KANSAS
DEPARTMENT OF LABOR

WORKERS COMPENSATION

Schedule of Medical Fees

January 1, 2010

This Schedule of Medical Fees, effective on and after January 1, 2010, was approved by the Director of Workers Compensation on September 27, 2009.

Kansas Department of Labor
DIVISION OF WORKERS COMPENSATION
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KANSAS DEPARTMENT OF LABOR

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Schedule of Medical Fees

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Division of Workers Compensation

The Kansas Workers Compensation Schedule of Medical Fees incorporates portions of the following documents:

1. The *Current Procedural Terminology,* Fourth Edition, copyright 2008 (a.k.a. *CPT* 2009) by the American Medical Association
2. The *CDT*(*Current Dental Terminology) Companion, CDT-2009/2010,* copyright 2008, published by the American Dental Association
3. The *Relative Values for Dentists 2009*, copyright 2009, published by Relative Value Studies, Inc. of Broomfield, Colorado
4. The *2009 Relative Value Guide*, copyright 2008, developed by the American Society of Anesthesiologists
5. The *2009 Essential RBRVS*, a comprehensive listing of RBRVS values for *CPT* and *HCPCS* Codes, copyright 2008 Ingenix, except for the current schedule listing of Evaluation and Management where previously enacted values continue to remain in effect.
6. The *2009 HCPCS* allowances that were obtained from the DMEPOS Fee Schedule of the Centers for Medicare & Medicaid Services (CMS).
7. Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 26.0.

Some of the most important revisions that have been incorporated within this Schedule of Medical Fees are as follows:

1. A new section identified as “Non-Face-to-Face Nonphysician Services” has been added. A Conversion Factor of $18.87 has been established.

2. The Conversion Factors for various sections of the fee schedule have been changed as follows:

   Surgery: Conversion Factor changed from $78.07 to $80.81
   Radiology: Conversion Factor changed from $60.70 to $58.49
   Medicine: Conversion Factor changed from $53.96 to $46.82
   Physical Medicine: Conversion Factor changed from $44.76 to $43.87
   Osteopathic Manipulative Treatment: Conversion Factor changed from $56.70 to $57.98
   Chiropractic Manipulative Treatment: Conversion Factor changed from $53.05 to $53.66
   Evaluation and Management: Conversion Factor changed from $47.72 to $ 49.98

3. Surgery Ground Rule 6 that pertains to Multiple or Bilateral Procedures has been amended to specify that any additional procedures, beyond a total of five (5) procedures, may be considered for payment on an individual by report (BR) basis.

4. The previous section Hospital/Ambulatory Surgical Center has been divided into 2 new sections: Hospital/Inpatient and Ambulatory Surgical Center/Hospital Outpatient.

5. Surgery Ground Rule 20 and Ground Rule 13 of the Hospital/Ambulatory Surgical Center Section that pertains to Surgical Implantables has been amended to specify that <u>all</u> surgical

implantables (instead of those valued at more than $250.00) are to be reimbursed at invoice cost plus a 25% markup.

6. Ground Rule 14 of the Ambulatory Surgical Center/Hospital Outpatient Section that pertains to Durable Medical Equipment has been amended to specify that all durable medical equipment (instead of those valued at more than $250.00) is to be reimbursed at invoice cost plus a 25% markup.

7. Ground Rule 1 of the Durable Medical Equipment and Supplies Section has been amended to specify that verification of the supplier's costs of certain medically necessary equipment, devices, or supplies is needed when the charge is more than $50.00 instead of the $100.00 that was reflected by the previous fee schedule.

8. This edition of the Schedule of Medical Fees has been amended to recognize the National Correct Coding Initiative (NCCI) Edits as established by the Centers for Medicare and Medicaid Services (CMS) to help control any improper coding that leads to an inappropriate payment as well as controlling the medical costs associated with Workers Compensation. Reference the paragraph on Page 3 of the Introduction Section that immediately precedes the "ADDITIONAL SPECIAL NOTE". This same language has also been inserted in the other individual sections of the Schedule of Medical Fees.

9. Ground Rule 9 of the Ambulatory Surgical Center/Hospital Outpatient Section that pertains to Facility Fees of Ambulatory Surgical Centers has been amended to specify that Ambulatory Surgical Centers are to **clearly and specifically** indicate that services provided reflect a **facility fee** rather than the amount relating to a particular CPT code. A similar change has been made within the Introduction Section of this Schedule of Medical Fees that references the "STANDARDIZED BILLING FORM" that is to be used by Ambulatory Surgical Centers.

10. The section of the fee schedule that pertains to Nursing Homes and Intermediate Care Facilities has been amended to include assisted living facilities as well as all types of care facilities as defined by K.S.A 39-932.

11. Ground Rule 8 of the Hospital/Inpatient Section that pertains to Trauma Alerts and Activation Fees has been expanded to establish a maximum payment for the different levels of Trauma Centers.

12. The Depositions, Testimony, and Medical Records Reproduction Section has been revised as it relates specifically to the Reproduction of Medical Records; i.e., it has been clarified that a health care provider is not to charge for copies of medical records which a payer needs to process payment.

13. The Anesthesia Section has been revised to incorporate the changes updated the *2009 Relative Value Guide* as published by the American Society of Anesthesiologists.

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This Schedule of Medical Fees, planned for implementation January 1, 2010, was approved by the Workers Compensation Director on September 27, 2009.

It is the policy of The American Medical Association (AMA) that is similarly applied to other jurisdictions who publish medical fee schedules for Workers Compensation to prohibit the fee schedule inclusion of individual *CPT* code descriptions. For the applicable *CPT* 2009 Code descriptions, refer to the *Current Procedural Terminology*, copyright 2008 (a.k.a. *CPT* 2009), available through the American Medical Association.

Although the American Dental Association does not prohibit the inclusion of *CDT* code descriptions, those descriptions will not be included within the fee schedule, so as to maintain a uniform presentation format for all codes employed to obtain reimbursement for services provided. For the applicable *CDT* code descriptions, refer to the *Current Dental Terminology, CDT-2009/2010*, available through the American Dental Association.

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INTRODUCTION

In accordance with the provisions K.S.A. 44-510i that was enacted by the 1990 Kansas Legislature, and through the assistance of the advisory panel that was created by law to assist the Director in the establishment of a Schedule of Medical Fees, this fee schedule has been adopted and is to be used as the basis for the billing or payment of medical, surgical, hospital, dental, nursing, vocational rehabilitation, or any other treatment or services that are provided to injured workers under the Workers Compensation Law of the State of Kansas.

This Schedule of Medical Fees governs the medical services provided to injured workers by health care providers including the medical services provided by registered physical and occupational therapists, and the medical services of a hospital or other health care facility; it also governs facilities and agencies providing vocational rehabilitation services. The maximum allowable fees and unit values contained within this schedule, which vary by the specific type of service, take into consideration the difficulty in performing a certain type of service that is based upon the risk, time, ability, and skill involved. Note specifically the code designation by type of service being provided. These codes have been adopted by various medical societies and associations (e.g., American Medical Association, American Dental Association) and are to be used in the respective billing or payment of medical services involving injured workers. **Note: The maximum allowable payment to a physician is to be limited to the maximum allowable payment contained within the appropriate sections of this fee schedule, regardless of who bills for the service or where the service(s) was/were provided. Billing for all physician services, whether provided in a physician's office, hospital, or any other setting, must be submitted using the CMS 1500 form or an equivalent form containing the same information. Additionally, and to assure that Cost Containment is achieved, nothing in this fee schedule shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and 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.**

Where the word "physician" appears within this fee schedule it shall mean, where appropriate, a "health care provider" defined by the Kansas Workers Compensation Law K.S.A. 44-508(i) as any person licensed, by the proper licensing authority of this state, another state or the District of Columbia, to practice medicine and surgery, osteopathy, chiropractic, dentistry, optometry, podiatry, audiology or psychology.

The maximum allowable payment for physician assistants or advanced practice nurses is limited to eighty-five percent (85%) of the maximum allowable fee associated with the Evaluation and Management or minor Surgical *CPT* code submitted.

The unit values for the respective *CPT* codes listed within this Schedule of Medical Fees expresses the relativity, based on comparative magnitude, between various procedures and services. Thus, the maximum fee schedule amount for a particular procedure or service is determined by multiplying the listed unit value by the applicable conversion factor for the section in which the service or procedure is located. See the "Conversion Factors" at the end of this Introduction Section for the applicable conversion factors.

With regard to Anesthesia, the Basic Unit Values contained within the Anesthesia Section of this Schedule of Medical Fees were obtained from the *2009 Relative Value Guide* developed by the American Society of Anesthesiologists (ASA), which is recognized as an appropriate assessment of current relative values for specific procedures related to anesthesiology.

The accompanying General Instructions and Ground Rules that are applicable to each section, explain the application of the *CPT* codes and unit values. It is important to remember that this fee schedule has been developed anticipating that it can be used by all health care providers. Note, however, that appropriate surgical codes are not confined to use by surgeons, nor are the Medicine or Evaluation and Management Sections confined to use by specialists, internists, etc.

Since this fee schedule is applicable to the entire state of Kansas, the maximum allowable fees, unit values, and conversion factors contained herein do not necessarily reflect the charges or services of any specific type of health care provider, nor are they to reflect the current billed charges for any specific area in the state of Kansas.

All the maximum allowable fees or unit values (with the use of a conversion factor) listed herein represent the maximum payment to be reimbursed for the treatment or service provided. **It is important to remember that reimbursement for any needed services is to be limited to the schedule of charges hereby being adopted**

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or the health care provider's billed charge, whichever is less. All bills submitted for payment must include the actual charges plus the categorization of the charges as per the codes contained in this Schedule of Medical Fees. There is a provision, however, for allowing a greater fee if it can be clearly established that extraordinary services were required in a particular case. In such a case, this fee is subject to approval by the Director of Workers Compensation.

Medical treatment provided by Out-of-State Providers: For any service (emergency or non-emergency) that is provided by an out-of-state provider, and if a claim is filed under the Kansas Workers Compensation Law, reimbursement for such service is to be limited to the maximum allowable payment contained within the appropriate sections of this fee schedule. Thus, any out-of-state provider who willingly provides medical service to an injured worker who is seeking benefits under the Kansas Workers Compensation Law, must realize that said service is to be limited to this fee schedule and should take the necessary steps to receive authorization from the insurance company, employer, or payer prior to providing said service. Prior authorization for such services should be obtained to assure that the processing of a Workers Compensation claim will not be denied. Additionally, absent any pre-approval by the insurance company, employer, or payer, balance billing the injured worker, or any other party, for the services provided is prohibited.

Medical Treatment Guidelines: The *Official Disability Guidelines-Treatment in Workers Compensation* (ODG), published by Work Loss Data Institute (WLDI), is to be recognized as the primary standard of reference, at the time of treatment, in determining the frequency and extent of services presumed to be medically necessary and appropriate for compensable injuries under the Kansas Workers Compensation Act, or in resolving such matters in the event a dispute arises. **Note that medical treatment guidelines are not requirements, nor are they mandates or standards; they simply provide advice by identifying the care most likely to benefit injured workers. The ODG are evidence-based, scientifically valid, outcome-focused, and designed to reduce excessive or inappropriate medical care while safeguarding necessary medical care.**

Procedures/Services Listed Without Specified Maximum Allowance: Any service or charge that is not contained within this fee schedule is to be determined by referring to the "Procedures/Services Listed Without Specified Maximum Allowance" rule found within the General Instructions Section. See also the "Procedures Listed Without Specified Maximum Allowance" rule found within each individual section.

Standardized Billing Form: Health care providers, including ambulatory surgical centers, pharmacists, and suppliers of medical equipment and supplies shall use the CMS 1500 form or an equivalent form containing the same information for the billing of their services, drugs, or supplies. Ambulatory surgical centers must **clearly and specifically** indicate that services provided and identified by a CPT Code, reflect a **facility fee**, rather than the maximum amount related to the CPT code. Dental offices shall use the ADA-94 form or an equivalent form containing the same information. Hospitals shall use Form UB-04.

Any insurance company, employer, or other payer who reduces or denies charges from a provider according to the general instructions, ground rules, unit values, or maximum fees contained within this fee schedule must show the **specific** basis of the reduction or denial by use of an **"Explanation of Benefits"** form. The **specific** general instruction, **specific** ground rule, **specific** unit value or **specific** maximum fee that was used for the reduction or denial must be indicated or identified. When payment is reduced or denied on some other basis, the **"Explanation of Benefits"** form must contain a complete explanation as to why, for example, the service was unreasonable, the service was more appropriately defined by another procedure code, or the service was not related to a compensable injury. When any such reduction or denial occurs, the **"Explanation of Benefits"** form shall also include: 1) the identity of the person or entity that made the decision for the reduction or denial; 2) the identity of the person or entity that is ultimately responsible for payment; and 3) the telephone number of such person or entity where further explanation of the reduction or denial can be obtained. **In the event a controversy arises between the provider and the payer, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Director of Workers Compensation for review.**

As a further attempt to avoid controversy arising between the provider and the payer for failure to make timely payment for any medical services provided, it is recommended that the insurance company or self-insured

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employer make payment for any medical services that were provided either: 1) within 30 days of receiving the bill submitted and any necessary documentation required by the fee schedule, or; 2) within 30 days of it being determined that the medical service provided is the result of an injury that is compensable under the Workers Compensation Law.

SPECIAL NOTE: The five-digit codes included in this Schedule of Medical Fees (with the exception of the Dentistry Section and the Durable Medical Equipment and Supplies Section) are obtained from 2009 *Current Procedural Terminology* (*CPT*), copyright 2008 by the American Medical Association (AMA). *CPT* is developed by the AMA as a listing of descriptive terms and five-digit codes and modifiers for reporting medical services and procedures performed by physicians.

The responsibility for the content of the Schedule of Medical Fees is with the state of Kansas Division of Workers Compensation and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Schedule of Medical Fees. No fee schedules, basic unit values, relative value guides, conversion factors or scales are included in any part of *CPT*. Any use of *CPT* outside of Workers Compensation Schedule of Medical Fees, should require reference to the most recent publication of the AMA *Current Procedural Terminology* which contains the complete and most current listing of *CPT* codes and descriptive terms. Applicable FARS/DFARS apply.

Relative value units for anesthesia services have been obtained from the *2009 Relative Value Guide,* copyright 2008 by permission of American Society of Anesthesiologists.

The five-digit codes included in the Dentistry Section of this Schedule of Medical Fees are obtained from the publication of the American Dental Association *Current Dental Terminology, CDT-2009-2010.*

In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

ADDITIONAL SPECIAL NOTE: The Kansas Workers Compensation Law specifically dictates that an injured employee shall not be liable for any charges above the amount contained within this fee schedule. The respective section of the Kansas Workers Compensation Law (K.S.A. 44-510j(h)) that prohibits an injured employee for being liable for any charges above the amount contained within this fee schedule reads as follows:

> Any health care provider, nurse, physical therapist, any entity providing medical, physical or vocational rehabilitation services or providing reeducation or training pursuant to K.S.A. 44-510g and amendments thereto, medical supply establishment, surgical supply establishment, ambulance service or hospital which accept the terms of the workers compensation act by providing services or material thereunder shall be bound by the fees approved by the director and no injured employee or dependent of a deceased employee shall be liable for any charges above the amounts approved by the director.

Interpreter Services: If the services of an interpreter are required for the provision of medical care to a hearing impaired, speech impaired, or other person whose primary language is other than English, the following will apply:

- Maximum allowable payment for the first hour or less is limited to $35.00.
- Each additional quarter hour increment of time is to be paid at $8.75 per quarter hour increment.
- Any reimbursement for necessary travel mileage (including any tolls and parking fees actually incurred) is to be at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

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CONVERSION FACTORS:

The conversion factors applicable to this fee schedule are as follows:

Anesthesia	$48.75
Surgery	$80.81
Radiology	$58.49
Pathology and Laboratory	$64.78
Medicine	$53.25
Physical Medicine and Rehabilitation	$43.87
Medical Nutrition Therapy	$44.02
Acupuncture	$41.65
Osteopathic Manipulative Treatment	$57.98
Chiropractic Manipulative Treatment	$53.66
Education and Training for Patient Self-Management	$39.48
Non-Face-to-Face Nonphysician Services	$18.87
Special Services and Reports	$39.04
Qualifying Circumstances for Anesthesia	$48.75
Moderate (Conscious) Sedation	$49.14
Other Services and Procedures	$53.12
Evaluation and Management Services	$49.98
Home Health Procedures / Services	$25.00
Dentistry	$30.85
Hospital / Ambulatory Surgical Center	N/A
Medical Equipment and Supplies	N/A
Prescription Services	N/A
Vocational Rehabilitation Services	N/A
Depositions, Testimony, and Medical Records Reproduction	N/A
Ambulance and Aircraft Services	N/A
Nursing Homes / Intermediate Care Facilities	N/A

To determine the maximum fee schedule amount for a procedure, it is necessary to multiply the unit value of the procedure by the dollar conversion factor applicable to the particular section in effect on the date the service was provided. **Formula**: unit value multiplied by conversion factor = maximum fee schedule amount.

GENERAL INSTRUCTIONS

FOR USING THE SCHEDULE

FORMAT

Twenty-eight major sections comprise this Fee Schedule: Anesthesia; Surgery; Radiology (including Nuclear Medicine and Diagnostic Ultrasound); Pathology and Laboratory; Medicine; Physical Medicine and Rehabilitation; Medical Nutrition Therapy; Acupuncture; Osteopathic Manipulative Treatment; Chiropractic Manipulative Treatment; Education and Training for Patient Self-Management; Non-Face-to-Face Nonphysician Services; Special Services, Procedures and Reports; Qualifying Circumstances for Anesthesia; Moderate (Conscious) Sedation; Other Services and Procedures; Evaluation and Management; Home Health Procedures/Services; Dentistry; Hospital/In-Patient Services; Ambulatory Surgical Center/Hospital Outpatient Services; Durable Medical Equipment and Supplies; Prescription Services; Vocational Rehabilitation Services; Depositions, Testimony, and Medical Records Reproduction; Ambulance and Aircraft Services; Nursing Homes/Intermediate Care Facilities; and, Appendix A – Modifiers. This Fee Schedule is divided into these sections for structural purposes only. Providers of medical services and/or suppliers are to use the section(s) which contain the procedures they perform, or the services they render.

Also included in this Fee Schedule is a separate section identified as **Appendix B - Quick Reference Table,** which is to be considered only as a supplement to this Fee Schedule. This appendix is provided for use in determining the maximum fee that is associated with a particular procedure code. Note specifically that each maximum fee found therein is calculated by multiplying the respective conversion factor of this Fee Schedule by the unit value of the procedure code.

GROUND RULES

Introductory material, known as Ground Rules, precedes the separate sections of this Fee Schedule and contains the necessary general information, instructions, and general rules with which the user needs to become acquainted before undertaking the use of this Fee Schedule. Familiarity with these general rules, which may include definitions, references, prohibitions, and directions for their proper employment, is necessary for all who use this Fee Schedule. It cannot be emphasized too strongly that these rules need to be read before this schedule is used.

PROCEDURES/SERVICES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE

Some procedures/services are not accompanied by allowable fees. Procedures/services denoted "by report" (BR) in the unit value column are too unusual or variable in the nature of their performance, too new, or too infrequently performed to permit the assignment of a unit value. Fees for such procedures/services need to be justified "by report." The report should contain sufficient supportive information to permit proper identification. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, the skill, and equipment necessary, etc. For any procedure/service where the unit value is "BR," the health care provider shall establish a charge that is consistent with other unit values shown in the Schedule. The insurance carrier or self-insured employer should review all submitted "BR" amounts to assure that an excessive charge for services provided is not occurring. **Note also that for any procedures/services not listed within this Fee Schedule, the associated charge(s) will need to be substantiated "by report" (BR).**

DEFINITIONS

New Patient: One who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Established Patient: One who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years. In the instance where a physician is on call for or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available.

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GENERAL INSTRUCTIONS

Note that no distinction is made between new and established patients in the emergency department. E / M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

Modifiers: A modifier **(located in Appendix A)** provides the means by which the reporting physician can indicate that a service or procedure, that has been performed, has been altered by some specific circumstance but not changed in its definition or code. Only one modifier should be added to any single five-digit code submitted by an individual health care provider. The judicious application of modifiers obviates the necessity for separate procedure listings that may describe the modifying circumstance. Modifiers may be used to indicate to the recipient of a report that:

- A service or procedure has both a professional and technical component.
- A service or procedure was performed by more than one physician or in more than one location.
- A service or procedure has been increased or reduced.
- Only part of a service was performed.
- An adjunctive service was performed.
- A bilateral procedure was performed.
- A service or procedure was provided more than once.
- Unusual events occurred.

MODIFIER EXAMPLES

1: A physician providing diagnostic or therapeutic radiology services, ultrasound, or nuclear medicine services in a hospital would use modifier -26 to report the professional component, as follows:

73090-26 = Professional component only for an x-ray of the forearm

2: Two surgeons, usually with different skills, may be required to manage a specific surgical problem. The modifier -62 would be applicable. Modifier -62 would be appropriate only when both surgeons are reporting the same code number and descriptor. For instance, a neurological surgeon and an otolaryngologist are working as co-surgeons in performing transsphenoidal excision of a pituitary neoplasm. The first surgeon would report:

61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier

AND the second surgeon would report:

61548-62 = Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic + two surgeons modifier

A listing of modifiers pertinent to **ANESTHESIA, SURGERY, RADIOLOGY, PATHOLOGY AND LABORATORY, MEDICINE,** and **EVALUATION AND MANAGEMENT** are located in **Appendix A - Modifiers.**

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ANESTHESIA GROUND RULES

1. **GENERAL:** All anesthesia values are determined by taking the **BASIC UNIT VALUE**, which is related to the complexity of the service, and adding **MODIFYING UNITS** (if any), and **TIME UNITS**. The fee for a particular procedure or service in this section is determined by multiplying the listed "Basic Unit Value" by the conversion factor that is applicable to this section. **See page 10 to obtain the conversion factor**.

   The values contained within this section apply when the anesthesia care is provided by or under the medical supervision of qualified physician. This anesthesia care may include but is not limited to general, regional, monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal. For anesthesia care provided by nurse anesthetists, billing for independent unsupervised services, payment will be limited to 85% of the maximum allowable fee associated with the *CPT* code submitted.

2. **BASIC UNIT VALUE:** A Basic Unit Value is listed for anesthetic management of most surgical procedures. This includes the value of all usual anesthesia services except the time actually spent in anesthesia care and any modifiers. The usual anesthesia services included in the Basic Unit Value include usual pre-operative and post-operative visits, the administration of fluids and/ or blood products incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). Placement of arterial, central venous and pulmonary artery catheters and use of transesophageal echocardiography (TEE) are not included in the basic unit value.

   A service that is rarely provided, unusual, variable, or new may require **a special report in determining** medical appropriateness of the service.

   When multiple surgical procedures are performed during a single anesthetic administration, only the anesthesia code with the highest basic unit value is reported. (The time reported is the combined total for all procedures.) Add-on codes are an exception to this policy. They are listed in addition to the code for the primary procedure.

   When it is necessary to have a second attending anesthesiologist assist with the preparation and conduct of the anesthesia, these circumstances should be substantiated "By Special Report." Such services shall have a Basic Unit Value of 5.0 Units plus Time Units.

   Any procedure around the head, neck, or shoulder girdle, requiring field avoidance, or any procedure requiring a position other than supine or lithotomy, has a minimum Basic Unit Value of 5.0 regardless of any lesser Basic Unit Value assigned to such procedure in the body of the Relative Value Guide.

3. **ANESTHESIA MODIFIERS:** All anesthesia services are reported by use of the anesthesia five-digit procedure code plus the addition of a physical status modifier. These modifying units may be added to the basic unit value. The use of other optional modifiers may also be appropriate.

   Physical Status Modifiers

   Physical status modifiers are represented by the initial letter P followed by a single digit from 1 to 6 as defined below:

		Unit Value
P1 -	A normal healthy patient	0
P2 -	A patient with mild systemic disease	0
P3 -	A patient with severe systemic disease	1
P4 -	A patient with severe systemic disease that is a constant threat to life	2
P5 -	A moribund patient who is not expected to survive without the operation	3

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P6 - A declared brain-dead patient whose organs are being removed for donor purposes 0

The above six levels are consistent with the American Society of Anesthesiologists (ASA) ranking of patient physical status. Physical status is included in *CPT* to distinguish between various levels of complexity of the anesthesia service provided.

Other Modifiers (Optional)

Under certain circumstances, medical service and procedure codes need to be further modified. For other modifiers that may need to be used for **Anesthesia**, refer to Appendix A - Modifiers.

4. **TIME UNITS (TM):** TIME UNITS WILL BE ADDED TO THE BASIC UNIT VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA. Anesthesia time begins when the anesthesiologist begins to prepare the patient for anesthesia care in the operating room or in an equivalent area, and ends when the anesthesiologist is no longer in personal attendance, that is, when the patient may be safely placed under other post-anesthesia supervision.

The time units are calculated by allowing one unit for each 15 minutes or significant fraction thereof (7.5 minutes or more) of anesthesia time. If anesthesia time extends beyond three hours, 1.0 unit for each 10 minutes or significant fraction thereof (5 minutes or more) is allowed after the first three hours. Documentation of actual anesthesia time may be required, such as a copy of the anesthesia record in the hospital file.

5. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the values used should be substantiated "By Special Report." For an unlisted service or procedure, the health care provider or anesthetist shall establish a unit value consistent with other unit values listed in the schedule.

6. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider or anesthetist (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

7. **SUPPLEMENTAL SKILLS:** When warranted by the necessity of supplemental skills, values for the services of two or more health care providers and/or anesthetists will be allowed. Substantiate by report.

8. **MONITORING SERVICES:** When an anesthesiologist or anesthetist is required to participate in and be responsible for monitoring the general care of the patient during a surgical procedure but does not administer anesthesia, these services are charged on the basis of the extent of the services rendered. Payment is to be made on the basis of the time units the anesthesiologist or anesthetist is in constant attendance for the sole purpose of the monitoring services; therefore, basic unit values are not to be added.

9. **ANESTHESIA ADMINISTERED, OTHER THAN BY AN ANESTHESIOLOGIST OR ANESTHETIST:** Anesthesia fees are not payable when local infiltration, digital block, or topical anesthesia is administered by the operating surgeon or surgical assistants. Such services are included in the Unit Value for the surgical procedure.

10. **OTHER FEES:** The Unit Values for surgery, x-rays, laboratory procedures, consultation and other medical services, and office and hospital visits are listed in the following sections: Surgery, Radiology, Pathology and Laboratory, Medicine, Physical Medicine and Rehabilitation, and Evaluation and Management. A consultation fee is not payable to an anesthesiologist examining the patient prior to administering anesthesia to that patient. No additional charge is to be made for routine follow-up care and observation.

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ANESTHESIA GROUND RULES

11. QUALIFYING CIRCUMSTANCES (more than one may be reported): Many anesthesia services are provided under particularly difficult circumstances depending on factors such as the extraordinary condition of the patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service. These modifying units may be added to the basic unit values.

CPT Code		Unit Values
99100	Anesthesia for a patient of extreme age, under one year or over seventy (List separately in addition to code for primary anesthesia procedure)	1
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure	5
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure	5
99140	Anesthesia complicated by emergency* conditions (specify) (List separately in addition to code for primary anesthesia procedure	2

***** An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.

12. 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.

13. NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS: In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CALCULATION EXAMPLES:

1: In a procedure with a Basic Unit Value of 3.0 requiring one hour and forty-five minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 3.0 units
105 minutes÷15 minutes	= 7.0 units
Total value	= 10.0 units

2: In a procedure with a Basic Unit Value of 10.0 requiring four hours and twenty minutes of anesthesia time, the total value should be determined as follows:

Basic Unit Value	= 10.0 units
First three hours	= 12.0 units
Subsequent 80 minutes	= 8.0 units
Total value	= 30.0 units

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ANESTHESIA GROUND RULES

In both cases, the Maximum Allowable Fee is determined by multiplying the total value units by the Conversion Factor. In billing, list the Basic Unit Value (showing the procedure code and all modifiers) and Time Units separately, as in the following:

Procedure code + Modifier(s)	= Basic Unit Value
Anesthesia Time	= Time Units
Total value	= Total units

Total units x Conversion Factor = Maximum Allowable Fee

The relative value units for the anesthesia services were excerpted from the 2009 Relative Value Guide, copyright 2008) with permission by the American Society of Anesthesiologists.

CONVERSION FACTOR = $48.75

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ANESTHESIA

(CONVERSION FACTOR = $48.75)

CPT CODE	BASIC UNIT VALUE
00100	5+TM
00102	6+TM
00103	5+TM
00104	4+TM
00120	5+TM
00124	4+TM
00126	4+TM
00140	5+TM
00142	4+TM
00144	6+TM
00145	6+TM
00147	6+TM
00148	4+TM
00160	5+TM
00162	7+TM
00164	4+TM
00170	5+TM
00172	6+TM
00174	6+TM
00176	7+TM
00190	5+TM
00192	7+TM
00210	11+TM
00211	10+TM
00212	5+TM
00214	9+TM
00215	9+TM
00216	15+TM
00218	13+TM
00220	10+TM
00222	6+TM
00300	5+TM
00320	6+TM
00322	3+TM
00326	8+TM
00350	10+TM
00352	5+TM
00400	3+TM
00402	5+TM
00404	5+TM
00406	13+TM
00410	4+TM
00450	5+TM
00452	6+TM
00454	3+TM
00470	6+TM
00472	10+TM
00474	13+TM
00500	15+TM
00520	6+TM
00522	4+TM

CPT CODE	BASIC UNIT VALUE
00524	4+TM
00528	8+TM
00529	11+TM
00530	4+TM
00532	4+TM
00534	7+TM
00537	10+TM
00539	18+TM
00540	12+TM
00541	15+TM
00542	15+TM
00546	15+TM
00548	17+TM
00550	10+TM
00560	15+TM
00561	25+TM
00562	20+TM
00563	25+TM
00566	25+TM
00567	18+TM
00580	20+TM
00600	10+TM
00604	13+TM
00620	10+TM
00622	13+TM
00625	13+TM
00626	15+TM
00630	8+TM
00632	7+TM
00634	10+TM
00635	4+TM
00640	3+TM
00670	13+TM
00700	4+TM
00702	4+TM
00730	5+TM
00740	5+TM
00750	4+TM
00752	6+TM
00754	7+TM
00756	7+TM
00770	15+TM
00790	7+TM
00792	13+TM
00794	8+TM
00796	30+TM
00797	11+TM
00800	4+TM
00802	5+TM
00810	5+TM
00820	5+TM

CPT CODE	BASIC UNIT VALUE
00830	4+TM
00832	6+TM
00834	5+TM
00836	6+TM
00840	6+TM
00842	4+TM
00844	7+TM
00846	8+TM
00848	8+TM
00851	6+TM
00860	6+TM
00862	7+TM
00864	8+TM
00865	7+TM
00866	10+TM
00868	10+TM
00870	5+TM
00872	7+TM
00873	5+TM
00880	15+TM
00882	10+TM
00902	5+TM
00904	7+TM
00906	4+TM
00908	6+TM
00910	3+TM
00912	5+TM
00914	5+TM
00916	5+TM
00918	5+TM
00920	3+TM
00921	3+TM
00922	6+TM
00924	4+TM
00926	4+TM
00928	6+TM
00930	4+TM
00932	4+TM
00934	6+TM
00936	8+TM
00938	4+TM
00940	3+TM
00942	4+TM
00944	6+TM
00948	4+TM
00950	5+TM
00952	4+TM
01112	5+TM
01120	6+TM
01130	3+TM
01140	15+TM

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ANESTHESIA

(CONVERSION FACTOR = $48.75)

CPT CODE	BASIC UNIT VALUE
01150	10+TM
01160	4+TM
01170	8+TM
01173	12+TM
01180	3+TM
01190	4+TM
01200	4+TM
01202	4+TM
01210	6+TM
01212	10+TM
01214	8+TM
01215	10+TM
01220	4+TM
01230	6+TM
01232	5+TM
01234	8+TM
01250	4+TM
01260	3+TM
01270	8+TM
01272	4+TM
01274	6+TM
01320	4+TM
01340	4+TM
01360	5+TM
01380	3+TM
01382	3+TM
01390	3+TM
01392	4+TM
01400	4+TM
01402	7+TM
01404	5+TM
01420	3+TM
01430	3+TM
01432	6+TM
01440	8+TM
01442	8+TM
01444	8+TM
01462	3+TM
01464	3+TM
01470	3+TM
01472	5+TM

CPT CODE	BASIC UNIT VALUE
01474	5+TM
01480	3+TM
01482	4+TM
01484	4+TM
01486	7+TM
01490	3+TM
01500	8+TM
01502	6+TM
01520	3+TM
01522	5+TM
01610	5+TM
01620	4+TM
01622	4+TM
01630	5+TM
01632	6+TM
01634	9+TM
01636	15+TM
01638	10+TM
01650	6+TM
01652	10+TM
01654	8+TM
01656	10+TM
01670	4+TM
01680	3+TM
01682	4+TM
01710	3+TM
01712	5+TM
01714	5+TM
01716	5+TM
01730	3+TM
01732	3+TM
01740	4+TM
01742	5+TM
01744	5+TM
01756	6+TM
01758	5+TM
01760	7+TM
01770	6+TM
01772	6+TM
01780	3+TM
01782	4+TM

CPT CODE	BASIC UNIT VALUE
01810	3+TM
01820	3+TM
01829	3+TM
01830	3+TM
01832	6+TM
01840	6+TM
01842	6+TM
01844	6+TM
01850	3+TM
01852	4+TM
01860	3+TM
01916	5+TM
01920	7+TM
01922	7+TM
01924	6+TM
01925	8+TM
01926	10+TM
01930	5+TM
01931	7+TM
01932	7+TM
01933	8+TM
01935	5+TM
01936	5+TM
01951	3+TM
01952	5+TM
01953	1
01958	5+TM
01960	5+TM
01961	7+TM
01962	8+TM
01963	10+TM
01965	4+TM
01966	4+TM
01967	5+TM
01968	3+TM
01969	5+TM
01990	7+TM
01991	3+TM
01992	5+TM
01996	3
01999	I.C.*

* Individual Consideration

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SURGERY GROUND RULES

1. **PACKAGE OR GLOBAL FEE CONCEPT:** Listed surgical procedures include the surgery itself, local anesthesia, metacarpal/digital block, or topical anesthesia when used, and normal, uncomplicated follow-up care. The Unit Values for all procedures in this section applies to this "package" or "global" service for surgical procedures. To report a postoperative follow-up for documentation purposes only, use 99024 (see Special Services and Reports Section). For preoperative visits, see Ground Rules 3 and 4 below; see the respective Anesthesia Ground Rule pertaining to anesthesia administered by other than an anesthesiologist or anesthetist.

2. **OPERATIVE REPORT AND BILLING:** A bill for an operative procedure shall be deemed properly submitted **only if** an operative report or an informative description of the surgery performed is received by the payer. If surgery was performed in a hospital or an ambulatory surgery center, a copy of the hospital's or ambulatory surgery center's operative report will suffice. If surgery was performed at some other site and classified as minor surgery, such as at a physician's office, identify the (geographic) location and submit an informative description of the surgery performed.

3. **IMMEDIATE PREOPERATIVE VISITS AND OTHER SERVICES BY THE SURGEON:** Under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere that is necessary to examine the patient, or to initiate the treatment program, is included in the Unit Value listed for the surgical procedure.

4. **SEPARATE PREOPERATIVE CHARGES:** Charges for separate preoperative procedures are sometimes warranted and may be billed under the following circumstances:

   a) when the preoperative visit is the initial visit (e.g., an emergency) and prolonged detention or evaluation is required to prepare the patient, or to establish the need for and type of surgical procedure.

   b) when the preoperative visit is an initial consultation, as defined in the Medicine Section of this manual.

   c) when procedures not usually part of the basic surgical procedure (e.g., myelography prior to laminectomy, bronchoscopy prior to chest surgery) are provided during the immediate preoperative visit.

5. **FOLLOW-UP CARE FOR DIAGNOSTIC PROCEDURES:** Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be billed separately.

6. **MULTIPLE OR BILATERAL PROCEDURES:** Multiple <u>related</u> procedures shall not warrant an additional fee except in those subsections of the listings where separate codes are given. When more than one identifiable surgical procedure or service is rendered, an additional fee may be warranted. Identify each procedure and bill at full value for the **major** procedure and at 50% for the **lesser** procedure, up to four (4) more additional / secondary procedures paid at 50% of the maximum allowable payment. Additional related procedures, beyond the <u>total</u> of five (5) as defined, may be considered for payment on an individual by report (BR) basis.

   When multiple procedures, <u>unrelated</u> to the major procedure and adding significant time or complexity are provided at the same operative session, payment is for the procedure with the highest allowance, plus 50% for the **lesser** procedure, up to four (4) more additional / secondary procedures paid at 50% of the maximum allowable payment

   When bilateral procedures are performed that require preparation of separate operative sites (e.g., bilateral carpal tunnel), payment for the second (or bilateral) procedure is to be reimbursed at 75% of the primary procedure.

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MULTIPLE/BILATERAL EXAMPLES:

Related Procedures.

a) Open reduction of a fracture: the excision of a previous scar, the incision of fascia and muscle, the identification and retraction of nerves, muscles, and area structures, and the closure of the wound (irrespective of type of closure) are all related to the principal procedure of the bone repair and merit **no** additional fee.

b) Repair of a tendon: the skin incision and linear closure, as well as the identification, incision and retraction of adjacent or overlying structures are related to the principal procedure and merit **no** additional fee.

Unrelated Procedures.

a) Multiple lacerations of an area such as the face: an additional fee may be warranted when such lacerations are not continuous.

b) Closure of an incision or laceration incidental to the repair of deeper structures such as nerves, tendons, etc., does **not** merit an additional fee irrespective of the method of closure.

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

8. **CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall into this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

9. **CODES WHICH INCLUDE CONSCIOUS SEDATION:** Certain codes include conscious sedation as an inherent part of providing the procedure. For a complete list of codes that include conscious sedation, refer to the appropriate appendix that is found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*).**

10. **FOLLOW-UP OR AFTERCARE:** Follow-up care for therapeutic surgical procedures includes all normal postoperative care, that care which is usually a part of the surgical service. Complications, exacerbations, recurrence of the condition, or the presence of other diseases or injuries requiring additional services concurrent with the procedure may warrant additional charges. If such separate charges are made, explain by report with an adequate description. When an additional surgical procedure is performed during any follow-up care and is related to the previously performed procedure but is not an intrinsic part of the latter, the additional procedure will be paid at one-half the maximum allowable payment.

The column headed "FUD" reflects the amount of days that would be applicable for the particular type of surgical procedure and/or service provided. Note that some procedures show the "FUD" as being XXX, YYY, or ZZZ. The following definitions, which correspond with the Medicare Fee Schedule, are incorporated within this fee schedule:

XXX = Reflects that the global surgery concept does not apply to these codes.

YYY = Reflects that the global period (FUD's) are to be set by the carrier.

ZZZ = Reflects that the codes are an add-on service and are to be treated in the global period (FUD's) of the other procedures that are billed in conjunction with the ZZZ code.

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SURGERY GROUND RULES

11. **SEPARATE PROCEDURE:** Some of the procedures or services listed are commonly carried out as an integral component of a total service or procedure and are identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

    However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

12. **PRIMARY, SECONDARY, OR DELAYED PROCEDURES:** A **primary** procedure is one that is attempted or performed for the first time, irrespective of the relationship to the date of injury or the onset of the condition being treated. **Secondary** refers to a procedure performed when a condition has been previously treated. For example, where a tendon is lacerated and it is elected to close the laceration without suturing the tendon, the first direct repair of the tendon would constitute a delayed but primary repair. In this example, if the first repair is unsuccessful, any subsequent repair of the tendon would be a secondary procedure. Secondary procedures lie within the content of service. **Delayed** procedures have the same Maximum Allowable Fee as the primary procedures.

13. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the skill and equipment necessary, etc., using any of the following as indicated:
    - Diagnosis (postoperative), pertinent history, and physical findings
    - Size, location, and number of lesions or procedures where appropriate
    - Major surgical procedure accompanied by an additional procedure
    - The closest similar procedure by code number and the associated Unit Value, if possible
    - Operative time

14. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

15. **CONCURRENT SERVICES BY MORE THAN ONE HEALTH CARE PROVIDER:** Charges for concurrent services of two or more health care providers may be warranted under the following circumstances:

    a) Identifiable medical services: Services provided prior to or during the surgical procedure or in the postoperative period are to be charged by the health care provider rendering the service, identified by the appropriate code. Payable fees under this category are unrelated to the surgeon's fee.

    b) Assistant surgeon: Identify the surgery performed by using the respective code number along with the appropriate modifier (-80, -81, or -82) and bill at 25% of the code fee. The code number must coincide with that of the primary surgeon. Assistant surgeon fees are not payable when the hospital provides an intern or a resident staff to assist at surgery.

    c) Two surgeons: Under certain circumstances, the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Identify the surgery performed by using the respective code number along with modifier -62. **The total allowable fee may be increased by 25% in lieu of an assistant surgeon’s fee.** If the physicians have agreed upon a payment distribution and that agreement is documented and explained in conjunction with the bill, payment is to be made in accordance with the percentage agreed upon.

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In the absence of a prior agreement, the total allowable fee will be divided equally between the two surgeons.

d) Surgical team: Under some circumstances, highly complex procedures (e.g., open heart or organ transplant surgery) may require the concurrent services of several health care providers, often of different specializations and using various types of complex equipment. These types of services vary widely and a single unit value cannot be assigned. The amount charged should be supported by a narrative report to include itemization of the health care provider, paramedical personnel, and equipment involved. Modifier -66 should be used in this type of situation.

e) No payment shall be made for more than one assistant surgeon or minimum assistant surgeon without prior authorization unless a trauma team was activated due to the emergency nature of the injury(ies).

16. **SURGERY AND FOLLOW-UP CARE PROVIDED BY DIFFERENT HEALTH CARE PROVIDERS:** When one health care provider performs the surgical procedure and another provides the follow-up care, the value may be apportioned between them by agreement. Whether the amount charged is for the procedure, or the follow-up care should be clearly indicated. The "global fee" is not to be increased, but prorated between the health care providers.

17. **REPEAT PROCEDURE BY ANOTHER HEALTH CARE PROVIDER:** A basic procedure performed by one health care provider may have to be repeated by another. Identify and submit an explanatory note. (See modifier -77.)

18. **PRORATION OF SCHEDULED FEE:** When the schedule specifies a unit value for a definite treatment and the patient is transferred from one health care provider to another, the applicable Unit Value is to be apportioned between the health care providers. The providers involved shall agree upon the amount of the proration, and shall render separate bills accordingly with an explanatory note.

19. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

20. **SURGICAL IMPLANTABLES**: Reimbursement for surgical implantable items (e.g. rods, pins, screws, plates, prosthetic joint replacements) and which are made of plastic, metallic, or of autogenous/non-autogenous graft material are to be determined by cost to the provider plus a 25% markup above the invoice cost. A copy of the invoice(s)s (date of purchase within twelve months of implantation) must be submitted with the bill.

21. **SURGICAL ASSISTANT:** Non-physician surgical assistants such as physician assistants or registered nurses, who are either certified or licensed by the Kansas State Board of Healing Arts, the Kansas State Board of Nursing, or some other comparable State licensing agency, may bill at 10% of the code fee. The code(s) must coincide with those of the primary surgeon who must be identified as the responsible physician. Such services are to be identified by adding modifier -NP to the procedure code. (See modifier -NP).

    Additionally, bills for any other surgical services (i.e. repair of a minor laceration) provided by non-physicians such as physician assistants or registered nurses must be submitted on the CMS 1500 or an equivalent form containing the <u>same</u> <u>information</u>. The form must also clearly identify the responsible physician.

22. **OTHER FEES:** The Unit Values for anesthesia, x-rays, laboratory procedures, consultation and other medical services, and office and hospital visits are listed in the following sections: Anesthesia, Radiology, Pathology and Laboratory, Medicine, Physical Medicine and Rehabilitation, and Evaluation and Management.

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SURGERY GROUND RULES

23. **MEASUREMENTS:** When listed with a described procedure, measurements pertain to the **original wounds or defects** before any treatment is effected. The allowable charge includes creation of any additional defect. The necessary preparations for repair do **not** merit an additional charge. The depth of a wound is not a factor in the measurements when the described procedure is stated in terms of length or area.

24. **PROFESSIONAL/TECHNICAL COMPONENTS:** When the professional and technical components are furnished by different providers **(inclusive of hospitals and ambulatory surgical centers)**, the professional component and the technical component shall be identified by adding either modifier -26 or modifier -TC to the usual procedure number. For surgical procedures, the unit value for the professional component is 60% of the total unit value, and the unit value for the technical component is 40% of the total unit value for the procedure code submitted. See Appendix A - Modifiers for the listing of the modifiers.

    Additionally, and except for outpatient services, Peer Group 3 and Critical Access hospitals and ambulatory surgical centers will continue to be reimbursed at their billed charges less the specified discount as contained within the Hospital/In-patient and Ambulatory Surgical Center/Hospital Out-patient Section of the fee schedule. However, hospitals and ambulatory surgical centers need to amend their billing process to specify, by use of modifiers, when <u>only</u> the technical component or the professional component was provided.

25. **MODIFIERS:** Procedure codes for surgery may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

26. **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.

27. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $80.81

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SURGERY

(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
10021	XXX	3.52
10022	XXX	3.61
10040	10	2.5
10060	10	2.72
10061	10	4.67
10080	10	4.04
10081	10	6.35
10120	10	3.33
10121	10	6.5
10140	10	3.84
10160	10	3.12
10180	10	5.79
11000	0	1.35
11001	ZZZ	0.57
11004	0	15.03
11005	0	19.63
11006	0	18.72
11008	ZZZ	7.17
11010	10	11.7
11011	0	13.03
11012	0	17.84
11040	0	1.18
11041	0	1.39
11042	0	1.88
11043	10	6.8
11044	10	9.29
11055	0	1.21
11056	0	1.48
11057	0	1.79
11100	0	2.55
11101	ZZZ	0.83
11200	10	2.01
11201	ZZZ	0.47
11300	0	1.67
11301	0	2.29
11302	0	2.74
11303	0	3.22
11305	0	1.73
11306	0	2.38
11307	0	2.81
11308	0	3.17
11310	0	2.08
11311	0	2.64
11312	0	3.05
11313	0	3.82
11400	10	2.84
11401	10	3.5
11402	10	3.91
11403	10	4.5
11404	10	5.13
11406	10	7.23
11420	10	2.88
11421	10	3.74
11422	10	4.18

CODE	FUD	UNIT VALUE
11423	10	4.87
11424	10	5.62
11426	10	8.07
11440	10	3.15
11441	10	4
11442	10	4.51
11443	10	5.42
11444	10	6.84
11446	10	9.31
11450	90	8.57
11451	90	11.23
11462	90	8.46
11463	90	11.55
11470	90	9.41
11471	90	11.85
11600	10	4.37
11601	10	5.4
11602	10	5.93
11603	10	6.74
11604	10	7.45
11606	10	10.5
11620	10	4.46
11621	10	5.45
11622	10	6.17
11623	10	7.21
11624	10	8.12
11626	10	9.92
11640	10	4.67
11641	10	5.75
11642	10	6.63
11643	10	7.8
11644	10	9.64
11646	10	12.73
11719	0	0.53
11720	0	0.78
11721	0	1.12
11730	0	2.47
11732	ZZZ	1.15
11740	0	1.12
11750	10	5.32
11752	10	7.58
11755	0	3.32
11760	10	4.99
11762	10	6.71
11765	10	3.17
11770	10	6.41
11771	90	13.16
11772	90	15.97
11900	0	1.39
11901	0	1.76
11920	0	4.54
11921	0	5.18
11922	ZZZ	1.52
11950	0	1.88

CODE	FUD	UNIT VALUE
11951	0	2.52
11952	0	3.55
11954	0	4.08
11960	90	22.98
11970	90	15.13
11971	90	11.22
11975	XXX	3.36
11976	0	3.78
11977	XXX	6.08
11980	0	2.67
11981	XXX	3.45
11982	XXX	3.98
11983	XXX	6.14
12001	10	3.64
12002	10	3.88
12004	10	4.58
12005	10	5.71
12006	10	7.09
12007	10	8.05
12011	10	3.87
12013	10	4.27
12014	10	5.04
12015	10	6.33
12016	10	7.57
12017	10	6.77
12018	10	8.41
12020	10	6.62
12021	10	3.94
12031	10	5.83
12032	10	7.5
12034	10	7.41
12035	10	9.07
12036	10	9.98
12037	10	11.27
12041	10	6.11
12042	10	7.11
12044	10	8.23
12045	10	9.15
12046	10	10.86
12047	10	11.65
12051	10	6.57
12052	10	7.43
12053	10	8.18
12054	10	8.67
12055	10	10.47
12056	10	12.38
12057	10	13.8
13100	10	7.8
13101	10	9.83
13102	ZZZ	2.68
13120	10	8.1
13121	10	10.87
13122	ZZZ	3
13131	10	8.93

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CODE	FUD	UNIT VALUE
13132	10	14.26
13133	ZZZ	4.23
13150	10	8.92
13151	10	10.14
13152	10	13.96
13153	ZZZ	4.66
13160	90	20.57
14000	90	15.21
14001	90	19.78
14020	90	17.12
14021	90	21.68
14040	90	18.98
14041	90	23.6
14060	90	19.31
14061	90	25.28
14300	90	27.44
14350	90	19.09
15002	0	8.32
15003	ZZZ	1.81
15004	0	10.1
15005	ZZZ	3.05
15040	0	6.29
15050	90	13.34
15100	90	21.53
15101	ZZZ	4.73
15110	90	21.25
15111	ZZZ	3.12
15115	90	21.45
15116	ZZZ	4.23
15120	90	23.31
15121	ZZZ	6.68
15130	90	16.74
15131	ZZZ	2.54
15135	90	21.55
15136	ZZZ	2.34
15150	90	17.53
15151	ZZZ	3.29
15152	ZZZ	4.28
15155	90	18.4
15156	ZZZ	4.56
15157	ZZZ	5.03
15170	90	10.65
15171	ZZZ	2.41
15175	90	13.58
15176	ZZZ	3.85
15200	90	19.93
15201	ZZZ	3.69
15220	90	18.95
15221	ZZZ	3.43
15240	90	22.71
15241	ZZZ	4.59
15260	90	24.52
15261	ZZZ	5.33
15300	90	8.57

CODE	FUD	UNIT VALUE
15301	ZZZ	1.63
15320	90	9.67
15321	ZZZ	2.43
15330	90	7.94
15331	ZZZ	1.63
15335	90	8.37
15336	ZZZ	2.27
15340	10	7.92
15341	ZZZ	1.18
15360	90	8.97
15361	ZZZ	1.82
15365	90	8.83
15366	ZZZ	2.24
15400	90	9.81
15401	ZZZ	2.36
15420	90	11.06
15421	ZZZ	2.91
15430	90	13.04
15431	ZZZ	5.99
15570	90	21.99
15572	90	21.3
15574	90	22.45
15576	90	19.89
15600	90	8.05
15610	90	8.11
15620	90	10.72
15630	90	11.32
15650	90	12.64
15731	90	28.19
15732	90	37.4
15734	90	38.63
15736	90	34.28
15738	90	36.58
15740	90	25.06
15750	90	23.08
15756	90	61.03
15757	90	60.19
15758	90	60.35
15760	90	20.91
15770	90	16.55
15775	0	8.15
15776	0	11.29
15780	90	20.55
15781	90	13.16
15782	90	13.93
15783	90	11.97
15786	10	5.86
15787	ZZZ	1.21
15788	90	10.42
15789	90	13.92
15792	90	10.26
15793	90	11.59
15819	90	18.53
15820	90	13.16

CODE	FUD	UNIT VALUE
15821	90	14
15822	90	10.33
15823	90	16.28
15824	0	27.5
15825	0	30.93
15826	0	22.33
15828	0	58.41
15829	0	65.29
15830	90	29.96
15832	90	22.58
15833	90	21.28
15834	90	21.22
15835	90	22.4
15836	90	18.68
15837	90	19.29
15838	90	14.42
15839	90	21.31
15840	90	25.51
15841	90	42.77
15842	90	67.85
15845	90	23.78
15847	YYY	12.03
15850	XXX	2.26
15851	0	2.31
15852	0	1.24
15860	0	2.94
15876	0	BR
15877	0	BR
15878	0	BR
15879	0	BR
15920	90	14.8
15922	90	18.84
15931	90	16.86
15933	90	20.77
15934	90	23.17
15935	90	27.58
15936	90	22.48
15937	90	26.29
15940	90	17.35
15941	90	22.55
15944	90	22.21
15945	90	24.68
15946	90	41.27
15950	90	14.37
15951	90	20.49
15952	90	21.55
15953	90	24.01
15956	90	28.91
15958	90	29.51
15999	YYY	BR
16000	0	1.72
16020	0	2.02
16025	0	3.67
16030	0	4.4

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CODE	FUD	UNIT VALUE
16035	0	5.56
16036	ZZZ	2.22
17000	10	1.94
17003	ZZZ	0.19
17004	10	4.35
17106	90	8.59
17107	90	11.44
17108	90	14.52
17110	10	2.7
17111	10	3.2
17250	0	1.84
17260	10	2.34
17261	10	3.49
17262	10	4.25
17263	10	4.69
17264	10	5.02
17266	10	5.7
17270	10	3.62
17271	10	4
17272	10	4.58
17273	10	5.11
17274	10	6.05
17276	10	7.02
17280	10	3.4
17281	10	4.34
17282	10	5.03
17283	10	6.08
17284	10	7.07
17286	10	8.96
17311	0	17.09
17312	ZZZ	10.24
17313	0	15.6
17314	ZZZ	9.49
17315	ZZZ	2.04
17340	10	1.22
17360	10	3.26
17380	0	1.95
17999	YYY	0
19000	0	2.85
19001	ZZZ	0.72
19020	90	10.7
19030	0	4.36
19100	0	3.5
19101	10	7.98
19102	0	5.72
19103	0	14.41
19105	0	55.21
19110	90	11.12
19112	90	10.39
19120	90	11.54
19125	90	12.77
19126	ZZZ	4.16
19260	90	30.32
19271	90	41.13

CODE	FUD	UNIT VALUE
19272	90	45.59
19290	0	4.23
19291	ZZZ	1.83
19295	ZZZ	2.36
19296	0	98.48
19297	ZZZ	2.4
19298	0	33.53
19300	90	12.3
19301	90	15.22
19302	90	22.03
19303	90	23.52
19304	90	13.78
19305	90	27.37
19306	90	28.71
19307	90	28.89
19316	90	19.75
19318	90	29.26
19324	90	12
19325	90	16.37
19328	90	12.32
19330	90	15.87
19340	ZZZ	10.37
19342	90	23.33
19350	90	21.26
19355	90	17.55
19357	90	39.15
19361	90	41.96
19364	90	72
19366	90	35.57
19367	90	46.59
19368	90	57.91
19369	90	52.6
19370	90	17.18
19371	90	19.86
19380	90	19.38
19396	0	5.49
19499	YYY	0
20000	10	5.12
20005	10	7.63
20100	10	15.22
20101	10	9.81
20102	10	11.47
20103	10	14.02
20150	90	24.76
20200	0	4.77
20205	0	6.51
20206	0	6.58
20220	0	4.53
20225	0	17.17
20240	10	5.88
20245	10	16.09
20250	10	9.76
20251	10	10.83
20500	10	2.95

CODE	FUD	UNIT VALUE
20501	0	3.31
20520	10	4.74
20525	10	11.59
20526	0	1.93
20550	0	1.49
20551	0	1.47
20552	0	1.33
20553	0	1.48
20555	0	8.76
20600	0	1.4
20605	0	1.5
20610	0	1.94
20612	0	1.5
20615	10	5.43
20650	10	4.98
20660	0	6.55
20661	90	11.93
20662	90	12.13
20663	90	11.37
20664	90	19.48
20665	10	3.09
20670	10	9.78
20680	90	14.73
20690	90	13.74
20692	90	25.69
20693	90	11.78
20694	90	10.69
20696	90	28.14
20697	0	33.09
20802	90	63.31
20805	90	77.65
20808	90	105.47
20816	90	58.66
20822	90	49.88
20824	90	58.46
20827	90	51.63
20838	90	63.06
20900	0	10.75
20902	0	9.63
20910	90	11.01
20912	90	12.31
20920	90	10.4
20922	90	15.32
20924	90	12.95
20926	90	11.17
20930	XXX	3.21
20931	ZZZ	3.02
20936	XXX	3.42
20937	ZZZ	4.56
20938	ZZZ	4.97
20950	0	6.14
20955	90	66.17
20956	90	69.72
20957	90	66.57

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CODE	FUD	UNIT VALUE
20962	90	68.23
20969	90	73.06
20970	90	74.05
20972	90	67.24
20973	90	70.54
20974	0	1.66
20975	0	4.68
20979	0	1.36
20982	0	94.5
20985	ZZZ	4.04
20999	YYY	0
21010	90	18.54
21015	90	10.85
21025	90	22.3
21026	90	14.68
21029	90	18.74
21030	90	12.29
21031	90	9.49
21032	90	9.61
21034	90	33.5
21040	90	12.39
21044	90	22.31
21045	90	31.08
21046	90	27.71
21047	90	33.38
21048	90	28.03
21049	90	32.13
21050	90	22.05
21060	90	20.14
21070	90	16.43
21073	90	9.16
21076	10	24.77
21077	90	60.91
21079	90	41.69
21080	90	47.41
21081	90	43.2
21082	90	40.27
21083	90	38.23
21084	90	43.16
21085	10	17.6
21086	90	44.58
21087	90	44.33
21088	90	0
21089	YYY	0
21100	90	17.57
21110	90	18.59
21116	0	3.73
21120	90	15.44
21121	90	19.28
21122	90	18.22
21123	90	21.82
21125	90	75.11
21127	90	89.61
21137	90	18.4

CODE	FUD	UNIT VALUE
21138	90	23.01
21139	90	25.54
21141	90	34.54
21142	90	34.11
21143	90	35.13
21145	90	39.67
21146	90	42.41
21147	90	43.18
21150	90	43.11
21151	90	51.99
21154	90	52.47
21155	90	60.77
21159	90	73.52
21160	90	74.13
21172	90	45.95
21175	90	55.69
21179	90	38.01
21180	90	43.44
21181	90	18.13
21182	90	52.3
21183	90	58.97
21184	90	63.33
21188	90	41.41
21193	90	31.88
21194	90	36.22
21195	90	34.01
21196	90	37.16
21198	90	29.19
21199	90	26.34
21206	90	28.72
21208	90	42.77
21209	90	20.36
21210	90	51.23
21215	90	87.15
21230	90	19.58
21235	90	18
21240	90	28.45
21242	90	25.98
21243	90	42.74
21244	90	26.42
21245	90	28.48
21246	90	21.78
21247	90	41.44
21248	90	26.93
21249	90	37.44
21255	90	36.76
21256	90	29.75
21260	90	33.38
21261	90	57.53
21263	90	51.61
21267	90	39.16
21268	90	49.09
21270	90	22.67
21275	90	20.56

CODE	FUD	UNIT VALUE
21280	90	13.15
21282	90	8.7
21295	90	4.37
21296	90	10.6
21299	YYY	BR
21310	0	2.63
21315	10	6.43
21320	10	6.2
21325	90	11.67
21330	90	14.36
21335	90	18.52
21336	90	16
21337	90	9.64
21338	90	18.41
21339	90	20.51
21340	90	20.45
21343	90	29.04
21344	90	38.25
21345	90	20.06
21346	90	24.06
21347	90	27.91
21348	90	29.83
21355	10	10.83
21356	10	12.16
21360	90	13.38
21365	90	28.05
21366	90	31.37
21385	90	18.05
21386	90	16.85
21387	90	18.85
21390	90	19.42
21395	90	24.58
21400	90	4.37
21401	90	11.65
21406	90	13.64
21407	90	16.17
21408	90	22.28
21421	90	18.04
21422	90	16.95
21423	90	20.16
21431	90	18.43
21432	90	16.84
21433	90	43.41
21435	90	34.18
21436	90	50.34
21440	90	13.08
21445	90	18.63
21450	90	13.6
21451	90	18.01
21452	90	14.76
21453	90	20.85
21454	90	13.96
21461	90	47.09
21462	90	50.95

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CODE	FUD	UNIT VALUE
21465	90	23.17
21470	90	30.23
21480	0	2.24
21485	90	16.09
21490	90	23.64
21495	90	16.94
21497	90	16.25
21499	YYY	0
21501	90	10.8
21502	90	13.3
21510	90	11.75
21550	10	6.32
21555	90	10.69
21556	90	10.46
21557	90	14.84
21600	90	14.05
21610	90	27.67
21615	90	17.31
21616	90	22.12
21620	90	13.36
21627	90	14.04
21630	90	32.71
21632	90	32.37
21685	90	25.21
21700	90	10.67
21705	90	16.7
21720	90	10.5
21725	90	13.65
21740	90	28.19
21742	90	25.63
21743	90	33.73
21750	90	18.72
21800	90	2.41
21805	90	6.5
21810	90	12.76
21820	90	3.23
21825	90	14.51
21899	YYY	0
21920	10	6.3
21925	90	10.47
21930	90	11.68
21935	90	29.88
22010	90	23
22015	90	22.87
22100	90	20.97
22101	90	20.84
22102	90	20.75
22103	ZZZ	3.81
22110	90	26.08
22112	90	25.19
22114	90	25.87
22116	ZZZ	3.81
22206	90	61.87
22207	90	61.04

CODE	FUD	UNIT VALUE
22208	ZZZ	15.72
22210	90	45.79
22212	90	37.68
22214	90	37.91
22216	ZZZ	9.98
22220	90	41.28
22222	90	37.44
22224	90	40.58
22226	ZZZ	9.94
22305	90	4.67
22310	90	7.18
22315	90	21.56
22318	90	41.31
22319	90	45.46
22325	90	35.94
22326	90	37.58
22327	90	37.16
22328	ZZZ	7.51
22505	10	3.19
22520	10	58
22521	10	56.47
22522	ZZZ	6.79
22523	10	16.07
22524	10	15.38
22525	ZZZ	7.21
22526	10	48.8
22527	ZZZ	37.79
22532	90	44.57
22533	90	41.69
22534	ZZZ	9.84
22548	90	47.78
22554	90	33.26
22556	90	42.58
22558	90	38.85
22585	ZZZ	9.12
22590	90	39.75
22595	90	37.7
22600	90	32.31
22610	90	31.84
22612	90	41.17
22614	ZZZ	10.62
22630	90	39.74
22632	ZZZ	8.64
22800	90	34.98
22802	90	55.66
22804	90	64.25
22808	90	47.25
22810	90	52.57
22812	90	57.43
22818	90	58.25
22819	90	67.18
22830	90	20.88
22840	ZZZ	20.76
22841	XXX	9.35

CODE	FUD	UNIT VALUE
22842	ZZZ	20.79
22843	ZZZ	22.11
22844	ZZZ	26.99
22845	ZZZ	19.92
22846	ZZZ	20.68
22847	ZZZ	22.73
22848	ZZZ	9.83
22849	90	33.9
22850	90	18.48
22851	ZZZ	11.07
22852	90	17.65
22855	90	28.78
22856	90	43.15
22857	90	44.25
22861	90	52.24
22862	90	51.51
22864	90	48.51
22865	90	54.95
22899	YYY	BR
22900	90	10.42
22999	YYY	BR
23000	90	13.17
23020	90	17.68
23030	10	10.52
23031	10	9.59
23035	90	17.52
23040	90	18.41
23044	90	14.59
23065	10	5.3
23066	90	12.52
23075	10	6.42
23076	90	14.33
23077	90	30.39
23100	90	12.41
23101	90	11.41
23105	90	16.28
23106	90	12.1
23107	90	16.92
23120	90	14.62
23125	90	18.01
23130	90	15.38
23140	90	13.08
23145	90	17.65
23146	90	15.35
23150	90	16.67
23155	90	20.27
23156	90	17.21
23170	90	13.5
23172	90	13.8
23174	90	19.24
23180	90	17.5
23182	90	16.87
23184	90	19.07
23190	90	14.18

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CODE	FUD	UNIT VALUE
23195	90	19.28
23200	90	22.72
23210	90	23.77
23220	90	27.58
23221	90	32.24
23222	90	43.82
23330	10	5.53
23331	90	14.98
23332	90	22.78
23350	0	3.97
23395	90	33.18
23397	90	29.75
23400	90	25.21
23405	90	16.2
23406	90	20.27
23410	90	21.57
23412	90	22.56
23415	90	17.94
23420	90	25.19
23430	90	19.06
23440	90	19.67
23450	90	24.69
23455	90	26.34
23460	90	28.5
23462	90	27.95
23465	90	29.18
23466	90	28.68
23470	90	31.74
23472	90	39.29
23480	90	21.2
23485	90	25.06
23490	90	21.46
23491	90	26.39
23500	90	5.12
23505	90	8.48
23515	90	17.87
23520	90	5.32
23525	90	8.25
23530	90	13.76
23532	90	15.84
23540	90	5.24
23545	90	7.55
23550	90	14.6
23552	90	16.82
23570	90	5.49
23575	90	9.37
23585	90	24.17
23600	90	7.67
23605	90	11.38
23615	90	22.21
23616	90	33.61
23620	90	6.32
23625	90	9.22
23630	90	19.03

CODE	FUD	UNIT VALUE
23650	90	7.09
23655	90	9.53
23660	90	14.81
23665	90	10.25
23670	90	21.35
23675	90	13.42
23680	90	23.22
23700	10	4.98
23800	90	26.51
23802	90	32.14
23900	90	34.4
23920	90	27.83
23921	90	10.04
23929	YYY	BR
23930	10	8.72
23931	10	6.79
23935	90	12.61
24000	90	11.98
24006	90	18.15
24065	10	6.18
24066	90	14.48
24075	90	11.71
24076	90	12.03
24077	90	20.85
24100	90	10.23
24101	90	12.6
24102	90	15.66
24105	90	8.43
24110	90	14.82
24115	90	18.74
24116	90	22.28
24120	90	13.25
24125	90	15.24
24126	90	16.19
24130	90	12.79
24134	90	19.26
24136	90	15.25
24138	90	16.8
24140	90	18.33
24145	90	15.36
24147	90	15.96
24149	90	29.52
24150	90	25.13
24151	90	28.86
24152	90	18.8
24153	90	19.84
24155	90	21.84
24160	90	15.41
24164	90	12.58
24200	10	4.84
24201	90	13.58
24220	0	4.36
24300	90	9.79
24301	90	19.3

CODE	FUD	UNIT VALUE
24305	90	14.69
24310	90	12.03
24320	90	19.89
24330	90	18.35
24331	90	20.3
24332	90	15.34
24340	90	15.64
24341	90	18.33
24342	90	20.21
24343	90	17.85
24344	90	27.9
24345	90	17.74
24346	90	27.95
24357	90	11.17
24358	90	13.2
24359	90	16.64
24360	90	23.21
24361	90	25.99
24362	90	27.59
24363	90	38.48
24365	90	16.36
24366	90	17.53
24400	90	21.2
24410	90	27.13
24420	90	25.4
24430	90	26.94
24435	90	27.35
24470	90	16.15
24495	90	16.7
24498	90	22.53
24500	90	8.34
24505	90	12.18
24515	90	22.57
24516	90	22.33
24530	90	8.99
24535	90	15.27
24538	90	19.01
24545	90	23.38
24546	90	27.39
24560	90	7.49
24565	90	12.54
24566	90	17.72
24575	90	18.95
24576	90	7.88
24577	90	13.04
24579	90	21.5
24582	90	19.78
24586	90	28.41
24587	90	28.25
24600	90	8.79
24605	90	11.48
24615	90	18.36
24620	90	13.87
24635	90	19.51

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CODE	FUD	UNIT VALUE
24640	10	2.89
24650	90	6.08
24655	90	10.54
24665	90	16.51
24666	90	18.76
24670	90	6.84
24675	90	11.16
24685	90	16.62
24800	90	20.32
24802	90	25.86
24900	90	18.38
24920	90	18.29
24925	90	14.16
24930	90	19.39
24931	90	21.67
24935	90	26.24
24940	90	26.75
24999	YYY	0
25000	90	8.73
25001	90	8.27
25020	90	14.47
25023	90	27.92
25024	90	19.49
25025	90	29.96
25028	90	12.88
25031	90	9.48
25035	90	16.45
25040	90	14.56
25065	10	6.13
25066	90	9.5
25075	90	8.31
25076	90	11.23
25077	90	19.08
25085	90	11.71
25100	90	8.68
25101	90	10.25
25105	90	12.46
25107	90	15.44
25109	90	13.22
25110	90	9.1
25111	90	7.89
25112	90	9.66
25115	90	20.36
25116	90	16.49
25118	90	9.68
25119	90	12.84
25120	90	14.09
25125	90	16.36
25126	90	16.59
25130	90	11.36
25135	90	14.19
25136	90	12.59
25145	90	14.46
25150	90	14.74

CODE	FUD	UNIT VALUE
25151	90	16.29
25170	90	22.71
25210	90	12.45
25215	90	16.06
25230	90	11.03
25240	90	11.19
25246	0	4.43
25248	90	11.11
25250	90	13.26
25251	90	18.07
25259	90	9.81
25260	90	17.26
25263	90	17.23
25265	90	20.47
25270	90	13.86
25272	90	15.61
25274	90	18.51
25275	90	17.06
25280	90	15.8
25290	90	13.37
25295	90	14.71
25300	90	17.36
25301	90	16.56
25310	90	17.12
25312	90	19.82
25315	90	21.27
25316	90	24.57
25320	90	24.39
25332	90	21.67
25335	90	24.55
25337	90	22.49
25350	90	18.89
25355	90	21.27
25360	90	18.33
25365	90	25.02
25370	90	27.25
25375	90	26.32
25390	90	21.36
25391	90	27.18
25392	90	27.54
25393	90	31.08
25394	90	19.87
25400	90	22.44
25405	90	28.52
25415	90	26.8
25420	90	31.9
25425	90	27.54
25426	90	28.92
25430	90	18.06
25431	90	20.17
25440	90	19.96
25441	90	24.22
25442	90	20.56
25443	90	19.69

CODE	FUD	UNIT VALUE
25444	90	21.09
25445	90	18.48
25446	90	30.4
25447	90	20.81
25449	90	26.65
25450	90	15.51
25455	90	17.47
25490	90	19.41
25491	90	20.52
25492	90	24.8
25500	90	6.23
25505	90	12.24
25515	90	17.1
25520	90	13.53
25525	90	20.74
25526	90	25.32
25530	90	6.04
25535	90	11.87
25545	90	16.02
25560	90	6.31
25565	90	12.81
25574	90	16.7
25575	90	22.78
25600	90	6.89
25605	90	15.02
25606	90	16.74
25607	90	18.08
25608	90	20.72
25609	90	26.46
25622	90	7.06
25624	90	11.21
25628	90	18.16
25630	90	7.24
25635	90	10.61
25645	90	14.37
25650	90	7.54
25651	90	11.85
25652	90	15.63
25660	90	9.85
25670	90	15.5
25671	90	13.06
25675	90	10.41
25676	90	16.06
25680	90	11.41
25685	90	18.69
25690	90	11.57
25695	90	16.1
25800	90	19.05
25805	90	21.96
25810	90	22.12
25820	90	15.56
25825	90	19.14
25830	90	23.87
25900	90	19.04

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
25905	90	18.86
25907	90	16.43
25909	90	18.57
25915	90	32.62
25920	90	17.45
25922	90	14.74
25924	90	17.04
25927	90	19.74
25929	90	14.27
25931	90	17.99
25999	YYY	0
26010	10	6.14
26011	10	9.39
26020	90	10.65
26025	90	10.42
26030	90	12.32
26034	90	13.36
26035	90	20.77
26037	90	14.4
26040	90	7.64
26045	90	11.69
26055	90	13.71
26060	90	6.54
26070	90	7.43
26075	90	7.88
26080	90	9.52
26100	90	7.99
26105	90	8.19
26110	90	7.85
26115	90	15.08
26116	90	11.99
26117	90	16.4
26121	90	15.08
26123	90	20.58
26125	ZZZ	7.42
26130	90	11.44
26135	90	13.9
26140	90	12.62
26145	90	12.84
26160	90	13.74
26170	90	10.07
26180	90	11.02
26185	90	13.13
26200	90	11.34
26205	90	15.24
26210	90	10.97
26215	90	13.93
26230	90	12.7
26235	90	12.46
26236	90	11.03
26250	90	14.7
26255	90	22.38
26260	90	13.77
26261	90	17.02

CODE	FUD	UNIT VALUE
26262	90	11.51
26320	90	8.57
26340	90	7.66
26350	90	17.76
26352	90	20.21
26356	90	26.32
26357	90	21.74
26358	90	22.98
26370	90	19.26
26372	90	22.36
26373	90	21.22
26390	90	20.88
26392	90	24.4
26410	90	14.12
26412	90	17.17
26415	90	18.03
26416	90	19.22
26418	90	14.16
26420	90	17.86
26426	90	14.4
26428	90	18.76
26432	90	12.35
26433	90	13.26
26434	90	15.93
26437	90	15.52
26440	90	15.55
26442	90	23.56
26445	90	14.42
26449	90	18.94
26450	90	10.02
26455	90	9.95
26460	90	9.67
26471	90	15.29
26474	90	14.64
26476	90	14.27
26477	90	14.4
26478	90	15.64
26479	90	15.48
26480	90	18.8
26483	90	21.26
26485	90	20.35
26489	90	22
26490	90	19.69
26492	90	21.96
26494	90	19.95
26496	90	21.66
26497	90	21.66
26498	90	29.01
26499	90	20.7
26500	90	15.61
26502	90	17.66
26508	90	15.72
26510	90	14.86
26516	90	17.6

