



WORKERS COMPENSATION

Schedule of Medical Fees

January 1, 2012

This Schedule of Medical Fees, effective on and after January 1, 2012, was approved by the Director of Workers Compensation on June 21, 2011.



Kansas Department of Labor
DIVISION OF WORKERS COMPENSATION
401 SW Topeka Boulevard, Topeka, KS 66603

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 uses portions of the following documents:

1. The *Current Procedural Terminology*, Fourth Edition, copyright 2011 (a.k.a. *CPT 2011*) by the American Medical Association
2. The *CDT(Current Dental Terminology) Companion, CDT-2011/2012*, copyright 2010, published by the American Dental Association
3. The *2011 Relative Value Guide*, copyright 2010, developed by the American Society of Anesthesiologists
4. The *2011 Essential RBRVS*, a comprehensive listing of RBRVS values for *CPT* and *HCPCS* Codes, copyright 2011 Ingenix.
5. The *2011 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 28.

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

1. The Conversion Factor for the Surgery Section of the fee schedule has been changed as follows:

Surgery: Conversion Factor changed from \$80.81 to \$70.81
2. For Radiology, the new conversion factor applicable to all radiology procedures, **except** for **MRIs**, **CTs**, and **Ultrasounds** will be \$53.49. The new conversion factor for **MRI**, **CT**, and **Ultrasound** procedures (all identified by an asterisk) will be \$48.49.
3. For Pathology and Laboratory, the conversion factor of \$64.78 is decreased to \$60.00.
4. This edition of the Schedule of Medical Fees continues to recognize the National Correct Coding Initiative (NCCI) Edits as established by the Centers for Medicare and Medicaid Services (CMS) to help control any improper coding that leads to an inappropriate payment as well as controlling the medical costs associated with Workers Compensation. Reference the paragraph on Page 3 of the Introduction Section that immediately precedes the "ADDITIONAL SPECIAL NOTE". This language has been modified to say that 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.
5. Ground Rule 5 of Hospital/Inpatient regarding out-of state hospital reimbursement will say that "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 \$7000. Out-of-state critical access hospitals shall be reimbursed at billed charges less 15%."
6. Ground Rule 6 of Hospital/Inpatient has been modified to remove the last sentence that stated" If the MS-DRG level of reimbursement exceeds the \$60,000 stop-loss threshold, the facility shall be paid billed charges multiplied by seventy percent (70%) or the MS-DRG level whichever is least; all other rules apply to making this determination."

7. Ground Rule 2 of the Ambulatory Surgical Center/Hospital Outpatient Section that pertains to out-of-state facilities will be reimbursed at billed charges less 20%.
8. Ground Rule 4 of the Ambulatory Surgical Center/Hospital Outpatient Section is new and pertains to fees for trauma alerts and activation fees.
9. Ground Rule 1 of Durable Medical Equipment and Supplies subsection (2) now states: "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. 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>.
10. Ground Rule 1 of the Ambulance and Aircraft Services reimbursement only for ground ambulances has been changed to billed charges less 10%.
11. Ground rule 1 of Nursing Homes, Intermediate Care, and Assisted Living Facilities reimbursement applies to both in-state and out-of-state facilities.

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This Schedule of Medical Fees, planned for implementation January 1, 2012, was approved by the Workers Compensation Director on May 20, 2011.

It is the policy of The American Medical Association (AMA) that is similarly applied to other jurisdictions who publish medical fee schedules for Workers Compensation to prohibit the fee schedule inclusion of individual *CPT* code descriptions. For the applicable *CPT* 2011 Code descriptions, refer to the *Current Procedural Terminology*, copyright 2011 (a.k.a. *CPT* 2011), 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-2011/2012*, available through the American Dental Association.

TABLE OF CONTENTS

INTRODUCTION	1
GENERAL INSTRUCTIONS	5
ANESTHESIA	7
SURGERY	13
RADIOLOGY (Including Nuclear Medicine and Diagnostic Ultrasound)	53
PATHOLOGY AND LABORATORY	62
MEDICINE	76
PHYSICAL MEDICINE AND REHABILITATION	85
MEDICAL NUTRITION THERAPY	89
ACUPUNCTURE	91
OSTEOPATHIC MANIPULATIVE TREATMENT	93
CHIROPRACTIC MANIPULATIVE TREATMENT	95
EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT	97
NON-FACE-TO-FACE NON-PHYSICIAN SERVICES	99
SPECIAL SERVICES, PROCEDURES AND REPORTS	101
QUALIFYING CIRCUMSTANCES FOR ANESTHESIA	103
MODERATE (CONSCIOUS) SEDATION	105
OTHER SERVICES AND PROCEDURES	107
EVALUATION AND MANAGEMENT SERVICES	109
HOME HEALTH PROCEDURES / SERVICES	112
DENTISTRY	114
HOSPITAL/IN-PATIENT	121
AMBULATORY SURGICAL CENTER /HOSPITAL OUT-PATIENT	155
DURABLE MEDICAL EQUIPMENT AND SUPPLIES	160
PRESCRIPTION SERVICES	162
VOCATIONAL REHABILITATION SERVICES	163
DEPOSITIONS, TESTIMONY, AND MEDICAL RECORDS REPRODUCTION	164
AMBULANCE AND AIRCRAFT SERVICES	167
NURSING HOMES, INTERMEDIATE CARE, AND ASSISTED LIVING FACILITIES	168
APPENDIX A - MODIFIERS	169
APPENDIX B - QUICK REFERENCE TABLE	173

INTRODUCTION

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

This Schedule of Medical Fees governs the medical services provided to injured workers by health care providers including the medical services provided by registered physical and occupational therapists, and the medical services of a hospital or other health care facility; it also governs facilities and agencies providing vocational rehabilitation services. The maximum allowable fees and unit values contained within this schedule, which vary by the specific type of service, take into consideration the difficulty in performing a certain type of service that is based upon the risk, time, ability, and skill involved. Note specifically the code designation by type of service being provided. These codes have been adopted by various medical societies and associations (e.g., American Medical Association, American Dental Association) and are to be used in the respective billing or payment of medical services involving injured workers. **Note: The maximum allowable payment to a physician is to be limited to the maximum allowable payment contained within the appropriate sections of this fee schedule, regardless of who bills for the service or where the service(s) was/were provided. Billing for all physician services, whether provided in a physician's office, hospital, or any other setting, must be submitted using the CMS 1500 form or an equivalent form containing the same information. Additionally, and to assure that Cost Containment is achieved, nothing in this fee schedule shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.**

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

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

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

With regard to Anesthesia, the Basic Unit Values contained within the Anesthesia Section of this Schedule of Medical Fees were obtained from the *2011 Relative Value Guide* developed by the American Society of Anesthesiologists (ASA), which is recognized as an appropriate assessment of current relative values for specific procedures related to anesthesiology.

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

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

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

INTRODUCTION

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.

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

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

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

Standardized Billing Form: Health care providers, 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.

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

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

INTRODUCTION

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

SPECIAL NOTE: The five-digit codes included in this Schedule of Medical Fees (with the exception of the Dentistry Section and the Durable Medical Equipment and Supplies Section) are obtained from 2011 *Current Procedural Terminology (CPT)*, copyright 2010 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 *2011 Relative Value Guide*, copyright 2010 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-2011-2012*.

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 **2011 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.

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.

INTRODUCTION

CONVERSION FACTORS:

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

Anesthesia.....	\$48.75
Surgery.....	\$70.81
Radiology	\$53.49
*Radiology (MRI, CT, Ultrasound).....	\$48.49
Pathology and Laboratory	\$60.00
Medicine	\$53.25
Physical Medicine and Rehabilitation	\$43.87
Medical Nutrition Therapy	\$44.02
Acupuncture	\$41.65
Osteopathic Manipulative Treatment	\$57.98
Chiropractic Manipulative Treatment	\$53.66
Education and Training for Patient Self-Management	\$39.48
Non-Face-to-Face Nonphysician Services.....	\$18.87
Special Services and Reports	\$39.04
Qualifying Circumstances for Anesthesia	\$48.75
Moderate (Conscious) Sedation.....	\$49.14
Other Services and Procedures.....	\$53.12
Evaluation and Management Services.....	\$49.98
Home Health Procedures / Services	\$25.00
Dentistry	\$92.55
Hospital / Ambulatory Surgical Center	N/A
Medical Equipment and Supplies	N/A
Prescription Services	N/A
Vocational Rehabilitation Services	N/A
Depositions, Testimony, and Medical Records Reproduction.....	N/A
Ambulance and Aircraft Services	N/A
Nursing Homes / Intermediate Care Facilities	N/A

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

GENERAL INSTRUCTIONS

FOR USING THE SCHEDULE

FORMAT

Twenty-eight major sections comprise this Fee Schedule: Anesthesia; Surgery; Radiology (including Nuclear Medicine and Diagnostic Ultrasound); Pathology and Laboratory; Medicine; Physical Medicine and Rehabilitation; Medical Nutrition Therapy; Acupuncture; Osteopathic Manipulative Treatment; Chiropractic Manipulative Treatment; Education and Training for Patient Self-Management; Non-Face-to-Face 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 – Modifiers. This Fee Schedule is divided into these sections for structural purposes only. Providers of medical services and/or suppliers are to use the section(s) which contain the procedures they perform, or the services they render.

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

GROUND RULES

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

PROCEDURES/SERVICES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE

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

DEFINITIONS

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

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

GENERAL INSTRUCTIONS

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

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

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

MODIFIER EXAMPLES

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

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

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

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

AND the second surgeon would report:

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

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

ANESTHESIA GROUND RULES

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

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

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

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

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

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

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

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

Physical Status Modifiers

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

	<u>Unit Value</u>
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

ANESTHESIA GROUND RULES

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

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

Other Modifiers (Optional)

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

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

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

- 5. UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the values used should be substantiated "By Special Report." For an unlisted service or procedure, the health care provider or anesthesiologist 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 anesthesiologist (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 anesthesiologists will be allowed. Substantiate by report.
- 8. MONITORING SERVICES:** When an anesthesiologist or anesthesiologist 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 anesthesiologist 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.

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.

<u>CPT Code</u>	<u>Unit Values</u>
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 **2010 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	= <u>7.0 units</u>
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	= <u>8.0 units</u>
Total value	= 30.0 units

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	= <u>Time Units</u>
Total value	= Total units

Total units x Conversion Factor = Maximum Allowable Fee

The relative value units for the anesthesia services were excerpted from the 2011 Relative Value Guide, copyright 2010) with permission by the American Society of Anesthesiologists.

CONVERSION FACTOR = \$48.75

ANESTHESIA

(CONVERSION FACTOR = \$48.75)

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

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

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

ANESTHESIA

(CONVERSION FACTOR = \$48.75)

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

CPT CODE	BASIC UNIT VALUE
01474	5+TM
01480	3+TM
01482	4+TM
01484	4+TM
01486	7+TM
01490	3+TM
01500	8+TM
01502	6+TM
01520	3+TM
01522	5+TM
01610	5+TM
01620	4+TM
01622	4+TM
01630	5+TM
01634	9+TM
01636	15+TM
01638	10+TM
01650	6+TM
01652	10+TM
01654	8+TM
01656	10+TM
01670	4+TM
01680	3+TM
01682	4+TM
01710	3+TM
01712	5+TM
01714	5+TM
01716	5+TM
01730	3+TM
01732	3+TM
01740	4+TM
01742	5+TM
01744	5+TM
01756	6+TM
01758	5+TM
01760	7+TM
01770	6+TM
01772	6+TM
01780	3+TM
01782	4+TM
01810	3+TM

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

* Individual Consideration

SURGERY GROUND RULES

1. **PACKAGE OR GLOBAL FEE CONCEPT:** Listed surgical procedures include the surgery itself, local anesthesia, metacarpal/digital block, or topical anesthesia when used, and normal, uncomplicated follow-up care. The Unit Values for all procedures in this section applies to this "package" or "global" service for surgical procedures. To report a postoperative follow-up for documentation purposes only, use 99024 (see Special Services and Reports Section). For preoperative visits, see Ground Rules 3 and 4 below; see the respective Anesthesia Ground Rule pertaining to anesthesia administered by other than an anesthesiologist or anesthetist.
2. **OPERATIVE REPORT AND BILLING:** A bill for an operative procedure shall be deemed properly submitted **only** if an operative report or an informative description of the surgery performed is received by the payer. If surgery was performed in a hospital or an ambulatory surgery center, a copy of the hospital's or ambulatory surgery center's operative report will suffice. If surgery was performed at some other site and classified as minor surgery, such as at a physician's office, identify the (geographic) location and submit an informative description of the surgery performed.
3. **IMMEDIATE PREOPERATIVE VISITS AND OTHER SERVICES BY THE SURGEON:** Under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere that is necessary to examine the patient, or to initiate the treatment program, is included in the Unit Value listed for the surgical procedure.
4. **SEPARATE PREOPERATIVE CHARGES:** Charges for separate preoperative procedures are sometimes warranted and may be billed under the following circumstances:
 - a) when the preoperative visit is the initial visit (e.g., an emergency) and prolonged detention or evaluation is required to prepare the patient, or to establish the need for and type of surgical procedure.
 - b) when the preoperative visit is an initial consultation, as defined in the Medicine Section of this manual.
 - c) when procedures not usually part of the basic surgical procedure (e.g., myelography prior to laminectomy, bronchoscopy prior to chest surgery) are provided during the immediate preoperative visit.
5. **FOLLOW-UP CARE FOR DIAGNOSTIC PROCEDURES:** Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or of other concomitant conditions is not included and may be billed separately.
6. **MULTIPLE OR BILATERAL PROCEDURES:** 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.

Multiple related 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 total of five (5) as defined, may be considered for payment on an individual by report (BR) basis.

When multiple procedures, unrelated 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.

SURGERY GROUND RULES

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.

MULTIPLE/BILATERAL EXAMPLES:

Related Procedures.

- a) Open reduction of a fracture: the excision of a previous scar, the incision of fascia and muscle, the identification and retraction of nerves, muscles, and area structures, and the closure of the wound (irrespective of type of closure) are all related to the principal procedure of the bone repair and merit **no** additional fee.
- b) Repair of a tendon: the skin incision and linear closure, as well as the identification, incision and retraction of adjacent or overlying structures are related to the principal procedure and merit **no** additional fee.

Unrelated Procedures.

- a) Multiple lacerations of an area such as the face: an additional fee may be warranted when such lacerations are not continuous.
 - b) Closure of an incision or laceration incidental to the repair of deeper structures such as nerves, tendons, etc., does **not** merit an additional fee irrespective of the method of closure.
7. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
 8. **CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall into this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
 9. **CODES WHICH INCLUDE CONSCIOUS SEDATION:** Certain codes include conscious sedation as an inherent part of providing the procedure. For a complete list of codes that include conscious sedation, refer to the appropriate appendix that is found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
 10. **FOLLOW-UP OR AFTERCARE:** Follow-up care for therapeutic surgical procedures includes all normal postoperative care, that care which is usually a part of the surgical service. Complications, exacerbations, recurrence of the condition, or the presence of other diseases or injuries requiring additional services concurrent with the procedure may warrant additional charges. If such separate charges are made, explain by report with an adequate description. When an additional surgical procedure is performed during any follow-up care and is related to the previously performed procedure but is not an intrinsic part of the latter, the additional procedure will be paid at one-half the maximum allowable payment.

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

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

SURGERY GROUND RULES

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 "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

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

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

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

- _ Diagnosis (postoperative), pertinent history, and physical findings
- _ Size, location, and number of lesions or procedures where appropriate
- _ Major surgical procedure accompanied by an additional procedure
- _ The closest similar procedure by code number and the associated Unit Value, if possible
- _ Operative time

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

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

- a) **Identifiable medical services:** Services provided prior to or during the surgical procedure or in the postoperative period are to be charged by the health care provider rendering the service, identified by the appropriate code. Payable fees under this category are unrelated to the surgeon's fee.
- b) **Assistant surgeon:** Identify the surgery performed by using the respective code number along with the appropriate modifier (-80, -81, or -82) and bill at 25% of the code fee. The code number must coincide with that of the primary surgeon. Assistant surgeon fees are not payable when the hospital provides an intern or a resident staff to assist at surgery.

SURGERY GROUND RULES

- 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).

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).

SURGERY GROUND RULES

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 same information. 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 **2011 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.

CONVERSION FACTOR = \$70.81

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
10021	XXX	4.19
10022	XXX	4.02
10040	10	2.98
10060	10	3.2
10061	10	5.34
10080	10	4.9
10081	10	7.56
10120	10	3.95
10121	10	7.67
10140	10	4.53
10160	10	3.67
10180	10	6.89
11000	0	1.53
11001	ZZZ	0.62
11004	0	17.22
11005	0	23.08
11006	0	21.01
11008	ZZZ	8.11
11010	10	13.86
11011	0	15.21
11012	0	20.41
11042	0	2.55
11043	0	5.61
11044	0	8.56
11045	ZZZ	0.91
11046	ZZZ	1.58
11047	ZZZ	2.6
11055	0	1.41
11056	0	1.69
11057	0	2
11100	0	3.01
11101	ZZZ	0.96
11200	10	2.46
11201	ZZZ	0.55
11300	0	1.99
11301	0	2.7
11302	0	3.23
11303	0	3.81
11305	0	1.99
11306	0	2.76
11307	0	3.27
11308	0	3.62
11310	0	2.46
11311	0	3.1
11312	0	3.61
11313	0	4.48
11400	10	3.44
11401	10	4.21
11402	10	4.69
11403	10	5.39
11404	10	6.13
11406	10	8.74
11420	10	3.43
11421	10	4.46

CODE	FUD	UNIT VALUE
11422	10	4.97
11423	10	5.76
11424	10	6.62
11426	10	9.47
11440	10	3.79
11441	10	4.77
11442	10	5.38
11443	10	6.41
11444	10	8.06
11446	10	11.1
11450	90	10.5
11451	90	13.42
11462	90	10.31
11463	90	13.7
11470	90	11.48
11471	90	14.2
11600	10	5.36
11601	10	6.52
11602	10	7.13
11603	10	8.1
11604	10	8.98
11606	10	12.72
11620	10	5.46
11621	10	6.57
11622	10	7.4
11623	10	8.65
11624	10	9.72
11626	10	11.74
11640	10	5.67
11641	10	6.86
11642	10	7.86
11643	10	9.26
11644	10	11.41
11646	10	14.94
11719	0	0.62
11720	0	0.9
11721	0	1.23
11730	0	2.76
11732	ZZZ	1.26
11740	0	1.34
11750	10	6.24
11752	10	9
11755	0	3.81
11760	10	6.19
11762	10	7.79
11765	10	3.93
11770	10	7.67
11771	90	15.91
11772	90	19.07
11900	0	1.63
11901	0	2.06
11920	0	5.12
11921	0	5.9
11922	ZZZ	1.77

CODE	FUD	UNIT VALUE
11950	0	2.06
11951	0	2.93
11952	0	3.77
11954	0	4.69
11960	90	26.35
11970	90	17.9
11971	90	13.49
11975	XXX	3.69
11976	0	4.24
11977	XXX	6.49
11980	0	3.04
11981	XXX	3.93
11982	XXX	4.38
11983	XXX	6.51
12001	0	2.81
12002	0	3.3
12004	0	3.92
12005	0	5.05
12006	0	6.1
12007	0	7.11
12011	0	3.37
12013	0	3.62
12014	0	4.29
12015	0	5.26
12016	0	6.58
12017	0	5.08
12018	0	6.02
12020	10	7.8
12021	10	4.64
12031	10	7.06
12032	10	8.89
12034	10	8.87
12035	10	10.76
12036	10	11.76
12037	10	13.18
12041	10	7.37
12042	10	8.44
12044	10	10
12045	10	10.72
12046	10	12.72
12047	10	13.81
12051	10	7.8
12052	10	8.9
12053	10	9.83
12054	10	10.43
12055	10	12.52
12056	10	14.94
12057	10	17.04
13100	10	9.11
13101	10	11.58
13102	ZZZ	3.15
13120	10	9.48
13121	10	12.91
13122	ZZZ	3.48

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
13131	10	10.47
13132	10	16.96
13133	ZZZ	4.92
13150	10	10.41
13151	10	11.86
13152	10	16.4
13153	ZZZ	5.4
13160	90	23.68
14000	90	18.14
14001	90	23.43
14020	90	20.37
14021	90	25.6
14040	90	22.46
14041	90	27.84
14060	90	22.83
14061	90	29.88
14301	90	32.26
14302	ZZZ	6.9
14350	90	21.18
15002	0	9.78
15003	ZZZ	2.13
15004	0	11.5
15005	ZZZ	3.53
15040	0	7.36
15050	90	16.24
15100	90	25.09
15101	ZZZ	5.42
15110	90	24.75
15111	ZZZ	3.46
15115	90	25.14
15116	ZZZ	4.97
15120	90	27.72
15121	ZZZ	7.75
15130	90	19.63
15131	ZZZ	2.97
15135	90	25.32
15136	ZZZ	2.58
15150	90	20.19
15151	ZZZ	3.87
15152	ZZZ	4.55
15155	90	18.8
15156	ZZZ	4.96
15157	ZZZ	4.82
15170	90	12.64
15171	ZZZ	2.76
15175	90	15.06
15176	ZZZ	4.31
15200	90	23.84
15201	ZZZ	4.32
15220	90	22.44
15221	ZZZ	4
15240	90	27.13
15241	ZZZ	5.39
15260	90	29.42

CODE	FUD	UNIT VALUE
15261	ZZZ	6.29
15300	90	10.13
15301	ZZZ	1.84
15320	90	10.86
15321	ZZZ	2.76
15330	90	9.42
15331	ZZZ	1.87
15335	90	9.25
15336	ZZZ	2.59
15340	10	9.09
15341	ZZZ	1.36
15360	90	10.37
15361	ZZZ	1.92
15365	90	9.91
15366	ZZZ	2.37
15400	90	11.75
15401	ZZZ	2.65
15420	90	12.76
15421	ZZZ	3.38
15430	90	15.71
15431	ZZZ	6.97
15570	90	26
15572	90	25.34
15574	90	26.5
15576	90	23.54
15600	90	9.43
15610	90	9.9
15620	90	12.73
15630	90	13.46
15650	90	14.88
15731	90	33.41
15732	90	43.99
15734	90	44.71
15736	90	39.34
15738	90	41.88
15740	90	29.98
15750	90	26.96
15756	90	69.82
15757	90	69.12
15758	90	68.82
15760	90	24.88
15770	90	19.64
15775	0	8.4
15776	0	12.3
15780	90	23.96
15781	90	15.83
15782	90	16.11
15783	90	14.19
15786	10	7.03
15787	ZZZ	1.39
15788	90	13.02
15789	90	16.34
15792	90	12.5
15793	90	14.14

CODE	FUD	UNIT VALUE
15819	90	20.88
15820	90	16.32
15821	90	17.41
15822	90	12.65
15823	90	17.83
15824	0	32.26
15825	0	36.28
15826	0	26.21
15828	0	68.54
15829	0	76.61
15830	90	34.26
15832	90	27.12
15833	90	25.47
15834	90	25.64
15835	90	27.13
15836	90	21.18
15837	90	24.17
15838	90	16.93
15839	90	25.14
15840	90	30.09
15841	90	49.69
15842	90	74.55
15845	90	28.74
15847	YYY	14.11
15850	XXX	2.51
15851	0	2.75
15852	0	1.38
15860	0	3.22
15876	0	BR
15877	0	BR
15878	0	BR
15879	0	BR
15920	90	17.54
15922	90	22.59
15931	90	19.63
15933	90	24.32
15934	90	27.03
15935	90	32
15936	90	26.09
15937	90	30.53
15940	90	20.23
15941	90	26.23
15944	90	26.09
15945	90	28.96
15946	90	48.15
15950	90	16.63
15951	90	25.05
15952	90	24.48
15953	90	26.86
15956	90	33.84
15958	90	34.53
15999	YYY	BR
16000	0	1.98
16020	0	2.39

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
16025	0	4.29
16030	0	5.16
16035	0	5.99
16036	ZZZ	2.42
17000	10	2.34
17003	ZZZ	0.21
17004	10	5.06
17106	90	9.98
17107	90	12.95
17108	90	18.5
17110	10	3.19
17111	10	3.8
17250	0	2.2
17260	10	2.76
17261	10	4.17
17262	10	5.06
17263	10	5.57
17264	10	5.97
17266	10	6.77
17270	10	4.35
17271	10	4.78
17272	10	5.45
17273	10	6.07
17274	10	7.16
17276	10	8.29
17280	10	4.08
17281	10	5.17
17282	10	5.99
17283	10	7.2
17284	10	8.35
17286	10	10.57
17311	0	19.66
17312	ZZZ	11.73
17313	0	17.93
17314	ZZZ	10.88
17315	ZZZ	2.36
17340	10	1.45
17360	10	3.86
17380	0	2.23
17999	YYY	BR
19000	0	3.2
19001	ZZZ	0.78
19020	90	13.03
19030	0	4.75
19100	0	4.18
19101	10	9.53
19102	0	6.26
19103	0	16.09
19105	0	59.9
19110	90	13.53
19112	90	12.7
19120	90	13.79
19125	90	15.31
19126	ZZZ	4.72

CODE	FUD	UNIT VALUE
19260	90	35.3
19271	90	47.88
19272	90	53.02
19290	0	4.69
19291	ZZZ	1.99
19295	ZZZ	2.66
19296	0	116.2
19297	ZZZ	2.76
19298	0	35.66
19300	90	14.63
19301	90	18.51
19302	90	25.53
19303	90	28.66
19304	90	16.3
19305	90	32.38
19306	90	34.11
19307	90	34.12
19316	90	22.74
19318	90	33.01
19324	90	14.1
19325	90	19.04
19328	90	14.52
19330	90	18.55
19340	90	25.68
19342	90	27.26
19350	90	24.44
19355	90	20.44
19357	90	43.58
19361	90	49.88
19364	90	82.39
19366	90	40.65
19367	90	53.47
19368	90	66.1
19369	90	61.02
19370	90	20.21
19371	90	23.16
19380	90	22.77
19396	0	7.04
19499	YYY	BR
20005	10	8.7
20100	10	17.47
20101	10	11.63
20102	10	13.72
20103	10	16.5
20150	90	28.93
20200	0	5.73
20205	0	7.89
20206	0	7.27
20220	0	4.78
20225	0	17.92
20240	10	6.56
20245	10	18.44
20250	10	11.09
20251	10	12.12

CODE	FUD	UNIT VALUE
20500	10	3.19
20501	0	3.62
20520	10	5.63
20525	10	13.64
20526	0	2.17
20550	0	1.65
20551	0	1.68
20552	0	1.54
20553	0	1.74
20555	0	9.69
20600	0	1.56
20605	0	1.7
20610	0	2.26
20612	0	1.69
20615	10	6.3
20650	10	5.7
20660	0	7.19
20661	90	14.24
20662	90	12.58
20663	90	13.31
20664	90	23.79
20665	10	3.2
20670	10	11.21
20680	90	17.65
20690	90	16.79
20692	90	31.55
20693	90	13.28
20694	90	12.27
20696	90	31.45
20697	0	49.28
20802	90	67.71
20805	90	83.77
20808	5	90
20816	90	63.05
20822	90	55.73
20824	90	63.76
20827	90	57.87
20838	90	69.51
20900	0	12.02
20902	0	9.6
20910	90	12.37
20912	90	14.32
20920	90	11.78
20922	90	17.45
20924	90	14.73
20926	90	12.76
20930	XXX	3.57
20931	ZZZ	3.36
20936	XXX	3.77
20937	ZZZ	5.03
20938	ZZZ	5.52
20950	0	7.14
20955	90	75.39
20956	90	77.92

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
20957	90	75.85
20962	90	77.25
20969	90	83.14
20970	90	83.22
20972	90	67.59
20973	90	79.03
20974	0	2.02
20975	0	5.2
20979	0	1.52
20982	0	105.1
20985	ZZZ	4.38
20999	YYY	BR
21010	90	21.22
21011	90	9.67
21012	90	10.19
21013	90	14.94
21014	90	15.72
21015	90	19.31
21016	90	31.18
21025	90	25.83
21026	90	17.62
21029	90	22.47
21030	90	14.77
21031	90	11.12
21032	90	11.31
21034	90	39.04
21040	90	14.88
21044	90	26
21045	90	36.23
21046	90	31.99
21047	90	38.25
21048	90	32.71
21049	90	36.68
21050	90	25.81
21060	90	24.06
21070	90	18.34
21073	90	11.25
21076	10	28.36
21077	90	70.67
21079	90	47.99
21080	90	54.19
21081	90	49.73
21082	90	46.65
21083	90	43.3
21084	90	51.09
21085	10	23.16
21086	90	51.9
21087	90	51.8
21088	90	BR
21089	YYY	BR
21100	90	19
21110	90	22.48
21116	0	4.27
21120	90	18.64

CODE	FUD	UNIT VALUE
21121	90	22.4
21122	90	20.44
21123	90	25.55
21125	90	88.86
21127	90	108.5
21137	90	21.11
21138	90	26.08
21139	90	28.95
21141	90	40.43
21142	90	40.76
21143	90	43.2
21145	90	43.9
21146	90	50.41
21147	90	48.12
21150	90	48.2
21151	90	57.72
21154	90	62.55
21155	90	63.72
21159	90	82.36
21160	90	79.02
21172	90	52.57
21175	90	70.67
21179	90	44.95
21180	90	48.93
21181	90	20.94
21182	90	58.5
21183	90	66.52
21184	90	73.24
21188	90	47.45
21193	90	38.64
21194	90	41.13
21195	90	39.55
21196	90	43.28
21198	90	34.19
21199	90	30.13
21206	90	35.8
21208	90	52.86
21209	90	24.47
21210	90	63.22
21215	90	110.2
21230	90	22.9
21235	90	21.41
21240	90	32.3
21242	90	29.63
21243	90	48.77
21244	90	31.17
21245	90	33.12
21246	90	24.64
21247	90	47.95
21248	90	31.53
21249	90	43.38
21255	90	40.6
21256	90	34.82
21260	90	39.03

CODE	FUD	UNIT VALUE
21261	90	65
21263	90	55.5
21267	90	47.22
21268	90	54.05
21270	90	27.77
21275	90	24.64
21280	90	16.53
21282	90	10.88
21295	90	5.18
21296	90	11.76
21299	YYY	BR
21310	0	3.27
21315	10	7.89
21320	10	7.44
21325	90	13.87
21330	90	16.74
21335	90	21.58
21336	90	19.07
21337	90	11.69
21338	90	21.97
21339	90	23.67
21340	90	22.9
21343	90	33.92
21344	90	49.19
21345	90	23.04
21346	90	27.39
21347	90	32.45
21348	90	34.17
21355	10	13.02
21356	10	14.47
21360	90	15.6
21365	90	32.91
21366	90	37.34
21385	90	20.53
21386	90	19.61
21387	90	22.07
21390	90	23.33
21395	90	28.66
21400	90	5.37
21401	90	13.87
21406	90	16.16
21407	90	19.08
21408	90	26.6
21421	90	21.86
21422	90	19.49
21423	90	24.19
21431	90	21.81
21432	90	20.65
21433	90	49.79
21435	90	38.39
21436	90	60.49
21440	90	16.15
21445	90	22.05
21450	90	16.93

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
21451	90	21.96
21452	90	17.01
21453	90	25.65
21454	90	16.32
21461	90	59.23
21462	90	62.83
21465	90	27.97
21470	90	35.53
21480	0	2.68
21485	90	19.74
21490	90	27.43
21495	90	20.63
21497	90	19.79
21499	YYY	BR
21501	90	13.01
21502	90	15.01
21510	90	13.82
21550	10	7.5
21552	90	13.38
21554	90	21.96
21555	90	11.96
21556	90	15.12
21557	90	26.23
21558	90	40.84
21600	90	16.5
21610	90	34.07
21615	90	19.55
21616	90	23.89
21620	90	15.45
21627	90	16.19
21630	90	37.45
21632	90	37.27
21685	90	29.65
21700	90	12.67
21705	90	17.93
21720	90	13.17
21725	90	15.6
21740	90	30.8
21742	90	33.75
21743	90	44.41
21750	90	20.94
21800	90	2.97
21805	90	7.69
21810	90	15.28
21820	90	3.94
21825	90	16.65
21899	YYY	BR
21920	10	7.51
21925	90	12.5
21930	90	13.49
21931	90	13.98
21932	90	19.95
21933	90	21.98
21935	90	30.29

CODE	FUD	UNIT VALUE
21936	90	42.58
22010	90	27.35
22015	90	26.92
22100	90	25.53
22101	90	24.99
22102	90	24.01
22103	ZZZ	4.29
22110	90	31.4
22112	90	30.96
22114	90	28.96
22116	ZZZ	4.19
22206	90	69.1
22207	90	70.22
22208	ZZZ	17.5
22210	90	51.78
22212	90	42.92
22214	90	43.2
22216	ZZZ	10.92
22220	90	47.13
22222	90	43.73
22224	90	46.18
22226	ZZZ	10.95
22305	90	5.42
22310	90	8.68
22315	90	25.42
22318	90	47.76
22319	90	53.2
22325	90	41.74
22326	90	43.36
22327	90	43.06
22328	ZZZ	8.47
22505	10	3.46
22520	10	65.62
22521	10	64.38
22522	ZZZ	6.8
22523	10	17.28
22524	10	16.61
22525	ZZZ	7.76
22526	10	61.52
22527	ZZZ	49.48
22532	90	52.31
22533	90	49.28
22534	ZZZ	10.88
22548	90	57.04
22551	90	51.14
22552	ZZZ	11.92
22554	90	37.38
22556	90	49.03
22558	90	45.31
22585	ZZZ	10.09
22590	90	46.11
22595	90	43.83
22600	90	37.43
22610	90	36.67

CODE	FUD	UNIT VALUE
22612	90	46.91
22614	ZZZ	11.76
22630	90	45.2
22632	ZZZ	9.59
22800	90	39.7
22802	90	62.17
22804	90	71.66
22808	90	54.05
22810	90	60.12
22812	90	64.99
22818	90	64.26
22819	90	80.3
22830	90	23.66
22840	ZZZ	22.91
22841	XXX	11.26
22842	ZZZ	22.95
22843	ZZZ	24.37
22844	ZZZ	29.42
22845	ZZZ	22.1
22846	ZZZ	22.93
22847	ZZZ	26.21
22848	ZZZ	10.78
22849	90	38.3
22850	90	21.01
22851	ZZZ	12.26
22852	90	20.08
22855	90	32.8
22856	90	48.73
22857	90	49.38
22861	90	59.45
22862	90	56.22
22864	90	55.81
22865	90	59.67
22899	YYY	BR
22900	90	15.49
22901	90	19.57
22902	90	12.85
22903	90	13.14
22904	90	30.6
22905	90	39.8
22999	YYY	BR
23000	90	15.96
23020	90	19.99
23030	10	12.42
23031	10	11.56
23035	90	19.84
23040	90	20.91
23044	90	16.58
23065	10	6.26
23066	90	15.08
23071	90	12.46
23073	90	20.64
23075	90	11.58
23076	90	15.74

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
23077	90	33.91
23078	90	41.41
23100	90	14.33
23101	90	13.02
23105	90	18.49
23106	90	14.11
23107	90	19.17
23120	90	16.83
23125	90	20.51
23130	90	17.6
23140	90	15.09
23145	90	20.16
23146	90	17.73
23150	90	19.08
23155	90	23.04
23156	90	19.64
23170	90	15.84
23172	90	16.2
23174	90	21.97
23180	90	19.74
23182	90	19.29
23184	90	21.49
23190	90	16.41
23195	90	21.92
23200	90	41.38
23210	90	48.42
23220	90	53.46
23330	10	6.61
23331	90	17.11
23332	90	25.73
23350	0	4.36
23395	90	37.57
23397	90	33.49
23400	90	28.43
23405	90	18.26
23406	90	22.75
23410	90	24.03
23412	90	25
23415	90	20.21
23420	90	28.36
23430	90	21.61
23440	90	22.06
23450	90	27.73
23455	90	29.46
23460	90	32
23462	90	31.45
23465	90	32.72
23466	90	32.68
23470	90	35.52
23472	90	44.01
23480	90	23.93
23485	90	28.11
23490	90	25.49
23491	90	29.66

CODE	FUD	UNIT VALUE
23500	90	6.1
23505	90	9.91
23515	90	20.94
23520	90	6.41
23525	90	10.5
23530	90	16.15
23532	90	18.06
23540	90	6.22
23545	90	9.11
23550	90	16.58
23552	90	19.11
23570	90	6.49
23575	90	11.23
23585	90	28.42
23600	90	9.11
23605	90	13.24
23615	90	25.73
23616	90	36.75
23620	90	7.53
23625	90	10.77
23630	90	22.48
23650	90	8.48
23655	90	11.21
23660	90	16.88
23665	90	12.01
23670	90	25.21
23675	90	15.64
23680	90	26.9
23700	10	5.63
23800	90	30.02
23802	90	37.12
23900	90	39.78
23920	90	32.3
23921	90	12.81
23929	YYY	BR
23930	10	10.19
23931	10	8.06
23935	90	14.56
24000	90	13.77
24006	90	20.68
24065	10	7.38
24066	90	17.29
24071	90	12.15
24073	90	20.71
24075	90	14.04
24076	90	15.36
24077	90	29.37
24079	90	38.19
24100	90	11.89
24101	90	14.45
24102	90	17.82
24105	90	9.91
24110	90	16.96
24115	90	21.35

CODE	FUD	UNIT VALUE
24116	90	25.15
24120	90	15.21
24125	90	17.83
24126	90	18.78
24130	90	14.64
24134	90	21.82
24136	90	17.81
24138	90	19.41
24140	90	20.65
24145	90	17.37
24147	90	18.16
24149	90	34.04
24150	90	43.06
24152	90	36.62
24155	90	24.83
24160	90	17.57
24164	90	14.41
24200	10	5.79
24201	90	15.93
24220	0	4.74
24300	90	11.6
24301	90	21.88
24305	90	16.79
24310	90	13.79
24320	90	22.67
24330	90	20.86
24331	90	23.44
24332	90	17.68
24340	90	17.8
24341	90	21.47
24342	90	22.71
24343	90	20.41
24344	90	31.95
24345	90	20.29
24346	90	32
24357	90	12.87
24358	90	15.15
24359	90	19.06
24360	90	26.26
24361	90	29.49
24362	90	31.04
24363	90	43.89
24365	90	18.59
24366	90	19.86
24400	90	23.89
24410	90	30.72
24420	90	28.89
24430	90	30.86
24435	90	31.39
24470	90	18.91
24495	90	19.15
24498	90	25.35
24500	90	9.94
24505	90	14.21

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
24515	90	25.53
24516	90	25.15
24530	90	10.65
24535	90	17.64
24538	90	21.61
24545	90	26.98
24546	90	30.53
24560	90	8.93
24565	90	14.91
24566	90	20.67
24575	90	21.29
24576	90	9.47
24577	90	15.43
24579	90	24.28
24582	90	23.16
24586	90	31.85
24587	90	31.79
24600	90	10.21
24605	90	13.36
24615	90	20.74
24620	90	15.97
24635	90	20.45
24640	10	3.61
24650	90	7.26
24655	90	12.31
24665	90	18.85
24666	90	21.28
24670	90	8.12
24675	90	12.97
24685	90	18.89
24800	90	23.73
24802	90	29.23
24900	90	21.16
24920	90	21.05
24925	90	16.31
24930	90	22.31
24931	90	22.53
24935	90	28.22
24940	90	30.47
24999	YYY	BR
25000	90	9.92
25001	90	9.77
25020	90	16.68
25023	90	32.11
25024	90	22.63
25025	90	35.45
25028	90	14.96
25031	90	10.5
25035	90	17.89
25040	90	16.44
25065	10	7.35
25066	90	10.66
25071	90	12.77
25073	90	15.96

CODE	FUD	UNIT VALUE
25075	90	13.88
25076	90	15.03
25077	90	25.74
25078	90	33.4
25085	90	13.29
25100	90	10.01
25101	90	11.74
25105	90	14.14
25107	90	17.93
25109	90	15.43
25110	90	10.15
25111	90	9.19
25112	90	11.15
25115	90	22.88
25116	90	18.24
25118	90	11.09
25119	90	14.6
25120	90	15.32
25125	90	18.09
25126	90	18.16
25130	90	13.06
25135	90	16.27
25136	90	14.33
25145	90	15.82
25150	90	16.62
25151	90	17.87
25170	90	41.41
25210	90	14.25
25215	90	18.15
25230	90	12.56
25240	90	12.59
25246	0	4.82
25248	90	12.43
25250	90	15.29
25251	90	20.92
25259	90	11.67
25260	90	19.13
25263	90	19.06
25265	90	22.66
25270	90	15.14
25272	90	17
25274	90	20.36
25275	90	19.62
25280	90	17.24
25290	90	14.05
25295	90	16.05
25300	90	19.97
25301	90	18.81
25310	90	18.79
25312	90	21.82
25315	90	23.43
25316	90	26.56
25320	90	28.59
25332	90	24.62

CODE	FUD	UNIT VALUE
25335	90	24.34
25337	90	25.91
25350	90	20.52
25355	90	23.26
25360	90	19.96
25365	90	27.54
25370	90	30.18
25375	90	27.1
25390	90	23.35
25391	90	30.04
25392	90	30.6
25393	90	34.83
25394	90	22.79
25400	90	24.43
25405	90	31.27
25415	90	29.64
25420	90	35.26
25425	90	29.82
25426	90	32.82
25430	90	20.38
25431	90	22.86
25440	90	22.46
25441	90	27.03
25442	90	22.97
25443	90	22.77
25444	90	23.1
25445	90	20.97
25446	90	34.29
25447	90	23.93
25449	90	30.53
25450	90	16.44
25455	90	18.11
25490	90	20.49
25491	90	22.49
25492	90	27.22
25500	90	7.48
25505	90	14.23
25515	90	19.35
25520	90	15.95
25525	90	22.97
25526	90	28.3
25530	90	7.25
25535	90	13.85
25545	90	18.04
25560	90	7.6
25565	90	14.86
25574	90	19.4
25575	90	26.1
25600	90	8.18
25605	90	17.74
25606	90	19.27
25607	90	21.11
25608	90	23.72
25609	90	30.25

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
25622	90	8.46
25624	90	13.07
25628	90	20.87
25630	90	8.57
25635	90	12.68
25645	90	16.46
25650	90	8.99
25651	90	13.89
25652	90	17.98
25660	90	11.55
25670	90	17.56
25671	90	15.24
25675	90	12.26
25676	90	18.3
25680	90	13.27
25685	90	21.32
25690	90	13.63
25695	90	18.38
25800	90	21.45
25805	90	24.82
25810	90	25.31
25820	90	17.77
25825	90	21.94
25830	90	27.63
25900	90	21.35
25905	90	21.04
25907	90	18.41
25909	90	20.6
25915	90	33.17
25920	90	20.11
25922	90	14.99
25924	90	18.62
25927	90	23.14
25929	90	17.15
25931	90	20.17
25999	YYY	BR
26010	10	7.3
26011	10	11.06
26020	90	12.45
26025	90	12.08
26030	90	14.23
26034	90	15.46
26035	90	24.52
26037	90	16.56
26040	90	8.88
26045	90	13.46
26055	90	16.09
26060	90	7.65
26070	90	8.77
26075	90	9.21
26080	90	11.12
26100	90	9.45
26105	90	9.59
26110	90	9.18

CODE	FUD	UNIT VALUE
26111	90	12.47
26113	90	16.34
26115	90	16.05
26116	90	15.2
26117	90	21.23
26118	90	31.97
26121	90	17.3
26123	90	24.04
26125	ZZZ	8.19
26130	90	13.24
26135	90	15.95
26140	90	14.58
26145	90	14.8
26160	90	16.32
26170	90	11.69
26180	90	12.69
26185	90	15.67
26200	90	13.01
26205	90	17.48
26210	90	12.72
26215	90	16.23
26230	90	14.45
26235	90	14.29
26236	90	12.72
26250	90	28.84
26260	90	22.6
26262	90	17.37
26320	90	9.97
26340	90	9.37
26350	90	20.46
26352	90	23.37
26356	90	31.22
26357	90	24.96
26358	90	26.66
26370	90	22.03
26372	90	25.53
26373	90	24.39
26390	90	24
26392	90	27.99
26410	90	16.24
26412	90	19.69
26415	90	20.09
26416	90	24.13
26418	90	16.48
26420	90	20.43
26426	90	15.58
26428	90	21.66
26432	90	14.25
26433	90	15.25
26434	90	18.45
26437	90	17.83
26440	90	17.86
26442	90	27.61
26445	90	16.61

CODE	FUD	UNIT VALUE
26449	90	21.25
26450	90	11.57
26455	90	11.53
26460	90	11.22
26471	90	17.62
26474	90	17.19
26476	90	16.83
26477	90	16.7
26478	90	17.92
26479	90	17.87
26480	90	21.62
26483	90	24.31
26485	90	23.28
26489	90	26.14
26490	90	22.85
26492	90	25.31
26494	90	22.93
26496	90	24.65
26497	90	24.88
26498	90	33.06
26499	90	23.81
26500	90	18.02
26502	90	20.53
26508	90	18.1
26510	90	17.1
26516	90	20.12
26517	90	23.74
26518	90	24.15
26520	90	18.75
26525	90	18.76
26530	90	15.49
26531	90	18.03
26535	90	11.77
26536	90	19.86
26540	90	18.93
26541	90	22.98
26542	90	19.59
26545	90	20.01
26546	90	28.34
26548	90	21.99
26550	90	45.59
26551	90	88.78
26553	90	86.73
26554	90	95.14
26555	90	39.69
26556	90	83.07
26560	90	16.74
26561	90	27.31
26562	90	36.48
26565	90	19.52
26567	90	19.54
26568	90	25.8
26580	90	39.46
26587	90	30.07

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
26590	90	36.71
26591	90	12.53
26593	90	17.14
26596	90	21.55
26600	90	8.07
26605	90	9.02
26607	90	12.89
26608	90	13.72
26615	90	16.36
26641	90	10.18
26645	90	11.93
26650	90	13.74
26665	90	17.98
26670	90	9.3
26675	90	12.7
26676	90	14.37
26685	90	16.53
26686	90	18.02
26700	90	8.89
26705	90	11.7
26706	90	12.58
26715	90	16.29
26720	90	5.47
26725	90	9.56
26727	90	13.51
26735	90	16.99
26740	90	6.36
26742	90	10.4
26746	90	21.09
26750	90	5.09
26755	90	8.8
26756	90	11.96
26765	90	14.11
26770	90	7.57
26775	90	10.75
26776	90	12.69
26785	90	15.39
26820	90	22.62
26841	90	20.96
26842	90	22.73
26843	90	21.16
26844	90	23.55
26850	90	19.91
26852	90	22.85
26860	90	16.11
26861	ZZZ	3.08
26862	90	20.83
26863	ZZZ	6.89
26910	90	20.61
26951	90	18.39
26952	90	18.63
26989	YYY	BR
26990	90	18.02
26991	90	20.26

CODE	FUD	UNIT VALUE
26992	90	28.03
27000	90	12.75
27001	90	15.67
27003	90	17.16
27005	90	21.17
27006	90	21.45
27025	90	26.48
27027	90	24.3
27030	90	27.41
27033	90	28.53
27035	90	33.48
27036	90	29.39
27040	10	9.79
27041	90	19.77
27043	90	13.98
27045	90	22.18
27047	90	14.12
27048	90	17.32
27049	90	38.5
27050	90	10.94
27052	90	16.5
27054	90	19.86
27057	90	27.34
27059	90	54.3
27060	90	13.05
27062	90	13.15
27065	90	14.62
27066	90	23.62
27067	90	30.24
27070	90	24.78
27071	90	26.54
27075	90	61.66
27076	90	70.58
27077	90	82.73
27078	90	56.37
27080	90	14.67
27086	10	7.07
27087	90	18.33
27090	90	24.23
27091	90	46.96
27093	0	5.57
27095	0	6.82
27096	0	5.43
27097	90	19.6
27098	90	19.37
27100	90	24
27105	90	25.23
27110	90	28.14
27111	90	25.6
27120	90	37.96
27122	90	32.31
27125	90	33.16
27130	90	42.39
27132	90	49.49

CODE	FUD	UNIT VALUE
27134	90	56.92
27137	90	43.57
27138	90	45.34
27140	90	26.19
27146	90	37.43
27147	90	43.16
27151	90	45.81
27156	90	50.37
27158	90	40.88
27161	90	35.67
27165	90	40.27
27170	90	34.61
27175	90	19.42
27176	90	26.73
27177	90	32.58
27178	90	26.64
27179	90	28.5
27181	90	32.72
27185	90	17.53
27187	90	29.04
27193	90	13.57
27194	90	20.2
27200	90	5.04
27202	90	17.52
27215	90	18.55
27216	90	27.42
27217	90	25.88
27218	90	35.44
27220	90	15.27
27222	90	28.55
27226	90	30.73
27227	90	49.05
27228	90	56
27230	90	13.61
27232	90	22.43
27235	90	26.64
27236	90	35.03
27238	90	13.18
27240	90	27.91
27244	90	36.04
27245	90	36.43
27246	90	11.07
27248	90	21.87
27250	0	6.02
27252	90	22.05
27253	90	27.59
27254	90	37.19
27256	10	8.45
27257	10	9.75
27258	90	32.49
27259	90	45.56
27265	90	11.31
27266	90	16.86
27267	90	12.33

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
27268	90	15.27
27269	90	35.93
27275	10	5.15
27280	90	30.1
27282	90	24.26
27284	90	46.61
27286	90	48.78
27290	90	47.07
27295	90	37.31
27299	YYY	BR
27301	90	19.18
27303	90	18.57
27305	90	13.73
27306	90	10.87
27307	90	13.7
27310	90	21.23
27323	10	7.8
27324	90	11.29
27325	90	15.77
27326	90	14.51
27327	90	12.68
27328	90	17.14
27329	90	30.46
27330	90	11.74
27331	90	13.73
27332	90	18.57
27333	90	16.92
27334	90	19.82
27335	90	22.25
27337	90	12.5
27339	90	22.48
27340	90	10.63
27345	90	13.91
27347	90	15.17
27350	90	18.91
27355	90	17.5
27356	90	21.42
27357	90	23.69
27358	ZZZ	8.36
27360	90	24.76
27364	90	46.69
27365	90	57.29
27370	0	4.92
27372	90	17.3
27380	90	17.17
27381	90	23.25
27385	90	18.35
27386	90	24.18
27390	90	12.86
27391	90	16.66
27392	90	20.56
27393	90	14.66
27394	90	18.87
27395	90	25.62

CODE	FUD	UNIT VALUE
27396	90	17.87
27397	90	26.59
27400	90	20.12
27403	90	18.61
27405	90	19.68
27407	90	22.76
27409	90	28.19
27412	90	48.42
27415	90	40.12
27416	90	28.45
27418	90	24.27
27420	90	21.73
27422	90	21.64
27424	90	21.67
27425	90	12.87
27427	90	20.88
27428	90	32.44
27429	90	36.29
27430	90	21.54
27435	90	23.39
27437	90	19.22
27438	90	24.52
27440	90	22.84
27441	90	23.58
27442	90	25.36
27443	90	23.81
27445	90	36.85
27446	90	32.54
27447	90	45.31
27448	90	23.91
27450	90	29.73
27454	90	37.89
27455	90	27.53
27457	90	28.26
27465	90	36.48
27466	90	34.57
27468	90	39.29
27470	90	34.58
27472	90	37.21
27475	90	17.88
27477	90	21.34
27479	90	25.28
27485	90	19.53
27486	90	41.43
27487	90	52.01
27488	90	35.23
27495	90	33.13
27496	90	15.23
27497	90	16.42
27498	90	18.19
27499	90	19.78
27500	90	14.85
27501	90	14.56
27502	90	22.82

CODE	FUD	UNIT VALUE
27503	90	23.42
27506	90	39.23
27507	90	28.68
27508	90	15.02
27509	90	18.72
27510	90	20.19
27511	90	29.66
27513	90	37.07
27514	90	29.1
27516	90	14.36
27517	90	19.87
27519	90	26.63
27520	90	9.06
27524	90	21.95
27530	90	11.27
27532	90	17.74
27535	90	26.61
27536	90	34.92
27538	90	13.44
27540	90	23.88
27550	90	14.18
27552	90	18.12
27556	90	26.19
27557	90	31.35
27558	90	35.57
27560	90	10.7
27562	90	13.69
27566	90	26.06
27570	10	4.31
27580	90	42.29
27590	90	24.5
27591	90	26.76
27592	90	20.8
27594	90	15.07
27596	90	21.73
27598	90	22.03
27599	YYY	BR
27600	90	12.37
27601	90	13.08
27602	90	15.19
27603	90	15.41
27604	90	13.48
27605	10	10.04
27606	10	8.48
27607	90	17.92
27610	90	19.08
27612	90	16.38
27613	10	7.28
27614	90	16.45
27615	90	29.84
27616	90	38.14
27618	90	12.73
27619	90	14.62
27620	90	13.38

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
27625	90	16.91
27626	90	18.44
27630	90	15.76
27632	90	12.37
27634	90	20.06
27635	90	17.31
27637	90	22.14
27638	90	22.71
27640	90	24.92
27641	90	19.85
27645	90	49.26
27646	90	42.51
27647	90	31.78
27648	0	4.72
27650	90	19.52
27652	90	20.79
27654	90	20.82
27656	90	16.9
27658	90	11.03
27659	90	14.32
27664	90	10.63
27665	90	12.03
27675	90	14.45
27676	90	18.23
27680	90	12.63
27681	90	15.55
27685	90	18.61
27686	90	16.27
27687	90	13.38
27690	90	18.57
27691	90	21.97
27692	ZZZ	3.22
27695	90	14.17
27696	90	16.62
27698	90	18.95
27700	90	17.53
27702	90	28.84
27703	90	33.41
27704	90	16.72
27705	90	22.34
27707	90	11.68
27709	90	34.13
27712	90	32.31
27715	90	31.12
27720	90	25.67
27722	90	25.85
27724	90	37.5
27725	90	35.57
27726	90	28
27727	90	29.44
27730	90	16.96
27732	90	12.39
27734	90	17.22
27740	90	18.58

CODE	FUD	UNIT VALUE
27742	90	20.78
27745	90	22.02
27750	90	9.73
27752	90	15.44
27756	90	16.64
27758	90	26.02
27759	90	29.32
27760	90	9.4
27762	90	13.78
27766	90	17.75
27767	90	7.79
27768	90	12.26
27769	90	20.93
27780	90	8.51
27781	90	12.07
27784	90	20.7
27786	90	8.89
27788	90	12.06
27792	90	20.71
27808	90	9.36
27810	90	13.49
27814	90	22.6
27816	90	8.89
27818	90	13.83
27822	90	24.73
27823	90	28.13
27824	90	8.85
27825	90	15.76
27826	90	24.32
27827	90	31.8
27828	90	38.08
27829	90	19.73
27830	90	10.55
27831	90	11.26
27832	90	21.53
27840	90	10.28
27842	90	14.25
27846	90	21.49
27848	90	24.17
27860	10	5.1
27870	90	30.61
27871	90	20.26
27880	90	27.72
27881	90	26.24
27882	90	18.57
27884	90	17.39
27886	90	19.82
27888	90	20.41
27889	90	20.29
27892	90	16.21
27893	90	17.15
27894	90	25.31
27899	YYY	BR
28001	10	7.74

CODE	FUD	UNIT VALUE
28002	10	14.65
28003	90	19.51
28005	90	17.49
28008	90	12.24
28010	90	6.71
28011	90	9.54
28020	90	14.97
28022	90	13.55
28024	90	12.8
28035	90	14.84
28039	90	14.3
28041	90	13.13
28043	90	10.84
28045	90	14.43
28046	90	21.95
28047	90	27.3
28050	90	12.47
28052	90	12.12
28054	90	10.89
28055	90	11.18
28060	90	14.55
28062	90	16.77
28070	90	14.79
28072	90	14.52
28080	90	14.47
28086	90	15.41
28088	90	13.52
28090	90	13.2
28092	90	12
28100	90	16.91
28102	90	16.31
28103	90	12.07
28104	90	14.46
28106	90	12.96
28107	90	15.22
28108	90	12.26
28110	90	12.94
28111	90	14.53
28112	90	13.92
28113	90	16.82
28114	90	30.5
28116	90	21.4
28118	90	16.69
28119	90	14.77
28120	90	20.2
28122	90	18.75
28124	90	13.48
28126	90	11.07
28130	90	20.27
28140	90	17.6
28150	90	12.28
28153	90	11.59
28160	90	11.85
28171	90	24.71

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
28173	90	22.38
28175	90	14.09
28190	10	7.13
28192	90	13.39
28193	90	15.19
28200	90	13.43
28202	90	17.05
28208	90	13.12
28210	90	16.32
28220	90	12.68
28222	90	14.52
28225	90	11.19
28226	90	13.33
28230	90	12.19
28232	90	11
28234	90	11.54
28238	90	19.26
28240	90	12.5
28250	90	16.19
28260	90	19.71
28261	90	27.61
28262	90	39.84
28264	90	26.06
28270	90	13.82
28272	90	11.1
28280	90	14.83
28285	90	13.29
28286	90	12.87
28288	90	17.09
28289	90	20.98
28290	90	16.53
28292	90	22.41
28293	90	29.63
28294	90	20.88
28296	90	20.48
28297	90	23.5
28298	90	20.43
28299	90	25.7
28300	90	19.46
28302	90	20.34
28304	90	22.86
28305	90	19.28
28306	90	17.42
28307	90	20.19
28308	90	15.76
28309	90	26.22
28310	90	15.27
28312	90	14.15
28313	90	14.94
28315	90	13.45
28320	90	18.1
28322	90	22.35
28340	90	16.86
28341	90	19.47

CODE	FUD	UNIT VALUE
28344	90	12.82
28345	90	15.43
28360	90	30.61
28400	90	7.02
28405	90	11.21
28406	90	15.27
28415	90	33
28420	90	36.08
28430	90	6.61
28435	90	9.77
28436	90	12.72
28445	90	31.16
28446	90	35.47
28450	90	6.08
28455	90	8.36
28456	90	8.74
28465	90	17.82
28470	90	6.01
28475	90	7.38
28476	90	9.93
28485	90	15.47
28490	90	3.99
28495	90	4.98
28496	90	12.26
28505	90	19.12
28510	90	3.42
28515	90	4.49
28525	90	16.22
28530	90	3.25
28531	90	10.39
28540	90	5.74
28545	90	7.8
28546	90	15.01
28555	90	25.1
28570	90	4.72
28575	90	10.01
28576	90	10.93
28585	90	26.44
28600	90	6.16
28605	90	8.06
28606	90	11.35
28615	90	22.97
28630	10	4.32
28635	10	5.07
28636	10	7.83
28645	90	18.2
28660	10	3.18
28665	10	4.45
28666	10	5.95
28675	90	16.58
28705	90	38.19
28715	90	28.56
28725	90	23.27
28730	90	24.69

CODE	FUD	UNIT VALUE
28735	90	23.32
28737	90	20.05
28740	90	24.55
28750	90	23.87
28755	90	14.3
28760	90	22.62
28800	90	16.57
28805	90	22.38
28810	90	13.06
28820	90	15.15
28825	90	16.71
28890	90	9.84
28899	YYY	BR
29000	0	8.37
29010	0	8.09
29015	0	6.81
29020	0	6.1
29025	0	7.18
29035	0	7.07
29040	0	6.77
29044	0	7.8
29046	0	7.7
29049	0	2.65
29055	0	6.11
29058	0	2.92
29065	0	2.69
29075	0	2.51
29085	0	2.66
29086	0	2.11
29105	0	2.44
29125	0	1.95
29126	0	2.22
29130	0	1.15
29131	0	1.46
29200	0	1.51
29240	0	1.63
29260	0	1.46
29280	0	1.42
29305	0	6.83
29325	0	7.59
29345	0	3.85
29355	0	4
29358	0	4.45
29365	0	3.47
29405	0	2.51
29425	0	2.68
29435	0	3.37
29440	0	1.38
29445	0	4.04
29450	0	4.18
29505	0	2.19
29515	0	2.04
29520	0	1.41
29530	0	1.48

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
29540	0	0.97
29550	0	0.78
29580	0	1.5
29581	0	2.7
29590	0	1.52
29700	0	1.86
29705	0	1.9
29710	0	3.47
29715	0	2.44
29720	0	2.31
29730	0	1.84
29740	0	2.59
29750	0	2.92
29799	YYY	BR
29800	90	15.26
29804	90	19.08
29805	90	13.68
29806	90	31.08
29807	90	30.33
29819	90	17.09
29820	90	15.73
29821	90	17.22
29822	90	16.74
29823	90	18.27
29824	90	19.65
29825	90	17.05
29826	90	19.48
29827	90	31.65
29828	90	26.84
29830	90	13.21
29834	90	14.32
29835	90	14.73
29836	90	16.99
29837	90	15.41
29838	90	17.24
29840	90	13.09
29843	90	14.02
29844	90	14.46
29845	90	16.7
29846	90	15.17
29847	90	15.82
29848	90	14.72
29850	90	17.44
29851	90	27.29
29855	90	22.96
29856	90	29.26
29860	90	19.27
29861	90	21.21
29862	90	23.8
29863	90	23.73
29866	90	30.65
29867	90	37.31
29868	90	49.17
29870	90	17

CODE	FUD	UNIT VALUE
29871	90	14.92
29873	90	15.1
29874	90	15.69
29875	90	14.42
29876	90	19.11
29877	90	18.1
29879	90	19.32
29880	90	20.14
29881	90	18.82
29882	90	20.35
29883	90	24.57
29884	90	18.05
29885	90	21.87
29886	90	18.46
29887	90	21.73
29888	90	29
29889	90	35.69
29891	90	20.2
29892	90	19.46
29893	90	17.21
29894	90	15.07
29895	90	14.41
29897	90	15.1
29898	90	16.78
29899	90	30.7
29900	90	13.12
29901	90	15.05
29902	90	15.97
29904	90	18.39
29905	90	19.88
29906	90	20.92
29907	90	25.37
29914	90	30.32
29915	90	30.89
29916	90	30.89
29999	YYY	BR
30000	10	6.74
30020	10	6.67
30100	0	4.11
30110	10	6.67
30115	90	12.62
30117	90	24.92
30118	90	22.61
30120	90	15.2
30124	90	8.02
30125	90	17.98
30130	90	11.08
30140	90	12.77
30150	90	22.95
30160	90	23.02
30200	0	3.3
30210	10	4.35
30220	10	8.7
30300	10	6.64

CODE	FUD	UNIT VALUE
30310	10	6.02
30320	90	13.27
30400	90	30.09
30410	90	35.39
30420	90	40.5
30430	90	26.67
30435	90	35.44
30450	90	45.18
30460	90	22.57
30462	90	46.04
30465	90	28.93
30520	90	18.12
30540	90	19.99
30545	90	25.51
30560	10	7.88
30580	90	18.44
30600	90	16.83
30620	90	18.21
30630	90	18.39
30801	10	6.6
30802	10	8.47
30901	0	2.82
30903	0	5.77
30905	0	7.16
30906	0	8.11
30915	90	17
30920	90	24.53
30930	10	3.61
30999	YYY	BR
31000	10	5.25
31002	10	5.89
31020	90	14.06
31030	90	20.15
31032	90	16.76
31040	90	22.03
31050	90	14.34
31051	90	18.92
31070	90	12.85
31075	90	23.04
31080	90	30
31081	90	40.58
31084	90	34.38
31085	90	39.36
31086	90	33
31087	90	32.09
31090	90	29.84
31200	90	16.02
31201	90	21.55
31205	90	25.78
31225	90	54.8
31230	90	61.15
31231	0	5.59
31233	0	7.81
31235	0	8.85

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
31237	0	9.58
31238	0	9.86
31239	10	19.9
31240	0	4.83
31254	0	8.23
31255	0	12.06
31256	0	5.95
31267	0	9.56
31276	0	15.22
31287	0	6.99
31288	0	8.12
31290	10	34.65
31291	10	36.74
31292	10	29.82
31293	10	32.49
31294	10	37.23
31295	0	59.83
31296	0	112
31297	0	110.9
31299	YYY	BR
31300	90	37.3
31320	90	19.22
31360	90	60.74
31365	90	75.42
31367	90	64.85
31368	90	72.02
31370	90	60.92
31375	90	57.76
31380	90	56.89
31382	90	62.43
31390	90	83.83
31395	90	88.5
31400	90	29.57
31420	90	24.74
31500	0	3.24
31502	0	1.04
31505	0	2.44
31510	0	6.23
31511	0	6.22
31512	0	6.16
31513	0	3.97
31515	0	6.14
31520	0	4.68
31525	0	7.41
31526	0	4.76
31527	0	5.86
31528	0	4.36
31529	0	4.88
31530	0	5.97
31531	0	6.42
31535	0	5.73
31536	0	6.39
31540	0	7.34
31541	0	8.02

CODE	FUD	UNIT VALUE
31545	0	10.97
31546	0	16.62
31560	0	9.5
31561	0	10.39
31570	0	10.17
31571	0	7.56
31575	0	3.39
31576	0	6.64
31577	0	7.17
31578	0	8.32
31579	XXX	6.37
31580	90	35.9
31582	90	56.33
31584	90	44.74
31587	90	29.6
31588	90	33.78
31590	90	26.33
31595	90	22.63
31599	YYY	BR
31600	0	11.87
31601	0	7.82
31603	0	6.69
31605	0	5.46
31610	90	21.04
31611	90	15.88
31612	0	2.39
31613	90	13.24
31614	90	22.11
31615	0	5.39
31620	ZZZ	8.18
31622	0	9.24
31623	0	9.91
31624	0	9.26
31625	0	9.95
31626	0	13.03
31627	ZZZ	37.42
31628	0	11.65
31629	0	18.11
31630	0	6.05
31631	0	6.9
31632	ZZZ	2.1
31633	ZZZ	2.57
31634	0	53.09
31635	0	10.21
31636	0	6.68
31637	ZZZ	2.28
31638	0	7.64
31640	0	7.71
31641	0	7.69
31643	0	5.18
31645	0	8.92
31646	0	8.13
31656	0	9.04
31715	0	1.58

CODE	FUD	UNIT VALUE
31717	0	8.4
31720	0	1.52
31725	0	2.81
31730	0	29.96
31750	90	40.24
31755	90	50.85
31760	90	41.7
31766	90	54.02
31770	90	40.44
31775	90	41.41
31780	90	35.76
31781	90	42.78
31785	90	32.29
31786	90	44.36
31800	90	20.67
31805	90	24.73
31820	90	12.8
31825	90	17.81
31830	90	12.93
31899	YYY	BR
32035	90	21.64
32036	90	23.38
32095	90	19.05
32100	90	29.01
32110	90	44.07
32120	90	26.46
32124	90	28.09
32140	90	29.94
32141	90	46.28
32150	90	30.26
32151	90	30.61
32160	90	23.45
32200	90	34.2
32201	0	27.2
32215	90	24.22
32220	90	48.29
32225	90	30.18
32310	90	27.77
32320	90	48.47
32400	0	4.42
32402	90	17.09
32405	0	2.92
32420	0	3.29
32421	0	4.57
32422	0	5.79
32440	90	47.85
32442	90	83.42
32445	5	90
32480	90	45.27
32482	90	48.39
32484	90	43.88
32486	90	71.59
32488	90	72.62
32491	90	45.11

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
32500	90	43.89
32501	ZZZ	7.53
32503	90	55.17
32504	90	62.73
32540	90	52.11
32550	0	23.44
32551	0	5.15
32552	10	5.55
32553	0	18.25
32560	0	7.67
32561	0	2.84
32562	0	2.54
32601	0	9.41
32602	0	10.19
32603	0	13.3
32604	0	14.76
32605	0	11.73
32606	0	14.14
32650	90	20.25
32651	90	32.94
32652	90	50.02
32653	90	31.74
32654	90	35.44
32655	90	28.88
32656	90	24.24
32657	90	23.92
32658	90	21.78
32659	90	22.32
32660	90	31.89
32661	90	24.34
32662	90	27.28
32663	90	42.62
32664	90	25.76
32665	90	36.83
32800	90	28.41
32810	90	27.31
32815	90	84.27
32820	90	40.66
32850	XXX	BR
32851	90	78.64
32852	90	87.01
32853	90	93.53
32854	2	90
32855	XXX	BR
32856	XXX	BR
32900	90	41.99
32905	90	40.62
32906	90	50.31
32940	90	37.44
32960	0	4.17
32997	0	10.57
32998	0	84.99
32999	YYY	BR
33010	0	3.72

CODE	FUD	UNIT VALUE
33011	0	3.72
33015	90	15.81
33020	90	26.7
33025	90	24.44
33030	90	39.37
33031	90	43.84
33050	90	30.54
33120	90	47.65
33130	90	42.43
33140	90	48.81
33141	ZZZ	4.24
33202	90	23.76
33203	90	24.93
33206	90	14.21
33207	90	15.14
33208	90	16.35
33210	0	5.61
33211	0	5.7
33212	90	10.53
33213	90	12.01
33214	90	14.99
33215	90	9.51
33216	90	11.74
33217	90	11.67
33218	90	12.24
33220	90	12.34
33222	90	10.77
33223	90	12.93
33224	0	15.84
33225	ZZZ	14.28
33226	0	15.25
33233	90	7.44
33234	90	15.17
33235	90	19.8
33236	90	24.06
33237	90	25.77
33238	90	28.66
33240	90	14.45
33241	90	7.01
33243	90	42.15
33244	90	26.66
33249	90	28.33
33250	90	45.27
33251	90	50.2
33254	90	42.08
33255	90	51.06
33256	90	60.69
33257	ZZZ	17.94
33258	ZZZ	20.18
33259	ZZZ	26.06
33261	90	50
33265	90	41.58
33266	90	56.85
33282	90	10.09

CODE	FUD	UNIT VALUE
33284	90	7.26
33300	90	74.24
33305	5	90
33310	90	35.56
33315	90	45.6
33320	90	32.62
33321	90	36.46
33322	90	42.86
33330	90	43.84
33332	90	43.01
33335	90	58.05
33400	90	70.51
33401	90	44.15
33403	90	46.14
33404	90	54.19
33405	90	70.89
33406	90	88.81
33410	90	78.6
33411	7	90
33412	90	76.22
33413	90	99.87
33414	90	67.01
33415	90	62.16
33416	90	62.57
33417	90	51.5
33420	90	42.97
33422	90	52.1
33425	90	83.58
33426	90	73.89
33427	90	76.07
33430	90	86.53
33460	90	74.41
33463	90	94.66
33464	90	75.22
33465	90	84.55
33468	90	57.57
33470	90	38.7
33471	90	37.33
33472	90	36.53
33474	90	65.33
33475	90	72.12
33476	90	46.53
33478	90	48.45
33496	90	51.44
33500	90	48.65
33501	90	34.51
33502	90	39.19
33503	90	40.93
33504	90	44.91
33505	90	63.65
33506	90	66.73
33507	90	53.01
33508	ZZZ	0.5
33510	90	60.36

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
33511	90	66.13
33512	90	75.01
33513	90	76.87
33514	90	81.37
33516	90	84.81
33517	ZZZ	5.8
33518	ZZZ	12.72
33519	ZZZ	16.86
33521	ZZZ	20.31
33522	ZZZ	22.87
33523	ZZZ	25.96
33530	ZZZ	16.2
33533	90	58.4
33534	90	68.52
33535	90	76.32
33536	90	82.09
33542	90	80.68
33545	90	94.82
33548	90	92.01
33572	ZZZ	7.21
33600	90	52.35
33602	90	49.9
33606	90	54.71
33608	90	55.32
33610	90	54.21
33611	90	60.51
33612	90	60.73
33615	90	61.56
33617	90	65.98
33619	90	83.81
33620	90	50.9
33621	90	27.33
33622	8	90
33641	90	50.4
33645	90	48.85
33647	90	52.22
33660	90	57.35
33665	90	59.34
33670	90	61.25
33675	90	60.93
33676	90	57.7
33677	90	56.97
33681	90	56.6
33684	90	58.54
33688	90	58.01
33690	90	37.41
33692	90	49.67
33694	90	60.65
33697	90	64.29
33702	90	47.57
33710	90	54.56
33720	90	47.35
33722	90	51.03
33724	90	47.57

