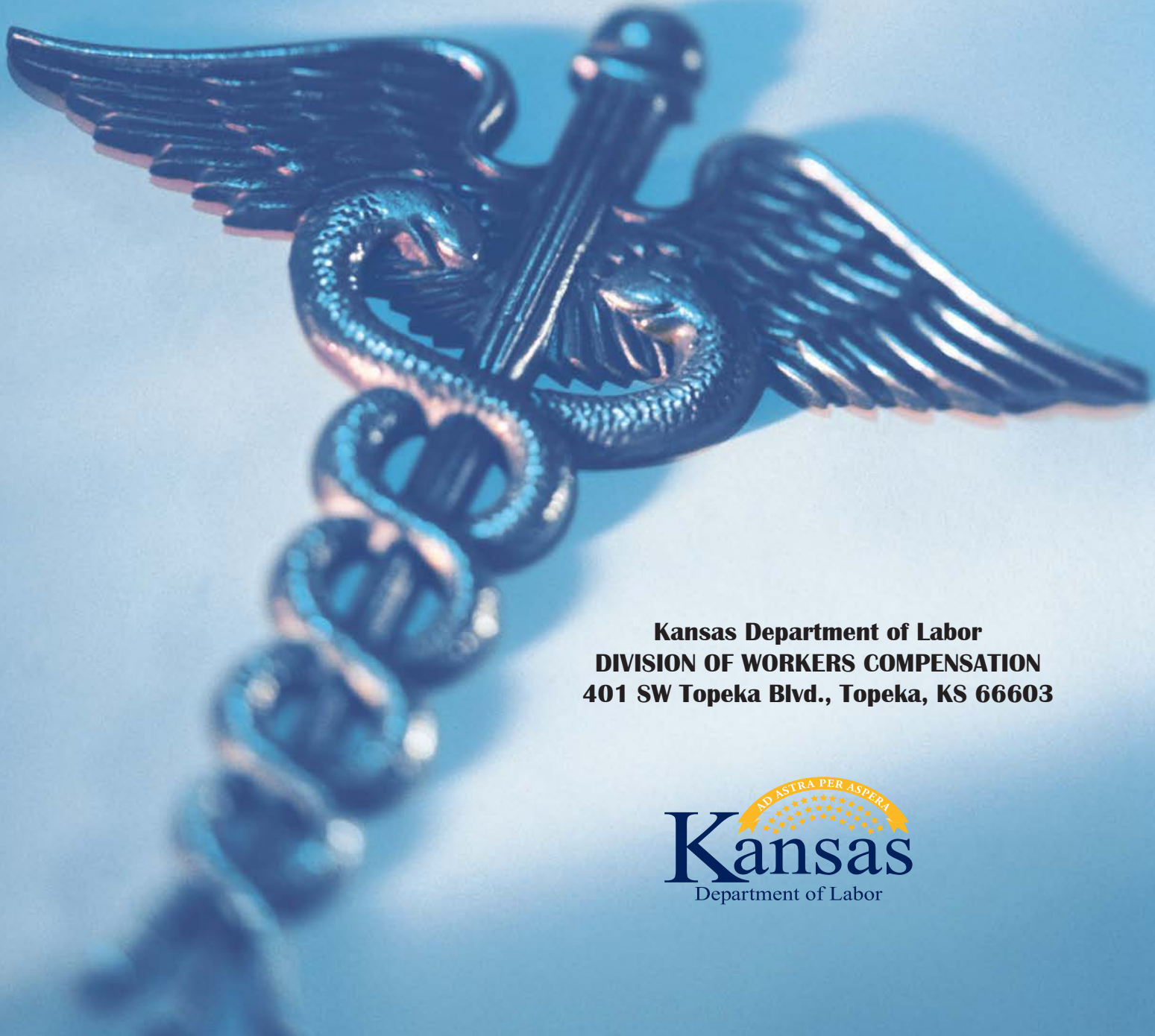


2015 Schedule of Medical Fees

Kansas Workers Compensation

This Schedule of Medical Fees, effective on and after January 1, 2015,
was approved by the Director of Workers Compensation on November 21, 2014.



**Kansas Department of Labor
DIVISION OF WORKERS COMPENSATION
401 SW Topeka Blvd., Topeka, KS 66603**



KANSAS DEPARTMENT OF LABOR

DIVISION OF WORKERS COMPENSATION

Schedule of Medical Fees

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

1. The *Current Procedural Terminology*, Fourth Edition, copyright 2014 (a.k.a. *CPT 2013*) by the American Medical Association
2. The *CDT(Current Dental Terminology) Companion, CDT-2013/2014*, copyright 2012, published by the American Dental Association
3. The *2014 Relative Value Guide*, copyright 2012, developed by the American Society of Anesthesiologists
4. The *2014 Essential RBRVS*, a comprehensive listing of RBRVS values for *CPT* and *HCPCS* Codes, copyright 2013 Ingenix.
5. The January 2014 *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 31.

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

1. The Conversion Factors for all CPT codes in the Medicine and Evaluation and Management Sections have been increased by 3%.
2. **ICD-10** is not mandated by Kansas Workers Compensation. However, it is strongly recommended that **ICD-10** be employed for billing purposes on the **CMS 1500** Form or an equivalent form containing the same information.
3. Surgical CPT code 36415 has been moved to the Pathology and Laboratory Section of the fee schedule.
4. Trauma Alerts in Ground Rule 7 of Inpatient Hospital and Ground Rule 4 of Ambulatory Surgical Centers/Hospital Outpatient are increased by 7%.
5. Compound drugs and physician dispensed medications shall be reimbursed the same as pharmacies based on the original manufacturer NDC but must be preapproved by the payer.
6. An inpatient stay requires documentation of official admission to the hospital pursuant to an order for inpatient admission by a physician or other qualified practitioner and the order must be present in the medical record.

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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* 2014 Code descriptions, refer to the *Current Procedural Terminology*, copyright 2013 (a.k.a. *CPT* 2014), 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-2013-2014*, available through the American Dental Association.

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INTRODUCTION

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

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

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

The maximum allowable payment for physician assistants or advanced practice nurses is limited to eighty-five percent (85%) of the maximum allowable fee.

The maximum fee schedule amount for the respective *CPT* codes listed within this Schedule of Medical Fees expresses the relativity, based on comparative magnitude, between various procedures and services. Thus, the maximum fee schedule amount for a particular procedure or service is determined by multiplying the Resource Based Relative Value System (RBRVS) unit value by an applicable conversion factor for the section in which the service or procedure is located.

With regard to Anesthesia, the Basic Unit Values contained within the Anesthesia Section of this Schedule of Medical Fees were obtained from the *2014 Relative Value Guide* developed by the American Society of Anesthesiologists (ASA), which is recognized as an appropriate assessment of current relative values for specific procedures related to anesthesiology.

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

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

All the maximum allowable fees listed herein represent the maximum payment to be reimbursed for the treatment or service provided. **With the exception of the payment of selected hospital inpatient services under the diagnosis related group prospective payment system, reimbursement for any needed services is to be limited to the schedule of charges hereby being adopted**

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or the health care provider's billed charge, whichever is less. All bills submitted for payment must include the actual charges plus the categorization of the charges as per the codes contained in this Schedule of Medical Fees. There is a provision, however, for allowing a greater fee if it can be clearly established that extraordinary services were required in a particular case. 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 requested by employer: In the event an employee is sent by their employer to a health care provider for an evaluation to determine if a medical issue or complaint is work related, the employer/carrier will assume financial responsibility for that visit.

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

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

Standardized Billing Form: Health care providers, pharmacists, and suppliers of medical equipment and supplies shall use the CMS 1500 form or an equivalent form containing the same information for the billing of their services, drugs, or supplies. Ambulatory surgical centers/outpatient hospital may use either the CMS 1500 form or the UB-04. Dental offices shall use the ADA-94 form or an equivalent form containing the same information. Hospitals shall use Form UB-04.

ICD-10 is the 10th revision of the International Classification of Diseases. On October 1, 2015 the **ICD-9** code sets are scheduled to be replaced by the **ICD-10**. During this transition period, a number of healthcare insurance carriers have already begun to utilize and/or recognize the **ICD-10** codes. Although not mandated by Kansas Workers Compensation, it is strongly recommended that **ICD-10** be employed for billing purposes on the **CMS 1500** Form or an equivalent form containing the same information.

Any insurance company, employer, or other payer who reduces or denies charges from a provider according to the general instructions, ground rules, or maximum fees contained within this fee schedule must show the **specific** basis of the reduction or denial by use of an "**Explanation of Benefits**" form. The **specific** general instruction, **specific** ground rule, or **specific** maximum fee that was used for the reduction or denial must be indicated or identified. When payment is reduced or denied on some other basis, the "**Explanation of Benefits**" form must contain a complete explanation as to why, for example, the service was unreasonable, the service was more appropriately defined by another procedure code, or the service was not related to a compensable injury. When any such reduction or denial occurs, the "**Explanation of Benefits**" form shall also include: 1) the identity of the

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person or entity that made the decision for the reduction or denial; 2) the identity of the person or entity that is ultimately responsible for payment; and 3) the telephone number of such person or entity where further explanation of the reduction or denial can be obtained. **In the event a controversy arises between the provider and the payer, an attempt should be made by the involved parties to resolve said issue(s). Issues which cannot satisfactorily be resolved should then be referred to the Director of Workers Compensation for review.**

As a further attempt to avoid controversy arising between the provider and the payer for failure to make timely payment for any medical services provided, it is recommended that the insurance company or self-insured employer make payment for any medical services that were provided either: 1) within 30 days of receiving the bill submitted and any necessary documentation required by the fee schedule, or; 2) within 30 days of it being determined that the medical service provided is the result of an injury that is compensable under the Workers Compensation Law.

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 2014 *Current Procedural Terminology (CPT)*, copyright 2013 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 *2014 Relative Value Guide*, copyright 2013 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-2013-2014*.

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 **2014 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.

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- Any reimbursement for necessary travel mileage (including any tolls and parking fees actually incurred) is to be at the rate prescribed for compensation of state officers and employees pursuant to K.S.A. 75-3203a.

GENERAL INSTRUCTIONS

FOR USING THE SCHEDULE

FORMAT

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

GROUND RULES

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

PROCEDURES/SERVICES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE

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

DEFINITIONS

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

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

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

GENERAL INSTRUCTIONS

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

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

MODIFIER EXAMPLES

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

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

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

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

AND the second surgeon would report:

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

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

ANESTHESIA GROUND RULES

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

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

- 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.

- 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 **2014 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 2014 Relative Value Guide, copyright 2013) with permission by the American Society of Anesthesiologists.

ANESTHESIA

CPT Code	Base Unit Value
00100	\$255.95 + TM*
00102	\$307.14 + TM*
00103	\$255.95 + TM*
00104	\$204.76 + TM*
00120	\$255.95 + TM*
00124	\$204.76 + TM*
00126	\$204.76 + TM*
00140	\$255.95 + TM*
00142	\$204.76 + TM*
00144	\$307.14 + TM*
00145	\$307.14 + TM*
00147	\$204.76 + TM*
00148	\$204.76 + TM*
00160	\$255.95 + TM*
00162	\$358.33 + TM*
00164	\$204.76 + TM*
00170	\$255.95 + TM*
00172	\$307.14 + TM*
00174	\$307.14 + TM*
00176	\$358.33 + TM*
00190	\$255.95 + TM*
00192	\$358.33 + TM*
00210	\$563.09 + TM*
00211	\$511.90 + TM*
00212	\$255.95 + TM*
00214	\$460.71 + TM*
00215	\$460.71 + TM*
00216	\$767.85 + TM*
00218	\$665.47 + TM*
00220	\$511.90 + TM*
00222	\$307.14 + TM*
00300	\$255.95 + TM*
00320	\$307.14 + TM*
00322	\$153.57 + TM*
00326	\$358.33 + TM*
00350	\$511.90 + TM*
00352	\$255.95 + TM*

CPT Code	Base Unit Value
00400	\$153.57 + TM*
00402	\$255.95 + TM*
00404	\$255.95 + TM*
00406	\$665.47 + TM*
00410	\$204.76 + TM*
00474	\$665.47 + TM*
00500	\$767.85 + TM*
00520	\$307.14 + TM*
00522	\$204.76 + TM*
00524	\$204.76 + TM*
00528	\$409.52 + TM*
00529	\$563.09 + TM*
00530	\$204.76 + TM*
00532	\$204.76 + TM*
00534	\$358.33 + TM*
00537	\$358.33 + TM*
00539	\$921.42 + TM*
00540	\$614.28 + TM*
00541	\$767.85 + TM*
00542	\$767.85 + TM*
00546	\$767.85 + TM*
00548	\$870.23 + TM*
00550	\$511.90 + TM*
00560	\$767.85 + TM*
00561	\$1279.75 + TM*
00562	\$1023.80 + TM*
00563	\$1279.75 + TM*
00566	\$1279.75 + TM*
00567	\$921.42 + TM*
00580	\$1023.80 + TM*
00600	\$511.90 + TM*
00604	\$665.47 + TM*
00620	\$511.90 + TM*
00622	\$665.47 + TM*
00625	\$665.47 + TM*
00626	\$767.85 + TM*
00630	\$409.52 + TM*

CPT Code	Base Unit Value
00632	\$358.33 + TM*
00634	\$511.90 + TM*
00635	\$204.76 + TM*
00640	\$153.57 + TM*
00670	\$665.47 + TM*
00752	\$307.14 + TM*
00754	\$358.33 + TM*
00756	\$358.33 + TM*
00770	\$767.85 + TM*
00790	\$358.33 + TM*
00792	\$665.47 + TM*
00794	\$409.52 + TM*
00796	\$1535.70 + TM*
00797	\$563.09 + TM*
00800	\$204.76 + TM*
00802	\$255.95 + TM*
00810	\$255.95 + TM*
00820	\$255.95 + TM*
00830	\$204.76 + TM*
00832	\$307.14 + TM*
00834	\$255.95 + TM*
00836	\$307.14 + TM*
00840	\$307.14 + TM*
00842	\$204.76 + TM*
00844	\$358.33 + TM*
00846	\$409.52 + TM*
00848	\$409.52 + TM*
00851	\$307.14 + TM*
00860	\$307.14 + TM*
00862	\$358.33 + TM*
00864	\$409.52 + TM*
00865	\$358.33 + TM*
00866	\$511.90 + TM*
00868	\$511.90 + TM*
00870	\$255.95 + TM*
00872	\$358.33 + TM*
00873	\$255.95 + TM*

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor (\$51.19) to base value listed above.

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ANESTHESIA

CPT Code	Base Unit Value
00880	\$767.85 + TM*
00882	\$511.90 + TM*
00902	\$255.95 + TM*
00904	\$358.33 + TM*
00906	\$204.76 + TM*
00918	\$255.95 + TM*
00920	\$153.57 + TM*
00921	\$153.57 + TM*
00922	\$307.14 + TM*
00924	\$204.76 + TM*
00926	\$204.76 + TM*
00928	\$307.14 + TM*
00930	\$204.76 + TM*
00932	\$204.76 + TM*
00934	\$307.14 + TM*
00936	\$409.52 + TM*
00938	\$204.76 + TM*
00940	\$153.57 + TM*
00942	\$204.76 + TM*
00944	\$307.14 + TM*
00948	\$204.76 + TM*
00950	\$255.95 + TM*
00952	\$204.76 + TM*
01112	\$255.95 + TM*
01120	\$307.14 + TM*
01130	\$153.57 + TM*
01140	\$767.85 + TM*
01150	\$511.90 + TM*
01160	\$204.76 + TM*
01170	\$409.52 + TM*
01173	\$614.28 + TM*
01180	\$153.57 + TM*
01190	\$204.76 + TM*
01200	\$204.76 + TM*
01202	\$204.76 + TM*
01210	\$307.14 + TM*

CPT Code	Base Unit Value
01212	\$511.90 + TM*
01215	\$511.90 + TM*
01220	\$204.76 + TM*
01230	\$307.14 + TM*
01232	\$255.95 + TM*
01274	\$307.14 + TM*
01320	\$204.76 + TM*
01340	\$204.76 + TM*
01360	\$255.95 + TM*
01380	\$153.57 + TM*
01382	\$153.57 + TM*
01390	\$153.57 + TM*
01392	\$204.76 + TM*
01400	\$204.76 + TM*
01402	\$358.33 + TM*
01404	\$255.95 + TM*
01420	\$153.57 + TM*
01430	\$153.57 + TM*
01432	\$307.14 + TM*
01440	\$409.52 + TM*
01442	\$409.52 + TM*
01444	\$409.52 + TM*
01462	\$153.57 + TM*
01464	\$153.57 + TM*
01470	\$153.57 + TM*
01472	\$255.95 + TM*
01474	\$255.95 + TM*
01480	\$153.57 + TM*
01482	\$204.76 + TM*
01484	\$204.76 + TM*
01486	\$358.33 + TM*
01490	\$153.57 + TM*
01500	\$409.52 + TM*
01502	\$307.14 + TM*
01520	\$153.57 + TM*
01522	\$255.95 + TM*

CPT Code	Base Unit Value
01610	\$255.95 + TM*
01622	\$204.76 + TM*
01630	\$255.95 + TM*
01634	\$460.71 + TM*
01636	\$767.85 + TM*
01670	\$204.76 + TM*
01680	\$153.57 + TM*
01682	\$204.76 + TM*
01710	\$153.57 + TM*
01712	\$255.95 + TM*
01714	\$255.95 + TM*
01716	\$255.95 + TM*
01730	\$153.57 + TM*
01732	\$153.57 + TM*
01740	\$204.76 + TM*
01742	\$255.95 + TM*
01744	\$255.95 + TM*
01756	\$307.14 + TM*
01758	\$255.95 + TM*
01760	\$358.33 + TM*
01770	\$307.14 + TM*
01772	\$307.14 + TM*
01780	\$153.57 + TM*
01782	\$204.76 + TM*
01810	\$153.57 + TM*
01820	\$153.57 + TM*
01829	\$153.57 + TM*
01830	\$153.57 + TM*
01832	\$307.14 + TM*
01840	\$307.14 + TM*
01842	\$307.14 + TM*
01844	\$307.14 + TM*
01850	\$153.57 + TM*
01852	\$204.76 + TM*
01860	\$153.57 + TM*
01916	\$255.95 + TM*

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor (\$51.19) to base value listed above.

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ANESTHESIA

CPT Code	Base Unit Value
01920	\$358.33 + TM*
01924	\$255.95 + TM*
01925	\$358.33 + TM*
01926	\$409.52 + TM*
01930	\$255.95 + TM*
01931	\$358.33 + TM*
01932	\$307.14 + TM*
01933	\$358.33 + TM*
01935	\$255.95 + TM*
01936	\$255.95 + TM*
01951	\$153.57 + TM*
01952	\$255.95 + TM*
01953	\$51.19 + TM*
01958	\$255.95 + TM*
01960	\$255.95 + TM*
01961	\$358.33 + TM*
01962	\$409.52 + TM*
01963	\$409.52 + TM*
01965	\$204.76 + TM*
01966	\$204.76 + TM*
01967	\$255.95 + TM*
01968	\$102.38 + TM*
01969	\$255.95 + TM*
01990	\$358.33 + TM*
01991	\$153.57 + TM*
01992	\$255.95 + TM*
01996	\$153.57 + TM*
01999	I.C*

I.C. - Individual Consideration

TM* - Add Units of Time multiplied by the Anesthesia Conversion Factor (\$51.19) to base value listed above.

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SURGERY GROUND RULES

1. **PACKAGE OR GLOBAL FEE CONCEPT:** Listed surgical procedures include the surgery itself, local anesthesia, metacarpal/digital block, or topical anesthesia when used, 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 but not applicable to inpatient care.

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 **2014 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.

Surgery

CPT CODE	FUD	MAXIMUM FEE
10021	XXX	\$312.27
10022	XXX	\$292.94
10030	XXX	\$1,640.90
10040	10	\$211.15
10060	10	\$241.64
10061	10	\$429.74
10080	10	\$373.24
10081	10	\$565.80
10120	10	\$316.73
10121	10	\$573.98
10140	10	\$339.78
10160	10	\$271.38
10180	10	\$515.99
11000	0	\$113.76
11001	ZZZ	\$44.61
11004	0	\$1,234.21
11005	0	\$1,662.47
11006	0	\$1,495.92
11008	ZZZ	\$582.90
11010	10	\$1,020.08
11011	0	\$1,127.89
11012	0	\$1,490.72
11042	0	\$243.12
11043	0	\$482.53
11044	0	\$669.15
11045	ZZZ	\$89.22
11046	ZZZ	\$154.65
11047	ZZZ	\$263.94
11055	0	\$98.89
11056	0	\$121.19
11057	0	\$136.80
11100	0	\$212.64
11101	ZZZ	\$67.66
11200	10	\$182.90
11201	ZZZ	\$40.15
11300	0	\$199.26
11301	0	\$245.36

CPT CODE	FUD	MAXIMUM FEE
11302	0	\$289.22
11303	0	\$321.19
11305	0	\$203.72
11306	0	\$250.56
11307	0	\$295.91
11308	0	\$311.53
11310	0	\$233.46
11311	0	\$229.00
11312	0	\$330.86
11313	0	\$384.39
11400	10	\$254.28
11401	10	\$307.81
11402	10	\$342.75
11403	10	\$397.03
11404	10	\$450.56
11406	10	\$651.31
11420	10	\$253.53
11421	10	\$326.40
11422	10	\$364.32
11423	10	\$420.08
11424	10	\$484.76
11426	10	\$695.17
11440	10	\$281.04
11441	10	\$349.45
11442	10	\$391.08
11443	10	\$466.17
11444	10	\$588.85
11446	10	\$818.59
11450	90	\$787.37
11451	90	\$1,008.19
11462	90	\$768.78
11463	90	\$1,031.98
11470	90	\$865.43
11471	90	\$1,073.61
11600	10	\$400.00
11601	10	\$472.87
11602	10	\$513.02

CPT CODE	FUD	MAXIMUM FEE
11603	10	\$585.13
11604	10	\$653.54
11606	10	\$936.81
11620	10	\$404.46
11621	10	\$475.84
11622	10	\$530.86
11623	10	\$624.54
11624	10	\$704.84
11626	10	\$852.79
11640	10	\$416.36
11641	10	\$493.68
11642	10	\$562.09
11643	10	\$667.66
11644	10	\$823.80
11646	10	\$1,078.82
11719	0	\$29.00
11720	0	\$67.66
11721	0	\$93.68
11730	0	\$206.69
11732	ZZZ	\$74.35
11740	0	\$103.35
11750	10	\$468.41
11752	10	\$673.61
11755	0	\$279.56
11760	10	\$485.51
11762	10	\$591.08
11765	10	\$346.47
11770	10	\$579.19
11771	90	\$1,193.32
11772	90	\$1,449.08
11900	0	\$114.50
11901	0	\$144.98
11920	0	\$358.37
11921	0	\$416.36
11922	ZZZ	\$128.63
11950	0	\$159.11
11951	0	\$217.10

Surgery

CPT CODE	FUD	MAXIMUM FEE
11952	0	\$285.50
11954	0	\$333.09
11960	90	\$1,972.51
11970	90	\$1,301.13
11971	90	\$987.37
11976	0	\$304.84
11980	0	\$217.10
11981	XXX	\$287.73
11982	XXX	\$325.65
11983	XXX	\$453.54
12001	0	\$187.36
12002	0	\$227.51
12004	0	\$268.40
12005	0	\$349.45
12006	0	\$420.08
12007	0	\$487.74
12011	0	\$229.00
12013	0	\$250.56
12014	0	\$295.91
12015	0	\$361.34
12016	0	\$446.84
12017	0	\$329.37
12018	0	\$372.49
12020	10	\$598.52
12021	10	\$350.19
12031	10	\$490.71
12032	10	\$625.28
12034	10	\$646.85
12035	10	\$802.98
12036	10	\$885.51
12037	10	\$997.03
12041	10	\$500.38
12042	10	\$597.03
12044	10	\$746.47
12045	10	\$836.44
12046	10	\$995.55
12047	10	\$1,094.43

CPT CODE	FUD	MAXIMUM FEE
12051	10	\$535.32
12052	10	\$608.93
12053	10	\$716.73
12054	10	\$765.81
12055	10	\$993.32
12056	10	\$1,144.25
12057	10	\$1,171.01
13100	10	\$692.94
13101	10	\$819.34
13102	ZZZ	\$254.28
13120	10	\$724.91
13121	10	\$884.02
13122	ZZZ	\$278.81
13131	10	\$799.26
13132	10	\$986.62
13133	ZZZ	\$372.49
13151	10	\$876.59
13152	10	\$1,051.31
13153	ZZZ	\$405.95
13160	90	\$1,719.72
14000	90	\$1,299.64
14001	90	\$1,667.67
14020	90	\$1,456.52
14021	90	\$1,817.86
14040	90	\$1,594.06
14041	90	\$1,966.56
14060	90	\$1,628.27
14061	90	\$2,113.77
14301	90	\$2,257.27
14302	ZZZ	\$473.61
14350	90	\$1,508.56
15002	0	\$727.89
15003	ZZZ	\$159.11
15004	0	\$844.62
15005	ZZZ	\$263.94
15040	0	\$537.55
15050	90	\$1,187.37

CPT CODE	FUD	MAXIMUM FEE
15100	90	\$1,807.45
15101	ZZZ	\$388.85
15110	90	\$1,823.06
15111	ZZZ	\$240.89
15115	90	\$1,831.98
15116	ZZZ	\$319.71
15120	90	\$1,796.30
15121	ZZZ	\$434.20
15130	90	\$1,428.26
15131	ZZZ	\$215.62
15135	90	\$1,804.47
15136	ZZZ	\$195.54
15150	90	\$1,452.80
15151	ZZZ	\$251.30
15152	ZZZ	\$320.45
15155	90	\$1,480.31
15156	ZZZ	\$339.78
15157	ZZZ	\$346.47
15200	90	\$1,743.51
15201	ZZZ	\$311.53
15220	90	\$1,613.40
15221	ZZZ	\$286.99
15240	90	\$1,954.66
15241	ZZZ	\$388.85
15260	90	\$2,119.72
15261	ZZZ	\$452.79
15271	0	\$297.40
15272	ZZZ	\$55.76
15273	0	\$620.82
15274	ZZZ	\$144.98
15275	0	\$321.19
15276	ZZZ	\$72.12
15277	0	\$663.95
15278	ZZZ	\$173.24
15570	90	\$1,925.67
15572	90	\$1,863.21
15574	90	\$1,925.67

Surgery

CPT CODE	FUD	MAXIMUM FEE
15576	90	\$1,704.10
15600	90	\$669.15
15610	90	\$739.78
15620	90	\$920.45
15630	90	\$959.86
15650	90	\$1,061.72
15731	90	\$2,392.58
15732	90	\$2,752.44
15734	90	\$3,171.77
15736	90	\$2,793.33
15738	90	\$2,982.18
15740	90	\$2,130.87
15750	90	\$1,945.00
15756	90	\$4,997.81
15757	90	\$4,931.64
15758	90	\$4,934.61
15760	90	\$1,799.27
15770	90	\$1,443.13
15775	0	\$614.87
15776	0	\$1,005.21
15777	ZZZ	\$455.02
15780	90	\$1,751.69
15781	90	\$1,155.40
15782	90	\$1,324.92
15783	90	\$1,002.98
15786	10	\$518.96
15787	ZZZ	\$103.35
15788	90	\$961.35
15789	90	\$1,121.94
15792	90	\$898.89
15793	90	\$1,017.11
15819	90	\$1,565.07
15820	90	\$1,240.16
15821	90	\$1,322.69
15822	90	\$957.63
15823	90	\$1,324.17
15824	0	\$2,371.77
15825	0	\$2,669.17

CPT CODE	FUD	MAXIMUM FEE
15826	0	\$1,927.90
15828	0	\$5,041.67
15829	0	\$5,633.50
15830	90	\$2,498.90
15832	90	\$1,957.64
15833	90	\$1,866.93
15834	90	\$1,904.10
15835	90	\$2,010.42
15836	90	\$1,624.55
15837	90	\$1,672.13
15838	90	\$1,215.62
15839	90	\$1,866.19
15840	90	\$2,179.20
15841	90	\$3,420.84
15842	90	\$5,649.86
15845	90	\$2,174.74
15847	YYY	\$1,037.93
15850	XXX	\$181.41
15851	0	\$206.69
15852	0	\$99.63
15860	0	\$237.92
15876	0	\$0.00
15877	0	\$0.00
15878	0	\$0.00
15879	0	\$0.00
15920	90	\$1,286.26
15922	90	\$1,670.64
15931	90	\$1,449.08
15933	90	\$1,808.19
15934	90	\$1,959.12
15935	90	\$2,320.46
15936	90	\$1,902.62
15937	90	\$2,217.12
15940	90	\$1,486.26
15941	90	\$1,922.69
15944	90	\$1,893.69
15945	90	\$2,085.52
15946	90	\$3,501.14

CPT CODE	FUD	MAXIMUM FEE
15950	90	\$1,253.54
15951	90	\$1,879.57
15952	90	\$1,950.94
15953	90	\$2,129.38
15956	90	\$2,475.86
15958	90	\$2,507.83
15999	YYY	\$0.00
16000	0	\$144.98
16020	0	\$171.01
16025	0	\$310.04
16030	0	\$392.57
16035	0	\$423.80
16036	ZZZ	\$174.72
17000	10	\$156.14
17003	ZZZ	\$20.82
17004	10	\$310.04
17106	90	\$703.35
17107	90	\$910.04
17108	90	\$1,324.92
17110	10	\$226.77
17111	10	\$269.15
17250	0	\$165.06
17260	10	\$194.05
17261	10	\$295.91
17262	10	\$360.60
17263	10	\$394.06
17264	10	\$423.80
17266	10	\$481.04
17270	10	\$310.04
17271	10	\$337.55
17272	10	\$384.39
17273	10	\$429.74
17274	10	\$507.81
17276	10	\$590.34
17280	10	\$290.71
17281	10	\$367.29
17282	10	\$422.31
17283	10	\$506.32

Surgery

CPT CODE	FUD	MAXIMUM FEE
17284	10	\$579.19
17286	10	\$747.22
17311	0	\$1,362.09
17312	ZZZ	\$798.52
17313	0	\$1,273.62
17314	ZZZ	\$765.81
17315	ZZZ	\$164.31
17340	10	\$109.29
17360	10	\$268.40
17380	0	\$156.88
17999	YYY	\$0.00
19000	0	\$234.95
19001	ZZZ	\$56.51
19020	90	\$981.42
19030	0	\$342.01
19081	0	\$1,415.62
19082	ZZZ	\$1,143.50
19083	0	\$1,405.96
19084	ZZZ	\$1,127.89
19085	0	\$2,127.90
19086	ZZZ	\$1,695.92
19100	0	\$313.76
19101	10	\$708.56
19105	0	\$4,011.93
19110	90	\$1,010.42
19112	90	\$957.63
19120	90	\$1,031.23
19125	90	\$1,143.50
19126	ZZZ	\$342.01
19260	90	\$2,555.41
19271	90	\$3,435.71
19272	90	\$3,838.69
19281	0	\$510.04
19282	ZZZ	\$353.91
19283	0	\$579.19
19284	ZZZ	\$424.54
19285	0	\$979.93

CPT CODE	FUD	MAXIMUM FEE
19286	ZZZ	\$821.57
19287	0	\$1,815.63
19288	ZZZ	\$1,445.36
19296	0	\$8,255.08
19297	ZZZ	\$199.26
19298	0	\$2,183.66
19300	90	\$1,091.46
19301	90	\$1,372.50
19302	90	\$1,889.98
19303	90	\$2,125.67
19304	90	\$1,200.75
19305	90	\$2,379.94
19306	90	\$2,521.95
19307	90	\$2,516.00
19316	90	\$1,644.62
19318	90	\$2,369.53
19324	90	\$1,029.75
19325	90	\$1,379.19
19328	90	\$1,058.00
19330	90	\$1,353.17
19340	90	\$2,152.43
19342	90	\$1,976.97
19350	90	\$1,744.25
19355	90	\$1,466.93
19357	90	\$3,216.38
19361	90	\$3,389.62
19364	90	\$5,939.82
19366	90	\$3,007.46
19367	90	\$3,858.02
19368	90	\$4,747.99
19369	90	\$4,405.24
19370	90	\$1,466.93
19371	90	\$1,679.57
19380	90	\$1,654.29
19396	0	\$614.87
19499	YYY	\$0.00
20005	10	\$649.82

CPT CODE	FUD	MAXIMUM FEE
20100	10	\$1,287.00
20101	10	\$942.01
20102	10	\$1,028.26
20103	10	\$1,221.57
20150	90	\$1,940.54
20200	0	\$432.72
20205	0	\$602.24
20206	0	\$491.45
20220	0	\$352.42
20225	0	\$1,101.87
20240	10	\$466.92
20245	10	\$1,319.71
20250	10	\$822.31
20251	10	\$895.17
20500	10	\$220.08
20501	0	\$246.10
20520	10	\$427.51
20525	10	\$1,004.47
20526	0	\$159.85
20527	0	\$173.98
20550	0	\$122.68
20551	0	\$127.14
20552	0	\$115.99
20553	0	\$133.83
20555	0	\$708.56
20600	0	\$100.37
20605	0	\$104.83
20610	0	\$126.40
20612	0	\$126.40
20615	10	\$511.53
20650	10	\$429.74
20660	0	\$515.25
20661	90	\$1,065.44
20662	90	\$928.63
20663	90	\$953.91
20664	90	\$1,834.96
20665	10	\$220.82

Surgery

CPT CODE	FUD	MAXIMUM FEE
20670	10	\$793.31
20680	90	\$1,304.84
20690	90	\$1,258.00
20692	90	\$2,376.23
20693	90	\$953.91
20694	90	\$893.69
20696	90	\$2,400.02
20697	0	\$3,861.00
20802	90	\$4,933.12
20805	90	\$6,510.83
20808	90	\$8,446.90
20816	90	\$4,229.03
20822	90	\$3,881.07
20824	90	\$4,548.73
20827	90	\$3,872.89
20838	90	\$5,545.77
20900	0	\$883.28
20902	0	\$611.16
20910	90	\$872.87
20912	90	\$1,026.77
20920	90	\$840.90
20922	90	\$1,295.92
20924	90	\$1,069.90
20926	90	\$931.61
20930	XXX	\$255.02
20931	ZZZ	\$240.15
20936	XXX	\$269.15
20937	ZZZ	\$358.37
20938	ZZZ	\$392.57
20950	0	\$524.91
20955	90	\$5,372.53
20956	90	\$5,637.22
20957	90	\$4,879.59
20962	90	\$4,676.62
20969	90	\$5,955.44
20970	90	\$6,099.67
20972	90	\$4,692.23
20973	90	\$6,005.25

CPT CODE	FUD	MAXIMUM FEE
20974	0	\$158.37
20975	0	\$375.47
20979	0	\$111.53
20982	0	\$7,719.76
20985	ZZZ	\$314.50
20999	YYY	\$0.00
21010	90	\$1,591.83
21011	90	\$724.17
21012	90	\$708.56
21013	90	\$1,081.79
21014	90	\$1,095.92
21015	90	\$1,513.02
21016	90	\$2,205.96
21025	90	\$1,897.41
21026	90	\$1,313.02
21029	90	\$1,657.26
21030	90	\$1,107.82
21031	90	\$834.21
21032	90	\$849.08
21034	90	\$2,807.46
21040	90	\$1,115.99
21044	90	\$1,883.29
21045	90	\$2,618.61
21046	90	\$2,371.77
21047	90	\$2,788.87
21048	90	\$2,436.45
21049	90	\$2,600.02
21050	90	\$1,844.62
21060	90	\$1,769.53
21070	90	\$1,310.05
21073	90	\$831.23
21076	10	\$2,124.18
21077	90	\$5,336.10
21079	90	\$3,582.18
21080	90	\$4,026.80
21081	90	\$3,720.47
21082	90	\$3,530.14
21083	90	\$3,286.27

CPT CODE	FUD	MAXIMUM FEE
21084	90	\$3,834.23
21085	10	\$1,773.99
21086	90	\$3,974.75
21087	90	\$3,974.75
21088	90	\$0.00
21089	YYY	\$0.00
21100	90	\$1,501.87
21110	90	\$1,707.08
21116	0	\$301.12
21120	90	\$1,411.91
21121	90	\$1,620.83
21122	90	\$1,473.62
21123	90	\$1,863.95
21125	90	\$6,481.83
21127	90	\$8,987.43
21137	90	\$1,614.88
21138	90	\$1,947.23
21139	90	\$2,285.52
21141	90	\$2,926.42
21142	90	\$3,010.43
21143	90	\$3,051.32
21145	90	\$3,225.30
21146	90	\$3,722.70
21147	90	\$3,231.99
21150	90	\$3,845.38
21151	90	\$4,350.96
21154	90	\$4,737.58
21155	90	\$4,790.37
21159	90	\$5,330.15
21160	90	\$5,592.61
21172	90	\$3,998.54
21175	90	\$4,568.81
21179	90	\$3,326.42
21180	90	\$3,277.35
21181	90	\$1,540.53
21182	90	\$4,100.40
21183	90	\$5,095.21
21184	90	\$4,736.10

Surgery

CPT CODE	FUD	MAXIMUM FEE
21188	90	\$3,354.67
21193	90	\$2,772.51
21194	90	\$2,918.24
21195	90	\$2,849.09
21196	90	\$3,159.13
21198	90	\$2,483.29
21199	90	\$2,245.37
21206	90	\$2,571.02
21208	90	\$4,048.36
21209	90	\$1,770.27
21210	90	\$4,873.64
21215	90	\$8,770.33
21230	90	\$1,573.99
21235	90	\$1,539.79
21240	90	\$2,356.15
21242	90	\$2,160.61
21243	90	\$3,579.21
21244	90	\$2,284.78
21245	90	\$2,368.79
21246	90	\$1,755.40
21247	90	\$3,388.13
21248	90	\$2,357.64
21249	90	\$3,235.71
21255	90	\$2,958.39
21256	90	\$2,625.30
21260	90	\$2,856.53
21261	90	\$4,643.90
21263	90	\$4,006.72
21267	90	\$3,542.78
21268	90	\$3,824.56
21270	90	\$2,046.11
21275	90	\$1,800.01
21280	90	\$1,254.28
21282	90	\$824.54
21295	90	\$434.95
21296	90	\$984.39
21299	YYY	\$0.00
21310	0	\$275.84

CPT CODE	FUD	MAXIMUM FEE
21315	10	\$588.85
21320	10	\$544.99
21325	90	\$1,000.01
21330	90	\$1,194.80
21335	90	\$1,553.92
21336	90	\$1,373.24
21337	90	\$859.49
21338	90	\$1,527.89
21339	90	\$1,649.08
21340	90	\$1,601.50
21343	90	\$2,598.53
21344	90	\$3,321.96
21345	90	\$1,646.85
21346	90	\$1,938.30
21347	90	\$2,353.92
21348	90	\$2,518.98
21355	10	\$915.25
21356	10	\$1,060.23
21360	90	\$1,140.53
21365	90	\$2,391.10
21366	90	\$2,542.77
21385	90	\$1,458.75
21386	90	\$1,496.67
21387	90	\$1,569.53
21390	90	\$1,725.66
21395	90	\$2,101.13
21400	90	\$408.18
21401	90	\$1,046.10
21406	90	\$1,095.92
21407	90	\$1,401.50
21408	90	\$1,938.30
21421	90	\$1,630.50
21422	90	\$1,423.80
21423	90	\$1,771.02
21431	90	\$1,542.02
21432	90	\$1,405.22
21433	90	\$3,757.65
21435	90	\$2,701.88

CPT CODE	FUD	MAXIMUM FEE
21436	90	\$4,407.47
21440	90	\$1,242.39
21445	90	\$1,641.65
21450	90	\$1,301.13
21451	90	\$1,626.78
21452	90	\$1,331.61
21453	90	\$1,950.20
21454	90	\$1,253.54
21461	90	\$4,582.93
21462	90	\$4,825.32
21465	90	\$2,101.87
21470	90	\$2,603.74
21480	0	\$211.90
21485	90	\$1,496.67
21490	90	\$1,999.27
21495	90	\$1,512.28
21497	90	\$1,572.50
21499	YYY	\$0.00
21501	90	\$959.12
21502	90	\$1,128.63
21510	90	\$945.73
21550	10	\$553.16
21552	90	\$939.78
21554	90	\$1,543.51
21555	90	\$873.61
21556	90	\$1,131.61
21557	90	\$2,043.88
21558	90	\$2,863.22
21600	90	\$1,194.06
21610	90	\$2,539.80
21615	90	\$1,350.20
21616	90	\$1,815.63
21620	90	\$1,083.28
21627	90	\$1,155.40
21630	90	\$2,596.30
21632	90	\$2,596.30
21685	90	\$2,141.28
21700	90	\$793.31

Surgery

CPT CODE	FUD	MAXIMUM FEE
21705	90	\$1,185.88
21720	90	\$1,029.00
21725	90	\$1,000.01
21740	90	\$2,174.74
21742	90	\$3,096.68
21743	90	\$4,074.38
21750	90	\$1,472.87
21800	90	\$237.18
21805	90	\$580.67
21810	90	\$1,088.48
21820	90	\$301.12
21825	90	\$1,167.30
21899	YYY	\$0.00
21920	10	\$543.50
21925	90	\$935.32
21930	90	\$991.83
21931	90	\$991.83
21932	90	\$1,395.55
21933	90	\$1,554.66
21935	90	\$2,178.46
21936	90	\$2,993.33
22010	90	\$2,014.89
22015	90	\$1,907.08
22100	90	\$1,857.26
22101	90	\$1,888.49
22102	90	\$1,735.33
22103	ZZZ	\$304.09
22110	90	\$2,302.62
22112	90	\$2,273.62
22114	90	\$2,112.28
22116	ZZZ	\$298.89
22206	90	\$5,023.09
22207	90	\$5,095.95
22208	ZZZ	\$1,256.52
22210	90	\$3,764.34
22212	90	\$3,129.39
22214	90	\$3,152.44
22216	ZZZ	\$776.96

CPT CODE	FUD	MAXIMUM FEE
22220	90	\$3,437.20
22222	90	\$3,323.45
22224	90	\$3,377.72
22226	ZZZ	\$779.93
22305	90	\$402.98
22310	90	\$649.08
22315	90	\$1,867.67
22318	90	\$3,467.68
22319	90	\$3,870.66
22325	90	\$3,061.73
22326	90	\$3,159.88
22327	90	\$3,159.13
22328	ZZZ	\$603.72
22505	10	\$260.23
22520	10	\$4,711.56
22521	10	\$4,717.51
22522	ZZZ	\$481.79
22523	10	\$15,539.89
22524	10	\$15,400.86
22525	ZZZ	\$9,417.91
22526	10	\$4,947.99
22527	ZZZ	\$4,109.32
22532	90	\$3,809.69
22533	90	\$3,568.06
22534	ZZZ	\$774.73
22548	90	\$4,158.40
22551	90	\$3,649.84
22552	ZZZ	\$842.39
22554	90	\$2,702.62
22556	90	\$3,550.96
22558	90	\$3,281.07
22585	ZZZ	\$715.99
22586	90	\$3,997.06
22590	90	\$3,355.42
22595	90	\$3,194.82
22600	90	\$2,739.05
22610	90	\$2,681.06
22612	90	\$3,396.31

CPT CODE	FUD	MAXIMUM FEE
22614	ZZZ	\$836.44
22630	90	\$3,298.91
22632	ZZZ	\$681.79
22633	90	\$3,930.14
22634	ZZZ	\$1,060.97
22800	90	\$2,891.47
22802	90	\$4,470.67
22804	90	\$5,145.02
22808	90	\$3,887.02
22810	90	\$4,353.94
22812	90	\$4,783.68
22818	90	\$4,632.01
22819	90	\$5,822.35
22830	90	\$1,727.15
22840	ZZZ	\$1,631.24
22841	XXX	\$821.57
22842	ZZZ	\$1,632.73
22843	ZZZ	\$1,736.82
22844	ZZZ	\$2,090.72
22845	ZZZ	\$1,574.73
22846	ZZZ	\$1,634.21
22847	ZZZ	\$1,878.82
22848	ZZZ	\$765.06
22849	90	\$2,773.26
22850	90	\$1,538.30
22851	ZZZ	\$873.61
22852	90	\$1,470.64
22855	90	\$2,380.69
22856	90	\$3,530.88
22857	90	\$3,891.48
22861	90	\$4,695.20
22862	90	\$4,539.81
22864	90	\$4,223.08
22865	90	\$4,368.06
22899	YYY	\$0.00
22900	90	\$1,188.86
22901	90	\$1,397.78
22902	90	\$904.84

Surgery

CPT CODE	FUD	MAXIMUM FEE
22903	90	\$913.76
22904	90	\$2,219.35
22905	90	\$2,827.53
22999	YYY	\$0.00
23000	90	\$1,221.57
23020	90	\$1,460.23
23030	10	\$924.17
23031	10	\$889.23
23035	90	\$1,448.34
23040	90	\$1,522.69
23044	90	\$1,200.75
23065	10	\$454.28
23066	90	\$1,162.83
23071	90	\$884.02
23073	90	\$1,462.46
23075	90	\$980.68
23076	90	\$1,139.04
23077	90	\$2,426.78
23078	90	\$3,063.96
23100	90	\$1,056.51
23101	90	\$962.83
23105	90	\$1,350.94
23106	90	\$1,047.59
23107	90	\$1,400.75
23120	90	\$1,238.67
23125	90	\$1,498.90
23130	90	\$1,287.00
23140	90	\$1,119.71
23145	90	\$1,469.90
23146	90	\$1,311.53
23150	90	\$1,396.29
23155	90	\$1,678.08
23156	90	\$1,433.47
23170	90	\$1,183.65
23172	90	\$1,197.78
23174	90	\$1,602.24
23180	90	\$1,409.68
23182	90	\$1,398.52