CODE	FUD	UNIT VALUE
26517	90	20.76
26518	90	20.93
26520	90	16.26
26525	90	16.33
26530	90	13.48
26531	90	15.68
26535	90	10.08
26536	90	16.75
26540	90	16.51
26541	90	20.2
26542	90	17.07
26545	90	17.38
26546	90	24.39
26548	90	19.15
26550	90	37.71
26551	90	83.01
26553	90	71.04
26554	90	95.07
26555	90	34.75
26556	90	73.42
26560	90	14.22
26561	90	22.82
26562	90	33.26
26565	90	16.91
26567	90	17.09
26568	90	22.54
26580	90	35.29
26587	90	24.14
26590	90	32.35
26591	90	10.83
26593	90	14.82
26596	90	18.52
26600	90	6.55
26605	90	7.61
26607	90	10.97
26608	90	11.86
26615	90	13.7
26641	90	8.68
26645	90	9.99
26650	90	11.89
26665	90	15.19
26670	90	7.85
26675	90	10.68
26676	90	12.43
26685	90	14.13
26686	90	15.67
26700	90	7.48
26705	90	9.78
26706	90	10.78
26715	90	13.74
26720	90	4.55
26725	90	8.17
26727	90	11.65
26735	90	14.31

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
26740	90	5.31
26742	90	8.95
26746	90	17.43
26750	90	4.25
26755	90	7.48
26756	90	10.26
26765	90	11.6
26770	90	6.34
26775	90	9.1
26776	90	10.92
26785	90	12.64
26820	90	19.76
26841	90	18.29
26842	90	19.88
26843	90	18.38
26844	90	20.52
26850	90	17.41
26852	90	19.96
26860	90	13.93
26861	ZZZ	2.8
26862	90	18.15
26863	ZZZ	6.23
26910	90	17.89
26951	90	15.37
26952	90	16.18
26989	YYY	0
26990	90	15.64
26991	90	17.41
26992	90	24.73
27000	90	11.39
27001	90	13.83
27003	90	14.78
27005	90	18.77
27006	90	18.95
27025	90	22.88
27027	90	22.36
27030	90	24.51
27033	90	25.37
27035	90	28.23
27036	90	25.9
27040	10	8.41
27041	90	17.63
27047	90	15.59
27048	90	12.09
27049	90	25.67
27050	90	8.82
27052	90	14.12
27054	90	17.39
27057	90	24.61
27060	90	10.9
27062	90	11.42
27065	90	12.73
27066	90	20.75
27067	90	26.18

CODE	FUD	UNIT VALUE
27070	90	21.69
27071	90	23.3
27075	90	60.24
27076	90	41.5
27077	90	69.49
27078	90	26.19
27079	90	25
27080	90	12.53
27086	10	6.05
27087	90	16.18
27090	90	21.48
27091	90	41.64
27093	0	4.9
27095	0	5.91
27096	0	4.48
27097	90	17.13
27098	90	15.81
27100	90	21.1
27105	90	22.02
27110	90	24.68
27111	90	22.01
27120	90	33.51
27122	90	28.69
27125	90	29.17
27130	90	37.7
27132	90	44.04
27134	90	51.18
27137	90	38.97
27138	90	40.57
27140	90	23.28
27146	90	32.83
27147	90	38.3
27151	90	39.96
27156	90	44.7
27158	90	35.85
27161	90	31.78
27165	90	35.44
27170	90	30.74
27175	90	17.05
27176	90	23.64
27177	90	28.81
27178	90	23.35
27179	90	25.16
27181	90	27.7
27185	90	18.05
27187	90	25.82
27193	90	11.77
27194	90	18.4
27200	90	4.25
27202	90	16.24
27215	90	19.14
27216	90	27.9
27217	90	26.38
27218	90	36.1

CODE	FUD	UNIT VALUE
27220	90	13.26
27222	90	25.26
27226	90	26.93
27227	90	43.64
27228	90	49.99
27230	90	11.8
27232	90	20.1
27235	90	23.59
27236	90	30.85
27238	90	11.4
27240	90	24.66
27244	90	31.73
27245	90	33.11
27246	90	9.67
27248	90	19.51
27250	0	6.16
27252	90	19.46
27253	90	24.53
27254	90	33.21
27256	10	7.41
27257	10	8.66
27258	90	28.77
27259	90	40.37
27265	90	9.83
27266	90	14.8
27267	90	10.55
27268	90	13.09
27269	90	31.57
27275	10	4.59
27280	90	26.65
27282	90	20.84
27284	90	40.57
27286	90	42.53
27290	90	40.76
27295	90	32.98
27299	YYY	0
27301	90	16.43
27303	90	16.34
27305	90	11.9
27306	90	9.64
27307	90	11.87
27310	90	18.63
27323	10	6.55
27324	90	9.67
27325	90	13.42
27326	90	12.4
27327	90	11.18
27328	90	10.67
27329	90	26.67
27330	90	10.16
27331	90	12.01
27332	90	16.32
27333	90	14.77
27334	90	17.37

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CODE	FUD	UNIT VALUE
27335	90	19.67
27340	90	9.17
27345	90	12.15
27347	90	13
27350	90	16.59
27355	90	15.38
27356	90	18.88
27357	90	20.98
27358	ZZZ	7.69
27360	90	21.77
27365	90	31.78
27370	0	4.18
27372	90	14.73
27380	90	15.04
27381	90	20.56
27385	90	16.12
27386	90	21.32
27390	90	11.15
27391	90	14.55
27392	90	17.96
27393	90	12.9
27394	90	16.7
27395	90	22.65
27396	90	15.68
27397	90	23.06
27400	90	17.41
27403	90	16.43
27405	90	17.31
27407	90	19.8
27409	90	24.91
27412	90	43.32
27415	90	36.5
27416	90	24.99
27418	90	21.47
27420	90	19.23
27422	90	19.15
27424	90	19.2
27425	90	11.15
27427	90	18.43
27428	90	28.37
27429	90	31.77
27430	90	19.03
27435	90	20.37
27437	90	16.91
27438	90	21.7
27440	90	19.83
27441	90	20.48
27442	90	22.5
27443	90	21.05
27445	90	32.86
27446	90	29.16
27447	90	40.38
27448	90	21.21
27450	90	26.44

CODE	FUD	UNIT VALUE
27454	90	33.39
27455	90	24.43
27457	90	25.18
27465	90	31.56
27466	90	30.74
27468	90	34.88
27470	90	30.66
27472	90	33.17
27475	90	16.78
27477	90	18.89
27479	90	24.52
27485	90	17.22
27486	90	36.8
27487	90	46.49
27488	90	31.09
27495	90	29.49
27496	90	12.78
27497	90	13.91
27498	90	15.16
27499	90	16.85
27500	90	12.88
27501	90	12.67
27502	90	20.29
27503	90	20.66
27506	90	34.55
27507	90	25.66
27508	90	12.97
27509	90	16.38
27510	90	17.91
27511	90	26.53
27513	90	33.42
27514	90	27.02
27516	90	12.1
27517	90	17.1
27519	90	24.38
27520	90	7.61
27524	90	19.43
27530	90	9.58
27532	90	15.42
27535	90	23.64
27536	90	30.8
27538	90	11.49
27540	90	21.6
27550	90	12.11
27552	90	15.82
27556	90	23.97
27557	90	28.68
27558	90	32.1
27560	90	8.81
27562	90	11.65
27566	90	23.16
27570	10	3.74
27580	90	37.53
27590	90	21.42

CODE	FUD	UNIT VALUE
27591	90	23.76
27592	90	18.16
27594	90	13.12
27596	90	19.04
27598	90	19.37
27599	YYY	0
27600	90	10.9
27601	90	11.27
27602	90	13.38
27603	90	12.99
27604	90	11.41
27605	10	9.05
27606	10	7.69
27607	90	15.8
27610	90	16.87
27612	90	14.69
27613	10	6.14
27614	90	13.95
27615	90	22.7
27618	90	12.19
27619	90	19.48
27620	90	11.86
27625	90	15.36
27626	90	16.62
27630	90	13.33
27635	90	15.28
27637	90	19.38
27638	90	20.24
27640	90	22.37
27641	90	17.91
27645	90	27.18
27646	90	24.01
27647	90	21.22
27648	0	4.03
27650	90	17.49
27652	90	19.25
27654	90	18.76
27656	90	13.39
27658	90	9.88
27659	90	13
27664	90	9.42
27665	90	10.8
27675	90	13.25
27676	90	16.09
27680	90	11.21
27681	90	13.37
27685	90	15.85
27686	90	14.59
27687	90	12
27690	90	16.51
27691	90	19.4
27692	ZZZ	2.98
27695	90	12.77
27696	90	15.26

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CODE	FUD	UNIT VALUE
27698	90	17.15
27700	90	16.19
27702	90	25.97
27703	90	30.06
27704	90	14.68
27705	90	19.92
27707	90	10.06
27709	90	28.78
27712	90	28.37
27715	90	27.73
27720	90	22.79
27722	90	22.74
27724	90	33.54
27725	90	31.12
27726	90	23.5
27727	90	25.34
27730	90	15.29
27732	90	10.25
27734	90	15.44
27740	90	17.18
27742	90	18.12
27745	90	19.55
27750	90	8.24
27752	90	13.33
27756	90	14.49
27758	90	22.96
27759	90	26.05
27760	90	7.92
27762	90	11.91
27766	90	15.66
27767	90	6.26
27768	90	10.2
27769	90	17.79
27780	90	7.08
27781	90	10.31
27784	90	17.63
27786	90	7.51
27788	90	10.4
27792	90	17.85
27808	90	7.85
27810	90	11.65
27814	90	20.06
27816	90	7.43
27818	90	12
27822	90	21.93
27823	90	25.01
27824	90	7.47
27825	90	13.7
27826	90	20.91
27827	90	28.05
27828	90	33.51
27829	90	16.63
27830	90	8.69
27831	90	9.54

CODE	FUD	UNIT VALUE
27832	90	17.9
27840	90	8.72
27842	90	12.33
27846	90	19.12
27848	90	21.65
27860	10	4.61
27870	90	27.27
27871	90	17.92
27880	90	23.98
27881	90	23.23
27882	90	16.33
27884	90	15.19
27886	90	17.33
27888	90	18.34
27889	90	17.9
27892	90	14.05
27893	90	14.22
27894	90	21.82
27899	YYY	BR
28001	10	6.74
28002	10	12.56
28003	90	17.4
28005	90	16.13
28008	90	10.66
28010	90	5.94
28011	90	8.44
28020	90	12.67
28022	90	11.68
28024	90	11.1
28035	90	12.74
28043	90	8.49
28045	90	11.9
28046	90	21.73
28050	90	11.19
28052	90	10.31
28054	90	9.67
28055	90	10.47
28060	90	12.56
28062	90	14.78
28070	90	12.47
28072	90	12.28
28080	90	11.98
28086	90	13.19
28088	90	11.18
28090	90	11.28
28092	90	10.17
28100	90	14.57
28102	90	14.69
28103	90	11.86
28104	90	12.5
28106	90	12.53
28107	90	13.86
28108	90	10.5
28110	90	11.02

CODE	FUD	UNIT VALUE
28111	90	12.56
28112	90	11.88
28113	90	14.17
28114	90	25.85
28116	90	18.48
28118	90	14.34
28119	90	12.76
28120	90	14.16
28122	90	16.49
28124	90	11.67
28126	90	9.42
28130	90	16.71
28140	90	15.52
28150	90	10.51
28153	90	9.79
28160	90	10.05
28171	90	16.4
28173	90	18.5
28175	90	13.54
28190	10	5.98
28192	90	11.55
28193	90	13.26
28200	90	11.55
28202	90	15.39
28208	90	11.12
28210	90	14.33
28220	90	10.98
28222	90	12.7
28225	90	9.53
28226	90	11.46
28230	90	10.55
28232	90	9.34
28234	90	9.68
28238	90	16.9
28240	90	10.86
28250	90	13.84
28260	90	16.96
28261	90	24.56
28262	90	34.48
28264	90	22.02
28270	90	11.74
28272	90	9.58
28280	90	12.9
28285	90	11.37
28286	90	11.11
28288	90	14.21
28289	90	18.03
28290	90	14.07
28292	90	19.1
28293	90	25.46
28294	90	18.53
28296	90	18.22
28297	90	20.57
28298	90	17.73

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CODE	FUD	UNIT VALUE
28299	90	22.78
28300	90	17.53
28302	90	17.33
28304	90	19.73
28305	90	18.23
28306	90	14.75
28307	90	17.36
28308	90	13.34
28309	90	23.64
28310	90	13.14
28312	90	12.03
28313	90	12.66
28315	90	11.61
28320	90	16.57
28322	90	19.19
28340	90	15.23
28341	90	17.56
28344	90	11.65
28345	90	14.12
28360	90	25.53
28400	90	5.96
28405	90	9.79
28406	90	13.48
28415	90	29.72
28420	90	31.29
28430	90	5.57
28435	90	7.91
28436	90	10.78
28445	90	28.05
28446	90	30.6
28450	90	5.15
28455	90	7.17
28456	90	6.89
28465	90	15.83
28470	90	5.15
28475	90	6.56
28476	90	8.53
28485	90	13.62
28490	90	3.3
28495	90	4.18
28496	90	10.11
28505	90	16.12
28510	90	2.87
28515	90	3.78
28525	90	13.58
28530	90	2.77
28531	90	8.94
28540	90	4.92
28545	90	6.07
28546	90	11.39
28555	90	21.19
28570	90	4.25
28575	90	8.18
28576	90	9.01

CODE	FUD	UNIT VALUE
28585	90	22.65
28600	90	5.13
28605	90	6.65
28606	90	9.99
28615	90	19.9
28630	10	3.66
28635	10	4.38
28636	10	7.22
28645	90	15.27
28660	10	2.66
28665	10	3.91
28666	10	5.09
28675	90	13.88
28705	90	34.55
28715	90	25.54
28725	90	21.05
28730	90	21.94
28735	90	21
28737	90	18.61
28740	90	21.05
28750	90	20.48
28755	90	12.32
28760	90	19.36
28800	90	15.02
28805	90	19.65
28810	90	11.56
28820	90	13.01
28825	90	14.04
28890	90	8.56
28899	YYY	BR
29000	0	6.64
29010	0	6.08
29015	0	5.85
29020	0	5.6
29025	0	6.4
29035	0	5.88
29040	0	5.71
29044	0	6.39
29046	0	6.99
29049	0	2.12
29055	0	5.07
29058	0	2.74
29065	0	2.31
29075	0	2.14
29085	0	2.28
29086	0	1.73
29105	0	2.11
29125	0	1.63
29126	0	1.87
29130	0	1
29131	0	1.22
29200	0	1.31
29220	0	1.35
29240	0	1.47

CODE	FUD	UNIT VALUE
29260	0	1.27
29280	0	1.22
29305	0	5.73
29325	0	6.38
29345	0	3.33
29355	0	3.45
29358	0	3.74
29365	0	2.98
29405	0	2.19
29425	0	2.37
29435	0	2.91
29440	0	1.3
29445	0	3.66
29450	0	3.86
29505	0	1.85
29515	0	1.74
29520	0	1.23
29530	0	1.29
29540	0	1.07
29550	0	1.04
29580	0	1.31
29590	0	1.41
29700	0	1.58
29705	0	1.68
29710	0	2.93
29715	0	2.21
29720	0	1.96
29730	0	1.63
29740	0	2.34
29750	0	2.56
29799	YYY	0
29800	90	13.21
29804	90	16.45
29805	90	12
29806	90	27.54
29807	90	26.82
29819	90	15.06
29820	90	13.9
29821	90	15.18
29822	90	14.74
29823	90	16.13
29824	90	17.16
29825	90	15.04
29826	90	17.27
29827	90	28.27
29828	90	23.63
29830	90	11.58
29834	90	12.62
29835	90	12.96
29836	90	14.87
29837	90	13.59
29838	90	15.18
29840	90	11.31
29843	90	12.16

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CODE	FUD	UNIT VALUE
29844	90	12.66
29845	90	14.39
29846	90	13.31
29847	90	13.81
29848	90	12.54
29850	90	14.67
29851	90	24.28
29855	90	20.29
29856	90	25.98
29860	90	16.65
29861	90	18.5
29862	90	20.61
29863	90	20.33
29866	90	26.98
29867	90	32.66
29868	90	43.9
29870	90	10.4
29871	90	13.1
29873	90	13.05
29874	90	13.71
29875	90	12.67
29876	90	16.63
29877	90	15.73
29879	90	16.84
29880	90	17.59
29881	90	16.38
29882	90	17.76
29883	90	21.72
29884	90	15.68
29885	90	19.04
29886	90	16.04
29887	90	18.93
29888	90	25.79
29889	90	31.45
29891	90	17.82
29892	90	18.21
29893	90	14.69
29894	90	13.41
29895	90	12.97
29897	90	13.59
29898	90	15.18
29899	90	27.34
29900	90	11.65
29901	90	12.78
29902	90	13.66
29904	90	15.83
29905	90	17.03
29906	90	17.94
29907	90	22.05
29999	YYY	0
30000	10	5.61
30020	10	5.43
30100	0	3.41
30110	10	5.5

CODE	FUD	UNIT VALUE
30115	90	10.72
30117	90	20.12
30118	90	19.37
30120	90	12.9
30124	90	6.78
30125	90	15.45
30130	90	9.34
30140	90	10.67
30150	90	19.88
30160	90	19.96
30200	0	2.73
30210	10	3.59
30220	10	7.05
30300	10	5.47
30310	10	5.09
30320	90	11.24
30400	90	25.94
30410	90	30.81
30420	90	34.58
30430	90	22.64
30435	90	29.95
30450	90	39.89
30460	90	19.33
30462	90	39.04
30465	90	24.67
30520	90	15.03
30540	90	16.83
30545	90	24.59
30560	10	6.48
30580	90	15.79
30600	90	14.49
30620	90	15.37
30630	90	15.62
30801	10	5.45
30802	10	7.06
30901	0	2.61
30903	0	4.76
30905	0	5.93
30906	0	6.82
30915	90	14.51
30920	90	20.88
30930	10	3.04
30999	YYY	BR
31000	10	4.35
31002	10	5
31020	90	11.8
31030	90	17.25
31032	90	14.31
31040	90	18.88
31050	90	12.35
31051	90	16.13
31070	90	10.83
31075	90	19.69
31080	90	25.52

CODE	FUD	UNIT VALUE
31081	90	31.51
31084	90	29.72
31085	90	31.59
31086	90	28.11
31087	90	27.98
31090	90	25.03
31200	90	13.26
31201	90	18.39
31205	90	21.47
31225	90	46.3
31230	90	51.9
31231	0	4.69
31233	0	6.63
31235	0	7.63
31237	0	8.22
31238	0	8.46
31239	10	16.85
31240	0	4.28
31254	0	7.34
31255	0	10.86
31256	0	5.32
31267	0	8.57
31276	0	13.69
31287	0	6.25
31288	0	7.25
31290	10	30.02
31291	10	31.71
31292	10	25.98
31293	10	28.29
31294	10	32.5
31299	YYY	0
31300	90	31.77
31320	90	16.14
31360	90	50.55
31365	90	63.35
31367	90	54.74
31368	90	61.23
31370	90	51.52
31375	90	48.72
31380	90	48.05
31382	90	52.56
31390	90	70.6
31395	90	74.95
31400	90	25.23
31420	90	21.2
31500	0	2.96
31502	0	0.94
31505	0	2.08
31510	0	5.32
31511	0	5.34
31512	0	5.27
31513	0	3.49
31515	0	5.25
31520	0	4.06

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CODE	FUD	UNIT VALUE
31525	0	6.33
31526	0	4.19
31527	0	5.12
31528	0	3.82
31529	0	4.31
31530	0	5.28
31531	0	5.68
31535	0	5.05
31536	0	5.64
31540	0	6.48
31541	0	7.09
31545	0	9.55
31546	0	14.62
31560	0	8.39
31561	0	9.2
31570	0	8.82
31571	0	6.69
31575	0	2.93
31576	0	5.68
31577	0	6.15
31578	0	7.14
31579	0	5.54
31580	90	30.29
31582	90	48.22
31584	90	38.68
31587	90	25.21
31588	90	28.61
31590	90	22.4
31595	90	19.34
31599	YYY	0
31600	0	10.59
31601	0	6.96
31603	0	5.97
31605	0	4.93
31610	90	18.02
31611	90	13.47
31612	0	2.06
31613	90	11.16
31614	90	18.47
31615	0	4.68
31620	ZZZ	7.3
31622	0	8.21
31623	0	8.97
31624	0	8.34
31625	0	9
31628	0	10.8
31629	0	16.51
31630	0	5.55
31631	0	6.25
31632	ZZZ	2.04
31633	ZZZ	2.44
31635	0	9.26
31636	0	6.1
31637	ZZZ	2.17

CODE	FUD	UNIT VALUE
31638	0	6.8
31640	0	7.12
31641	0	7
31643	0	4.79
31645	0	8.06
31646	0	7.32
31656	0	8.37
31715	0	1.51
31717	0	7.86
31720	0	1.42
31725	0	2.56
31730	0	22.32
31750	90	33.8
31755	90	42.84
31760	90	37.07
31766	90	48.61
31770	90	35.84
31775	90	37.08
31780	90	31.06
31781	90	37.73
31785	90	28.46
31786	90	39.96
31800	90	17.78
31805	90	22.03
31820	90	10.78
31825	90	15.08
31830	90	10.88
31899	YYY	BR
32035	90	18.66
32036	90	20.26
32095	90	16.64
32100	90	25.83
32110	90	38.86
32120	90	23.03
32124	90	24.54
32140	90	26.23
32141	90	39.27
32150	90	26.44
32151	90	27.04
32160	90	20.22
32200	90	29.64
32201	0	24.27
32215	90	21.32
32220	90	42.67
32225	90	26.49
32310	90	24.47
32320	90	42.73
32400	0	4.03
32402	90	14.98
32405	0	2.78
32420	0	3.06
32421	0	4.19
32422	0	5.29
32440	90	42.78

CODE	FUD	UNIT VALUE
32442	90	78.41
32445	90	88.89
32480	90	40.38
32482	90	43.05
32484	90	38.83
32486	90	61.47
32488	90	62.37
32491	90	39.94
32500	90	39
32501	ZZZ	6.83
32503	90	49.32
32504	90	56.67
32540	90	44.17
32550	0	20.73
32551	0	4.85
32560	0	7.78
32601	0	8.5
32602	0	9.22
32603	0	11.95
32604	0	13.41
32605	0	10.59
32606	0	12.82
32650	90	18.16
32651	90	28.44
32652	90	43.14
32653	90	27.59
32654	90	30.33
32655	90	25.25
32656	90	21.74
32657	90	21.49
32658	90	19.6
32659	90	19.88
32660	90	27.98
32661	90	21.9
32662	90	24.52
32663	90	37.52
32664	90	23.38
32665	90	32.41
32800	90	24.96
32810	90	24.16
32815	90	70.59
32820	90	35.87
32850	XXX	0
32851	90	69.64
32852	90	77.05
32853	90	83.33
32854	90	90.6
32855	XXX	0
32856	XXX	0
32900	90	36.7
32905	90	36.29
32906	90	45.08
32940	90	33.25
32960	0	3.7

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CODE	FUD	UNIT VALUE
32997	0	9.72
32998	0	74.25
32999	YYY	0
33010	0	3.38
33011	0	3.31
33015	90	14.38
33020	90	23.46
33025	90	21.71
33030	90	34.72
33031	90	38.75
33050	90	26.83
33120	90	42.47
33130	90	37.32
33140	90	42.38
33141	ZZZ	4.26
33202	90	21.17
33203	90	22.18
33206	90	12.8
33207	90	13.71
33208	90	14.75
33210	0	5.06
33211	0	5.09
33212	90	9.58
33213	90	10.92
33214	90	13.55
33215	90	8.66
33216	90	10.64
33217	90	10.56
33218	90	11
33220	90	11.1
33222	90	9.72
33223	90	11.74
33224	0	14.31
33225	ZZZ	12.89
33226	0	13.85
33233	90	6.78
33234	90	13.75
33235	90	17.78
33236	90	21.24
33237	90	23.38
33238	90	25.32
33240	90	13.1
33241	90	6.4
33243	90	36.94
33244	90	24.16
33249	90	25.47
33250	90	39.86
33251	90	44.19
33254	90	37.31
33255	90	45.59
33256	90	54.45
33257	ZZZ	15.57
33258	ZZZ	17.61
33259	ZZZ	23.1

CODE	FUD	UNIT VALUE
33261	90	43.93
33265	90	37.23
33266	90	51.15
33282	90	9.08
33284	90	6.54
33300	90	62.14
33305	90	103.23
33310	90	31.81
33315	90	40.44
33320	90	28.75
33321	90	32.61
33322	90	37.69
33330	90	38.01
33332	90	38.05
33335	90	51.44
33400	90	61.62
33401	90	41.06
33403	90	41.24
33404	90	48.89
33405	90	63.27
33406	90	77.68
33410	90	68.51
33411	90	89.23
33412	90	68.51
33413	90	88.35
33414	90	59.13
33415	90	54.76
33416	90	55.16
33417	90	46.11
33420	90	36.89
33422	90	46.23
33425	90	71.32
33426	90	65.19
33427	90	68.31
33430	90	75.16
33460	90	63.4
33463	90	79.94
33464	90	64.76
33465	90	72.39
33468	90	51.41
33470	90	31.95
33471	90	36.39
33472	90	36.79
33474	90	55.67
33475	90	63.16
33476	90	39.75
33478	90	43.19
33496	90	46.18
33500	90	43.33
33501	90	29.81
33502	90	34.72
33503	90	36.75
33504	90	39.61
33505	90	53.61

CODE	FUD	UNIT VALUE
33506	90	56.4
33507	90	47.76
33508	ZZZ	0.45
33510	90	53.77
33511	90	58.6
33512	90	65.83
33513	90	67.27
33514	90	71.16
33516	90	74.05
33517	ZZZ	5.1
33518	ZZZ	11
33519	ZZZ	14.7
33521	ZZZ	17.83
33522	ZZZ	20.36
33523	ZZZ	23.27
33530	ZZZ	13.97
33533	90	52.46
33534	90	60.78
33535	90	67.41
33536	90	72.23
33542	90	69.28
33545	90	81.75
33548	90	80.4
33572	ZZZ	6.53
33600	90	47.07
33602	90	44.7
33606	90	48.79
33608	90	50.18
33610	90	48.93
33611	90	53.54
33612	90	55.55
33615	90	55.07
33617	90	59.4
33619	90	72.6
33641	90	43.88
33645	90	43.45
33647	90	46
33660	90	48.49
33665	90	52.18
33670	90	54.41
33675	90	54.42
33676	90	56.75
33677	90	58.99
33681	90	50.32
33684	90	50.94
33688	90	51.58
33690	90	31.43
33692	90	48.64
33694	90	54.82
33697	90	58.55
33702	90	42.1
33710	90	51.04
33720	90	42.71
33722	90	41.62

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
33724	90	43.38
33726	90	56.57
33730	90	53.96
33732	90	44.92
33735	90	33.92
33736	90	38.15
33737	90	35.71
33750	90	35.29
33755	90	35.5
33762	90	35.4
33764	90	34.84
33766	90	38.54
33767	90	38.95
33768	ZZZ	11.87
33770	90	59.17
33771	90	60.56
33774	90	49.93
33775	90	51.94
33776	90	54.6
33777	90	53.64
33778	90	65.69
33779	90	61.95
33780	90	64.65
33781	90	64.32
33786	90	63.22
33788	90	42.77
33800	90	26.8
33802	90	28.71
33803	90	31.46
33813	90	35.58
33814	90	41.93
33820	90	26.82
33822	90	28.54
33824	90	32.22
33840	90	32.29
33845	90	37.56
33851	90	34.57
33852	90	37.11
33853	90	51.72
33860	90	85.63
33861	90	67.39
33863	90	85.85
33864	90	88.23
33870	90	70.33
33875	90	54.5
33877	90	95.87
33880	90	49.55
33881	90	42.53
33883	90	31.21
33884	ZZZ	11.43
33886	90	26.81
33889	0	22.61
33891	0	28.28
33910	90	45.49

CODE	FUD	UNIT VALUE
33915	90	35.84
33916	90	45.58
33917	90	41.39
33920	90	49.89
33922	90	37.68
33924	ZZZ	8.01
33925	90	48.68
33926	90	64.72
33930	XXX	BR
33933	XXX	BR
33935	90	95.78
33940	XXX	BR
33944	XXX	BR
33945	90	125.31
33960	0	27.77
33961	ZZZ	15.27
33967	0	7.5
33968	0	0.97
33970	0	10.18
33971	90	19.47
33973	0	14.86
33974	90	24.86
33975	XXX	30.88
33976	XXX	34.27
33977	90	33.09
33978	90	36.5
33979	XXX	67.8
33980	90	99.15
33999	YYY	BR
34001	90	26.47
34051	90	26.68
34101	90	16.94
34111	90	16.93
34151	90	39.29
34201	90	27.32
34203	90	27.12
34401	90	40.34
34421	90	20.47
34451	90	42.43
34471	90	29.19
34490	90	17.03
34501	90	26.46
34502	90	42.76
34510	90	29.92
34520	90	28.75
34530	90	26.89
34800	90	32.13
34802	90	34.96
34803	90	35.64
34804	90	34.93
34805	90	32.75
34806	ZZZ	3
34808	ZZZ	5.9
34812	0	9.83

CODE	FUD	UNIT VALUE
34813	ZZZ	6.78
34820	0	14.05
34825	90	19.58
34826	ZZZ	5.81
34830	90	51.52
34831	90	54.6
34832	90	55.34
34833	0	17.43
34834	0	7.9
34900	90	25.53
35001	90	31.95
35002	90	33.74
35005	90	29.08
35011	90	28.06
35013	90	34.79
35021	90	34.08
35022	90	38.49
35045	90	27.28
35081	90	48.74
35082	90	61.35
35091	90	51.86
35092	90	73.23
35102	90	52.92
35103	90	63.44
35111	90	39.07
35112	90	47.81
35121	90	46.44
35122	90	55.46
35131	90	39.66
35132	90	47.82
35141	90	31.42
35142	90	37.55
35151	90	35.42
35152	90	41.08
35180	90	23.18
35182	90	48.35
35184	90	28.47
35188	90	23.9
35189	90	44.59
35190	90	20.84
35201	90	26.17
35206	90	21.37
35207	90	19.29
35211	90	37.93
35216	90	52.15
35221	90	39.06
35226	90	23.58
35231	90	32.8
35236	90	27.35
35241	90	39.68
35246	90	43.14
35251	90	46.48
35256	90	28.78
35261	90	29.08

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
35266	90	24.08
35271	90	37.86
35276	90	39.8
35281	90	44.43
35286	90	26.39
35301	90	29.61
35302	90	31.53
35303	90	34.69
35304	90	36.08
35305	90	34.65
35306	ZZZ	13
35311	90	42.3
35321	90	25.17
35331	90	41.59
35341	90	39.2
35351	90	36.38
35355	90	29.53
35361	90	44.79
35363	90	48.72
35371	90	23.29
35372	90	27.97
35390	ZZZ	4.58
35400	ZZZ	4.33
35450	0	14.59
35452	0	10.15
35454	0	8.92
35456	0	10.79
35458	0	13.82
35459	0	12.71
35460	0	8.83
35470	0	76.2
35471	0	83.71
35472	0	58.1
35473	0	55.47
35474	0	73.96
35475	0	59.81
35476	0	45.14
35480	0	15.8
35481	0	11.46
35482	0	9.99
35483	0	12.08
35484	0	14.99
35485	0	14.01
35490	0	17.06
35491	0	11.53
35492	0	10.38
35493	0	12.66
35494	0	16.01
35495	0	14.68
35500	ZZZ	9.17
35501	90	44.15
35506	90	37.35
35508	90	38.53
35509	90	42.43

CODE	FUD	UNIT VALUE
35510	90	35.2
35511	90	33.43
35512	90	34.33
35515	90	37.21
35516	90	34
35518	90	34.05
35521	90	35.8
35522	90	33.56
35523	90	35.51
35525	90	31.54
35526	90	46.72
35531	90	57.21
35533	90	44.25
35535	90	56.81
35536	90	49.38
35537	90	61.24
35538	90	68.73
35539	90	63.75
35540	90	71.42
35548	90	33.96
35549	90	36.93
35551	90	42.08
35556	90	38.95
35558	90	34.59
35560	90	50.44
35563	90	38.62
35565	90	37.38
35566	90	46.77
35570	90	43.86
35571	90	37.95
35572	ZZZ	9.93
35583	90	40.21
35585	90	47.19
35587	90	39.13
35600	ZZZ	7.31
35601	90	40.78
35606	90	33.08
35612	90	25.9
35616	90	31.53
35621	90	31.38
35623	90	38.47
35626	90	44.22
35631	90	52.7
35632	90	53.94
35633	90	58.25
35634	90	52.79
35636	90	46.69
35637	90	48.36
35638	90	49.41
35642	90	29.17
35645	90	27.75
35646	90	48.79
35647	90	44.16
35650	90	30.2

CODE	FUD	UNIT VALUE
35651	90	39.05
35654	90	38.98
35656	90	30.73
35661	90	30.74
35663	90	35.62
35665	90	33.4
35666	90	36
35671	90	31.72
35681	ZZZ	2.29
35682	ZZZ	10.22
35683	ZZZ	12.05
35685	ZZZ	5.74
35686	ZZZ	4.8
35691	90	28
35693	90	24.82
35694	90	28.95
35695	90	30.13
35697	ZZZ	4.27
35700	ZZZ	4.4
35701	90	14.93
35721	90	12.71
35741	90	13.91
35761	90	10.26
35800	90	13.18
35820	90	50.96
35840	90	17.25
35860	90	11.13
35870	90	36.13
35875	90	16.67
35876	90	26.73
35879	90	26.14
35881	90	29.07
35883	90	33.95
35884	90	35.82
35901	90	13.99
35903	90	15.82
35905	90	49.26
35907	90	54.27
36000	XXX	0.67
36002	0	4.56
36005	0	9.06
36010	XXX	15.68
36011	XXX	24.81
36012	XXX	23.32
36013	XXX	21.56
36014	XXX	22.47
36015	XXX	24.64
36100	XXX	14.33
36120	XXX	11.83
36140	XXX	13.07
36145	XXX	12.93
36160	XXX	14.41
36200	XXX	17.48
36215	XXX	30.74

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CODE	FUD	UNIT VALUE
36216	XXX	33.6
36217	XXX	54.73
36218	ZZZ	5.16
36245	XXX	33.91
36246	XXX	33.34
36247	XXX	52.31
36248	ZZZ	4.44
36260	90	15.89
36261	90	9.66
36262	90	7.36
36299	YYY	0
36400	XXX	0.69
36405	XXX	0.63
36406	XXX	0.45
36410	XXX	0.5
36415	XXX	0.13
36416	XXX	0.12
36420	XXX	1.33
36425	XXX	1.05
36430	XXX	1
36440	XXX	1.41
36450	XXX	3.24
36455	XXX	3.51
36460	XXX	9.29
36468	0	0
36469	0	0
36470	10	3.64
36471	10	4.5
36475	0	47.1
36476	ZZZ	10.13
36478	0	38.83
36479	ZZZ	10.65
36481	0	11.36
36500	0	5.03
36510	0	2.92
36511	0	2.44
36512	0	2.48
36513	0	2.59
36514	0	13.73
36515	0	51.17
36516	0	57.93
36522	0	36.15
36555	0	7.28
36556	0	6.24
36557	10	22.45
36558	10	21.73
36560	10	30.76
36561	10	30.44
36563	10	30.86
36565	10	25.77
36566	10	95.74
36568	0	8.27
36569	0	7.22
36570	10	31.28

CODE	FUD	UNIT VALUE
36571	10	32.44
36575	0	4.33
36576	10	9.55
36578	10	13.34
36580	0	6.21
36581	10	20.12
36582	10	28.04
36583	10	28.05
36584	0	6.12
36585	10	28.8
36589	10	4.5
36590	10	7.34
36591	XXX	0.61
36592	XXX	0.67
36593	XXX	1.08
36595	0	16.25
36596	0	3.65
36597	0	3.43
36598	0	3.08
36600	XXX	0.82
36620	0	1.39
36625	0	2.93
36640	0	3.27
36660	0	1.85
36680	0	1.63
36800	0	4.3
36810	0	5.78
36815	0	4.1
36818	90	18.75
36819	90	21.98
36820	90	22.05
36821	90	18.19
36822	90	10.29
36823	90	35.02
36825	90	15.91
36830	90	18.22
36831	90	12.57
36832	90	16.06
36833	90	18.15
36834	90	16.98
36835	90	12.56
36838	90	32.45
36860	0	5.09
36861	0	4.12
36870	90	49.08
37140	90	36.62
37145	90	39.9
37160	90	34.68
37180	90	38.91
37181	90	41.99
37182	0	24.78
37183	0	11.78
37184	0	64.6
37185	ZZZ	21.36

CODE	FUD	UNIT VALUE
37186	ZZZ	43.54
37187	0	61.9
37188	0	52.6
37195	XXX	8.29
37200	0	6.58
37201	0	7.8
37202	0	9.4
37203	0	35.81
37204	0	26.27
37205	0	88.83
37206	ZZZ	53.07
37207	0	12.14
37208	ZZZ	5.88
37209	0	3.23
37210	0	94.23
37215	90	30.54
37216	90	28.01
37250	ZZZ	3.09
37251	ZZZ	2.31
37500	90	18.94
37501	YYY	0
37565	90	18.74
37600	90	19.18
37605	90	22.07
37606	90	14.38
37607	90	10.26
37609	10	7.65
37615	90	12.59
37616	90	29.51
37617	90	35.17
37618	90	10.11
37620	90	18.18
37650	90	13.83
37660	90	32.83
37700	90	6.81
37718	90	10.95
37722	90	12.9
37735	90	17.27
37760	90	17
37765	90	12.04
37766	90	14.6
37780	90	7.02
37785	90	9.37
37788	90	37.38
37790	90	13.48
37799	YYY	0
38100	90	28.32
38101	90	28.51
38102	ZZZ	6.83
38115	90	31.48
38120	90	26.43
38129	YYY	0
38200	0	3.76
38204	XXX	2.73

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CODE	FUD	UNIT VALUE
38205	0	2.17
38206	0	2.17
38207	XXX	1.34
38208	XXX	0.86
38209	XXX	0.37
38210	XXX	2.38
38211	XXX	2.15
38212	XXX	1.43
38213	XXX	0.37
38214	XXX	1.22
38215	XXX	1.43
38220	XXX	4.08
38221	XXX	4.53
38230	10	8.43
38240	XXX	3.36
38241	XXX	3.38
38242	0	2.56
38300	10	6.78
38305	90	11.71
38308	90	11.23
38380	90	14.36
38381	90	21.63
38382	90	17.44
38500	10	7.99
38505	0	3.33
38510	10	12.89
38520	90	11.72
38525	90	10.63
38530	90	13.7
38542	90	12.94
38550	90	12.1
38555	90	25.13
38562	90	18.04
38564	90	17.93
38570	10	14.64
38571	10	22.82
38572	10	25.26
38589	YYY	0
38700	90	20.03
38720	90	33.25
38724	90	36.05
38740	90	17.01
38745	90	21.66
38746	ZZZ	7.17
38747	ZZZ	6.96
38760	90	21.37
38765	90	33.14
38770	90	22.16
38780	90	27.95
38790	0	2.18
38792	0	1.06
38794	90	8.23
38999	YYY	0
39000	90	12.93

CODE	FUD	UNIT VALUE
39010	90	21.51
39200	90	23.85
39220	90	30.66
39400	10	13.28
39499	YYY	BR
39501	90	21.83
39502	90	26.19
39503	90	151.87
39520	90	26.2
39530	90	25.06
39531	90	26.18
39540	90	22.29
39541	90	24.04
39545	90	23.69
39560	90	20.45
39561	90	31.81
39599	YYY	BR
40490	0	3.24
40500	90	12.31
40510	90	11.96
40520	90	12.3
40525	90	14.21
40527	90	16.77
40530	90	13.56
40650	90	10.2
40652	90	12.03
40654	90	14.18
40700	90	23.61
40701	90	29.47
40702	90	22.83
40720	90	25.35
40761	90	27.45
40799	YYY	BR
40800	10	4.92
40801	10	7.58
40804	10	5.01
40805	10	7.94
40806	0	2.6
40808	10	4.42
40810	10	4.92
40812	10	6.95
40814	90	9.36
40816	90	9.85
40818	90	8.62
40819	90	7.44
40820	10	6.4
40830	10	5.92
40831	10	7.87
40840	90	20.24
40842	90	19.93
40843	90	25.99
40844	90	34.53
40845	90	37.5
40899	YYY	BR

CODE	FUD	UNIT VALUE
41000	10	3.92
41005	10	5.49
41006	90	8.86
41007	90	8.87
41008	90	9.16
41009	90	9.74
41010	10	4.92
41015	90	10.46
41016	90	10.76
41017	90	10.84
41018	90	12.44
41019	0	12.96
41100	10	4.15
41105	10	4.15
41108	10	3.56
41110	10	5.12
41112	90	8.1
41113	90	8.89
41114	90	16.22
41115	10	5.97
41116	90	7.92
41120	90	26.36
41130	90	32.5
41135	90	54.27
41140	90	55.94
41145	90	69.94
41150	90	55.29
41153	90	59.91
41155	90	74.41
41250	10	5.58
41251	10	5.78
41252	10	7.58
41500	90	11.16
41510	90	10.22
41512	90	15.66
41520	90	8.47
41530	10	77.81
41599	YYY	0
41800	10	5.53
41805	10	5.71
41806	10	8.4
41820	0	6.25
41821	0	1.41
41822	10	7.05
41823	90	10.5
41825	10	5.02
41826	10	7.08
41827	90	10.47
41828	10	7.55
41830	10	9.5
41850	0	3.13
41870	0	7.82
41872	90	8.88
41874	90	9.06

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
41899	YYY	0
42000	10	3.87
42100	10	3.68
42104	10	5.12
42106	10	6.51
42107	90	11.3
42120	90	24.42
42140	90	6.1
42145	90	17.83
42160	10	5.91
42180	10	6.01
42182	10	8.26
42200	90	22.75
42205	90	24.32
42210	90	27.58
42215	90	18.07
42220	90	13.94
42225	90	23.87
42226	90	23.75
42227	90	23.09
42235	90	18.83
42260	90	21.13
42280	10	3.91
42281	10	5.03
42299	YYY	0
42300	10	5.14
42305	90	11.05
42310	10	4
42320	10	6.19
42330	10	5.76
42335	90	9.18
42340	90	11.55
42400	0	2.72
42405	10	7.59
42408	90	11.32
42409	90	8.18
42410	90	16.07
42415	90	28.92
42420	90	33.15
42425	90	21.82
42426	90	35.48
42440	90	12.06
42450	90	11.3
42500	90	10.78
42505	90	13.99
42507	90	13.11
42508	90	18.76
42509	90	21.38
42510	90	16.16
42550	0	3.84
42600	90	12.11
42650	0	2.07
42660	0	2.66
42665	90	7.65

CODE	FUD	UNIT VALUE
42699	YYY	BR
42700	10	4.65
42720	10	11.6
42725	90	20.86
42800	10	3.9
42802	10	5.94
42804	10	4.96
42806	10	5.6
42808	10	5.7
42809	10	4.25
42810	90	9.59
42815	90	14.2
42820	90	7.49
42821	90	7.83
42825	90	6.7
42826	90	6.48
42830	90	5.28
42831	90	5.7
42835	90	4.77
42836	90	6.22
42842	90	24.59
42844	90	34.61
42845	90	56.59
42860	90	4.78
42870	90	14.55
42890	90	35.15
42892	90	46.06
42894	90	59.08
42900	10	8.96
42950	90	20.16
42953	90	24.81
42955	90	19.02
42960	10	4.35
42961	90	10.79
42962	90	13.37
42970	90	9.98
42971	90	11.78
42972	90	13.25
42999	YYY	BR
43020	90	13.69
43030	90	13.51
43045	90	34.53
43100	90	16.18
43101	90	27.07
43107	90	66.75
43108	90	110.69
43112	90	71.41
43113	90	110.77
43116	90	125.31
43117	90	65.27
43118	90	91.39
43121	90	72.85
43122	90	66.06
43123	90	111.3

CODE	FUD	UNIT VALUE
43124	90	95.23
43130	90	20.48
43135	90	38.3
43200	0	5.49
43201	0	7.54
43202	0	7.21
43204	0	5.99
43205	0	6
43215	0	4.11
43216	0	5.13
43217	0	9.67
43219	0	4.57
43220	0	3.38
43226	0	3.77
43227	0	5.61
43228	0	6
43231	0	5.09
43232	0	7.02
43234	0	7.16
43235	0	7.74
43236	0	9.63
43237	0	6.46
43238	0	7.97
43239	0	8.96
43240	0	10.69
43241	0	4.17
43242	0	11.38
43243	0	7.17
43244	0	7.95
43245	0	5.02
43246	0	6.72
43247	0	5.37
43248	0	5.07
43249	0	4.67
43250	0	5.02
43251	0	5.84
43255	0	7.59
43256	0	6.82
43257	0	8.36
43258	0	7.15
43259	0	8.14
43260	0	9.33
43261	0	9.81
43262	0	11.52
43263	0	11.4
43264	0	13.83
43265	0	15.52
43267	0	11.47
43268	0	11.66
43269	0	12.77
43271	0	11.51
43272	0	11.49
43273	ZZZ	3.48
43279	90	32.69

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CODE	FUD	UNIT VALUE
43280	90	27.32
43289	YYY	0
43300	90	16.14
43305	90	28.72
43310	90	40.52
43312	90	44.74
43313	90	70.86
43314	90	81.42
43320	90	35.45
43324	90	34.4
43325	90	33.82
43326	90	34.56
43330	90	33.2
43331	90	36.05
43340	90	34.38
43341	90	37.96
43350	90	29.12
43351	90	34.48
43352	90	28.22
43360	90	60.55
43361	90	67.26
43400	90	41.24
43401	90	39.33
43405	90	38.1
43410	90	26.02
43415	90	44.48
43420	90	25.93
43425	90	39.07
43450	0	4.11
43453	0	7.7
43456	0	15.58
43458	0	10.03
43460	0	5.89
43496	90	0
43499	YYY	0
43500	90	19.48
43501	90	33.54
43502	90	38.01
43510	90	24
43520	90	17.65
43600	0	2.85
43605	90	20.69
43610	90	24.46
43611	90	30.42
43620	90	49.59
43621	90	56.28
43622	90	57.18
43631	90	36.41
43632	90	49.19
43633	90	46.89
43634	90	51.77
43635	ZZZ	2.92
43640	90	29.23
43641	90	29.47

CODE	FUD	UNIT VALUE
43644	90	43.19
43645	90	46.26
43647	YYY	BR
43648	YYY	BR
43651	90	16.28
43652	90	19.05
43653	90	13.86
43659	YYY	BR
43752	0	1.11
43760	0	8.66
43761	0	3.27
43770	90	27.76
43771	90	31.67
43772	90	23.95
43773	90	31.7
43774	90	23.95
43800	90	23.21
43810	90	25.14
43820	90	32.39
43825	90	32.36
43830	90	17.21
43831	90	14.4
43832	90	26.49
43840	90	32.85
43842	90	32.16
43843	90	31.54
43845	90	48.9
43846	90	40.68
43847	90	44.46
43848	90	48.26
43850	90	40.42
43855	90	42.26
43860	90	41.04
43865	90	42.71
43870	90	17.55
43880	90	40.11
43881	YYY	BR
43882	YYY	BR
43886	90	8.19
43887	90	7.78
43888	90	10.97
43999	YYY	BR
44005	90	27.38
44010	90	21.52
44015	ZZZ	3.75
44020	90	24.19
44021	90	24.47
44025	90	24.63
44050	90	23.34
44055	90	37.34
44100	0	3.08
44110	90	21.08
44111	90	24.56
44120	90	30.39

CODE	FUD	UNIT VALUE
44121	ZZZ	6.3
44125	90	29.54
44126	90	60.98
44127	90	71.1
44128	ZZZ	6.34
44130	90	31.66
44132	XXX	0
44133	XXX	0
44135	XXX	0
44136	XXX	0
44137	XXX	0
44139	ZZZ	3.15
44140	90	33.67
44141	90	44
44143	90	41.4
44144	90	43.35
44145	90	41.92
44146	90	52.2
44147	90	46.83
44150	90	45.81
44151	90	52.37
44155	90	51.26
44156	90	56.46
44157	90	53.68
44158	90	55.03
44160	90	30.98
44180	90	23.14
44186	90	16.32
44187	90	27.45
44188	90	30.39
44202	90	34.86
44203	ZZZ	6.27
44204	90	38.89
44205	90	33.97
44206	90	44.11
44207	90	46.33
44208	90	50.36
44210	90	45.01
44211	90	55.24
44212	90	51.78
44213	ZZZ	4.94
44227	90	42.11
44238	YYY	0
44300	90	20.95
44310	90	26.18
44312	90	14.84
44314	90	25.3
44316	90	34.61
44320	90	29.86
44322	90	23.72
44340	90	14.96
44345	90	26.14
44346	90	29.31
44360	0	4.22

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CODE	FUD	UNIT VALUE
44361	0	4.65
44363	0	5.51
44364	0	5.93
44365	0	5.28
44366	0	6.99
44369	0	7.14
44370	0	7.7
44372	0	6.81
44373	0	5.51
44376	0	8.15
44377	0	8.63
44378	0	11.07
44379	0	11.76
44380	0	1.84
44382	0	2.22
44383	0	4.74
44385	0	6.37
44386	0	8.86
44388	0	8.84
44389	0	10.26
44390	0	11.85
44391	0	13.27
44392	0	11.13
44393	0	12.94
44394	0	13.02
44397	0	7.4
44500	0	0.7
44602	90	34.32
44603	90	39.34
44604	90	26.57
44605	90	32.74
44615	90	26.97
44620	90	21.49
44625	90	25.47
44626	90	40.59
44640	90	35.39
44650	90	36.82
44660	90	35.49
44661	90	39.9
44680	90	26.62
44700	90	25.74
44701	ZZZ	4.35
44715	XXX	0
44720	XXX	7.06
44721	XXX	10.05
44799	YYY	0
44800	90	18.99
44820	90	20.95
44850	90	18.48
44899	YYY	0
44900	90	18.9
44901	0	25.44
44950	90	16.07
44955	ZZZ	2.19

CODE	FUD	UNIT VALUE
44960	90	21.59
44970	90	14.76
44979	YYY	BR
45000	90	10.23
45005	10	6.19
45020	90	13.3
45100	90	7.14
45108	90	8.7
45110	90	46.27
45111	90	27.21
45112	90	47.65
45113	90	48.87
45114	90	44.68
45116	90	40.1
45119	90	48.89
45120	90	39.15
45121	90	42.86
45123	90	27.7
45126	90	72.05
45130	90	27.08
45135	90	33.22
45136	90	45.85
45150	90	9.88
45160	90	24.67
45170	90	19.3
45190	90	16.79
45300	0	2.68
45303	0	20.77
45305	0	4.38
45307	0	4.87
45308	0	4.46
45309	0	5.06
45315	0	5.42
45317	0	5.24
45320	0	5.28
45321	0	2.67
45327	0	3.12
45330	0	3.47
45331	0	4.41
45332	0	7.25
45333	0	7.29
45334	0	4.39
45335	0	6.23
45337	0	3.77
45338	0	8.14
45339	0	8.46
45340	0	11.1
45341	0	4.19
45342	0	6.41
45345	0	4.66
45355	0	5.39
45378	0	10.23
45379	0	12.99
45380	0	12.28

CODE	FUD	UNIT VALUE
45381	0	11.94
45382	0	16.17
45383	0	14.63
45384	0	12.07
45385	0	13.85
45386	0	17.07
45387	0	9.25
45391	0	7.99
45392	0	10.07
45395	90	50.02
45397	90	54.08
45400	90	28.84
45402	90	38.6
45499	YYY	0
45500	90	12.66
45505	90	13.9
45520	0	3.12
45540	90	26.6
45541	90	22.86
45550	90	36.61
45560	90	18.07
45562	90	27.73
45563	90	40.3
45800	90	31.07
45805	90	35.07
45820	90	30.76
45825	90	37.17
45900	10	4.9
45905	10	4.17
45910	10	4.93
45915	10	7.66
45990	0	2.74
45999	YYY	0
46020	10	6.21
46030	10	3.12
46040	90	12.13
46045	90	10.04
46050	10	4.33
46060	90	11.08
46070	90	5.67
46080	10	5.68
46083	10	4.28
46200	90	9.5
46210	90	8.71
46211	90	11.8
46220	10	4.57
46221	10	5.98
46230	10	6.28
46250	90	10.45
46255	90	11.67
46257	90	9.94
46258	90	10.86
46260	90	11.3
46261	90	12.61

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CODE	FUD	UNIT VALUE
46262	90	13.17
46270	90	11.27
46275	90	11.94
46280	90	10.99
46285	90	11.58
46288	90	12.99
46320	10	4.13
46500	10	5.01
46505	10	6.5
46600	0	2.01
46604	0	12.48
46606	0	5.13
46608	0	5.32
46610	0	5.26
46611	0	4.17
46612	0	6.34
46614	0	3.22
46615	0	3.74
46700	90	15.63
46705	90	12.95
46706	10	4.15
46710	90	26.53
46712	90	54.39
46715	90	12.8
46716	90	31.12
46730	90	47.06
46735	90	55.06
46740	90	50.4
46742	90	59.68
46744	90	85.71
46746	90	99.18
46748	90	101.96
46750	90	18.88
46751	90	15.71
46753	90	14.3
46754	10	6.76
46760	90	26.72
46761	90	23.12
46762	90	22.74
46900	10	5.48
46910	10	5.72
46916	10	5.64
46917	10	10.88
46922	10	5.97
46924	10	12.33
46930	90	5.26
46937	10	6.11
46938	90	10.78
46940	10	5.18
46942	10	4.79
46945	90	6.66
46946	90	7.23
46947	90	9.3
46999	YYY	BR

CODE	FUD	UNIT VALUE
47000	0	8.5
47001	ZZZ	2.7
47010	90	29.62
47011	0	5.32
47015	90	28.14
47100	90	20.69
47120	90	58.3
47122	90	86.82
47125	90	77.77
47130	90	83.62
47133	XXX	BR
47135	90	122.99
47136	90	104.89
47140	90	86.92
47141	90	103.09
47142	90	113.3
47143	XXX	BR
47144	90	BR
47145	XXX	BR
47146	XXX	8.57
47147	XXX	10
47300	90	27.75
47350	90	34.1
47360	90	46.34
47361	90	76.26
47362	90	35.32
47370	90	31.24
47371	90	31.83
47379	YYY	BR
47380	90	36.48
47381	90	37.17
47382	10	22.79
47399	YYY	BR
47400	90	52.6
47420	90	33.42
47425	90	33.74
47460	90	31.78
47480	90	21.15
47490	90	14.07
47500	0	2.83
47505	0	1.09
47510	90	13.34
47511	90	16.76
47525	10	15.71
47530	90	37.78
47550	ZZZ	4.32
47552	0	9.12
47553	0	9.1
47554	0	13.47
47555	0	10.92
47556	0	12.35
47560	0	6.98
47561	0	7.56
47562	90	18.41

CODE	FUD	UNIT VALUE
47563	90	18.87
47564	90	21.82
47570	90	19.47
47579	YYY	0
47600	90	26.29
47605	90	24.43
47610	90	31.31
47612	90	31.62
47620	90	34.34
47630	90	15.24
47700	90	26.08
47701	90	44.9
47711	90	38.86
47712	90	49.76
47715	90	32.64
47720	90	28.19
47721	90	33.27
47740	90	32.14
47741	90	36.44
47760	90	54.55
47765	90	71.56
47780	90	59.56
47785	90	77.47
47800	90	39.24
47801	90	27.43
47802	90	37.64
47900	90	33.95
47999	YYY	0
48000	90	46.98
48001	90	57.88
48020	90	28.98
48100	90	22
48102	10	14.24
48105	90	71.26
48120	90	27.5
48140	90	38.95
48145	90	40.46
48146	90	46.14
48148	90	30.63
48150	90	78.01
48152	90	72.12
48153	90	77.9
48154	90	72.31
48155	90	44.72
48160	XXX	78.31
48400	ZZZ	2.81
48500	90	28.02
48510	90	26.58
48511	0	24.66
48520	90	27.18
48540	90	32.53
48545	90	32.85
48547	90	44.37
48548	90	41.59

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CODE	FUD	UNIT VALUE
48550	XXX	0
48551	XXX	0
48552	XXX	5.9
48554	90	61.61
48556	90	30.69
48999	YYY	0
49000	90	19.37
49002	90	25.18
49010	90	23.87
49020	90	39.61
49021	0	23.56
49040	90	24.8
49041	0	24.06
49060	90	27.71
49061	0	23.64
49062	90	18.91
49080	0	4.48
49081	0	4.19
49180	0	4.5
49203	90	30.3
49204	90	38.7
49205	90	44.32
49215	90	55.61
49220	90	24.2
49250	90	14.45
49255	90	19.6
49320	10	8.29
49321	10	8.73
49322	10	9.47
49323	90	16.08
49324	10	9.85
49325	10	10.6
49326	ZZZ	4.89
49329	YYY	0
49400	0	4.7
49402	90	21.35
49419	90	11.42
49420	0	3.61
49421	90	9.81
49422	10	9.86
49423	0	14.9
49424	0	4.05
49425	90	19.23
49426	90	16.37
49427	0	1.3
49428	10	11
49429	10	11.67
49435	ZZZ	3.13
49436	10	4.58
49440	10	29.09
49441	10	31.5
49442	10	28.23
49446	0	26.36
49450	0	19.71

CODE	FUD	UNIT VALUE
49451	0	18.77
49452	0	23.65
49460	0	21.6
49465	0	4.52
49491	90	19.28
49492	90	23.58
49495	90	9.82
49496	90	14.88
49500	90	9.77
49501	90	14.79
49505	90	12.84
49507	90	15.8
49520	90	15.69
49521	90	19.14
49525	90	14.18
49540	90	16.78
49550	90	14.25
49553	90	15.59
49555	90	14.84
49557	90	18.02
49560	90	18.43
49561	90	23.23
49565	90	19.09
49566	90	23.47
49568	ZZZ	6.94
49570	90	10.09
49572	90	12.48
49580	90	7.85
49582	90	11.67
49585	90	10.85
49587	90	12.86
49590	90	14.13
49600	90	18.19
49605	90	125.57
49606	90	28.56
49610	90	16.86
49611	90	15.14
49650	90	10.6
49651	90	13.68
49652	90	19.87
49653	90	24.8
49654	90	22.8
49655	90	27.45
49656	90	22.89
49657	90	33.05
49659	YYY	BR
49900	90	20.29
49904	90	37.73
49905	ZZZ	9.23
49906	90	BR
49999	YYY	BR
50010	90	19.65
50020	90	28.02
50021	0	24.79

CODE	FUD	UNIT VALUE
50040	90	26.34
50045	90	26.66
50060	90	32.77
50065	90	34.49
50070	90	34.25
50075	90	42.11
50080	90	25.04
50081	90	36.77
50100	90	27.09
50120	90	27.16
50125	90	28.14
50130	90	29.69
50135	90	32.15
50200	0	4.06
50205	90	19.03
50220	90	29.27
50225	90	33.88
50230	90	36.71
50234	90	37.28
50236	90	42.19
50240	90	37.88
50250	90	35.14
50280	90	27.04
50290	90	25.04
50300	XXX	0
50320	90	37.09
50323	XXX	0
50325	XXX	0
50327	XXX	5.52
50328	XXX	4.85
50329	XXX	4.79
50340	90	22.93
50360	90	62.61
50365	90	70.57
50370	90	29.24
50380	90	49.39
50382	0	34.91
50384	0	30.03
50385	0	34.15
50386	0	22.14
50387	0	16.15
50389	0	9.37
50390	0	2.83
50391	0	3.64
50392	0	5.19
50393	0	6.33
50394	0	2.9
50395	0	5.23
50396	0	3.38
50398	0	14.49
50400	90	33.09
50405	90	40.18
50500	90	32.25
50520	90	29.76

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CODE	FUD	UNIT VALUE
50525	90	37.17
50526	90	38.91
50540	90	32.41
50541	90	26.43
50542	90	33.52
50543	90	42.78
50544	90	36.07
50545	90	38.72
50546	90	34.36
50547	90	41.54
50548	90	39.04
50549	YYY	0
50551	0	10.58
50553	0	11.03
50555	0	12.04
50557	0	12.29
50561	0	13.94
50562	90	16.99
50570	0	14.42
50572	0	15.73
50574	0	16.57
50575	0	20.96
50576	0	16.55
50580	0	17.72
50590	90	26.27
50592	10	99.02
50593	10	127.81
50600	90	26.82
50605	90	25.95
50610	90	27.47
50620	90	25.96
50630	90	25.32
50650	90	29.6
50660	90	32.73
50684	0	5
50686	0	2.6
50688	10	2.26
50690	0	2.81
50700	90	26.57
50715	90	31.57
50722	90	27.48
50725	90	31.23
50727	90	14.33
50728	90	19.77
50740	90	30.88
50750	90	33.3
50760	90	31.14
50770	90	32.26
50780	90	31.22
50782	90	30.69
50783	90	31.93
50785	90	34.57
50800	90	26.3
50810	90	34.81

CODE	FUD	UNIT VALUE
50815	90	35.05
50820	90	37.4
50825	90	47.35
50830	90	51.43
50840	90	35.25
50845	90	35.79
50860	90	27.14
50900	90	23.88
50920	90	25.19
50930	90	30.48
50940	90	25.42
50945	90	28.19
50947	90	40.04
50948	90	37.07
50949	YYY	BR
50951	0	11.05
50953	0	11.66
50955	0	12.9
50957	0	12.55
50961	0	11.32
50970	0	10.88
50972	0	10.47
50974	0	13.86
50976	0	13.66
50980	0	10.44
51020	90	13.25
51030	90	13.16
51040	90	8.29
51045	90	13.22
51050	90	13.45
51060	90	16.57
51065	90	16.46
51080	90	11.53
51100	0	1.72
51101	0	3.53
51102	0	6.7
51500	90	17.83
51520	90	16.71
51525	90	24.56
51530	90	21.94
51535	90	22.34
51550	90	27.07
51555	90	35.98
51565	90	36.75
51570	90	41.91
51575	90	52.41
51580	90	54.62
51585	90	60.83
51590	90	55.41
51595	90	62.98
51596	90	67.7
51597	90	65.33
51600	0	5.38
51605	0	1.1

CODE	FUD	UNIT VALUE
51610	0	3.13
51700	0	2.46
51701	0	1.71
51702	0	2.2
51703	0	3.97
51705	10	3.19
51710	10	4.5
51715	0	8.35
51720	0	3.32
51725	0	6.21
51726	0	9.02
51736	0	1.52
51741	0	2.41
51772	0	6.96
51784	0	5.7
51785	0	6.18
51792	0	6.5
51795	0	8.52
51797	ZZZ	4.23
51798	XXX	0.6
51800	90	29.88
51820	90	30.57
51840	90	18.27
51841	90	21.67
51845	90	16.6
51860	90	20.35
51865	90	25.14
51880	90	13.2
51900	90	23.34
51920	90	21.6
51925	90	28.32
51940	90	46
51960	90	39.67
51980	90	20.34
51990	90	21.06
51992	90	22.93
51999	YYY	0
52000	0	5.96
52001	0	11
52005	0	8.22
52007	0	15.36
52010	0	11.45
52204	0	12.58
52214	0	16.54
52224	0	23.58
52234	0	7.19
52235	0	8.43
52240	0	14.74
52250	0	7.06
52260	0	6.09
52265	0	12.05
52270	0	11.63
52275	0	15.91
52276	0	7.75

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
52277	0	9.47
52281	0	8.75
52282	0	9.77
52283	0	8.09
52285	0	8.15
52290	0	7.13
52300	0	8.19
52301	0	8.63
52305	0	8.14
52310	0	7.22
52315	0	12.78
52317	0	27.21
52318	0	13.87
52320	0	7.2
52325	0	9.37
52327	0	15.19
52330	0	22.13
52332	0	13.69
52334	0	7.49
52341	0	8.53
52342	0	9.27
52343	0	10.31
52344	0	11.18
52345	0	11.92
52346	0	13.45
52351	0	9.16
52352	0	10.76
52353	0	12.38
52354	0	11.44
52355	0	13.64
52400	90	14.03
52402	0	7.86
52450	90	13.36
52500	90	13.97
52601	90	23.63
52630	90	12.68
52640	90	8.71
52647	90	61.6
52648	90	62.92
52649	90	28.14
52700	90	12.38
53000	10	4.24
53010	90	8.29
53020	0	2.82
53025	0	1.85
53040	90	11.2
53060	10	4.96
53080	90	12.43
53085	90	17.64
53200	0	4.45
53210	90	22.01
53215	90	26.74
53220	90	12.85
53230	90	17.15

CODE	FUD	UNIT VALUE
53235	90	18.23
53240	90	12.26
53250	90	11.38
53260	10	5.67
53265	10	6.29
53270	10	5.79
53275	10	7.6
53400	90	22.91
53405	90	25.24
53410	90	28.14
53415	90	32.46
53420	90	23.05
53425	90	27.11
53430	90	27.04
53431	90	33.18
53440	90	25.09
53442	90	22.09
53444	90	22.84
53445	90	25.21
53446	90	18.43
53447	90	23.32
53448	90	36.84
53449	90	17.52
53450	90	11.65
53460	90	13.09
53500	90	21.07
53502	90	13.87
53505	90	13.91
53510	90	18.11
53515	90	22.87
53520	90	15.88
53600	0	2.47
53601	0	2.4
53605	0	1.88
53620	0	3.53
53621	0	3.34
53660	0	2.08
53661	0	2.07
53665	0	1.1
53850	90	70.72
53852	90	68.06
53899	YYY	0
54000	10	4.45
54001	10	5.47
54015	10	8.88
54050	10	3.35
54055	10	3.2
54056	10	3.49
54057	10	3.85
54060	10	5.2
54065	10	5.69
54100	0	5.22
54105	10	7.88
54110	90	17.84

CODE	FUD	UNIT VALUE
54111	90	23.06
54112	90	27.06
54115	90	12.83
54120	90	18.03
54125	90	23.26
54130	90	34.46
54135	90	43.72
54150	0	4.79
54160	10	6.63
54161	10	5.64
54162	10	7.68
54163	10	6.2
54164	10	5.46
54200	10	3.13
54205	90	15.32
54220	0	6.06
54230	0	2.79
54231	0	4.05
54235	0	2.58
54240	0	2.93
54250	0	3.63
54300	90	18.6
54304	90	21.78
54308	90	20.74
54312	90	24.06
54316	90	29
54318	90	21.09
54322	90	22.68
54324	90	28.18
54326	90	26.48
54328	90	26.82
54332	90	29.37
54336	90	33.58
54340	90	16.14
54344	90	27.96
54348	90	29.54
54352	90	41.81
54360	90	20.9
54380	90	23.16
54385	90	27.92
54390	90	34
54400	90	15.32
54401	90	18.74
54405	90	23.27
54406	90	20.98
54408	90	22.58
54410	90	24.82
54411	90	29.3
54415	90	15.07
54416	90	20.19
54417	90	25.71
54420	90	20.33
54430	90	18.42
54435	90	11.92

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(CONVERSION FACTOR = $80.81)

CODE	FUD	UNIT VALUE
54440	90	16.17
54450	0	2.1
54500	0	2.18
54505	10	6.12
54512	90	15.35
54520	90	9.34
54522	90	16.71
54530	90	14.53
54535	90	21.07
54550	90	13.99
54560	90	19.09
54600	90	12.93
54620	10	8.69
54640	90	13.32
54650	90	20.45
54660	90	10.16
54670	90	11.56
54680	90	22.53
54690	90	18.21
54692	90	22.31
54699	YYY	0
54700	10	6.04
54800	0	3.83
54830	90	10.52
54840	90	9.24
54860	90	11.92
54861	90	16.12
54865	90	10.16
54900	90	21.62
54901	90	30.99
55000	0	3.46
55040	90	9.62
55041	90	14.45
55060	90	10.75
55100	10	6.11
55110	90	10.92
55120	90	10.02
55150	90	13.84
55175	90	10.27
55180	90	19.58
55200	90	13.91
55250	90	12.27
55300	0	5.2
55400	90	14.46
55450	10	10.85
55500	90	10.69
55520	90	11.05
55530	90	10.09
55535	90	12.17
55540	90	13.4
55550	90	12.08
55559	YYY	BR
55600	90	12.2
55605	90	14.37

CODE	FUD	UNIT VALUE
55650	90	20.45
55680	90	9.7
55700	0	6.55
55705	10	7.73
55706	10	10.93
55720	90	13.37
55725	90	16.8
55801	90	31.21
55810	90	37.74
55812	90	46.41
55815	90	50.88
55821	90	25.09
55831	90	27.19
55840	90	38.51
55842	90	41.27
55845	90	47.22
55860	90	25.17
55862	90	31.87
55865	90	38.55
55866	90	50.18
55870	0	5.02
55873	90	32.83
55875	90	21.85
55876	0	4.1
55899	YYY	BR
55920	0	12.31
55970	XXX	BR
55980	XXX	0
56405	10	2.85
56420	10	3.28
56440	10	4.83
56441	10	3.94
56442	0	1.29
56501	10	3.41
56515	10	5.82
56605	0	2.2
56606	ZZZ	1.02
56620	90	12.99
56625	90	15.6
56630	90	22.8
56631	90	29.03
56632	90	33.66
56633	90	29.75
56634	90	31.46
56637	90	37.19
56640	90	37.18
56700	10	4.88
56740	10	7.82
56800	10	6.43
56805	90	30.29
56810	10	6.91
56820	0	2.92
56821	0	3.91
57000	10	5.02

CODE	FUD	UNIT VALUE
57010	90	11.29
57020	0	2.5
57022	10	4.37
57023	10	8.22
57061	10	2.97
57065	10	5.05
57100	0	2.33
57105	10	3.56
57106	90	12.43
57107	90	36.95
57109	90	42.27
57110	90	23.79
57111	90	42.7
57112	90	45.23
57120	90	13.47
57130	10	4.76
57135	10	5.1
57150	0	1.34
57155	90	11.06
57160	0	2.03
57170	0	1.83
57180	10	3.73
57200	90	7.78
57210	90	9.66
57220	90	8.39
57230	90	10.46
57240	90	17.29
57250	90	16.92
57260	90	21.14
57265	90	23.7
57267	ZZZ	7.23
57268	90	12.65
57270	90	21.03
57280	90	25.56
57282	90	13.48
57283	90	18.07
57284	90	22.14
57285	90	17.51
57287	90	18.53
57288	90	19.53
57289	90	20.53
57291	90	14.29
57292	90	21.92
57295	90	13.03
57296	90	25.02
57300	90	13.96
57305	90	23.4
57307	90	26.21
57308	90	16.69
57310	90	12.95
57311	90	14.79
57320	90	14.75
57330	90	20.96
57335	90	30.67

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CODE	FUD	UNIT VALUE
57400	0	3.6
57410	0	2.82
57415	10	4.2
57420	0	3.07
57421	0	4.14
57423	90	24.46
57425	90	25.8
57452	0	2.89
57454	0	4.09
57455	0	3.8
57456	0	3.59
57460	0	7.84
57461	0	8.8
57500	0	3.46
57505	10	2.66
57510	10	3.51
57511	10	3.82
57513	10	3.77
57520	90	8.09
57522	90	6.92
57530	90	9.03
57531	90	44.87
57540	90	20.54
57545	90	21.65
57550	90	10.67
57555	90	15.78
57556	90	15.03
57558	10	3.29
57700	90	8
57720	90	8.03
57800	0	1.59
58100	0	2.91
58110	ZZZ	1.3
58120	10	6.56
58140	90	24.1
58145	90	14.26
58146	90	30.7
58150	90	26.07
58152	90	32.96
58180	90	24.99
58200	90	34.5
58210	90	45.95
58240	90	71.86
58260	90	21.79
58262	90	24.36
58263	90	26.25
58267	90	27.89
58270	90	23.36
58275	90	25.99
58280	90	27.81
58285	90	34.92
58290	90	30.55
58291	90	33.21
58292	90	35

CODE	FUD	UNIT VALUE
58293	90	36.34
58294	90	32.26
58300	XXX	2.07
58301	0	2.54
58321	0	2.07
58322	0	2.31
58323	0	0.51
58340	0	3.36
58345	10	7.32
58346	90	11.92
58350	10	2.53
58353	10	29.75
58356	10	54.53
58400	90	11.78
58410	90	21.11
58520	90	20.63
58540	90	23.98
58541	90	22.62
58542	90	25.06
58543	90	25.48
58544	90	27.54
58545	90	23.62
58546	90	29.95
58548	90	46.67
58550	90	23.32
58552	90	25.67
58553	90	30.1
58554	90	34.37
58555	0	6.36
58558	0	8.6
58559	0	9.21
58560	0	10.41
58561	0	14.74
58562	0	9.1
58563	0	48.44
58565	90	51.64
58570	90	24.29
58571	90	26.62
58572	90	30.21
58573	90	34.08
58578	YYY	0
58579	YYY	0
58600	90	9.56
58605	90	8.69
58611	ZZZ	2.09
58615	10	6.58
58660	90	17.78
58661	10	17.08
58662	90	18.68
58670	90	9.63
58671	90	9.63
58672	90	19.69
58673	90	21.4
58679	YYY	0

