Professional Services Fee Schedule
Evaluation & Management Fees

Effective for Dates of Service on or After

July 1, 2014

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&
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EVALUATION AND MANAGEMENT FEES
FIELD KEY:

Column Title	Column Description	Column Values	Value Definitions
CPT® CODE/ HCPCS CODE	2014 CPT® or HCPCS code		2014 CPT® or HCPCS code
DOLLAR VALUE NON-FACILITY SETTING	This column indicates the: • Maximum dollar amount for covered services provided in a non-facility setting, or • Pricing method for the procedure code, or • Coverage status for the procedure code.	Dollar Value	Maximum dollar amount payable for
		Bundled	Bundled code, not separately payable.
		By Report	Service paid on a “by report” basis.
		Contracted	Contracted service. Payable only to department’s contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Facility Only	Procedure code for facility outpatient use
		Not Covered	Procedure code is not covered.
DOLLAR VALUE FACILITY SETTING	This column indicates the: • Maximum dollar amount for covered services provided in a facility setting, or • Pricing method for the procedure code, or • Coverage status for the procedure code.	Dollar Value	Maximum dollar amount payable for
		Bundled	Bundled code, not separately payable.
		By Report	Service paid on a “by report” basis.
		Contracted	Contracted service. Payable only to department’s contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		Hosp. Only	Procedure code for hospital outpatient use
		Not Covered	Procedure code is not covered.

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Field Key: Evaluation & Management (continued)

Column Title	Column Description	Column Values	Value Definitions
FOL UP	Follow-up Days for Global Surgery	Number	The number of days following surgery during which charges for normal postoperative care are bundled in the global surgery fee.
PRE OP (-56)	Preoperative Percentage (Modifier –56)	Percent	The percent of the total global surgery dollar value that is allowed when modifier –56 is billed.
INTRA OP (-54)	Intraoperative Percentage (Modifier –54)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -54 is billed.
POST OP (-55)	Postoperative Percentage (Modifier –55)	Percent	The percent of the total global surgery dollar value that is allowed when modifier -55 is billed.
PCTC (26/TC)	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether professional and technical component modifiers (-26/-TC) are valid with the procedure code.	0	**Modifiers -26 and -TC are *not valid*.** The procedure is for physician services only; the concept of PC/TC does not apply
		1	**Modifiers -26 and -TC are *valid*.** Diagnostic test or radiology service which has both a professional and technical component.
		2	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the professional component of a diagnostic test. An associated code describes the technical component of the diagnostic test or the global procedure (professional and technical components).
		3	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the technical component of a diagnostic test. An associated code describes the professional component of the diagnostic test or the global procedure (professional and technical components).

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Field Key: Evaluation & Management (continued)

Column Title	Column Description	Column Values	Value Definitions
PCTC (26/TC) (Continued)	Professional and Technical Component (Modifiers –26 and –TC) This field identifies whether **professional and technical component modifiers** (-26/-TC) are valid with the procedure code.	4	**Modifiers -26 and -TC are *not valid*.** Stand alone code for the global procedure for a diagnostic test. Associated codes describe the professional and technical components of the diagnostic test.
		5	**Modifiers -26 and -TC are *not valid*.** Covered service incident to a physician's service when provided by auxiliary personnel employed by and working under the direct supervision of the physician. This service not payable when provided to hospital inpatients or outpatients.
		6	**Modifier -TC is *not valid*; modifier -26 *may be valid*.** Clinical laboratory or other service for which separate payment for interpretations by laboratory physicians or other physicians may be made.
		7	This indicator is not currently in use.
		8	Professional component of a clinical laboratory code; payable *only* if the physician interprets an abnormal smear for a hospital inpatient. **No -TC modifier billing is recognized;** payment for the underlying clinical laboratory test is made to the hospital**.** *Not payable when furnished to hospital outpatients or non-hospital patients.*
		9	**Modifiers -26 and -TC are *not valid*.** Concept of a professional/technical component split does not apply.

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Field Key: Evaluation & Management (continued)

Column Title	Column Description	Column Values	Value Definitions
MSI	Multiple Surgery Indicator (Modifier –51) This field indicates whether multiple surgery payment rules apply to the service.	0	**Modifier -51 is *not valid*.** Payment adjustment rules for multiple surgeries do not apply.
		1	This indicator is not currently in use.
		2	**Modifier -51 is *valid*.** Standard multiple surgery payment policy applies (100%, 50%, 50%, 50%, 50%).
		3	**Modifier -51 *may be valid*.** Multiple endoscopic procedures payment policy applies if this service is billed with another endoscopy in the same family.
		4	This indicator is not currently in use.
		5	This indicator is not currently in use.
		9	**Modifier -51 is *not valid*.** Concept of multiple surgery does not apply.