CPT CODE	FUD	MAXIMUM FEE
23184	90	\$1,554.66
23190	90	\$1,205.96
23195	90	\$1,597.78
23200	90	\$3,221.59
23210	90	\$3,788.88
23220	90	\$4,156.17
23330	10	\$505.58
23333	90	\$967.29
23334	90	\$2,283.29
23335	90	\$2,722.70
23350	0	\$272.12
23395	90	\$2,731.62
23397	90	\$2,421.58
23400	90	\$2,058.01
23405	90	\$1,333.10
23406	90	\$1,636.44
23410	90	\$1,742.02
23412	90	\$1,808.94
23415	90	\$1,473.62
23420	90	\$2,055.78
23430	90	\$1,585.89
23440	90	\$1,603.73
23450	90	\$2,010.42
23455	90	\$2,128.64
23460	90	\$2,311.54
23462	90	\$2,275.85
23465	90	\$2,371.02
23466	90	\$2,380.69
23470	90	\$2,565.08
23472	90	\$3,111.55
23473	90	\$3,469.91
23474	90	\$3,750.96
23480	90	\$1,737.56
23485	90	\$2,027.52
23490	90	\$1,826.78
23491	90	\$2,150.20
23500	90	\$460.23
23505	90	\$742.01

CPT CODE	FUD	MAXIMUM FEE
23515	90	\$1,528.64
23520	90	\$484.02
23525	90	\$805.21
23530	90	\$1,209.67
23532	90	\$1,318.23
23540	90	\$471.38
23545	90	\$715.99
23550	90	\$1,211.91
23552	90	\$1,387.37
23570	90	\$486.25
23575	90	\$840.16
23585	90	\$2,082.54
23600	90	\$685.51
23605	90	\$977.70
23615	90	\$1,878.08
23616	90	\$2,640.17
23620	90	\$565.80
23625	90	\$799.26
23630	90	\$1,659.49
23650	90	\$659.48
23655	90	\$841.64
23660	90	\$1,234.95
23665	90	\$895.92
23670	90	\$1,862.47
23675	90	\$1,156.89
23680	90	\$1,971.02
23700	10	\$413.39
23800	90	\$2,176.22
23802	90	\$2,722.70
23900	90	\$2,948.72
23920	90	\$2,390.35
23921	90	\$1,003.73
23929	YYY	\$0.00
23930	10	\$738.30
23931	10	\$604.47
23935	90	\$1,075.84
24000	90	\$1,008.19
24006	90	\$1,506.33

Surgery

CPT CODE	FUD	MAXIMUM FEE
24065	10	\$536.06
24066	90	\$1,292.95
24071	90	\$857.26
24073	90	\$1,460.98
24075	90	\$1,025.29
24076	90	\$1,147.96
24077	90	\$2,198.53
24079	90	\$2,815.63
24100	90	\$881.79
24101	90	\$1,055.03
24102	90	\$1,302.61
24105	90	\$736.07
24110	90	\$1,241.65
24115	90	\$1,559.86
24116	90	\$1,825.29
24120	90	\$1,116.74
24125	90	\$1,310.05
24126	90	\$1,371.76
24130	90	\$1,071.38
24134	90	\$1,579.94
24136	90	\$1,346.48
24138	90	\$1,423.80
24140	90	\$1,478.82
24145	90	\$1,250.57
24147	90	\$1,313.76
24149	90	\$2,485.52
24150	90	\$3,308.58
24152	90	\$2,923.44
24155	90	\$1,808.19
24160	90	\$2,675.86
24164	90	\$1,543.51
24200	10	\$431.23
24201	90	\$1,175.47
24220	0	\$334.58
24300	90	\$867.66
24301	90	\$1,594.06
24305	90	\$1,217.85
24310	90	\$1,005.21

CPT CODE	FUD	MAXIMUM FEE
24320	90	\$1,652.80
24330	90	\$1,517.48
24331	90	\$1,664.70
24332	90	\$1,293.69
24340	90	\$1,301.13
24341	90	\$1,581.42
24342	90	\$1,646.11
24343	90	\$1,491.46
24344	90	\$2,327.16
24345	90	\$1,483.28
24346	90	\$2,327.16
24357	90	\$930.12
24358	90	\$1,104.84
24359	90	\$1,396.29
24360	90	\$1,903.36
24361	90	\$2,133.10
24362	90	\$2,249.09
24363	90	\$3,099.65
24365	90	\$1,350.94
24366	90	\$1,441.65
24370	90	\$3,281.07
24371	90	\$3,789.62
24400	90	\$1,733.10
24410	90	\$2,240.91
24420	90	\$2,104.11
24430	90	\$2,246.86
24435	90	\$2,287.75
24470	90	\$1,240.90
24495	90	\$1,373.99
24498	90	\$1,839.42
24500	90	\$750.19
24505	90	\$1,049.82
24515	90	\$1,858.01
24516	90	\$1,825.29
24530	90	\$797.03
24535	90	\$1,296.66
24538	90	\$1,570.27
24545	90	\$1,973.25

CPT CODE	FUD	MAXIMUM FEE
24546	90	\$2,208.94
24560	90	\$675.10
24565	90	\$1,119.71
24566	90	\$1,515.25
24575	90	\$1,554.66
24576	90	\$711.53
24577	90	\$1,153.17
24579	90	\$1,769.53
24582	90	\$1,707.08
24586	90	\$2,303.36
24587	90	\$2,297.42
24600	90	\$768.78
24605	90	\$989.60
24615	90	\$1,505.59
24620	90	\$1,169.53
24635	90	\$1,424.55
24640	10	\$292.94
24650	90	\$548.70
24655	90	\$921.94
24665	90	\$1,377.71
24666	90	\$1,550.94
24670	90	\$610.41
24675	90	\$956.14
24685	90	\$1,384.40
24800	90	\$1,755.40
24802	90	\$2,122.69
24900	90	\$1,556.15
24920	90	\$1,549.45
24925	90	\$1,194.80
24930	90	\$1,638.67
24931	90	\$1,641.65
24935	90	\$2,216.37
24940	90	\$2,239.42
24999	YYY	\$0.00
25000	90	\$704.84
25001	90	\$720.45
25020	90	\$1,205.21
25023	90	\$2,330.87

Surgery

CPT CODE	FUD	MAXIMUM FEE
25024	90	\$1,643.14
25025	90	\$2,574.00
25028	90	\$1,098.15
25031	90	\$766.55
25035	90	\$1,226.03
25040	90	\$1,185.88
25065	10	\$529.37
25066	90	\$751.68
25071	90	\$897.40
25073	90	\$1,120.45
25075	90	\$1,001.49
25076	90	\$1,091.46
25077	90	\$1,873.62
25078	90	\$2,481.06
25085	90	\$949.45
25100	90	\$728.63
25101	90	\$850.56
25105	90	\$1,017.85
25107	90	\$1,298.15
25109	90	\$1,135.32
25110	90	\$715.99
25111	90	\$672.87
25112	90	\$814.13
25115	90	\$1,600.76
25116	90	\$1,263.95
25118	90	\$800.75
25119	90	\$1,049.08
25120	90	\$1,049.08
25125	90	\$1,251.31
25126	90	\$1,260.23
25130	90	\$942.76
25135	90	\$1,176.96
25136	90	\$1,040.16
25145	90	\$1,089.97
25150	90	\$1,191.09
25151	90	\$1,233.47
25170	90	\$3,141.29
25210	90	\$1,027.52

CPT CODE	FUD	MAXIMUM FEE
25215	90	\$1,298.89
25230	90	\$904.10
25240	90	\$900.38
25246	0	\$339.78
25248	90	\$874.36
25250	90	\$1,124.92
25251	90	\$1,521.20
25259	90	\$872.87
25260	90	\$1,331.61
25263	90	\$1,319.71
25265	90	\$1,580.68
25270	90	\$1,037.18
25272	90	\$1,167.30
25274	90	\$1,416.37
25275	90	\$1,420.83
25280	90	\$1,185.88
25290	90	\$918.97
25295	90	\$1,101.12
25300	90	\$1,449.08
25301	90	\$1,356.14
25310	90	\$1,303.36
25312	90	\$1,513.02
25315	90	\$1,629.75
25316	90	\$1,868.42
25320	90	\$2,078.83
25332	90	\$1,784.40
25335	90	\$1,876.59
25337	90	\$1,869.16
25350	90	\$1,422.32
25355	90	\$1,620.09
25360	90	\$1,384.40
25365	90	\$1,936.82
25370	90	\$2,130.87
25375	90	\$1,895.18
25390	90	\$1,622.32
25391	90	\$2,110.80
25392	90	\$2,148.72
25393	90	\$2,397.04

CPT CODE	FUD	MAXIMUM FEE
25394	90	\$1,658.75
25400	90	\$1,696.67
25405	90	\$2,193.33
25415	90	\$2,048.34
25420	90	\$2,476.60
25425	90	\$2,038.68
25426	90	\$2,382.17
25430	90	\$1,495.18
25431	90	\$1,669.16
25440	90	\$1,622.32
25441	90	\$1,944.25
25442	90	\$1,662.47
25443	90	\$1,651.31
25444	90	\$1,644.62
25445	90	\$1,520.46
25446	90	\$2,477.34
25447	90	\$1,745.74
25449	90	\$2,202.25
25450	90	\$1,299.64
25455	90	\$1,444.62
25490	90	\$1,472.13
25491	90	\$1,562.84
25492	90	\$1,912.28
25500	90	\$571.01
25505	90	\$1,055.77
25515	90	\$1,414.88
25520	90	\$1,192.57
25525	90	\$1,661.72
25526	90	\$2,020.83
25530	90	\$548.70
25535	90	\$1,027.52
25545	90	\$1,316.00
25560	90	\$585.13
25565	90	\$1,092.95
25574	90	\$1,423.06
25575	90	\$1,906.33
25600	90	\$687.74
25605	90	\$1,154.66

Surgery

CPT CODE	FUD	MAXIMUM FEE
25606	90	\$1,397.78
25607	90	\$1,553.17
25608	90	\$1,742.02
25609	90	\$2,215.63
25622	90	\$637.92
25624	90	\$998.52
25628	90	\$1,521.20
25630	90	\$640.90
25635	90	\$933.84
25645	90	\$1,201.50
25650	90	\$674.35
25651	90	\$1,022.31
25652	90	\$1,313.76
25660	90	\$852.79
25670	90	\$1,279.56
25671	90	\$1,116.74
25675	90	\$918.22
25676	90	\$1,327.15
25680	90	\$997.03
25685	90	\$1,553.92
25690	90	\$1,012.65
25695	90	\$1,337.56
25800	90	\$1,545.74
25805	90	\$1,786.63
25810	90	\$1,833.47
25820	90	\$1,295.18
25825	90	\$1,597.04
25830	90	\$2,003.73
25900	90	\$1,496.67
25905	90	\$1,344.25
25907	90	\$1,293.69
25909	90	\$1,448.34
25915	90	\$2,209.68
25920	90	\$1,470.64
25922	90	\$1,043.13
25924	90	\$1,296.66
25927	90	\$1,708.56
25929	90	\$1,259.49
25931	90	\$1,417.11

CPT CODE	FUD	MAXIMUM FEE
25999	YYY	\$0.00
26010	10	\$550.93
26011	10	\$811.90
26020	90	\$911.53
26025	90	\$885.51
26030	90	\$1,039.41
26034	90	\$1,127.89
26035	90	\$1,830.50
26037	90	\$1,198.52
26040	90	\$651.31
26045	90	\$986.62
26055	90	\$1,162.09
26060	90	\$556.88
26070	90	\$660.97
26075	90	\$692.94
26080	90	\$820.08
26100	90	\$704.09
26105	90	\$702.61
26110	90	\$674.35
26111	90	\$878.82
26113	90	\$1,156.14
26115	90	\$1,051.31
26116	90	\$1,109.30
26117	90	\$1,576.96
26118	90	\$2,232.73
26121	90	\$1,258.00
26123	90	\$1,756.15
26125	ZZZ	\$582.90
26130	90	\$971.01
26135	90	\$1,159.86
26140	90	\$1,060.97
26145	90	\$1,076.59
26160	90	\$1,194.80
26170	90	\$854.28
26180	90	\$930.86
26185	90	\$1,161.35
26200	90	\$947.96
26205	90	\$1,271.39
26210	90	\$928.63

CPT CODE	FUD	MAXIMUM FEE
26215	90	\$1,188.86
26230	90	\$1,051.31
26235	90	\$1,037.93
26236	90	\$927.89
26250	90	\$2,316.00
26260	90	\$1,729.38
26262	90	\$1,350.20
26320	90	\$727.14
26340	90	\$698.89
26341	10	\$204.46
26350	90	\$1,470.64
26352	90	\$1,696.67
26356	90	\$2,272.14
26357	90	\$1,809.68
26358	90	\$1,910.05
26370	90	\$1,572.50
26372	90	\$1,840.91
26373	90	\$1,765.07
26390	90	\$1,742.76
26392	90	\$2,028.27
26410	90	\$1,167.30
26412	90	\$1,408.19
26415	90	\$1,656.52
26416	90	\$1,583.66
26418	90	\$1,193.32
26420	90	\$1,474.36
26426	90	\$1,055.03
26428	90	\$1,573.25
26432	90	\$1,029.00
26433	90	\$1,097.41
26434	90	\$1,344.25
26437	90	\$1,285.51
26440	90	\$1,275.85
26442	90	\$2,000.76
26445	90	\$1,188.11
26449	90	\$1,459.49
26450	90	\$842.39
26455	90	\$835.69
26460	90	\$815.62

Surgery

CPT CODE	FUD	MAXIMUM FEE
26471	90	\$1,272.87
26474	90	\$1,246.11
26476	90	\$1,209.67
26477	90	\$1,205.96
26478	90	\$1,287.00
26479	90	\$1,282.54
26480	90	\$1,557.63
26483	90	\$1,749.46
26485	90	\$1,667.67
26489	90	\$1,934.59
26490	90	\$1,648.34
26492	90	\$1,832.73
26494	90	\$1,663.21
26496	90	\$1,745.74
26497	90	\$1,802.99
26498	90	\$2,388.87
26499	90	\$1,728.64
26500	90	\$1,291.46
26502	90	\$1,466.18
26508	90	\$1,324.92
26510	90	\$1,237.18
26516	90	\$1,450.57
26517	90	\$1,718.23
26518	90	\$1,735.33
26520	90	\$1,343.50
26525	90	\$1,342.02
26530	90	\$1,130.12
26531	90	\$1,312.28
26535	90	\$881.05
26536	90	\$1,474.36
26540	90	\$1,362.84
26541	90	\$1,658.75
26542	90	\$1,411.91
26545	90	\$1,434.96
26546	90	\$2,059.50
26548	90	\$1,583.66
26550	90	\$3,447.61
26551	90	\$6,242.43
26553	90	\$6,487.78

CPT CODE	FUD	MAXIMUM FEE
26554	90	\$6,753.95
26555	90	\$2,878.09
26556	90	\$5,792.61
26560	90	\$1,185.88
26561	90	\$1,973.25
26562	90	\$2,674.37
26565	90	\$1,413.39
26567	90	\$1,411.16
26568	90	\$1,872.88
26580	90	\$3,198.54
26587	90	\$1,990.35
26590	90	\$2,953.18
26591	90	\$900.38
26593	90	\$1,234.95
26596	90	\$1,597.78
26600	90	\$617.11
26605	90	\$674.35
26607	90	\$959.86
26608	90	\$1,003.73
26615	90	\$1,211.91
26641	90	\$779.93
26645	90	\$895.17
26650	90	\$1,004.47
26665	90	\$1,326.40
26670	90	\$712.27
26675	90	\$953.17
26676	90	\$1,052.80
26685	90	\$1,223.06
26686	90	\$1,316.74
26700	90	\$685.51
26705	90	\$868.41
26706	90	\$925.66
26715	90	\$1,208.93
26720	90	\$417.10
26725	90	\$707.07
26727	90	\$985.88
26735	90	\$1,257.26
26740	90	\$479.56
26742	90	\$773.24

CPT CODE	FUD	MAXIMUM FEE
26746	90	\$1,563.58
26750	90	\$388.11
26755	90	\$660.97
26756	90	\$876.59
26765	90	\$1,056.51
26770	90	\$581.42
26775	90	\$800.01
26776	90	\$929.38
26785	90	\$1,151.68
26820	90	\$1,638.67
26841	90	\$1,511.54
26842	90	\$1,637.93
26843	90	\$1,535.33
26844	90	\$1,698.90
26850	90	\$1,433.47
26852	90	\$1,646.85
26860	90	\$1,162.09
26861	ZZZ	\$220.82
26862	90	\$1,499.64
26863	ZZZ	\$488.48
26910	90	\$1,491.46
26951	90	\$1,354.66
26952	90	\$1,340.53
26989	YYY	\$0.00
26990	90	\$1,316.00
26991	90	\$1,481.05
26992	90	\$2,041.65
27000	90	\$889.97
27001	90	\$1,145.73
27003	90	\$1,258.75
27005	90	\$1,539.79
27006	90	\$1,558.38
27025	90	\$1,945.00
27027	90	\$1,797.78
27030	90	\$1,946.48
27033	90	\$2,067.67
27035	90	\$2,498.16
27036	90	\$2,146.48
27040	10	\$724.91

Surgery

CPT CODE	FUD	MAXIMUM FEE
27041	90	\$1,459.49
27043	90	\$988.86
27045	90	\$1,585.14
27047	90	\$982.16
27048	90	\$1,289.97
27049	90	\$2,898.91
27050	90	\$846.85
27052	90	\$1,221.57
27054	90	\$1,452.06
27057	90	\$2,017.86
27059	90	\$3,837.95
27060	90	\$982.16
27062	90	\$962.83
27065	90	\$1,084.77
27066	90	\$1,722.69
27067	90	\$2,192.58
27070	90	\$1,803.73
27071	90	\$1,944.25
27075	90	\$4,472.15
27076	90	\$5,377.74
27077	90	\$6,046.14
27078	90	\$4,408.96
27080	90	\$1,082.54
27086	10	\$611.90
27087	90	\$1,330.12
27090	90	\$1,756.89
27091	90	\$3,407.46
27093	0	\$391.08
27095	0	\$499.63
27096	0	\$342.75
27097	90	\$1,442.39
27098	90	\$1,467.67
27100	90	\$1,733.84
27105	90	\$1,833.47
27110	90	\$2,052.80
27111	90	\$1,903.36
27120	90	\$2,760.62
27122	90	\$2,336.08
27125	90	\$2,411.17

CPT CODE	FUD	MAXIMUM FEE
27130	90	\$2,895.19
27132	90	\$3,576.98
27134	90	\$4,095.20
27137	90	\$3,143.52
27138	90	\$3,268.43
27140	90	\$1,895.93
27146	90	\$2,730.13
27147	90	\$3,124.19
27151	90	\$3,383.67
27156	90	\$3,648.35
27158	90	\$2,979.20
27161	90	\$2,586.64
27165	90	\$2,931.62
27170	90	\$2,503.36
27175	90	\$1,251.31
27176	90	\$1,946.48
27177	90	\$2,362.84
27178	90	\$1,946.48
27179	90	\$2,069.16
27181	90	\$2,165.82
27185	90	\$1,247.59
27187	90	\$2,107.82
27193	90	\$996.29
27194	90	\$1,485.51
27200	90	\$379.19
27202	90	\$1,128.63
27215	90	\$1,278.08
27216	90	\$1,896.67
27217	90	\$1,779.94
27218	90	\$2,458.01
27220	90	\$1,121.94
27222	90	\$2,069.16
27226	90	\$2,252.06
27227	90	\$3,539.06
27228	90	\$4,032.00
27230	90	\$1,002.98
27232	90	\$1,616.37
27235	90	\$1,930.13
27236	90	\$2,547.23

CPT CODE	FUD	MAXIMUM FEE
27238	90	\$971.75
27240	90	\$2,029.76
27244	90	\$2,618.61
27245	90	\$2,619.35
27246	90	\$811.90
27248	90	\$1,579.94
27250	0	\$391.08
27252	90	\$1,611.16
27253	90	\$2,001.50
27254	90	\$2,694.44
27256	10	\$634.95
27257	10	\$765.81
27258	90	\$2,356.15
27259	90	\$3,298.91
27265	90	\$846.10
27266	90	\$1,229.75
27267	90	\$924.91
27268	90	\$1,137.56
27269	90	\$2,648.35
27275	10	\$383.65
27280	90	\$2,211.17
27282	90	\$1,808.94
27284	90	\$3,445.38
27286	90	\$3,516.01
27290	90	\$3,454.30
27295	90	\$2,692.21
27299	YYY	\$0.00
27301	90	\$1,385.14
27303	90	\$1,352.43
27305	90	\$1,023.80
27306	90	\$782.16
27307	90	\$1,013.39
27310	90	\$1,549.45
27323	10	\$568.78
27324	90	\$834.95
27325	90	\$1,176.96
27326	90	\$1,084.02
27327	90	\$963.58
27328	90	\$1,310.05

Surgery

CPT CODE	FUD	MAXIMUM FEE
27329	90	\$2,204.48
27330	90	\$881.79
27331	90	\$1,005.96
27332	90	\$1,354.66
27333	90	\$1,237.18
27334	90	\$1,449.08
27335	90	\$1,620.09
27337	90	\$882.53
27339	90	\$1,587.37
27340	90	\$783.65
27345	90	\$1,016.36
27347	90	\$1,118.22
27350	90	\$1,383.65
27355	90	\$1,276.59
27356	90	\$1,562.84
27357	90	\$1,724.18
27358	ZZZ	\$594.06
27360	90	\$1,805.96
27364	90	\$3,323.45
27365	90	\$4,409.70
27370	0	\$336.81
27372	90	\$1,278.82
27380	90	\$1,258.00
27381	90	\$1,694.44
27385	90	\$1,216.37
27386	90	\$1,759.86
27390	90	\$945.73
27391	90	\$1,218.60
27392	90	\$1,505.59
27393	90	\$1,076.59
27394	90	\$1,379.94
27395	90	\$1,859.49
27396	90	\$1,301.87
27397	90	\$1,939.79
27400	90	\$1,468.41
27403	90	\$1,356.14
27405	90	\$1,433.47
27407	90	\$1,676.59
27409	90	\$2,045.37

CPT CODE	FUD	MAXIMUM FEE
27412	90	\$3,517.50
27415	90	\$2,918.98
27416	90	\$2,079.57
27418	90	\$1,762.10
27420	90	\$1,557.63
27422	90	\$1,576.22
27424	90	\$1,581.42
27425	90	\$944.25
27427	90	\$1,515.25
27428	90	\$2,362.10
27429	90	\$2,656.53
27430	90	\$1,570.27
27435	90	\$1,716.74
27437	90	\$1,397.04
27438	90	\$1,788.12
27440	90	\$1,688.49
27441	90	\$1,744.99
27442	90	\$1,847.60
27443	90	\$1,729.38
27445	90	\$2,666.19
27446	90	\$2,474.37
27447	90	\$2,893.70
27448	90	\$1,713.77
27450	90	\$2,151.69
27454	90	\$2,759.87
27455	90	\$1,997.04
27457	90	\$2,031.99
27465	90	\$2,663.22
27466	90	\$2,504.11
27468	90	\$2,559.87
27470	90	\$2,502.62
27472	90	\$2,689.98
27475	90	\$1,400.01
27477	90	\$1,550.20
27479	90	\$1,832.73
27485	90	\$1,419.34
27486	90	\$3,001.51
27487	90	\$3,756.16
27488	90	\$2,558.38

CPT CODE	FUD	MAXIMUM FEE
27495	90	\$2,398.53
27496	90	\$1,147.22
27497	90	\$1,231.24
27498	90	\$1,383.65
27499	90	\$1,481.05
27500	90	\$1,092.20
27501	90	\$1,062.46
27502	90	\$1,636.44
27503	90	\$1,701.87
27506	90	\$2,847.61
27507	90	\$2,071.39
27508	90	\$1,110.79
27509	90	\$1,362.84
27510	90	\$1,453.54
27511	90	\$2,124.18
27513	90	\$2,644.63
27514	90	\$2,058.01
27516	90	\$1,069.15
27517	90	\$1,449.08
27519	90	\$1,892.21
27520	90	\$679.56
27524	90	\$1,595.55
27530	90	\$634.21
27532	90	\$1,298.89
27535	90	\$1,909.31
27536	90	\$2,533.85
27538	90	\$997.78
27540	90	\$1,724.92
27550	90	\$1,068.41
27552	90	\$1,324.17
27556	90	\$1,855.03
27557	90	\$2,226.78
27558	90	\$2,539.05
27560	90	\$760.60
27562	90	\$1,020.08
27566	90	\$1,892.21
27570	10	\$318.22
27580	90	\$3,055.04
27590	90	\$1,733.84

Surgery

CPT CODE	FUD	MAXIMUM FEE
27591	90	\$2,060.98
27592	90	\$1,466.18
27594	90	\$1,090.71
27596	90	\$1,557.63
27598	90	\$1,561.35
27599	YYY	\$0.00
27600	90	\$883.28
27601	90	\$939.78
27602	90	\$1,068.41
27603	90	\$1,113.02
27604	90	\$978.45
27605	10	\$719.71
27606	10	\$607.44
27607	90	\$1,297.41
27610	90	\$1,389.60
27612	90	\$1,200.01
27613	10	\$530.86
27614	90	\$1,223.06
27615	90	\$2,175.48
27616	90	\$2,691.47
27618	90	\$939.78
27619	90	\$1,002.24
27620	90	\$965.81
27625	90	\$1,231.98
27626	90	\$1,330.87
27630	90	\$1,188.86
27632	90	\$875.10
27634	90	\$1,447.59
27635	90	\$1,252.05
27637	90	\$1,597.04
27638	90	\$1,636.44
27640	90	\$1,771.76
27641	90	\$1,423.06
27645	90	\$3,788.88
27646	90	\$3,284.04
27647	90	\$2,226.78
27648	0	\$342.01
27650	90	\$1,410.42
27652	90	\$1,466.93

CPT CODE	FUD	MAXIMUM FEE
27654	90	\$1,507.07
27656	90	\$1,332.35
27658	90	\$794.80
27659	90	\$1,035.70
27664	90	\$767.29
27665	90	\$880.30
27675	90	\$1,033.47
27676	90	\$1,307.07
27680	90	\$910.79
27681	90	\$1,154.66
27685	90	\$1,411.16
27686	90	\$1,173.99
27687	90	\$967.29
27690	90	\$1,344.25
27691	90	\$1,601.50
27692	ZZZ	\$226.77
27695	90	\$1,019.34
27696	90	\$1,194.06
27698	90	\$1,365.81
27700	90	\$1,262.46
27702	90	\$2,068.42
27703	90	\$2,387.38
27704	90	\$1,225.29
27705	90	\$1,612.65
27707	90	\$855.77
27709	90	\$2,487.01
27712	90	\$2,345.74
27715	90	\$2,272.88
27720	90	\$1,860.98
27722	90	\$1,885.52
27724	90	\$2,702.62
27725	90	\$2,589.61
27726	90	\$2,063.21
27727	90	\$1,956.15
27730	90	\$1,238.67
27732	90	\$810.42
27734	90	\$1,308.56
27740	90	\$1,316.00
27742	90	\$1,448.34

CPT CODE	FUD	MAXIMUM FEE
27745	90	\$1,606.70
27750	90	\$728.63
27752	90	\$1,133.84
27756	90	\$1,217.11
27758	90	\$1,892.21
27759	90	\$2,123.44
27760	90	\$704.09
27762	90	\$1,008.93
27766	90	\$1,292.20
27767	90	\$595.54
27768	90	\$928.63
27769	90	\$1,548.71
27780	90	\$644.61
27781	90	\$881.79
27784	90	\$1,522.69
27786	90	\$666.92
27788	90	\$887.74
27792	90	\$1,387.37
27808	90	\$704.84
27810	90	\$989.60
27814	90	\$1,641.65
27816	90	\$671.38
27818	90	\$1,024.54
27822	90	\$1,788.86
27823	90	\$2,031.24
27824	90	\$661.72
27825	90	\$1,151.68
27826	90	\$1,780.68
27827	90	\$2,303.36
27828	90	\$2,757.64
27829	90	\$1,455.03
27830	90	\$799.26
27831	90	\$841.64
27832	90	\$1,600.01
27840	90	\$784.39
27842	90	\$1,046.85
27846	90	\$1,555.40
27848	90	\$1,735.33
27860	10	\$376.95

Surgery

CPT CODE	FUD	MAXIMUM FEE
27870	90	\$2,205.22
27871	90	\$1,462.46
27880	90	\$1,977.71
27881	90	\$1,884.77
27882	90	\$1,300.38
27884	90	\$1,236.44
27886	90	\$1,414.88
27888	90	\$1,440.90
27889	90	\$1,423.80
27892	90	\$1,181.42
27893	90	\$1,297.41
27894	90	\$1,826.78
27899	YYY	\$0.00
28001	10	\$586.62
28002	10	\$949.45
28003	90	\$1,518.23
28005	90	\$1,240.16
28008	90	\$918.97
28010	90	\$495.17
28011	90	\$690.71
28020	90	\$1,150.19
28022	90	\$1,040.16
28024	90	\$978.45
28035	90	\$1,130.12
28039	90	\$1,089.97
28041	90	\$980.68
28043	90	\$849.08
28045	90	\$1,058.00
28046	90	\$1,571.02
28047	90	\$2,191.84
28050	90	\$907.81
28052	90	\$935.32
28054	90	\$798.52
28055	90	\$804.47
28060	90	\$1,101.12
28062	90	\$1,248.34
28070	90	\$1,132.35
28072	90	\$1,083.28
28080	90	\$1,112.28

CPT CODE	FUD	MAXIMUM FEE
28086	90	\$1,162.09
28088	90	\$992.57
28090	90	\$1,001.49
28092	90	\$899.64
28100	90	\$1,288.49
28102	90	\$1,214.88
28103	90	\$835.69
28104	90	\$1,115.25
28106	90	\$950.94
28107	90	\$1,168.04
28108	90	\$939.78
28110	90	\$984.39
28111	90	\$1,058.74
28112	90	\$1,043.13
28113	90	\$1,262.46
28114	90	\$2,287.01
28116	90	\$1,585.89
28118	90	\$1,253.54
28119	90	\$1,119.71
28120	90	\$1,446.85
28122	90	\$1,275.85
28124	90	\$1,014.88
28126	90	\$845.36
28130	90	\$1,414.88
28140	90	\$1,281.05
28150	90	\$910.79
28153	90	\$879.56
28160	90	\$895.17
28171	90	\$1,815.63
28173	90	\$1,650.57
28175	90	\$1,042.39
28190	10	\$544.99
28192	90	\$1,004.47
28193	90	\$1,136.07
28200	90	\$1,034.95
28202	90	\$1,271.39
28208	90	\$1,008.19
28210	90	\$1,202.98
28220	90	\$953.17

CPT CODE	FUD	MAXIMUM FEE
28222	90	\$1,084.02
28225	90	\$869.90
28226	90	\$1,252.05
28230	90	\$929.38
28232	90	\$827.52
28234	90	\$868.41
28238	90	\$1,437.19
28240	90	\$936.81
28250	90	\$1,233.47
28260	90	\$1,458.75
28261	90	\$2,060.24
28262	90	\$3,100.40
28264	90	\$2,046.86
28270	90	\$1,046.85
28272	90	\$838.67
28280	90	\$1,110.79
28285	90	\$1,136.07
28286	90	\$966.55
28288	90	\$1,288.49
28289	90	\$1,566.55
28290	90	\$1,247.59
28292	90	\$1,682.54
28293	90	\$2,226.78
28294	90	\$1,598.53
28296	90	\$1,518.97
28297	90	\$1,736.82
28298	90	\$1,538.30
28299	90	\$1,902.62
28300	90	\$1,397.04
28302	90	\$1,514.51
28304	90	\$1,730.12
28305	90	\$1,359.86
28306	90	\$1,310.79
28307	90	\$1,488.49
28308	90	\$1,197.78
28309	90	\$1,909.31
28310	90	\$1,153.91
28312	90	\$1,089.23
28313	90	\$1,133.84

Surgery

CPT CODE	FUD	MAXIMUM FEE
28315	90	\$1,022.31
28320	90	\$1,319.71
28322	90	\$1,689.98
28340	90	\$1,234.95
28341	90	\$1,434.21
28344	90	\$923.43
28345	90	\$1,113.76
28360	90	\$1,894.44
28400	90	\$527.14
28405	90	\$823.05
28406	90	\$1,122.69
28415	90	\$2,362.84
28420	90	\$2,661.73
28430	90	\$498.15
28435	90	\$690.71
28436	90	\$949.45
28445	90	\$2,259.50
28446	90	\$2,600.76
28450	90	\$458.00
28455	90	\$632.72
28456	90	\$672.12
28465	90	\$1,331.61
28470	90	\$466.92
28475	90	\$542.01
28476	90	\$740.53
28485	90	\$1,116.74
28490	90	\$307.07
28495	90	\$374.72
28496	90	\$925.66
28505	90	\$1,409.68
28510	90	\$260.97
28515	90	\$339.78
28525	90	\$1,214.14
28530	90	\$242.38
28531	90	\$749.45
28540	90	\$432.72

CPT CODE	FUD	MAXIMUM FEE
28545	90	\$622.31
28546	90	\$1,218.60
28555	90	\$1,845.37
28570	90	\$457.25
28575	90	\$768.04
28576	90	\$835.69
28585	90	\$1,842.39
28600	90	\$465.43
28605	90	\$688.48
28606	90	\$847.59
28615	90	\$1,680.31
28630	10	\$333.09
28635	10	\$371.75
28636	10	\$550.93
28645	90	\$1,396.29
28660	10	\$246.10
28665	10	\$326.40
28666	10	\$403.72
28675	90	\$1,206.70
28705	90	\$2,709.31
28715	90	\$1,994.07
28725	90	\$1,646.85
28730	90	\$1,567.30
28735	90	\$1,669.16
28737	90	\$1,472.13
28740	90	\$1,816.37
28750	90	\$1,740.53
28755	90	\$1,084.77
28760	90	\$1,667.67
28800	90	\$1,166.55
28805	90	\$1,594.81
28810	90	\$933.09
28820	90	\$1,214.14
28825	90	\$1,157.63
28890	90	\$689.97
28899	YYY	\$0.00

CPT CODE	FUD	MAXIMUM FEE
29000	0	\$631.98
29010	0	\$515.99
29015	0	\$587.37
29020	0	\$410.41
29025	0	\$616.36
29035	0	\$489.97
29040	0	\$736.07
29044	0	\$558.37
29046	0	\$582.90
29049	0	\$208.18
29055	0	\$467.66
29058	0	\$258.74
29065	0	\$202.98
29075	0	\$182.90
29085	0	\$200.00
29086	0	\$165.80
29105	0	\$185.13
29125	0	\$136.06
29126	0	\$161.34
29130	0	\$86.99
29131	0	\$108.55
29200	0	\$110.78
29240	0	\$119.70
29260	0	\$107.06
29280	0	\$105.58
29305	0	\$519.71
29325	0	\$575.47
29345	0	\$288.48
29355	0	\$300.37
29358	0	\$339.04
29365	0	\$260.23
29405	0	\$172.49
29425	0	\$165.80
29435	0	\$243.87
29440	0	\$95.17
29445	0	\$287.73

Surgery

CPT CODE	FUD	MAXIMUM FEE
29450	0	\$301.12
29505	0	\$175.47
29515	0	\$151.67
29520	0	\$100.37
29530	0	\$106.32
29540	0	\$78.07
29550	0	\$65.43
29580	0	\$110.78
29581	0	\$129.37
29582	0	\$147.21
29583	0	\$91.45
29584	0	\$147.21
29700	0	\$130.86
29705	0	\$140.52
29710	0	\$245.36
29715	0	\$160.60
29720	0	\$177.70
29730	0	\$136.80
29740	0	\$206.69
29750	0	\$182.16
29799	YYY	\$0.00
29800	90	\$1,104.84
29804	90	\$1,392.58
29805	90	\$999.26
29806	90	\$2,255.04
29807	90	\$2,197.04
29819	90	\$1,242.39
29820	90	\$1,146.48
29821	90	\$1,253.54
29822	90	\$1,219.34
29823	90	\$1,330.87
29824	90	\$1,437.19
29825	90	\$1,243.13
29826	ZZZ	\$376.95
29827	90	\$2,285.52
29828	90	\$1,965.07
29830	90	\$964.32

CPT CODE	FUD	MAXIMUM FEE
29834	90	\$1,040.16
29835	90	\$1,073.61
29836	90	\$1,224.54
29837	90	\$1,121.20
29838	90	\$1,247.59
29840	90	\$956.88
29843	90	\$1,023.80
29844	90	\$1,054.28
29845	90	\$1,224.54
29846	90	\$1,101.87
29847	90	\$1,153.91
29848	90	\$1,078.08
29850	90	\$1,321.20
29851	90	\$1,978.45
29855	90	\$1,671.39
29856	90	\$2,116.74
29860	90	\$1,414.14
29861	90	\$1,541.28
29862	90	\$1,734.59
29863	90	\$1,739.79
29866	90	\$2,227.53
29867	90	\$2,716.01
29868	90	\$3,561.37
29870	90	\$1,231.24
29871	90	\$1,089.97
29873	90	\$1,110.79
29874	90	\$1,141.27
29875	90	\$1,050.57
29876	90	\$1,394.06
29877	90	\$1,322.69
29879	90	\$1,408.93
29880	90	\$1,196.29
29881	90	\$1,150.19
29882	90	\$1,487.00
29883	90	\$1,791.09
29884	90	\$1,316.74
29885	90	\$1,595.55

CPT CODE	FUD	MAXIMUM FEE
29886	90	\$1,348.71
29887	90	\$1,588.86
29888	90	\$2,103.36
29889	90	\$2,597.05
29891	90	\$1,461.72
29892	90	\$1,323.43
29893	90	\$1,297.41
29894	90	\$1,082.54
29895	90	\$1,011.16
29897	90	\$1,089.23
29898	90	\$1,204.47
29899	90	\$2,205.22
29900	90	\$994.06
29901	90	\$1,127.15
29902	90	\$1,289.23
29904	90	\$1,351.68
29905	90	\$1,462.46
29906	90	\$1,539.79
29907	90	\$1,859.49
29914	90	\$2,149.46
29915	90	\$2,193.33
29916	90	\$2,194.07
29999	YYY	\$0.00
30000	10	\$492.94
30020	10	\$495.91
30100	0	\$298.89
30110	10	\$489.97
30115	90	\$910.79
30117	90	\$1,852.06
30118	90	\$1,630.50
30120	90	\$1,092.95
30124	90	\$606.70
30125	90	\$1,290.72
30130	90	\$802.98
30140	90	\$932.35
30150	90	\$1,637.19
30160	90	\$1,642.39

Surgery

CPT CODE	FUD	MAXIMUM FEE
30200	0	\$242.38
30210	10	\$318.22
30220	10	\$645.36
30300	10	\$489.97
30310	10	\$440.15
30320	90	\$956.88
30400	90	\$2,137.56
30410	90	\$2,509.31
30420	90	\$2,912.29
30430	90	\$2,053.55
30435	90	\$2,359.13
30450	90	\$3,176.98
30460	90	\$1,597.04
30462	90	\$3,333.85
30465	90	\$2,088.49
30520	90	\$1,324.92
30540	90	\$1,458.00
30545	90	\$1,947.97
30560	10	\$572.50
30580	90	\$1,372.50
30600	90	\$1,240.90
30620	90	\$1,325.66
30630	90	\$1,330.12
30801	10	\$482.53
30802	10	\$613.39
30901	0	\$202.23
30903	0	\$437.18
30905	0	\$543.50
30906	0	\$597.77
30915	90	\$1,226.78
30920	90	\$1,776.22
30930	10	\$263.20
30999	YYY	\$0.00
31000	10	\$386.62
31002	10	\$426.77
31020	90	\$1,017.85
31030	90	\$1,455.03

CPT CODE	FUD	MAXIMUM FEE
31032	90	\$1,214.88
31040	90	\$1,622.32
31050	90	\$1,025.29
31051	90	\$1,365.07
31070	90	\$930.86
31075	90	\$1,655.77
31080	90	\$2,182.92
31081	90	\$3,139.06
31084	90	\$2,444.63
31085	90	\$3,335.34
31086	90	\$2,374.74
31087	90	\$2,291.47
31090	90	\$2,178.46
31200	90	\$1,213.39
31201	90	\$1,573.25
31205	90	\$1,929.38
31225	90	\$3,978.47
31230	90	\$4,411.93
31231	0	\$440.15
31233	0	\$560.60
31235	0	\$635.69
31237	0	\$546.47
31238	0	\$544.24
31239	10	\$1,327.15
31240	0	\$344.98
31254	0	\$583.65
31255	0	\$855.03
31256	0	\$422.31
31267	0	\$678.07
31276	0	\$1,079.56
31287	0	\$496.66
31288	0	\$575.47
31290	10	\$2,470.65
31291	10	\$2,623.81
31292	10	\$2,131.61
31293	10	\$2,313.03
31294	10	\$2,649.09

CPT CODE	FUD	MAXIMUM FEE
31295	0	\$4,367.32
31296	0	\$4,432.75
31297	0	\$4,359.88
31299	YYY	\$0.00
31300	90	\$2,672.88
31320	90	\$1,388.86
31360	90	\$4,428.29
31365	90	\$5,480.34
31367	90	\$4,684.05
31368	90	\$5,191.86
31370	90	\$4,398.55
31375	90	\$4,175.50
31380	90	\$4,116.02
31382	90	\$4,518.25
31390	90	\$6,099.67
31395	90	\$6,393.36
31400	90	\$2,111.54
31420	90	\$1,775.48
31500	0	\$236.43
31502	0	\$75.09
31505	0	\$176.21
31510	0	\$445.36
31511	0	\$445.36
31512	0	\$439.41
31513	0	\$284.02
31515	0	\$442.38
31520	0	\$338.29
31525	0	\$538.29
31526	0	\$339.04
31527	0	\$420.08
31528	0	\$311.53
31529	0	\$348.70
31530	0	\$425.28
31531	0	\$457.25
31535	0	\$407.44
31536	0	\$453.54
31540	0	\$521.19

Surgery

CPT CODE	FUD	MAXIMUM FEE
31541	0	\$568.78
31545	0	\$782.16
31546	0	\$1,188.11
31560	0	\$674.35
31561	0	\$739.04
31570	0	\$723.43
31571	0	\$537.55
31575	0	\$240.89
31576	0	\$476.58
31577	0	\$514.50
31578	0	\$594.06
31579	0	\$450.56
31580	90	\$2,588.87
31582	90	\$4,014.90
31584	90	\$3,204.49
31587	90	\$2,136.08
31588	90	\$2,426.78
31590	90	\$1,879.57
31595	90	\$1,618.60
31599	YYY	\$0.00
31600	0	\$848.33
31601	0	\$555.39
31603	0	\$481.79
31605	0	\$394.80
31610	90	\$1,521.94
31611	90	\$1,148.71
31612	0	\$176.21
31613	90	\$967.29
31614	90	\$1,611.91
31615	0	\$386.62
31620	ZZZ	\$603.72
31622	0	\$656.51
31623	0	\$694.43
31624	0	\$653.54
31625	0	\$702.61
31626	0	\$933.84
31627	ZZZ	\$2,718.24
31628	0	\$791.08

CPT CODE	FUD	MAXIMUM FEE
31629	0	\$1,244.62
31630	0	\$431.23
31631	0	\$493.68
31632	ZZZ	\$150.19
31633	ZZZ	\$185.88
31634	0	\$3,915.27
31635	0	\$730.86
31636	0	\$476.58
31637	ZZZ	\$158.37
31638	0	\$547.22
31640	0	\$547.96
31641	0	\$554.65
31643	0	\$377.70
31645	0	\$670.64
31646	0	\$602.98
31647	0	\$472.87
31648	0	\$452.79
31649	ZZZ	\$146.47
31651	ZZZ	\$170.26
31660	0	\$452.05
31661	0	\$476.58
31717	0	\$551.68
31720	0	\$109.29
31725	0	\$196.28
31730	0	\$2,547.23
31750	90	\$2,907.83
31755	90	\$3,654.30
31760	90	\$2,945.75
31766	90	\$3,823.82
31770	90	\$2,863.96
31775	90	\$2,922.70
31780	90	\$2,524.18
31781	90	\$3,294.45
31785	90	\$2,315.26
31786	90	\$3,101.88
31800	90	\$1,513.02
31805	90	\$1,750.94
31820	90	\$926.40

CPT CODE	FUD	MAXIMUM FEE
31825	90	\$1,285.51
31830	90	\$941.27
31899	YYY	\$0.00
32035	90	\$1,535.33
32036	90	\$1,668.41
32096	90	\$1,733.84
32097	90	\$1,734.59
32098	90	\$1,637.19
32100	90	\$1,753.17
32110	90	\$3,127.90
32120	90	\$1,873.62
32124	90	\$1,996.30
32140	90	\$2,132.36
32141	90	\$3,295.19
32150	90	\$2,159.12
32151	90	\$2,152.43
32160	90	\$1,690.72
32200	90	\$2,436.45
32215	90	\$1,718.97
32220	90	\$3,411.18
32225	90	\$2,139.05
32310	90	\$1,973.25
32320	90	\$3,434.97
32400	0	\$318.96
32405	0	\$938.30
32440	90	\$3,370.29
32442	90	\$6,917.52
32445	90	\$7,611.21
32480	90	\$3,183.67
32482	90	\$3,409.69
32484	90	\$3,088.50
32486	90	\$5,058.77
32488	90	\$5,170.30
32491	90	\$3,164.34
32501	ZZZ	\$528.63
32503	90	\$3,907.84
32504	90	\$4,456.54
32505	90	\$2,001.50

