

CPT*	Mod	Description	Fee	Fee	ASC Group
			Schedule North	Schedule South	
99221		INIT HOSP CARE-DAY E&M LOW SEVERITY 30 MIN	97.12	93.94	
99222		INIT HOSP CARE-DAY E&M MODERATE SEVERITY 50 MIN	160.82	155.56	
99223		INIT HOSP CARE-DAY E&M HIGH SEVERITY 70 MIN	223.99	216.66	
99231		SUBSQT HOSP CARE-DAY E&M STABLE/RECOVER 15 MIN	56.10	54.24	
99232		SUBSQT HOSP CARE-DAY E&M MINOR CMPL 25 MIN	79.40	76.78	
99233		SUBSQT HOSP CARE-DAY E&M SIGNIFIC CMPL 35 MIN	112.84	109.14	
99234		OBSRV/INPT HOSP CARE E&M LOW SEVERITY	193.17	186.85	
99235		OBSRV/INPT HOSP CARE E&M MODERATE SEVERITY	254.54	246.30	
99238		HOSPITAL D/C DAY MANAGEMENT; 30 MINUTES/LESS	101.57	97.94	
99239		HOSPITAL DISCHARGE DAY MANAGEMENT; > 30 MINUTES	138.45	133.52	
99241		OFFICE CNSLT NEW/ESTAB SELF LIMIT/MINOR 15 MIN	74.23	70.56	
99242		OFFICE CNSLT NEW/ESTAB LOW SEVERITY 30 MIN	108.68	103.72	
99243		OFFICE CNSLT NEW/ESTAB MODERATE SEVERITY 40 MIN	138.02	131.73	
99244		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	193.96	185.49	
99245		OFFICE CNSLT NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	250.29	239.61	
99251		INIT INPT CNSLT NEW/EST SELF LIMIT/MINOR 20 MIN	51.22	49.54	
99252		INIT INPT CNSLT NEW/ESTAB LOW SEVERITY 40 MIN	103.17	99.71	
99253		INIT INPT CNSLT NEW/EST MODERATE SEVERITY 55MIN	141.01	136.28	
99254		INIT INPT CNSLT NEW/ESTAB MOD-HI SEVERITY 80 MIN	202.75	195.91	
99255		INIT INPT CNSLT NEW/EST MOD-HI SEVERITY 110 MIN	279.50	270.10	
99281		EMERG DEPT VISIT E&M SELF LIMITED/MINOR	90.65	88.00	
99282		EMERG DEPT VISIT E&M LOW-MODERATE SEVERITY	127.50	123.89	
99283		EMERG DEPT VISIT E&M MODERATE SEVERITY	192.00	186.62	
99284		EMERG DEPT VISIT E&M HIGH SEVERITY URGENT EVAL	288.97	280.97	
99285		EMERG DEPT E&M-HIGH SEVERITY IMMED SIG THREAT	427.60	415.92	
99291		CRITICAL CARE E&M-CRIT ILL/INJUR; 1ST 30-74 MIN	373.11	357.33	
99292		CRITICAL CARE E&M-CRIT ILL/INJUR; EA ADD 30 MIN	163.62	157.66	
99296		SUBSQT NICU CARE PER DAY E&M CRIT ILL & UNSTABLE	585.08	566.49	
99298		SUBSQT NICU-DAY E/M RECOV VERY LW BIRTH WT INFNT	207.39	200.73	
99304		E&M NEW NURS FACIL/DAY LOW COMPLEXITY	94.39	91.08	
99305		E&M NEW NURS FACIL/DAY MOD COMPLEXITY	125.14	120.82	
99306		E&M NEW NURS FACIL/DAY HIGH COMPLEXITY	154.17	148.94	
99307		SUBSQT NRS FACL CARE DAY E&M STABLE	48.95	47.15	
99308		SUBSQT NRS FACL CARE DAY E&M LOW CMPL	81.09	78.12	
99309		SUBSQT NRS FACL CARE DAY E&M MOD CMPL	114.15	110.02	
99310		SUBSQT NRS FACL CARE DAY E&M HIGH CMPL	142.97	137.79	
99341		HOME VISIT E&M NEW PT LOW SEVERITY-20 MIN	83.89	80.76	
99342		HOME VISIT E&M NEW PT MODERATE SEVERITY-30 MIN	123.46	118.95	
99347		HOME VISIT E&M ESTAB PT MINOR PROB-15 MIN	65.57	63.02	
99348		HOME VISIT E&M ESTAB PT LOW-MOD SEVERITY-25 MIN	103.42	99.59	
99349		HOME VISIT E&M ESTAB PT MOD-HI SEVERITY-40 MIN	159.50	153.87	
99354		PROLONG PHYS SRVC OFFIC/OTH OUTPT W/PT; 1ST HR	142.38	137.24	
99355		PROLONG PHYS SERV OUTPT W/PT; EA ADD 30 MIN	140.70	135.66	
99356		PROLONG PHYS SRVC INPT W/PT; 1ST HR	129.75	125.41	
99357		PROLONG PHYS SERV INPT W/PT; EA ADD 30 MIN	130.83	126.44	

