2017
Schedule of Medical Fees
Kansas Workers Compensation

This Schedule of Medical Fees, effective on and after January 1, 2017, was approved by the Director of Workers Compensation on August 23, 2016.

Kansas Department of Labor
Division of Workers Compensation
401 SW Topeka Blvd., Topeka, KS 66603

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Kansas
Department of Labor

KANSAS DEPARTMENT OF LABOR
DIVISION OF WORKERS COMPENSATION
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 2015 (a.k.a. CPT 2016) by the American Medical Association
2. The CDT(Current Dental Terminology) Companion, CDT-2015/2016, copyright 2013, published by the American Dental Association
3. The 2016 Relative Value Guide, copyright 2015, developed by the American Society of Anesthesiologists
4. The 2016 Essential RBRVS, a comprehensive listing of RBRVS values for CPT and HCPCS Codes, copyright 2015 Ingenix.
5. The January 2016 HCPCS allowances that were obtained from the DMEPOS Fee Schedule of the Centers for Medicare & Medicaid Services (CMS).
6. Medicare Severity Diagnosis Related Groups (MS-DRGs) Definitions Manual, Version 33.
7. Out Patient Payment System Payment by HCPCS Code for 2016

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

1. The Conversion Factors for all CPT codes have been increased by 3% except Dental codes which were increased by 10%.

2. **ICD-10** is mandated by Kansas Workers Compensation for 2017.

3. Surgical CPT code 36415 has been moved to the Pathology and Laboratory Section of the fee schedule.

4. Trauma Alerts in Ground Rule 7 of Inpatient Hospital and Ground Rule 8 of Ambulatory Surgical Centers/Hospital Outpatient are increased by 60%.

5. Invoices shall not be required to reimburse implantables if they are billed less than $5000 and shall be reimbursed at 50%. Implantables billed at more than $5000 require an invoice and shall be reimbursed at cost plus 25%.

6. Reimbursement for Nursing Homes, Intermediate Care, and Assisted Living Facilities has changed from billed charges less 15% to billed charges less 20% and radiology, pathology or laboratory charges are carved out and paid at the maximum allowable fees for the respective CPT code.

7. Air ambulance services shall be reimbursed at the amount most commonly charged for the same or similar services in a given area.

8. The hourly rate for depositions and testimony and IME's is increased to $400 for the first hour, the review of the first 50 pages of medical records for a deposition or an IME has increased to $100 and $75.00 for each additional 50 pages. A statement was added to Ground Rule 4 of Depositions, Testimony, and Medical Records Reproduction that states "any additional charges submitted by/for copying services are prohibited including charges for searching when no records are found".

9. Compound drugs and physician dispensed medications shall be reimbursed the same as pharmacies, based on the original manufacturer NDC but must be preapproved by the payer.

10. An inpatient stay requires documentation of official admission to the hospital pursuant to an order for inpatient admission by a physician or other qualified practitioner and the order must be present in the medical record.

11. Outpatient surgeries will be paid at the maximum allowable fees for the respective CPT code, ambulatory surgical centers will also be reimbursed for grafts, outpatient hospital centers will not be reimbursed for supply codes 270-279. Nonsurgical medical outpatient services will be reimbursed at the peer group discount depending on the facility location.

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It is the policy of The American Medical Association (AMA) that is similarly applied to other jurisdictions that publish medical fee schedules for Workers Compensation to prohibit the fee schedule inclusion of individual CPT code descriptions. For the applicable CPT 2016 Code descriptions, refer to the Current Procedural Terminology, copyright 2015 (a.k.a. CPT 2016), 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-2015-2016, 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 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.

The maximum fee schedule amount 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 Resource Based Relative Value System (RBRVS) unit value by an applicable conversion factor for the section in which the service or procedure is located.

With regard to Anesthesia, the Basic Unit Values contained within the Anesthesia Section of this Schedule of Medical Fees were obtained from the *2016 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 maximum fees. 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 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 listed herein represent the maximum payment to be reimbursed for the treatment or service provided. **With the exception of the payment of ambulatory surgical/hospital outpatient surgery centers and selected hospital inpatient services reimbursed utilizing a group prospective payment system, reimbursement for any needed services is to be limited to the schedule of charges hereby being adopted 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. See #3 Depositions, Testimony, and Medical Records Reproduction Ground Rules and Fees.

INTRODUCTION

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 requested by employer: In the event an employee is sent by their employer to a health care provider for an evaluation to determine if a medical issue or complaint is work related, the employer/carrier will assume financial responsibility for that visit.

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. All medical services rendered pursuant to recommended treatment contained in the most recent edition of the ODG are to be presumed reasonable and necessary. 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, 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/outpatient hospital may use either the CMS 1500 form or the UB-04. Dental offices shall use the ADA-94 form or an equivalent form containing the same information. Hospitals shall use Form UB-04.

ICD-10 is the 10th revision of the International Classification of Diseases. On October 1, 2015 the **ICD-9** code sets were scheduled to be replaced by the **ICD-10.** Kansas Workers Compensation is requiring that **ICD-10** be employed for billing purposes on the **CMS 1500** Form or an equivalent form containing the same information.

Any insurance company, employer, or other payer who reduces or denies charges from a provider according to the general instructions, ground rules, 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, 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
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.

INTRODUCTION

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 2016 *Current Procedural Terminology* (*CPT*), copyright 2015 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.

Relative value units for anesthesia services have been obtained from the *2016 Relative Value Guide,* copyright 2015 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-2015-2016.*

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)** as the primary standard of reference. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.
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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.

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 Non-physician 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 **B** 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.

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 maximum fee column are too unusual or variable in the nature of their performance, too new, or too infrequently performed to permit the assignment of a maximum fee. 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 maximum fee is “BR,” the health care provider shall establish a charge that is consistent with other maximum fees 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.

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.

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GENERAL INSTRUCTIONS

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. .

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

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ANESTHESIA GROUND RULES

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)** as the primary standard of reference. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. 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 2016 Relative Value Guide, copyright 2015) with permission by the American Society of Anesthesiologists.

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ANESTHESIA

CPT CODE	BASE UNIT VALUE
00100	$263.63 + TM*
00102	$316.35 + TM*
00103	$263.63 + TM*
00104	$210.90 + TM*
00120	$263.63 + TM*
00124	$210.90 + TM*
00126	$210.90 + TM*
00140	$263.63 + TM*
00142	$210.90 + TM*
00144	$316.35 + TM*
00145	$316.35 + TM*
00147	$210.90 + TM*
00148	$210.90 + TM*
00160	$263.63 + TM*
00162	$369.08 + TM*
00164	$210.90 + TM*
00170	$263.63 + TM*
00172	$316.35 + TM*
00174	$316.35 + TM*
00176	$369.08 + TM*
00190	$263.63 + TM*
00192	$369.08 + TM*
00210	$579.98 + TM*
00211	$527.26 + TM*
00212	$263.63 + TM*
00214	$474.53 + TM*
00215	$474.53 + TM*
00216	$790.89 + TM*
00218	$685.43 + TM*
00220	$527.26 + TM*
00222	$316.35 + TM*
00300	$263.63 + TM*
00320	$316.35 + TM*
00322	$158.18 + TM*
00326	$369.08 + TM*
00350	$527.26 + TM*
00352	$263.63 + TM*

CPT CODE	BASE UNIT VALUE
00400	$158.18 + TM*
00402	$263.63 + TM*
00404	$263.63 + TM*
00406	$685.43 + TM*
00410	$210.90 + TM*
00450	$263.63 + TM*
00454	$158.18 + TM*
00470	$316.35 + TM*
00472	$527.26 + TM*
00474	$685.43 + TM*
00500	$790.89 + TM*
00520	$316.35 + TM*
00522	$210.90 + TM*
00524	$210.90 + TM*
00528	$421.81 + TM*
00529	$579.98 + TM*
00530	$210.90 + TM*
00532	$210.90 + TM*
00534	$369.08 + TM*
00537	$369.08 + TM*
00539	$949.06 + TM*
00540	$632.71 + TM*
00541	$790.89 + TM*
00542	$790.89 + TM*
00546	$790.89 + TM*
00548	$896.34 + TM*
00550	$527.26 + TM*
00560	$790.89 + TM*
00561	$1,318.14 + TM*
00562	$1,054.51 + TM*
00563	$1,318.14 + TM*
00566	$1,318.14 + TM*
00567	$949.06 + TM*
00580	$1,054.51 + TM*
00600	$527.26 + TM*
00604	$685.43 + TM*
00620	$527.26 + TM*

CPT CODE	BASE UNIT VALUE
00625	$685.43 + TM*
00626	$790.89 + TM*
00630	$421.81 + TM*
00632	$369.08 + TM*
00635	$210.90 + TM*
00640	$158.18 + TM*
00670	$685.43 + TM*
00700	$210.90 + TM*
00702	$210.90 + TM*
00730	$263.63 + TM*
00740	$263.63 + TM*
00750	$210.90 + TM*
00752	$316.35 + TM*
00754	$369.08 + TM*
00756	$369.08 + TM*
00770	$790.89 + TM*
00790	$369.08 + TM*
00792	$685.43 + TM*
00794	$421.81 + TM*
00796	$1,581.77 + TM*
00797	$579.98 + TM*
00800	$210.90 + TM*
00802	$263.63 + TM*
00810	$263.63 + TM*
00820	$263.63 + TM*
00830	$210.90 + TM*
00832	$316.35 + TM*
00834	$263.63 + TM*
00836	$316.35 + TM*
00840	$316.35 + TM*
00842	$210.90 + TM*
00844	$369.08 + TM*
00846	$421.81 + TM*
00848	$421.81 + TM*
00851	$316.35 + TM*
00860	$316.35 + TM*
00862	$369.08 + TM*

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor ($52.73) to base value listed above.

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ANESTHESIA

CPT CODE	BASE UNIT VALUE
00864	$421.81 + TM*
00865	$369.08 + TM*
00866	$527.26 + TM*
00868	$527.26 + TM*
00870	$263.63 + TM*
00872	$369.08 + TM*
00873	$263.63 + TM*
00880	$790.89 + TM*
00882	$527.26 + TM*
00902	$263.63 + TM*
00904	$369.08 + TM*
00906	$210.90 + TM*
00908	$316.35 + TM*
00910	$158.18 + TM*
00912	$263.63 + TM*
00914	$263.63 + TM*
00916	$263.63 + TM*
00918	$263.63 + TM*
00920	$158.18 + TM*
00921	$158.18 + TM*
00922	$316.35 + TM*
00924	$210.90 + TM*
00926	$210.90 + TM*
00928	$316.35 + TM*
00930	$210.90 + TM*
00932	$210.90 + TM*
00934	$316.35 + TM*
00936	$421.81 + TM*
00938	$210.90 + TM*
00940	$158.18 + TM*
00942	$210.90 + TM*
00944	$316.35 + TM*
00948	$210.90 + TM*
00950	$263.63 + TM*
00952	$210.90 + TM*
01112	$263.63 + TM*
01120	$316.35 + TM*

CPT CODE	BASE UNIT VALUE
01130	$158.18 + TM*
01140	$790.89 + TM*
01150	$527.26 + TM*
01160	$210.90 + TM*
01170	$421.81 + TM*
01173	$632.71 + TM*
01180	$158.18 + TM*
01190	$210.90 + TM*
01200	$210.90 + TM*
01202	$210.90 + TM*
01210	$316.35 + TM*
01212	$527.26 + TM*
01214	$421.81 + TM*
01215	$527.26 + TM*
01220	$210.90 + TM*
01230	$316.35 + TM*
01232	$263.63 + TM*
01234	$421.81 + TM*
01250	$210.90 + TM*
01260	$158.18 + TM*
01270	$421.81 + TM*
01272	$210.90 + TM*
01274	$316.35 + TM*
01320	$210.90 + TM*
01340	$210.90 + TM*
01360	$263.63 + TM*
01380	$158.18 + TM*
01382	$158.18 + TM*
01390	$158.18 + TM*
01392	$210.90 + TM*
01400	$210.90 + TM*
01402	$369.08 + TM*
01404	$263.63 + TM*
01420	$158.18 + TM*
01430	$158.18 + TM*
01432	$316.35 + TM*
01440	$421.81 + TM*

CPT CODE	BASE UNIT VALUE
01442	$421.81 + TM*
01444	$421.81 + TM*
01462	$158.18 + TM*
01464	$158.18 + TM*
01470	$158.18 + TM*
01472	$263.63 + TM*
01474	$263.63 + TM*
01480	$158.18 + TM*
01482	$210.90 + TM*
01484	$210.90 + TM*
01486	$369.08 + TM*
01490	$158.18 + TM*
01500	$421.81 + TM*
01502	$316.35 + TM*
01520	$158.18 + TM*
01522	$263.63 + TM*
01610	$263.63 + TM*
01620	$210.90 + TM*
01622	$210.90 + TM*
01630	$263.63 + TM*
01634	$474.53 + TM*
01636	$790.89 + TM*
01638	$527.26 + TM*
01650	$316.35 + TM*
01652	$527.26 + TM*
01654	$421.81 + TM*
01656	$527.26 + TM*
01670	$210.90 + TM*
01680	$158.18 + TM*
01682	$210.90 + TM*
01710	$158.18 + TM*
01712	$263.63 + TM*
01714	$263.63 + TM*
01716	$263.63 + TM*
01730	$158.18 + TM*
01732	$158.18 + TM*
01740	$210.90 + TM*

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor ($52.73) to base value listed above.

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ANESTHESIA

CPT CODE	BASE UNIT VALUE
01742	$263.63 + TM*
01744	$263.63 + TM*
01756	$316.35 + TM*
01758	$263.63 + TM*
01760	$369.08 + TM*
01770	$316.35 + TM*
01772	$316.35 + TM*
01780	$158.18 + TM*
01782	$210.90 + TM*
01810	$158.18 + TM*
01820	$158.18 + TM*
01829	$158.18 + TM*
01830	$158.18 + TM*
01832	$316.35 + TM*
01840	$316.35 + TM*
01842	$316.35 + TM*
01844	$316.35 + TM*

CPT CODE	BASE UNIT VALUE
01850	$158.18 + TM*
01852	$210.90 + TM*
01860	$158.18 + TM*
01916	$263.63 + TM*
01920	$369.08 + TM*
01922	$369.08 + TM*
01924	$263.63 + TM*
01925	$369.08 + TM*
01926	$421.81 + TM*
01930	$263.63 + TM*
01931	$369.08 + TM*
01932	$316.35 + TM*
01933	$369.08 + TM*
01935	$263.63 + TM*
01936	$263.63 + TM*
01951	$158.18 + TM*
01952	$263.63 + TM*

CPT CODE	BASE UNIT VALUE
01953	$52.73 + TM*
01958	$263.63 + TM*
01960	$263.63 + TM*
01961	$369.08 + TM*
01962	$421.81 + TM*
01963	$421.81 + TM*
01965	$210.90 + TM*
01966	$210.90 + TM*
01967	$263.63 + TM*
01968	$105.45 + TM*
01969	$263.63 + TM*
01990	$369.08 + TM*
01991	$158.18 + TM*
01992	$263.63 + TM*
01996	$158.18 + TM*
01999	IC*

IC* - Individual Consideration

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor ($52.73) to base value listed above.

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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, normal, uncomplicated follow-up care and all supplies. 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:** As it relates to billing for both related, and unrelated multiple procedures, the same rationale for additional fees is also applicable to hospital outpatient and ambulatory surgical center facility fees but not applicable to inpatient care.

   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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SURGERY GROUND RULES

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 **A**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 **A**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.

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 **A**separate procedure.**@** The codes designated as **A**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.

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SURGERY GROUND RULES

However, when a procedure or service that is designated as a **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 **A**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.

       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).

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SURGERY GROUND RULES

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) (date of purchase within twelve months of implantation) must be submitted with the bill. Costs of postage and delivery are not reimbursable.

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.

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. 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.

25. 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.

26. 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)** as the primary standard of reference. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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SURGERY

CPT CODE	FUD	MAXIMUM FEE
10021	XXX	$259.48
10022	XXX	$297.40
10030	XXX	$1,646.11
10035	000	$1,128.63
10036	ZZZ	$981.42
10040	010	$214.13
10060	010	$246.84
10061	010	$434.95
10080	010	$377.70
10081	010	$565.80
10120	010	$319.71
10121	010	$577.70
10140	010	$343.50
10160	010	$274.35
10180	010	$521.19
11000	000	$114.50
11001	ZZZ	$45.35
11004	000	$1,246.11
11005	000	$1,687.00
11006	000	$1,512.28
11008	ZZZ	$593.31
11010	010	$1,040.16
11011	000	$1,130.86
11012	000	$1,510.79
11042	000	$245.36
11043	000	$482.53
11044	000	$666.18
11045	ZZZ	$86.25
11046	ZZZ	$155.39
11047	ZZZ	$263.20
11055	000	$99.63
11056	000	$121.93
11057	000	$137.55
11100	000	$217.10
11101	ZZZ	$69.15
11200	010	$185.13
11201	ZZZ	$40.15

CPT CODE	FUD	MAXIMUM FEE
11300	000	$203.72
11301	000	$251.30
11302	000	$295.91
11303	000	$327.14
11305	000	$208.18
11306	000	$255.76
11307	000	$301.86
11308	000	$316.73
11310	000	$237.92
11311	000	$234.20
11312	000	$336.81
11313	000	$390.34
11400	010	$260.23
11401	010	$313.01
11402	010	$347.96
11403	010	$403.72
11404	010	$458.74
11406	010	$661.72
11420	010	$257.25
11421	010	$329.37
11422	010	$368.78
11423	010	$425.28
11424	010	$492.20
11426	010	$704.09
11440	010	$283.27
11441	010	$353.16
11442	010	$395.54
11443	010	$472.12
11444	010	$593.31
11446	010	$824.54
11450	090	$803.72
11451	090	$1,024.54
11462	090	$784.39
11463	090	$1,036.44
11470	090	$872.13
11471	090	$1,076.59
11600	010	$404.46

CPT CODE	FUD	MAXIMUM FEE
11601	010	$481.04
11602	010	$521.94
11603	010	$597.03
11604	010	$663.95
11606	010	$951.68
11620	010	$408.93
11621	010	$484.02
11622	010	$539.78
11623	010	$634.21
11624	010	$715.25
11626	010	$862.46
11640	010	$421.56
11641	010	$501.12
11642	010	$572.50
11643	010	$675.10
11644	010	$832.72
11646	010	$1,089.23
11719	000	$29.00
11720	000	$67.66
11721	000	$94.42
11730	000	$208.18
11732	ZZZ	$75.09
11740	000	$104.09
11750	010	$379.93
11752	010	$684.02
11755	000	$281.04
11760	010	$408.93
11762	010	$590.34
11765	010	$351.68
11770	010	$586.62
11771	090	$1,212.65
11772	090	$1,470.64
11900	000	$116.73
11901	000	$147.21
11920	000	$357.62
11921	000	$417.10
11922	ZZZ	$129.37

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CPT CODE	FUD	MAXIMUM FEE
11950	000	$154.65
11951	000	$205.21
11952	000	$275.84
11954	000	$332.34
11960	090	$2,011.17
11970	090	$1,296.66
11971	090	$988.86
11976	000	$300.37
11980	000	$197.77
11981	XXX	$295.91
11982	XXX	$336.06
11983	XXX	$469.15
12001	000	$187.36
12002	000	$228.25
12004	000	$269.15
12005	000	$339.78
12006	000	$402.98
12007	000	$470.64
12011	000	$229.74
12013	000	$240.15
12014	000	$281.04
12015	000	$340.52
12016	000	$432.72
12017	000	$327.88
12018	000	$371.75
12020	010	$611.90
12021	010	$353.16
12031	010	$498.15
12032	010	$637.92
12034	010	$655.77
12035	010	$805.95
12036	010	$888.48
12037	010	$1,007.44
12041	010	$498.15
12042	010	$608.18
12044	010	$755.40
12045	010	$849.08

CPT CODE	FUD	MAXIMUM FEE
12046	010	$1,008.93
12047	010	$1,094.43
12051	010	$543.50
12052	010	$619.34
12053	010	$726.40
12054	010	$759.11
12055	010	$985.88
12056	010	$1,151.68
12057	010	$1,188.11
13100	010	$704.09
13101	010	$833.46
13102	ZZZ	$256.51
13120	010	$736.81
13121	010	$899.64
13122	ZZZ	$281.04
13131	010	$811.16
13132	010	$1,003.73
13133	ZZZ	$377.70
13151	010	$889.23
13152	010	$1,069.15
13153	ZZZ	$409.67
13160	090	$1,723.43
14000	090	$1,313.02
14001	090	$1,689.98
14020	090	$1,469.90
14021	090	$1,840.16
14040	090	$1,609.68
14041	090	$1,993.32
14060	090	$1,642.39
14061	090	$2,144.25
14301	090	$2,279.57
14302	ZZZ	$475.84
14350	090	$1,483.28
15002	000	$733.83
15003	ZZZ	$159.85
15004	000	$847.59
15005	ZZZ	$263.94

CPT CODE	FUD	MAXIMUM FEE
15040	000	$541.27
15050	090	$1,190.34
15100	090	$1,817.11
15101	ZZZ	$393.31
15110	090	$1,701.13
15111	ZZZ	$246.84
15115	090	$1,745.74
15116	ZZZ	$327.14
15120	090	$1,802.99
15121	ZZZ	$440.90
15130	090	$1,424.55
15131	ZZZ	$211.90
15135	090	$1,788.86
15136	ZZZ	$201.49
15150	090	$1,483.28
15151	ZZZ	$260.97
15152	ZZZ	$320.45
15155	090	$1,533.10
15156	ZZZ	$337.55
15157	ZZZ	$371.01
15200	090	$1,756.15
15201	ZZZ	$312.27
15220	090	$1,627.52
15221	ZZZ	$288.48
15240	090	$1,973.99
15241	ZZZ	$390.34
15260	090	$2,141.28
15261	ZZZ	$456.51
15271	000	$296.66
15272	ZZZ	$57.25
15273	000	$629.00
15274	ZZZ	$150.93
15275	000	$314.50
15276	ZZZ	$72.86
15277	000	$681.79
15278	ZZZ	$179.93
15570	090	$1,932.36

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CPT CODE	FUD	MAXIMUM FEE
15572	090	$1,875.85
15574	090	$1,933.84
15576	090	$1,705.59
15600	090	$678.82
15610	090	$747.96
15620	090	$927.14
15630	090	$968.78
15650	090	$1,062.46
15731	090	$2,391.10
15732	090	$2,725.67
15734	090	$3,195.56
15736	090	$2,803.00
15738	090	$2,979.95
15740	090	$2,156.15
15750	090	$1,961.35
15756	090	$4,983.68
15757	090	$4,923.46
15758	090	$4,930.89
15760	090	$1,806.71
15770	090	$1,433.47
15775	000	$636.44
15776	000	$1,048.34
15777	ZZZ	$458.00
15780	090	$1,778.45
15781	090	$1,172.50
15782	090	$1,341.27
15783	090	$984.39
15786	010	$515.25
15787	ZZZ	$103.35
15788	090	$971.01
15789	090	$1,159.12
15792	090	$934.58
15793	090	$1,040.16
15819	090	$1,569.53
15820	090	$1,185.88
15821	090	$1,278.08
15822	090	$938.30

CPT CODE	FUD	MAXIMUM FEE
15823	090	$1,278.08
15824	000	$2,368.79
15825	000	$2,664.70
15826	000	$1,924.18
15828	000	$5,032.75
15829	000	$5,625.32
15830	090	$2,503.36
15832	090	$1,957.64
15833	090	$1,835.70
15834	090	$1,891.46
15835	090	$1,979.94
15836	090	$1,624.55
15837	090	$1,708.56
15838	090	$1,222.31
15839	090	$1,872.88
15840	090	$2,156.15
15841	090	$3,460.99
15842	090	$5,630.53
15845	090	$2,138.31
15847	YYY	$1,036.44
15850	XXX	$187.36
15851	000	$208.18
15852	000	$100.37
15860	000	$237.18
15876	000	$0.00
15877	000	$0.00
15878	000	$0.00
15879	000	$0.00
15920	090	$1,289.23
15922	090	$1,662.47
15931	090	$1,466.93
15933	090	$1,809.68
15934	090	$1,980.68
15935	090	$2,333.85
15936	090	$1,902.62
15937	090	$2,205.96
15940	090	$1,495.92

CPT CODE	FUD	MAXIMUM FEE
15941	090	$1,916.74
15944	090	$1,888.49
15945	090	$2,081.06
15946	090	$3,491.48
15950	090	$1,261.72
15951	090	$1,869.90
15952	090	$1,909.31
15953	090	$2,117.49
15956	090	$2,460.24
15958	090	$2,501.13
15999	YYY	$0.00
16000	000	$144.98
16020	000	$171.75
16025	000	$310.78
16030	000	$391.82
16035	000	$417.10
16036	ZZZ	$173.24
17000	010	$140.52
17003	ZZZ	$11.90
17004	010	$315.99
17106	090	$719.71
17107	090	$915.25
17108	090	$1,349.45
17110	010	$232.72
17111	010	$275.84
17250	000	$166.54
17260	010	$199.26
17261	010	$301.86
17262	010	$368.03
17263	010	$402.23
17264	010	$431.23
17266	010	$489.22
17270	010	$316.73
17271	010	$342.75
17272	010	$391.82
17273	010	$437.18
17274	010	$516.73

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CPT CODE	FUD	MAXIMUM FEE
17276	010	$598.52
17280	010	$295.91
17281	010	$373.98
17282	010	$430.49
17283	010	$515.25
17284	010	$588.85
17286	010	$756.14
17311	000	$1,391.83
17312	ZZZ	$817.85
17313	000	$1,301.13
17314	ZZZ	$784.39
17315	ZZZ	$168.03
17340	010	$108.55
17360	010	$271.38
17380	000	$159.85
17999	YYY	$0.00
19000	000	$238.66
19001	ZZZ	$57.25
19020	090	$997.78
19030	000	$348.70
19081	000	$1,464.70
19082	ZZZ	$1,210.42
19083	000	$1,416.37
19084	ZZZ	$1,164.32
19085	000	$2,175.48
19086	ZZZ	$1,723.43
19100	000	$318.22
19101	010	$721.94
19105	000	$4,516.02
19110	090	$1,026.03
19112	090	$964.32
19120	090	$1,049.08
19125	090	$1,163.58
19126	ZZZ	$347.96
19260	090	$2,579.95
19271	090	$3,491.48
19272	090	$3,817.13

CPT CODE	FUD	MAXIMUM FEE
19281	000	$505.58
19282	ZZZ	$353.91
19283	000	$568.78
19284	ZZZ	$429.00
19285	000	$1,087.00
19286	ZZZ	$954.65
19287	000	$1,817.11
19288	ZZZ	$1,465.44
19296	000	$8,340.58
19297	ZZZ	$204.46
19298	000	$2,221.58
19300	090	$1,108.56
19301	090	$1,398.52
19302	090	$1,927.15
19303	090	$2,165.82
19304	090	$1,227.52
19305	090	$2,417.12
19306	090	$2,571.02
19307	090	$2,564.33
19316	090	$1,642.39
19318	090	$2,351.69
19324	090	$1,046.85
19325	090	$1,364.32
19328	090	$1,055.77
19330	090	$1,352.43
19340	090	$2,140.54
19342	090	$1,966.56
19350	090	$1,744.25
19355	090	$1,495.18
19357	090	$3,208.20
19361	090	$3,363.59
19364	090	$5,891.49
19366	090	$3,009.69
19367	090	$3,824.56
19368	090	$4,707.10
19369	090	$4,372.52
19370	090	$1,461.72

CPT CODE	FUD	MAXIMUM FEE
19371	090	$1,671.39
19380	090	$1,647.60
19396	000	$585.88
19499	YYY	$0.00
20005	010	$656.51
20100	010	$1,304.84
20101	010	$950.94
20102	010	$1,040.90
20103	010	$1,232.72
20150	090	$1,930.87
20200	000	$438.67
20205	000	$613.39
20206	000	$499.63
20220	000	$356.88
20225	000	$1,113.02
20240	000	$330.86
20245	010	$1,110.05
20250	010	$837.92
20251	010	$910.04
20500	010	$220.08
20501	000	$249.82
20520	010	$430.49
20525	010	$1,014.88
20526	000	$162.83
20527	000	$177.70
20550	000	$124.16
20551	000	$127.14
20552	000	$116.73
20553	000	$134.57
20555	000	$701.12
20600	000	$100.37
20604	000	$152.42
20605	000	$105.58
20606	000	$168.77
20610	000	$127.14
20611	000	$193.31
20612	000	$127.88

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CPT CODE	FUD	MAXIMUM FEE
20615	010	$517.48
20650	010	$438.67
20660	000	$530.12
20661	090	$1,084.77
20662	090	$922.68
20663	090	$1,000.75
20664	090	$1,889.23
20665	010	$223.05
20670	010	$801.49
20680	090	$1,312.28
20690	090	$1,271.39
20692	090	$2,392.58
20693	090	$952.42
20694	090	$903.35
20696	090	$2,576.23
20697	000	$4,182.19
20802	090	$5,150.22
20805	090	$7,079.61
20808	090	$8,620.14
20816	090	$4,439.44
20822	090	$3,834.23
20824	090	$4,363.60
20827	090	$3,916.01
20838	090	$5,203.01
20900	000	$887.00
20902	000	$614.13
20910	090	$878.07
20912	090	$1,027.52
20920	090	$842.39
20922	090	$1,295.18
20924	090	$1,080.31
20926	090	$919.71
20930	XXX	$260.23
20931	ZZZ	$244.61
20936	XXX	$272.86
20937	ZZZ	$363.57
20938	ZZZ	$401.49

CPT CODE	FUD	MAXIMUM FEE
20950	000	$533.83
20955	090	$5,383.68
20956	090	$5,701.16
20957	090	$5,263.24
20962	090	$4,539.07
20969	090	$5,948.00
20970	090	$6,285.55
20972	090	$5,075.13
20973	090	$5,662.50
20974	000	$162.08
20975	000	$382.90
20979	000	$110.78
20982	000	$6,390.38
20983	000	$15,354.02
20985	ZZZ	$316.73
20999	YYY	$0.00
21010	090	$1,591.09
21011	090	$739.04
21012	090	$724.91
21013	090	$1,101.87
21014	090	$1,115.25
21015	090	$1,519.71
21016	090	$2,193.33
21025	090	$1,918.97
21026	090	$1,324.92
21029	090	$1,638.67
21030	090	$1,115.99
21031	090	$849.82
21032	090	$863.95
21034	090	$2,823.81
21040	090	$1,124.17
21044	090	$1,887.00
21045	090	$2,645.37
21046	090	$2,417.12
21047	090	$2,851.32
21048	090	$2,478.09
21049	090	$2,611.92

CPT CODE	FUD	MAXIMUM FEE
21050	090	$1,808.94
21060	090	$1,713.02
21070	090	$1,313.02
21073	090	$829.75
21076	010	$2,163.59
21077	090	$5,426.81
21079	090	$3,652.07
21080	090	$4,098.92
21081	090	$3,785.90
21082	090	$3,578.47
21083	090	$3,409.69
21084	090	$3,919.73
21085	010	$1,639.42
21086	090	$4,036.46
21087	090	$4,029.77
21088	090	$0.00
21089	YYY	$0.00
21100	090	$2,199.27
21110	090	$1,731.61
21116	000	$309.30
21120	090	$1,410.42
21121	090	$1,739.79
21122	090	$1,413.39
21123	090	$2,010.42
21125	090	$6,514.55
21127	090	$9,422.38
21137	090	$1,620.83
21138	090	$1,904.10
21139	090	$2,039.42
21141	090	$2,888.50
21142	090	$3,028.28
21143	090	$3,047.61
21145	090	$3,400.77
21146	090	$3,330.14
21147	090	$3,764.34
21150	090	$3,616.38
21151	090	$4,354.68

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CPT CODE	FUD	MAXIMUM FEE
21154	090	$4,488.51
21155	090	$4,650.59
21159	090	$5,379.97
21160	090	$6,829.05
21172	090	$3,884.79
21175	090	$4,611.19
21179	090	$3,112.29
21180	090	$3,316.75
21181	090	$1,581.42
21182	090	$4,174.01
21183	090	$4,960.63
21184	090	$4,585.91
21188	090	$3,472.15
21193	090	$2,614.15
21194	090	$3,093.70
21195	090	$2,884.04
21196	090	$3,197.79
21198	090	$2,520.47
21199	090	$2,306.34
21206	090	$2,533.85
21208	090	$4,049.10
21209	090	$1,738.30
21210	090	$4,911.56
21215	090	$8,720.51
21230	090	$1,530.87
21235	090	$1,550.20
21240	090	$2,420.84
21242	090	$2,217.12
21243	090	$3,667.69
21244	090	$2,297.42
21245	090	$2,379.94
21246	090	$1,875.11
21247	090	$3,340.55
21248	090	$2,394.07
21249	090	$3,280.32
21255	090	$2,989.61
21256	090	$2,574.00

CPT CODE	FUD	MAXIMUM FEE
21260	090	$2,985.90
21261	090	$4,523.45
21263	090	$4,177.73
21267	090	$3,353.19
21268	090	$3,732.37
21270	090	$2,046.86
21275	090	$1,788.86
21280	090	$1,205.21
21282	090	$808.18
21295	090	$385.13
21296	090	$924.17
21299	YYY	$0.00
21310	000	$279.56
21315	010	$590.34
21320	010	$547.22
21325	090	$1,012.65
21330	090	$1,213.39
21335	090	$1,558.38
21336	090	$1,379.19
21337	090	$862.46
21338	090	$1,544.99
21339	090	$1,648.34
21340	090	$1,616.37
21343	090	$2,578.46
21344	090	$2,994.82
21345	090	$1,733.10
21346	090	$1,950.94
21347	090	$2,434.22
21348	090	$2,585.15
21355	010	$917.48
21356	010	$1,070.64
21360	090	$1,155.40
21365	090	$2,388.12
21366	090	$2,483.29
21385	090	$1,460.98
21386	090	$1,485.51
21387	090	$1,527.15

CPT CODE	FUD	MAXIMUM FEE
21390	090	$1,698.90
21395	090	$2,146.48
21400	090	$410.41
21401	090	$943.50
21406	090	$1,112.28
21407	090	$1,381.42
21408	090	$1,874.36
21421	090	$1,621.57
21422	090	$1,446.85
21423	090	$1,754.66
21431	090	$1,588.12
21432	090	$1,407.45
21433	090	$3,716.76
21435	090	$2,710.80
21436	090	$4,474.38
21440	090	$1,243.88
21445	090	$1,659.49
21450	090	$1,333.84
21451	090	$1,641.65
21452	090	$1,284.02
21453	090	$1,966.56
21454	090	$1,275.85
21461	090	$4,597.06
21462	090	$4,878.10
21465	090	$2,063.21
21470	090	$2,596.30
21480	000	$210.41
21485	090	$1,512.28
21490	090	$1,970.28
21495	090	$1,516.00
21497	090	$1,582.91
21499	YYY	$0.00
21501	090	$966.55
21502	090	$1,142.02
21510	090	$960.60
21550	010	$559.11
21552	090	$958.37

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CPT CODE	FUD	MAXIMUM FEE
21554	090	$1,571.76
21555	090	$884.02
21556	090	$1,136.81
21557	090	$2,058.01
21558	090	$2,895.93
21600	090	$1,196.29
21610	090	$2,580.69
21615	090	$1,333.10
21616	090	$1,618.60
21620	090	$1,082.54
21627	090	$1,159.12
21630	090	$2,602.25
21632	090	$2,602.99
21685	090	$2,152.43
21700	090	$799.26
21705	090	$1,191.09
21720	090	$971.01
21725	090	$1,136.81
21740	090	$2,201.50
21742	090	$2,576.97
21743	090	$3,391.10
21750	090	$1,473.62
21811	000	$1,317.48
21812	000	$1,579.94
21813	000	$2,060.24
21820	090	$298.89
21825	090	$1,162.09
21899	YYY	$0.00
21920	010	$546.47
21925	090	$949.45
21930	090	$1,005.96
21931	090	$1,008.19
21932	090	$1,420.83
21933	090	$1,582.17
21935	090	$2,201.50
21936	090	$3,031.25
22010	090	$2,049.09

CPT CODE	FUD	MAXIMUM FEE
22015	090	$1,983.66
22100	090	$1,878.82
22101	090	$1,830.50
22102	090	$1,695.18
22103	ZZZ	$302.60
22110	090	$2,258.01
22112	090	$2,124.18
22114	090	$2,133.10
22116	ZZZ	$307.81
22206	090	$5,278.11
22207	090	$5,171.79
22208	ZZZ	$1,263.95
22210	090	$3,858.02
22212	090	$3,192.59
22214	090	$3,204.49
22216	ZZZ	$788.11
22220	090	$3,446.12
22222	090	$3,344.26
22224	090	$3,408.20
22226	ZZZ	$786.62
22305	090	$405.95
22310	090	$655.77
22315	090	$1,891.46
22318	090	$3,565.83
22319	090	$3,961.37
22325	090	$3,105.60
22326	090	$3,228.28
22327	090	$3,248.35
22328	ZZZ	$614.87
22505	010	$273.61
22510	010	$3,746.50
22511	010	$3,707.83
22512	ZZZ	$2,078.08
22513	010	$15,513.87
22514	010	$15,494.54
22515	ZZZ	$9,382.23
22526	010	$5,043.16

CPT CODE	FUD	MAXIMUM FEE
22527	ZZZ	$4,184.42
22532	090	$3,851.33
22533	090	$3,565.83
22534	ZZZ	$782.91
22548	090	$4,298.92
22551	090	$3,717.50
22552	ZZZ	$871.38
22554	090	$2,718.24
22556	090	$3,605.98
22558	090	$3,327.91
22585	ZZZ	$716.73
22586	090	$3,918.25
22590	090	$3,430.51
22595	090	$3,272.14
22600	090	$2,791.10
22610	090	$2,732.36
22612	090	$3,436.46
22614	ZZZ	$852.79
22630	090	$3,397.80
22632	ZZZ	$700.38
22633	090	$4,014.16
22634	ZZZ	$1,082.54
22800	090	$2,916.01
22802	090	$4,528.66
22804	090	$5,237.96
22808	090	$3,971.78
22810	090	$4,385.91
22812	090	$5,208.96
22818	090	$4,678.10
22819	090	$6,023.84
22830	090	$1,753.92
22840	ZZZ	$1,657.26
22841	XXX	$835.69
22842	ZZZ	$1,662.47
22843	ZZZ	$1,776.22
22844	ZZZ	$2,138.31
22845	ZZZ	$1,595.55

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CPT CODE	FUD	MAXIMUM FEE
22846	ZZZ	$1,657.26
22847	ZZZ	$1,799.27
22848	ZZZ	$781.42
22849	090	$2,811.92
22850	090	$1,560.61
22851	ZZZ	$888.48
22852	090	$1,495.92
22855	090	$2,398.53
22856	090	$3,513.04
22857	090	$4,252.08
22858	ZZZ	$1,094.43
22861	090	$4,348.73
22862	090	$4,305.61
22864	090	$4,481.07
22865	090	$4,411.19
22899	YYY	$0.00
22900	090	$1,211.16
22901	090	$1,426.78
22902	090	$933.84
22903	090	$941.27
22904	090	$2,252.06
22905	090	$2,856.53
22999	YYY	$0.00
23000	090	$1,240.90
23020	090	$1,470.64
23030	010	$936.07
23031	010	$902.61
23035	090	$1,445.36
23040	090	$1,536.81
23044	090	$1,214.88
23065	010	$460.97
23066	090	$1,179.93
23071	090	$899.64
23073	090	$1,486.26
23075	090	$995.55
23076	090	$1,156.14
23077	090	$2,457.27

CPT CODE	FUD	MAXIMUM FEE
23078	090	$3,080.32
23100	090	$1,062.46
23101	090	$969.52
23105	090	$1,361.35
23106	090	$1,049.08
23107	090	$1,406.70
23120	090	$1,246.11
23125	090	$1,515.25
23130	090	$1,301.87
23140	090	$1,139.79
23145	090	$1,484.77
23146	090	$1,323.43
23150	090	$1,401.50
23155	090	$1,695.18
23156	090	$1,443.13
23170	090	$1,184.40
23172	090	$1,207.44
23174	090	$1,601.50
23180	090	$1,423.80
23182	090	$1,390.35
23184	090	$1,568.79
23190	090	$1,212.65
23195	090	$1,607.45
23200	090	$3,189.62
23210	090	$3,803.75
23220	090	$4,162.86
23330	010	$505.58
23333	090	$965.81
23334	090	$2,304.85
23335	090	$2,742.77
23350	000	$275.84
23395	090	$2,750.95
23397	090	$2,441.65
23400	090	$2,078.08
23405	090	$1,333.84
23406	090	$1,641.65
23410	090	$1,756.89

CPT CODE	FUD	MAXIMUM FEE
23412	090	$1,822.32
23415	090	$1,487.74
23420	090	$2,072.13
23430	090	$1,593.32
23440	090	$1,614.14
23450	090	$2,020.83
23455	090	$2,138.31
23460	090	$2,334.59
23462	090	$2,268.42
23465	090	$2,379.94
23466	090	$2,392.58
23470	090	$2,576.97
23472	090	$3,122.70
23473	090	$3,487.76
23474	090	$3,768.06
23480	090	$1,755.40
23485	090	$2,041.65
23490	090	$1,800.01
23491	090	$2,166.56
23500	090	$462.46
23505	090	$748.70
23515	090	$1,538.30
23520	090	$475.10
23525	090	$797.03
23530	090	$1,175.47
23532	090	$1,322.69
23540	090	$475.10
23545	090	$718.96
23550	090	$1,202.98
23552	090	$1,397.78
23570	090	$491.45
23575	090	$846.85
23585	090	$2,098.16
23600	090	$690.71
23605	090	$982.91
23615	090	$1,890.72
23616	090	$2,659.50

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CPT CODE	FUD	MAXIMUM FEE
23620	090	$570.26
23625	090	$802.98
23630	090	$1,669.16
23650	090	$662.46
23655	090	$852.79
23660	090	$1,240.16
23665	090	$900.38
23670	090	$1,872.13
23675	090	$1,168.78
23680	090	$1,984.40
23700	010	$419.33
23800	090	$2,196.30
23802	090	$2,703.37
23900	090	$2,975.49
23920	090	$2,405.97
23921	090	$998.52
23929	YYY	$0.00
23930	010	$748.70
23931	010	$608.18
23935	090	$1,078.82
24000	090	$1,015.62
24006	090	$1,507.07
24065	010	$543.50
24066	090	$1,326.40
24071	090	$869.90
24073	090	$1,482.54
24075	090	$1,041.64
24076	090	$1,161.35
24077	090	$2,220.09
24079	090	$2,837.20
24100	090	$890.71
24101	090	$1,066.18
24102	090	$1,314.51
24105	090	$745.73
24110	090	$1,237.18
24115	090	$1,576.22
24116	090	$1,844.62

CPT CODE	FUD	MAXIMUM FEE
24120	090	$1,127.15
24125	090	$1,308.56
24126	090	$1,386.63
24130	090	$1,082.54
24134	090	$1,594.81
24136	090	$1,334.58
24138	090	$1,434.21
24140	090	$1,494.44
24145	090	$1,263.95
24147	090	$1,324.92
24149	090	$2,510.06
24150	090	$3,341.29
24152	090	$2,834.97
24155	090	$1,804.47
24160	090	$2,707.08
24164	090	$1,561.35
24200	010	$438.67
24201	090	$1,157.63
24220	000	$339.04
24300	090	$887.74
24301	090	$1,600.01
24305	090	$1,228.26
24310	090	$1,004.47
24320	090	$1,669.90
24330	090	$1,533.84
24331	090	$1,681.05
24332	090	$1,305.59
24340	090	$1,306.33
24341	090	$1,592.58
24342	090	$1,656.52
24343	090	$1,505.59
24344	090	$2,343.51
24345	090	$1,500.38
24346	090	$2,339.05
24357	090	$913.76
24358	090	$1,112.28
24359	090	$1,405.96

CPT CODE	FUD	MAXIMUM FEE
24360	090	$1,892.95
24361	090	$2,133.85
24362	090	$2,269.91
24363	090	$3,116.75
24365	090	$1,358.37
24366	090	$1,450.57
24370	090	$3,330.14
24371	090	$3,820.10
24400	090	$1,744.25
24410	090	$2,263.21
24420	090	$2,095.93
24430	090	$2,259.50
24435	090	$2,302.62
24470	090	$1,208.93
24495	090	$1,391.83
24498	090	$1,851.32
24500	090	$757.63
24505	090	$1,058.00
24515	090	$1,872.13
24516	090	$1,839.42
24530	090	$805.21
24535	090	$1,303.36
24538	090	$1,586.63
24545	090	$1,986.63
24546	090	$2,222.32
24560	090	$676.59
24565	090	$1,124.17
24566	090	$1,530.87
24575	090	$1,558.38
24576	090	$718.22
24577	090	$1,153.91
24579	090	$1,785.14
24582	090	$1,718.23
24586	090	$2,316.75
24587	090	$2,311.54
24600	090	$769.52
24605	090	$1,000.01

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CPT CODE	FUD	MAXIMUM FEE
24615	090	$1,520.46
24620	090	$1,168.78
24635	090	$1,435.70
24640	010	$284.76
24650	090	$552.42
24655	090	$920.45
24665	090	$1,389.60
24666	090	$1,564.32
24670	090	$614.87
24675	090	$961.35
24685	090	$1,394.81
24800	090	$1,773.25
24802	090	$2,092.95
24900	090	$1,562.84
24920	090	$1,562.09
24925	090	$1,171.01
24930	090	$1,643.14
24931	090	$1,713.02
24935	090	$2,376.23
24940	090	$2,259.50
24999	YYY	$0.00
25000	090	$715.25
25001	090	$726.40
25020	090	$1,220.08
25023	090	$2,344.26
25024	090	$1,649.83
25025	090	$2,577.71
25028	090	$1,111.53
25031	090	$763.57
25035	090	$1,232.72
25040	090	$1,197.78
25065	010	$538.29
25066	090	$764.32
25071	090	$910.79
25073	090	$1,135.32
25075	090	$1,014.13
25076	090	$1,101.12

CPT CODE	FUD	MAXIMUM FEE
25077	090	$1,893.69
25078	090	$2,492.21
25085	090	$956.14
25100	090	$733.83
25101	090	$856.51
25105	090	$1,025.29
25107	090	$1,309.30
25109	090	$1,143.50
25110	090	$727.89
25111	090	$680.30
25112	090	$821.57
25115	090	$1,614.88
25116	090	$1,275.10
25118	090	$810.42
25119	090	$1,051.31
25120	090	$1,057.26
25125	090	$1,237.18
25126	090	$1,266.18
25130	090	$947.96
25135	090	$1,178.45
25136	090	$1,042.39
25145	090	$1,101.87
25150	090	$1,205.96
25151	090	$1,243.13
25170	090	$3,173.26
25210	090	$1,035.70
25215	090	$1,313.76
25230	090	$919.71
25240	090	$908.56
25246	000	$342.75
25248	090	$885.51
25250	090	$1,113.76
25251	090	$1,530.87
25259	090	$881.05
25260	090	$1,340.53
25263	090	$1,321.94
25265	090	$1,594.81

CPT CODE	FUD	MAXIMUM FEE
25270	090	$1,040.16
25272	090	$1,176.22
25274	090	$1,413.39
25275	090	$1,430.49
25280	090	$1,197.78
25290	090	$927.89
25295	090	$1,113.02
25300	090	$1,451.31
25301	090	$1,369.53
25310	090	$1,318.97
25312	090	$1,523.43
25315	090	$1,645.37
25316	090	$1,953.92
25320	090	$2,101.87
25332	090	$1,794.07
25335	090	$1,723.43
25337	090	$1,893.69
25350	090	$1,434.96
25355	090	$1,605.22
25360	090	$1,392.58
25365	090	$1,947.97
25370	090	$2,150.20
25375	090	$2,037.19
25390	090	$1,640.16
25391	090	$2,130.13
25392	090	$1,857.26
25393	090	$2,418.61
25394	090	$1,663.95
25400	090	$1,714.51
25405	090	$2,214.14
25415	090	$2,057.26
25420	090	$2,495.19
25425	090	$2,059.50
25426	090	$2,405.97
25430	090	$1,561.35
25431	090	$1,678.08
25440	090	$1,633.47

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CPT CODE	FUD	MAXIMUM FEE
25441	090	$1,991.84
25442	090	$1,717.49
25443	090	$1,669.16
25444	090	$1,765.07
25445	090	$1,539.05
25446	090	$2,498.90
25447	090	$1,762.84
25449	090	$2,204.48
25450	090	$1,104.84
25455	090	$1,308.56
25490	090	$1,535.33
25491	090	$1,579.94
25492	090	$1,933.10
25500	090	$577.70
25505	090	$1,065.44
25515	090	$1,426.78
25520	090	$1,186.63
25525	090	$1,673.62
25526	090	$2,031.24
25530	090	$553.91
25535	090	$1,036.44
25545	090	$1,327.15
25560	090	$586.62
25565	090	$1,100.38
25574	090	$1,433.47
25575	090	$1,923.43
25600	090	$692.94
25605	090	$1,156.89
25606	090	$1,412.65
25607	090	$1,566.55
25608	090	$1,756.89
25609	090	$2,234.22
25622	090	$642.38
25624	090	$1,006.70
25628	090	$1,536.07
25630	090	$644.61
25635	090	$901.87

CPT CODE	FUD	MAXIMUM FEE
25645	090	$1,208.93
25650	090	$676.59
25651	090	$1,029.75
25652	090	$1,329.38
25660	090	$865.43
25670	090	$1,291.46
25671	090	$1,128.63
25675	090	$917.48
25676	090	$1,335.33
25680	090	$1,004.47
25685	090	$1,563.58
25690	090	$1,011.90
25695	090	$1,351.68
25800	090	$1,559.86
25805	090	$1,804.47
25810	090	$1,849.08
25820	090	$1,307.82
25825	090	$1,611.16
25830	090	$2,010.42
25900	090	$1,510.79
25905	090	$1,383.65
25907	090	$1,240.90
25909	090	$1,462.46
25915	090	$2,521.95
25920	090	$1,480.31
25922	090	$1,222.31
25924	090	$1,298.15
25927	090	$1,729.38
25929	090	$1,260.23
25931	090	$1,413.39
25999	YYY	$0.00
26010	010	$556.14
26011	010	$821.57
26020	090	$921.94
26025	090	$898.15
26030	090	$1,046.10
26034	090	$1,142.76

CPT CODE	FUD	MAXIMUM FEE
26035	090	$1,819.34
26037	090	$1,207.44
26040	090	$660.97
26045	090	$997.03
26055	090	$1,176.96
26060	090	$562.09
26070	090	$666.18
26075	090	$706.33
26080	090	$829.00
26100	090	$708.56
26105	090	$707.07
26110	090	$681.79
26111	090	$889.97
26113	090	$1,167.30
26115	090	$1,065.44
26116	090	$1,121.94
26117	090	$1,597.04
26118	090	$2,243.88
26121	090	$1,270.64
26123	090	$1,775.48
26125	ZZZ	$588.11
26130	090	$984.39
26135	090	$1,168.04
26140	090	$1,071.38
26145	090	$1,087.74
26160	090	$1,211.16
26170	090	$859.49
26180	090	$939.78
26185	090	$1,154.66
26200	090	$956.88
26205	090	$1,285.51
26210	090	$939.04
26215	090	$1,200.75
26230	090	$1,060.23
26235	090	$1,049.08
26236	090	$938.30
26250	090	$2,299.65

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CPT CODE	FUD	MAXIMUM FEE
26260	090	$1,707.82
26262	090	$1,331.61
26320	090	$736.81
26340	090	$707.07
26341	010	$208.92
26350	090	$1,488.49
26352	090	$1,717.49
26356	090	$1,859.49
26357	090	$1,829.01
26358	090	$2,032.73
26370	090	$1,584.40
26372	090	$1,845.37
26373	090	$1,772.50
26390	090	$1,761.35
26392	090	$2,032.73
26410	090	$1,182.91
26412	090	$1,426.03
26415	090	$1,612.65
26416	090	$1,520.46
26418	090	$1,206.70
26420	090	$1,480.31
26426	090	$1,064.69
26428	090	$1,580.68
26432	090	$1,042.39
26433	090	$1,110.79
26434	090	$1,355.40
26437	090	$1,302.61
26440	090	$1,292.95
26442	090	$2,020.09
26445	090	$1,203.73
26449	090	$1,475.85
26450	090	$854.28
26455	090	$840.90
26460	090	$824.54
26471	090	$1,283.28
26474	090	$1,259.49
26476	090	$1,208.93

CPT CODE	FUD	MAXIMUM FEE
26477	090	$1,213.39
26478	090	$1,297.41
26479	090	$1,280.31
26480	090	$1,570.27
26483	090	$1,765.81
26485	090	$1,689.98
26489	090	$1,908.56
26490	090	$1,647.60
26492	090	$1,828.27
26494	090	$1,655.03
26496	090	$1,798.53
26497	090	$1,823.06
26498	090	$2,412.66
26499	090	$1,746.48
26500	090	$1,302.61
26502	090	$1,457.26
26508	090	$1,345.74
26510	090	$1,240.90
26516	090	$1,463.95
26517	090	$1,730.87
26518	090	$1,727.89
26520	090	$1,359.12
26525	090	$1,360.61
26530	090	$1,140.53
26531	090	$1,327.15
26535	090	$894.43
26536	090	$1,489.97
26540	090	$1,373.99
26541	090	$1,678.82
26542	090	$1,417.11
26545	090	$1,443.13
26546	090	$2,082.54
26548	090	$1,591.09
26550	090	$3,266.20
26551	090	$6,061.01
26553	090	$6,988.90
26554	090	$7,049.87

CPT CODE	FUD	MAXIMUM FEE
26555	090	$2,834.22
26556	090	$7,261.76
26560	090	$1,172.50
26561	090	$1,954.66
26562	090	$2,839.43
26565	090	$1,416.37
26567	090	$1,424.55
26568	090	$1,890.72
26580	090	$3,095.93
26587	090	$1,942.02
26590	090	$2,859.50
26591	090	$909.30
26593	090	$1,252.80
26596	090	$1,582.17
26600	090	$620.82
26605	090	$679.56
26607	090	$965.81
26608	090	$1,011.90
26615	090	$1,226.03
26641	090	$776.96
26645	090	$892.94
26650	090	$1,014.13
26665	090	$1,347.22
26670	090	$715.99
26675	090	$956.14
26676	090	$1,062.46
26685	090	$1,226.03
26686	090	$1,330.12
26700	090	$680.30
26705	090	$881.79
26706	090	$934.58
26715	090	$1,216.37
26720	090	$417.85
26725	090	$711.53
26727	090	$995.55
26735	090	$1,269.15
26740	090	$485.51

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CPT CODE	FUD	MAXIMUM FEE
26742	090	$778.44
26746	090	$1,579.19
26750	090	$388.11
26755	090	$661.72
26756	090	$885.51
26765	090	$1,064.69
26770	090	$579.93
26775	090	$808.18
26776	090	$939.04
26785	090	$1,164.32
26820	090	$1,652.06
26841	090	$1,519.71
26842	090	$1,646.11
26843	090	$1,551.68
26844	090	$1,699.64
26850	090	$1,446.85
26852	090	$1,665.44
26860	090	$1,179.93
26861	ZZZ	$221.56
26862	090	$1,519.71
26863	ZZZ	$494.43
26910	090	$1,510.05
26951	090	$1,368.78
26952	090	$1,350.20
26989	YYY	$0.00
26990	090	$1,332.35
26991	090	$1,491.46
26992	090	$2,048.34
27000	090	$887.74
27001	090	$1,144.25
27003	090	$1,270.64
27005	090	$1,544.99
27006	090	$1,569.53
27025	090	$1,955.41
27027	090	$1,925.67
27030	090	$2,002.25
27033	090	$2,079.57

CPT CODE	FUD	MAXIMUM FEE
27035	090	$2,458.01
27036	090	$2,159.12
27040	010	$729.37
27041	090	$1,473.62
27043	090	$1,008.19
27045	090	$1,605.96
27047	090	$992.57
27048	090	$1,309.30
27049	090	$2,893.70
27050	090	$817.85
27052	090	$1,230.49
27054	090	$1,461.72
27057	090	$2,171.02
27059	090	$3,906.35
27060	090	$987.37
27062	090	$973.99
27065	090	$1,090.71
27066	090	$1,731.61
27067	090	$2,191.09
27070	090	$1,809.68
27071	090	$1,958.38
27075	090	$4,499.66
27076	090	$5,430.52
27077	090	$6,105.62
27078	090	$4,431.26
27080	090	$1,096.66
27086	010	$614.13
27087	090	$1,338.30
27090	090	$1,774.73
27091	090	$3,426.79
27093	000	$397.03
27095	000	$510.78
27096	000	$341.27
27097	090	$1,437.19
27098	090	$1,427.52
27100	090	$1,747.97
27105	090	$1,853.55

CPT CODE	FUD	MAXIMUM FEE
27110	090	$2,069.16
27111	090	$1,924.92
27120	090	$2,787.38
27122	090	$2,353.92
27125	090	$2,429.01
27130	090	$2,908.57
27132	090	$3,592.59
27134	090	$4,114.53
27137	090	$3,160.62
27138	090	$3,284.04
27140	090	$1,912.28
27146	090	$2,758.39
27147	090	$3,156.90
27151	090	$3,407.46
27156	090	$3,685.53
27158	090	$3,055.79
27161	090	$2,602.25
27165	090	$2,945.00
27170	090	$2,519.72
27175	090	$1,427.52
27176	090	$1,924.92
27177	090	$2,387.38
27178	090	$1,965.07
27179	090	$2,089.98
27181	090	$2,062.47
27185	090	$1,300.38
27187	090	$2,121.95
27193	090	$1,002.98
27194	090	$1,510.05
27200	090	$382.90
27202	090	$1,131.61
27215	090	$1,334.58
27216	090	$1,977.71
27217	090	$1,855.78
27218	090	$2,565.08
27220	090	$1,130.86
27222	090	$2,089.24

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CPT CODE	FUD	MAXIMUM FEE
27226	090	$2,263.21
27227	090	$3,559.88
27228	090	$4,059.51
27230	090	$1,009.67
27232	090	$1,609.68
27235	090	$1,947.23
27236	090	$2,564.33
27238	090	$979.93
27240	090	$2,047.60
27244	090	$2,639.43
27245	090	$2,638.68
27246	090	$820.08
27248	090	$1,589.60
27250	000	$387.36
27252	090	$1,622.32
27253	090	$2,012.65
27254	090	$2,716.01
27256	010	$634.95
27257	010	$778.44
27258	090	$2,379.20
27259	090	$3,333.85
27265	090	$846.85
27266	090	$1,241.65
27267	090	$926.40
27268	090	$1,136.07
27269	090	$2,660.24
27275	010	$387.36
27279	090	$1,489.97
27280	090	$2,933.85
27282	090	$1,764.33
27284	090	$3,343.52
27286	090	$3,507.09
27290	090	$3,453.56
27295	090	$2,702.62
27299	YYY	$0.00
27301	090	$1,426.78
27303	090	$1,360.61

CPT CODE	FUD	MAXIMUM FEE
27305	090	$1,026.03
27306	090	$756.88
27307	090	$983.65
27310	090	$1,562.09
27323	010	$574.73
27324	090	$851.31
27325	090	$1,166.55
27326	090	$1,106.33
27327	090	$975.47
27328	090	$1,328.63
27329	090	$2,221.58
27330	090	$892.20
27331	090	$1,012.65
27332	090	$1,367.30
27333	090	$1,250.57
27334	090	$1,458.75
27335	090	$1,630.50
27337	090	$896.66
27339	090	$1,615.63
27340	090	$792.57
27345	090	$1,025.29
27347	090	$1,130.12
27350	090	$1,389.60
27355	090	$1,284.02
27356	090	$1,572.50
27357	090	$1,739.05
27358	ZZZ	$597.77
27360	090	$1,817.11
27364	090	$3,354.67
27365	090	$4,445.39
27370	000	$327.88
27372	090	$1,286.26
27380	090	$1,266.18
27381	090	$1,700.38
27385	090	$1,225.29
27386	090	$1,770.27
27390	090	$954.65

CPT CODE	FUD	MAXIMUM FEE
27391	090	$1,231.24
27392	090	$1,516.00
27393	090	$1,080.31
27394	090	$1,358.37
27395	090	$1,878.82
27396	090	$1,315.25
27397	090	$1,931.61
27400	090	$1,483.28
27403	090	$1,366.55
27405	090	$1,439.42
27407	090	$1,660.24
27409	090	$2,038.68
27412	090	$3,546.50
27415	090	$2,937.57
27416	090	$2,094.44
27418	090	$1,771.02
27420	090	$1,589.60
27422	090	$1,584.40
27424	090	$1,599.27
27425	090	$955.40
27427	090	$1,520.46
27428	090	$2,382.92
27429	090	$2,664.70
27430	090	$1,579.19
27435	090	$1,722.69
27437	090	$1,411.16
27438	090	$1,797.04
27440	090	$1,707.08
27441	090	$1,759.86
27442	090	$1,858.75
27443	090	$1,724.92
27445	090	$2,674.37
27446	090	$2,485.52
27447	090	$2,907.83
27448	090	$1,658.01
27450	090	$2,162.10
27454	090	$2,788.13

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CPT CODE	FUD	MAXIMUM FEE
27455	090	$2,014.14
27457	090	$2,025.29
27465	090	$2,647.60
27466	090	$2,523.44
27468	090	$2,638.68
27470	090	$2,517.49
27472	090	$2,705.60
27475	090	$1,414.14
27477	090	$1,562.84
27479	090	$1,687.00
27485	090	$1,432.72
27486	090	$3,016.38
27487	090	$3,772.52
27488	090	$2,572.51
27495	090	$2,415.63
27496	090	$1,155.40
27497	090	$1,235.70
27498	090	$1,379.19
27499	090	$1,489.97
27500	090	$1,104.10
27501	090	$1,072.87
27502	090	$1,634.96
27503	090	$1,716.00
27506	090	$2,866.94
27507	090	$2,084.03
27508	090	$1,116.74
27509	090	$1,369.53
27510	090	$1,458.00
27511	090	$2,136.82
27513	090	$2,661.73
27514	090	$2,072.13
27516	090	$1,081.05
27517	090	$1,441.65
27519	090	$1,910.80
27520	090	$684.02
27524	090	$1,608.19
27530	090	$639.41

CPT CODE	FUD	MAXIMUM FEE
27532	090	$1,309.30
27535	090	$1,922.69
27536	090	$2,550.21
27538	090	$1,002.98
27540	090	$1,730.87
27550	090	$1,072.13
27552	090	$1,334.58
27556	090	$1,873.62
27557	090	$2,248.34
27558	090	$2,552.44
27560	090	$765.81
27562	090	$998.52
27566	090	$1,907.82
27570	010	$322.68
27580	090	$3,078.09
27590	090	$1,740.53
27591	090	$2,064.70
27592	090	$1,477.33
27594	090	$1,094.43
27596	090	$1,565.07
27598	090	$1,562.09
27599	YYY	$0.00
27600	090	$884.02
27601	090	$949.45
27602	090	$1,062.46
27603	090	$1,129.38
27604	090	$1,054.28
27605	010	$726.40
27606	010	$605.95
27607	090	$1,298.89
27610	090	$1,392.58
27612	090	$1,189.60
27613	010	$535.32
27614	090	$1,231.24
27615	090	$2,194.07
27616	090	$2,727.16
27618	090	$954.65

CPT CODE	FUD	MAXIMUM FEE
27619	090	$1,002.98
27620	090	$970.27
27625	090	$1,252.05
27626	090	$1,321.20
27630	090	$1,194.80
27632	090	$888.48
27634	090	$1,471.39
27635	090	$1,255.77
27637	090	$1,601.50
27638	090	$1,632.73
27640	090	$1,785.14
27641	090	$1,430.49
27645	090	$3,808.21
27646	090	$3,300.40
27647	090	$2,188.86
27648	000	$347.21
27650	090	$1,408.19
27652	090	$1,461.72
27654	090	$1,513.02
27656	090	$1,350.20
27658	090	$797.03
27659	090	$1,029.75
27664	090	$771.01
27665	090	$879.56
27675	090	$1,040.16
27676	090	$1,289.23
27680	090	$918.22
27681	090	$1,162.83
27685	090	$1,416.37
27686	090	$1,192.57
27687	090	$970.27
27690	090	$1,345.74
27691	090	$1,601.50
27692	ZZZ	$225.28
27695	090	$1,015.62
27696	090	$1,188.86
27698	090	$1,371.76

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CPT CODE	FUD	MAXIMUM FEE
27700	090	$1,271.39
27702	090	$2,069.16
27703	090	$2,376.23
27704	090	$1,232.72
27705	090	$1,624.55
27707	090	$861.72
27709	090	$2,501.13
27712	090	$2,358.38
27715	090	$2,293.70
27720	090	$1,872.13
27722	090	$1,880.31
27724	090	$2,711.54
27725	090	$2,584.41
27726	090	$2,072.13
27727	090	$2,220.83
27730	090	$1,218.60
27732	090	$866.18
27734	090	$1,402.24
27740	090	$1,513.77
27742	090	$1,652.06
27745	090	$1,614.88
27750	090	$733.83
27752	090	$1,142.76
27756	090	$1,222.31
27758	090	$1,905.59
27759	090	$2,139.05
27760	090	$706.33
27762	090	$1,008.19
27766	090	$1,304.84
27767	090	$595.54
27768	090	$936.81
27769	090	$1,561.35
27780	090	$649.08
27781	090	$895.92
27784	090	$1,530.87
27786	090	$669.89
27788	090	$892.94

CPT CODE	FUD	MAXIMUM FEE
27792	090	$1,395.55
27808	090	$707.81
27810	090	$990.34
27814	090	$1,651.31
27816	090	$678.07
27818	090	$1,026.77
27822	090	$1,797.78
27823	090	$2,042.39
27824	090	$665.43
27825	090	$1,158.37
27826	090	$1,777.71
27827	090	$2,311.54
27828	090	$2,772.51
27829	090	$1,460.98
27830	090	$808.18
27831	090	$834.95
27832	090	$1,617.86
27840	090	$782.16
27842	090	$1,057.26
27846	090	$1,552.43
27848	090	$1,736.07
27860	010	$373.98
27870	090	$2,207.45
27871	090	$1,462.46
27880	090	$1,991.84
27881	090	$1,883.29
27882	090	$1,305.59
27884	090	$1,249.82
27886	090	$1,427.52
27888	090	$1,472.13
27889	090	$1,411.91
27892	090	$1,185.14
27893	090	$1,291.46
27894	090	$1,833.47
27899	YYY	$0.00
28001	010	$591.83
28002	010	$947.22

CPT CODE	FUD	MAXIMUM FEE
28003	090	$1,517.48
28005	090	$1,237.18
28008	090	$924.91
28010	090	$495.17
28011	090	$688.48
28020	090	$1,160.60
28022	090	$1,047.59
28024	090	$989.60
28035	090	$1,127.89
28039	090	$1,094.43
28041	090	$988.11
28043	090	$857.26
28045	090	$1,062.46
28046	090	$1,564.32
28047	090	$2,296.67
28050	090	$910.79
28052	090	$961.35
28054	090	$840.16
28055	090	$802.24
28060	090	$1,112.28
28062	090	$1,257.26
28070	090	$1,144.25
28072	090	$1,086.25
28080	090	$1,123.43
28086	090	$1,176.96
28088	090	$961.35
28090	090	$1,010.42
28092	090	$907.81
28100	090	$1,302.61
28102	090	$1,292.95
28103	090	$837.92
28104	090	$1,132.35
28106	090	$991.83
28107	090	$1,199.27
28108	090	$945.73
28110	090	$994.06
28111	090	$1,058.74

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CPT CODE	FUD	MAXIMUM FEE
28112	090	$1,050.57
28113	090	$1,269.15
28114	090	$2,304.11
28116	090	$1,619.34
28118	090	$1,274.36
28119	090	$1,127.89
28120	090	$1,455.03
28122	090	$1,284.77
28124	090	$1,023.06
28126	090	$849.82
28130	090	$1,371.76
28140	090	$1,284.02
28150	090	$918.22
28153	090	$883.28
28160	090	$904.84
28171	090	$1,813.40
28173	090	$1,633.47
28175	090	$1,046.10
28190	010	$550.19
28192	090	$1,011.90
28193	090	$1,137.56
28200	090	$1,051.31
28202	090	$1,281.05
28208	090	$1,017.11
28210	090	$1,229.01
28220	090	$965.81
28222	090	$1,086.25
28225	090	$879.56
28226	090	$1,302.61
28230	090	$933.84
28232	090	$831.98
28234	090	$877.33
28238	090	$1,439.42
28240	090	$948.71
28250	090	$1,249.08
28260	090	$1,472.87
28261	090	$2,101.87

CPT CODE	FUD	MAXIMUM FEE
28262	090	$3,152.44
28264	090	$2,145.74
28270	090	$1,055.03
28272	090	$847.59
28280	090	$1,112.28
28285	090	$1,147.22
28286	090	$971.01
28288	090	$1,298.15
28289	090	$1,571.02
28290	090	$1,264.69
28292	090	$1,691.46
28293	090	$2,246.86
28294	090	$1,649.08
28296	090	$1,528.64
28297	090	$1,742.02
28298	090	$1,548.71
28299	090	$1,921.95
28300	090	$1,396.29
28302	090	$1,530.12
28304	090	$1,772.50
28305	090	$1,426.03
28306	090	$1,318.23
28307	090	$1,462.46
28308	090	$1,214.14
28309	090	$1,939.79
28310	090	$1,175.47
28312	090	$1,093.69
28313	090	$1,136.07
28315	090	$1,034.21
28320	090	$1,306.33
28322	090	$1,695.92
28340	090	$1,241.65
28341	090	$1,440.16
28344	090	$1,005.96
28345	090	$1,121.20
28360	090	$1,971.02
28400	090	$529.37

CPT CODE	FUD	MAXIMUM FEE
28405	090	$839.41
28406	090	$1,116.74
28415	090	$2,368.05
28420	090	$2,688.50
28430	090	$504.84
28435	090	$678.07
28436	090	$958.37
28445	090	$2,275.11
28446	090	$2,594.07
28450	090	$460.23
28455	090	$617.11
28456	090	$681.05
28465	090	$1,333.10
28470	090	$466.92
28475	090	$547.96
28476	090	$751.68
28485	090	$1,122.69
28490	090	$310.04
28495	090	$379.19
28496	090	$939.78
28505	090	$1,430.49
28510	090	$263.94
28515	090	$344.24
28525	090	$1,214.88
28530	090	$246.10
28531	090	$742.01
28540	090	$441.64
28545	090	$622.31
28546	090	$1,196.29
28555	090	$1,888.49
28570	090	$474.35
28575	090	$778.44
28576	090	$832.72
28585	090	$1,831.24
28600	090	$465.43
28605	090	$694.43
28606	090	$844.62

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CPT CODE	FUD	MAXIMUM FEE
28615	090	$1,689.23
28630	010	$334.58
28635	010	$372.49
28636	010	$608.18
28645	090	$1,409.68
28660	010	$248.33
28665	010	$327.88
28666	010	$400.75
28675	090	$1,252.80
28705	090	$2,686.27
28715	090	$2,008.19
28725	090	$1,665.44
28730	090	$1,568.79
28735	090	$1,673.62
28737	090	$1,476.59
28740	090	$1,815.63
28750	090	$1,745.74
28755	090	$1,092.20
28760	090	$1,694.44
28800	090	$1,165.06
28805	090	$1,576.96
28810	090	$930.12
28820	090	$1,217.11
28825	090	$1,160.60
28890	090	$689.97
28899	YYY	$0.00
29000	000	$613.39
29010	000	$505.58
29015	000	$605.95
29035	000	$414.13
29040	000	$480.30
29044	000	$601.49
29046	000	$516.73
29049	000	$178.44
29055	000	$474.35
29058	000	$260.23
29065	000	$204.46

CPT CODE	FUD	MAXIMUM FEE
29075	000	$184.39
29085	000	$202.98
29086	000	$166.54
29105	000	$186.62
29125	000	$136.80
29126	000	$162.83
29130	000	$86.99
29131	000	$107.81
29200	000	$62.45
29240	000	$60.97
29260	000	$61.71
29280	000	$62.45
29305	000	$526.40
29325	000	$579.19
29345	000	$289.97
29355	000	$299.63
29358	000	$342.01
29365	000	$260.97
29405	000	$173.98
29425	000	$167.29
29435	000	$247.59
29440	000	$92.94
29445	000	$286.25
29450	000	$304.84
29505	000	$176.95
29515	000	$152.42
29520	000	$66.17
29530	000	$60.97
29540	000	$55.02
29550	000	$40.15
29580	000	$111.53
29581	000	$130.11
29582	000	$147.96
29583	000	$92.19
29584	000	$147.96
29700	000	$133.09
29705	000	$142.01

CPT CODE	FUD	MAXIMUM FEE
29710	000	$259.48
29720	000	$180.67
29730	000	$137.55
29740	000	$211.90
29750	000	$189.59
29799	YYY	$0.00
29800	090	$1,090.71
29804	090	$1,382.91
29805	090	$1,009.67
29806	090	$2,274.37
29807	090	$2,219.35
29819	090	$1,253.54
29820	090	$1,142.02
29821	090	$1,247.59
29822	090	$1,211.91
29823	090	$1,322.69
29824	090	$1,426.03
29825	090	$1,234.95
29826	ZZZ	$378.44
29827	090	$2,260.98
29828	090	$1,950.94
29830	090	$968.04
29834	090	$1,037.93
29835	090	$1,081.05
29836	090	$1,215.62
29837	090	$1,117.48
29838	090	$1,253.54
29840	090	$967.29
29843	090	$1,034.95
29844	090	$1,057.26
29845	090	$1,228.26
29846	090	$1,109.30
29847	090	$1,138.30
29848	090	$1,089.97
29850	090	$1,320.46
29851	090	$1,893.69
29855	090	$1,673.62

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CPT CODE	FUD	MAXIMUM FEE
29856	090	$2,136.08
29860	090	$1,413.39
29861	090	$1,539.05
29862	090	$1,726.41
29863	090	$1,726.41
29866	090	$2,232.73
29867	090	$2,708.57
29868	090	$3,443.89
29870	090	$1,243.13
29871	090	$1,101.12
29873	090	$1,121.94
29874	090	$1,149.45
29875	090	$1,059.49
29876	090	$1,408.93
29877	090	$1,331.61
29879	090	$1,417.85
29880	090	$1,202.98
29881	090	$1,159.12
29882	090	$1,500.38
29883	090	$1,802.24
29884	090	$1,315.25
29885	090	$1,608.93
29886	090	$1,364.32
29887	090	$1,598.53
29888	090	$2,113.03
29889	090	$2,618.61
29891	090	$1,448.34
29892	090	$1,246.11
29893	090	$1,308.56
29894	090	$1,072.13
29895	090	$1,020.83
29897	090	$1,084.77
29898	090	$1,211.16
29899	090	$2,218.60
29900	090	$971.01
29901	090	$1,139.04
29902	090	$1,197.78

CPT CODE	FUD	MAXIMUM FEE
29904	090	$1,366.55
29905	090	$1,467.67
29906	090	$1,542.76
29907	090	$1,878.08
29914	090	$2,130.87
29915	090	$2,167.30
29916	090	$2,170.28
29999	YYY	$0.00
30000	010	$489.22
30020	010	$495.91
30100	000	$300.37
30110	010	$490.71
30115	090	$921.20
30117	090	$1,866.93
30118	090	$1,638.67
30120	090	$1,104.10
30124	090	$608.93
30125	090	$1,295.18
30130	090	$810.42
30140	090	$938.30
30150	090	$1,640.16
30160	090	$1,644.62
30200	000	$242.38
30210	010	$318.96
30220	010	$645.36
30300	010	$395.54
30310	010	$439.41
30320	090	$944.99
30400	090	$2,151.69
30410	090	$2,517.49
30420	090	$2,918.24
30430	090	$2,044.63
30435	090	$2,363.59
30450	090	$3,184.41
30460	090	$1,517.48
30462	090	$3,317.50
30465	090	$2,087.75

CPT CODE	FUD	MAXIMUM FEE
30520	090	$1,327.15
30540	090	$1,475.85
30545	090	$1,872.88
30560	010	$571.75
30580	090	$1,394.81
30600	090	$1,255.77
30620	090	$1,328.63
30630	090	$1,324.92
30801	010	$487.74
30802	010	$618.59
30901	000	$202.23
30903	000	$469.15
30905	000	$575.47
30906	000	$740.53
30915	090	$1,226.78
30920	090	$1,779.94
30930	010	$262.46
30999	YYY	$0.00
31000	010	$391.08
31002	010	$411.90
31020	090	$1,031.23
31030	090	$1,473.62
31032	090	$1,224.54
31040	090	$1,623.80
31050	090	$1,037.18
31051	090	$1,373.99
31070	090	$936.07
31075	090	$1,673.62
31080	090	$2,207.45
31081	090	$3,150.21
31084	090	$2,466.93
31085	090	$3,359.88
31086	090	$2,402.25
31087	090	$2,307.82
31090	090	$2,181.43
31200	090	$1,205.96
31201	090	$1,575.48

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CPT CODE	FUD	MAXIMUM FEE
31205	090	$1,896.67
31225	090	$4,001.52
31230	090	$4,443.16
31231	000	$446.10
31233	000	$559.11
31235	000	$637.18
31237	000	$550.93
31238	000	$550.19
31239	010	$1,310.05
31240	000	$345.73
31254	000	$585.88
31255	000	$858.74
31256	000	$424.54
31267	000	$681.79
31276	000	$1,084.02
31287	000	$498.15
31288	000	$576.96
31290	010	$2,477.34
31291	010	$2,643.14
31292	010	$2,143.51
31293	010	$2,325.67
31294	010	$2,658.01
31295	000	$4,339.81
31296	000	$4,424.57
31297	000	$4,345.76
31299	YYY	$0.00
31300	090	$2,797.79
31320	090	$1,478.08
31360	090	$4,536.84
31365	090	$5,598.56
31367	090	$4,807.47
31368	090	$5,364.35
31370	090	$4,530.15
31375	090	$4,275.87
31380	090	$4,232.00
31382	090	$4,661.00
31390	090	$6,243.91

CPT CODE	FUD	MAXIMUM FEE
31395	090	$6,599.31
31400	090	$2,102.62
31420	090	$1,783.66
31500	000	$234.95
31502	000	$75.09
31505	000	$176.95
31510	000	$449.07
31511	000	$451.30
31512	000	$436.43
31513	000	$284.02
31515	000	$394.06
31520	000	$336.81
31525	000	$540.52
31526	000	$339.78
31527	000	$419.33
31528	000	$312.27
31529	000	$349.45
31530	000	$427.51
31531	000	$459.48
31535	000	$409.67
31536	000	$455.77
31540	000	$522.68
31541	000	$571.01
31545	000	$783.65
31546	000	$1,192.57
31560	000	$677.33
31561	000	$742.01
31570	000	$725.66
31571	000	$540.52
31575	000	$243.12
31576	000	$478.07
31577	000	$515.99
31578	000	$595.54
31579	000	$449.07
31580	090	$2,611.92
31582	090	$4,053.56
31584	090	$3,237.20

CPT CODE	FUD	MAXIMUM FEE
31587	090	$2,143.51
31588	090	$2,437.19
31590	090	$1,913.03
31595	090	$1,634.96
31599	YYY	$0.00
31600	000	$855.77
31601	000	$543.50
31603	000	$481.79
31605	000	$395.54
31610	090	$1,530.87
31611	090	$1,154.66
31612	000	$179.18
31613	090	$972.50
31614	090	$1,615.63
31615	000	$388.11
31622	000	$644.61
31623	000	$701.12
31624	000	$663.95
31625	000	$838.67
31626	000	$1,924.92
31627	ZZZ	$2,988.13
31628	000	$883.28
31629	000	$1,053.54
31630	000	$429.74
31631	000	$494.43
31632	ZZZ	$158.37
31633	ZZZ	$195.54
31634	000	$3,933.86
31635	000	$739.04
31636	000	$475.84
31637	ZZZ	$159.11
31638	000	$543.50
31640	000	$546.47
31641	000	$553.91
31643	000	$379.19
31645	000	$685.51
31646	000	$614.87

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CPT CODE	FUD	MAXIMUM FEE
31647	000	$475.10
31648	000	$439.41
31649	ZZZ	$149.44
31651	ZZZ	$170.26
31652	000	$1,911.54
31653	000	$2,031.99
31654	ZZZ	$304.84
31660	000	$449.82
31661	000	$472.12
31717	000	$551.68
31720	000	$110.04
31725	000	$191.82
31730	000	$2,604.48
31750	090	$3,024.56
31755	090	$3,788.88
31760	090	$3,005.23
31766	090	$3,855.79
31770	090	$2,892.96
31775	090	$2,790.36
31780	090	$2,542.03
31781	090	$3,112.29
31785	090	$2,336.82
31786	090	$3,103.37
31800	090	$1,576.22
31805	090	$1,781.43
31820	090	$927.89
31825	090	$1,282.54
31830	090	$947.96
31899	YYY	$0.00
32035	090	$1,548.71
32036	090	$1,672.88
32096	090	$1,738.30
32097	090	$1,737.56
32098	090	$1,648.34
32100	090	$1,745.74
32110	090	$3,154.67
32120	090	$1,878.08

CPT CODE	FUD	MAXIMUM FEE
32124	090	$1,997.78
32140	090	$2,151.69
32141	090	$3,293.71
32150	090	$2,168.05
32151	090	$2,164.33
32160	090	$1,701.13
32200	090	$2,451.32
32215	090	$1,718.97
32220	090	$3,417.87
32225	090	$2,146.48
32310	090	$1,965.07
32320	090	$3,448.35
32400	000	$321.19
32405	000	$951.68
32440	090	$3,381.44
32442	090	$6,924.22
32445	090	$7,662.51
32480	090	$3,191.10
32482	090	$3,414.90
32484	090	$3,104.11
32486	090	$5,085.54
32488	090	$5,170.30
32491	090	$3,183.67
32501	ZZZ	$530.86
32503	090	$3,905.61
32504	090	$4,456.54
32505	090	$2,012.65
32506	ZZZ	$339.78
32507	ZZZ	$339.04
32540	090	$3,750.21
32550	000	$1,655.03
32551	000	$365.80
32552	010	$395.54
32553	000	$1,252.80
32554	000	$423.80
32555	000	$613.39
32556	000	$1,142.76

CPT CODE	FUD	MAXIMUM FEE
32557	000	$1,091.46
32560	000	$517.48
32561	000	$197.03
32562	000	$177.70
32601	000	$666.92
32604	000	$1,043.13
32606	000	$1,000.01
32607	000	$667.66
32608	000	$818.59
32609	000	$559.86
32650	090	$1,436.44
32651	090	$2,367.30
32652	090	$3,591.85
32653	090	$2,287.01
32654	090	$2,559.13
32655	090	$2,064.70
32656	090	$1,733.84
32658	090	$1,541.28
32659	090	$1,579.19
32661	090	$1,730.12
32662	090	$1,927.15
32663	090	$3,028.28
32664	090	$1,840.16
32665	090	$2,646.12
32666	090	$1,881.06
32667	ZZZ	$340.52
32668	ZZZ	$339.78
32669	090	$2,910.80
32670	090	$3,460.99
32671	090	$3,829.03
32672	090	$3,292.22
32673	090	$2,633.48
32674	ZZZ	$467.66
32701	XXX	$469.89
32800	090	$2,041.65
32810	090	$1,947.23
32815	090	$6,048.37

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CPT CODE	FUD	MAXIMUM FEE
32820	090	$2,884.04
32850	XXX	$0.00
32851	090	$7,130.17
32852	090	$7,800.06
32853	090	$9,933.90
32854	090	$10,561.42
32855	XXX	$0.00
32856	XXX	$0.00
32900	090	$3,029.76
32905	090	$2,898.91
32906	090	$3,582.18
32940	090	$2,666.93
32960	000	$301.12
32997	000	$736.81
32998	000	$5,058.03
32999	YYY	$0.00
33010	000	$259.48
33011	000	$260.97
33015	090	$1,098.15
33020	090	$1,898.90
33025	090	$1,724.18
33030	090	$4,330.89
33031	090	$5,345.77
33050	090	$2,156.15
33120	090	$4,538.32
33130	090	$2,981.44
33140	090	$3,400.77
33141	ZZZ	$285.50
33202	090	$1,676.59
33203	090	$1,742.02
33206	090	$994.80
33207	090	$1,061.72
33208	090	$1,149.45
33210	000	$386.62
33211	000	$395.54
33212	090	$718.96
33213	090	$749.45