Surgery

CPT CODE	FUD	MAXIMUM FEE
32506	ZZZ	\$339.78
32507	ZZZ	\$339.78
32540	90	\$3,736.09
32550	0	\$1,649.83
32551	0	\$381.42
32552	10	\$407.44
32553	0	\$1,239.41
32554	0	\$417.10
32555	0	\$622.31
32556	0	\$1,124.92
32557	0	\$1,199.27
32560	0	\$515.25
32561	0	\$201.49
32562	0	\$181.41
32601	0	\$665.43
32604	0	\$1,036.44
32606	0	\$995.55
32607	0	\$666.18
32608	0	\$817.85
32609	0	\$564.32
32650	90	\$1,429.75
32651	90	\$2,350.20
32652	90	\$3,570.29
32653	90	\$2,272.14
32654	90	\$2,523.44
32655	90	\$2,053.55
32656	90	\$1,714.51
32658	90	\$1,533.84
32659	90	\$1,571.02
32661	90	\$1,716.00
32662	90	\$1,921.95
32663	90	\$3,014.15
32664	90	\$1,823.81
32665	90	\$2,621.58
32666	90	\$1,871.39
32667	ZZZ	\$340.52
32668	ZZZ	\$340.52
32669	90	\$2,895.93

CPT CODE	FUD	MAXIMUM FEE
32670	90	\$3,440.17
32671	90	\$3,834.23
32672	90	\$3,287.01
32673	90	\$2,596.30
32674	ZZZ	\$465.43
32701	XXX	\$475.84
32800	90	\$2,027.52
32810	90	\$1,938.30
32815	90	\$6,058.04
32820	90	\$2,860.99
32850	XXX	\$0.00
32851	90	\$7,095.22
32852	90	\$7,741.32
32853	90	\$9,899.70
32854	90	\$10,536.14
32855	XXX	\$0.00
32856	XXX	\$0.00
32900	90	\$3,020.84
32905	90	\$2,875.11
32906	90	\$3,554.67
32940	90	\$2,657.27
32960	0	\$318.22
32997	0	\$759.11
32998	0	\$6,208.97
32999	YYY	\$0.00
33010	0	\$255.02
33011	0	\$258.74
33015	90	\$1,087.74
33020	90	\$1,887.75
33025	90	\$1,723.43
33030	90	\$4,324.20
33031	90	\$5,365.10
33050	90	\$2,152.43
33120	90	\$4,547.25
33130	90	\$3,003.00
33140	90	\$3,414.15
33141	ZZZ	\$286.99
33202	90	\$1,668.41

CPT CODE	FUD	MAXIMUM FEE
33203	90	\$1,734.59
33206	90	\$979.19
33207	90	\$1,043.87
33208	90	\$1,130.12
33210	0	\$382.90
33211	0	\$393.31
33212	90	\$707.81
33213	90	\$739.78
33214	90	\$1,042.39
33215	90	\$655.77
33216	90	\$809.67
33217	90	\$797.78
33218	90	\$846.10
33220	90	\$852.05
33221	90	\$786.62
33222	90	\$740.53
33223	90	\$892.20
33224	0	\$1,093.69
33225	ZZZ	\$991.83
33226	0	\$1,049.82
33227	90	\$745.73
33228	90	\$776.96
33229	90	\$815.62
33230	90	\$847.59
33231	90	\$874.36
33233	90	\$511.53
33234	90	\$1,051.31
33235	90	\$1,371.76
33236	90	\$1,695.92
33237	90	\$1,805.96
33238	90	\$2,023.06
33240	90	\$805.21
33241	90	\$481.79
33243	90	\$2,948.72
33244	90	\$1,843.88
33249	90	\$1,962.84
33250	90	\$3,181.44
33251	90	\$3,521.96

Surgery

CPT CODE	FUD	MAXIMUM FEE
33254	90	\$2,954.67
33255	90	\$3,594.08
33256	90	\$4,246.87
33257	ZZZ	\$1,260.23
33258	ZZZ	\$1,416.37
33259	ZZZ	\$1,831.24
33261	90	\$3,566.57
33262	90	\$817.11
33263	90	\$849.82
33264	90	\$885.51
33265	90	\$2,950.21
33266	90	\$4,005.23
33282	90	\$504.84
33284	90	\$445.36
33300	90	\$5,292.23
33305	90	\$8,884.08
33310	90	\$2,510.06
33315	90	\$4,156.17
33320	90	\$2,300.39
33321	90	\$2,584.41
33322	90	\$3,005.23
33330	90	\$3,113.78
33332	90	\$2,803.74
33335	90	\$4,076.61
33361	0	\$2,913.03
33362	0	\$3,185.90
33363	0	\$3,297.42
33364	0	\$3,469.17
33365	0	\$3,826.05
33366	0	\$4,140.55
33367	ZZZ	\$1,336.07
33368	ZZZ	\$1,619.34
33369	ZZZ	\$2,136.82
33400	90	\$4,953.94
33401	90	\$3,072.14
33403	90	\$3,220.10
33404	90	\$3,789.62
33405	90	\$4,928.66

CPT CODE	FUD	MAXIMUM FEE
33406	90	\$6,246.14
33410	90	\$5,513.05
33411	90	\$7,290.02
33412	90	\$6,910.83
33413	90	\$6,999.31
33414	90	\$4,666.95
33415	90	\$4,395.57
33416	90	\$4,410.44
33417	90	\$3,599.28
33420	90	\$3,156.16
33422	90	\$3,656.53
33425	90	\$5,933.13
33426	90	\$5,173.27
33427	90	\$5,310.82
33430	90	\$6,076.63
33460	90	\$5,292.98
33463	90	\$6,710.09
33464	90	\$5,313.79
33465	90	\$5,987.41
33468	90	\$5,322.72
33470	90	\$2,781.43
33471	90	\$3,000.02
33472	90	\$2,969.54
33474	90	\$4,704.87
33475	90	\$5,090.74
33476	90	\$3,315.27
33478	90	\$3,407.46
33496	90	\$3,608.21
33500	90	\$3,431.25
33501	90	\$2,451.32
33502	90	\$2,765.82
33503	90	\$2,837.20
33504	90	\$3,191.85
33505	90	\$4,502.64
33506	90	\$4,440.18
33507	90	\$3,705.60
33508	ZZZ	\$34.94
33510	90	\$4,200.03

CPT CODE	FUD	MAXIMUM FEE
33511	90	\$4,611.93
33512	90	\$5,243.91
33513	90	\$5,395.58
33514	90	\$5,692.24
33516	90	\$5,921.98
33517	ZZZ	\$407.44
33518	ZZZ	\$896.66
33519	ZZZ	\$1,185.14
33521	ZZZ	\$1,423.80
33522	ZZZ	\$1,597.78
33523	ZZZ	\$1,811.91
33530	ZZZ	\$1,143.50
33533	90	\$4,059.51
33534	90	\$4,772.53
33535	90	\$5,320.49
33536	90	\$5,713.05
33542	90	\$5,704.13
33545	90	\$6,711.57
33548	90	\$6,457.30
33572	ZZZ	\$502.61
33600	90	\$3,688.50
33602	90	\$3,556.16
33606	90	\$3,791.11
33608	90	\$3,864.71
33610	90	\$3,811.92
33611	90	\$4,237.21
33612	90	\$4,289.25
33615	90	\$4,357.65
33617	90	\$4,649.11
33619	90	\$6,162.13
33620	90	\$3,168.80
33621	90	\$1,897.41
33622	90	\$7,466.23
33641	90	\$3,549.47
33645	90	\$3,755.42
33647	90	\$3,965.83
33660	90	\$3,813.41
33665	90	\$4,178.47

Surgery

CPT CODE	FUD	MAXIMUM FEE
33670	90	\$4,308.58
33675	90	\$4,281.82
33676	90	\$4,647.62
33677	90	\$4,829.03
33681	90	\$3,976.24
33684	90	\$4,100.40
33688	90	\$4,093.71
33690	90	\$2,573.25
33692	90	\$4,500.41
33694	90	\$4,258.77
33697	90	\$4,470.67
33702	90	\$3,350.95
33710	90	\$4,576.24
33720	90	\$3,340.55
33722	90	\$3,544.26
33724	90	\$3,325.68
33726	90	\$4,504.87
33730	90	\$4,350.22
33732	90	\$3,769.55
33735	90	\$2,807.46
33736	90	\$3,044.63
33737	90	\$2,915.26
33750	90	\$2,907.09
33755	90	\$2,926.42
33762	90	\$2,919.72
33764	90	\$2,808.94
33766	90	\$2,977.72
33767	90	\$3,100.40
33768	ZZZ	\$964.32
33770	90	\$4,819.37
33771	90	\$5,026.06
33774	90	\$3,920.48
33775	90	\$4,225.31
33776	90	\$4,250.59
33777	90	\$4,327.17
33778	90	\$5,389.63
33779	90	\$4,779.96
33780	90	\$5,156.92

CPT CODE	FUD	MAXIMUM FEE
33781	90	\$5,339.82
33782	90	\$7,136.86
33783	90	\$7,958.42
33786	90	\$4,976.25
33788	90	\$3,342.03
33800	90	\$1,982.91
33802	90	\$2,359.87
33803	90	\$2,616.38
33813	90	\$2,676.60
33814	90	\$3,300.40
33820	90	\$2,111.54
33822	90	\$2,228.27
33824	90	\$2,531.62
33840	90	\$2,803.74
33845	90	\$2,887.75
33851	90	\$2,879.58
33852	90	\$3,046.86
33853	90	\$3,994.83
33860	90	\$6,976.26
33863	90	\$6,840.94
33864	90	\$6,977.00
33870	90	\$5,468.44
33875	90	\$5,977.00
33877	90	\$7,926.45
33880	90	\$3,935.35
33881	90	\$3,385.16
33883	90	\$2,452.06
33884	ZZZ	\$899.64
33886	90	\$2,132.36
33889	0	\$1,749.46
33891	0	\$2,140.54
33910	90	\$5,758.41
33915	90	\$2,757.64
33916	90	\$9,142.08
33917	90	\$3,127.90
33920	90	\$3,945.75
33922	90	\$3,026.05
33924	ZZZ	\$614.87

CPT CODE	FUD	MAXIMUM FEE
33925	90	\$3,693.71
33926	90	\$5,249.85
33930	XXX	\$0.00
33933	XXX	\$0.00
33935	90	\$10,862.54
33940	XXX	\$0.00
33944	XXX	\$0.00
33945	90	\$10,524.24
33960	0	\$2,156.89
33961	ZZZ	\$1,204.47
33967	0	\$557.63
33968	0	\$72.86
33970	0	\$768.04
33971	90	\$1,533.84
33973	0	\$1,113.76
33974	90	\$1,927.90
33975	XXX	\$2,880.32
33976	XXX	\$3,507.83
33977	XXX	\$2,449.09
33978	XXX	\$2,921.96
33979	XXX	\$4,243.90
33980	XXX	\$3,878.10
33981	XXX	\$1,823.81
33982	XXX	\$4,259.51
33983	XXX	\$5,019.37
33990	XXX	\$942.01
33991	XXX	\$1,373.24
33992	XXX	\$445.36
33993	XXX	\$391.08
33999	YYY	\$0.00
34001	90	\$2,104.11
34051	90	\$2,158.38
34101	90	\$1,318.97
34111	90	\$1,318.23
34151	90	\$3,080.32
34201	90	\$2,269.16
34203	90	\$2,105.59
34401	90	\$3,179.95

Surgery

CPT CODE	FUD	MAXIMUM FEE
34421	90	\$1,595.55
34451	90	\$3,183.67
34471	90	\$2,353.18
34490	90	\$1,327.15
34501	90	\$2,162.10
34502	90	\$3,310.81
34510	90	\$2,540.54
34520	90	\$2,190.35
34530	90	\$2,359.87
34800	90	\$2,468.42
34802	90	\$2,727.16
34803	90	\$2,822.33
34804	90	\$2,724.18
34805	90	\$2,617.86
34806	ZZZ	\$217.85
34808	ZZZ	\$450.56
34812	0	\$740.53
34813	ZZZ	\$521.19
34820	0	\$1,075.84
34825	90	\$1,526.41
34826	ZZZ	\$449.07
34830	90	\$3,907.09
34831	90	\$4,202.26
34832	90	\$4,202.26
34833	0	\$1,341.27
34834	0	\$601.49
34841	YYY	\$0.00
34842	YYY	\$0.00
34843	YYY	\$0.00
34844	YYY	\$0.00
34845	YYY	\$0.00
34846	YYY	\$0.00
34847	YYY	\$0.00
34848	YYY	\$0.00
34900	90	\$1,952.43
35001	90	\$2,466.93
35002	90	\$2,478.09
35005	90	\$2,510.06

CPT CODE	FUD	MAXIMUM FEE
35011	90	\$2,191.84
35013	90	\$2,747.98
35021	90	\$2,720.47
35022	90	\$3,133.11
35045	90	\$2,182.92
35081	90	\$3,852.82
35082	90	\$4,820.85
35091	90	\$3,955.42
35092	90	\$5,754.69
35102	90	\$4,175.50
35103	90	\$4,955.43
35111	90	\$3,281.07
35112	90	\$4,023.82
35121	90	\$3,598.54
35122	90	\$4,643.16
35131	90	\$3,052.81
35132	90	\$3,602.26
35141	90	\$2,434.96
35142	90	\$2,918.24
35151	90	\$2,739.05
35152	90	\$3,097.42
35180	90	\$1,988.12
35182	90	\$3,788.88
35184	90	\$2,258.01
35188	90	\$2,586.64
35189	90	\$3,373.26
35190	90	\$1,655.77
35201	90	\$2,067.67
35206	90	\$1,692.21
35207	90	\$1,601.50
35211	90	\$3,008.94
35216	90	\$4,466.20
35221	90	\$3,145.01
35226	90	\$1,830.50
35231	90	\$2,640.17
35236	90	\$2,147.23
35241	90	\$3,117.50
35246	90	\$3,395.56

CPT CODE	FUD	MAXIMUM FEE
35251	90	\$3,671.40
35256	90	\$2,243.14
35261	90	\$2,323.44
35266	90	\$1,906.33
35271	90	\$3,005.23
35276	90	\$3,150.21
35281	90	\$3,557.65
35286	90	\$2,061.73
35301	90	\$2,491.47
35302	90	\$2,486.26
35303	90	\$2,745.00
35304	90	\$2,839.43
35305	90	\$2,726.41
35306	ZZZ	\$1,018.60
35311	90	\$3,163.59
35321	90	\$1,945.74
35331	90	\$3,196.31
35341	90	\$3,034.97
35351	90	\$2,826.79
35355	90	\$2,289.98
35361	90	\$3,374.75
35363	90	\$3,827.54
35371	90	\$1,808.19
35372	90	\$2,162.10
35390	ZZZ	\$350.19
35400	ZZZ	\$327.14
35450	0	\$1,124.17
35452	0	\$750.94
35458	0	\$1,076.59
35460	0	\$681.79
35471	0	\$5,325.69
35472	0	\$3,880.33
35475	0	\$3,342.03
35476	0	\$3,049.09
35500	ZZZ	\$704.09
35501	90	\$3,296.68
35506	90	\$2,827.53
35508	90	\$2,970.28

Surgery

CPT CODE	FUD	MAXIMUM FEE
35509	90	\$3,136.83
35510	90	\$2,727.90
35511	90	\$2,803.00
35512	90	\$2,675.86
35515	90	\$2,946.49
35516	90	\$2,706.34
35518	90	\$2,533.85
35521	90	\$2,719.72
35522	90	\$2,676.60
35523	90	\$2,827.53
35525	90	\$2,506.34
35526	90	\$3,788.13
35531	90	\$4,456.54
35533	90	\$3,339.80
35535	90	\$3,769.55
35536	90	\$3,747.98
35537	90	\$4,624.57
35538	90	\$5,177.73
35539	90	\$4,863.98
35540	90	\$5,395.58
35556	90	\$3,098.91
35558	90	\$2,728.65
35560	90	\$3,779.21
35563	90	\$2,932.36
35565	90	\$2,906.34
35566	90	\$3,698.91
35570	90	\$3,019.35
35571	90	\$2,941.29
35572	ZZZ	\$759.11
35583	90	\$3,197.05
35585	90	\$3,707.83
35587	90	\$3,026.05
35600	ZZZ	\$560.60
35601	90	\$3,099.65
35606	90	\$2,595.56
35612	90	\$2,315.26
35616	90	\$2,406.71
35621	90	\$2,429.01

CPT CODE	FUD	MAXIMUM FEE
35623	90	\$2,910.06
35626	90	\$3,467.68
35631	90	\$4,091.48
35632	90	\$3,579.95
35633	90	\$3,997.80
35634	90	\$3,502.63
35636	90	\$3,535.34
35637	90	\$3,823.82
35638	90	\$3,899.66
35642	90	\$2,185.89
35645	90	\$2,290.72
35646	90	\$3,794.08
35647	90	\$3,441.66
35650	90	\$2,373.25
35654	90	\$3,031.25
35656	90	\$2,396.30
35661	90	\$2,397.79
35663	90	\$2,775.49
35665	90	\$2,599.28
35666	90	\$2,808.20
35671	90	\$2,479.57
35681	ZZZ	\$176.21
35682	ZZZ	\$782.16
35683	ZZZ	\$907.07
35685	ZZZ	\$440.90
35686	ZZZ	\$354.65
35691	90	\$2,094.44
35693	90	\$1,849.08
35694	90	\$2,186.63
35695	90	\$2,270.65
35697	ZZZ	\$326.40
35700	ZZZ	\$337.55
35701	90	\$1,237.93
35721	90	\$991.83
35741	90	\$1,124.17
35761	90	\$848.33
35800	90	\$1,559.12
35820	90	\$4,369.55

CPT CODE	FUD	MAXIMUM FEE
35840	90	\$2,558.38
35860	90	\$1,849.08
35870	90	\$2,758.39
35875	90	\$1,306.33
35876	90	\$2,084.03
35879	90	\$2,043.88
35881	90	\$2,255.04
35883	90	\$2,670.65
35884	90	\$2,750.21
35901	90	\$1,037.93
35903	90	\$1,240.16
35905	90	\$3,724.19
35907	90	\$4,211.18
36000	XXX	\$54.28
36002	0	\$344.98
36005	0	\$678.07
36010	XXX	\$1,060.23
36011	XXX	\$1,762.10
36012	XXX	\$1,824.55
36013	XXX	\$1,658.01
36014	XXX	\$1,713.02
36015	XXX	\$1,834.96
36100	XXX	\$1,069.90
36120	XXX	\$902.61
36140	XXX	\$924.91
36147	XXX	\$1,770.27
36148	ZZZ	\$550.93
36160	XXX	\$1,078.82
36200	0	\$1,317.48
36215	XXX	\$2,325.67
36216	XXX	\$2,623.07
36217	XXX	\$4,508.58
36218	ZZZ	\$423.05
36221	0	\$2,350.20
36222	0	\$2,973.26
36223	0	\$3,237.94
36224	0	\$3,559.13
36225	0	\$3,205.97

Surgery

CPT CODE	FUD	MAXIMUM FEE
36226	0	\$3,630.51
36227	ZZZ	\$524.17
36228	ZZZ	\$2,469.16
36245	XXX	\$2,873.63
36246	0	\$1,881.80
36247	0	\$3,336.08
36248	ZZZ	\$324.91
36251	0	\$2,979.95
36252	0	\$3,240.17
36253	0	\$4,788.14
36254	0	\$4,589.63
36260	90	\$1,324.92
36261	90	\$771.01
36262	90	\$646.85
36299	YYY	\$0.00
36400	XXX	\$63.94
36405	XXX	\$56.51
36406	XXX	\$40.15
36410	XXX	\$35.69
36416	XXX	\$5.95
36420	XXX	\$104.09
36425	XXX	\$86.25
36430	XXX	\$70.63
36440	XXX	\$123.42
36450	XXX	\$230.49
36455	XXX	\$241.64
36460	XXX	\$782.91
36468	0	\$0.00
36469	0	\$0.00
36470	10	\$320.45
36471	10	\$369.52
36475	0	\$3,526.42
36476	ZZZ	\$802.98
36478	0	\$2,811.17
36479	ZZZ	\$821.57
36481	0	\$4,302.63
36500	0	\$388.85
36510	0	\$209.67

CPT CODE	FUD	MAXIMUM FEE
36511	0	\$203.72
36512	0	\$200.75
36513	0	\$212.64
36514	0	\$1,090.71
36515	0	\$4,332.37
36516	0	\$4,239.44
36522	0	\$2,819.35
36555	0	\$539.78
36556	0	\$492.94
36557	10	\$2,128.64
36558	10	\$1,653.54
36560	10	\$2,828.27
36561	10	\$2,487.01
36563	10	\$2,779.95
36565	10	\$2,078.08
36566	10	\$11,264.77
36568	0	\$628.26
36569	0	\$524.17
36570	10	\$2,495.93
36571	10	\$2,747.98
36575	0	\$350.93
36576	10	\$822.31
36578	10	\$1,105.58
36580	0	\$452.05
36581	10	\$1,620.09
36582	10	\$2,343.51
36583	10	\$2,858.76
36584	0	\$429.74
36585	10	\$2,436.45
36589	10	\$351.68
36590	10	\$623.80
36591	XXX	\$48.33
36592	XXX	\$54.28
36593	XXX	\$63.94
36595	0	\$1,227.52
36596	0	\$283.27
36597	0	\$266.92
36598	0	\$232.72

CPT CODE	FUD	MAXIMUM FEE
36600	XXX	\$65.43
36620	0	\$109.29
36625	0	\$228.25
36640	0	\$278.81
36660	0	\$146.47
36680	0	\$128.63
36800	0	\$269.89
36810	0	\$469.15
36815	0	\$316.73
36818	90	\$1,460.23
36819	90	\$1,603.73
36820	90	\$1,753.17
36821	90	\$1,509.31
36822	90	\$823.80
36823	90	\$2,881.06
36825	90	\$1,733.84
36830	90	\$1,431.24
36831	90	\$988.86
36832	90	\$1,261.72
36833	90	\$1,430.49
36835	90	\$1,084.02
36838	90	\$2,515.26
36860	0	\$446.84
36861	0	\$282.53
36870	90	\$3,873.64
37140	90	\$4,901.90
37145	90	\$4,558.40
37160	90	\$4,670.67
37180	90	\$4,492.97
37181	90	\$4,901.15
37182	0	\$1,816.37
37183	0	\$12,361.43
37184	0	\$4,763.60
37185	ZZZ	\$1,528.64
37186	ZZZ	\$2,931.62
37187	0	\$4,363.60
37188	0	\$3,758.39
37191	0	\$5,568.82

Surgery

CPT CODE	FUD	MAXIMUM FEE
37192	0	\$3,226.79
37193	0	\$3,400.03
37195	XXX	\$1,995.55
37197	0	\$3,198.54
37200	0	\$479.56
37202	0	\$652.05
37211	0	\$869.90
37212	0	\$768.04
37213	0	\$535.32
37214	0	\$315.99
37215	90	\$2,339.79
37216	90	\$2,178.46
37217	90	\$2,416.38
37220	0	\$6,715.29
37221	0	\$9,858.81
37222	ZZZ	\$1,891.46
37223	ZZZ	\$5,475.88
37224	0	\$8,133.89
37225	0	\$23,223.97
37226	0	\$19,069.29
37227	0	\$31,266.41
37228	0	\$11,558.45
37229	0	\$22,873.78
37230	0	\$17,504.22
37231	0	\$27,942.96
37232	ZZZ	\$2,568.79
37233	ZZZ	\$3,084.78
37234	ZZZ	\$8,167.35
37235	ZZZ	\$8,337.61
37236	0	\$5,941.31
37237	ZZZ	\$2,580.69
37238	0	\$8,687.80
37239	ZZZ	\$4,318.25
37241	0	\$9,617.92
37242	0	\$16,200.12
37243	0	\$20,450.71
37244	0	\$14,319.07
37250	ZZZ	\$232.72

CPT CODE	FUD	MAXIMUM FEE
37251	ZZZ	\$173.98
37500	90	\$1,646.11
37501	YYY	\$0.00
37565	90	\$1,579.94
37600	90	\$1,542.02
37605	90	\$1,741.28
37606	90	\$1,230.49
37607	90	\$820.08
37609	10	\$660.23
37615	90	\$1,140.53
37616	90	\$2,350.95
37617	90	\$2,875.86
37618	90	\$837.92
37619	90	\$3,553.19
37650	90	\$1,106.33
37660	90	\$2,455.04
37700	90	\$544.99
37718	90	\$946.48
37722	90	\$1,047.59
37735	90	\$1,479.57
37760	90	\$1,336.81
37761	90	\$1,197.04
37765	90	\$1,402.98
37766	90	\$1,681.80
37780	90	\$555.39
37785	90	\$759.11
37788	90	\$2,858.01
37790	90	\$1,026.77
37799	YYY	\$0.00
38100	90	\$2,443.14
38101	90	\$2,461.73
38102	ZZZ	\$556.88
38115	90	\$2,689.98
38120	90	\$2,229.01
38129	YYY	\$0.00
38200	0	\$283.27
38204	XXX	\$215.62
38205	0	\$172.49

CPT CODE	FUD	MAXIMUM FEE
38206	0	\$175.47
38207	XXX	\$95.17
38208	XXX	\$60.97
38209	XXX	\$25.28
38210	XXX	\$168.77
38211	XXX	\$153.90
38212	XXX	\$100.37
38213	XXX	\$25.28
38214	XXX	\$86.99
38215	XXX	\$100.37
38220	XXX	\$336.06
38221	XXX	\$347.96
38230	0	\$448.33
38232	0	\$444.61
38240	XXX	\$478.81
38241	XXX	\$357.62
38242	0	\$249.82
38243	0	\$252.05
38300	10	\$577.70
38305	90	\$1,009.67
38308	90	\$949.45
38380	90	\$1,223.06
38381	90	\$1,718.97
38382	90	\$1,279.56
38500	10	\$696.66
38505	0	\$266.92
38510	10	\$1,102.61
38520	90	\$990.34
38525	90	\$920.45
38530	90	\$1,171.01
38542	90	\$1,110.79
38550	90	\$1,070.64
38555	90	\$2,124.18
38562	90	\$1,484.03
38564	90	\$1,485.51
38570	10	\$1,131.61
38571	10	\$1,672.88
38572	10	\$2,037.19

Surgery

CPT CODE	FUD	MAXIMUM FEE
38589	YYY	\$0.00
38700	90	\$1,729.38
38720	90	\$2,889.24
38724	90	\$3,122.70
38740	90	\$1,465.44
38745	90	\$1,852.06
38746	ZZZ	\$465.43
38747	ZZZ	\$565.80
38760	90	\$1,785.14
38765	90	\$2,733.85
38770	90	\$1,698.15
38780	90	\$2,177.71
38790	0	\$179.18
38792	0	\$86.25
38794	90	\$637.18
38900	ZZZ	\$292.20
38999	YYY	\$0.00
39000	90	\$1,066.92
39010	90	\$1,698.15
39200	90	\$1,883.29
39220	90	\$2,461.73
39400	10	\$1,088.48
39499	YYY	\$0.00
39501	90	\$1,809.68
39503	90	\$13,012.74
39540	90	\$1,840.91
39541	90	\$2,005.22
39545	90	\$1,918.97
39560	90	\$1,700.38
39561	90	\$2,652.06
39599	YYY	\$0.00
40490	0	\$269.15
40500	90	\$1,075.84
40510	90	\$1,035.70
40520	90	\$1,045.36
40525	90	\$1,190.34
40527	90	\$1,330.12
40530	90	\$1,148.71

CPT CODE	FUD	MAXIMUM FEE
40650	90	\$935.32
40652	90	\$1,034.95
40654	90	\$1,208.19
40700	90	\$1,943.51
40701	90	\$2,165.82
40702	90	\$1,908.56
40720	90	\$2,226.78
40761	90	\$2,350.20
40799	YYY	\$0.00
40800	10	\$457.25
40801	10	\$678.07
40804	10	\$471.38
40805	10	\$831.98
40806	0	\$283.27
40808	10	\$400.75
40810	10	\$445.36
40812	10	\$620.08
40814	90	\$829.75
40816	90	\$869.90
40818	90	\$770.27
40819	90	\$669.89
40820	10	\$568.78
40830	10	\$573.98
40831	10	\$730.12
40840	90	\$1,728.64
40842	90	\$1,678.08
40843	90	\$2,381.43
40844	90	\$2,853.55
40845	90	\$3,126.42
40899	YYY	\$0.00
41000	10	\$350.19
41005	10	\$492.20
41006	90	\$770.27
41007	90	\$757.63
41008	90	\$811.16
41009	90	\$862.46
41010	10	\$438.67
41015	90	\$962.83

CPT CODE	FUD	MAXIMUM FEE
41016	90	\$944.25
41017	90	\$953.17
41018	90	\$1,079.56
41019	0	\$994.80
41100	10	\$362.08
41105	10	\$367.29
41108	10	\$318.22
41110	10	\$460.23
41112	90	\$720.45
41113	90	\$785.88
41114	90	\$1,371.01
41115	10	\$533.09
41116	90	\$717.48
41120	90	\$2,246.86
41130	90	\$2,785.15
41135	90	\$4,626.06
41140	90	\$4,664.72
41145	90	\$5,899.67
41150	90	\$4,688.51
41153	90	\$5,097.44
41155	90	\$6,428.30
41250	10	\$573.24
41251	10	\$618.59
41252	10	\$678.82
41500	90	\$802.24
41510	90	\$946.48
41512	90	\$1,337.56
41520	90	\$759.11
41530	10	\$6,904.88
41599	YYY	\$0.00
41800	10	\$578.44
41805	10	\$559.11
41806	10	\$776.21
41820	0	\$531.60
41821	0	\$119.70
41822	10	\$627.51
41823	90	\$923.43
41825	10	\$456.51

Surgery

CPT CODE	FUD	MAXIMUM FEE
41826	10	\$676.59
41827	90	\$947.22
41828	10	\$659.48
41830	10	\$846.85
41850	0	\$266.17
41870	0	\$664.69
41872	90	\$786.62
41874	90	\$805.95
41899	YYY	\$0.00
42000	10	\$339.04
42100	10	\$323.42
42104	10	\$466.92
42106	10	\$589.60
42107	90	\$992.57
42120	90	\$2,133.85
42140	90	\$546.47
42145	90	\$1,518.23
42160	10	\$501.12
42180	10	\$527.14
42182	10	\$690.71
42200	90	\$1,833.47
42205	90	\$1,914.51
42210	90	\$2,203.73
42215	90	\$1,434.96
42220	90	\$1,115.99
42225	90	\$1,884.03
42226	90	\$1,916.74
42227	90	\$1,798.53
42235	90	\$1,575.48
42260	90	\$1,747.23
42280	10	\$362.83
42281	10	\$443.13
42299	YYY	\$0.00
42300	10	\$452.05
42305	90	\$927.89
42310	10	\$348.70
42320	10	\$539.78
42330	10	\$501.12

CPT CODE	FUD	MAXIMUM FEE
42335	90	\$808.18
42340	90	\$1,001.49
42400	0	\$227.51
42405	10	\$641.64
42408	90	\$975.47
42409	90	\$718.96
42410	90	\$1,340.53
42415	90	\$2,274.37
42420	90	\$2,553.18
42425	90	\$1,801.50
42426	90	\$2,908.57
42440	90	\$887.74
42450	90	\$976.22
42500	90	\$937.55
42505	90	\$1,200.75
42507	90	\$1,107.82
42508	90	\$1,536.81
42509	90	\$1,880.31
42510	90	\$1,355.40
42550	0	\$282.53
42600	90	\$1,033.47
42650	0	\$181.41
42660	0	\$261.71
42665	90	\$678.07
42699	YYY	\$0.00
42700	10	\$409.67
42720	10	\$976.96
42725	90	\$1,748.71
42800	10	\$342.75
42804	10	\$420.82
42806	10	\$473.61
42808	10	\$489.22
42809	10	\$371.01
42810	90	\$837.18
42815	90	\$1,204.47
42820	90	\$625.28
42821	90	\$649.82
42825	90	\$564.32

CPT CODE	FUD	MAXIMUM FEE
42826	90	\$542.01
42830	90	\$448.33
42831	90	\$481.79
42835	90	\$384.39
42836	90	\$518.96
42842	90	\$2,136.82
42844	90	\$2,933.11
42845	90	\$4,761.37
42860	90	\$406.69
42870	90	\$1,242.39
42890	90	\$3,038.68
42892	90	\$4,036.46
42894	90	\$5,075.13
42900	10	\$730.86
42950	90	\$1,704.10
42953	90	\$2,037.93
42955	90	\$1,615.63
42960	10	\$367.29
42961	90	\$909.30
42962	90	\$1,115.99
42970	90	\$886.25
42971	90	\$985.88
42972	90	\$1,104.10
42999	YYY	\$0.00
43020	90	\$1,063.21
43030	90	\$1,117.48
43045	90	\$2,799.28
43100	90	\$1,350.94
43101	90	\$2,165.82
43107	90	\$5,449.11
43108	90	\$9,948.77
43112	90	\$5,765.10
43113	90	\$9,724.98
43116	90	\$11,253.62
43117	90	\$5,290.00
43118	90	\$7,736.86
43121	90	\$6,162.87
43122	90	\$5,475.13

Surgery

CPT CODE	FUD	MAXIMUM FEE
43123	90	\$10,079.63
43124	90	\$8,214.93
43130	90	\$1,698.15
43135	90	\$3,210.43
43191	0	\$270.63
43192	0	\$322.68
43193	0	\$384.39
43194	0	\$348.70
43195	0	\$385.13
43196	0	\$422.31
43197	0	\$389.59
43198	0	\$434.95
43200	0	\$570.26
43201	0	\$581.42
43202	0	\$763.57
43204	0	\$312.27
43205	0	\$322.68
43206	YYY	\$699.63
43211	0	\$524.91
43212	0	\$414.13
43213	0	\$2,600.02
43214	0	\$422.31
43215	0	\$858.00
43216	0	\$885.51
43217	0	\$946.48
43220	0	\$2,118.23
43226	0	\$805.95
43227	0	\$835.69
43229	0	\$1,533.10
43231	0	\$858.00
43232	0	\$1,011.16
43233	0	\$501.12
43235	0	\$659.48
43236	0	\$822.31
43237	0	\$446.84
43238	0	\$510.04
43239	0	\$841.64
43240	0	\$887.74

CPT CODE	FUD	MAXIMUM FEE
43241	0	\$327.14
43242	0	\$581.42
43243	0	\$539.04
43244	0	\$558.37
43245	0	\$1,300.38
43246	0	\$458.74
43247	0	\$859.49
43248	0	\$870.64
43249	0	\$2,214.14
43250	0	\$966.55
43251	0	\$1,063.95
43252	YYY	\$780.68
43253	0	\$581.42
43254	0	\$603.72
43255	0	\$915.99
43257	0	\$513.76
43259	0	\$515.99
43260	0	\$731.60
43261	0	\$767.29
43262	0	\$809.67
43263	0	\$810.42
43264	0	\$825.29
43265	0	\$979.93
43266	0	\$499.63
43270	0	\$1,528.64
43273	ZZZ	\$266.92
43274	0	\$1,034.21
43275	0	\$852.79
43276	0	\$1,075.84
43277	0	\$858.00
43278	0	\$975.47
43279	90	\$2,738.31
43280	90	\$2,292.95
43281	90	\$3,273.63
43282	90	\$3,681.07
43283	ZZZ	\$333.83
43289	YYY	\$0.00
43300	90	\$1,326.40

CPT CODE	FUD	MAXIMUM FEE
43305	90	\$2,350.20
43310	90	\$3,195.56
43312	90	\$3,444.64
43313	90	\$6,182.95
43314	90	\$6,248.37
43320	90	\$2,952.44
43325	90	\$2,849.09
43327	90	\$1,739.79
43328	90	\$2,475.86
43330	90	\$2,825.30
43331	90	\$2,887.01
43332	90	\$2,464.70
43333	90	\$2,681.80
43334	90	\$2,660.99
43335	90	\$2,851.32
43336	90	\$3,231.99
43337	90	\$3,489.25
43338	ZZZ	\$249.82
43340	90	\$2,915.26
43341	90	\$3,003.00
43350	90	\$2,555.41
43351	90	\$2,831.99
43352	90	\$2,295.18
43360	90	\$5,101.90
43361	90	\$5,426.06
43400	90	\$3,273.63
43401	90	\$3,311.55
43405	90	\$3,098.16
43410	90	\$2,251.32
43415	90	\$5,532.38
43420	90	\$2,192.58
43425	90	\$3,074.37
43450	0	\$449.82
43453	0	\$2,057.26
43460	0	\$473.61
43496	90	\$0.00
43499	YYY	\$0.00
43500	90	\$1,668.41

Surgery

CPT CODE	FUD	MAXIMUM FEE
43501	90	\$2,853.55
43502	90	\$3,223.82
43510	90	\$1,924.92
43520	90	\$1,458.00
43605	90	\$1,760.61
43610	90	\$2,078.08
43611	90	\$2,587.38
43620	90	\$4,161.37
43621	90	\$4,803.75
43622	90	\$4,893.72
43631	90	\$3,071.40
43632	90	\$4,301.15
43633	90	\$4,064.71
43634	90	\$4,498.18
43635	ZZZ	\$237.18
43640	90	\$2,500.39
43641	90	\$2,540.54
43644	90	\$3,669.92
43645	90	\$3,923.45
43647	YYY	\$0.00
43648	YYY	\$0.00
43651	90	\$1,382.91
43652	90	\$1,615.63
43653	90	\$1,211.16
43659	YYY	\$0.00
43752	0	\$87.73
43753	0	\$44.61
43754	0	\$190.34
43755	0	\$289.97
43756	0	\$444.61
43757	0	\$623.80
43760	0	\$1,023.06
43761	0	\$250.56
43770	90	\$2,364.33
43771	90	\$2,702.62
43772	90	\$2,020.09
43773	90	\$2,689.24
43774	90	\$2,034.96

CPT CODE	FUD	MAXIMUM FEE
43775	YYY	\$2,841.66
43800	90	\$1,971.76
43810	90	\$2,150.95
43820	90	\$2,840.17
43825	90	\$2,768.05
43830	90	\$1,478.82
43831	90	\$1,255.77
43832	90	\$2,208.20
43840	90	\$2,877.35
43842	90	\$2,454.29
43843	90	\$2,706.34
43845	90	\$4,148.73
43846	90	\$3,414.15
43847	90	\$3,811.18
43848	90	\$4,078.84
43850	90	\$3,443.89
43855	90	\$3,572.52
43860	90	\$3,466.20
43865	90	\$3,614.90
43870	90	\$1,505.59
43880	90	\$3,386.64
43881	YYY	\$0.00
43882	YYY	\$0.00
43886	90	\$767.29
43887	90	\$689.22
43888	90	\$972.50
43999	YYY	\$0.00
44005	90	\$2,316.75
44010	90	\$1,848.34
44015	ZZZ	\$303.35
44020	90	\$2,058.01
44021	90	\$2,079.57
44025	90	\$2,098.16
44050	90	\$1,981.43
44055	90	\$3,170.28
44100	0	\$240.15
44110	90	\$1,806.71
44111	90	\$2,090.72

CPT CODE	FUD	MAXIMUM FEE
44120	90	\$2,593.33
44121	ZZZ	\$513.76
44125	90	\$2,507.83
44126	90	\$5,217.88
44127	90	\$6,033.50
44128	ZZZ	\$515.99
44130	90	\$2,786.64
44132	XXX	\$0.00
44133	XXX	\$0.00
44135	XXX	\$0.00
44136	XXX	\$0.00
44137	XXX	\$0.00
44139	ZZZ	\$257.25
44140	90	\$2,844.63
44141	90	\$3,875.87
44143	90	\$3,533.11
44144	90	\$3,760.62
44145	90	\$3,529.39
44146	90	\$4,507.84
44147	90	\$4,135.35
44150	90	\$3,979.21
44151	90	\$4,559.89
44155	90	\$4,440.18
44156	90	\$4,895.20
44157	90	\$4,632.01
44158	90	\$4,774.76
44160	90	\$2,635.71
44180	90	\$1,947.97
44186	90	\$1,380.68
44187	90	\$2,362.10
44188	90	\$2,610.43
44202	90	\$2,943.52
44203	ZZZ	\$514.50
44204	90	\$3,278.09
44205	90	\$2,852.81
44206	90	\$3,739.06
44207	90	\$3,898.91
44208	90	\$4,243.90

Surgery

CPT CODE	FUD	MAXIMUM FEE
44210	90	\$3,840.18
44211	90	\$4,782.19
44212	90	\$4,420.85
44213	ZZZ	\$402.98
44227	90	\$3,549.47
44238	YYY	\$0.00
44300	90	\$1,785.14
44310	90	\$2,221.58
44312	90	\$1,252.05
44314	90	\$2,144.25
44316	90	\$2,991.10
44320	90	\$2,555.41
44322	90	\$2,115.26
44340	90	\$1,325.66
44345	90	\$2,239.42
44346	90	\$2,516.75
44360	0	\$332.34
44361	0	\$365.06
44363	0	\$437.18
44364	0	\$466.17
44365	0	\$414.13
44366	0	\$547.22
44369	0	\$560.60
44370	0	\$604.47
44372	0	\$544.99
44373	0	\$435.69
44376	0	\$644.61
44377	0	\$678.82
44378	0	\$871.38
44379	0	\$925.66
44380	0	\$144.24
44382	0	\$173.98
44383	0	\$348.70
44385	0	\$553.91
44386	0	\$742.01
44388	0	\$741.27
44389	0	\$833.46
44390	0	\$973.99

CPT CODE	FUD	MAXIMUM FEE
44391	0	\$1,046.85
44392	0	\$926.40
44393	0	\$1,060.23
44394	0	\$1,045.36
44397	0	\$582.16
44500	0	\$52.79
44602	90	\$2,994.82
44603	90	\$3,433.48
44604	90	\$2,242.40
44605	90	\$2,773.26
44615	90	\$2,285.52
44620	90	\$1,846.85
44625	90	\$2,173.25
44626	90	\$3,411.92
44640	90	\$2,982.92
44650	90	\$3,084.04
44660	90	\$2,833.48
44661	90	\$3,304.11
44680	90	\$2,269.16
44700	90	\$2,175.48
44701	ZZZ	\$356.14
44705	XXX	\$0.00
44715	XXX	\$0.00
44720	XXX	\$538.29
44721	XXX	\$826.03
44799	YYY	\$0.00
44800	90	\$1,616.37
44820	90	\$1,783.66
44850	90	\$1,589.60
44899	YYY	\$0.00
44900	90	\$1,640.16
44950	90	\$1,358.37
44955	ZZZ	\$178.44
44960	90	\$1,850.57
44970	90	\$1,268.41
44979	YYY	\$0.00
45000	90	\$904.84
45005	10	\$561.34

CPT CODE	FUD	MAXIMUM FEE
45020	90	\$1,208.93
45100	90	\$637.18
45108	90	\$778.44
45110	90	\$3,952.45
45111	90	\$2,321.21
45112	90	\$4,029.03
45113	90	\$4,254.31
45114	90	\$3,843.90
45116	90	\$3,347.24
45119	90	\$4,176.24
45120	90	\$3,379.95
45121	90	\$3,674.38
45123	90	\$2,394.07
45126	90	\$6,121.98
45130	90	\$2,338.31
45135	90	\$2,910.06
45136	90	\$3,905.61
45150	90	\$840.90
45160	90	\$2,160.61
45171	90	\$1,276.59
45172	90	\$1,733.10
45190	90	\$1,480.31
45300	0	\$258.74
45303	0	\$1,979.20
45305	0	\$413.39
45307	0	\$486.25
45308	0	\$459.48
45309	0	\$471.38
45315	0	\$485.51
45317	0	\$516.73
45320	0	\$509.30
45321	0	\$230.49
45327	0	\$258.74
45330	0	\$286.99
45331	0	\$343.50
45332	0	\$614.87
45333	0	\$625.28
45334	0	\$346.47

Surgery

CPT CODE	FUD	MAXIMUM FEE
45335	0	\$577.70
45337	0	\$303.35
45338	0	\$670.64
45339	0	\$720.45
45340	0	\$1,025.29
45341	0	\$332.34
45342	0	\$505.58
45345	0	\$370.26
45355	0	\$437.92
45378	0	\$820.08
45379	0	\$1,053.54
45380	0	\$976.22
45381	0	\$979.93
45382	0	\$1,268.41
45383	0	\$1,186.63
45384	0	\$976.96
45385	0	\$1,101.87
45386	0	\$1,402.98
45387	0	\$733.83
45391	0	\$625.28
45392	0	\$804.47
45395	90	\$4,244.64
45397	90	\$4,605.98
45400	90	\$2,464.70
45402	90	\$3,277.35
45499	YYY	\$0.00
45500	90	\$1,128.63
45505	90	\$1,259.49
45520	0	\$331.60
45540	90	\$2,262.47
45541	90	\$1,976.97
45550	90	\$3,134.60
45560	90	\$1,489.23
45562	90	\$2,375.48
45563	90	\$3,480.32
45800	90	\$2,553.18
45805	90	\$3,087.01
45820	90	\$2,504.85

