MEDICINE - OTHER	NonFacility	$ 1456.64
D6012	00	SURG PLCMT INTER	MEDICINE - OTHER	NonFacility	$ 1376.13
D6040	00	SURG PLCMT: EPOS	MEDICINE - OTHER	NonFacility	$ 5011.67

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D6050	00	SURG PLCMT: TRAN	MEDICINE - OTHER	NonFacility	$ 3739.23
D6053	00	IMPL/ABUT SUPP R	MEDICINE - OTHER	NonFacility	$ 1088.22
D6054	00	IMPL/ABUT SUPP R	MEDICINE - OTHER	NonFacility	$ 1088.22
D6055	00	CONNECTING BAR I	MEDICINE - OTHER	NonFacility	$ 437.36
D6056	00	PREFABRICATED AB	MEDICINE - OTHER	NonFacility	$ 301.94
D6057	00	CUSTOM ABUTMENT	MEDICINE - OTHER	NonFacility	$ 373.92
D6058	00	ABUT SUPP PORCEL	MEDICINE - OTHER	NonFacility	$ 838.73
D6059	00	ABUT SUPP PORCEL	MEDICINE - OTHER	NonFacility	$ 827.15
D6060	00	ABUT SUPP PORCEL	MEDICINE - OTHER	NonFacility	$ 782.00
D6061	00	ABUT SUPP PORCEL	MEDICINE - OTHER	NonFacility	$ 797.87
D6062	00	ABUTMENT SUPPORT	MEDICINE - OTHER	NonFacility	$ 794.81
D6063	00	ABUTMENT SUPPORT	MEDICINE - OTHER	NonFacility	$ 691.73
D6064	00	ABUTMENT SUPPORT	MEDICINE - OTHER	NonFacility	$ 724.05
D6065	00	IMPLANT SUPP POR	MEDICINE - OTHER	NonFacility	$ 825.93
D6066	00	IMPL SUPP PORCEL	MEDICINE - OTHER	NonFacility	$ 803.36
D6067	00	IMPLANT SUPPORTE	MEDICINE - OTHER	NonFacility	$ 780.17
D6068	00	ABUT SUPP RETAIN	MEDICINE - OTHER	NonFacility	$ 831.42
D6069	00	ABUT SUPP RETN P	MEDICINE - OTHER	NonFacility	$ 827.15
D6070	00	ABUT SUPP RETN P	MEDICINE - OTHER	NonFacility	$ 782.00
D6071	00	ABUT SUPP RETN P	MEDICINE - OTHER	NonFacility	$ 797.87
D6072	00	ABUT SUPP RETAIN	MEDICINE - OTHER	NonFacility	$ 807.63
D6073	00	ABUT SUPP RETAIN	MEDICINE - OTHER	NonFacility	$ 737.47
D6074	00	ABUT SUPP RETAIN	MEDICINE - OTHER	NonFacility	$ 783.23
D6075	00	IMPLANT SUPP RET	MEDICINE - OTHER	NonFacility	$ 825.93
D6076	00	IMPL SUPP RETN P	MEDICINE - OTHER	NonFacility	$ 803.36
D6077	00	IMPLANT SUPP RET	MEDICINE - OTHER	NonFacility	$ 780.17
D6080	00	IMPL MAINT PROC	MEDICINE - OTHER	NonFacility	$ 68.32
D6091	00	REPL ATTACHMNT I	MEDICINE - OTHER	NonFacility	$ 330.00
D6092	00	RECEMENT IMPLANT	MEDICINE - OTHER	NonFacility	$ 64.67
D6093	00	RECEMENT IMPL/AB	MEDICINE - OTHER	NonFacility	$ 101.26
D6094	00	ABUTMENT SUPPORT	MEDICINE - OTHER	NonFacility	$ 656.34
D6190	00	RADIOGRAPHIC/SUR	MEDICINE - OTHER	NonFacility	$ 147.00
D6194	00	ABUTMENT SUPPORT	MEDICINE - OTHER	NonFacility	$ 676.48
D6205	00	PONTIC INDIRECT	MEDICINE - OTHER	NonFacility	$ 414.19
D6210	00	PONTIC - CAST HI	MEDICINE - OTHER	NonFacility	$ 632.55
D6211	00	PONTIC - CAST PR	MEDICINE - OTHER	NonFacility	$ 592.31
D6212	00	PONTIC - CAST NO	MEDICINE - OTHER	NonFacility	$ 616.71
D6214	00	PONTIC TITANIUM	MEDICINE - OTHER	NonFacility	$ 636.21
D6240	00	PONTIC-PORCELN F	MEDICINE - OTHER	NonFacility	$ 624.63
D6241	00	PONTIC-PORCLN FU	MEDICINE - OTHER	NonFacility	$ 577.05
D6242	00	PONTIC - PORCELN	MEDICINE - OTHER	NonFacility	$ 608.77
D6245	00	PONTIC - PORCELA	MEDICINE - OTHER	NonFacility	$ 644.15
D6250	00	PONTIC - RESIN W	MEDICINE - OTHER	NonFacility	$ 616.71
D6251	00	PONTIC - RSN W/P	MEDICINE - OTHER	NonFacility	$ 569.11
D6252	00	PONTIC - RESIN W	MEDICINE - OTHER	NonFacility	$ 587.43
D6253	00	PROVISIONAL PONT	MEDICINE - OTHER	NonFacility	$ 265.96
D6254	00	INTERIM PONTIC	MEDICINE - OTHER	NonFacility	$ 376.97
D6545	00	RETN-CAST METL R	MEDICINE - OTHER	NonFacility	$ 262.29
D6548	00	RETN-PORCELN/CER	MEDICINE - OTHER	NonFacility	$ 289.14
D6600	00	INLAY-PORCELAIN/	MEDICINE - OTHER	NonFacility	$ 520.92
D6601	00	INLAY - PORCELAI	MEDICINE - OTHER	NonFacility	$ 546.55
D6602	00	INLAY - CAST HIG	MEDICINE - OTHER	NonFacility	$ 556.92
D6603	00	INLAY - CAST HIG	MEDICINE - OTHER	NonFacility	$ 612.42

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D6604	00	INLAY - CAST PRE	MEDICINE - OTHER	NonFacility	$ 545.94
D6605	00	INLAY - CAST PRE	MEDICINE - OTHER	NonFacility	$ 577.67
D6606	00	INLAY - CAST NOB	MEDICINE - OTHER	NonFacility	$ 536.79
D6607	00	INLAY - CAST NOB	MEDICINE - OTHER	NonFacility	$ 595.96
D6608	00	ONLAY - PORCELAI	MEDICINE - OTHER	NonFacility	$ 566.68
D6609	00	ONLAY - PORCELAI	MEDICINE - OTHER	NonFacility	$ 591.08
D6610	00	ONLAY - CAST HIG	MEDICINE - OTHER	NonFacility	$ 600.23
D6611	00	ONLAY - CAST HIG	MEDICINE - OTHER	NonFacility	$ 657.57
D6612	00	ONLAY - CAST PRE	MEDICINE - OTHER	NonFacility	$ 597.78
D6613	00	ONLAY - CAST PRE	MEDICINE - OTHER	NonFacility	$ 624.63
D6614	00	ONLAY - CAST NOB	MEDICINE - OTHER	NonFacility	$ 584.98
D6615	00	ONLAY - CAST NOB	MEDICINE - OTHER	NonFacility	$ 606.95
D6624	00	INLAY TITANIUM	MEDICINE - OTHER	NonFacility	$ 556.92
D6634	00	ONLAY TITANIUM	MEDICINE - OTHER	NonFacility	$ 584.98
D6710	00	CROWN INDIRECT R	MEDICINE - OTHER	NonFacility	$ 597.19
D6720	00	CROWN - RESIN WI	MEDICINE - OTHER	NonFacility	$ 696.61
D6721	00	CROWN - RESIN W/	MEDICINE - OTHER	NonFacility	$ 660.61
D6722	00	CROWN - RESIN WI	MEDICINE - OTHER	NonFacility	$ 672.21
D6740	00	CROWN - PORCELAI	MEDICINE - OTHER	NonFacility	$ 731.98
D6750	00	CROWN - PORCELN	MEDICINE - OTHER	NonFacility	$ 713.07
D6751	00	CROWN-PORCELN FU	MEDICINE - OTHER	NonFacility	$ 665.49
D6752	00	CROWN - PORCELAI	MEDICINE - OTHER	NonFacility	$ 680.74
D6780	00	CROWN - 3/4 CAST	MEDICINE - OTHER	NonFacility	$ 672.21
D6781	00	CROWN-3/4 CAST P	MEDICINE - OTHER	NonFacility	$ 672.21
D6782	00	CROWN - 3/4 CAST	MEDICINE - OTHER	NonFacility	$ 624.63
D6783	00	CROWN - 3/4 PORC	MEDICINE - OTHER	NonFacility	$ 691.73
D6790	00	CROWN - FULL CAS	MEDICINE - OTHER	NonFacility	$ 688.69
D6791	00	CROWN-FULL CAST	MEDICINE - OTHER	NonFacility	$ 652.69
D6792	00	CROWN - FULL CAS	MEDICINE - OTHER	NonFacility	$ 676.48
D6793	00	PROVISIONAL RETA	MEDICINE - OTHER	NonFacility	$ 282.42
D6794	00	CROWN TITANIUM	MEDICINE - OTHER	NonFacility	$ 676.48
D6795	00	INTERIM RETAINER	MEDICINE - OTHER	NonFacility	$ 404.43
D6920	00	CONNECTOR BAR	MEDICINE - OTHER	NonFacility	$ 143.35
D6930	00	RECEMENT FIXED P	MEDICINE - OTHER	NonFacility	$ 83.58
D6940	00	STRESS BREAKER	MEDICINE - OTHER	NonFacility	$ 189.10
D6950	00	PRECISION ATTACH	MEDICINE - OTHER	NonFacility	$ 366.00
D6970	00	POST & CORE ADD	MEDICINE - OTHER	NonFacility	$ 230.58
D6972	00	PREFAB POST & CO	MEDICINE - OTHER	NonFacility	$ 187.27
D6973	00	CORE BUILD UP RE	MEDICINE - OTHER	NonFacility	$ 151.88
D6975	00	COPING - METAL	MEDICINE - OTHER	NonFacility	$ 405.63
D6976	00	EACH ADD INDIREC	MEDICINE - OTHER	NonFacility	$ 107.36
D6977	00	EA ADD PREFABR P	MEDICINE - OTHER	NonFacility	$ 95.77
D6985	00	PEDIATRIC PARTIA	MEDICINE - OTHER	NonFacility	$ 317.81
D7111	00	EXTRACTION CORON	MEDICINE - OTHER	NonFacility	$ 65.26
D7140	00	EXTRACTION ERUPT	MEDICINE - OTHER	NonFacility	$ 86.62
D7210	00	SURG REMOVAL ERU	MEDICINE - OTHER	NonFacility	$ 153.72
D7220	00	REMOVAL IMPACT T	MEDICINE - OTHER	NonFacility	$ 192.76
D7230	00	REMOVAL IMPACT T	MEDICINE - OTHER	NonFacility	$ 256.20
D7240	00	REMOVAL IMPACTED	MEDICINE - OTHER	NonFacility	$ 300.11
D7241	00	REMV IMP TOOTH-C	MEDICINE - OTHER	NonFacility	$ 378.19
D7250	00	SURG REMOVAL RES	MEDICINE - OTHER	NonFacility	$ 161.64
D7251	00	CORONECTOMY - IN	MEDICINE - OTHER	NonFacility	$ 359.89
D7260	00	OROANTRAL FISTUL	MEDICINE - OTHER	NonFacility	$ 954.02

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D7261	00	PRIMARY CLOSURE	MEDICINE - OTHER	NonFacility	$ 397.71
D7270	00	TOOTH REIMPL &OR	MEDICINE - OTHER	NonFacility	$ 298.29
D7272	00	TOOTH TRANSPLANT	MEDICINE - OTHER	NonFacility	$ 397.71
D7280	00	SURGICAL ACCESS	MEDICINE - OTHER	NonFacility	$ 278.77
D7282	00	MOBILIZ ERUPTED/	MEDICINE - OTHER	NonFacility	$ 139.08
D7283	00	PLCMT DEVICE FAC	MEDICINE - OTHER	NonFacility	$ 119.56
D7285	00	BX ORL TISS HARD	MEDICINE - OTHER	NonFacility	$ 556.92
D7286	00	BIOPSY OF ORAL T	MEDICINE - OTHER	NonFacility	$ 238.50
D7287	00	EXFOLIATIVE CYTO	MEDICINE - OTHER	NonFacility	$ 95.77
D7288	00	BRUSH BIOPSY TRA	MEDICINE - OTHER	NonFacility	$ 95.77
D7290	00	SURGICAL REPOSIT	MEDICINE - OTHER	NonFacility	$ 238.50
D7292	00	SURG PLCMT: TEMP	MEDICINE - OTHER	NonFacility	$ 381.85
D7293	00	SURG PLCMT: TEMP	MEDICINE - OTHER	NonFacility	$ 238.50
D7294	00	SURG PLCMT: TEMP	MEDICINE - OTHER	NonFacility	$ 198.86
D7310	00	ALVEOLOPLASTY W/	MEDICINE - OTHER	NonFacility	$ 159.82
D7311	00	ALVEOLOPLSTY CON	MEDICINE - OTHER	NonFacility	$ 139.08
D7320	00	ALVEOLPLSTY NO X	MEDICINE - OTHER	NonFacility	$ 259.25
D7321	00	ALVEOLOPLSTY NOT	MEDICINE - OTHER	NonFacility	$ 218.98
D7340	00	VESTIBULOPLASTY	MEDICINE - OTHER	NonFacility	$ 1093.71
D7350	00	VESTIBULOPLASTY	MEDICINE - OTHER	NonFacility	$ 3182.92
D7410	00	EXCISION OF BENI	MEDICINE - OTHER	NonFacility	$ 477.61
D7411	00	EXCISION OF BENI	MEDICINE - OTHER	NonFacility	$ 755.78
D7412	00	EXCISION OF BENI	MEDICINE - OTHER	NonFacility	$ 835.69
D7413	00	EXCISION OF MALI	MEDICINE - OTHER	NonFacility	$ 556.92
D7414	00	EXCISION OF MALI	MEDICINE - OTHER	NonFacility	$ 835.69
D7415	00	EXCISION OF MALI	MEDICINE - OTHER	NonFacility	$ 935.11
D7440	00	EXC MALIG TUMR -	MEDICINE - OTHER	NonFacility	$ 755.78
D7441	00	EXC MALIG TUMR -	MEDICINE - OTHER	NonFacility	$ 1113.84
D7450	00	REMOVAL BEN ODON	MEDICINE - OTHER	NonFacility	$ 477.61
D7451	00	REMOVAL BENIGN O	MEDICINE - OTHER	NonFacility	$ 652.69
D7460	00	REMOVAL BEN NONO	MEDICINE - OTHER	NonFacility	$ 477.61
D7461	00	REMOVAL BEN NONO	MEDICINE - OTHER	NonFacility	$ 652.69
D7465	00	DESTRUCTION LESI	MEDICINE - OTHER	NonFacility	$ 259.25
D7471	00	REMOVAL OF LATER	MEDICINE - OTHER	NonFacility	$ 591.08
D7472	00	REMOVAL OF TORUS	MEDICINE - OTHER	NonFacility	$ 703.31
D7473	00	REMOVAL OF TORUS	MEDICINE - OTHER	NonFacility	$ 662.45
D7485	00	SURGICAL REDUCTI	MEDICINE - OTHER	NonFacility	$ 591.08
D7490	00	RADICAL RESECTIO	MEDICINE - OTHER	NonFacility	$ 4773.76
D7510	00	I&D ABSC-INTRAOR	MEDICINE - OTHER	NonFacility	$ 170.79
D7511	00	I & D ABSCESS IN	MEDICINE - OTHER	NonFacility	$ 259.25
D7520	00	I&D ABSC-XTRAORA	MEDICINE - OTHER	NonFacility	$ 814.94
D7521	00	I & D ABSCESS EX	MEDICINE - OTHER	NonFacility	$ 895.46
D7530	00	REMOVAL FB FROM	MEDICINE - OTHER	NonFacility	$ 293.41
D7540	00	REMV REACT-PRODU	MEDICINE - OTHER	NonFacility	$ 324.51
D7550	00	PART OSTEC/SEQUE	MEDICINE - OTHER	NonFacility	$ 203.13
D7560	00	MAX SINUSOT REMV	MEDICINE - OTHER	NonFacility	$ 1610.97
D7610	00	MAXILLA - OPEN R	MEDICINE - OTHER	NonFacility	$ 2605.87
D7620	00	MAXILLA - CLOS R	MEDICINE - OTHER	NonFacility	$ 1954.41
D7630	00	MAND - OPEN REDU	MEDICINE - OTHER	NonFacility	$ 3388.49
D7640	00	MAND - CLOS REDU	MEDICINE - OTHER	NonFacility	$ 2149.60
D7650	00	MALR &OR ZYGO AR	MEDICINE - OTHER	NonFacility	$ 1628.06
D7660	00	MALR &OR ZYGO AR	MEDICINE - OTHER	NonFacility	$ 960.12
D7670	00	ALVEOL - CLOS RD	MEDICINE - OTHER	NonFacility	$ 750.29

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D7671	00	ALVEOL - OPEN RD	MEDICINE - OTHER	NonFacility	$ 1412.13
D7680	00	FCE BNS-COMP RDU	MEDICINE - OTHER	NonFacility	$ 4886.01
D7710	00	MAXILLA - OPEN R	MEDICINE - OTHER	NonFacility	$ 3062.14
D7720	00	MAXILLA - CLOS R	MEDICINE - OTHER	NonFacility	$ 2149.60
D7730	00	MAND - OPN RDUC	MEDICINE - OTHER	NonFacility	$ 4429.12
D7740	00	MAND - CLOS RDUC	MEDICINE - OTHER	NonFacility	$ 2191.68
D7750	00	MALR&/ZYGO ARCH-	MEDICINE - OTHER	NonFacility	$ 2787.64
D7760	00	MALR&/ZYGO ARCH-	MEDICINE - OTHER	NonFacility	$ 1118.72
D7770	00	ALVEOLUS - OPEN	MEDICINE - OTHER	NonFacility	$ 1515.82
D7771	00	ALVEOLUS CLOSED	MEDICINE - OTHER	NonFacility	$ 1169.34
D7780	00	FCE BNS-COMP RDU	MEDICINE - OTHER	NonFacility	$ 6514.68
D7810	00	OPEN RDUC DISLOC	MEDICINE - OTHER	NonFacility	$ 2865.73
D7820	00	CLOS RDUC DISLOC	MEDICINE - OTHER	NonFacility	$ 469.69
D7830	00	MANIP UNDER ANES	MEDICINE - OTHER	NonFacility	$ 269.01
D7840	00	CONDYLECTOMY. SE	MEDICINE - OTHER	NonFacility	$ 3905.75
D7850	00	SURG DISCECT W/	MEDICINE - OTHER	NonFacility	$ 3373.85
D7852	00	DISC REPAIR. SEE	MEDICINE - OTHER	NonFacility	$ 3862.44
D7854	00	SYNOVECTOMY. SEE	MEDICINE - OTHER	NonFacility	$ 3986.27
D7856	00	MYOTOMY. SEE ALS	MEDICINE - OTHER	NonFacility	$ 2829.13
D7858	00	JOINT RECNSTR SE	MEDICINE - OTHER	NonFacility	$ 8061.60
D7860	00	ARTHROTOMY	MEDICINE - OTHER	NonFacility	$ 3436.06
D7865	00	ARTHROPLASTY. SE	MEDICINE - OTHER	NonFacility	$ 5537.47
D7870	00	ARTHROCENTESIS S	MEDICINE - OTHER	NonFacility	$ 183.00
D7871	00	NON-ARTHROSCOPIC	MEDICINE - OTHER	NonFacility	$ 366.00
D7872	00	SCOPE - DX W/WO	MEDICINE - OTHER	NonFacility	$ 1953.18
D7873	00	SCOPE-SURG:LAVAG	MEDICINE - OTHER	NonFacility	$ 2352.73
D7874	00	SCOPE-SURG: DISC	MEDICINE - OTHER	NonFacility	$ 3373.85
D7875	00	SCOPE - SURG: SY	MEDICINE - OTHER	NonFacility	$ 3695.31
D7876	00	SCOPE - SURG: DI	MEDICINE - OTHER	NonFacility	$ 3983.84
D7877	00	SCOPE - SURG: DE	MEDICINE - OTHER	NonFacility	$ 3516.58
D7880	00	OCCLUSAL ORTHOTI	MEDICINE - OTHER	NonFacility	$ 439.18
D7910	00	SUT RECENT SM WN	MEDICINE - OTHER	NonFacility	$ 261.08
D7911	00	COMP SUT-UP 5 CM	MEDICINE - OTHER	NonFacility	$ 651.46
D7912	00	COMP SUT - > 5 C	MEDICINE - OTHER	NonFacility	$ 1173.01
D7920	00	SKIN GRAFT SEE	MEDICINE - OTHER	NonFacility	$ 1921.47
D7941	00	OSTEOT-MAND RAMI	MEDICINE - OTHER	NonFacility	$ 4892.72
D7943	00	OSTEOT-MAND RAMI	MEDICINE - OTHER	NonFacility	$ 4495.00
D7944	00	OSTEOTOMY SEGMEN	MEDICINE - OTHER	NonFacility	$ 4005.79
D7945	00	OSTEOT-BDY MAND	MEDICINE - OTHER	NonFacility	$ 5331.30
D7946	00	LEFORT I SEE AL	MEDICINE - OTHER	NonFacility	$ 6603.73
D7947	00	LEFORT I SEE ALS	MEDICINE - OTHER	NonFacility	$ 5553.34
D7948	00	LEFORT II/III-W/	MEDICINE - OTHER	NonFacility	$ 7207.62
D7949	00	LEFORT II/LEFORT	MEDICINE - OTHER	NonFacility	$ 9388.95
D7953	00	BONE REPLCMT GRA	MEDICINE - OTHER	NonFacility	$ 135.42
D7960	00	FRENULECTOMY SEP	MEDICINE - OTHER	NonFacility	$ 218.98
D7963	00	FRENULOPLASTY	MEDICINE - OTHER	NonFacility	$ 358.06
D7970	00	EXC HYPERPLSTC T	MEDICINE - OTHER	NonFacility	$ 317.81
D7971	00	EXC PERICORONAL	MEDICINE - OTHER	NonFacility	$ 119.56
D7972	00	SURGICAL REDUCTI	MEDICINE - OTHER	NonFacility	$ 445.29
D7980	00	SIALOLITH CODES	MEDICINE - OTHER	NonFacility	$ 500.81
D7982	00	SIALODOCHOPLASTY	MEDICINE - OTHER	NonFacility	$ 1184.59
D7983	00	CLOS SALIV FIST	MEDICINE - OTHER	NonFacility	$ 1137.02
D7990	00	EMERG TRACHEOT C	MEDICINE - OTHER	NonFacility	$ 979.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
D7991	00	CORONOIDECTOMY S	MEDICINE - OTHER	NonFacility	$ 2386.89
D7997	00	APPLINC REMOVL I	MEDICINE - OTHER	NonFacility	$ 183.00
D7998	00	INTRAORAL PLCMT	MEDICINE - OTHER	NonFacility	$ 796.03
D8660	00	PREORTHODONTIC T	MEDICINE - OTHER	NonFacility	$ 44.75
D8670	00	PERIODIC ORTHODO	MEDICINE - OTHER	NonFacility	$ 217.18
D8680	00	ORTHODONTIC RETE	MEDICINE - OTHER	NonFacility	$ 476.72
D8690	00	ORTHODONTIC TREA	MEDICINE - OTHER	NonFacility	$ 224.34
D8691	00	REPAIR OF ORTHOD	MEDICINE - OTHER	NonFacility	$ 118.13
D8692	00	REPLACEMENT LOST	MEDICINE - OTHER	NonFacility	$ 235.67
D9110	00	PALLIATIVE EMERG	MEDICINE - OTHER	NonFacility	$ 60.99
D9120	00	FIXED PARTIAL DE	MEDICINE - OTHER	NonFacility	$ 68.93
D9210	00	LOC ANES-NOT CON	MEDICINE - OTHER	NonFacility	$ 22.56
D9211	00	RGN BLK SEE ALSO	MEDICINE - OTHER	NonFacility	$ 25.63
D9212	00	TRIGEMINAL DIV B	MEDICINE - OTHER	NonFacility	$ 39.65
D9215	00	LOCAL ANESTHESIA	MEDICINE - OTHER	NonFacility	$ 18.91
D9220	00	DEEP SEDATION/GE	MEDICINE - OTHER	NonFacility	$ 229.96
D9221	00	DEEP SEDATION/GE	MEDICINE - OTHER	NonFacility	$ 103.69
D9230	00	INHALATION OF NI	MEDICINE - OTHER	NonFacility	$ 38.43
D9241	00	IV CONSCIOUS SED	MEDICINE - OTHER	NonFacility	$ 178.73
D9242	00	IV CONSCIOUS SED	MEDICINE - OTHER	NonFacility	$ 86.62
D9248	00	NON-INTRAVENOUS	MEDICINE - OTHER	NonFacility	$ 55.50
D9310	00	CONSULT DX SERV	MEDICINE - OTHER	NonFacility	$ 127.48
D9410	00	HOUSE/EXTREND CA	MEDICINE - OTHER	NonFacility	$ 145.79
D9420	00	HOSPITAL OR AMBU	MEDICINE - OTHER	NonFacility	$ 235.46
D9430	00	OV OBS - NO OTH	MEDICINE - OTHER	NonFacility	$ 39.37
D9440	00	OV-AFTER REGLY S	MEDICINE - OTHER	NonFacility	$ 79.29
D9450	00	CASE PRESENTATIO	MEDICINE - OTHER	NonFacility	$ 39.65
D9910	00	APPLICATION DESE	MEDICINE - OTHER	NonFacility	$ 27.44
D9911	00	APPLIC DESENZT R	MEDICINE - OTHER	NonFacility	$ 39.65
D9940	00	OCCLUSAL GUARD,	MEDICINE - OTHER	NonFacility	$ 229.96
D9941	00	FABR ATHLETIC MO	MEDICINE - OTHER	NonFacility	$ 79.29
D9942	00	REPAIR AND/OR RE	MEDICINE - OTHER	NonFacility	$ 95.77
D9950	00	OCCLUSION ANALYS	MEDICINE - OTHER	NonFacility	$ 151.27
D9951	00	OCCLUSAL ADJUSTM	MEDICINE - OTHER	NonFacility	$ 67.71
D9952	00	OCCLUSAL ADJUSTM	MEDICINE - OTHER	NonFacility	$ 318.42
D9970	00	ENAMEL MICROABRA	MEDICINE - OTHER	NonFacility	$ 36.00
D9971	00	ODONTPLSTY 1-2 T	MEDICINE - OTHER	NonFacility	$ 46.35
D9972	00	EXTERNAL BLEACHI	MEDICINE - OTHER	NonFacility	$ 159.21
D9973	00	EXTERNAL BLEACHI	MEDICINE - OTHER	NonFacility	$ 26.24
D9974	00	INTERNAL BLEACHI	MEDICINE - OTHER	NonFacility	$ 139.08
E0100	00	CANE ALL MATL AD	DME & SUPPLIES	NonFacility	$ 11.28
E0100	NU	CANE ALL MATL AD	DME & SUPPLIES	NonFacility	$ 11.28
E0100	RR	CANE ALL MATL AD	DME & SUPPLIES	NonFacility	$ 3.18
E0100	UE	CANE ALL MATL AD	DME & SUPPLIES	NonFacility	$ 8.99
E0105	00	CANE QUAD/3-PRON	DME & SUPPLIES	NonFacility	$ 26.30
E0105	NU	CANE QUAD/3-PRON	DME & SUPPLIES	NonFacility	$ 26.30
E0105	RR	CANE QUAD/3-PRON	DME & SUPPLIES	NonFacility	$ 4.75
E0105	UE	CANE QUAD/3-PRON	DME & SUPPLIES	NonFacility	$ 20.27
E0110	00	CRTCHES FORARM V	DME & SUPPLIES	NonFacility	$ 41.55
E0110	NU	CRTCHES FORARM V	DME & SUPPLIES	NonFacility	$ 41.55
E0110	RR	CRTCHES FORARM V	DME & SUPPLIES	NonFacility	$ 8.56
E0110	UE	CRTCHES FORARM V	DME & SUPPLIES	NonFacility	$ 31.16
E0111	00	CRTCH FORARM VAR	DME & SUPPLIES	NonFacility	$ 28.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0111	NU	CRTCH FORARM VAR	DME & SUPPLIES	NonFacility	$ 28.52
E0111	RR	CRTCH FORARM VAR	DME & SUPPLIES	NonFacility	$ 4.51
E0111	UE	CRTCH FORARM VAR	DME & SUPPLIES	NonFacility	$ 22.01
E0112	00	CRTCHS UNDARM WO	DME & SUPPLIES	NonFacility	$ 19.81
E0112	NU	CRTCHS UNDARM WO	DME & SUPPLIES	NonFacility	$ 19.81
E0112	RR	CRTCHS UNDARM WO	DME & SUPPLIES	NonFacility	$ 5.32
E0112	UE	CRTCHS UNDARM WO	DME & SUPPLIES	NonFacility	$ 15.11
E0113	00	CRTCH UNDARM WOO	DME & SUPPLIES	NonFacility	$ 11.32
E0113	NU	CRTCH UNDARM WOO	DME & SUPPLIES	NonFacility	$ 11.32
E0113	RR	CRTCH UNDARM WOO	DME & SUPPLIES	NonFacility	$ 2.76
E0113	UE	CRTCH UNDARM WOO	DME & SUPPLIES	NonFacility	$ 8.49
E0114	00	CRTCHES UNDARM O	DME & SUPPLIES	NonFacility	$ 25.27
E0114	NU	CRTCHES UNDARM O	DME & SUPPLIES	NonFacility	$ 25.27
E0114	RR	CRTCHES UNDARM O	DME & SUPPLIES	NonFacility	$ 4.59
E0114	UE	CRTCHES UNDARM O	DME & SUPPLIES	NonFacility	$ 19.10
E0116	00	CRTCH UNDARM NOT	DME & SUPPLIES	NonFacility	$ 14.86
E0116	NU	CRTCH UNDARM NOT	DME & SUPPLIES	NonFacility	$ 14.86
E0116	RR	CRTCH UNDARM NOT	DME & SUPPLIES	NonFacility	$ 2.89
E0116	UE	CRTCH UNDARM NOT	DME & SUPPLIES	NonFacility	$ 11.18
E0117	00	CRUTCH UNDERARM	DME & SUPPLIES	NonFacility	$ 103.20
E0117	NU	CRUTCH UNDERARM	DME & SUPPLIES	NonFacility	$ 103.20
E0117	RR	CRUTCH UNDERARM	DME & SUPPLIES	NonFacility	$ 10.31
E0117	UE	CRUTCH UNDERARM	DME & SUPPLIES	NonFacility	$ 77.41
E0130	00	WALKER RIGID ADJ	DME & SUPPLIES	NonFacility	$ 32.42
E0130	NU	WALKER RIGID ADJ	DME & SUPPLIES	NonFacility	$ 32.42
E0130	RR	WALKER RIGID ADJ	DME & SUPPLIES	NonFacility	$ 7.76
E0130	UE	WALKER RIGID ADJ	DME & SUPPLIES	NonFacility	$ 25.26
E0135	00	WALKER FOLDING A	DME & SUPPLIES	NonFacility	$ 38.70
E0135	NU	WALKER FOLDING A	DME & SUPPLIES	NonFacility	$ 38.70
E0135	RR	WALKER FOLDING A	DME & SUPPLIES	NonFacility	$ 7.97
E0135	UE	WALKER FOLDING A	DME & SUPPLIES	NonFacility	$ 29.69
E0140	00	WALKER W/TRUNK S	DME & SUPPLIES	NonFacility	$ 166.48
E0140	NU	WALKER W/TRUNK S	DME & SUPPLIES	NonFacility	$ 166.48
E0140	RR	WALKER W/TRUNK S	DME & SUPPLIES	NonFacility	$ 16.65
E0140	UE	WALKER W/TRUNK S	DME & SUPPLIES	NonFacility	$ 124.87
E0141	00	WALKER RIGID WHE	DME & SUPPLIES	NonFacility	$ 53.21
E0141	NU	WALKER RIGID WHE	DME & SUPPLIES	NonFacility	$ 53.21
E0141	RR	WALKER RIGID WHE	DME & SUPPLIES	NonFacility	$ 10.32
E0141	UE	WALKER RIGID WHE	DME & SUPPLIES	NonFacility	$ 39.91
E0143	00	WALKER FOLDING W	DME & SUPPLIES	NonFacility	$ 55.49
E0143	NU	WALKER FOLDING W	DME & SUPPLIES	NonFacility	$ 55.49
E0143	RR	WALKER FOLDING W	DME & SUPPLIES	NonFacility	$ 9.97
E0143	UE	WALKER FOLDING W	DME & SUPPLIES	NonFacility	$ 41.53
E0144	00	WALKER ENCLOSED	DME & SUPPLIES	NonFacility	$ 146.98
E0144	NU	WALKER ENCLOSED	DME & SUPPLIES	NonFacility	$ 146.98
E0144	RR	WALKER ENCLOSED	DME & SUPPLIES	NonFacility	$ 14.71
E0144	UE	WALKER ENCLOSED	DME & SUPPLIES	NonFacility	$ 110.23
E0147	00	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 265.30
E0147	NU	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 265.30
E0147	RR	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 26.53
E0147	UE	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 198.98
E0148	00	WALK HEVY DUTY N	DME & SUPPLIES	NonFacility	$ 58.64
E0148	NU	WALK HEVY DUTY N	DME & SUPPLIES	NonFacility	$ 58.64

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0148	RR	WALK HEVY DUTY N	DME & SUPPLIES	NonFacility	$ 5.87
E0148	UE	WALK HEVY DUTY N	DME & SUPPLIES	NonFacility	$ 43.98
E0149	00	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 103.02
E0149	NU	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 103.02
E0149	RR	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 10.30
E0149	UE	WALKER HEAVY DUT	DME & SUPPLIES	NonFacility	$ 77.26
E0153	00	PLATFORM ATTCH F	DME & SUPPLIES	NonFacility	$ 37.15
E0153	NU	PLATFORM ATTCH F	DME & SUPPLIES	NonFacility	$ 37.15
E0153	RR	PLATFORM ATTCH F	DME & SUPPLIES	NonFacility	$ 4.20
E0153	UE	PLATFORM ATTCH F	DME & SUPPLIES	NonFacility	$ 27.86
E0154	00	PLATFORM ATTACHM	DME & SUPPLIES	NonFacility	$ 32.54
E0154	NU	PLATFORM ATTACHM	DME & SUPPLIES	NonFacility	$ 32.54
E0154	RR	PLATFORM ATTACHM	DME & SUPPLIES	NonFacility	$ 3.95
E0154	UE	PLATFORM ATTACHM	DME & SUPPLIES	NonFacility	$ 24.73
E0155	00	WHL ATTCH PCK-UP	DME & SUPPLIES	NonFacility	$ 14.57
E0155	NU	WHL ATTCH PCK-UP	DME & SUPPLIES	NonFacility	$ 14.57
E0155	RR	WHL ATTCH PCK-UP	DME & SUPPLIES	NonFacility	$ 1.78
E0155	UE	WHL ATTCH PCK-UP	DME & SUPPLIES	NonFacility	$ 11.10
E0156	00	SEAT ATTACHMENT	DME & SUPPLIES	NonFacility	$ 12.20
E0156	NU	SEAT ATTACHMENT	DME & SUPPLIES	NonFacility	$ 12.20
E0156	RR	SEAT ATTACHMENT	DME & SUPPLIES	NonFacility	$ 1.56
E0156	UE	SEAT ATTACHMENT	DME & SUPPLIES	NonFacility	$ 9.16
E0157	00	CRUTCH ATTACHMEN	DME & SUPPLIES	NonFacility	$ 37.81
E0157	NU	CRUTCH ATTACHMEN	DME & SUPPLIES	NonFacility	$ 37.81
E0157	RR	CRUTCH ATTACHMEN	DME & SUPPLIES	NonFacility	$ 4.15
E0157	UE	CRUTCH ATTACHMEN	DME & SUPPLIES	NonFacility	$ 28.36
E0158	00	LEG EXTENSIONS W	DME & SUPPLIES	NonFacility	$ 14.85
E0158	NU	LEG EXTENSIONS W	DME & SUPPLIES	NonFacility	$ 14.85
E0158	RR	LEG EXTENSIONS W	DME & SUPPLIES	NonFacility	$ 1.64
E0158	UE	LEG EXTENSIONS W	DME & SUPPLIES	NonFacility	$ 11.21
E0159	00	BRAKE ATTCH WHEE	DME & SUPPLIES	NonFacility	$ 8.24
E0159	NU	BRAKE ATTCH WHEE	DME & SUPPLIES	NonFacility	$ 8.24
E0159	RR	BRAKE ATTCH WHEE	DME & SUPPLIES	NonFacility	$ 0.85
E0159	UE	BRAKE ATTCH WHEE	DME & SUPPLIES	NonFacility	$ 6.19
E0160	00	SITZ TYPE BATH/E	DME & SUPPLIES	NonFacility	$ 17.70
E0160	NU	SITZ TYPE BATH/E	DME & SUPPLIES	NonFacility	$ 17.70
E0160	RR	SITZ TYPE BATH/E	DME & SUPPLIES	NonFacility	$ 2.32
E0160	UE	SITZ TYPE BATH/E	DME & SUPPLIES	NonFacility	$ 13.27
E0161	00	SITZ BATH/EQP PR	DME & SUPPLIES	NonFacility	$ 14.05
E0161	NU	SITZ BATH/EQP PR	DME & SUPPLIES	NonFacility	$ 14.05
E0161	RR	SITZ BATH/EQP PR	DME & SUPPLIES	NonFacility	$ 1.91
E0161	UE	SITZ BATH/EQP PR	DME & SUPPLIES	NonFacility	$ 10.52
E0162	00	SITZ BATH CHAIR	DME & SUPPLIES	NonFacility	$ 78.02
E0162	NU	SITZ BATH CHAIR	DME & SUPPLIES	NonFacility	$ 78.02
E0162	RR	SITZ BATH CHAIR	DME & SUPPLIES	NonFacility	$ 8.18
E0162	UE	SITZ BATH CHAIR	DME & SUPPLIES	NonFacility	$ 60.51
E0163	00	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 59.06
E0163	NU	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 59.06
E0163	RR	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 13.08
E0163	UE	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 45.55
E0165	00	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 87.39
E0165	NU	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 87.39
E0165	RR	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 9.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0165	UE	COMMODE CHAIR MO	DME & SUPPLIES	NonFacility	$ 65.48
E0167	00	PAIL OR PAN USE	DME & SUPPLIES	NonFacility	$ 6.43
E0167	NU	PAIL OR PAN USE	DME & SUPPLIES	NonFacility	$ 6.43
E0167	RR	PAIL OR PAN USE	DME & SUPPLIES	NonFacility	$ 0.67
E0167	UE	PAIL OR PAN USE	DME & SUPPLIES	NonFacility	$ 4.84
E0168	00	COMMODE CHAIR XT	DME & SUPPLIES	NonFacility	$ 80.82
E0168	NU	COMMODE CHAIR XT	DME & SUPPLIES	NonFacility	$ 80.82
E0168	RR	COMMODE CHAIR XT	DME & SUPPLIES	NonFacility	$ 8.12
E0168	UE	COMMODE CHAIR XT	DME & SUPPLIES	NonFacility	$ 60.61
E0170	00	COMMODE CHAIR IN	DME & SUPPLIES	NonFacility	$ 86.07
E0170	RR	COMMODE CHAIR IN	DME & SUPPLIES	NonFacility	$ 86.07
E0171	00	COMMODE CHAIR IN	DME & SUPPLIES	NonFacility	$ 15.49
E0171	RR	COMMODE CHAIR IN	DME & SUPPLIES	NonFacility	$ 15.49
E0175	00	FOOT REST USE W/	DME & SUPPLIES	NonFacility	$ 35.47
E0175	NU	FOOT REST USE W/	DME & SUPPLIES	NonFacility	$ 35.47
E0175	RR	FOOT REST USE W/	DME & SUPPLIES	NonFacility	$ 3.55
E0175	UE	FOOT REST USE W/	DME & SUPPLIES	NonFacility	$ 26.10
E0181	00	PWR PRESSURE RED	DME & SUPPLIES	NonFacility	$ 122.57
E0181	NU	PWR PRESSURE RED	DME & SUPPLIES	NonFacility	$ 122.57
E0181	RR	PWR PRESSURE RED	DME & SUPPLIES	NonFacility	$ 13.96
E0181	UE	PWR PRESSURE RED	DME & SUPPLIES	NonFacility	$ 91.81
E0182	00	PUMP ALTERNATING	DME & SUPPLIES	NonFacility	$ 123.01
E0182	NU	PUMP ALTERNATING	DME & SUPPLIES	NonFacility	$ 123.01
E0182	RR	PUMP ALTERNATING	DME & SUPPLIES	NonFacility	$ 14.02
E0182	UE	PUMP ALTERNATING	DME & SUPPLIES	NonFacility	$ 92.26
E0184	00	DRY PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 104.26
E0184	NU	DRY PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 104.26
E0184	RR	DRY PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 13.16
E0184	UE	DRY PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 79.96
E0185	00	GEL/GEL-LIKE PRS	DME & SUPPLIES	NonFacility	$ 171.28
E0185	NU	GEL/GEL-LIKE PRS	DME & SUPPLIES	NonFacility	$ 171.28
E0185	RR	GEL/GEL-LIKE PRS	DME & SUPPLIES	NonFacility	$ 24.07
E0185	UE	GEL/GEL-LIKE PRS	DME & SUPPLIES	NonFacility	$ 131.45
E0186	00	AIR PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 95.35
E0186	NU	AIR PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 95.35
E0186	RR	AIR PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 10.87
E0186	UE	AIR PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 71.46
E0187	00	WATER PRESSURE M	DME & SUPPLIES	NonFacility	$ 109.07
E0187	NU	WATER PRESSURE M	DME & SUPPLIES	NonFacility	$ 109.07
E0187	RR	WATER PRESSURE M	DME & SUPPLIES	NonFacility	$ 12.43
E0187	UE	WATER PRESSURE M	DME & SUPPLIES	NonFacility	$ 81.86
E0188	00	SYNTHETIC SHEEPS	DME & SUPPLIES	NonFacility	$ 14.15
E0188	NU	SYNTHETIC SHEEPS	DME & SUPPLIES	NonFacility	$ 14.15
E0188	RR	SYNTHETIC SHEEPS	DME & SUPPLIES	NonFacility	$ 1.66
E0188	UE	SYNTHETIC SHEEPS	DME & SUPPLIES	NonFacility	$ 10.63
E0189	00	LAMBSWOOL SHEEPS	DME & SUPPLIES	NonFacility	$ 27.83
E0189	NU	LAMBSWOOL SHEEPS	DME & SUPPLIES	NonFacility	$ 27.83
E0189	RR	LAMBSWOOL SHEEPS	DME & SUPPLIES	NonFacility	$ 3.01
E0189	UE	LAMBSWOOL SHEEPS	DME & SUPPLIES	NonFacility	$ 20.87
E0191	00	HEEL OR ELBOW PR	DME & SUPPLIES	NonFacility	$ 5.35
E0191	NU	HEEL OR ELBOW PR	DME & SUPPLIES	NonFacility	$ 5.35
E0191	RR	HEEL OR ELBOW PR	DME & SUPPLIES	NonFacility	$ 0.55
E0191	UE	HEEL OR ELBOW PR	DME & SUPPLIES	NonFacility	$ 4.00

