



November 2, 2007

Re: Amendment by Notification to Participating Provider Agreement between AMGP Georgia Managed Care Company, Inc. d/b/a AMERIGROUP Community Care and [Provider]

Dear Participating Provider:

AMERIGROUP originally sent you an Amendment by Notification on October 1, 2007 and we indicated that the AMERIGROUP fee schedule, implemented as part of that amendment, would include a broad-based reduction to your current fee schedule. **Upon further consideration, AMERIGROUP will NOT implement this fee schedule reduction.**

The AMERIGROUP fee schedule will remain consistent with the State of Georgia Medicaid fee schedule, along with some "back filling" of codes where there is no fee established by the State of Georgia. **As a result, the Amendment by Notification should not adversely impact your current reimbursement rates.**

If you would like to receive a copy of the AMERIGROUP fee schedule that will take effect as of November 5, 2007 (sample attached), please contact your Provider Relations Representative. As noted above, the AMERIGROUP fee schedule should not materially differ from your current reimbursement rates. Providers who participate and contract through an Independent Physician Association (IPA) should contact the IPA for the fee schedule.

While we still have concerns, as we know you do, about medical cost trends and their impact on overall program funding, our goals continue to be to ensure quality member care, to reimburse providers reasonably and on time, and to maintain the financial integrity of the Georgia Families program.

If you have any questions concerning this matter, please contact Provider Relations at 678-587-4840. We appreciate your participation in the AMERIGROUP provider network.

Sincerely,

AMERIGROUP Community Care

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FOR PROVIDER SERVICES, VISIT [WWW.AMERIGROUPCORP.COM/PROVIDERS](http://WWW.AMERIGROUPCORP.COM/PROVIDERS) • OR CALL 1-800-454-3730

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November 2007

**AMGP Georgia Managed Care Company, Inc.  
d/b/a AMERIGROUP Community Care**

*Sample Fee Schedule effective 11/05/07*

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<b>Code</b>	<b>Description</b>		
<b>OFFICE VISITS*</b>			
99201	Ofc/Outpt E&M New Minor 10 Min	\$	35.13
99202	Ofc/Outpt E&M New Minor 20 Min	\$	54.57
99203	Ofc/Outpt E&M New Minor 30 Min	\$	76.53
99204	Ofc/Outpt E&M New Minor 45 Min	\$	110.51
99205	Ofc/Outpt E&M New Minor 60 Min	\$	137.12
99211	Ofc/Outpt E&M Estab 5 Min	\$	17.46
99212	Ofc/Outpt E&M Estab Minor 10- Min	\$	29.67
99213	Ofc/Outpt E&M Estab Minor 15 Min	\$	40.70
99214	Ofc/Outpt E&M Estab Mod-Hi 25 Min	\$	62.71
99215	Ofc/Outpt E&M Estab Mod-Hi 45 Min	\$	93.46
99381	Init Prev Med E&M New Pt	\$	67.38
99382	Init Prev Med E&M New Pt	\$	67.38
99383	Init Prev Med E&M New Pt	\$	75.38
99384	Init Prev Med E&M New Pt	\$	75.38
99385	Init Prev Med E&M New Pt	\$	75.38
99392	Prd Prev Med E&M Est Pt;	\$	67.38
99393	Prd Prev Med E&M Est Pt;	\$	75.38
99394	Prd Prev Med E&M Est Pt;	\$	75.38
99395	Prd Prev Med E&M Est Pt;	\$	75.38
<b>HealthCheck Visits (must be billed with an EP modifier)</b>			
99381	Init Prev Med E&M New Pt	\$	67.38
99382	Init Prev Med E&M New Pt	\$	67.38
99383	Init Prev Med E&M New Pt	\$	75.38
99384	Init Prev Med E&M New Pt	\$	75.38
99385	Init Prev Med E&M New Pt	\$	75.38
99392	Prd Prev Med E&M Est Pt;	\$	67.38
99393	Prd Prev Med E&M Est Pt;	\$	75.38