CODE	FUD	UNIT VALUE
33726	90	64.94
33730	90	61.12
33732	90	50.88
33735	90	39.69
33736	90	43.25
33737	90	39.63
33750	90	42.29
33755	90	39.5
33762	90	36.4
33764	90	39.77
33766	90	41.25
33767	90	43.68
33768	ZZZ	11.96
33770	90	65.01
33771	90	61.94
33774	90	55.55
33775	90	52.77
33776	90	55.73
33777	90	51.39
33778	90	66.94
33779	90	66.4
33780	90	68.1
33781	90	65.82
33782	90	98.18
33783	1	90
33786	90	63.12
33788	90	42.61
33800	90	30.18
33802	90	33.98
33803	90	35.17
33813	90	39.39
33814	90	46.93
33820	90	30.03
33822	90	29.04
33824	90	36.53
33840	90	38.78
33845	90	41.68
33851	90	42.57
33852	90	42.92
33853	90	57.36
33860	90	98.77
33863	90	97.39
33864	90	99.7
33870	90	77.93
33875	90	61.41
33877	6	90
33880	90	56.62
33881	90	48.71
33883	90	35.31
33884	ZZZ	12.87
33886	90	30.65
33889	0	25.19
33891	0	31.11
33910	90	51.72

CODE	FUD	UNIT VALUE
33915	90	41.79
33916	90	50.45
33917	90	45.32
33920	90	56.07
33922	90	42.7
33924	ZZZ	8.76
33925	90	53.22
33926	90	77.81
33930	XXX	BR
33933	XXX	BR
33935	5	90
33940	XXX	BR
33944	XXX	BR
33945	6	90
33960	0	30.23
33961	ZZZ	16.7
33967	0	8.26
33968	0	1.06
33970	0	11.15
33971	90	21.99
33973	0	16.18
33974	90	27.74
33975	XXX	33.95
33976	XXX	37.67
33977	90	37.03
33978	90	41.16
33979	XXX	74.24
33980	0	90
33981	XXX	BR
33982	XXX	BR
33983	XXX	BR
33999	YYY	BR
34001	90	30.55
34051	90	30.4
34101	90	19.08
34111	90	19.07
34151	90	44.07
34201	90	32.32
34203	90	30.48
34401	90	46.08
34421	90	23.2
34451	90	46.67
34471	90	36.02
34490	90	19.28
34501	90	29.09
34502	90	47.41
34510	90	34.76
34520	90	32.08
34530	90	30.05
34800	90	35.63
34802	90	39.38
34803	90	40.69
34804	90	39.42
34805	90	37.48

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
34806	ZZZ	3.25
34808	ZZZ	6.46
34812	0	10.62
34813	ZZZ	7.5
34820	0	15.31
34825	90	22.09
34826	ZZZ	6.48
34830	90	57.04
34831	90	60.86
34832	90	61.33
34833	0	19.25
34834	0	8.7
34900	90	28.36
35001	90	35.63
35002	90	36.5
35005	90	34.61
35011	90	31.42
35013	90	39.32
35021	90	37.3
35022	90	43.71
35045	90	30.81
35081	90	55.44
35082	90	69.14
35091	90	57.16
35092	90	82.38
35102	90	59.88
35103	90	70.93
35111	90	44.9
35112	90	55.11
35121	90	52.13
35122	90	60.47
35131	90	44.13
35132	90	52.58
35141	90	35.09
35142	90	42.03
35151	90	39.61
35152	90	45.37
35180	90	28.76
35182	90	53.43
35184	90	31.9
35188	90	25.7
35189	90	52.17
35190	90	23.53
35201	90	29.35
35206	90	24.1
35207	90	22.06
35211	90	42.75
35216	90	62.17
35221	90	44.17
35226	90	26.38
35231	90	36.47
35236	90	30.63
35241	90	45.01
35246	90	46.94

CODE	FUD	UNIT VALUE
35251	90	52.32
35256	90	32.1
35261	90	33
35266	90	27.12
35271	90	42.96
35276	90	44.62
35281	90	50.14
35286	90	29.62
35301	90	33.22
35302	90	35.43
35303	90	39.08
35304	90	40.47
35305	90	38.99
35306	ZZZ	14.94
35311	90	47.75
35321	90	28.2
35331	90	46.43
35341	90	43.41
35351	90	40.71
35355	90	33.02
35361	90	49.32
35363	90	54.49
35371	90	26.07
35372	90	31.16
35390	ZZZ	5.04
35400	ZZZ	4.73
35450	0	16.21
35452	0	11.28
35458	0	15.4
35460	0	9.82
35471	0	86.96
35472	0	62.97
35475	0	68.34
35476	0	51.64
35500	ZZZ	10.15
35501	90	49.68
35506	90	42.35
35508	90	44.72
35509	90	47.18
35510	90	39.99
35511	90	39.1
35512	90	39.1
35515	90	42.41
35516	90	38.98
35518	90	37.32
35521	90	42.01
35522	90	38.83
35523	90	40.75
35525	90	36.19
35526	90	52.2
35531	90	64.09
35533	90	51.62
35535	90	55.78
35536	90	54.55

CODE	FUD	UNIT VALUE
35537	90	71.03
35538	90	79.62
35539	90	70.55
35540	90	80.61
35548	90	37.54
35549	90	43.41
35551	90	47.91
35556	90	44.35
35558	90	39.13
35560	90	55.33
35563	90	42.72
35565	90	41.93
35566	90	53.15
35570	90	43.27
35571	90	42.46
35572	ZZZ	10.94
35583	90	45.87
35585	90	53.34
35587	90	43.92
35600	ZZZ	8.06
35601	90	46.21
35606	90	37.41
35612	90	28.61
35616	90	37.14
35621	90	35.03
35623	90	44.94
35626	90	49.32
35631	90	58.74
35632	90	52.97
35633	90	57.88
35634	90	52.37
35636	90	54.51
35637	90	54.43
35638	90	55.64
35642	90	34.31
35645	90	32.72
35646	90	54.55
35647	90	49.54
35650	90	33.92
35651	90	42.43
35654	90	43.68
35656	90	34.41
35661	90	34.56
35663	90	39.84
35665	90	37.38
35666	90	40.42
35671	90	35.61
35681	ZZZ	2.53
35682	ZZZ	11.26
35683	ZZZ	13.19
35685	ZZZ	6.34
35686	ZZZ	5.26
35691	90	30.72
35693	90	27.22

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
35694	90	32.43
35695	90	33.21
35697	ZZZ	4.72
35700	ZZZ	4.86
35701	90	17.14
35721	90	14.28
35741	90	15.83
35761	90	11.87
35800	90	15.15
35820	90	61.18
35840	90	19.77
35860	90	12.78
35870	90	42.57
35875	90	18.84
35876	90	29.99
35879	90	29.47
35881	90	32.63
35883	90	38.2
35884	90	39.75
35901	90	15.89
35903	90	17.86
35905	90	54.41
35907	90	60.93
36000	XXX	0.74
36002	0	4.96
36005	0	10.28
36010	XXX	16.71
36011	XXX	27.4
36012	XXX	26.57
36013	XXX	24.19
36014	XXX	25.36
36015	XXX	27.56
36100	XXX	15.83
36120	XXX	13.44
36140	XXX	14.35
36147	XXX	24.33
36148	ZZZ	7.67
36160	XXX	15.54
36200	XXX	19.42
36215	XXX	34.49
36216	XXX	37.95
36217	XXX	61.97
36218	ZZZ	5.74
36245	XXX	36.39
36246	XXX	36.76
36247	XXX	57.79
36248	ZZZ	4.82
36260	90	18.55
36261	90	11.55
36262	90	8.71
36299	YYY	BR
36400	XXX	0.86
36405	XXX	0.71
36406	XXX	0.51

CODE	FUD	UNIT VALUE
36410	XXX	0.54
36415	XXX	0.14
36416	XXX	0.14
36420	XXX	1.4
36425	XXX	1.18
36430	XXX	1.03
36440	XXX	1.69
36450	XXX	3.37
36455	XXX	3.56
36460	XXX	10.69
36468	0	BR
36469	0	BR
36470	10	4.26
36471	10	5.24
36475	0	54.46
36476	ZZZ	11.9
36478	0	43.05
36479	ZZZ	12.25
36481	0	37.34
36500	0	5.52
36510	0	3.14
36511	0	2.83
36512	0	2.74
36513	0	2.99
36514	0	15.34
36515	0	57.15
36516	0	63.17
36522	0	40.19
36555	0	7.97
36556	0	6.94
36557	10	27.82
36558	10	23.95
36560	10	37.48
36561	10	35.09
36563	10	37.31
36565	10	29.81
36566	10	132.5
36568	0	8.83
36569	0	7.65
36570	10	33.41
36571	10	37.74
36575	0	4.81
36576	10	11.12
36578	10	15.2
36580	0	6.63
36581	10	22.74
36582	10	32.69
36583	10	36.44
36584	0	6.36
36585	10	32.85
36589	10	5
36590	10	8.5
36591	XXX	0.68
36592	XXX	0.76

CODE	FUD	UNIT VALUE
36593	XXX	0.85
36595	0	17.5
36596	0	4.03
36597	0	3.73
36598	0	3.36
36600	XXX	0.91
36620	0	1.5
36625	0	3.23
36640	0	3.81
36660	0	2.27
36680	0	1.79
36800	0	4.85
36810	0	6.43
36815	0	4.6
36818	90	20.8
36819	90	24.77
36820	90	24.95
36821	90	21.25
36822	90	11.65
36823	90	39.9
36825	90	25.22
36830	90	20.42
36831	90	14.18
36832	90	18.02
36833	90	20.37
36835	90	14.8
36838	90	36.15
36860	0	5.98
36861	0	4.62
36870	90	55.64
37140	90	43.49
37145	90	45.63
37160	90	40.2
37180	90	44.92
37181	90	48.49
37182	0	25.9
37183	0	160.3
37184	0	71.17
37185	ZZZ	23.5
37186	ZZZ	46.31
37187	0	67.74
37188	0	57.13
37195	XXX	27.2
37200	0	6.86
37201	0	8.5
37202	0	10.34
37203	0	40.06
37204	0	27.65
37205	0	128
37206	ZZZ	76.98
37207	0	13.39
37208	ZZZ	6.47
37209	0	3.49
37210	0	106.4

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
37215	90	34.34
37216	90	30.28
37220	0	93.35
37221	0	137.9
37222	ZZZ	26.92
37223	ZZZ	75.96
37224	0	112.1
37225	0	316.6
37226	0	265
37227	0	428
37228	0	159.6
37229	0	313.9
37230	0	246.6
37231	0	395.7
37232	ZZZ	35.86
37233	ZZZ	43.83
37234	ZZZ	114.1
37235	ZZZ	121.9
37250	ZZZ	3.39
37251	ZZZ	2.53
37500	90	21.45
37501	YYY	BR
37565	90	21.78
37600	90	21.85
37605	90	25.03
37606	90	15.55
37607	90	11.63
37609	10	9.1
37615	90	15.51
37616	90	33.29
37617	90	39.86
37618	90	11.74
37620	90	19.79
37650	90	15.09
37660	90	38.13
37700	90	7.77
37718	90	13.43
37722	90	14.95
37735	90	19.42
37760	90	19.78
37761	90	17.27
37765	90	19.92
37766	90	23.73
37780	90	8.01
37785	90	10.8
37788	90	41.99
37790	90	14.51
37799	YYY	BR
38100	90	33.26
38101	90	33.52
38102	ZZZ	7.69
38115	90	36.72
38120	90	30.46
38129	YYY	BR

CODE	FUD	UNIT VALUE
38200	0	4.44
38204	XXX	2.99
38205	0	2.35
38206	0	2.38
38207	XXX	1.4
38208	XXX	0.89
38209	XXX	0.38
38210	XXX	2.49
38211	XXX	2.26
38212	XXX	1.48
38213	XXX	0.38
38214	XXX	1.28
38215	XXX	1.48
38220	XXX	4.45
38221	XXX	4.81
38230	10	10.1
38240	XXX	3.69
38241	XXX	3.68
38242	0	2.81
38300	10	8.01
38305	90	13.48
38308	90	13.08
38380	90	16.82
38381	90	24.29
38382	90	19.84
38500	10	9.43
38505	0	3.7
38510	10	15.11
38520	90	13.61
38525	90	12.48
38530	90	15.94
38542	90	15.28
38550	90	14.41
38555	90	29.35
38562	90	20.46
38564	90	20.55
38570	10	15.86
38571	10	24.01
38572	10	27.76
38589	YYY	BR
38700	90	23.72
38720	90	39.62
38724	90	42.88
38740	90	19.87
38745	90	25.24
38746	ZZZ	7.88
38747	ZZZ	7.84
38760	90	24.54
38765	90	37.73
38770	90	23.89
38780	90	30.57
38790	0	2.48
38792	0	1.19
38794	90	8.82

CODE	FUD	UNIT VALUE
38900	ZZZ	4.04
38999	YYY	BR
39000	90	14.91
39010	90	24.18
39200	90	26.77
39220	90	34.55
39400	10	15.32
39499	YYY	BR
39501	90	24.93
39503	5	90
39540	90	25.56
39541	90	27.7
39545	90	26.91
39560	90	23.38
39561	90	36.75
39599	YYY	BR
40490	0	3.8
40500	90	14.79
40510	90	14.15
40520	90	14.46
40525	90	16.49
40527	90	18.87
40530	90	15.96
40650	90	12.19
40652	90	14.21
40654	90	16.73
40700	90	28.5
40701	90	32.96
40702	90	24.44
40720	90	29.18
40761	90	32.44
40799	YYY	BR
40800	10	6
40801	10	9.06
40804	10	6.15
40805	10	9.4
40806	0	3.08
40808	10	5.37
40810	10	5.96
40812	10	8.28
40814	90	11.15
40816	90	11.73
40818	90	10.3
40819	90	8.87
40820	10	7.72
40830	10	7.19
40831	10	9.56
40840	90	24.4
40842	90	23.39
40843	90	31.25
40844	90	41.06
40845	90	43.14
40899	YYY	BR
41000	10	4.71

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
41005	10	6.51
41006	90	10.5
41007	90	10.48
41008	90	10.85
41009	90	11.55
41010	10	6
41015	90	12.67
41016	90	12.67
41017	90	12.78
41018	90	14.45
41019	0	13.83
41100	10	4.94
41105	10	4.99
41108	10	4.3
41110	10	6.21
41112	90	9.71
41113	90	10.59
41114	90	18.89
41115	10	7.12
41116	90	9.6
41120	90	31.23
41130	90	38.64
41135	90	63.94
41140	90	65.16
41145	90	82.04
41150	90	64.95
41153	90	70.58
41155	90	88.21
41250	10	7.02
41251	10	7.35
41252	10	9.12
41500	90	13.33
41510	90	11.25
41512	90	18.39
41520	90	10.13
41530	10	94.85
41599	YYY	BR
41800	10	7.15
41805	10	7.01
41806	10	10.42
41820	0	7.35
41821	0	1.66
41822	10	8.36
41823	90	12.41
41825	10	6.08
41826	10	8.72
41827	90	12.62
41828	10	8.8
41830	10	11.27
41850	0	3.67
41870	0	9.18
41872	90	10.77
41874	90	10.68
41899	YYY	BR

CODE	FUD	UNIT VALUE
42000	10	4.59
42100	10	4.39
42104	10	6.23
42106	10	7.83
42107	90	13.43
42120	90	29.4
42140	90	7.46
42145	90	21.03
42160	10	6.94
42180	10	6.88
42182	10	9.57
42200	90	25.81
42205	90	28.27
42210	90	31.28
42215	90	21.34
42220	90	15.59
42225	90	27.13
42226	90	27.19
42227	90	25.97
42235	90	22.01
42260	90	24.24
42280	10	4.79
42281	10	6.03
42299	YYY	BR
42300	10	6.17
42305	90	12.85
42310	10	4.79
42320	10	7.39
42330	10	6.86
42335	90	10.99
42340	90	13.69
42400	0	3.17
42405	10	8.83
42408	90	13.44
42409	90	9.82
42410	90	18.59
42415	90	33.27
42420	90	38.11
42425	90	25.15
42426	90	40.67
42440	90	13.96
42450	90	13.39
42500	90	12.79
42505	90	16.44
42507	90	15.38
42508	90	21.08
42509	90	24.5
42510	90	18.86
42550	0	4.1
42600	90	14.3
42650	0	2.46
42660	0	3.14
42665	90	9.24
42699	YYY	BR

CODE	FUD	UNIT VALUE
42700	10	5.59
42720	10	13.54
42725	90	24.25
42800	10	4.7
42802	10	7.02
42804	10	5.91
42806	10	6.64
42808	10	6.75
42809	10	5.04
42810	90	11.49
42815	90	16.64
42820	90	8.71
42821	90	9.07
42825	90	7.86
42826	90	7.55
42830	90	6.21
42831	90	6.69
42835	90	5.34
42836	90	7.24
42842	90	29.46
42844	90	40.78
42845	90	66.28
42860	90	5.64
42870	90	17.25
42890	90	41.89
42892	90	55.28
42894	90	70.09
42900	10	10.21
42950	90	23.69
42953	90	28.79
42955	90	22.33
42960	10	5.07
42961	90	12.6
42962	90	15.54
42970	90	11.79
42971	90	13.71
42972	90	15.35
42999	YYY	BR
43020	90	15.89
43030	90	15.6
43045	90	39.36
43100	90	18.68
43101	90	30.44
43107	90	76.14
43108	8	90
43112	90	80.77
43113	9	90
43116	1	90
43117	90	74.07
43118	9	90
43121	90	85.86
43122	90	75.37
43123	9	90
43124	3	90

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
43130	90	23.57
43135	90	44.77
43200	0	6.39
43201	0	8.73
43202	0	8.36
43204	0	6.67
43205	0	6.73
43215	0	4.63
43216	0	6.13
43217	0	11.19
43219	0	5.15
43220	0	3.81
43226	0	4.25
43227	0	6.31
43228	0	6.7
43231	0	5.72
43232	0	7.88
43234	0	8.28
43235	0	8.77
43236	0	10.87
43237	0	7.08
43238	0	8.83
43239	0	10.16
43240	0	11.92
43241	0	4.67
43242	0	12.73
43243	0	8.04
43244	0	8.88
43245	0	5.65
43246	0	7.56
43247	0	6.02
43248	0	5.66
43249	0	5.22
43250	0	5.67
43251	0	6.55
43255	0	8.49
43256	0	7.66
43257	0	9.56
43258	0	8.02
43259	0	9.13
43260	0	10.42
43261	0	10.95
43262	0	12.87
43263	0	12.69
43264	0	15.45
43265	0	17.33
43267	0	12.82
43268	0	13.04
43269	0	14.26
43271	0	12.86
43272	0	12.87
43273	ZZZ	3.85
43279	90	37.77
43280	90	31.47

CODE	FUD	UNIT VALUE
43281	90	46.36
43282	90	52.09
43283	ZZZ	4.83
43289	YYY	BR
43300	90	18.38
43305	90	32.83
43310	90	45.18
43312	90	49.28
43313	90	83.38
43314	90	85.08
43320	90	40.81
43325	90	38.98
43327	90	24.31
43328	90	35.71
43330	90	38.4
43331	90	40.82
43332	90	34.82
43333	90	37.81
43334	90	38.22
43335	90	41.18
43336	90	45.12
43337	90	49.25
43338	ZZZ	4.01
43340	90	40.06
43341	90	44.02
43350	90	36.02
43351	90	39.39
43352	90	32.24
43360	90	68.46
43361	90	76.25
43400	90	44.98
43401	90	44.47
43405	90	44.53
43410	90	30.86
43415	90	51.16
43420	90	30.13
43425	90	44.79
43450	0	4.64
43453	0	8.73
43456	0	17.67
43458	0	11.45
43460	0	6.64
43496	90	BR
43499	YYY	BR
43500	90	22.72
43501	90	38.93
43502	90	44.08
43510	90	27.65
43520	90	20.31
43605	90	24.27
43610	90	28.39
43611	90	35.35
43620	90	57.26
43621	90	65.77

CODE	FUD	UNIT VALUE
43622	90	66.7
43631	90	42.07
43632	90	58.52
43633	90	55.45
43634	90	61.34
43635	ZZZ	3.28
43640	90	34.07
43641	90	34.56
43644	90	50.31
43645	90	53.78
43647	YYY	BR
43648	YYY	BR
43651	90	18.82
43652	90	22.02
43653	90	16.35
43659	YYY	BR
43752	0	1.22
43753	0	0.61
43754	0	2.32
43755	0	3.54
43756	0	6.42
43757	0	8.26
43760	0	11.89
43761	0	3.55
43770	90	32.3
43771	90	36.81
43772	90	27.73
43773	90	36.81
43774	90	27.81
43775	XXX	38.24
43800	90	26.94
43810	90	29.32
43820	90	38.55
43825	90	37.77
43830	90	20.12
43831	90	17.01
43832	90	30.55
43840	90	39.07
43842	90	33.74
43843	90	36.87
43845	90	56.71
43846	90	47.27
43847	90	51.9
43848	90	55.96
43850	90	47
43855	90	48.91
43860	90	47.41
43865	90	49.46
43870	90	20.51
43880	90	46.28
43881	YYY	BR
43882	YYY	BR
43886	90	10.24
43887	90	9.29

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
43888	90	13.12
43999	YYY	BR
44005	90	31.69
44010	90	25.06
44015	ZZZ	4.21
44020	90	28.14
44021	90	28.44
44025	90	28.59
44050	90	27.03
44055	90	43.34
44100	0	3.41
44110	90	24.55
44111	90	28.52
44120	90	35.4
44121	ZZZ	7.09
44125	90	34.21
44126	90	71.24
44127	90	82.52
44128	ZZZ	7.13
44130	90	37.75
44132	XXX	BR
44133	XXX	BR
44135	XXX	BR
44136	XXX	BR
44137	XXX	BR
44139	ZZZ	3.55
44140	90	38.87
44141	90	52.5
44143	90	48.23
44144	90	51.13
44145	90	48.22
44146	90	61.13
44147	90	55.92
44150	90	53.94
44151	90	61.86
44155	90	60.01
44156	90	66.57
44157	90	62.94
44158	90	64.43
44160	90	35.95
44180	90	26.69
44186	90	18.93
44187	90	31.88
44188	90	35.37
44202	90	40.23
44203	ZZZ	7.1
44204	90	44.73
44205	90	38.94
44206	90	51.02
44207	90	53.18
44208	90	57.78
44210	90	52.04
44211	90	64.92
44212	90	59.67

CODE	FUD	UNIT VALUE
44213	ZZZ	5.54
44227	90	48.54
44238	YYY	BR
44300	90	24.4
44310	90	30.25
44312	90	17.18
44314	90	29.25
44316	90	40.8
44320	90	34.76
44322	90	28.39
44340	90	17.82
44345	90	30.43
44346	90	34.18
44360	0	4.73
44361	0	5.2
44363	0	6.2
44364	0	6.64
44365	0	5.93
44366	0	7.81
44369	0	7.98
44370	0	8.62
44372	0	7.67
44373	0	6.17
44376	0	9.13
44377	0	9.66
44378	0	12.4
44379	0	13.14
44380	0	2.04
44382	0	2.48
44383	0	5.05
44385	0	7.45
44386	0	10.26
44388	0	10.27
44389	0	11.76
44390	0	13.67
44391	0	14.98
44392	0	12.9
44393	0	14.94
44394	0	14.88
44397	0	8.26
44500	0	0.73
44602	90	40.67
44603	90	46.66
44604	90	30.67
44605	90	37.94
44615	90	31.24
44620	90	25.06
44625	90	29.54
44626	90	46.69
44640	90	40.77
44650	90	42.21
44660	90	39.64
44661	90	45.44
44680	90	31.05

CODE	FUD	UNIT VALUE
44700	90	29.48
44701	ZZZ	4.9
44715	XXX	BR
44720	XXX	7.47
44721	XXX	11.31
44799	YYY	BR
44800	90	22.02
44820	90	24.31
44850	90	21.6
44899	YYY	BR
44900	90	22.3
44901	0	27.76
44950	90	18.59
44955	ZZZ	2.46
44960	90	25.26
44970	90	17.25
44979	YYY	BR
45000	90	12.11
45005	10	7.46
45020	90	16.17
45100	90	8.47
45108	90	10.44
45110	90	53.58
45111	90	31.54
45112	90	54.8
45113	90	57.31
45114	90	52.39
45116	90	45.4
45119	90	56.45
45120	90	45.88
45121	90	50.12
45123	90	32.15
45126	90	84.43
45130	90	31.39
45135	90	39.42
45136	90	52.33
45150	90	11.4
45160	90	29.13
45171	90	17.67
45172	90	24.12
45190	90	19.69
45300	0	3.34
45303	0	25.84
45305	0	5.36
45307	0	6.02
45308	0	5.66
45309	0	6.03
45315	0	6.68
45317	0	6.44
45320	0	6.26
45321	0	3.15
45327	0	3.73
45330	0	4.05
45331	0	5.05

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
45332	0	8.43
45333	0	8.52
45334	0	4.91
45335	0	7.44
45337	0	4.25
45338	0	9.34
45339	0	9.85
45340	0	13.38
45341	0	4.71
45342	0	7.19
45345	0	5.23
45355	0	6.08
45378	0	11.65
45379	0	14.86
45380	0	13.92
45381	0	13.55
45382	0	18.23
45383	0	16.72
45384	0	13.78
45385	0	15.69
45386	0	19.46
45387	0	10.35
45391	0	8.88
45392	0	11.41
45395	90	57.64
45397	90	62.17
45400	90	33.37
45402	90	44.4
45499	YYY	BR
45500	90	14.86
45505	90	16.65
45520	0	4.04
45540	90	30.57
45541	90	26.63
45550	90	42.31
45560	90	20.45
45562	90	32.23
45563	90	47.25
45800	90	35.19
45805	90	41.93
45820	90	34.03
45825	90	42.03
45900	10	5.77
45905	10	4.84
45910	10	5.66
45915	10	9.14
45990	0	3.13
45999	YYY	BR
46020	10	7.61
46030	10	3.83
46040	90	14.74
46045	90	12.17
46050	10	5.42
46060	90	13.33

CODE	FUD	UNIT VALUE
46070	90	6.47
46080	10	6.88
46083	10	5
46200	90	11.91
46220	10	5.66
46221	10	7.37
46230	10	7.58
46250	90	12.74
46255	90	14.02
46257	90	11.86
46258	90	13.21
46260	90	13.39
46261	90	14.97
46262	90	15.63
46270	90	13.95
46275	90	14.7
46280	90	13.14
46285	90	14.44
46288	90	15.42
46320	10	5.04
46500	10	6.35
46505	10	8.04
46600	0	2.42
46604	0	16.07
46606	0	6.25
46608	0	6.45
46610	0	6.34
46611	0	4.95
46612	0	7.48
46614	0	3.62
46615	0	4.15
46700	90	18.49
46705	90	13.94
46706	10	4.8
46707	90	13.79
46710	90	31.58
46712	90	58.95
46715	90	13.99
46716	90	33.23
46730	90	51.25
46735	90	59.42
46740	90	61.33
46742	90	71.59
46744	90	97.82
46746	2	90
46748	2	90
46750	90	21.96
46751	90	17.76
46753	90	16.68
46754	10	8.29
46760	90	31.05
46761	90	26.8
46762	90	26.36
46900	10	6.66

CODE	FUD	UNIT VALUE
46910	10	6.93
46916	10	6.69
46917	10	13.08
46922	10	7.32
46924	10	14.94
46930	90	5.99
46940	10	6.29
46942	10	5.88
46945	90	8.32
46946	90	8.67
46947	90	10.87
46999	YYY	BR
47000	0	10.15
47001	ZZZ	3.03
47010	90	34.67
47011	0	5.58
47015	90	33.37
47100	90	24.24
47120	90	67.42
47122	90	99.66
47125	90	89.23
47130	90	95.79
47133	XXX	BR
47135	7	90
47136	5	90
47140	6	90
47141	9	90
47142	7	90
47143	XXX	BR
47144	90	BR
47145	XXX	BR
47146	XXX	9.65
47147	XXX	11.25
47300	90	32.65
47350	90	39.64
47360	90	54.21
47361	90	87.62
47362	90	41.56
47370	90	35.88
47371	90	36.59
47379	YYY	BR
47380	90	41.81
47381	90	41.72
47382	10	136.3
47399	YYY	BR
47400	90	62.36
47420	90	38.79
47425	90	39.37
47460	90	36.94
47480	90	24.99
47490	10	10.75
47500	0	2.97
47505	0	1.14
47510	90	14.27

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
47511	90	17.65
47525	0	15.14
47530	90	42.62
47550	ZZZ	4.86
47552	0	9.58
47553	0	9.59
47554	0	14.7
47555	0	11.39
47556	0	12.91
47560	0	7.88
47561	0	8.6
47562	90	21.53
47563	90	21.82
47564	90	25.02
47570	90	22.38
47579	YYY	BR
47600	90	31.12
47605	90	28.36
47610	90	36.29
47612	90	36.68
47620	90	39.86
47630	90	16.55
47700	90	30.32
47701	90	50.98
47711	90	45.1
47712	90	57.81
47715	90	38.24
47720	90	32.99
47721	90	38.97
47740	90	37.7
47741	90	42.53
47760	90	64.88
47765	90	87.08
47780	90	71.13
47785	90	93.27
47800	90	45.69
47801	90	30.4
47802	90	43.99
47900	90	39.4
47999	YYY	BR
48000	90	53.75
48001	90	66.97
48020	90	33.96
48100	90	25.62
48102	10	15.91
48105	90	82.67
48120	90	32.01
48140	90	45.23
48145	90	47.13
48146	90	54.05
48148	90	35.91
48150	90	89.99
48152	90	83.56
48153	90	89.86

CODE	FUD	UNIT VALUE
48154	90	83.84
48155	90	52.34
48160	XXX	90.6
48400	ZZZ	3.1
48500	90	33.01
48510	90	31.26
48511	0	27.73
48520	90	31.62
48540	90	37.52
48545	90	38.69
48547	90	51.75
48548	90	48.21
48550	XXX	BR
48551	XXX	BR
48552	XXX	6.93
48554	90	73.23
48556	90	36.41
48999	YYY	BR
49000	90	22.34
49002	90	30.1
49010	90	27.6
49020	90	46.09
49021	0	26.39
49040	90	28.99
49041	0	27.2
49060	90	32.12
49061	0	26.62
49062	90	21.73
49080	0	4.81
49081	0	4.81
49180	0	4.83
49203	90	34.76
49204	90	44.27
49205	90	50.81
49215	90	64.04
49220	90	28.11
49250	90	16.83
49255	90	22.82
49320	10	9.51
49321	10	10.07
49322	10	10.82
49323	90	18.73
49324	10	11.46
49325	10	12.27
49326	ZZZ	5.55
49327	ZZZ	3.89
49329	YYY	BR
49400	0	4.64
49402	90	24.77
49411	0	15.36
49412	ZZZ	2.43
49418	0	44.71
49419	90	12.89
49421	0	7.93

CODE	FUD	UNIT VALUE
49422	10	11.19
49423	0	16.79
49424	0	4.48
49425	90	22.07
49426	90	18.62
49427	0	1.37
49428	10	12.68
49429	10	13.34
49435	ZZZ	3.51
49436	10	5.4
49440	10	32.08
49441	10	35.55
49442	10	29.83
49446	0	29.66
49450	0	21.15
49451	0	21.43
49452	0	26.64
49460	0	23.34
49465	0	5.09
49491	90	22.73
49492	90	27.54
49495	90	11.63
49496	90	17.76
49500	90	11.07
49501	90	17.34
49505	90	14.93
49507	90	18.36
49520	90	18.19
49521	90	22.09
49525	90	16.47
49540	90	19.49
49550	90	16.57
49553	90	18.16
49555	90	17.21
49557	90	20.88
49560	90	21.28
49561	90	26.88
49565	90	22.16
49566	90	27.17
49568	ZZZ	7.84
49570	90	11.88
49572	90	14.74
49580	90	9.4
49582	90	13.76
49585	90	12.71
49587	90	15.03
49590	90	16.45
49600	90	21.15
49605	9	90
49606	90	32.82
49610	90	19.86
49611	90	16.11
49650	90	12.25
49651	90	15.95

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
49652	90	21.17
49653	90	26.53
49654	90	24.33
49655	90	29.28
49656	90	24.42
49657	90	35.12
49659	YYY	BR
49900	90	23.53
49904	90	42.88
49905	ZZZ	10.37
49906	90	BR
49999	YYY	BR
50010	90	21.99
50020	90	31.26
50021	0	27.88
50040	90	28.14
50045	90	28.22
50060	90	34.68
50065	90	36.54
50070	90	36.17
50075	90	44.44
50080	90	26.52
50081	90	38.93
50100	90	29.5
50120	90	28.77
50125	90	30.59
50130	90	31.47
50135	90	34.09
50200	0	17.04
50205	90	21.89
50220	90	31.58
50225	90	36.26
50230	90	38.99
50234	90	39.59
50236	90	44.66
50240	90	40.29
50250	90	37.19
50280	90	28.98
50290	90	27.57
50300	XXX	BR
50320	90	41.64
50323	XXX	BR
50325	XXX	BR
50327	XXX	6.38
50328	XXX	5.58
50329	XXX	5.24
50340	90	27.11
50360	90	74.02
50365	90	83.38
50370	90	34.57
50380	90	58.45
50382	0	37.71
50384	0	31.5
50385	0	36.84

CODE	FUD	UNIT VALUE
50386	0	24.01
50387	0	17.48
50389	0	9.72
50390	0	2.95
50391	0	3.81
50392	0	5.44
50393	0	6.62
50394	0	3.09
50395	0	5.5
50396	0	3.54
50398	0	15.82
50400	90	35.17
50405	90	42.43
50500	90	37.35
50520	90	31.38
50525	90	43.47
50526	90	41.88
50540	90	34.57
50541	90	28.02
50542	90	35.57
50543	90	45.37
50544	90	38.04
50545	90	40.94
50546	90	36.53
50547	90	47.01
50548	90	41.13
50549	YYY	BR
50551	0	11.05
50553	0	11.74
50555	0	12.62
50557	0	12.85
50561	0	14.6
50562	90	17.8
50570	0	15.04
50572	0	16.3
50574	0	17.33
50575	0	21.88
50576	0	17.27
50580	0	18.56
50590	90	26.04
50592	10	101.5
50593	10	139.6
50600	90	28.47
50605	90	28.92
50610	90	28.76
50620	90	27.51
50630	90	26.96
50650	90	31.49
50660	90	34.7
50684	0	4.44
50686	0	4.35
50688	10	2.42
50690	0	2.96
50700	90	28.07

CODE	FUD	UNIT VALUE
50715	90	34.92
50722	90	31.02
50725	90	34.11
50727	90	15.33
50728	90	21.02
50740	90	35.57
50750	90	35.18
50760	90	33.93
50770	90	34.51
50780	90	33.47
50782	90	34.68
50783	90	34.63
50785	90	36.79
50800	90	28.1
50810	90	39.53
50815	90	37.13
50820	90	39.9
50825	90	50.36
50830	90	54.48
50840	90	37.39
50845	90	37.95
50860	90	28.66
50900	90	25.54
50920	90	26.79
50930	90	35.18
50940	90	26.86
50945	90	29.61
50947	90	41.94
50948	90	38.92
50949	YYY	BR
50951	0	11.55
50953	0	12.22
50955	0	13.3
50957	0	13.14
50961	0	11.87
50970	0	11.34
50972	0	10.95
50974	0	14.48
50976	0	14.26
50980	0	10.9
51020	90	14.25
51030	90	14.12
51040	90	8.83
51045	90	14.72
51050	90	14.37
51060	90	17.69
51065	90	17.58
51080	90	12.37
51100	0	1.88
51101	0	3.84
51102	0	7
51500	90	19.69
51520	90	17.9
51525	90	26.16

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
51530	90	23.81
51535	90	23.5
51550	90	29.25
51555	90	38.49
51565	90	39.22
51570	90	44.86
51575	90	55.47
51580	90	57.78
51585	90	64.34
51590	90	58.83
51595	90	66.72
51596	90	71.69
51597	90	69.7
51600	0	5.77
51605	0	1.16
51610	0	3.31
51700	0	2.58
51701	0	1.76
51702	0	2.27
51703	0	4.11
51705	10	3.34
51710	10	4.65
51715	0	8.84
51720	0	3.4
51725	0	6.21
51726	0	9.07
51727	0	9.02
51728	0	8.93
51729	0	9.78
51736	XXX	1.04
51741	XXX	1.27
51784	0	6.06
51785	0	6.66
51792	0	6.86
51797	ZZZ	3.98
51798	XXX	0.58
51800	90	31.78
51820	90	32.37
51840	90	19.88
51841	90	23.66
51845	90	17.88
51860	90	22.39
51865	90	27.1
51880	90	14.2
51900	90	24.89
51920	90	22.88
51925	90	31.8
51940	90	49.12
51960	90	42.3
51980	90	21.62
51990	90	22.77
51992	90	25.49
51999	YYY	BR
52000	0	6.29

CODE	FUD	UNIT VALUE
52001	0	11.46
52005	0	8.61
52007	0	15.45
52010	0	11.92
52204	0	12.49
52214	0	18.65
52224	0	22.29
52234	0	7.52
52235	0	8.82
52240	0	15.41
52250	0	7.42
52260	0	6.41
52265	0	12.19
52270	0	11.69
52275	0	15.9
52276	0	8.12
52277	0	9.94
52281	0	8.64
52282	0	10.29
52283	0	8.51
52285	0	8.58
52290	0	7.47
52300	0	8.66
52301	0	8.95
52305	0	8.52
52310	0	7.47
52315	0	13.08
52317	0	27.08
52318	0	14.48
52320	0	7.53
52325	0	9.8
52327	0	8.02
52330	0	19.83
52332	0	14.75
52334	0	7.85
52341	0	8.86
52342	0	9.63
52343	0	10.72
52344	0	11.63
52345	0	12.4
52346	0	14
52351	0	9.59
52352	0	11.27
52353	0	12.94
52354	0	11.98
52355	0	14.27
52400	90	14.64
52402	0	8.16
52450	90	14.28
52500	90	14.85
52601	90	25.44
52630	90	13.5
52640	90	9.04
52647	90	61.07

CODE	FUD	UNIT VALUE
52648	90	62.56
52649	90	29.43
52700	90	13.29
53000	10	4.53
53010	90	8.95
53020	0	2.96
53025	0	2.01
53040	90	11.92
53060	10	5.56
53080	90	13.01
53085	90	19.45
53200	0	4.71
53210	90	23.47
53215	90	28.29
53220	90	13.77
53230	90	18.48
53235	90	19.32
53240	90	12.97
53250	90	13.08
53260	10	6.11
53265	10	6.68
53270	10	6.45
53275	10	8.02
53400	90	24.39
53405	90	26.65
53410	90	29.83
53415	90	34.39
53420	90	24.96
53425	90	28.61
53430	90	29.24
53431	90	35.1
53440	90	26.84
53442	90	23.71
53444	90	24.18
53445	90	26.78
53446	90	19.61
53447	90	24.7
53448	90	39
53449	90	18.66
53450	90	12.43
53460	90	13.92
53500	90	22.75
53502	90	14.73
53505	90	14.8
53510	90	19.22
53515	90	24.16
53520	90	16.92
53600	0	2.57
53601	0	2.5
53605	0	1.96
53620	0	3.65
53621	0	3.44
53660	0	2.19
53661	0	2.17

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
53665	0	1.17
53850	90	69.18
53852	90	66.7
53855	0	21.06
53860	90	42.97
53899	YYY	BR
54000	10	4.64
54001	10	5.76
54015	10	9.39
54050	10	3.87
54055	10	3.54
54056	10	4.15
54057	10	4.16
54060	10	5.56
54065	10	6.51
54100	0	5.91
54105	10	8.24
54110	90	18.98
54111	90	24.41
54112	90	28.61
54115	90	13.74
54120	90	19.24
54125	90	24.76
54130	90	36.37
54135	90	46.13
54150	0	4.96
54160	10	6.89
54161	10	6
54162	10	8.07
54163	10	6.66
54164	10	5.88
54200	10	3.32
54205	90	16.28
54220	0	6.32
54230	0	2.94
54231	0	4.27
54235	0	2.74
54240	0	3
54250	0	3.69
54300	90	19.66
54304	90	22.98
54308	90	22.29
54312	90	25.53
54316	90	31.09
54318	90	21.8
54322	90	23.93
54324	90	29.7
54326	90	28.39
54328	90	28.58
54332	90	31.01
54336	90	36.01
54340	90	17.25
54344	90	29.55
54348	90	34.23

CODE	FUD	UNIT VALUE
54352	90	48.43
54360	90	22.08
54380	90	24.47
54385	90	29.99
54390	90	37.38
54400	90	16.17
54401	90	19.99
54405	90	24.67
54406	90	22.25
54408	90	24.07
54410	90	26.24
54411	90	31.23
54415	90	16.07
54416	90	21.61
54417	90	27.36
54420	90	21.54
54430	90	19.56
54435	90	12.71
54440	90	17.31
54450	0	2.17
54500	0	2.27
54505	10	6.43
54512	90	16.33
54520	90	9.93
54522	90	17.72
54530	90	15.41
54535	90	22.44
54550	90	14.91
54560	90	20.49
54600	90	13.77
54620	10	9.16
54640	90	14.46
54650	90	21.51
54660	90	10.82
54670	90	12.3
54680	90	23.78
54690	90	20.81
54692	90	23.15
54699	YYY	BR
54700	10	6.47
54800	0	4.47
54830	90	11.32
54840	90	9.8
54860	90	12.74
54861	90	17.19
54865	90	10.88
54900	90	23.21
54901	90	32.28
55000	0	3.63
55040	90	10.3
55041	90	15.5
55060	90	11.56
55100	10	6.61
55110	90	11.79

CODE	FUD	UNIT VALUE
55120	90	10.82
55150	90	14.91
55175	90	11.07
55180	90	21.01
55200	90	14.17
55250	90	12.64
55300	0	5.56
55400	90	15.23
55450	10	11.29
55500	90	11.88
55520	90	13
55530	90	10.77
55535	90	13.02
55540	90	15.61
55550	90	12.88
55559	YYY	BR
55600	90	12.84
55605	90	15.81
55650	90	21.71
55680	90	10.36
55700	0	6.87
55705	10	8.15
55706	10	11.39
55720	90	13.72
55725	90	17.96
55801	90	33.15
55810	90	40.09
55812	90	49
55815	90	53.74
55821	90	26.64
55831	90	28.81
55840	90	40.78
55842	90	43.66
55845	90	49.89
55860	90	26.64
55862	90	33.47
55865	90	40.71
55866	90	52.81
55870	0	5.34
55873	90	186.4
55875	90	23.2
55876	0	4.15
55899	YYY	BR
55920	0	13.22
55970	XXX	BR
55980	XXX	BR
56405	10	3.24
56420	10	3.66
56440	10	5.44
56441	10	4.34
56442	0	1.43
56501	10	3.87
56515	10	6.63
56605	0	2.45

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
56606	ZZZ	1.11
56620	90	14.83
56625	90	17.8
56630	90	26.15
56631	90	33.14
56632	90	38.51
56633	90	33.99
56634	90	35.93
56637	90	42.29
56640	90	41.7
56700	10	5.56
56740	10	8.83
56800	10	7.18
56805	90	34.05
56810	10	7.72
56820	0	3.27
56821	0	4.35
57000	10	5.65
57010	90	12.88
57020	0	2.79
57022	10	4.98
57023	10	9.25
57061	10	3.37
57065	10	5.67
57100	0	2.6
57105	10	4
57106	90	14.23
57107	90	41.65
57109	90	47.6
57110	90	26.7
57111	90	47.89
57112	90	44.9
57120	90	15.19
57130	10	5.3
57135	10	5.69
57150	0	1.41
57155	0	9.66
57156	0	4.41
57160	0	2.27
57170	0	1.92
57180	10	4.18
57200	90	8.83
57210	90	10.86
57220	90	9.51
57230	90	11.89
57240	90	19.79
57250	90	19.86
57260	90	24.54
57265	90	27.04
57267	ZZZ	7.73
57268	90	14.3
57270	90	23.71
57280	90	28.47
57282	90	14.93

CODE	FUD	UNIT VALUE
57283	90	20.55
57284	90	24.47
57285	90	20.15
57287	90	20.44
57288	90	21.21
57289	90	21.73
57291	90	17.62
57292	90	24.48
57295	90	14.35
57296	90	28.29
57300	90	16.24
57305	90	27.07
57307	90	30.74
57308	90	19.2
57310	90	13.86
57311	90	15.78
57320	90	16.03
57330	90	22.21
57335	90	34.68
57400	0	3.99
57410	0	3.18
57415	10	4.74
57420	0	3.42
57421	0	4.61
57423	90	27.43
57425	90	28.87
57426	90	25.03
57452	0	3.21
57454	0	4.55
57455	0	4.23
57456	0	4
57460	0	8.61
57461	0	9.69
57500	0	3.85
57505	10	3.01
57510	10	3.9
57511	10	4.31
57513	10	4.26
57520	90	9.06
57522	90	7.82
57530	90	10.21
57531	90	50.83
57540	90	23.14
57545	90	24.42
57550	90	12.13
57555	90	17.83
57556	90	16.85
57558	10	3.71
57700	90	9.22
57720	90	9.12
57800	0	1.77
58100	0	3.25
58110	ZZZ	1.43
58120	10	7.52

CODE	FUD	UNIT VALUE
58140	90	27.25
58145	90	16.14
58146	90	34.39
58150	90	29.52
58152	90	37.06
58180	90	28.38
58200	90	38.91
58210	90	52
58240	90	82.51
58260	90	24.58
58262	90	27.42
58263	90	29.5
58267	90	31.38
58270	90	26.22
58275	90	29.25
58280	90	31.28
58285	90	39.04
58290	90	34.27
58291	90	37.17
58292	90	39.17
58293	90	40.71
58294	90	36.27
58300	XXX	2.12
58301	0	2.84
58321	0	2.2
58322	0	2.56
58323	0	0.52
58340	0	3.62
58345	10	8.32
58346	90	12.92
58350	10	2.87
58353	10	31.8
58356	10	58.92
58400	90	13.11
58410	90	23.88
58520	90	23.96
58540	90	26.98
58541	90	25.55
58542	90	28.54
58543	90	29.03
58544	90	31.38
58545	90	26.59
58546	90	33.56
58548	90	53.04
58550	90	26.24
58552	90	29.11
58553	90	33.76
58554	90	39.05
58555	0	7.99
58558	0	10.6
58559	0	10.23
58560	0	11.55
58561	0	16.33
58562	0	11.08

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
58563	0	52.05
58565	90	56.66
58570	90	27.47
58571	90	30.43
58572	90	34.14
58573	90	38.97
58578	YYY	BR
58579	YYY	BR
58600	90	10.82
58605	90	9.78
58611	ZZZ	2.31
58615	10	7.32
58660	90	19.96
58661	10	19.11
58662	90	20.94
58670	90	10.86
58671	90	10.85
58672	90	21.9
58673	90	23.82
58679	YYY	BR
58700	90	22.94
58720	90	21.39
58740	90	25.99
58750	90	26.84
58752	90	25.31
58760	90	24.14
58770	90	25.13
58800	90	9.5
58805	90	11.97
58820	90	9.67
58822	90	21.47
58823	0	26.87
58825	90	20.8
58900	90	12.94
58920	90	20.76
58925	90	21.91
58940	90	15.23
58943	90	33.43
58950	90	31.94
58951	90	41.04
58952	90	46.32
58953	90	57.31
58954	90	62.12
58956	90	39.17
58957	90	44.67
58958	90	49.11
58960	90	27.47
58970	0	6.29
58974	0	4.31
58976	0	7.12
58999	YYY	BR
59000	0	3.79
59001	0	5.49
59012	0	6.12

CODE	FUD	UNIT VALUE
59015	0	4.66
59020	0	2.04
59025	0	1.39
59030	0	2.93
59050	XXX	1.53
59051	XXX	1.27
59070	0	12.55
59072	0	15.78
59074	0	12.31
59076	0	15.61
59100	90	24.91
59120	90	23.81
59121	90	23.84
59130	90	24.53
59135	90	24.52
59136	90	26.32
59140	90	10.61
59150	90	23.03
59151	90	22.46
59160	10	6.25
59200	0	2.18
59300	0	5.73
59320	0	4.57
59325	0	6.43
59350	0	8.41
59400	MMM	56
59409	MMM	22
59410	MMM	27.89
59412	MMM	2.84
59414	MMM	2.5
59425	MMM	12.46
59426	MMM	22.27
59430	MMM	4.64
59510	MMM	62.36
59514	MMM	24.97
59515	MMM	33.79
59525	ZZZ	14.62
59610	MMM	59.01
59612	MMM	24.8
59614	MMM	30.53
59618	MMM	63.52
59620	MMM	26.01
59622	MMM	35.02
59812	90	9.45
59820	90	11.32
59821	90	11.43
59830	90	13.07
59840	10	6.41
59841	10	11.4
59850	90	10.24
59851	90	11.93
59852	90	14.83
59855	90	12.44
59856	90	14.63

CODE	FUD	UNIT VALUE
59857	90	15.35
59866	0	6.35
59870	90	14.15
59871	0	4.02
59897	YYY	BR
59898	YYY	BR
59899	YYY	BR
60000	10	4.78
60100	0	3.3
60200	90	19.36
60210	90	20.72
60212	90	29.75
60220	90	22.62
60225	90	27.21
60240	90	28.56
60252	90	38.75
60254	90	49.71
60260	90	32.24
60270	90	40.69
60271	90	31.13
60280	90	13.07
60281	90	17.42
60300	0	3.26
60500	90	29.85
60502	90	37.5
60505	90	40.95
60512	ZZZ	7.16
60520	90	30.47
60521	90	34.33
60522	90	41.58
60540	90	31.27
60545	90	35.92
60600	90	42.84
60605	90	52.84
60650	90	35.16
60659	YYY	BR
60699	YYY	BR
61000	0	3.18
61001	0	3.38
61020	0	3.99
61026	0	3.74
61050	0	3.05
61055	0	4
61070	0	2.45
61105	90	13.25
61107	0	9.43
61108	90	26.29
61120	90	21.66
61140	90	36.82
61150	90	39.66
61151	90	28.94
61154	90	36.97
61156	90	36.58
61210	0	11.01

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
61215	90	14.51
61250	90	25.12
61253	90	24.76
61304	90	48.19
61305	90	59.07
61312	90	61.15
61313	90	58.17
61314	90	53.6
61315	90	60.87
61316	ZZZ	2.61
61320	90	56
61321	90	62.33
61322	90	69.44
61323	90	70.2
61330	90	51.87
61332	90	57.75
61333	90	60.22
61334	90	39.43
61340	90	42.26
61343	90	64.68
61345	90	60.04
61440	90	58.87
61450	90	56.48
61458	90	59.1
61460	90	61.55
61470	90	56.44
61480	90	44.73
61490	90	55.81
61500	90	39.31
61501	90	33.8
61510	90	64.1
61512	90	75.18
61514	90	55.92
61516	90	54.44
61517	ZZZ	2.6
61518	90	81.18
61519	90	87.04
61520	3	90
61521	90	93.9
61522	90	64.45
61524	90	61.14
61526	9	90
61530	90	90.44
61531	90	35.7
61533	90	44.72
61534	90	48.27
61535	90	29.12
61536	90	76.21
61537	90	72.25
61538	90	78.16
61539	90	69.39
61540	90	64.35
61541	90	63.19
61542	90	65.94

CODE	FUD	UNIT VALUE
61543	90	63.6
61544	90	54.35
61545	90	93.73
61546	90	67.89
61548	90	45.95
61550	90	27.26
61552	90	34.62
61556	90	48.39
61557	90	49.45
61558	90	52.18
61559	90	60.75
61563	90	58.32
61564	90	70.95
61566	90	66.39
61567	90	75.78
61570	90	54.64
61571	90	58.56
61575	90	73.18
61576	0	90
61580	90	72.21
61581	90	79.6
61582	90	87.36
61583	90	84.73
61584	90	83.32
61585	90	92.89
61586	90	68.51
61590	90	91.01
61591	90	92.15
61592	90	92.86
61595	90	69.72
61596	90	73.99
61597	90	85.37
61598	90	80.46
61600	90	62.93
61601	90	69.58
61605	90	64.99
61606	90	88.23
61607	90	85.47
61608	90	95.2
61609	ZZZ	17.86
61610	ZZZ	55.95
61611	ZZZ	11.48
61612	ZZZ	42.59
61613	90	95.86
61615	90	68.68
61616	90	97.34
61618	90	38.25
61619	90	43.94
61623	0	16.48
61624	0	32.99
61626	0	25.81
61630	XXX	37.84
61635	XXX	40.89
61640	0	18.42

CODE	FUD	UNIT VALUE
61641	ZZZ	6.48
61642	ZZZ	12.94
61680	90	66.63
61682	6	90
61684	90	83.59
61686	1	90
61690	90	64.25
61692	6	90
61697	2	90
61698	5	90
61700	9	90
61702	6	90
61703	90	39.88
61705	90	76.27
61708	90	60.87
61710	90	54.92
61711	90	76.85
61720	90	36.48
61735	90	44.47
61750	90	41.28
61751	90	40.27
61760	90	45.94
61770	90	46.98
61781	ZZZ	7.13
61782	ZZZ	5.85
61783	ZZZ	7.13
61790	90	25.29
61791	90	32.49
61796	90	28.46
61797	ZZZ	6.43
61798	90	38.01
61799	ZZZ	8.87
61800	ZZZ	4.45
61850	90	27.28
61860	90	46.05
61863	90	44.03
61864	ZZZ	8.51
61867	90	67.31
61868	ZZZ	14.99
61870	90	34.81
61875	90	30.12
61880	90	16.33
61885	90	15.91
61886	90	24.28
61888	10	11.46
62000	90	29
62005	90	37.04
62010	90	44.77
62100	90	47.22
62115	90	36.1
62116	90	52.12
62117	90	51.43
62120	90	50.48
62121	90	50.01

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
62140	90	30.53
62141	90	33.54
62142	90	25.89
62143	90	30.33
62145	90	41.59
62146	90	36.33
62147	90	42.85
62148	ZZZ	3.76
62160	ZZZ	5.69
62161	90	44.52
62162	90	55.68
62163	90	35.89
62164	90	60.93
62165	90	45.98
62180	90	47.05
62190	90	26.89
62192	90	28.49
62194	10	11.49
62200	90	40.4
62201	90	35.06
62220	90	29.72
62223	90	30.74
62225	90	14.94
62230	90	24.57
62252	XXX	2.7
62256	90	17.33
62258	90	32.89
62263	10	20.86
62264	10	12.14
62267	0	7.26
62268	0	10.37
62269	0	11.16
62270	0	4.57
62272	0	5.67
62273	0	4.93
62280	10	9.52
62281	10	7.63
62282	10	8.63
62284	0	6.29
62287	90	16.17
62290	0	9.77
62291	0	9.22
62292	90	16.02
62294	90	20.2
62310	0	6.78
62311	0	5.82
62318	0	6.97
62319	0	5.56
62350	10	11.47
62351	90	25.11
62355	10	8.66
62360	10	8.85
62361	10	11.42
62362	10	11.97

CODE	FUD	UNIT VALUE
62365	10	9.54
62367	XXX	1.18
62368	XXX	1.7
63001	90	36.21
63003	90	36.37
63005	90	34.53
63011	90	31.8
63012	90	34.85
63015	90	43.48
63016	90	44.48
63017	90	36.55
63020	90	34.18
63030	90	28.3
63035	ZZZ	5.76
63040	90	41.25
63042	90	38.17
63043	ZZZ	17.36
63044	ZZZ	16.49
63045	90	37.28
63046	90	35.5
63047	90	32.23
63048	ZZZ	6.37
63050	90	46.12
63051	90	50.43
63055	90	47.88
63056	90	43.51
63057	ZZZ	9.63
63064	90	52.02
63066	ZZZ	6.2
63075	90	40.43
63076	ZZZ	7.49
63077	90	44.18
63078	ZZZ	5.81
63081	90	52.17
63082	ZZZ	8.05
63085	90	55.97
63086	ZZZ	5.73
63087	90	70.6
63088	ZZZ	7.75
63090	90	58.01
63091	ZZZ	5.33
63101	90	68.36
63102	90	66.01
63103	ZZZ	8.77
63170	90	46.37
63172	90	41.28
63173	90	50.72
63180	90	42.82
63182	90	46.1
63185	90	34.82
63190	90	37.24
63191	90	34.84
63194	90	40.29
63195	90	44.88

CODE	FUD	UNIT VALUE
63196	90	42.3
63197	90	50.2
63198	90	46.8
63199	90	51.58
63200	90	44.65
63250	90	87.42
63251	90	89.54
63252	90	89.47
63265	90	49.01
63266	90	50.49
63267	90	40.35
63268	90	42.31
63270	90	60.98
63271	90	60.93
63272	90	55.99
63273	90	54.18
63275	90	52.76
63276	90	52.46
63277	90	45.57
63278	90	46.31
63280	90	62.26
63281	90	61.65
63282	90	58.07
63283	90	55.63
63285	90	76.7
63286	90	75.77
63287	90	80.83
63290	90	82.01
63295	ZZZ	9.86
63300	90	53.91
63301	90	63.89
63302	90	63.2
63303	90	67.15
63304	90	68.97
63305	90	72.37
63306	90	67.54
63307	90	70.49
63308	ZZZ	9.62
63600	90	24.88
63610	0	25.28
63615	90	35.73
63620	90	31.08
63621	ZZZ	7.38
63650	10	12.21
63655	90	25.18
63661	10	17.59
63662	90	21.09
63663	10	25.13
63664	90	21.93
63685	10	11.67
63688	10	10.55
63700	90	37.53
63702	90	41.57
63704	90	47.35

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
63706	90	53.49
63707	90	26.53
63709	90	32.2
63710	90	32.34
63740	90	27.49
63741	90	17.98
63744	90	19.36
63746	90	17.13
64400	0	3.32
64402	0	3.31
64405	0	3.31
64408	0	3.61
64410	0	4.36
64412	0	4.39
64413	0	3.49
64415	0	3.6
64416	0	2.39
64417	0	3.78
64418	0	4.03
64420	0	4
64421	0	5.75
64425	0	3.84
64430	0	4.2
64435	0	4.15
64445	0	3.93
64446	0	2.43
64447	0	3.5
64448	0	2.16
64449	0	2.47
64450	0	3.01
64455	0	1.44
64479	0	7.81
64480	ZZZ	3.72
64483	0	7.07
64484	ZZZ	3.13
64490	0	5.78
64491	ZZZ	2.86
64492	ZZZ	2.89
64493	0	5.15
64494	ZZZ	2.58
64495	ZZZ	2.62
64505	0	2.88
64508	0	3.07
64510	0	3.97
64517	0	5.1
64520	0	5.62
64530	0	5.69
64550	0	0.46
64553	10	6.06
64555	10	5.92
64560	10	6.74
64561	10	28.72
64565	10	5.18
64566	0	3.8

CODE	FUD	UNIT VALUE
64568	90	18.89
64569	90	18.65
64570	90	16.42
64575	90	8.43
64577	90	9.88
64580	90	8.88
64581	90	20.8
64585	10	8.58
64590	10	8.42
64595	10	8.35
64600	10	12.07
64605	10	19.04
64610	10	21.42
64611	10	2.95
64612	10	5.04
64613	10	4.83
64614	10	5.15
64620	10	7.03
64622	10	9.86
64623	ZZZ	3.68
64626	10	11.73
64627	ZZZ	5.03
64630	10	6.63
64632	10	2.5
64640	10	6.41
64650	0	2.7
64653	0	3.23
64680	10	9.23
64681	10	10.99
64702	90	14.09
64704	90	9.46
64708	90	14.12
64712	90	16.09
64713	90	22.26
64714	90	19.68
64716	90	15.58
64718	90	17
64719	90	11.52
64721	90	12.32
64722	90	10.05
64726	90	8.11
64727	ZZZ	5.47
64732	90	12.29
64734	90	12.41
64736	90	12.67
64738	90	15.16
64740	90	13.48
64742	90	13.99
64744	90	13.51
64746	90	12.96
64752	90	15.15
64755	90	26.51
64760	90	14.52
64761	90	13.14

CODE	FUD	UNIT VALUE
64763	90	15.45
64766	90	17.31
64771	90	16.52
64772	90	16.8
64774	90	12.1
64776	90	11.38
64778	ZZZ	5.65
64782	90	13.2
64783	ZZZ	6.43
64784	90	21.34
64786	90	31.51
64787	ZZZ	7.22
64788	90	11.56
64790	90	24.36
64792	90	33.28
64795	0	5.82
64802	90	18.05
64804	90	23.98
64809	90	24.93
64818	90	19.61
64820	90	22.27
64821	90	20.13
64822	90	19.98
64823	90	22.67
64831	90	19.88
64832	ZZZ	10.09
64834	90	21.73
64835	90	23.71
64836	90	23.73
64837	ZZZ	10.62
64840	90	25.65
64856	90	29.77
64857	90	30.99
64858	90	35.77
64859	ZZZ	7.79
64861	90	37.9
64862	90	43.13
64864	90	25.42
64865	90	33.55
64866	90	33.73
64868	90	30.6
64870	90	32.02
64872	ZZZ	3.41
64874	ZZZ	5.18
64876	ZZZ	5.75
64885	90	32.88
64886	90	38.59
64890	90	31.84
64891	90	34.58
64892	90	30.89
64893	90	33.07
64895	90	39.87
64896	90	45.26
64897	90	37.55

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
64898	90	40.54
64901	ZZZ	18.58
64902	ZZZ	21.44
64905	90	30.13
64907	90	33.83
64910	90	24.02
64911	90	29.97
64999	YYY	BR
65091	90	18.35
65093	90	18.18
65101	90	21.25
65103	90	22.21
65105	90	24.51
65110	90	34.4
65112	90	40.18
65114	90	42.11
65125	90	12.89
65130	90	21.07
65135	90	21.41
65140	90	22.71
65150	90	15.9
65155	90	24.51
65175	90	18.45
65205	0	1.58
65210	0	1.96
65220	0	1.63
65222	0	2.16
65235	90	19.99
65260	90	26.27
65265	90	31.65
65270	10	7.43
65272	90	13.7
65273	90	10.48
65275	90	15.98
65280	90	19.49
65285	90	30.04
65286	90	19.72
65290	90	14.3
65400	90	19.03
65410	0	4.13
65420	90	14.38
65426	90	18.24
65430	0	3.27
65435	0	2.29
65436	90	11.1
65450	90	9.09
65600	90	11.05
65710	90	31.34
65730	90	34.79
65750	90	34.95
65755	90	34.91
65756	90	32.54
65757	ZZZ	BR
65760	XXX	33.45

CODE	FUD	UNIT VALUE
65765	XXX	48.5
65767	XXX	45.15
65770	90	44.42
65771	XXX	18.4
65772	90	12.62
65775	90	15.13
65778	10	36.93
65779	10	33.41
65780	90	25.01
65781	90	36.81
65782	90	33.72
65800	0	4.24
65805	0	4.71
65810	90	13.33
65815	90	18.1
65820	90	20.53
65850	90	24.32
65855	10	9.67
65860	90	9.59
65865	90	12.98
65870	90	16.97
65875	90	17.78
65880	90	18.16
65900	90	26.48
65920	90	22.16
65930	90	18.44
66020	10	5.1
66030	10	4.63
66130	90	20.29
66150	90	23.89
66155	90	23.87
66160	90	27.01
66165	90	23.41
66170	90	33.65
66172	90	42.4
66174	90	28.91
66175	90	32.78
66180	90	33.03
66185	90	21.49
66220	90	20.79
66225	90	27.15
66250	90	21.41
66500	90	9.67
66505	90	10.6
66600	90	22.67
66605	90	28.97
66625	90	12.11
66630	90	16.28
66635	90	15.73
66680	90	15.01
66682	90	18.21
66700	90	12.42
66710	90	12.72
66711	90	17.54

CODE	FUD	UNIT VALUE
66720	90	13.14
66740	90	11.96
66761	10	9.27
66762	90	13.28
66770	90	14.4
66820	90	11.19
66821	90	9.26
66825	90	21.36
66830	90	19.56
66840	90	20.23
66850	90	22.45
66852	90	24.39
66920	90	20.7
66930	90	23.53
66940	90	22.44
66982	90	30.36
66983	90	20.51
66984	90	21.85
66985	90	21.65
66986	90	25.77
66990	ZZZ	2.52
66999	YYY	BR
67005	90	13.74
67010	90	15.34
67015	90	16.38
67025	90	20.73
67027	90	24.58
67028	0	3.78
67030	90	14.45
67031	90	10.89
67036	90	27.29
67039	90	35.72
67040	90	40.39
67041	90	37.7
67042	90	43.13
67043	90	46.21
67101	90	22.3
67105	90	20.28
67107	90	35.16
67108	90	45.72
67110	90	24.38
67112	90	37.72
67113	90	49.65
67115	90	13.96
67120	90	18.88
67121	90	26.21
67141	90	14.95
67145	90	14.82
67208	90	16.4
67210	90	19.69
67218	90	38.23
67220	90	30.7
67221	0	8.27
67225	ZZZ	0.83

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
67227	90	16.71
67228	90	33.34
67229	90	31.39
67250	90	22.4
67255	90	24.36
67299	YYY	BR
67311	90	17.16
67312	90	20.76
67314	90	19.28
67316	90	23.33
67318	90	19.29
67320	ZZZ	8.95
67331	ZZZ	8.97
67332	ZZZ	9.75
67334	ZZZ	8.37
67335	ZZZ	4.39
67340	ZZZ	9.96
67343	90	18.95
67345	10	7.02
67346	0	5.95
67399	YYY	BR
67400	90	26.86
67405	90	22.33
67412	90	24.63
67413	90	24.84
67414	90	37.35
67415	0	3.04
67420	90	47.47
67430	90	34.29
67440	90	34.01
67445	90	41.03
67450	90	35.34
67500	0	2.38
67505	0	2.61
67515	0	2.79
67550	90	28.02
67560	90	27.9
67570	90	35.67
67599	YYY	BR
67700	10	7.45
67710	10	6.3
67715	10	6.66
67800	10	3.62
67801	10	4.68
67805	10	5.81
67808	90	10.65
67810	0	6.26
67820	0	1.47
67825	10	3.7
67830	10	7.53
67835	90	12.79
67840	10	7.8
67850	10	6.2
67875	0	4.87

CODE	FUD	UNIT VALUE
67880	90	13.03
67882	90	16.19
67900	90	18.37
67901	90	20.78
67902	90	20.95
67903	90	17.35
67904	90	21
67906	90	14.03
67908	90	14.19
67909	90	15.44
67911	90	16.21
67912	90	25.21
67914	90	11.1
67915	90	9.77
67916	90	15.37
67917	90	16.84
67921	90	10.63
67922	90	9.44
67923	90	16.3
67924	90	16.82
67930	10	10.51
67935	90	17.16
67938	10	6.8
67950	90	16.48
67961	90	16.52
67966	90	22.11
67971	90	21.26
67973	90	27.47
67974	90	27.39
67975	90	20.1
67999	YYY	BR
68020	10	3.38
68040	0	1.89
68100	0	4.78
68110	10	6.4
68115	10	8.69
68130	90	14.79
68135	10	4.42
68200	0	1.21
68320	90	20.63
68325	90	19.16
68326	90	18.76
68328	90	20.75
68330	90	17.28
68335	90	18.8
68340	90	15.54
68360	90	15.17
68362	90	19.07
68371	10	11.34
68399	YYY	BR
68400	10	7.95
68420	10	8.93
68440	10	3.01
68500	90	28.83

CODE	FUD	UNIT VALUE
68505	90	28.35
68510	0	12.93
68520	90	19.4
68525	0	7.93
68530	10	12.29
68540	90	26.23
68550	90	32.12
68700	90	17.55
68705	10	6.77
68720	90	21.78
68745	90	22.14
68750	90	22.87
68760	10	5.74
68761	10	4.17
68770	90	17.83
68801	10	3.5
68810	10	6.82
68811	10	5.97
68815	10	12.61
68816	10	19.93
68840	10	3.62
68850	0	1.76
68899	YYY	BR
69000	10	5.37
69005	10	6.28
69020	10	6.83
69090	XXX	0.92
69100	0	3.03
69105	0	4.13
69110	90	13.47
69120	90	11.91
69140	90	25.93
69145	90	11.55
69150	90	31.08
69155	90	49.89
69200	0	3.6
69205	10	3.01
69210	0	1.47
69220	0	4.05
69222	10	6.5
69300	YYY	19.72
69310	90	32.24
69320	90	45.58
69399	YYY	BR
69400	0	4.27
69401	0	2.49
69405	10	7.69
69420	10	5.65
69421	10	4.47
69424	0	3.79
69433	10	5.89
69436	10	4.83
69440	90	20.4
69450	90	16.08

SURGERY

(CONVERSION FACTOR = \$70.81)

CODE	FUD	UNIT VALUE
69501	90	21.74
69502	90	28.91
69505	90	35.78
69511	90	36.71
69530	90	49.26
69535	90	79.85
69540	10	6.17
69550	90	30.95
69552	90	46.8
69554	90	74.6
69601	90	31.13
69602	90	32.39
69603	90	37.62
69604	90	33.25
69605	90	46.49
69610	10	11.52
69620	90	20.51
69631	90	26.21
69632	90	32.04
69633	90	30.92
69635	90	36.31
69636	90	41.04

CODE	FUD	UNIT VALUE
69637	90	40.92
69641	90	30.95
69642	90	39.83
69643	90	36.4
69644	90	44.04
69645	90	43.23
69646	90	45.86
69650	90	23.74
69660	90	27.62
69661	90	36.01
69662	90	34.49
69666	90	24
69667	90	24.04
69670	90	28.04
69676	90	24.72
69700	90	20.5
69710	XXX	BR
69711	90	25.72
69714	90	32.07
69715	90	39.73
69717	90	33.91
69718	90	40.17

CODE	FUD	UNIT VALUE
69720	90	34.95
69725	90	56.21
69740	90	34.88
69745	90	37.18
69799	YYY	BR
69801	0	5.94
69802	90	30.99
69805	90	31.44
69806	90	28.18
69820	90	25.59
69840	90	24.79
69905	90	27.36
69910	90	30.42
69915	90	46.01
69930	90	36.73
69949	YYY	BR
69950	90	56.2
69955	90	59.24
69960	90	57.62
69970	90	64.24
69979	YYY	BR
69990	ZZZ	6.48

RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

1. **DUPLICATION OF X-RAYS:** Every attempt should be made to minimize the number of x-rays taken. The attending health care provider or any other person or institution having possession of x-rays, which pertain to the patient and are deemed to be needed for diagnostic or treatment purposes, should make those x-rays available upon request. No payments shall be made for additional x-rays when recent x-rays are available, except when the charge is supported by adequate information regarding the need to perform another x-ray.
2. **PHOTOGRAPHIC MEDIA:** The use of photographic media or imaging is not reported separately but is considered to be a component of the basic procedure and shall not merit any additional payment.
3. **XERORADIOGRAPHY:** Imaging performed by this process shall have the same Maximum Allowable Fees as those listed for conventional x-ray procedures of the same anatomical area and views.
4. **UNIT VALUES:** The Unit Values contained within this fee schedule include both the "professional component" and the "technical component". Identification of a service or procedure by its five digit code, without pertinent modifiers, indicates that the services provided include both the professional and technical components. **Where the unit 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 unit 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 unit 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 unit 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 only the technical component or the professional component is provided.

