For Public Comment Codes for Primary Care Provide
will not be made prior to the date that an attestation

Procedure Code	2015 Medicare Non-Facility	2015 Medicare Facility	Omnicaid 12/31/2012
99201	$42.15	$26.38	$35.18
99202	$72.30	$49.63	$62.74
99203	$105.63	$76.71	$93.52
99204	$161.40	$129.53	$132.70
99205	$203.26	$168.43	$169.19
99211	$19.01	$9.15	$20.25
99212	$42.15	$25.39	$36.89
99213	$70.36	$50.32	$50.52
99214	$104.77	$77.83	$79.45
99215	$141.89	$110.67	$116.27
99217	$71.85	$71.85	$69.63
99218	$99.93	$99.93	$66.54
99219	$134.94	$134.94	$110.72
99220	$185.07	$185.07	$155.51
99221	$101.51	$101.51	$67.23
99222	$136.54	$136.54	$111.39
99223	$202.05	$202.05	$155.17
99224	$39.11	$39.11	$27.50
99225	$72.16	$72.16	$48.57
99226	$104.59	$104.59	$72.71
99231	$38.78	$38.78	$33.61
99232	$71.84	$71.84	$54.97
99233	$103.61	$103.61	$78.16
99234	$133.44	$133.44	$133.77
99235	$168.11	$168.11	$176.52
99236	$216.84	$216.84	$220.29
99238	$72.17	$72.17	$69.63
99239	$106.10	$106.10	$94.95
99241	not established	not established	$48.34
99242	not established	not established	$88.85
99243	not established	not established	$118.48
99244	not established	not established	$167.77
99245	not established	not established	$217.32
99251	not established	not established	$35.42
99252	not established	not established	$71.17
99253	not established	not established	$97.33
99254	not established	not established	$139.94

99255	not established	not established	$192.93
99281	$20.95	$20.95	$16.51
99282	$41.27	$41.27	$27.41
99283	$62.42	$62.42	$61.59
99284	$118.91	$118.91	$96.19
99285	$176.29	$176.29	$150.71
99288	not established	not established	$68.06
99291	$271.80	$224.49	$249.59
99292	$121.85	$111.99	$111.81
99304	$90.48	$90.48	$70.99
99305	$129.02	$129.02	$94.34
99306	$164.61	$164.61	$116.51
99307	$43.62	$43.62	$36.62
99308	$67.30	$67.30	$60.66
99309	$89.39	$89.39	$85.54
99310	$133.29	$133.29	$107.10
99315	$71.67	$71.67	$66.54
99316	$103.72	$103.72	$87.80
99318	$94.54	$94.54	$70.99
99324	$54.38	$54.38	$57.48
99325	$79.53	$79.53	$84.37
99326	$137.48	$137.48	$122.58
99327	$183.36	$183.36	$161.51
99328	$214.86	$214.86	$200.04
99334	$59.15	$59.15	$44.41
99335	$93.58	$93.58	$70.56
99336	$132.63	$132.63	$109.15
99337	$189.95	$189.95	$160.83
99341	$54.05	$54.05	$57.15
99342	$78.96	$78.96	$84.37
99343	$128.73	$128.73	$123.26
99344	$179.93	$179.93	$161.84
99345	$217.90	$217.90	$200.39
99347	$54.67	$54.67	$44.41
99348	$82.93	$82.93	$70.56
99349	$126.34	$126.34	$109.50
99350	$174.95	$174.95	$161.84
99354	$98.50	$91.93	$97.45
99355	$95.87	$88.97	$96.41
99356	$91.01	$91.01	$89.65
99357	$89.94	$89.94	$90.35
99381	not established	not established	$150.55
99382	not established	not established	$150.55
99383	not established	not established	$150.55
99384	not established	not established	$150.55
99385	not established	not established	$150.55
99391	not established	not established	$89.83

99392	not established	not established	$89.83
99393	not established	not established	$89.83
99394	not established	not established	$89.83
99395	not established	not established	$89.83
99406	$14.01	$12.37	$13.19
99407	$27.01	$25.37	$25.83
99420	not established	not established	$12.05
99460	$98.52	$98.52	$65.60
99461	$87.39	$62.41	$90.79
99462	$41.22	$41.22	$34.47
99463	$118.53	$118.53	$87.80
99464	$74.13	$74.13	$83.30
99465	$149.61	$149.61	$163.28
99466	$245.09	$245.09	$242.82
99467	$123.10	$123.10	$124.51
99468	$913.12	$913.12	$1,026.40
99469	$395.64	$395.64	$445.50
99471	$867.49	$867.49	$896.42
99472	$406.36	$406.36	$445.17
99475	$573.63	$573.63	$511.99
99476	$345.47	$345.47	$303.65
99477	$358.68	$358.68	$304.23
99478	$140.71	$140.71	$157.57
99479	$123.87	$123.87	$143.99
99480	$118.98	$118.98	$138.63
99490	$41.63	$32.43	$41.27

er Increase for Attesting Providers for 2015. Payments
is effective. To be effective January 1, 2015.