CPT CODE	FUD	MAXIMUM FEE
33214	090	$1,055.03
33215	090	$667.66
33216	090	$824.54
33217	090	$808.93
33218	090	$863.20
33220	090	$864.69
33221	090	$803.72
33222	090	$750.94
33223	090	$904.84
33224	000	$1,112.28
33225	ZZZ	$1,010.42
33226	000	$1,066.18
33227	090	$755.40
33228	090	$788.11
33229	090	$830.49
33230	090	$855.03
33231	090	$889.97
33233	090	$521.94
33234	090	$1,069.90
33235	090	$1,394.81
33236	090	$1,690.72
33237	090	$1,817.11
33238	090	$2,013.40
33240	090	$814.88
33241	090	$491.45
33243	090	$2,954.67
33244	090	$1,873.62
33249	090	$1,998.53
33250	090	$3,168.80
33251	090	$3,510.81
33254	090	$2,965.82
33255	090	$3,499.65
33256	090	$4,226.80
33257	ZZZ	$1,258.00
33258	ZZZ	$1,411.91
33259	ZZZ	$1,823.81
33261	090	$3,545.75

CPT CODE	FUD	MAXIMUM FEE
33262	090	$829.75
33263	090	$862.46
33264	090	$898.89
33265	090	$2,939.80
33266	090	$3,994.83
33270	090	$1,274.36
33271	090	$1,072.87
33272	090	$756.88
33273	090	$868.41
33282	090	$513.76
33284	090	$454.28
33300	090	$5,301.16
33305	090	$8,878.88
33310	090	$2,542.03
33315	090	$4,135.35
33320	090	$2,297.42
33321	090	$2,660.99
33322	090	$3,004.48
33330	090	$3,081.81
33335	090	$4,046.13
33361	000	$2,941.29
33362	000	$3,214.89
33363	000	$3,339.80
33364	000	$3,501.14
33365	000	$3,855.05
33366	000	$4,171.78
33367	ZZZ	$1,353.91
33368	ZZZ	$1,620.09
33369	ZZZ	$2,141.28
33400	090	$4,926.43
33401	090	$3,123.44
33403	090	$3,207.46
33404	090	$3,808.21
33405	090	$4,910.82
33406	090	$6,226.81
33410	090	$5,484.06
33411	090	$7,264.00

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CPT CODE	FUD	MAXIMUM FEE
33412	090	$6,870.68
33413	090	$7,040.95
33414	090	$4,683.31
33415	090	$4,381.45
33416	090	$4,397.80
33417	090	$3,627.54
33418	090	$3,885.53
33419	ZZZ	$914.51
33420	090	$3,156.90
33422	090	$3,619.36
33425	090	$5,917.52
33426	090	$5,153.94
33427	090	$5,289.26
33430	090	$6,054.32
33460	090	$5,285.54
33463	090	$6,689.27
33464	090	$5,283.31
33465	090	$5,966.59
33468	090	$5,339.82
33470	090	$2,805.23
33471	090	$2,998.54
33474	090	$4,742.79
33475	090	$5,042.42
33476	090	$3,311.55
33477	000	$2,793.33
33478	090	$3,421.59
33496	090	$3,616.38
33500	090	$3,389.62
33501	090	$2,451.32
33502	090	$2,775.49
33503	090	$2,884.78
33504	090	$3,188.87
33505	090	$4,495.20
33506	090	$4,475.87
33507	090	$3,754.68
33508	ZZZ	$34.94
33510	090	$4,180.70

CPT CODE	FUD	MAXIMUM FEE
33511	090	$4,594.83
33512	090	$5,223.09
33513	090	$5,374.02
33514	090	$5,656.55
33516	090	$5,907.11
33517	ZZZ	$405.95
33518	ZZZ	$892.20
33519	ZZZ	$1,179.93
33521	ZZZ	$1,414.88
33522	ZZZ	$1,587.37
33523	ZZZ	$1,805.22
33530	ZZZ	$1,140.53
33533	090	$4,043.15
33534	090	$4,757.66
33535	090	$5,304.87
33536	090	$5,719.00
33542	090	$5,686.29
33545	090	$6,709.34
33548	090	$6,410.46
33572	ZZZ	$499.63
33600	090	$3,739.81
33602	090	$3,629.77
33606	090	$4,046.87
33608	090	$3,918.25
33610	090	$3,863.97
33611	090	$4,468.44
33612	090	$4,365.09
33615	090	$4,347.24
33617	090	$4,710.82
33619	090	$5,935.36
33620	090	$3,594.08
33621	090	$2,026.78
33622	090	$7,895.97
33641	090	$3,571.03
33645	090	$3,768.80
33647	090	$3,960.62
33660	090	$3,827.54

CPT CODE	FUD	MAXIMUM FEE
33665	090	$4,170.29
33670	090	$4,300.40
33675	090	$4,297.43
33676	090	$4,637.21
33677	090	$4,817.88
33681	090	$4,003.00
33684	090	$4,324.20
33688	090	$4,106.35
33690	090	$2,609.69
33692	090	$4,493.71
33694	090	$4,468.44
33697	090	$4,478.84
33702	090	$3,365.08
33710	090	$4,701.15
33720	090	$3,366.57
33722	090	$3,539.80
33724	090	$3,352.44
33726	090	$4,430.52
33730	090	$4,366.58
33732	090	$3,586.64
33735	090	$2,818.61
33736	090	$3,059.50
33737	090	$2,939.80
33750	090	$2,746.49
33755	090	$2,863.96
33762	090	$2,913.78
33764	090	$2,863.96
33766	090	$2,898.91
33767	090	$3,095.19
33768	ZZZ	$908.56
33770	090	$4,860.26
33771	090	$5,011.19
33774	090	$3,916.76
33775	090	$4,222.34
33776	090	$4,461.00
33777	090	$4,321.97
33778	090	$5,375.51

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CPT CODE	FUD	MAXIMUM FEE
33779	090	$5,346.51
33780	090	$5,162.12
33781	090	$5,321.97
33782	090	$7,037.23
33783	090	$8,026.08
33786	090	$4,957.66
33788	090	$3,494.45
33800	090	$2,149.46
33802	090	$2,357.64
33803	090	$2,503.36
33813	090	$2,805.23
33814	090	$3,315.27
33820	090	$2,108.57
33822	090	$2,315.26
33824	090	$2,565.08
33840	090	$2,695.19
33845	090	$2,901.88
33851	090	$2,767.31
33852	090	$3,043.15
33853	090	$3,989.62
33860	090	$6,956.19
33863	090	$6,823.10
33864	090	$6,977.75
33870	090	$5,451.34
33875	090	$5,959.15
33877	090	$7,909.35
33880	090	$3,936.83
33881	090	$3,381.44
33883	090	$2,447.60
33884	ZZZ	$895.17
33886	090	$2,113.03
33889	000	$1,726.41
33891	000	$2,125.67
33910	090	$5,694.47
33915	090	$2,760.62
33916	090	$9,127.95
33917	090	$3,170.28

CPT CODE	FUD	MAXIMUM FEE
33920	090	$4,136.09
33922	090	$3,022.33
33924	ZZZ	$623.05
33925	090	$3,742.04
33926	090	$5,551.71
33930	XXX	$0.00
33933	XXX	$0.00
33935	090	$10,839.49
33940	XXX	$0.00
33944	XXX	$0.00
33945	090	$10,524.24
33946	XXX	$662.46
33947	XXX	$732.35
33948	XXX	$522.68
33949	XXX	$508.55
33951	000	$904.10
33952	000	$931.61
33953	000	$1,009.67
33954	000	$1,041.64
33955	000	$1,813.40
33956	000	$1,817.86
33957	000	$402.98
33958	000	$397.03
33959	000	$511.53
33962	000	$517.48
33963	000	$1,023.06
33964	000	$1,065.44
33965	000	$402.98
33966	000	$510.78
33967	000	$562.09
33968	000	$72.86
33969	000	$595.54
33970	000	$769.52
33971	090	$1,536.81
33973	000	$1,115.25
33974	090	$1,923.43
33975	XXX	$2,857.27

CPT CODE	FUD	MAXIMUM FEE
33976	XXX	$3,479.58
33977	XXX	$2,451.32
33978	XXX	$2,899.65
33979	XXX	$4,241.67
33980	XXX	$3,879.58
33981	XXX	$1,815.63
33982	XXX	$4,301.89
33983	XXX	$5,032.75
33984	000	$619.34
33985	000	$1,123.43
33986	000	$1,149.45
33987	ZZZ	$452.05
33988	000	$1,686.26
33989	000	$1,090.71
33990	XXX	$953.17
33991	XXX	$1,388.11
33992	XXX	$449.82
33993	XXX	$394.80
33999	YYY	$0.00
34001	090	$2,134.59
34051	090	$2,148.72
34101	090	$1,321.94
34111	090	$1,317.48
34151	090	$3,075.12
34201	090	$2,267.68
34203	090	$2,101.87
34401	090	$3,170.28
34421	090	$1,603.73
34451	090	$3,173.26
34471	090	$2,374.00
34490	090	$1,337.56
34501	090	$2,139.05
34502	090	$3,347.24
34510	090	$2,597.05
34520	090	$2,203.73
34530	090	$2,388.12
34800	090	$2,483.29

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CPT CODE	FUD	MAXIMUM FEE
34802	090	$2,739.80
34803	090	$2,831.25
34804	090	$2,736.08
34805	090	$2,621.58
34806	ZZZ	$220.08
34808	ZZZ	$455.02
34812	000	$741.27
34813	ZZZ	$520.45
34820	000	$1,080.31
34825	090	$1,527.89
34826	ZZZ	$451.30
34830	090	$3,880.33
34831	090	$4,180.70
34832	090	$4,152.45
34833	000	$1,337.56
34834	000	$599.26
34839	YYY	$0.00
34841	YYY	$0.00
34842	YYY	$0.00
34843	YYY	$0.00
34844	YYY	$0.00
34845	YYY	$0.00
34846	YYY	$0.00
34847	YYY	$0.00
34848	YYY	$0.00
34900	090	$1,968.79
35001	090	$2,462.47
35002	090	$2,498.90
35005	090	$2,372.51
35011	090	$2,204.48
35013	090	$2,756.15
35021	090	$2,733.85
35022	090	$3,044.63
35045	090	$2,180.69
35081	090	$3,843.90
35082	090	$4,829.03
35091	090	$3,947.24

CPT CODE	FUD	MAXIMUM FEE
35092	090	$5,718.26
35102	090	$4,161.37
35103	090	$4,943.53
35111	090	$3,339.06
35112	090	$4,027.54
35121	090	$3,614.15
35122	090	$4,697.43
35131	090	$3,055.04
35132	090	$3,588.87
35141	090	$2,435.71
35142	090	$2,911.55
35151	090	$2,735.34
35152	090	$3,081.81
35180	090	$2,031.99
35182	090	$3,888.51
35184	090	$2,289.24
35188	090	$2,513.77
35189	090	$3,368.80
35190	090	$1,669.16
35201	090	$2,078.83
35206	090	$1,699.64
35207	090	$1,625.29
35211	090	$2,993.33
35216	090	$4,455.05
35221	090	$3,179.21
35226	090	$1,828.27
35231	090	$2,655.04
35236	090	$2,150.20
35241	090	$2,997.05
35246	090	$3,426.05
35251	090	$3,722.70
35256	090	$2,238.68
35261	090	$2,323.44
35266	090	$1,913.03
35271	090	$2,981.44
35276	090	$3,165.08
35281	090	$3,547.98

CPT CODE	FUD	MAXIMUM FEE
35286	090	$2,056.52
35301	090	$2,490.73
35302	090	$2,478.09
35303	090	$2,742.77
35304	090	$2,827.53
35305	090	$2,707.83
35306	ZZZ	$1,007.44
35311	090	$3,203.00
35321	090	$1,958.38
35331	090	$3,190.36
35341	090	$3,008.94
35351	090	$2,819.35
35355	090	$2,281.80
35361	090	$3,384.41
35363	090	$3,843.90
35371	090	$1,804.47
35372	090	$2,162.10
35390	ZZZ	$350.19
35400	ZZZ	$327.88
35450	000	$1,111.53
35452	000	$749.45
35458	000	$1,082.54
35460	000	$689.22
35471	000	$5,417.14
35472	000	$3,901.89
35475	000	$3,303.37
35476	000	$3,028.28
35500	ZZZ	$701.12
35501	090	$3,287.76
35506	090	$2,808.20
35508	090	$2,985.15
35509	090	$3,105.60
35510	090	$2,710.80
35511	090	$2,469.16
35512	090	$2,686.27
35515	090	$3,153.18
35516	090	$2,689.24

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CPT CODE	FUD	MAXIMUM FEE
35518	090	$2,553.92
35521	090	$2,721.21
35522	090	$2,660.99
35523	090	$2,823.81
35525	090	$2,519.72
35526	090	$3,729.40
35531	090	$4,452.82
35533	090	$3,297.42
35535	090	$4,219.36
35536	090	$3,722.70
35537	090	$4,823.83
35538	090	$5,168.81
35539	090	$4,832.75
35540	090	$5,403.76
35556	090	$3,089.24
35558	090	$2,716.75
35560	090	$3,781.44
35563	090	$2,930.13
35565	090	$2,918.24
35566	090	$3,687.02
35570	090	$3,351.70
35571	090	$2,933.85
35572	ZZZ	$759.86
35583	090	$3,192.59
35585	090	$3,704.86
35587	090	$3,011.18
35600	ZZZ	$553.91
35601	090	$3,091.47
35606	090	$2,587.38
35612	090	$2,364.33
35616	090	$2,430.50
35621	090	$2,423.07
35623	090	$2,896.68
35626	090	$3,453.56
35631	090	$4,078.84
35632	090	$3,974.01
35633	090	$4,417.88

CPT CODE	FUD	MAXIMUM FEE
35634	090	$3,892.97
35636	090	$3,530.14
35637	090	$3,803.00
35638	090	$3,885.53
35642	090	$2,172.51
35645	090	$2,237.94
35646	090	$3,785.90
35647	090	$3,432.00
35650	090	$2,379.20
35654	090	$3,021.58
35656	090	$2,392.58
35661	090	$2,393.33
35663	090	$2,768.05
35665	090	$2,587.38
35666	090	$2,795.56
35671	090	$2,464.70
35681	ZZZ	$176.21
35682	ZZZ	$778.44
35683	ZZZ	$907.81
35685	ZZZ	$437.92
35686	ZZZ	$355.39
35691	090	$2,113.03
35693	090	$1,794.81
35694	090	$2,179.20
35695	090	$2,312.29
35697	ZZZ	$324.91
35700	ZZZ	$336.81
35701	090	$1,237.93
35721	090	$1,000.75
35741	090	$1,130.86
35761	090	$851.31
35800	090	$1,556.15
35820	090	$4,358.40
35840	090	$2,582.92
35860	090	$1,846.85
35870	090	$2,738.31
35875	090	$1,310.05

CPT CODE	FUD	MAXIMUM FEE
35876	090	$2,082.54
35879	090	$2,034.96
35881	090	$2,249.83
35883	090	$2,665.45
35884	090	$2,728.65
35901	090	$1,040.16
35903	090	$1,242.39
35905	090	$3,708.58
35907	090	$4,213.41
36000	XXX	$54.28
36002	000	$344.98
36005	000	$686.25
36010	XXX	$1,063.21
36011	XXX	$1,766.56
36012	XXX	$1,824.55
36013	XXX	$1,663.21
36014	XXX	$1,717.49
36015	XXX	$1,840.91
36100	XXX	$1,062.46
36120	XXX	$897.40
36140	XXX	$927.89
36147	XXX	$1,776.97
36148	ZZZ	$555.39
36160	XXX	$1,046.10
36200	000	$1,321.94
36215	XXX	$2,382.92
36216	XXX	$2,527.16
36217	XXX	$4,159.14
36218	ZZZ	$408.18
36221	000	$2,325.67
36222	000	$2,788.87
36223	000	$3,261.73
36224	000	$3,843.15
36225	000	$3,188.13
36226	000	$3,901.14
36227	ZZZ	$534.58
36228	ZZZ	$2,577.71

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CPT CODE	FUD	MAXIMUM FEE
36245	XXX	$2,902.62
36246	000	$1,889.98
36247	000	$3,345.75
36248	ZZZ	$324.91
36251	000	$3,020.10
36252	000	$3,276.60
36253	000	$4,803.75
36254	000	$4,669.92
36260	090	$1,354.66
36261	090	$862.46
36262	090	$658.74
36299	YYY	$0.00
36400	XXX	$63.20
36405	XXX	$55.76
36406	XXX	$34.94
36410	XXX	$35.69
36416	XXX	$5.95
36420	XXX	$112.27
36425	XXX	$85.50
36430	XXX	$72.86
36440	XXX	$122.68
36450	XXX	$250.56
36455	XXX	$271.38
36460	XXX	$739.78
36468	000	$0.00
36470	010	$317.47
36471	010	$371.01
36475	000	$3,256.53
36476	ZZZ	$632.72
36478	000	$2,556.90
36479	ZZZ	$656.51
36481	000	$4,316.02
36500	000	$394.06
36510	000	$191.82
36511	000	$200.00
36512	000	$201.49
36513	000	$208.18

CPT CODE	FUD	MAXIMUM FEE
36514	000	$1,139.04
36515	000	$4,366.58
36516	000	$4,399.29
36522	000	$2,957.64
36555	000	$544.99
36556	000	$495.17
36557	010	$2,137.56
36558	010	$1,659.49
36560	010	$2,852.07
36561	010	$2,492.96
36563	010	$2,818.61
36565	010	$2,066.19
36566	010	$11,533.17
36568	000	$637.92
36569	000	$530.12
36570	010	$2,453.55
36571	010	$2,764.33
36575	000	$353.16
36576	010	$826.03
36578	010	$1,102.61
36580	000	$455.77
36581	010	$1,630.50
36582	010	$2,335.33
36583	010	$2,897.42
36584	000	$434.20
36585	010	$2,440.91
36589	010	$351.68
36590	010	$625.28
36591	XXX	$49.07
36592	XXX	$55.02
36593	XXX	$65.43
36595	000	$1,241.65
36596	000	$282.53
36597	000	$269.89
36598	000	$234.20
36600	XXX	$66.92
36620	000	$109.29

CPT CODE	FUD	MAXIMUM FEE
36625	000	$224.54
36640	000	$254.28
36660	000	$137.55
36680	000	$125.65
36800	000	$266.92
36810	000	$468.41
36815	000	$317.47
36818	090	$1,524.18
36819	090	$1,611.16
36820	090	$1,606.70
36821	090	$1,460.23
36823	090	$2,914.52
36825	090	$1,760.61
36830	090	$1,469.16
36831	090	$1,357.63
36832	090	$1,666.18
36833	090	$1,786.63
36835	090	$1,073.61
36838	090	$2,516.00
36860	000	$441.64
36861	000	$286.25
36870	090	$3,890.74
37140	090	$4,965.84
37145	090	$4,648.36
37160	090	$4,774.76
37180	090	$4,402.26
37181	090	$5,027.55
37182	000	$1,802.99
37183	000	$12,533.18
37184	000	$4,830.52
37185	ZZZ	$1,533.10
37186	ZZZ	$2,925.67
37187	000	$4,376.98
37188	000	$3,769.55
37191	000	$5,579.97
37192	000	$3,287.76
37193	000	$3,395.56

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CPT CODE	FUD	MAXIMUM FEE
37195	XXX	$2,098.16
37197	000	$3,225.30
37200	000	$475.84
37211	000	$869.15
37212	000	$764.32
37213	000	$536.81
37214	000	$294.43
37215	090	$2,187.38
37216	090	$8,990.40
37217	090	$2,394.07
37218	090	$1,788.86
37220	000	$6,698.94
37221	000	$9,875.91
37222	ZZZ	$1,881.80
37223	ZZZ	$5,492.23
37224	000	$8,127.94
37225	000	$23,349.62
37226	000	$19,203.12
37227	000	$31,535.55
37228	000	$11,548.79
37229	000	$23,018.02
37230	000	$17,595.67
37231	000	$28,321.40
37232	ZZZ	$2,571.77
37233	ZZZ	$3,107.09
37234	ZZZ	$8,220.14
37235	ZZZ	$8,657.31
37236	000	$8,726.46
37237	ZZZ	$5,217.14
37238	000	$8,898.95
37239	ZZZ	$4,305.61
37241	000	$10,122.75
37242	000	$16,258.11
37243	000	$20,647.74
37244	000	$14,385.98
37252	ZZZ	$2,960.62
37253	ZZZ	$460.23

CPT CODE	FUD	MAXIMUM FEE
37500	090	$1,654.29
37501	YYY	$0.00
37565	090	$1,573.25
37600	090	$1,541.28
37605	090	$1,740.53
37606	090	$1,258.75
37607	090	$823.05
37609	010	$663.20
37615	090	$1,104.84
37616	090	$2,387.38
37617	090	$2,901.88
37618	090	$834.95
37619	090	$3,561.37
37650	090	$1,108.56
37660	090	$2,531.62
37700	090	$544.99
37718	090	$955.40
37722	090	$1,049.82
37735	090	$1,499.64
37760	090	$1,347.97
37761	090	$1,205.96
37765	090	$1,404.47
37766	090	$1,670.64
37780	090	$555.39
37785	090	$765.81
37788	090	$2,768.05
37790	090	$1,078.08
37799	YYY	$0.00
38100	090	$2,489.98
38101	090	$2,497.42
38102	ZZZ	$566.55
38115	090	$2,732.36
38120	090	$2,271.39
38129	YYY	$0.00
38200	000	$250.56
38204	XXX	$225.28
38205	000	$176.95

CPT CODE	FUD	MAXIMUM FEE
38206	000	$177.70
38207	XXX	$100.37
38208	XXX	$63.20
38209	XXX	$26.77
38210	XXX	$176.95
38211	XXX	$159.85
38212	XXX	$106.32
38213	XXX	$26.77
38214	XXX	$91.45
38215	XXX	$106.32
38220	XXX	$347.96
38221	XXX	$353.91
38230	000	$425.28
38232	000	$423.80
38240	XXX	$478.07
38241	XXX	$358.37
38242	000	$251.30
38243	000	$250.56
38300	010	$588.11
38305	090	$1,023.06
38308	090	$959.12
38380	090	$1,223.80
38381	090	$1,730.87
38382	090	$1,328.63
38500	010	$707.81
38505	000	$269.15
38510	010	$1,112.28
38520	090	$997.78
38525	090	$939.04
38530	090	$1,181.42
38542	090	$1,115.25
38550	090	$1,087.74
38555	090	$2,160.61
38562	090	$1,506.33
38564	090	$1,513.77
38570	010	$1,081.05
38571	010	$1,430.49

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CPT CODE	FUD	MAXIMUM FEE
38572	010	$1,998.53
38589	YYY	$0.00
38700	090	$1,735.33
38720	090	$2,898.91
38724	090	$3,133.11
38740	090	$1,493.69
38745	090	$1,885.52
38746	ZZZ	$466.17
38747	ZZZ	$576.96
38760	090	$1,810.42
38765	090	$2,778.46
38770	090	$1,731.61
38780	090	$2,195.56
38790	000	$178.44
38792	000	$85.50
38794	090	$642.38
38900	ZZZ	$298.14
38999	YYY	$0.00
39000	090	$1,072.87
39010	090	$1,700.38
39200	090	$1,904.10
39220	090	$2,458.75
39401	000	$672.87
39402	000	$878.82
39499	YYY	$0.00
39501	090	$1,828.27
39503	090	$13,256.61
39540	090	$1,866.19
39541	090	$2,035.70
39545	090	$1,929.38
39560	090	$1,716.00
39561	090	$2,669.91
39599	YYY	$0.00
40490	000	$273.61
40500	090	$1,084.02
40510	090	$1,039.41
40520	090	$1,049.82

CPT CODE	FUD	MAXIMUM FEE
40525	090	$1,189.60
40527	090	$1,333.84
40530	090	$1,157.63
40650	090	$944.99
40652	090	$1,043.13
40654	090	$1,219.34
40700	090	$1,950.20
40701	090	$2,187.38
40702	090	$1,838.68
40720	090	$2,197.79
40761	090	$2,324.92
40799	YYY	$0.00
40800	010	$460.97
40801	010	$685.51
40804	010	$412.64
40805	010	$796.29
40806	000	$244.61
40808	010	$405.21
40810	010	$448.33
40812	010	$627.51
40814	090	$838.67
40816	090	$875.84
40818	090	$776.21
40819	090	$688.48
40820	010	$576.21
40830	010	$575.47
40831	010	$730.86
40840	090	$1,755.40
40842	090	$1,687.75
40843	090	$2,342.03
40844	090	$2,808.94
40845	090	$3,154.67
40899	YYY	$0.00
41000	010	$352.42
41005	010	$492.94
41006	090	$776.96
41007	090	$759.86

CPT CODE	FUD	MAXIMUM FEE
41008	090	$823.80
41009	090	$874.36
41010	010	$439.41
41015	090	$982.91
41016	090	$959.86
41017	090	$968.78
41018	090	$1,101.12
41019	000	$1,005.96
41100	010	$364.32
41105	010	$370.26
41108	010	$321.19
41110	010	$460.23
41112	090	$727.89
41113	090	$796.29
41114	090	$1,382.91
41115	010	$537.55
41116	090	$720.45
41120	090	$2,361.36
41130	090	$2,904.11
41135	090	$4,759.14
41140	090	$4,803.75
41145	090	$6,100.42
41150	090	$4,833.49
41153	090	$5,262.49
41155	090	$6,594.85
41250	010	$578.44
41251	010	$630.49
41252	010	$681.05
41500	090	$900.38
41510	090	$919.71
41512	090	$1,446.85
41520	090	$770.27
41530	000	$2,129.38
41599	YYY	$0.00
41800	010	$587.37
41805	010	$560.60
41806	010	$771.75

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CPT CODE	FUD	MAXIMUM FEE
41820	000	$522.68
41821	000	$117.47
41822	010	$637.92
41823	090	$933.09
41825	010	$460.23
41826	010	$686.99
41827	090	$959.86
41828	010	$673.61
41830	010	$859.49
41850	000	$261.71
41870	000	$653.54
41872	090	$797.78
41874	090	$820.82
41899	YYY	$0.00
42000	010	$344.24
42100	010	$325.65
42104	010	$468.41
42106	010	$595.54
42107	090	$1,003.73
42120	090	$2,223.81
42140	090	$548.70
42145	090	$1,524.92
42160	010	$503.35
42180	010	$528.63
42182	010	$692.94
42200	090	$1,841.65
42205	090	$1,918.97
42210	090	$2,142.77
42215	090	$1,421.57
42220	090	$1,076.59
42225	090	$1,903.36
42226	090	$1,946.48
42227	090	$1,845.37
42235	090	$1,591.83
42260	090	$1,761.35
42280	010	$359.11
42281	010	$443.87

CPT CODE	FUD	MAXIMUM FEE
42299	YYY	$0.00
42300	010	$453.54
42305	090	$934.58
42310	010	$347.96
42320	010	$540.52
42330	010	$502.61
42335	090	$811.90
42340	090	$1,003.73
42400	000	$228.25
42405	010	$644.61
42408	090	$976.96
42409	090	$718.96
42410	090	$1,344.99
42415	090	$2,281.80
42420	090	$2,562.84
42425	090	$1,805.96
42426	090	$2,913.78
42440	090	$891.46
42450	090	$976.96
42500	090	$938.30
42505	090	$1,201.50
42507	090	$1,116.74
42509	090	$1,828.27
42510	090	$1,391.83
42550	000	$287.73
42600	090	$1,034.21
42650	000	$180.67
42660	000	$276.58
42665	090	$667.66
42699	YYY	$0.00
42700	010	$409.67
42720	010	$981.42
42725	090	$1,771.02
42800	010	$342.75
42804	010	$422.31
42806	010	$474.35
42808	010	$490.71

CPT CODE	FUD	MAXIMUM FEE
42809	010	$436.43
42810	090	$837.18
42815	090	$1,210.42
42820	090	$628.26
42821	090	$652.05
42825	090	$567.29
42826	090	$544.24
42830	090	$448.33
42831	090	$484.76
42835	090	$416.36
42836	090	$521.19
42842	090	$2,220.09
42844	090	$3,042.40
42845	090	$4,899.67
42860	090	$407.44
42870	090	$1,309.30
42890	090	$3,139.06
42892	090	$4,146.50
42894	090	$5,208.22
42900	010	$730.12
42950	090	$1,790.35
42953	090	$2,155.41
42955	090	$1,691.46
42960	010	$368.03
42961	090	$917.48
42962	090	$1,121.94
42970	090	$872.87
42971	090	$988.11
42972	090	$1,106.33
42999	YYY	$0.00
43020	090	$1,141.27
43030	090	$1,121.94
43045	090	$2,823.81
43100	090	$1,348.71
43101	090	$2,199.27
43107	090	$5,527.92
43108	090	$9,923.49

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CPT CODE	FUD	MAXIMUM FEE
43112	090	$5,836.48
43113	090	$9,822.38
43116	090	$10,923.50
43117	090	$5,346.51
43118	090	$7,994.11
43121	090	$6,223.10
43122	090	$5,554.69
43123	090	$10,235.02
43124	090	$8,293.74
43130	090	$1,701.13
43135	090	$3,215.64
43180	090	$1,188.86
43191	000	$333.09
43192	000	$368.03
43193	000	$366.55
43194	000	$417.85
43195	000	$398.52
43196	000	$426.77
43197	000	$402.23
43198	000	$446.84
43200	000	$575.47
43201	000	$584.39
43202	000	$766.55
43204	000	$306.32
43205	000	$318.96
43206	000	$698.89
43210	000	$921.94
43211	000	$525.65
43212	000	$426.03
43213	000	$2,583.66
43214	000	$429.74
43215	000	$885.51
43216	000	$874.36
43217	000	$944.25
43220	000	$2,390.35
43226	000	$804.47
43227	000	$1,466.93

CPT CODE	FUD	MAXIMUM FEE
43229	000	$1,524.18
43231	000	$846.85
43232	000	$1,010.42
43233	000	$508.55
43235	000	$657.25
43236	000	$817.85
43237	000	$438.67
43238	000	$519.71
43239	000	$838.67
43240	000	$869.15
43241	000	$322.68
43242	000	$586.62
43243	000	$529.37
43244	000	$547.96
43245	000	$1,295.18
43246	000	$448.33
43247	000	$878.82
43248	000	$862.46
43249	000	$2,264.70
43250	000	$962.09
43251	000	$1,052.80
43252	000	$775.47
43253	000	$585.13
43254	000	$602.98
43255	000	$1,539.79
43257	000	$520.45
43259	000	$505.58
43260	000	$715.99
43261	000	$751.68
43262	000	$792.57
43263	000	$793.31
43264	000	$807.44
43265	000	$958.37
43266	000	$505.58
43270	000	$1,585.89
43273	ZZZ	$260.97
43274	000	$1,023.06

CPT CODE	FUD	MAXIMUM FEE
43275	000	$834.95
43276	000	$1,065.44
43277	000	$839.41
43278	000	$957.63
43279	090	$2,792.59
43280	090	$2,334.59
43281	090	$3,336.83
43282	090	$3,750.96
43283	ZZZ	$343.50
43289	YYY	$0.00
43300	090	$1,332.35
43305	090	$2,371.77
43310	090	$3,220.10
43312	090	$3,500.40
43313	090	$5,843.91
43314	090	$6,678.86
43320	090	$3,005.97
43325	090	$2,892.22
43327	090	$1,771.02
43328	090	$2,455.78
43330	090	$2,868.42
43331	090	$2,909.32
43332	090	$2,507.83
43333	090	$2,733.11
43334	090	$2,711.54
43335	090	$2,906.34
43336	090	$3,270.66
43337	090	$3,525.68
43338	ZZZ	$252.05
43340	090	$2,944.26
43341	090	$3,043.15
43351	090	$2,785.89
43352	090	$2,314.52
43360	090	$5,115.28
43361	090	$5,530.15
43400	090	$3,204.49
43401	090	$3,365.82

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CPT CODE	FUD	MAXIMUM FEE
43405	090	$3,159.88
43410	090	$2,270.65
43415	090	$5,570.30
43420	090	$2,195.56
43425	090	$3,115.27
43450	000	$446.84
43453	000	$2,041.65
43460	000	$464.69
43496	090	$0.00
43499	YYY	$0.00
43500	090	$1,689.23
43501	090	$2,900.39
43502	090	$3,284.78
43510	090	$2,032.73
43520	090	$1,481.80
43605	090	$1,802.24
43610	090	$2,113.03
43611	090	$2,637.94
43620	090	$4,222.34
43621	090	$4,903.38
43622	090	$5,002.27
43631	090	$3,127.16
43632	090	$4,387.39
43633	090	$4,145.01
43634	090	$4,567.32
43635	ZZZ	$243.12
43640	090	$2,542.77
43641	090	$2,562.10
43644	090	$3,739.81
43645	090	$3,997.06
43647	YYY	$0.00
43648	YYY	$0.00
43651	090	$1,405.22
43652	090	$1,650.57
43653	090	$1,233.47
43659	YYY	$0.00
43752	000	$87.73

CPT CODE	FUD	MAXIMUM FEE
43753	000	$46.84
43754	000	$224.54
43755	000	$297.40
43756	000	$434.20
43757	000	$613.39
43760	000	$1,029.00
43761	000	$249.07
43770	090	$2,413.40
43771	090	$2,746.49
43772	090	$2,046.11
43773	090	$2,736.82
43774	090	$2,069.16
43775	090	$2,379.94
43800	090	$2,003.73
43810	090	$2,194.07
43820	090	$2,892.96
43825	090	$2,816.38
43830	090	$1,507.07
43831	090	$1,255.03
43832	090	$2,243.14
43840	090	$2,930.88
43842	090	$2,562.84
43843	090	$2,756.90
43845	090	$4,237.95
43846	090	$3,479.58
43847	090	$3,829.03
43848	090	$4,153.93
43850	090	$3,501.14
43855	090	$3,548.73
43860	090	$3,528.65
43865	090	$3,674.38
43870	090	$1,533.84
43880	090	$3,448.35
43881	YYY	$0.00
43882	YYY	$0.00
43886	090	$777.70
43887	090	$695.92

CPT CODE	FUD	MAXIMUM FEE
43888	090	$985.88
43999	YYY	$0.00
44005	090	$2,359.13
44010	090	$1,860.24
44015	ZZZ	$307.81
44020	090	$2,101.87
44021	090	$2,101.13
44025	090	$2,125.67
44050	090	$2,018.60
44055	090	$3,217.87
44100	000	$234.95
44110	090	$1,837.19
44111	090	$2,123.44
44120	090	$2,639.43
44121	ZZZ	$524.17
44125	090	$2,548.72
44126	090	$5,323.46
44127	090	$6,113.80
44128	ZZZ	$529.37
44130	090	$2,831.99
44132	XXX	$0.00
44133	XXX	$0.00
44135	XXX	$0.00
44136	XXX	$0.00
44137	XXX	$0.00
44139	ZZZ	$262.46
44140	090	$2,893.70
44141	090	$3,939.81
44143	090	$3,592.59
44144	090	$3,822.33
44145	090	$3,577.72
44146	090	$4,570.29
44147	090	$4,197.06
44150	090	$4,034.23
44151	090	$4,615.65
44155	090	$4,492.23
44156	090	$4,957.66

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CPT CODE	FUD	MAXIMUM FEE
44157	090	$4,645.39
44158	090	$4,588.14
44160	090	$2,678.83
44180	090	$1,980.68
44186	090	$1,406.70
44187	090	$2,382.92
44188	090	$2,643.14
44202	090	$2,993.33
44203	ZZZ	$521.94
44204	090	$3,319.73
44205	090	$2,887.01
44206	090	$3,785.16
44207	090	$3,928.65
44208	090	$4,287.02
44210	090	$3,841.66
44211	090	$4,705.61
44212	090	$4,414.16
44213	ZZZ	$406.69
44227	090	$3,599.28
44238	YYY	$0.00
44300	090	$1,815.63
44310	090	$2,251.32
44312	090	$1,269.15
44314	090	$2,161.35
44316	090	$3,055.79
44320	090	$2,590.35
44322	090	$2,152.43
44340	090	$1,346.48
44345	090	$2,266.93
44346	090	$2,550.21
44360	000	$324.91
44361	000	$358.37
44363	000	$429.74
44364	000	$457.25
44365	000	$402.23
44366	000	$536.81
44369	000	$548.70

CPT CODE	FUD	MAXIMUM FEE
44370	000	$594.80
44372	000	$536.06
44373	000	$431.23
44376	000	$631.98
44377	000	$666.92
44378	000	$852.79
44379	000	$907.07
44380	000	$465.43
44381	000	$2,109.31
44382	000	$674.35
44384	000	$341.27
44385	000	$513.02
44386	000	$721.94
44388	000	$745.73
44389	000	$939.78
44390	000	$938.30
44391	000	$1,618.60
44392	000	$884.02
44394	000	$994.06
44401	000	$6,869.94
44402	000	$585.13
44403	000	$672.12
44404	000	$900.38
44405	000	$1,291.46
44406	000	$513.02
44407	000	$614.13
44408	000	$518.22
44500	000	$52.79
44602	090	$3,048.35
44603	090	$3,495.19
44604	090	$2,281.06
44605	090	$2,816.38
44615	090	$2,321.95
44620	090	$1,872.13
44625	090	$2,192.58
44626	090	$3,460.99
44640	090	$3,026.05

CPT CODE	FUD	MAXIMUM FEE
44650	090	$3,128.65
44660	090	$2,865.45
44661	090	$3,345.75
44680	090	$2,299.65
44700	090	$2,198.53
44701	ZZZ	$364.32
44705	XXX	$0.00
44715	XXX	$0.00
44720	XXX	$595.54
44721	XXX	$833.46
44799	XXX	$0.00
44800	090	$1,644.62
44820	090	$1,808.94
44850	090	$1,620.09
44899	YYY	$0.00
44900	090	$1,664.70
44950	090	$1,385.88
44955	ZZZ	$181.41
44960	090	$1,885.52
44970	090	$1,295.18
44979	YYY	$0.00
45000	090	$908.56
45005	010	$583.65
45020	090	$1,228.26
45100	090	$642.38
45108	090	$787.37
45110	090	$3,980.70
45111	090	$2,339.79
45112	090	$4,048.36
45113	090	$4,077.35
45114	090	$3,920.48
45116	090	$3,548.73
45119	090	$4,194.83
45120	090	$3,237.20
45121	090	$3,747.24
45123	090	$2,411.17
45126	090	$6,017.15

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CPT CODE	FUD	MAXIMUM FEE
45130	090	$2,341.28
45135	090	$2,951.70
45136	090	$3,897.43
45150	090	$837.92
45160	090	$2,201.50
45171	090	$1,292.20
45172	090	$1,739.05
45190	090	$1,490.72
45300	000	$260.23
45303	000	$2,028.27
45305	000	$413.39
45307	000	$495.17
45308	000	$457.25
45309	000	$478.81
45315	000	$478.81
45317	000	$515.25
45320	000	$515.99
45321	000	$231.23
45327	000	$263.20
45330	000	$352.42
45331	000	$540.52
45332	000	$655.77
45333	000	$736.07
45334	000	$1,285.51
45335	000	$609.67
45337	000	$262.46
45338	000	$684.76
45340	000	$1,033.47
45341	000	$281.79
45342	000	$382.16
45346	000	$6,576.26
45347	000	$348.70
45349	000	$443.87
45350	000	$1,231.24
45378	000	$800.75
45379	000	$1,009.67
45380	000	$989.60

CPT CODE	FUD	MAXIMUM FEE
45381	000	$951.68
45382	000	$1,674.36
45384	000	$1,086.25
45385	000	$1,037.93
45386	000	$1,382.91
45388	000	$6,909.35
45389	000	$645.36
45390	000	$736.81
45391	000	$574.73
45392	000	$676.59
45393	000	$563.57
45395	090	$4,262.49
45397	090	$4,642.41
45398	000	$1,545.74
45399	XXX	$0.00
45400	090	$2,454.29
45402	090	$3,272.89
45499	YYY	$0.00
45500	090	$1,118.22
45505	090	$1,273.62
45520	000	$332.34
45540	090	$2,278.83
45541	090	$2,029.76
45550	090	$3,142.03
45560	090	$1,472.87
45562	090	$2,410.43
45563	090	$3,555.42
45800	090	$2,588.12
45805	090	$3,154.67
45820	090	$2,562.10
45825	090	$2,976.23
45900	010	$435.69
45905	010	$363.57
45910	010	$417.10
45915	010	$704.84
45990	000	$231.23
45999	YYY	$0.00

CPT CODE	FUD	MAXIMUM FEE
46020	010	$588.85
46030	010	$295.91
46040	090	$1,139.79
46045	090	$930.12
46050	010	$426.77
46060	090	$1,021.57
46070	090	$485.51
46080	010	$527.14
46083	010	$373.24
46200	090	$944.99
46220	010	$437.18
46221	010	$568.78
46230	010	$579.93
46250	090	$986.62
46255	090	$1,078.08
46257	090	$904.10
46258	090	$1,001.49
46260	090	$1,020.08
46261	090	$1,119.71
46262	090	$1,182.91
46270	090	$1,081.79
46275	090	$1,143.50
46280	090	$1,005.21
46285	090	$1,133.09
46288	090	$1,179.19
46320	010	$389.59
46500	010	$412.64
46505	010	$607.44
46600	000	$187.36
46601	000	$289.97
46604	000	$1,307.07
46606	000	$478.07
46607	000	$405.95
46608	000	$491.45
46610	000	$478.81
46611	000	$372.49
46612	000	$545.73

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CPT CODE	FUD	MAXIMUM FEE
46614	000	$272.12
46615	000	$305.58
46700	090	$1,402.24
46705	090	$1,073.61
46706	010	$355.39
46707	090	$1,021.57
46710	090	$2,259.50
46712	090	$4,596.32
46715	090	$1,164.32
46716	090	$2,378.46
46730	090	$3,913.04
46735	090	$4,532.38
46740	090	$4,625.31
46742	090	$5,233.50
46744	090	$7,605.26
46746	090	$7,852.10
46748	090	$8,527.95
46750	090	$1,616.37
46751	090	$1,278.82
46753	090	$1,313.02
46754	010	$621.57
46760	090	$2,341.28
46761	090	$1,980.68
46762	090	$1,986.63
46900	010	$513.76
46910	010	$544.24
46916	010	$486.25
46917	010	$952.42
46922	010	$565.80
46924	010	$1,127.89
46930	090	$435.69
46940	010	$484.76
46942	010	$458.00
46945	090	$655.77
46946	090	$666.18
46947	090	$820.82
46999	YYY	$0.00

CPT CODE	FUD	MAXIMUM FEE
47000	000	$768.04
47001	ZZZ	$224.54
47010	090	$2,595.56
47015	090	$2,467.68
47100	090	$1,817.86
47120	090	$5,024.57
47122	090	$7,414.18
47125	090	$6,629.05
47130	090	$7,120.50
47133	XXX	$0.00
47135	090	$11,586.70
47140	090	$7,710.10
47141	090	$9,215.68
47142	090	$10,160.67
47143	XXX	$0.00
47144	090	$0.00
47145	XXX	$0.00
47146	XXX	$712.27
47147	XXX	$829.00
47300	090	$2,438.68
47350	090	$2,953.18
47360	090	$4,010.44
47361	090	$6,520.50
47362	090	$3,125.67
47370	090	$2,689.24
47371	090	$2,431.25
47379	YYY	$0.00
47380	090	$3,109.32
47381	090	$2,874.37
47382	010	$10,605.28
47383	010	$15,944.36
47399	YYY	$0.00
47400	090	$4,641.67
47420	090	$2,893.70
47425	090	$2,918.98
47460	090	$2,701.88
47480	090	$1,884.77

CPT CODE	FUD	MAXIMUM FEE
47490	010	$713.76
47531	000	$787.37
47532	000	$1,733.10
47533	000	$2,827.53
47534	000	$3,484.78
47535	000	$2,337.56
47536	000	$1,724.92
47537	000	$852.79
47538	000	$9,519.03
47539	000	$10,402.31
47540	000	$10,814.95
47541	000	$2,496.67
47542	ZZZ	$1,092.95
47543	ZZZ	$2,803.00
47544	ZZZ	$1,725.66
47550	ZZZ	$358.37
47552	000	$672.12
47553	000	$663.20
47554	000	$1,031.23
47555	000	$794.06
47556	000	$903.35
47562	090	$1,417.11
47563	090	$1,539.79
47564	090	$2,400.02
47570	090	$1,649.83
47579	YYY	$0.00
47600	090	$2,301.13
47605	090	$2,423.07
47610	090	$2,705.60
47612	090	$2,739.80
47620	090	$2,968.05
47700	090	$2,238.68
47701	090	$3,658.02
47711	090	$3,353.19
47712	090	$4,290.00
47715	090	$2,872.14
47720	090	$2,480.32

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CPT CODE	FUD	MAXIMUM FEE
47721	090	$2,924.93
47740	090	$2,806.71
47741	090	$3,168.05
47760	090	$4,872.90
47765	090	$6,545.77
47780	090	$5,332.38
47785	090	$7,007.49
47800	090	$3,396.31
47801	090	$2,149.46
47802	090	$3,256.53
47900	090	$2,953.18
47999	YYY	$0.00
48000	090	$4,034.97
48001	090	$4,937.58
48020	090	$2,525.67
48100	090	$1,910.80
48102	010	$1,131.61
48105	090	$6,151.72
48120	090	$2,388.87
48140	090	$3,371.03
48145	090	$3,507.83
48146	090	$4,048.36
48148	090	$2,686.27
48150	090	$6,716.04
48152	090	$6,194.84
48153	090	$6,679.60
48154	090	$6,268.45
48155	090	$3,922.71
48160	XXX	$6,712.32
48400	ZZZ	$227.51
48500	090	$2,427.53
48510	090	$2,346.49
48520	090	$2,357.64
48540	090	$2,803.00
48545	090	$2,875.11
48547	090	$3,861.00
48548	090	$3,588.13

CPT CODE	FUD	MAXIMUM FEE
48550	XXX	$0.00
48551	XXX	$0.00
48552	XXX	$506.32
48554	090	$5,504.87
48556	090	$2,733.85
48999	YYY	$0.00
49000	090	$1,660.98
49002	090	$2,255.04
49010	090	$2,012.65
49020	090	$3,430.51
49040	090	$2,154.66
49060	090	$2,371.02
49062	090	$1,583.66
49082	000	$405.95
49083	000	$621.57
49084	000	$234.20
49180	000	$346.47
49185	000	$2,101.87
49203	090	$2,579.20
49204	090	$3,299.65
49205	090	$3,788.88
49215	090	$4,781.45
49220	090	$1,913.03
49250	090	$1,263.21
49255	090	$1,702.62
49320	010	$699.63
49321	010	$742.76
49322	010	$790.34
49323	090	$1,369.53
49324	010	$840.90
49325	010	$896.66
49326	ZZZ	$409.67
49327	ZZZ	$283.27
49329	YYY	$0.00
49400	000	$289.22
49402	090	$1,845.37
49405	000	$1,852.06

CPT CODE	FUD	MAXIMUM FEE
49406	000	$1,852.80
49407	000	$1,546.48
49411	000	$1,159.86
49412	ZZZ	$179.18
49418	000	$3,040.92
49419	090	$956.88
49421	000	$498.15
49422	010	$820.08
49423	000	$1,162.83
49424	000	$310.04
49425	090	$1,577.71
49426	090	$1,318.23
49427	000	$99.63
49428	010	$930.12
49429	010	$988.11
49435	ZZZ	$260.23
49436	010	$402.23
49440	010	$2,202.25
49441	010	$2,483.29
49442	010	$2,048.34
49446	000	$2,118.98
49450	000	$1,414.14
49451	000	$1,542.76
49452	000	$1,907.08
49460	000	$1,555.40
49465	000	$344.98
49491	090	$1,710.79
49492	090	$2,063.21
49495	090	$820.08
49496	090	$1,323.43
49500	090	$772.50
49501	090	$1,253.54
49505	090	$1,120.45
49507	090	$1,259.49
49520	090	$1,360.61
49521	090	$1,542.02
49525	090	$1,232.72

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CPT CODE	FUD	MAXIMUM FEE
49540	090	$1,444.62
49550	090	$1,237.93
49553	090	$1,358.37
49555	090	$1,287.00
49557	090	$1,558.38
49560	090	$1,588.12
49561	090	$2,003.73
49565	090	$1,653.54
49566	090	$2,022.32
49568	ZZZ	$577.70
49570	090	$895.17
49572	090	$1,110.05
49580	090	$714.50
49582	090	$1,039.41
49585	090	$956.14
49587	090	$1,023.06
49590	090	$1,231.98
49600	090	$1,511.54
49605	090	$10,679.63
49606	090	$2,407.45
49610	090	$1,483.28
49611	090	$1,304.84
49650	090	$921.20
49651	090	$1,197.04
49652	090	$1,602.99
49653	090	$1,999.27
49654	090	$1,821.58
49655	090	$2,224.55
49656	090	$1,979.20
49657	090	$2,844.63
49659	YYY	$0.00
49900	090	$1,752.43
49904	090	$3,067.68
49905	ZZZ	$762.83
49906	090	$0.00
49999	YYY	$0.00
50010	090	$1,582.91

CPT CODE	FUD	MAXIMUM FEE
50020	090	$2,174.74
50040	090	$1,979.20
50045	090	$2,058.01
50060	090	$2,443.88
50065	090	$2,583.66
50070	090	$2,533.85
50075	090	$3,115.27
50080	090	$1,858.75
50081	090	$2,728.65
50100	090	$2,269.16
50120	090	$2,029.01
50125	090	$2,205.96
50130	090	$2,206.71
50135	090	$2,434.22
50200	000	$1,300.38
50205	090	$1,620.83
50220	090	$2,240.17
50225	090	$2,574.74
50230	090	$2,740.54
50234	090	$2,780.69
50236	090	$3,137.57
50240	090	$2,830.50
50250	090	$2,600.76
50280	090	$2,039.42
50290	090	$1,919.72
50300	XXX	$0.00
50320	090	$3,116.75
50323	XXX	$0.00
50325	XXX	$0.00
50327	XXX	$468.41
50328	XXX	$411.16
50329	XXX	$384.39
50340	090	$2,013.40
50360	090	$5,211.94
50365	090	$6,092.98
50370	090	$2,581.43
50380	090	$4,275.87

CPT CODE	FUD	MAXIMUM FEE
50382	000	$2,513.77
50384	000	$2,005.22
50385	000	$2,417.12
50386	000	$1,575.48
50387	000	$1,153.17
50389	000	$628.26
50390	000	$208.18
50391	000	$258.74
50395	000	$384.39
50396	000	$253.53
50400	090	$2,477.34
50405	090	$2,987.38
50430	000	$1,101.87
50431	000	$342.75
50432	000	$1,786.63
50433	000	$2,404.48
50434	000	$1,902.62
50435	000	$998.52
50500	090	$2,742.03
50520	090	$2,423.81
50525	090	$3,063.22
50526	090	$3,177.72
50540	090	$2,463.22
50541	090	$1,965.81
50542	090	$2,494.44
50543	090	$3,179.21
50544	090	$2,661.73
50545	090	$2,865.45
50546	090	$2,573.25
50547	090	$3,461.74
50548	090	$2,881.81
50549	YYY	$0.00
50551	000	$765.81
50553	000	$813.39
50555	000	$874.36
50557	000	$892.94
50561	000	$1,013.39

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CPT CODE	FUD	MAXIMUM FEE
50562	090	$1,243.88
50570	000	$1,053.54
50572	000	$1,139.79
50574	000	$1,211.91
50575	000	$1,530.87
50576	000	$1,211.16
50580	000	$1,304.84
50590	090	$1,526.41
50592	010	$5,377.74
50593	010	$9,803.05
50600	090	$2,017.12
50605	090	$2,111.54
50606	ZZZ	$1,116.74
50610	090	$2,090.72
50620	090	$1,939.79
50630	090	$1,904.85
50650	090	$2,214.14
50660	090	$2,457.27
50684	000	$224.54
50686	000	$303.35
50688	010	$171.01
50690	000	$208.92
50693	000	$2,237.94
50694	000	$2,464.70
50695	000	$3,005.23
50700	090	$1,991.09
50705	ZZZ	$3,603.00
50706	ZZZ	$1,616.37
50715	090	$2,613.40
50722	090	$2,182.92
50725	090	$2,414.14
50727	090	$1,083.28
50728	090	$1,497.41
50740	090	$2,637.19
50750	090	$2,465.45
50760	090	$2,419.35
50770	090	$2,461.73

CPT CODE	FUD	MAXIMUM FEE
50780	090	$2,371.02
50782	090	$2,255.04
50783	090	$2,421.58
50785	090	$2,594.82
50800	090	$1,975.48
50810	090	$2,696.67
50815	090	$2,617.86
50820	090	$2,811.92
50825	090	$3,544.26
50830	090	$3,874.38
50840	090	$2,633.48
50845	090	$2,672.14
50860	090	$2,020.09
50900	090	$1,840.91
50920	090	$1,887.00
50930	090	$2,524.18
50940	090	$1,895.18
50945	090	$2,078.83
50947	090	$2,972.51
50948	090	$2,730.13
50949	YYY	$0.00
50951	000	$799.26
50953	000	$843.87
50955	000	$904.84
50957	000	$913.02
50961	000	$823.05
50970	000	$797.78
50972	000	$776.21
50974	000	$1,014.13
50976	000	$997.78
50980	000	$759.11
51020	090	$1,002.24
51030	090	$1,016.36
51040	090	$617.11
51045	090	$1,049.82
51050	090	$1,008.19
51060	090	$1,246.11

CPT CODE	FUD	MAXIMUM FEE
51065	090	$1,234.95
51080	090	$875.10
51100	000	$129.37
51101	000	$262.46
51102	000	$480.30
51500	090	$1,363.58
51520	090	$1,278.08
51525	090	$1,836.45
51530	090	$1,702.62
51535	090	$1,665.44
51550	090	$2,062.47
51555	090	$2,713.03
51565	090	$2,780.69
51570	090	$3,161.36
51575	090	$3,898.91
51580	090	$4,052.82
51585	090	$4,509.33
51590	090	$4,137.58
51595	090	$4,681.08
51596	090	$5,029.78
51597	090	$4,915.28
51600	000	$387.36
51605	000	$81.79
51610	000	$225.28
51700	000	$175.47
51701	000	$115.24
51702	000	$147.96
51703	000	$273.61
51705	000	$191.82
51710	000	$271.38
51715	000	$614.87
51720	000	$230.49
51725	000	$394.06
51726	000	$553.16
51727	000	$655.02
51728	000	$660.97
51729	000	$714.50

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CPT CODE	FUD	MAXIMUM FEE
51736	XXX	$32.71
51741	XXX	$33.46
51784	000	$404.46
51785	000	$556.14
51792	000	$444.61
51797	ZZZ	$234.95
51798	XXX	$40.15
51800	090	$2,225.30
51820	090	$2,376.23
51840	090	$1,401.50
51841	090	$1,663.95
51845	090	$1,252.05
51860	090	$1,594.81
51865	090	$1,913.77
51880	090	$1,001.49
51900	090	$1,785.89
51920	090	$1,854.29
51925	090	$2,335.33
51940	090	$3,536.09
51960	090	$2,977.72
51980	090	$1,522.69
51990	090	$1,600.76
51992	090	$1,795.55
51999	YYY	$0.00
52000	000	$431.23
52001	000	$787.37
52005	000	$559.86
52007	000	$932.35
52010	000	$783.65
52204	000	$775.47
52214	000	$1,385.88
52224	000	$1,450.57
52234	000	$527.14
52235	000	$618.59
52240	000	$840.16
52250	000	$513.76
52260	000	$450.56

CPT CODE	FUD	MAXIMUM FEE
52265	000	$770.27
52270	000	$748.70
52275	000	$1,009.67
52276	000	$567.29
52277	000	$692.94
52281	000	$573.98
52282	000	$721.20
52283	000	$585.13
52285	000	$590.34
52287	000	$656.51
52290	000	$522.68
52300	000	$601.49
52301	000	$621.57
52305	000	$597.77
52310	000	$513.76
52315	000	$872.13
52317	000	$1,690.72
52318	000	$1,015.62
52320	000	$528.63
52325	000	$688.48
52327	000	$561.34
52330	000	$1,040.16
52332	000	$1,026.77
52334	000	$549.45
52341	000	$608.93
52342	000	$662.46
52343	000	$737.55
52344	000	$792.57
52345	000	$846.10
52346	000	$956.14
52351	000	$649.08
52352	000	$759.11
52353	000	$840.16
52354	000	$893.69
52355	000	$1,001.49
52356	000	$891.46
52400	090	$1,022.31

CPT CODE	FUD	MAXIMUM FEE
52402	000	$571.75
52441	000	$2,612.66
52442	ZZZ	$1,997.78
52450	090	$1,003.73
52500	090	$1,042.39
52601	090	$1,807.45
52630	090	$853.54
52640	090	$672.12
52647	090	$3,742.04
52648	090	$3,852.82
52649	090	$1,758.38
52700	090	$941.27
53000	010	$315.99
53010	090	$630.49
53020	000	$207.44
53025	000	$153.90
53040	090	$837.18
53060	010	$388.85
53080	090	$896.66
53085	090	$1,428.26
53200	000	$332.34
53210	090	$1,645.37
53215	090	$1,986.63
53220	090	$971.75
53230	090	$1,292.95
53235	090	$1,350.94
53240	090	$913.02
53250	090	$882.53
53260	010	$428.26
53265	010	$462.46
53270	010	$442.38
53275	010	$560.60
53400	090	$1,712.28
53405	090	$1,866.19
53410	090	$2,089.98
53415	090	$2,415.63
53420	090	$1,824.55

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CPT CODE	FUD	MAXIMUM FEE
53425	090	$2,001.50
53430	090	$2,058.75
53431	090	$2,475.11
53440	090	$1,607.45
53442	090	$1,671.39
53444	090	$1,692.95
53445	090	$1,607.45
53446	090	$1,371.76
53447	090	$1,726.41
53448	090	$2,748.72
53449	090	$1,305.59
53450	090	$873.61
53460	090	$976.96
53500	090	$1,597.78
53502	090	$1,038.67
53505	090	$1,041.64
53510	090	$1,348.71
53515	090	$1,698.90
53520	090	$1,188.11
53600	000	$176.21
53601	000	$171.01
53605	000	$138.29
53620	000	$245.36
53621	000	$231.23
53660	000	$148.70
53661	000	$145.73
53665	000	$82.53
53850	090	$4,353.19
53852	090	$4,012.67
53855	000	$1,627.52
53860	090	$3,244.63
53899	YYY	$0.00
54000	010	$313.01
54001	010	$390.34
54015	010	$662.46
54050	010	$278.81
54055	010	$250.56

CPT CODE	FUD	MAXIMUM FEE
54056	010	$300.37
54057	010	$286.25
54060	010	$379.19
54065	010	$463.20
54100	000	$419.33
54105	010	$559.86
54110	090	$1,350.20
54111	090	$1,710.05
54112	090	$2,008.19
54115	090	$962.83
54120	090	$1,349.45
54125	090	$1,735.33
54130	090	$2,545.00
54135	090	$3,207.46
54150	000	$325.65
54160	010	$471.38
54161	010	$420.08
54162	010	$544.99
54163	010	$466.92
54164	010	$411.90
54200	010	$226.02
54205	090	$1,136.81
54220	000	$431.97
54230	000	$205.21
54231	000	$297.40
54235	000	$191.08
54240	000	$216.36
54250	000	$257.25
54300	090	$1,368.78
54304	090	$1,602.24
54308	090	$1,527.89
54312	090	$1,837.93
54316	090	$2,240.91
54318	090	$1,597.78
54322	090	$1,641.65
54324	090	$2,133.10
54326	090	$2,020.83

CPT CODE	FUD	MAXIMUM FEE
54328	090	$2,008.19
54332	090	$2,286.26
54336	090	$2,671.40
54340	090	$1,217.11
54344	090	$2,223.81
54348	090	$2,166.56
54352	090	$3,028.28
54360	090	$1,539.05
54380	090	$1,707.82
54385	090	$2,084.77
54390	090	$2,785.15
54400	090	$1,131.61
54401	090	$1,401.50
54405	090	$1,727.15
54406	090	$1,560.61
54408	090	$1,687.75
54410	090	$1,835.70
54411	090	$2,190.35
54415	090	$1,127.89
54416	090	$1,516.00
54417	090	$1,918.97
54420	090	$1,505.59
54430	090	$1,367.30
54435	090	$887.74
54437	090	$1,455.77
54438	090	$2,934.59
54440	090	$1,214.88
54450	000	$148.70
54500	000	$159.11
54505	010	$449.07
54512	090	$1,153.17
54520	090	$696.66
54522	090	$1,325.66
54530	090	$1,079.56
54535	090	$1,588.86
54550	090	$1,054.28
54560	090	$1,467.67

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CPT CODE	FUD	MAXIMUM FEE
54600	090	$973.24
54620	010	$644.61
54640	090	$1,024.54
54650	090	$1,516.00
54660	090	$762.83
54670	090	$863.95
54680	090	$1,692.21
54690	090	$1,585.14
54692	090	$1,833.47
54699	YYY	$0.00
54700	010	$458.00
54800	000	$272.86
54830	090	$796.29
54840	090	$686.25
54860	090	$894.43
54861	090	$1,209.67
54865	090	$765.81
54900	090	$1,798.53
54901	090	$2,371.77
55000	000	$248.33
55040	090	$722.68
55041	090	$1,088.48
55060	090	$813.39
55100	010	$458.00
55110	090	$828.26
55120	090	$762.09
55150	090	$1,050.57
55175	090	$773.98
55180	090	$1,479.57
55200	090	$921.20
55250	090	$811.16
55300	000	$400.75
55400	090	$1,089.97
55450	010	$759.11
55500	090	$848.33
55520	090	$972.50
55530	090	$750.94

CPT CODE	FUD	MAXIMUM FEE
55535	090	$918.97
55540	090	$1,162.83
55550	090	$917.48
55559	YYY	$0.00
55600	090	$900.38
55605	090	$1,172.50
55650	090	$1,535.33
55680	090	$759.11
55700	000	$460.23
55705	010	$568.78
55706	010	$797.78
55720	090	$968.04
55725	090	$1,266.92
55801	090	$2,352.43
55810	090	$2,821.58
55812	090	$3,440.92
55815	090	$3,787.39
55821	090	$1,867.67
55831	090	$2,020.83
55840	090	$2,505.60
55842	090	$2,504.11
55845	090	$2,917.49
55860	090	$1,871.39
55862	090	$2,462.47
55865	090	$2,852.07
55866	090	$2,996.31
55870	000	$372.49
55873	090	$14,910.89
55875	090	$1,629.75
55876	000	$286.99
55899	YYY	$0.00
55920	000	$958.37
55970	YYY	$0.00
55980	YYY	$0.00
56405	010	$229.74
56420	010	$255.76
56440	010	$384.39

CPT CODE	FUD	MAXIMUM FEE
56441	010	$303.35
56442	000	$101.12
56501	010	$275.10
56515	010	$477.33
56605	000	$173.24
56606	ZZZ	$79.55
56620	090	$1,105.58
56625	090	$1,338.30
56630	090	$1,979.20
56631	090	$2,529.39
56632	090	$2,936.08
56633	090	$2,591.10
56634	090	$2,800.02
56637	090	$3,224.56
56640	090	$3,248.35
56700	010	$392.57
56740	010	$636.44
56800	010	$508.55
56805	090	$2,460.24
56810	010	$549.45
56820	000	$237.18
56821	000	$312.27
57000	010	$397.03
57010	090	$913.76
57020	000	$195.54
57022	010	$358.37
57023	010	$653.54
57061	010	$239.41
57065	010	$411.16
57100	000	$188.11
57105	010	$287.73
57106	090	$1,048.34
57107	090	$3,095.93
57109	090	$3,706.35
57110	090	$1,883.29
57111	090	$3,403.74
57112	090	$3,956.91

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CPT CODE	FUD	MAXIMUM FEE
57120	090	$1,073.61
57130	010	$371.75
57135	010	$404.46
57150	000	$94.42
57155	000	$910.79
57156	000	$417.85
57160	000	$159.85
57170	000	$127.88
57180	010	$295.17
57200	090	$638.67
57210	090	$774.73
57220	090	$672.12
57230	090	$831.98
57240	090	$1,416.37
57250	090	$1,424.55
57260	090	$1,755.40
57265	090	$1,921.95
57267	ZZZ	$542.01
57268	090	$1,020.83
57270	090	$1,689.23
57280	090	$2,012.65
57282	090	$1,055.77
57283	090	$1,452.06
57284	090	$1,721.20
57285	090	$1,418.60
57287	090	$1,437.93
57288	090	$1,512.28
57289	090	$1,555.40
57291	090	$1,297.41
57292	090	$1,735.33
57295	090	$1,007.44
57296	090	$1,998.53
57300	090	$1,192.57
57305	090	$1,990.35
57307	090	$2,304.85
57308	090	$1,395.55
57310	090	$982.16

CPT CODE	FUD	MAXIMUM FEE
57311	090	$1,122.69
57320	090	$1,134.58
57330	090	$1,576.22
57335	090	$2,402.25
57400	000	$285.50
57410	000	$228.25
57415	010	$338.29
57420	000	$248.33
57421	000	$333.09
57423	090	$1,923.43
57425	090	$2,045.37
57426	090	$1,779.20
57452	000	$229.74
57454	000	$321.94
57455	000	$300.37
57456	000	$283.27
57460	000	$594.06
57461	000	$671.38
57500	000	$268.40
57505	010	$214.87
57510	010	$275.84
57511	010	$304.84
57513	010	$305.58
57520	090	$647.59
57522	090	$553.91
57530	090	$733.83
57531	090	$3,904.12
57540	090	$1,650.57
57545	090	$1,786.63
57550	090	$856.51
57555	090	$1,262.46
57556	090	$1,195.55
57558	010	$261.71
57700	090	$670.64
57720	090	$646.10
57800	000	$127.14
58100	000	$229.74

CPT CODE	FUD	MAXIMUM FEE
58110	ZZZ	$101.12
58120	010	$544.24
58140	090	$1,948.71
58145	090	$1,157.63
58146	090	$2,421.58
58150	090	$2,145.74
58152	090	$2,634.96
58180	090	$2,034.96
58200	090	$2,915.26
58210	090	$3,937.58
58240	090	$6,214.17
58260	090	$1,739.05
58262	090	$1,942.02
58263	090	$2,082.54
58267	090	$2,220.09
58270	090	$1,855.78
58275	090	$2,073.62
58280	090	$2,207.45
58285	090	$2,829.02
58290	090	$2,422.32
58291	090	$2,614.15
58292	090	$2,760.62
58293	090	$2,868.42
58294	090	$2,567.31
58300	XXX	$153.16
58301	000	$199.26
58321	000	$161.34
58322	000	$179.93
58323	000	$31.97
58340	000	$249.82
58345	010	$573.24
58346	090	$945.73
58350	010	$201.49
58353	010	$2,107.82
58356	010	$3,943.52
58400	090	$928.63
58410	090	$1,725.66

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CPT CODE	FUD	MAXIMUM FEE
58520	090	$1,802.99
58540	090	$1,907.82
58541	090	$1,509.31
58542	090	$1,726.41
58543	090	$1,745.74
58544	090	$1,905.59
58545	090	$1,907.08
58546	090	$2,362.10
58548	090	$4,058.77
58550	090	$1,857.26
58552	090	$2,086.26
58553	090	$2,395.56
58554	090	$2,807.46
58555	000	$654.28
58558	000	$850.56
58559	000	$719.71
58560	000	$811.90
58561	000	$1,150.94
58562	000	$879.56
58563	000	$3,495.19
58565	090	$3,910.07
58570	090	$1,641.65
58571	090	$1,901.87
58572	090	$2,153.18
58573	090	$2,574.00
58578	YYY	$0.00
58579	YYY	$0.00
58600	090	$765.06
58605	090	$692.94
58611	ZZZ	$162.83
58615	010	$511.53
58660	090	$1,422.32
58661	010	$1,373.24
58662	090	$1,497.41
58670	090	$768.78
58671	090	$767.29
58672	090	$1,543.51

CPT CODE	FUD	MAXIMUM FEE
58673	090	$1,678.08
58679	YYY	$0.00
58700	090	$1,653.54
58720	090	$1,560.61
58740	090	$1,867.67
58750	090	$2,065.44
58752	090	$1,955.41
58760	090	$1,732.36
58770	090	$1,957.64
58800	090	$666.92
58805	090	$849.08
58820	090	$655.77
58822	090	$1,593.32
58825	090	$1,467.67
58900	090	$967.29
58920	090	$1,621.57
58925	090	$1,579.94
58940	090	$1,115.25
58943	090	$2,507.08
58950	090	$2,408.20
58951	090	$3,098.91
58952	090	$3,505.60
58953	090	$4,336.84
58954	090	$4,713.79
58956	090	$2,943.52
58957	090	$3,389.62
58958	090	$3,723.45
58960	090	$2,075.85
58970	000	$468.41
58974	000	$313.01
58976	000	$534.58
58999	YYY	$0.00
59000	000	$267.66
59001	000	$387.36
59012	000	$437.18
59015	000	$333.09
59020	000	$150.93

CPT CODE	FUD	MAXIMUM FEE
59025	000	$102.60
59030	000	$215.62
59050	XXX	$109.29
59051	XXX	$90.71
59070	000	$851.31
59072	000	$1,004.47
59074	000	$815.62
59076	000	$1,004.47
59100	090	$1,701.87
59120	090	$1,702.62
59121	090	$1,707.82
59130	090	$1,995.55
59135	090	$1,776.22
59136	090	$1,816.37
59140	090	$855.03
59150	090	$1,653.54
59151	090	$1,603.73
59160	010	$435.69
59200	000	$152.42
59300	000	$412.64
59320	000	$327.88
59325	000	$522.68
59350	000	$570.26
59400	MMM	$4,473.64
59409	MMM	$1,750.94
59410	MMM	$2,233.47
59412	MMM	$223.05
59414	MMM	$197.77
59425	MMM	$970.27
59426	MMM	$1,734.59
59430	MMM	$393.31
59510	MMM	$4,965.84
59514	MMM	$1,973.25
59515	MMM	$2,713.78
59525	ZZZ	$1,040.16
59610	MMM	$4,707.10
59612	MMM	$1,975.48

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CPT CODE	FUD	MAXIMUM FEE
59614	MMM	$2,456.52
59618	MMM	$5,033.50
59620	MMM	$2,023.81
59622	MMM	$2,788.87
59812	090	$680.30
59820	090	$809.67
59821	090	$817.11
59830	090	$936.07
59840	010	$464.69
59841	010	$819.34
59850	090	$744.24
59851	090	$789.60
59852	090	$1,076.59
59855	090	$890.71
59856	090	$1,047.59
59857	090	$1,106.33
59866	000	$463.20
59870	090	$1,011.16
59871	000	$286.99
59897	YYY	$0.00
59898	YYY	$0.00
59899	YYY	$0.00
60000	010	$365.06
60100	000	$239.41
60200	090	$1,417.85
60210	090	$1,521.20
60212	090	$2,164.33
60220	090	$1,521.20
60225	090	$2,004.48
60240	090	$1,978.45
60252	090	$2,843.89
60254	090	$3,603.74
60260	090	$2,353.18
60270	090	$2,943.52
60271	090	$2,276.60
60280	090	$952.42
60281	090	$1,262.46

CPT CODE	FUD	MAXIMUM FEE
60300	000	$251.30
60500	090	$2,075.85
60502	090	$2,768.79
60505	090	$2,980.69
60512	ZZZ	$525.65
60520	090	$2,246.11
60521	090	$2,422.32
60522	090	$2,930.13
60540	090	$2,278.08
60545	090	$2,613.40
60600	090	$3,010.43
60605	090	$3,720.47
60650	090	$2,566.56
60659	YYY	$0.00
60699	YYY	$0.00
61000	000	$250.56
61001	000	$182.16
61020	000	$218.59
61026	000	$221.56
61050	000	$183.64
61055	000	$259.48
61070	000	$124.16
61105	090	$991.09
61107	000	$692.94
61108	090	$1,976.97
61120	090	$1,624.55
61140	090	$2,762.10
61150	090	$2,924.93
61151	090	$2,180.69
61154	090	$2,772.51
61156	090	$2,720.47
61210	000	$811.90
61215	090	$1,102.61
61250	090	$1,761.35
61253	090	$1,760.61
61304	090	$3,595.57
61305	090	$4,382.93

CPT CODE	FUD	MAXIMUM FEE
61312	090	$4,551.71
61313	090	$4,340.55
61314	090	$3,984.42
61315	090	$4,523.45
61316	ZZZ	$193.31
61320	090	$4,159.14
61321	090	$4,591.11
61322	090	$5,203.01
61323	090	$5,267.70
61330	090	$3,477.35
61332	090	$3,820.85
61333	090	$3,942.04
61340	090	$3,114.52
61343	090	$4,800.78
61345	090	$4,449.10
61450	090	$4,207.47
61458	090	$4,388.14
61460	090	$4,626.06
61480	090	$3,476.61
61500	090	$2,869.91
61501	090	$2,503.36
61510	090	$4,774.76
61512	090	$5,571.79
61514	090	$4,150.22
61516	090	$4,051.33
61517	ZZZ	$193.31
61518	090	$6,025.32
61519	090	$6,405.25
61520	090	$8,231.29
61521	090	$6,890.01
61522	090	$4,742.04
61524	090	$4,527.17
61526	090	$8,033.52
61530	090	$6,771.05
61531	090	$2,657.27
61533	090	$3,322.70
61534	090	$3,548.73

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CPT CODE	FUD	MAXIMUM FEE
61535	090	$2,171.76
61536	090	$5,673.65
61537	090	$5,385.17
61538	090	$5,860.27
61539	090	$5,133.87
61540	090	$4,799.29
61541	090	$4,723.46
61543	090	$4,623.83
61544	090	$4,181.44
61545	090	$7,003.77
61546	090	$5,073.64
61548	090	$3,424.56
61550	090	$2,075.11
61552	090	$2,495.19
61556	090	$3,430.51
61557	090	$3,487.76
61558	090	$4,124.94
61559	090	$4,559.89
61563	090	$4,167.32
61564	090	$5,032.75
61566	090	$4,915.28
61567	090	$5,634.24
61570	090	$4,079.58
61571	090	$4,347.99
61575	090	$4,632.01
61576	090	$7,833.52
61580	090	$5,417.88
61581	090	$5,730.15
61582	090	$6,295.21
61583	090	$6,301.91
61584	090	$6,220.12
61585	090	$7,046.15
61586	090	$5,237.96
61590	090	$6,577.74
61591	090	$6,712.32
61592	090	$6,916.78
61595	090	$5,111.56

CPT CODE	FUD	MAXIMUM FEE
61596	090	$5,251.34
61597	090	$6,133.13
61598	090	$6,188.89
61600	090	$4,620.85
61601	090	$5,263.98
61605	090	$4,690.74
61606	090	$6,494.47
61607	090	$5,889.26
61608	090	$7,086.30
61610	ZZZ	$3,345.01
61611	ZZZ	$836.44
61612	ZZZ	$3,143.52
61613	090	$7,032.02
61615	090	$4,908.59
61616	090	$7,260.28
61618	090	$2,823.81
61619	090	$3,133.85
61623	000	$1,231.24
61624	000	$2,473.62
61626	000	$1,858.75
61630	XXX	$2,878.83
61635	XXX	$3,089.99
61640	000	$1,391.83
61641	ZZZ	$488.48
61642	ZZZ	$977.70
61645	000	$1,679.57
61650	000	$1,120.45
61651	ZZZ	$475.84
61680	090	$4,900.41
61682	090	$9,108.62
61684	090	$6,257.30
61686	090	$9,825.35
61690	090	$4,739.07
61692	090	$7,984.45
61697	090	$9,255.09
61698	090	$10,151.75
61700	090	$7,442.44

CPT CODE	FUD	MAXIMUM FEE
61702	090	$8,792.63
61703	090	$2,982.92
61705	090	$5,612.68
61708	090	$4,563.60
61710	090	$4,731.63
61711	090	$5,675.14
61720	090	$2,788.13
61735	090	$3,446.87
61750	090	$3,076.60
61751	090	$3,023.07
61760	090	$3,472.15
61770	090	$3,544.26
61781	ZZZ	$517.48
61782	ZZZ	$379.93
61783	ZZZ	$509.30
61790	090	$1,925.67
61791	090	$2,333.10
61796	090	$2,220.83
61797	ZZZ	$486.25
61798	090	$3,029.76
61799	ZZZ	$669.89
61800	ZZZ	$339.04
61850	090	$2,152.43
61860	090	$3,437.94
61863	090	$3,283.30
61864	ZZZ	$626.77
61867	090	$4,986.65
61868	ZZZ	$1,098.89
61870	090	$2,500.39
61880	090	$1,243.13
61885	090	$1,119.71
61886	090	$1,837.19
61888	010	$863.20
62000	090	$2,258.75
62005	090	$2,712.29
62010	090	$3,342.78
62100	090	$3,478.84

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CPT CODE	FUD	MAXIMUM FEE
62115	090	$2,812.66
62117	090	$3,515.27
62120	090	$3,593.34
62121	090	$3,458.76
62140	090	$2,249.09
62141	090	$2,477.34
62142	090	$1,932.36
62143	090	$2,263.96
62145	090	$3,078.83
62146	090	$2,714.52
62147	090	$3,088.50
62148	ZZZ	$280.30
62160	ZZZ	$419.33
62161	090	$3,324.93
62162	090	$4,131.63
62163	090	$2,419.35
62164	090	$4,544.27
62165	090	$3,360.62
62180	090	$3,490.73
62190	090	$1,921.95
62192	090	$2,127.90
62194	010	$1,006.70
62200	090	$3,011.18
62201	090	$2,637.94
62220	090	$2,245.37
62223	090	$2,284.78
62225	090	$1,142.02
62230	090	$1,837.19
62252	XXX	$183.64
62256	090	$1,301.87
62258	090	$2,456.52
62263	010	$1,383.65
62264	010	$896.66
62267	000	$528.63
62268	000	$556.14
62269	000	$581.42
62270	000	$337.55

CPT CODE	FUD	MAXIMUM FEE
62272	000	$428.26
62273	000	$368.03
62280	010	$649.08
62281	010	$511.53
62282	010	$621.57
62284	000	$386.62
62287	090	$1,217.11
62290	000	$708.56
62291	000	$701.86
62292	090	$1,246.85
62294	090	$1,684.03
62302	000	$511.53
62303	000	$531.60
62304	000	$506.32
62305	000	$551.68
62310	000	$509.30
62311	000	$469.89
62318	000	$487.74
62319	000	$356.14
62350	010	$863.95
62351	090	$1,881.06
62355	010	$579.93
62360	010	$672.12
62361	010	$775.47
62362	010	$834.21
62365	010	$640.15
62367	XXX	$87.73
62368	XXX	$120.45
62369	XXX	$255.02
62370	XXX	$268.40
63001	090	$2,701.88
63003	090	$2,687.01
63005	090	$2,564.33
63011	090	$2,366.56
63012	090	$2,582.92
63015	090	$3,231.25
63016	090	$3,301.14

CPT CODE	FUD	MAXIMUM FEE
63017	090	$2,723.44
63020	090	$2,516.00
63030	090	$2,095.93
63035	ZZZ	$417.10
63040	090	$3,018.61
63042	090	$2,803.74
63043	ZZZ	$1,286.26
63044	ZZZ	$1,221.57
63045	090	$2,800.76
63046	090	$2,646.86
63047	090	$2,388.87
63048	ZZZ	$460.97
63050	090	$3,229.76
63051	090	$3,708.58
63055	090	$3,543.52
63056	090	$3,214.89
63057	ZZZ	$697.40
63064	090	$3,843.15
63066	ZZZ	$456.51
63075	090	$2,941.29
63076	ZZZ	$538.29
63077	090	$3,249.84
63078	ZZZ	$420.82
63081	090	$3,814.90
63082	ZZZ	$580.67
63085	090	$4,143.53
63086	ZZZ	$414.13
63087	090	$5,217.88
63088	ZZZ	$564.32
63090	090	$4,223.08
63091	ZZZ	$383.65
63101	090	$5,029.78
63102	090	$4,924.94
63103	ZZZ	$638.67
63170	090	$3,497.42
63172	090	$3,023.07
63173	090	$3,743.52

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CPT CODE	FUD	MAXIMUM FEE
63180	090	$3,261.73
63182	090	$3,011.92
63185	090	$2,453.55
63190	090	$2,721.95
63191	090	$2,955.41
63194	090	$3,507.09
63195	090	$3,376.23
63196	090	$3,037.94
63197	090	$3,759.14
63198	090	$3,577.72
63199	090	$3,754.68
63200	090	$3,345.75
63250	090	$6,124.21
63251	090	$6,655.81
63252	090	$6,647.63
63265	090	$3,639.43
63266	090	$3,741.29
63267	090	$2,975.49
63268	090	$3,127.90
63270	090	$4,553.94
63271	090	$4,510.81
63272	090	$4,112.30
63273	090	$4,074.38
63275	090	$3,919.73
63276	090	$3,889.25
63277	090	$3,369.54
63278	090	$3,488.50
63280	090	$4,614.16
63281	090	$4,556.17
63282	090	$4,287.76
63283	090	$4,125.68
63285	090	$5,738.33
63286	090	$5,649.86
63287	090	$6,039.45
63290	090	$6,029.04
63295	ZZZ	$732.35
63300	090	$4,000.03

CPT CODE	FUD	MAXIMUM FEE
63301	090	$4,824.57
63302	090	$4,749.48
63303	090	$5,053.57
63304	090	$5,099.67
63305	090	$5,294.46
63306	090	$5,011.93
63307	090	$5,024.57
63308	ZZZ	$708.56
63600	090	$1,947.23
63610	000	$917.48
63615	090	$2,098.16
63620	090	$2,444.63
63621	ZZZ	$559.11
63650	010	$2,816.38
63655	090	$1,790.35
63661	010	$1,232.72
63662	090	$1,805.96
63663	010	$1,683.28
63664	090	$1,860.98
63685	010	$791.08
63688	010	$797.03
63700	090	$2,513.03
63702	090	$2,741.28
63704	090	$3,617.87
63706	090	$3,670.66
63707	090	$1,990.35
63709	090	$2,385.15
63710	090	$2,347.23
63740	090	$2,051.32
63741	090	$1,467.67
63744	090	$1,460.98
63746	090	$1,311.53
64400	000	$269.89
64402	000	$275.84
64405	000	$214.13
64408	000	$216.36
64410	000	$258.74

CPT CODE	FUD	MAXIMUM FEE
64413	000	$268.40
64415	000	$249.82
64416	000	$168.03
64417	000	$273.61
64418	000	$307.81
64420	000	$237.92
64421	000	$318.96
64425	000	$279.56
64430	000	$292.94
64435	000	$287.73
64445	000	$287.73
64446	000	$168.77
64447	000	$253.53
64448	000	$151.67
64449	000	$179.18
64450	000	$168.77
64455	000	$101.12
64461	000	$313.76
64462	ZZZ	$177.70
64463	000	$341.27
64479	000	$499.63
64480	ZZZ	$239.41
64483	000	$465.43
64484	ZZZ	$185.88
64486	000	$263.20
64487	000	$324.17
64488	000	$324.91
64489	000	$452.05
64490	000	$403.72
64491	ZZZ	$199.26
64492	ZZZ	$200.00
64493	000	$366.55
64494	ZZZ	$183.64
64495	ZZZ	$184.39
64505	000	$221.56
64508	000	$132.34
64510	000	$269.15

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CPT CODE	FUD	MAXIMUM FEE
64517	000	$385.88
64520	000	$394.06
64530	000	$403.72
64550	000	$33.46
64553	010	$442.38
64555	010	$446.84
64561	010	$1,726.41
64565	010	$400.75
64566	000	$267.66
64568	090	$1,420.09
64569	090	$1,695.92
64570	090	$1,405.96
64575	090	$683.28
64580	090	$648.33
64581	090	$1,416.37
64585	010	$517.48
64590	010	$559.86
64595	010	$518.96
64600	010	$828.26
64605	010	$1,594.06
64610	010	$1,587.37
64611	010	$249.07
64612	010	$280.30
64615	010	$307.81
64616	010	$269.15
64617	010	$417.10
64620	010	$432.72
64630	010	$493.68
64632	010	$180.67
64633	010	$896.66
64634	ZZZ	$402.98
64635	010	$886.25
64636	ZZZ	$366.55
64640	010	$281.79
64642	000	$301.12
64643	ZZZ	$197.77
64644	000	$345.73

CPT CODE	FUD	MAXIMUM FEE
64645	ZZZ	$243.12
64646	000	$319.71
64647	000	$377.70
64650	000	$163.57
64653	000	$205.21
64680	010	$655.77
64681	010	$725.66
64702	090	$1,063.95
64704	090	$678.07
64708	090	$1,060.97
64712	090	$1,227.52
64713	090	$1,553.17
64714	090	$1,369.53
64716	090	$1,149.45
64718	090	$1,262.46
64719	090	$853.54
64721	090	$915.25
64722	090	$789.60
64726	090	$585.13
64727	ZZZ	$396.29
64732	090	$800.75
64734	090	$883.28
64736	090	$849.82
64738	090	$905.58
64740	090	$979.19
64742	090	$1,036.44
64744	090	$1,061.72
64746	090	$965.06
64755	090	$1,983.66
64760	090	$1,083.28
64763	090	$1,085.51
64766	090	$1,287.00
64771	090	$1,279.56
64772	090	$1,200.01
64774	090	$890.71
64776	090	$836.44
64778	ZZZ	$307.07

