

**CY 2017 Hospital/Physician's
Emergency Department Fee Schedule**

Physicians	Facility	Non-Facility
99281	\$ 15.40	\$ 15.40
99282	\$ 30.29	\$ 30.29
99283	\$ 45.43	\$ 45.43
99284	\$ 86.42	\$ 86.42
99285	\$ 127.68	\$ 127.68

Hospital

99281	\$ 20.00
99282	\$ 50.00
99283	\$ 97.75
99284	\$ 191.80
99285	\$ 580.30