CODE	FUD	UNIT VALUE
58700	90	20.11
58720	90	18.89
58740	90	23.04
58750	90	24
58752	90	24.16
58760	90	21.77
58770	90	22.28
58800	90	8.37
58805	90	10.63
58820	90	8.21
58822	90	18.51
58823	0	23.85
58825	90	18.35
58900	90	10.84
58920	90	18.51
58925	90	19.27
58940	90	13.18
58943	90	29.47
58950	90	28.08
58951	90	36.21
58952	90	40.86
58953	90	50.71
58954	90	55.05
58956	90	36
58957	90	39.03
58958	90	43.38
58960	90	24.28
58970	0	5.95
58974	0	3.83
58976	0	6.8
58999	YYY	0
59000	0	3.44
59001	0	5.03
59012	0	5.55
59015	0	4.2
59020	0	1.91
59025	0	1.26
59030	0	3.09
59050	XXX	1.38
59051	XXX	1.14
59070	0	10.32
59072	0	12.46
59074	0	9.78
59076	0	12.18
59100	90	22.09
59120	90	21.08
59121	90	21.19
59130	90	24.77
59135	90	25.05
59136	90	23.41
59140	90	10.47
59150	90	20.54
59151	90	20.07
59160	10	5.71

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CODE	FUD	UNIT VALUE
59200	0	1.98
59300	0	5.14
59320	0	4.16
59325	0	6.54
59350	0	7.57
59400	MMM	47.01
59409	MMM	20.99
59410	MMM	24.3
59412	MMM	2.81
59414	MMM	2.5
59425	MMM	11.65
59426	MMM	20.83
59430	MMM	3.77
59510	MMM	53.24
59514	MMM	24.85
59515	MMM	29.23
59525	ZZZ	13.2
59610	MMM	49.53
59612	MMM	23.51
59614	MMM	26.3
59618	MMM	55.72
59620	MMM	27.28
59622	MMM	31.7
59812	90	8.34
59820	90	9.82
59821	90	10.02
59830	90	11.6
59840	10	5.8
59841	10	10.08
59850	90	10.38
59851	90	10.65
59852	90	14.96
59855	90	11.1
59856	90	13.13
59857	90	15.67
59866	0	6.48
59870	90	12.45
59871	0	3.63
59897	YYY	BR
59898	YYY	BR
59899	YYY	BR
60000	10	4.06
60100	0	3.03
60200	90	16.67
60210	90	17.87
60212	90	25.72
60220	90	19.58
60225	90	23.55
60240	90	24.97
60252	90	33.65
60254	90	43.25
60260	90	28.11
60270	90	35.38
60271	90	27.12

CODE	FUD	UNIT VALUE
60280	90	11.18
60281	90	14.92
60300	0	2.84
60500	90	25.92
60502	90	32.54
60505	90	35.7
60512	ZZZ	6.35
60520	90	26.75
60521	90	30.82
60522	90	37.12
60540	90	28.03
60545	90	31.91
60600	90	36.99
60605	90	46.43
60650	90	31.32
60659	YYY	BR
60699	YYY	BR
61000	0	2.84
61001	0	2.79
61020	0	3.38
61026	0	3.37
61050	0	2.82
61055	0	3.64
61070	0	2.14
61105	90	11.17
61107	0	8.37
61108	90	22.18
61120	90	18.16
61140	90	31.65
61150	90	33.83
61151	90	24.46
61154	90	31.74
61156	90	31.64
61210	0	9.77
61215	90	12.09
61250	90	21.35
61253	90	23.36
61304	90	41.77
61305	90	50.13
61312	90	52.01
61313	90	49.85
61314	90	46.24
61315	90	52.64
61316	ZZZ	2.3
61320	90	48.68
61321	90	53.31
61322	90	59.08
61323	90	60.19
61330	90	40.21
61332	90	47.3
61333	90	47.47
61334	90	30.54
61340	90	36.23
61343	90	56.02

CODE	FUD	UNIT VALUE
61345	90	51.84
61440	90	50.75
61450	90	47.82
61458	90	51.28
61460	90	51.61
61470	90	48
61480	90	46.95
61490	90	48.62
61500	90	34.12
61501	90	29.15
61510	90	55.24
61512	90	65.33
61514	90	48.43
61516	90	47.24
61517	ZZZ	2.3
61518	90	70.26
61519	90	75.73
61520	90	96.01
61521	90	81.36
61522	90	55.76
61524	90	52.63
61526	90	86.13
61530	90	73.21
61531	90	30.4
61533	90	38.48
61534	90	41.43
61535	90	24.73
61536	90	66.21
61537	90	60.45
61538	90	64.64
61539	90	59.93
61540	90	56.4
61541	90	53.68
61542	90	58.53
61543	90	54.69
61544	90	45.02
61545	90	80.4
61546	90	58.26
61548	90	38.94
61550	90	25.11
61552	90	32.91
61556	90	41.28
61557	90	42.83
61558	90	42.57
61559	90	61.34
61563	90	48.75
61564	90	61.81
61566	90	56.66
61567	90	63.32
61570	90	46.42
61571	90	50.56
61575	90	59.31
61576	90	93.9
61580	90	61.64

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CODE	FUD	UNIT VALUE
61581	90	69.24
61582	90	72.11
61583	90	73.53
61584	90	71.35
61585	90	75.06
61586	90	53.88
61590	90	78.77
61591	90	79.43
61592	90	80.59
61595	90	59.6
61596	90	65.18
61597	90	72.96
61598	90	64.02
61600	90	53.74
61601	90	59.52
61605	90	55.9
61606	90	76.48
61607	90	70.45
61608	90	82.84
61609	ZZZ	16.14
61610	ZZZ	49.42
61611	ZZZ	12.46
61612	ZZZ	43.09
61613	90	79.87
61615	90	62.54
61616	90	82.77
61618	90	32.85
61619	90	37.76
61623	0	15
61624	0	29.81
61626	0	24.17
61630	XXX	33.9
61635	XXX	37.12
61640	0	17.16
61641	ZZZ	6.03
61642	ZZZ	12.06
61680	90	57.78
61682	90	108.87
61684	90	72.39
61686	90	116.46
61690	90	54.77
61692	90	94.04
61697	90	105.57
61698	90	113.18
61700	90	89.01
61702	90	98.46
61703	90	33.87
61705	90	65.3
61708	90	54.79
61710	90	50.57
61711	90	66.67
61720	90	29.3
61735	90	35.75
61750	90	35.57

CODE	FUD	UNIT VALUE
61751	90	34.66
61760	90	39.21
61770	90	38.11
61790	90	21.53
61791	90	27.79
61795	ZZZ	6.47
61796	90	20.28
61797	ZZZ	5.54
61798	90	20.28
61799	ZZZ	7.66
61800	ZZZ	3.93
61850	90	24.74
61860	90	39.35
61863	90	38.4
61864	ZZZ	11.82
61867	90	55.74
61868	ZZZ	16.68
61870	90	29.96
61875	90	28.91
61880	90	13.77
61885	90	15.83
61886	90	19.95
61888	10	10.1
62000	90	21.65
62005	90	31.31
62010	90	38.38
62100	90	40.65
62115	90	36.52
62116	90	45.04
62117	90	47.93
62120	90	45.2
62121	90	41.72
62140	90	26.54
62141	90	29.13
62142	90	22.16
62143	90	26.01
62145	90	35.6
62146	90	30.47
62147	90	36.19
62148	ZZZ	3.28
62160	ZZZ	5.04
62161	90	38.41
62162	90	47.58
62163	90	30.88
62164	90	50.42
62165	90	38.74
62180	90	40.09
62190	90	22.81
62192	90	24.32
62194	10	9.82
62200	90	34.79
62201	90	29.77
62220	90	25.61
62223	90	26.2

CODE	FUD	UNIT VALUE
62225	90	12.47
62230	90	21.15
62252	XXX	2.6
62256	90	14.64
62258	90	28.47
62263	10	16.56
62264	10	10.14
62267	0	6.61
62268	0	12.06
62269	0	13.05
62270	0	3.98
62272	0	4.72
62273	0	4.24
62280	10	7.87
62281	10	7.26
62282	10	7.52
62284	0	5.74
62287	90	14.16
62290	0	8.38
62291	0	7.86
62292	90	12.83
62294	90	20.6
62310	0	5.52
62311	0	4.87
62318	0	5.9
62319	0	5.34
62350	10	10.11
62351	90	21.35
62355	10	7.57
62360	10	7.17
62361	10	10
62362	10	10.66
62365	10	8.4
62367	XXX	0.99
62368	XXX	1.42
63001	90	31.2
63003	90	31.37
63005	90	29.73
63011	90	28.16
63012	90	30.27
63015	90	37.56
63016	90	38.52
63017	90	31.39
63020	90	29.79
63030	90	24.73
63035	ZZZ	5.3
63040	90	36.23
63042	90	33.89
63043	ZZZ	15.04
63044	ZZZ	14.3
63045	90	32.34
63046	90	30.83
63047	90	28.14
63048	ZZZ	5.66

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CODE	FUD	UNIT VALUE
63050	90	38.82
63051	90	43.64
63055	90	41.66
63056	90	38.43
63057	ZZZ	8.71
63064	90	45.53
63066	ZZZ	5.35
63075	90	35.61
63076	ZZZ	6.73
63077	90	38.68
63078	ZZZ	5.32
63081	90	45.6
63082	ZZZ	7.26
63085	90	48.26
63086	ZZZ	5.11
63087	90	61.78
63088	ZZZ	7
63090	90	50.28
63091	ZZZ	4.78
63101	90	57.88
63102	90	57.64
63103	ZZZ	7.61
63170	90	39.12
63172	90	35.26
63173	90	43.52
63180	90	35.24
63182	90	38.08
63185	90	28.55
63190	90	32.83
63191	90	32.35
63194	90	37.17
63195	90	38.14
63196	90	44.89
63197	90	42.75
63198	90	47.51
63199	90	48.61
63200	90	38.29
63250	90	74.04
63251	90	77.2
63252	90	77.33
63265	90	42.38
63266	90	43.55
63267	90	35.06
63268	90	34.96
63270	90	52.19
63271	90	52.52
63272	90	48.33
63273	90	45.6
63275	90	45.5
63276	90	45.35
63277	90	39.78
63278	90	38.82
63280	90	53.94
63281	90	53.32

CODE	FUD	UNIT VALUE
63282	90	50.32
63283	90	47.63
63285	90	66.27
63286	90	66.07
63287	90	69.59
63290	90	70.25
63295	ZZZ	8.34
63300	90	46.91
63301	90	52.15
63302	90	51.89
63303	90	53.86
63304	90	57.69
63305	90	58.57
63306	90	62.3
63307	90	56.63
63308	ZZZ	8.75
63600	90	21.31
63610	0	34.26
63615	90	28.98
63620	90	20.28
63621	ZZZ	6.37
63650	90	10.51
63655	90	21.45
63660	90	11.17
63685	90	10.27
63688	90	9.19
63700	90	31.14
63702	90	35.08
63704	90	39.06
63706	90	45.82
63707	90	22.98
63709	90	27.93
63710	90	28.01
63740	90	23.79
63741	90	15.36
63744	90	16.19
63746	90	14.1
64400	0	2.72
64402	0	2.79
64405	0	2.63
64408	0	3.04
64410	0	3.53
64412	0	3.51
64413	0	2.92
64415	0	3.32
64416	0	2.48
64417	0	3.36
64418	0	3.41
64420	0	4.06
64421	0	5.99
64425	0	3.28
64430	0	3.99
64435	0	3.72
64445	0	3.45

CODE	FUD	UNIT VALUE
64446	0	2.44
64447	0	1.83
64448	0	2.16
64449	0	2.4
64450	0	2.65
64455	0	1.36
64470	0	6.64
64472	ZZZ	2.88
64475	0	5.95
64476	ZZZ	2.42
64479	0	7.03
64480	ZZZ	3.54
64483	0	6.84
64484	ZZZ	3.47
64505	0	2.6
64508	0	3.61
64510	0	3.59
64517	0	4.32
64520	0	4.7
64530	0	4.86
64550	0	0.4
64553	10	5.17
64555	10	5.49
64560	10	5.45
64561	10	29.62
64565	10	4.33
64573	90	15.06
64575	90	7.36
64577	90	9.22
64580	90	7.53
64581	90	21.79
64585	10	8.58
64590	10	8.05
64595	10	8.32
64600	10	10.24
64605	10	14.51
64610	10	17.85
64612	10	3.92
64613	10	3.86
64614	10	4.32
64620	10	6.88
64622	10	8.22
64623	ZZZ	3.05
64626	10	9.56
64627	ZZZ	4.16
64630	10	5.97
64632	10	2.2
64640	10	5.9
64650	0	1.71
64653	0	1.99
64680	10	7.78
64681	10	10.06
64702	90	11.62
64704	90	8.6

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CODE	FUD	UNIT VALUE
64708	90	12.18
64712	90	13.94
64713	90	19.66
64714	90	16.66
64716	90	13.18
64718	90	14.34
64719	90	9.96
64721	90	10.49
64722	90	8.46
64726	90	7.49
64727	ZZZ	4.92
64732	90	9.82
64734	90	10.55
64736	90	9.86
64738	90	11.8
64740	90	11.65
64742	90	11.92
64744	90	10.64
64746	90	11.33
64752	90	12.82
64755	90	22.84
64760	90	12.08
64761	90	11.36
64763	90	13.87
64766	90	15.96
64771	90	15.07
64772	90	14.56
64774	90	10.42
64776	90	10.03
64778	ZZZ	4.88
64782	90	11.8
64783	ZZZ	5.82
64784	90	18.38
64786	90	27.76
64787	ZZZ	6.68
64788	90	9.8
64790	90	21.2
64792	90	27.41
64795	0	5.03
64802	90	15.49
64804	90	23.66
64809	90	22.05
64818	90	17.17
64820	90	19.27
64821	90	17.36
64822	90	17.17
64823	90	19.53
64831	90	17.27
64832	ZZZ	9.07
64834	90	19.08
64835	90	20.71
64836	90	20.68
64837	ZZZ	10.08
64840	90	23.34

CODE	FUD	UNIT VALUE
64856	90	26.02
64857	90	27.2
64858	90	31.63
64859	ZZZ	6.84
64861	90	35.77
64862	90	35.13
64864	90	22.35
64865	90	29.54
64866	90	30.87
64868	90	26.88
64870	90	26.17
64872	ZZZ	3.2
64874	ZZZ	4.7
64876	ZZZ	5.13
64885	90	29.1
64886	90	34.58
64890	90	28.03
64891	90	28.67
64892	90	27.35
64893	90	28.79
64895	90	33.59
64896	90	37.18
64897	90	32.54
64898	90	35.49
64901	ZZZ	15.97
64902	ZZZ	18.34
64905	90	26.03
64907	90	34.38
64910	90	20.99
64911	90	25.25
64999	YYY	0
65091	90	14.71
65093	90	14.69
65101	90	16.95
65103	90	17.7
65105	90	19.53
65110	90	28.52
65112	90	33.7
65114	90	34.92
65125	90	10.57
65130	90	16.77
65135	90	17.08
65140	90	18.61
65150	90	13.5
65155	90	19.66
65175	90	15.11
65205	0	1.33
65210	0	1.63
65220	0	1.37
65222	0	1.79
65235	90	16.11
65260	90	22.11
65265	90	24.88
65270	10	6.19

CODE	FUD	UNIT VALUE
65272	90	11.42
65273	90	8.78
65275	90	12.81
65280	90	15.4
65285	90	24.03
65286	90	16.16
65290	90	11.32
65400	90	15.38
65410	0	3.35
65420	90	11.87
65426	90	14.96
65430	0	2.71
65435	0	1.87
65436	90	8.88
65450	90	7.35
65600	90	8.9
65710	90	25.44
65730	90	28.3
65750	90	28.7
65755	90	28.53
65756	90	27.48
65757	ZZZ	0
65760	XXX	31.22
65765	XXX	39.35
65767	XXX	36.64
65770	90	32.81
65771	XXX	17.64
65772	90	10.29
65775	90	12.64
65780	90	20.36
65781	90	30.82
65782	90	26.61
65800	0	3.54
65805	0	3.86
65810	90	10.72
65815	90	14.64
65820	90	17.27
65850	90	19.64
65855	10	7.87
65860	90	7.27
65865	90	10.99
65870	90	13.56
65875	90	14.4
65880	90	15.18
65900	90	22.28
65920	90	18.02
65930	90	14.84
66020	10	4.31
66030	10	3.81
66130	90	16.33
66150	90	19.83
66155	90	19.75
66160	90	22.48
66165	90	19.35

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CODE	FUD	UNIT VALUE
66170	90	27.22
66172	90	34.2
66180	90	27.09
66185	90	17.1
66220	90	16.71
66225	90	21.5
66250	90	17.2
66500	90	8.12
66505	90	8.89
66600	90	18.81
66605	90	24.5
66625	90	9.9
66630	90	13.01
66635	90	13.14
66680	90	11.76
66682	90	14.3
66700	90	10.32
66710	90	10.14
66711	90	14.52
66720	90	10.65
66740	90	10.07
66761	90	10.33
66762	90	10.83
66770	90	12.03
66820	90	9.12
66821	90	7.39
66825	90	17.51
66830	90	16.37
66840	90	15.97
66850	90	18.23
66852	90	19.51
66920	90	17.41
66930	90	19.78
66940	90	17.96
66982	90	24.72
66983	90	16.95
66984	90	17.71
66985	90	17.52
66986	90	21.49
66990	ZZZ	2.2
66999	YYY	BR
67005	90	10.83
67010	90	12.54
67015	90	13.38
67025	90	16.62
67027	90	19.77
67028	0	4.99
67030	90	11.94
67031	90	8.83
67036	90	22.32
67039	90	28.58
67040	90	32.98
67041	90	30.85
67042	90	35.34

CODE	FUD	UNIT VALUE
67043	90	37.08
67101	90	17.8
67105	90	16.48
67107	90	28.07
67108	90	37.38
67110	90	19.94
67112	90	30.84
67113	90	40.6
67115	90	11.29
67120	90	15.01
67121	90	20.92
67141	90	11.91
67145	90	12.01
67208	90	13.77
67210	90	16.1
67218	90	32.66
67220	90	24.71
67221	0	7
67225	ZZZ	0.72
67227	90	14.02
67228	90	27.65
67229	90	26.71
67250	90	18.19
67255	90	19.43
67299	YYY	0
67311	90	13.78
67312	90	16.47
67314	90	15.44
67316	90	18.49
67318	90	16.16
67320	ZZZ	7.7
67331	ZZZ	7.29
67332	ZZZ	7.93
67334	ZZZ	7.19
67335	ZZZ	3.63
67340	ZZZ	8.57
67343	90	15
67345	10	5.48
67346	0	4.78
67399	YYY	0
67400	90	21.64
67405	90	18.41
67412	90	20.02
67413	90	20.04
67414	90	30.62
67415	0	2.54
67420	90	38.29
67430	90	29.12
67440	90	28.03
67445	90	32.93
67450	90	29.07
67500	0	2.12
67505	0	2.07
67515	0	2.19

CODE	FUD	UNIT VALUE
67550	90	22.6
67560	90	22.96
67570	90	26.97
67599	YYY	0
67700	10	6.18
67710	10	5.21
67715	10	5.49
67800	10	2.94
67801	10	3.77
67805	10	4.67
67808	90	8.39
67810	0	5.31
67820	0	1.24
67825	10	2.98
67830	10	6.19
67835	90	10.22
67840	10	6.48
67850	10	5.21
67875	0	4.05
67880	90	10.47
67882	90	12.92
67900	90	14.97
67901	90	16.21
67902	90	16.66
67903	90	14.35
67904	90	16.92
67906	90	12.06
67908	90	11.4
67909	90	12.52
67911	90	12.84
67912	90	21.11
67914	90	9.1
67915	90	8.15
67916	90	12.53
67917	90	13.71
67921	90	8.66
67922	90	7.89
67923	90	13.21
67924	90	13.67
67930	10	8.59
67935	90	13.97
67938	10	5.64
67950	90	13.49
67961	90	13.46
67966	90	17.7
67971	90	17.09
67973	90	22.16
67974	90	22.07
67975	90	16.14
67999	YYY	0
68020	10	2.76
68040	0	1.54
68100	0	4.02
68110	10	5.23

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CODE	FUD	UNIT VALUE
68115	10	7.26
68130	90	12.49
68135	10	3.63
68200	0	0.99
68320	90	16.52
68325	90	15.23
68326	90	14.8
68328	90	16.58
68330	90	13.88
68335	90	14.85
68340	90	12.5
68360	90	12.19
68362	90	15.05
68371	10	9.75
68399	YYY	0
68400	10	6.53
68420	10	7.45
68440	10	2.48
68500	90	22.43
68505	90	22.57
68510	0	10.65
68520	90	15.88
68525	0	6.43
68530	10	10.15
68540	90	21.45
68550	90	26.42
68700	90	13.84
68705	10	5.53
68720	90	17.58
68745	90	17.68
68750	90	18.14
68760	10	4.69
68761	10	3.41
68770	90	13.69
68801	10	2.83
68810	10	5.48
68811	10	4.77
68815	10	10.32
68816	10	15.82
68840	10	2.88
68850	0	1.62
68899	YYY	BR
69000	10	4.46
69005	10	5.29
69020	10	5.68
69090	XXX	0.78
69100	0	2.64

CODE	FUD	UNIT VALUE
69105	0	3.47
69110	90	11.32
69120	90	10.05
69140	90	21.91
69145	90	9.51
69150	90	26.86
69155	90	43.09
69200	0	3.02
69205	10	2.57
69210	0	1.25
69220	0	3.39
69222	10	5.44
69300	YYY	16.34
69310	90	27.36
69320	90	39.04
69399	YYY	0
69400	0	3.52
69401	0	2.06
69405	10	6.48
69420	10	4.71
69421	10	3.84
69424	0	3.2
69433	10	4.91
69436	10	4.18
69440	90	17.27
69450	90	13.55
69501	90	18.56
69502	90	24.7
69505	90	30.49
69511	90	31.35
69530	90	42.23
69535	90	68.75
69540	10	5.13
69550	90	26.35
69552	90	40.25
69554	90	63.95
69601	90	26.63
69602	90	27.7
69603	90	32.25
69604	90	28.58
69605	90	39.88
69610	10	9.9
69620	90	17.33
69631	90	22.22
69632	90	27.3
69633	90	26.3
69635	90	30.93

CODE	FUD	UNIT VALUE
69636	90	35.05
69637	90	34.89
69641	90	26.45
69642	90	34.12
69643	90	31.16
69644	90	37.73
69645	90	36.96
69646	90	39.3
69650	90	20.14
69660	90	23.7
69661	90	31
69662	90	29.72
69666	90	20.44
69667	90	20.51
69670	90	23.92
69676	90	21.09
69700	90	17.58
69710	XXX	0
69711	90	21.99
69714	90	27.53
69715	90	34.27
69717	90	29
69718	90	36.4
69720	90	29.86
69725	90	48.82
69740	90	30.09
69745	90	31.89
69799	YYY	0
69801	90	18.92
69802	90	26.56
69805	90	26.94
69806	90	24.2
69820	90	21.96
69840	90	23.03
69905	90	23.38
69910	90	26.16
69915	90	39.64
69930	90	31.86
69949	YYY	0
69950	90	47.03
69955	90	51.44
69960	90	49.78
69970	90	55.59
69979	YYY	0
69990	ZZZ	5.81

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RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

1. **DUPLICATION OF X-RAYS:** Every attempt should be made to minimize the number of x-rays taken. The attending health care provider or any other person or institution having possession of x-rays, which pertain to the patient and are deemed to be needed for diagnostic or treatment purposes, should make those x-rays available upon request. No payments shall be made for additional x-rays when recent x-rays are available, except when the charge is supported by adequate information regarding the need to perform another x-ray.

2. **PHOTOGRAPHIC MEDIA:** The use of photographic media or imaging is not reported separately but is considered to be a component of the basic procedure and shall not merit any additional payment.

3. **XERORADIOGRAPHY:** Imaging performed by this process shall have the same Maximum Allowable Fees as those listed for conventional x-ray procedures of the same anatomical area and views.

4. **UNIT VALUES:** The Unit Values contained within this fee schedule include both the "professional component" and the "technical component". Identification of a service or procedure by its five digit code, without pertinent modifiers, indicates that the services provided includes both the professional and technical components.

   The **professional component** includes the examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination including procedure results (e.g., x-ray images), and consultation with the referring health care provider. **The percentage is shown in the "PC" column of this fee schedule.**

   The **technical component** includes the charges for personnel, materials and other supplies, and space, equipment, and other facilities, but excludes the cost of radioisotopes. **The percentage is shown in the "TC" column of this fee schedule.**

   The **total services component** includes both the professional component and the technical component. **The percentage is shown in the "TS" column of this fee schedule.**

   Hospital outpatient facilities and ambulatory surgical centers must specify, by use of modifiers, when <u>only</u> the technical component or the professional component is provided.

5. **SERVICES PROVIDED BY A HOSPITAL OUTPATIENT FACILITY AND/OR AMBULATORY SURGICAL CENTER:** For any radiology service(s) provided by a hospital outpatient facility and/or ambulatory surgical center, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.

6. **NECESSITY OF SERVICES OR PROCEDURES:** When a patient is referred to radiologists or other health care providers for services covered in the Radiology Section, the provider(s) shall evaluate the patient's problem and determine the services or procedures medically necessary. Such evaluations or necessary consultations with the referring health care providers are an integral part of the professional component and do not merit any additional charges. **No payment shall be made for excessive or inappropriate x-rays taken on initial or subsequent visits.**

7. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

8. **SEPARATE PROCEDURE:** Some of the procedures or services listed are commonly carried out as an integral component of a total service or procedure and are identified by the inclusion of the term "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

   However, when a procedure or service that is designated as a "separate procedure" is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of

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another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

9. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

10. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25% of the cost or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

    The Unit Values in this section do not include radiopharmaceutical or other radionuclide material costs. List the name and dosage of radiopharmaceutical material and cost.

11. **INJECTION PROCEDURES:** Charges for injection procedures are to include all usual pre- and post-injection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media. Vascular injection procedures are listed under the Cardiovascular Subsection of the Surgery Section, procedure codes 36000-36299. Other injection procedures are listed in pertinent sections.

12. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the unit value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual, or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc. Additional items which may be helpful might include: complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

13. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (**BR**). Unlisted service or procedure codes usually end in "99."

14. **MODIFIERS:** Procedure codes for radiology services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

15. **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.

16. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
70010	1.67	3.07	4.74
70015	1.72	2.22	3.94
70030	0.24	0.53	0.77
70100	0.25	0.58	0.83
70110	0.35	0.73	1.08
70120	0.25	0.66	0.91
70130	0.48	1.02	1.5
70134	0.48	0.81	1.29
70140	0.26	0.56	0.82
70150	0.36	0.81	1.17
70160	0.24	0.63	0.87
70170	0.42	1.03	1.45
70190	0.29	0.68	0.97
70200	0.39	0.82	1.21
70210	0.24	0.58	0.82
70220	0.34	0.73	1.07
70240	0.27	0.53	0.8
70250	0.33	0.66	0.99
70260	0.47	0.85	1.32
70300	0.15	0.24	0.39
70310	0.23	0.69	0.92
70320	0.31	0.99	1.3
70328	0.25	0.56	0.81
70330	0.34	0.95	1.29
70332	0.74	1.59	2.33
70336	2.09	12.05	14.14
70350	0.24	0.32	0.56
70355	0.28	0.35	0.63
70360	0.24	0.5	0.74
70370	0.44	1.59	2.03
70371	1.15	1.54	2.69
70373	0.58	1.63	2.21
70380	0.24	0.77	1.01
70390	0.54	2.19	2.73
70450	1.21	4.85	6.06
70460	1.6	6.23	7.83
70470	1.8	7.68	9.48
70480	1.81	7.38	9.19
70481	1.95	8.74	10.69
70482	2.04	10.21	12.25
70486	1.61	6.17	7.78
70487	1.85	7.56	9.41
70488	2	9.45	11.45
70490	1.82	5.89	7.71
70491	1.95	7.3	9.25
70492	2.04	9.19	11.23
70496	2.49	15.41	17.9
70498	2.5	15.48	17.98
70540	1.9	13.34	15.24
70542	2.28	14.66	16.94
70543	3.03	20.38	23.41
70544	1.69	14.8	16.49
70545	1.69	14.73	16.42

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
70546	2.54	23.5	26.04
70547	1.69	14.76	16.45
70548	1.69	15.4	17.09
70549	2.54	23.52	26.06
70551	2.09	13.71	15.8
70552	2.52	15.15	17.67
70553	3.33	20.31	23.64
70554	3.01	14.16	17.17
70555	3.63	17.72	21.35
70557	4.11	33.25	37.36
70558	4.49	36.33	40.82
70559	4.57	36.98	41.55
71010	0.25	0.41	0.66
71015	0.29	0.52	0.81
71020	0.31	0.57	0.88
71021	0.37	0.69	1.06
71022	0.43	0.84	1.27
71023	0.54	1.29	1.83
71030	0.43	0.85	1.28
71034	0.69	1.83	2.52
71035	0.26	0.68	0.94
71040	0.82	1.81	2.63
71060	1.04	2.79	3.83
71090	0.82	1.91	2.73
71100	0.31	0.59	0.9
71101	0.37	0.71	1.08
71110	0.37	0.75	1.12
71111	0.44	0.99	1.43
71120	0.28	0.62	0.9
71130	0.31	0.72	1.03
71250	1.64	6.26	7.9
71260	1.75	7.73	9.48
71270	1.95	9.76	11.71
71275	2.73	11.66	14.39
71550	2.05	14.97	17.02
71551	2.43	16.67	19.1
71552	3.21	22.98	26.19
71555	2.58	14.2	16.78
72010	0.61	1.28	1.89
72020	0.22	0.43	0.65
72040	0.31	0.7	1.01
72050	0.43	1	1.43
72052	0.51	1.28	1.79
72069	0.31	0.64	0.95
72070	0.31	0.62	0.93
72072	0.31	0.75	1.06
72074	0.31	0.93	1.24
72080	0.31	0.66	0.97
72090	0.4	0.87	1.27
72100	0.31	0.75	1.06
72110	0.43	1.05	1.48
72114	0.51	1.42	1.93
72120	0.31	1.02	1.33

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
72125	1.64	6.28	7.92
72126	1.72	7.74	9.46
72127	1.79	9.74	11.53
72128	1.64	6.26	7.9
72129	1.73	7.74	9.47
72130	1.8	9.76	11.56
72131	1.64	6.25	7.89
72132	1.73	7.73	9.46
72133	1.8	9.75	11.55
72141	2.25	12.21	14.46
72142	2.71	15.13	17.84
72146	2.26	12.58	14.84
72147	2.72	13.61	16.33
72148	2.09	12.57	14.66
72149	2.52	15.12	17.64
72156	3.62	20.03	23.65
72157	3.63	18.86	22.49
72158	3.32	20.02	23.34
72159	2.53	15.47	18
72170	0.24	0.47	0.71
72190	0.3	0.78	1.08
72191	2.57	11.3	13.87
72192	1.55	5.97	7.52
72193	1.64	7.36	9
72194	1.72	9.75	11.47
72195	2.05	13.55	15.6
72196	2.45	14.85	17.3
72197	3.19	20.58	23.77
72198	2.55	14.13	16.68
72200	0.24	0.55	0.79
72202	0.27	0.69	0.96
72220	0.24	0.57	0.81
72240	1.28	3.11	4.39
72255	1.25	2.76	4.01
72265	1.17	2.91	4.08
72270	1.88	4.48	6.36
72275	1.01	1.89	2.9
72285	1.57	3.39	4.96
72291	1.92	6.43	8.35
72292	1.99	6.66	8.65
72295	1.15	3.27	4.42
73000	0.23	0.52	0.75
73010	0.24	0.53	0.77
73020	0.21	0.43	0.64
73030	0.26	0.56	0.82
73040	0.76	2.17	2.93
73050	0.29	0.69	0.98
73060	0.24	0.56	0.8
73070	0.21	0.52	0.73
73080	0.24	0.7	0.94
73085	0.75	1.9	2.65
73090	0.22	0.52	0.74
73092	0.22	0.54	0.76

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
73100	0.23	0.54	0.77
73110	0.24	0.68	0.92
73115	0.76	2.04	2.8
73120	0.22	0.51	0.73
73130	0.24	0.6	0.84
73140	0.19	0.59	0.78
73200	1.54	5.94	7.48
73201	1.64	7.34	8.98
73202	1.72	9.77	11.49
73206	2.59	10.7	13.29
73218	1.89	13.7	15.59
73219	2.28	14.85	17.13
73220	3.04	20.58	23.62
73221	1.9	12.86	14.76
73222	2.28	14.01	16.29
73223	3.03	19.57	22.6
73225	2.43	15.11	17.54
73500	0.24	0.45	0.69
73510	0.3	0.7	1
73520	0.36	0.72	1.08
73525	0.77	1.88	2.65
73530	0.41	0.54	0.95
73540	0.28	0.72	1
73542	0.78	1.4	2.18
73550	0.24	0.54	0.78
73560	0.24	0.53	0.77
73562	0.26	0.67	0.93
73564	0.31	0.77	1.08
73565	0.25	0.57	0.82
73580	0.77	2.53	3.3
73590	0.24	0.5	0.74
73592	0.22	0.54	0.76
73600	0.22	0.51	0.73
73610	0.24	0.6	0.84
73615	0.76	1.96	2.72
73620	0.22	0.49	0.71
73630	0.24	0.59	0.83
73650	0.22	0.5	0.72
73660	0.18	0.56	0.74
73700	1.54	5.95	7.49
73701	1.65	7.39	9.04
73702	1.73	9.79	11.52
73706	2.72	11.71	14.43
73718	1.9	13.42	15.32
73719	2.28	14.67	16.95
73720	3.04	20.57	23.61
73721	1.9	13.11	15.01
73722	2.29	14.13	16.42
73723	3.04	19.51	22.55
73725	2.58	14.12	16.7
74000	0.25	0.45	0.7
74010	0.32	0.71	1.03
74020	0.38	0.72	1.1

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
74022	0.45	0.88	1.33
74150	1.68	5.9	7.58
74160	1.81	8.27	10.08
74170	1.98	11.21	13.19
74175	2.7	11.97	14.67
74181	2.06	12.09	14.15
74182	2.45	16.31	18.76
74183	3.19	20.6	23.79
74185	2.55	14.09	16.64
74190	0.68	1.45	2.13
74210	0.52	1.58	2.1
74220	0.65	1.73	2.38
74230	0.75	1.7	2.45
74235	1.72	3.19	4.91
74240	0.98	1.97	2.95
74241	0.97	2.17	3.14
74245	1.29	3.42	4.71
74246	0.98	2.4	3.38
74247	0.98	2.73	3.71
74249	1.29	3.76	5.05
74250	0.66	2.11	2.77
74251	0.98	7.63	8.61
74260	0.7	6.48	7.18
74270	0.98	3	3.98
74280	1.4	4.1	5.5
74283	2.85	2.85	5.7
74290	0.45	1.32	1.77
74291	0.28	1.24	1.52
74300	0.51	0.95	1.46
74301	0.3	0.56	0.86
74305	0.6	0.86	1.46
74320	0.77	2.4	3.17
74327	1	2.58	3.58
74328	1	3.55	4.55
74329	1	1.86	2.86
74330	1.28	3.46	4.74
74340	0.76	2.86	3.62
74355	1.08	2.92	4
74360	0.79	3.6	4.39
74363	1.26	2.34	3.6
74400	0.69	2.32	3.01
74410	0.7	2.47	3.17
74415	0.69	2.94	3.63
74420	0.52	2.95	3.47
74425	0.52	1.41	1.93
74430	0.46	1.69	2.15
74440	0.54	1.77	2.31
74445	1.66	1.25	2.91
74450	0.48	1.61	2.09
74455	0.48	2.02	2.5
74470	0.77	1.37	2.14
74475	0.77	2.67	3.44
74480	0.77	2.68	3.45

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
74485	0.78	2.5	3.28
74710	0.49	0.72	1.21
74740	0.54	1.6	2.14
74742	0.86	1.6	2.46
74775	0.88	1.56	2.44
75557	3.45	10.91	14.36
75558	3.58	13.89	17.47
75559	4.4	16.34	20.74
75560	4.11	18.6	22.71
75561	3.81	15.49	19.3
75562	3.93	18.58	22.51
75563	4.55	19.12	23.67
75564	4.6	21.87	26.47
75600	0.74	8.21	8.95
75605	1.67	6.01	7.68
75625	1.63	5.95	7.58
75630	2.61	6.18	8.79
75635	3.46	13.22	16.68
75650	2.14	5.98	8.12
75658	1.84	6.19	8.03
75660	1.88	6.29	8.17
75662	2.41	6.94	9.35
75665	1.9	6.49	8.39
75671	2.38	7.09	9.47
75676	1.88	6.3	8.18
75680	2.39	6.71	9.1
75685	1.88	6.31	8.19
75705	3.15	6.27	9.42
75710	1.64	6.37	8.01
75716	1.88	7.03	8.91
75722	1.66	6.25	7.91
75724	2.25	6.93	9.18
75726	1.63	6.29	7.92
75731	1.72	6.47	8.19
75733	2	7.25	9.25
75736	1.65	6.34	7.99
75741	1.88	5.8	7.68
75743	2.39	6	8.39
75746	1.62	6.13	7.75
75756	1.73	6.48	8.21
75774	0.52	5.54	6.06
75790	2.56	2.28	4.84
75801	1.14	5.57	6.71
75803	1.67	5.92	7.59
75805	1.17	6.63	7.8
75807	1.67	6.68	8.35
75809	0.66	1.73	2.39
75810	1.64	13.27	14.91
75820	1.01	2.27	3.28
75822	1.5	2.52	4.02
75825	1.62	5.7	7.32
75827	1.58	5.72	7.3
75831	1.62	5.78	7.4

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
75833	2.1	6.14	8.24
75840	1.6	5.74	7.34
75842	2.12	6.16	8.28
75860	1.65	5.89	7.54
75870	1.61	5.87	7.48
75872	1.73	6.44	8.17
75880	0.97	2.34	3.31
75885	2.06	5.8	7.86
75887	2.06	5.86	7.92
75889	1.63	5.79	7.42
75891	1.63	5.79	7.42
75893	0.76	5.78	6.54
75894	1.88	24.98	26.86
75896	1.88	21.62	23.5
75898	2.37	1.17	3.54
75900	0.7	3.97	4.67
75901	0.69	4.13	4.82
75902	0.55	2.27	2.82
75940	0.77	14.63	15.4
75945	0.59	4.77	5.36
75946	0.58	4.69	5.27
75952	6.34	0	6.34
75953	1.92	0	1.92
75954	3.11	0	3.11
75956	9.94	0	9.94
75957	8.51	0	8.51
75958	5.62	0	5.62
75959	4.94	0	4.94
75960	1.19	6.24	7.43
75961	6.01	5.53	11.54
75962	0.77	7.17	7.94
75964	0.52	4.15	4.67
75966	1.92	7.36	9.28
75968	0.53	4.15	4.68
75970	1.19	12.03	13.22
75978	0.75	7.06	7.81
75980	2.05	5.83	7.88
75982	2.05	6.86	8.91
75984	1.03	2.13	3.16
75989	1.69	2.31	4
75992	0.79	18.96	19.75
75993	0.52	12.48	13
75994	1.74	15.66	17.4
75995	1.84	16.56	18.4
75996	0.51	4.59	5.1
76000	0.24	2.4	2.64
76001	0.97	2.91	3.88
76010	0.26	0.51	0.77
76080	0.77	0.99	1.76
76098	0.23	0.32	0.55
76100	0.82	2.87	3.69
76101	0.81	4.29	5.1
76102	0.8	6.04	6.84

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
76120	0.53	1.55	2.08
76125	0.4	0.89	1.29
76150	BR	0.51	0.51
76350	0.23	0.9	1.13
76376	0.3	1.92	2.22
76377	1.16	2	3.16
76380	1.38	4.3	5.68
76390	1.94	10.86	12.8
76496	BR	BR	BR
76497	BR	BR	BR
76498	BR	BR	BR
76499	BR	BR	BR
76506	0.92	2.28	3.2
76510	2.21	1.87	4.08
76511	1.34	1.33	2.67
76512	1.34	1.17	2.51
76513	0.92	1.4	2.32
76514	0.25	0.1	0.35
76516	0.76	1.09	1.85
76519	0.77	1.21	1.98
76529	0.81	1.07	1.88
76536	0.77	2.27	3.04
76604	0.77	1.61	2.38
76645	0.76	1.75	2.51
76700	1.14	2.63	3.77
76705	0.84	2.02	2.86
76770	1.04	2.57	3.61
76775	0.84	2.24	3.08
76776	1.07	2.94	4.01
76800	1.5	1.89	3.39
76801	1.38	2.24	3.62
76802	1.15	0.91	2.06
76805	1.37	2.66	4.03
76810	1.35	1.47	2.82
76811	2.6	3.15	5.75
76812	2.43	3.2	5.63
76813	1.59	1.95	3.54
76814	1.34	0.98	2.32
76815	0.9	1.61	2.51
76816	1.17	1.9	3.07
76817	1.03	1.76	2.79
76818	1.44	1.9	3.34
76819	1.06	1.53	2.59
76820	0.69	0.83	1.52
76821	0.96	1.74	2.7
76825	2.29	3.45	5.74
76826	1.12	2.04	3.16
76827	0.79	1.21	2
76828	0.77	0.71	1.48
76830	0.96	2.35	3.31
76831	0.98	2.33	3.31
76856	0.97	2.36	3.33
76857	0.55	2.22	2.77

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RADIOLOGY

(CONVERSION FACTOR = $58.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
76870	0.91	2.39	3.3
76872	1.01	2.92	3.93
76873	2.2	2.76	4.96
76880	0.81	2.64	3.45
76885	1.04	2.71	3.75
76886	0.86	1.91	2.77
76930	1.01	1.71	2.72
76932	1.01	1.72	2.73
76936	2.85	5.87	8.72
76937	0.44	0.58	1.02
76940	3	1.84	4.84
76941	1.85	1.58	3.43
76942	0.95	4.15	5.1
76945	0.92	1.64	2.56
76946	0.52	0.73	1.25
76948	0.52	0.73	1.25
76950	0.81	1.15	1.96
76965	1.93	2.2	4.13
76970	0.54	1.75	2.29
76975	1.16	1.67	2.83
76977	0.08	0.32	0.4
76998	1.72	0	1.72
76999	BR	BR	BR
77001	0.53	2.35	2.88
77002	0.74	1.22	1.96
77003	0.78	0.86	1.64
77011	1.69	17.02	18.71
77012	1.65	3.91	5.56
77013	5.69	10.12	15.81
77014	1.18	3.95	5.13
77021	2.15	10.27	12.42
77022	5.97	13.29	19.26
77031	2.25	3.15	5.4
77032	0.79	0.87	1.66
77051	0.09	0.25	0.34
77052	0.09	0.25	0.34
77053	0.51	1.62	2.13
77054	0.64	2.23	2.87
77055	0.99	1.36	2.35
77056	1.23	1.75	2.98
77057	0.99	1.27	2.26
77058	2.3	20.99	23.29
77059	2.3	22.79	25.09
77071	1.09	0	1.09
77072	0.27	0.38	0.65
77073	0.38	0.66	1.04
77074	0.64	1.26	1.9
77075	0.76	1.99	2.75
77076	0.95	1.61	2.56
77077	0.44	0.74	1.18
77078	0.35	4.37	4.72
77079	0.29	1.3	1.59
77080	0.28	1.71	1.99

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
77081	0.3	0.54	0.84
77082	0.23	0.58	0.81
77083	0.27	0.47	0.74
77084	2.27	13.78	16.05
77261	1.97	0	1.97
77262	2.96	0	2.96
77263	4.39	0	4.39
77280	0.98	4.13	5.11
77285	1.46	7.34	8.8
77290	2.17	11.46	13.63
77295	6.34	12.83	19.17
77299	BR	BR	BR
77300	0.86	1.12	1.98
77301	11.11	48.69	59.8
77305	0.98	1.07	2.05
77310	1.46	1.38	2.84
77315	2.17	1.96	4.13
77321	1.32	2.1	3.42
77326	1.29	2.67	3.96
77327	1.93	3.71	5.64
77328	2.91	4.82	7.73
77331	1.21	0.52	1.73
77332	0.75	1.41	2.16
77333	1.17	0.76	1.93
77334	1.72	2.68	4.4
77336	1.74	0	1.74
77370	3.27	0	3.27
77371	0	36.82	36.82
77372	0	22.43	22.43
77373	0	41.51	41.51
77399	BR	BR	BR
77401	0	0.9	0.9
77402	0	3.76	3.76
77403	0	3.31	3.31
77404	0	3.64	3.64
77406	0	3.67	3.67
77407	0	5.88	5.88
77408	0	4.43	4.43
77409	0	4.88	4.88
77411	0	4.85	4.85
77412	0	5.7	5.7
77413	0	5.74	5.74
77414	0	6.37	6.37
77416	0	6.4	6.4
77417	0	0.45	0.45
77418	0	14.33	14.33
77421	0.54	2.6	3.14
77422	0	5.37	5.37
77423	0	6.16	6.16
77427	5.22	0	5.22
77431	2.67	0	2.67
77432	11.11	0	11.11
77435	18.43	0	18.43

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RADIOLOGY

(CONVERSION FACTOR = $58.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
77470	2.91	4.29	7.2
77499	BR	BR	BR
77520	BR	BR	BR
77522	BR	BR	BR
77523	BR	BR	BR
77525	BR	BR	BR
77600	2.17	8.05	10.22
77605	2.85	15.42	18.27
77610	2.11	14.93	17.04
77615	2.9	21.2	24.1
77620	2.22	8.52	10.74
77750	6.87	2.53	9.4
77761	5.27	4.47	9.74
77762	7.97	5.32	13.29
77763	11.96	6.84	18.8
77776	6.67	4.82	11.49
77777	10.55	5.37	15.92
77778	15.64	7.13	22.77
77785	1.98	3.18	5.16
77786	4.46	11.01	15.47
77787	6.85	16.14	22.99
77789	1.59	1.3	2.89
77790	1.46	0.96	2.42
77799	BR	BR	BR
78000	0.27	1.63	1.9
78001	0.37	2.04	2.41
78003	0.46	1.64	2.1
78006	0.69	5.23	5.92
78007	0.71	2.92	3.63
78010	0.55	3.58	4.13
78011	0.64	4.06	4.7
78015	0.95	4.63	5.58
78016	1.16	7.3	8.46
78018	1.22	7.35	8.57
78020	0.85	1.67	2.52
78070	1.17	3.56	4.73
78075	1.05	10.06	11.11
78099	BR	BR	BR
78102	0.78	3.61	4.39
78103	1.06	4.84	5.9
78104	1.14	5.63	6.77
78110	0.27	1.83	2.1
78111	0.32	2.38	2.7
78120	0.33	2.07	2.4
78121	0.45	2.46	2.91
78122	0.64	2.99	3.63
78130	0.87	3.33	4.2
78135	0.91	7.83	8.74
78140	0.87	3.22	4.09
78185	0.57	4.52	5.09
78190	1.54	8.48	10.02
78191	0.86	4.65	5.51
78195	1.71	7.39	9.1

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78199	BR	BR	BR
78201	0.61	4.09	4.7
78202	0.71	4.71	5.42
78205	1.01	5.52	6.53
78206	1.36	7.72	9.08
78215	0.69	4.33	5.02
78216	0.8	3.02	3.82
78220	0.69	3.29	3.98
78223	1.19	7.2	8.39
78230	0.63	3.65	4.28
78231	0.73	2.94	3.67
78232	0.67	3.07	3.74
78258	1.06	4.89	5.95
78261	0.98	5.61	6.59
78262	0.95	5.55	6.5
78264	1.1	6.37	7.47
78267	0	0.3	0.3
78268	0	2.61	2.61
78270	0.28	1.9	2.18
78271	0.27	1.93	2.2
78272	0.36	2.14	2.5
78278	1.4	7.6	9
78282	0.54	1.62	2.16
78290	0.97	7.06	8.03
78291	1.25	5.3	6.55
78299	BR	BR	BR
78300	0.88	3.73	4.61
78305	1.17	4.96	6.13
78306	1.22	5.57	6.79
78315	1.44	7.57	9.01
78320	1.47	5.52	6.99
78350	0.3	0.63	0.93
78351	0.12	0.3	0.42
78399	BR	BR	BR
78414	0.6	1.4	2
78428	1.15	4.19	5.34
78445	0.69	3.79	4.48
78456	1.5	7.99	9.49
78457	1.08	4.07	5.15
78458	1.28	4.42	5.7
78459	2.2	5.13	7.33
78460	1.23	3.93	5.16
78461	1.76	4.08	5.84
78464	1.62	5.99	7.61
78465	2.19	11.26	13.45
78466	1.01	3.91	4.92
78468	1.2	5.01	6.21
78469	1.35	5.73	7.08
78472	1.43	5.78	7.21
78473	2.18	7.68	9.86
78478	0.76	0.89	1.65
78480	0.49	0.89	1.38
78481	1.48	4.85	6.33

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(CONVERSION FACTOR = $58.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78483	2.25	6.7	8.95
78491	2.23	5.2	7.43
78492	2.81	6.56	9.37
78494	1.75	6.11	7.86
78496	0.75	2.54	3.29
78499	BR	BR	BR
78580	1.05	4.64	5.69
78584	1.4	2.94	4.34
78585	1.55	7.84	9.39
78586	0.57	3.77	4.34
78587	0.7	4.75	5.45
78588	1.55	7.13	8.68
78591	0.57	3.83	4.4
78593	0.69	4.5	5.19
78594	0.75	5.33	6.08
78596	1.76	8.34	10.1
78599	BR	BR	BR
78600	0.63	4.09	4.72
78601	0.72	4.9	5.62
78605	0.76	4.5	5.26
78606	0.91	7.31	8.22
78607	1.74	8.15	9.89
78608	2.12	6.36	8.48
78609	2.05	0	2.05
78610	0.44	4.31	4.75
78630	0.97	7.77	8.74
78635	0.87	7.05	7.92
78645	0.81	7.22	8.03
78647	1.27	7.96	9.23
78650	0.87	7.65	8.52
78660	0.75	3.69	4.44
78699	BR	BR	BR
78700	0.64	4.05	4.69
78701	0.69	4.92	5.61

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78707	1.36	5.18	6.54
78708	1.72	3.62	5.34
78709	2	7.6	9.6
78710	0.94	5.54	6.48
78725	0.53	2.2	2.73
78730	0.25	1.85	2.1
78740	0.82	4.74	5.56
78761	1.01	4.58	5.59
78799	BR	BR	BR
78800	0.93	4.08	5.01
78801	1.13	5.57	6.7
78802	1.22	7.55	8.77
78803	1.55	8.12	9.67
78804	1.52	13.86	15.38
78805	1.03	3.99	5.02
78806	1.22	7.97	9.19
78807	1.55	8.13	9.68
78808	1.23	0	1.23
78811	2.23	16.35	18.58
78812	2.77	20.31	23.08
78813	2.87	21.05	23.92
78814	3.14	23.03	26.17
78815	3.47	25.45	28.92
78816	3.56	26.11	29.67
78999	BR	BR	BR
79005	2.52	1.74	4.26
79101	2.9	1.89	4.79
79200	2.83	2.03	4.86
79300	2.31	1.54	3.85
79403	3.22	2.85	6.07
79440	2.82	1.67	4.49
79445	3.43	2.81	6.24
79999	BR	BR	BR

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PATHOLOGY AND LABORATORY GROUND RULES

1. **SEROLOGY:** All serological procedures must be performed by registered pathologists or laboratories.

2. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and material provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to list individually any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

3. **UNIT VALUES:** The Unit Values specified herein apply to laboratories owned or operated by a health care provider, hospital laboratories, and commercial laboratories, but only when the services or procedures are performed by or under the responsible supervision of a health care provider. When a health care provider is hospital based and is not salaried or otherwise compensated for the services listed in this section, a separate bill can be rendered for the particular service. The charge is to be 60% of the Unit Value.

   The Unit Values specified herein include both the "professional" component and the "technical" component. Identification of a service or procedure by its five-digit code, without pertinent modifiers, indicates that the charge includes both the professional and technical components.

   The **professional component** includes the examination of the patient when indicated, performance or supervision of the procedure, interpretation and written report of the examination including procedure results (e.g., x-ray images), and consultation with the referring health care provider. To identify a charge for the professional component only, see Appendix A - Modifiers for modifier -26. **Unless otherwise specified in the Schedule, the maximum allowable charge for the professional component is 60% of the listed Unit Value.**

   The **technical component** includes the charges for personnel, materials and other supplies, and space, equipment, and other facilities, but excludes the cost of radioisotopes. To identify a charge for the technical component only, see Appendix A - Modifiers for modifier -TC. **Unless otherwise specified in the Schedule, the maximum allowable charge for the technical component is 40% of the listed Unit Value.**

   The **total services component** includes both the professional component and the technical component. **The percentage is shown in the "TS" column of this fee schedule.**

   Hospital outpatient facilities and ambulatory surgical centers must specify, by use of modifiers, when <u>only</u> the technical component or the professional component is provided.

4. **SERVICES PROVIDED BY HOSPITAL OUTPATIENT FACILITIES AND/OR AMBULATORY SURGICAL CENTERS:** For any pathology and laboratory service(s) provided by a hospital outpatient facility and/or ambulatory surgical center, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.

5. **ANATOMIC AND SURGICAL PATHOLOGY:** The sections of Anatomic Pathology and Surgical Pathology are exempt from the 60/40 split. Instead, the professional component of the procedures listed in those sections will be reimbursed at 80% of the listed unit value, and the technical component will be reimbursed at 20% of the listed unit value.

6. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

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PATHOLOGY AND LABORATORY GROUND RULES

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit value assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **REPORTS:** No statement of charges for services or procedures included in this section shall be considered properly rendered unless it is accompanied by a report that includes both the findings and an interpretation of such findings.

9. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the charge for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

10. **INDICES OR RATIOS:** Tests which produce an index or ratio based on mathematical calculations from two or more other results may not be billed as separate independent tests (e.g., A/G ratio, free thyroxin index).

11. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

12. **DENIAL OF PAYMENT:** Payment may be denied for procedures or services determined to be excessive or unnecessary for the management of the work-related injury or disease.

13. **MODIFIERS:** Procedure codes for pathology and laboratory services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

14. **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.

15. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $64.78

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $64.78)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
80047	0	0.49	0.49
80048	0	0.33	0.33
80050	0	1.12	1.12
80051	0	0.27	0.27
80053	0	0.41	0.41
80055	0	1.63	1.63
80061	0	0.65	0.65
80069	0	0.34	0.34
80074	0	1.84	1.84
80076	0	0.32	0.32
80100	0	0.56	0.56
80101	0	0.53	0.53
80102	0	0.51	0.51
80103	0	0.61	0.61
80150	0	0.58	0.58
80152	0	0.69	0.69
80154	0	0.72	0.72
80156	0	0.56	0.56
80157	0	0.51	0.51
80158	0	0.7	0.7
80160	0	0.67	0.67
80162	0	0.51	0.51
80164	0	0.52	0.52
80166	0	0.6	0.6
80168	0	0.63	0.63
80170	0	0.63	0.63
80172	0	0.63	0.63
80173	0	0.56	0.56
80174	0	0.67	0.67
80176	0	0.57	0.57
80178	0	0.26	0.26
80182	0	0.52	0.52
80184	0	0.44	0.44
80185	0	0.51	0.51
80186	0	0.53	0.53
80188	0	0.64	0.64
80190	0	0.65	0.65
80192	0	0.65	0.65
80194	0	0.57	0.57
80195	0	0.53	0.53
80196	0	0.28	0.28
80197	0	0.53	0.53
80198	0	0.55	0.55
80200	0	0.62	0.62
80201	0	0.46	0.46
80202	0	0.52	0.52
80299	0	0.53	0.53
80400	0	1.92	1.92
80402	0	3.12	3.12
80406	0	3.28	3.28
80408	0	3.57	3.57
80410	0	2.96	2.96
80412	0	9.18	9.18

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
80414	0	1.53	1.53
80415	0	1.53	1.53
80416	0	4.57	4.57
80417	0	1.96	1.96
80418	0	20.4	20.4
80420	0	2.55	2.55
80422	0	1.73	1.73
80424	0	1.73	1.73
80426	0	4.79	4.79
80428	0	2.65	2.65
80430	0	2.65	2.65
80432	0	5.2	5.2
80434	0	3.26	3.26
80435	0	3.47	3.47
80436	0	3.37	3.37
80438	0	1.94	1.94
80439	0	2.04	2.04
80440	0	2.04	2.04
80500	0.57	0	0.57
80502	1.78	0	1.78
81000	0	0.12	0.12
81001	0	0.12	0.12
81002	0	0.1	0.1
81003	0	0.09	0.09
81005	0	0.08	0.08
81007	0	0.1	0.1
81015	0	0.12	0.12
81020	0	0.14	0.14
81025	0	0.25	0.25
81050	0	0.12	0.12
81099	BR	BR	BR
82000	0	0.48	0.48
82003	0	0.78	0.78
82009	0	0.17	0.17
82010	0	0.32	0.32
82013	0	0.43	0.43
82016	0	0.54	0.54
82017	0	0.65	0.65
82024	0	1.5	1.5
82030	0	1	1
82040	0	0.19	0.19
82042	0	0.2	0.2
82043	0	0.22	0.22
82044	0	0.18	0.18
82045	0	1.32	1.32
82055	0	0.42	0.42
82075	0	0.47	0.47
82085	0	0.38	0.38
82088	0	1.58	1.58
82101	0	1.16	1.16
82103	0	0.52	0.52
82104	0	0.56	0.56
82105	0	0.65	0.65

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PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = $64.78)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82106	0	0.65	0.65
82107	0	2.5	2.5
82108	0	0.99	0.99
82120	0	0.15	0.15
82127	0	0.54	0.54
82128	0	0.54	0.54
82131	0	0.65	0.65
82135	0	0.64	0.64
82136	0	0.65	0.65
82139	0	0.65	0.65
82140	0	0.56	0.56
82143	0	0.27	0.27
82145	0	0.6	0.6
82150	0	0.25	0.25
82154	0	1.12	1.12
82157	0	1.13	1.13
82160	0	0.97	0.97
82163	0	0.8	0.8
82164	0	0.57	0.57
82172	0	0.6	0.6
82175	0	0.74	0.74
82180	0	0.38	0.38
82190	0	0.58	0.58
82205	0	0.44	0.44
82232	0	0.63	0.63
82239	0	0.66	0.66
82240	0	1.03	1.03
82247	0	0.19	0.19
82248	0	0.19	0.19
82252	0	0.18	0.18
82261	0	0.65	0.65
82270	0	0.13	0.13
82271	0	0.13	0.13
82272	0	0.13	0.13
82274	0	0.62	0.62
82286	0	0.27	0.27
82300	0	0.9	0.9
82306	0	1.15	1.15
82307	0	1.25	1.25
82308	0	1.04	1.04
82310	0	0.2	0.2
82330	0	0.53	0.53
82331	0	0.2	0.2
82340	0	0.23	0.23
82355	0	0.45	0.45
82360	0	0.5	0.5
82365	0	0.5	0.5
82370	0	0.49	0.49
82373	0	0.7	0.7
82374	0	0.19	0.19
82375	0	0.48	0.48
82376	0	0.23	0.23
82378	0	0.74	0.74

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82379	0	0.65	0.65
82380	0	0.36	0.36
82382	0	0.67	0.67
82383	0	0.97	0.97
82384	0	0.98	0.98
82387	0	0.81	0.81
82390	0	0.42	0.42
82397	0	0.55	0.55
82415	0	0.49	0.49
82435	0	0.18	0.18
82436	0	0.19	0.19
82438	0	0.19	0.19
82441	0	0.23	0.23
82465	0	0.17	0.17
82480	0	0.31	0.31
82482	0	0.3	0.3
82485	0	0.8	0.8
82486	0	0.7	0.7
82487	0	0.62	0.62
82488	0	0.83	0.83
82489	0	0.72	0.72
82491	0	0.7	0.7
82492	0	0.7	0.7
82495	0	0.79	0.79
82507	0	1.08	1.08
82520	0	0.59	0.59
82523	0	0.72	0.72
82525	0	0.48	0.48
82528	0	0.87	0.87
82530	0	0.65	0.65
82533	0	0.63	0.63
82540	0	0.18	0.18
82541	0	0.7	0.7
82542	0	0.7	0.7
82543	0	0.7	0.7
82544	0	0.7	0.7
82550	0	0.25	0.25
82552	0	0.52	0.52
82553	0	0.45	0.45
82554	0	0.46	0.46
82565	0	0.2	0.2
82570	0	0.2	0.2
82575	0	0.37	0.37
82585	0	0.33	0.33
82595	0	0.25	0.25
82600	0	0.75	0.75
82607	0	0.58	0.58
82608	0	0.55	0.55
82610	0	0.53	0.53
82615	0	0.32	0.32
82626	0	0.98	0.98
82627	0	0.86	0.86
82633	0	1.2	1.2

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82634	0	1.13	1.13
82638	0	0.47	0.47
82646	0	0.8	0.8
82649	0	1	1
82651	0	1	1
82652	0	1.49	1.49
82654	0	0.54	0.54
82656	0	0.45	0.45
82657	0	0.7	0.7
82658	0	0.7	0.7
82664	0	1.33	1.33
82666	0	0.83	0.83
82668	0	0.73	0.73
82670	0	1.08	1.08
82671	0	1.25	1.25
82672	0	0.84	0.84
82677	0	0.94	0.94
82679	0	0.97	0.97
82690	0	0.67	0.67
82693	0	0.58	0.58
82696	0	0.91	0.91
82705	0	0.2	0.2
82710	0	0.65	0.65
82715	0	0.67	0.67
82725	0	0.52	0.52
82726	0	0.7	0.7
82728	0	0.53	0.53
82731	0	2.5	2.5
82735	0	0.72	0.72
82742	0	0.77	0.77
82746	0	0.57	0.57
82747	0	0.67	0.67
82757	0	0.67	0.67
82759	0	0.83	0.83
82760	0	0.43	0.43
82775	0	0.82	0.82
82776	0	0.32	0.32
82784	0	0.36	0.36
82785	0	0.64	0.64
82787	0	0.31	0.31
82800	0	0.33	0.33
82803	0	0.75	0.75
82805	0	1.1	1.1
82810	0	0.34	0.34
82820	0	0.39	0.39
82926	0	0.21	0.21
82928	0	0.25	0.25
82938	0	0.69	0.69
82941	0	0.68	0.68
82943	0	0.55	0.55
82945	0	0.15	0.15
82946	0	0.58	0.58
82947	0	0.15	0.15

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82948	0	0.12	0.12
82950	0	0.18	0.18
82951	0	0.5	0.5
82952	0	0.15	0.15
82953	0	0.59	0.59
82955	0	0.38	0.38
82960	0	0.23	0.23
82962	0	0.09	0.09
82963	0	0.83	0.83
82965	0	0.3	0.3
82975	0	0.61	0.61
82977	0	0.28	0.28
82978	0	0.55	0.55
82979	0	0.27	0.27
82980	0	0.71	0.71
82985	0	0.58	0.58
83001	0	0.72	0.72
83002	0	0.72	0.72
83003	0	0.65	0.65
83008	0	0.65	0.65
83009	0	2.61	2.61
83010	0	0.49	0.49
83012	0	0.67	0.67
83013	0	2.61	2.61
83014	0	0.3	0.3
83015	0	0.73	0.73
83018	0	0.85	0.85
83020	0.51	0.5	1.01
83021	0	0.7	0.7
83026	0	0.09	0.09
83030	0	0.32	0.32
83033	0	0.23	0.23
83036	0	0.38	0.38
83037	0	0.38	0.38
83045	0	0.19	0.19
83050	0	0.28	0.28
83051	0	0.28	0.28
83055	0	0.19	0.19
83060	0	0.32	0.32
83065	0	0.27	0.27
83068	0	0.33	0.33
83069	0	0.15	0.15
83070	0	0.18	0.18
83071	0	0.27	0.27
83080	0	0.65	0.65
83088	0	1.14	1.14
83090	0	0.65	0.65
83150	0	0.75	0.75
83491	0	0.68	0.68
83497	0	0.5	0.5
83498	0	1.05	1.05
83499	0	0.98	0.98
83500	0	0.88	0.88

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
83505	0	0.94	0.94
83516	0	0.45	0.45
83518	0	0.33	0.33
83519	0	0.52	0.52
83520	0	0.5	0.5
83525	0	0.44	0.44
83527	0	0.5	0.5
83528	0	0.62	0.62
83540	0	0.25	0.25
83550	0	0.34	0.34
83570	0	0.34	0.34
83582	0	0.55	0.55
83586	0	0.5	0.5
83593	0	1.02	1.02
83605	0	0.41	0.41
83615	0	0.23	0.23
83625	0	0.5	0.5
83630	0	0.76	0.76
83631	0	0.76	0.76
83632	0	0.78	0.78
83633	0	0.21	0.21
83634	0	0.45	0.45
83655	0	0.47	0.47
83661	0	0.85	0.85
83662	0	0.73	0.73
83663	0	0.73	0.73
83664	0	0.73	0.73
83670	0	0.35	0.35
83690	0	0.27	0.27
83695	0	0.5	0.5
83698	0	1.32	1.32
83700	0	0.44	0.44
83701	0	0.96	0.96
83704	0	1.22	1.22
83718	0	0.32	0.32
83719	0	0.45	0.45
83721	0	0.37	0.37
83727	0	0.67	0.67
83735	0	0.26	0.26
83775	0	0.29	0.29
83785	0	0.95	0.95
83788	0	0.7	0.7
83789	0	0.7	0.7
83805	0	0.68	0.68
83825	0	0.63	0.63
83835	0	0.66	0.66
83840	0	0.63	0.63
83857	0	0.42	0.42
83858	0	0.57	0.57
83864	0	0.77	0.77
83866	0	0.38	0.38
83872	0	0.23	0.23
83873	0	0.67	0.67

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
83874	0	0.5	0.5
83876	0	0.82	0.82
83880	0	1.32	1.32
83883	0	0.53	0.53
83885	0	0.95	0.95
83887	0	0.92	0.92
83890	0	0.16	0.16
83891	0	0.16	0.16
83892	0	0.16	0.16
83893	0	0.16	0.16
83894	0	0.16	0.16
83896	0	0.16	0.16
83897	0	0.16	0.16
83898	0	0.65	0.65
83900	0	1.3	1.3
83901	0	0.65	0.65
83902	0	0.55	0.55
83903	0	0.65	0.65
83904	0	0.65	0.65
83905	0	0.65	0.65
83906	0	0.65	0.65
83907	0	0.52	0.52
83908	0	0.65	0.65
83909	0	0.65	0.65
83912	0.49	0.16	0.65
83913	0	0.52	0.52
83914	0	0.65	0.65
83915	0	0.43	0.43
83916	0	0.78	0.78
83918	0	0.64	0.64
83919	0	0.64	0.64
83921	0	0.64	0.64
83925	0	0.75	0.75
83930	0	0.26	0.26
83935	0	0.26	0.26
83937	0	1.16	1.16
83945	0	0.5	0.5
83950	0	2.5	2.5
83951	0	3.26	3.26
83970	0	1.6	1.6
83986	0	0.14	0.14
83992	0	0.57	0.57
83993	0	0.76	0.76
84022	0	0.6	0.6
84030	0	0.21	0.21
84035	0	0.14	0.14
84060	0	0.29	0.29
84061	0	0.31	0.31
84066	0	0.37	0.37
84075	0	0.2	0.2
84078	0	0.28	0.28
84080	0	0.57	0.57
84081	0	0.64	0.64

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
84085	0	0.26	0.26
84087	0	0.4	0.4
84100	0	0.18	0.18
84105	0	0.2	0.2
84106	0	0.17	0.17
84110	0	0.33	0.33
84119	0	0.33	0.33
84120	0	0.57	0.57
84126	0	0.99	0.99
84127	0	0.45	0.45
84132	0	0.18	0.18
84133	0	0.17	0.17
84134	0	0.57	0.57
84135	0	0.74	0.74
84138	0	0.73	0.73
84140	0	0.8	0.8
84143	0	0.88	0.88
84144	0	0.81	0.81
84146	0	0.75	0.75
84150	0	0.97	0.97
84152	0	0.71	0.71
84153	0	0.71	0.71
84154	0	0.71	0.71
84155	0	0.14	0.14
84156	0	0.14	0.14
84157	0	0.14	0.14
84160	0	0.2	0.2
84163	0	0.58	0.58
84165	0.5	0.42	0.92
84166	0.5	0.69	1.19
84181	0.5	0.66	1.16
84182	0.52	0.7	1.22
84202	0	0.56	0.56
84203	0	0.33	0.33
84206	0	0.69	0.69
84207	0	1.09	1.09
84210	0	0.42	0.42
84220	0	0.37	0.37
84228	0	0.45	0.45
84233	0	2.5	2.5
84234	0	2.51	2.51
84235	0	2.03	2.03
84238	0	1.42	1.42
84244	0	0.85	0.85
84252	0	0.78	0.78
84255	0	0.99	0.99
84260	0	1.2	1.2
84270	0	0.84	0.84
84275	0	0.52	0.52
84285	0	0.91	0.91
84295	0	0.19	0.19
84300	0	0.19	0.19
84302	0	0.19	0.19

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
84305	0	0.82	0.82
84307	0	0.71	0.71
84311	0	0.27	0.27
84315	0	0.1	0.1
84375	0	0.76	0.76
84376	0	0.21	0.21
84377	0	0.21	0.21
84378	0	0.45	0.45
84379	0	0.45	0.45
84392	0	0.18	0.18
84402	0	0.99	0.99
84403	0	1	1
84425	0	0.82	0.82
84430	0	0.45	0.45
84432	0	0.62	0.62
84436	0	0.27	0.27
84437	0	0.25	0.25
84439	0	0.35	0.35
84442	0	0.57	0.57
84443	0	0.65	0.65
84445	0	1.97	1.97
84446	0	0.55	0.55
84449	0	0.7	0.7
84450	0	0.2	0.2
84460	0	0.21	0.21
84466	0	0.49	0.49
84478	0	0.22	0.22
84479	0	0.25	0.25
84480	0	0.55	0.55
84481	0	0.66	0.66
84482	0	0.61	0.61
84484	0	0.38	0.38
84485	0	0.29	0.29
84488	0	0.28	0.28
84490	0	0.29	0.29
84510	0	0.4	0.4
84512	0	0.3	0.3
84520	0	0.15	0.15
84525	0	0.15	0.15
84540	0	0.18	0.18
84545	0	0.26	0.26
84550	0	0.17	0.17
84560	0	0.18	0.18
84577	0	0.48	0.48
84578	0	0.13	0.13
84580	0	0.28	0.28
84583	0	0.19	0.19
84585	0	0.6	0.6
84586	0	1.37	1.37
84588	0	1.32	1.32
84590	0	0.45	0.45
84591	0	0.45	0.45
84597	0	0.53	0.53

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
84600	0	0.62	0.62
84620	0	0.46	0.46
84630	0	0.44	0.44
84681	0	0.81	0.81
84702	0	0.58	0.58
84703	0	0.29	0.29
84704	0	0.58	0.58
84830	0	0.39	0.39
84999	BR	BR	BR
85002	0	0.17	0.17
85004	0	0.25	0.25
85007	0	0.13	0.13
85008	0	0.13	0.13
85009	0	0.14	0.14
85013	0	0.09	0.09
85014	0	0.09	0.09
85018	0	0.09	0.09
85025	0	0.3	0.3
85027	0	0.25	0.25
85032	0	0.17	0.17
85041	0	0.12	0.12
85044	0	0.17	0.17
85045	0	0.15	0.15
85046	0	0.22	0.22
85048	0	0.1	0.1
85049	0	0.17	0.17
85055	0	1.04	1.04
85060	0.62	0	0.62
85097	2.38	0	2.38
85130	0	0.46	0.46
85170	0	0.14	0.14
85175	0	0.18	0.18
85210	0	0.5	0.5
85220	0	0.68	0.68
85230	0	0.69	0.69
85240	0	0.69	0.69
85244	0	0.79	0.79
85245	0	0.89	0.89
85246	0	0.89	0.89
85247	0	0.89	0.89
85250	0	0.74	0.74
85260	0	0.69	0.69
85270	0	0.69	0.69
85280	0	0.75	0.75
85290	0	0.63	0.63
85291	0	0.34	0.34
85292	0	0.73	0.73
85293	0	0.73	0.73
85300	0	0.46	0.46
85301	0	0.42	0.42
85302	0	0.47	0.47
85303	0	0.54	0.54
85305	0	0.45	0.45

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
85306	0	0.59	0.59
85307	0	0.59	0.59
85335	0	0.5	0.5
85337	0	0.4	0.4
85345	0	0.17	0.17
85347	0	0.16	0.16
85348	0	0.14	0.14
85360	0	0.33	0.33
85362	0	0.27	0.27
85366	0	0.33	0.33
85370	0	0.44	0.44
85378	0	0.28	0.28
85379	0	0.39	0.39
85380	0	0.39	0.39
85384	0	0.33	0.33
85385	0	0.33	0.33
85390	0.51	0.2	0.71
85396	0.53	0	0.53
85397	0	0.93	0.93
85400	0	0.34	0.34
85410	0	0.3	0.3
85415	0	0.67	0.67
85420	0	0.25	0.25
85421	0	0.39	0.39
85441	0	0.16	0.16
85445	0	0.26	0.26
85460	0	0.3	0.3
85461	0	0.26	0.26
85475	0	0.34	0.34
85520	0	0.51	0.51
85525	0	0.46	0.46
85530	0	0.55	0.55
85536	0	0.25	0.25
85540	0	0.33	0.33
85547	0	0.33	0.33
85549	0	0.73	0.73
85555	0	0.26	0.26
85557	0	0.52	0.52
85576	0.51	0.83	1.34
85597	0	0.7	0.7
85610	0	0.15	0.15
85611	0	0.15	0.15
85612	0	0.37	0.37
85613	0	0.37	0.37
85635	0	0.38	0.38
85651	0	0.14	0.14
85652	0	0.1	0.1
85660	0	0.21	0.21
85670	0	0.22	0.22
85675	0	0.27	0.27
85705	0	0.37	0.37
85730	0	0.23	0.23
85732	0	0.25	0.25