CPT CODE	FUD	MAXIMUM FEE
45825	90	\$2,942.03
45900	10	\$433.46
45905	10	\$358.37
45910	10	\$415.62
45915	10	\$694.43
45990	0	\$229.00
45999	YYY	\$0.00
46020	10	\$583.65
46030	10	\$293.68
46040	90	\$1,117.48
46045	90	\$915.25
46050	10	\$423.80
46060	90	\$1,007.44
46070	90	\$508.55
46080	10	\$523.42
46083	10	\$369.52
46200	90	\$930.12
46220	10	\$434.95
46221	10	\$565.06
46230	10	\$579.19
46250	90	\$968.78
46255	90	\$1,060.23
46257	90	\$889.97
46258	90	\$981.42
46260	90	\$1,004.47
46261	90	\$1,113.76
46262	90	\$1,172.50
46270	90	\$1,064.69
46275	90	\$1,131.61
46280	90	\$997.03
46285	90	\$1,127.15
46288	90	\$1,167.30
46320	10	\$387.36
46500	10	\$502.61
46505	10	\$607.44
46600	0	\$185.88
46604	0	\$1,302.61
46606	0	\$477.33

CPT CODE	FUD	MAXIMUM FEE
46608	0	\$476.58
46610	0	\$476.58
46611	0	\$370.26
46612	0	\$575.47
46614	0	\$269.89
46615	0	\$305.58
46700	90	\$1,393.32
46705	90	\$1,027.52
46706	10	\$361.34
46707	90	\$980.68
46710	90	\$2,334.59
46712	90	\$4,358.40
46715	90	\$1,058.00
46716	90	\$2,280.31
46730	90	\$3,747.98
46735	90	\$4,340.55
46740	90	\$4,532.38
46742	90	\$5,178.48
46744	90	\$7,139.83
46746	90	\$7,511.58
46748	90	\$8,157.68
46750	90	\$1,626.78
46751	90	\$1,289.23
46753	90	\$1,253.54
46754	10	\$613.39
46760	90	\$2,345.00
46761	90	\$1,987.38
46762	90	\$1,979.20
46900	10	\$507.81
46910	10	\$537.55
46916	10	\$477.33
46917	10	\$936.81
46922	10	\$560.60
46924	10	\$1,125.66
46930	90	\$430.49
46940	10	\$484.02
46942	10	\$460.23
46945	90	\$638.67

Surgery

CPT CODE	FUD	MAXIMUM FEE
46946	90	\$653.54
46947	90	\$810.42
46999	YYY	\$0.00
47000	0	\$761.34
47001	ZZZ	\$218.59
47010	90	\$2,547.97
47015	90	\$2,430.50
47100	90	\$1,782.91
47120	90	\$4,924.20
47122	90	\$7,256.56
47125	90	\$6,500.42
47130	90	\$6,983.70
47133	XXX	\$0.00
47135	90	\$10,354.72
47136	90	\$8,870.70
47140	90	\$7,542.81
47141	90	\$8,292.26
47142	90	\$9,937.62
47143	XXX	\$0.00
47144	90	\$0.00
47145	XXX	\$0.00
47146	XXX	\$697.40
47147	XXX	\$813.39
47300	90	\$2,385.15
47350	90	\$2,900.39
47360	90	\$3,945.75
47361	90	\$6,379.23
47362	90	\$3,058.02
47370	90	\$2,622.32
47371	90	\$2,597.79
47379	YYY	\$0.00
47380	90	\$3,049.84
47381	90	\$3,075.12
47382	10	\$10,498.22
47399	YYY	\$0.00
47400	90	\$4,554.68
47420	90	\$2,840.17
47425	90	\$2,889.24

CPT CODE	FUD	MAXIMUM FEE
47460	90	\$2,680.32
47480	90	\$1,849.83
47490	10	\$711.53
47500	0	\$208.92
47505	0	\$81.04
47510	90	\$1,011.16
47511	90	\$1,240.90
47525	0	\$1,082.54
47530	90	\$2,894.45
47550	ZZZ	\$350.19
47552	0	\$677.33
47553	0	\$673.61
47554	0	\$1,044.62
47555	0	\$799.26
47556	0	\$907.81
47560	0	\$567.29
47561	0	\$622.31
47562	90	\$1,389.60
47563	90	\$1,510.05
47564	90	\$2,354.66
47570	90	\$1,637.19
47579	YYY	\$0.00
47600	90	\$2,260.24
47605	90	\$2,378.46
47610	90	\$2,652.81
47612	90	\$2,685.52
47620	90	\$2,916.01
47630	90	\$1,163.58
47700	90	\$2,223.07
47701	90	\$3,665.46
47711	90	\$3,301.14
47712	90	\$4,227.54
47715	90	\$2,811.92
47720	90	\$2,435.71
47721	90	\$2,863.22
47740	90	\$2,774.00
47741	90	\$3,119.73
47760	90	\$4,773.27

CPT CODE	FUD	MAXIMUM FEE
47765	90	\$6,428.30
47780	90	\$5,236.47
47785	90	\$6,881.09
47800	90	\$3,346.49
47801	90	\$2,151.69
47802	90	\$3,226.05
47900	90	\$2,901.14
47999	YYY	\$0.00
48000	90	\$3,927.17
48001	90	\$4,885.54
48020	90	\$2,488.49
48100	90	\$1,877.34
48102	10	\$1,120.45
48105	90	\$6,029.79
48120	90	\$2,345.74
48140	90	\$3,307.09
48145	90	\$3,452.81
48146	90	\$3,972.52
48148	90	\$2,638.68
48150	90	\$6,577.74
48152	90	\$6,104.88
48153	90	\$6,554.70
48154	90	\$6,130.90
48155	90	\$3,843.15
48160	XXX	\$6,640.94
48400	ZZZ	\$233.46
48500	90	\$2,431.99
48510	90	\$2,305.59
48520	90	\$2,310.05
48540	90	\$2,771.02
48545	90	\$2,844.63
48547	90	\$3,791.11
48548	90	\$3,521.96
48550	XXX	\$0.00
48551	XXX	\$0.00
48552	XXX	\$498.89
48554	90	\$5,419.37
48556	90	\$2,691.47

Surgery

CPT CODE	FUD	MAXIMUM FEE
48999	YYY	\$0.00
49000	90	\$1,633.47
49002	90	\$2,218.60
49010	90	\$1,984.40
49020	90	\$3,368.80
49040	90	\$2,118.23
49060	90	\$2,334.59
49062	90	\$1,555.40
49082	0	\$400.75
49083	0	\$622.31
49084	0	\$215.62
49180	0	\$343.50
49203	90	\$2,538.31
49204	90	\$3,242.40
49205	90	\$3,726.42
49215	90	\$4,716.02
49220	90	\$2,023.06
49250	90	\$1,234.21
49255	90	\$1,680.31
49320	10	\$695.17
49321	10	\$736.07
49322	10	\$787.37
49323	90	\$1,368.78
49324	10	\$829.75
49325	10	\$889.23
49326	ZZZ	\$401.49
49327	ZZZ	\$275.10
49329	YYY	\$0.00
49400	0	\$288.48
49402	90	\$1,809.68
49405	0	\$1,839.42
49406	0	\$1,838.68
49407	0	\$1,553.92
49411	0	\$1,113.76
49412	ZZZ	\$173.24
49418	0	\$3,014.89
49419	90	\$941.27
49421	0	\$487.74

CPT CODE	FUD	MAXIMUM FEE
49422	10	\$807.44
49423	0	\$1,152.43
49424	0	\$307.81
49425	90	\$1,592.58
49426	90	\$1,310.79
49427	0	\$97.40
49428	10	\$913.02
49429	10	\$970.27
49435	ZZZ	\$254.28
49436	10	\$394.80
49440	10	\$2,205.96
49441	10	\$2,487.01
49442	10	\$2,014.89
49446	0	\$2,109.31
49450	0	\$1,405.96
49451	0	\$1,541.28
49452	0	\$1,901.13
49460	0	\$1,553.92
49465	0	\$353.16
49491	90	\$1,674.36
49492	90	\$1,994.81
49495	90	\$842.39
49496	90	\$1,289.23
49500	90	\$802.98
49501	90	\$1,275.85
49505	90	\$1,098.15
49507	90	\$1,236.44
49520	90	\$1,333.10
49521	90	\$1,510.79
49525	90	\$1,208.93
49540	90	\$1,420.83
49550	90	\$1,213.39
49553	90	\$1,333.10
49555	90	\$1,256.52
49557	90	\$1,527.15
49560	90	\$1,557.63
49561	90	\$1,966.56
49565	90	\$1,626.03

CPT CODE	FUD	MAXIMUM FEE
49566	90	\$1,988.12
49568	ZZZ	\$567.29
49570	90	\$879.56
49572	90	\$1,088.48
49580	90	\$701.12
49582	90	\$1,017.85
49585	90	\$937.55
49587	90	\$1,003.73
49590	90	\$1,211.16
49600	90	\$1,540.53
49605	90	\$10,441.71
49606	90	\$2,392.58
49610	90	\$1,449.83
49611	90	\$1,181.42
49650	90	\$904.10
49651	90	\$1,176.22
49652	90	\$1,452.80
49653	90	\$1,814.88
49654	90	\$1,650.57
49655	90	\$2,015.63
49656	90	\$1,792.58
49657	90	\$2,573.25
49659	YYY	\$0.00
49900	90	\$1,724.92
49904	90	\$3,070.66
49905	ZZZ	\$750.19
49906	90	\$0.00
49999	YYY	\$0.00
50010	90	\$1,567.30
50020	90	\$2,179.20
50040	90	\$1,953.92
50045	90	\$1,964.33
50060	90	\$2,402.25
50065	90	\$2,550.21
50070	90	\$2,500.39
50075	90	\$3,075.86
50080	90	\$1,834.96
50081	90	\$2,693.70

Surgery

CPT CODE	FUD	MAXIMUM FEE
50100	90	\$2,278.08
50120	90	\$2,000.76
50125	90	\$2,070.65
50130	90	\$2,176.97
50135	90	\$2,365.07
50200	0	\$1,231.98
50205	90	\$1,594.06
50220	90	\$2,205.22
50225	90	\$2,530.13
50230	90	\$2,703.37
50234	90	\$2,744.26
50236	90	\$3,091.47
50240	90	\$2,792.59
50250	90	\$2,565.82
50280	90	\$2,014.14
50290	90	\$1,893.69
50300	XXX	\$0.00
50320	90	\$3,012.66
50323	XXX	\$0.00
50325	XXX	\$0.00
50327	XXX	\$457.25
50328	XXX	\$400.75
50329	XXX	\$370.26
50340	90	\$2,000.76
50360	90	\$5,104.13
50365	90	\$5,992.61
50370	90	\$2,530.13
50380	90	\$4,223.08
50382	0	\$2,499.65
50384	0	\$1,996.30
50385	0	\$2,388.12
50386	0	\$1,544.99
50387	0	\$1,156.14
50389	0	\$632.72
50390	0	\$208.18
50391	0	\$257.25
50392	0	\$384.39
50393	0	\$466.17

CPT CODE	FUD	MAXIMUM FEE
50394	0	\$214.13
50395	0	\$385.13
50396	0	\$252.79
50398	0	\$1,043.13
50400	90	\$2,440.91
50405	90	\$2,943.52
50500	90	\$2,715.26
50520	90	\$2,288.49
50525	90	\$3,116.75
50526	90	\$3,042.40
50540	90	\$2,418.61
50541	90	\$1,942.02
50542	90	\$2,460.24
50543	90	\$3,141.29
50544	90	\$2,629.76
50545	90	\$2,832.74
50546	90	\$2,536.08
50547	90	\$3,391.85
50548	90	\$2,843.89
50549	YYY	\$0.00
50551	0	\$751.68
50553	0	\$807.44
50555	0	\$861.72
50557	0	\$875.84
50561	0	\$996.29
50562	90	\$1,228.26
50570	0	\$1,038.67
50572	0	\$1,125.66
50574	0	\$1,197.04
50575	0	\$1,512.28
50576	0	\$1,192.57
50580	0	\$1,287.74
50590	90	\$1,504.10
50592	10	\$6,550.24
50593	10	\$9,611.22
50600	90	\$1,979.94
50605	90	\$2,060.98
50610	90	\$1,993.32

CPT CODE	FUD	MAXIMUM FEE
50620	90	\$1,906.33
50630	90	\$1,882.54
50650	90	\$2,183.66
50660	90	\$2,411.17
50684	0	\$220.82
50686	0	\$321.19
50688	10	\$170.26
50690	0	\$206.69
50700	90	\$1,958.38
50715	90	\$2,547.23
50722	90	\$2,244.63
50725	90	\$2,323.44
50727	90	\$1,064.69
50728	90	\$1,471.39
50740	90	\$2,582.92
50750	90	\$2,431.99
50760	90	\$2,385.15
50770	90	\$2,431.99
50780	90	\$2,338.31
50782	90	\$2,214.89
50783	90	\$2,376.97
50785	90	\$2,553.18
50800	90	\$1,952.43
50810	90	\$2,820.10
50815	90	\$2,578.46
50820	90	\$2,782.18
50825	90	\$3,496.68
50830	90	\$3,804.49
50840	90	\$2,591.84
50845	90	\$2,632.73
50860	90	\$1,992.58
50900	90	\$1,793.32
50920	90	\$1,858.01
50930	90	\$2,595.56
50940	90	\$1,870.65
50945	90	\$2,052.80
50947	90	\$2,926.42
50948	90	\$2,689.98

Surgery

CPT CODE	FUD	MAXIMUM FEE
50949	YYY	\$0.00
50951	0	\$785.14
50953	0	\$831.23
50955	0	\$889.23
50957	0	\$897.40
50961	0	\$807.44
50970	0	\$783.65
50972	0	\$757.63
50974	0	\$1,000.01
50976	0	\$985.88
50980	0	\$752.42
51020	90	\$989.60
51030	90	\$990.34
51040	90	\$607.44
51045	90	\$1,035.70
51050	90	\$994.80
51060	90	\$1,224.54
51065	90	\$1,218.60
51080	90	\$859.49
51100	0	\$127.88
51101	0	\$258.74
51102	0	\$476.58
51500	90	\$1,340.53
51520	90	\$1,250.57
51525	90	\$1,814.14
51530	90	\$1,672.88
51535	90	\$1,640.90
51550	90	\$2,042.39
51555	90	\$2,680.32
51565	90	\$2,728.65
51570	90	\$3,121.21
51575	90	\$3,840.92
51580	90	\$4,000.03
51585	90	\$4,453.57
51590	90	\$4,081.82
51595	90	\$4,623.08
51596	90	\$4,963.61
51597	90	\$4,855.80

CPT CODE	FUD	MAXIMUM FEE
51600	0	\$379.93
51605	0	\$80.30
51610	0	\$222.31
51700	0	\$172.49
51701	0	\$113.76
51702	0	\$146.47
51703	0	\$269.15
51705	0	\$189.59
51710	0	\$266.17
51715	0	\$603.72
51720	0	\$226.77
51725	0	\$388.11
51726	0	\$546.47
51727	0	\$651.31
51728	0	\$652.79
51729	0	\$708.56
51736	XXX	\$31.97
51741	XXX	\$32.71
51784	0	\$398.52
51785	0	\$533.09
51792	0	\$437.18
51797	ZZZ	\$231.23
51798	XXX	\$39.41
51800	90	\$2,200.76
51820	90	\$2,282.55
51840	90	\$1,405.96
51841	90	\$1,669.90
51845	90	\$1,251.31
51860	90	\$1,585.89
51865	90	\$1,894.44
51880	90	\$994.80
51900	90	\$1,750.94
51920	90	\$1,703.36
51925	90	\$2,229.76
51940	90	\$3,438.69
51960	90	\$2,939.80
51980	90	\$1,502.61
51990	90	\$1,614.88

CPT CODE	FUD	MAXIMUM FEE
51992	90	\$1,822.32
51999	YYY	\$0.00
52000	0	\$421.56
52001	0	\$773.24
52005	0	\$547.22
52007	0	\$914.51
52010	0	\$756.88
52204	0	\$759.86
52214	0	\$1,358.37
52224	0	\$1,423.06
52234	0	\$518.96
52235	0	\$609.67
52240	0	\$829.00
52250	0	\$507.07
52260	0	\$445.36
52265	0	\$758.37
52270	0	\$733.83
52275	0	\$991.09
52276	0	\$559.86
52277	0	\$683.28
52281	0	\$562.83
52282	0	\$712.27
52283	0	\$573.98
52285	0	\$579.19
52287	0	\$644.61
52290	0	\$515.25
52300	0	\$597.77
52301	0	\$613.39
52305	0	\$589.60
52310	0	\$503.35
52315	0	\$855.03
52317	0	\$1,660.24
52318	0	\$1,000.75
52320	0	\$520.45
52325	0	\$677.33
52327	0	\$554.65
52330	0	\$1,020.83
52332	0	\$1,009.67

Surgery

CPT CODE	FUD	MAXIMUM FEE
52334	0	\$542.01
52341	0	\$600.00
52342	0	\$652.79
52343	0	\$727.89
52344	0	\$780.68
52345	0	\$833.46
52346	0	\$944.25
52351	0	\$639.41
52352	0	\$749.45
52353	0	\$828.26
52354	0	\$881.79
52355	0	\$988.86
52356	0	\$879.56
52400	90	\$1,008.19
52402	0	\$563.57
52450	90	\$988.86
52500	90	\$1,027.52
52601	90	\$1,782.91
52630	90	\$842.39
52640	90	\$661.72
52647	90	\$3,675.12
52648	90	\$3,785.90
52649	90	\$1,733.10
52700	90	\$927.89
53000	10	\$312.27
53010	90	\$617.85
53020	0	\$205.21
53025	0	\$142.01
53040	90	\$826.77
53060	10	\$396.29
53080	90	\$884.02
53085	90	\$1,393.32
53200	0	\$327.88
53210	90	\$1,621.57
53215	90	\$1,956.89
53220	90	\$953.91
53230	90	\$1,284.77
53235	90	\$1,331.61

CPT CODE	FUD	MAXIMUM FEE
53240	90	\$893.69
53250	90	\$888.48
53260	10	\$425.28
53265	10	\$458.00
53270	10	\$446.84
53275	10	\$553.16
53400	90	\$1,689.98
53405	90	\$1,840.91
53410	90	\$2,065.44
53415	90	\$2,384.40
53420	90	\$1,773.25
53425	90	\$1,974.74
53430	90	\$2,051.32
53431	90	\$2,432.73
53440	90	\$1,586.63
53442	90	\$1,647.60
53444	90	\$1,670.64
53445	90	\$1,586.63
53446	90	\$1,352.43
53447	90	\$1,704.10
53448	90	\$2,698.91
53449	90	\$1,288.49
53450	90	\$859.49
53460	90	\$962.83
53500	90	\$1,588.86
53502	90	\$1,025.29
53505	90	\$1,023.80
53510	90	\$1,328.63
53515	90	\$1,675.85
53520	90	\$1,171.01
53600	0	\$173.98
53601	0	\$168.03
53605	0	\$136.06
53620	0	\$242.38
53621	0	\$226.77
53660	0	\$146.47
53661	0	\$144.24
53665	0	\$82.53

CPT CODE	FUD	MAXIMUM FEE
53850	90	\$4,281.82
53852	90	\$3,942.04
53855	0	\$1,597.78
53860	90	\$3,209.69
53899	YYY	\$0.00
54000	10	\$306.32
54001	10	\$385.13
54015	10	\$652.05
54050	10	\$272.12
54055	10	\$243.87
54056	10	\$294.43
54057	10	\$280.30
54060	10	\$372.49
54065	10	\$458.00
54100	0	\$408.93
54105	10	\$552.42
54110	90	\$1,314.51
54111	90	\$1,687.75
54112	90	\$1,976.22
54115	90	\$947.22
54120	90	\$1,331.61
54125	90	\$1,713.77
54130	90	\$2,516.75
54135	90	\$3,189.62
54150	0	\$324.17
54160	10	\$456.51
54161	10	\$414.87
54162	10	\$537.55
54163	10	\$459.48
54164	10	\$407.44
54200	10	\$222.31
54205	90	\$1,119.71
54220	0	\$424.54
54230	0	\$201.49
54231	0	\$293.68
54235	0	\$188.85
54240	0	\$208.18
54250	0	\$252.79

Surgery

CPT CODE	FUD	MAXIMUM FEE
54300	90	\$1,350.20
54304	90	\$1,579.19
54308	90	\$1,507.07
54312	90	\$1,724.18
54316	90	\$2,103.36
54318	90	\$1,473.62
54322	90	\$1,646.11
54324	90	\$2,042.39
54326	90	\$1,994.07
54328	90	\$1,980.68
54332	90	\$2,137.56
54336	90	\$2,508.57
54340	90	\$1,199.27
54344	90	\$2,101.87
54348	90	\$2,102.62
54352	90	\$2,989.61
54360	90	\$1,519.71
54380	90	\$1,684.03
54385	90	\$2,086.26
54390	90	\$2,710.06
54400	90	\$1,114.51
54401	90	\$1,379.94
54405	90	\$1,704.85
54406	90	\$1,538.30
54408	90	\$1,665.44
54410	90	\$1,811.91
54411	90	\$2,162.10
54415	90	\$1,112.28
54416	90	\$1,495.92
54417	90	\$1,895.18
54420	90	\$1,485.51
54430	90	\$1,348.71
54435	90	\$876.59
54440	90	\$1,185.14
54450	0	\$146.47
54500	0	\$156.88
54505	10	\$441.64
54512	90	\$1,137.56

CPT CODE	FUD	MAXIMUM FEE
54520	90	\$688.48
54522	90	\$1,269.90
54530	90	\$1,066.18
54535	90	\$1,568.04
54550	90	\$1,036.44
54560	90	\$1,447.59
54600	90	\$953.91
54620	10	\$631.23
54640	90	\$1,008.19
54650	90	\$1,499.64
54660	90	\$750.94
54670	90	\$852.79
54680	90	\$1,658.75
54690	90	\$1,558.38
54692	90	\$1,679.57
54699	YYY	\$0.00
54700	10	\$449.82
54800	0	\$273.61
54830	90	\$785.14
54840	90	\$676.59
54860	90	\$881.79
54861	90	\$1,191.09
54865	90	\$755.40
54900	90	\$1,661.72
54901	90	\$2,272.88
55000	0	\$243.87
55040	90	\$714.50
55041	90	\$1,075.84
55060	90	\$803.72
55100	10	\$453.54
55110	90	\$818.59
55120	90	\$756.14
55150	90	\$1,037.93
55175	90	\$764.32
55180	90	\$1,466.93
55200	90	\$914.51
55250	90	\$797.78
55300	0	\$396.29

CPT CODE	FUD	MAXIMUM FEE
55400	90	\$1,118.22
55450	10	\$746.47
55500	90	\$839.41
55520	90	\$957.63
55530	90	\$744.24
55535	90	\$905.58
55540	90	\$1,144.25
55550	90	\$901.87
55559	YYY	\$0.00
55600	90	\$887.74
55605	90	\$1,140.53
55650	90	\$1,512.28
55680	90	\$728.63
55700	0	\$453.54
55705	10	\$559.86
55706	10	\$773.98
55720	90	\$950.94
55725	90	\$1,249.82
55801	90	\$2,305.59
55810	90	\$2,779.95
55812	90	\$3,394.82
55815	90	\$3,720.47
55821	90	\$1,843.14
55831	90	\$1,993.32
55840	90	\$2,821.58
55842	90	\$3,022.33
55845	90	\$3,451.33
55860	90	\$1,843.88
55862	90	\$2,312.29
55865	90	\$2,814.15
55866	90	\$3,663.97
55870	0	\$367.29
55873	90	\$14,176.31
55875	90	\$1,608.19
55876	0	\$281.79
55899	YYY	\$0.00
55920	0	\$947.22
55970	XXX	\$0.00

Surgery

CPT CODE	FUD	MAXIMUM FEE
55980	XXX	\$0.00
56405	10	\$234.20
56420	10	\$257.99
56440	10	\$392.57
56441	10	\$304.84
56442	0	\$103.35
56501	10	\$278.07
56515	10	\$478.81
56605	0	\$175.47
56606	ZZZ	\$79.55
56620	90	\$1,092.95
56625	90	\$1,313.02
56630	90	\$1,937.56
56631	90	\$2,464.70
56632	90	\$2,860.24
56633	90	\$2,525.67
56634	90	\$2,684.04
56637	90	\$3,133.11
56640	90	\$3,138.31
56700	10	\$402.23
56740	10	\$641.64
56800	10	\$515.25
56805	90	\$2,475.11
56810	10	\$557.63
56820	0	\$237.92
56821	0	\$313.76
57000	10	\$406.69
57010	90	\$935.32
57020	0	\$201.49
57022	10	\$371.75
57023	10	\$669.15
57061	10	\$240.89
57065	10	\$411.16
57100	0	\$188.11
57105	10	\$287.73
57106	90	\$1,040.90
57107	90	\$3,060.25
57109	90	\$3,589.62

CPT CODE	FUD	MAXIMUM FEE
57110	90	\$1,934.59
57111	90	\$3,468.43
57112	90	\$3,647.61
57120	90	\$1,097.41
57130	10	\$378.44
57135	10	\$408.18
57150	0	\$95.91
57155	0	\$893.69
57156	0	\$411.90
57160	0	\$162.08
57170	0	\$129.37
57180	10	\$298.14
57200	90	\$640.90
57210	90	\$785.88
57220	90	\$685.51
57230	90	\$850.56
57240	90	\$1,431.98
57250	90	\$1,456.52
57260	90	\$1,795.55
57265	90	\$1,966.56
57267	ZZZ	\$551.68
57268	90	\$1,035.70
57270	90	\$1,722.69
57280	90	\$2,051.32
57282	90	\$1,072.87
57283	90	\$1,485.51
57284	90	\$1,753.17
57285	90	\$1,446.11
57287	90	\$1,444.62
57288	90	\$1,519.71
57289	90	\$1,535.33
57291	90	\$1,336.81
57292	90	\$1,762.84
57295	90	\$1,024.54
57296	90	\$2,050.57
57300	90	\$1,197.04
57305	90	\$1,990.35
57307	90	\$2,260.98

CPT CODE	FUD	MAXIMUM FEE
57308	90	\$1,429.75
57310	90	\$968.04
57311	90	\$1,102.61
57320	90	\$1,127.15
57330	90	\$1,556.89
57335	90	\$2,423.81
57400	0	\$288.48
57410	0	\$231.23
57415	10	\$341.27
57420	0	\$248.33
57421	0	\$333.09
57423	90	\$1,979.20
57425	90	\$2,087.00
57426	90	\$1,825.29
57452	0	\$231.97
57454	0	\$327.88
57455	0	\$304.84
57456	0	\$288.48
57460	0	\$599.26
57461	0	\$678.82
57500	0	\$269.89
57505	10	\$216.36
57510	10	\$281.04
57511	10	\$310.04
57513	10	\$308.55
57520	90	\$650.56
57522	90	\$562.83
57530	90	\$739.78
57531	90	\$3,790.36
57540	90	\$1,680.31
57545	90	\$1,773.25
57550	90	\$877.33
57555	90	\$1,294.43
57556	90	\$1,217.85
57558	10	\$267.66
57700	90	\$665.43
57720	90	\$659.48
57800	0	\$127.88

Surgery

CPT CODE	FUD	MAXIMUM FEE
58100	0	\$233.46
58110	ZZZ	\$102.60
58120	10	\$550.19
58140	90	\$1,984.40
58145	90	\$1,172.50
58146	90	\$2,492.96
58150	90	\$2,161.35
58152	90	\$2,689.98
58180	90	\$2,069.90
58200	90	\$2,866.94
58210	90	\$3,847.61
58240	90	\$6,112.31
58260	90	\$1,784.40
58262	90	\$1,991.09
58263	90	\$2,138.31
58267	90	\$2,278.08
58270	90	\$1,903.36
58275	90	\$2,124.18
58280	90	\$2,270.65
58285	90	\$2,832.74
58290	90	\$2,486.26
58291	90	\$2,692.21
58292	90	\$2,840.17
58293	90	\$2,954.67
58294	90	\$2,633.48
58300	XXX	\$147.21
58301	0	\$203.72
58321	0	\$155.39
58322	0	\$182.90
58323	0	\$33.46
58340	0	\$246.84
58345	10	\$600.75
58346	90	\$936.81
58350	10	\$204.46
58353	10	\$2,094.44
58356	10	\$3,921.22
58400	90	\$941.27
58410	90	\$1,734.59

CPT CODE	FUD	MAXIMUM FEE
58520	90	\$1,776.22
58540	90	\$1,961.35
58541	90	\$1,862.47
58542	90	\$2,082.54
58543	90	\$2,114.51
58544	90	\$2,297.42
58545	90	\$1,934.59
58546	90	\$2,433.48
58548	90	\$3,957.65
58550	90	\$1,905.59
58552	90	\$2,118.23
58553	90	\$2,452.81
58554	90	\$2,847.61
58555	0	\$641.64
58558	0	\$840.90
58559	0	\$739.78
58560	0	\$836.44
58561	0	\$1,183.65
58562	0	\$871.38
58563	0	\$3,458.02
58565	90	\$3,890.74
58570	90	\$2,005.22
58571	90	\$2,245.37
58572	90	\$2,499.65
58573	90	\$2,879.58
58578	YYY	\$0.00
58579	YYY	\$0.00
58600	90	\$785.88
58605	90	\$708.56
58611	ZZZ	\$168.03
58615	10	\$524.91
58660	90	\$1,449.83
58661	10	\$1,391.09
58662	90	\$1,521.94
58670	90	\$786.62
58671	90	\$787.37
58672	90	\$1,588.12
58673	90	\$1,726.41

CPT CODE	FUD	MAXIMUM FEE
58679	YYY	\$0.00
58700	90	\$1,669.16
58720	90	\$1,564.32
58740	90	\$1,886.26
58750	90	\$1,972.51
58752	90	\$1,837.19
58760	90	\$1,747.23
58770	90	\$1,865.44
58800	90	\$680.30
58805	90	\$870.64
58820	90	\$670.64
58822	90	\$1,588.12
58825	90	\$1,497.41
58900	90	\$957.63
58920	90	\$1,542.02
58925	90	\$1,595.55
58940	90	\$1,117.48
58943	90	\$2,470.65
58950	90	\$2,364.33
58951	90	\$3,035.71
58952	90	\$3,427.54
58953	90	\$4,239.44
58954	90	\$4,597.80
58956	90	\$2,895.19
58957	90	\$3,321.96
58958	90	\$3,644.64
58960	90	\$2,026.78
58970	0	\$454.28
58974	0	\$308.55
58976	0	\$513.02
58999	YYY	\$0.00
59000	0	\$267.66
59001	0	\$391.08
59012	0	\$442.38
59015	0	\$336.06
59020	0	\$149.44
59025	0	\$101.12
59030	0	\$213.38

Surgery

CPT CODE	FUD	MAXIMUM FEE
59050	XXX	\$110.78
59051	XXX	\$92.19
59070	0	\$881.79
59072	0	\$1,139.79
59074	0	\$838.67
59076	0	\$1,144.25
59100	90	\$1,810.42
59120	90	\$1,724.92
59121	90	\$1,725.66
59130	90	\$1,784.40
59135	90	\$1,769.53
59136	90	\$1,916.74
59140	90	\$805.21
59150	90	\$1,670.64
59151	90	\$1,625.29
59160	10	\$437.92
59200	0	\$154.65
59300	0	\$413.39
59320	0	\$330.86
59325	0	\$466.17
59350	0	\$610.41
59400	MMM	\$4,532.38
59409	MMM	\$1,781.43
59410	MMM	\$2,268.42
59412	MMM	\$225.28
59414	MMM	\$200.00
59425	MMM	\$982.16
59426	MMM	\$1,756.89
59430	MMM	\$397.03
59510	MMM	\$5,011.93
59514	MMM	\$2,003.73
59515	MMM	\$2,746.49
59525	ZZZ	\$1,058.74
59610	MMM	\$4,752.45
59612	MMM	\$1,999.27
59614	MMM	\$2,484.78
59618	MMM	\$5,080.34
59620	MMM	\$2,069.90

CPT CODE	FUD	MAXIMUM FEE
59622	MMM	\$2,821.58
59812	90	\$684.76
59820	90	\$814.88
59821	90	\$823.05
59830	90	\$944.25
59840	10	\$463.20
59841	10	\$825.29
59850	90	\$731.60
59851	90	\$861.72
59852	90	\$1,070.64
59855	90	\$899.64
59856	90	\$1,057.26
59857	90	\$1,097.41
59866	0	\$461.71
59870	90	\$1,017.85
59871	0	\$290.71
59897	YYY	\$0.00
59898	YYY	\$0.00
59899	YYY	\$0.00
60000	10	\$366.55
60100	0	\$238.66
60200	90	\$1,405.96
60210	90	\$1,504.10
60212	90	\$2,144.25
60220	90	\$1,511.54
60225	90	\$1,982.17
60240	90	\$1,959.87
60252	90	\$2,809.69
60254	90	\$3,554.67
60260	90	\$2,333.10
60270	90	\$2,913.78
60271	90	\$2,252.06
60280	90	\$945.73
60281	90	\$1,260.98
60300	0	\$247.59
60500	90	\$2,053.55
60502	90	\$2,736.08
60505	90	\$2,950.95

CPT CODE	FUD	MAXIMUM FEE
60512	ZZZ	\$517.48
60520	90	\$2,212.66
60521	90	\$2,415.63
60522	90	\$2,926.42
60540	90	\$2,240.91
60545	90	\$2,578.46
60600	90	\$3,046.86
60605	90	\$3,382.93
60650	90	\$2,524.93
60659	YYY	\$0.00
60699	YYY	\$0.00
61000	0	\$188.85
61001	0	\$229.74
61020	0	\$224.54
61026	0	\$228.25
61050	0	\$182.90
61055	0	\$252.05
61070	0	\$127.14
61105	90	\$981.42
61107	0	\$672.12
61108	90	\$1,927.15
61120	90	\$1,587.37
61140	90	\$2,680.32
61150	90	\$2,876.60
61151	90	\$2,111.54
61154	90	\$2,701.14
61156	90	\$2,640.91
61210	0	\$785.14
61215	90	\$1,069.90
61250	90	\$1,840.91
61253	90	\$1,753.17
61304	90	\$3,485.53
61305	90	\$4,269.18
61312	90	\$4,425.31
61313	90	\$4,217.88
61314	90	\$3,891.48
61315	90	\$4,403.01
61316	ZZZ	\$187.36

Surgery

CPT CODE	FUD	MAXIMUM FEE
61320	90	\$4,047.61
61321	90	\$4,524.94
61322	90	\$5,049.11
61323	90	\$5,068.44
61330	90	\$3,946.50
61332	90	\$4,405.98
61333	90	\$4,505.61
61334	90	\$3,000.02
61340	90	\$3,071.40
61343	90	\$4,676.62
61345	90	\$4,333.12
61440	90	\$4,256.54
61450	90	\$4,085.53
61458	90	\$4,267.69
61460	90	\$4,469.92
61470	90	\$4,075.87
61480	90	\$3,188.13
61490	90	\$4,023.08
61500	90	\$2,837.94
61501	90	\$2,458.75
61510	90	\$4,650.59
61512	90	\$5,424.58
61514	90	\$4,056.54
61516	90	\$3,953.93
61517	ZZZ	\$185.88
61518	90	\$5,872.91
61519	90	\$6,275.88
61520	90	\$7,968.83
61521	90	\$6,765.85
61522	90	\$4,646.13
61524	90	\$4,423.83
61526	90	\$7,756.94
61530	90	\$6,539.83
61531	90	\$2,594.82
61533	90	\$3,234.97
61534	90	\$3,493.71
61535	90	\$2,121.95
61536	90	\$5,480.34

CPT CODE	FUD	MAXIMUM FEE
61537	90	\$5,240.19
61538	90	\$5,674.39
61539	90	\$5,015.65
61540	90	\$4,637.21
61541	90	\$4,564.35
61542	90	\$4,440.18
61543	90	\$4,614.16
61544	90	\$4,041.67
61545	90	\$6,765.85
61546	90	\$4,901.90
61548	90	\$3,311.55
61550	90	\$1,881.06
61552	90	\$2,391.10
61556	90	\$3,619.36
61557	90	\$3,568.80
61558	90	\$3,601.51
61559	90	\$3,747.24
61563	90	\$4,205.98
61564	90	\$5,111.56
61566	90	\$4,774.76
61567	90	\$5,445.39
61570	90	\$3,965.83
61571	90	\$4,223.82
61575	90	\$5,131.64
61576	90	\$7,331.65
61580	90	\$5,293.72
61581	90	\$5,733.87
61582	90	\$6,249.86
61583	90	\$6,170.31
61584	90	\$6,064.73
61585	90	\$6,872.91
61586	90	\$5,187.40
61590	90	\$6,517.52
61591	90	\$6,620.87
61592	90	\$6,751.72
61595	90	\$5,052.83
61596	90	\$5,258.78
61597	90	\$6,058.78

CPT CODE	FUD	MAXIMUM FEE
61598	90	\$6,018.63
61600	90	\$4,569.55
61601	90	\$5,123.46
61605	90	\$4,671.41
61606	90	\$6,385.18
61607	90	\$6,142.05
61608	90	\$6,892.99
61609	ZZZ	\$1,251.31
61610	ZZZ	\$3,753.93
61611	ZZZ	\$844.62
61612	ZZZ	\$3,002.25
61613	90	\$6,971.06
61615	90	\$4,838.70
61616	90	\$7,075.15
61618	90	\$2,774.74
61619	90	\$3,153.93
61623	0	\$1,183.65
61624	0	\$2,363.59
61626	0	\$1,834.96
61630	XXX	\$2,718.98
61635	XXX	\$2,968.80
61640	0	\$1,329.38
61641	ZZZ	\$467.66
61642	ZZZ	\$933.84
61680	90	\$4,788.14
61682	90	\$8,892.26
61684	90	\$6,044.66
61686	90	\$9,569.59
61690	90	\$4,644.64
61692	90	\$7,783.70
61697	90	\$8,980.74
61698	90	\$9,856.58
61700	90	\$7,266.23
61702	90	\$8,561.40
61703	90	\$2,885.52
61705	90	\$5,531.64
61708	90	\$4,176.24
61710	90	\$4,236.46

Surgery

CPT CODE	FUD	MAXIMUM FEE
61711	90	\$5,542.79
61720	90	\$2,696.67
61735	90	\$3,376.23
61750	90	\$2,987.38
61751	90	\$2,919.72
61760	90	\$3,356.16
61770	90	\$3,439.43
61781	ZZZ	\$498.89
61782	ZZZ	\$408.93
61783	ZZZ	\$500.38
61790	90	\$1,855.78
61791	90	\$2,363.59
61796	90	\$2,131.61
61797	ZZZ	\$463.94
61798	90	\$2,913.03
61799	ZZZ	\$639.41
61800	ZZZ	\$324.17
61850	90	\$2,084.77
61860	90	\$3,323.45
61863	90	\$3,193.33
61864	ZZZ	\$605.95
61867	90	\$4,848.36
61868	ZZZ	\$1,066.92
61870	90	\$2,513.03
61875	90	\$1,925.67
61880	90	\$1,214.14
61885	90	\$1,098.89
61886	90	\$1,794.81
61888	10	\$831.23
62000	90	\$2,188.12
62005	90	\$2,698.16
62010	90	\$3,252.07
62100	90	\$3,424.56
62115	90	\$2,694.44
62116	90	\$3,579.95
62117	90	\$3,342.03
62120	90	\$3,572.52
62121	90	\$3,626.05

CPT CODE	FUD	MAXIMUM FEE
62140	90	\$2,208.20
62141	90	\$2,429.76
62142	90	\$1,887.75
62143	90	\$2,214.14
62145	90	\$3,024.56
62146	90	\$2,651.32
62147	90	\$3,093.70
62148	ZZZ	\$269.89
62160	ZZZ	\$405.21
62161	90	\$3,223.82
62162	90	\$4,014.16
62163	90	\$2,597.79
62164	90	\$4,437.95
62165	90	\$3,298.91
62180	90	\$3,400.77
62190	90	\$1,961.35
62192	90	\$2,071.39
62194	10	\$915.99
62200	90	\$2,922.70
62201	90	\$2,552.44
62220	90	\$2,167.30
62223	90	\$2,238.68
62225	90	\$1,110.05
62230	90	\$1,791.09
62252	XXX	\$179.18
62256	90	\$1,273.62
62258	90	\$2,394.07
62263	10	\$1,455.03
62264	10	\$890.71
62267	0	\$525.65
62268	0	\$559.86
62269	0	\$573.98
62270	0	\$336.81
62272	0	\$426.77
62273	0	\$366.55
62280	10	\$674.35
62281	10	\$513.76
62282	10	\$605.95

CPT CODE	FUD	MAXIMUM FEE
62284	0	\$407.44
62287	90	\$1,200.75
62290	0	\$707.07
62291	0	\$681.05
62292	90	\$1,246.85
62294	90	\$1,531.61
62310	0	\$229.74
62311	0	\$226.02
62318	0	\$231.23
62319	0	\$238.66
62350	10	\$858.00
62351	90	\$1,866.19
62355	10	\$566.55
62360	10	\$665.43
62361	10	\$744.24
62362	10	\$823.80
62365	10	\$623.05
62367	XXX	\$87.73
62368	XXX	\$118.22
62369	XXX	\$252.05
62370	XXX	\$265.43
63001	90	\$2,633.48
63003	90	\$2,631.25
63005	90	\$2,518.23
63011	90	\$2,327.16
63012	90	\$2,539.05
63015	90	\$3,157.64
63016	90	\$3,229.76
63017	90	\$2,659.50
63020	90	\$2,492.21
63030	90	\$2,066.93
63035	ZZZ	\$411.16
63040	90	\$2,997.79
63042	90	\$2,772.51
63043	ZZZ	\$1,259.49
63044	ZZZ	\$1,196.29
63045	90	\$2,710.06
63046	90	\$2,580.69

Surgery

CPT CODE	FUD	MAXIMUM FEE
63047	90	\$2,349.46
63048	ZZZ	\$455.77
63050	90	\$3,318.98
63051	90	\$3,656.53
63055	90	\$3,463.97
63056	90	\$3,156.90
63057	ZZZ	\$686.99
63064	90	\$3,776.98
63066	ZZZ	\$440.90
63075	90	\$2,913.78
63076	ZZZ	\$532.35
63077	90	\$3,190.36
63078	ZZZ	\$416.36
63081	90	\$3,774.75
63082	ZZZ	\$573.24
63085	90	\$4,051.33
63086	ZZZ	\$406.69
63087	90	\$5,100.41
63088	ZZZ	\$549.45
63090	90	\$4,197.06
63091	ZZZ	\$381.42
63101	90	\$4,941.30
63102	90	\$4,782.19
63103	ZZZ	\$623.05
63170	90	\$3,382.18
63172	90	\$2,997.05
63173	90	\$3,667.69
63180	90	\$3,155.41
63182	90	\$3,116.01
63185	90	\$2,548.72
63190	90	\$2,698.91
63191	90	\$2,710.06
63194	90	\$2,674.37
63195	90	\$3,264.71
63196	90	\$2,907.83
63197	90	\$3,279.58
63198	90	\$3,424.56
63199	90	\$3,593.34

CPT CODE	FUD	MAXIMUM FEE
63200	90	\$3,272.89
63250	90	\$6,309.34
63251	90	\$6,449.86
63252	90	\$6,448.38
63265	90	\$3,555.42
63266	90	\$3,669.92
63267	90	\$2,932.36
63268	90	\$3,090.73
63270	90	\$4,411.19
63271	90	\$4,407.47
63272	90	\$4,055.05
63273	90	\$3,961.37
63275	90	\$3,836.46
63276	90	\$3,800.03
63277	90	\$3,307.09
63278	90	\$3,374.00
63280	90	\$4,502.64
63281	90	\$4,446.87
63282	90	\$4,203.01
63283	90	\$4,034.97
63285	90	\$5,559.15
63286	90	\$5,475.13
63287	90	\$5,834.99
63290	90	\$5,924.21
63295	ZZZ	\$708.56
63300	90	\$3,913.78
63301	90	\$4,684.79
63302	90	\$4,626.80
63303	90	\$4,916.02
63304	90	\$4,991.86
63305	90	\$5,315.28
63306	90	\$4,614.90
63307	90	\$5,114.54
63308	ZZZ	\$684.76
63600	90	\$1,947.97
63610	0	\$835.69
63615	90	\$2,627.53
63620	90	\$2,350.95

CPT CODE	FUD	MAXIMUM FEE
63621	ZZZ	\$531.60
63650	10	\$2,800.76
63655	90	\$1,758.38
63661	10	\$1,212.65
63662	90	\$1,643.14
63663	10	\$1,684.03
63664	90	\$1,701.13
63685	10	\$774.73
63688	10	\$782.91
63700	90	\$2,688.50
63702	90	\$2,956.16
63704	90	\$3,500.40
63706	90	\$3,828.28
63707	90	\$1,949.46
63709	90	\$2,347.97
63710	90	\$2,353.18
63740	90	\$2,007.45
63741	90	\$1,386.63
63744	90	\$1,452.80
63746	90	\$1,272.87
64400	0	\$261.71
64402	0	\$258.74
64405	0	\$211.90
64408	0	\$209.67
64410	0	\$269.89
64412	0	\$290.71
64413	0	\$261.71
64415	0	\$249.07
64416	0	\$168.03
64417	0	\$272.12
64418	0	\$299.63
64420	0	\$237.92
64421	0	\$322.68
64425	0	\$281.79
64430	0	\$289.97
64435	0	\$286.25
64445	0	\$284.02
64446	0	\$168.77