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Field Key: Evaluation & Management (continued)

BSI	Bilateral Surgery Indicator (Modifier –50) This field indicates whether the procedure is subject to a payment adjustment for bilateral surgery.	0	**Modifier -50 is *not valid*.** Payment adjustment rule for bilateral surgery does not apply.
		1	**Modifier -50 is *valid*.** Payment adjustment for bilateral procedures (150%) applies to this procedure.
		2	**Modifier -50 is *not valid*.** Payment adjustment for bilateral procedures does not apply. Procedures in this category include services for which the code descriptor specifically states that the procedure is bilateral; procedures that are usually performed as bilateral procedures; or procedures for which the code descriptor indicates the procedures may be performed either unilaterally or bilaterally.
		3	**Modifier -50 is *not valid*.** Payment adjustment for bilateral procedure does not apply. This is a radiology procedure which is not subject to payment rules for bilateral surgeries.
		9	**Modifier -50 is *not valid*.** Concept of bilateral surgery does not apply.

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Field Key: Evaluation & Management (continued)

Column Title	Column Description	Column Values	Value Definitions
ASI	Assistant Surgeon Indicator (Modifiers –80, -81, -82) This field indicates whether or not an assistant surgeon may be paid for the procedure.	0	**Modifiers -80, -81 and -82 are *not valid under normal situations*.** Assistant at surgery is not usually paid for this procedure. Supporting documentation is necessary to establish medical necessity.
		1	**Modifiers -80, -81 and -82 are *not valid.*** Assistant at surgery may not be paid for this procedure.
		2	**Modifiers -80, -81 and -82 are *valid*.** Assistant at surgery may be paid.
		9	**Modifiers -80, -81 and -82 are *not valid*.** Concept does not apply.
CSI	Co-surgeons Indicator (Modifier –62) This field indicates whether or not co-surgeons may be paid for the procedure.	0	**Modifier -62 is *not valid*.** Co-surgeons not permitted.
		1	**Modifier -62 is *not valid under normal situations*.** Supporting documentation is required to establish medical necessity of two surgeons.
		2	**Modifier -62 is *valid*.** Co-surgeons may be paid for this procedure. Supporting documentation is not required if two specialty requirement is met.
		9	**Modifier -62 is *not valid* with this procedure.** Concept of co-surgeons does not apply.

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Field Key: Evaluation & Management (continued)

Column Title	Column Description	Column Values	Value Definitions
TSI	Team Surgeons Indicator (Modifier -66) This field indicates whether or not team surgeons may be paid for the procedure.	0	**Modifier -66 is *not valid*** . Team surgeons not permitted.
		1	**Modifier -66 is *not valid under normal situations* .** Team surgeons may be payable. Supporting documentation is required to establish medical necessity of a team.
		2	**Modifier -66 is *valid.*** Team surgeons permitted.
		9	**Modifier -66 is *not valid* .** Concept of team surgery does not apply.
ENDO BASE	Endoscopy Base Code	Code number	This column contains the endoscopic base code for procedure codes that are part of an endoscopy family. The Multiple Surgery Indicator for procedures in an endoscopy family is 3.
FSI	Fee Schedule Indicator This column indicates the payment status for the procedure code.	B	Bundled code, not separately payable.
		C	Contracted service. Payable only to department's contracted vendor for State Fund claims. Payable to providers treating Self-Insured injured workers.
		D	Drug fee based on Average Wholesale Price (AWP) or Average Average Wholesale Price (AAWP).
		F	Flat fee developed by the department
		L	Clinical lab fee
		N	No fee or RVUs available, code paid by repo
		O	For hospital outpatient use only.
		R	RBRVS fee
		S	State Rate
		T	Tracking code
		X	Non-covered code
PRIOR AUTH	Prior authorization indicator. This column indicates whether prior authorization and utilization review is	Y	Prior authorization required

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	authorization and utilization review is required.	Y-UR	Prior authorization and UR required