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
85810	0	0.45	0.45
85999	BR	BR	BR
86000	0	0.27	0.27
86001	0	0.2	0.2
86003	0	0.2	0.2
86005	0	0.31	0.31
86021	0	0.58	0.58
86022	0	0.71	0.71
86023	0	0.48	0.48
86038	0	0.47	0.47
86039	0	0.43	0.43
86060	0	0.28	0.28
86063	0	0.22	0.22
86077	1.35	0	1.35
86078	1.37	0	1.37
86079	1.38	0	1.38
86140	0	0.2	0.2
86141	0	0.5	0.5
86146	0	0.99	0.99
86147	0	0.99	0.99
86148	0	0.62	0.62
86155	0	0.62	0.62
86156	0	0.26	0.26
86157	0	0.31	0.31
86160	0	0.47	0.47
86161	0	0.47	0.47
86162	0	0.79	0.79
86171	0	0.39	0.39
86185	0	0.35	0.35
86200	0	0.5	0.5
86215	0	0.51	0.51
86225	0	0.53	0.53
86226	0	0.47	0.47
86235	0	0.69	0.69
86243	0	0.8	0.8
86255	0.51	0.47	0.98
86256	0.51	0.47	0.98
86277	0	0.61	0.61
86280	0	0.32	0.32
86294	0	0.76	0.76
86300	0	0.81	0.81
86301	0	0.81	0.81
86304	0	0.81	0.81
86308	0	0.2	0.2
86309	0	0.25	0.25
86310	0	0.29	0.29
86316	0	0.81	0.81
86317	0	0.58	0.58
86318	0	0.5	0.5
86320	0.51	0.87	1.38
86325	0.5	0.87	1.37
86327	0.59	0.88	1.47
86329	0	0.54	0.54

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86331	0	0.46	0.46
86332	0	0.94	0.94
86334	0.51	0.87	1.38
86335	0.5	1.14	1.64
86336	0	0.6	0.6
86337	0	0.83	0.83
86340	0	0.58	0.58
86341	0	0.77	0.77
86343	0	0.48	0.48
86344	0	0.31	0.31
86353	0	1.9	1.9
86355	0	1.46	1.46
86356	0	1.04	1.04
86357	0	1.46	1.46
86359	0	1.46	1.46
86360	0	1.82	1.82
86361	0	1.04	1.04
86367	0	1.46	1.46
86376	0	0.56	0.56
86378	0	0.76	0.76
86382	0	0.65	0.65
86384	0	0.44	0.44
86403	0	0.39	0.39
86406	0	0.41	0.41
86430	0	0.22	0.22
86431	0	0.22	0.22
86480	0	2.4	2.4
86485	0	0.33	0.33
86486	0	0.14	0.14
86490	0	0.19	0.19
86510	0	0.19	0.19
86580	0	0.2	0.2
86590	0	0.43	0.43
86592	0	0.17	0.17
86593	0	0.17	0.17
86602	0	0.39	0.39
86603	0	0.5	0.5
86606	0	0.58	0.58
86609	0	0.5	0.5
86611	0	0.39	0.39
86612	0	0.5	0.5
86615	0	0.51	0.51
86617	0	0.6	0.6
86618	0	0.66	0.66
86619	0	0.52	0.52
86622	0	0.35	0.35
86625	0	0.51	0.51
86628	0	0.47	0.47
86631	0	0.46	0.46
86632	0	0.49	0.49
86635	0	0.44	0.44
86638	0	0.47	0.47
86641	0	0.56	0.56

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86644	0	0.56	0.56
86645	0	0.65	0.65
86648	0	0.59	0.59
86651	0	0.51	0.51
86652	0	0.51	0.51
86653	0	0.51	0.51
86654	0	0.51	0.51
86658	0	0.5	0.5
86663	0	0.51	0.51
86664	0	0.59	0.59
86665	0	0.7	0.7
86666	0	0.39	0.39
86668	0	0.4	0.4
86671	0	0.47	0.47
86674	0	0.57	0.57
86677	0	0.56	0.56
86682	0	0.5	0.5
86684	0	0.61	0.61
86687	0	0.32	0.32
86688	0	0.54	0.54
86689	0	0.75	0.75
86692	0	0.66	0.66
86694	0	0.56	0.56
86695	0	0.51	0.51
86696	0	0.75	0.75
86698	0	0.48	0.48
86701	0	0.34	0.34
86702	0	0.52	0.52
86703	0	0.53	0.53
86704	0	0.47	0.47
86705	0	0.46	0.46
86706	0	0.42	0.42
86707	0	0.45	0.45
86708	0	0.48	0.48
86709	0	0.44	0.44
86710	0	0.53	0.53
86713	0	0.59	0.59
86717	0	0.47	0.47
86720	0	0.51	0.51
86723	0	0.51	0.51
86727	0	0.5	0.5
86729	0	0.46	0.46
86732	0	0.51	0.51
86735	0	0.51	0.51
86738	0	0.51	0.51
86741	0	0.51	0.51
86744	0	0.51	0.51
86747	0	0.58	0.58
86750	0	0.51	0.51
86753	0	0.48	0.48
86756	0	0.5	0.5
86757	0	0.75	0.75
86759	0	0.51	0.51

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86762	0	0.56	0.56
86765	0	0.5	0.5
86768	0	0.51	0.51
86771	0	0.51	0.51
86774	0	0.57	0.57
86777	0	0.56	0.56
86778	0	0.56	0.56
86781	0	0.51	0.51
86784	0	0.49	0.49
86787	0	0.5	0.5
86788	0	0.65	0.65
86789	0	0.56	0.56
86790	0	0.5	0.5
86793	0	0.51	0.51
86800	0	0.62	0.62
86803	0	0.55	0.55
86804	0	0.6	0.6
86805	0	2.03	2.03
86806	0	1.84	1.84
86807	0	1.53	1.53
86808	0	1.15	1.15
86812	0	1	1
86813	0	2.25	2.25
86816	0	1.08	1.08
86817	0	2.49	2.49
86821	0	2.19	2.19
86822	0	1.42	1.42
86849	BR	BR	BR
86850	0	0.42	0.42
86860	0	0.5	0.5
86870	0	0.77	0.77
86880	0	0.21	0.21
86885	0	0.22	0.22
86886	0	0.2	0.2
86890	0	1.67	1.67
86891	0	2.61	2.61
86900	0	0.12	0.12
86901	0	0.12	0.12
86903	0	0.37	0.37
86904	0	0.37	0.37
86905	0	0.15	0.15
86906	0	0.3	0.3
86910	0	0.46	0.46
86911	0	0.4	0.4
86920	0	0.69	0.69
86921	0	0.56	0.56
86922	0	0.63	0.63
86923	0	0.5	0.5
86927	0	0.27	0.27
86930	0	2.09	2.09
86931	0	1.57	1.57
86932	0	2.09	2.09
86940	0	0.32	0.32

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86941	0	0.47	0.47
86945	0	0.59	0.59
86950	0	1.3	1.3
86960	0	0.59	0.59
86965	0	0.52	0.52
86970	0	0.42	0.42
86971	0	0.42	0.42
86972	0	0.67	0.67
86975	0	0.56	0.56
86976	0	0.63	0.63
86977	0	0.56	0.56
86978	0	0.56	0.56
86985	0	0.42	0.42
86999	BR	BR	BR
87001	0	0.51	0.51
87003	0	0.65	0.65
87015	0	0.26	0.26
87040	0	0.4	0.4
87045	0	0.37	0.37
87046	0	0.37	0.37
87070	0	0.33	0.33
87071	0	0.37	0.37
87073	0	0.37	0.37
87075	0	0.37	0.37
87076	0	0.31	0.31
87077	0	0.31	0.31
87081	0	0.26	0.26
87084	0	0.33	0.33
87086	0	0.31	0.31
87088	0	0.31	0.31
87101	0	0.3	0.3
87102	0	0.33	0.33
87103	0	0.35	0.35
87106	0	0.4	0.4
87107	0	0.4	0.4
87109	0	0.6	0.6
87110	0	0.76	0.76
87116	0	0.42	0.42
87118	0	0.42	0.42
87140	0	0.22	0.22
87143	0	0.49	0.49
87147	0	0.2	0.2
87149	0	0.78	0.78
87152	0	0.2	0.2
87158	0	0.2	0.2
87164	0.5	0.42	0.92
87166	0	0.44	0.44
87168	0	0.17	0.17
87169	0	0.17	0.17
87172	0	0.17	0.17
87176	0	0.23	0.23
87177	0	0.34	0.34
87181	0	0.18	0.18

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87184	0	0.27	0.27
87185	0	0.18	0.18
87186	0	0.33	0.33
87187	0	0.4	0.4
87188	0	0.26	0.26
87190	0	0.22	0.22
87197	0	0.58	0.58
87205	0	0.17	0.17
87206	0	0.21	0.21
87207	0.51	0.23	0.74
87209	0	0.7	0.7
87210	0	0.17	0.17
87220	0	0.17	0.17
87230	0	0.76	0.76
87250	0	0.76	0.76
87252	0	1.01	1.01
87253	0	0.78	0.78
87254	0	0.76	0.76
87255	0	1.31	1.31
87260	0	0.46	0.46
87265	0	0.46	0.46
87267	0	0.46	0.46
87269	0	0.46	0.46
87270	0	0.46	0.46
87271	0	0.46	0.46
87272	0	0.46	0.46
87273	0	0.46	0.46
87274	0	0.46	0.46
87275	0	0.46	0.46
87276	0	0.46	0.46
87277	0	0.46	0.46
87278	0	0.46	0.46
87279	0	0.46	0.46
87280	0	0.46	0.46
87281	0	0.46	0.46
87283	0	0.46	0.46
87285	0	0.46	0.46
87290	0	0.46	0.46
87299	0	0.46	0.46
87300	0	0.46	0.46
87301	0	0.46	0.46
87305	0	0.46	0.46
87320	0	0.46	0.46
87324	0	0.46	0.46
87327	0	0.46	0.46
87328	0	0.46	0.46
87329	0	0.46	0.46
87332	0	0.46	0.46
87335	0	0.46	0.46
87336	0	0.46	0.46
87337	0	0.46	0.46
87338	0	0.56	0.56
87339	0	0.46	0.46

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87340	0	0.4	0.4
87341	0	0.4	0.4
87350	0	0.45	0.45
87380	0	0.64	0.64
87385	0	0.46	0.46
87390	0	0.68	0.68
87391	0	0.68	0.68
87400	0	0.46	0.46
87420	0	0.46	0.46
87425	0	0.46	0.46
87427	0	0.46	0.46
87430	0	0.46	0.46
87449	0	0.46	0.46
87450	0	0.37	0.37
87451	0	0.37	0.37
87470	0	0.78	0.78
87471	0	1.36	1.36
87472	0	1.66	1.66
87475	0	0.78	0.78
87476	0	1.36	1.36
87477	0	1.66	1.66
87480	0	0.78	0.78
87481	0	1.36	1.36
87482	0	1.62	1.62
87485	0	0.78	0.78
87486	0	1.36	1.36
87487	0	1.66	1.66
87490	0	0.78	0.78
87491	0	1.36	1.36
87492	0	1.35	1.35
87495	0	0.78	0.78
87496	0	1.36	1.36
87497	0	1.66	1.66
87498	0	1.36	1.36
87500	0	1.36	1.36
87510	0	0.78	0.78
87511	0	1.36	1.36
87512	0	1.62	1.62
87515	0	0.78	0.78
87516	0	1.36	1.36
87517	0	1.66	1.66
87520	0	0.78	0.78
87521	0	1.36	1.36
87522	0	1.66	1.66
87525	0	0.78	0.78
87526	0	1.36	1.36
87527	0	1.62	1.62
87528	0	0.78	0.78
87529	0	1.36	1.36
87530	0	1.66	1.66
87531	0	0.78	0.78
87532	0	1.36	1.36
87533	0	1.62	1.62

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87534	0	0.78	0.78
87535	0	1.36	1.36
87536	0	3.3	3.3
87537	0	0.78	0.78
87538	0	1.36	1.36
87539	0	1.66	1.66
87540	0	0.78	0.78
87541	0	1.36	1.36
87542	0	1.62	1.62
87550	0	0.78	0.78
87551	0	1.36	1.36
87552	0	1.66	1.66
87555	0	0.78	0.78
87556	0	1.36	1.36
87557	0	1.66	1.66
87560	0	0.78	0.78
87561	0	1.36	1.36
87562	0	1.66	1.66
87580	0	0.78	0.78
87581	0	1.36	1.36
87582	0	1.62	1.62
87590	0	0.78	0.78
87591	0	1.36	1.36
87592	0	1.66	1.66
87620	0	0.78	0.78
87621	0	1.36	1.36
87622	0	1.62	1.62
87640	0	1.36	1.36
87641	0	1.36	1.36
87650	0	0.78	0.78
87651	0	1.36	1.36
87652	0	1.62	1.62
87653	0	1.36	1.36
87660	0	0.78	0.78
87797	0	0.78	0.78
87798	0	1.36	1.36
87799	0	1.66	1.66
87800	0	1.55	1.55
87801	0	2.72	2.72
87802	0	0.46	0.46
87803	0	0.46	0.46
87804	0	0.46	0.46
87807	0	0.46	0.46
87808	0	0.46	0.46
87809	0	0.46	0.46
87810	0	0.46	0.46
87850	0	0.46	0.46
87880	0	0.46	0.46
87899	0	0.46	0.46
87900	0	5.05	5.05
87901	0	9.97	9.97
87902	0	9.97	9.97
87903	0	18.93	18.93

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87904	0	1.01	1.01
87905	BR	BR	BR
87999	BR	BR	BR
88000	5.46	0	5.46
88005	6.28	0	6.28
88007	6.83	0	6.83
88012	4.91	0	4.91
88014	4.91	0	4.91
88016	6.28	0	6.28
88020	8.46	0	8.46
88025	9.28	0	9.28
88027	10.1	0	10.1
88028	4.91	0	4.91
88029	4.91	0	4.91
88036	2.73	0	2.73
88037	2.18	0	2.18
88040	13.65	0	13.65
88045	1.37	0	1.37
88099	BR	BR	BR
88104	0.76	0.92	1.68
88106	0.76	1.33	2.09
88107	1.05	1.58	2.63
88108	0.76	1.22	1.98
88112	1.55	1.24	2.79
88125	0.36	0.23	0.59
88130	0	0.58	0.58
88140	0	0.31	0.31
88141	0.75	0	0.75
88142	0	0.78	0.78
88143	0	0.78	0.78
88147	0	0.44	0.44
88148	0	0.59	0.59
88150	0	0.41	0.41
88152	0	0.41	0.41
88153	0	0.41	0.41
88154	0	0.41	0.41
88155	0	0.23	0.23
88160	0.68	0.74	1.42
88161	0.67	0.81	1.48
88162	1.04	1.1	2.14
88164	0	0.41	0.41
88165	0	0.41	0.41
88166	0	0.41	0.41
88167	0	0.41	0.41
88172	0.82	0.62	1.44
88173	1.89	1.76	3.65
88174	0	0.83	0.83
88175	0	1.03	1.03
88182	0.98	1.82	2.8
88184	0	2.17	2.17
88185	0	1.29	1.29
88187	1.78	0	1.78
88188	2.19	0	2.19

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
88189	2.79	0	2.79
88199	BR	BR	BR
88230	0	4.51	4.51
88233	0	5.45	5.45
88235	0	5.7	5.7
88237	0	4.89	4.89
88239	0	5.71	5.71
88240	0	0.39	0.39
88241	0	0.39	0.39
88245	0	5.77	5.77
88248	0	6.71	6.71
88249	0	6.71	6.71
88261	0	6.85	6.85
88262	0	4.83	4.83
88263	0	5.82	5.82
88264	0	4.83	4.83
88267	0	6.96	6.96
88269	0	6.44	6.44
88271	0	0.83	0.83
88272	0	1.04	1.04
88273	0	1.24	1.24
88274	0	1.35	1.35
88275	0	1.56	1.56
88280	0	0.97	0.97
88283	0	2.66	2.66
88285	0	0.74	0.74
88289	0	1.33	1.33
88291	0.79	0	0.79
88299	BR	BR	BR
88300	0.12	0.52	0.64
88302	0.18	1.16	1.34
88304	0.3	1.4	1.7
88305	1.03	1.85	2.88
88307	2.19	3.57	5.76
88309	3.77	4.89	8.66
88311	0.33	0.17	0.5
88312	0.73	1.98	2.71
88313	0.32	1.66	1.98
88314	0.62	1.8	2.42
88318	0.57	2.15	2.72
88319	0.72	3.06	3.78
88321	2.42		2.42
88323	2.36	1.56	3.92
88325	5.21		5.21
88329	1.35		1.35
88331	1.65	0.81	2.46
88332	0.81	0.29	1.1
88333	1.65	0.87	2.52
88334	0.99	0.53	1.52
88342	1.14	1.58	2.72
88346	1.16	1.57	2.73
88347	1.11	1.05	2.16
88348	2.05	15.07	17.12

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CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
88349	1.05	7.1	8.15
88355	2.4	4.15	6.55
88356	3.83	4.11	7.94
88358	1.27	0.88	2.15
88360	1.49	1.8	3.29
88361	1.61	2.56	4.17
88362	2.94	4.25	7.19
88365	1.59	2.69	4.28
88367	1.71	4.87	6.58
88368	1.8	3.99	5.79
88371	0.5	0.86	1.36
88372	0.5	0.88	1.38
88380	2.13	3.26	5.39
88381	1.62	4.25	5.87
88384	10.15	0	10.15
88385	1.9	12.46	14.36
88386	2.68	15.71	18.39
88399	BR	BR	BR
88720	0.45	0	0.45
88740	BR	BR	BR
88741	BR	BR	BR
89049	6.53	0	6.53
89050	0	0.18	0.18
89051	0	0.21	0.21
89055	0	0.17	0.17
89060	0.51	0.28	0.79
89100	6.62	0	6.62
89105	6.8	0	6.8
89125	0	0.17	0.17
89130	5.76	0	5.76
89132	6.56	0	6.56
89135	7.84	0	7.84
89136	5.56	0	5.56
89140	6.51	0	6.51
89141	6.73	0	6.73
89160	0	0.14	0.14
89190	0	0.18	0.18
89220	0	0.41	0.41
89225	0	0.13	0.13

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
89230	0	0.11	0.11
89235	0	0.21	0.21
89240	BR	BR	BR
89250	0	58.75	58.75
89251	0	61.11	61.11
89253	BR	BR	BR
89254	BR	BR	BR
89255	BR	BR	BR
89257	BR	BR	BR
89258	BR	BR	BR
89259	BR	BR	BR
89260	BR	BR	BR
89261	BR	BR	BR
89264	BR	BR	BR
89268	BR	BR	BR
89272	BR	BR	BR
89280	BR	BR	BR
89281	BR	BR	BR
89290	BR	BR	BR
89291	BR	BR	BR
89300	0	0.35	0.35
89310	0	0.33	0.33
89320	0	0.47	0.47
89321	0	0.47	0.47
89322	0	0.6	0.6
89325	0	0.41	0.41
89329	0	0.81	0.81
89330	0	0.38	0.38
89331	0	0.76	0.76
89335	BR	BR	BR
89342	BR	BR	BR
89343	BR	BR	BR
89344	BR	BR	BR
89346	BR	BR	BR
89352	BR	BR	BR
89353	BR	BR	BR
89354	BR	BR	BR
89356	BR	BR	BR

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MEDICINE GROUND RULES

1. **GENERAL:** Visits, examinations, consultations and similar services listed in this section reflect the variation in time and skills required in the diagnosis and treatment of illness or injury. The stipulated Unit Value applies only when the services are performed by or under the responsibility and direct supervision of a health care provider, unless otherwise stated.

2. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

3. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

4. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus $15.00 per item, **whichever is less**. Use procedure code 99070.

5. **SEPARATE PROCEDURES:** Some of the procedures or services listed are commonly carried out as an integral part of a total service and identified by the inclusion of the term “separate procedure.” The codes designated as “separate procedure” should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

   However, when a procedure or service that is designated as a “separate procedure” is carried out independently or considered to be unrelated or distinct from other procedures/services at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific “separate procedure” code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

6. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall within this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

9. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

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MEDICINE GROUND RULES

10. **ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.

11. **PRORATION OF SCHEDULED FEE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the unit value multiplied by the conversion factor or the billed charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.

12. **MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management.

13. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

14. **LIMITATIONS ON PATIENT VISITS FOR PSYCHOTHERAPY OR PSYCHOLOGICAL COUNSELING:** Psychotherapy or Psychological counseling, for work-related conditions requiring either more than 21 visits or continuing for more than 3 months after initiation of therapy, whichever comes first, requires prior authorization from the employer, insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless such authorization was previously received for a greater number of visits.

15. **PROFESSIONAL/TECHNICAL COMPONENTS:** When the professional and technical components are furnished by different providers **(inclusive of hospitals and ambulatory surgical centers)**, the professional component and the technical component shall be identified by adding either modifier -26 or modifier -TC to the usual procedure number. If any of the medical procedures in this section become subject to either the professional or technical component, the unit value for the professional component is 60% of the total unit value, and the unit value for the technical component is 40% of the total unit value for the procedure code submitted. See Appendix A- Modifiers for a listing of the modifiers.

Additionally, and with the exception of Pathology and Laboratory, Peer Group 3 and Critical Access hospitals and ambulatory surgical centers will continue to be reimbursed at their billed charges less the specified discount as contained within the Hospital/In-patient and Ambulatory Surgical Center/Hospital Out-patient Section of the fee schedule. However, hospitals and ambulatory surgical centers need to amend their billing process to specify, by use of modifiers, when <u>only</u> the technical component or the professional component was provided.

16. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

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MEDICINE GROUND RULES

17. **MODIFIERS:** Procedure codes for medicine services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.

18. **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.

19. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $53.25

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MEDICINE

CONVERSION FACTOR = $53.25

CODE	UNIT VALUE
90281	BR
90283	BR
90284	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	3.43
90375	2.52
90376	2.72
90378	BR
90379	BR
90384	2.34
90385	0.72
90386	2.51
90389	2.17
90393	BR
90396	2.67
90399	BR
90465	0.58
90466	0.29
90467	0.38
90468	0.28
90471	0.58
90472	0.29
90473	0.38
90474	0.25
90476	BR
90477	BR
90581	2.78
90585	3.27
90586	3.17
90632	1.3
90633	0.7
90634	0.77
90636	1.94
90645	0.65
90646	BR
90647	0.65
90648	0.6
90649	2.54
90650	BR
90655	0.47
90656	0.5
90657	0.18
90658	0.37
90660	0.62
90661	BR
90662	BR
90663	BR
90665	BR
90669	2.18

CODE	UNIT VALUE
90675	4.07
90676	BR
90680	1.5
90681	1.5
90690	0.77
90691	1.48
90692	BR
90693	BR
90696	BR
90698	1.5
90700	0.49
90701	0.54
90702	0.69
90703	0.61
90704	0.62
90705	0.48
90706	0.52
90707	1.24
90708	BR
90710	2.67
90712	0
90713	BR
90714	0.55
90715	0.96
90716	2.14
90717	1.6
90718	0.34
90719	BR
90720	BR
90721	1.19
90723	1.47
90725	BR
90727	BR
90732	0.91
90733	2.6
90734	1.9
90735	2.83
90736	3.21
90738	1.32
90740	3.31
90743	0.67
90744	0.67
90746	1.66
90747	3.31
90748	1.12
90749	BR
90801	4.24
90802	4.52
90804	1.77
90805	1.97
90806	2.47
90807	2.77

CODE	UNIT VALUE
90808	3.63
90809	3.92
90810	1.88
90811	2.19
90812	2.69
90813	2.99
90814	3.9
90815	4.14
90816	1.64
90817	1.82
90818	2.44
90819	2.62
90821	3.6
90822	3.79
90823	1.77
90824	1.97
90826	2.59
90827	2.75
90828	3.74
90829	3.91
90845	2.27
90846	2.42
90847	3.01
90849	0.91
90853	0.86
90857	0.97
90862	1.53
90865	4.29
90870	3.79
90875	1.97
90876	2.91
90880	2.94
90882	2.36
90885	1.33
90887	2.32
90889	2.03
90899	0
90901	0.93
90911	2.38
90935	1.84
90937	3.02
90940	1.57
90945	1.91
90947	3.09
90951	26.67
90952	19.67
90953	13.11
90954	21.85
90955	12.39
90956	8.39
90957	17.55
90958	11.85

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MEDICINE

CONVERSION FACTOR = $53.25

CODE	UNIT VALUE
90959	7.77
90960	7.81
90961	6.3
90962	4.55
90963	15.06
90964	12.55
90965	11.93
90966	6.23
90967	0.54
90968	0.42
90969	0.41
90970	0.22
90989	9.84
90993	2.13
90997	2.46
90999	0
91000	2.42
91010	5.13
91011	6.86
91012	6.97
91020	6.23
91022	5.13
91030	3.73
91034	5.38
91035	12.63
91037	4.32
91038	3.81
91040	10.23
91052	3.32
91055	3.59
91065	1.77
91105	2.14
91110	24.3
91111	18.97
91120	10.48
91122	6.29
91123	BR
91132	1.2
91133	1.54
91299	BR
92002	1.86
92004	3.5
92012	1.96
92014	2.86
92015	0.87
92018	3.54
92019	1.76
92020	0.66
92025	0.86
92060	1.49
92065	1.17
92070	1.67

CODE	UNIT VALUE
92081	1.33
92082	1.76
92083	2.01
92100	2.23
92120	1.84
92130	2.03
92135	1.17
92136	2.1
92140	1.44
92225	0.63
92226	0.57
92230	1.52
92235	3.24
92240	6
92250	1.81
92260	0.45
92265	1.97
92270	2.26
92275	3.37
92283	1.15
92284	1.54
92285	1.06
92286	3.02
92287	2.86
92310	2.44
92311	2.36
92312	2.68
92313	2.27
92314	1.91
92315	1.64
92316	2.14
92317	1.69
92325	0.73
92326	1.01
92340	0.94
92341	1.08
92342	1.16
92352	1.04
92353	1.22
92354	2.56
92355	1.47
92358	0.49
92370	0.82
92371	0.38
92499	BR
92502	2.53
92504	0.76
92506	4.08
92507	1.7
92508	0.81
92511	4.01
92512	1.59

CODE	UNIT VALUE
92516	1.64
92520	1.62
92526	2.17
92531	0.8
92532	0.72
92533	1.14
92534	0.6
92541	1.58
92542	1.64
92543	0.76
92544	1.32
92545	1.24
92546	2.22
92547	0.16
92548	2.55
92551	0.29
92552	0.59
92553	0.79
92555	0.44
92556	0.68
92557	1.25
92559	0.72
92560	0.43
92561	0.77
92562	0.62
92563	0.56
92564	0.54
92565	0.35
92567	0.49
92568	0.5
92569	0.4
92571	0.45
92572	0.47
92575	0.95
92576	0.58
92577	0.48
92579	1.21
92582	1.12
92583	0.91
92584	1.86
92585	2.76
92586	1.71
92587	1.07
92588	1.74
92590	1.29
92591	1.65
92592	0.52
92593	0.85
92594	0.49
92595	1.06
92596	0.95
92597	2.78

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CONVERSION FACTOR = $53.25

CODE	UNIT VALUE
92601	4.21
92602	2.64
92603	3.79
92604	2.26
92605	BR
92606	BR
92607	4.17
92608	0.81
92609	2.22
92610	2.16
92611	2.35
92612	4.2
92613	1.05
92614	3.74
92615	0.94
92616	5.14
92617	1.15
92620	1.98
92621	0.46
92625	1.57
92626	2.17
92627	0.53
92630	BR
92633	BR
92640	2.07
92700	BR
92950	7.49
92953	0.33
92960	7.07
92961	7.27
92970	5.04
92971	2.87
92973	5.16
92974	4.73
92975	11.33
92977	3.72
92978	7.89
92979	4.85
92980	23.51
92981	6.54
92982	17.43
92984	4.67
92986	38.57
92987	39.93
92990	30.72
92992	28.18
92993	22.29
92995	19.21
92996	5
92997	17.63
92998	9.06
93000	0.58

CODE	UNIT VALUE
93005	0.33
93010	0.25
93012	5.05
93014	0.77
93015	2.78
93016	0.68
93017	1.65
93018	0.45
93024	3.38
93025	5.91
93040	0.37
93041	0.15
93042	0.22
93224	3.31
93225	0.99
93226	1.53
93227	0.79
93228	0.71
93229	BR
93230	3.39
93231	1
93232	1.63
93233	0.76
93235	2.26
93236	1.62
93237	0.68
93268	7.36
93270	0.6
93271	6
93272	0.76
93278	1.13
93279	1.55
93280	1.83
93281	2.14
93282	1.98
93283	2.41
93284	2.82
93285	1.34
93286	0.76
93287	1
93288	1.2
93289	1.84
93290	0.89
93291	1.15
93292	1.04
93293	1.66
93294	1.02
93295	1.84
93296	1.01
93297	0.71
93298	0.82
93299	BR

CODE	UNIT VALUE
93303	6.05
93304	3.74
93306	7.42
93307	4.91
93308	3.1
93312	9.03
93313	1.15
93314	7.77
93315	8.24
93316	1.26
93317	5.12
93318	6.26
93320	2.17
93321	0.97
93325	1.5
93350	5.87
93351	7.68
93352	1.07
93501	22.29
93503	3.11
93505	20.7
93508	29.41
93510	36.98
93511	47.06
93514	50.05
93524	64.88
93526	47.46
93527	64
93528	65.14
93529	58.69
93530	25.01
93531	63.65
93532	65.61
93533	63.5
93539	2.22
93540	6.62
93541	0.44
93542	4.02
93543	2.2
93544	1.6
93545	4.63
93555	3.27
93556	4.57
93561	1.22
93562	0.55
93571	7.86
93572	4.6
93580	28.25
93581	37
93600	5.52
93602	4.58
93603	5.25

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MEDICINE

CONVERSION FACTOR = $53.25

CODE	UNIT VALUE
93609	10.83
93610	6.25
93612	6.49
93613	10.96
93615	1.89
93616	2.57
93618	11.17
93619	20.3
93620	24.24
93621	4.4
93622	6.41
93623	5.95
93624	9.74
93631	15.09
93640	13.68
93641	17.47
93642	13.11
93650	16.69
93651	25.39
93652	27.63
93660	4.75
93662	5.69
93668	0.47
93701	0.94
93720	1.28
93721	1.05
93722	0.23
93724	9.28
93740	0.27
93745	BR
93770	0.24
93784	1.81
93786	0.82
93788	0.46
93790	0.53
93797	0.5
93798	0.72
93799	BR
93875	2.81
93880	6.89
93882	4.54
93886	8.26
93888	5.63
93890	7.26
93892	7.95
93893	7.93
93922	3.34
93923	5.16
93924	6.35
93925	8.55
93926	5.46
93930	6.77

CODE	UNIT VALUE
93931	4.53
93965	3.41
93970	7.04
93971	4.66
93975	10.49
93976	6.05
93978	6.62
93979	4.57
93980	5.13
93981	3.61
93982	1.1
93990	5.35
94002	2.43
94003	1.76
94004	1.28
94005	2.45
94010	0.91
94014	1.34
94015	0.65
94016	0.69
94060	1.6
94070	1.67
94150	0.62
94200	0.62
94240	1.08
94250	0.67
94260	0.87
94350	0.96
94360	1.2
94370	0.92
94375	1.02
94400	1.46
94450	1.39
94452	1.53
94453	2.04
94610	1.79
94620	1.99
94621	4.46
94640	0.37
94642	1.12
94644	0.94
94645	0.37
94660	1.55
94662	0.99
94664	0.41
94667	0.57
94668	0.53
94680	1.59
94681	1.74
94690	1.39
94720	1.42
94725	1.85

CODE	UNIT VALUE
94750	1.95
94760	0.08
94761	0.16
94762	0.82
94770	1.01
94772	BR
94774	BR
94775	BR
94776	BR
94777	BR
94799	BR
95004	0.16
95010	0.47
95012	0.54
95015	0.35
95024	0.19
95027	0.13
95028	0.3
95044	0.17
95052	0.19
95056	0.95
95060	0.64
95065	0.58
95070	1.18
95071	1.46
95075	1.72
95115	0.29
95117	0.35
95120	0.34
95125	0.43
95130	0.6
95131	0.77
95132	0.92
95133	1.12
95134	1.34
95144	0.32
95145	0.42
95146	0.69
95147	0.67
95148	0.94
95149	1.23
95165	0.32
95170	0.25
95180	3.85
95199	BR
95250	3.56
95251	1.1
95803	BR
95805	11.69
95806	5.8
95807	13.68
95808	17.89

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MEDICINE

CONVERSION FACTOR = $53.25

CODE	UNIT VALUE
95810	21.28
95811	23.44
95812	6.52
95813	7.99
95816	5.98
95819	6.42
95822	6.4
95824	2.62
95827	10.33
95829	33.2
95830	4.83
95831	0.7
95832	0.66
95833	0.97
95834	1.15
95851	0.45
95852	0.35
95857	1.13
95860	2.23
95861	3.24
95863	3.86
95864	4.44
95865	3.1
95866	2.54
95867	1.94
95868	2.66
95869	1.24
95870	1.21
95872	4.55
95873	1.26
95874	1.19
95875	2.55
95900	1.45
95903	1.7
95904	1.28
95920	4.16
95921	2.01
95922	2.41
95923	3.16
95925	3.22
95926	3.16
95927	3.24
95928	5.13
95929	5.41
95930	2.84
95933	1.76
95934	1.31
95936	1.16
95937	1.57
95950	6.58
95951	20.68
95953	11.06

CODE	UNIT VALUE
95954	6.75
95955	3.79
95956	19.42
95957	7.11
95958	10.47
95961	6.42
95962	5.89
95965	56.55
95966	28.1
95967	24.05
95970	1.36
95971	1.57
95972	2.8
95973	1.53
95974	4.68
95975	2.6
95978	5.56
95979	2.49
95980	1.12
95981	0.76
95982	1.19
95990	1.62
95991	2.4
95992	1.13
95999	BR
96000	2.4
96001	2.83
96002	0.56
96003	0.49
96004	3.04
96020	BR
96040	1.11
96101	2.34
96102	1.42
96103	1.28
96105	2.04
96110	0.36
96111	3.61
96116	2.65
96118	3
96119	2.06
96120	1.9
96125	2.63
96150	0.63
96151	0.61
96152	0.58
96153	0.14
96154	0.57
96155	0.62
96360	1.57
96361	0.46
96365	1.91

CODE	UNIT VALUE
96366	0.61
96367	0.96
96368	0.57
96369	4.15
96370	0.44
96371	2.01
96372	0.58
96373	0.5
96374	1.51
96375	0.66
96376	0.37
96379	BR
96401	1.87
96402	1.02
96405	2.34
96406	3.23
96409	3.1
96411	1.77
96413	4.09
96415	0.93
96416	4.46
96417	2.04
96420	2.99
96422	4.82
96423	2.15
96425	4.75
96440	16.58
96445	7.91
96450	5.77
96521	3.52
96522	2.99
96523	0.7
96542	3.72
96549	BR
96567	3.24
96570	1.61
96571	0.77
96900	0.54
96902	0.58
96904	1.78
96910	1.74
96912	2.23
96913	3.1
96920	4.44
96921	4.35
96922	6.44
96999	BR

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

1. **AUTHORIZED PROVIDERS:** Services applicable to this section are payable at the level of the Unit Value (or the billed charge, whichever is less) when provided by: a health care provider as defined by K.S.A. 44-508; a Registered Physical Therapist; a Registered Occupational Therapist; a Certified Physical Therapist Assistant or a Certified Occupational Therapist Assistant when the service is performed under the direct supervision of a Registered Physical Therapist or Registered Occupational Therapist; an Exercise Physiologist; and any type of an Assistant when the service is performed under the direct supervision of a health care provider, Registered Physical Therapist, or a Registered Occupational Therapist.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have also been provided, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with physical medicine and rehabilitation services. **Such additional services, however, shall be reported separately using modifier -25.** These services must also be performed or supervised by a health care provider as defined by K.S.A. 44-508, a Registered Physical Therapist, or a Registered Occupational Therapist. Charges for any evaluations or examinations after the initial visit must be documented and included with the bill.

3. **DOCUMENTATION OF TREATMENT REQUIRED:** Documentation of treatment shall include evaluation, diagnosis, progress notes, prognosis, treatment plan, and need for further therapy. This documentation will be made part of the patient's record and be made available upon request. This documentation does **not** warrant a separate fee.

4. **WRITTEN REFERRAL:** A written referral by a health care provider, as defined by K.S.A. 44-508, is required for services to be provided by a physical or occupational therapist, exercise physiologist, or their assistants.

5. **SEPARATE BILLING:** Employed physical or occupational therapists may not bill separately for services provided. This does not apply to physical or occupational therapists who are self-employed.

6. **DISPUTE RESOLUTION:** In the event a controversy arises between the provider and the payer about the number of modalities or therapeutic procedures that were provided at each visit, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Kansas Division of Workers Compensation for review.

7. **MAXIMUM NUMBER OF VISITS:** Treatment beyond 21 visits must be authorized by the employer, the insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless prior authorization was received for a greater number of visits.

8. **FOLLOW-UP OR AFTERCARE:** Fees for any follow-up or aftercare for fractures, dislocations, or postoperative procedures provided by physical or occupational therapists shall be in addition to those payable to the referring health care provider.

9. **HOME SERVICES:** When an authorized provider renders treatment in a patient's home, the Unit Value may be increased by 50%. An explanation substantiating the need for home therapy shall be submitted along with the bill.

10. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."

11. **PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or

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variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

12. **SEPARATE PROCEDURES:** Some procedures are commonly carried out as an integral part of a total service, and do not warrant a separate identification. When such a procedure is performed independently of other services to which the procedure is not immediately related, the Unit Value for the "separate procedure" listing, where identified as such in the Schedule, is applicable (i.e., when a procedure which is ordinarily a component of a larger procedure is performed alone for a specific purpose, the component procedure may be considered to be a separate procedure).

13. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

14. **ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.

15. **PRORATION OF UNIT VALUE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the Unit Value stated in the Schedule or the billed charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.

16. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

17. **MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management. Physical or occupational therapists may utilize these other sections for billing if the coding is more appropriate, and the service provided was medically necessary and prescribed by a physician.

18. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

19. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided

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by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

20. **MODIFIERS:** Appendix A - Modifiers of this Schedule includes all of the modifiers applicable to the current *CPT* codes.

21. **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.

22. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $43.87

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PHYSICAL MEDICINE AND REHABILITATION

(CONVERSION FACTOR = $43.87)

CODE	UNIT VALUE
97001	1.94
97002	1.04
97003	2.06
97004	1.19
97005	1.56
97006	0.78
97010	0.13
97012	0.4
97014	0.37
97016	0.42
97018	0.22
97022	0.48
97024	0.15
97026	0.14
97028	0.17
97032	0.45
97033	0.67
97034	0.41
97035	0.32
97036	0.7
97039	BR
97110	0.78
97112	0.8
97113	0.95
97116	0.68
97124	0.62
97139	BR
97140	0.72
97150	0.49
97530	0.82
97532	0.67
97533	0.72
97535	0.82
97537	0.74
97542	0.75
97545	3.24
97546	1.29
97597	1.62
97598	2
97602	0.97
97605	0.96
97606	1.03
97750	0.8
97755	0.92
97760	0.89
97761	0.79
97762	0.92
97799	BR

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MEDICAL NUTRITION THERAPY
GROUND RULES

1. **GENERAL:** Medical Nutrition Therapy includes services ordered by, or under the direct supervision of a designated health care provider.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with medical nutrition therapy, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any medical nutrition therapy. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since medical nutrition therapy is incorporated within the broad category of the Medicine and Physical Medicine Guidelines, the Ground Rules found within the Medicine and the Physical Medicine and Rehabilitation Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **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.

6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $44.02

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MEDICAL NUTRITION THERAPY

(CONVERSION FACTOR = $44.02)

CODE	UNIT VALUE
97802	0.81
97803	0.71
97804	0.36

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ACUPUNCTURE
GROUND RULES

1. **GENERAL:** Acupuncture includes services ordered by, or under the direct supervision of a designated health care provider.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with acupuncture services, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any acupuncture services. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since acupuncture services are incorporated within the broad category of the Medicine and Physical Medicine Guidelines, the Ground Rules found within the Medicine and the Physical Medicine and Rehabilitation Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **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.

6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $41.65

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ACUPUNCTURE

(CONVERSION FACTOR = $41.65)

CODE	UNIT VALUE
97810	0.97
97811	0.75
97813	1.04
97814	0.84

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OSTEOPATHIC MANIPULATIVE TREATMENT GROUND RULES

1. **GENERAL:** Osteopathic manipulative treatment is a form of manual treatment applied by a physician to eliminate or alleviate somatic dysfunction and related disorders, and may be accomplished by a variety of techniques.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with osteopathic manipulative treatment, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with osteopathic manipulative treatment. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since osteopathic manipulative treatment is similar to treatments and services contained within the Physical Medicine and Rehabilitation Section, the Ground Rules applicable to the Physical Medicine and Rehabilitation Section shall be similarly applied.

4. **BODY REGIONS:** Body regions commonly involved in osteopathic manipulative treatment are: head region; cervical region; thoracic region; lumbar region; sacral region; pelvic region; lower extremities; upper extremities; rib cage region; and abdominal and visceral region.

5. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

6. **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.

7. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $57.98

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OSTEOPATHIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = $57.98)

CODE	UNIT VALUE
98925	0.77
98926	1.06
98927	1.37
98928	1.61
98929	1.85

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CHIROPRACTIC MANIPULATIVE TREATMENT GROUND RULES

1. **GENERAL:** Chiropractic manipulative treatment is a form of manual treatment applied by a physician to influence joint and neurophysiological function, and may be accomplished by a variety of techniques.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with chiropractic manipulative treatment, it is acceptable to charge for these services only if the patient's condition required a significant separately identifiable evaluation or examination that is beyond the usual preservice and postservice work associated with chiropractic manipulative treatment. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since chiropractic manipulative treatment is similar to treatments and services contained within the Physical Medicine and Rehabilitation Section, the Ground Rules applicable to the Physical Medicine and Rehabilitation Section shall be similarly applied.

4. **BODY REGIONS:** Body regions commonly involved in chiropractic manipulative treatment are: cervical region (includes atlanto-occipital joint); thoracic region (includes costo-vertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. The five extraspinal regions referred to are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib cage (excluding costotransverse and costovertebral joints) and abdomen.

5. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

6. **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.

7. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $53.66

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CHIROPRACTIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = $53.66)

CODE	UNIT VALUE
98940	0.68
98941	0.94
98942	1.23
98943	0.64

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EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT GROUND RULES

1. **GENERAL:** The purpose of the educational and training services is to teach the patient (inclusive of caregiver(s)) how to effectively self-manage the patient's illness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team. Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training. The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with education and training for patient self-management services, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any education and training for patient self-management. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since education and training for patient self-management services are incorporated within the broad category of the Medicine Guidelines, the Ground Rules found within the Medicine Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **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.

6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $39.48

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EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

(CONVERSION FACTOR = $39.48)

CODE	UNIT VALUE
98960	0.66
98961	0.32
98962	0.24

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NON-FACE-TO-FACE NONPHYSICIAN SERVICES GROUND RULES

1. **GENERAL:** Telephone services are non-face-to-face assessment and management services provided by a qualified health care professional to a patient using the telephone. It the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the service procedure and visit. Similarly, if the telephone call refers to a service reported within the previous seven (7) days, or within the postoperative period of a previous procedure, then the service(s) are considered part of the previous procedure or service

2. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

3. **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.

4. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $18.87

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NON-FACE-TO-FACE NONPHYSICIAN SERVICES

(CONVERSION FACTOR = 18.87)

CODE	UNIT VALUE
98966	0.38
98967	0.72
98968	1.06
98969	BR

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SPECIAL SERVICES, PROCEDURES AND REPORTS GROUND RULES

1. **GENERAL:** Procedures with code numbers 99000 through 99091 provide the reporting physician or other qualified healthcare professional with the means of identifying the completion of special reports and services that are in adjunct to the basic services rendered. The specific number assigned indicates the special circumstances under which a basic procedure is performed.

2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with the completion of special reports and services (except for those services contemplated by code 99091), it is acceptable to charge separately for those services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with any special report or service.. **Such additional services, however, shall be reported using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.

3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since the inclusion of any special reports and services are incorporated within the broad category of the Medicine Guidelines, the Ground Rules found within the Medicine Section of the fee schedule shall be similarly applied.

4. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

5. **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.

6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $39.04

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SPECIAL SERVICES AND REPORTS

(CONVERSION FACTOR = $39.04)

CODE	UNIT VALUE
99000	0.17
99001	0.2
99002	0.21
99024	BR
99026	BR
99027	BR
99050	0.56
99051	BR
99053	BR
99056	0.54
99058	0.66
99060	0.75
99070	BR
99071	BR*
99075	BR**
99078	BR
99080	BR
99082	BR
99090	BR
99091	1.51

* 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."

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QUALIFYING CIRCUMSTANCES FOR ANESTHESIA GROUND RULES

1. **GENERAL:** Many anesthesia services are provided under particularly difficult circumstances depending on factors such as the extraordinary condition of the patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service. These modifying units may be added to the basic unit values.

2. **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.

3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $48.75

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QUALIFYING CIRCUMSTANCES FOR ANESTHSIA

(CONVERSION FACTOR = $48.75)

CODE	UNIT VALUE
99100	1
99116	5
99135	5
99140	2

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MODERATE (CONSCIOUS) SEDATION GROUND RULES

1. **GENERAL:** Moderate (conscious) sedation is a drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

2. **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.

3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $49.14

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MODERATE (CONSCIOUS) SEDATION

(CONVERSION FACTOR = $49.14)

CODE	UNIT VALUE
99143	1.61
99144	1.34
99145	0.54
99148	1.46
99149	1.2
99150	0.54

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OTHER SERVICES AND PROCEDURES GROUND RULES

1. **GENERAL:** These codes (99170 – 99199) are used to define a variety of services provided by physicians or non-physician health care professionals which are not otherwise specifically categorized at this time.

2. **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.

3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $53.12

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OTHER SERVICES AND PROCEDURES

(CONVERSION FACTOR = $53.12)

CODE	UNIT VALUE
99170	3.94
99172	0.54
99173	0.07
99174	0.7
99175	0.72
99183	5.25
99185	1.56
99186	2.12
99190	13.4
99191	9.39
99192	6.7
99195	1.95
99199	BR

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EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

1. **CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES:** This section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient), and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes. This classification is important because the nature of physician work varies by type of service, place of service, and the patient's status.

   The basic format of the levels of E/M services is the same for most categories. **First**, a unique code number is listed. **Second**, the place and/or type of service is specified (e.g., office consultation). **Third**, the content of the service is defined (e.g., comprehensive history and comprehensive examination). **Fourth**, the nature of the presenting problem(s) usually associated with a given level of service is described. **Fifth**, the time typically required to provide the service is specified.

2. **UNLISTED SERVICE:** An E/M service may be provided that is not listed in this section. When reporting such a service, the appropriate "Unlisted" code may be used to indicate the service, identifying it by "Special Report" as discussed in item 3. The "Unlisted Services" and accompanying codes for the E/M section are as follows:

   99429 Unlisted preventive medicine service
   99499 Unlisted evaluation and management service

3. **SPECIAL REPORT:** An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

4. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.

5. **ADD-ON CODES:** Certain codes, by the nature of their description and the Unit Values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

6. **MODIFIERS:** Listed services may be modified under certain circumstances. When applicable, the modifying circumstance against general guidelines should be identified by the addition of the appropriate modifier code by a two digit number placed after the usual procedure number from which it is separated by a hyphen. Refer to Appendix A- Modifiers for the modifiers that are available for E/M:

7. **INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:** Refer specifically to the Evaluation and Management (E/M) Services Guidelines of the most recent publication of the **AMA Current Procedural Terminology (*CPT*)**.

8. **BILLS SUBMITTED BY NON-PHYSICIAN PROVIDERS:** Bills for E/M services provided by non-physicians such as physician assistants or advanced practice nurses must be submitted on the CMS 1500 form or an equivalent form containing the same information. Payment for these services will be limited to 85% of the maximum allowable fee associated with the *CPT* code (plus –NP modifier) submitted. The 15% discount is <u>not</u> applicable to any related laboratory or medical supply charges. This form must also clearly identify the responsible physician.

9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement

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for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

10. **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.

11. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $49.98

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EVALUATION AND MANAGEMENT

(CONVERSION FACTOR = $49.98)

CODE	UNIT VALUE
99201	1.02
99202	1.76
99203	2.55
99204	3.93
99205	4.96
99211	0.52
99212	1.03
99213	1.7
99214	2.56
99215	3.46
99217	1.85
99218	1.74
99219	2.88
99220	4.04
99221	2.49
99222	3.4
99223	5
99231	1.03
99232	1.85
99233	2.65
99234	3.53
99235	4.63
99236	5.75
99238	1.84
99239	2.67
99241	1.35
99242	2.52
99243	3.46
99244	5.11
99245	6.28
99251	1.35
99252	2.1
99253	3.18
99254	4.59
99255	5.6
99281	0.56
99282	1.09
99283	1.7
99284	3.17
99285	4.72
99288	BR
99291	7.04
99292	3.18
99304	2.22
99305	3.1
99306	3.98
99307	1.1
99308	1.68
99309	2.23

CODE	UNIT VALUE
99310	3.29
99315	1.61
99316	2.1
99318	2.32
99324	1.5
99325	2.18
99326	3.59
99327	4.68
99328	5.51
99334	1.54
99335	2.38
99336	3.35
99337	4.81
99339	2.05
99340	2.86
99341	1.5
99342	2.18
99343	3.5
99344	4.59
99345	5.52
99347	1.46
99348	2.2
99349	3.2
99350	4.46
99354	2.55
99355	2.52
99356	2.32
99357	2.34
99358	2.93
99359	1.41
99360	1.65
99363	3.28
99364	1.14
99366	1.17
99367	1.52
99368	0.99
99374	1.84
99375	2.91
99377	1.84
99378	3.01
99379	1.83
99380	2.76
99381	2.51
99382	2.73
99383	2.71
99384	2.95
99385	2.95
99386	3.45
99387	3.78

CODE	UNIT VALUE
99391	2.09
99392	2.33
99393	2.32
99394	2.55
99395	2.56
99396	2.8
99397	3.14
99401	0.97
99402	1.67
99403	2.35
99404	3.03
99406	0.36
99407	0.69
99408	0.92
99409	1.81
99411	0.4
99412	0.54
99420	0.26
99429	BR
99441	0.39
99442	0.72
99443	1.06
99444	BR
99450	BR
99455	**
99456	**
99460	1.56
99461	2.34
99462	0.83
99463	2.09
99464	1.96
99465	4.02
99466	6.43
99467	3.21
99468	24.14
99469	10.52
99471	21.57
99472	10.65
99475	14.87
99476	8.83
99477	9.37
99478	3.83
99479	3.37
99480	3.24
99499	BR

** No maximum fee has been assigned. The maximum fee for these codes (99455 and 99456) is to be determined in the same manner as that which pertains to an IME and other Special Examinations and/or Reports. Refer to item 2 of the Depositions/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME and other Special Examinations and/or Reports.

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HOME HEALTH PROCEDURES / SERVICES GROUND RULES

1. **GENERAL:** The codes contained within this section were introduced by the American Medical Association in conjunction with *CPT* 2002. Said codes are to be used by non-physician health care professionals for services provided in a patient's residence (including assisted living apartments, group homes, non-traditional private homes, custodial care facilities, or schools) and can be submitted as part of the normal procedure when applicable.

   No Unit Values have been established at the state, regional, or national level as determined from available data resources. All Unit Values are listed as BR; thus, a report must accompany all bills utilizing these codes.

2. **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.

3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

CONVERSION FACTOR = $25.00

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HOME HEALTH PROCEDURES / SERVICES

(CONVERSION FACTOR =$25.00)

CODE	UNIT VALUE
99500	BR
99501	BR
99502	BR
99503	BR
99504	BR
99505	BR
99506	BR
99507	BR
99509	BR
99510	BR
99511	BR
99512	BR
99600	BR
99601	BR
99602	BR

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DENTISTRY GROUND RULES

1. **GENERAL:** The allowable fee for any dental service or procedure is the provider's billed charge or the maximum fee schedule allowance, whichever is less. The maximum fee schedule allowance for a particular service or procedure is determined by multiplying the listed Unit Value by the current dollar Conversion Factor applicable to dentistry. The Unit Values and Conversion Factor for dentistry are not applicable to any other section of the fee schedule.

2. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated " by report" (BR).

3. **PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service shall be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

4. **MATERIAL SUPPLIED BY A DENTIST:** Supplies and materials provided by a dentist (e.g., sterile trays, supplies, drugs) over and above those usually included with the office visits or other services rendered may be listed separately. Statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the dentist plus 25% of the cost or the cost of the item(s) plus $15.00 per item, **whichever is less**.

5. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more dentists or health care providers to treat different conditions, payment is due each dentist or health care provider who plays an active role in the treatment program. The services rendered by each dentist or health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

6. **ALTERNATING DENTISTS AND/OR HEALTH CARE PROVIDERS:** When dentists or health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each dentist and health care provider shall charge individually for the services personally rendered; such charges shall be in accordance with this Fee Schedule.

7. **PRORATION OF SCHEDULED FEE:** When the schedule specifies a Unit Value for a definite treatment, and the patient is transferred from one dentist or health care provider to another, the applicable Unit Value is to be apportioned between the health care providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly with an explanatory note.

8. **MODIFIERS:** Procedure codes for dentistry may be modified under the circumstances described below. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. The modifiers that may be used are as follows:

   -22 Unusual Services: A report is required.

   -52 Reduced Values: Under certain circumstances, the listed value for a procedure is reduced or eliminated because of common practice, or at the dentist's election.

   -53 Primary Emergency Services: When a dental procedure is carried out by a dentist who will not be providing the follow-up care, the value shall be 70% of the listed value.

   -54 Surgical Procedure Only: When one dentist performs the surgical procedure itself and another provides the follow-up care, the fee may be apportioned between them. Identify the dentist performing the surgery with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

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DENTISTRY GROUND RULES

-55 Follow-Up Care Only: When one dentist performs the main procedure itself and another provides the follow-up care, the value may be apportioned between them. Identify the dentist providing the follow-up care with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

-56 Pre-Operative Care Only: When one dentist performs the care up until surgery and another dentist then takes over the care, the value may be apportioned between them. Identify the dentist providing the pre-operative care with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

-99 Multiple Modifiers: By Report

9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.

10. **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.

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CONVERSION FACTOR = $30.85

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DENTISTRY

(CONVERSION FACTOR = $30.85)

ADA CODE	UNIT VALUE
D0120	0.47
D0140	0.75
D0145	0.74
D0150	0.82
D0160	1.89
D0170	0.4
D0180	0.82
D0210	1.35
D0220	0.26
D0230	0.22
D0240	0.39
D0250	0.5
D0260	0.47
D0270	0.26
D0272	0.43
D0273	0.53
D0274	0.61
D0277	0.92
D0290	1.96
D0310	4.79
D0320	7.77
D0321	BR
D0322	6.59
D0330	1.26
D0340	1.55
D0350	0.68
D0360	8.67
D0362	6.98
D0363	7.24
D0415	0.34
D0416	0.54
D0417	BR
D0418	BR
D0421	0.34
D0425	0.31
D0431	0.54
D0460	0.54
D0470	1.15
D0472	0.78
D0473	1.57
D0474	1.89
D0475	1.04
D0476	1.04
D0477	1.26
D0478	1.15
D0479	1.76
D0480	1.15
D0481	6.75
D0482	1.49
D0483	1.35
D0484	2.43
D0485	2.8

ADA CODE	UNIT VALUE
D0486	1.26
D0502	BR
D0999	BR
D1110	0.97
D1120	0.66
D1203	0.41
D1204	0.37
D1206	0.6
D1310	0.51
D1320	0.47
D1330	0.69
D1351	0.54
D1510	3.37
D1515	4.46
D1520	4.05
D1525	5.73
D1550	0.73
D1555	0.69
D2140	1.14
D2150	1.48
D2160	1.8
D2161	2.19
D2330	1.42
D2331	1.81
D2332	2.22
D2335	2.62
D2390	2.9
D2391	1.66
D2392	2.17
D2393	2.7
D2394	3.3
D2410	3.03
D2420	5.07
D2430	8.78
D2510	8.04
D2520	9.12
D2530	10.51
D2542	10.3
D2543	10.78
D2544	11.21
D2610	9.46
D2620	9.98
D2630	10.64
D2642	10.33
D2643	11.13
D2644	11.82
D2650	6.21
D2651	7.4
D2652	7.78
D2662	6.75
D2663	7.94
D2664	8.51

ADA CODE	UNIT VALUE
D2710	4.79
D2712	4.79
D2720	11.82
D2721	11.07
D2722	11.32
D2740	12.13
D2750	11.96
D2751	11.13
D2752	11.4
D2780	11.48
D2781	10.8
D2782	11.15
D2783	11.8
D2790	11.55
D2791	10.94
D2792	11.13
D2794	11.82
D2799	4.79
D2910	0.97
D2915	0.97
D2920	0.99
D2930	2.69
D2931	3.03
D2932	3.25
D2933	3.71
D2934	3.71
D2940	1.03
D2950	2.57
D2951	0.58
D2952	4.06
D2953	2.03
D2954	3.25
D2955	2.5
D2957	1.62
D2960	7.83
D2961	8.89
D2962	9.66
D2970	2.43
D2971	1.55
D2975	4.73
D2980	BR
D2999	BR
D3110	0.7
D3120	0.58
D3220	1.66
D3221	1.82
D3222	BR
D3230	1.76
D3240	1.89
D3310	7.01
D3320	8.58
D3330	11.07

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DENTISTRY

(CONVERSION FACTOR = $30.85)

ADA CODE	UNIT VALUE
D3331	2.46
D3332	5.4
D3333	2.16
D3346	9.46
D3347	11.13
D3348	13.4
D3351	3.98
D3352	1.74
D3353	5.87
D3410	8.04
D3421	8.78
D3425	9.93
D3426	3.3
D3430	2.43
D3450	4.93
D3460	23.67
D3470	9.83
D3910	1.28
D3920	3.85
D3950	1.76
D3999	BR
D4210	6.36
D4211	2.7
D4230	8.78
D4231	4.73
D4240	7.7
D4241	4.46
D4245	5.67
D4249	8.78
D4260	12.83
D4261	6.89
D4263	4.46
D4264	3.52
D4265	BR
D4266	4.73
D4267	6.09
D4268	BR
D4270	9.18
D4271	9.59
D4273	11.34
D4274	6.09
D4275	8.1
D4276	11.89
D4320	4.85
D4321	4.25
D4341	2.63
D4342	1.46
D4355	1.76
D4381	BR
D4910	1.58
D4920	1.36
D4999	BR

ADA CODE	UNIT VALUE
D5110	14.8
D5120	14.8
D5130	16.14
D5140	16.14
D5211	12.49
D5212	14.52
D5213	16.35
D5214	16.35
D5225	12.49
D5226	14.52
D5281	9.53
D5410	0.81
D5411	0.81
D5421	0.81
D5422	0.81
D5510	1.62
D5520	1.36
D5610	1.76
D5620	1.89
D5630	2.3
D5640	1.48
D5650	2.03
D5660	2.43
D5670	5.94
D5671	5.94
D5710	6.01
D5711	5.74
D5720	5.67
D5721	5.67
D5730	3.39
D5731	3.39
D5740	3.11
D5741	3.11
D5750	4.52
D5751	4.52
D5760	4.46
D5761	4.46
D5810	7.15
D5811	7.7
D5820	5.54
D5821	5.87
D5850	1.42
D5851	1.42
D5860	BR
D5861	BR
D5862	BR
D5867	BR
D5875	BR
D5899	BR
D5911	3.74
D5912	3.74
D5913	79.06

ADA CODE	UNIT VALUE
D5914	79.06
D5915	106.99
D5916	28.54
D5919	BR
D5922	BR
D5923	BR
D5924	BR
D5925	BR
D5926	BR
D5927	BR
D5928	BR
D5929	BR
D5931	42.57
D5932	79.61
D5933	BR
D5934	72.57
D5935	63.13
D5936	70.92
D5937	8.91
D5951	11.6
D5952	37.62
D5953	71.46
D5954	66.21
D5955	61.25
D5958	BR
D5959	BR
D5960	BR
D5982	7.36
D5983	17.83
D5984	17.83
D5985	17.83
D5986	1.52
D5987	26.75
D5988	BR
D5991	BR
D5999	BR
D6010	24.73
D6012	23.36
D6040	85.09
D6050	63.48
D6053	18.46
D6054	18.46
D6055	6.28
D6056	4.39
D6057	5.74
D6058	14.23
D6059	14.04
D6060	13.27
D6061	13.54
D6062	13.49
D6063	11.6
D6064	12.28

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DENTISTRY

(CONVERSION FACTOR = $30.85)

ADA CODE	UNIT VALUE
D6065	14.01
D6066	13.64
D6067	13.23
D6068	14.23
D6069	14.04
D6070	13.27
D6071	13.54
D6072	13.83
D6073	12.52
D6074	13.49
D6075	14.01
D6076	13.64
D6077	13.23
D6078	BR
D6079	BR
D6080	1.16
D6090	BR
D6091	5.6
D6092	1.09
D6093	1.72
D6094	11.13
D6095	BR
D6100	BR
D6190	2.5
D6194	11.48
D6199	BR
D6205	7.01
D6210	10.75
D6211	10.07
D6212	10.48
D6214	10.8
D6240	10.6
D6241	9.8
D6242	10.33
D6245	10.94
D6250	10.48
D6251	9.66
D6252	9.97
D6253	4.52
D6545	4.46
D6548	4.9
D6600	8.85
D6601	9.28
D6602	9.46
D6603	10.4
D6604	9.26
D6605	9.82
D6606	9.12
D6607	10.11
D6608	9.62
D6609	10.03
D6610	10.21

ADA CODE	UNIT VALUE
D6611	11.15
D6612	10.13
D6613	10.6
D6614	9.93
D6615	10.32
D6624	9.46
D6634	9.93
D6710	10.13
D6720	11.82
D6721	11.21
D6722	11.4
D6740	12.42
D6750	12.1
D6751	11.29
D6752	11.56
D6780	11.4
D6781	11.4
D6782	10.6
D6783	11.75
D6790	11.68
D6791	11.07
D6792	11.48
D6793	4.79
D6794	11.48
D6920	2.43
D6930	1.42
D6940	3.22
D6950	6.21
D6970	3.93
D6972	3.19
D6973	2.57
D6975	6.89
D6976	1.82
D6977	1.62
D6980	BR
D6985	5.4
D6999	BR
D7111	1.11
D7140	1.46
D7210	2.6
D7220	3.27
D7230	4.36
D7240	5.1
D7241	6.41
D7250	2.75
D7260	22.97
D7261	7.42
D7270	5.54
D7272	7.77
D7280	4.73
D7282	2.22
D7283	1.48

ADA CODE	UNIT VALUE
D7285	9.86
D7286	4.46
D7287	1.42
D7288	1.12
D7290	5
D7291	BR
D7292	7.42
D7293	4.73
D7294	3.42
D7310	3.03
D7311	2.36
D7320	4.39
D7321	3.71
D7340	24.31
D7350	75.97
D7410	9.67
D7411	16.54
D7412	18.39
D7413	12.49
D7414	18.58
D7415	19.92
D7440	17.1
D7441	26.59
D7450	9.67
D7451	15.21
D7460	9.67
D7461	15.6
D7465	5.52
D7471	10.03
D7472	11.92
D7473	11.24
D7485	10.03
D7490	81.02
D7510	2.9
D7511	4.39
D7520	13.83
D7521	15.19
D7530	4.98
D7540	5.52
D7550	3.44
D7560	27.36
D7610	44.23
D7620	33.18
D7630	57.5
D7640	36.5
D7650	27.65
D7660	16.3
D7670	12.73
D7671	23.97
D7680	82.94
D7710	51.99
D7720	36.5

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DENTISTRY

(CONVERSION FACTOR = $30.85)

ADA CODE	UNIT VALUE
D7730	75.2
D7740	37.21
D7750	47.33
D7760	18.99
D7770	25.73
D7771	19.85
D7780	110.57
D7810	48.64
D7820	7.97
D7830	4.56
D7840	66.3
D7850	57.27
D7852	65.57
D7854	67.67
D7856	48.01
D7858	136.86
D7860	58.33
D7865	94
D7870	3.11
D7871	6.21
D7872	33.15
D7873	39.92
D7874	57.27
D7875	62.74
D7876	67.64
D7877	59.69
D7880	7.44
D7899	BR
D7910	4.43
D7911	11.06
D7912	19.9
D7920	32.61
D7940	BR
D7941	83.06
D7943	76.31
D7944	68
D7945	90.48
D7946	112.09
D7947	94.27

ADA CODE	UNIT VALUE
D7948	122.35
D7949	159.37
D7950	BR
D7951	BR
D7953	1.69
D7955	BR
D7960	2.97
D7963	6.41
D7970	5.94
D7971	2.09
D7972	7.56
D7980	8.51
D7981	BR
D7982	20.13
D7983	19.31
D7990	16.61
D7991	40.51
D7995	BR
D7996	BR
D7997	3.11
D7998	13.51
D7999	BR
D8010	BR
D8020	BR
D8030	BR
D8040	BR
D8050	BR
D8060	BR
D8070	BR
D8080	BR
D8090	BR
D8210	BR
D8220	BR
D8660	BR
D8670	BR
D8680	BR
D8690	BR
D8691	BR
D8692	BR

ADA CODE	UNIT VALUE
D8693	BR
D8999	BR
D9110	1.04
D9120	1.17
D9210	0.32
D9211	0.47
D9212	0.94
D9215	0.32
D9220	4.18
D9221	1.75
D9230	0.57
D9241	3.29
D9242	1.38
D9248	0.7
D9310	2.16
D9410	2.47
D9420	4.01
D9430	0.69
D9440	1.35
D9450	0.69
D9610	BR
D9612	BR
D9630	BR
D9910	0.47
D9911	0.74
D9920	BR
D9930	BR
D9940	3.37
D9941	1.66
D9942	1.48
D9950	2.83
D9951	1.32
D9952	7.43
D9970	0.51
D9971	0.72
D9972	3.28
D9973	0.36
D9974	2.8
D9999	BR

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HOSPITAL/IN-PATIENT
GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for hospital services is to be determined by peer group assignments. Unless otherwise specified in this section of the fee schedule. Peer 3 and Critical Access Hospitals are subject to a discount rate.

2. **"IMPLANTABLES"** means those services indicated by revenue codes 274 (prosthetic/orthotic devices), 275 (pace maker), 276 (intraocular lens), and 278 (other implants), which involve an item or device intended for permanent placement in the body. "Implantable items" include rods, pins, screws, plates, prosthetic joint replacements, and other items properly indicated by revenue code 278 which are plastic, metallic or of autogenous/non-autogenous graft material.

3. **"IN-PATIENT"** means being confined to a hospital setting for twenty-four (24) hours or more. An in-patient stay does not require official admission to the hospital.

4. **REIMBURSEMENT AND BILLING:** Except as otherwise provided in these Ground Rules, reimbursement for in-patient hospital services shall be limited to the maximum allowable reimbursement per in-patient stay as computed in Ground Rule 5 of these ground rules. Billing for in-patient hospital services shall reference the MS-DRG code, state the actual charges billed and if applicable, include an invoice for implantables as provided in Ground Rule 6 of these ground rules. A hospital shall not knowingly charge a payor more for treatment under worker's compensation than that normally charged for similar treatment outside the workers compensation system.

5. **COMPUTATION OF MAXIMUM ALLOWABLE REIMBURSEMENT:** The maximum allowable reimbursement per in-patient stay shall be computed as follows:

   MAXIMUM ALLOWABLE REIMBURSEMENT= Medicare MS-DRG Relative Weight X $7200 (for Peer Group I Hospitals) or $7000 (for Peer Group 2 hospitals).

   CRITICAL ACCESS HOSPITALS AND PEER GROUP 3 HOSPITALS shall be reimbursed at billed charges less 15.0%.

   All out-of-state hospitals are to be reimbursed at Peer Group 2 hospital level or Medicare MS-DRG Relative Weight X $7000. Additionally, the rules that are contained within this fee schedule also apply to out-of-state hospitals. For example, reimbursement for any Pathology or Laboratory services provided by an out-of-state hospital will be subject to the maximum allowable payment as reflected within this fee schedule. Also, reimbursement to an out-of-state hospital providing surgical implants is to be determined by invoice cost plus a 25% markup.

6. **IMPLANTABLES:** Generally, durable medical equipment and supplies provided or administered in an in-patient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. However, surgical implantables as defined in Rule 2 of these Ground Rules which are medically necessary are excepted from this rule. In-patient hospitals shall be separately reimbursed for medically necessary implantables. The maximum allowable reimbursement for the implantable shall be the cost of the implantable to the hospital plus 25%. Tax, freight and handling are not reimbursable costs for the implantable. The invoice for the actual cost to the hospital of an implantable device shall be provided to the payor by the hospital as a condition of payment for the implantable.

7. **STOP-LOSS METHOD:**
   a. PURPOSE AND APPLICATION: Stop-loss is an independent reimbursement methodology that will reimburse the hospital for unusually costly services rendered during treatment to an injured worker. No charge attributable to implantables or trauma activation fees shall be considered for purposes of determining eligibility for, and reimbursement under, stop-loss.

   b. COMPUTATION OF THE MAXIMUM ALLOWABLE REIMBURSEMENT UNDER STOP-LOSS: To be eligible for the stop-loss payment, the total charges for the hospital in-patient stay, excluding charges attributable to implantables and trauma activation fees, must be at least Sixty Thousand Dollars ($60,000.00),

the minimum stop-loss threshold. If the total charges for the hospital in-patient stay equal or exceed the minimum stop-loss threshold, the total charges are then multiplied by seventy percent (70%) to determine the maximum allowable reimbursement excluding implantables (see Ground Rule 6 of these Ground Rules)and trauma activation fees (see Ground Rule 8 of these Ground Rules).

8. **TRAUMA ALERTS AND ACTIVATION FEES:** Trauma Revenue Codes can only be used by trauma centers/hospitals as licensed or designated by state or local government authority authorized to do so, or as verified by the American College of Surgeons. Only patients for whom there has been pre-hospital notification based on triage information by pre-hospital care givers who meet either state, local, or American College of Surgeons field triage criteria, or are delivered by interhospital transfers, and are given the appropriate team response can be billed a trauma activation charge. Trauma Center fees are not paid for "Alerts". "Activation Fees" mean that a Trauma Team has to be activated, not just alerted. These fees are in addition to ER and in-patient fees. Trauma Center Activation fees are as follows:

Level I	$3,000.00
Level II	$2,500.00
Level III	$1,000.00
Level IV	$0.00

9. **PHYSICAL MEDICINE AND REHABILITATION:** Generally, physical/occupational therapists services provided or administered in an in-patient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. However, for any hospitals having one or more affiliate clinics providing services on an outpatient basis, only one such clinic is allowed to submit billings using the hospital's Federal Tax ID number. The services for all other clinics affiliated with the same hospital are limited to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.

10. **RADIOLOGY CHARGES:** Generally, radiology services provided or administered in an in-patient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. Reimbursement for any outpatient radiology services, whether provided by hospitals or ambulatory surgical centers, are subject to the Maximum Allowable Fees for the respective *CPT* code(s) that are contained within the Radiology Section of this Fee Schedule.

11. **PATHOLOGY OR LABORATORY CHARGES:** Generally, pathology and laboratory services provided or administered in an in-patient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. Reimbursement for outpatient pathology and laboratory services provided by hospitals are subject to the Maximum Allowable Fees for the respective *CPT* code(s) that are contained within the Pathology and Laboratory Section of this Fee Schedule.

12. **INPATIENT CARE:** Charges for inpatient hospital care at critical access hospitals of more than one day shall be subject to review in cases where the patient is ambulatory. The attending health care provider will be required to submit sufficient information to substantiate why inpatient care was necessary. Once the patient's condition becomes such that further inpatient care is only a matter of personal convenience, the executive officer or administrator of the hospital or ambulatory surgical center should notify the employer (or insurance carrier) at once. Such notification should also be provided to the Director of Workers Compensation.

13. **ROOM:** Room charges are generally included in the MS-DRG, room charges at critical access hospitals for other than semiprivate or ward service shall be subject to review, and must be accompanied by a statement identifying the source of authorization and necessity for other types of accommodations.

14. **REVIEWS AND AUDITS:** The employer (or insurance carrier) has the right to conduct, or make arrangements for a bill audit of inpatient services to determine that such services were directly related to the compensable injury. The hospital should not make any additional charges on a given case under review during the course of the bill audit, unless it is for service which would not be covered under the Workers Compensation Act.

HOSPITAL/IN-PATIENT
GROUND RULES AND FEES

15. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with hospitals in their community 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.

16. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

17. **WORKERS COMPENSATION PEER GROUPS AS OF APRIL 10, 2009:**
Reimbursement for impatient and outpatient medical services provided by hospitals and surgical centers will be made at a variable rate based on the facility's Peer Group Classification.

