

Procedure Code	Description	Rate
M0009	NOT OTHERWISE CLASSIFIED, OFFICE VISITS	\$0.00
M0019	NOT OTHERWISE CLASSIFIED, HOME VISITS	\$0.00
M0029	NOT OTHERWISE CLASSIFIED, HOSPITAL VISITS	\$0.00
M0049	NOT OTHERWISE CLASSIFIED, NH, BOARDING HOME, DOMICILLARY, CUSTODIAL CARE FACILITY	\$0.00
M0059	NOT OTHERWISE CLASSIFIED, EMERGENCY ROOM SERVICES	\$0.00
M0261	TONSILLECTOMY, WITH OR WITHOUT ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TUBE INSERTION	\$108.09
M0530	CARDIAC EVENTS RECORDER, ELECTROCARDIOGRAPHIC MONITORING, NON-CONTINUOUS, UP TO 12 HOURS	\$7.28
M0575	ELECTROENCEPHALOGRAM (EEG), INTERPRETATION AND REPORT ONLY	\$16.03
M0585	ACHILLES REFLEX RESPONSE, ELECTRICAL RECORDING (ART)	\$3.45
M0601	PSYCHOLOGICAL TESTING, WITH WRITTEN REPORT, PER HOUR	\$28.80