MRI's, CT scans, and ultrasounds are identified with an * in the unit value displays and the conversion is decreased to \$48.49.
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

RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).

9. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
10. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25% of the cost or the cost of the item(s) plus \$15.00 per item, **whichever is less**. Use procedure code 99070.

The Unit Values in this section do not include radiopharmaceutical or other radionuclide material costs. List the name and dosage of radiopharmaceutical material and cost.
11. **INJECTION PROCEDURES:** Charges for injection procedures are to include all usual pre- and post-injection care specifically related to the injection procedure, necessary local anesthesia, placement of needle or catheter, and injection of contrast media. Vascular injection procedures are listed under the Cardiovascular Subsection of the Surgery Section, procedure codes 36000-36299. Other injection procedures are listed in pertinent sections.
12. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the unit value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual, or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc. Additional items which may be helpful might include: complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.
13. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (**BR**). Unlisted service or procedure codes usually end in "99."
14. **MODIFIERS:** Procedure codes for radiology services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.
15. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
16. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2011 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.

CONVERSION FACTOR = \$53.49

***CONVERSION FACTOR = \$48.49**

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
70010	0.99	2.8	3.79
70015	1.76	2.6	4.36
70030	0.25	0.6	0.85
70100	0.27	0.71	0.98
70110	0.36	0.81	1.17
70120	0.27	0.77	1.04
70130	0.49	1.17	1.66
70134	0.49	0.88	1.37
70140	0.29	0.61	0.9
70150	0.38	0.89	1.27
70160	0.25	0.73	0.98
70170	0.45	1.11	1.56
70190	0.31	0.75	1.06
70200	0.41	0.9	1.31
70210	0.26	0.66	0.92
70220	0.36	0.79	1.15
70240	0.28	0.6	0.88
70250	0.36	0.74	1.1
70260	0.49	0.91	1.4
70300	0.17	0.26	0.43
70310	0.26	0.85	1.11
70320	0.34	1.15	1.49
70328	0.27	0.65	0.92
70330	0.36	1.07	1.43
70332	0.84	1.69	2.53
70336	2.16	11.16	13.32
70350	0.28	0.35	0.63
70355	0.31	0.33	0.64
70360	0.25	0.57	0.82
70370	0.47	1.94	2.41
70371	1.21	1.58	2.79
70373	0.62	1.81	2.43
70380	0.27	0.9	1.17
70390	0.57	2.44	3.01
70450	1.24*	4.57*	5.81*
70460	1.65*	5.92*	7.57*
70470	1.87*	7.29*	9.16*
70480	1.88*	7.42*	9.3*
70481	2.03*	8.77*	10.8*
70482	2.12*	10.07*	12.19*
70486	1.67*	6.08*	7.75*
70487	1.91	7.43	9.34
70488	2.08	9.27	11.35
70490	1.88*	5.72*	7.6*
70491	2.02*	7.13*	9.15*
70492	2.12*	8.93*	11.05*
70496	2.58*	14.97*	17.55*
70498	2.58*	15.27*	17.85*
70540	1.98	12.79	14.77
70542	2.38	14.13	16.51

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
70543	3.14	18.43	21.57
70544	1.76*	14.39*	16.15*
70545	1.76	14.29	16.05
70546	2.65*	22.63*	25.28*
70547	1.76	14.36	16.12
70548	1.76	15.16	16.92
70549	2.64*	22.65*	25.29*
70551	2.17*	13.11*	15.28*
70552	2.63	14.42	17.05
70553	3.47*	17.95*	21.42*
70554	3.12	13.73	16.85
70555	3.84	18.75	22.59
70557	5.45	44.11	49.56
70558	4.83	39.08	43.91
70559	4.88	39.48	44.36
71010	0.26	0.44	0.7
71015	0.3	0.59	0.89
71020	0.32	0.6	0.92
71021	0.39	0.74	1.13
71022	0.45	0.93	1.38
71023	0.56	1.49	2.05
71030	0.45	0.92	1.37
71034	0.69	1.94	2.63
71035	0.27	0.78	1.05
71040	0.82	2.04	2.86
71060	1.08	3.1	4.18
71090	0.84	1.96	2.8
71100	0.32	0.64	0.96
71101	0.39	0.78	1.17
71110	0.39	0.82	1.21
71111	0.46	1.1	1.56
71120	0.29	0.66	0.95
71130	0.32	0.79	1.11
71250	1.5*	5.91*	7.41*
71260	1.83*	7.36*	9.19*
71270	2.02*	9.26*	11.28*
71275	2.83*	11.21*	14.04*
71550	2.13*	14.56*	16.69*
71551	2.53	16.28	18.81
71552	3.32*	21.46*	24.78*
71555	2.67*	13.72*	16.39*
72010	0.67	1.53	2.2
72020	0.23	0.48	0.71
72040	0.35	0.81	1.16
72050	0.47	1.1	1.57
72052	0.54	1.45	1.99
72069	0.35	0.76	1.11
72070	0.33	0.68	1.01
72072	0.32	0.8	1.12
72074	0.32	1	1.32

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
72080	0.35	0.74	1.09
72090	0.45	1.02	1.47
72100	0.35	0.86	1.21
72110	0.47	1.18	1.65
72114	0.56	1.65	2.21
72120	0.35	1.18	1.53
72125	1.5*	5.95*	7.45*
72126	1.79*	7.38*	9.17*
72127	1.86*	9.25*	11.11*
72128	1.5*	5.94*	7.44*
72129	1.8*	7.39*	9.19*
72130	1.86*	9.26*	11.12*
72131	1.5*	5.92*	7.42*
72132	1.8*	7.37*	9.17*
72133	1.86*	9.25*	11.11*
72141	2.36*	11.43*	13.79*
72142	2.82	14.43	17.25
72146	2.36*	11.63*	13.99*
72147	2.83	12.73	15.56
72148	2.19*	11.61*	13.8*
72149	2.63	14.34	16.97
72156	3.79*	17.64*	21.43*
72157	3.79*	16.37*	20.16*
72158	3.49*	17.6*	21.09*
72159	2.65	15.46	18.11
72170	0.28	0.53	0.81
72190	0.34	0.91	1.25
72191	2.68*	10.78*	13.46*
72192	1.59*	5.59*	7.18*
72193	1.71*	6.99*	8.7*
72194	1.79*	9.35*	11.14*
72195	2.16*	13.04*	15.2*
72196	2.55	14.28	16.83
72197	3.31*	18.62*	21.93*
72198	2.64*	13.68*	16.32*
72200	0.25	0.63	0.88
72202	0.28	0.75	1.03
72220	0.25	0.62	0.87
72240	1.34	2.94	4.28
72255	1.32	2.7	4.02
72265	1.22	2.86	4.08
72270	1.95	4.4	6.35
72275	1.12	2.18	3.3
72285	1.72	2.64	4.36
72291	2.14	7.16	9.3
72292	2.2	7.37	9.57
72295	1.24	2.6	3.84
73000	0.24	0.61	0.85
73010	0.28	0.63	0.91
73020	0.22	0.48	0.7

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
73030	0.3	0.62	0.92
73040	0.81	2.38	3.19
73050	0.33	0.81	1.14
73060	0.26	0.61	0.87
73070	0.23	0.61	0.84
73080	0.25	0.76	1.01
73085	0.81	2.08	2.89
73090	0.24	0.59	0.83
73092	0.24	0.67	0.91
73100	0.27	0.65	0.92
73110	0.26	0.82	1.08
73115	0.83	2.4	3.23
73120	0.24	0.58	0.82
73130	0.25	0.7	0.95
73140	0.2	0.73	0.93
73200	1.5*	5.75*	7.25*
73201	1.71*	7.14*	8.85*
73202	1.79*	9.53*	11.32*
73206	2.65*	10.18*	12.83*
73218	1.98*	13.31*	15.29*
73219	2.39	14.16	16.55
73220	3.16*	18.7*	21.86*
73221	2.02*	12.39*	14.41*
73222	2.39*	13.31*	15.7*
73223	3.15*	17.6*	20.75*
73225	2.55*	15.27*	17.82*
73500	0.28	0.52	0.8
73510	0.34	0.81	1.15
73520	0.4	0.81	1.21
73525	0.83	2.14	2.97
73530	0.44	0.58	1.02
73540	0.32	0.89	1.21
73542	0.87	1.57	2.44
73550	0.27	0.58	0.85
73560	0.28	0.63	0.91
73562	0.3	0.79	1.09
73564	0.35	0.9	1.25
73565	0.29	0.72	1.01
73580	0.86	3.04	3.9
73590	0.25	0.57	0.82
73592	0.24	0.68	0.92
73600	0.24	0.6	0.84
73610	0.25	0.71	0.96
73615	0.83	2.25	3.08
73620	0.23	0.58	0.81
73630	0.25	0.69	0.94
73650	0.24	0.59	0.83
73660	0.19	0.68	0.87
73700	1.5*	5.76*	7.26*
73701	1.71*	7.22*	8.93*

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
73702	1.8*	9.58*	11.38*
73706	2.81*	11.31*	14.12*
73718	1.98*	13*	14.98*
73719	2.38	14.12	16.5
73720	3.15*	18.73*	21.88*
73721	2.01*	12.67*	14.68*
73722	2.41*	13.55*	15.96*
73723	3.15*	17.56*	20.71*
73725	2.67*	13.69*	16.36*
74000	0.26	0.48	0.74
74010	0.33	0.8	1.13
74020	0.39	0.8	1.19
74022	0.46	0.97	1.43
74150	1.75*	5.55*	7.3*
74160	1.87*	8*	9.87*
74170	2.06*	10.98*	13.04*
74175	2.81*	11.48*	14.29*
74176	2.49	3.88	6.37
74177	2.61	7.4	10.01
74178	2.89	9.78	12.67
74181	2.14*	11.46*	13.6*
74182	2.54	15.86	18.4
74183	3.3*	18.66*	21.96*
74185	2.64	13.65	16.29
74190	0.72	1.08	1.8
74210	0.52	1.8	2.32
74220	0.68	1.99	2.67
74230	0.78	1.93	2.71
74235	1.92	3.57	5.49
74240	1.02	2.29	3.31
74241	1	2.51	3.51
74245	1.34	3.9	5.24
74246	1.02	2.74	3.76
74247	1.02	3.16	4.18
74249	1.34	4.31	5.65
74250	0.69	2.46	3.15
74251	1.02	9.8	10.82
74260	0.73	8.2	8.93
74261	3.42	11.81	15.23
74262	3.58	13.34	16.92
74263	3.4	19.1	22.5
74270	1.02	3.51	4.53
74280	1.45	4.83	6.28
74283	2.91	3.15	6.06
74290	0.46	1.56	2.02
74291	0.29	1.6	1.89
74300	0.54	1	1.54
74301	0.33	0.61	0.94
74305	0.63	1.17	1.8
74320	0.8	2.4	3.2

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
74327	1.11	2.97	4.08
74328	1.06	2.47	3.53
74329	1.06	1.97	3.03
74330	1.36	3.68	5.04
74340	0.81	2.43	3.24
74355	1.16	3.14	4.3
74360	0.86	2.72	3.58
74363	1.33	2.47	3.8
74400	0.72	2.59	3.31
74410	0.73	2.68	3.41
74415	0.72	3.31	4.03
74420	0.54	3.06	3.6
74425	0.54	1.46	2
74430	0.46	1.34	1.8
74440	0.57	1.99	2.56
74445	1.74	1.31	3.05
74450	0.5	1.67	2.17
74455	0.48	2.17	2.65
74470	0.81	1.44	2.25
74475	0.8	2.51	3.31
74480	0.8	2.52	3.32
74485	0.8	2.47	3.27
74710	0.49	0.68	1.17
74740	0.55	1.79	2.34
74742	0.91	1.69	2.6
74775	0.93	1.65	2.58
75557	3.5*	9.72*	13.22*
75559	4.45*	14.67*	19.12*
75561	3.88*	14.02*	17.9*
75563	4.57*	17.22*	21.79*
75565	0.37	1.82	2.19
75571	0.81	2.34	3.15
75572	2.47	6.16	8.63
75573	3.62	8.12	11.74
75574	3.4	9.72	13.12
75600	0.75	7.23	7.98
75605	1.71	4.64	6.35
75625	1.71	4.65	6.36
75630	2.65	4.76	7.41
75635	3.55*	12.46*	16.01*
75650	2.22	4.68	6.9
75658	1.9	5.17	7.07
75660	1.92	5.25	7.17
75662	2.49	6.04	8.53
75665	1.99	5.49	7.48
75671	2.48	6.24	8.72
75676	1.98	5.2	7.18
75680	2.48	5.65	8.13
75685	1.96	5.25	7.21
75705	3.19	5.21	8.4

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
75710	1.66	5.23	6.89
75716	1.95	6.02	7.97
75722	1.71	4.97	6.68
75724	2.26	5.66	7.92
75726	1.69	5.15	6.84
75731	1.71	5.23	6.94
75733	1.99	6	7.99
75736	1.67	5.14	6.81
75741	1.94	4.53	6.47
75743	2.46	4.78	7.24
75746	1.69	4.93	6.62
75756	1.9	5.24	7.14
75774	0.54	4.16	4.7
75791	2.43	7.23	9.66
75801	1.32	6.44	7.76
75803	1.76	6.24	8
75805	1.22	6.91	8.13
75807	1.77	7.08	8.85
75809	0.7	2.19	2.89
75810	1.73	14	15.73
75820	1.04	2.67	3.71
75822	1.56	2.99	4.55
75825	1.67	4.42	6.09
75827	1.65	4.51	6.16
75831	1.84	4.52	6.36
75833	2.14	5	7.14
75840	1.81	4.43	6.24
75842	2.19	4.97	7.16
75860	1.72	4.57	6.29
75870	1.68	4.53	6.21
75872	1.8	6.58	8.38
75880	1.06	4.01	5.07
75885	2.12	4.52	6.64
75887	2.1	4.59	6.69
75889	1.68	4.52	6.2
75891	1.68	4.53	6.21
75893	0.77	4.49	5.26
75894	2.01	26.71	28.72
75896	2.03	23.35	25.38
75898	2.56	1.26	3.82
75900	0.74	4.19	4.93
75901	0.72	4.22	4.94
75902	0.58	1.7	2.28
75940	0.82	15.58	16.4
75945	0.61	4.94	5.55
75946	0.62	5.02	5.64
75952	6.99	0	6.99
75953	2.13	0	2.13
75954	3.49	0	3.49
75956	10.98	0	10.98

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
75957	9.39	0	9.39
75958	6.24	0	6.24
75959	5.52	0	5.52
75960	1.21	4.51	5.72
75961	6.24	4.66	10.9
75962	0.79	5.48	6.27
75964	0.54	3.37	3.91
75966	1.96	5.58	7.54
75968	0.53	3.3	3.83
75970	1.25	12.64	13.89
75978	0.78	5.5	6.28
75980	2.16	6.15	8.31
75982	2.16	7.23	9.39
75984	1.06	2.34	3.4
75989	1.73	2.28	4.01
76000	0.25	2.04	2.29
76001	1.05	3.15	4.2
76010	0.27	0.55	0.82
76080	0.8	1.05	1.85
76098	0.24	0.33	0.57
76100	0.91	2.72	3.63
76101	0.99	4.23	5.22
76102	1.01	6	7.01
76120	0.56	1.71	2.27
76125	0.43	0.96	1.39
76376	0.3	1.82	2.12
76377	1.16	1.6	2.76
76380	1.43	4.17	5.6
76390	2.04*	11.92*	13.96*
76496	BR	BR	BR
76497	BR	BR	BR
76498	BR	BR	BR
76499	BR	BR	BR
76506	0.93	2.64	3.57
76510	2.74	2.19	4.93
76511	1.5	1.43	2.93
76512	1.53	1.19	2.72
76513	1	1.59	2.59
76514	0.28	0.13	0.41
76516	0.86	1.26	2.12
76519	0.89	1.41	2.3
76529	0.94	1.23	2.17
76536	0.82	2.68	3.5*
76604	0.8	1.8	2.6
76645	0.8	2.04	2.84
76700	1.18	2.98	4.16*
76705	0.86	2.3	3.16*
76770	1.08	2.87	3.95*
76775	0.86	2.44	3.3
76776	1.11	3.37	4.48

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
76800	1.62	2.32	3.94
76801	1.44	2.41	3.85
76802	1.21	0.86	2.07
76805	1.44	2.97	4.41
76810	1.42	1.47	2.89
76811	2.76	2.95	5.71
76812	2.58	3.47	6.05
76813	1.71	2.04	3.75
76814	1.43	0.96	2.39
76815	0.93	1.77	2.7
76816	1.24	2.22	3.46
76817	1.09	1.97	3.06
76818	1.53	2.09	3.62
76819	1.13	1.59	2.72
76820	0.72	0.66	1.38
76821	1.03	1.85	2.88
76825	2.41	4.01	6.42
76826	1.2	2.5	3.7
76827	0.83	1.13	1.96
76828	0.81	0.63	1.44
76830	1.01*	2.69*	3.7*
76831	1.05*	2.66*	3.71*
76856	1.01*	2.68*	3.69*
76857	0.58	2.42	3
76870	0.95	2.72	3.67
76872	1.04	3.12	4.16
76873	2.3	2.97	5.27
76881	0.85	2.54	3.39
76882	0.59	0.3	0.89
76885	1.09	3.21	4.3
76886	0.91	2.5	3.41
76930	1	1.68	2.68
76932	1.04	1.77	2.81
76936	3.02	6.16	9.18
76937	0.45	0.58	1.03
76940	3.11	1.91	5.02
76941	2.03	1.73	3.76
76942	0.99	4.84	5.83
76945	1	1.78	2.78
76946	0.55	0.57	1.12
76948	0.57	0.57	1.14
76950	0.86	1.18	2.04
76965	2.01	1.48	3.49
76970	0.6	2.24	2.84
76975	1.28	1.84	3.12
76977	0.08	0.23	0.31
76998	1.93	0	1.93
76999	BR	BR	BR
77001	0.57	2.81	3.38
77002	0.81	1.42	2.23

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
77003	0.87	0.97	1.84
77011	1.79	12.45	14.24
77012	1.68	3.14	4.82
77013	6.01	10.68	16.69
77014	1.25	4.4	5.65
77021	2.24	10.55	12.79
77022	6.35	14.13	20.48
77031	2.36	2.4	4.76
77032	0.82	0.83	1.65
77051	0.09	0.25	0.34
77052	0.09	0.25	0.34
77053	0.52	1.48	2
77054	0.67	2.04	2.71
77055	1.03	1.52	2.55
77056	1.28	1.98	3.26
77057	1.03	1.36	2.39
77058	2.4*	19.93*	22.33*
77059	2.4*	20.77*	23.17*
77072	0.28	0.42	0.7
77073	0.44	0.72	1.16
77074	0.67	1.4	2.07
77075	0.79	2.25	3.04
77076	1.01	1.96	2.97
77077	0.49	0.76	1.25
77078	0.36*	4.29*	4.65*
77079	0.32	1.18	1.5
77080	0.32	2.55	2.87
77081	0.29	0.56	0.85
77082	0.19	0.63	0.82
77083	0.29	0.45	0.74
77084	2.37	13.22	15.59
77280	1.03	4.53	5.56
77285	1.55	8.2	9.75
77290	2.3	13.3	15.6
77295	6.75	9.87	16.62
77299	BR	BR	BR
77300	0.92	1.14	2.06
77301	11.82	49.64	61.46
77305	1.03	0.93	1.96
77310	1.55	1.22	2.77
77315	2.3	1.9	4.2
77321	1.39	1.76	3.15
77326	1.36	2.91	4.27
77327	2.05	4	6.05
77328	3.08	5.09	8.17
77331	1.29	0.57	1.86
77332	0.8	1.52	2.32
77333	1.24	0.52	1.76
77334	1.82	2.7	4.52
77338	6.41	7.7	14.11

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
77371	0	41.44	41.44
77372	0	25.07	25.07
77373	0	46.81	46.81
77399	BR	BR	BR
77401	0	0.75	0.75
77402	0	5.19	5.19
77403	0	3.86	3.86
77404	0	4.29	4.29
77406	0	4.33	4.33
77407	0	7.52	7.52
77408	0	5.25	5.25
77409	0	5.84	5.84
77411	0	5.81	5.81
77412	0	6.85	6.85
77413	0	6.9	6.9
77414	0	7.72	7.72
77416	0	7.76	7.76
77417	0	0.44	0.44
77418	0	15.3	15.3
77421	0.57	2.67	3.24
77422	0	5.86	5.86
77423	0	7.45	7.45
77470	3.09	2.86	5.95
77499	BR	BR	BR
77600	2.3	9.7	12
77605	3.29	24.13	27.42
77610	2.26	22.71	24.97
77615	3.08	25.55	28.63
77620	2.22	11.94	14.16
77750	7.39	2.99	10.38
77761	5.66	5.18	10.84
77762	8.51	6.06	14.57
77763	12.78	7.84	20.62
77776	7.01	5.41	12.42
77777	11.3	5.91	17.21
77778	16.73	8.05	24.78
77785	2.1	4.37	6.47
77786	4.76	12.05	16.81
77787	7.28	19.53	26.81
77789	1.69	1.58	3.27
77790	1.54	1.14	2.68
77799	BR	BR	BR
78000	0.28	1.84	2.12
78001	0.38	2.34	2.72
78003	0.48	1.88	2.36
78006	0.72	6.22	6.94
78007	0.73	5.02	5.75
78010	0.55	4.24	4.79
78011	0.67	4.62	5.29
78015	0.97	5.37	6.34

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78016	1.11	7.86	8.97
78018	1.23	8.15	9.38
78020	0.85	1.69	2.54
78070	1.19	3.69	4.88
78075	1.06	11.48	12.54
78099	BR	BR	BR
78102	0.79	4.11	4.9
78103	1.07	5.39	6.46
78104	1.15	6.19	7.34
78110	0.28	2.16	2.44
78111	0.31	2.27	2.58
78120	0.34	2.25	2.59
78121	0.46	2.51	2.97
78122	0.63	2.68	3.31
78130	0.91	3.66	4.57
78135	0.95	9.16	10.11
78140	0.9	3.2	4.1
78185	0.58	5.34	5.92
78190	1.57	9.57	11.14
78191	0.9	4.32	5.22
78195	1.75	8.63	10.38
78199	BR	BR	BR
78201	0.64	4.83	5.47
78202	0.7	5.26	5.96
78205	1.03	5.67	6.7
78206	1.38	8.86	10.24
78215	0.72	4.94	5.66
78216	0.82	3.03	3.85
78220	0.69	3.33	4.02
78223	1.22	8.52	9.74
78230	0.66	4.23	4.89
78231	0.74	3.05	3.79
78232	0.65	2.81	3.46
78258	1.08	5.64	6.72
78261	1.02	6.34	7.36
78262	0.96	6.25	7.21
78264	1.13	7.28	8.41
78267	0	0.33	0.33
78268	0	2.79	2.79
78270	0.29	2.1	2.39
78271	0.29	2.23	2.52
78272	0.38	2.3	2.68
78278	1.44	8.73	10.17
78282	0.57	1.71	2.28
78290	1	8.46	9.46
78291	1.28	6.16	7.44
78299	BR	BR	BR
78300	0.91	4.28	5.19
78305	1.2	5.65	6.85
78306	1.25	6.21	7.46

RADIOLOGY

(CONVERSION FACTOR = \$53.49) (*CONVERSION FACTOR = \$48.49)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78315	1.48	8.68	10.16
78320	1.5	5.69	7.19
78350	0.32	0.65	0.97
78351	0.13	0.31	0.44
78399	BR	BR	BR
78414	0.66	1.54	2.2
78428	1.16	4.55	5.71
78445	0.69	4.35	5.04
78451	1.94	8.1	10.04
78452	2.29	11.77	14.06
78453	1.42	7.21	8.63
78454	1.89	10.57	12.46
78456	1.5	8.92	10.42
78457	1.12	4.63	5.75
78458	1.26	4.52	5.78
78459	2.22	10.84	13.06
78466	1.03	4.29	5.32
78468	1.21	5.24	6.45
78469	1.4	6.19	7.59
78472	1.45	5.97	7.42
78473	2.19	7.61	9.8
78481	1.49	4.7	6.19
78483	2.25	6.34	8.59
78491	2.25	11.81	14.06
78492	2.85	14.96	17.81
78494	1.78	6.12	7.9
78496	0.74	1.64	2.38
78499	BR	BR	BR
78580	1.07	5.19	6.26
78584	1.45	3.05	4.5
78585	1.58	8.82	10.4
78586	0.57	4.33	4.9
78587	0.71	5.43	6.14
78588	1.58	8.5	10.08
78591	0.58	4.38	4.96
78593	0.72	5.05	5.77
78594	0.76	5.62	6.38
78596	1.79	9.18	10.97
78599	BR	BR	BR
78600	0.64	4.65	5.29
78601	0.74	5.54	6.28
78605	0.79	5.02	5.81
78606	0.91	8.62	9.53
78607	1.75	8.93	10.68

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
78608	2.19	16.06	18.25
78609	2.23	0	2.23
78610	0.44	4.78	5.22
78630	0.99	8.91	9.9
78635	0.88	8.56	9.44
78645	0.83	8.48	9.31
78647	1.29	8.94	10.23
78650	0.89	8.81	9.7
78660	0.79	4.42	5.21
78699	BR	BR	BR
78700	0.67	4.52	5.19
78701	0.72	5.55	6.27
78707	1.38	5.62	7
78708	1.75	3.57	5.32
78709	2.04	8.75	10.79
78710	0.92	5.63	6.55
78725	0.54	2.48	3.02
78730	0.24	1.96	2.2
78740	0.85	5.67	6.52
78761	1.05	5.21	6.26
78799	BR	BR	BR
78800	0.96	4.55	5.51
78801	1.15	6.29	7.44
78802	1.24	8.38	9.62
78803	1.56	8.78	10.34
78804	1.54	15.55	17.09
78805	1.06	4.37	5.43
78806	1.24	8.72	9.96
78807	1.54	8.78	10.32
78811	2.35	17.23	19.58
78812	2.87	21.05	23.92
78813	3	22	25
78814	3.27	23.98	27.25
78815	3.64	26.69	30.33
78816	3.7	27.13	30.83
78999	BR	BR	BR
79005	2.59	1.61	4.2
79101	3	1.75	4.75
79200	2.94	1.99	4.93
79300	2.4	1.6	4
79403	3.29	2.71	6
79440	2.96	1.67	4.63
79445	3.54	2.91	6.45
79999	BR	BR	BR

PATHOLOGY AND LABORATORY GROUND RULES

1. **SEROLOGY:** All serological procedures must be performed by registered pathologists or laboratories.
2. **MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and material provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to list individually any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus \$15.00 per item, **whichever is less**. Use procedure code 99070.
3. **UNIT VALUES:** The Unit Values specified herein apply to laboratories owned or operated by a health care provider, hospital laboratories, and commercial laboratories, but only when the services or procedures are performed by or under the responsible supervision of a health care provider. When a health care provider is hospital based and is not salaried or otherwise compensated for the services listed in this section, a separate bill can be rendered for the particular service. The charge is to be 60% of the Unit Value.

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

The **total services component** includes both the professional component and the technical component. **The unit 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 only the technical component or the professional component is provided.

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

PATHOLOGY AND LABORATORY GROUND RULES

6. **ADD-ON CODES:** Certain codes, by the nature of their description and the unit value assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
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.
8. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the charge for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.
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 **2011 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.

CONVERSION FACTOR = \$60.00

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
80047	0	0.35	0.35
80048	0	0.35	0.35
80050	0	1.19	1.19
80051	0	0.29	0.29
80053	0	0.44	0.44
80055	0	1.74	1.74
80061	0	0.69	0.69
80069	0	0.36	0.36
80074	0	1.95	1.95
80076	0	0.34	0.34
80100	0	0.6	0.6
80101	0	0.82	0.82
80102	0	0.55	0.55
80103	0	0.72	0.72
80104	0	1.04	1.04
80150	0	0.62	0.62
80152	0	0.74	0.74
80154	0	0.77	0.77
80156	0	0.6	0.6
80157	0	0.55	0.55
80158	0	0.75	0.75
80160	0	0.71	0.71
80162	0	0.55	0.55
80164	0	0.56	0.56
80166	0	0.64	0.64
80168	0	0.68	0.68
80170	0	0.68	0.68
80172	0	0.67	0.67
80173	0	0.6	0.6
80174	0	0.71	0.71
80176	0	0.61	0.61
80178	0	0.27	0.27
80182	0	0.56	0.56
80184	0	0.47	0.47
80185	0	0.55	0.55
80186	0	0.57	0.57
80188	0	0.69	0.69
80190	0	0.69	0.69
80192	0	0.69	0.69
80194	0	0.6	0.6
80195	0	0.57	0.57
80196	0	0.29	0.29
80197	0	0.57	0.57
80198	0	0.59	0.59
80200	0	0.67	0.67
80201	0	0.49	0.49
80202	0	0.56	0.56
80299	0	0.57	0.57
80400	0	2.04	2.04
80402	0	3.32	3.32

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
80406	0	3.49	3.49
80408	0	3.8	3.8
80410	0	3.15	3.15
80412	0	9.77	9.77
80414	0	1.63	1.63
80415	0	1.63	1.63
80416	0	4.86	4.86
80417	0	2.08	2.08
80418	0	21.7	21.7
80420	0	2.71	2.71
80422	0	1.84	1.84
80424	0	1.84	1.84
80426	0	5.1	5.1
80428	0	2.82	2.82
80430	0	2.82	2.82
80432	0	5.53	5.53
80434	0	3.47	3.47
80435	0	3.69	3.69
80436	0	3.58	3.58
80438	0	2.06	2.06
80439	0	2.17	2.17
80440	0	2.17	2.17
81000	0	0.13	0.13
81001	0	0.13	0.13
81002	0	0.11	0.11
81003	0	0.09	0.09
81005	0	0.09	0.09
81007	0	0.11	0.11
81015	0	0.13	0.13
81020	0	0.15	0.15
81025	0	0.26	0.26
81050	0	0.12	0.12
82000	0	0.51	0.51
82003	0	0.84	0.84
82009	0	0.19	0.19
82010	0	0.34	0.34
82013	0	0.46	0.46
82016	0	0.57	0.57
82017	0	0.7	0.7
82024	0	1.6	1.6
82030	0	1.07	1.07
82040	0	0.2	0.2
82042	0	0.21	0.21
82043	0	0.24	0.24
82044	0	0.19	0.19
82045	0	1.41	1.41
82055	0	0.45	0.45
82075	0	0.5	0.5
82085	0	0.4	0.4
82088	0	1.69	1.69

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82101	0	1.24	1.24
82103	0	0.56	0.56
82104	0	0.6	0.6
82105	0	0.69	0.69
82106	0	0.69	0.69
82107	0	2.67	2.67
82108	0	1.06	1.06
82120	0	0.16	0.16
82127	0	0.57	0.57
82128	0	0.57	0.57
82131	0	0.7	0.7
82135	0	0.68	0.68
82136	0	0.7	0.7
82139	0	0.7	0.7
82140	0	0.6	0.6
82143	0	0.28	0.28
82145	0	0.64	0.64
82150	0	0.27	0.27
82154	0	1.19	1.19
82157	0	1.21	1.21
82160	0	1.04	1.04
82163	0	0.85	0.85
82164	0	0.6	0.6
82172	0	0.64	0.64
82175	0	0.79	0.79
82180	0	0.41	0.41
82190	0	0.62	0.62
82205	0	0.47	0.47
82232	0	0.67	0.67
82239	0	0.71	0.71
82240	0	1.1	1.1
82247	0	0.21	0.21
82248	0	0.21	0.21
82252	0	0.19	0.19
82261	0	0.7	0.7
82270	0	0.13	0.13
82271	0	0.13	0.13
82272	0	0.13	0.13
82274	0	0.66	0.66
82286	0	0.29	0.29
82300	0	0.96	0.96
82306	0	1.23	1.23
82308	0	1.11	1.11
82310	0	0.21	0.21
82330	0	0.57	0.57
82331	0	0.21	0.21
82340	0	0.25	0.25
82355	0	0.48	0.48
82360	0	0.53	0.53
82365	0	0.53	0.53

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82370	0	0.52	0.52
82373	0	0.75	0.75
82374	0	0.2	0.2
82375	0	0.51	0.51
82376	0	0.25	0.25
82378	0	0.79	0.79
82379	0	0.7	0.7
82380	0	0.38	0.38
82382	0	0.71	0.71
82383	0	1.04	1.04
82384	0	1.05	1.05
82387	0	0.86	0.86
82390	0	0.45	0.45
82397	0	0.59	0.59
82415	0	0.52	0.52
82435	0	0.19	0.19
82436	0	0.21	0.21
82438	0	0.2	0.2
82441	0	0.25	0.25
82465	0	0.18	0.18
82480	0	0.33	0.33
82482	0	0.32	0.32
82485	0	0.86	0.86
82486	0	0.75	0.75
82487	0	0.66	0.66
82488	0	0.89	0.89
82489	0	0.77	0.77
82491	0	0.75	0.75
82492	0	0.75	0.75
82495	0	0.84	0.84
82507	0	1.15	1.15
82520	0	0.63	0.63
82523	0	0.77	0.77
82525	0	0.51	0.51
82528	0	0.93	0.93
82530	0	0.69	0.69
82533	0	0.68	0.68
82540	0	0.19	0.19
82541	0	0.75	0.75
82542	0	0.75	0.75
82543	0	0.75	0.75
82544	0	0.75	0.75
82550	0	0.27	0.27
82552	0	0.56	0.56
82553	0	0.48	0.48
82554	0	0.49	0.49
82565	0	0.21	0.21
82570	0	0.21	0.21
82575	0	0.39	0.39
82585	0	0.36	0.36

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82595	0	0.27	0.27
82600	0	0.8	0.8
82607	0	0.62	0.62
82608	0	0.59	0.59
82610	0	0.56	0.56
82615	0	0.34	0.34
82626	0	1.05	1.05
82627	0	0.92	0.92
82633	0	1.28	1.28
82634	0	1.21	1.21
82638	0	0.51	0.51
82646	0	0.86	0.86
82649	0	1.06	1.06
82651	0	1.07	1.07
82652	0	1.59	1.59
82654	0	0.57	0.57
82656	0	0.48	0.48
82657	0	0.75	0.75
82658	0	0.75	0.75
82664	0	1.42	1.42
82666	0	0.89	0.89
82668	0	0.78	0.78
82670	0	1.16	1.16
82671	0	1.34	1.34
82672	0	0.9	0.9
82677	0	1	1
82679	0	1.03	1.03
82690	0	0.72	0.72
82693	0	0.62	0.62
82696	0	0.98	0.98
82705	0	0.21	0.21
82710	0	0.7	0.7
82715	0	0.71	0.71
82725	0	0.55	0.55
82726	0	0.75	0.75
82728	0	0.56	0.56
82731	0	2.67	2.67
82735	0	0.77	0.77
82742	0	0.82	0.82
82746	0	0.61	0.61
82747	0	0.72	0.72
82757	0	0.72	0.72
82759	0	0.89	0.89
82760	0	0.46	0.46
82775	0	0.87	0.87
82776	0	0.35	0.35
82784	0	0.39	0.39
82785	0	0.68	0.68
82787	0	0.33	0.33
82800	0	0.35	0.35

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
82803	0	0.8	0.8
82805	0	1.18	1.18
82810	0	0.36	0.36
82820	0	0.41	0.41
82930	0	0.23	0.23
82938	0	0.73	0.73
82941	0	0.73	0.73
82943	0	0.59	0.59
82945	0	0.16	0.16
82946	0	0.62	0.62
82947	0	0.16	0.16
82948	0	0.13	0.13
82950	0	0.2	0.2
82951	0	0.53	0.53
82952	0	0.16	0.16
82953	0	0.63	0.63
82955	0	0.4	0.4
82960	0	0.25	0.25
82962	0	0.1	0.1
82963	0	0.89	0.89
82965	0	0.32	0.32
82975	0	0.66	0.66
82977	0	0.3	0.3
82978	0	0.59	0.59
82979	0	0.29	0.29
82980	0	0.76	0.76
82985	0	0.62	0.62
83001	0	0.77	0.77
83002	0	0.77	0.77
83003	0	0.69	0.69
83008	0	0.7	0.7
83009	0	2.79	2.79
83010	0	0.52	0.52
83012	0	0.71	0.71
83013	0	2.79	2.79
83014	0	0.33	0.33
83015	0	0.78	0.78
83018	0	0.91	0.91
83020	0.57	0.53	1.1
83021	0	0.75	0.75
83026	0	0.1	0.1
83030	0	0.34	0.34
83033	0	0.25	0.25
83036	0	0.4	0.4
83037	0	0.4	0.4
83045	0	0.21	0.21
83050	0	0.3	0.3
83051	0	0.3	0.3
83055	0	0.2	0.2
83060	0	0.34	0.34

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
83065	0	0.29	0.29
83068	0	0.35	0.35
83069	0	0.16	0.16
83070	0	0.2	0.2
83071	0	0.28	0.28
83080	0	0.7	0.7
83088	0	1.22	1.22
83090	0	0.7	0.7
83150	0	0.8	0.8
83491	0	0.73	0.73
83497	0	0.53	0.53
83498	0	1.13	1.13
83499	0	1.04	1.04
83500	0	0.94	0.94
83505	0	1.01	1.01
83516	0	0.48	0.48
83518	0	0.35	0.35
83519	0	0.56	0.56
83520	0	0.54	0.54
83525	0	0.47	0.47
83527	0	0.54	0.54
83528	0	0.66	0.66
83540	0	0.27	0.27
83550	0	0.36	0.36
83570	0	0.37	0.37
83582	0	0.59	0.59
83586	0	0.53	0.53
83593	0	1.09	1.09
83605	0	0.44	0.44
83615	0	0.25	0.25
83625	0	0.53	0.53
83630	0	0.81	0.81
83631	0	0.81	0.81
83632	0	0.84	0.84
83633	0	0.23	0.23
83634	0	0.48	0.48
83655	0	0.5	0.5
83661	0	0.91	0.91
83662	0	0.78	0.78
83663	0	0.78	0.78
83664	0	0.78	0.78
83670	0	0.38	0.38
83690	0	0.29	0.29
83695	0	0.54	0.54
83698	0	1.41	1.41
83700	0	0.47	0.47
83701	0	1.03	1.03
83704	0	1.31	1.31
83718	0	0.34	0.34
83719	0	0.48	0.48

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
83721	0	0.39	0.39
83727	0	0.71	0.71
83735	0	0.28	0.28
83775	0	0.31	0.31
83785	0	1.02	1.02
83788	0	0.75	0.75
83789	0	0.75	0.75
83805	0	0.73	0.73
83825	0	0.67	0.67
83835	0	0.7	0.7
83840	0	0.68	0.68
83857	0	0.45	0.45
83858	0	0.61	0.61
83861	0	0.69	0.69
83864	0	0.82	0.82
83866	0	0.41	0.41
83872	0	0.24	0.24
83873	0	0.71	0.71
83874	0	0.53	0.53
83876	0	1.41	1.41
83880	0	1.41	1.41
83883	0	0.56	0.56
83885	0	1.01	1.01
83887	0	0.98	0.98
83890	0	0.17	0.17
83891	0	0.17	0.17
83892	0	0.17	0.17
83893	0	0.17	0.17
83894	0	0.17	0.17
83896	0	0.17	0.17
83897	0	0.17	0.17
83898	0	0.69	0.69
83900	0	1.39	1.39
83901	0	0.69	0.69
83902	0	0.59	0.59
83903	0	0.69	0.69
83904	0	0.69	0.69
83905	0	0.69	0.69
83906	0	0.69	0.69
83907	0	0.55	0.55
83908	0	0.69	0.69
83909	0	0.69	0.69
83912	0.54	0.17	0.71
83913	0	0.55	0.55
83914	0	0.69	0.69
83915	0	0.46	0.46
83916	0	0.83	0.83
83918	0	0.68	0.68
83919	0	0.68	0.68
83921	0	0.68	0.68

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
83925	0	0.81	0.81
83930	0	0.27	0.27
83935	0	0.28	0.28
83937	0	1.24	1.24
83945	0	0.53	0.53
83950	0	2.67	2.67
83951	0	2.67	2.67
83970	0	1.71	1.71
83986	0	0.15	0.15
83987	0	0.66	0.66
83992	0	0.61	0.61
83993	0	0.81	0.81
84022	0	0.65	0.65
84030	0	0.23	0.23
84035	0	0.15	0.15
84060	0	0.31	0.31
84061	0	0.33	0.33
84066	0	0.4	0.4
84075	0	0.21	0.21
84078	0	0.3	0.3
84080	0	0.61	0.61
84081	0	0.68	0.68
84085	0	0.28	0.28
84087	0	0.43	0.43
84100	0	0.2	0.2
84105	0	0.21	0.21
84106	0	0.18	0.18
84110	0	0.35	0.35
84112	0	2.67	2.67
84119	0	0.36	0.36
84120	0	0.61	0.61
84126	0	1.06	1.06
84127	0	0.48	0.48
84132	0	0.19	0.19
84133	0	0.18	0.18
84134	0	0.6	0.6
84135	0	0.79	0.79
84138	0	0.78	0.78
84140	0	0.86	0.86
84143	0	0.95	0.95
84144	0	0.86	0.86
84145	0	1.11	1.11
84146	0	0.8	0.8
84150	0	1.03	1.03
84152	0	0.76	0.76
84153	0	0.76	0.76
84154	0	0.76	0.76
84155	0	0.15	0.15
84156	0	0.15	0.15
84157	0	0.15	0.15

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
84160	0	0.21	0.21
84163	0	0.62	0.62
84165	0.56	0.45	1.01
84166	0.56	0.74	1.3
84181	0.57	0.71	1.28
84182	0.56	0.75	1.31
84202	0	0.59	0.59
84203	0	0.36	0.36
84206	0	0.74	0.74
84207	0	1.16	1.16
84210	0	0.45	0.45
84220	0	0.39	0.39
84228	0	0.48	0.48
84233	0	2.67	2.67
84234	0	2.69	2.69
84235	0	2.17	2.17
84238	0	1.51	1.51
84244	0	0.91	0.91
84252	0	0.84	0.84
84255	0	1.06	1.06
84260	0	1.28	1.28
84270	0	0.9	0.9
84275	0	0.56	0.56
84285	0	0.98	0.98
84295	0	0.2	0.2
84300	0	0.2	0.2
84302	0	0.2	0.2
84305	0	0.88	0.88
84307	0	0.76	0.76
84311	0	0.29	0.29
84315	0	0.1	0.1
84375	0	0.81	0.81
84376	0	0.23	0.23
84377	0	0.23	0.23
84378	0	0.48	0.48
84379	0	0.48	0.48
84392	0	0.2	0.2
84402	0	1.05	1.05
84403	0	1.07	1.07
84425	0	0.88	0.88
84430	0	0.48	0.48
84431	0	0.7	0.7
84432	0	0.67	0.67
84436	0	0.28	0.28
84437	0	0.27	0.27
84439	0	0.37	0.37
84442	0	0.61	0.61
84443	0	0.7	0.7
84445	0	2.11	2.11
84446	0	0.59	0.59

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
84449	0	0.75	0.75
84450	0	0.21	0.21
84460	0	0.22	0.22
84466	0	0.53	0.53
84478	0	0.24	0.24
84479	0	0.27	0.27
84480	0	0.59	0.59
84481	0	0.7	0.7
84482	0	0.65	0.65
84484	0	0.41	0.41
84485	0	0.31	0.31
84488	0	0.3	0.3
84490	0	0.32	0.32
84510	0	0.43	0.43
84512	0	0.32	0.32
84520	0	0.16	0.16
84525	0	0.16	0.16
84540	0	0.2	0.2
84545	0	0.27	0.27
84550	0	0.19	0.19
84560	0	0.2	0.2
84577	0	0.52	0.52
84578	0	0.13	0.13
84580	0	0.29	0.29
84583	0	0.21	0.21
84585	0	0.64	0.64
84586	0	1.46	1.46
84588	0	1.41	1.41
84590	0	0.48	0.48
84591	0	0.48	0.48
84597	0	0.57	0.57
84600	0	0.67	0.67
84620	0	0.49	0.49
84630	0	0.47	0.47
84681	0	0.86	0.86
84702	0	0.62	0.62
84703	0	0.31	0.31
84704	0	0.62	0.62
84830	0	0.42	0.42
85002	0	0.19	0.19
85004	0	0.27	0.27
85007	0	0.14	0.14
85008	0	0.14	0.14
85009	0	0.15	0.15
85013	0	0.1	0.1
85014	0	0.1	0.1
85018	0	0.1	0.1
85025	0	0.32	0.32
85027	0	0.27	0.27
85032	0	0.18	0.18

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
85041	0	0.12	0.12
85044	0	0.18	0.18
85045	0	0.17	0.17
85046	0	0.23	0.23
85048	0	0.11	0.11
85049	0	0.19	0.19
85055	0	1.11	1.11
85130	0	0.49	0.49
85170	0	0.15	0.15
85175	0	0.19	0.19
85210	0	0.54	0.54
85220	0	0.73	0.73
85230	0	0.74	0.74
85240	0	0.74	0.74
85244	0	0.85	0.85
85245	0	0.95	0.95
85246	0	0.95	0.95
85247	0	0.95	0.95
85250	0	0.79	0.79
85260	0	0.74	0.74
85270	0	0.74	0.74
85280	0	0.8	0.8
85290	0	0.68	0.68
85291	0	0.37	0.37
85292	0	0.78	0.78
85293	0	0.78	0.78
85300	0	0.49	0.49
85301	0	0.45	0.45
85302	0	0.5	0.5
85303	0	0.57	0.57
85305	0	0.48	0.48
85306	0	0.63	0.63
85307	0	0.63	0.63
85335	0	0.53	0.53
85337	0	0.43	0.43
85345	0	0.18	0.18
85347	0	0.18	0.18
85348	0	0.15	0.15
85360	0	0.35	0.35
85362	0	0.29	0.29
85366	0	0.36	0.36
85370	0	0.47	0.47
85378	0	0.3	0.3
85379	0	0.42	0.42
85380	0	0.42	0.42
85384	0	0.35	0.35
85385	0	0.35	0.35
85390	0.58	0.21	0.79
85397	0	0.95	0.95
85400	0	0.37	0.37

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
85410	0	0.32	0.32
85415	0	0.71	0.71
85420	0	0.27	0.27
85421	0	0.42	0.42
85441	0	0.17	0.17
85445	0	0.28	0.28
85460	0	0.32	0.32
85461	0	0.27	0.27
85475	0	0.37	0.37
85520	0	0.54	0.54
85525	0	0.49	0.49
85530	0	0.59	0.59
85536	0	0.27	0.27
85540	0	0.36	0.36
85547	0	0.36	0.36
85549	0	0.78	0.78
85555	0	0.28	0.28
85557	0	0.55	0.55
85576	0.57	0.89	1.46
85597	0	0.74	0.74
85598	0	0.74	0.74
85610	0	0.16	0.16
85611	0	0.16	0.16
85612	0	0.4	0.4
85613	0	0.4	0.4
85635	0	0.41	0.41
85651	0	0.15	0.15
85652	0	0.11	0.11
85660	0	0.23	0.23
85670	0	0.24	0.24
85675	0	0.28	0.28
85705	0	0.4	0.4
85730	0	0.25	0.25
85732	0	0.27	0.27
85810	0	0.48	0.48
86000	0	0.29	0.29
86001	0	0.22	0.22
86003	0	0.22	0.22
86005	0	0.33	0.33
86021	0	0.62	0.62
86022	0	0.76	0.76
86023	0	0.52	0.52
86038	0	0.5	0.5
86039	0	0.46	0.46
86060	0	0.3	0.3
86063	0	0.24	0.24
86140	0	0.21	0.21
86141	0	0.54	0.54
86146	0	1.05	1.05
86147	0	1.05	1.05

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86148	0	0.67	0.67
86155	0	0.66	0.66
86156	0	0.28	0.28
86157	0	0.33	0.33
86160	0	0.5	0.5
86161	0	0.5	0.5
86162	0	0.84	0.84
86171	0	0.41	0.41
86185	0	0.37	0.37
86200	0	0.54	0.54
86215	0	0.55	0.55
86225	0	0.57	0.57
86226	0	0.5	0.5
86235	0	0.74	0.74
86243	0	0.85	0.85
86255	0.57	0.5	1.07
86256	0.55	0.5	1.05
86277	0	0.65	0.65
86280	0	0.34	0.34
86294	0	0.81	0.81
86300	0	0.86	0.86
86301	0	0.86	0.86
86304	0	0.86	0.86
86305	0	0.86	0.86
86308	0	0.21	0.21
86309	0	0.27	0.27
86310	0	0.31	0.31
86316	0	0.86	0.86
86317	0	0.62	0.62
86318	0	0.54	0.54
86320	0.55	0.93	1.48
86325	0.54	0.93	1.47
86327	0.65	0.94	1.59
86329	0	0.58	0.58
86331	0	0.5	0.5
86332	0	1.01	1.01
86334	0.57	0.93	1.5
86335	0.56	1.22	1.78
86336	0	0.65	0.65
86337	0	0.89	0.89
86340	0	0.62	0.62
86341	0	0.82	0.82
86343	0	0.52	0.52
86344	0	0.33	0.33
86352	0	5.63	5.63
86353	0	2.03	2.03
86355	0	1.56	1.56
86356	0	1.11	1.11
86357	0	1.56	1.56
86359	0	1.56	1.56

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86360	0	1.95	1.95
86361	0	1.11	1.11
86367	0	1.56	1.56
86376	0	0.6	0.6
86378	0	0.82	0.82
86382	0	0.7	0.7
86384	0	0.47	0.47
86403	0	0.42	0.42
86406	0	0.44	0.44
86430	0	0.23	0.23
86431	0	0.23	0.23
86480	0	2.57	2.57
86481	0	2.57	2.57
86485	0	0.39	0.39
86486	0	0.15	0.15
86490	0	0.2	0.2
86510	0	0.19	0.19
86580	0	0.22	0.22
86590	0	0.46	0.46
86592	0	0.18	0.18
86593	0	0.18	0.18
86602	0	0.42	0.42
86603	0	0.53	0.53
86606	0	0.62	0.62
86609	0	0.53	0.53
86611	0	0.42	0.42
86612	0	0.53	0.53
86615	0	0.55	0.55
86617	0	0.64	0.64
86618	0	0.71	0.71
86619	0	0.55	0.55
86622	0	0.37	0.37
86625	0	0.54	0.54
86628	0	0.5	0.5
86631	0	0.49	0.49
86632	0	0.53	0.53
86635	0	0.48	0.48
86638	0	0.5	0.5
86641	0	0.6	0.6
86644	0	0.6	0.6
86645	0	0.7	0.7
86648	0	0.63	0.63
86651	0	0.55	0.55
86652	0	0.55	0.55
86653	0	0.55	0.55
86654	0	0.55	0.55
86658	0	0.54	0.54
86663	0	0.54	0.54
86664	0	0.63	0.63
86665	0	0.75	0.75

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86666	0	0.42	0.42
86668	0	0.43	0.43
86671	0	0.51	0.51
86674	0	0.61	0.61
86677	0	0.6	0.6
86682	0	0.54	0.54
86684	0	0.66	0.66
86687	0	0.35	0.35
86688	0	0.58	0.58
86689	0	0.8	0.8
86692	0	0.71	0.71
86694	0	0.6	0.6
86695	0	0.55	0.55
86696	0	0.8	0.8
86698	0	0.52	0.52
86701	0	0.37	0.37
86702	0	0.56	0.56
86703	0	0.57	0.57
86704	0	0.5	0.5
86705	0	0.49	0.49
86706	0	0.45	0.45
86707	0	0.48	0.48
86708	0	0.51	0.51
86709	0	0.47	0.47
86710	0	0.56	0.56
86713	0	0.63	0.63
86717	0	0.51	0.51
86720	0	0.55	0.55
86723	0	0.55	0.55
86727	0	0.53	0.53
86729	0	0.49	0.49
86732	0	0.55	0.55
86735	0	0.54	0.54
86738	0	0.55	0.55
86741	0	0.55	0.55
86744	0	0.55	0.55
86747	0	0.62	0.62
86750	0	0.55	0.55
86753	0	0.51	0.51
86756	0	0.53	0.53
86757	0	0.8	0.8
86759	0	0.55	0.55
86762	0	0.6	0.6
86765	0	0.53	0.53
86768	0	0.55	0.55
86771	0	0.55	0.55
86774	0	0.61	0.61
86777	0	0.6	0.6
86778	0	0.6	0.6
86780	0	0.55	0.55

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86784	0	0.52	0.52
86787	0	0.53	0.53
86788	0	0.7	0.7
86789	0	0.6	0.6
86790	0	0.53	0.53
86793	0	0.55	0.55
86800	0	0.66	0.66
86803	0	0.59	0.59
86804	0	0.64	0.64
86805	0	2.17	2.17
86806	0	1.97	1.97
86807	0	1.64	1.64
86808	0	1.23	1.23
86812	0	1.07	1.07
86813	0	2.4	2.4
86816	0	1.15	1.15
86817	0	2.67	2.67
86821	0	2.34	2.34
86822	0	1.51	1.51
86825	0	3.33	3.33
86826	0	1.11	1.11
86850	0	0.48	0.48
86860	0	0.62	0.62
86870	0	0.85	0.85
86880	0	0.22	0.22
86885	0	0.24	0.24
86886	0	0.21	0.21
86890	0	1.96	1.96
86891	0	2.76	2.76
86900	0	0.12	0.12
86901	0	0.12	0.12
86902	0	0.16	0.16
86904	0	0.39	0.39
86905	0	0.16	0.16
86906	0	0.32	0.32
86910	0	0.51	0.51
86911	0	0.44	0.44
86920	0	0.69	0.69
86921	0	0.62	0.62
86922	0	0.74	0.74
86923	0	0.55	0.55
86927	0	0.39	0.39
86930	0	2.3	2.3
86931	0	1.73	1.73
86932	0	1.96	1.96
86940	0	0.34	0.34
86941	0	0.5	0.5
86945	0	0.58	0.58
86950	0	1.5	1.5
86960	0	0.64	0.64

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
86965	0	0.64	0.64
86970	0	0.58	0.58
86971	0	0.46	0.46
86972	0	0.81	0.81
86975	0	0.62	0.62
86976	0	0.69	0.69
86977	0	0.69	0.69
86978	0	0.69	0.69
86985	0	0.51	0.51
87001	0	0.55	0.55
87003	0	0.7	0.7
87015	0	0.28	0.28
87040	0	0.43	0.43
87045	0	0.39	0.39
87046	0	0.39	0.39
87070	0	0.36	0.36
87071	0	0.39	0.39
87073	0	0.39	0.39
87075	0	0.39	0.39
87076	0	0.33	0.33
87077	0	0.33	0.33
87081	0	0.27	0.27
87084	0	0.36	0.36
87086	0	0.33	0.33
87088	0	0.34	0.34
87101	0	0.32	0.32
87102	0	0.35	0.35
87103	0	0.37	0.37
87106	0	0.43	0.43
87107	0	0.43	0.43
87109	0	0.64	0.64
87110	0	0.81	0.81
87116	0	0.45	0.45
87118	0	0.45	0.45
87140	0	0.23	0.23
87143	0	0.52	0.52
87147	0	0.21	0.21
87149	0	0.83	0.83
87150	0	1.45	1.45
87152	0	0.22	0.22
87153	0	4.78	4.78
87158	0	0.22	0.22
87164	0.57	0.45	1.02
87166	0	0.47	0.47
87168	0	0.18	0.18
87169	0	0.18	0.18
87172	0	0.18	0.18
87176	0	0.24	0.24
87177	0	0.37	0.37
87181	0	0.2	0.2

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87184	0	0.29	0.29
87185	0	0.2	0.2
87186	0	0.36	0.36
87187	0	0.43	0.43
87188	0	0.27	0.27
87190	0	0.23	0.23
87197	0	0.62	0.62
87205	0	0.18	0.18
87206	0	0.22	0.22
87207	0.57	0.25	0.82
87209	0	0.74	0.74
87210	0	0.18	0.18
87220	0	0.18	0.18
87230	0	0.82	0.82
87250	0	0.81	0.81
87252	0	1.08	1.08
87253	0	0.84	0.84
87254	0	0.81	0.81
87255	0	1.4	1.4
87260	0	0.5	0.5
87265	0	0.5	0.5
87267	0	0.5	0.5
87269	0	0.5	0.5
87270	0	0.5	0.5
87271	0	0.5	0.5
87272	0	0.5	0.5
87273	0	0.5	0.5
87274	0	0.5	0.5
87275	0	0.5	0.5
87276	0	0.5	0.5
87277	0	0.5	0.5
87278	0	0.5	0.5
87279	0	0.5	0.5
87280	0	0.5	0.5
87281	0	0.5	0.5
87283	0	0.5	0.5
87285	0	0.5	0.5
87290	0	0.5	0.5
87299	0	0.5	0.5
87300	0	0.5	0.5
87301	0	0.5	0.5
87305	0	0.5	0.5
87320	0	0.5	0.5
87324	0	0.5	0.5
87327	0	0.5	0.5
87328	0	0.5	0.5
87329	0	0.5	0.5
87332	0	0.5	0.5
87335	0	0.5	0.5
87336	0	0.5	0.5

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87337	0	0.5	0.5
87338	0	0.6	0.6
87339	0	0.5	0.5
87340	0	0.43	0.43
87341	0	0.43	0.43
87350	0	0.48	0.48
87380	0	0.68	0.68
87385	0	0.5	0.5
87390	0	0.73	0.73
87391	0	0.73	0.73
87400	0	0.5	0.5
87420	0	0.5	0.5
87425	0	0.5	0.5
87427	0	0.5	0.5
87430	0	0.5	0.5
87449	0	0.5	0.5
87450	0	0.4	0.4
87451	0	0.4	0.4
87470	0	0.83	0.83
87471	0	1.45	1.45
87472	0	1.77	1.77
87475	0	0.83	0.83
87476	0	1.45	1.45
87477	0	1.77	1.77
87480	0	0.83	0.83
87481	0	1.45	1.45
87482	0	1.73	1.73
87485	0	0.83	0.83
87486	0	1.45	1.45
87487	0	1.77	1.77
87490	0	0.83	0.83
87491	0	1.45	1.45
87492	0	1.45	1.45
87493	0	1.45	1.45
87495	0	0.83	0.83
87496	0	1.45	1.45
87497	0	1.77	1.77
87498	0	1.45	1.45
87500	0	1.45	1.45
87501	0	2.13	2.13
87502	0	3.52	3.52
87503	0	0.86	0.86
87510	0	0.83	0.83
87511	0	1.45	1.45
87512	0	1.73	1.73
87515	0	0.83	0.83
87516	0	1.45	1.45
87517	0	1.77	1.77
87520	0	0.83	0.83
87521	0	1.45	1.45

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87522	0	1.77	1.77
87525	0	0.83	0.83
87526	0	1.45	1.45
87527	0	1.73	1.73
87528	0	0.83	0.83
87529	0	1.45	1.45
87530	0	1.77	1.77
87531	0	0.83	0.83
87532	0	1.45	1.45
87533	0	1.73	1.73
87534	0	0.83	0.83
87535	0	1.45	1.45
87536	0	3.52	3.52
87537	0	0.83	0.83
87538	0	1.45	1.45
87539	0	1.77	1.77
87540	0	0.83	0.83
87541	0	1.45	1.45
87542	0	1.73	1.73
87550	0	0.83	0.83
87551	0	1.45	1.45
87552	0	1.77	1.77
87555	0	0.83	0.83
87556	0	1.45	1.45
87557	0	1.77	1.77
87560	0	0.83	0.83
87561	0	1.45	1.45
87562	0	1.77	1.77
87580	0	0.83	0.83
87581	0	1.45	1.45
87582	0	1.73	1.73
87590	0	0.83	0.83
87591	0	1.45	1.45
87592	0	1.77	1.77
87620	0	0.83	0.83
87621	0	1.45	1.45
87622	0	1.73	1.73
87640	0	1.45	1.45
87641	0	1.45	1.45
87650	0	0.83	0.83
87651	0	1.45	1.45
87652	0	1.73	1.73
87653	0	1.45	1.45
87660	0	0.83	0.83
87797	0	0.83	0.83
87798	0	1.45	1.45
87799	0	1.77	1.77
87800	0	1.66	1.66
87801	0	2.91	2.91
87802	0	0.5	0.5

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
87803	0	0.5	0.5
87804	0	0.5	0.5
87807	0	0.5	0.5
87808	0	0.5	0.5
87809	0	0.5	0.5
87810	0	0.5	0.5
87850	0	0.5	0.5
87880	0	0.5	0.5
87899	0	0.5	0.5
87900	0	5.4	5.4
87901	0	10.66	10.66
87902	0	10.66	10.66
87903	0	20.24	20.24
87904	0	1.08	1.08
87905	0	0.51	0.51
87906	0	5.33	5.33
88104	0.81	1.11	1.92
88106	0.8	1.55	2.35
88107	1.12	1.83	2.95
88108	0.8	1.42	2.22
88112	1.66	1.36	3.02
88120	1.54	11.89	13.43
88121	1.37	9.97	11.34
88125	0.39	0.26	0.65
88130	0	0.62	0.62
88140	0	0.33	0.33
88142	0	0.84	0.84
88143	0	0.84	0.84
88147	0	0.47	0.47
88148	0	0.63	0.63
88150	0	0.44	0.44
88152	0	0.44	0.44
88153	0	0.44	0.44
88154	0	0.44	0.44
88155	0	0.25	0.25
88160	0.72	0.88	1.6
88161	0.7	0.9	1.6
88162	1.09	1.21	2.3
88164	0	0.44	0.44
88165	0	0.44	0.44
88166	0	0.44	0.44
88167	0	0.44	0.44
88172	0.88	0.61	1.49
88173	2.01	2.04	4.05
88174	0	0.88	0.88
88175	0	1.1	1.1
88177	0.63	0.19	0.82
88182	1.02	2.04	3.06
88184	0	2.47	2.47
88185	0	1.48	1.48

PATHOLOGY AND LABORATORY

(CONVERSION FACTOR = \$60.00)

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
88199	BR	BR	BR
88230	0	4.83	4.83
88233	0	5.83	5.83
88235	0	6.1	6.1
88237	0	5.23	5.23
88239	0	6.11	6.11
88240	0	0.42	0.42
88241	0	0.42	0.42
88245	0	6.17	6.17
88248	0	7.17	7.17
88249	0	7.17	7.17
88261	0	7.32	7.32
88262	0	5.16	5.16
88263	0	6.22	6.22
88264	0	5.16	5.16
88267	0	7.45	7.45
88269	0	6.89	6.89
88271	0	0.89	0.89
88272	0	1.11	1.11
88273	0	1.33	1.33
88274	0	1.44	1.44
88275	0	1.66	1.66
88280	0	1.04	1.04
88283	0	2.84	2.84
88285	0	0.79	0.79
88289	0	1.43	1.43
88300	0.63	0.16	0.79
88302	1.26	0.31	1.57
88304	1.47	0.37	1.84
88305	2.5	0.62	3.12
88307	5.33	1.33	6.66
88309	8.07	2.02	10.09
88311	0.44	0.11	0.55
88312	2.51	0.63	3.14
88313	1.83	0.46	2.29
88314	2.12	0.53	2.65
88318	2.74	0.69	3.43
88319	3.45	0.86	4.31
88323	3.36	0.84	4.2
88331	2.15	0.54	2.69
88332	0.95	0.24	1.19
88333	2.24	0.56	2.8
88334	1.38	0.35	1.73
88342	2.45	0.61	3.06
88346	2.4	0.6	3
88347	1.82	0.45	2.27

CODE	UNIT VALUE (PC)	UNIT VALUE (TC)	UNIT VALUE (TS)
88348	16.03	4.01	20.04
88349	8.46	2.11	10.57
88355	5.03	1.26	6.29
88356	6.66	1.67	8.33
88358	1.76	0.44	2.2
88360	2.9	0.73	3.63
88361	3.57	0.89	4.46
88362	6.65	1.66	8.31
88365	3.9	0.97	4.87
88367	6.03	1.51	7.54
88368	5.18	1.29	6.47
88371	1.18	0.3	1.48
88372	1.21	0.3	1.51
88380	4.12	1.03	5.15
88381	4.34	1.08	5.42
88384	8.22	2.05	10.27
88385	13.52	3.38	16.9
88386	15.08	3.77	18.85
88387	0.95	0.24	1.19
88388	0.55	0.14	0.69
88399	BR	BR	BR
88720	0	0.21	0.21
88738	0	0.21	0.21
88740	0	0.21	0.21
88741	0	0.21	0.21
89050	0	0.2	0.2
89051	0	0.23	0.23
89055	0	0.18	0.18
89060	0.57	0.3	0.87
89125	0	0.18	0.18
89160	0	0.15	0.15
89190	0	0.2	0.2
89220	0	0.47	0.47
89230	0	0.09	0.09
89250	0	28.87	28.87
89251	0	30.03	30.03
89300	0	0.37	0.37
89310	0	0.36	0.36
89320	0	0.5	0.5
89321	0	0.5	0.5
89322	0	0.64	0.64
89325	0	0.44	0.44
89329	0	0.87	0.87
89330	0	0.41	0.41
89331	0	0.81	0.81

MEDICINE GROUND RULES

- 1. GENERAL:** Visits, examinations, consultations and similar services listed in this section reflect the variation in time and skills required in the diagnosis and treatment of illness or injury. The stipulated Unit Value applies only when the services are performed by or under the responsibility and direct supervision of a health care provider, unless otherwise stated.
- 2. UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."
- 3. PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.
- 4. MATERIALS SUPPLIED BY HEALTH CARE PROVIDER:** Supplies and materials provided by the health care provider (e.g., sterile trays, drugs) over and above those usually included with the office visit or other services rendered may be listed separately. The statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the health care provider plus 25%, or the cost of the item(s) plus \$15.00 per item, **whichever is less**. Use procedure code 99070.
- 5. SEPARATE PROCEDURES:** Some of the procedures or services listed are commonly carried out as an integral part of a total service and identified by the inclusion of the term "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

However, when a procedure or service that is designated as a "separate procedure" is carried out independently or considered to be unrelated or distinct from other procedures/services at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries).
- 6. MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.
- 7. ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 8. CODES THAT ARE NOT CLASSIFIED AS ADD-ON CODES BUT ARE EXEMPT FROM THE MULTIPLE PROCEDURE RULE / MODIFIER -51:** For a complete list of the codes which fall within this category, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 9. CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.

MEDICINE GROUND RULES

10. **ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.
11. **PRORATION OF SCHEDULED FEE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the unit value multiplied by the conversion factor or the billed charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.
12. **MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management.
13. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).
14. **LIMITATIONS ON PATIENT VISITS FOR PSYCHOTHERAPY OR PSYCHOLOGICAL COUNSELING:** Psychotherapy or Psychological counseling, for work-related conditions requiring either more than 21 visits or continuing for more than 3 months after initiation of therapy, whichever comes first, requires prior authorization from the employer, insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless such authorization was previously received for a greater number of visits.
15. **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 **2011 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)** as

MEDICINE GROUND RULES

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.