Peer Group 1
Facilities in the following communities:
Derby
Kansas City
Lawrence
Leawood
Lenexa
Olathe
Overland Park
Prairie Village
Shawnee
Shawnee Mission
Topeka
Wichita

Peer Group 2
Facilities in the following communities:
Augusta
Coffeyville
Dodge City
El Dorado
Emporia
Fort Scott
Garden City
Great Bend
Halstead
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton
Ottawa
Paola

HOSPITAL/IN-PATIENT
GROUND RULES AND FEES

Parsons
Pittsburg
Pratt
Salina
Ulysses
Wellington
Including all out of state hospitals

Peer Group 3

Critical Access Hospitals are considered Peer Group 3 and shall be reimbursed at billed charges less 15.0%. All other hospitals are to be reimbursed at their billed charges, less 15.0%. This is to include the following state institutions:

Rainbow Mental Health Facility at Kansas City, Kansas
Larned State Hospital at Larned, Kansas
Osawatomie State Hospital at Osawatomie, Kansas
Parsons State Hospital & Training Center at Parsons, Kansas
Kansas Neurological Institute at Topeka, Kansas

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
1	23.67	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	$170,424.72	$165,690.70
2	12.816	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	$92,273.04	$89,709.90
3	18.369	ECMO OR TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH &	$132,259.68	$128,585.80
4	11.137	TRACH W MV 96+ HRS OR PDX EXC FACE, MOUTH & NECK W/	$80,183.52	$77,956.20
5	10.818	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	$77,889.60	$75,726.00
6	4.8839	LIVER TRANSPLANT W/O MCC	$35,164.08	$34,187.30
7	9.5998	LUNG TRANSPLANT	$69,118.56	$67,198.60
8	4.8811	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	$35,143.92	$34,167.70
9	6.6411	BONE MARROW TRANSPLANT	$47,815.92	$46,487.70
10	3.7246	PANCREAS TRANSPLANT	$26,817.12	$26,072.20
11	4.8834	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	$35,160.48	$34,183.80
12	3.0527	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	$21,979.44	$21,368.90
13	1.8966	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC	$13,655.52	$13,276.20
14	0	SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TIA	$0.00	$0.00
15	0	TRANSIENT ISCHEMIC ATTACK & PRECEREBRAL OCCLUSIONS	$0.00	$0.00
16	0	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	$0.00	$0.00
17	0	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	$0.00	$0.00
18	0	CRANIAL & PERIPHERAL NERVE DISORDERS W CC	$0.00	$0.00
19	0	CRANIAL & PERIPHERAL NERVE DISORDERS W/O CC	$0.00	$0.00
20	8.292	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W	$59,702.40	$58,044.00
21	6.3596	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W	$45,789.12	$44,517.20
22	4.1535	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W	$29,905.20	$29,074.50
23	5.0584	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC	$36,420.48	$35,408.80
24	3.4597	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O M	$24,909.84	$24,217.90
25	5.0109	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W	$36,078.48	$35,076.30
26	3.0058	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W	$21,641.76	$21,040.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
27	2.1029	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W	$15,140.88	$14,720.30
28	5.1919	SPINAL PROCEDURES W MCC	$37,381.68	$36,343.30
29	2.7943	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	$20,118.96	$19,560.10
30	1.5385	SPINAL PROCEDURES W/O CC/MCC	$11,077.20	$10,769.50
31	4.3861	VENTRICULAR SHUNT PROCEDURES W MCC	$31,579.92	$30,702.70
32	1.9518	VENTRICULAR SHUNT PROCEDURES W CC	$14,052.96	$13,662.60
33	1.3289	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	$9,568.08	$9,302.30
34	3.222	CAROTID ARTERY STENT PROCEDURE W MCC	$23,198.40	$22,554.00
35	2.0227	CAROTID ARTERY STENT PROCEDURE W CC	$14,563.44	$14,158.90
36	1.5673	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	$11,284.56	$10,971.10
37	3.0263	EXTRACRANIAL PROCEDURES W MCC	$21,789.36	$21,184.10
38	1.5525	EXTRACRANIAL PROCEDURES W CC	$11,178.00	$10,867.50
39	1.0005	EXTRACRANIAL PROCEDURES W/O CC/MCC	$7,203.60	$7,003.50
40	3.9645	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	$28,544.40	$27,751.50
41	2.1518	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR	$15,492.96	$15,062.60
42	1.6759	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/	$12,066.48	$11,731.30
43	0	HYPHEMA	$0.00	$0.00
44	0	ACUTE MAJOR EYE INFECTIONS	$0.00	$0.00
45	0	NEUROLOGICAL EYE DISORDERS	$0.00	$0.00
46	0	OTHER DISORDERS OF THE EYE AGE >17 W CC	$0.00	$0.00
47	0	OTHER DISORDERS OF THE EYE AGE >17 W/O CC	$0.00	$0.00
48	0	OTHER DISORDERS OF THE EYE AGE 0-17	$0.00	$0.00
49	0	MAJOR HEAD & NECK PROCEDURES	$0.00	$0.00
50	0	SIALOADENECTOMY	$0.00	$0.00
51	0	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	$0.00	$0.00
52	1.6216	SPINAL DISORDERS & INJURIES W CC/MCC	$11,675.52	$11,351.20
53	0.8669	SPINAL DISORDERS & INJURIES W/O CC/MCC	$6,241.68	$6,068.30
54	1.586	NERVOUS SYSTEM NEOPLASMS W MCC	$11,419.20	$11,102.00
55	1.0828	NERVOUS SYSTEM NEOPLASMS W/O MCC	$7,796.16	$7,579.60
56	1.6349	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	$11,771.28	$11,444.30
57	0.8802	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	$6,337.44	$6,161.40

MS-DRG	COST _WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
58	1.5706	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	$11,308.32	$10,994.20
59	0.9444	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	$6,799.68	$6,610.80
60	0.6994	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	$5,035.68	$4,895.80
61	2.8717	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W	$20,676.24	$20,101.90
62	1.9537	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W	$14,066.64	$13,675.90
63	1.5143	,ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W	$10,902.96	$10,600.10
64	1.845	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MC	$13,284.00	$12,915.00
65	1.176	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC	$8,467.20	$8,232.00
66	0.8439	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O	$6,076.08	$5,907.30
67	1.3873	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	$9,988.56	$9,711.10
68	0.8457	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT	$6,089.04	$5,919.90
69	0.7157	TRANSIENT ISCHEMIA	$5,153.04	$5,009.90
70	1.8246	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	$13,137.12	$12,772.20
71	1.1361	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	$8,179.92	$7,952.70
72	0.765	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	$5,508.00	$5,355.00
73	1.3082	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	$9,419.04	$9,157.40
74	0.8423	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	$6,064.56	$5,896.10
75	1.673	VIRAL MENINGITIS W CC/MCC	$12,045.60	$11,711.00
76	0.8595	VIRAL MENINGITIS W/O CC/MCC	$6,188.40	$6,016.50
77	1.6233	HYPERTENSIVE ENCEPHALOPATHY W MCC	$11,687.76	$11,363.10
78	1.0082	HYPERTENSIVE ENCEPHALOPATHY W CC	$7,259.04	$7,057.40
79	0.7398	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	$5,326.56	$5,178.60
80	1.1032	NONTRAUMATIC STUPOR & COMA W MCC	$7,943.04	$7,722.40
81	0.7104	NONTRAUMATIC STUPOR & COMA W/O MCC	$5,114.88	$4,972.80
82	2.0201	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	$14,544.72	$14,140.70
83	1.2993	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	$9,354.96	$9,095.10
84	0.8753	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	$6,302.16	$6,127.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
85	2.0908	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	$15,053.76	$14,635.60
86	1.2072	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	$8,691.84	$8,450.40
87	0.8011	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	$5,767.92	$5,607.70
88	1.5829	CONCUSSION W MCC	$11,396.88	$11,080.30
89	0.9186	CONCUSSION W CC	$6,613.92	$6,430.20
90	0.6751	CONCUSSION W/O CC/MCC	$4,860.72	$4,725.70
91	1.5747	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	$11,337.84	$11,022.90
92	0.9218	OTHER DISORDERS OF NERVOUS SYSTEM W CC	$6,636.96	$6,452.60
93	0.6777	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	$4,879.44	$4,743.90
94	3.3505	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTE	$24,123.60	$23,453.50
95	2.1935	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTE	$15,793.20	$15,354.50
96	1.8217	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTE	$13,116.24	$12,751.90
97	3.2073	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENIN	$23,092.56	$22,451.10
98	1.8504	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENIN	$13,322.88	$12,952.80
99	1.2593	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENIN	$9,066.96	$8,815.10
100	1.5069	SEIZURES W MCC	$10,849.68	$10,548.30
101	0.7617	SEIZURES W/O MCC	$5,484.24	$5,331.90
102	0.9584	HEADACHES W MCC	$6,900.48	$6,708.80
103	0.6239	HEADACHES W/O MCC	$4,492.08	$4,367.30
104	0	CARDIAC VALVE PROCEDURES W CARDIAC CATH	$0.00	$0.00
105	0	CARDIAC VALVE PROCEDURES W/O CARDIAC CATH	$0.00	$0.00
106	0	CORONARY BYPASS W CARDIAC CATH	$0.00	$0.00
107	0	CORONARY BYPASS W/O CARDIAC CATH	$0.00	$0.00
108	0	OTHER CARDIOTHORACIC PROCEDURES	$0.00	$0.00
109	0		$0.00	$0.00
110	0	MAJOR CARDIOVASCULAR PROCEDURES W CC	$0.00	$0.00
111	0	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	$0.00	$0.00
112	0	PERCUTANEOUS CARDIOVASCULAR PROCEDURES	$0.00	$0.00
113	1.5787	ORBITAL PROCEDURES W CC/MCC	$11,366.64	$11,050.90
114	0.8289	ORBITAL PROCEDURES W/O CC/MCC	$5,968.08	$5,802.30
115	1.0675	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	$7,686.00	$7,472.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
116	1.1346	INTRAOCULAR PROCEDURES W CC/MCC	$8,169.12	$7,942.20
117	0.6699	INTRAOCULAR PROCEDURES W/O CC/MCC	$4,823.28	$4,689.30
118	0	CARDIAC PACEMAKER DEVICE REPLACEMENT	$0.00	$0.00
119	0	VEIN LIGATION & STRIPPING	$0.00	$0.00
120	0	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	$0.00	$0.00
121	0.959	ACUTE MAJOR EYE INFECTIONS W CC/MCC	$6,904.80	$6,713.00
122	0.6148	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	$4,426.56	$4,303.60
123	0.6876	NEUROLOGICAL EYE DISORDERS	$4,950.72	$4,813.20
124	1.0642	OTHER DISORDERS OF THE EYE W MCC	$7,662.24	$7,449.40
125	0.6689	OTHER DISORDERS OF THE EYE W/O MCC	$4,816.08	$4,682.30
126	0	ACUTE & SUBACUTE ENDOCARDITIS	$0.00	$0.00
127	0	HEART FAILURE & SHOCK	$0.00	$0.00
128	0	DEEP VEIN THROMBOPHLEBITIS	$0.00	$0.00
129	2.0109	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVI	$14,478.48	$14,076.30
130	1.1513	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	$8,289.36	$8,059.10
131	1.9933	CRANIAL/FACIAL PROCEDURES W CC/MCC	$14,351.76	$13,953.10
132	1.0981	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	$7,906.32	$7,686.70
133	1.5552	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W C	$11,197.44	$10,886.40
134	0.8213	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O	$5,913.36	$5,749.10
135	1.6832	SINUS & MASTOID PROCEDURES W CC/MCC	$12,119.04	$11,782.40
136	0.8974	SINUS & MASTOID PROCEDURES W/O CC/MCC	$6,461.28	$6,281.80
137	1.2619	MOUTH PROCEDURES W CC/MCC	$9,085.68	$8,833.30
138	0.7366	MOUTH PROCEDURES W/O CC/MCC	$5,303.52	$5,156.20
139	0.8147	SALIVARY GLAND PROCEDURES	$5,865.84	$5,702.90
140	0	ANGINA PECTORIS	$0.00	$0.00
141	0	SYNCOPE & COLLAPSE W CC	$0.00	$0.00
142	0	SYNCOPE & COLLAPSE W/O CC	$0.00	$0.00
143	0	CHEST PAIN	$0.00	$0.00
144	0	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	$0.00	$0.00
145	0	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	$0.00	$0.00
146	2.0472	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	$14,739.84	$14,330.40
147	1.245	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	$8,964.00	$8,715.00
148	0.8206	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	$5,908.32	$5,744.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
149	0.6109	DYSEQUILIBRIUM	$4,398.48	$4,276.30
150	1.2254	EPISTAXIS W MCC	$8,822.88	$8,577.80
151	0.6034	EPISTAXIS W/O MCC	$4,344.48	$4,223.80
152	0.8994	OTITIS MEDIA & URI W MCC	$6,475.68	$6,295.80
153	0.5974	OTITIS MEDIA & URI W/O MCC	$4,301.28	$4,181.80
154	1.3776	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	$9,918.72	$9,643.20
155	0.8784	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	$6,324.48	$6,148.80
156	0.6312	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MC	$4,544.64	$4,418.40
157	1.4746	DENTAL & ORAL DISEASES W MCC	$10,617.12	$10,322.20
158	0.8615	DENTAL & ORAL DISEASES W CC	$6,202.80	$6,030.50
159	0.5966	DENTAL & ORAL DISEASES W/O CC/MCC	$4,295.52	$4,176.20
160	0	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL AGE >17	$0.00	$0.00
161	0	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W CC	$0.00	$0.00
162	0	INGUINAL & FEMORAL HERNIA PROCEDURES AGE >17 W/O CC	$0.00	$0.00
163	4.9978	MAJOR CHEST PROCEDURES W MCC	$35,984.16	$34,984.60
164	2.5953	MAJOR CHEST PROCEDURES W CC	$18,686.16	$18,167.10
165	1.8036	MAJOR CHEST PROCEDURES W/O CC/MCC	$12,985.92	$12,625.20
166	3.6912	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	$26,576.64	$25,838.40
167	2.0264	OTHER RESP SYSTEM O.R. PROCEDURES W CC	$14,590.08	$14,184.80
168	1.3433	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	$9,671.76	$9,403.10
169	0	MOUTH PROCEDURES W/O CC	$0.00	$0.00
170	0	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	$0.00	$0.00
171	0	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	$0.00	$0.00
172	0	DIGESTIVE MALIGNANCY W CC	$0.00	$0.00
173	0	DIGESTIVE MALIGNANCY W/O CC	$0.00	$0.00
174	0	G.I. HEMORRHAGE W CC	$0.00	$0.00
175	1.5796	PULMONARY EMBOLISM W MCC	$11,373.12	$11,057.20
176	1.0713	PULMONARY EMBOLISM W/O MCC	$7,713.36	$7,499.10
177	2.0393	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	$14,682.96	$14,275.10
178	1.4983	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	$10,787.76	$10,488.10
179	1.0419	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	$7,501.68	$7,293.30
180	1.695	RESPIRATORY NEOPLASMS W MCC	$12,204.00	$11,865.00
181	1.2316	RESPIRATORY NEOPLASMS W CC	$8,867.52	$8,621.20
182	0.8736	RESPIRATORY NEOPLASMS W/O CC/MCC	$6,289.92	$6,115.20
183	1.5346	MAJOR CHEST TRAUMA W MCC	$11,049.12	$10,742.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
184	0.9458	MAJOR CHEST TRAUMA W CC	$6,809.76	$6,620.60
185	0.6811	MAJOR CHEST TRAUMA W/O CC/MCC	$4,903.92	$4,767.70
186	1.6252	PLEURAL EFFUSION W MCC	$11,701.44	$11,376.40
187	1.0942	PLEURAL EFFUSION W CC	$7,878.24	$7,659.40
188	0.8133	PLEURAL EFFUSION W/O CC/MCC	$5,855.76	$5,693.10
189	1.3488	PULMONARY EDEMA & RESPIRATORY FAILURE	$9,711.36	$9,441.60
190	1.303	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	$9,381.60	$9,121.00
191	0.9757	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	$7,025.04	$6,829.90
192	0.7254	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	$5,222.88	$5,077.80
193	1.4327	SIMPLE PNEUMONIA & PLEURISY W MCC	$10,315.44	$10,028.90
194	1.0056	SIMPLE PNEUMONIA & PLEURISY W CC	$7,240.32	$7,039.20
195	0.7316	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	$5,267.52	$5,121.20
196	1.6022	INTERSTITIAL LUNG DISEASE W MCC	$11,535.84	$11,215.40
197	1.0992	INTERSTITIAL LUNG DISEASE W CC	$7,914.24	$7,694.40
198	0.8198	INTERSTITIAL LUNG DISEASE W/O CC/MCC	$5,902.56	$5,738.60
199	1.7401	PNEUMOTHORAX W MCC	$12,528.72	$12,180.70
200	1.0107	PNEUMOTHORAX W CC	$7,277.04	$7,074.90
201	0.7403	PNEUMOTHORAX W/O CC/MCC	$5,330.16	$5,182.10
202	0.8157	BRONCHITIS & ASTHMA W CC/MCC	$5,873.04	$5,709.90
203	0.5956	BRONCHITIS & ASTHMA W/O CC/MCC	$4,288.32	$4,169.20
204	0.6548	RESPIRATORY SIGNS & SYMPTOMS	$4,714.56	$4,583.60
205	1.2363	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	$8,901.36	$8,654.10
206	0.7289	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	$5,248.08	$5,102.30
207	5.1055	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 9	$36,759.60	$35,738.50
208	2.1801	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <	$15,696.72	$15,260.70
209	0	MAJOR JOINT & LIMB REATTACHMENT PROCEDURES OF LOWER	$0.00	$0.00
210	0	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W	$0.00	$0.00
211	0	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE >17 W	$0.00	$0.00
212	0	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	$0.00	$0.00
213	0	AMPUTATION FOR MUSCULOSKELETAL SYSTEM & CONN TISSUE	$0.00	$0.00
214	0	BACK & NECK PROCEDURES W CC	$0.00	$0.00
215	12.252	OTHER HEART ASSIST SYSTEM IMPLANT	$88,211.52	$85,761.20
216	10.094	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD	$72,678.96	$70,660.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
217	6.99	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD	$50,328.00	$48,930.00
218	5.4211	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD	$39,031.92	$37,947.70
219	8.0329	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CAR	$57,836.88	$56,230.30
220	5.2799	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CAR	$38,015.28	$36,959.30
221	4.3869	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CAR	$31,585.68	$30,708.30
222	8.6466	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	$62,255.52	$60,526.20
223	6.2865	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	$45,262.80	$44,005.50
224	7.9521	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHO	$57,255.12	$55,664.70
225	5.9006	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHO	$42,484.32	$41,304.20
226	6.7117	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MC	$48,324.24	$46,981.90
227	4.9961	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O	$35,971.92	$34,972.70
228	7.7863	OTHER CARDIOTHORACIC PROCEDURES W MCC	$56,061.36	$54,504.10
229	5.0213	OTHER CARDIOTHORACIC PROCEDURES W CC	$36,153.36	$35,149.10
230	4.0573	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	$29,212.56	$28,401.10
231	7.6438	CORONARY BYPASS W PTCA W MCC	$55,035.36	$53,506.60
232	5.5291	CORONARY BYPASS W PTCA W/O MCC	$39,809.52	$38,703.70
233	7.0144	CORONARY BYPASS W CARDIAC CATH W MCC	$50,503.68	$49,100.80
234	4.6075	CORONARY BYPASS W CARDIAC CATH W/O MCC	$33,174.00	$32,252.50
235	5.6712	CORONARY BYPASS W/O CARDIAC CATH W MCC	$40,832.64	$39,698.40
236	3.5945	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	$25,880.40	$25,161.50
237	5.0741	MAJOR CARDIOVASC PROCEDURES W MCC OR THORACIC AORTI	$36,533.52	$35,518.70
238	2.8874	MAJOR CARDIOVASC PROCEDURES W/O MCC	$20,789.28	$20,211.80
239	4.5044	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB &	$32,431.68	$31,530.80
240	2.6674	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB &	$19,205.28	$18,671.80
241	1.5722	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB &	$11,319.84	$11,005.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
242	3.7029	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	$26,660.88	$25,920.30
243	2.5887	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	$18,638.64	$18,120.90
244	2.0059	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	$14,442.48	$14,041.30
245	3.9842	AICD GENERATOR PROCEDURES	$28,686.24	$27,889.40
246	3.1468	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR	$22,656.96	$22,027.60
247	1.9127	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	$13,771.44	$13,388.90
248	2.8046	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC	$20,193.12	$19,632.20
249	1.6395	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O M	$11,804.40	$11,476.50
250	2.9915	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MC	$21,538.80	$20,940.50
251	1.6038	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O	$11,547.36	$11,226.60
252	2.955	OTHER VASCULAR PROCEDURES W MCC	$21,276.00	$20,685.00
253	2.2545	OTHER VASCULAR PROCEDURES W CC	$16,232.40	$15,781.50
254	1.5426	OTHER VASCULAR PROCEDURES W/O CC/MCC	$11,106.72	$10,798.20
255	2.411	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDE	$17,359.20	$16,877.00
256	1.592	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDE	$11,462.40	$11,144.00
257	1.0257	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDE	$7,385.04	$7,179.90
258	2.8325	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	$20,394.00	$19,827.50
259	1.6899	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	$12,167.28	$11,829.30
260	3.4101	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMEN	$24,552.72	$23,870.70
261	1.438	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMEN	$10,353.60	$10,066.00
262	1.0152	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMEN	$7,309.44	$7,106.40
263	1.5415	VEIN LIGATION & STRIPPING	$11,098.80	$10,790.50
264	2.5329	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	$18,236.88	$17,730.30
265	2.2095	AICD LEAD PROCEDURES	$15,908.40	$15,466.50
266	0	SKIN GRAFT &/OR DEBRID EXCEPT FOR SKIN ULCER OR CEL	$0.00	$0.00
267	0	PERIANAL & PILONIDAL PROCEDURES	$0.00	$0.00
268	0	SKIN, SUBCUTANEOUS TISSUE & BREAST PLASTIC PROCEDUR	$0.00	$0.00

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
269	0	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	$0.00	$0.00
270	0	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC	$0.00	$0.00
271	0	SKIN ULCERS	$0.00	$0.00
272	0	MAJOR SKIN DISORDERS W CC	$0.00	$0.00
273	0	MAJOR SKIN DISORDERS W/O CC	$0.00	$0.00
274	0	MALIGNANT BREAST DISORDERS W CC	$0.00	$0.00
275	0	MALIGNANT BREAST DISORDERS W/O CC	$0.00	$0.00
276	0	NON-MALIGANT BREAST DISORDERS	$0.00	$0.00
277	0	CELLULITIS AGE >17 W CC	$0.00	$0.00
278	0	CELLULITIS AGE >17 W/O CC	$0.00	$0.00
279	0	CELLULITIS AGE 0-17	$0.00	$0.00
280	1.9404	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	$13,970.88	$13,582.80
281	1.2213	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	$8,793.36	$8,549.10
282	0.8696	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O C	$6,261.12	$6,087.20
283	1.6925	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	$12,186.00	$11,847.50
284	0.9111	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	$6,559.92	$6,377.70
285	0.6053	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	$4,358.16	$4,237.10
286	1.9769	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	$14,233.68	$13,838.30
287	1.0252	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O M	$7,381.44	$7,176.40
288	3.0839	ACUTE & SUBACUTE ENDOCARDITIS W MCC	$22,204.08	$21,587.30
289	1.9588	ACUTE & SUBACUTE ENDOCARDITIS W CC	$14,103.36	$13,711.60
290	1.4465	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	$10,414.80	$10,125.50
291	1.4601	HEART FAILURE & SHOCK W MCC	$10,512.72	$10,220.70
292	1.0069	HEART FAILURE & SHOCK W CC	$7,249.68	$7,048.30
293	0.722	HEART FAILURE & SHOCK W/O CC/MCC	$5,198.40	$5,054.00
294	0.9595	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	$6,908.40	$6,716.50
295	0.6408	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	$4,613.76	$4,485.60
296	1.1947	CARDIAC ARREST, UNEXPLAINED W MCC	$8,601.84	$8,362.90
297	0.6476	CARDIAC ARREST, UNEXPLAINED W CC	$4,662.72	$4,533.20
298	0.4447	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	$3,201.84	$3,112.90
299	1.437	PERIPHERAL VASCULAR DISORDERS W MCC	$10,346.40	$10,059.00
300	0.9286	PERIPHERAL VASCULAR DISORDERS W CC	$6,685.92	$6,500.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
301	0.6606	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	$4,756.32	$4,624.20
302	1.0294	ATHEROSCLEROSIS W MCC	$7,411.68	$7,205.80
303	0.5668	ATHEROSCLEROSIS W/O MCC	$4,080.96	$3,967.60
304	1.0865	HYPERTENSION W MCC	$7,822.80	$7,605.50
305	0.5918	HYPERTENSION W/O MCC	$4,260.96	$4,142.60
306	1.5703	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	$11,306.16	$10,992.10
307	0.7502	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	$5,401.44	$5,251.40
308	1.2992	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	$9,354.24	$9,094.40
309	0.8336	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	$6,001.92	$5,835.20
310	0.5843	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MC	$4,206.96	$4,090.10
311	0.4972	ANGINA PECTORIS	$3,579.84	$3,480.40
312	0.7097	SYNCOPE & COLLAPSE	$5,109.84	$4,967.90
313	0.5314	CHEST PAIN	$3,826.08	$3,719.80
314	1.7552	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	$12,637.44	$12,286.40
315	0.9936	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	$7,153.92	$6,955.20
316	0.6528	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	$4,700.16	$4,569.60
317	0	ADMIT FOR RENAL DIALYSIS	$0.00	$0.00
318	0	KIDNEY & URINARY TRACT NEOPLASMS W CC	$0.00	$0.00
319	0	KIDNEY & URINARY TRACT NEOPLASMS W/O CC	$0.00	$0.00
320	0	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W CC	$0.00	$0.00
321	0	KIDNEY & URINARY TRACT INFECTIONS AGE >17 W/O CC	$0.00	$0.00
322	0	KIDNEY & URINARY TRACT INFECTIONS AGE 0-17	$0.00	$0.00
323	0	URINARY STONES W CC, &/OR ESW LITHOTRIPSY	$0.00	$0.00
324	0	URINARY STONES W/O CC	$0.00	$0.00
325	0	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS AGE >17 W C	$0.00	$0.00
326	5.7896	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	$41,685.12	$40,527.20
327	2.8363	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	$20,421.36	$19,854.10
328	1.453	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	$10,461.60	$10,171.00
329	5.1666	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	$37,199.52	$36,166.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
330	2.5589	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	$18,424.08	$17,912.30
331	1.6224	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	$11,681.28	$11,356.80
332	4.5243	RECTAL RESECTION W MCC	$32,574.96	$31,670.10
333	2.4452	RECTAL RESECTION W CC	$17,605.44	$17,116.40
334	1.6221	RECTAL RESECTION W/O CC/MCC	$11,679.12	$11,354.70
335	4.0868	PERITONEAL ADHESIOLYSIS W MCC	$29,424.96	$28,607.60
336	2.2369	PERITONEAL ADHESIOLYSIS W CC	$16,105.68	$15,658.30
337	1.4517	PERITONEAL ADHESIOLYSIS W/O CC/MCC	$10,452.24	$10,161.90
338	3.176	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	$22,867.20	$22,232.00
339	1.8564	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	$13,366.08	$12,994.80
340	1.2259	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MC	$8,826.48	$8,581.30
341	2.1598	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	$15,550.56	$15,118.60
342	1.3098	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	$9,430.56	$9,168.60
343	0.9042	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/	$6,510.24	$6,329.40
344	3.0672	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	$22,083.84	$21,470.40
345	1.6346	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	$11,769.12	$11,442.20
346	1.1881	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	$8,554.32	$8,316.70
347	2.2047	ANAL & STOMAL PROCEDURES W MCC	$15,873.84	$15,432.90
348	1.2883	ANAL & STOMAL PROCEDURES W CC	$9,275.76	$9,018.10
349	0.7679	ANAL & STOMAL PROCEDURES W/O CC/MCC	$5,528.88	$5,375.30
350	2.2608	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	$16,277.76	$15,825.60
351	1.2597	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	$9,069.84	$8,817.90
352	0.8117	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	$5,844.24	$5,681.90
353	2.4859	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	$17,898.48	$17,401.30
354	1.402	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	$10,094.40	$9,814.00
355	0.9648	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/	$6,946.56	$6,753.60
356	3.8569	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	$27,769.68	$26,998.30
357	2.1709	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	$15,630.48	$15,196.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
358	1.3474	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	$9,701.28	$9,431.80
359	0	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC	$0.00	$0.00
360	0	VAGINA, CERVIX & VULVA PROCEDURES	$0.00	$0.00
361	0	LAPAROSCOPY & INCISIONAL TUBAL INTERRUPTION	$0.00	$0.00
362	0	ENDOSCOPIC TUBAL INTERRUPTION	$0.00	$0.00
363	0	D&C, CONIZATION & RADIO-IMPLANT, FOR MALIGNANCY	$0.00	$0.00
364	0	D&C, CONIZATION EXCEPT FOR MALIGNANCY	$0.00	$0.00
365	0	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	$0.00	$0.00
366	0	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	$0.00	$0.00
367	0	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	$0.00	$0.00
368	1.6289	MAJOR ESOPHAGEAL DISORDERS W MCC	$11,728.08	$11,402.30
369	1.0715	MAJOR ESOPHAGEAL DISORDERS W CC	$7,714.80	$7,500.50
370	0.7819	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	$5,629.68	$5,473.30
371	1.9136	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFEC	$13,777.92	$13,395.20
372	1.3072	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFEC	$9,411.84	$9,150.40
373	0.8684	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFEC	$6,252.48	$6,078.80
374	1.9075	DIGESTIVE MALIGNANCY W MCC	$13,734.00	$13,352.50
375	1.2543	DIGESTIVE MALIGNANCY W CC	$9,030.96	$8,780.10
376	0.882	DIGESTIVE MALIGNANCY W/O CC/MCC	$6,350.40	$6,174.00
377	1.6073	G.I. HEMORRHAGE W MCC	$11,572.56	$11,251.10
378	1.0043	G.I. HEMORRHAGE W CC	$7,230.96	$7,030.10
379	0.7565	G.I. HEMORRHAGE W/O CC/MCC	$5,446.80	$5,295.50
380	1.8006	COMPLICATED PEPTIC ULCER W MCC	$12,964.32	$12,604.20
381	1.1137	COMPLICATED PEPTIC ULCER W CC	$8,018.64	$7,795.90
382	0.8218	COMPLICATED PEPTIC ULCER W/O CC/MCC	$5,916.96	$5,752.60
383	1.1744	UNCOMPLICATED PEPTIC ULCER W MCC	$8,455.68	$8,220.80
384	0.7838	UNCOMPLICATED PEPTIC ULCER W/O MCC	$5,643.36	$5,486.60
385	1.8568	INFLAMMATORY BOWEL DISEASE W MCC	$13,368.96	$12,997.60
386	1.0616	INFLAMMATORY BOWEL DISEASE W CC	$7,643.52	$7,431.20
387	0.7786	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	$5,605.92	$5,450.20
388	1.5408	G.I. OBSTRUCTION W MCC	$11,093.76	$10,785.60
389	0.9265	G.I. OBSTRUCTION W CC	$6,670.80	$6,485.50
390	0.6351	G.I. OBSTRUCTION W/O CC/MCC	$4,572.72	$4,445.70
391	1.0856	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MC	$7,816.32	$7,599.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
392	0.6703	MDC 06M,ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O	$4,826.16	$4,692.10
393	1.5409	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	$11,094.48	$10,786.30
394	0.9519	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	$6,853.68	$6,663.30
395	0.6765	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	$4,870.80	$4,735.50
396	0	RED BLOOD CELL DISORDERS AGE 0-17	$0.00	$0.00
397	0	COAGULATION DISORDERS	$0.00	$0.00
398	0	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	$0.00	$0.00
399	0	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC	$0.00	$0.00
400	0	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE	$0.00	$0.00
401	0	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W C	$0.00	$0.00
402	0	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O	$0.00	$0.00
403	0	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	$0.00	$0.00
404	0	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC	$0.00	$0.00
405	5.6405	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	$40,611.60	$39,483.50
406	2.7858	,PANCREAS, LIVER & SHUNT PROCEDURES W CC	$20,057.76	$19,500.60
407	1.8388	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	$13,239.36	$12,871.60
408	4.2585	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C	$30,661.20	$29,809.50
409	2.5649	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C	$18,467.28	$17,954.30
410	1.6467	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C	$11,856.24	$11,526.90
411	3.7496	CHOLECYSTECTOMY W C.D.E. W MCC	$26,997.12	$26,247.20
412	2.3641	CHOLECYSTECTOMY W C.D.E. W CC	$17,021.52	$16,548.70
413	1.6877	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	$12,151.44	$11,813.90
414	3.5699	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W	$25,703.28	$24,989.30
415	2.0338	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W	$14,643.36	$14,236.60
416	1.3289	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/	$9,568.08	$9,302.30
417	2.4765	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	$17,830.80	$17,335.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
418	1.6507	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	$11,885.04	$11,554.90
419	1.1264	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	$8,110.08	$7,884.80
420	4.1087	HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	$29,582.64	$28,760.90
421	1.8959	HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	$13,650.48	$13,271.30
422	1.2284	HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	$8,844.48	$8,598.80
423	4.5812	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W M	$32,984.64	$32,068.40
424	2.5188	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W C	$18,135.36	$17,631.60
425	1.3752	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O	$9,901.44	$9,626.40
426	0	DEPRESSIVE NEUROSES	$0.00	$0.00
427	0	NEUROSES EXCEPT DEPRESSIVE	$0.00	$0.00
428	0	DISORDERS OF PERSONALITY & IMPULSE CONTROL	$0.00	$0.00
429	0	ORGANIC DISTURBANCES & MENTAL RETARDATION	$0.00	$0.00
430	0	PSYCHOSES	$0.00	$0.00
431	0	CHILDHOOD MENTAL DISORDERS	$0.00	$0.00
432	1.679	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	$12,088.80	$11,753.00
433	0.9394	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	$6,763.68	$6,575.80
434	0.655	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	$4,716.00	$4,585.00
435	1.7205	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MC	$12,387.60	$12,043.50
436	1.1921	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	$8,583.12	$8,344.70
437	0.9531	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O	$6,862.32	$6,671.70
438	1.7013	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	$12,249.36	$11,909.10
439	1.0241	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	$7,373.52	$7,168.70
440	0.6977	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	$5,023.44	$4,883.90
441	1.6639	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	$11,980.08	$11,647.30
442	0.983	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	$7,077.60	$6,881.00
443	0.6982	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O C	$5,027.04	$4,887.40
444	1.5583	DISORDERS OF THE BILIARY TRACT W MCC	$11,219.76	$10,908.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
445	1.0389	DISORDERS OF THE BILIARY TRACT W CC	$7,480.08	$7,272.30
446	0.7231	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	$5,206.32	$5,061.70
447	0	ALLERGIC REACTIONS AGE >17	$0.00	$0.00
448	0	ALLERGIC REACTIONS AGE 0-17	$0.00	$0.00
449	0	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC	$0.00	$0.00
450	0	POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W/O CC	$0.00	$0.00
451	0	POISONING & TOXIC EFFECTS OF DRUGS AGE 0-17	$0.00	$0.00
452	0	COMPLICATIONS OF TREATMENT W CC	$0.00	$0.00
453	9.8253	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	$70,742.16	$68,777.10
454	6.9914	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	$50,338.08	$48,939.80
455	5.1476	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MC	$37,062.72	$36,033.20
456	8.491	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+	$61,135.20	$59,437.00
457	5.6459	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+	$40,650.48	$39,521.30
458	4.6762	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR 9+	$33,668.64	$32,733.40
459	5.9587	SPINAL FUSION EXCEPT CERVICAL W MCC	$42,902.64	$41,710.90
460	3.5607	SPINAL FUSION EXCEPT CERVICAL W/O MCC	$25,637.04	$24,924.90
461	4.5419	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EX	$32,701.68	$31,793.30
462	3.1438	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EX	$22,635.36	$22,006.60
463	4.6947	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TI	$33,801.84	$32,862.90
464	2.6167	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TI	$18,840.24	$18,316.90
465	1.4966	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TI	$10,775.52	$10,476.20
466	4.5431	REVISION OF HIP OR KNEE REPLACEMENT W MCC	$32,710.32	$31,801.70
467	3.063	REVISION OF HIP OR KNEE REPLACEMENT W CC	$22,053.60	$21,441.00
468	2.45	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	$17,640.00	$17,150.00
469	3.2901	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EX	$23,688.72	$23,030.70
470	2.0077	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EX	$14,455.44	$14,053.90
471	4.4122	CERVICAL SPINAL FUSION W MCC	$31,767.84	$30,885.40
472	2.6084	CERVICAL SPINAL FUSION W CC	$18,780.48	$18,258.80

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
473	1.914	CERVICAL SPINAL FUSION W/O CC/MCC	$13,780.80	$13,398.00
474	3.4491	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DI	$24,833.52	$24,143.70
475	1.9787	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DI	$14,246.64	$13,850.90
476	1.0999	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DI	$7,919.28	$7,699.30
477	3.2781	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TIS	$23,602.32	$22,946.70
478	2.1226	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TIS	$15,282.72	$14,858.20
479	1.4742	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TIS	$10,614.24	$10,319.40
480	2.8998	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	$20,878.56	$20,298.60
481	1.8175	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	$13,086.00	$12,722.50
482	1.4949	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MC	$10,763.28	$10,464.30
483	2.2508	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTRE	$16,205.76	$15,755.60
484	1.7443	MAJOR JOINT & LIMB REATTACHMENT PROC OF UPPER EXTRE	$12,558.96	$12,210.10
485	3.2959	KNEE PROCEDURES W PDX OF INFECTION W MCC	$23,730.48	$23,071.30
486	2.1592	KNEE PROCEDURES W PDX OF INFECTION W CC	$15,546.24	$15,114.40
487	1.5538	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	$11,187.36	$10,876.60
488	1.6805	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	$12,099.60	$11,763.50
489	1.1601	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	$8,352.72	$8,120.70
490	1.7202	BACK & NECK PROC EXC SPINAL FUSION W CC/MCC OR DISC	$12,385.44	$12,041.40
491	0.9383	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	$6,755.76	$6,568.10
492	2.7639	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W M	$19,900.08	$19,347.30
493	1.762	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W C	$12,686.40	$12,334.00
494	1.2353	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O	$8,894.16	$8,647.10
495	3.1741	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP &	$22,853.52	$22,218.70
496	1.7722	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP &	$12,759.84	$12,405.40
497	1.1249	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP &	$8,099.28	$7,874.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
498	2.0238	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & F	$14,571.36	$14,166.60
499	0.909	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & F	$6,544.80	$6,363.00
500	2.8415	SOFT TISSUE PROCEDURES W MCC	$20,458.80	$19,890.50
501	1.47	SOFT TISSUE PROCEDURES W CC	$10,584.00	$10,290.00
502	0.9573	SOFT TISSUE PROCEDURES W/O CC/MCC	$6,892.56	$6,701.10
503	2.3047	FOOT PROCEDURES W MCC	$16,593.84	$16,132.90
504	1.4696	FOOT PROCEDURES W CC	$10,581.12	$10,287.20
505	0.986	FOOT PROCEDURES W/O CC/MCC	$7,099.20	$6,902.00
506	1.0237	MAJOR THUMB OR JOINT PROCEDURES	$7,370.64	$7,165.90
507	1.7166	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	$12,359.52	$12,016.20
508	1.1143	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	$8,022.96	$7,800.10
509	1.1718	ARTHROSCOPY	$8,436.96	$8,202.60
510	1.9947	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC	$14,361.84	$13,962.90
511	1.3392	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC	$9,642.24	$9,374.40
512	0.9509	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC	$6,846.48	$6,656.30
513	1.2932	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PRO	$9,311.04	$9,052.40
514	0.806	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PRO	$5,803.20	$5,642.00
515	3.0669	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	$22,081.68	$21,468.30
516	1.8083	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	$13,019.76	$12,658.10
517	1.3293	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O C	$9,570.96	$9,305.10
518	0		$0.00	$0.00
519	0		$0.00	$0.00
520	0		$0.00	$0.00
521	0		$0.00	$0.00
522	0		$0.00	$0.00
523	0		$0.00	$0.00
524	0		$0.00	$0.00
525	0		$0.00	$0.00
526	0		$0.00	$0.00
527	0		$0.00	$0.00
528	0		$0.00	$0.00
529	0		$0.00	$0.00
530	0		$0.00	$0.00
531	0		$0.00	$0.00
532	0		$0.00	$0.00
533	1.4243	FRACTURES OF FEMUR W MCC	$10,254.96	$9,970.10
534	0.7339	FRACTURES OF FEMUR W/O MCC	$5,284.08	$5,137.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
535	1.3409	FRACTURES OF HIP & PELVIS W MCC	$9,654.48	$9,386.30
536	0.6963	FRACTURES OF HIP & PELVIS W/O MCC	$5,013.36	$4,874.10
537	0.8924	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & T	$6,425.28	$6,246.80
538	0.5808	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & T	$4,181.76	$4,065.60
539	2.0287	OSTEOMYELITIS W MCC	$14,606.64	$14,200.90
540	1.3481	OSTEOMYELITIS W CC	$9,706.32	$9,436.70
541	0.9265	OSTEOMYELITIS W/O CC/MCC	$6,670.80	$6,485.50
542	1.9045	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS	$13,712.40	$13,331.50
543	1.1302	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS	$8,137.44	$7,911.40
544	0.7698	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS	$5,542.56	$5,388.60
545	2.3499	CONNECTIVE TISSUE DISORDERS W MCC	$16,919.28	$16,449.30
546	1.0969	CONNECTIVE TISSUE DISORDERS W CC	$7,897.68	$7,678.30
547	0.7231	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	$5,206.32	$5,061.70
548	1.8769	SEPTIC ARTHRITIS W MCC	$13,513.68	$13,138.30
549	1.1618	SEPTIC ARTHRITIS W CC	$8,364.96	$8,132.60
550	0.8073	SEPTIC ARTHRITIS W/O CC/MCC	$5,812.56	$5,651.10
551	1.5323	MEDICAL BACK PROBLEMS W MCC	$11,032.56	$10,726.10
552	0.7657	MEDICAL BACK PROBLEMS W/O MCC	$5,513.04	$5,359.90
553	1.1068	BONE DISEASES & ARTHROPATHIES W MCC	$7,968.96	$7,747.60
554	0.6352	BONE DISEASES & ARTHROPATHIES W/O MCC	$4,573.44	$4,446.40
555	1.0074	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN T	$7,253.28	$7,051.80
556	0.5767	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN T	$4,152.24	$4,036.90
557	1.4295	TENDONITIS, MYOSITIS & BURSITIS W MCC	$10,292.40	$10,006.50
558	0.8036	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	$5,785.92	$5,625.20
559	1.7054	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISS	$12,278.88	$11,937.80
560	0.9555	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISS	$6,879.60	$6,688.50
561	0.5805	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISS	$4,179.60	$4,063.50
562	1.3961	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & T	$10,051.92	$9,772.70
563	0.6783	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & T	$4,883.76	$4,748.10
564	1.4111	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGN	$10,159.92	$9,877.70
565	0.8882	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGN	$6,395.04	$6,217.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
566	0.6694	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGN	$4,819.68	$4,685.80
567	0		$0.00	$0.00
568	0		$0.00	$0.00
569	0		$0.00	$0.00
570	0		$0.00	$0.00
571	0		$0.00	$0.00
572	0		$0.00	$0.00
573	3.1932	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS	$22,991.04	$22,352.40
574	1.9517	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS	$14,052.24	$13,661.90
575	1.1216	SKIN GRAFT &/OR DEBRID FOR SKN ULCER OR CELLULITIS	$8,075.52	$7,851.20
576	3.4384	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLUL	$24,756.48	$24,068.80
577	1.5775	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLUL	$11,358.00	$11,042.50
578	0.9782	SKIN GRAFT &/OR DEBRID EXC FOR SKIN ULCER OR CELLUL	$7,043.04	$6,847.40
579	2.7946	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	$20,121.12	$19,562.20
580	1.411	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	$10,159.20	$9,877.00
581	0.8595	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	$6,188.40	$6,016.50
582	0.9649	MASTECTOMY FOR MALIGNANCY W CC/MCC	$6,947.28	$6,754.30
583	0.748	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	$5,385.60	$5,236.00
584	1.4329	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCED	$10,316.88	$10,030.30
585	0.8036	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCED	$5,785.92	$5,625.20
586	0		$0.00	$0.00
587	0		$0.00	$0.00
588	0		$0.00	$0.00
589	0		$0.00	$0.00
590	0		$0.00	$0.00
591	0		$0.00	$0.00
592	1.7515	SKIN ULCERS W MCC	$12,610.80	$12,260.50
593	1.108	SKIN ULCERS W CC	$7,977.60	$7,756.00
594	0.791	SKIN ULCERS W/O CC/MCC	$5,695.20	$5,537.00
595	1.8206	MAJOR SKIN DISORDERS W MCC	$13,108.32	$12,744.20
596	0.8225	MAJOR SKIN DISORDERS W/O MCC	$5,922.00	$5,757.50
597	1.6061	MALIGNANT BREAST DISORDERS W MCC	$11,563.92	$11,242.70
598	1.0808	MALIGNANT BREAST DISORDERS W CC	$7,781.76	$7,565.60
599	0.731	MALIGNANT BREAST DISORDERS W/O CC/MCC	$5,263.20	$5,117.00

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
600	0.9485	NON-MALIGNANT BREAST DISORDERS W CC/MCC	$6,829.20	$6,639.50
601	0.6586	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	$4,741.92	$4,610.20
602	1.4033	CELLULITIS W MCC	$10,103.76	$9,823.10
603	0.8027	CELLULITIS W/O MCC	$5,779.44	$5,618.90
604	1.1915	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	$8,578.80	$8,340.50
605	0.6769	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	$4,873.68	$4,738.30
606	1.2458	MINOR SKIN DISORDERS W MCC	$8,969.76	$8,720.60
607	0.6462	MINOR SKIN DISORDERS W/O MCC	$4,652.64	$4,523.40
608	0		$0.00	$0.00
609	0		$0.00	$0.00
610	0		$0.00	$0.00
611	0		$0.00	$0.00
612	0		$0.00	$0.00
613	0		$0.00	$0.00
614	2.4984	ADRENAL & PITUITARY PROCEDURES W CC/MCC	$17,988.48	$17,488.80
615	1.3722	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	$9,879.84	$9,605.40
616	4.7068	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABO	$33,888.96	$32,947.60
617	2.1033	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABO	$15,143.76	$14,723.10
618	1.3333	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABO	$9,599.76	$9,333.10
619	3.3049	O.R. PROCEDURES FOR OBESITY W MCC	$23,795.28	$23,134.30
620	1.8641	O.R. PROCEDURES FOR OBESITY W CC	$13,421.52	$13,048.70
621	1.4191	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	$10,217.52	$9,933.70
622	3.1728	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & META	$22,844.16	$22,209.60
623	1.8878	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & META	$13,592.16	$13,214.60
624	1.0946	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & META	$7,881.12	$7,662.20
625	2.1244	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MC	$15,295.68	$14,870.80
626	1.1332	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	$8,159.04	$7,932.40
627	0.7344	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O	$5,287.68	$5,140.80
628	3.267	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	$23,522.40	$22,869.00
629	2.2873	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	$16,468.56	$16,011.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
630	1.5075	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MC	$10,854.00	$10,552.50
631	0		$0.00	$0.00
632	0		$0.00	$0.00
633	0		$0.00	$0.00
634	0		$0.00	$0.00
635	0		$0.00	$0.00
636	0		$0.00	$0.00
637	1.3596	DIABETES W MCC	$9,789.12	$9,517.20
638	0.8164	DIABETES W CC	$5,878.08	$5,714.80
639	0.5598	DIABETES W/O CC/MCC	$4,030.56	$3,918.60
640	1.1138	MDC 10M,NUTRITIONAL & MISC METABOLIC DISORDERS W MCC	$8,019.36	$7,796.60
641	0.682	NUTRITIONAL & MISC METABOLIC DISORDERS W/O MCC	$4,910.40	$4,774.00
642	1.0168	INBORN ERRORS OF METABOLISM	$7,320.96	$7,117.60
643	1.6464	ENDOCRINE DISORDERS W MCC	$11,854.08	$11,524.80
644	1.046	ENDOCRINE DISORDERS W CC	$7,531.20	$7,322.00
645	0.7188	ENDOCRINE DISORDERS W/O CC/MCC	$5,175.36	$5,031.60
646	0		$0.00	$0.00
647	0		$0.00	$0.00
648	0		$0.00	$0.00
649	0		$0.00	$0.00
650	0		$0.00	$0.00
651	0		$0.00	$0.00
652	2.9556	KIDNEY TRANSPLANT	$21,280.32	$20,689.20
653	5.8152	MAJOR BLADDER PROCEDURES W MCC	$41,869.44	$40,706.40
654	2.9415	MAJOR BLADDER PROCEDURES W CC	$21,178.80	$20,590.50
655	2.0247	MAJOR BLADDER PROCEDURES W/O CC/MCC	$14,577.84	$14,172.90
656	3.2782	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	$23,603.04	$22,947.40
657	1.8626	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	$13,410.72	$13,038.20
658	1.3765	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	$9,910.80	$9,635.50
659	3.3351	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	$24,012.72	$23,345.70
660	1.8919	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	$13,621.68	$13,243.30
661	1.2563	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/	$9,045.36	$8,794.10
662	2.7108	MINOR BLADDER PROCEDURES W MCC	$19,517.76	$18,975.60
663	1.4429	MINOR BLADDER PROCEDURES W CC	$10,388.88	$10,100.30
664	0.9922	MINOR BLADDER PROCEDURES W/O CC/MCC	$7,143.84	$6,945.40
665	2.5582	PROSTATECTOMY W MCC	$18,419.04	$17,907.40
666	1.5536	PROSTATECTOMY W CC	$11,185.92	$10,875.20
667	0.8236	PROSTATECTOMY W/O CC/MCC	$5,929.92	$5,765.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
668	2.2389	TRANSURETHRAL PROCEDURES W MCC	$16,120.08	$15,672.30
669	1.2031	TRANSURETHRAL PROCEDURES W CC	$8,662.32	$8,421.70
670	0.7683	TRANSURETHRAL PROCEDURES W/O CC/MCC	$5,531.76	$5,378.10
671	1.4223	URETHRAL PROCEDURES W CC/MCC	$10,240.56	$9,956.10
672	0.7944	URETHRAL PROCEDURES W/O CC/MCC	$5,719.68	$5,560.80
673	2.7704	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	$19,946.88	$19,392.80
674	2.1587	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	$15,542.64	$15,110.90
675	1.3091	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	$9,425.52	$9,163.70
676	0		$0.00	$0.00
677	0		$0.00	$0.00
678	0		$0.00	$0.00
679	0		$0.00	$0.00
680	0		$0.00	$0.00
681	0		$0.00	$0.00
682	1.6413	RENAL FAILURE W MCC	$11,817.36	$11,489.10
683	1.1304	RENAL FAILURE W CC	$8,138.88	$7,912.80
684	0.7305	RENAL FAILURE W/O CC/MCC	$5,259.60	$5,113.50
685	0.8578	ADMIT FOR RENAL DIALYSIS	$6,176.16	$6,004.60
686	1.6234	KIDNEY & URINARY TRACT NEOPLASMS W MCC	$11,688.48	$11,363.80
687	1.0748	KIDNEY & URINARY TRACT NEOPLASMS W CC	$7,738.56	$7,523.60
688	0.6822	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	$4,911.84	$4,775.40
689	1.2301	KIDNEY & URINARY TRACT INFECTIONS W MCC	$8,856.72	$8,610.70
690	0.7581	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	$5,458.32	$5,306.70
691	1.4534	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	$10,464.48	$10,173.80
692	1.1563	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	$8,325.36	$8,094.10
693	1.1939	URINARY STONES W/O ESW LITHOTRIPSY W MCC	$8,596.08	$8,357.30
694	0.6565	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	$4,726.80	$4,595.50
695	1.1711	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	$8,431.92	$8,197.70
696	0.6322	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	$4,551.84	$4,425.40
697	0.6931	URETHRAL STRICTURE	$4,990.32	$4,851.70
698	1.4718	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	$10,596.96	$10,302.60
699	0.9725	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	$7,002.00	$6,807.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
700	0.6828	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	$4,916.16	$4,779.60
701	0		$0.00	$0.00
702	0		$0.00	$0.00
703	0		$0.00	$0.00
704	0		$0.00	$0.00
705	0		$0.00	$0.00
706	0		$0.00	$0.00
707	1.6199	MAJOR MALE PELVIC PROCEDURES W CC/MCC	$11,663.28	$11,339.30
708	1.1778	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	$8,480.16	$8,244.60
709	1.8864	PENIS PROCEDURES W CC/MCC	$13,582.08	$13,204.80
710	1.2521	PENIS PROCEDURES W/O CC/MCC	$9,015.12	$8,764.70
711	2.0238	TESTES PROCEDURES W CC/MCC	$14,571.36	$14,166.60
712	0.8064	TESTES PROCEDURES W/O CC/MCC	$5,806.08	$5,644.80
713	1.1183	TRANSURETHRAL PROSTATECTOMY W CC/MCC	$8,051.76	$7,828.10
714	0.6325	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	$4,554.00	$4,427.50
715	1.7072	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGN	$12,291.84	$11,950.40
716	0.9636	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGN	$6,937.92	$6,745.20
717	1.8087	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGN	$13,022.64	$12,660.90
718	0.7809	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGN	$5,622.48	$5,466.30
719	0		$0.00	$0.00
720	0		$0.00	$0.00
721	0		$0.00	$0.00
722	1.5686	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	$11,293.92	$10,980.20
723	0.9922	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	$7,143.84	$6,945.40
724	0.5971	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	$4,299.12	$4,179.70
725	1.0492	BENIGN PROSTATIC HYPERTROPHY W MCC	$7,554.24	$7,344.40
726	0.6696	BENIGN PROSTATIC HYPERTROPHY W/O MCC	$4,821.12	$4,687.20
727	1.2897	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	$9,285.84	$9,027.90
728	0.6944	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MC	$4,999.68	$4,860.80
729	1.0995	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	$7,916.40	$7,696.50
730	0.5968	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	$4,296.96	$4,177.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
731	0		$0.00	$0.00
732	0		$0.00	$0.00
733	0		$0.00	$0.00
734	2.3472	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECT	$16,899.84	$16,430.40
735	1.1273	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECT	$8,116.56	$7,891.10
736	4.1783	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGN	$30,083.76	$29,248.10
737	1.9568	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGN	$14,088.96	$13,697.60
738	1.1572	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGN	$8,331.84	$8,100.40
739	3.0048	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W	$21,634.56	$21,033.60
740	1.4641	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W	$10,541.52	$10,248.70
741	0.9983	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W	$7,187.76	$6,988.10
742	1.3429	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	$9,668.88	$9,400.30
743	0.8437	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	$6,074.64	$5,905.90
744	1.3923	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W	$10,024.56	$9,746.10
745	0.7448	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W	$5,362.56	$5,213.60
746	1.2643	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	$9,102.96	$8,850.10
747	0.837	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	$6,026.40	$5,859.00
748	0.8162	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURE	$5,876.64	$5,713.40
749	2.4834	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W	$17,880.48	$17,383.80
750	0.9614	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/	$6,922.08	$6,729.80
751	0		$0.00	$0.00
752	0		$0.00	$0.00
753	0		$0.00	$0.00
754	1.7546	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	$12,633.12	$12,282.20
755	1.078	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	$7,761.60	$7,546.00
756	0.6337	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	$4,562.64	$4,435.90
757	1.5803	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	$11,378.16	$11,062.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
758	1.064	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	$7,660.80	$7,448.00
759	0.7664	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	$5,518.08	$5,364.80
760	0.7934	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORD	$5,712.48	$5,553.80
761	0.5024	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORD	$3,617.28	$3,516.80
762	0		$0.00	$0.00
763	0		$0.00	$0.00
764	0		$0.00	$0.00
765	1.0536	CESAREAN SECTION W CC/MCC	$7,585.92	$7,375.20
766	0.7427	CESAREAN SECTION W/O CC/MCC	$5,347.44	$5,198.90
767	0.9523	VAGINAL DELIVERY W STERILIZATION &/OR D&C	$6,856.56	$6,666.10
768	1.7319	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	$12,469.68	$12,123.30
769	1.274	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDU	$9,172.80	$8,918.00
770	0.6627	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	$4,771.44	$4,638.90
771	0		$0.00	$0.00
772	0		$0.00	$0.00
773	0		$0.00	$0.00
774	0.6511	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	$4,687.92	$4,557.70
775	0.48	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	$3,456.00	$3,360.00
776	0.6215	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCE	$4,474.80	$4,350.50
777	0.7679	ECTOPIC PREGNANCY	$5,528.88	$5,375.30
778	0.4388	THREATENED ABORTION	$3,159.36	$3,071.60
779	0.4921	ABORTION W/O D&C	$3,543.12	$3,444.70
780	0.1978	FALSE LABOR	$1,424.16	$1,384.60
781	0.617	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	$4,442.40	$4,319.00
782	0.3944	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATION	$2,839.68	$2,760.80
783	0		$0.00	$0.00
784	0		$0.00	$0.00
785	0		$0.00	$0.00
786	0		$0.00	$0.00
787	0		$0.00	$0.00
788	0		$0.00	$0.00
789	1.4226	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE	$10,242.72	$9,958.20
790	4.6911	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME	$33,775.92	$32,837.70
791	3.2039	PREMATURITY W MAJOR PROBLEMS	$23,068.08	$22,427.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
792	1.9332	PREMATURITY W/O MAJOR PROBLEMS	$13,919.04	$13,532.40
793	3.2911	FULL TERM NEONATE W MAJOR PROBLEMS	$23,695.92	$23,037.70
794	1.1648	NEONATE W OTHER SIGNIFICANT PROBLEMS	$8,386.56	$8,153.60
795	0.1577	NORMAL NEWBORN	$1,135.44	$1,103.90
796	0		$0.00	$0.00
797	0		$0.00	$0.00
798	0		$0.00	$0.00
799	4.7614	SPLENECTOMY W MCC	$34,282.08	$33,329.80
800	2.5624	SPLENECTOMY W CC	$18,449.28	$17,936.80
801	1.64	SPLENECTOMY W/O CC/MCC	$11,808.00	$11,480.00
802	3.4208	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS	$24,629.76	$23,945.60
803	1.7652	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS	$12,709.44	$12,356.40
804	1.0526	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS	$7,578.72	$7,368.20
805	0		$0.00	$0.00
806	0		$0.00	$0.00
807	0		$0.00	$0.00
808	1.9886	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & C	$14,317.92	$13,920.20
809	1.1744	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & C	$8,455.68	$8,220.80
810	0.898	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & C	$6,465.60	$6,286.00
811	1.2753	RED BLOOD CELL DISORDERS W MCC	$9,182.16	$8,927.10
812	0.763	RED BLOOD CELL DISORDERS W/O MCC	$5,493.60	$5,341.00
813	1.3532	COAGULATION DISORDERS	$9,743.04	$9,472.40
814	1.492	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	$10,742.40	$10,444.00
815	0.9959	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	$7,170.48	$6,971.30
816	0.6994	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	$5,035.68	$4,895.80
817	0		$0.00	$0.00
818	0		$0.00	$0.00
819	0		$0.00	$0.00
820	5.6313	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	$40,545.36	$39,419.10
821	2.2514	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	$16,210.08	$15,759.80
822	1.2343	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/M	$8,886.96	$8,640.10
823	4.0946	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W M	$29,481.12	$28,662.20
824	2.1797	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W C	$15,693.84	$15,257.90

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
825	1.2073	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O	$8,692.56	$8,451.10
826	4.6021	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.	$33,135.12	$32,214.70
827	2.2712	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.	$16,352.64	$15,898.40
828	1.2999	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.	$9,359.28	$9,099.30
829	2.8929	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R	$20,828.88	$20,250.30
830	1.0798	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R	$7,774.56	$7,558.60
831	0		$0.00	$0.00
832	0		$0.00	$0.00
833	0		$0.00	$0.00
834	4.5869	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	$33,025.68	$32,108.30
835	2.5814	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	$18,586.08	$18,069.80
836	1.2117	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	$8,724.24	$8,481.90
837	6.3774	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO	$45,917.28	$44,641.80
838	2.9436	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHE	$21,193.92	$20,605.20
839	1.4154	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	$10,190.88	$9,907.80
840	2.5965	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	$18,694.80	$18,175.50
841	1.553	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	$11,181.60	$10,871.00
842	1.0258	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	$7,385.76	$7,180.60
843	1.823	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W M	$13,125.60	$12,761.00
844	1.2036	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W C	$8,665.92	$8,425.20
845	0.823	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O	$5,925.60	$5,761.00
846	2.1272	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNO	$15,315.84	$14,890.40
847	0.9421	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNO	$6,783.12	$6,594.70
848	0.797	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNO	$5,738.40	$5,579.00
849	1.2094	RADIOTHERAPY	$8,707.68	$8,465.80
850	0		$0.00	$0.00
851	0		$0.00	$0.00
852	0		$0.00	$0.00

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
853	5.4328	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W	$39,116.16	$38,029.60
854	2.9172	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W	$21,003.84	$20,420.40
855	1.814	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/	$13,060.80	$12,698.00
856	4.7522	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. P	$34,215.84	$33,265.40
857	2.0522	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. P	$14,775.84	$14,365.40
858	1.3595	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. P	$9,788.40	$9,516.50
859	0		$0.00	$0.00
860	0		$0.00	$0.00
861	0		$0.00	$0.00
862	1.9142	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	$13,782.24	$13,399.40
863	0.9605	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	$6,915.60	$6,723.50
864	0.8257	FEVER	$5,945.04	$5,779.90
865	1.5049	VIRAL ILLNESS W MCC	$10,835.28	$10,534.30
866	0.6708	VIRAL ILLNESS W/O MCC	$4,829.76	$4,695.60
867	2.3441	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W M	$16,877.52	$16,408.70
868	1.0786	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W C	$7,765.92	$7,550.20
869	0.765	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O	$5,508.00	$5,355.00
870	5.7258	SEPTICEMIA OR SEVERE SEPSIS W MV 96+ HOURS	$41,225.76	$40,080.60
871	1.8222	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	$13,119.84	$12,755.40
872	1.1209	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MC	$8,070.48	$7,846.30
873	0		$0.00	$0.00
874	0		$0.00	$0.00
875	0		$0.00	$0.00
876	2.4834	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLN	$17,880.48	$17,383.80
877	0		$0.00	$0.00
878	0		$0.00	$0.00
879	0		$0.00	$0.00
880	0.5897	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTIO	$4,245.84	$4,127.90
881	0.5828	DEPRESSIVE NEUROSES	$4,196.16	$4,079.60
882	0.6115	NEUROSES EXCEPT DEPRESSIVE	$4,402.80	$4,280.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
883	1.0234	DISORDERS OF PERSONALITY & IMPULSE CONTROL	$7,368.48	$7,163.80
884	0.8992	ORGANIC DISTURBANCES & MENTAL RETARDATION	$6,474.24	$6,294.40
885	0.8477	PSYCHOSES	$6,103.44	$5,933.90
886	0.7549	BEHAVIORAL & DEVELOPMENTAL DISORDERS	$5,435.28	$5,284.30
887	0.7303	OTHER MENTAL DISORDER DIAGNOSES	$5,258.16	$5,112.10
888	0		$0.00	$0.00
889	0		$0.00	$0.00
890	0		$0.00	$0.00
891	0		$0.00	$0.00
892	0		$0.00	$0.00
893	0		$0.00	$0.00
894	0.3878	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	$2,792.16	$2,714.60
895	0.8902	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION T	$6,409.44	$6,231.40
896	1.3827	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION	$9,955.44	$9,678.90
897	0.6198	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION	$4,462.56	$4,338.60
898	0		$0.00	$0.00
899	0		$0.00	$0.00
900	0	ALC/DRUG ABUSE OR DEPEND, DETOX OR OTH SYMPT TREAT W/O CC A	$0.00	$0.00
901	3.9888	WOUND DEBRIDEMENTS FOR INJURIES W MCC	$28,719.36	$27,921.60
902	1.7006	WOUND DEBRIDEMENTS FOR INJURIES W CC	$12,244.32	$11,904.20
903	1.0009	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	$7,206.48	$7,006.30
904	2.9275	SKIN GRAFTS FOR INJURIES W CC/MCC	$21,078.00	$20,492.50
905	1.1151	SKIN GRAFTS FOR INJURIES W/O CC/MCC	$8,028.72	$7,805.70
906	1.0086	HAND PROCEDURES FOR INJURIES	$7,261.92	$7,060.20
907	3.6804	OTHER O.R. PROCEDURES FOR INJURIES W MCC	$26,498.88	$25,762.80
908	1.9094	OTHER O.R. PROCEDURES FOR INJURIES W CC	$13,747.68	$13,365.80
909	1.1342	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	$8,166.24	$7,939.40
910	0		$0.00	$0.00
911	0		$0.00	$0.00
912	0		$0.00	$0.00
913	1.2304	TRAUMATIC INJURY W MCC	$8,858.88	$8,612.80
914	0.665	TRAUMATIC INJURY W/O MCC	$4,788.00	$4,655.00
915	1.2298	ALLERGIC REACTIONS W MCC	$8,854.56	$8,608.60
916	0.4423	ALLERGIC REACTIONS W/O MCC	$3,184.56	$3,096.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
917	1.4155	POISONING & TOXIC EFFECTS OF DRUGS W MCC	$10,191.60	$9,908.50
918	0.5812	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	$4,184.64	$4,068.40
919	1.5223	COMPLICATIONS OF TREATMENT W MCC	$10,960.56	$10,656.10
920	0.9234	COMPLICATIONS OF TREATMENT W CC	$6,648.48	$6,463.80
921	0.6109	COMPLICATIONS OF TREATMENT W/O CC/MCC	$4,398.48	$4,276.30
922	1.3572	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	$9,771.84	$9,500.40
923	0.6157	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	$4,433.04	$4,309.90
924	0		$0.00	$0.00
925	0		$0.00	$0.00
926	0		$0.00	$0.00
927	13.85	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HR	$99,720.72	$96,950.70
928	5.0156	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/	$36,112.32	$35,109.20
929	2.1444	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O C	$15,439.68	$15,010.80
930	0		$0.00	$0.00
931	0		$0.00	$0.00
932	0		$0.00	$0.00
933	2.1165	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV 96+ HR	$15,238.80	$14,815.50
934	1.2921	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	$9,303.12	$9,044.70
935	1.2213	NON-EXTENSIVE BURNS	$8,793.36	$8,549.10
936	0		$0.00	$0.00
937	0		$0.00	$0.00
938	0		$0.00	$0.00
939	2.657	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SER	$19,130.40	$18,599.00
940	1.6352	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SER	$11,773.44	$11,446.40
941	1.0731	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SER	$7,726.32	$7,511.70
942	0		$0.00	$0.00
943	0		$0.00	$0.00
944	0		$0.00	$0.00
945	1.3022	REHABILITATION W CC/MCC	$9,375.84	$9,115.40
946	1.0995	REHABILITATION W/O CC/MCC	$7,916.40	$7,696.50
947	1.0575	SIGNS & SYMPTOMS W MCC	$7,614.00	$7,402.50
948	0.65	SIGNS & SYMPTOMS W/O MCC	$4,680.00	$4,550.00
949	0.805	AFTERCARE W CC/MCC	$5,796.00	$5,635.00
950	0.5614	AFTERCARE W/O CC/MCC	$4,042.08	$3,929.80
951	0.7616	OTHER FACTORS INFLUENCING HEALTH STATUS	$5,483.52	$5,331.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
952	0		$0.00	$0.00
953	0		$0.00	$0.00
954	0		$0.00	$0.00
955	5.0985	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	$36,709.20	$35,689.50
956	3.5417	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SI	$25,500.24	$24,791.90
957	5.9904	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAU	$43,130.88	$41,932.80
958	3.5803	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAU	$25,778.16	$25,062.10
959	2.3913	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAU	$17,217.36	$16,739.10
960	0		$0.00	$0.00
961	0		$0.00	$0.00
962	0		$0.00	$0.00
963	2.8885	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	$20,797.20	$20,219.50
964	1.6114	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	$11,602.08	$11,279.80
965	0.9955	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	$7,167.60	$6,968.50
966	0		$0.00	$0.00
967	0		$0.00	$0.00
968	0		$0.00	$0.00
969	5.3826	HIV W EXTENSIVE O.R. PROCEDURE W MCC	$38,754.72	$37,678.20
970	2.5403	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	$18,290.16	$17,782.10
971	0		$0.00	$0.00
972	0		$0.00	$0.00
973	0		$0.00	$0.00
974	2.5656	HIV W MAJOR RELATED CONDITION W MCC	$18,472.32	$17,959.20
975	1.3612	HIV W MAJOR RELATED CONDITION W CC	$9,800.64	$9,528.40
976	0.8951	HIV W MAJOR RELATED CONDITION W/O CC/MCC	$6,444.72	$6,265.70
977	1.0954	HIV W OR W/O OTHER RELATED CONDITION	$7,886.88	$7,667.80
978	0		$0.00	$0.00
979	0		$0.00	$0.00
980	0		$0.00	$0.00
981	5.0238	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$36,171.36	$35,166.60
982	3.0783	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$22,163.76	$21,548.10
983	1.9948	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$14,362.56	$13,963.60
984	3.3177	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$23,887.44	$23,223.90

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS ($7200)	PEER GROUP 2 HOSPITALS ($7000)
985	2.2035	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$15,865.20	$15,424.50
986	1.2775	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIA	$9,198.00	$8,942.50
987	3.4406	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAG	$24,772.32	$24,084.20
988	1.8792	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAG	$13,530.24	$13,154.40
989	1.1009	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAG	$7,926.48	$7,706.30
990	0		$0.00	$0.00
991	0	UNGROUPABLE - INVALID POA DATA	$0.00	$0.00
992	0	UNGROUPABLE - NO MATCH CRITERIA IN MDC INDICATED BY PRIN DX	$0.00	$0.00
993	0	UNGROUPABLE - INVALID AGE	$0.00	$0.00
994	0	UNGROUPABLE - INVALID SEX	$0.00	$0.00
995	0	UNGROUPABLE - INVALID DISCHARGE DISPOSITION	$0.00	$0.00
996	0	UNGROUPABLE - ILLOGICAL PRIN DX	$0.00	$0.00
997	0	UNGROUPABLE - INVALID PRIN DX	$0.00	$0.00
998	0	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	$0.00	$0.00
999	0	UNGROUPABLE	$0.00	$0.00

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT
GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for ambulatory surgical center services is to be determined by peer group assignments and/or designations, and a variable discount. The variable discount rate for Peer Groups 1, 2, and 3, is 30.0%, 20.0%, and 15.0% respectively, and is to be applied to the facility's billed charges. Critical Access Hospitals are considered Peer Group 3 for the variable discount rate. **Ambulatory surgical centers and hospital outpatient centers are grouped in association with the nearest proximate hospital. Individual ambulatory surgical centers are not listed separately.** Unless otherwise specified in this section of the fee schedule (Pathology and Laboratory charges, for example), outpatient services are also subject to the variable discount rate. An ambulatory surgical center/hospital outpatient center shall not knowingly charge a payor more for treatment under worker's compensation than that normally charged for similar treatment outside the workers compensation system.

2. **WORKERS COMPENSATION PEER GROUPS AS OF APRIL 10, 2009:**
Reimbursement for impatient and outpatient medical services provided by hospitals and surgical centers will be made at a variable rate based on the facility's Peer Group Classification.

Peer Group 1
Facilities in the following communities:
Derby
Kansas City
Lawrence
Leawood
Lenexa
Olathe
Overland Park
Prairie Village
Shawnee
Shawnee Mission
Topeka
Wichita

Peer Group 2
Facilities in the following communities:
Augusta
Coffeyville
Dodge City
El Dorado
Emporia
Fort Scott
Garden City
Great Bend
Halstead
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton
Ottawa
Paola
Parsons

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

Pittsburg
Pratt
Salina
Ulysses
Wellington

Peer Group 3

Critical Access Hospitals are considered Peer Group 3 and shall be reimbursed at billed charges less 15.0%. All other hospitals are to be reimbursed at their billed charges, less 15.0%. This is to include the following state institutions:

Rainbow Mental Health Facility at Kansas City, Kansas
Larned State Hospital at Larned, Kansas
Osawatomie State Hospital at Osawatomie, Kansas
Parsons State Hospital & Training Center at Parsons, Kansas
Kansas Neurological Institute at Topeka, Kansas

OUT-OF-STATE AMBULATORY SURGICAL CENTERS (30.0% Discount)

All out-of-state ambulatory surgical centers are to be reimbursed at their billed charges, less 30.0%. Additionally, the rules that are contained within this fee schedule also apply to out-of-state ambulatory surgical centers. For example, reimbursement for any Pathology or Laboratory services provided by an out-of-state ambulatory surgical center will be subject to the maximum allowable payment as reflected within this fee schedule. Also, reimbursement to an out-of-state ambulatory surgical center providing surgical implants is to be determined by invoice cost plus a 25% markup.

3. **CHARGES IN EXCESS OF $40,000:** When the total charges for an outpatient hospitalization exceeds $40,000, an additional 5.0% discount is to be applied to all the charges in excess of $40,000.

4. **TRANSFER OF PATIENT TO A HOSPITAL:** When an ambulatory surgical center is unable to provide the level of care and service necessary for the management of a complex medical or surgical problem, transfer of the patient to a hospital facility may become necessary. In that event, charges incurred by the transferring ambulatory surgical center are to be paid in accordance with that ambulatory surgical center's peer group assignment and the associated variable discount rate. The receiving hospital is to be paid in accordance with Hospital Fee Schedule.

5. **PHYSICAL MEDICINE AND REHABILITATION:** Reimbursement for any services provided by physical/occupational therapists is to be in accordance with the variable discount rate. However, for any hospitals having one or more affiliate clinics providing services on an outpatient basis, only one such clinic is allowed to submit billings using the hospital's Federal Tax ID number. The services for all other clinics affiliated with the same hospital are limited to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.

6. **RADIOLOGY CHARGES:** Reimbursement for any outpatient radiology services, provided by ambulatory surgical centers, are subject to the Maximum Allowable Fees for the respective *CPT* code(s) that are contained within the Radiology Section of this Fee Schedule.