CPT CODE	FUD	MAXIMUM FEE
64782	090	$966.55
64783	ZZZ	$474.35
64784	090	$1,562.84
64786	090	$2,300.39
64787	ZZZ	$521.94
64788	090	$854.28
64790	090	$1,802.99
64792	090	$2,600.02
64795	000	$414.87
64802	090	$1,426.78
64804	090	$2,154.66
64809	090	$2,195.56
64818	090	$1,316.00
64820	090	$1,547.97
64821	090	$1,469.16
64822	090	$1,469.16
64823	090	$1,672.13
64831	090	$1,463.95
64832	ZZZ	$725.66
64834	090	$1,584.40
64835	090	$1,728.64
64836	090	$1,734.59
64837	ZZZ	$799.26
64840	090	$2,179.94
64856	090	$2,173.99
64857	090	$2,259.50
64858	090	$2,428.27
64859	ZZZ	$543.50
64861	090	$2,844.63
64862	090	$3,338.32
64864	090	$1,887.75
64865	090	$2,422.32
64866	090	$2,473.62
64868	090	$2,180.69
64872	ZZZ	$260.23
64874	ZZZ	$369.52
64876	ZZZ	$380.67

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CPT CODE	FUD	MAXIMUM FEE
64885	090	$2,468.42
64886	090	$2,800.76
64890	090	$2,336.82
64891	090	$2,498.16
64892	090	$2,236.45
64893	090	$2,431.25
64895	090	$2,868.42
64896	090	$3,078.83
64897	090	$2,664.70
64898	090	$2,930.88
64901	ZZZ	$1,203.73
64902	ZZZ	$1,417.85
64905	090	$2,202.99
64907	090	$2,959.87
64910	090	$1,763.58
64911	090	$2,165.82
64999	YYY	$0.00
65091	090	$1,334.58
65093	090	$1,319.71
65101	090	$1,550.20
65103	090	$1,618.60
65105	090	$1,784.40
65110	090	$2,572.51
65112	090	$2,990.36
65114	090	$3,140.54
65125	090	$959.86
65130	090	$1,537.56
65135	090	$1,560.61
65140	090	$1,696.67
65150	090	$1,202.98
65155	090	$1,777.71
65175	090	$1,381.42
65205	000	$117.47
65210	000	$144.24
65220	000	$121.93
65222	000	$139.78
65235	090	$1,497.41

CPT CODE	FUD	MAXIMUM FEE
65260	090	$2,021.58
65265	090	$2,278.08
65270	010	$559.86
65272	090	$1,055.03
65273	090	$802.98
65275	090	$1,214.88
65280	090	$1,414.14
65285	090	$2,335.33
65286	090	$1,478.82
65290	090	$1,029.75
65400	090	$1,429.01
65410	000	$300.37
65420	090	$1,084.02
65426	090	$1,369.53
65430	000	$240.15
65435	000	$167.29
65436	090	$815.62
65450	090	$683.28
65600	090	$829.00
65710	090	$2,329.39
65730	090	$2,583.66
65750	090	$2,597.79
65755	090	$2,583.66
65756	090	$2,495.93
65757	ZZZ	$0.00
65760	XXX	$2,463.22
65765	XXX	$3,570.29
65767	XXX	$3,324.19
65770	090	$2,957.64
65771	XXX	$1,354.66
65772	090	$948.71
65775	090	$1,161.35
65778	000	$3,014.15
65779	000	$2,526.41
65780	090	$1,513.77
65781	090	$2,808.20
65782	090	$2,422.32

CPT CODE	FUD	MAXIMUM FEE
65785	090	$4,451.33
65800	000	$250.56
65810	090	$979.93
65815	090	$1,339.79
65820	090	$1,576.22
65850	090	$1,768.04
65855	010	$574.73
65860	090	$649.08
65865	090	$995.55
65870	090	$1,243.88
65875	090	$1,326.40
65880	090	$1,391.83
65900	090	$2,020.83
65920	090	$1,660.24
65930	090	$1,342.02
66020	010	$391.82
66030	010	$347.96
66130	090	$1,461.72
66150	090	$1,844.62
66155	090	$1,843.14
66160	090	$2,078.83
66170	090	$2,043.14
66172	090	$2,576.97
66174	090	$1,994.81
66175	090	$2,089.98
66179	090	$2,268.42
66180	090	$2,394.81
66183	090	$2,168.79
66184	090	$1,652.06
66185	090	$1,779.20
66220	090	$1,571.02
66225	090	$1,960.61
66250	090	$1,573.25
66500	090	$744.24
66505	090	$816.36
66600	090	$1,750.20
66605	090	$2,224.55

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CPT CODE	FUD	MAXIMUM FEE
66625	090	$904.10
66630	090	$1,198.52
66635	090	$1,210.42
66680	090	$1,089.97
66682	090	$1,341.27
66700	090	$946.48
66710	090	$924.91
66711	090	$1,351.68
66720	090	$997.03
66740	090	$919.71
66761	010	$623.05
66762	090	$998.52
66770	090	$1,109.30
66820	090	$826.77
66821	090	$693.69
66825	090	$1,599.27
66830	090	$1,498.90
66840	090	$1,466.93
66850	090	$1,669.16
66852	090	$1,778.45
66920	090	$1,588.12
66930	090	$1,804.47
66940	090	$1,647.60
66982	090	$1,674.36
66983	090	$1,556.15
66984	090	$1,346.48
66985	090	$1,621.57
66986	090	$1,913.03
66990	ZZZ	$191.08
66999	YYY	$0.00
67005	090	$995.55
67010	090	$1,142.76
67015	090	$1,220.83
67025	090	$1,526.41
67027	090	$1,795.55
67028	000	$214.87
67030	090	$1,119.71

CPT CODE	FUD	MAXIMUM FEE
67031	090	$817.11
67036	090	$1,898.90
67039	090	$2,033.47
67040	090	$2,197.79
67041	090	$2,428.27
67042	090	$2,429.01
67043	090	$2,564.33
67101	090	$1,647.60
67105	090	$1,512.28
67107	090	$2,142.77
67108	090	$2,732.36
67110	090	$1,599.27
67113	090	$2,970.28
67115	090	$1,052.05
67120	090	$1,380.68
67121	090	$1,913.03
67141	090	$1,101.87
67145	090	$1,108.56
67208	090	$1,260.98
67210	090	$1,089.97
67218	090	$2,915.26
67220	090	$1,123.43
67221	000	$602.98
67225	ZZZ	$62.45
67227	010	$608.93
67228	010	$716.73
67229	090	$2,353.92
67250	090	$1,643.14
67255	090	$1,437.93
67299	YYY	$0.00
67311	090	$1,259.49
67312	090	$1,499.64
67314	090	$1,417.85
67316	090	$1,687.75
67318	090	$1,482.54
67320	ZZZ	$681.79
67331	ZZZ	$646.85

CPT CODE	FUD	MAXIMUM FEE
67332	ZZZ	$701.86
67334	ZZZ	$637.92
67335	ZZZ	$313.76
67340	ZZZ	$758.37
67343	090	$1,376.96
67345	010	$512.27
67346	000	$408.93
67399	YYY	$0.00
67400	090	$1,956.15
67405	090	$1,672.13
67412	090	$1,790.35
67413	090	$1,800.76
67414	090	$2,790.36
67415	000	$220.82
67420	090	$3,408.20
67430	090	$2,608.94
67440	090	$2,533.10
67445	090	$2,951.70
67450	090	$2,640.91
67500	000	$165.06
67505	000	$187.36
67515	000	$203.72
67550	090	$2,029.01
67560	090	$2,079.57
67570	090	$2,449.09
67599	YYY	$0.00
67700	010	$562.09
67710	010	$468.41
67715	010	$499.63
67800	010	$266.92
67801	010	$340.52
67805	010	$423.80
67808	090	$777.70
67810	000	$361.34
67820	000	$104.83
67825	010	$269.89
67830	010	$558.37

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CPT CODE	FUD	MAXIMUM FEE
67835	090	$922.68
67840	010	$576.96
67850	010	$450.56
67875	000	$359.85
67880	090	$962.83
67882	090	$1,183.65
67900	090	$1,344.99
67901	090	$1,588.12
67902	090	$1,524.18
67903	090	$1,246.11
67904	090	$1,537.56
67906	090	$1,068.41
67908	090	$1,036.44
67909	090	$1,124.92
67911	090	$1,185.14
67912	090	$1,852.06
67914	090	$984.39
67915	090	$613.39
67916	090	$1,242.39
67917	090	$1,264.69
67921	090	$965.06
67922	090	$608.18
67923	090	$1,240.90
67924	090	$1,322.69
67930	010	$763.57
67935	090	$1,247.59
67938	010	$507.07
67950	090	$1,202.24
67961	090	$1,205.96
67966	090	$1,614.88
67971	090	$1,524.92
67973	090	$1,961.35
67974	090	$1,957.64
67975	090	$1,442.39
67999	YYY	$0.00
68020	010	$251.30
68040	000	$131.60

CPT CODE	FUD	MAXIMUM FEE
68100	000	$356.14
68110	010	$472.87
68115	010	$653.54
68130	090	$1,130.12
68135	010	$329.37
68200	000	$86.99
68320	090	$1,520.46
68325	090	$1,388.11
68326	090	$1,360.61
68328	090	$1,492.20
68330	090	$1,268.41
68335	090	$1,364.32
68340	090	$1,143.50
68360	090	$1,116.74
68362	090	$1,382.91
68371	010	$869.90
68399	YYY	$0.00
68400	010	$594.80
68420	010	$674.35
68440	010	$214.87
68500	090	$2,053.55
68505	090	$2,040.91
68510	000	$935.32
68520	090	$1,449.08
68525	000	$556.88
68530	010	$897.40
68540	090	$1,959.87
68550	090	$2,333.10
68700	090	$1,272.13
68705	010	$495.91
68720	090	$1,593.32
68745	090	$1,600.01
68750	090	$1,656.52
68760	010	$422.31
68761	010	$310.04
68770	090	$1,324.17
68801	010	$211.15

CPT CODE	FUD	MAXIMUM FEE
68810	010	$409.67
68811	010	$350.93
68815	010	$833.46
68816	010	$1,352.43
68840	010	$268.40
68850	000	$128.63
68899	YYY	$0.00
69000	010	$397.77
69005	010	$458.00
69020	010	$495.91
69090	XXX	$66.92
69100	000	$211.90
69105	000	$298.89
69110	090	$974.73
69120	090	$868.41
69140	090	$1,881.06
69145	090	$847.59
69150	090	$2,246.86
69155	090	$3,582.93
69200	000	$210.41
69205	010	$217.85
69209	000	$26.77
69210	000	$104.09
69220	000	$235.69
69222	010	$468.41
69300	YYY	$1,569.53
69310	090	$2,343.51
69320	090	$3,318.98
69399	YYY	$0.00
69420	010	$408.93
69421	010	$319.71
69424	000	$272.12
69433	010	$431.97
69436	010	$344.24
69440	090	$1,481.05
69450	090	$1,170.27
69501	090	$1,576.22

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CPT CODE	FUD	MAXIMUM FEE
69502	090	$2,089.24
69505	090	$2,583.66
69511	090	$2,639.43
69530	090	$3,557.65
69535	090	$5,770.30
69540	010	$446.10
69550	090	$2,237.19
69552	090	$3,359.88
69554	090	$5,233.50
69601	090	$2,248.34
69602	090	$2,338.31
69603	090	$2,735.34
69604	090	$2,390.35
69605	090	$3,353.93
69610	010	$821.57
69620	090	$1,485.51
69631	090	$1,899.64
69632	090	$2,313.03
69633	090	$2,245.37
69635	090	$2,656.53
69636	090	$2,970.28
69637	090	$2,953.93

CPT CODE	FUD	MAXIMUM FEE
69641	090	$2,237.94
69642	090	$2,870.65
69643	090	$2,631.25
69644	090	$3,176.23
69645	090	$3,124.19
69646	090	$3,318.98
69650	090	$1,731.61
69660	090	$1,993.32
69661	090	$2,598.53
69662	090	$2,491.47
69666	090	$1,737.56
69667	090	$1,738.30
69670	090	$2,036.45
69676	090	$1,785.14
69700	090	$1,472.87
69710	XXX	$0.00
69711	090	$1,857.26
69714	090	$2,317.49
69715	090	$2,858.01
69717	090	$2,433.48
69718	090	$2,887.01
69720	090	$2,617.12

CPT CODE	FUD	MAXIMUM FEE
69725	090	$4,044.64
69740	090	$2,510.06
69745	090	$3,001.51
69799	YYY	$0.00
69801	000	$418.59
69805	090	$2,266.93
69806	090	$2,032.73
69820	090	$1,841.65
69840	090	$1,939.05
69905	090	$1,971.76
69910	090	$2,187.38
69915	090	$3,310.06
69930	090	$2,634.22
69949	YYY	$0.00
69950	090	$3,835.72
69955	090	$4,291.48
69960	090	$4,127.91
69970	090	$4,614.16
69979	YYY	$0.00
69990	ZZZ	$479.56

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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. **MAXIMUM FEES:** The Maximum Fees 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 include both the professional and technical components. **Where the value is "0" for either the professional component or technical component there is no designated payment allowed.**
   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 value 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 value is shown in the "TC" column of this fee schedule.**
   The **total services component** includes both the professional component and the technical component. **The value 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 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).

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RADIOLOGY GROUND RULES
(Including Nuclear Medicine and Diagnostic Ultrasound)

9. **ADD-ON CODES:** Certain codes, by the nature of their description and the maximum fees 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 Maximum Fees 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 a maximum fee 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 maximum fee. 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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RADIOLOGY

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
70010	$25.83	$72.45	$98.28
70015	$99.40	$143.21	$242.61
70030	$13.48	$30.33	$43.80
70100	$14.60	$37.07	$51.67
70110	$20.22	$39.31	$59.53
70120	$14.60	$38.75	$53.35
70130	$27.52	$58.41	$85.92
70134	$28.08	$52.79	$80.87
70140	$16.85	$29.76	$46.61
70150	$21.34	$43.80	$65.15
70160	$14.04	$37.07	$51.11
70170	$24.15	$58.97	$83.12
70190	$17.97	$38.19	$56.16
70200	$22.46	$43.80	$66.27
70210	$14.04	$32.57	$46.61
70220	$20.22	$38.75	$58.97
70240	$15.72	$31.45	$47.17
70250	$20.22	$36.50	$56.72
70260	$28.08	$43.80	$71.88
70300	$9.55	$14.04	$23.59
70310	$12.92	$44.93	$57.84
70320	$19.09	$63.46	$82.56
70328	$14.60	$33.70	$48.30
70330	$20.22	$53.91	$74.13
70332	$49.98	$78.06	$128.04
70336	$117.94	$388.63	$506.56
70350	$16.29	$15.16	$31.45
70355	$17.97	$14.60	$32.57
70360	$13.48	$30.89	$44.37
70370	$25.83	$98.28	$124.11
70371	$68.52	$75.82	$144.33
70380	$14.60	$42.12	$56.72
70390	$30.33	$117.94	$148.26
70450	$68.52	$115.13	$183.64
70460	$90.42	$165.11	$255.53
70470	$102.21	$201.05	$303.26
70480	$102.77	$266.20	$368.97

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
70481	$110.64	$325.73	$436.36
70482	$115.69	$360.55	$476.24
70486	$68.52	$152.76	$221.27
70487	$90.42	$175.78	$266.20
70488	$101.65	$222.39	$324.04
70490	$102.77	$202.18	$304.95
70491	$111.20	$261.14	$372.34
70492	$116.25	$322.92	$439.17
70496	$139.84	$325.17	$465.00
70498	$139.84	$323.48	$463.32
70540	$107.83	$459.39	$567.22
70542	$129.73	$504.88	$634.61
70543	$171.85	$604.84	$776.69
70544	$96.60	$522.29	$618.88
70545	$96.03	$514.99	$611.02
70546	$144.33	$800.84	$945.17
70547	$96.60	$524.53	$621.13
70548	$96.60	$555.42	$652.02
70549	$144.33	$806.46	$950.79
70551	$118.50	$245.42	$363.92
70552	$142.65	$362.23	$504.88
70553	$183.64	$412.78	$596.42
70554	$170.16	$541.94	$712.11
70555	$202.18	$987.29	$1,189.47
70557	$233.63	$1,890.35	$2,123.97
70558	$257.21	$2,081.29	$2,338.50
70559	$259.46	$2,099.26	$2,358.72
71010	$14.60	$20.78	$35.38
71015	$17.41	$26.40	$43.80
71020	$17.41	$26.40	$43.80
71021	$21.90	$31.45	$53.35
71022	$26.40	$39.31	$65.71
71023	$30.33	$69.64	$99.96
71030	$25.27	$40.44	$65.71
71034	$37.63	$93.79	$131.41
71035	$14.60	$37.07	$51.67
71100	$17.97	$33.70	$51.67

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
71101	$21.90	$35.38	$57.28
71110	$21.90	$37.07	$58.97
71111	$26.40	$48.86	$75.25
71120	$16.29	$30.33	$46.61
71130	$17.97	$38.75	$56.72
71250	$81.99	$203.30	$285.29
71260	$99.96	$262.27	$362.23
71270	$110.64	$324.04	$434.68
71275	$145.45	$327.97	$473.43
71550	$116.81	$536.89	$653.70
71551	$138.15	$585.19	$723.34
71552	$181.40	$734.01	$915.41
71555	$143.21	$484.10	$627.31
72020	$12.36	$22.46	$34.82
72040	$17.97	$34.26	$52.23
72050	$25.27	$45.49	$70.76
72052	$29.20	$59.53	$88.73
72070	$17.97	$35.38	$53.35
72072	$17.41	$37.07	$54.48
72074	$17.41	$44.37	$61.78
72080	$17.41	$30.89	$48.30
72081	$21.34	$39.87	$61.21
72082	$25.83	$72.45	$98.28
72083	$28.08	$78.62	$106.70
72084	$32.57	$94.91	$127.48
72100	$17.97	$37.07	$55.04
72110	$25.27	$51.67	$76.94
72114	$26.40	$71.88	$98.28
72120	$17.97	$45.49	$63.46
72125	$85.92	$205.55	$291.47
72126	$97.72	$263.95	$361.67
72127	$101.65	$326.29	$427.94
72128	$80.31	$204.42	$284.73
72129	$97.72	$264.51	$362.23
72130	$101.65	$329.10	$430.75
72131	$80.31	$203.30	$283.61
72132	$97.72	$263.39	$361.11

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
72133	$101.65	$325.73	$427.38
72141	$119.06	$234.75	$353.81
72142	$143.77	$369.53	$513.30
72146	$119.06	$234.75	$353.81
72147	$142.65	$365.04	$507.69
72148	$119.06	$233.06	$352.12
72149	$143.77	$363.36	$507.12
72156	$183.64	$415.58	$599.23
72157	$183.64	$416.71	$600.35
72158	$183.64	$414.46	$598.10
72159	$144.89	$513.30	$658.20
72170	$14.04	$35.94	$49.98
72190	$17.41	$42.68	$60.09
72191	$144.89	$337.52	$482.41
72192	$87.61	$143.21	$230.82
72193	$93.23	$263.95	$357.18
72194	$97.72	$313.93	$411.65
72195	$117.37	$474.55	$591.93
72196	$139.28	$510.49	$649.77
72197	$181.40	$617.20	$798.60
72198	$143.21	$489.72	$632.92
72200	$14.04	$30.89	$44.93
72202	$15.16	$36.50	$51.67
72220	$14.04	$30.33	$44.37
72240	$73.01	$81.43	$154.44
72255	$74.13	$79.75	$153.88
72265	$66.83	$78.62	$145.45
72270	$107.27	$93.79	$201.05
72275	$62.90	$119.62	$182.52
72285	$97.16	$83.12	$180.27
72295	$69.64	$86.49	$156.12
73000	$13.48	$29.76	$43.24
73010	$14.60	$32.57	$47.17
73020	$12.36	$23.59	$35.94
73030	$15.16	$30.33	$45.49
73040	$43.80	$114.00	$157.81
73050	$16.85	$38.75	$55.60

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
73060	$13.48	$32.01	$45.49
73070	$12.92	$29.76	$42.68
73080	$14.04	$34.82	$48.86
73085	$46.05	$107.27	$153.32
73090	$13.48	$26.96	$40.44
73092	$12.92	$29.76	$42.68
73100	$13.48	$32.01	$45.49
73110	$14.04	$41.56	$55.60
73115	$45.49	$122.99	$168.48
73120	$13.48	$27.52	$41.00
73130	$14.04	$34.26	$48.30
73140	$11.23	$38.19	$49.42
73200	$80.31	$202.74	$283.05
73201	$93.23	$258.90	$352.12
73202	$97.72	$340.89	$438.61
73206	$143.77	$373.46	$517.23
73218	$108.39	$467.25	$575.64
73219	$130.29	$508.25	$638.54
73220	$172.41	$616.64	$789.05
73221	$108.95	$263.95	$372.90
73222	$130.29	$466.69	$596.98
73223	$172.41	$567.78	$740.19
73225	$137.03	$502.63	$639.66
73501	$15.16	$31.45	$46.61
73502	$17.97	$47.17	$65.15
73503	$23.03	$58.41	$81.43
73521	$18.53	$43.80	$62.34
73522	$24.15	$52.79	$76.94
73523	$25.83	$63.46	$89.29
73525	$46.05	$114.00	$160.06
73551	$13.48	$30.33	$43.80
73552	$15.16	$35.94	$51.11
73560	$13.48	$35.38	$48.86
73562	$15.16	$41.00	$56.16
73564	$17.97	$43.80	$61.78
73565	$14.04	$42.12	$56.16
73580	$45.49	$136.47	$181.96

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
73590	$13.48	$31.45	$44.93
73592	$12.92	$30.89	$43.80
73600	$13.48	$33.70	$47.17
73610	$14.04	$34.82	$48.86
73615	$46.05	$119.06	$165.11
73620	$12.36	$28.64	$41.00
73630	$13.48	$32.01	$45.49
73650	$12.92	$29.76	$42.68
73660	$10.67	$33.70	$44.37
73700	$80.31	$202.74	$283.05
73701	$93.23	$263.95	$357.18
73702	$97.16	$336.40	$433.56
73706	$151.63	$404.91	$556.55
73718	$108.39	$467.25	$575.64
73719	$129.73	$508.25	$637.98
73720	$172.41	$621.13	$793.54
73721	$108.95	$264.51	$373.46
73722	$130.29	$472.31	$602.60
73723	$172.41	$570.59	$743.00
73725	$144.33	$489.72	$634.05
74000	$14.60	$22.46	$37.07
74010	$18.53	$37.07	$55.60
74020	$21.90	$37.07	$58.97
74022	$25.83	$44.37	$70.20
74150	$95.47	$140.96	$236.43
74160	$102.21	$262.27	$364.48
74170	$112.32	$302.14	$414.46
74174	$175.22	$438.61	$613.83
74175	$144.89	$339.77	$484.66
74176	$139.84	$176.90	$316.74
74177	$146.02	$345.38	$491.40
74178	$161.18	$396.49	$557.67
74181	$116.81	$409.41	$526.22
74182	$138.72	$577.89	$716.60
74183	$181.40	$618.32	$799.72
74185	$143.21	$493.08	$636.29
74190	$37.63	$56.72	$94.35

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
74210	$28.64	$93.79	$122.43
74220	$37.07	$102.77	$139.84
74230	$42.68	$159.49	$202.18
74235	$99.40	$184.77	$284.17
74240	$55.60	$122.99	$178.59
74241	$55.60	$130.29	$185.89
74245	$73.01	$197.68	$270.69
74246	$55.60	$145.45	$201.05
74247	$55.60	$166.80	$222.39
74249	$73.01	$217.34	$290.35
74250	$37.63	$126.36	$163.99
74251	$55.60	$604.84	$660.44
74260	$40.44	$516.67	$557.11
74261	$193.19	$573.96	$767.15
74262	$200.49	$652.58	$853.07
74263	$180.84	$1,009.76	$1,190.59
74270	$55.60	$181.96	$237.56
74280	$79.75	$256.09	$335.84
74283	$163.43	$161.18	$324.60
74290	$25.83	$84.80	$110.64
74300	$29.20	$54.48	$83.68
74301	$16.85	$31.45	$48.30
74328	$56.72	$132.54	$189.26
74329	$57.28	$106.14	$163.43
74330	$73.01	$197.12	$270.13
74340	$43.24	$129.73	$172.97
74355	$61.78	$166.80	$228.57
74360	$44.93	$142.08	$187.01
74363	$68.52	$127.48	$196.00
74400	$39.31	$134.22	$173.53
74410	$38.75	$131.98	$170.73
74415	$39.31	$176.34	$215.65
74420	$28.08	$158.93	$187.01
74425	$28.08	$75.82	$103.90
74430	$25.83	$33.70	$59.53
74440	$29.20	$98.84	$128.04
74445	$86.49	$65.15	$151.63

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
74450	$26.40	$88.17	$114.57
74455	$26.40	$102.21	$128.61
74470	$42.12	$74.69	$116.81
74485	$41.56	$103.90	$145.45
74710	$27.52	$30.33	$57.84
74712	$240.93	$520.04	$760.97
74713	$143.21	$222.96	$366.16
74740	$30.33	$87.61	$117.94
74742	$47.17	$87.61	$134.78
74775	$49.98	$88.73	$138.72
75557	$184.77	$317.87	$502.63
75559	$228.57	$459.95	$688.52
75561	$204.42	$463.88	$668.30
75563	$234.19	$558.23	$792.42
75565	$19.66	$66.83	$86.49
75571	$46.05	$112.32	$158.37
75572	$138.72	$310.00	$448.72
75573	$201.61	$416.15	$617.76
75574	$189.26	$472.31	$661.56
75600	$38.75	$274.06	$312.81
75605	$89.29	$130.85	$220.15
75625	$89.29	$130.29	$219.59
75630	$140.96	$130.29	$271.25
75635	$190.94	$410.53	$601.47
75658	$102.21	$163.43	$265.64
75705	$183.08	$204.42	$387.50
75710	$90.42	$169.60	$260.02
75716	$103.33	$194.88	$298.21
75726	$88.73	$148.82	$237.56
75731	$91.54	$181.96	$273.50
75733	$101.65	$190.38	$292.03
75736	$88.73	$166.80	$255.53
75741	$101.65	$138.72	$240.36
75743	$129.17	$140.40	$269.57
75746	$89.86	$151.63	$241.49
75756	$89.86	$175.78	$265.64
75774	$28.08	$111.20	$139.28

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
75791	$138.15	$377.40	$515.55
75801	$71.32	$348.19	$419.52
75803	$93.79	$332.47	$426.25
75805	$65.15	$368.97	$434.12
75807	$94.35	$377.40	$471.74
75809	$38.19	$119.06	$157.25
75810	$92.10	$745.24	$837.35
75820	$55.60	$127.48	$183.08
75822	$83.68	$134.78	$218.46
75825	$90.42	$126.36	$216.78
75827	$90.42	$130.29	$220.71
75831	$88.73	$135.35	$224.08
75833	$115.69	$146.02	$261.71
75840	$91.54	$144.33	$235.87
75842	$119.06	$167.36	$286.42
75860	$89.29	$138.15	$227.45
75870	$91.54	$143.21	$234.75
75872	$85.36	$137.59	$222.96
75880	$57.84	$168.48	$226.32
75885	$111.20	$140.40	$251.60
75887	$111.76	$141.52	$253.28
75889	$88.17	$140.96	$229.13
75891	$89.29	$141.52	$230.82
75893	$43.24	$144.89	$188.14
75894	$106.14	$1,410.18	$1,516.32
75898	$134.78	$66.27	$201.05
75901	$38.19	$242.61	$280.80
75902	$30.33	$83.68	$114.00
75952	$359.42	$0.00	$359.42
75953	$108.95	$0.00	$108.95
75954	$181.96	$0.00	$181.96
75956	$561.04	$0.00	$561.04
75957	$481.85	$0.00	$481.85
75958	$320.11	$0.00	$320.11
75959	$279.68	$0.00	$279.68
75962	$42.68	$180.27	$222.96
75964	$28.64	$111.76	$140.40

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
75966	$102.77	$169.04	$271.81
75968	$28.64	$110.07	$138.72
75970	$64.58	$653.14	$717.72
75978	$42.68	$177.47	$220.15
75984	$56.16	$112.32	$168.48
75989	$93.79	$97.72	$191.51
76000	$14.04	$60.65	$74.69
76001	$57.28	$171.85	$229.13
76010	$14.60	$26.40	$41.00
76080	$42.12	$45.49	$87.61
76098	$12.92	$13.48	$26.40
76100	$50.54	$95.47	$146.02
76101	$53.91	$153.88	$207.79
76102	$54.48	$220.71	$275.18
76120	$30.89	$101.09	$131.98
76125	$23.03	$51.11	$74.13
76140	$BR	$BR	$BR
76376	$15.72	$20.78	$36.50
76377	$63.46	$49.42	$112.88
76380	$78.62	$152.76	$231.38
76390	$111.20	$590.24	$701.44
76496	$BR	$BR	$BR
76497	$BR	$BR	$BR
76498	$BR	$BR	$BR
76499	$BR	$BR	$BR
76506	$51.67	$137.03	$188.70
76510	$141.52	$128.61	$270.13
76511	$84.24	$76.38	$160.62
76512	$84.24	$62.90	$147.14
76513	$56.72	$94.35	$151.07
76514	$15.72	$8.42	$24.15
76516	$49.42	$75.25	$124.68
76519	$49.42	$83.68	$133.10
76529	$51.67	$74.13	$125.80
76536	$44.93	$139.84	$184.77
76604	$43.24	$96.60	$139.84
76641	$58.41	$112.32	$170.73

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
76642	$54.48	$85.92	$140.40
76700	$64.58	$130.29	$194.88
76705	$47.17	$98.28	$145.45
76770	$58.97	$121.31	$180.27
76775	$46.05	$46.05	$92.10
76776	$60.65	$188.70	$249.35
76800	$96.60	$128.04	$224.64
76801	$80.31	$115.69	$196.00
76802	$67.95	$35.38	$103.33
76805	$80.87	$145.45	$226.32
76810	$80.31	$68.52	$148.82
76811	$157.25	$133.10	$290.35
76812	$147.70	$181.96	$329.66
76813	$97.72	$95.47	$193.19
76814	$82.56	$47.17	$129.73
76815	$52.23	$81.99	$134.22
76816	$70.20	$113.44	$183.64
76817	$61.21	$93.79	$155.00
76818	$87.05	$107.27	$194.31
76819	$63.46	$78.06	$141.52
76820	$41.00	$34.26	$75.25
76821	$57.84	$90.42	$148.26
76825	$134.22	$306.07	$440.29
76826	$66.27	$193.75	$260.02
76827	$46.05	$74.69	$120.74
76828	$45.49	$39.87	$85.36
76830	$55.60	$138.72	$194.31
76831	$58.97	$129.73	$188.70
76856	$55.04	$119.62	$174.66
76857	$39.87	$35.94	$75.82
76870	$51.11	$56.16	$107.27
76872	$53.35	$96.03	$149.39
76873	$124.11	$142.65	$266.76
76881	$49.98	$131.98	$181.96
76882	$39.31	$17.97	$57.28
76885	$59.53	$172.41	$231.94
76886	$48.86	$119.62	$168.48

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
76930	$52.23	$88.73	$140.96
76932	$52.23	$88.73	$140.96
76936	$157.81	$275.18	$432.99
76937	$23.03	$26.96	$49.98
76940	$165.11	$101.09	$266.20
76941	$109.51	$93.23	$202.74
76942	$53.35	$43.24	$96.60
76945	$55.60	$98.84	$154.44
76946	$31.45	$20.78	$52.23
76948	$48.30	$62.34	$110.64
76965	$105.58	$37.63	$143.21
76970	$30.89	$116.81	$147.70
76975	$67.95	$97.72	$165.67
76977	$4.49	$6.74	$11.23
76998	$101.65	$0.00	$101.65
76999	$BR	$BR	$BR
77001	$30.33	$80.87	$111.20
77002	$44.93	$102.21	$147.14
77003	$48.30	$87.05	$135.35
77011	$99.96	$252.72	$352.68
77012	$92.10	$105.58	$197.68
77013	$312.25	$554.86	$867.11
77014	$69.64	$116.81	$186.45
77021	$120.18	$517.23	$637.42
77022	$339.21	$754.79	$1,094.00
77051	$4.49	$8.42	$12.92
77052	$4.49	$8.42	$12.92
77053	$28.64	$63.46	$92.10
77054	$36.50	$84.80	$121.31
77055	$56.16	$85.36	$141.52
77056	$69.64	$112.32	$181.96
77057	$56.16	$73.57	$129.73
77058	$130.29	$719.97	$850.26
77059	$130.29	$715.48	$845.77
77061	$55.60	$147.70	$203.30
77062	$69.64	$189.26	$258.90
77063	$47.74	$39.87	$87.61

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
77071	$0.00	$0.00	$76.38
77072	$15.16	$21.34	$36.50
77073	$23.03	$33.70	$56.72
77074	$36.50	$65.15	$101.65
77075	$43.24	$94.91	$138.15
77076	$56.16	$95.47	$151.63
77077	$25.83	$33.13	$58.97
77078	$19.66	$160.06	$179.71
77080	$16.29	$48.86	$65.15
77081	$17.41	$26.96	$44.37
77084	$128.61	$488.03	$616.64
77085	$24.71	$64.58	$89.29
77086	$14.04	$42.12	$56.16
77261	$0.00	$0.00	$120.18
77262	$0.00	$0.00	$179.71
77263	$0.00	$0.00	$262.83
77280	$57.28	$375.71	$432.99
77285	$86.49	$596.42	$682.91
77290	$128.61	$687.96	$816.57
77293	$164.55	$574.52	$739.07
77295	$351.56	$426.25	$777.82
77299	$BR	$BR	$BR
77300	$51.11	$54.48	$105.58
77301	$655.39	$2,442.40	$3,097.79
77306	$115.13	$121.87	$237.00
77307	$237.56	$220.15	$457.70
77316	$115.13	$184.20	$299.33
77317	$150.51	$239.24	$389.75
77318	$237.56	$324.60	$562.16
77321	$78.06	$69.08	$147.14
77331	$71.32	$29.76	$101.09
77332	$44.93	$86.49	$131.41
77333	$69.08	$15.16	$84.24
77334	$101.65	$140.40	$242.05
77336	$0.00	$0.00	$125.80
77338	$351.56	$453.77	$805.33
77370	$0.00	$0.00	$193.19

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
77371	$0.00	$1,934.15	$1,934.15
77372	$0.00	$1,699.96	$1,699.96
77373	$0.00	$2,161.04	$2,161.04
77385	$0.00	$0.00	$543.07
77386	$0.00	$0.00	$544.75
77387	$39.87	$61.21	$101.09
77399	$BR	$BR	$BR
77401	$0.00	$38.19	$38.19
77402	$0.00	$0.00	$228.01
77407	$0.00	$0.00	$313.93
77412	$0.00	$0.00	$439.73
77417	$0.00	$17.41	$17.41
77422	$0.00	$101.65	$101.65
77423	$0.00	$152.76	$152.76
77424	$BR	$BR	$BR
77425	$BR	$BR	$BR
77427	$0.00	$0.00	$294.28
77431	$0.00	$0.00	$161.74
77432	$0.00	$0.00	$663.25
77435	$0.00	$0.00	$1,000.21
77469	$0.00	$0.00	$511.06
77470	$171.29	$76.38	$247.67
77499	$BR	$BR	$BR
77520	$BR	$BR	$BR
77522	$BR	$BR	$BR
77523	$BR	$BR	$BR
77525	$BR	$BR	$BR
77600	$130.29	$536.89	$667.18
77605	$184.77	$1,081.64	$1,266.41
77610	$137.03	$1,437.13	$1,574.16
77615	$170.73	$1,514.07	$1,684.80
77620	$128.04	$480.73	$608.77
77750	$409.41	$179.71	$589.12
77761	$312.25	$305.51	$617.76
77762	$471.74	$350.44	$822.18
77763	$710.42	$453.77	$1,164.20
77767	$86.49	$270.13	$356.62

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
77768	$114.57	$444.23	$558.79
77770	$160.06	$348.75	$508.81
77771	$311.69	$635.17	$946.86
77772	$442.54	$1,004.14	$1,446.68
77778	$654.26	$583.50	$1,237.77
77789	$94.35	$95.47	$189.82
77790	$14.04	$9.55	$23.59
77799	$BR	$BR	$BR
78012	$15.16	$114.00	$129.17
78013	$29.20	$283.05	$312.25
78014	$39.31	$356.05	$395.37
78015	$52.23	$307.76	$359.99
78016	$54.48	$402.11	$456.58
78018	$66.27	$445.35	$511.62
78020	$44.37	$92.10	$136.47
78070	$62.34	$427.94	$490.28
78071	$93.79	$491.96	$585.75
78072	$122.43	$553.74	$676.17
78075	$56.16	$643.59	$699.75
78099	$BR	$BR	$BR
78102	$42.68	$234.75	$277.43
78103	$57.84	$306.07	$363.92
78104	$61.21	$339.77	$400.98
78110	$15.16	$138.15	$153.32
78111	$17.41	$139.84	$157.25
78120	$18.53	$134.78	$153.32
78121	$25.83	$140.96	$166.80
78122	$34.26	$125.24	$159.49
78130	$48.30	$226.32	$274.62
78135	$51.11	$525.10	$576.20
78140	$48.86	$174.10	$222.96
78185	$32.01	$314.50	$346.51
78190	$86.49	$555.42	$641.91
78191	$48.30	$226.32	$274.62
78195	$94.35	$488.03	$582.38
78199	$BR	$BR	$BR
78201	$33.70	$273.50	$307.20

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
78202	$38.19	$292.03	$330.22
78205	$53.91	$292.03	$345.95
78206	$74.69	$485.78	$560.48
78215	$38.75	$279.68	$318.43
78216	$43.80	$161.74	$205.55
78226	$58.41	$484.66	$543.07
78227	$71.32	$665.50	$736.82
78230	$30.33	$200.49	$230.82
78231	$42.12	$170.73	$212.85
78232	$31.45	$129.73	$161.18
78258	$58.41	$304.39	$362.79
78261	$54.48	$352.12	$406.60
78262	$52.79	$347.07	$399.86
78264	$58.41	$489.15	$547.56
78265	$76.94	$576.20	$653.14
78266	$85.36	$689.64	$775.01
78267	$0.00	$16.85	$16.85
78268	$0.00	$143.77	$143.77
78270	$16.85	$148.26	$165.11
78271	$16.29	$130.85	$147.14
78272	$21.34	$136.47	$157.81
78278	$78.06	$493.08	$571.15
78282	$30.33	$90.98	$121.31
78290	$53.91	$492.52	$546.44
78291	$67.39	$344.82	$412.21
78299	$BR	$BR	$BR
78300	$49.98	$245.98	$295.96
78305	$65.71	$312.25	$377.96
78306	$67.95	$344.82	$412.78
78315	$80.31	$487.47	$567.78
78320	$80.31	$292.59	$372.90
78350	$17.41	$34.82	$52.23
78351	$7.30	$16.85	$24.15
78399	$BR	$BR	$BR
78414	$35.38	$82.56	$117.94
78428	$60.09	$234.75	$294.84
78445	$37.07	$249.35	$286.42

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
78451	$107.27	$450.96	$558.23
78452	$125.80	$647.52	$773.32
78453	$78.62	$418.95	$497.58
78454	$106.70	$608.77	$715.48
78456	$77.50	$439.17	$516.67
78457	$61.21	$246.54	$307.76
78458	$60.65	$212.85	$273.50
78459	$112.88	$550.93	$663.81
78466	$55.60	$256.09	$311.69
78468	$62.34	$261.14	$323.48
78469	$72.45	$297.65	$370.09
78472	$76.38	$298.77	$375.15
78473	$113.44	$358.86	$472.31
78481	$75.82	$208.92	$284.73
78483	$113.44	$280.80	$394.24
78491	$114.00	$598.67	$712.67
78492	$142.65	$749.17	$891.82
78494	$92.66	$274.62	$367.29
78496	$38.75	$33.13	$71.88
78499	$BR	$BR	$BR
78579	$37.63	$267.88	$305.51
78580	$58.41	$333.59	$392.00
78582	$84.24	$464.44	$548.68
78597	$56.72	$274.06	$330.78
78598	$66.27	$436.36	$502.63
78599	$BR	$BR	$BR
78600	$35.94	$267.32	$303.26
78601	$39.87	$310.00	$349.88
78605	$42.68	$283.05	$325.73
78606	$49.98	$491.96	$541.94
78607	$94.35	$479.61	$573.96
78608	$114.57	$840.15	$954.72
78609	$118.50	$0.00	$118.50
78610	$24.15	$262.27	$286.42
78630	$53.91	$500.39	$554.30
78635	$48.86	$506.00	$554.86
78645	$44.37	$484.10	$528.47
78647	$71.88	$500.95	$572.83

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
78650	$47.74	$491.40	$539.14
78660	$42.68	$252.16	$294.84
78699	$BR	$BR	$BR
78700	$35.38	$245.98	$281.36
78701	$37.63	$307.20	$344.82
78707	$74.69	$305.51	$380.20
78708	$94.35	$189.82	$284.17
78709	$109.51	$485.22	$594.73
78710	$48.86	$278.55	$327.41
78725	$29.20	$148.26	$177.47
78730	$12.36	$112.32	$124.68
78740	$43.80	$312.81	$356.62
78761	$57.28	$284.17	$341.45
78799	$BR	$BR	$BR
78800	$53.91	$258.90	$312.81
78801	$64.02	$362.79	$426.82
78802	$66.83	$465.00	$531.84
78803	$83.12	$473.43	$556.55
78804	$83.12	$845.21	$928.32
78805	$57.28	$240.93	$298.21
78806	$66.83	$478.48	$545.31
78807	$82.56	$473.99	$556.55
78808	$0.00	$0.00	$73.57
78811	$123.55	$905.86	$1,029.41
78812	$149.95	$1,099.61	$1,249.56
78813	$156.69	$1,149.03	$1,305.72
78814	$172.97	$1,268.65	$1,441.63
78815	$190.94	$1,400.07	$1,591.01
78816	$192.63	$1,412.42	$1,605.05
78999	$BR	$BR	$BR
79005	$140.40	$78.06	$218.46
79101	$152.19	$75.82	$228.01
79200	$162.30	$92.66	$254.97
79300	$126.92	$84.80	$211.72
79403	$176.90	$130.85	$307.76
79440	$151.63	$79.75	$231.38
79445	$184.20	$150.51	$334.71
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. **MAXIMUM FEES:** The Maximum Fees 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 Maximum Fee.

   The Maximum Fees 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. **Where the maximum fee is "0" for either the professional component or the technical component there is no designated payment allowed.**

   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 Maximum Fee in the ATS@ column.**

   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 Maximum Fee in the ATS@ column.**

   The **total services component** includes both the professional component and the technical component. **The maximum fee is shown in the ATS@ column of this fee schedule.**

   Hospital outpatient 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:** For any pathology and laboratory service(s) provided by a hospital outpatient facility, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.

5. **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.

6. **ADD-ON CODES:** Certain codes, by the nature of their description and the maximum fee 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*)**.

7. **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.

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PATHOLOGY AND LABORATORY GROUND RULES

8. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Maximum Fee 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 Maximum Fee. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

9. **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).

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. **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.

12. **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.

13. **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.

14. **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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
36415	$0.00	$0.00	$5.04
80047	$0.00	$20.16	$20.16
80048	$0.00	$20.16	$20.16
80050	$0.00	$80.01	$80.01
80051	$0.00	$17.01	$17.01
80053	$0.00	$25.20	$25.20
80055	$0.00	$114.66	$114.66
80061	$0.00	$46.62	$46.62
80069	$0.00	$20.79	$20.79
80074	$0.00	$130.41	$130.41
80076	$0.00	$19.53	$19.53
80081	$0.00	$179.55	$179.55
80150	$0.00	$35.91	$35.91
80155	$0.00	$34.02	$34.02
80156	$0.00	$34.65	$34.65
80157	$0.00	$31.50	$31.50
80158	$0.00	$43.47	$43.47
80159	$0.00	$44.10	$44.10
80162	$0.00	$32.13	$32.13
80163	$0.00	$32.13	$32.13
80164	$0.00	$32.76	$32.76
80165	$0.00	$32.76	$32.76
80168	$0.00	$39.06	$39.06
80169	$0.00	$32.76	$32.76
80170	$0.00	$39.06	$39.06
80171	$0.00	$31.50	$31.50
80173	$0.00	$34.65	$34.65
80175	$0.00	$31.50	$31.50
80176	$0.00	$35.28	$35.28
80177	$0.00	$31.50	$31.50
80178	$0.00	$15.75	$15.75
80180	$0.00	$43.47	$43.47
80183	$0.00	$31.50	$31.50
80184	$0.00	$27.72	$27.72
80185	$0.00	$31.50	$31.50
80186	$0.00	$32.76	$32.76
80188	$0.00	$39.69	$39.69

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
80190	$0.00	$40.32	$40.32
80192	$0.00	$40.32	$40.32
80194	$0.00	$35.28	$35.28
80195	$0.00	$32.76	$32.76
80197	$0.00	$32.76	$32.76
80198	$0.00	$34.02	$34.02
80199	$0.00	$43.47	$43.47
80200	$0.00	$38.43	$38.43
80201	$0.00	$28.35	$28.35
80202	$0.00	$32.76	$32.76
80203	$0.00	$31.50	$31.50
80299	$0.00	$32.76	$32.76
80300	$0.00	$26.46	$26.46
80301	$0.00	$34.65	$34.65
80302	$0.00	$34.65	$34.65
80303	$0.00	$34.65	$34.65
80304	$0.00	$139.23	$139.23
80320	$0.00	$43.47	$43.47
80321	$BR	$BR	$BR
80322	$BR	$BR	$BR
80323	$0.00	$43.47	$43.47
80324	$0.00	$43.47	$43.47
80325	$BR	$BR	$BR
80326	$BR	$BR	$BR
80327	$0.00	$43.47	$43.47
80328	$BR	$BR	$BR
80329	$0.00	$43.47	$43.47
80330	$BR	$BR	$BR
80331	$BR	$BR	$BR
80332	$0.00	$43.47	$43.47
80333	$BR	$BR	$BR
80334	$BR	$BR	$BR
80335	$0.00	$43.47	$43.47
80336	$BR	$BR	$BR
80337	$BR	$BR	$BR
80338	$BR	$BR	$BR
80339	$0.00	$43.47	$43.47

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PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
80340	$BR	$BR	$BR
80341	$BR	$BR	$BR
80342	$0.00	$43.47	$43.47
80343	$BR	$BR	$BR
80344	$BR	$BR	$BR
80345	$0.00	$43.47	$43.47
80346	$0.00	$43.47	$43.47
80347	$BR	$BR	$BR
80348	$BR	$BR	$BR
80349	$0.00	$43.47	$43.47
80350	$0.00	$43.47	$43.47
80351	$BR	$BR	$BR
80352	$BR	$BR	$BR
80353	$0.00	$43.47	$43.47
80354	$0.00	$43.47	$43.47
80355	$0.00	$43.47	$43.47
80356	$0.00	$43.47	$43.47
80357	$0.00	$43.47	$43.47
80358	$0.00	$43.47	$43.47
80359	$0.00	$43.47	$43.47
80360	$0.00	$43.47	$43.47
80361	$0.00	$43.47	$43.47
80362	$0.00	$43.47	$43.47
80363	$BR	$BR	$BR
80364	$BR	$BR	$BR
80365	$0.00	$43.47	$43.47
80366	$0.00	$43.47	$43.47
80367	$0.00	$43.47	$43.47
80368	$0.00	$43.47	$43.47
80369	$0.00	$43.47	$43.47
80370	$BR	$BR	$BR
80371	$0.00	$43.47	$43.47
80372	$0.00	$43.47	$43.47
80373	$0.00	$43.47	$43.47
80374	$0.00	$43.47	$43.47
80375	$0.00	$43.47	$43.47
80376	$0.00	$43.47	$43.47

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
80377	$0.00	$43.47	$43.47
80400	$0.00	$136.08	$136.08
80402	$0.00	$221.76	$221.76
80406	$0.00	$233.10	$233.10
80408	$0.00	$253.89	$253.89
80410	$0.00	$210.42	$210.42
80412	$0.00	$652.05	$652.05
80414	$0.00	$108.99	$108.99
80415	$0.00	$108.99	$108.99
80416	$0.00	$324.45	$324.45
80417	$0.00	$139.23	$139.23
80418	$0.00	$1,449.00	$1,449.00
80420	$0.00	$181.44	$181.44
80422	$0.00	$123.48	$123.48
80424	$0.00	$123.48	$123.48
80426	$0.00	$340.83	$340.83
80428	$0.00	$188.37	$188.37
80430	$0.00	$188.37	$188.37
80432	$0.00	$369.81	$369.81
80434	$0.00	$231.84	$231.84
80435	$0.00	$246.33	$246.33
80436	$0.00	$239.40	$239.40
80438	$0.00	$137.97	$137.97
80439	$0.00	$144.90	$144.90
80500	$0.00	$0.00	$39.06
80502	$0.00	$0.00	$127.26
81000	$0.00	$7.56	$7.56
81001	$0.00	$7.56	$7.56
81002	$0.00	$6.30	$6.30
81003	$0.00	$5.67	$5.67
81005	$0.00	$5.04	$5.04
81007	$0.00	$6.30	$6.30
81015	$0.00	$7.56	$7.56
81020	$0.00	$8.82	$8.82
81025	$0.00	$15.12	$15.12
81050	$0.00	$6.93	$6.93
81099	$BR	$BR	$BR

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
81161	$0.00	$246.33	$246.33
81162	$0.00	$4,374.09	$4,374.09
81170	$0.00	$579.60	$579.60
81200	$BR	$BR	$BR
81201	$BR	$BR	$BR
81202	$BR	$BR	$BR
81203	$BR	$BR	$BR
81205	$BR	$BR	$BR
81206	$0.00	$393.12	$393.12
81207	$0.00	$347.13	$347.13
81208	$0.00	$385.56	$385.56
81209	$BR	$BR	$BR
81210	$0.00	$315.00	$315.00
81211	$0.00	$3,836.07	$3,836.07
81212	$0.00	$310.59	$310.59
81213	$0.00	$1,023.75	$1,023.75
81214	$0.00	$2,526.93	$2,526.93
81215	$0.00	$163.80	$163.80
81216	$BR	$BR	$BR
81217	$0.00	$163.80	$163.80
81218	$0.00	$579.60	$579.60
81219	$0.00	$291.69	$291.69
81220	$BR	$BR	$BR
81221	$BR	$BR	$BR
81222	$BR	$BR	$BR
81223	$BR	$BR	$BR
81224	$BR	$BR	$BR
81225	$0.00	$512.82	$512.82
81226	$0.00	$793.17	$793.17
81227	$0.00	$307.44	$307.44
81228	$BR	$BR	$BR
81229	$BR	$BR	$BR
81235	$0.00	$579.60	$579.60
81240	$0.00	$117.81	$117.81
81241	$0.00	$146.16	$146.16
81242	$BR	$BR	$BR
81243	$BR	$BR	$BR

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
81244	$BR	$BR	$BR
81245	$0.00	$291.69	$291.69
81246	$0.00	$146.16	$146.16
81250	$BR	$BR	$BR
81251	$BR	$BR	$BR
81252	$BR	$BR	$BR
81253	$BR	$BR	$BR
81254	$BR	$BR	$BR
81255	$BR	$BR	$BR
81256	$0.00	$156.87	$156.87
81257	$BR	$BR	$BR
81260	$BR	$BR	$BR
81261	$0.00	$474.39	$474.39
81262	$0.00	$104.58	$104.58
81263	$0.00	$706.23	$706.23
81264	$0.00	$357.84	$357.84
81265	$0.00	$515.34	$515.34
81266	$BR	$BR	$BR
81267	$0.00	$497.07	$497.07
81268	$0.00	$624.96	$624.96
81270	$0.00	$219.87	$219.87
81272	$0.00	$579.60	$579.60
81273	$0.00	$219.87	$219.87
81275	$0.00	$347.13	$347.13
81276	$0.00	$347.13	$347.13
81280	$BR	$BR	$BR
81281	$BR	$BR	$BR
81282	$BR	$BR	$BR
81287	$0.00	$146.16	$146.16
81288	$0.00	$280.98	$280.98
81290	$BR	$BR	$BR
81291	$0.00	$104.58	$104.58
81292	$0.00	$1,135.26	$1,135.26
81293	$0.00	$454.86	$454.86
81294	$0.00	$335.16	$335.16
81295	$0.00	$266.49	$266.49
81296	$0.00	$227.43	$227.43

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
81297	$0.00	$266.49	$266.49
81298	$0.00	$505.89	$505.89
81299	$0.00	$283.50	$283.50
81300	$0.00	$284.13	$284.13
81301	$0.00	$694.26	$694.26
81302	$BR	$BR	$BR
81303	$BR	$BR	$BR
81304	$BR	$BR	$BR
81310	$0.00	$434.07	$434.07
81311	$0.00	$520.38	$520.38
81313	$0.00	$458.01	$458.01
81314	$0.00	$579.60	$579.60
81315	$0.00	$497.07	$497.07
81316	$0.00	$757.89	$757.89
81317	$0.00	$1,372.77	$1,372.77
81318	$0.00	$324.45	$324.45
81319	$0.00	$389.34	$389.34
81321	$0.00	$1,055.25	$1,055.25
81322	$0.00	$102.69	$102.69
81323	$0.00	$153.72	$153.72
81324	$BR	$BR	$BR
81325	$BR	$BR	$BR
81326	$BR	$BR	$BR
81330	$BR	$BR	$BR
81331	$BR	$BR	$BR
81332	$0.00	$104.58	$104.58
81340	$0.00	$500.85	$500.85
81341	$0.00	$119.07	$119.07
81342	$0.00	$483.21	$483.21
81350	$BR	$BR	$BR
81355	$BR	$BR	$BR
81370	$0.00	$963.90	$963.90
81371	$0.00	$577.08	$577.08
81372	$0.00	$529.20	$529.20
81373	$0.00	$267.12	$267.12
81374	$0.00	$174.51	$174.51
81375	$0.00	$529.20	$529.20

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
81376	$0.00	$292.95	$292.95
81377	$0.00	$219.87	$219.87
81378	$0.00	$828.45	$828.45
81379	$0.00	$803.88	$803.88
81380	$0.00	$424.62	$424.62
81381	$0.00	$226.80	$226.80
81382	$0.00	$296.73	$296.73
81383	$0.00	$261.45	$261.45
81400	$BR	$BR	$BR
81401	$BR	$BR	$BR
81402	$BR	$BR	$BR
81403	$BR	$BR	$BR
81404	$BR	$BR	$BR
81405	$BR	$BR	$BR
81406	$BR	$BR	$BR
81407	$BR	$BR	$BR
81408	$BR	$BR	$BR
81410	$BR	$BR	$BR
81411	$BR	$BR	$BR
81412	$BR	$BR	$BR
81415	$BR	$BR	$BR
81416	$BR	$BR	$BR
81417	$BR	$BR	$BR
81420	$BR	$BR	$BR
81425	$BR	$BR	$BR
81426	$BR	$BR	$BR
81427	$BR	$BR	$BR
81430	$BR	$BR	$BR
81431	$BR	$BR	$BR
81432	$BR	$BR	$BR
81433	$BR	$BR	$BR
81434	$BR	$BR	$BR
81435	$0.00	$1,401.75	$1,401.75
81436	$0.00	$1,401.75	$1,401.75
81437	$BR	$BR	$BR
81438	$BR	$BR	$BR
81440	$BR	$BR	$BR

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
81442	$BR	$BR	$BR
81445	$0.00	$1,052.10	$1,052.10
81450	$0.00	$1,140.93	$1,140.93
81455	$BR	$BR	$BR
81460	$BR	$BR	$BR
81465	$BR	$BR	$BR
81470	$BR	$BR	$BR
81471	$BR	$BR	$BR
81479	$BR	$BR	$BR
81490	$BR	$BR	$BR
81493	$BR	$BR	$BR
81500	$BR	$BR	$BR
81503	$BR	$BR	$BR
81504	$BR	$BR	$BR
81506	$BR	$BR	$BR
81507	$BR	$BR	$BR
81508	$BR	$BR	$BR
81509	$BR	$BR	$BR
81510	$BR	$BR	$BR
81511	$BR	$BR	$BR
81512	$BR	$BR	$BR
81519	$0.00	$6,016.50	$6,016.50
81525	$BR	$BR	$BR
81528	$0.00	$895.23	$895.23
81535	$0.00	$1,019.34	$1,019.34
81536	$0.00	$312.48	$312.48
81538	$BR	$BR	$BR
81540	$BR	$BR	$BR
81545	$BR	$BR	$BR
81595	$BR	$BR	$BR
81599	$BR	$BR	$BR
82009	$0.00	$10.71	$10.71
82010	$0.00	$19.53	$19.53
82013	$0.00	$26.46	$26.46
82016	$0.00	$33.39	$33.39
82017	$0.00	$40.32	$40.32
82024	$0.00	$92.61	$92.61

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
82030	$0.00	$61.74	$61.74
82040	$0.00	$11.97	$11.97
82042	$0.00	$12.60	$12.60
82043	$0.00	$13.86	$13.86
82044	$0.00	$10.71	$10.71
82045	$0.00	$81.27	$81.27
82075	$0.00	$28.98	$28.98
82085	$0.00	$23.31	$23.31
82088	$0.00	$97.65	$97.65
82103	$0.00	$32.13	$32.13
82104	$0.00	$34.65	$34.65
82105	$0.00	$40.32	$40.32
82106	$0.00	$40.32	$40.32
82107	$0.00	$154.35	$154.35
82108	$0.00	$61.11	$61.11
82120	$0.00	$8.82	$8.82
82127	$0.00	$33.39	$33.39
82128	$0.00	$33.39	$33.39
82131	$0.00	$40.32	$40.32
82135	$0.00	$39.69	$39.69
82136	$0.00	$40.32	$40.32
82139	$0.00	$40.32	$40.32
82140	$0.00	$34.65	$34.65
82143	$0.00	$16.38	$16.38
82150	$0.00	$15.75	$15.75
82154	$0.00	$69.30	$69.30
82157	$0.00	$69.93	$69.93
82160	$0.00	$59.85	$59.85
82163	$0.00	$49.14	$49.14
82164	$0.00	$35.28	$35.28
82172	$0.00	$37.17	$37.17
82175	$0.00	$45.36	$45.36
82180	$0.00	$23.94	$23.94
82190	$0.00	$35.91	$35.91
82232	$0.00	$39.06	$39.06
82239	$0.00	$40.95	$40.95
82240	$0.00	$63.63	$63.63

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
82247	$0.00	$11.97	$11.97
82248	$0.00	$11.97	$11.97
82252	$0.00	$10.71	$10.71
82261	$0.00	$40.32	$40.32
82270	$0.00	$7.56	$7.56
82271	$0.00	$7.56	$7.56
82272	$0.00	$7.56	$7.56
82274	$0.00	$38.43	$38.43
82286	$0.00	$16.38	$16.38
82300	$0.00	$55.44	$55.44
82306	$0.00	$71.19	$71.19
82308	$0.00	$64.26	$64.26
82310	$0.00	$12.60	$12.60
82330	$0.00	$32.76	$32.76
82331	$0.00	$12.60	$12.60
82340	$0.00	$14.49	$14.49
82355	$0.00	$27.72	$27.72
82360	$0.00	$30.87	$30.87
82365	$0.00	$30.87	$30.87
82370	$0.00	$30.24	$30.24
82373	$0.00	$43.47	$43.47
82374	$0.00	$11.97	$11.97
82375	$0.00	$29.61	$29.61
82376	$0.00	$14.49	$14.49
82378	$0.00	$45.36	$45.36
82379	$0.00	$40.32	$40.32
82380	$0.00	$22.05	$22.05
82382	$0.00	$40.95	$40.95
82383	$0.00	$59.85	$59.85
82384	$0.00	$60.48	$60.48
82387	$0.00	$49.77	$49.77
82390	$0.00	$25.83	$25.83
82397	$0.00	$34.02	$34.02
82415	$0.00	$30.24	$30.24
82435	$0.00	$10.71	$10.71
82436	$0.00	$11.97	$11.97
82438	$0.00	$11.97	$11.97

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
82441	$0.00	$14.49	$14.49
82465	$0.00	$10.71	$10.71
82480	$0.00	$18.90	$18.90
82482	$0.00	$18.27	$18.27
82485	$0.00	$49.77	$49.77
82495	$0.00	$48.51	$48.51
82507	$0.00	$66.78	$66.78
82523	$0.00	$44.73	$44.73
82525	$0.00	$29.61	$29.61
82528	$0.00	$54.18	$54.18
82530	$0.00	$40.32	$40.32
82533	$0.00	$39.06	$39.06
82540	$0.00	$11.34	$11.34
82542	$0.00	$43.47	$43.47
82550	$0.00	$15.75	$15.75
82552	$0.00	$32.13	$32.13
82553	$0.00	$27.72	$27.72
82554	$0.00	$28.35	$28.35
82565	$0.00	$11.97	$11.97
82570	$0.00	$12.60	$12.60
82575	$0.00	$22.68	$22.68
82585	$0.00	$20.79	$20.79
82595	$0.00	$15.75	$15.75
82600	$0.00	$46.62	$46.62
82607	$0.00	$35.91	$35.91
82608	$0.00	$34.02	$34.02
82610	$0.00	$32.76	$32.76
82615	$0.00	$19.53	$19.53
82626	$0.00	$60.48	$60.48
82627	$0.00	$53.55	$53.55
82633	$0.00	$74.34	$74.34
82634	$0.00	$69.93	$69.93
82638	$0.00	$29.61	$29.61
82652	$0.00	$91.98	$91.98
82656	$0.00	$27.72	$27.72
82657	$0.00	$43.47	$43.47
82658	$0.00	$43.47	$43.47

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
82664	$0.00	$82.53	$82.53
82668	$0.00	$44.73	$44.73
82670	$0.00	$66.78	$66.78
82671	$0.00	$77.49	$77.49
82672	$0.00	$52.29	$52.29
82677	$0.00	$57.96	$57.96
82679	$0.00	$59.85	$59.85
82693	$0.00	$35.91	$35.91
82696	$0.00	$56.70	$56.70
82705	$0.00	$11.97	$11.97
82710	$0.00	$40.32	$40.32
82715	$0.00	$40.95	$40.95
82725	$0.00	$32.13	$32.13
82726	$0.00	$43.47	$43.47
82728	$0.00	$32.76	$32.76
82731	$0.00	$154.35	$154.35
82735	$0.00	$44.73	$44.73
82746	$0.00	$35.28	$35.28
82747	$0.00	$41.58	$41.58
82757	$0.00	$41.58	$41.58
82759	$0.00	$51.66	$51.66
82760	$0.00	$27.09	$27.09
82775	$0.00	$50.40	$50.40
82776	$0.00	$20.16	$20.16
82777	$0.00	$52.92	$52.92
82784	$0.00	$22.05	$22.05
82785	$0.00	$39.69	$39.69
82787	$0.00	$18.90	$18.90
82800	$0.00	$20.16	$20.16
82803	$0.00	$46.62	$46.62
82805	$0.00	$68.04	$68.04
82810	$0.00	$20.79	$20.79
82820	$0.00	$23.94	$23.94
82930	$0.00	$13.23	$13.23
82938	$0.00	$42.21	$42.21
82941	$0.00	$42.21	$42.21
82943	$0.00	$34.02	$34.02

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
82945	$0.00	$9.45	$9.45
82946	$0.00	$35.91	$35.91
82947	$0.00	$9.45	$9.45
82948	$0.00	$7.56	$7.56
82950	$0.00	$11.34	$11.34
82951	$0.00	$30.87	$30.87
82952	$0.00	$9.45	$9.45
82955	$0.00	$23.31	$23.31
82960	$0.00	$14.49	$14.49
82962	$0.00	$5.67	$5.67
82963	$0.00	$51.66	$51.66
82965	$0.00	$18.27	$18.27
82977	$0.00	$17.01	$17.01
82978	$0.00	$34.02	$34.02
82979	$0.00	$16.38	$16.38
82985	$0.00	$35.91	$35.91
83001	$0.00	$44.73	$44.73
83002	$0.00	$44.10	$44.10
83003	$0.00	$39.69	$39.69
83006	$0.00	$52.92	$52.92
83009	$0.00	$161.28	$161.28
83010	$0.00	$30.24	$30.24
83012	$0.00	$40.95	$40.95
83013	$0.00	$161.28	$161.28
83014	$0.00	$18.90	$18.90
83015	$0.00	$45.36	$45.36
83018	$0.00	$52.92	$52.92
83020	$32.76	$30.87	$63.63
83021	$0.00	$43.47	$43.47
83026	$0.00	$5.67	$5.67
83030	$0.00	$19.53	$19.53
83033	$0.00	$14.49	$14.49
83036	$0.00	$23.31	$23.31
83037	$0.00	$23.31	$23.31
83045	$0.00	$11.97	$11.97
83050	$0.00	$17.64	$17.64
83051	$0.00	$17.64	$17.64

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
83060	$0.00	$19.53	$19.53
83065	$0.00	$16.38	$16.38
83068	$0.00	$20.16	$20.16
83069	$0.00	$9.45	$9.45
83070	$0.00	$11.34	$11.34
83080	$0.00	$40.32	$40.32
83088	$0.00	$70.56	$70.56
83090	$0.00	$40.32	$40.32
83150	$0.00	$46.62	$46.62
83491	$0.00	$42.21	$42.21
83497	$0.00	$30.87	$30.87
83498	$0.00	$64.89	$64.89
83499	$0.00	$60.48	$60.48
83500	$0.00	$54.18	$54.18
83505	$0.00	$58.59	$58.59
83516	$0.00	$27.72	$27.72
83518	$0.00	$20.16	$20.16
83519	$0.00	$32.13	$32.13
83520	$0.00	$30.87	$30.87
83525	$0.00	$27.09	$27.09
83527	$0.00	$30.87	$30.87
83528	$0.00	$38.43	$38.43
83540	$0.00	$15.75	$15.75
83550	$0.00	$20.79	$20.79
83570	$0.00	$21.42	$21.42
83582	$0.00	$34.02	$34.02
83586	$0.00	$30.87	$30.87
83593	$0.00	$63.00	$63.00
83605	$0.00	$25.83	$25.83
83615	$0.00	$14.49	$14.49
83625	$0.00	$30.87	$30.87
83630	$0.00	$47.25	$47.25
83631	$0.00	$47.25	$47.25
83632	$0.00	$48.51	$48.51
83633	$0.00	$13.23	$13.23
83655	$0.00	$28.98	$28.98
83661	$0.00	$52.92	$52.92

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
83662	$0.00	$45.36	$45.36
83663	$0.00	$45.36	$45.36
83664	$0.00	$45.36	$45.36
83670	$0.00	$22.05	$22.05
83690	$0.00	$16.38	$16.38
83695	$0.00	$30.87	$30.87
83698	$0.00	$81.27	$81.27
83700	$0.00	$27.09	$27.09
83701	$0.00	$59.22	$59.22
83704	$0.00	$75.60	$75.60
83718	$0.00	$19.53	$19.53
83719	$0.00	$27.72	$27.72
83721	$0.00	$22.68	$22.68
83727	$0.00	$40.95	$40.95
83735	$0.00	$15.75	$15.75
83775	$0.00	$17.64	$17.64
83785	$0.00	$59.22	$59.22
83789	$0.00	$43.47	$43.47
83825	$0.00	$39.06	$39.06
83835	$0.00	$40.32	$40.32
83857	$0.00	$25.83	$25.83
83861	$0.00	$39.69	$39.69
83864	$0.00	$47.88	$47.88
83872	$0.00	$13.86	$13.86
83873	$0.00	$40.95	$40.95
83874	$0.00	$30.87	$30.87
83876	$0.00	$81.27	$81.27
83880	$0.00	$81.27	$81.27
83883	$0.00	$32.76	$32.76
83885	$0.00	$58.59	$58.59
83915	$0.00	$26.46	$26.46
83916	$0.00	$47.88	$47.88
83918	$0.00	$39.69	$39.69
83919	$0.00	$39.69	$39.69
83921	$0.00	$39.69	$39.69
83930	$0.00	$15.75	$15.75
83935	$0.00	$16.38	$16.38

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
83937	$0.00	$71.82	$71.82
83945	$0.00	$30.87	$30.87
83950	$0.00	$154.35	$154.35
83951	$0.00	$154.35	$154.35
83970	$0.00	$98.91	$98.91
83986	$0.00	$8.82	$8.82
83987	$0.00	$37.80	$37.80
83992	$0.00	$35.28	$35.28
83993	$0.00	$47.25	$47.25
84030	$0.00	$13.23	$13.23
84035	$0.00	$8.82	$8.82
84060	$0.00	$17.64	$17.64
84061	$0.00	$18.90	$18.90
84066	$0.00	$23.31	$23.31
84075	$0.00	$12.60	$12.60
84078	$0.00	$17.64	$17.64
84080	$0.00	$35.28	$35.28
84081	$0.00	$39.69	$39.69
84085	$0.00	$16.38	$16.38
84087	$0.00	$24.57	$24.57
84100	$0.00	$11.34	$11.34
84105	$0.00	$12.60	$12.60
84106	$0.00	$10.08	$10.08
84110	$0.00	$20.16	$20.16
84112	$0.00	$154.35	$154.35
84119	$0.00	$20.79	$20.79
84120	$0.00	$35.28	$35.28
84126	$0.00	$61.11	$61.11
84132	$0.00	$10.71	$10.71
84133	$0.00	$10.08	$10.08
84134	$0.00	$34.65	$34.65
84135	$0.00	$45.99	$45.99
84138	$0.00	$45.36	$45.36
84140	$0.00	$49.77	$49.77
84143	$0.00	$54.81	$54.81
84144	$0.00	$49.77	$49.77
84145	$0.00	$64.26	$64.26

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
84146	$0.00	$46.62	$46.62
84150	$0.00	$59.85	$59.85
84152	$0.00	$44.10	$44.10
84153	$0.00	$44.10	$44.10
84154	$0.00	$44.10	$44.10
84155	$0.00	$8.82	$8.82
84156	$0.00	$8.82	$8.82
84157	$0.00	$8.82	$8.82
84160	$0.00	$12.60	$12.60
84163	$0.00	$35.91	$35.91
84165	$32.76	$25.83	$58.59
84166	$32.76	$42.84	$75.60
84181	$32.76	$40.95	$73.71
84182	$32.76	$42.84	$75.60
84202	$0.00	$34.65	$34.65
84203	$0.00	$20.79	$20.79
84206	$0.00	$42.84	$42.84
84207	$0.00	$67.41	$67.41
84210	$0.00	$25.83	$25.83
84220	$0.00	$22.68	$22.68
84228	$0.00	$27.72	$27.72
84233	$0.00	$154.35	$154.35
84234	$0.00	$155.61	$155.61
84235	$0.00	$125.37	$125.37
84238	$0.00	$87.57	$87.57
84244	$0.00	$52.92	$52.92
84252	$0.00	$48.51	$48.51
84255	$0.00	$61.11	$61.11
84260	$0.00	$74.34	$74.34
84270	$0.00	$52.29	$52.29
84275	$0.00	$32.13	$32.13
84285	$0.00	$56.70	$56.70
84295	$0.00	$11.34	$11.34
84300	$0.00	$11.97	$11.97
84302	$0.00	$11.97	$11.97
84305	$0.00	$51.03	$51.03
84307	$0.00	$44.10	$44.10

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
84311	$0.00	$17.01	$17.01
84315	$0.00	$6.30	$6.30
84375	$0.00	$47.25	$47.25
84376	$0.00	$13.23	$13.23
84377	$0.00	$13.23	$13.23
84378	$0.00	$27.72	$27.72
84379	$0.00	$27.72	$27.72
84392	$0.00	$11.34	$11.34
84402	$0.00	$61.11	$61.11
84403	$0.00	$61.74	$61.74
84425	$0.00	$51.03	$51.03
84430	$0.00	$27.72	$27.72
84431	$0.00	$40.32	$40.32
84432	$0.00	$38.43	$38.43
84436	$0.00	$16.38	$16.38
84437	$0.00	$15.75	$15.75
84439	$0.00	$21.42	$21.42
84442	$0.00	$35.28	$35.28
84443	$0.00	$40.32	$40.32
84445	$0.00	$121.59	$121.59
84446	$0.00	$34.02	$34.02
84449	$0.00	$42.84	$42.84
84450	$0.00	$12.60	$12.60
84460	$0.00	$12.60	$12.60
84466	$0.00	$30.87	$30.87
84478	$0.00	$13.86	$13.86
84479	$0.00	$15.75	$15.75
84480	$0.00	$34.02	$34.02
84481	$0.00	$40.32	$40.32
84482	$0.00	$37.80	$37.80
84484	$0.00	$23.31	$23.31
84485	$0.00	$18.27	$18.27
84488	$0.00	$17.64	$17.64
84490	$0.00	$18.27	$18.27
84510	$0.00	$25.20	$25.20
84512	$0.00	$18.27	$18.27
84520	$0.00	$9.45	$9.45

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
84525	$0.00	$8.82	$8.82
84540	$0.00	$11.34	$11.34
84545	$0.00	$15.75	$15.75
84550	$0.00	$10.71	$10.71
84560	$0.00	$11.34	$11.34
84577	$0.00	$29.61	$29.61
84578	$0.00	$7.56	$7.56
84580	$0.00	$17.01	$17.01
84583	$0.00	$11.97	$11.97
84585	$0.00	$37.17	$37.17
84586	$0.00	$84.42	$84.42
84588	$0.00	$81.27	$81.27
84590	$0.00	$27.72	$27.72
84591	$0.00	$27.72	$27.72
84597	$0.00	$32.76	$32.76
84600	$0.00	$38.43	$38.43
84620	$0.00	$28.35	$28.35
84630	$0.00	$27.09	$27.09
84681	$0.00	$49.77	$49.77
84702	$0.00	$35.91	$35.91
84703	$0.00	$18.27	$18.27
84704	$0.00	$35.91	$35.91
84830	$0.00	$23.94	$23.94
84999	$0.00	$0.00	$0.00
85002	$0.00	$10.71	$10.71
85004	$0.00	$15.75	$15.75
85007	$0.00	$8.19	$8.19
85008	$0.00	$8.19	$8.19
85009	$0.00	$8.82	$8.82
85013	$0.00	$5.67	$5.67
85014	$0.00	$5.67	$5.67
85018	$0.00	$5.67	$5.67
85025	$0.00	$18.90	$18.90
85027	$0.00	$15.75	$15.75
85032	$0.00	$10.08	$10.08
85041	$0.00	$6.93	$6.93
85044	$0.00	$10.08	$10.08

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
85045	$0.00	$9.45	$9.45
85046	$0.00	$13.23	$13.23
85048	$0.00	$6.30	$6.30
85049	$0.00	$10.71	$10.71
85055	$0.00	$64.26	$64.26
85060	$0.00	$0.00	$44.73
85097	$0.00	$0.00	$160.02
85130	$0.00	$28.35	$28.35
85170	$0.00	$8.82	$8.82
85175	$0.00	$10.71	$10.71
85210	$0.00	$30.87	$30.87
85220	$0.00	$42.21	$42.21
85230	$0.00	$42.84	$42.84
85240	$0.00	$42.84	$42.84
85244	$0.00	$49.14	$49.14
85245	$0.00	$54.81	$54.81
85246	$0.00	$54.81	$54.81
85247	$0.00	$54.81	$54.81
85250	$0.00	$45.36	$45.36
85260	$0.00	$42.84	$42.84
85270	$0.00	$42.84	$42.84
85280	$0.00	$46.62	$46.62
85290	$0.00	$39.06	$39.06
85291	$0.00	$21.42	$21.42
85292	$0.00	$45.36	$45.36
85293	$0.00	$45.36	$45.36
85300	$0.00	$28.35	$28.35
85301	$0.00	$25.83	$25.83
85302	$0.00	$28.98	$28.98
85303	$0.00	$33.39	$33.39
85305	$0.00	$27.72	$27.72
85306	$0.00	$36.54	$36.54
85307	$0.00	$36.54	$36.54
85335	$0.00	$30.87	$30.87
85337	$0.00	$25.20	$25.20
85345	$0.00	$10.08	$10.08
85347	$0.00	$10.08	$10.08

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
85348	$0.00	$8.82	$8.82
85360	$0.00	$20.16	$20.16
85362	$0.00	$16.38	$16.38
85366	$0.00	$20.79	$20.79
85370	$0.00	$27.09	$27.09
85378	$0.00	$17.01	$17.01
85379	$0.00	$24.57	$24.57
85380	$0.00	$24.57	$24.57
85384	$0.00	$20.16	$20.16
85385	$0.00	$20.16	$20.16
85390	$32.76	$12.60	$45.36
85396	$0.00	$0.00	$37.17
85397	$0.00	$54.81	$54.81
85400	$0.00	$21.42	$21.42
85410	$0.00	$18.27	$18.27
85415	$0.00	$40.95	$40.95
85420	$0.00	$15.75	$15.75
85421	$0.00	$24.57	$24.57
85441	$0.00	$10.08	$10.08
85445	$0.00	$16.38	$16.38
85460	$0.00	$18.27	$18.27
85461	$0.00	$15.75	$15.75
85475	$0.00	$21.42	$21.42
85520	$0.00	$31.50	$31.50
85525	$0.00	$28.35	$28.35
85530	$0.00	$34.02	$34.02
85536	$0.00	$15.75	$15.75
85540	$0.00	$20.79	$20.79
85547	$0.00	$20.79	$20.79
85549	$0.00	$44.73	$44.73
85555	$0.00	$15.75	$15.75
85557	$0.00	$32.13	$32.13
85576	$32.76	$51.66	$84.42
85597	$0.00	$42.84	$42.84
85598	$0.00	$42.84	$42.84
85610	$0.00	$9.45	$9.45
85611	$0.00	$9.45	$9.45

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
85612	$0.00	$22.68	$22.68
85613	$0.00	$22.68	$22.68
85635	$0.00	$23.31	$23.31
85651	$0.00	$8.19	$8.19
85652	$0.00	$6.30	$6.30
85660	$0.00	$13.23	$13.23
85670	$0.00	$13.86	$13.86
85675	$0.00	$16.38	$16.38
85705	$0.00	$23.31	$23.31
85730	$0.00	$14.49	$14.49
85732	$0.00	$15.75	$15.75
85810	$0.00	$27.72	$27.72
85999	$BR	$BR	$BR
86000	$0.00	$17.01	$17.01
86001	$0.00	$12.60	$12.60
86003	$0.00	$12.60	$12.60
86005	$0.00	$18.90	$18.90
86021	$0.00	$35.91	$35.91
86022	$0.00	$44.10	$44.10
86023	$0.00	$29.61	$29.61
86038	$0.00	$28.98	$28.98
86039	$0.00	$26.46	$26.46
86060	$0.00	$17.64	$17.64
86063	$0.00	$13.86	$13.86
86077	$0.00	$0.00	$100.80
86078	$0.00	$0.00	$100.17
86079	$0.00	$0.00	$98.91
86140	$0.00	$12.60	$12.60
86141	$0.00	$30.87	$30.87
86146	$0.00	$61.11	$61.11
86147	$0.00	$61.11	$61.11
86148	$0.00	$38.43	$38.43
86152	$0.00	$589.05	$589.05
86153	$61.11	$0.00	$0.00
86155	$0.00	$38.43	$38.43
86156	$0.00	$15.75	$15.75
86157	$0.00	$19.53	$19.53

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86160	$0.00	$28.98	$28.98
86161	$0.00	$28.98	$28.98
86162	$0.00	$48.51	$48.51
86171	$0.00	$23.94	$23.94
86185	$0.00	$21.42	$21.42
86200	$0.00	$30.87	$30.87
86215	$0.00	$31.50	$31.50
86225	$0.00	$32.76	$32.76
86226	$0.00	$28.98	$28.98
86235	$0.00	$42.84	$42.84
86243	$0.00	$49.14	$49.14
86255	$32.76	$28.98	$61.74
86256	$32.76	$28.98	$61.74
86277	$0.00	$37.80	$37.80
86280	$0.00	$19.53	$19.53
86294	$0.00	$47.25	$47.25
86300	$0.00	$49.77	$49.77
86301	$0.00	$49.77	$49.77
86304	$0.00	$49.77	$49.77
86305	$0.00	$49.77	$49.77
86308	$0.00	$12.60	$12.60
86309	$0.00	$15.75	$15.75
86310	$0.00	$17.64	$17.64
86316	$0.00	$49.77	$49.77
86317	$0.00	$35.91	$35.91
86318	$0.00	$30.87	$30.87
86320	$32.76	$53.55	$86.31
86325	$32.76	$53.55	$86.31
86327	$37.17	$54.18	$91.35
86329	$0.00	$33.39	$33.39
86331	$0.00	$28.98	$28.98
86332	$0.00	$58.59	$58.59
86334	$32.76	$53.55	$86.31
86335	$32.76	$70.56	$103.32
86336	$0.00	$37.17	$37.17
86337	$0.00	$51.03	$51.03
86340	$0.00	$35.91	$35.91

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86341	$0.00	$47.25	$47.25
86343	$0.00	$29.61	$29.61
86344	$0.00	$18.90	$18.90
86352	$0.00	$325.71	$325.71
86353	$0.00	$117.81	$117.81
86355	$0.00	$90.72	$90.72
86356	$0.00	$64.26	$64.26
86357	$0.00	$90.72	$90.72
86359	$0.00	$90.72	$90.72
86360	$0.00	$112.77	$112.77
86361	$0.00	$64.26	$64.26
86367	$0.00	$90.72	$90.72
86376	$0.00	$34.65	$34.65
86378	$0.00	$47.25	$47.25
86382	$0.00	$40.32	$40.32
86384	$0.00	$27.09	$27.09
86386	$0.00	$38.43	$38.43
86403	$0.00	$24.57	$24.57
86406	$0.00	$25.20	$25.20
86430	$0.00	$13.86	$13.86
86431	$0.00	$13.86	$13.86
86480	$0.00	$148.68	$148.68
86481	$0.00	$179.55	$179.55
86485	$0.00	$34.02	$34.02
86486	$0.00	$8.82	$8.82
86490	$0.00	$124.11	$124.11
86510	$0.00	$10.71	$10.71
86580	$0.00	$13.86	$13.86
86590	$0.00	$26.46	$26.46
86592	$0.00	$10.08	$10.08
86593	$0.00	$10.71	$10.71
86602	$0.00	$24.57	$24.57
86603	$0.00	$30.87	$30.87
86606	$0.00	$35.91	$35.91
86609	$0.00	$30.87	$30.87
86611	$0.00	$24.57	$24.57
86612	$0.00	$30.87	$30.87

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86615	$0.00	$31.50	$31.50
86617	$0.00	$37.17	$37.17
86618	$0.00	$40.95	$40.95
86619	$0.00	$32.13	$32.13
86622	$0.00	$21.42	$21.42
86625	$0.00	$31.50	$31.50
86628	$0.00	$28.98	$28.98
86631	$0.00	$28.35	$28.35
86632	$0.00	$30.24	$30.24
86635	$0.00	$27.72	$27.72
86638	$0.00	$28.98	$28.98
86641	$0.00	$34.65	$34.65
86644	$0.00	$34.65	$34.65
86645	$0.00	$40.32	$40.32
86648	$0.00	$36.54	$36.54
86651	$0.00	$31.50	$31.50
86652	$0.00	$31.50	$31.50
86653	$0.00	$31.50	$31.50
86654	$0.00	$31.50	$31.50
86658	$0.00	$31.50	$31.50
86663	$0.00	$31.50	$31.50
86664	$0.00	$36.54	$36.54
86665	$0.00	$43.47	$43.47
86666	$0.00	$24.57	$24.57
86668	$0.00	$25.20	$25.20
86671	$0.00	$29.61	$29.61
86674	$0.00	$35.28	$35.28
86677	$0.00	$34.65	$34.65
86682	$0.00	$30.87	$30.87
86684	$0.00	$37.80	$37.80
86687	$0.00	$20.16	$20.16
86688	$0.00	$33.39	$33.39
86689	$0.00	$46.62	$46.62
86692	$0.00	$40.95	$40.95
86694	$0.00	$34.65	$34.65
86695	$0.00	$31.50	$31.50
86696	$0.00	$46.62	$46.62

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86698	$0.00	$30.24	$30.24
86701	$0.00	$21.42	$21.42
86702	$0.00	$32.13	$32.13
86703	$0.00	$32.76	$32.76
86704	$0.00	$28.98	$28.98
86705	$0.00	$28.35	$28.35
86706	$0.00	$25.83	$25.83
86707	$0.00	$27.72	$27.72
86708	$0.00	$29.61	$29.61
86709	$0.00	$27.09	$27.09
86710	$0.00	$32.76	$32.76
86711	$0.00	$34.65	$34.65
86713	$0.00	$36.54	$36.54
86717	$0.00	$29.61	$29.61
86720	$0.00	$31.50	$31.50
86723	$0.00	$31.50	$31.50
86727	$0.00	$30.87	$30.87
86729	$0.00	$28.35	$28.35
86732	$0.00	$31.50	$31.50
86735	$0.00	$31.50	$31.50
86738	$0.00	$31.50	$31.50
86741	$0.00	$31.50	$31.50
86744	$0.00	$31.50	$31.50
86747	$0.00	$35.91	$35.91
86750	$0.00	$31.50	$31.50
86753	$0.00	$29.61	$29.61
86756	$0.00	$30.87	$30.87
86757	$0.00	$46.62	$46.62
86759	$0.00	$31.50	$31.50
86762	$0.00	$34.65	$34.65
86765	$0.00	$30.87	$30.87
86768	$0.00	$31.50	$31.50
86771	$0.00	$31.50	$31.50
86774	$0.00	$35.28	$35.28
86777	$0.00	$34.65	$34.65
86778	$0.00	$34.65	$34.65
86780	$0.00	$31.50	$31.50