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0193	00	POWERED AIR FLOT	DME & SUPPLIES	NonFacility	$ 416.99
E0193	RR	POWERED AIR FLOT	DME & SUPPLIES	NonFacility	$ 416.99
E0194	00	AIR FLUIDIZED BE	DME & SUPPLIES	NonFacility	$ 15293.48
E0194	NU	AIR FLUIDIZED BE	DME & SUPPLIES	NonFacility	$ 15293.48
E0194	RR	AIR FLUIDIZED BE	DME & SUPPLIES	NonFacility	$ 1742.70
E0194	UE	AIR FLUIDIZED BE	DME & SUPPLIES	NonFacility	$ 11470.06
E0196	00	GEL PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 152.65
E0196	NU	GEL PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 152.65
E0196	RR	GEL PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 17.39
E0196	UE	GEL PRESSURE MAT	DME & SUPPLIES	NonFacility	$ 114.38
E0197	00	AIR PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 118.66
E0197	NU	AIR PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 118.66
E0197	RR	AIR PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 16.37
E0197	UE	AIR PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 104.23
E0198	00	WATR PRSS PAD MA	DME & SUPPLIES	NonFacility	$ 118.66
E0198	NU	WATR PRSS PAD MA	DME & SUPPLIES	NonFacility	$ 118.66
E0198	RR	WATR PRSS PAD MA	DME & SUPPLIES	NonFacility	$ 12.29
E0198	UE	WATR PRSS PAD MA	DME & SUPPLIES	NonFacility	$ 90.04
E0199	00	DRY PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 17.16
E0199	NU	DRY PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 17.16
E0199	RR	DRY PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 1.71
E0199	UE	DRY PRSS PAD MAT	DME & SUPPLIES	NonFacility	$ 12.87
E0200	00	HEAT LAMP W/O ST	DME & SUPPLIES	NonFacility	$ 42.45
E0200	NU	HEAT LAMP W/O ST	DME & SUPPLIES	NonFacility	$ 42.45
E0200	RR	HEAT LAMP W/O ST	DME & SUPPLIES	NonFacility	$ 5.77
E0200	UE	HEAT LAMP W/O ST	DME & SUPPLIES	NonFacility	$ 31.85
E0202	00	PHOTOTHERAPY LIG	DME & SUPPLIES	NonFacility	$ 33.53
E0202	RR	PHOTOTHERAPY LIG	DME & SUPPLIES	NonFacility	$ 33.53
E0205	00	HEAT LAMP W/STAN	DME & SUPPLIES	NonFacility	$ 103.92
E0205	NU	HEAT LAMP W/STAN	DME & SUPPLIES	NonFacility	$ 103.92
E0205	RR	HEAT LAMP W/STAN	DME & SUPPLIES	NonFacility	$ 11.43
E0205	UE	HEAT LAMP W/STAN	DME & SUPPLIES	NonFacility	$ 77.94
E0210	00	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 17.48
E0210	NU	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 17.48
E0210	RR	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 1.64
E0210	UE	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 13.11
E0215	00	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 37.93
E0215	NU	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 37.93
E0215	RR	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 3.97
E0215	UE	ELECTRIC HEAT PA	DME & SUPPLIES	NonFacility	$ 28.46
E0217	00	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 265.86
E0217	NU	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 265.86
E0217	RR	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 29.60
E0217	UE	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 199.38
E0218	00	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 177.65
E0218	NU	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 177.65
E0218	RR	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 20.57
E0218	UE	WATER CIRCULATIN	DME & SUPPLIES	NonFacility	$ 133.18
E0221	00	INFRARED HEATING	DME & SUPPLIES	NonFacility	$ 1268.08
E0221	NU	INFRARED HEATING	DME & SUPPLIES	NonFacility	$ 1268.08
E0221	RR	INFRARED HEATING	DME & SUPPLIES	NonFacility	$ 126.80
E0221	UE	INFRARED HEATING	DME & SUPPLIES	NonFacility	$ 951.06
E0225	00	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 208.12

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0225	NU	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 208.12
E0225	RR	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 20.52
E0225	UE	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 156.08
E0235	00	PARAFFIN BATH UN	DME & SUPPLIES	NonFacility	$ 81.19
E0235	NU	PARAFFIN BATH UN	DME & SUPPLIES	NonFacility	$ 81.19
E0235	RR	PARAFFIN BATH UN	DME & SUPPLIES	NonFacility	$ 9.24
E0235	UE	PARAFFIN BATH UN	DME & SUPPLIES	NonFacility	$ 60.84
E0236	00	PUMP FOR WATER C	DME & SUPPLIES	NonFacility	$ 207.97
E0236	NU	PUMP FOR WATER C	DME & SUPPLIES	NonFacility	$ 207.97
E0236	RR	PUMP FOR WATER C	DME & SUPPLIES	NonFacility	$ 23.69
E0236	UE	PUMP FOR WATER C	DME & SUPPLIES	NonFacility	$ 155.97
E0239	00	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 240.88
E0239	NU	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 240.88
E0239	RR	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 24.09
E0239	UE	HYDROCOLLATOR UN	DME & SUPPLIES	NonFacility	$ 180.67
E0241	00	BATHTUB WALL RAI	DME & SUPPLIES	NonFacility	$ 12.39
E0242	00	BATHTUB RAIL FLO	DME & SUPPLIES	NonFacility	$ 28.10
E0243	00	TOILET RAIL EACH	DME & SUPPLIES	NonFacility	$ 22.34
E0244	00	RAISED TOILET SE	DME & SUPPLIES	NonFacility	$ 16.81
E0245	00	TUB STOOL OR BEN	DME & SUPPLIES	NonFacility	$ 27.88
E0246	00	TRANSFER TUB RAI	DME & SUPPLIES	NonFacility	$ 37.83
E0247	00	TRANSFER BENCH T	DME & SUPPLIES	NonFacility	$ 27.43
E0247	NU	TRANSFER BENCH T	DME & SUPPLIES	NonFacility	$ 27.43
E0247	RR	TRANSFER BENCH T	DME & SUPPLIES	NonFacility	$ 2.65
E0247	UE	TRANSFER BENCH T	DME & SUPPLIES	NonFacility	$ 19.03
E0249	00	PAD WATER CIRCUL	DME & SUPPLIES	NonFacility	$ 53.33
E0249	NU	PAD WATER CIRCUL	DME & SUPPLIES	NonFacility	$ 53.33
E0249	RR	PAD WATER CIRCUL	DME & SUPPLIES	NonFacility	$ 5.87
E0249	UE	PAD WATER CIRCUL	DME & SUPPLIES	NonFacility	$ 40.00
E0250	00	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 396.01
E0250	NU	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 396.01
E0250	RR	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 45.12
E0250	UE	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 296.90
E0251	00	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 300.00
E0251	NU	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 300.00
E0251	RR	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 34.19
E0251	UE	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 225.00
E0255	00	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 475.88
E0255	NU	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 475.88
E0255	RR	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 54.22
E0255	UE	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 356.86
E0256	00	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 337.61
E0256	NU	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 337.61
E0256	RR	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 38.47
E0256	UE	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 253.31
E0260	00	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 76.27
E0260	RR	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 76.27
E0261	00	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 554.64
E0261	NU	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 554.64
E0261	RR	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 63.20
E0261	UE	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 415.93
E0265	00	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 809.51
E0265	NU	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 809.51

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0265	RR	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 92.26
E0265	UE	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 607.30
E0266	00	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 719.24
E0266	NU	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 719.24
E0266	RR	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 81.97
E0266	UE	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 539.60
E0271	00	MATTRESS INNER S	DME & SUPPLIES	NonFacility	$ 102.49
E0271	NU	MATTRESS INNER S	DME & SUPPLIES	NonFacility	$ 102.49
E0271	RR	MATTRESS INNER S	DME & SUPPLIES	NonFacility	$ 10.64
E0271	UE	MATTRESS INNER S	DME & SUPPLIES	NonFacility	$ 80.06
E0272	00	MATTRESS FOAM RU	DME & SUPPLIES	NonFacility	$ 93.40
E0272	NU	MATTRESS FOAM RU	DME & SUPPLIES	NonFacility	$ 93.40
E0272	RR	MATTRESS FOAM RU	DME & SUPPLIES	NonFacility	$ 9.75
E0272	UE	MATTRESS FOAM RU	DME & SUPPLIES	NonFacility	$ 69.72
E0273	00	BED BOARD	DME & SUPPLIES	NonFacility	$ 13.49
E0273	NU	BED BOARD	DME & SUPPLIES	NonFacility	$ 13.49
E0273	RR	BED BOARD	DME & SUPPLIES	NonFacility	$ 5.31
E0273	UE	BED BOARD	DME & SUPPLIES	NonFacility	$ 10.62
E0274	00	OVER-BED TABLE	DME & SUPPLIES	NonFacility	$ 21.68
E0274	NU	OVER-BED TABLE	DME & SUPPLIES	NonFacility	$ 21.68
E0274	RR	OVER-BED TABLE	DME & SUPPLIES	NonFacility	$ 9.52
E0274	UE	OVER-BED TABLE	DME & SUPPLIES	NonFacility	$ 17.48
E0275	00	BED PAN STANDARD	DME & SUPPLIES	NonFacility	$ 8.20
E0275	NU	BED PAN STANDARD	DME & SUPPLIES	NonFacility	$ 8.20
E0275	RR	BED PAN STANDARD	DME & SUPPLIES	NonFacility	$ 0.86
E0275	UE	BED PAN STANDARD	DME & SUPPLIES	NonFacility	$ 6.14
E0276	00	BED PAN FRACTURE	DME & SUPPLIES	NonFacility	$ 7.12
E0276	NU	BED PAN FRACTURE	DME & SUPPLIES	NonFacility	$ 7.12
E0276	RR	BED PAN FRACTURE	DME & SUPPLIES	NonFacility	$ 0.84
E0276	UE	BED PAN FRACTURE	DME & SUPPLIES	NonFacility	$ 5.63
E0277	00	POWER PRESSURE-R	DME & SUPPLIES	NonFacility	$ 350.48
E0277	RR	POWER PRESSURE-R	DME & SUPPLIES	NonFacility	$ 350.48
E0280	00	BED CRADLE ANY T	DME & SUPPLIES	NonFacility	$ 17.63
E0280	NU	BED CRADLE ANY T	DME & SUPPLIES	NonFacility	$ 17.63
E0280	RR	BED CRADLE ANY T	DME & SUPPLIES	NonFacility	$ 1.90
E0280	UE	BED CRADLE ANY T	DME & SUPPLIES	NonFacility	$ 13.22
E0290	00	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 302.65
E0290	NU	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 302.65
E0290	RR	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 34.49
E0290	UE	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 226.99
E0291	00	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 219.91
E0291	NU	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 219.91
E0291	RR	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 25.06
E0291	UE	HOS BED FIX HT W	DME & SUPPLIES	NonFacility	$ 165.04
E0292	00	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 340.48
E0292	NU	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 340.48
E0292	RR	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 38.79
E0292	UE	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 255.31
E0293	00	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 289.60
E0293	NU	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 289.60
E0293	RR	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 33.01
E0293	UE	HOS BED VARIBL H	DME & SUPPLIES	NonFacility	$ 217.25
E0294	00	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 529.20

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0294	NU	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 529.20
E0294	RR	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 60.30
E0294	UE	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 396.90
E0295	00	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 515.71
E0295	NU	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 515.71
E0295	RR	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 58.78
E0295	UE	HOS BED SEMI-ELE	DME & SUPPLIES	NonFacility	$ 386.95
E0296	00	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 665.04
E0296	NU	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 665.04
E0296	RR	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 75.79
E0296	UE	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 498.89
E0297	00	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 569.69
E0297	NU	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 569.69
E0297	RR	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 64.93
E0297	UE	HOS BED TOT ELEC	DME & SUPPLIES	NonFacility	$ 427.43
E0300	00	PEDIATRIC CRIB H	DME & SUPPLIES	NonFacility	$ 1310.17
E0300	NU	PEDIATRIC CRIB H	DME & SUPPLIES	NonFacility	$ 1310.17
E0300	RR	PEDIATRIC CRIB H	DME & SUPPLIES	NonFacility	$ 131.02
E0300	UE	PEDIATRIC CRIB H	DME & SUPPLIES	NonFacility	$ 982.62
E0301	00	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 1096.45
E0301	NU	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 1096.45
E0301	RR	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 124.95
E0301	UE	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 822.34
E0302	00	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 2897.77
E0302	NU	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 2897.77
E0302	RR	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 330.21
E0302	UE	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 2173.43
E0303	00	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 1231.19
E0303	NU	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 1231.19
E0303	RR	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 140.30
E0303	UE	HOS BED HEVY DUT	DME & SUPPLIES	NonFacility	$ 923.44
E0304	00	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 3278.96
E0304	NU	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 3278.96
E0304	RR	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 355.70
E0304	UE	HOS BED XTRA HEV	DME & SUPPLIES	NonFacility	$ 2459.27
E0305	00	BEDSIDE RAILS HA	DME & SUPPLIES	NonFacility	$ 72.13
E0305	NU	BEDSIDE RAILS HA	DME & SUPPLIES	NonFacility	$ 72.13
E0305	RR	BEDSIDE RAILS HA	DME & SUPPLIES	NonFacility	$ 8.21
E0305	UE	BEDSIDE RAILS HA	DME & SUPPLIES	NonFacility	$ 53.98
E0310	00	BEDSIDE RAILS FU	DME & SUPPLIES	NonFacility	$ 89.61
E0310	NU	BEDSIDE RAILS FU	DME & SUPPLIES	NonFacility	$ 89.61
E0310	RR	BEDSIDE RAILS FU	DME & SUPPLIES	NonFacility	$ 10.51
E0310	UE	BEDSIDE RAILS FU	DME & SUPPLIES	NonFacility	$ 67.81
E0316	00	SFTY ENCLOS FRME	DME & SUPPLIES	NonFacility	$ 898.89
E0316	NU	SFTY ENCLOS FRME	DME & SUPPLIES	NonFacility	$ 898.89
E0316	RR	SFTY ENCLOS FRME	DME & SUPPLIES	NonFacility	$ 97.52
E0316	UE	SFTY ENCLOS FRME	DME & SUPPLIES	NonFacility	$ 674.11
E0325	00	URINAL; MALE JUG	DME & SUPPLIES	NonFacility	$ 5.42
E0325	NU	URINAL; MALE JUG	DME & SUPPLIES	NonFacility	$ 5.42
E0325	RR	URINAL; MALE JUG	DME & SUPPLIES	NonFacility	$ 0.81
E0325	UE	URINAL; MALE JUG	DME & SUPPLIES	NonFacility	$ 3.58
E0326	00	URINAL; FE JUG-T	DME & SUPPLIES	NonFacility	$ 5.63
E0326	NU	URINAL; FE JUG-T	DME & SUPPLIES	NonFacility	$ 5.63

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0326	RR	URINAL; FE JUG-T	DME & SUPPLIES	NonFacility	$ 0.64
E0326	UE	URINAL; FE JUG-T	DME & SUPPLIES	NonFacility	$ 4.21
E0371	00	NONPWR PRSS RDUC	DME & SUPPLIES	NonFacility	$ 205.15
E0371	RR	NONPWR PRSS RDUC	DME & SUPPLIES	NonFacility	$ 205.15
E0372	00	PWR AIR OVRLAY M	DME & SUPPLIES	NonFacility	$ 248.93
E0372	RR	PWR AIR OVRLAY M	DME & SUPPLIES	NonFacility	$ 248.93
E0373	00	NONPWR ADVD PRES	DME & SUPPLIES	NonFacility	$ 283.61
E0373	RR	NONPWR ADVD PRES	DME & SUPPLIES	NonFacility	$ 283.61
E0424	00	STATION COMPRS G	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E0424	RR	STATION COMPRS G	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E0425	00	STATION COMPRS G	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1674.32
E0425	NU	STATION COMPRS G	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1674.32
E0425	UE	STATION COMPRS G	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1263.71
E0430	00	PRTBLE GASEOUS O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 758.18
E0430	NU	PRTBLE GASEOUS O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 758.18
E0430	UE	PRTBLE GASEOUS O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 568.58
E0431	00	PRTBLE GASEOUS O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 17.26
E0431	RR	PRTBLE GASEOUS O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 17.26
E0433	00	PORTABL LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
E0433	RR	PORTABL LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
E0434	00	PRTBLE LIQUID O2	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 17.26
E0434	RR	PRTBLE LIQUID O2	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 17.26
E0435	00	PRTBLE LIQUID O2	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 521.24
E0435	NU	PRTBLE LIQUID O2	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 521.24
E0435	UE	PRTBLE LIQUID O2	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 390.92
E0439	00	STATION LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E0439	RR	STATION LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E0440	00	STATION LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1058.40
E0440	NU	STATION LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1058.40
E0440	UE	STATION LIQUID O	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 793.80
E0441	00	STATIONARY O2 CO	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 46.47
E0442	00	STATIONARY O2 CO	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 46.47
E0443	00	PORTABLE O2 CONT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 46.47
E0444	00	PORTABLE O2 CONT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 46.47
E0450	00	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 4485.59
E0450	NU	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 4485.59
E0450	RR	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 511.15
E0450	UE	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3364.36
E0457	00	CHEST SHELL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 329.07
E0457	NU	CHEST SHELL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 329.07
E0457	RR	CHEST SHELL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 32.90
E0457	UE	CHEST SHELL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 246.79
E0459	00	CHEST WRAP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 239.16
E0459	NU	CHEST WRAP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 239.16
E0459	RR	CHEST WRAP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 27.25
E0459	UE	CHEST WRAP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 179.42
E0460	00	NEG PRESS VENT;	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3447.32
E0460	NU	NEG PRESS VENT;	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3447.32
E0460	RR	NEG PRESS VENT;	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 392.83
E0460	UE	NEG PRESS VENT;	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2585.60
E0461	00	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 511.15
E0461	RR	VOL CNTRL VENT W	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 511.15
E0462	00	ROCKING BED W/WO	DME & SUPPLIES	NonFacility	$ 1369.46

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0462	NU	ROCKING BED W/WO	DME & SUPPLIES	NonFacility	$ 1369.46
E0462	RR	ROCKING BED W/WO	DME & SUPPLIES	NonFacility	$ 156.04
E0462	UE	ROCKING BED W/WO	DME & SUPPLIES	NonFacility	$ 1026.98
E0463	00	PRSSURE SUPP VEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 753.12
E0463	RR	PRSSURE SUPP VEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 753.12
E0464	00	PRSSURE SUPP VEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 753.12
E0464	RR	PRSSURE SUPP VEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 753.12
E0470	00	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1039.37
E0470	NU	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1039.37
E0470	RR	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 118.43
E0470	UE	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 779.42
E0471	00	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2601.09
E0471	NU	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2601.09
E0471	RR	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 296.39
E0471	UE	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1950.87
E0472	00	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2601.09
E0472	NU	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2601.09
E0472	RR	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 296.39
E0472	UE	RESP ASST DEVC B	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1950.87
E0480	00	PERCUSSOR ELEC/P	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 206.41
E0480	NU	PERCUSSOR ELEC/P	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 206.41
E0480	RR	PERCUSSOR ELEC/P	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 23.53
E0480	UE	PERCUSSOR ELEC/P	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 154.87
E0482	00	COUGH STIM DEVC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 230.27
E0482	RR	COUGH STIM DEVC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 230.27
E0483	00	HI FREQ CHST WAL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 5247.97
E0483	NU	HI FREQ CHST WAL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 5247.97
E0483	RR	HI FREQ CHST WAL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 569.31
E0483	UE	HI FREQ CHST WAL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3936.04
E0484	00	OSCILLATORY POS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 19.77
E0484	NU	OSCILLATORY POS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 19.77
E0484	RR	OSCILLATORY POS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 1.97
E0484	UE	OSCILLATORY POS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 14.84
E0500	00	IPPB MACH BUILT-	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 515.93
E0500	NU	IPPB MACH BUILT-	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 515.93
E0500	RR	IPPB MACH BUILT-	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 58.78
E0500	UE	IPPB MACH BUILT-	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 386.95
E0550	00	HUMDIFR EXT SUPL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 235.62
E0550	NU	HUMDIFR EXT SUPL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 235.62
E0550	RR	HUMDIFR EXT SUPL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 26.84
E0550	UE	HUMDIFR EXT SUPL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 176.77
E0555	00	HUMDIFR GLASS/AU	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3.76
E0555	NU	HUMDIFR GLASS/AU	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3.76
E0555	RR	HUMDIFR GLASS/AU	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 2.65
E0555	UE	HUMDIFR GLASS/AU	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 3.10
E0560	00	HUMDIFIR SUPLMNT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 79.17
E0560	NU	HUMDIFIR SUPLMNT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 79.17
E0560	RR	HUMDIFIR SUPLMNT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 9.28
E0560	UE	HUMDIFIR SUPLMNT	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 59.38
E0561	00	HUMDIFIR NON-HEA	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 49.39
E0561	NU	HUMDIFIR NON-HEA	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 49.39
E0561	RR	HUMDIFIR NON-HEA	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 4.93
E0561	UE	HUMDIFIR NON-HEA	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 37.04

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0562	00	HUMDIFIR HEATED	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 139.03
E0562	NU	HUMDIFIR HEATED	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 139.03
E0562	RR	HUMDIFIR HEATED	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 13.90
E0562	UE	HUMDIFIR HEATED	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 104.27
E0565	00	COMPRS AIR PWR E	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 286.72
E0565	NU	COMPRS AIR PWR E	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 286.72
E0565	RR	COMPRS AIR PWR E	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 32.67
E0565	UE	COMPRS AIR PWR E	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 215.04
E0570	00	NEBULIZER WITH C	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 9.79
E0570	RR	NEBULIZER WITH C	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 9.79
E0572	00	AROSL COMPRS ADJ	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 188.05
E0572	NU	AROSL COMPRS ADJ	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 188.05
E0572	RR	AROSL COMPRS ADJ	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 20.39
E0572	UE	AROSL COMPRS ADJ	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 140.93
E0574	00	ULTRASONIC/ELEC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 198.67
E0574	NU	ULTRASONIC/ELEC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 198.67
E0574	RR	ULTRASONIC/ELEC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 21.56
E0574	UE	ULTRASONIC/ELEC	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 149.11
E0575	00	NEBULIZER ULTRAS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 482.96
E0575	NU	NEBULIZER ULTRAS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 482.96
E0575	RR	NEBULIZER ULTRAS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 55.04
E0575	UE	NEBULIZER ULTRAS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 362.17
E0580	00	NEBULIZR GLASS/A	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 61.87
E0580	NU	NEBULIZR GLASS/A	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 61.87
E0580	RR	NEBULIZR GLASS/A	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 6.19
E0580	UE	NEBULIZR GLASS/A	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 46.39
E0585	00	NEBULIZER W/COMP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 164.82
E0585	NU	NEBULIZER W/COMP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 164.82
E0585	RR	NEBULIZER W/COMP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 18.78
E0585	UE	NEBULIZER W/COMP	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 123.67
E0600	00	RESP SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 215.26
E0600	NU	RESP SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 215.26
E0600	RR	RESP SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 24.52
E0600	UE	RESP SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 161.50
E0601	00	CONTINUOUS AIRWA	DME & SUPPLIES	NonFacility	$ 452.43
E0601	NU	CONTINUOUS AIRWA	DME & SUPPLIES	NonFacility	$ 452.43
E0601	RR	CONTINUOUS AIRWA	DME & SUPPLIES	NonFacility	$ 51.56
E0601	UE	CONTINUOUS AIRWA	DME & SUPPLIES	NonFacility	$ 339.38
E0602	00	BREAST PUMP, MAN	DME & SUPPLIES	NonFacility	$ 15.81
E0602	NU	BREAST PUMP, MAN	DME & SUPPLIES	NonFacility	$ 15.81
E0602	RR	BREAST PUMP, MAN	DME & SUPPLIES	NonFacility	$ 1.58
E0602	UE	BREAST PUMP, MAN	DME & SUPPLIES	NonFacility	$ 11.86
E0603	00	BREAST PUMP, ELE	DME & SUPPLIES	NonFacility	$ 39.60
E0603	NU	BREAST PUMP, ELE	DME & SUPPLIES	NonFacility	$ 39.60
E0603	RR	BREAST PUMP, ELE	DME & SUPPLIES	NonFacility	$ 13.27
E0603	UE	BREAST PUMP, ELE	DME & SUPPLIES	NonFacility	$ 31.64
E0604	00	BREAST PUMP HEVY	DME & SUPPLIES	NonFacility	$ 113.72
E0604	NU	BREAST PUMP HEVY	DME & SUPPLIES	NonFacility	$ 113.72
E0604	RR	BREAST PUMP HEVY	DME & SUPPLIES	NonFacility	$ 43.81
E0604	UE	BREAST PUMP HEVY	DME & SUPPLIES	NonFacility	$ 85.40
E0605	00	VAPORIZER ROOM T	DME & SUPPLIES	NonFacility	$ 14.15
E0605	NU	VAPORIZER ROOM T	DME & SUPPLIES	NonFacility	$ 14.15
E0605	RR	VAPORIZER ROOM T	DME & SUPPLIES	NonFacility	$ 1.64

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0605	UE	VAPORIZER ROOM T	DME & SUPPLIES	NonFacility	$ 11.66
E0606	00	POSTURAL DRAINAG	DME & SUPPLIES	NonFacility	$ 107.74
E0606	NU	POSTURAL DRAINAG	DME & SUPPLIES	NonFacility	$ 107.74
E0606	RR	POSTURAL DRAINAG	DME & SUPPLIES	NonFacility	$ 12.29
E0606	UE	POSTURAL DRAINAG	DME & SUPPLIES	NonFacility	$ 80.97
E0607	00	HOME BLOOD GLUCO	DME & SUPPLIES	NonFacility	$ 42.10
E0607	NU	HOME BLOOD GLUCO	DME & SUPPLIES	NonFacility	$ 42.10
E0607	RR	HOME BLOOD GLUCO	DME & SUPPLIES	NonFacility	$ 4.21
E0607	UE	HOME BLOOD GLUCO	DME & SUPPLIES	NonFacility	$ 31.57
E0610	00	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 127.37
E0610	NU	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 127.37
E0610	RR	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 13.43
E0610	UE	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 95.54
E0615	00	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 256.41
E0615	NU	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 256.41
E0615	RR	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 31.33
E0615	UE	PACEMKR MON CHCK	DME & SUPPLIES	NonFacility	$ 192.31
E0617	00	EXT DEFIB W/INTE	DME & SUPPLIES	NonFacility	$ 180.77
E0617	RR	EXT DEFIB W/INTE	DME & SUPPLIES	NonFacility	$ 180.77
E0618	00	APNEA MONITOR WI	DME & SUPPLIES	NonFacility	$ 150.13
E0618	RR	APNEA MONITOR WI	DME & SUPPLIES	NonFacility	$ 150.13
E0620	00	SKN PIERC DEVC C	DME & SUPPLIES	NonFacility	$ 468.23
E0620	NU	SKN PIERC DEVC C	DME & SUPPLIES	NonFacility	$ 468.23
E0620	RR	SKN PIERC DEVC C	DME & SUPPLIES	NonFacility	$ 46.82
E0620	UE	SKN PIERC DEVC C	DME & SUPPLIES	NonFacility	$ 351.17
E0621	00	SLING/SEAT PT LI	DME & SUPPLIES	NonFacility	$ 51.40
E0621	NU	SLING/SEAT PT LI	DME & SUPPLIES	NonFacility	$ 51.40
E0621	RR	SLING/SEAT PT LI	DME & SUPPLIES	NonFacility	$ 4.95
E0621	UE	SLING/SEAT PT LI	DME & SUPPLIES	NonFacility	$ 38.75
E0627	00	SEAT LIFT MECH C	DME & SUPPLIES	NonFacility	$ 180.64
E0627	NU	SEAT LIFT MECH C	DME & SUPPLIES	NonFacility	$ 180.64
E0627	RR	SEAT LIFT MECH C	DME & SUPPLIES	NonFacility	$ 18.07
E0627	UE	SEAT LIFT MECH C	DME & SUPPLIES	NonFacility	$ 135.48
E0628	00	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 180.64
E0628	NU	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 180.64
E0628	RR	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 18.07
E0628	UE	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 135.48
E0629	00	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 177.10
E0629	NU	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 177.10
E0629	RR	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 17.71
E0629	UE	SEP SEAT LIFT ME	DME & SUPPLIES	NonFacility	$ 132.81
E0630	00	PATIENT LIFT HYD	DME & SUPPLIES	NonFacility	$ 478.76
E0630	NU	PATIENT LIFT HYD	DME & SUPPLIES	NonFacility	$ 478.76
E0630	RR	PATIENT LIFT HYD	DME & SUPPLIES	NonFacility	$ 54.56
E0630	UE	PATIENT LIFT HYD	DME & SUPPLIES	NonFacility	$ 359.07
E0635	00	PATIENT LIFT ELE	DME & SUPPLIES	NonFacility	$ 575.00
E0635	NU	PATIENT LIFT ELE	DME & SUPPLIES	NonFacility	$ 575.00
E0635	RR	PATIENT LIFT ELE	DME & SUPPLIES	NonFacility	$ 65.53
E0635	UE	PATIENT LIFT ELE	DME & SUPPLIES	NonFacility	$ 431.19
E0636	00	MX PSTN PT SUPP	DME & SUPPLIES	NonFacility	$ 5205.71
E0636	NU	MX PSTN PT SUPP	DME & SUPPLIES	NonFacility	$ 5205.71
E0636	RR	MX PSTN PT SUPP	DME & SUPPLIES	NonFacility	$ 564.72
E0636	UE	MX PSTN PT SUPP	DME & SUPPLIES	NonFacility	$ 3904.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0637	00	COMB SIT STAND F	DME & SUPPLIES	NonFacility	$ 942.03
E0637	NU	COMB SIT STAND F	DME & SUPPLIES	NonFacility	$ 942.03
E0637	RR	COMB SIT STAND F	DME & SUPPLIES	NonFacility	$ 94.25
E0637	UE	COMB SIT STAND F	DME & SUPPLIES	NonFacility	$ 706.63
E0638	00	STANDING FRAME/T	DME & SUPPLIES	NonFacility	$ 512.14
E0638	NU	STANDING FRAME/T	DME & SUPPLIES	NonFacility	$ 512.14
E0638	RR	STANDING FRAME/T	DME & SUPPLIES	NonFacility	$ 51.22
E0638	UE	STANDING FRAME/T	DME & SUPPLIES	NonFacility	$ 384.11
E0650	00	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 385.68
E0650	NU	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 385.68
E0650	RR	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 47.59
E0650	UE	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 289.25
E0651	00	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 491.81
E0651	NU	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 491.81
E0651	RR	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 50.24
E0651	UE	PNEUMAT COMPRS N	DME & SUPPLIES	NonFacility	$ 368.86
E0652	00	PNEUMAT COMPRS W	DME & SUPPLIES	NonFacility	$ 2838.92
E0652	NU	PNEUMAT COMPRS W	DME & SUPPLIES	NonFacility	$ 2838.92
E0652	RR	PNEUMAT COMPRS W	DME & SUPPLIES	NonFacility	$ 280.58
E0652	UE	PNEUMAT COMPRS W	DME & SUPPLIES	NonFacility	$ 2127.29
E0655	00	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 57.79
E0655	NU	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 57.79
E0655	RR	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 6.79
E0655	UE	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 43.40
E0656	00	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 309.37
E0656	NU	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 309.37
E0656	RR	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 30.90
E0656	UE	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 232.06
E0657	00	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 290.64
E0657	NU	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 290.64
E0657	RR	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 29.02
E0657	UE	SEGMENTAL PNEUMA	DME & SUPPLIES	NonFacility	$ 217.99
E0660	00	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 85.55
E0660	NU	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 85.55
E0660	RR	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 8.90
E0660	UE	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 64.15
E0665	00	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 73.36
E0665	NU	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 73.36
E0665	RR	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 7.53
E0665	UE	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 55.09
E0666	00	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 73.94
E0666	NU	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 73.94
E0666	RR	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 7.62
E0666	UE	NONSEG PNEUMAT A	DME & SUPPLIES	NonFacility	$ 55.47
E0667	00	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 173.38
E0667	NU	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 173.38
E0667	RR	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 19.58
E0667	UE	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 130.03
E0668	00	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 236.62
E0668	NU	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 236.62
E0668	RR	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 23.35
E0668	UE	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 177.47
E0669	00	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 98.17

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0669	NU	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 98.17
E0669	RR	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 9.82
E0669	UE	SEG PNEUMAT APPL	DME & SUPPLIES	NonFacility	$ 73.64
E0671	00	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 222.42
E0671	NU	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 222.42
E0671	RR	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 22.25
E0671	UE	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 166.81
E0672	00	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 172.82
E0672	NU	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 172.82
E0672	RR	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 17.29
E0672	UE	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 129.62
E0673	00	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 143.60
E0673	NU	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 143.60
E0673	RR	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 14.36
E0673	UE	SEG GRAD PRSS PN	DME & SUPPLIES	NonFacility	$ 107.72
E0675	00	PNEUMAT COMPRS D	DME & SUPPLIES	NonFacility	$ 1807.07
E0675	NU	PNEUMAT COMPRS D	DME & SUPPLIES	NonFacility	$ 1807.07
E0675	RR	PNEUMAT COMPRS D	DME & SUPPLIES	NonFacility	$ 205.93
E0675	UE	PNEUMAT COMPRS D	DME & SUPPLIES	NonFacility	$ 1355.30
E0691	00	UV LIGHT TX SYS	DME & SUPPLIES	NonFacility	$ 481.19
E0691	NU	UV LIGHT TX SYS	DME & SUPPLIES	NonFacility	$ 481.19
E0691	RR	UV LIGHT TX SYS	DME & SUPPLIES	NonFacility	$ 48.12
E0691	UE	UV LIGHT TX SYS	DME & SUPPLIES	NonFacility	$ 360.89
E0692	00	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 604.24
E0692	NU	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 604.24
E0692	RR	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 60.42
E0692	UE	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 453.19
E0693	00	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 744.87
E0693	NU	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 744.87
E0693	RR	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 74.49
E0693	UE	UV LT TX SYS PAN	DME & SUPPLIES	NonFacility	$ 558.65
E0694	00	UV MX DIR LT TX	DME & SUPPLIES	NonFacility	$ 2370.84
E0694	NU	UV MX DIR LT TX	DME & SUPPLIES	NonFacility	$ 2370.84
E0694	RR	UV MX DIR LT TX	DME & SUPPLIES	NonFacility	$ 237.08
E0694	UE	UV MX DIR LT TX	DME & SUPPLIES	NonFacility	$ 1778.15
E0705	00	TRANSFER DEVICE	DME & SUPPLIES	NonFacility	$ 29.52
E0705	NU	TRANSFER DEVICE	DME & SUPPLIES	NonFacility	$ 29.52
E0705	RR	TRANSFER DEVICE	DME & SUPPLIES	NonFacility	$ 3.01
E0705	UE	TRANSFER DEVICE	DME & SUPPLIES	NonFacility	$ 21.61
E0720	00	TENS DEVICE TWO	DME & SUPPLIES	NonFacility	$ 196.84
E0720	NU	TENS DEVICE TWO	DME & SUPPLIES	NonFacility	$ 196.84
E0720	RR	TENS DEVICE TWO	DME & SUPPLIES	NonFacility	$ 17.26
E0720	UE	TENS DEVICE TWO	DME & SUPPLIES	NonFacility	$ 129.65
E0730	00	TENS DEVICE 4/MO	DME & SUPPLIES	NonFacility	$ 198.44
E0730	NU	TENS DEVICE 4/MO	DME & SUPPLIES	NonFacility	$ 198.44
E0730	RR	TENS DEVICE 4/MO	DME & SUPPLIES	NonFacility	$ 17.48
E0730	UE	TENS DEVICE 4/MO	DME & SUPPLIES	NonFacility	$ 130.53
E0731	00	FORM-FIT CONDUCT	DME & SUPPLIES	NonFacility	$ 191.00
E0731	NU	FORM-FIT CONDUCT	DME & SUPPLIES	NonFacility	$ 191.00
E0740	00	INCONT TX SYS PE	DME & SUPPLIES	NonFacility	$ 280.00
E0740	NU	INCONT TX SYS PE	DME & SUPPLIES	NonFacility	$ 280.00
E0740	RR	INCONT TX SYS PE	DME & SUPPLIES	NonFacility	$ 28.00
E0740	UE	INCONT TX SYS PE	DME & SUPPLIES	NonFacility	$ 210.01

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0744	00	NEUROMUSCULAR ST	DME & SUPPLIES	NonFacility	$ 430.31
E0744	NU	NEUROMUSCULAR ST	DME & SUPPLIES	NonFacility	$ 430.31
E0744	RR	NEUROMUSCULAR ST	DME & SUPPLIES	NonFacility	$ 49.04
E0744	UE	NEUROMUSCULAR ST	DME & SUPPLIES	NonFacility	$ 322.79
E0745	00	NEUROMUSC STIM E	DME & SUPPLIES	NonFacility	$ 420.57
E0745	NU	NEUROMUSC STIM E	DME & SUPPLIES	NonFacility	$ 420.57
E0745	RR	NEUROMUSC STIM E	DME & SUPPLIES	NonFacility	$ 47.93
E0745	UE	NEUROMUSC STIM E	DME & SUPPLIES	NonFacility	$ 315.49
E0747	00	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 2097.05
E0747	NU	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 2097.05
E0747	RR	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 208.39
E0747	UE	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 1558.07
E0748	00	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 2083.47
E0748	NU	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 2083.47
E0748	RR	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 208.34
E0748	UE	OSTOGNS STIM NON	DME & SUPPLIES	NonFacility	$ 1562.61
E0749	00	OSTOGNS STIM ELE	DME & SUPPLIES	NonFacility	$ 152.28
E0749	RR	OSTOGNS STIM ELE	DME & SUPPLIES	NonFacility	$ 152.28
E0760	00	OSTOGNS STIM LW	DME & SUPPLIES	NonFacility	$ 1731.33
E0760	NU	OSTOGNS STIM LW	DME & SUPPLIES	NonFacility	$ 1731.33
E0760	RR	OSTOGNS STIM LW	DME & SUPPLIES	NonFacility	$ 173.14
E0760	UE	OSTOGNS STIM LW	DME & SUPPLIES	NonFacility	$ 1298.50
E0762	00	TRANSCUT ELEC JO	DME & SUPPLIES	NonFacility	$ 588.82
E0762	NU	TRANSCUT ELEC JO	DME & SUPPLIES	NonFacility	$ 588.82
E0762	RR	TRANSCUT ELEC JO	DME & SUPPLIES	NonFacility	$ 58.88
E0762	UE	TRANSCUT ELEC JO	DME & SUPPLIES	NonFacility	$ 441.60
E0764	00	FUNC NEUROMUSC S	DME & SUPPLIES	NonFacility	$ 5926.28
E0764	NU	FUNC NEUROMUSC S	DME & SUPPLIES	NonFacility	$ 5926.28
E0764	RR	FUNC NEUROMUSC S	DME & SUPPLIES	NonFacility	$ 592.62
E0764	UE	FUNC NEUROMUSC S	DME & SUPPLIES	NonFacility	$ 4444.72
E0765	00	FDA APPRVD NRV S	DME & SUPPLIES	NonFacility	$ 45.05
E0765	NU	FDA APPRVD NRV S	DME & SUPPLIES	NonFacility	$ 45.05
E0765	RR	FDA APPRVD NRV S	DME & SUPPLIES	NonFacility	$ 4.51
E0765	UE	FDA APPRVD NRV S	DME & SUPPLIES	NonFacility	$ 33.80
E0776	00	IV POLE	DME & SUPPLIES	NonFacility	$ 76.66
E0776	NU	IV POLE	DME & SUPPLIES	NonFacility	$ 76.66
E0776	RR	IV POLE	DME & SUPPLIES	NonFacility	$ 9.98
E0776	UE	IV POLE	DME & SUPPLIES	NonFacility	$ 56.41
E0779	00	AMB INFUS PUMP M	DME & SUPPLIES	NonFacility	$ 8.96
E0779	RR	AMB INFUS PUMP M	DME & SUPPLIES	NonFacility	$ 8.96
E0780	00	AMB INFUS PUMP M	DME & SUPPLIES	NonFacility	$ 5.56
E0780	NU	AMB INFUS PUMP M	DME & SUPPLIES	NonFacility	$ 5.56
E0781	00	AMB INFUS PUMP O	DME & SUPPLIES	NonFacility	$ 141.83
E0781	RR	AMB INFUS PUMP O	DME & SUPPLIES	NonFacility	$ 141.83
E0782	00	INFUSION PUMP IM	DME & SUPPLIES	NonFacility	$ 2299.12
E0782	NU	INFUSION PUMP IM	DME & SUPPLIES	NonFacility	$ 2299.12
E0782	RR	INFUSION PUMP IM	DME & SUPPLIES	NonFacility	$ 229.93
E0782	UE	INFUSION PUMP IM	DME & SUPPLIES	NonFacility	$ 1724.35
E0783	00	INFUS PUMP SYSTE	DME & SUPPLIES	NonFacility	$ 4384.09
E0783	NU	INFUS PUMP SYSTE	DME & SUPPLIES	NonFacility	$ 4384.09
E0783	RR	INFUS PUMP SYSTE	DME & SUPPLIES	NonFacility	$ 438.41
E0783	UE	INFUS PUMP SYSTE	DME & SUPPLIES	NonFacility	$ 3288.07
E0784	00	EXTERNAL AMB INF	DME & SUPPLIES	NonFacility	$ 1962.38