CONVERSION FACTOR = \$53.25

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
90281	BR
90283	BR
90284	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	3.42
90375	4.73
90376	4.64
90378	BR
90384	2.44
90385	0.72
90386	2.61
90389	2.26
90393	BR
90396	2.51
90399	BR
90460	0.68
90461	0.34
90470	0.6
90471	0.68
90472	0.34
90473	0.68
90474	0.34
90476	BR
90477	BR
90581	2.9
90585	3.37
90586	3.34
90632	1.5
90633	0.7
90634	0.73
90636	1.91
90644	0.56
90645	0.56
90646	0.56
90647	0.59
90648	0.56
90649	2.64
90650	BR
90654	BR
90655	0.44
90656	0.41
90657	0.19
90658	0.32

CODE	UNIT VALUE
90660	0.66
90661	BR
90662	0.86
90663	BR
90664	BR
90665	BR
90666	BR
90667	BR
90668	BR
90669	2.81
90670	3.64
90675	5.72
90676	BR
90680	1.57
90681	1.57
90690	0.8
90691	1.76
90692	BR
90693	BR
90696	BR
90698	1.57
90700	0.52
90701	0.57
90702	0.43
90703	0.81
90704	0.54
90705	0.56
90706	0.56
90707	1.04
90708	BR
90710	2.78
90712	BR
90713	0.59
90714	0.55
90715	1.19
90716	1.53
90717	1.91
90718	0.7
90719	BR
90720	BR
90721	BR
90723	1.53
90725	BR
90727	BR
90732	1.46
90733	3.04

CODE	UNIT VALUE
90734	1.98
90735	3
90736	3.34
90738	1.38
90740	3.51
90743	0.71
90744	0.71
90746	1.76
90747	3.51
90748	1.17
90749	BR
90801	4.53
90802	4.92
90804	1.86
90805	2.12
90806	2.5
90807	2.94
90808	3.68
90809	4.13
90810	1.92
90811	2.39
90812	2.74
90813	3.19
90814	3.95
90815	4.49
90816	1.55
90817	1.87
90818	2.3
90819	2.68
90821	3.41
90822	3.85
90823	1.69
90824	2.02
90826	2.46
90827	2.8
90828	3.55
90829	3.97
90845	2.34
90846	2.48
90847	3.09
90849	1
90853	0.94
90857	1.08
90862	1.7
90865	4.64
90867	BR

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
90868	BR
90870	4.91
90875	2.14
90876	3.17
90880	2.96
90882	2.34
90885	1.46
90887	2.56
90889	1.97
90899	BR
90901	1.08
90911	2.57
90935	2.2
90937	3.14
90940	1.71
90945	2.43
90947	3.68
90951	28.12
90952	21.36
90953	14.24
90954	23.59
90955	13.33
90956	9.15
90957	18.87
90958	12.78
90959	8.51
90960	8.39
90961	6.9
90962	5.16
90963	16.07
90964	13.65
90965	13.01
90966	6.86
90967	0.55
90968	0.45
90969	0.44
90970	0.23
90989	10.68
90993	2.3
90997	2.62
90999	BR
91010	5.52
91013	0.68
91020	6.98
91022	5.39
91030	4.15

CODE	UNIT VALUE
91034	5.82
91035	14.32
91037	4.82
91038	8.8
91040	10.09
91065	2.34
91110	27.08
91111	21.68
91117	4.19
91120	11.33
91122	6.73
91132	4.16
91133	5.08
91299	BR
92002	2.22
92004	4.12
92012	2.35
92014	3.41
92015	0.79
92018	4.08
92019	1.97
92020	0.77
92025	1.03
92060	1.78
92065	1.43
92070	1.97
92081	1.43
92082	1.99
92083	2.48
92100	2.67
92120	2.18
92130	2.42
92132	1.07
92133	1.31
92134	1.31
92136	2.44
92140	1.73
92225	0.75
92226	0.67
92227	0.34
92228	0.88
92230	1.69
92235	3.84
92240	7.01
92250	2.16
92260	0.52

CODE	UNIT VALUE
92265	2.3
92270	2.57
92275	4.17
92283	1.43
92284	1.74
92285	0.82
92286	3.49
92287	3.42
92287	0.89
92287	2.53
92310	2.75
92311	2.83
92312	3.21
92313	2.78
92314	2.23
92315	2.06
92316	2.76
92317	2.05
92325	0.99
92326	1.05
92340	1.04
92341	1.19
92342	1.29
92352	1.18
92353	1.36
92354	1.67
92355	1.17
92358	0.42
92370	0.91
92371	0.38
92499	BR
92502	2.85
92504	0.89
92506	4.92
92507	2.42
92508	0.79
92511	4.71
92512	1.81
92516	2
92520	1.99
92526	2.77
92531	0.53
92532	0.61
92533	0.88
92534	0.66
92540	2.86

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
92541	1.34
92542	1.33
92543	0.66
92544	1.09
92545	1.02
92546	2.77
92547	0.15
92548	3.01
92550	0.61
92551	0.34
92552	0.75
92553	0.95
92555	0.55
92556	0.85
92557	1.19
92559	0.84
92560	0.59
92561	0.96
92562	0.93
92563	0.73
92564	0.66
92565	0.38
92567	0.45
92568	0.49
92570	0.94
92571	0.59
92572	0.93
92575	1.45
92576	0.78
92577	0.48
92579	1.28
92582	1.51
92583	1.05
92584	1.96
92585	3.33
92586	2.07
92587	1.09
92588	1.95
92590	1.55
92591	1.96
92592	0.62
92593	1.02
92594	0.59
92595	1.26
92596	1.17
92597	2.88

CODE	UNIT VALUE
92601	4.29
92602	2.65
92603	4.19
92604	2.48
92605	BR
92606	2.4
92607	5.19
92608	1.54
92609	3.41
92610	3.09
92611	3.34
92612	4.91
92613	1.13
92614	4.37
92615	1
92616	5.92
92617	1.24
92620	2.43
92621	0.56
92625	1.86
92626	2.47
92627	0.6
92630	BR
92633	BR
92640	2.91
92700	BR
92950	8.27
92953	0.33
92960	7.09
92961	7.5
92970	5.27
92971	2.92
92973	5.63
92974	5.16
92975	12.44
92977	2.72
92978	8.06
92979	4.91
92980	25.7
92981	7.14
92982	19.04
92984	5.09
92986	42.41
92987	43.77
92990	34.06
92992	30.74

CODE	UNIT VALUE
92993	24.31
92995	20.97
92996	5.61
92997	20.2
92998	10.16
93000	0.58
93005	0.32
93010	0.26
93015	2.72
93016	0.68
93017	1.59
93018	0.45
93024	3.44
93025	5.68
93040	0.39
93041	0.17
93042	0.22
93224	2.85
93225	0.83
93226	1.22
93227	0.8
93228	0.76
93229	20.05
93268	7.38
93270	0.45
93271	6.17
93272	0.76
93278	1.03
93279	1.55
93280	1.83
93281	2.13
93282	1.96
93283	2.51
93284	2.79
93285	1.3
93286	0.78
93287	1.02
93288	1.17
93289	2.01
93290	0.9
93291	1.12
93292	1.01
93293	1.65
93294	1.02
93295	2.01
93296	0.96

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
93297	0.76
93298	0.82
93299	BR
93303	6.19
93304	3.95
93306	6.85
93307	4.36
93308	3.1
93312	9.53
93313	1.22
93314	8.4
93315	8.58
93316	1.32
93317	5.58
93318	6.76
93320	1.84
93321	0.86
93325	1.05
93350	6.19
93351	7.29
93352	1.07
93451	22.47
93452	24.95
93453	32.65
93454	25.73
93455	30.02
93456	32.2
93457	36.49
93458	31.05
93459	34.29
93460	36.7
93461	42.05
93462	6
93463	3.18
93464	7.42
93503	3.95
93505	23.61
93530	27.62
93531	56.48
93532	67.16
93533	56.4
93561	1.35
93562	0.58
93563	1.65
93564	1.68
93565	1.27

CODE	UNIT VALUE
93566	4.98
93567	4.11
93568	4.5
93571	8
93572	4.77
93580	31.08
93581	41.24
93600	6.02
93602	5
93603	5.71
93609	11.88
93610	6.83
93612	7.08
93613	11.99
93615	1.92
93616	2.65
93618	12.15
93619	22.11
93620	26.51
93621	4.79
93622	7.04
93623	6.52
93624	10.62
93631	16.63
93640	15.03
93641	19.15
93642	12.59
93650	18.27
93651	27.82
93652	30.28
93660	4.84
93662	5.84
93668	0.55
93701	0.79
93720	1.44
93721	1.2
93722	0.24
93724	8.84
93740	0.26
93745	BR
93750	1.51
93770	0.26
93784	1.83
93786	0.92
93788	0.35
93790	0.56

CODE	UNIT VALUE
93797	0.53
93798	0.75
93799	BR
93875	3.11
93875	0.32
93875	2.79
93880	7.37
93882	5.11
93886	9.75
93888	6.21
93890	7.97
93892	9.4
93893	9.82
93922	3.25
93923	5.03
93924	6.28
93925	9.32
93926	6.06
93930	7.34
93931	4.91
93965	3.73
93970	7.6
93971	4.99
93975	11.19
93976	6.41
93978	7.15
93979	4.95
93980	5.19
93981	3.55
93982	1.27
93990	6.2
94002	2.67
94003	1.92
94004	1.4
94005	2.69
94010	1.04
94011	2.91
94012	4.49
94013	0.92
94014	1.44
94015	0.72
94016	0.72
94060	1.79
94070	1.76
94150	0.71
94200	0.71

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
94240	1.18
94250	0.75
94260	0.96
94350	1.02
94360	1.31
94370	1.01
94375	1.13
94400	1.58
94450	1.74
94452	1.69
94453	2.29
94610	1.74
94620	1.87
94621	4.79
94640	0.47
94642	1.25
94644	1.18
94645	0.43
94660	1.75
94662	1.06
94664	0.47
94667	0.66
94668	0.64
94680	1.73
94681	1.68
94690	1.52
94720	1.54
94725	1.76
94750	2.29
94760	0.08
94761	0.13
94762	0.59
94770	0.68
94772	BR
94774	BR
94775	BR
94776	BR
94777	BR
94799	BR
95004	0.19
95010	0.54
95012	0.61
95015	0.42
95024	0.22
95027	0.14
95028	0.37

CODE	UNIT VALUE
95044	0.18
95052	0.21
95056	1.2
95060	0.84
95065	0.72
95070	1.12
95071	1.5
95075	1.89
95115	0.3
95117	0.37
95120	0.36
95125	0.46
95130	0.63
95131	0.8
95132	0.98
95133	1.17
95134	1.41
95144	0.37
95145	0.56
95146	0.98
95147	0.92
95148	1.33
95149	1.77
95165	0.37
95170	0.29
95180	4.15
95199	BR
95250	4.36
95251	1.23
95800	6.05
95801	2.85
95803	4.78
95805	12.08
95806	5.36
95807	13.83
95808	19.12
95810	20.43
95811	22.05
95812	9.27
95813	10.45
95816	8.59
95819	9.58
95822	8.96
95824	2.85
95827	16.46
95829	43.96

CODE	UNIT VALUE
95830	5.61
95831	0.85
95832	0.82
95833	1.08
95834	1.36
95851	0.51
95852	0.43
95857	1.38
95860	2.66
95861	3.86
95863	4.66
95864	5.12
95865	3.52
95866	3.05
95867	2.36
95868	3.2
95869	1.72
95870	1.68
95872	5.23
95873	1.71
95874	1.63
95875	3.09
95900	1.77
95903	2.05
95904	1.56
95905	2.48
95920	4.66
95921	2.35
95922	2.9
95923	4.26
95925	4.61
95926	4.47
95927	4.19
95928	6.88
95929	7.29
95930	3.92
95933	2.18
95934	1.65
95936	1.36
95937	1.9
95950	7.96
95951	22.8
95953	12.15
95954	9.13
95955	4.94
95956	29.71

MEDICINE

(CONVERSION FACTOR = \$53.25)

CODE	UNIT VALUE
95957	9.97
95958	13.35
95961	7.39
95962	6.65
95965	61.6
95966	30.75
95967	26.7
95970	1.73
95971	1.7
95972	3.13
95973	1.76
95974	5.44
95975	2.94
95978	6.59
95979	2.88
95980	1.33
95981	0.9
95982	1.4
95990	2.22
95991	3.1
95992	1.25
95999	BR
96000	2.68
96001	2.95
96002	0.62
96003	0.55
96004	3.28
96020	BR
96040	1.32
96101	2.44
96102	1.96
96103	1.65

CODE	UNIT VALUE
96105	3.14
96110	0.24
96111	3.69
96116	2.68
96118	2.86
96119	2.07
96120	2.42
96125	2.76
96150	0.62
96151	0.6
96152	0.57
96153	0.14
96154	0.56
96155	0.67
96360	1.68
96361	0.45
96365	2.09
96366	0.64
96367	0.97
96368	0.57
96369	5.03
96370	0.45
96371	2.36
96372	0.68
96373	0.56
96374	1.64
96375	0.67
96376	0.41
96379	BR
96401	2.14
96402	1.03
96405	2.53

CODE	UNIT VALUE
96406	3.48
96409	3.32
96411	1.86
96413	4.31
96415	0.92
96416	4.75
96417	2.13
96420	3.21
96422	5.16
96423	2.35
96425	5.29
96440	21.45
96446	5.21
96450	5.85
96521	3.92
96522	3.27
96523	0.75
96542	3.74
96549	BR
96567	3.85
96570	1.75
96571	0.8
96900	0.61
96902	0.64
96904	2
96910	2.04
96912	2.62
96913	3.64
96920	5.1
96921	5.11
96922	7.35
96999	BR

PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

- 1. AUTHORIZED PROVIDERS:** Services applicable to this section are payable at the level of the Unit Value (or the billed charge, whichever is less) when provided by: a health care provider as defined by K.S.A. 44-508; a Registered Physical Therapist; a Registered Occupational Therapist; a Certified Physical Therapist Assistant or a Certified Occupational Therapist Assistant when the service is performed under the direct supervision of a Registered Physical Therapist or Registered Occupational Therapist; an Exercise Physiologist; and any type of an Assistant when the service is performed under the direct supervision of a health care provider, Registered Physical Therapist, or a Registered Occupational Therapist.
- 2. CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have also been provided, it is acceptable to charge separately for these services only if the patient's condition required an evaluation or examination that is beyond the usual preservice and postservice work associated with physical medicine and rehabilitation services. **Such additional services, however, shall be reported separately using modifier -25.** These services must also be performed or supervised by a health care provider as defined by K.S.A. 44-508, a Registered Physical Therapist, or a Registered Occupational Therapist. Charges for any evaluations or examinations after the initial visit must be documented and included with the bill.
- 3. DOCUMENTATION OF TREATMENT REQUIRED:** Documentation of treatment shall include evaluation, diagnosis, progress notes, prognosis, treatment plan, and need for further therapy. This documentation will be made part of the patient's record and be made available upon request. This documentation does **not** warrant a separate fee.
- 4. WRITTEN REFERRAL:** A written referral by a health care provider, as defined by K.S.A. 44-508, is required for services to be provided by a physical or occupational therapist, exercise physiologist, or their assistants.
- 5. SEPARATE BILLING:** Employed physical or occupational therapists may not bill separately for services provided. This does not apply to physical or occupational therapists who are self-employed.
- 6. DISPUTE RESOLUTION:** In the event a controversy arises between the provider and the payer about the number of modalities or therapeutic procedures that were provided at each visit, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Kansas Division of Workers Compensation for review.
- 7. MAXIMUM NUMBER OF VISITS:** Treatment beyond 21 visits must be authorized by the employer, the insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless prior authorization was received for a greater number of visits.
- 8. FOLLOW-UP OR AFTERCARE:** Fees for any follow-up or aftercare for fractures, dislocations, or postoperative procedures provided by physical or occupational therapists shall be in addition to those payable to the referring health care provider.
- 9. HOME SERVICES:** When an authorized provider renders treatment in a patient's home, the Unit Value may be increased by 50%. An explanation substantiating the need for home therapy shall be submitted along with the bill.
- 10. UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."
- 11. PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service is to be determined "by report" because the service is too unusual or

PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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

- 12. SEPARATE PROCEDURES:** Some procedures are commonly carried out as an integral part of a total service, and do not warrant a separate identification. When such a procedure is performed independently of other services to which the procedure is not immediately related, the Unit Value for the "separate procedure" listing, where identified as such in the Schedule, is applicable (i.e., when a procedure which is ordinarily a component of a larger procedure is performed alone for a specific purpose, the component procedure may be considered to be a separate procedure).
- 13. CONCURRENT CARE:** When the condition of the patient requires the skills of two or more health care providers to treat different conditions, payment is due each health care provider who plays an active role in the treatment program. The services rendered by each health care provider shall be distinct, identifiable, and adequately documented in the records and reports.
- 14. ALTERNATING HEALTH CARE PROVIDERS:** When health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each health care provider shall charge individually for the services personally rendered and such charges shall be in accordance with this Fee Schedule.
- 15. PRORATION OF UNIT VALUE:** Where the schedule specifies a unit value for a definite treatment, and the patient is transferred from one health care provider to another, the Unit Value stated in the Schedule or the billed charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.
- 16. ADD-ON CODES:** Certain codes, by the nature of their description and the unit values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 17. MISCELLANEOUS:** The Unit Values for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management. Physical or occupational therapists may utilize these other sections for billing if the coding is more appropriate, and the service provided was medically necessary and prescribed by a physician.
- 18. CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).
- 19. FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided

PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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

- 20. MODIFIERS:** Appendix A - Modifiers of this Schedule includes all of the modifiers applicable to the current *CPT* codes.
- 21. COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.
- 22. NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2011 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.

CONVERSION FACTOR = \$43.87

PHYSICAL MEDICINE AND REHABILITATION

(CONVERSION FACTOR = \$43.87)

CODE	UNIT VALUE
97001	2.13
97002	1.18
97003	2.35
97004	1.43
97005	1.77
97006	0.89
97010	0.16
97012	0.45
97014	0.43
97016	0.51
97018	0.28
97022	0.6
97024	0.18
97026	0.16
97028	0.2
97032	0.52
97033	0.83
97034	0.48
97035	0.35
97036	0.86
97039	BR
97110	0.87
97112	0.91
97113	1.14
97116	0.77
97124	0.71
97139	BR
97140	0.82
97150	0.56
97530	0.95
97532	0.74
97533	0.81
97535	0.95
97537	0.83
97542	0.84
97545	3.69
97546	1.47
97597	2.12
97598	0.71
97602	1.02
97605	1.16
97606	1.24
97750	0.92
97755	1.01
97760	1.03
97761	0.91
97762	1.19
97799	BR

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 **2011 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.

CONVERSION FACTOR = \$44.02

MEDICAL NUTRITION THERAPY

(CONVERSION FACTOR = \$44.02)

CODE	UNIT VALUE
97802	0.94
97803	0.82
97804	0.41

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 **2011 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.

CONVERSION FACTOR = \$41.65

ACUPUNCTURE
(CONVERSION FACTOR = \$41.65)

CODE	UNIT VALUE
97810	1.05
97811	0.8
97813	1.13
97814	0.91

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 **2011 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.

CONVERSION FACTOR = \$57.98

OSTEOPATHIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = \$57.98)

CODE	UNIT VALUE
98925	0.89
98926	1.19
98927	1.55
98928	1.81
98929	2.09

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 **2011 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.

CONVERSION FACTOR = \$53.66

CHIROPRACTIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = \$53.66)

CODE	UNIT VALUE
98940	0.75
98941	1.04
98942	1.34
98943	0.71

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 **2011 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.

CONVERSION FACTOR = \$39.48

EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

(CONVERSION FACTOR = \$39.48)

CODE	UNIT VALUE
98960	0.77
98961	0.37
98962	0.28

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. If 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 **2011 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.

CONVERSION FACTOR = \$18.87

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

(CONVERSION FACTOR = 18.87)

CODE	UNIT VALUE
98966	0.41
98967	0.78
98968	1.15
98969	0.63

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 **2011 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.

CONVERSION FACTOR = \$39.04

SPECIAL SERVICES AND REPORTS

(CONVERSION FACTOR = \$39.04)

CODE	UNIT VALUE
99000	0.2
99001	0.23
99002	0.25
99024	BR
99026	BR
99027	BR
99050	0.65
99051	BR
99053	BR
99056	0.62
99058	0.78
99060	0.86
99070	BR
99071	*
99075	**
99078	BR
99080	BR
99082	BR
99090	BR
99091	1.64

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

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

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 **2011 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.

CONVERSION FACTOR = \$48.75

QUALIFYING CIRCUMSTANCES FOR ANESTHESIA

(CONVERSION FACTOR = \$48.75)

CODE	UNIT VALUE
99100	1
99116	5
99135	5
99140	2

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 **2011 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.

CONVERSION FACTOR = \$49.14

MODERATE (CONSCIOUS) SEDATION
(CONVERSION FACTOR = \$49.14)

CODE	UNIT VALUE
99143	1.87
99144	1.55
99145	0.62
99148	1.71
99149	1.4
99150	0.62

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 **2011 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.

CONVERSION FACTOR = \$53.12

OTHER SERVICES AND PROCEDURES

(CONVERSION FACTOR = \$53.12)

CODE	UNIT VALUE
99170	4.25
99172	0.62
99173	0.08
99174	0.82
99175	0.72
99183	6.12
99190	15.51
99191	10.85
99192	7.75
99195	2.54
99199	BR

EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

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

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

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

99429 Unlisted preventive medicine service
99499 Unlisted evaluation and management service

- 3. SPECIAL REPORT:** An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure; and the time, effort and equipment necessary to provide the service. Additional items which may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.
- 4. MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.
- 5. ADD-ON CODES:** Certain codes, by the nature of their description and the Unit Values assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 6. MODIFIERS:** Listed services may be modified under certain circumstances. When applicable, the modifying circumstance against general guidelines should be identified by the addition of the appropriate modifier code by a two digit number placed after the usual procedure number from which it is separated by a hyphen. Refer to Appendix A- Modifiers for the modifiers that are available for E/M:
- 7. INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:** Refer specifically to the Evaluation and Management (E/M) Services Guidelines of the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 8. BILLS SUBMITTED BY NON-PHYSICIAN PROVIDERS:** Bills for E/M services provided by non-physicians such as physician assistants or advanced practice nurses must be submitted on the CMS 1500 form or an equivalent form containing the same information. Payment for these services will be limited to 85% of the maximum allowable fee associated with the *CPT* code (plus -NP modifier) submitted. The 15% discount is not 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

EVALUATION AND MANAGEMENT (E/M) SERVICES GROUND RULES

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

10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A 44-510i(e) for further clarification, if necessary.
11. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2011 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.

CONVERSION FACTOR = \$49.98

EVALUATION AND MANAGEMENT

(CONVERSION FACTOR = \$49.98)

CODE	UNIT VALUE
99201	1.21
99202	2.09
99203	3.03
99204	4.66
99205	5.8
99211	0.58
99212	1.22
99213	2.03
99214	3.01
99215	4.05
99217	2.04
99218	1.89
99219	3.16
99220	4.42
99221	2.86
99222	3.89
99223	5.71
99231	0.82
99232	1.45
99233	2.17
99234	1.13
99235	2.04
99236	2.93
99238	3.87
99239	5.07
99241	6.3
99242	2.58
99243	3.52
99244	5.2
99245	6.36
99251	1.39
99252	2.14
99253	3.26
99254	4.7
99255	5.68
99281	0.61
99282	1.19
99283	1.8
99284	3.4
99285	4.98
99288	BR
99291	7.78
99292	3.5
99304	2.59
99305	3.64
99306	4.63
99307	1.24
99308	1.91

CODE	UNIT VALUE
99309	2.51
99310	3.72
99315	1.81
99316	2.35
99318	2.65
99324	1.62
99325	2.34
99326	3.97
99327	5.22
99328	6.1
99334	1.72
99335	2.66
99336	3.75
99337	5.4
99339	2.24
99340	3.14
99341	1.61
99342	2.34
99343	3.82
99344	5.13
99345	6.16
99347	1.6
99348	2.42
99349	3.58
99350	4.99
99354	2.81
99355	2.78
99356	2.57
99357	2.58
99358	3.17
99359	1.53
99360	1.79
99363	3.65
99364	1.24
99366	1.24
99367	1.64
99368	1.06
99374	2.02
99375	3.12
99377	2.02
99378	3.18
99379	2.02
99380	3.03
99381	2.76
99382	2.99
99383	2.98
99384	3.24
99385	3.24

CODE	UNIT VALUE
99386	3.77
99387	4.16
99391	2.33
99392	2.59
99393	2.58
99394	2.82
99395	2.83
99396	3.09
99397	3.48
99401	1.06
99402	1.83
99403	2.55
99404	3.28
99406	0.4
99407	0.78
99408	1.02
99409	1.98
99411	0.46
99412	0.6
99420	0.3
99429	BR
99441	0.41
99442	0.78
99443	1.15
99444	0.9
99450	BR
99455	**
99456	**
99460	1.7
99461	2.68
99462	0.92
99463	2.33
99464	2.11
99465	4.08
99466	7.79
99467	3.49
99468	26.45
99469	11.52
99471	22.79
99472	11.47
99475	16.11
99476	9.76
99477	10.17
99478	4.04
99479	3.71
99480	3.46
99499	BR

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

HOME HEALTH PROCEDURES / SERVICES

GROUND RULES

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

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

2. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2011 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.

CONVERSION FACTOR = \$25.00

HOME HEALTH PROCEDURES / SERVICES

(CONVERSION FACTOR =\$25.00)

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

DENTISTRY GROUND RULES

1. **GENERAL:** The allowable fee for any dental service or procedure is the provider's billed charge or the maximum fee schedule allowance, whichever is less. The maximum fee schedule allowance for a particular service or procedure is determined by multiplying the listed Unit Value by the current dollar Conversion Factor applicable to dentistry. The Unit Values and Conversion Factor for dentistry are not applicable to any other section of the fee schedule.
2. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR).
3. **PROCEDURES LISTED WITHOUT A SPECIFIED UNIT VALUE:** "BR" in the Unit Value column indicates that the amount charged for this service shall be determined "by report" because the service is too unusual or variable to be assigned a Unit Value. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.
4. **MATERIAL SUPPLIED BY A DENTIST:** Supplies and materials provided by a dentist (e.g., sterile trays, supplies, drugs) over and above those usually included with the office visits or other services rendered may be listed separately. Statement of charges will need to reflect any drugs, trays, supplies, and materials that were provided. Payment shall not exceed the cost of the item(s) to the dentist plus 25% of the cost or the cost of the item(s) plus \$15.00 per item, **whichever is less**.
5. **CONCURRENT CARE:** When the condition of the patient requires the skills of two or more dentists or health care providers to treat different conditions, payment is due each dentist or health care provider who plays an active role in the treatment program. The services rendered by each dentist or health care provider shall be distinct, identifiable, and adequately documented in the records and reports.
6. **ALTERNATING DENTISTS AND/OR HEALTH CARE PROVIDERS:** When dentists or health care providers of similar skills alternate in the care of a patient (e.g., partners, groups of same facility, covering providers on weekends or vacation periods), each dentist and health care provider shall charge individually for the services personally rendered; such charges shall be in accordance with this Fee Schedule.
7. **PRORATION OF SCHEDULED FEE:** When the schedule specifies a Unit Value for a definite treatment, and the patient is transferred from one dentist or health care provider to another, the applicable Unit Value is to be apportioned between the health care providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly with an explanatory note.
8. **MODIFIERS:** Procedure codes for dentistry may be modified under the circumstances described below. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. The modifiers that may be used are as follows:
 - 22 Unusual Services: A report is required.
 - 52 Reduced Values: Under certain circumstances, the listed value for a procedure is reduced or eliminated because of common practice, or at the dentist's election.
 - 53 Primary Emergency Services: When a dental procedure is carried out by a dentist who will not be providing the follow-up care, the value shall be 70% of the listed value.
 - 54 Surgical Procedure Only: When one dentist performs the surgical procedure itself and another provides the follow-up care, the fee may be apportioned between them. Identify the dentist performing the surgery with this modifier. The "global fee" is not to be increased, but prorated between the dentists.

DENTISTRY GROUND RULES

- 55 Follow-Up Care Only: When one dentist performs the main procedure itself and another provides the follow-up care, the value may be apportioned between them. Identify the dentist providing the follow-up care with this modifier. The “global fee” is not to be increased, but prorated between the dentists.
 - 56 Pre-Operative Care Only: When one dentist performs the care up until surgery and another dentist then takes over the care, the value may be apportioned between them. Identify the dentist providing the pre-operative care with this modifier. The “global fee” is not to be increased, but prorated between the dentists.
 - 99 Multiple Modifiers: By Report
9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.
 10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
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CONVERSION FACTOR = \$92.55

DENTISTRY
(CONVERSION FACTOR = \$92.55)

CODE	UNIT VALUE
D0120	0.48
D0140	0.8
D0145	0.74
D0150	0.86
D0160	1.68
D0170	0.55
D0180	0.92
D0210	1.41
D0220	0.27
D0230	0.25
D0240	0.44
D0250	0.55
D0260	0.5
D0270	0.27
D0272	0.45
D0273	0.56
D0274	0.64
D0277	0.96
D0290	1.69
D0310	4.24
D0320	7.48
D0321	BR
D0322	6.06
D0330	1.32
D0340	1.48
D0350	0.71
D0360	8.46
D0362	6.77
D0363	7.06
D0415	0.41
D0416	0.6
D0417	0.55
D0418	0.56
D0421	0.41
D0425	0.35
D0431	0.56
D0460	0.56
D0470	1.24
D0472	0.78
D0473	1.64
D0474	1.84
D0475	0.99
D0476	0.96
D0477	1.31

CODE	UNIT VALUE
D0478	1.2
D0479	1.84
D0480	1.13
D0481	4.24
D0482	1.41
D0483	1.41
D0484	2.12
D0485	2.92
D0486	1.36
D0502	BR
D0999	BR
D1110	1
D1120	0.69
D1203	0.43
D1204	0.39
D1206	0.63
D1310	0.49
D1320	0.54
D1330	0.68
D1351	0.55
D1352	BR
D1510	3.53
D1515	4.94
D1520	3.88
D1525	6
D1550	0.76
D1555	0.73
D2140	1.2
D2150	1.55
D2160	1.88
D2161	2.3
D2330	1.47
D2331	1.89
D2332	2.32
D2335	2.74
D2390	3.04
D2391	1.74
D2392	2.28
D2393	2.82
D2394	3.46
D2410	3.17
D2420	5.31
D2430	9.18
D2510	8.39

CODE	UNIT VALUE
D2520	9.53
D2530	10.98
D2542	10.77
D2543	11.27
D2544	11.72
D2610	9.89
D2620	10.43
D2630	11.11
D2642	10.79
D2643	11.64
D2644	12.35
D2650	6.5
D2651	7.74
D2652	8.13
D2662	7.07
D2663	8.3
D2664	8.9
D2710	5.01
D2712	5.01
D2720	12.35
D2721	11.58
D2722	11.83
D2740	12.68
D2750	12.52
D2751	11.64
D2752	11.93
D2780	12
D2781	11.3
D2782	11.67
D2783	12.34
D2790	12.07
D2791	11.43
D2792	11.64
D2794	12.35
D2799	5.01
D2910	1.02
D2915	1.02
D2920	1.03
D2930	2.81
D2931	3.17
D2932	3.39
D2933	3.88
D2934	3.88
D2940	1.07

DENTISTRY
(CONVERSION FACTOR = \$92.55)

CODE	UNIT VALUE
D2950	2.68
D2951	0.61
D2952	4.25
D2953	2.11
D2954	3.39
D2955	2.61
D2957	1.69
D2960	8.18
D2961	9.29
D2962	10.1
D2970	2.54
D2971	1.62
D2975	4.93
D2980	BR
D2999	BR
D3110	0.85
D3120	0.69
D3220	1.74
D3221	1.91
D3222	1.77
D3230	1.85
D3240	2.26
D3310	7.2
D3320	8.83
D3330	10.94
D3331	2.82
D3332	5.36
D3333	2.47
D3346	9.6
D3347	11.3
D3348	13.99
D3351	4.08
D3352	1.85
D3353	5.65
D3354	BR
D3410	8.12
D3421	9.04
D3425	10.24
D3426	3.46
D3430	2.54
D3450	5.31
D3460	19.77
D3470	10.1
D3910	1.4

CODE	UNIT VALUE
D3920	4.02
D3950	1.85
D3999	BR
D4210	6.35
D4211	2.82
D4230	8.9
D4231	4.25
D4240	8.04
D4241	4.67
D4245	5.93
D4249	8.83
D4260	13.4
D4261	7.2
D4263	4.8
D4264	4.08
D4265	BR
D4266	4.93
D4267	6.35
D4268	BR
D4270	9.53
D4271	9.89
D4273	11.64
D4274	6.61
D4275	8.75
D4276	13.06
D4320	4.67
D4321	4.25
D4341	2.68
D4342	1.55
D4355	1.85
D4381	BR
D4910	1.66
D4920	1.2
D4999	BR
D5110	15.48
D5120	15.48
D5130	16.86
D5140	16.86
D5211	13.06
D5212	15.18
D5213	17.1
D5214	17.1
D5225	13.06
D5226	15.18

CODE	UNIT VALUE
D5281	9.96
D5410	0.85
D5411	0.85
D5421	0.85
D5422	0.85
D5510	1.69
D5520	1.4
D5610	1.85
D5620	1.98
D5630	2.4
D5640	1.55
D5650	2.11
D5660	2.54
D5670	6.21
D5671	6.21
D5710	6.28
D5711	6
D5720	5.93
D5721	5.93
D5730	3.54
D5731	3.54
D5740	3.25
D5741	3.25
D5750	4.72
D5751	4.72
D5760	4.67
D5761	4.67
D5810	7.48
D5811	8.04
D5820	5.78
D5821	6.14
D5850	1.47
D5851	1.47
D5860	BR
D5861	BR
D5862	BR
D5867	BR
D5875	BR
D5899	BR
D5911	3.94
D5912	3.94
D5913	82.66
D5914	82.66
D5915	111.8

DENTISTRY
(CONVERSION FACTOR = \$92.55)

CODE	UNIT VALUE
D5916	29.84
D5919	BR
D5922	BR
D5923	BR
D5924	BR
D5925	BR
D5926	BR
D5927	BR
D5928	BR
D5929	BR
D5931	44.51
D5932	83.24
D5933	BR
D5934	75.86
D5935	66.02
D5936	74.14
D5937	9.32
D5951	12.11
D5952	39.34
D5953	74.72
D5954	69.23
D5955	64.03
D5958	BR
D5959	BR
D5960	BR
D5982	6.28
D5983	14.11
D5984	14.11
D5985	14.11
D5986	1.4
D5987	21.18
D5988	4.25
D5991	1.62
D5992	BR
D5993	BR
D5999	BR
D6010	25.85
D6012	24.43
D6040	88.95
D6050	66.36
D6053	19.3
D6054	19.3
D6055	7.77
D6056	5.36

CODE	UNIT VALUE
D6057	6.64
D6058	14.87
D6059	14.67
D6060	13.88
D6061	14.16
D6062	14.11
D6063	12.29
D6064	12.85
D6065	14.64
D6066	14.25
D6067	13.84
D6068	14.75
D6069	14.67
D6070	13.88
D6071	14.16
D6072	14.33
D6073	13.09
D6074	13.91
D6075	14.64
D6076	14.25
D6077	13.84
D6078	BR
D6079	BR
D6080	1.21
D6090	BR
D6091	5.86
D6092	1.14
D6093	1.78
D6094	11.64
D6095	BR
D6100	BR
D6190	2.61
D6194	12
D6199	BR
D6205	7.34
D6210	11.23
D6211	10.53
D6212	10.94
D6214	11.3
D6240	11.08
D6241	10.24
D6242	10.79
D6245	11.43
D6250	10.94

CODE	UNIT VALUE
D6251	10.1
D6252	10.42
D6253	4.72
D6254	BR
D6545	4.67
D6548	5.13
D6600	9.25
D6601	9.7
D6602	9.89
D6603	10.87
D6604	9.7
D6605	10.27
D6606	9.53
D6607	10.58
D6608	10.05
D6609	10.48
D6610	10.66
D6611	11.67
D6612	10.6
D6613	11.08
D6614	10.38
D6615	10.79
D6624	9.89
D6634	10.38
D6710	10.59
D6720	12.35
D6721	11.72
D6722	11.93
D6740	12.99
D6750	12.64
D6751	11.8
D6752	12.09
D6780	11.93
D6781	11.93
D6782	11.08
D6783	12.29
D6790	12.21
D6791	11.58
D6792	12
D6793	5.01
D6794	12
D6795	BR
D6920	2.54
D6930	1.47

DENTISTRY
(CONVERSION FACTOR = \$92.55)

CODE	UNIT VALUE
D6940	3.36
D6950	6.5
D6970	4.08
D6972	3.33
D6973	2.68
D6975	7.2
D6976	1.91
D6977	1.69
D6980	BR
D6985	5.65
D6999	BR
D7111	1.16
D7140	1.54
D7210	2.73
D7220	3.42
D7230	4.56
D7240	5.34
D7241	6.71
D7250	2.88
D7251	BR
D7260	16.94
D7261	7.07
D7270	5.31
D7272	7.07
D7280	4.93
D7282	2.47
D7283	2.11
D7285	9.89
D7286	4.25
D7287	1.69
D7288	1.69
D7290	4.25
D7291	BR
D7292	6.78
D7293	4.25
D7294	3.53
D7295	BR
D7310	2.82
D7311	2.47
D7320	4.6
D7321	3.88
D7340	19.42
D7350	56.49
D7410	8.47

CODE	UNIT VALUE
D7411	13.4
D7412	14.83
D7413	9.89
D7414	14.83
D7415	16.6
D7440	13.4
D7441	19.77
D7450	8.47
D7451	11.58
D7460	8.47
D7461	11.58
D7465	4.6
D7471	10.48
D7472	12.47
D7473	11.77
D7485	10.48
D7490	84.73
D7510	3.04
D7511	4.6
D7520	14.46
D7521	15.89
D7530	5.21
D7540	5.78
D7550	3.6
D7560	28.6
D7610	46.25
D7620	34.68
D7630	60.11
D7640	38.15
D7650	28.91
D7660	17.04
D7670	13.3
D7671	25.06
D7680	86.72
D7710	54.35
D7720	38.15
D7730	78.61
D7740	38.89
D7750	49.49
D7760	19.85
D7770	26.89
D7771	20.76
D7780	115.6
D7810	50.87

CODE	UNIT VALUE
D7820	8.33
D7830	4.77
D7840	69.33
D7850	59.87
D7852	68.55
D7854	70.74
D7856	50.2
D7858	143
D7860	60.99
D7865	98.28
D7870	3.25
D7871	6.5
D7872	34.67
D7873	41.73
D7874	59.87
D7875	65.59
D7876	70.71
D7877	62.41
D7880	7.8
D7899	BR
D7910	4.62
D7911	11.56
D7912	20.81
D7920	34.1
D7940	BR
D7941	86.84
D7943	79.77
D7944	71.09
D7945	94.59
D7946	117.2
D7947	98.56
D7948	127.9
D7949	166.6
D7950	BR
D7951	BR
D7953	2.4
D7955	BR
D7960	3.88
D7963	6.35
D7970	5.65
D7971	2.11
D7972	7.92
D7980	8.9
D7981	BR

DENTISTRY
(CONVERSION FACTOR = \$92.55)

CODE	UNIT VALUE
D7982	21.03
D7983	20.18
D7990	17.36
D7991	42.35
D7995	BR
D7996	BR
D7997	3.25
D7998	14.11
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

CODE	UNIT VALUE
D8680	BR
D8690	BR
D8691	BR
D8692	BR
D8693	BR
D8999	BR
D9110	1.09
D9120	1.23
D9210	0.41
D9211	0.46
D9212	0.72
D9215	0.33
D9220	4.09
D9221	1.84
D9230	0.68
D9241	3.19
D9242	1.55
D9248	0.99
D9310	2.26
D9410	2.58
D9420	4.18
D9430	BR

CODE	UNIT VALUE
D9440	1.41
D9450	0.72
D9610	BR
D9612	BR
D9630	BR
D9910	0.49
D9911	0.69
D9920	BR
D9930	BR
D9940	4.09
D9941	1.41
D9942	1.68
D9950	2.69
D9951	1.2
D9952	5.65
D9970	0.63
D9971	0.82
D9972	2.82
D9973	0.47
D9974	2.47
D9999	BR

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. The maximum allowable reimbursement for the implantable shall be the cost of the implantable to the hospital plus 25%. *Tax, freight and handling are not reimbursable costs for the implantable. The invoice for the actual cost to the hospital of an implantable device shall be provided to the payor by the hospital as a condition of payment for the implantable.*

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.
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 27**, state the actual charges billed and if applicable, include an invoice for implantables as provided in Ground Rule 6 of these ground rules. A hospital shall not knowingly charge a payor more for treatment under worker’s compensation than that normally charged for similar treatment outside the workers compensation system.
5. **COMPUTATION OF MAXIMUM ALLOWABLE REIMBURSEMENT:** The ***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 27**) Relative Weight X \$7200 (for Peer Group 1 Hospitals) or \$7000 (for Peer Group 2 hospitals).

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

All out- of-state hospitals except out-of-state critical access hospitals will be reimbursed at Peer Group 2 hospital level or Medicare MS-DRG Relative Weight X \$7000. 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

HOSPITAL/INPATIENT GROUND RULES AND FEES

attributable to implantables and trauma activation fees, must be at least Sixty Thousand Dollars (\$60,000.00), the minimum stop-loss threshold. If the total charges for the hospital 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 5 of these Ground Rules) and trauma activation fees (see Ground Rule 7 of these Ground Rules).

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

- 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, for any hospitals having one or more affiliate clinics providing services on an outpatient basis, only one such clinic is allowed to submit billings using the hospital's Federal Tax ID number. The services for all other clinics affiliated with the same hospital are limited to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.
- 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.

HOSPITAL/INPATIENT GROUND RULES AND FEES

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 **2011 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.
16. **WORKERS COMPENSATION PEER GROUPS AS OF APRIL 10, 2010:**
Reimbursement for inpatient 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
Ellsworth
Emporia
Fort Leavenworth
Fort Scott
Fort Riley
Galena
Garden City
Gardner
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson

HOSPITAL/INPATIENT GROUND RULES AND FEES

Manhattan
Moundridge
Newton
Osawatomie
Ottawa
Paola
Parsons
Pittsburg
Pratt
Salina
Ulysses
Wellington

Including all out of state hospitals

Peer Group 3

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

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

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
001	26.3441	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITH MCC	\$189,677.52	\$184,408.70
002	13.6127	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM WITHOUT MCC	\$98,011.44	\$95,288.90
003	18.1239	ECMO OR TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITH MAJOR O.R.	\$130,492.08	\$126,867.30
004	11.2403	TRACHEOSTOMY WITH MECHANICAL VENTILATION 96+ HOURS OR PRINCIPAL DIAGNOSIS EXCEPT FACE, MOUTH AND NECK WITHOUT MAJOR O.R.	\$80,930.16	\$78,682.10
005	10.1771	LIVER TRANSPLANT WITH MCC OR INTESTINAL TRANSPLANT	\$73,275.12	\$71,239.70
006	4.8353	LIVER TRANSPLANT WITHOUT MCC	\$34,814.16	\$33,847.10
007	9.335	LUNG TRANSPLANT	\$67,212.00	\$65,345.00
008	4.9632	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	\$35,735.04	\$34,742.40
010	3.7831	PANCREAS TRANSPLANT	\$27,238.32	\$26,481.70
011	4.7666	TRACHEOSTOMY FOR FACE, MOUTH, AND NECK DIAGNOSES WITH MCC	\$34,319.52	\$33,366.20
012	3.1311	TRACHEOSTOMY FOR FACE, MOUTH, AND NECK DIAGNOSES WITH CC	\$22,543.92	\$21,917.70
013	1.9505	TRACHEOSTOMY FOR FACE, MOUTH, AND NECK DIAGNOSES WITHOUT CC/MCC	\$14,043.60	\$13,653.50
014	11.5947	ALLOGENEIC BONE MARROW TRANSPLANT	\$83,481.84	\$81,162.90
015	5.9504	AUTOLOGOUS BONE MARROW TRANSPLANT	\$42,842.88	\$41,652.80
020	8.2479	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE WITH MCC	\$59,384.88	\$57,735.30
021	6.2886	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE WITH CC	\$45,277.92	\$44,020.20
022	4.1581	INTRACRANIAL VASCULAR PROCEDURES WITH PRINCIPAL DIAGNOSIS OF HEMORRHAGE WITHOUT CC/MCC	\$29,938.32	\$29,106.70
023	5.0883	CRANIOTOMY WITH MAJOR DEVICE IMPLANT/ACUTE COMPLEX CENTRAL NERVOUS SYSTEM PRINCIPAL DIAGNOSIS WITH MCC OR CHEMO IMPLANT	\$36,635.76	\$35,618.10
024	3.4952	CRANIOTOMY WITH MAJOR DEVICE IMPLANT/ACUTE COMPLEX CENTRAL NERVOUS SYSTEM PRINCIPAL DIAGNOSIS WITHOUT MCC	\$25,165.44	\$24,466.40
025	4.7575	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH MCC	\$34,254.00	\$33,302.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
026	2.9825	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITH CC	\$21,474.00	\$20,877.50
027	2.1307	CRANIOTOMY AND ENDOVASCULAR INTRACRANIAL PROCEDURES WITHOUT CC/MCC	\$15,341.04	\$14,914.90
028	5.3549	SPINAL PROCEDURES WITH MCC	\$38,555.28	\$37,484.30
029	2.8741	SPINAL PROCEDURES WITH CC OR SPINAL NEUROSTIMULATOR	\$20,693.52	\$20,118.70
030	1.6433	SPINAL PROCEDURES WITHOUT CC/MCC	\$11,831.76	\$11,503.10
031	4.1261	VENTRICULAR SHUNT PROCEDURES WITH MCC	\$29,707.92	\$28,882.70
032	1.922	VENTRICULAR SHUNT PROCEDURES WITH CC	\$13,838.40	\$13,454.00
033	1.3626	VENTRICULAR SHUNT PROCEDURES WITHOUT CC/MCC	\$9,810.72	\$9,538.20
034	3.5242	CAROTID ARTERY STENT PROCEDURE WITH MCC	\$25,374.24	\$24,669.40
035	2.1437	CAROTID ARTERY STENT PROCEDURE WITH CC	\$15,434.64	\$15,005.90
036	1.639	CAROTID ARTERY STENT PROCEDURE WITHOUT CC/MCC	\$11,800.80	\$11,473.00
037	3.1543	EXTRACRANIAL PROCEDURES WITH MCC	\$22,710.96	\$22,080.10
038	1.5462	EXTRACRANIAL PROCEDURES WITH CC	\$11,132.64	\$10,823.40
039	1.0185	EXTRACRANIAL PROCEDURES WITHOUT CC/MCC	\$7,333.20	\$7,129.50
040	3.9353	PERIPHERAL/CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH MCC	\$28,334.16	\$27,547.10
041	2.143	PERIPHERAL/CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITH CC OR PERIPHERAL NEUROSTIMULATOR	\$15,429.60	\$15,001.00
042	1.6905	PERIPHERAL/CRANIAL NERVE AND OTHER NERVOUS SYSTEM PROCEDURES WITHOUT CC/MCC	\$12,171.60	\$11,833.50
052	1.6109	SPINAL DISORDERS AND INJURIES WITH CC/MCC	\$11,598.48	\$11,276.30
053	0.8441	SPINAL DISORDERS AND INJURIES WITHOUT CC/MCC	\$6,077.52	\$5,908.70
054	1.4863	NERVOUS SYSTEM NEOPLASMS WITH MCC	\$10,701.36	\$10,404.10
055	1.0649	NERVOUS SYSTEM NEOPLASMS WITHOUT MCC	\$7,667.28	\$7,454.30
056	1.6748	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITH MCC	\$12,058.56	\$11,723.60
057	0.935	DEGENERATIVE NERVOUS SYSTEM DISORDERS WITHOUT MCC	\$6,732.00	\$6,545.00
058	1.5856	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH MCC	\$11,416.32	\$11,099.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
059	0.9811	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITH CC	\$7,063.92	\$6,867.70
060	0.7578	MULTIPLE SCLEROSIS AND CEREBELLAR ATAXIA WITHOUT CC/MCC	\$5,456.16	\$5,304.60
061	2.9568	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH MCC	\$21,288.96	\$20,697.60
062	1.9479	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITH CC	\$14,024.88	\$13,635.30
063	1.5251	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT WITHOUT CC/MCC	\$10,980.72	\$10,675.70
064	1.8674	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH MCC	\$13,445.28	\$13,071.80
065	1.1667	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITH CC	\$8,400.24	\$8,166.90
066	0.8198	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION WITHOUT CC/MCC	\$5,902.56	\$5,738.60
067	1.4231	NONSPECIFIC CEREBROVASCULAR ACCIDENT AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITH MCC	\$10,246.32	\$9,961.70
068	0.8751	NONSPECIFIC CEREBROVASCULAR ACCIDENT AND PRECEREBRAL OCCLUSION WITHOUT INFARCTION WITHOUT MCC	\$6,300.72	\$6,125.70
069	0.7311	TRANSIENT ISCHEMIA	\$5,263.92	\$5,117.70
070	1.8417	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH MCC	\$13,260.24	\$12,891.90
071	1.1054	NONSPECIFIC CEREBROVASCULAR DISORDERS WITH CC	\$7,958.88	\$7,737.80
072	0.7499	NONSPECIFIC CEREBROVASCULAR DISORDERS WITHOUT CC/MCC	\$5,399.28	\$5,249.30
073	1.2907	CRANIAL AND PERIPHERAL NERVE DISORDERS WITH MCC	\$9,293.04	\$9,034.90
074	0.8606	CRANIAL AND PERIPHERAL NERVE DISORDERS WITHOUT MCC	\$6,196.32	\$6,024.20
075	1.6567	VIRAL MENINGITIS WITH CC/MCC	\$11,928.24	\$11,596.90
076	0.905	VIRAL MENINGITIS WITHOUT CC/MCC	\$6,516.00	\$6,335.00
077	1.7376	HYPERTENSIVE ENCEPHALOPATHY WITH MCC	\$12,510.72	\$12,163.20
078	1.0154	HYPERTENSIVE ENCEPHALOPATHY WITH CC	\$7,310.88	\$7,107.80
079	0.7533	HYPERTENSIVE ENCEPHALOPATHY WITHOUT CC/MCC	\$5,423.76	\$5,273.10
080	1.1909	NONTRAUMATIC STUPOR AND COMA WITH MCC	\$8,574.48	\$8,336.30
081	0.7392	NONTRAUMATIC STUPOR AND COMA WITHOUT MCC	\$5,322.24	\$5,174.40
082	2.013	TRAUMATIC STUPOR AND COMA, COMA GREATER THAN ONE HOUR WITH MCC	\$14,493.60	\$14,091.00

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
083	1.3264	TRAUMATIC STUPOR AND COMA, COMA GREATER THAN ONE HOUR WITH CC	\$9,550.08	\$9,284.80
084	0.8959	TRAUMATIC STUPOR AND COMA, COMA GREATER THAN ONE HOUR WITHOUT CC/MCC	\$6,450.48	\$6,271.30
085	2.1423	TRAUMATIC STUPOR AND COMA, COMA LESS THAN ONE HOUR WITH MCC	\$15,424.56	\$14,996.10
086	1.2051	TRAUMATIC STUPOR AND COMA, COMA LESS THAN ONE HOUR WITH CC	\$8,676.72	\$8,435.70
087	0.7929	TRAUMATIC STUPOR AND COMA, COMA LESS THAN ONE HOUR WITHOUT CC/MCC	\$5,708.88	\$5,550.30
088	1.4872	CONCUSSION WITH MCC	\$10,707.84	\$10,410.40
089	0.9667	CONCUSSION WITH CC	\$6,960.24	\$6,766.90
090	0.6927	CONCUSSION WITHOUT CC/MCC	\$4,987.44	\$4,848.90
091	1.6318	OTHER DISORDERS OF NERVOUS SYSTEM WITH MCC	\$11,748.96	\$11,422.60
092	0.9404	OTHER DISORDERS OF NERVOUS SYSTEM WITH CC	\$6,770.88	\$6,582.80
093	0.6827	OTHER DISORDERS OF NERVOUS SYSTEM WITHOUT CC/MCC	\$4,915.44	\$4,778.90
094	3.6769	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH MCC	\$26,473.68	\$25,738.30
095	2.3977	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITH CC	\$17,263.44	\$16,783.90
096	1.9247	BACTERIAL AND TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM WITHOUT CC/MCC	\$13,857.84	\$13,472.90
097	3.2191	NONBACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH MCC	\$23,177.52	\$22,533.70
098	1.9106	NONBACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITH CC	\$13,756.32	\$13,374.20
099	1.2084	NONBACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS WITHOUT CC/MCC	\$8,700.48	\$8,458.80
100	1.5107	SEIZURES WITH MCC	\$10,877.04	\$10,574.90
101	0.7619	SEIZURES WITHOUT MCC	\$5,485.68	\$5,333.30
102	1.0288	HEADACHES WITH MCC	\$7,407.36	\$7,201.60
103	0.6701	HEADACHES WITHOUT MCC	\$4,824.72	\$4,690.70
113	1.8311	ORBITAL PROCEDURES WITH CC/MCC	\$13,183.92	\$12,817.70
114	0.8989	ORBITAL PROCEDURES WITHOUT CC/MCC	\$6,472.08	\$6,292.30
115	1.2084	EXTRAOCULAR PROCEDURES EXCEPT ORBIT	\$8,700.48	\$8,458.80
116	1.2675	INTRAOCULAR PROCEDURES WITH CC/MCC	\$9,126.00	\$8,872.50
117	0.7305	INTRAOCULAR PROCEDURES WITHOUT CC/MCC	\$5,259.60	\$5,113.50
121	0.9104	ACUTE MAJOR EYE INFECTIONS WITH CC/MCC	\$6,554.88	\$6,372.80

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
122	0.6522	ACUTE MAJOR EYE INFECTIONS WITHOUT CC/MCC	\$4,695.84	\$4,565.40
123	0.7144	NEUROLOGICAL EYE DISORDERS	\$5,143.68	\$5,000.80
124	1.1903	OTHER DISORDERS OF THE EYE WITH MCC	\$8,570.16	\$8,332.10
125	0.6859	OTHER DISORDERS OF THE EYE WITHOUT MCC	\$4,938.48	\$4,801.30
129	2.2349	MAJOR HEAD AND NECK PROCEDURES WITH CC/MCC OR MAJOR DEVICE	\$16,091.28	\$15,644.30
130	1.2299	MAJOR HEAD AND NECK PROCEDURES WITHOUT CC/MCC	\$8,855.28	\$8,609.30
131	2.0915	CRANIAL/FACIAL PROCEDURES WITH CC/MCC	\$15,058.80	\$14,640.50
132	1.2447	CRANIAL/FACIAL PROCEDURES WITHOUT CC/MCC	\$8,961.84	\$8,712.90
133	1.7	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITH CC/MCC	\$12,240.00	\$11,900.00
134	0.8514	OTHER EAR, NOSE, MOUTH AND THROAT O.R. PROCEDURES WITHOUT CC/MCC	\$6,130.08	\$5,959.80
135	1.9082	SINUS AND MASTOID PROCEDURES WITH CC/MCC	\$13,739.04	\$13,357.40
136	0.9751	SINUS AND MASTOID PROCEDURES WITHOUT CC/MCC	\$7,020.72	\$6,825.70
137	1.3007	MOUTH PROCEDURES WITH CC/MCC	\$9,365.04	\$9,104.90
138	0.7841	MOUTH PROCEDURES WITHOUT CC/MCC	\$5,645.52	\$5,488.70
139	0.8756	SALIVARY GLAND PROCEDURES	\$6,304.32	\$6,129.20
146	2.1886	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH MCC	\$15,757.92	\$15,320.20
147	1.2413	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITH CC	\$8,937.36	\$8,689.10
148	0.8066	EAR, NOSE, MOUTH AND THROAT MALIGNANCY WITHOUT CC/MCC	\$5,807.52	\$5,646.20
149	0.6389	DYSEQUILIBRIUM	\$4,600.08	\$4,472.30
150	1.2808	EPISTAXIS WITH MCC	\$9,221.76	\$8,965.60
151	0.6393	EPISTAXIS WITHOUT MCC	\$4,602.96	\$4,475.10
152	0.9584	OTITIS MEDIA AND UPPER RESPIRATORY INFECTION WITH MCC	\$6,900.48	\$6,708.80
153	0.629	OTITIS MEDIA AND UPPER RESPIRATORY INFECTION WITHOUT MCC	\$4,528.80	\$4,403.00
154	1.3965	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH MCC	\$10,054.80	\$9,775.50
155	0.9017	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITH CC	\$6,492.24	\$6,311.90
156	0.6226	OTHER EAR, NOSE, MOUTH AND THROAT DIAGNOSES WITHOUT CC/MCC	\$4,482.72	\$4,358.20
157	1.5794	DENTAL AND ORAL DISEASES WITH MCC	\$11,371.68	\$11,055.80
158	0.9027	DENTAL AND ORAL DISEASES WITH CC	\$6,499.44	\$6,318.90
159	0.5897	DENTAL AND ORAL DISEASES WITHOUT	\$4,245.84	\$4,127.90
163	5.0828	MAJOR CHEST PROCEDURES WITH MCC	\$36,596.16	\$35,579.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
164	2.6236	MAJOR CHEST PROCEDURES WITH CC	\$18,889.92	\$18,365.20
165	1.7758	MAJOR CHEST PROCEDURES WITHOUT CC/MCC	\$12,785.76	\$12,430.60
166	3.7383	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH MCC	\$26,915.76	\$26,168.10
167	2.0567	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITH CC	\$14,808.24	\$14,396.90
168	1.3008	OTHER RESPIRATORY SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$9,365.76	\$9,105.60
175	1.6096	PULMONARY EMBOLISM WITH MCC	\$11,589.12	\$11,267.20
176	1.0706	PULMONARY EMBOLISM WITHOUT MCC	\$7,708.32	\$7,494.20
177	2.0667	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH MCC	\$14,880.24	\$14,466.90
178	1.4887	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITH CC	\$10,718.64	\$10,420.90
179	0.9861	RESPIRATORY INFECTIONS AND INFLAMMATIONS WITHOUT CC/MCC	\$7,099.92	\$6,902.70
180	1.7361	RESPIRATORY NEOPLASMS WITH MCC	\$12,499.92	\$12,152.70
181	1.2182	RESPIRATORY NEOPLASMS WITH CC	\$8,771.04	\$8,527.40
182	0.8096	RESPIRATORY NEOPLASMS WITHOUT CC/MCC	\$5,829.12	\$5,667.20
183	1.4942	MAJOR CHEST TRAUMA WITH MCC	\$10,758.24	\$10,459.40
184	0.9755	MAJOR CHEST TRAUMA WITH CC	\$7,023.60	\$6,828.50
185	0.6803	MAJOR CHEST TRAUMA WITHOUT CC/MCC	\$4,898.16	\$4,762.10
186	1.5637	PLEURAL EFFUSION WITH MCC	\$11,258.64	\$10,945.90
187	1.1027	PLEURAL EFFUSION WITH CC	\$7,939.44	\$7,718.90
188	0.7678	PLEURAL EFFUSION WITHOUT CC/MCC	\$5,528.16	\$5,374.60
189	1.2809	PULMONARY EDEMA AND RESPIRATORY FAILURE	\$9,222.48	\$8,966.30
190	1.1924	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH MCC	\$8,585.28	\$8,346.80
191	0.9735	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH CC	\$7,009.20	\$6,814.50
192	0.722	CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITHOUT CC/MCC	\$5,198.40	\$5,054.00
193	1.4796	SIMPLE PNEUMONIA AND PLEURISY WITH MCC	\$10,653.12	\$10,357.20
194	1.0152	SIMPLE PNEUMONIA AND PLEURISY WITH CC	\$7,309.44	\$7,106.40
195	0.7096	SIMPLE PNEUMONIA AND PLEURISY WITHOUT CC/MCC	\$5,109.12	\$4,967.20
196	1.6062	INTERSTITIAL LUNG DISEASE WITH MCC	\$11,564.64	\$11,243.40
197	1.1176	INTERSTITIAL LUNG DISEASE WITH CC	\$8,046.72	\$7,823.20
198	0.8203	INTERSTITIAL LUNG DISEASE WITHOUT CC/MCC	\$5,906.16	\$5,742.10
199	1.7895	PNEUMOTHORAX WITH MCC	\$12,884.40	\$12,526.50
200	1.0252	PNEUMOTHORAX WITH CC	\$7,381.44	\$7,176.40
201	0.721	PNEUMOTHORAX WITHOUT CC/MCC	\$5,191.20	\$5,047.00

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
202	0.8424	BRONCHITIS AND ASTHMA WITH CC/MCC	\$6,065.28	\$5,896.80
203	0.6081	BRONCHITIS AND ASTHMA WITHOUT CC/MCC	\$4,378.32	\$4,256.70
204	0.6714	RESPIRATORY SIGNS AND SYMPTOMS	\$4,834.08	\$4,699.80
205	1.2972	OTHER RESPIRATORY SYSTEM DIAGNOSES WITH MCC	\$9,339.84	\$9,080.40
206	0.7575	OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT MCC	\$5,454.00	\$5,302.50
207	5.2068	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS	\$37,488.96	\$36,447.60
208	2.263	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT <96 HOURS	\$16,293.60	\$15,841.00
215	12.6086	OTHER HEART ASSIST SYSTEM IMPLANT	\$90,781.92	\$88,260.20
216	10.0238	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH MCC	\$72,171.36	\$70,166.60
217	6.8038	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITH CC	\$48,987.36	\$47,626.60
218	5.3293	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITH CARDIAC CATHETERIZATION WITHOUT CC/MCC	\$38,370.96	\$37,305.10
219	8.0831	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH MCC	\$58,198.32	\$56,581.70
220	5.3787	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITH CC	\$38,726.64	\$37,650.90
221	4.4801	CARDIAC VALVE AND OTHER MAJOR CARDIOTHORACIC PROCEDURES WITHOUT CARDIAC CATHETERIZATION WITHOUT CC/MCC	\$32,256.72	\$31,360.70
222	8.523	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIAL INFARCTION/HEART FAILURE/SHOCK WITH MCC	\$61,365.60	\$59,661.00
223	6.425	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITH ACUTE MYOCARDIAL INFARCTION/HEART FAILURE/SHOCK WITHOUT MCC	\$46,260.00	\$44,975.00
224	7.5819	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIAL INFARCTION/HEART FAILURE/SHOCK WITH MCC	\$54,589.68	\$53,073.30
225	6.0202	CARDIAC DEFIBRILLATOR IMPLANT WITH CARDIAC CATHETERIZATION WITHOUT ACUTE MYOCARDIAL INFARCTION/HEART FAILURE/SHOCK WITHOUT MCC	\$43,345.44	\$42,141.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
226	6.451	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION WITH MCC	\$46,447.20	\$45,157.00
227	5.1936	CARDIAC DEFIBRILLATOR IMPLANT WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC	\$37,393.92	\$36,355.20
228	7.5881	OTHER CARDIOTHORACIC PROCEDURES WITH MCC	\$54,634.32	\$53,116.70
229	4.7745	OTHER CARDIOTHORACIC PROCEDURES WITH CC	\$34,376.40	\$33,421.50
230	3.5451	OTHER CARDIOTHORACIC PROCEDURES WITHOUT CC/MCC	\$25,524.72	\$24,815.70
231	7.8582	CORONARY BYPASS WITH PTCA WITH MCC	\$56,579.04	\$55,007.40
232	5.8183	CORONARY BYPASS WITH PTCA WITHOUT MCC	\$41,891.76	\$40,728.10
233	7.2081	CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITH MCC	\$51,898.32	\$50,456.70
234	4.8281	CORONARY BYPASS WITH CARDIAC CATHETERIZATION WITHOUT MCC	\$34,762.32	\$33,796.70
235	5.853	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITH MCC	\$42,141.60	\$40,971.00
236	3.7707	CORONARY BYPASS WITHOUT CARDIAC CATHETERIZATION WITHOUT MCC	\$27,149.04	\$26,394.90
237	5.1903	MAJOR CARDIOVASCULAR PROCEDURES WITH MCC OR THORACIC AORTIC ANEURYSM REPAIR	\$37,370.16	\$36,332.10
238	3.083	MAJOR CARDIOVASCULAR PROCEDURES WITHOUT MCC	\$22,197.60	\$21,581.00
239	4.5544	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH MCC	\$32,791.68	\$31,880.80
240	2.6589	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITH CC	\$19,144.08	\$18,612.30
241	1.4631	AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS EXCEPT UPPER LIMB AND TOE WITHOUT CC/MCC	\$10,534.32	\$10,241.70
242	3.7277	PERMANENT CARDIAC PACEMAKER IMPLANT WITH MCC	\$26,839.44	\$26,093.90
243	2.6508	PERMANENT CARDIAC PACEMAKER IMPLANT WITH CC	\$19,085.76	\$18,555.60
244	2.0398	PERMANENT CARDIAC PACEMAKER IMPLANT WITHOUT CC/MCC	\$14,686.56	\$14,278.60
245	4.2486	AICD GENERATOR PROCEDURES	\$30,589.92	\$29,740.20
246	3.1802	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUTING STENT WITH MCC OR 4+ VESSELS/STENTS	\$22,897.44	\$22,261.40
247	1.9691	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH DRUG-ELUTING STENT WITHOUT MCC	\$14,177.52	\$13,783.70

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
248	2.9248	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITH MCC OR 4+ VESSELS/STENTS	\$21,058.56	\$20,473.60
249	1.7732	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITH NON DRUG-ELUTING STENT WITHOUT MCC	\$12,767.04	\$12,412.40
250	2.8836	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITHOUT CORONARY ARTERY STENT WITH MCC	\$20,761.92	\$20,185.20
251	1.7992	PERCUTANEOUS CARDIOVASCULAR PROCEDURE WITHOUT CORONARY ARTERY STENT WITHOUT MCC	\$12,954.24	\$12,594.40
252	2.9754	OTHER VASCULAR PROCEDURES WITH MCC	\$21,422.88	\$20,827.80
253	2.4014	OTHER VASCULAR PROCEDURES WITH CC	\$17,290.08	\$16,809.80
254	1.6152	OTHER VASCULAR PROCEDURES WITHOUT CC/MCC	\$11,629.44	\$11,306.40
255	2.5043	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH MCC	\$18,030.96	\$17,530.10
256	1.5969	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITH CC	\$11,497.68	\$11,178.30
257	0.975	UPPER LIMB AND TOE AMPUTATION FOR CIRCULATORY SYSTEM DISORDERS WITHOUT CC/MCC	\$7,020.00	\$6,825.00
258	2.888	CARDIAC PACEMAKER DEVICE REPLACEMENT WITH MCC	\$20,793.60	\$20,216.00
259	1.8334	CARDIAC PACEMAKER DEVICE REPLACEMENT WITHOUT MCC	\$13,200.48	\$12,833.80
260	3.55	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH MCC	\$25,560.00	\$24,850.00
261	1.6469	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITH CC	\$11,857.68	\$11,528.30
262	1.1246	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT WITHOUT CC/MCC	\$8,097.12	\$7,872.20
263	1.7565	VEIN LIGATION AND STRIPPING	\$12,646.80	\$12,295.50
264	2.5305	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	\$18,219.60	\$17,713.50
265	2.3157	AICD LEAD PROCEDURES	\$16,673.04	\$16,209.90
280	1.8503	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH MCC	\$13,322.16	\$12,952.10
281	1.1912	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITH CC	\$8,576.64	\$8,338.40
282	0.8064	ACUTE MYOCARDIAL INFARCTION, DISCHARGED ALIVE WITHOUT CC/MCC	\$5,806.08	\$5,644.80
283	1.7151	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH MCC	\$12,348.72	\$12,005.70