E&M Fees

	DOLLAR VALUE			MODIFIERS											
CPT® CODE	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	PRIOR AUTH
99201	$72.64	$43.35	0	0%	0%	0%	0	0	0	0	0	0		R	
99202	$124.19	$83.18	0	0%	0%	0%	0	0	0	0	0	0		R	
99203	$179.84	$125.95	0	0%	0%	0%	0	0	0	0	0	0		R	
99204	$275.33	$215.57	0	0%	0%	0%	0	0	0	0	0	0		R	
99205	$342.69	$278.84	0	0%	0%	0%	0	0	0	0	0	0		R	
99211	$33.98	$15.23	0	0%	0%	0%	0	0	0	0	0	0		R	
99212	$73.23	$41.59	0	0%	0%	0%	0	0	0	0	0	0		R	
99213	$121.85	$84.94	0	0%	0%	0%	0	0	0	0	0	0		R	
99214	$179.84	$130.05	0	0%	0%	0%	0	0	0	0	0	0		R	
99215	$240.18	$183.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99217	$120.09	$120.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99218	$164.02	$164.02	0	0%	0%	0%	0	0	0	0	0	0		R	
99219	$224.36	$224.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99220	$306.37	$306.37	0	0%	0%	0%	0	0	0	0	0	0		R	
99221	$166.95	$166.95	0	0%	0%	0%	0	0	0	0	0	0		R	
99222	$227.29	$227.29	0	0%	0%	0%	0	0	0	0	0	0		R	
99223	$335.66	$335.66	0	0%	0%	0%	0	0	0	0	0	0		R	
99224	$65.61	$65.61	0	0%	0%	0%	0	0	0	0	0	0		R	
99225	$120.09	$120.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99226	$173.40	$173.40	0	0%	0%	0%	0	0	0	0	0	0		R	
99231	$65.02	$65.02	0	0%	0%	0%	0	0	0	0	0	0		R	
99232	$119.50	$119.50	0	0%	0%	0%	0	0	0	0	0	0		R	
99233	$171.64	$171.64	0	0%	0%	0%	0	0	0	0	0	0		R	
99234	$222.60	$222.60	0	0%	0%	0%	0	0	0	0	0	0		R	
99235	$279.43	$279.43	0	0%	0%	0%	0	0	0	0	0	0		R	
99236	$360.27	$360.27	0	0%	0%	0%	0	0	0	0	0	0		R	
99238	$120.09	$120.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99239	$177.50	$177.50	0	0%	0%	0%	0	0	0	0	0	0		R	
99241	$81.43	$55.65	0	0%	0%	0%	9	9	9	9	9	9		R	
99242	$152.31	$115.99	0	0%	0%	0%	9	9	9	9	9	9		R	

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	DOLLAR VALUE			MODIFIERS											
CPT® CODE	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	PRIOR AUTH
99243	$207.96	$161.68	0	0%	0%	0%	9	9	9	9	9	9		R	
99244	$307.55	$257.17	0	0%	0%	0%	9	9	9	9	9	9		R	
99245	$376.08	$318.68	0	0%	0%	0%	9	9	9	9	9	9		R	
99251	$81.43	$81.43	0	0%	0%	0%	9	9	9	9	9	9		R	
99252	$124.78	$124.78	0	0%	0%	0%	9	9	9	9	9	9		R	
99253	$191.56	$191.56	0	0%	0%	0%	9	9	9	9	9	9		R	
99254	$277.08	$277.08	0	0%	0%	0%	9	9	9	9	9	9		R	
99255	$334.49	$334.49	0	0%	0%	0%	9	9	9	9	9	9		R	
99281	$34.56	$34.56	0	0%	0%	0%	0	0	0	0	0	0		R	
99282	$67.95	$67.95	0	0%	0%	0%	0	0	0	0	0	0		R	
99283	$100.76	$100.76	0	0%	0%	0%	0	0	0	0	0	0		R	
99284	$192.14	$192.14	0	0%	0%	0%	0	0	0	0	0	0		R	
99285	$282.94	$282.94	0	0%	0%	0%	0	0	0	0	0	0		R	
99288	$35.15	$35.15	0	0%	0%	0%	9	9	9	9	9	9		R	
99291	$454.00	$367.88	0	0%	0%	0%	0	0	0	0	0	0		R	
99292	$202.69	$183.94	0	0%	0%	0%	0	0	0	0	0	0		R	
99304	$154.07	$154.07	0	0%	0%	0%	0	0	0	0	0	0		R	
99305	$219.09	$219.09	0	0%	0%	0%	0	0	0	0	0	0		R	
99306	$277.67	$277.67	0	0%	0%	0%	0	0	0	0	0	0		R	
99307	$74.40	$74.40	0	0%	0%	0%	0	0	0	0	0	0		R	
99308	$114.23	$114.23	0	0%	0%	0%	0	0	0	0	0	0		R	
99309	$151.14	$151.14	0	0%	0%	0%	0	0	0	0	0	0		R	
99310	$224.36	$224.36	0	0%	0%	0%	0	0	0	0	0	0		R	
99315	$121.26	$121.26	0	0%	0%	0%	0	0	0	0	0	0		R	
99316	$173.98	$173.98	0	0%	0%	0%	0	0	0	0	0	0		R	
99318	$159.34	$159.34	0	0%	0%	0%	0	0	0	0	0	0		R	
99324	$91.97	$91.97	0	0%	0%	0%	0	0	0	0	0	0		R	
99325	$134.15	$134.15	0	0%	0%	0%	0	0	0	0	0	0		R	
99326	$230.81	$230.81	0	0%	0%	0%	0	0	0	0	0	0		R	
99327	$308.13	$308.13	0	0%	0%	0%	0	0	0	0	0	0		R	
99328	$357.34	$357.34	0	0%	0%	0%	0	0	0	0	0	0		R	
99334	$100.76	$100.76	0	0%	0%	0%	0	0	0	0	0	0		R	
99335	$157.58	$157.58	0	0%	0%	0%	0	0	0	0	0	0		R	
99336	$222.02	$222.02	0	0%	0%	0%	0	0	0	0	0	0		R	