Surgery

CPT CODE	FUD	MAXIMUM FEE
64447	0	\$249.07
64448	0	\$150.93
64449	0	\$176.21
64450	0	\$168.03
64455	0	\$101.86
64479	0	\$507.07
64480	ZZZ	\$243.12
64483	0	\$467.66
64484	ZZZ	\$185.88
64490	0	\$407.44
64491	ZZZ	\$200.00
64492	ZZZ	\$201.49
64493	0	\$368.03
64494	ZZZ	\$183.64
64495	ZZZ	\$184.39
64505	0	\$218.59
64508	0	\$138.29
64510	0	\$267.66
64517	0	\$370.26
64520	0	\$389.59
64530	0	\$402.98
64550	0	\$33.46
64553	10	\$440.90
64555	10	\$426.77
64561	10	\$1,677.34
64565	10	\$390.34
64566	0	\$250.56
64568	90	\$1,303.36
64569	90	\$1,658.01
64570	90	\$1,470.64
64575	90	\$653.54
64580	90	\$631.23
64581	90	\$1,420.09
64585	10	\$514.50
64590	10	\$552.42
64595	10	\$512.27
64600	10	\$809.67
64605	10	\$1,555.40

CPT CODE	FUD	MAXIMUM FEE
64610	10	\$1,556.15
64611	10	\$237.18
64612	10	\$289.97
64615	10	\$302.60
64616	10	\$258.74
64617	10	\$401.49
64620	10	\$435.69
64630	10	\$480.30
64632	10	\$181.41
64633	10	\$914.51
64634	ZZZ	\$414.87
64635	10	\$901.87
64636	ZZZ	\$374.72
64640	10	\$281.04
64642	0	\$293.68
64643	ZZZ	\$193.31
64644	0	\$335.32
64645	ZZZ	\$236.43
64646	0	\$315.99
64647	0	\$365.80
64650	0	\$159.85
64653	0	\$202.23
64680	10	\$659.48
64681	10	\$715.25
64702	90	\$1,050.57
64704	90	\$676.59
64708	90	\$1,049.08
64712	90	\$1,193.32
64713	90	\$1,542.02
64714	90	\$1,348.71
64716	90	\$1,146.48
64718	90	\$1,254.28
64719	90	\$842.39
64721	90	\$904.84
64722	90	\$779.19
64726	90	\$577.70
64727	ZZZ	\$391.08
64732	90	\$873.61

CPT CODE	FUD	MAXIMUM FEE
64734	90	\$825.29
64736	90	\$925.66
64738	90	\$1,023.80
64740	90	\$976.96
64742	90	\$1,070.64
64744	90	\$1,042.39
64746	90	\$921.94
64752	90	\$1,049.82
64755	90	\$1,940.54
64760	90	\$1,082.54
64761	90	\$978.45
64763	90	\$1,072.13
64766	90	\$1,193.32
64771	90	\$1,242.39
64772	90	\$1,185.88
64774	90	\$884.02
64776	90	\$831.23
64778	ZZZ	\$330.86
64782	90	\$957.63
64783	ZZZ	\$461.71
64784	90	\$1,565.07
64786	90	\$2,298.90
64787	ZZZ	\$518.22
64788	90	\$842.39
64790	90	\$1,753.17
64792	90	\$2,522.70
64795	0	\$413.39
64802	90	\$1,439.42
64804	90	\$2,190.35
64809	90	\$1,526.41
64818	90	\$1,373.99
64820	90	\$1,544.99
64821	90	\$1,482.54
64822	90	\$1,482.54
64823	90	\$1,691.46
64831	90	\$1,451.31
64832	ZZZ	\$721.94
64834	90	\$1,576.22

Surgery

CPT CODE	FUD	MAXIMUM FEE
64835	90	\$1,727.89
64836	90	\$1,727.89
64837	ZZZ	\$778.44
64840	90	\$1,971.02
64856	90	\$2,147.23
64857	90	\$2,248.34
64858	90	\$2,278.83
64859	ZZZ	\$550.93
64861	90	\$2,916.01
64862	90	\$2,893.70
64864	90	\$1,863.21
64865	90	\$2,377.71
64866	90	\$2,466.93
64868	90	\$2,178.46
64870	90	\$2,210.43
64872	ZZZ	\$254.28
64874	ZZZ	\$359.85
64876	ZZZ	\$393.31
64885	90	\$2,435.71
64886	90	\$2,774.74
64890	90	\$2,363.59
64891	90	\$2,518.98
64892	90	\$2,298.90
64893	90	\$2,455.78
64895	90	\$2,889.24
64896	90	\$3,370.29
64897	90	\$2,786.64
64898	90	\$2,926.42
64901	ZZZ	\$1,253.54
64902	ZZZ	\$1,450.57
64905	90	\$2,214.89
64907	90	\$2,594.07
64910	90	\$1,750.20
64911	90	\$2,190.35
64999	YYY	\$0.00
65091	90	\$1,396.29
65093	90	\$1,377.71
65101	90	\$1,617.86

CPT CODE	FUD	MAXIMUM FEE
65103	90	\$1,689.98
65105	90	\$1,866.93
65110	90	\$2,626.04
65112	90	\$3,047.61
65114	90	\$3,197.79
65125	90	\$981.42
65130	90	\$1,608.19
65135	90	\$1,631.98
65140	90	\$1,730.87
65150	90	\$1,208.93
65155	90	\$1,861.72
65175	90	\$1,406.70
65205	0	\$121.93
65210	0	\$147.96
65220	0	\$123.42
65222	0	\$145.73
65235	90	\$1,529.38
65260	90	\$2,011.91
65265	90	\$2,415.63
65270	10	\$565.06
65272	90	\$1,050.57
65273	90	\$800.75
65275	90	\$1,239.41
65280	90	\$1,494.44
65285	90	\$2,447.60
65286	90	\$1,503.36
65290	90	\$1,088.48
65400	90	\$1,460.23
65410	0	\$313.76
65420	90	\$1,084.02
65426	90	\$1,391.83
65430	0	\$249.07
65435	0	\$173.98
65436	90	\$848.33
65450	90	\$697.40
65600	90	\$846.85
65710	90	\$2,391.10
65730	90	\$2,655.04

CPT CODE	FUD	MAXIMUM FEE
65750	90	\$2,663.96
65755	90	\$2,658.76
65756	90	\$2,492.96
65757	ZZZ	\$0.00
65760	XXX	\$2,545.74
65765	XXX	\$3,692.22
65767	XXX	\$3,436.46
65770	90	\$3,362.11
65771	XXX	\$1,400.75
65772	90	\$965.81
65775	90	\$1,158.37
65778	10	\$2,882.55
65779	10	\$2,568.79
65780	90	\$1,912.28
65781	90	\$2,803.74
65782	90	\$2,559.13
65800	0	\$257.99
65810	90	\$1,006.70
65815	90	\$1,379.19
65820	90	\$1,572.50
65850	90	\$1,850.57
65855	10	\$733.09
65860	90	\$723.43
65865	90	\$991.09
65870	90	\$1,295.92
65875	90	\$1,359.86
65880	90	\$1,393.32
65900	90	\$2,023.81
65920	90	\$1,697.41
65930	90	\$1,402.24
66020	10	\$389.59
66030	10	\$351.68
66130	90	\$1,537.56
66150	90	\$1,838.68
66155	90	\$1,837.19
66160	90	\$2,074.37
66165	90	\$1,530.87
66170	90	\$2,582.92

Surgery

CPT CODE	FUD	MAXIMUM FEE
66172	90	\$3,256.53
66174	90	\$2,087.75
66175	90	\$2,365.07
66180	90	\$2,519.72
66183	90	\$2,261.73
66185	90	\$1,646.85
66220	90	\$1,606.70
66225	90	\$2,072.13
66250	90	\$1,630.50
66500	90	\$742.01
66505	90	\$813.39
66600	90	\$1,750.94
66605	90	\$2,221.58
66625	90	\$926.40
66630	90	\$1,246.85
66635	90	\$1,208.19
66680	90	\$1,150.94
66682	90	\$1,404.47
66700	90	\$952.42
66710	90	\$969.52
66711	90	\$1,349.45
66720	90	\$1,009.67
66740	90	\$915.99
66761	10	\$637.18
66762	90	\$1,015.62
66770	90	\$1,106.33
66820	90	\$851.31
66821	90	\$710.79
66825	90	\$1,632.73
66830	90	\$1,498.15
66840	90	\$1,547.22
66850	90	\$1,717.49
66852	90	\$1,860.98
66920	90	\$1,585.14
66930	90	\$1,801.50
66940	90	\$1,716.00
66982	90	\$1,739.05
66983	90	\$1,576.22

CPT CODE	FUD	MAXIMUM FEE
66984	90	\$1,397.04
66985	90	\$1,660.98
66986	90	\$1,959.87
66990	ZZZ	\$191.08
66999	YYY	\$0.00
67005	90	\$1,052.05
67010	90	\$1,174.73
67015	90	\$1,252.80
67025	90	\$1,584.40
67027	90	\$1,878.08
67028	0	\$220.82
67030	90	\$1,115.99
67031	90	\$833.46
67036	90	\$2,078.83
67039	90	\$2,720.47
67040	90	\$3,076.60
67041	90	\$2,878.09
67042	90	\$3,290.73
67043	90	\$3,522.70
67101	90	\$1,707.82
67105	90	\$1,549.45
67107	90	\$2,681.06
67108	90	\$3,484.04
67110	90	\$1,863.21
67112	90	\$2,878.09
67113	90	\$3,791.11
67115	90	\$1,073.61
67120	90	\$1,441.65
67121	90	\$2,002.25
67141	90	\$1,144.99
67145	90	\$1,134.58
67208	90	\$1,258.00
67210	90	\$1,122.69
67218	90	\$2,913.03
67220	90	\$1,169.53
67221	0	\$618.59
67225	ZZZ	\$62.45
67227	90	\$1,281.05

CPT CODE	FUD	MAXIMUM FEE
67228	90	\$2,182.17
67229	90	\$2,335.33
67250	90	\$1,706.33
67255	90	\$1,856.52
67299	YYY	\$0.00
67311	90	\$1,311.53
67312	90	\$1,585.14
67314	90	\$1,475.85
67316	90	\$1,782.17
67318	90	\$1,481.80
67320	ZZZ	\$680.30
67331	ZZZ	\$681.79
67332	ZZZ	\$740.53
67334	ZZZ	\$637.18
67335	ZZZ	\$331.60
67340	ZZZ	\$757.63
67343	90	\$1,448.34
67345	10	\$538.29
67346	0	\$437.92
67399	YYY	\$0.00
67400	90	\$2,040.16
67405	90	\$1,695.18
67412	90	\$1,863.21
67413	90	\$1,876.59
67414	90	\$2,854.30
67415	0	\$229.00
67420	90	\$3,574.00
67430	90	\$2,617.12
67440	90	\$2,591.84
67445	90	\$3,108.57
67450	90	\$2,678.83
67500	0	\$165.80
67505	0	\$200.00
67515	0	\$215.62
67550	90	\$2,116.00
67560	90	\$2,120.46
67570	90	\$2,684.78
67599	YYY	\$0.00

Surgery

CPT CODE	FUD	MAXIMUM FEE
67700	10	\$565.06
67710	10	\$475.10
67715	10	\$504.09
67800	10	\$275.84
67801	10	\$355.39
67805	10	\$441.64
67808	90	\$813.39
67810	0	\$356.14
67820	0	\$110.04
67825	10	\$281.04
67830	10	\$568.78
67835	90	\$973.99
67840	10	\$585.88
67850	10	\$449.07
67875	0	\$366.55
67880	90	\$992.57
67882	90	\$1,232.72
67900	90	\$1,385.14
67901	90	\$1,645.37
67902	90	\$1,605.22
67903	90	\$1,295.92
67904	90	\$1,596.29
67906	90	\$1,069.15
67908	90	\$1,080.31
67909	90	\$1,165.06
67911	90	\$1,242.39
67912	90	\$1,866.93
67914	90	\$1,006.70
67915	90	\$618.59
67916	90	\$1,273.62
67917	90	\$1,306.33
67921	90	\$989.60
67922	90	\$613.39
67923	90	\$1,279.56
67924	90	\$1,365.81
67930	10	\$788.11
67935	90	\$1,292.95
67938	10	\$511.53

CPT CODE	FUD	MAXIMUM FEE
67950	90	\$1,240.16
67961	90	\$1,248.34
67966	90	\$1,681.80
67971	90	\$1,608.19
67973	90	\$2,072.88
67974	90	\$2,070.65
67975	90	\$1,519.71
67999	YYY	\$0.00
68020	10	\$257.25
68040	0	\$142.01
68100	0	\$360.60
68110	10	\$485.51
68115	10	\$658.74
68130	90	\$1,124.17
68135	10	\$337.55
68200	0	\$89.96
68320	90	\$1,569.53
68325	90	\$1,459.49
68326	90	\$1,431.24
68328	90	\$1,571.02
68330	90	\$1,313.02
68335	90	\$1,437.19
68340	90	\$1,182.91
68360	90	\$1,156.89
68362	90	\$1,458.00
68371	10	\$866.18
68399	YYY	\$0.00
68400	10	\$605.95
68420	10	\$677.33
68440	10	\$222.31
68500	90	\$2,198.53
68505	90	\$2,152.43
68510	0	\$975.47
68520	90	\$1,478.82
68525	0	\$595.54
68530	10	\$924.17
68540	90	\$2,002.99
68550	90	\$2,455.04

CPT CODE	FUD	MAXIMUM FEE
68700	90	\$1,338.30
68705	10	\$511.53
68720	90	\$1,656.52
68745	90	\$1,686.26
68750	90	\$1,738.30
68760	10	\$435.69
68761	10	\$317.47
68770	90	\$1,395.55
68801	10	\$266.17
68810	10	\$521.94
68811	10	\$454.28
68815	10	\$959.12
68816	10	\$1,564.32
68840	10	\$278.81
68850	0	\$126.40
68899	YYY	\$0.00
69000	10	\$398.52
69005	10	\$457.25
69020	10	\$495.17
69090	XXX	\$66.17
69100	0	\$207.44
69105	0	\$298.14
69110	90	\$965.81
69120	90	\$866.18
69140	90	\$1,866.93
69145	90	\$846.85
69150	90	\$2,240.91
69155	90	\$3,568.80
69200	0	\$260.23
69205	10	\$217.10
69210	0	\$104.09
69220	0	\$292.20
69222	10	\$468.41
69300	YYY	\$1,560.61
69310	90	\$2,323.44
69320	90	\$3,255.04
69399	YYY	\$0.00
69400	0	\$315.24

Surgery

CPT CODE	FUD	MAXIMUM FEE
69401	0	\$188.11
69405	10	\$558.37
69420	10	\$408.18
69421	10	\$318.22
69424	0	\$271.38
69433	10	\$432.72
69436	10	\$343.50
69440	90	\$1,478.08
69450	90	\$1,165.81
69501	90	\$1,568.79
69502	90	\$2,084.77
69505	90	\$2,565.82
69511	90	\$2,628.27
69530	90	\$3,525.68
69535	90	\$5,733.87
69540	10	\$445.36
69550	90	\$2,219.35
69552	90	\$3,349.47
69554	90	\$5,387.40
69601	90	\$2,243.14
69602	90	\$2,333.10
69603	90	\$2,686.27
69604	90	\$2,384.40
69605	90	\$3,326.42
69610	10	\$820.82
69620	90	\$1,471.39
69631	90	\$1,894.44
69632	90	\$2,311.54
69633	90	\$2,235.70
69635	90	\$2,627.53
69636	90	\$2,940.54
69637	90	\$2,930.88
69641	90	\$2,232.73
69642	90	\$2,866.19
69643	90	\$2,623.81
69644	90	\$3,151.70
69645	90	\$3,099.65
69646	90	\$3,289.24

CPT CODE	FUD	MAXIMUM FEE
69650	90	\$1,722.69
69660	90	\$1,985.89
69661	90	\$2,586.64
69662	90	\$2,476.60
69666	90	\$1,733.10
69667	90	\$1,736.07
69670	90	\$2,023.06
69676	90	\$1,782.17
69700	90	\$1,469.90
69710	XXX	\$0.00
69711	90	\$1,848.34
69714	90	\$2,306.34
69715	90	\$2,848.35
69717	90	\$2,420.84
69718	90	\$2,878.09
69720	90	\$2,558.38
69725	90	\$4,032.74
69740	90	\$2,503.36
69745	90	\$2,662.47
69799	YYY	\$0.00
69801	0	\$418.59
69805	90	\$2,260.98
69806	90	\$2,030.50
69820	90	\$1,837.93
69840	90	\$1,898.16
69905	90	\$1,968.79
69910	90	\$2,182.17
69915	90	\$3,303.37
69930	90	\$2,626.04
69949	YYY	\$0.00
69950	90	\$3,823.08
69955	90	\$4,243.90
69960	90	\$4,128.66
69970	90	\$4,596.32
69979	YYY	\$0.00
69990	ZZZ	\$461.71

RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

- 1. DUPLICATION OF X-RAYS:** Every attempt should be made to minimize the number of x-rays taken. The attending health care provider or any other person or institution having possession of x-rays, which pertain to the patient and are deemed to be needed for diagnostic or treatment purposes, should make those x-rays available upon request. No payments shall be made for additional x-rays when recent x-rays are available, except when the charge is supported by adequate information regarding the need to perform another x-ray.
- 2. PHOTOGRAPHIC MEDIA:** The use of photographic media or imaging is not reported separately but is considered to be a component of the basic procedure and shall not merit any additional payment.
- 3. XERORADIOGRAPHY:** Imaging performed by this process shall have the same Maximum Allowable Fees as those listed for conventional x-ray procedures of the same anatomical area and views.
- 4. MAXIMUM FEES:** The Maximum Fees contained within this fee schedule include both the "professional component" and the "technical component". Identification of a service or procedure by its five digit code, without pertinent modifiers, indicates that the services provided include both the professional and technical components. **Where the value is "0" for either the professional component or technical component there is no designated payment allowed.**

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

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

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

Hospital outpatient facilities and ambulatory surgical centers must specify, by use of modifiers, when only the technical component or the professional component is provided.
- 5. SERVICES PROVIDED BY A HOSPITAL OUTPATIENT FACILITY AND/OR AMBULATORY SURGICAL CENTER:** For any radiology service(s) provided by a hospital outpatient facility and/or ambulatory surgical center, reimbursement for said service is to be limited to the maximum allowable payment contained within this section of the Fee Schedule.
- 6. NECESSITY OF SERVICES OR PROCEDURES:** When a patient is referred to radiologists or other health care providers for services covered in the Radiology Section, the provider(s) shall evaluate the patient's problem and determine the services or procedures medically necessary. Such evaluations or necessary consultations with the referring health care providers are an integral part of the professional component and do not merit any additional charges. **No payment shall be made for excessive or inappropriate x-rays taken on initial or subsequent visits.**
- 7. MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same day by separate entries. Use modifier -51 to reflect multiple procedures except for the Add-On Codes.
- 8. SEPARATE PROCEDURE:** Some of the procedures or services listed are commonly carried out as an integral component of a total service or procedure and are identified by the inclusion of the term "separate procedure." The codes designated as "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

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

RADIOLOGY GROUND RULES

(Including Nuclear Medicine and Diagnostic Ultrasound)

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

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

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

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

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

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

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

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

16. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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.

RADIOLOGY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
70010	\$26.40	\$76.94	\$103.33
70015	\$95.47	\$147.14	\$242.61
70030	\$13.48	\$33.70	\$47.17
70100	\$14.60	\$41.00	\$55.60
70110	\$20.22	\$43.80	\$64.02
70120	\$14.60	\$43.24	\$57.84
70130	\$26.96	\$65.71	\$92.66
70134	\$28.64	\$60.09	\$88.73
70140	\$16.29	\$32.01	\$48.30
70150	\$20.78	\$47.74	\$68.52
70160	\$14.04	\$40.44	\$54.48
70170	\$24.71	\$60.65	\$85.36
70190	\$17.41	\$41.00	\$58.41
70200	\$22.46	\$47.74	\$70.20
70210	\$14.04	\$35.38	\$49.42
70220	\$20.22	\$42.12	\$62.34
70240	\$15.72	\$33.70	\$49.42
70250	\$20.22	\$39.87	\$60.09
70260	\$27.52	\$48.86	\$76.38
70300	\$9.55	\$14.60	\$24.15
70310	\$12.92	\$48.30	\$61.21
70320	\$19.09	\$65.71	\$84.80
70328	\$15.16	\$35.94	\$51.11
70330	\$20.22	\$58.41	\$78.62
70332	\$49.42	\$83.68	\$133.10
70336	\$117.37	\$395.91	\$513.28
70350	\$15.72	\$18.53	\$34.26
70355	\$17.41	\$15.72	\$33.13
70360	\$13.48	\$33.13	\$46.61
70370	\$24.71	\$103.90	\$128.61
70371	\$67.95	\$79.75	\$147.70
70373	\$35.38	\$103.33	\$138.72
70380	\$14.60	\$46.61	\$61.21
70390	\$30.89	\$130.85	\$161.74
70450	\$67.39	\$128.60	\$195.99
70460	\$89.85	\$178.02	\$267.87
70470	\$101.64	\$220.14	\$321.78
70480	\$102.21	\$295.38	\$397.59
70481	\$110.63	\$352.67	\$463.30
70482	\$115.68	\$396.47	\$512.15

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
70486	\$90.97	\$236.42	\$327.39
70487	\$103.89	\$292.58	\$396.47
70488	\$113.44	\$361.09	\$474.53
70490	\$102.21	\$221.82	\$324.03
70491	\$110.07	\$278.54	\$388.61
70492	\$115.68	\$345.93	\$461.62
70496	\$139.83	\$567.19	\$707.02
70498	\$139.27	\$594.71	\$733.98
70540	\$107.82	\$464.42	\$572.24
70542	\$129.72	\$523.95	\$653.67
70543	\$170.72	\$629.53	\$800.25
70544	\$96.03	\$545.29	\$641.32
70545	\$96.03	\$536.30	\$632.33
70546	\$144.33	\$819.90	\$964.23
70547	\$96.03	\$546.97	\$643.00
70548	\$96.03	\$578.98	\$675.01
70549	\$143.76	\$826.64	\$970.40
70551	\$117.93	\$270.12	\$388.05
70552	\$143.20	\$384.68	\$527.88
70553	\$183.07	\$439.71	\$622.78
70554	\$168.47	\$548.10	\$716.57
70555	\$207.79	\$1,014.25	\$1,222.04
70557	\$279.12	\$2,258.19	\$2,537.31
70558	\$262.27	\$2,121.72	\$2,383.99
70559	\$262.83	\$2,126.78	\$2,389.61
71010	\$14.60	\$23.03	\$37.63
71015	\$16.85	\$31.45	\$48.30
71020	\$17.41	\$31.45	\$48.86
71021	\$21.90	\$38.19	\$60.09
71022	\$26.40	\$48.30	\$74.69
71023	\$29.76	\$75.82	\$105.58
71030	\$24.15	\$49.98	\$74.13
71034	\$35.94	\$103.33	\$139.28
71035	\$14.60	\$43.80	\$58.41
71100	\$17.97	\$34.82	\$52.79
71101	\$21.34	\$42.68	\$64.02
71110	\$21.90	\$43.80	\$65.71
71111	\$25.83	\$60.09	\$85.92
71120	\$16.29	\$34.82	\$51.11
71130	\$17.97	\$42.12	\$60.09

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
71250	\$80.87	\$221.82	\$302.69
71260	\$99.40	\$279.66	\$379.06
71270	\$109.51	\$347.62	\$457.12
71275	\$153.31	\$438.03	\$591.34
71550	\$116.25	\$542.48	\$658.73
71551	\$138.15	\$607.06	\$745.21
71552	\$179.70	\$758.13	\$937.83
71555	\$143.76	\$513.84	\$657.60
72010	\$37.63	\$89.29	\$126.92
72020	\$12.36	\$24.71	\$37.07
72040	\$19.09	\$38.75	\$57.84
72050	\$25.83	\$52.23	\$78.06
72052	\$29.76	\$70.20	\$99.96
72069	\$19.09	\$42.68	\$61.78
72070	\$17.97	\$35.94	\$53.91
72072	\$17.41	\$42.68	\$60.09
72074	\$17.41	\$53.91	\$71.32
72080	\$19.09	\$39.31	\$58.41
72090	\$24.71	\$58.97	\$83.68
72100	\$19.09	\$38.75	\$57.84
72110	\$25.83	\$53.35	\$79.19
72114	\$27.52	\$75.82	\$103.33
72120	\$19.09	\$46.05	\$65.15
72125	\$84.80	\$224.63	\$309.43
72126	\$97.71	\$281.35	\$379.06
72127	\$101.08	\$349.86	\$450.94
72128	\$79.74	\$223.51	\$303.25
72129	\$97.71	\$281.35	\$379.06
72130	\$101.08	\$354.92	\$456.00
72131	\$79.74	\$222.38	\$302.12
72132	\$97.71	\$280.23	\$377.94
72133	\$101.08	\$350.42	\$451.50
72141	\$119.05	\$266.19	\$385.24
72142	\$142.64	\$386.92	\$529.56
72146	\$119.05	\$266.19	\$385.24
72147	\$142.64	\$381.87	\$524.51
72148	\$119.61	\$266.19	\$385.80
72149	\$143.20	\$379.62	\$522.82
72156	\$183.07	\$440.27	\$623.34
72157	\$183.07	\$440.84	\$623.91

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
72158	\$184.19	\$437.47	\$621.66
72159	\$142.64	\$542.48	\$685.12
72170	\$15.16	\$31.45	\$46.61
72190	\$18.53	\$50.54	\$69.08
72191	\$144.32	\$470.60	\$614.92
72192	\$86.48	\$152.75	\$239.23
72193	\$93.23	\$279.66	\$372.89
72194	\$97.15	\$339.19	\$436.34
72195	\$117.93	\$480.71	\$598.64
72196	\$138.71	\$532.93	\$671.64
72197	\$179.70	\$640.20	\$819.90
72198	\$142.64	\$522.83	\$665.47
72200	\$14.04	\$33.70	\$47.74
72202	\$15.16	\$41.00	\$56.16
72220	\$14.04	\$32.57	\$46.61
72240	\$72.45	\$134.22	\$206.67
72255	\$73.01	\$123.55	\$196.56
72265	\$66.27	\$135.35	\$201.61
72270	\$106.14	\$207.23	\$313.37
72275	\$63.46	\$121.87	\$185.33
72285	\$97.16	\$85.92	\$183.08
72291	\$115.13	\$385.26	\$500.39
72292	\$117.94	\$394.80	\$512.74
72295	\$69.08	\$89.29	\$158.37
73000	\$13.48	\$33.13	\$46.61
73010	\$15.72	\$35.94	\$51.67
73020	\$12.36	\$25.83	\$38.19
73030	\$16.29	\$33.70	\$49.98
73040	\$44.37	\$124.11	\$168.48
73050	\$17.97	\$46.05	\$64.02
73060	\$14.04	\$32.57	\$46.61
73070	\$12.92	\$32.57	\$45.49
73080	\$14.04	\$39.87	\$53.91
73085	\$46.05	\$116.81	\$162.86
73090	\$13.48	\$31.45	\$44.93
73092	\$12.92	\$32.57	\$45.49
73100	\$14.60	\$35.94	\$50.54
73110	\$14.04	\$46.61	\$60.65
73115	\$45.49	\$131.98	\$177.47
73120	\$13.48	\$30.89	\$44.37

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
73130	\$14.04	\$38.75	\$52.79
73140	\$11.23	\$42.12	\$53.35
73200	\$80.86	\$221.82	\$302.68
73201	\$93.22	\$276.86	\$370.08
73202	\$97.15	\$374.57	\$471.72
73206	\$142.64	\$388.05	\$530.69
73218	\$107.82	\$473.97	\$581.79
73219	\$130.28	\$531.25	\$661.53
73220	\$171.28	\$640.19	\$811.47
73221	\$110.07	\$293.14	\$403.21
73222	\$130.28	\$487.45	\$617.73
73223	\$171.28	\$594.15	\$765.43
73225	\$136.46	\$539.11	\$675.57
73500	\$15.16	\$28.64	\$43.80
73510	\$18.53	\$44.93	\$63.46
73520	\$22.46	\$44.37	\$66.83
73525	\$46.05	\$119.06	\$165.11
73530	\$24.15	\$32.01	\$56.16
73540	\$17.41	\$52.23	\$69.64
73550	\$15.16	\$30.89	\$46.05
73560	\$15.16	\$34.26	\$49.42
73562	\$16.29	\$43.80	\$60.09
73564	\$19.09	\$50.54	\$69.64
73565	\$15.72	\$41.56	\$57.28
73580	\$46.61	\$156.12	\$202.74
73590	\$14.04	\$30.33	\$44.37
73592	\$12.92	\$32.57	\$45.49
73600	\$13.48	\$32.57	\$46.05
73610	\$14.04	\$39.87	\$53.91
73615	\$46.05	\$119.06	\$165.11
73620	\$12.36	\$31.45	\$43.80
73630	\$13.48	\$37.07	\$50.54
73650	\$12.92	\$32.57	\$45.49
73660	\$10.67	\$38.19	\$48.86
73700	\$80.86	\$221.82	\$302.68
73701	\$93.22	\$281.35	\$374.57
73702	\$97.15	\$370.64	\$467.79
73706	\$151.06	\$439.15	\$590.21
73718	\$107.82	\$473.97	\$581.79
73719	\$130.28	\$533.49	\$663.78

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
73720	\$170.71	\$645.25	\$815.96
73721	\$110.07	\$293.70	\$403.77
73722	\$130.85	\$495.31	\$626.16
73723	\$171.28	\$596.39	\$767.67
73725	\$144.32	\$522.83	\$667.15
74000	\$14.60	\$24.71	\$39.31
74010	\$18.53	\$43.80	\$62.34
74020	\$21.34	\$43.80	\$65.15
74022	\$25.27	\$53.35	\$78.62
74150	\$95.46	\$149.38	\$244.84
74160	\$101.64	\$278.54	\$380.18
74170	\$111.76	\$327.41	\$439.17
74174	\$175.21	\$684.56	\$859.77
74175	\$151.62	\$460.49	\$612.11
74176	\$139.27	\$203.85	\$343.12
74177	\$145.45	\$367.83	\$513.28
74178	\$160.61	\$436.90	\$597.52
74181	\$116.24	\$417.25	\$533.49
74182	\$138.15	\$596.95	\$735.10
74183	\$179.70	\$643.00	\$822.70
74185	\$143.20	\$523.95	\$667.15
74190	\$38.19	\$57.28	\$95.47
74210	\$28.08	\$97.72	\$125.80
74220	\$37.07	\$110.07	\$147.14
74230	\$42.68	\$104.46	\$147.14
74235	\$92.10	\$171.29	\$263.39
74240	\$55.60	\$128.61	\$184.20
74241	\$54.48	\$137.03	\$191.51
74245	\$72.45	\$213.97	\$286.42
74246	\$55.04	\$152.19	\$207.23
74247	\$55.04	\$175.22	\$230.26
74249	\$72.45	\$236.43	\$308.88
74250	\$37.63	\$136.47	\$174.10
74251	\$55.04	\$609.34	\$664.37
74260	\$39.87	\$511.06	\$550.93
74261	\$190.93	\$570.00	\$760.93
74262	\$198.80	\$636.83	\$835.63
74263	\$183.64	\$1,002.46	\$1,186.10
74270	\$55.04	\$198.24	\$253.28
74280	\$78.62	\$275.18	\$353.81

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
74283	\$157.81	\$167.92	\$325.73
74290	\$25.27	\$87.05	\$112.32
74291	\$16.29	\$92.10	\$108.39
74300	\$29.20	\$54.48	\$83.68
74301	\$17.41	\$32.57	\$49.98
74305	\$33.70	\$62.34	\$96.03
74320	\$42.12	\$113.44	\$155.56
74327	\$58.97	\$164.55	\$223.52
74328	\$57.28	\$133.66	\$190.94
74329	\$57.84	\$107.27	\$165.11
74330	\$74.13	\$200.49	\$274.62
74340	\$43.80	\$131.41	\$175.22
74355	\$61.78	\$166.80	\$228.57
74360	\$44.93	\$142.08	\$187.01
74363	\$70.76	\$131.41	\$202.18
74400	\$39.31	\$142.08	\$181.40
74410	\$38.75	\$139.28	\$178.03
74415	\$39.31	\$181.96	\$221.27
74420	\$29.20	\$165.67	\$194.88
74425	\$28.64	\$77.50	\$106.14
74430	\$24.71	\$41.00	\$65.71
74440	\$30.33	\$101.09	\$131.41
74445	\$91.54	\$69.08	\$160.62
74450	\$26.96	\$90.42	\$117.37
74455	\$25.83	\$107.83	\$133.66
74470	\$42.68	\$75.82	\$118.50
74475	\$42.68	\$111.76	\$154.44
74480	\$42.68	\$111.76	\$154.44
74485	\$42.12	\$111.76	\$153.88
74710	\$26.96	\$32.57	\$59.53
74740	\$29.76	\$93.79	\$123.55
74742	\$49.98	\$92.66	\$142.65
74775	\$49.98	\$88.73	\$138.72
75557	\$184.75	\$335.26	\$520.01
75559	\$228.56	\$474.53	\$703.09
75561	\$203.85	\$481.27	\$685.12
75563	\$233.61	\$574.49	\$808.10
75565	\$19.66	\$68.52	\$88.17
75571	\$44.36	\$122.42	\$166.78
75572	\$135.90	\$319.53	\$455.43

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
75573	\$198.23	\$427.36	\$625.59
75574	\$187.00	\$477.34	\$664.34
75600	\$38.19	\$294.28	\$332.47
75605	\$88.17	\$152.19	\$240.36
75625	\$88.73	\$151.07	\$239.80
75630	\$137.59	\$149.95	\$287.54
75635	\$188.69	\$472.84	\$661.53
75658	\$98.84	\$180.27	\$279.12
75705	\$171.85	\$219.59	\$391.44
75710	\$86.49	\$190.38	\$276.87
75716	\$101.65	\$229.69	\$331.34
75726	\$89.29	\$169.60	\$258.90
75731	\$89.86	\$197.12	\$286.98
75733	\$101.09	\$220.15	\$321.24
75736	\$86.49	\$185.89	\$272.38
75741	\$102.21	\$154.44	\$256.65
75743	\$128.61	\$168.48	\$297.09
75746	\$90.42	\$175.78	\$266.20
75756	\$94.35	\$196.00	\$290.35
75774	\$28.08	\$127.48	\$155.56
75791	\$130.85	\$388.63	\$519.48
75801	\$71.32	\$348.19	\$419.52
75803	\$95.47	\$338.64	\$434.12
75805	\$66.27	\$375.71	\$441.98
75807	\$95.47	\$381.89	\$477.36
75809	\$38.19	\$125.80	\$163.99
75810	\$93.23	\$754.23	\$847.45
75820	\$55.04	\$142.65	\$197.68
75822	\$83.12	\$163.43	\$246.54
75825	\$88.17	\$143.21	\$231.38
75827	\$87.05	\$147.14	\$234.19
75831	\$96.60	\$153.32	\$249.91
75833	\$111.20	\$172.97	\$284.17
75840	\$100.53	\$158.37	\$258.90
75842	\$119.06	\$190.38	\$309.44
75860	\$89.29	\$153.88	\$243.17
75870	\$91.54	\$157.25	\$248.79
75872	\$81.99	\$156.69	\$238.68
75880	\$56.16	\$158.93	\$215.09
75885	\$112.32	\$155.56	\$267.88

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
75887	\$110.64	\$155.56	\$266.20
75889	\$89.29	\$156.69	\$245.98
75891	\$90.42	\$157.25	\$247.67
75893	\$42.12	\$158.37	\$200.49
75894	\$106.14	\$1,410.18	\$1,516.32
75896	\$105.02	\$1,208.00	\$1,313.02
75898	\$134.78	\$66.27	\$201.05
75901	\$38.19	\$242.61	\$280.80
75902	\$30.89	\$88.17	\$119.06
75945	\$31.45	\$254.40	\$285.85
75946	\$32.01	\$258.90	\$290.91
75952	\$365.60	\$0.00	\$365.60
75953	\$111.20	\$0.00	\$111.20
75954	\$181.40	\$0.00	\$181.40
75956	\$572.83	\$0.00	\$572.83
75957	\$490.28	\$0.00	\$490.28
75958	\$326.29	\$0.00	\$326.29
75959	\$290.35	\$0.00	\$290.35
75962	\$41.56	\$189.26	\$230.82
75964	\$28.64	\$119.62	\$148.26
75966	\$99.96	\$175.22	\$275.18
75968	\$27.52	\$111.20	\$138.72
75970	\$65.71	\$664.37	\$730.08
75978	\$41.56	\$186.45	\$228.01
75980	\$114.57	\$326.29	\$440.86
75982	\$114.00	\$381.89	\$495.89
75984	\$56.16	\$120.18	\$176.34
75989	\$92.66	\$106.14	\$198.81
76000	\$13.48	\$66.83	\$80.31
76001	\$57.28	\$171.85	\$229.13
76010	\$14.60	\$29.20	\$43.80
76080	\$42.12	\$54.48	\$96.60
76098	\$12.92	\$17.41	\$30.33
76100	\$50.54	\$110.07	\$160.62
76101	\$57.28	\$181.40	\$238.68
76102	\$58.41	\$261.14	\$319.55
76120	\$31.45	\$116.25	\$147.70
76125	\$23.03	\$51.11	\$74.13
76140	\$BR	\$BR	\$BR
76376	\$15.72	\$29.76	\$45.49

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
76377	\$62.90	\$69.08	\$131.98
76380	\$77.50	\$162.30	\$239.80
76390	\$111.76	\$590.24	\$702.00
76496	\$BR	\$BR	\$BR
76497	\$BR	\$BR	\$BR
76498	\$BR	\$BR	\$BR
76499	\$BR	\$BR	\$BR
76506	\$50.54	\$145.45	\$196.00
76510	\$155.56	\$126.92	\$282.48
76511	\$85.36	\$76.94	\$162.30
76512	\$86.49	\$62.34	\$148.82
76513	\$57.84	\$94.35	\$152.19
76514	\$15.72	\$8.42	\$24.15
76516	\$49.42	\$74.69	\$124.11
76519	\$51.11	\$83.12	\$134.22
76529	\$53.35	\$73.57	\$126.92
76536	\$44.93	\$148.82	\$193.75
76604	\$43.24	\$97.15	\$140.40
76645	\$43.80	\$112.88	\$156.69
76700	\$64.58	\$159.48	\$224.06
76705	\$46.61	\$125.79	\$172.40
76770	\$58.96	\$152.18	\$211.15
76775	\$46.05	\$57.84	\$103.89
76776	\$60.65	\$184.75	\$245.40
76800	\$89.86	\$130.29	\$220.15
76801	\$78.06	\$122.43	\$200.49
76802	\$66.27	\$40.44	\$106.70
76805	\$78.62	\$153.32	\$231.94
76810	\$78.06	\$75.82	\$153.88
76811	\$151.63	\$142.08	\$293.72
76812	\$142.65	\$190.38	\$333.03
76813	\$94.35	\$97.72	\$192.07
76814	\$79.19	\$47.17	\$126.36
76815	\$51.11	\$92.10	\$143.21
76816	\$67.95	\$116.81	\$184.77
76817	\$60.09	\$101.09	\$161.18
76818	\$84.24	\$109.51	\$193.75
76819	\$61.78	\$80.31	\$142.08
76820	\$39.87	\$37.63	\$77.50
76821	\$56.72	\$92.66	\$149.39

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
76825	\$131.41	\$302.70	\$434.12
76826	\$65.71	\$194.31	\$260.02
76827	\$45.49	\$74.13	\$119.62
76828	\$44.37	\$39.31	\$83.68
76830	\$55.04	\$145.45	\$200.49
76831	\$57.84	\$138.71	\$196.55
76856	\$54.47	\$142.64	\$197.11
76857	\$30.33	\$55.03	\$85.36
76870	\$51.10	\$66.26	\$117.36
76872	\$54.48	\$92.66	\$147.14
76873	\$124.68	\$147.70	\$272.38
76881	\$50.54	\$137.59	\$188.14
76882	\$39.31	\$17.41	\$56.72
76885	\$58.97	\$176.90	\$235.87
76886	\$48.30	\$121.31	\$169.60
76930	\$51.11	\$81.43	\$132.54
76932	\$52.79	\$89.86	\$142.65
76936	\$155.00	\$276.31	\$431.31
76937	\$24.15	\$33.13	\$57.28
76940	\$166.80	\$102.21	\$269.01
76941	\$111.20	\$94.91	\$206.11
76942	\$53.35	\$62.90	\$116.25
76945	\$55.04	\$97.72	\$152.76
76946	\$30.33	\$20.78	\$51.11
76948	\$31.45	\$20.78	\$52.23
76950	\$47.17	\$33.70	\$80.87
76965	\$107.27	\$37.07	\$144.33
76970	\$32.57	\$117.37	\$149.95
76975	\$69.08	\$99.40	\$168.48
76977	\$4.49	\$6.74	\$11.23
76998	\$103.33	\$0.00	\$103.33
76999	\$BR	\$BR	\$BR
77001	\$30.33	\$94.91	\$125.24
77002	\$44.37	\$117.37	\$161.74
77003	\$48.30	\$94.35	\$142.65
77011	\$97.72	\$256.65	\$354.37
77012	\$90.42	\$112.32	\$202.74
77013	\$320.11	\$568.90	\$889.01
77014	\$69.08	\$125.24	\$194.31
77021	\$121.31	\$504.88	\$626.18

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
77022	\$340.33	\$757.60	\$1,097.93
77051	\$5.05	\$11.23	\$16.29
77052	\$5.05	\$11.23	\$16.29
77053	\$28.08	\$66.27	\$94.35
77054	\$36.50	\$90.98	\$127.48
77055	\$56.16	\$85.36	\$141.52
77056	\$69.64	\$112.32	\$181.96
77057	\$56.16	\$73.57	\$129.73
77058	\$130.28	\$737.91	\$868.19
77059	\$130.28	\$734.54	\$864.82
77071	\$0.00	\$0.00	\$80.87
77072	\$15.16	\$22.46	\$37.63
77073	\$24.15	\$36.50	\$60.65
77074	\$36.50	\$76.94	\$113.44
77075	\$43.24	\$126.36	\$169.60
77076	\$56.16	\$114.57	\$170.73
77077	\$26.96	\$37.07	\$64.02
77078	\$19.66	\$159.49	\$179.15
77080	\$16.29	\$61.21	\$77.50
77081	\$17.41	\$26.40	\$43.80
77082	\$14.04	\$29.76	\$43.80
77084	\$128.61	\$494.77	\$623.38
77261	\$0.00	\$0.00	\$117.94
77262	\$0.00	\$0.00	\$176.90
77263	\$0.00	\$0.00	\$261.14
77280	\$56.72	\$368.97	\$425.69
77285	\$85.36	\$577.89	\$663.25
77290	\$126.92	\$668.30	\$795.23
77295	\$349.32	\$411.09	\$760.41
77299	\$BR	\$BR	\$BR
77300	\$50.54	\$55.04	\$105.58
77301	\$650.33	\$2,422.18	\$3,072.51
77305	\$56.72	\$37.07	\$93.79
77310	\$85.36	\$49.98	\$135.35
77315	\$126.92	\$86.49	\$213.41
77321	\$76.94	\$66.83	\$143.77
77326	\$75.25	\$152.19	\$227.45
77327	\$113.44	\$206.11	\$319.55
77328	\$170.16	\$257.21	\$427.38
77331	\$70.76	\$29.20	\$99.96

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
77332	\$44.37	\$81.99	\$126.36
77333	\$68.52	\$14.60	\$83.12
77334	\$100.53	\$135.35	\$235.87
77336	\$0.00	\$0.00	\$117.37
77338	\$349.88	\$436.92	\$786.80
77370	\$0.00	\$0.00	\$179.71
77371	\$0.00	\$2,058.83	\$2,058.83
77372	\$0.00	\$1,638.75	\$1,638.75
77373	\$0.00	\$1,962.23	\$1,962.23
77399	\$BR	\$BR	\$BR
77401	\$0.00	\$31.45	\$31.45
77402	\$0.00	\$219.59	\$219.59
77403	\$0.00	\$194.31	\$194.31
77404	\$0.00	\$216.78	\$216.78
77406	\$0.00	\$215.65	\$215.65
77407	\$0.00	\$398.74	\$398.74
77408	\$0.00	\$267.32	\$267.32
77409	\$0.00	\$297.09	\$297.09
77411	\$0.00	\$295.40	\$295.40
77412	\$0.00	\$378.52	\$378.52
77413	\$0.00	\$351.56	\$351.56
77414	\$0.00	\$395.93	\$395.93
77416	\$0.00	\$395.93	\$395.93
77417	\$0.00	\$21.90	\$21.90
77418	\$0.00	\$619.44	\$619.44
77421	\$31.45	\$84.80	\$116.25
77422	\$0.00	\$65.71	\$65.71
77423	\$0.00	\$78.06	\$78.06
77424	\$BR	\$BR	\$BR
77425	\$BR	\$BR	\$BR
77427	\$0.00	\$0.00	\$292.03
77431	\$0.00	\$0.00	\$160.06
77432	\$0.00	\$0.00	\$657.63
77435	\$0.00	\$0.00	\$993.47
77469	\$0.00	\$0.00	\$491.40
77470	\$170.16	\$73.01	\$243.17
77499	\$BR	\$BR	\$BR
77520	\$BR	\$BR	\$BR
77522	\$BR	\$BR	\$BR
77523	\$BR	\$BR	\$BR