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
284	0.8888	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITH CC	\$6,399.36	\$6,221.60
285	0.5712	ACUTE MYOCARDIAL INFARCTION, EXPIRED WITHOUT CC/MCC	\$4,112.64	\$3,998.40
286	2.0014	CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETERIZATION WITH MCC	\$14,410.08	\$14,009.80
287	1.0879	CIRCULATORY DISORDERS EXCEPT ACUTE MYOCARDIAL INFARCTION, WITH CARDIAC CATHETERIZATION WITHOUT MCC	\$7,832.88	\$7,615.30
288	2.9397	ACUTE AND SUBACUTE ENDOCARDITIS WITH MCC	\$21,165.84	\$20,577.90
289	1.8492	ACUTE AND SUBACUTE ENDOCARDITIS WITH CC	\$13,314.24	\$12,944.40
290	1.2959	ACUTE AND SUBACUTE ENDOCARDITIS WITHOUT CC/MCC	\$9,330.48	\$9,071.30
291	1.4943	HEART FAILURE AND SHOCK WITH MCC	\$10,758.96	\$10,460.10
292	1.0302	HEART FAILURE AND SHOCK WITH CC	\$7,417.44	\$7,211.40
293	0.6853	HEART FAILURE AND SHOCK WITHOUT CC/MCC	\$4,934.16	\$4,797.10
294	1.0373	DEEP VEIN THROMBOPHLEBITIS WITH CC/MCC	\$7,468.56	\$7,261.10
295	0.6403	DEEP VEIN THROMBOPHLEBITIS WITHOUT CC/MCC	\$4,610.16	\$4,482.10
296	1.1692	CARDIAC ARREST, UNEXPLAINED WITH MCC	\$8,418.24	\$8,184.40
297	0.6792	CARDIAC ARREST, UNEXPLAINED WITH CC	\$4,890.24	\$4,754.40
298	0.4497	CARDIAC ARREST, UNEXPLAINED WITHOUT CC/MCC	\$3,237.84	\$3,147.90
299	1.4072	PERIPHERAL VASCULAR DISORDERS WITH MCC	\$10,131.84	\$9,850.40
300	0.9776	PERIPHERAL VASCULAR DISORDERS WITH CC	\$7,038.72	\$6,843.20
301	0.6615	PERIPHERAL VASCULAR DISORDERS WITHOUT CC/MCC	\$4,762.80	\$4,630.50
302	0.9755	ATHEROSCLEROSIS WITH MCC	\$7,023.60	\$6,828.50
303	0.583	ATHEROSCLEROSIS WITHOUT MCC	\$4,197.60	\$4,081.00
304	1.0263	HYPERTENSION WITH MCC	\$7,389.36	\$7,184.10
305	0.6138	HYPERTENSION WITHOUT MCC	\$4,419.36	\$4,296.60
306	1.4667	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITH MCC	\$10,560.24	\$10,266.90
307	0.7974	CARDIAC CONGENITAL AND VALVULAR DISORDERS WITHOUT MCC	\$5,741.28	\$5,581.80
308	1.2339	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH MCC	\$8,884.08	\$8,637.30
309	0.8387	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITH CC	\$6,038.64	\$5,870.90
310	0.5709	CARDIAC ARRHYTHMIA AND CONDUCTION DISORDERS WITHOUT CC/MCC	\$4,110.48	\$3,996.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
311	0.507	ANGINA PECTORIS	\$3,650.40	\$3,549.00
312	0.7172	SYNCOPE AND COLLAPSE	\$5,163.84	\$5,020.40
313	0.5499	CHEST PAIN	\$3,959.28	\$3,849.30
314	1.8145	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH MCC	\$13,064.40	\$12,701.50
315	0.9681	OTHER CIRCULATORY SYSTEM DIAGNOSES WITH CC	\$6,970.32	\$6,776.70
316	0.6147	OTHER CIRCULATORY SYSTEM DIAGNOSES WITHOUT CC/MCC	\$4,425.84	\$4,302.90
326	5.8142	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH MCC	\$41,862.24	\$40,699.40
327	2.7231	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITH CC	\$19,606.32	\$19,061.70
328	1.4298	STOMACH, ESOPHAGEAL AND DUODENAL PROCEDURES WITHOUT CC/MCC	\$10,294.56	\$10,008.60
329	5.2807	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	\$38,021.04	\$36,964.90
330	2.583	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	\$18,597.60	\$18,081.00
331	1.6267	MAJOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	\$11,712.24	\$11,386.90
332	4.8635	RECTAL RESECTION WITH MCC	\$35,017.20	\$34,044.50
333	2.496	RECTAL RESECTION WITH CC	\$17,971.20	\$17,472.00
334	1.5979	RECTAL RESECTION WITHOUT CC/MCC	\$11,504.88	\$11,185.30
335	4.2777	PERITONEAL ADHESIOLYSIS WITH MCC	\$30,799.44	\$29,943.90
336	2.3456	PERITONEAL ADHESIOLYSIS WITH CC	\$16,888.32	\$16,419.20
337	1.4789	PERITONEAL ADHESIOLYSIS WITHOUT CC/MCC	\$10,648.08	\$10,352.30
338	3.2115	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC	\$23,122.80	\$22,480.50
339	1.8659	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	\$13,434.48	\$13,061.30
340	1.2393	APPENDECTOMY WITH COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$8,922.96	\$8,675.10
341	2.2643	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH MCC	\$16,302.96	\$15,850.10
342	1.3246	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITH CC	\$9,537.12	\$9,272.20
343	0.9568	APPENDECTOMY WITHOUT COMPLICATED PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$6,888.96	\$6,697.60
344	3.1586	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH MCC	\$22,741.92	\$22,110.20
345	1.7035	MINOR SMALL AND LARGE BOWEL PROCEDURES WITH CC	\$12,265.20	\$11,924.50
346	1.1883	MINOR SMALL AND LARGE BOWEL PROCEDURES WITHOUT CC/MCC	\$8,555.76	\$8,318.10
347	2.4183	ANAL AND STOMAL PROCEDURES WITH MCC	\$17,411.76	\$16,928.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
348	1.3705	ANAL AND STOMAL PROCEDURES WITH CC	\$9,867.60	\$9,593.50
349	0.7981	ANAL AND STOMAL PROCEDURES WITHOUT CC/MCC	\$5,746.32	\$5,586.70
350	2.4877	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH MCC	\$17,911.44	\$17,413.90
351	1.3539	INGUINAL AND FEMORAL HERNIA PROCEDURES WITH CC	\$9,748.08	\$9,477.30
352	0.8628	INGUINAL AND FEMORAL HERNIA PROCEDURES WITHOUT CC/MCC	\$6,212.16	\$6,039.60
353	2.751	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH MCC	\$19,807.20	\$19,257.00
354	1.5523	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITH CC	\$11,176.56	\$10,866.10
355	1.0329	HERNIA PROCEDURES EXCEPT INGUINAL AND FEMORAL WITHOUT CC/MCC	\$7,436.88	\$7,230.30
356	4.0293	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH MCC	\$29,010.96	\$28,205.10
357	2.1466	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITH CC	\$15,455.52	\$15,026.20
358	1.301	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$9,367.20	\$9,107.00
368	1.7578	MAJOR ESOPHAGEAL DISORDERS WITH MCC	\$12,656.16	\$12,304.60
369	1.0772	MAJOR ESOPHAGEAL DISORDERS WITH CC	\$7,755.84	\$7,540.40
370	0.7546	MAJOR ESOPHAGEAL DISORDERS WITHOUT CC/MCC	\$5,433.12	\$5,282.20
371	2.0986	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH MCC	\$15,109.92	\$14,690.20
372	1.2935	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITH CC	\$9,313.20	\$9,054.50
373	0.8599	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS WITHOUT CC/MCC	\$6,191.28	\$6,019.30
374	2.0674	DIGESTIVE MALIGNANCY WITH MCC	\$14,885.28	\$14,471.80
375	1.2801	DIGESTIVE MALIGNANCY WITH CC	\$9,216.72	\$8,960.70
376	0.8478	DIGESTIVE MALIGNANCY WITHOUT CC/MCC	\$6,104.16	\$5,934.60
377	1.7541	GI HEMORRHAGE WITH MCC	\$12,629.52	\$12,278.70
378	1.0274	GI HEMORRHAGE WITH CC	\$7,397.28	\$7,191.80
379	0.7146	GI HEMORRHAGE WITHOUT CC/MCC	\$5,145.12	\$5,002.20
380	1.9656	COMPLICATED PEPTIC ULCER WITH MCC	\$14,152.32	\$13,759.20
381	1.1207	COMPLICATED PEPTIC ULCER WITH CC	\$8,069.04	\$7,844.90
382	0.813	COMPLICATED PEPTIC ULCER WITHOUT CC/MCC	\$5,853.60	\$5,691.00
383	1.1982	UNCOMPLICATED PEPTIC ULCER WITH MCC	\$8,627.04	\$8,387.40
384	0.8326	UNCOMPLICATED PEPTIC ULCER WITHOUT MCC	\$5,994.72	\$5,828.20
385	1.9102	INFLAMMATORY BOWEL DISEASE WITH MCC	\$13,753.44	\$13,371.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
386	1.0435	INFLAMMATORY BOWEL DISEASE WITH CC	\$7,513.20	\$7,304.50
387	0.7813	INFLAMMATORY BOWEL DISEASE WITHOUT CC/MCC	\$5,625.36	\$5,469.10
388	1.6457	GI OBSTRUCTION WITH MCC	\$11,849.04	\$11,519.90
389	0.9344	GI OBSTRUCTION WITH CC	\$6,727.68	\$6,540.80
390	0.6369	GI OBSTRUCTION WITHOUT CC/MCC	\$4,585.68	\$4,458.30
391	1.155	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITH MCC	\$8,316.00	\$8,085.00
392	0.7173	ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISORDERS WITHOUT MCC	\$5,164.56	\$5,021.10
393	1.6593	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH MCC	\$11,946.96	\$11,615.10
394	0.9939	OTHER DIGESTIVE SYSTEM DIAGNOSES WITH CC	\$7,156.08	\$6,957.30
395	0.6749	OTHER DIGESTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	\$4,859.28	\$4,724.30
405	5.5743	PANCREAS, LIVER AND SHUNT PROCEDURES WITH MCC	\$40,134.96	\$39,020.10
406	2.7791	PANCREAS, LIVER AND SHUNT PROCEDURES WITH CC	\$20,009.52	\$19,453.70
407	1.8665	PANCREAS, LIVER AND SHUNT PROCEDURES WITHOUT CC/MCC	\$13,438.80	\$13,065.50
408	3.9368	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH MCC	\$28,344.96	\$27,557.60
409	2.4875	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITH CC	\$17,910.00	\$17,412.50
410	1.6114	BILIARY TRACT PROCEDURES EXCEPT ONLY CHOLECYSTECTOMY WITH OR WITHOUT C.D.E. WITHOUT CC/MCC	\$11,602.08	\$11,279.80
411	3.6818	CHOLECYSTECTOMY WITH C.D.E. WITH MCC	\$26,508.96	\$25,772.60
412	2.4912	CHOLECYSTECTOMY WITH C.D.E. WITH CC	\$17,936.64	\$17,438.40
413	1.718	CHOLECYSTECTOMY WITH C.D.E. WITHOUT CC/MCC	\$12,369.60	\$12,026.00
414	3.6675	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH MCC	\$26,406.00	\$25,672.50
415	2.0897	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITH CC	\$15,045.84	\$14,627.90
416	1.308	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE WITHOUT C.D.E. WITHOUT CC/MCC	\$9,417.60	\$9,156.00
417	2.5029	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH MCC	\$18,020.88	\$17,520.30
418	1.6996	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITH CC	\$12,237.12	\$11,897.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
419	1.1698	LAPAROSCOPIC CHOLECYSTECTOMY WITHOUT C.D.E. WITHOUT CC/MCC	\$8,422.56	\$8,188.60
420	3.6443	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH MCC	\$26,238.96	\$25,510.10
421	1.891	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITH CC	\$13,615.20	\$13,237.00
422	1.2742	HEPATOBIILIARY DIAGNOSTIC PROCEDURES WITHOUT CC/MCC	\$9,174.24	\$8,919.40
423	4.4577	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH MCC	\$32,095.44	\$31,203.90
424	2.4335	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITH CC	\$17,521.20	\$17,034.50
425	1.6273	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES WITHOUT CC/MCC	\$11,716.56	\$11,391.10
432	1.7001	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH MCC	\$12,240.72	\$11,900.70
433	0.9548	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITH CC	\$6,874.56	\$6,683.60
434	0.6152	CIRRHOSIS AND ALCOHOLIC HEPATITIS WITHOUT CC/MCC	\$4,429.44	\$4,306.40
435	1.8018	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH MCC	\$12,972.96	\$12,612.60
436	1.2215	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITH CC	\$8,794.80	\$8,550.50
437	0.9004	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS WITHOUT CC/MCC	\$6,482.88	\$6,302.80
438	1.8342	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH MCC	\$13,206.24	\$12,839.40
439	1.0089	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITH CC	\$7,264.08	\$7,062.30
440	0.689	DISORDERS OF PANCREAS EXCEPT MALIGNANCY WITHOUT CC/MCC	\$4,960.80	\$4,823.00
441	1.8242	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH MCC	\$13,134.24	\$12,769.40
442	0.9857	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITH CC	\$7,097.04	\$6,899.90
443	0.6615	DISORDERS OF LIVER EXCEPT MALIGNANCY, CIRRHOSIS, ALCOHOLIC HEPATITIS WITHOUT CC/MCC	\$4,762.80	\$4,630.50
444	1.5586	DISORDERS OF THE BILIARY TRACT WITH MCC	\$11,221.92	\$10,910.20
445	1.0688	DISORDERS OF THE BILIARY TRACT WITH CC	\$7,695.36	\$7,481.60
446	0.7411	DISORDERS OF THE BILIARY TRACT WITHOUT CC/MCC	\$5,335.92	\$5,187.70
453	10.2653	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH MCC	\$73,910.16	\$71,857.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
454	7.2559	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITH CC	\$52,242.48	\$50,791.30
455	5.4308	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION WITHOUT CC/MCC	\$39,101.76	\$38,015.60
456	9.2885	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE/MALIGNANCY/INFECTION OR 9+ FUSIONS WITH MCC	\$66,877.20	\$65,019.50
457	6.2024	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE/MALIGNANCY/INFECTION OR 9+ FUSIONS WITH CC	\$44,657.28	\$43,416.80
458	4.9379	SPINAL FUSION EXCEPT CERVICAL WITH SPINAL CURVATURE/MALIGNANCY/INFECTION OR 9+ FUSIONS WITHOUT CC/MCC	\$35,552.88	\$34,565.30
459	6.5065	SPINAL FUSION EXCEPT CERVICAL WITH MCC	\$46,846.80	\$45,545.50
460	3.8713	SPINAL FUSION EXCEPT CERVICAL WITHOUT MCC	\$27,873.36	\$27,099.10
461	4.9385	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITH MCC	\$35,557.20	\$34,569.50
462	3.3425	BILATERAL OR MULTIPLE MAJOR JOINT PROCEDURES OF LOWER EXTREMITY WITHOUT MCC	\$24,066.00	\$23,397.50
463	4.9983	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONNECTIVE TISSUE DISORDERS WITH MCC	\$35,987.76	\$34,988.10
464	2.8528	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONNECTIVE TISSUE DISORDERS WITH CC	\$20,540.16	\$19,969.60
465	1.7905	WOUND DEBRIDEMENT AND SKIN GRAFT EXCEPT HAND, FOR MUSCULO-CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$12,891.60	\$12,533.50
466	4.9144	REVISION OF HIP OR KNEE REPLACEMENT WITH MCC	\$35,383.68	\$34,400.80
467	3.2321	REVISION OF HIP OR KNEE REPLACEMENT WITH CC	\$23,271.12	\$22,624.70
468	2.5728	REVISION OF HIP OR KNEE REPLACEMENT WITHOUT CC/MCC	\$18,524.16	\$18,009.60
469	3.4724	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	\$25,001.28	\$24,306.80
470	2.1039	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	\$15,148.08	\$14,727.30
471	4.7301	CERVICAL SPINAL FUSION WITH MCC	\$34,056.72	\$33,110.70
472	2.7722	CERVICAL SPINAL FUSION WITH CC	\$19,959.84	\$19,405.40
473	2.0768	CERVICAL SPINAL FUSION WITHOUT CC/MCC	\$14,952.96	\$14,537.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
474	3.4905	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH MCC	\$25,131.60	\$24,433.50
475	1.9594	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITH CC	\$14,107.68	\$13,715.80
476	0.992	AMPUTATION FOR MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$7,142.40	\$6,944.00
477	3.3286	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$23,965.92	\$23,300.20
478	2.2546	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	\$16,233.12	\$15,782.20
479	1.6367	BIOPSIES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	\$11,784.24	\$11,456.90
480	3.0939	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH MCC	\$22,276.08	\$21,657.30
481	1.8886	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITH CC	\$13,597.92	\$13,220.20
482	1.5372	HIP AND FEMUR PROCEDURES EXCEPT MAJOR JOINT WITHOUT CC/MCC	\$11,067.84	\$10,760.40
483	2.4019	MAJOR JOINT AND LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY WITH CC/MCC	\$17,293.68	\$16,813.30
484	1.9554	MAJOR JOINT AND LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY WITHOUT CC/MCC	\$14,078.88	\$13,687.80
485	3.2131	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH MCC	\$23,134.32	\$22,491.70
486	2.0339	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITH CC	\$14,644.08	\$14,237.30
487	1.4724	KNEE PROCEDURES WITH PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	\$10,601.28	\$10,306.80
488	1.7217	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITH CC/MCC	\$12,396.24	\$12,051.90
489	1.2141	KNEE PROCEDURES WITHOUT PRINCIPAL DIAGNOSIS OF INFECTION WITHOUT CC/MCC	\$8,741.52	\$8,498.70
490	1.7916	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITH CC/MCC OR DISC DEVICE/NEUROSTIMULATOR	\$12,899.52	\$12,541.20
491	0.9914	BACK AND NECK PROCEDURES EXCEPT SPINAL FUSION WITHOUT CC/MCC	\$7,138.08	\$6,939.80
492	3.067	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR WITH MCC	\$22,082.40	\$21,469.00
493	1.8519	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR WITH CC	\$13,333.68	\$12,963.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
494	1.314	LOWER EXTREMITY AND HUMERUS PROCEDURES EXCEPT HIP, FOOT, FEMUR WITHOUT CC/MCC	\$9,460.80	\$9,198.00
495	2.8683	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH MCC	\$20,651.76	\$20,078.10
496	1.6207	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITH CC	\$11,669.04	\$11,344.90
497	1.077	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES EXCEPT HIP AND FEMUR WITHOUT CC/MCC	\$7,754.40	\$7,539.00
498	1.9912	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITH CC/MCC	\$14,336.64	\$13,938.40
499	0.9917	LOCAL EXCISION AND REMOVAL INTERNAL FIXATION DEVICES OF HIP AND FEMUR WITHOUT CC/MCC	\$7,140.24	\$6,941.90
500	3.0288	SOFT TISSUE PROCEDURES WITH MCC	\$21,807.36	\$21,201.60
501	1.5846	SOFT TISSUE PROCEDURES WITH CC	\$11,409.12	\$11,092.20
502	1.0305	SOFT TISSUE PROCEDURES WITHOUT CC/MCC	\$7,419.60	\$7,213.50
503	2.2809	FOOT PROCEDURES WITH MCC	\$16,422.48	\$15,966.30
504	1.5685	FOOT PROCEDURES WITH CC	\$11,293.20	\$10,979.50
505	1.077	FOOT PROCEDURES WITHOUT CC/MCC	\$7,754.40	\$7,539.00
506	1.1815	MAJOR THUMB OR JOINT PROCEDURES	\$8,506.80	\$8,270.50
507	1.8711	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITH CC/MCC	\$13,471.92	\$13,097.70
508	1.3956	MAJOR SHOULDER OR ELBOW JOINT PROCEDURES WITHOUT CC/MCC	\$10,048.32	\$9,769.20
509	1.3148	ARTHROSCOPY	\$9,466.56	\$9,203.60
510	2.1704	SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE WITH MCC	\$15,626.88	\$15,192.80
511	1.469	SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE WITH CC	\$10,576.80	\$10,283.00
512	1.0461	SHOULDER, ELBOW OR FOREARM PROCEDURE, EXCEPT MAJOR JOINT PROCEDURE WITHOUT CC/MCC	\$7,531.92	\$7,322.70
513	1.3007	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITH CC/MCC	\$9,365.04	\$9,104.90
514	0.8209	HAND OR WRIST PROCEDURES, EXCEPT MAJOR THUMB OR JOINT PROCEDURES WITHOUT CC/MCC	\$5,910.48	\$5,746.30

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
515	3.1894	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURE WITH MCC	\$22,963.68	\$22,325.80
516	1.9244	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURE WITH CC	\$13,855.68	\$13,470.80
517	1.4797	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE O.R. PROCEDURE WITHOUT CC/MCC	\$10,653.84	\$10,357.90
533	1.5657	FRACTURES OF FEMUR WITH MCC	\$11,273.04	\$10,959.90
534	0.7601	FRACTURES OF FEMUR WITHOUT MCC	\$5,472.72	\$5,320.70
535	1.3527	FRACTURES OF HIP AND PELVIS WITH MCC	\$9,739.44	\$9,468.90
536	0.7191	FRACTURES OF HIP AND PELVIS WITHOUT MCC	\$5,177.52	\$5,033.70
537	0.8275	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITH CC/MCC	\$5,958.00	\$5,792.50
538	0.6108	SPRAINS, STRAINS, AND DISLOCATIONS OF HIP, PELVIS AND THIGH WITHOUT CC/MCC	\$4,397.76	\$4,275.60
539	2.0467	OSTEOMYELITIS WITH MCC	\$14,736.24	\$14,326.90
540	1.3126	OSTEOMYELITIS WITH CC	\$9,450.72	\$9,188.20
541	0.8713	OSTEOMYELITIS WITHOUT CC/MCC	\$6,273.36	\$6,099.10
542	1.9521	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH MCC	\$14,055.12	\$13,664.70
543	1.1597	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITH CC	\$8,349.84	\$8,117.90
544	0.7775	PATHOLOGICAL FRACTURES AND MUSCULOSKELETAL AND CONNECTIVE TISSUE MALIGNANCY WITHOUT CC/MCC	\$5,598.00	\$5,442.50
545	2.5467	CONNECTIVE TISSUE DISORDERS WITH MCC	\$18,336.24	\$17,826.90
546	1.1712	CONNECTIVE TISSUE DISORDERS WITH CC	\$8,432.64	\$8,198.40
547	0.7348	CONNECTIVE TISSUE DISORDERS WITHOUT CC/MCC	\$5,290.56	\$5,143.60
548	1.9648	SEPTIC ARTHRITIS WITH MCC	\$14,146.56	\$13,753.60
549	1.2035	SEPTIC ARTHRITIS WITH CC	\$8,665.20	\$8,424.50
550	0.8276	SEPTIC ARTHRITIS WITHOUT CC/MCC	\$5,958.72	\$5,793.20
551	1.6398	MEDICAL BACK PROBLEMS WITH MCC	\$11,806.56	\$11,478.60
552	0.8204	MEDICAL BACK PROBLEMS WITHOUT MCC	\$5,906.88	\$5,742.80
553	1.1355	BONE DISEASES AND ARTHROPATHIES WITH MCC	\$8,175.60	\$7,948.50
554	0.6812	BONE DISEASES AND ARTHROPATHIES WITHOUT MCC	\$4,904.64	\$4,768.40
555	1.0954	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$7,886.88	\$7,667.80

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
556	0.6568	SIGNS AND SYMPTOMS OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT MCC	\$4,728.96	\$4,597.60
557	1.6021	TENDONITIS, MYOSITIS AND BURSITIS WITH MCC	\$11,535.12	\$11,214.70
558	0.8823	TENDONITIS, MYOSITIS AND BURSITIS WITHOUT MCC	\$6,352.56	\$6,176.10
559	1.7717	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH MCC	\$12,756.24	\$12,401.90
560	1.0022	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITH CC	\$7,215.84	\$7,015.40
561	0.6211	AFTERCARE, MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE WITHOUT CC/MCC	\$4,471.92	\$4,347.70
562	1.3944	FRACTURES, SPRAINS, STRAINS AND DISLOCATIONS EXCEPT FEMUR, HIP, PELVIS AND THIGH WITH MCC	\$10,039.68	\$9,760.80
563	0.7153	FRACTURES, SPRAINS, STRAINS AND DISLOCATIONS EXCEPT FEMUR, HIP, PELVIS AND THIGH WITHOUT MCC	\$5,150.16	\$5,007.10
564	1.4702	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH MCC	\$10,585.44	\$10,291.40
565	0.9095	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITH CC	\$6,548.40	\$6,366.50
566	0.6625	OTHER MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE DIAGNOSES WITHOUT CC/MCC	\$4,770.00	\$4,637.50
573	3.2461	SKIN GRAFT AND/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH MCC	\$23,371.92	\$22,722.70
574	1.8675	SKIN GRAFT AND/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITH CC	\$13,446.00	\$13,072.50
575	1.0899	SKIN GRAFT AND/OR DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	\$7,847.28	\$7,629.30
576	3.9248	SKIN GRAFT AND/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH MCC	\$28,258.56	\$27,473.60
577	1.7035	SKIN GRAFT AND/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITH CC	\$12,265.20	\$11,924.50
578	1.0416	SKIN GRAFT AND/OR DEBRIDEMENT EXCEPT FOR SKIN ULCER OR CELLULITIS WITHOUT CC/MCC	\$7,499.52	\$7,291.20
579	2.9576	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH MCC	\$21,294.72	\$20,703.20
580	1.4959	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITH CC	\$10,770.48	\$10,471.30
581	0.9223	OTHER SKIN, SUBCUTANEOUS TISSUE AND BREAST PROCEDURES WITHOUT CC/MCC	\$6,640.56	\$6,456.10
582	1.0567	MASTECTOMY FOR MALIGNANCY WITH CC/MCC	\$7,608.24	\$7,396.90

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
583	0.8454	MASTECTOMY FOR MALIGNANCY WITHOUT CC/MCC	\$6,086.88	\$5,917.80
584	1.5153	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITH CC/MCC	\$10,910.16	\$10,607.10
585	1.0411	BREAST BIOPSY, LOCAL EXCISION AND OTHER BREAST PROCEDURES WITHOUT CC/MCC	\$7,495.92	\$7,287.70
592	1.7669	SKIN ULCERS WITH MCC	\$12,721.68	\$12,368.30
593	1.0709	SKIN ULCERS WITH CC	\$7,710.48	\$7,496.30
594	0.7591	SKIN ULCERS WITHOUT CC/MCC	\$5,465.52	\$5,313.70
595	1.869	MAJOR SKIN DISORDERS WITH MCC	\$13,456.80	\$13,083.00
596	0.8779	MAJOR SKIN DISORDERS WITHOUT MCC	\$6,320.88	\$6,145.30
597	1.5596	MALIGNANT BREAST DISORDERS WITH MCC	\$11,229.12	\$10,917.20
598	1.0611	MALIGNANT BREAST DISORDERS WITH CC	\$7,639.92	\$7,427.70
599	0.6265	MALIGNANT BREAST DISORDERS WITHOUT CC/MCC	\$4,510.80	\$4,385.50
600	0.9602	NONMALIGNANT BREAST DISORDERS WITH CC/MCC	\$6,913.44	\$6,721.40
601	0.6728	NONMALIGNANT BREAST DISORDERS WITHOUT CC/MCC	\$4,844.16	\$4,709.60
602	1.4748	CELLULITIS WITH MCC	\$10,618.56	\$10,323.60
603	0.8377	CELLULITIS WITHOUT MCC	\$6,031.44	\$5,863.90
604	1.2361	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE AND BREAST WITH MCC	\$8,899.92	\$8,652.70
605	0.7182	TRAUMA TO THE SKIN, SUBCUTANEOUS TISSUE & BREAST WITHOUT MCC	\$5,171.04	\$5,027.40
606	1.3082	MINOR SKIN DISORDERS WITH MCC	\$9,419.04	\$9,157.40
607	0.6857	MINOR SKIN DISORDERS WITHOUT MCC	\$4,937.04	\$4,799.90
614	2.4554	ADRENAL AND PITUITARY PROCEDURES WITH CC/MCC	\$17,678.88	\$17,187.80
615	1.397	ADRENAL AND PITUITARY PROCEDURES WITHOUT CC/MCC	\$10,058.40	\$9,779.00
616	4.4934	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, AND METABOLIC DISORDERS WITH MCC	\$32,352.48	\$31,453.80
617	2.0006	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, AND METABOLIC DISORDERS WITH CC	\$14,404.32	\$14,004.20
618	1.2006	AMPUTATION OF LOWER LIMB FOR ENDOCRINE, NUTRITIONAL, AND METABOLIC DISORDERS WITHOUT CC/MCC	\$8,644.32	\$8,404.20
619	3.5214	O.R. PROCEDURES FOR OBESITY WITH MCC	\$25,354.08	\$24,649.80
620	1.8627	O.R. PROCEDURES FOR OBESITY WITH CC	\$13,411.44	\$13,038.90
621	1.4747	O.R. PROCEDURES FOR OBESITY WITHOUT CC/MCC	\$10,617.84	\$10,322.90

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
622	3.4166	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH MCC	\$24,599.52	\$23,916.20
623	1.8558	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITH CC	\$13,361.76	\$12,990.60
624	1.0122	SKIN GRAFTS AND WOUND DEBRIDEMENT FOR ENDOCRINE, NUTRITIONAL AND METABOLIC DISORDERS WITHOUT CC/MCC	\$7,287.84	\$7,085.40
625	2.2423	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH MCC	\$16,144.56	\$15,696.10
626	1.1701	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITH CC	\$8,424.72	\$8,190.70
627	0.7821	THYROID, PARATHYROID AND THYROGLOSSAL PROCEDURES WITHOUT CC/MCC	\$5,631.12	\$5,474.70
628	3.3819	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH MCC	\$24,349.68	\$23,673.30
629	2.265	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITH CC	\$16,308.00	\$15,855.00
630	1.4164	OTHER ENDOCRINE, NUTRITIONAL AND METABOLIC O.R. PROCEDURES WITHOUT CC/MCC	\$10,198.08	\$9,914.80
637	1.4462	DIABETES WITH MCC	\$10,412.64	\$10,123.40
638	0.8306	DIABETES WITH CC	\$5,980.32	\$5,814.20
639	0.5544	DIABETES WITHOUT CC/MCC	\$3,991.68	\$3,880.80
640	1.14	NUTRITIONAL AND MISCELLANEOUS METABOLIC DISORDERS WITH MCC	\$8,208.00	\$7,980.00
641	0.6916	NUTRITIONAL AND MISCELLANEOUS METABOLIC DISORDERS WITHOUT MCC	\$4,979.52	\$4,841.20
642	1.029	INBORN ERRORS OF METABOLISM	\$7,408.80	\$7,203.00
643	1.8159	ENDOCRINE DISORDERS WITH MCC	\$13,074.48	\$12,711.30
644	1.0655	ENDOCRINE DISORDERS WITH CC	\$7,671.60	\$7,458.50
645	0.7198	ENDOCRINE DISORDERS WITHOUT CC/MCC	\$5,182.56	\$5,038.60
652	3.0442	KIDNEY TRANSPLANT	\$21,918.24	\$21,309.40
653	6.0929	MAJOR BLADDER PROCEDURES WITH MCC	\$43,868.88	\$42,650.30
654	3.0054	MAJOR BLADDER PROCEDURES WITH CC	\$21,638.88	\$21,037.80
655	1.9567	MAJOR BLADDER PROCEDURES WITHOUT CC/MCC	\$14,088.24	\$13,696.90
656	3.5713	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH MCC	\$25,713.36	\$24,999.10
657	2.0004	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITH CC	\$14,402.88	\$14,002.80
658	1.4224	KIDNEY AND URETER PROCEDURES FOR NEOPLASM WITHOUT CC/MCC	\$10,241.28	\$9,956.80
659	3.4988	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH MCC	\$25,191.36	\$24,491.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
660	1.903	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITH CC	\$13,701.60	\$13,321.00
661	1.2641	KIDNEY AND URETER PROCEDURES FOR NON-NEOPLASM WITHOUT CC/MCC	\$9,101.52	\$8,848.70
662	3.0158	MINOR BLADDER PROCEDURES WITH MCC	\$21,713.76	\$21,110.60
663	1.4718	MINOR BLADDER PROCEDURES WITH CC	\$10,596.96	\$10,302.60
664	1.1074	MINOR BLADDER PROCEDURES WITHOUT CC/MCC	\$7,973.28	\$7,751.80
665	2.8653	PROSTATECTOMY WITH MCC	\$20,630.16	\$20,057.10
666	1.644	PROSTATECTOMY WITH CC	\$11,836.80	\$11,508.00
667	0.7919	PROSTATECTOMY WITHOUT CC/MCC	\$5,701.68	\$5,543.30
668	2.5175	TRANSURETHRAL PROCEDURES WITH MCC	\$18,126.00	\$17,622.50
669	1.2597	TRANSURETHRAL PROCEDURES WITH CC	\$9,069.84	\$8,817.90
670	0.777	TRANSURETHRAL PROCEDURES WITHOUT CC/MCC	\$5,594.40	\$5,439.00
671	1.44	URETHRAL PROCEDURES WITH CC/MCC	\$10,368.00	\$10,080.00
672	0.7885	URETHRAL PROCEDURES WITHOUT CC/MCC	\$5,677.20	\$5,519.50
673	2.926	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH MCC	\$21,067.20	\$20,482.00
674	2.0934	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITH CC	\$15,072.48	\$14,653.80
675	1.3379	OTHER KIDNEY AND URINARY TRACT PROCEDURES WITHOUT CC/MCC	\$9,632.88	\$9,365.30
682	1.6407	RENAL FAILURE WITH MCC	\$11,813.04	\$11,484.90
683	1.0243	RENAL FAILURE WITH CC	\$7,374.96	\$7,170.10
684	0.6587	RENAL FAILURE WITHOUT CC/MCC	\$4,742.64	\$4,610.90
685	0.8944	ADMIT FOR RENAL DIALYSIS	\$6,439.68	\$6,260.80
686	1.8238	KIDNEY AND URINARY TRACT NEOPLASMS WITH MCC	\$13,131.36	\$12,766.60
687	1.0838	KIDNEY AND URINARY TRACT NEOPLASMS WITH CC	\$7,803.36	\$7,586.60
688	0.6479	KIDNEY AND URINARY TRACT NEOPLASMS WITHOUT CC/MCC	\$4,664.88	\$4,535.30
689	1.2185	KIDNEY AND URINARY TRACT INFECTIONS WITH MCC	\$8,773.20	\$8,529.50
690	0.7864	KIDNEY AND URINARY TRACT INFECTIONS WITHOUT MCC	\$5,662.08	\$5,504.80
691	1.6156	URINARY STONES WITH ESW LITHOTRIPSY WITH CC/MCC	\$11,632.32	\$11,309.20
692	1.1186	URINARY STONES WITH ESW LITHOTRIPSY WITHOUT CC/MCC	\$8,053.92	\$7,830.20
693	1.3505	URINARY STONES WITHOUT ESW LITHOTRIPSY WITH MCC	\$9,723.60	\$9,453.50
694	0.7096	URINARY STONES WITHOUT ESW LITHOTRIPSY WITHOUT MCC	\$5,109.12	\$4,967.20
695	1.2082	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITH MCC	\$8,699.04	\$8,457.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
696	0.659	KIDNEY AND URINARY TRACT SIGNS AND SYMPTOMS WITHOUT MCC	\$4,744.80	\$4,613.00
697	0.7771	URETHRAL STRICTURE	\$5,595.12	\$5,439.70
698	1.6098	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH MCC	\$11,590.56	\$11,268.60
699	0.9999	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITH CC	\$7,199.28	\$6,999.30
700	0.6757	OTHER KIDNEY AND URINARY TRACT DIAGNOSES WITHOUT CC/MCC	\$4,865.04	\$4,729.90
707	1.7747	MAJOR MALE PELVIC PROCEDURES WITH CC/MCC	\$12,777.84	\$12,422.90
708	1.2581	MAJOR MALE PELVIC PROCEDURES WITHOUT CC/MCC	\$9,058.32	\$8,806.70
709	1.863	PENIS PROCEDURES WITH CC/MCC	\$13,413.60	\$13,041.00
710	1.2712	PENIS PROCEDURES WITHOUT CC/MCC	\$9,152.64	\$8,898.40
711	1.7639	TESTES PROCEDURES WITH CC/MCC	\$12,700.08	\$12,347.30
712	0.8084	TESTES PROCEDURES WITHOUT CC/MCC	\$5,820.48	\$5,658.80
713	1.1802	TRANSURETHRAL PROSTATECTOMY WITH CC/MCC	\$8,497.44	\$8,261.40
714	0.6544	TRANSURETHRAL PROSTATECTOMY WITHOUT CC/MCC	\$4,711.68	\$4,580.80
715	1.7433	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITH CC/MCC	\$12,551.76	\$12,203.10
716	0.9974	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY WITHOUT CC/MCC	\$7,181.28	\$6,981.80
717	1.6138	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITH CC/MCC	\$11,619.36	\$11,296.60
718	0.8044	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES EXCEPT MALIGNANCY WITHOUT CC/MCC	\$5,791.68	\$5,630.80
722	1.6891	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH MCC	\$12,161.52	\$11,823.70
723	1.019	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITH CC	\$7,336.80	\$7,133.00
724	0.6211	MALIGNANCY, MALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$4,471.92	\$4,347.70
725	1.2742	BENIGN PROSTATIC HYPERTROPHY WITH MCC	\$9,174.24	\$8,919.40
726	0.7013	BENIGN PROSTATIC HYPERTROPHY WITHOUT MCC	\$5,049.36	\$4,909.10
727	1.3657	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITH MCC	\$9,833.04	\$9,559.90
728	0.7612	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM WITHOUT MCC	\$5,480.64	\$5,328.40

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
729	0.9892	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITH CC/MCC	\$7,122.24	\$6,924.40
730	0.6414	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES WITHOUT CC/MCC	\$4,618.08	\$4,489.80
734	2.4364	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITH CC/MCC	\$17,542.08	\$17,054.80
735	1.1684	PELVIC EVISCERATION, RADICAL HYSTERECTOMY AND RADICAL VULVECTOMY WITHOUT CC/MCC	\$8,412.48	\$8,178.80
736	4.3943	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH MCC	\$31,638.96	\$30,760.10
737	2.0375	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITH CC	\$14,670.00	\$14,262.50
738	1.2324	UTERINE AND ADNEXA PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY WITHOUT CC/MCC	\$8,873.28	\$8,626.80
739	3.43	UTERINE, ADNEXA PROCEDURES FOR NONOVARIAN/ADNEXAL MALIGNANCY WITH MCC	\$24,696.00	\$24,010.00
740	1.528	UTERINE, ADNEXA PROCEDURES FOR NONOVARIAN/ADNEXAL MALIGNANCY WITH CC	\$11,001.60	\$10,696.00
741	1.0979	UTERINE, ADNEXA PROCEDURES FOR NONOVARIAN/ADNEXAL MALIGNANCY WITHOUT CC/MCC	\$7,904.88	\$7,685.30
742	1.3883	UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITH CC/MCC	\$9,995.76	\$9,718.10
743	0.9079	UTERINE AND ADNEXA PROCEDURES FOR NONMALIGNANCY WITHOUT CC/MCC	\$6,536.88	\$6,355.30
744	1.5151	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITH CC/MCC	\$10,908.72	\$10,605.70
745	0.8045	D&C, CONIZATION, LAPAROSCOPY AND TUBAL INTERRUPTION WITHOUT CC/MCC	\$5,792.40	\$5,631.50
746	1.3373	VAGINA, CERVIX AND VULVA PROCEDURES WITH CC/MCC	\$9,628.56	\$9,361.10
747	0.8852	VAGINA, CERVIX AND VULVA PROCEDURES WITHOUT CC/MCC	\$6,373.44	\$6,196.40
748	0.9169	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	\$6,601.68	\$6,418.30
749	2.5275	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITH CC/MCC	\$18,198.00	\$17,692.50
750	0.9368	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES WITHOUT CC/MCC	\$6,744.96	\$6,557.60
754	2.0295	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH MCC	\$14,612.40	\$14,206.50

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
755	1.1444	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITH CC	\$8,239.68	\$8,010.80
756	0.6361	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$4,579.92	\$4,452.70
757	1.6565	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH MCC	\$11,926.80	\$11,595.50
758	1.0963	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITH CC	\$7,893.36	\$7,674.10
759	0.7368	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM WITHOUT CC/MCC	\$5,304.96	\$5,157.60
760	0.8388	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITH CC/MCC	\$6,039.36	\$5,871.60
761	0.5219	MENSTRUAL AND OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS WITHOUT CC/MCC	\$3,757.68	\$3,653.30
765	1.1269	CESAREAN SECTION WITH CC/MCC	\$8,113.68	\$7,888.30
766	0.7995	CESAREAN SECTION WITHOUT CC/MCC	\$5,756.40	\$5,596.50
767	0.9111	VAGINAL DELIVERY WITH STERILIZATION AND/OR D&C	\$6,559.92	\$6,377.70
768	1.8112	VAGINAL DELIVERY WITH O.R. PROCEDURE EXCEPT STERILIZATION AND/OR D&C	\$13,040.64	\$12,678.40
769	2.0631	POSTPARTUM AND POSTABORTION DIAGNOSES WITH O.R. PROCEDURE	\$14,854.32	\$14,441.70
770	0.7017	ABORTION WITH D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	\$5,052.24	\$4,911.90
774	0.6848	VAGINAL DELIVERY WITH COMPLICATING DIAGNOSES	\$4,930.56	\$4,793.60
775	0.5256	VAGINAL DELIVERY WITHOUT COMPLICATING DIAGNOSES	\$3,784.32	\$3,679.20
776	0.6513	POSTPARTUM AND POSTABORTION DIAGNOSES WITHOUT O.R. PROCEDURE	\$4,689.36	\$4,559.10
777	0.7406	ECTOPIC PREGNANCY	\$5,332.32	\$5,184.20
778	0.4942	THREATENED ABORTION	\$3,558.24	\$3,459.40
779	0.5311	ABORTION WITHOUT D&C	\$3,823.92	\$3,717.70
780	0.2284	FALSE LABOR	\$1,644.48	\$1,598.80
781	0.6809	OTHER ANTEPARTUM DIAGNOSES WITH MEDICAL COMPLICATIONS	\$4,902.48	\$4,766.30
782	0.4744	OTHER ANTEPARTUM DIAGNOSES WITHOUT MEDICAL COMPLICATIONS	\$3,415.68	\$3,320.80
789	1.4877	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	\$10,711.44	\$10,413.90
790	4.9058	EXTREME IMMATURETY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	\$35,321.76	\$34,340.60
791	3.3505	PREMATURITY WITH MAJOR PROBLEMS	\$24,123.60	\$23,453.50
792	2.0216	PREMATURITY WITHOUT MAJOR PROBLEMS	\$14,555.52	\$14,151.20
793	3.4417	FULL TERM NEONATE WITH MAJOR PROBLEMS	\$24,780.24	\$24,091.90

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
794	1.2181	NEONATE WITH OTHER SIGNIFICANT PROBLEMS	\$8,770.32	\$8,526.70
795	0.1649	NORMAL NEWBORN	\$1,187.28	\$1,154.30
799	4.9434	SPLENECTOMY WITH MCC	\$35,592.48	\$34,603.80
800	2.5874	SPLENECTOMY WITH CC	\$18,629.28	\$18,111.80
801	1.5586	SPLENECTOMY WITHOUT CC/MCC	\$11,221.92	\$10,910.20
802	3.6171	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD-FORMING ORGANS WITH MCC	\$26,043.12	\$25,319.70
803	1.8905	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD-FORMING ORGANS WITH CC	\$13,611.60	\$13,233.50
804	1.0446	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD-FORMING ORGANS WITHOUT CC/MCC	\$7,521.12	\$7,312.20
808	2.1479	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION WITH MCC	\$15,464.88	\$15,035.30
809	1.1951	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION WITH CC	\$8,604.72	\$8,365.70
810	0.923	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAGNOSES EXCEPT SICKLE CELL CRISIS AND COAGULATION WITHOUT CC/MCC	\$6,645.60	\$6,461.00
811	1.2544	RED BLOOD CELL DISORDERS WITH MCC	\$9,031.68	\$8,780.80
812	0.7957	RED BLOOD CELL DISORDERS WITHOUT MCC	\$5,729.04	\$5,569.90
813	1.4372	COAGULATION DISORDERS	\$10,347.84	\$10,060.40
814	1.6431	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH MCC	\$11,830.32	\$11,501.70
815	1.0024	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITH CC	\$7,217.28	\$7,016.80
816	0.6818	RETICULOENDOTHELIAL AND IMMUNITY DISORDERS WITHOUT CC/MCC	\$4,908.96	\$4,772.60
820	5.7112	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH MCC	\$41,120.64	\$39,978.40
821	2.3998	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITH CC	\$17,278.56	\$16,798.60
822	1.2253	LYMPHOMA AND LEUKEMIA WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC	\$8,822.16	\$8,577.10
823	4.564	LYMPHOMA AND NONACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH MCC	\$32,860.80	\$31,948.00
824	2.3055	LYMPHOMA AND NONACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITH CC	\$16,599.60	\$16,138.50
825	1.2418	LYMPHOMA AND NONACUTE LEUKEMIA WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC	\$8,940.96	\$8,692.60
826	4.8666	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITH MCC	\$35,039.52	\$34,066.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
827	2.1459	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITH CC	\$15,450.48	\$15,021.30
828	1.3861	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH MAJOR O.R. PROCEDURE WITHOUT CC/MCC	\$9,979.92	\$9,702.70
829	2.7093	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER O.R. PROCEDURE WITH CC/MCC	\$19,506.96	\$18,965.10
830	1.0976	MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASMS WITH OTHER O.R. PROCEDURE WITHOUT CC/MCC	\$7,902.72	\$7,683.20
834	4.9277	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH MCC	\$35,479.44	\$34,493.90
835	2.4284	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITH CC	\$17,484.48	\$16,998.80
836	1.1386	ACUTE LEUKEMIA WITHOUT MAJOR O.R. PROCEDURE WITHOUT CC/MCC	\$8,197.92	\$7,970.20
837	6.6599	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS OR WITH HIGH DOSE CHEMOTHERAPY AGENT WITH MCC	\$47,951.28	\$46,619.30
838	3.1428	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC OR HIGH DOSE CHEMOTHERAPY AGENT	\$22,628.16	\$21,999.60
839	1.2823	CHEMOTHERAPY WITH ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	\$9,232.56	\$8,976.10
840	2.9317	LYMPHOMA AND NONACUTE LEUKEMIA WITH MCC	\$21,108.24	\$20,521.90
841	1.6376	LYMPHOMA AND NONACUTE LEUKEMIA WITH CC	\$11,790.72	\$11,463.20
842	1.0389	LYMPHOMA AND NONACUTE LEUKEMIA WITHOUT CC/MCC	\$7,480.08	\$7,272.30
843	1.8363	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASM DIAGNOSES WITH MCC	\$13,221.36	\$12,854.10
844	1.194	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASM DIAGNOSES WITH CC	\$8,596.80	\$8,358.00
845	0.8029	OTHER MYELOPROLIFERATIVE DISORDERS OR POORLY DIFFERENTIATED NEOPLASM DIAGNOSES WITHOUT CC/MCC	\$5,780.88	\$5,620.30
846	2.1961	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH MCC	\$15,811.92	\$15,372.70

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
847	0.986	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITH CC	\$7,099.20	\$6,902.00
848	0.8078	CHEMOTHERAPY WITHOUT ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS WITHOUT CC/MCC	\$5,816.16	\$5,654.60
849	1.2627	RADIOTHERAPY	\$9,091.44	\$8,838.90
853	5.5237	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH MCC	\$39,770.64	\$38,665.90
854	2.7883	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITH CC	\$20,075.76	\$19,518.10
855	1.3797	INFECTIOUS AND PARASITIC DISEASES WITH O.R. PROCEDURE WITHOUT CC/MCC	\$9,933.84	\$9,657.90
856	5.1296	POSTOPERATIVE OR POSTTRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH MCC	\$36,933.12	\$35,907.20
857	2.0975	POSTOPERATIVE OR POSTTRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITH CC	\$15,102.00	\$14,682.50
858	1.305	POSTOPERATIVE OR POSTTRAUMATIC INFECTIONS WITH O.R. PROCEDURE WITHOUT CC/MCC	\$9,396.00	\$9,135.00
862	1.9511	POSTOPERATIVE AND POSTTRAUMATIC INFECTIONS WITH MCC	\$14,047.92	\$13,657.70
863	0.979	POSTOPERATIVE AND POSTTRAUMATIC INFECTIONS WITHOUT MCC	\$7,048.80	\$6,853.00
864	0.8276	FEVER	\$5,958.72	\$5,793.20
865	1.5651	VIRAL ILLNESS WITH MCC	\$11,268.72	\$10,955.70
866	0.7462	VIRAL ILLNESS WITHOUT MCC	\$5,372.64	\$5,223.40
867	2.4708	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH MCC	\$17,789.76	\$17,295.60
868	1.1614	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITH CC	\$8,362.08	\$8,129.80
869	0.7207	OTHER INFECTIOUS AND PARASITIC DISEASES DIAGNOSES WITHOUT CC/MCC	\$5,189.04	\$5,044.90
870	5.8305	SEPTICEMIA OR SEVERE SEPSIS WITH MECHANICAL VENTILATION 96+ HOURS	\$41,979.60	\$40,813.50
871	1.9074	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECHANICAL VENTILATION 96+ HOURS WITH MCC	\$13,733.28	\$13,351.80
872	1.1545	SEPTICEMIA OR SEVERE SEPSIS WITHOUT MECHANICAL VENTILATION 96+ HOURS WITHOUT MCC	\$8,312.40	\$8,081.50
876	2.8143	O.R. PROCEDURE WITH PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	\$20,262.96	\$19,700.10
880	0.6161	ACUTE ADJUSTMENT REACTION AND PSYCHOSOCIAL DYSFUNCTION	\$4,435.92	\$4,312.70
881	0.6178	DEPRESSIVE NEUROSES	\$4,448.16	\$4,324.60

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
882	0.6276	NEUROSES EXCEPT DEPRESSIVE	\$4,518.72	\$4,393.20
883	1.0694	DISORDERS OF PERSONALITY AND IMPULSE CONTROL	\$7,699.68	\$7,485.80
884	0.9308	ORGANIC DISTURBANCES AND MENTAL RETARDATION	\$6,701.76	\$6,515.60
885	0.9041	PSYCHOSES	\$6,509.52	\$6,328.70
886	0.7903	BEHAVIORAL AND DEVELOPMENTAL DISORDERS	\$5,690.16	\$5,532.10
887	0.7888	OTHER MENTAL DISORDER DIAGNOSES	\$5,679.36	\$5,521.60
894	0.4074	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AGAINST MEDICAL ADVICE	\$2,933.28	\$2,851.80
895	1.0275	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITH REHABILITATION THERAPY	\$7,398.00	\$7,192.50
896	1.4565	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITH MCC	\$10,486.80	\$10,195.50
897	0.6513	ALCOHOL/DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC	\$4,689.36	\$4,559.10
901	3.9042	WOUND DEBRIDEMENTS FOR INJURIES WITH MCC	\$28,110.24	\$27,329.40
902	1.7922	WOUND DEBRIDEMENTS FOR INJURIES WITH CC	\$12,903.84	\$12,545.40
903	1.0624	WOUND DEBRIDEMENTS FOR INJURIES WITHOUT CC/MCC	\$7,649.28	\$7,436.80
904	2.9335	SKIN GRAFTS FOR INJURIES WITH CC/MCC	\$21,121.20	\$20,534.50
905	1.1714	SKIN GRAFTS FOR INJURIES WITHOUT CC/MCC	\$8,434.08	\$8,199.80
906	1.0356	HAND PROCEDURES FOR INJURIES	\$7,456.32	\$7,249.20
907	3.8268	OTHER O.R. PROCEDURES FOR INJURIES WITH MCC	\$27,552.96	\$26,787.60
908	1.9251	OTHER O.R. PROCEDURES FOR INJURIES WITH CC	\$13,860.72	\$13,475.70
909	1.1554	OTHER O.R. PROCEDURES FOR INJURIES WITHOUT CC/MCC	\$8,318.88	\$8,087.80
913	1.3444	TRAUMATIC INJURY WITH MCC	\$9,679.68	\$9,410.80
914	0.6994	TRAUMATIC INJURY WITHOUT MCC	\$5,035.68	\$4,895.80
915	1.4252	ALLERGIC REACTIONS WITH MCC	\$10,261.44	\$9,976.40
916	0.4867	ALLERGIC REACTIONS WITHOUT MCC	\$3,504.24	\$3,406.90
917	1.4868	POISONING AND TOXIC EFFECTS OF DRUGS WITH MCC	\$10,704.96	\$10,407.60
918	0.6269	POISONING AND TOXIC EFFECTS OF DRUGS WITHOUT MCC	\$4,513.68	\$4,388.30
919	1.5903	COMPLICATIONS OF TREATMENT WITH MCC	\$11,450.16	\$11,132.10
920	0.9785	COMPLICATIONS OF TREATMENT WITH CC	\$7,045.20	\$6,849.50
921	0.6216	COMPLICATIONS OF TREATMENT WITHOUT CC/MCC	\$4,475.52	\$4,351.20

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
922	1.3478	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITH MCC	\$9,704.16	\$9,434.60
923	0.6808	OTHER INJURY, POISONING AND TOXIC EFFECT DIAGNOSES WITHOUT MCC	\$4,901.76	\$4,765.60
927	12.6651	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITH SKIN GRAFT	\$91,188.72	\$88,655.70
928	4.7724	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITH CC/MCC	\$34,361.28	\$33,406.80
929	2.0557	FULL THICKNESS BURN WITH SKIN GRAFT OR INHALATION INJURY WITHOUT CC/MCC	\$14,801.04	\$14,389.90
933	2.1979	EXTENSIVE BURNS OR FULL THICKNESS BURNS WITH MECHANICAL VENTILATION 96+ HOURS WITHOUT SKIN GRAFT	\$15,824.88	\$15,385.30
934	1.3556	FULL THICKNESS BURN WITHOUT SKIN GRAFT OR INHALATION INJURY	\$9,760.32	\$9,489.20
935	1.2919	NONEXTENSIVE BURNS	\$9,301.68	\$9,043.30
939	2.8702	O.R. PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH MCC	\$20,665.44	\$20,091.40
940	1.6797	O.R. PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITH CC	\$12,093.84	\$11,757.90
941	1.1457	O.R. PROCEDURE WITH DIAGNOSES OF OTHER CONTACT WITH HEALTH SERVICES WITHOUT CC/MCC	\$8,249.04	\$8,019.90
945	1.2795	REHABILITATION WITH CC/MCC	\$9,212.40	\$8,956.50
946	1.1273	REHABILITATION WITHOUT CC/MCC	\$8,116.56	\$7,891.10
947	1.0952	SIGNS AND SYMPTOMS WITH MCC	\$7,885.44	\$7,666.40
948	0.6865	SIGNS AND SYMPTOMS WITHOUT MCC	\$4,942.80	\$4,805.50
949	1.0006	AFTERCARE WITH CC/MCC	\$7,204.32	\$7,004.20
950	0.504	AFTERCARE WITHOUT CC/MCC	\$3,628.80	\$3,528.00
951	0.6593	OTHER FACTORS INFLUENCING HEALTH STATUS	\$4,746.96	\$4,615.10
955	5.5336	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	\$39,841.92	\$38,735.20
956	3.3704	LIMB REATTACHMENT, HIP AND FEMUR PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	\$24,266.88	\$23,592.80
957	6.2519	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH MCC	\$45,013.68	\$43,763.30
958	3.7692	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITH CC	\$27,138.24	\$26,384.40
959	2.3208	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	\$16,709.76	\$16,245.60
963	2.8123	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH MCC	\$20,248.56	\$19,686.10

MS-DRG	COST_WT	DESCRIPTION	PEER GROUP 1 HOSPITALS (\$7200)	PEER GROUP 2 HOSPITALS (\$7000)
964	1.4901	OTHER MULTIPLE SIGNIFICANT TRAUMA WITH CC	\$10,728.72	\$10,430.70
965	0.9386	OTHER MULTIPLE SIGNIFICANT TRAUMA WITHOUT CC/MCC	\$6,757.92	\$6,570.20
969	5.5073	HIV WITH EXTENSIVE O.R. PROCEDURE WITH MCC	\$39,652.56	\$38,551.10
970	2.6755	HIV WITH EXTENSIVE O.R. PROCEDURE WITHOUT MCC	\$19,263.60	\$18,728.50
974	2.5849	HIV WITH MAJOR RELATED CONDITION WITH MCC	\$18,611.28	\$18,094.30
975	1.364	HIV WITH MAJOR RELATED CONDITION WITH CC	\$9,820.80	\$9,548.00
976	0.8975	HIV WITH MAJOR RELATED CONDITION WITHOUT CC/MCC	\$6,462.00	\$6,282.50
977	1.0486	HIV WITH OR WITHOUT OTHER RELATED CONDITION	\$7,549.92	\$7,340.20
981	5.0634	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	\$36,456.48	\$35,443.80
982	2.9402	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	\$21,169.44	\$20,581.40
983	1.7767	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$12,792.24	\$12,436.90
984	3.3242	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	\$23,934.24	\$23,269.40
985	2.1508	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	\$15,485.76	\$15,055.60
986	1.114	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITHOUT CC/MCC	\$8,020.80	\$7,798.00
987	3.4495	NONEXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH MCC	\$24,836.40	\$24,146.50
988	1.8739	NONEXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS WITH CC	\$13,492.08	\$13,117.30
989	1.0589	NONEXTENSIVE O.R. PROCEDURE	\$7,624.08	\$7,412.30
998	0	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	\$0.00	\$0.00
999	0	UNGROUPABLE	\$0.00	\$0.00

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for ambulatory surgical/hospital outpatient center services is to be determined by peer group assignments and/or designations, and a variable discount. The variable discount rate for Peer Groups 1, 2, and 3, is 30.0%, 20.0%, and 15.0% respectively, and is to be applied to the facility's billed charges. Critical Access Hospitals are considered Peer Group 3 for the variable discount rate. **Ambulatory surgical centers and hospital outpatient centers are grouped in association with the nearest proximate hospital. Individual ambulatory surgical centers are not listed separately.** Unless otherwise specified in this section of the fee schedule (Pathology and Laboratory charges, for example), outpatient services are also subject to the variable discount rate. An ambulatory surgical center/hospital outpatient center shall not knowingly charge a payor more for treatment under worker's compensation than that normally charged for similar treatment outside the workers compensation system.
2. **WORKERS COMPENSATION PEER GROUPS AS OF APRIL 10, 2011:** Reimbursement for inpatient and outpatient medical services provided by ambulatory surgical and hospital outpatient 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
Emporia
Fort Scott
Galena
Garden City
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

Ottawa
Paola
Parsons
Pittsburg
Pratt
Salina
Ulysses
Wellington

Peer Group 3

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

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

OUT-OF-STATE AMBULATORY SURGICAL/HOSPITAL OUTPATIENT CENTERS (20.0% Discount)

All out-of-state ambulatory surgical/hospital outpatient centers are to be reimbursed at their billed charges, less 20.0%. Additionally, the rules that are contained within this fee schedule also apply to out-of-state ambulatory surgical/hospital outpatient centers. For example, reimbursement for any Pathology or Laboratory services provided by an out-of-state ambulatory surgical/hospital outpatient center will be subject to the maximum allowable payment as reflected within this fee schedule. Also, reimbursement to an out-of-state ambulatory surgical/hospital outpatient center providing surgical implants is to be determined by invoice cost plus a 25% markup.

3. **CHARGES IN EXCESS OF \$40,000:** When the total billed charges for an outpatient hospitalization exceeds \$40,000, an additional 5.0% discount is to be applied to all the charges in excess of \$40,000.
4. **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	\$3,000.00
Level II	\$2,500.00
Level III	\$1,000.00
Level IV	\$0.00

5. **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,

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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 that ambulatory surgical/hospital outpatient center's peer group assignment and the associated variable discount rate. The receiving hospital is to be paid in accordance with Hospital Fee Schedule.

6. **PHYSICAL MEDICINE AND REHABILITATION:** Reimbursement for any services provided by physical/occupational therapists is to be in accordance with the variable discount rate. However, for any hospitals having more than one affiliate clinic providing services on an outpatient basis, only one such clinic is allowed to submit billings using the hospital's Federal Tax ID number. The services for all other clinics affiliated with the same hospital are limited to the Maximum Allowable Fee for the respective *CPT* code that is contained within the Physical Medicine and Rehabilitation Section of this Fee Schedule.
7. **RADIOLOGY CHARGES:** Reimbursement for any outpatient radiology services, provided by ambulatory surgical/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.
8. **PATHOLOGY OR LABORATORY CHARGES:** Reimbursement for all outpatient pathology and laboratory services provided by ambulatory surgical/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.
9. **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.
10. **DETERMINING PAYMENT FOR AMBULATORY SURGICAL/HOSPITAL OUTPATIENT CENTERS INVOLVING MULTIPLE OR BILATERAL PROCEDURES:** The Surgery Ground Rules for multiple or bilateral procedures are similarly applied to individual billed charges submitted by ambulatory surgical/hospital outpatient centers. Please refer to the **Surgery Section** of this fee schedule for details and examples. Note that the variable discount will still apply to any multiple or bilateral procedures.
11. **FACILITY FEES:** Ambulatory surgical/hospital outpatient centers must **clearly and specifically** indicate that the billed **facility fee** reflects the services provided and identified by a *CPT* code.

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

- A. Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or
 - B. Kansas Department of Health and Environment (KDHE) licensure as an ambulatory surgical/hospital outpatient center; or
 - C. The facility level of safety, monitoring and quality of care as the JCAHO or KDHE licensure requires and has documented use showing the processes and procedures are in practice. In all other cases, a facility fee is not reimbursable without prior agreement from the payer, regardless of location of service.
12. **PHYSICIAN CHARGES:** An ambulatory surgical/hospital outpatient center shall bill for services provided by a physician **only if** those services involve: both professional and technical components; and, the physician is a

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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. As multiple or bilateral procedures apply to hospital outpatient and ambulatory surgical center facility fees refer to Surgery Ground Rules #6.

13. **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.
14. **ROOM:** Charges for other than semiprivate or ward service shall be subject to review, and must be accompanied by a statement identifying the source of authorization and necessity for other types of accommodations.
15. **SURGICAL IMPLANTABLES:** Reimbursement for surgical implantable items (e.g., rods, pins, screws, plates, prosthetic joint replacements) which involve an item or device intended for permanent placement in the body and are made of plastic, metallic, or of autogenous/non-autogenous graft material are to be determined by cost to the ambulatory surgical/hospital outpatient center plus a 25% markup above the invoice cost. A copy of the invoice must be submitted with the bill.
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. **TRANSFUSIONS:** Charges for any blood transfusions shall be subject to review, to determine if the patient made any arrangements to obtain replacement units on his or her own.
18. **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.
19. **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.
20. **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 **2011 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)** as the **primary standard of**

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

1. **General:** The Kansas Division of Workers Compensation adopts by reference the January 2011 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) July 2011 fee schedule.
 - (2) J codes will be reimbursed at 140 percent of the Medicare Reimbursement in the October 2011 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. 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 **2011 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.**

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 **2011 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	\$77.00/hr
B. Nonprofessional services rendered by a qualified rehabilitation professional	\$77.00/hr
subject to a case cap of	\$1,540.00
C. Miscellaneous Expenses:	Actual expenses (not to exceed the amount incurred)
D. Total of all fees and expenses in any one claim: (A + B + C above)	\$4,400.00

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. **EXCEPTIONAL CASES INVOLVING EXTRAORDINARY MEDICAL PROCEDURES:** An employee, employer, insurance carrier or the workers compensation fund may make application to the medical services section of the division of workers compensation for peer review of extraordinary medical procedures in exceptional cases in accordance with K.S.A. 44-510j(d)(1). Extraordinary medical procedures do not include requests for payment beyond the schedule of medical fees.
4. **REPRODUCTION OF MEDICAL RECORDS:** Note: Medical records related to Workers Compensation are not included in the medical records copying charges contained in Senate Bill 119 (2002) codified as K.S.A. 65-4971. Reimbursement for the reproduction of an employee's medical records (inclusive of any ancillary expenses such as postage, sales tax, and fees for notarized affidavits of records custodians, which are not to be charged as separate items) should be at the health care provider's billed charge, not to exceed the following:

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

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

A health care provider has the responsibility to submit supporting information or documentation (**except for routine office notes**) when seeking timely payment and reimbursement for the services provided. If the payer has not received all the necessary information to process payment and thus, sends a request to the health care provider for said information, such information shall be provided at no charge, in order to expedite payment of the service. However, in the event the payer regularly 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.

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

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

5. **REIMBURSEMENT FOR MILEAGE AND TRAVEL TIME ASSOCIATED WITH DEPOSITIONS, TESTIMONY, OR INDEPENDENT MEDICAL EXAMINATIONS:** Mileage (including any tolls and parking fees actually incurred) to and from the place of a deposition, testimony, or independent medical examination is to be reimbursed at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.
6. **CANCELLATION AND/OR RESCHEDULING OF A DEPOSITION, TESTIMONY, OR IME 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 **2011 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 ambulance services (ground only) will be limited to the emergency medical service's billed charge, **less 10%**. Air ambulance services will be limited to usual and customary charges as per 49 U.S.C., Section 41713(b) of the Federal Aviation Act.
2. **BILLING DOCUMENTATION:** When bills are submitted for reimbursement, they must include documentation of the distance traveled, the number of passengers (patients) transported, and the specific services required.
3. **SPECIAL SERVICES:** Billings for any additional required services, such as specialized life support care, extra attendants, or administration of medications, may be submitted with substantiation that such additional services were warranted. Reimbursement for these additional services is also limited to the billed charge, **less 15%**.
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 **2011 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.

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

1. **GENERAL:** Reimbursement for nursing homes, intermediate care, assisted living, and other facilities 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 15%**. Workers Compensation patients should not be charged a fee that is higher than that of privately insured patients.
2. **PRIOR AUTHORIZATION:** Prior Authorization from the employer (or insurance carrier) is required before admission to any of the above referenced facilities.
3. **PHYSICIAN CHARGES:** All physician charges, regardless of the setting or location in which the services were provided, are subject to the limits of this fee schedule. All physician billings must be submitted on the CMS 1500 form (or an equivalent form) containing the same information.
4. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with a nursing home, intermediate care facility, or assisted living facility to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
5. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2011 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:

- 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.

APPENDIX A - MODIFIERS

- 50 Bilateral Procedure:** Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by adding modifier -50 to the appropriate five-digit code. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 51 Multiple Procedures:** When multiple procedures, other than E/M services, are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier -51 to the additional procedure or service code(s). **Note:** This modifier should not be appended to designated "add-on" codes.
- 52 Reduced Services:** Under certain circumstances, a service or procedure may be partially reduced or eliminated at the physician's discretion. Under these circumstances, the service provided can be identified by its usual procedure code and the addition of modifier -52, signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 53 Discontinued Procedure:** Under certain circumstances, the physician may elect to terminate a surgical or diagnostic procedure. Due to extenuating circumstances or those that threaten the well being of the patient, it may be necessary to indicate that a surgical or diagnostic procedure was started but discontinued. This circumstance may be reported by adding modifier -53 to the code for the discontinued procedure. **Note:** This modifier is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating suite.
- 54 Surgical Care Only:** When one physician performs a surgical procedure and another provides preoperative and/or postoperative management, surgical services may be identified by adding modifier -54 to the usual procedure code.
- 55 Postoperative Management Only:** When one physician performed the postoperative management and another physician performed the surgical procedure, the postoperative component may be identified by adding modifier -55 to the usual procedure code.
- 56 Preoperative Management Only:** When one physician performed the preoperative care and evaluation and another physician performed the surgical procedure, the preoperative component may be identified by adding modifier -56 to the usual procedure code.
- 57 Decision for Surgery:** An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier -57 to the appropriate level of E/M service.
- 58 Staged or Related Procedure or Service by the Same Physician During the Postoperative Period:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was: a) planned prospectively at the time of the original procedure (staged); b) more extensive than the original procedure; or c) for therapy following a diagnostic surgical procedure. This circumstance may be reported by adding modifier -58 to the staged or related procedure. **Note:** This modifier is not used to report the treatment of a problem that requires a return to the operating room. See modifier -78. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

APPENDIX A - MODIFIERS

- 59 Distinct Procedural Service:** Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier -59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier -59. Only if no more descriptive modifier is available, and the use of modifier -59 best explains the circumstances, should modifier -59 be used. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 62 Two Surgeons:** When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier -62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported without modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with the modifier -80 or modifier -82 added, as appropriate.
- 66 Surgical Team:** Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier -66 to the basic procedure code used for reporting services.
- 76 Repeat Procedure by Same Physician:** The physician may need to indicate that a procedure or service was repeated subsequent to the original procedure or service. This circumstance may be reported by adding modifier -76 to the repeated procedure/service. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 77 Repeat Procedure by Another Physician:** The physician may need to indicate that a basic procedure or service performed by another physician had to be repeated. This situation may be reported by adding modifier -77 to the repeated procedure/service. **Note: that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 78 Return to the Operating Room for a Related Procedure During the Postoperative Period:** The physician may need to indicate that another procedure was performed during the postoperative period of the initial procedure. When this subsequent procedure is related to the first, and requires the use of the operating room, it may be reported by adding modifier -78 to the related procedure. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**

APPENDIX A - MODIFIERS

- 79 Unrelated Procedure or Service by the Same Physician During the Postoperative Period:** The physician may need to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure. This circumstance may be reported by using modifier -79. (For repeat procedures on the same day, see modifier -76.) **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 80 Assistant Surgeon:** Surgical assistant services may be identified by adding modifier -80 to the usual procedure numbers(s).
- 81 Minimum Assistant Surgeon:** Minimum surgical assistant services are identified by adding modifier -81 to the usual procedure code.
- 82 Assistant Surgeon (when qualified resident surgeon not available):** The unavailability of a qualified resident surgeon is a prerequisite for use of modifier -82 appended to the usual procedure code number(s).
- NP Non-Physician Assistant:** A non-physician such as a physician assistant or registered nurse who assists during surgery is to be identified by adding modifier -NP to the usual procedure number.
- 90 Reference (Outside) Laboratory:** When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding modifier -90 to the usual procedure code.
- 91 Repeat Clinical Diagnostic Laboratory Test:** In the course of treatment of the patient, it may be necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. Under these circumstances, the laboratory test performed can be identified by its usual procedure number and the addition of modifier -91. **Note:** This modifier may not be used when tests are rerun to confirm initial results; due to testing problems with specimens or equipment; or for any other reason when a normal, one-time, reportable result is all that is required. This modifier may not be used when other code(s) describe a series of test results (e.g., glucose tolerance tests, evocative/suppression testing). This modifier may only be used for laboratory test(s) performed more than once on the same day on the same patient. **Note: that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 92 Alternative Laboratory Platform Testing:** When laboratory testing is being performed using a kit or transportable instrument that wholly or in part consists of a single use, disposable analytical chamber, the service may be identified by adding modifier 92 to the usual laboratory procedure code (HIV testing 86701-86703). The test does not require permanent dedicated space, hence by its design may be hand carried or transported to the vicinity of the patient for immediate testing at that site, although location of the testing is not in itself determinative of the use of this modifier.
- 99 Multiple Modifiers:** Under certain circumstances, two or more modifiers may be necessary to completely delineate a service. In such situations, modifier -99 should be added to the basic procedure, and other applicable modifiers shall be listed as part of the description of the service.