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Exhibit 2		CDT-3			Description			Region 1	Region 2	Region 3	
Dental Fee Schedule		D0150	COMP ORAL EVAL			55	63	71			
		D0210	INTRAORAL-COMPLT SERIES (INCL BITEWINGS)			90	101	10			
CDT-3	Description	Region 1	Region 2	Region 3	D0220	INTRAORAL-PERIAPICAL FIRST FILM			17	19	19
D0120	PERIODIC ORAL EVAL	32	36	41							
D0140	LTD ORAL EVAL-PROBLEM FOCUSED	53	61	68							

<u>CDT-3</u>	<u>Description</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>	<u>CDT-3</u>	<u>Description</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>
D0230	INTRAORAL- PERIAPICAL EA ADD FILM	13	15	15	D3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	958	937	1,034
D0272	BITEWINGS-2 FILMS	30	32	33	D4260	OSSEOUS SURG (INCL FLAP ENTRY & CLOS)-PER QUAD	998	1,065	1,035
D0321	OTH TMJ FILMS by report	157	168	179	D4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	127	129	129
D0330	PANORAMIC FILM	85	92	97	D5110	COMPLT DENTURE- MAXIL	1,019	1,083	1,276
D0340	CEPHALOMETRIC FILM	105	114	120	D5120	COMPLT DENTURE- MANDIB	1,019	1,083	1,276
D0460	PULP VITALITY TESTS	35	37	46	D5211	MAXIL PART DENTURE-RESIN BASE(INCLD CLASP- RESTS)	860	914	1,077
D0470	DIAGNOSTIC CASTS	74	79	97	D5214	MANDIB PART DENTURE-CAST METAL	1,126	1,196	1,410
D1110	PROPHYLAXIS- ADULT	68	75	84	D5510	FRAME W/RES BASE REPR BROKEN COMPLT DENTURE BASE	112	119	140
D1510	SPACE MAINTAINER- FIX-UNILAT	237	296	301	D5730	RELIN COMPLT MAXIL DENTURE (CHAIRSIDE)	233	248	292
D2110	AMALGAM-1 SURFACE PRIM	82	93	100	D5751	RELIN COMPLT MANDIB DENTURE (LAB)	311	331	390
D2330	RESIN-BASED COM- POSITE-1 SURFACE ANT	108	116	128	D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	844	874	950
D2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	138	148	163	D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	822	852	925
D2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	199	214	236	D6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	963	998	1,084
D2385	RESIN-BASED COMPOSITE-1 SURFACE POST-PERM	121	130	144	D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	920	953	1,036
D2387	RESIN-BASED COMPOSITE-3 SURFACES POST- PERM	209	224	247	D7110	SINGLE TOOTH (EXTRACTION)	115	114	140
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	822	946	994	D7120	EA ADD TOOTH (EXTRACTION)	108	108	132
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	784	903	948	D7210	REMOV ERUPT TTH- W/MUCOPERIOSTL FLP-REMOV BNE/TTH	221	227	265
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	751	865	909	D7880	OCCLU ORTHOTIC DEVICE BR	633	650	758
D2920	RECEMENT CROWN	79	84	99	D8210	REMOV APPLIANCE THERAP	589	630	674
D2950	CORE BUILDUP INCL ANY PINS	206	219	257	D9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	78	77	91
D2952	CAST POST & CORE IN ADD TO CROWN	314	335	392	D9210	LOCAL ANES NOT W/OPER/SURG PROC	24	24	28
D2954	PREFAB POST & CORE IN ADD TO CROWN	260	277	325	D9220	GEN ANES-FIRST 30 MIN	315	309	368
D2980	TEMPORARY CROWN (FX TOOTH)	184	196	230					
D2970	CROWN REPAIR	188	216	215					
D3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	607	594	656					
D3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	742	725	801					