7. **PATHOLOGY OR LABORATORY CHARGES:** Reimbursement for all outpatient pathology and laboratory services provided by hospitals or ambulatory surgical centers are subject to the Maximum Allowable Fees for the respective *CPT* code(s) that are contained within the Pathology and Laboratory Section of this Fee Schedule.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

8. **INPATIENT CARE:** Charges for inpatient hospital care of more than one day shall be subject to review in cases where the patient is ambulatory. The attending health care provider will be required to submit sufficient information to substantiate why inpatient care was necessary. Once the patient's condition becomes such that further inpatient care is only a matter of personal convenience, the executive officer or administrator of the ambulatory surgical center should notify the employer (or insurance carrier) at once. Such notification should also be provided to the Director of Workers Compensation.

9. **DETERMINING PAYMENT FOR AMBULATORY SURGICAL CENTERS INVOLVING MULTIPLE OR BILATERAL PROCEDURES:** The Surgery Ground Rules for multiple or bilateral procedures are similarly applied to individual billed charges submitted by ambulatory surgical centers. Please refer to the **Surgery Section** of this fee schedule for details and examples. Note that the variable discount will still apply to any multiple or bilateral procedures.

10. **FACILITY FEES:** Ambulatory Surgical Centers must **clearly and specifically** indicate that services provided and identified by a *CPT* code, reflect a **facility fee**, rather than the maximum amount related to the *CPT* code and its Unit Value defined for an individual provider.

    Outpatient facility fees are only reimbursed if the facility is credentialed at the appropriate level for the services provided. Such credentials include:

    A. Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
    B. Kansas Department of Health and Environment (KDHE) licensure as an ambulatory surgical center; or
    C. The facility level of safety, monitoring and quality of care as the JCAHO or KDHE licensure requires and has documented use showing the processes and procedures are in practice. In all other cases, a facility fee is not reimbursable without prior agreement from the payer, regardless of location of service.

11. **PHYSICIAN CHARGES:** An ambulatory surgical center shall bill for services provided by a physician **only if** that service involves: both professional and technical components; and, the physician is a contract employee of said facility. **Both** of these conditions **must** be satisfied for the ambulatory surgical center to bill. Services of this type would most frequently be in the physician specialty areas of radiology, pathology, or emergency room.

    Billing for any physician service is to be submitted using the CMS 1500 form (or an equivalent form) containing the appropriate information as well as identifying the specific *CPT* codes that were involved. Note also that the maximum allowable payment to a physician providing services in an ambulatory surgical center is to be **limited to the maximum allowable payment** that is contained within this Fee Schedule, which applies to the particular *CPT* code(s) being submitted.

12. **PROFESSIONAL AND TECHNICAL COMPONENTS:** Ambulatory surgical centers must recognize that a difference may exist between the professional and technical components of services provided. It is, therefore, necessary to amend the billing process to specify, by use of modifiers, when <u>only</u> the professional component or the technical component was provided.

13. **ROOM:** Charges for other than semiprivate or ward service shall be subject to review, and must be accompanied by a statement identifying the source of authorization and necessity for other types of accommodations.

14. **SURGICAL IMPLANTABLES:** Reimbursement for surgical implantable items (e.g., rods, pins, screws, plates, prosthetic joint replacements) which involve an item or device intended for permanent placement in the body and are made of plastic, metallic, or of autogenous/non-autogenous graft material are to be determined by cost to the ambulatory surgical center plus a 25% markup above the invoice cost. A copy of the invoice must be submitted with the bill.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

15. DURABLE MEDICAL EQUIPMENT: Items such as wheelchairs, crutches, etc. when supplied by an ambulatory surgical center for the care of an outpatient is to be reimbursed at invoice cost plus a 25% markup. Verification of such cost must be attached to the bill when it is submitted for payment.

In accordance with Kansas Law, the Kansas Department of Revenue does not collect sales tax on Durable Medical Equipment, if purchased with a prescription or written order from the physician ordering the item classified as Durable Medical Equipment.

16. TRANSFUSIONS: Charges for any blood transfusions shall be subject to review, to determine if the patient made any arrangements to obtain replacement units on his or her own.

17. REVIEWS AND AUDITS: The employer (or insurance carrier) has the right to conduct, or make arrangements for a bill audit of services to determine that such services were directly related to the compensable injury. The ambulatory surgical center should not make any additional charges on a given case under review during the course of the bill audit, unless it is for service which would not be covered under the Workers Compensation Act.

18. COST CONTAINMENT: Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with ambulatory surgical centers in their community 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.

19. NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS: In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

1. **General:** The Kansas Division of Workers Compensation adopts by reference the 2009 Centers for Medicare and Medicaid Services, CMS Common Procedures Coding System (HCPCS) for the coding of durable medical equipment and supplies. The use of appropriate HCPCS Level II modifiers may be required to more clearly define the exact nature of the service or supply. The maximum allowable payment (MAP) for the HCPCS Level II codes A, E, J, K, V, and L shall be determined as follows:

(1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule.

(2) If no published Medicare rate, limited to the supplier's cost plus 40%. When the charge for a single item (equipment, device, or supply) or the charge for a single line item is more than $50.00, verification of the supplier's cost must be attached to the provider's bill.

(3) In accordance with Kansas Law, the Kansas Department of Revenue does not collect sales tax on Durable Medical Equipment, if purchased with a prescription or written order from the physician ordering the item classified as Durable Medical Equipment.

2. **Covered Services:** A payor shall reimburse for the purchase or rental of durable medical equipment and supplies that are medically warranted and substantiated by a written prescription or order. This section does not apply to durable medical equipment and supplies provided or administered in an in-patient hospital or ambulatory surgical center setting. This section also does not apply to CPT codes 90281 through 90399, 90476 through 90749, 95120 through 95134, and 95144 through 95170, since the maximum allowable payment for each of those codes includes the supply of materials.

3. **PRIOR AUTHORIZATION:** Prior authorization, by the employer (or insurance carrier), is required on whether to rent or purchase an item. The decision to rent or purchase shall be made by the employer, an authorized representative, or the insurance carrier, based on a cost comparison of the monthly rental fee, the prescribing health care provider's estimate of how long the item will be needed, and the purchase price.

4. **FORMS:** Items which are prescribed for work-related injuries should be billed using the CMS 1500 form.

5. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with a qualified supplier for the renting or purchasing of items that are medically necessary. Such contract, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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PRESCRIPTION SERVICES
GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for prescription drugs shall be limited to the amount established by the following formulas or by the pharmacist's or health care provider's usual and customary charge, whichever is less, **AND, whenever possible, it is required that a generic equivalent be substituted for a more expensive brand-name drug**.

AWP less 15% + $5.00 for generic drugs
AWP less 10% + $3.00 for brand name drugs

2. **DETERMINING AWP:** The average wholesale price (AWP) for brand name and generic drugs shall be determined by using any recognized reference such as the Red Book, which makes this information available. AWP shall be based upon the date the prescription was dispensed.

3. **AUTHORIZED PRESCRIPTION NECESSARY:** Any medication, drugs, or medical supplies not specifically prescribed by a health care provider shall not be reimbursed. In the event, however, a health care provider recommends and/or prescribes any medication, drugs, or medical supplies that can be purchased over-the-counter (without a prescription), and the injured employee pays for said medication, drugs, or medical supplies directly, the injured employee is entitled to be reimbursed. The injured employee, however, must submit copies of any receipts and/or proofs of purchase to the employer (or insurance carrier) for proper reimbursement. Additionally, and as opposed to the injured employee paying for said medication, drugs, or medical supplies, the pharmacy can bill the insurer directly, for payment at the usual retail rate for said pharmacy.

4. **PRIOR AUTHORIZATION FOR MORE THAN 30-DAY SUPPLIES:** Prior authorization by the employer (or insurance carrier) is required for the dispensing of more than a 100 unit dose or 30-day supply of medication. Any refilling of this medication will also require prior authorization.

5. **ITEMIZATION:** Any bills for medication shall be itemized for proper reimbursement, except for drugs furnished by a hospital or other health care facility which include the associated charges in the inpatient hospital service charges.

6. **FORMS:** The pharmacist or health care provider shall use the CMS 1500 form (or an equivalent form) containing the same information. When using such a form, the pharmacist or health care provider shall include the metric quantity and National Drug Code (NDC) number of the drug being dispensed. Items which are prescribed for a work-related injury and do not have an NDC code shall be specifically identified as being a supply.

7. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with pharmacists or health care providers in their community to promote the continuity of care and the reduction of pharmacy costs. Such a contract shall supersede any limitation specified herein, as long as any charges are less than or equal to the formulas reflected above to determine reimbursement for prescription drugs. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

8. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

VOCATIONAL REHABILITATION SERVICES GROUND RULES

1. **VENDOR ADMINISTRATIVE AND CLERICAL COSTS:** The cost of administrative and clerical services shall be covered by, and be included in, the rates charged by the vendor for professional and nonprofessional services (specified under Items A and B in the Schedule), up to the approved Maximum Fees and limits.

2. **EXCEEDING TOTAL CASE COST LIMITS SPECIFIED BY THE SCHEDULE:** The nonprofessional and total case cost caps may be increased by the Workers Compensation Rehabilitation Administrator upon submission of the required request documentation by the vendor.

3. **DEFINITIONS AND EXAMPLES:**

   Nonprofessional services: those activities which are performed by a qualified rehabilitation professional but which are not professional in nature, which do not directly and in themselves result in a benefit to the parties; these include travel and waiting time.

   Miscellaneous expenses: these include long distance phone charges, mileage, tolls, food and lodging, parking, and special mailing costs (such as overnight or certified return receipt delivery).

4. **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.

VOCATIONAL REHABILITATION SERVICES GROUND RULES

	Maximum Fee/Limit
A. Professional services rendered by a qualified rehabilitation professional	$77.00/hr
B. Nonprofessional services rendered by a qualified rehabilitation professional	$77.00/hr
subject to a case cap of	$1,540.00
C. Miscellaneous Expenses:	Actual expenses (not to exceed the amount incurred)
D. Total of all fees and expenses in any one claim: (A + B + C above)	$4,400.00

DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

1. **DEPOSITIONS AND TESTIMONY:** In determining fees for medically related depositions or testimony rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

   A health care provider's time for giving a deposition or testimony shall be billed using *CPT* Code 99075. Reimbursement is to be at the health care provider's billed charge, not to exceed the following:

   - $300.00 for the first hour
   - Plus an allowance of $75.00 for each additional 15-minute increment
   - Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for a deposition or testimony.

   Anticipating that a health care provider may require time to prepare for a deposition and/or testimony, charges for the review of previously reviewed records in preparation for said deposition or court appearance are subject to the following maximum allowable fees:

   - $75.00 for a review of medical records for the first 50 pages
   - $37.50 for each additional 50 pages or part thereof

   The party requesting a deposition of a peer review or utilization review report author, representative, or designated individual under K.S.A. 44-510j(d)(1) shall reimburse the service provider giving a deposition or testimony in accordance with these rules.

2. **INDEPENDENT MEDICAL EXAMINATIONS (IMEs) AND OTHER SPECIAL EXAMINATIONS AND/OR REPORTS:** In determining the fee for any necessary IMEs and other special examinations or reports rendered on behalf of employees receiving benefits under the Kansas Workers Compensation Act, the following guideline shall be used:

   A health care provider's time for performing an IME or other special type of examination or report, shall be reimbursed at the health care provider's billed charge, not to exceed the following:

   - $300.00 for the first hour
   - Plus an allowance of $75.00 for each additional 15-minute increment.
   - Travel time may also be reimbursed, but is limited to one-half the prescribed hourly rate for an IME or other special type of examination or report.

   Charges for any related review of medical records for, or in association with an IME, or other special type of examination or report, are subject to the following maximum allowable fees:

   - $100.00 for all or part of the first 50 pages
   - $75.00 for each additional 50 pages or part thereof

   Payments to health care providers for performing an IME and any related review of medical records, or other special type of examination or report, are to be made in compliance with guidelines of this fee schedule and are not subject to any form of discount (other than those individually negotiated) which might be imposed. For example, it is not allowed that a health care provider will be reimbursed at a discounted rate because a Workers Compensation claim had been settled for an amount less than originally contemplated.

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DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

Reimbursement for performing an IME, other special type of report, or examination shall include that written documentation of such service(s), be provided to the insurance carrier, and the person or agency requesting such service(s). There will be no charge to the Kansas Division of Workers Compensation if a copy of such service documentation is requested. However, further additional copies, if necessary, shall initially be requested of the insurance carrier. In the event that requested copies are not obtainable from the carrier, prepayment will be required to obtain additional copies from the physician or other health care provider. The charges for providing additional copies is not to exceed the billed charges of said provider, or those as outlined in the Workers Compensation Schedule of Medical Fees, whichever is less.

3. **EXCEPTIONAL CASES INVOLVING EXTRAORDINARY MEDICAL PROCEDURES:** An employee, employer, insurance carrier or the workers compensation fund may make application to the medical services section of the division of workers compensation for peer review of extraordinary medical procedures in exceptional cases in accordance with K.S.A. 44-510j(d)(1). Extraordinary medical procedures do not include requests for payment beyond the schedule of medical fees.

4. **REPRODUCTION OF MEDICAL RECORDS:** Note: Medical records related to Workers Compensation are not included in the medical records copying charges contained in Senate Bill 119 (2002) codified as K.S.A. 65-4971. Reimbursement for the reproduction of an employee's medical records (inclusive of any ancillary expenses such as postage, sales tax, and fees for notarized affidavits of records custodians, which are not to be charged as separate items) should be at the health care provider's billed charge, not to exceed the following:

Up to 10 pages:	$16.00
11-50 pages:	$28.00 ($16.00 for the 1st 10 pages plus $12.00 for 11-50 pages)
Above 50 pages:	$28.00, plus $0.35 per page above 50

The maximum allowable payment for the copying of medical records is applicable to any health care provider, business, or other entity providing any forms of copying services. Any additional charges submitted by/for copying services are prohibited. Any payments made in advance for copying medical records that exceed the allowable payments of this fee schedule, must be refunded.

A health care provider has the responsibility to submit supporting information or documentation **(except for routine office notes)** when seeking timely payment and reimbursement for the services provided. If the payer has not received all the necessary information to process payment and thus, sends a request to the health care provider for said information, such information shall be provided at no charge, in order to expedite payment of the service. However, in the event the payer routinely requests an entire medical record (including all related documentation) of the services provided in order to process the claim, it is acceptable for the health care provider to submit a bill to the payer in accordance with the above guidelines as it relates to the reimbursement for the reproduction of medical records.

An "access fee" or "administrative fee" for providing specific and limited information is inappropriate as an additional charge. However, when records are stored off-site, any expense involved in the retrieval of such records will be reimbursed upon receipt of the necessary documentation substantiating the expense incurred for retrieving said medical records.

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DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION GROUND RULES AND FEES

Reimbursement for the reproduction of medical records also applies to copies of microfiche or any other types of storage systems such as electronic media, etc. Health care providers may also charge up to $5.00 a film for the copying of x-rays.

5. **REIMBURSEMENT FOR MILEAGE AND TRAVEL TIME ASSOCIATED WITH DEPOSITIONS, TESTIMONY, OR INDEPENDENT MEDICAL EXAMINATIONS:** Mileage (including any tolls and parking fees actually incurred) to and from the place of a deposition, testimony, or independent medical examination is to be reimbursed at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

6. **CANCELLATION AND/OR RESCHEDULING OF A DEPOSITION, TESTIMONY, OR IME:** If notice of cancellation or a request to reschedule a deposition, testimony, or IME is less than two working days, a maximum charge of $150.00 is allowable. **Note: Any payment exceeding $150.00 that a health care provider received in advance is to be refunded, as no actual deposition, testimony or IME was provided.**

7. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT FOR AN IME:** With regard specifically to an IME, and in the event a patient fails to keep a scheduled appointment for an IME, the health care provider is allowed to make a maximum charge of $150.00 for the services that would have been provided by said appointment (i.e., a maximum charge of $150.00 for a “no show” appointment is allowed). Additionally, if a review of medical records was required to prepare for an IME, charges for such record reviews may be added to the charge of $150.00 for the services that would have been provided by said appointment.

8. **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.

9. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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AMBULANCE AND AIRCRAFT SERVICES GROUND RULES AND FEES

1. **General:** Reimbursement for ambulance services (both ground and air transportation) will be limited to 125% of the ambulance fee(s) as listed and/or defined in the 2009 Medicare Ambulance Fee Schedule, using applicable HCPCS A Codes A0425 – A0436. The Kansas Division of Workers Compensation adopts by reference the 2009 Centers for Medicare and Medicaid Services, CMS Common Procedures Coding System (HCPCS) Level II Codes A, E, J, K, L and V.

2. **BILLING DOCUMENTATION:** When bills are submitted for reimbursement, they must include documentation of the distance traveled, the number of passengers (patients) transported, and the specific services required.

3. **SPECIAL SERVICES:** Billings for any additional required services, such as specialized life support care, extra attendants, or administration of medications, may be submitted with substantiation that such additional services were warranted. Reimbursement for these additional services is also limited to the billed charge, **less 10%**.

4. **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.

5. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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NURSING HOMES, INTERMEDIATE CARE, AND ASSISTED LIVING FACILITIES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for nursing homes, intermediate care, assisted living, and other facilities as defined in K.S.A. 39-932(a) (1)–(9) will be limited to their billed charge, **less 15%**. Workers Compensation patients should not be charged a fee that is higher than that of privately insured patients.

2. **PRIOR AUTHORIZATION:** Prior Authorization from the employer (or insurance carrier) is required before admission to any of the above referenced facilities.

3. **PHYSICIAN CHARGES:** All physician charges, regardless of the setting or location in which the services were provided, are subject to the limits of this fee schedule. All physician billings must be submitted on the CMS 1500 form (or an equivalent form) containing the same information.

4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with a nursing home, intermediate care facility, or assisted living facility 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.

5. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2009 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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APPENDIX A - MODIFIERS

MODIFIERS: Procedure codes may be modified under the circumstances described below. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Only one modifier should be added to any single five-digit *CPT* code, submitted by an individual health care provider. The modifiers that may be used are as follows:

-22 Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier -22 to the usual procedure code. A report may also be appropriate.

-23 Unusual Anesthesia: Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier -23 to the procedure code of the basic service.

-24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period: The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier -24 to the appropriate level of E/M service.

-25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service: The physician may need to indicate that on the day a procedure or service identified by a *CPT* code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting the E/M services on the same date. This circumstance may be reported by adding modifier -25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier -57. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-26 Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier -26 to the usual procedure code.

-TC Technical Component: When the professional component is reported separately, the technical component must be reported separately. The technical component will be the total value less the value for the professional component. Identify by adding modifier -TC to the usual procedure code.

-32 Mandated Services: Services related to *mandated* consultation and/or related services (e.g., PRO, third party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier -32 to the basic procedure.

-47 Anesthesia by Surgeon: Regional or general anesthesia provided by the surgeon may be reported by adding modifier -47 to the basic service. (This does not include local anesthesia.) **Note:** Modifier -47 would not be used as a modifier for the anesthesia procedures.

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APPENDIX A - MODIFIERS

-50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier -50 to the appropriate five-digit code. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-51 Multiple Procedures: When multiple procedures, other than E/M services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier -51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.

-52 Reduced Services: Under certain circumstances, a service or procedure may be partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure code and the addition of modifier -52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-53 Discontinued Procedure: Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier -53 to the code for the discontinued procedure. Note: This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite.

-54 Surgical Care Only: When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier -54 to the usual procedure code.

-55 Postoperative Management Only: When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier -55 to the usual procedure code.

-56 Preoperative Management Only: When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier -56 to the usual procedure code.

-57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier -57 to the appropriate level of E/M service.

-58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier -58 to the staged or related procedure. **Note:** This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier -78. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

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APPENDIX A - MODIFIERS

-59 Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier -59. Only if no more descriptive modifier is available, and the use of modifier -59 best explains the circumstances, should modifier -59 be used. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-**62 Two Surgeons:** When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier -62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported without modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier -80 or modifier -82 added, as appropriate.

-66 Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier -66 to the basic procedure code used for reporting services.

-76 Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier -76 to the repeated procedure/service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-77 Repeat Procedure by Another Physician: The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier -77 to the repeated procedure/service. **Note: that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-78 Return to the Operating Room for a Related Procedure During the Postoperative Period: The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier -78 to the related procedure. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

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APPENDIX A - MODIFIERS

-79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period: The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier -79. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-80 Assistant Surgeon: Surgical assistant services may be identified by adding modifier -80 to the usual procedure numbers(s).

-81 Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier -81 to the usual procedure code.

-82 Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier -82 appended to the usual procedure code number(s).

-NP Non-Physician Assistant: A non-physician such as a physician assistant or registered nurse who assists during surgery is to be identified by adding modifier -NP to the usual procedure number.

-90 Reference (Outside) Laboratory: When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier -90 to the usual procedure code.

-91 Repeat Clinical Diagnostic Laboratory Test: In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier -91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient. **Note: that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

-92 Alternative Laboratory Platform Testing: When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703). The test does not require permanent dedicated space, hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.

-99 Multiple Modifiers: Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier -99 should be added to the basic procedure, and other applicable modifiers shall be listed as part of the description of the service.

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APPENDIX B

QUICK REFERENCE TABLE

This appendix is provided as a supplement to this schedule of medical fees and is to provide a rapid determination of the dollar amount associated with the particular Procedure Code. The dollar amount specified herein was calculated by multiplying the respective conversion factor of the fee schedule section by the Unit Value of the Procedure Code that was used for billing purposes.

The **Anesthesia** section was not included in this quick reference table, as the determination of the maximum allowable payment incorporates the variable of time required for the provision of each service. Refer to Anesthesia section of this fee schedule for the maximum allowable payment.

RADIOLOGY CHARGES: Radiology services provided by Peer Group 3 or Critical Access hospitals or ambulatory surgical care facilities on an outpatient basis are exempt from the variable discount, and are therefore subject to the Maximum Fees in the Radiology Section.

PATHOLOGY AND LABORATORY CHARGES: Pathology and Laboratory services provided by Peer Group 3 or Critical Access hospitals or ambulatory surgical care facilities are exempt from the variable discount, and are therefore subject to the Maximum Fees in the Pathology and Laboratory Section.

Section Numbers and Their Sequences:

Surgery	10021 to 69990
Radiology	70010 to 79999
Pathology and Laboratory	80047 to 89356
Medicine	90281 to 99199
Evaluation and Management	99201 to 99499
Home Health Procedures/Services	99500 to 99602
Dentistry	ADA D0120 to D9999

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
10021	$284.49
10022	$291.76
10040	$202.05
10060	$219.83
10061	$377.43
10080	$326.51
10081	$513.21
10120	$269.13
10121	$525.33
10140	$310.35
10160	$252.16
10180	$467.95
11000	$109.11
11001	$46.07
11004	$1,214.72
11005	$1,586.50
11006	$1,512.95
11008	$579.48
11010	$945.59
11011	$1,053.08
11012	$1,441.83
11040	$95.37
11041	$112.34
11042	$151.94
11043	$549.58
11044	$750.82
11055	$97.79
11056	$119.61
11057	$144.67
11100	$206.09
11101	$67.08
11200	$162.45
11201	$37.99
11300	$134.97
11301	$185.08
11302	$221.45
11303	$260.24
11305	$139.82
11306	$192.35
11307	$227.10
11308	$256.20
11310	$168.11
11311	$213.36
11312	$246.50
11313	$308.73
11400	$229.53
11401	$282.87
11402	$316.01
11403	$363.69
11404	$414.61
11406	$584.33
11420	$232.76
11421	$302.27
11422	$337.83

CODE	MAXIMUM FEE
11423	$393.54
11424	$454.15
11426	$652.14
11440	$254.55
11441	$323.24
11442	$364.45
11443	$437.99
11444	$552.74
11446	$752.34
11450	$692.54
11451	$907.50
11462	$683.65
11463	$933.36
11470	$760.42
11471	$957.60
11600	$353.14
11601	$436.37
11602	$479.20
11603	$544.66
11604	$602.03
11606	$848.51
11620	$360.41
11621	$440.41
11622	$498.60
11623	$582.64
11624	$656.18
11626	$801.64
11640	$377.38
11641	$464.66
11642	$535.77
11643	$630.32
11644	$779.01
11646	$1,028.71
11719	$42.83
11720	$63.03
11721	$90.51
11730	$199.60
11732	$92.93
11740	$90.51
11750	$429.91
11752	$612.54
11755	$268.29
11760	$403.24
11762	$542.24
11765	$256.17
11770	$517.99
11771	$1,063.46
11772	$1,290.54
11900	$112.33
11901	$142.23
11920	$366.88
11921	$418.60
11922	$122.83
11950	$151.92

CODE	MAXIMUM FEE
11951	$203.64
11952	$286.88
11954	$329.70
11960	$1,857.01
11970	$1,222.66
11971	$906.69
11975	$271.52
11976	$305.46
11977	$491.32
11980	$215.76
11981	$278.79
11982	$321.62
11983	$496.17
12001	$294.15
12002	$313.54
12004	$370.11
12005	$461.43
12006	$572.94
12007	$650.52
12011	$312.73
12013	$345.06
12014	$407.28
12015	$511.53
12016	$611.73
12017	$547.08
12018	$679.61
12020	$534.96
12021	$318.39
12031	$471.12
12032	$606.08
12034	$598.80
12035	$732.95
12036	$806.48
12037	$910.73
12041	$493.75
12042	$574.56
12044	$665.07
12045	$739.41
12046	$877.60
12047	$941.44
12051	$530.92
12052	$600.42
12053	$661.03
12054	$700.62
12055	$846.08
12056	$1,000.43
12057	$1,115.18
13100	$630.32
13101	$794.36
13102	$216.57
13120	$654.56
13121	$878.40
13122	$242.43
13131	$721.63

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
13132	$1,152.49
13133	$341.87
13150	$720.91
13151	$819.51
13152	$1,128.25
13153	$376.62
13160	$1,662.47
14000	$1,229.27
14001	$1,598.62
14020	$1,383.64
14021	$1,752.18
14040	$1,533.96
14041	$1,907.35
14060	$1,560.63
14061	$2,043.13
14300	$2,217.70
14350	$1,542.85
15002	$672.42
15003	$146.28
15004	$816.28
15005	$246.50
15040	$508.36
15050	$1,078.14
15100	$1,740.05
15101	$382.28
15110	$1,717.43
15111	$252.16
15115	$1,733.59
15116	$341.87
15120	$1,883.91
15121	$539.88
15130	$1,352.93
15131	$205.28
15135	$1,741.67
15136	$189.12
15150	$1,416.77
15151	$265.90
15152	$345.91
15155	$1,487.09
15156	$368.54
15157	$406.52
15170	$860.73
15171	$194.78
15175	$1,097.54
15176	$311.16
15200	$1,610.74
15201	$298.23
15220	$1,531.54
15221	$277.21
15240	$1,835.42
15241	$370.96
15260	$1,981.71
15261	$430.77
15300	$692.63

CODE	MAXIMUM FEE
15301	$131.72
15320	$781.43
15321	$196.37
15330	$641.63
15331	$131.72
15335	$676.38
15336	$183.44
15340	$640.02
15341	$95.36
15360	$724.87
15361	$147.07
15365	$713.55
15366	$181.01
15400	$792.75
15401	$190.71
15420	$893.76
15421	$235.16
15430	$1,053.76
15431	$484.05
15570	$1,777.01
15572	$1,721.25
15574	$1,814.18
15576	$1,607.31
15600	$650.52
15610	$655.37
15620	$866.28
15630	$914.77
15650	$1,021.44
15731	$2,278.03
15732	$3,022.29
15734	$3,121.69
15736	$2,770.17
15738	$2,956.03
15740	$2,025.10
15750	$1,865.09
15756	$4,931.83
15757	$4,863.95
15758	$4,876.88
15760	$1,689.74
15770	$1,337.41
15775	$658.60
15776	$912.34
15780	$1,660.65
15781	$1,063.46
15782	$1,125.68
15783	$967.30
15786	$473.55
15787	$97.78
15788	$842.04
15789	$1,124.88
15792	$829.11
15793	$936.59
15819	$1,497.41
15820	$1,063.46

CODE	MAXIMUM FEE
15821	$1,131.34
15822	$834.77
15823	$1,315.59
15824	$2,222.28
15825	$2,499.45
15826	$1,804.49
15828	$4,720.11
15829	$5,276.08
15830	$2,421.07
15832	$1,824.69
15833	$1,719.64
15834	$1,714.79
15835	$1,810.14
15836	$1,509.53
15837	$1,558.82
15838	$1,165.28
15839	$1,722.06
15840	$2,061.46
15841	$3,456.24
15842	$5,482.96
15845	$1,921.66
15847	$972.14
15850	$182.63
15851	$186.67
15852	$100.20
15860	$237.58
15876	BR
15877	BR
15878	BR
15879	BR
15920	$1,195.99
15922	$1,522.46
15931	$1,362.46
15933	$1,678.42
15934	$1,872.37
15935	$2,228.74
15936	$1,816.61
15937	$2,124.49
15940	$1,402.05
15941	$1,822.27
15944	$1,794.79
15945	$1,994.39
15946	$3,335.03
15950	$1,161.24
15951	$1,655.80
15952	$1,741.46
15953	$1,940.25
15956	$2,336.22
15958	$2,384.70
15999	BR
16000	$138.99
16020	$163.24
16025	$296.57
16030	$355.56

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
16035	$449.36
16036	$179.42
17000	$156.79
17003	$15.36
17004	$351.57
17106	$694.24
17107	$924.58
17108	$1,173.51
17110	$218.21
17111	$258.62
17250	$148.71
17260	$189.12
17261	$282.06
17262	$343.49
17263	$379.05
17264	$405.72
17266	$460.67
17270	$292.57
17271	$323.28
17272	$370.16
17273	$412.99
17274	$488.96
17276	$567.36
17280	$274.79
17281	$350.76
17282	$406.52
17283	$491.39
17284	$571.40
17286	$724.15
17311	$1,381.21
17312	$827.60
17313	$1,260.79
17314	$766.98
17315	$164.87
17340	$98.60
17360	$263.47
17380	$157.60
17999	$0.00
19000	$230.34
19001	$58.19
19020	$864.77
19030	$352.38
19100	$282.87
19101	$644.94
19102	$462.29
19103	$1,164.62
19105	$4,462.07
19110	$898.72
19112	$839.72
19120	$932.66
19125	$1,032.07
19126	$336.21
19260	$2,450.46
19271	$3,324.13

CODE	MAXIMUM FEE
19272	$3,684.13
19290	$341.83
19291	$147.88
19295	$190.71
19296	$7,958.17
19297	$193.94
19298	$2,709.56
19300	$993.96
19301	$1,229.93
19302	$1,780.24
19303	$1,900.65
19304	$1,113.56
19305	$2,211.77
19306	$2,320.06
19307	$2,334.60
19316	$1,596.00
19318	$2,364.50
19324	$969.72
19325	$1,322.86
19328	$995.58
19330	$1,282.45
19340	$838.00
19342	$1,885.30
19350	$1,718.02
19355	$1,418.22
19357	$3,163.71
19361	$3,390.79
19364	$5,818.32
19366	$2,874.41
19367	$3,764.94
19368	$4,679.71
19369	$4,250.61
19370	$1,388.32
19371	$1,604.89
19380	$1,566.10
19396	$443.65
19499	$0.00
20000	$413.75
20005	$616.58
20100	$1,229.93
20101	$792.75
20102	$926.89
20103	$1,132.96
20150	$2,000.86
20200	$385.46
20205	$526.07
20206	$531.73
20220	$366.07
20225	$1,387.51
20240	$475.16
20245	$1,300.23
20250	$788.71
20251	$875.17
20500	$238.39

CODE	MAXIMUM FEE
20501	$267.48
20520	$383.04
20525	$936.59
20526	$155.96
20550	$120.41
20551	$118.79
20552	$107.48
20553	$119.60
20555	$707.90
20600	$113.13
20605	$121.22
20610	$156.77
20612	$121.22
20615	$438.80
20650	$402.43
20660	$529.31
20661	$964.06
20662	$980.23
20663	$918.81
20664	$1,574.18
20665	$249.70
20670	$790.32
20680	$1,190.33
20690	$1,110.33
20692	$2,076.01
20693	$951.94
20694	$863.86
20696	$2,273.99
20697	$2,674.00
20802	$5,116.08
20805	$6,274.90
20808	$8,523.03
20816	$4,740.31
20822	$4,030.80
20824	$4,724.15
20827	$4,172.22
20838	$5,095.88
20900	$868.71
20902	$778.20
20910	$889.72
20912	$994.77
20920	$840.42
20922	$1,238.01
20924	$1,046.49
20926	$902.65
20930	$259.40
20931	$244.05
20936	$276.37
20937	$368.49
20938	$401.63
20950	$496.17
20955	$5,347.20
20956	$5,634.07
20957	$5,379.52

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
20962	$5,514.35
20969	$5,904.71
20970	$5,984.72
20972	$5,434.34
20973	$5,701.04
20974	$134.16
20975	$378.24
20979	$109.92
20982	$7,637.49
20985	$326.51
20999	$0.00
21010	$1,498.40
21015	$876.90
21025	$1,802.29
21026	$1,186.44
21029	$1,514.57
21030	$993.28
21031	$766.98
21032	$776.68
21034	$2,707.47
21040	$1,001.36
21044	$1,803.09
21045	$2,511.89
21046	$2,239.52
21047	$2,697.77
21048	$2,265.38
21049	$2,596.75
21050	$1,782.08
21060	$1,627.71
21070	$1,327.87
21073	$740.31
21076	$2,001.91
21077	$4,922.75
21079	$3,369.39
21080	$3,831.68
21081	$3,491.42
21082	$3,254.62
21083	$3,089.75
21084	$3,488.19
21085	$1,422.43
21086	$3,602.96
21087	$3,582.75
21088	$0.00
21089	$0.00
21100	$1,420.01
21110	$1,502.44
21116	$301.46
21120	$1,247.86
21121	$1,558.21
21122	$1,472.54
21123	$1,763.49
21125	$6,070.39
21127	$7,242.28
21137	$1,487.09

CODE	MAXIMUM FEE
21138	$1,859.44
21139	$2,063.89
21141	$2,791.18
21142	$2,756.43
21143	$2,838.86
21145	$3,205.73
21146	$3,427.15
21147	$3,489.38
21150	$3,483.72
21151	$4,201.31
21154	$4,240.10
21155	$4,910.82
21159	$5,941.15
21160	$5,990.45
21172	$3,713.22
21175	$4,500.31
21179	$3,071.59
21180	$3,510.39
21181	$1,465.09
21182	$4,226.36
21183	$4,765.37
21184	$5,117.70
21188	$3,346.34
21193	$2,576.22
21194	$2,926.94
21195	$2,748.35
21196	$3,002.90
21198	$2,358.84
21199	$2,128.54
21206	$2,320.86
21208	$3,456.24
21209	$1,645.29
21210	$4,139.90
21215	$7,042.59
21230	$1,582.26
21235	$1,454.58
21240	$2,299.04
21242	$2,099.44
21243	$3,453.82
21244	$2,135.00
21245	$2,301.47
21246	$1,760.04
21247	$3,348.77
21248	$2,176.21
21249	$3,025.53
21255	$2,970.58
21256	$2,404.10
21260	$2,697.44
21261	$4,649.00
21263	$4,170.60
21267	$3,164.52
21268	$3,966.96
21270	$1,831.96
21275	$1,661.45

CODE	MAXIMUM FEE
21280	$1,062.65
21282	$703.05
21295	$353.14
21296	$856.59
21299	BR
21310	$212.53
21315	$519.61
21320	$501.02
21325	$943.05
21330	$1,160.43
21335	$1,496.60
21336	$1,292.96
21337	$779.01
21338	$1,487.71
21339	$1,657.41
21340	$1,652.56
21343	$2,346.72
21344	$3,090.98
21345	$1,621.05
21346	$1,944.29
21347	$2,255.41
21348	$2,410.56
21355	$875.17
21356	$982.65
21360	$1,081.24
21365	$2,266.72
21366	$2,535.01
21385	$1,458.62
21386	$1,361.65
21387	$1,523.27
21390	$1,569.33
21395	$1,986.31
21400	$353.14
21401	$941.44
21406	$1,102.25
21407	$1,306.70
21408	$1,800.45
21421	$1,457.81
21422	$1,369.73
21423	$1,629.13
21431	$1,489.33
21432	$1,360.84
21433	$3,507.96
21435	$2,762.09
21436	$4,067.98
21440	$1,056.99
21445	$1,505.49
21450	$1,099.02
21451	$1,455.39
21452	$1,192.76
21453	$1,684.89
21454	$1,128.11
21461	$3,805.34
21462	$4,117.27

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
21465	$1,872.60
21470	$2,443.19
21480	$181.04
21485	$1,300.39
21490	$1,910.58
21495	$1,369.09
21497	$1,313.33
21499	$0.00
21501	$872.86
21502	$1,074.91
21510	$949.64
21550	$510.78
21555	$863.97
21556	$845.38
21557	$1,199.37
21600	$1,135.52
21610	$2,236.29
21615	$1,398.99
21616	$1,787.74
21620	$1,079.76
21627	$1,134.71
21630	$2,643.62
21632	$2,616.14
21685	$2,037.47
21700	$862.35
21705	$1,349.69
21720	$848.61
21725	$1,103.19
21740	$2,278.32
21742	$2,071.42
21743	$2,726.06
21750	$1,512.95
21800	$194.78
21805	$525.33
21810	$1,031.26
21820	$261.05
21825	$1,172.70
21899	$0.00
21920	$509.17
21925	$846.19
21930	$943.98
21935	$2,414.90
22010	$1,858.86
22015	$1,848.35
22100	$1,694.80
22101	$1,684.29
22102	$1,677.02
22103	$307.92
22110	$2,107.79
22112	$2,035.86
22114	$2,090.81
22116	$307.92
22206	$5,000.33
22207	$4,933.25

CODE	MAXIMUM FEE
22208	$1,270.33
22210	$3,700.29
22212	$3,044.92
22214	$3,063.51
22216	$806.48
22220	$3,335.84
22222	$3,025.53
22224	$3,279.27
22226	$803.25
22305	$377.38
22310	$580.22
22315	$1,742.26
22318	$3,338.26
22319	$3,673.62
22325	$2,904.31
22326	$3,036.84
22327	$3,002.90
22328	$606.88
22505	$257.78
22520	$4,686.98
22521	$4,563.34
22522	$548.70
22523	$1,298.62
22524	$1,242.86
22525	$582.64
22526	$3,943.53
22527	$3,053.81
22532	$3,601.70
22533	$3,368.97
22534	$795.17
22548	$3,861.10
22554	$2,687.74
22556	$3,440.89
22558	$3,139.47
22585	$736.99
22590	$3,212.20
22595	$3,046.54
22600	$2,610.97
22610	$2,572.99
22612	$3,326.95
22614	$858.20
22630	$3,211.39
22632	$698.20
22800	$2,826.73
22802	$4,497.88
22804	$5,192.04
22808	$3,818.27
22810	$4,248.18
22812	$4,640.92
22818	$4,707.18
22819	$5,428.82
22830	$1,687.31
22840	$1,677.62
22841	$755.57

CODE	MAXIMUM FEE
22842	$1,680.04
22843	$1,786.71
22844	$2,181.06
22845	$1,609.74
22846	$1,671.15
22847	$1,836.81
22848	$794.36
22849	$2,739.46
22850	$1,493.37
22851	$894.57
22852	$1,426.30
22855	$2,325.71
22856	$3,486.95
22857	$3,575.84
22861	$4,221.51
22862	$4,162.52
22864	$3,920.09
22865	$4,440.51
22899	BR
22900	$842.04
22999	BR
23000	$1,064.27
23020	$1,428.72
23030	$850.12
23031	$774.97
23035	$1,415.79
23040	$1,487.71
23044	$1,179.02
23065	$428.29
23066	$1,011.74
23075	$518.80
23076	$1,158.01
23077	$2,455.82
23100	$1,002.85
23101	$922.04
23105	$1,315.59
23106	$977.80
23107	$1,367.31
23120	$1,181.44
23125	$1,455.39
23130	$1,242.86
23140	$1,056.99
23145	$1,426.30
23146	$1,240.43
23150	$1,347.10
23155	$1,638.02
23156	$1,390.74
23170	$1,090.94
23172	$1,115.18
23174	$1,554.78
23180	$1,414.18
23182	$1,363.26
23184	$1,541.05
23190	$1,145.89

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SURGERY

CODE	MAXIMUM FEE
23195	$1,558.21
23200	$1,836.23
23210	$1,921.09
23220	$2,229.02
23221	$2,605.64
23222	$3,541.53
23330	$446.93
23331	$1,210.68
23332	$1,841.08
23350	$320.86
23395	$2,681.61
23397	$2,404.40
23400	$2,037.47
23405	$1,309.28
23406	$1,638.22
23410	$1,743.29
23412	$1,823.30
23415	$1,449.91
23420	$2,035.86
23430	$1,540.43
23440	$1,589.73
23450	$1,995.45
23455	$2,128.80
23460	$2,303.37
23462	$2,258.92
23465	$2,358.33
23466	$2,317.92
23470	$2,565.23
23472	$3,175.42
23480	$1,713.38
23485	$2,025.35
23490	$1,734.40
23491	$2,132.84
23500	$413.80
23505	$685.35
23515	$1,444.25
23520	$429.96
23525	$666.77
23530	$1,112.08
23532	$1,280.19
23540	$423.50
23545	$610.19
23550	$1,179.97
23552	$1,359.39
23570	$443.70
23575	$757.28
23585	$1,953.42
23600	$619.89
23605	$919.73
23615	$1,795.01
23616	$2,716.36
23620	$510.78
23625	$745.16
23630	$1,538.00

CODE	MAXIMUM FEE
23650	$572.94
23655	$770.12
23660	$1,196.80
23665	$828.30
23670	$1,725.29
23675	$1,084.47
23680	$1,876.41
23700	$402.43
23800	$2,142.27
23802	$2,597.23
23900	$2,779.86
23920	$2,248.94
23921	$811.33
23929	BR
23930	$704.66
23931	$548.70
23935	$1,019.01
24000	$968.10
24006	$1,466.70
24065	$499.41
24066	$1,170.13
24075	$946.29
24076	$972.14
24077	$1,684.89
24100	$826.69
24101	$1,018.21
24102	$1,265.48
24105	$681.23
24110	$1,197.60
24115	$1,514.38
24116	$1,800.45
24120	$1,070.73
24125	$1,231.54
24126	$1,308.31
24130	$1,033.56
24134	$1,556.40
24136	$1,232.35
24138	$1,357.61
24140	$1,481.25
24145	$1,241.24
24147	$1,289.73
24149	$2,385.51
24150	$2,030.76
24151	$2,332.18
24152	$1,519.23
24153	$1,603.27
24155	$1,764.89
24160	$1,245.28
24164	$1,016.59
24200	$391.12
24201	$1,097.40
24220	$352.33
24300	$791.13
24301	$1,559.63

CODE	MAXIMUM FEE
24305	$1,187.25
24310	$972.26
24320	$1,607.51
24330	$1,483.05
24331	$1,640.65
24332	$1,239.78
24340	$1,264.02
24341	$1,481.43
24342	$1,633.37
24343	$1,442.64
24344	$2,254.88
24345	$1,433.75
24346	$2,258.92
24357	$902.76
24358	$1,066.82
24359	$1,344.84
24360	$1,875.83
24361	$2,100.51
24362	$2,229.82
24363	$3,109.95
24365	$1,322.22
24366	$1,416.77
24400	$1,713.38
24410	$2,192.65
24420	$2,052.83
24430	$2,177.29
24435	$2,210.43
24470	$1,305.24
24495	$1,349.69
24498	$1,820.87
24500	$674.04
24505	$984.39
24515	$1,824.11
24516	$1,804.71
24530	$726.57
24535	$1,234.12
24538	$1,536.39
24545	$1,889.57
24546	$2,213.66
24560	$605.34
24565	$1,013.48
24566	$1,432.13
24575	$1,531.54
24576	$636.86
24577	$1,053.89
24579	$1,737.63
24582	$1,598.62
24586	$2,296.10
24587	$2,283.17
24600	$710.41
24605	$927.81
24615	$1,483.86
24620	$1,120.97
24635	$1,576.80

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SURGERY

CODE	MAXIMUM FEE
24640	$233.54
24650	$491.32
24655	$851.74
24665	$1,334.17
24666	$1,516.00
24670	$552.74
24675	$901.84
24685	$1,343.06
24800	$1,642.06
24802	$2,089.75
24900	$1,485.29
24920	$1,478.01
24925	$1,144.27
24930	$1,566.91
24931	$1,751.15
24935	$2,120.45
24940	$2,161.67
24999	$0.00
25000	$705.47
25001	$668.30
25020	$1,169.32
25023	$2,256.22
25024	$1,574.99
25025	$2,421.07
25028	$1,040.83
25031	$766.08
25035	$1,329.32
25040	$1,176.59
25065	$495.37
25066	$767.70
25075	$671.53
25076	$907.50
25077	$1,541.85
25085	$946.29
25100	$701.43
25101	$828.30
25105	$1,006.89
25107	$1,247.71
25109	$1,068.31
25110	$735.37
25111	$637.59
25112	$780.62
25115	$1,645.29
25116	$1,332.56
25118	$782.24
25119	$1,037.60
25120	$1,138.61
25125	$1,322.05
25126	$1,340.64
25130	$918.00
25135	$1,146.69
25136	$1,017.40
25145	$1,168.51
25150	$1,191.14

CODE	MAXIMUM FEE
25151	$1,316.39
25170	$1,835.20
25210	$1,006.08
25215	$1,297.81
25230	$891.33
25240	$904.26
25246	$357.99
25248	$897.80
25250	$1,071.54
25251	$1,460.24
25259	$792.75
25260	$1,394.78
25263	$1,392.36
25265	$1,654.18
25270	$1,120.03
25272	$1,261.44
25274	$1,495.79
25275	$1,378.62
25280	$1,276.80
25290	$1,080.43
25295	$1,188.72
25300	$1,402.86
25301	$1,338.21
25310	$1,383.47
25312	$1,601.65
25315	$1,718.83
25316	$1,985.50
25320	$1,970.96
25332	$1,751.15
25335	$1,983.89
25337	$1,817.42
25350	$1,526.50
25355	$1,718.83
25360	$1,481.25
25365	$2,021.87
25370	$2,202.07
25375	$2,126.92
25390	$1,726.10
25391	$2,196.42
25392	$2,225.51
25393	$2,511.57
25394	$1,605.69
25400	$1,813.38
25405	$2,304.70
25415	$2,165.71
25420	$2,577.84
25425	$2,225.51
25426	$2,337.03
25430	$1,459.43
25431	$1,629.94
25440	$1,612.97
25441	$1,957.22
25442	$1,661.45
25443	$1,591.15

CODE	MAXIMUM FEE
25444	$1,704.49
25445	$1,493.55
25446	$2,456.93
25447	$1,681.86
25449	$2,153.85
25450	$1,253.52
25455	$1,411.93
25490	$1,568.72
25491	$1,658.43
25492	$2,004.34
25500	$503.51
25505	$989.24
25515	$1,382.02
25520	$1,093.49
25525	$1,676.21
25526	$2,046.36
25530	$488.15
25535	$959.33
25545	$1,294.74
25560	$509.97
25565	$1,035.30
25574	$1,349.69
25575	$1,841.08
25600	$556.85
25605	$1,213.92
25606	$1,352.93
25607	$1,461.23
25608	$1,674.59
25609	$2,138.50
25622	$570.59
25624	$905.99
25628	$1,467.69
25630	$585.14
25635	$857.50
25645	$1,161.38
25650	$609.38
25651	$957.72
25652	$1,263.22
25660	$796.08
25670	$1,252.71
25671	$1,055.51
25675	$841.34
25676	$1,297.97
25680	$922.16
25685	$1,510.53
25690	$935.09
25695	$1,301.20
25800	$1,539.62
25805	$1,774.81
25810	$1,787.74
25820	$1,257.56
25825	$1,546.89
25830	$1,929.17
25900	$1,538.81

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
25905	$1,524.08
25907	$1,327.71
25909	$1,500.64
25915	$2,636.02
25920	$1,410.13
25922	$1,191.14
25924	$1,377.00
25927	$1,595.19
25929	$1,153.16
25931	$1,453.77
25999	$0.00
26010	$496.17
26011	$758.81
26020	$860.63
26025	$842.04
26030	$995.58
26034	$1,079.62
26035	$1,678.42
26037	$1,163.66
26040	$617.39
26045	$944.67
26055	$1,107.91
26060	$528.50
26070	$600.42
26075	$636.78
26080	$769.31
26100	$645.67
26105	$661.83
26110	$634.36
26115	$1,218.61
26116	$968.91
26117	$1,325.28
26121	$1,218.61
26123	$1,663.07
26125	$599.61
26130	$924.47
26135	$1,123.26
26140	$1,019.82
26145	$1,037.60
26160	$1,110.33
26170	$813.76
26180	$890.53
26185	$1,061.04
26200	$916.39
26205	$1,231.54
26210	$886.49
26215	$1,125.68
26230	$1,026.29
26235	$1,006.89
26236	$891.33
26250	$1,187.91
26255	$1,808.53
26260	$1,112.75
26261	$1,375.39

CODE	MAXIMUM FEE
26262	$930.12
26320	$692.54
26340	$619.00
26350	$1,435.19
26352	$1,633.17
26356	$2,126.92
26357	$1,756.81
26358	$1,857.01
26370	$1,556.40
26372	$1,806.91
26373	$1,714.79
26390	$1,687.31
26392	$1,971.76
26410	$1,141.04
26412	$1,387.51
26415	$1,457.00
26416	$1,553.17
26418	$1,144.27
26420	$1,443.27
26426	$1,163.66
26428	$1,516.00
26432	$998.00
26433	$1,071.54
26434	$1,287.30
26437	$1,254.17
26440	$1,256.60
26442	$1,903.88
26445	$1,165.28
26449	$1,530.54
26450	$809.72
26455	$804.06
26460	$781.43
26471	$1,235.58
26474	$1,183.06
26476	$1,153.16
26477	$1,163.66
26478	$1,263.87
26479	$1,250.94
26480	$1,519.23
26483	$1,718.02
26485	$1,644.48
26489	$1,777.82
26490	$1,591.15
26492	$1,774.59
26494	$1,612.16
26496	$1,750.34
26497	$1,750.34
26498	$2,344.30
26499	$1,672.77
26500	$1,261.44
26502	$1,427.10
26508	$1,270.33
26510	$1,200.84
26516	$1,422.26

CODE	MAXIMUM FEE
26517	$1,677.82
26518	$1,691.56
26520	$1,314.13
26525	$1,319.79
26530	$1,089.45
26531	$1,267.26
26535	$814.67
26536	$1,353.74
26540	$1,334.34
26541	$1,632.56
26542	$1,379.60
26545	$1,404.65
26546	$1,971.20
26548	$1,547.70
26550	$3,047.72
26551	$6,708.87
26553	$5,741.45
26554	$7,683.56
26555	$2,808.50
26556	$5,933.80
26560	$1,149.26
26561	$1,844.31
26562	$2,688.07
26565	$1,366.67
26567	$1,381.21
26568	$1,821.68
26580	$2,852.14
26587	$1,950.99
26590	$2,614.53
26591	$875.28
26593	$1,197.75
26596	$1,496.79
26600	$529.37
26605	$615.04
26607	$886.60
26608	$958.53
26615	$1,107.23
26641	$701.52
26645	$807.39
26650	$960.95
26665	$1,227.66
26670	$634.44
26675	$863.16
26676	$1,004.59
26685	$1,141.99
26686	$1,266.45
26700	$604.53
26705	$790.42
26706	$871.24
26715	$1,110.47
26720	$367.73
26725	$660.30
26727	$941.55
26735	$1,156.53

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
26740	$429.10
26742	$723.25
26746	$1,408.52
26750	$343.44
26755	$604.46
26756	$829.11
26765	$937.40
26770	$512.34
26775	$735.37
26776	$882.45
26785	$1,021.44
26820	$1,596.81
26841	$1,478.01
26842	$1,606.50
26843	$1,485.29
26844	$1,658.22
26850	$1,406.90
26852	$1,612.97
26860	$1,125.68
26861	$226.27
26862	$1,466.70
26863	$503.45
26910	$1,445.69
26951	$1,242.05
26952	$1,307.51
26989	$0.00
26990	$1,263.87
26991	$1,406.90
26992	$1,998.43
27000	$920.43
27001	$1,117.60
27003	$1,194.37
27005	$1,516.80
27006	$1,531.35
27025	$1,848.93
27027	$1,806.91
27030	$1,980.65
27033	$2,050.15
27035	$2,281.27
27036	$2,092.98
27040	$679.61
27041	$1,424.68
27047	$1,259.83
27048	$976.99
27049	$2,074.39
27050	$712.74
27052	$1,141.04
27054	$1,405.29
27057	$1,988.73
27060	$880.83
27062	$922.85
27065	$1,028.71
27066	$1,676.81
27067	$2,115.61

CODE	MAXIMUM FEE
27070	$1,752.77
27071	$1,882.87
27075	$4,867.99
27076	$3,353.62
27077	$5,615.49
27078	$2,116.41
27079	$2,020.25
27080	$1,012.55
27086	$488.90
27087	$1,307.51
27090	$1,735.80
27091	$3,364.93
27093	$395.97
27095	$477.59
27096	$362.03
27097	$1,384.28
27098	$1,277.61
27100	$1,705.09
27105	$1,779.44
27110	$1,994.39
27111	$1,778.63
27120	$2,707.94
27122	$2,318.44
27125	$2,357.23
27130	$3,046.54
27132	$3,558.87
27134	$4,135.86
27137	$3,149.17
27138	$3,278.46
27140	$1,881.26
27146	$2,652.99
27147	$3,095.02
27151	$3,229.17
27156	$3,612.21
27158	$2,897.04
27161	$2,568.14
27165	$2,863.91
27170	$2,484.10
27175	$1,377.81
27176	$1,910.35
27177	$2,328.14
27178	$1,886.91
27179	$2,033.18
27181	$2,238.44
27185	$1,458.62
27187	$2,086.51
27193	$951.13
27194	$1,486.90
27200	$343.44
27202	$1,312.35
27215	$1,546.70
27216	$2,254.60
27217	$2,131.77
27218	$2,917.24

CODE	MAXIMUM FEE
27220	$1,071.67
27222	$2,041.51
27226	$2,176.48
27227	$3,526.98
27228	$4,040.19
27230	$953.68
27232	$1,624.48
27235	$1,906.54
27236	$2,493.30
27238	$921.35
27240	$1,993.02
27244	$2,564.42
27245	$2,675.95
27246	$781.53
27248	$1,576.80
27250	$497.85
27252	$1,572.76
27253	$1,982.51
27254	$2,684.03
27256	$598.88
27257	$699.90
27258	$2,325.19
27259	$3,262.70
27265	$794.46
27266	$1,196.14
27267	$852.65
27268	$1,057.93
27269	$2,551.49
27275	$370.96
27280	$2,153.85
27282	$1,684.29
27284	$3,278.87
27286	$3,437.27
27290	$3,294.22
27295	$2,665.44
27299	$0.00
27301	$1,327.87
27303	$1,320.60
27305	$961.76
27306	$779.10
27307	$959.33
27310	$1,505.68
27323	$529.37
27324	$781.53
27325	$1,084.60
27326	$1,002.17
27327	$903.57
27328	$862.35
27329	$2,155.47
27330	$821.13
27331	$970.65
27332	$1,318.98
27333	$1,193.71
27334	$1,403.84

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
27335	$1,589.53
27340	$741.03
27345	$981.84
27347	$1,050.53
27350	$1,340.64
27355	$1,242.86
27356	$1,525.69
27357	$1,695.39
27358	$621.43
27360	$1,759.23
27365	$2,568.14
27370	$337.79
27372	$1,190.33
27380	$1,215.38
27381	$1,661.45
27385	$1,302.66
27386	$1,722.87
27390	$901.03
27391	$1,175.79
27392	$1,451.35
27393	$1,042.45
27394	$1,349.53
27395	$1,830.35
27396	$1,267.10
27397	$1,863.48
27400	$1,406.90
27403	$1,327.71
27405	$1,398.82
27407	$1,600.04
27409	$2,012.98
27412	$3,500.69
27415	$2,949.57
27416	$2,019.44
27418	$1,734.99
27420	$1,553.98
27422	$1,547.51
27424	$1,551.55
27425	$901.03
27427	$1,489.33
27428	$2,292.58
27429	$2,567.33
27430	$1,537.81
27435	$1,646.10
27437	$1,366.50
27438	$1,753.58
27440	$1,602.46
27441	$1,654.99
27442	$1,818.23
27443	$1,701.05
27445	$2,655.42
27446	$2,356.42
27447	$3,263.11
27448	$1,713.98
27450	$2,136.62

CODE	MAXIMUM FEE
27454	$2,698.25
27455	$1,974.19
27457	$2,034.80
27465	$2,550.36
27466	$2,484.10
27468	$2,818.65
27470	$2,477.63
27472	$2,680.47
27475	$1,355.99
27477	$1,526.50
27479	$1,981.46
27485	$1,391.55
27486	$2,973.81
27487	$3,756.86
27488	$2,512.38
27495	$2,383.09
27496	$1,032.75
27497	$1,124.07
27498	$1,225.08
27499	$1,361.65
27500	$1,040.83
27501	$1,023.86
27502	$1,639.63
27503	$1,669.53
27506	$2,791.99
27507	$2,073.58
27508	$1,048.11
27509	$1,323.67
27510	$1,447.31
27511	$2,143.89
27513	$2,700.67
27514	$2,183.49
27516	$977.80
27517	$1,381.85
27519	$1,970.15
27520	$614.96
27524	$1,570.14
27530	$774.16
27532	$1,246.09
27535	$1,910.35
27536	$2,488.95
27538	$928.51
27540	$1,745.50
27550	$978.61
27552	$1,278.41
27556	$1,937.02
27557	$2,317.63
27558	$2,594.00
27560	$711.94
27562	$941.44
27566	$1,871.56
27570	$302.23
27580	$3,032.80
27590	$1,730.95

CODE	MAXIMUM FEE
27591	$1,920.28
27592	$1,467.69
27594	$1,060.36
27596	$1,538.81
27598	$1,565.48
27599	$0.00
27600	$880.94
27601	$910.84
27602	$1,081.37
27603	$1,049.85
27604	$922.16
27605	$731.42
27606	$621.51
27607	$1,276.96
27610	$1,363.43
27612	$1,187.25
27613	$496.23
27614	$1,127.44
27615	$1,834.61
27618	$985.20
27619	$1,574.37
27620	$958.53
27625	$1,241.40
27626	$1,343.23
27630	$1,077.33
27635	$1,234.93
27637	$1,566.29
27638	$1,635.80
27640	$1,807.94
27641	$1,447.49
27645	$2,196.69
27646	$1,940.49
27647	$1,715.00
27648	$325.70
27650	$1,413.54
27652	$1,555.79
27654	$1,516.18
27656	$1,082.18
27658	$798.50
27659	$1,050.66
27664	$761.32
27665	$872.86
27675	$1,070.87
27676	$1,300.39
27680	$905.99
27681	$1,080.56
27685	$1,281.00
27686	$1,179.16
27687	$969.84
27690	$1,334.34
27691	$1,567.91
27692	$240.84
27695	$1,032.07
27696	$1,233.31

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
27698	$1,385.89
27700	$1,308.31
27702	$2,098.64
27703	$2,429.15
27704	$1,186.29
27705	$1,609.74
27707	$812.95
27709	$2,325.71
27712	$2,292.58
27715	$2,240.86
27720	$1,841.66
27722	$1,837.62
27724	$2,710.37
27725	$2,514.81
27726	$1,899.04
27727	$2,047.73
27730	$1,235.58
27732	$828.30
27734	$1,247.71
27740	$1,388.32
27742	$1,464.28
27745	$1,579.84
27750	$665.87
27752	$1,077.20
27756	$1,170.94
27758	$1,855.40
27759	$2,105.10
27760	$640.02
27762	$962.45
27766	$1,265.48
27767	$505.87
27768	$824.26
27769	$1,437.61
27780	$572.13
27781	$833.15
27784	$1,424.68
27786	$606.88
27788	$840.42
27792	$1,442.46
27808	$634.36
27810	$941.44
27814	$1,621.05
27816	$600.42
27818	$969.72
27822	$1,772.16
27823	$2,021.06
27824	$603.65
27825	$1,107.10
27826	$1,689.74
27827	$2,266.72
27828	$2,707.94
27829	$1,343.87
27830	$702.24
27831	$770.93

CODE	MAXIMUM FEE
27832	$1,446.50
27840	$704.66
27842	$996.39
27846	$1,545.09
27848	$1,749.54
27860	$372.53
27870	$2,203.69
27871	$1,448.12
27880	$1,937.82
27881	$1,877.22
27882	$1,319.63
27884	$1,227.50
27886	$1,400.44
27888	$1,482.06
27889	$1,446.50
27892	$1,135.38
27893	$1,149.12
27894	$1,763.27
27899	BR
28001	$544.66
28002	$1,014.97
28003	$1,406.09
28005	$1,303.47
28008	$861.43
28010	$480.01
28011	$682.04
28020	$1,023.86
28022	$943.86
28024	$896.99
28035	$1,029.52
28043	$686.08
28045	$961.64
28046	$1,756.00
28050	$904.26
28052	$833.15
28054	$781.43
28055	$846.08
28060	$1,014.97
28062	$1,194.37
28070	$1,007.70
28072	$992.35
28080	$968.10
28086	$1,065.88
28088	$903.46
28090	$911.54
28092	$821.84
28100	$1,177.40
28102	$1,187.10
28103	$958.41
28104	$1,010.13
28106	$1,012.55
28107	$1,120.03
28108	$848.51
28110	$890.53

CODE	MAXIMUM FEE
28111	$1,015.10
28112	$960.14
28113	$1,145.22
28114	$2,089.20
28116	$1,493.55
28118	$1,158.96
28119	$1,031.26
28120	$1,144.41
28122	$1,332.72
28124	$943.17
28126	$761.32
28130	$1,350.50
28140	$1,254.33
28150	$849.42
28153	$791.23
28160	$812.24
28171	$1,325.45
28173	$1,495.17
28175	$1,094.30
28190	$483.30
28192	$933.47
28193	$1,071.67
28200	$933.47
28202	$1,243.82
28208	$898.72
28210	$1,158.15
28220	$887.40
28222	$1,026.41
28225	$770.21
28226	$926.20
28230	$852.65
28232	$754.86
28234	$782.34
28238	$1,365.86
28240	$877.71
28250	$1,118.55
28260	$1,370.71
28261	$1,984.94
28262	$2,786.67
28264	$1,779.66
28270	$948.83
28272	$774.26
28280	$1,042.58
28285	$918.92
28286	$897.91
28288	$1,148.45
28289	$1,457.18
28290	$1,137.14
28292	$1,543.66
28293	$2,057.68
28294	$1,497.59
28296	$1,472.54
28297	$1,662.47
28298	$1,432.94

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
28299	$1,840.85
28300	$1,416.60
28302	$1,400.44
28304	$1,594.38
28305	$1,473.17
28306	$1,191.95
28307	$1,402.86
28308	$1,078.01
28309	$1,910.35
28310	$1,061.84
28312	$972.14
28313	$1,023.05
28315	$938.20
28320	$1,339.02
28322	$1,550.74
28340	$1,230.74
28341	$1,419.02
28344	$941.44
28345	$1,141.04
28360	$2,063.08
28400	$481.63
28405	$791.13
28406	$1,089.32
28415	$2,401.67
28420	$2,528.54
28430	$450.11
28435	$639.21
28436	$871.13
28445	$2,266.72
28446	$2,472.79
28450	$416.17
28455	$579.41
28456	$556.78
28465	$1,279.22
28470	$416.17
28475	$530.11
28476	$689.31
28485	$1,100.63
28490	$266.67
28495	$337.79
28496	$816.99
28505	$1,302.66
28510	$231.92
28515	$305.46
28525	$1,097.40
28530	$223.84
28531	$722.44
28540	$397.59
28545	$490.52
28546	$920.43
28555	$1,712.36
28570	$343.44
28575	$661.03
28576	$728.10

CODE	MAXIMUM FEE
28585	$1,830.35
28600	$414.56
28605	$537.39
28606	$807.29
28615	$1,608.12
28630	$295.76
28635	$353.95
28636	$583.45
28645	$1,233.97
28660	$214.95
28665	$315.97
28666	$411.32
28675	$1,121.64
28705	$2,791.99
28715	$2,063.89
28725	$1,701.05
28730	$1,772.97
28735	$1,697.01
28737	$1,503.87
28740	$1,701.05
28750	$1,654.99
28755	$995.58
28760	$1,564.48
28800	$1,213.77
28805	$1,587.92
28810	$934.16
28820	$1,051.34
28825	$1,134.57
28890	$691.73
28899	BR
29000	$536.58
29010	$491.32
29015	$472.74
29020	$452.54
29025	$517.18
29035	$475.16
29040	$461.43
29044	$516.38
29046	$564.86
29049	$171.32
29055	$409.71
29058	$221.42
29065	$186.67
29075	$172.93
29085	$184.25
29086	$139.80
29105	$170.51
29125	$131.72
29126	$151.11
29130	$80.81
29131	$98.59
29200	$105.86
29220	$109.09
29240	$118.79

CODE	MAXIMUM FEE
29260	$102.64
29280	$98.60
29305	$463.10
29325	$515.63
29345	$269.13
29355	$278.83
29358	$302.27
29365	$240.84
29405	$177.00
29425	$191.54
29435	$235.19
29440	$105.07
29445	$295.80
29450	$311.97
29505	$149.52
29515	$140.63
29520	$99.41
29530	$104.26
29540	$86.48
29550	$84.05
29580	$105.87
29590	$113.96
29700	$127.70
29705	$135.78
29710	$236.80
29715	$178.61
29720	$158.41
29730	$131.74
29740	$189.12
29750	$206.90
29799	$0.00
29800	$1,067.63
29804	$1,329.49
29805	$969.84
29806	$2,225.78
29807	$2,167.59
29819	$1,217.15
29820	$1,123.40
29821	$1,226.85
29822	$1,191.29
29823	$1,303.63
29824	$1,386.87
29825	$1,215.53
29826	$1,395.76
29827	$2,284.78
29828	$1,909.78
29830	$935.90
29834	$1,019.95
29835	$1,047.43
29836	$1,201.79
29837	$1,098.34
29838	$1,226.85
29840	$914.07
29843	$982.77

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
29844	$1,023.05
29845	$1,162.86
29846	$1,075.58
29847	$1,115.99
29848	$1,013.36
29850	$1,185.48
29851	$1,962.07
29855	$1,639.63
29856	$2,099.44
29860	$1,345.49
29861	$1,494.99
29862	$1,665.49
29863	$1,642.87
29866	$2,180.25
29867	$2,639.25
29868	$3,547.56
29870	$840.42
29871	$1,058.61
29873	$1,054.57
29874	$1,107.91
29875	$1,023.86
29876	$1,343.87
29877	$1,271.14
29879	$1,360.84
29880	$1,421.45
29881	$1,323.67
29882	$1,435.19
29883	$1,755.19
29884	$1,267.10
29885	$1,538.62
29886	$1,296.19
29887	$1,529.73
29888	$2,084.09
29889	$2,541.47
29891	$1,440.03
29892	$1,471.55
29893	$1,187.10
29894	$1,083.66
29895	$1,048.11
29897	$1,098.21
29898	$1,226.70
29899	$2,209.35
29900	$941.44
29901	$1,032.75
29902	$1,103.86
29904	$1,279.22
29905	$1,376.19
29906	$1,449.73
29907	$1,781.86
29999	$0.00
30000	$453.34
30020	$438.80
30100	$275.56
30110	$444.46

CODE	MAXIMUM FEE
30115	$866.28
30117	$1,625.90
30118	$1,565.29
30120	$1,042.45
30124	$547.89
30125	$1,248.51
30130	$754.77
30140	$862.24
30150	$1,606.50
30160	$1,612.97
30200	$220.61
30210	$290.11
30220	$569.71
30300	$442.03
30310	$411.32
30320	$908.30
30400	$2,096.21
30410	$2,489.76
30420	$2,794.41
30430	$1,829.54
30435	$2,420.26
30450	$3,223.51
30460	$1,562.06
30462	$3,154.82
30465	$1,993.58
30520	$1,214.57
30540	$1,360.03
30545	$1,987.12
30560	$523.65
30580	$1,275.99
30600	$1,170.94
30620	$1,242.05
30630	$1,262.25
30801	$440.41
30802	$570.52
30901	$210.91
30903	$384.66
30905	$479.20
30906	$551.12
30915	$1,172.55
30920	$1,687.31
30930	$245.66
30999	BR
31000	$351.52
31002	$404.05
31020	$953.56
31030	$1,393.97
31032	$1,156.39
31040	$1,525.69
31050	$998.00
31051	$1,303.47
31070	$875.17
31075	$1,591.15
31080	$2,062.27

CODE	MAXIMUM FEE
31081	$2,546.64
31084	$2,401.97
31085	$2,553.10
31086	$2,271.85
31087	$2,261.34
31090	$2,022.92
31200	$1,071.67
31201	$1,486.28
31205	$1,735.21
31225	$3,741.97
31230	$4,194.56
31231	$379.05
31233	$535.84
31235	$616.66
31237	$664.34
31238	$683.74
31239	$1,361.82
31240	$345.91
31254	$593.22
31255	$877.71
31256	$429.96
31267	$692.63
31276	$1,106.43
31287	$505.13
31288	$585.95
31290	$2,426.22
31291	$2,562.80
31292	$2,099.70
31293	$2,286.40
31294	$2,626.65
31299	$0.00
31300	$2,567.65
31320	$1,304.43
31360	$4,085.45
31365	$5,119.95
31367	$4,424.09
31368	$4,948.61
31370	$4,163.85
31375	$3,937.55
31380	$3,883.40
31382	$4,247.90
31390	$5,705.89
31395	$6,057.46
31400	$2,039.09
31420	$1,713.38
31500	$239.23
31502	$75.97
31505	$168.11
31510	$429.96
31511	$431.58
31512	$425.92
31513	$282.06
31515	$424.31
31520	$328.13

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SURGERY

CODE	MAXIMUM FEE
31525	$511.53
31526	$338.59
31527	$413.75
31528	$308.69
31529	$348.29
31530	$426.68
31531	$459.00
31535	$408.09
31536	$455.77
31540	$523.65
31541	$572.94
31545	$771.74
31546	$1,181.44
31560	$678.00
31561	$743.45
31570	$712.74
31571	$540.62
31575	$236.77
31576	$459.00
31577	$496.98
31578	$576.98
31579	$447.69
31580	$2,447.73
31582	$3,896.66
31584	$3,125.73
31587	$2,037.22
31588	$2,311.97
31590	$1,810.14
31595	$1,562.87
31599	$0.00
31600	$855.78
31601	$562.44
31603	$482.44
31605	$398.39
31610	$1,456.20
31611	$1,088.51
31612	$166.47
31613	$901.84
31614	$1,492.56
31615	$378.19
31620	$589.91
31622	$663.45
31623	$724.87
31624	$673.96
31625	$727.29
31628	$872.75
31629	$1,334.17
31630	$448.50
31631	$505.06
31632	$164.85
31633	$197.18
31635	$748.30
31636	$492.94
31637	$175.36

CODE	MAXIMUM FEE
31638	$549.51
31640	$575.37
31641	$565.67
31643	$387.08
31645	$651.33
31646	$591.53
31656	$676.38
31715	$122.02
31717	$635.17
31720	$114.75
31725	$206.87
31730	$1,803.68
31750	$2,731.38
31755	$3,461.90
31760	$2,995.63
31766	$3,928.17
31770	$2,896.23
31775	$2,996.43
31780	$2,509.96
31781	$3,048.96
31785	$2,299.85
31786	$3,229.17
31800	$1,436.80
31805	$1,780.24
31820	$871.13
31825	$1,218.61
31830	$879.21
31899	BR
32035	$1,507.91
32036	$1,637.21
32095	$1,344.68
32100	$2,087.32
32110	$3,140.28
32120	$1,861.05
32124	$1,983.08
32140	$2,119.65
32141	$3,173.41
32150	$2,136.62
32151	$2,185.10
32160	$1,633.98
32200	$2,395.21
32201	$1,961.26
32215	$1,722.87
32220	$3,448.16
32225	$2,140.66
32310	$1,977.42
32320	$3,453.01
32400	$325.66
32402	$1,210.53
32405	$224.65
32420	$247.28
32421	$338.59
32422	$427.48
32440	$3,457.05

CODE	MAXIMUM FEE
32442	$6,337.10
32445	$7,184.09
32480	$3,263.51
32482	$3,479.30
32484	$3,138.24
32486	$4,968.01
32488	$5,040.74
32491	$3,227.95
32500	$3,151.98
32501	$552.00
32503	$3,986.04
32504	$4,580.07
32540	$3,569.82
32550	$1,675.40
32551	$391.98
32560	$628.78
32601	$686.97
32602	$745.16
32603	$965.80
32604	$1,083.80
32605	$855.88
32606	$1,036.11
32650	$1,467.69
32651	$2,298.52
32652	$3,486.57
32653	$2,229.82
32654	$2,451.27
32655	$2,040.71
32656	$1,757.03
32657	$1,736.82
32658	$1,584.07
32659	$1,606.70
32660	$2,261.34
32661	$1,769.96
32662	$1,981.71
32663	$3,032.37
32664	$1,889.57
32665	$2,619.38
32800	$2,017.27
32810	$1,952.61
32815	$5,705.08
32820	$2,899.01
32850	$0.00
32851	$5,628.30
32852	$6,227.18
32853	$6,734.73
32854	$7,322.29
32855	$0.00
32856	$0.00
32900	$2,966.09
32905	$2,932.96
32906	$3,643.37
32940	$2,687.27
32960	$299.03