Ref_Proc_Short_Desc
OFFICE/OUTPATIENT VISIT NEW
OFFICE/OUTPATIENT VISIT NEW
OFFICE/OUTPATIENT VISIT NEW
OFFICE/OUTPATIENT VISIT NEW
OFFICE/OUTPATIENT VISIT NEW
OFFICE/OUTPATIENT VISIT EST
OFFICE/OUTPATIENT VISIT EST
OFFICE/OUTPATIENT VISIT EST
OFFICE/OUTPATIENT VISIT EST
OFFICE/OUTPATIENT VISIT EST
OBSERVATION CARE DISCHARGE
INITIAL OBSERVATION CARE
INITIAL OBSERVATION CARE
INITIAL OBSERVATION CARE
INITIAL HOSPITAL CARE
INITIAL HOSPITAL CARE
INITIAL HOSPITAL CARE
SUBSEQUENT OBSERVATION CARE
SUBSEQUENT OBSERVATION CARE
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SUBSEQUENT HOSPITAL CARE
SUBSEQUENT HOSPITAL CARE
SUBSEQUENT HOSPITAL CARE
OBSERV/HOSP SAME DATE
OBSERV/HOSP SAME DATE
OBSERV/HOSP SAME DATE
HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MI
HOSPITAL DISCHARGE DAY MANAGEMENT; MORE
OFFICE CONSULTATION
OFFICE CONSULTATION
OFFICE CONSULTATION
OFFICE CONSULTATION
OFFICE CONSULTATION
INPATIENT CONSULTATION
INPATIENT CONSULTATION
INPATIENT CONSULTATION
INPATIENT CONSULTATION

INPATIENT CONSULTATION
EMERGENCY DEPT VISIT
EMERGENCY DEPT VISIT
EMERGENCY DEPT VISIT
EMERGENCY DEPT VISIT
EMERGENCY DEPT VISIT
DIRECT ADVANCED LIFE SUPPORT
CRITICAL CARE FIRST HOUR
CRITICAL CARE ADDL 30 MIN
NURSING FACILITY CARE INIT
NURSING FACILITY CARE INIT
NURSING FACILITY CARE INIT
NURSING FAC CARE SUBSEQ
NURSING FAC CARE SUBSEQ
NURSING FAC CARE SUBSEQ
NURSING FAC CARE SUBSEQ
NURSING FACILITY DISCHARGE DAY MANAGEMEN
NURSING FACILITY DISCHARGE DAY MANAGEMEN
ANNUAL NURSING FAC ASSESSMNT
DOMICIL/R-HOME VISIT NEW PAT
DOMICIL/R-HOME VISIT NEW PAT
DOMICIL/R-HOME VISIT NEW PAT
DOMICIL/R-HOME VISIT NEW PAT
DOMICIL/R-HOME VISIT NEW PAT
DOMICIL/R-HOME VISIT EST PAT
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DOMICIL/R-HOME VISIT EST PAT
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HOME VISIT EST PATIENT
HOME VISIT EST PATIENT
HOME VISIT EST PATIENT
PROLONGED SERVICE OFFICE
PROLONGED SERVICE OFFICE
PROLONGED SERVICE INPATIENT
PROLONGED SERVICE INPATIENT
INIT PM E/M NEW PAT INFANT
INIT PM E/M NEW PAT 1-4 YRS
PREV VISIT NEW AGE 5-11
PREV VISIT NEW AGE 12-17
PREV VISIT NEW AGE 18-39
PER PM REEVAL EST PAT INFANT

PREV VISIT EST AGE 1-4
PREV VISIT EST AGE 5-11
PREV VISIT EST AGE 12-17
PREV VISIT EST AGE 18-39
BEHAV CHNG SMOKING 3-10 MIN
BEHAV CHNG SMOKING > 10 MIN
ADMINISTRATION AND INTERPRETATION OF HEA
INIT NB EM PER DAY HOSP
INIT NB EM PER DAY NON-FAC
SBSQ NB EM PER DAY HOSP
SAME DAY NB DISCHARGE
ATTENDANCE AT DELIVERY
NB RESUSCITATION
PED CRIT CARE TRANSPORT
PED CRIT CARE TRANSPORT ADDL
NEONATE CRIT CARE INITIAL
NEONATE CRIT CARE SUBSQ
PED CRITICAL CARE INITIAL
PED CRITICAL CARE SUBSQ
PED CRIT CARE AGE 2-5 INIT
PED CRIT CARE AGE 2-5 SUBSQ
INIT DAY HOSP NEONATE CARE
IC LBW INF < 1500 GM SUBSQ
IC LBW INF 1500-2500 G SUBSQ
IC INF PBW 2501-5000 G SUBSQ
CHRON CARE MGMT SRVC 20 MIN