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0784	NU	EXTERNAL AMB INF	DME & SUPPLIES	NonFacility	$ 1962.38
E0784	RR	EXTERNAL AMB INF	DME & SUPPLIES	NonFacility	$ 223.61
E0784	UE	EXTERNAL AMB INF	DME & SUPPLIES	NonFacility	$ 1471.67
E0785	00	IMPL INTRASP CAT	DME & SUPPLIES	NonFacility	$ 253.03
E0786	00	IMPL PROGMMABLE	DME & SUPPLIES	NonFacility	$ 4276.42
E0786	NU	IMPL PROGMMABLE	DME & SUPPLIES	NonFacility	$ 4276.42
E0786	RR	IMPL PROGMMABLE	DME & SUPPLIES	NonFacility	$ 427.64
E0786	UE	IMPL PROGMMABLE	DME & SUPPLIES	NonFacility	$ 3207.31
E0791	00	PARNTRL INFUS PU	DME & SUPPLIES	NonFacility	$ 1486.05
E0791	NU	PARNTRL INFUS PU	DME & SUPPLIES	NonFacility	$ 1486.05
E0791	RR	PARNTRL INFUS PU	DME & SUPPLIES	NonFacility	$ 169.33
E0791	UE	PARNTRL INFUS PU	DME & SUPPLIES	NonFacility	$ 1114.37
E0840	00	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 39.24
E0840	NU	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 39.24
E0840	RR	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 8.74
E0840	UE	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 29.42
E0849	00	TRACTION EQP CER	DME & SUPPLIES	NonFacility	$ 275.95
E0849	NU	TRACTION EQP CER	DME & SUPPLIES	NonFacility	$ 275.95
E0849	RR	TRACTION EQP CER	DME & SUPPLIES	NonFacility	$ 27.59
E0849	UE	TRACTION EQP CER	DME & SUPPLIES	NonFacility	$ 206.95
E0850	00	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 56.26
E0850	NU	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 56.26
E0850	RR	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 7.73
E0850	UE	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 42.20
E0855	00	CERV TRAC EQP NO	DME & SUPPLIES	NonFacility	$ 269.16
E0855	NU	CERV TRAC EQP NO	DME & SUPPLIES	NonFacility	$ 269.16
E0855	RR	CERV TRAC EQP NO	DME & SUPPLIES	NonFacility	$ 26.91
E0855	UE	CERV TRAC EQP NO	DME & SUPPLIES	NonFacility	$ 201.86
E0856	00	CERV TRAC DEVICE	DME & SUPPLIES	NonFacility	$ 82.48
E0856	NU	CERV TRAC DEVICE	DME & SUPPLIES	NonFacility	$ 82.48
E0856	RR	CERV TRAC DEVICE	DME & SUPPLIES	NonFacility	$ 8.26
E0856	UE	CERV TRAC DEVICE	DME & SUPPLIES	NonFacility	$ 61.87
E0860	00	TRACTION EQUIPME	DME & SUPPLIES	NonFacility	$ 20.63
E0860	NU	TRACTION EQUIPME	DME & SUPPLIES	NonFacility	$ 20.63
E0860	RR	TRACTION EQUIPME	DME & SUPPLIES	NonFacility	$ 3.49
E0860	UE	TRACTION EQUIPME	DME & SUPPLIES	NonFacility	$ 15.80
E0870	00	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 62.29
E0870	NU	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 62.29
E0870	RR	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 7.18
E0870	UE	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 46.92
E0880	00	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 67.23
E0880	NU	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 67.23
E0880	RR	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 10.56
E0880	UE	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 50.88
E0890	00	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 64.48
E0890	NU	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 64.48
E0890	RR	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 17.58
E0890	UE	TRAC FRAME ATTCH	DME & SUPPLIES	NonFacility	$ 51.94
E0900	00	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 68.61
E0900	NU	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 68.61
E0900	RR	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 14.79
E0900	UE	TRAC STAND FREES	DME & SUPPLIES	NonFacility	$ 51.47
E0910	00	TRAPEZ BAR PT HL	DME & SUPPLIES	NonFacility	$ 80.97

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0910	NU	TRAPEZ BAR PT HL	DME & SUPPLIES	NonFacility	$ 80.97
E0910	RR	TRAPEZ BAR PT HL	DME & SUPPLIES	NonFacility	$ 9.23
E0910	UE	TRAPEZ BAR PT HL	DME & SUPPLIES	NonFacility	$ 60.84
E0911	00	TRAPEZ BAR HEVY	DME & SUPPLIES	NonFacility	$ 23.00
E0911	RR	TRAPEZ BAR HEVY	DME & SUPPLIES	NonFacility	$ 23.00
E0912	00	TRAPEZ BAR HEVY	DME & SUPPLIES	NonFacility	$ 52.84
E0912	RR	TRAPEZ BAR HEVY	DME & SUPPLIES	NonFacility	$ 52.84
E0920	00	FX FRAME ATTCH B	DME & SUPPLIES	NonFacility	$ 216.81
E0920	NU	FX FRAME ATTCH B	DME & SUPPLIES	NonFacility	$ 216.81
E0920	RR	FX FRAME ATTCH B	DME & SUPPLIES	NonFacility	$ 24.71
E0920	UE	FX FRAME ATTCH B	DME & SUPPLIES	NonFacility	$ 162.61
E0930	00	FX FRAME FREESTA	DME & SUPPLIES	NonFacility	$ 24.46
E0930	RR	FX FRAME FREESTA	DME & SUPPLIES	NonFacility	$ 24.46
E0935	00	CONTINUOUS PASSI	DME & SUPPLIES	NonFacility	$ 12.17
E0935	RR	CONTINUOUS PASSI	DME & SUPPLIES	NonFacility	$ 12.17
E0940	00	TRAPEZ BAR FREES	DME & SUPPLIES	NonFacility	$ 140.93
E0940	NU	TRAPEZ BAR FREES	DME & SUPPLIES	NonFacility	$ 140.93
E0940	RR	TRAPEZ BAR FREES	DME & SUPPLIES	NonFacility	$ 16.05
E0940	UE	TRAPEZ BAR FREES	DME & SUPPLIES	NonFacility	$ 105.53
E0941	00	GRAVITY ASSTD TR	DME & SUPPLIES	NonFacility	$ 23.24
E0941	RR	GRAVITY ASSTD TR	DME & SUPPLIES	NonFacility	$ 23.24
E0942	00	CERVICAL HEAD HA	DME & SUPPLIES	NonFacility	$ 10.63
E0942	NU	CERVICAL HEAD HA	DME & SUPPLIES	NonFacility	$ 10.63
E0942	RR	CERVICAL HEAD HA	DME & SUPPLIES	NonFacility	$ 1.25
E0942	UE	CERVICAL HEAD HA	DME & SUPPLIES	NonFacility	$ 7.97
E0944	00	PELVIC BELT/HARN	DME & SUPPLIES	NonFacility	$ 24.56
E0944	NU	PELVIC BELT/HARN	DME & SUPPLIES	NonFacility	$ 24.56
E0944	RR	PELVIC BELT/HARN	DME & SUPPLIES	NonFacility	$ 2.47
E0944	UE	PELVIC BELT/HARN	DME & SUPPLIES	NonFacility	$ 18.42
E0945	00	EXTREMITY BELT/H	DME & SUPPLIES	NonFacility	$ 23.74
E0945	NU	EXTREMITY BELT/H	DME & SUPPLIES	NonFacility	$ 23.74
E0945	RR	EXTREMITY BELT/H	DME & SUPPLIES	NonFacility	$ 2.38
E0945	UE	EXTREMITY BELT/H	DME & SUPPLIES	NonFacility	$ 18.38
E0946	00	FX FRAME DUL W/C	DME & SUPPLIES	NonFacility	$ 31.68
E0946	RR	FX FRAME DUL W/C	DME & SUPPLIES	NonFacility	$ 31.68
E0947	00	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 324.76
E0947	NU	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 324.76
E0947	RR	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 33.68
E0947	UE	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 243.56
E0948	00	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 314.12
E0948	NU	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 314.12
E0948	RR	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 31.40
E0948	UE	FX FRAME ATTCH C	DME & SUPPLIES	NonFacility	$ 221.54
E0950	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 55.67
E0950	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 55.67
E0950	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 5.57
E0950	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 41.75
E0951	00	HEEL LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 10.16
E0951	NU	HEEL LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 10.16
E0951	RR	HEEL LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 1.05
E0951	UE	HEEL LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 7.61
E0952	00	TOE LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 10.08
E0952	NU	TOE LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 10.08

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0952	RR	TOE LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 1.05
E0952	UE	TOE LOOP/HOLDER	DME & SUPPLIES	NonFacility	$ 7.57
E0955	00	WC ACSS HEADREST	DME & SUPPLIES	NonFacility	$ 108.27
E0955	NU	WC ACSS HEADREST	DME & SUPPLIES	NonFacility	$ 108.27
E0955	RR	WC ACSS HEADREST	DME & SUPPLIES	NonFacility	$ 10.83
E0955	UE	WC ACSS HEADREST	DME & SUPPLIES	NonFacility	$ 81.20
E0956	00	WC ACSS LAT TRNK	DME & SUPPLIES	NonFacility	$ 52.79
E0956	NU	WC ACSS LAT TRNK	DME & SUPPLIES	NonFacility	$ 52.79
E0956	RR	WC ACSS LAT TRNK	DME & SUPPLIES	NonFacility	$ 5.29
E0956	UE	WC ACSS LAT TRNK	DME & SUPPLIES	NonFacility	$ 39.59
E0957	00	WC ACSS MED THI	DME & SUPPLIES	NonFacility	$ 73.87
E0957	NU	WC ACSS MED THI	DME & SUPPLIES	NonFacility	$ 73.87
E0957	RR	WC ACSS MED THI	DME & SUPPLIES	NonFacility	$ 7.39
E0957	UE	WC ACSS MED THI	DME & SUPPLIES	NonFacility	$ 55.40
E0958	00	MANUAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 205.09
E0958	NU	MANUAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 205.09
E0958	RR	MANUAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 23.36
E0958	UE	MANUAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 153.76
E0959	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 23.68
E0959	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 23.68
E0959	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 2.38
E0959	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 17.92
E0960	00	WC ACSS SHLDR HR	DME & SUPPLIES	NonFacility	$ 48.72
E0960	NU	WC ACSS SHLDR HR	DME & SUPPLIES	NonFacility	$ 48.72
E0960	RR	WC ACSS SHLDR HR	DME & SUPPLIES	NonFacility	$ 4.88
E0960	UE	WC ACSS SHLDR HR	DME & SUPPLIES	NonFacility	$ 36.54
E0961	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 15.93
E0961	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 15.93
E0961	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 1.66
E0961	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 7.96
E0966	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 38.22
E0966	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 38.22
E0966	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 3.77
E0966	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 28.66
E0967	00	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 35.17
E0967	NU	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 35.17
E0967	RR	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 3.52
E0967	UE	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 26.37
E0968	00	COMMODE SEAT WHE	DME & SUPPLIES	NonFacility	$ 84.29
E0968	NU	COMMODE SEAT WHE	DME & SUPPLIES	NonFacility	$ 84.29
E0968	RR	COMMODE SEAT WHE	DME & SUPPLIES	NonFacility	$ 9.61
E0968	UE	COMMODE SEAT WHE	DME & SUPPLIES	NonFacility	$ 63.28
E0969	00	NARROWING DEVICE	DME & SUPPLIES	NonFacility	$ 83.87
E0969	NU	NARROWING DEVICE	DME & SUPPLIES	NonFacility	$ 83.87
E0969	RR	NARROWING DEVICE	DME & SUPPLIES	NonFacility	$ 8.31
E0969	UE	NARROWING DEVICE	DME & SUPPLIES	NonFacility	$ 62.91
E0970	00	NO 2 FOOTPLATES	DME & SUPPLIES	NonFacility	$ 26.55
E0970	NU	NO 2 FOOTPLATES	DME & SUPPLIES	NonFacility	$ 26.55
E0970	RR	NO 2 FOOTPLATES	DME & SUPPLIES	NonFacility	$ 2.44
E0970	UE	NO 2 FOOTPLATES	DME & SUPPLIES	NonFacility	$ 19.91
E0971	00	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 23.24
E0971	NU	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 23.24
E0971	RR	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 2.33

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0971	UE	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 17.44
E0973	00	WC ACCSS ADJUSTB	DME & SUPPLIES	NonFacility	$ 61.57
E0973	NU	WC ACCSS ADJUSTB	DME & SUPPLIES	NonFacility	$ 61.57
E0973	RR	WC ACCSS ADJUSTB	DME & SUPPLIES	NonFacility	$ 5.87
E0973	UE	WC ACCSS ADJUSTB	DME & SUPPLIES	NonFacility	$ 46.18
E0974	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 41.99
E0974	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 41.99
E0974	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 4.45
E0974	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 31.73
E0978	00	WHLCHAIR ACSS PS	DME & SUPPLIES	NonFacility	$ 22.87
E0978	NU	WHLCHAIR ACSS PS	DME & SUPPLIES	NonFacility	$ 22.87
E0978	RR	WHLCHAIR ACSS PS	DME & SUPPLIES	NonFacility	$ 2.29
E0978	UE	WHLCHAIR ACSS PS	DME & SUPPLIES	NonFacility	$ 16.95
E0980	00	SAFETY VEST WHEE	DME & SUPPLIES	NonFacility	$ 17.70
E0980	NU	SAFETY VEST WHEE	DME & SUPPLIES	NonFacility	$ 17.70
E0980	RR	SAFETY VEST WHEE	DME & SUPPLIES	NonFacility	$ 1.77
E0980	UE	SAFETY VEST WHEE	DME & SUPPLIES	NonFacility	$ 13.21
E0981	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 25.25
E0981	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 25.25
E0981	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2.57
E0981	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 19.12
E0982	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 27.59
E0982	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 27.59
E0982	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2.76
E0982	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 20.69
E0983	00	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 1233.84
E0983	NU	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 1233.84
E0983	RR	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 133.84
E0983	UE	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 925.43
E0984	00	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 1023.11
E0984	NU	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 1023.11
E0984	RR	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 95.10
E0984	UE	MNL WC ACSS PWR	DME & SUPPLIES	NonFacility	$ 789.47
E0985	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 108.62
E0985	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 108.62
E0985	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 10.87
E0985	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 81.46
E0986	00	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 2604.80
E0986	NU	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 2604.80
E0986	RR	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 260.48
E0986	UE	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 1953.61
E0988	00	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 163.99
E0988	RR	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 163.99
E0990	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 62.89
E0990	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 62.89
E0990	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 7.08
E0990	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 49.13
E0992	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 50.95
E0992	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 50.95
E0992	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 4.95
E0992	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 38.22
E0994	00	ARMREST EACH	DME & SUPPLIES	NonFacility	$ 9.44
E0994	NU	ARMREST EACH	DME & SUPPLIES	NonFacility	$ 9.44

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E0994	RR	ARMREST EACH	DME & SUPPLIES	NonFacility	$ 0.95
E0994	UE	ARMREST EACH	DME & SUPPLIES	NonFacility	$ 7.09
E0995	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 16.28
E0995	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 16.28
E0995	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 1.63
E0995	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 12.20
E1002	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2170.49
E1002	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2170.49
E1002	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 217.05
E1002	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 1627.87
E1003	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2351.54
E1003	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2351.54
E1003	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 235.16
E1003	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 1763.66
E1004	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2607.38
E1004	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2607.38
E1004	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 260.74
E1004	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 1955.53
E1005	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2822.28
E1005	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2822.28
E1005	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 282.22
E1005	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2116.72
E1006	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 3457.03
E1006	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 3457.03
E1006	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 345.70
E1006	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 2592.77
E1007	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 4680.95
E1007	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 4680.95
E1007	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 468.10
E1007	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 3510.71
E1008	00	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 4681.37
E1008	NU	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 4681.37
E1008	RR	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 468.13
E1008	UE	WC ACSS PWR SEAT	DME & SUPPLIES	NonFacility	$ 3511.03
E1010	00	WC ACCSS ADD PWR	DME & SUPPLIES	NonFacility	$ 612.50
E1010	NU	WC ACCSS ADD PWR	DME & SUPPLIES	NonFacility	$ 612.50
E1010	RR	WC ACCSS ADD PWR	DME & SUPPLIES	NonFacility	$ 61.25
E1010	UE	WC ACCSS ADD PWR	DME & SUPPLIES	NonFacility	$ 459.38
E1014	00	RECLIN BACK ADDI	DME & SUPPLIES	NonFacility	$ 195.53
E1014	NU	RECLIN BACK ADDI	DME & SUPPLIES	NonFacility	$ 195.53
E1014	RR	RECLIN BACK ADDI	DME & SUPPLIES	NonFacility	$ 19.56
E1014	UE	RECLIN BACK ADDI	DME & SUPPLIES	NonFacility	$ 146.65
E1015	00	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 61.42
E1015	NU	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 61.42
E1015	RR	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 6.14
E1015	UE	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 46.06
E1016	00	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 70.32
E1016	NU	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 70.32
E1016	RR	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 7.04
E1016	UE	SHOCK ABSORBER F	DME & SUPPLIES	NonFacility	$ 52.73
E1020	00	RESIDUAL LIMB SU	DME & SUPPLIES	NonFacility	$ 130.34
E1020	NU	RESIDUAL LIMB SU	DME & SUPPLIES	NonFacility	$ 130.34
E1020	RR	RESIDUAL LIMB SU	DME & SUPPLIES	NonFacility	$ 13.03

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1020	UE	RESIDUAL LIMB SU	DME & SUPPLIES	NonFacility	$ 97.76
E1028	00	WC ACSS MNL SWIN	DME & SUPPLIES	NonFacility	$ 110.60
E1028	NU	WC ACSS MNL SWIN	DME & SUPPLIES	NonFacility	$ 110.60
E1028	RR	WC ACSS MNL SWIN	DME & SUPPLIES	NonFacility	$ 11.06
E1028	UE	WC ACSS MNL SWIN	DME & SUPPLIES	NonFacility	$ 82.94
E1029	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 197.89
E1029	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 197.89
E1029	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 19.79
E1029	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 148.42
E1030	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 624.00
E1030	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 624.00
E1030	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 62.41
E1030	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 468.01
E1031	00	ROLLABOUT CHAIR	DME & SUPPLIES	NonFacility	$ 237.39
E1031	NU	ROLLABOUT CHAIR	DME & SUPPLIES	NonFacility	$ 237.39
E1031	RR	ROLLABOUT CHAIR	DME & SUPPLIES	NonFacility	$ 27.05
E1031	UE	ROLLABOUT CHAIR	DME & SUPPLIES	NonFacility	$ 178.10
E1035	00	MULTI-PSTN PT TR	DME & SUPPLIES	NonFacility	$ 328.37
E1035	RR	MULTI-PSTN PT TR	DME & SUPPLIES	NonFacility	$ 328.37
E1036	00	MULTI-PSTN PT TR	DME & SUPPLIES	NonFacility	$ 460.34
E1036	RR	MULTI-PSTN PT TR	DME & SUPPLIES	NonFacility	$ 460.34
E1037	00	TRANSPORT CHAIR	DME & SUPPLIES	NonFacility	$ 535.61
E1037	NU	TRANSPORT CHAIR	DME & SUPPLIES	NonFacility	$ 535.61
E1037	RR	TRANSPORT CHAIR	DME & SUPPLIES	NonFacility	$ 58.09
E1037	UE	TRANSPORT CHAIR	DME & SUPPLIES	NonFacility	$ 401.54
E1038	00	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 88.94
E1038	NU	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 88.94
E1038	RR	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 9.65
E1038	UE	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 66.82
E1039	00	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 168.80
E1039	NU	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 168.80
E1039	RR	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 18.31
E1039	UE	TRNSPRT CHAIR AD	DME & SUPPLIES	NonFacility	$ 126.55
E1050	00	FULL RECLIN WHLC	DME & SUPPLIES	NonFacility	$ 478.54
E1050	NU	FULL RECLIN WHLC	DME & SUPPLIES	NonFacility	$ 478.54
E1050	RR	FULL RECLIN WHLC	DME & SUPPLIES	NonFacility	$ 54.53
E1050	UE	FULL RECLIN WHLC	DME & SUPPLIES	NonFacility	$ 358.85
E1060	00	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 592.48
E1060	NU	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 592.48
E1060	RR	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 67.51
E1060	UE	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 444.25
E1070	00	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 514.82
E1070	NU	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 514.82
E1070	RR	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 58.66
E1070	UE	FULL RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 386.06
E1083	00	HEMI-WHLCHAIR; F	DME & SUPPLIES	NonFacility	$ 370.13
E1083	NU	HEMI-WHLCHAIR; F	DME & SUPPLIES	NonFacility	$ 370.13
E1083	RR	HEMI-WHLCHAIR; F	DME & SUPPLIES	NonFacility	$ 42.17
E1083	UE	HEMI-WHLCHAIR; F	DME & SUPPLIES	NonFacility	$ 277.43
E1084	00	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 461.06
E1084	NU	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 461.06
E1084	RR	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 52.54
E1084	UE	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 345.79

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1085	00	HEMI-WHLCHAIR;FI	DME & SUPPLIES	NonFacility	$ 410.62
E1085	NU	HEMI-WHLCHAIR;FI	DME & SUPPLIES	NonFacility	$ 410.62
E1085	RR	HEMI-WHLCHAIR;FI	DME & SUPPLIES	NonFacility	$ 41.15
E1085	UE	HEMI-WHLCHAIR;FI	DME & SUPPLIES	NonFacility	$ 294.91
E1086	00	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 500.22
E1086	NU	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 500.22
E1086	RR	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 45.58
E1086	UE	HEMI-WHLCHAIR; D	DME & SUPPLIES	NonFacility	$ 363.27
E1087	00	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 594.46
E1087	NU	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 594.46
E1087	RR	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 67.75
E1087	UE	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 445.79
E1088	00	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 708.62
E1088	NU	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 708.62
E1088	RR	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 80.74
E1088	UE	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 531.41
E1089	00	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 663.94
E1089	NU	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 663.94
E1089	RR	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 66.37
E1089	UE	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 498.01
E1090	00	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 684.51
E1090	NU	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 684.51
E1090	RR	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 66.37
E1090	UE	HI-STRGTH WHLCHA	DME & SUPPLIES	NonFacility	$ 500.22
E1092	00	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 603.98
E1092	NU	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 603.98
E1092	RR	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 68.82
E1092	UE	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 452.87
E1093	00	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 519.47
E1093	NU	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 519.47
E1093	RR	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 59.18
E1093	UE	WIDE HEVY-DUT WH	DME & SUPPLIES	NonFacility	$ 389.60
E1100	00	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 487.83
E1100	NU	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 487.83
E1100	RR	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 55.59
E1100	UE	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 365.93
E1110	00	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 477.65
E1110	NU	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 477.65
E1110	RR	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 54.44
E1110	UE	SEMI-RECLN WHLCH	DME & SUPPLIES	NonFacility	$ 358.40
E1130	00	STD WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 263.27
E1130	NU	STD WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 263.27
E1130	RR	STD WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 26.33
E1130	UE	STD WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 200.00
E1140	00	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 379.20
E1140	NU	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 379.20
E1140	RR	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 37.83
E1140	UE	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 268.58
E1150	00	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 383.41
E1150	NU	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 383.41
E1150	RR	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 43.69
E1150	UE	WHLCHAIR; DTACHB	DME & SUPPLIES	NonFacility	$ 287.61
E1160	00	WHLCHAIR; FIX AR	DME & SUPPLIES	NonFacility	$ 293.80

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1160	NU	WHLCHAIR; FIX AR	DME & SUPPLIES	NonFacility	$ 293.80
E1160	RR	WHLCHAIR; FIX AR	DME & SUPPLIES	NonFacility	$ 33.47
E1160	UE	WHLCHAIR; FIX AR	DME & SUPPLIES	NonFacility	$ 220.35
E1161	00	MANUAL ADULT SIZ	DME & SUPPLIES	NonFacility	$ 1267.04
E1161	NU	MANUAL ADULT SIZ	DME & SUPPLIES	NonFacility	$ 1267.04
E1161	RR	MANUAL ADULT SIZ	DME & SUPPLIES	NonFacility	$ 126.70
E1161	UE	MANUAL ADULT SIZ	DME & SUPPLIES	NonFacility	$ 950.29
E1170	00	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 419.69
E1170	NU	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 419.69
E1170	RR	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 47.83
E1170	UE	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 314.82
E1171	00	AMP WHLCHAIR;FIX	DME & SUPPLIES	NonFacility	$ 376.77
E1171	NU	AMP WHLCHAIR;FIX	DME & SUPPLIES	NonFacility	$ 376.77
E1171	RR	AMP WHLCHAIR;FIX	DME & SUPPLIES	NonFacility	$ 42.92
E1171	UE	AMP WHLCHAIR;FIX	DME & SUPPLIES	NonFacility	$ 282.52
E1172	00	AMP WHLCHR;DTACH	DME & SUPPLIES	NonFacility	$ 460.40
E1172	NU	AMP WHLCHR;DTACH	DME & SUPPLIES	NonFacility	$ 460.40
E1172	RR	AMP WHLCHR;DTACH	DME & SUPPLIES	NonFacility	$ 52.45
E1172	UE	AMP WHLCHR;DTACH	DME & SUPPLIES	NonFacility	$ 345.13
E1180	00	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 476.32
E1180	NU	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 476.32
E1180	RR	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 54.27
E1180	UE	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 357.30
E1190	00	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 550.22
E1190	NU	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 550.22
E1190	RR	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 62.69
E1190	UE	AMP WHLCHAIR; DT	DME & SUPPLIES	NonFacility	$ 412.61
E1195	00	HVY DUT WHLCHR;F	DME & SUPPLIES	NonFacility	$ 590.26
E1195	NU	HVY DUT WHLCHR;F	DME & SUPPLIES	NonFacility	$ 590.26
E1195	RR	HVY DUT WHLCHR;F	DME & SUPPLIES	NonFacility	$ 67.27
E1195	UE	HVY DUT WHLCHR;F	DME & SUPPLIES	NonFacility	$ 442.70
E1200	00	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 408.85
E1200	NU	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 408.85
E1200	RR	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 46.60
E1200	UE	AMP WHLCHAIR; FI	DME & SUPPLIES	NonFacility	$ 306.64
E1221	00	WHEELCHAIR WITH	DME & SUPPLIES	NonFacility	$ 223.23
E1221	NU	WHEELCHAIR WITH	DME & SUPPLIES	NonFacility	$ 223.23
E1221	RR	WHEELCHAIR WITH	DME & SUPPLIES	NonFacility	$ 25.45
E1221	UE	WHEELCHAIR WITH	DME & SUPPLIES	NonFacility	$ 167.48
E1222	00	WHEELCHAIR W/FIX	DME & SUPPLIES	NonFacility	$ 318.58
E1222	NU	WHEELCHAIR W/FIX	DME & SUPPLIES	NonFacility	$ 318.58
E1222	RR	WHEELCHAIR W/FIX	DME & SUPPLIES	NonFacility	$ 36.30
E1222	UE	WHEELCHAIR W/FIX	DME & SUPPLIES	NonFacility	$ 238.94
E1223	00	WHLCHAIR W/DETAC	DME & SUPPLIES	NonFacility	$ 347.78
E1223	NU	WHLCHAIR W/DETAC	DME & SUPPLIES	NonFacility	$ 347.78
E1223	RR	WHLCHAIR W/DETAC	DME & SUPPLIES	NonFacility	$ 39.64
E1223	UE	WHLCHAIR W/DETAC	DME & SUPPLIES	NonFacility	$ 260.84
E1224	00	WHLCHAIR W/DTACH	DME & SUPPLIES	NonFacility	$ 381.41
E1224	NU	WHLCHAIR W/DTACH	DME & SUPPLIES	NonFacility	$ 381.41
E1224	RR	WHLCHAIR W/DTACH	DME & SUPPLIES	NonFacility	$ 43.46
E1224	UE	WHLCHAIR W/DTACH	DME & SUPPLIES	NonFacility	$ 286.06
E1225	00	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 212.39
E1225	NU	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 212.39

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1225	RR	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 24.20
E1225	UE	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 159.29
E1226	00	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 292.19
E1226	NU	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 292.19
E1226	RR	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 30.07
E1226	UE	WHLCHAIR ACCESS	DME & SUPPLIES	NonFacility	$ 219.13
E1227	00	SPECIAL HEIGHT A	DME & SUPPLIES	NonFacility	$ 148.60
E1227	NU	SPECIAL HEIGHT A	DME & SUPPLIES	NonFacility	$ 148.60
E1227	RR	SPECIAL HEIGHT A	DME & SUPPLIES	NonFacility	$ 14.86
E1227	UE	SPECIAL HEIGHT A	DME & SUPPLIES	NonFacility	$ 111.47
E1228	00	SPECIAL BACK HEI	DME & SUPPLIES	NonFacility	$ 131.63
E1228	NU	SPECIAL BACK HEI	DME & SUPPLIES	NonFacility	$ 131.63
E1228	RR	SPECIAL BACK HEI	DME & SUPPLIES	NonFacility	$ 15.01
E1228	UE	SPECIAL BACK HEI	DME & SUPPLIES	NonFacility	$ 98.67
E1230	00	POWER OP VEH SPE	DME & SUPPLIES	NonFacility	$ 1211.19
E1230	NU	POWER OP VEH SPE	DME & SUPPLIES	NonFacility	$ 1211.19
E1230	RR	POWER OP VEH SPE	DME & SUPPLIES	NonFacility	$ 119.12
E1230	UE	POWER OP VEH SPE	DME & SUPPLIES	NonFacility	$ 957.91
E1232	00	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1145.12
E1232	NU	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1145.12
E1232	RR	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 114.52
E1232	UE	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 858.85
E1233	00	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1186.52
E1233	NU	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1186.52
E1233	RR	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 118.65
E1233	UE	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 889.89
E1234	00	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1032.95
E1234	NU	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 1032.95
E1234	RR	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 103.31
E1234	UE	WC PED SZ TILT-I	DME & SUPPLIES	NonFacility	$ 774.71
E1235	00	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 994.66
E1235	NU	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 994.66
E1235	RR	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 99.47
E1235	UE	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 745.99
E1236	00	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 877.54
E1236	NU	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 877.54
E1236	RR	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 87.75
E1236	UE	WHLCHAIR PED SIZ	DME & SUPPLIES	NonFacility	$ 658.16
E1237	00	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 885.21
E1237	NU	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 885.21
E1237	RR	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 88.52
E1237	UE	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 663.91
E1238	00	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 877.54
E1238	NU	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 877.54
E1238	RR	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 87.75
E1238	UE	WHLCHAIR PED SZ	DME & SUPPLIES	NonFacility	$ 658.16
E1240	00	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 484.07
E1240	NU	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 484.07
E1240	RR	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 55.16
E1240	UE	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 363.05
E1250	00	LGHTWT WHLCHR;FI	DME & SUPPLIES	NonFacility	$ 405.53
E1250	NU	LGHTWT WHLCHR;FI	DME & SUPPLIES	NonFacility	$ 405.53
E1250	RR	LGHTWT WHLCHR;FI	DME & SUPPLIES	NonFacility	$ 36.95

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1250	UE	LGHTWT WHLCHR;FI	DME & SUPPLIES	NonFacility	$ 321.23
E1260	00	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 473.89
E1260	NU	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 473.89
E1260	RR	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 47.35
E1260	UE	LGHTWT WHLCHAIR;	DME & SUPPLIES	NonFacility	$ 373.89
E1270	00	LGHTWT WHLCHR; F	DME & SUPPLIES	NonFacility	$ 371.02
E1270	NU	LGHTWT WHLCHR; F	DME & SUPPLIES	NonFacility	$ 371.02
E1270	RR	LGHTWT WHLCHR; F	DME & SUPPLIES	NonFacility	$ 42.28
E1270	UE	LGHTWT WHLCHR; F	DME & SUPPLIES	NonFacility	$ 278.32
E1280	00	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 616.81
E1280	NU	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 616.81
E1280	RR	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 70.29
E1280	UE	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 462.61
E1285	00	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 610.84
E1285	NU	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 610.84
E1285	RR	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 61.06
E1285	UE	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 447.56
E1290	00	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 631.85
E1290	NU	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 631.85
E1290	RR	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 63.28
E1290	UE	HEVY-DUTY WHLCHR	DME & SUPPLIES	NonFacility	$ 460.84
E1295	00	HEVY-DUTY WHLCHA	DME & SUPPLIES	NonFacility	$ 570.79
E1295	NU	HEVY-DUTY WHLCHA	DME & SUPPLIES	NonFacility	$ 570.79
E1295	RR	HEVY-DUTY WHLCHA	DME & SUPPLIES	NonFacility	$ 65.05
E1295	UE	HEVY-DUTY WHLCHA	DME & SUPPLIES	NonFacility	$ 428.09
E1296	00	SPECIAL WHEELCHA	DME & SUPPLIES	NonFacility	$ 263.29
E1296	NU	SPECIAL WHEELCHA	DME & SUPPLIES	NonFacility	$ 263.29
E1296	RR	SPECIAL WHEELCHA	DME & SUPPLIES	NonFacility	$ 26.74
E1296	UE	SPECIAL WHEELCHA	DME & SUPPLIES	NonFacility	$ 197.47
E1297	00	SPECIAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 56.02
E1297	NU	SPECIAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 56.02
E1297	RR	SPECIAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 6.22
E1297	UE	SPECIAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 42.01
E1298	00	SPCL WHLCHAIR SE	DME & SUPPLIES	NonFacility	$ 226.87
E1298	NU	SPCL WHLCHAIR SE	DME & SUPPLIES	NonFacility	$ 226.87
E1298	RR	SPCL WHLCHAIR SE	DME & SUPPLIES	NonFacility	$ 23.21
E1298	UE	SPCL WHLCHAIR SE	DME & SUPPLIES	NonFacility	$ 170.15
E1310	00	WHIRLPOOL NONPOR	DME & SUPPLIES	NonFacility	$ 1149.93
E1310	NU	WHIRLPOOL NONPOR	DME & SUPPLIES	NonFacility	$ 1149.93
E1310	RR	WHIRLPOOL NONPOR	DME & SUPPLIES	NonFacility	$ 98.35
E1310	UE	WHIRLPOOL NONPOR	DME & SUPPLIES	NonFacility	$ 862.45
E1353	00	REGULATOR	DME & SUPPLIES	NonFacility	$ 15.17
E1353	NU	REGULATOR	DME & SUPPLIES	NonFacility	$ 15.17
E1353	RR	REGULATOR	DME & SUPPLIES	NonFacility	$ 1.33
E1353	UE	REGULATOR	DME & SUPPLIES	NonFacility	$ 15.17
E1355	00	STAND/RACK	DME & SUPPLIES	NonFacility	$ 11.42
E1355	NU	STAND/RACK	DME & SUPPLIES	NonFacility	$ 11.42
E1355	RR	STAND/RACK	DME & SUPPLIES	NonFacility	$ 1.10
E1355	UE	STAND/RACK	DME & SUPPLIES	NonFacility	$ 11.42
E1372	00	IMMERSION EXTERN	DME & SUPPLIES	NonFacility	$ 87.30
E1372	NU	IMMERSION EXTERN	DME & SUPPLIES	NonFacility	$ 87.30
E1372	RR	IMMERSION EXTERN	DME & SUPPLIES	NonFacility	$ 12.68
E1372	UE	IMMERSION EXTERN	DME & SUPPLIES	NonFacility	$ 64.62

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1390	00	O2 CONC 1 DEL PO	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E1390	RR	O2 CONC 1 DEL PO	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E1391	00	O2 CONC DUL DEL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E1391	RR	O2 CONC DUL DEL	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 103.90
E1392	00	PORTABLE OXYGEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
E1392	RR	PORTABLE OXYGEN	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
E1405	00	O2&WATR VAPR ENR	DME & SUPPLIES	NonFacility	$ 122.68
E1405	RR	O2&WATR VAPR ENR	DME & SUPPLIES	NonFacility	$ 122.68
E1406	00	O2&WATR VAPR ENR	DME & SUPPLIES	NonFacility	$ 113.69
E1406	RR	O2&WATR VAPR ENR	DME & SUPPLIES	NonFacility	$ 113.69
E1700	00	JAW MOTION REHAB	DME & SUPPLIES	NonFacility	$ 184.66
E1700	NU	JAW MOTION REHAB	DME & SUPPLIES	NonFacility	$ 184.66
E1700	RR	JAW MOTION REHAB	DME & SUPPLIES	NonFacility	$ 18.11
E1700	UE	JAW MOTION REHAB	DME & SUPPLIES	NonFacility	$ 138.50
E1701	00	REPL CUSHNS JAW	DME & SUPPLIES	NonFacility	$ 5.68
E1702	00	REPL MSR SCLS JA	DME & SUPPLIES	NonFacility	$ 12.09
E1800	00	DYN ADJUSTABLE E	DME & SUPPLIES	NonFacility	$ 65.60
E1800	RR	DYN ADJUSTABLE E	DME & SUPPLIES	NonFacility	$ 65.60
E1801	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 69.08
E1801	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 69.08
E1802	00	DYN ADJUSTBL FOR	DME & SUPPLIES	NonFacility	$ 175.00
E1802	RR	DYN ADJUSTBL FOR	DME & SUPPLIES	NonFacility	$ 175.00
E1805	00	DYN ADJUSTABLE W	DME & SUPPLIES	NonFacility	$ 67.66
E1805	RR	DYN ADJUSTABLE W	DME & SUPPLIES	NonFacility	$ 67.66
E1806	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 56.72
E1806	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 56.72
E1810	00	DYN ADJUSTABLE K	DME & SUPPLIES	NonFacility	$ 66.71
E1810	RR	DYN ADJUSTABLE K	DME & SUPPLIES	NonFacility	$ 66.71
E1811	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 71.83
E1811	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 71.83
E1812	00	DYN KNEE EXT/FLE	DME & SUPPLIES	NonFacility	$ 424.55
E1812	NU	DYN KNEE EXT/FLE	DME & SUPPLIES	NonFacility	$ 424.55
E1812	RR	DYN KNEE EXT/FLE	DME & SUPPLIES	NonFacility	$ 46.05
E1812	UE	DYN KNEE EXT/FLE	DME & SUPPLIES	NonFacility	$ 318.36
E1815	00	Adjust ankle ext	DME & SUPPLIES	NonFacility	$ 67.66
E1815	RR	Adjust ankle ext	DME & SUPPLIES	NonFacility	$ 67.66
E1816	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 72.95
E1816	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 72.95
E1818	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 74.48
E1818	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 74.48
E1820	00	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 43.78
E1820	NU	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 43.78
E1820	RR	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 4.37
E1820	UE	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 32.83
E1821	00	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 56.36
E1821	NU	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 56.36
E1821	RR	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 5.63
E1821	UE	REPL SFT INTERFC	DME & SUPPLIES	NonFacility	$ 42.28
E1825	00	DYN ADJUSTABLE F	DME & SUPPLIES	NonFacility	$ 67.66
E1825	RR	DYN ADJUSTABLE F	DME & SUPPLIES	NonFacility	$ 67.66
E1830	00	DYN ADJUSTABLE T	DME & SUPPLIES	NonFacility	$ 67.66
E1830	RR	DYN ADJUSTABLE T	DME & SUPPLIES	NonFacility	$ 67.66
E1831	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 35.35

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E1831	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 35.35
E1840	00	SOFT INTERFACE M	DME & SUPPLIES	NonFacility	$ 204.94
E1840	RR	SOFT INTERFACE M	DME & SUPPLIES	NonFacility	$ 204.94
E1841	00	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 242.58
E1841	RR	STATIC PROGRESSI	DME & SUPPLIES	NonFacility	$ 242.58
E2000	00	GASTR SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 27.76
E2000	RR	GASTR SUCTN PUMP	DME & SUPPLIES	NonFacility	$ 27.76
E2100	00	BLD GLU MON INTE	DME & SUPPLIES	NonFacility	$ 344.43
E2100	NU	BLD GLU MON INTE	DME & SUPPLIES	NonFacility	$ 344.43
E2100	RR	BLD GLU MON INTE	DME & SUPPLIES	NonFacility	$ 34.45
E2100	UE	BLD GLU MON INTE	DME & SUPPLIES	NonFacility	$ 258.32
E2101	00	BLD GLU MON INTG	DME & SUPPLIES	NonFacility	$ 100.97
E2101	NU	BLD GLU MON INTG	DME & SUPPLIES	NonFacility	$ 100.97
E2101	RR	BLD GLU MON INTG	DME & SUPPLIES	NonFacility	$ 10.10
E2101	UE	BLD GLU MON INTG	DME & SUPPLIES	NonFacility	$ 75.73
E2120	00	PULSE GEN SYS TY	DME & SUPPLIES	NonFacility	$ 151.83
E2120	RR	PULSE GEN SYS TY	DME & SUPPLIES	NonFacility	$ 151.83
E2201	00	MNL WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 199.80
E2201	NU	MNL WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 199.80
E2201	RR	MNL WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 19.98
E2201	UE	MNL WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 149.85
E2202	00	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 253.82
E2202	NU	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 253.82
E2202	RR	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 25.38
E2202	UE	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 190.37
E2203	00	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 256.53
E2203	NU	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 256.53
E2203	RR	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 25.64
E2203	UE	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 192.39
E2204	00	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 435.58
E2204	NU	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 435.58
E2204	RR	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 43.57
E2204	UE	MANUAL WC ACSS N	DME & SUPPLIES	NonFacility	$ 326.68
E2205	00	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 17.50
E2205	NU	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 17.50
E2205	RR	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 1.74
E2205	UE	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 13.13
E2206	00	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 21.78
E2206	NU	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 21.78
E2206	RR	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 2.17
E2206	UE	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 16.34
E2207	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 23.21
E2207	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 23.21
E2207	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2.33
E2207	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 17.41
E2208	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 63.61
E2208	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 63.61
E2208	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 6.35
E2208	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 47.71
E2209	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 57.38
E2209	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 57.38
E2209	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 5.75
E2209	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 43.04