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86784	$0.00	$30.24	$30.24
86787	$0.00	$30.87	$30.87
86788	$0.00	$40.32	$40.32
86789	$0.00	$34.65	$34.65
86790	$0.00	$30.87	$30.87
86793	$0.00	$31.50	$31.50
86800	$0.00	$38.43	$38.43
86803	$0.00	$34.02	$34.02
86804	$0.00	$37.17	$37.17
86805	$0.00	$125.37	$125.37
86806	$0.00	$114.03	$114.03
86807	$0.00	$95.13	$95.13
86808	$0.00	$71.19	$71.19
86812	$0.00	$61.74	$61.74
86813	$0.00	$139.23	$139.23
86816	$0.00	$66.78	$66.78
86817	$0.00	$154.35	$154.35
86821	$0.00	$135.45	$135.45
86822	$0.00	$87.57	$87.57
86825	$0.00	$192.78	$192.78
86826	$0.00	$64.26	$64.26
86828	$0.00	$95.13	$95.13
86829	$0.00	$71.19	$71.19
86830	$0.00	$193.41	$193.41
86831	$0.00	$165.69	$165.69
86832	$0.00	$304.29	$304.29
86833	$0.00	$276.57	$276.57
86834	$0.00	$856.80	$856.80
86835	$0.00	$774.27	$774.27
86849	$BR	$BR	$BR
86850	$0.00	$9.45	$9.45
86860	$0.00	$53.55	$53.55
86870	$0.00	$73.71	$73.71
86880	$0.00	$12.60	$12.60
86885	$0.00	$13.86	$13.86
86886	$0.00	$12.60	$12.60
86890	$0.00	$169.47	$169.47

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
86891	$0.00	$238.77	$238.77
86900	$0.00	$6.93	$6.93
86901	$0.00	$6.93	$6.93
86902	$0.00	$9.45	$9.45
86904	$0.00	$22.68	$22.68
86905	$0.00	$9.45	$9.45
86906	$0.00	$18.27	$18.27
86910	$0.00	$44.10	$44.10
86911	$0.00	$37.80	$37.80
86920	$0.00	$59.85	$59.85
86921	$0.00	$53.55	$53.55
86922	$0.00	$63.63	$63.63
86923	$0.00	$47.88	$47.88
86927	$0.00	$34.02	$34.02
86930	$0.00	$199.08	$199.08
86931	$0.00	$149.31	$149.31
86932	$0.00	$169.47	$169.47
86940	$0.00	$19.53	$19.53
86941	$0.00	$28.98	$28.98
86945	$0.00	$49.77	$49.77
86950	$0.00	$129.15	$129.15
86960	$0.00	$55.44	$55.44
86965	$0.00	$55.44	$55.44
86970	$0.00	$49.77	$49.77
86971	$0.00	$39.69	$39.69
86972	$0.00	$69.93	$69.93
86975	$0.00	$53.55	$53.55
86976	$0.00	$59.85	$59.85
86977	$0.00	$59.85	$59.85
86978	$0.00	$59.85	$59.85
86985	$0.00	$44.10	$44.10
86999	$BR	$BR	$BR
87003	$0.00	$40.32	$40.32
87015	$0.00	$15.75	$15.75
87040	$0.00	$24.57	$24.57
87045	$0.00	$22.68	$22.68
87046	$0.00	$22.68	$22.68

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
87070	$0.00	$20.79	$20.79
87071	$0.00	$22.68	$22.68
87073	$0.00	$22.68	$22.68
87075	$0.00	$22.68	$22.68
87076	$0.00	$19.53	$19.53
87077	$0.00	$19.53	$19.53
87081	$0.00	$15.75	$15.75
87084	$0.00	$20.79	$20.79
87086	$0.00	$19.53	$19.53
87088	$0.00	$19.53	$19.53
87101	$0.00	$18.27	$18.27
87102	$0.00	$20.16	$20.16
87103	$0.00	$21.42	$21.42
87106	$0.00	$24.57	$24.57
87107	$0.00	$24.57	$24.57
87109	$0.00	$37.17	$37.17
87110	$0.00	$47.25	$47.25
87116	$0.00	$25.83	$25.83
87118	$0.00	$26.46	$26.46
87140	$0.00	$13.23	$13.23
87143	$0.00	$30.24	$30.24
87147	$0.00	$12.60	$12.60
87149	$0.00	$47.88	$47.88
87150	$0.00	$84.42	$84.42
87152	$0.00	$12.60	$12.60
87153	$0.00	$276.57	$276.57
87158	$0.00	$12.60	$12.60
87164	$32.76	$25.83	$58.59
87166	$0.00	$27.09	$27.09
87168	$0.00	$10.08	$10.08
87169	$0.00	$10.08	$10.08
87172	$0.00	$10.08	$10.08
87176	$0.00	$13.86	$13.86
87177	$0.00	$21.42	$21.42
87181	$0.00	$11.34	$11.34
87184	$0.00	$16.38	$16.38
87185	$0.00	$11.34	$11.34

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87186	$0.00	$20.79	$20.79
87187	$0.00	$24.57	$24.57
87188	$0.00	$15.75	$15.75
87190	$0.00	$13.86	$13.86
87197	$0.00	$35.91	$35.91
87205	$0.00	$10.08	$10.08
87206	$0.00	$12.60	$12.60
87207	$32.76	$14.49	$47.25
87209	$0.00	$42.84	$42.84
87210	$0.00	$10.08	$10.08
87220	$0.00	$10.08	$10.08
87230	$0.00	$47.25	$47.25
87250	$0.00	$46.62	$46.62
87252	$0.00	$62.37	$62.37
87253	$0.00	$48.51	$48.51
87254	$0.00	$46.62	$46.62
87255	$0.00	$81.27	$81.27
87260	$0.00	$28.98	$28.98
87265	$0.00	$28.98	$28.98
87267	$0.00	$28.98	$28.98
87269	$0.00	$28.98	$28.98
87270	$0.00	$28.98	$28.98
87271	$0.00	$28.98	$28.98
87272	$0.00	$28.98	$28.98
87273	$0.00	$28.98	$28.98
87274	$0.00	$28.98	$28.98
87275	$0.00	$28.98	$28.98
87276	$0.00	$28.98	$28.98
87277	$0.00	$28.98	$28.98
87278	$0.00	$28.98	$28.98
87279	$0.00	$28.98	$28.98
87280	$0.00	$28.98	$28.98
87281	$0.00	$28.98	$28.98
87283	$0.00	$28.98	$28.98
87285	$0.00	$28.98	$28.98
87290	$0.00	$28.98	$28.98
87299	$0.00	$28.98	$28.98

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87300	$0.00	$28.98	$28.98
87301	$0.00	$28.98	$28.98
87305	$0.00	$28.98	$28.98
87320	$0.00	$28.98	$28.98
87324	$0.00	$28.98	$28.98
87327	$0.00	$28.98	$28.98
87328	$0.00	$28.98	$28.98
87329	$0.00	$28.98	$28.98
87332	$0.00	$28.98	$28.98
87335	$0.00	$28.98	$28.98
87336	$0.00	$28.98	$28.98
87337	$0.00	$28.98	$28.98
87338	$0.00	$34.65	$34.65
87339	$0.00	$28.98	$28.98
87340	$0.00	$24.57	$24.57
87341	$0.00	$24.57	$24.57
87350	$0.00	$27.72	$27.72
87380	$0.00	$39.06	$39.06
87385	$0.00	$28.98	$28.98
87389	$0.00	$57.96	$57.96
87390	$0.00	$42.21	$42.21
87391	$0.00	$42.21	$42.21
87400	$0.00	$28.98	$28.98
87420	$0.00	$28.98	$28.98
87425	$0.00	$28.98	$28.98
87427	$0.00	$28.98	$28.98
87430	$0.00	$28.98	$28.98
87449	$0.00	$28.98	$28.98
87450	$0.00	$23.31	$23.31
87451	$0.00	$23.31	$23.31
87470	$0.00	$47.88	$47.88
87471	$0.00	$84.42	$84.42
87472	$0.00	$102.69	$102.69
87475	$0.00	$47.88	$47.88
87476	$0.00	$84.42	$84.42
87477	$0.00	$102.69	$102.69
87480	$0.00	$47.88	$47.88

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
87481	$0.00	$84.42	$84.42
87482	$0.00	$100.17	$100.17
87485	$0.00	$47.88	$47.88
87486	$0.00	$84.42	$84.42
87487	$0.00	$102.69	$102.69
87490	$0.00	$47.88	$47.88
87491	$0.00	$84.42	$84.42
87492	$0.00	$83.79	$83.79
87493	$0.00	$84.42	$84.42
87495	$0.00	$47.88	$47.88
87496	$0.00	$84.42	$84.42
87497	$0.00	$102.69	$102.69
87498	$0.00	$84.42	$84.42
87500	$0.00	$84.42	$84.42
87501	$0.00	$122.85	$122.85
87502	$0.00	$204.12	$204.12
87503	$0.00	$49.77	$49.77
87505	$0.00	$307.44	$307.44
87506	$0.00	$511.56	$511.56
87507	$0.00	$999.18	$999.18
87510	$0.00	$47.88	$47.88
87511	$0.00	$84.42	$84.42
87512	$0.00	$100.17	$100.17
87515	$0.00	$47.88	$47.88
87516	$0.00	$84.42	$84.42
87517	$0.00	$102.69	$102.69
87520	$0.00	$47.88	$47.88
87521	$0.00	$84.42	$84.42
87522	$0.00	$102.69	$102.69
87525	$0.00	$47.88	$47.88
87526	$0.00	$84.42	$84.42
87527	$0.00	$100.17	$100.17
87528	$0.00	$47.88	$47.88
87529	$0.00	$84.42	$84.42
87530	$0.00	$102.69	$102.69
87531	$0.00	$47.88	$47.88
87532	$0.00	$84.42	$84.42

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
87533	$0.00	$100.17	$100.17
87534	$0.00	$47.88	$47.88
87535	$0.00	$84.42	$84.42
87536	$0.00	$204.12	$204.12
87537	$0.00	$47.88	$47.88
87538	$0.00	$84.42	$84.42
87539	$0.00	$102.69	$102.69
87540	$0.00	$47.88	$47.88
87541	$0.00	$84.42	$84.42
87542	$0.00	$100.17	$100.17
87550	$0.00	$47.88	$47.88
87551	$0.00	$84.42	$84.42
87552	$0.00	$102.69	$102.69
87555	$0.00	$47.88	$47.88
87556	$0.00	$84.42	$84.42
87557	$0.00	$102.69	$102.69
87560	$0.00	$47.88	$47.88
87561	$0.00	$84.42	$84.42
87562	$0.00	$102.69	$102.69
87580	$0.00	$47.88	$47.88
87581	$0.00	$84.42	$84.42
87582	$0.00	$100.17	$100.17
87590	$0.00	$47.88	$47.88
87591	$0.00	$84.42	$84.42
87592	$0.00	$102.69	$102.69
87623	$0.00	$84.42	$84.42
87624	$0.00	$84.42	$84.42
87625	$0.00	$84.42	$84.42
87631	$0.00	$307.44	$307.44
87632	$0.00	$511.56	$511.56
87633	$0.00	$999.18	$999.18
87640	$0.00	$84.42	$84.42
87641	$0.00	$84.42	$84.42
87650	$0.00	$47.88	$47.88
87651	$0.00	$84.42	$84.42
87652	$0.00	$100.17	$100.17
87653	$0.00	$84.42	$84.42

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
87660	$0.00	$47.88	$47.88
87661	$0.00	$84.42	$84.42
87797	$0.00	$47.88	$47.88
87798	$0.00	$84.42	$84.42
87799	$0.00	$102.69	$102.69
87800	$0.00	$96.39	$96.39
87801	$0.00	$168.21	$168.21
87802	$0.00	$28.98	$28.98
87803	$0.00	$28.98	$28.98
87804	$0.00	$28.98	$28.98
87806	$0.00	$57.96	$57.96
87807	$0.00	$28.98	$28.98
87808	$0.00	$28.98	$28.98
87809	$0.00	$28.98	$28.98
87810	$0.00	$28.98	$28.98
87850	$0.00	$28.98	$28.98
87880	$0.00	$28.98	$28.98
87899	$0.00	$28.98	$28.98
87900	$0.00	$312.48	$312.48
87901	$0.00	$616.77	$616.77
87902	$0.00	$616.77	$616.77
87903	$0.00	$1,171.17	$1,171.17
87904	$0.00	$62.37	$62.37
87905	$0.00	$28.98	$28.98
87906	$0.00	$308.70	$308.70
87910	$0.00	$616.77	$616.77
87912	$0.00	$616.77	$616.77
87999	$BR	$BR	$BR
88000	$0.00	$0.00	$409.50
88005	$0.00	$0.00	$477.54
88007	$0.00	$0.00	$500.22
88012	$0.00	$0.00	$409.50
88014	$0.00	$0.00	$375.48
88016	$0.00	$0.00	$522.90
88020	$0.00	$0.00	$704.97
88025	$0.00	$0.00	$682.29
88027	$0.00	$0.00	$727.65

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
88028	$0.00	$0.00	$409.50
88029	$0.00	$0.00	$409.50
88036	$0.00	$0.00	$204.75
88037	$0.00	$0.00	$182.07
88040	$0.00	$0.00	$1,137.15
88045	$0.00	$0.00	$114.03
88099	$BR	$BR	$BR
88104	$52.92	$81.90	$134.82
88106	$35.91	$97.02	$132.93
88108	$41.58	$86.94	$128.52
88112	$51.03	$76.23	$127.26
88120	$105.84	$1,019.97	$1,125.81
88121	$91.35	$891.45	$982.80
88125	$24.57	$17.01	$41.58
88130	$0.00	$35.91	$35.91
88140	$0.00	$18.90	$18.90
88141	$0.00	$0.00	$57.96
88142	$0.00	$48.51	$48.51
88143	$0.00	$48.51	$48.51
88147	$0.00	$27.09	$27.09
88148	$0.00	$36.54	$36.54
88150	$0.00	$25.20	$25.20
88152	$0.00	$25.20	$25.20
88153	$0.00	$25.20	$25.20
88154	$0.00	$25.20	$25.20
88155	$0.00	$14.49	$14.49
88160	$47.88	$80.64	$128.52
88161	$45.99	$69.30	$115.29
88162	$72.45	$113.40	$185.85
88164	$0.00	$25.20	$25.20
88165	$0.00	$25.20	$25.20
88166	$0.00	$25.20	$25.20
88167	$0.00	$25.20	$25.20
88172	$66.78	$35.28	$102.06
88173	$130.41	$143.01	$273.42
88174	$0.00	$51.03	$51.03
88175	$0.00	$63.63	$63.63

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CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
88177	$40.95	$13.23	$54.18
88182	$66.15	$132.93	$199.08
88184	$0.00	$134.19	$134.19
88185	$0.00	$81.90	$81.90
88187	$0.00	$0.00	$128.52
88188	$0.00	$0.00	$163.80
88189	$0.00	$0.00	$200.97
88199	$BR	$BR	$BR
88230	$0.00	$279.09	$279.09
88233	$0.00	$337.05	$337.05
88235	$0.00	$352.80	$352.80
88237	$0.00	$303.03	$303.03
88239	$0.00	$353.43	$353.43
88240	$0.00	$23.94	$23.94
88241	$0.00	$23.94	$23.94
88245	$0.00	$356.58	$356.58
88248	$0.00	$415.17	$415.17
88249	$0.00	$415.17	$415.17
88261	$0.00	$423.36	$423.36
88262	$0.00	$298.62	$298.62
88263	$0.00	$360.36	$360.36
88264	$0.00	$298.62	$298.62
88267	$0.00	$430.92	$430.92
88269	$0.00	$398.79	$398.79
88271	$0.00	$51.03	$51.03
88272	$0.00	$64.26	$64.26
88273	$0.00	$76.86	$76.86
88274	$0.00	$83.16	$83.16
88275	$0.00	$96.39	$96.39
88280	$0.00	$59.85	$59.85
88283	$0.00	$164.43	$164.43
88285	$0.00	$45.36	$45.36
88289	$0.00	$82.53	$82.53
88291	$0.00	$0.00	$56.70
88299	$BR	$BR	$BR
88300	$8.19	$18.90	$27.09
88302	$13.23	$44.73	$57.96

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
88304	$20.79	$60.48	$81.27
88305	$69.93	$60.48	$130.41
88307	$153.72	$395.64	$549.36
88309	$272.16	$561.96	$834.12
88311	$23.31	$15.12	$38.43
88312	$49.77	$124.11	$173.88
88313	$22.05	$99.54	$121.59
88314	$40.95	$95.76	$136.71
88319	$49.77	$108.36	$158.13
88321	$0.00	$0.00	$182.07
88323	$158.13	$89.46	$247.59
88325	$0.00	$0.00	$307.44
88329	$0.00	$0.00	$90.09
88331	$115.29	$55.44	$170.73
88332	$56.70	$33.39	$90.09
88333	$115.92	$63.00	$178.92
88334	$71.19	$39.06	$110.25
88341	$49.14	$109.62	$158.76
88342	$65.52	$123.48	$189.00
88344	$71.82	$234.36	$306.18
88346	$67.41	$97.65	$165.06
88348	$139.23	$474.39	$613.62
88350	$50.40	$76.86	$127.26
88355	$148.05	$130.41	$278.46
88356	$217.35	$146.79	$364.14
88358	$81.27	$69.93	$151.20
88360	$99.54	$114.66	$214.20
88361	$107.10	$156.24	$263.34
88362	$198.45	$261.45	$459.90
88363	$0.00	$0.00	$40.95
88364	$61.74	$176.40	$238.14
88365	$80.64	$233.10	$313.74
88366	$114.03	$349.02	$463.05
88367	$63.00	$125.37	$188.37
88368	$72.45	$129.15	$201.60
88369	$56.07	$134.82	$190.89
88371	$32.76	$53.55	$86.31

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PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
88372	$32.76	$54.81	$87.57
88373	$37.80	$94.50	$132.30
88374	$81.27	$527.31	$608.58
88375	$0.00	$0.00	$88.20
88377	$117.18	$607.95	$725.13
88380	$103.32	$153.09	$256.41
88381	$45.36	$162.54	$207.90
88387	$58.59	$16.38	$74.97
88388	$44.10	$17.64	$61.74
88399	$BR	$BR	$BR
88720	$0.00	$11.97	$11.97
88738	$0.00	$11.97	$11.97
88740	$0.00	$11.97	$11.97
88741	$0.00	$11.97	$11.97
88749	$BR	$BR	$BR
89049	$0.00	$0.00	$464.31
89050	$0.00	$11.34	$11.34
89051	$0.00	$13.23	$13.23
89055	$0.00	$10.08	$10.08
89060	$32.76	$17.01	$49.77
89125	$0.00	$10.08	$10.08
89160	$0.00	$8.82	$8.82
89190	$0.00	$11.34	$11.34
89220	$0.00	$28.98	$28.98
89230	$0.00	$9.45	$9.45
89240	$BR	$BR	$BR
89250	$0.00	$1,798.02	$1,798.02
89251	$0.00	$1,869.84	$1,869.84
89253	$BR	$BR	$BR
89254	$BR	$BR	$BR
89255	$BR	$BR	$BR
89257	$BR	$BR	$BR

CPT CODE	MAXIMUM FEE (PC)	(TC)	(TS)
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	$0.00	$21.42	$21.42
89310	$0.00	$20.79	$20.79
89320	$0.00	$28.98	$28.98
89321	$0.00	$28.98	$28.98
89322	$0.00	$37.17	$37.17
89325	$0.00	$25.83	$25.83
89329	$0.00	$50.40	$50.40
89330	$0.00	$23.94	$23.94
89331	$0.00	$47.25	$47.25
89335	$BR	$BR	$BR
89337	$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
89398	$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 Maximum Fee 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 FEES:** "BR" in the Maximum Fee 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 Maximum Fee. 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 maximum fees 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.

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.

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MEDICINE GROUND RULES

11. **PRORATION OF SCHEDULED FEE:** Where the schedule specifies a maximum fee for a definite treatment, and the patient is transferred from one health care provider to another, the maximum fee 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 Maximum Fee 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. **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.

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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MEDICINE

CPT CODE	MAXIMUM FEE
90281	$BR
90283	$BR
90284	$BR
90287	$BR
90288	$BR
90291	$BR
90296	$BR
90371	$182.70
90375	$473.95
90376	$418.78
90378	$BR
90384	$197.53
90385	$90.16
90386	$211.17
90389	$183.29
90393	$BR
90396	$202.87
90399	$BR
90460	$42.12
90461	$20.76
90471	$42.12
90472	$20.76
90473	$42.12
90474	$20.76
90476	$BR
90477	$BR
90581	$234.30
90585	$203.46
90586	$203.46
90620	$BR
90621	$BR
90625	$BR
90630	$BR
90632	$81.86
90633	$56.35
90634	$59.32
90636	$154.82

CPT CODE	MAXIMUM FEE
90644	$45.08
90647	$48.05
90648	$45.08
90649	$214.14
90650	$BR
90651	$BR
90653	$BR
90654	$BR
90655	$25.51
90656	$23.13
90657	$10.08
90658	$26.10
90660	$33.81
90661	$36.78
90662	$59.91
90664	$BR
90666	$BR
90667	$BR
90668	$BR
90670	$287.10
90672	$BR
90673	$61.69
90675	$436.58
90676	$BR
90680	$126.94
90681	$126.94
90685	$40.93
90686	$30.25
90687	$15.42
90688	$30.25
90690	$64.66
90691	$118.04
90696	$BR
90697	$BR
90698	$126.94
90700	$42.12
90702	$34.40

CPT CODE	MAXIMUM FEE
90707	$84.82
90710	$225.41
90713	$48.05
90714	$35.00
90715	$52.20
90716	$123.97
90717	$143.55
90723	$123.97
90732	$136.43
90733	$169.06
90734	$160.75
90736	$270.49
90738	$111.52
90739	$BR
90740	$198.12
90743	$40.34
90744	$40.34
90746	$99.06
90747	$198.12
90748	$94.32
90749	$BR
90785	$23.13
90791	$219.48
90792	$242.61
90832	$106.18
90833	$109.74
90834	$141.18
90836	$139.40
90837	$212.36
90838	$183.88
90839	$221.26
90840	$105.59
90845	$152.45
90846	$171.43
90847	$177.36
90849	$56.94
90853	$42.71

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CPT CODE	MAXIMUM FEE
90863	$BR
90865	$278.20
90867	$BR
90868	$BR
90869	$BR
90870	$296.59
90875	$102.62
90876	$180.33
90880	$169.06
90882	$132.87
90885	$83.04
90887	$147.70
90889	$112.70
90899	$BR
90901	$63.47
90911	$140.58
90935	$121.60
90937	$174.39
90940	$98.47
90945	$144.14
90947	$208.21
90951	$1,579.63
90952	$1,224.32
90953	$816.21
90954	$1,366.09
90955	$765.79
90956	$533.86
90957	$1,080.77
90958	$730.79
90959	$496.49
90960	$475.73
90961	$399.80
90962	$308.45
90963	$911.71
90964	$797.23
90965	$758.67
90966	$398.61

CPT CODE	MAXIMUM FEE
90967	$30.25
90968	$26.10
90969	$25.51
90970	$13.05
90989	$612.16
90993	$132.87
90997	$156.60
90999	$BR
91010	$294.81
91013	$38.56
91020	$391.50
91022	$279.98
91030	$227.78
91034	$317.35
91035	$803.16
91037	$268.12
91038	$750.96
91040	$726.64
91065	$130.50
91110	$1,475.23
91111	$1,210.67
91112	$1,806.22
91117	$233.12
91120	$710.63
91122	$380.23
91132	$258.63
91133	$287.69
91200	$52.79
91299	$BR
92002	$135.24
92004	$247.95
92012	$142.36
92014	$206.43
92015	$33.22
92018	$243.80
92019	$120.41
92020	$44.49

CPT CODE	MAXIMUM FEE
92025	$63.47
92060	$108.55
92065	$88.98
92071	$63.47
92072	$226.00
92081	$56.35
92082	$80.08
92083	$107.37
92100	$133.46
92132	$58.13
92133	$73.55
92134	$75.33
92136	$150.67
92140	$105.59
92145	$25.51
92225	$45.08
92226	$41.52
92227	$24.32
92228	$57.54
92230	$97.28
92235	$183.29
92240	$426.49
92250	$131.69
92260	$30.85
92265	$132.28
92270	$153.04
92275	$247.95
92283	$92.54
92284	$102.62
92285	$34.40
92286	$64.06
92287	$230.15
92310	$160.16
92311	$169.06
92312	$194.56
92313	$161.94
92314	$132.87

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CPT CODE	MAXIMUM FEE
92315	$121.60
92316	$153.04
92317	$126.94
92325	$69.99
92326	$58.72
92340	$59.32
92341	$67.62
92342	$72.96
92352	$67.62
92353	$78.89
92354	$22.54
92355	$35.00
92358	$18.98
92370	$51.61
92371	$19.57
92499	$BR
92502	$164.31
92504	$50.42
92507	$132.28
92508	$39.15
92511	$188.63
92512	$102.03
92516	$118.04
92520	$126.94
92521	$185.66
92522	$154.82
92523	$324.47
92524	$150.07
92526	$144.14
92531	$26.69
92532	$30.85
92533	$43.90
92534	$33.81
92537	$67.62
92538	$34.40
92540	$170.24
92541	$40.34

CPT CODE	MAXIMUM FEE
92542	$46.86
92544	$27.88
92545	$25.51
92546	$172.61
92547	$10.08
92548	$171.43
92550	$35.59
92551	$20.17
92552	$52.20
92553	$62.28
92555	$39.15
92556	$62.28
92557	$62.88
92558	$16.61
92559	$49.23
92560	$34.40
92561	$63.47
92562	$77.71
92563	$51.61
92564	$46.86
92565	$26.69
92567	$24.32
92568	$26.69
92570	$53.98
92571	$45.67
92572	$59.91
92575	$121.01
92576	$59.91
92577	$27.88
92579	$70.59
92582	$113.30
92583	$87.79
92584	$122.79
92585	$227.19
92586	$142.96
92587	$36.18
92588	$55.17

CPT CODE	MAXIMUM FEE
92590	$90.16
92591	$114.48
92592	$35.59
92593	$58.72
92594	$34.40
92595	$73.55
92596	$70.59
92597	$121.01
92601	$237.27
92602	$150.07
92603	$253.88
92604	$150.07
92605	$156.01
92606	$139.40
92607	$211.76
92608	$88.38
92609	$185.07
92610	$142.96
92611	$145.92
92612	$312.60
92613	$64.66
92614	$244.98
92615	$56.94
92616	$349.97
92617	$70.59
92618	$56.94
92620	$157.79
92621	$37.37
92625	$117.45
92626	$150.07
92627	$37.37
92630	$BR
92633	$BR
92640	$189.82
92700	$BR
92920	$941.37
92921	$BR

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MEDICINE

CPT CODE	MAXIMUM FEE
92924	$1,118.14
92925	$BR
92928	$1,045.18
92929	$BR
92933	$1,169.15
92934	$BR
92937	$1,044.58
92938	$BR
92941	$1,171.52
92943	$1,170.93
92944	$BR
92950	$510.73
92953	$18.98
92960	$345.82
92961	$447.26
92970	$320.91
92971	$173.80
92973	$305.49
92974	$278.79
92975	$673.26
92977	$103.81
92978	$470.98
92979	$286.50
92986	$2,296.19
92987	$2,367.96
92990	$1,868.51
92992	$1,864.95
92993	$1,475.23
92997	$1,130.60
92998	$556.99
93000	$28.47
93005	$14.24
93010	$14.24
93015	$127.53
93016	$37.37
93017	$65.84
93018	$24.32

CPT CODE	MAXIMUM FEE
93024	$187.44
93025	$266.93
93040	$21.35
93041	$9.49
93042	$11.86
93050	$29.07
93224	$152.45
93225	$44.49
93226	$63.47
93227	$44.49
93228	$43.90
93229	$1,216.01
93260	$112.11
93261	$101.43
93268	$343.45
93270	$15.42
93271	$285.32
93272	$42.71
93278	$50.42
93279	$83.04
93280	$97.28
93281	$113.89
93282	$104.99
93283	$136.43
93284	$150.67
93285	$70.59
93286	$45.67
93287	$60.50
93288	$61.69
93289	$109.14
93290	$52.20
93291	$60.50
93292	$54.57
93293	$88.98
93294	$56.94
93295	$113.30
93296	$43.30

CPT CODE	MAXIMUM FEE
93297	$44.49
93298	$44.49
93299	$BR
93303	$399.21
93304	$261.00
93306	$381.41
93307	$218.29
93308	$208.80
93312	$512.50
93313	$37.96
93314	$502.42
93315	$476.91
93316	$64.66
93317	$355.91
93318	$392.68
93320	$90.76
93321	$45.67
93325	$42.71
93350	$403.36
93351	$453.78
93352	$56.94
93355	$381.41
93451	$1,317.45
93452	$1,484.72
93453	$1,915.96
93454	$1,507.26
93455	$1,754.62
93456	$1,888.68
93457	$2,134.84
93458	$1,808.60
93459	$1,998.41
93460	$2,143.74
93461	$2,451.60
93462	$360.06
93463	$166.68
93464	$460.31
93503	$219.48

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CPT CODE	MAXIMUM FEE
93505	$1,284.23
93530	$1,453.28
93531	$2,954.02
93532	$3,663.46
93533	$3,054.86
93561	$80.08
93562	$36.18
93563	$100.84
93564	$105.59
93565	$78.89
93566	$288.28
93567	$237.86
93568	$258.63
93571	$469.20
93572	$280.57
93580	$1,684.62
93581	$2,298.56
93582	$1,151.95
93583	$1,300.84
93600	$338.11
93602	$276.42
93603	$315.57
93609	$660.21
93610	$376.67
93612	$389.12
93613	$683.93
93615	$112.11
93616	$144.74
93618	$676.22
93619	$1,215.42
93620	$1,465.74
93621	$267.52
93622	$390.90
93623	$363.02
93624	$577.16
93631	$911.71
93640	$824.52

CPT CODE	MAXIMUM FEE
93641	$1,057.63
93642	$720.12
93644	$467.42
93650	$1,038.06
93653	$1,460.40
93654	$1,945.62
93655	$730.20
93656	$1,946.81
93657	$730.20
93660	$264.56
93662	$320.32
93668	$32.03
93701	$40.34
93702	$180.92
93724	$454.37
93740	$13.64
93745	$BR
93750	$93.72
93770	$13.64
93784	$90.16
93786	$49.83
93788	$8.90
93790	$31.44
93797	$27.29
93798	$42.12
93799	$0.00
93880	$341.67
93882	$218.29
93886	$474.54
93888	$249.13
93890	$487.00
93892	$564.70
93893	$589.62
93895	$BR
93922	$150.07
93923	$233.71
93924	$293.03

CPT CODE	MAXIMUM FEE
93925	$438.95
93926	$258.63
93930	$352.94
93931	$218.29
93965	$202.27
93970	$332.77
93971	$203.46
93975	$476.91
93976	$275.23
93978	$323.87
93979	$202.87
93980	$202.87
93981	$123.38
93982	$72.37
93990	$273.45
93998	$BR
94002	$156.60
94003	$112.70
94004	$82.45
94005	$155.41
94010	$60.50
94011	$172.61
94012	$263.96
94013	$58.13
94014	$94.32
94015	$51.61
94016	$42.71
94060	$102.03
94070	$100.25
94150	$42.12
94200	$42.12
94250	$43.90
94375	$65.84
94400	$93.72
94450	$114.48
94452	$96.69
94453	$134.06

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CPT CODE	MAXIMUM FEE
94610	$100.25
94620	$94.32
94621	$274.05
94640	$30.85
94642	$74.15
94644	$73.55
94645	$23.73
94660	$106.18
94662	$62.88
94664	$29.07
94667	$43.90
94668	$48.64
94669	$55.17
94680	$96.09
94681	$88.38
94690	$83.64
94726	$88.38
94727	$70.59
94728	$67.62
94729	$91.35
94750	$135.24
94760	$5.34
94761	$8.30
94762	$40.93
94770	$12.46
94772	$BR
94774	$BR
94775	$BR
94776	$BR
94777	$BR
94780	$94.32
94781	$38.56
94799	$BR
95004	$11.27
95012	$32.03
95017	$13.05
95018	$34.40

CPT CODE	MAXIMUM FEE
95024	$13.05
95027	$7.71
95028	$22.54
95044	$9.49
95052	$11.27
95056	$74.15
95060	$58.72
95065	$42.71
95070	$51.01
95071	$58.72
95076	$195.16
95079	$138.80
95115	$14.83
95117	$17.20
95120	$17.20
95125	$20.76
95130	$30.25
95131	$38.56
95132	$45.67
95133	$56.35
95134	$67.03
95144	$20.76
95145	$36.18
95146	$65.25
95147	$58.72
95148	$87.20
95149	$117.45
95165	$21.35
95170	$16.02
95180	$224.22
95199	$BR
95250	$264.56
95251	$72.96
95782	$1,722.59
95783	$1,805.63
95800	$298.96
95801	$151.85

CPT CODE	MAXIMUM FEE
95803	$237.27
95805	$717.15
95806	$282.35
95807	$802.57
95808	$1,058.23
95810	$1,045.77
95811	$1,099.16
95812	$584.87
95813	$708.85
95816	$607.41
95819	$694.61
95822	$625.80
95824	$170.24
95827	$1,170.34
95829	$3,158.67
95830	$412.26
95831	$51.01
95832	$49.23
95833	$62.28
95834	$86.01
95851	$30.85
95852	$27.29
95857	$90.76
95860	$204.65
95861	$287.69
95863	$357.09
95864	$403.36
95865	$242.02
95866	$224.22
95867	$158.38
95868	$222.44
95869	$156.01
95870	$156.01
95872	$329.21
95873	$123.38
95874	$122.79
95875	$209.39

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MEDICINE

CPT CODE	MAXIMUM FEE
95885	$98.47
95886	$153.04
95887	$135.84
95905	$117.45
95907	$160.16
95908	$198.71
95909	$242.02
95910	$322.69
95911	$389.72
95912	$435.99
95913	$498.86
95921	$144.74
95922	$169.06
95923	$275.23
95924	$249.73
95925	$261.00
95926	$230.75
95927	$238.46
95928	$376.67
95929	$379.63
95930	$217.10
95933	$125.75
95937	$136.43
95938	$573.01
95939	$839.94
95940	$55.17
95941	$BR
95943	$BR
95950	$555.21
95951	$1,349.48
95953	$708.25
95954	$756.30
95955	$363.02
95956	$2,755.31
95957	$528.52
95958	$960.95
95961	$494.12

CPT CODE	MAXIMUM FEE
95962	$440.14
95965	$3,547.20
95966	$1,797.33
95967	$1,565.99
95970	$113.89
95971	$84.23
95972	$97.87
95974	$349.38
95975	$188.04
95978	$419.38
95979	$182.11
95980	$78.30
95981	$53.39
95982	$88.38
95990	$153.63
95991	$203.46
95992	$72.37
95999	$BR
96000	$160.16
96001	$180.33
96002	$36.78
96003	$29.07
96004	$196.93
96020	$BR
96040	$78.30
96101	$133.46
96102	$106.18
96103	$46.27
96105	$179.73
96110	$14.83
96111	$216.51
96116	$155.41
96118	$163.72
96119	$134.06
96120	$80.67
96125	$196.34
96127	$8.90

CPT CODE	MAXIMUM FEE
96150	$36.18
96151	$34.40
96152	$33.22
96153	$7.71
96154	$32.62
96155	$37.96
96360	$95.50
96361	$25.51
96365	$115.67
96366	$31.44
96367	$51.01
96368	$34.40
96369	$321.50
96370	$24.91
96371	$121.60
96372	$42.12
96373	$32.62
96374	$94.91
96375	$37.37
96376	$24.32
96379	$BR
96401	$124.57
96402	$53.98
96405	$137.02
96406	$195.16
96409	$185.07
96411	$103.81
96413	$226.00
96415	$47.45
96416	$234.90
96417	$104.40
96420	$176.17
96422	$283.54
96423	$131.09
96425	$303.11
96440	$1,416.51
96446	$335.74

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MEDICINE

CPT CODE	MAXIMUM FEE
96450	$304.89
96521	$230.75
96522	$189.22
96523	$41.52
96542	$202.87
96549	$BR
96567	$226.00
96570	$97.87
96571	$45.67

CPT CODE	MAXIMUM FEE
96900	$34.40
96902	$36.18
96904	$104.99
96910	$119.23
96912	$152.45
96913	$218.88
96920	$260.40
96921	$286.50

CPT CODE	MAXIMUM FEE
96922	$397.43
96931	$BR
96932	$BR
96933	$BR
96934	$BR
96935	$BR
96936	$BR
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 Maximum Fee (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 Maximum Fee 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 MAXIMUM FEE:** "BR" in the Maximum Fee 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 Maximum Fee. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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 Maximum Fee 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 MAXIMUM FEE:** Where the schedule specifies maximum fee for a definite treatment, and the patient is transferred from one health care provider to another, the Maximum Fee 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 maximum fees 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 Maximum Fees 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

    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.

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PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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PHYSICAL MEDICINE AND REHABILITATION

CPT CODE	MAXIMUM FEE
97001	$97.65
97002	$54.35
97003	$110.08
97004	$68.17
97005	$82.45
97006	$41.45
97010	$7.83
97012	$20.73
97014	$20.73
97016	$24.87
97018	$14.28
97022	$30.40
97024	$8.29
97026	$7.83
97028	$9.67
97032	$24.87
97033	$34.08

CPT CODE	MAXIMUM FEE
97034	$23.49
97035	$16.58
97036	$42.84
97039	$BR
97110	$41.91
97112	$43.76
97113	$55.73
97116	$36.85
97124	$34.08
97139	$BR
97140	$38.69
97150	$22.57
97530	$45.14
97532	$34.55
97533	$37.77
97535	$45.60
97537	$39.15

CPT CODE	MAXIMUM FEE
97542	$40.07
97545	$173.65
97546	$69.55
97597	$97.65
97598	$31.78
97602	$47.90
97605	$53.43
97606	$63.10
97607	$BR
97608	$BR
97610	$155.22
97750	$42.84
97755	$46.52
97760	$49.28
97761	$42.84
97762	$61.72
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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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MEDICAL NUTRITION THERAPY

CPT CODE	MAXIMUM FEE
97802	$46.65
97803	$40.47
97804	$21.42

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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ACUPUNCTURE

CPT CODE	MAXIMUM FEE
97810	$46.39
97811	$34.68
97813	$49.55
97814	$39.19

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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OSTEOPATHIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98925	$55.81
98926	$80.89
98927	$104.72
98928	$128.55
98929	$153.63

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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CHIROPRACTIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98940	$46.42
98941	$66.73
98942	$87.05
98943	$44.68

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

CPT CODE	MAXIMUM FEE
98960	$32.75
98961	$15.75
98962	$11.61

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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NON-FACE-TO-FACE NONPHYSICIAN SERVICES

CPT CODE	MAXIMUM FEE
98966	$7.96
98967	$15.51
98968	$22.65

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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SPECIAL SERVICES AND REPORTS

CPT CODE	MAXIMUM FEE
99000	$6.76
99001	$8.02
99002	$8.44
99024	$BR
99026	$BR
99027	$BR
99050	$22.38
99051	$BR
99053	$BR
99056	$21.11
99058	$27.02
99060	$29.98
99070	$BR
99071	$BR
99075	$BR
99078	$BR
99080	$BR
99082	$BR
99090	$BR
99091	$67.13

* The maximum fee for this code (99071) is to be determined "By Report" (BR); however, when the chare for any item exceeds $7.00, documentation of cost to the provider for such items must be attached to the bill submitted for payment. Payment shall not exceed the cost of the item to the health care provider, plus 25%.
** For this code (99075), see seperate section reference "Despositions, Testimony, and Medical Records Reproductions

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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QUALIFYING CIRCUMSTANCES FOR ANESTHESIA

CPT CODE	MAXIMUM FEE
99100	$BR
99116	$BR
99135	$BR
99140	$BR

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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MODERATE (CONSCIOUS) SEDATION

CPT CODE	MAXIMUM FEE
99143	$80.25
99144	$66.44
99145	$26.57
99148	$73.88
99149	$60.06
99150	$26.57

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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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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OTHER SERVICES AND PROCEDURES

CPT CODE	MAXIMUM FEE
99170	$281.52
99172	$28.73
99173	$5.17
99174	$22.41
99175	$27.58
99177	$BR
99183	$179.83
99184	$372.87
99188	$BR
99190	$723.91
99191	$506.74
99192	$361.96
99195	$162.02
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 Maximum Fees 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 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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EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99201	$68.48
99202	$116.91
99203	$169.24
99204	$258.32
99205	$324.01
99211	$31.18
99212	$67.92
99213	$114.13
99214	$168.13
99215	$226.58
99217	$114.13
99218	$156.44
99219	$212.67
99220	$290.61
99221	$159.22
99222	$214.89
99223	$317.88
99224	$62.35
99225	$114.13
99226	$164.79
99231	$61.80
99232	$113.01
99233	$163.12
99234	$209.88
99235	$265.00
99236	$341.27
99238	$113.57
99239	$168.13
99241	$74.60
99242	$140.29
99243	$192.07
99244	$287.26
99245	$350.17
99251	$76.83
99252	$117.47
99253	$180.38
99254	$262.21

CPT CODE	MAXIMUM FEE
99255	$316.21
99281	$33.40
99282	$65.14
99283	$97.43
99284	$184.83
99285	$272.79
99288	$BR
99291	$431.45
99292	$192.62
99304	$143.63
99305	$204.31
99306	$260.54
99307	$70.15
99308	$108.56
99309	$143.08
99310	$212.67
99315	$114.68
99316	$165.90
99318	$150.31
99324	$86.85
99325	$126.37
99326	$218.23
99327	$291.16
99328	$340.15
99334	$94.64
99335	$149.20
99336	$210.99
99337	$302.30
99339	$121.36
99340	$170.35
99341	$86.29
99342	$124.15
99343	$203.76
99344	$285.59
99345	$346.28
99347	$86.85
99348	$131.94

CPT CODE	MAXIMUM FEE
99349	$200.97
99350	$278.91
99354	$156.99
99355	$152.54
99356	$144.19
99357	$143.08
99358	$170.35
99359	$82.39
99360	$96.31
99363	$199.30
99364	$67.92
99366	$67.36
99367	$88.52
99368	$57.90
99374	$109.67
99375	$164.23
99377	$109.67
99378	$164.23
99379	$109.67
99380	$164.23
99381	$172.58
99382	$180.38
99383	$188.17
99384	$212.67
99385	$205.43
99386	$238.83
99387	$258.87
99391	$155.32
99392	$165.90
99393	$165.34
99394	$181.49
99395	$185.39
99396	$197.63
99397	$212.67
99401	$56.78
99402	$96.87
99403	$135.28

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EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99404	$174.81
99406	$22.27
99407	$43.42
99408	$55.11
99409	$107.45
99411	$25.61
99412	$33.40
99415	$13.92
99416	$7.79
99420	$17.26
99429	$BR
99441	$21.71
99442	$42.31
99443	$61.80
99444	$51.77
99446	$BR
99447	$BR

CPT CODE	MAXIMUM FEE
99448	$BR
99449	$BR
99450	$BR
99455	$BR
99456	$BR
99460	$151.43
99461	$143.63
99462	$65.69
99463	$187.06
99464	$112.46
99465	$239.94
99466	$361.86
99467	$183.16
99468	$1,481.42
99469	$625.75
99471	$1,377.87
99472	$643.56

CPT CODE	MAXIMUM FEE
99475	$905.78
99476	$545.02
99477	$561.73
99478	$214.89
99479	$195.96
99480	$187.61
99485	$120.25
99486	$104.66
99487	$BR
99489	$BR
99490	$63.47
99495	$257.20
99496	$362.42
99497	$133.61
99498	$116.35
99499	$BR

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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 maximum fees have been established at the state, regional, or national level as determined from available data resources. All Maximum Fees 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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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

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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 the listed Maximum Fees applicable to dentistry.

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 FEE:** "BR" in the Maximum Fee 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 Maximum Fee. 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 Maximum Fee for a definite treatment, and the patient is transferred from one dentist or health care provider to another, the applicable Fee 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 Fees: Under certain circumstances, the listed fee 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 fee shall be 70% of the listed fee.

   -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.

   -55 Follow-Up Care Only: When one dentist performs the main procedure itself and another provides the follow-up care, the fee 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.

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-56 Pre-Operative Care Only: When one dentist performs the care up until surgery and another dentist then takes over the care, the fee 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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DENTISTRY

ADA CODE	MAXIMUM FEE
D0120	$53.45
D0140	$89.79
D0145	$82.31
D0150	$95.14
D0160	$189.21
D0170	$63.07
D0171	$BR
D0180	$102.62
D0190	$BR
D0191	$BR
D0210	$156.07
D0220	$31.00
D0230	$27.79
D0240	$49.17
D0250	$59.86
D0251	$0.00
D0270	$31.00
D0272	$50.24
D0273	$60.93
D0274	$70.55
D0277	$106.90
D0290	$189.21
D0310	$472.49
D0320	$834.87
D0321	$0.00
D0322	$678.80
D0330	$145.38
D0340	$165.69
D0350	$79.10
D0351	$BR
D0364	$BR
D0365	$BR
D0366	$BR
D0367	$BR
D0368	$BR
D0369	$BR
D0370	$BR

ADA CODE	MAXIMUM FEE
D0371	$BR
D0380	$BR
D0381	$BR
D0382	$BR
D0383	$BR
D0384	$BR
D0385	$BR
D0386	$BR
D0391	$BR
D0393	$BR
D0394	$BR
D0395	$BR
D0415	$45.97
D0416	$67.35
D0417	$60.93
D0418	$63.07
D0422	$BR
D0423	$BR
D0425	$39.55
D0431	$63.07
D0460	$63.07
D0470	$137.90
D0472	$86.59
D0473	$182.80
D0474	$205.24
D0475	$110.10
D0476	$106.90
D0477	$146.45
D0478	$133.62
D0479	$205.24
D0480	$126.14
D0481	$472.49
D0482	$157.14
D0483	$157.14
D0484	$236.24
D0485	$326.04
D0486	$151.80

ADA CODE	MAXIMUM FEE
D0502	$BR
D0601	$BR
D0602	$BR
D0603	$BR
D0999	$BR
D1110	$112.24
D1120	$78.04
D1206	$71.62
D1208	$BR
D1310	$55.59
D1320	$59.86
D1330	$75.90
D1351	$60.93
D1352	$79.10
D1353	$BR
D1354	$BR
D1510	$394.45
D1515	$551.59
D1520	$432.94
D1525	$670.25
D1550	$85.52
D1555	$82.31
D1999	$BR
D2140	$132.55
D2150	$173.17
D2160	$210.59
D2161	$255.49
D2330	$165.69
D2331	$212.73
D2332	$258.69
D2335	$305.73
D2390	$339.94
D2391	$193.49
D2392	$253.35
D2393	$314.28
D2394	$385.90
D2410	$354.90

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DENTISTRY

ADA CODE	MAXIMUM FEE
D2420	$591.15
D2430	$1,024.08
D2510	$937.50
D2520	$1,063.64
D2530	$1,226.12
D2542	$1,202.60
D2543	$1,257.12
D2544	$1,308.43
D2610	$1,103.19
D2620	$1,165.19
D2630	$1,240.02
D2642	$1,205.81
D2643	$1,299.88
D2644	$1,377.92
D2650	$723.70
D2651	$863.74
D2652	$907.56
D2662	$787.84
D2663	$925.74
D2664	$992.01
D2710	$559.08
D2712	$559.08
D2720	$1,377.92
D2721	$1,291.33
D2722	$1,320.19
D2740	$1,416.40
D2750	$1,396.09
D2751	$1,299.88
D2752	$1,331.95
D2780	$1,339.43
D2781	$1,260.33
D2782	$1,302.02
D2783	$1,377.92
D2790	$1,346.91
D2791	$1,276.36
D2792	$1,299.88
D2794	$1,377.92

ADA CODE	MAXIMUM FEE
D2799	$559.08
D2910	$113.31
D2915	$113.31
D2920	$115.45
D2921	$BR
D2929	$BR
D2930	$313.21
D2931	$354.90
D2932	$378.42
D2933	$431.87
D2934	$431.87
D2940	$119.73
D2941	$BR
D2949	$BR
D2950	$299.31
D2951	$66.28
D2952	$472.49
D2953	$236.24
D2954	$378.42
D2955	$291.83
D2957	$189.21
D2960	$912.91
D2961	$1,037.98
D2962	$1,126.70
D2971	$181.73
D2975	$551.59
D2980	$BR
D2981	$BR
D2982	$BR
D2983	$BR
D2990	$BR
D2999	$BR
D3110	$94.07
D3120	$75.90
D3220	$193.49
D3221	$212.73
D3222	$196.69

ADA CODE	MAXIMUM FEE
D3230	$205.24
D3240	$252.28
D3310	$803.87
D3320	$984.53
D3330	$1,221.84
D3331	$314.28
D3332	$598.63
D3333	$275.80
D3346	$1,072.19
D3347	$1,260.33
D3348	$1,559.64
D3351	$457.52
D3352	$205.24
D3353	$631.77
D3355	$BR
D3356	$BR
D3357	$BR
D3410	$906.50
D3421	$1,009.12
D3425	$1,142.74
D3426	$385.90
D3427	$BR
D3428	$BR
D3429	$BR
D3430	$283.28
D3431	$BR
D3432	$BR
D3450	$591.15
D3460	$2,206.37
D3470	$1,126.70
D3910	$157.14
D3920	$450.04
D3950	$205.24
D3999	$BR
D4210	$708.73
D4211	$314.28
D4212	$BR

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DENTISTRY

ADA CODE	MAXIMUM FEE
D4230	$992.01
D4231	$472.49
D4240	$897.94
D4241	$520.59
D4245	$662.77
D4249	$984.53
D4260	$1,497.64
D4261	$803.87
D4263	$535.56
D4264	$457.52
D4265	$BR
D4266	$551.59
D4267	$708.73
D4268	$0.00
D4270	$1,063.64
D4273	$1,299.88
D4274	$737.60
D4275	$977.05
D4276	$1,458.09
D4277	$BR
D4278	$BR
D4283	$BR
D4285	$BR
D4320	$520.59
D4321	$472.49
D4341	$299.31
D4342	$173.17
D4355	$205.24
D4381	$BR
D4910	$183.86
D4920	$132.55
D4921	$BR
D4999	$BR
D5110	$1,728.54
D5120	$1,728.54
D5130	$1,883.54
D5140	$1,883.54

ADA CODE	MAXIMUM FEE
D5211	$1,458.09
D5212	$1,695.40
D5213	$1,908.13
D5214	$1,908.13
D5221	$BR
D5222	$BR
D5223	$BR
D5224	$BR
D5225	$1,458.09
D5226	$1,695.40
D5281	$1,112.81
D5410	$94.07
D5411	$94.07
D5421	$94.07
D5422	$94.07
D5510	$189.21
D5520	$157.14
D5610	$205.24
D5620	$219.14
D5630	$268.31
D5640	$173.17
D5650	$236.24
D5660	$283.28
D5670	$693.77
D5671	$693.77
D5710	$700.18
D5711	$669.18
D5720	$662.77
D5721	$662.77
D5730	$395.52
D5731	$395.52
D5740	$363.45
D5741	$363.45
D5750	$528.08
D5751	$528.08
D5760	$520.59
D5761	$520.59

ADA CODE	MAXIMUM FEE
D5810	$835.94
D5811	$897.94
D5820	$645.66
D5821	$685.22
D5850	$165.69
D5851	$165.69
D5862	$BR
D5863	$BR
D5864	$BR
D5865	$BR
D5866	$BR
D5867	$BR
D5875	$BR
D5899	$BR
D5911	$438.28
D5912	$438.28
D5913	$9,227.44
D5914	$9,227.44
D5915	$12,484.62
D5916	$3,329.87
D5919	$BR
D5922	$BR
D5923	$BR
D5924	$BR
D5925	$BR
D5926	$BR
D5927	$BR
D5928	$BR
D5929	$BR
D5931	$4,967.55
D5932	$9,291.57
D5933	$BR
D5934	$8,467.39
D5935	$7,368.48
D5936	$8,276.04
D5937	$1,040.12
D5951	$1,352.26

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DENTISTRY

ADA CODE	MAXIMUM FEE
D5952	$4,390.30
D5953	$8,339.11
D5954	$7,726.59
D5955	$7,146.13
D5958	$BR
D5959	$BR
D5960	$BR
D5982	$700.18
D5983	$1,575.68
D5984	$1,575.68
D5985	$1,575.68
D5986	$157.14
D5987	$2,363.51
D5988	$472.49
D5991	$181.73
D5992	$BR
D5993	$BR
D5994	$BR
D5999	$BR
D6010	$2,885.18
D6011	$BR
D6012	$2,728.04
D6013	$BR
D6040	$9,928.69
D6050	$7,406.96
D6051	$BR
D6052	$BR
D6055	$866.94
D6056	$598.63
D6057	$740.80
D6058	$1,662.26
D6059	$1,639.82
D6060	$1,548.95
D6061	$1,579.95
D6062	$1,575.68
D6063	$1,371.50
D6064	$1,434.57

ADA CODE	MAXIMUM FEE
D6065	$1,634.47
D6066	$1,591.71
D6067	$1,544.68
D6068	$1,646.23
D6069	$1,639.82
D6070	$1,548.95
D6071	$1,579.95
D6072	$1,599.19
D6073	$1,461.30
D6074	$1,551.09
D6075	$1,634.47
D6076	$1,591.71
D6077	$1,544.68
D6080	$135.76
D6090	$BR
D6091	$654.22
D6092	$127.21
D6093	$199.90
D6094	$1,299.88
D6095	$BR
D6100	$BR
D6101	$BR
D6102	$BR
D6103	$BR
D6104	$BR
D6110	$BR
D6111	$BR
D6112	$BR
D6113	$BR
D6114	$BR
D6115	$BR
D6116	$BR
D6117	$BR
D6190	$291.83
D6194	$1,339.43
D6199	$BR
D6205	$819.91

ADA CODE	MAXIMUM FEE
D6210	$1,252.84
D6211	$1,173.74
D6212	$1,221.84
D6214	$1,260.33
D6240	$1,236.81
D6241	$1,142.74
D6242	$1,205.81
D6245	$1,276.36
D6250	$1,221.84
D6251	$1,126.70
D6252	$1,163.05
D6253	$525.94
D6545	$520.59
D6548	$571.90
D6549	$BR
D6600	$1,032.63
D6601	$1,083.95
D6602	$1,103.19
D6603	$1,214.36
D6604	$1,081.81
D6605	$1,145.95
D6606	$1,063.64
D6607	$1,181.22
D6608	$1,122.43
D6609	$1,170.53
D6610	$1,189.77
D6611	$1,302.02
D6612	$1,183.36
D6613	$1,236.81
D6614	$1,158.77
D6615	$1,203.67
D6624	$1,103.19
D6634	$1,158.77
D6710	$1,182.29
D6720	$1,377.92
D6721	$1,308.43
D6722	$1,331.95

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DENTISTRY

ADA CODE	MAXIMUM FEE
D6740	$1,449.54
D6750	$1,411.05
D6751	$1,319.12
D6752	$1,350.12
D6780	$1,331.95
D6781	$1,331.95
D6782	$1,236.81
D6783	$1,371.50
D6790	$1,362.95
D6791	$1,291.33
D6792	$1,339.43
D6793	$559.08
D6794	$1,339.43
D6920	$283.28
D6930	$165.69
D6940	$375.21
D6950	$723.70
D6980	$BR
D6985	$631.77
D6999	$BR
D7111	$129.35
D7140	$172.11
D7210	$303.59
D7220	$381.63
D7230	$507.77
D7240	$595.42
D7241	$749.35
D7250	$321.76
D7251	$631.77
D7260	$1,891.03
D7261	$787.84
D7270	$591.15
D7272	$787.84
D7280	$551.59
D7282	$275.80
D7283	$236.24
D7285	$1,103.19

ADA CODE	MAXIMUM FEE
D7286	$472.49
D7287	$189.21
D7288	$189.21
D7290	$472.49
D7291	$BR
D7292	$756.84
D7293	$472.49
D7294	$394.45
D7295	$BR
D7310	$314.28
D7311	$275.80
D7320	$512.04
D7321	$431.87
D7340	$2,166.82
D7350	$6,304.84
D7410	$946.05
D7411	$1,497.64
D7412	$1,654.78
D7413	$1,103.19
D7414	$1,654.78
D7415	$1,851.47
D7440	$1,497.64
D7441	$2,206.37
D7450	$946.05
D7451	$1,291.33
D7460	$946.05
D7461	$1,291.33
D7465	$512.04
D7471	$1,170.53
D7472	$1,391.81
D7473	$1,311.64
D7485	$1,170.53
D7490	$9,456.20
D7510	$339.94
D7511	$512.04
D7520	$1,613.09
D7521	$1,773.44

ADA CODE	MAXIMUM FEE
D7530	$580.46
D7540	$644.59
D7550	$400.87
D7560	$3,190.91
D7610	$5,161.04
D7620	$3,870.78
D7630	$6,712.13
D7640	$4,258.82
D7650	$3,226.18
D7660	$1,901.72
D7670	$1,484.81
D7671	$2,796.45
D7680	$9,678.54
D7710	$6,067.53
D7720	$4,258.82
D7730	$8,775.26
D7740	$4,342.20
D7750	$5,522.35
D7760	$2,216.00
D7770	$3,001.70
D7771	$2,316.48
D7780	$12,904.73
D7810	$5,676.28
D7820	$931.08
D7830	$532.35
D7840	$7,738.35
D7850	$6,682.19
D7852	$7,651.76
D7854	$7,895.49
D7856	$5,601.46
D7858	$15,969.49
D7860	$6,807.26
D7865	$10,968.80
D7870	$363.45
D7871	$723.70
D7872	$3,868.64
D7873	$4,658.61

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DENTISTRY

ADA CODE	MAXIMUM FEE
D7874	$6,682.19
D7875	$7,319.31
D7876	$7,893.35
D7877	$6,964.40
D7880	$870.15
D7881	$BR
D7899	$BR
D7910	$516.32
D7911	$1,290.26
D7912	$2,322.89
D7920	$3,804.50
D7921	$BR
D7940	$BR
D7941	$9,692.44
D7943	$8,904.60
D7944	$7,936.11
D7945	$10,559.38
D7946	$13,081.11
D7947	$11,000.87
D7948	$14,278.37
D7949	$18,597.05
D7950	$BR
D7951	$BR
D7952	$BR
D7953	$268.31
D7955	$BR
D7960	$431.87
D7963	$708.73
D7970	$631.77
D7971	$236.24
D7972	$881.91
D7980	$992.01
D7981	$BR
D7982	$2,349.62
D7983	$2,253.41
D7990	$1,938.06

ADA CODE	MAXIMUM FEE
D7991	$4,728.10
D7995	$BR
D7996	$BR
D7997	$363.45
D7998	$1,575.68
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
D8681	$BR
D8690	$BR
D8691	$BR
D8692	$BR
D8693	$BR
D8694	$BR
D8999	$BR
D9110	$122.93
D9120	$136.83
D9210	$45.97
D9211	$50.24
D9212	$79.10
D9215	$37.41
D9219	$BR
D9223	$BR
D9230	$75.90

ADA CODE	MAXIMUM FEE
D9243	$BR
D9248	$110.10
D9310	$253.35
D9410	$288.62
D9420	$466.08
D9430	$BR
D9440	$157.14
D9450	$79.10
D9610	$BR
D9612	$BR
D9630	$BR
D9910	$55.59
D9911	$78.04
D9920	$BR
D9930	$BR
D9932	$BR
D9933	$BR
D9934	$BR
D9935	$BR
D9940	$457.52
D9941	$157.14
D9942	$188.14
D9943	$BR
D9950	$299.31
D9951	$133.62
D9952	$629.63
D9970	$71.62
D9971	$93.00
D9972	$315.35
D9973	$52.38
D9974	$276.87
D9975	$BR
D9985	$BR
D9986	$BR
D9987	$BR
D9999	$BR

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HOSPITAL/INPATIENT 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.

   Generally, durable medical equipment and supplies provided or administered in an inpatient 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 above which are medically necessary are excepted from this rule. Inpatient hospitals shall be separately reimbursed for medically necessary implantables. Implantables billed at $5000 or less will be reimbursed at 50% of billed charges, implantables billed at more than $5000 will be reimbursed the cost of the implantable to the facility 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 billed at more than $5000 shall be provided to the payor by the hospital as a condition of payment for the implantable.*

3. **"INPATIENT"** means being confined to a hospital setting for twenty-four (24) hours or more. An inpatient stay requires documentation of official admission to the hospital pursuant to an order for inpatient admission by a physician or other qualified practitioner and the order is present in the medical record.

4. **REIMBURSEMENT AND BILLING:** Except as otherwise provided in these Ground Rules, reimbursement for inpatient hospital services shall be limited to the maximum allowable reimbursement per inpatient stay as computed in Ground Rule 5 of these ground rules. Billing for inpatient hospital services shall reference the MS-DRG code, **Version 33**, state the actual charges billed and if applicable, include an invoice for implantables as provided in Ground Rule 2 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 ***Kansas Workers Compensation Schedule of Medical Fees*** that is current on the date of an inpatient discharge from the hospital, will define the levels of payment applicable to computation of the maximum allowable reimbursement. The maximum allowable reimbursement per inpatient stay shall be computed as follows:

   MAXIMUM ALLOWABLE REIMBURSEMENT= Medicare MS-DRG (**Version 33**) Relative Weight X $7400 (for Peer Group I Hospitals) or $7200 (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 except out-of-state critical access hospitals will be reimbursed at Peer Group 2 hospital level or Medicare MS-DRG Relative Weight X $7200. Out-of-state critical access hospitals shall be reimbursed at billed charges less 15%. Additionally, the rules that are contained within this fee schedule also apply to out-of-state hospitals.

6. **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 inpatient stay, excluding charges attributable to implantables and trauma activation fees, must be at least Sixty-five Thousand Dollars ($65,000.00), the minimum stop-loss threshold. If the total charges for the hospital inpatient 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 2 of these Ground Rules)and trauma activation fees (see Ground Rule 7 of these Ground Rules).

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HOSPITAL/INPATIENT
GROUND RULES AND FEES

7. **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 inpatient fees. Trauma Center Activation fees are as follows:

   Level I $6000
   Level II $5200
   Level III $2800
   Level IV $0

8. **PHYSICAL MEDICINE AND REHABILITATION:** Generally, physical/occupational therapists services provided or administered in an inpatient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. However, services provided on an outpatient basis will be 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.

9. **RADIOLOGY CHARGES:** Generally, radiology services provided or administered in an inpatient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. Physicians that provide and bill separately for the professional component of radiology CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

10. **PATHOLOGY OR LABORATORY CHARGES:** Generally, pathology and laboratory services provided or administered in an inpatient hospital setting are not separately reimbursed since they are included in the Medical Severity Diagnosis Related Groups (MS-DRG) payment rate. Physicians that provide and bill separately for the professional component of pathology or laboratory CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

11. **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.

12. **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.

13. **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.

14. **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.

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

HOSPITAL/INPATIENT
GROUND RULES AND FEES

16. WORKERS COMPENSATION PEER GROUPS AS OF FEBRUARY 2016:
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:
Andover
Arkansas City
Burlington
Coffeyville
Dodge City
El Dorado
Elkhart
Fort Scott
Galena
Garden City
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton
Ottawa
Paola
Parsons
Pittsburg
Pratt
Salina
Ulysses
Wellington

Including all out of state hospitals

HOSPITAL/INPATIENT
GROUND RULES AND FEES

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%.

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
001	26.2466	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W MCC	$194,224.84	$188,975.52
002	14.6448	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM W/O MCC	$108,371.52	$105,442.56
003	17.6569	ECMO OR TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W MAJ O.R.	$130,661.06	$127,129.68
004	10.9458	TRACH W MV >96 HRS OR PDX EXC FACE, MOUTH & NECK W/O MAJ O.R.	$80,998.92	$78,809.76
005	10.7263	LIVER TRANSPLANT W MCC OR INTESTINAL TRANSPLANT	$79,374.62	$77,229.36
006	4.8330	LIVER TRANSPLANT W/O MCC	$35,764.20	$34,797.60
007	9.7007	LUNG TRANSPLANT	$71,785.18	$69,845.04
008	5.4338	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	$40,210.12	$39,123.36
010	4.3039	PANCREAS TRANSPLANT	$31,848.86	$30,988.08
011	4.7501	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W MCC	$35,150.74	$34,200.72
012	3.4047	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W CC	$25,194.78	$24,513.84
013	2.1906	TRACHEOSTOMY FOR FACE,MOUTH & NECK DIAGNOSES W/O CC/MCC	$16,210.44	$15,772.32
014	11.5928	ALLOGENEIC BONE MARROW TRANSPLANT	$85,786.72	$83,468.16

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
016	6.1746	AUTOLOGOUS BONE MARROW TRANSPLANT W CC/MCC	$45,692.04	$44,457.12
017	4.3721	AUTOLOGOUS BONE MARROW TRANSPLANT W/O CC/MCC	$32,353.54	$31,479.12
020	9.7571	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W MCC	$72,202.54	$70,251.12
021	7.1549	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W CC	$52,946.26	$51,515.28
022	4.9977	INTRACRANIAL VASCULAR PROCEDURES W PDX HEMORRHAGE W/O CC/MCC	$36,982.98	$35,983.44
023	5.3486	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W MCC OR CHEMO IMPLANT	$39,579.64	$38,509.92
024	3.7976	CRANIO W MAJOR DEV IMPL/ACUTE COMPLEX CNS PDX W/O MCC	$28,102.24	$27,342.72
025	4.2965	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W MCC	$31,794.10	$30,934.80
026	2.9958	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W CC	$22,168.92	$21,569.76
027	2.2835	CRANIOTOMY & ENDOVASCULAR INTRACRANIAL PROCEDURES W/O CC/MCC	$16,897.90	$16,441.20
028	5.3695	SPINAL PROCEDURES W MCC	$39,734.30	$38,660.40
029	3.0548	SPINAL PROCEDURES W CC OR SPINAL NEUROSTIMULATORS	$22,605.52	$21,994.56
030	1.7982	SPINAL PROCEDURES W/O CC/MCC	$13,306.68	$12,947.04

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
033	1.5734	VENTRICULAR SHUNT PROCEDURES W/O CC/MCC	$11,643.16	$11,328.48
034	3.6851	CAROTID ARTERY STENT PROCEDURE W MCC	$27,269.74	$26,532.72
035	2.3048	CAROTID ARTERY STENT PROCEDURE W CC	$17,055.52	$16,594.56
036	1.7180	CAROTID ARTERY STENT PROCEDURE W/O CC/MCC	$12,713.20	$12,369.60
037	3.0888	EXTRACRANIAL PROCEDURES W MCC	$22,857.12	$22,239.36
038	1.5560	EXTRACRANIAL PROCEDURES W CC	$11,514.40	$11,203.20
039	1.0609	EXTRACRANIAL PROCEDURES W/O CC/MCC	$7,850.66	$7,638.48
040	3.8044	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W MCC	$28,152.56	$27,391.68
041	2.1354	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W CC OR PERIPH NEUROSTIM	$15,801.96	$15,374.88
042	1.9242	PERIPH/CRANIAL NERVE & OTHER NERV SYST PROC W/O CC/MCC	$14,239.08	$13,854.24
052	1.4915	SPINAL DISORDERS & INJURIES W CC/MCC	$11,037.10	$10,738.80
053	0.8625	SPINAL DISORDERS & INJURIES W/O CC/MCC	$6,382.50	$6,210.00
054	1.3570	NERVOUS SYSTEM NEOPLASMS W MCC	$10,041.80	$9,770.40

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
055	1.0401	NERVOUS SYSTEM NEOPLASMS W/O MCC	$7,696.74	$7,488.72
056	1.8513	DEGENERATIVE NERVOUS SYSTEM DISORDERS W MCC	$13,699.62	$13,329.36
057	1.0716	DEGENERATIVE NERVOUS SYSTEM DISORDERS W/O MCC	$7,929.84	$7,715.52
058	1.7198	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W MCC	$12,726.52	$12,382.56
059	1.0134	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W CC	$7,499.16	$7,296.48
060	0.8130	MULTIPLE SCLEROSIS & CEREBELLAR ATAXIA W/O CC/MCC	$6,016.20	$5,853.60
061	2.6843	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W MCC	$19,863.82	$19,326.96
062	1.8918	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W CC	$13,999.32	$13,620.96
063	1.5238	ACUTE ISCHEMIC STROKE W USE OF THROMBOLYTIC AGENT W/O CC/MCC	$11,276.12	$10,971.36
064	1.7326	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	$12,821.24	$12,474.72
065	1.0593	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	$7,838.82	$7,626.96
066	0.7574	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	$5,604.76	$5,453.28
067	1.4338	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W MCC	$10,610.12	$10,323.36

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
068	0.8731	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARCT W/O MCC	$6,460.94	$6,286.32
069	0.7227	TRANSIENT ISCHEMIA	$5,347.98	$5,203.44
070	1.6283	NONSPECIFIC CEREBROVASCULAR DISORDERS W MCC	$12,049.42	$11,723.76
071	1.0079	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	$7,458.46	$7,256.88
072	0.7329	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC/MCC	$5,423.46	$5,276.88
073	1.3359	CRANIAL & PERIPHERAL NERVE DISORDERS W MCC	$9,885.66	$9,618.48
074	0.9063	CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	$6,706.62	$6,525.36
075	1.6917	VIRAL MENINGITIS W CC/MCC	$12,518.58	$12,180.24
076	0.8302	VIRAL MENINGITIS W/O CC/MCC	$6,143.48	$5,977.44
077	1.5448	HYPERTENSIVE ENCEPHALOPATHY W MCC	$11,431.52	$11,122.56
078	0.9676	HYPERTENSIVE ENCEPHALOPATHY W CC	$7,160.24	$6,966.72
079	0.6862	HYPERTENSIVE ENCEPHALOPATHY W/O CC/MCC	$5,077.88	$4,940.64
080	1.2159	NONTRAUMATIC STUPOR & COMA W MCC	$8,997.66	$8,754.48

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
081	0.7651	NONTRAUMATIC STUPOR & COMA W/O MCC	$5,661.74	$5,508.72
082	2.0170	TRAUMATIC STUPOR & COMA, COMA >1 HR W MCC	$14,925.80	$14,522.40
083	1.3006	TRAUMATIC STUPOR & COMA, COMA >1 HR W CC	$9,624.44	$9,364.32
084	0.8469	TRAUMATIC STUPOR & COMA, COMA >1 HR W/O CC/MCC	$6,267.06	$6,097.68
085	2.0357	TRAUMATIC STUPOR & COMA, COMA <1 HR W MCC	$15,064.18	$14,657.04
086	1.1394	TRAUMATIC STUPOR & COMA, COMA <1 HR W CC	$8,431.56	$8,203.68
087	0.7918	TRAUMATIC STUPOR & COMA, COMA <1 HR W/O CC/MCC	$5,859.32	$5,700.96
088	1.3653	CONCUSSION W MCC	$10,103.22	$9,830.16
089	0.9759	CONCUSSION W CC	$7,221.66	$7,026.48
090	0.7394	CONCUSSION W/O CC/MCC	$5,471.56	$5,323.68
091	1.5880	OTHER DISORDERS OF NERVOUS SYSTEM W MCC	$11,751.20	$11,433.60
092	0.9075	OTHER DISORDERS OF NERVOUS SYSTEM W CC	$6,715.50	$6,534.00
093	0.6981	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC/MCC	$5,165.94	$5,026.32

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
094	3.4429	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W MCC	$25,477.46	$24,788.88
095	2.3282	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W CC	$17,228.68	$16,763.04
096	2.1855	BACTERIAL & TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM W/O CC/MCC	$16,172.70	$15,735.60
097	3.1221	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W MCC	$23,103.54	$22,479.12
098	1.8410	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W CC	$13,623.40	$13,255.20
099	1.2570	NON-BACTERIAL INFECT OF NERVOUS SYS EXC VIRAL MENINGITIS W/O CC/MCC	$9,301.80	$9,050.40
100	1.5639	SEIZURES W MCC	$11,572.86	$11,260.08
101	0.7942	SEIZURES W/O MCC	$5,877.08	$5,718.24
102	1.0685	HEADACHES W MCC	$7,906.90	$7,693.20
103	0.7199	HEADACHES W/O MCC	$5,327.26	$5,183.28
113	2.0118	ORBITAL PROCEDURES W CC/MCC	$14,887.32	$14,484.96
114	1.2094	ORBITAL PROCEDURES W/O CC/MCC	$8,949.56	$8,707.68
115	1.3151	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	$9,731.74	$9,468.72

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
116	1.5015	INTRAOCULAR PROCEDURES W CC/MCC	$11,111.10	$10,810.80
117	0.8340	INTRAOCULAR PROCEDURES W/O CC/MCC	$6,171.60	$6,004.80
121	0.9934	ACUTE MAJOR EYE INFECTIONS W CC/MCC	$7,351.16	$7,152.48
122	0.5850	ACUTE MAJOR EYE INFECTIONS W/O CC/MCC	$4,329.00	$4,212.00
123	0.7171	NEUROLOGICAL EYE DISORDERS	$5,306.54	$5,163.12
124	1.2163	OTHER DISORDERS OF THE EYE W MCC	$9,000.62	$8,757.36
125	0.7256	OTHER DISORDERS OF THE EYE W/O MCC	$5,369.44	$5,224.32
129	2.2292	MAJOR HEAD & NECK PROCEDURES W CC/MCC OR MAJOR DEVICE	$16,496.08	$16,050.24
130	1.3596	MAJOR HEAD & NECK PROCEDURES W/O CC/MCC	$10,061.04	$9,789.12
131	2.4094	CRANIAL/FACIAL PROCEDURES W CC/MCC	$17,829.56	$17,347.68
132	1.4401	CRANIAL/FACIAL PROCEDURES W/O CC/MCC	$10,656.74	$10,368.72
133	1.8573	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W CC/MCC	$13,744.02	$13,372.56
134	1.0635	OTHER EAR, NOSE, MOUTH & THROAT O.R. PROCEDURES W/O CC/MCC	$7,869.90	$7,657.20

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
135	1.9100	SINUS & MASTOID PROCEDURES W CC/MCC	$14,134.00	$13,752.00
136	1.1905	SINUS & MASTOID PROCEDURES W/O CC/MCC	$8,809.70	$8,571.60
137	1.4261	MOUTH PROCEDURES W CC/MCC	$10,553.14	$10,267.92
138	0.8272	MOUTH PROCEDURES W/O CC/MCC	$6,121.28	$5,955.84
139	0.9828	SALIVARY GLAND PROCEDURES	$7,272.72	$7,076.16
146	1.8740	EAR, NOSE, MOUTH & THROAT MALIGNANCY W MCC	$13,867.60	$13,492.80
147	1.2419	EAR, NOSE, MOUTH & THROAT MALIGNANCY W CC	$9,190.06	$8,941.68
148	0.8094	EAR, NOSE, MOUTH & THROAT MALIGNANCY W/O CC/MCC	$5,989.56	$5,827.68
149	0.6707	DYSEQUILIBRIUM	$4,963.18	$4,829.04
150	1.2560	EPISTAXIS W MCC	$9,294.40	$9,043.20
151	0.7033	EPISTAXIS W/O MCC	$5,204.42	$5,063.76
152	1.0612	OTITIS MEDIA & URI W MCC	$7,852.88	$7,640.64
153	0.7042	OTITIS MEDIA & URI W/O MCC	$5,211.08	$5,070.24

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
154	1.4090	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W MCC	$10,426.60	$10,144.80
155	0.8733	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W CC	$6,462.42	$6,287.76
156	0.6662	OTHER EAR, NOSE, MOUTH & THROAT DIAGNOSES W/O CC/MCC	$4,929.88	$4,796.64
157	1.4949	DENTAL & ORAL DISEASES W MCC	$11,062.26	$10,763.28
158	0.8582	DENTAL & ORAL DISEASES W CC	$6,350.68	$6,179.04
159	0.6176	DENTAL & ORAL DISEASES W/O CC/MCC	$4,570.24	$4,446.72
163	5.0016	MAJOR CHEST PROCEDURES W MCC	$37,011.84	$36,011.52
164	2.5822	MAJOR CHEST PROCEDURES W CC	$19,108.28	$18,591.84
165	1.8148	MAJOR CHEST PROCEDURES W/O CC/MCC	$13,429.52	$13,066.56
166	3.6796	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	$27,229.04	$26,493.12
167	1.9367	OTHER RESP SYSTEM O.R. PROCEDURES W CC	$14,331.58	$13,944.24
168	1.2950	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC/MCC	$9,583.00	$9,324.00
175	1.4839	PULMONARY EMBOLISM W MCC	$10,980.86	$10,684.08

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
178	1.3575	RESPIRATORY INFECTIONS & INFLAMMATIONS W CC	$10,045.50	$9,774.00
179	0.9659	RESPIRATORY INFECTIONS & INFLAMMATIONS W/O CC/MCC	$7,147.66	$6,954.48
180	1.6767	RESPIRATORY NEOPLASMS W MCC	$12,407.58	$12,072.24
181	1.1775	RESPIRATORY NEOPLASMS W CC	$8,713.50	$8,478.00
182	0.8553	RESPIRATORY NEOPLASMS W/O CC/MCC	$6,329.22	$6,158.16
183	1.4723	MAJOR CHEST TRAUMA W MCC	$10,895.02	$10,600.56
184	1.0125	MAJOR CHEST TRAUMA W CC	$7,492.50	$7,290.00
185	0.7182	MAJOR CHEST TRAUMA W/O CC/MCC	$5,314.68	$5,171.04
186	1.5734	PLEURAL EFFUSION W MCC	$11,643.16	$11,328.48
187	1.0835	PLEURAL EFFUSION W CC	$8,017.90	$7,801.20
188	0.7860	PLEURAL EFFUSION W/O CC/MCC	$5,816.40	$5,659.20
189	1.2265	PULMONARY EDEMA & RESPIRATORY FAILURE	$9,076.10	$8,830.80
190	1.1578	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	$8,567.72	$8,336.16

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
191	0.9321	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	$6,897.54	$6,711.12
192	0.7313	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	$5,411.62	$5,265.36
193	1.4261	SIMPLE PNEUMONIA & PLEURISY W MCC	$10,553.14	$10,267.92
194	0.9695	SIMPLE PNEUMONIA & PLEURISY W CC	$7,174.30	$6,980.40
195	0.7111	SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	$5,262.14	$5,119.92
196	1.6315	INTERSTITIAL LUNG DISEASE W MCC	$12,073.10	$11,746.80
197	1.0406	INTERSTITIAL LUNG DISEASE W CC	$7,700.44	$7,492.32
198	0.7775	INTERSTITIAL LUNG DISEASE W/O CC/MCC	$5,753.50	$5,598.00
199	1.7503	PNEUMOTHORAX W MCC	$12,952.22	$12,602.16
200	1.0443	PNEUMOTHORAX W CC	$7,727.82	$7,518.96
201	0.7354	PNEUMOTHORAX W/O CC/MCC	$5,441.96	$5,294.88
202	0.8980	BRONCHITIS & ASTHMA W CC/MCC	$6,645.20	$6,465.60
203	0.6697	BRONCHITIS & ASTHMA W/O CC/MCC	$4,955.78	$4,821.84

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
204	0.7291	RESPIRATORY SIGNS & SYMPTOMS	$5,395.34	$5,249.52
205	1.4478	OTHER RESPIRATORY SYSTEM DIAGNOSES W MCC	$10,713.72	$10,424.16
206	0.8164	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O MCC	$6,041.36	$5,878.08
207	5.3498	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT >96 HOURS	$39,588.52	$38,518.56
208	2.3055	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT <96 HOURS	$17,060.70	$16,599.60
215	15.8738	OTHER HEART ASSIST SYSTEM IMPLANT	$117,466.12	$114,291.36
216	9.4642	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W MCC	$70,035.08	$68,142.24
217	6.2576	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W CC	$46,306.24	$45,054.72
218	5.4815	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W CARD CATH W/O CC/MCC	$40,563.10	$39,466.80
219	7.5590	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W MCC	$55,936.60	$54,424.80
220	5.1074	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W CC	$37,794.76	$36,773.28
221	4.5406	CARDIAC VALVE & OTH MAJ CARDIOTHORACIC PROC W/O CARD CATH W/O CC/MCC	$33,600.44	$32,692.32
222	8.5188	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W MCC	$63,039.12	$61,335.36

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
223	6.4026	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK W/O MCC	$47,379.24	$46,098.72
224	7.6140	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W MCC	$56,343.60	$54,820.80
225	5.8561	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK W/O MCC	$43,335.14	$42,163.92
226	6.9737	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W MCC	$51,605.38	$50,210.64
227	5.4816	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH W/O MCC	$40,563.84	$39,467.52
228	6.9512	OTHER CARDIOTHORACIC PROCEDURES W MCC	$51,438.88	$50,048.64
229	4.5589	OTHER CARDIOTHORACIC PROCEDURES W CC	$33,735.86	$32,824.08
230	4.3018	OTHER CARDIOTHORACIC PROCEDURES W/O CC/MCC	$31,833.32	$30,972.96
231	7.8056	CORONARY BYPASS W PTCA W MCC	$57,761.44	$56,200.32
232	5.7779	CORONARY BYPASS W PTCA W/O MCC	$42,756.46	$41,600.88
233	7.3581	CORONARY BYPASS W CARDIAC CATH W MCC	$54,449.94	$52,978.32
234	4.9076	CORONARY BYPASS W CARDIAC CATH W/O MCC	$36,316.24	$35,334.72
235	5.8103	CORONARY BYPASS W/O CARDIAC CATH W MCC	$42,996.22	$41,834.16

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
236	3.8013	CORONARY BYPASS W/O CARDIAC CATH W/O MCC	$28,129.62	$27,369.36
239	4.8380	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W MCC	$35,801.20	$34,833.60
240	2.6835	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W CC	$19,857.90	$19,321.20
241	1.4476	AMPUTATION FOR CIRC SYS DISORDERS EXC UPPER LIMB & TOE W/O CC/MCC	$10,712.24	$10,422.72
242	3.7836	PERMANENT CARDIAC PACEMAKER IMPLANT W MCC	$27,998.64	$27,241.92
243	2.6444	PERMANENT CARDIAC PACEMAKER IMPLANT W CC	$19,568.56	$19,039.68
244	2.1394	PERMANENT CARDIAC PACEMAKER IMPLANT W/O CC/MCC	$15,831.56	$15,403.68
245	4.6864	AICD GENERATOR PROCEDURES	$34,679.36	$33,742.08
246	3.2494	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W MCC OR 4+ VESSELS/STENTS	$24,045.56	$23,395.68
247	2.1307	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	$15,767.18	$15,341.04
248	3.0696	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W MCC OR 4+ VES/STENTS	$22,715.04	$22,101.12
249	1.9140	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	$14,163.60	$13,780.80
250	2.6975	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W MCC	$19,961.50	$19,422.00

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
251	1.6863	PERC CARDIOVASC PROC W/O CORONARY ARTERY STENT W/O MCC	$12,478.62	$12,141.36
252	3.2872	OTHER VASCULAR PROCEDURES W MCC	$24,325.28	$23,667.84
253	2.6028	OTHER VASCULAR PROCEDURES W CC	$19,260.72	$18,740.16
254	1.7232	OTHER VASCULAR PROCEDURES W/O CC/MCC	$12,751.68	$12,407.04
255	2.6202	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W MCC	$19,389.48	$18,865.44
256	1.6241	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W CC	$12,018.34	$11,693.52
257	1.0844	UPPER LIMB & TOE AMPUTATION FOR CIRC SYSTEM DISORDERS W/O CC/MCC	$8,024.56	$7,807.68
258	2.8590	CARDIAC PACEMAKER DEVICE REPLACEMENT W MCC	$21,156.60	$20,584.80
259	1.9456	CARDIAC PACEMAKER DEVICE REPLACEMENT W/O MCC	$14,397.44	$14,008.32
260	3.7299	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W MCC	$27,601.26	$26,855.28
261	1.8639	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W CC	$13,792.86	$13,420.08
262	1.5125	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT W/O CC/MCC	$11,192.50	$10,890.00
263	2.0854	VEIN LIGATION & STRIPPING	$15,431.96	$15,014.88