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
77525	\$BR	\$BR	\$BR
77600	\$126.92	\$497.02	\$623.94
77605	\$183.64	\$949.10	\$1,132.75
77610	\$123.55	\$1,440.50	\$1,564.06
77615	\$170.16	\$1,394.45	\$1,564.62
77620	\$125.24	\$447.60	\$572.83
77750	\$406.60	\$171.85	\$578.45
77761	\$310.56	\$296.52	\$607.09
77762	\$467.25	\$336.40	\$803.65
77763	\$704.81	\$435.24	\$1,140.05
77776	\$386.38	\$295.40	\$681.78
77777	\$617.76	\$302.14	\$919.90
77778	\$919.90	\$446.47	\$1,366.37
77785	\$115.69	\$256.65	\$372.34
77786	\$264.51	\$495.33	\$759.84
77787	\$398.74	\$811.51	\$1,210.25
77789	\$92.66	\$92.66	\$185.33
77790	\$84.24	\$66.27	\$150.51
77799	\$BR	\$BR	\$BR
78012	\$14.60	\$108.39	\$122.99
78013	\$28.64	\$281.36	\$310.00
78014	\$39.31	\$336.40	\$375.71
78015	\$52.79	\$295.96	\$348.75
78016	\$55.60	\$393.68	\$449.28
78018	\$65.71	\$435.24	\$500.95
78020	\$44.37	\$88.17	\$132.54
78070	\$62.34	\$414.46	\$476.80
78071	\$93.23	\$466.69	\$559.92
78072	\$125.80	\$573.96	\$699.75
78075	\$56.16	\$624.50	\$680.66
78099	\$BR	\$BR	\$BR
78102	\$42.12	\$228.57	\$270.69
78103	\$58.41	\$301.02	\$359.42
78104	\$60.65	\$327.97	\$388.63
78110	\$15.16	\$135.35	\$150.51
78111	\$17.41	\$140.40	\$157.81
78120	\$18.53	\$133.66	\$152.19
78121	\$25.27	\$135.35	\$160.62
78122	\$33.70	\$123.55	\$157.25
78130	\$49.42	\$222.96	\$272.38

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
78135	\$51.67	\$508.81	\$560.48
78140	\$49.42	\$167.92	\$217.34
78185	\$31.45	\$305.51	\$336.96
78190	\$87.05	\$547.56	\$634.61
78191	\$49.42	\$222.96	\$272.38
78195	\$93.79	\$477.36	\$571.15
78199	\$BR	\$BR	\$BR
78201	\$34.26	\$265.08	\$299.33
78202	\$37.63	\$286.98	\$324.60
78205	\$54.48	\$286.98	\$341.45
78206	\$73.57	\$469.50	\$543.07
78215	\$38.75	\$272.94	\$311.69
78216	\$43.24	\$153.32	\$196.56
78226	\$58.41	\$472.31	\$530.71
78227	\$70.76	\$648.09	\$718.85
78230	\$30.89	\$188.14	\$219.02
78231	\$40.44	\$166.23	\$206.67
78232	\$32.57	\$126.36	\$158.93
78258	\$57.28	\$296.52	\$353.81
78261	\$55.60	\$349.32	\$404.91
78262	\$51.67	\$338.64	\$390.31
78264	\$62.90	\$398.17	\$461.07
78267	\$0.00	\$16.85	\$16.85
78268	\$0.00	\$144.33	\$144.33
78270	\$16.29	\$127.48	\$143.77
78271	\$16.29	\$127.48	\$143.77
78272	\$21.90	\$141.52	\$163.43
78278	\$77.50	\$481.29	\$558.79
78282	\$30.89	\$92.66	\$123.55
78290	\$53.91	\$481.29	\$535.20
78291	\$67.95	\$334.15	\$402.11
78299	\$BR	\$BR	\$BR
78300	\$49.42	\$240.36	\$289.79
78305	\$65.15	\$304.39	\$369.53
78306	\$67.39	\$334.71	\$402.11
78315	\$79.75	\$477.92	\$557.67
78320	\$79.75	\$284.73	\$364.48
78350	\$17.41	\$34.26	\$51.67
78351	\$7.30	\$16.85	\$24.15
78399	\$BR	\$BR	\$BR

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
78414	\$35.94	\$83.68	\$119.62
78428	\$60.09	\$232.50	\$292.59
78445	\$35.94	\$238.68	\$274.62
78451	\$106.70	\$443.10	\$549.81
78452	\$125.24	\$637.42	\$762.65
78453	\$79.19	\$411.65	\$490.84
78454	\$105.02	\$593.61	\$698.63
78456	\$77.50	\$435.24	\$512.74
78457	\$60.09	\$251.60	\$311.69
78458	\$61.21	\$198.81	\$260.02
78459	\$115.69	\$564.97	\$680.66
78466	\$55.04	\$237.56	\$292.59
78468	\$62.34	\$252.72	\$315.06
78469	\$72.45	\$288.66	\$361.11
78472	\$75.82	\$292.03	\$367.85
78473	\$113.44	\$351.56	\$465.00
78481	\$75.25	\$207.23	\$282.48
78483	\$114.00	\$271.25	\$385.26
78491	\$116.81	\$613.27	\$730.08
78492	\$144.89	\$760.97	\$905.86
78494	\$92.10	\$271.25	\$363.36
78496	\$38.75	\$32.57	\$71.32
78499	\$BR	\$BR	\$BR
78579	\$38.19	\$260.58	\$298.77
78580	\$57.84	\$325.17	\$383.01
78582	\$83.68	\$453.77	\$537.45
78597	\$56.16	\$267.32	\$323.48
78598	\$65.15	\$426.82	\$491.96
78599	\$BR	\$BR	\$BR
78600	\$34.26	\$258.90	\$293.16
78601	\$40.44	\$306.07	\$346.51
78605	\$42.68	\$274.62	\$317.30
78606	\$48.86	\$478.48	\$527.34
78607	\$93.23	\$465.00	\$558.23
78608	\$116.81	\$856.44	\$973.25
78609	\$122.43	\$0.00	\$122.43
78610	\$23.59	\$255.53	\$279.12
78630	\$53.35	\$487.47	\$540.82
78635	\$47.74	\$494.77	\$542.51
78645	\$43.80	\$473.43	\$517.23

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CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
78647	\$71.88	\$489.15	\$561.04
78650	\$48.30	\$489.72	\$538.01
78660	\$43.24	\$254.97	\$298.21
78699	\$BR	\$BR	\$BR
78700	\$35.38	\$243.17	\$278.55
78701	\$38.75	\$303.83	\$342.58
78707	\$74.13	\$296.52	\$370.66
78708	\$93.79	\$183.08	\$276.87
78709	\$108.95	\$476.80	\$585.75
78710	\$47.17	\$271.25	\$318.43
78725	\$28.64	\$145.45	\$174.10
78730	\$12.36	\$108.95	\$121.31
78740	\$44.37	\$307.76	\$352.12
78761	\$56.72	\$280.24	\$336.96
78799	\$BR	\$BR	\$BR
78800	\$52.79	\$252.16	\$304.95
78801	\$62.34	\$338.64	\$400.98
78802	\$66.27	\$449.28	\$515.55
78803	\$82.56	\$461.07	\$543.63
78804	\$82.56	\$825.55	\$908.11
78805	\$57.28	\$235.31	\$292.59
78806	\$66.27	\$462.76	\$529.03
78807	\$81.99	\$459.39	\$541.38
78808	\$0.00	\$0.00	\$74.13
78811	\$930.57	\$126.92	\$1,057.49
78812	\$1,120.39	\$152.76	\$1,273.15
78813	\$1,177.68	\$160.62	\$1,338.29
78814	\$1,297.86	\$176.90	\$1,474.76
78815	\$1,429.27	\$194.88	\$1,624.15
78816	\$1,441.63	\$196.56	\$1,638.19
78999	\$BR	\$BR	\$BR
79005	\$76.38	\$139.28	\$215.65
79101	\$77.50	\$150.51	\$228.01
79200	\$87.61	\$162.86	\$250.47
79300	\$87.05	\$130.29	\$217.34
79403	\$127.48	\$179.15	\$306.63
79440	\$74.69	\$156.12	\$230.82
79445	\$152.76	\$186.45	\$339.21
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. **MAXIMUM FEES:** The Maximum Fees specified herein apply to laboratories owned or operated by a health care provider, hospital laboratories, and commercial laboratories, but only when the services or procedures are performed by or under the responsible supervision of a health care provider. When a health care provider is hospital based and is not salaried or otherwise compensated for the services listed in this section, a separate bill can be rendered for the particular service. The charge is to be 60% of the Maximum Fee.

The Maximum Fees specified herein include both the "professional" component and the "technical" component. Identification of a service or procedure by its five-digit code, without pertinent modifiers, indicates that the charge includes both the professional and technical components. **Where the maximum fee is "0" for either the professional component or the technical component there is no designated payment allowed.**

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

The **total services component** includes both the professional component and the technical component. **The maximum fee 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 maximum fee assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
7. **REPORTS:** No statement of charges for services or procedures included in this section shall be considered properly rendered unless it is accompanied by a report that includes both the findings and an interpretation of such findings.
8. **PROCEDURES LISTED WITHOUT SPECIFIED MAXIMUM ALLOWANCE:** "BR" in the Maximum Fee column indicates that the charge for this service is to be determined "by report" because the service is too unusual or variable to be assigned a Maximum Fee. Pertinent information should be furnished concerning the nature, extent, and need for the procedure or service, the time, skill, and equipment necessary, etc.
9. **INDICES OR RATIOS:** Tests which produce an index or ratio based on mathematical calculations from two or more other results may not be billed as separate independent tests (e.g., A/G ratio, free thyroxin index).
10. **UNLISTED SERVICE OR PROCEDURE:** When an unlisted service or procedure is performed, the procedure should be identified and the amount charged substantiated "by report" (BR). Unlisted service or procedure codes usually end in "99."
11. **DENIAL OF PAYMENT:** Payment may be denied for procedures or services determined to be excessive or unnecessary for the management of the work-related injury or disease.
12. **MODIFIERS:** Procedure codes for pathology and laboratory services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.
13. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
14. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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.

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
36415	0	0	5.04
80047	0	20.16	20.16
80048	0	20.16	20.16
80050	0	74.97	74.97
80051	0	17.01	17.01
80053	0	25.2	25.2
80055	0	109.62	109.62
80061	0	43.47	43.47
80069	0	20.79	20.79
80074	0	122.85	122.85
80076	0	19.53	19.53
80100	0	61.74	61.74
80101	0	51.66	51.66
80102	0	31.5	31.5
80103	0	45.36	45.36
80104	0	65.52	65.52
80150	0	35.91	35.91
80152	0	42.84	42.84
80154	0	44.1	44.1
80156	0	34.65	34.65
80157	0	31.5	31.5
80158	0	43.47	43.47
80160	0	41.58	41.58
80162	0	32.13	32.13
80164	0	32.76	32.76
80166	0	37.17	37.17
80168	0	39.06	39.06
80170	0	39.06	39.06
80172	0	39.06	39.06
80173	0	34.65	34.65
80174	0	41.58	41.58
80176	0	35.28	35.28
80178	0	15.75	15.75
80182	0	32.76	32.76
80184	0	27.72	27.72
80185	0	31.5	31.5
80186	0	32.76	32.76
80188	0	39.69	39.69
80190	0	40.32	40.32
80192	0	40.32	40.32

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
80194	0	35.28	35.28
80195	0	32.76	32.76
80196	0	17.01	17.01
80197	0	32.76	32.76
80198	0	34.02	34.02
80200	0	38.43	38.43
80201	0	28.35	28.35
80202	0	32.76	32.76
80299	0	32.76	32.76
80400	0	128.52	128.52
80402	0	209.16	209.16
80406	0	219.87	219.87
80408	0	239.4	239.4
80410	0	198.45	198.45
80412	0	615.51	615.51
80414	0	102.69	102.69
80415	0	102.69	102.69
80416	0	306.18	306.18
80417	0	131.04	131.04
80418	0	1367.1	1367.1
80420	0	170.73	170.73
80422	0	115.92	115.92
80424	0	115.92	115.92
80426	0	321.3	321.3
80428	0	177.66	177.66
80430	0	177.66	177.66
80432	0	348.39	348.39
80434	0	218.61	218.61
80435	0	232.47	232.47
80436	0	225.54	225.54
80438	0	129.78	129.78
80439	0	136.71	136.71
80440	0	136.71	136.71
80500	0	0	37.17
80502	0	0	120.33
81000	0	7.56	7.56
81001	0	7.56	7.56
81002	0	6.3	6.3
81003	0	5.67	5.67
81005	0	5.04	5.04

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
81007	0	6.3	6.3
81015	0	7.56	7.56
81020	0	8.82	8.82
81025	0	15.12	15.12
81050	0	6.93	6.93
81099	0	0	0
81161	0	0	0
81200	0	0	0
81201	0	0	0
81202	0	0	0
81203	0	0	0
81205	0	0	0
81209	0	0	0
81216	0	0	0
81220	0	0	0
81221	0	0	0
81222	0	0	0
81223	0	0	0
81224	0	0	0
81228	0	0	0
81229	0	0	0
81242	0	0	0
81243	0	0	0
81244	0	0	0
81250	0	0	0
81251	0	0	0
81252	0	0	0
81253	0	0	0
81254	0	0	0
81255	0	0	0
81257	0	0	0
81260	0	0	0
81266	0	0	0
81280	0	0	0
81281	0	0	0
81282	0	0	0
81290	0	0	0
81302	0	0	0
81303	0	0	0
81304	0	0	0

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
81324	0	0	0
81325	0	0	0
81326	0	0	0
81330	0	0	0
81331	0	0	0
81350	0	0	0
81355	0	0	0
81400	0	0	0
81401	0	0	0
81402	0	0	0
81403	0	0	0
81404	0	0	0
81405	0	0	0
81406	0	0	0
81407	0	0	0
81408	0	0	0
81479	0	0	0
81500	0	0	0
81503	0	0	0
81506	0	0	0
81508	0	0	0
81509	0	0	0
81510	0	0	0
81511	0	0	0
81512	0	0	0
81599	0	0	0
82000	0	29.61	29.61
82003	0	48.51	48.51
82009	0	10.71	10.71
82010	0	19.53	19.53
82013	0	27.09	27.09
82016	0	33.39	33.39
82017	0	40.32	40.32
82024	0	92.61	92.61
82030	0	61.74	61.74
82040	0	11.97	11.97
82042	0	12.6	12.6
82043	0	13.86	13.86
82044	0	10.71	10.71
82045	0	81.27	81.27

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
82055	0	25.83	25.83
82075	0	28.98	28.98
82085	0	23.31	23.31
82088	0	97.65	97.65
82101	0	71.82	71.82
82103	0	32.13	32.13
82104	0	34.65	34.65
82105	0	40.32	40.32
82106	0	40.32	40.32
82107	0	154.35	154.35
82108	0	61.11	61.11
82120	0	8.82	8.82
82127	0	33.39	33.39
82128	0	33.39	33.39
82131	0	40.32	40.32
82135	0	39.69	39.69
82136	0	40.32	40.32
82139	0	40.32	40.32
82140	0	34.65	34.65
82143	0	16.38	16.38
82145	0	37.17	37.17
82150	0	15.75	15.75
82154	0	69.3	69.3
82157	0	69.93	69.93
82160	0	59.85	59.85
82163	0	49.14	49.14
82164	0	35.28	35.28
82172	0	37.17	37.17
82175	0	45.36	45.36
82180	0	23.94	23.94
82190	0	35.91	35.91
82205	0	27.72	27.72
82232	0	39.06	39.06
82239	0	40.95	40.95
82240	0	63.63	63.63
82247	0	11.97	11.97
82248	0	11.97	11.97
82252	0	10.71	10.71
82261	0	40.32	40.32
82270	0	7.56	7.56

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
82271	0	7.56	7.56
82272	0	7.56	7.56
82274	0	38.43	38.43
82286	0	16.38	16.38
82300	0	55.44	55.44
82306	0	71.19	71.19
82308	0	64.26	64.26
82310	0	12.6	12.6
82330	0	32.76	32.76
82331	0	12.6	12.6
82340	0	14.49	14.49
82355	0	27.72	27.72
82360	0	30.87	30.87
82365	0	30.87	30.87
82370	0	30.24	30.24
82373	0	43.47	43.47
82374	0	11.97	11.97
82375	0	29.61	29.61
82376	0	14.49	14.49
82378	0	45.36	45.36
82379	0	40.32	40.32
82380	0	22.05	22.05
82382	0	40.95	40.95
82383	0	59.85	59.85
82384	0	60.48	60.48
82387	0	49.77	49.77
82390	0	25.83	25.83
82397	0	34.02	34.02
82415	0	30.24	30.24
82435	0	11.34	11.34
82436	0	11.97	11.97
82438	0	11.97	11.97
82441	0	14.49	14.49
82465	0	10.71	10.71
82480	0	18.9	18.9
82482	0	18.27	18.27
82485	0	49.77	49.77
82486	0	43.47	43.47
82487	0	38.43	38.43
82488	0	51.03	51.03

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
82489	0	44.1	44.1
82491	0	43.47	43.47
82492	0	43.47	43.47
82495	0	48.51	48.51
82507	0	66.78	66.78
82520	0	36.54	36.54
82523	0	44.73	44.73
82525	0	29.61	29.61
82528	0	54.18	54.18
82530	0	40.32	40.32
82533	0	39.06	39.06
82540	0	11.34	11.34
82541	0	43.47	43.47
82542	0	43.47	43.47
82543	0	43.47	43.47
82544	0	43.47	43.47
82550	0	15.75	15.75
82552	0	32.13	32.13
82553	0	27.72	27.72
82554	0	28.35	28.35
82565	0	12.6	12.6
82570	0	12.6	12.6
82575	0	22.68	22.68
82585	0	20.79	20.79
82595	0	15.75	15.75
82600	0	46.62	46.62
82607	0	35.91	35.91
82608	0	34.65	34.65
82610	0	32.76	32.76
82615	0	19.53	19.53
82626	0	60.48	60.48
82627	0	53.55	53.55
82633	0	74.34	74.34
82634	0	69.93	69.93
82638	0	29.61	29.61
82646	0	49.77	49.77
82649	0	61.74	61.74
82651	0	61.74	61.74
82652	0	92.61	92.61
82654	0	33.39	33.39
82656	0	27.72	27.72

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
82657	0	43.47	43.47
82658	0	43.47	43.47
82664	0	82.53	82.53
82666	0	51.66	51.66
82668	0	45.36	45.36
82670	0	66.78	66.78
82671	0	77.49	77.49
82672	0	52.29	52.29
82677	0	57.96	57.96
82679	0	59.85	59.85
82690	0	41.58	41.58
82693	0	35.91	35.91
82696	0	56.7	56.7
82705	0	11.97	11.97
82710	0	40.32	40.32
82715	0	41.58	41.58
82725	0	32.13	32.13
82726	0	43.47	43.47
82728	0	32.76	32.76
82731	0	154.35	154.35
82735	0	44.73	44.73
82742	0	47.25	47.25
82746	0	35.28	35.28
82747	0	41.58	41.58
82757	0	41.58	41.58
82759	0	51.66	51.66
82760	0	27.09	27.09
82775	0	50.4	50.4
82776	0	20.16	20.16
82777	0	52.92	52.92
82784	0	22.05	22.05
82785	0	39.69	39.69
82787	0	19.53	19.53
82800	0	20.16	20.16
82803	0	46.62	46.62
82805	0	68.04	68.04
82810	0	20.79	20.79
82820	0	23.94	23.94
82930	0	13.23	13.23
82938	0	42.21	42.21
82941	0	42.21	42.21

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
82943	0	34.02	34.02
82945	0	9.45	9.45
82946	0	35.91	35.91
82947	0	9.45	9.45
82948	0	7.56	7.56
82950	0	11.34	11.34
82951	0	30.87	30.87
82952	0	9.45	9.45
82953	0	36.54	36.54
82955	0	23.31	23.31
82960	0	14.49	14.49
82962	0	5.67	5.67
82963	0	51.66	51.66
82965	0	18.27	18.27
82975	0	37.8	37.8
82977	0	17.01	17.01
82978	0	34.02	34.02
82979	0	16.38	16.38
82980	0	44.1	44.1
82985	0	35.91	35.91
83001	0	44.73	44.73
83002	0	44.73	44.73
83003	0	40.32	40.32
83008	0	40.32	40.32
83009	0	161.91	161.91
83010	0	30.24	30.24
83012	0	40.95	40.95
83013	0	161.91	161.91
83014	0	18.9	18.9
83015	0	45.36	45.36
83018	0	52.92	52.92
83020	34.02	30.87	64.89
83021	0	43.47	43.47
83026	0	5.67	5.67
83030	0	19.53	19.53
83033	0	14.49	14.49
83036	0	23.31	23.31
83037	0	23.31	23.31
83045	0	11.97	11.97
83050	0	17.64	17.64

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
83051	0	17.64	17.64
83055	0	11.97	11.97
83060	0	19.53	19.53
83065	0	16.38	16.38
83068	0	20.16	20.16
83069	0	9.45	9.45
83070	0	11.34	11.34
83071	0	16.38	16.38
83080	0	40.32	40.32
83088	0	70.56	70.56
83090	0	40.32	40.32
83150	0	46.62	46.62
83491	0	42.21	42.21
83497	0	30.87	30.87
83498	0	64.89	64.89
83499	0	60.48	60.48
83500	0	54.18	54.18
83505	0	58.59	58.59
83516	0	27.72	27.72
83518	0	20.16	20.16
83519	0	32.13	32.13
83520	0	30.87	30.87
83525	0	27.72	27.72
83527	0	30.87	30.87
83528	0	38.43	38.43
83540	0	15.75	15.75
83550	0	20.79	20.79
83570	0	21.42	21.42
83582	0	34.02	34.02
83586	0	30.87	30.87
83593	0	63	63
83605	0	25.83	25.83
83615	0	14.49	14.49
83625	0	30.87	30.87
83630	0	47.25	47.25
83631	0	47.25	47.25
83632	0	48.51	48.51
83633	0	13.23	13.23
83634	0	27.72	27.72
83655	0	28.98	28.98

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
83661	0	52.92	52.92
83662	0	45.36	45.36
83663	0	45.36	45.36
83664	0	45.36	45.36
83670	0	22.05	22.05
83690	0	16.38	16.38
83695	0	30.87	30.87
83698	0	81.27	81.27
83700	0	27.09	27.09
83701	0	59.85	59.85
83704	0	75.6	75.6
83718	0	19.53	19.53
83719	0	27.72	27.72
83721	0	22.68	22.68
83727	0	40.95	40.95
83735	0	16.38	16.38
83775	0	17.64	17.64
83785	0	59.22	59.22
83788	0	43.47	43.47
83789	0	43.47	43.47
83805	0	42.21	42.21
83825	0	39.06	39.06
83835	0	40.95	40.95
83840	0	39.06	39.06
83857	0	25.83	25.83
83858	0	35.28	35.28
83861	0	39.69	39.69
83864	0	47.88	47.88
83866	0	23.94	23.94
83872	0	13.86	13.86
83873	0	41.58	41.58
83874	0	30.87	30.87
83876	0	81.27	81.27
83880	0	81.27	81.27
83883	0	32.76	32.76
83885	0	58.59	58.59
83887	0	56.7	56.7
83915	0	26.46	26.46
83916	0	48.51	48.51
83918	0	39.69	39.69

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
83919	0	39.69	39.69
83921	0	39.69	39.69
83925	0	46.62	46.62
83930	0	15.75	15.75
83935	0	16.38	16.38
83937	0	71.82	71.82
83945	0	30.87	30.87
83950	0	154.35	154.35
83951	0	154.35	154.35
83970	0	98.91	98.91
83986	0	8.82	8.82
83987	0	37.8	37.8
83992	0	35.28	35.28
83993	0	47.25	47.25
84022	0	37.17	37.17
84030	0	13.23	13.23
84035	0	8.82	8.82
84060	0	17.64	17.64
84061	0	18.9	18.9
84066	0	23.31	23.31
84075	0	12.6	12.6
84078	0	17.64	17.64
84080	0	35.28	35.28
84081	0	39.69	39.69
84085	0	16.38	16.38
84087	0	24.57	24.57
84100	0	11.34	11.34
84105	0	12.6	12.6
84106	0	10.08	10.08
84110	0	20.16	20.16
84112	0	154.35	154.35
84119	0	20.79	20.79
84120	0	35.28	35.28
84126	0	61.11	61.11
84127	0	27.72	27.72
84132	0	11.34	11.34
84133	0	10.08	10.08
84134	0	35.28	35.28
84135	0	45.99	45.99
84138	0	45.36	45.36

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
84140	0	49.77	49.77
84143	0	54.81	54.81
84144	0	49.77	49.77
84145	0	64.26	64.26
84146	0	46.62	46.62
84150	0	59.85	59.85
84152	0	44.1	44.1
84153	0	44.1	44.1
84154	0	44.1	44.1
84155	0	8.82	8.82
84156	0	8.82	8.82
84157	0	8.82	8.82
84160	0	12.6	12.6
84163	0	35.91	35.91
84165	34.02	25.83	59.85
84166	34.02	42.84	76.86
84181	34.02	40.95	74.97
84182	34.02	43.47	77.49
84202	0	34.65	34.65
84203	0	20.79	20.79
84206	0	42.84	42.84
84207	0	67.41	67.41
84210	0	25.83	25.83
84220	0	22.68	22.68
84228	0	27.72	27.72
84233	0	154.35	154.35
84234	0	155.61	155.61
84235	0	125.37	125.37
84238	0	87.57	87.57
84244	0	52.92	52.92
84252	0	48.51	48.51
84255	0	61.11	61.11
84260	0	74.34	74.34
84270	0	52.29	52.29
84275	0	32.13	32.13
84285	0	56.7	56.7
84295	0	11.34	11.34
84300	0	11.97	11.97
84302	0	11.97	11.97
84305	0	51.03	51.03

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
84307	0	44.1	44.1
84311	0	17.01	17.01
84315	0	6.3	6.3
84375	0	47.25	47.25
84376	0	13.23	13.23
84377	0	13.23	13.23
84378	0	27.72	27.72
84379	0	27.72	27.72
84392	0	11.34	11.34
84402	0	61.11	61.11
84403	0	61.74	61.74
84425	0	51.03	51.03
84430	0	27.72	27.72
84431	0	40.32	40.32
84432	0	38.43	38.43
84436	0	16.38	16.38
84437	0	15.75	15.75
84439	0	21.42	21.42
84442	0	35.28	35.28
84443	0	40.32	40.32
84445	0	122.22	122.22
84446	0	34.02	34.02
84449	0	43.47	43.47
84450	0	12.6	12.6
84460	0	12.6	12.6
84466	0	30.87	30.87
84478	0	13.86	13.86
84479	0	15.75	15.75
84480	0	34.02	34.02
84481	0	40.95	40.95
84482	0	37.8	37.8
84484	0	23.31	23.31
84485	0	18.27	18.27
84488	0	17.64	17.64
84490	0	18.27	18.27
84510	0	25.2	25.2
84512	0	18.27	18.27
84520	0	9.45	9.45
84525	0	8.82	8.82
84540	0	11.34	11.34

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
84545	0	15.75	15.75
84550	0	10.71	10.71
84560	0	11.34	11.34
84577	0	30.24	30.24
84578	0	7.56	7.56
84580	0	17.01	17.01
84583	0	11.97	11.97
84585	0	37.17	37.17
84586	0	85.05	85.05
84588	0	81.27	81.27
84590	0	27.72	27.72
84591	0	27.72	27.72
84597	0	32.76	32.76
84600	0	38.43	38.43
84620	0	28.35	28.35
84630	0	27.09	27.09
84681	0	49.77	49.77
84702	0	35.91	35.91
84703	0	18.27	18.27
84704	0	35.91	35.91
84830	0	23.94	23.94
84999	0	0	0
85002	0	10.71	10.71
85004	0	15.75	15.75
85007	0	8.19	8.19
85008	0	8.19	8.19
85009	0	8.82	8.82
85013	0	5.67	5.67
85014	0	5.67	5.67
85018	0	5.67	5.67
85025	0	18.9	18.9
85027	0	15.75	15.75
85032	0	10.08	10.08
85041	0	6.93	6.93
85044	0	10.08	10.08
85045	0	9.45	9.45
85046	0	13.23	13.23
85048	0	6.3	6.3
85049	0	10.71	10.71
85055	0	64.26	64.26

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
85060	0	0	43.47
85097	0	0	151.83
85130	0	28.35	28.35
85170	0	8.82	8.82
85175	0	10.71	10.71
85210	0	30.87	30.87
85220	0	42.21	42.21
85230	0	42.84	42.84
85240	0	42.84	42.84
85244	0	49.14	49.14
85245	0	54.81	54.81
85246	0	54.81	54.81
85247	0	54.81	54.81
85250	0	45.36	45.36
85260	0	42.84	42.84
85270	0	42.84	42.84
85280	0	46.62	46.62
85290	0	39.06	39.06
85291	0	21.42	21.42
85292	0	45.36	45.36
85293	0	45.36	45.36
85300	0	28.35	28.35
85301	0	25.83	25.83
85302	0	28.98	28.98
85303	0	33.39	33.39
85305	0	27.72	27.72
85306	0	36.54	36.54
85307	0	36.54	36.54
85335	0	30.87	30.87
85337	0	25.2	25.2
85345	0	10.08	10.08
85347	0	10.08	10.08
85348	0	8.82	8.82
85360	0	20.16	20.16
85362	0	16.38	16.38
85366	0	20.79	20.79
85370	0	27.09	27.09
85378	0	17.01	17.01
85379	0	24.57	24.57
85380	0	24.57	24.57

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
85384	0	20.16	20.16
85385	0	20.16	20.16
85390	34.02	12.6	46.62
85396	0	0	35.91
85397	0	54.81	54.81
85400	0	21.42	21.42
85410	0	18.27	18.27
85415	0	40.95	40.95
85420	0	15.75	15.75
85421	0	24.57	24.57
85441	0	10.08	10.08
85445	0	16.38	16.38
85460	0	18.27	18.27
85461	0	15.75	15.75
85475	0	21.42	21.42
85520	0	31.5	31.5
85525	0	28.35	28.35
85530	0	34.02	34.02
85536	0	15.75	15.75
85540	0	20.79	20.79
85547	0	20.79	20.79
85549	0	44.73	44.73
85555	0	15.75	15.75
85557	0	32.13	32.13
85576	34.02	51.66	85.68
85597	0	42.84	42.84
85598	0	42.84	42.84
85610	0	9.45	9.45
85611	0	9.45	9.45
85612	0	22.68	22.68
85613	0	22.68	22.68
85635	0	23.31	23.31
85651	0	8.82	8.82
85652	0	6.3	6.3
85660	0	13.23	13.23
85670	0	13.86	13.86
85675	0	16.38	16.38
85705	0	23.31	23.31
85730	0	14.49	14.49
85732	0	15.75	15.75

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
85810	0	27.72	27.72
85999	0	0	0
86000	0	17.01	17.01
86001	0	12.6	12.6
86003	0	12.6	12.6
86005	0	18.9	18.9
86021	0	35.91	35.91
86022	0	44.1	44.1
86023	0	29.61	29.61
86038	0	28.98	28.98
86039	0	27.09	27.09
86060	0	17.64	17.64
86063	0	13.86	13.86
86077	0	0	96.39
86078	0	0	96.39
86079	0	0	95.76
86140	0	12.6	12.6
86141	0	30.87	30.87
86146	0	61.11	61.11
86147	0	61.11	61.11
86148	0	38.43	38.43
86152	0	0	0
86153	61.74	0	0
86155	0	38.43	38.43
86156	0	16.38	16.38
86157	0	19.53	19.53
86160	0	28.98	28.98
86161	0	28.98	28.98
86162	0	48.51	48.51
86171	0	23.94	23.94
86185	0	21.42	21.42
86200	0	30.87	30.87
86215	0	31.5	31.5
86225	0	32.76	32.76
86226	0	28.98	28.98
86235	0	42.84	42.84
86243	0	49.14	49.14
86255	34.02	28.98	63
86256	32.76	28.98	61.74
86277	0	37.8	37.8

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86280	0	19.53	19.53
86294	0	47.25	47.25
86300	0	49.77	49.77
86301	0	49.77	49.77
86304	0	49.77	49.77
86305	0	49.77	49.77
86308	0	12.6	12.6
86309	0	15.75	15.75
86310	0	17.64	17.64
86316	0	49.77	49.77
86317	0	35.91	35.91
86318	0	30.87	30.87
86320	32.76	53.55	86.31
86325	32.76	53.55	86.31
86327	38.43	54.18	92.61
86329	0	33.39	33.39
86331	0	28.98	28.98
86332	0	58.59	58.59
86334	34.02	53.55	87.57
86335	34.02	70.56	104.58
86336	0	37.17	37.17
86337	0	51.66	51.66
86340	0	35.91	35.91
86341	0	47.25	47.25
86343	0	29.61	29.61
86344	0	18.9	18.9
86352	0	325.71	325.71
86353	0	117.81	117.81
86355	0	90.72	90.72
86356	0	64.26	64.26
86357	0	90.72	90.72
86359	0	90.72	90.72
86360	0	112.77	112.77
86361	0	64.26	64.26
86367	0	90.72	90.72
86376	0	34.65	34.65
86378	0	47.25	47.25
86382	0	40.32	40.32
86384	0	27.09	27.09
86386	0	38.43	38.43

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86403	0	24.57	24.57
86406	0	25.83	25.83
86430	0	13.86	13.86
86431	0	13.86	13.86
86480	0	148.68	148.68
86481	0	179.55	179.55
86485	0	24.57	24.57
86486	0	8.82	8.82
86490	0	8.82	8.82
86510	0	11.34	11.34
86580	0	13.86	13.86
86590	0	26.46	26.46
86592	0	10.08	10.08
86593	0	10.71	10.71
86602	0	24.57	24.57
86603	0	30.87	30.87
86606	0	35.91	35.91
86609	0	30.87	30.87
86611	0	24.57	24.57
86612	0	30.87	30.87
86615	0	31.5	31.5
86617	0	37.17	37.17
86618	0	40.95	40.95
86619	0	32.13	32.13
86622	0	21.42	21.42
86625	0	31.5	31.5
86628	0	28.98	28.98
86631	0	28.35	28.35
86632	0	30.24	30.24
86635	0	27.72	27.72
86638	0	28.98	28.98
86641	0	34.65	34.65
86644	0	34.65	34.65
86645	0	40.32	40.32
86648	0	36.54	36.54
86651	0	31.5	31.5
86652	0	31.5	31.5
86653	0	31.5	31.5
86654	0	31.5	31.5
86658	0	31.5	31.5

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86663	0	31.5	31.5
86664	0	36.54	36.54
86665	0	43.47	43.47
86666	0	24.57	24.57
86668	0	25.2	25.2
86671	0	29.61	29.61
86674	0	35.28	35.28
86677	0	34.65	34.65
86682	0	31.5	31.5
86684	0	37.8	37.8
86687	0	20.16	20.16
86688	0	33.39	33.39
86689	0	46.62	46.62
86692	0	40.95	40.95
86694	0	34.65	34.65
86695	0	31.5	31.5
86696	0	46.62	46.62
86698	0	30.24	30.24
86701	0	21.42	21.42
86702	0	32.13	32.13
86703	0	32.76	32.76
86704	0	28.98	28.98
86705	0	28.35	28.35
86706	0	25.83	25.83
86707	0	27.72	27.72
86708	0	29.61	29.61
86709	0	27.09	27.09
86710	0	32.76	32.76
86711	0	34.65	34.65
86713	0	36.54	36.54
86717	0	29.61	29.61
86720	0	31.5	31.5
86723	0	31.5	31.5
86727	0	30.87	30.87
86729	0	28.98	28.98
86732	0	31.5	31.5
86735	0	31.5	31.5
86738	0	31.5	31.5
86741	0	31.5	31.5
86744	0	31.5	31.5

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86747	0	35.91	35.91
86750	0	31.5	31.5
86753	0	29.61	29.61
86756	0	30.87	30.87
86757	0	46.62	46.62
86759	0	31.5	31.5
86762	0	34.65	34.65
86765	0	30.87	30.87
86768	0	31.5	31.5
86771	0	31.5	31.5
86774	0	35.28	35.28
86777	0	34.65	34.65
86778	0	34.65	34.65
86780	0	31.5	31.5
86784	0	30.24	30.24
86787	0	30.87	30.87
86788	0	40.32	40.32
86789	0	34.65	34.65
86790	0	30.87	30.87
86793	0	31.5	31.5
86800	0	38.43	38.43
86803	0	34.02	34.02
86804	0	37.17	37.17
86805	0	125.37	125.37
86806	0	114.03	114.03
86807	0	95.13	95.13
86808	0	71.19	71.19
86812	0	61.74	61.74
86813	0	139.23	139.23
86816	0	66.78	66.78
86817	0	154.35	154.35
86821	0	135.45	135.45
86822	0	87.57	87.57
86825	0	192.78	192.78
86826	0	64.26	64.26
86828	0	95.13	95.13
86829	0	71.19	71.19
86830	0	193.41	193.41
86831	0	166.32	166.32
86832	0	304.29	304.29

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86833	0	276.57	276.57
86834	0	858.06	858.06
86835	0	774.9	774.9
86849	0	0	0
86850	0	30.24	30.24
86860	0	39.06	39.06
86870	0	53.55	53.55
86880	0	12.6	12.6
86885	0	13.86	13.86
86886	0	12.6	12.6
86890	0	122.85	122.85
86891	0	173.25	173.25
86900	0	6.93	6.93
86901	0	6.93	6.93
86902	0	9.45	9.45
86904	0	22.68	22.68
86905	0	9.45	9.45
86906	0	18.9	18.9
86910	0	31.5	31.5
86911	0	27.72	27.72
86920	0	43.47	43.47
86921	0	39.06	39.06
86922	0	45.99	45.99
86923	0	34.65	34.65
86927	0	24.57	24.57
86930	0	144.27	144.27
86931	0	108.36	108.36
86932	0	122.85	122.85
86940	0	19.53	19.53
86941	0	28.98	28.98
86945	0	35.91	35.91
86950	0	93.87	93.87
86960	0	40.32	40.32
86965	0	40.32	40.32
86970	0	35.91	35.91
86971	0	28.98	28.98
86972	0	50.4	50.4
86975	0	39.06	39.06
86976	0	43.47	43.47
86977	0	43.47	43.47

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
86978	0	43.47	43.47
86985	0	31.5	31.5
86999	0	0	0
87001	0	31.5	31.5
87003	0	40.32	40.32
87015	0	15.75	15.75
87040	0	24.57	24.57
87045	0	22.68	22.68
87046	0	22.68	22.68
87070	0	20.79	20.79
87071	0	22.68	22.68
87073	0	22.68	22.68
87075	0	22.68	22.68
87076	0	19.53	19.53
87077	0	19.53	19.53
87081	0	15.75	15.75
87084	0	20.79	20.79
87086	0	19.53	19.53
87088	0	19.53	19.53
87101	0	18.27	18.27
87102	0	20.16	20.16
87103	0	21.42	21.42
87106	0	24.57	24.57
87107	0	24.57	24.57
87109	0	37.17	37.17
87110	0	47.25	47.25
87116	0	25.83	25.83
87118	0	26.46	26.46
87140	0	13.23	13.23
87143	0	30.24	30.24
87147	0	12.6	12.6
87149	0	47.88	47.88
87150	0	84.42	84.42
87152	0	12.6	12.6
87153	0	276.57	276.57
87158	0	12.6	12.6
87164	34.02	25.83	59.85
87166	0	27.09	27.09
87168	0	10.08	10.08
87169	0	10.08	10.08

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87172	0	10.08	10.08
87176	0	13.86	13.86
87177	0	21.42	21.42
87181	0	11.34	11.34
87184	0	16.38	16.38
87185	0	11.34	11.34
87186	0	20.79	20.79
87187	0	24.57	24.57
87188	0	15.75	15.75
87190	0	13.86	13.86
87197	0	35.91	35.91
87205	0	10.08	10.08
87206	0	12.6	12.6
87207	34.02	14.49	48.51
87209	0	42.84	42.84
87210	0	10.08	10.08
87220	0	10.08	10.08
87230	0	47.25	47.25
87250	0	46.62	46.62
87252	0	62.37	62.37
87253	0	48.51	48.51
87254	0	46.62	46.62
87255	0	81.27	81.27
87260	0	28.98	28.98
87265	0	28.98	28.98
87267	0	28.98	28.98
87269	0	28.98	28.98
87270	0	28.98	28.98
87271	0	28.98	28.98
87272	0	28.98	28.98
87273	0	28.98	28.98
87274	0	28.98	28.98
87275	0	28.98	28.98
87276	0	28.98	28.98
87277	0	28.98	28.98
87278	0	28.98	28.98
87279	0	28.98	28.98
87280	0	28.98	28.98
87281	0	28.98	28.98
87283	0	28.98	28.98

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87285	0	28.98	28.98
87290	0	28.98	28.98
87299	0	28.98	28.98
87300	0	28.98	28.98
87301	0	28.98	28.98
87305	0	28.98	28.98
87320	0	28.98	28.98
87324	0	28.98	28.98
87327	0	28.98	28.98
87328	0	28.98	28.98
87329	0	28.98	28.98
87332	0	28.98	28.98
87335	0	28.98	28.98
87336	0	28.98	28.98
87337	0	28.98	28.98
87338	0	34.65	34.65
87339	0	28.98	28.98
87340	0	24.57	24.57
87341	0	24.57	24.57
87350	0	27.72	27.72
87380	0	39.69	39.69
87385	0	28.98	28.98
87389	0	57.96	57.96
87390	0	42.21	42.21
87391	0	42.21	42.21
87400	0	28.98	28.98
87420	0	28.98	28.98
87425	0	28.98	28.98
87427	0	28.98	28.98
87430	0	28.98	28.98
87449	0	28.98	28.98
87450	0	23.31	23.31
87451	0	23.31	23.31
87470	0	47.88	47.88
87471	0	84.42	84.42
87472	0	102.69	102.69
87475	0	47.88	47.88
87476	0	84.42	84.42
87477	0	102.69	102.69
87480	0	47.88	47.88

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87481	0	84.42	84.42
87482	0	100.17	100.17
87485	0	47.88	47.88
87486	0	84.42	84.42
87487	0	102.69	102.69
87490	0	47.88	47.88
87491	0	84.42	84.42
87492	0	83.79	83.79
87493	0	84.42	84.42
87495	0	47.88	47.88
87496	0	84.42	84.42
87497	0	102.69	102.69
87498	0	84.42	84.42
87500	0	84.42	84.42
87501	0	122.85	122.85
87502	0	204.12	204.12
87503	0	49.77	49.77
87510	0	47.88	47.88
87511	0	84.42	84.42
87512	0	100.17	100.17
87515	0	47.88	47.88
87516	0	84.42	84.42
87517	0	102.69	102.69
87520	0	47.88	47.88
87521	0	84.42	84.42
87522	0	102.69	102.69
87525	0	47.88	47.88
87526	0	84.42	84.42
87527	0	100.17	100.17
87528	0	47.88	47.88
87529	0	84.42	84.42
87530	0	102.69	102.69
87531	0	47.88	47.88
87532	0	84.42	84.42
87533	0	100.17	100.17
87534	0	47.88	47.88
87535	0	84.42	84.42
87536	0	204.12	204.12
87537	0	47.88	47.88
87538	0	84.42	84.42

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87539	0	102.69	102.69
87540	0	47.88	47.88
87541	0	84.42	84.42
87542	0	100.17	100.17
87550	0	47.88	47.88
87551	0	84.42	84.42
87552	0	102.69	102.69
87555	0	47.88	47.88
87556	0	84.42	84.42
87557	0	102.69	102.69
87560	0	47.88	47.88
87561	0	84.42	84.42
87562	0	102.69	102.69
87580	0	47.88	47.88
87581	0	84.42	84.42
87582	0	100.17	100.17
87590	0	47.88	47.88
87591	0	84.42	84.42
87592	0	102.69	102.69
87620	0	47.88	47.88
87621	0	84.42	84.42
87622	0	100.17	100.17
87631	0	308.07	308.07
87632	0	512.19	512.19
87633	0	999.81	999.81
87640	0	84.42	84.42
87641	0	84.42	84.42
87650	0	47.88	47.88
87651	0	84.42	84.42
87652	0	100.17	100.17
87653	0	84.42	84.42
87660	0	47.88	47.88
87797	0	47.88	47.88
87798	0	84.42	84.42
87799	0	102.69	102.69
87800	0	96.39	96.39
87801	0	168.21	168.21
87802	0	28.98	28.98
87803	0	28.98	28.98
87804	0	28.98	28.98

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
87807	0	28.98	28.98
87808	0	28.98	28.98
87809	0	28.98	28.98
87810	0	28.98	28.98
87850	0	28.98	28.98
87880	0	28.98	28.98
87899	0	28.98	28.98
87900	0	312.48	312.48
87901	0	617.4	617.4
87902	0	617.4	617.4
87903	0	1172.43	1172.43
87904	0	62.37	62.37
87905	0	29.61	29.61
87906	0	308.7	308.7
87910	0	617.4	617.4
87912	0	617.4	617.4
87999	0	0	0
88000	0	0	396.9
88005	0	0	463.05
88007	0	0	485.1
88012	0	0	396.9
88014	0	0	364.14
88016	0	0	507.15
88020	0	0	683.55
88025	0	0	661.5
88027	0	0	705.6
88028	0	0	396.9
88029	0	0	396.9
88036	0	0	198.45
88037	0	0	176.4
88040	0	0	1102.5
88045	0	0	110.25
88099	0	0	0
88104	51.66	78.75	130.41
88106	34.65	114.03	148.68
88108	40.32	98.28	138.6
88112	49.77	61.11	110.88
88120	103.95	984.06	1088.01
88121	89.46	851.76	941.22
88125	23.31	15.75	39.06

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
88130	0	35.91	35.91
88140	0	18.9	18.9
88141	0	0	56.07
88142	0	48.51	48.51
88143	0	48.51	48.51
88147	0	27.09	27.09
88148	0	36.54	36.54
88150	0	25.2	25.2
88152	0	25.2	25.2
88153	0	25.2	25.2
88154	0	25.2	25.2
88155	0	14.49	14.49
88160	46.62	66.78	113.4
88161	44.73	58.59	103.32
88162	71.19	98.28	169.47
88164	0	25.2	25.2
88165	0	25.2	25.2
88166	0	25.2	25.2
88167	0	25.2	25.2
88172	63.63	32.13	95.76
88173	126.63	131.67	258.3
88174	0	51.03	51.03
88175	0	63.63	63.63
88177	39.06	13.23	52.29
88182	64.89	128.52	193.41
88184	0	154.35	154.35
88185	0	94.5	94.5
88187	0	0	126
88188	0	0	158.76
88189	0	0	194.67
88199	0	0	0
88230	0	279.72	279.72
88233	0	337.68	337.68
88235	0	353.43	353.43
88237	0	303.03	303.03
88239	0	354.06	354.06
88240	0	23.94	23.94
88241	0	23.94	23.94
88245	0	357.21	357.21
88248	0	415.8	415.8

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
88249	0	415.8	415.8
88261	0	423.99	423.99
88262	0	299.25	299.25
88263	0	360.36	360.36
88264	0	299.25	299.25
88267	0	431.55	431.55
88269	0	398.79	398.79
88271	0	51.66	51.66
88272	0	64.26	64.26
88273	0	76.86	76.86
88274	0	83.79	83.79
88275	0	96.39	96.39
88280	0	60.48	60.48
88283	0	164.43	164.43
88285	0	45.36	45.36
88289	0	82.53	82.53
88291	0	0	54.81
88299	0	0	0
88300	8.19	17.64	25.83
88302	12.6	40.32	52.92
88304	20.16	56.07	76.23
88305	67.41	56.7	124.11
88307	148.05	359.1	507.15
88309	262.08	509.67	771.75
88311	22.05	13.86	35.91
88312	48.51	117.81	166.32
88313	21.42	94.5	115.92
88314	40.32	97.02	137.34
88319	49.77	101.43	151.2
88321	0	0	167.58
88323	154.98	104.58	259.56
88325	0	0	374.22
88329	0	0	100.8
88331	110.25	63.63	173.88
88332	54.81	22.05	76.86
88333	112.14	71.82	183.96
88334	69.3	45.36	114.66
88342	93.87	83.79	177.66
88346	75.6	111.51	187.11
88347	73.71	82.53	156.24

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
88348	134.82	1100.61	1235.43
88349	72.45	646.38	718.83
88355	148.68	161.28	309.96
88356	235.62	256.41	492.03
88358	80.01	66.78	146.79
88360	96.39	132.3	228.69
88361	104.58	173.25	277.83
88362	199.71	342.09	541.8
88363	0	0	39.06
88365	105.84	206.01	311.85
88367	110.25	339.57	449.82
88368	114.03	294.84	408.87
88371	34.02	53.55	87.57
88372	34.02	54.81	88.83
88375	0	0	0
88380	141.12	194.04	335.16
88381	97.02	185.85	282.87
88387	51.66	11.34	63
88388	42.21	15.75	57.96
88399	0	0	0
88720	0	11.97	11.97
88738	0	11.97	11.97
88740	0	11.97	11.97
88741	0	11.97	11.97
88749	0	0	0
89049	0	0	455.49
89050	0	11.34	11.34
89051	0	13.23	13.23
89055	0	10.08	10.08
89060	34.02	17.01	51.03
89125	0	10.08	10.08
89160	0	8.82	8.82
89190	0	11.34	11.34
89220	0	30.24	30.24
89230	0	8.82	8.82
89240	0	0	0
89250	0	1772.19	1772.19
89251	0	1843.38	1843.38
89253	0	0	0
89254	0	0	0

PATHOLOGY AND LABORATORY

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
89255	0	0	0
89257	0	0	0
89258	0	0	0
89259	0	0	0
89260	0	0	0
89261	0	0	0
89264	0	0	0
89268	0	0	0
89272	0	0	0
89280	0	0	0
89281	0	0	0
89290	0	0	0
89291	0	0	0
89300	0	21.42	21.42
89310	0	20.79	20.79
89320	0	28.98	28.98
89321	0	28.98	28.98
89322	0	37.17	37.17
89325	0	25.83	25.83
89329	0	50.4	50.4
89330	0	23.94	23.94
89331	0	47.25	47.25
89335	0	0	0
89342	0	0	0
89343	0	0	0
89344	0	0	0
89346	0	0	0
89352	0	0	0
89353	0	0	0
89354	0	0	0
89356	0	0	0
89398	0	0	0
80155	0	34.02	34.02
80159	0	44.1	44.1
80169	0	32.76	32.76
80171	0	31.5	31.5
80175	0	31.5	31.5
80177	0	31.5	31.5
80180	0	43.47	43.47
80183	0	31.5	31.5

CPT CODE	MAXIMUM FEE		
	(PC)	(TC)	(TS)
80199	0	43.47	43.47
80203	0	31.5	31.5
81287	0	0	0
81504	0	0	0
81507	0	0	0
88343	0	0	0

MEDICINE GROUND RULES

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

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

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 maximum fee for a definite treatment, and the patient is transferred from one health care provider to another, the maximum fee or the billed charge, whichever is less, should be apportioned between or among the providers. The providers involved shall agree upon the amount of proration, and shall render separate bills accordingly, with an explanatory note.
12. **MISCELLANEOUS:** The Maximum Fee for other diagnostic therapeutics, anesthesia, surgery, x-rays, and laboratory procedures are listed in the following sections: Anesthesia, Surgery, Radiology, Pathology and Laboratory, Medicine, and Evaluation and Management.
13. **CONSULTATIONS AND REFERRALS:** A **consultation** is a service rendered by a specialist at the request of the attending health care provider or other appropriate source seeking further evaluation or an opinion on how to proceed in the management of a patient's illness. Consultations always require a narrative report from the consultant to the attending health care provider requesting the opinion. The fee payable should correspond appropriately to the level of service. When the consulting specialist assumes responsibility for the continuing care of the patient, any service rendered subsequent to the consultation will be reimbursed according to the actual level of service rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).