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2210	00	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 3.51
E2210	NU	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 3.51
E2210	RR	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 0.35
E2210	UE	WHEELCHAIR ACCES	DME & SUPPLIES	NonFacility	$ 2.63
E2211	00	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 21.91
E2211	NU	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 21.91
E2211	RR	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 2.15
E2211	UE	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 15.69
E2212	00	MNL WC ACESS TUB	DME & SUPPLIES	NonFacility	$ 3.14
E2212	NU	MNL WC ACESS TUB	DME & SUPPLIES	NonFacility	$ 3.14
E2212	RR	MNL WC ACESS TUB	DME & SUPPLIES	NonFacility	$ 0.32
E2212	UE	MNL WC ACESS TUB	DME & SUPPLIES	NonFacility	$ 2.36
E2213	00	MNL WC ACSS INSR	DME & SUPPLIES	NonFacility	$ 16.28
E2213	NU	MNL WC ACSS INSR	DME & SUPPLIES	NonFacility	$ 16.28
E2213	RR	MNL WC ACSS INSR	DME & SUPPLIES	NonFacility	$ 1.63
E2213	UE	MNL WC ACSS INSR	DME & SUPPLIES	NonFacility	$ 12.20
E2214	00	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 19.28
E2214	NU	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 19.28
E2214	RR	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 2.12
E2214	UE	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 14.45
E2215	00	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 5.14
E2215	NU	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 5.14
E2215	RR	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 0.51
E2215	UE	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 3.85
E2219	00	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 22.41
E2219	NU	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 22.41
E2219	RR	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 2.53
E2219	UE	MNL WHLCHAIR ACC	DME & SUPPLIES	NonFacility	$ 16.81
E2220	00	MNL WHLCHAIR ACE	DME & SUPPLIES	NonFacility	$ 15.28
E2220	NU	MNL WHLCHAIR ACE	DME & SUPPLIES	NonFacility	$ 15.28
E2220	RR	MNL WHLCHAIR ACE	DME & SUPPLIES	NonFacility	$ 1.48
E2220	UE	MNL WHLCHAIR ACE	DME & SUPPLIES	NonFacility	$ 11.68
E2221	00	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 13.69
E2221	NU	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 13.69
E2221	RR	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 1.38
E2221	UE	MNL WHEELCHAIR A	DME & SUPPLIES	NonFacility	$ 10.27
E2222	00	MNL WC ACSS SOLI	DME & SUPPLIES	NonFacility	$ 11.27
E2222	NU	MNL WC ACSS SOLI	DME & SUPPLIES	NonFacility	$ 11.27
E2222	RR	MNL WC ACSS SOLI	DME & SUPPLIES	NonFacility	$ 1.12
E2222	UE	MNL WC ACSS SOLI	DME & SUPPLIES	NonFacility	$ 8.47
E2224	00	MNL WC ACESS PRO	DME & SUPPLIES	NonFacility	$ 52.51
E2224	NU	MNL WC ACESS PRO	DME & SUPPLIES	NonFacility	$ 52.51
E2224	RR	MNL WC ACESS PRO	DME & SUPPLIES	NonFacility	$ 5.51
E2224	UE	MNL WC ACESS PRO	DME & SUPPLIES	NonFacility	$ 39.39
E2225	00	MNL WC CASTER WH	DME & SUPPLIES	NonFacility	$ 9.32
E2225	NU	MNL WC CASTER WH	DME & SUPPLIES	NonFacility	$ 9.32
E2225	RR	MNL WC CASTER WH	DME & SUPPLIES	NonFacility	$ 0.94
E2225	UE	MNL WC CASTER WH	DME & SUPPLIES	NonFacility	$ 6.98
E2226	00	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 20.32
E2226	NU	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 20.32
E2226	RR	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 2.03
E2226	UE	MNL WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 15.24
E2227	00	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 1001.73

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2227	NU	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 1001.73
E2227	RR	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 100.18
E2227	UE	MANUAL WC ACCESS	DME & SUPPLIES	NonFacility	$ 751.31
E2228	00	MNL WC ACCESS WH	DME & SUPPLIES	NonFacility	$ 501.37
E2228	NU	MNL WC ACCESS WH	DME & SUPPLIES	NonFacility	$ 501.37
E2228	RR	MNL WC ACCESS WH	DME & SUPPLIES	NonFacility	$ 50.14
E2228	UE	MNL WC ACCESS WH	DME & SUPPLIES	NonFacility	$ 376.04
E2231	00	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 82.30
E2231	NU	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 82.30
E2231	RR	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 8.23
E2231	UE	MANUAL WHEELCHAI	DME & SUPPLIES	NonFacility	$ 61.72
E2310	00	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 626.66
E2310	NU	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 626.66
E2310	RR	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 62.66
E2310	UE	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 470.00
E2311	00	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 1268.71
E2311	NU	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 1268.71
E2311	RR	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 126.88
E2311	UE	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 951.53
E2312	00	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 1377.36
E2312	NU	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 1377.36
E2312	RR	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 137.73
E2312	UE	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 1033.01
E2313	00	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 171.50
E2313	NU	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 171.50
E2313	RR	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 17.15
E2313	UE	POWER WC ACCESS	DME & SUPPLIES	NonFacility	$ 128.62
E2321	00	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 1194.70
E2321	NU	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 1194.70
E2321	RR	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 119.47
E2321	UE	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 896.02
E2322	00	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 1265.17
E2322	NU	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 1265.17
E2322	RR	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 126.52
E2322	UE	PWR WC ACSS HND	DME & SUPPLIES	NonFacility	$ 948.88
E2323	00	PWR WC ACSS SPCL	DME & SUPPLIES	NonFacility	$ 37.04
E2323	NU	PWR WC ACSS SPCL	DME & SUPPLIES	NonFacility	$ 37.04
E2323	RR	PWR WC ACSS SPCL	DME & SUPPLIES	NonFacility	$ 3.71
E2323	UE	PWR WC ACSS SPCL	DME & SUPPLIES	NonFacility	$ 27.77
E2324	00	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 23.47
E2324	NU	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 23.47
E2324	RR	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 2.34
E2324	UE	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 17.60
E2325	00	PWR WC ACSS SIP&	DME & SUPPLIES	NonFacility	$ 721.22
E2325	NU	PWR WC ACSS SIP&	DME & SUPPLIES	NonFacility	$ 721.22
E2325	RR	PWR WC ACSS SIP&	DME & SUPPLIES	NonFacility	$ 72.13
E2325	UE	PWR WC ACSS SIP&	DME & SUPPLIES	NonFacility	$ 540.92
E2326	00	PWR WC ACSS BREA	DME & SUPPLIES	NonFacility	$ 185.90
E2326	NU	PWR WC ACSS BREA	DME & SUPPLIES	NonFacility	$ 185.90
E2326	RR	PWR WC ACSS BREA	DME & SUPPLIES	NonFacility	$ 18.60
E2326	UE	PWR WC ACSS BREA	DME & SUPPLIES	NonFacility	$ 139.42
E2327	00	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1831.82
E2327	NU	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1831.82

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2327	RR	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 183.18
E2327	UE	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1373.86
E2328	00	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 2653.58
E2328	NU	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 2653.58
E2328	RR	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 265.36
E2328	UE	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1990.19
E2329	00	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 945.76
E2329	NU	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 945.76
E2329	RR	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 94.57
E2329	UE	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 709.33
E2330	00	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1832.53
E2330	NU	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1832.53
E2330	RR	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 183.25
E2330	UE	PWR WC ACSS HEAD	DME & SUPPLIES	NonFacility	$ 1374.40
E2340	00	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 191.90
E2340	NU	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 191.90
E2340	RR	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 19.19
E2340	UE	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 143.94
E2341	00	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 287.87
E2341	NU	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 287.87
E2341	RR	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 28.79
E2341	UE	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 215.91
E2342	00	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 239.89
E2342	NU	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 239.89
E2342	RR	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 23.99
E2342	UE	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 179.92
E2343	00	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 383.84
E2343	NU	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 383.84
E2343	RR	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 38.38
E2343	UE	PWR WC ACSS NONS	DME & SUPPLIES	NonFacility	$ 287.87
E2351	00	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 374.12
E2351	NU	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 374.12
E2351	RR	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 37.42
E2351	UE	PWR WC ACSS ELEC	DME & SUPPLIES	NonFacility	$ 280.58
E2359	00	PWR WC ACCESSORY	DME & SUPPLIES	NonFacility	$ 95.39
E2359	NU	PWR WC ACCESSORY	DME & SUPPLIES	NonFacility	$ 95.39
E2359	RR	PWR WC ACCESSORY	DME & SUPPLIES	NonFacility	$ 9.54
E2359	UE	PWR WC ACCESSORY	DME & SUPPLIES	NonFacility	$ 71.54
E2360	00	PWR WC ACSS 22 N	DME & SUPPLIES	NonFacility	$ 60.16
E2360	NU	PWR WC ACSS 22 N	DME & SUPPLIES	NonFacility	$ 60.16
E2360	RR	PWR WC ACSS 22 N	DME & SUPPLIES	NonFacility	$ 6.04
E2360	UE	PWR WC ACSS 22 N	DME & SUPPLIES	NonFacility	$ 45.12
E2361	00	PWR WC ACSS 22NF	DME & SUPPLIES	NonFacility	$ 74.68
E2361	NU	PWR WC ACSS 22NF	DME & SUPPLIES	NonFacility	$ 74.68
E2361	RR	PWR WC ACSS 22NF	DME & SUPPLIES	NonFacility	$ 7.47
E2361	UE	PWR WC ACSS 22NF	DME & SUPPLIES	NonFacility	$ 56.02
E2362	00	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 49.25
E2362	NU	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 49.25
E2362	RR	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 4.93
E2362	UE	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 36.94
E2363	00	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 99.61
E2363	NU	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 99.61
E2363	RR	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 9.97

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2363	UE	PWR WC ACSS GRP	DME & SUPPLIES	NonFacility	$ 74.71
E2364	00	PWR WC ACSS U-1	DME & SUPPLIES	NonFacility	$ 60.16
E2364	NU	PWR WC ACSS U-1	DME & SUPPLIES	NonFacility	$ 60.16
E2364	RR	PWR WC ACSS U-1	DME & SUPPLIES	NonFacility	$ 6.04
E2364	UE	PWR WC ACSS U-1	DME & SUPPLIES	NonFacility	$ 45.12
E2365	00	PWR WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 60.07
E2365	NU	PWR WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 60.07
E2365	RR	PWR WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 6.01
E2365	UE	PWR WHLCHAIR ACS	DME & SUPPLIES	NonFacility	$ 45.07
E2366	00	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 141.17
E2366	NU	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 141.17
E2366	RR	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 14.15
E2366	UE	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 105.88
E2367	00	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 224.42
E2367	NU	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 224.42
E2367	RR	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 22.45
E2367	UE	PWR WC ACSS BATT	DME & SUPPLIES	NonFacility	$ 168.32
E2368	00	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 276.62
E2368	NU	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 276.62
E2368	RR	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 27.67
E2368	UE	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 207.47
E2369	00	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 240.94
E2369	NU	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 240.94
E2369	RR	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 24.10
E2369	UE	POWER WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 180.70
E2370	00	PWR WC CMPNT MOT	DME & SUPPLIES	NonFacility	$ 429.92
E2370	NU	PWR WC CMPNT MOT	DME & SUPPLIES	NonFacility	$ 429.92
E2370	RR	PWR WC CMPNT MOT	DME & SUPPLIES	NonFacility	$ 43.00
E2370	UE	PWR WC CMPNT MOT	DME & SUPPLIES	NonFacility	$ 322.44
E2371	00	POWER WC ACSS GR	DME & SUPPLIES	NonFacility	$ 80.72
E2371	NU	POWER WC ACSS GR	DME & SUPPLIES	NonFacility	$ 80.72
E2371	RR	POWER WC ACSS GR	DME & SUPPLIES	NonFacility	$ 8.08
E2371	UE	POWER WC ACSS GR	DME & SUPPLIES	NonFacility	$ 60.54
E2373	00	PWR WC MINI-PROP	DME & SUPPLIES	NonFacility	$ 580.79
E2373	NU	PWR WC MINI-PROP	DME & SUPPLIES	NonFacility	$ 580.79
E2373	RR	PWR WC MINI-PROP	DME & SUPPLIES	NonFacility	$ 58.08
E2373	UE	PWR WC MINI-PROP	DME & SUPPLIES	NonFacility	$ 435.60
E2374	00	PWR WC STANDARD	DME & SUPPLIES	NonFacility	$ 285.97
E2374	NU	PWR WC STANDARD	DME & SUPPLIES	NonFacility	$ 285.97
E2374	RR	PWR WC STANDARD	DME & SUPPLIES	NonFacility	$ 28.60
E2374	UE	PWR WC STANDARD	DME & SUPPLIES	NonFacility	$ 214.49
E2375	00	PWR WC NONEXPNDA	DME & SUPPLIES	NonFacility	$ 458.69
E2375	NU	PWR WC NONEXPNDA	DME & SUPPLIES	NonFacility	$ 458.69
E2375	RR	PWR WC NONEXPNDA	DME & SUPPLIES	NonFacility	$ 45.86
E2375	UE	PWR WC NONEXPNDA	DME & SUPPLIES	NonFacility	$ 344.00
E2376	00	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 718.78
E2376	NU	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 718.78
E2376	RR	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 71.88
E2376	UE	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 539.10
E2377	00	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 260.10
E2377	NU	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 260.10
E2377	RR	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 26.00
E2377	UE	PWR WC EXPANDABL	DME & SUPPLIES	NonFacility	$ 195.08

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2381	00	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 40.79
E2381	NU	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 40.79
E2381	RR	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 4.09
E2381	UE	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 30.60
E2382	00	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 11.12
E2382	NU	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 11.12
E2382	RR	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 1.10
E2382	UE	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 8.34
E2383	00	PWR WC INSERT PN	DME & SUPPLIES	NonFacility	$ 81.33
E2383	NU	PWR WC INSERT PN	DME & SUPPLIES	NonFacility	$ 81.33
E2383	RR	PWR WC INSERT PN	DME & SUPPLIES	NonFacility	$ 8.14
E2383	UE	PWR WC INSERT PN	DME & SUPPLIES	NonFacility	$ 61.00
E2384	00	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 43.33
E2384	NU	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 43.33
E2384	RR	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 4.34
E2384	UE	PWR WC PNEUMATIC	DME & SUPPLIES	NonFacility	$ 32.49
E2385	00	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 26.51
E2385	NU	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 26.51
E2385	RR	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 2.66
E2385	UE	PWR WC TUBE PNEU	DME & SUPPLIES	NonFacility	$ 19.87
E2386	00	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 80.60
E2386	NU	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 80.60
E2386	RR	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 8.06
E2386	UE	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 60.44
E2387	00	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 36.14
E2387	NU	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 36.14
E2387	RR	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 3.62
E2387	UE	PWR WC FOAM FILL	DME & SUPPLIES	NonFacility	$ 27.12
E2388	00	PWR WC FOAM DRIV	DME & SUPPLIES	NonFacility	$ 26.98
E2388	NU	PWR WC FOAM DRIV	DME & SUPPLIES	NonFacility	$ 26.98
E2388	RR	PWR WC FOAM DRIV	DME & SUPPLIES	NonFacility	$ 2.70
E2388	UE	PWR WC FOAM DRIV	DME & SUPPLIES	NonFacility	$ 20.24
E2389	00	PWR WC FOAM CAST	DME & SUPPLIES	NonFacility	$ 14.65
E2389	NU	PWR WC FOAM CAST	DME & SUPPLIES	NonFacility	$ 14.65
E2389	RR	PWR WC FOAM CAST	DME & SUPPLIES	NonFacility	$ 1.47
E2389	UE	PWR WC FOAM CAST	DME & SUPPLIES	NonFacility	$ 10.99
E2390	00	PWR WC SOLID DRI	DME & SUPPLIES	NonFacility	$ 22.91
E2390	NU	PWR WC SOLID DRI	DME & SUPPLIES	NonFacility	$ 22.91
E2390	RR	PWR WC SOLID DRI	DME & SUPPLIES	NonFacility	$ 2.29
E2390	UE	PWR WC SOLID DRI	DME & SUPPLIES	NonFacility	$ 17.17
E2391	00	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 10.98
E2391	NU	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 10.98
E2391	RR	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 1.10
E2391	UE	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 8.24
E2392	00	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 28.85
E2392	NU	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 28.85
E2392	RR	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 2.89
E2392	UE	PWR WC SOLID CAS	DME & SUPPLIES	NonFacility	$ 21.64
E2394	00	PWR WC DRIVE WHE	DME & SUPPLIES	NonFacility	$ 41.10
E2394	NU	PWR WC DRIVE WHE	DME & SUPPLIES	NonFacility	$ 41.10
E2394	RR	PWR WC DRIVE WHE	DME & SUPPLIES	NonFacility	$ 4.12
E2394	UE	PWR WC DRIVE WHE	DME & SUPPLIES	NonFacility	$ 30.83
E2395	00	PWR WC CASTER WH	DME & SUPPLIES	NonFacility	$ 29.21

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2395	NU	PWR WC CASTER WH	DME & SUPPLIES	NonFacility	$ 29.21
E2395	RR	PWR WC CASTER WH	DME & SUPPLIES	NonFacility	$ 2.92
E2395	UE	PWR WC CASTER WH	DME & SUPPLIES	NonFacility	$ 21.92
E2396	00	PWR WC CASTER FO	DME & SUPPLIES	NonFacility	$ 35.62
E2396	NU	PWR WC CASTER FO	DME & SUPPLIES	NonFacility	$ 35.62
E2396	RR	PWR WC CASTER FO	DME & SUPPLIES	NonFacility	$ 3.82
E2396	UE	PWR WC CASTER FO	DME & SUPPLIES	NonFacility	$ 26.71
E2397	00	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 221.77
E2397	NU	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 221.77
E2397	RR	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 22.18
E2397	UE	POWER WHLCHAIR A	DME & SUPPLIES	NonFacility	$ 166.32
E2402	00	NEG PRESS WOUND	DME & SUPPLIES	NonFacility	$ 792.23
E2402	RR	NEG PRESS WOUND	DME & SUPPLIES	NonFacility	$ 792.23
E2500	00	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 209.41
E2500	NU	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 209.41
E2500	RR	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 20.95
E2500	UE	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 157.06
E2502	00	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 640.35
E2502	NU	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 640.35
E2502	RR	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 64.04
E2502	UE	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 480.27
E2504	00	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 844.71
E2504	NU	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 844.71
E2504	RR	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 84.48
E2504	UE	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 633.52
E2506	00	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 1238.59
E2506	NU	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 1238.59
E2506	RR	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 123.85
E2506	UE	SPCH GEN DEVC DI	DME & SUPPLIES	NonFacility	$ 928.93
E2508	00	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 1915.27
E2508	NU	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 1915.27
E2508	RR	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 191.53
E2508	UE	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 1436.46
E2510	00	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 3624.40
E2510	NU	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 3624.40
E2510	RR	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 362.44
E2510	UE	SPCH GEN DEVC SY	DME & SUPPLIES	NonFacility	$ 2718.29
E2601	00	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 32.75
E2601	NU	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 32.75
E2601	RR	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 3.28
E2601	UE	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 24.56
E2602	00	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 63.94
E2602	NU	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 63.94
E2602	RR	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 6.40
E2602	UE	GENERAL WHLCHAIR	DME & SUPPLIES	NonFacility	$ 47.96
E2603	00	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 81.17
E2603	NU	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 81.17
E2603	RR	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 8.12
E2603	UE	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 60.88
E2604	00	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 100.90
E2604	NU	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 100.90
E2604	RR	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 10.08
E2604	UE	SKN PROTECTION W	DME & SUPPLIES	NonFacility	$ 75.68

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2605	00	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 144.14
E2605	NU	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 144.14
E2605	RR	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 14.42
E2605	UE	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 108.13
E2606	00	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 224.87
E2606	NU	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 224.87
E2606	RR	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 22.49
E2606	UE	PSTN WHEELCHAIR	DME & SUPPLIES	NonFacility	$ 168.65
E2607	00	SKN PROTECT&PSTN	DME & SUPPLIES	NonFacility	$ 155.21
E2607	NU	SKN PROTECT&PSTN	DME & SUPPLIES	NonFacility	$ 155.21
E2607	RR	SKN PROTECT&PSTN	DME & SUPPLIES	NonFacility	$ 15.52
E2607	UE	SKN PROTECT&PSTN	DME & SUPPLIES	NonFacility	$ 116.41
E2608	00	SKN PROTCT&PSTN	DME & SUPPLIES	NonFacility	$ 186.40
E2608	NU	SKN PROTCT&PSTN	DME & SUPPLIES	NonFacility	$ 186.40
E2608	RR	SKN PROTCT&PSTN	DME & SUPPLIES	NonFacility	$ 18.64
E2608	UE	SKN PROTCT&PSTN	DME & SUPPLIES	NonFacility	$ 139.80
E2611	00	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 167.26
E2611	NU	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 167.26
E2611	RR	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 16.72
E2611	UE	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 125.46
E2612	00	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 226.27
E2612	NU	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 226.27
E2612	RR	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 22.63
E2612	UE	GEN WC BACK CUSH	DME & SUPPLIES	NonFacility	$ 169.69
E2613	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 210.47
E2613	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 210.47
E2613	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 21.05
E2613	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 157.85
E2614	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 291.28
E2614	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 291.28
E2614	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 29.13
E2614	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 218.47
E2615	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 242.22
E2615	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 242.22
E2615	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 24.23
E2615	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 181.66
E2616	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 325.90
E2616	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 325.90
E2616	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 32.59
E2616	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 244.43
E2619	00	REPL COVER WHEEL	DME & SUPPLIES	NonFacility	$ 27.49
E2619	NU	REPL COVER WHEEL	DME & SUPPLIES	NonFacility	$ 27.49
E2619	RR	REPL COVER WHEEL	DME & SUPPLIES	NonFacility	$ 2.75
E2619	UE	REPL COVER WHEEL	DME & SUPPLIES	NonFacility	$ 20.62
E2620	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 293.30
E2620	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 293.30
E2620	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 29.33
E2620	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 219.98
E2621	00	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 307.79
E2621	NU	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 307.79
E2621	RR	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 30.77
E2621	UE	PSTN WC BACK CUS	DME & SUPPLIES	NonFacility	$ 230.84
E2622	00	SKIN PROTECT WC	DME & SUPPLIES	NonFacility	$ 177.32

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
E2622	NU	SKIN PROTECT WC	DME & SUPPLIES	NonFacility	$ 177.32
E2622	RR	SKIN PROTECT WC	DME & SUPPLIES	NonFacility	$ 17.74
E2622	UE	SKIN PROTECT WC	DME & SUPPLIES	NonFacility	$ 132.99
E2623	00	SKIN PROTCT WC S	DME & SUPPLIES	NonFacility	$ 225.64
E2623	NU	SKIN PROTCT WC S	DME & SUPPLIES	NonFacility	$ 225.64
E2623	RR	SKIN PROTCT WC S	DME & SUPPLIES	NonFacility	$ 22.57
E2623	UE	SKIN PROTCT WC S	DME & SUPPLIES	NonFacility	$ 169.23
E2624	00	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 178.78
E2624	NU	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 178.78
E2624	RR	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 17.87
E2624	UE	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 134.09
E2625	00	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 226.32
E2625	NU	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 226.32
E2625	RR	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 22.63
E2625	UE	SKIN PROTECT & P	DME & SUPPLIES	NonFacility	$ 169.74
E2626	00	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 340.25
E2626	NU	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 340.25
E2626	RR	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 34.02
E2626	UE	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 255.17
E2627	00	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 542.93
E2627	NU	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 542.93
E2627	RR	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 54.31
E2627	UE	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 407.20
E2628	00	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 409.01
E2628	NU	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 409.01
E2628	RR	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 40.90
E2628	UE	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 306.76
E2629	00	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 517.60
E2629	NU	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 517.60
E2629	RR	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 51.76
E2629	UE	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 388.20
E2630	00	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 361.96
E2630	NU	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 361.96
E2630	RR	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 36.19
E2630	UE	WC ACCESS SHLDR	DME & SUPPLIES	NonFacility	$ 271.46
E2631	00	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 144.79
E2631	NU	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 144.79
E2631	RR	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 14.48
E2631	UE	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 108.59
E2632	00	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 92.06
E2632	NU	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 92.06
E2632	RR	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 9.20
E2632	UE	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 69.05
E2633	00	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 78.09
E2633	NU	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 78.09
E2633	RR	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 7.82
E2633	UE	WC ACCESS ADD MO	DME & SUPPLIES	NonFacility	$ 58.57
G0008	00	ADMINISTRATION O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 35.22
G0009	00	ADMINISTRATION O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 35.22
G0010	00	ADMINISTRATION O	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 35.22
G0027	00	SEMEN ANALY; PRE	OFFICE LAB	NonFacility	$ 5.59
G0101	00	CERV/VAG CANCR S	MEDICINE - OTHER	NonFacility	$ 59.17
G0102	00	PROS CANCER SCR;	MEDICINE - OTHER	NonFacility	$ 31.71

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
G0103	00	PROS CANCR SCR;	CLINICAL LABORATORY	NonFacility	$ 11.06
G0104	00	COLOREC CANCER S	SURGERY - DIGESTIVE	NonFacility	$ 215.32
G0105	00	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 631.94
G0106	00	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 330.61
G0106	26	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 83.58
G0106	TC	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 247.03
G0108	00	DM OP SLF-MGMT T	MEDICINE - OTHER	NonFacility	$ 39.65
G0109	00	DM SLF-MGMT TRN	MEDICINE - OTHER	NonFacility	$ 21.95
G0117	00	GLAUC SCR HI RIS	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 76.86
G0118	00	GLAUC SCR HI RIS	MEDICINE - OPHTHALMOLOGY	NonFacility	$ 54.29
G0120	00	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 330.61
G0120	26	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 83.58
G0120	TC	COLOREC CANCR SC	SURGERY - DIGESTIVE	NonFacility	$ 247.03
G0121	00	COLOREC CNCR SCR	SURGERY - DIGESTIVE	NonFacility	$ 631.94
G0122	00	COLOREC CANCER S	RADIOLOGY	NonFacility	$ 406.25
G0122	26	COLOREC CANCER S	RADIOLOGY	NonFacility	$ 83.58
G0122	TC	COLOREC CANCER S	RADIOLOGY	NonFacility	$ 322.67
G0123	00	SCR CYTOPATH CER	CLINICAL LABORATORY	NonFacility	$ 12.19
G0124	00	SCR CYTOPATH CER	LAB - PATHOLOGY	NonFacility	$ 16.81
G0127	00	TRIMMING DYSTROP	SURGERY - INTEGUMENTARY	NonFacility	$ 32.94
G0128	00	DIR SKLED SERV R	MEDICINE - OTHER	NonFacility	$ 14.64
G0130	00	SEXA BN DNSITY S	RADIOLOGY - BONE DENSITY	NonFacility	$ 53.07
G0130	26	SEXA BN DNSITY S	RADIOLOGY - BONE DENSITY	NonFacility	$ 18.30
G0130	TC	SEXA BN DNSITY S	RADIOLOGY - BONE DENSITY	NonFacility	$ 34.77
G0141	00	SCR CYTOPATH SME	LAB - PATHOLOGY	NonFacility	$ 16.81
G0143	00	SCR CYTOPATH CER	CLINICAL LABORATORY	NonFacility	$ 12.19
G0144	00	SCR CYTOPATH CER	CLINICAL LABORATORY	NonFacility	$ 12.85
G0145	00	SCR CYTOPATH CER	CLINICAL LABORATORY	NonFacility	$ 15.93
G0147	00	SCR CYTOPATH SME	CLINICAL LABORATORY	NonFacility	$ 6.85
G0148	00	SCR CYTOPATH SME	CLINICAL LABORATORY	NonFacility	$ 9.14
G0166	00	EXT COUNTERPULSA	SURGERY - CARDIOVASCULAR	NonFacility	$ 245.22
G0168	00	WOUND CLOS UTIL	SURGERY - INTEGUMENTARY	NonFacility	$ 132.97
G0179	00	PHYS RE-CERT MCR	MEDICINE - OTHER	NonFacility	$ 65.87
G0180	00	PHYS CERT MCR-CO	MEDICINE - OTHER	NonFacility	$ 86.62
G0181	00	PHYS SUPV PT REC	MEDICINE - OTHER	NonFacility	$ 171.40
G0182	00	PHYS SUPV PT UND	MEDICINE - OTHER	NonFacility	$ 174.46
G0186	00	DSTRY EYE LESN,F	MEDICINE - OTHER	NonFacility	$ 1291.91
G0202	00	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 218.37
G0202	26	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 59.17
G0202	TC	SCR MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 159.20
G0204	00	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 259.86
G0204	26	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 73.82
G0204	TC	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 186.04
G0206	00	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 205.56
G0206	26	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 59.17
G0206	TC	DX MAMMO PRODUC	RADIOLOGY - MAMMOGRAPHY	NonFacility	$ 146.39
G0237	00	THERAPEUTIC PROC	MEDICINE - OTHER	NonFacility	$ 16.48
G0238	00	THERAPEUTIC PROC	MEDICINE - OTHER	NonFacility	$ 17.07
G0239	00	TX PROC IMPRV RE	MEDICINE - OTHER	NonFacility	$ 18.30
G0245	00	INITIAL PHYS E&M	EVALUATION & MANAGEMENT	NonFacility	$ 109.80
G0246	00	FOLLOWUP PHYS E&	EVALUATION & MANAGEMENT	NonFacility	$ 63.44
G0247	00	ROUTINE FOOT CAR	SURGERY - INTEGUMENTARY	NonFacility	$ 71.98
G0248	00	DEMONSTRATION, P	MEDICINE - OTHER	NonFacility	$ 234.23

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
G0249	00	PROVISION OF TES	DME & SUPPLIES	NonFacility	$ 73.90
G0250	00	PHYSICIAN REVIEW	MEDICINE - OTHER	NonFacility	$ 16.48
G0252	00	PET IMAG INIT DX	RADIOLOGY - PET SCANS	NonFacility	$ 140.30
G0268	00	REMV IMP CERUMEN	MEDICINE - OTHER	NonFacility	$ 81.13
G0270	00	MED NUT TX; REAS	MEDICINE - OTHER	NonFacility	$ 43.31
G0271	00	MED NUT TX REASS	MEDICINE - OTHER	NonFacility	$ 21.95
G0275	00	RENL ANGIO NON-S	RADIOLOGY	NonFacility	$ 23.18
G0278	00	ILIAC&/FEM ART A	RADIOLOGY	NonFacility	$ 23.18
G0281	00	E-STIM 1/> AREAS	MEDICINE - OTHER	NonFacility	$ 20.13
G0283	00	E-STIM 1/> AREAS	MEDICINE - OTHER	NonFacility	$ 20.13
G0288	00	RECON CT ANGIO A	RADIOLOGY	NonFacility	$ 170.79
G0289	00	SCOPE KNEE REMV	SURGERY - MUSCULOSKELETAL	NonFacility	$ 145.18
G0306	00	COMPLETE CBC AUT	CLINICAL LABORATORY	NonFacility	$ 4.68
G0307	00	COMPLETE AUTOMA	CLINICAL LABORATORY	NonFacility	$ 3.89
G0328	00	COLOREC CA SCR;	CLINICAL LABORATORY	NonFacility	$ 9.57
G0329	00	ELECMAGNET TX UL	RADIOLOGY - MRI	NonFacility	$ 14.03
G0333	00	DISPENSE FEE INI	MEDICINE - OTHER	NonFacility	$ 94.30
G0337	00	HOSPICE EVALUATI	MEDICINE - OTHER	NonFacility	$ 122.60
G0339	00	IMAG GUID ROBOT	RADIOLOGY	NonFacility	$ 2706.45
G0340	00	IMAG GUID ROBOT	RADIOLOGY	NonFacility	$ 2706.45
G0341	00	PERCUTANEOUS ISL	SURGERY - DIGESTIVE	NonFacility	$ 1322.45
G0342	00	LAPAROSCOPY ISLE	SURGERY - DIGESTIVE	NonFacility	$ 1113.23
G0343	00	LAPAROTOMY ISLET	SURGERY - DIGESTIVE	NonFacility	$ 1861.07
G0364	00	BN MARROW ASPIR	SURGERY - HEMIC & LYMPHATIC	NonFacility	$ 20.13
G0365	00	VESSEL MAPPING O	MEDICINE - OTHER	NonFacility	$ 320.85
G0365	26	VESSEL MAPPING O	MEDICINE - OTHER	NonFacility	$ 20.74
G0365	TC	VESSEL MAPPING O	MEDICINE - OTHER	NonFacility	$ 300.11
G0372	00	PHYS SRVC RQR TO	MEDICINE - OTHER	NonFacility	$ 18.30
G0389	00	US B-SCAN &/OR R	RADIOLOGY - ULTRASOUND	NonFacility	$ 179.95
G0389	26	US B-SCAN &/OR R	RADIOLOGY - ULTRASOUND	NonFacility	$ 50.03
G0389	TC	US B-SCAN &/OR R	RADIOLOGY - ULTRASOUND	NonFacility	$ 129.92
G0396	00	ALCOHOL &/SUBSTA	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 54.91
G0397	00	ALCOHOL &/SUBSTA	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 109.18
G0398	00	HST W TYPE II PR	MEDICINE - OTHER	NonFacility	$ 373.29
G0398	26	HST W TYPE II PR	MEDICINE - OTHER	NonFacility	$ 156.79
G0398	TC	HST W TYPE II PR	MEDICINE - OTHER	NonFacility	$ 216.50
G0399	00	HST W TYPE III P	MEDICINE - OTHER	NonFacility	$ 344.28
G0399	26	HST W TYPE III P	MEDICINE - OTHER	NonFacility	$ 144.59
G0399	TC	HST W TYPE III P	MEDICINE - OTHER	NonFacility	$ 199.69
G0400	00	HST W TYPE IV PR	MEDICINE - OTHER	NonFacility	$ 307.68
G0400	26	HST W TYPE IV PR	MEDICINE - OTHER	NonFacility	$ 119.66
G0400	TC	HST W TYPE IV PR	MEDICINE - OTHER	NonFacility	$ 188.02
G0402	00	INITIAL PREVENTI	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 226.31
G0403	00	ELECTROCARDIOGRA	MEDICINE - OTHER	NonFacility	$ 33.55
G0404	00	ELECTROCARDIOGRA	MEDICINE - OTHER	NonFacility	$ 18.30
G0405	00	ELECTROCARDIOGRA	MEDICINE - OTHER	NonFacility	$ 15.25
G0406	00	FOLLOW-UP INPATI	MEDICINE - OTHER	NonFacility	$ 64.05
G0407	00	FOLLOW-UP INPATI	MEDICINE - OTHER	NonFacility	$ 115.90
G0408	00	FOLLOW-UP INPATI	MEDICINE - OTHER	NonFacility	$ 166.52
G0409	00	SOCIAL WORK AND	MEDICINE - OTHER	NonFacility	$ 14.64
G0412	00	OPEN TREATMENT O	SURGERY - NERVOUS	NonFacility	$ 1158.99
G0413	00	PERCUTANEOUS SKE	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1706.15
G0414	00	OPEN TREATMENT O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 1615.24

Default Percent of Eligible Charges: 40.00%
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Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
G0415	00	OPEN TREATMENT O	SURGERY - MUSCULOSKELETAL	NonFacility	$ 2217.92
G0416	00	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 379.20
G0416	26	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 110.40
G0416	TC	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 268.80
G0417	00	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 736.94
G0417	26	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 212.17
G0417	TC	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 524.77
G0418	00	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 1264.81
G0418	26	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 368.58
G0418	TC	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 896.23
G0419	00	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 1500.21
G0419	26	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 424.78
G0419	TC	SURGICAL PATHOLO	LAB - PATHOLOGY	NonFacility	$ 1075.43
G0420	00	FACE TO FACE EDU	MEDICINE - OTHER	NonFacility	$ 186.65
G0421	00	FACE TO FACE EDU	MEDICINE - OTHER	NonFacility	$ 43.92
G0422	00	INTENSIVE CARD R	MEDICINE - OTHER	NonFacility	$ 84.17
G0423	00	INTENSIVE CARD R	MEDICINE - OTHER	NonFacility	$ 84.17
G0424	00	PULM REHAB INCL	MEDICINE - OTHER	NonFacility	$ 39.65
G0425	00	TELEHEALTH CONSU	MEDICINE - OTHER	NonFacility	$ 168.36
G0426	00	TELEHEALTH CONSU	MEDICINE - OTHER	NonFacility	$ 229.35
G0427	00	TELEHEALTH CONSU	MEDICINE - OTHER	NonFacility	$ 336.72
G0429	00	DERM FILLER INJ	SURGERY - INTEGUMENTARY	NonFacility	$ 162.87
G0431	00	RX SCR MX; RX CL	CLINICAL LABORATORY	NonFacility	$ 8.28
G0432	00	INF AGT AB DETEC	CLINICAL LABORATORY	NonFacility	$ 8.11
G0433	00	INF ANTIBODY ELI	CLINICAL LABORATORY	NonFacility	$ 8.11
G0434	00	DRUG SCR NOT CHR	CLINICAL LABORATORY	NonFacility	$ 8.60
G0435	00	INF AGT ANTIG DE	CLINICAL LABORATORY	NonFacility	$ 7.09
G0436	00	SMOKE TOB CESSAT	MEDICINE - OTHER	NonFacility	$ 25.01
G0437	00	SMOKING & TOB CE	MEDICINE - OTHER	NonFacility	$ 50.62
G0438	00	ANNUAL WELLNESS	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 289.14
G0439	00	ANNUAL WELLNESS	EVALUATION & MANAGEMENT - PREVENTIVE	NonFacility	$ 192.76
G0442	00	ANNUAL ALCOHOL M	MEDICINE - OTHER	NonFacility	$ 31.12
G0443	00	BRIEF FACE-FACE	MEDICINE - OTHER	NonFacility	$ 45.15
G0444	00	ANNUAL DEPRESSIO	MEDICINE - OTHER	NonFacility	$ 31.12
G0445	00	SA HI INTENS CNS	MEDICINE - OTHER	NonFacility	$ 45.15
G0446	00	INTENSIVE BH TX	MEDICINE - OTHER	NonFacility	$ 45.15
G0447	00	FACE--FACE BEHAV	MEDICINE - OTHER	NonFacility	$ 45.15
G0451	00	DEVELPMNT TESTIN	MEDICINE - OTHER	NonFacility	$ 17.68
G3001	00	ADMINISTRATION A	INJECTABLES/OTHER DRUGS	NonFacility	$ 3243.74
G9017	00	AMANTADINE HCI O	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.25
G9018	00	ZANAMIVIR INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.90
G9019	00	OSELTAMIVIR PHOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.31
G9020	00	RIMANTADINE HCI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.59
G9033	00	AMANTADINE HYDRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.47
G9034	00	ZANAMIVIR INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.90
G9035	00	OSELTAMIVIR PHOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.31
G9036	00	RIMANTADINE HCI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.19
G9050	00	ONC; PRIM FOCUS	MEDICINE - OTHER	NonFacility	$ 12.69
G9051	00	ONC; PRIM FOCUS	MEDICINE - OTHER	NonFacility	$ 12.69
G9052	00	ONC; PRIM FOCUS;	MEDICINE - OTHER	NonFacility	$ 12.69
G9053	00	ONC; PRIM FOCUS;	MEDICINE - OTHER	NonFacility	$ 12.69
G9054	00	ONC; PRIM FOCUS;	MEDICINE - OTHER	NonFacility	$ 12.69
G9055	00	ONC; PRIM FOCUS;	MEDICINE - OTHER	NonFacility	$ 12.69