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99394	Prd Prev Med E&M Est Pt;	\$	75.38
99395	Prd Prev Med E&M Est Pt;	\$	75.38
<b>CONSULTATIONS</b>			
99241	Office Cnslt New/Estab Minor 15 Min	\$	48.05
99242	Office Cnslt New/Estab Minor 30 Min	\$	78.78
99243	Office Cnslt New/Estab Minor 40 Min	\$	100.50
99244	Office Cnslt New/Estab Minor 60 Min	\$	139.12
99251	Initial Inpt Consult Minor 20 Min	\$	38.10
99252	Initial Inpt Consult Low 40 Min	\$	65.63
99253	Initial Inpt Cpnsult Mod 55 Min	\$	87.91
99254	Initial Inpt Consult Mod-Hi 80 Min	\$	123.04
99255	Initial Inpt Consult Mod-Hi 110 Min	\$	167.90
<b>INPATIENT VISITS</b>			
99222	Initial Hospital care	\$	99.20
99231	Subsequent Hospital Care	\$	30.80
99238	Subsequent Hospital Care	\$	57.11
<b>LAB &amp; PATHOLOGY</b>			
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	\$	3.99
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, 1-3 simultaneous determinations	\$	4.04
82950	Glucose; post glucose dose (includes glucose)	\$	5.98
83026	Hemoglobin; by copper sulfate method, non-automated	\$	2.97
83655	Lead	\$	15.22
86580	Skin test; tuberculosis, intradermal	\$	8.13
86692	Antibody; hepatitis, delta agent	\$	21.58
87086	Culture, bacterial; quantitative colony count, urine	\$	10.15

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<b>Code</b>	<b>Description</b>		
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	\$	15.08
<b>ER VISITS</b>			
99281	Emergency Room Visit - Level 1	\$	17.28
99282	Emergency Room Visit - Level 2	\$	27.00
99283	Emergency Room Visit - Level 3	\$	54.80
99284	Emergency Room Visit - Level 4	\$	84.21
99285	Emergency Room Visit - Level 5	\$	132.41
<b>PULMONOLOGY</b>			
94010	Spirometry,inc.Graphic Rcrd,w/ Or W/O Max Voluntary Ventilation	\$	25.73
94060	Bronchospasm Eval:spirometry As In 94010-Before & After Bron	\$	49.56
94760	Noninvas.Ear/Pulse Oximetry-Oxygen Sat;1 Determination	\$	9.08
<b>ALLERGY</b>			
95004	Percutaneous Tests With Allergenic Extracts;spcfy # Tests	\$	3.50
95115	Prof Serv For Allergen Immuno/Exclude Ext; Single Injection	\$	13.41
95117	Prof Serv For Allergen Immuno/Excluding Ext;multi Injections	\$	17.25
<b>NEUROLOGY</b>			
95819	Eeg Incl Recording Awake/Drowsy/Asleep..Standard Or Port Sam	\$	98.42
95860	Electromyography;1 Extremity W/Wo Related Paraspinal Areas	\$	63.43
95900	Nerve Conduction, Velocity &/Or Latency Study; Motor Ea Nerv	\$	32.54
95904	Nerve Conduction Velocity &/Or Latency Study; Sensory Ea Ner	\$	27.19
<b>CHEMOTHERAPY</b>			
96405	Chemotherapy administration, intralesional; up to and including 7 le	\$	50.77
96420	Chemotherapy administration, intra-arterial; push technique	\$	42.76
96440	Chemotherapy administration into pleural cavity, requiring and inclu	\$	204.09
<b>THERAPY</b>			
97010	Application of a modality to one or more areas; hot or cold packs	\$	9.66
97014	Physical Medicine Treatment To 1 Area; Electrical Stimulatio	\$	12.96
97035	Ultrasound Therapy	\$	10.69