APPENDIX B

QUICK REFERENCE TABLE

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

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

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

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

Section Numbers and Their Sequences:

Surgery	10021 to 69990
Radiology.....	70010 to 79999
Pathology and Laboratory.....	80047 to 89331
Medicine	90281 to 96999
Evaluation and Management.....	99201 to 99499
Home Health Procedures/Services	99500 to 99602
Dentistry	ADA D0120 to D9999

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
10021	\$296.69
10022	\$284.66
10040	\$211.01
10060	\$226.59
10061	\$378.13
10080	\$346.97
10081	\$535.32
10120	\$279.70
10121	\$543.11
10140	\$320.77
10160	\$259.87
10180	\$487.88
11000	\$108.34
11001	\$43.90
11004	\$1,219.35
11005	\$1,634.29
11006	\$1,487.72
11008	\$574.27
11010	\$981.43
11011	\$1,077.02
11012	\$1,445.23
11042	\$180.57
11043	\$397.24
11044	\$606.13
11045	\$64.44
11046	\$111.88
11047	\$184.11
11055	\$99.84
11056	\$119.67
11057	\$141.62
11100	\$213.14
11101	\$67.98
11200	\$174.19
11201	\$38.95
11300	\$140.91
11301	\$191.19
11302	\$228.72
11303	\$269.79
11305	\$140.91
11306	\$195.44
11307	\$231.55
11308	\$256.33
11310	\$174.19
11311	\$219.51
11312	\$255.62
11313	\$317.23
11400	\$243.59
11401	\$298.11
11402	\$332.10
11403	\$381.67
11404	\$434.07
11406	\$618.88
11420	\$242.88
11421	\$315.81

CODE	MAXIMUM FEE
11422	\$351.93
11423	\$407.87
11424	\$468.76
11426	\$670.57
11440	\$268.37
11441	\$337.76
11442	\$380.96
11443	\$453.89
11444	\$570.73
11446	\$785.99
11450	\$743.51
11451	\$950.27
11462	\$730.05
11463	\$970.10
11470	\$812.90
11471	\$1,005.50
11600	\$379.54
11601	\$461.68
11602	\$504.88
11603	\$573.56
11604	\$635.87
11606	\$900.70
11620	\$386.62
11621	\$465.22
11622	\$523.99
11623	\$612.51
11624	\$688.27
11626	\$831.31
11640	\$401.49
11641	\$485.76
11642	\$556.57
11643	\$655.70
11644	\$807.94
11646	\$1,057.90
11719	\$43.90
11720	\$63.73
11721	\$87.10
11730	\$195.44
11732	\$89.22
11740	\$94.89
11750	\$441.85
11752	\$637.29
11755	\$269.79
11760	\$438.31
11762	\$551.61
11765	\$278.28
11770	\$543.11
11771	\$1,126.59
11772	\$1,350.35
11900	\$115.42
11901	\$145.87
11920	\$362.55
11921	\$417.78
11922	\$125.33

CODE	MAXIMUM FEE
11950	\$145.87
11951	\$207.47
11952	\$266.95
11954	\$332.10
11960	\$1,865.84
11970	\$1,267.50
11971	\$955.23
11975	\$261.29
11976	\$300.23
11977	\$459.56
11980	\$215.26
11981	\$278.28
11982	\$310.15
11983	\$460.97
12001	\$198.98
12002	\$233.67
12004	\$277.58
12005	\$357.59
12006	\$431.94
12007	\$503.46
12011	\$238.63
12013	\$256.33
12014	\$303.77
12015	\$372.46
12016	\$465.93
12017	\$359.71
12018	\$426.28
12020	\$552.32
12021	\$328.56
12031	\$499.92
12032	\$629.50
12034	\$628.08
12035	\$761.92
12036	\$832.73
12037	\$933.28
12041	\$521.87
12042	\$597.64
12044	\$708.10
12045	\$759.08
12046	\$900.70
12047	\$977.89
12051	\$552.32
12052	\$630.21
12053	\$696.06
12054	\$738.55
12055	\$886.54
12056	\$1,057.90
12057	\$1,206.60
13100	\$645.08
13101	\$819.98
13102	\$223.05
13120	\$671.28
13121	\$914.16
13122	\$246.42

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
13131	\$741.38
13132	\$1,200.94
13133	\$348.39
13150	\$737.13
13151	\$839.81
13152	\$1,161.28
13153	\$382.37
13160	\$1,676.78
14000	\$1,284.49
14001	\$1,659.08
14020	\$1,442.40
14021	\$1,812.74
14040	\$1,590.39
14041	\$1,971.35
14060	\$1,616.59
14061	\$2,115.80
14301	\$2,284.33
14302	\$488.59
14350	\$1,499.76
15002	\$692.52
15003	\$150.83
15004	\$814.32
15005	\$249.96
15040	\$521.16
15050	\$1,149.95
15100	\$1,776.62
15101	\$383.79
15110	\$1,752.55
15111	\$245.00
15115	\$1,780.16
15116	\$351.93
15120	\$1,962.85
15121	\$548.78
15130	\$1,390.00
15131	\$210.31
15135	\$1,792.91
15136	\$182.69
15150	\$1,429.65
15151	\$274.03
15152	\$322.19
15155	\$1,331.23
15156	\$351.22
15157	\$341.30
15170	\$895.04
15171	\$195.44
15175	\$1,066.40
15176	\$305.19
15200	\$1,688.11
15201	\$305.90
15220	\$1,588.98
15221	\$283.24
15240	\$1,921.08
15241	\$381.67
15260	\$2,083.23

CODE	MAXIMUM FEE
15261	\$445.39
15300	\$717.31
15301	\$130.29
15320	\$769.00
15321	\$195.44
15330	\$667.03
15331	\$132.41
15335	\$654.99
15336	\$183.40
15340	\$643.66
15341	\$96.30
15360	\$734.30
15361	\$135.96
15365	\$701.73
15366	\$167.82
15400	\$832.02
15401	\$187.65
15420	\$903.54
15421	\$239.34
15430	\$1,112.43
15431	\$493.55
15570	\$1,841.06
15572	\$1,794.33
15574	\$1,876.47
15576	\$1,666.87
15600	\$667.74
15610	\$701.02
15620	\$901.41
15630	\$953.10
15650	\$1,053.65
15731	\$2,365.76
15732	\$3,114.93
15734	\$3,165.92
15736	\$2,785.67
15738	\$2,965.52
15740	\$2,122.88
15750	\$1,909.04
15756	\$4,943.95
15757	\$4,894.39
15758	\$4,873.14
15760	\$1,761.75
15770	\$1,390.71
15775	\$594.80
15776	\$870.96
15780	\$1,696.61
15781	\$1,120.92
15782	\$1,140.75
15783	\$1,004.79
15786	\$497.79
15787	\$98.43
15788	\$921.95
15789	\$1,157.04
15792	\$885.13
15793	\$1,001.25

CODE	MAXIMUM FEE
15819	\$1,478.51
15820	\$1,155.62
15821	\$1,232.80
15822	\$895.75
15823	\$1,262.54
15824	\$2,284.33
15825	\$2,568.99
15826	\$1,855.93
15828	\$4,853.32
15829	\$5,424.75
15830	\$2,425.95
15832	\$1,920.37
15833	\$1,803.53
15834	\$1,815.57
15835	\$1,921.08
15836	\$1,499.76
15837	\$1,711.48
15838	\$1,198.81
15839	\$1,780.16
15840	\$2,130.67
15841	\$3,518.55
15842	\$5,278.89
15845	\$2,035.08
15847	\$999.13
15850	\$177.73
15851	\$194.73
15852	\$97.72
15860	\$228.01
15876	BR
15877	BR
15878	BR
15879	BR
15920	\$1,242.01
15922	\$1,599.60
15931	\$1,390.00
15933	\$1,722.10
15934	\$1,913.99
15935	\$2,265.92
15936	\$1,847.43
15937	\$2,161.83
15940	\$1,432.49
15941	\$1,857.35
15944	\$1,847.43
15945	\$2,050.66
15946	\$3,409.50
15950	\$1,177.57
15951	\$1,773.79
15952	\$1,733.43
15953	\$1,901.96
15956	\$2,396.21
15958	\$2,445.07
15999	BR
16000	\$140.20
16020	\$169.24

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
16025	\$303.77
16030	\$365.38
16035	\$424.15
16036	\$171.36
17000	\$165.70
17003	\$14.87
17004	\$358.30
17106	\$706.68
17107	\$916.99
17108	\$1,309.99
17110	\$225.88
17111	\$269.08
17250	\$155.78
17260	\$195.44
17261	\$295.28
17262	\$358.30
17263	\$394.41
17264	\$422.74
17266	\$479.38
17270	\$308.02
17271	\$338.47
17272	\$385.91
17273	\$429.82
17274	\$507.00
17276	\$587.01
17280	\$288.90
17281	\$366.09
17282	\$424.15
17283	\$509.83
17284	\$591.26
17286	\$748.46
17311	\$1,392.12
17312	\$830.60
17313	\$1,269.62
17314	\$770.41
17315	\$167.11
17340	\$102.67
17360	\$273.33
17380	\$157.91
17999	BR
19000	\$226.59
19001	\$55.23
19020	\$922.65
19030	\$336.35
19100	\$295.99
19101	\$674.82
19102	\$443.27
19103	\$1,139.33
19105	\$4,241.52
19110	\$958.06
19112	\$899.29
19120	\$976.47
19125	\$1,084.10
19126	\$334.22

CODE	MAXIMUM FEE
19260	\$2,499.59
19271	\$3,390.38
19272	\$3,754.35
19290	\$332.10
19291	\$140.91
19295	\$188.35
19296	\$8,228.12
19297	\$195.44
19298	\$2,525.08
19300	\$1,035.95
19301	\$1,310.69
19302	\$1,807.78
19303	\$2,029.41
19304	\$1,154.20
19305	\$2,292.83
19306	\$2,415.33
19307	\$2,416.04
19316	\$1,610.22
19318	\$2,337.44
19324	\$998.42
19325	\$1,348.22
19328	\$1,028.16
19330	\$1,313.53
19340	\$1,818.40
19342	\$1,930.28
19350	\$1,730.60
19355	\$1,447.36
19357	\$3,085.90
19361	\$3,532.00
19364	\$5,834.04
19366	\$2,878.43
19367	\$3,786.21
19368	\$4,680.54
19369	\$4,320.83
19370	\$1,431.07
19371	\$1,639.96
19380	\$1,612.34
19396	\$498.50
19499	BR
20005	\$616.05
20100	\$1,237.05
20101	\$823.52
20102	\$971.51
20103	\$1,168.37
20150	\$2,048.53
20200	\$405.74
20205	\$558.69
20206	\$514.79
20220	\$338.47
20225	\$1,268.92
20240	\$464.51
20245	\$1,305.74
20250	\$785.28
20251	\$858.22

CODE	MAXIMUM FEE
20500	\$225.88
20501	\$256.33
20520	\$398.66
20525	\$965.85
20526	\$153.66
20550	\$116.84
20551	\$118.96
20552	\$109.05
20553	\$123.21
20555	\$686.15
20600	\$110.46
20605	\$120.38
20610	\$160.03
20612	\$119.67
20615	\$446.10
20650	\$403.62
20660	\$509.12
20661	\$1,008.33
20662	\$890.79
20663	\$942.48
20664	\$1,684.57
20665	\$226.59
20670	\$793.78
20680	\$1,249.80
20690	\$1,188.90
20692	\$2,234.06
20693	\$940.36
20694	\$868.84
20696	\$2,226.97
20697	\$3,489.52
20802	\$4,794.55
20805	\$5,931.75
20808	\$8,674.23
20816	\$4,464.57
20822	\$3,946.24
20824	\$4,514.85
20827	\$4,097.77
20838	\$4,922.00
20900	\$851.14
20902	\$679.78
20910	\$875.92
20912	\$1,014.00
20920	\$834.14
20922	\$1,235.63
20924	\$1,043.03
20926	\$903.54
20930	\$252.79
20931	\$237.92
20936	\$266.95
20937	\$356.17
20938	\$390.87
20950	\$505.58
20955	\$5,338.37
20956	\$5,517.52

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
20957	\$5,370.94
20962	\$5,470.07
20969	\$5,887.14
20970	\$5,892.81
20972	\$4,786.05
20973	\$5,596.11
20974	\$143.04
20975	\$368.21
20979	\$107.63
20982	\$7,442.13
20985	\$310.15
20999	BR
21010	\$1,502.59
21011	\$684.73
21012	\$721.55
21013	\$1,057.90
21014	\$1,113.13
21015	\$1,367.34
21016	\$2,207.86
21025	\$1,829.02
21026	\$1,247.67
21029	\$1,591.10
21030	\$1,045.86
21031	\$787.41
21032	\$800.86
21034	\$2,764.42
21040	\$1,053.65
21044	\$1,841.06
21045	\$2,565.45
21046	\$2,265.21
21047	\$2,708.48
21048	\$2,316.20
21049	\$2,597.31
21050	\$1,827.61
21060	\$1,703.69
21070	\$1,298.66
21073	\$796.61
21076	\$2,008.17
21077	\$5,004.14
21079	\$3,398.17
21080	\$3,837.19
21081	\$3,521.38
21082	\$3,303.29
21083	\$3,066.07
21084	\$3,617.68
21085	\$1,639.96
21086	\$3,675.04
21087	\$3,667.96
21088	BR
21089	BR
21100	\$1,345.39
21110	\$1,591.81
21116	\$302.36
21120	\$1,319.90

CODE	MAXIMUM FEE
21121	\$1,586.14
21122	\$1,447.36
21123	\$1,809.20
21125	\$6,292.18
21127	\$7,682.89
21137	\$1,494.80
21138	\$1,846.72
21139	\$2,049.95
21141	\$2,862.85
21142	\$2,886.22
21143	\$3,058.99
21145	\$3,108.56
21146	\$3,569.53
21147	\$3,407.38
21150	\$3,413.04
21151	\$4,087.15
21154	\$4,429.17
21155	\$4,512.01
21159	\$5,831.91
21160	\$5,595.41
21172	\$3,722.48
21175	\$5,004.14
21179	\$3,182.91
21180	\$3,464.73
21181	\$1,482.76
21182	\$4,142.39
21183	\$4,710.28
21184	\$5,186.12
21188	\$3,359.93
21193	\$2,736.10
21194	\$2,912.42
21195	\$2,800.54
21196	\$3,064.66
21198	\$2,420.99
21199	\$2,133.51
21206	\$2,535.00
21208	\$3,743.02
21209	\$1,732.72
21210	\$4,476.61
21215	\$7,803.26
21230	\$1,621.55
21235	\$1,516.04
21240	\$2,287.16
21242	\$2,098.10
21243	\$3,453.40
21244	\$2,207.15
21245	\$2,345.23
21246	\$1,744.76
21247	\$3,395.34
21248	\$2,232.64
21249	\$3,071.74
21255	\$2,874.89
21256	\$2,465.60
21260	\$2,763.71

CODE	MAXIMUM FEE
21261	\$4,602.65
21263	\$3,929.96
21267	\$3,343.65
21268	\$3,827.28
21270	\$1,966.39
21275	\$1,744.76
21280	\$1,170.49
21282	\$770.41
21295	\$366.80
21296	\$832.73
21299	BR
21310	\$231.55
21315	\$558.69
21320	\$526.83
21325	\$982.13
21330	\$1,185.36
21335	\$1,528.08
21336	\$1,350.35
21337	\$827.77
21338	\$1,555.70
21339	\$1,676.07
21340	\$1,621.55
21343	\$2,401.88
21344	\$3,483.14
21345	\$1,631.46
21346	\$1,939.49
21347	\$2,297.78
21348	\$2,419.58
21355	\$921.95
21356	\$1,024.62
21360	\$1,104.64
21365	\$2,330.36
21366	\$2,644.05
21385	\$1,453.73
21386	\$1,388.58
21387	\$1,562.78
21390	\$1,652.00
21395	\$2,029.41
21400	\$380.25
21401	\$982.13
21406	\$1,144.29
21407	\$1,351.05
21408	\$1,883.55
21421	\$1,547.91
21422	\$1,380.09
21423	\$1,712.89
21431	\$1,544.37
21432	\$1,462.23
21433	\$3,525.63
21435	\$2,718.40
21436	\$4,283.30
21440	\$1,143.58
21445	\$1,561.36
21450	\$1,198.81

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
21451	\$1,554.99
21452	\$1,204.48
21453	\$1,816.28
21454	\$1,155.62
21461	\$4,194.08
21462	\$4,448.99
21465	\$1,980.56
21470	\$2,515.88
21480	\$189.77
21485	\$1,397.79
21490	\$1,942.32
21495	\$1,460.81
21497	\$1,401.33
21499	BR
21501	\$921.24
21502	\$1,062.86
21510	\$978.59
21550	\$531.08
21552	\$947.44
21554	\$1,554.99
21555	\$846.89
21556	\$1,070.65
21557	\$1,857.35
21558	\$2,891.88
21600	\$1,168.37
21610	\$2,412.50
21615	\$1,384.34
21616	\$1,691.65
21620	\$1,094.01
21627	\$1,146.41
21630	\$2,651.83
21632	\$2,639.09
21685	\$2,099.52
21700	\$897.16
21705	\$1,269.62
21720	\$932.57
21725	\$1,104.64
21740	\$2,180.95
21742	\$2,389.84
21743	\$3,144.67
21750	\$1,482.76
21800	\$210.31
21805	\$544.53
21810	\$1,081.98
21820	\$278.99
21825	\$1,178.99
21899	BR
21920	\$531.78
21925	\$885.13
21930	\$955.23
21931	\$989.92
21932	\$1,412.66
21933	\$1,556.40
21935	\$2,144.83

CODE	MAXIMUM FEE
21936	\$3,015.09
22010	\$1,936.65
22015	\$1,906.21
22100	\$1,807.78
22101	\$1,769.54
22102	\$1,700.15
22103	\$303.77
22110	\$2,223.43
22112	\$2,192.28
22114	\$2,050.66
22116	\$296.69
22206	\$4,892.97
22207	\$4,972.28
22208	\$1,239.18
22210	\$3,666.54
22212	\$3,039.17
22214	\$3,058.99
22216	\$773.25
22220	\$3,337.28
22222	\$3,096.52
22224	\$3,270.01
22226	\$775.37
22305	\$383.79
22310	\$614.63
22315	\$1,799.99
22318	\$3,381.89
22319	\$3,767.09
22325	\$2,955.61
22326	\$3,070.32
22327	\$3,049.08
22328	\$599.76
22505	\$245.00
22520	\$4,646.55
22521	\$4,558.75
22522	\$481.51
22523	\$1,223.60
22524	\$1,176.15
22525	\$549.49
22526	\$4,356.23
22527	\$3,503.68
22532	\$3,704.07
22533	\$3,489.52
22534	\$770.41
22548	\$4,039.00
22551	\$3,621.22
22552	\$844.06
22554	\$2,646.88
22556	\$3,471.81
22558	\$3,208.40
22585	\$714.47
22590	\$3,265.05
22595	\$3,103.60
22600	\$2,650.42
22610	\$2,596.60

CODE	MAXIMUM FEE
22612	\$3,321.70
22614	\$832.73
22630	\$3,200.61
22632	\$679.07
22800	\$2,811.16
22802	\$4,402.26
22804	\$5,074.24
22808	\$3,827.28
22810	\$4,257.10
22812	\$4,601.94
22818	\$4,550.25
22819	\$5,686.04
22830	\$1,675.36
22840	\$1,622.26
22841	\$797.32
22842	\$1,625.09
22843	\$1,725.64
22844	\$2,083.23
22845	\$1,564.90
22846	\$1,623.67
22847	\$1,855.93
22848	\$763.33
22849	\$2,712.02
22850	\$1,487.72
22851	\$868.13
22852	\$1,421.86
22855	\$2,322.57
22856	\$3,450.57
22857	\$3,496.60
22861	\$4,209.65
22862	\$3,980.94
22864	\$3,951.91
22865	\$4,225.23
22899	BR
22900	\$1,096.85
22901	\$1,385.75
22902	\$909.91
22903	\$930.44
22904	\$2,166.79
22905	\$2,818.24
22999	BR
23000	\$1,130.13
23020	\$1,415.49
23030	\$879.46
23031	\$818.56
23035	\$1,404.87
23040	\$1,480.64
23044	\$1,174.03
23065	\$443.27
23066	\$1,067.81
23071	\$882.29
23073	\$1,461.52
23075	\$819.98
23076	\$1,114.55

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
23077	\$2,401.17
23078	\$2,932.24
23100	\$1,014.71
23101	\$921.95
23105	\$1,309.28
23106	\$999.13
23107	\$1,357.43
23120	\$1,191.73
23125	\$1,452.31
23130	\$1,246.26
23140	\$1,068.52
23145	\$1,427.53
23146	\$1,255.46
23150	\$1,351.05
23155	\$1,631.46
23156	\$1,390.71
23170	\$1,121.63
23172	\$1,147.12
23174	\$1,555.70
23180	\$1,397.79
23182	\$1,365.92
23184	\$1,521.71
23190	\$1,161.99
23195	\$1,552.16
23200	\$2,930.12
23210	\$3,428.62
23220	\$3,785.50
23330	\$468.05
23331	\$1,211.56
23332	\$1,821.94
23350	\$308.73
23395	\$2,660.33
23397	\$2,371.43
23400	\$2,013.13
23405	\$1,292.99
23406	\$1,610.93
23410	\$1,701.56
23412	\$1,770.25
23415	\$1,431.07
23420	\$2,008.17
23430	\$1,530.20
23440	\$1,562.07
23450	\$1,963.56
23455	\$2,086.06
23460	\$2,265.92
23462	\$2,226.97
23465	\$2,316.90
23466	\$2,314.07
23470	\$2,515.17
23472	\$3,116.35
23480	\$1,694.48
23485	\$1,990.47
23490	\$1,804.95
23491	\$2,100.22

CODE	MAXIMUM FEE
23500	\$431.94
23505	\$701.73
23515	\$1,482.76
23520	\$453.89
23525	\$743.51
23530	\$1,143.58
23532	\$1,278.83
23540	\$440.44
23545	\$645.08
23550	\$1,174.03
23552	\$1,353.18
23570	\$459.56
23575	\$795.20
23585	\$2,012.42
23600	\$645.08
23605	\$937.52
23615	\$1,821.94
23616	\$2,602.27
23620	\$533.20
23625	\$762.62
23630	\$1,591.81
23650	\$600.47
23655	\$793.78
23660	\$1,195.27
23665	\$850.43
23670	\$1,785.12
23675	\$1,107.47
23680	\$1,904.79
23700	\$398.66
23800	\$2,125.72
23802	\$2,628.47
23900	\$2,816.82
23920	\$2,287.16
23921	\$907.08
23929	BR
23930	\$721.55
23931	\$570.73
23935	\$1,030.99
24000	\$975.05
24006	\$1,464.35
24065	\$522.58
24066	\$1,224.30
24071	\$860.34
24073	\$1,466.48
24075	\$994.17
24076	\$1,087.64
24077	\$2,079.69
24079	\$2,704.23
24100	\$841.93
24101	\$1,023.20
24102	\$1,261.83
24105	\$701.73
24110	\$1,200.94
24115	\$1,511.79

CODE	MAXIMUM FEE
24116	\$1,780.87
24120	\$1,077.02
24125	\$1,262.54
24126	\$1,329.81
24130	\$1,036.66
24134	\$1,545.07
24136	\$1,261.13
24138	\$1,374.42
24140	\$1,462.23
24145	\$1,229.97
24147	\$1,285.91
24149	\$2,410.37
24150	\$3,049.08
24152	\$2,593.06
24155	\$1,758.21
24160	\$1,244.13
24164	\$1,020.37
24200	\$409.99
24201	\$1,128.00
24220	\$335.64
24300	\$821.40
24301	\$1,549.32
24305	\$1,188.90
24310	\$976.47
24320	\$1,605.26
24330	\$1,477.10
24331	\$1,659.79
24332	\$1,251.92
24340	\$1,260.42
24341	\$1,520.29
24342	\$1,608.10
24343	\$1,445.23
24344	\$2,262.38
24345	\$1,436.73
24346	\$2,265.92
24357	\$911.32
24358	\$1,072.77
24359	\$1,349.64
24360	\$1,859.47
24361	\$2,088.19
24362	\$2,197.94
24363	\$3,107.85
24365	\$1,316.36
24366	\$1,406.29
24400	\$1,691.65
24410	\$2,175.28
24420	\$2,045.70
24430	\$2,185.20
24435	\$2,222.73
24470	\$1,339.02
24495	\$1,356.01
24498	\$1,795.03
24500	\$703.85
24505	\$1,006.21

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
24515	\$1,807.78
24516	\$1,780.87
24530	\$754.13
24535	\$1,249.09
24538	\$1,530.20
24545	\$1,910.45
24546	\$2,161.83
24560	\$632.33
24565	\$1,055.78
24566	\$1,463.64
24575	\$1,507.54
24576	\$670.57
24577	\$1,092.60
24579	\$1,719.27
24582	\$1,639.96
24586	\$2,255.30
24587	\$2,251.05
24600	\$722.97
24605	\$946.02
24615	\$1,468.60
24620	\$1,130.84
24635	\$1,448.06
24640	\$255.62
24650	\$514.08
24655	\$871.67
24665	\$1,334.77
24666	\$1,506.84
24670	\$574.98
24675	\$918.41
24685	\$1,337.60
24800	\$1,680.32
24802	\$2,069.78
24900	\$1,498.34
24920	\$1,490.55
24925	\$1,154.91
24930	\$1,579.77
24931	\$1,595.35
24935	\$1,998.26
24940	\$2,157.58
24999	BR
25000	\$702.44
25001	\$691.81
25020	\$1,181.11
25023	\$2,273.71
25024	\$1,602.43
25025	\$2,510.21
25028	\$1,059.32
25031	\$743.51
25035	\$1,266.79
25040	\$1,164.12
25065	\$520.45
25066	\$754.83
25071	\$904.24
25073	\$1,130.13

CODE	MAXIMUM FEE
25075	\$982.84
25076	\$1,064.27
25077	\$1,822.65
25078	\$2,365.05
25085	\$941.06
25100	\$708.81
25101	\$831.31
25105	\$1,001.25
25107	\$1,269.62
25109	\$1,092.60
25110	\$718.72
25111	\$650.74
25112	\$789.53
25115	\$1,620.13
25116	\$1,291.57
25118	\$785.28
25119	\$1,033.83
25120	\$1,084.81
25125	\$1,280.95
25126	\$1,285.91
25130	\$924.78
25135	\$1,152.08
25136	\$1,014.71
25145	\$1,120.21
25150	\$1,176.86
25151	\$1,265.37
25170	\$2,932.24
25210	\$1,009.04
25215	\$1,285.20
25230	\$889.37
25240	\$891.50
25246	\$341.30
25248	\$880.17
25250	\$1,082.68
25251	\$1,481.35
25259	\$826.35
25260	\$1,354.60
25263	\$1,349.64
25265	\$1,604.55
25270	\$1,072.06
25272	\$1,203.77
25274	\$1,441.69
25275	\$1,389.29
25280	\$1,220.76
25290	\$994.88
25295	\$1,136.50
25300	\$1,414.08
25301	\$1,331.94
25310	\$1,330.52
25312	\$1,545.07
25315	\$1,659.08
25316	\$1,880.71
25320	\$2,024.46
25332	\$1,743.34

CODE	MAXIMUM FEE
25335	\$1,723.52
25337	\$1,834.69
25350	\$1,453.02
25355	\$1,647.04
25360	\$1,413.37
25365	\$1,950.11
25370	\$2,137.05
25375	\$1,918.95
25390	\$1,653.41
25391	\$2,127.13
25392	\$2,166.79
25393	\$2,466.31
25394	\$1,613.76
25400	\$1,729.89
25405	\$2,214.23
25415	\$2,098.81
25420	\$2,496.76
25425	\$2,111.55
25426	\$2,323.98
25430	\$1,443.11
25431	\$1,618.72
25440	\$1,590.39
25441	\$1,913.99
25442	\$1,626.51
25443	\$1,612.34
25444	\$1,635.71
25445	\$1,484.89
25446	\$2,428.07
25447	\$1,694.48
25449	\$2,161.83
25450	\$1,164.12
25455	\$1,282.37
25490	\$1,450.90
25491	\$1,592.52
25492	\$1,927.45
25500	\$529.66
25505	\$1,007.63
25515	\$1,370.17
25520	\$1,129.42
25525	\$1,626.51
25526	\$2,003.92
25530	\$513.37
25535	\$980.72
25545	\$1,277.41
25560	\$538.16
25565	\$1,052.24
25574	\$1,373.71
25575	\$1,848.14
25600	\$579.23
25605	\$1,256.17
25606	\$1,364.51
25607	\$1,494.80
25608	\$1,679.61
25609	\$2,142.00

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
25622	\$599.05
25624	\$925.49
25628	\$1,477.80
25630	\$606.84
25635	\$897.87
25645	\$1,165.53
25650	\$636.58
25651	\$983.55
25652	\$1,273.16
25660	\$817.86
25670	\$1,243.42
25671	\$1,079.14
25675	\$868.13
25676	\$1,295.82
25680	\$939.65
25685	\$1,509.67
25690	\$965.14
25695	\$1,301.49
25800	\$1,518.87
25805	\$1,757.50
25810	\$1,792.20
25820	\$1,258.29
25825	\$1,553.57
25830	\$1,956.48
25900	\$1,511.79
25905	\$1,489.84
25907	\$1,303.61
25909	\$1,458.69
25915	\$2,348.77
25920	\$1,423.99
25922	\$1,061.44
25924	\$1,318.48
25927	\$1,638.54
25929	\$1,214.39
25931	\$1,428.24
25999	BR
26010	\$516.91
26011	\$783.16
26020	\$881.58
26025	\$855.38
26030	\$1,007.63
26034	\$1,094.72
26035	\$1,736.26
26037	\$1,172.61
26040	\$628.79
26045	\$953.10
26055	\$1,139.33
26060	\$541.70
26070	\$621.00
26075	\$652.16
26080	\$787.41
26100	\$669.15
26105	\$679.07
26110	\$650.04

CODE	MAXIMUM FEE
26111	\$883.00
26113	\$1,157.04
26115	\$1,136.50
26116	\$1,076.31
26117	\$1,503.30
26118	\$2,263.80
26121	\$1,225.01
26123	\$1,702.27
26125	\$579.93
26130	\$937.52
26135	\$1,129.42
26140	\$1,032.41
26145	\$1,047.99
26160	\$1,155.62
26170	\$827.77
26180	\$898.58
26185	\$1,109.59
26200	\$921.24
26205	\$1,237.76
26210	\$900.70
26215	\$1,149.25
26230	\$1,023.20
26235	\$1,011.87
26236	\$900.70
26250	\$2,042.16
26260	\$1,600.31
26262	\$1,229.97
26320	\$705.98
26340	\$663.49
26350	\$1,448.77
26352	\$1,654.83
26356	\$2,210.69
26357	\$1,767.42
26358	\$1,887.79
26370	\$1,559.94
26372	\$1,807.78
26373	\$1,727.06
26390	\$1,699.44
26392	\$1,981.97
26410	\$1,149.95
26412	\$1,394.25
26415	\$1,422.57
26416	\$1,708.65
26418	\$1,166.95
26420	\$1,446.65
26426	\$1,103.22
26428	\$1,533.74
26432	\$1,009.04
26433	\$1,079.85
26434	\$1,306.44
26437	\$1,262.54
26440	\$1,264.67
26442	\$1,955.06
26445	\$1,176.15

CODE	MAXIMUM FEE
26449	\$1,504.71
26450	\$819.27
26455	\$816.44
26460	\$794.49
26471	\$1,247.67
26474	\$1,217.22
26476	\$1,191.73
26477	\$1,182.53
26478	\$1,268.92
26479	\$1,265.37
26480	\$1,530.91
26483	\$1,721.39
26485	\$1,648.46
26489	\$1,850.97
26490	\$1,618.01
26492	\$1,792.20
26494	\$1,623.67
26496	\$1,745.47
26497	\$1,761.75
26498	\$2,340.98
26499	\$1,685.99
26500	\$1,276.00
26502	\$1,453.73
26508	\$1,281.66
26510	\$1,210.85
26516	\$1,424.70
26517	\$1,681.03
26518	\$1,710.06
26520	\$1,327.69
26525	\$1,328.40
26530	\$1,096.85
26531	\$1,276.70
26535	\$833.43
26536	\$1,406.29
26540	\$1,340.43
26541	\$1,627.21
26542	\$1,387.17
26545	\$1,416.91
26546	\$2,006.76
26548	\$1,557.11
26550	\$3,228.23
26551	\$6,286.51
26553	\$6,141.35
26554	\$6,736.86
26555	\$2,810.45
26556	\$5,882.19
26560	\$1,185.36
26561	\$1,933.82
26562	\$2,583.15
26565	\$1,382.21
26567	\$1,383.63
26568	\$1,826.90
26580	\$2,794.16
26587	\$2,129.26

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
26590	\$2,599.44
26591	\$887.25
26593	\$1,213.68
26596	\$1,525.96
26600	\$571.44
26605	\$638.71
26607	\$912.74
26608	\$971.51
26615	\$1,158.45
26641	\$720.85
26645	\$844.76
26650	\$972.93
26665	\$1,273.16
26670	\$658.53
26675	\$899.29
26676	\$1,017.54
26685	\$1,170.49
26686	\$1,276.00
26700	\$629.50
26705	\$828.48
26706	\$890.79
26715	\$1,153.49
26720	\$387.33
26725	\$676.94
26727	\$956.64
26735	\$1,203.06
26740	\$450.35
26742	\$736.42
26746	\$1,493.38
26750	\$360.42
26755	\$623.13
26756	\$846.89
26765	\$999.13
26770	\$536.03
26775	\$761.21
26776	\$898.58
26785	\$1,089.77
26820	\$1,601.72
26841	\$1,484.18
26842	\$1,609.51
26843	\$1,498.34
26844	\$1,667.58
26850	\$1,409.83
26852	\$1,618.01
26860	\$1,140.75
26861	\$218.09
26862	\$1,474.97
26863	\$487.88
26910	\$1,459.39
26951	\$1,302.20
26952	\$1,319.19
26989	\$0.00
26990	\$1,276.00
26991	\$1,434.61

CODE	MAXIMUM FEE
26992	\$1,984.80
27000	\$902.83
27001	\$1,109.59
27003	\$1,215.10
27005	\$1,499.05
27006	\$1,518.87
27025	\$1,875.05
27027	\$1,720.68
27030	\$1,940.90
27033	\$2,020.21
27035	\$2,370.72
27036	\$2,081.11
27040	\$693.23
27041	\$1,399.91
27043	\$989.92
27045	\$1,570.57
27047	\$999.84
27048	\$1,226.43
27049	\$2,726.19
27050	\$774.66
27052	\$1,168.37
27054	\$1,406.29
27057	\$1,935.95
27059	\$3,844.98
27060	\$924.07
27062	\$931.15
27065	\$1,035.24
27066	\$1,672.53
27067	\$2,141.29
27070	\$1,754.67
27071	\$1,879.30
27075	\$4,366.14
27076	\$4,997.77
27077	\$5,858.11
27078	\$3,991.56
27080	\$1,038.78
27086	\$500.63
27087	\$1,297.95
27090	\$1,715.73
27091	\$3,325.24
27093	\$394.41
27095	\$482.92
27096	\$384.50
27097	\$1,387.88
27098	\$1,371.59
27100	\$1,699.44
27105	\$1,786.54
27110	\$1,992.59
27111	\$1,812.74
27120	\$2,687.95
27122	\$2,287.87
27125	\$2,348.06
27130	\$3,001.64
27132	\$3,504.39

CODE	MAXIMUM FEE
27134	\$4,030.51
27137	\$3,085.19
27138	\$3,210.53
27140	\$1,854.51
27146	\$2,650.42
27147	\$3,056.16
27151	\$3,243.81
27156	\$3,566.70
27158	\$2,894.71
27161	\$2,525.79
27165	\$2,851.52
27170	\$2,450.73
27175	\$1,375.13
27176	\$1,892.75
27177	\$2,306.99
27178	\$1,886.38
27179	\$2,018.09
27181	\$2,316.90
27185	\$1,241.30
27187	\$2,056.32
27193	\$960.89
27194	\$1,430.36
27200	\$356.88
27202	\$1,240.59
27215	\$1,313.53
27216	\$1,941.61
27217	\$1,832.56
27218	\$2,509.51
27220	\$1,081.27
27222	\$2,021.63
27226	\$2,175.99
27227	\$3,473.23
27228	\$3,965.36
27230	\$963.72
27232	\$1,588.27
27235	\$1,886.38
27236	\$2,480.47
27238	\$933.28
27240	\$1,976.31
27244	\$2,551.99
27245	\$2,579.61
27246	\$783.87
27248	\$1,548.61
27250	\$426.28
27252	\$1,561.36
27253	\$1,953.65
27254	\$2,633.42
27256	\$598.34
27257	\$690.40
27258	\$2,300.62
27259	\$3,226.10
27265	\$800.86
27266	\$1,193.86
27267	\$873.09

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
27268	\$1,081.27
27269	\$2,544.20
27275	\$364.67
27280	\$2,131.38
27282	\$1,717.85
27284	\$3,300.45
27286	\$3,454.11
27290	\$3,333.03
27295	\$2,641.92
27299	BR
27301	\$1,358.14
27303	\$1,314.94
27305	\$972.22
27306	\$769.70
27307	\$970.10
27310	\$1,503.30
27323	\$552.32
27324	\$799.44
27325	\$1,116.67
27326	\$1,027.45
27327	\$897.87
27328	\$1,213.68
27329	\$2,156.87
27330	\$831.31
27331	\$972.22
27332	\$1,314.94
27333	\$1,198.11
27334	\$1,403.45
27335	\$1,575.52
27337	\$885.13
27339	\$1,591.81
27340	\$752.71
27345	\$984.97
27347	\$1,074.19
27350	\$1,339.02
27355	\$1,239.18
27356	\$1,516.75
27357	\$1,677.49
27358	\$591.97
27360	\$1,753.26
27364	\$3,306.12
27365	\$4,056.70
27370	\$348.39
27372	\$1,225.01
27380	\$1,215.81
27381	\$1,646.33
27385	\$1,299.36
27386	\$1,712.19
27390	\$910.62
27391	\$1,179.69
27392	\$1,455.85
27393	\$1,038.07
27394	\$1,336.18
27395	\$1,814.15

CODE	MAXIMUM FEE
27396	\$1,265.37
27397	\$1,882.84
27400	\$1,424.70
27403	\$1,317.77
27405	\$1,393.54
27407	\$1,611.64
27409	\$1,996.13
27412	\$3,428.62
27415	\$2,840.90
27416	\$2,014.54
27418	\$1,718.56
27420	\$1,538.70
27422	\$1,532.33
27424	\$1,534.45
27425	\$911.32
27427	\$1,478.51
27428	\$2,297.08
27429	\$2,569.69
27430	\$1,525.25
27435	\$1,656.25
27437	\$1,360.97
27438	\$1,736.26
27440	\$1,617.30
27441	\$1,669.70
27442	\$1,795.74
27443	\$1,685.99
27445	\$2,609.35
27446	\$2,304.16
27447	\$3,208.40
27448	\$1,693.07
27450	\$2,105.18
27454	\$2,682.99
27455	\$1,949.40
27457	\$2,001.09
27465	\$2,583.15
27466	\$2,447.90
27468	\$2,782.12
27470	\$2,448.61
27472	\$2,634.84
27475	\$1,266.08
27477	\$1,511.09
27479	\$1,790.08
27485	\$1,382.92
27486	\$2,933.66
27487	\$3,682.83
27488	\$2,494.64
27495	\$2,345.94
27496	\$1,078.44
27497	\$1,162.70
27498	\$1,288.03
27499	\$1,400.62
27500	\$1,051.53
27501	\$1,030.99
27502	\$1,615.88

CODE	MAXIMUM FEE
27503	\$1,658.37
27506	\$2,777.88
27507	\$2,030.83
27508	\$1,063.57
27509	\$1,325.56
27510	\$1,429.65
27511	\$2,100.22
27513	\$2,624.93
27514	\$2,060.57
27516	\$1,016.83
27517	\$1,406.99
27519	\$1,885.67
27520	\$641.54
27524	\$1,554.28
27530	\$798.03
27532	\$1,256.17
27535	\$1,884.25
27536	\$2,472.69
27538	\$951.69
27540	\$1,690.94
27550	\$1,004.09
27552	\$1,283.08
27556	\$1,854.51
27557	\$2,219.89
27558	\$2,518.71
27560	\$757.67
27562	\$969.39
27566	\$1,845.31
27570	\$305.19
27580	\$2,994.55
27590	\$1,734.85
27591	\$1,894.88
27592	\$1,472.85
27594	\$1,067.11
27596	\$1,538.70
27598	\$1,559.94
27599	BR
27600	\$875.92
27601	\$926.19
27602	\$1,075.60
27603	\$1,091.18
27604	\$954.52
27605	\$710.93
27606	\$600.47
27607	\$1,268.92
27610	\$1,351.05
27612	\$1,159.87
27613	\$515.50
27614	\$1,164.82
27615	\$2,112.97
27616	\$2,700.69
27618	\$901.41
27619	\$1,035.24
27620	\$947.44

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
27625	\$1,197.40
27626	\$1,305.74
27630	\$1,115.97
27632	\$875.92
27634	\$1,420.45
27635	\$1,225.72
27637	\$1,567.73
27638	\$1,608.10
27640	\$1,764.59
27641	\$1,405.58
27645	\$3,488.10
27646	\$3,010.13
27647	\$2,250.34
27648	\$334.22
27650	\$1,382.21
27652	\$1,472.14
27654	\$1,474.26
27656	\$1,196.69
27658	\$781.03
27659	\$1,014.00
27664	\$752.71
27665	\$851.84
27675	\$1,023.20
27676	\$1,290.87
27680	\$894.33
27681	\$1,101.10
27685	\$1,317.77
27686	\$1,152.08
27687	\$947.44
27690	\$1,314.94
27691	\$1,555.70
27692	\$228.01
27695	\$1,003.38
27696	\$1,176.86
27698	\$1,341.85
27700	\$1,241.30
27702	\$2,042.16
27703	\$2,365.76
27704	\$1,183.94
27705	\$1,581.90
27707	\$827.06
27709	\$2,416.75
27712	\$2,287.87
27715	\$2,203.61
27720	\$1,817.69
27722	\$1,830.44
27724	\$2,655.38
27725	\$2,518.71
27726	\$1,982.68
27727	\$2,084.65
27730	\$1,200.94
27732	\$877.34
27734	\$1,219.35
27740	\$1,315.65

CODE	MAXIMUM FEE
27742	\$1,471.43
27745	\$1,559.24
27750	\$688.98
27752	\$1,093.31
27756	\$1,178.28
27758	\$1,842.48
27759	\$2,076.15
27760	\$665.61
27762	\$975.76
27766	\$1,256.88
27767	\$551.61
27768	\$868.13
27769	\$1,482.05
27780	\$602.59
27781	\$854.68
27784	\$1,465.77
27786	\$629.50
27788	\$853.97
27792	\$1,466.48
27808	\$662.78
27810	\$955.23
27814	\$1,600.31
27816	\$629.50
27818	\$979.30
27822	\$1,751.13
27823	\$1,991.89
27824	\$626.67
27825	\$1,115.97
27826	\$1,722.10
27827	\$2,251.76
27828	\$2,696.44
27829	\$1,397.08
27830	\$747.05
27831	\$797.32
27832	\$1,524.54
27840	\$727.93
27842	\$1,009.04
27846	\$1,521.71
27848	\$1,711.48
27860	\$361.13
27870	\$2,167.49
27871	\$1,434.61
27880	\$1,962.85
27881	\$1,858.05
27882	\$1,314.94
27884	\$1,231.39
27886	\$1,403.45
27888	\$1,445.23
27889	\$1,436.73
27892	\$1,147.83
27893	\$1,214.39
27894	\$1,792.20
27899	BR
28001	\$548.07

CODE	MAXIMUM FEE
28002	\$1,037.37
28003	\$1,381.50
28005	\$1,238.47
28008	\$866.71
28010	\$475.14
28011	\$675.53
28020	\$1,060.03
28022	\$959.48
28024	\$906.37
28035	\$1,050.82
28039	\$1,012.58
28041	\$929.74
28043	\$767.58
28045	\$1,021.79
28046	\$1,554.28
28047	\$1,933.11
28050	\$883.00
28052	\$858.22
28054	\$771.12
28055	\$791.66
28060	\$1,030.29
28062	\$1,187.48
28070	\$1,047.28
28072	\$1,028.16
28080	\$1,024.62
28086	\$1,091.18
28088	\$957.35
28090	\$934.69
28092	\$849.72
28100	\$1,197.40
28102	\$1,154.91
28103	\$854.68
28104	\$1,023.91
28106	\$917.70
28107	\$1,077.73
28108	\$868.13
28110	\$916.28
28111	\$1,028.87
28112	\$985.68
28113	\$1,191.02
28114	\$2,159.71
28116	\$1,515.33
28118	\$1,181.82
28119	\$1,045.86
28120	\$1,430.36
28122	\$1,327.69
28124	\$954.52
28126	\$783.87
28130	\$1,435.32
28140	\$1,246.26
28150	\$869.55
28153	\$820.69
28160	\$839.10
28171	\$1,749.72

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
28173	\$1,584.73
28175	\$997.71
28190	\$504.88
28192	\$948.15
28193	\$1,075.60
28200	\$950.98
28202	\$1,207.31
28208	\$929.03
28210	\$1,155.62
28220	\$897.87
28222	\$1,028.16
28225	\$792.36
28226	\$943.90
28230	\$863.17
28232	\$778.91
28234	\$817.15
28238	\$1,363.80
28240	\$885.13
28250	\$1,146.41
28260	\$1,395.67
28261	\$1,955.06
28262	\$2,821.07
28264	\$1,845.31
28270	\$978.59
28272	\$785.99
28280	\$1,050.11
28285	\$941.06
28286	\$911.32
28288	\$1,210.14
28289	\$1,485.59
28290	\$1,170.49
28292	\$1,586.85
28293	\$2,098.10
28294	\$1,478.51
28296	\$1,450.19
28297	\$1,664.04
28298	\$1,446.65
28299	\$1,819.82
28300	\$1,377.96
28302	\$1,440.28
28304	\$1,618.72
28305	\$1,365.22
28306	\$1,233.51
28307	\$1,429.65
28308	\$1,115.97
28309	\$1,856.64
28310	\$1,081.27
28312	\$1,001.96
28313	\$1,057.90
28315	\$952.39
28320	\$1,281.66
28322	\$1,582.60
28340	\$1,193.86
28341	\$1,378.67

CODE	MAXIMUM FEE
28344	\$907.78
28345	\$1,092.60
28360	\$2,167.49
28400	\$497.09
28405	\$793.78
28406	\$1,081.27
28415	\$2,336.73
28420	\$2,554.82
28430	\$468.05
28435	\$691.81
28436	\$900.70
28445	\$2,206.44
28446	\$2,511.63
28450	\$430.52
28455	\$591.97
28456	\$618.88
28465	\$1,261.83
28470	\$425.57
28475	\$522.58
28476	\$703.14
28485	\$1,095.43
28490	\$282.53
28495	\$352.63
28496	\$868.13
28505	\$1,353.89
28510	\$242.17
28515	\$317.94
28525	\$1,148.54
28530	\$230.13
28531	\$735.72
28540	\$406.45
28545	\$552.32
28546	\$1,062.86
28555	\$1,777.33
28570	\$334.22
28575	\$708.81
28576	\$773.95
28585	\$1,872.22
28600	\$436.19
28605	\$570.73
28606	\$803.69
28615	\$1,626.51
28630	\$305.90
28635	\$359.01
28636	\$554.44
28645	\$1,288.74
28660	\$225.18
28665	\$315.10
28666	\$421.32
28675	\$1,174.03
28705	\$2,704.23
28715	\$2,022.33
28725	\$1,647.75
28730	\$1,748.30

CODE	MAXIMUM FEE
28735	\$1,651.29
28737	\$1,419.74
28740	\$1,738.39
28750	\$1,690.23
28755	\$1,012.58
28760	\$1,601.72
28800	\$1,173.32
28805	\$1,584.73
28810	\$924.78
28820	\$1,072.77
28825	\$1,183.24
28890	\$696.77
28899	BR
29000	\$592.68
29010	\$572.85
29015	\$482.22
29020	\$431.94
29025	\$508.42
29035	\$500.63
29040	\$479.38
29044	\$552.32
29046	\$545.24
29049	\$187.65
29055	\$432.65
29058	\$206.77
29065	\$190.48
29075	\$177.73
29085	\$188.35
29086	\$149.41
29105	\$172.78
29125	\$138.08
29126	\$157.20
29130	\$81.43
29131	\$103.38
29200	\$106.92
29240	\$115.42
29260	\$103.38
29280	\$100.55
29305	\$483.63
29325	\$537.45
29345	\$272.62
29355	\$283.24
29358	\$315.10
29365	\$245.71
29405	\$177.73
29425	\$189.77
29435	\$238.63
29440	\$97.72
29445	\$286.07
29450	\$295.99
29505	\$155.07
29515	\$144.45
29520	\$99.84
29530	\$104.80

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
29540	\$68.69
29550	\$55.23
29580	\$106.22
29581	\$191.19
29590	\$107.63
29700	\$131.71
29705	\$134.54
29710	\$245.71
29715	\$172.78
29720	\$163.57
29730	\$130.29
29740	\$183.40
29750	\$206.77
29799	BR
29800	\$1,080.56
29804	\$1,351.05
29805	\$968.68
29806	\$2,200.77
29807	\$2,147.67
29819	\$1,210.14
29820	\$1,113.84
29821	\$1,219.35
29822	\$1,185.36
29823	\$1,293.70
29824	\$1,391.42
29825	\$1,207.31
29826	\$1,379.38
29827	\$2,241.14
29828	\$1,900.54
29830	\$935.40
29834	\$1,014.00
29835	\$1,043.03
29836	\$1,203.06
29837	\$1,091.18
29838	\$1,220.76
29840	\$926.90
29843	\$992.76
29844	\$1,023.91
29845	\$1,182.53
29846	\$1,074.19
29847	\$1,120.21
29848	\$1,042.32
29850	\$1,234.93
29851	\$1,932.40
29855	\$1,625.80
29856	\$2,071.90
29860	\$1,364.51
29861	\$1,501.88
29862	\$1,685.28
29863	\$1,680.32
29866	\$2,170.33
29867	\$2,641.92
29868	\$3,481.73
29870	\$1,203.77

CODE	MAXIMUM FEE
29871	\$1,056.49
29873	\$1,069.23
29874	\$1,111.01
29875	\$1,021.08
29876	\$1,353.18
29877	\$1,281.66
29879	\$1,368.05
29880	\$1,426.11
29881	\$1,332.64
29882	\$1,440.98
29883	\$1,739.80
29884	\$1,278.12
29885	\$1,548.61
29886	\$1,307.15
29887	\$1,538.70
29888	\$2,053.49
29889	\$2,527.21
29891	\$1,430.36
29892	\$1,377.96
29893	\$1,218.64
29894	\$1,067.11
29895	\$1,020.37
29897	\$1,069.23
29898	\$1,188.19
29899	\$2,173.87
29900	\$929.03
29901	\$1,065.69
29902	\$1,130.84
29904	\$1,302.20
29905	\$1,407.70
29906	\$1,481.35
29907	\$1,796.45
29914	\$2,146.96
29915	\$2,187.32
29916	\$2,187.32
29999	BR
30000	\$477.26
30020	\$472.30
30100	\$291.03
30110	\$472.30
30115	\$893.62
30117	\$1,764.59
30118	\$1,601.01
30120	\$1,076.31
30124	\$567.90
30125	\$1,273.16
30130	\$784.57
30140	\$904.24
30150	\$1,625.09
30160	\$1,630.05
30200	\$233.67
30210	\$308.02
30220	\$616.05
30300	\$470.18

CODE	MAXIMUM FEE
30310	\$426.28
30320	\$939.65
30400	\$2,130.67
30410	\$2,505.97
30420	\$2,867.81
30430	\$1,888.50
30435	\$2,509.51
30450	\$3,199.20
30460	\$1,598.18
30462	\$3,260.09
30465	\$2,048.53
30520	\$1,283.08
30540	\$1,415.49
30545	\$1,806.36
30560	\$557.98
30580	\$1,305.74
30600	\$1,191.73
30620	\$1,289.45
30630	\$1,302.20
30801	\$467.35
30802	\$599.76
30901	\$199.68
30903	\$408.57
30905	\$507.00
30906	\$574.27
30915	\$1,203.77
30920	\$1,736.97
30930	\$255.62
30999	BR
31000	\$371.75
31002	\$417.07
31020	\$995.59
31030	\$1,426.82
31032	\$1,186.78
31040	\$1,559.94
31050	\$1,015.42
31051	\$1,339.73
31070	\$909.91
31075	\$1,631.46
31080	\$2,124.30
31081	\$2,873.47
31084	\$2,434.45
31085	\$2,787.08
31086	\$2,336.73
31087	\$2,272.29
31090	\$2,112.97
31200	\$1,134.38
31201	\$1,525.96
31205	\$1,825.48
31225	\$3,880.39
31230	\$4,330.03
31231	\$395.83
31233	\$553.03
31235	\$626.67

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
31237	\$678.36
31238	\$698.19
31239	\$1,409.12
31240	\$342.01
31254	\$582.77
31255	\$853.97
31256	\$421.32
31267	\$676.94
31276	\$1,077.73
31287	\$494.96
31288	\$574.98
31290	\$2,453.57
31291	\$2,601.56
31292	\$2,111.55
31293	\$2,300.62
31294	\$2,636.26
31295	\$4,236.56
31296	\$7,930.72
31297	\$7,852.83
31299	BR
31300	\$2,641.21
31320	\$1,360.97
31360	\$4,301.00
31365	\$5,340.49
31367	\$4,592.03
31368	\$5,099.74
31370	\$4,313.75
31375	\$4,089.99
31380	\$4,028.38
31382	\$4,420.67
31390	\$5,936.00
31395	\$6,266.69
31400	\$2,093.85
31420	\$1,751.84
31500	\$229.42
31502	\$73.64
31505	\$172.78
31510	\$441.15
31511	\$440.44
31512	\$436.19
31513	\$281.12
31515	\$434.77
31520	\$331.39
31525	\$524.70
31526	\$337.06
31527	\$414.95
31528	\$308.73
31529	\$345.55
31530	\$422.74
31531	\$454.60
31535	\$405.74
31536	\$452.48
31540	\$519.75
31541	\$567.90

CODE	MAXIMUM FEE
31545	\$776.79
31546	\$1,176.86
31560	\$672.70
31561	\$735.72
31570	\$720.14
31571	\$535.32
31575	\$240.05
31576	\$470.18
31577	\$507.71
31578	\$589.14
31579	\$451.06
31580	\$2,542.08
31582	\$3,988.73
31584	\$3,168.04
31587	\$2,095.98
31588	\$2,391.96
31590	\$1,864.43
31595	\$1,602.43
31599	BR
31600	\$840.51
31601	\$553.73
31603	\$473.72
31605	\$386.62
31610	\$1,489.84
31611	\$1,124.46
31612	\$169.24
31613	\$937.52
31614	\$1,565.61
31615	\$381.67
31620	\$579.23
31622	\$654.28
31623	\$701.73
31624	\$655.70
31625	\$704.56
31626	\$922.65
31627	\$2,649.71
31628	\$824.94
31629	\$1,282.37
31630	\$428.40
31631	\$488.59
31632	\$148.70
31633	\$181.98
31634	\$3,759.30
31635	\$722.97
31636	\$473.01
31637	\$161.45
31638	\$540.99
31640	\$545.95
31641	\$544.53
31643	\$366.80
31645	\$631.63
31646	\$575.69
31656	\$640.12
31715	\$111.88

CODE	MAXIMUM FEE
31717	\$594.80
31720	\$107.63
31725	\$198.98
31730	\$2,121.47
31750	\$2,849.39
31755	\$3,600.69
31760	\$2,952.78
31766	\$3,825.16
31770	\$2,863.56
31775	\$2,932.24
31780	\$2,532.17
31781	\$3,029.25
31785	\$2,286.45
31786	\$3,141.13
31800	\$1,463.64
31805	\$1,751.13
31820	\$906.37
31825	\$1,261.13
31830	\$915.57
31899	BR
32035	\$1,532.33
32036	\$1,655.54
32095	\$1,348.93
32100	\$2,054.20
32110	\$3,120.60
32120	\$1,873.63
32124	\$1,989.05
32140	\$2,120.05
32141	\$3,277.09
32150	\$2,142.71
32151	\$2,167.49
32160	\$1,660.49
32200	\$2,421.70
32201	\$1,926.03
32215	\$1,715.02
32220	\$3,419.41
32225	\$2,137.05
32310	\$1,966.39
32320	\$3,432.16
32400	\$312.98
32402	\$1,210.14
32405	\$206.77
32420	\$232.96
32421	\$323.60
32422	\$409.99
32440	\$3,388.26
32442	\$5,906.97
32445	\$7,505.86
32480	\$3,205.57
32482	\$3,426.50
32484	\$3,107.14
32486	\$5,069.29
32488	\$5,142.22
32491	\$3,194.24

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
32500	\$3,107.85
32501	\$533.20
32503	\$3,906.59
32504	\$4,441.91
32540	\$3,689.91
32550	\$1,659.79
32551	\$364.67
32552	\$393.00
32553	\$1,292.28
32560	\$543.11
32561	\$201.10
32562	\$179.86
32601	\$666.32
32602	\$721.55
32603	\$941.77
32604	\$1,045.16
32605	\$830.60
32606	\$1,001.25
32650	\$1,433.90
32651	\$2,332.48
32652	\$3,541.92
32653	\$2,247.51
32654	\$2,509.51
32655	\$2,044.99
32656	\$1,716.43
32657	\$1,693.78
32658	\$1,542.24
32659	\$1,580.48
32660	\$2,258.13
32661	\$1,723.52
32662	\$1,931.70
32663	\$3,017.92
32664	\$1,824.07
32665	\$2,607.93
32800	\$2,011.71
32810	\$1,933.82
32815	\$5,967.16
32820	\$2,879.13
32850	BR
32851	\$5,568.50
32852	\$6,161.18
32853	\$6,622.86
32854	\$7,243.86
32855	BR
32856	BR
32900	\$2,973.31
32905	\$2,876.30
32906	\$3,562.45
32940	\$2,651.13
32960	\$295.28
32997	\$748.46
32998	\$6,018.14
32999	BR
33010	\$263.41

CODE	MAXIMUM FEE
33011	\$263.41
33015	\$1,119.51
33020	\$1,890.63
33025	\$1,730.60
33030	\$2,787.79
33031	\$3,104.31
33050	\$2,162.54
33120	\$3,374.10
33130	\$3,004.47
33140	\$3,456.24
33141	\$300.23
33202	\$1,682.45
33203	\$1,765.29
33206	\$1,006.21
33207	\$1,072.06
33208	\$1,157.74
33210	\$397.24
33211	\$403.62
33212	\$745.63
33213	\$850.43
33214	\$1,061.44
33215	\$673.40
33216	\$831.31
33217	\$826.35
33218	\$866.71
33220	\$873.80
33222	\$762.62
33223	\$915.57
33224	\$1,121.63
33225	\$1,011.17
33226	\$1,079.85
33233	\$526.83
33234	\$1,074.19
33235	\$1,402.04
33236	\$1,703.69
33237	\$1,824.77
33238	\$2,029.41
33240	\$1,023.20
33241	\$496.38
33243	\$2,984.64
33244	\$1,887.79
33249	\$2,006.05
33250	\$3,205.57
33251	\$3,554.66
33254	\$2,979.68
33255	\$3,615.56
33256	\$4,297.46
33257	\$1,270.33
33258	\$1,428.95
33259	\$1,845.31
33261	\$3,540.50
33265	\$2,944.28
33266	\$4,025.55
33282	\$714.47

CODE	MAXIMUM FEE
33284	\$514.08
33300	\$5,256.93
33305	\$8,837.09
33310	\$2,518.00
33315	\$3,228.94
33320	\$2,309.82
33321	\$2,581.73
33322	\$3,034.92
33330	\$3,104.31
33332	\$3,045.54
33335	\$4,110.52
33400	\$4,992.81
33401	\$3,126.26
33403	\$3,267.17
33404	\$3,837.19
33405	\$5,019.72
33406	\$6,288.64
33410	\$5,565.67
33411	\$7,321.75
33412	\$5,397.14
33413	\$7,071.79
33414	\$4,744.98
33415	\$4,401.55
33416	\$4,430.58
33417	\$3,646.72
33420	\$3,042.71
33422	\$3,689.20
33425	\$5,918.30
33426	\$5,232.15
33427	\$5,386.52
33430	\$6,127.19
33460	\$5,268.97
33463	\$6,702.87
33464	\$5,326.33
33465	\$5,986.99
33468	\$4,076.53
33470	\$2,740.35
33471	\$2,643.34
33472	\$2,586.69
33474	\$4,626.02
33475	\$5,106.82
33476	\$3,294.79
33478	\$3,430.74
33496	\$3,642.47
33500	\$3,444.91
33501	\$2,443.65
33502	\$2,775.04
33503	\$2,898.25
33504	\$3,180.08
33505	\$4,507.06
33506	\$4,725.15
33507	\$3,753.64
33508	\$35.41
33510	\$4,274.09

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
33511	\$4,682.67
33512	\$5,311.46
33513	\$5,443.16
33514	\$5,761.81
33516	\$6,005.40
33517	\$410.70
33518	\$900.70
33519	\$1,193.86
33521	\$1,438.15
33522	\$1,619.42
33523	\$1,838.23
33530	\$1,147.12
33533	\$4,135.30
33534	\$4,851.90
33535	\$5,404.22
33536	\$5,812.79
33542	\$5,712.95
33545	\$6,714.20
33548	\$6,515.23
33572	\$510.54
33600	\$3,706.90
33602	\$3,533.42
33606	\$3,874.02
33608	\$3,917.21
33610	\$3,838.61
33611	\$4,284.71
33612	\$4,300.29
33615	\$4,359.06
33617	\$4,672.04
33619	\$5,934.59
33620	\$3,604.23
33621	\$1,935.24
33622	\$7,583.75
33641	\$3,568.82
33645	\$3,459.07
33647	\$3,697.70
33660	\$4,060.95
33665	\$4,201.87
33670	\$4,337.11
33675	\$4,314.45
33676	\$4,085.74
33677	\$4,034.05
33681	\$4,007.85
33684	\$4,145.22
33688	\$4,107.69
33690	\$2,649.00
33692	\$3,517.13
33694	\$4,294.63
33697	\$4,552.37
33702	\$3,368.43
33710	\$3,863.39
33720	\$3,352.85
33722	\$3,613.43
33724	\$3,368.43

CODE	MAXIMUM FEE
33726	\$4,598.40
33730	\$4,327.91
33732	\$3,602.81
33735	\$2,810.45
33736	\$3,062.53
33737	\$2,806.20
33750	\$2,994.55
33755	\$2,797.00
33762	\$2,577.48
33764	\$2,816.11
33766	\$2,920.91
33767	\$3,092.98
33768	\$846.89
33770	\$4,603.36
33771	\$4,385.97
33774	\$3,933.50
33775	\$3,736.64
33776	\$3,946.24
33777	\$3,638.93
33778	\$4,740.02
33779	\$4,701.78
33780	\$4,822.16
33781	\$4,660.71
33782	\$6,952.13
33783	\$7,512.94
33786	\$4,469.53
33788	\$3,017.21
33800	\$2,137.05
33802	\$2,406.12
33803	\$2,490.39
33813	\$2,789.21
33814	\$3,323.11
33820	\$2,126.42
33822	\$2,056.32
33824	\$2,586.69
33840	\$2,746.01
33845	\$2,951.36
33851	\$3,014.38
33852	\$3,039.17
33853	\$4,061.66
33860	\$6,993.90
33863	\$6,896.19
33864	\$7,059.76
33870	\$5,518.22
33875	\$4,348.44
33877	\$7,895.32
33880	\$4,009.26
33881	\$3,449.16
33883	\$2,500.30
33884	\$911.32
33886	\$2,170.33
33889	\$1,783.70
33891	\$2,202.90
33910	\$3,662.29

CODE	MAXIMUM FEE
33915	\$2,959.15
33916	\$3,572.36
33917	\$3,209.11
33920	\$3,970.32
33922	\$3,023.59
33924	\$620.30
33925	\$3,768.51
33926	\$5,509.73
33930	BR
33933	BR
33935	\$7,555.43
33940	BR
33944	BR
33945	\$10,465.72
33960	\$2,140.59
33961	\$1,182.53
33967	\$584.89
33968	\$75.06
33970	\$789.53
33971	\$1,557.11
33973	\$1,145.71
33974	\$1,964.27
33975	\$2,404.00
33976	\$2,667.41
33977	\$2,622.09
33978	\$2,914.54
33979	\$5,256.93
33980	\$7,895.32
33981	BR
33982	BR
33983	BR
33999	BR
34001	\$2,163.25
34051	\$2,152.62
34101	\$1,351.05
34111	\$1,350.35
34151	\$3,120.60
34201	\$2,288.58
34203	\$2,158.29
34401	\$3,262.92
34421	\$1,642.79
34451	\$3,304.70
34471	\$2,550.58
34490	\$1,365.22
34501	\$2,059.86
34502	\$3,357.10
34510	\$2,461.36
34520	\$2,271.58
34530	\$2,127.84
34800	\$2,522.96
34802	\$2,788.50
34803	\$2,881.26
34804	\$2,791.33
34805	\$2,653.96

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
34806	\$230.13
34808	\$457.43
34812	\$752.00
34813	\$531.08
34820	\$1,084.10
34825	\$1,564.19
34826	\$458.85
34830	\$4,039.00
34831	\$4,309.50
34832	\$4,342.78
34833	\$1,363.09
34834	\$616.05
34900	\$2,008.17
35001	\$2,522.96
35002	\$2,584.57
35005	\$2,450.73
35011	\$2,224.85
35013	\$2,784.25
35021	\$2,641.21
35022	\$3,095.11
35045	\$2,181.66
35081	\$3,925.71
35082	\$4,895.80
35091	\$4,047.50
35092	\$5,833.33
35102	\$4,240.10
35103	\$5,022.55
35111	\$3,179.37
35112	\$3,902.34
35121	\$3,691.33
35122	\$4,281.88
35131	\$3,124.85
35132	\$3,723.19
35141	\$2,484.72
35142	\$2,976.14
35151	\$2,804.78
35152	\$3,212.65
35180	\$2,036.50
35182	\$3,783.38
35184	\$2,258.84
35188	\$1,819.82
35189	\$3,694.16
35190	\$1,666.16
35201	\$2,078.27
35206	\$1,706.52
35207	\$1,562.07
35211	\$3,027.13
35216	\$4,402.26
35221	\$3,127.68
35226	\$1,867.97
35231	\$2,582.44
35236	\$2,168.91
35241	\$3,187.16
35246	\$3,323.82

CODE	MAXIMUM FEE
35251	\$3,704.78
35256	\$2,273.00
35261	\$2,336.73
35266	\$1,920.37
35271	\$3,042.00
35276	\$3,159.54
35281	\$3,550.41
35286	\$2,097.39
35301	\$2,352.31
35302	\$2,508.80
35303	\$2,767.25
35304	\$2,865.68
35305	\$2,760.88
35306	\$1,057.90
35311	\$3,381.18
35321	\$1,996.84
35331	\$3,287.71
35341	\$3,073.86
35351	\$2,882.68
35355	\$2,338.15
35361	\$3,492.35
35363	\$3,858.44
35371	\$1,846.02
35372	\$2,206.44
35390	\$356.88
35400	\$334.93
35450	\$1,147.83
35452	\$798.74
35458	\$1,090.47
35460	\$695.35
35471	\$6,157.64
35472	\$4,458.91
35475	\$4,839.16
35476	\$3,656.63
35500	\$718.72
35501	\$3,517.84
35506	\$2,998.80
35508	\$3,166.62
35509	\$3,340.82
35510	\$2,831.69
35511	\$2,768.67
35512	\$2,768.67
35515	\$3,003.05
35516	\$2,760.17
35518	\$2,642.63
35521	\$2,974.73
35522	\$2,749.55
35523	\$2,885.51
35525	\$2,562.61
35526	\$3,696.28
35531	\$4,538.21
35533	\$3,655.21
35535	\$3,949.78
35536	\$3,862.69

CODE	MAXIMUM FEE
35537	\$5,029.63
35538	\$5,637.89
35539	\$4,995.65
35540	\$5,707.99
35548	\$2,658.21
35549	\$3,073.86
35551	\$3,392.51
35556	\$3,140.42
35558	\$2,770.80
35560	\$3,917.92
35563	\$3,025.00
35565	\$2,969.06
35566	\$3,763.55
35570	\$3,063.95
35571	\$3,006.59
35572	\$774.66
35583	\$3,248.05
35585	\$3,777.01
35587	\$3,109.98
35600	\$570.73
35601	\$3,272.13
35606	\$2,649.00
35612	\$2,025.87
35616	\$2,629.88
35621	\$2,480.47
35623	\$3,182.20
35626	\$3,492.35
35631	\$4,159.38
35632	\$3,750.81
35633	\$4,098.48
35634	\$3,708.32
35636	\$3,859.85
35637	\$3,854.19
35638	\$3,939.87
35642	\$2,429.49
35645	\$2,316.90
35646	\$3,862.69
35647	\$3,507.93
35650	\$2,401.88
35651	\$3,004.47
35654	\$3,092.98
35656	\$2,436.57
35661	\$2,447.19
35663	\$2,821.07
35665	\$2,646.88
35666	\$2,862.14
35671	\$2,521.54
35681	\$179.15
35682	\$797.32
35683	\$933.98
35685	\$448.94
35686	\$372.46
35691	\$2,175.28
35693	\$1,927.45

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
35694	\$2,296.37
35695	\$2,351.60
35697	\$334.22
35700	\$344.14
35701	\$1,213.68
35721	\$1,011.17
35741	\$1,120.92
35761	\$840.51
35800	\$1,072.77
35820	\$4,332.16
35840	\$1,399.91
35860	\$904.95
35870	\$3,014.38
35875	\$1,334.06
35876	\$2,123.59
35879	\$2,086.77
35881	\$2,310.53
35883	\$2,704.94
35884	\$2,814.70
35901	\$1,125.17
35903	\$1,264.67
35905	\$3,852.77
35907	\$4,314.45
36000	\$52.40
36002	\$351.22
36005	\$727.93
36010	\$1,183.24
36011	\$1,940.19
36012	\$1,881.42
36013	\$1,712.89
36014	\$1,795.74
36015	\$1,951.52
36100	\$1,120.92
36120	\$951.69
36140	\$1,016.12
36147	\$1,722.81
36148	\$543.11
36160	\$1,100.39
36200	\$1,375.13
36215	\$2,442.24
36216	\$2,687.24
36217	\$4,388.10
36218	\$406.45
36245	\$2,576.78
36246	\$2,602.98
36247	\$4,092.11
36248	\$341.30
36260	\$1,313.53
36261	\$817.86
36262	\$616.76
36299	\$0.00
36400	\$60.90
36405	\$50.28
36406	\$36.11

CODE	MAXIMUM FEE
36410	\$38.24
36415	\$9.91
36416	\$9.91
36420	\$99.13
36425	\$83.56
36430	\$72.93
36440	\$119.67
36450	\$238.63
36455	\$252.08
36460	\$756.96
36468	BR
36469	BR
36470	\$301.65
36471	\$371.04
36475	\$3,856.31
36476	\$842.64
36478	\$3,048.37
36479	\$867.42
36481	\$2,644.05
36500	\$390.87
36510	\$222.34
36511	\$200.39
36512	\$194.02
36513	\$211.72
36514	\$1,086.23
36515	\$4,046.79
36516	\$4,473.07
36522	\$2,845.85
36555	\$564.36
36556	\$491.42
36557	\$1,969.93
36558	\$1,695.90
36560	\$2,653.96
36561	\$2,484.72
36563	\$2,641.92
36565	\$2,110.85
36566	\$9,382.33
36568	\$625.25
36569	\$541.70
36570	\$2,365.76
36571	\$2,672.37
36575	\$340.60
36576	\$787.41
36578	\$1,076.31
36580	\$469.47
36581	\$1,610.22
36582	\$2,314.78
36583	\$2,580.32
36584	\$450.35
36585	\$2,326.11
36589	\$354.05
36590	\$601.89
36591	\$48.15
36592	\$53.82

CODE	MAXIMUM FEE
36593	\$60.19
36595	\$1,239.18
36596	\$285.36
36597	\$264.12
36598	\$237.92
36600	\$64.44
36620	\$106.22
36625	\$228.72
36640	\$269.79
36660	\$160.74
36680	\$126.75
36800	\$343.43
36810	\$455.31
36815	\$325.73
36818	\$1,472.85
36819	\$1,753.96
36820	\$1,766.71
36821	\$1,504.71
36822	\$824.94
36823	\$2,825.32
36825	\$1,785.83
36830	\$1,445.94
36831	\$1,004.09
36832	\$1,276.00
36833	\$1,442.40
36835	\$1,047.99
36838	\$2,559.78
36860	\$423.44
36861	\$327.14
36870	\$3,939.87
37140	\$3,079.53
37145	\$3,231.06
37160	\$2,846.56
37180	\$3,180.79
37181	\$3,433.58
37182	\$1,833.98
37183	\$11,350.84
37184	\$5,039.55
37185	\$1,664.04
37186	\$3,279.21
37187	\$4,796.67
37188	\$4,045.38
37195	\$1,926.03
37200	\$485.76
37201	\$601.89
37202	\$732.18
37203	\$2,836.65
37204	\$1,957.90
37205	\$9,063.68
37206	\$5,450.95
37207	\$948.15
37208	\$458.14
37209	\$247.13
37210	\$7,534.18

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
37215	\$2,431.62
37216	\$2,144.13
37220	\$6,610.11
37221	\$9,764.70
37222	\$1,906.21
37223	\$5,378.73
37224	\$7,937.80
37225	\$22,418.45
37226	\$18,764.65
37227	\$30,306.68
37228	\$11,301.28
37229	\$22,227.26
37230	\$17,461.75
37231	\$28,019.52
37232	\$2,539.25
37233	\$3,103.60
37234	\$8,079.42
37235	\$8,631.74
37250	\$240.05
37251	\$179.15
37500	\$1,518.87
37501	BR
37565	\$1,542.24
37600	\$1,547.20
37605	\$1,772.37
37606	\$1,101.10
37607	\$823.52
37609	\$644.37
37615	\$1,098.26
37616	\$2,357.26
37617	\$2,822.49
37618	\$831.31
37620	\$1,401.33
37650	\$1,068.52
37660	\$2,699.99
37700	\$550.19
37718	\$950.98
37722	\$1,058.61
37735	\$1,375.13
37760	\$1,400.62
37761	\$1,222.89
37765	\$1,410.54
37766	\$1,680.32
37780	\$567.19
37785	\$764.75
37788	\$2,973.31
37790	\$1,027.45
37799	BR
38100	\$2,355.14
38101	\$2,373.55
38102	\$544.53
38115	\$2,600.14
38120	\$2,156.87
38129	BR

CODE	MAXIMUM FEE
38200	\$314.40
38204	\$211.72
38205	\$166.40
38206	\$168.53
38207	\$99.13
38208	\$63.02
38209	\$26.91
38210	\$176.32
38211	\$160.03
38212	\$104.80
38213	\$26.91
38214	\$90.64
38215	\$104.80
38220	\$315.10
38221	\$340.60
38230	\$715.18
38240	\$261.29
38241	\$260.58
38242	\$198.98
38300	\$567.19
38305	\$954.52
38308	\$926.19
38380	\$1,191.02
38381	\$1,719.97
38382	\$1,404.87
38500	\$667.74
38505	\$262.00
38510	\$1,069.94
38520	\$963.72
38525	\$883.71
38530	\$1,128.71
38542	\$1,081.98
38550	\$1,020.37
38555	\$2,078.27
38562	\$1,448.77
38564	\$1,455.15
38570	\$1,123.05
38571	\$1,700.15
38572	\$1,965.69
38589	BR
38700	\$1,679.61
38720	\$2,805.49
38724	\$3,036.33
38740	\$1,406.99
38745	\$1,787.24
38746	\$557.98
38747	\$555.15
38760	\$1,737.68
38765	\$2,671.66
38770	\$1,691.65
38780	\$2,164.66
38790	\$175.61
38792	\$84.26
38794	\$624.54

CODE	MAXIMUM FEE
38900	\$286.07
38999	BR
39000	\$1,055.78
39010	\$1,712.19
39200	\$1,895.58
39220	\$2,446.49
39400	\$1,084.81
39499	BR
39501	\$1,765.29
39503	\$12,597.10
39540	\$1,809.90
39541	\$1,961.44
39545	\$1,905.50
39560	\$1,655.54
39561	\$2,602.27
39599	BR
40490	\$269.08
40500	\$1,047.28
40510	\$1,001.96
40520	\$1,023.91
40525	\$1,167.66
40527	\$1,336.18
40530	\$1,130.13
40650	\$863.17
40652	\$1,006.21
40654	\$1,184.65
40700	\$2,018.09
40701	\$2,333.90
40702	\$1,730.60
40720	\$2,066.24
40761	\$2,297.08
40799	BR
40800	\$424.86
40801	\$641.54
40804	\$435.48
40805	\$665.61
40806	\$218.09
40808	\$380.25
40810	\$422.03
40812	\$586.31
40814	\$789.53
40816	\$830.60
40818	\$729.34
40819	\$628.08
40820	\$546.65
40830	\$509.12
40831	\$676.94
40840	\$1,727.76
40842	\$1,656.25
40843	\$2,212.81
40844	\$2,907.46
40845	\$3,054.74
40899	BR
41000	\$333.52

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
41005	\$460.97
41006	\$743.51
41007	\$742.09
41008	\$768.29
41009	\$817.86
41010	\$424.86
41015	\$897.16
41016	\$897.16
41017	\$904.95
41018	\$1,023.20
41019	\$979.30
41100	\$349.80
41105	\$353.34
41108	\$304.48
41110	\$439.73
41112	\$687.57
41113	\$749.88
41114	\$1,337.60
41115	\$504.17
41116	\$679.78
41120	\$2,211.40
41130	\$2,736.10
41135	\$4,527.59
41140	\$4,613.98
41145	\$5,809.25
41150	\$4,599.11
41153	\$4,997.77
41155	\$6,246.15
41250	\$497.09
41251	\$520.45
41252	\$645.79
41500	\$943.90
41510	\$796.61
41512	\$1,302.20
41520	\$717.31
41530	\$6,716.33
41599	BR
41800	\$506.29
41805	\$496.38
41806	\$737.84
41820	\$520.45
41821	\$117.54
41822	\$591.97
41823	\$878.75
41825	\$430.52
41826	\$617.46
41827	\$893.62
41828	\$623.13
41830	\$798.03
41850	\$259.87
41870	\$650.04
41872	\$762.62
41874	\$756.25
41899	BR

CODE	MAXIMUM FEE
42000	\$325.02
42100	\$310.86
42104	\$441.15
42106	\$554.44
42107	\$950.98
42120	\$2,081.81
42140	\$528.24
42145	\$1,489.13
42160	\$491.42
42180	\$487.17
42182	\$677.65
42200	\$1,827.61
42205	\$2,001.80
42210	\$2,214.94
42215	\$1,511.09
42220	\$1,103.93
42225	\$1,921.08
42226	\$1,925.32
42227	\$1,838.94
42235	\$1,558.53
42260	\$1,716.43
42280	\$339.18
42281	\$426.98
42299	BR
42300	\$436.90
42305	\$909.91
42310	\$339.18
42320	\$523.29
42330	\$485.76
42335	\$778.20
42340	\$969.39
42400	\$224.47
42405	\$625.25
42408	\$951.69
42409	\$695.35
42410	\$1,316.36
42415	\$2,355.85
42420	\$2,698.57
42425	\$1,780.87
42426	\$2,879.84
42440	\$988.51
42450	\$948.15
42500	\$905.66
42505	\$1,164.12
42507	\$1,089.06
42508	\$1,492.67
42509	\$1,734.85
42510	\$1,335.48
42550	\$290.32
42600	\$1,012.58
42650	\$174.19
42660	\$222.34
42665	\$654.28
42699	BR