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
G9056	00	ONC; PRAC GUIDEL	MEDICINE - OTHER	NonFacility	$ 12.69
G9057	00	ONC; PRAC GUIDE;	MEDICINE - OTHER	NonFacility	$ 12.69
G9058	00	ONC; PRAC GUIDE;	MEDICINE - OTHER	NonFacility	$ 12.69
G9059	00	ONC; PRAC GUIDEL	MEDICINE - OTHER	NonFacility	$ 12.69
G9060	00	ONC; PRAC GUIDEL	MEDICINE - OTHER	NonFacility	$ 12.69
G9061	00	ONC; PRAC GUIDE;	MEDICINE - OTHER	NonFacility	$ 12.69
G9062	00	ONC; PRAC GUIDEL	MEDICINE - OTHER	NonFacility	$ 12.69
G9063	00	ONC; STATUS; NSC	MEDICINE - OTHER	NonFacility	$ 12.67
G9064	00	ONC; STATUS; NSC	MEDICINE - OTHER	NonFacility	$ 12.67
G9065	00	ONC; STATUS; NSC	MEDICINE - OTHER	NonFacility	$ 12.67
G9066	00	ONC; STATUS; NSC	MEDICINE - OTHER	NonFacility	$ 12.67
G9067	00	ONC; STATUS; NSC	MEDICINE - OTHER	NonFacility	$ 12.67
G9068	00	ONC; STATUS; SC&	MEDICINE - OTHER	NonFacility	$ 12.67
G9069	00	ONC; STATUS; SCL	MEDICINE - OTHER	NonFacility	$ 12.67
G9070	00	ONC; STATUS; SCL	MEDICINE - OTHER	NonFacility	$ 12.67
G9071	00	ONC; F BRST;ACA;	MEDICINE - OTHER	NonFacility	$ 12.67
G9072	00	ONC; F BRST;ACA;	MEDICINE - OTHER	NonFacility	$ 12.67
G9073	00	ONC; F BRST;ACA;	MEDICINE - OTHER	NonFacility	$ 12.67
G9074	00	ONC; F BRST;ACA;	MEDICINE - OTHER	NonFacility	$ 12.67
G9075	00	ONC; STATUS; FE	MEDICINE - OTHER	NonFacility	$ 12.67
G9077	00	ONC;PROS CA;T1-T	MEDICINE - OTHER	NonFacility	$ 12.67
G9078	00	ONC; PROS CA; T2	MEDICINE - OTHER	NonFacility	$ 12.67
G9079	00	ONC; STATUS; PRO	MEDICINE - OTHER	NonFacility	$ 12.67
G9080	00	ONC; STATUS; PRO	MEDICINE - OTHER	NonFacility	$ 12.67
G9083	00	ONC; STATUS; PRO	MEDICINE - OTHER	NonFacility	$ 12.67
G9084	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9085	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9086	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9087	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9088	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9089	00	ONC; STATUS; COL	MEDICINE - OTHER	NonFacility	$ 12.67
G9090	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9091	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9092	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9093	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9094	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9095	00	ONC; STATUS; REC	MEDICINE - OTHER	NonFacility	$ 12.67
G9096	00	ONC; STATUS; ESO	MEDICINE - OTHER	NonFacility	$ 12.67
G9097	00	ONC; STATUS; ESO	MEDICINE - OTHER	NonFacility	$ 12.67
G9098	00	ONC; STATUS; ESO	MEDICINE - OTHER	NonFacility	$ 12.67
G9099	00	ONC; STATUS; ESO	MEDICINE - OTHER	NonFacility	$ 12.67
G9100	00	ONC; STATUS; GAS	MEDICINE - OTHER	NonFacility	$ 12.67
G9101	00	ONC; STATUS; GAS	MEDICINE - OTHER	NonFacility	$ 12.67
G9102	00	ONC; STATUS; GAS	MEDICINE - OTHER	NonFacility	$ 12.67
G9103	00	ONC; STATUS; GAS	MEDICINE - OTHER	NonFacility	$ 12.67
G9104	00	ONC; STATUS; GAS	MEDICINE - OTHER	NonFacility	$ 12.67
G9105	00	ONC; STATUS; PAN	MEDICINE - OTHER	NonFacility	$ 12.67
G9106	00	ONC; STATUS; PAN	MEDICINE - OTHER	NonFacility	$ 12.67
G9107	00	ONC; STATUS; PAN	MEDICINE - OTHER	NonFacility	$ 12.67
G9108	00	ONC; STATUS; PAN	MEDICINE - OTHER	NonFacility	$ 12.67
G9109	00	ONC; STATUS; HEA	MEDICINE - OTHER	NonFacility	$ 12.67
G9110	00	ONC; STATUS; HEA	MEDICINE - OTHER	NonFacility	$ 12.67
G9111	00	ONC; STATUS; HEA	MEDICINE - OTHER	NonFacility	$ 12.67

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
G9112	00	ONC; STATUS; HEA	MEDICINE - OTHER	NonFacility	$ 12.67
G9113	00	ONC;STATUS;OVARI	MEDICINE - OTHER	NonFacility	$ 12.67
G9114	00	ONC;OV CA; ST IA	MEDICINE - OTHER	NonFacility	$ 12.67
G9115	00	ONC; STATUS; OVA	MEDICINE - OTHER	NonFacility	$ 12.67
G9116	00	ONC; STATUS; OVA	MEDICINE - OTHER	NonFacility	$ 12.67
G9117	00	ONC; STATUS; OVA	MEDICINE - OTHER	NonFacility	$ 12.67
G9123	00	ONC; NHL HISTOL	MEDICINE - OTHER	NonFacility	$ 12.67
G9124	00	ONC; NHL LTD FL	MEDICINE - OTHER	NonFacility	$ 12.67
G9125	00	ONC; CML BP NOT	MEDICINE - OTHER	NonFacility	$ 12.67
G9126	00	ONC; STATUS; OVA	MEDICINE - OTHER	NonFacility	$ 12.67
G9128	00	ONC; STATUS; MUL	MEDICINE - OTHER	NonFacility	$ 12.67
G9129	00	ONC; STATUS; CML	MEDICINE - OTHER	NonFacility	$ 12.67
G9130	00	ONC; STATUS; MUL	MEDICINE - OTHER	NonFacility	$ 12.67
G9141	00	INFLUENZA A H1N1	MEDICINE - IMMUNIZATION ADMINISTRATION	NonFacility	$ 38.43
G9142	00	INFLUENZA A H1N1	IMMUNIZATIONS	NonFacility	$ 0.01
G9143	00	WARFARIN RSPN TE	CLINICAL LABORATORY	NonFacility	$ 71.35
J0129	00	INJ ABATACEPT 10	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.68
J0130	00	INJECTION ABCIXI	INJECTABLES/OTHER DRUGS	NonFacility	$ 549.23
J0131	00	INJECTION ACETAM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.12
J0132	00	INJECTION ACETYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.85
J0133	00	INJECTION ACYCLO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.03
J0135	00	INJECTION ADALIM	INJECTABLES/OTHER DRUGS	NonFacility	$ 428.50
J0150	00	INJECTION ADENOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.01
J0152	00	INJECTION ADENOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 105.06
J0171	00	INJECTION ADRENA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.04
J0180	00	INJECTION AGALSI	INJECTABLES/OTHER DRUGS	NonFacility	$ 141.19
J0200	00	INJ ALATROFLOXAC	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.04
J0205	00	INJECTION ALGLUC	INJECTABLES/OTHER DRUGS	NonFacility	$ 41.99
J0207	00	INJECTION AMIFOS	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 323.69
J0210	00	INJ METHYLDOPATE	INJECTABLES/OTHER DRUGS	NonFacility	$ 42.40
J0215	00	INJECTION ALEFAC	INJECTABLES/OTHER DRUGS	NonFacility	$ 38.26
J0220	00	INJECTION ALGLUC	INJECTABLES/OTHER DRUGS	NonFacility	$ 205.32
J0221	00	INJECTION ALGLUC	INJECTABLES/OTHER DRUGS	NonFacility	$ 148.31
J0256	00	INJECTION ALPHA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.93
J0257	00	INJECTION ALPHA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.88
J0270	00	INJECTION ALPROS	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.67
J0275	00	ALPROSTADIL URET	INJECTABLES/OTHER DRUGS	NonFacility	$ 47.39
J0278	00	INJECTION AMIKAC	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.59
J0280	00	INJECTION AMINOP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.48
J0282	00	INJ AMIODARONE H	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.28
J0285	00	INJECTION AMPHOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.62
J0287	00	INJECTION AMPHOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.85
J0288	00	INJ AMPHOTERICIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 15.20
J0289	00	INJECTION AMPHOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 35.80
J0290	00	INJECTION AMPICI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.77
J0295	00	INJ AMPCLLN SODI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.97
J0300	00	INJECTION AMOBAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 125.05
J0330	00	INJ SUCCINYLCHOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.18
J0348	00	INJECTION, ANIDU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.36
J0350	00	INJECTION ANISTR	INJECTABLES/OTHER DRUGS	NonFacility	$ 2835.58
J0360	00	INJECTION HYDRAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.94
J0364	00	INJECTION APOMOR	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.60
J0365	00	INJECTION APROTO	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.65

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J0380	00	INJ METARAMINOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.15
J0390	00	INJECTION CHLORO	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.72
J0395	00	INJECTION ARBUTA	INJECTABLES/OTHER DRUGS	NonFacility	$ 192.00
J0400	00	INJECTION ARIPIP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.42
J0456	00	INJECTION AZITHR	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.73
J0461	00	INJECTION ATROPI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.01
J0470	00	INJECTION DIMERC	INJECTABLES/OTHER DRUGS	NonFacility	$ 27.95
J0475	00	INJECTION BACLOF	INJECTABLES/OTHER DRUGS	NonFacility	$ 215.18
J0476	00	INJ BACLOFEN 50	INJECTABLES/OTHER DRUGS	NonFacility	$ 79.80
J0480	00	INJECTION BASILI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2227.72
J0490	00	INJECTION BELIMU	INJECTABLES/OTHER DRUGS	NonFacility	$ 38.32
J0500	00	INJECTION DICYCL	INJECTABLES/OTHER DRUGS	NonFacility	$ 28.68
J0515	00	INJECTION BENZTR	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.50
J0520	00	INJ BETHANECHOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.62
J0558	00	INJECTION PCN G	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.48
J0561	00	INJECTION PENICI	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.38
J0583	00	INJECTION BIVALI	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.78
J0585	00	BOTULINUM TOXIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.48
J0586	00	INJECTION ABOBOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.22
J0587	00	INJECTION RIMABO	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.93
J0588	00	INJECTION INCOBO	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.47
J0592	00	INJECTION BUPREN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.75
J0594	00	INJECTION BUSULF	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 19.08
J0595	00	INJECTION BUTORP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.91
J0597	00	INJ C-1 ESTERASE	INJECTABLES/OTHER DRUGS	NonFacility	$ 30.23
J0598	00	INJECTION C1 EST	INJECTABLES/OTHER DRUGS	NonFacility	$ 45.68
J0600	00	INJ EDETATE CALC	INJECTABLES/OTHER DRUGS	NonFacility	$ 189.15
J0610	00	INJECTION CALCM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.66
J0620	00	INJ CALCM GLYCRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.97
J0630	00	INJ CALCITONIN-S	INJECTABLES/OTHER DRUGS	NonFacility	$ 57.09
J0636	00	INJECTION CALCIT	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.56
J0637	00	INJECTION CASPOF	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.61
J0638	00	INJECTION CANAKI	INJECTABLES/OTHER DRUGS	NonFacility	$ 89.13
J0640	00	INJECTION LEUCOV	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2.09
J0641	00	INJECTION, LEVOL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.67
J0670	00	INJECTION, MEPIV	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.07
J0690	00	INJECTION CEFAZO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.69
J0692	00	INJ CEFEPIME HYD	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.93
J0694	00	INJECTION CEFOXI	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.13
J0696	00	INJECTION CEFTRI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.82
J0697	00	INJ STERL CEFURO	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.32
J0698	00	CEFOTAXIME SODIU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.84
J0702	00	INJ BETAMETHASON	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.50
J0706	00	INJECTION, CAFFE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.34
J0710	00	INJECTION CEPHAP	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.64
J0712	00	INJECTION CEFTAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.73
J0713	00	INJECTION CEFTAZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.43
J0715	00	INJECTION CEFTIZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.24
J0718	00	INJECTION CERTOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.35
J0720	00	INJ CHLORMPHNICL	INJECTABLES/OTHER DRUGS	NonFacility	$ 19.97
J0725	00	INJ CHORIONIC GO	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.14
J0735	00	INJ CLONIDINE HY	INJECTABLES/OTHER DRUGS	NonFacility	$ 27.83
J0740	00	INJECTION CIDOFO	INJECTABLES/OTHER DRUGS	NonFacility	$ 757.18

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J0743	00	INJ CILASTATIN S	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.29
J0744	00	INJ CIPROFLOXACI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.11
J0745	00	INJECTION CODEIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.35
J0760	00	INJECTION COLCHI	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.57
J0770	00	INJ COLISTIMETHA	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.09
J0775	00	INJ COLLAGENASE	INJECTABLES/OTHER DRUGS	NonFacility	$ 37.51
J0780	00	INJECTION PROCHL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.40
J0795	00	INJ CORTICORELIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.32
J0800	00	INJECTION CORTIC	INJECTABLES/OTHER DRUGS	NonFacility	$ 2692.83
J0833	00	INJ COSYNTROPIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 95.92
J0834	00	INJECTION COSYNT	INJECTABLES/OTHER DRUGS	NonFacility	$ 68.69
J0840	00	INJ CROTALIDAE P	INJECTABLES/OTHER DRUGS	NonFacility	$ 2111.36
J0850	00	INJ CYTOMEGLOVRU	INJECTABLES - IVIG	NonFacility	$ 966.08
J0878	00	INJECTION DAPTOM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.51
J0881	00	INJECTION DARBEP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.26
J0882	00	INJ DARBEPOETIN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.26
J0885	00	INJECTION EPOETI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.76
J0886	00	INJ EPOETIN ALFA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.76
J0894	00	INJECTION DECITA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 33.23
J0895	00	INJ DEFEROXAMINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 15.63
J0897	00	INJECTION DENOSU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 14.39
J0900	00	INJ TESTO ENANTH	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.38
J0945	00	INJ BROMPHENIRAM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.80
J1000	00	INJ DEPO-ESTRADI	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.83
J1020	00	INJ METHYLPRDNIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.17
J1030	00	INJ METHYLPRDNIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.35
J1040	00	INJ METHYLPRDNIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.49
J1051	00	INJECTION MEDROX	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.29
J1055	00	INJ MDRXYPRGESTR	INJECTABLES/OTHER DRUGS	NonFacility	$ 42.40
J1056	00	INJ MDRXYPRGESTR	INJECTABLES/OTHER DRUGS	NonFacility	$ 22.89
J1060	00	INJ TESTO&ESTRDI	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.14
J1070	00	INJECTION TESTO	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.51
J1080	00	INJ TESTO CYPION	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.42
J1094	00	INJECTION DEXAME	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.72
J1100	00	INJ DEXETHOSONE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.12
J1110	00	INJ DIHYDROERGOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.84
J1120	00	INJ ACETAZOLAMID	INJECTABLES/OTHER DRUGS	NonFacility	$ 30.60
J1160	00	INJECTION DIGOXI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.66
J1162	00	INJECTION DIGOXI	INJECTABLES/OTHER DRUGS	NonFacility	$ 783.49
J1165	00	INJECTION PHENYT	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.35
J1170	00	INJECTION HYDROM	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.67
J1180	00	INJECTION DYPHYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.49
J1190	00	INJ DEXRAZOXANE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 199.93
J1200	00	INJ DIPHENHYDRAM	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.70
J1205	00	INJ CHLOROTHIAZI	INJECTABLES/OTHER DRUGS	NonFacility	$ 277.38
J1212	00	INJ DMSO DIMETHY	INJECTABLES/OTHER DRUGS	NonFacility	$ 86.57
J1230	00	INJECTION METHAD	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.97
J1240	00	INJECTION DIMENH	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.40
J1245	00	INJECTION DIPYRI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.82
J1250	00	INJECTION DOBUTA	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.79
J1260	00	INJECTION DOLASE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5.35
J1265	00	INJECTION DOPAMI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.53
J1267	00	INJECTION, DORIP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.51

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J1270	00	INJECTION, DOXER	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.67
J1290	00	INJECTION ECALLA	INJECTABLES/OTHER DRUGS	NonFacility	$ 284.88
J1300	00	INJECTION ECULIZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 195.46
J1320	00	INJ AMITRIPTYLIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.24
J1324	00	INJECTION ENFUVI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.50
J1325	00	INJECTION EPOPRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 14.28
J1327	00	INJECTION EPTIFI	INJECTABLES/OTHER DRUGS	NonFacility	$ 23.51
J1330	00	INJ ERGONOVINE M	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.68
J1335	00	INJECTION ERTAPE	INJECTABLES/OTHER DRUGS	NonFacility	$ 29.92
J1364	00	INJECTION ERYTH	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.49
J1380	00	INJ ESTRADIOL VA	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.56
J1410	00	INJECTION ESTROG	INJECTABLES/OTHER DRUGS	NonFacility	$ 115.05
J1430	00	INJECTION ETHANO	INJECTABLES/OTHER DRUGS	NonFacility	$ 299.94
J1435	00	INJECTION ESTRON	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.21
J1436	00	INJ ETIDRONATE D	INJECTABLES/OTHER DRUGS	NonFacility	$ 80.84
J1438	00	INJECTION ETANER	INJECTABLES/OTHER DRUGS	NonFacility	$ 219.33
J1440	00	INJECTION FILGRA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 260.34
J1441	00	INJECTION FILGRA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 414.07
J1450	00	INJECTION FLUCON	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.56
J1451	00	INJECTION FOMEPI	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.07
J1452	00	INJ FOMIVIRSEN S	INJECTABLES/OTHER DRUGS	NonFacility	$ 212.00
J1453	00	INJECTION, FOSAP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.72
J1455	00	INJECTION FOSCAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.32
J1457	00	INJECTION GALLIU	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.08
J1458	00	INJECTION GALSUL	INJECTABLES/OTHER DRUGS	NonFacility	$ 346.06
J1459	00	INJECTION, IMMUN	INJECTABLES - IVIG	NonFacility	$ 35.04
J1460	00	INJECTION GAMMA	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.57
J1557	00	INJ IMMUNE GLOBU	INJECTABLES - IVIG	NonFacility	$ 37.29
J1559	00	INJECTION IMMUNE	INJECTABLES - IVIG	NonFacility	$ 7.29
J1560	00	INJECTION, GAMMA	INJECTABLES/OTHER DRUGS	NonFacility	$ 215.71
J1561	00	INJECTION IMMUNE	INJECTABLES - IVIG	NonFacility	$ 37.61
J1562	00	INJECTION IMMUNE	INJECTABLES - IVIG	NonFacility	$ 13.44
J1566	00	INJ IG IV LYPHIL	INJECTABLES - IVIG	NonFacility	$ 31.51
J1568	00	INJ IG OCTOGAM I	INJECTABLES - IVIG	NonFacility	$ 34.64
J1569	00	INJ IG GAMMAGARD	INJECTABLES - IVIG	NonFacility	$ 40.21
J1570	00	INJECTION GANCIC	INJECTABLES/OTHER DRUGS	NonFacility	$ 75.68
J1571	00	INJ HEPATITIS B	INJECTABLES - IVIG	NonFacility	$ 48.16
J1572	00	INJECTION, IMMUN	INJECTABLES - IVIG	NonFacility	$ 34.93
J1573	00	INJ HEP B IG HEP	INJECTABLES - IVIG	NonFacility	$ 48.16
J1580	00	INJECTION GARAMY	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.25
J1590	00	INJECTION, GATIF	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.80
J1595	00	INJECTION GLATIR	INJECTABLES/OTHER DRUGS	NonFacility	$ 133.13
J1600	00	INJ GOLD SODIUM	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.04
J1610	00	INJ GLUCAGON HYD	INJECTABLES/OTHER DRUGS	NonFacility	$ 110.77
J1620	00	INJ GONADORELN H	INJECTABLES/OTHER DRUGS	NonFacility	$ 180.30
J1626	00	INJ GRANISETRN H	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.12
J1630	00	INJECTION HALOPE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2.72
J1631	00	INJ HALOPERIDOL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 17.69
J1640	00	INJECTION HEMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.62
J1642	00	INJECTION HEPARI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.15
J1644	00	INJECTION HEPARI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.23
J1645	00	INJECTION DALTEP	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.03
J1650	00	INJECTION ENOXAP	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.18

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J1652	00	INJECTION FONDAP	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.49
J1655	00	INJECTION TINZAP	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.38
J1670	00	INJ TETNS IMMUN	INJECTABLES/OTHER DRUGS	NonFacility	$ 251.62
J1675	00	INJECTION HISTRE	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.02
J1680	00	INJECTION HUMAN	INJECTABLES/OTHER DRUGS	NonFacility	$ 96.46
J1700	00	INJ HYDROCORTISO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.36
J1710	00	INJ HYDROCORTISO	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.86
J1720	00	INJ HYDROCORTSON	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.11
J1725	00	INJECTION HYDROX	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.93
J1730	00	INJECTION DIAZOX	INJECTABLES/OTHER DRUGS	NonFacility	$ 129.42
J1740	00	INJECTION IBANDR	INJECTABLES/OTHER DRUGS	NonFacility	$ 151.89
J1742	00	INJECTION IBUTIL	INJECTABLES/OTHER DRUGS	NonFacility	$ 191.69
J1743	00	INJECTION IDURS	INJECTABLES/OTHER DRUGS	NonFacility	$ 455.03
J1745	00	INJECTION INFLIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 63.53
J1750	00	INJECTION IRON D	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.10
J1756	00	INJECTION IRON S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.29
J1786	00	INJECTION IMIGLU	INJECTABLES/OTHER DRUGS	NonFacility	$ 41.99
J1790	00	INJECTION DROPER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2.66
J1800	00	INJECTION PROPRA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.01
J1810	00	INJ DROPRIDL&FEN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5.58
J1815	00	INJECTION INSULI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.48
J1817	00	INSULIN ADMINIST	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.83
J1826	00	INJECTION INTERF	INJECTABLES/OTHER DRUGS	NonFacility	$ 885.00
J1830	00	INJECTION INTERF	INJECTABLES/OTHER DRUGS	NonFacility	$ 217.92
J1835	00	INJECTION, ITRAC	INJECTABLES/OTHER DRUGS	NonFacility	$ 42.28
J1840	00	INJ KANAMYCIN SU	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.69
J1850	00	INJ KANAMYCIN SU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.15
J1885	00	INJ KETOROLAC TR	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.27
J1890	00	INJECTION CEPHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.64
J1930	00	INJECTION, LANRE	INJECTABLES/OTHER DRUGS	NonFacility	$ 33.24
J1931	00	INJECTION LARONI	INJECTABLES/OTHER DRUGS	NonFacility	$ 26.84
J1940	00	INJECTION FUROSE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.48
J1945	00	INJECTION LEPIRU	INJECTABLES/OTHER DRUGS	NonFacility	$ 396.86
J1950	00	INJECTION LEUPRO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 607.25
J1953	00	INJECTION, LEVET	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.26
J1955	00	INJECTION LEVOCA	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.10
J1956	00	INJECTION LEVOFL	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.99
J1960	00	INJ LEVORPHANOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.25
J1980	00	INJ HYOSCYAMINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 14.39
J1990	00	INJ CHLORDIAZEPO	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.05
J2001	00	INJECTION LIDOCA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.02
J2010	00	INJECTION LINCOM	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.41
J2020	00	INJECTION, LINEZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 37.04
J2060	00	INJECTION LORAZE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.79
J2150	00	INJECTION MANNIT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.20
J2170	00	INJECTION MECASE	INJECTABLES/OTHER DRUGS	NonFacility	$ 29.37
J2175	00	INJECTION MEPERI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.76
J2180	00	INJ MEPRIDIN&PRO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.79
J2185	00	INJECTION MEROPE	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.72
J2210	00	INJ METHYLRGONOV	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.27
J2248	00	INJECTION MICAFU	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.96
J2250	00	INJECTION MIDAZO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.13
J2260	00	INJECTION MILRIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 51.58

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J2265	00	INJECTION MINOCY	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.59
J2270	00	INJECTION MORPHI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.74
J2271	00	INJECTION MORPHI	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.07
J2275	00	INJECTION MORPHI	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.39
J2278	00	INJECTION ZICONO	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.61
J2280	00	INJECTION MOXIFL	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.51
J2300	00	INJECTION NALBUP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.91
J2310	00	INJECTION NALOXO	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.15
J2315	00	INJECTION NALTRE	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.85
J2320	00	INJ NANDROLONE D	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.75
J2323	00	INJECTION NATAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.11
J2325	00	INJECTION NESIRI	INJECTABLES/OTHER DRUGS	NonFacility	$ 49.25
J2353	00	INJ OCTREOTIDE D	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 123.10
J2354	00	INJ OCTREOTIDE N	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.65
J2355	00	INJECTION OPRELV	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 243.69
J2357	00	INJECTION OMALIZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 22.73
J2358	00	INJECTION OLANZA	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.75
J2360	00	INJ ORPHENADRINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.71
J2370	00	INJECTION PHENYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.14
J2400	00	INJECTION CHLORO	INJECTABLES/OTHER DRUGS	NonFacility	$ 15.09
J2405	00	INJECTION ONDANS	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.12
J2410	00	INJECTION OXYMOR	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.29
J2425	00	INJECTION PALIFE	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.77
J2426	00	INJECTION PALIPE	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.83
J2430	00	INJ PAMIDRONATE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.72
J2440	00	INJECTION PAPAVE	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.27
J2460	00	OXYTETRACYCLINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.94
J2469	00	INJECTION PALONO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 18.44
J2501	00	INJECTION PARICA	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.01
J2503	00	INJECTION PEGAPT	INJECTABLES/OTHER DRUGS	NonFacility	$ 1030.50
J2504	00	INJECTION PEGADE	INJECTABLES/OTHER DRUGS	NonFacility	$ 259.70
J2505	00	INJECTION PEGFIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2798.77
J2507	00	INJECTION PEGLOT	INJECTABLES/OTHER DRUGS	NonFacility	$ 302.04
J2510	00	INJ PCN G PROCAI	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.72
J2513	00	INJECTION PENTAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 15.27
J2515	00	INJ PENTOBARBITA	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.78
J2540	00	INJECTION PCN G	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.71
J2543	00	INJ PIP/TZ 1 GRA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.03
J2545	00	PENTAMIDINE ISET	INJECTABLES/OTHER DRUGS	NonFacility	$ 50.05
J2550	00	INJECTION PROMET	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.67
J2560	00	INJ PHENOBARBITA	INJECTABLES/OTHER DRUGS	NonFacility	$ 19.66
J2562	00	INJECTION PLERIX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 286.00
J2590	00	INJECTION OXYTOC	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.53
J2597	00	INJECTION DESMOP	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.73
J2650	00	INJ PREDNISOLONE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.58
J2670	00	INJECTION TOLAZO	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.13
J2675	00	INJECTION, PROGE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.61
J2680	00	INJ FLUPHENAZINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 14.69
J2690	00	INJECTION PROCAI	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.70
J2700	00	INJ OXACILLIN SO	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.81
J2710	00	INJ NEOSTIGMINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.37
J2720	00	INJECTION PROTAM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.51
J2724	00	INJECTION PROTEN	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.11

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J2725	00	INJECTION PROTIR	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.55
J2730	00	INJ PRALIDOXIME	INJECTABLES/OTHER DRUGS	NonFacility	$ 84.79
J2760	00	INJ PHENTOLAMINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 54.58
J2765	00	INJ METOCLOPRAMI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.34
J2770	00	INJ QUINUPRISTIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 174.45
J2778	00	INJECTION RANIBI	INJECTABLES/OTHER DRUGS	NonFacility	$ 400.72
J2780	00	INJ RANITIDINE H	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.85
J2783	00	INJECTION RASBUR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 201.27
J2785	00	INJECTION, REGAD	INJECTABLES/OTHER DRUGS	NonFacility	$ 52.66
J2788	00	INJECTION, RHO D	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.13
J2790	00	INJECTION, RHO D	INJECTABLES/OTHER DRUGS	NonFacility	$ 83.88
J2791	00	INJ RHO D IG HUM	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.18
J2792	00	INJ RHO D IMMUE	INJECTABLES - IVIG	NonFacility	$ 16.41
J2793	00	INJECTION RILONA	INJECTABLES/OTHER DRUGS	NonFacility	$ 24.09
J2794	00	INJECTION RISPER	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.29
J2795	00	INJ ROPIVACAINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.04
J2796	00	INJECTION ROMIPL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 47.75
J2800	00	INJECTION METHOC	INJECTABLES/OTHER DRUGS	NonFacility	$ 28.27
J2805	00	INJECTION SINCAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 75.92
J2810	00	INJECTION THEOPH	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.25
J2820	00	INJECTION SARGRA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 24.83
J2850	00	INJECTION SECRET	INJECTABLES/OTHER DRUGS	NonFacility	$ 27.49
J2910	00	INJECTION AUROTH	INJECTABLES/OTHER DRUGS	NonFacility	$ 29.40
J2916	00	INJ SODIM FERRIC	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.87
J2920	00	INJ METHYLPRDNIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.94
J2930	00	INJ METHYLPRDNIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.87
J2940	00	INJECTION, SOMAT	INJECTABLES/OTHER DRUGS	NonFacility	$ 52.87
J2941	00	INJECTION, SOMAT	INJECTABLES/OTHER DRUGS	NonFacility	$ 76.06
J2950	00	INJECTION PROMAZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.04
J2993	00	INJECTION, RETEP	INJECTABLES/OTHER DRUGS	NonFacility	$ 2301.90
J2995	00	INJECTION STREPT	INJECTABLES/OTHER DRUGS	NonFacility	$ 90.69
J2997	00	INJ ALTEPLASE RE	INJECTABLES/OTHER DRUGS	NonFacility	$ 46.36
J3000	00	INJECTION STREPT	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.73
J3010	00	INJECTION FENTAN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.70
J3030	00	INJECTION SUMATR	INJECTABLES/OTHER DRUGS	NonFacility	$ 62.39
J3070	00	INJECTION PENTAZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.68
J3095	00	INJECTION TELAVA	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.05
J3101	00	INJECTION, TENEC	INJECTABLES/OTHER DRUGS	NonFacility	$ 66.24
J3105	00	INJ TERBUTALINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.65
J3110	00	INJECTION TERIPA	INJECTABLES/OTHER DRUGS	NonFacility	$ 18.24
J3120	00	INJECTION TESTO	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.74
J3130	00	INJECTION TESTO	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.48
J3140	00	INJECTION TESTO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.56
J3150	00	INJ TESTO PROPIO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.84
J3230	00	INJ CHLORPROMAZI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.04
J3240	00	INJ THYROTROPIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 1053.30
J3243	00	INJECTION TIGECY	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.33
J3246	00	INJECTION TIROFI	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.71
J3250	00	INJ TRIMETHOBENZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.77
J3260	00	INJ TOBRAMYCIN S	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.61
J3262	00	INJECTION TOCILI	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.46
J3265	00	INJECTION TORSEM	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.86
J3280	00	INJ THIETHYLPRAZ	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.76

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J3285	00	INJECTION TREPRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 61.24
J3300	00	INJECTION, TRIAM	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.49
J3301	00	INJECTION, TRIAM	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.70
J3302	00	INJ TRIAMCINOLON	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.28
J3303	00	INJ TRIAMCINOLON	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.72
J3305	00	INJ TRIMETREXATE	INJECTABLES/OTHER DRUGS	NonFacility	$ 136.80
J3310	00	INJECTION PERPHE	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.51
J3315	00	INJECTION TRIPTO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 193.77
J3320	00	INJ SPCTNOMYCN D	INJECTABLES/OTHER DRUGS	NonFacility	$ 30.08
J3350	00	INJECTION UREA U	INJECTABLES/OTHER DRUGS	NonFacility	$ 88.88
J3355	00	INJECTION UROFOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 61.77
J3357	00	INJECTION USTEKI	INJECTABLES/OTHER DRUGS	NonFacility	$ 125.62
J3360	00	INJECTION DIAZEP	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.02
J3364	00	INJECTION UROKIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.16
J3365	00	INJ IV UROKINASE	INJECTABLES/OTHER DRUGS	NonFacility	$ 457.73
J3370	00	INJECTION VANCOM	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.73
J3385	00	INJECTION VELAGL	INJECTABLES/OTHER DRUGS	NonFacility	$ 349.35
J3396	00	INJECTION VERTEP	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.06
J3400	00	INJ TRIFLUPROMAZ	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.00
J3410	00	INJECTION HYDROX	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.27
J3411	00	INJECTION THIAMI	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.18
J3415	00	INJECTION PYRIDO	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.71
J3420	00	INJ VIT B-12 CYN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.45
J3430	00	INJECTION PHYTON	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.43
J3465	00	INJECTION VORICO	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.57
J3470	00	INJ HYALURONIDAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 21.20
J3471	00	INE HYALURONIDAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.22
J3472	00	INJ HYALURONIDAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 293.17
J3473	00	INJECTION HYALUR	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.64
J3475	00	INJECTION MG SUL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.10
J3480	00	INJECTION K+ CHL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.01
J3485	00	INJECTION ZIDOVU	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.44
J3486	00	INJECTION ZIPRAS	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.88
J3487	00	INJECTION ZOLEDR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 226.20
J3488	00	INJECTION ZOLEDR	INJECTABLES/OTHER DRUGS	NonFacility	$ 222.63
J3520	00	EDETATE DISODIUM	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.24
J7030	00	INFUS NORMAL SAL	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 1.15
J7040	00	INFUS NORMAL SAL	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 0.57
J7042	00	5% DEXTROSE/NORM	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 0.35
J7050	00	INFUS NORMAL SAL	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 0.29
J7060	00	5% DEXTROSE/WATE	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 1.05
J7070	00	INFUSION D-5-W 1	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 2.07
J7100	00	INFUSION DEXTRAN	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 21.71
J7110	00	INFUSION DEXTRAN	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 14.52
J7120	00	RINGERS LACTATE	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 1.03
J7131	00	HYPERTONIC SALIN	INJECTABLES-SALINE & DEXTROSE SOLUTIONS	NonFacility	$ 0.02
J7180	00	INJECTION FACTOR	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.45
J7183	00	INJ VON WILLEBRA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.88
J7185	00	INJECTION FACTOR	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.09
J7186	00	INJ AHF/ VWF CMP	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.92
J7187	00	INJ VONWILLEBRND	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.89
J7189	00	FACTOR VIIA 1 MI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.58
J7190	00	FACTOR VIII PER	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.90

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J7191	00	FACTOR VIII PER	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.86
J7192	00	FACTOR VIII PER	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.11
J7193	00	FACTOR IX PER I.	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.92
J7194	00	FACTOR IX COMPLE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.88
J7195	00	FACTOR IX PER I.	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.19
J7196	00	INJECTION ANTITH	INJECTABLES/OTHER DRUGS	NonFacility	$ 103.35
J7197	00	ANTITHROMBIN III	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.76
J7198	00	ANTI-INHIBITOR P	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.63
J7300	00	INTRAUTERINE COP	INJECTABLES/OTHER DRUGS	NonFacility	$ 633.88
J7302	00	LEVONORGESTREL I	INJECTABLES/OTHER DRUGS	NonFacility	$ 703.05
J7303	00	CONTRACEPT SUPPL	INJECTABLES/OTHER DRUGS	NonFacility	$ 77.09
J7304	00	CONTRACEPTIVE SU	INJECTABLES/OTHER DRUGS	NonFacility	$ 29.34
J7306	00	LEVONORGESTREL C	INJECTABLES/OTHER DRUGS	NonFacility	$ 507.50
J7307	00	ETONOGESTREL CNT	INJECTABLES/OTHER DRUGS	NonFacility	$ 698.99
J7308	00	AMINOLEVULINIC A	INJECTABLES/OTHER DRUGS	NonFacility	$ 150.74
J7309	00	METHYL AMINOLEVU	INJECTABLES/OTHER DRUGS	NonFacility	$ 75.95
J7310	00	GANCICLOVIR 45 M	INJECTABLES/OTHER DRUGS	NonFacility	$ 16960.00
J7311	00	FLUOCINOLONE ACE	INJECTABLES/OTHER DRUGS	NonFacility	$ 19345.00
J7312	00	INJECTION DEXAME	INJECTABLES/OTHER DRUGS	NonFacility	$ 195.94
J7321	00	HYALURONAN/DERIV	INJECTABLES/OTHER DRUGS	NonFacility	$ 89.49
J7323	00	HYALURONAN/DERIV	INJECTABLES/OTHER DRUGS	NonFacility	$ 147.39
J7324	00	HYALURONAN/DERIV	INJECTABLES/OTHER DRUGS	NonFacility	$ 166.38
J7325	00	HYALURONAN/DERIV	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.35
J7330	00	AUTOL CULTD CHON	INJECTABLES/OTHER DRUGS	NonFacility	$ 27550.19
J7335	00	CAPSAICIN 8% PAT	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.55
J7500	00	AZATHIOPRINE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.22
J7501	00	AZATHIOPRINE PAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 119.28
J7502	00	CYCLOSPORINE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.61
J7504	00	LYMPHCYT GLOB EQ	INJECTABLES - IVIG	NonFacility	$ 618.09
J7505	00	MUROMONAB-CD3 PA	INJECTABLES/OTHER DRUGS	NonFacility	$ 1156.08
J7506	00	PREDNISONE ORAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.02
J7507	00	TACROLIMUS ORAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.26
J7509	00	METHYLPREDNISOLO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.93
J7510	00	PREDNISOLONE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.03
J7511	00	LYMPHCYT GLOB RA	INJECTABLES - IVIG	NonFacility	$ 445.03
J7513	00	DACLIZUMAB PAREN	INJECTABLES/OTHER DRUGS	NonFacility	$ 526.34
J7515	00	CYCLOSPORINE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.98
J7516	00	CYCLOSPORINE PAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 34.04
J7517	00	MYCOPHENOLATE MO	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.50
J7518	00	MYCOPHENOLIC ACI	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.32
J7520	00	SIROLIMUS ORAL 1	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.00
J7525	00	TACROLIMUS PAREN	INJECTABLES/OTHER DRUGS	NonFacility	$ 139.62
J7605	00	ARFORMOTEROL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.11
J7606	00	FORMOTEROL FUMAR	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.03
J7607	00	LEVALBUTEROL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.21
J7608	00	ACETYLCYSTEINE I	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.18
J7609	00	ALBUTEROL INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.11
J7610	00	ALBUTEROL INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.10
J7611	00	ALBUTEROL INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.10
J7612	00	LEVALBUTEROL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.21
J7613	00	ALBUTEROL INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.06
J7614	00	LEVALBUTEROL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.29
J7615	00	LEVALBUTEROL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.29

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J7620	00	ALBUTEROL TO 2.5	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.30
J7622	00	BECLOMETHASOME I	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.04
J7624	00	BETAMETHASONE IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.21
J7626	00	BUDESONIDE INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.96
J7627	00	BUDESONIDE INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.06
J7628	00	BITOLTEROL MESYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.27
J7629	00	BITOLTEROL MESYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.18
J7631	00	CROMOLYN SODIUM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.36
J7632	00	CROMOLYN SODIUM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.34
J7633	00	BUDESONIDE INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.02
J7634	00	BUDESONIDE INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.48
J7635	00	ATROPINE INHAL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.12
J7636	00	ATROPINE INHAL C	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.12
J7637	00	DEXAMETHASONE IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.06
J7638	00	DEXAMETHASONE IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.13
J7639	00	DORNASE ALFA, IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 28.11
J7640	00	FORMOTEROL INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.52
J7641	00	FLUNISOLIDE INHA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.21
J7642	00	GLYCOPYRROLATE I	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.04
J7643	00	GLYCOPYRROLATE I	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.04
J7644	00	IPRATROPIUM BROM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.27
J7645	00	IPRATROPIUM BROM	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.02
J7647	00	ISOETHARINE HCL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.72
J7648	00	ISOETHARINE HCI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.72
J7649	00	ISOETHARINE HCI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.16
J7650	00	ISOETHARINE HCI	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.16
J7657	00	ISOPROTERENOL HC	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.17
J7658	00	ISOPROTERENOL HC	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.17
J7659	00	ISOPROTERENOL HC	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.17
J7660	00	ISOPROTERENOL HC	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.17
J7665	00	MANNITOL ADMINIS	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.22
J7667	00	METAPROTERENOL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.22
J7668	00	METAPROTERENOL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.22
J7669	00	METAPROTERENOL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.25
J7670	00	METAPROTERENOL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.25
J7674	00	METHACHOLINE CHL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.49
J7680	00	TERBUTALINE SULF	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.01
J7681	00	TERBUTALINE SULF	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.01
J7682	00	TOBRAMYCIN INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 84.32
J7683	00	TRIAMCINOLONE IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.77
J7684	00	TRIAMCINOLONE IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.69
J7685	00	TOBRAMYCIN INHAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 84.32
J7686	00	TREPROSTINIL INH	INJECTABLES/OTHER DRUGS	NonFacility	$ 418.15
J8501	00	APREPITANT ORAL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 6.17
J8510	00	BULSULFAN; ORAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.12
J8515	00	CABERGOLINE ORAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 12.27
J8520	00	CAPECITABINE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.86
J8521	00	CAPECITABINE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 26.02
J8530	00	CYCLOPHOSPHAMIDE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.82
J8540	00	DEXAMETHASONE OR	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.38
J8560	00	ETOPOSIDE ORAL 5	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 47.13
J8561	00	EVEROLIMUS ORAL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5.78
J8562	00	FLUDARABINE PHOS	INJECTABLES/OTHER DRUGS	NonFacility	$ 81.77

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J8565	00	GEFITINIB ORAL 2	INJECTABLES/OTHER DRUGS	NonFacility	$ 56.73
J8600	00	MELPHALAN ORAL 2	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.38
J8610	00	METHOTREXATE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.12
J8650	00	NABILONE ORAL 1	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 23.44
J8700	00	TEMOZOLOMIDE ORA	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.16
J8705	00	TOPOTECAN, ORAL,	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 81.84
J9000	00	INJECTION, DOXOR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.48
J9001	00	INJECTION, DOXOR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 538.79
J9010	00	INJECTION, ALEMT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 586.73
J9015	00	INJECTION, ALDES	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1097.99
J9017	00	INJECTION, ARSEN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 40.58
J9020	00	INJECTION, ASPAR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 63.27
J9025	00	INJECTION AZACIT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5.39
J9027	00	INJECTION CLOFAR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 122.54
J9031	00	BCG LIVE PER INS	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 119.88
J9033	00	INJECTION, BENDA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 18.81
J9035	00	INJECTION BEVACI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 60.96
J9040	00	INJECTION, BLEOM	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 289.37
J9041	00	INJECTION BORTEZ	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 42.46
J9043	00	INJECTION CABAZI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 134.33
J9045	00	INJECTION, CARBO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.56
J9050	00	INJECTION, CARMU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 175.80
J9055	00	INJECTION CETUXI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 50.42
J9060	00	INJECTION CISPLA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.80
J9065	00	INJECTION CLADRI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 61.72
J9070	00	CYCLOPHOSPHAMIDE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 14.96
J9098	00	INJECTION, CYTAR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 513.17
J9100	00	INJECTION, CYTAR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 8.19
J9120	00	INJECTION, DACTI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 578.75
J9130	00	DACARBAZINE 100	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3.47
J9150	00	INJECTION, DAUNO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 17.64
J9151	00	INJECTION, DAUNO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 57.66
J9155	00	INJECTION DEGARE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2.96
J9160	00	INJECTION, DENIL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1646.18
J9165	00	INJECTION, DIETH	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 15.17
J9171	00	INJECTION DOCETA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 11.72
J9175	00	INJECTION ELLIOT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.07
J9178	00	INJECTION EPIRUB	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.70
J9179	00	INJECTION ERIBUL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 91.04
J9181	00	INJECTION, ETOPO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.80
J9185	00	INJECTION, FLUDA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 89.12
J9190	00	INJECTION, FLUOR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2.07
J9200	00	INJECTION, FLOXU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 136.80
J9201	00	INJECTION, GEMCI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 35.17
J9202	00	GOSERELIN ACETAT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 172.90
J9206	00	INJECTION, IRINO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.65
J9207	00	INJECTION, IXABE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 65.59
J9208	00	INJECTION, IFOSF	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 150.38
J9209	00	INJECTION, MESNA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.49
J9211	00	INJECTION, IDARU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 104.43
J9212	00	INJECTION, INTER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.66
J9213	00	INJECTION, INTER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 40.53
J9214	00	INJECTION, INTER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 17.96