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<b>Code</b>	<b>Description</b>		
97110	Phys Med Trtmt 1 Area, Initial 15 Min-Ea Visit; Thera Excer	\$	20.07
<b>CARDIOLOGY-Invasive</b>			
92982	Percutaneous Transluminal Coronary Angioplasty;single Vessel	\$	671.15
93526	Comb Rt Hrt Catheterization & Retrograde Lft Heart Catheteri	\$	1,985.13
<b>CARDIOLOGY-Global</b>			
93000	Electrocardiogram	\$	25.09
93015	Card Stress Test Using Maximal Or Submaximal Treadmill; Cont	\$	99.06
93224	Electrocardiographic Monitoring For 24 Hours By Continuous	\$	147.38
93307	Echocardiography,transcic,real-Time W/2d,w/Wo M-Mode Recordin	\$	185.42
93320	Doppler Echocardiography,pulsed/Contin Wave W/Spectral Display	\$	81.11
93325	Doppler Color Flow Velocity Mapping(List Separet In Addtn Echoca	\$	103.91
93543	Inj Proc Card Cath; For Selective Lft Ventricular Or Lft Art	\$	27.28
93545	Inj Proc/Card Cath; For Selective Coronary Angiography	\$	32.96
<b>DERMATOLOGY</b>			
10060	Incision And Drainage Of Abscess; Simple	\$	66.72
11100	Biopsy Of Skin, Sucut Tissue &/Or Mucous Memb...; 1 Lesion	\$	59.76
11750	Excision Of Nail & Nail Matrix,partial Or Complete,permanent	\$	121.76
<b>GASTROENTEROLOGY</b>			
43235	Upper Gastrointestinal Endoscopy Incl Esoph,stom,compl Diag	\$	203.91
43239	Upper Gastrointestinal Endoscopy,for Biop & Or Coll Of Spec	\$	210.98
45330	Sigmoidoscopy,flexible,fiberoptic;diagnostic	\$	74.94
45378	Colonoscopy,flexible,beyp Spl Flex,diagn W W/O Colon Decomp	\$	290.95
45380	Colonoscopy,w Biopsy & Or Collect Of Spec By Brush Or Wash	\$	315.67
45385	Colonoscopy With Removal Of Polypoid Lesion	\$	403.07
<b>UROLOGY</b>			
51840	Anterio Vesicourethropexy,or Urethropexy;simple	\$	613.69
51845	Abdomino-Vaginal Vesical Neck Suspension,w Or W/O Endo Contr	\$	603.71
52000	Cystourethroscopy(Separate Procedure)	\$	136.41

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52601	Transurethral Resect Of Prostrate,incl Contr Of Postop Bleed	\$	731.24
55250	Vasectomy,unil Or Bilat,incl Postoperative Semen Examination	\$	287.60
55845	Prostatectomy,retro Rad,w Bil Pelv Lymphad,inc Ext Iliac	\$	1,589.50

**NEUROSURGERY**

61700	Surgery Of Intracranial Aneurysm,intra Approach,cardid Circ	\$	2,870.65
63030	Laminotomy,for Decomp Of Nerve Root,one Intersp,lumbar;unil	\$	815.83
63047	Laminectomy,incl Unil & Bil Compl Face Or Fora,lumbar	\$	975.66
63075	Diskectomy,ant,for Decomp Of Spin Cord;cervical;single	\$	1,226.80
64721	Neurolysis & Or Transposition,median Nerve At Carpal Tunnel		

**OPHTHALMOLOGY**

66821	Disciss Of Second Membrane Cataract,laser Surgery	\$	168.18
66984	Extracap Cataract Rem W Insert Of Intra Lens Prosth	\$	644.35
67210	Destruction Of Localized Lesion Of Retina,photocoagulation	\$	558.68
67312	Strabis Surg On Patient Not Prev Oper On,2 Mus,1 Or Both Eye	\$	554.47

**RADIOLOGY-Office**

70220	Radiologic Exam, Sinuses, Paranasal Complete, Minimum 3 View	\$	38.11
71020	Radiologic Exam, Chest, 2 Views, Frontal & Lateral	\$	31.11
72050	Radiologic Exam, Spine, Cervical; Minimum Four Views	\$	44.44
72110	Rad Exam, Spine, Lumbosacral; Complete With Oblique Views	\$	45.08
73560	Radiologic Exam, Knee; One Or Two Views	\$	25.41
73610	Radiologic Exam, Ankle; Complete Minimum Of Three Views	\$	25.73
73630	Radiologic Exam, Foot; Complete, Minimum Of Three Views	\$	25.73
74246	Rad Exam Gi Tract Upper Air Contrast W Barium W Or W/O Gluca	\$	87.24
74280	Rad Exam, Colon; Air Contrast W Barium, W Or W/O Glucagon	\$	120.53
74400	Urography(Pyelography), Intravenous, With Or Without Kub	\$	79.72
76805	Echography, Pregnant Uterus, B-Scan &/Or Real Time...Comple	\$	116.39