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
264	2.8080	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	$20,779.20	$20,217.60
265	2.9681	AICD LEAD PROCEDURES	$21,963.94	$21,370.32
266	8.5986	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W MCC	$63,629.64	$61,909.92
267	6.5575	ENDOVASCULAR CARDIAC VALVE REPLACEMENT W/O MCC	$48,525.50	$47,214.00
268	6.2807	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W MCC	$46,477.18	$45,221.04
269	3.9041	AORTIC AND HEART ASSIST PROCEDURES EXCEPT PULSATION BALLOON W/O MCC	$28,890.34	$28,109.52
270	4.7349	OTHER MAJOR CARDIOVASCULAR PROCEDURES W MCC	$35,038.26	$34,091.28
271	3.1426	OTHER MAJOR CARDIOVASCULAR PROCEDURES W CC	$23,255.24	$22,626.72
272	2.2508	OTHER MAJOR CARDIOVASCULAR PROCEDURES W/O CC/MCC	$16,655.92	$16,205.76
273	3.5499	PERCUTANEOUS INTRACARDIAC PROCEDURES W MCC	$26,269.26	$25,559.28
274	2.4197	PERCUTANEOUS INTRACARDIAC PROCEDURES W/O MCC	$17,905.78	$17,421.84
280	1.6971	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W MCC	$12,558.54	$12,219.12
281	1.0232	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W CC	$7,571.68	$7,367.04

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
282	0.7557	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE W/O CC/MCC	$5,592.18	$5,441.04
283	1.6613	ACUTE MYOCARDIAL INFARCTION, EXPIRED W MCC	$12,293.62	$11,961.36
284	0.7827	ACUTE MYOCARDIAL INFARCTION, EXPIRED W CC	$5,791.98	$5,635.44
285	0.5473	ACUTE MYOCARDIAL INFARCTION, EXPIRED W/O CC/MCC	$4,050.02	$3,940.56
286	2.1775	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W MCC	$16,113.50	$15,678.00
287	1.1562	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O MCC	$8,555.88	$8,324.64
288	2.7933	ACUTE & SUBACUTE ENDOCARDITIS W MCC	$20,670.42	$20,111.76
289	1.6969	ACUTE & SUBACUTE ENDOCARDITIS W CC	$12,557.06	$12,217.68
290	1.0546	ACUTE & SUBACUTE ENDOCARDITIS W/O CC/MCC	$7,804.04	$7,593.12
291	1.4809	HEART FAILURE & SHOCK W MCC	$10,958.66	$10,662.48
292	0.9707	HEART FAILURE & SHOCK W CC	$7,183.18	$6,989.04
293	0.6737	HEART FAILURE & SHOCK W/O CC/MCC	$4,985.38	$4,850.64
294	0.9826	DEEP VEIN THROMBOPHLEBITIS W CC/MCC	$7,271.24	$7,074.72

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
295	0.7427	DEEP VEIN THROMBOPHLEBITIS W/O CC/MCC	$5,495.98	$5,347.44
296	1.2864	CARDIAC ARREST, UNEXPLAINED W MCC	$9,519.36	$9,262.08
297	0.6488	CARDIAC ARREST, UNEXPLAINED W CC	$4,801.12	$4,671.36
298	0.4477	CARDIAC ARREST, UNEXPLAINED W/O CC/MCC	$3,312.98	$3,223.44
299	1.4216	PERIPHERAL VASCULAR DISORDERS W MCC	$10,519.84	$10,235.52
300	0.9994	PERIPHERAL VASCULAR DISORDERS W CC	$7,395.56	$7,195.68
301	0.7023	PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	$5,197.02	$5,056.56
302	1.0590	ATHEROSCLEROSIS W MCC	$7,836.60	$7,624.80
303	0.6427	ATHEROSCLEROSIS W/O MCC	$4,755.98	$4,627.44
304	1.0109	HYPERTENSION W MCC	$7,480.66	$7,278.48
305	0.6626	HYPERTENSION W/O MCC	$4,903.24	$4,770.72
306	1.4029	CARDIAC CONGENITAL & VALVULAR DISORDERS W MCC	$10,381.46	$10,100.88
307	0.8044	CARDIAC CONGENITAL & VALVULAR DISORDERS W/O MCC	$5,952.56	$5,791.68

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
308	1.2150	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W MCC	$8,991.00	$8,748.00
309	0.7851	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W CC	$5,809.74	$5,652.72
310	0.5608	CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC	$4,149.92	$4,037.76
311	0.6091	ANGINA PECTORIS	$4,507.34	$4,385.52
312	0.7630	SYNCOPE & COLLAPSE	$5,646.20	$5,493.60
313	0.6621	CHEST PAIN	$4,899.54	$4,767.12
314	1.9334	OTHER CIRCULATORY SYSTEM DIAGNOSES W MCC	$14,307.16	$13,920.48
315	0.9722	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	$7,194.28	$6,999.84
316	0.6498	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC/MCC	$4,808.52	$4,678.56
326	5.4452	STOMACH, ESOPHAGEAL & DUODENAL PROC W MCC	$40,294.48	$39,205.44
327	2.6399	STOMACH, ESOPHAGEAL & DUODENAL PROC W CC	$19,535.26	$19,007.28
328	1.5154	STOMACH, ESOPHAGEAL & DUODENAL PROC W/O CC/MCC	$11,213.96	$10,910.88
329	5.0709	MAJOR SMALL & LARGE BOWEL PROCEDURES W MCC	$37,524.66	$36,510.48

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
330	2.5511	MAJOR SMALL & LARGE BOWEL PROCEDURES W CC	$18,878.14	$18,367.92
331	1.6491	MAJOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	$12,203.34	$11,873.52
332	4.5570	RECTAL RESECTION W MCC	$33,721.80	$32,810.40
333	2.4254	RECTAL RESECTION W CC	$17,947.96	$17,462.88
334	1.6480	RECTAL RESECTION W/O CC/MCC	$12,195.20	$11,865.60
335	4.1261	PERITONEAL ADHESIOLYSIS W MCC	$30,533.14	$29,707.92
336	2.3340	PERITONEAL ADHESIOLYSIS W CC	$17,271.60	$16,804.80
337	1.5675	PERITONEAL ADHESIOLYSIS W/O CC/MCC	$11,599.50	$11,286.00
338	2.9719	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W MCC	$21,992.06	$21,397.68
339	1.7693	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	$13,092.82	$12,738.96
340	1.1773	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC/MCC	$8,712.02	$8,476.56
341	2.1523	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W MCC	$15,927.02	$15,496.56
342	1.3275	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	$9,823.50	$9,558.00

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
343	1.0099	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC/MCC	$7,473.26	$7,271.28
344	3.1029	MINOR SMALL & LARGE BOWEL PROCEDURES W MCC	$22,961.46	$22,340.88
345	1.6268	MINOR SMALL & LARGE BOWEL PROCEDURES W CC	$12,038.32	$11,712.96
346	1.2143	MINOR SMALL & LARGE BOWEL PROCEDURES W/O CC/MCC	$8,985.82	$8,742.96
347	2.4457	ANAL & STOMAL PROCEDURES W MCC	$18,098.18	$17,609.04
348	1.4486	ANAL & STOMAL PROCEDURES W CC	$10,719.64	$10,429.92
349	0.9265	ANAL & STOMAL PROCEDURES W/O CC/MCC	$6,856.10	$6,670.80
350	2.4982	INGUINAL & FEMORAL HERNIA PROCEDURES W MCC	$18,486.68	$17,987.04
351	1.4110	INGUINAL & FEMORAL HERNIA PROCEDURES W CC	$10,441.40	$10,159.20
352	0.9764	INGUINAL & FEMORAL HERNIA PROCEDURES W/O CC/MCC	$7,225.36	$7,030.08
353	2.9142	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W MCC	$21,565.08	$20,982.24
354	1.6640	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W CC	$12,313.60	$11,980.80
355	1.2366	HERNIA PROCEDURES EXCEPT INGUINAL & FEMORAL W/O CC/MCC	$9,150.84	$8,903.52

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
356	3.7588	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W MCC	$27,815.12	$27,063.36
357	2.0801	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	$15,392.74	$14,976.72
358	1.3515	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	$10,001.10	$9,730.80
368	1.7848	MAJOR ESOPHAGEAL DISORDERS W MCC	$13,207.52	$12,850.56
369	1.0630	MAJOR ESOPHAGEAL DISORDERS W CC	$7,866.20	$7,653.60
370	0.7355	MAJOR ESOPHAGEAL DISORDERS W/O CC/MCC	$5,442.70	$5,295.60
371	1.7854	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W MCC	$13,211.96	$12,854.88
372	1.1090	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W CC	$8,206.60	$7,984.80
373	0.7817	MAJOR GASTROINTESTINAL DISORDERS & PERITONEAL INFECTIONS W/O CC/MCC	$5,784.58	$5,628.24
374	2.0345	DIGESTIVE MALIGNANCY W MCC	$15,055.30	$14,648.40
375	1.2302	DIGESTIVE MALIGNANCY W CC	$9,103.48	$8,857.44
376	0.9093	DIGESTIVE MALIGNANCY W/O CC/MCC	$6,728.82	$6,546.96
377	1.7509	G.I. HEMORRHAGE W MCC	$12,956.66	$12,606.48

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
378	0.9949	G.I. HEMORRHAGE W CC	$7,362.26	$7,163.28
379	0.6712	G.I. HEMORRHAGE W/O CC/MCC	$4,966.88	$4,832.64
380	1.9549	COMPLICATED PEPTIC ULCER W MCC	$14,466.26	$14,075.28
381	1.0690	COMPLICATED PEPTIC ULCER W CC	$7,910.60	$7,696.80
382	0.8238	COMPLICATED PEPTIC ULCER W/O CC/MCC	$6,096.12	$5,931.36
383	1.3545	UNCOMPLICATED PEPTIC ULCER W MCC	$10,023.30	$9,752.40
384	0.8481	UNCOMPLICATED PEPTIC ULCER W/O MCC	$6,275.94	$6,106.32
385	1.7195	INFLAMMATORY BOWEL DISEASE W MCC	$12,724.30	$12,380.40
386	0.9996	INFLAMMATORY BOWEL DISEASE W CC	$7,397.04	$7,197.12
387	0.7379	INFLAMMATORY BOWEL DISEASE W/O CC/MCC	$5,460.46	$5,312.88
388	1.5813	G.I. OBSTRUCTION W MCC	$11,701.62	$11,385.36
389	0.8707	G.I. OBSTRUCTION W CC	$6,443.18	$6,269.04
390	0.6067	G.I. OBSTRUCTION W/O CC/MCC	$4,489.58	$4,368.24

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
391	1.1925	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W MCC	$8,824.50	$8,586.00
392	0.7400	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	$5,476.00	$5,328.00
393	1.6335	OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC	$12,087.90	$11,761.20
394	0.9502	OTHER DIGESTIVE SYSTEM DIAGNOSES W CC	$7,031.48	$6,841.44
395	0.6756	OTHER DIGESTIVE SYSTEM DIAGNOSES W/O CC/MCC	$4,999.44	$4,864.32
405	5.5888	PANCREAS, LIVER & SHUNT PROCEDURES W MCC	$41,357.12	$40,239.36
406	2.8075	PANCREAS, LIVER & SHUNT PROCEDURES W CC	$20,775.50	$20,214.00
407	2.0026	PANCREAS, LIVER & SHUNT PROCEDURES W/O CC/MCC	$14,819.24	$14,418.72
408	3.6476	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W MCC	$26,992.24	$26,262.72
409	2.4648	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	$18,239.52	$17,746.56
410	1.5576	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC/MCC	$11,526.24	$11,214.72
411	3.5782	CHOLECYSTECTOMY W C.D.E. W MCC	$26,478.68	$25,763.04
412	2.4981	CHOLECYSTECTOMY W C.D.E. W CC	$18,485.94	$17,986.32

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
413	1.7996	CHOLECYSTECTOMY W C.D.E. W/O CC/MCC	$13,317.04	$12,957.12
414	3.5283	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W MCC	$26,109.42	$25,403.76
415	2.0071	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	$14,852.54	$14,451.12
416	1.3342	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC/MCC	$9,873.08	$9,606.24
417	2.4734	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W MCC	$18,303.16	$17,808.48
418	1.6584	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	$12,272.16	$11,940.48
419	1.2540	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC/MCC	$9,279.60	$9,028.80
420	3.6609	HEPATOBILIARY DIAGNOSTIC PROCEDURES W MCC	$27,090.66	$26,358.48
421	1.7451	HEPATOBILIARY DIAGNOSTIC PROCEDURES W CC	$12,913.74	$12,564.72
422	1.2941	HEPATOBILIARY DIAGNOSTIC PROCEDURES W/O CC/MCC	$9,576.34	$9,317.52
423	4.2650	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W MCC	$31,561.00	$30,708.00
424	2.3049	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W CC	$17,056.26	$16,595.28
425	1.6000	OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES W/O CC/MCC	$11,840.00	$11,520.00

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
432	1.6567	CIRRHOSIS & ALCOHOLIC HEPATITIS W MCC	$12,259.58	$11,928.24
433	0.9164	CIRRHOSIS & ALCOHOLIC HEPATITIS W CC	$6,781.36	$6,598.08
434	0.6235	CIRRHOSIS & ALCOHOLIC HEPATITIS W/O CC/MCC	$4,613.90	$4,489.20
435	1.7476	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W MCC	$12,932.24	$12,582.72
436	1.1686	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W CC	$8,647.64	$8,413.92
437	0.9051	MALIGNANCY OF HEPATOBILIARY SYSTEM OR PANCREAS W/O CC/MCC	$6,697.74	$6,516.72
438	1.6612	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W MCC	$12,292.88	$11,960.64
439	0.8823	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W CC	$6,529.02	$6,352.56
440	0.6368	DISORDERS OF PANCREAS EXCEPT MALIGNANCY W/O CC/MCC	$4,712.32	$4,584.96
441	1.8767	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W MCC	$13,887.58	$13,512.24
442	0.9371	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W CC	$6,934.54	$6,747.12
443	0.6545	DISORDERS OF LIVER EXCEPT MALIG,CIRR,ALC HEPA W/O CC/MCC	$4,843.30	$4,712.40
444	1.5895	DISORDERS OF THE BILIARY TRACT W MCC	$11,762.30	$11,444.40

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
445	1.0553	DISORDERS OF THE BILIARY TRACT W CC	$7,809.22	$7,598.16
446	0.7633	DISORDERS OF THE BILIARY TRACT W/O CC/MCC	$5,648.42	$5,495.76
453	11.4304	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W MCC	$84,584.96	$82,298.88
454	8.0698	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W CC	$59,716.52	$58,102.56
455	6.1934	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION W/O CC/MCC	$45,831.16	$44,592.48
456	9.4061	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W MCC	$69,605.14	$67,723.92
457	7.0741	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W CC	$52,348.34	$50,933.52
458	5.2986	SPINAL FUS EXC CERV W SPINAL CURV/MALIG/INFEC OR EXT FUS W/O CC/MCC	$39,209.64	$38,149.92
459	6.5455	SPINAL FUSION EXCEPT CERVICAL W MCC	$48,436.70	$47,127.60
460	3.9717	SPINAL FUSION EXCEPT CERVICAL W/O MCC	$29,390.58	$28,596.24
461	5.0977	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W MCC	$37,722.98	$36,703.44
462	3.2145	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	$23,787.30	$23,144.40
463	5.1028	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W MCC	$37,760.72	$36,740.16

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
464	3.0937	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W CC	$22,893.38	$22,274.64
465	1.9349	WND DEBRID & SKN GRFT EXC HAND, FOR MUSCULO-CONN TISS DIS W/O CC/MCC	$14,318.26	$13,931.28
466	5.0394	REVISION OF HIP OR KNEE REPLACEMENT W MCC	$37,291.56	$36,283.68
467	3.4376	REVISION OF HIP OR KNEE REPLACEMENT W CC	$25,438.24	$24,750.72
468	2.7513	REVISION OF HIP OR KNEE REPLACEMENT W/O CC/MCC	$20,359.62	$19,809.36
469	3.2962	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W MCC	$24,391.88	$23,732.64
470	2.0816	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	$15,403.84	$14,987.52
471	4.9033	CERVICAL SPINAL FUSION W MCC	$36,284.42	$35,303.76
472	2.9051	CERVICAL SPINAL FUSION W CC	$21,497.74	$20,916.72
473	2.2650	CERVICAL SPINAL FUSION W/O CC/MCC	$16,761.00	$16,308.00
474	3.6260	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W MCC	$26,832.40	$26,107.20
475	2.1001	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W CC	$15,540.74	$15,120.72
476	1.1427	AMPUTATION FOR MUSCULOSKELETAL SYS & CONN TISSUE DIS W/O CC/MCC	$8,455.98	$8,227.44

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
477	3.1211	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	$23,096.14	$22,471.92
478	2.1992	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	$16,274.08	$15,834.24
479	1.7158	BIOPSIES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	$12,696.92	$12,353.76
480	2.9990	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W MCC	$22,192.60	$21,592.80
481	1.9790	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W CC	$14,644.60	$14,248.80
482	1.6228	HIP & FEMUR PROCEDURES EXCEPT MAJOR JOINT W/O CC/MCC	$12,008.72	$11,684.16
483	2.4127	MAJOR JOINT/LIMB REATTACHMENT PROCEDURE OF UPPER EXTREMITIES	$17,853.98	$17,371.44
485	3.2132	KNEE PROCEDURES W PDX OF INFECTION W MCC	$23,777.68	$23,135.04
486	2.0690	KNEE PROCEDURES W PDX OF INFECTION W CC	$15,310.60	$14,896.80
487	1.5484	KNEE PROCEDURES W PDX OF INFECTION W/O CC/MCC	$11,458.16	$11,148.48
488	1.7591	KNEE PROCEDURES W/O PDX OF INFECTION W CC/MCC	$13,017.34	$12,665.52
489	1.2991	KNEE PROCEDURES W/O PDX OF INFECTION W/O CC/MCC	$9,613.34	$9,353.52
492	3.1585	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W MCC	$23,372.90	$22,741.20

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
493	2.0557	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W CC	$15,212.18	$14,801.04
494	1.5796	LOWER EXTREM & HUMER PROC EXCEPT HIP,FOOT,FEMUR W/O CC/MCC	$11,689.04	$11,373.12
495	3.0151	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W MCC	$22,311.74	$21,708.72
496	1.7451	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W CC	$12,913.74	$12,564.72
497	1.2436	LOCAL EXCISION & REMOVAL INT FIX DEVICES EXC HIP & FEMUR W/O CC/MCC	$9,202.64	$8,953.92
498	2.2492	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W CC/MCC	$16,644.08	$16,194.24
499	1.0512	LOCAL EXCISION & REMOVAL INT FIX DEVICES OF HIP & FEMUR W/O CC/MCC	$7,778.88	$7,568.64
500	3.2024	SOFT TISSUE PROCEDURES W MCC	$23,697.76	$23,057.28
501	1.6064	SOFT TISSUE PROCEDURES W CC	$11,887.36	$11,566.08
502	1.1752	SOFT TISSUE PROCEDURES W/O CC/MCC	$8,696.48	$8,461.44
503	2.2679	FOOT PROCEDURES W MCC	$16,782.46	$16,328.88
504	1.5941	FOOT PROCEDURES W CC	$11,796.34	$11,477.52
505	1.2590	FOOT PROCEDURES W/O CC/MCC	$9,316.60	$9,064.80

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
506	1.3490	MAJOR THUMB OR JOINT PROCEDURES	$9,982.60	$9,712.80
507	1.8698	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W CC/MCC	$13,836.52	$13,462.56
508	1.6134	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES W/O CC/MCC	$11,939.16	$11,616.48
509	1.6562	ARTHROSCOPY	$12,255.88	$11,924.64
510	2.4420	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W MCC	$18,070.80	$17,582.40
511	1.7018	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W CC	$12,593.32	$12,252.96
512	1.3531	SHOULDER,ELBOW OR FOREARM PROC,EXC MAJOR JOINT PROC W/O CC/MCC	$10,012.94	$9,742.32
513	1.5025	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W CC/MCC	$11,118.50	$10,818.00
514	0.9055	HAND OR WRIST PROC, EXCEPT MAJOR THUMB OR JOINT PROC W/O CC/MCC	$6,700.70	$6,519.60
515	3.1862	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W MCC	$23,577.88	$22,940.64
516	2.0670	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W CC	$15,295.80	$14,882.40
517	1.7716	OTHER MUSCULOSKELET SYS & CONN TISS O.R. PROC W/O CC/MCC	$13,109.84	$12,755.52
518	2.9249	BACK & NECK PROC EXC SPINAL FUSION W MCC OR DISC DEVICE/NEUROSTIM	$21,644.26	$21,059.28

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
519	1.6805	BACK & NECK PROC EXC SPINAL FUSION W CC	$12,435.70	$12,099.60
520	1.1812	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	$8,740.88	$8,504.64
533	1.4430	FRACTURES OF FEMUR W MCC	$10,678.20	$10,389.60
534	0.7353	FRACTURES OF FEMUR W/O MCC	$5,441.22	$5,294.16
535	1.2235	FRACTURES OF HIP & PELVIS W MCC	$9,053.90	$8,809.20
536	0.7241	FRACTURES OF HIP & PELVIS W/O MCC	$5,358.34	$5,213.52
537	0.9046	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W CC/MCC	$6,694.04	$6,513.12
538	0.6282	SPRAINS, STRAINS, & DISLOCATIONS OF HIP, PELVIS & THIGH W/O CC/MCC	$4,648.68	$4,523.04
539	1.8365	OSTEOMYELITIS W MCC	$13,590.10	$13,222.80
540	1.2832	OSTEOMYELITIS W CC	$9,495.68	$9,239.04
541	0.9098	OSTEOMYELITIS W/O CC/MCC	$6,732.52	$6,550.56
542	1.9100	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W MCC	$14,134.00	$13,752.00
543	1.1171	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W CC	$8,266.54	$8,043.12

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
544	0.7805	PATHOLOGICAL FRACTURES & MUSCULOSKELET & CONN TISS MALIG W/O CC/MCC	$5,775.70	$5,619.60
545	2.4409	CONNECTIVE TISSUE DISORDERS W MCC	$18,062.66	$17,574.48
546	1.1645	CONNECTIVE TISSUE DISORDERS W CC	$8,617.30	$8,384.40
547	0.7882	CONNECTIVE TISSUE DISORDERS W/O CC/MCC	$5,832.68	$5,675.04
548	1.8733	SEPTIC ARTHRITIS W MCC	$13,862.42	$13,487.76
549	1.1824	SEPTIC ARTHRITIS W CC	$8,749.76	$8,513.28
550	0.8129	SEPTIC ARTHRITIS W/O CC/MCC	$6,015.46	$5,852.88
551	1.5573	MEDICAL BACK PROBLEMS W MCC	$11,524.02	$11,212.56
552	0.8648	MEDICAL BACK PROBLEMS W/O MCC	$6,399.52	$6,226.56
553	1.2287	BONE DISEASES & ARTHROPATHIES W MCC	$9,092.38	$8,846.64
554	0.7337	BONE DISEASES & ARTHROPATHIES W/O MCC	$5,429.38	$5,282.64
555	1.2656	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W MCC	$9,365.44	$9,112.32
556	0.7440	SIGNS & SYMPTOMS OF MUSCULOSKELETAL SYSTEM & CONN TISSUE W/O MCC	$5,505.60	$5,356.80

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
557	1.4295	TENDONITIS, MYOSITIS & BURSITIS W MCC	$10,578.30	$10,292.40
558	0.8457	TENDONITIS, MYOSITIS & BURSITIS W/O MCC	$6,258.18	$6,089.04
559	1.9202	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W MCC	$14,209.48	$13,825.44
560	1.0814	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W CC	$8,002.36	$7,786.08
561	0.6842	AFTERCARE, MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE W/O CC/MCC	$5,063.08	$4,926.24
562	1.3662	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W MCC	$10,109.88	$9,836.64
563	0.7870	FX, SPRN, STRN & DISL EXCEPT FEMUR, HIP, PELVIS & THIGH W/O MCC	$5,823.80	$5,666.40
564	1.5225	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W MCC	$11,266.50	$10,962.00
565	0.9598	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	$7,102.52	$6,910.56
566	0.7159	OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W/O CC/MCC	$5,297.66	$5,154.48
570	2.4504	SKIN DEBRIDEMENT W MCC	$18,132.96	$17,642.88
571	1.4569	SKIN DEBRIDEMENT W CC	$10,781.06	$10,489.68
572	1.0391	SKIN DEBRIDEMENT W/O CC/MCC	$7,689.34	$7,481.52

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
573	3.9130	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W MCC	$28,956.20	$28,173.60
574	2.8430	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W CC	$21,038.20	$20,469.60
575	1.6141	SKIN GRAFT FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	$11,944.34	$11,621.52
576	5.3493	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W MCC	$39,584.82	$38,514.96
577	2.2579	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W CC	$16,708.46	$16,256.88
578	1.3812	SKIN GRAFT EXC FOR SKIN ULCER OR CELLULITIS W/O CC/MCC	$10,220.88	$9,944.64
579	2.6848	OTHER SKIN, SUBCUT TISS & BREAST PROC W MCC	$19,867.52	$19,330.56
580	1.6155	OTHER SKIN, SUBCUT TISS & BREAST PROC W CC	$11,954.70	$11,631.60
581	1.1834	OTHER SKIN, SUBCUT TISS & BREAST PROC W/O CC/MCC	$8,757.16	$8,520.48
582	1.3370	MASTECTOMY FOR MALIGNANCY W CC/MCC	$9,893.80	$9,626.40
583	1.1856	MASTECTOMY FOR MALIGNANCY W/O CC/MCC	$8,773.44	$8,536.32
584	1.6794	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W CC/MCC	$12,427.56	$12,091.68
585	1.5184	BREAST BIOPSY, LOCAL EXCISION & OTHER BREAST PROCEDURES W/O CC/MCC	$11,236.16	$10,932.48

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
592	1.4255	SKIN ULCERS W MCC	$10,548.70	$10,263.60
593	1.0198	SKIN ULCERS W CC	$7,546.52	$7,342.56
594	0.7049	SKIN ULCERS W/O CC/MCC	$5,216.26	$5,075.28
595	1.8480	MAJOR SKIN DISORDERS W MCC	$13,675.20	$13,305.60
596	0.9375	MAJOR SKIN DISORDERS W/O MCC	$6,937.50	$6,750.00
597	1.7397	MALIGNANT BREAST DISORDERS W MCC	$12,873.78	$12,525.84
598	1.0617	MALIGNANT BREAST DISORDERS W CC	$7,856.58	$7,644.24
599	0.7211	MALIGNANT BREAST DISORDERS W/O CC/MCC	$5,336.14	$5,191.92
600	0.9843	NON-MALIGNANT BREAST DISORDERS W CC/MCC	$7,283.82	$7,086.96
601	0.6799	NON-MALIGNANT BREAST DISORDERS W/O CC/MCC	$5,031.26	$4,895.28
602	1.4371	CELLULITIS W MCC	$10,634.54	$10,347.12
603	0.8429	CELLULITIS W/O MCC	$6,237.46	$6,068.88
604	1.3527	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W MCC	$10,009.98	$9,739.44

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
605	0.8019	TRAUMA TO THE SKIN, SUBCUT TISS & BREAST W/O MCC	$5,934.06	$5,773.68
606	1.3708	MINOR SKIN DISORDERS W MCC	$10,143.92	$9,869.76
607	0.7258	MINOR SKIN DISORDERS W/O MCC	$5,370.92	$5,225.76
614	2.3916	ADRENAL & PITUITARY PROCEDURES W CC/MCC	$17,697.84	$17,219.52
615	1.4254	ADRENAL & PITUITARY PROCEDURES W/O CC/MCC	$10,547.96	$10,262.88
616	4.0054	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W MCC	$29,639.96	$28,838.88
617	2.0064	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W CC	$14,847.36	$14,446.08
618	1.1804	AMPUTAT OF LOWER LIMB FOR ENDOCRINE,NUTRIT,& METABOL DIS W/O CC/MCC	$8,734.96	$8,498.88
619	2.9418	O.R. PROCEDURES FOR OBESITY W MCC	$21,769.32	$21,180.96
620	1.8407	O.R. PROCEDURES FOR OBESITY W CC	$13,621.18	$13,253.04
621	1.5484	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	$11,458.16	$11,148.48
622	3.5239	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W MCC	$26,076.86	$25,372.08
623	1.8623	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W CC	$13,781.02	$13,408.56

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
624	1.1292	SKIN GRAFTS & WOUND DEBRID FOR ENDOC, NUTRIT & METAB DIS W/O CC/MCC	$8,356.08	$8,130.24
625	2.6133	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W MCC	$19,338.42	$18,815.76
626	1.3936	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W CC	$10,312.64	$10,033.92
627	0.9108	THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES W/O CC/MCC	$6,739.92	$6,557.76
628	3.4413	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W MCC	$25,465.62	$24,777.36
629	2.1952	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W CC	$16,244.48	$15,805.44
630	1.3601	OTHER ENDOCRINE, NUTRIT & METAB O.R. PROC W/O CC/MCC	$10,064.74	$9,792.72
637	1.3823	DIABETES W MCC	$10,229.02	$9,952.56
638	0.8463	DIABETES W CC	$6,262.62	$6,093.36
639	0.6007	DIABETES W/O CC/MCC	$4,445.18	$4,325.04
640	1.1318	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W MCC	$8,375.32	$8,148.96
641	0.7221	MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	$5,343.54	$5,199.12
642	1.2246	INBORN AND OTHER DISORDERS OF METABOLISM	$9,062.04	$8,817.12

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
643	1.6249	ENDOCRINE DISORDERS W MCC	$12,024.26	$11,699.28
644	1.0123	ENDOCRINE DISORDERS W CC	$7,491.02	$7,288.56
645	0.7255	ENDOCRINE DISORDERS W/O CC/MCC	$5,368.70	$5,223.60
652	3.1540	KIDNEY TRANSPLANT	$23,339.60	$22,708.80
653	6.0456	MAJOR BLADDER PROCEDURES W MCC	$44,737.44	$43,528.32
654	3.0267	MAJOR BLADDER PROCEDURES W CC	$22,397.58	$21,792.24
655	2.2796	MAJOR BLADDER PROCEDURES W/O CC/MCC	$16,869.04	$16,413.12
656	3.4617	KIDNEY & URETER PROCEDURES FOR NEOPLASM W MCC	$25,616.58	$24,924.24
657	2.0091	KIDNEY & URETER PROCEDURES FOR NEOPLASM W CC	$14,867.34	$14,465.52
658	1.5337	KIDNEY & URETER PROCEDURES FOR NEOPLASM W/O CC/MCC	$11,349.38	$11,042.64
659	3.4848	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W MCC	$25,787.52	$25,090.56
660	1.9030	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W CC	$14,082.20	$13,701.60
661	1.3981	KIDNEY & URETER PROCEDURES FOR NON-NEOPLASM W/O CC/MCC	$10,345.94	$10,066.32

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
662	2.8897	MINOR BLADDER PROCEDURES W MCC	$21,383.78	$20,805.84
663	1.6652	MINOR BLADDER PROCEDURES W CC	$12,322.48	$11,989.44
664	1.2987	MINOR BLADDER PROCEDURES W/O CC/MCC	$9,610.38	$9,350.64
665	3.1132	PROSTATECTOMY W MCC	$23,037.68	$22,415.04
666	1.7878	PROSTATECTOMY W CC	$13,229.72	$12,872.16
667	0.9964	PROSTATECTOMY W/O CC/MCC	$7,373.36	$7,174.08
668	2.4521	TRANSURETHRAL PROCEDURES W MCC	$18,145.54	$17,655.12
669	1.3111	TRANSURETHRAL PROCEDURES W CC	$9,702.14	$9,439.92
670	0.9207	TRANSURETHRAL PROCEDURES W/O CC/MCC	$6,813.18	$6,629.04
671	1.5705	URETHRAL PROCEDURES W CC/MCC	$11,621.70	$11,307.60
672	0.8742	URETHRAL PROCEDURES W/O CC/MCC	$6,469.08	$6,294.24
673	3.3559	OTHER KIDNEY & URINARY TRACT PROCEDURES W MCC	$24,833.66	$24,162.48
674	2.3148	OTHER KIDNEY & URINARY TRACT PROCEDURES W CC	$17,129.52	$16,666.56

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
675	1.5595	OTHER KIDNEY & URINARY TRACT PROCEDURES W/O CC/MCC	$11,540.30	$11,228.40
682	1.5085	RENAL FAILURE W MCC	$11,162.90	$10,861.20
683	0.9406	RENAL FAILURE W CC	$6,960.44	$6,772.32
684	0.6272	RENAL FAILURE W/O CC/MCC	$4,641.28	$4,515.84
685	1.0369	ADMIT FOR RENAL DIALYSIS	$7,673.06	$7,465.68
686	1.6670	KIDNEY & URINARY TRACT NEOPLASMS W MCC	$12,335.80	$12,002.40
687	1.0161	KIDNEY & URINARY TRACT NEOPLASMS W CC	$7,519.14	$7,315.92
688	0.6607	KIDNEY & URINARY TRACT NEOPLASMS W/O CC/MCC	$4,889.18	$4,757.04
689	1.0821	KIDNEY & URINARY TRACT INFECTIONS W MCC	$8,007.54	$7,791.12
690	0.7828	KIDNEY & URINARY TRACT INFECTIONS W/O MCC	$5,792.72	$5,636.16
691	1.5470	URINARY STONES W ESW LITHOTRIPSY W CC/MCC	$11,447.80	$11,138.40
692	1.2566	URINARY STONES W ESW LITHOTRIPSY W/O CC/MCC	$9,298.84	$9,047.52
693	1.3323	URINARY STONES W/O ESW LITHOTRIPSY W MCC	$9,859.02	$9,592.56

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
694	0.7294	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	$5,397.56	$5,251.68
695	1.2494	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W MCC	$9,245.56	$8,995.68
696	0.6934	KIDNEY & URINARY TRACT SIGNS & SYMPTOMS W/O MCC	$5,131.16	$4,992.48
697	0.9417	URETHRAL STRICTURE	$6,968.58	$6,780.24
698	1.5524	OTHER KIDNEY & URINARY TRACT DIAGNOSES W MCC	$11,487.76	$11,177.28
699	1.0246	OTHER KIDNEY & URINARY TRACT DIAGNOSES W CC	$7,582.04	$7,377.12
700	0.7163	OTHER KIDNEY & URINARY TRACT DIAGNOSES W/O CC/MCC	$5,300.62	$5,157.36
707	1.7753	MAJOR MALE PELVIC PROCEDURES W CC/MCC	$13,137.22	$12,782.16
708	1.3146	MAJOR MALE PELVIC PROCEDURES W/O CC/MCC	$9,728.04	$9,465.12
709	1.9721	PENIS PROCEDURES W CC/MCC	$14,593.54	$14,199.12
710	1.4170	PENIS PROCEDURES W/O CC/MCC	$10,485.80	$10,202.40
711	1.9959	TESTES PROCEDURES W CC/MCC	$14,769.66	$14,370.48
712	0.9475	TESTES PROCEDURES W/O CC/MCC	$7,011.50	$6,822.00

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
713	1.5077	TRANSURETHRAL PROSTATECTOMY W CC/MCC	$11,156.98	$10,855.44
714	0.8072	TRANSURETHRAL PROSTATECTOMY W/O CC/MCC	$5,973.28	$5,811.84
715	1.8793	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W CC/MCC	$13,906.82	$13,530.96
716	1.1508	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC FOR MALIGNANCY W/O CC/MCC	$8,515.92	$8,285.76
717	1.7645	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W CC/MCC	$13,057.30	$12,704.40
718	0.9069	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXC MALIGNANCY W/O CC/MCC	$6,711.06	$6,529.68
722	1.7370	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W MCC	$12,853.80	$12,506.40
723	1.0979	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W CC	$8,124.46	$7,904.88
724	0.6545	MALIGNANCY, MALE REPRODUCTIVE SYSTEM W/O CC/MCC	$4,843.30	$4,712.40
725	1.3198	BENIGN PROSTATIC HYPERTROPHY W MCC	$9,766.52	$9,502.56
726	0.7406	BENIGN PROSTATIC HYPERTROPHY W/O MCC	$5,480.44	$5,332.32
727	1.4461	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W MCC	$10,701.14	$10,411.92
728	0.7838	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM W/O MCC	$5,800.12	$5,643.36

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
729	1.1169	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W CC/MCC	$8,265.06	$8,041.68
730	0.6036	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES W/O CC/MCC	$4,466.64	$4,345.92
734	2.5255	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W CC/MCC	$18,688.70	$18,183.60
735	1.2207	PELVIC EVISCERATION, RAD HYSTERECTOMY & RAD VULVECTOMY W/O CC/MCC	$9,033.18	$8,789.04
736	4.3286	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W MCC	$32,031.64	$31,165.92
737	2.0037	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W CC	$14,827.38	$14,426.64
738	1.3498	UTERINE & ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY W/O CC/MCC	$9,988.52	$9,718.56
739	3.4082	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W MCC	$25,220.68	$24,539.04
740	1.6920	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	$12,520.80	$12,182.40
741	1.1973	UTERINE,ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC/MCC	$8,860.02	$8,620.56
742	1.5586	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC/MCC	$11,533.64	$11,221.92
743	1.0090	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	$7,466.60	$7,264.80
744	1.6851	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W CC/MCC	$12,469.74	$12,132.72

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
745	0.9719	D&C, CONIZATION, LAPAROSCOPY & TUBAL INTERRUPTION W/O CC/MCC	$7,192.06	$6,997.68
746	1.4628	VAGINA, CERVIX & VULVA PROCEDURES W CC/MCC	$10,824.72	$10,532.16
747	0.9099	VAGINA, CERVIX & VULVA PROCEDURES W/O CC/MCC	$6,733.26	$6,551.28
748	1.1241	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	$8,318.34	$8,093.52
749	2.6452	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W CC/MCC	$19,574.48	$19,045.44
750	1.3346	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES W/O CC/MCC	$9,876.04	$9,609.12
754	1.9204	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W MCC	$14,210.96	$13,826.88
755	1.1325	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	$8,380.50	$8,154.00
756	0.5908	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	$4,371.92	$4,253.76
757	1.3717	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W MCC	$10,150.58	$9,876.24
758	1.0090	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W CC	$7,466.60	$7,264.80
759	0.7595	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM W/O CC/MCC	$5,620.30	$5,468.40
760	0.8524	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W CC/MCC	$6,307.76	$6,137.28

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
761	0.5355	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS W/O CC/MCC	$3,962.70	$3,855.60
765	1.1442	CESAREAN SECTION W CC/MCC	$8,467.08	$8,238.24
766	0.7807	CESAREAN SECTION W/O CC/MCC	$5,777.18	$5,621.04
767	1.2965	VAGINAL DELIVERY W STERILIZATION &/OR D&C	$9,594.10	$9,334.80
768	1.2618	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL &/OR D&C	$9,337.32	$9,084.96
769	2.1737	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE	$16,085.38	$15,650.64
770	0.8272	ABORTION W D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	$6,121.28	$5,955.84
774	0.7509	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	$5,556.66	$5,406.48
775	0.5865	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	$4,340.10	$4,222.80
776	0.6766	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	$5,006.84	$4,871.52
777	0.9386	ECTOPIC PREGNANCY	$6,945.64	$6,757.92
778	0.5332	THREATENED ABORTION	$3,945.68	$3,839.04
779	0.6850	ABORTION W/O D&C	$5,069.00	$4,932.00

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
780	0.2062	FALSE LABOR	$1,525.88	$1,484.64
781	0.8182	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	$6,054.68	$5,891.04
782	0.5454	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	$4,035.96	$3,926.88
789	1.5860	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	$11,736.40	$11,419.20
790	5.2300	EXTREME IMMATURITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	$38,702.00	$37,656.00
791	3.5719	PREMATURITY W MAJOR PROBLEMS	$26,432.06	$25,717.68
792	2.1552	PREMATURITY W/O MAJOR PROBLEMS	$15,948.48	$15,517.44
793	3.6692	FULL TERM NEONATE W MAJOR PROBLEMS	$27,152.08	$26,418.24
794	1.2987	NEONATE W OTHER SIGNIFICANT PROBLEMS	$9,610.38	$9,350.64
795	0.1758	NORMAL NEWBORN	$1,300.92	$1,265.76
799	4.7569	SPLENECTOMY W MCC	$35,201.06	$34,249.68
800	2.7364	SPLENECTOMY W CC	$20,249.36	$19,702.08
801	1.7458	SPLENECTOMY W/O CC/MCC	$12,918.92	$12,569.76

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
802	3.3880	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W MCC	$25,071.20	$24,393.60
803	1.8719	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W CC	$13,852.06	$13,477.68
804	1.1715	OTHER O.R. PROC OF THE BLOOD & BLOOD FORMING ORGANS W/O CC/MCC	$8,669.10	$8,434.80
808	2.2346	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W MCC	$16,536.04	$16,089.12
809	1.2235	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W CC	$9,053.90	$8,809.20
810	0.8644	MAJOR HEMATOL/IMMUN DIAG EXC SICKLE CELL CRISIS & COAGUL W/O CC/MCC	$6,396.56	$6,223.68
811	1.2992	RED BLOOD CELL DISORDERS W MCC	$9,614.08	$9,354.24
812	0.8572	RED BLOOD CELL DISORDERS W/O MCC	$6,343.28	$6,171.84
813	1.7350	COAGULATION DISORDERS	$12,839.00	$12,492.00
814	1.6622	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W MCC	$12,300.28	$11,967.84
815	0.9803	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W CC	$7,254.22	$7,058.16
816	0.6962	RETICULOENDOTHELIAL & IMMUNITY DISORDERS W/O CC/MCC	$5,151.88	$5,012.64
820	5.9153	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W MCC	$43,773.22	$42,590.16

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
821	2.3113	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W CC	$17,103.62	$16,641.36
822	1.2851	LYMPHOMA & LEUKEMIA W MAJOR O.R. PROCEDURE W/O CC/MCC	$9,509.74	$9,252.72
823	4.4536	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W MCC	$32,956.64	$32,065.92
824	2.3467	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	$17,365.58	$16,896.24
825	1.3967	LYMPHOMA & NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC/MCC	$10,335.58	$10,056.24
826	5.1814	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W MCC	$38,342.36	$37,306.08
827	2.3141	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W CC	$17,124.34	$16,661.52
828	1.5139	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R. PROC W/O CC/MCC	$11,202.86	$10,900.08
829	3.3241	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W CC/MCC	$24,598.34	$23,933.52
830	1.3670	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R. PROC W/O CC/MCC	$10,115.80	$9,842.40
834	5.5990	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W MCC	$41,432.60	$40,312.80
835	2.3024	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W CC	$17,037.76	$16,577.28
836	1.1381	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE W/O CC/MCC	$8,421.94	$8,194.32

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
837	6.1348	CHEMO W ACUTE LEUKEMIA AS SDX OR W HIGH DOSE CHEMO AGENT W MCC	$45,397.52	$44,170.56
838	2.7707	CHEMO W ACUTE LEUKEMIA AS SDX W CC OR HIGH DOSE CHEMO AGENT	$20,503.18	$19,949.04
839	1.3190	CHEMO W ACUTE LEUKEMIA AS SDX W/O CC/MCC	$9,760.60	$9,496.80
840	3.1449	LYMPHOMA & NON-ACUTE LEUKEMIA W MCC	$23,272.26	$22,643.28
841	1.6118	LYMPHOMA & NON-ACUTE LEUKEMIA W CC	$11,927.32	$11,604.96
842	1.1167	LYMPHOMA & NON-ACUTE LEUKEMIA W/O CC/MCC	$8,263.58	$8,040.24
843	1.8464	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W MCC	$13,663.36	$13,294.08
844	1.1233	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	$8,312.42	$8,087.76
845	0.8261	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC/MCC	$6,113.14	$5,947.92
846	2.4618	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W MCC	$18,217.32	$17,724.96
847	1.1883	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W CC	$8,793.42	$8,555.76
848	0.9352	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS W/O CC/MCC	$6,920.48	$6,733.44
849	1.6745	RADIOTHERAPY	$12,391.30	$12,056.40

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
853	5.1334	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W MCC	$37,987.16	$36,960.48
854	2.3804	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W CC	$17,614.96	$17,138.88
855	1.5124	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURE W/O CC/MCC	$11,191.76	$10,889.28
856	4.6569	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W MCC	$34,461.06	$33,529.68
857	2.0516	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W CC	$15,181.84	$14,771.52
858	1.3300	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W O.R. PROC W/O CC/MCC	$9,842.00	$9,576.00
862	1.8550	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W MCC	$13,727.00	$13,356.00
863	1.0089	POSTOPERATIVE & POST-TRAUMATIC INFECTIONS W/O MCC	$7,465.86	$7,264.08
864	0.8481	FEVER	$6,275.94	$6,106.32
865	1.5273	VIRAL ILLNESS W MCC	$11,302.02	$10,996.56
866	0.7739	VIRAL ILLNESS W/O MCC	$5,726.86	$5,572.08
867	2.6068	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W MCC	$19,290.32	$18,768.96
868	1.0292	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W CC	$7,616.08	$7,410.24

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
869	0.7091	OTHER INFECTIOUS & PARASITIC DISEASES DIAGNOSES W/O CC/MCC	$5,247.34	$5,105.52
870	5.8782	SEPTICEMIA OR SEVERE SEPSIS W MV >96 HOURS	$43,498.68	$42,323.04
871	1.7926	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	$13,265.24	$12,906.72
872	1.0427	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	$7,715.98	$7,507.44
876	3.0841	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	$22,822.34	$22,205.52
880	0.7227	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	$5,347.98	$5,203.44
881	0.6618	DEPRESSIVE NEUROSES	$4,897.32	$4,764.96
882	0.6924	NEUROSES EXCEPT DEPRESSIVE	$5,123.76	$4,985.28
883	1.3737	DISORDERS OF PERSONALITY & IMPULSE CONTROL	$10,165.38	$9,890.64
884	1.1483	ORGANIC DISTURBANCES & MENTAL RETARDATION	$8,497.42	$8,267.76
885	1.0575	PSYCHOSES	$7,825.50	$7,614.00
886	0.8718	BEHAVIORAL & DEVELOPMENTAL DISORDERS	$6,451.32	$6,276.96
887	0.9939	OTHER MENTAL DISORDER DIAGNOSES	$7,354.86	$7,156.08

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
894	0.4859	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	$3,595.66	$3,498.48
895	1.2435	ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	$9,201.90	$8,953.20
896	1.5678	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	$11,601.72	$11,288.16
897	0.7231	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	$5,350.94	$5,206.32
901	3.9370	WOUND DEBRIDEMENTS FOR INJURIES W MCC	$29,133.80	$28,346.40
902	1.8265	WOUND DEBRIDEMENTS FOR INJURIES W CC	$13,516.10	$13,150.80
903	1.1723	WOUND DEBRIDEMENTS FOR INJURIES W/O CC/MCC	$8,675.02	$8,440.56
904	3.2140	SKIN GRAFTS FOR INJURIES W CC/MCC	$23,783.60	$23,140.80
905	1.4233	SKIN GRAFTS FOR INJURIES W/O CC/MCC	$10,532.42	$10,247.76
906	1.5670	HAND PROCEDURES FOR INJURIES	$11,595.80	$11,282.40
907	3.8073	OTHER O.R. PROCEDURES FOR INJURIES W MCC	$28,174.02	$27,412.56
908	1.9904	OTHER O.R. PROCEDURES FOR INJURIES W CC	$14,728.96	$14,330.88
909	1.2992	OTHER O.R. PROCEDURES FOR INJURIES W/O CC/MCC	$9,614.08	$9,354.24

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
913	1.3561	TRAUMATIC INJURY W MCC	$10,035.14	$9,763.92
914	0.7317	TRAUMATIC INJURY W/O MCC	$5,414.58	$5,268.24
915	1.6040	ALLERGIC REACTIONS W MCC	$11,869.60	$11,548.80
916	0.5582	ALLERGIC REACTIONS W/O MCC	$4,130.68	$4,019.04
917	1.4065	POISONING & TOXIC EFFECTS OF DRUGS W MCC	$10,408.10	$10,126.80
918	0.6859	POISONING & TOXIC EFFECTS OF DRUGS W/O MCC	$5,075.66	$4,938.48
919	1.7611	COMPLICATIONS OF TREATMENT W MCC	$13,032.14	$12,679.92
920	0.9991	COMPLICATIONS OF TREATMENT W CC	$7,393.34	$7,193.52
921	0.6960	COMPLICATIONS OF TREATMENT W/O CC/MCC	$5,150.40	$5,011.20
922	1.5833	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W MCC	$11,716.42	$11,399.76
923	0.8117	OTHER INJURY, POISONING & TOXIC EFFECT DIAG W/O MCC	$6,006.58	$5,844.24
927	15.9672	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W SKIN GRAFT	$118,157.28	$114,963.84
928	5.7399	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC/MCC	$42,475.26	$41,327.28

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
929	2.4661	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W/O CC/MCC	$18,249.14	$17,755.92
933	2.8685	EXTENSIVE BURNS OR FULL THICKNESS BURNS W MV >96 HRS W/O SKIN GRAFT	$21,226.90	$20,653.20
934	1.6716	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ	$12,369.84	$12,035.52
935	1.5141	NON-EXTENSIVE BURNS	$11,204.34	$10,901.52
939	2.9866	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W MCC	$22,100.84	$21,503.52
940	1.9107	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W CC	$14,139.18	$13,757.04
941	1.3589	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES W/O CC/MCC	$10,055.86	$9,784.08
945	1.2781	REHABILITATION W CC/MCC	$9,457.94	$9,202.32
946	1.0151	REHABILITATION W/O CC/MCC	$7,511.74	$7,308.72
947	1.1323	SIGNS & SYMPTOMS W MCC	$8,379.02	$8,152.56
948	0.7356	SIGNS & SYMPTOMS W/O MCC	$5,443.44	$5,296.32
949	1.1197	AFTERCARE W CC/MCC	$8,285.78	$8,061.84
950	0.5798	AFTERCARE W/O CC/MCC	$4,290.52	$4,174.56

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
951	0.9885	OTHER FACTORS INFLUENCING HEALTH STATUS	$7,314.90	$7,117.20
955	5.6773	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	$42,012.02	$40,876.56
956	3.7116	LIMB REATTACHMENT, HIP & FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	$27,465.84	$26,723.52
957	6.5504	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W MCC	$48,472.96	$47,162.88
958	3.8565	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W CC	$28,538.10	$27,766.80
959	2.1705	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	$16,061.70	$15,627.60
963	2.6295	OTHER MULTIPLE SIGNIFICANT TRAUMA W MCC	$19,458.30	$18,932.40
964	1.4205	OTHER MULTIPLE SIGNIFICANT TRAUMA W CC	$10,511.70	$10,227.60
965	0.9217	OTHER MULTIPLE SIGNIFICANT TRAUMA W/O CC/MCC	$6,820.58	$6,636.24
969	5.0291	HIV W EXTENSIVE O.R. PROCEDURE W MCC	$37,215.34	$36,209.52
970	2.7871	HIV W EXTENSIVE O.R. PROCEDURE W/O MCC	$20,624.54	$20,067.12
974	2.6531	HIV W MAJOR RELATED CONDITION W MCC	$19,632.94	$19,102.32
975	1.3589	HIV W MAJOR RELATED CONDITION W CC	$10,055.86	$9,784.08

HOSPITAL/INPATIENT

MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS-DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 ($7,400)	PEER GROUP 2 ($7,200)
976	0.9073	HIV W MAJOR RELATED CONDITION W/O CC/MCC	$6,714.02	$6,532.56
977	1.1577	HIV W OR W/O OTHER RELATED CONDITION	$8,566.98	$8,335.44
981	4.8532	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	$35,913.68	$34,943.04
982	2.7416	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	$20,287.84	$19,739.52
983	1.7615	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	$13,035.10	$12,682.80
984	3.3844	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	$25,044.56	$24,367.68
985	1.9339	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W CC	$14,310.86	$13,924.08
986	1.2079	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	$8,938.46	$8,696.88
987	3.2123	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	$23,771.02	$23,128.56
988	1.7533	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W CC	$12,974.42	$12,623.76
989	1.0425	NON-EXTENSIVE O.R. PROC UNRELATED TO PRINCIPAL DIAGNOSIS W/O CC/MCC	$7,714.50	$7,506.00
998		PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	$0.00	$0.00
999		UNGROUPABLE		

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

1. **Surgical Services:** Reimbursement for ambulatory surgical/hospital outpatient center surgical services are based upon the surgical code submitted unless otherwise specified in this section of the fee schedule (Pathology and Laboratory charges, for example),

2. **Medical Services:** Reimbursement for nonsurgical medical outpatient 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. 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.

A**. WORKERS COMPENSATION PEER GROUPS AS OF FEBRUARY 2016:** Ambulatory surgical centers and hospital outpatient centers are grouped in association with the nearest proximate hospital. Individual ambulatory surgical centers are not listed separately**.**

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:
Andover
Arkansas City
Burlington
Coffeyville
Dodge City
El Dorado
Elkhart
Fort Scott
Galena
Garden City
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton
Ottawa
Paola
Parsons
Pittsburg
Pratt
Salina
Ulysses
Wellington

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

Peer Group 3
All other hospitals
Critical Access Hospitals and state institutions are considered Peer Group 3 and shall be reimbursed at billed charges less 15.0%, they are not subject to any other rules in this section.

3. OUT-OF-STATE AMBULATORY SURGICAL/HOSPITAL OUTPATIENT CENTERS:
The rules that are contained within this fee schedule also apply to out-of-state ambulatory surgical/hospital outpatient centers. Out-of-state facilities will be reimbursed at the Peer Group 2 payment rate.

4. O**UTPATIENT SURGERY:** Reimbursement for outpatient surgeries within CPT code range 10021-69990 is subject to the Maximum Allowable Fees for the respective CPT codes that are contained within the Surgery Fee Schedule included within the Ambulatory Surgical Center/Hospital Outpatient Ground Rules and Fees Section.

A. Unmapped: Unmapped codes are identified as "UM" in the tables; they are reimbursed at billed charges less the variable discount rate and subject to all the multiple procedure rules.

B. Multiple Procedures: When multiple procedures are performed within the same operative session, payment for the procedure with the highest allowance shall be made at 100% of the maximum allowable payment, while all other procedures shall be reimbursed at 50% of the maximum allowable payment.

C. Surgical Supplies**:** Surgical supplies that are listed under Revenue codes 270-279 are considered content of the service and are not separately reimbursable.

D. 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 or metallic are not reimbursable.

5. **AMBULATORY SURGICAL CENTERS:** Ambulatory surgical centers will only be reimbursed the CPT surgical code amounts listed within this section plus the cost of grafts. Grafts are defined as autogenous bone, cartilage, tendon, fascia lata or other tissues (L8699, C1762 and C1763) and will be reimbursed at invoice cost plus 25%.

6. **HOSPITAL OUTPATIENT SURGICAL CENTERS:** Hospital outpatient surgical centers' procedures will be reimbursed based upon the surgical code contained within this section. Surgical supply codes 270-279 are to be included in the surgical procedure code and will not be separately reimbursed. Grafts are defined as autogenous bone, cartilage, tendon, fascia lata or other tissues (L8699, C1762 and C1763) and will be reimbursed at invoice cost plus 25%.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

7. EXAMPLES

1st example

CPT Code	Amount Billed	Fee Schedule Allowance	Additional Fee Schedule Reduction	Amount Paid	Comments
29822	$ 6,000.00	$ 4,791.18	$ 2,395.59	$ 2,395.59	Apply 50% multiple surgery discount.
29827	$ 8,000.00	$ 9,938.52	$ 4,969.26	$ 4,969.26	Apply 50% multiple surgery discount.
29826	$15,000.00	$10,500.00	$ -0-	$10,500.00	Unmapped surgery reduced 30%. Primary surgery paid at 100%.
61885	$25,000.00	$ -0-	$ -0-	$ -0-	No payment. Implantable so included in surgery charge.
Total	$54,000.00	$25,229.70	$ 7,364.85	$17,864.85	

2nd example

CPT Code	Amount Billed	Fee Schedule Allowance	Additional Fee Schedule Reduction	Amount Paid	Comments
29822	$ 6,000.00	$ 4,791.18	$ -0-	$ 4,791.18	Primary surgery paid at 100% of fee schedule.
64493	$ 6,000.00	$ 1,644.20	$ 822.10	$ 822.10	50% multiple surgery discount applied.
64494	$1,500.00	$ 1,050.00	$ 525.00	$525.00	Unmapped surgery. Reduced by 30%, then apply 50% multiple surgery discount.
64495	$1,000.00	$ 700.00	$ 350.00	$350.00	Unmapped surgery. Reduced by 30%, then apply 50% multiple surgery discount.
Total	$14,500.00	$8,135.38	$1,697.10	$6,488.28	

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 inpatient fees. Trauma Center Activation fees are as follows:

Level I $6000
Level II $5200
Level III $2800
Level IV $0

9. TRANSFER OF PATIENT TO A HOSPITAL: When an ambulatory surgical/hospital outpatient 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/hospital outpatient center are to be paid in accordance with this section. The receiving hospital is to be paid in accordance with the Hospital Fee Schedule.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

10. **PHYSICAL MEDICINE AND REHABILITATION:** Reimbursement for any services provided by physical/occupational therapists is to be in accordance with the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.

11. **RADIOLOGY CHARGES:** Reimbursement for any hospital outpatient radiology services, provided by hospital outpatient 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. Physicians that provide and bill separately for the professional component of radiology CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

12. **PATHOLOGY OR LABORATORY CHARGES:** Reimbursement for all hospital outpatient pathology and laboratory services provided by hospital outpatient 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. Physicians that provide and bill separately for the professional component of pathology or laboratory CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

13. **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/hospital outpatient center should notify the employer (or insurance carrier) at once. Such notification should also be provided to the Director of Workers Compensation. An inpatient stay requires documentation of official admission to the hospital pursuant to an order for inpatient admission by a physician or other qualified practitioner and the order is present in the medical record.

14. **PHYSICIAN CHARGES:** An ambulatory surgical/hospital outpatient center shall bill for services provided by a physicain **only if** those services involve: 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/hospital outpatient 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/hospital outpatient 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.

15. **PROFESSIONAL AND TECHNICAL COMPONENTS:** Ambulatory surgical/hospital outpatient 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 only the professional component or the technical component was provided.

16. **DURABLE MEDICAL EQUIPMENT:** Items such as wheelchairs, crutches, etc. when supplied by an ambulatory surgical/hospital outpatient center for the care of an outpatient is to be reimbursed at invoice cost plus a 40% markup. Verification of such cost must be attached to the bill when it is submitted for payment. *Tax, freight and handling are not reimbursable costs for durable medical equipment. The invoice for the actual cost to the facility of durable medical equipment shall be provided to the payor by the facility as a condition of payment for the durable medical equipment.*

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/hospital outpatient 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/hospital outpatient 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.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare & Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
10021	Fna w/o image	$451.10
10022	Fna w/image	$961.28
10030	Guide cathet fluid drainage	$1,883.96
10035	Perq dev soft tiss 1st imag	$961.28
10036	Perq dev soft tiss add imag	UM
10040	Acne surgery	$235.66
10060	Drainage of skin abscess	$235.66
10061	Drainage of skin abscess	$456.54
10080	Drainage of pilonidal cyst	$456.54
10081	Drainage of pilonidal cyst	$961.28
10120	Remove foreign body	$451.10
10121	Remove foreign body	$2,828.56
10140	Drainage of hematoma/fluid	$1,883.96
10160	Puncture drainage of lesion	$456.54
10180	Complex drainage wound	$2,828.56
11000	Debride infected skin	$857.34
11001	Debride infected skin add-on	UM
11004	Debride genitalia & perineum	UM
11005	Debride abdom wall	UM
11006	Debride genit/per/abdom wall	UM
11008	Remove mesh from abd wall	UM
11010	Debride skin at fx site	$1,883.96
11011	Debride skin musc at fx site	$456.54
11012	Deb skin bone at fx site	$2,828.56
11042	Deb subq tissue 20 sq cm/<	$451.10
11043	Deb musc/fascia 20 sq cm/<	$857.34
11044	Deb bone 20 sq cm/<	$1,883.96
11045	Deb subq tissue add-on	UM
11046	Deb musc/fascia add-on	UM
11047	Deb bone add-on	UM
11055	Trim skin lesion	$235.66
11056	Trim skin lesions 2 to 4	$235.66
11057	Trim skin lesions over 4	$451.10
11100	Biopsy skin lesion	$451.10
11101	Biopsy skin add-on	UM
11200	Removal of skin tags <w/15	$235.66
11201	Remove skin tags add-on	UM
11300	Shave skin lesion 0.5 cm/<	$235.66
11301	Shave skin lesion 0.6-1.0 cm	$235.66
11302	Shave skin lesion 1.1-2.0 cm	$235.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
11303	Shave skin lesion >2.0 cm	$235.66
11305	Shave skin lesion 0.5 cm/<	$235.66
11306	Shave skin lesion 0.6-1.0 cm	$235.66
11307	Shave skin lesion 1.1-2.0 cm	$451.10
11308	Shave skin lesion >2.0 cm	$235.66
11310	Shave skin lesion 0.5 cm/<	$451.10
11311	Shave skin lesion 0.6-1.0 cm	$451.10
11312	Shave skin lesion 1.1-2.0 cm	$451.10
11313	Shave skin lesion >2.0 cm	$451.10
11400	Exc tr-ext b9+marg 0.5 cm<	$961.28
11401	Exc tr-ext b9+marg 0.6-1 cm	$961.28
11402	Exc tr-ext b9+marg 1.1-2 cm	$961.28
11403	Exc tr-ext b9+marg 2.1-3cm/<	$1,883.96
11404	Exc tr-ext b9+marg 3.1-4 cm	$1,883.96
11406	Exc tr-ext b9+marg >4.0 cm	$2,828.56
11420	Exc h-f-nk-sp b9+marg 0.5/<	$1,883.96
11421	Exc h-f-nk-sp b9+marg 0.6-1	$1,883.96
11422	Exc h-f-nk-sp b9+marg 1.1-2	$1,883.96
11423	Exc h-f-nk-sp b9+marg 2.1-3	$1,883.96
11424	Exc h-f-nk-sp b9+marg 3.1-4	$2,828.56
11426	Exc h-f-nk-sp b9+marg >4 cm	$2,828.56
11440	Exc face-mm b9+marg 0.5 cm/<	$961.28
11441	Exc face-mm b9+marg 0.6-1 cm	$961.28
11442	Exc face-mm b9+marg 1.1-2 cm	$1,883.96
11443	Exc face-mm b9+marg 2.1-3 cm	$1,883.96
11444	Exc face-mm b9+marg 3.1-4 cm	$1,883.96
11446	Exc face-mm b9+marg >4 cm	$2,828.56
11450	Removal sweat gland lesion	$2,828.56
11451	Removal sweat gland lesion	$2,828.56
11462	Removal sweat gland lesion	$2,828.56
11463	Removal sweat gland lesion	$2,828.56
11470	Removal sweat gland lesion	$2,828.56
11471	Removal sweat gland lesion	$2,828.56
11600	Exc tr-ext mal+marg 0.5 cm/<	$1,883.96
11601	Exc tr-ext mal+marg 0.6-1 cm	$961.28
11602	Exc tr-ext mal+marg 1.1-2 cm	$961.28
11603	Exc tr-ext mal+marg 2.1-3 cm	$1,883.96
11604	Exc tr-ext mal+marg 3.1-4 cm	$1,883.96
11606	Exc tr-ext mal+marg >4 cm	$2,828.56
11620	Exc h-f-nk-sp mal+marg 0.5/<	$1,883.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
11621	Exc s/n/h/f/g mal+mrg 0.6-1	$1,883.96
11622	Exc s/n/h/f/g mal+mrg 1.1-2	$1,883.96
11623	Exc s/n/h/f/g mal+mrg 2.1-3	$1,883.96
11624	Exc s/n/h/f/g mal+mrg 3.1-4	$2,828.56
11626	Exc s/n/h/f/g mal+mrg >4 cm	$2,828.56
11640	Exc f/e/e/n/l mal+mrg 0.5cm<	$1,883.96
11641	Exc f/e/e/n/l mal+mrg 0.6-1	$961.28
11642	Exc f/e/e/n/l mal+mrg 1.1-2	$961.28
11643	Exc f/e/e/n/l mal+mrg 2.1-3	$1,883.96
11644	Exc f/e/e/n/l mal+mrg 3.1-4	$1,883.96
11646	Exc f/e/e/n/l mal+mrg >4 cm	$2,828.56
11719	Trim nail(s) any number	$111.88
11720	Debride nail 1-5	$182.36
11721	Debride nail 6 or more	$111.88
11730	Removal of nail plate	$235.66
11732	Remove nail plate add-on	UM
11740	Drain blood from under nail	$111.88
11750	Removal of nail bed	$456.54
11752	Remove nail bed/tip	$2,828.56
11755	Biopsy nail unit	$961.28
11760	Repair of nail bed	$857.34
11762	Reconstruction of nail bed	$2,822.42
11765	Excision of nail fold toe	$235.66
11770	Remove pilonidal cyst simple	$2,828.56
11771	Remove pilonidal cyst exten	$2,828.56
11772	Remove pilonidal cyst compl	$2,828.56
11900	Inject skin lesions </w 7	$235.66
11901	Inject skin lesions >7	$235.66
11920	Correct skin color 6.0 cm/<	$857.34
11921	Correct skn color 6.1-20.0cm	$857.34
11922	Correct skin color ea 20.0cm	UM
11950	Tx contour defects 1 cc/<	$451.10
11951	Tx contour defects 1.1-5.0cc	$857.34
11952	Tx contour defects 5.1-10cc	$857.34
11954	Tx contour defects >10.0 cc	$451.10
11960	Insert tissue expander(s)	$4,274.98
11970	Replace tissue expander	$9,938.52
11971	Remove tissue expander(s)	$2,828.56
11976	Remove contraceptive capsule	$456.54
11980	Implant hormone pellet(s)	$182.36

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
11981	Insert drug implant device	$182.36
11982	Remove drug implant device	$182.36
11983	Remove/insert drug implant	$182.36
12001	Rpr s/n/ax/gen/trnk 2.5cm/<	$235.66
12002	Rpr s/n/ax/gen/trnk2.6-7.5cm	$235.66
12004	Rpr s/n/ax/gen/trk7.6-12.5cm	$235.66
12005	Rpr s/n/a/gen/trk12.6-20.0cm	$235.66
12006	Rpr s/n/a/gen/trk20.1-30.0cm	$235.66
12007	Rpr s/n/ax/gen/trnk >30.0 cm	$451.10
12011	Rpr f/e/e/n/l/m 2.5 cm/<	$235.66
12013	Rpr f/e/e/n/l/m 2.6-5.0 cm	$235.66
12014	Rpr f/e/e/n/l/m 5.1-7.5 cm	$235.66
12015	Rpr f/e/e/n/l/m 7.6-12.5 cm	$235.66
12016	Rpr fe/e/en/l/m 12.6-20.0 cm	$235.66
12017	Rpr fe/e/en/l/m 20.1-30.0 cm	$235.66
12018	Rpr f/e/e/n/l/m >30.0 cm	$235.66
12020	Closure of split wound	$857.34
12021	Closure of split wound	$857.34
12031	Intmd rpr s/a/t/ext 2.5 cm/<	$451.10
12032	Intmd rpr s/a/t/ext 2.6-7.5	$451.10
12034	Intmd rpr s/tr/ext 7.6-12.5	$451.10
12035	Intmd rpr s/a/t/ext 12.6-20	$451.10
12036	Intmd rpr s/a/t/ext 20.1-30	$857.34
12037	Intmd rpr s/tr/ext >30.0 cm	$2,822.42
12041	Intmd rpr n-hf/genit 2.5cm/<	$235.66
12042	Intmd rpr n-hf/genit2.6-7.5	$451.10
12044	Intmd rpr n-hf/genit7.6-12.5	$451.10
12045	Intmd rpr n-hf/genit12.6-20	$451.10
12046	Intmd rpr n-hf/genit20.1-30	$451.10
12047	Intmd rpr n-hf/genit >30.0cm	$857.34
12051	Intmd rpr face/mm 2.5 cm/<	$451.10
12052	Intmd rpr face/mm 2.6-5.0 cm	$451.10
12053	Intmd rpr face/mm 5.1-7.5 cm	$451.10
12054	Intmd rpr face/mm 7.6-12.5cm	$235.66
12055	Intmd rpr face/mm 12.6-20 cm	$451.10
12056	Intmd rpr face/mm 20.1-30.0	$235.66
12057	Intmd rpr face/mm >30.0 cm	$451.10
13100	Cmplx rpr trunk 1.1-2.5 cm	$2,822.42
13101	Cmplx rpr trunk 2.6-7.5 cm	$857.34
13102	Cmplx rpr trunk addl 5cm/<	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
13120	Cmplx rpr s/a/l 1.1-2.5 cm	$857.34
13121	Cmplx rpr s/a/l 2.6-7.5 cm	$857.34
13122	Cmplx rpr s/a/l addl 5 cm/>	UM
13131	Cmplx rpr f/c/c/m/n/ax/g/h/f	$857.34
13132	Cmplx rpr f/c/c/m/n/ax/g/h/f	$857.34
13133	Cmplx rpr f/c/c/m/n/ax/g/h/f	UM
13151	Cmplx rpr e/n/e/l 1.1-2.5 cm	$857.34
13152	Cmplx rpr e/n/e/l 2.6-7.5 cm	$857.34
13153	Cmplx rpr e/n/e/l addl 5cm/<	UM
13160	Late closure of wound	$4,274.98
14000	Tis trnfr trunk 10 sq cm/<	$2,822.42
14001	Tis trnfr trunk 10.1-30sqcm	$2,822.42
14020	Tis trnfr s/a/l 10 sq cm/<	$2,822.42
14021	Tis trnfr s/a/l 10.1-30 sqcm	$2,822.42
14040	Tis trnfr f/c/c/m/n/a/g/h/f	$2,822.42
14041	Tis trnfr f/c/c/m/n/a/g/h/f	$2,822.42
14060	Tis trnfr e/n/e/l 10 sq cm/<	$2,822.42
14061	Tis trnfr e/n/e/l10.1-30sqcm	$2,822.42
14301	Tis trnfr any 30.1-60 sq cm	$4,274.98
14302	Tis trnfr addl 30 sq cm/<	UM
14350	Filleted finger/toe flap	$4,274.98
15002	Wound prep trk/arm/leg	$2,822.42
15003	Wound prep addl 100 cm	UM
15004	Wound prep f/n/hf/g	$857.34
15005	Wnd prep f/n/hf/g addl cm	UM
15040	Harvest cultured skin graft	$857.34
15050	Skin pinch graft	$857.34
15100	Skin splt grft trnk/arm/leg	$4,274.98
15101	Skin splt grft t/a/l add-on	UM
15110	Epidrm autogrft trnk/arm/leg	$2,822.42
15111	Epidrm autogrft t/a/l add-on	UM
15115	Epidrm a-grft face/nck/hf/g	$2,822.42
15116	Epidrm a-grft f/n/hf/g addl	UM
15120	Skn splt a-grft fac/nck/hf/g	$4,274.98
15121	Skn splt a-grft f/n/hf/g add	UM
15130	Derm autograft trnk/arm/leg	$2,822.42
15131	Derm autograft t/a/l add-on	UM
15135	Derm autograft face/nck/hf/g	$2,822.42
15136	Derm autograft f/n/hf/g add	UM
15150	Cult skin grft t/arm/leg	$4,274.98

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
15151	Cult skin grft t/a/l addl	UM
15152	Cult skin graft t/a/l +%	UM
15155	Cult skin graft f/n/hf/g	$2,822.42
15156	Cult skin grft f/n/hfg add	UM
15157	Cult epiderm grft f/n/hfg +%	UM
15200	Skin full graft trunk	$4,274.98
15201	Skin full graft trunk add-on	UM
15220	Skin full graft sclp/arm/leg	$2,822.42
15221	Skin full graft add-on	UM
15240	Skin full grft face/genit/hf	$2,822.42
15241	Skin full graft add-on	UM
15260	Skin full graft een & lips	$2,822.42
15261	Skin full graft add-on	UM
15271	Skin sub graft trnk/arm/leg	$2,822.42
15272	Skin sub graft t/a/l add-on	UM
15273	Skin sub grft t/arm/lg child	$4,274.98
15274	Skn sub grft t/a/l child add	UM
15275	Skin sub graft face/nk/hf/g	$2,822.42
15276	Skin sub graft f/n/hf/g addl	UM
15277	Skn sub grft f/n/hf/g child	$4,274.98
15278	Skn sub grft f/n/hf/g ch add	UM
15570	Skin pedicle flap trunk	$4,274.98
15572	Skin pedicle flap arms/legs	$4,274.98
15574	Pedcle fh/ch/ch/m/n/ax/g/h/f	$2,822.42
15576	Pedicle e/n/e/l/ntroral	$2,822.42
15600	Delay flap trunk	$4,274.98
15610	Delay flap arms/legs	$4,274.98
15620	Delay flap f/c/c/n/ax/g/h/f	$4,274.98
15630	Delay flap eye/nos/ear/lip	$2,822.42
15650	Transfer skin pedicle flap	$4,274.98
15731	Forehead flap w/vasc pedicle	$4,274.98
15732	Muscle-skin graft head/neck	$4,274.98
15734	Muscle-skin graft trunk	$4,274.98
15736	Muscle-skin graft arm	$2,822.42
15738	Muscle-skin graft leg	$4,274.98
15740	Island pedicle flap graft	$2,822.42
15750	Neurovascular pedicle flap	$2,822.42
15756	Free myo/skin flap microvasc	UM
15757	Free skin flap microvasc	UM
15758	Free fascial flap microvasc	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
15760	Composite skin graft	$4,274.98
15770	Derma-fat-fascia graft	$4,274.98
15775	Hair trnspl 1-15 punch grfts	$451.10
15776	Hair trnspl >15 punch grafts	$451.10
15777	Acellular derm matrix implt	UM
15780	Dermabrasion total face	$2,828.56
15781	Dermabrasion segmental face	$961.28
15782	Dermabrasion other than face	$2,828.56
15783	Dermabrasion suprfl any site	$857.34
15786	Abrasion lesion single	$235.66
15787	Abrasion lesions add-on	UM
15788	Chemical peel face epiderm	$235.66
15789	Chemical peel face dermal	$451.10
15792	Chemical peel nonfacial	$235.66
15793	Chemical peel nonfacial	$235.66
15819	Plastic surgery neck	$2,822.42
15820	Revision of lower eyelid	$2,822.42
15821	Revision of lower eyelid	$2,822.42
15822	Revision of upper eyelid	$2,822.42
15823	Revision of upper eyelid	$2,822.42
15824	Removal of forehead wrinkles	$4,274.98
15825	Removal of neck wrinkles	$4,274.98
15826	Removal of brow wrinkles	$2,822.42
15828	Removal of face wrinkles	$4,274.98
15829	Removal of skin wrinkles	$4,274.98
15830	Exc skin abd	$7,294.12
15832	Excise excessive skin thigh	$2,828.56
15833	Excise excessive skin leg	$2,828.56
15834	Excise excessive skin hip	$2,828.56
15835	Excise excessive skin buttck	$2,828.56
15836	Excise excessive skin arm	$2,828.56
15837	Excise excess skin arm/hand	$2,828.56
15838	Excise excess skin fat pad	$2,828.56
15839	Excise excess skin & tissue	$2,828.56
15840	Nerve palsy fascial graft	$4,274.98
15841	Nerve palsy muscle graft	$4,274.98
15842	Nerve palsy microsurg graft	$2,822.42
15845	Skin and muscle repair face	$4,274.98
15847	Exc skin abd add-on	UM
15850	Remove sutures same surgeon	$2,822.42

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
15851	Remove sutures diff surgeon	$857.34
15852	Dressing change not for burn	$182.36
15860	Test for blood flow in graft	$182.36
15876	Suction lipectomy head&neck	$4,274.98
15877	Suction lipectomy trunk	$4,274.98
15878	Suction lipectomy upr extrem	$4,274.98
15879	Suction lipectomy lwr extrem	$4,274.98
15920	Removal of tail bone ulcer	$2,828.56
15922	Removal of tail bone ulcer	$2,822.42
15931	Remove sacrum pressure sore	$2,828.56
15933	Remove sacrum pressure sore	$2,828.56
15934	Remove sacrum pressure sore	$2,822.42
15935	Remove sacrum pressure sore	$4,274.98
15936	Remove sacrum pressure sore	$2,822.42
15937	Remove sacrum pressure sore	$4,274.98
15940	Remove hip pressure sore	$2,828.56
15941	Remove hip pressure sore	$2,828.56
15944	Remove hip pressure sore	$4,274.98
15945	Remove hip pressure sore	$4,274.98
15946	Remove hip pressure sore	$4,274.98
15950	Remove thigh pressure sore	$2,828.56
15951	Remove thigh pressure sore	$2,828.56
15952	Remove thigh pressure sore	$2,822.42
15953	Remove thigh pressure sore	$4,274.98
15956	Remove thigh pressure sore	$2,822.42
15958	Remove thigh pressure sore	$2,822.42
15999	Removal of pressure sore	$456.54
16000	Initial treatment of burn(s)	$235.66
16020	Dress/debrid p-thick burn s	$235.66
16025	Dress/debrid p-thick burn m	$451.10
16030	Dress/debrid p-thick burn l	$451.10
16035	Incision of burn scab initi	$857.34
16036	Escharotomy addl incision	UM
17000	Destruct premalg lesion	$235.66
17003	Destruct premalg les 2-14	UM
17004	Destroy premal lesions 15/>	$451.10
17106	Destruction of skin lesions	$857.34
17107	Destruction of skin lesions	$857.34
17108	Destruction of skin lesions	$2,822.42
17110	Destruct b9 lesion 1-14	$235.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
17111	Destruct lesion 15 or more	$235.66
17250	Chemical cautery tissue	$235.66
17260	Destruction of skin lesions	$235.66
17261	Destruction of skin lesions	$235.66
17262	Destruction of skin lesions	$235.66
17263	Destruction of skin lesions	$235.66
17264	Destruction of skin lesions	$451.10
17266	Destruction of skin lesions	$857.34
17270	Destruction of skin lesions	$451.10
17271	Destruction of skin lesions	$451.10
17272	Destruction of skin lesions	$235.66
17273	Destruction of skin lesions	$451.10
17274	Destruction of skin lesions	$857.34
17276	Destruction of skin lesions	$857.34
17280	Destruction of skin lesions	$235.66
17281	Destruction of skin lesions	$451.10
17282	Destruction of skin lesions	$451.10
17283	Destruction of skin lesions	$451.10
17284	Destruction of skin lesions	$451.10
17286	Destruction of skin lesions	$451.10
17311	Mohs 1 stage h/n/hf/g	$857.34
17312	Mohs addl stage	UM
17313	Mohs 1 stage t/a/l	$857.34
17314	Mohs addl stage t/a/l	UM
17315	Mohs surg addl block	UM
17340	Cryotherapy of skin	$61.02
17360	Skin peel therapy	$235.66
17380	Hair removal by electrolysis	$857.34
17999	Skin tissue procedure	$235.66
19000	Drainage of breast lesion	$961.28
19001	Drain breast lesion add-on	UM
19020	Incision of breast lesion	$2,828.56
19030	Injection for breast x-ray	UM
19081	Bx breast 1st lesion strtctc	$1,883.96
19082	Bx breast add lesion strtctc	UM
19083	Bx breast 1st lesion us imag	$1,883.96
19084	Bx breast add lesion us imag	UM
19085	Bx breast 1st lesion mr imag	$2,828.56
19086	Bx breast add lesion mr imag	UM
19100	Bx breast percut w/o image	$1,883.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
19101	Biopsy of breast open	$4,375.88
19105	Cryosurg ablate fa each	$7,294.12
19110	Nipple exploration	$4,375.88
19112	Excise breast duct fistula	$4,375.88
19120	Removal of breast lesion	$4,375.88
19125	Excision breast lesion	$4,375.88
19126	Excision addl breast lesion	UM
19260	Removal of chest wall lesion	$2,828.56
19271	Revision of chest wall	UM
19272	Extensive chest wall surgery	UM
19281	Perq device breast 1st imag	$961.28
19282	Perq device breast ea imag	UM
19283	Perq dev breast 1st strtctc	$961.28
19284	Perq dev breast add strtctc	UM
19285	Perq dev breast 1st us imag	$961.28
19286	Perq dev breast add us imag	UM
19287	Perq dev breast 1st mr guide	$961.28
19288	Perq dev breast add mr guide	UM
19296	Place po breast cath for rad	$15,115.50
19297	Place breast cath for rad	UM
19298	Place breast rad tube/caths	$15,115.50
19300	Removal of breast tissue	$4,375.88
19301	Partial mastectomy	$4,375.88
19302	P-mastectomy w/ln removal	$7,294.12
19303	Mast simple complete	$7,294.12
19304	Mast subq	$4,375.88
19305	Mast radical	UM
19306	Mast rad urban type	UM
19307	Mast mod rad	$7,294.12
19316	Suspension of breast	$7,294.12
19318	Reduction of large breast	$7,294.12
19324	Enlarge breast	$7,294.12
19325	Enlarge breast with implant	$15,115.50
19328	Removal of breast implant	$4,375.88
19330	Removal of implant material	$4,375.88
19340	Immediate breast prosthesis	$7,294.12
19342	Delayed breast prosthesis	$15,115.50
19350	Breast reconstruction	$4,375.88
19355	Correct inverted nipple(s)	$4,375.88
19357	Breast reconstruction	$15,115.50