<u>CDT-3</u>	<u>Description</u>	<u>Region 1</u>	<u>Region 2</u>	<u>Region 3</u>	<u>HCPCS</u>	<u>Description</u>	<u>North</u>	<u>South</u>
D9221	GEN ANES-EA ADD 15 MINUTES	132	130	154	A0429	AMBULANCE SERVICE, BLS, EMERGENCY TRANSPORT	355.85	334.05
D9230	ANALGESIA-ANXIOLYSIS-INHAL NITROUS OXIDE	43	42	50	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT ONE WAY (ROTARY WING)	3,264.60	3,116.07
D9310	CONS (DIAG SERV BY NON TREATING PRACTITIONER)	166	162	193	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	611.62	574.15
D9430	OFFIC VISIT FOR OBSRV (REG HRS-NO OTH SERV)	56	55	65	A0434	SPECIALTY CARE TRANSPORT (SCT)	722.83	678.54
D9610	THERAP DRUG INJECTION	65	72	84	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	19.14	19.14
D9940	OCCLU GUARD	423	485	484				
D9950	OCCLU ANALY-MOUNTED CASE	220	215	256				
D9951	OCCLU ADJUSTMENT-LTD	100	98	116				
D9952	OCCLU ADJUSTMENT-COMPLT	561	550	655				

**Exhibit 5**

**Fee Schedule for Durable Medical Equipment, Prosthetics, Orthotics & Supplies**

**Exhibit 3**

**Fee Schedule—Home Care Services**

<u>Service</u>	<u>HCPCS Code</u>	<u>Fee</u>
PRIVATE NURSING CARE (PER HOUR)		
Registered Nurse	S9123	70.00
Licensed Practical Nurse	S9124	65.00
Home Health Aide	S9122	24.00
Live-in attendant (per 24 hr shift)	S5126	180.00
HOME HEALTH VISITS (PER VISIT)		
Registered Nurse	T1030	110.00
Physical Therapist	S9131	130.00
Speech Therapist	S9128	125.00
Occupational Therapist	S9129	125.00
Medical Social Worker	S9127	167.00