**RADIOLOGY - Hospital Based**

70470 26	Cat, Head Or Brain; W/O Contrast, Followed By Contrast & Fur	\$	56.45
70551 26	Magnetic Resonance Imaging, Brain(Including Brain Stem)	\$	66.17
72131 26	Computerized Axial Tomography, Lumbar Spine; W/O Contrast Ma	\$	51.75
72141 26	Magnetic Resonance Imaging, Spinal Canal & Contents; Cervica	\$	71.21

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72148 26	Mri, Spinal Canal & Contents;lumbar, W/O Contrast Material	\$	66.17
72193 26	Computerized Axial Tomography, Pelvis; With Contrast Materia	\$	51.75
73721 26	Magnetic Resonance Imaging, Any Joint-Lower Extremity	\$	62.01
74160 26	Computerized Axial Tomography, Abdomen; With Contrast Materi	\$	56.45
76700 26	Echography, Abdominal, B-Scan &/Or Real Time W Image Doc;con	\$	36.07
76856 26	Echography, Pelvic, B-Scan &/Or Real Time W Image Doc;comple	\$	31.05
76091 26	Mammography; Bilateral	\$	28.81
78465 26	Myocardial Perfusion Imaging,tomograph Mltpl Studies,rest,stress,r	\$	66.22

**SURGICAL PATHOLOGY - Professional**

88304 26	Surg Path,gross & Micro Exam-Level III	\$	12.93
88305 26	Surg Path, Gross & Micro Exam-Level Iv	\$	38.72
88307 26	Surg Path, Gross & Micro Exam-Level V	\$	76.07

**LAB & PATHOLOGY-Global**

80051	Electrolyte panel This panel must include:(82374),(82435), (84132),	\$	8.82
80061	Lipid Profile	\$	16.85
81000	Urinalysis, By Dip Stick Or Tablet Reagent; W/ Microscopy	\$	3.99
82670	Estradiol	\$	35.14
83718	Lipoprotein,direct Measurement; High Density Cholesterol	\$	10.30
84443	Thyroid Stimulating Hormone(Tsh)	\$	21.12
84702	Gonadotropin, Chorionic(Hcg); Quantitative	\$	8.07
84703	Gonadotropin, Chorionic; Qualitative	\$	8.07
85025	Blood Count; Hemogram & Platelet Ct, Auto & Auto Comp Differ	\$	9.77
86316	Immunoassay For Tumor Antigen (Eg, Cancer Antigen 125)each	\$	26.16
86403	Particle Agglutination,antibody Or Antigen,each	\$	12.82
86580	Skin test; tuberculosis, intradermal	\$	8.13
87081	Culture, Bacterial, Screening Only, For Single Organism	\$	8.33
88150	Cytopath,smears,cerv/Vag,screen W/Superv.,up To 3 Smears	\$	13.28

**GENERAL SURGERY**

12001	Simple Rep Superficial Wounds Scalp/Neck/Axillae...2.5 Cm <	\$	103.88
17000	Dest Any Meth W Or W/O Surg Currettemnt All Facial..;1 Lesio	\$	43.30
19120	Exc Cyst/Fibroadenoma/Benign/Malig, Aberrant B,lesion, M/F, 1 Or	\$	306.21
19240 50	Mastectomy Mod Radical Incl Axillary Lymph Nodes Not Pectora	\$	1,279.08
33405	Replace,aortic Valve,w C-P Bypass,w Prosthtc Valve Othr Homo	\$	1,962.22

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33511	Coronary Artery Bypass,vein Only;two Coronary Grafts	\$	1,821.22
33512	Coronary Artery Bypass,vein Only;three Coronary Graft	\$	1,954.52
33513	Coronary Artery Bypass, Vein Only; 4 Coronary Grafts	\$	2,097.85
33514	Cornary Artery Bypass,vein Only,five Coronary Grafts	\$	2,286.82
33730	Complete Repair Of Anomalous Return	\$	1,990.08
44005	Enterolysis,for Acute Bowel Obstruction	\$	722.16
44140	Colectomy,partial;with Anastomosis	\$	962.89
44950	Appendectomy	\$	458.73
47600	Cholecystectomy	\$	619.41
49505	Repair Inguinal Hernia,age 5 Or Over; Reducible	\$	363.81
49560	Repair Initial Incisional Ventral Hernia, Reducible	\$	523.40
50590	Lithotripsy,extracorporeal Shock Wave	\$	623.04
67228	Destruct Of Extens Or Progress Retinopathy,photocoagulation	\$	734.31
69210	Removal Impacted Cerumen,one Or Both Ears	\$	42.30
69436	Tympanostomy,general Anesthesia;unilateral	\$	130.29