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SURGERY

CODE	MAXIMUM FEE
32997	$785.47
32998	$6,000.14
32999	$0.00
33010	$273.14
33011	$267.48
33015	$1,162.05
33020	$1,895.80
33025	$1,754.39
33030	$2,805.72
33031	$3,131.39
33050	$2,168.13
33120	$3,432.00
33130	$3,015.83
33140	$3,424.73
33141	$344.25
33202	$1,710.75
33203	$1,792.37
33206	$1,034.37
33207	$1,107.91
33208	$1,191.95
33210	$408.90
33211	$411.32
33212	$774.16
33213	$882.45
33214	$1,094.98
33215	$699.81
33216	$859.82
33217	$853.35
33218	$888.91
33220	$896.99
33222	$785.47
33223	$948.71
33224	$1,156.39
33225	$1,041.64
33226	$1,119.22
33233	$547.89
33234	$1,111.14
33235	$1,436.80
33236	$1,716.40
33237	$1,889.34
33238	$2,046.11
33240	$1,058.61
33241	$517.18
33243	$2,985.12
33244	$1,952.37
33249	$2,058.23
33250	$3,221.09
33251	$3,570.99
33254	$3,015.02
33255	$3,684.13
33256	$4,400.10
33257	$1,258.21
33258	$1,423.06
33259	$1,866.71

CODE	MAXIMUM FEE
33261	$3,549.98
33265	$3,008.56
33266	$4,133.43
33282	$733.75
33284	$528.50
33300	$5,021.53
33305	$8,342.02
33310	$2,570.57
33315	$3,267.96
33320	$2,323.29
33321	$2,635.21
33322	$3,045.73
33330	$3,071.59
33332	$3,074.82
33335	$4,156.87
33400	$4,979.51
33401	$3,318.06
33403	$3,332.60
33404	$3,950.80
33405	$5,112.85
33406	$6,277.32
33410	$5,536.29
33411	$7,210.68
33412	$5,536.29
33413	$7,139.56
33414	$4,778.30
33415	$4,425.16
33416	$4,457.48
33417	$3,726.15
33420	$2,981.08
33422	$3,735.85
33425	$5,763.37
33426	$5,268.00
33427	$5,520.13
33430	$6,073.68
33460	$5,123.35
33463	$6,459.95
33464	$5,233.26
33465	$5,849.84
33468	$4,154.44
33470	$2,581.88
33471	$2,940.68
33472	$2,973.00
33474	$4,498.69
33475	$5,103.96
33476	$3,212.20
33478	$3,490.18
33496	$3,731.81
33500	$3,501.50
33501	$2,408.95
33502	$2,805.72
33503	$2,969.77
33504	$3,200.88
33505	$4,332.22

CODE	MAXIMUM FEE
33506	$4,558.25
33507	$3,859.96
33508	$36.37
33510	$4,345.69
33511	$4,736.05
33512	$5,320.38
33513	$5,436.76
33514	$5,751.15
33516	$5,984.72
33517	$412.18
33518	$889.02
33519	$1,188.05
33521	$1,441.02
33522	$1,645.50
33523	$1,880.68
33530	$1,129.06
33533	$4,239.82
33534	$4,912.24
33535	$5,448.08
33536	$5,837.63
33542	$5,599.21
33545	$6,607.04
33548	$6,497.93
33572	$527.75
33600	$3,804.20
33602	$3,612.65
33606	$3,943.21
33608	$4,055.55
33610	$3,954.52
33611	$4,327.10
33612	$4,489.55
33615	$4,450.76
33617	$4,800.71
33619	$5,867.53
33641	$3,546.38
33645	$3,511.63
33647	$3,717.72
33660	$3,918.96
33665	$4,217.19
33670	$4,397.42
33675	$4,398.22
33676	$4,586.54
33677	$4,767.57
33681	$4,066.86
33684	$4,116.97
33688	$4,168.70
33690	$2,540.17
33692	$3,931.08
33694	$4,430.55
33697	$4,732.01
33702	$3,402.52
33710	$4,125.05
33720	$3,451.82
33722	$3,363.73

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SURGERY

CODE	MAXIMUM FEE
33724	$3,505.54
33726	$4,571.42
33730	$4,360.51
33732	$3,629.99
33735	$2,741.08
33736	$3,082.90
33737	$2,885.73
33750	$2,851.78
33755	$2,868.76
33762	$2,860.67
33764	$2,815.42
33766	$3,114.42
33767	$3,147.55
33768	$959.21
33770	$4,781.53
33771	$4,893.85
33774	$4,034.84
33775	$4,197.27
33776	$4,412.23
33777	$4,334.65
33778	$5,308.41
33779	$5,006.18
33780	$5,224.37
33781	$5,197.70
33786	$5,108.81
33788	$3,456.24
33800	$2,165.71
33802	$2,320.06
33803	$2,542.28
33813	$2,875.22
33814	$3,388.36
33820	$2,167.32
33822	$2,306.32
33824	$2,603.70
33840	$2,609.35
33845	$3,035.22
33851	$2,793.60
33852	$2,998.86
33853	$4,179.49
33860	$6,919.76
33861	$5,445.79
33863	$6,937.54
33864	$7,129.87
33870	$5,683.37
33875	$4,404.15
33877	$7,747.25
33880	$4,004.14
33881	$3,436.85
33883	$2,522.08
33884	$923.66
33886	$2,166.52
33889	$1,827.11
33891	$2,285.31
33910	$3,676.05

CODE	MAXIMUM FEE
33915	$2,896.23
33916	$3,683.32
33917	$3,344.73
33920	$4,031.61
33922	$3,044.92
33924	$647.29
33925	$3,933.83
33926	$5,230.02
33930	BR
33933	BR
33935	$7,739.98
33940	BR
33944	BR
33945	$10,126.30
33960	$2,244.09
33961	$1,233.97
33967	$606.08
33968	$78.39
33970	$822.65
33971	$1,573.37
33973	$1,200.84
33974	$2,008.94
33975	$2,495.41
33976	$2,769.36
33977	$2,674.00
33978	$2,949.57
33979	$5,478.92
33980	$8,012.31
33999	BR
34001	$2,139.04
34051	$2,156.01
34101	$1,368.92
34111	$1,368.11
34151	$3,175.02
34201	$2,207.73
34203	$2,191.57
34401	$3,259.88
34421	$1,654.18
34451	$3,428.77
34471	$2,358.84
34490	$1,376.19
34501	$2,138.23
34502	$3,455.44
34510	$2,417.84
34520	$2,323.29
34530	$2,172.98
34800	$2,596.43
34802	$2,825.12
34803	$2,880.07
34804	$2,822.69
34805	$2,646.53
34806	$242.43
34808	$476.78
34812	$794.36

CODE	MAXIMUM FEE
34813	$547.96
34820	$1,135.52
34825	$1,582.46
34826	$469.56
34830	$4,163.85
34831	$4,412.77
34832	$4,472.58
34833	$1,408.69
34834	$638.48
34900	$2,063.33
35001	$2,582.20
35002	$2,726.87
35005	$2,350.25
35011	$2,267.81
35013	$2,811.73
35021	$2,754.35
35022	$3,110.76
35045	$2,204.77
35081	$3,939.17
35082	$4,958.31
35091	$4,191.33
35092	$5,918.45
35102	$4,276.99
35103	$5,127.22
35111	$3,157.64
35112	$3,864.00
35121	$3,753.28
35122	$4,482.28
35131	$3,205.32
35132	$3,864.81
35141	$2,539.36
35142	$3,034.79
35151	$2,862.64
35152	$3,320.09
35180	$1,873.41
35182	$3,907.65
35184	$2,300.95
35188	$1,931.60
35189	$3,603.76
35190	$1,684.29
35201	$2,115.06
35206	$1,727.12
35207	$1,559.02
35211	$3,065.50
35216	$4,214.76
35221	$3,156.83
35226	$1,905.74
35231	$2,650.90
35236	$2,210.43
35241	$3,206.94
35246	$3,486.57
35251	$3,756.51
35256	$2,326.00
35261	$2,350.25

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CODE	MAXIMUM FEE
35266	$1,945.90
35271	$3,059.47
35276	$3,216.24
35281	$3,590.39
35286	$2,132.58
35301	$2,392.78
35302	$2,547.94
35303	$2,803.30
35304	$2,915.62
35305	$2,800.07
35306	$1,050.53
35311	$3,418.26
35321	$2,033.99
35331	$3,360.89
35341	$3,167.75
35351	$2,939.87
35355	$2,386.32
35361	$3,619.48
35363	$3,937.06
35371	$1,882.06
35372	$2,260.26
35390	$370.11
35400	$349.91
35450	$1,179.02
35452	$820.22
35454	$720.83
35456	$871.94
35458	$1,116.79
35459	$1,027.10
35460	$713.55
35470	$6,157.72
35471	$6,764.61
35472	$4,695.06
35473	$4,482.53
35474	$5,976.71
35475	$4,833.25
35476	$3,647.76
35480	$1,276.80
35481	$926.08
35482	$807.29
35483	$976.18
35484	$1,211.34
35485	$1,132.15
35490	$1,378.62
35491	$931.74
35492	$838.81
35493	$1,023.05
35494	$1,293.77
35495	$1,186.29
35500	$741.03
35501	$3,567.76
35506	$3,018.25
35508	$3,113.61
35509	$3,428.77

CODE	MAXIMUM FEE
35510	$2,844.51
35511	$2,701.48
35512	$2,774.21
35515	$3,006.94
35516	$2,747.54
35518	$2,751.58
35521	$2,893.00
35522	$2,711.98
35523	$2,869.56
35525	$2,548.75
35526	$3,775.44
35531	$4,623.14
35533	$3,575.84
35535	$4,590.82
35536	$3,990.40
35537	$4,948.80
35538	$5,554.07
35539	$5,151.64
35540	$5,771.45
35548	$2,744.31
35549	$2,984.31
35551	$3,400.48
35556	$3,147.55
35558	$2,795.22
35560	$4,076.06
35563	$3,120.88
35565	$3,020.68
35566	$3,779.48
35570	$3,544.33
35571	$3,066.74
35572	$802.44
35583	$3,249.37
35585	$3,813.42
35587	$3,162.10
35600	$590.72
35601	$3,295.43
35606	$2,673.19
35612	$2,092.98
35616	$2,547.94
35621	$2,535.82
35623	$3,108.76
35626	$3,573.42
35631	$4,258.69
35632	$4,358.89
35633	$4,707.18
35634	$4,265.96
35636	$3,773.02
35637	$3,907.97
35638	$3,992.82
35642	$2,357.23
35645	$2,242.48
35646	$3,942.72
35647	$3,568.57
35650	$2,440.46

CODE	MAXIMUM FEE
35651	$3,156.02
35654	$3,150.36
35656	$2,483.60
35661	$2,484.41
35663	$2,878.81
35665	$2,699.39
35666	$2,909.52
35671	$2,563.61
35681	$185.08
35682	$825.98
35683	$973.88
35685	$463.91
35686	$387.94
35691	$2,262.96
35693	$2,005.95
35694	$2,339.74
35695	$2,435.11
35697	$345.10
35700	$355.61
35701	$1,206.64
35721	$1,027.22
35741	$1,124.21
35761	$829.21
35800	$1,065.21
35820	$4,118.59
35840	$1,394.15
35860	$899.53
35870	$2,920.03
35875	$1,347.27
35876	$2,160.32
35879	$2,112.63
35881	$2,349.44
35883	$2,743.84
35884	$2,894.97
35901	$1,130.67
35903	$1,278.57
35905	$3,981.19
35907	$4,386.10
36000	$54.15
36002	$368.54
36005	$732.23
36010	$1,267.26
36011	$2,005.14
36012	$1,884.72
36013	$1,742.48
36014	$1,816.03
36015	$1,991.40
36100	$1,158.15
36120	$956.10
36140	$1,056.32
36145	$1,045.00
36160	$1,164.62
36200	$1,412.73
36215	$2,484.41

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
36216	$2,715.22
36217	$4,422.73
36218	$416.98
36245	$2,740.27
36246	$2,694.21
36247	$4,227.17
36248	$358.80
36260	$1,284.07
36261	$780.62
36262	$594.76
36299	$0.00
36400	$55.76
36405	$50.91
36406	$36.36
36410	$40.41
36415	$10.51
36416	$9.70
36420	$107.48
36425	$84.85
36430	$80.81
36440	$113.94
36450	$261.82
36455	$283.64
36460	$750.72
36468	$0.00
36469	$0.00
36470	$294.15
36471	$363.65
36475	$3,806.15
36476	$818.61
36478	$3,137.85
36479	$860.63
36481	$918.00
36500	$406.47
36510	$235.97
36511	$197.18
36512	$200.41
36513	$209.30
36514	$1,109.52
36515	$4,135.05
36516	$4,681.32
36522	$2,921.28
36555	$588.30
36556	$504.25
36557	$1,814.18
36558	$1,756.00
36560	$2,485.72
36561	$2,459.86
36563	$2,493.80
36565	$2,082.47
36566	$7,736.75
36568	$668.30
36569	$583.45
36570	$2,527.74

CODE	MAXIMUM FEE
36571	$2,621.48
36575	$349.91
36576	$771.74
36578	$1,078.01
36580	$501.83
36581	$1,625.90
36582	$2,265.91
36583	$2,266.72
36584	$494.56
36585	$2,327.33
36589	$363.65
36590	$593.15
36591	$49.29
36592	$54.14
36593	$87.27
36595	$1,313.16
36596	$294.96
36597	$277.18
36598	$248.89
36600	$66.26
36620	$112.33
36625	$236.77
36640	$264.25
36660	$149.50
36680	$131.72
36800	$347.48
36810	$467.08
36815	$331.32
36818	$1,515.19
36819	$1,776.20
36820	$1,781.86
36821	$1,469.93
36822	$831.53
36823	$2,829.97
36825	$1,285.69
36830	$1,472.36
36831	$1,015.78
36832	$1,297.81
36833	$1,466.70
36834	$1,372.15
36835	$1,014.97
36838	$2,622.28
36860	$411.32
36861	$332.94
36870	$3,966.15
37140	$2,959.26
37145	$3,224.32
37160	$2,802.49
37180	$3,144.32
37181	$3,393.21
37182	$2,002.47
37183	$951.94
37184	$5,220.33
37185	$1,726.10

CODE	MAXIMUM FEE
37186	$3,518.90
37187	$5,002.76
37188	$4,251.13
37195	$670.00
37200	$531.80
37201	$630.40
37202	$759.71
37203	$2,894.16
37204	$2,123.14
37205	$7,179.24
37206	$4,289.12
37207	$981.15
37208	$475.22
37209	$261.05
37210	$7,615.67
37215	$2,468.24
37216	$2,263.77
37250	$249.73
37251	$186.69
37500	$1,530.73
37501	$0.00
37565	$1,514.57
37600	$1,550.13
37605	$1,783.70
37606	$1,162.19
37607	$829.21
37609	$618.27
37615	$1,017.52
37616	$2,385.00
37617	$2,842.44
37618	$817.09
37620	$1,469.31
37650	$1,117.74
37660	$2,653.32
37700	$550.38
37718	$884.98
37722	$1,042.58
37735	$1,395.76
37760	$1,373.94
37765	$973.07
37766	$1,179.97
37780	$567.36
37785	$757.28
37788	$3,021.05
37790	$1,089.45
37799	$0.00
38100	$2,288.82
38101	$2,304.18
38102	$552.00
38115	$2,544.21
38120	$2,136.07
38129	$0.00
38200	$303.88
38204	$220.64

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
38205	$175.36
38206	$175.36
38207	$108.29
38208	$69.50
38209	$29.90
38210	$192.33
38211	$173.74
38212	$115.56
38213	$29.90
38214	$98.59
38215	$115.56
38220	$329.70
38221	$366.07
38230	$681.23
38240	$271.52
38241	$273.14
38242	$206.87
38300	$547.89
38305	$946.29
38308	$907.50
38380	$1,160.43
38381	$1,747.92
38382	$1,409.33
38500	$645.67
38505	$269.10
38510	$1,041.64
38520	$947.09
38525	$859.01
38530	$1,107.10
38542	$1,045.68
38550	$977.80
38555	$2,030.76
38562	$1,457.81
38564	$1,448.92
38570	$1,183.06
38571	$1,844.08
38572	$2,041.26
38589	$0.00
38700	$1,618.62
38720	$2,686.93
38724	$2,913.20
38740	$1,374.58
38745	$1,750.34
38746	$579.41
38747	$562.44
38760	$1,726.91
38765	$2,678.04
38770	$1,790.75
38780	$2,258.64
38790	$176.17
38792	$85.66
38794	$665.07
38999	$0.00
39000	$1,044.87

CODE	MAXIMUM FEE
39010	$1,738.22
39200	$1,927.32
39220	$2,477.63
39400	$1,073.16
39499	BR
39501	$1,764.08
39502	$2,116.41
39503	$12,272.61
39520	$2,117.22
39530	$2,025.10
39531	$2,115.61
39540	$1,801.25
39541	$1,942.67
39545	$1,914.39
39560	$1,652.56
39561	$2,570.57
39599	BR
40490	$261.82
40500	$994.77
40510	$966.49
40520	$993.96
40525	$1,148.31
40527	$1,355.18
40530	$1,095.78
40650	$824.26
40652	$972.14
40654	$1,145.89
40700	$1,907.92
40701	$2,381.47
40702	$1,844.89
40720	$2,048.53
40761	$2,218.23
40799	BR
40800	$397.59
40801	$612.54
40804	$404.86
40805	$641.63
40806	$210.11
40808	$357.18
40810	$397.59
40812	$561.63
40814	$756.38
40816	$795.98
40818	$696.58
40819	$601.23
40820	$517.18
40830	$478.40
40831	$635.97
40840	$1,635.59
40842	$1,610.54
40843	$2,100.25
40844	$2,790.37
40845	$3,030.38
40899	BR

CODE	MAXIMUM FEE
41000	$316.81
41005	$443.70
41006	$716.07
41007	$716.87
41008	$740.31
41009	$787.19
41010	$397.63
41015	$845.38
41016	$869.62
41017	$876.09
41018	$1,005.40
41019	$1,047.43
41100	$335.40
41105	$335.40
41108	$287.72
41110	$413.80
41112	$654.64
41113	$718.49
41114	$1,310.90
41115	$482.50
41116	$640.09
41120	$2,130.42
41130	$2,626.65
41135	$4,386.10
41140	$4,521.07
41145	$5,652.55
41150	$4,468.54
41153	$4,841.93
41155	$6,013.82
41250	$450.98
41251	$467.14
41252	$612.62
41500	$901.95
41510	$825.98
41512	$1,265.64
41520	$684.55
41530	$6,288.60
41599	$0.00
41800	$446.93
41805	$461.48
41806	$678.89
41820	$505.13
41821	$113.96
41822	$569.78
41823	$848.61
41825	$405.72
41826	$572.21
41827	$846.19
41828	$610.19
41830	$767.79
41850	$252.97
41870	$632.01
41872	$717.68
41874	$732.23

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SURGERY

CODE	MAXIMUM FEE
41899	$0.00
42000	$312.73
42100	$297.38
42104	$413.75
42106	$526.07
42107	$913.15
42120	$1,973.38
42140	$492.94
42145	$1,440.84
42160	$477.59
42180	$485.67
42182	$667.49
42200	$1,838.43
42205	$1,965.30
42210	$2,228.74
42215	$1,460.24
42220	$1,126.49
42225	$1,928.93
42226	$1,919.24
42227	$1,865.90
42235	$1,521.65
42260	$1,707.52
42280	$315.97
42281	$406.47
42299	$0.00
42300	$415.36
42305	$892.95
42310	$323.24
42320	$500.21
42330	$465.47
42335	$741.84
42340	$933.36
42400	$219.80
42405	$613.35
42408	$914.77
42409	$661.03
42410	$1,298.62
42415	$2,337.03
42420	$2,678.85
42425	$1,763.27
42426	$2,867.14
42440	$974.57
42450	$913.15
42500	$871.13
42505	$1,130.53
42507	$1,059.42
42508	$1,516.00
42509	$1,727.72
42510	$1,305.89
42550	$310.31
42600	$978.61
42650	$167.28
42660	$214.95
42665	$618.20

CODE	MAXIMUM FEE
42699	BR
42700	$375.77
42720	$937.40
42725	$1,685.70
42800	$315.16
42802	$480.01
42804	$400.82
42806	$452.54
42808	$460.62
42809	$343.44
42810	$774.97
42815	$1,147.50
42820	$605.27
42821	$632.74
42825	$541.43
42826	$523.65
42830	$426.68
42831	$460.62
42835	$385.46
42836	$502.64
42842	$1,987.12
42844	$2,796.83
42845	$4,573.04
42860	$386.27
42870	$1,175.79
42890	$2,840.47
42892	$3,722.11
42894	$4,774.25
42900	$724.06
42950	$1,629.13
42953	$2,004.90
42955	$1,537.01
42960	$351.52
42961	$871.94
42962	$1,080.43
42970	$806.48
42971	$951.94
42972	$1,070.73
42999	BR
43020	$1,106.29
43030	$1,091.74
43045	$2,790.37
43100	$1,307.51
43101	$2,187.53
43107	$5,394.07
43108	$8,944.86
43112	$5,770.64
43113	$8,951.32
43116	$10,126.30
43117	$5,274.47
43118	$7,385.23
43121	$5,887.01
43122	$5,338.31
43123	$8,994.15

CODE	MAXIMUM FEE
43124	$7,696.49
43130	$1,655.19
43135	$3,095.41
43200	$443.70
43201	$609.38
43202	$582.71
43204	$484.11
43205	$484.92
43215	$332.17
43216	$414.61
43217	$781.53
43219	$369.35
43220	$273.17
43226	$304.69
43227	$453.40
43228	$484.92
43231	$411.37
43232	$567.36
43234	$578.67
43235	$625.55
43236	$778.30
43237	$522.10
43238	$644.14
43239	$724.15
43240	$863.97
43241	$337.02
43242	$919.73
43243	$579.48
43244	$642.52
43245	$405.72
43246	$543.11
43247	$434.00
43248	$409.76
43249	$377.43
43250	$405.72
43251	$471.99
43255	$613.42
43256	$551.19
43257	$675.66
43258	$577.86
43259	$657.87
43260	$754.05
43261	$792.84
43262	$931.05
43263	$921.35
43264	$1,117.74
43265	$1,254.33
43267	$927.01
43268	$942.36
43269	$1,032.07
43271	$930.24
43272	$928.62
43273	$281.25
43279	$2,642.01

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SURGERY

CODE	MAXIMUM FEE
43280	$2,207.73
43289	$0.00
43300	$1,304.27
43305	$2,320.86
43310	$3,274.42
43312	$3,615.44
43313	$5,726.20
43314	$6,579.55
43320	$2,864.71
43324	$2,779.86
43325	$2,732.99
43326	$2,792.79
43330	$2,682.89
43331	$2,913.20
43340	$2,778.25
43341	$3,067.55
43350	$2,353.19
43351	$2,786.33
43352	$2,280.46
43360	$4,893.05
43361	$5,435.28
43400	$3,332.60
43401	$3,178.26
43405	$3,078.86
43410	$2,102.68
43415	$3,594.43
43420	$2,095.40
43425	$3,157.25
43450	$332.13
43453	$622.24
43456	$1,259.02
43458	$810.52
43460	$475.97
43496	$0.00
43499	$0.00
43500	$1,574.18
43501	$2,710.37
43502	$3,071.59
43510	$1,939.44
43520	$1,426.30
43600	$230.31
43605	$1,671.96
43610	$1,976.61
43611	$2,458.24
43620	$4,007.37
43621	$4,547.99
43622	$4,620.72
43631	$2,942.29
43632	$3,975.04
43633	$3,789.18
43634	$4,183.53
43635	$235.97
43640	$2,362.08
43641	$2,381.47

CODE	MAXIMUM FEE
43644	$3,490.18
43645	$3,738.27
43647	BR
43648	BR
43651	$1,315.59
43652	$1,539.43
43653	$1,120.03
43659	BR
43752	$89.70
43760	$699.81
43761	$264.25
43770	$2,243.29
43771	$2,559.25
43772	$1,935.40
43773	$2,561.68
43774	$1,935.40
43800	$1,875.60
43810	$2,031.56
43820	$2,617.44
43825	$2,615.01
43830	$1,390.74
43831	$1,163.66
43832	$2,140.66
43840	$2,654.61
43842	$2,598.85
43843	$2,548.75
43845	$3,951.61
43846	$3,287.35
43847	$3,592.81
43848	$3,899.89
43850	$3,266.34
43855	$3,415.03
43860	$3,316.44
43865	$3,451.40
43870	$1,418.22
43880	$3,241.29
43881	BR
43882	BR
43886	$661.83
43887	$628.70
43888	$886.49
43999	BR
44005	$2,212.58
44010	$1,739.03
44015	$303.04
44020	$1,954.79
44021	$1,977.42
44025	$1,990.35
44050	$1,886.11
44055	$3,017.45
44100	$248.89
44110	$1,703.47
44111	$1,984.69
44120	$2,455.82

CODE	MAXIMUM FEE
44121	$509.17
44125	$2,387.42
44126	$4,928.40
44127	$5,746.30
44128	$512.40
44130	$2,558.76
44132	$0.00
44133	$0.00
44135	$0.00
44136	$0.00
44137	$0.00
44139	$254.58
44140	$2,721.21
44141	$3,556.08
44143	$3,345.95
44144	$3,503.55
44145	$3,387.97
44146	$4,218.80
44147	$3,784.80
44150	$3,702.36
44151	$4,232.54
44155	$4,142.83
44156	$4,563.10
44157	$4,338.42
44158	$4,447.52
44160	$2,503.80
44180	$1,870.17
44186	$1,318.98
44187	$2,218.51
44188	$2,456.12
44202	$2,817.39
44203	$506.74
44204	$3,143.09
44205	$2,745.46
44206	$3,564.97
44207	$3,744.39
44208	$4,070.10
44210	$3,637.71
44211	$4,464.50
44212	$4,184.86
44213	$399.25
44227	$3,403.33
44238	$0.00
44300	$1,693.18
44310	$2,115.87
44312	$1,199.37
44314	$2,044.75
44316	$2,797.18
44320	$2,413.29
44322	$1,917.05
44340	$1,209.07
44345	$2,112.63
44346	$2,368.83
44360	$341.06

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CODE	MAXIMUM FEE
44361	$375.77
44363	$445.26
44364	$479.20
44365	$426.68
44366	$564.86
44369	$576.98
44370	$622.24
44372	$550.32
44373	$445.26
44376	$658.60
44377	$697.39
44378	$894.57
44379	$950.33
44380	$148.69
44382	$179.40
44383	$383.04
44385	$514.76
44386	$715.98
44388	$714.36
44389	$829.11
44390	$957.60
44391	$1,072.35
44392	$899.42
44393	$1,045.68
44394	$1,052.15
44397	$597.99
44500	$56.57
44602	$2,773.40
44603	$3,179.07
44604	$2,147.12
44605	$2,645.72
44615	$2,179.45
44620	$1,736.61
44625	$2,058.23
44626	$3,280.08
44640	$2,859.87
44650	$2,975.42
44660	$2,867.95
44661	$3,224.32
44680	$2,151.16
44700	$2,080.05
44701	$351.52
44715	$0.00
44720	$570.52
44721	$812.14
44799	$0.00
44800	$1,534.58
44820	$1,692.97
44850	$1,493.37
44899	$0.00
44900	$1,527.31
44901	$2,055.81
44950	$1,298.62
44955	$176.97

CODE	MAXIMUM FEE
44960	$1,744.69
44970	$1,192.76
44979	BR
45000	$826.69
45005	$500.21
45020	$1,074.77
45100	$576.98
45108	$703.05
45110	$3,739.08
45111	$2,198.84
45112	$3,850.60
45113	$3,949.18
45114	$3,610.59
45116	$3,240.48
45119	$3,950.80
45120	$3,163.71
45121	$3,463.52
45123	$2,238.44
45126	$5,822.36
45130	$2,188.33
45135	$2,684.51
45136	$3,705.14
45150	$798.40
45160	$1,993.58
45170	$1,559.63
45190	$1,356.80
45300	$216.57
45303	$1,678.42
45305	$353.95
45307	$393.54
45308	$360.41
45309	$408.90
45315	$437.99
45317	$423.44
45320	$426.68
45321	$215.76
45327	$252.13
45330	$280.41
45331	$356.37
45332	$585.87
45333	$589.10
45334	$354.76
45335	$503.45
45337	$304.65
45338	$657.79
45339	$683.65
45340	$896.99
45341	$338.59
45342	$517.99
45345	$376.57
45355	$435.57
45378	$826.69
45379	$1,049.72
45380	$992.47

CODE	MAXIMUM FEE
45381	$964.99
45382	$1,306.86
45383	$1,182.40
45384	$975.50
45385	$1,119.36
45386	$1,379.60
45387	$747.59
45391	$645.75
45392	$813.86
45395	$4,042.62
45397	$4,370.75
45400	$2,330.85
45402	$3,119.65
45499	$0.00
45500	$1,023.18
45505	$1,123.40
45520	$252.16
45540	$2,149.81
45541	$1,847.55
45550	$2,958.82
45560	$1,460.42
45562	$2,241.14
45563	$3,257.05
45800	$2,511.08
45805	$2,834.36
45820	$2,486.02
45825	$3,004.08
45900	$396.02
45905	$337.02
45910	$398.44
45915	$619.08
45990	$221.45
45999	$0.00
46020	$501.89
46030	$252.16
46040	$980.35
46045	$811.43
46050	$349.95
46060	$895.49
46070	$458.25
46080	$459.06
46083	$345.91
46200	$767.79
46210	$703.94
46211	$953.68
46220	$369.35
46221	$483.30
46230	$507.55
46250	$844.57
46255	$943.17
46257	$803.35
46258	$877.71
46260	$913.27
46261	$1,019.01

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SURGERY

CODE	MAXIMUM FEE
46262	$1,064.27
46270	$910.73
46275	$964.87
46280	$888.10
46285	$935.78
46288	$1,049.72
46320	$333.75
46500	$404.86
46505	$525.27
46600	$162.43
46604	$1,008.51
46606	$414.56
46608	$429.91
46610	$425.06
46611	$336.98
46612	$512.34
46614	$260.21
46615	$302.23
46700	$1,263.06
46705	$1,046.49
46706	$335.36
46710	$2,143.89
46712	$4,395.26
46715	$1,034.37
46716	$2,514.81
46730	$3,802.92
46735	$4,449.40
46740	$4,072.82
46742	$4,822.74
46744	$6,926.23
46746	$8,014.74
46748	$8,239.39
46750	$1,525.69
46751	$1,269.53
46753	$1,155.58
46754	$546.28
46760	$2,159.24
46761	$1,868.33
46762	$1,837.62
46900	$442.84
46910	$462.23
46916	$455.77
46917	$879.21
46922	$482.44
46924	$996.39
46930	$425.06
46937	$493.75
46938	$871.13
46940	$418.60
46942	$387.08
46945	$538.19
46946	$584.26
46947	$751.53
46999	BR

CODE	MAXIMUM FEE
47000	$686.89
47001	$218.19
47010	$2,393.59
47011	$429.91
47015	$2,273.99
47100	$1,671.96
47120	$4,711.22
47122	$7,015.92
47125	$6,284.59
47130	$6,757.33
47133	BR
47135	$9,938.82
47136	$8,476.16
47140	$7,024.01
47141	$8,330.70
47142	$9,155.77
47143	BR
47144	BR
47145	BR
47146	$692.54
47147	$808.10
47300	$2,242.48
47350	$2,755.62
47360	$3,744.74
47361	$6,162.57
47362	$2,854.21
47370	$2,524.50
47371	$2,572.18
47379	BR
47380	$2,947.95
47381	$3,003.71
47382	$1,841.66
47399	BR
47400	$4,250.61
47420	$2,700.67
47425	$2,726.53
47460	$2,568.14
47480	$1,709.13
47490	$1,137.00
47500	$228.69
47505	$88.08
47510	$1,078.01
47511	$1,354.38
47525	$1,269.53
47530	$3,053.00
47550	$349.10
47552	$736.99
47553	$735.37
47554	$1,088.51
47555	$882.45
47556	$998.00
47560	$564.05
47561	$610.92
47562	$1,487.90

CODE	MAXIMUM FEE
47563	$1,525.07
47564	$1,763.49
47570	$1,573.57
47579	$0.00
47600	$2,124.76
47605	$1,974.43
47610	$2,530.47
47612	$2,555.53
47620	$2,775.36
47630	$1,231.70
47700	$2,107.79
47701	$3,628.82
47711	$3,140.67
47712	$4,021.60
47715	$2,637.96
47720	$2,278.32
47721	$2,688.88
47740	$2,597.55
47741	$2,945.08
47760	$4,408.73
47765	$5,783.48
47780	$4,813.64
47785	$6,261.13
47800	$3,171.38
47801	$2,216.89
47802	$3,042.06
47900	$2,743.84
47999	$0.00
48000	$3,796.92
48001	$4,677.86
48020	$2,342.16
48100	$1,778.04
48102	$1,150.88
48105	$5,759.23
48120	$2,222.55
48140	$3,147.94
48145	$3,269.98
48146	$3,729.03
48148	$2,475.52
48150	$6,304.77
48152	$5,828.74
48153	$6,295.88
48154	$5,844.09
48155	$3,614.27
48160	$6,329.01
48400	$227.10
48500	$2,264.58
48510	$2,148.20
48511	$1,993.02
48520	$2,196.69
48540	$2,629.07
48545	$2,654.94
48547	$3,585.98
48548	$3,360.89

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CODE	MAXIMUM FEE
48550	$0.00
48551	$0.00
48552	$476.78
48554	$4,978.70
48556	$2,480.06
48999	$0.00
49000	$1,565.29
49002	$2,034.80
49010	$1,928.93
49020	$3,200.88
49021	$1,903.88
49040	$2,004.09
49041	$1,944.29
49060	$2,239.25
49061	$1,910.35
49062	$1,528.12
49080	$362.03
49081	$338.59
49180	$363.65
49203	$2,448.54
49204	$3,127.35
49205	$3,581.50
49215	$4,493.84
49220	$1,955.60
49250	$1,167.70
49255	$1,583.88
49320	$669.91
49321	$705.47
49322	$765.27
49323	$1,299.42
49324	$795.98
49325	$856.59
49326	$395.16
49329	$0.00
49400	$379.81
49402	$1,725.29
49419	$922.85
49420	$291.72
49421	$792.75
49422	$796.79
49423	$1,204.07
49424	$327.28
49425	$1,553.98
49426	$1,322.86
49427	$105.05
49428	$888.91
49429	$943.05
49435	$252.94
49436	$370.11
49440	$2,350.76
49441	$2,545.52
49442	$2,281.27
49446	$2,130.15
49450	$1,592.77

CODE	MAXIMUM FEE
49451	$1,516.80
49452	$1,911.16
49460	$1,745.50
49465	$365.26
49491	$1,558.02
49492	$1,905.50
49495	$793.55
49496	$1,202.45
49500	$789.51
49501	$1,195.18
49505	$1,037.60
49507	$1,276.80
49520	$1,267.91
49521	$1,546.70
49525	$1,145.89
49540	$1,355.99
49550	$1,151.54
49553	$1,259.83
49555	$1,199.22
49557	$1,456.20
49560	$1,489.33
49561	$1,877.22
49565	$1,542.66
49566	$1,896.61
49568	$560.82
49570	$815.37
49572	$1,008.51
49580	$634.36
49582	$943.05
49585	$876.79
49587	$1,039.22
49590	$1,141.85
49600	$1,469.93
49605	$10,147.31
49606	$2,307.93
49610	$1,362.46
49611	$1,223.46
49650	$856.59
49651	$1,105.48
49652	$1,605.69
49653	$2,004.09
49654	$1,842.47
49655	$2,218.23
49656	$1,849.74
49657	$2,670.77
49659	BR
49900	$1,639.63
49904	$3,048.96
49905	$745.88
49906	BR
49999	BR
50010	$1,587.92
50020	$2,264.30
50021	$2,003.53

CODE	MAXIMUM FEE
50040	$2,128.80
50045	$2,154.66
50060	$2,648.47
50065	$2,787.48
50070	$2,768.09
50075	$3,403.33
50080	$2,023.73
50081	$2,971.75
50100	$2,189.41
50120	$2,195.07
50125	$2,274.27
50130	$2,399.55
50135	$2,598.36
50200	$328.13
50205	$1,538.00
50220	$2,365.60
50225	$2,738.18
50230	$2,966.90
50234	$3,012.97
50236	$3,409.80
50240	$3,061.46
50250	$2,840.01
50280	$2,185.37
50290	$2,023.73
50300	$0.00
50320	$2,997.61
50323	$0.00
50325	$0.00
50327	$446.13
50328	$391.98
50329	$387.13
50340	$1,853.20
50360	$5,060.14
50365	$5,703.47
50370	$2,363.18
50380	$3,991.70
50382	$2,821.43
50384	$2,427.02
50385	$2,760.00
50386	$1,789.35
50387	$1,305.24
50389	$757.28
50390	$228.72
50391	$294.18
50392	$419.46
50393	$511.59
50394	$234.38
50395	$422.69
50396	$273.17
50398	$1,171.08
50400	$2,674.33
50405	$3,247.35
50500	$2,606.45
50520	$2,404.91

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CODE	MAXIMUM FEE
50525	$3,003.71
50526	$3,144.32
50540	$2,619.05
50541	$2,135.81
50542	$2,708.75
50543	$3,457.05
50544	$2,914.82
50545	$3,128.96
50546	$2,776.63
50547	$3,356.85
50548	$3,154.82
50549	$0.00
50551	$854.97
50553	$891.33
50555	$972.95
50557	$993.15
50561	$1,126.49
50562	$1,372.96
50570	$1,165.28
50572	$1,271.14
50574	$1,339.02
50575	$1,693.78
50576	$1,337.41
50580	$1,431.95
50590	$2,122.88
50592	$8,001.81
50593	$10,328.33
50600	$2,167.32
50605	$2,097.02
50610	$2,219.85
50620	$2,097.83
50630	$2,046.11
50650	$2,391.98
50660	$2,644.91
50684	$404.05
50686	$210.11
50688	$182.63
50690	$227.08
50700	$2,147.12
50715	$2,551.17
50722	$2,220.66
50725	$2,523.70
50727	$1,158.01
50728	$1,597.61
50740	$2,495.41
50750	$2,690.97
50760	$2,516.42
50770	$2,606.93
50780	$2,522.89
50782	$2,480.06
50783	$2,580.26
50785	$2,793.60
50800	$2,125.30
50810	$2,813.00

CODE	MAXIMUM FEE
50815	$2,832.39
50820	$3,022.29
50825	$3,826.35
50830	$4,156.06
50840	$2,848.55
50845	$2,892.19
50860	$2,193.18
50900	$1,929.74
50920	$2,035.60
50930	$2,463.09
50940	$2,054.19
50945	$2,278.03
50947	$3,235.63
50948	$2,995.63
50949	BR
50951	$892.95
50953	$942.24
50955	$1,042.45
50957	$1,014.17
50961	$914.77
50970	$879.21
50972	$846.08
50974	$1,120.03
50976	$1,103.86
50980	$843.66
51020	$1,070.73
51030	$1,063.46
51040	$669.91
51045	$1,068.31
51050	$1,086.89
51060	$1,339.02
51065	$1,330.13
51080	$931.74
51100	$138.99
51101	$285.26
51102	$541.43
51500	$1,440.84
51520	$1,350.34
51525	$1,984.69
51530	$1,772.97
51535	$1,805.30
51550	$2,187.53
51555	$2,907.54
51565	$2,969.77
51570	$3,386.75
51575	$4,235.25
51580	$4,413.84
51585	$4,915.67
51590	$4,477.68
51595	$5,089.41
51596	$5,470.84
51597	$5,279.32
51600	$434.76
51605	$88.90

CODE	MAXIMUM FEE
51610	$252.97
51700	$198.82
51701	$138.20
51702	$177.80
51703	$320.86
51705	$257.82
51710	$363.69
51715	$674.85
51720	$268.32
51725	$501.89
51726	$729.00
51736	$122.85
51741	$194.78
51772	$562.51
51784	$460.67
51785	$499.47
51792	$525.33
51795	$688.59
51797	$341.87
51798	$48.49
51800	$2,414.90
51820	$2,470.67
51840	$1,476.58
51841	$1,751.37
51845	$1,341.61
51860	$1,644.69
51865	$2,031.81
51880	$1,066.82
51900	$1,886.34
51920	$1,745.71
51925	$2,288.82
51940	$3,717.26
51960	$3,205.73
51980	$1,643.68
51990	$1,701.86
51992	$1,852.97
51999	$0.00
52000	$481.63
52001	$888.91
52005	$664.26
52007	$1,241.24
52010	$925.27
52204	$1,016.59
52214	$1,336.60
52224	$1,905.50
52234	$581.02
52235	$681.23
52240	$1,191.14
52250	$570.52
52260	$492.13
52265	$973.76
52270	$939.82
52275	$1,285.69
52276	$626.28

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CODE	MAXIMUM FEE
52277	$765.27
52281	$707.09
52282	$789.51
52283	$653.75
52285	$658.60
52290	$576.18
52300	$661.83
52301	$697.39
52305	$657.79
52310	$583.45
52315	$1,032.75
52317	$2,198.84
52318	$1,120.83
52320	$581.83
52325	$757.19
52327	$1,227.50
52330	$1,788.33
52332	$1,106.29
52334	$605.27
52341	$689.31
52342	$749.11
52343	$833.15
52344	$903.46
52345	$963.26
52346	$1,086.89
52351	$740.22
52352	$869.52
52353	$1,000.43
52354	$924.47
52355	$1,102.25
52400	$1,133.76
52402	$635.17
52450	$1,079.62
52500	$1,128.92
52601	$1,909.54
52630	$1,024.67
52640	$703.86
52647	$4,977.90
52648	$5,084.57
52649	$2,273.99
52700	$1,000.43
53000	$342.63
53010	$669.91
53020	$227.88
53025	$149.50
53040	$905.07
53060	$400.82
53080	$1,004.47
53085	$1,425.49
53200	$359.60
53210	$1,778.63
53215	$2,160.86
53220	$1,038.41
53230	$1,385.89

CODE	MAXIMUM FEE
53235	$1,473.17
53240	$990.73
53250	$919.62
53260	$458.19
53265	$508.29
53270	$467.89
53275	$614.16
53400	$1,851.36
53405	$2,039.64
53410	$2,273.99
53415	$2,623.09
53420	$1,862.67
53425	$2,190.76
53430	$2,185.10
53431	$2,681.28
53440	$2,027.52
53442	$1,785.09
53444	$1,845.70
53445	$2,037.22
53446	$1,489.33
53447	$1,884.49
53448	$2,977.04
53449	$1,415.79
53450	$941.44
53460	$1,057.80
53500	$1,702.67
53502	$1,120.83
53505	$1,124.07
53510	$1,463.47
53515	$1,848.12
53520	$1,283.26
53600	$199.63
53601	$193.97
53605	$151.94
53620	$285.29
53621	$269.94
53660	$168.11
53661	$167.30
53665	$88.90
53850	$5,715.59
53852	$5,500.61
53899	$0.00
54000	$359.65
54001	$442.09
54015	$717.68
54050	$270.75
54055	$258.62
54056	$282.06
54057	$311.16
54060	$420.26
54065	$459.87
54100	$421.88
54105	$636.86
54110	$1,441.83

CODE	MAXIMUM FEE
54111	$1,863.71
54112	$2,186.99
54115	$1,036.92
54120	$1,457.18
54125	$1,879.87
54130	$2,785.06
54135	$3,533.45
54150	$387.13
54160	$535.84
54161	$455.82
54162	$620.70
54163	$501.08
54164	$441.28
54200	$252.97
54205	$1,238.16
54220	$489.77
54230	$225.49
54231	$327.32
54235	$208.52
54240	$236.80
54250	$293.38
54300	$1,503.25
54304	$1,760.26
54308	$1,676.21
54312	$1,944.53
54316	$2,343.78
54318	$1,704.49
54322	$1,832.77
54324	$2,277.23
54326	$2,139.85
54328	$2,167.32
54332	$2,373.39
54336	$2,713.60
54340	$1,304.27
54344	$2,259.45
54348	$2,387.13
54352	$3,378.67
54360	$1,688.93
54380	$1,871.56
54385	$2,256.22
54390	$2,747.54
54400	$1,238.01
54401	$1,514.38
54405	$1,880.45
54406	$1,695.39
54408	$1,824.69
54410	$2,005.70
54411	$2,367.73
54415	$1,217.81
54416	$1,631.55
54417	$2,077.63
54420	$1,642.87
54430	$1,488.52
54435	$963.26

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
54440	$1,306.70
54450	$169.70
54500	$176.17
54505	$494.56
54512	$1,240.43
54520	$754.77
54522	$1,350.34
54530	$1,174.17
54535	$1,702.67
54550	$1,130.53
54560	$1,542.66
54600	$1,044.87
54620	$702.24
54640	$1,076.39
54650	$1,652.56
54660	$821.03
54670	$934.16
54680	$1,820.65
54690	$1,471.55
54692	$1,802.87
54699	$0.00
54700	$488.09
54800	$309.50
54830	$850.12
54840	$746.68
54860	$963.26
54861	$1,302.66
54865	$821.03
54900	$1,747.11
54901	$2,504.30
55000	$279.60
55040	$777.39
55041	$1,167.70
55060	$868.71
55100	$493.75
55110	$882.45
55120	$809.72
55150	$1,118.41
55175	$829.92
55180	$1,582.26
55200	$1,124.07
55250	$991.54
55300	$420.21
55400	$1,168.51
55450	$876.79
55500	$863.86
55520	$892.95
55530	$815.37
55535	$983.46
55540	$1,082.85
55550	$976.18
55559	BR
55600	$985.88
55605	$1,161.24

CODE	MAXIMUM FEE
55650	$1,652.56
55680	$783.86
55700	$529.31
55705	$624.66
55706	$883.25
55720	$1,080.43
55725	$1,357.61
55801	$2,522.08
55810	$3,049.77
55812	$3,750.39
55815	$4,111.61
55821	$2,027.52
55831	$2,197.22
55840	$3,111.99
55842	$3,335.03
55845	$3,815.85
55860	$2,033.99
55862	$2,575.41
55865	$3,115.23
55866	$4,055.05
55870	$405.67
55873	$2,652.99
55875	$1,765.70
55876	$331.32
55899	BR
55920	$994.77
55970	BR
55980	$0.00
56405	$230.34
56420	$265.09
56440	$390.36
56441	$318.43
56442	$104.26
56501	$275.60
56515	$470.37
56605	$177.80
56606	$82.44
56620	$1,049.85
56625	$1,260.79
56630	$1,842.70
56631	$2,346.20
56632	$2,720.40
56633	$2,404.40
56634	$2,542.60
56637	$3,005.70
56640	$3,004.89
56700	$394.40
56740	$632.01
56800	$519.67
56805	$2,448.04
56810	$558.47
56820	$235.99
56821	$316.01
57000	$405.72

CODE	MAXIMUM FEE
57010	$912.46
57020	$202.05
57022	$353.18
57023	$664.34
57061	$240.04
57065	$408.14
57100	$188.31
57105	$287.72
57106	$1,004.59
57107	$2,986.30
57109	$3,416.26
57110	$1,922.71
57111	$3,451.01
57112	$3,655.49
57120	$1,088.65
57130	$384.70
57135	$412.18
57150	$108.30
57155	$893.87
57160	$164.06
57170	$147.90
57180	$301.46
57200	$628.78
57210	$780.72
57220	$678.08
57230	$845.38
57240	$1,397.38
57250	$1,367.31
57260	$1,708.32
57265	$1,915.20
57267	$584.26
57268	$1,022.25
57270	$1,699.43
57280	$2,065.50
57282	$1,089.32
57283	$1,460.24
57284	$1,789.13
57285	$1,414.98
57287	$1,497.41
57288	$1,578.22
57289	$1,659.03
57291	$1,154.77
57292	$1,771.36
57295	$1,052.95
57296	$2,021.87
57300	$1,128.11
57305	$1,890.95
57307	$2,118.03
57308	$1,348.72
57310	$1,046.49
57311	$1,195.18
57320	$1,191.95
57330	$1,693.78
57335	$2,478.44

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SURGERY

CODE	MAXIMUM FEE
57400	$290.92
57410	$227.88
57415	$339.40
57420	$248.09
57421	$334.55
57423	$1,976.61
57425	$2,084.90
57452	$233.54
57454	$330.51
57455	$307.08
57456	$290.11
57460	$633.55
57461	$711.13
57500	$279.60
57505	$214.95
57510	$283.64
57511	$308.69
57513	$304.65
57520	$653.75
57522	$559.21
57530	$729.71
57531	$3,625.94
57540	$1,659.84
57545	$1,749.54
57550	$862.24
57555	$1,275.18
57556	$1,214.57
57558	$265.86
57700	$646.48
57720	$648.90
57800	$128.49
58100	$235.16
58110	$105.05
58120	$530.11
58140	$1,947.52
58145	$1,152.35
58146	$2,480.87
58150	$2,106.72
58152	$2,663.50
58180	$2,019.44
58200	$2,787.95
58210	$3,713.22
58240	$5,807.01
58260	$1,760.85
58262	$1,968.53
58263	$2,121.26
58267	$2,253.79
58270	$1,887.72
58275	$2,100.25
58280	$2,247.33
58285	$2,821.89
58290	$2,468.75
58291	$2,683.70
58292	$2,828.35

CODE	MAXIMUM FEE
58293	$2,936.64
58294	$2,606.93
58300	$167.28
58301	$205.26
58321	$167.28
58322	$186.67
58323	$41.21
58340	$271.52
58345	$591.53
58346	$963.26
58350	$204.45
58353	$2,404.10
58356	$4,406.57
58400	$951.94
58410	$1,705.90
58520	$1,667.11
58540	$1,937.82
58541	$1,827.92
58542	$2,025.10
58543	$2,059.04
58544	$2,225.51
58545	$1,908.73
58546	$2,420.26
58548	$3,771.40
58550	$1,884.49
58552	$2,074.39
58553	$2,432.38
58554	$2,777.78
58555	$514.02
58558	$695.05
58559	$744.35
58560	$841.34
58561	$1,191.29
58562	$735.46
58563	$3,914.92
58565	$4,173.54
58570	$1,963.12
58571	$2,151.43
58572	$2,441.57
58573	$2,754.35
58578	$0.00
58579	$0.00
58600	$772.64
58605	$702.33
58611	$168.91
58615	$531.80
58660	$1,436.98
58661	$1,380.41
58662	$1,509.72
58670	$778.30
58671	$778.30
58672	$1,591.35
58673	$1,729.55
58679	$0.00

CODE	MAXIMUM FEE
58700	$1,625.29
58720	$1,526.69
58740	$1,862.09
58750	$1,939.68
58752	$1,952.61
58760	$1,759.45
58770	$1,800.67
58800	$676.46
58805	$859.12
58820	$663.53
58822	$1,495.98
58823	$1,927.56
58825	$1,483.05
58900	$876.09
58920	$1,495.98
58925	$1,557.40
58940	$1,065.21
58943	$2,381.77
58950	$2,269.43
58951	$2,926.49
58952	$3,302.31
58953	$4,098.38
58954	$4,449.14
58956	$2,909.52
58957	$3,154.40
58958	$3,505.97
58960	$1,962.31
58970	$480.82
58974	$309.50
58976	$549.51
58999	$0.00
59000	$277.99
59001	$406.47
59012	$448.50
59015	$339.40
59020	$154.35
59025	$101.82
59030	$249.70
59050	$111.52
59051	$92.12
59070	$833.96
59072	$1,006.89
59074	$790.32
59076	$984.27
59100	$1,785.09
59120	$1,703.47
59121	$1,712.36
59130	$2,001.66
59135	$2,024.29
59136	$1,891.76
59140	$846.08
59150	$1,659.84
59151	$1,621.86
59160	$461.43

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CODE	MAXIMUM FEE
59200	$160.00
59300	$415.36
59320	$336.17
59325	$528.50
59350	$611.73
59400	$3,798.88
59409	$1,696.20
59410	$1,963.68
59412	$227.08
59414	$202.03
59425	$941.44
59426	$1,683.27
59430	$304.65
59510	$4,302.32
59514	$2,008.13
59515	$2,362.08
59525	$1,066.69
59610	$4,002.52
59612	$1,899.84
59614	$2,125.30
59618	$4,502.73
59620	$2,204.50
59622	$2,561.68
59812	$673.96
59820	$793.55
59821	$809.72
59830	$937.40
59840	$468.70
59841	$814.56
59850	$838.81
59851	$860.63
59852	$1,208.92
59855	$896.99
59856	$1,061.04
59857	$1,266.29
59866	$523.65
59870	$1,006.08
59871	$293.34
59897	BR
59898	BR
59899	BR
60000	$328.09
60100	$244.85
60200	$1,347.10
60210	$1,444.07
60212	$2,078.43
60220	$1,582.26
60225	$1,903.08
60240	$2,017.83
60252	$2,719.26
60254	$3,495.03
60260	$2,271.57
60270	$2,859.06
60271	$2,191.57

CODE	MAXIMUM FEE
60280	$903.46
60281	$1,205.69
60300	$229.50
60500	$2,094.60
60502	$2,629.56
60505	$2,884.92
60512	$513.14
60520	$2,161.67
60521	$2,490.56
60522	$2,999.67
60540	$2,265.10
60545	$2,578.65
60600	$2,989.16
60605	$3,752.01
60650	$2,530.97
60659	BR
60699	BR
61000	$229.50
61001	$225.46
61020	$273.14
61026	$272.33
61050	$227.88
61055	$294.15
61070	$172.95
61105	$902.76
61107	$676.46
61108	$1,792.59
61120	$1,467.69
61140	$2,557.95
61150	$2,734.14
61151	$1,976.86
61154	$2,565.23
61156	$2,557.14
61210	$789.61
61215	$977.11
61250	$1,725.51
61253	$1,887.96
61304	$3,375.85
61305	$4,051.51
61312	$4,203.45
61313	$4,028.88
61314	$3,737.12
61315	$4,254.36
61316	$185.89
61320	$3,934.32
61321	$4,308.51
61322	$4,774.85
61323	$4,864.56
61330	$3,249.77
61332	$3,822.79
61333	$3,836.53
61334	$2,468.24
61340	$2,928.11
61343	$4,527.54

CODE	MAXIMUM FEE
61345	$4,189.71
61440	$4,101.62
61450	$3,864.81
61458	$4,144.45
61460	$4,171.12
61470	$3,879.36
61480	$3,794.50
61490	$3,929.47
61500	$2,757.58
61501	$2,355.90
61510	$4,464.50
61512	$5,279.97
61514	$3,914.11
61516	$3,817.94
61517	$185.89
61518	$5,678.41
61519	$6,120.50
61520	$7,759.53
61521	$6,575.52
61522	$4,506.52
61524	$4,253.56
61526	$6,961.03
61530	$5,916.83
61531	$2,456.62
61533	$3,109.57
61534	$3,347.96
61535	$1,998.43
61536	$5,350.43
61537	$4,884.96
61538	$5,223.56
61539	$4,842.94
61540	$4,557.68
61541	$4,337.88
61542	$4,729.81
61543	$4,419.50
61544	$3,638.07
61545	$6,497.12
61546	$4,707.99
61548	$3,146.74
61550	$2,029.14
61552	$2,659.46
61556	$3,335.84
61557	$3,461.09
61558	$3,440.08
61559	$4,956.89
61563	$3,939.49
61564	$4,994.87
61566	$4,578.69
61567	$5,116.89
61570	$3,751.20
61571	$4,085.75
61575	$4,792.84
61576	$7,588.06
61580	$4,981.13

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
61581	$5,595.28
61582	$5,827.21
61583	$5,941.96
61584	$5,765.79
61585	$6,065.60
61586	$4,354.04
61590	$6,365.40
61591	$6,418.74
61592	$6,512.48
61595	$4,816.28
61596	$5,267.20
61597	$5,895.90
61598	$5,173.46
61600	$4,342.73
61601	$4,809.81
61605	$4,517.28
61606	$6,180.35
61607	$5,693.06
61608	$6,694.30
61609	$1,304.27
61610	$3,993.63
61611	$1,006.89
61612	$3,482.10
61613	$6,454.29
61615	$5,053.86
61616	$6,688.64
61618	$2,654.61
61619	$3,051.39
61623	$1,212.15
61624	$2,408.95
61626	$1,953.18
61630	$2,739.46
61635	$2,999.67
61640	$1,386.70
61641	$487.28
61642	$974.57
61680	$4,669.20
61682	$8,797.78
61684	$5,849.84
61686	$9,411.13
61690	$4,425.96
61692	$7,599.37
61697	$8,531.11
61698	$9,146.08
61700	$7,192.90
61702	$7,956.55
61703	$2,737.03
61705	$5,276.89
61708	$4,427.58
61710	$4,086.56
61711	$5,387.60
61720	$2,367.73
61735	$2,888.96
61750	$2,874.41

CODE	MAXIMUM FEE
61751	$2,800.87
61760	$3,168.56
61770	$3,079.67
61790	$1,739.84
61791	$2,245.71
61795	$522.84
61796	$1,638.83
61797	$447.69
61798	$1,638.83
61799	$619.00
61800	$317.58
61850	$1,999.24
61860	$3,179.87
61863	$3,103.10
61864	$955.17
61867	$4,504.35
61868	$1,347.91
61870	$2,421.07
61875	$2,336.22
61880	$1,112.75
61885	$1,279.22
61886	$1,612.16
61888	$816.18
62000	$1,749.75
62005	$2,530.47
62010	$3,101.87
62100	$3,285.33
62115	$2,951.55
62116	$3,640.13
62117	$3,873.70
62120	$3,653.06
62121	$3,371.81
62140	$2,144.96
62141	$2,354.29
62142	$1,790.97
62143	$2,102.13
62145	$2,877.19
62146	$2,462.59
62147	$2,924.88
62148	$265.09
62160	$407.33
62161	$3,104.30
62162	$3,845.42
62163	$2,495.72
62164	$4,074.94
62165	$3,130.97
62180	$3,240.07
62190	$1,843.50
62192	$1,965.54
62194	$793.65
62200	$2,811.73
62201	$2,406.01
62220	$2,069.80
62223	$2,117.48

CODE	MAXIMUM FEE
62225	$1,007.83
62230	$1,709.34
62252	$210.13
62256	$1,183.20
62258	$2,300.95
62263	$1,338.38
62264	$819.51
62267	$534.22
62268	$974.69
62269	$1,054.70
62270	$321.66
62272	$381.47
62273	$342.68
62280	$636.05
62281	$586.75
62282	$607.77
62284	$463.91
62287	$1,144.41
62290	$677.27
62291	$635.25
62292	$1,036.92
62294	$1,664.69
62310	$446.07
62311	$393.54
62318	$476.78
62319	$431.53
62350	$816.99
62351	$1,725.29
62355	$611.73
62360	$579.41
62361	$808.10
62362	$861.43
62365	$678.80
62367	$80.00
62368	$114.75
63001	$2,521.27
63003	$2,535.01
63005	$2,402.48
63011	$2,275.61
63012	$2,446.12
63015	$3,035.22
63016	$3,112.80
63017	$2,536.63
63020	$2,407.33
63030	$1,998.43
63035	$428.29
63040	$2,927.75
63042	$2,738.65
63043	$1,215.38
63044	$1,155.58
63045	$2,613.40
63046	$2,491.37
63047	$2,273.99
63048	$457.38

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SURGERY

CODE	MAXIMUM FEE
63050	$3,137.04
63051	$3,526.55
63055	$3,366.54
63056	$3,105.53
63057	$703.86
63064	$3,679.28
63066	$432.33
63075	$2,877.64
63076	$543.85
63077	$3,125.73
63078	$429.91
63081	$3,684.94
63082	$586.68
63085	$3,899.89
63086	$412.94
63087	$4,992.44
63088	$565.67
63090	$4,063.13
63091	$386.27
63101	$4,677.28
63102	$4,657.89
63103	$614.96
63170	$3,161.29
63172	$2,849.36
63173	$3,516.85
63180	$2,847.74
63182	$3,077.24
63185	$2,307.13
63190	$2,652.99
63191	$2,614.20
63194	$3,003.71
63195	$3,082.09
63196	$3,627.56
63197	$3,454.63
63198	$3,839.28
63199	$3,928.17
63200	$3,094.21
63250	$5,983.17
63251	$6,238.53
63252	$6,249.04
63265	$3,424.73
63266	$3,519.28
63267	$2,833.20
63268	$2,825.12
63270	$4,217.47
63271	$4,244.14
63272	$3,905.55
63273	$3,684.94
63275	$3,676.86
63276	$3,664.73
63277	$3,214.62
63278	$3,137.04
63280	$4,358.89
63281	$4,308.79

CODE	MAXIMUM FEE
63282	$4,066.36
63283	$3,848.98
63285	$5,355.28
63286	$5,339.12
63287	$5,623.57
63290	$5,676.90
63295	$673.96
63300	$3,790.80
63301	$4,214.24
63302	$4,193.23
63303	$4,352.43
63304	$4,661.93
63305	$4,733.04
63306	$5,034.46
63307	$4,576.27
63308	$707.09
63600	$1,722.06
63610	$2,768.55
63615	$2,341.87
63620	$1,638.83
63621	$514.76
63650	$849.42
63655	$1,733.59
63660	$902.76
63685	$830.02
63688	$742.74
63700	$2,516.73
63702	$2,835.17
63704	$3,156.83
63706	$3,703.17
63707	$1,857.24
63709	$2,257.30
63710	$2,263.77
63740	$1,922.71
63741	$1,241.40
63744	$1,308.48
63746	$1,139.56
64400	$219.83
64402	$225.49
64405	$212.56
64408	$245.69
64410	$285.29
64412	$283.68
64413	$235.99
64415	$268.32
64416	$200.43
64417	$271.56
64418	$275.60
64420	$328.13
64421	$484.11
64425	$265.09
64430	$322.47
64435	$300.65
64445	$278.83

CODE	MAXIMUM FEE
64446	$197.20
64447	$147.90
64448	$174.57
64449	$193.97
64450	$214.17
64455	$109.92
64470	$536.64
64472	$232.76
64475	$480.88
64476	$195.58
64479	$568.16
64480	$286.10
64483	$552.81
64484	$280.45
64505	$210.13
64508	$291.76
64510	$290.14
64517	$349.14
64520	$379.85
64530	$392.79
64550	$32.33
64553	$417.79
64555	$443.65
64560	$440.41
64561	$2,393.59
64565	$349.91
64573	$1,217.00
64575	$594.76
64577	$745.07
64580	$608.50
64581	$1,760.85
64585	$693.35
64590	$650.52
64595	$672.34
64600	$827.49
64605	$1,172.55
64610	$1,442.46
64612	$316.78
64613	$311.93
64614	$349.10
64620	$555.97
64622	$664.26
64623	$246.47
64626	$772.54
64627	$336.17
64630	$482.44
64632	$177.78
64640	$476.78
64650	$138.19
64653	$160.81
64680	$628.70
64681	$812.95
64702	$939.01
64704	$694.97

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
64708	$984.27
64712	$1,126.49
64713	$1,588.72
64714	$1,346.29
64716	$1,065.08
64718	$1,158.82
64719	$804.87
64721	$847.70
64722	$683.65
64726	$605.27
64727	$397.59
64732	$793.55
64734	$852.55
64736	$796.79
64738	$953.56
64740	$941.44
64742	$963.26
64744	$859.82
64746	$915.58
64752	$1,035.98
64755	$1,845.70
64760	$976.18
64761	$918.00
64763	$1,120.83
64766	$1,289.73
64771	$1,217.81
64772	$1,176.59
64774	$842.04
64776	$810.52
64778	$394.35
64782	$953.56
64783	$470.31
64784	$1,485.29
64786	$2,243.29
64787	$539.81
64788	$791.94
64790	$1,713.17
64792	$2,215.00
64795	$406.47
64802	$1,251.75
64804	$1,911.96
64809	$1,781.86
64818	$1,387.51
64820	$1,557.21
64821	$1,402.86
64822	$1,387.51
64823	$1,578.22
64831	$1,395.59
64832	$732.95
64834	$1,541.85
64835	$1,673.58
64836	$1,671.15
64837	$814.56
64840	$1,886.11

CODE	MAXIMUM FEE
64856	$2,102.68
64857	$2,198.03
64858	$2,556.02
64859	$552.74
64861	$2,890.57
64862	$2,838.86
64864	$1,806.10
64865	$2,387.13
64866	$2,494.60
64868	$2,172.17
64870	$2,114.80
64872	$258.59
64874	$379.81
64876	$414.56
64885	$2,351.57
64886	$2,794.41
64890	$2,265.10
64891	$2,316.82
64892	$2,210.15
64893	$2,326.52
64895	$2,714.41
64896	$3,004.89
64897	$2,629.88
64898	$2,868.30
64901	$1,290.70
64902	$1,482.24
64905	$2,103.74
64907	$2,778.59
64910	$1,696.41
64911	$2,040.71
64999	$0.00
65091	$1,188.86
65093	$1,187.25
65101	$1,369.90
65103	$1,430.51
65105	$1,578.41
65110	$2,304.99
65112	$2,723.63
65114	$2,822.23
65125	$854.27
65130	$1,355.35
65135	$1,380.41
65140	$1,504.06
65150	$1,091.07
65155	$1,588.92
65175	$1,221.19
65205	$107.49
65210	$131.74
65220	$110.72
65222	$144.67
65235	$1,302.01
65260	$1,786.93
65265	$2,010.80
65270	$500.28

CODE	MAXIMUM FEE
65272	$922.96
65273	$709.60
65275	$1,035.30
65280	$1,244.63
65285	$1,942.10
65286	$1,306.05
65290	$914.88
65400	$1,243.01
65410	$270.75
65420	$959.33
65426	$1,209.07
65430	$219.02
65435	$151.13
65436	$717.68
65450	$594.03
65600	$719.30
65710	$2,056.06
65730	$2,287.21
65750	$2,319.53
65755	$2,305.79
65756	$2,220.93
65757	$0.00
65760	$2,522.89
65765	$3,179.87
65767	$2,960.88
65770	$2,651.38
65771	$1,425.49
65772	$831.53
65775	$1,021.44
65780	$1,645.29
65781	$2,490.56
65782	$2,150.35
65800	$286.07
65805	$311.93
65810	$866.28
65815	$1,183.06
65820	$1,395.59
65850	$1,587.11
65855	$635.97
65860	$587.49
65865	$888.10
65870	$1,095.78
65875	$1,163.66
65880	$1,226.70
65900	$1,800.45
65920	$1,456.20
65930	$1,199.22
66020	$348.29
66030	$307.89
66130	$1,319.63
66150	$1,602.46
66155	$1,596.00
66160	$1,816.61
66165	$1,563.67

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QUICK REFERENCE TABLE
SURGERY

CODE	MAXIMUM FEE
66170	$2,199.65
66172	$2,763.70
66180	$2,189.14
66185	$1,381.85
66220	$1,350.34
66225	$1,737.42
66250	$1,389.93
66500	$656.18
66505	$718.40
66600	$1,520.04
66605	$1,979.85
66625	$800.02
66630	$1,051.34
66635	$1,061.84
66680	$950.33
66682	$1,155.58
66700	$833.96
66710	$819.41
66711	$1,173.36
66720	$860.63
66740	$813.76
66761	$834.77
66762	$875.17
66770	$972.14
66820	$736.99
66821	$597.19
66825	$1,414.98
66830	$1,322.86
66840	$1,290.54
66850	$1,473.17
66852	$1,576.60
66920	$1,406.90
66930	$1,598.42
66940	$1,451.35
66982	$1,997.62
66983	$1,369.73
66984	$1,431.15
66985	$1,415.79
66986	$1,736.61
66990	$177.78
66999	BR
67005	$875.17
67010	$1,013.36
67015	$1,081.24
67025	$1,343.06
67027	$1,597.61
67028	$403.24
67030	$964.87
67031	$713.55
67036	$1,803.68
67039	$2,309.55
67040	$2,665.11
67041	$2,492.99
67042	$2,855.83

CODE	MAXIMUM FEE
67043	$2,996.43
67101	$1,438.42
67105	$1,331.75
67107	$2,268.34
67108	$3,020.68
67110	$1,611.35
67112	$2,492.18
67113	$3,280.89
67115	$912.34
67120	$1,212.96
67121	$1,690.55
67141	$962.45
67145	$970.53
67208	$1,112.75
67210	$1,301.04
67218	$2,639.25
67220	$1,996.82
67221	$565.67
67225	$58.18
67227	$1,132.96
67228	$2,234.40
67229	$2,158.70
67250	$1,470.12
67255	$1,570.33
67299	$0.00
67311	$1,113.70
67312	$1,331.11
67314	$1,247.86
67316	$1,494.36
67318	$1,306.05
67320	$622.31
67331	$589.18
67332	$640.90
67334	$581.10
67335	$293.38
67340	$692.63
67343	$1,212.30
67345	$442.89
67346	$386.32
67399	$0.00
67400	$1,748.94
67405	$1,487.90
67412	$1,618.02
67413	$1,619.63
67414	$2,474.71
67415	$205.28
67420	$3,094.60
67430	$2,353.48
67440	$2,265.38
67445	$2,661.40
67450	$2,349.44
67500	$171.34
67505	$167.30
67515	$177.00

CODE	MAXIMUM FEE
67550	$1,826.53
67560	$1,855.63
67570	$2,179.72
67599	$0.00
67700	$499.47
67710	$421.07
67715	$443.70
67800	$237.61
67801	$304.69
67805	$377.43
67808	$678.08
67810	$429.15
67820	$100.22
67825	$240.84
67830	$500.28
67835	$825.98
67840	$523.71
67850	$421.07
67875	$327.32
67880	$846.19
67882	$1,044.19
67900	$1,209.73
67901	$1,309.93
67902	$1,346.29
67903	$1,159.62
67904	$1,367.31
67906	$974.57
67908	$921.23
67909	$1,011.74
67911	$1,037.60
67912	$1,705.90
67914	$735.37
67915	$658.60
67916	$1,012.55
67917	$1,107.91
67921	$699.81
67922	$637.59
67923	$1,067.50
67924	$1,104.67
67930	$694.16
67935	$1,128.92
67938	$455.77
67950	$1,090.13
67961	$1,087.70
67966	$1,430.34
67971	$1,381.04
67973	$1,790.75
67974	$1,783.48
67975	$1,304.27
67999	$0.00
68020	$223.04
68040	$124.45
68100	$324.86
68110	$422.64

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SURGERY

CODE	MAXIMUM FEE
68115	$586.68
68130	$1,009.32
68135	$293.34
68200	$80.00
68320	$1,334.98
68325	$1,230.74
68326	$1,195.99
68328	$1,339.83
68330	$1,121.64
68335	$1,200.03
68340	$1,010.13
68360	$985.07
68362	$1,216.19
68371	$787.90
68399	$0.00
68400	$527.69
68420	$602.03
68440	$200.41
68500	$1,812.57
68505	$1,823.88
68510	$860.63
68520	$1,283.26
68525	$519.61
68530	$820.22
68540	$1,733.37
68550	$2,135.00
68700	$1,118.41
68705	$446.88
68720	$1,420.64
68745	$1,428.72
68750	$1,465.89
68760	$379.00
68761	$275.56
68770	$1,106.29
68801	$228.69
68810	$442.84
68811	$385.46
68815	$833.96
68816	$1,278.41
68840	$232.73
68850	$130.91
68899	BR
69000	$360.41
69005	$427.48
69020	$459.00
69090	$63.03
69100	$213.34

CODE	MAXIMUM FEE
69105	$280.41
69110	$914.77
69120	$812.14
69140	$1,770.55
69145	$768.50
69150	$2,170.56
69155	$3,482.10
69200	$244.05
69205	$207.68
69210	$101.01
69220	$273.95
69222	$439.61
69300	$1,320.44
69310	$2,210.96
69320	$3,154.82
69399	$0.00
69400	$284.45
69401	$166.47
69405	$523.65
69420	$380.62
69421	$310.31
69424	$258.59
69433	$396.78
69436	$337.79
69440	$1,395.59
69450	$1,094.98
69501	$1,499.83
69502	$1,996.01
69505	$2,464.20
69511	$2,533.71
69530	$3,413.03
69535	$5,556.38
69540	$414.61
69550	$2,129.61
69552	$3,253.01
69554	$5,168.44
69601	$2,152.24
69602	$2,238.71
69603	$2,606.45
69604	$2,309.84
69605	$3,223.10
69610	$800.12
69620	$1,400.61
69631	$1,795.82
69632	$2,206.39
69633	$2,125.57
69635	$2,499.76

CODE	MAXIMUM FEE
69636	$2,832.74
69637	$2,819.81
69641	$2,137.69
69642	$2,757.58
69643	$2,518.35
69644	$3,049.34
69645	$2,987.11
69646	$3,176.23
69650	$1,627.71
69660	$1,915.43
69661	$2,505.42
69662	$2,401.97
69666	$1,651.96
69667	$1,657.62
69670	$1,933.21
69676	$1,704.49
69700	$1,420.82
69710	$0.00
69711	$1,777.23
69714	$2,224.97
69715	$2,769.70
69717	$2,343.78
69718	$2,941.85
69720	$2,413.29
69725	$3,945.63
69740	$2,431.87
69745	$2,577.35
69799	$0.00
69801	$1,529.11
69802	$2,146.58
69805	$2,177.29
69806	$1,955.84
69820	$1,774.81
69840	$1,861.28
69905	$1,889.57
69910	$2,113.99
69915	$3,203.31
69930	$2,574.61
69949	$0.00
69950	$3,800.49
69955	$4,156.87
69960	$4,022.72
69970	$4,492.23
69979	$0.00
69990	$469.51