CODE	MAXIMUM FEE
42700	\$395.83
42720	\$958.77
42725	\$1,717.14
42800	\$332.81
42802	\$497.09
42804	\$418.49
42806	\$470.18
42808	\$477.97
42809	\$356.88
42810	\$813.61
42815	\$1,178.28
42820	\$616.76
42821	\$642.25
42825	\$556.57
42826	\$534.62
42830	\$439.73
42831	\$473.72
42835	\$378.13
42836	\$512.66
42842	\$2,086.06
42844	\$2,887.63
42845	\$4,693.29
42860	\$399.37
42870	\$1,221.47
42890	\$2,966.23
42892	\$3,914.38
42894	\$4,963.07
42900	\$722.97
42950	\$1,677.49
42953	\$2,038.62
42955	\$1,581.19
42960	\$359.01
42961	\$892.21
42962	\$1,100.39
42970	\$834.85
42971	\$970.81
42972	\$1,086.93
42999	BR
43020	\$1,125.17
43030	\$1,104.64
43045	\$2,787.08
43100	\$1,322.73
43101	\$2,155.46
43107	\$5,391.47
43108	\$9,580.59
43112	\$5,719.32
43113	\$9,453.14
43116	\$10,784.36
43117	\$5,244.90
43118	\$7,824.51
43121	\$6,079.75
43122	\$5,336.95
43123	\$9,665.57
43124	\$8,313.09

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
43130	\$1,668.99
43135	\$3,170.16
43200	\$452.48
43201	\$618.17
43202	\$591.97
43204	\$472.30
43205	\$476.55
43215	\$327.85
43216	\$434.07
43217	\$792.36
43219	\$364.67
43220	\$269.79
43226	\$300.94
43227	\$446.81
43228	\$474.43
43231	\$405.03
43232	\$557.98
43234	\$586.31
43235	\$621.00
43236	\$769.70
43237	\$501.33
43238	\$625.25
43239	\$719.43
43240	\$844.06
43241	\$330.68
43242	\$901.41
43243	\$569.31
43244	\$628.79
43245	\$400.08
43246	\$535.32
43247	\$426.28
43248	\$400.78
43249	\$369.63
43250	\$401.49
43251	\$463.81
43255	\$601.18
43256	\$542.40
43257	\$676.94
43258	\$567.90
43259	\$646.50
43260	\$737.84
43261	\$775.37
43262	\$911.32
43263	\$898.58
43264	\$1,094.01
43265	\$1,227.14
43267	\$907.78
43268	\$923.36
43269	\$1,009.75
43271	\$910.62
43272	\$911.32
43273	\$272.62
43279	\$2,674.49
43280	\$2,228.39

CODE	MAXIMUM FEE
43281	\$3,282.75
43282	\$3,688.49
43283	\$342.01
43289	BR
43300	\$1,301.49
43305	\$2,324.69
43310	\$3,199.20
43312	\$3,489.52
43313	\$5,904.14
43314	\$6,024.51
43320	\$2,889.76
43325	\$2,760.17
43327	\$1,721.39
43328	\$2,528.63
43330	\$2,719.10
43331	\$2,890.46
43332	\$2,465.60
43333	\$2,677.33
43334	\$2,706.36
43335	\$2,915.96
43336	\$3,194.95
43337	\$3,487.39
43338	\$283.95
43340	\$2,836.65
43341	\$3,117.06
43350	\$2,550.58
43351	\$2,789.21
43352	\$2,282.91
43360	\$4,847.65
43361	\$5,399.26
43400	\$3,185.03
43401	\$3,148.92
43405	\$3,153.17
43410	\$2,185.20
43415	\$3,622.64
43420	\$2,133.51
43425	\$3,171.58
43450	\$328.56
43453	\$618.17
43456	\$1,251.21
43458	\$810.77
43460	\$470.18
43496	BR
43499	BR
43500	\$1,608.80
43501	\$2,756.63
43502	\$3,121.30
43510	\$1,957.90
43520	\$1,438.15
43605	\$1,718.56
43610	\$2,010.30
43611	\$2,503.13
43620	\$4,054.58
43621	\$4,657.17

CODE	MAXIMUM FEE
43622	\$4,723.03
43631	\$2,978.98
43632	\$4,143.80
43633	\$3,926.41
43634	\$4,343.49
43635	\$232.26
43640	\$2,412.50
43641	\$2,447.19
43644	\$3,562.45
43645	\$3,808.16
43647	BR
43648	BR
43651	\$1,332.64
43652	\$1,559.24
43653	\$1,157.74
43659	BR
43752	\$86.39
43753	\$43.19
43754	\$164.28
43755	\$250.67
43756	\$454.60
43757	\$584.89
43760	\$841.93
43761	\$251.38
43770	\$2,287.16
43771	\$2,606.52
43772	\$1,963.56
43773	\$2,606.52
43774	\$1,969.23
43775	\$2,707.77
43800	\$1,907.62
43810	\$2,076.15
43820	\$2,729.73
43825	\$2,674.49
43830	\$1,424.70
43831	\$1,204.48
43832	\$2,163.25
43840	\$2,766.55
43842	\$2,389.13
43843	\$2,610.76
43845	\$4,015.64
43846	\$3,347.19
43847	\$3,675.04
43848	\$3,962.53
43850	\$3,328.07
43855	\$3,463.32
43860	\$3,357.10
43865	\$3,502.26
43870	\$1,452.31
43880	\$3,277.09
43881	BR
43882	BR
43886	\$725.09
43887	\$657.82

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
43888	\$929.03
43999	BR
44005	\$2,243.97
44010	\$1,774.50
44015	\$298.11
44020	\$1,992.59
44021	\$2,013.84
44025	\$2,024.46
44050	\$1,913.99
44055	\$3,068.91
44100	\$241.46
44110	\$1,738.39
44111	\$2,019.50
44120	\$2,506.67
44121	\$502.04
44125	\$2,422.41
44126	\$5,044.50
44127	\$5,843.24
44128	\$504.88
44130	\$2,673.08
44132	BR
44133	BR
44135	BR
44136	BR
44137	BR
44139	\$251.38
44140	\$2,752.38
44141	\$3,717.53
44143	\$3,415.17
44144	\$3,620.52
44145	\$3,414.46
44146	\$4,328.62
44147	\$3,959.70
44150	\$3,819.49
44151	\$4,380.31
44155	\$4,249.31
44156	\$4,713.82
44157	\$4,456.78
44158	\$4,562.29
44160	\$2,545.62
44180	\$1,889.92
44186	\$1,340.43
44187	\$2,257.42
44188	\$2,504.55
44202	\$2,848.69
44203	\$502.75
44204	\$3,167.33
44205	\$2,757.34
44206	\$3,612.73
44207	\$3,765.68
44208	\$4,091.40
44210	\$3,684.95
44211	\$4,596.99
44212	\$4,225.23

CODE	MAXIMUM FEE
44213	\$392.29
44227	\$3,437.12
44238	BR
44300	\$1,727.76
44310	\$2,142.00
44312	\$1,216.52
44314	\$2,071.19
44316	\$2,889.05
44320	\$2,461.36
44322	\$2,010.30
44340	\$1,261.83
44345	\$2,154.75
44346	\$2,420.29
44360	\$334.93
44361	\$368.21
44363	\$439.02
44364	\$470.18
44365	\$419.90
44366	\$553.03
44369	\$565.06
44370	\$610.38
44372	\$543.11
44373	\$436.90
44376	\$646.50
44377	\$684.02
44378	\$878.04
44379	\$930.44
44380	\$144.45
44382	\$175.61
44383	\$357.59
44385	\$527.53
44386	\$726.51
44388	\$727.22
44389	\$832.73
44390	\$967.97
44391	\$1,060.73
44392	\$913.45
44393	\$1,057.90
44394	\$1,053.65
44397	\$584.89
44500	\$51.69
44602	\$2,879.84
44603	\$3,303.99
44604	\$2,171.74
44605	\$2,686.53
44615	\$2,212.10
44620	\$1,774.50
44625	\$2,091.73
44626	\$3,306.12
44640	\$2,886.92
44650	\$2,988.89
44660	\$2,806.91
44661	\$3,217.61
44680	\$2,198.65

CODE	MAXIMUM FEE
44700	\$2,087.48
44701	\$346.97
44715	BR
44720	\$528.95
44721	\$800.86
44799	BR
44800	\$1,559.24
44820	\$1,721.39
44850	\$1,529.50
44899	BR
44900	\$1,579.06
44901	\$1,965.69
44950	\$1,316.36
44955	\$174.19
44960	\$1,788.66
44970	\$1,221.47
44979	BR
45000	\$857.51
45005	\$528.24
45020	\$1,145.00
45100	\$599.76
45108	\$739.26
45110	\$3,794.00
45111	\$2,233.35
45112	\$3,880.39
45113	\$4,058.12
45114	\$3,709.74
45116	\$3,214.77
45119	\$3,997.22
45120	\$3,248.76
45121	\$3,549.00
45123	\$2,276.54
45126	\$5,978.49
45130	\$2,222.73
45135	\$2,791.33
45136	\$3,705.49
45150	\$807.23
45160	\$2,062.70
45171	\$1,251.21
45172	\$1,707.94
45190	\$1,394.25
45300	\$236.51
45303	\$1,829.73
45305	\$379.54
45307	\$426.28
45308	\$400.78
45309	\$426.98
45315	\$473.01
45317	\$456.02
45320	\$443.27
45321	\$223.05
45327	\$264.12
45330	\$286.78
45331	\$357.59

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
45332	\$596.93
45333	\$603.30
45334	\$347.68
45335	\$526.83
45337	\$300.94
45338	\$661.37
45339	\$697.48
45340	\$947.44
45341	\$333.52
45342	\$509.12
45345	\$370.34
45355	\$430.52
45378	\$824.94
45379	\$1,052.24
45380	\$985.68
45381	\$959.48
45382	\$1,290.87
45383	\$1,183.94
45384	\$975.76
45385	\$1,111.01
45386	\$1,377.96
45387	\$732.88
45391	\$628.79
45392	\$807.94
45395	\$4,081.49
45397	\$4,402.26
45400	\$2,362.93
45402	\$3,143.96
45499	BR
45500	\$1,052.24
45505	\$1,178.99
45520	\$286.07
45540	\$2,164.66
45541	\$1,885.67
45550	\$2,995.97
45560	\$1,448.06
45562	\$2,282.21
45563	\$3,345.77
45800	\$2,491.80
45805	\$2,969.06
45820	\$2,409.66
45825	\$2,976.14
45900	\$408.57
45905	\$342.72
45910	\$400.78
45915	\$647.20
45990	\$221.64
45999	BR
46020	\$538.86
46030	\$271.20
46040	\$1,043.74
46045	\$861.76
46050	\$383.79
46060	\$943.90

CODE	MAXIMUM FEE
46070	\$458.14
46080	\$487.17
46083	\$354.05
46200	\$843.35
46220	\$400.78
46221	\$521.87
46230	\$536.74
46250	\$902.12
46255	\$992.76
46257	\$839.81
46258	\$935.40
46260	\$948.15
46261	\$1,060.03
46262	\$1,106.76
46270	\$987.80
46275	\$1,040.91
46280	\$930.44
46285	\$1,022.50
46288	\$1,091.89
46320	\$356.88
46500	\$449.64
46505	\$569.31
46600	\$171.36
46604	\$1,137.92
46606	\$442.56
46608	\$456.72
46610	\$448.94
46611	\$350.51
46612	\$529.66
46614	\$256.33
46615	\$293.86
46700	\$1,309.28
46705	\$987.09
46706	\$339.89
46707	\$976.47
46710	\$2,236.18
46712	\$4,174.25
46715	\$990.63
46716	\$2,353.02
46730	\$3,629.01
46735	\$4,207.53
46740	\$4,342.78
46742	\$5,069.29
46744	\$6,926.63
46746	\$7,335.92
46748	\$7,796.18
46750	\$1,554.99
46751	\$1,257.59
46753	\$1,181.11
46754	\$587.01
46760	\$2,198.65
46761	\$1,897.71
46762	\$1,866.55
46900	\$471.59

CODE	MAXIMUM FEE
46910	\$490.71
46916	\$473.72
46917	\$926.19
46922	\$518.33
46924	\$1,057.90
46930	\$424.15
46940	\$445.39
46942	\$416.36
46945	\$589.14
46946	\$613.92
46947	\$769.70
46999	\$0.00
47000	\$718.72
47001	\$214.55
47010	\$2,454.98
47011	\$395.12
47015	\$2,362.93
47100	\$1,716.43
47120	\$4,774.01
47122	\$7,056.92
47125	\$6,318.38
47130	\$6,782.89
47133	BR
47135	\$10,047.94
47136	\$8,532.61
47140	\$7,293.43
47141	\$7,930.72
47142	\$9,630.16
47143	BR
47144	BR
47145	BR
47146	\$683.32
47147	\$796.61
47300	\$2,311.95
47350	\$2,806.91
47360	\$3,838.61
47361	\$6,204.37
47362	\$2,942.86
47370	\$2,540.66
47371	\$2,590.94
47379	BR
47380	\$2,960.57
47381	\$2,954.19
47382	\$9,651.40
47399	BR
47400	\$4,415.71
47420	\$2,746.72
47425	\$2,787.79
47460	\$2,615.72
47480	\$1,769.54
47490	\$761.21
47500	\$210.31
47505	\$80.72
47510	\$1,010.46

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
47511	\$1,249.80
47525	\$1,072.06
47530	\$3,017.92
47550	\$344.14
47552	\$678.36
47553	\$679.07
47554	\$1,040.91
47555	\$806.53
47556	\$914.16
47560	\$557.98
47561	\$608.97
47562	\$1,524.54
47563	\$1,545.07
47564	\$1,771.67
47570	\$1,584.73
47579	BR
47600	\$2,203.61
47605	\$2,008.17
47610	\$2,569.69
47612	\$2,597.31
47620	\$2,822.49
47630	\$1,171.91
47700	\$2,146.96
47701	\$3,609.89
47711	\$3,193.53
47712	\$4,093.53
47715	\$2,707.77
47720	\$2,336.02
47721	\$2,759.47
47740	\$2,669.54
47741	\$3,011.55
47760	\$4,594.15
47765	\$6,166.13
47780	\$5,036.72
47785	\$6,604.45
47800	\$3,235.31
47801	\$2,152.62
47802	\$3,114.93
47900	\$2,789.91
47999	BR
48000	\$3,806.04
48001	\$4,742.15
48020	\$2,404.71
48100	\$1,814.15
48102	\$1,126.59
48105	\$5,853.86
48120	\$2,266.63
48140	\$3,202.74
48145	\$3,337.28
48146	\$3,827.28
48148	\$2,542.79
48150	\$6,372.19
48152	\$5,916.88
48153	\$6,362.99

CODE	MAXIMUM FEE
48154	\$5,936.71
48155	\$3,706.20
48160	\$6,415.39
48400	\$219.51
48500	\$2,337.44
48510	\$2,213.52
48511	\$1,963.56
48520	\$2,239.01
48540	\$2,656.79
48545	\$2,739.64
48547	\$3,664.42
48548	\$3,413.75
48550	BR
48551	BR
48552	\$490.71
48554	\$5,185.42
48556	\$2,578.19
48999	BR
49000	\$1,581.90
49002	\$2,131.38
49010	\$1,954.36
49020	\$3,263.63
49021	\$1,868.68
49040	\$2,052.78
49041	\$1,926.03
49060	\$2,274.42
49061	\$1,884.96
49062	\$1,538.70
49080	\$340.60
49081	\$340.60
49180	\$342.01
49203	\$2,461.36
49204	\$3,134.76
49205	\$3,597.86
49215	\$4,534.67
49220	\$1,990.47
49250	\$1,191.73
49255	\$1,615.88
49320	\$673.40
49321	\$713.06
49322	\$766.16
49323	\$1,326.27
49324	\$811.48
49325	\$868.84
49326	\$393.00
49327	\$275.45
49329	BR
49400	\$328.56
49402	\$1,753.96
49411	\$1,087.64
49412	\$172.07
49418	\$3,165.92
49419	\$912.74
49421	\$561.52

CODE	MAXIMUM FEE
49422	\$792.36
49423	\$1,188.90
49424	\$317.23
49425	\$1,562.78
49426	\$1,318.48
49427	\$97.01
49428	\$897.87
49429	\$944.61
49435	\$248.54
49436	\$382.37
49440	\$2,271.58
49441	\$2,517.30
49442	\$2,112.26
49446	\$2,100.22
49450	\$1,497.63
49451	\$1,517.46
49452	\$1,886.38
49460	\$1,652.71
49465	\$360.42
49491	\$1,609.51
49492	\$1,950.11
49495	\$823.52
49496	\$1,257.59
49500	\$783.87
49501	\$1,227.85
49505	\$1,057.19
49507	\$1,300.07
49520	\$1,288.03
49521	\$1,564.19
49525	\$1,166.24
49540	\$1,380.09
49550	\$1,173.32
49553	\$1,285.91
49555	\$1,218.64
49557	\$1,478.51
49560	\$1,506.84
49561	\$1,903.37
49565	\$1,569.15
49566	\$1,923.91
49568	\$555.15
49570	\$841.22
49572	\$1,043.74
49580	\$665.61
49582	\$974.35
49585	\$900.00
49587	\$1,064.27
49590	\$1,164.82
49600	\$1,497.63
49605	\$10,239.13
49606	\$2,323.98
49610	\$1,406.29
49611	\$1,140.75
49650	\$867.42
49651	\$1,129.42

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
49652	\$1,499.05
49653	\$1,878.59
49654	\$1,722.81
49655	\$2,073.32
49656	\$1,729.18
49657	\$2,486.85
49659	BR
49900	\$1,666.16
49904	\$3,036.33
49905	\$734.30
49906	BR
49999	BR
50010	\$1,557.11
50020	\$2,213.52
50021	\$1,974.18
50040	\$1,992.59
50045	\$1,998.26
50060	\$2,455.69
50065	\$2,587.40
50070	\$2,561.20
50075	\$3,146.80
50080	\$1,877.88
50081	\$2,756.63
50100	\$2,088.90
50120	\$2,037.20
50125	\$2,166.08
50130	\$2,228.39
50135	\$2,413.91
50200	\$1,206.60
50205	\$1,550.03
50220	\$2,236.18
50225	\$2,567.57
50230	\$2,760.88
50234	\$2,803.37
50236	\$3,162.37
50240	\$2,852.93
50250	\$2,633.42
50280	\$2,052.07
50290	\$1,952.23
50300	BR
50320	\$2,948.53
50323	BR
50325	BR
50327	\$451.77
50328	\$395.12
50329	\$371.04
50340	\$1,919.66
50360	\$5,241.36
50365	\$5,904.14
50370	\$2,447.90
50380	\$4,138.84
50382	\$2,670.25
50384	\$2,230.52
50385	\$2,608.64

CODE	MAXIMUM FEE
50386	\$1,700.15
50387	\$1,237.76
50389	\$688.27
50390	\$208.89
50391	\$269.79
50392	\$385.21
50393	\$468.76
50394	\$218.80
50395	\$389.46
50396	\$250.67
50398	\$1,120.21
50400	\$2,490.39
50405	\$3,004.47
50500	\$2,644.75
50520	\$2,222.02
50525	\$3,078.11
50526	\$2,965.52
50540	\$2,447.90
50541	\$1,984.10
50542	\$2,518.71
50543	\$3,212.65
50544	\$2,693.61
50545	\$2,898.96
50546	\$2,586.69
50547	\$3,328.78
50548	\$2,912.42
50549	BR
50551	\$782.45
50553	\$831.31
50555	\$893.62
50557	\$909.91
50561	\$1,033.83
50562	\$1,260.42
50570	\$1,064.98
50572	\$1,154.20
50574	\$1,227.14
50575	\$1,549.32
50576	\$1,222.89
50580	\$1,314.23
50590	\$1,843.89
50592	\$7,187.22
50593	\$9,885.08
50600	\$2,015.96
50605	\$2,047.83
50610	\$2,036.50
50620	\$1,947.98
50630	\$1,909.04
50650	\$2,229.81
50660	\$2,457.11
50684	\$314.40
50686	\$308.02
50688	\$171.36
50690	\$209.60
50700	\$1,987.64

CODE	MAXIMUM FEE
50715	\$2,472.69
50722	\$2,196.53
50725	\$2,415.33
50727	\$1,085.52
50728	\$1,488.43
50740	\$2,518.71
50750	\$2,491.10
50760	\$2,402.58
50770	\$2,443.65
50780	\$2,370.01
50782	\$2,455.69
50783	\$2,452.15
50785	\$2,605.10
50800	\$1,989.76
50810	\$2,799.12
50815	\$2,629.18
50820	\$2,825.32
50825	\$3,565.99
50830	\$3,857.73
50840	\$2,647.59
50845	\$2,687.24
50860	\$2,029.41
50900	\$1,808.49
50920	\$1,897.00
50930	\$2,491.10
50940	\$1,901.96
50945	\$2,096.68
50947	\$2,969.77
50948	\$2,755.93
50949	BR
50951	\$817.86
50953	\$865.30
50955	\$941.77
50957	\$930.44
50961	\$840.51
50970	\$802.99
50972	\$775.37
50974	\$1,025.33
50976	\$1,009.75
50980	\$771.83
51020	\$1,009.04
51030	\$999.84
51040	\$625.25
51045	\$1,042.32
51050	\$1,017.54
51060	\$1,252.63
51065	\$1,244.84
51080	\$875.92
51100	\$133.12
51101	\$271.91
51102	\$495.67
51500	\$1,394.25
51520	\$1,267.50
51525	\$1,852.39

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
51530	\$1,685.99
51535	\$1,664.04
51550	\$2,071.19
51555	\$2,725.48
51565	\$2,777.17
51570	\$3,176.54
51575	\$3,927.83
51580	\$4,091.40
51585	\$4,555.92
51590	\$4,165.75
51595	\$4,724.44
51596	\$5,076.37
51597	\$4,935.46
51600	\$408.57
51605	\$82.14
51610	\$234.38
51700	\$182.69
51701	\$124.63
51702	\$160.74
51703	\$291.03
51705	\$236.51
51710	\$329.27
51715	\$625.96
51720	\$240.75
51725	\$439.73
51726	\$642.25
51727	\$638.71
51728	\$632.33
51729	\$692.52
51736	\$73.64
51741	\$89.93
51784	\$429.11
51785	\$471.59
51792	\$485.76
51797	\$281.82
51798	\$41.07
51800	\$2,250.34
51820	\$2,292.12
51840	\$1,407.70
51841	\$1,675.36
51845	\$1,266.08
51860	\$1,585.44
51865	\$1,918.95
51880	\$1,005.50
51900	\$1,762.46
51920	\$1,620.13
51925	\$2,251.76
51940	\$3,478.19
51960	\$2,995.26
51980	\$1,530.91
51990	\$1,612.34
51992	\$1,804.95
51999	BR
52000	\$445.39

CODE	MAXIMUM FEE
52001	\$811.48
52005	\$609.67
52007	\$1,094.01
52010	\$844.06
52204	\$884.42
52214	\$1,320.61
52224	\$1,578.35
52234	\$532.49
52235	\$624.54
52240	\$1,091.18
52250	\$525.41
52260	\$453.89
52265	\$863.17
52270	\$827.77
52275	\$1,125.88
52276	\$574.98
52277	\$703.85
52281	\$611.80
52282	\$728.63
52283	\$602.59
52285	\$607.55
52290	\$528.95
52300	\$613.21
52301	\$633.75
52305	\$603.30
52310	\$528.95
52315	\$926.19
52317	\$1,917.53
52318	\$1,025.33
52320	\$533.20
52325	\$693.94
52327	\$567.90
52330	\$1,404.16
52332	\$1,044.45
52334	\$555.86
52341	\$627.38
52342	\$681.90
52343	\$759.08
52344	\$823.52
52345	\$878.04
52346	\$991.34
52351	\$679.07
52352	\$798.03
52353	\$916.28
52354	\$848.30
52355	\$1,010.46
52400	\$1,036.66
52402	\$577.81
52450	\$1,011.17
52500	\$1,051.53
52601	\$1,801.41
52630	\$955.94
52640	\$640.12
52647	\$4,324.37

CODE	MAXIMUM FEE
52648	\$4,429.87
52649	\$2,083.94
52700	\$941.06
53000	\$320.77
53010	\$633.75
53020	\$209.60
53025	\$142.33
53040	\$844.06
53060	\$393.70
53080	\$921.24
53085	\$1,377.25
53200	\$333.52
53210	\$1,661.91
53215	\$2,003.21
53220	\$975.05
53230	\$1,308.57
53235	\$1,368.05
53240	\$918.41
53250	\$926.19
53260	\$432.65
53265	\$473.01
53270	\$456.72
53275	\$567.90
53400	\$1,727.06
53405	\$1,887.09
53410	\$2,112.26
53415	\$2,435.16
53420	\$1,767.42
53425	\$2,025.87
53430	\$2,070.48
53431	\$2,485.43
53440	\$1,900.54
53442	\$1,678.91
53444	\$1,712.19
53445	\$1,896.29
53446	\$1,388.58
53447	\$1,749.01
53448	\$2,761.59
53449	\$1,321.31
53450	\$880.17
53460	\$985.68
53500	\$1,610.93
53502	\$1,043.03
53505	\$1,047.99
53510	\$1,360.97
53515	\$1,710.77
53520	\$1,198.11
53600	\$181.98
53601	\$177.03
53605	\$138.79
53620	\$258.46
53621	\$243.59
53660	\$155.07
53661	\$153.66

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
53665	\$82.85
53850	\$4,898.64
53852	\$4,723.03
53855	\$1,491.26
53860	\$3,042.71
53899	BR
54000	\$328.56
54001	\$407.87
54015	\$664.91
54050	\$274.03
54055	\$250.67
54056	\$293.86
54057	\$294.57
54060	\$393.70
54065	\$460.97
54100	\$418.49
54105	\$583.47
54110	\$1,343.97
54111	\$1,728.47
54112	\$2,025.87
54115	\$972.93
54120	\$1,362.38
54125	\$1,753.26
54130	\$2,575.36
54135	\$3,266.47
54150	\$351.22
54160	\$487.88
54161	\$424.86
54162	\$571.44
54163	\$471.59
54164	\$416.36
54200	\$235.09
54205	\$1,152.79
54220	\$447.52
54230	\$208.18
54231	\$302.36
54235	\$194.02
54240	\$212.43
54250	\$261.29
54300	\$1,392.12
54304	\$1,627.21
54308	\$1,578.35
54312	\$1,807.78
54316	\$2,201.48
54318	\$1,543.66
54322	\$1,694.48
54324	\$2,103.06
54326	\$2,010.30
54328	\$2,023.75
54332	\$2,195.82
54336	\$2,549.87
54340	\$1,221.47
54344	\$2,092.44
54348	\$2,423.83

CODE	MAXIMUM FEE
54352	\$3,429.33
54360	\$1,563.48
54380	\$1,732.72
54385	\$2,123.59
54390	\$2,646.88
54400	\$1,145.00
54401	\$1,415.49
54405	\$1,746.88
54406	\$1,575.52
54408	\$1,704.40
54410	\$1,858.05
54411	\$2,211.40
54415	\$1,137.92
54416	\$1,530.20
54417	\$1,937.36
54420	\$1,525.25
54430	\$1,385.04
54435	\$900.00
54440	\$1,225.72
54450	\$153.66
54500	\$160.74
54505	\$455.31
54512	\$1,156.33
54520	\$703.14
54522	\$1,254.75
54530	\$1,091.18
54535	\$1,588.98
54550	\$1,055.78
54560	\$1,450.90
54600	\$975.05
54620	\$648.62
54640	\$1,023.91
54650	\$1,523.12
54660	\$766.16
54670	\$870.96
54680	\$1,683.86
54690	\$1,473.56
54692	\$1,639.25
54699	BR
54700	\$458.14
54800	\$316.52
54830	\$801.57
54840	\$693.94
54860	\$902.12
54861	\$1,217.22
54865	\$770.41
54900	\$1,643.50
54901	\$2,285.75
55000	\$257.04
55040	\$729.34
55041	\$1,097.56
55060	\$818.56
55100	\$468.05
55110	\$834.85

CODE	MAXIMUM FEE
55120	\$766.16
55150	\$1,055.78
55175	\$783.87
55180	\$1,487.72
55200	\$1,003.38
55250	\$895.04
55300	\$393.70
55400	\$1,078.44
55450	\$799.44
55500	\$841.22
55520	\$920.53
55530	\$762.62
55535	\$921.95
55540	\$1,105.34
55550	\$912.03
55559	BR
55600	\$909.20
55605	\$1,119.51
55650	\$1,537.29
55680	\$733.59
55700	\$486.46
55705	\$577.10
55706	\$806.53
55720	\$971.51
55725	\$1,271.75
55801	\$2,347.35
55810	\$2,838.77
55812	\$3,469.69
55815	\$3,805.33
55821	\$1,886.38
55831	\$2,040.04
55840	\$2,887.63
55842	\$3,091.56
55845	\$3,532.71
55860	\$1,886.38
55862	\$2,370.01
55865	\$2,882.68
55866	\$3,739.48
55870	\$378.13
55873	\$13,198.98
55875	\$1,642.79
55876	\$293.86
55899	BR
55920	\$936.11
55970	BR
55980	BR
56405	\$229.42
56420	\$259.16
56440	\$385.21
56441	\$307.32
56442	\$101.26
56501	\$274.03
56515	\$469.47
56605	\$173.48

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
56606	\$78.60
56620	\$1,050.11
56625	\$1,260.42
56630	\$1,851.68
56631	\$2,346.64
56632	\$2,726.89
56633	\$2,406.83
56634	\$2,544.20
56637	\$2,994.55
56640	\$2,952.78
56700	\$393.70
56740	\$625.25
56800	\$508.42
56805	\$2,411.08
56810	\$546.65
56820	\$231.55
56821	\$308.02
57000	\$400.08
57010	\$912.03
57020	\$197.56
57022	\$352.63
57023	\$654.99
57061	\$238.63
57065	\$401.49
57100	\$184.11
57105	\$283.24
57106	\$1,007.63
57107	\$2,949.24
57109	\$3,370.56
57110	\$1,890.63
57111	\$3,391.09
57112	\$3,179.37
57120	\$1,075.60
57130	\$375.29
57135	\$402.91
57150	\$99.84
57155	\$684.02
57156	\$312.27
57160	\$160.74
57170	\$135.96
57180	\$295.99
57200	\$625.25
57210	\$769.00
57220	\$673.40
57230	\$841.93
57240	\$1,401.33
57250	\$1,406.29
57260	\$1,737.68
57265	\$1,914.70
57267	\$547.36
57268	\$1,012.58
57270	\$1,678.91
57280	\$2,015.96
57282	\$1,057.19

CODE	MAXIMUM FEE
57283	\$1,455.15
57284	\$1,732.72
57285	\$1,426.82
57287	\$1,447.36
57288	\$1,501.88
57289	\$1,538.70
57291	\$1,247.67
57292	\$1,733.43
57295	\$1,016.12
57296	\$2,003.21
57300	\$1,149.95
57305	\$1,916.83
57307	\$2,176.70
57308	\$1,359.55
57310	\$981.43
57311	\$1,117.38
57320	\$1,135.08
57330	\$1,572.69
57335	\$2,455.69
57400	\$282.53
57410	\$225.18
57415	\$335.64
57420	\$242.17
57421	\$326.43
57423	\$1,942.32
57425	\$2,044.28
57426	\$1,772.37
57452	\$227.30
57454	\$322.19
57455	\$299.53
57456	\$283.24
57460	\$609.67
57461	\$686.15
57500	\$272.62
57505	\$213.14
57510	\$276.16
57511	\$305.19
57513	\$301.65
57520	\$641.54
57522	\$553.73
57530	\$722.97
57531	\$3,599.27
57540	\$1,638.54
57545	\$1,729.18
57550	\$858.93
57555	\$1,262.54
57556	\$1,193.15
57558	\$262.71
57700	\$652.87
57720	\$645.79
57800	\$125.33
58100	\$230.13
58110	\$101.26
58120	\$532.49

CODE	MAXIMUM FEE
58140	\$1,929.57
58145	\$1,142.87
58146	\$2,435.16
58150	\$2,090.31
58152	\$2,624.22
58180	\$2,009.59
58200	\$2,755.22
58210	\$3,682.12
58240	\$5,842.53
58260	\$1,740.51
58262	\$1,941.61
58263	\$2,088.90
58267	\$2,222.02
58270	\$1,856.64
58275	\$2,071.19
58280	\$2,214.94
58285	\$2,764.42
58290	\$2,426.66
58291	\$2,632.01
58292	\$2,773.63
58293	\$2,882.68
58294	\$2,568.28
58300	\$150.12
58301	\$201.10
58321	\$155.78
58322	\$181.27
58323	\$36.82
58340	\$256.33
58345	\$589.14
58346	\$914.87
58350	\$203.22
58353	\$2,251.76
58356	\$4,172.13
58400	\$928.32
58410	\$1,690.94
58520	\$1,696.61
58540	\$1,910.45
58541	\$1,809.20
58542	\$2,020.92
58543	\$2,055.61
58544	\$2,222.02
58545	\$1,882.84
58546	\$2,376.38
58548	\$3,755.76
58550	\$1,858.05
58552	\$2,061.28
58553	\$2,390.55
58554	\$2,765.13
58555	\$565.77
58558	\$750.59
58559	\$724.39
58560	\$817.86
58561	\$1,156.33
58562	\$784.57

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
58563	\$3,685.66
58565	\$4,012.09
58570	\$1,945.15
58571	\$2,154.75
58572	\$2,417.45
58573	\$2,759.47
58578	BR
58579	BR
58600	\$766.16
58605	\$692.52
58611	\$163.57
58615	\$518.33
58660	\$1,413.37
58661	\$1,353.18
58662	\$1,482.76
58670	\$769.00
58671	\$768.29
58672	\$1,550.74
58673	\$1,686.69
58679	BR
58700	\$1,624.38
58720	\$1,514.63
58740	\$1,840.35
58750	\$1,900.54
58752	\$1,792.20
58760	\$1,709.35
58770	\$1,779.46
58800	\$672.70
58805	\$847.60
58820	\$684.73
58822	\$1,520.29
58823	\$1,902.66
58825	\$1,472.85
58900	\$916.28
58920	\$1,470.02
58925	\$1,551.45
58940	\$1,078.44
58943	\$2,367.18
58950	\$2,261.67
58951	\$2,906.04
58952	\$3,279.92
58953	\$4,058.12
58954	\$4,398.72
58956	\$2,773.63
58957	\$3,163.08
58958	\$3,477.48
58960	\$1,945.15
58970	\$445.39
58974	\$305.19
58976	\$504.17
58999	BR
59000	\$268.37
59001	\$388.75
59012	\$433.36

CODE	MAXIMUM FEE
59015	\$329.97
59020	\$144.45
59025	\$98.43
59030	\$207.47
59050	\$108.34
59051	\$89.93
59070	\$888.67
59072	\$1,117.38
59074	\$871.67
59076	\$1,105.34
59100	\$1,763.88
59120	\$1,685.99
59121	\$1,688.11
59130	\$1,736.97
59135	\$1,736.26
59136	\$1,863.72
59140	\$751.29
59150	\$1,630.75
59151	\$1,590.39
59160	\$442.56
59200	\$154.37
59300	\$405.74
59320	\$323.60
59325	\$455.31
59350	\$595.51
59400	\$3,965.36
59409	\$1,557.82
59410	\$1,974.89
59412	\$201.10
59414	\$177.03
59425	\$882.29
59426	\$1,576.94
59430	\$328.56
59510	\$4,415.71
59514	\$1,768.13
59515	\$2,392.67
59525	\$1,035.24
59610	\$4,178.50
59612	\$1,756.09
59614	\$2,161.83
59618	\$4,497.85
59620	\$1,841.77
59622	\$2,479.77
59812	\$669.15
59820	\$801.57
59821	\$809.36
59830	\$925.49
59840	\$453.89
59841	\$807.23
59850	\$725.09
59851	\$844.76
59852	\$1,050.11
59855	\$880.88
59856	\$1,035.95

CODE	MAXIMUM FEE
59857	\$1,086.93
59866	\$449.64
59870	\$1,001.96
59871	\$284.66
59897	BR
59898	BR
59899	BR
60000	\$338.47
60100	\$233.67
60200	\$1,370.88
60210	\$1,467.18
60212	\$2,106.60
60220	\$1,601.72
60225	\$1,926.74
60240	\$2,022.33
60252	\$2,743.89
60254	\$3,519.97
60260	\$2,282.91
60270	\$2,881.26
60271	\$2,204.32
60280	\$925.49
60281	\$1,233.51
60300	\$230.84
60500	\$2,113.68
60502	\$2,655.38
60505	\$2,899.67
60512	\$507.00
60520	\$2,157.58
60521	\$2,430.91
60522	\$2,944.28
60540	\$2,214.23
60545	\$2,543.50
60600	\$3,033.50
60605	\$3,741.60
60650	\$2,489.68
60659	BR
60699	BR
61000	\$225.18
61001	\$239.34
61020	\$282.53
61026	\$264.83
61050	\$215.97
61055	\$283.24
61070	\$173.48
61105	\$938.23
61107	\$667.74
61108	\$1,861.59
61120	\$1,533.74
61140	\$2,607.22
61150	\$2,808.32
61151	\$2,049.24
61154	\$2,617.85
61156	\$2,590.23
61210	\$779.62

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
61215	\$1,027.45
61250	\$1,778.75
61253	\$1,753.26
61304	\$3,412.33
61305	\$4,182.75
61312	\$4,330.03
61313	\$4,119.02
61314	\$3,795.42
61315	\$4,310.20
61316	\$184.81
61320	\$3,965.36
61321	\$4,413.59
61322	\$4,917.05
61323	\$4,970.86
61330	\$3,672.91
61332	\$4,089.28
61333	\$4,264.18
61334	\$2,792.04
61340	\$2,992.43
61343	\$4,579.99
61345	\$4,251.43
61440	\$4,168.58
61450	\$3,999.35
61458	\$4,184.87
61460	\$4,358.36
61470	\$3,996.52
61480	\$3,167.33
61490	\$3,951.91
61500	\$2,783.54
61501	\$2,393.38
61510	\$4,538.92
61512	\$5,323.50
61514	\$3,959.70
61516	\$3,854.90
61517	\$184.11
61518	\$5,748.36
61519	\$6,163.30
61520	\$7,859.91
61521	\$6,649.06
61522	\$4,563.70
61524	\$4,329.32
61526	\$7,569.59
61530	\$6,404.06
61531	\$2,527.92
61533	\$3,166.62
61534	\$3,418.00
61535	\$2,061.99
61536	\$5,396.43
61537	\$5,116.02
61538	\$5,534.51
61539	\$4,913.51
61540	\$4,556.62
61541	\$4,474.48
61542	\$4,669.21

CODE	MAXIMUM FEE
61543	\$4,503.52
61544	\$3,848.52
61545	\$6,637.02
61546	\$4,807.29
61548	\$3,253.72
61550	\$1,930.28
61552	\$2,451.44
61556	\$3,426.50
61557	\$3,501.55
61558	\$3,694.87
61559	\$4,301.71
61563	\$4,129.64
61564	\$5,023.97
61566	\$4,701.08
61567	\$5,365.98
61570	\$3,869.06
61571	\$4,146.63
61575	\$5,181.88
61576	\$7,399.65
61580	\$5,113.19
61581	\$5,636.48
61582	\$6,185.96
61583	\$5,999.73
61584	\$5,899.89
61585	\$6,577.54
61586	\$4,851.19
61590	\$6,444.42
61591	\$6,525.14
61592	\$6,575.42
61595	\$4,936.87
61596	\$5,239.23
61597	\$6,045.05
61598	\$5,697.37
61600	\$4,456.07
61601	\$4,926.96
61605	\$4,601.94
61606	\$6,247.57
61607	\$6,052.13
61608	\$6,741.11
61609	\$1,264.67
61610	\$3,961.82
61611	\$812.90
61612	\$3,015.80
61613	\$6,787.85
61615	\$4,863.23
61616	\$6,892.65
61618	\$2,708.48
61619	\$3,111.39
61623	\$1,166.95
61624	\$2,336.02
61626	\$1,827.61
61630	\$2,679.45
61635	\$2,895.42
61640	\$1,304.32

CODE	MAXIMUM FEE
61641	\$458.85
61642	\$916.28
61680	\$4,718.07
61682	\$8,787.52
61684	\$5,919.01
61686	\$9,446.05
61690	\$4,549.54
61692	\$7,654.56
61697	\$8,815.85
61698	\$9,637.24
61700	\$7,165.97
61702	\$8,376.82
61703	\$2,823.90
61705	\$5,400.68
61708	\$4,310.20
61710	\$3,888.89
61711	\$5,441.75
61720	\$2,583.15
61735	\$3,148.92
61750	\$2,923.04
61751	\$2,851.52
61760	\$3,253.01
61770	\$3,326.65
61781	\$504.88
61782	\$414.24
61783	\$504.88
61790	\$1,790.78
61791	\$2,300.62
61796	\$2,015.25
61797	\$455.31
61798	\$2,691.49
61799	\$628.08
61800	\$315.10
61850	\$1,931.70
61860	\$3,260.80
61863	\$3,117.76
61864	\$602.59
61867	\$4,766.22
61868	\$1,061.44
61870	\$2,464.90
61875	\$2,132.80
61880	\$1,156.33
61885	\$1,126.59
61886	\$1,719.27
61888	\$811.48
62000	\$2,053.49
62005	\$2,622.80
62010	\$3,170.16
62100	\$3,343.65
62115	\$2,556.24
62116	\$3,690.62
62117	\$3,641.76
62120	\$3,574.49
62121	\$3,541.21

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
62140	\$2,161.83
62141	\$2,374.97
62142	\$1,833.27
62143	\$2,147.67
62145	\$2,944.99
62146	\$2,572.53
62147	\$3,034.21
62148	\$266.25
62160	\$402.91
62161	\$3,152.46
62162	\$3,942.70
62163	\$2,541.37
62164	\$4,314.45
62165	\$3,255.84
62180	\$3,331.61
62190	\$1,904.08
62192	\$2,017.38
62194	\$813.61
62200	\$2,860.72
62201	\$2,482.60
62220	\$2,104.47
62223	\$2,176.70
62225	\$1,057.90
62230	\$1,739.80
62252	\$191.19
62256	\$1,227.14
62258	\$2,328.94
62263	\$1,477.10
62264	\$859.63
62267	\$514.08
62268	\$734.30
62269	\$790.24
62270	\$323.60
62272	\$401.49
62273	\$349.09
62280	\$674.11
62281	\$540.28
62282	\$611.09
62284	\$445.39
62287	\$1,145.00
62290	\$691.81
62291	\$652.87
62292	\$1,134.38
62294	\$1,430.36
62310	\$480.09
62311	\$412.11
62318	\$493.55
62319	\$393.70
62350	\$812.19
62351	\$1,778.04
62355	\$613.21
62360	\$626.67
62361	\$808.65
62362	\$847.60

CODE	MAXIMUM FEE
62365	\$675.53
62367	\$83.56
62368	\$120.38
63001	\$2,564.03
63003	\$2,575.36
63005	\$2,445.07
63011	\$2,251.76
63012	\$2,467.73
63015	\$3,078.82
63016	\$3,149.63
63017	\$2,588.11
63020	\$2,420.29
63030	\$2,003.92
63035	\$407.87
63040	\$2,920.91
63042	\$2,702.82
63043	\$1,229.26
63044	\$1,167.66
63045	\$2,639.80
63046	\$2,513.76
63047	\$2,282.21
63048	\$451.06
63050	\$3,265.76
63051	\$3,570.95
63055	\$3,390.38
63056	\$3,080.94
63057	\$681.90
63064	\$3,683.54
63066	\$439.02
63075	\$2,862.85
63076	\$530.37
63077	\$3,128.39
63078	\$411.41
63081	\$3,694.16
63082	\$570.02
63085	\$3,963.24
63086	\$405.74
63087	\$4,999.19
63088	\$548.78
63090	\$4,107.69
63091	\$377.42
63101	\$4,840.57
63102	\$4,674.17
63103	\$621.00
63170	\$3,283.46
63172	\$2,923.04
63173	\$3,591.48
63180	\$3,032.08
63182	\$3,264.34
63185	\$2,465.60
63190	\$2,636.96
63191	\$2,467.02
63194	\$2,852.93
63195	\$3,177.95

CODE	MAXIMUM FEE
63196	\$2,995.26
63197	\$3,554.66
63198	\$3,313.91
63199	\$3,652.38
63200	\$3,161.67
63250	\$6,190.21
63251	\$6,340.33
63252	\$6,335.37
63265	\$3,470.40
63266	\$3,575.20
63267	\$2,857.18
63268	\$2,995.97
63270	\$4,317.99
63271	\$4,314.45
63272	\$3,964.65
63273	\$3,836.49
63275	\$3,735.94
63276	\$3,714.69
63277	\$3,226.81
63278	\$3,279.21
63280	\$4,408.63
63281	\$4,365.44
63282	\$4,111.94
63283	\$3,939.16
63285	\$5,431.13
63286	\$5,365.27
63287	\$5,723.57
63290	\$5,807.13
63295	\$698.19
63300	\$3,817.37
63301	\$4,524.05
63302	\$4,475.19
63303	\$4,754.89
63304	\$4,883.77
63305	\$5,124.52
63306	\$4,782.51
63307	\$4,991.40
63308	\$681.19
63600	\$1,761.75
63610	\$1,790.08
63615	\$2,530.04
63620	\$2,200.77
63621	\$522.58
63650	\$864.59
63655	\$1,783.00
63661	\$1,245.55
63662	\$1,493.38
63663	\$1,779.46
63664	\$1,552.86
63685	\$826.35
63688	\$747.05
63700	\$2,657.50
63702	\$2,943.57
63704	\$3,352.85

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
63706	\$3,787.63
63707	\$1,878.59
63709	\$2,280.08
63710	\$2,290.00
63740	\$1,946.57
63741	\$1,273.16
63744	\$1,370.88
63746	\$1,212.98
64400	\$235.09
64402	\$234.38
64405	\$234.38
64408	\$255.62
64410	\$308.73
64412	\$310.86
64413	\$247.13
64415	\$254.92
64416	\$169.24
64417	\$267.66
64418	\$285.36
64420	\$283.24
64421	\$407.16
64425	\$271.91
64430	\$297.40
64435	\$293.86
64445	\$278.28
64446	\$172.07
64447	\$247.84
64448	\$152.95
64449	\$174.90
64450	\$213.14
64455	\$101.97
64479	\$553.03
64480	\$263.41
64483	\$500.63
64484	\$221.64
64490	\$409.28
64491	\$202.52
64492	\$204.64
64493	\$364.67
64494	\$182.69
64495	\$185.52
64505	\$203.93
64508	\$217.39
64510	\$281.12
64517	\$361.13
64520	\$397.95
64530	\$402.91
64550	\$32.57
64553	\$429.11
64555	\$419.20
64560	\$477.26
64561	\$2,033.66
64565	\$366.80
64566	\$269.08

CODE	MAXIMUM FEE
64568	\$1,337.60
64569	\$1,320.61
64570	\$1,162.70
64575	\$596.93
64577	\$699.60
64580	\$628.79
64581	\$1,472.85
64585	\$607.55
64590	\$596.22
64595	\$591.26
64600	\$854.68
64605	\$1,348.22
64610	\$1,516.75
64611	\$208.89
64612	\$356.88
64613	\$342.01
64614	\$364.67
64620	\$497.79
64622	\$698.19
64623	\$260.58
64626	\$830.60
64627	\$356.17
64630	\$469.47
64632	\$177.03
64640	\$453.89
64650	\$191.19
64653	\$228.72
64680	\$653.58
64681	\$778.20
64702	\$997.71
64704	\$669.86
64708	\$999.84
64712	\$1,139.33
64713	\$1,576.23
64714	\$1,393.54
64716	\$1,103.22
64718	\$1,203.77
64719	\$815.73
64721	\$872.38
64722	\$711.64
64726	\$574.27
64727	\$387.33
64732	\$870.25
64734	\$878.75
64736	\$897.16
64738	\$1,073.48
64740	\$954.52
64742	\$990.63
64744	\$956.64
64746	\$917.70
64752	\$1,072.77
64755	\$1,877.17
64760	\$1,028.16
64761	\$930.44

CODE	MAXIMUM FEE
64763	\$1,094.01
64766	\$1,225.72
64771	\$1,169.78
64772	\$1,189.61
64774	\$856.80
64776	\$805.82
64778	\$400.08
64782	\$934.69
64783	\$455.31
64784	\$1,511.09
64786	\$2,231.22
64787	\$511.25
64788	\$818.56
64790	\$1,724.93
64792	\$2,356.56
64795	\$412.11
64802	\$1,278.12
64804	\$1,698.02
64809	\$1,765.29
64818	\$1,388.58
64820	\$1,576.94
64821	\$1,425.41
64822	\$1,414.78
64823	\$1,605.26
64831	\$1,407.70
64832	\$714.47
64834	\$1,538.70
64835	\$1,678.91
64836	\$1,680.32
64837	\$752.00
64840	\$1,816.28
64856	\$2,108.01
64857	\$2,194.40
64858	\$2,532.87
64859	\$551.61
64861	\$2,683.70
64862	\$3,054.04
64864	\$1,799.99
64865	\$2,375.68
64866	\$2,388.42
64868	\$2,166.79
64870	\$2,267.34
64872	\$241.46
64874	\$366.80
64876	\$407.16
64885	\$2,328.23
64886	\$2,732.56
64890	\$2,254.59
64891	\$2,448.61
64892	\$2,187.32
64893	\$2,341.69
64895	\$2,823.19
64896	\$3,204.86
64897	\$2,658.92

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
64898	\$2,870.64
64901	\$1,315.65
64902	\$1,518.17
64905	\$2,133.51
64907	\$2,395.50
64910	\$1,700.86
64911	\$2,122.18
64999	BR
65091	\$1,299.36
65093	\$1,287.33
65101	\$1,504.71
65103	\$1,572.69
65105	\$1,735.55
65110	\$2,435.86
65112	\$2,845.15
65114	\$2,981.81
65125	\$912.74
65130	\$1,491.97
65135	\$1,516.04
65140	\$1,608.10
65150	\$1,125.88
65155	\$1,735.55
65175	\$1,306.44
65205	\$111.88
65210	\$138.79
65220	\$115.42
65222	\$152.95
65235	\$1,415.49
65260	\$1,860.18
65265	\$2,241.14
65270	\$526.12
65272	\$970.10
65273	\$742.09
65275	\$1,131.54
65280	\$1,380.09
65285	\$2,127.13
65286	\$1,396.37
65290	\$1,012.58
65400	\$1,347.51
65410	\$292.45
65420	\$1,018.25
65426	\$1,291.57
65430	\$231.55
65435	\$162.15
65436	\$785.99
65450	\$643.66
65600	\$782.45
65710	\$2,219.19
65730	\$2,463.48
65750	\$2,474.81
65755	\$2,471.98
65756	\$2,304.16
65757	BR
65760	\$2,368.59

CODE	MAXIMUM FEE
65765	\$3,434.29
65767	\$3,197.07
65770	\$3,145.38
65771	\$1,302.90
65772	\$893.62
65775	\$1,071.36
65778	\$2,615.01
65779	\$2,365.76
65780	\$1,770.96
65781	\$2,606.52
65782	\$2,387.71
65800	\$300.23
65805	\$333.52
65810	\$943.90
65815	\$1,281.66
65820	\$1,453.73
65850	\$1,722.10
65855	\$684.73
65860	\$679.07
65865	\$919.11
65870	\$1,201.65
65875	\$1,259.00
65880	\$1,285.91
65900	\$1,875.05
65920	\$1,569.15
65930	\$1,305.74
66020	\$361.13
66030	\$327.85
66130	\$1,436.73
66150	\$1,691.65
66155	\$1,690.23
66160	\$1,912.58
66165	\$1,657.66
66170	\$2,382.76
66172	\$3,002.34
66174	\$2,047.12
66175	\$2,321.15
66180	\$2,338.85
66185	\$1,521.71
66220	\$1,472.14
66225	\$1,922.49
66250	\$1,516.04
66500	\$684.73
66505	\$750.59
66600	\$1,605.26
66605	\$2,051.37
66625	\$857.51
66630	\$1,152.79
66635	\$1,113.84
66680	\$1,062.86
66682	\$1,289.45
66700	\$879.46
66710	\$900.70
66711	\$1,242.01

CODE	MAXIMUM FEE
66720	\$930.44
66740	\$846.89
66761	\$656.41
66762	\$940.36
66770	\$1,019.66
66820	\$792.36
66821	\$655.70
66825	\$1,512.50
66830	\$1,385.04
66840	\$1,432.49
66850	\$1,589.68
66852	\$1,727.06
66920	\$1,465.77
66930	\$1,666.16
66940	\$1,588.98
66982	\$2,149.79
66983	\$1,452.31
66984	\$1,547.20
66985	\$1,533.04
66986	\$1,824.77
66990	\$178.44
66999	BR
67005	\$972.93
67010	\$1,086.23
67015	\$1,159.87
67025	\$1,467.89
67027	\$1,740.51
67028	\$267.66
67030	\$1,023.20
67031	\$771.12
67036	\$1,932.40
67039	\$2,529.33
67040	\$2,860.02
67041	\$2,669.54
67042	\$3,054.04
67043	\$3,272.13
67101	\$1,579.06
67105	\$1,436.03
67107	\$2,489.68
67108	\$3,237.43
67110	\$1,726.35
67112	\$2,670.95
67113	\$3,515.72
67115	\$988.51
67120	\$1,336.89
67121	\$1,855.93
67141	\$1,058.61
67145	\$1,049.40
67208	\$1,161.28
67210	\$1,394.25
67218	\$2,707.07
67220	\$2,173.87
67221	\$585.60
67225	\$58.77

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
67227	\$1,183.24
67228	\$2,360.81
67229	\$2,222.73
67250	\$1,586.14
67255	\$1,724.93
67299	BR
67311	\$1,215.10
67312	\$1,470.02
67314	\$1,365.22
67316	\$1,652.00
67318	\$1,365.92
67320	\$633.75
67331	\$635.17
67332	\$690.40
67334	\$592.68
67335	\$310.86
67340	\$705.27
67343	\$1,341.85
67345	\$497.09
67346	\$421.32
67399	BR
67400	\$1,901.96
67405	\$1,581.19
67412	\$1,744.05
67413	\$1,758.92
67414	\$2,644.75
67415	\$215.26
67420	\$3,361.35
67430	\$2,428.07
67440	\$2,408.25
67445	\$2,905.33
67450	\$2,502.43
67500	\$168.53
67505	\$184.81
67515	\$197.56
67550	\$1,984.10
67560	\$1,975.60
67570	\$2,525.79
67599	BR
67700	\$527.53
67710	\$446.10
67715	\$471.59
67800	\$256.33
67801	\$331.39
67805	\$411.41
67808	\$754.13
67810	\$443.27
67820	\$104.09
67825	\$262.00
67830	\$533.20
67835	\$905.66
67840	\$552.32
67850	\$439.02
67875	\$344.84

CODE	MAXIMUM FEE
67880	\$922.65
67882	\$1,146.41
67900	\$1,300.78
67901	\$1,471.43
67902	\$1,483.47
67903	\$1,228.55
67904	\$1,487.01
67906	\$993.46
67908	\$1,004.79
67909	\$1,093.31
67911	\$1,147.83
67912	\$1,785.12
67914	\$785.99
67915	\$691.81
67916	\$1,088.35
67917	\$1,192.44
67921	\$752.71
67922	\$668.45
67923	\$1,154.20
67924	\$1,191.02
67930	\$744.21
67935	\$1,215.10
67938	\$481.51
67950	\$1,166.95
67961	\$1,169.78
67966	\$1,565.61
67971	\$1,505.42
67973	\$1,945.15
67974	\$1,939.49
67975	\$1,423.28
67999	BR
68020	\$239.34
68040	\$133.83
68100	\$338.47
68110	\$453.18
68115	\$615.34
68130	\$1,047.28
68135	\$312.98
68200	\$85.68
68320	\$1,460.81
68325	\$1,356.72
68326	\$1,328.40
68328	\$1,469.31
68330	\$1,223.60
68335	\$1,331.23
68340	\$1,100.39
68360	\$1,074.19
68362	\$1,350.35
68371	\$802.99
68399	BR
68400	\$562.94
68420	\$632.33
68440	\$213.14
68500	\$2,041.45

CODE	MAXIMUM FEE
68505	\$2,007.46
68510	\$915.57
68520	\$1,373.71
68525	\$561.52
68530	\$870.25
68540	\$1,857.35
68550	\$2,274.42
68700	\$1,242.72
68705	\$479.38
68720	\$1,542.24
68745	\$1,567.73
68750	\$1,619.42
68760	\$406.45
68761	\$295.28
68770	\$1,262.54
68801	\$247.84
68810	\$482.92
68811	\$422.74
68815	\$892.91
68816	\$1,411.24
68840	\$256.33
68850	\$124.63
68899	BR
69000	\$380.25
69005	\$444.69
69020	\$483.63
69090	\$65.15
69100	\$214.55
69105	\$292.45
69110	\$953.81
69120	\$843.35
69140	\$1,836.10
69145	\$817.86
69150	\$2,200.77
69155	\$3,532.71
69200	\$254.92
69205	\$213.14
69210	\$104.09
69220	\$286.78
69222	\$460.27
69300	\$1,396.37
69310	\$2,282.91
69320	\$3,227.52
69399	BR
69400	BR
69401	\$176.32
69405	\$544.53
69420	\$400.08
69421	\$316.52
69424	\$268.37
69433	\$417.07
69436	\$342.01
69440	\$1,444.52
69450	\$1,138.62

QUICK REFERENCE TABLE SURGERY

CODE	MAXIMUM FEE
69501	\$1,539.41
69502	\$2,047.12
69505	\$2,533.58
69511	\$2,599.44
69530	\$3,488.10
69535	\$5,654.18
69540	\$436.90
69550	\$2,191.57
69552	\$3,313.91
69554	\$5,282.43
69601	\$2,204.32
69602	\$2,293.54
69603	\$2,663.87
69604	\$2,354.43
69605	\$3,291.96
69610	\$815.73
69620	\$1,452.31
69631	\$1,855.93
69632	\$2,268.75
69633	\$2,189.45
69635	\$2,571.11
69636	\$2,906.04

CODE	MAXIMUM FEE
69637	\$2,897.55
69641	\$2,191.57
69642	\$2,820.36
69643	\$2,577.48
69644	\$3,118.47
69645	\$3,061.12
69646	\$3,247.35
69650	\$1,681.03
69660	\$1,955.77
69661	\$2,549.87
69662	\$2,442.24
69666	\$1,699.44
69667	\$1,702.27
69670	\$1,985.51
69676	\$1,750.42
69700	\$1,451.61
69710	BR
69711	\$1,821.23
69714	\$2,270.88
69715	\$2,813.28
69717	\$2,401.17
69718	\$2,844.44

CODE	MAXIMUM FEE
69720	\$2,474.81
69725	\$3,980.23
69740	\$2,469.85
69745	\$2,632.72
69799	BR
69801	\$420.61
69802	\$2,194.40
69805	\$2,226.27
69806	\$1,995.43
69820	\$1,812.03
69840	\$1,755.38
69905	\$1,937.36
69910	\$2,154.04
69915	\$3,257.97
69930	\$2,600.85
69949	BR
69950	\$3,979.52
69955	\$4,194.78
69960	\$4,080.07
69970	\$4,548.83
69979	BR
69990	\$458.85

QUICK REFERENCE TABLE RADIOLOGY

CPT CODE	MAXIMUM FEE
70010	\$202.73
70015	\$233.22
70030	\$45.47
70100	\$52.42
70110	\$62.58
70120	\$55.63
70130	\$88.79
70134	\$73.28
70140	\$48.14
70150	\$67.93
70160	\$52.42
70170	\$83.44
70190	\$56.70
70200	\$70.07
70210	\$49.21
70220	\$61.51
70240	\$47.07
70250	\$58.84
70260	\$74.89
70300	\$23.00
70310	\$59.37
70320	\$79.70
70328	\$49.21
70330	\$76.49
70332	\$135.33
70336	\$712.49
70350	\$33.70
70355	\$34.23
70360	\$43.86
70370	\$128.91
70371	\$149.24
70373	\$129.98
70380	\$62.58
70390	\$161.00
70450	\$281.73
70460	\$367.07
70470	\$444.17
70480	\$450.96
70481	\$523.69
70482	\$591.09
70486	\$375.80
70487	\$499.60
70488	\$607.11
70490	\$368.52
70491	\$443.68
70492	\$535.81
70496	\$851.00
70498	\$865.55
70540	\$790.05
70542	\$883.12
70543	\$1,153.78

CPT CODE	MAXIMUM FEE
70544	\$783.11
70545	\$858.51
70546	\$1,225.83
70547	\$862.26
70548	\$905.05
70549	\$1,226.31
70551	\$740.93
70552	\$912.00
70553	\$1,038.66
70554	\$901.31
70555	\$1,208.34
70557	\$2,650.96
70558	\$2,348.75
70559	\$2,372.82
71010	\$37.44
71015	\$47.61
71020	\$49.21
71021	\$60.44
71022	\$73.82
71023	\$109.65
71030	\$73.28
71034	\$140.68
71035	\$56.16
71040	\$152.98
71060	\$223.59
71090	\$149.77
71100	\$51.35
71101	\$62.58
71110	\$64.72
71111	\$83.44
71120	\$50.82
71130	\$59.37
71250	\$359.31
71260	\$445.62
71270	\$546.97
71275	\$680.80
71550	\$809.30
71551	\$1,006.15
71552	\$1,201.58
71555	\$794.75
72010	\$117.68
72020	\$37.98
72040	\$62.05
72050	\$83.98
72052	\$106.45
72069	\$59.37
72070	\$54.02
72072	\$59.91
72074	\$70.61
72080	\$58.30
72090	\$78.63

CPT CODE	MAXIMUM FEE
72100	\$64.72
72110	\$88.26
72114	\$118.21
72120	\$81.84
72125	\$361.25
72126	\$444.65
72127	\$538.72
72128	\$360.77
72129	\$445.62
72130	\$539.21
72131	\$359.80
72132	\$444.65
72133	\$538.72
72141	\$668.68
72142	\$922.70
72146	\$678.38
72147	\$832.30
72148	\$669.16
72149	\$907.73
72156	\$1,039.14
72157	\$977.56
72158	\$1,022.65
72159	\$968.70
72170	\$43.33
72190	\$66.86
72191	\$652.68
72192	\$348.16
72193	\$421.86
72194	\$540.18
72195	\$737.05
72196	\$900.24
72197	\$1,063.39
72198	\$791.36
72200	\$47.07
72202	\$55.09
72220	\$46.54
72240	\$228.94
72255	\$215.03
72265	\$218.24
72270	\$339.66
72275	\$176.52
72285	\$233.22
72291	\$497.46
72292	\$511.90
72295	\$205.40
73000	\$45.47
73010	\$48.68
73020	\$37.44
73030	\$49.21
73040	\$170.63
73050	\$60.98

CPT CODE	MAXIMUM FEE
73060	\$46.54
73070	\$44.93
73080	\$54.02
73085	\$154.59
73090	\$44.40
73092	\$48.68
73100	\$49.21
73110	\$57.77
73115	\$172.77
73120	\$43.86
73130	\$50.82
73140	\$49.75
73200	\$351.55
73201	\$429.14
73202	\$548.91
73206	\$622.13
73218	\$741.41
73219	\$885.26
73220	\$1,059.99
73221	\$698.74
73222	\$761.29
73223	\$1,006.17
73225	\$864.09
73500	\$42.79
73510	\$61.51
73520	\$64.72
73525	\$158.87
73530	\$54.56
73540	\$64.72
73542	\$130.52
73550	\$45.47
73560	\$48.68
73562	\$58.30
73564	\$66.86
73565	\$54.02
73580	\$208.61
73590	\$43.86
73592	\$49.21
73600	\$44.93
73610	\$51.35
73615	\$164.75
73620	\$43.33
73630	\$50.28
73650	\$44.40
73660	\$46.54
73700	\$352.04
73701	\$433.02
73702	\$551.82
73706	\$684.68
73718	\$726.38
73719	\$882.59

QUICK REFERENCE TABLE RADIOLOGY

CPT CODE	MAXIMUM FEE
73720	\$1,060.96
73721	\$711.83
73722	\$773.90
73723	\$1,004.23
73725	\$793.30
74000	\$39.58
74010	\$60.44
74020	\$63.65
74022	\$76.49
74150	\$353.98
74160	\$478.60
74170	\$632.31
74175	\$692.92
74176	\$340.73
74177	\$535.43
74178	\$677.72
74181	\$659.46
74182	\$984.22
74183	\$1,064.84
74185	\$789.90
74190	\$96.28
74210	\$124.10
74220	\$142.82
74230	\$144.96
74235	\$293.66
74240	\$177.05
74241	\$187.75
74245	\$280.29
74246	\$201.12
74247	\$223.59
74249	\$302.22
74250	\$168.49
74251	\$578.76
74260	\$477.67
74261	\$814.65
74262	\$905.05
74263	\$1,203.53
74270	\$242.31
74280	\$335.92
74283	\$324.15
74290	\$108.05
74291	\$101.10
74300	\$82.37
74301	\$50.28
74305	\$96.28
74320	\$171.17
74327	\$218.24
74328	\$188.82
74329	\$162.07
74330	\$269.59
74340	\$173.31

CPT CODE	MAXIMUM FEE
74355	\$230.01
74360	\$191.49
74363	\$203.26
74400	\$177.05
74410	\$182.40
74415	\$215.56
74420	\$192.56
74425	\$106.98
74430	\$96.28
74440	\$136.93
74445	\$163.14
74450	\$116.07
74455	\$141.75
74470	\$120.35
74475	\$177.05
74480	\$177.59
74485	\$174.91
74710	\$62.58
74740	\$125.17
74742	\$139.07
74775	\$138.00
75557	\$641.04
75559	\$927.13
75561	\$867.97
75563	\$1,056.60
75565	\$117.14
75571	\$168.49
75572	\$461.62
75573	\$627.97
75574	\$701.79
75600	\$426.85
75605	\$339.66
75625	\$340.20
75630	\$396.36
75635	\$776.32
75650	\$369.08
75658	\$378.17
75660	\$383.52
75662	\$456.27
75665	\$400.11
75671	\$466.43
75676	\$384.06
75680	\$434.87
75685	\$385.66
75705	\$449.32
75710	\$368.55
75716	\$426.32
75722	\$357.31
75724	\$423.64
75726	\$365.87
75731	\$371.22

CPT CODE	MAXIMUM FEE
75733	\$427.39
75736	\$364.27
75741	\$346.08
75743	\$387.27
75746	\$354.10
75756	\$381.92
75774	\$251.40
75791	\$516.71
75801	\$415.08
75803	\$427.92
75805	\$434.87
75807	\$473.39
75809	\$154.59
75810	\$841.40
75820	\$198.45
75822	\$243.38
75825	\$325.75
75827	\$329.50
75831	\$340.20
75833	\$381.92
75840	\$333.78
75842	\$382.99
75860	\$336.45
75870	\$332.17
75872	\$448.25
75880	\$271.19
75885	\$355.17
75887	\$357.85
75889	\$331.64
75891	\$332.17
75893	\$281.36
75894	\$1,536.23
75896	\$1,357.58
75898	\$204.33
75900	\$263.71
75901	\$264.24
75902	\$121.96
75940	\$877.24
75945	\$296.87
75946	\$301.68
75952	\$373.90
75953	\$113.93
75954	\$186.68
75956	\$587.32
75957	\$502.27
75958	\$333.78
75959	\$295.26
75960	\$305.96
75961	\$583.04
75962	\$335.38
75964	\$209.15

CPT CODE	MAXIMUM FEE
75966	\$403.31
75968	\$204.87
75970	\$742.98
75978	\$335.92
75980	\$444.50
75982	\$502.27
75984	\$181.87
75989	\$214.49
76000	\$122.49
76001	\$224.66
76010	\$43.86
76080	\$98.96
76098	\$30.49
76100	\$194.17
76101	\$279.22
76102	\$374.96
76120	\$121.42
76125	\$74.35
76140	BR
76376	\$113.40
76377	\$147.63
76380	\$299.54
76390	\$676.92
76496	BR
76497	BR
76498	BR
76499	BR
76506	\$190.96
76510	\$263.71
76511	\$156.73
76512	\$145.49
76513	\$138.54
76514	\$21.93
76516	\$113.40
76519	\$123.03
76529	\$116.07
76536	\$169.72
76604	\$139.07
76645	\$151.91
76700	\$201.72
76705	\$153.23
76770	\$191.54
76775	\$176.52
76776	\$239.64
76800	\$210.75
76801	\$205.94
76802	\$110.72
76805	\$235.89
76810	\$154.59
76811	\$305.43
76812	\$323.61

QUICK REFERENCE TABLE RADIOLOGY

CPT CODE	MAXIMUM FEE
76813	\$200.59
76814	\$127.84
76815	\$144.42
76816	\$185.08
76817	\$163.68
76818	\$193.63
76819	\$145.49
76820	\$73.82
76821	\$154.05
76825	\$343.41
76826	\$197.91
76827	\$104.84
76828	\$77.03
76830	\$179.41
76831	\$179.90
76856	\$178.93
76857	\$160.47
76870	\$196.31
76872	\$222.52
76873	\$281.89
76881	\$181.33
76882	\$47.61
76885	\$230.01
76886	\$182.40
76930	\$143.35
76932	\$150.31
76936	\$491.04
76937	\$55.09
76940	\$268.52
76941	\$201.12
76942	\$311.85
76945	\$148.70
76946	\$59.91
76948	\$60.98
76950	\$109.12
76965	\$186.68
76970	\$151.91
76975	\$166.89
76977	\$16.58
76998	\$103.24
76999	BR
77001	\$180.80
77002	\$119.28
77003	\$98.42
77011	\$761.70
77012	\$257.82
77013	\$892.75
77014	\$302.22
77021	\$684.14
77022	\$1,095.48
77031	\$254.61

CPT CODE	MAXIMUM FEE
77032	\$88.26
77051	\$18.19
77052	\$18.19
77053	\$106.98
77054	\$144.96
77055	\$136.40
77056	\$174.38
77057	\$127.84
77058	\$1,082.78
77059	\$1,123.51
77071	\$73.82
77072	\$37.44
77073	\$62.05
77074	\$110.72
77075	\$162.61
77076	\$158.87
77077	\$66.86
77078	\$225.48
77079	\$80.24
77080	\$153.52
77081	\$45.47
77082	\$43.86
77083	\$39.58
77084	\$833.91
77261	\$113.93
77262	\$171.70
77263	\$254.61
77280	\$297.40
77285	\$521.53
77290	\$834.44
77295	\$889.00
77299	BR
77300	\$110.19
77301	\$3,287.50
77305	\$104.84
77310	\$148.17
77315	\$224.66
77321	\$168.49
77326	\$228.40
77327	\$323.61
77328	\$437.01
77331	\$99.49
77332	\$124.10
77333	\$94.14
77334	\$241.77
77336	\$82.37
77338	\$754.74
77370	\$183.47
77371	\$2,216.63
77372	\$1,340.99
77373	\$2,503.87

