

**ATTACHMENT A
PCC ENHANCED FEE CODES AS OF 01/01/2011**

Physician (Provider Type 01)			
From HCPS	Thru HCPCS	Begin	Amount
59400	59400	04/30/02	\$10.00
59510	59510	04/30/02	\$10.00
59610	59610	07/29/02	\$10.00
59618	59618	07/29/02	\$10.00
99201	99205	06/01/92	\$10.00
99211	99215	06/01/92	\$10.00
99324	99326		\$10.00
99334	99337		\$10.00
99341	99343	06/01/92	\$10.00
99344	99345	03/01/99	\$10.00
99347	99350	03/01/99	\$10.00
99381	99387	06/01/92	\$10.00
99391	99397	06/01/92	\$10.00

Community Health Center (Provider Type 20)			
From HCPS	Thru HCPCS	Begin	Amount
T1015	T1015	01/01/03	\$10.00
59400	59400	04/30/02	\$10.00
59510	59510	04/30/02	\$10.00
59610	59610	7/29/02	\$10.00
59618	59618	7/29/02	\$10.00
99324	99326		\$10.00
99334	99337		\$10.00
99341	99343	8/01/00	\$10.00
99347	99349	8/01/00	\$10.00
99381	99385	8/01/00	\$10.00
99391	99395	8/01/00	\$10.00

Nurse Practitioner (Provider Type 17)			
From HCPS	Thru HCPCS	Begin	Amount
99201	99205	06/01/92	\$10.00
99211	99215	06/01/92	\$10.00
99321	99323	06/01/92	\$10.00
99331	99333	06/01/92	\$10.00
99341	99343	06/01/92	\$10.00
99344	99345	03/01/99	\$10.00
99347	99350	03/01/99	\$10.00
99381	99387	06/01/92	\$10.00
99391	99397	06/01/92	\$10.00

Out Patient (Provider Type 80)			
From HCPS	Thru HCPCS	Begin	Amount
+99213	99213	06/01/92	\$10.00

Hospital Licensed HLTH CTR (Provider Type 81)			
From HCPS	Thru HCPCS	Begin	Amount
+99213	99213	06/01/92	\$10.00