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
19361	Breast reconstr w/lat flap	UM
19364	Breast reconstruction	UM
19366	Breast reconstruction	$7,294.12
19367	Breast reconstruction	UM
19368	Breast reconstruction	UM
19369	Breast reconstruction	UM
19370	Surgery of breast capsule	$7,294.12
19371	Removal of breast capsule	$4,375.88
19380	Revise breast reconstruction	$7,294.12
19396	Design custom breast implant	$4,375.88
19499	Breast surgery procedure	$4,375.88
20005	I&d abscess subfascial	$2,828.56
20100	Explore wound neck	$1,379.26
20101	Explore wound chest	$4,274.98
20102	Explore wound abdomen	$2,822.42
20103	Explore wound extremity	$1,883.96
20150	Excise epiphyseal bar	$4,791.18
20200	Muscle biopsy	$2,828.56
20205	Deep muscle biopsy	$2,828.56
20206	Needle biopsy muscle	$1,883.96
20220	Bone biopsy trocar/needle	$1,883.96
20225	Bone biopsy trocar/needle	$2,828.56
20240	Bone biopsy excisional	$2,828.56
20245	Bone biopsy excisional	$2,828.56
20250	Open bone biopsy	$4,791.18
20251	Open bone biopsy	$4,791.18
20500	Injection of sinus tract	$1,379.26
20501	Inject sinus tract for x-ray	UM
20520	Removal of foreign body	$1,883.96
20525	Removal of foreign body	$2,828.56
20526	Ther injection carp tunnel	$447.52
20527	Inj dupuytren cord w/enzyme	$447.52
20550	Inj tendon sheath/ligament	$447.52
20551	Inj tendon origin/insertion	$447.52
20552	Inj trigger point 1/2 muscl	$447.52
20553	Inject trigger points 3/>	$447.52
20555	Place ndl musc/tis for rt	$2,910.52
20600	Drain/inj joint/bursa w/o us	$447.52
20604	Drain/inj joint/bursa w/us	$447.52
20605	Drain/inj joint/bursa w/o us	$447.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
20606	Drain/inj joint/bursa w/us	$447.52
20610	Drain/inj joint/bursa w/o us	$447.52
20611	Drain/inj joint/bursa w/us	$447.52
20612	Aspirate/inj ganglion cyst	$447.52
20615	Treatment of bone cyst	$1,883.96
20650	Insert and remove bone pin	$4,791.18
20660	Apply rem fixation device	$2,192.90
20661	Application of head brace	UM
20662	Application of pelvis brace	$2,910.52
20663	Application of thigh brace	$4,791.18
20664	Application of halo	UM
20665	Removal of fixation device	$182.36
20670	Removal of support implant	$2,828.56
20680	Removal of support implant	$2,828.56
20690	Apply bone fixation device	$9,938.52
20692	Apply bone fixation device	$14,128.14
20693	Adjust bone fixation device	$4,791.18
20694	Remove bone fixation device	$2,910.52
20696	Comp multiplane ext fixation	$21,075.80
20697	Comp ext fixate strut change	$2,192.90
20802	Replantation arm complete	UM
20805	Replant forearm complete	UM
20808	Replantation hand complete	UM
20816	Replantation digit complete	UM
20822	Replantation digit complete	$4,791.18
20824	Replantation thumb complete	UM
20827	Replantation thumb complete	UM
20838	Replantation foot complete	UM
20900	Removal of bone for graft	$4,791.18
20902	Removal of bone for graft	$14,128.14
20910	Remove cartilage for graft	$857.34
20912	Remove cartilage for graft	$4,274.98
20920	Removal of fascia for graft	$2,822.42
20922	Removal of fascia for graft	$4,274.98
20924	Removal of tendon for graft	$4,791.18
20926	Removal of tissue for graft	$4,274.98
20930	Sp bone algrft morsel add-on	UM
20931	Sp bone algrft struct add-on	UM
20936	Sp bone agrft local add-on	UM
20937	Sp bone agrft morsel add-on	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
20938	Sp bone agrft struct add-on	UM
20950	Fluid pressure muscle	$961.28
20955	Fibula bone graft microvasc	UM
20956	Iliac bone graft microvasc	UM
20957	Mt bone graft microvasc	UM
20962	Other bone graft microvasc	UM
20969	Bone/skin graft microvasc	UM
20970	Bone/skin graft iliac crest	UM
20972	Bone/skin graft metatarsal	$9,938.52
20973	Bone/skin graft great toe	$9,938.52
20974	Electrical bone stimulation	UM
20975	Electrical bone stimulation	UM
20979	Us bone stimulation	$61.02
20982	Ablate bone tumor(s) perq	$4,791.18
20983	Ablate bone tumor(s) perq	$8,236.46
20985	Cptr-asst dir ms px	UM
20999	Musculoskeletal surgery	$2,910.52
21010	Incision of jaw joint	$7,911.96
21011	Exc face les sc <2 cm	$1,883.96
21012	Exc face les sbq 2 cm/>	$2,828.56
21013	Exc face tum deep < 2 cm	$1,883.96
21014	Exc face tum deep 2 cm/>	$2,828.56
21015	Resect face/scalp tum < 2 cm	$2,828.56
21016	Resect face/scalp tum 2 cm/>	$2,828.56
21025	Excision of bone lower jaw	$7,911.96
21026	Excision of facial bone(s)	$3,233.80
21029	Contour of face bone lesion	$3,233.80
21030	Excise max/zygoma b9 tumor	$3,233.80
21031	Remove exostosis mandible	$3,233.80
21032	Remove exostosis maxilla	$3,233.80
21034	Excise max/zygoma mal tumor	$7,911.96
21040	Excise mandible lesion	$3,233.80
21044	Removal of jaw bone lesion	$7,911.96
21045	Extensive jaw surgery	UM
21046	Remove mandible cyst complex	$7,911.96
21047	Excise lwr jaw cyst w/repair	$7,911.96
21048	Remove maxilla cyst complex	$7,911.96
21049	Excis uppr jaw cyst w/repair	$7,911.96
21050	Removal of jaw joint	$7,911.96
21060	Remove jaw joint cartilage	$7,911.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
21070	Remove coronoid process	$7,911.96
21073	Mnpj of tmj w/anesth	$1,379.26
21076	Prepare face/oral prosthesis	$1,379.26
21077	Prepare face/oral prosthesis	$7,911.96
21079	Prepare face/oral prosthesis	$7,911.96
21080	Prepare face/oral prosthesis	$7,911.96
21081	Prepare face/oral prosthesis	$7,911.96
21082	Prepare face/oral prosthesis	$7,911.96
21083	Prepare face/oral prosthesis	$7,911.96
21084	Prepare face/oral prosthesis	$7,911.96
21085	Prepare face/oral prosthesis	$1,379.26
21086	Prepare face/oral prosthesis	$7,911.96
21087	Prepare face/oral prosthesis	$7,911.96
21088	Prepare face/oral prosthesis	$7,911.96
21089	Prepare face/oral prosthesis	$258.58
21100	Maxillofacial fixation	$7,911.96
21110	Interdental fixation	$1,379.26
21116	Injection jaw joint x-ray	UM
21120	Reconstruction of chin	$7,911.96
21121	Reconstruction of chin	$3,233.80
21122	Reconstruction of chin	$3,233.80
21123	Reconstruction of chin	$3,233.80
21125	Augmentation lower jaw bone	$3,233.80
21127	Augmentation lower jaw bone	$7,911.96
21137	Reduction of forehead	$3,233.80
21138	Reduction of forehead	$7,911.96
21139	Reduction of forehead	$7,911.96
21141	Lefort i-1 piece w/o graft	UM
21142	Lefort i-2 piece w/o graft	UM
21143	Lefort i-3/> piece w/o graft	UM
21145	Lefort i-1 piece w/ graft	UM
21146	Lefort i-2 piece w/ graft	UM
21147	Lefort i-3/> piece w/ graft	UM
21150	Lefort ii anterior intrusion	$7,911.96
21151	Lefort ii w/bone grafts	UM
21154	Lefort iii w/o lefort i	UM
21155	Lefort iii w/ lefort i	UM
21159	Lefort iii w/fhdw/o lefort i	UM
21160	Lefort iii w/fhd w/ lefort i	UM
21172	Reconstruct orbit/forehead	$7,911.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
21175	Reconstruct orbit/forehead	$7,911.96
21179	Reconstruct entire forehead	UM
21180	Reconstruct entire forehead	UM
21181	Contour cranial bone lesion	$7,911.96
21182	Reconstruct cranial bone	UM
21183	Reconstruct cranial bone	UM
21184	Reconstruct cranial bone	UM
21188	Reconstruction of midface	UM
21193	Reconst lwr jaw w/o graft	$7,911.96
21194	Reconst lwr jaw w/graft	UM
21195	Reconst lwr jaw w/o fixation	$7,911.96
21196	Reconst lwr jaw w/fixation	UM
21198	Reconstr lwr jaw segment	$3,233.80
21199	Reconstr lwr jaw w/advance	$7,911.96
21206	Reconstruct upper jaw bone	$7,911.96
21208	Augmentation of facial bones	$7,911.96
21209	Reduction of facial bones	$7,911.96
21210	Face bone graft	$7,911.96
21215	Lower jaw bone graft	$7,911.96
21230	Rib cartilage graft	$7,911.96
21235	Ear cartilage graft	$3,233.80
21240	Reconstruction of jaw joint	$7,911.96
21242	Reconstruction of jaw joint	$7,911.96
21243	Reconstruction of jaw joint	$21,075.80
21244	Reconstruction of lower jaw	$7,911.96
21245	Reconstruction of jaw	$7,911.96
21246	Reconstruction of jaw	$7,911.96
21247	Reconstruct lower jaw bone	UM
21248	Reconstruction of jaw	$7,911.96
21249	Reconstruction of jaw	$7,911.96
21255	Reconstruct lower jaw bone	UM
21256	Reconstruction of orbit	$7,911.96
21260	Revise eye sockets	$7,911.96
21261	Revise eye sockets	$7,911.96
21263	Revise eye sockets	$7,911.96
21267	Revise eye sockets	$7,911.96
21268	Revise eye sockets	UM
21270	Augmentation cheek bone	$7,911.96
21275	Revision orbitofacial bones	$7,911.96
21280	Revision of eyelid	$7,911.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
21282	Revision of eyelid	$3,233.80
21295	Revision of jaw muscle/bone	$1,379.26
21296	Revision of jaw muscle/bone	$3,233.80
21299	Cranio/maxillofacial surgery	$258.58
21310	Closed tx nose fx w/o manj	$258.58
21315	Closed tx nose fx w/o stablj	$3,233.80
21320	Closed tx nose fx w/ stablj	$3,233.80
21325	Open tx nose fx uncomplicatd	$3,233.80
21330	Open tx nose fx w/skele fixj	$3,233.80
21335	Open tx nose & septal fx	$3,233.80
21336	Open tx septal fx w/wo stabj	$4,791.18
21337	Closed tx septal&nose fx	$3,233.80
21338	Open nasoethmoid fx w/o fixj	$7,911.96
21339	Open nasoethmoid fx w/ fixj	$3,233.80
21340	Perq tx nasoethmoid fx	$7,911.96
21343	Open tx dprsd front sinus fx	UM
21344	Open tx compl front sinus fx	UM
21345	Closed tx nose/jaw fx	$1,379.26
21346	Opn tx nasomax fx w/fixj	$7,911.96
21347	Opn tx nasomax fx multple	UM
21348	Opn tx nasomax fx w/graft	UM
21355	Perq tx malar fracture	$7,911.96
21356	Opn tx dprsd zygomatic arch	$3,233.80
21360	Opn tx dprsd malar fracture	$7,911.96
21365	Opn tx complx malar fx	$7,911.96
21366	Opn tx complx malar w/grft	UM
21385	Opn tx orbit fx transantral	$7,911.96
21386	Opn tx orbit fx periorbital	$7,911.96
21387	Opn tx orbit fx combined	$7,911.96
21390	Opn tx orbit periorbtl implt	$7,911.96
21395	Opn tx orbit periorbt w/grft	$7,911.96
21400	Closed tx orbit w/o manipulj	$1,379.26
21401	Closed tx orbit w/manipulj	$1,379.26
21406	Opn tx orbit fx w/o implant	$7,911.96
21407	Opn tx orbit fx w/implant	$7,911.96
21408	Opn tx orbit fx w/bone grft	$7,911.96
21421	Treat mouth roof fracture	$7,911.96
21422	Treat mouth roof fracture	UM
21423	Treat mouth roof fracture	UM
21431	Treat craniofacial fracture	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
21432	Treat craniofacial fracture	UM
21433	Treat craniofacial fracture	UM
21435	Treat craniofacial fracture	UM
21436	Treat craniofacial fracture	UM
21440	Treat dental ridge fracture	$3,233.80
21445	Treat dental ridge fracture	$7,911.96
21450	Treat lower jaw fracture	$625.86
21451	Treat lower jaw fracture	$3,233.80
21452	Treat lower jaw fracture	$3,233.80
21453	Treat lower jaw fracture	$7,911.96
21454	Treat lower jaw fracture	$7,911.96
21461	Treat lower jaw fracture	$7,911.96
21462	Treat lower jaw fracture	$7,911.96
21465	Treat lower jaw fracture	$7,911.96
21470	Treat lower jaw fracture	$7,911.96
21480	Reset dislocated jaw	$258.58
21485	Reset dislocated jaw	$1,379.26
21490	Repair dislocated jaw	$7,911.96
21495	Treat hyoid bone fracture	$3,233.80
21497	Interdental wiring	$1,379.26
21499	Head surgery procedure	$258.58
21501	Drain neck/chest lesion	$2,828.56
21502	Drain chest lesion	$2,910.52
21510	Drainage of bone lesion	UM
21550	Biopsy of neck/chest	$1,883.96
21552	Exc neck les sc 3 cm/>	$2,828.56
21554	Exc neck tum deep 5 cm/>	$2,828.56
21555	Exc neck les sc < 3 cm	$2,828.56
21556	Exc neck tum deep < 5 cm	$2,828.56
21557	Resect neck thorax tumor<5cm	$2,828.56
21558	Resect neck tumor 5 cm/>	$2,828.56
21600	Partial removal of rib	$4,791.18
21610	Partial removal of rib	$2,910.52
21615	Removal of rib	UM
21616	Removal of rib and nerves	UM
21620	Partial removal of sternum	UM
21627	Sternal debridement	UM
21630	Extensive sternum surgery	UM
21632	Extensive sternum surgery	UM
21685	Hyoid myotomy & suspension	$3,233.80

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
21700	Revision of neck muscle	$2,910.52
21705	Revision of neck muscle/rib	UM
21720	Revision of neck muscle	$2,910.52
21725	Revision of neck muscle	$456.54
21740	Reconstruction of sternum	UM
21742	Repair stern/nuss w/o scope	$4,791.18
21743	Repair sternum/nuss w/scope	$4,791.18
21750	Repair of sternum separation	UM
21805	Treatment of rib fracture	UM
21811	Optx of rib fx w/fixj scope	$2,910.52
21812	Treatment of rib fracture	$2,910.52
21813	Treatment of rib fracture	$2,910.52
21820	Treat sternum fracture	$344.66
21825	Treat sternum fracture	UM
21899	Neck/chest surgery procedure	$258.58
21920	Biopsy soft tissue of back	$1,883.96
21925	Biopsy soft tissue of back	$2,828.56
21930	Exc back les sc < 3 cm	$2,828.56
21931	Exc back les sc 3 cm/>	$2,828.56
21932	Exc back tum deep < 5 cm	$2,828.56
21933	Exc back tum deep 5 cm/>	$2,828.56
21935	Resect back tum < 5 cm	$2,828.56
21936	Resect back tum 5 cm/>	$2,828.56
22010	I&d p-spine c/t/cerv-thor	UM
22015	I&d abscess p-spine l/s/ls	UM
22100	Remove part of neck vertebra	$4,791.18
22101	Remove part thorax vertebra	$4,791.18
22102	Remove part lumbar vertebra	$4,791.18
22103	Remove extra spine segment	UM
22110	Remove part of neck vertebra	UM
22112	Remove part thorax vertebra	UM
22114	Remove part lumbar vertebra	UM
22116	Remove extra spine segment	UM
22206	Incis spine 3 column thorac	UM
22207	Incis spine 3 column lumbar	UM
22208	Incis spine 3 column adl seg	UM
22210	Incis 1 vertebral seg cerv	UM
22212	Incis 1 vertebral seg thorac	UM
22214	Incis 1 vertebral seg lumbar	UM
22216	Incis addl spine segment	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
22220	Incis w/discectomy cervical	UM
22222	Incis w/discectomy thoracic	UM
22224	Incis w/discectomy lumbar	UM
22226	Revise extra spine segment	UM
22305	Closed tx spine process fx	$344.66
22310	Closed tx vert fx w/o manj	$475.00
22315	Closed tx vert fx w/manj	$2,192.90
22318	Treat odontoid fx w/o graft	UM
22319	Treat odontoid fx w/graft	UM
22325	Treat spine fracture	UM
22326	Treat neck spine fracture	UM
22327	Treat thorax spine fracture	UM
22328	Treat each add spine fx	UM
22505	Manipulation of spine	$2,192.90
22510	Perq cervicothoracic inject	$4,791.18
22511	Perq lumbosacral injection	$4,791.18
22512	Vertebroplasty addl inject	UM
22513	Perq vertebral augmentation	$14,128.14
22514	Perq vertebral augmentation	$14,128.14
22515	Perq vertebral augmentation	UM
22526	Idet single level	UM
22527	Idet 1 or more levels	UM
22532	Lat thorax spine fusion	UM
22533	Lat lumbar spine fusion	UM
22534	Lat thor/lumb addl seg	UM
22548	Neck spine fusion	UM
22551	Neck spine fuse&remov bel c2	$21,075.80
22552	Addl neck spine fusion	UM
22554	Neck spine fusion	$21,075.80
22556	Thorax spine fusion	UM
22558	Lumbar spine fusion	UM
22585	Additional spinal fusion	UM
22586	Prescrl fuse w/ instr l5-s1	UM
22590	Spine & skull spinal fusion	UM
22595	Neck spinal fusion	UM
22600	Neck spine fusion	UM
22610	Thorax spine fusion	UM
22612	Lumbar spine fusion	$14,128.14
22614	Spine fusion extra segment	UM
22630	Lumbar spine fusion	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
22632	Spine fusion extra segment	UM
22633	Lumbar spine fusion combined	UM
22634	Spine fusion extra segment	UM
22800	Post fusion </6 vert seg	UM
22802	Post fusion 7-12 vert seg	UM
22804	Post fusion 13/> vert seg	UM
22808	Ant fusion 2-3 vert seg	UM
22810	Ant fusion 4-7 vert seg	UM
22812	Ant fusion 8/> vert seg	UM
22818	Kyphectomy 1-2 segments	UM
22819	Kyphectomy 3 or more	UM
22830	Exploration of spinal fusion	UM
22840	Insert spine fixation device	UM
22841	Insert spine fixation device	UM
22842	Insert spine fixation device	UM
22843	Insert spine fixation device	UM
22844	Insert spine fixation device	UM
22845	Insert spine fixation device	UM
22846	Insert spine fixation device	UM
22847	Insert spine fixation device	UM
22848	Insert pelv fixation device	UM
22849	Reinsert spinal fixation	UM
22850	Remove spine fixation device	UM
22851	Apply spine prosth device	UM
22852	Remove spine fixation device	UM
22855	Remove spine fixation device	UM
22856	Cerv artific diskectomy	$21,075.80
22857	Lumbar artif diskectomy	UM
22858	Second level cer diskectomy	UM
22861	Revise cerv artific disc	UM
22862	Revise lumbar artif disc	UM
22864	Remove cerv artif disc	UM
22865	Remove lumb artif disc	UM
22899	Spine surgery procedure	$2,910.52
22900	Exc abdl tum deep < 5 cm	$2,828.56
22901	Exc abdl tum deep 5 cm/>	$2,828.56
22902	Exc abd les sc < 3 cm	$2,828.56
22903	Exc abd les sc 3 cm/>	$2,828.56
22904	Radical resect abd tumor<5cm	$2,828.56
22905	Rad resect abd tumor 5 cm/>	$2,828.56

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
22999	Abdomen surgery procedure	$2,910.52
23000	Removal of calcium deposits	$2,828.56
23020	Release shoulder joint	$4,791.18
23030	Drain shoulder lesion	$2,828.56
23031	Drain shoulder bursa	$2,828.56
23035	Drain shoulder bone lesion	$2,910.52
23040	Exploratory shoulder surgery	$4,791.18
23044	Exploratory shoulder surgery	$4,791.18
23065	Biopsy shoulder tissues	$2,828.56
23066	Biopsy shoulder tissues	$2,828.56
23071	Exc shoulder les sc 3 cm/>	$2,828.56
23073	Exc shoulder tum deep 5 cm/>	$2,828.56
23075	Exc shoulder les sc < 3 cm	$2,828.56
23076	Exc shoulder tum deep < 5 cm	$2,828.56
23077	Resect shoulder tumor < 5 cm	$2,828.56
23078	Resect shoulder tumor 5 cm/>	$2,828.56
23100	Biopsy of shoulder joint	$2,910.52
23101	Shoulder joint surgery	$4,791.18
23105	Remove shoulder joint lining	$4,791.18
23106	Incision of collarbone joint	$4,791.18
23107	Explore treat shoulder joint	$4,791.18
23120	Partial removal collar bone	$4,791.18
23125	Removal of collar bone	$4,791.18
23130	Remove shoulder bone part	$4,791.18
23140	Removal of bone lesion	$2,910.52
23145	Removal of bone lesion	$4,791.18
23146	Removal of bone lesion	$9,938.52
23150	Removal of humerus lesion	$4,791.18
23155	Removal of humerus lesion	$4,791.18
23156	Removal of humerus lesion	$9,938.52
23170	Remove collar bone lesion	$2,910.52
23172	Remove shoulder blade lesion	$4,791.18
23174	Remove humerus lesion	$4,791.18
23180	Remove collar bone lesion	$4,791.18
23182	Remove shoulder blade lesion	$2,910.52
23184	Remove humerus lesion	$4,791.18
23190	Partial removal of scapula	$4,791.18
23195	Removal of head of humerus	$9,938.52
23200	Resect clavicle tumor	UM
23210	Resect scapula tumor	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
23220	Resect prox humerus tumor	UM
23330	Remove shoulder foreign body	$1,883.96
23333	Remove shoulder fb deep	$2,828.56
23334	Shoulder prosthesis removal	$2,828.56
23335	Shoulder prosthesis removal	UM
23350	Injection for shoulder x-ray	UM
23395	Muscle transfer shoulder/arm	$14,128.14
23397	Muscle transfers	$4,791.18
23400	Fixation of shoulder blade	$9,938.52
23405	Incision of tendon & muscle	$4,791.18
23406	Incise tendon(s) & muscle(s)	$4,791.18
23410	Repair rotator cuff acute	$9,938.52
23412	Repair rotator cuff chronic	$9,938.52
23415	Release of shoulder ligament	$4,791.18
23420	Repair of shoulder	$9,938.52
23430	Repair biceps tendon	$9,938.52
23440	Remove/transplant tendon	$4,791.18
23450	Repair shoulder capsule	$4,791.18
23455	Repair shoulder capsule	$9,938.52
23460	Repair shoulder capsule	$4,791.18
23462	Repair shoulder capsule	$9,938.52
23465	Repair shoulder capsule	$14,128.14
23466	Repair shoulder capsule	$9,938.52
23470	Reconstruct shoulder joint	$21,075.80
23472	Reconstruct shoulder joint	UM
23473	Revis reconst shoulder joint	$14,128.14
23474	Revis reconst shoulder joint	UM
23480	Revision of collar bone	$4,791.18
23485	Revision of collar bone	$14,128.14
23490	Reinforce clavicle	$14,128.14
23491	Reinforce shoulder bones	$14,128.14
23500	Treat clavicle fracture	$344.66
23505	Treat clavicle fracture	$2,192.90
23515	Treat clavicle fracture	$9,938.52
23520	Treat clavicle dislocation	$2,192.90
23525	Treat clavicle dislocation	$344.66
23530	Treat clavicle dislocation	$4,791.18
23532	Treat clavicle dislocation	$9,938.52
23540	Treat clavicle dislocation	$344.66
23545	Treat clavicle dislocation	$344.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
23550	Treat clavicle dislocation	$9,938.52
23552	Treat clavicle dislocation	$14,128.14
23570	Treat shoulder blade fx	$344.66
23575	Treat shoulder blade fx	$2,192.90
23585	Treat scapula fracture	$14,128.14
23600	Treat humerus fracture	$344.66
23605	Treat humerus fracture	$2,910.52
23615	Treat humerus fracture	$14,128.14
23616	Treat humerus fracture	$21,075.80
23620	Treat humerus fracture	$475.00
23625	Treat humerus fracture	$2,192.90
23630	Treat humerus fracture	$9,938.52
23650	Treat shoulder dislocation	$344.66
23655	Treat shoulder dislocation	$2,192.90
23660	Treat shoulder dislocation	$4,791.18
23665	Treat dislocation/fracture	$2,192.90
23670	Treat dislocation/fracture	$9,938.52
23675	Treat dislocation/fracture	$2,192.90
23680	Treat dislocation/fracture	$14,128.14
23700	Fixation of shoulder	$2,192.90
23800	Fusion of shoulder joint	$14,128.14
23802	Fusion of shoulder joint	$14,128.14
23900	Amputation of arm & girdle	UM
23920	Amputation at shoulder joint	UM
23921	Amputation follow-up surgery	$2,822.42
23929	Shoulder surgery procedure	$344.66
23930	Drainage of arm lesion	$2,828.56
23931	Drainage of arm bursa	$2,828.56
23935	Drain arm/elbow bone lesion	$2,910.52
24000	Exploratory elbow surgery	$4,791.18
24006	Release elbow joint	$4,791.18
24065	Biopsy arm/elbow soft tissue	$2,828.56
24066	Biopsy arm/elbow soft tissue	$2,828.56
24071	Exc arm/elbow les sc 3 cm/>	$2,828.56
24073	Ex arm/elbow tum deep 5 cm/>	$2,828.56
24075	Exc arm/elbow les sc < 3 cm	$2,828.56
24076	Ex arm/elbow tum deep < 5 cm	$2,828.56
24077	Resect arm/elbow tum < 5 cm	$2,828.56
24079	Resect arm/elbow tum 5 cm/>	$2,828.56
24100	Biopsy elbow joint lining	$2,910.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
24101	Explore/treat elbow joint	$4,791.18
24102	Remove elbow joint lining	$4,791.18
24105	Removal of elbow bursa	$2,910.52
24110	Remove humerus lesion	$4,791.18
24115	Remove/graft bone lesion	$4,791.18
24116	Remove/graft bone lesion	$4,791.18
24120	Remove elbow lesion	$2,910.52
24125	Remove/graft bone lesion	$4,791.18
24126	Remove/graft bone lesion	$4,791.18
24130	Removal of head of radius	$4,791.18
24134	Removal of arm bone lesion	$9,938.52
24136	Remove radius bone lesion	$4,791.18
24138	Remove elbow bone lesion	$4,791.18
24140	Partial removal of arm bone	$4,791.18
24145	Partial removal of radius	$4,791.18
24147	Partial removal of elbow	$4,791.18
24149	Radical resection of elbow	$4,791.18
24150	Resect distal humerus tumor	$4,791.18
24152	Resect radius tumor	$4,791.18
24155	Removal of elbow joint	$4,791.18
24160	Remove elbow joint implant	$4,791.18
24164	Remove radius head implant	$4,791.18
24200	Removal of arm foreign body	$961.28
24201	Removal of arm foreign body	$2,828.56
24220	Injection for elbow x-ray	UM
24300	Manipulate elbow w/anesth	$2,192.90
24301	Muscle/tendon transfer	$4,791.18
24305	Arm tendon lengthening	$4,791.18
24310	Revision of arm tendon	$4,791.18
24320	Repair of arm tendon	$4,791.18
24330	Revision of arm muscles	$4,791.18
24331	Revision of arm muscles	$4,791.18
24332	Tenolysis triceps	$2,910.52
24340	Repair of biceps tendon	$9,938.52
24341	Repair arm tendon/muscle	$4,791.18
24342	Repair of ruptured tendon	$4,791.18
24343	Repr elbow lat ligmnt w/tiss	$4,791.18
24344	Reconstruct elbow lat ligmnt	$9,938.52
24345	Repr elbw med ligmnt w/tissu	$4,791.18
24346	Reconstruct elbow med ligmnt	$14,128.14

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
24357	Repair elbow perc	$2,910.52
24358	Repair elbow w/deb open	$4,791.18
24359	Repair elbow deb/attch open	$4,791.18
24360	Reconstruct elbow joint	$9,938.52
24361	Reconstruct elbow joint	$21,075.80
24362	Reconstruct elbow joint	$21,075.80
24363	Replace elbow joint	$21,075.80
24365	Reconstruct head of radius	$14,128.14
24366	Reconstruct head of radius	$21,075.80
24370	Revise reconst elbow joint	$21,075.80
24371	Revise reconst elbow joint	$21,075.80
24400	Revision of humerus	$9,938.52
24410	Revision of humerus	$21,075.80
24420	Revision of humerus	$4,791.18
24430	Repair of humerus	$14,128.14
24435	Repair humerus with graft	$21,075.80
24470	Revision of elbow joint	$4,791.18
24495	Decompression of forearm	$4,791.18
24498	Reinforce humerus	$14,128.14
24500	Treat humerus fracture	$475.00
24505	Treat humerus fracture	$2,192.90
24515	Treat humerus fracture	$14,128.14
24516	Treat humerus fracture	$14,128.14
24530	Treat humerus fracture	$475.00
24535	Treat humerus fracture	$2,192.90
24538	Treat humerus fracture	$4,791.18
24545	Treat humerus fracture	$21,075.80
24546	Treat humerus fracture	$21,075.80
24560	Treat humerus fracture	$344.66
24565	Treat humerus fracture	$2,192.90
24566	Treat humerus fracture	$4,791.18
24575	Treat humerus fracture	$14,128.14
24576	Treat humerus fracture	$475.00
24577	Treat humerus fracture	$2,192.90
24579	Treat humerus fracture	$14,128.14
24582	Treat humerus fracture	$4,791.18
24586	Treat elbow fracture	$14,128.14
24587	Treat elbow fracture	$21,075.80
24600	Treat elbow dislocation	$344.66
24605	Treat elbow dislocation	$2,192.90

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
24615	Treat elbow dislocation	$9,938.52
24620	Treat elbow fracture	$2,192.90
24635	Treat elbow fracture	$14,128.14
24640	Treat elbow dislocation	$475.00
24650	Treat radius fracture	$344.66
24655	Treat radius fracture	$2,192.90
24665	Treat radius fracture	$9,938.52
24666	Treat radius fracture	$14,128.14
24670	Treat ulnar fracture	$344.66
24675	Treat ulnar fracture	$2,192.90
24685	Treat ulnar fracture	$9,938.52
24800	Fusion of elbow joint	$9,938.52
24802	Fusion/graft of elbow joint	$14,128.14
24900	Amputation of upper arm	UM
24920	Amputation of upper arm	UM
24925	Amputation follow-up surgery	$4,791.18
24930	Amputation follow-up surgery	UM
24931	Amputate upper arm & implant	UM
24935	Revision of amputation	$9,938.52
24940	Revision of upper arm	UM
24999	Upper arm/elbow surgery	$344.66
25000	Incision of tendon sheath	$2,910.52
25001	Incise flexor carpi radialis	$2,910.52
25020	Decompress forearm 1 space	$2,910.52
25023	Decompress forearm 1 space	$4,791.18
25024	Decompress forearm 2 spaces	$4,791.18
25025	Decompress forearm 2 spaces	$4,791.18
25028	Drainage of forearm lesion	$2,910.52
25031	Drainage of forearm bursa	$2,910.52
25035	Treat forearm bone lesion	$4,791.18
25040	Explore/treat wrist joint	$4,791.18
25065	Biopsy forearm soft tissues	$1,883.96
25066	Biopsy forearm soft tissues	$2,828.56
25071	Exc forearm les sc 3 cm/>	$2,828.56
25073	Exc forearm tum deep 3 cm/>	$2,828.56
25075	Exc forearm les sc < 3 cm	$2,828.56
25076	Exc forearm tum deep < 3 cm	$2,828.56
25077	Resect forearm/wrist tum<3cm	$1,883.96
25078	Resect forarm/wrist tum 3cm>	$2,828.56
25085	Incision of wrist capsule	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
25100	Biopsy of wrist joint	$4,791.18
25101	Explore/treat wrist joint	$2,910.52
25105	Remove wrist joint lining	$2,910.52
25107	Remove wrist joint cartilage	$4,791.18
25109	Excise tendon forearm/wrist	$2,910.52
25110	Remove wrist tendon lesion	$2,910.52
25111	Remove wrist tendon lesion	$2,910.52
25112	Reremove wrist tendon lesion	$2,910.52
25115	Remove wrist/forearm lesion	$2,910.52
25116	Remove wrist/forearm lesion	$2,910.52
25118	Excise wrist tendon sheath	$2,910.52
25119	Partial removal of ulna	$4,791.18
25120	Removal of forearm lesion	$4,791.18
25125	Remove/graft forearm lesion	$4,791.18
25126	Remove/graft forearm lesion	$4,791.18
25130	Removal of wrist lesion	$4,791.18
25135	Remove & graft wrist lesion	$4,791.18
25136	Remove & graft wrist lesion	$4,791.18
25145	Remove forearm bone lesion	$4,791.18
25150	Partial removal of ulna	$4,791.18
25151	Partial removal of radius	$4,791.18
25170	Resect radius/ulnar tumor	$4,791.18
25210	Removal of wrist bone	$4,791.18
25215	Removal of wrist bones	$4,791.18
25230	Partial removal of radius	$4,791.18
25240	Partial removal of ulna	$4,791.18
25246	Injection for wrist x-ray	UM
25248	Remove forearm foreign body	$2,910.52
25250	Removal of wrist prosthesis	$2,910.52
25251	Removal of wrist prosthesis	$4,791.18
25259	Manipulate wrist w/anesthes	$2,192.90
25260	Repair forearm tendon/muscle	$2,910.52
25263	Repair forearm tendon/muscle	$4,791.18
25265	Repair forearm tendon/muscle	$4,791.18
25270	Repair forearm tendon/muscle	$4,791.18
25272	Repair forearm tendon/muscle	$4,791.18
25274	Repair forearm tendon/muscle	$4,791.18
25275	Repair forearm tendon sheath	$4,791.18
25280	Revise wrist/forearm tendon	$4,791.18
25290	Incise wrist/forearm tendon	$2,910.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
25295	Release wrist/forearm tendon	$2,910.52
25300	Fusion of tendons at wrist	$4,791.18
25301	Fusion of tendons at wrist	$4,791.18
25310	Transplant forearm tendon	$4,791.18
25312	Transplant forearm tendon	$4,791.18
25315	Revise palsy hand tendon(s)	$4,791.18
25316	Revise palsy hand tendon(s)	$9,938.52
25320	Repair/revise wrist joint	$4,791.18
25332	Revise wrist joint	$4,791.18
25335	Realignment of hand	$4,791.18
25337	Reconstruct ulna/radioulnar	$4,791.18
25350	Revision of radius	$14,128.14
25355	Revision of radius	$4,791.18
25360	Revision of ulna	$9,938.52
25365	Revise radius & ulna	$14,128.14
25370	Revise radius or ulna	$4,791.18
25375	Revise radius & ulna	$4,791.18
25390	Shorten radius or ulna	$9,938.52
25391	Lengthen radius or ulna	$14,128.14
25392	Shorten radius & ulna	$4,791.18
25393	Lengthen radius & ulna	$4,791.18
25394	Repair carpal bone shorten	$4,791.18
25400	Repair radius or ulna	$9,938.52
25405	Repair/graft radius or ulna	$14,128.14
25415	Repair radius & ulna	$9,938.52
25420	Repair/graft radius & ulna	$14,128.14
25425	Repair/graft radius or ulna	$4,791.18
25426	Repair/graft radius & ulna	$4,791.18
25430	Vasc graft into carpal bone	$4,791.18
25431	Repair nonunion carpal bone	$9,938.52
25440	Repair/graft wrist bone	$9,938.52
25441	Reconstruct wrist joint	$21,075.80
25442	Reconstruct wrist joint	$21,075.80
25443	Reconstruct wrist joint	$9,938.52
25444	Reconstruct wrist joint	$21,075.80
25445	Reconstruct wrist joint	$9,938.52
25446	Wrist replacement	$21,075.80
25447	Repair wrist joints	$4,791.18
25449	Remove wrist joint implant	$9,938.52
25450	Revision of wrist joint	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
25455	Revision of wrist joint	$4,791.18
25490	Reinforce radius	$4,791.18
25491	Reinforce ulna	$14,128.14
25492	Reinforce radius and ulna	$4,791.18
25500	Treat fracture of radius	$344.66
25505	Treat fracture of radius	$2,192.90
25515	Treat fracture of radius	$9,938.52
25520	Treat fracture of radius	$2,192.90
25525	Treat fracture of radius	$9,938.52
25526	Treat fracture of radius	$14,128.14
25530	Treat fracture of ulna	$344.66
25535	Treat fracture of ulna	$475.00
25545	Treat fracture of ulna	$9,938.52
25560	Treat fracture radius & ulna	$344.66
25565	Treat fracture radius & ulna	$2,192.90
25574	Treat fracture radius & ulna	$9,938.52
25575	Treat fracture radius/ulna	$14,128.14
25600	Treat fracture radius/ulna	$475.00
25605	Treat fracture radius/ulna	$2,192.90
25606	Treat fx distal radial	$4,791.18
25607	Treat fx rad extra-articul	$9,938.52
25608	Treat fx rad intra-articul	$9,938.52
25609	Treat fx radial 3+ frag	$9,938.52
25622	Treat wrist bone fracture	$344.66
25624	Treat wrist bone fracture	$2,192.90
25628	Treat wrist bone fracture	$4,791.18
25630	Treat wrist bone fracture	$344.66
25635	Treat wrist bone fracture	$2,192.90
25645	Treat wrist bone fracture	$4,791.18
25650	Treat wrist bone fracture	$475.00
25651	Pin ulnar styloid fracture	$4,791.18
25652	Treat fracture ulnar styloid	$9,938.52
25660	Treat wrist dislocation	$475.00
25670	Treat wrist dislocation	$2,910.52
25671	Pin radioulnar dislocation	$2,910.52
25675	Treat wrist dislocation	$475.00
25676	Treat wrist dislocation	$9,938.52
25680	Treat wrist fracture	$475.00
25685	Treat wrist fracture	$2,910.52
25690	Treat wrist dislocation	$2,192.90

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
25695	Treat wrist dislocation	$4,791.18
25800	Fusion of wrist joint	$14,128.14
25805	Fusion/graft of wrist joint	$14,128.14
25810	Fusion/graft of wrist joint	$14,128.14
25820	Fusion of hand bones	$9,938.52
25825	Fuse hand bones with graft	$9,938.52
25830	Fusion radioulnar jnt/ulna	$9,938.52
25900	Amputation of forearm	UM
25905	Amputation of forearm	UM
25907	Amputation follow-up surgery	$2,910.52
25909	Amputation follow-up surgery	$4,791.18
25915	Amputation of forearm	UM
25920	Amputate hand at wrist	UM
25922	Amputate hand at wrist	$2,910.52
25924	Amputation follow-up surgery	UM
25927	Amputation of hand	UM
25929	Amputation follow-up surgery	$2,822.42
25931	Amputation follow-up surgery	$2,910.52
25999	Forearm or wrist surgery	$344.66
26010	Drainage of finger abscess	$456.54
26011	Drainage of finger abscess	$1,883.96
26020	Drain hand tendon sheath	$2,910.52
26025	Drainage of palm bursa	$2,910.52
26030	Drainage of palm bursas	$2,910.52
26034	Treat hand bone lesion	$2,910.52
26035	Decompress fingers/hand	$2,910.52
26037	Decompress fingers/hand	$2,910.52
26040	Release palm contracture	$2,910.52
26045	Release palm contracture	$2,910.52
26055	Incise finger tendon sheath	$2,910.52
26060	Incision of finger tendon	$2,910.52
26070	Explore/treat hand joint	$2,910.52
26075	Explore/treat finger joint	$2,910.52
26080	Explore/treat finger joint	$2,910.52
26100	Biopsy hand joint lining	$4,791.18
26105	Biopsy finger joint lining	$2,910.52
26110	Biopsy finger joint lining	$2,910.52
26111	Exc hand les sc 1.5 cm/>	$2,828.56
26113	Exc hand tum deep 1.5 cm/>	$2,828.56
26115	Exc hand les sc < 1.5 cm	$2,828.56

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
26116	Exc hand tum deep < 1.5 cm	$2,828.56
26117	Rad resect hand tumor < 3 cm	$2,828.56
26118	Rad resect hand tumor 3 cm/>	$2,828.56
26121	Release palm contracture	$2,910.52
26123	Release palm contracture	$4,791.18
26125	Release palm contracture	UM
26130	Remove wrist joint lining	$2,910.52
26135	Revise finger joint each	$2,910.52
26140	Revise finger joint each	$2,910.52
26145	Tendon excision palm/finger	$2,910.52
26160	Remove tendon sheath lesion	$2,910.52
26170	Removal of palm tendon each	$2,910.52
26180	Removal of finger tendon	$2,910.52
26185	Remove finger bone	$2,910.52
26200	Remove hand bone lesion	$2,910.52
26205	Remove/graft bone lesion	$4,791.18
26210	Removal of finger lesion	$2,910.52
26215	Remove/graft finger lesion	$4,791.18
26230	Partial removal of hand bone	$2,910.52
26235	Partial removal finger bone	$2,910.52
26236	Partial removal finger bone	$2,910.52
26250	Extensive hand surgery	$2,910.52
26260	Resect prox finger tumor	$4,791.18
26262	Resect distal finger tumor	$2,910.52
26320	Removal of implant from hand	$2,828.56
26340	Manipulate finger w/anesth	$2,192.90
26341	Manipulat palm cord post inj	$475.00
26350	Repair finger/hand tendon	$4,791.18
26352	Repair/graft hand tendon	$4,791.18
26356	Repair finger/hand tendon	$4,791.18
26357	Repair finger/hand tendon	$4,791.18
26358	Repair/graft hand tendon	$4,791.18
26370	Repair finger/hand tendon	$4,791.18
26372	Repair/graft hand tendon	$4,791.18
26373	Repair finger/hand tendon	$4,791.18
26390	Revise hand/finger tendon	$9,938.52
26392	Repair/graft hand tendon	$9,938.52
26410	Repair hand tendon	$2,910.52
26412	Repair/graft hand tendon	$4,791.18
26415	Excision hand/finger tendon	$2,910.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
26416	Graft hand or finger tendon	$4,791.18
26418	Repair finger tendon	$2,910.52
26420	Repair/graft finger tendon	$4,791.18
26426	Repair finger/hand tendon	$4,791.18
26428	Repair/graft finger tendon	$4,791.18
26432	Repair finger tendon	$2,910.52
26433	Repair finger tendon	$2,910.52
26434	Repair/graft finger tendon	$4,791.18
26437	Realignment of tendons	$2,910.52
26440	Release palm/finger tendon	$2,910.52
26442	Release palm & finger tendon	$2,910.52
26445	Release hand/finger tendon	$2,910.52
26449	Release forearm/hand tendon	$2,910.52
26450	Incision of palm tendon	$4,791.18
26455	Incision of finger tendon	$2,910.52
26460	Incise hand/finger tendon	$2,910.52
26471	Fusion of finger tendons	$4,791.18
26474	Fusion of finger tendons	$2,910.52
26476	Tendon lengthening	$2,910.52
26477	Tendon shortening	$4,791.18
26478	Lengthening of hand tendon	$2,910.52
26479	Shortening of hand tendon	$2,910.52
26480	Transplant hand tendon	$2,910.52
26483	Transplant/graft hand tendon	$4,791.18
26485	Transplant palm tendon	$2,910.52
26489	Transplant/graft palm tendon	$4,791.18
26490	Revise thumb tendon	$4,791.18
26492	Tendon transfer with graft	$4,791.18
26494	Hand tendon/muscle transfer	$4,791.18
26496	Revise thumb tendon	$4,791.18
26497	Finger tendon transfer	$4,791.18
26498	Finger tendon transfer	$4,791.18
26499	Revision of finger	$4,791.18
26500	Hand tendon reconstruction	$4,791.18
26502	Hand tendon reconstruction	$4,791.18
26508	Release thumb contracture	$2,910.52
26510	Thumb tendon transfer	$2,910.52
26516	Fusion of knuckle joint	$2,910.52
26517	Fusion of knuckle joints	$4,791.18
26518	Fusion of knuckle joints	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
26520	Release knuckle contracture	$2,910.52
26525	Release finger contracture	$2,910.52
26530	Revise knuckle joint	$4,791.18
26531	Revise knuckle with implant	$9,938.52
26535	Revise finger joint	$4,791.18
26536	Revise/implant finger joint	$9,938.52
26540	Repair hand joint	$4,791.18
26541	Repair hand joint with graft	$4,791.18
26542	Repair hand joint with graft	$4,791.18
26545	Reconstruct finger joint	$4,791.18
26546	Repair nonunion hand	$4,791.18
26548	Reconstruct finger joint	$4,791.18
26550	Construct thumb replacement	$4,791.18
26551	Great toe-hand transfer	UM
26553	Single transfer toe-hand	UM
26554	Double transfer toe-hand	UM
26555	Positional change of finger	$4,791.18
26556	Toe joint transfer	UM
26560	Repair of web finger	$2,910.52
26561	Repair of web finger	$4,791.18
26562	Repair of web finger	$4,791.18
26565	Correct metacarpal flaw	$4,791.18
26567	Correct finger deformity	$4,791.18
26568	Lengthen metacarpal/finger	$4,791.18
26580	Repair hand deformity	$2,910.52
26587	Reconstruct extra finger	$4,791.18
26590	Repair finger deformity	$2,910.52
26591	Repair muscles of hand	$4,791.18
26593	Release muscles of hand	$4,791.18
26596	Excision constricting tissue	$4,791.18
26600	Treat metacarpal fracture	$344.66
26605	Treat metacarpal fracture	$475.00
26607	Treat metacarpal fracture	$2,192.90
26608	Treat metacarpal fracture	$2,910.52
26615	Treat metacarpal fracture	$4,791.18
26641	Treat thumb dislocation	$475.00
26645	Treat thumb fracture	$2,192.90
26650	Treat thumb fracture	$2,910.52
26665	Treat thumb fracture	$4,791.18
26670	Treat hand dislocation	$475.00

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
26675	Treat hand dislocation	$2,192.90
26676	Pin hand dislocation	$2,910.52
26685	Treat hand dislocation	$4,791.18
26686	Treat hand dislocation	$4,791.18
26700	Treat knuckle dislocation	$475.00
26705	Treat knuckle dislocation	$2,192.90
26706	Pin knuckle dislocation	$2,192.90
26715	Treat knuckle dislocation	$4,791.18
26720	Treat finger fracture each	$344.66
26725	Treat finger fracture each	$475.00
26727	Treat finger fracture each	$2,910.52
26735	Treat finger fracture each	$4,791.18
26740	Treat finger fracture each	$475.00
26742	Treat finger fracture each	$2,192.90
26746	Treat finger fracture each	$4,791.18
26750	Treat finger fracture each	$344.66
26755	Treat finger fracture each	$475.00
26756	Pin finger fracture each	$2,910.52
26765	Treat finger fracture each	$2,910.52
26770	Treat finger dislocation	$344.66
26775	Treat finger dislocation	$415.76
26776	Pin finger dislocation	$2,910.52
26785	Treat finger dislocation	$4,791.18
26820	Thumb fusion with graft	$4,791.18
26841	Fusion of thumb	$4,791.18
26842	Thumb fusion with graft	$9,938.52
26843	Fusion of hand joint	$9,938.52
26844	Fusion/graft of hand joint	$9,938.52
26850	Fusion of knuckle	$4,791.18
26852	Fusion of knuckle with graft	$4,791.18
26860	Fusion of finger joint	$4,791.18
26861	Fusion of finger jnt add-on	UM
26862	Fusion/graft of finger joint	$4,791.18
26863	Fuse/graft added joint	UM
26910	Amputate metacarpal bone	$4,791.18
26951	Amputation of finger/thumb	$2,910.52
26952	Amputation of finger/thumb	$2,910.52
26989	Hand/finger surgery	$344.66
26990	Drainage of pelvis lesion	$4,791.18
26991	Drainage of pelvis bursa	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
26992	Drainage of bone lesion	UM
27000	Incision of hip tendon	$2,910.52
27001	Incision of hip tendon	$4,791.18
27003	Incision of hip tendon	$4,791.18
27005	Incision of hip tendon	UM
27006	Incision of hip tendons	$4,791.18
27025	Incision of hip/thigh fascia	UM
27027	Buttock fasciotomy	$4,791.18
27030	Drainage of hip joint	UM
27033	Exploration of hip joint	$4,791.18
27035	Denervation of hip joint	$2,910.52
27036	Excision of hip joint/muscle	UM
27040	Biopsy of soft tissues	$1,883.96
27041	Biopsy of soft tissues	$1,883.96
27043	Exc hip pelvis les sc 3 cm/>	$2,828.56
27045	Exc hip/pelv tum deep 5 cm/>	$2,828.56
27047	Exc hip/pelvis les sc < 3 cm	$2,828.56
27048	Exc hip/pelv tum deep < 5 cm	$2,828.56
27049	Resect hip/pelv tum < 5 cm	$2,828.56
27050	Biopsy of sacroiliac joint	$2,910.52
27052	Biopsy of hip joint	$2,910.52
27054	Removal of hip joint lining	UM
27057	Buttock fasciotomy w/dbrdmt	$2,910.52
27059	Resect hip/pelv tum 5 cm/>	$2,828.56
27060	Removal of ischial bursa	$2,910.52
27062	Remove femur lesion/bursa	$4,791.18
27065	Remove hip bone les super	$4,791.18
27066	Remove hip bone les deep	$4,791.18
27067	Remove/graft hip bone lesion	$4,791.18
27070	Part remove hip bone super	UM
27071	Part removal hip bone deep	UM
27075	Resect hip tumor	UM
27076	Resect hip tum incl acetabul	UM
27077	Resect hip tum w/innom bone	UM
27078	Rsect hip tum incl femur	UM
27080	Removal of tail bone	$4,791.18
27086	Remove hip foreign body	$2,828.56
27087	Remove hip foreign body	$4,791.18
27090	Removal of hip prosthesis	UM
27091	Removal of hip prosthesis	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27093	Injection for hip x-ray	UM
27095	Injection for hip x-ray	UM
27096	Inject sacroiliac joint	UM
27097	Revision of hip tendon	$4,791.18
27098	Transfer tendon to pelvis	$2,910.52
27100	Transfer of abdominal muscle	$9,938.52
27105	Transfer of spinal muscle	$4,791.18
27110	Transfer of iliopsoas muscle	$4,791.18
27111	Transfer of iliopsoas muscle	$4,791.18
27120	Reconstruction of hip socket	UM
27122	Reconstruction of hip socket	UM
27125	Partial hip replacement	UM
27130	Total hip arthroplasty	UM
27132	Total hip arthroplasty	UM
27134	Revise hip joint replacement	UM
27137	Revise hip joint replacement	UM
27138	Revise hip joint replacement	UM
27140	Transplant femur ridge	UM
27146	Incision of hip bone	UM
27147	Revision of hip bone	UM
27151	Incision of hip bones	UM
27156	Revision of hip bones	UM
27158	Revision of pelvis	UM
27161	Incision of neck of femur	UM
27165	Incision/fixation of femur	UM
27170	Repair/graft femur head/neck	UM
27175	Treat slipped epiphysis	UM
27176	Treat slipped epiphysis	UM
27177	Treat slipped epiphysis	UM
27178	Treat slipped epiphysis	UM
27179	Revise head/neck of femur	$14,128.14
27181	Treat slipped epiphysis	UM
27185	Revision of femur epiphysis	UM
27187	Reinforce hip bones	UM
27193	Treat pelvic ring fracture	$475.00
27194	Treat pelvic ring fracture	$475.00
27200	Treat tail bone fracture	$344.66
27202	Treat tail bone fracture	$4,791.18
27215	Treat pelvic fracture(s)	UM
27216	Treat pelvic ring fracture	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27217	Treat pelvic ring fracture	UM
27218	Treat pelvic ring fracture	UM
27220	Treat hip socket fracture	$475.00
27222	Treat hip socket fracture	UM
27226	Treat hip wall fracture	UM
27227	Treat hip fracture(s)	UM
27228	Treat hip fracture(s)	UM
27230	Treat thigh fracture	$344.66
27232	Treat thigh fracture	UM
27235	Treat thigh fracture	$9,938.52
27236	Treat thigh fracture	UM
27238	Treat thigh fracture	$2,192.90
27240	Treat thigh fracture	UM
27244	Treat thigh fracture	UM
27245	Treat thigh fracture	UM
27246	Treat thigh fracture	$475.00
27248	Treat thigh fracture	UM
27250	Treat hip dislocation	$344.66
27252	Treat hip dislocation	$2,192.90
27253	Treat hip dislocation	UM
27254	Treat hip dislocation	UM
27256	Treat hip dislocation	$344.66
27257	Treat hip dislocation	$2,192.90
27258	Treat hip dislocation	UM
27259	Treat hip dislocation	UM
27265	Treat hip dislocation	$475.00
27266	Treat hip dislocation	$2,192.90
27267	Cltx thigh fx	$2,192.90
27268	Cltx thigh fx w/mnpj	UM
27269	Optx thigh fx	UM
27275	Manipulation of hip joint	$2,192.90
27279	Arthrodesis sacroiliac joint	$21,075.80
27280	Fusion of sacroiliac joint	UM
27282	Fusion of pubic bones	UM
27284	Fusion of hip joint	UM
27286	Fusion of hip joint	UM
27290	Amputation of leg at hip	UM
27295	Amputation of leg at hip	UM
27299	Pelvis/hip joint surgery	$344.66
27301	Drain thigh/knee lesion	$2,828.56

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27303	Drainage of bone lesion	UM
27305	Incise thigh tendon & fascia	$4,791.18
27306	Incision of thigh tendon	$2,910.52
27307	Incision of thigh tendons	$4,791.18
27310	Exploration of knee joint	$4,791.18
27323	Biopsy thigh soft tissues	$2,828.56
27324	Biopsy thigh soft tissues	$2,828.56
27325	Neurectomy hamstring	$2,785.12
27326	Neurectomy popliteal	$2,785.12
27327	Exc thigh/knee les sc < 3 cm	$2,828.56
27328	Exc thigh/knee tum deep <5cm	$2,828.56
27329	Resect thigh/knee tum < 5 cm	$2,828.56
27330	Biopsy knee joint lining	$4,791.18
27331	Explore/treat knee joint	$4,791.18
27332	Removal of knee cartilage	$4,791.18
27333	Removal of knee cartilage	$4,791.18
27334	Remove knee joint lining	$4,791.18
27335	Remove knee joint lining	$9,938.52
27337	Exc thigh/knee les sc 3 cm/>	$2,828.56
27339	Exc thigh/knee tum dep 5cm/>	$2,828.56
27340	Removal of kneecap bursa	$4,791.18
27345	Removal of knee cyst	$4,791.18
27347	Remove knee cyst	$4,791.18
27350	Removal of kneecap	$4,791.18
27355	Remove femur lesion	$4,791.18
27356	Remove femur lesion/graft	$21,075.80
27357	Remove femur lesion/graft	$9,938.52
27358	Remove femur lesion/fixation	UM
27360	Partial removal leg bone(s)	$4,791.18
27364	Resect thigh/knee tum 5 cm/>	$2,828.56
27365	Resect femur/knee tumor	UM
27370	Injection for knee x-ray	UM
27372	Removal of foreign body	$2,828.56
27380	Repair of kneecap tendon	$4,791.18
27381	Repair/graft kneecap tendon	$9,938.52
27385	Repair of thigh muscle	$4,791.18
27386	Repair/graft of thigh muscle	$9,938.52
27390	Incision of thigh tendon	$4,791.18
27391	Incision of thigh tendons	$4,791.18
27392	Incision of thigh tendons	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27393	Lengthening of thigh tendon	$4,791.18
27394	Lengthening of thigh tendons	$4,791.18
27395	Lengthening of thigh tendons	$4,791.18
27396	Transplant of thigh tendon	$4,791.18
27397	Transplants of thigh tendons	$4,791.18
27400	Revise thigh muscles/tendons	$4,791.18
27403	Repair of knee cartilage	$2,910.52
27405	Repair of knee ligament	$4,791.18
27407	Repair of knee ligament	$9,938.52
27409	Repair of knee ligaments	$4,791.18
27412	Autochondrocyte implant knee	$9,938.52
27415	Osteochondral knee allograft	$14,128.14
27416	Osteochondral knee autograft	$9,938.52
27418	Repair degenerated kneecap	$9,938.52
27420	Revision of unstable kneecap	$9,938.52
27422	Revision of unstable kneecap	$4,791.18
27424	Revision/removal of kneecap	$4,791.18
27425	Lat retinacular release open	$4,791.18
27427	Reconstruction knee	$9,938.52
27428	Reconstruction knee	$14,128.14
27429	Reconstruction knee	$14,128.14
27430	Revision of thigh muscles	$4,791.18
27435	Incision of knee joint	$4,791.18
27437	Revise kneecap	$14,128.14
27438	Revise kneecap with implant	$21,075.80
27440	Revision of knee joint	$21,075.80
27441	Revision of knee joint	$21,075.80
27442	Revision of knee joint	$21,075.80
27443	Revision of knee joint	$14,128.14
27445	Revision of knee joint	UM
27446	Revision of knee joint	$21,075.80
27447	Total knee arthroplasty	UM
27448	Incision of thigh	UM
27450	Incision of thigh	UM
27454	Realignment of thigh bone	UM
27455	Realignment of knee	UM
27457	Realignment of knee	UM
27465	Shortening of thigh bone	UM
27466	Lengthening of thigh bone	UM
27468	Shorten/lengthen thighs	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27470	Repair of thigh	UM
27472	Repair/graft of thigh	UM
27475	Surgery to stop leg growth	$4,791.18
27477	Surgery to stop leg growth	$4,791.18
27479	Surgery to stop leg growth	$4,791.18
27485	Surgery to stop leg growth	$4,791.18
27486	Revise/replace knee joint	UM
27487	Revise/replace knee joint	UM
27488	Removal of knee prosthesis	UM
27495	Reinforce thigh	UM
27496	Decompression of thigh/knee	$4,791.18
27497	Decompression of thigh/knee	$2,910.52
27498	Decompression of thigh/knee	$2,910.52
27499	Decompression of thigh/knee	$4,791.18
27500	Treatment of thigh fracture	$475.00
27501	Treatment of thigh fracture	$475.00
27502	Treatment of thigh fracture	$2,192.90
27503	Treatment of thigh fracture	$2,192.90
27506	Treatment of thigh fracture	UM
27507	Treatment of thigh fracture	UM
27508	Treatment of thigh fracture	$475.00
27509	Treatment of thigh fracture	$9,938.52
27510	Treatment of thigh fracture	$2,192.90
27511	Treatment of thigh fracture	UM
27513	Treatment of thigh fracture	UM
27514	Treatment of thigh fracture	UM
27516	Treat thigh fx growth plate	$344.66
27517	Treat thigh fx growth plate	$2,192.90
27519	Treat thigh fx growth plate	UM
27520	Treat kneecap fracture	$344.66
27524	Treat kneecap fracture	$4,791.18
27530	Treat knee fracture	$344.66
27532	Treat knee fracture	$2,192.90
27535	Treat knee fracture	UM
27536	Treat knee fracture	UM
27538	Treat knee fracture(s)	$475.00
27540	Treat knee fracture	UM
27550	Treat knee dislocation	$475.00
27552	Treat knee dislocation	$2,192.90
27556	Treat knee dislocation	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27557	Treat knee dislocation	UM
27558	Treat knee dislocation	UM
27560	Treat kneecap dislocation	$344.66
27562	Treat kneecap dislocation	$475.00
27566	Treat kneecap dislocation	$4,791.18
27570	Fixation of knee joint	$2,192.90
27580	Fusion of knee	UM
27590	Amputate leg at thigh	UM
27591	Amputate leg at thigh	UM
27592	Amputate leg at thigh	UM
27594	Amputation follow-up surgery	$4,791.18
27596	Amputation follow-up surgery	UM
27598	Amputate lower leg at knee	UM
27599	Leg surgery procedure	$344.66
27600	Decompression of lower leg	$4,791.18
27601	Decompression of lower leg	$4,791.18
27602	Decompression of lower leg	$2,910.52
27603	Drain lower leg lesion	$2,828.56
27604	Drain lower leg bursa	$4,791.18
27605	Incision of achilles tendon	$2,910.52
27606	Incision of achilles tendon	$4,791.18
27607	Treat lower leg bone lesion	$4,791.18
27610	Explore/treat ankle joint	$4,791.18
27612	Exploration of ankle joint	$4,791.18
27613	Biopsy lower leg soft tissue	$1,883.96
27614	Biopsy lower leg soft tissue	$2,828.56
27615	Resect leg/ankle tum < 5 cm	$2,828.56
27616	Resect leg/ankle tum 5 cm/>	$2,828.56
27618	Exc leg/ankle tum < 3 cm	$2,828.56
27619	Exc leg/ankle tum deep <5 cm	$2,828.56
27620	Explore/treat ankle joint	$4,791.18
27625	Remove ankle joint lining	$4,791.18
27626	Remove ankle joint lining	$4,791.18
27630	Removal of tendon lesion	$2,910.52
27632	Exc leg/ankle les sc 3 cm/>	$2,828.56
27634	Exc leg/ankle tum dep 5 cm/>	$2,828.56
27635	Remove lower leg bone lesion	$4,791.18
27637	Remove/graft leg bone lesion	$9,938.52
27638	Remove/graft leg bone lesion	$9,938.52
27640	Partial removal of tibia	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27641	Partial removal of fibula	$4,791.18
27645	Resect tibia tumor	UM
27646	Resect fibula tumor	UM
27647	Resect talus/calcaneus tum	$2,910.52
27648	Injection for ankle x-ray	UM
27650	Repair achilles tendon	$4,791.18
27652	Repair/graft achilles tendon	$9,938.52
27654	Repair of achilles tendon	$9,938.52
27656	Repair leg fascia defect	$4,791.18
27658	Repair of leg tendon each	$4,791.18
27659	Repair of leg tendon each	$4,791.18
27664	Repair of leg tendon each	$4,791.18
27665	Repair of leg tendon each	$9,938.52
27675	Repair lower leg tendons	$4,791.18
27676	Repair lower leg tendons	$4,791.18
27680	Release of lower leg tendon	$4,791.18
27681	Release of lower leg tendons	$4,791.18
27685	Revision of lower leg tendon	$4,791.18
27686	Revise lower leg tendons	$4,791.18
27687	Revision of calf tendon	$4,791.18
27690	Revise lower leg tendon	$4,791.18
27691	Revise lower leg tendon	$4,791.18
27692	Revise additional leg tendon	UM
27695	Repair of ankle ligament	$4,791.18
27696	Repair of ankle ligaments	$4,791.18
27698	Repair of ankle ligament	$4,791.18
27700	Revision of ankle joint	$9,938.52
27702	Reconstruct ankle joint	UM
27703	Reconstruction ankle joint	UM
27704	Removal of ankle implant	$4,791.18
27705	Incision of tibia	$4,791.18
27707	Incision of fibula	$4,791.18
27709	Incision of tibia & fibula	$14,128.14
27712	Realignment of lower leg	UM
27715	Revision of lower leg	UM
27720	Repair of tibia	$9,938.52
27722	Repair/graft of tibia	$14,128.14
27724	Repair/graft of tibia	UM
27725	Repair of lower leg	UM
27726	Repair fibula nonunion	$9,938.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27727	Repair of lower leg	UM
27730	Repair of tibia epiphysis	$4,791.18
27732	Repair of fibula epiphysis	$4,791.18
27734	Repair lower leg epiphyses	$4,791.18
27740	Repair of leg epiphyses	$4,791.18
27742	Repair of leg epiphyses	$4,791.18
27745	Reinforce tibia	$14,128.14
27750	Treatment of tibia fracture	$475.00
27752	Treatment of tibia fracture	$2,192.90
27756	Treatment of tibia fracture	$9,938.52
27758	Treatment of tibia fracture	$14,128.14
27759	Treatment of tibia fracture	$14,128.14
27760	Cltx medial ankle fx	$344.66
27762	Cltx med ankle fx w/mnpj	$2,192.90
27766	Optx medial ankle fx	$4,791.18
27767	Cltx post ankle fx	$475.00
27768	Cltx post ankle fx w/mnpj	$2,192.90
27769	Optx post ankle fx	$9,938.52
27780	Treatment of fibula fracture	$344.66
27781	Treatment of fibula fracture	$2,192.90
27784	Treatment of fibula fracture	$9,938.52
27786	Treatment of ankle fracture	$475.00
27788	Treatment of ankle fracture	$475.00
27792	Treatment of ankle fracture	$9,938.52
27808	Treatment of ankle fracture	$344.66
27810	Treatment of ankle fracture	$2,192.90
27814	Treatment of ankle fracture	$9,938.52
27816	Treatment of ankle fracture	$475.00
27818	Treatment of ankle fracture	$2,192.90
27822	Treatment of ankle fracture	$9,938.52
27823	Treatment of ankle fracture	$14,128.14
27824	Treat lower leg fracture	$475.00
27825	Treat lower leg fracture	$2,192.90
27826	Treat lower leg fracture	$9,938.52
27827	Treat lower leg fracture	$14,128.14
27828	Treat lower leg fracture	$14,128.14
27829	Treat lower leg joint	$4,791.18
27830	Treat lower leg dislocation	$344.66
27831	Treat lower leg dislocation	$2,192.90
27832	Treat lower leg dislocation	$9,938.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
27840	Treat ankle dislocation	$344.66
27842	Treat ankle dislocation	$2,192.90
27846	Treat ankle dislocation	$4,791.18
27848	Treat ankle dislocation	$4,791.18
27860	Fixation of ankle joint	$2,192.90
27870	Fusion of ankle joint open	$21,075.80
27871	Fusion of tibiofibular joint	$14,128.14
27880	Amputation of lower leg	UM
27881	Amputation of lower leg	UM
27882	Amputation of lower leg	UM
27884	Amputation follow-up surgery	$4,791.18
27886	Amputation follow-up surgery	UM
27888	Amputation of foot at ankle	UM
27889	Amputation of foot at ankle	$4,791.18
27892	Decompression of leg	$4,791.18
27893	Decompression of leg	$4,791.18
27894	Decompression of leg	$2,910.52
27899	Leg/ankle surgery procedure	$344.66
28001	Drainage of bursa of foot	$1,883.96
28002	Treatment of foot infection	$2,910.52
28003	Treatment of foot infection	$2,910.52
28005	Treat foot bone lesion	$4,791.18
28008	Incision of foot fascia	$2,910.52
28010	Incision of toe tendon	$2,910.52
28011	Incision of toe tendons	$2,910.52
28020	Exploration of foot joint	$4,791.18
28022	Exploration of foot joint	$4,791.18
28024	Exploration of toe joint	$2,910.52
28035	Decompression of tibia nerve	$2,785.12
28039	Exc foot/toe tum sc 1.5 cm/>	$2,828.56
28041	Exc foot/toe tum dep 1.5cm/>	$2,828.56
28043	Exc foot/toe tum sc < 1.5 cm	$2,828.56
28045	Exc foot/toe tum deep <1.5cm	$2,828.56
28046	Resect foot/toe tumor < 3 cm	$2,828.56
28047	Resect foot/toe tumor 3 cm/>	$2,828.56
28050	Biopsy of foot joint lining	$2,910.52
28052	Biopsy of foot joint lining	$2,910.52
28054	Biopsy of toe joint lining	$2,910.52
28055	Neurectomy foot	$2,785.12
28060	Partial removal foot fascia	$2,910.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
28062	Removal of foot fascia	$4,791.18
28070	Removal of foot joint lining	$2,910.52
28072	Removal of foot joint lining	$2,910.52
28080	Removal of foot lesion	$2,910.52
28086	Excise foot tendon sheath	$4,791.18
28088	Excise foot tendon sheath	$2,910.52
28090	Removal of foot lesion	$2,910.52
28092	Removal of toe lesions	$2,910.52
28100	Removal of ankle/heel lesion	$4,791.18
28102	Remove/graft foot lesion	$9,938.52
28103	Remove/graft foot lesion	$9,938.52
28104	Removal of foot lesion	$2,910.52
28106	Remove/graft foot lesion	$4,791.18
28107	Remove/graft foot lesion	$9,938.52
28108	Removal of toe lesions	$2,910.52
28110	Part removal of metatarsal	$2,910.52
28111	Part removal of metatarsal	$2,910.52
28112	Part removal of metatarsal	$2,910.52
28113	Part removal of metatarsal	$2,910.52
28114	Removal of metatarsal heads	$4,791.18
28116	Revision of foot	$2,910.52
28118	Removal of heel bone	$4,791.18
28119	Removal of heel spur	$4,791.18
28120	Part removal of ankle/heel	$4,791.18
28122	Partial removal of foot bone	$2,910.52
28124	Partial removal of toe	$2,910.52
28126	Partial removal of toe	$2,910.52
28130	Removal of ankle bone	$4,791.18
28140	Removal of metatarsal	$2,910.52
28150	Removal of toe	$2,910.52
28153	Partial removal of toe	$2,910.52
28160	Partial removal of toe	$2,910.52
28171	Resect tarsal tumor	$2,910.52
28173	Resect metatarsal tumor	$2,910.52
28175	Resect phalanx of toe tumor	$2,910.52
28190	Removal of foot foreign body	$1,883.96
28192	Removal of foot foreign body	$2,828.56
28193	Removal of foot foreign body	$2,828.56
28200	Repair of foot tendon	$4,791.18
28202	Repair/graft of foot tendon	$9,938.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
28208	Repair of foot tendon	$4,791.18
28210	Repair/graft of foot tendon	$9,938.52
28220	Release of foot tendon	$2,910.52
28222	Release of foot tendons	$2,910.52
28225	Release of foot tendon	$2,910.52
28226	Release of foot tendons	$2,910.52
28230	Incision of foot tendon(s)	$2,910.52
28232	Incision of toe tendon	$2,910.52
28234	Incision of foot tendon	$2,910.52
28238	Revision of foot tendon	$4,791.18
28240	Release of big toe	$2,910.52
28250	Revision of foot fascia	$4,791.18
28260	Release of midfoot joint	$2,910.52
28261	Revision of foot tendon	$4,791.18
28262	Revision of foot and ankle	$9,938.52
28264	Release of midfoot joint	$2,910.52
28270	Release of foot contracture	$2,910.52
28272	Release of toe joint each	$2,910.52
28280	Fusion of toes	$2,910.52
28285	Repair of hammertoe	$2,910.52
28286	Repair of hammertoe	$2,910.52
28288	Partial removal of foot bone	$2,910.52
28289	Repair hallux rigidus	$4,791.18
28290	Correction of bunion	$4,791.18
28292	Correction of bunion	$4,791.18
28293	Correction of bunion	$9,938.52
28294	Correction of bunion	$4,791.18
28296	Correction of bunion	$4,791.18
28297	Correction of bunion	$14,128.14
28298	Correction of bunion	$4,791.18
28299	Correction of bunion	$4,791.18
28300	Incision of heel bone	$9,938.52
28302	Incision of ankle bone	$4,791.18
28304	Incision of midfoot bones	$9,938.52
28305	Incise/graft midfoot bones	$9,938.52
28306	Incision of metatarsal	$4,791.18
28307	Incision of metatarsal	$4,791.18
28308	Incision of metatarsal	$4,791.18
28309	Incision of metatarsals	$9,938.52
28310	Revision of big toe	$4,791.18

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
28312	Revision of toe	$4,791.18
28313	Repair deformity of toe	$2,910.52
28315	Removal of sesamoid bone	$2,910.52
28320	Repair of foot bones	$14,128.14
28322	Repair of metatarsals	$9,938.52
28340	Resect enlarged toe tissue	$2,910.52
28341	Resect enlarged toe	$2,910.52
28344	Repair extra toe(s)	$4,791.18
28345	Repair webbed toe(s)	$2,910.52
28360	Reconstruct cleft foot	$9,938.52
28400	Treatment of heel fracture	$475.00
28405	Treatment of heel fracture	$475.00
28406	Treatment of heel fracture	$4,791.18
28415	Treat heel fracture	$14,128.14
28420	Treat/graft heel fracture	$21,075.80
28430	Treatment of ankle fracture	$344.66
28435	Treatment of ankle fracture	$2,192.90
28436	Treatment of ankle fracture	$4,791.18
28445	Treat ankle fracture	$9,938.52
28446	Osteochondral talus autogrft	$9,938.52
28450	Treat midfoot fracture each	$475.00
28455	Treat midfoot fracture each	$2,192.90
28456	Treat midfoot fracture	$14,128.14
28465	Treat midfoot fracture each	$9,938.52
28470	Treat metatarsal fracture	$344.66
28475	Treat metatarsal fracture	$344.66
28476	Treat metatarsal fracture	$4,791.18
28485	Treat metatarsal fracture	$4,791.18
28490	Treat big toe fracture	$344.66
28495	Treat big toe fracture	$344.66
28496	Treat big toe fracture	$4,791.18
28505	Treat big toe fracture	$4,791.18
28510	Treatment of toe fracture	$344.66
28515	Treatment of toe fracture	$475.00
28525	Treat toe fracture	$4,791.18
28530	Treat sesamoid bone fracture	$344.66
28531	Treat sesamoid bone fracture	$4,791.18
28540	Treat foot dislocation	$344.66
28545	Treat foot dislocation	$4,791.18
28546	Treat foot dislocation	$2,910.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
28555	Repair foot dislocation	$14,128.14
28570	Treat foot dislocation	$344.66
28575	Treat foot dislocation	$2,192.90
28576	Treat foot dislocation	$2,910.52
28585	Repair foot dislocation	$4,791.18
28600	Treat foot dislocation	$475.00
28605	Treat foot dislocation	$344.66
28606	Treat foot dislocation	$4,791.18
28615	Repair foot dislocation	$9,938.52
28630	Treat toe dislocation	$344.66
28635	Treat toe dislocation	$2,192.90
28636	Treat toe dislocation	$4,791.18
28645	Repair toe dislocation	$4,791.18
28660	Treat toe dislocation	$344.66
28665	Treat toe dislocation	$415.76
28666	Treat toe dislocation	$4,791.18
28675	Repair of toe dislocation	$2,910.52
28705	Fusion of foot bones	$21,075.80
28715	Fusion of foot bones	$21,075.80
28725	Fusion of foot bones	$14,128.14
28730	Fusion of foot bones	$14,128.14
28735	Fusion of foot bones	$21,075.80
28737	Revision of foot bones	$14,128.14
28740	Fusion of foot bones	$14,128.14
28750	Fusion of big toe joint	$9,938.52
28755	Fusion of big toe joint	$4,791.18
28760	Fusion of big toe joint	$9,938.52
28800	Amputation of midfoot	UM
28805	Amputation thru metatarsal	$4,791.18
28810	Amputation toe & metatarsal	$2,910.52
28820	Amputation of toe	$2,910.52
28825	Partial amputation of toe	$2,910.52
28890	Hi enrgy eswt plantar fascia	$2,910.52
28899	Foot/toes surgery procedure	$344.66
29000	Application of body cast	$415.76
29010	Application of body cast	$415.76
29015	Application of body cast	$415.76
29035	Application of body cast	$415.76
29040	Application of body cast	$415.76
29044	Application of body cast	$238.48

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
29046	Application of body cast	$415.76
29049	Application of figure eight	$415.76
29055	Application of shoulder cast	$415.76
29058	Application of shoulder cast	$415.76
29065	Application of long arm cast	$415.76
29075	Application of forearm cast	$415.76
29085	Apply hand/wrist cast	$415.76
29086	Apply finger cast	$238.48
29105	Apply long arm splint	$238.48
29125	Apply forearm splint	$182.36
29126	Apply forearm splint	$182.36
29130	Application of finger splint	$111.88
29131	Application of finger splint	$111.88
29200	Strapping of chest	$238.48
29240	Strapping of shoulder	$111.88
29260	Strapping of elbow or wrist	$61.02
29280	Strapping of hand or finger	$61.02
29305	Application of hip cast	$415.76
29325	Application of hip casts	$415.76
29345	Application of long leg cast	$415.76
29355	Application of long leg cast	$415.76
29358	Apply long leg cast brace	$415.76
29365	Application of long leg cast	$415.76
29405	Apply short leg cast	$415.76
29425	Apply short leg cast	$415.76
29435	Apply short leg cast	$415.76
29440	Addition of walker to cast	$238.48
29445	Apply rigid leg cast	$415.76
29450	Application of leg cast	$238.48
29505	Application long leg splint	$238.48
29515	Application lower leg splint	$238.48
29520	Strapping of hip	$111.88
29530	Strapping of knee	$111.88
29540	Strapping of ankle and/or ft	$238.48
29550	Strapping of toes	$111.88
29580	Application of paste boot	$238.48
29581	Apply multlay comprs lwr leg	$238.48
29582	Apply multlay comprs upr leg	$415.76
29583	Apply multlay comprs upr arm	$238.48
29584	Appl multlay comprs arm/hand	$238.48

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
29700	Removal/revision of cast	$415.76
29705	Removal/revision of cast	$415.76
29710	Removal/revision of cast	$415.76
29720	Repair of body cast	$238.48
29730	Windowing of cast	$238.48
29740	Wedging of cast	$415.76
29750	Wedging of clubfoot cast	$415.76
29799	Casting/strapping procedure	$238.48
29800	Jaw arthroscopy/surgery	$4,791.18
29804	Jaw arthroscopy/surgery	$4,791.18
29805	Shoulder arthroscopy dx	$4,791.18
29806	Shoulder arthroscopy/surgery	$9,938.52
29807	Shoulder arthroscopy/surgery	$9,938.52
29819	Shoulder arthroscopy/surgery	$4,791.18
29820	Shoulder arthroscopy/surgery	$4,791.18
29821	Shoulder arthroscopy/surgery	$4,791.18
29822	Shoulder arthroscopy/surgery	$4,791.18
29823	Shoulder arthroscopy/surgery	$4,791.18
29824	Shoulder arthroscopy/surgery	$4,791.18
29825	Shoulder arthroscopy/surgery	$4,791.18
29826	Shoulder arthroscopy/surgery	UM
29827	Arthroscop rotator cuff repr	$9,938.52
29828	Arthroscopy biceps tenodesis	$9,938.52
29830	Elbow arthroscopy	$2,910.52
29834	Elbow arthroscopy/surgery	$4,791.18
29835	Elbow arthroscopy/surgery	$4,791.18
29836	Elbow arthroscopy/surgery	$4,791.18
29837	Elbow arthroscopy/surgery	$4,791.18
29838	Elbow arthroscopy/surgery	$4,791.18
29840	Wrist arthroscopy	$4,791.18
29843	Wrist arthroscopy/surgery	$4,791.18
29844	Wrist arthroscopy/surgery	$4,791.18
29845	Wrist arthroscopy/surgery	$4,791.18
29846	Wrist arthroscopy/surgery	$4,791.18
29847	Wrist arthroscopy/surgery	$4,791.18
29848	Wrist endoscopy/surgery	$2,910.52
29850	Knee arthroscopy/surgery	$2,910.52
29851	Knee arthroscopy/surgery	$2,910.52
29855	Tibial arthroscopy/surgery	$14,128.14
29856	Tibial arthroscopy/surgery	$14,128.14

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
29860	Hip arthroscopy dx	$4,791.18
29861	Hip arthro w/fb removal	$4,791.18
29862	Hip arthr0 w/debridement	$9,938.52
29863	Hip arthr0 w/synovectomy	$4,791.18
29866	Autgrft implnt knee w/scope	$9,938.52
29867	Allgrft implnt knee w/scope	$14,128.14
29868	Meniscal trnspl knee w/scpe	$9,938.52
29870	Knee arthroscopy dx	$4,791.18
29871	Knee arthroscopy/drainage	$4,791.18
29873	Knee arthroscopy/surgery	$4,791.18
29874	Knee arthroscopy/surgery	$4,791.18
29875	Knee arthroscopy/surgery	$4,791.18
29876	Knee arthroscopy/surgery	$4,791.18
29877	Knee arthroscopy/surgery	$4,791.18
29879	Knee arthroscopy/surgery	$4,791.18
29880	Knee arthroscopy/surgery	$4,791.18
29881	Knee arthroscopy/surgery	$4,791.18
29882	Knee arthroscopy/surgery	$4,791.18
29883	Knee arthroscopy/surgery	$4,791.18
29884	Knee arthroscopy/surgery	$4,791.18
29885	Knee arthroscopy/surgery	$9,938.52
29886	Knee arthroscopy/surgery	$4,791.18
29887	Knee arthroscopy/surgery	$4,791.18
29888	Knee arthroscopy/surgery	$14,128.14
29889	Knee arthroscopy/surgery	$21,075.80
29891	Ankle arthroscopy/surgery	$4,791.18
29892	Ankle arthroscopy/surgery	$4,791.18
29893	Scope plantar fasciotomy	$2,910.52
29894	Ankle arthroscopy/surgery	$4,791.18
29895	Ankle arthroscopy/surgery	$4,791.18
29897	Ankle arthroscopy/surgery	$4,791.18
29898	Ankle arthroscopy/surgery	$4,791.18
29899	Ankle arthroscopy/surgery	$14,128.14
29900	Mcp joint arthroscopy dx	$4,791.18
29901	Mcp joint arthroscopy surg	$4,791.18
29902	Mcp joint arthroscopy surg	$2,910.52
29904	Subtalar arthro w/fb rmvl	$4,791.18
29905	Subtalar arthro w/exc	$4,791.18
29906	Subtalar arthro w/deb	$2,910.52
29907	Subtalar arthro w/fusion	$14,128.14

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
29914	Hip arthro w/femoroplasty	$9,938.52
29915	Hip arthro acetabuloplasty	$14,128.14
29916	Hip arthro w/labral repair	$14,128.14
29999	Arthroscopy of joint	$2,910.52
30000	Drainage of nose lesion	$258.58
30020	Drainage of nose lesion	$625.86
30100	Intranasal biopsy	$1,379.26
30110	Removal of nose polyp(s)	$1,379.26
30115	Removal of nose polyp(s)	$3,233.80
30117	Removal of intranasal lesion	$3,233.80
30118	Removal of intranasal lesion	$3,233.80
30120	Revision of nose	$3,233.80
30124	Removal of nose lesion	$3,233.80
30125	Removal of nose lesion	$7,911.96
30130	Excise inferior turbinate	$3,233.80
30140	Resect inferior turbinate	$3,233.80
30150	Partial removal of nose	$7,911.96
30160	Removal of nose	$7,911.96
30200	Injection treatment of nose	$1,379.26
30210	Nasal sinus therapy	$1,379.26
30220	Insert nasal septal button	$1,379.26
30300	Remove nasal foreign body	$182.36
30310	Remove nasal foreign body	$3,233.80
30320	Remove nasal foreign body	$1,379.26
30400	Reconstruction of nose	$3,233.80
30410	Reconstruction of nose	$7,911.96
30420	Reconstruction of nose	$7,911.96
30430	Revision of nose	$3,233.80
30435	Revision of nose	$7,911.96
30450	Revision of nose	$7,911.96
30460	Revision of nose	$7,911.96
30462	Revision of nose	$7,911.96
30465	Repair nasal stenosis	$7,911.96
30520	Repair of nasal septum	$3,233.80
30540	Repair nasal defect	$7,911.96
30545	Repair nasal defect	$7,911.96
30560	Release of nasal adhesions	$625.86
30580	Repair upper jaw fistula	$7,911.96
30600	Repair mouth/nose fistula	$7,911.96
30620	Intranasal reconstruction	$7,911.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
30630	Repair nasal septum defect	$3,233.80
30801	Ablate inf turbinate superf	$1,379.26
30802	Ablate inf turbinate submuc	$3,233.80
30901	Control of nosebleed	$182.36
30903	Control of nosebleed	$258.58
30905	Control of nosebleed	$258.58
30906	Repeat control of nosebleed	$258.58
30915	Ligation nasal sinus artery	$4,494.66
30920	Ligation upper jaw artery	$4,494.66
30930	Ther fx nasal inf turbinate	$3,233.80
30999	Nasal surgery procedure	$258.58
31000	Irrigation maxillary sinus	$625.86
31002	Irrigation sphenoid sinus	$1,379.26
31020	Exploration maxillary sinus	$3,233.80
31030	Exploration maxillary sinus	$7,911.96
31032	Explore sinus remove polyps	$7,911.96
31040	Exploration behind upper jaw	$3,233.80
31050	Exploration sphenoid sinus	$7,911.96
31051	Sphenoid sinus surgery	$7,911.96
31070	Exploration of frontal sinus	$7,911.96
31075	Exploration of frontal sinus	$7,911.96
31080	Removal of frontal sinus	$7,911.96
31081	Removal of frontal sinus	$7,911.96
31084	Removal of frontal sinus	$7,911.96
31085	Removal of frontal sinus	$7,911.96
31086	Removal of frontal sinus	$7,911.96
31087	Removal of frontal sinus	$7,911.96
31090	Exploration of sinuses	$7,911.96
31200	Removal of ethmoid sinus	$7,911.96
31201	Removal of ethmoid sinus	$3,233.80
31205	Removal of ethmoid sinus	$3,233.80
31225	Removal of upper jaw	UM
31230	Removal of upper jaw	UM
31231	Nasal endoscopy dx	$282.62
31233	Nasal/sinus endoscopy dx	$750.26
31235	Nasal/sinus endoscopy dx	$2,075.00
31237	Nasal/sinus endoscopy surg	$2,075.00
31238	Nasal/sinus endoscopy surg	$2,075.00
31239	Nasal/sinus endoscopy surg	$3,983.84
31240	Nasal/sinus endoscopy surg	$2,075.00

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
31254	Revision of ethmoid sinus	$6,132.96
31255	Removal of ethmoid sinus	$6,132.96
31256	Exploration maxillary sinus	$3,983.84
31267	Endoscopy maxillary sinus	$6,132.96
31276	Sinus endoscopy surgical	$6,132.96
31287	Nasal/sinus endoscopy surg	$6,132.96
31288	Nasal/sinus endoscopy surg	$6,132.96
31290	Nasal/sinus endoscopy surg	UM
31291	Nasal/sinus endoscopy surg	UM
31292	Nasal/sinus endoscopy surg	$6,132.96
31293	Nasal/sinus endoscopy surg	$6,132.96
31294	Nasal/sinus endoscopy surg	$6,132.96
31295	Sinus endo w/balloon dil	$6,132.96
31296	Sinus endo w/balloon dil	$6,132.96
31297	Sinus endo w/balloon dil	$6,132.96
31299	Sinus surgery procedure	$258.58
31300	Removal of larynx lesion	$3,233.80
31320	Diagnostic incision larynx	$7,911.96
31360	Removal of larynx	UM
31365	Removal of larynx	UM
31367	Partial removal of larynx	UM
31368	Partial removal of larynx	UM
31370	Partial removal of larynx	UM
31375	Partial removal of larynx	UM
31380	Partial removal of larynx	UM
31382	Partial removal of larynx	UM
31390	Removal of larynx & pharynx	UM
31395	Reconstruct larynx & pharynx	UM
31400	Revision of larynx	$7,911.96
31420	Removal of epiglottis	$7,911.96
31500	Insert emergency airway	$258.58
31502	Change of windpipe airway	$258.58
31505	Diagnostic laryngoscopy	$282.62
31510	Laryngoscopy with biopsy	$3,983.84
31511	Remove foreign body larynx	$282.62
31512	Removal of larynx lesion	$3,983.84
31513	Injection into vocal cord	$2,075.00
31515	Laryngoscopy for aspiration	$750.26
31520	Dx laryngoscopy newborn	$750.26
31525	Dx laryngoscopy excl nb	$2,075.00