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Fee</u>
A4216		Sterile water/saline, 10 ml	\$0.45
A4217		Sterile water/saline, 500 ml	\$3.13
A4221		Maint drug infus cath per wk	\$22.64
A4222		Infusion supplies with pump	\$46.73
A4253	NU	Blood glucose/reagent strips	\$36.94
A4254	NU	Battery for glucose monitor	\$6.58
A4254	RR	Battery for glucose monitor	\$0.67
A4254	UE	Battery for glucose monitor	\$4.94
A4255		Glucose monitor platforms	\$3.91
A4256		Calibrator solution/chips	\$9.72
A4257		Replace Lensshield Cartridge	\$12.75
A4258		Lancet device each	\$18.05
A4259		Lancets per box	\$12.06
A4265		Paraffin	\$3.39
A4280		Brst prsths adhsv atthcmnt	\$4.94
A4310		Insert tray w/o bag/cath	\$7.14
A4311		Catheter w/o bag 2-way latex	\$12.61
A4312		Cath w/o bag 2-way silicone	\$15.33
A4313		Catheter w/bag 3-way	\$18.15
A4314		Cath w/drainage 2-way latex	\$24.01
A4315		Cath w/drainage 2-way silcne	\$25.80
A4316		Cath w/drainage 3-way	\$26.95
A4320		Irrigation tray	\$5.04
A4321		Cath therapeutic irrig agent	\$0.00
A4322		Irrigation syringe	\$2.94
A4326		Male external catheter	\$10.79
A4327		Fem urinary collect dev cup	\$42.27
A4328		Fem urinary collect pouch	\$10.45
A4330		Stool collection pouch	\$7.15
A4331		Extension drainage tubing	\$3.18
A4332		Lube sterile packet	\$0.12
A4333		Urinary cath anchor device	\$2.20
A4334		Urinary cath leg strap	\$4.93
A4338		Indwelling catheter latex	\$10.56
A4340		Indwelling catheter special	\$31.75
A4344		Cath indw foley 2 way silicn	\$13.62
A4346		Cath indw foley 3 way	\$17.05
A4348		Male ext cath extended wear	\$27.83
A4349		Disposable male external cat	\$2.02

**Exhibit 4**

**Ambulance Services**

Ambulance Services

<u>HCPCS</u>	<u>Description</u>	<u>North</u>	<u>South</u>
A0425	GROUND MILEAGE, PER STATUTE MILE	6.05	6.05
A0426	AMBULANCE SERVICE, ALS, NON-EMERGENCY TRANSPORT, LEVEL 1	266.89	250.54
A0427	AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, LEVEL 1	422.57	396.69
A0428	AMBULANCE SERVICE BLS, NON-EMERGENCY TRANSPORT	222.41	208.78