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	DOLLAR VALUE			MODIFIERS											
CPT® CODE	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	PRIOR AUTH
99337	$319.85	$319.85	0	0%	0%	0%	0	0	0	0	0	0		R	
99339	$130.05	$130.05	0	0%	0%	0%	9	9	9	9	9	9		R	
99340	$181.60	$181.60	0	0%	0%	0%	9	9	9	9	9	9		R	
99341	$91.38	$91.38	0	0%	0%	0%	0	0	0	0	0	0		R	
99342	$131.81	$131.81	0	0%	0%	0%	0	0	0	0	0	0		R	
99343	$215.57	$215.57	0	0%	0%	0%	0	0	0	0	0	0		R	
99344	$301.69	$301.69	0	0%	0%	0%	0	0	0	0	0	0		R	
99345	$363.78	$363.78	0	0%	0%	0%	0	0	0	0	0	0		R	
99347	$91.97	$91.97	0	0%	0%	0%	0	0	0	0	0	0		R	
99348	$139.42	$139.42	0	0%	0%	0%	0	0	0	0	0	0		R	
99349	$211.47	$211.47	0	0%	0%	0%	0	0	0	0	0	0		R	
99350	$294.07	$294.07	0	0%	0%	0%	0	0	0	0	0	0		R	
99354	$165.78	$154.07	0	0%	0%	0%	0	0	0	0	0	0		R	
99355	$162.27	$150.55	0	0%	0%	0%	0	0	0	0	0	0		R	
99356	$152.31	$152.31	0	0%	0%	0%	0	0	0	0	0	0		R	
99357	$151.14	$151.14	0	0%	0%	0%	0	0	0	0	0	0		R	
99358	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99359	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99360	$102.52	$102.52	0	0%	0%	0%	9	9	9	9	9	9		R	
99363	$213.82	$140.59	0	0%	0%	0%	9	9	9	9	9	9		R	
99364	$72.05	$53.89	0	0%	0%	0%	9	9	9	9	9	9		R	
99366	$71.47	$70.30	0	0%	0%	0%	9	9	9	9	9	9		R	
99367	$153.48	$110.13	0	0%	0%	0%	9	9	9	9	9	9		R	
99368	$61.51	$61.51	0	0%	0%	0%	9	9	9	9	9	9		R	
99374	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99375	$175.74	$147.62	0	0%	0%	0%	9	9	9	9	9	9		R	
99377	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99378	$175.74	$147.62	0	0%	0%	0%	9	9	9	9	9	9		R	
99379	Bundled	Bundled	0	0%	0%	0%	9	9	9	9	9	9		B	
99380	$175.74	$147.62	0	0%	0%	0%	9	9	9	9	9	9		R	
99381	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99382	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99383	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99384	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	

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	DOLLAR VALUE			MODIFIERS											
CPT® CODE	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	PRIOR AUTH
99385	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99386	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99387	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99391	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99392	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99393	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99394	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99395	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99396	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99397	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99401	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99402	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99403	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99404	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99406	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99407	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99408	$58.58	$55.65	0	0%	0%	0%	9	9	9	9	9	9		R	
99409	$113.65	$110.72	0	0%	0%	0%	9	9	9	9	9	9		R	
99411	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99412	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99420	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99429	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99441	$23.43	$21.09	0	0%	0%	0%	9	9	9	9	9	9		R	
99442	$45.11	$42.18	0	0%	0%	0%	9	9	9	9	9	9		R	
99443	$66.78	$64.44	0	0%	0%	0%	9	9	9	9	9	9		R	
99444	$45.69	$42.76	0	0%	0%	0%	9	9	9	9	9	9		R	
99446	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99447	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99448	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99449	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99450	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99455	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99456	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99460	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	

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E&M Fees

	DOLLAR VALUE			MODIFIERS											
CPT® CODE	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO BASE	FSI	PRIOR AUTH
99461	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99462	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99463	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99464	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99465	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99466	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99467	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99468	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99469	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99471	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99472	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99475	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99476	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99477	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99478	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99479	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99480	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99481	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99482	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99485	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99486	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99487	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99488	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99489	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9		X	
99495	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99496	Not Covered	Not Covered	0	0%	0%	0%	0	0	0	0	0	0		X	
99499	By Report	By Report	0	0%	0%	0%	0	0	0	0	0	0		N	

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