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
31526	Dx laryngoscopy w/oper scope	$2,075.00
31527	Laryngoscopy for treatment	$3,983.84
31528	Laryngoscopy and dilation	$3,983.84
31529	Laryngoscopy and dilation	$3,983.84
31530	Laryngoscopy w/fb removal	$2,075.00
31531	Laryngoscopy w/fb & op scope	$3,983.84
31535	Laryngoscopy w/biopsy	$3,983.84
31536	Laryngoscopy w/bx & op scope	$3,983.84
31540	Laryngoscopy w/exc of tumor	$3,983.84
31541	Larynscop w/tumr exc + scope	$3,983.84
31545	Remove vc lesion w/scope	$3,983.84
31546	Remove vc lesion scope/graft	$6,132.96
31560	Laryngoscop w/arytenoidectom	$6,132.96
31561	Larynscop remve cart + scop	$3,983.84
31570	Laryngoscope w/vc inj	$3,983.84
31571	Laryngoscop w/vc inj + scope	$3,983.84
31575	Diagnostic laryngoscopy	$282.62
31576	Laryngoscopy with biopsy	$2,075.00
31577	Remove foreign body larynx	$750.26
31578	Removal of larynx lesion	$3,983.84
31579	Diagnostic laryngoscopy	$750.26
31580	Revision of larynx	$7,911.96
31582	Revision of larynx	$7,911.96
31584	Treat larynx fracture	UM
31587	Revision of larynx	UM
31588	Revision of larynx	$7,911.96
31590	Reinnervate larynx	$7,911.96
31595	Larynx nerve surgery	$7,911.96
31599	Larynx surgery procedure	$258.58
31600	Incision of windpipe	$3,233.80
31601	Incision of windpipe	$3,233.80
31603	Incision of windpipe	$1,379.26
31605	Incision of windpipe	$1,379.26
31610	Incision of windpipe	$7,911.96
31611	Surgery/speech prosthesis	$3,233.80
31612	Puncture/clear windpipe	$7,911.96
31613	Repair windpipe opening	$3,233.80
31614	Repair windpipe opening	$7,911.96
31615	Visualization of windpipe	$1,379.26
31620	Endobronchial us add-on	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
31622	Dx bronchoscope/wash	$2,075.00
31623	Dx bronchoscope/brush	$2,075.00
31624	Dx bronchoscope/lavage	$2,075.00
31625	Bronchoscopy w/biopsy(s)	$2,075.00
31626	Bronchoscopy w/markers	$6,132.96
31627	Navigational bronchoscopy	UM
31628	Bronchoscopy/lung bx each	$3,983.84
31629	Bronchoscopy/needle bx each	$3,983.84
31630	Bronchoscopy dilate/fx repr	$3,983.84
31631	Bronchoscopy dilate w/stent	$6,132.96
31632	Bronchoscopy/lung bx addl	UM
31633	Bronchoscopy/needle bx addl	UM
31634	Bronch w/balloon occlusion	$6,132.96
31635	Bronchoscopy w/fb removal	$2,075.00
31636	Bronchoscopy bronch stents	$6,132.96
31637	Bronchoscopy stent add-on	UM
31638	Bronchoscopy revise stent	$6,132.96
31640	Bronchoscopy w/tumor excise	$3,983.84
31641	Bronchoscopy treat blockage	$3,983.84
31643	Diag bronchoscope/catheter	$2,075.00
31645	Bronchoscopy clear airways	$2,075.00
31646	Bronchoscopy reclear airway	$750.26
31647	Bronchial valve init insert	$6,132.96
31648	Bronchial valve remov init	$3,983.84
31649	Bronchial valve remov addl	$2,075.00
31651	Bronchial valve addl insert	UM
31652	Bronch ebus samplng 1/2 node	$3,983.84
31653	Bronch ebus samplng 3/> node	$3,983.84
31654	Bronch ebus ivntj perph les	UM
31660	Bronch thermoplsty 1 lobe	$6,132.96
31661	Bronch thermoplsty 2/> lobes	$6,132.96
31717	Bronchial brush biopsy	$750.26
31720	Clearance of airways	$298.92
31725	Clearance of airways	UM
31730	Intro windpipe wire/tube	$2,075.00
31750	Repair of windpipe	$7,911.96
31755	Repair of windpipe	$7,911.96
31760	Repair of windpipe	UM
31766	Reconstruction of windpipe	UM
31770	Repair/graft of bronchus	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
31775	Reconstruct bronchus	UM
31780	Reconstruct windpipe	UM
31781	Reconstruct windpipe	UM
31785	Remove windpipe lesion	$3,233.80
31786	Remove windpipe lesion	UM
31800	Repair of windpipe injury	UM
31805	Repair of windpipe injury	UM
31820	Closure of windpipe lesion	$3,233.80
31825	Repair of windpipe defect	$3,233.80
31830	Revise windpipe scar	$3,233.80
31899	Airways surgical procedure	$282.62
32035	Thoracostomy w/rib resection	UM
32036	Thoracostomy w/flap drainage	UM
32096	Open wedge/bx lung infiltr	UM
32097	Open wedge/bx lung nodule	UM
32098	Open biopsy of lung pleura	UM
32100	Exploration of chest	UM
32110	Explore/repair chest	UM
32120	Re-exploration of chest	UM
32124	Explore chest free adhesions	UM
32140	Removal of lung lesion(s)	UM
32141	Remove/treat lung lesions	UM
32150	Removal of lung lesion(s)	UM
32151	Remove lung foreign body	UM
32160	Open chest heart massage	UM
32200	Drain open lung lesion	UM
32215	Treat chest lining	UM
32220	Release of lung	UM
32225	Partial release of lung	UM
32310	Removal of chest lining	UM
32320	Free/remove chest lining	UM
32400	Needle biopsy chest lining	$1,883.96
32405	Percut bx lung/mediastinum	$1,883.96
32440	Remove lung pneumonectomy	UM
32442	Sleeve pneumonectomy	UM
32445	Removal of lung extrapleural	UM
32480	Partial removal of lung	UM
32482	Bilobectomy	UM
32484	Segmentectomy	UM
32486	Sleeve lobectomy	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
32488	Completion pneumonectomy	UM
32491	Lung volume reduction	UM
32501	Repair bronchus add-on	UM
32503	Resect apical lung tumor	UM
32504	Resect apical lung tum/chest	UM
32505	Wedge resect of lung initial	UM
32506	Wedge resect of lung add-on	UM
32507	Wedge resect of lung diag	UM
32540	Removal of lung lesion	UM
32550	Insert pleural cath	$4,354.22
32551	Insertion of chest tube	$965.66
32552	Remove lung catheter	$965.66
32553	Ins mark thor for rt perq	$2,053.62
32554	Aspirate pleura w/o imaging	$965.66
32555	Aspirate pleura w/ imaging	$965.66
32556	Insert cath pleura w/o image	$2,415.50
32557	Insert cath pleura w/ image	$965.66
32560	Treat pleurodesis w/agent	$965.66
32561	Lyse chest fibrin init day	$965.66
32562	Lyse chest fibrin subq day	$965.66
32601	Thoracoscopy diagnostic	$6,305.84
32604	Thoracoscopy wbx sac	$6,305.84
32606	Thoracoscopy w/bx med space	$6,305.84
32607	Thoracoscopy w/bx infiltrate	$6,305.84
32608	Thoracoscopy w/bx nodule	$6,305.84
32609	Thoracoscopy w/bx pleura	$6,305.84
32650	Thoracoscopy w/pleurodesis	UM
32651	Thoracoscopy remove cortex	UM
32652	Thoracoscopy rem totl cortex	UM
32653	Thoracoscopy remov fb/fibrin	UM
32654	Thoracoscopy contrl bleeding	UM
32655	Thoracoscopy resect bullae	UM
32656	Thoracoscopy w/pleurectomy	UM
32658	Thoracoscopy w/sac fb remove	UM
32659	Thoracoscopy w/sac drainage	UM
32661	Thoracoscopy w/pericard exc	UM
32662	Thoracoscopy w/mediast exc	UM
32663	Thoracoscopy w/lobectomy	UM
32664	Thoracoscopy w/ th nrv exc	UM
32665	Thoracoscop w/esoph musc exc	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
32666	Thoracoscopy w/wedge resect	UM
32667	Thoracoscopy w/w resect addl	UM
32668	Thoracoscopy w/w resect diag	UM
32669	Thoracoscopy remove segment	UM
32670	Thoracoscopy bilobectomy	UM
32671	Thoracoscopy pneumonectomy	UM
32672	Thoracoscopy for lvrs	UM
32673	Thoracoscopy w/thymus resect	UM
32674	Thoracoscopy lymph node exc	UM
32701	Thorax stereo rad targetw/tx	UM
32800	Repair lung hernia	UM
32810	Close chest after drainage	UM
32815	Close bronchial fistula	UM
32820	Reconstruct injured chest	UM
32850	Donor pneumonectomy	UM
32851	Lung transplant single	UM
32852	Lung transplant with bypass	UM
32853	Lung transplant double	UM
32854	Lung transplant with bypass	UM
32855	Prepare donor lung single	UM
32856	Prepare donor lung double	UM
32900	Removal of rib(s)	UM
32905	Revise & repair chest wall	UM
32906	Revise & repair chest wall	UM
32940	Revision of lung	UM
32960	Therapeutic pneumothorax	$965.66
32997	Total lung lavage	UM
32998	Perq rf ablate tx pul tumor	$8,236.46
32999	Chest surgery procedure	$965.66
33010	Drainage of heart sac	$965.66
33011	Repeat drainage of heart sac	$965.66
33015	Incision of heart sac	UM
33020	Incision of heart sac	UM
33025	Incision of heart sac	UM
33030	Partial removal of heart sac	UM
33031	Partial removal of heart sac	UM
33050	Resect heart sac lesion	UM
33120	Removal of heart lesion	UM
33130	Removal of heart lesion	UM
33140	Heart revascularize (tmr)	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33141	Heart tmr w/other procedure	UM
33202	Insert epicard eltrd open	UM
33203	Insert epicard eltrd endo	UM
33206	Insert heart pm atrial	$18,546.80
33207	Insert heart pm ventricular	$18,546.80
33208	Insrt heart pm atrial & vent	$18,546.80
33210	Insert electrd/pm cath sngl	$13,393.70
33211	Insert card electrodes dual	$13,393.70
33212	Insert pulse gen sngl lead	$13,393.70
33213	Insert pulse gen dual leads	$18,546.80
33214	Upgrade of pacemaker system	$18,546.80
33215	Reposition pacing-defib lead	$1,725.02
33216	Insert 1 electrode pm-defib	$13,393.70
33217	Insert 2 electrode pm-defib	$13,393.70
33218	Repair lead pace-defib one	$4,979.38
33220	Repair lead pace-defib dual	$4,979.38
33221	Insert pulse gen mult leads	$33,828.80
33222	Relocation pocket pacemaker	$2,822.42
33223	Relocate pocket for defib	$2,822.42
33224	Insert pacing lead & connect	$18,546.80
33225	L ventric pacing lead add-on	UM
33226	Reposition l ventric lead	$4,494.66
33227	Remove&replace pm gen singl	$13,393.70
33228	Remv&replc pm gen dual lead	$18,546.80
33229	Remv&replc pm gen mult leads	$33,828.80
33230	Insrt pulse gen w/dual leads	$43,860.06
33231	Insrt pulse gen w/mult leads	$60,979.56
33233	Removal of pm generator	$13,393.70
33234	Removal of pacemaker system	$4,979.38
33235	Removal pacemaker electrode	$4,979.38
33236	Remove electrode/thoracotomy	UM
33237	Remove electrode/thoracotomy	UM
33238	Remove electrode/thoracotomy	UM
33240	Insrt pulse gen w/singl lead	$43,860.06
33241	Remove pulse generator	$4,979.38
33243	Remove eltrd/thoracotomy	$0.00
33244	Remove elctrd transvenously	$4,979.38
33249	Insj/rplcmt defib w/lead(s)	$60,979.56
33250	Ablate heart dysrhythm focus	UM
33251	Ablate heart dysrhythm focus	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33254	Ablate atria lmtd	UM
33255	Ablate atria w/o bypass ext	UM
33256	Ablate atria w/bypass exten	UM
33257	Ablate atria lmtd add-on	UM
33258	Ablate atria x10sv add-on	UM
33259	Ablate atria w/bypass add-on	UM
33261	Ablate heart dysrhythm focus	UM
33262	Rmvl& replc pulse gen 1 lead	$43,860.06
33263	Rmvl & rplcmt dfb gen 2 lead	$43,860.06
33264	Rmvl & rplcmt dfb gen mlt ld	$60,979.56
33265	Ablate atria lmtd endo	UM
33266	Ablate atria x10sv endo	UM
33270	Ins/rep subq defibrillator	$60,979.56
33271	Insj subq impltbl dfb elctrd	$13,393.70
33272	Rmvl of subq defibrillator	$4,979.38
33273	Repos prev impltbl subq dfb	$4,979.38
33282	Implant pat-active ht record	$13,393.70
33284	Remove pat-active ht record	$1,883.96
33300	Repair of heart wound	UM
33305	Repair of heart wound	UM
33310	Exploratory heart surgery	UM
33315	Exploratory heart surgery	UM
33320	Repair major blood vessel(s)	UM
33321	Repair major vessel	UM
33322	Repair major blood vessel(s)	UM
33330	Insert major vessel graft	UM
33335	Insert major vessel graft	UM
33361	Replace aortic valve perq	UM
33362	Replace aortic valve open	UM
33363	Replace aortic valve open	UM
33364	Replace aortic valve open	UM
33365	Replace aortic valve open	UM
33366	Trcath replace aortic valve	UM
33367	Replace aortic valve w/byp	UM
33368	Replace aortic valve w/byp	UM
33369	Replace aortic valve w/byp	UM
33400	Repair of aortic valve	UM
33401	Valvuloplasty open	UM
33403	Valvuloplasty w/cp bypass	UM
33404	Prepare heart-aorta conduit	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33405	Replacement of aortic valve	UM
33406	Replacement of aortic valve	UM
33410	Replacement of aortic valve	UM
33411	Replacement of aortic valve	UM
33412	Replacement of aortic valve	UM
33413	Replacement of aortic valve	UM
33414	Repair of aortic valve	UM
33415	Revision subvalvular tissue	UM
33416	Revise ventricle muscle	UM
33417	Repair of aortic valve	UM
33418	Repair tcat mitral valve	UM
33419	Repair tcat mitral valve	UM
33420	Revision of mitral valve	UM
33422	Revision of mitral valve	UM
33425	Repair of mitral valve	UM
33426	Repair of mitral valve	UM
33427	Repair of mitral valve	UM
33430	Replacement of mitral valve	UM
33460	Revision of tricuspid valve	UM
33463	Valvuloplasty tricuspid	UM
33464	Valvuloplasty tricuspid	UM
33465	Replace tricuspid valve	UM
33468	Revision of tricuspid valve	UM
33470	Revision of pulmonary valve	UM
33471	Valvotomy pulmonary valve	UM
33474	Revision of pulmonary valve	UM
33475	Replacement pulmonary valve	UM
33476	Revision of heart chamber	UM
33477	Implant tcat pulm vlv perq	UM
33478	Revision of heart chamber	UM
33496	Repair prosth valve clot	UM
33500	Repair heart vessel fistula	UM
33501	Repair heart vessel fistula	UM
33502	Coronary artery correction	UM
33503	Coronary artery graft	UM
33504	Coronary artery graft	UM
33505	Repair artery w/tunnel	UM
33506	Repair artery translocation	UM
33507	Repair art intramural	UM
33508	Endoscopic vein harvest	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33510	Cabg vein single	UM
33511	Cabg vein two	UM
33512	Cabg vein three	UM
33513	Cabg vein four	UM
33514	Cabg vein five	UM
33516	Cabg vein six or more	UM
33517	Cabg artery-vein single	UM
33518	Cabg artery-vein two	UM
33519	Cabg artery-vein three	UM
33521	Cabg artery-vein four	UM
33522	Cabg artery-vein five	UM
33523	Cabg art-vein six or more	UM
33530	Coronary artery bypass/reop	UM
33533	Cabg arterial single	UM
33534	Cabg arterial two	UM
33535	Cabg arterial three	UM
33536	Cabg arterial four or more	UM
33542	Removal of heart lesion	UM
33545	Repair of heart damage	UM
33548	Restore/remodel ventricle	UM
33572	Open coronary endarterectomy	UM
33600	Closure of valve	UM
33602	Closure of valve	UM
33606	Anastomosis/artery-aorta	UM
33608	Repair anomaly w/conduit	UM
33610	Repair by enlargement	UM
33611	Repair double ventricle	UM
33612	Repair double ventricle	UM
33615	Repair modified fontan	UM
33617	Repair single ventricle	UM
33619	Repair single ventricle	UM
33620	Apply r&l pulm art bands	UM
33621	Transthor cath for stent	UM
33622	Redo compl cardiac anomaly	UM
33641	Repair heart septum defect	UM
33645	Revision of heart veins	UM
33647	Repair heart septum defects	UM
33660	Repair of heart defects	UM
33665	Repair of heart defects	UM
33670	Repair of heart chambers	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33675	Close mult vsd	UM
33676	Close mult vsd w/resection	UM
33677	Cl mult vsd w/rem pul band	UM
33681	Repair heart septum defect	UM
33684	Repair heart septum defect	UM
33688	Repair heart septum defect	UM
33690	Reinforce pulmonary artery	UM
33692	Repair of heart defects	UM
33694	Repair of heart defects	UM
33697	Repair of heart defects	UM
33702	Repair of heart defects	UM
33710	Repair of heart defects	UM
33720	Repair of heart defect	UM
33722	Repair of heart defect	UM
33724	Repair venous anomaly	UM
33726	Repair pul venous stenosis	UM
33730	Repair heart-vein defect(s)	UM
33732	Repair heart-vein defect	UM
33735	Revision of heart chamber	UM
33736	Revision of heart chamber	UM
33737	Revision of heart chamber	UM
33750	Major vessel shunt	UM
33755	Major vessel shunt	UM
33762	Major vessel shunt	UM
33764	Major vessel shunt & graft	UM
33766	Major vessel shunt	UM
33767	Major vessel shunt	UM
33768	Cavopulmonary shunting	UM
33770	Repair great vessels defect	UM
33771	Repair great vessels defect	UM
33774	Repair great vessels defect	UM
33775	Repair great vessels defect	UM
33776	Repair great vessels defect	UM
33777	Repair great vessels defect	UM
33778	Repair great vessels defect	UM
33779	Repair great vessels defect	UM
33780	Repair great vessels defect	UM
33781	Repair great vessels defect	UM
33782	Nikaidoh proc	UM
33783	Nikaidoh proc w/ostia implt	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33786	Repair arterial trunk	UM
33788	Revision of pulmonary artery	UM
33800	Aortic suspension	UM
33802	Repair vessel defect	UM
33803	Repair vessel defect	UM
33813	Repair septal defect	UM
33814	Repair septal defect	UM
33820	Revise major vessel	UM
33822	Revise major vessel	UM
33824	Revise major vessel	UM
33840	Remove aorta constriction	UM
33845	Remove aorta constriction	UM
33851	Remove aorta constriction	UM
33852	Repair septal defect	UM
33853	Repair septal defect	UM
33860	Ascending aortic graft	UM
33863	Ascending aortic graft	UM
33864	Ascending aortic graft	UM
33870	Transverse aortic arch graft	UM
33875	Thoracic aortic graft	UM
33877	Thoracoabdominal graft	UM
33880	Endovasc taa repr incl subcl	UM
33881	Endovasc taa repr w/o subcl	UM
33883	Insert endovasc prosth taa	UM
33884	Endovasc prosth taa add-on	UM
33886	Endovasc prosth delayed	UM
33889	Artery transpose/endovas taa	UM
33891	Car-car bp grft/endovas taa	UM
33910	Remove lung artery emboli	UM
33915	Remove lung artery emboli	UM
33916	Surgery of great vessel	UM
33917	Repair pulmonary artery	UM
33920	Repair pulmonary atresia	UM
33922	Transect pulmonary artery	UM
33924	Remove pulmonary shunt	UM
33925	Rpr pul art unifocal w/o cpb	UM
33926	Repr pul art unifocal w/cpb	UM
33930	Removal of donor heart/lung	UM
33933	Prepare donor heart/lung	UM
33935	Transplantation heart/lung	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33940	Removal of donor heart	UM
33944	Prepare donor heart	UM
33945	Transplantation of heart	UM
33946	Ecmo/ecls initiation venous	UM
33947	Ecmo/ecls initiation artery	UM
33948	Ecmo/ecls daily mgmt-venous	UM
33949	Ecmo/ecls daily mgmt artery	UM
33951	Ecmo/ecls insj prph cannula	UM
33952	Ecmo/ecls insj prph cannula	UM
33953	Ecmo/ecls insj prph cannula	UM
33954	Ecmo/ecls insj prph cannula	UM
33955	Ecmo/ecls insj ctr cannula	UM
33956	Ecmo/ecls insj ctr cannula	UM
33957	Ecmo/ecls repos perph cnula	UM
33958	Ecmo/ecls repos perph cnula	UM
33959	Ecmo/ecls repos perph cnula	UM
33962	Ecmo/ecls repos perph cnula	UM
33963	Ecmo/ecls repos perph cnula	UM
33964	Ecmo/ecls repos perph cnula	UM
33965	Ecmo/ecls rmvl perph cannula	UM
33966	Ecmo/ecls rmvl prph cannula	UM
33967	Insert i-aort percut device	UM
33968	Remove aortic assist device	UM
33969	Ecmo/ecls rmvl perph cannula	UM
33970	Aortic circulation assist	UM
33971	Aortic circulation assist	UM
33973	Insert balloon device	UM
33974	Remove intra-aortic balloon	UM
33975	Implant ventricular device	UM
33976	Implant ventricular device	UM
33977	Remove ventricular device	UM
33978	Remove ventricular device	UM
33979	Insert intracorporeal device	UM
33980	Remove intracorporeal device	UM
33981	Replace vad pump ext	UM
33982	Replace vad intra w/o bp	UM
33983	Replace vad intra w/bp	UM
33984	Ecmo/ecls rmvl prph cannula	UM
33985	Ecmo/ecls rmvl ctr cannula	UM
33986	Ecmo/ecls rmvl ctr cannula	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
33987	Artery expos/graft artery	UM
33988	Insertion of left heart vent	UM
33989	Removal of left heart vent	UM
33990	Insert vad artery access	UM
33991	Insert vad art&vein access	UM
33992	Remove vad different session	UM
33993	Reposition vad diff session	UM
33999	Cardiac surgery procedure	$965.66
34001	Removal of artery clot	UM
34051	Removal of artery clot	UM
34101	Removal of artery clot	$7,590.56
34111	Removal of arm artery clot	$7,590.56
34151	Removal of artery clot	UM
34201	Removal of artery clot	$7,590.56
34203	Removal of leg artery clot	$7,590.56
34401	Removal of vein clot	UM
34421	Removal of vein clot	$4,494.66
34451	Removal of vein clot	UM
34471	Removal of vein clot	$4,494.66
34490	Removal of vein clot	$4,494.66
34501	Repair valve femoral vein	$7,590.56
34502	Reconstruct vena cava	UM
34510	Transposition of vein valve	$7,590.56
34520	Cross-over vein graft	$7,590.56
34530	Leg vein fusion	$4,494.66
34800	Endovas aaa repr w/sm tube	UM
34802	Endovas aaa repr w/2-p part	UM
34803	Endovas aaa repr w/3-p part	UM
34804	Endovas aaa repr w/1-p part	UM
34805	Endovas aaa repr w/long tube	UM
34806	Aneurysm press sensor add-on	UM
34808	Endovas iliac a device addon	UM
34812	Xpose for endoprosth femorl	UM
34813	Femoral endovas graft add-on	UM
34820	Xpose for endoprosth iliac	UM
34825	Endovasc extend prosth init	UM
34826	Endovasc exten prosth addl	UM
34830	Open aortic tube prosth repr	UM
34831	Open aortoiliac prosth repr	UM
34832	Open aortofemor prosth repr	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
34833	Xpose for endoprosth iliac	UM
34834	Xpose endoprosth brachial	UM
34839	Plnning pt spec fenest graft	UM
34841	Endovasc visc aorta 1 graft	UM
34842	Endovasc visc aorta 2 graft	UM
34843	Endovasc visc aorta 3 graft	UM
34844	Endovasc visc aorta 4 graft	UM
34845	Visc & infraren abd 1 prosth	UM
34846	Visc & infraren abd 2 prosth	UM
34847	Visc & infraren abd 3 prosth	UM
34848	Visc & infraren abd 4+ prost	UM
34900	Endovasc iliac repr w/graft	UM
35001	Repair defect of artery	UM
35002	Repair artery rupture neck	UM
35005	Repair defect of artery	UM
35011	Repair defect of artery	$4,494.66
35013	Repair artery rupture arm	UM
35021	Repair defect of artery	UM
35022	Repair artery rupture chest	UM
35045	Repair defect of arm artery	$4,494.66
35081	Repair defect of artery	UM
35082	Repair artery rupture aorta	UM
35091	Repair defect of artery	UM
35092	Repair artery rupture aorta	UM
35102	Repair defect of artery	UM
35103	Repair artery rupture aorta	UM
35111	Repair defect of artery	UM
35112	Repair artery rupture spleen	UM
35121	Repair defect of artery	UM
35122	Repair artery rupture belly	UM
35131	Repair defect of artery	UM
35132	Repair artery rupture groin	UM
35141	Repair defect of artery	UM
35142	Repair artery rupture thigh	UM
35151	Repair defect of artery	UM
35152	Repair ruptd popliteal art	UM
35180	Repair blood vessel lesion	$4,494.66
35182	Repair blood vessel lesion	UM
35184	Repair blood vessel lesion	$7,590.56
35188	Repair blood vessel lesion	$4,494.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
35189	Repair blood vessel lesion	UM
35190	Repair blood vessel lesion	$4,494.66
35201	Repair blood vessel lesion	$4,494.66
35206	Repair blood vessel lesion	$4,494.66
35207	Repair blood vessel lesion	$4,494.66
35211	Repair blood vessel lesion	UM
35216	Repair blood vessel lesion	UM
35221	Repair blood vessel lesion	UM
35226	Repair blood vessel lesion	$961.28
35231	Repair blood vessel lesion	$4,494.66
35236	Repair blood vessel lesion	$7,590.56
35241	Repair blood vessel lesion	UM
35246	Repair blood vessel lesion	UM
35251	Repair blood vessel lesion	UM
35256	Repair blood vessel lesion	$7,590.56
35261	Repair blood vessel lesion	$4,494.66
35266	Repair blood vessel lesion	$7,590.56
35271	Repair blood vessel lesion	UM
35276	Repair blood vessel lesion	UM
35281	Repair blood vessel lesion	UM
35286	Repair blood vessel lesion	$7,590.56
35301	Rechanneling of artery	UM
35302	Rechanneling of artery	UM
35303	Rechanneling of artery	UM
35304	Rechanneling of artery	UM
35305	Rechanneling of artery	UM
35306	Rechanneling of artery	UM
35311	Rechanneling of artery	UM
35321	Rechanneling of artery	$7,590.56
35331	Rechanneling of artery	UM
35341	Rechanneling of artery	UM
35351	Rechanneling of artery	UM
35355	Rechanneling of artery	UM
35361	Rechanneling of artery	UM
35363	Rechanneling of artery	UM
35371	Rechanneling of artery	UM
35372	Rechanneling of artery	UM
35390	Reoperation carotid add-on	UM
35400	Angioscopy	UM
35450	Repair arterial blockage	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
35452	Repair arterial blockage	UM
35458	Repair arterial blockage	$9,184.30
35460	Repair venous blockage	$9,184.30
35471	Repair arterial blockage	$9,184.30
35472	Repair arterial blockage	$9,184.30
35475	Repair arterial blockage	$9,184.30
35476	Repair venous blockage	$9,184.30
35500	Harvest vein for bypass	UM
35501	Art byp grft ipsilat carotid	UM
35506	Art byp grft subclav-carotid	UM
35508	Art byp grft carotid-vertbrl	UM
35509	Art byp grft contral carotid	UM
35510	Art byp grft carotid-brchial	UM
35511	Art byp grft subclav-subclav	UM
35512	Art byp grft subclav-brchial	UM
35515	Art byp grft subclav-vertbrl	UM
35516	Art byp grft subclav-axilary	UM
35518	Art byp grft axillary-axilry	UM
35521	Art byp grft axill-femoral	UM
35522	Art byp grft axill-brachial	UM
35523	Art byp grft brchl-ulnr-rdl	UM
35525	Art byp grft brachial-brchl	UM
35526	Art byp grft aor/carot/innom	UM
35531	Art byp grft aorcel/aormesen	UM
35533	Art byp grft axill/fem/fem	UM
35535	Art byp grft hepatorenal	UM
35536	Art byp grft splenorenal	UM
35537	Art byp grft aortoiliac	UM
35538	Art byp grft aortobi-iliac	UM
35539	Art byp grft aortofemoral	UM
35540	Art byp grft aortbifemoral	UM
35556	Art byp grft fem-popliteal	UM
35558	Art byp grft fem-femoral	UM
35560	Art byp grft aortorenal	UM
35563	Art byp grft ilioiliac	UM
35565	Art byp grft iliofemoral	UM
35566	Art byp fem-ant-post tib/prl	UM
35570	Art byp tibial-tib/peroneal	UM
35571	Art byp pop-tibl-prl-other	UM
35572	Harvest femoropopliteal vein	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
35583	Vein byp grft fem-popliteal	UM
35585	Vein byp fem-tibial peroneal	UM
35587	Vein byp pop-tibl peroneal	UM
35600	Harvest art for cabg add-on	UM
35601	Art byp common ipsi carotid	UM
35606	Art byp carotid-subclavian	UM
35612	Art byp subclav-subclavian	UM
35616	Art byp subclav-axillary	UM
35621	Art byp axillary-femoral	UM
35623	Art byp axillary-pop-tibial	UM
35626	Art byp aorsubcl/carot/innom	UM
35631	Art byp aor-celiac-msn-renal	UM
35632	Art byp ilio-celiac	UM
35633	Art byp ilio-mesenteric	UM
35634	Art byp iliorenal	UM
35636	Art byp spenorenal	UM
35637	Art byp aortoiliac	UM
35638	Art byp aortobi-iliac	UM
35642	Art byp carotid-vertebral	UM
35645	Art byp subclav-vertebrl	UM
35646	Art byp aortobifemoral	UM
35647	Art byp aortofemoral	UM
35650	Art byp axillary-axillary	UM
35654	Art byp axill-fem-femoral	UM
35656	Art byp femoral-popliteal	UM
35661	Art byp femoral-femoral	UM
35663	Art byp ilioiliac	UM
35665	Art byp iliofemoral	UM
35666	Art byp fem-ant-post tib/prl	UM
35671	Art byp pop-tibl-prl-other	UM
35681	Composite byp grft pros&vein	UM
35682	Composite byp grft 2 veins	UM
35683	Composite byp grft 3/> segmt	UM
35685	Bypass graft patency/patch	UM
35686	Bypass graft/av fist patency	UM
35691	Art trnsposj vertbrl carotid	UM
35693	Art trnsposj subclavian	UM
35694	Art trnsposj subclav carotid	UM
35695	Art trnsposj carotid subclav	UM
35697	Reimplant artery each	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
35700	Reoperation bypass graft	UM
35701	Exploration carotid artery	UM
35721	Exploration femoral artery	UM
35741	Exploration popliteal artery	UM
35761	Exploration of artery/vein	$4,494.66
35800	Explore neck vessels	UM
35820	Explore chest vessels	UM
35840	Explore abdominal vessels	UM
35860	Explore limb vessels	$4,494.66
35870	Repair vessel graft defect	UM
35875	Removal of clot in graft	$7,590.56
35876	Removal of clot in graft	$7,590.56
35879	Revise graft w/vein	$7,590.56
35881	Revise graft w/vein	$7,590.56
35883	Revise graft w/nonauto graft	$7,590.56
35884	Revise graft w/vein	$7,590.56
35901	Excision graft neck	UM
35903	Excision graft extremity	$4,494.66
35905	Excision graft thorax	UM
35907	Excision graft abdomen	UM
36000	Place needle in vein	UM
36002	Pseudoaneurysm injection trt	$833.60
36005	Injection ext venography	UM
36010	Place catheter in vein	UM
36011	Place catheter in vein	UM
36012	Place catheter in vein	UM
36013	Place catheter in artery	UM
36014	Place catheter in artery	UM
36015	Place catheter in artery	UM
36100	Establish access to artery	UM
36120	Establish access to artery	UM
36140	Establish access to artery	UM
36147	Access av dial grft for eval	$1,725.02
36148	Access av dial grft for proc	UM
36160	Establish access to aorta	UM
36200	Place catheter in aorta	UM
36215	Place catheter in artery	UM
36216	Place catheter in artery	UM
36217	Place catheter in artery	UM
36218	Place catheter in artery	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
36221	Place cath thoracic aorta	$5,437.66
36222	Place cath carotid/inom art	$5,437.66
36223	Place cath carotid/inom art	$7,590.56
36224	Place cath carotd art	$7,590.56
36225	Place cath subclavian art	$5,437.66
36226	Place cath vertebral art	$7,590.56
36227	Place cath xtrnl carotid	UM
36228	Place cath intracranial art	UM
36245	Ins cath abd/l-ext art 1st	UM
36246	Ins cath abd/l-ext art 2nd	UM
36247	Ins cath abd/l-ext art 3rd	UM
36248	Ins cath abd/l-ext art addl	UM
36251	Ins cath ren art 1st unilat	$5,437.66
36252	Ins cath ren art 1st bilat	$5,437.66
36253	Ins cath ren art 2nd+ unilat	$5,437.66
36254	Ins cath ren art 2nd+ bilat	$5,437.66
36260	Insertion of infusion pump	$4,494.66
36261	Revision of infusion pump	$4,979.38
36262	Removal of infusion pump	$4,979.38
36299	Vessel injection procedure	UM
36400	Bl draw < 3 yrs fem/jugular	UM
36405	Bl draw <3 yrs scalp vein	UM
36406	Bl draw <3 yrs other vein	UM
36410	Non-routine bl draw 3/> yrs	UM
36415	Routine venipuncture	UM
36416	Capillary blood draw	UM
36420	Vein access cutdown < 1 yr	$111.88
36425	Vein access cutdown > 1 yr	$182.36
36430	Blood transfusion service	$698.28
36440	Bl push transfuse 2 yr/<	$698.28
36450	Bl exchange/transfuse nb	$698.28
36455	Bl exchange/transfuse non-nb	$698.28
36460	Transfusion service fetal	$698.28
36468	Injection(s) spider veins	$235.66
36470	Injection therapy of vein	$451.10
36471	Injection therapy of veins	$451.10
36475	Endovenous rf 1st vein	$4,494.66
36476	Endovenous rf vein add-on	UM
36478	Endovenous laser 1st vein	$4,494.66
36479	Endovenous laser vein addon	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
36481	Insertion of catheter vein	UM
36500	Insertion of catheter vein	UM
36510	Insertion of catheter vein	UM
36511	Apheresis wbc	$2,095.52
36512	Apheresis rbc	$2,095.52
36513	Apheresis platelets	$2,095.52
36514	Apheresis plasma	$2,095.52
36515	Apheresis adsorp/reinfuse	$6,030.12
36516	Apheresis selective	$6,030.12
36522	Photopheresis	$6,030.12
36555	Insert non-tunnel cv cath	$1,725.02
36556	Insert non-tunnel cv cath	$1,725.02
36557	Insert tunneled cv cath	$4,494.66
36558	Insert tunneled cv cath	$4,494.66
36560	Insert tunneled cv cath	$4,494.66
36561	Insert tunneled cv cath	$4,494.66
36563	Insert tunneled cv cath	$7,590.56
36565	Insert tunneled cv cath	$4,494.66
36566	Insert tunneled cv cath	$7,590.56
36568	Insert picc cath	$1,725.02
36569	Insert picc cath	$1,725.02
36570	Insert picvad cath	$4,494.66
36571	Insert picvad cath	$4,494.66
36575	Repair tunneled cv cath	$965.66
36576	Repair tunneled cv cath	$1,725.02
36578	Replace tunneled cv cath	$4,494.66
36580	Replace cvad cath	$1,725.02
36581	Replace tunneled cv cath	$4,494.66
36582	Replace tunneled cv cath	$4,494.66
36583	Replace tunneled cv cath	$7,590.56
36584	Replace picc cath	$1,725.02
36585	Replace picvad cath	$4,494.66
36589	Removal tunneled cv cath	$965.66
36590	Removal tunneled cv cath	$1,725.02
36591	Draw blood off venous device	$182.36
36592	Collect blood from picc	$182.36
36593	Declot vascular device	$399.60
36595	Mech remov tunneled cv cath	$4,494.66
36596	Mech remov tunneled cv cath	$1,725.02
36597	Reposition venous catheter	$1,725.02

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
36598	Inj w/fluor eval cv device	$399.60
36600	Withdrawal of arterial blood	$182.36
36620	Insertion catheter artery	UM
36625	Insertion catheter artery	UM
36640	Insertion catheter artery	$4,494.66
36660	Insertion catheter artery	UM
36680	Insert needle bone cavity	$182.36
36800	Insertion of cannula	$4,494.66
36810	Insertion of cannula	$7,590.56
36815	Insertion of cannula	$4,494.66
36818	Av fuse uppr arm cephalic	$4,494.66
36819	Av fuse uppr arm basilic	$7,590.56
36820	Av fusion/forearm vein	$4,494.66
36821	Av fusion direct any site	$4,494.66
36823	Insertion of cannula(s)	UM
36825	Artery-vein autograft	$7,590.56
36830	Artery-vein nonautograft	$7,590.56
36831	Open thrombect av fistula	$4,494.66
36832	Av fistula revision open	$7,590.56
36833	Av fistula revision	$7,590.56
36835	Artery to vein shunt	$4,494.66
36838	Dist revas ligation hemo	$7,590.56
36860	External cannula declotting	$1,725.02
36861	Cannula declotting	$7,590.56
36870	Percut thrombect av fistula	$9,184.30
37140	Revision of circulation	UM
37145	Revision of circulation	UM
37160	Revision of circulation	UM
37180	Revision of circulation	UM
37181	Splice spleen/kidney veins	UM
37182	Insert hepatic shunt (tips)	UM
37183	Remove hepatic shunt (tips)	$9,184.30
37184	Prim art m-thrmbc 1st vsl	$7,590.56
37185	Prim art m-thrmbc sbsq vsl	UM
37186	Sec art thrombectomy add-on	UM
37187	Venous mech thrombectomy	$7,590.56
37188	Venous m-thrombectomy add-on	$4,494.66
37191	Ins endovas vena cava filtr	$7,590.56
37192	Redo endovas vena cava filtr	$4,494.66
37193	Rem endovas vena cava filter	$4,494.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
37195	Thrombolytic therapy stroke	$399.60
37197	Remove intrvas foreign body	$4,494.66
37200	Transcatheter biopsy	$7,590.56
37202	Transcatheter therapy infuse	UM
37211	Thrombolytic art therapy	$7,590.56
37212	Thrombolytic venous therapy	$1,725.02
37213	Thromblytic art/ven therapy	$4,494.66
37214	Cessj therapy cath removal	$4,494.66
37215	Transcath stent cca w/eps	UM
37216	Transcath stent cca w/o eps	UM
37217	Stent placemt retro carotid	UM
37218	Stent placemt ante carotid	UM
37220	Iliac revasc	$9,184.30
37221	Iliac revasc w/stent	$19,084.70
37222	Iliac revasc add-on	UM
37223	Iliac revasc w/stent add-on	UM
37224	Fem/popl revas w/tla	$9,184.30
37225	Fem/popl revas w/ather	$19,084.70
37226	Fem/popl revasc w/stent	$19,084.70
37227	Fem/popl revasc stnt & ather	$29,224.34
37228	Tib/per revasc w/tla	$19,084.70
37229	Tib/per revasc w/ather	$29,224.34
37230	Tib/per revasc w/stent	$29,224.34
37231	Tib/per revasc stent & ather	$29,224.34
37232	Tib/per revasc add-on	UM
37233	Tibper revasc w/ather add-on	UM
37234	Revsc opn/prq tib/pero stent	UM
37235	Tib/per revasc stnt & ather	UM
37236	Open/perq place stent 1st	$19,084.70
37237	Open/perq place stent ea add	UM
37238	Open/perq place stent same	$19,084.70
37239	Open/perq place stent ea add	$0.00
37241	Vasc embolize/occlude venous	$19,084.70
37242	Vasc embolize/occlude artery	$19,084.70
37243	Vasc embolize/occlude organ	$19,084.70
37244	Vasc embolize/occlude bleed	$19,084.70
37250	Iv us first vessel add-on	UM
37251	Iv us each add vessel add-on	UM
37252	Intrvasc us noncoronary 1st	UM
37253	Intrvasc us noncoronary addl	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
37500	Endoscopy ligate perf veins	$7,590.56
37501	Vascular endoscopy procedure	$1,725.02
37565	Ligation of neck vein	$4,494.66
37600	Ligation of neck artery	$4,494.66
37605	Ligation of neck artery	$4,494.66
37606	Ligation of neck artery	$4,494.66
37607	Ligation of a-v fistula	$4,494.66
37609	Temporal artery procedure	$2,828.56
37615	Ligation of neck artery	$7,590.56
37616	Ligation of chest artery	UM
37617	Ligation of abdomen artery	UM
37618	Ligation of extremity artery	UM
37619	Ligation of inf vena cava	$7,590.56
37650	Revision of major vein	$4,494.66
37660	Revision of major vein	UM
37700	Revise leg vein	$4,494.66
37718	Ligate/strip short leg vein	$4,494.66
37722	Ligate/strip long leg vein	$4,494.66
37735	Removal of leg veins/lesion	$4,494.66
37760	Ligate leg veins radical	$4,494.66
37761	Ligate leg veins open	$4,494.66
37765	Stab phleb veins xtr 10-20	$4,494.66
37766	Phleb veins - extrem 20+	$4,494.66
37780	Revision of leg vein	$4,494.66
37785	Ligate/divide/excise vein	$4,494.66
37788	Revascularization penis	UM
37790	Penile venous occlusion	$4,486.98
37799	Vascular surgery procedure	$1,725.02
38100	Removal of spleen total	UM
38101	Removal of spleen partial	UM
38102	Removal of spleen total	UM
38115	Repair of ruptured spleen	UM
38120	Laparoscopy splenectomy	$13,721.82
38129	Laparoscope proc spleen	$8,002.30
38200	Injection for spleen x-ray	UM
38204	Bl donor search management	UM
38205	Harvest allogeneic stem cell	UM
38206	Harvest auto stem cells	$2,095.52
38207	Cryopreserve stem cells	$698.28
38208	Thaw preserved stem cells	$698.28

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
38209	Wash harvest stem cells	$698.28
38210	T-cell depletion of harvest	$2,095.52
38211	Tumor cell deplete of harvst	$2,095.52
38212	Rbc depletion of harvest	$2,095.52
38213	Platelet deplete of harvest	$2,095.52
38214	Volume deplete of harvest	$2,095.52
38215	Harvest stem cell concentrte	$2,095.52
38220	Bone marrow aspiration	$1,883.96
38221	Bone marrow biopsy	$2,828.56
38230	Bone marrow harvest allogen	$6,030.12
38232	Bone marrow harvest autolog	$6,030.12
38240	Transplt allo hct/donor	$6,030.12
38241	Transplt autol hct/donor	$6,030.12
38242	Transplt allo lymphocytes	$2,095.52
38243	Transplj hematopoietic boost	$2,095.52
38300	Drainage lymph node lesion	$2,828.56
38305	Drainage lymph node lesion	$2,828.56
38308	Incision of lymph channels	$4,375.88
38380	Thoracic duct procedure	UM
38381	Thoracic duct procedure	UM
38382	Thoracic duct procedure	UM
38500	Biopsy/removal lymph nodes	$4,375.88
38505	Needle biopsy lymph nodes	$1,883.96
38510	Biopsy/removal lymph nodes	$4,375.88
38520	Biopsy/removal lymph nodes	$4,375.88
38525	Biopsy/removal lymph nodes	$4,375.88
38530	Biopsy/removal lymph nodes	$4,375.88
38542	Explore deep node(s) neck	$8,002.30
38550	Removal neck/armpit lesion	$4,375.88
38555	Removal neck/armpit lesion	$7,294.12
38562	Removal pelvic lymph nodes	UM
38564	Removal abdomen lymph nodes	UM
38570	Laparoscopy lymph node biop	$8,002.30
38571	Laparoscopy lymphadenectomy	$13,721.82
38572	Laparoscopy lymphadenectomy	$13,721.82
38589	Laparoscope proc lymphatic	$8,002.30
38700	Removal of lymph nodes neck	$7,294.12
38720	Removal of lymph nodes neck	$7,294.12
38724	Removal of lymph nodes neck	UM
38740	Remove armpit lymph nodes	$8,002.30

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
38745	Remove armpit lymph nodes	$8,002.30
38746	Remove thoracic lymph nodes	UM
38747	Remove abdominal lymph nodes	UM
38760	Remove groin lymph nodes	$4,375.88
38765	Remove groin lymph nodes	UM
38770	Remove pelvis lymph nodes	UM
38780	Remove abdomen lymph nodes	UM
38790	Inject for lymphatic x-ray	UM
38792	Ra tracer id of sentinl node	$665.30
38794	Access thoracic lymph duct	UM
38900	Io map of sent lymph node	UM
38999	Blood/lymph system procedure	$698.28
39000	Exploration of chest	UM
39010	Exploration of chest	UM
39200	Resect mediastinal cyst	UM
39220	Resect mediastinal tumor	UM
39400	Mediastinoscopy incl biopsy	UM
39401	Mediastinoscpy w/medstnl bx	$6,305.84
39402	Mediastinoscpy w/lmph nod bx	$6,305.84
39499	Chest procedure	UM
39501	Repair diaphragm laceration	UM
39503	Repair of diaphragm hernia	UM
39540	Repair of diaphragm hernia	UM
39541	Repair of diaphragm hernia	UM
39545	Revision of diaphragm	UM
39560	Resect diaphragm simple	UM
39561	Resect diaphragm complex	UM
39599	Diaphragm surgery procedure	UM
40490	Biopsy of lip	$625.86
40500	Partial excision of lip	$3,233.80
40510	Partial excision of lip	$3,233.80
40520	Partial excision of lip	$3,233.80
40525	Reconstruct lip with flap	$3,233.80
40527	Reconstruct lip with flap	$7,911.96
40530	Partial removal of lip	$3,233.80
40650	Repair lip	$1,379.26
40652	Repair lip	$1,379.26
40654	Repair lip	$1,379.26
40700	Repair cleft lip/nasal	$7,911.96
40701	Repair cleft lip/nasal	$7,911.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
40702	Repair cleft lip/nasal	$7,911.96
40720	Repair cleft lip/nasal	$7,911.96
40761	Repair cleft lip/nasal	$7,911.96
40799	Lip surgery procedure	$258.58
40800	Drainage of mouth lesion	$456.54
40801	Drainage of mouth lesion	$1,379.26
40804	Removal foreign body mouth	$182.36
40805	Removal foreign body mouth	$1,379.26
40806	Incision of lip fold	$625.86
40808	Biopsy of mouth lesion	$625.86
40810	Excision of mouth lesion	$3,233.80
40812	Excise/repair mouth lesion	$3,233.80
40814	Excise/repair mouth lesion	$3,233.80
40816	Excision of mouth lesion	$3,233.80
40818	Excise oral mucosa for graft	$625.86
40819	Excise lip or cheek fold	$3,233.80
40820	Treatment of mouth lesion	$3,233.80
40830	Repair mouth laceration	$625.86
40831	Repair mouth laceration	$1,379.26
40840	Reconstruction of mouth	$3,233.80
40842	Reconstruction of mouth	$7,911.96
40843	Reconstruction of mouth	$3,233.80
40844	Reconstruction of mouth	$7,911.96
40845	Reconstruction of mouth	$7,911.96
40899	Mouth surgery procedure	$258.58
41000	Drainage of mouth lesion	$1,379.26
41005	Drainage of mouth lesion	$625.86
41006	Drainage of mouth lesion	$1,379.26
41007	Drainage of mouth lesion	$1,379.26
41008	Drainage of mouth lesion	$3,233.80
41009	Drainage of mouth lesion	$625.86
41010	Incision of tongue fold	$1,379.26
41015	Drainage of mouth lesion	$625.86
41016	Drainage of mouth lesion	$3,233.80
41017	Drainage of mouth lesion	$3,233.80
41018	Drainage of mouth lesion	$1,379.26
41019	Place needles h&n for rt	$3,233.80
41100	Biopsy of tongue	$1,379.26
41105	Biopsy of tongue	$3,233.80
41108	Biopsy of floor of mouth	$1,883.96

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
41110	Excision of tongue lesion	$3,233.80
41112	Excision of tongue lesion	$3,233.80
41113	Excision of tongue lesion	$3,233.80
41114	Excision of tongue lesion	$3,233.80
41115	Excision of tongue fold	$1,379.26
41116	Excision of mouth lesion	$3,233.80
41120	Partial removal of tongue	$7,911.96
41130	Partial removal of tongue	UM
41135	Tongue and neck surgery	UM
41140	Removal of tongue	UM
41145	Tongue removal neck surgery	UM
41150	Tongue mouth jaw surgery	UM
41153	Tongue mouth neck surgery	UM
41155	Tongue jaw & neck surgery	UM
41250	Repair tongue laceration	$182.36
41251	Repair tongue laceration	$625.86
41252	Repair tongue laceration	$1,379.26
41500	Fixation of tongue	$3,233.80
41510	Tongue to lip surgery	$3,233.80
41512	Tongue suspension	$7,911.96
41520	Reconstruction tongue fold	$7,911.96
41530	Tongue base vol reduction	$3,233.80
41599	Tongue and mouth surgery	$258.58
41800	Drainage of gum lesion	$182.36
41805	Removal foreign body gum	$3,233.80
41806	Removal foreign body jawbone	$1,379.26
41820	Excision gum each quadrant	$3,233.80
41821	Excision of gum flap	$1,379.26
41822	Excision of gum lesion	$1,379.26
41823	Excision of gum lesion	$7,911.96
41825	Excision of gum lesion	$3,233.80
41826	Excision of gum lesion	$3,233.80
41827	Excision of gum lesion	$7,911.96
41828	Excision of gum lesion	$3,233.80
41830	Removal of gum tissue	$3,233.80
41850	Treatment of gum lesion	$3,233.80
41870	Gum graft	$7,911.96
41872	Repair gum	$7,911.96
41874	Repair tooth socket	$3,233.80
41899	Dental surgery procedure	$258.58

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
42000	Drainage mouth roof lesion	$625.86
42100	Biopsy roof of mouth	$1,379.26
42104	Excision lesion mouth roof	$3,233.80
42106	Excision lesion mouth roof	$3,233.80
42107	Excision lesion mouth roof	$7,911.96
42120	Remove palate/lesion	$3,233.80
42140	Excision of uvula	$3,233.80
42145	Repair palate pharynx/uvula	$7,911.96
42160	Treatment mouth roof lesion	$3,233.80
42180	Repair palate	$625.86
42182	Repair palate	$3,233.80
42200	Reconstruct cleft palate	$7,911.96
42205	Reconstruct cleft palate	$7,911.96
42210	Reconstruct cleft palate	$7,911.96
42215	Reconstruct cleft palate	$7,911.96
42220	Reconstruct cleft palate	$7,911.96
42225	Reconstruct cleft palate	$7,911.96
42226	Lengthening of palate	$7,911.96
42227	Lengthening of palate	$7,911.96
42235	Repair palate	$7,911.96
42260	Repair nose to lip fistula	$3,233.80
42280	Preparation palate mold	$625.86
42281	Insertion palate prosthesis	$3,233.80
42299	Palate/uvula surgery	$258.58
42300	Drainage of salivary gland	$1,379.26
42305	Drainage of salivary gland	$3,233.80
42310	Drainage of salivary gland	$625.86
42320	Drainage of salivary gland	$625.86
42330	Removal of salivary stone	$3,233.80
42335	Removal of salivary stone	$3,233.80
42340	Removal of salivary stone	$3,233.80
42400	Biopsy of salivary gland	$1,883.96
42405	Biopsy of salivary gland	$3,233.80
42408	Excision of salivary cyst	$3,233.80
42409	Drainage of salivary cyst	$3,233.80
42410	Excise parotid gland/lesion	$7,911.96
42415	Excise parotid gland/lesion	$7,911.96
42420	Excise parotid gland/lesion	$7,911.96
42425	Excise parotid gland/lesion	$7,911.96
42426	Excise parotid gland/lesion	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
43204	Esoph scope w/sclerosis inj	$1,490.72
43205	Esophagus endoscopy/ligation	$2,176.00
43206	Esoph optical endomicroscopy	$2,176.00
43210	Egd esophagogastrc fndoplsty	$7,227.14
43211	Esophagoscop mucosal resect	$2,176.00
43212	Esophagoscop stent placement	$7,227.14
43213	Esophagoscopy retro balloon	$2,176.00
43214	Esophagosc dilate balloon 30	$2,176.00
43215	Esophagoscopy flex remove fb	$2,176.00
43216	Esophagoscopy lesion removal	$3,960.86
43217	Esophagoscopy snare les remv	$2,176.00
43220	Esophagoscopy balloon <30mm	$2,176.00
43226	Esoph endoscopy dilation	$2,176.00
43227	Esophagoscopy control bleed	$2,176.00
43229	Esophagoscopy lesion ablate	$3,960.86
43231	Esophagoscop ultrasound exam	$2,176.00
43232	Esophagoscopy w/us needle bx	$2,176.00
43233	Egd balloon dil esoph30 mm/>	$2,176.00
43235	Egd diagnostic brush wash	$1,490.72
43236	Uppr gi scope w/submuc inj	$1,490.72
43237	Endoscopic us exam esoph	$2,176.00
43238	Egd us fine needle bx/aspir	$2,176.00
43239	Egd biopsy single/multiple	$1,490.72
43240	Egd w/transmural drain cyst	$3,960.86
43241	Egd tube/cath insertion	$1,490.72
43242	Egd us fine needle bx/aspir	$2,176.00
43243	Egd injection varices	$1,490.72
43244	Egd varices ligation	$2,176.00
43245	Egd dilate stricture	$2,176.00
43246	Egd place gastrostomy tube	$2,176.00
43247	Egd remove foreign body	$1,490.72
43248	Egd guide wire insertion	$1,490.72
43249	Esoph egd dilation <30 mm	$2,176.00
43250	Egd cautery tumor polyp	$2,176.00
43251	Egd remove lesion snare	$2,176.00
43252	Egd optical endomicroscopy	$2,176.00
43253	Egd us transmural injxn/mark	$2,176.00
43254	Egd endo mucosal resection	$2,176.00
43255	Egd control bleeding any	$2,176.00
43257	Egd w/thrml txmnt gerd	$3,960.86

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
43259	Egd us exam duodenum/jejunum	$2,176.00
43260	Ercp w/specimen collection	$3,960.86
43261	Endo cholangiopancreatograph	$3,960.86
43262	Endo cholangiopancreatograph	$3,960.86
43263	Ercp sphincter pressure meas	$3,960.86
43264	Ercp remove duct calculi	$3,960.86
43265	Ercp lithotripsy calculi	$3,960.86
43266	Egd endoscopic stent place	$7,227.14
43270	Egd lesion ablation	$2,176.00
43273	Endoscopic pancreatoscopy	UM
43274	Ercp duct stent placement	$7,227.14
43275	Ercp remove forgn body duct	$3,960.86
43276	Ercp stent exchange w/dilate	$7,227.14
43277	Ercp ea duct/ampulla dilate	$3,960.86
43278	Ercp lesion ablate w/dilate	$3,960.86
43279	Lap myotomy heller	UM
43280	Laparoscopy fundoplasty	$13,721.82
43281	Lap paraesophag hern repair	$13,721.82
43282	Lap paraesoph her rpr w/mesh	UM
43283	Lap esoph lengthening	UM
43289	Laparoscope proc esoph	$8,002.30
43300	Repair of esophagus	UM
43305	Repair esophagus and fistula	UM
43310	Repair of esophagus	UM
43312	Repair esophagus and fistula	UM
43313	Esophagoplasty congenital	UM
43314	Tracheo-esophagoplasty cong	UM
43320	Fuse esophagus & stomach	UM
43325	Revise esophagus & stomach	UM
43327	Esoph fundoplasty lap	UM
43328	Esoph fundoplasty thor	UM
43330	Esophagomyotomy abdominal	UM
43331	Esophagomyotomy thoracic	UM
43332	Transab esoph hiat hern rpr	UM
43333	Transab esoph hiat hern rpr	UM
43334	Transthor diaphrag hern rpr	UM
43335	Transthor diaphrag hern rpr	UM
43336	Thorabd diaphr hern repair	UM
43337	Thorabd diaphr hern repair	UM
43338	Esoph lengthening	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
43340	Fuse esophagus & intestine	UM
43341	Fuse esophagus & intestine	UM
43351	Surgical opening esophagus	UM
43352	Surgical opening esophagus	UM
43360	Gastrointestinal repair	UM
43361	Gastrointestinal repair	UM
43400	Ligate esophagus veins	UM
43401	Esophagus surgery for veins	UM
43405	Ligate/staple esophagus	UM
43410	Repair esophagus wound	UM
43415	Repair esophagus wound	UM
43420	Repair esophagus opening	$3,233.80
43425	Repair esophagus opening	UM
43450	Dilate esophagus 1/mult pass	$1,490.72
43453	Dilate esophagus	$2,176.00
43460	Pressure treatment esophagus	UM
43496	Free jejunum flap microvasc	UM
43499	Esophagus surgery procedure	$1,490.72
43500	Surgical opening of stomach	UM
43501	Surgical repair of stomach	UM
43502	Surgical repair of stomach	UM
43510	Surgical opening of stomach	$1,490.72
43520	Incision of pyloric muscle	UM
43605	Biopsy of stomach	UM
43610	Excision of stomach lesion	UM
43611	Excision of stomach lesion	UM
43620	Removal of stomach	UM
43621	Removal of stomach	UM
43622	Removal of stomach	UM
43631	Removal of stomach partial	UM
43632	Removal of stomach partial	UM
43633	Removal of stomach partial	UM
43634	Removal of stomach partial	UM
43635	Removal of stomach partial	UM
43640	Vagotomy & pylorus repair	UM
43641	Vagotomy & pylorus repair	UM
43644	Lap gastric bypass/roux-en-y	UM
43645	Lap gastr bypass incl smll i	UM
43647	Lap impl electrode antrum	$10,488.74
43648	Lap revise/remv eltrd antrum	$8,002.30

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
43651	Laparoscopy vagus nerve	$8,002.30
43652	Laparoscopy vagus nerve	$8,002.30
43653	Laparoscopy gastrostomy	$8,002.30
43659	Laparoscope proc stom	$8,002.30
43752	Nasal/orogastric w/tube plmt	$383.94
43753	Tx gastro intub w/asp	$440.70
43754	Dx gastr intub w/asp spec	$440.70
43755	Dx gastr intub w/asp specs	$259.50
43756	Dx duod intub w/asp spec	$201.38
43757	Dx duod intub w/asp specs	$1,490.72
43760	Change gastrostomy tube	$399.60
43761	Reposition gastrostomy tube	$1,490.72
43770	Lap place gastr adj device	$13,721.82
43771	Lap revise gastr adj device	UM
43772	Lap rmvl gastr adj device	UM
43773	Lap replace gastr adj device	UM
43774	Lap rmvl gastr adj all parts	UM
43775	Lap sleeve gastrectomy	UM
43800	Reconstruction of pylorus	UM
43810	Fusion of stomach and bowel	UM
43820	Fusion of stomach and bowel	UM
43825	Fusion of stomach and bowel	UM
43830	Place gastrostomy tube	$3,960.86
43831	Place gastrostomy tube	$1,490.72
43832	Place gastrostomy tube	UM
43840	Repair of stomach lesion	UM
43842	V-band gastroplasty	UM
43843	Gastroplasty w/o v-band	UM
43845	Gastroplasty duodenal switch	UM
43846	Gastric bypass for obesity	UM
43847	Gastric bypass incl small i	UM
43848	Revision gastroplasty	UM
43850	Revise stomach-bowel fusion	UM
43855	Revise stomach-bowel fusion	UM
43860	Revise stomach-bowel fusion	UM
43865	Revise stomach-bowel fusion	UM
43870	Repair stomach opening	$3,960.86
43880	Repair stomach-bowel fistula	UM
43881	Impl/redo electrd antrum	UM
43882	Revise/remove electrd antrum	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
43886	Revise gastric port open	$4,274.98
43887	Remove gastric port open	$4,274.98
43888	Change gastric port open	$4,274.98
43999	Stomach surgery procedure	$1,490.72
44005	Freeing of bowel adhesion	UM
44010	Incision of small bowel	UM
44015	Insert needle cath bowel	UM
44020	Explore small intestine	UM
44021	Decompress small bowel	UM
44025	Incision of large bowel	UM
44050	Reduce bowel obstruction	UM
44055	Correct malrotation of bowel	UM
44100	Biopsy of bowel	$2,176.00
44110	Excise intestine lesion(s)	UM
44111	Excision of bowel lesion(s)	UM
44120	Removal of small intestine	UM
44121	Removal of small intestine	UM
44125	Removal of small intestine	UM
44126	Enterectomy w/o taper cong	UM
44127	Enterectomy w/taper cong	UM
44128	Enterectomy cong add-on	UM
44130	Bowel to bowel fusion	UM
44132	Enterectomy cadaver donor	UM
44133	Enterectomy live donor	UM
44135	Intestine transplnt cadaver	UM
44136	Intestine transplant live	UM
44137	Remove intestinal allograft	UM
44139	Mobilization of colon	UM
44140	Partial removal of colon	UM
44141	Partial removal of colon	UM
44143	Partial removal of colon	UM
44144	Partial removal of colon	UM
44145	Partial removal of colon	UM
44146	Partial removal of colon	UM
44147	Partial removal of colon	UM
44150	Removal of colon	UM
44151	Removal of colon/ileostomy	UM
44155	Removal of colon/ileostomy	UM
44156	Removal of colon/ileostomy	UM
44157	Colectomy w/ileoanal anast	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
44158	Colectomy w/neo-rectum pouch	UM
44160	Removal of colon	UM
44180	Lap enterolysis	$8,002.30
44186	Lap jejunostomy	$8,002.30
44187	Lap ileo/jejuno-stomy	UM
44188	Lap colostomy	UM
44202	Lap enterectomy	UM
44203	Lap resect s/intestine addl	UM
44204	Laparo partial colectomy	UM
44205	Lap colectomy part w/ileum	UM
44206	Lap part colectomy w/stoma	UM
44207	L colectomy/coloproctostomy	UM
44208	L colectomy/coloproctostomy	UM
44210	Laparo total proctocolectomy	UM
44211	Lap colectomy w/proctectomy	UM
44212	Laparo total proctocolectomy	UM
44213	Lap mobil splenic fl add-on	UM
44227	Lap close enterostomy	UM
44238	Laparoscope proc intestine	$8,002.30
44300	Open bowel to skin	UM
44310	Ileostomy/jejunostomy	UM
44312	Revision of ileostomy	$4,274.98
44314	Revision of ileostomy	UM
44316	Devise bowel pouch	UM
44320	Colostomy	UM
44322	Colostomy with biopsies	UM
44340	Revision of colostomy	$4,274.98
44345	Revision of colostomy	UM
44346	Revision of colostomy	UM
44360	Small bowel endoscopy	$1,490.72
44361	Small bowel endoscopy/biopsy	$2,176.00
44363	Small bowel endoscopy	$2,176.00
44364	Small bowel endoscopy	$2,176.00
44365	Small bowel endoscopy	$2,176.00
44366	Small bowel endoscopy	$2,176.00
44369	Small bowel endoscopy	$2,176.00
44370	Small bowel endoscopy/stent	$7,227.14
44372	Small bowel endoscopy	$2,176.00
44373	Small bowel endoscopy	$2,176.00
44376	Small bowel endoscopy	$2,176.00

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
44377	Small bowel endoscopy/biopsy	$2,176.00
44378	Small bowel endoscopy	$2,176.00
44379	S bowel endoscope w/stent	$7,227.14
44380	Small bowel endoscopy br/wa	$1,490.72
44381	Small bowel endoscopy br/wa	$1,490.72
44382	Small bowel endoscopy	$1,490.72
44384	Small bowel endoscopy	$7,227.14
44385	Endoscopy of bowel pouch	$1,505.52
44386	Endoscopy bowel pouch/biop	$1,505.52
44388	Colonoscopy thru stoma spx	$1,505.52
44389	Colonoscopy with biopsy	$1,505.52
44390	Colonoscopy for foreign body	$1,505.52
44391	Colonoscopy for bleeding	$1,505.52
44392	Colonoscopy & polypectomy	$1,505.52
44394	Colonoscopy w/snare	$1,505.52
44401	Colonoscopy with ablation	$1,505.52
44402	Colonoscopy w/stent plcmt	$7,227.14
44403	Colonoscopy w/resection	$1,505.52
44404	Colonoscopy w/injection	$1,505.52
44405	Colonoscopy w/dilation	$1,505.52
44406	Colonoscopy w/ultrasound	$1,505.52
44407	Colonoscopy w/ndl aspir/bx	$1,505.52
44408	Colonoscopy w/decompression	$1,505.52
44500	Intro gastrointestinal tube	$965.66
44602	Suture small intestine	UM
44603	Suture small intestine	UM
44604	Suture large intestine	UM
44605	Repair of bowel lesion	UM
44615	Intestinal stricturoplasty	UM
44620	Repair bowel opening	UM
44625	Repair bowel opening	UM
44626	Repair bowel opening	UM
44640	Repair bowel-skin fistula	UM
44650	Repair bowel fistula	UM
44660	Repair bowel-bladder fistula	UM
44661	Repair bowel-bladder fistula	UM
44680	Surgical revision intestine	UM
44700	Suspend bowel w/prosthesis	UM
44701	Intraop colon lavage add-on	UM
44705	Prepare fecal microbiota	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
44715	Prepare donor intestine	UM
44720	Prep donor intestine/venous	UM
44721	Prep donor intestine/artery	UM
44799	Unlisted px small intestine	$5,225.14
44800	Excision of bowel pouch	UM
44820	Excision of mesentery lesion	UM
44850	Repair of mesentery	UM
44899	Bowel surgery procedure	UM
44900	Drain appendix abscess open	UM
44950	Appendectomy	$5,225.14
44955	Appendectomy add-on	UM
44960	Appendectomy	UM
44970	Laparoscopy appendectomy	$8,002.30
44979	Laparoscope proc app	$8,002.30
45000	Drainage of pelvic abscess	$3,323.00
45005	Drainage of rectal abscess	$3,323.00
45020	Drainage of rectal abscess	$3,323.00
45100	Biopsy of rectum	$3,323.00
45108	Removal of anorectal lesion	$4,653.28
45110	Removal of rectum	UM
45111	Partial removal of rectum	UM
45112	Removal of rectum	UM
45113	Partial proctectomy	UM
45114	Partial removal of rectum	UM
45116	Partial removal of rectum	UM
45119	Remove rectum w/reservoir	UM
45120	Removal of rectum	UM
45121	Removal of rectum and colon	UM
45123	Partial proctectomy	UM
45126	Pelvic exenteration	UM
45130	Excision of rectal prolapse	UM
45135	Excision of rectal prolapse	UM
45136	Excise ileoanal reservior	UM
45150	Excision of rectal stricture	$3,323.00
45160	Excision of rectal lesion	$3,323.00
45171	Exc rect tum transanal part	$4,653.28
45172	Exc rect tum transanal full	$4,653.28
45190	Destruction rectal tumor	$3,323.00
45300	Proctosigmoidoscopy dx	$984.90
45303	Proctosigmoidoscopy dilate	$1,505.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
45305	Proctosigmoidoscopy w/bx	$3,323.00
45307	Proctosigmoidoscopy fb	$3,323.00
45308	Proctosigmoidoscopy removal	$3,323.00
45309	Proctosigmoidoscopy removal	$3,323.00
45315	Proctosigmoidoscopy removal	$3,323.00
45317	Proctosigmoidoscopy bleed	$1,505.52
45320	Proctosigmoidoscopy ablate	$4,653.28
45321	Proctosigmoidoscopy volvul	$3,323.00
45327	Proctosigmoidoscopy w/stent	$7,227.14
45330	Diagnostic sigmoidoscopy	$984.90
45331	Sigmoidoscopy and biopsy	$984.90
45332	Sigmoidoscopy w/fb removal	$1,505.52
45333	Sigmoidoscopy & polypectomy	$984.90
45334	Sigmoidoscopy for bleeding	$1,505.52
45335	Sigmoidoscopy w/submuc inj	$984.90
45337	Sigmoidoscopy & decompress	$1,505.52
45338	Sigmoidoscopy w/tumr remove	$1,505.52
45340	Sig w/tndsc balloon dilation	$1,505.52
45341	Sigmoidoscopy w/ultrasound	$1,505.52
45342	Sigmoidoscopy w/us guide bx	$3,323.00
45346	Sigmoidoscopy w/ablation	$1,505.52
45347	Sigmoidoscopy w/plcmt stent	$7,227.14
45349	Sigmoidoscopy w/resection	$1,505.52
45350	Sgmdsc w/band ligation	$1,505.52
45378	Diagnostic colonoscopy	$1,505.52
45379	Colonoscopy w/fb removal	$1,505.52
45380	Colonoscopy and biopsy	$1,505.52
45381	Colonoscopy submucous njx	$1,505.52
45382	Colonoscopy w/control bleed	$1,505.52
45384	Colonoscopy w/lesion removal	$1,505.52
45385	Colonoscopy w/lesion removal	$1,505.52
45386	Colonoscopy w/balloon dilat	$1,505.52
45388	Colonoscopy w/ablation	$1,505.52
45389	Colonoscopy w/stent plcmt	$7,227.14
45390	Colonoscopy w/resection	$1,505.52
45391	Colonoscopy w/endoscope us	$1,505.52
45392	Colonoscopy w/endoscopic fnb	$3,323.00
45393	Colonoscopy w/decompression	$1,505.52
45395	Lap removal of rectum	UM
45397	Lap remove rectum w/pouch	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
45398	Colonoscopy w/band ligation	$1,505.52
45399	Unlisted procedure colon	$1,505.52
45400	Laparoscopic proc	UM
45402	Lap proctopexy w/sig resect	UM
45499	Laparoscope proc rectum	$8,002.30
45500	Repair of rectum	$3,323.00
45505	Repair of rectum	$4,653.28
45520	Treatment of rectal prolapse	$235.66
45540	Correct rectal prolapse	UM
45541	Correct rectal prolapse	$4,653.28
45550	Repair rectum/remove sigmoid	UM
45560	Repair of rectocele	$4,653.28
45562	Exploration/repair of rectum	UM
45563	Exploration/repair of rectum	UM
45800	Repair rect/bladder fistula	UM
45805	Repair fistula w/colostomy	UM
45820	Repair rectourethral fistula	UM
45825	Repair fistula w/colostomy	UM
45900	Reduction of rectal prolapse	$984.90
45905	Dilation of anal sphincter	$3,323.00
45910	Dilation of rectal narrowing	$3,323.00
45915	Remove rectal obstruction	$3,323.00
45990	Surg dx exam anorectal	$3,323.00
45999	Rectum surgery procedure	$984.90
46020	Placement of seton	$3,323.00
46030	Removal of rectal marker	$1,505.52
46040	Incision of rectal abscess	$3,323.00
46045	Incision of rectal abscess	$3,323.00
46050	Incision of anal abscess	$984.90
46060	Incision of rectal abscess	$3,323.00
46070	Incision of anal septum	$3,323.00
46080	Incision of anal sphincter	$3,323.00
46083	Incise external hemorrhoid	$413.22
46200	Removal of anal fissure	$3,323.00
46220	Excise anal ext tag/papilla	$3,323.00
46221	Ligation of hemorrhoid(s)	$984.90
46230	Removal of anal tags	$3,323.00
46250	Remove ext hem groups 2+	$3,323.00
46255	Remove int/ext hem 1 group	$3,323.00
46257	Remove in/ex hem grp & fiss	$3,323.00

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
46258	Remove in/ex hem grp w/fistu	$4,653.28
46260	Remove in/ex hem groups 2+	$4,653.28
46261	Remove in/ex hem grps & fiss	$4,653.28
46262	Remove in/ex hem grps w/fist	$4,653.28
46270	Remove anal fist subq	$3,323.00
46275	Remove anal fist inter	$3,323.00
46280	Remove anal fist complex	$3,323.00
46285	Remove anal fist 2 stage	$3,323.00
46288	Repair anal fistula	$4,653.28
46320	Removal of hemorrhoid clot	$3,323.00
46500	Injection into hemorrhoid(s)	$984.90
46505	Chemodenervation anal musc	$3,323.00
46600	Diagnostic anoscopy spx	$182.36
46601	Diagnostic anoscopy	$111.88
46604	Anoscopy and dilation	$3,323.00
46606	Anoscopy and biopsy	$3,323.00
46607	Diagnostic anoscopy & biopsy	$1,505.52
46608	Anoscopy remove for body	$1,505.52
46610	Anoscopy remove lesion	$3,323.00
46611	Anoscopy	$1,505.52
46612	Anoscopy remove lesions	$3,323.00
46614	Anoscopy control bleeding	$1,505.52
46615	Anoscopy	$3,323.00
46700	Repair of anal stricture	$3,323.00
46705	Repair of anal stricture	UM
46706	Repr of anal fistula w/glue	$4,653.28
46707	Repair anorectal fist w/plug	$4,653.28
46710	Repr per/vag pouch sngl proc	UM
46712	Repr per/vag pouch dbl proc	UM
46715	Rep perf anoper fistu	UM
46716	Rep perf anoper/vestib fistu	UM
46730	Construction of absent anus	UM
46735	Construction of absent anus	UM
46740	Construction of absent anus	UM
46742	Repair of imperforated anus	UM
46744	Repair of cloacal anomaly	UM
46746	Repair of cloacal anomaly	UM
46748	Repair of cloacal anomaly	UM
46750	Repair of anal sphincter	$4,653.28
46751	Repair of anal sphincter	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
46753	Reconstruction of anus	$4,653.28
46754	Removal of suture from anus	$3,323.00
46760	Repair of anal sphincter	$4,653.28
46761	Repair of anal sphincter	$4,653.28
46762	Implant artificial sphincter	$7,227.14
46900	Destruction anal lesion(s)	$451.10
46910	Destruction anal lesion(s)	$2,822.42
46916	Cryosurgery anal lesion(s)	$451.10
46917	Laser surgery anal lesions	$3,323.00
46922	Excision of anal lesion(s)	$3,323.00
46924	Destruction anal lesion(s)	$3,323.00
46930	Destroy internal hemorrhoids	$984.90
46940	Treatment of anal fissure	$3,323.00
46942	Treatment of anal fissure	$984.90
46945	Remove by ligat int hem grp	$3,323.00
46946	Remove by ligat int hem grps	$3,323.00
46947	Hemorrhoidopexy by stapling	$4,653.28
46999	Anus surgery procedure	$984.90
47000	Needle biopsy of liver	$1,883.96
47001	Needle biopsy liver add-on	UM
47010	Open drainage liver lesion	UM
47015	Inject/aspirate liver cyst	UM
47100	Wedge biopsy of liver	UM
47120	Partial removal of liver	UM
47122	Extensive removal of liver	UM
47125	Partial removal of liver	UM
47130	Partial removal of liver	UM
47133	Removal of donor liver	UM
47135	Transplantation of liver	UM
47136	Transplantation of liver	UM
47140	Partial removal donor liver	UM
47141	Partial removal donor liver	UM
47142	Partial removal donor liver	UM
47143	Prep donor liver whole	UM
47144	Prep donor liver 3-segment	UM
47145	Prep donor liver lobe split	UM
47146	Prep donor liver/venous	UM
47147	Prep donor liver/arterial	UM
47300	Surgery for liver lesion	UM
47350	Repair liver wound	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
47360	Repair liver wound	UM
47361	Repair liver wound	UM
47362	Repair liver wound	UM
47370	Laparo ablate liver tumor rf	$13,721.82
47371	Laparo ablate liver cryosurg	$13,721.82
47379	Laparoscope procedure liver	$8,002.30
47380	Open ablate liver tumor rf	UM
47381	Open ablate liver tumor cryo	UM
47382	Percut ablate liver rf	$8,236.46
47383	Perq abltj lvr cryoablation	$8,236.46
47399	Liver surgery procedure	$456.54
47400	Incision of liver duct	UM
47420	Incision of bile duct	UM
47425	Incision of bile duct	UM
47460	Incise bile duct sphincter	UM
47480	Incision of gallbladder	UM
47490	Incision of gallbladder	$4,354.22
47500	Injection for liver x-rays	UM
47505	Injection for liver x-rays	UM
47510	Insert catheter bile duct	UM
47511	Insert bile duct drain	UM
47525	Change bile duct catheter	UM
47530	Revise/reinsert bile tube	UM
47531	Injection for cholangiogram	$703.42
47532	Injection for cholangiogram	$4,354.22
47533	Plmt biliary drainage cath	$4,354.22
47534	Plmt biliary drainage cath	$4,354.22
47535	Conversion ext bil drg cath	$4,354.22
47536	Exchange biliary drg cath	$4,354.22
47537	Removal biliary drg cath	$965.66
47538	Perq plmt bile duct stent	$8,236.46
47539	Perq plmt bile duct stent	$8,236.46
47540	Perq plmt bile duct stent	$8,236.46
47541	Plmt access bil tree sm bwl	$4,354.22
47542	Dilate biliary duct/ampulla	UM
47543	Endoluminal bx biliary tree	UM
47544	Removal duct glbldr calculi	UM
47550	Bile duct endoscopy add-on	UM
47552	Biliary endo perq dx w/speci	$4,354.22
47553	Biliary endoscopy thru skin	$8,236.46

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
47554	Biliary endoscopy thru skin	$8,236.46
47555	Biliary endoscopy thru skin	$4,354.22
47556	Biliary endoscopy thru skin	$8,236.46
47560	Laparoscopy w/cholangio	UM
47561	Laparo w/cholangio/biopsy	UM
47562	Laparoscopic cholecystectomy	$8,002.30
47563	Laparo cholecystectomy/graph	$8,002.30
47564	Laparo cholecystectomy/explr	$8,002.30
47570	Laparo cholecystoenterostomy	UM
47579	Laparoscope proc biliary	$8,002.30
47600	Removal of gallbladder	UM
47605	Removal of gallbladder	UM
47610	Removal of gallbladder	UM
47612	Removal of gallbladder	UM
47620	Removal of gallbladder	UM
47630	Remove bile duct stone	UM
47700	Exploration of bile ducts	UM
47701	Bile duct revision	UM
47711	Excision of bile duct tumor	UM
47712	Excision of bile duct tumor	UM
47715	Excision of bile duct cyst	UM
47720	Fuse gallbladder & bowel	UM
47721	Fuse upper gi structures	UM
47740	Fuse gallbladder & bowel	UM
47741	Fuse gallbladder & bowel	UM
47760	Fuse bile ducts and bowel	UM
47765	Fuse liver ducts & bowel	UM
47780	Fuse bile ducts and bowel	UM
47785	Fuse bile ducts and bowel	UM
47800	Reconstruction of bile ducts	UM
47801	Placement bile duct support	UM
47802	Fuse liver duct & intestine	UM
47900	Suture bile duct injury	UM
47999	Bile tract surgery procedure	$4,354.22
48000	Drainage of abdomen	UM
48001	Placement of drain pancreas	UM
48020	Removal of pancreatic stone	UM
48100	Biopsy of pancreas open	UM
48102	Needle biopsy pancreas	$1,883.96
48105	Resect/debride pancreas	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
48120	Removal of pancreas lesion	UM
48140	Partial removal of pancreas	UM
48145	Partial removal of pancreas	UM
48146	Pancreatectomy	UM
48148	Removal of pancreatic duct	UM
48150	Partial removal of pancreas	UM
48152	Pancreatectomy	UM
48153	Pancreatectomy	UM
48154	Pancreatectomy	UM
48155	Removal of pancreas	UM
48160	Pancreas removal/transplant	UM
48400	Injection intraop add-on	UM
48500	Surgery of pancreatic cyst	UM
48510	Drain pancreatic pseudocyst	UM
48520	Fuse pancreas cyst and bowel	UM
48540	Fuse pancreas cyst and bowel	UM
48545	Pancreatorrhaphy	UM
48547	Duodenal exclusion	UM
48548	Fuse pancreas and bowel	UM
48550	Donor pancreatectomy	UM
48551	Prep donor pancreas	UM
48552	Prep donor pancreas/venous	UM
48554	Transpl allograft pancreas	UM
48556	Removal allograft pancreas	UM
48999	Pancreas surgery procedure	$456.54
49000	Exploration of abdomen	UM
49002	Reopening of abdomen	UM
49010	Exploration behind abdomen	UM
49020	Drainage abdom abscess open	UM
49040	Drain open abdom abscess	UM
49060	Drain open retroperi abscess	UM
49062	Drain to peritoneal cavity	UM
49082	Abd paracentesis	$965.66
49083	Abd paracentesis w/imaging	$965.66
49084	Peritoneal lavage	$965.66
49180	Biopsy abdominal mass	$1,883.96
49185	Sclerotx fluid collection	$1,883.96
49203	Exc abd tum 5 cm or less	UM
49204	Exc abd tum over 5 cm	UM
49205	Exc abd tum over 10 cm	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
49215	Excise sacral spine tumor	UM
49220	Multiple surgery abdomen	UM
49250	Excision of umbilicus	$5,225.14
49255	Removal of omentum	UM
49320	Diag laparo separate proc	$8,002.30
49321	Laparoscopy biopsy	$8,002.30
49322	Laparoscopy aspiration	$8,002.30
49323	Laparo drain lymphocele	$8,002.30
49324	Lap insert tunnel ip cath	$8,002.30
49325	Lap revision perm ip cath	$8,002.30
49326	Lap w/omentopexy add-on	UM
49327	Lap ins device for rt	UM
49329	Laparo proc abdm/per/oment	$8,002.30
49400	Air injection into abdomen	UM
49402	Remove foreign body adbomen	$5,225.14
49405	Image cath fluid colxn visc	$1,883.96
49406	Image cath fluid peri/retro	$2,828.56
49407	Image cath fluid trns/vgnl	$1,883.96
49411	Ins mark abd/pel for rt perq	$2,053.62
49412	Ins device for rt guide open	UM
49418	Insert tun ip cath perc	$4,354.22
49419	Insert tun ip cath w/port	$4,494.66
49421	Ins tun ip cath for dial opn	$5,225.14
49422	Remove tunneled ip cath	$4,494.66
49423	Exchange drainage catheter	$2,415.50
49424	Assess cyst contrast inject	UM
49425	Insert abdomen-venous drain	UM
49426	Revise abdomen-venous shunt	$5,225.14
49427	Injection abdominal shunt	UM
49428	Ligation of shunt	UM
49429	Removal of shunt	$4,494.66
49435	Insert subq exten to ip cath	UM
49436	Embedded ip cath exit-site	$2,415.50
49440	Place gastrostomy tube perc	$2,176.00
49441	Place duod/jej tube perc	$2,176.00
49442	Place cecostomy tube perc	$3,323.00
49446	Change g-tube to g-j perc	$2,176.00
49450	Replace g/c tube perc	$965.66
49451	Replace duod/jej tube perc	$965.66
49452	Replace g-j tube perc	$965.66

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
49460	Fix g/colon tube w/device	$965.66
49465	Fluoro exam of g/colon tube	$201.38
49491	Rpr hern preemie reduc	$5,225.14
49492	Rpr ing hern premie blocked	$5,225.14
49495	Rpr ing hernia baby reduc	$5,225.14
49496	Rpr ing hernia baby blocked	$5,225.14
49500	Rpr ing hernia init reduce	$5,225.14
49501	Rpr ing hernia init blocked	$5,225.14
49505	Prp i/hern init reduc >5 yr	$5,225.14
49507	Prp i/hern init block >5 yr	$5,225.14
49520	Rerepair ing hernia reduce	$5,225.14
49521	Rerepair ing hernia blocked	$5,225.14
49525	Repair ing hernia sliding	$5,225.14
49540	Repair lumbar hernia	$5,225.14
49550	Rpr rem hernia init reduce	$5,225.14
49553	Rpr fem hernia init blocked	$5,225.14
49555	Rerepair fem hernia reduce	$5,225.14
49557	Rerepair fem hernia blocked	$5,225.14
49560	Rpr ventral hern init reduc	$5,225.14
49561	Rpr ventral hern init block	$5,225.14
49565	Rerepair ventrl hern reduce	$5,225.14
49566	Rerepair ventrl hern block	$5,225.14
49568	Hernia repair w/mesh	UM
49570	Rpr epigastric hern reduce	$5,225.14
49572	Rpr epigastric hern blocked	$5,225.14
49580	Rpr umbil hern reduc < 5 yr	$5,225.14
49582	Rpr umbil hern block < 5 yr	$5,225.14
49585	Rpr umbil hern reduc > 5 yr	$5,225.14
49587	Rpr umbil hern block > 5 yr	$5,225.14
49590	Repair spigelian hernia	$5,225.14
49600	Repair umbilical lesion	$5,225.14
49605	Repair umbilical lesion	UM
49606	Repair umbilical lesion	UM
49610	Repair umbilical lesion	UM
49611	Repair umbilical lesion	UM
49650	Lap ing hernia repair init	$8,002.30
49651	Lap ing hernia repair recur	$8,002.30
49652	Lap vent/abd hernia repair	$8,002.30
49653	Lap vent/abd hern proc comp	$8,002.30
49654	Lap inc hernia repair	$13,721.82