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
J9215	00	INJECTION, INTER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 30.00
J9216	00	INJECTION, INTER	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 561.02
J9217	00	LEUPROLIDE ACETA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 214.97
J9218	00	LEUPROLIDE ACETA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5.17
J9219	00	LEUPROLIDE ACETA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4819.82
J9225	00	HISTRELIN IMPLAN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 3139.60
J9226	00	HISTRELIN IMPL (	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 15936.02
J9228	00	INJECTION IPILIM	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 125.18
J9230	00	INJECTION, MECHL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 157.86
J9245	00	INJECTION MELPHA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1352.09
J9250	00	METHOTREXATE SOD	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.20
J9260	00	METHOTREXATE SOD	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 1.95
J9261	00	INJECTION NELARA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 119.55
J9263	00	INJECTION OXALIP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.79
J9264	00	INJECTION PACLIT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 9.59
J9265	00	INJECTION, PACLI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 7.23
J9266	00	INJECTION, PEGAS	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 5890.00
J9268	00	INJECTION, PENTO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 839.53
J9270	00	INJECTION, PLICA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 98.74
J9280	00	MITOMYCIN 5 MG	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 127.40
J9293	00	INJECTION MITOXA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 29.97
J9300	00	INJECTION, GEMTU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 2742.59
J9302	00	INJECTION OFATUM	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 45.42
J9303	00	INJECTION PANITU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 87.22
J9305	00	INJECTION PEMETR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 54.96
J9307	00	INJECTION PRALAT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 165.63
J9310	00	INJECTION, RITUX	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 641.96
J9315	00	INJECTION ROMIDE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 226.03
J9320	00	INJECTION, STREP	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 274.19
J9328	00	INJECTION TEMOZO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.81
J9330	00	INJECTION, TEMSI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 52.18
J9340	00	INJECTION, THIOT	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 143.01
J9351	00	INJECTION TOPOTE	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 6.71
J9355	00	INJECTION, TRAST	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 74.34
J9357	00	INJECTION, VALRU	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 991.66
J9360	00	INJECTION, VINBL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.10
J9370	00	VINCRISTINE SULF	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 33.98
J9390	00	INJECTION, VINOR	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 10.75
J9395	00	INJECTION FULVES	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 86.08
J9600	00	INJECTION, PORFI	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 18603.95
K0001	00	STANDARD WHEELCH	DME & SUPPLIES	NonFacility	$ 29.25
K0001	RR	STANDARD WHEELCH	DME & SUPPLIES	NonFacility	$ 29.25
K0002	00	STANDARD HEMI WH	DME & SUPPLIES	NonFacility	$ 279.42
K0002	NU	STANDARD HEMI WH	DME & SUPPLIES	NonFacility	$ 279.42
K0002	RR	STANDARD HEMI WH	DME & SUPPLIES	NonFacility	$ 43.82
K0002	UE	STANDARD HEMI WH	DME & SUPPLIES	NonFacility	$ 209.74
K0003	00	LIGHTWEIGHT WHEE	DME & SUPPLIES	NonFacility	$ 305.97
K0003	NU	LIGHTWEIGHT WHEE	DME & SUPPLIES	NonFacility	$ 305.97
K0003	RR	LIGHTWEIGHT WHEE	DME & SUPPLIES	NonFacility	$ 47.98
K0003	UE	LIGHTWEIGHT WHEE	DME & SUPPLIES	NonFacility	$ 229.42
K0004	00	HIGH STRENGTH LI	DME & SUPPLIES	NonFacility	$ 456.41
K0004	NU	HIGH STRENGTH LI	DME & SUPPLIES	NonFacility	$ 456.41
K0004	RR	HIGH STRENGTH LI	DME & SUPPLIES	NonFacility	$ 71.56

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0004	UE	HIGH STRENGTH LI	DME & SUPPLIES	NonFacility	$ 342.47
K0005	00	ULTRALIGHTWEIGHT	DME & SUPPLIES	NonFacility	$ 990.01
K0005	NU	ULTRALIGHTWEIGHT	DME & SUPPLIES	NonFacility	$ 990.01
K0005	RR	ULTRALIGHTWEIGHT	DME & SUPPLIES	NonFacility	$ 98.99
K0005	UE	ULTRALIGHTWEIGHT	DME & SUPPLIES	NonFacility	$ 742.50
K0006	00	HEAVY-DUTY WHEEL	DME & SUPPLIES	NonFacility	$ 428.32
K0006	NU	HEAVY-DUTY WHEEL	DME & SUPPLIES	NonFacility	$ 428.32
K0006	RR	HEAVY-DUTY WHEEL	DME & SUPPLIES	NonFacility	$ 67.16
K0006	UE	HEAVY-DUTY WHEEL	DME & SUPPLIES	NonFacility	$ 321.23
K0007	00	EXTRA HEAVY-DUTY	DME & SUPPLIES	NonFacility	$ 609.73
K0007	NU	EXTRA HEAVY-DUTY	DME & SUPPLIES	NonFacility	$ 609.73
K0007	RR	EXTRA HEAVY-DUTY	DME & SUPPLIES	NonFacility	$ 95.59
K0007	UE	EXTRA HEAVY-DUTY	DME & SUPPLIES	NonFacility	$ 457.30
K0010	00	STD-WT FRME MOTR	DME & SUPPLIES	NonFacility	$ 2281.20
K0010	NU	STD-WT FRME MOTR	DME & SUPPLIES	NonFacility	$ 2281.20
K0010	RR	STD-WT FRME MOTR	DME & SUPPLIES	NonFacility	$ 228.12
K0010	UE	STD-WT FRME MOTR	DME & SUPPLIES	NonFacility	$ 1091.36
K0011	00	STD FRME MOTRIZD	DME & SUPPLIES	NonFacility	$ 3148.92
K0011	NU	STD FRME MOTRIZD	DME & SUPPLIES	NonFacility	$ 3148.92
K0011	RR	STD FRME MOTRIZD	DME & SUPPLIES	NonFacility	$ 314.89
K0012	00	LGHTWT PRTBLE MO	DME & SUPPLIES	NonFacility	$ 1739.94
K0012	NU	LGHTWT PRTBLE MO	DME & SUPPLIES	NonFacility	$ 1739.94
K0012	RR	LGHTWT PRTBLE MO	DME & SUPPLIES	NonFacility	$ 173.99
K0012	UE	LGHTWT PRTBLE MO	DME & SUPPLIES	NonFacility	$ 861.28
K0015	00	DETACHBLE NONADJ	DME & SUPPLIES	NonFacility	$ 97.30
K0015	NU	DETACHBLE NONADJ	DME & SUPPLIES	NonFacility	$ 97.30
K0015	RR	DETACHBLE NONADJ	DME & SUPPLIES	NonFacility	$ 9.74
K0015	UE	DETACHBLE NONADJ	DME & SUPPLIES	NonFacility	$ 72.97
K0017	00	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 27.37
K0017	NU	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 27.37
K0017	RR	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 2.74
K0017	UE	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 20.53
K0018	00	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 15.29
K0018	NU	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 15.29
K0018	RR	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 1.52
K0018	UE	DTACHBL ADJUSTBL	DME & SUPPLIES	NonFacility	$ 11.48
K0019	00	ARM PAD EACH	DME & SUPPLIES	NonFacility	$ 9.23
K0019	NU	ARM PAD EACH	DME & SUPPLIES	NonFacility	$ 9.23
K0019	RR	ARM PAD EACH	DME & SUPPLIES	NonFacility	$ 0.92
K0019	UE	ARM PAD EACH	DME & SUPPLIES	NonFacility	$ 6.92
K0020	00	FIXED ADJUSTBLE	DME & SUPPLIES	NonFacility	$ 24.88
K0020	NU	FIXED ADJUSTBLE	DME & SUPPLIES	NonFacility	$ 24.88
K0020	RR	FIXED ADJUSTBLE	DME & SUPPLIES	NonFacility	$ 2.49
K0020	UE	FIXED ADJUSTBLE	DME & SUPPLIES	NonFacility	$ 18.65
K0037	00	HIGH MOUNT FLIP-	DME & SUPPLIES	NonFacility	$ 25.79
K0037	NU	HIGH MOUNT FLIP-	DME & SUPPLIES	NonFacility	$ 25.79
K0037	RR	HIGH MOUNT FLIP-	DME & SUPPLIES	NonFacility	$ 2.30
K0037	UE	HIGH MOUNT FLIP-	DME & SUPPLIES	NonFacility	$ 19.35
K0038	00	LEG STRAP EACH	DME & SUPPLIES	NonFacility	$ 12.99
K0038	NU	LEG STRAP EACH	DME & SUPPLIES	NonFacility	$ 12.99
K0038	RR	LEG STRAP EACH	DME & SUPPLIES	NonFacility	$ 1.30
K0038	UE	LEG STRAP EACH	DME & SUPPLIES	NonFacility	$ 9.74
K0039	00	LEG STRAP H STYL	DME & SUPPLIES	NonFacility	$ 28.85

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0039	NU	LEG STRAP H STYL	DME & SUPPLIES	NonFacility	$ 28.85
K0039	RR	LEG STRAP H STYL	DME & SUPPLIES	NonFacility	$ 2.89
K0039	UE	LEG STRAP H STYL	DME & SUPPLIES	NonFacility	$ 21.64
K0040	00	ADJUSTABLE ANGLE	DME & SUPPLIES	NonFacility	$ 39.98
K0040	NU	ADJUSTABLE ANGLE	DME & SUPPLIES	NonFacility	$ 39.98
K0040	RR	ADJUSTABLE ANGLE	DME & SUPPLIES	NonFacility	$ 3.99
K0040	UE	ADJUSTABLE ANGLE	DME & SUPPLIES	NonFacility	$ 29.98
K0041	00	LARGE SIZE FOOTP	DME & SUPPLIES	NonFacility	$ 28.34
K0041	NU	LARGE SIZE FOOTP	DME & SUPPLIES	NonFacility	$ 28.34
K0041	RR	LARGE SIZE FOOTP	DME & SUPPLIES	NonFacility	$ 2.84
K0041	UE	LARGE SIZE FOOTP	DME & SUPPLIES	NonFacility	$ 21.25
K0042	00	STANDARD SIZE FO	DME & SUPPLIES	NonFacility	$ 19.51
K0042	NU	STANDARD SIZE FO	DME & SUPPLIES	NonFacility	$ 19.51
K0042	RR	STANDARD SIZE FO	DME & SUPPLIES	NonFacility	$ 1.94
K0042	UE	STANDARD SIZE FO	DME & SUPPLIES	NonFacility	$ 14.63
K0043	00	FOOTREST LOWER E	DME & SUPPLIES	NonFacility	$ 10.46
K0043	NU	FOOTREST LOWER E	DME & SUPPLIES	NonFacility	$ 10.46
K0043	RR	FOOTREST LOWER E	DME & SUPPLIES	NonFacility	$ 1.04
K0043	UE	FOOTREST LOWER E	DME & SUPPLIES	NonFacility	$ 7.85
K0044	00	FOOTREST UPPER H	DME & SUPPLIES	NonFacility	$ 8.91
K0044	NU	FOOTREST UPPER H	DME & SUPPLIES	NonFacility	$ 8.91
K0044	RR	FOOTREST UPPER H	DME & SUPPLIES	NonFacility	$ 0.89
K0044	UE	FOOTREST UPPER H	DME & SUPPLIES	NonFacility	$ 6.68
K0045	00	FOOTREST COMPLET	DME & SUPPLIES	NonFacility	$ 30.32
K0045	NU	FOOTREST COMPLET	DME & SUPPLIES	NonFacility	$ 30.32
K0045	RR	FOOTREST COMPLET	DME & SUPPLIES	NonFacility	$ 3.13
K0045	UE	FOOTREST COMPLET	DME & SUPPLIES	NonFacility	$ 22.74
K0046	00	ELEV LEGREST LOW	DME & SUPPLIES	NonFacility	$ 10.46
K0046	NU	ELEV LEGREST LOW	DME & SUPPLIES	NonFacility	$ 10.46
K0046	RR	ELEV LEGREST LOW	DME & SUPPLIES	NonFacility	$ 1.04
K0046	UE	ELEV LEGREST LOW	DME & SUPPLIES	NonFacility	$ 7.85
K0047	00	ELEV LEGREST UP	DME & SUPPLIES	NonFacility	$ 40.96
K0047	NU	ELEV LEGREST UP	DME & SUPPLIES	NonFacility	$ 40.96
K0047	RR	ELEV LEGREST UP	DME & SUPPLIES	NonFacility	$ 4.10
K0047	UE	ELEV LEGREST UP	DME & SUPPLIES	NonFacility	$ 30.71
K0050	00	RATCHET ASSEMBLY	DME & SUPPLIES	NonFacility	$ 17.41
K0050	NU	RATCHET ASSEMBLY	DME & SUPPLIES	NonFacility	$ 17.41
K0050	RR	RATCHET ASSEMBLY	DME & SUPPLIES	NonFacility	$ 1.73
K0050	UE	RATCHET ASSEMBLY	DME & SUPPLIES	NonFacility	$ 13.06
K0051	00	CAM RLSE ASSMBL	DME & SUPPLIES	NonFacility	$ 28.17
K0051	NU	CAM RLSE ASSMBL	DME & SUPPLIES	NonFacility	$ 28.17
K0051	RR	CAM RLSE ASSMBL	DME & SUPPLIES	NonFacility	$ 2.83
K0051	UE	CAM RLSE ASSMBL	DME & SUPPLIES	NonFacility	$ 21.12
K0052	00	SWINGAWAY DETACH	DME & SUPPLIES	NonFacility	$ 49.50
K0052	NU	SWINGAWAY DETACH	DME & SUPPLIES	NonFacility	$ 49.50
K0052	RR	SWINGAWAY DETACH	DME & SUPPLIES	NonFacility	$ 4.95
K0052	UE	SWINGAWAY DETACH	DME & SUPPLIES	NonFacility	$ 37.12
K0053	00	ELEVATING FOOTRE	DME & SUPPLIES	NonFacility	$ 54.62
K0053	NU	ELEVATING FOOTRE	DME & SUPPLIES	NonFacility	$ 54.62
K0053	RR	ELEVATING FOOTRE	DME & SUPPLIES	NonFacility	$ 5.46
K0053	UE	ELEVATING FOOTRE	DME & SUPPLIES	NonFacility	$ 40.97
K0056	00	SEAT HT<17/=TO/>	DME & SUPPLIES	NonFacility	$ 50.93
K0056	NU	SEAT HT<17/=TO/>	DME & SUPPLIES	NonFacility	$ 50.93

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0056	RR	SEAT HT<17/=TO/>	DME & SUPPLIES	NonFacility	$ 5.09
K0056	UE	SEAT HT<17/=TO/>	DME & SUPPLIES	NonFacility	$ 38.20
K0065	00	SPOKE PROTECTORS	DME & SUPPLIES	NonFacility	$ 23.81
K0065	NU	SPOKE PROTECTORS	DME & SUPPLIES	NonFacility	$ 23.81
K0065	RR	SPOKE PROTECTORS	DME & SUPPLIES	NonFacility	$ 2.38
K0065	UE	SPOKE PROTECTORS	DME & SUPPLIES	NonFacility	$ 17.86
K0069	00	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 53.51
K0069	NU	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 53.51
K0069	RR	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 5.57
K0069	UE	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 40.13
K0070	00	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 98.08
K0070	NU	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 98.08
K0070	RR	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 9.82
K0070	UE	REAR WHL ASSMBL-	DME & SUPPLIES	NonFacility	$ 73.56
K0071	00	FRONT CASTR ASSM	DME & SUPPLIES	NonFacility	$ 58.50
K0071	NU	FRONT CASTR ASSM	DME & SUPPLIES	NonFacility	$ 58.50
K0071	RR	FRONT CASTR ASSM	DME & SUPPLIES	NonFacility	$ 5.86
K0071	UE	FRONT CASTR ASSM	DME & SUPPLIES	NonFacility	$ 43.87
K0072	00	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 35.21
K0072	NU	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 35.21
K0072	RR	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 3.52
K0072	UE	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 26.41
K0073	00	CASTER PIN LOCK	DME & SUPPLIES	NonFacility	$ 18.64
K0073	NU	CASTER PIN LOCK	DME & SUPPLIES	NonFacility	$ 18.64
K0073	RR	CASTER PIN LOCK	DME & SUPPLIES	NonFacility	$ 1.86
K0073	UE	CASTER PIN LOCK	DME & SUPPLIES	NonFacility	$ 13.98
K0077	00	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 31.51
K0077	NU	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 31.51
K0077	RR	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 3.14
K0077	UE	FRNT CASTR ASSMB	DME & SUPPLIES	NonFacility	$ 23.63
K0098	00	DRIVE BELT FOR P	DME & SUPPLIES	NonFacility	$ 14.57
K0098	NU	DRIVE BELT FOR P	DME & SUPPLIES	NonFacility	$ 14.57
K0098	RR	DRIVE BELT FOR P	DME & SUPPLIES	NonFacility	$ 1.46
K0098	UE	DRIVE BELT FOR P	DME & SUPPLIES	NonFacility	$ 10.92
K0105	00	IV HANGER EACH	DME & SUPPLIES	NonFacility	$ 53.24
K0105	NU	IV HANGER EACH	DME & SUPPLIES	NonFacility	$ 53.24
K0105	RR	IV HANGER EACH	DME & SUPPLIES	NonFacility	$ 5.32
K0105	UE	IV HANGER EACH	DME & SUPPLIES	NonFacility	$ 39.94
K0195	00	ELEVATING LEGRES	DME & SUPPLIES	NonFacility	$ 11.28
K0195	RR	ELEVATING LEGRES	DME & SUPPLIES	NonFacility	$ 11.28
K0455	00	INFUSION PUMP UN	DME & SUPPLIES	NonFacility	$ 141.83
K0455	RR	INFUSION PUMP UN	DME & SUPPLIES	NonFacility	$ 141.83
K0552	00	Supplesf for ext	DME & SUPPLIES	NonFacility	$ 1.42
K0601	00	REPL BATTRY EXT	DME & SUPPLIES	NonFacility	$ 0.59
K0601	NU	REPL BATTRY EXT	DME & SUPPLIES	NonFacility	$ 0.59
K0602	00	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 3.41
K0602	NU	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 3.41
K0603	00	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 0.31
K0603	NU	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 0.31
K0604	00	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 3.26
K0604	NU	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 3.26
K0605	00	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 7.82
K0605	NU	REPL BATTERY EXT	DME & SUPPLIES	NonFacility	$ 7.82

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0606	00	Automatic extern	DME & SUPPLIES	NonFacility	$ 1348.53
K0606	RR	Automatic extern	DME & SUPPLIES	NonFacility	$ 1348.53
K0607	00	Replc battery fo	DME & SUPPLIES	NonFacility	$ 115.48
K0607	NU	Replc battery fo	DME & SUPPLIES	NonFacility	$ 115.48
K0607	RR	Replc battery fo	DME & SUPPLIES	NonFacility	$ 11.55
K0607	UE	Replc battery fo	DME & SUPPLIES	NonFacility	$ 86.61
K0608	00	Replc garment fo	DME & SUPPLIES	NonFacility	$ 72.07
K0608	NU	Replc garment fo	DME & SUPPLIES	NonFacility	$ 72.07
K0608	RR	Replc garment fo	DME & SUPPLIES	NonFacility	$ 7.21
K0608	UE	Replc garment fo	DME & SUPPLIES	NonFacility	$ 54.05
K0609	00	Replc electrodes	DME & SUPPLIES	NonFacility	$ 479.25
K0672	00	ADD LOW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 41.25
K0730	00	CONTROLLED DOSE	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 923.21
K0730	NU	CONTROLLED DOSE	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 923.21
K0730	RR	CONTROLLED DOSE	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 92.32
K0730	UE	CONTROLLED DOSE	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 692.41
K0733	00	PWR WC ACCESS 12	DME & SUPPLIES	NonFacility	$ 16.18
K0733	NU	PWR WC ACCESS 12	DME & SUPPLIES	NonFacility	$ 16.18
K0733	RR	PWR WC ACCESS 12	DME & SUPPLIES	NonFacility	$ 1.63
K0733	UE	PWR WC ACCESS 12	DME & SUPPLIES	NonFacility	$ 12.14
K0738	00	PORTABLE GASEOUS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
K0738	RR	PORTABLE GASEOUS	DME & SUPPLIES - RESPIRATORY	NonFacility	$ 30.98
K0739	00	REPR/SRVC DME NO	DME & SUPPLIES	NonFacility	$ 8.05
K0800	00	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 596.68
K0800	NU	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 596.68
K0800	RR	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 59.67
K0800	UE	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 447.51
K0801	00	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 961.97
K0801	NU	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 961.97
K0801	RR	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 96.19
K0801	UE	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 721.47
K0802	00	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 1088.64
K0802	NU	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 1088.64
K0802	RR	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 108.86
K0802	UE	PWR OP VEH GRP 1	DME & SUPPLIES	NonFacility	$ 816.49
K0806	00	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 721.82
K0806	NU	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 721.82
K0806	RR	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 72.18
K0806	UE	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 541.37
K0807	00	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 1095.28
K0807	NU	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 1095.28
K0807	RR	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 109.53
K0807	UE	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 821.47
K0808	00	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 1694.63
K0808	NU	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 1694.63
K0808	RR	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 169.46
K0808	UE	PWR OP VEH GRP 2	DME & SUPPLIES	NonFacility	$ 1270.97
K0813	00	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1113.42
K0813	NU	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1113.42
K0813	RR	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 111.34
K0814	00	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1425.18
K0814	NU	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1425.18
K0814	RR	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 142.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0815	00	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1623.00
K0815	NU	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1623.00
K0815	RR	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 162.30
K0816	00	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1554.24
K0816	NU	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 1554.24
K0816	RR	PWR WC GRP 1 STD	DME & SUPPLIES	NonFacility	$ 155.42
K0820	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1189.20
K0820	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1189.20
K0820	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 118.92
K0821	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1526.70
K0821	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1526.70
K0821	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 152.67
K0822	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1845.00
K0822	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1845.00
K0822	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 184.50
K0823	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1857.12
K0823	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1857.12
K0823	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 185.71
K0824	00	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 2235.12
K0824	NU	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 2235.12
K0824	RR	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 223.51
K0825	00	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 2046.12
K0825	NU	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 2046.12
K0825	RR	PWR WC GRP 2 HEV	DME & SUPPLIES	NonFacility	$ 204.61
K0826	00	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2893.56
K0826	NU	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2893.56
K0826	RR	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 289.36
K0827	00	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2460.48
K0827	NU	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2460.48
K0827	RR	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 246.05
K0828	00	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 3188.46
K0828	NU	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 3188.46
K0828	RR	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 318.85
K0829	00	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 2927.94
K0829	NU	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 2927.94
K0829	RR	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 292.79
K0830	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 2655.54
K0830	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 2655.54
K0830	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 199.62
K0831	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 2655.54
K0831	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 2655.54
K0831	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 199.62
K0835	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1872.66
K0835	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1872.66
K0835	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 187.27
K0836	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1941.96
K0836	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1941.96
K0836	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 194.20
K0837	00	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 2235.12
K0837	NU	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 2235.12
K0837	RR	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 223.51
K0838	00	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 1999.56
K0838	NU	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 1999.56

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0838	RR	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 199.96
K0839	00	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2893.56
K0839	NU	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 2893.56
K0839	RR	PWR WC GRP 2 VRY	DME & SUPPLIES	NonFacility	$ 289.36
K0840	00	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 4383.96
K0840	NU	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 4383.96
K0840	RR	PWR WC GRP 2 XTR	DME & SUPPLIES	NonFacility	$ 438.40
K0841	00	PWR WC GRP 2 MX	DME & SUPPLIES	NonFacility	$ 1993.26
K0841	NU	PWR WC GRP 2 MX	DME & SUPPLIES	NonFacility	$ 1993.26
K0841	RR	PWR WC GRP 2 MX	DME & SUPPLIES	NonFacility	$ 199.33
K0842	00	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1993.26
K0842	NU	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 1993.26
K0842	RR	PWR WC GRP 2 STD	DME & SUPPLIES	NonFacility	$ 199.33
K0843	00	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 2399.88
K0843	NU	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 2399.88
K0843	RR	PWR WC GRP 2 HVY	DME & SUPPLIES	NonFacility	$ 239.99
K0848	00	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2439.00
K0848	NU	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2439.00
K0848	RR	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 243.90
K0849	00	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2344.98
K0849	NU	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2344.98
K0849	RR	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 234.50
K0850	00	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 2829.24
K0850	NU	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 2829.24
K0850	RR	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 282.92
K0851	00	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 2720.22
K0851	NU	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 2720.22
K0851	RR	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 272.02
K0852	00	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 3268.98
K0852	NU	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 3268.98
K0852	RR	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 326.90
K0853	00	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 3358.02
K0853	NU	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 3358.02
K0853	RR	PWR WC GRP 3 HVY	DME & SUPPLIES	NonFacility	$ 335.80
K0854	00	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 4448.70
K0854	NU	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 4448.70
K0854	RR	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 444.87
K0855	00	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 4202.46
K0855	NU	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 4202.46
K0855	RR	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 420.25
K0856	00	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2618.04
K0856	NU	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2618.04
K0856	RR	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 261.80
K0857	00	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2670.54
K0857	NU	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 2670.54
K0857	RR	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 267.05
K0858	00	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3248.22
K0858	NU	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3248.22
K0858	RR	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 324.82
K0859	00	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3097.80
K0859	NU	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3097.80
K0859	RR	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 309.78
K0860	00	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 4640.52

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
K0860	NU	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 4640.52
K0860	RR	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 464.05
K0861	00	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 3377.76
K0861	NU	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 3377.76
K0861	RR	PWR WC GRP 3 STD	DME & SUPPLIES	NonFacility	$ 337.78
K0862	00	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3248.22
K0862	NU	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 3248.22
K0862	RR	PWR WC GRP 3 HD	DME & SUPPLIES	NonFacility	$ 324.82
K0863	00	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 4640.52
K0863	NU	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 4640.52
K0863	RR	PWR WC GRP 3 V H	DME & SUPPLIES	NonFacility	$ 464.05
K0864	00	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 5522.22
K0864	NU	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 5522.22
K0864	RR	PWR WC GRP 3 XTR	DME & SUPPLIES	NonFacility	$ 552.22
L0112	00	CRANIL CERV ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 679.27
L0113	00	CRANIAL CERVICAL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 138.73
L0120	00	CERVICAL FLEXIBL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 13.48
L0130	00	CERV FLXBL THRMO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 82.88
L0140	00	CERVICAL SEMI-RI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 32.52
L0150	00	CERV SEMI-RIGD A	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 54.89
L0160	00	CERV SEMI-RIGD W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 79.56
L0170	00	CERV COLLAR MOLD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 327.61
L0172	00	CERV COLLR SEMI-	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 64.49
L0174	00	CERV COLLR SEMI-	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 139.55
L0180	00	CERV MX POST COL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 188.22
L0190	00	CERV MX POST COL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 251.63
L0200	00	CERV COLLR ADJ C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 262.33
L0220	00	THORACIC RIB BEL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 62.21
L0430	00	SP ORTHOSIS ANT-	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 680.66
L0450	00	TLSO FLEX TRNK S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 88.28
L0452	00	TLSO FLXIBLE PRO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 170.65
L0454	00	TLSO FLEX TRNK S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 168.32
L0456	00	TLSO FLEX TRNK S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 482.69
L0458	00	TLSO TRIPLANAR 2	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 432.83
L0460	00	TLSO TRIPLANAR 2	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 487.18
L0462	00	TLSO TRIPLANAR 3	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 605.97
L0464	00	TLSO TRIPLANAR 4	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 721.40
L0466	00	TLSO SAGIT RIGD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 189.79
L0468	00	TLSO SAGIT-CORON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 232.85
L0470	00	TLSO TRIPLANAR P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 323.87
L0472	00	TLSO TRIPLANAR H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 205.40
L0480	00	TLSO TRIPLANAR 1	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 723.34
L0482	00	TLSO TRIPLANAR 1	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 787.74
L0484	00	TLSO TRIPLANAR 2	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 902.75
L0486	00	TLSO TRIPLANAR 2	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 957.77
L0488	00	TLSO TRIPLANAR 1	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 487.18
L0490	00	TLSO SAGIT-CORON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 137.29
L0491	00	TLSO TWO RIGID P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 372.73
L0492	00	TLSO THREE RIGID	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 242.02
L0621	00	SACROILIAC ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 46.84
L0622	00	SACROILIAC ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 131.23
L0625	00	LUMBAR ORTHOSIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 26.74
L0626	00	LUMBAR ORTHOS W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.84

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L0627	00	LUMBAR ORTHOSIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 199.54
L0628	00	LUMBAR-SCARAL OR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 40.72
L0630	00	LUMB-SACRAL ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 78.62
L0631	00	LUMB-SACRAL ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 498.35
L0633	00	LUMBAR-SACRAL OR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 139.21
L0635	00	LSO LUMB FLEX RI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 486.24
L0636	00	LSO LUMB FLEX RI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 719.81
L0637	00	LSO W/RIGID ANT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 569.64
L0638	00	LSO W/RIGID ANT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 640.10
L0639	00	LUMBA-SACRAL ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 569.64
L0640	00	LUMBAR-SACRAL OR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 507.84
L0700	00	CTLSO ANT-POST-L	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1026.99
L0710	00	CTLSO-MOLD PT-IN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1060.93
L0810	00	HALO PROC CERV H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1310.30
L0820	00	HALO PROC CERV H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1097.29
L0830	00	HALO PROC CERV H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1592.93
L0859	00	ADD HALO PROC MR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 618.84
L0861	00	ADD HALO PROC RE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 104.60
L0970	00	TLSO CORSET FRON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 58.06
L0972	00	LSO CORSET FRONT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 52.28
L0974	00	TLSO FULL CORSET	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 90.95
L0976	00	LSO FULL CORSET	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 81.23
L0978	00	AXILLARY CRUTCH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 97.78
L0980	00	PERONEAL STRAPS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.87
L0982	00	STOCKING SUPPORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.27
L0984	00	PROTECTIVE BODY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 30.41
L1000	00	CTLSO INCL FURNI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1031.33
L1005	00	TENSION BASED SC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1553.35
L1010	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 34.09
L1020	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.91
L1025	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 63.34
L1030	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 32.32
L1040	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.63
L1050	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 42.29
L1060	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 48.58
L1070	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 45.71
L1080	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 28.12
L1085	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 78.19
L1090	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 46.56
L1100	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 80.78
L1110	00	ADD CTLSO/SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 129.74
L1120	00	ADD CTLSO SCOLIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 20.17
L1200	00	TLSO INCL FURNIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 795.92
L1210	00	ADDITION TLSO LA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 132.92
L1220	00	ADDITION TLSO AN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 112.54
L1230	00	ADD TLSO MLWAKEE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 288.76
L1240	00	ADDITION TLSO LU	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.44
L1250	00	ADDITION TO TLSO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 36.70
L1260	00	ADD TLSO ANT THO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 38.43
L1270	00	ADDITION TO TLSO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.36
L1280	00	ADDITION TO TLSO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.82
L1290	00	ADDITION TLSO LA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.92
L1300	00	OTH SCOLIOS PROC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 848.55

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L1310	00	OTH SCOLIOSIS PR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 873.16
L1600	00	HO-FLEX FREJKA W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 65.46
L1610	00	HO FLEX FREKLA C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 22.30
L1620	00	HO FLEX PAVLIK H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 68.06
L1630	00	HO SEMI-FLX VAN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 86.08
L1640	00	HO-STATIC THIGH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 234.40
L1650	00	HO STATIC ADJUST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 117.61
L1652	00	HIP ORTHOS BIL T	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 173.00
L1660	00	HO STATIC PLASTI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 86.93
L1680	00	HO-DYNAMC PELV C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 618.94
L1685	00	HO POSTOP HIP AB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 604.24
L1686	00	HO POSTOP HIP AB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 463.38
L1690	00	COMB BIL LUMBO-S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 938.49
L1700	00	LEGG PERTHES ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 775.75
L1710	00	LEGG PERTHES ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 908.10
L1720	00	LEGG PERTHES ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 669.38
L1730	00	LEGG PERTHES ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 574.93
L1755	00	LEGG PERTHES ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 804.26
L1810	00	KO ELAST W/JNT P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 50.03
L1820	00	KO ELAST W/CONDY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 65.87
L1830	00	KO IMMOBLIZR CAN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 44.44
L1831	00	KNEE ORTHOF LOCK	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 142.84
L1832	00	KO ADJ KNEE JNT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 308.84
L1834	00	KO W/O KNEE JOIN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 394.33
L1836	00	KNEE ORTHOS RIGD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 64.76
L1840	00	KO DEROTATION ME	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 467.08
L1843	00	KO 1 UPRT THI&CA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 435.46
L1844	00	KO 1 UPRT THI&CA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 807.73
L1845	00	KO DBL UPRT THI&	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 415.20
L1846	00	KO DBL UPRT THI&	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 567.49
L1847	00	KO DBL UPRT-ADJ	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 279.14
L1850	00	KO SWEDISH TYPE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 146.22
L1860	00	KO MOD SUPRACNDY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 545.09
L1900	00	AFO SPRNG WIRE D	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 137.04
L1902	00	AFO ANK GAUNTLT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 40.55
L1904	00	AFO MOLDED ANK G	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 238.88
L1906	00	AFO MXILIGUS ANK	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 61.09
L1907	00	AFO SUPRAMALLEOL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 273.08
L1910	00	AFO POST 1 BAR C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 135.85
L1920	00	AFO 1 UPRT W/STA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 177.59
L1930	00	AFO PLASTIC/OTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 120.17
L1932	00	AFO RIGD ANT TIB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 433.08
L1940	00	ANK FT ORTHOS PL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 251.22
L1945	00	AFO MOLD PLSTC R	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 470.24
L1950	00	AFO SPIRAL PLAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 378.37
L1951	00	ANK FT ORTHOF SP	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 407.59
L1960	00	AFO POST SOLID A	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 281.57
L1970	00	AFO PLASTIC W/AN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 361.46
L1971	00	ANK FT ORTHOF PL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 227.48
L1980	00	AFO 1 UPRT DORSI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 186.43
L1990	00	AFO DBL UPRT DOR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 226.43
L2000	00	KAFO 1 UPRT SOLI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 515.24
L2005	00	KAFO ANY MATL AU	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1989.22

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L2010	00	KAFO 1 UPRT STIR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 469.69
L2020	00	KAFO DBL UPRT ST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 593.15
L2030	00	KAFO DBL UPRT ST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 514.61
L2034	00	KAFO PLASTIC MED	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 994.49
L2035	00	KAFO FULL PLSTC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 84.60
L2036	00	KAFO FULL PLASTI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 942.47
L2037	00	KAFO FULL PLASTI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 846.10
L2038	00	KAFO FULL PLASTI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 726.28
L2040	00	HKAFO TORSN CNTR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 90.19
L2050	00	HKAFO BIL TORSIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 241.99
L2060	00	HKAFO BIL TORSIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 294.93
L2070	00	HKAFO UNI ROTAT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 68.32
L2080	00	HKAFO UNI TORSIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 182.71
L2090	00	HKAFO UNI TORSN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 222.74
L2106	00	AFO TIBL FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 345.38
L2108	00	AFO TIBL FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 542.76
L2112	00	AFO TIBL FX ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 237.00
L2114	00	AFO TIBL FX ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 294.85
L2116	00	AFO TIBL FX ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 361.63
L2126	00	KAFO FEM FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 608.29
L2128	00	KAFO FEM FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 871.06
L2132	00	KAFO FEM FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 409.78
L2134	00	KAFO FEM FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 491.31
L2136	00	KAFO FEM FX CAST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 600.74
L2180	00	ADD LW EXTRM ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 59.49
L2182	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 46.56
L2184	00	ADD LW EXTRM ORT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 62.93
L2186	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 76.48
L2188	00	ADD LW EXT FX OR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 152.14
L2190	00	ADD LOW EXTREM F	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 44.36
L2192	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 181.12
L2200	00	ADD LOW EXTRM LT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.15
L2210	00	ADD LOW EXTREM D	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 34.15
L2220	00	ADD LW EXT DRSFL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 41.60
L2230	00	ADD LW EXT SPLIT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 38.98
L2232	00	ADD LOW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 47.50
L2240	00	ADD LW EXT ROUND	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 42.48
L2250	00	ADD LW EXT FT PL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 180.50
L2260	00	ADD LW EXT REINF	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 101.83
L2265	00	ADD LOW EXTREM L	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 59.82
L2270	00	ADD LW EXT VARUS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 27.28
L2275	00	ADD LW EXT VARUS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 63.71
L2280	00	ADD LOW EXTREM M	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 230.02
L2300	00	ADD LW EXTRM ABD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 136.77
L2310	00	ADD LOW EXTREM A	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 62.49
L2320	00	ADD LOW EXT NONM	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 104.52
L2330	00	ADD LOW EXT LACE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 199.46
L2335	00	ADDITION LOW EXT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 115.40
L2340	00	ADD LW EXTRM PRE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 227.03
L2350	00	ADD LW EXT PROST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 452.64
L2360	00	ADDITION LOW EXT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 26.28
L2370	00	ADDITION LOWER E	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 130.40
L2375	00	ADD LW EXT TORSI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 57.40

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L2380	00	ADD LW EXT TORSN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 62.54
L2385	00	ADD LW EXT STRAI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 68.04
L2387	00	ADD LW EXT POLYC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 84.07
L2390	00	ADD LW EXTRM OFF	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 55.61
L2395	00	ADD LW EXT OFFSE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 79.48
L2397	00	ADD LOW EXTREM O	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 57.09
L2405	00	ADDITION TO KNEE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 42.31
L2415	00	ADD KNEE LOCK-IN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 58.95
L2425	00	ADD KNEE JNT DIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 69.56
L2430	00	ADD KNEE JNT RAT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 69.56
L2492	00	ADD KNEE LIFT LO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 51.80
L2500	00	ADD LW EXTRM THI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 160.25
L2510	00	ADD LW EXTRM THI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 368.99
L2520	00	ADD LW EXTRM THI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 234.02
L2525	00	ADD LW EXT ISCH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 619.23
L2526	00	ADD LW EXTRM ISC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 347.94
L2530	00	ADD LW EXT THI/W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 119.36
L2540	00	ADD LW EXT THI/W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 214.76
L2550	00	ADD LW EXT THI/W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 145.90
L2570	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 241.96
L2580	00	ADD LOW EXTRM PE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 235.76
L2600	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 104.33
L2610	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 123.37
L2620	00	ADD LW EXT PLV H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 135.82
L2622	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 155.78
L2624	00	ADD LW EXTRM PEL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 168.22
L2627	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 870.83
L2628	00	ADD LW EXT PELV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 851.07
L2630	00	ADD LW EXTRM PEL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 125.79
L2640	00	ADD LW EXTRM PEL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 170.71
L2650	00	ADD LW EXTRM PEL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 60.96
L2660	00	ADD LOW EXTREM T	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 94.68
L2670	00	ADD LW EXTRM THO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 86.65
L2680	00	ADD LW EXT THOR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 79.49
L2750	00	ADD LW EXT ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 42.46
L2755	00	ADD LOW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 63.41
L2760	00	ADD LOW EXTREM O	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 30.86
L2768	00	ORTHOTIC SIDE BA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 63.23
L2780	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 34.38
L2785	00	ADD LW EXT ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 16.10
L2795	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.16
L2800	00	ADD LOW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 54.19
L2810	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.68
L2820	00	ADD LW EXT SFT I	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 44.11
L2830	00	ADD LW EXT SFT I	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 47.72
L2840	00	ADD LW EXT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 22.19
L2850	00	ADD LW EXT ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 31.45
L3000	00	FT INSRT MOLD UC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 152.45
L3001	00	FOOT INSRT REMV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 64.19
L3002	00	FT INSRT REMV MO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 78.38
L3003	00	FOOT INSRT REMV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 84.56
L3010	00	FT INSRT MOLD LN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 84.56
L3020	00	FT INSRT REMV MO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 96.29

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L3030	00	FOOT INSERT REMV	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.04
L3040	00	FOOT ARCH SUPP P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 22.84
L3050	00	FOOT ARCH SUPP R	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 22.84
L3060	00	FT ARCH SUPP PRE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 35.80
L3070	00	FOOT ARCH SUPP N	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 15.43
L3080	00	FT ARCH SUPP NON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 15.43
L3090	00	FT ARCH SUPP NON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 19.76
L3100	00	HALLUS-VALGUS NI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 20.98
L3140	00	FOOT ABDUCT ROTA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.21
L3150	00	FOOT ABDUCT ROTA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.50
L3160	00	FOOT ADJUSTBL SH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 5.75
L3170	00	FOOT PLASTIC SIL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.70
L3201	00	ORTHOPED SHOE OX	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 21.90
L3202	00	ORTHOPED SHOE OX	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 21.68
L3203	00	ORTHOPED SHOE OX	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 21.02
L3204	00	ORTHOPED SHOE HI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 21.02
L3206	00	ORTHOPED SHOE HI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 21.90
L3207	00	ORTHOPED SHOE HI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 22.34
L3208	00	SURGICAL BOOT EA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 11.72
L3209	00	SURGICAL BOOT EA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 16.59
L3211	00	SURGICAL BOOT EA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 17.70
L3212	00	BENESCH BOOT PAI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.56
L3213	00	BENESCH BOOT PAI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 29.65
L3214	00	BENESCH BOOT PAI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 31.64
L3215	00	ORTHOPEDIC FOOTW	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 40.27
L3216	00	ORTHOPEDIC FOOTW	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 48.67
L3217	00	ORTHOPED FTWEAR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 52.66
L3219	00	ORTHOPEDIC FOOTW	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 45.13
L3221	00	ORTHOPEDIC FOOTW	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 54.20
L3222	00	ORTHOPED FOOTWEA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 59.74
L3224	00	ORTHO FTWEAR WOM	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 29.87
L3225	00	ORTHO FTWEAR MAN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 34.36
L3230	00	ORTHOPEDIC FOOTW	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 70.36
L3250	00	ORTHOPED FOOTWEA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 136.94
L3251	00	FOOT SHOE MOLD P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 18.80
L3252	00	FOOT SHOE MOLD P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 75.00
L3253	00	FOOT MOLD SHOE P	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 18.80
L3257	00	ORTHOPED FOOTWEA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 13.49
L3260	00	SURGICAL BOOT/SH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 7.75
L3265	00	PLASTAZOTE SANDA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.41
L3300	00	LIFT ELEV HEEL T	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 25.30
L3310	00	LIFT ELEV HEEL&S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 39.50
L3320	00	LIFT ELEV HEEL&S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 50.66
L3330	00	LIFT ELEVATION M	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 274.66
L3332	00	LIFT ELEV IN SHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 35.80
L3334	00	LIFT ELEVATION H	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 18.52
L3340	00	HEEL WEDGE SACH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 41.36
L3350	00	HEEL WEDGE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 11.11
L3360	00	SOLE WEDGE OUTSI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 17.28
L3370	00	SOLE WEDGE BETWE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.07
L3380	00	CLUBFOOT WEDGE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.07
L3390	00	OUTFLARE WEDGE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.07
L3400	00	METATARSAL BAR W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 19.76