HCPCS	Mod	Description	Fee	HCPCS	Mod	Description	Fee
A4351		Straight tip urine catheter	\$1.74	A4422		Ost pouch absorbent material	\$0.12
A4352		Coude tip urinary catheter	\$6.42	A4423		Ost pch for bar w lk fl/fltr	\$1.86
A4353		Intermittent urinary cath	\$6.99	A4424		Ost pch drain w bar & filter	\$4.75
A4354		Cath insertion tray w/bag	\$11.70	A4425		Ost pch drain for barrier fl	\$3.58
A4355		Bladder irrigation tubing	\$8.91	A4426		Ost pch drain 2 piece system	\$2.73
A4356		Ext ureth clmp or compr dvc	\$45.63	A4427		Ost pch drain/barr lk flng/f	\$2.78
A4357		Bedside drainage bag	\$9.19	A4428		Urine ost pouch w faucet/tap	\$6.51
A4358		Urinary leg or abdomen bag	\$6.63	A4429		Urine ost pouch w bltinconv	\$8.25
A4359		Urinary suspensory w/o leg b	\$30.63	A4430		Ost urine pch w b/bltin conv	\$8.52
A4361		Ostomy face plate	\$18.26	A4431		Ost pch urine w barrier/tapv	\$6.22
A4362		Solid skin barrier	\$3.46	A4432		Os pch urine w bar/fange/tap	\$3.59
A4364		Adhesive, liquid or equal	\$2.93	A4433		Urine ost pch bar w lock fln	\$3.34
A4365		Adhesive remover wipes	\$11.32	A4434		Ost pch urine w lock flng/ft	\$3.76
A4366		Ostomy vent	\$1.30	A4450	AU	Non-waterproof tape	\$0.09
A4367		Ostomy belt	\$7.35	A4450	AV	Non-waterproof tape	\$0.09
A4368		Ostomy filter	\$0.26	A4450	AW	Non-waterproof tape	\$0.11
A4369		Skin barrier liquid per oz	\$2.42	A4452	AU	Waterproof tape	\$0.36
A4371		Skin barrier powder per oz	\$3.65	A4452	AV	Waterproof tape	\$0.36
A4372		Skin barrier solid 4x4 equiv	\$4.18	A4452	AW	Waterproof tape	\$0.40
A4373		Skin barrier with flange	\$6.28	A4455		Adhesive remover per ounce	\$1.40
A4375		Drainable plastic pch w fcpl	\$17.18	A4462		Abdmnl drssng holder/binder	\$3.29
A4376		Drainable rubber pch w fcpl	\$47.58	A4481		Tracheostoma filter	\$0.37
A4377		Drainable plstic pch w/o fp	\$4.29	A4483		Moisture exchanger	\$0.00
A4378		Drainable rubber pch w/o fp	\$30.75	A4556		Electrodes, pair	\$12.14
A4379		Urinary plastic pouch w fcpl	\$15.02	A4557		Lead wires, pair	\$17.94
A4380		Urinary rubber pouch w fcpl	\$37.33	A4558		Conductive paste or gel	\$5.45
A4381		Urinary plastic pouch w/o fp	\$4.61	A4561		Pessary rubber, any type	\$18.63
A4382		Urinary hvy plstc pch w/o fp	\$24.62	A4562		Pessary, non rubber,any type	\$46.38
A4383		Urinary rubber pouch w/o fp	\$28.19	A4595		TENS suppl 2 lead per month	\$28.81
A4384		Ostomy faceplt/silicone ring	\$9.62	A4605	NU	Trach suction cath close sys	\$16.40
A4385		Ost skn barrier sld ext wear	\$5.10	A4608		Transtracheal oxygen cath	\$58.15
A4387		Ost clsd pouch w att st barr	\$0.00	A4611	NU	Heavy duty battery	\$196.45
A4388		Drainable pch w ex wear barr	\$4.36	A4611	RR	Heavy duty battery	\$20.37
A4389		Drainable pch w st wear barr	\$6.22	A4611	UE	Heavy duty battery	\$147.34
A4390		Drainable pch ex wear convex	\$9.61	A4612	NU	Battery cables	\$67.94
A4391		Urinary pouch w ex wear barr	\$7.07	A4612	RR	Battery cables	\$6.92
A4392		Urinary pouch w st wear barr	\$8.18	A4612	UE	Battery cables	\$51.81
A4393		Urine pch w ex wear bar conv	\$9.04	A4613	NU	Battery charger	\$144.21
A4394		Ostomy pouch liq deodorant	\$2.58	A4613	RR	Battery charger	\$14.43
A4395		Ostomy pouch solid deodorant	\$0.05	A4613	UE	Battery charger	\$104.29
A4396		Peristomal hernia supprt blt	\$40.48	A4614		Hand-held PEFR meter	\$23.78
A4397		Irrigation supply sleeve	\$4.79	A4618	NU	Breathing circuits	\$8.89
A4398		Ostomy irrigation bag	\$13.81	A4618	RR	Breathing circuits	\$1.02
A4399		Ostomy irrig cone/cath w brs	\$12.26	A4618	UE	Breathing circuits	\$6.67
A4400		Ostomy irrigation set	\$48.87	A4619		Face tent	\$1.21
A4402		Lubricant per ounce	\$1.39	A4623		Tracheostomy inner cannula	\$6.55
A4404		Ostomy ring each	\$1.54	A4624	NU	Tracheal suction tube	\$2.35
A4405		Nonpectin based ostomy paste	\$3.40	A4625		Trach care kit for new trach	\$6.93
A4406		Pectin based ostomy paste	\$5.74	A4626		Tracheostomy cleaning brush	\$3.19
A4407		Ext wear ost skn barr <=4sqö	\$8.76	A4628	NU	Oropharyngeal suction cath	\$3.67
A4408		Ext wear ost skn barr >4sqö	\$9.87	A4629		Tracheostomy care kit	\$4.63
A4409		Ost skn barr w flng <=4 sqö	\$6.22	A4630	NU	Repl bat t.e.n.s. own by pt	\$5.69
A4410		Ost skn barr w flng >4sqö	\$9.04	A4632	NU	Infus pump rplcemnt battery	\$0.00
A4413		2 pc drainable ost pouch	\$5.50	A4632	RR	Infus pump rplcemnt battery	\$0.00
A4414		Ostomy sknbarr w flng <=4sqö	\$4.93	A4632	UE	Infus pump rplcemnt battery	\$0.00
A4415		Ostomy skn barr w flng >4sqö	\$6.00	A4633	NU	Uvl replacement bulb	\$41.04
A4416		Ost pch clsd w barrier/fltr	\$2.75	A4635	NU	Underarm crutch pad	\$5.12
A4417		Ost pch w bar/bltinconv/fltr	\$3.72	A4635	RR	Underarm crutch pad	\$0.69
A4418		Ost pch clsd w/o bar w fltr	\$1.81	A4635	UE	Underarm crutch pad	\$3.39
A4419		Ost pch for bar w flange/flt	\$1.74	A4636	NU	Handgrip for cane etc	\$3.58
A4420		Ost pch clsd for bar w lk fl	\$0.00	A4636	RR	Handgrip for cane etc	\$0.43