**ORTHOPEDICS**

22554	Arthrodesis Ante Interbody Tech;cerv Below C-2 W Bone Allogr	\$	1,233.87
22612	Arthrodesis Posterior/Posterolat Tech W Local Bone...Lumbar	\$	1,330.57
22842	Posterior Instrumentation; Segmental Fixation	\$	666.49
23420	Repair Of Complete Shoulder Cuff Avulsion, Chronic	\$	913.96
26990	I & D Pelvis/Hip Joint Area; Deep Abscess Or Hematoma	\$	516.86
27130	Arthroplasty, Acetabular & Proximal Femoral Prosthetic Repla	\$	1,326.70
27425	Lateral Retinacular Release(Any Method)	\$	378.01
27428	Ligamentous Reconstruction, Knee; Intra-Articular(Open)	\$	906.19
27447	Arthroplasty,knee,condyle & Plateau;medial & Lateral Comp W	\$	1,403.35
28296	Hallax Valgus Corr W Or W/O Sesamoidectomy;w Metatarsal Oste	\$	596.63
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving Articular C	\$	506.64
29881	Arthroscopy, Knee, Surgical; W Menisectomy(Med Or Lat Incl A	\$	532.13
29888	Arthroscopically Aided Ant Cruciated Lig Rep/Augment Or Reco	\$	928.04

**ENT**

30140	Submucous Resection Turbinate, Partial Or Complete	\$	229.35
30520	Septoplasty Or Submucous Resection W W/O Cart Scor W Graft	\$	382.29
42820	Tonsillectomy And Adnoidectomy;under Age 12	\$	240.77
42826	Tonsillectomy,primary Or Secondary,age 12 Or Over	\$	229.43

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<b>GYNECOLOGY</b>			
49000	Exploratory Laparotomy,exploratory Celiotomy	\$	615.02
49320	Laparoscopy, Surgical, Abdomen, Peritoneum And Omentum	\$	296.87
58670	Fulguration Of Oviducts	\$	321.54
58671	Occlusion Of Oviducts By Device	\$	331.15
58662	Fulguration Or Excision Of Lessions Of The Ovary	\$	574.74
58660	Laparoscopy, Surgical	\$	564.99
58555	Hysteroscopy, Diagnostic	\$	186.47
58563	Endometrial Ablation	\$	320.92
57454	Colposcopy,with Biopsies,or Biopsy Of The Cervix	\$	89.33
57520	Biopsy Of Cervix,circumferential,w Or W/O Dilation & Curett	\$	256.86
58120	Dilation & Curettage,diagnostic & Or Therapeautic	\$	213.15
58150	Total Hysterectomy,w Or W/O Rem Of Tube,w Or W/O Rem Of Ovar	\$	791.90
58260	Vaginal Hysterectomy	\$	661.55
58605	Ligation & Transect Of Fall Tubes,abdom Or Vagin Approach	\$	227.22
58720	Salpingo-Oophorerctomy,compl Or Part,unilateral Or Bilateral	\$	602.64
58740	Lysis Of Adhesions	\$	363.56
<b>OBSTETRICS*</b>			
59409	Vaginal Delivery Only (With Or W/O Episiotomy And/Or Forceps	\$	797.43
59410	Vaginal Delivery; Including Postpartum Care	\$	901.00
59430	Postpartum Care Only	\$	96.12
59514	Cesarean Delivery Only	\$	1,096.43
59515	Cesarean Delivery Only; Including Postpartum Care	\$	1,200.00
59612	Vaginal Delivery Only,after Previous Cesarean Delivery(W/Orw/Out	\$	820.04
59614	Vaginal Delivery Only, After Previous Csec Delvry W/Postpartum C	\$	901.00
59620	Cesarean Delivery Only,following Attempted Vaginal Del.After Prev	\$	1,096.43
59622	Csect Deliv Only After Previous Csect Delivery W/Postpartum Care	\$	1,200.00
76805	Echography, Pregnant Uterus, B-Scan &/Or Real Time...Comple	\$	116.39
76815	Echography, Pregnant Uterus, B-Scan &/Or Real Time...Limited	\$	78.03