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Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L3410	00	METATARSAL BAR W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 45.06
L3420	00	FULL SOLE&HEEL W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 26.54
L3430	00	HEEL COUNTER PLA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 77.77
L3440	00	HEEL COUNTER LEA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.04
L3450	00	HEEL SACH CUSHIO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 51.23
L3455	00	HEEL NEW LEATHER	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 19.76
L3460	00	HEEL NEW RUBBER	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 16.66
L3465	00	HEEL THOMAS WITH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 28.40
L3470	00	HEEL THOMAS EXTE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 30.25
L3480	00	HEEL PAD AND DEP	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 30.25
L3485	00	HEEL PAD REMOVAB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 7.75
L3500	00	ORTHOPED SHOE AD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 14.20
L3510	00	ORTHOPED SHOE AD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 14.20
L3520	00	ORTHO SHOE ADD I	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 15.43
L3530	00	ORTHOPEDIC SHOE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 15.43
L3540	00	ORTHOPEDIC SHOE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.70
L3550	00	ORTHOPED SHOE AD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 4.32
L3560	00	ORTHOPED SHOE AD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 11.11
L3570	00	ORTHOPED SHOE AD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 41.36
L3580	00	ORTHO SHOE ADD I	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 31.48
L3590	00	ORTHO SHOE ADD F	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 25.93
L3595	00	ORTHOPEDIC SHOE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 20.36
L3600	00	TRNSF ORTH-ANOTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.04
L3610	00	TRNSF ORTH-ANOTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 48.76
L3620	00	TRNSF ORTH-ANOTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.04
L3630	00	TRNSF ORTH-ANOTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 48.76
L3640	00	TRNSF ORTH-ANOTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 20.98
L3650	00	SO FIG 8 DESN AB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 29.48
L3660	00	SO FIG 8 DESN AB	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 51.09
L3670	00	SO ACROMIO/CLAVI	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 56.21
L3671	00	SHLDR ORTHOTIC S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 397.99
L3674	00	SHLDR ORTHOSIC A	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 521.57
L3675	00	SO VEST ABDUCT R	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 77.51
L3677	00	SHLDR ORTHOS HAR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 55.53
L3702	00	ELBOW ORTHOSIS W	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 127.54
L3710	00	EO ELAST W/METL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 61.45
L3720	00	EO DBL UPRT W/CU	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 325.13
L3730	00	EO DBL UPRT-CUFF	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 448.10
L3740	00	EO DBL UPRT W/CU	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 531.26
L3760	00	ELB ORTH W/ADJ L	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 220.88
L3762	00	ELB ORTHOS RIGD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 47.50
L3763	00	EWHO RIGID W/O J	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 325.16
L3764	00	EWHO INCL 1/MORE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 367.25
L3765	00	EWHFO RIGID W/O	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 566.35
L3766	00	EWHFO INCL 1/MOR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 599.72
L3806	00	WHFO CUSTOM FABR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 200.63
L3807	00	WHFO W/O JNT PRF	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 110.44
L3808	00	WRIST HAND FINGE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 164.61
L3900	00	WHFO DYN FLX HNG	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 643.21
L3901	00	WHFO DYN FLX HNG	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 798.83
L3904	00	WHFO EXTERNAL PO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 1455.70
L3905	00	WHO INCL 1/MORE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 438.02
L3906	00	WHO W/O JNT MAY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 196.42

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L3908	00	WHO EXT CNTRL CO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 29.78
L3912	00	HFO FLX GLOV W/E	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 47.14
L3913	00	HFO W/O JOINTS C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 119.63
L3915	00	WRIST HAND ORTHO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 234.79
L3917	00	HAND ORTHOSIS MC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 46.66
L3919	00	HAND ORTHOSIS W/	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 119.63
L3921	00	HFO INCL 1/MORE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 141.87
L3923	00	HFO W/O JNT MAY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.24
L3925	00	FO PIP/DIP NONTO	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 24.53
L3927	00	FO PIP/DIP W/O J	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 15.45
L3929	00	HFO PREFABRICATE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 38.86
L3931	00	WHFO PREFABRICAT	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 90.64
L3933	00	FINGER ORTHOSIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 94.24
L3935	00	FINGER ORTHOSIS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 97.58
L3960	00	SEWHO ABDUCT PST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 365.32
L3961	00	SEWHO SHOULDER C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 742.09
L3962	00	SEWHO ABDUCT PST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 356.66
L3967	00	SEWHO ABDUCTION	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 876.16
L3971	00	SEWHO SHOULDER C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 831.67
L3973	00	SEWHO ABDUCT PST	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 876.16
L3975	00	SEWHFO SHOULDER	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 742.09
L3976	00	SEWHFO ABDUCT PS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 742.09
L3977	00	SEWHFO SHOULD CA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 831.67
L3978	00	SEWHFO ABDUCT PS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 876.16
L3980	00	UP EXT FX ORTHOS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 153.67
L3982	00	UP EXTRM FX ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 185.57
L3984	00	UP EXTRM FX ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 171.09
L3995	00	ADD UP EXTREM OR	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 16.25
L4000	00	REPLACE GIRDLE F	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 647.70
L4010	00	REPLACE TRILATER	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 340.92
L4020	00	REPL QUADRILAT S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 437.54
L4030	00	REPL QUADRILAT S	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 256.48
L4040	00	REPLACE MOLDED T	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 207.36
L4045	00	REPLACE NONMOLD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 166.63
L4050	00	REPLACE MOLDED C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 209.72
L4055	00	REPLACE NONMOLD	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 135.80
L4060	00	REPLACE HIGH ROL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 161.44
L4070	00	REPLACE PROXIMAL	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 142.96
L4080	00	REPLACE METAL BA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 51.38
L4090	00	REPL METL BANDS	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 45.88
L4100	00	REPLACE LEATHR C	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 52.99
L4110	00	REPL LEATHR CUFF	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 43.08
L4130	00	REPLACE PRETIBIA	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 252.03
L4205	00	REPAIROF OTHOTIC	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 19.70
L4350	00	ANKLE CNTRL ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 45.41
L4360	00	WALKING BOOT, PN	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 140.65
L4370	00	PNEUMATIC FULL L	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 95.90
L4386	00	WALKING BOOT NON	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 76.95
L4392	00	REPLCMT SFT INTE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 11.40
L4394	00	REPL SFT INTRFCE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 8.32
L4396	00	STAT ANK FT ORTH	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 81.30
L4398	00	FT DROP SPLNT RE	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 37.43
L4631	00	AFO WALK BOOT TY	DME & SUPPLIES - ORTHOTICS	NonFacility	$ 747.74

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L5000	00	PART FT SHOE INS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 273.44
L5010	00	PART FT MOLD SOC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 658.87
L5020	00	PART FT MOLD SOC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1072.51
L5050	00	ANKLE SYMES MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1242.02
L5060	00	ANK SYMS METL FR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1494.78
L5100	00	BELW KNEE MOLD S	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1257.82
L5105	00	BK PLSTC SCKT JN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1880.08
L5150	00	KNEE DISRTC MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1900.50
L5160	00	KNEE DISARTIC MO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2067.14
L5200	00	AK MOLD SOCKT 1	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1787.82
L5210	00	AK SHRT PROS NO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1313.25
L5220	00	AK SHRT PROSTH W	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1492.75
L5230	00	AK PROX FEM FOCA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2058.79
L5250	00	HIP DISRTC CANAD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2808.01
L5270	00	HIP DISRTC TLT T	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2783.41
L5280	00	HEMIPELVECT CANA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2755.58
L5301	00	BK MOLD SCKT SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1242.60
L5312	00	KNEE DISARTIC MO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1826.14
L5321	00	AK OPEN END SACH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1778.74
L5331	00	JOINT SINGLE AXI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2516.99
L5341	00	SINGLE AXIS KNEE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2735.17
L5400	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 651.35
L5410	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 226.12
L5420	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 822.62
L5430	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 272.33
L5450	00	IMMED POSTSURG N	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 220.49
L5460	00	IMMED POSTSURG N	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 295.10
L5500	00	INIT BK PTB SCKT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 695.07
L5505	00	INIT AK-DISRTC I	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 941.31
L5510	00	PREP BK PTB SCKT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 787.91
L5520	00	PREP BK PTB THER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 778.27
L5530	00	PREP BK PTB THER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 934.77
L5535	00	PREP BELOW KNEE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 917.76
L5540	00	PREP BK PTB LAMI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 979.54
L5560	00	PREP AK-DISARTIC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1051.85
L5570	00	PREP AK-DISRTC T	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1093.55
L5580	00	PREP AK-DISARTIC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1276.65
L5585	00	PREP AK-DISARTIC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1384.68
L5590	00	PREP AK-DISARTC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1300.99
L5595	00	PREP HIP DISARTC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2179.12
L5600	00	PREP HIP DISARTC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2406.40
L5610	00	ADD LW EXTRM END	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1120.48
L5611	00	ADD LW EXT AK-DI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 871.96
L5613	00	ADD LW EXT AK-DS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1326.30
L5614	00	ADD LW EXT AK-DS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 820.56
L5616	00	ADD LW EXT AK UN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 735.02
L5617	00	ADD LW EXTREM QU	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 273.82
L5618	00	ADD LOW EXTREM T	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 152.20
L5620	00	ADD LOW EXTREM T	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 150.46
L5622	00	ADD LW EXTRM TST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 196.19
L5624	00	ADD LOW EXTREM T	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 196.76
L5626	00	ADD LW EXTRM TST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 258.04
L5628	00	ADD LOW EXTRM TS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 261.30

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L5629	00	ADD LW EXTRM BEL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 171.99
L5630	00	ADD LW EXT SYMS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 242.88
L5631	00	ADD LW EXT ABVE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 237.79
L5632	00	ADD LW EXT SYMS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 120.17
L5634	00	ADD LW EXT SYMS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 164.63
L5636	00	ADD LW EXT SYMS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 137.90
L5637	00	ADD LOW EXTREM B	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 156.34
L5638	00	ADD LW EXTRM BEL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 263.38
L5639	00	ADD LOW EXTREM B	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 606.77
L5640	00	ADD LW EXT KNEE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 346.06
L5642	00	ADD LW EXTRM ABV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 335.30
L5643	00	ADD LW XTRM HIP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 842.33
L5644	00	ADD LOW EXTREM A	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 319.65
L5645	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 431.81
L5646	00	ADD LOW EXT BELO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 296.53
L5647	00	ADD LOW EXTRM BE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 430.49
L5648	00	ADD LOW EXT ABOV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 356.31
L5649	00	ADD LW EXT ISCHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1030.40
L5650	00	ADD LW EXTRM TOT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 264.20
L5651	00	ADD LW EXTRM AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 649.93
L5652	00	ADD LW EXTRM SUC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 235.95
L5653	00	ADD LW EXT KNEE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 314.97
L5654	00	ADD LOW EXTREM S	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 179.48
L5655	00	ADD LOW EXTRM SO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 143.55
L5656	00	ADD LW EXT SOCKT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 200.75
L5658	00	ADD LOW EXTRM SO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 196.78
L5661	00	ADD LW EXT INSRT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 329.34
L5665	00	ADD LW EXT INSRT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 277.10
L5666	00	ADD LOW EXTREM B	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 37.88
L5668	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 54.65
L5670	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 146.85
L5671	00	ADD LW EXTRM BK/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 269.20
L5672	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 161.38
L5673	00	ADD LW EXT BK/AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 361.63
L5676	00	ADD LW EXT BK KN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 196.11
L5677	00	ADD LW EXT BK KN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 266.84
L5678	00	ADD LW EXT BELW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 21.49
L5679	00	ADD LW EXT BK/AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 301.35
L5680	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 164.72
L5681	00	ADD LW EXT BK/AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 639.80
L5682	00	ADD LW EXT BK TH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 338.45
L5683	00	ADD LW EXT BK/AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 639.80
L5684	00	ADD LOW EXTREM B	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 26.05
L5685	00	ADD LOW EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 62.28
L5686	00	ADD LOW EXTREM B	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 27.65
L5688	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 33.06
L5690	00	ADD LW EXTRM BK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 52.96
L5692	00	ADD LW EXTRM AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 71.92
L5694	00	ADD LW EXTRM AK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 98.18
L5695	00	ADD LW EXT AK PE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 88.26
L5696	00	ADD LW EXTRM AK/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 100.13
L5697	00	ADD LW EXTRM AK/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 43.45
L5698	00	ADD LW EXTRM AK/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 56.45

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L5699	00	ALL LOW EXTREM P	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 100.91
L5700	00	REPLCMT SOCKT BE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1482.08
L5701	00	REPL SCKT AK/DIS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1840.13
L5702	00	REPL SCKT HIP DI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2351.30
L5703	00	ANKLE SYMES MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1132.10
L5704	00	CUSTOM SHAP PROT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 284.96
L5705	00	CUSTOM SHAP PROT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 502.73
L5706	00	CUSTOM SHAPED CO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 493.21
L5707	00	CUSTOM SHAPED CO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 669.48
L5710	00	ADD EXOSKL KNEE-	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 194.65
L5711	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 282.59
L5712	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 233.20
L5714	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 226.37
L5716	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 394.45
L5718	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 493.01
L5722	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 488.63
L5724	00	ADD KNEE-SHIN 1	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 816.88
L5726	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 941.44
L5728	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1287.77
L5780	00	ADD EXO KNEE-SHI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 619.61
L5781	00	ADD LW LIMB PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1945.66
L5782	00	ADD LW LIMB PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2051.16
L5785	00	ADD EXOSKEL BELW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 281.18
L5790	00	ADD EXOSKEL ABVE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 389.13
L5795	00	ADD EXOSKEL HIP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 581.08
L5810	00	ADD ENDOSKEL KNE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 263.49
L5811	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 394.70
L5812	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 305.93
L5814	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1805.95
L5816	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 460.25
L5818	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 519.72
L5822	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 921.60
L5824	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 829.96
L5826	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1528.10
L5828	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1528.30
L5830	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1026.93
L5840	00	ADD ENDO KNEE-SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1834.32
L5845	00	ADD ENDOSKL KNEE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 871.58
L5848	00	ADD ENDOSKEL KNE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 522.89
L5850	00	ADD ENDO AK/HIP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 69.23
L5855	00	ADD ENDO HIP DIS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 167.14
L5856	00	ADD LOW EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 11690.25
L5857	00	ADD LOW EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4159.04
L5858	00	ADD LW EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 9037.45
L5910	00	ADD ENDOSKEL BEL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 196.01
L5920	00	ADD ENDOSKEL AK/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 287.15
L5925	00	ADD ENDO AK/HIP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 181.84
L5930	00	ADD ENDO HI ACTV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1647.23
L5940	00	ADD ENDOSKEL BEL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 271.47
L5950	00	ADD ENDOSKEL ABV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 421.06
L5960	00	ADD ENDOSKL HIP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 521.74
L5961	00	ADD ENDO SYS POL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2313.71
L5962	00	ADD ENDO BK FLXI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 318.11

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L5964	00	ADD ENDO AK FLXB	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 506.84
L5966	00	ADD ENDO HIP DIS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 645.84
L5968	00	ADD LW LIMB PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1767.07
L5970	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 109.91
L5971	00	ALL LOWER EXTREM	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 109.91
L5972	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 190.73
L5973	00	ENDOSKEL ANK FOO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 8485.85
L5974	00	ALL LW EXTRM PRS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 126.11
L5975	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 225.44
L5976	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 303.08
L5978	00	ALL LW EXTRM PRS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 157.94
L5979	00	ALL LW XTRM PRST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1234.87
L5980	00	ALL LOW EXTREM P	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2006.59
L5981	00	ALL LOW EXTRM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1558.73
L5982	00	ALL EXOSKL LW XT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 312.87
L5984	00	ALL ENDOSKEL LOW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 308.30
L5985	00	ALL ENDOSKL LW X	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 138.19
L5986	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 342.95
L5987	00	ALL LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3498.11
L5988	00	ADD LW LMB PRSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 971.42
L5990	00	ADD LW EXTRM PRO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 882.19
L6000	00	PARTIAL HAND THU	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 719.08
L6010	00	PARTIAL HAND LIT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 800.21
L6020	00	PARTIAL HAND NO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 746.08
L6025	00	TRANSCARPAL/MC/P	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3891.32
L6050	00	WRST DSRTC MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1028.06
L6055	00	WRST DSRTC MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1432.85
L6100	00	BELW ELB MOLD SO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1041.59
L6110	00	BELOW ELBOW MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1104.77
L6120	00	BELW ELB STEP-UP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1287.46
L6130	00	BELW ELB STMP AC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1400.99
L6200	00	ELB DSRTC MOLD S	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1476.42
L6205	00	ELB DSRTC MOLD S	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1970.79
L6250	00	ABOVE ELB INTERN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1453.29
L6300	00	SHLDR DISARTC IN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2016.28
L6310	00	SHOULDER DISARTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1642.31
L6320	00	SHOULDER DISARTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 924.86
L6350	00	INTRSCAP THOR IN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2119.82
L6360	00	INTERSCAPULAR TH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1723.80
L6370	00	INTERSCAPULAR TH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1099.21
L6380	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 622.52
L6382	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 801.33
L6384	00	IMMED POSTSRG RI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1031.84
L6386	00	IMMED POSTSURG E	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 217.34
L6388	00	IMMED POSTSURG R	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 237.92
L6400	00	BE MOLD SCKT END	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1255.78
L6450	00	ELB DISARTIC MOL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1668.55
L6500	00	ABOVE ELBOW MOLD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1669.91
L6550	00	SHLDR DISARTC MO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2063.71
L6570	00	INTRSCAP THOR MO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2368.73
L6580	00	PREP WRST DISART	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 845.97
L6582	00	PREP WRST DISART	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 744.85
L6584	00	PREP ELB DISARTC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1107.72

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L6586	00	PREP ELB DISARTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1019.30
L6588	00	PREP SHLDR DISRT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1529.69
L6590	00	PREP SHLDR DSRTC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1423.83
L6600	00	UP EXTREM ADD PO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 101.51
L6605	00	UPPER EXTREM ADD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 100.24
L6610	00	UP EXTRM ADD FLX	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 90.10
L6611	00	ADD UPPER EXT PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 200.21
L6615	00	UP EXTREM ADD DI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 94.01
L6616	00	UP EXT ADD-DSCNC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 35.10
L6620	00	UPPER EXT ADD FL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 164.09
L6621	00	UP EXTREM PROS A	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1112.25
L6623	00	UP EXT ADD ROTAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 347.15
L6624	00	UPPER EXTREMITY	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1831.34
L6625	00	UP EXT ADD ROTAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 287.84
L6628	00	UP EXTRM ADD QUI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 259.26
L6629	00	UP EXT ADD QUIK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 79.18
L6630	00	UP EXTREM ADD ST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 116.64
L6632	00	UP EXTREM ADD LA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 35.16
L6635	00	UPPER EXTREM ADD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 95.32
L6637	00	UP EXTREM ADD NU	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 198.72
L6638	00	UP EXT ADD PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1216.04
L6640	00	UP EXTREM ADD SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 151.60
L6641	00	UP EXTRM ADD EXC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 86.82
L6642	00	UP EXTRM ADD EXC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 117.68
L6645	00	UP EXT ADD SHLDR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 172.76
L6646	00	UP EXT ADD SHLDR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1533.70
L6647	00	UP EXTREM ADD SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 252.49
L6648	00	UP EXTREM ADD SH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1581.79
L6650	00	UP EXTRM ADD SHL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 183.19
L6655	00	UP EXTREM ADD ST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 40.66
L6660	00	UP EXTREM ADD HE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 49.67
L6665	00	UP EXTREM ADD TE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 24.92
L6670	00	UP EXTREM ADD HO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 25.96
L6672	00	UP EXT ADD HRNSS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 91.25
L6675	00	UPPER EXTREMITY	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 64.99
L6676	00	UPPER EXTREMITY	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 65.63
L6677	00	UP EXT ADD HARNE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 144.25
L6680	00	UP EXTRM ADD TST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 125.56
L6682	00	UP EXTRM ADD TST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 138.82
L6684	00	UP EXTRM ADD TST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 188.65
L6686	00	UPPER EXTREM ADD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 319.50
L6687	00	UP EXT ADD FRME	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 312.17
L6688	00	UP EXT ADD FRME	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 286.69
L6689	00	UP EXT ADD FRAME	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 364.66
L6690	00	UP EXT ADD FRAME	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 372.13
L6691	00	UPPER EXTREM ADD	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 186.82
L6692	00	UP EXTREM ADD SI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 302.65
L6693	00	UP EXT ADD LOCK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1380.52
L6694	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 361.63
L6695	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 301.35
L6696	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 639.80
L6697	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 639.80
L6698	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 269.20

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L6703	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 175.94
L6704	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 316.94
L6706	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 188.84
L6707	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 696.01
L6708	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 452.69
L6709	00	TERMINAL DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 655.67
L6711	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 326.93
L6712	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 601.94
L6713	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 759.70
L6714	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 643.46
L6721	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1143.70
L6722	00	TERMINAL DEVICE,	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 985.95
L6805	00	ADDITION TERMINA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 184.13
L6810	00	ADDITION TERMINA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 100.95
L6881	00	AUTOMATIC GRASP	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1987.99
L6882	00	MICRPROCSS CNTRL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1507.99
L6883	00	REPL SOCKET BE/W	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 858.81
L6884	00	REPL SOCKET ABOV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1208.22
L6885	00	REPL SOCKET SD/I	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1723.80
L6890	00	ADD UP EXT PROST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 92.05
L6895	00	ADD UP EXT PROST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 302.20
L6900	00	HND REST PART W/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 817.45
L6905	00	HND REST PART HN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 794.59
L6910	00	HND REST PART HN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 774.09
L6915	00	HAND REST REPLCM	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 338.80
L6920	00	WRST DISARTC OTT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3611.78
L6925	00	WRST DSRTC OTTO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4169.75
L6930	00	BELW ELB OTTO BO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3634.18
L6935	00	BELW ELB OTTO BO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4247.81
L6940	00	ELB DISRTC OTTO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4748.29
L6945	00	ELB DISRTC OTTO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 5524.08
L6950	00	ABVE ELB OTTO BO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 5397.10
L6955	00	ABVE ELB OTTO BO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 6463.76
L6960	00	SHLDR DSRTC OTTO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 6519.19
L6965	00	SHLDR DSRTC OTTO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 7670.13
L6970	00	INTERSCAP-THOR O	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 7893.27
L6975	00	INTERSCAP-THOR O	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 8648.52
L7007	00	ELECTRIC HAND SW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1862.29
L7008	00	ELECTRIC HAND SW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2931.04
L7009	00	ELECTRIC HOOK SW	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1900.12
L7040	00	PREHENSILE ACTUA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1525.72
L7045	00	ELEC HOOK SWITCH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 874.75
L7170	00	ELEC ELB HOSMER/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3173.29
L7180	00	ELEC ELB MICROPR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 17679.22
L7181	00	ELEC ELB MICROPR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 19483.94
L7185	00	ELEC ELB ADOLES	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3213.38
L7186	00	ELEC ELB CHLD VR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4787.15
L7190	00	ELEC ELB ADOLES	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4088.42
L7191	00	ELEC ELB CHLD VR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 5002.30
L7260	00	ELEC WRIST ROTAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1065.08
L7261	00	ELECTRONIC WRIST	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1938.86
L7360	00	SIX VOLT BATTERY	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 123.07
L7362	00	BATTERY CHARGER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 135.59

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L7364	00	TWELVE VOLT BATT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 215.65
L7366	00	BATTERY CHARGER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 290.49
L7367	00	LITHIUM ION BATT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 189.32
L7368	00	LITHIUM ION BATT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 245.42
L7400	00	ADD UP EXTREM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 149.04
L7401	00	ADD UP EXTREM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 166.84
L7402	00	ADD UP EXT PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 180.18
L7403	00	ADD UP EXTREM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 179.08
L7404	00	ADD UP EXTREM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 270.28
L7405	00	ADD UP EXTREM PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 353.48
L7520	00	REPAIR PROSTHETI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 16.28
L7900	00	MALE VACUUM EREC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 260.78
L8000	00	BREAST PROSTHESI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 19.76
L8001	00	BREAST PROSTHES	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 60.99
L8002	00	BREAST PROSTHES	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 80.23
L8010	00	BREAST PROSTHESI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 17.26
L8015	00	EXT BREAST PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 29.21
L8020	00	BREAST PROSTHESI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 108.57
L8030	00	BREAST PROSTH SI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 170.74
L8031	00	BREAST PROSTHESI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 170.74
L8032	00	NIPPLE PROSTHESI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 19.09
L8035	00	CSTM BRST PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1781.51
L8040	00	NASL PROSTH PROV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1204.37
L8040	KM	NASL PROSTH PROV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1144.16
L8040	KN	NASL PROSTH PROV	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 481.75
L8041	00	MIDFCE PROSTH PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1451.68
L8041	KM	MIDFCE PROSTH PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1379.09
L8041	KN	MIDFCE PROSTH PR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 580.67
L8042	00	ORB PROSTH PROVI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1631.10
L8042	KM	ORB PROSTH PROVI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1549.54
L8042	KN	ORB PROSTH PROVI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 652.44
L8043	00	UPPER FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1826.83
L8043	KM	UPPER FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1735.49
L8043	KN	UPPER FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 730.73
L8044	00	HEMI-FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2022.56
L8044	KM	HEMI-FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1921.43
L8044	KN	HEMI-FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 809.03
L8045	00	AURICULAR PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1330.85
L8045	KM	AURICULAR PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1264.31
L8045	KN	AURICULAR PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 532.34
L8046	00	PART FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1304.88
L8046	KM	PART FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1239.64
L8046	KN	PART FCE PROSTH	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 521.95
L8047	00	NASL SEPTAL PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 668.75
L8047	KM	NASL SEPTAL PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 635.32
L8047	KN	NASL SEPTAL PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 267.50
L8049	00	REPAIR MAXILLOFA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 13.25
L8300	00	TRUSS SINGLE WIT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 45.65
L8310	00	TRUSS DOUBLE WIT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 72.08
L8320	00	TRUSS ADDITION S	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 28.93
L8330	00	TRUSS ADD STANDA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 26.72
L8400	00	PROSTHETIC SHEAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 8.52
L8410	00	PROSTHETIC SHEAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 11.21

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L8415	00	PROSTHETIC SHEAT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 11.60
L8417	00	PROS SHEATH/SOCK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 36.55
L8420	00	PROSTHETIC SOCK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 10.52
L8430	00	PROSTHETIC SOCK	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 11.98
L8435	00	PROSTH SOCK MX P	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 11.38
L8440	00	PROSTHETIC SHRIN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 22.63
L8460	00	PROSTHETIC SHRIN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 36.07
L8465	00	PROSTHETIC SHRIN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 26.40
L8470	00	PROSTH SOCK 1 PL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3.61
L8480	00	PROSTH SOCK 1 PL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4.98
L8485	00	PROSTH SOCK 1 PL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 6.02
L8500	00	ARTIFICIAL LARYN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 357.17
L8501	00	TRACHEOSTOMY SPE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 65.38
L8507	00	TRACHEO-ESOPH VO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 20.37
L8509	00	TRACHEO-ESOPH VO	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 53.11
L8510	00	VOICE AMPLIFIER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 122.87
L8511	00	INSRT INDWLL TRA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 35.37
L8512	00	GELATIN CAPS/EQU	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1.06
L8513	00	CLEANING DEVC US	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2.53
L8514	00	TRACHEOESOPH PUN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 45.86
L8515	00	GELATIN CAP APPL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 30.70
L8600	00	IMPL BREAST PROS	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 337.94
L8603	00	INJ COLL IMPL UR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 213.41
L8606	00	INJ SYNTH IMPL U	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 107.02
L8609	00	ARTIFICIAL CORNE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3169.06
L8610	00	OCULAR IMPLANT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 316.77
L8612	00	AQUEOUS SHUNT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 329.06
L8613	00	OSSICULA IMPLANT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 139.16
L8614	00	COCHLEAR DEVICE	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 9405.62
L8615	00	HEADSET/HEADPIEC	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 219.37
L8616	00	MICROPHONE COCHL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 51.10
L8617	00	TRANSMITTING COI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 44.63
L8618	00	TRANSMITTER CABL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 12.75
L8619	00	COCHLEAR IMPL EX	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4037.26
L8621	00	ZINC AIR BATTERY	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 0.30
L8622	00	ALKALIN BATTRY C	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 0.16
L8623	00	LITHIUM ION BATT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 31.46
L8624	00	LITHIUM ION BATT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 78.43
L8627	00	COCHLEAR IMPL EX	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 3428.69
L8628	00	COCHLEAR IMPLANT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 608.57
L8629	00	TRANSMITTING COI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 87.09
L8630	00	METACARPOPHALANG	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 182.33
L8631	00	MPJ REPLCMT TWO/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1070.11
L8641	00	METATARSAL JOINT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 189.44
L8642	00	HALLUX IMPLANT	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 153.66
L8658	00	INTERPHALANGEAL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 165.17
L8659	00	IP FNGR JNT REPL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 938.59
L8670	00	VASC GRAFT MATER	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 271.13
L8680	00	IMPLANTABLE NEUR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 225.95
L8681	00	PATIENT PROGRAMM	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 583.84
L8682	00	IMPLANTABLE NEUR	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2932.54
L8683	00	RF TRNSMT USE W/	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2581.31
L8684	00	RF TRNSMT BOWEL	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 368.52

Default Percent of Eligible Charges: 40.00%
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Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
L8685	00	IMPLANT NEUROSTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 6432.47
L8686	00	IMPLANT NEUROSTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 4104.43
L8687	00	IMPLANT NEUROSTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 8371.22
L8688	00	IMPLANT NEUROSTI	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 5341.51
L8689	00	EXTERNAL RECHARG	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 839.00
L8690	00	AUDITORY OSSEOIN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 2313.85
L8691	00	AUDITORY OSSEOIN	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 1296.99
L8693	00	AUD OSSEOINTEGRA	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 736.79
L8695	00	EXTERNAL RECHARG	DME & SUPPLIES - PROSTHETICS	NonFacility	$ 8.11
M0064	00	BRF OV MON/CHANG	MEDICINE - OTHER	NonFacility	$ 71.37
P2038	00	MUCOPROTEIN BLOO	CLINICAL LABORATORY	NonFacility	$ 3.02
P3000	00	SCR PAP SMER UP	CLINICAL LABORATORY	NonFacility	$ 6.35
P3001	00	SCR PAP SMER UP	LAB - PATHOLOGY	NonFacility	$ 16.81
P7001	00	CULT BACTERL URI	CLINICAL LABORATORY	NonFacility	$ 7.90
P9010	00	BLOOD FOR TRANSF	MEDICINE - OTHER	NonFacility	$ 73.81
P9011	00	BLOOD SPLIT UNIT	MEDICINE - OTHER	NonFacility	$ 105.53
P9041	00	INFUSION ALBUMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 9.55
P9043	00	INFUS PLASMA PRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.33
P9045	00	INFUSION ALBUMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 47.73
P9046	00	INFUSION ALBUMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 19.68
P9047	00	INFUSION ALBUMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 49.20
P9048	00	INFUS PLASMA PRO	INJECTABLES/OTHER DRUGS	NonFacility	$ 41.67
P9603	00	TRAVEL ALLOWANCE	MEDICINE - OTHER	NonFacility	$ 1.57
P9604	00	TRAVL 1 WAY NEC	MEDICINE - OTHER	NonFacility	$ 15.72
P9612	00	CATH CLCT SPEC 1	CLINICAL LABORATORY	NonFacility	$ 1.26
P9615	00	CATHETERIZATION	CLINICAL LABORATORY	NonFacility	$ 1.26
Q0035	00	CARDIOKYMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 31.12
Q0035	26	CARDIOKYMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 14.05
Q0035	TC	CARDIOKYMOGRAPHY	MEDICINE - OTHER	NonFacility	$ 17.07
Q0081	00	INFUSION THERAPY	MEDICINE - OTHER	NonFacility	$ 42.98
Q0083	00	CHEMO ADMIN BY O	MEDICINE - OTHER	NonFacility	$ 79.39
Q0084	00	CHEMO ADMIN BY	MEDICINE - OTHER	NonFacility	$ 164.09
Q0091	00	SCR PAP SMER; OB	CLINICAL LABORATORY	NonFacility	$ 17.50
Q0092	00	SET-UP PORTABLE	MEDICINE - OTHER	NonFacility	$ 30.51
Q0111	00	WET MOUNTS W/PRE	OFFICE LAB	NonFacility	$ 3.67
Q0112	00	ALL K+ HYDROXIDE	OFFICE LAB	NonFacility	$ 3.67
Q0113	00	PINWORM EXAMINAT	OFFICE LAB	NonFacility	$ 4.65
Q0114	00	FERN TEST	OFFICE LAB	NonFacility	$ 6.14
Q0115	00	POST-COITAL DIRE	OFFICE LAB	NonFacility	$ 8.51
Q0138	00	INJ FERUMOXYTOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.64
Q0139	00	INJ FERUMOXYTOL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.64
Q0144	00	AZITHROMYCIN DIH	INJECTABLES/OTHER DRUGS	NonFacility	$ 18.27
Q0162	00	ONDANSETRON 1 MG	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.07
Q0163	00	DIPHENHYDRAMINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.02
Q0164	00	PROCHLORPERAZINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.06
Q0165	00	PROCHLORPERAZINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.06
Q0166	00	GRANISETRON HCL	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.26
Q0167	00	DRONABINOL 2.5 M	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.89
Q0168	00	DRONABINOL 5 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.66
Q0169	00	PROMETHAZINE HCL	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.09
Q0170	00	PROMETHAZINE HYD	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.07
Q0171	00	CHLORPROMAZINE H	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.84
Q0172	00	CHLORPROMAZINE H	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.80

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
Q0173	00	TRIMETHOBENZAMID	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.84
Q0174	00	THIETHYLPERAZINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.63
Q0175	00	PERPHENZAINE 4 M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.89
Q0176	00	PERPHENZAINE 8MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.09
Q0177	00	HYDROXYZINE PAMO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.08
Q0178	00	HYDROXYZINE PAMO	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.10
Q0180	00	DOLASETRON MESYL	INJECTABLES/OTHER DRUGS	NonFacility	$ 66.74
Q0478	00	POWER ADAPTER EL	DME & SUPPLIES	NonFacility	$ 89.29
Q0479	00	POWER MODULE ELE	DME & SUPPLIES	NonFacility	$ 5868.64
Q0480	00	DRIVER FOR USE W	DME & SUPPLIES	NonFacility	$ 43806.71
Q0481	00	MICROPROCESSOR C	DME & SUPPLIES	NonFacility	$ 7067.71
Q0482	00	MICROPROCESSOR C	DME & SUPPLIES	NonFacility	$ 2213.74
Q0483	00	MONITOR/DISPLAY	DME & SUPPLIES	NonFacility	$ 9119.60
Q0484	00	MONITOR FOR ELEC	DME & SUPPLIES	NonFacility	$ 1771.00
Q0485	00	MONITOR CONTROL	DME & SUPPLIES	NonFacility	$ 170.99
Q0486	00	MON CNTRL CABLE	DME & SUPPLIES	NonFacility	$ 142.31
Q0487	00	LEADS FOR ANY TY	DME & SUPPLIES	NonFacility	$ 166.03
Q0489	00	POWER PACK BASE	DME & SUPPLIES	NonFacility	$ 7906.21
Q0490	00	EMERGENCY POWER	DME & SUPPLIES	NonFacility	$ 341.98
Q0491	00	EMERG POWER SRC	DME & SUPPLIES	NonFacility	$ 537.64
Q0492	00	EMERGENCY POWER	DME & SUPPLIES	NonFacility	$ 43.31
Q0493	00	EMERG PWR CABLE	DME & SUPPLIES	NonFacility	$ 123.33
Q0494	00	EMERG HAND PUMP	DME & SUPPLIES	NonFacility	$ 104.36
Q0495	00	BATT CHRGR ELEC	DME & SUPPLIES	NonFacility	$ 2031.70
Q0496	00	BATTERY NOT LITH	DME & SUPPLIES	NonFacility	$ 729.21
Q0497	00	BATT CLPS FOR EL	DME & SUPPLIES	NonFacility	$ 227.70
Q0498	00	HOLSTER FOR ELEC	DME & SUPPLIES	NonFacility	$ 249.84
Q0499	00	BELT/VEST/BAG CA	DME & SUPPLIES	NonFacility	$ 81.17
Q0500	00	FILTERS FOR ELEC	DME & SUPPLIES	NonFacility	$ 14.85
Q0501	00	SHOWER COVER ELE	DME & SUPPLIES	NonFacility	$ 248.40
Q0502	00	MOBILITY CART FO	DME & SUPPLIES	NonFacility	$ 316.24
Q0503	00	BATTERY FOR PNEU	DME & SUPPLIES	NonFacility	$ 632.50
Q0504	00	POWER ADAPTER FO	DME & SUPPLIES	NonFacility	$ 333.75
Q0506	00	BATTERY LITHIUM-	DME & SUPPLIES	NonFacility	$ 415.44
Q0510	00	PHRM SPL FEE INI	MEDICINE - OTHER	NonFacility	$ 82.72
Q0511	00	PHRM FEE O ANTI-	MEDICINE - OTHER	NonFacility	$ 39.70
Q0512	00	PHRM FEE O ANTI-	MEDICINE - OTHER	NonFacility	$ 26.47
Q0513	00	PHRM DISPENSING	MEDICINE - OTHER	NonFacility	$ 54.59
Q0514	00	PHRM DISPENSING	MEDICINE - OTHER	NonFacility	$ 109.18
Q0515	00	INJECTION SERMOR	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.80
Q2004	00	IRRIG SOL EX REN	INJECTABLES/OTHER DRUGS	NonFacility	$ 33.60
Q2009	00	INJ FOSPHENYTOIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.45
Q2017	00	INJECTION TENIPO	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 322.24
Q2035	00	INFLUENZA VACC S	IMMUNIZATIONS	NonFacility	$ 12.30
Q2036	00	INFLUENZA VACC S	IMMUNIZATIONS	NonFacility	$ 11.40
Q2037	00	INFLUENZA VACC S	IMMUNIZATIONS	NonFacility	$ 14.94
Q2038	00	INFLUENZA VACC S	IMMUNIZATIONS	NonFacility	$ 14.82
Q2039	00	INFLUENZA VACC S	IMMUNIZATIONS	NonFacility	$ 21.31
Q2043	00	SIPULEUCEL-T INC	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 32860.00
Q2045	00	INJECTION HUMAN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.97
Q2046	00	INJECTION AFLIBE	INJECTABLES/OTHER DRUGS	NonFacility	$ 980.50
Q2047	00	INJECTION PEGINE	INJECTABLES/OTHER DRUGS	NonFacility	$ 11.46
Q2048	00	INJ DOXORUBICIN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 538.79