<u>CPT*</u>	<u>Description</u>	
97020	APPLIC MODAL 1/> AREAS; MICROWAVE	SUPERVISED MODALITY
97022	APPLIC MODAL 1/> AREAS; WHIRLPOOL	SUPERVISED MODALITY
97024	APPLIC MODAL 1/> AREAS; DIATHERMY	SUPERVISED MODALITY
		includes cold laser or low-power laser treatment
97026	APPLIC MODAL 1/> AREAS; INFRARED	SUPERVISED MODALITY
97028	APPLIC MODAL 1/> AREAS; ULTRAVIOLET	SUPERVISED MODALITY
97032	APPLIC MODAL 1/> AREAS; ELEC STIM EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97033	APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97034	APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97035	APPLIC MODAL 1/> AREAS; ULTRASOUND EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97036	APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97110	THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97112	NEUROMUSCULAR REEDUCATION	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97140	MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
97150	THERAP PROC GROUP	CONSTANT ATTENDANCE OF PROVIDER REQUIRED
97530	THERAPEUTIC ACTIVITIES	DIRECT ONE-ON-ONE PATIENT CONTACT REQUIRED
98925	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED	
98926	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED	
98927	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED	
98928	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED	
98929	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED	
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS	
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS	
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS	
98943	CHIROPRACTIC MANIP TX; EXTRA SPINAL 1 OR MORE REGIONS	

NOTE: FOR CHIROPRACTIC MANIPULATIVE TREATMENT, THE 5 SPINAL REGIONS REFERRED TO ARE: CERVICAL REGION (INCLUDES ATLANTO-OCCIPITAL JOINT); THORACIC REGION (INCLUDES COSTOVERTEBRAL AND COSTOTRANSVERSE JOINTS); LUMBAR REGION; SACRAL REGION; AND PELVIC (SACRO-ILIAC JOINT) REGION. THE FIVE EXTRA-SPINAL REGIONS REFERRED TO ARE: HEAD (INCLUDING TEMPOROMANDIBULAR JOINT, EXCLUDING ATLANTO-OCCIPITAL) (EXCLUDING COSTOTRANSVERSE AND COSTOVERTEBRAL JOINTS AND ABDOMEN)