A **referral** is the transfer of a patient to a specialist for diagnosis, and where necessary, treatment of a specific illness or injury, rather than for advice. A referral will be reimbursed according to the actual level of services rendered, as listed under the appropriate subsection headings (e.g., office or hospital visits).
14. **LIMITATIONS ON PATIENT VISITS FOR PSYCHOTHERAPY OR PSYCHOLOGICAL COUNSELING:** Psychotherapy or Psychological counseling, for work-related conditions requiring either more than 21 visits or continuing for more than 3 months after initiation of therapy, whichever comes first, requires prior authorization from the employer, insurance carrier, the Workers Compensation Fund, or the Kansas Division of Workers Compensation, unless such authorization was previously received for a greater number of visits.
15. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.
17. **MODIFIERS:** Procedure codes for medicine services may be modified under certain circumstances. The circumstances are to be identified by the addition of a hyphen and the appropriate two-digit modifier code. Refer to Appendix A - Modifiers for a list of modifiers that may be used.
18. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
19. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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.

MEDICINE

CPT CODE	MAXIMUM FEE
90281	\$BR
90283	\$BR
90284	\$BR
90287	\$BR
90288	\$BR
90291	\$BR
90296	\$BR
90371	\$180.83
90375	\$351.87
90376	\$343.24
90378	\$BR
90384	\$189.47
90385	\$39.74
90386	\$203.29
90389	\$176.23
90393	\$BR
90396	\$194.65
90399	\$BR
90460	\$40.31
90461	\$20.16
90471	\$40.31
90472	\$20.16
90473	\$40.31
90474	\$20.16
90476	\$BR
90477	\$BR
90581	\$225.18
90585	\$191.77
90586	\$191.77
90632	\$82.93
90633	\$54.13
90634	\$57.01
90636	\$149.16
90644	\$43.19
90645	\$43.19
90646	\$43.19
90647	\$46.07
90648	\$43.19

CPT CODE	MAXIMUM FEE
90649	\$205.60
90650	\$BR
90653	\$BR
90654	\$30.52
90655	\$27.64
90656	\$20.16
90657	\$9.79
90658	\$24.76
90660	\$32.25
90661	\$33.40
90662	\$51.26
90664	\$BR
90666	\$BR
90667	\$BR
90668	\$BR
90669	\$153.77
90670	\$233.24
90672	\$39.74
90675	\$379.52
90676	\$BR
90680	\$122.09
90681	\$122.09
90685	\$37.43
90686	\$31.10
90687	\$BR
90688	\$BR
90690	\$62.20
90691	\$101.36
90692	\$BR
90693	\$BR
90696	\$BR
90698	\$122.09
90700	\$40.89
90702	\$33.40
90703	\$63.35
90704	\$42.04
90705	\$43.19
90706	\$43.19

CPT CODE	MAXIMUM FEE
90707	\$81.20
90708	\$BR
90710	\$216.54
90712	\$BR
90713	\$46.07
90714	\$31.10
90715	\$51.26
90716	\$119.21
90717	\$138.22
90719	\$BR
90720	\$BR
90721	\$BR
90723	\$119.21
90725	\$BR
90727	\$BR
90732	\$116.33
90733	\$171.04
90734	\$154.34
90735	\$167.59
90736	\$259.73
90738	\$107.12
90739	\$BR
90740	\$191.77
90743	\$39.16
90744	\$39.16
90746	\$96.18
90747	\$191.77
90748	\$90.42
90749	\$BR
90785	\$23.04
90791	\$215.39
90792	\$232.09
90832	\$104.24
90833	\$106.54
90834	\$138.22
90836	\$134.76
90837	\$206.75
90838	\$177.95

MEDICINE

CPT CODE	MAXIMUM FEE
90839	\$215.96
90840	\$103.66
90845	\$149.16
90846	\$167.59
90847	\$172.77
90849	\$55.29
90853	\$42.62
90863	\$BR
90865	\$272.40
90867	\$BR
90868	\$BR
90869	\$BR
90870	\$286.80
90875	\$100.78
90876	\$175.07
90880	\$164.13
90882	\$130.15
90885	\$81.20
90887	\$143.98
90889	\$110.00
90899	\$BR
90901	\$64.50
90911	\$137.64
90935	\$118.06
90937	\$169.31
90940	\$95.02
90945	\$139.37
90947	\$202.14
90951	\$1,515.77
90952	\$1,185.20
90953	\$790.13
90954	\$1,315.36
90955	\$741.76
90956	\$516.58
90957	\$1,046.41
90958	\$707.78
90959	\$479.15
90960	\$461.30

CPT CODE	MAXIMUM FEE
90961	\$388.16
90962	\$299.47
90963	\$886.89
90964	\$772.86
90965	\$733.12
90966	\$387.58
90967	\$28.80
90968	\$24.76
90969	\$24.19
90970	\$12.67
90989	\$592.60
90993	\$128.43
90997	\$150.31
90999	\$BR
91010	\$286.22
91013	\$38.59
91020	\$380.09
91022	\$274.13
91030	\$223.45
91034	\$307.53
91035	\$782.07
91037	\$262.61
91038	\$733.12
91040	\$648.46
91065	\$133.61
91110	\$1,446.66
91111	\$1,183.47
91112	\$1,740.37
91117	\$243.61
91120	\$647.89
91122	\$359.94
91132	\$248.21
91133	\$290.25
91299	\$BR
92002	\$133.61
92004	\$243.03
92012	\$139.94
92014	\$202.72

CPT CODE	MAXIMUM FEE
92015	\$32.83
92018	\$241.88
92019	\$117.48
92020	\$44.92
92025	\$61.62
92060	\$106.54
92065	\$86.39
92071	\$62.20
92072	\$224.60
92081	\$55.86
92082	\$80.05
92083	\$104.81
92100	\$130.15
92132	\$58.17
92133	\$72.56
92134	\$74.29
92136	\$145.70
92140	\$102.51
92225	\$44.92
92226	\$40.31
92227	\$23.04
92228	\$57.01
92230	\$96.18
92235	\$177.95
92240	\$411.19
92250	\$127.27
92260	\$30.52
92265	\$124.39
92270	\$146.28
92275	\$258.00
92283	\$89.26
92284	\$97.90
92285	\$33.40
92286	\$62.20
92287	\$222.87
92310	\$155.49
92311	\$166.44
92312	\$187.74

MEDICINE

CPT CODE	MAXIMUM FEE
92313	\$159.52
92314	\$128.43
92315	\$119.21
92316	\$148.58
92317	\$122.67
92325	\$66.80
92326	\$57.59
92340	\$57.59
92341	\$65.65
92342	\$70.84
92352	\$65.65
92353	\$76.02
92354	\$21.88
92355	\$33.40
92358	\$18.43
92370	\$50.10
92371	\$18.43
92499	\$BR
92502	\$158.37
92504	\$48.95
92507	\$129.58
92508	\$38.01
92511	\$222.30
92512	\$99.05
92516	\$113.45
92520	\$120.94
92526	\$141.10
92531	\$25.92
92532	\$29.95
92533	\$43.19
92534	\$32.83
92540	\$164.71
92541	\$49.53
92542	\$42.62
92543	\$25.92
92544	\$38.59
92545	\$33.40
92546	\$166.44
92547	\$9.79

CPT CODE	MAXIMUM FEE
92548	\$168.16
92550	\$33.98
92551	\$19.00
92552	\$49.53
92553	\$59.32
92555	\$36.86
92556	\$58.74
92557	\$61.05
92558	\$16.13
92559	\$47.80
92560	\$33.40
92561	\$60.47
92562	\$74.29
92563	\$48.95
92564	\$45.50
92565	\$26.49
92567	\$23.61
92568	\$25.34
92570	\$52.41
92571	\$43.19
92572	\$82.35
92575	\$120.36
92576	\$55.86
92577	\$31.10
92579	\$68.53
92582	\$110.00
92583	\$83.51
92584	\$113.45
92585	\$211.36
92586	\$135.34
92587	\$35.71
92588	\$54.13
92590	\$87.54
92591	\$111.15
92592	\$35.13
92593	\$57.59
92594	\$33.40
92595	\$71.41
92596	\$68.53

CPT CODE	MAXIMUM FEE
92597	\$118.06
92601	\$226.33
92602	\$133.61
92603	\$239.00
92604	\$143.98
92605	\$151.46
92606	\$134.18
92607	\$209.05
92608	\$86.39
92609	\$180.83
92610	\$138.22
92611	\$148.01
92612	\$287.95
92613	\$61.62
92614	\$243.61
92615	\$55.29
92616	\$343.24
92617	\$68.53
92618	\$54.71
92620	\$152.61
92621	\$36.28
92625	\$113.45
92626	\$146.28
92627	\$35.13
92630	\$BR
92633	\$BR
92640	\$200.99
92700	\$BR
92920	\$902.44
92921	\$BR
92924	\$1,073.48
92925	\$BR
92928	\$1,002.07
92929	\$BR
92933	\$1,121.28
92934	\$BR
92937	\$1,001.49
92938	\$BR
92941	\$1,123.58

MEDICINE

CPT CODE	MAXIMUM FEE
92943	\$1,123.58
92944	\$BR
92950	\$490.67
92953	\$17.85
92960	\$331.14
92961	\$397.95
92970	\$287.37
92971	\$151.46
92973	\$293.13
92974	\$267.79
92975	\$646.74
92977	\$203.87
92978	\$416.95
92979	\$255.12
92986	\$2,203.39
92987	\$2,275.38
92990	\$1,789.32
92992	\$1,797.38
92993	\$1,420.75
92997	\$1,080.39
92998	\$534.44
93000	\$27.07
93005	\$13.25
93010	\$13.82
93015	\$122.09
93016	\$35.71
93017	\$62.77
93018	\$23.61
93024	\$180.26
93025	\$264.34
93040	\$20.73
93041	\$9.21
93042	\$11.52
93224	\$147.43
93225	\$43.19
93226	\$61.05
93227	\$43.19
93228	\$42.62

CPT CODE	MAXIMUM FEE
93229	\$1,075.78
93268	\$329.99
93270	\$14.97
93271	\$274.13
93272	\$40.89
93278	\$48.95
93279	\$80.63
93280	\$94.45
93281	\$110.00
93282	\$101.36
93283	\$131.88
93284	\$145.13
93285	\$67.38
93286	\$43.77
93287	\$57.59
93288	\$59.32
93289	\$105.39
93290	\$49.53
93291	\$58.17
93292	\$51.26
93293	\$86.39
93294	\$54.71
93295	\$108.85
93296	\$41.46
93297	\$42.62
93298	\$43.19
93299	\$BR
93303	\$384.70
93304	\$255.12
93306	\$368.58
93307	\$213.08
93308	\$198.69
93312	\$536.16
93313	\$68.53
93314	\$497.00
93315	\$451.51
93316	\$69.68
93317	\$306.38

CPT CODE	MAXIMUM FEE
93318	\$366.27
93320	\$88.11
93321	\$50.10
93325	\$42.04
93350	\$389.31
93351	\$452.66
93352	\$54.13
93451	\$1,269.28
93452	\$1,425.35
93453	\$1,846.91
93454	\$1,452.42
93455	\$1,690.84
93456	\$1,819.84
93457	\$2,057.11
93458	\$1,742.10
93459	\$1,924.08
93460	\$2,063.45
93461	\$2,360.61
93462	\$344.96
93463	\$175.65
93464	\$457.26
93503	\$214.23
93505	\$1,228.97
93530	\$1,453.00
93531	\$2,978.55
93532	\$3,571.16
93533	\$2,991.80
93561	\$73.72
93562	\$33.40
93563	\$91.57
93564	\$93.87
93565	\$71.41
93566	\$277.58
93567	\$228.63
93568	\$248.21
93571	\$416.95
93572	\$251.09
93580	\$1,626.34

MEDICINE

CPT CODE	MAXIMUM FEE
93581	\$2,195.91
93600	\$328.26
93602	\$270.10
93603	\$306.95
93609	\$639.82
93610	\$368.00
93612	\$380.09
93613	\$647.89
93615	\$109.42
93616	\$142.82
93618	\$658.25
93619	\$1,182.32
93620	\$1,428.23
93621	\$258.58
93622	\$380.09
93623	\$352.45
93624	\$556.90
93631	\$898.98
93640	\$797.62
93641	\$1,026.83
93642	\$643.28
93650	\$989.97
93653	\$1,390.80
93654	\$1,852.09
93655	\$695.11
93656	\$1,854.40
93657	\$695.69
93660	\$253.97
93662	\$315.59
93668	\$30.52
93701	\$38.59
93724	\$439.99
93740	\$14.40
93745	\$BR
93750	\$88.11
93770	\$14.40
93784	\$86.96
93786	\$47.80

CPT CODE	MAXIMUM FEE
93788	\$8.64
93790	\$30.52
93797	\$26.49
93798	\$39.74
93799	\$BR
93880	\$308.68
93882	\$199.84
93886	\$581.08
93888	\$339.78
93890	\$468.21
93892	\$545.38
93893	\$563.23
93922	\$143.40
93923	\$225.18
93924	\$282.77
93925	\$398.52
93926	\$228.63
93930	\$372.03
93931	\$254.55
93965	\$195.81
93970	\$303.50
93971	\$184.29
93975	\$581.66
93976	\$343.24
93978	\$364.54
93979	\$252.24
93980	\$198.69
93981	\$120.36
93982	\$70.26
93990	\$315.02
93998	\$BR
94002	\$152.04
94003	\$109.42
94004	\$80.63
94005	\$151.46
94010	\$58.17
94011	\$167.01
94012	\$261.46

CPT CODE	MAXIMUM FEE
94013	\$51.83
94014	\$84.08
94015	\$43.19
94016	\$40.89
94060	\$97.90
94070	\$96.75
94150	\$40.89
94200	\$39.74
94250	\$42.62
94375	\$63.35
94400	\$90.42
94450	\$110.00
94452	\$93.30
94453	\$129.58
94610	\$97.33
94620	\$90.42
94621	\$264.91
94640	\$29.37
94642	\$71.41
94644	\$70.84
94645	\$23.04
94660	\$101.93
94662	\$65.65
94664	\$27.64
94667	\$40.89
94668	\$47.22
94680	\$93.30
94681	\$82.35
94690	\$78.90
94726	\$85.81
94727	\$67.96
94728	\$65.08
94729	\$87.54
94750	\$131.31
94760	\$5.18
94761	\$8.06
94762	\$39.74
94770	\$13.25

MEDICINE

CPT CODE	MAXIMUM FEE
94772	\$BR
94774	\$BR
94775	\$BR
94776	\$BR
94777	\$BR
94780	\$83.51
94781	\$32.83
94799	\$BR
95004	\$10.37
95012	\$31.10
95017	\$13.25
95018	\$32.25
95024	\$12.67
95027	\$7.49
95028	\$21.88
95044	\$8.64
95052	\$10.37
95056	\$69.68
95060	\$54.13
95065	\$42.62
95070	\$47.22
95071	\$56.44
95076	\$188.90
95079	\$135.34
95115	\$14.40
95117	\$16.70
95120	\$17.28
95125	\$20.16
95130	\$29.37
95131	\$36.86
95132	\$44.92
95133	\$54.71
95134	\$65.08
95144	\$20.16
95145	\$35.13
95146	\$62.77
95147	\$56.44
95148	\$84.66

CPT CODE	MAXIMUM FEE
95149	\$112.88
95165	\$20.73
95170	\$15.55
95180	\$217.69
95199	\$BR
95250	\$252.82
95251	\$70.84
95782	\$1,649.95
95783	\$1,758.80
95800	\$288.53
95801	\$153.19
95803	\$243.03
95805	\$680.14
95806	\$278.16
95807	\$765.95
95808	\$1,026.83
95810	\$998.61
95811	\$1,047.56
95812	\$697.41
95813	\$816.05
95816	\$570.14
95819	\$650.77
95822	\$579.93
95824	\$168.16
95827	\$1,253.16
95829	\$2,986.62
95830	\$407.74
95831	\$44.34
95832	\$40.89
95833	\$60.47
95834	\$82.93
95851	\$28.80
95852	\$27.07
95857	\$89.26
95860	\$195.81
95861	\$271.25
95863	\$329.99
95864	\$380.09

CPT CODE	MAXIMUM FEE
95865	\$220.57
95866	\$213.08
95867	\$150.89
95868	\$210.20
95869	\$121.51
95870	\$141.67
95872	\$329.99
95873	\$120.36
95874	\$116.33
95875	\$205.02
95885	\$94.45
95886	\$148.01
95887	\$139.37
95905	\$110.00
95907	\$153.19
95908	\$188.90
95909	\$227.48
95910	\$298.89
95911	\$363.39
95912	\$427.32
95913	\$494.70
95921	\$144.55
95922	\$173.35
95923	\$333.45
95924	\$235.54
95925	\$280.46
95926	\$234.39
95927	\$261.46
95928	\$408.31
95929	\$397.95
95930	\$215.39
95933	\$134.18
95937	\$131.31
95938	\$544.23
95939	\$795.32
95940	\$52.41
95941	\$BR
95943	\$BR

MEDICINE

CPT CODE	MAXIMUM FEE
95950	\$539.04
95951	\$1,330.33
95953	\$697.99
95954	\$708.36
95955	\$369.15
95956	\$2,683.69
95957	\$711.81
95958	\$912.80
95961	\$461.87
95962	\$407.16
95965	\$3,487.07
95966	\$1,770.89
95967	\$1,554.93
95970	\$111.15
95971	\$97.90
95972	\$176.80
95973	\$102.51
95974	\$336.33
95975	\$179.68
95978	\$406.01
95979	\$175.65
95980	\$73.14
95981	\$51.83
95982	\$83.51
95990	\$149.16
95991	\$196.38
95992	\$70.84
95999	\$BR
96000	\$154.34
96001	\$160.68
96002	\$34.55
96003	\$32.25
96004	\$190.62
96020	\$BR
96040	\$75.44
96101	\$130.15
96102	\$106.54
96103	\$44.92

CPT CODE	MAXIMUM FEE
96105	\$163.56
96110	\$13.25
96111	\$209.05
96116	\$152.61
96118	\$159.52
96119	\$130.73
96120	\$77.17
96125	\$184.29
96150	\$34.55
96151	\$33.40
96152	\$31.67
96153	\$7.49
96154	\$31.10
96155	\$36.86
96360	\$91.57
96361	\$24.19
96365	\$110.57
96366	\$29.95
96367	\$48.38
96368	\$32.83
96369	\$313.29
96370	\$24.76
96371	\$146.28
96372	\$40.31
96373	\$31.10
96374	\$90.42
96375	\$35.71
96376	\$21.88
96379	\$BR
96401	\$118.64
96402	\$51.26
96405	\$130.73
96406	\$182.56
96409	\$175.07
96411	\$98.48
96413	\$214.23
96415	\$44.92
96416	\$223.45

CPT CODE	MAXIMUM FEE
96417	\$99.63
96420	\$167.59
96422	\$269.52
96423	\$124.39
96425	\$290.25
96440	\$1,374.10
96446	\$310.99
96450	\$292.56
96521	\$217.11
96522	\$178.53
96523	\$39.74
96542	\$190.62
96549	\$BR
96567	\$212.51
96570	\$93.30
96571	\$43.19
96900	\$32.83
96902	\$35.71
96904	\$107.69
96910	\$111.72
96912	\$143.98
96913	\$202.72
96920	\$246.49
96921	\$271.82
96922	\$377.21
96999	\$BR
90673	\$58.74
90685	\$37.43
90686	\$31.10
90687	\$BR
90688	\$BR
92521	\$183.71
92522	\$149.16
92523	\$309.83
92524	\$155.49
93582	\$1,121.28
93583	\$1,247.98
94669	\$57.01
97610	\$BR

PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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

PHYSICAL MEDICINE AND REHABILITATION GROUND RULES

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

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

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

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 **2014 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.

PHYSICAL MEDICINE AND REHABILITATION

CPT CODE	MAXIMUM FEE
97001	\$97.65
97002	\$54.81
97003	\$109.62
97004	\$68.63
97005	\$82.91
97006	\$41.45
97010	\$7.83
97012	\$20.73
97014	\$20.73
97016	\$24.87
97018	\$14.28
97022	\$30.40
97024	\$8.29
97026	\$7.83
97028	\$9.67
97032	\$24.87
97033	\$41.91
97034	\$23.49
97035	\$16.58
97036	\$42.38
97039	\$ BR
97110	\$41.45
97112	\$43.30
97113	\$55.73
97116	\$36.85
97124	\$34.08
97139	\$ BR
97140	\$38.69
97150	\$22.57
97530	\$45.14
97532	\$34.55
97533	\$37.77
97535	\$45.14
97537	\$39.15
97542	\$39.61
97545	\$172.73
97546	\$69.09
97597	\$99.03

CPT CODE	MAXIMUM FEE
97598	\$32.70
97602	\$48.82
97605	\$55.27
97606	\$58.96
97750	\$43.30
97755	\$46.98
97760	\$49.74
97761	\$43.30
97762	\$61.72
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 **2014 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.

MEDICAL NUTRITION THERAPY

CPT CODE	MAXIMUM FEE
97802	\$46.22
97803	\$39.75
97804	\$20.80

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 **2014 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.

ACUPUNCTURE

CPT CODE	MAXIMUM FEE
97810	\$44.60
97811	\$33.67
97813	\$48.10
97814	\$38.48

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 **2014 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.

OSTEOPATHIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98925	\$53.57
98926	\$77.32
98927	\$101.06
98928	\$124.80
98929	\$149.76

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 **2014 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.

CHIROPRACTIC MANIPULATIVE TREATMENT

CPT CODE	MAXIMUM FEE
98940	\$44.51
98941	\$65.35
98942	\$84.51
98943	\$43.38

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 **2014 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.

EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT

CPT CODE	MAXIMUM FEE
98960	\$31.92
98961	\$15.34
98962	\$11.19

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 **2014 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.

NON-FACE-TO-FACE NONPHYSICIAN SERVICES

CPT CODE	MAXIMUM FEE
98966	\$7.73
98967	\$15.06
98968	\$22.39
98969	\$12.88

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 **2014 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.

SPECIAL SERVICES AND REPORTS

CPT CODE	MAXIMUM FEE
99000	\$7.79
99001	\$9.02
99002	\$10.25
99024	BR
99026	BR
99027	BR
99050	\$26.23
99051	BR
99053	BR
99056	\$25.00
99058	\$31.56
99060	\$35.25
99070	BR
99071	BR*
99075	BR**
99078	BR
99080	BR
99082	BR
99090	BR
99091	\$65.17

* 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 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 **2014 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.

QUALIFYING CIRCUMSTANCES FOR ANESTHESIA

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

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 **2014 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.

MODERATE (CONSCIOUS) SEDATION

CPT CODE	MAXIMUM FEE
99143	\$94.94
99144	\$79.46
99145	\$31.48
99148	\$86.69
99149	\$71.21
99150	\$31.48

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 **2014 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.

OTHER SERVICES AND PROCEDURES

CPT CODE	MAXIMUM FEE
99170	\$271.65
99172	\$34.03
99173	\$4.46
99174	\$11.71
99175	\$26.22
99183	\$334.68
99190	\$856.22
99191	\$599.64
99192	\$428.39
99195	\$153.95
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 Maximum Fees assigned, have already been reduced, as they are not to be billed as primary procedures. For a complete list of the codes which are considered to be add-on codes, refer to the appropriate appendix found within the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 6. MODIFIERS:** Listed services may be modified under certain circumstances. When applicable, the modifying circumstance against general guidelines should be identified by the addition of the appropriate modifier code by a two digit number placed after the usual procedure number from which it is separated by a hyphen. Refer to Appendix A- Modifiers for the modifiers that are available for E/M:
- 7. INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE:** Refer specifically to the Evaluation and Management (E/M) Services Guidelines of the most recent publication of the **AMA Current Procedural Terminology (CPT)**.
- 8. BILLS SUBMITTED BY NON-PHYSICIAN PROVIDERS:** Bills for E/M services provided by non-physicians such as physician assistants or advanced practice nurses must be submitted on the CMS 1500 form or an equivalent form containing the same information. Payment for these services will be limited to 85% of the maximum allowable fee associated with the *CPT* code (plus -NP modifier) submitted. The 15% discount is 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 **2014 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.

EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99201	\$65.40
99202	\$112.42
99203	\$163.23
99204	\$250.79
99205	\$312.41
99211	\$30.27
99212	\$65.94
99213	\$110.26
99214	\$162.69
99215	\$217.82
99217	\$109.72
99218	\$150.26
99219	\$205.39
99220	\$281.06
99221	\$154.04
99222	\$209.17
99223	\$308.09
99224	\$60.54
99225	\$109.72
99226	\$158.37
99231	\$59.46
99232	\$109.18
99233	\$157.29
99234	\$204.85
99235	\$256.20
99236	\$330.79
99238	\$109.72
99239	\$162.15
99241	\$74.05
99242	\$138.91
99243	\$189.72
99244	\$280.52
99245	\$343.22
99251	\$75.13
99252	\$115.13
99253	\$175.66
99254	\$253.49

CPT CODE	MAXIMUM FEE
99255	\$306.46
99281	\$31.89
99282	\$62.70
99283	\$93.51
99284	\$178.37
99285	\$262.14
99288	\$ BR
99291	\$414.56
99292	\$185.93
99304	\$141.07
99305	\$201.07
99306	\$254.58
99307	\$67.56
99308	\$104.32
99309	\$137.29
99310	\$204.31
99315	\$110.80
99316	\$158.91
99318	\$145.39
99324	\$84.32
99325	\$122.69
99326	\$211.34
99327	\$282.14
99328	\$327.00
99334	\$91.89
99335	\$143.77
99336	\$202.69
99337	\$292.41
99339	\$118.37
99340	\$165.39
99341	\$83.78
99342	\$121.07
99343	\$197.82
99344	\$276.20
99345	\$332.95
99347	\$84.32
99348	\$127.56

CPT CODE	MAXIMUM FEE
99349	\$192.96
99350	\$269.17
99354	\$151.34
99355	\$148.10
99356	\$139.45
99357	\$138.37
99358	\$166.47
99359	\$80.53
99360	\$94.05
99363	\$192.96
99364	\$65.40
99366	\$65.40
99367	\$85.94
99368	\$56.21
99374	\$106.48
99375	\$159.99
99377	\$106.48
99378	\$159.99
99379	\$106.48
99380	\$159.99
99381	\$167.56
99382	\$174.58
99383	\$182.15
99384	\$205.93
99385	\$199.99
99386	\$230.79
99387	\$250.79
99391	\$150.80
99392	\$161.07
99393	\$160.53
99394	\$175.66
99395	\$179.45
99396	\$191.34
99397	\$205.93
99401	\$55.13
99402	\$94.59
99403	\$131.88

EVALUATION AND MANAGEMENT

CPT CODE	MAXIMUM FEE
99404	\$169.18
99406	\$21.08
99407	\$41.62
99408	\$53.51
99409	\$104.32
99411	\$24.86
99412	\$32.43
99420	\$16.22
99429	\$ BR
99441	\$21.08
99442	\$41.08
99443	\$61.08
99444	\$49.73
99450	\$ BR
99455	\$ BR ***
99456	\$ BR ***
99460	\$143.23
99461	\$148.64
99462	\$63.78
99463	\$173.50
99464	\$107.56
99465	\$223.77
99466	\$398.89
99467	\$186.47
99468	\$1,413.95
99469	\$599.41
99471	\$1,293.96
99472	\$609.14
99475	\$873.45
99476	\$528.07
99477	\$525.91
99478	\$208.63
99479	\$189.18
99480	\$182.15

CPT CODE	MAXIMUM FEE
99485	\$116.75
99486	\$101.61
99487	\$77.83
99488	\$279.44
99489	\$62.16
99495	\$247.55
99496	\$349.70
99499	\$ BR
99446	\$ BR
99447	\$ BR
99448	\$ BR
99449	\$ BR
99481	\$ BR
99482	\$ 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 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 maximum fees have been established at the state, regional, or national level as determined from available data resources. All Maximum Fees are listed as BR; thus, a report must accompany all bills utilizing these codes.

2. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
3. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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.

HOME HEALTH PROCEDURES/SERVICES

CPT CODE	MAXIMUM FEE
99500	\$ BR
99501	\$ BR
99502	\$ BR
99503	\$ BR
99504	\$ BR
99505	\$ BR
99506	\$ BR
99507	\$ BR
99509	\$ BR
99510	\$ BR
99511	\$ BR
99512	\$ BR
99600	\$ BR
99601	\$ BR
99602	\$ BR

DENTISTRY GROUND RULES

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

DENTISTRY GROUND RULES

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 fee may be apportioned between them. Identify the dentist providing the pre-operative care with this modifier. The “global fee” is not to be increased, but prorated between the dentists.

-99 Multiple Modifiers: By Report

9. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a “no show” appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.
10. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
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 **2014 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.

DENTISTRY

ADA CODE	MAXIMUM FEE
D0120	\$48.59
D0140	\$81.63
D0145	\$74.83
D0150	\$85.52
D0160	\$171.04
D0170	\$56.36
D0180	\$93.29
D0190	\$ BR
D0191	\$ BR
D0210	\$142.85
D0220	\$28.18
D0230	\$25.27
D0240	\$45.67
D0250	\$54.42
D0260	\$50.53
D0270	\$28.18
D0272	\$45.67
D0273	\$55.39
D0274	\$64.14
D0277	\$96.21
D0290	\$172.98
D0310	\$429.54
D0320	\$758.98
D0321	\$ BR
D0322	\$615.15
D0330	\$133.14
D0340	\$150.63
D0350	\$71.91
D0363	\$716.22
D0364	\$ BR
D0365	\$ BR
D0366	\$ BR
D0367	\$ BR
D0368	\$ BR
D0369	\$ BR
D0370	\$ BR
D0371	\$ BR
D0380	\$ BR
D0381	\$ BR

ADA CODE	MAXIMUM FEE
D0382	\$ BR
D0383	\$ BR
D0384	\$ BR
D0385	\$ BR
D0386	\$ BR
D0391	\$ BR
D0415	\$41.79
D0416	\$61.22
D0417	\$55.39
D0418	\$57.34
D0421	\$41.79
D0425	\$35.96
D0431	\$57.34
D0460	\$57.34
D0470	\$125.36
D0472	\$78.72
D0473	\$166.18
D0474	\$186.59
D0475	\$100.10
D0476	\$97.18
D0477	\$133.14
D0478	\$121.48
D0479	\$186.59
D0480	\$114.67
D0481	\$429.54
D0482	\$142.85
D0483	\$142.85
D0484	\$214.77
D0485	\$296.40
D0486	\$138.00
D0502	\$ BR
D0999	\$ BR
D1110	\$103.01
D1120	\$69.97
D1206	\$63.17
D1208	\$ BR
D1310	\$50.53
D1320	\$54.42
D1330	\$69.00

ADA CODE	MAXIMUM FEE
D1351	\$55.39
D1352	\$71.91
D1510	\$358.59
D1515	\$502.42
D1520	\$392.61
D1525	\$609.32
D1550	\$77.74
D1555	\$74.83
D2140	\$122.45
D2150	\$157.43
D2160	\$190.47
D2161	\$233.23
D2330	\$150.63
D2331	\$192.42
D2332	\$235.18
D2335	\$277.93
D2390	\$308.06
D2391	\$175.90
D2392	\$230.32
D2393	\$286.68
D2394	\$350.82
D2410	\$321.67
D2420	\$537.41
D2430	\$930.98
D2510	\$853.24
D2520	\$966.94
D2530	\$1,114.65
D2542	\$1,093.28
D2543	\$1,142.84
D2544	\$1,189.48
D2610	\$1,002.90
D2620	\$1,059.26
D2630	\$1,128.26
D2642	\$1,095.22
D2643	\$1,182.68
D2644	\$1,253.62
D2650	\$658.88
D2651	\$785.21
D2652	\$825.06

DENTISTRY

ADA CODE	MAXIMUM FEE
D2662	\$717.19
D2663	\$843.52
D2664	\$902.80
D2710	\$507.28
D2712	\$507.28
D2720	\$1,253.62
D2721	\$1,174.91
D2722	\$1,201.14
D2740	\$1,286.66
D2750	\$1,269.17
D2751	\$1,182.68
D2752	\$1,210.86
D2780	\$1,217.67
D2781	\$1,145.75
D2782	\$1,183.65
D2783	\$1,252.65
D2790	\$1,225.44
D2791	\$1,161.30
D2792	\$1,182.68
D2794	\$1,253.62
D2799	\$507.28
D2910	\$103.01
D2915	\$103.01
D2920	\$104.95
D2929	\$ BR
D2930	\$284.74
D2931	\$321.67
D2932	\$343.05
D2933	\$392.61
D2934	\$392.61
D2940	\$108.84
D2950	\$272.10
D2951	\$61.22
D2952	\$430.51
D2953	\$214.77
D2954	\$343.05
D2955	\$265.30
D2957	\$172.01
D2960	\$831.86

ADA CODE	MAXIMUM FEE
D2961	\$942.65
D2962	\$1,024.28
D2970	\$257.53
D2971	\$165.21
D2975	\$501.45
D2980	\$ BR
D2981	\$ BR
D2982	\$ BR
D2983	\$ BR
D2990	\$ BR
D2999	\$ BR
D3110	\$84.55
D3120	\$69.00
D3220	\$175.90
D3221	\$193.39
D3222	\$178.81
D3230	\$186.59
D3240	\$229.34
D3310	\$730.79
D3320	\$895.03
D3330	\$1,111.74
D3331	\$286.68
D3332	\$545.18
D3333	\$250.72
D3346	\$975.69
D3347	\$1,145.75
D3348	\$1,419.80
D3351	\$415.93
D3352	\$186.59
D3353	\$573.36
D3354	\$ BR
D3410	\$824.09
D3421	\$917.38
D3425	\$1,038.85
D3426	\$350.82
D3430	\$257.53
D3450	\$537.41
D3460	\$2,005.80
D3470	\$1,024.28

ADA CODE	MAXIMUM FEE
D3910	\$142.85
D3920	\$409.13
D3950	\$186.59
D3999	\$ BR
D4210	\$644.30
D4211	\$286.68
D4212	\$ BR
D4230	\$902.80
D4231	\$430.51
D4240	\$815.34
D4241	\$473.27
D4245	\$601.54
D4249	\$895.03
D4260	\$1,361.49
D4261	\$730.79
D4263	\$486.87
D4264	\$415.93
D4265	\$ BR
D4266	\$501.45
D4267	\$644.30
D4268	\$ BR
D4270	\$966.94
D4273	\$1,182.68
D4274	\$670.54
D4275	\$888.23
D4276	\$1,325.54
D4277	\$ BR
D4278	\$ BR
D4320	\$473.27
D4321	\$430.51
D4341	\$272.10
D4342	\$157.43
D4355	\$186.59
D4381	\$ BR
D4910	\$167.15
D4920	\$122.45
D4999	\$ BR
D5110	\$1,570.43
D5120	\$1,570.43

DENTISTRY

ADA CODE	MAXIMUM FEE
D5130	\$1,712.31
D5140	\$1,712.31
D5211	\$1,325.54
D5212	\$1,540.30
D5213	\$1,735.63
D5214	\$1,735.63
D5225	\$1,325.54
D5226	\$1,540.30
D5281	\$1,010.67
D5410	\$84.55
D5411	\$84.55
D5421	\$84.55
D5422	\$84.55
D5510	\$172.01
D5520	\$142.85
D5610	\$186.59
D5620	\$199.22
D5630	\$244.89
D5640	\$157.43
D5650	\$214.77
D5660	\$257.53
D5670	\$629.73
D5671	\$629.73
D5710	\$637.50
D5711	\$609.32
D5720	\$601.54
D5721	\$601.54
D5730	\$359.57
D5731	\$359.57
D5740	\$329.44
D5741	\$329.44
D5750	\$480.07
D5751	\$480.07
D5760	\$473.27
D5761	\$473.27
D5810	\$758.98
D5811	\$815.34
D5820	\$586.97
D5821	\$623.90

ADA CODE	MAXIMUM FEE
D5850	\$150.63
D5851	\$150.63
D5860	\$ BR
D5861	\$ BR
D5862	\$ BR
D5867	\$ BR
D5875	\$ BR
D5899	\$ BR
D5911	\$399.41
D5912	\$399.41
D5913	\$8,388.58
D5914	\$8,388.58
D5915	\$11,349.65
D5916	\$3,027.16
D5919	\$ BR
D5922	\$ BR
D5923	\$ BR
D5924	\$ BR
D5925	\$ BR
D5926	\$ BR
D5927	\$ BR
D5928	\$ BR
D5929	\$ BR
D5931	\$4,516.93
D5932	\$8,446.89
D5933	\$ BR
D5934	\$7,698.60
D5935	\$6,698.62
D5936	\$7,524.65
D5937	\$945.56
D5951	\$1,229.33
D5952	\$3,991.18
D5953	\$7,581.98
D5954	\$7,025.14
D5955	\$6,498.43
D5958	\$ BR
D5959	\$ BR
D5960	\$ BR
D5982	\$637.50

ADA CODE	MAXIMUM FEE
D5983	\$1,432.43
D5984	\$1,432.43
D5985	\$1,432.43
D5986	\$142.85
D5987	\$2,148.65
D5988	\$430.51
D5991	\$165.21
D5992	\$ BR
D5993	\$ BR
D5999	\$ BR
D6010	\$2,622.89
D6012	\$2,480.03
D6040	\$9,026.08
D6050	\$6,733.60
D6051	\$ BR
D6053	\$1,958.18
D6054	\$1,958.18
D6055	\$788.13
D6056	\$545.18
D6057	\$673.46
D6058	\$1,511.15
D6059	\$1,490.74
D6060	\$1,408.14
D6061	\$1,438.26
D6062	\$1,431.46
D6063	\$1,246.82
D6064	\$1,305.13
D6065	\$1,485.88
D6066	\$1,447.98
D6067	\$1,404.25
D6068	\$1,496.57
D6069	\$1,490.74
D6070	\$1,408.14
D6071	\$1,438.26
D6072	\$1,453.81
D6073	\$1,328.45
D6074	\$1,411.05
D6075	\$1,485.88
D6076	\$1,447.98

DENTISTRY

ADA CODE	MAXIMUM FEE
D6077	\$1,404.25
D6078	\$ BR
D6079	\$ BR
D6080	\$124.39
D6090	\$ BR
D6091	\$594.74
D6092	\$115.64
D6093	\$181.73
D6094	\$1,182.68
D6095	\$ BR
D6100	\$ BR
D6101	\$ BR
D6102	\$ BR
D6103	\$ BR
D6104	\$ BR
D6190	\$265.30
D6194	\$1,217.67
D6199	\$ BR
D6205	\$745.37
D6210	\$1,139.92
D6211	\$1,067.04
D6212	\$1,111.74
D6214	\$1,145.75
D6240	\$1,123.40
D6241	\$1,038.85
D6242	\$1,095.22
D6245	\$1,161.30
D6250	\$1,111.74
D6251	\$1,024.28
D6252	\$1,058.29
D6253	\$477.15
D6545	\$473.27
D6548	\$519.91
D6600	\$937.79
D6601	\$985.41
D6602	\$1,002.90
D6603	\$1,102.99
D6604	\$982.49
D6605	\$1,041.77

ADA CODE	MAXIMUM FEE
D6606	\$966.94
D6607	\$1,072.87
D6608	\$1,020.39
D6609	\$1,064.12
D6610	\$1,081.61
D6611	\$1,183.65
D6612	\$1,076.75
D6613	\$1,123.40
D6614	\$1,053.43
D6615	\$1,094.25
D6624	\$1,002.90
D6634	\$1,053.43
D6710	\$1,073.84
D6720	\$1,253.62
D6721	\$1,189.48
D6722	\$1,210.86
D6740	\$1,317.76
D6750	\$1,283.75
D6751	\$1,198.23
D6752	\$1,226.41
D6780	\$1,210.86
D6781	\$1,210.86
D6782	\$1,123.40
D6783	\$1,246.82
D6790	\$1,239.05
D6791	\$1,174.91
D6792	\$1,217.67
D6793	\$507.28
D6794	\$1,217.67
D6920	\$257.53
D6930	\$150.63
D6940	\$341.10
D6950	\$658.88
D6975	\$730.79
D6980	\$ BR
D6985	\$573.36
D6999	\$ BR
D7111	\$117.59
D7140	\$156.46

ADA CODE	MAXIMUM FEE
D7210	\$276.96
D7220	\$347.90
D7230	\$461.61
D7240	\$541.29
D7241	\$680.26
D7250	\$291.54
D7251	\$573.36
D7260	\$1,719.11
D7261	\$717.19
D7270	\$537.41
D7272	\$717.19
D7280	\$501.45
D7282	\$250.72
D7283	\$214.77
D7285	\$1,002.90
D7286	\$430.51
D7287	\$172.01
D7288	\$172.01
D7290	\$430.51
D7291	\$ BR
D7292	\$688.03
D7293	\$430.51
D7294	\$359.57
D7295	\$ BR
D7310	\$286.68
D7311	\$250.72
D7320	\$465.49
D7321	\$392.61
D7340	\$1,969.84
D7350	\$5,731.68
D7410	\$861.01
D7411	\$1,361.49
D7412	\$1,504.35
D7413	\$1,002.90
D7414	\$1,504.35
D7415	\$1,683.16
D7440	\$1,361.49
D7441	\$2,005.80
D7450	\$861.01

DENTISTRY

ADA CODE	MAXIMUM FEE
D7451	\$1,174.91
D7460	\$861.01
D7461	\$1,174.91
D7465	\$465.49
D7471	\$1,064.12
D7472	\$1,265.28
D7473	\$1,193.37
D7485	\$1,064.12
D7490	\$8,597.51
D7510	\$308.06
D7511	\$465.49
D7520	\$1,467.42
D7521	\$1,613.19
D7530	\$528.66
D7540	\$586.00
D7550	\$364.43
D7560	\$2,900.82
D7610	\$4,691.85
D7620	\$3,518.89
D7630	\$6,101.93
D7640	\$3,871.65
D7650	\$2,932.89
D7660	\$1,729.80
D7670	\$1,349.83
D7671	\$2,543.20
D7680	\$8,799.65
D7710	\$5,515.94
D7720	\$3,871.65
D7730	\$7,977.51
D7740	\$3,947.45
D7750	\$5,021.29
D7760	\$2,014.54
D7770	\$2,730.76
D7771	\$2,106.86
D7780	\$11,731.57
D7810	\$5,161.23
D7820	\$845.47
D7830	\$483.96
D7840	\$7,034.86

ADA CODE	MAXIMUM FEE
D7850	\$6,075.69
D7852	\$6,957.12
D7854	\$7,177.71
D7856	\$5,094.18
D7858	\$14,518.69
D7860	\$6,188.42
D7865	\$9,972.61
D7870	\$329.44
D7871	\$658.88
D7872	\$3,516.94
D7873	\$4,235.10
D7874	\$6,075.69
D7875	\$6,655.86
D7876	\$7,175.77
D7877	\$6,332.25
D7880	\$792.02
D7899	\$ BR
D7910	\$470.35
D7911	\$1,172.96
D7912	\$2,112.69
D7920	\$3,459.61
D7921	\$ BR
D7940	\$ BR
D7941	\$8,812.28
D7943	\$8,095.09
D7944	\$7,214.64
D7945	\$9,600.41
D7946	\$11,892.89
D7947	\$10,000.79
D7948	\$12,981.30
D7949	\$16,906.40
D7950	\$ BR
D7951	\$ BR
D7952	\$ BR
D7953	\$244.89
D7955	\$ BR
D7960	\$392.61
D7963	\$644.30
D7970	\$573.36

ADA CODE	MAXIMUM FEE
D7971	\$214.77
D7972	\$803.68
D7980	\$902.80
D7981	\$ BR
D7982	\$2,134.07
D7983	\$2,049.53
D7990	\$1,761.87
D7991	\$4,299.24
D7995	\$ BR
D7996	\$ BR
D7997	\$329.44
D7998	\$1,432.43
D7999	\$ BR
D8010	\$ BR
D8020	\$ BR
D8030	\$ BR
D8040	\$ BR
D8050	\$ BR
D8060	\$ BR
D8070	\$ BR
D8080	\$ BR
D8090	\$ BR
D8210	\$ BR
D8220	\$ BR
D8660	\$ BR
D8670	\$ BR
D8680	\$ BR
D8690	\$ BR
D8691	\$ BR
D8692	\$ BR
D8693	\$ BR
D8999	\$ BR
D9110	\$109.81
D9120	\$125.36
D9210	\$41.79
D9211	\$46.65
D9212	\$71.91
D9215	\$34.01
D9220	\$415.93

DENTISTRY

ADA CODE	MAXIMUM FEE
D9221	\$185.61
D9230	\$69.00
D9241	\$323.61
D9242	\$157.43
D9248	\$100.10
D9310	\$229.34
D9410	\$262.39
D9420	\$422.73
D9430	\$ BR
D9440	\$143.83
D9450	\$71.91
D9610	\$ BR
D9612	\$ BR
D9630	\$ BR
D9910	\$50.53
D9911	\$69.97
D9920	\$ BR
D9930	\$ BR
D9940	\$415.93
D9941	\$143.83
D9942	\$172.01
D9950	\$273.08
D9951	\$122.45
D9952	\$573.36
D9970	\$63.17
D9971	\$83.57
D9972	\$285.71
D9973	\$47.62
D9974	\$250.72
D9975	\$ BR
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 pursuant to an order by a physician or other qualified practitioner and the order is present in the medical record.
4. **REIMBURSEMENT AND BILLING:** Except as otherwise provided in these Ground Rules, reimbursement for inpatient hospital services shall be limited to the maximum allowable reimbursement per inpatient stay as computed in Ground Rule 5 of these ground rules. Billing for inpatient hospital services shall reference the MS-DRG code, **Version 31**, 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 31**) Relative Weight X \$7400 (for Peer Group 1 Hospitals) or \$7200 (for Peer Group 2 hospitals).

