

# SPECIAL SERVICES AND REPORTS

(CONVERSION FACTOR = \$42.35)

CODE	UNIT VALUE		CODE	UNIT VALUE
99000	0.18		99100	#
99001	0.20		99116	#
99002	0.28		99135	#
99024	BR		99140	#
99026	BR		99141	2.72
99027	BR		99142	1.59
99050	0.53		99170	3.59
99052	0.53		99172	0.65
99054	0.53		99173	0.31
99056	0.70		99175	1.49
99058	0.72		99183	5.74
99070	BR		99185	0.68
99071	*		99186	2.23
99075	**		99190	14.18
99078	BR		99191	10.63
99080	BR		99192	7.09
99082	BR		99195	0.46
99090	BR		99199	BR
99091	BR			

\* The maximum fee for this code (99071) is to be determined "by report" (BR); however, when the charge for any item exceeds \$7.00, documentation of cost to the provider for such an item must be attached to the bill when submitted for payment. Payment shall not exceed the cost of the item to the health care provider plus 25%.

\*\* For this code (99075), see separate section referenced "Depositions, Testimony, and Medical Records Reproduction Section."

# See the Anesthesia Section for an explanation of the services contemplated by these codes (99100, 99116, 99135, and 99140) as well as the Unit Values associated therewith. Note also that these codes are considered Add-On codes and are not to be billed as primary procedures. Thus, the services for these codes are to be reimbursed at the listed Unit Value when billed with other procedures and are exempt from the Multiple Procedure Rule.

Special note in regard to Codes 99141 and 99142: The services for these codes are to be reimbursed at the listed unit value when billed with other procedures, if applicable, and are exempt from the Multiple Procedure Rule.

**Special Note in regard to Cost Containment: Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.**