NOTE: FOR OSTEOMANIPULATIVE TREATMENT, THE BODY REGIONS REFERRED TO ARE: HEAD REGION; CERVICAL REGION; THORACIC REGION; LUMBAR REGION; SACRAL REGION; PELVIC REGION; LOWER EXTREMITIES; UPPER EXTREMITIES; RIB CAGE REGION; ABDOMEN AND VISCERA REGION

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Exhibit 7

Ambulatory Surgical Center Facility Fee Schedule

ASC Group	Facility Fee North	Facility Fee South
Group 1	1,265.10	1,171.93
Group 2	1,694.39	1,569.61
Group 3	1,937.53	1,794.84
Group 4	2,393.42	2,217.16
Group 5	2,723.94	2,523.34
Group 6	3,138.04	2,906.94
Group 7	3,780.09	3,501.70
Group 8	3,696.51	3,424.28
Group 9	5,086.97	4,712.34

New Rule, R.2001 d.253, effective July 16, 2001.  
 See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 2507(a).  
 Amended by R.2002 d.59, effective March 4, 2002.  
 See: 33 N.J.R. 3617(a), 34 N.J.R. 1032(a).  
 Inserted Exhibit 2, Dental Fee Schedule.  
 Amended by R.2003 d.143, effective April 7, 2003.  
 See: 34 N.J.R. 1237(a), 35 N.J.R. 1547(b).  
 Amended Exhibit 3 and inserted Exhibit 6.  
 Amended by R.2004 d.481, effective December 20, 2004.  
 See: 36 N.J.R. 2579(a), 36 N.J.R. 5912(a).  
 Repealed former Exhibit 2 and inserted a new Exhibit 2.  
 Petition for Rulemaking: Department of Banking and Insurance; Division of Insurance; Property and Casualty Division; Notice of receipt of petition for rulemaking: review of the medical fee schedule.  
 See: 38 N.J.R. 1880(a), 2745(c).  
 Petition for Rulemaking: Department of Banking and Insurance; Division of Insurance; Property and Casualty Division; Notice of action on petition for rulemaking: review of the medical fee schedule.  
 See: 38 N.J.R. 3681(a).  
 Amended by R.2007 d.305, effective October 1, 2007.  
 See: 38 N.J.R. 3437(a), 39 N.J.R. 4126(c).  
 Former Exhibits 1, 4, 5 and 6 repealed; added new Exhibits 1, 4, 5 and 6; and added Exhibit 7.  
 Notice of Stay of Implementation: See: 39 N.J.R. 4849(a).  
 By Order of the Appellate Division of the Superior Court of New Jersey entered on September 28, 2007, the implementation of amendments to this rule published in the October 1, 2007 New Jersey Register

at 39 N.J.R. 4126(c) was stayed pending a decision in the matter of *Alliance for Quality Care, Inc., et al. v. New Jersey Department of Banking and Insurance*, Docket No. A33-07 T3, now pending before the Appellate Division.  
 Amended by R.2009 d.194, effective June 15, 2009.  
 See: 40 N.J.R. 6375(a), 41 N.J.R. 2489(a).  
 Repealed former Exhibit 3; and added new Exhibit 3.

SUBCHAPTER 30. MOTOR VEHICLE SELF-INSURANCE

11:3-30.1 Purpose

This subchapter sets forth the filing requirements for motor vehicle self-insurers pursuant to N.J.S.A. 39:6-50.1, and 39:6-52 to 39:6-54.

11:3-30.2 Scope

The provisions of this subchapter apply to any person seeking to qualify as a motor vehicle self-insurer in New Jersey, except public entities pursuant to N.J.S.A. 39:6-54.

11:3-30.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Applicant” means a person applying for a certificate of self-insurance who does not currently possess a valid certificate.

“Association” means the New Jersey Automobile Full Insurance Underwriting Association created pursuant to N.J.S.A. 17:30E-1 et seq.