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CPT CODE	MAXIMUM FEE
70010	$277.24
70015	$230.45
70030	$45.04
70100	$48.55
70110	$63.17
70120	$53.23
70130	$87.74
70134	$75.45
70140	$47.96
70150	$68.43
70160	$50.89
70170	$84.81
70190	$56.74
70200	$70.77
70210	$47.96
70220	$62.58
70240	$46.79
70250	$57.91
70260	$77.21
70300	$22.81
70310	$53.81
70320	$76.04
70328	$47.38
70330	$75.45
70332	$136.28
70336	$827.05
70350	$32.75
70355	$36.85
70360	$43.28
70370	$118.73
70371	$157.34
70373	$129.26
70380	$59.07
70390	$159.68
70450	$354.45
70460	$457.98
70470	$554.49
70480	$537.52
70481	$625.26
70482	$716.50
70486	$455.05
70487	$550.39
70488	$669.71
70490	$450.96
70491	$541.03
70492	$656.84
70496	$1,046.97
70498	$1,051.65
70540	$891.39
70542	$990.82
70543	$1,369.25

CPT CODE	MAXIMUM FEE
70544	$964.50
70545	$960.41
70546	$233.96
70547	$962.16
70548	$999.59
70549	$1,524.25
70551	$924.14
70552	$1,033.52
70553	$1,382.70
70554	$1,004.27
70555	$1,248.76
70557	$2,185.19
70558	$2,387.56
70559	$2,430.26
71010	$38.60
71015	$47.38
71020	$51.47
71021	$62.00
71022	$74.28
71023	$107.04
71030	$74.87
71034	$147.39
71035	$54.98
71040	$153.83
71060	$224.02
71090	$159.68
71100	$52.64
71101	$63.17
71110	$65.51
71111	$83.64
71120	$52.64
71130	$60.24
71250	$462.07
71260	$554.49
71270	$684.92
71275	$841.67
71550	$995.50
71551	$1,117.16
71552	$1,531.85
71555	$981.46
72010	$110.55
72020	$38.02
72040	$59.07
72050	$83.64
72052	$104.70
72069	$55.57
72070	$54.40
72072	$62.00
72074	$72.53
72080	$56.74
72090	$74.28

CPT CODE	MAXIMUM FEE
72100	$112.89
72110	$86.57
72114	$112.89
72120	$77.79
72125	$463.24
72126	$553.32
72127	$674.39
72128	$462.07
72129	$553.90
72130	$676.14
72131	$461.49
72132	$553.32
72133	$675.56
72141	$845.77
72142	$1,043.46
72146	$867.99
72147	$955.14
72148	$857.46
72149	$1,031.76
72156	$1,383.29
72157	$1,315.44
72158	$1,365.16
72159	$1,052.82
72170	$41.53
72190	$63.17
72191	$811.26
72192	$439.84
72193	$526.41
72194	$670.88
72195	$912.44
72196	$1,011.88
72197	$1,390.31
72198	$975.61
72200	$46.21
72202	$56.15
72220	$47.38
72240	$256.77
72255	$234.54
72265	$238.64
72270	$372.00
72275	$169.62
72285	$290.11
72291	$488.39
72292	$505.94
72295	$258.53
73000	$43.87
73010	$45.04
73020	$37.43
73030	$47.96
73040	$171.38
73050	$57.32

CPT CODE	MAXIMUM FEE
73060	$46.79
73070	$42.70
73080	$54.98
73085	$155.00
73090	$43.28
73092	$44.45
73100	$45.04
73110	$53.81
73115	$163.77
73120	$42.70
73130	$49.13
73140	$45.62
73200	$437.51
73201	$525.24
73202	$672.05
73206	$777.33
73218	$911.86
73219	$1,001.93
73220	$1,381.53
73221	$863.31
73222	$952.80
73223	$1,321.87
73225	$1,025.91
73500	$40.36
73510	$58.49
73520	$63.17
73525	$155.00
73530	$55.57
73540	$58.49
73542	$127.51
73550	$45.62
73560	$45.04
73562	$54.40
73564	$63.17
73565	$47.96
73580	$193.02
73590	$43.28
73592	$44.45
73600	$42.70
73610	$49.13
73615	$159.09
73620	$41.53
73630	$48.55
73650	$42.11
73660	$43.28
73700	$438.09
73701	$528.75
73702	$673.80
73706	$844.01
73718	$896.07
73719	$991.41

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RADIOLOGY

CPT CODE	MAXIMUM FEE
73720	$1,380.95
73721	$877.93
73722	$960.41
73723	$1,318.95
73725	$976.78
74000	$40.94
74010	$60.24
74020	$64.34
74022	$77.79
74150	$443.35
74160	$589.58
74170	$771.48
74175	$858.05
74181	$827.63
74182	$1,097.27
74183	$1,391.48
74185	$973.27
74190	$124.58
74210	$122.83
74220	$139.21
74230	$143.30
74235	$287.19
74240	$172.55
74241	$183.66
74245	$275.49
74246	$197.70
74247	$217.00
74249	$295.37
74250	$162.02
74251	$503.60
74260	$419.96
74270	$232.79
74280	$321.70
74283	$333.39
74290	$103.53
74291	$88.90
74300	$85.40
74301	$50.30
74305	$85.40
74320	$185.41
74327	$209.39
74328	$266.13
74329	$167.28
74330	$277.24
74340	$211.73
74355	$233.96
74360	$256.77
74363	$210.56
74400	$176.05
74410	$185.41
74415	$212.32

CPT CODE	MAXIMUM FEE
74420	$202.96
74425	$112.89
74430	$125.75
74440	$135.11
74445	$170.21
74450	$122.24
74455	$146.23
74470	$125.17
74475	$201.21
74480	$201.79
74485	$191.85
74710	$70.77
74740	$125.17
74742	$143.89
74775	$142.72
75557	$839.92
75558	$1,021.82
75559	$1,213.08
75560	$1,328.31
75561	$1,128.86
75562	$1,316.61
75563	$1,384.46
75564	$1,548.23
75600	$523.49
75605	$449.20
75625	$443.35
75630	$514.13
75635	$975.61
75650	$474.94
75658	$469.67
75660	$477.86
75662	$546.88
75665	$490.73
75671	$553.90
75676	$478.45
75680	$532.26
75685	$479.03
75705	$550.98
75710	$468.50
75716	$521.15
75722	$462.66
75724	$536.94
75726	$463.24
75731	$479.03
75733	$541.03
75736	$467.34
75741	$449.20
75743	$490.73
75746	$453.30
75756	$480.20
75774	$354.45

CPT CODE	MAXIMUM FEE
75790	$283.09
75801	$392.47
75803	$443.94
75805	$456.22
75807	$488.39
75809	$139.79
75810	$872.09
75820	$191.85
75822	$235.13
75825	$428.15
75827	$426.98
75831	$432.83
75833	$481.96
75840	$429.32
75842	$484.30
75860	$441.01
75870	$437.51
75872	$477.86
75880	$193.60
75885	$459.73
75887	$463.24
75889	$434.00
75891	$434.00
75893	$382.52
75894	$1,571.04
75896	$1,374.52
75898	$207.05
75900	$273.15
75901	$281.92
75902	$164.94
75940	$900.75
75945	$313.51
75946	$308.24
75952	$370.83
75953	$112.30
75954	$181.90
75956	$581.39
75957	$497.75
75958	$328.71
75959	$288.94
75960	$434.58
75961	$674.97
75962	$464.41
75964	$273.15
75966	$542.79
75968	$273.73
75970	$773.24
75978	$456.81
75980	$460.90
75982	$521.15
75984	$184.83

CPT CODE	MAXIMUM FEE
75989	$233.96
75992	$1,155.18
75993	$760.37
75994	$1,017.73
75995	$1,076.22
75996	$298.30
76000	$154.41
76001	$226.94
76010	$45.04
76080	$102.94
76098	$32.17
76100	$215.83
76101	$298.30
76102	$400.07
76120	$121.66
76125	$75.45
76150	$29.83
76350	$66.09
76376	$129.85
76377	$184.83
76380	$332.22
76390	$748.67
76496	BR
76497	BR
76498	BR
76499	BR
76506	$187.17
76510	$238.64
76511	$156.17
76512	$146.81
76513	$135.70
76514	$20.47
76516	$108.21
76519	$115.81
76529	$109.96
76536	$177.81
76604	$139.21
76645	$146.81
76700	$220.51
76705	$167.28
76770	$211.15
76775	$180.15
76776	$234.54
76800	$198.28
76801	$211.73
76802	$120.49
76805	$235.71
76810	$164.94
76811	$336.32
76812	$329.30
76813	$207.05

QUICK REFERENCE TABLE

RADIOLOGY

CPT CODE	MAXIMUM FEE
76814	$135.70
76815	$146.81
76816	$179.56
76817	$163.19
76818	$195.36
76819	$151.49
76820	$88.90
76821	$157.92
76825	$335.73
76826	$184.83
76827	$116.98
76828	$86.57
76830	$193.60
76831	$193.60
76856	$194.77
76857	$162.02
76870	$193.02
76872	$229.87
76873	$290.11
76880	$201.79
76885	$219.34
76886	$162.02
76930	$159.09
76932	$159.68
76936	$510.03
76937	$59.66
76940	$283.09
76941	$200.62
76942	$298.30
76945	$149.73
76946	$73.11
76948	$73.11
76950	$114.64
76965	$241.56
76970	$133.94
76975	$165.53
76977	$23.40
76998	$100.60
76999	BR
77001	$168.45
77002	$114.64
77003	$95.92
77011	$1,094.35
77012	$325.20
77013	$924.73
77014	$300.05
77021	$726.45
77022	$1,126.52
77031	$315.85
77032	$97.09
77051	$19.89

CPT CODE	MAXIMUM FEE
77052	$19.89
77053	$124.58
77054	$167.87
77055	$137.45
77056	$174.30
77057	$132.19
77058	$1,362.23
77059	$1,467.51
77071	BR
77072	$38.02
77073	$60.83
77074	$111.13
77075	$160.85
77076	$149.73
77077	$69.02
77078	$276.07
77079	$93.00
77080	$116.40
77081	$49.13
77082	$47.38
77083	$43.28
77084	$938.76
77261	BR
77262	BR
77263	BR
77280	$298.88
77285	$514.71
77290	$797.22
77295	$1,121.25
77299	BR
77300	$115.81
77301	$3,497.70
77305	$119.90
77310	$166.11
77315	$241.56
77321	$200.04
77326	$231.62
77327	$329.88
77328	$452.13
77331	$101.19
77332	$126.34
77333	$112.89
77334	$257.36
77336	BR
77370	BR
77371	$2,153.60
77372	$1,311.93
77373	$2,427.92
77399	BR
77401	$52.64
77402	$219.92

CPT CODE	MAXIMUM FEE
77403	$193.60
77404	$212.90
77406	$214.66
77407	$343.92
77408	$259.11
77409	$285.43
77411	$283.68
77412	$333.39
77413	$335.73
77414	$372.58
77416	$374.34
77417	$26.32
77418	$838.16
77421	$183.66
77422	$314.09
77423	$360.30
77427	BR
77431	BR
77432	BR
77435	BR
77470	$421.13
77499	BR
77520	BR
77522	BR
77523	BR
77525	BR
77600	$597.77
77605	$1,068.61
77610	$996.67
77615	$1,409.61
77620	$628.18
77750	$549.81
77761	$569.69
77762	$777.33
77763	$1,099.61
77776	$672.05
77777	$931.16
77778	$1,331.82
77785	$301.81
77786	$904.84
77787	$1,344.69
77789	$169.04
77790	$141.55
77799	BR
78000	$111.13
78001	$140.96
78003	$122.83
78006	$346.26
78007	$212.32
78010	$241.56
78011	$274.90

CPT CODE	MAXIMUM FEE
78015	$326.37
78016	$494.83
78018	$501.26
78020	$147.39
78070	$276.66
78075	$649.82
78099	BR
78102	$256.77
78103	$345.09
78104	$395.98
78110	$122.83
78111	$157.92
78120	$140.38
78121	$170.21
78122	$212.32
78130	$245.66
78135	$511.20
78140	$239.22
78185	$297.71
78190	$586.07
78191	$322.28
78195	$532.26
78199	BR
78201	$274.90
78202	$317.02
78205	$381.94
78206	$531.09
78215	$293.62
78216	$223.43
78220	$232.79
78223	$490.73
78230	$250.34
78231	$214.66
78232	$218.75
78258	$348.02
78261	$385.45
78262	$380.19
78264	$436.92
78267	$17.55
78268	$152.66
78270	$127.51
78271	$128.68
78272	$146.23
78278	$526.41
78282	$126.34
78290	$469.67
78291	$383.11
78299	BR
78300	$269.64
78305	$358.54
78306	$397.15

QUICK REFERENCE TABLE

RADIOLOGY

CPT CODE	MAXIMUM FEE
78315	$526.99
78320	$408.85
78350	$54.40
78351	$24.57
78399	BR
78414	$116.98
78428	$312.34
78445	$262.04
78456	$555.07
78457	$301.22
78458	$333.39
78459	$428.73
78460	$301.81
78461	$341.58
78464	$445.11
78465	$786.69
78466	$287.77
78468	$363.22
78469	$414.11
78472	$421.71
78473	$576.71
78478	$96.51
78480	$80.72

CPT CODE	MAXIMUM FEE
78481	$370.24
78483	$523.49
78491	$434.58
78492	$548.05
78494	$459.73
78496	$192.43
78499	BR
78580	$332.81
78584	$253.85
78585	$549.22
78586	$253.85
78587	$318.77
78588	$507.69
78591	$257.36
78593	$303.56
78594	$355.62
78596	$590.75
78599	BR
78600	$276.07
78601	$328.71
78605	$307.66
78606	$480.79
78607	$578.47

CPT CODE	MAXIMUM FEE
78608	$496.00
78609	$119.90
78610	$277.83
78630	$511.20
78635	$463.24
78645	$469.67
78647	$539.86
78650	$498.33
78660	$259.70
78699	BR
78700	$274.32
78701	$328.13
78707	$382.52
78708	$312.34
78709	$561.50
78710	$379.02
78725	$159.68
78730	$122.83
78740	$325.20
78761	$326.96
78799	BR
78800	$293.03
78801	$391.88

CPT CODE	MAXIMUM FEE
78802	$512.96
78803	$565.60
78804	$899.58
78805	$293.62
78806	$537.52
78807	$566.18
78808	BR
78811	$1,086.74
78812	$1,349.95
78813	$1,399.08
78814	$1,530.68
78815	$1,691.53
78816	$1,735.40
78999	BR
79005	$249.17
79101	$280.17
79200	$284.26
79300	$225.19
79403	$355.03
79440	$262.62
79445	$364.98
79999	BR

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
80047	$31.74
80048	$21.38
80050	$72.55
80051	$17.49
80053	$26.56
80055	$105.59
80061	$42.11
80069	$22.03
80074	$119.20
80076	$20.73
80100	$36.28
80101	$34.33
80102	$33.04
80103	$39.52
80150	$37.57
80152	$44.70
80154	$46.64
80156	$36.28
80157	$33.04
80158	$45.35
80160	$43.40
80162	$33.04
80164	$33.69
80166	$38.87
80168	$40.81
80170	$40.81
80172	$40.81
80173	$36.28
80174	$43.40
80176	$36.92
80178	$16.84
80182	$33.69
80184	$28.50
80185	$33.04
80186	$34.33
80188	$41.46
80190	$42.11
80192	$42.11
80194	$36.92
80195	$34.33
80196	$18.14
80197	$34.33
80198	$35.63
80200	$40.16
80201	$29.80
80202	$33.69
80299	$34.33
80400	$124.38
80402	$202.11
80406	$212.48
80408	$231.26
80410	$191.75

CPT CODE	MAXIMUM FEE
80412	$594.68
80414	$99.11
80415	$99.11
80416	$296.04
80417	$126.97
80418	$1,321.51
80420	$165.19
80422	$112.07
80424	$112.07
80426	$310.30
80428	$171.67
80430	$171.67
80432	$336.86
80434	$211.18
80435	$224.79
80436	$218.31
80438	$125.67
80439	$132.15
80440	$132.15
80500	$36.92
80502	$115.31
81000	$7.77
81001	$7.77
81002	$6.48
81003	$5.83
81005	$5.18
81007	$6.48
81015	$7.77
81020	$9.07
81025	$16.20
81050	$7.77
81099	BR
82000	$31.09
82003	$50.53
82009	$11.01
82010	$20.73
82013	$27.86
82016	$34.98
82017	$42.11
82024	$97.17
82030	$64.78
82040	$12.31
82042	$12.96
82043	$14.25
82044	$11.66
82045	$85.51
82055	$27.21
82075	$30.45
82085	$24.62
82088	$102.35
82101	$75.14
82103	$33.69

CPT CODE	MAXIMUM FEE
82104	$36.28
82105	$42.11
82106	$42.11
82107	$161.95
82108	$64.13
82120	$9.72
82127	$34.98
82128	$34.98
82131	$42.11
82135	$41.46
82136	$42.11
82139	$42.11
82140	$36.28
82143	$17.49
82145	$38.87
82150	$16.20
82154	$72.55
82157	$73.20
82160	$62.84
82163	$51.82
82164	$36.92
82172	$38.87
82175	$47.94
82180	$24.62
82190	$37.57
82205	$28.50
82232	$40.81
82239	$42.75
82240	$66.72
82247	$12.31
82248	$12.31
82252	$11.66
82261	$42.11
82270	$8.42
82271	$8.42
82272	$8.42
82274	$40.16
82286	$17.49
82300	$58.30
82306	$74.50
82307	$80.98
82308	$67.37
82310	$12.96
82330	$34.33
82331	$12.96
82340	$14.90
82355	$29.15
82360	$32.39
82365	$32.39
82370	$31.74
82373	$45.35
82374	$12.31

CPT CODE	MAXIMUM FEE
82375	$31.09
82376	$14.90
82378	$47.94
82379	$42.11
82380	$23.32
82382	$43.40
82383	$62.84
82384	$63.48
82387	$52.47
82390	$27.21
82397	$35.63
82415	$31.74
82435	$11.66
82436	$12.31
82438	$12.31
82441	$14.90
82465	$11.01
82480	$20.08
82482	$19.43
82485	$51.82
82486	$45.35
82487	$40.16
82488	$53.77
82489	$46.64
82491	$45.35
82492	$45.35
82495	$51.18
82507	$69.96
82520	$38.22
82523	$46.64
82525	$31.09
82528	$56.36
82530	$42.11
82533	$40.81
82540	$11.66
82541	$45.35
82542	$45.35
82543	$45.35
82544	$45.35
82550	$16.20
82552	$33.69
82553	$29.15
82554	$29.80
82565	$12.96
82570	$12.96
82575	$23.97
82585	$21.38
82595	$16.20
82600	$48.59
82607	$37.57
82608	$35.63
82610	$34.33

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
82615	$20.73
82626	$63.48
82627	$55.71
82633	$77.74
82634	$73.20
82638	$30.45
82646	$51.82
82649	$64.78
82651	$64.78
82652	$96.52
82654	$34.98
82656	$29.15
82657	$45.35
82658	$45.35
82664	$86.16
82666	$53.77
82668	$47.29
82670	$69.96
82671	$80.98
82672	$54.42
82677	$60.89
82679	$62.84
82690	$43.40
82693	$37.57
82696	$58.95
82705	$12.96
82710	$42.11
82715	$43.40
82725	$33.69
82726	$45.35
82728	$34.33
82731	$161.95
82735	$46.64
82742	$49.88
82746	$36.92
82747	$43.40
82757	$43.40
82759	$53.77
82760	$27.86
82775	$53.12
82776	$20.73
82784	$23.32
82785	$41.46
82787	$20.08
82800	$21.38
82803	$48.59
82805	$71.26
82810	$22.03
82820	$25.26
82926	$13.60
82928	$16.20
82938	$44.70

CPT CODE	MAXIMUM FEE
82941	$44.05
82943	$35.63
82945	$9.72
82946	$37.57
82947	$9.72
82948	$7.77
82950	$11.66
82951	$32.39
82952	$9.72
82953	$38.22
82955	$24.62
82960	$14.90
82962	$5.83
82963	$53.77
82965	$19.43
82975	$39.52
82977	$18.14
82978	$35.63
82979	$17.49
82980	$45.99
82985	$37.57
83001	$46.64
83002	$46.64
83003	$42.11
83008	$42.11
83009	$169.08
83010	$31.74
83012	$43.40
83013	$169.08
83014	$19.43
83015	$47.29
83018	$55.06
83020	$65.43
83021	$45.35
83026	$5.83
83030	$20.73
83033	$14.90
83036	$24.62
83037	$24.62
83045	$12.31
83050	$18.14
83051	$18.14
83055	$12.31
83060	$20.73
83065	$17.49
83068	$21.38
83069	$9.72
83070	$11.66
83071	$17.49
83080	$42.11
83088	$73.85
83090	$42.11

CPT CODE	MAXIMUM FEE
83150	$48.59
83491	$44.05
83497	$32.39
83498	$68.02
83499	$63.48
83500	$57.01
83505	$60.89
83516	$29.15
83518	$21.38
83519	$33.69
83520	$32.39
83525	$28.50
83527	$32.39
83528	$40.16
83540	$16.20
83550	$22.03
83570	$22.03
83582	$35.63
83586	$32.39
83593	$66.08
83605	$26.56
83615	$14.90
83625	$32.39
83630	$49.23
83631	$49.23
83632	$50.53
83633	$13.60
83634	$29.15
83655	$30.45
83661	$55.06
83662	$47.29
83663	$47.29
83664	$47.29
83670	$22.67
83690	$17.49
83695	$32.39
83698	$85.51
83700	$28.50
83701	$62.19
83704	$79.03
83718	$20.73
83719	$29.15
83721	$23.97
83727	$43.40
83735	$16.84
83775	$18.79
83785	$61.54
83788	$45.35
83789	$45.35
83805	$44.05
83825	$40.81
83835	$42.75

CPT CODE	MAXIMUM FEE
83840	$40.81
83857	$27.21
83858	$36.92
83864	$49.88
83866	$24.62
83872	$14.90
83873	$43.40
83874	$32.39
83876	$53.12
83880	$85.51
83883	$34.33
83885	$61.54
83887	$59.60
83890	$10.36
83891	$10.36
83892	$10.36
83893	$10.36
83894	$10.36
83896	$10.36
83897	$10.36
83898	$42.11
83900	$84.21
83901	$42.11
83902	$35.63
83903	$42.11
83904	$42.11
83905	$42.11
83906	$42.11
83907	$33.69
83908	$42.11
83909	$42.11
83912	$42.11
83913	$33.69
83914	$42.11
83915	$27.86
83916	$50.53
83918	$41.46
83919	$41.46
83921	$41.46
83925	$48.59
83930	$16.84
83935	$16.84
83937	$75.14
83945	$32.39
83950	$161.95
83951	$211.18
83970	$103.65
83986	$9.07
83992	$36.92
83993	$49.23
84022	$38.87
84030	$13.60

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
84035	$9.07
84060	$18.79
84061	$20.08
84066	$23.97
84075	$12.96
84078	$18.14
84080	$36.92
84081	$41.46
84085	$16.84
84087	$25.91
84100	$11.66
84105	$12.96
84106	$11.01
84110	$21.38
84119	$21.38
84120	$36.92
84126	$64.13
84127	$29.15
84132	$11.66
84133	$11.01
84134	$36.92
84135	$47.94
84138	$47.29
84140	$51.82
84143	$57.01
84144	$52.47
84146	$48.59
84150	$62.84
84152	$45.99
84153	$45.99
84154	$45.99
84155	$9.07
84156	$9.07
84157	$9.07
84160	$12.96
84163	$37.57
84165	$59.60
84166	$77.09
84181	$75.14
84182	$79.03
84202	$36.28
84203	$21.38
84206	$44.70
84207	$70.61
84210	$27.21
84220	$23.97
84228	$29.15
84233	$161.95
84234	$162.60
84235	$131.50
84238	$91.99
84244	$55.06

CPT CODE	MAXIMUM FEE
84252	$50.53
84255	$64.13
84260	$77.74
84270	$54.42
84275	$33.69
84285	$58.95
84295	$12.31
84300	$12.31
84302	$12.31
84305	$53.12
84307	$45.99
84311	$17.49
84315	$6.48
84375	$49.23
84376	$13.60
84377	$13.60
84378	$29.15
84379	$29.15
84392	$11.66
84402	$64.13
84403	$64.78
84425	$53.12
84430	$29.15
84432	$40.16
84436	$17.49
84437	$16.20
84439	$22.67
84442	$36.92
84443	$42.11
84445	$127.62
84446	$35.63
84449	$45.35
84450	$12.96
84460	$13.60
84466	$31.74
84478	$14.25
84479	$16.20
84480	$35.63
84481	$42.75
84482	$39.52
84484	$24.62
84485	$18.79
84488	$18.14
84490	$18.79
84510	$25.91
84512	$19.43
84520	$9.72
84525	$9.72
84540	$11.66
84545	$16.84
84550	$11.01
84560	$11.66

CPT CODE	MAXIMUM FEE
84577	$31.09
84578	$8.42
84580	$18.14
84583	$12.31
84585	$38.87
84586	$88.75
84588	$85.51
84590	$29.15
84591	$29.15
84597	$34.33
84600	$40.16
84620	$29.80
84630	$28.50
84681	$52.47
84702	$37.57
84703	$18.79
84704	$37.57
84830	$25.26
84999	BR
85002	$11.01
85004	$16.20
85007	$8.42
85008	$8.42
85009	$9.07
85013	$5.83
85014	$5.83
85018	$5.83
85025	$19.43
85027	$16.20
85032	$11.01
85041	$7.77
85044	$11.01
85045	$9.72
85046	$14.25
85048	$6.48
85049	$11.01
85055	$67.37
85060	$40.16
85097	$154.18
85130	$29.80
85170	$9.07
85175	$11.66
85210	$32.39
85220	$44.05
85230	$44.70
85240	$44.70
85244	$51.18
85245	$57.65
85246	$57.65
85247	$57.65
85250	$47.94
85260	$44.70

CPT CODE	MAXIMUM FEE
85270	$44.70
85280	$48.59
85290	$40.81
85291	$22.03
85292	$47.29
85293	$47.29
85300	$29.80
85301	$27.21
85302	$30.45
85303	$34.98
85305	$29.15
85306	$38.22
85307	$38.22
85335	$32.39
85337	$25.91
85345	$11.01
85347	$10.36
85348	$9.07
85360	$21.38
85362	$17.49
85366	$21.38
85370	$28.50
85378	$18.14
85379	$25.26
85380	$25.26
85384	$21.38
85385	$21.38
85390	$45.99
85396	$34.33
85397	$60.25
85400	$22.03
85410	$19.43
85415	$43.40
85420	$16.20
85421	$25.26
85441	$10.36
85445	$16.84
85460	$19.43
85461	$16.84
85475	$22.03
85520	$33.04
85525	$29.80
85530	$35.63
85536	$16.20
85540	$21.38
85547	$21.38
85549	$47.29
85555	$16.84
85557	$33.69
85576	$86.81
85597	$45.35
85610	$9.72

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
85611	$9.72
85612	$23.97
85613	$23.97
85635	$24.62
85651	$9.07
85652	$6.48
85660	$13.60
85670	$14.25
85675	$17.49
85705	$23.97
85730	$14.90
85732	$16.20
85810	$29.15
85999	BR
86000	$17.49
86001	$12.96
86003	$12.96
86005	$20.08
86021	$37.57
86022	$45.99
86023	$31.09
86038	$30.45
86039	$27.86
86060	$18.14
86063	$14.25
86077	$87.45
86078	$88.75
86079	$89.40
86140	$12.96
86141	$32.39
86146	$64.13
86147	$64.13
86148	$40.16
86155	$40.16
86156	$16.84
86157	$20.08
86160	$30.45
86161	$30.45
86162	$51.18
86171	$25.26
86185	$22.67
86200	$32.39
86215	$33.04
86225	$34.33
86226	$30.45
86235	$44.70
86243	$51.82
86255	$63.48
86256	$63.48
86277	$39.52
86280	$20.73
86294	$49.23

CPT CODE	MAXIMUM FEE
86300	$52.47
86301	$52.47
86304	$52.47
86308	$12.96
86309	$16.20
86310	$18.79
86316	$52.47
86317	$37.57
86318	$32.39
86320	$89.40
86325	$88.75
86327	$95.23
86329	$34.98
86331	$29.80
86332	$60.89
86334	$89.40
86335	$106.24
86336	$38.87
86337	$53.77
86340	$37.57
86341	$49.88
86343	$31.09
86344	$20.08
86353	$123.08
86355	$94.58
86356	$67.37
86357	$94.58
86359	$94.58
86360	$117.90
86361	$67.37
86367	$94.58
86376	$36.28
86378	$49.23
86382	$42.11
86384	$28.50
86403	$25.26
86406	$26.56
86430	$14.25
86431	$14.25
86480	$155.47
86485	$21.38
86486	$9.07
86490	$12.31
86510	$12.31
86580	$12.96
86590	$27.86
86592	$11.01
86593	$11.01
86602	$25.26
86603	$32.39
86606	$37.57
86609	$32.39

CPT CODE	MAXIMUM FEE
86611	$25.26
86612	$32.39
86615	$33.04
86617	$38.87
86618	$42.75
86619	$33.69
86622	$22.67
86625	$33.04
86628	$30.45
86631	$29.80
86632	$31.74
86635	$28.50
86638	$30.45
86641	$36.28
86644	$36.28
86645	$42.11
86648	$38.22
86651	$33.04
86652	$33.04
86653	$33.04
86654	$33.04
86658	$32.39
86663	$33.04
86664	$38.22
86665	$45.35
86666	$25.26
86668	$25.91
86671	$30.45
86674	$36.92
86677	$36.28
86682	$32.39
86684	$39.52
86687	$20.73
86688	$34.98
86689	$48.59
86692	$42.75
86694	$36.28
86695	$33.04
86696	$48.59
86698	$31.09
86701	$22.03
86702	$33.69
86703	$34.33
86704	$30.45
86705	$29.80
86706	$27.21
86707	$29.15
86708	$31.09
86709	$28.50
86710	$34.33
86713	$38.22
86717	$30.45

CPT CODE	MAXIMUM FEE
86720	$33.04
86723	$33.04
86727	$32.39
86729	$29.80
86732	$33.04
86735	$33.04
86738	$33.04
86741	$33.04
86744	$33.04
86747	$37.57
86750	$33.04
86753	$31.09
86756	$32.39
86757	$48.59
86759	$33.04
86762	$36.28
86765	$32.39
86768	$33.04
86771	$33.04
86774	$36.92
86777	$36.28
86778	$36.28
86781	$33.04
86784	$31.74
86787	$32.39
86788	$42.11
86789	$36.28
86790	$32.39
86793	$33.04
86800	$40.16
86803	$35.63
86804	$38.87
86805	$131.50
86806	$119.20
86807	$99.11
86808	$74.50
86812	$64.78
86813	$145.76
86816	$69.96
86817	$161.30
86821	$141.87
86822	$91.99
86849	BR
86850	$27.21
86860	$32.39
86870	$49.88
86880	$13.60
86885	$14.25
86886	$12.96
86890	$108.18
86891	$169.08
86900	$7.77

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
86901	$7.77
86903	$23.97
86904	$23.97
86905	$9.72
86906	$19.43
86910	$29.80
86911	$25.91
86920	$44.70
86921	$36.28
86922	$40.81
86923	$32.39
86927	$17.49
86930	$135.39
86931	$101.70
86932	$135.39
86940	$20.73
86941	$30.45
86945	$38.22
86950	$84.21
86960	$38.22
86965	$33.69
86970	$27.21
86971	$27.21
86972	$43.40
86975	$36.28
86976	$40.81
86977	$36.28
86978	$36.28
86985	$27.21
86999	BR
87001	$33.04
87003	$42.11
87015	$16.84
87040	$25.91
87045	$23.97
87046	$23.97
87070	$21.38
87071	$23.97
87073	$23.97
87075	$23.97
87076	$20.08
87077	$20.08
87081	$16.84
87084	$21.38
87086	$20.08
87088	$20.08
87101	$19.43
87102	$21.38
87103	$22.67
87106	$25.91
87107	$25.91
87109	$38.87

CPT CODE	MAXIMUM FEE
87110	$49.23
87116	$27.21
87118	$27.21
87140	$14.25
87143	$31.74
87147	$12.96
87149	$50.53
87152	$12.96
87158	$12.96
87164	$59.60
87166	$28.50
87168	$11.01
87169	$11.01
87172	$11.01
87176	$14.90
87177	$22.03
87181	$11.66
87184	$17.49
87185	$11.66
87186	$21.38
87187	$25.91
87188	$16.84
87190	$14.25
87197	$37.57
87205	$11.01
87206	$13.60
87207	$47.94
87209	$45.35
87210	$11.01
87220	$11.01
87230	$49.23
87250	$49.23
87252	$65.43
87253	$50.53
87254	$49.23
87255	$84.86
87260	$29.80
87265	$29.80
87267	$29.80
87269	$29.80
87270	$29.80
87271	$29.80
87272	$29.80
87273	$29.80
87274	$29.80
87275	$29.80
87276	$29.80
87277	$29.80
87278	$29.80
87279	$29.80
87280	$29.80
87281	$29.80

CPT CODE	MAXIMUM FEE
87283	$29.80
87285	$29.80
87290	$29.80
87299	$29.80
87300	$29.80
87301	$29.80
87305	$29.80
87320	$29.80
87324	$29.80
87327	$29.80
87328	$29.80
87329	$29.80
87332	$29.80
87335	$29.80
87336	$29.80
87337	$29.80
87338	$36.28
87339	$29.80
87340	$25.91
87341	$25.91
87350	$29.15
87380	$41.46
87385	$29.80
87390	$44.05
87391	$44.05
87400	$29.80
87420	$29.80
87425	$29.80
87427	$29.80
87430	$29.80
87449	$29.80
87450	$23.97
87451	$23.97
87470	$50.53
87471	$88.10
87472	$107.53
87475	$50.53
87476	$88.10
87477	$107.53
87480	$50.53
87481	$88.10
87482	$104.94
87485	$50.53
87486	$88.10
87487	$107.53
87490	$50.53
87491	$88.10
87492	$87.45
87495	$50.53
87496	$88.10
87497	$107.53
87498	$88.10

CPT CODE	MAXIMUM FEE
87500	$88.10
87510	$50.53
87511	$88.10
87512	$104.94
87515	$50.53
87516	$88.10
87517	$107.53
87520	$50.53
87521	$88.10
87522	$107.53
87525	$50.53
87526	$88.10
87527	$104.94
87528	$50.53
87529	$88.10
87530	$107.53
87531	$50.53
87532	$88.10
87533	$104.94
87534	$50.53
87535	$88.10
87536	$213.77
87537	$50.53
87538	$88.10
87539	$107.53
87540	$50.53
87541	$88.10
87542	$104.94
87550	$50.53
87551	$88.10
87552	$107.53
87555	$50.53
87556	$88.10
87557	$107.53
87560	$50.53
87561	$88.10
87562	$107.53
87580	$50.53
87581	$88.10
87582	$104.94
87590	$50.53
87591	$88.10
87592	$107.53
87620	$50.53
87621	$88.10
87622	$104.94
87640	$88.10
87641	$88.10
87650	$50.53
87651	$88.10
87652	$104.94
87653	$88.10

QUICK REFERENCE TABLE

PATHOLOGY

CPT CODE	MAXIMUM FEE
87660	$50.53
87797	$50.53
87798	$88.10
87799	$107.53
87800	$100.41
87801	$176.20
87802	$29.80
87803	$29.80
87804	$29.80
87807	$29.80
87808	$29.80
87809	$29.80
87810	$29.80
87850	$29.80
87880	$29.80
87899	$29.80
87900	$327.14
87901	$645.86
87902	$645.86
87903	$1,226.29
87904	$65.43
87905	BR
87999	BR
88000	$353.70
88005	$406.82
88007	$442.45
88012	$318.07
88014	$318.07
88016	$406.82
88020	$548.04
88025	$601.16
88027	$654.28
88028	$318.07
88029	$318.07
88036	$176.85
88037	$141.22
88040	$884.25
88045	$88.75
88099	BR
88104	$108.83
88106	$135.39
88107	$170.37
88108	$128.26
88112	$180.74
88125	$38.22
88130	$37.57
88140	$20.08
88141	$48.59
88142	$50.53
88143	$50.53
88147	$28.50
88148	$38.22

CPT CODE	MAXIMUM FEE
88150	$26.56
88152	$26.56
88153	$26.56
88154	$26.56
88155	$14.90
88160	$91.99
88161	$95.87
88162	$138.63
88164	$26.56
88165	$26.56
88166	$26.56
88167	$26.56
88172	$93.28
88173	$236.45
88174	$53.77
88175	$66.72
88182	$181.38
88184	$140.57
88185	$83.57
88187	$115.31
88188	$141.87
88189	$180.74
88199	BR
88230	$292.16
88233	$353.05
88235	$369.25
88237	$316.77
88239	$369.89
88240	$25.26
88241	$25.26
88245	$373.78
88248	$434.67
88249	$434.67
88261	$443.74
88262	$312.89
88263	$377.02
88264	$312.89
88267	$450.87
88269	$417.18
88271	$53.77
88272	$67.37
88273	$80.33
88274	$87.45
88275	$101.06
88280	$62.84
88283	$172.31
88285	$47.94
88289	$86.16
88291	$51.18
88299	BR
88300	$41.46
88302	$86.81

CPT CODE	MAXIMUM FEE
88304	$110.13
88305	$186.57
88307	$373.13
88309	$560.99
88311	$32.39
88312	$175.55
88313	$128.26
88314	$156.77
88318	$176.20
88319	$244.87
88321	$156.77
88323	$253.94
88325	$337.50
88329	$87.45
88331	$159.36
88332	$71.26
88333	$163.25
88334	$98.47
88342	$176.20
88346	$176.85
88347	$139.92
88348	$1,109.03
88349	$527.96
88355	$424.31
88356	$514.35
88358	$139.28
88360	$213.13
88361	$270.13
88362	$465.77
88365	$277.26
88367	$426.25
88368	$375.08
88371	$88.10
88372	$89.40
88380	$349.16
88381	$380.26
88384	$657.52
88385	$930.24
88386	$1,191.30
88399	BR
88720	$29.15
88740	BR
88741	BR
89049	$423.01
89050	$11.66
89051	$13.60
89055	$11.01
89060	$51.18
89100	$428.84
89105	$440.50
89125	$11.01
89130	$373.13

CPT CODE	MAXIMUM FEE
89132	$424.96
89135	$507.88
89136	$360.18
89140	$421.72
89141	$435.97
89160	$9.07
89190	$11.66
89220	$26.56
89225	$8.42
89230	$7.13
89235	$13.60
89240	BR
89250	$3,805.83
89251	$3,958.71
89253	BR
89254	BR
89255	BR
89257	BR
89258	BR
89259	BR
89260	BR
89261	BR
89264	BR
89268	BR
89272	BR
89280	BR
89281	BR
89290	BR
89291	BR
89300	$22.67
89310	$21.38
89320	$30.45
89321	$30.45
89322	$38.87
89325	$26.56
89329	$52.47
89330	$24.62
89331	$49.23
89335	BR
89342	BR
89343	BR
89344	BR
89346	BR
89352	BR
89353	BR
89354	BR
89356	BR

QUICK REFERENCE TABLE

MEDICINE

CPT CODE	MAXIMUM FEE
90281	BR
90283	BR
90284	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	$182.65
90375	$134.19
90376	$144.84
90378	BR
90379	BR
90384	$124.61
90385	$38.34
90386	$133.66
90389	$115.55
90393	BR
90396	$142.18
90399	BR
90465	$30.89
90466	$15.44
90467	$20.24
90468	$14.91
90471	$30.89
90472	$15.44
90473	$20.24
90474	$13.31
90476	BR
90477	BR
90581	$148.04
90585	$174.13
90586	$168.80
90632	$69.23
90633	$37.28
90634	$41.00
90636	$103.31
90645	$34.61
90646	BR
90647	$34.61
90648	$31.95
90649	$135.26
90650	BR
90655	$25.03
90656	$26.63
90657	$9.59
90658	$19.70
90660	$33.02
90661	BR
90662	BR
90663	BR
90665	BR

CPT CODE	MAXIMUM FEE
90669	$116.09
90675	$216.73
90676	BR
90680	$79.88
90681	$79.88
90690	$41.00
90691	$78.81
90692	BR
90693	BR
90696	BR
90698	$79.88
90700	$26.09
90701	$28.76
90702	$36.74
90703	$32.48
90704	$33.02
90705	$25.56
90706	$27.69
90707	$66.03
90708	BR
90710	$142.18
90712	$0.00
90713	BR
90714	$29.29
90715	$51.12
90716	$113.96
90717	$85.20
90718	$18.11
90719	BR
90720	BR
90721	$63.37
90723	$78.28
90725	BR
90727	BR
90732	$48.46
90733	$138.45
90734	$101.18
90735	$150.70
90736	$170.93
90738	$70.29
90740	$176.26
90743	$35.68
90744	$35.68
90746	$88.40
90747	$176.26
90748	$59.64
90749	BR
90801	$225.78
90802	$240.69
90804	$94.25
90805	$104.90

CPT CODE	MAXIMUM FEE
90806	$131.53
90807	$147.50
90808	$193.30
90809	$208.74
90810	$100.11
90811	$116.62
90812	$143.24
90813	$159.22
90814	$207.68
90815	$220.46
90816	$87.33
90817	$96.92
90818	$129.93
90819	$139.52
90821	$191.70
90822	$201.82
90823	$94.25
90824	$104.90
90826	$137.92
90827	$146.44
90828	$199.16
90829	$208.21
90845	$120.88
90846	$128.87
90847	$160.28
90849	$48.46
90853	$45.80
90857	$51.65
90862	$81.47
90865	$228.44
90870	$201.82
90875	$104.90
90876	$154.96
90880	$156.56
90882	$125.67
90885	$70.82
90887	$123.54
90889	$108.10
90899	$0.00
90901	$49.52
90911	$126.74
90935	$97.98
90937	$160.82
90940	$83.60
90945	$101.71
90947	$164.54
90951	$1,420.18
90952	$1,047.43
90953	$698.11
90954	$1,163.51
90955	$659.77

CPT CODE	MAXIMUM FEE
90956	$446.77
90957	$934.54
90958	$631.01
90959	$413.75
90960	$415.88
90961	$335.48
90962	$242.29
90963	$801.95
90964	$668.29
90965	$635.27
90966	$331.75
90967	$28.76
90968	$22.37
90969	$21.83
90970	$11.72
90989	$523.98
90993	$113.42
90997	$131.00
90999	$0.00
91000	$128.87
91010	$273.17
91011	$365.30
91012	$371.15
91020	$331.75
91022	$273.17
91030	$198.62
91034	$286.49
91035	$672.55
91037	$230.04
91038	$202.88
91040	$544.75
91052	$176.79
91055	$191.17
91065	$94.25
91105	$113.96
91110	$1,293.98
91111	$1,010.15
91120	$558.06
91122	$334.94
91123	BR
91132	$63.90
91133	$82.01
91299	BR
92002	$99.05
92004	$186.38
92012	$104.37
92014	$152.30
92015	$46.33
92018	$188.51
92019	$93.72
92020	$35.15

QUICK REFERENCE TABLE

MEDICINE

CPT CODE	MAXIMUM FEE
92025	$45.80
92060	$79.34
92065	$62.30
92070	$88.93
92081	$70.82
92082	$93.72
92083	$107.03
92100	$118.75
92120	$97.98
92130	$108.10
92135	$62.30
92136	$111.83
92140	$76.68
92225	$33.55
92226	$30.35
92230	$80.94
92235	$172.53
92240	$319.50
92250	$96.38
92260	$23.96
92265	$104.90
92270	$120.35
92275	$179.45
92283	$61.24
92284	$82.01
92285	$56.45
92286	$160.82
92287	$152.30
92310	$129.93
92311	$125.67
92312	$142.71
92313	$120.88
92314	$101.71
92315	$87.33
92316	$113.96
92317	$89.99
92325	$38.87
92326	$53.78
92340	$50.06
92341	$57.51
92342	$61.77
92352	$55.38
92353	$64.97
92354	$136.32
92355	$78.28
92358	$26.09
92370	$43.67
92371	$20.24
92499	BR
92502	$134.72
92504	$40.47

CPT CODE	MAXIMUM FEE
92506	$217.26
92507	$90.53
92508	$43.13
92511	$213.53
92512	$84.67
92516	$87.33
92520	$86.27
92526	$115.55
92531	$42.60
92532	$38.34
92533	$60.71
92534	$31.95
92541	$84.14
92542	$87.33
92543	$40.47
92544	$70.29
92545	$66.03
92546	$118.22
92547	$8.52
92548	$135.79
92551	$15.44
92552	$31.42
92553	$42.07
92555	$23.43
92556	$36.21
92557	$66.56
92559	$38.34
92560	$22.90
92561	$41.00
92562	$33.02
92563	$29.82
92564	$28.76
92565	$18.64
92567	$26.09
92568	$26.63
92569	$21.30
92571	$23.96
92572	$25.03
92575	$50.59
92576	$30.89
92577	$25.56
92579	$64.43
92582	$59.64
92583	$48.46
92584	$99.05
92585	$146.97
92586	$91.06
92587	$56.98
92588	$92.66
92590	$68.69
92591	$87.86

CPT CODE	MAXIMUM FEE
92592	$27.69
92593	$45.26
92594	$26.09
92595	$56.45
92596	$50.59
92597	$148.04
92601	$224.18
92602	$140.58
92603	$201.82
92604	$120.35
92605	BR
92606	BR
92607	$222.05
92608	$43.13
92609	$118.22
92610	$115.02
92611	$125.14
92612	$223.65
92613	$55.91
92614	$199.16
92615	$50.06
92616	$273.71
92617	$61.24
92620	$105.44
92621	$24.50
92625	$83.60
92626	$115.55
92627	$28.22
92630	BR
92633	BR
92640	$110.23
92700	BR
92950	$398.84
92953	$17.57
92960	$376.48
92961	$387.13
92970	$268.38
92971	$152.83
92973	$274.77
92974	$251.87
92975	$603.32
92977	$198.09
92978	$420.14
92979	$258.26
92980	$1,251.91
92981	$348.26
92982	$928.15
92984	$248.68
92986	$2,053.85
92987	$2,126.27
92990	$1,635.84

CPT CODE	MAXIMUM FEE
92992	$1,500.59
92993	$1,186.94
92995	$1,022.93
92996	$266.25
92997	$938.80
92998	$482.45
93000	$30.89
93005	$17.57
93010	$13.31
93012	$268.91
93014	$41.00
93015	$148.04
93016	$36.21
93017	$87.86
93018	$23.96
93024	$179.99
93025	$314.71
93040	$19.70
93041	$7.99
93042	$11.72
93224	$176.26
93225	$52.72
93226	$81.47
93227	$42.07
93228	$37.81
93229	BR
93230	$180.52
93231	$53.25
93232	$86.80
93233	$40.47
93235	$120.35
93236	$86.27
93237	$36.21
93268	$391.92
93270	$31.95
93271	$319.50
93272	$40.47
93278	$60.17
93279	$82.54
93280	$97.45
93281	$113.96
93282	$105.44
93283	$128.33
93284	$150.17
93285	$71.36
93286	$40.47
93287	$53.25
93288	$63.90
93289	$97.98
93290	$47.39
93291	$61.24

QUICK REFERENCE TABLE

MEDICINE

CPT CODE	MAXIMUM FEE
93292	$55.38
93293	$88.40
93294	$54.32
93295	$97.98
93296	$53.78
93297	$37.81
93298	$43.67
93299	BR
93303	$322.16
93304	$199.16
93306	$395.12
93307	$261.46
93308	$165.08
93312	$480.85
93313	$61.24
93314	$413.75
93315	$438.78
93316	$67.10
93317	$272.64
93318	$333.35
93320	$115.55
93321	$51.65
93325	$79.88
93350	$312.58
93351	$408.96
93352	$56.98
93501	$1,186.94
93503	$165.61
93505	$1,102.28
93508	$1,566.08
93510	$1,969.19
93511	$2,505.95
93514	$2,665.16
93524	$3,454.86
93526	$2,527.25
93527	$3,408.00
93528	$3,468.71
93529	$3,125.24
93530	$1,331.78
93531	$3,389.36
93532	$3,493.73
93533	$3,381.38
93539	$118.22
93540	$352.52
93541	$23.43
93542	$214.07
93543	$117.15
93544	$85.20
93545	$246.55
93555	$174.13
93556	$243.35

CPT CODE	MAXIMUM FEE
93561	$64.97
93562	$29.29
93571	$418.55
93572	$244.95
93580	$1,504.31
93581	$1,970.25
93600	$293.94
93602	$243.89
93603	$279.56
93609	$576.70
93610	$332.81
93612	$345.59
93613	$583.62
93615	$100.64
93616	$136.85
93618	$594.80
93619	$1,080.98
93620	$1,290.78
93621	$234.30
93622	$341.33
93623	$316.84
93624	$518.66
93631	$803.54
93640	$728.46
93641	$930.28
93642	$698.11
93650	$888.74
93651	$1,352.02
93652	$1,471.30
93660	$252.94
93662	$302.99
93668	$25.03
93701	$50.06
93720	$68.16
93721	$55.91
93722	$12.25
93724	$494.16
93740	$14.38
93745	BR
93770	$12.78
93784	$96.38
93786	$43.67
93788	$24.50
93790	$28.22
93797	$26.63
93798	$38.34
93799	BR
93875	$149.63
93880	$366.89
93882	$241.76
93886	$439.85

CPT CODE	MAXIMUM FEE
93888	$299.80
93890	$386.60
93892	$423.34
93893	$422.27
93922	$177.86
93923	$274.77
93924	$338.14
93925	$455.29
93926	$290.75
93930	$360.50
93931	$241.22
93965	$181.58
93970	$374.88
93971	$248.15
93975	$558.59
93976	$322.16
93978	$352.52
93979	$243.35
93980	$273.17
93981	$192.23
93982	$58.58
93990	$284.89
94002	$129.40
94003	$93.72
94004	$68.16
94005	$130.46
94010	$48.46
94014	$71.36
94015	$34.61
94016	$36.74
94060	$85.20
94070	$88.93
94150	$33.02
94200	$33.02
94240	$57.51
94250	$35.68
94260	$46.33
94350	$51.12
94360	$63.90
94370	$48.99
94375	$54.32
94400	$77.75
94450	$74.02
94452	$81.47
94453	$108.63
94610	$95.32
94620	$105.97
94621	$237.50
94640	$19.70
94642	$59.64
94644	$50.06

CPT CODE	MAXIMUM FEE
94645	$19.70
94660	$82.54
94662	$52.72
94664	$21.83
94667	$30.35
94668	$28.22
94680	$84.67
94681	$92.66
94690	$74.02
94720	$75.62
94725	$98.51
94750	$103.84
94760	$4.26
94761	$8.52
94762	$43.67
94770	$53.78
94772	BR
94774	BR
94775	BR
94776	BR
94777	BR
94799	BR
95004	$8.52
95010	$25.03
95012	$28.76
95015	$18.64
95024	$10.12
95027	$6.92
95028	$15.98
95044	$9.05
95052	$10.12
95056	$50.59
95060	$34.08
95065	$30.89
95070	$62.84
95071	$77.75
95075	$91.59
95115	$15.44
95117	$18.64
95120	$18.11
95125	$22.90
95130	$31.95
95131	$41.00
95132	$48.99
95133	$59.64
95134	$71.36
95144	$17.04
95145	$22.37
95146	$36.74
95147	$35.68
95148	$50.06

QUICK REFERENCE TABLE

MEDICINE

CPT CODE	MAXIMUM FEE
95149	$65.50
95165	$17.04
95170	$13.31
95180	$205.01
95199	BR
95250	$189.57
95251	$58.58
95803	BR
95805	$622.49
95806	$308.85
95807	$728.46
95808	$952.64
95810	$1,133.16
95811	$1,248.18
95812	$347.19
95813	$425.47
95816	$318.44
95819	$341.87
95822	$340.80
95824	$139.52
95827	$550.07
95829	$1,767.90
95830	$257.20
95831	$37.28
95832	$35.15
95833	$51.65
95834	$61.24
95851	$23.96
95852	$18.64
95857	$60.17
95860	$118.75
95861	$172.53
95863	$205.55
95864	$236.43
95865	$165.08
95866	$135.26
95867	$103.31
95868	$141.65
95869	$66.03
95870	$64.43
95872	$242.29

CPT CODE	MAXIMUM FEE
95873	$67.10
95874	$63.37
95875	$135.79
95900	$77.21
95903	$90.53
95904	$68.16
95920	$221.52
95921	$107.03
95922	$128.33
95923	$168.27
95925	$171.47
95926	$168.27
95927	$172.53
95928	$273.17
95929	$288.08
95930	$151.23
95933	$93.72
95934	$69.76
95936	$61.77
95937	$83.60
95950	$350.39
95951	$1,101.21
95953	$588.95
95954	$359.44
95955	$201.82
95956	$1,034.12
95957	$378.61
95958	$557.53
95961	$341.87
95962	$313.64
95965	$3,011.29
95966	$1,496.33
95967	$1,280.66
95970	$72.42
95971	$83.60
95972	$149.10
95973	$81.47
95974	$249.21
95975	$138.45
95978	$296.07
95979	$132.59

CPT CODE	MAXIMUM FEE
95980	$59.64
95981	$40.47
95982	$63.37
95990	$86.27
95991	$127.80
95992	$60.17
95999	BR
96000	$127.80
96001	$150.70
96002	$29.82
96003	$26.09
96004	$161.88
96020	BR
96040	$59.11
96101	$124.61
96102	$75.62
96103	$68.16
96105	$108.63
96110	$19.17
96111	$192.23
96116	$141.11
96118	$159.75
96119	$109.70
96120	$101.18
96125	$140.05
96150	$33.55
96151	$32.48
96152	$30.89
96153	$7.46
96154	$30.35
96155	$33.02
96360	$83.60
96361	$24.50
96365	$101.71
96366	$32.48
96367	$51.12
96368	$30.35
96369	$220.99
96370	$23.43
96371	$107.03
96372	$30.89

CPT CODE	MAXIMUM FEE
96373	$26.63
96374	$80.41
96375	$35.15
96376	$19.70
96379	BR
96401	$99.58
96402	$54.32
96405	$124.61
96406	$172.00
96409	$165.08
96411	$94.25
96413	$217.79
96415	$49.52
96416	$237.50
96417	$108.63
96420	$159.22
96422	$256.67
96423	$114.49
96425	$252.94
96440	$882.89
96445	$421.21
96450	$307.25
96521	$187.44
96522	$159.22
96523	$37.28
96542	$198.09
96549	BR
96567	$172.53
96570	$85.73
96571	$41.00
96900	$28.76
96902	$30.89
96904	$94.79
96910	$92.66
96912	$118.75
96913	$165.08
96920	$236.43
96921	$231.64
96922	$342.93
96999	BR

QUICK REFERENCE TABLE

PHYSICAL MEDICINE

CPT CODE	MAXIMUM FEE
97001	$85.11
97002	$45.62
97003	$90.37
97004	$52.21
97005	$68.44
97006	$34.22
97010	$5.70
97012	$17.55
97014	$16.23
97016	$18.43
97018	$9.65
97022	$21.06

CPT CODE	MAXIMUM FEE
97024	$6.58
97026	$6.14
97028	$7.46
97032	$19.74
97033	$29.39
97034	$17.99
97035	$14.04
97036	$30.71
97039	$0.00
97110	$34.22
97112	$35.10
97113	$41.68

CPT CODE	MAXIMUM FEE
97116	$29.83
97124	$27.20
97139	$0.00
97140	$31.59
97150	$21.50
97530	$35.97
97532	$29.39
97533	$31.59
97535	$35.97
97537	$32.46
97542	$32.90
97545	$142.14

CPT CODE	MAXIMUM FEE
97546	$56.59
97597	$71.07
97598	$87.74
97602	$42.55
97605	$42.12
97606	$45.19
97750	$35.10
97755	$40.36
97760	$39.04
97761	$34.66
97762	$40.36
97799	BR

MEDICAL NUTRITION THERAPY

CPT CODE	MAXIMUM FEE
97802	$35.66
97803	$31.25
97804	$15.85

ACUPUNCTURE

CPT CODE	MAXIMUM FEE
97810	$40.40
97811	$31.24
97813	$43.32
97814	$34.99

OSTEOPATHIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98925	$44.64
98926	$61.46
98927	$79.43
98928	$93.35
98929	$107.26

CHIROPRACTIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98940	$36.49
98941	$50.44
98942	$66.00
98943	$34.34

QUICK REFERENCE TABLE

EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

CPT CODE	MAXIMUM FEE
98960	$26.06
98961	$12.63
98962	$9.48

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

CPT CODE	MAXIMUM FEE
98966	$7.17
98967	$13.59
98968	$20.00
98969	$0.00

SPECIAL SERVICES AND REPORTS

CPT CODE	MAXIMUM FEE
99000	$6.64
99001	$7.81
99002	$8.20
99024	BR
99026	BR

CPT CODE	MAXIMUM FEE
99027	BR
99050	$21.86
99051	BR
99053	BR
99056	$21.08

CPT CODE	MAXIMUM FEE
99058	$25.77
99060	$29.28
99070	BR
99071	BR*
99075	BR**

CPT CODE	MAXIMUM FEE
99078	BR
99080	BR
99082	BR
99090	BR
99091	$58.95

* 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 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%.

** See Depositions, Testimony and Medical Records Reproduction Section

MODERATE (CONSCIOUS) SEDATION

CPT CODE	MAXIMUM FEE
99143	$79.12
99144	$65.85
99145	$26.54
99148	$71.74
99149	$58.97
99150	$26.54

OTHER SERVICES AND PROCEDURES

CPT CODE	MAXIMUM FEE
99170	$209.29
99172	$28.68
99173	$3.72
99174	$37.18

CPT CODE	MAXIMUM FEE
99175	$38.25
99183	$278.88
99185	$82.87
99186	$112.61

CPT CODE	MAXIMUM FEE
99190	$711.81
99191	$498.80
99192	$355.90
99195	$103.58

CPT CODE	MAXIMUM FEE
99199	BR

QUICK REFERENCE TABLE

EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99201	$50.98
99202	$87.96
99203	$127.45
99204	$196.42
99205	$247.90
99211	$25.99
99212	$51.48
99213	$84.97
99214	$127.95
99215	$172.93
99217	$92.46
99218	$86.97
99219	$143.94
99220	$201.92
99221	$124.45
99222	$169.93
99223	$249.90
99231	$51.48
99232	$92.46
99233	$132.45
99234	$176.43
99235	$231.41
99236	$287.39
99238	$91.96
99239	$133.45
99241	$67.47
99242	$125.95
99243	$172.93
99244	$255.40
99245	$313.87
99251	$67.47
99252	$104.96
99253	$158.94
99254	$229.41
99255	$279.89
99281	$27.99
99282	$54.48
99283	$84.97

CPT CODE	MAXIMUM FEE
99284	$158.44
99285	$235.91
99288	$0.00
99291	$351.86
99292	$158.94
99304	$110.96
99305	$154.94
99306	$198.92
99307	$54.98
99308	$83.97
99309	$111.46
99310	$164.43
99315	$80.47
99316	$104.96
99318	$115.95
99324	$74.97
99325	$108.96
99326	$179.43
99327	$233.91
99328	$275.39
99334	$76.97
99335	$118.95
99336	$167.43
99337	$240.40
99339	$102.46
99340	$142.94
99341	$74.97
99342	$108.96
99343	$174.93
99344	$229.41
99345	$275.89
99347	$72.97
99348	$109.96
99349	$159.94
99350	$222.91
99354	$127.45
99355	$125.95
99356	$115.95

CPT CODE	MAXIMUM FEE
99357	$116.95
99358	$146.44
99359	$70.47
99360	$82.47
99363	$163.93
99364	$56.98
99366	$58.48
99367	$75.97
99368	$49.48
99374	$91.96
99375	$145.44
99377	$91.96
99378	$150.44
99379	$91.46
99380	$137.94
99381	$125.45
99382	$136.45
99383	$135.45
99384	$147.44
99385	$147.44
99386	$172.43
99387	$188.92
99391	$104.46
99392	$116.45
99393	$115.95
99394	$127.45
99395	$127.95
99396	$139.94
99397	$156.94
99401	$48.48
99402	$83.47
99403	$117.45
99404	$151.44
99406	$17.99
99407	$34.49
99408	$45.98
99409	$90.46
99411	$19.99

CPT CODE	MAXIMUM FEE
99412	$26.99
99420	$12.99
99429	$0.00
99441	$19.49
99442	$35.99
99443	$52.98
99444	$0.00
99450	$0.00
99455	*
99456	*
99460	$77.97
99461	$116.95
99462	$41.48
99463	$104.46
99464	$97.96
99465	$200.92
99466	$321.37
99467	$160.44
99468	$1,206.52
99469	$525.79
99471	$1,078.07
99472	$532.29
99475	$743.20
99476	$441.32
99477	$468.31
99478	$191.42
99479	$168.43
99480	$161.94
99499	$0.00

***** Refer to item 2 of the Deposition/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME or other Special Examination and/or Report.

QUICK REFERENCE TABLE

HOME HEALTH PROCEDURES / SERVICES

CPT CODE	MAXIMUM FEE
99500	BR
99501	BR
99502	BR
99503	BR
99504	BR
99505	BR
99506	BR
99507	BR
99509	BR
99510	BR
99511	BR
99512	BR
99600	BR
99601	BR
99602	BR

QUICK REFERENCE TABLE

DENTISTRY

ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE
D0120	$14.50	D0485	$86.38	D2663	$244.95	D3310	$216.26
D0140	$23.14	D0486	$38.87	D2664	$262.53	D3320	$264.69
D0145	$22.83	D0502	BR	D2710	$147.77	D3330	$341.51
D0150	$25.30	D0999	BR	D2712	$147.77	D3331	$75.89
D0160	$58.31	D1110	$29.92	D2720	$364.65	D3332	$166.59
D0170	$12.34	D1120	$20.36	D2721	$341.51	D3333	$66.64
D0180	$25.30	D1203	$12.65	D2722	$349.22	D3346	$291.84
D0210	$41.65	D1204	$11.41	D2740	$374.21	D3347	$343.36
D0220	$8.02	D1206	$18.51	D2750	$368.97	D3348	$413.39
D0230	$6.79	D1310	$15.73	D2751	$343.36	D3351	$122.78
D0240	$12.03	D1320	$14.50	D2752	$351.69	D3352	$53.68
D0250	$15.43	D1330	$21.29	D2780	$354.16	D3353	$181.09
D0260	$14.50	D1351	$16.66	D2781	$333.18	D3410	$248.03
D0270	$8.02	D1510	$103.96	D2782	$343.98	D3421	$270.86
D0272	$13.27	D1515	$137.59	D2783	$364.03	D3425	$306.34
D0273	$16.35	D1520	$124.94	D2790	$356.32	D3426	$101.81
D0274	$18.82	D1525	$176.77	D2791	$337.50	D3430	$74.97
D0277	$28.38	D1550	$22.52	D2792	$343.36	D3450	$152.09
D0290	$60.47	D1555	$21.29	D2794	$364.65	D3460	$730.22
D0310	$147.77	D2140	$35.17	D2799	$147.77	D3470	$303.26
D0320	$239.70	D2150	$45.66	D2910	$29.92	D3910	$39.49
D0321	BR	D2160	$55.53	D2915	$29.92	D3920	$118.77
D0322	$203.30	D2161	$67.56	D2920	$30.54	D3950	$54.30
D0330	$38.87	D2330	$43.81	D2930	$82.99	D3999	BR
D0340	$47.82	D2331	$55.84	D2931	$93.48	D4210	$196.21
D0350	$20.98	D2332	$68.49	D2932	$100.26	D4211	$83.30
D0360	$267.47	D2335	$80.83	D2933	$114.45	D4230	$270.86
D0362	$215.33	D2390	$89.47	D2934	$114.45	D4231	$145.92
D0363	$223.35	D2391	$51.21	D2940	$31.78	D4240	$237.55
D0415	$10.49	D2392	$66.94	D2950	$79.28	D4241	$137.59
D0416	$16.66	D2393	$83.30	D2951	$17.89	D4245	$174.92
D0417	BR	D2394	$101.81	D2952	$125.25	D4249	$270.86
D0418	BR	D2410	$93.48	D2953	$62.63	D4260	$395.81
D0421	$10.49	D2420	$156.41	D2954	$100.26	D4261	$212.56
D0425	$9.56	D2430	$270.86	D2955	$77.13	D4263	$137.59
D0431	$16.66	D2510	$248.03	D2957	$49.98	D4264	$108.59
D0460	$16.66	D2520	$281.35	D2960	$241.56	D4265	BR
D0470	$35.48	D2530	$324.23	D2961	$274.26	D4266	$145.92
D0472	$24.06	D2542	$317.76	D2962	$298.01	D4267	$187.88
D0473	$48.43	D2543	$332.56	D2970	$74.97	D4268	BR
D0474	$58.31	D2544	$345.83	D2971	$47.82	D4270	$283.20
D0475	$32.08	D2610	$291.84	D2975	$145.92	D4271	$295.85
D0476	$32.08	D2620	$307.88	D2980	BR	D4273	$349.84
D0477	$38.87	D2630	$328.24	D2999	BR	D4274	$187.88
D0478	$35.48	D2642	$318.68	D3110	$21.60	D4275	$249.89
D0479	$54.30	D2643	$343.36	D3120	$17.89	D4276	$366.81
D0480	$35.48	D2644	$364.65	D3220	$51.21	D4320	$149.62
D0481	$208.24	D2650	$191.58	D3221	$56.15	D4321	$131.11
D0482	$45.97	D2651	$228.29	D3222	BR	D4341	$81.14
D0483	$41.65	D2652	$240.01	D3230	$54.30	D4342	$45.04
D0484	$74.97	D2662	$208.24	D3240	$58.31	D4355	$54.30

QUICK REFERENCE TABLE

DENTISTRY

ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE	ADA CODE	MAXIMUM FEE
D4381	BR	D5875	BR	D6059	$433.13	D6604	$285.67
D4910	$48.74	D5899	BR	D6060	$409.38	D6605	$302.95
D4920	$41.96	D5911	$115.38	D6061	$417.71	D6606	$281.35
D4999	BR	D5912	$115.38	D6062	$416.17	D6607	$311.89
D5110	$456.58	D5913	$2,439.00	D6063	$357.86	D6608	$296.78
D5120	$456.58	D5914	$2,439.00	D6064	$378.84	D6609	$309.43
D5130	$497.92	D5915	$3,300.64	D6065	$432.21	D6610	$314.98
D5140	$497.92	D5916	$880.46	D6066	$420.79	D6611	$343.98
D5211	$385.32	D5919	BR	D6067	$408.15	D6612	$312.51
D5212	$447.94	D5922	BR	D6068	$439.00	D6613	$327.01
D5213	$504.40	D5923	BR	D6069	$433.13	D6614	$306.34
D5214	$504.40	D5924	BR	D6070	$409.38	D6615	$318.37
D5225	$385.32	D5925	BR	D6071	$417.71	D6624	$291.84
D5226	$447.94	D5926	BR	D6072	$426.66	D6634	$306.34
D5281	$294.00	D5927	BR	D6073	$386.24	D6710	$312.51
D5410	$24.99	D5928	BR	D6074	$416.17	D6720	$364.65
D5411	$24.99	D5929	BR	D6075	$432.21	D6721	$345.83
D5421	$24.99	D5931	$1,313.28	D6076	$420.79	D6722	$351.69
D5422	$24.99	D5932	$2,455.97	D6077	$408.15	D6740	$383.16
D5510	$49.98	D5933	BR	D6078	BR	D6750	$373.29
D5520	$41.96	D5934	$2,238.78	D6079	BR	D6751	$348.30
D5610	$54.30	D5935	$1,947.56	D6080	$35.79	D6752	$356.63
D5620	$58.31	D5936	$2,187.88	D6090	BR	D6780	$351.69
D5630	$70.96	D5937	$274.87	D6091	$172.76	D6781	$351.69
D5640	$45.66	D5951	$357.86	D6092	$33.63	D6782	$327.01
D5650	$62.63	D5952	$1,160.58	D6093	$53.06	D6783	$362.49
D5660	$74.97	D5953	$2,204.54	D6094	$343.36	D6790	$360.33
D5670	$183.25	D5954	$2,042.58	D6095	BR	D6791	$341.51
D5671	$183.25	D5955	$1,889.56	D6100	BR	D6792	$354.16
D5710	$185.41	D5958	BR	D6190	$77.13	D6793	$147.77
D5711	$177.08	D5959	BR	D6194	$354.16	D6794	$354.16
D5720	$174.92	D5960	BR	D6199	BR	D6920	$74.97
D5721	$174.92	D5982	$227.06	D6205	$216.26	D6930	$43.81
D5730	$104.58	D5983	$550.06	D6210	$331.64	D6940	$99.34
D5731	$104.58	D5984	$550.06	D6211	$310.66	D6950	$191.58
D5740	$95.94	D5985	$550.06	D6212	$323.31	D6970	$121.24
D5741	$95.94	D5986	$46.89	D6214	$333.18	D6972	$98.41
D5750	$139.44	D5987	$825.24	D6240	$327.01	D6973	$79.28
D5751	$139.44	D5988	BR	D6241	$302.33	D6975	$212.56
D5760	$137.59	D5991	BR	D6242	$318.68	D6976	$56.15
D5761	$137.59	D5999	BR	D6245	$337.50	D6977	$49.98
D5810	$220.58	D6010	$762.92	D6250	$323.31	D6980	BR
D5811	$237.55	D6012	$720.66	D6251	$298.01	D6985	$166.59
D5820	$170.91	D6040	$2,625.03	D6252	$307.57	D6999	BR
D5821	$181.09	D6050	$1,958.36	D6253	$139.44	D7111	$34.24
D5850	$43.81	D6053	$569.49	D6545	$137.59	D7140	$45.04
D5851	$43.81	D6054	$569.49	D6548	$151.17	D7210	$80.21
D5860	BR	D6055	$193.74	D6600	$273.02	D7220	$100.88
D5861	BR	D6056	$135.43	D6601	$286.29	D7230	$134.51
D5862	BR	D6057	$177.08	D6602	$291.84	D7240	$157.34
D5867	BR	D6058	$439.00	D6603	$320.84	D7241	$197.75

QUICK REFERENCE TABLE

DENTISTRY

ADA CODE	MAXIMUM FEE
D7250	$84.84
D7260	$708.62
D7261	$228.91
D7270	$170.91
D7272	$239.70
D7280	$145.92
D7282	$68.49
D7283	$45.66
D7285	$304.18
D7286	$137.59
D7287	$43.81
D7288	$34.55
D7290	$154.25
D7291	BR
D7292	$228.91
D7293	$145.92
D7294	$105.51
D7310	$93.48
D7311	$72.81
D7320	$135.43
D7321	$114.45
D7340	$749.96
D7350	$2,343.67
D7410	$298.32
D7411	$510.26
D7412	$567.33
D7413	$385.32
D7414	$573.19
D7415	$614.53
D7440	$527.54
D7441	$820.30
D7450	$298.32
D7451	$469.23
D7460	$298.32
D7461	$481.26
D7465	$170.29
D7471	$309.43
D7472	$367.73
D7473	$346.75
D7485	$309.43
D7490	$2,499.47
D7510	$89.47
D7511	$135.43
D7520	$426.66
D7521	$468.61

ADA CODE	MAXIMUM FEE
D7530	$153.63
D7540	$170.29
D7550	$106.12
D7560	$844.06
D7610	$1,364.50
D7620	$1,023.60
D7630	$1,773.88
D7640	$1,126.03
D7650	$853.00
D7660	$502.86
D7670	$392.72
D7671	$739.47
D7680	$2,558.70
D7710	$1,603.89
D7720	$1,126.03
D7730	$2,319.92
D7740	$1,147.93
D7750	$1,460.13
D7760	$585.84
D7770	$793.77
D7771	$612.37
D7780	$3,411.08
D7810	$1,500.54
D7820	$245.87
D7830	$140.68
D7840	$2,045.36
D7850	$1,766.78
D7852	$2,022.83
D7854	$2,087.62
D7856	$1,481.11
D7858	$4,222.13
D7860	$1,799.48
D7865	$2,899.90
D7870	$95.94
D7871	$191.58
D7872	$1,022.68
D7873	$1,231.53
D7874	$1,766.78
D7875	$1,935.53
D7876	$2,086.69
D7877	$1,841.44
D7880	$229.52
D7899	BR
D7910	$136.67
D7911	$341.20

ADA CODE	MAXIMUM FEE
D7912	$613.92
D7920	$1,006.02
D7940	BR
D7941	$2,562.40
D7943	$2,354.16
D7944	$2,097.80
D7945	$2,791.31
D7946	$3,457.98
D7947	$2,908.23
D7948	$3,774.50
D7949	$4,916.56
D7950	BR
D7951	BR
D7953	$52.14
D7955	BR
D7960	$91.62
D7963	$197.75
D7970	$183.25
D7971	$64.48
D7972	$233.23
D7980	$262.53
D7981	BR
D7982	$621.01
D7983	$595.71
D7990	$512.42
D7991	$1,249.73
D7995	BR
D7996	BR
D7997	$95.94
D7998	$416.78
D7999	BR
D8010	BR
D8020	BR
D8030	BR
D8040	BR
D8050	BR
D8060	BR
D8070	BR
D8080	BR
D8090	BR
D8210	BR
D8220	BR
D8660	BR
D8670	BR
D8680	BR

ADA CODE	MAXIMUM FEE
D8690	BR
D8691	BR
D8692	BR
D8693	BR
D8999	BR
D9110	$32.08
D9120	$36.09
D9210	$9.87
D9211	$14.50
D9212	$29.00
D9215	$9.87
D9220	$128.95
D9221	$53.99
D9230	$17.58
D9241	$101.50
D9242	$42.57
D9248	$21.60
D9310	$66.64
D9410	$76.20
D9420	$123.71
D9430	$21.29
D9440	$41.65
D9450	$21.29
D9610	BR
D9612	BR
D9630	BR
D9910	$14.50
D9911	$22.83
D9920	BR
D9930	BR
D9940	$103.96
D9941	$51.21
D9942	$45.66
D9950	$87.31
D9951	$40.72
D9952	$229.22
D9970	$15.73
D9971	$22.21
D9972	$101.19
D9973	$11.11
D9974	$86.38
D9999	BR