CPT CODE	MAXIMUM FEE
77399	BR
77401	\$40.12
77402	\$277.61
77403	\$206.47
77404	\$229.47
77406	\$231.61
77407	\$402.24
77408	\$280.82
77409	\$312.38
77411	\$310.78
77412	\$366.41
77413	\$369.08
77414	\$412.94
77416	\$415.08
77417	\$23.54
77418	\$818.40
77421	\$173.31
77422	\$313.45
77423	\$398.50
77427	\$284.03
77431	\$155.66
77432	\$643.48
77435	\$1,066.06
77470	\$318.27
77499	BR
77520	BR
77522	BR
77523	BR
77525	BR
77600	\$641.88
77605	\$1,466.70
77610	\$1,335.65
77615	\$1,531.42
77620	\$757.42
77750	\$555.23
77761	\$579.83
77762	\$779.35
77763	\$1,102.96
77776	\$664.35
77777	\$920.56
77778	\$1,325.48
77785	\$346.08
77786	\$899.17
77787	\$1,434.07
77789	\$174.91
77790	\$143.35
77799	BR
78000	\$113.40
78001	\$145.49
78003	\$126.24
78006	\$371.22

CPT CODE	MAXIMUM FEE
78007	\$307.57
78010	\$256.22
78011	\$282.96
78015	\$339.13
78016	\$479.81
78018	\$501.74
78020	\$135.86
78070	\$261.03
78075	\$670.76
78099	BR
78102	\$262.10
78103	\$345.55
78104	\$392.62
78110	\$130.52
78111	\$138.00
78120	\$138.54
78121	\$158.87
78122	\$177.05
78130	\$244.45
78135	\$540.78
78140	\$219.31
78185	\$316.66
78190	\$595.88
78191	\$279.22
78195	\$555.23
78199	BR
78201	\$292.59
78202	\$318.80
78205	\$358.38
78206	\$547.74
78215	\$302.75
78216	\$205.94
78220	\$215.03
78223	\$520.99
78230	\$261.57
78231	\$202.73
78232	\$185.08
78258	\$359.45
78261	\$393.69
78262	\$385.66
78264	\$449.85
78267	\$17.65
78268	\$149.24
78270	\$127.84
78271	\$134.79
78272	\$143.35
78278	\$543.99
78282	\$121.96
78290	\$506.02
78291	\$397.97
78299	BR

QUICK REFERENCE TABLE RADIOLOGY

CPT CODE	MAXIMUM FEE
78300	\$277.61
78305	\$366.41
78306	\$399.04
78315	\$543.46
78320	\$384.59
78350	\$51.89
78351	\$23.54
78399	BR
78414	\$117.68
78428	\$305.43
78445	\$269.59
78451	\$537.04
78452	\$752.07
78453	\$461.62
78454	\$666.49
78456	\$557.37
78457	\$307.57
78458	\$309.17
78459	\$698.58
78466	\$284.57
78468	\$345.01
78469	\$405.99
78472	\$396.90

CPT CODE	MAXIMUM FEE
78473	\$524.20
78481	\$331.10
78483	\$459.48
78491	\$752.07
78492	\$952.66
78494	\$422.57
78496	\$127.31
78499	BR
78580	\$334.85
78584	\$240.71
78585	\$556.30
78586	\$262.10
78587	\$328.43
78588	\$539.18
78591	\$265.31
78593	\$308.64
78594	\$341.27
78596	\$586.79
78599	BR
78600	\$282.96
78601	\$335.92
78605	\$310.78
78606	\$509.76

CPT CODE	MAXIMUM FEE
78607	\$571.27
78608	\$976.19
78609	\$119.28
78610	\$279.22
78630	\$529.55
78635	\$504.95
78645	\$497.99
78647	\$547.20
78650	\$518.85
78660	\$278.68
78699	BR
78700	\$277.61
78701	\$335.38
78707	\$374.43
78708	\$284.57
78709	\$577.16
78710	\$350.36
78725	\$161.54
78730	\$117.68
78740	\$348.75
78761	\$334.85
78799	BR
78800	\$294.73

CPT CODE	MAXIMUM FEE
78801	\$397.97
78802	\$514.57
78803	\$553.09
78804	\$914.14
78805	\$290.45
78806	\$532.76
78807	\$552.02
78808	\$67.93
78811	\$1,047.33
78812	\$1,279.48
78813	\$1,337.25
78814	\$1,457.60
78815	\$1,622.35
78816	\$1,649.10
78999	BR
79005	\$224.66
79101	\$254.08
79200	\$263.71
79300	\$213.96
79403	\$320.94
79440	\$247.66
79445	\$345.01
79999	BR

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
80047	\$21.00
80048	\$21.00
80050	\$71.40
80051	\$17.40
80053	\$26.40
80055	\$104.40
80061	\$41.40
80069	\$21.60
80074	\$117.00
80076	\$20.40
80100	\$36.00
80101	\$49.20
80102	\$33.00
80103	\$43.20
80104	\$62.40
80150	\$37.20
80152	\$44.40
80154	\$46.20
80156	\$36.00
80157	\$33.00
80158	\$45.00
80160	\$42.60
80162	\$33.00
80164	\$33.60
80166	\$38.40
80168	\$40.80
80170	\$40.80
80172	\$40.20
80173	\$36.00
80174	\$42.60
80176	\$36.60
80178	\$16.20
80182	\$33.60
80184	\$28.20
80185	\$33.00
80186	\$34.20
80188	\$41.40
80190	\$41.40
80192	\$41.40
80194	\$36.00
80195	\$34.20
80196	\$17.40
80197	\$34.20
80198	\$35.40
80200	\$40.20
80201	\$29.40
80202	\$33.60
80299	\$34.20
80400	\$122.40
80402	\$199.20
80406	\$209.40

CPT CODE	MAXIMUM FEE
80408	\$228.00
80410	\$189.00
80412	\$586.20
80414	\$97.80
80415	\$97.80
80416	\$291.60
80417	\$124.80
80418	\$1,302.00
80420	\$162.60
80422	\$110.40
80424	\$110.40
80426	\$306.00
80428	\$169.20
80430	\$169.20
80432	\$331.80
80434	\$208.20
80435	\$221.40
80436	\$214.80
80438	\$123.60
80439	\$130.20
80440	\$130.20
80500	\$36.60
80502	\$112.80
81000	\$7.80
81001	\$7.80
81002	\$6.60
81003	\$5.40
81005	\$5.40
81007	\$6.60
81015	\$7.80
81020	\$9.00
81025	\$15.60
81050	\$7.20
81099	BR
82000	\$30.60
82003	\$50.40
82009	\$11.40
82010	\$20.40
82013	\$27.60
82016	\$34.20
82017	\$42.00
82024	\$96.00
82030	\$64.20
82040	\$12.00
82042	\$12.60
82043	\$14.40
82044	\$11.40
82045	\$84.60
82055	\$27.00
82075	\$30.00
82085	\$24.00

CPT CODE	MAXIMUM FEE
82088	\$101.40
82101	\$74.40
82103	\$33.60
82104	\$36.00
82105	\$41.40
82106	\$41.40
82107	\$160.20
82108	\$63.60
82120	\$9.60
82127	\$34.20
82128	\$34.20
82131	\$42.00
82135	\$40.80
82136	\$42.00
82139	\$42.00
82140	\$36.00
82143	\$16.80
82145	\$38.40
82150	\$16.20
82154	\$71.40
82157	\$72.60
82160	\$62.40
82163	\$51.00
82164	\$36.00
82172	\$38.40
82175	\$47.40
82180	\$24.60
82190	\$37.20
82205	\$28.20
82232	\$40.20
82239	\$42.60
82240	\$66.00
82247	\$12.60
82248	\$12.60
82252	\$11.40
82261	\$42.00
82270	\$7.80
82271	\$7.80
82272	\$7.80
82274	\$39.60
82286	\$17.40
82300	\$57.60
82306	\$73.80
82308	\$66.60
82310	\$12.60
82330	\$34.20
82331	\$12.60
82340	\$15.00
82355	\$28.80
82360	\$31.80
82365	\$31.80

CPT CODE	MAXIMUM FEE
82370	\$31.20
82373	\$45.00
82374	\$12.00
82375	\$30.60
82376	\$15.00
82378	\$47.40
82379	\$42.00
82380	\$22.80
82382	\$42.60
82383	\$62.40
82384	\$63.00
82387	\$51.60
82390	\$27.00
82397	\$35.40
82415	\$31.20
82435	\$11.40
82436	\$12.60
82438	\$12.00
82441	\$15.00
82465	\$10.80
82480	\$19.80
82482	\$19.20
82485	\$51.60
82486	\$45.00
82487	\$39.60
82488	\$53.40
82489	\$46.20
82491	\$45.00
82492	\$45.00
82495	\$50.40
82507	\$69.00
82520	\$37.80
82523	\$46.20
82525	\$30.60
82528	\$55.80
82530	\$41.40
82533	\$40.80
82540	\$11.40
82541	\$45.00
82542	\$45.00
82543	\$45.00
82544	\$45.00
82550	\$16.20
82552	\$33.60
82553	\$28.80
82554	\$29.40
82565	\$12.60
82570	\$12.60
82575	\$23.40
82585	\$21.60
82595	\$16.20

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
82600	\$48.00
82607	\$37.20
82608	\$35.40
82610	\$33.60
82615	\$20.40
82626	\$63.00
82627	\$55.20
82633	\$76.80
82634	\$72.60
82638	\$30.60
82646	\$51.60
82649	\$63.60
82651	\$64.20
82652	\$95.40
82654	\$34.20
82656	\$28.80
82657	\$45.00
82658	\$45.00
82664	\$85.20
82666	\$53.40
82668	\$46.80
82670	\$69.60
82671	\$80.40
82672	\$54.00
82677	\$60.00
82679	\$61.80
82690	\$43.20
82693	\$37.20
82696	\$58.80
82705	\$12.60
82710	\$42.00
82715	\$42.60
82725	\$33.00
82726	\$45.00
82728	\$33.60
82731	\$160.20
82735	\$46.20
82742	\$49.20
82746	\$36.60
82747	\$43.20
82757	\$43.20
82759	\$53.40
82760	\$27.60
82775	\$52.20
82776	\$21.00
82784	\$23.40
82785	\$40.80
82787	\$19.80
82800	\$21.00
82803	\$48.00
82805	\$70.80

CPT CODE	MAXIMUM FEE
82810	\$21.60
82820	\$24.60
82930	\$13.80
82938	\$43.80
82941	\$43.80
82943	\$35.40
82945	\$9.60
82946	\$37.20
82947	\$9.60
82948	\$7.80
82950	\$12.00
82951	\$31.80
82952	\$9.60
82953	\$37.80
82955	\$24.00
82960	\$15.00
82962	\$6.00
82963	\$53.40
82965	\$19.20
82975	\$39.60
82977	\$18.00
82978	\$35.40
82979	\$17.40
82980	\$45.60
82985	\$37.20
83001	\$46.20
83002	\$46.20
83003	\$41.40
83008	\$42.00
83009	\$167.40
83010	\$31.20
83012	\$42.60
83013	\$167.40
83014	\$19.80
83015	\$46.80
83018	\$54.60
83020	\$66.00
83021	\$45.00
83026	\$6.00
83030	\$20.40
83033	\$15.00
83036	\$24.00
83037	\$24.00
83045	\$12.60
83050	\$18.00
83051	\$18.00
83055	\$12.00
83060	\$20.40
83065	\$17.40
83068	\$21.00
83069	\$9.60

CPT CODE	MAXIMUM FEE
83070	\$12.00
83071	\$16.80
83080	\$42.00
83088	\$73.20
83090	\$42.00
83150	\$48.00
83491	\$43.80
83497	\$31.80
83498	\$67.80
83499	\$62.40
83500	\$56.40
83505	\$60.60
83516	\$28.80
83518	\$21.00
83519	\$33.60
83520	\$32.40
83525	\$28.20
83527	\$32.40
83528	\$39.60
83540	\$16.20
83550	\$21.60
83570	\$22.20
83582	\$35.40
83586	\$31.80
83593	\$65.40
83605	\$26.40
83615	\$15.00
83625	\$31.80
83630	\$48.60
83631	\$48.60
83632	\$50.40
83633	\$13.80
83634	\$28.80
83655	\$30.00
83661	\$54.60
83662	\$46.80
83663	\$46.80
83664	\$46.80
83670	\$22.80
83690	\$17.40
83695	\$32.40
83698	\$84.60
83700	\$28.20
83701	\$61.80
83704	\$78.60
83718	\$20.40
83719	\$28.80
83721	\$23.40
83727	\$42.60
83735	\$16.80
83775	\$18.60

CPT CODE	MAXIMUM FEE
83785	\$61.20
83788	\$45.00
83789	\$45.00
83805	\$43.80
83825	\$40.20
83835	\$42.00
83840	\$40.80
83857	\$27.00
83858	\$36.60
83861	\$41.40
83864	\$49.20
83866	\$24.60
83872	\$14.40
83873	\$42.60
83874	\$31.80
83876	\$84.60
83880	\$84.60
83883	\$33.60
83885	\$60.60
83887	\$58.80
83890	\$10.20
83891	\$10.20
83892	\$10.20
83893	\$10.20
83894	\$10.20
83896	\$10.20
83897	\$10.20
83898	\$41.40
83900	\$83.40
83901	\$41.40
83902	\$35.40
83903	\$41.40
83904	\$41.40
83905	\$41.40
83906	\$41.40
83907	\$33.00
83908	\$41.40
83909	\$41.40
83912	\$42.60
83913	\$33.00
83914	\$41.40
83915	\$27.60
83916	\$49.80
83918	\$40.80
83919	\$40.80
83921	\$40.80
83925	\$48.60
83930	\$16.20
83935	\$16.80
83937	\$74.40
83945	\$31.80

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
83950	\$160.20
83951	\$160.20
83970	\$102.60
83986	\$9.00
83987	\$39.60
83992	\$36.60
83993	\$48.60
84022	\$39.00
84030	\$13.80
84035	\$9.00
84060	\$18.60
84061	\$19.80
84066	\$24.00
84075	\$12.60
84078	\$18.00
84080	\$36.60
84081	\$40.80
84085	\$16.80
84087	\$25.80
84100	\$12.00
84105	\$12.60
84106	\$10.80
84110	\$21.00
84112	\$160.20
84119	\$21.60
84120	\$36.60
84126	\$63.60
84127	\$28.80
84132	\$11.40
84133	\$10.80
84134	\$36.00
84135	\$47.40
84138	\$46.80
84140	\$51.60
84143	\$57.00
84144	\$51.60
84145	\$66.60
84146	\$48.00
84150	\$61.80
84152	\$45.60
84153	\$45.60
84154	\$45.60
84155	\$9.00
84156	\$9.00
84157	\$9.00
84160	\$12.60
84163	\$37.20
84165	\$60.60
84166	\$78.00
84181	\$76.80
84182	\$78.60

CPT CODE	MAXIMUM FEE
84202	\$35.40
84203	\$21.60
84206	\$44.40
84207	\$69.60
84210	\$27.00
84220	\$23.40
84228	\$28.80
84233	\$160.20
84234	\$161.40
84235	\$130.20
84238	\$90.60
84244	\$54.60
84252	\$50.40
84255	\$63.60
84260	\$76.80
84270	\$54.00
84275	\$33.60
84285	\$58.80
84295	\$12.00
84300	\$12.00
84302	\$12.00
84305	\$52.80
84307	\$45.60
84311	\$17.40
84315	\$6.00
84375	\$48.60
84376	\$13.80
84377	\$13.80
84378	\$28.80
84379	\$28.80
84392	\$12.00
84402	\$63.00
84403	\$64.20
84425	\$52.80
84430	\$28.80
84431	\$42.00
84432	\$40.20
84436	\$16.80
84437	\$16.20
84439	\$22.20
84442	\$36.60
84443	\$42.00
84445	\$126.60
84446	\$35.40
84449	\$45.00
84450	\$12.60
84460	\$13.20
84466	\$31.80
84478	\$14.40
84479	\$16.20
84480	\$35.40

CPT CODE	MAXIMUM FEE
84481	\$42.00
84482	\$39.00
84484	\$24.60
84485	\$18.60
84488	\$18.00
84490	\$19.20
84510	\$25.80
84512	\$19.20
84520	\$9.60
84525	\$9.60
84540	\$12.00
84545	\$16.20
84550	\$11.40
84560	\$12.00
84577	\$31.20
84578	\$7.80
84580	\$17.40
84583	\$12.60
84585	\$38.40
84586	\$87.60
84588	\$84.60
84590	\$28.80
84591	\$28.80
84597	\$34.20
84600	\$40.20
84620	\$29.40
84630	\$28.20
84681	\$51.60
84702	\$37.20
84703	\$18.60
84704	\$37.20
84830	\$25.20
84999	BR
85002	\$11.40
85004	\$16.20
85007	\$8.40
85008	\$8.40
85009	\$9.00
85013	\$6.00
85014	\$6.00
85018	\$6.00
85025	\$19.20
85027	\$16.20
85032	\$10.80
85041	\$7.20
85044	\$10.80
85045	\$10.20
85046	\$13.80
85048	\$6.60
85049	\$11.40
85055	\$66.60

CPT CODE	MAXIMUM FEE
85060	\$40.80
85097	\$151.20
85130	\$29.40
85170	\$9.00
85175	\$11.40
85210	\$32.40
85220	\$43.80
85230	\$44.40
85240	\$44.40
85244	\$51.00
85245	\$57.00
85246	\$57.00
85247	\$57.00
85250	\$47.40
85260	\$44.40
85270	\$44.40
85280	\$48.00
85290	\$40.80
85291	\$22.20
85292	\$46.80
85293	\$46.80
85300	\$29.40
85301	\$27.00
85302	\$30.00
85303	\$34.20
85305	\$28.80
85306	\$37.80
85307	\$37.80
85335	\$31.80
85337	\$25.80
85345	\$10.80
85347	\$10.80
85348	\$9.00
85360	\$21.00
85362	\$17.40
85366	\$21.60
85370	\$28.20
85378	\$18.00
85379	\$25.20
85380	\$25.20
85384	\$21.00
85385	\$21.00
85390	\$47.40
85396	\$33.60
85397	\$57.00
85400	\$22.20
85410	\$19.20
85415	\$42.60
85420	\$16.20
85421	\$25.20
85441	\$10.20

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
85445	\$16.80
85460	\$19.20
85461	\$16.20
85475	\$22.20
85520	\$32.40
85525	\$29.40
85530	\$35.40
85536	\$16.20
85540	\$21.60
85547	\$21.60
85549	\$46.80
85555	\$16.80
85557	\$33.00
85576	\$87.60
85597	\$44.40
85598	\$44.40
85610	\$9.60
85611	\$9.60
85612	\$24.00
85613	\$24.00
85635	\$24.60
85651	\$9.00
85652	\$6.60
85660	\$13.80
85670	\$14.40
85675	\$16.80
85705	\$24.00
85730	\$15.00
85732	\$16.20
85810	\$28.80
85999	BR
86000	\$17.40
86001	\$13.20
86003	\$13.20
86005	\$19.80
86021	\$37.20
86022	\$45.60
86023	\$31.20
86038	\$30.00
86039	\$27.60
86060	\$18.00
86063	\$14.40
86077	\$90.00
86078	\$90.60
86079	\$90.60
86140	\$12.60
86141	\$32.40
86146	\$63.00
86147	\$63.00
86148	\$40.20
86155	\$39.60

CPT CODE	MAXIMUM FEE
86156	\$16.80
86157	\$19.80
86160	\$30.00
86161	\$30.00
86162	\$50.40
86171	\$24.60
86185	\$22.20
86200	\$32.40
86215	\$33.00
86225	\$34.20
86226	\$30.00
86235	\$44.40
86243	\$51.00
86255	\$64.20
86256	\$63.00
86277	\$39.00
86280	\$20.40
86294	\$48.60
86300	\$51.60
86301	\$51.60
86304	\$51.60
86305	\$51.60
86308	\$12.60
86309	\$16.20
86310	\$18.60
86316	\$51.60
86317	\$37.20
86318	\$32.40
86320	\$88.80
86325	\$88.20
86327	\$95.40
86329	\$34.80
86331	\$30.00
86332	\$60.60
86334	\$90.00
86335	\$106.80
86336	\$39.00
86337	\$53.40
86340	\$37.20
86341	\$49.20
86343	\$31.20
86344	\$19.80
86352	\$337.80
86353	\$121.80
86355	\$93.60
86356	\$66.60
86357	\$93.60
86359	\$93.60
86360	\$117.00
86361	\$66.60
86367	\$93.60

CPT CODE	MAXIMUM FEE
86376	\$36.00
86378	\$49.20
86382	\$42.00
86384	\$28.20
86403	\$25.20
86406	\$26.40
86430	\$13.80
86431	\$13.80
86480	\$154.20
86481	\$154.20
86485	\$23.40
86486	\$9.00
86490	\$12.00
86510	\$11.40
86580	\$13.20
86590	\$27.60
86592	\$10.80
86593	\$10.80
86602	\$25.20
86603	\$31.80
86606	\$37.20
86609	\$31.80
86611	\$25.20
86612	\$31.80
86615	\$33.00
86617	\$38.40
86618	\$42.60
86619	\$33.00
86622	\$22.20
86625	\$32.40
86628	\$30.00
86631	\$29.40
86632	\$31.80
86635	\$28.80
86638	\$30.00
86641	\$36.00
86644	\$36.00
86645	\$42.00
86648	\$37.80
86651	\$33.00
86652	\$33.00
86653	\$33.00
86654	\$33.00
86658	\$32.40
86663	\$32.40
86664	\$37.80
86665	\$45.00
86666	\$25.20
86668	\$25.80
86671	\$30.60
86674	\$36.60

CPT CODE	MAXIMUM FEE
86677	\$36.00
86682	\$32.40
86684	\$39.60
86687	\$21.00
86688	\$34.80
86689	\$48.00
86692	\$42.60
86694	\$36.00
86695	\$33.00
86696	\$48.00
86698	\$31.20
86701	\$22.20
86702	\$33.60
86703	\$34.20
86704	\$30.00
86705	\$29.40
86706	\$27.00
86707	\$28.80
86708	\$30.60
86709	\$28.20
86710	\$33.60
86713	\$37.80
86717	\$30.60
86720	\$33.00
86723	\$33.00
86727	\$31.80
86729	\$29.40
86732	\$33.00
86735	\$32.40
86738	\$33.00
86741	\$33.00
86744	\$33.00
86747	\$37.20
86750	\$33.00
86753	\$30.60
86756	\$31.80
86757	\$48.00
86759	\$33.00
86762	\$36.00
86765	\$31.80
86768	\$33.00
86771	\$33.00
86774	\$36.60
86777	\$36.00
86778	\$36.00
86780	\$33.00
86784	\$31.20
86787	\$31.80
86788	\$42.00
86789	\$36.00
86790	\$31.80

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
86793	\$33.00
86800	\$39.60
86803	\$35.40
86804	\$38.40
86805	\$130.20
86806	\$118.20
86807	\$98.40
86808	\$73.80
86812	\$64.20
86813	\$144.00
86816	\$69.00
86817	\$160.20
86821	\$140.40
86822	\$90.60
86825	\$199.80
86826	\$66.60
86849	BR
86850	\$28.80
86860	\$37.20
86870	\$51.00
86880	\$13.20
86885	\$14.40
86886	\$12.60
86890	\$117.60
86891	\$165.60
86900	\$7.20
86901	\$7.20
86902	\$9.60
86904	\$23.40
86905	\$9.60
86906	\$19.20
86910	\$30.60
86911	\$26.40
86920	\$41.40
86921	\$37.20
86922	\$44.40
86923	\$33.00
86927	\$23.40
86930	\$138.00
86931	\$103.80
86932	\$117.60
86940	\$20.40
86941	\$30.00
86945	\$34.80
86950	\$90.00
86960	\$38.40
86965	\$38.40
86970	\$34.80
86971	\$27.60
86972	\$48.60
86975	\$37.20

CPT CODE	MAXIMUM FEE
86976	\$41.40
86977	\$41.40
86978	\$41.40
86985	\$30.60
86999	BR
87001	\$33.00
87003	\$42.00
87015	\$16.80
87040	\$25.80
87045	\$23.40
87046	\$23.40
87070	\$21.60
87071	\$23.40
87073	\$23.40
87075	\$23.40
87076	\$19.80
87077	\$19.80
87081	\$16.20
87084	\$21.60
87086	\$19.80
87088	\$20.40
87101	\$19.20
87102	\$21.00
87103	\$22.20
87106	\$25.80
87107	\$25.80
87109	\$38.40
87110	\$48.60
87116	\$27.00
87118	\$27.00
87140	\$13.80
87143	\$31.20
87147	\$12.60
87149	\$49.80
87150	\$87.00
87152	\$13.20
87153	\$286.80
87158	\$13.20
87164	\$61.20
87166	\$28.20
87168	\$10.80
87169	\$10.80
87172	\$10.80
87176	\$14.40
87177	\$22.20
87181	\$12.00
87184	\$17.40
87185	\$12.00
87186	\$21.60
87187	\$25.80
87188	\$16.20

CPT CODE	MAXIMUM FEE
87190	\$13.80
87197	\$37.20
87205	\$10.80
87206	\$13.20
87207	\$49.20
87209	\$44.40
87210	\$10.80
87220	\$10.80
87230	\$49.20
87250	\$48.60
87252	\$64.80
87253	\$50.40
87254	\$48.60
87255	\$84.00
87260	\$30.00
87265	\$30.00
87267	\$30.00
87269	\$30.00
87270	\$30.00
87271	\$30.00
87272	\$30.00
87273	\$30.00
87274	\$30.00
87275	\$30.00
87276	\$30.00
87277	\$30.00
87278	\$30.00
87279	\$30.00
87280	\$30.00
87281	\$30.00
87283	\$30.00
87285	\$30.00
87290	\$30.00
87299	\$30.00
87300	\$30.00
87301	\$30.00
87305	\$30.00
87320	\$30.00
87324	\$30.00
87327	\$30.00
87328	\$30.00
87329	\$30.00
87332	\$30.00
87335	\$30.00
87336	\$30.00
87337	\$30.00
87338	\$36.00
87339	\$30.00
87340	\$25.80
87341	\$25.80
87350	\$28.80

CPT CODE	MAXIMUM FEE
87380	\$40.80
87385	\$30.00
87390	\$43.80
87391	\$43.80
87400	\$30.00
87420	\$30.00
87425	\$30.00
87427	\$30.00
87430	\$30.00
87449	\$30.00
87450	\$24.00
87451	\$24.00
87470	\$49.80
87471	\$87.00
87472	\$106.20
87475	\$49.80
87476	\$87.00
87477	\$106.20
87480	\$49.80
87481	\$87.00
87482	\$103.80
87485	\$49.80
87486	\$87.00
87487	\$106.20
87490	\$49.80
87491	\$87.00
87492	\$87.00
87493	\$87.00
87495	\$49.80
87496	\$87.00
87497	\$106.20
87498	\$87.00
87500	\$87.00
87501	\$127.80
87502	\$211.20
87503	\$51.60
87510	\$49.80
87511	\$87.00
87512	\$103.80
87515	\$49.80
87516	\$87.00
87517	\$106.20
87520	\$49.80
87521	\$87.00
87522	\$106.20
87525	\$49.80
87526	\$87.00
87527	\$103.80
87528	\$49.80
87529	\$87.00
87530	\$106.20

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
87531	\$49.80
87532	\$87.00
87533	\$103.80
87534	\$49.80
87535	\$87.00
87536	\$211.20
87537	\$49.80
87538	\$87.00
87539	\$106.20
87540	\$49.80
87541	\$87.00
87542	\$103.80
87550	\$49.80
87551	\$87.00
87552	\$106.20
87555	\$49.80
87556	\$87.00
87557	\$106.20
87560	\$49.80
87561	\$87.00
87562	\$106.20
87580	\$49.80
87581	\$87.00
87582	\$103.80
87590	\$49.80
87591	\$87.00
87592	\$106.20
87620	\$49.80
87621	\$87.00
87622	\$103.80
87640	\$87.00
87641	\$87.00
87650	\$49.80
87651	\$87.00
87652	\$103.80
87653	\$87.00
87660	\$49.80
87797	\$49.80
87798	\$87.00
87799	\$106.20
87800	\$99.60
87801	\$174.60
87802	\$30.00
87803	\$30.00
87804	\$30.00
87807	\$30.00
87808	\$30.00
87809	\$30.00
87810	\$30.00
87850	\$30.00
87880	\$30.00

CPT CODE	MAXIMUM FEE
87899	\$30.00
87900	\$324.00
87901	\$639.60
87902	\$639.60
87903	\$1,214.40
87904	\$64.80
87905	\$30.60
87906	\$319.80
87999	BR
88000	\$343.20
88005	\$400.80
88007	\$420.00
88012	\$343.20
88014	\$315.00
88016	\$438.60
88020	\$591.60
88025	\$572.40
88027	\$610.80
88028	\$343.20
88029	\$343.20
88036	\$171.60
88037	\$152.40
88040	\$954.00
88045	\$95.40
88099	BR
88104	\$115.20
88106	\$141.00
88107	\$177.00
88108	\$133.20
88112	\$181.20
88120	\$805.80
88121	\$680.40
88125	\$39.00
88130	\$37.20
88140	\$19.80
88141	\$51.00
88142	\$50.40
88143	\$50.40
88147	\$28.20
88148	\$37.80
88150	\$26.40
88152	\$26.40
88153	\$26.40
88154	\$26.40
88155	\$15.00
88160	\$96.00
88161	\$96.00
88162	\$138.00
88164	\$26.40
88165	\$26.40
88166	\$26.40

CPT CODE	MAXIMUM FEE
88167	\$26.40
88172	\$89.40
88173	\$243.00
88174	\$52.80
88175	\$66.00
88177	\$49.20
88182	\$183.60
88184	\$148.20
88185	\$88.80
88187	\$119.40
88188	\$148.20
88189	\$182.40
88199	BR
88230	\$289.80
88233	\$349.80
88235	\$366.00
88237	\$313.80
88239	\$366.60
88240	\$25.20
88241	\$25.20
88245	\$370.20
88248	\$430.20
88249	\$430.20
88261	\$439.20
88262	\$309.60
88263	\$373.20
88264	\$309.60
88267	\$447.00
88269	\$413.40
88271	\$53.40
88272	\$66.60
88273	\$79.80
88274	\$86.40
88275	\$99.60
88280	\$62.40
88283	\$170.40
88285	\$47.40
88289	\$85.80
88291	\$51.60
88299	BR
88300	\$47.40
88302	\$94.20
88304	\$110.40
88305	\$187.20
88307	\$399.60
88309	\$605.40
88311	\$33.00
88312	\$188.40
88313	\$137.40
88314	\$159.00
88318	\$205.80

CPT CODE	MAXIMUM FEE
88319	\$258.60
88321	\$160.20
88323	\$252.00
88325	\$352.20
88329	\$91.80
88331	\$161.40
88332	\$71.40
88333	\$168.00
88334	\$103.80
88342	\$183.60
88346	\$180.00
88347	\$136.20
88348	\$1,202.40
88349	\$634.20
88355	\$377.40
88356	\$499.80
88358	\$132.00
88360	\$217.80
88361	\$267.60
88362	\$498.60
88363	\$67.20
88365	\$292.20
88367	\$452.40
88368	\$388.20
88371	\$88.80
88372	\$90.60
88380	\$309.00
88381	\$325.20
88384	\$616.20
88385	\$1,014.00
88386	\$1,131.00
88387	\$71.40
88388	\$41.40
88399	BR
88720	\$12.60
88738	\$12.60
88740	\$12.60
88741	\$12.60
88749	BR
89049	\$450.00
89050	\$12.00
89051	\$13.80
89055	\$10.80
89060	\$52.20
89125	\$10.80
89160	\$9.00
89190	\$12.00
89220	\$28.20
89230	\$5.40
89240	BR
89250	\$1,732.20

QUICK REFERENCE TABLE PATHOLOGY

CPT CODE	MAXIMUM FEE
89251	\$1,801.80
89253	BR
89254	BR
89255	BR
89257	BR
89258	BR
89259	BR
89260	BR
89261	BR

CPT CODE	MAXIMUM FEE
89264	BR
89268	BR
89272	BR
89280	BR
89281	BR
89290	BR
89291	BR
89300	\$22.20
89310	\$21.60

CPT CODE	MAXIMUM FEE
89320	\$30.00
89321	\$30.00
89322	\$38.40
89325	\$26.40
89329	\$52.20
89330	\$24.60
89331	\$48.60
89335	BR
89342	BR

CPT CODE	MAXIMUM FEE
89343	BR
89344	BR
89346	BR
89352	BR
89353	BR
89354	BR
89356	BR
89398	BR

QUICK REFERENCE TABLE MEDICINE

CPT CODE	MAXIMUM FEE
90281	BR
90283	BR
90284	BR
90287	BR
90288	BR
90291	BR
90296	BR
90371	\$182.12
90375	\$251.87
90376	\$247.08
90378	BR
90384	\$129.93
90385	\$38.34
90386	\$138.98
90389	\$120.35
90393	BR
90396	\$133.66
90399	BR
90460	\$36.21
90461	\$18.11
90470	\$31.95
90471	\$36.21
90472	\$18.11
90473	\$36.21
90474	\$18.11
90476	BR
90477	BR
90581	\$154.43
90585	\$179.45
90586	\$177.86
90632	\$79.88
90633	\$37.28
90634	\$38.87
90636	\$101.71
90644	\$29.82
90645	\$29.82
90646	\$29.82
90647	\$31.42
90648	\$29.82
90649	\$140.58
90650	BR
90654	BR
90655	\$23.43
90656	\$21.83
90657	\$10.12
90658	\$17.04
90660	\$35.15
90661	\$0.00
90662	\$45.80
90663	BR
90664	BR

CPT CODE	MAXIMUM FEE
90665	BR
90666	BR
90667	BR
90668	BR
90669	\$149.63
90670	\$193.83
90675	\$304.59
90676	BR
90680	\$83.60
90681	\$83.60
90690	\$42.60
90691	\$93.72
90692	BR
90693	BR
90696	BR
90698	\$83.60
90700	\$27.69
90701	\$30.35
90702	\$22.90
90703	\$43.13
90704	\$28.76
90705	\$29.82
90706	\$29.82
90707	\$55.38
90708	BR
90710	\$148.04
90712	BR
90713	\$31.42
90714	\$29.29
90715	\$63.37
90716	\$81.47
90717	\$101.71
90718	\$37.28
90719	BR
90720	BR
90721	BR
90723	\$81.47
90725	BR
90727	BR
90732	\$77.75
90733	\$161.88
90734	\$105.44
90735	\$159.75
90736	\$177.86
90738	\$73.49
90740	\$186.91
90743	\$37.81
90744	\$37.81
90746	\$93.72
90747	\$186.91
90748	\$62.30

CPT CODE	MAXIMUM FEE
90749	BR
90801	\$241.22
90802	\$261.99
90804	\$99.05
90805	\$112.89
90806	\$133.13
90807	\$156.56
90808	\$195.96
90809	\$219.92
90810	\$102.24
90811	\$127.27
90812	\$145.91
90813	\$169.87
90814	\$210.34
90815	\$239.09
90816	\$82.54
90817	\$99.58
90818	\$122.48
90819	\$142.71
90821	\$181.58
90822	\$205.01
90823	\$89.99
90824	\$107.57
90826	\$131.00
90827	\$149.10
90828	\$189.04
90829	\$211.40
90845	\$124.61
90846	\$132.06
90847	\$164.54
90849	\$53.25
90853	\$50.06
90857	\$57.51
90862	\$90.53
90865	\$247.08
90867	BR
90868	BR
90870	\$261.46
90875	\$113.96
90876	\$168.80
90880	\$157.62
90882	\$124.61
90885	\$77.75
90887	\$136.32
90889	\$104.90
90899	BR
90901	\$57.51
90911	\$136.85
90935	\$117.15
90937	\$167.21
90940	\$91.06

CPT CODE	MAXIMUM FEE
90945	\$129.40
90947	\$195.96
90951	\$1,497.39
90952	\$1,137.42
90953	\$758.28
90954	\$1,256.17
90955	\$709.82
90956	\$487.24
90957	\$1,004.83
90958	\$680.54
90959	\$453.16
90960	\$446.77
90961	\$367.43
90962	\$274.77
90963	\$855.73
90964	\$726.86
90965	\$692.78
90966	\$365.30
90967	\$29.29
90968	\$23.96
90969	\$23.43
90970	\$12.25
90989	\$568.71
90993	\$122.48
90997	\$139.52
90999	BR
91010	\$293.94
91013	\$36.21
91020	\$371.69
91022	\$287.02
91030	\$220.99
91034	\$309.92
91035	\$762.54
91037	\$256.67
91038	\$468.60
91040	\$537.29
91065	\$124.61
91110	\$1,442.01
91111	\$1,154.46
91117	\$223.12
91120	\$603.32
91122	\$358.37
91132	\$221.52
91133	\$270.51
91299	BR
92002	\$118.22
92004	\$219.39
92012	\$125.14
92014	\$181.58
92015	\$42.07
92018	\$217.26

QUICK REFERENCE TABLE MEDICINE

CPT CODE	MAXIMUM FEE
92019	\$104.90
92020	\$41.00
92025	\$54.85
92060	\$94.79
92065	\$76.15
92070	\$104.90
92081	\$76.15
92082	\$105.97
92083	\$132.06
92100	\$142.18
92120	\$116.09
92130	\$128.87
92132	\$56.98
92133	\$69.76
92134	\$69.76
92136	\$129.93
92140	\$92.12
92225	\$39.94
92226	\$35.68
92227	\$18.11
92228	\$46.86
92230	\$89.99
92235	\$204.48
92240	\$373.28
92250	\$115.02
92260	\$27.69
92265	\$122.48
92270	\$136.85
92275	\$222.05
92283	\$76.15
92284	\$92.66
92285	\$43.67
92286	\$185.84
92287	\$182.12
92310	\$146.44
92311	\$150.70
92312	\$170.93
92313	\$148.04
92314	\$118.75
92315	\$109.70
92316	\$146.97
92317	\$109.16
92325	\$52.72
92326	\$55.91
92340	\$55.38
92341	\$63.37
92342	\$68.69
92352	\$62.84
92353	\$72.42
92354	\$88.93
92355	\$62.30

CPT CODE	MAXIMUM FEE
92358	\$22.37
92370	\$48.46
92371	\$20.24
92499	BR
92502	\$151.76
92504	\$47.39
92506	\$261.99
92507	\$128.87
92508	\$42.07
92511	\$250.81
92512	\$96.38
92516	\$106.50
92520	\$105.97
92526	\$147.50
92531	\$28.22
92532	\$32.48
92533	\$46.86
92534	\$35.15
92540	\$152.30
92541	\$71.36
92542	\$70.82
92543	\$35.15
92544	\$58.04
92545	\$54.32
92546	\$147.50
92547	\$7.99
92548	\$160.28
92550	\$32.48
92551	\$18.11
92552	\$39.94
92553	\$50.59
92555	\$29.29
92556	\$45.26
92557	\$63.37
92559	\$44.73
92560	\$31.42
92561	\$51.12
92562	\$49.52
92563	\$38.87
92564	\$35.15
92565	\$20.24
92567	\$23.96
92568	\$26.09
92570	\$50.06
92571	\$31.42
92572	\$49.52
92575	\$77.21
92576	\$41.54
92577	\$25.56
92579	\$68.16
92582	\$80.41

CPT CODE	MAXIMUM FEE
92583	\$55.91
92584	\$104.37
92585	\$177.32
92586	\$110.23
92587	\$58.04
92588	\$103.84
92590	\$82.54
92591	\$104.37
92592	\$33.02
92593	\$54.32
92594	\$31.42
92595	\$67.10
92596	\$62.30
92597	\$153.36
92601	\$228.44
92602	\$141.11
92603	\$223.12
92604	\$132.06
92605	BR
92606	\$127.80
92607	\$276.37
92608	\$82.01
92609	\$181.58
92610	\$164.54
92611	\$177.86
92612	\$261.46
92613	\$60.17
92614	\$232.70
92615	\$53.25
92616	\$315.24
92617	\$66.03
92620	\$129.40
92621	\$29.82
92625	\$99.05
92626	\$131.53
92627	\$31.95
92630	BR
92633	BR
92640	\$154.96
92700	BR
92950	\$440.38
92953	\$17.57
92960	\$377.54
92961	\$399.38
92970	\$280.63
92971	\$155.49
92973	\$299.80
92974	\$274.77
92975	\$662.43
92977	\$144.84
92978	\$429.20

CPT CODE	MAXIMUM FEE
92979	\$261.46
92980	\$1,368.53
92981	\$380.21
92982	\$1,013.88
92984	\$271.04
92986	\$2,258.33
92987	\$2,330.75
92990	\$1,813.70
92992	\$1,636.91
92993	\$1,294.51
92995	\$1,116.65
92996	\$298.73
92997	\$1,075.65
92998	\$541.02
93000	\$30.89
93005	\$17.04
93010	\$13.85
93015	\$144.84
93016	\$36.21
93017	\$84.67
93018	\$23.96
93024	\$183.18
93025	\$302.46
93040	\$20.77
93041	\$9.05
93042	\$11.72
93224	\$151.76
93225	\$44.20
93226	\$64.97
93227	\$42.60
93228	\$40.47
93229	\$1,067.66
93268	\$392.99
93270	\$23.96
93271	\$328.55
93272	\$40.47
93278	\$54.85
93279	\$82.54
93280	\$97.45
93281	\$113.42
93282	\$104.37
93283	\$133.66
93284	\$148.57
93285	\$69.23
93286	\$41.54
93287	\$54.32
93288	\$62.30
93289	\$107.03
93290	\$47.93
93291	\$59.64
93292	\$53.78

QUICK REFERENCE TABLE MEDICINE

CPT CODE	MAXIMUM FEE
93293	\$87.86
93294	\$54.32
93295	\$107.03
93296	\$51.12
93297	\$40.47
93298	\$43.67
93299	BR
93303	\$329.62
93304	\$210.34
93306	\$364.76
93307	\$232.17
93308	\$165.08
93312	\$507.47
93313	\$64.97
93314	\$447.30
93315	\$456.89
93316	\$70.29
93317	\$297.14
93318	\$359.97
93320	\$97.98
93321	\$45.80
93325	\$55.91
93350	\$329.62
93351	\$388.19
93352	\$56.98
93451	\$1,196.53
93452	\$1,328.59
93453	\$1,738.61
93454	\$1,370.12
93455	\$1,598.57
93456	\$1,714.65
93457	\$1,943.09
93458	\$1,653.41
93459	\$1,825.94
93460	\$1,954.28
93461	\$2,239.16
93462	\$319.50
93463	\$169.34
93464	\$395.12
93503	\$210.34
93505	\$1,257.23
93530	\$1,470.77
93531	\$3,007.56
93532	\$3,576.27
93533	\$3,003.30
93561	\$71.89
93562	\$30.89
93563	\$87.86
93564	\$89.46
93565	\$67.63
93566	\$265.19

CPT CODE	MAXIMUM FEE
93567	\$218.86
93568	\$239.63
93571	\$426.00
93572	\$254.00
93580	\$1,655.01
93581	\$2,196.03
93600	\$320.57
93602	\$266.25
93603	\$304.06
93609	\$632.61
93610	\$363.70
93612	\$377.01
93613	\$638.47
93615	\$102.24
93616	\$141.11
93618	\$646.99
93619	\$1,177.36
93620	\$1,411.66
93621	\$255.07
93622	\$374.88
93623	\$347.19
93624	\$565.52
93631	\$885.55
93640	\$800.35
93641	\$1,019.74
93642	\$670.42
93650	\$972.88
93651	\$1,481.42
93652	\$1,612.41
93660	\$257.73
93662	\$310.98
93668	\$29.29
93701	\$42.07
93720	\$76.68
93721	\$63.90
93722	\$12.78
93724	\$470.73
93740	\$13.85
93745	BR
93750	\$80.41
93770	\$13.85
93784	\$97.45
93786	\$48.99
93788	\$18.64
93790	\$29.82
93797	\$28.22
93798	\$39.94
93799	BR
93875	\$165.61
93880	\$392.45
93882	\$272.11

CPT CODE	MAXIMUM FEE
93886	\$519.19
93888	\$330.68
93890	\$424.40
93892	\$500.55
93893	\$522.92
93922	\$173.06
93923	\$267.85
93924	\$334.41
93925	\$496.29
93926	\$322.70
93930	\$390.86
93931	\$261.46
93965	\$198.62
93970	\$404.70
93971	\$265.72
93975	\$595.87
93976	\$341.33
93978	\$380.74
93979	\$263.59
93980	\$276.37
93981	\$189.04
93982	\$67.63
93990	\$330.15
94002	\$142.18
94003	\$102.24
94004	\$74.55
94005	\$143.24
94010	\$55.38
94011	\$154.96
94012	\$239.09
94013	\$48.99
94014	\$76.68
94015	\$38.34
94016	\$38.34
94060	\$95.32
94070	\$93.72
94150	\$37.81
94200	\$37.81
94240	\$62.84
94250	\$39.94
94260	\$51.12
94350	\$54.32
94360	\$69.76
94370	\$53.78
94375	\$60.17
94400	\$84.14
94450	\$92.66
94452	\$89.99
94453	\$121.94
94610	\$92.66
94620	\$99.58

CPT CODE	MAXIMUM FEE
94621	\$255.07
94640	\$25.03
94642	\$66.56
94644	\$62.84
94645	\$22.90
94660	\$93.19
94662	\$56.45
94664	\$25.03
94667	\$35.15
94668	\$34.08
94680	\$92.12
94681	\$89.46
94690	\$80.94
94720	\$82.01
94725	\$93.72
94750	\$121.94
94760	\$4.26
94761	\$6.92
94762	\$31.42
94770	\$36.21
94772	BR
94774	BR
94775	BR
94776	BR
94777	BR
94799	BR
95004	\$10.12
95010	\$28.76
95012	\$32.48
95015	\$22.37
95024	\$11.72
95027	\$7.46
95028	\$19.70
95044	\$9.59
95052	\$11.18
95056	\$63.90
95060	\$44.73
95065	\$38.34
95070	\$59.64
95071	\$79.88
95075	\$100.64
95115	\$15.98
95117	\$19.70
95120	\$19.17
95125	\$24.50
95130	\$33.55
95131	\$42.60
95132	\$52.19
95133	\$62.30
95134	\$75.08
95144	\$19.70

QUICK REFERENCE TABLE MEDICINE

CPT CODE	MAXIMUM FEE
95145	\$29.82
95146	\$52.19
95147	\$48.99
95148	\$70.82
95149	\$94.25
95165	\$19.70
95170	\$15.44
95180	\$220.99
95199	BR
95250	\$232.17
95251	\$65.50
95800	\$322.16
95801	\$151.76
95803	\$254.54
95805	\$643.26
95806	\$285.42
95807	\$736.45
95808	\$1,018.14
95810	\$1,087.90
95811	\$1,174.16
95812	\$493.63
95813	\$556.46
95816	\$457.42
95819	\$510.14
95822	\$477.12
95824	\$151.76
95827	\$876.50
95829	\$2,340.87
95830	\$298.73
95831	\$45.26
95832	\$43.67
95833	\$57.51
95834	\$72.42
95851	\$27.16
95852	\$22.90
95857	\$73.49
95860	\$141.65
95861	\$205.55
95863	\$248.15
95864	\$272.64
95865	\$187.44
95866	\$162.41
95867	\$125.67

CPT CODE	MAXIMUM FEE
95868	\$170.40
95869	\$91.59
95870	\$89.46
95872	\$278.50
95873	\$91.06
95874	\$86.80
95875	\$164.54
95900	\$94.25
95903	\$109.16
95904	\$83.07
95905	\$132.06
95920	\$248.15
95921	\$125.14
95922	\$154.43
95923	\$226.85
95925	\$245.48
95926	\$238.03
95927	\$223.12
95928	\$366.36
95929	\$388.19
95930	\$208.74
95933	\$116.09
95934	\$87.86
95936	\$72.42
95937	\$101.18
95950	\$423.87
95951	\$1,214.10
95953	\$646.99
95954	\$486.17
95955	\$263.06
95956	\$1,582.06
95957	\$530.90
95958	\$710.89
95961	\$393.52
95962	\$354.11
95965	\$3,280.20
95966	\$1,637.44
95967	\$1,421.78
95970	\$92.12
95971	\$90.53
95972	\$166.67
95973	\$93.72
95974	\$289.68

CPT CODE	MAXIMUM FEE
95975	\$156.56
95978	\$350.92
95979	\$153.36
95980	\$70.82
95981	\$47.93
95982	\$74.55
95990	\$118.22
95991	\$165.08
95992	\$66.56
95999	BR
96000	\$142.71
96001	\$157.09
96002	\$33.02
96003	\$29.29
96004	\$174.66
96020	BR
96040	\$70.29
96101	\$129.93
96102	\$104.37
96103	\$87.86
96105	\$167.21
96110	\$12.78
96111	\$196.49
96116	\$142.71
96118	\$152.30
96119	\$110.23
96120	\$128.87
96125	\$146.97
96150	\$33.02
96151	\$31.95
96152	\$30.35
96153	\$7.46
96154	\$29.82
96155	\$35.68
96360	\$89.46
96361	\$23.96
96365	\$111.29
96366	\$34.08
96367	\$51.65
96368	\$30.35
96369	\$267.85
96370	\$23.96

CPT CODE	MAXIMUM FEE
96371	\$125.67
96372	\$36.21
96373	\$29.82
96374	\$87.33
96375	\$35.68
96376	\$21.83
96379	BR
96401	\$113.96
96402	\$54.85
96405	\$134.72
96406	\$185.31
96409	\$176.79
96411	\$99.05
96413	\$229.51
96415	\$48.99
96416	\$252.94
96417	\$113.42
96420	\$170.93
96422	\$274.77
96423	\$125.14
96425	\$281.69
96440	\$1,142.21
96446	\$277.43
96450	\$311.51
96521	\$208.74
96522	\$174.13
96523	\$39.94
96542	\$199.16
96549	BR
96567	\$205.01
96570	\$93.19
96571	\$42.60
96900	\$32.48
96902	\$34.08
96904	\$106.50
96910	\$108.63
96912	\$139.52
96913	\$193.83
96920	\$271.58
96921	\$272.11
96922	\$391.39
96999	BR

QUICK REFERENCE TABLE

PHYSICAL MEDICINE

CPT CODE	MAXIMUM FEE
97001	\$93.44
97002	\$51.77
97003	\$103.09
97004	\$62.73
97005	\$77.65
97006	\$39.04
97010	\$7.02
97012	\$19.74
97014	\$18.86
97016	\$22.37
97018	\$12.28
97022	\$26.32

CPT CODE	MAXIMUM FEE
97024	\$7.90
97026	\$7.02
97028	\$8.77
97032	\$22.81
97033	\$36.41
97034	\$21.06
97035	\$15.35
97036	\$37.73
97039	BR
97110	\$38.17
97112	\$39.92
97113	\$50.01

CPT CODE	MAXIMUM FEE
97116	\$33.78
97124	\$31.15
97139	BR
97140	\$35.97
97150	\$24.57
97530	\$41.68
97532	\$32.46
97533	\$35.53
97535	\$41.68
97537	\$36.41
97542	\$36.85
97545	\$161.88

CPT CODE	MAXIMUM FEE
97546	\$64.49
97597	\$93.00
97598	\$31.15
97602	\$44.75
97605	\$50.89
97606	\$54.40
97750	\$40.36
97755	\$44.31
97760	\$45.19
97761	\$39.92
97762	\$52.21
97799	BR

MEDICAL NUTRITION THERAPY

CPT CODE	MAXIMUM FEE
97802	\$41.38
97803	\$36.10
97804	\$18.05

ACUPUNCTURE

CPT CODE	MAXIMUM FEE
97810	\$43.73
97811	\$33.32
97813	\$47.06
97814	\$37.90

OSTEOPATHIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98925	\$51.60
98926	\$69.00
98927	\$89.87
98928	\$104.94
98929	\$121.18

CHIROPRACTIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98940	\$40.25
98941	\$55.81
98942	\$71.90
98943	\$38.10

QUICK REFERENCE TABLE

EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

CPT CODE	MAXIMUM FEE
98960	\$30.40
98961	\$14.61
98962	\$11.05

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

CPT CODE	MAXIMUM FEE
98966	\$7.74
98967	\$14.72
98968	\$21.70
98969	\$11.89

SPECIAL SERVICES AND REPORTS

CPT CODE	MAXIMUM FEE
99000	\$7.81
99001	\$8.98
99002	\$9.76
99024	BR
99026	BR

CPT CODE	MAXIMUM FEE
99027	BR
99050	\$25.38
99051	BR
99053	BR
99056	\$24.20

CPT CODE	MAXIMUM FEE
99058	\$30.45
99060	\$33.57
99070	BR
99071	BR
99075	BR

CPT CODE	MAXIMUM FEE
99078	BR
99080	BR
99082	BR
99090	BR
99091	\$64.03

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

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

MODERATE (CONSCIOUS) SEDATION

CPT CODE	MAXIMUM FEE
99143	\$91.89
99144	\$76.17
99145	\$30.47
99148	\$84.03
99149	\$68.80
99150	\$30.47

OTHER SERVICES AND PROCEDURES

CPT CODE	MAXIMUM FEE
99170	\$225.76
99172	\$32.93
99173	\$4.25
99174	\$43.56

CPT CODE	MAXIMUM FEE
99175	\$38.25
99183	\$325.09
99190	\$823.89
99191	\$576.35

CPT CODE	MAXIMUM FEE
99192	\$411.68
99195	\$134.92
99199	BR

QUICK REFERENCE TABLE EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99201	\$60.48
99202	\$104.46
99203	\$151.44
99204	\$232.91
99205	\$289.88
99211	\$28.99
99212	\$60.98
99213	\$101.46
99214	\$150.44
99215	\$202.42
99217	\$101.96
99218	\$94.46
99219	\$157.94
99220	\$220.91
99221	\$142.94
99222	\$194.42
99223	\$285.39
99224	\$40.98
99225	\$72.47
99226	\$108.46
99231	\$56.48
99232	\$101.96
99233	\$146.44
99234	\$193.42
99235	\$253.40
99236	\$314.87
99238	\$101.46
99239	\$148.94
99241	\$68.47
99242	\$128.95
99243	\$175.93
99244	\$259.90
99245	\$317.87
99251	\$69.47
99252	\$106.96
99253	\$162.93
99254	\$234.91
99255	\$283.89

CPT CODE	MAXIMUM FEE
99281	\$30.49
99282	\$59.48
99283	\$89.96
99284	\$169.93
99285	\$248.90
99288	BR
99291	\$388.84
99292	\$174.93
99304	\$129.45
99305	\$181.93
99306	\$231.41
99307	\$61.98
99308	\$95.46
99309	\$125.45
99310	\$185.93
99315	\$90.46
99316	\$117.45
99318	\$132.45
99324	\$80.97
99325	\$116.95
99326	\$198.42
99327	\$260.90
99328	\$304.88
99334	\$85.97
99335	\$132.95
99336	\$187.43
99337	\$269.89
99339	\$111.96
99340	\$156.94
99341	\$80.47
99342	\$116.95
99343	\$190.92
99344	\$256.40
99345	\$307.88
99347	\$79.97
99348	\$120.95
99349	\$178.93
99350	\$249.40

CPT CODE	MAXIMUM FEE
99354	\$140.44
99355	\$138.94
99356	\$128.45
99357	\$128.95
99358	\$158.44
99359	\$76.47
99360	\$89.46
99363	\$182.43
99364	\$61.98
99366	\$61.98
99367	\$81.97
99368	\$52.98
99374	\$100.96
99375	\$155.94
99377	\$100.96
99378	\$158.94
99379	\$100.96
99380	\$151.44
99381	\$137.94
99382	\$149.44
99383	\$148.94
99384	\$161.94
99385	\$161.94
99386	\$188.42
99387	\$207.92
99391	\$116.45
99392	\$129.45
99393	\$128.95
99394	\$140.94
99395	\$141.44
99396	\$154.44
99397	\$173.93
99401	\$52.98
99402	\$91.46
99403	\$127.45
99404	\$163.93
99406	\$19.99
99407	\$38.98

CPT CODE	MAXIMUM FEE
99408	\$50.98
99409	\$98.96
99411	\$22.99
99412	\$29.99
99420	\$14.99
99429	BR
99441	\$20.49
99442	\$38.98
99443	\$57.48
99444	\$44.98
99450	BR
99455	BR
99456	BR
99460	\$84.97
99461	\$133.95
99462	\$45.98
99463	\$116.45
99464	\$105.46
99465	\$203.92
99466	\$389.34
99467	\$174.43
99468	\$1,321.97
99469	\$575.77
99471	\$1,139.04
99472	\$573.27
99475	\$805.18
99476	\$487.80
99477	\$508.30
99478	\$201.92
99479	\$185.43
99480	\$172.93
99499	BR

* Refer to item 2 of the Deposition/Testimony & Reproduction of Medical Records Section of this fee schedule as it relates to an IME or other Special Examination and/or Report.

QUICK REFERENCE TABLE DENTISTRY

ADA CODE	MAXIMUM FEE
D0120	\$44.42
D0140	\$74.04
D0145	\$68.49
D0150	\$79.59
D0160	\$155.48
D0170	\$50.90
D0180	\$85.15
D0210	\$130.50
D0220	\$24.99
D0230	\$23.14
D0240	\$40.72
D0250	\$50.90
D0260	\$46.28
D0270	\$24.99
D0272	\$41.65
D0273	\$51.83
D0274	\$59.23
D0277	\$88.85
D0290	\$156.41
D0310	\$392.41
D0320	\$692.27
D0321	BR
D0322	\$560.85
D0330	\$122.17
D0340	\$136.97
D0350	\$65.71
D0360	\$782.97
D0362	\$626.56
D0363	\$653.40
D0415	\$37.95
D0416	\$55.53
D0417	\$50.90
D0418	\$51.83
D0421	\$37.95
D0425	\$32.39
D0431	\$51.83
D0460	\$51.83
D0470	\$114.76
D0472	\$72.19
D0473	\$151.78
D0474	\$170.29
D0475	\$91.62
D0476	\$88.85
D0477	\$121.24
D0478	\$111.06
D0479	\$170.29
D0480	\$104.58
D0481	\$392.41
D0482	\$130.50
D0483	\$130.50
D0484	\$196.21

ADA CODE	MAXIMUM FEE
D0485	\$270.25
D0486	\$125.87
D0502	BR
D0999	BR
D1110	\$92.55
D1120	\$63.86
D1203	\$39.80
D1204	\$36.09
D1206	\$58.31
D1310	\$45.35
D1320	\$49.98
D1330	\$62.93
D1351	\$50.90
D1352	BR
D1510	\$326.70
D1515	\$457.20
D1520	\$359.09
D1525	\$555.30
D1550	\$70.34
D1555	\$67.56
D2140	\$111.06
D2150	\$143.45
D2160	\$173.99
D2161	\$212.87
D2330	\$136.05
D2331	\$174.92
D2332	\$214.72
D2335	\$253.59
D2390	\$281.35
D2391	\$161.04
D2392	\$211.01
D2393	\$260.99
D2394	\$320.22
D2410	\$293.38
D2420	\$491.44
D2430	\$849.61
D2510	\$776.49
D2520	\$882.00
D2530	\$1,016.20
D2542	\$996.76
D2543	\$1,043.04
D2544	\$1,084.69
D2610	\$915.32
D2620	\$965.30
D2630	\$1,028.23
D2642	\$998.61
D2643	\$1,077.28
D2644	\$1,142.99
D2650	\$601.58
D2651	\$716.34
D2652	\$752.43

ADA CODE	MAXIMUM FEE
D2662	\$654.33
D2663	\$768.17
D2664	\$823.70
D2710	\$463.68
D2712	\$463.68
D2720	\$1,142.99
D2721	\$1,071.73
D2722	\$1,094.87
D2740	\$1,173.53
D2750	\$1,158.73
D2751	\$1,077.28
D2752	\$1,104.12
D2780	\$1,110.60
D2781	\$1,045.82
D2782	\$1,080.06
D2783	\$1,142.07
D2790	\$1,117.08
D2791	\$1,057.85
D2792	\$1,077.28
D2794	\$1,142.99
D2799	\$463.68
D2910	\$94.40
D2915	\$94.40
D2920	\$95.33
D2930	\$260.07
D2931	\$293.38
D2932	\$313.74
D2933	\$359.09
D2934	\$359.09
D2940	\$99.03
D2950	\$248.03
D2951	\$56.46
D2952	\$393.34
D2953	\$195.28
D2954	\$313.74
D2955	\$241.56
D2957	\$156.41
D2960	\$757.06
D2961	\$859.79
D2962	\$934.76
D2970	\$235.08
D2971	\$149.93
D2975	\$456.27
D2980	BR
D2999	BR
D3110	\$78.67
D3120	\$63.86
D3220	\$161.04
D3221	\$176.77
D3222	\$163.81
D3230	\$171.22

ADA CODE	MAXIMUM FEE
D3240	\$209.16
D3310	\$666.36
D3320	\$817.22
D3330	\$1,012.50
D3331	\$260.99
D3332	\$496.07
D3333	\$228.60
D3346	\$888.48
D3347	\$1,045.82
D3348	\$1,294.77
D3351	\$377.60
D3352	\$171.22
D3353	\$522.91
D3354	BR
D3410	\$751.51
D3421	\$836.65
D3425	\$947.71
D3426	\$320.22
D3430	\$235.08
D3450	\$491.44
D3460	\$1,829.71
D3470	\$934.76
D3910	\$129.57
D3920	\$372.05
D3950	\$171.22
D3999	BR
D4210	\$587.69
D4211	\$260.99
D4230	\$823.70
D4231	\$393.34
D4240	\$744.10
D4241	\$432.21
D4245	\$548.82
D4249	\$817.22
D4260	\$1,240.17
D4261	\$666.36
D4263	\$444.24
D4264	\$377.60
D4265	BR
D4266	\$456.27
D4267	\$587.69
D4268	BR
D4270	\$882.00
D4271	\$915.32
D4273	\$1,077.28
D4274	\$611.76
D4275	\$809.81
D4276	\$1,208.70
D4320	\$432.21
D4321	\$393.34
D4341	\$248.03

QUICK REFERENCE TABLE DENTISTRY

ADA CODE	MAXIMUM FEE
D4342	\$143.45
D4355	\$171.22
D4381	BR
D4910	\$153.63
D4920	\$111.06
D4999	BR
D5110	\$1,432.67
D5120	\$1,432.67
D5130	\$1,560.39
D5140	\$1,560.39
D5211	\$1,208.70
D5212	\$1,404.91
D5213	\$1,582.61
D5214	\$1,582.61
D5225	\$1,208.70
D5226	\$1,404.91
D5281	\$921.80
D5410	\$78.67
D5411	\$78.67
D5421	\$78.67
D5422	\$78.67
D5510	\$156.41
D5520	\$129.57
D5610	\$171.22
D5620	\$183.25
D5630	\$222.12
D5640	\$143.45
D5650	\$195.28
D5660	\$235.08
D5670	\$574.74
D5671	\$574.74
D5710	\$581.21
D5711	\$555.30
D5720	\$548.82
D5721	\$548.82
D5730	\$327.63
D5731	\$327.63
D5740	\$300.79
D5741	\$300.79
D5750	\$436.84
D5751	\$436.84
D5760	\$432.21
D5761	\$432.21
D5810	\$692.27
D5811	\$744.10
D5820	\$534.94
D5821	\$568.26
D5850	\$136.05
D5851	\$136.05
D5860	BR
D5861	BR

ADA CODE	MAXIMUM FEE
D5862	BR
D5867	BR
D5875	BR
D5899	BR
D5911	\$364.65
D5912	\$364.65
D5913	\$7,650.18
D5914	\$7,650.18
D5915	\$10,347.09
D5916	\$2,761.69
D5919	BR
D5922	BR
D5923	BR
D5924	BR
D5925	BR
D5926	BR
D5927	BR
D5928	BR
D5929	BR
D5931	\$4,119.40
D5932	\$7,703.86
D5933	BR
D5934	\$7,020.84
D5935	\$6,110.15
D5936	\$6,861.66
D5937	\$862.57
D5951	\$1,120.78
D5952	\$3,640.92
D5953	\$6,915.34
D5954	\$6,407.24
D5955	\$5,925.98
D5958	BR
D5959	BR
D5960	BR
D5982	\$581.21
D5983	\$1,305.88
D5984	\$1,305.88
D5985	\$1,305.88
D5986	\$129.57
D5987	\$1,960.21
D5988	\$393.34
D5991	\$149.93
D5992	BR
D5993	BR
D5999	BR
D6010	\$2,392.42
D6012	\$2,261.00
D6040	\$8,232.32
D6050	\$6,141.62
D6053	\$1,786.22
D6054	\$1,786.22

ADA CODE	MAXIMUM FEE
D6055	\$719.11
D6056	\$496.07
D6057	\$614.53
D6058	\$1,376.22
D6059	\$1,357.71
D6060	\$1,284.59
D6061	\$1,310.51
D6062	\$1,305.88
D6063	\$1,137.44
D6064	\$1,189.27
D6065	\$1,354.93
D6066	\$1,318.84
D6067	\$1,280.89
D6068	\$1,365.11
D6069	\$1,357.71
D6070	\$1,284.59
D6071	\$1,310.51
D6072	\$1,326.24
D6073	\$1,211.48
D6074	\$1,287.37
D6075	\$1,354.93
D6076	\$1,318.84
D6077	\$1,280.89
D6078	BR
D6079	BR
D6080	\$111.99
D6090	BR
D6091	\$542.34
D6092	\$105.51
D6093	\$164.74
D6094	\$1,077.28
D6095	BR
D6100	BR
D6190	\$241.56
D6194	\$1,110.60
D6199	BR
D6205	\$679.32
D6210	\$1,039.34
D6211	\$974.55
D6212	\$1,012.50
D6214	\$1,045.82
D6240	\$1,025.45
D6241	\$947.71
D6242	\$998.61
D6245	\$1,057.85
D6250	\$1,012.50
D6251	\$934.76
D6252	\$964.37
D6253	\$436.84
D6254	BR
D6545	\$432.21

ADA CODE	MAXIMUM FEE
D6548	\$474.78
D6600	\$856.09
D6601	\$897.74
D6602	\$915.32
D6603	\$1,006.02
D6604	\$897.74
D6605	\$950.49
D6606	\$882.00
D6607	\$979.18
D6608	\$930.13
D6609	\$969.92
D6610	\$986.58
D6611	\$1,080.06
D6612	\$981.03
D6613	\$1,025.45
D6614	\$960.67
D6615	\$998.61
D6624	\$915.32
D6634	\$960.67
D6710	\$980.10
D6720	\$1,142.99
D6721	\$1,084.69
D6722	\$1,104.12
D6740	\$1,202.22
D6750	\$1,169.83
D6751	\$1,092.09
D6752	\$1,118.93
D6780	\$1,104.12
D6781	\$1,104.12
D6782	\$1,025.45
D6783	\$1,137.44
D6790	\$1,130.04
D6791	\$1,071.73
D6792	\$1,110.60
D6793	\$463.68
D6794	\$1,110.60
D6795	BR
D6920	\$235.08
D6930	\$136.05
D6940	\$310.97
D6950	\$601.58
D6970	\$377.60
D6972	\$308.19
D6973	\$248.03
D6975	\$666.36
D6976	\$176.77
D6977	\$156.41
D6980	BR
D6985	\$522.91
D6999	BR
D7111	\$107.36

QUICK REFERENCE TABLE DENTISTRY

ADA CODE	MAXIMUM FEE
D7140	\$142.53
D7210	\$252.66
D7220	\$316.52
D7230	\$422.03
D7240	\$494.22
D7241	\$621.01
D7250	\$266.54
D7251	BR
D7260	\$1,567.80
D7261	\$654.33
D7270	\$491.44
D7272	\$654.33
D7280	\$456.27
D7282	\$228.60
D7283	\$195.28
D7285	\$915.32
D7286	\$393.34
D7287	\$156.41
D7288	\$156.41
D7290	\$393.34
D7291	BR
D7292	\$627.49
D7293	\$393.34
D7294	\$326.70
D7295	BR
D7310	\$260.99
D7311	\$228.60
D7320	\$425.73
D7321	\$359.09
D7340	\$1,797.32
D7350	\$5,228.15
D7410	\$783.90
D7411	\$1,240.17
D7412	\$1,372.52
D7413	\$915.32
D7414	\$1,372.52
D7415	\$1,536.33
D7440	\$1,240.17
D7441	\$1,829.71
D7450	\$783.90
D7451	\$1,071.73
D7460	\$783.90
D7461	\$1,071.73
D7465	\$425.73
D7471	\$969.92
D7472	\$1,154.10
D7473	\$1,089.31

ADA CODE	MAXIMUM FEE
D7485	\$969.92
D7490	\$7,841.76
D7510	\$281.35
D7511	\$425.73
D7520	\$1,338.27
D7521	\$1,470.62
D7530	\$482.19
D7540	\$534.94
D7550	\$333.18
D7560	\$2,646.93
D7610	\$4,280.44
D7620	\$3,209.63
D7630	\$5,563.18
D7640	\$3,530.78
D7650	\$2,675.62
D7660	\$1,577.05
D7670	\$1,230.92
D7671	\$2,319.30
D7680	\$8,025.94
D7710	\$5,030.09
D7720	\$3,530.78
D7730	\$7,275.36
D7740	\$3,599.27
D7750	\$4,580.30
D7760	\$1,837.12
D7770	\$2,488.67
D7771	\$1,921.34
D7780	\$10,698.78
D7810	\$4,708.02
D7820	\$770.94
D7830	\$441.46
D7840	\$6,416.49
D7850	\$5,540.97
D7852	\$6,344.30
D7854	\$6,546.99
D7856	\$4,646.01
D7858	\$13,234.65
D7860	\$5,644.62
D7865	\$9,095.81
D7870	\$300.79
D7871	\$601.58
D7872	\$3,208.71
D7873	\$3,862.11
D7874	\$5,540.97
D7875	\$6,070.35
D7876	\$6,544.21
D7877	\$5,776.05

ADA CODE	MAXIMUM FEE
D7880	\$721.89
D7899	BR
D7910	\$427.58
D7911	\$1,069.88
D7912	\$1,925.97
D7920	\$3,155.96
D7940	BR
D7941	\$8,037.04
D7943	\$7,382.71
D7944	\$6,579.38
D7945	\$8,754.30
D7946	\$10,846.86
D7947	\$9,121.73
D7948	\$11,837.15
D7949	\$15,418.83
D7950	BR
D7951	BR
D7953	\$222.12
D7955	BR
D7960	\$359.09
D7963	\$587.69
D7970	\$522.91
D7971	\$195.28
D7972	\$733.00
D7980	\$823.70
D7981	BR
D7982	\$1,946.33
D7983	\$1,867.66
D7990	\$1,606.67
D7991	\$3,919.49
D7995	BR
D7996	BR
D7997	\$300.79
D7998	\$1,305.88
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

ADA CODE	MAXIMUM FEE
D8670	BR
D8680	BR
D8690	BR
D8691	BR
D8692	BR
D8693	BR
D8999	BR
D9110	\$100.88
D9120	\$113.84
D9210	\$37.95
D9211	\$42.57
D9212	\$66.64
D9215	\$30.54
D9220	\$378.53
D9221	\$170.29
D9230	\$62.93
D9241	\$295.23
D9242	\$143.45
D9248	\$91.62
D9310	\$209.16
D9410	\$238.78
D9420	\$386.86
D9430	BR
D9440	\$130.50
D9450	\$66.64
D9610	BR
D9612	BR
D9630	BR
D9910	\$45.35
D9911	\$63.86
D9920	BR
D9930	BR
D9940	\$378.53
D9941	\$130.50
D9942	\$155.48
D9950	\$248.96
D9951	\$111.06
D9952	\$522.91
D9970	\$58.31
D9971	\$75.89
D9972	\$260.99
D9973	\$43.50
D9974	\$228.60
D9999	BR