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
Q2049	00	INJ DOXORUBICIN	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 508.44
Q3001	00	BRACHYTHERAPY RA	INJECTABLES/OTHER DRUGS	NonFacility	$ 56.83
Q3014	00	TELEHEALTH FACIL	MEDICINE - OTHER	NonFacility	$ 39.70
Q3025	00	INJECTION INTRFE	INJECTABLES/OTHER DRUGS	NonFacility	$ 250.52
Q3026	00	INJECTION INTERF	INJECTABLES/OTHER DRUGS	NonFacility	$ 129.99
Q4001	00	CAST BDY CAST AD	DME & SUPPLIES	NonFacility	$ 26.47
Q4002	00	CAST BDY CAST AD	DME & SUPPLIES	NonFacility	$ 100.05
Q4003	00	CAST SPL SHLDR C	DME & SUPPLIES	NonFacility	$ 19.01
Q4004	00	CAST SPL SHLDR C	DME & SUPPLIES	NonFacility	$ 65.83
Q4005	00	CAST SPL LONG AR	DME & SUPPLIES	NonFacility	$ 7.01
Q4006	00	CAST SPL LONG AR	DME & SUPPLIES	NonFacility	$ 15.80
Q4007	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 3.52
Q4008	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 7.90
Q4009	00	CAST SPL SHORT A	DME & SUPPLIES	NonFacility	$ 4.68
Q4010	00	CAST SPL SHRT AR	DME & SUPPLIES	NonFacility	$ 10.54
Q4011	00	CAST SPL SHORT A	DME & SUPPLIES	NonFacility	$ 2.34
Q4012	00	CAST SPL SHORT A	DME & SUPPLIES	NonFacility	$ 5.27
Q4013	00	CAST SPL GAUNTLT	DME & SUPPLIES	NonFacility	$ 8.52
Q4014	00	CAST SPL GAUNTLE	DME & SUPPLIES	NonFacility	$ 14.37
Q4015	00	CAST SPL GAUNTLT	DME & SUPPLIES	NonFacility	$ 4.26
Q4016	00	CAST SPL GAUNTLE	DME & SUPPLIES	NonFacility	$ 7.18
Q4017	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 4.93
Q4018	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 7.85
Q4019	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 2.47
Q4020	00	CAST SPL LNG ARM	DME & SUPPLIES	NonFacility	$ 3.93
Q4021	00	CAST SPL SHRT AR	DME & SUPPLIES	NonFacility	$ 3.64
Q4022	00	CAST SPL SHRT AR	DME & SUPPLIES	NonFacility	$ 6.58
Q4023	00	CAST SPL SHORT A	DME & SUPPLIES	NonFacility	$ 1.84
Q4024	00	CAST SPL SHRT AR	DME & SUPPLIES	NonFacility	$ 3.29
Q4025	00	CAST SPL HIP SPI	DME & SUPPLIES	NonFacility	$ 20.44
Q4026	00	CAST SPL HIP SPI	DME & SUPPLIES	NonFacility	$ 63.82
Q4027	00	CAST SPL HIP SPI	DME & SUPPLIES	NonFacility	$ 10.22
Q4028	00	CAST SPL HIP SPI	DME & SUPPLIES	NonFacility	$ 31.91
Q4029	00	CAST SPL LONG LE	DME & SUPPLIES	NonFacility	$ 15.63
Q4030	00	CAST SPL LONG LE	DME & SUPPLIES	NonFacility	$ 41.15
Q4031	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 7.82
Q4032	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 20.57
Q4033	00	CAST LNG LEG CYC	DME & SUPPLIES	NonFacility	$ 14.58
Q4034	00	CAST LNG LEG CYC	DME & SUPPLIES	NonFacility	$ 36.26
Q4035	00	CAST LNG LEG CYC	DME & SUPPLIES	NonFacility	$ 7.29
Q4036	00	CAST LNG LEG CYC	DME & SUPPLIES	NonFacility	$ 18.14
Q4037	00	CAST SPL SHORT L	DME & SUPPLIES	NonFacility	$ 8.90
Q4038	00	CAST SPL SHRT LE	DME & SUPPLIES	NonFacility	$ 22.28
Q4039	00	CAST SPL SHORT L	DME & SUPPLIES	NonFacility	$ 4.46
Q4040	00	CAST SPL SHORT L	DME & SUPPLIES	NonFacility	$ 11.14
Q4041	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 10.81
Q4042	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 18.46
Q4043	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 5.41
Q4044	00	CAST SPL LNG LEG	DME & SUPPLIES	NonFacility	$ 9.23
Q4045	00	CAST SPL SHRT LE	DME & SUPPLIES	NonFacility	$ 6.28
Q4046	00	CAST SPL SHRT LE	DME & SUPPLIES	NonFacility	$ 10.10
Q4047	00	CAST SPL SHORT L	DME & SUPPLIES	NonFacility	$ 3.13
Q4048	00	CAST SPL SHRT LE	DME & SUPPLIES	NonFacility	$ 5.05

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
Q4049	00	FINGER SPLINT ST	DME & SUPPLIES	NonFacility	$ 1.15
Q4074	00	ILOPROST INHAL S	INJECTABLES/OTHER DRUGS	NonFacility	$ 68.90
Q4081	00	INJ EPOETIN ALFA	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.98
Q4101	00	APLIGRAF PER SQ	INJECTABLES/OTHER DRUGS	NonFacility	$ 36.56
Q4102	00	OASIS WOUND MATR	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.41
Q4103	00	OASIS BURN MATRI	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.41
Q4104	00	INTEGRA BILAYER	INJECTABLES/OTHER DRUGS	NonFacility	$ 18.87
Q4105	00	INTEGRA DERMAL R	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.19
Q4106	00	DERMAGRAFT PER S	INJECTABLES/OTHER DRUGS	NonFacility	$ 41.31
Q4107	00	GRAFTJACKET PER	INJECTABLES/OTHER DRUGS	NonFacility	$ 95.01
Q4108	00	INTEGRA MATRIX P	INJECTABLES/OTHER DRUGS	NonFacility	$ 26.96
Q4110	00	PRIMATRIX PER SQ	INJECTABLES/OTHER DRUGS	NonFacility	$ 31.49
Q4111	00	GAMMAGRAFT PER S	INJECTABLES/OTHER DRUGS	NonFacility	$ 7.05
Q4112	00	CYMETRA INJECTAB	INJECTABLES/OTHER DRUGS	NonFacility	$ 163.52
Q4113	00	GRAFTJACKET XPRE	INJECTABLES/OTHER DRUGS	NonFacility	$ 276.34
Q4114	00	ALLOGRAFT, INTEG	INJECTABLES/OTHER DRUGS	NonFacility	$ 1101.34
Q4115	00	ALLOSKIN PER SQ	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.19
Q4116	00	ALLODERM PER SQ	INJECTABLES/OTHER DRUGS	NonFacility	$ 32.30
Q4118	00	MATRISTEM MICROM	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.70
Q4119	00	MATRISTEM WOUND	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.18
Q4124	00	OASIS ULTRA TRI-	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.60
Q9951	00	LOW OSM CONTRST	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.50
Q9953	00	INJECTION IRONBA	INJECTABLES/OTHER DRUGS	NonFacility	$ 62.05
Q9954	00	ORAL MAGNETIC RE	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.52
Q9955	00	INJECTION PERFLE	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.25
Q9956	00	INJECTION OCTAFL	INJECTABLES/OTHER DRUGS	NonFacility	$ 40.21
Q9957	00	INJECTION PERFLU	INJECTABLES/OTHER DRUGS	NonFacility	$ 60.32
Q9958	00	HIGH OSM CONTRST	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.08
Q9960	00	HI OSM CONTRST M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.14
Q9961	00	HI OSM CONTRST M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.18
Q9962	00	HI OSM CONTRST M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.18
Q9963	00	HI OSM CONTRST M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.20
Q9964	00	HIGH OSM CONTRST	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.39
Q9965	00	LOCM 100-199 MG/	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.94
Q9966	00	LOCM 200-299 MG/	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.27
Q9967	00	LOCM 300-399 MG/	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.16
Q9968	00	INJ NONRADIATIVE	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.56
R0070	00	TRANS PRTBL XRAY	MEDICINE - OTHER	NonFacility	$ 286.19
R0075	00	TRANS PRTBL XRAY	MEDICINE - OTHER	NonFacility	$ 292.91
R0076	00	TRANS PRTBLE EKG	MEDICINE - OTHER	NonFacility	$ 53.07
S0012	00	Butorphanol tart	INJECTABLES/OTHER DRUGS	NonFacility	$ 25.46
S0014	00	Tacrine hydrochl	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.33
S0017	00	Injection, amino	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.58
S0020	00	Injection, bupiv	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.36
S0021	00	Injection, cefop	INJECTABLES/OTHER DRUGS	NonFacility	$ 18.00
S0023	00	Injection, cimet	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.39
S0028	00	Injection, famot	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.90
S0030	00	Injection, metro	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.95
S0032	00	Injection, nafci	INJECTABLES/OTHER DRUGS	NonFacility	$ 23.11
S0034	00	Injection, oflox	INJECTABLES/OTHER DRUGS	NonFacility	$ 26.40
S0039	00	Injection, sulfa	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.46
S0040	00	Injection, ticar	INJECTABLES/OTHER DRUGS	NonFacility	$ 13.33
S0073	00	Injection, aztre	INJECTABLES/OTHER DRUGS	NonFacility	$ 14.50

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
S0074	00	Injection, cefot	INJECTABLES/OTHER DRUGS	NonFacility	$ 6.03
S0077	00	Injection, clind	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.68
S0078	00	Injection, fosph	INJECTABLES/OTHER DRUGS	NonFacility	$ 10.71
S0080	00	Injection, penta	INJECTABLES/OTHER DRUGS	NonFacility	$ 79.00
S0081	00	Injection, piper	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.74
S0088	00	IMATINIB 100 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 53.83
S0090	00	Sildenafil citra	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.43
S0091	00	TEST GRANISETRON	INJECTABLES/OTHER DRUGS	NonFacility	$ 16.48
S0092	00	INJECTION HYDROM	INJECTABLES/OTHER DRUGS	NonFacility	$ 95.67
S0093	00	INJECTION MORPHI	INJECTABLES/OTHER DRUGS	NonFacility	$ 4.34
S0104	00	ZIDOVUDINE ORAL	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.97
S0106	00	BUPROPION HCI SU	INJECTABLES/OTHER DRUGS	NonFacility	$ 41.31
S0108	00	MERCAPTOPURINE O	INJECTABLES/OTHER DRUGS	NonFacility	$ 2.10
S0109	00	METHADONE ORAL 5	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.10
S0117	00	TRETINOIN TOPICA	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.45
S0119	00	ONDANSETRON ORAL	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.88
S0122	00	INJECTION MENOTR	INJECTABLES/OTHER DRUGS	NonFacility	$ 103.99
S0126	00	INJECTION FOLLIT	INJECTABLES/OTHER DRUGS	NonFacility	$ 110.00
S0128	00	INJECTION FOLLIT	INJECTABLES/OTHER DRUGS	NonFacility	$ 97.19
S0132	00	INJECTION GANIRE	INJECTABLES/OTHER DRUGS	NonFacility	$ 109.32
S0136	00	CLOZAPINE 25 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.65
S0137	00	DIDANOSINE 25 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.56
S0138	00	FINASTERIDE 5 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.09
S0139	00	MINOXIDIL 10 MG	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.46
S0140	00	SAQUINAVIR 200 M	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.95
S0142	00	COLISTMTHATE SOD	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.38
S0145	00	INJ PEGYLATED IN	INJECTABLES/OTHER DRUGS	NonFacility	$ 616.89
S0148	00	INJECTION PEGYLA	INJECTABLES/OTHER DRUGS	NonFacility	$ 114.96
S0155	00	Epoprostenol dil	INJECTABLES/OTHER DRUGS	NonFacility	$ 14.08
S0156	00	Exemestane, 25 m	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 6.44
S0157	00	Becaplermin gel	INJECTABLES/OTHER DRUGS	NonFacility	$ 20.88
S0160	00	DEXTROAMPHETAMIN	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.23
S0164	00	INJECTION PANTOP	INJECTABLES/OTHER DRUGS	NonFacility	$ 5.00
S0166	00	INJECTION OLANZA	INJECTABLES/OTHER DRUGS	NonFacility	$ 8.30
S0169	00	CALCITROL 0.25 M	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.70
S0170	00	Anastrozole 1 mg	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.57
S0171	00	Bumetanide 0.5 m	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.88
S0172	00	Chlorambucil 2 m	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 4.64
S0174	00	Dolasetron 50 mg	INJECTABLES/OTHER DRUGS	NonFacility	$ 47.93
S0175	00	Flutamide 125 mg	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.50
S0176	00	Hydroxyurea 500	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.56
S0177	00	Levamisole 50 mg	INJECTABLES/OTHER DRUGS	NonFacility	$ 3.74
S0178	00	Lomustine 10 mg	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 8.82
S0179	00	Megestrol 20 mg	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.29
S0182	00	Procarbazine 5 m	INJECTABLES/OTHER DRUGS	NonFacility	$ 48.80
S0183	00	Prochlorperazine	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.20
S0187	00	Tamoxifen 10 mg	INJECTABLES-ONCOLOGY/THERAPEUTIC CHEMO DRUGS	NonFacility	$ 0.38
S0189	00	Testosterone pel	INJECTABLES/OTHER DRUGS	NonFacility	$ 77.00
S0190	00	Mifepristone, or	INJECTABLES/OTHER DRUGS	NonFacility	$ 76.20
S0191	00	Misoprostol, ora	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.97
S0194	00	DIALYSIS/STRESS	INJECTABLES/OTHER DRUGS	NonFacility	$ 16.99
S0195	00	PNEUMCOCCL CONJU	INJECTABLES/OTHER DRUGS	NonFacility	$ 83.88
S1090	00	MOMETASONE FUROA	INJECTABLES/OTHER DRUGS	NonFacility	$ 736.70

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

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Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Representative Fee Schedule Sample: as of 09/01/2012
Report Date: 08/31/2012

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
S4989	00	Contracept IUD	INJECTABLES/OTHER DRUGS	NonFacility	$ 780.63
S4993	00	CONTRACEPTIVE PI	INJECTABLES/OTHER DRUGS	NonFacility	$ 1.27
S5550	00	Insulin, rapid o	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.33
S5551	00	Insulin, most ra	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.61
S5552	00	Insulin, interme	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.33
S5553	00	Insulin, long ac	INJECTABLES/OTHER DRUGS	NonFacility	$ 0.59
V2020	00	FRAMES PURCHASES	DME & SUPPLIES	NonFacility	$ 33.93
V2100	00	SPHER 1 VISN PLA	DME & SUPPLIES	NonFacility	$ 21.20
V2101	00	SPHER 1 VISN +/-	DME & SUPPLIES	NonFacility	$ 22.34
V2102	00	SPHER 1 VISN +/-	DME & SUPPLIES	NonFacility	$ 31.42
V2103	00	1 VISN PLANO-+/-	DME & SUPPLIES	NonFacility	$ 18.41
V2104	00	1 VISN PLANO-+/-	DME & SUPPLIES	NonFacility	$ 20.38
V2105	00	1 VISN PLANO-+/-	DME & SUPPLIES	NonFacility	$ 22.19
V2106	00	1 VISN PLANO-+/-	DME & SUPPLIES	NonFacility	$ 24.63
V2107	00	1 VISN +/-4.25-+	DME & SUPPLIES	NonFacility	$ 23.42
V2108	00	1 VSN +/-4.25D-+	DME & SUPPLIES	NonFacility	$ 24.25
V2109	00	1 VISN+/- 4.25-+	DME & SUPPLIES	NonFacility	$ 26.83
V2110	00	1 VISN +/- 4.25-	DME & SUPPLIES	NonFacility	$ 26.48
V2111	00	1 VISN +/-7.25-+	DME & SUPPLIES	NonFacility	$ 27.60
V2112	00	1 VSN +/-7.25-+/	DME & SUPPLIES	NonFacility	$ 30.13
V2113	00	1 VISN +/-7.25-+	DME & SUPPLIES	NonFacility	$ 33.95
V2114	00	1 VISN SPHERE >+	DME & SUPPLIES	NonFacility	$ 36.79
V2115	00	LENTICULAR PER L	DME & SUPPLIES	NonFacility	$ 40.04
V2118	00	ANISEIKONIC LENS	DME & SUPPLIES	NonFacility	$ 39.69
V2121	00	LENTICULAR LENS	DME & SUPPLIES	NonFacility	$ 40.97
V2200	00	SPHERE BIFOCL PL	DME & SUPPLIES	NonFacility	$ 27.74
V2201	00	SPHERE BIFOCL +/	DME & SUPPLIES	NonFacility	$ 30.24
V2202	00	SPHERE BIFOCL +/	DME & SUPPLIES	NonFacility	$ 35.59
V2203	00	BIFOCL PLANO-+/-	DME & SUPPLIES	NonFacility	$ 27.99
V2204	00	BIFOCL PLANO-+/-	DME & SUPPLIES	NonFacility	$ 29.26
V2205	00	BIFOCL PLANO-+/-	DME & SUPPLIES	NonFacility	$ 31.64
V2206	00	BIFOCL PLANO-+/-	DME & SUPPLIES	NonFacility	$ 33.99
V2207	00	BIFOCL +/-4.25-+	DME & SUPPLIES	NonFacility	$ 30.92
V2208	00	BIFOCL +/-4.25-+	DME & SUPPLIES	NonFacility	$ 32.45
V2209	00	BIFOCL +/-4.25-+	DME & SUPPLIES	NonFacility	$ 34.94
V2210	00	BIFOCL +/-4.25-+	DME & SUPPLIES	NonFacility	$ 38.54
V2211	00	BIFOCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 39.97
V2212	00	BIFOCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 41.27
V2213	00	BIFOCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 41.69
V2214	00	BIFOCL SPHER OVR	DME & SUPPLIES	NonFacility	$ 45.32
V2215	00	LENTICULAR PER L	DME & SUPPLIES	NonFacility	$ 46.00
V2218	00	ANISEIKONIC PER	DME & SUPPLIES	NonFacility	$ 54.74
V2219	00	BIFOCAL SEG WIDT	DME & SUPPLIES	NonFacility	$ 24.10
V2220	00	BIFOCAL ADD OVER	DME & SUPPLIES	NonFacility	$ 19.54
V2221	00	LENTICULAR LENS	DME & SUPPLIES	NonFacility	$ 47.80
V2300	00	SPHERE TRIFOCL +	DME & SUPPLIES	NonFacility	$ 35.32
V2301	00	SPHERE TRIFOCL +	DME & SUPPLIES	NonFacility	$ 41.63
V2302	00	SPHER TRIFOCL +/	DME & SUPPLIES	NonFacility	$ 44.38
V2303	00	TRIFOCL PLANO +/	DME & SUPPLIES	NonFacility	$ 34.76
V2304	00	TRIFOCL PLANO +/	DME & SUPPLIES	NonFacility	$ 36.37
V2305	00	TRIFOCL PLANO +/	DME & SUPPLIES	NonFacility	$ 42.14
V2306	00	TRIFOCL PLANO +/	DME & SUPPLIES	NonFacility	$ 43.39
V2307	00	TRIFCL +/-4.25-+	DME & SUPPLIES	NonFacility	$ 41.08

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Fee Schedule ID: MO 92970 - NonFacility

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CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
V2308	00	TRIFOCL +/-4.25-	DME & SUPPLIES	NonFacility	$ 43.05
V2309	00	TRIFOCL +/-4.25-	DME & SUPPLIES	NonFacility	$ 46.90
V2310	00	TRIFOCL +/-4.25-	DME & SUPPLIES	NonFacility	$ 46.34
V2311	00	TRIFCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 48.22
V2312	00	TRIFCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 48.50
V2313	00	TRIFCL +/-7.25-+	DME & SUPPLIES	NonFacility	$ 54.16
V2314	00	TRIFOCL SPHER >	DME & SUPPLIES	NonFacility	$ 58.16
V2315	00	LENTICULAR PER L	DME & SUPPLIES	NonFacility	$ 64.58
V2318	00	ANISEIKONIC LENS	DME & SUPPLIES	NonFacility	$ 79.39
V2319	00	TRIFOCAL SEG WID	DME & SUPPLIES	NonFacility	$ 26.87
V2320	00	TRIFOCAL ADD OVE	DME & SUPPLIES	NonFacility	$ 28.35
V2321	00	LENTICULAR LENS	DME & SUPPLIES	NonFacility	$ 63.65
V2410	00	VARIBL ASPHRCITY	DME & SUPPLIES	NonFacility	$ 48.53
V2430	00	VRIBL ASPHRC BIF	DME & SUPPLIES	NonFacility	$ 58.48
V2500	00	CNTC LENS PMMA S	DME & SUPPLIES	NonFacility	$ 43.99
V2501	00	CNTC LENS PMMA/P	DME & SUPPLIES	NonFacility	$ 67.00
V2502	00	CONTACT LENS PMM	DME & SUPPLIES	NonFacility	$ 82.54
V2503	00	CNTC LENS PMMA C	DME & SUPPLIES	NonFacility	$ 76.02
V2510	00	CNTC LENS GAS PR	DME & SUPPLIES	NonFacility	$ 60.05
V2511	00	CNTC LENS GAS PR	DME & SUPPLIES	NonFacility	$ 86.28
V2512	00	CNTC LENS GAS PE	DME & SUPPLIES	NonFacility	$ 101.95
V2513	00	CNTC LENS GAS PR	DME & SUPPLIES	NonFacility	$ 85.59
V2520	00	CNTC LENS HYDROP	DME & SUPPLIES	NonFacility	$ 56.44
V2521	00	CNTC LENS HYDROP	DME & SUPPLIES	NonFacility	$ 98.27
V2522	00	CNTC LENS HYDROP	DME & SUPPLIES	NonFacility	$ 95.63
V2523	00	CNTC LENS HYDROP	DME & SUPPLIES	NonFacility	$ 81.49
V2530	00	CNTC LENS SCLERL	DME & SUPPLIES	NonFacility	$ 120.70
V2531	00	CNTC LENS SCLERL	DME & SUPPLIES	NonFacility	$ 264.98
V2623	00	PROSTHETIC EYE P	DME & SUPPLIES	NonFacility	$ 485.80
V2624	00	POLISHING/RESURF	DME & SUPPLIES	NonFacility	$ 32.95
V2625	00	ENLARGEMENT OF O	DME & SUPPLIES	NonFacility	$ 200.31
V2626	00	REDUCTION OF OCU	DME & SUPPLIES	NonFacility	$ 107.98
V2627	00	SCLERAL COVER SH	DME & SUPPLIES	NonFacility	$ 697.34
V2628	00	FABRICATION&FIT	DME & SUPPLIES	NonFacility	$ 164.66
V2700	00	BALANCE LENS PER	DME & SUPPLIES	NonFacility	$ 23.71
V2710	00	SLAB OFF PRISM G	DME & SUPPLIES	NonFacility	$ 34.70
V2715	00	PRISM PER LENS	DME & SUPPLIES	NonFacility	$ 6.29
V2718	00	PRESS-ON LENS FR	DME & SUPPLIES	NonFacility	$ 15.45
V2730	00	SPCL BASE CURVE	DME & SUPPLIES	NonFacility	$ 11.41
V2744	00	TINT PHOTOCHROMA	DME & SUPPLIES	NonFacility	$ 8.88
V2745	00	ADD LENS; TINT C	DME & SUPPLIES	NonFacility	$ 5.56
V2750	00	ANTIREFLECTIVE C	DME & SUPPLIES	NonFacility	$ 10.33
V2755	00	U-V LENS PER LEN	DME & SUPPLIES	NonFacility	$ 8.99
V2760	00	SCRATCH RESISTAN	DME & SUPPLIES	NonFacility	$ 8.67
V2761	00	MIRROR COAT TYPE	DME & SUPPLIES	NonFacility	$ 6.64
V2762	00	POLARIZATION ANY	DME & SUPPLIES	NonFacility	$ 28.99
V2770	00	OCCLUDER LENS PE	DME & SUPPLIES	NonFacility	$ 10.56
V2780	00	OVERSIZE LENS PE	DME & SUPPLIES	NonFacility	$ 6.78
V2782	00	LENS INDX 154 16	DME & SUPPLIES	NonFacility	$ 31.30
V2783	00	LENS INDX >/= 16	DME & SUPPLIES	NonFacility	$ 35.30
V2784	00	LENS POLYCARBONA	DME & SUPPLIES	NonFacility	$ 22.96
V5008	00	HEARING SCREENIN	MEDICINE - OTHER	NonFacility	$ 62.83
V5010	00	ASSESSMENT FOR H	MEDICINE - OTHER	NonFacility	$ 82.35

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Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
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Linked Fee Schedule ID: MO 92971 - Facility

CPT/HCPCS	Modifier	CPT/HCPCS Description	Type of Service	Place of Service	Fee Amount
V5011	00	FIT/ORIENTATION/	MEDICINE - OTHER	NonFacility	$ 128.70
V5014	00	REPAIR/MODIFICAT	MEDICINE - OTHER	NonFacility	$ 154.94
V5020	00	CONFORMITY EVALU	MEDICINE - OTHER	NonFacility	$ 72.59
V5030	00	HEAR AID MONAURL	MEDICINE - OTHER	NonFacility	$ 1141.29
V5040	00	HEAR AID MONAURL	MEDICINE - OTHER	NonFacility	$ 867.40
V5050	00	HEARING AID MONA	MEDICINE - OTHER	NonFacility	$ 1002.82
V5060	00	HEARING AID MONA	MEDICINE - OTHER	NonFacility	$ 838.12
V5070	00	GLASSES AIR COND	MEDICINE - OTHER	NonFacility	$ 466.03
V5080	00	GLASSES BONE CON	MEDICINE - OTHER	NonFacility	$ 1170.57
V5090	00	DISPENSING FEE U	MEDICINE - OTHER	NonFacility	$ 416.01
V5100	00	HEARING AID BILA	MEDICINE - OTHER	NonFacility	$ 1877.55
V5110	00	DISPENSING FEE B	MEDICINE - OTHER	NonFacility	$ 423.34
V5120	00	BINAURAL BODY	MEDICINE - OTHER	NonFacility	$ 1641.48
V5130	00	BINAURAL IN THE	MEDICINE - OTHER	NonFacility	$ 1746.39
V5140	00	BINAURAL BEHIND	MEDICINE - OTHER	NonFacility	$ 1815.94
V5150	00	BINAURAL GLASSES	MEDICINE - OTHER	NonFacility	$ 1939.15
V5160	00	DISPENSING FEE B	MEDICINE - OTHER	NonFacility	$ 506.89
V5170	00	HEARING AID CROS	MEDICINE - OTHER	NonFacility	$ 1348.68
V5180	00	HEARING AID CROS	MEDICINE - OTHER	NonFacility	$ 1141.29
V5190	00	HEARING AID CROS	MEDICINE - OTHER	NonFacility	$ 1334.04
V5200	00	DISPENSING FEE C	MEDICINE - OTHER	NonFacility	$ 419.68
V5210	00	HEARING AID BICR	MEDICINE - OTHER	NonFacility	$ 1465.20
V5220	00	HEARING AID BICR	MEDICINE - OTHER	NonFacility	$ 1407.86
V5230	00	HEARING AID BICR	MEDICINE - OTHER	NonFacility	$ 1455.44
V5240	00	DISPENSING FEE B	MEDICINE - OTHER	NonFacility	$ 434.32
V5242	00	HEARING AID, MON	MEDICINE - OTHER	NonFacility	$ 2500.00
V5243	00	HEARING AID, MON	MEDICINE - OTHER	NonFacility	$ 2500.00
V5244	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 2500.00
V5245	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 2500.00
V5246	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 2500.00
V5247	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 2500.00
V5248	00	HEARING AID, BIN	MEDICINE - OTHER	NonFacility	$ 5000.00
V5249	00	HEARING AID, BIN	MEDICINE - OTHER	NonFacility	$ 5000.00
V5250	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 5000.00
V5251	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 5000.00
V5252	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 5000.00
V5253	00	HEARING AID, PRO	MEDICINE - OTHER	NonFacility	$ 5000.00
V5254	00	HEARING ID, DIGI	MEDICINE - OTHER	NonFacility	$ 2500.00
V5255	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 2500.00
V5256	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 2500.00
V5257	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 2500.00
V5258	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 5000.00
V5259	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 5000.00
V5260	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 5000.00
V5261	00	HEARING AID, DIG	MEDICINE - OTHER	NonFacility	$ 5000.00
V5262	00	HEARING AID, DIS	MEDICINE - OTHER	NonFacility	$ 2500.00
V5263	00	HEARING AID, DIS	MEDICINE - OTHER	NonFacility	$ 5000.00

Special Circumstances:

Default Percent of Eligible Charges: 40.00%
Professional/Technical Modifier Pricing: Fee Source-Based
Site of Service: Site of Service applies. CMS Assignment (ASC POS 24 = F)
Anesthesia Conversion Factor (Based on a 15 minute Anesthesia Time Unit Value): $ 61.00
Calculation of Anesthesia Partial Units: Proration
Schedule Type: FFS

Last Routine Maintenance Update: 10-01-2012

Unless specifically indicated otherwise, Fee Amounts listed in the fee schedule represent global fees and may be subject to reductions based on appropriate Modifier (for example, professional and technical modifiers). As used in the previous sentence, "global fees" refers to services billed without a Modifier, for which the Fee Amount includes both the professional component and the technical component. Any co-payment, deductible or coinsurance that the customer is responsible to pay under the customer's benefit contract will be subtracted from the listed Fee Amount in determining the amount to be paid by the payer. The actual payment amount is also subject to matters described in this agreement, such as the Payment Policies. Please remember that this information is subject to the confidentiality provisions of this agreement.

Confidential and Proprietary Not for Distribution to Third Parties

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Additional Information About This Fee Schedule

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

Section 1. Definition of Terms
Unless otherwise defined in this document, capitalized terms will have the meanings ascribed to them in the Agreement.

AMA: American Medical Association located at: www.ama-assn.org.

Anesthesia Conversion Factor: The dollar amount that will be used in the calculation of time-based and non-time based Anesthesia Management fees in accordance with the Anesthesia Payment Policy. Unless specifically stated otherwise, the Anesthesia Conversion Factor indicated is fixed and will not change. The Anesthesia Conversion Factor is based on an anesthesia time unit value of 15 minutes. In the event that any of United's claims systems cannot administer a 15 minute anesthesia time unit value, then the Anesthesia Conversion Factor will be calculated as follows:

[(Value of 15 minute Anesthesia Conversion Factor / 15) * anesthesia time unit value]

For example, an Anesthesia Conversion Factor of $60.00 (based on a 15-minute anesthesia time unit value) would be calculated to an Anesthesia Conversion Factor of $40.00 (based on a 10-minute anesthesia time unit value).

Example: [($60.00 / 15) * 10 = $40.00]

Anesthesia Management: The management of anesthesia services related to medical, surgical or scopic procedures, as described in the current Anesthesia Management Codes list attached to the Anesthesia Payment Policy located at www.unitedhealthcareonline.com.

Calculation of Anesthesia Partial Units:
Proration: Partial time units will be prorated and calculated to one decimal place rounded to the nearest tenth. For example, if the anesthesia time unit value is based on 15 minutes and if 17 minutes of actual time is submitted on a claim, then the 17 minutes will be divided by 15. The resulting figure of 1.1333 will be rounded to the nearest tenth and the total time units for the claim will be 1.1 time units.

In the event that any of United's claims systems cannot administer the calculation of partial units as indicated above, a different calculation method will be used until such time as the appropriate system enhancements can be programmed and implemented. That different calculation method will result in a Fee Amount that is no less than the Fee Amount that would apply under the Proration method described above.

CMS: Centers for Medicare and Medicaid Services located at: www.cms.hhs.gov.

Conversion Factor: A multiplier, expressed in dollars per relative value unit, which converts relative values into Fee Basis amounts.

CPT/HCPCS: A set of codes that describe procedures and services, including supplies and materials, performed or provided by physicians and other health care professionals. Each procedure or service is identified with a 5 digit code. The use of CPT/HCPCS simplifies the reporting of services.

CPT/HCPCS Description:: The descriptor associated with each CPT/HCPCS code.

Default Percent of Eligible Charges: In the event that a Fee Basis amount is not sourced by either a primary or alternate Fee Source, such as services submitted using unlisted, unclassified or miscellaneous codes, the codes are subject to correct coding review and will be priced at the contracted percentage indicated within this document.

Expired Code: An existing CPT or HCPCS code that will be expired by the entity that published the code (for example, CMS or the AMA).

Fee Amount: The contract rate for each CPT/HCPCS. The calculation of the Fee Amount is impacted by a variety of factors explained within this document including, but not limited to, Professional/Technical Modifier Pricing, Carrier Locality, CMS year, Place of Service and Pricing Level.

Fee Basis: The amount published by the Fee Source upon which the Pricing Level will be applied to derive the Fee Amount.

Fee Schedule ID: United's proprietary naming/numbering convention that is used to identify the specific fee schedule which supports the terms of the contractual agreement. This is the fee schedule for services performed in nonfacility Places of Service.

Fee Schedule Specifications: Documentation of the underlying calculation methodology and criteria used to derive the Fee Amounts contained within the fee

schedule.

Fee Source: The primary or alternate entity or publication that is supplying the Fee Basis.

Fixed Fees: Fee Amounts that are set at amounts which do not change. The Fee Amounts listed are intended for pricing purposes only and are subject to other matters described in this Agreement, such as the Payment Policies.

Future Payment Terms: The general description of any pricing terms which will be implemented on a scheduled future effective date.

Last Routine Maintenance Update: The effective date on which this fee schedule was most recently updated. Please refer to the Routine Maintenance section of this document for more information about Routine Maintenance updates.

Linked Fee Schedule ID: United's proprietary naming/numbering convention that is used to identify the specific fee schedule for each specific contractual agreement. This is the fee schedule for services performed in facility Places of Service.

Modifier: A Modifier provides the means to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code.

Place of Service: The facility or nonfacility setting in which the service is performed. This may also be referred to by CMS as Payment Type.

Pricing Level: The contracted percentage or amount that will be multiplied times the primary or alternate Fee Basis amount in order to derive the Fee Amount.

Primary Fee Source (Carrier Locality): The main Fee Source used to supply the Fee Basis amount for deriving the Fee Amount within each Type of Service category. For instance, if the Fee Amounts for a given category of codes are derived by applying a particular Pricing Level to the CMS Resource-Based Relative Value Scale (RBRVS), then CMS RBRVS is the Primary Fee Source. The Carrier Locality is designated to indicate the exact CMS geographic region upon which the Fee Amounts are based.

Professional/Technical Modifier Pricing: Fee Source-Based: Fee Amounts for Modifiers (for example, -TC or -26 Modifiers) are derived using the Fee Basis amount as published by the primary or alternate Fee Source.

RVU: Relative Value Unit as published by CMS.

Replacement Code: One or more new CPT or HCPCS codes that are the exact same services or descriptions and will replace one or more Expired Codes.

Report Date: The actual date that this document was produced.

Representative Fee Schedule Sample: A representative listing of the most commonly used CPT/HCPCS codes and fees, along with other relevant pricing information, for each specific Fee Schedule ID. The Fee Amounts listed are intended for pricing purposes only and are subject to other matters described in this Agreement, such as the Payment Policies.

Schedule Type: FFS: This is a fee-for-service fee schedule. Unless stated otherwise, the Fee Amount indicated will be used to calculate payment to you as further described within this document.

Site of Service Price Differential: Site of Service applies. CMS Assignment (ASC POS 24 =F): This fee schedule follows CMS guidelines for determining when services are priced at the facility or nonfacility fee schedule (with the exception of services performed at Ambulatory Surgery Centers, POS 24, which will be priced at the facility fee schedule). CMS guidelines can be located at: www.cms.hhs.gov.

In the event that any of United's claims systems cannot administer the calculation of Site of Service Differential pricing as indicated above, a different calculation method will be used until such time as the appropriate system enhancements can be programmed and implemented. That different calculation method will result in a Fee Amount that is no less than the Fee Amount that would apply under the method described above.

Type of Service: A general categorization of related CPT/HCPCS codes. Type of Service categories are intended to closely align with the CPT groupings in the

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Current Procedural Terminology code book (as published by the AMA) and the HCPCS groupings (as published by CMS).

The Office Lab Type of Service category represents those lab tests, as determined by United, in which the lab test result is necessary to make an informed treatment decision while the patient is in the office.

A partial or complete crosswalk mapping of CPT/HCPCS to Type of Service categories is available to you upon request.

Section 2. Alternate Fee Sources

In the event the Primary Fee Source contains no published Fee Basis amount, alternate (or "gap fill") Fee Sources may be used to supply the Fee Basis amount for deriving the Fee Amount. For example, if a new CPT/HCPCS code has been created within the Type of Service category of codes described above, and CMS has not yet established an RBRVS value for that code, we use one of the Fee Sources that exist within the industry to fill that gap, such as but not limited to Ingenix Essential RBRVS. For that CPT/HCPCS code, we adopt the RBRVS value established by the gap-fill Fee Source, and determine the Fee Amount for that CPT/HCPCS code by applying to the gap-fill RBRVS the same Conversion Factor and Pricing Level that we apply to the CMS RBRVS for those CPT/HCPCS codes that have CMS RBRVS values. At such time in the future as CMS publishes its own RBRVS value for that CPT/HCPCS code, we would begin using the Primary Fee Source, CMS, to derive the Fee Amount for that code and no longer use the alternate Fee Source.

More information about all of our Fee Sources can be located at:

- Centers for Medicare and Medicaid Services (CMS) RBRVS and Fee Schedules: www.cms.hhs.gov
- Centers for Disease Control and Prevention (CDC) Private Sector Selling Price: www.cdc.gov/vaccines/programs/vfc/cdc-vac-price-list.htm
- Thomson Reuters Red Book: www.micromedex.com
- RJ Health Systems: www.reimbursementcodes.com
- Ingenix Essential RBRVS: www.ingenixonline.com
- American Society of Anesthesiologists: www.asahq.org

Section 3. Routine Maintenance

Except as further described within this document, United will use reasonable commercial efforts to update the amounts listed in this fee schedule as published by the Fee Source on or before the later of (a) ninety (90) days after the effective date of any modification made by the Fee Source or (b) ninety (90) days after the date on which the Fee Source initially places information regarding such modification in the public domain (for example, when CMS distributes program memoranda to providers). Claims already processed prior to the change being implemented by United will not be reprocessed unless otherwise required by law.

United routinely updates its fee schedule in an effort to stay current with coding practices widely used in the health care industry; in response to price changes for immunizations and injectable medications; and to remain in compliance with the intent of the contractual agreement. Routine maintenance occurs when United mechanically incorporates revised information created by a third party that is the Fee Source. United will not generally attempt to communicate routine maintenance of this nature and will use reasonable commercial efforts to implement updates as further described below. Providers may expect the following types of fee updates to this fee schedule:

a. Annual Changes to Relative Value Units, Conversion Factors, or Flat Rate Fees

The annual publication of RVUs and Conversion Factors by CMS may affect this fee schedule. This fee schedule follows a "stated year" construction methodology; therefore, it is intended to lock in to the 2010 RVU, the 2010 Conversion Factor, and the 2010 flat rate fees (non-RVU based fees such as DME fees) as the basis for deriving Fee Amounts. Generally, any RVU, Conversion Factor, or flat rate fee changes published in subsequent years by the Primary Fee Sources will not be reflected in this fee schedule except, for example, to replace alternate Fee Basis amounts.

b. Price Changes for Immunizations and Injectable Medications

United routinely updates its fee schedule in response to price changes for immunizations and injectable medications published by the Fee Sources. The effective date of fee updates under this subsection b will be no later than the first day of the next calendar quarter after final publication by the Fee Source, except that if that quarter begins less than 60 days after final publication, the effective date will be no later than the first day of the next calendar quarter. For example, if final publication by the fee source is on April 10, the fee update under this subsection b will be effective no later than July 1, and if final publication by the Fee Source is on June 10, the fee

update under this subsection b will be effective no later than October 1. For purposes of this paragraph, the date of a claim is the date of service.

United's Executive Drug Pricing Forum (EDPF) meets on a quarterly basis to review and evaluate the drug prices that will be used in each quarterly update. Topics that the EDPF may address:

- Emerging drugs pricing
- Anticipated or pending manufacturer price changes
- Special circumstance pricing (for example, H1N1 vaccine)

Based on supporting information provided by the drug manufacturer or the Fee Source, United's EDPF may elect to establish a Fee Amount or override a Fee Amount, as published by the Fee Source, in favor of a Fee Amount that is more appropriate and reasonable for a particular vaccine or drug.

For Immunizations, United applies the UHC Immunization Fee Schedule. The Centers for Disease Control and Prevention Private Sector Selling Price (CDC PSSP) is the Primary Fee Source used to obtain the Fee Basis amounts. In the event that more than one Fee Basis amount is published by the CDC PSSP for a specific CPT/HCPCS code, an average of the published amounts will be used.

The effective date of fee updates under this subsection b will be no later than the first day of the next calendar quarter after final publication by the Fee Source, except that if that quarter begins less than 60 days after final publication, the effective date will be no later than the first day of the calendar quarter following the next calendar quarter. For example, if final publication by the Fee Source is on April 10, the fee update under this subsection b will be effective no later than July 1, and if final publication by the Fee Source is on June 10, the fee update under this subsection b will be effective no later than October 1. For purposes of this paragraph, the date of a claim is the date of service.

More information about the UHC Immunization Fee Schedule can be located at: www.unitedhealthcareonline.com >> Claims & Payments > Fee Schedule Lookup > Related Links "UHC Immunization Fee Schedule"

c. CPT/HCPCS Code Updates

United routinely updates its fee schedule in response to additions, deletions, and changes to CPT codes by the AMA; HCPCS codes by CMS; CMS changes to its annual update; and in response to similar changes (additions and revisions) to other service coding and reporting conventions that are widely used in the health care industry. United updates our fee schedules for new CPT/HCPCS codes using the applicable Conversion Factor and Pricing Level of the original construction methodology along with the then-current RVU of the published CPT/HCPCS code. The effective date of fee updates under this subsection c will be no later than the first day of the next calendar quarter after final publication by the Fee Source, except that if that quarter begins less than 60 days after final publication, the effective date will be no later than the first day of the calendar quarter following the next calendar quarter. For example, if final publication by the Fee Source is on April 10, the fee update under this subsection c will be effective no later than July 1, and if final publication by the Fee Source is on June 10, the fee update under this subsection c will be effective no later than October 1. For purposes of this paragraph, the date of a claim is the date of service.

However, in the event that the code source has expired a CPT/HCPCS code and replaced it with a Replacement Code, United will crosswalk the fee from the Expired Code to its Replacement Code as further described below:

Based on information published by the code source (AMA Current Procedural Terminology and The HCPCS Level II), when one Expired Code is replaced by one Replacement Code, United will apply the Expired Code's Fee Amount to the Replacement Code; provided, however, if the Expired Code's Fee Amount was determined by an alternate Fee Source and a Primary Fee Source becomes available, the Replacement Code's Fee Amount will be determined using the Primary Fee Source.

Based on information published by the code source (AMA Current Procedural Terminology and The HCPCS Level II) and United's claims data, when several Expired Codes that are always done in conjunction with each other are replaced by one Replacement Code, United will apply the sum of these Expired Code's Fee Amounts to the Replacement Code; provided, however, if the Expired Code's Fee Amount was determined by an alternate Fee Source and a Primary Fee Source becomes available, the Replacement Code's Fee Amount will be determined using the Primary Fee Source.

d. Carrier Priced Codes

In the event that CMS does not publish a complete set of Fee Basis amounts for a specific code (for example: Global, -TC, and -26 fees) and the code contains a status code of "C" (indicating the code is carrier priced), United will use reasonable commercial efforts to establish Fee Amounts for all modifiers associated with the code based on fee information available and published by the local fiscal intermediary and by fiscal intermediaries from other locations.

Payment Appendix
Fee Information Document
RMHN Independent Practices 2010 $61 CF
Additional Information About This Fee Schedule

Fee Schedule ID: MO 92970 - NonFacility

Linked Fee Schedule ID: MO 92971 - Facility

For More Information
United is committed to providing transparency related to our fee schedules. If you have questions about this fee schedule, please contact Network Management at the address and phone number on your contract or participation agreement or you may use our fee schedule look-up function on the web at: www.unitedhealthcareonline.com or contact our Voice Enabled Telephonic Self Service line at (877) 842-3210.