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
49655	Lap inc hern repair comp	$13,721.82
49656	Lap inc hernia repair recur	$13,721.82
49657	Lap inc hern recur comp	$13,721.82
49659	Laparo proc hernia repair	$8,002.30
49900	Repair of abdominal wall	UM
49904	Omental flap extra-abdom	UM
49905	Omental flap intra-abdom	UM
49906	Free omental flap microvasc	UM
49999	Abdomen surgery procedure	$5,225.14
50010	Exploration of kidney	UM
50020	Renal abscess open drain	$3,012.84
50040	Drainage of kidney	UM
50045	Exploration of kidney	UM
50060	Removal of kidney stone	UM
50065	Incision of kidney	UM
50070	Incision of kidney	UM
50075	Removal of kidney stone	UM
50080	Removal of kidney stone	$14,856.54
50081	Removal of kidney stone	$14,856.54
50100	Revise kidney blood vessels	UM
50120	Exploration of kidney	UM
50125	Explore and drain kidney	UM
50130	Removal of kidney stone	UM
50135	Exploration of kidney	UM
50200	Renal biopsy perq	$2,828.56
50205	Renal biopsy open	UM
50220	Remove kidney open	UM
50225	Removal kidney open complex	UM
50230	Removal kidney open radical	UM
50234	Removal of kidney & ureter	UM
50236	Removal of kidney & ureter	UM
50240	Partial removal of kidney	UM
50250	Cryoablate renal mass open	UM
50280	Removal of kidney lesion	UM
50290	Removal of kidney lesion	UM
50300	Remove cadaver donor kidney	UM
50320	Remove kidney living donor	UM
50323	Prep cadaver renal allograft	UM
50325	Prep donor renal graft	UM
50327	Prep renal graft/venous	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
50328	Prep renal graft/arterial	UM
50329	Prep renal graft/ureteral	UM
50340	Removal of kidney	UM
50360	Transplantation of kidney	UM
50365	Transplantation of kidney	UM
50370	Remove transplanted kidney	UM
50380	Reimplantation of kidney	UM
50382	Change ureter stent percut	$3,012.84
50384	Remove ureter stent percut	$3,012.84
50385	Change stent via transureth	$3,012.84
50386	Remove stent via transureth	$3,012.84
50387	Change nephroureteral cath	$2,415.50
50389	Remove renal tube w/fluoro	$1,048.96
50390	Drainage of kidney lesion	$1,883.96
50391	Instll rx agnt into rnal tub	$413.22
50392	Insert kidney drain	UM
50393	Insert ureteral tube	UM
50394	Injection for kidney x-ray	UM
50395	Create passage to kidney	$4,486.98
50396	Measure kidney pressure	$1,048.96
50398	Change kidney tube	UM
50400	Revision of kidney/ureter	UM
50405	Revision of kidney/ureter	UM
50430	Njx px nfrosgrm &/urtrgrm	$1,048.96
50431	Njx px nfrosgrm &/urtrgrm	$1,048.96
50432	Plmt nephrostomy catheter	$3,012.84
50433	Plmt nephroureteral catheter	$3,012.84
50434	Convert nephrostomy catheter	$1,048.96
50435	Exchange nephrostomy cath	$1,048.96
50500	Repair of kidney wound	UM
50520	Close kidney-skin fistula	UM
50525	Close nephrovisceral fistula	UM
50526	Close nephrovisceral fistula	UM
50540	Revision of horseshoe kidney	UM
50541	Laparo ablate renal cyst	$8,002.30
50542	Laparo ablate renal mass	$13,721.82
50543	Laparo partial nephrectomy	$13,721.82
50544	Laparoscopy pyeloplasty	$13,721.82
50545	Laparo radical nephrectomy	UM
50546	Laparoscopic nephrectomy	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
50547	Laparo removal donor kidney	UM
50548	Laparo remove w/ureter	UM
50549	Laparoscope proc renal	$8,002.30
50551	Kidney endoscopy	$4,486.98
50553	Kidney endoscopy	$6,787.46
50555	Kidney endoscopy & biopsy	$4,486.98
50557	Kidney endoscopy & treatment	$14,856.54
50561	Kidney endoscopy & treatment	$6,787.46
50562	Renal scope w/tumor resect	$4,486.98
50570	Kidney endoscopy	$3,012.84
50572	Kidney endoscopy	$1,048.96
50574	Kidney endoscopy & biopsy	$1,048.96
50575	Kidney endoscopy	$6,787.46
50576	Kidney endoscopy & treatment	$3,012.84
50580	Kidney endoscopy & treatment	$3,012.84
50590	Fragmenting of kidney stone	$6,787.46
50592	Perc rf ablate renal tumor	$8,236.46
50593	Perc cryo ablate renal tum	$8,236.46
50600	Exploration of ureter	UM
50605	Insert ureteral support	UM
50606	Endoluminal bx urtr rnl plvs	UM
50610	Removal of ureter stone	UM
50620	Removal of ureter stone	UM
50630	Removal of ureter stone	UM
50650	Removal of ureter	UM
50660	Removal of ureter	UM
50684	Injection for ureter x-ray	UM
50686	Measure ureter pressure	$259.50
50688	Change of ureter tube/stent	$2,415.50
50690	Injection for ureter x-ray	UM
50693	Plmt ureteral stent prq	$4,486.98
50694	Plmt ureteral stent prq	$4,486.98
50695	Plmt ureteral stent prq	$4,486.98
50700	Revision of ureter	UM
50705	Ureteral embolization/occl	UM
50706	Balloon dilate urtrl strix	UM
50715	Release of ureter	UM
50722	Release of ureter	UM
50725	Release/revise ureter	UM
50727	Revise ureter	$4,486.98

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
50728	Revise ureter	UM
50740	Fusion of ureter & kidney	UM
50750	Fusion of ureter & kidney	UM
50760	Fusion of ureters	UM
50770	Splicing of ureters	UM
50780	Reimplant ureter in bladder	UM
50782	Reimplant ureter in bladder	UM
50783	Reimplant ureter in bladder	UM
50785	Reimplant ureter in bladder	UM
50800	Implant ureter in bowel	UM
50810	Fusion of ureter & bowel	UM
50815	Urine shunt to intestine	UM
50820	Construct bowel bladder	UM
50825	Construct bowel bladder	UM
50830	Revise urine flow	UM
50840	Replace ureter by bowel	UM
50845	Appendico-vesicostomy	UM
50860	Transplant ureter to skin	UM
50900	Repair of ureter	UM
50920	Closure ureter/skin fistula	UM
50930	Closure ureter/bowel fistula	UM
50940	Release of ureter	UM
50945	Laparoscopy ureterolithotomy	$8,002.30
50947	Laparo new ureter/bladder	$8,002.30
50948	Laparo new ureter/bladder	$13,721.82
50949	Laparoscope proc ureter	$8,002.30
50951	Endoscopy of ureter	$3,012.84
50953	Endoscopy of ureter	$4,486.98
50955	Ureter endoscopy & biopsy	$4,486.98
50957	Ureter endoscopy & treatment	$6,787.46
50961	Ureter endoscopy & treatment	$3,012.84
50970	Ureter endoscopy	$1,048.96
50972	Ureter endoscopy & catheter	$1,048.96
50974	Ureter endoscopy & biopsy	$6,787.46
50976	Ureter endoscopy & treatment	$6,787.46
50980	Ureter endoscopy & treatment	$4,486.98
51020	Incise & treat bladder	$4,486.98
51030	Incise & treat bladder	$4,486.98
51040	Incise & drain bladder	$3,012.84
51045	Incise bladder/drain ureter	$3,012.84

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
51050	Removal of bladder stone	$6,787.46
51060	Removal of ureter stone	$4,486.98
51065	Remove ureter calculus	$6,787.46
51080	Drainage of bladder abscess	$1,883.96
51100	Drain bladder by needle	$1,048.96
51101	Drain bladder by trocar/cath	$1,712.88
51102	Drain bl w/cath insertion	$3,012.84
51500	Removal of bladder cyst	$5,225.14
51520	Removal of bladder lesion	$4,486.98
51525	Removal of bladder lesion	UM
51530	Removal of bladder lesion	UM
51535	Repair of ureter lesion	$4,486.98
51550	Partial removal of bladder	UM
51555	Partial removal of bladder	UM
51565	Revise bladder & ureter(s)	UM
51570	Removal of bladder	UM
51575	Removal of bladder & nodes	UM
51580	Remove bladder/revise tract	UM
51585	Removal of bladder & nodes	UM
51590	Remove bladder/revise tract	UM
51595	Remove bladder/revise tract	UM
51596	Remove bladder/create pouch	UM
51597	Removal of pelvic structures	UM
51600	Injection for bladder x-ray	UM
51605	Preparation for bladder xray	UM
51610	Injection for bladder x-ray	UM
51700	Irrigation of bladder	$413.22
51701	Insert bladder catheter	$182.36
51702	Insert temp bladder cath	$182.36
51703	Insert bladder cath complex	$259.50
51705	Change of bladder tube	$413.22
51710	Change of bladder tube	$965.66
51715	Endoscopic injection/implant	$4,486.98
51720	Treatment of bladder lesion	$413.22
51725	Simple cystometrogram	$413.22
51726	Complex cystometrogram	$1,048.96
51727	Cystometrogram w/up	$1,048.96
51728	Cystometrogram w/vp	$1,048.96
51729	Cystometrogram w/vp&up	$1,048.96
51736	Urine flow measurement	$182.36

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
51741	Electro-uroflowmetry first	$259.50
51784	Anal/urinary muscle study	$259.50
51785	Anal/urinary muscle study	$413.22
51792	Urinary reflex study	$111.88
51797	Intraabdominal pressure test	UM
51798	Us urine capacity measure	$182.36
51800	Revision of bladder/urethra	UM
51820	Revision of urinary tract	UM
51840	Attach bladder/urethra	UM
51841	Attach bladder/urethra	UM
51845	Repair bladder neck	$7,320.40
51860	Repair of bladder wound	$6,787.46
51865	Repair of bladder wound	UM
51880	Repair of bladder opening	$3,012.84
51900	Repair bladder/vagina lesion	UM
51920	Close bladder-uterus fistula	UM
51925	Hysterectomy/bladder repair	UM
51940	Correction of bladder defect	UM
51960	Revision of bladder & bowel	UM
51980	Construct bladder opening	UM
51990	Laparo urethral suspension	$8,002.30
51992	Laparo sling operation	$8,002.30
51999	Laparoscope proc bla	$8,002.30
52000	Cystoscopy	$1,048.96
52001	Cystoscopy removal of clots	$3,012.84
52005	Cystoscopy & ureter catheter	$3,012.84
52007	Cystoscopy and biopsy	$4,486.98
52010	Cystoscopy & duct catheter	$1,048.96
52204	Cystoscopy w/biopsy(s)	$3,012.84
52214	Cystoscopy and treatment	$3,012.84
52224	Cystoscopy and treatment	$3,012.84
52234	Cystoscopy and treatment	$4,486.98
52235	Cystoscopy and treatment	$4,486.98
52240	Cystoscopy and treatment	$4,486.98
52250	Cystoscopy and radiotracer	$4,486.98
52260	Cystoscopy and treatment	$3,012.84
52265	Cystoscopy and treatment	$3,012.84
52270	Cystoscopy & revise urethra	$3,012.84
52275	Cystoscopy & revise urethra	$3,012.84
52276	Cystoscopy and treatment	$3,012.84

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
52277	Cystoscopy and treatment	$4,486.98
52281	Cystoscopy and treatment	$3,012.84
52282	Cystoscopy implant stent	$4,486.98
52283	Cystoscopy and treatment	$3,012.84
52285	Cystoscopy and treatment	$3,012.84
52287	Cystoscopy chemodenervation	$3,012.84
52290	Cystoscopy and treatment	$3,012.84
52300	Cystoscopy and treatment	$3,012.84
52301	Cystoscopy and treatment	$4,486.98
52305	Cystoscopy and treatment	$6,787.46
52310	Cystoscopy and treatment	$3,012.84
52315	Cystoscopy and treatment	$3,012.84
52317	Remove bladder stone	$4,486.98
52318	Remove bladder stone	$6,787.46
52320	Cystoscopy and treatment	$4,486.98
52325	Cystoscopy stone removal	$4,486.98
52327	Cystoscopy inject material	$4,486.98
52330	Cystoscopy and treatment	$4,486.98
52332	Cystoscopy and treatment	$4,486.98
52334	Create passage to kidney	$4,486.98
52341	Cysto w/ureter stricture tx	$4,486.98
52342	Cysto w/up stricture tx	$4,486.98
52343	Cysto w/renal stricture tx	$3,012.84
52344	Cysto/uretero stricture tx	$4,486.98
52345	Cysto/uretero w/up stricture	$4,486.98
52346	Cystouretero w/renal strict	$6,787.46
52351	Cystouretero & or pyeloscope	$4,486.98
52352	Cystouretero w/stone remove	$4,486.98
52353	Cystouretero w/lithotripsy	$6,787.46
52354	Cystouretero w/biopsy	$4,486.98
52355	Cystouretero w/excise tumor	$6,787.46
52356	Cysto/uretero w/lithotripsy	$6,787.46
52400	Cystouretero w/congen repr	$4,486.98
52402	Cystourethro cut ejacul duct	$4,486.98
52441	Cystourethro w/implant	UM
52442	Cystourethro w/addl implant	UM
52450	Incision of prostate	$4,486.98
52500	Revision of bladder neck	$4,486.98
52601	Prostatectomy (turp)	$6,787.46
52630	Remove prostate regrowth	$6,787.46

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
52640	Relieve bladder contracture	$4,486.98
52647	Laser surgery of prostate	$6,787.46
52648	Laser surgery of prostate	$6,787.46
52649	Prostate laser enucleation	$6,787.46
52700	Drainage of prostate abscess	$4,486.98
53000	Incision of urethra	$4,486.98
53010	Incision of urethra	$6,787.46
53020	Incision of urethra	$3,012.84
53025	Incision of urethra	$3,012.84
53040	Drainage of urethra abscess	$4,486.98
53060	Drainage of urethra abscess	$3,012.84
53080	Drainage of urinary leakage	$3,012.84
53085	Drainage of urinary leakage	$3,012.84
53200	Biopsy of urethra	$4,486.98
53210	Removal of urethra	$6,787.46
53215	Removal of urethra	$6,787.46
53220	Treatment of urethra lesion	$4,486.98
53230	Removal of urethra lesion	$4,486.98
53235	Removal of urethra lesion	$6,787.46
53240	Surgery for urethra pouch	$6,787.46
53250	Removal of urethra gland	$3,012.84
53260	Treatment of urethra lesion	$3,012.84
53265	Treatment of urethra lesion	$3,012.84
53270	Removal of urethra gland	$4,486.98
53275	Repair of urethra defect	$4,486.98
53400	Revise urethra stage 1	$6,787.46
53405	Revise urethra stage 2	$6,787.46
53410	Reconstruction of urethra	$6,787.46
53415	Reconstruction of urethra	UM
53420	Reconstruct urethra stage 1	$6,787.46
53425	Reconstruct urethra stage 2	$6,787.46
53430	Reconstruction of urethra	$4,486.98
53431	Reconstruct urethra/bladder	$6,787.46
53440	Male sling procedure	$14,856.54
53442	Remove/revise male sling	$6,787.46
53444	Insert tandem cuff	$14,856.54
53445	Insert uro/ves nck sphincter	$28,176.04
53446	Remove uro sphincter	$6,787.46
53447	Remove/replace ur sphincter	$28,176.04
53448	Remov/replc ur sphinctr comp	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
53449	Repair uro sphincter	$6,787.46
53450	Revision of urethra	$4,486.98
53460	Revision of urethra	$4,486.98
53500	Urethrlys transvag w/ scope	$4,486.98
53502	Repair of urethra injury	$4,486.98
53505	Repair of urethra injury	$6,787.46
53510	Repair of urethra injury	$6,787.46
53515	Repair of urethra injury	$6,787.46
53520	Repair of urethra defect	$6,787.46
53600	Dilate urethra stricture	$413.22
53601	Dilate urethra stricture	$182.36
53605	Dilate urethra stricture	$3,012.84
53620	Dilate urethra stricture	$1,048.96
53621	Dilate urethra stricture	$413.22
53660	Dilation of urethra	$259.50
53661	Dilation of urethra	$182.36
53665	Dilation of urethra	$3,012.84
53850	Prostatic microwave thermotx	$3,012.84
53852	Prostatic rf thermotx	$6,787.46
53855	Insert prost urethral stent	$1,048.96
53860	Transurethral rf treatment	$3,012.84
53899	Urology surgery procedure	$413.22
54000	Slitting of prepuce	$3,012.84
54001	Slitting of prepuce	$3,012.84
54015	Drain penis lesion	$1,883.96
54050	Destruction penis lesion(s)	$235.66
54055	Destruction penis lesion(s)	$2,822.42
54056	Cryosurgery penis lesion(s)	$235.66
54057	Laser surg penis lesion(s)	$2,822.42
54060	Excision of penis lesion(s)	$2,822.42
54065	Destruction penis lesion(s)	$2,822.42
54100	Biopsy of penis	$1,883.96
54105	Biopsy of penis	$2,828.56
54110	Treatment of penis lesion	$4,486.98
54111	Treat penis lesion graft	$6,787.46
54112	Treat penis lesion graft	$14,856.54
54115	Treatment of penis lesion	$2,828.56
54120	Partial removal of penis	$4,486.98
54125	Removal of penis	UM
54130	Remove penis & nodes	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
54135	Remove penis & nodes	UM
54150	Circumcision w/regionl block	$3,012.84
54160	Circumcision neonate	$3,012.84
54161	Circum 28 days or older	$3,012.84
54162	Lysis penil circumic lesion	$3,012.84
54163	Repair of circumcision	$3,012.84
54164	Frenulotomy of penis	$3,012.84
54200	Treatment of penis lesion	$413.22
54205	Treatment of penis lesion	$6,787.46
54220	Treatment of penis lesion	$413.22
54230	Prepare penis study	UM
54231	Dynamic cavernosometry	$3,012.84
54235	Penile injection	$413.22
54240	Penis study	$259.50
54250	Penis study	$413.22
54300	Revision of penis	$4,486.98
54304	Revision of penis	$4,486.98
54308	Reconstruction of urethra	$6,787.46
54312	Reconstruction of urethra	$4,486.98
54316	Reconstruction of urethra	$6,787.46
54318	Reconstruction of urethra	$4,486.98
54322	Reconstruction of urethra	$4,486.98
54324	Reconstruction of urethra	$4,486.98
54326	Reconstruction of urethra	$6,787.46
54328	Revise penis/urethra	$4,486.98
54332	Revise penis/urethra	$4,486.98
54336	Revise penis/urethra	$4,486.98
54340	Secondary urethral surgery	$4,486.98
54344	Secondary urethral surgery	$6,787.46
54348	Secondary urethral surgery	$4,486.98
54352	Reconstruct urethra/penis	$6,787.46
54360	Penis plastic surgery	$4,486.98
54380	Repair penis	$4,486.98
54385	Repair penis	$4,486.98
54390	Repair penis and bladder	UM
54400	Insert semi-rigid prosthesis	$14,856.54
54401	Insert self-contd prosthesis	$28,176.04
54405	Insert multi-comp penis pros	$28,176.04
54406	Remove muti-comp penis pros	$4,486.98
54408	Repair multi-comp penis pros	$6,787.46

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
54410	Remove/replace penis prosth	$28,176.04
54411	Remov/replc penis pros comp	$28,176.04
54415	Remove self-contd penis pros	$4,486.98
54416	Remv/repl penis contain pros	$28,176.04
54417	Remv/replc penis pros compl	$28,176.04
54420	Revision of penis	$3,012.84
54430	Revision of penis	UM
54435	Revision of penis	$3,012.84
54437	Repair corporeal tear	$3,012.84
54438	Replantation of penis	UM
54440	Repair of penis	$4,486.98
54450	Preputial stretching	$413.22
54500	Biopsy of testis	$2,828.56
54505	Biopsy of testis	$4,486.98
54512	Excise lesion testis	$4,486.98
54520	Removal of testis	$4,486.98
54522	Orchiectomy partial	$4,486.98
54530	Removal of testis	$5,225.14
54535	Extensive testis surgery	$4,486.98
54550	Exploration for testis	$5,225.14
54560	Exploration for testis	$3,012.84
54600	Reduce testis torsion	$4,486.98
54620	Suspension of testis	$3,012.84
54640	Suspension of testis	$5,225.14
54650	Orchiopexy (fowler-stephens)	$5,225.14
54660	Revision of testis	$6,787.46
54670	Repair testis injury	$3,012.84
54680	Relocation of testis(es)	$3,012.84
54690	Laparoscopy orchiectomy	$8,002.30
54692	Laparoscopy orchiopexy	$8,002.30
54699	Laparoscope proc testis	$8,002.30
54700	Drainage of scrotum	$3,012.84
54800	Biopsy of epididymis	$2,828.56
54830	Remove epididymis lesion	$4,486.98
54840	Remove epididymis lesion	$4,486.98
54860	Removal of epididymis	$4,486.98
54861	Removal of epididymis	$4,486.98
54865	Explore epididymis	$4,486.98
54900	Fusion of spermatic ducts	$3,012.84
54901	Fusion of spermatic ducts	$4,486.98

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
55000	Drainage of hydrocele	$961.28
55040	Removal of hydrocele	$5,225.14
55041	Removal of hydroceles	$5,225.14
55060	Repair of hydrocele	$4,486.98
55100	Drainage of scrotum abscess	$1,883.96
55110	Explore scrotum	$4,486.98
55120	Removal of scrotum lesion	$3,012.84
55150	Removal of scrotum	$4,486.98
55175	Revision of scrotum	$4,486.98
55180	Revision of scrotum	$6,787.46
55200	Incision of sperm duct	$3,012.84
55250	Removal of sperm duct(s)	$3,012.84
55300	Prepare sperm duct x-ray	UM
55400	Repair of sperm duct	$4,486.98
55450	Ligation of sperm duct	$3,012.84
55500	Removal of hydrocele	$4,486.98
55520	Removal of sperm cord lesion	$4,486.98
55530	Revise spermatic cord veins	$4,486.98
55535	Revise spermatic cord veins	$5,225.14
55540	Revise hernia & sperm veins	$5,225.14
55550	Laparo ligate spermatic vein	$8,002.30
55559	Laparo proc spermatic cord	$8,002.30
55600	Incise sperm duct pouch	$3,012.84
55605	Incise sperm duct pouch	UM
55650	Remove sperm duct pouch	UM
55680	Remove sperm pouch lesion	$3,012.84
55700	Biopsy of prostate	$3,012.84
55705	Biopsy of prostate	$4,486.98
55706	Prostate saturation sampling	$4,486.98
55720	Drainage of prostate abscess	$3,012.84
55725	Drainage of prostate abscess	$4,486.98
55801	Removal of prostate	UM
55810	Extensive prostate surgery	UM
55812	Extensive prostate surgery	UM
55815	Extensive prostate surgery	UM
55821	Removal of prostate	UM
55831	Removal of prostate	UM
55840	Extensive prostate surgery	UM
55842	Extensive prostate surgery	UM
55845	Extensive prostate surgery	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
55860	Surgical exposure prostate	$4,486.98
55862	Extensive prostate surgery	UM
55865	Extensive prostate surgery	UM
55866	Laparo radical prostatectomy	UM
55870	Electroejaculation	$1,273.68
55873	Cryoablate prostate	$14,856.54
55875	Transperi needle place pros	$4,486.98
55876	Place rt device/marker pros	$2,053.62
55899	Genital surgery procedure	$413.22
55920	Place needles pelvic for rt	$5,225.14
55970	Sex transformation m to f	$3,722.36
55980	Sex transformation f to m	$4,486.98
56405	I & d of vulva/perineum	$501.80
56420	Drainage of gland abscess	$281.18
56440	Surgery for vulva lesion	$3,722.36
56441	Lysis of labial lesion(s)	$3,722.36
56442	Hymenotomy	$3,722.36
56501	Destroy vulva lesions sim	$2,822.42
56515	Destroy vulva lesion/s compl	$4,274.98
56605	Biopsy of vulva/perineum	$501.80
56606	Biopsy of vulva/perineum	UM
56620	Partial removal of vulva	$3,722.36
56625	Complete removal of vulva	$3,722.36
56630	Extensive vulva surgery	UM
56631	Extensive vulva surgery	UM
56632	Extensive vulva surgery	UM
56633	Extensive vulva surgery	UM
56634	Extensive vulva surgery	UM
56637	Extensive vulva surgery	UM
56640	Extensive vulva surgery	UM
56700	Partial removal of hymen	$3,722.36
56740	Remove vagina gland lesion	$3,722.36
56800	Repair of vagina	$3,722.36
56805	Repair clitoris	$3,722.36
56810	Repair of perineum	$3,722.36
56820	Exam of vulva w/scope	$281.18
56821	Exam/biopsy of vulva w/scope	$501.80
57000	Exploration of vagina	$3,722.36
57010	Drainage of pelvic abscess	$3,722.36
57020	Drainage of pelvic fluid	$3,722.36

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
57022	I & d vaginal hematoma pp	$2,828.56
57023	I & d vag hematoma non-ob	$2,828.56
57061	Destroy vag lesions simple	$3,722.36
57065	Destroy vag lesions complex	$3,722.36
57100	Biopsy of vagina	$1,273.68
57105	Biopsy of vagina	$3,722.36
57106	Remove vagina wall partial	$3,722.36
57107	Remove vagina tissue part	$3,722.36
57109	Vaginectomy partial w/nodes	$3,722.36
57110	Remove vagina wall complete	UM
57111	Remove vagina tissue compl	UM
57112	Vaginectomy w/nodes compl	UM
57120	Closure of vagina	$7,320.40
57130	Remove vagina lesion	$3,722.36
57135	Remove vagina lesion	$3,722.36
57150	Treat vagina infection	$182.36
57155	Insert uteri tandem/ovoids	$3,722.36
57156	Ins vag brachytx device	$501.80
57160	Insert pessary/other device	$281.18
57170	Fitting of diaphragm/cap	$281.18
57180	Treat vaginal bleeding	$281.18
57200	Repair of vagina	$3,722.36
57210	Repair vagina/perineum	$3,722.36
57220	Revision of urethra	$7,320.40
57230	Repair of urethral lesion	$3,722.36
57240	Repair bladder & vagina	$7,320.40
57250	Repair rectum & vagina	$7,320.40
57260	Repair of vagina	$7,320.40
57265	Extensive repair of vagina	$7,320.40
57267	Insert mesh/pelvic flr addon	UM
57268	Repair of bowel bulge	$3,722.36
57270	Repair of bowel pouch	UM
57280	Suspension of vagina	UM
57282	Colpopexy extraperitoneal	$11,397.90
57283	Colpopexy intraperitoneal	$11,397.90
57284	Repair paravag defect open	$7,320.40
57285	Repair paravag defect vag	$11,397.90
57287	Revise/remove sling repair	$3,722.36
57288	Repair bladder defect	$7,320.40
57289	Repair bladder & vagina	$11,397.90

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
57291	Construction of vagina	$3,722.36
57292	Construct vagina with graft	$7,320.40
57295	Revise vag graft via vagina	$3,722.36
57296	Revise vag graft open abd	UM
57300	Repair rectum-vagina fistula	$3,722.36
57305	Repair rectum-vagina fistula	UM
57307	Fistula repair & colostomy	UM
57308	Fistula repair transperine	UM
57310	Repair urethrovaginal lesion	$11,397.90
57311	Repair urethrovaginal lesion	UM
57320	Repair bladder-vagina lesion	$7,320.40
57330	Repair bladder-vagina lesion	$11,397.90
57335	Repair vagina	$3,722.36
57400	Dilation of vagina	$3,722.36
57410	Pelvic examination	$3,722.36
57415	Remove vaginal foreign body	$3,722.36
57420	Exam of vagina w/scope	$501.80
57421	Exam/biopsy of vag w/scope	$1,273.68
57423	Repair paravag defect lap	$13,721.82
57425	Laparoscopy surg colpopexy	$13,721.82
57426	Revise prosth vag graft lap	$11,397.90
57452	Exam of cervix w/scope	$281.18
57454	Bx/curett of cervix w/scope	$501.80
57455	Biopsy of cervix w/scope	$501.80
57456	Endocerv curettage w/scope	$501.80
57460	Bx of cervix w/scope leep	$3,722.36
57461	Conz of cervix w/scope leep	$3,722.36
57500	Biopsy of cervix	$1,273.68
57505	Endocervical curettage	$1,273.68
57510	Cauterization of cervix	$3,722.36
57511	Cryocautery of cervix	$501.80
57513	Laser surgery of cervix	$3,722.36
57520	Conization of cervix	$3,722.36
57522	Conization of cervix	$3,722.36
57530	Removal of cervix	$3,722.36
57531	Removal of cervix radical	UM
57540	Removal of residual cervix	UM
57545	Remove cervix/repair pelvis	UM
57550	Removal of residual cervix	$3,722.36
57555	Remove cervix/repair vagina	$7,320.40

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
57556	Remove cervix repair bowel	$7,320.40
57558	D&c of cervical stump	$3,722.36
57700	Revision of cervix	$3,722.36
57720	Revision of cervix	$3,722.36
57800	Dilation of cervical canal	$3,722.36
58100	Biopsy of uterus lining	$281.18
58110	Bx done w/colposcopy add-on	UM
58120	Dilation and curettage	$3,722.36
58140	Myomectomy abdom method	UM
58145	Myomectomy vag method	$3,722.36
58146	Myomectomy abdom complex	UM
58150	Total hysterectomy	UM
58152	Total hysterectomy	UM
58180	Partial hysterectomy	UM
58200	Extensive hysterectomy	UM
58210	Extensive hysterectomy	UM
58240	Removal of pelvis contents	UM
58260	Vaginal hysterectomy	$7,320.40
58262	Vag hyst including t/o	$7,320.40
58263	Vag hyst w/t/o & vag repair	$7,320.40
58267	Vag hyst w/urinary repair	UM
58270	Vag hyst w/enterocele repair	$7,320.40
58275	Hysterectomy/revise vagina	UM
58280	Hysterectomy/revise vagina	UM
58285	Extensive hysterectomy	UM
58290	Vag hyst complex	$11,397.90
58291	Vag hyst incl t/o complex	$7,320.40
58292	Vag hyst t/o & repair compl	$11,397.90
58293	Vag hyst w/uro repair compl	UM
58294	Vag hyst w/enterocele compl	$7,320.40
58300	Insert intrauterine device	UM
58301	Remove intrauterine device	$501.80
58321	Artificial insemination	$501.80
58322	Artificial insemination	$281.18
58323	Sperm washing	$281.18
58340	Catheter for hysterography	UM
58345	Reopen fallopian tube	$3,722.36
58346	Insert heyman uteri capsule	$3,722.36
58350	Reopen fallopian tube	$7,320.40
58353	Endometr ablate thermal	$7,320.40

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
58356	Endometrial cryoablation	$7,320.40
58400	Suspension of uterus	UM
58410	Suspension of uterus	UM
58520	Repair of ruptured uterus	UM
58540	Revision of uterus	UM
58541	Lsh uterus 250 g or less	$8,002.30
58542	Lsh w/t/o ut 250 g or less	$13,721.82
58543	Lsh uterus above 250 g	$13,721.82
58544	Lsh w/t/o uterus above 250 g	$13,721.82
58545	Laparoscopic myomectomy	$8,002.30
58546	Laparo-myomectomy complex	$13,721.82
58548	Lap radical hyst	UM
58550	Laparo-asst vag hysterectomy	$8,002.30
58552	Laparo-vag hyst incl t/o	$13,721.82
58553	Laparo-vag hyst complex	$13,721.82
58554	Laparo-vag hyst w/t/o compl	$13,721.82
58555	Hysteroscopy dx sep proc	$3,722.36
58558	Hysteroscopy biopsy	$3,722.36
58559	Hysteroscopy lysis	$7,320.40
58560	Hysteroscopy resect septum	$7,320.40
58561	Hysteroscopy remove myoma	$7,320.40
58562	Hysteroscopy remove fb	$3,722.36
58563	Hysteroscopy ablation	$7,320.40
58565	Hysteroscopy sterilization	$7,320.40
58570	Tlh uterus 250 g or less	$13,721.82
58571	Tlh w/t/o 250 g or less	$13,721.82
58572	Tlh uterus over 250 g	$13,721.82
58573	Tlh w/t/o uterus over 250 g	$13,721.82
58578	Laparo proc uterus	$8,002.30
58579	Hysteroscope procedure	$281.18
58600	Division of fallopian tube	$3,722.36
58605	Division of fallopian tube	UM
58611	Ligate oviduct(s) add-on	UM
58615	Occlude fallopian tube(s)	$3,722.36
58660	Laparoscopy lysis	$8,002.30
58661	Laparoscopy remove adnexa	$8,002.30
58662	Laparoscopy excise lesions	$8,002.30
58670	Laparoscopy tubal cautery	$8,002.30
58671	Laparoscopy tubal block	$8,002.30
58672	Laparoscopy fimbrioplasty	$8,002.30

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
58673	Laparoscopy salpingostomy	$8,002.30
58679	Laparo proc oviduct-ovary	$8,002.30
58700	Removal of fallopian tube	UM
58720	Removal of ovary/tube(s)	UM
58740	Adhesiolysis tube ovary	UM
58750	Repair oviduct	UM
58752	Revise ovarian tube(s)	UM
58760	Fimbrioplasty	UM
58770	Create new tubal opening	$3,722.36
58800	Drainage of ovarian cyst(s)	$3,722.36
58805	Drainage of ovarian cyst(s)	$3,722.36
58820	Drain ovary abscess open	$3,722.36
58822	Drain ovary abscess percut	UM
58825	Transposition ovary(s)	UM
58900	Biopsy of ovary(s)	$3,722.36
58920	Partial removal of ovary(s)	$11,397.90
58925	Removal of ovarian cyst(s)	$7,320.40
58940	Removal of ovary(s)	UM
58943	Removal of ovary(s)	UM
58950	Resect ovarian malignancy	UM
58951	Resect ovarian malignancy	UM
58952	Resect ovarian malignancy	UM
58953	Tah rad dissect for debulk	UM
58954	Tah rad debulk/lymph remove	UM
58956	Bso omentectomy w/tah	UM
58957	Resect recurrent gyn mal	UM
58958	Resect recur gyn mal w/lym	UM
58960	Exploration of abdomen	UM
58970	Retrieval of oocyte	$1,273.68
58974	Transfer of embryo	$501.80
58976	Transfer of embryo	$501.80
58999	Genital surgery procedure	$281.18
59000	Amniocentesis diagnostic	$1,273.68
59001	Amniocentesis therapeutic	$501.80
59012	Fetal cord puncture prenatal	$501.80
59015	Chorion biopsy	$1,273.68
59020	Fetal contract stress test	$281.18
59025	Fetal non-stress test	$281.18
59030	Fetal scalp blood sample	$501.80
59050	Fetal monitor w/report	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
59051	Fetal monitor/interpret only	UM
59070	Transabdom amnioinfus w/us	$501.80
59072	Umbilical cord occlud w/us	$501.80
59074	Fetal fluid drainage w/us	$501.80
59076	Fetal shunt placement w/us	$501.80
59100	Remove uterus lesion	$3,722.36
59120	Treat ectopic pregnancy	UM
59121	Treat ectopic pregnancy	UM
59130	Treat ectopic pregnancy	UM
59135	Treat ectopic pregnancy	UM
59136	Treat ectopic pregnancy	UM
59140	Treat ectopic pregnancy	UM
59150	Treat ectopic pregnancy	$8,002.30
59151	Treat ectopic pregnancy	$8,002.30
59160	D & c after delivery	$3,722.36
59200	Insert cervical dilator	$501.80
59300	Episiotomy or vaginal repair	$3,722.36
59320	Revision of cervix	$3,722.36
59325	Revision of cervix	UM
59350	Repair of uterus	UM
59400	Obstetrical care	UM
59409	Obstetrical care	$3,722.36
59410	Obstetrical care	UM
59412	Antepartum manipulation	$3,722.36
59414	Deliver placenta	$3,722.36
59425	Antepartum care only	UM
59426	Antepartum care only	UM
59430	Care after delivery	UM
59510	Cesarean delivery	UM
59514	Cesarean delivery only	UM
59515	Cesarean delivery	UM
59525	Remove uterus after cesarean	UM
59610	Vbac delivery	UM
59612	Vbac delivery only	$3,722.36
59614	Vbac care after delivery	UM
59618	Attempted vbac delivery	UM
59620	Attempted vbac delivery only	UM
59622	Attempted vbac after care	UM
59812	Treatment of miscarriage	$3,722.36
59820	Care of miscarriage	$3,722.36

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
59821	Treatment of miscarriage	$3,722.36
59830	Treat uterus infection	UM
59840	Abortion	$3,722.36
59841	Abortion	$3,722.36
59850	Abortion	UM
59851	Abortion	UM
59852	Abortion	UM
59855	Abortion	UM
59856	Abortion	UM
59857	Abortion	UM
59866	Abortion (mpr)	$501.80
59870	Evacuate mole of uterus	$3,722.36
59871	Remove cerclage suture	$3,722.36
59897	Fetal invas px w/us	$281.18
59898	Laparo proc ob care/deliver	$8,002.30
59899	Maternity care procedure	$281.18
60000	Drain thyroid/tongue cyst	$1,379.26
60100	Biopsy of thyroid	$961.28
60200	Remove thyroid lesion	$8,002.30
60210	Partial thyroid excision	$8,002.30
60212	Partial thyroid excision	$8,002.30
60220	Partial removal of thyroid	$8,002.30
60225	Partial removal of thyroid	$8,002.30
60240	Removal of thyroid	$8,002.30
60252	Removal of thyroid	$7,911.96
60254	Extensive thyroid surgery	UM
60260	Repeat thyroid surgery	$7,911.96
60270	Removal of thyroid	UM
60271	Removal of thyroid	$7,911.96
60280	Remove thyroid duct lesion	$8,002.30
60281	Remove thyroid duct lesion	$8,002.30
60300	Aspir/inj thyroid cyst	$961.28
60500	Explore parathyroid glands	$7,911.96
60502	Re-explore parathyroids	$7,911.96
60505	Explore parathyroid glands	UM
60512	Autotransplant parathyroid	UM
60520	Removal of thymus gland	$7,911.96
60521	Removal of thymus gland	UM
60522	Removal of thymus gland	UM
60540	Explore adrenal gland	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
60545	Explore adrenal gland	UM
60600	Remove carotid body lesion	UM
60605	Remove carotid body lesion	UM
60650	Laparoscopy adrenalectomy	UM
60659	Laparo proc endocrine	$8,002.30
60699	Endocrine surgery procedure	$8,002.30
61000	Remove cranial cavity fluid	$1,170.34
61001	Remove cranial cavity fluid	$1,170.34
61020	Remove brain cavity fluid	$1,170.34
61026	Injection into brain canal	$447.52
61050	Remove brain canal fluid	$1,170.34
61055	Injection into brain canal	$1,170.34
61070	Brain canal shunt procedure	$965.66
61105	Twist drill hole	UM
61107	Drill skull for implantation	UM
61108	Drill skull for drainage	UM
61120	Burr hole for puncture	UM
61140	Pierce skull for biopsy	UM
61150	Pierce skull for drainage	UM
61151	Pierce skull for drainage	UM
61154	Pierce skull & remove clot	UM
61156	Pierce skull for drainage	UM
61210	Pierce skull implant device	UM
61215	Insert brain-fluid device	$6,793.56
61250	Pierce skull & explore	UM
61253	Pierce skull & explore	UM
61304	Open skull for exploration	UM
61305	Open skull for exploration	UM
61312	Open skull for drainage	UM
61313	Open skull for drainage	UM
61314	Open skull for drainage	UM
61315	Open skull for drainage	UM
61316	Implt cran bone flap to abdo	UM
61320	Open skull for drainage	UM
61321	Open skull for drainage	UM
61322	Decompressive craniotomy	UM
61323	Decompressive lobectomy	UM
61330	Decompress eye socket	$7,911.96
61332	Explore/biopsy eye socket	UM
61333	Explore orbit/remove lesion	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
61340	Subtemporal decompression	UM
61343	Incise skull (press relief)	UM
61345	Relieve cranial pressure	UM
61450	Incise skull for surgery	UM
61458	Incise skull for brain wound	UM
61460	Incise skull for surgery	UM
61480	Incise skull for surgery	UM
61500	Removal of skull lesion	UM
61501	Remove infected skull bone	UM
61510	Removal of brain lesion	UM
61512	Remove brain lining lesion	UM
61514	Removal of brain abscess	UM
61516	Removal of brain lesion	UM
61517	Implt brain chemotx add-on	UM
61518	Removal of brain lesion	UM
61519	Remove brain lining lesion	UM
61520	Removal of brain lesion	UM
61521	Removal of brain lesion	UM
61522	Removal of brain abscess	UM
61524	Removal of brain lesion	UM
61526	Removal of brain lesion	UM
61530	Removal of brain lesion	UM
61531	Implant brain electrodes	UM
61533	Implant brain electrodes	UM
61534	Removal of brain lesion	UM
61535	Remove brain electrodes	UM
61536	Removal of brain lesion	UM
61537	Removal of brain tissue	UM
61538	Removal of brain tissue	UM
61539	Removal of brain tissue	UM
61540	Removal of brain tissue	UM
61541	Incision of brain tissue	UM
61543	Removal of brain tissue	UM
61544	Remove & treat brain lesion	UM
61545	Excision of brain tumor	UM
61546	Removal of pituitary gland	UM
61548	Removal of pituitary gland	UM
61550	Release of skull seams	UM
61552	Release of skull seams	UM
61556	Incise skull/sutures	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
61557	Incise skull/sutures	UM
61558	Excision of skull/sutures	UM
61559	Excision of skull/sutures	UM
61563	Excision of skull tumor	UM
61564	Excision of skull tumor	UM
61566	Removal of brain tissue	UM
61567	Incision of brain tissue	UM
61570	Remove foreign body brain	UM
61571	Incise skull for brain wound	UM
61575	Skull base/brainstem surgery	UM
61576	Skull base/brainstem surgery	UM
61580	Craniofacial approach skull	UM
61581	Craniofacial approach skull	UM
61582	Craniofacial approach skull	UM
61583	Craniofacial approach skull	UM
61584	Orbitocranial approach/skull	UM
61585	Orbitocranial approach/skull	UM
61586	Resect nasopharynx skull	UM
61590	Infratemporal approach/skull	UM
61591	Infratemporal approach/skull	UM
61592	Orbitocranial approach/skull	UM
61595	Transtemporal approach/skull	UM
61596	Transcochlear approach/skull	UM
61597	Transcondylar approach/skull	UM
61598	Transpetrosal approach/skull	UM
61600	Resect/excise cranial lesion	UM
61601	Resect/excise cranial lesion	UM
61605	Resect/excise cranial lesion	UM
61606	Resect/excise cranial lesion	UM
61607	Resect/excise cranial lesion	UM
61608	Resect/excise cranial lesion	UM
61610	Transect artery sinus	UM
61611	Transect artery sinus	UM
61612	Transect artery sinus	UM
61613	Remove aneurysm sinus	UM
61615	Resect/excise lesion skull	UM
61616	Resect/excise lesion skull	UM
61618	Repair dura	UM
61619	Repair dura	UM
61623	Endovasc tempory vessel occl	$19,084.70

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
61624	Transcath occlusion cns	UM
61626	Transcath occlusion non-cns	$19,084.70
61630	Intracranial angioplasty	UM
61635	Intracran angioplsty w/stent	UM
61640	Dilate ic vasospasm init	UM
61641	Dilate ic vasospasm add-on	UM
61642	Dilate ic vasospasm add-on	UM
61645	Perq art m-thrombect &/nfs	UM
61650	Evasc prlng admn rx agnt 1st	UM
61651	Evasc prlng admn rx agnt add	UM
61680	Intracranial vessel surgery	UM
61682	Intracranial vessel surgery	UM
61684	Intracranial vessel surgery	UM
61686	Intracranial vessel surgery	UM
61690	Intracranial vessel surgery	UM
61692	Intracranial vessel surgery	UM
61697	Brain aneurysm repr complx	UM
61698	Brain aneurysm repr complx	UM
61700	Brain aneurysm repr simple	UM
61702	Inner skull vessel surgery	UM
61703	Clamp neck artery	UM
61705	Revise circulation to head	UM
61708	Revise circulation to head	UM
61710	Revise circulation to head	UM
61711	Fusion of skull arteries	UM
61720	Incise skull/brain surgery	$6,793.56
61735	Incise skull/brain surgery	UM
61750	Incise skull/brain biopsy	UM
61751	Brain biopsy w/ct/mr guide	UM
61760	Implant brain electrodes	UM
61770	Incise skull for treatment	$6,793.56
61781	Scan proc cranial intra	UM
61782	Scan proc cranial extra	UM
61783	Scan proc spinal	UM
61790	Treat trigeminal nerve	$2,785.12
61791	Treat trigeminal tract	$2,785.12
61796	Srs cranial lesion simple	UM
61797	Srs cran les simple addl	UM
61798	Srs cranial lesion complex	UM
61799	Srs cran les complex addl	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
61800	Apply srs headframe add-on	UM
61850	Implant neuroelectrodes	UM
61860	Implant neuroelectrodes	UM
61863	Implant neuroelectrode	UM
61864	Implant neuroelectrde addl	UM
61867	Implant neuroelectrode	UM
61868	Implant neuroelectrde addl	UM
61870	Implant neuroelectrodes	UM
61880	Revise/remove neuroelectrode	$4,377.28
61885	Insrt/redo neurostim 1 array	$34,718.74
61886	Implant neurostim arrays	$53,456.78
61888	Revise/remove neuroreceiver	$10,488.74
62000	Treat skull fracture	$7,911.96
62005	Treat skull fracture	UM
62010	Treatment of head injury	UM
62100	Repair brain fluid leakage	UM
62115	Reduction of skull defect	UM
62117	Reduction of skull defect	UM
62120	Repair skull cavity lesion	UM
62121	Incise skull repair	UM
62140	Repair of skull defect	UM
62141	Repair of skull defect	UM
62142	Remove skull plate/flap	UM
62143	Replace skull plate/flap	UM
62145	Repair of skull & brain	UM
62146	Repair of skull with graft	UM
62147	Repair of skull with graft	UM
62148	Retr bone flap to fix skull	UM
62160	Neuroendoscopy add-on	UM
62161	Dissect brain w/scope	UM
62162	Remove colloid cyst w/scope	UM
62163	Zneuroendoscopy w/fb removal	UM
62164	Remove brain tumor w/scope	UM
62165	Remove pituit tumor w/scope	UM
62180	Establish brain cavity shunt	UM
62190	Establish brain cavity shunt	UM
62192	Establish brain cavity shunt	UM
62194	Replace/irrigate catheter	$2,785.12
62200	Establish brain cavity shunt	UM
62201	Brain cavity shunt w/scope	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
62220	Establish brain cavity shunt	UM
62223	Establish brain cavity shunt	UM
62225	Replace/irrigate catheter	$2,415.50
62230	Replace/revise brain shunt	$6,793.56
62252	Csf shunt reprogram	$482.36
62256	Remove brain cavity shunt	UM
62258	Replace brain cavity shunt	UM
62263	Epidural lysis mult sessions	$1,644.20
62264	Epidural lysis on single day	$1,644.20
62267	Interdiscal perq aspir dx	$1,883.96
62268	Drain spinal cord cyst	$1,170.34
62269	Needle biopsy spinal cord	$1,883.96
62270	Spinal fluid tap diagnostic	$1,170.34
62272	Drain cerebro spinal fluid	$1,170.34
62273	Inject epidural patch	$1,170.34
62280	Treat spinal cord lesion	$1,644.20
62281	Treat spinal cord lesion	$1,644.20
62282	Treat spinal canal lesion	$1,644.20
62284	Injection for myelogram	UM
62287	Percutaneous diskectomy	$6,793.56
62290	Inject for spine disk x-ray	UM
62291	Inject for spine disk x-ray	UM
62292	Injection into disk lesion	$2,785.12
62294	Injection into spinal artery	$1,170.34
62302	Myelography lumbar injection	$1,335.86
62303	Myelography lumbar injection	$1,335.86
62304	Myelography lumbar injection	$1,335.86
62305	Myelography lumbar injection	$1,335.86
62310	Inject spine cerv/thoracic	$1,170.34
62311	Inject spine lumbar/sacral	$1,170.34
62318	Inject spine w/cath crv/thrc	$1,644.20
62319	Inject spine w/cath lmb/scrl	$1,644.20
62350	Implant spinal canal cath	$6,793.56
62351	Implant spinal canal cath	$14,128.14
62355	Remove spinal canal catheter	$2,785.12
62360	Insert spine infusion device	$30,700.44
62361	Implant spine infusion pump	$30,700.44
62362	Implant spine infusion pump	$30,700.44
62365	Remove spine infusion device	$6,793.56
62367	Analyze spine infus pump	$482.36

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
62368	Analyze sp inf pump w/reprog	$482.36
62369	Anal sp inf pmp w/reprg&fill	$482.36
62370	Anl sp inf pmp w/mdreprg&fil	$482.36
63001	Remove spine lamina 1/2 crvl	$9,938.52
63003	Remove spine lamina 1/2 thrc	$9,938.52
63005	Remove spine lamina 1/2 lmbr	$9,938.52
63011	Remove spine lamina 1/2 scrl	$9,938.52
63012	Remove lamina/facets lumbar	$9,938.52
63015	Remove spine lamina >2 crvcl	$9,938.52
63016	Remove spine lamina >2 thrc	$9,938.52
63017	Remove spine lamina >2 lmbr	$9,938.52
63020	Neck spine disk surgery	$9,938.52
63030	Low back disk surgery	$9,938.52
63035	Spinal disk surgery add-on	UM
63040	Laminotomy single cervical	$9,938.52
63042	Laminotomy single lumbar	$9,938.52
63043	Laminotomy addl cervical	UM
63044	Laminotomy addl lumbar	UM
63045	Remove spine lamina 1 crvl	$9,938.52
63046	Remove spine lamina 1 thrc	$9,938.52
63047	Remove spine lamina 1 lmbr	$9,938.52
63048	Remove spinal lamina add-on	UM
63050	Cervical laminoplsty 2/> seg	UM
63051	C-laminoplasty w/graft/plate	UM
63055	Decompress spinal cord thrc	$9,938.52
63056	Decompress spinal cord lmbr	$9,938.52
63057	Decompress spine cord add-on	UM
63064	Decompress spinal cord thrc	$9,938.52
63066	Decompress spine cord add-on	UM
63075	Neck spine disk surgery	$9,938.52
63076	Neck spine disk surgery	UM
63077	Spine disk surgery thorax	UM
63078	Spine disk surgery thorax	UM
63081	Remove vert body dcmprn crvl	UM
63082	Remove vertebral body add-on	UM
63085	Remove vert body dcmprn thrc	UM
63086	Remove vertebral body add-on	UM
63087	Remov vertbr dcmprn thrclmbr	UM
63088	Remove vertebral body add-on	UM
63090	Remove vert body dcmprn lmbr	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
63091	Remove vertebral body add-on	UM
63101	Remove vert body dcmprn thrc	UM
63102	Remove vert body dcmprn lmbr	UM
63103	Remove vertebral body add-on	UM
63170	Incise spinal cord tract(s)	UM
63172	Drainage of spinal cyst	UM
63173	Drainage of spinal cyst	UM
63180	Revise spinal cord ligaments	UM
63182	Revise spinal cord ligaments	UM
63185	Incise spine nrv half segmnt	UM
63190	Incise spine nrv >2 segmnts	UM
63191	Incise spine accessory nerve	UM
63194	Incise spine & cord cervical	UM
63195	Incise spine & cord thoracic	UM
63196	Incise spine&cord 2 trx crvl	UM
63197	Incise spine&cord 2 trx thrc	UM
63198	Incise spin&cord 2 stgs crvl	UM
63199	Incise spin&cord 2 stgs thrc	UM
63200	Release spinal cord lumbar	UM
63250	Revise spinal cord vsls crvl	UM
63251	Revise spinal cord vsls thrc	UM
63252	Revise spine cord vsl thrlmb	UM
63265	Excise intraspinl lesion crv	UM
63266	Excise intrspinl lesion thrc	UM
63267	Excise intrspinl lesion lmbr	UM
63268	Excise intrspinl lesion scrl	UM
63270	Excise intrspinl lesion crvl	UM
63271	Excise intrspinl lesion thrc	UM
63272	Excise intrspinl lesion lmbr	UM
63273	Excise intrspinl lesion scrl	UM
63275	Bx/exc xdrl spine lesn crvl	UM
63276	Bx/exc xdrl spine lesn thrc	UM
63277	Bx/exc xdrl spine lesn lmbr	UM
63278	Bx/exc xdrl spine lesn scrl	UM
63280	Bx/exc idrl spine lesn crvl	UM
63281	Bx/exc idrl spine lesn thrc	UM
63282	Bx/exc idrl spine lesn lmbr	UM
63283	Bx/exc idrl spine lesn scrl	UM
63285	Bx/exc idrl imed lesn cervl	UM
63286	Bx/exc idrl imed lesn thrc	UM

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
63287	Bx/exc idrl imed lesn thrlmb	UM
63290	Bx/exc xdrl/idrl lsn any lvl	UM
63295	Repair laminectomy defect	UM
63300	Remove vert xdrl body crvcl	UM
63301	Remove vert xdrl body thrc	UM
63302	Remove vert xdrl body thrlmb	UM
63303	Remov vert xdrl bdy lmbr/sac	UM
63304	Remove vert idrl body crvcl	UM
63305	Remove vert idrl body thrc	UM
63306	Remov vert idrl bdy thrclmbr	UM
63307	Remov vert idrl bdy lmbr/sac	UM
63308	Remove vertebral body add-on	UM
63600	Remove spinal cord lesion	$2,785.12
63610	Stimulation of spinal cord	$2,785.12
63615	Remove lesion of spinal cord	$2,785.12
63620	Srs spinal lesion	UM
63621	Srs spinal lesion addl	UM
63650	Implant neuroelectrodes	$10,488.74
63655	Implant neuroelectrodes	$34,718.74
63661	Remove spine eltrd perq aray	$2,785.12
63662	Remove spine eltrd plate	$4,377.28
63663	Revise spine eltrd perq aray	$10,488.74
63664	Revise spine eltrd plate	$10,488.74
63685	Insrt/redo spine n generator	$53,456.78
63688	Revise/remove neuroreceiver	$4,377.28
63700	Repair of spinal herniation	UM
63702	Repair of spinal herniation	UM
63704	Repair of spinal herniation	UM
63706	Repair of spinal herniation	UM
63707	Repair spinal fluid leakage	UM
63709	Repair spinal fluid leakage	UM
63710	Graft repair of spine defect	UM
63740	Install spinal shunt	UM
63741	Install spinal shunt	$6,793.56
63744	Revision of spinal shunt	$6,793.56
63746	Removal of spinal shunt	$2,785.12
64400	N block inj trigeminal	$447.52
64402	N block inj facial	$182.36
64405	N block inj occipital	$447.52
64408	N block inj vagus	$447.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
64410	N block inj phrenic	$1,170.34
64412	N block inj spinal accessor	UM
64413	N block inj cervical plexus	$1,170.34
64415	N block inj brachial plexus	$1,644.20
64416	N block cont infuse b plex	$1,644.20
64417	N block inj axillary	$1,170.34
64418	N block inj suprascapular	$1,170.34
64420	N block inj intercost sng	$1,170.34
64421	N block inj intercost mlt	$1,170.34
64425	N block inj ilio-ing/hypogi	$1,170.34
64430	N block inj pudendal	$1,170.34
64435	N block inj paracervical	$1,170.34
64445	N block inj sciatic sng	$1,170.34
64446	N blk inj sciatic cont inf	$1,644.20
64447	N block inj fem single	$1,170.34
64448	N block inj fem cont inf	$1,644.20
64449	N block inj lumbar plexus	$1,644.20
64450	N block other peripheral	$447.52
64455	N block inj plantar digit	$447.52
64461	Pvb thoracic single inj site	$1,170.34
64462	Pvb thoracic 2nd+ inj site	UM
64463	Pvb thoracic cont infusion	$1,170.34
64479	Inj foramen epidural c/t	$1,170.34
64480	Inj foramen epidural add-on	$0.00
64483	Inj foramen epidural l/s	$1,170.34
64484	Inj foramen epidural add-on	UM
64486	Tap block unil by injection	UM
64487	Tap block uni by infusion	UM
64488	Tap block bi injection	UM
64489	Tap block bi by infusion	UM
64490	Inj paravert f jnt c/t 1 lev	$1,644.20
64491	Inj paravert f jnt c/t 2 lev	UM
64492	Inj paravert f jnt c/t 3 lev	UM
64493	Inj paravert f jnt l/s 1 lev	$1,644.20
64494	Inj paravert f jnt l/s 2 lev	UM
64495	Inj paravert f jnt l/s 3 lev	UM
64505	N block spenopalatine gangl	$447.52
64508	N block carotid sinus s/p	$447.52
64510	N block stellate ganglion	$1,170.34
64517	N block inj hypogas plxs	$1,644.20

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
64520	N block lumbar/thoracic	$1,170.34
64530	N block inj celiac pelus	$1,644.20
64550	Apply neurostimulator	UM
64553	Implant neuroelectrodes	$10,488.74
64555	Implant neuroelectrodes	$10,488.74
64561	Implant neuroelectrodes	$10,488.74
64565	Implant neuroelectrodes	$10,488.74
64566	Neuroeltrd stim post tibial	$447.52
64568	Inc for vagus n elect impl	$53,456.78
64569	Revise/repl vagus n eltrd	$10,488.74
64570	Remove vagus n eltrd	$6,793.56
64575	Implant neuroelectrodes	$10,488.74
64580	Implant neuroelectrodes	$34,718.74
64581	Implant neuroelectrodes	$10,488.74
64585	Revise/remove neuroelectrode	$4,377.28
64590	Insrt/redo pn/gastr stimul	$34,718.74
64595	Revise/rmv pn/gastr stimul	$4,377.28
64600	Injection treatment of nerve	$1,644.20
64605	Injection treatment of nerve	$2,785.12
64610	Injection treatment of nerve	$2,785.12
64611	Chemodenerv saliv glands	$447.52
64612	Destroy nerve face muscle	$447.52
64615	Chemodenerv musc migraine	$447.52
64616	Chemodenerv musc neck dyston	$447.52
64617	Chemodener muscle larynx emg	$1,170.34
64620	Injection treatment of nerve	$1,644.20
64630	Injection treatment of nerve	$1,644.20
64632	N block inj common digit	$447.52
64633	Destroy cerv/thor facet jnt	$2,785.12
64634	Destroy c/th facet jnt addl	UM
64635	Destroy lumb/sac facet jnt	$2,785.12
64636	Destroy l/s facet jnt addl	UM
64640	Injection treatment of nerve	$1,644.20
64642	Chemodenerv 1 extremity 1-4	$1,170.34
64643	Chemodenerv 1 extrem 1-4 ea	UM
64644	Chemodenerv 1 extrem 5/> mus	$1,170.34
64645	Chemodenerv 1 extrem 5/> ea	UM
64646	Chemodenerv trunk musc 1-5	$447.52
64647	Chemodenerv trunk musc 6/>	$1,170.34
64650	Chemodenerv eccrine glands	$447.52

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
64653	Chemodenerv eccrine glands	$447.52
64680	Injection treatment of nerve	$1,644.20
64681	Injection treatment of nerve	$1,644.20
64702	Revise finger/toe nerve	$2,785.12
64704	Revise hand/foot nerve	$2,785.12
64708	Revise arm/leg nerve	$2,785.12
64712	Revision of sciatic nerve	$2,785.12
64713	Revision of arm nerve(s)	$2,785.12
64714	Revise low back nerve(s)	$2,785.12
64716	Revision of cranial nerve	$2,785.12
64718	Revise ulnar nerve at elbow	$2,785.12
64719	Revise ulnar nerve at wrist	$2,785.12
64721	Carpal tunnel surgery	$2,785.12
64722	Relieve pressure on nerve(s)	$2,785.12
64726	Release foot/toe nerve	$2,785.12
64727	Internal nerve revision	UM
64732	Incision of brow nerve	$2,785.12
64734	Incision of cheek nerve	$2,785.12
64736	Incision of chin nerve	$2,785.12
64738	Incision of jaw nerve	$2,785.12
64740	Incision of tongue nerve	$2,785.12
64742	Incision of facial nerve	$2,785.12
64744	Incise nerve back of head	$2,785.12
64746	Incise diaphragm nerve	$2,785.12
64755	Incision of stomach nerves	UM
64760	Incision of vagus nerve	UM
64763	Incise hip/thigh nerve	$2,785.12
64766	Incise hip/thigh nerve	$6,793.56
64771	Sever cranial nerve	$2,785.12
64772	Incision of spinal nerve	$2,785.12
64774	Remove skin nerve lesion	$2,785.12
64776	Remove digit nerve lesion	$2,785.12
64778	Digit nerve surgery add-on	UM
64782	Remove limb nerve lesion	$2,785.12
64783	Limb nerve surgery add-on	UM
64784	Remove nerve lesion	$2,785.12
64786	Remove sciatic nerve lesion	$6,793.56
64787	Implant nerve end	UM
64788	Remove skin nerve lesion	$2,785.12
64790	Removal of nerve lesion	$2,785.12

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
64792	Removal of nerve lesion	$6,793.56
64795	Biopsy of nerve	$2,785.12
64802	Sympathectomy cervical	$2,785.12
64804	Remove sympathetic nerves	$2,785.12
64809	Remove sympathetic nerves	UM
64818	Remove sympathetic nerves	UM
64820	Sympathectomy digital artery	$2,785.12
64821	Remove sympathetic nerves	$4,791.18
64822	Remove sympathetic nerves	$4,791.18
64823	Sympathectomy supfc palmar	$2,910.52
64831	Repair of digit nerve	$6,793.56
64832	Repair nerve add-on	UM
64834	Repair of hand or foot nerve	$6,793.56
64835	Repair of hand or foot nerve	$6,793.56
64836	Repair of hand or foot nerve	$6,793.56
64837	Repair nerve add-on	UM
64840	Repair of leg nerve	$6,793.56
64856	Repair/transpose nerve	$6,793.56
64857	Repair arm/leg nerve	$6,793.56
64858	Repair sciatic nerve	$6,793.56
64859	Nerve surgery	UM
64861	Repair of arm nerves	$6,793.56
64862	Repair of low back nerves	$6,793.56
64864	Repair of facial nerve	$6,793.56
64865	Repair of facial nerve	$6,793.56
64866	Fusion of facial/other nerve	UM
64868	Fusion of facial/other nerve	UM
64872	Subsequent repair of nerve	UM
64874	Repair & revise nerve add-on	UM
64876	Repair nerve/shorten bone	UM
64885	Nerve graft head/neck </4 cm	$6,793.56
64886	Nerve graft head/neck >4 cm	$6,793.56
64890	Nerve graft hand/foot </4 cm	$6,793.56
64891	Nerve graft hand/foot >4 cm	$6,793.56
64892	Nerve graft arm/leg <4 cm	$6,793.56
64893	Nerve graft arm/leg >4 cm	$6,793.56
64895	Nerve graft hand/foot </4 cm	$6,793.56
64896	Nerve graft hand/foot >4 cm	$6,793.56
64897	Nerve graft arm/leg </4 cm	$6,793.56
64898	Nerve graft arm/leg >4 cm	$6,793.56

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
64901	Nerve graft add-on	UM
64902	Nerve graft add-on	UM
64905	Nerve pedicle transfer	$6,793.56
64907	Nerve pedicle transfer	$6,793.56
64910	Nerve repair w/allograft	$6,793.56
64911	Neurorraphy w/vein autograft	$6,793.56
64999	Nervous system surgery	$447.52
65091	Revise eye	$5,020.70
65093	Revise eye with implant	$5,020.70
65101	Removal of eye	$5,020.70
65103	Remove eye/insert implant	$5,020.70
65105	Remove eye/attach implant	$5,020.70
65110	Removal of eye	$5,020.70
65112	Remove eye/revise socket	$5,020.70
65114	Remove eye/revise socket	$5,020.70
65125	Revise ocular implant	$2,802.32
65130	Insert ocular implant	$5,020.70
65135	Insert ocular implant	$5,020.70
65140	Attach ocular implant	$5,020.70
65150	Revise ocular implant	$5,020.70
65155	Reinsert ocular implant	$5,020.70
65175	Removal of ocular implant	$5,020.70
65205	Remove foreign body from eye	$182.36
65210	Remove foreign body from eye	$182.36
65220	Remove foreign body from eye	$182.36
65222	Remove foreign body from eye	$182.36
65235	Remove foreign body from eye	$3,491.40
65260	Remove foreign body from eye	$3,491.40
65265	Remove foreign body from eye	$3,491.40
65270	Repair of eye wound	$2,802.32
65272	Repair of eye wound	$2,802.32
65273	Repair of eye wound	UM
65275	Repair of eye wound	$5,020.70
65280	Repair of eye wound	$6,761.54
65285	Repair of eye wound	$6,761.54
65286	Repair of eye wound	$3,491.40
65290	Repair of eye socket wound	$5,020.70
65400	Removal of eye lesion	$1,393.42
65410	Biopsy of cornea	$2,802.32
65420	Removal of eye lesion	$2,802.32

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
65426	Removal of eye lesion	$2,802.32
65430	Corneal smear	$182.36
65435	Curette/treat cornea	$1,393.42
65436	Curette/treat cornea	$2,802.32
65450	Treatment of corneal lesion	$522.06
65600	Revision of cornea	$2,802.32
65710	Corneal transplant	$6,761.54
65730	Corneal transplant	$6,761.54
65750	Corneal transplant	$6,761.54
65755	Corneal transplant	$6,761.54
65756	Corneal trnspl endothelial	$6,761.54
65757	Prep corneal endo allograft	UM
65760	Revision of cornea	UM
65765	Revision of cornea	UM
65767	Corneal tissue transplant	UM
65770	Revise cornea with implant	$18,796.84
65771	Radial keratotomy	UM
65772	Correction of astigmatism	$1,393.42
65775	Correction of astigmatism	$2,802.32
65778	Cover eye w/membrane	$1,393.42
65779	Cover eye w/membrane suture	$5,020.70
65780	Ocular reconst transplant	$5,020.70
65781	Ocular reconst transplant	$6,761.54
65782	Ocular reconst transplant	$5,020.70
65785	Impltj ntrstrml crnl rng seg	$6,761.54
65800	Drainage of eye	$3,491.40
65810	Drainage of eye	$3,491.40
65815	Drainage of eye	$3,491.40
65820	Relieve inner eye pressure	$6,761.54
65850	Incision of eye	$3,491.40
65855	Trabeculoplasty laser surg	$880.76
65860	Incise inner eye adhesions	$880.76
65865	Incise inner eye adhesions	$3,491.40
65870	Incise inner eye adhesions	$3,491.40
65875	Incise inner eye adhesions	$3,491.40
65880	Incise inner eye adhesions	$3,491.40
65900	Remove eye lesion	$3,491.40
65920	Remove implant of eye	$3,491.40
65930	Remove blood clot from eye	$3,491.40
66020	Injection treatment of eye	$3,491.40

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
66030	Injection treatment of eye	$3,491.40
66130	Remove eye lesion	$2,802.32
66150	Glaucoma surgery	$6,761.54
66155	Glaucoma surgery	$3,491.40
66160	Glaucoma surgery	$3,491.40
66170	Glaucoma surgery	$3,491.40
66172	Incision of eye	$3,491.40
66174	Translum dil eye canal	$3,491.40
66175	Trnslum dil eye canal w/stnt	$6,761.54
66179	Aqueous shunt eye w/o graft	$6,761.54
66180	Aqueous shunt eye w/graft	$6,761.54
66183	Insert ant drainage device	$6,761.54
66184	Revision of aqueous shunt	$3,491.40
66185	Revise aqueous shunt eye	$3,491.40
66220	Repair eye lesion	$3,491.40
66225	Repair/graft eye lesion	$3,491.40
66250	Follow-up surgery of eye	$2,802.32
66500	Incision of iris	$3,491.40
66505	Incision of iris	$3,491.40
66600	Remove iris and lesion	$3,491.40
66605	Removal of iris	$3,491.40
66625	Removal of iris	$3,491.40
66630	Removal of iris	$3,491.40
66635	Removal of iris	$3,491.40
66680	Repair iris & ciliary body	$3,491.40
66682	Repair iris & ciliary body	$3,491.40
66700	Destruction ciliary body	$3,491.40
66710	Ciliary transsleral therapy	$2,802.32
66711	Ciliary endoscopic ablation	$3,491.40
66720	Destruction ciliary body	$2,802.32
66740	Destruction ciliary body	$2,802.32
66761	Revision of iris	$880.76
66762	Revision of iris	$880.76
66770	Removal of inner eye lesion	$880.76
66820	Incision secondary cataract	$3,491.40
66821	After cataract laser surgery	$880.76
66825	Reposition intraocular lens	$3,491.40
66830	Removal of lens lesion	$3,491.40
66840	Removal of lens material	$3,491.40
66850	Removal of lens material	$3,491.40

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
66852	Removal of lens material	$6,761.54
66920	Extraction of lens	$3,491.40
66930	Extraction of lens	$6,761.54
66940	Extraction of lens	$3,491.40
66982	Cataract surgery complex	$3,491.40
66983	Cataract surg w/iol 1 stage	$3,491.40
66984	Cataract surg w/iol 1 stage	$3,491.40
66985	Insert lens prosthesis	$3,491.40
66986	Exchange lens prosthesis	$3,491.40
66990	Ophthalmic endoscope add-on	UM
66999	Eye surgery procedure	$3,491.40
67005	Partial removal of eye fluid	$3,491.40
67010	Partial removal of eye fluid	$3,491.40
67015	Release of eye fluid	$3,491.40
67025	Replace eye fluid	$3,491.40
67027	Implant eye drug system	$18,796.84
67028	Injection eye drug	$560.54
67030	Incise inner eye strands	$3,491.40
67031	Laser surgery eye strands	$880.76
67036	Removal of inner eye fluid	$3,491.40
67039	Laser treatment of retina	$6,761.54
67040	Laser treatment of retina	$6,761.54
67041	Vit for macular pucker	$3,491.40
67042	Vit for macular hole	$6,761.54
67043	Vit for membrane dissect	$6,761.54
67101	Repair detached retina	$3,491.40
67105	Repair detached retina	$880.76
67107	Repair detached retina	$6,761.54
67108	Repair detached retina	$6,761.54
67110	Repair detached retina	$3,491.40
67112	Rerepair detached retina	UM
67113	Repair retinal detach cplx	$6,761.54
67115	Release encircling material	$3,491.40
67120	Remove eye implant material	$3,491.40
67121	Remove eye implant material	$3,491.40
67141	Treatment of retina	$522.06
67145	Treatment of retina	$880.76
67208	Treatment of retinal lesion	$522.06
67210	Treatment of retinal lesion	$880.76
67218	Treatment of retinal lesion	$5,020.70

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
67220	Treatment of choroid lesion	$880.76
67221	Ocular photodynamic ther	$880.76
67225	Eye photodynamic ther add-on	UM
67227	Dstrj extensive retinopathy	$5,020.70
67228	Treatment x10sv retinopathy	$880.76
67229	Tr retinal les preterm inf	$880.76
67250	Reinforce eye wall	$2,802.32
67255	Reinforce/graft eye wall	$3,491.40
67299	Eye surgery procedure	$3,491.40
67311	Revise eye muscle	$2,802.32
67312	Revise two eye muscles	$5,020.70
67314	Revise eye muscle	$2,802.32
67316	Revise two eye muscles	$2,802.32
67318	Revise eye muscle(s)	$2,802.32
67320	Revise eye muscle(s) add-on	UM
67331	Eye surgery follow-up add-on	UM
67332	Rerevise eye muscles add-on	UM
67334	Revise eye muscle w/suture	UM
67335	Eye suture during surgery	UM
67340	Revise eye muscle add-on	UM
67343	Release eye tissue	$2,802.32
67345	Destroy nerve of eye muscle	$522.06
67346	Biopsy eye muscle	$5,020.70
67399	Unlisted px extraocular musc	$522.06
67400	Explore/biopsy eye socket	$5,020.70
67405	Explore/drain eye socket	$2,802.32
67412	Explore/treat eye socket	$2,802.32
67413	Explore/treat eye socket	$2,802.32
67414	Explr/decompress eye socket	$5,020.70
67415	Aspiration orbital contents	$2,802.32
67420	Explore/treat eye socket	$5,020.70
67430	Explore/treat eye socket	$5,020.70
67440	Explore/drain eye socket	$5,020.70
67445	Explr/decompress eye socket	$5,020.70
67450	Explore/biopsy eye socket	$5,020.70
67500	Inject/treat eye socket	$522.06
67505	Inject/treat eye socket	$522.06
67515	Inject/treat eye socket	$522.06
67550	Insert eye socket implant	$5,020.70
67560	Revise eye socket implant	$5,020.70

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
67570	Decompress optic nerve	$5,020.70
67599	Orbit surgery procedure	$522.06
67700	Drainage of eyelid abscess	$522.06
67710	Incision of eyelid	$1,393.42
67715	Incision of eyelid fold	$2,802.32
67800	Remove eyelid lesion	$522.06
67801	Remove eyelid lesions	$1,393.42
67805	Remove eyelid lesions	$522.06
67808	Remove eyelid lesion(s)	$2,802.32
67810	Biopsy eyelid & lid margin	$522.06
67820	Revise eyelashes	$182.36
67825	Revise eyelashes	$522.06
67830	Revise eyelashes	$1,393.42
67835	Revise eyelashes	$2,802.32
67840	Remove eyelid lesion	$1,393.42
67850	Treat eyelid lesion	$1,393.42
67875	Closure of eyelid by suture	$1,393.42
67880	Revision of eyelid	$2,802.32
67882	Revision of eyelid	$2,802.32
67900	Repair brow defect	$2,802.32
67901	Repair eyelid defect	$2,802.32
67902	Repair eyelid defect	$5,020.70
67903	Repair eyelid defect	$2,802.32
67904	Repair eyelid defect	$2,802.32
67906	Repair eyelid defect	$5,020.70
67908	Repair eyelid defect	$2,802.32
67909	Revise eyelid defect	$2,802.32
67911	Revise eyelid defect	$2,802.32
67912	Correction eyelid w/implant	$2,802.32
67914	Repair eyelid defect	$2,802.32
67915	Repair eyelid defect	$2,802.32
67916	Repair eyelid defect	$2,802.32
67917	Repair eyelid defect	$2,802.32
67921	Repair eyelid defect	$2,802.32
67922	Repair eyelid defect	$2,802.32
67923	Repair eyelid defect	$2,802.32
67924	Repair eyelid defect	$2,802.32
67930	Repair eyelid wound	$2,802.32
67935	Repair eyelid wound	$2,802.32
67938	Remove eyelid foreign body	$522.06

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
67950	Revision of eyelid	$2,802.32
67961	Revision of eyelid	$2,802.32
67966	Revision of eyelid	$2,802.32
67971	Reconstruction of eyelid	$2,802.32
67973	Reconstruction of eyelid	$2,802.32
67974	Reconstruction of eyelid	$5,020.70
67975	Reconstruction of eyelid	$2,802.32
67999	Revision of eyelid	$522.06
68020	Incise/drain eyelid lining	$1,393.42
68040	Treatment of eyelid lesions	$522.06
68100	Biopsy of eyelid lining	$2,802.32
68110	Remove eyelid lining lesion	$2,802.32
68115	Remove eyelid lining lesion	$2,802.32
68130	Remove eyelid lining lesion	$2,802.32
68135	Remove eyelid lining lesion	$2,802.32
68200	Treat eyelid by injection	$182.36
68320	Revise/graft eyelid lining	$2,802.32
68325	Revise/graft eyelid lining	$5,020.70
68326	Revise/graft eyelid lining	$5,020.70
68328	Revise/graft eyelid lining	$2,802.32
68330	Revise eyelid lining	$3,491.40
68335	Revise/graft eyelid lining	$5,020.70
68340	Separate eyelid adhesions	$2,802.32
68360	Revise eyelid lining	$5,020.70
68362	Revise eyelid lining	$2,802.32
68371	Harvest eye tissue alograft	$2,802.32
68399	Eyelid lining surgery	$522.06
68400	Incise/drain tear gland	$1,393.42
68420	Incise/drain tear sac	$2,802.32
68440	Incise tear duct opening	$522.06
68500	Removal of tear gland	$5,020.70
68505	Partial removal tear gland	$5,020.70
68510	Biopsy of tear gland	$2,802.32
68520	Removal of tear sac	$5,020.70
68525	Biopsy of tear sac	$2,802.32
68530	Clearance of tear duct	$522.06
68540	Remove tear gland lesion	$2,802.32
68550	Remove tear gland lesion	$5,020.70
68700	Repair tear ducts	$2,802.32
68705	Revise tear duct opening	$522.06

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
68720	Create tear sac drain	$5,020.70
68745	Create tear duct drain	$5,020.70
68750	Create tear duct drain	$5,020.70
68760	Close tear duct opening	$522.06
68761	Close tear duct opening	$522.06
68770	Close tear system fistula	$2,802.32
68801	Dilate tear duct opening	$182.36
68810	Probe nasolacrimal duct	$522.06
68811	Probe nasolacrimal duct	$2,802.32
68815	Probe nasolacrimal duct	$2,802.32
68816	Probe nl duct w/balloon	$2,802.32
68840	Explore/irrigate tear ducts	$522.06
68850	Injection for tear sac x-ray	UM
68899	Tear duct system surgery	$522.06
69000	Drain external ear lesion	$456.54
69005	Drain external ear lesion	$2,828.56
69020	Drain outer ear canal lesion	$456.54
69090	Pierce earlobes	UM
69100	Biopsy of external ear	$625.86
69105	Biopsy of external ear canal	$3,233.80
69110	Remove external ear partial	$2,828.56
69120	Removal of external ear	$3,233.80
69140	Remove ear canal lesion(s)	$7,911.96
69145	Remove ear canal lesion(s)	$2,828.56
69150	Extensive ear canal surgery	$3,233.80
69155	Extensive ear/neck surgery	UM
69200	Clear outer ear canal	$182.36
69205	Clear outer ear canal	$1,883.96
69209	Remove impacted ear wax uni	$111.88
69210	Remove impacted ear wax uni	$111.88
69220	Clean out mastoid cavity	$235.66
69222	Clean out mastoid cavity	$1,379.26
69300	Revise external ear	$3,233.80
69310	Rebuild outer ear canal	$7,911.96
69320	Rebuild outer ear canal	$7,911.96
69399	Outer ear surgery procedure	$258.58
69420	Incision of eardrum	$625.86
69421	Incision of eardrum	$3,233.80
69424	Remove ventilating tube	$3,233.80
69433	Create eardrum opening	$625.86

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
69436	Create eardrum opening	$3,233.80
69440	Exploration of middle ear	$7,911.96
69450	Eardrum revision	$7,911.96
69501	Mastoidectomy	$7,911.96
69502	Mastoidectomy	$7,911.96
69505	Remove mastoid structures	$7,911.96
69511	Extensive mastoid surgery	$7,911.96
69530	Extensive mastoid surgery	$7,911.96
69535	Remove part of temporal bone	UM
69540	Remove ear lesion	$3,233.80
69550	Remove ear lesion	$7,911.96
69552	Remove ear lesion	$7,911.96
69554	Remove ear lesion	UM
69601	Mastoid surgery revision	$7,911.96
69602	Mastoid surgery revision	$7,911.96
69603	Mastoid surgery revision	$7,911.96
69604	Mastoid surgery revision	$7,911.96
69605	Mastoid surgery revision	$7,911.96
69610	Repair of eardrum	$3,233.80
69620	Repair of eardrum	$3,233.80
69631	Repair eardrum structures	$7,911.96
69632	Rebuild eardrum structures	$7,911.96
69633	Rebuild eardrum structures	$7,911.96
69635	Repair eardrum structures	$7,911.96
69636	Rebuild eardrum structures	$7,911.96
69637	Rebuild eardrum structures	$7,911.96
69641	Revise middle ear & mastoid	$7,911.96
69642	Revise middle ear & mastoid	$7,911.96
69643	Revise middle ear & mastoid	$7,911.96
69644	Revise middle ear & mastoid	$7,911.96
69645	Revise middle ear & mastoid	$7,911.96
69646	Revise middle ear & mastoid	$7,911.96
69650	Release middle ear bone	$7,911.96
69660	Revise middle ear bone	$7,911.96
69661	Revise middle ear bone	$7,911.96
69662	Revise middle ear bone	$7,911.96
69666	Repair middle ear structures	$3,233.80
69667	Repair middle ear structures	$3,233.80
69670	Remove mastoid air cells	$7,911.96
69676	Remove middle ear nerve	$3,233.80

HOSPITAL/OUTPATIENT
OPPS PAYMENT RATES

HCPCS CODE	SHORT DESCRIPTOR	PAYMENT RATE
69700	Close mastoid fistula	$1,379.26
69710	Implant/replace hearing aid	UM
69711	Remove/repair hearing aid	$7,911.96
69714	Implant temple bone w/stimul	$21,075.80
69715	Temple bne implnt w/stimulat	$21,075.80
69717	Temple bone implant revision	$9,938.52
69718	Revise temple bone implant	$14,128.14
69720	Release facial nerve	$7,911.96
69725	Release facial nerve	$7,911.96
69740	Repair facial nerve	$7,911.96
69745	Repair facial nerve	$7,911.96
69799	Middle ear surgery procedure	$258.58
69801	Incise inner ear	$1,379.26
69805	Explore inner ear	$7,911.96
69806	Explore inner ear	$7,911.96
69820	Establish inner ear window	$7,911.96
69840	Revise inner ear window	$7,911.96
69905	Remove inner ear	$7,911.96
69910	Remove inner ear & mastoid	$7,911.96
69915	Incise inner ear nerve	$7,911.96
69930	Implant cochlear device	$60,855.16
69949	Inner ear surgery procedure	$258.58
69950	Incise inner ear nerve	UM
69955	Release facial nerve	$7,911.96
69960	Release inner ear canal	$7,911.96
69970	Remove inner ear lesion	$7,911.96
69979	Temporal bone surgery	$258.58
69990	Microsurgery add-on	UM

DURABLE MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

1. **General:** The Kansas Division of Workers Compensation adopts by reference the January 2016 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, K, V, and L (J codes are not included in DMEPOS) shall be determined as follows:

   (1) 140 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule.

   (2) J codes will be reimbursed at 140 percent of the Medicare Reimbursement in the most recent CMS Drugs and Biological file. It is now required to include the metric quantity of medication used and to also include the NDC number of the drug being dispensed or the J code. If there is no NDC number assignment, the drug or biological provided shall specifically be identified on the CMS 1500 for (or an equivalent form) as being a supply. National Drug Code Directory website is: http://www.fda.gov/drugs/informationondrugs/ucm142438.htm.

   (3) 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.

   (4) 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. *Tax, freight and handling are not reimbursable costs for durable medical equipment. The invoice for the actual cost to the facility of durable medical equipment shall be provided to the payor by the facility as a condition of payment for the 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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**. Compound drugs and physician dispensed medications shall be reimbursed the same as pharmacies based on the original manufacturer NDC and shall only be dispensed on prior approval of the employer/carrier.

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 (http://www.redbook.com/redbook/index.html), 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. 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.

FEE STRUCTURE

	Maximum Fee/Limit
A. Professional services rendered by a qualified rehabilitation professional	$80.85/hr
B. Nonprofessional services rendered by a qualified rehabilitation professional	$80.85/hr
subject to a case cap of	$1,617.00
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)	$4,620.00

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:

- $400.00 for the first hour
- Plus an allowance of $100.00 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:

- $100.00 for a review of medical records for the first 50 pages
- $50.00 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:

- $400.00 for the first hour
- Plus an allowance of $100.00 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.

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:** 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 including charges for searching when no records are found.** 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.

Reimbursement for the reproduction of medical records for copies of microfiche or any other types of storage systems such as electronic media, etc shall not exceed $25.00. Health care providers may also charge up to $5.00 a film for the copying of x-rays.

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

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 AND OTHER SPECIAL EXAMINATIONS AND/OR REPORTS:** If notice of cancellation or a request to reschedule a deposition, testimony, or IME and other special examinations and/or reports 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 and other special examinations and/or reports 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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

AMBULANCE AND AIRCRAFT SERVICES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for air ambulance services are limited to the amount most commonly charged for the same or similar services in a given area, ground services and emergency medical service's are reimbursable at billed charges, **less 30%**.

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 medical services; such as basic life support and/or advanced life support; administration of medications; and medical supplies may be submitted with substantiation that such additional services were warranted. Reimbursement for these additional services will be paid at the Maximum amount allowed under this Kansas Schedule of Medical Fees.

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 **2016 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.

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

1. **GENERAL:** Reimbursement for nursing homes, intermediate care, assisted living, rehabilitation and other facilities in-state and out-of-state as defined in K.S.A. 39-923(a) (1)–(9) will be limited to their billed charge, **less 20%**. 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. **RADIOLOGY CHARGES:** Reimbursement for any radiology services are subject to the Maximum Allowable Fees for the respective *CPT* code(s) that are contained within the Radiology Section of this Fee Schedule. Physicians that provide and bill separately for the professional component of radiology CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

5. **PATHOLOGY OR LABORATORY CHARGES:** Reimbursement for all pathology and laboratory services 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. Physicians that provide and bill separately for the professional component of pathology or laboratory CPT codes submitted for payment must attach the -26 modifier for proper reimbursement.

6. **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.

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 **2016 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference**. The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

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:

-21 Prolonged E & M Services: When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management (E&M) service within a given category.

-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.

-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.**

APPENDIX A - MODIFIERS

-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.**

-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.**

APPENDIX A - MODIFIERS

-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.**

-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.

APPENDIX A - MODIFIERS

-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.