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

All out- of-state hospitals except out-of-state critical access hospitals will be reimbursed at Peer Group 2 hospital level or Medicare MS-DRG Relative Weight X \$7200. Out-of-state critical access hospitals shall be reimbursed at billed charges less 15%. Additionally, the rules that are contained within this fee schedule also apply to out-of-state hospitals.

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

HOSPITAL/INPATIENT GROUND RULES AND FEES

b. **COMPUTATION OF THE MAXIMUM ALLOWABLE REIMBURSEMENT UNDER STOP-LOSS:** To be eligible for the stop-loss payment, the total charges for the hospital inpatient stay, excluding charges attributable to implantables and trauma activation fees, must be at least Sixty 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 2 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	\$3,750.00
Level II	\$3,250.00
Level III	\$1,750.00
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

HOSPITAL/INPATIENT GROUND RULES AND FEES

injury. The hospital should not make any additional charges on a given case under review during the course of the bill audit, unless it is for service which would not be covered under the Workers Compensation Act.

14. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements with hospitals in their community to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
15. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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 2014:**
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
Fort Leavenworth
Fort Scott
Fort Riley
Galena
Garden City
Gardner
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth

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Liberal
McPherson
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

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
001	25.3518	Heart Transplant or Implant of Heart Assist System with MCC	\$187,603.32	\$182,532.96
002	15.2738	Heart Transplant or Implant of Heart Assist System without MCC	\$113,026.12	\$109,971.36
003	17.6369	ECMO or Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck with Major O.R.	\$130,513.06	\$126,985.68
004	10.9288	Tracheostomy with Mechanical Ventilation 96+ Hours or Principal Diagnosis Except Face, Mouth and Neck without Major O.R.	\$80,873.12	\$78,687.36
005	10.4214	Liver Transplant with MCC or Intestinal Transplant	\$77,118.36	\$75,034.08
006	4.7639	Liver Transplant without MCC	\$35,252.86	\$34,300.08
007	9.1929	Lung Transplant	\$68,027.46	\$66,188.88
008	5.1527	Simultaneous Pancreas/Kidney Transplant	\$38,129.98	\$37,099.44
010	4.1554	Pancreas Transplant	\$30,749.96	\$29,918.88
011	4.7246	Tracheostomy for Face, Mouth, and Neck Diagnoses with MCC	\$34,962.04	\$34,017.12
012	3.2291	Tracheostomy for Face, Mouth, and Neck Diagnoses with CC	\$23,895.34	\$23,249.52
013	2.1647	Tracheostomy for Face, Mouth, and Neck Diagnoses without CC/MCC	\$16,018.78	\$15,585.84
014	10.6157	Allogeneic Bone Marrow Transplant	\$78,556.18	\$76,433.04
016	6.0304	Autologous Bone Marrow Transplant with CC/MCC	\$44,624.96	\$43,418.88

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
017	4.2906	Autologous Bone Marrow Transplant without CC/MCC	\$31,750.44	\$30,892.32
020	9.3897	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with MCC	\$69,483.78	\$67,605.84
021	6.4458	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage with CC	\$47,698.92	\$46,409.76
022	4.7113	Intracranial Vascular Procedures with Principal Diagnosis of Hemorrhage without CC/MCC	\$34,863.62	\$33,921.36
023	5.1587	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis with MCC or Chemo Implant	\$38,174.38	\$37,142.64
024	3.7121	Craniotomy with Major Device Implant/Acute Complex Central Nervous System Principal Diagnosis without MCC	\$27,469.54	\$26,727.12
025	4.4422	Craniotomy and Endovascular Intracranial Procedures with MCC	\$32,872.28	\$31,983.84
026	2.9842	Craniotomy and Endovascular Intracranial Procedures with CC	\$22,083.08	\$21,486.24
027	2.2505	Craniotomy and Endovascular Intracranial Procedures without CC/MCC	\$16,653.70	\$16,203.60
028	5.4339	Spinal Procedures with MCC	\$40,210.86	\$39,124.08
029	3.0782	Spinal Procedures with CC or Spinal Neurostimulator	\$22,778.68	\$22,163.04
030	1.8091	Spinal Procedures without CC/MCC	\$13,387.34	\$13,025.52
031	3.946	Ventricular Shunt Procedures with MCC	\$29,200.40	\$28,411.20
032	1.978	Ventricular Shunt Procedures with CC	\$14,637.20	\$14,241.60
033	1.5226	Ventricular Shunt Procedures without CC/MCC	\$11,267.24	\$10,962.72

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
034	3.4145	Carotid Artery Stent Procedure with MCC	\$25,267.30	\$24,584.40
035	2.1781	Carotid Artery Stent Procedure with CC	\$16,117.94	\$15,682.32
036	1.7224	Carotid Artery Stent Procedure without CC/MCC	\$12,745.76	\$12,401.28
037	3.0641	Extracranial Procedures with MCC	\$22,674.34	\$22,061.52
038	1.5958	Extracranial Procedures with CC	\$11,808.92	\$11,489.76
039	1.0452	Extracranial Procedures without CC/MCC	\$7,734.48	\$7,525.44
040	3.7851	Peripheral/Cranial Nerve and Other Nervous System Procedures with MCC	\$28,009.74	\$27,252.72
041	2.1731	Peripheral/Cranial Nerve and Other Nervous System Procedures with CC or Peripheral Neurostimulator	\$16,080.94	\$15,646.32
042	1.8616	Peripheral/Cranial Nerve and Other Nervous System Procedures without CC/MCC	\$13,775.84	\$13,403.52
052	1.4102	Spinal Disorders and Injuries with CC/MCC	\$10,435.48	\$10,153.44
053	0.8746	Spinal Disorders and Injuries without CC/MCC	\$6,472.04	\$6,297.12
054	1.3195	Nervous System Neoplasms with MCC	\$9,764.30	\$9,500.40
055	1.01	Nervous System Neoplasms without MCC	\$7,474.00	\$7,272.00
056	1.7368	Degenerative Nervous System Disorders with MCC	\$12,852.32	\$12,504.96
057	0.9841	Degenerative Nervous System Disorders without MCC	\$7,282.34	\$7,085.52

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
058	1.6027	Multiple Sclerosis and Cerebellar Ataxia with MCC	\$11,859.98	\$11,539.44
059	1.0399	Multiple Sclerosis and Cerebellar Ataxia with CC	\$7,695.26	\$7,487.28
060	0.7899	Multiple Sclerosis and Cerebellar Ataxia without CC/MCC	\$5,845.26	\$5,687.28
061	2.7316	Acute Ischemic Stroke with Use of Thrombolytic Agent with MCC	\$20,213.84	\$19,667.52
062	1.8561	Acute Ischemic Stroke with Use of Thrombolytic Agent with CC	\$13,735.14	\$13,363.92
063	1.4685	Acute Ischemic Stroke with Use of Thrombolytic Agent without CC/MCC	\$10,866.90	\$10,573.20
064	1.7417	Intracranial Hemorrhage or Cerebral Infarction with MCC	\$12,888.58	\$12,540.24
065	1.0776	Intracranial Hemorrhage or Cerebral Infarction with CC	\$7,974.24	\$7,758.72
066	0.7566	Intracranial Hemorrhage or Cerebral Infarction without CC/MCC	\$5,598.84	\$5,447.52
067	1.4172	Nonspecific Cerebrovascular Accident and Precerebral Occlusion without Infarction with MCC	\$10,487.28	\$10,203.84
068	0.8582	Nonspecific Cerebrovascular Accident and Precerebral Occlusion without Infarction without MCC	\$6,350.68	\$6,179.04
069	0.6948	Transient Ischemia	\$5,141.52	\$5,002.56
070	1.6593	Nonspecific Cerebrovascular Disorders with MCC	\$12,278.82	\$11,946.96
071	0.9796	Nonspecific Cerebrovascular Disorders with CC	\$7,249.04	\$7,053.12
072	0.6919	Nonspecific Cerebrovascular Disorders without CC/MCC	\$5,120.06	\$4,981.68

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
073	1.3014	Cranial and Peripheral Nerve Disorders with MCC	\$9,630.36	\$9,370.08
074	0.8786	Cranial and Peripheral Nerve Disorders without MCC	\$6,501.64	\$6,325.92
075	1.5918	Viral Meningitis with CC/MCC	\$11,779.32	\$11,460.96
076	0.8425	Viral Meningitis without CC/MCC	\$6,234.50	\$6,066.00
077	1.629	Hypertensive Encephalopathy with MCC	\$12,054.60	\$11,728.80
078	0.9467	Hypertensive Encephalopathy with CC	\$7,005.58	\$6,816.24
079	0.7118	Hypertensive Encephalopathy without CC/MCC	\$5,267.32	\$5,124.96
080	1.2252	Nontraumatic Stupor and Coma with MCC	\$9,066.48	\$8,821.44
081	0.7455	Nontraumatic Stupor and Coma without MCC	\$5,516.70	\$5,367.60
082	1.9463	Traumatic Stupor and Coma, Coma Greater Than One Hour with MCC	\$14,402.62	\$14,013.36
083	1.2643	Traumatic Stupor and Coma, Coma Greater Than One Hour with CC	\$9,355.82	\$9,102.96
084	0.8491	Traumatic Stupor and Coma, Coma Greater Than One Hour without CC/MCC	\$6,283.34	\$6,113.52
085	1.9733	Traumatic Stupor and Coma, Coma Less Than One Hour with MCC	\$14,602.42	\$14,207.76
086	1.1105	Traumatic Stupor and Coma, Coma Less Than One Hour with CC	\$8,217.70	\$7,995.60
087	0.7345	Traumatic Stupor and Coma, Coma Less Than One Hour without CC/MCC	\$5,435.30	\$5,288.40

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
088	1.5029	Concussion with MCC	\$11,121.46	\$10,820.88
089	0.9406	Concussion with CC	\$6,960.44	\$6,772.32
090	0.714	Concussion without CC/MCC	\$5,283.60	\$5,140.80
091	1.5851	Other Disorders of Nervous System with MCC	\$11,729.74	\$11,412.72
092	0.8918	Other Disorders of Nervous System with CC	\$6,599.32	\$6,420.96
093	0.6614	Other Disorders of Nervous System without CC/MCC	\$4,894.36	\$4,762.08
094	3.4974	Bacterial and Tuberculous Infections of Nervous System with MCC	\$25,880.76	\$25,181.28
095	2.2787	Bacterial and Tuberculous Infections of Nervous System with CC	\$16,862.38	\$16,406.64
096	1.9694	Bacterial and Tuberculous Infections of Nervous System without CC/MCC	\$14,573.56	\$14,179.68
097	3.1963	Nonbacterial Infections of Nervous System Except Viral Meningitis with MCC	\$23,652.62	\$23,013.36
098	1.7657	Nonbacterial Infections of Nervous System Except Viral Meningitis with CC	\$13,066.18	\$12,713.04
099	1.1835	Nonbacterial Infections of Nervous System Except Viral Meningitis without CC/MCC	\$8,757.90	\$8,521.20
100	1.5185	Seizures with MCC	\$11,236.90	\$10,933.20
101	0.7569	Seizures without MCC	\$5,601.06	\$5,449.68
102	1.043	Headaches with MCC	\$7,718.20	\$7,509.60

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
103	0.6663	Headaches without MCC	\$4,930.62	\$4,797.36
113	1.8998	Orbital Procedures with CC/MCC	\$14,058.52	\$13,678.56
114	1.0216	Orbital Procedures without CC/MCC	\$7,559.84	\$7,355.52
115	1.2543	Extraocular Procedures Except Orbit	\$9,281.82	\$9,030.96
116	1.4806	Intraocular Procedures with CC/MCC	\$10,956.44	\$10,660.32
117	0.8211	Intraocular Procedures without CC/MCC	\$6,076.14	\$5,911.92
121	1.0215	Acute Major Eye Infections with CC/MCC	\$7,559.10	\$7,354.80
122	0.6147	Acute Major Eye Infections without CC/MCC	\$4,548.78	\$4,425.84
123	0.6963	Neurological Eye Disorders	\$5,152.62	\$5,013.36
124	1.199	Other Disorders of the Eye with MCC	\$8,872.60	\$8,632.80
125	0.6812	Other Disorders of the Eye without MCC	\$5,040.88	\$4,904.64
129	2.1925	Major Head and Neck Procedures with CC/MCC or Major Device	\$16,224.50	\$15,786.00
130	1.2687	Major Head and Neck Procedures without CC/MCC	\$9,388.38	\$9,134.64
131	2.2038	Cranial/Facial Procedures with CC/MCC	\$16,308.12	\$15,867.36
132	1.2855	Cranial/Facial Procedures without CC/MCC	\$9,512.70	\$9,255.60

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
133	1.7824	Other Ear, Nose, Mouth and Throat O.R. Procedures with CC/MCC	\$13,189.76	\$12,833.28
134	0.9584	Other Ear, Nose, Mouth and Throat O.R. Procedures without CC/MCC	\$7,092.16	\$6,900.48
135	2.011	Sinus and Mastoid Procedures with CC/MCC	\$14,881.40	\$14,479.20
136	0.9709	Sinus and Mastoid Procedures without CC/MCC	\$7,184.66	\$6,990.48
137	1.3477	Mouth Procedures with CC/MCC	\$9,972.98	\$9,703.44
138	0.8304	Mouth Procedures without CC/MCC	\$6,144.96	\$5,978.88
139	0.9169	Salivary Gland Procedures	\$6,785.06	\$6,601.68
146	2.0402	Ear, Nose, Mouth and Throat Malignancy with MCC	\$15,097.48	\$14,689.44
147	1.2317	Ear, Nose, Mouth and Throat Malignancy with CC	\$9,114.58	\$8,868.24
148	0.7688	Ear, Nose, Mouth and Throat Malignancy without CC/MCC	\$5,689.12	\$5,535.36
149	0.6184	Dysequilibrium	\$4,576.16	\$4,452.48
150	1.3298	Epistaxis with MCC	\$9,840.52	\$9,574.56
151	0.6557	Epistaxis without MCC	\$4,852.18	\$4,721.04
152	1.0042	Otitis Media and Upper Respiratory Infection with MCC	\$7,431.08	\$7,230.24
153	0.6439	Otitis Media and Upper Respiratory Infection without MCC	\$4,764.86	\$4,636.08

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
154	1.3785	Other Ear, Nose, Mouth and Throat Diagnoses with MCC	\$10,200.90	\$9,925.20
155	0.861	Other Ear, Nose, Mouth and Throat Diagnoses with CC	\$6,371.40	\$6,199.20
156	0.616	Other Ear, Nose, Mouth and Throat Diagnoses without CC/MCC	\$4,558.40	\$4,435.20
157	1.538	Dental and Oral Diseases with MCC	\$11,381.20	\$11,073.60
158	0.8525	Dental and Oral Diseases with CC	\$6,308.50	\$6,138.00
159	0.61	Dental and Oral Diseases without CC/MCC	\$4,514.00	\$4,392.00
163	5.0952	Major Chest Procedures with MCC	\$37,704.48	\$36,685.44
164	2.6086	Major Chest Procedures with CC	\$19,303.64	\$18,781.92
165	1.7943	Major Chest Procedures without CC/MCC	\$13,277.82	\$12,918.96
166	3.6741	Other Respiratory System O.R. Procedures with MCC	\$27,188.34	\$26,453.52
167	1.986	Other Respiratory System O.R. Procedures with CC	\$14,696.40	\$14,299.20
168	1.3101	Other Respiratory System O.R. Procedures without CC/MCC	\$9,694.74	\$9,432.72
175	1.5346	Pulmonary Embolism with MCC	\$11,356.04	\$11,049.12
176	0.9891	Pulmonary Embolism without MCC	\$7,319.34	\$7,121.52
177	1.9934	Respiratory Infections and Inflammations with MCC	\$14,751.16	\$14,352.48

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
178	1.3955	Respiratory Infections and Inflammations with CC	\$10,326.70	\$10,047.60
179	0.9741	Respiratory Infections and Inflammations without CC/MCC	\$7,208.34	\$7,013.52
180	1.7026	Respiratory Neoplasms with MCC	\$12,599.24	\$12,258.72
181	1.1725	Respiratory Neoplasms with CC	\$8,676.50	\$8,442.00
182	0.7905	Respiratory Neoplasms without CC/MCC	\$5,849.70	\$5,691.60
183	1.4649	Major Chest Trauma with MCC	\$10,840.26	\$10,547.28
184	0.9832	Major Chest Trauma with CC	\$7,275.68	\$7,079.04
185	0.6907	Major Chest Trauma without CC/MCC	\$5,111.18	\$4,973.04
186	1.5727	Pleural Effusion with MCC	\$11,637.98	\$11,323.44
187	1.0808	Pleural Effusion with CC	\$7,997.92	\$7,781.76
188	0.7468	Pleural Effusion without CC/MCC	\$5,526.32	\$5,376.96
189	1.2184	Pulmonary Edema and Respiratory Failure	\$9,016.16	\$8,772.48
190	1.1708	Chronic Obstructive Pulmonary Disease with MCC	\$8,663.92	\$8,429.76
191	0.9343	Chronic Obstructive Pulmonary Disease with CC	\$6,913.82	\$6,726.96
192	0.712	Chronic Obstructive Pulmonary Disease without CC/MCC	\$5,268.80	\$5,126.40

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
193	1.455	Simple Pneumonia and Pleurisy with MCC	\$10,767.00	\$10,476.00
194	0.9771	Simple Pneumonia and Pleurisy with CC	\$7,230.54	\$7,035.12
195	0.6997	Simple Pneumonia and Pleurisy without CC/MCC	\$5,177.78	\$5,037.84
196	1.6686	Interstitial Lung Disease with MCC	\$12,347.64	\$12,013.92
197	1.0627	Interstitial Lung Disease with CC	\$7,863.98	\$7,651.44
198	0.7958	Interstitial Lung Disease without CC/MCC	\$5,888.92	\$5,729.76
199	1.8127	Pneumothorax with MCC	\$13,413.98	\$13,051.44
200	0.9692	Pneumothorax with CC	\$7,172.08	\$6,978.24
201	0.7053	Pneumothorax without CC/MCC	\$5,219.22	\$5,078.16
202	0.8678	Bronchitis and Asthma with CC/MCC	\$6,421.72	\$6,248.16
203	0.6391	Bronchitis and Asthma without CC/MCC	\$4,729.34	\$4,601.52
204	0.678	Respiratory Signs and Symptoms	\$5,017.20	\$4,881.60
205	1.3935	Other Respiratory System Diagnoses with MCC	\$10,311.90	\$10,033.20
206	0.7911	Other Respiratory System Diagnoses without MCC	\$5,854.14	\$5,695.92
207	5.2556	Respiratory System Diagnosis with Ventilator Support 96+ Hours	\$38,891.44	\$37,840.32

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
208	2.2871	Respiratory System Diagnosis with Ventilator Support <96 Hours	\$16,924.54	\$16,467.12
215	14.779	Other Heart Assist System Implant	\$109,364.60	\$106,408.80
216	9.4801	Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization with MCC	\$70,152.74	\$68,256.72
217	6.2835	Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization with CC	\$46,497.90	\$45,241.20
218	5.4262	Cardiac Valve and Other Major Cardiothoracic Procedures with Cardiac Catheterization without CC/MCC	\$40,153.88	\$39,068.64
219	7.9191	Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with MCC	\$58,601.34	\$57,017.52
220	5.2917	Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization with CC	\$39,158.58	\$38,100.24
221	4.6424	Cardiac Valve and Other Major Cardiothoracic Procedures without Cardiac Catheterization without CC/MCC	\$34,353.76	\$33,425.28
222	8.8167	Cardiac Defibrillator Implant with Cardiac Catheterization with Acute Myocardial Infarction/Heart Failure/Shock with MCC	\$65,243.58	\$63,480.24
223	6.4257	Cardiac Defibrillator Implant with Cardiac Catheterization with Acute Myocardial Infarction/Heart Failure/Shock without MCC	\$47,550.18	\$46,265.04
224	7.7224	Cardiac Defibrillator Implant with Cardiac Catheterization without Acute Myocardial Infarction/Heart Failure/Shock with MCC	\$57,145.76	\$55,601.28
225	5.9206	Cardiac Defibrillator Implant with Cardiac Catheterization without Acute Myocardial Infarction/Heart Failure/Shock without MCC	\$43,812.44	\$42,628.32
226	7.0099	Cardiac Defibrillator Implant without Cardiac Catheterization with MCC	\$51,873.26	\$50,471.28
227	5.5397	Cardiac Defibrillator Implant without Cardiac Catheterization without MCC	\$40,993.78	\$39,885.84
228	6.8682	Other Cardiothoracic Procedures with MCC	\$50,824.68	\$49,451.04

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
229	4.4413	Other Cardiothoracic Procedures with CC	\$32,865.62	\$31,977.36
230	3.6669	Other Cardiothoracic Procedures without CC/MCC	\$27,135.06	\$26,401.68
231	7.8158	Coronary Bypass with PTCA with MCC	\$57,836.92	\$56,273.76
232	5.6145	Coronary Bypass with PTCA without MCC	\$41,547.30	\$40,424.40
233	7.3887	Coronary Bypass with Cardiac Catheterization with MCC	\$54,676.38	\$53,198.64
234	4.827	Coronary Bypass with Cardiac Catheterization without MCC	\$35,719.80	\$34,754.40
235	5.8478	Coronary Bypass without Cardiac Catheterization with MCC	\$43,273.72	\$42,104.16
236	3.8011	Coronary Bypass without Cardiac Catheterization without MCC	\$28,128.14	\$27,367.92
237	5.0962	Major Cardiovascular Procedures with MCC	\$37,711.88	\$36,692.64
238	3.3576	Major Cardiovascular Procedures without MCC	\$24,846.24	\$24,174.72
239	4.8601	Amputation for Circulatory System Disorders Except Upper Limb and Toe with MCC	\$35,964.74	\$34,992.72
240	2.6789	Amputation for Circulatory System Disorders Except Upper Limb and Toe with CC	\$19,823.86	\$19,288.08
241	1.4226	Amputation for Circulatory System Disorders Except Upper Limb and Toe without CC/MCC	\$10,527.24	\$10,242.72
242	3.7491	Permanent Cardiac Pacemaker Implant with MCC	\$27,743.34	\$26,993.52
243	2.6716	Permanent Cardiac Pacemaker Implant with CC	\$19,769.84	\$19,235.52

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
244	2.1608	Permanent Cardiac Pacemaker Implant without CC/MCC	\$15,989.92	\$15,557.76
245	4.7022	AICD Generator Procedures	\$34,796.28	\$33,855.84
246	3.183	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent with MCC or 4+ Vessels/Stents	\$23,554.20	\$22,917.60
247	2.0408	Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without MCC	\$15,101.92	\$14,693.76
248	2.9479	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent with MCC or 4+ Vessels/Stents	\$21,814.46	\$21,224.88
249	1.8245	Percutaneous Cardiovascular Procedure with Non Drug-Eluting Stent without MCC	\$13,501.30	\$13,136.40
250	2.9881	Percutaneous Cardiovascular Procedure without Coronary Artery Stent with MCC	\$22,111.94	\$21,514.32
251	1.9737	Percutaneous Cardiovascular Procedure without Coronary Artery Stent without MCC	\$14,605.38	\$14,210.64
252	3.1477	Other Vascular Procedures with MCC	\$23,292.98	\$22,663.44
253	2.5172	Other Vascular Procedures with CC	\$18,627.28	\$18,123.84
254	1.7012	Other Vascular Procedures without CC/MCC	\$12,588.88	\$12,248.64
255	2.6404	Upper Limb and Toe Amputation for Circulatory System Disorders with MCC	\$19,538.96	\$19,010.88
256	1.5973	Upper Limb and Toe Amputation for Circulatory System Disorders with CC	\$11,820.02	\$11,500.56
257	0.9017	Upper Limb and Toe Amputation for Circulatory System Disorders without CC/MCC	\$6,672.58	\$6,492.24
258	2.7229	Cardiac Pacemaker Device Replacement with MCC	\$20,149.46	\$19,604.88

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
259	1.9462	Cardiac Pacemaker Device Replacement without MCC	\$14,401.88	\$14,012.64
260	3.7238	Cardiac Pacemaker Revision Except Device Replacement with MCC	\$27,556.12	\$26,811.36
261	1.7284	Cardiac Pacemaker Revision Except Device Replacement with CC	\$12,790.16	\$12,444.48
262	1.3866	Cardiac Pacemaker Revision Except Device Replacement without CC/MCC	\$10,260.84	\$9,983.52
263	1.8888	Vein Ligation and Stripping	\$13,977.12	\$13,599.36
264	2.7138	Other Circulatory System O.R. Procedures	\$20,082.12	\$19,539.36
265	2.689	AICD Lead Procedures	\$19,898.60	\$19,360.80
280	1.7431	Acute Myocardial Infarction, Discharged Alive with MCC	\$12,898.94	\$12,550.32
281	1.0568	Acute Myocardial Infarction, Discharged Alive with CC	\$7,820.32	\$7,608.96
282	0.7551	Acute Myocardial Infarction, Discharged Alive without CC/MCC	\$5,587.74	\$5,436.72
283	1.6885	Acute Myocardial Infarction, Expired with MCC	\$12,494.90	\$12,157.20
284	0.7614	Acute Myocardial Infarction, Expired with CC	\$5,634.36	\$5,482.08
285	0.5227	Acute Myocardial Infarction, Expired without CC/MCC	\$3,867.98	\$3,763.44
286	2.1058	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization with MCC	\$15,582.92	\$15,161.76
287	1.0866	Circulatory Disorders Except Acute Myocardial Infarction, with Cardiac Catheterization without MCC	\$8,040.84	\$7,823.52

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
288	2.7956	Acute and Subacute Endocarditis with MCC	\$20,687.44	\$20,128.32
289	1.7891	Acute and Subacute Endocarditis with CC	\$13,239.34	\$12,881.52
290	1.2359	Acute and Subacute Endocarditis without CC/MCC	\$9,145.66	\$8,898.48
291	1.5031	Heart Failure and Shock with MCC	\$11,122.94	\$10,822.32
292	0.9938	Heart Failure and Shock with CC	\$7,354.12	\$7,155.36
293	0.6723	Heart Failure and Shock without CC/MCC	\$4,975.02	\$4,840.56
294	0.9439	Deep Vein Thrombophlebitis with CC/MCC	\$6,984.86	\$6,796.08
295	0.6287	Deep Vein Thrombophlebitis without CC/MCC	\$4,652.38	\$4,526.64
296	1.3013	Cardiac Arrest, Unexplained with MCC	\$9,629.62	\$9,369.36
297	0.6063	Cardiac Arrest, Unexplained with CC	\$4,486.62	\$4,365.36
298	0.426	Cardiac Arrest, Unexplained without CC/MCC	\$3,152.40	\$3,067.20
299	1.3647	Peripheral Vascular Disorders with MCC	\$10,098.78	\$9,825.84
300	0.9666	Peripheral Vascular Disorders with CC	\$7,152.84	\$6,959.52
301	0.6681	Peripheral Vascular Disorders without CC/MCC	\$4,943.94	\$4,810.32
302	1.0287	Atherosclerosis with MCC	\$7,612.38	\$7,406.64

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
303	0.6034	Atherosclerosis without MCC	\$4,465.16	\$4,344.48
304	1.0268	Hypertension with MCC	\$7,598.32	\$7,392.96
305	0.6176	Hypertension without MCC	\$4,570.24	\$4,446.72
306	1.3659	Cardiac Congenital and Valvular Disorders with MCC	\$10,107.66	\$9,834.48
307	0.7917	Cardiac Congenital and Valvular Disorders without MCC	\$5,858.58	\$5,700.24
308	1.2088	Cardiac Arrhythmia and Conduction Disorders with MCC	\$8,945.12	\$8,703.36
309	0.7867	Cardiac Arrhythmia and Conduction Disorders with CC	\$5,821.58	\$5,664.24
310	0.5512	Cardiac Arrhythmia and Conduction Disorders without CC/MCC	\$4,078.88	\$3,968.64
311	0.5649	Angina Pectoris	\$4,180.26	\$4,067.28
312	0.7228	Syncope and Collapse	\$5,348.72	\$5,204.16
313	0.5992	Chest Pain	\$4,434.08	\$4,314.24
314	1.8941	Other Circulatory System Diagnoses with MCC	\$14,016.34	\$13,637.52
315	0.9534	Other Circulatory System Diagnoses with CC	\$7,055.16	\$6,864.48
316	0.6358	Other Circulatory System Diagnoses without CC/MCC	\$4,704.92	\$4,577.76
326	5.6013	Stomach, Esophageal and Duodenal Procedures with MCC	\$41,449.62	\$40,329.36

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
327	2.6598	Stomach, Esophageal and Duodenal Procedures with CC	\$19,682.52	\$19,150.56
328	1.4765	Stomach, Esophageal and Duodenal Procedures without CC/MCC	\$10,926.10	\$10,630.80
329	5.1272	Major Small and Large Bowel Procedures with MCC	\$37,941.28	\$36,915.84
330	2.5609	Major Small and Large Bowel Procedures with CC	\$18,950.66	\$18,438.48
331	1.638	Major Small and Large Bowel Procedures without CC/MCC	\$12,121.20	\$11,793.60
332	4.7072	Rectal Resection with MCC	\$34,833.28	\$33,891.84
333	2.4466	Rectal Resection with CC	\$18,104.84	\$17,615.52
334	1.5849	Rectal Resection without CC/MCC	\$11,728.26	\$11,411.28
335	4.1615	Peritoneal Adhesiolysis with MCC	\$30,795.10	\$29,962.80
336	2.3513	Peritoneal Adhesiolysis with CC	\$17,399.62	\$16,929.36
337	1.5742	Peritoneal Adhesiolysis without CC/MCC	\$11,649.08	\$11,334.24
338	3.1217	Appendectomy with Complicated Principal Diagnosis with MCC	\$23,100.58	\$22,476.24
339	1.7117	Appendectomy with Complicated Principal Diagnosis with CC	\$12,666.58	\$12,324.24
340	1.1741	Appendectomy with Complicated Principal Diagnosis without CC/MCC	\$8,688.34	\$8,453.52
341	2.1821	Appendectomy without Complicated Principal Diagnosis with MCC	\$16,147.54	\$15,711.12

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
342	1.2968	Appendectomy without Complicated Principal Diagnosis with CC	\$9,596.32	\$9,336.96
343	0.9358	Appendectomy without Complicated Principal Diagnosis without CC/MCC	\$6,924.92	\$6,737.76
344	3.5966	Minor Small and Large Bowel Procedures with MCC	\$26,614.84	\$25,895.52
345	1.6865	Minor Small and Large Bowel Procedures with CC	\$12,480.10	\$12,142.80
346	1.2174	Minor Small and Large Bowel Procedures without CC/MCC	\$9,008.76	\$8,765.28
347	2.5182	Anal and Stomal Procedures with MCC	\$18,634.68	\$18,131.04
348	1.3585	Anal and Stomal Procedures with CC	\$10,052.90	\$9,781.20
349	0.8834	Anal and Stomal Procedures without CC/MCC	\$6,537.16	\$6,360.48
350	2.4598	Inguinal and Femoral Hernia Procedures with MCC	\$18,202.52	\$17,710.56
351	1.3761	Inguinal and Femoral Hernia Procedures with CC	\$10,183.14	\$9,907.92
352	0.9239	Inguinal and Femoral Hernia Procedures without CC/MCC	\$6,836.86	\$6,652.08
353	2.7885	Hernia Procedures Except Inguinal and Femoral with MCC	\$20,634.90	\$20,077.20
354	1.6401	Hernia Procedures Except Inguinal and Femoral with CC	\$12,136.74	\$11,808.72
355	1.1783	Hernia Procedures Except Inguinal and Femoral without CC/MCC	\$8,719.42	\$8,483.76
356	3.8388	Other Digestive System O.R. Procedures with MCC	\$28,407.12	\$27,639.36

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
357	2.1448	Other Digestive System O.R. Procedures with CC	\$15,871.52	\$15,442.56
358	1.3942	Other Digestive System O.R. Procedures without CC/MCC	\$10,317.08	\$10,038.24
368	1.8779	Major Esophageal Disorders with MCC	\$13,896.46	\$13,520.88
369	1.066	Major Esophageal Disorders with CC	\$7,888.40	\$7,675.20
370	0.7486	Major Esophageal Disorders without CC/MCC	\$5,539.64	\$5,389.92
371	1.9027	Major Gastrointestinal Disorders and Peritoneal Infections with MCC	\$14,079.98	\$13,699.44
372	1.1733	Major Gastrointestinal Disorders and Peritoneal Infections with CC	\$8,682.42	\$8,447.76
373	0.8103	Major Gastrointestinal Disorders and Peritoneal Infections without CC/MCC	\$5,996.22	\$5,834.16
374	2.1051	Digestive Malignancy with MCC	\$15,577.74	\$15,156.72
375	1.2561	Digestive Malignancy with CC	\$9,295.14	\$9,043.92
376	0.8738	Digestive Malignancy without CC/MCC	\$6,466.12	\$6,291.36
377	1.7629	GI Hemorrhage with MCC	\$13,045.46	\$12,692.88
378	1.0029	GI Hemorrhage with CC	\$7,421.46	\$7,220.88
379	0.6937	GI Hemorrhage without CC/MCC	\$5,133.38	\$4,994.64
380	1.9223	Complicated Peptic Ulcer with MCC	\$14,225.02	\$13,840.56

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
381	1.1199	Complicated Peptic Ulcer with CC	\$8,287.26	\$8,063.28
382	0.7784	Complicated Peptic Ulcer without CC/MCC	\$5,760.16	\$5,604.48
383	1.385	Uncomplicated Peptic Ulcer with MCC	\$10,249.00	\$9,972.00
384	0.8501	Uncomplicated Peptic Ulcer without MCC	\$6,290.74	\$6,120.72
385	1.7973	Inflammatory Bowel Disease with MCC	\$13,300.02	\$12,940.56
386	1.0097	Inflammatory Bowel Disease with CC	\$7,471.78	\$7,269.84
387	0.7533	Inflammatory Bowel Disease without CC/MCC	\$5,574.42	\$5,423.76
388	1.617	GI Obstruction with MCC	\$11,965.80	\$11,642.40
389	0.8853	GI Obstruction with CC	\$6,551.22	\$6,374.16
390	0.6046	GI Obstruction without CC/MCC	\$4,474.04	\$4,353.12
391	1.1903	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders with MCC	\$8,808.22	\$8,570.16
392	0.7395	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders without MCC	\$5,472.30	\$5,324.40
393	1.6563	Other Digestive System Diagnoses with MCC	\$12,256.62	\$11,925.36
394	0.9653	Other Digestive System Diagnoses with CC	\$7,143.22	\$6,950.16
395	0.6669	Other Digestive System Diagnoses without CC/MCC	\$4,935.06	\$4,801.68

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
405	5.4333	Pancreas, Liver and Shunt Procedures with MCC	\$40,206.42	\$39,119.76
406	2.7667	Pancreas, Liver and Shunt Procedures with CC	\$20,473.58	\$19,920.24
407	1.9139	Pancreas, Liver and Shunt Procedures without CC/MCC	\$14,162.86	\$13,780.08
408	4.1182	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. with MCC	\$30,474.68	\$29,651.04
409	2.4337	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. with CC	\$18,009.38	\$17,522.64
410	1.5123	Biliary Tract Procedures Except Only Cholecystectomy with or without C.D.E. without CC/MCC	\$11,191.02	\$10,888.56
411	3.5968	Cholecystectomy with C.D.E. with MCC	\$26,616.32	\$25,896.96
412	2.3659	Cholecystectomy with C.D.E. with CC	\$17,507.66	\$17,034.48
413	1.722	Cholecystectomy with C.D.E. without CC/MCC	\$12,742.80	\$12,398.40
414	3.6208	Cholecystectomy Except by Laparoscope without C.D.E. with MCC	\$26,793.92	\$26,069.76
415	2.0173	Cholecystectomy Except by Laparoscope without C.D.E. with CC	\$14,928.02	\$14,524.56
416	1.3268	Cholecystectomy Except by Laparoscope without C.D.E. without CC/MCC	\$9,818.32	\$9,552.96
417	2.4784	Laparoscopic Cholecystectomy without C.D.E. with MCC	\$18,340.16	\$17,844.48
418	1.6536	Laparoscopic Cholecystectomy without C.D.E. with CC	\$12,236.64	\$11,905.92
419	1.2239	Laparoscopic Cholecystectomy without C.D.E. without CC/MCC	\$9,056.86	\$8,812.08

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
420	3.6786	Hepatobiliary Diagnostic Procedures with MCC	\$27,221.64	\$26,485.92
421	1.7714	Hepatobiliary Diagnostic Procedures with CC	\$13,108.36	\$12,754.08
422	1.2175	Hepatobiliary Diagnostic Procedures without CC/MCC	\$9,009.50	\$8,766.00
423	4.2183	Other Hepatobiliary or Pancreas O.R. Procedures with MCC	\$31,215.42	\$30,371.76
424	2.3149	Other Hepatobiliary or Pancreas O.R. Procedures with CC	\$17,130.26	\$16,667.28
425	1.6396	Other Hepatobiliary or Pancreas O.R. Procedures without CC/MCC	\$12,133.04	\$11,805.12
432	1.715	Cirrhosis and Alcoholic Hepatitis with MCC	\$12,691.00	\$12,348.00
433	0.9249	Cirrhosis and Alcoholic Hepatitis with CC	\$6,844.26	\$6,659.28
434	0.6156	Cirrhosis and Alcoholic Hepatitis without CC/MCC	\$4,555.44	\$4,432.32
435	1.7356	Malignancy of Hepatobiliary System or Pancreas with MCC	\$12,843.44	\$12,496.32
436	1.1548	Malignancy of Hepatobiliary System or Pancreas with CC	\$8,545.52	\$8,314.56
437	0.9282	Malignancy of Hepatobiliary System or Pancreas without CC/MCC	\$6,868.68	\$6,683.04
438	1.721	Disorders of Pancreas Except Malignancy with MCC	\$12,735.40	\$12,391.20
439	0.9162	Disorders of Pancreas Except Malignancy with CC	\$6,779.88	\$6,596.64
440	0.6452	Disorders of Pancreas Except Malignancy without CC/MCC	\$4,774.48	\$4,645.44

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
441	1.8534	Disorders of Liver Except Malignancy, Cirrhosis, Alcoholic Hepatitis with MCC	\$13,715.16	\$13,344.48
442	0.928	Disorders of Liver Except Malignancy, Cirrhosis, Alcoholic Hepatitis with CC	\$6,867.20	\$6,681.60
443	0.6418	Disorders of Liver Except Malignancy, Cirrhosis, Alcoholic Hepatitis without CC/MCC	\$4,749.32	\$4,620.96
444	1.606	Disorders of the Biliary Tract with MCC	\$11,884.40	\$11,563.20
445	1.0476	Disorders of the Biliary Tract with CC	\$7,752.24	\$7,542.72
446	0.7499	Disorders of the Biliary Tract without CC/MCC	\$5,549.26	\$5,399.28
453	11.7453	Combined Anterior/Posterior Spinal Fusion with MCC	\$86,915.22	\$84,566.16
454	8.02	Combined Anterior/Posterior Spinal Fusion with CC	\$59,348.00	\$57,744.00
455	6.2882	Combined Anterior/Posterior Spinal Fusion without CC/MCC	\$46,532.68	\$45,275.04
456	9.5871	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions with MCC	\$70,944.54	\$69,027.12
457	6.8188	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions with CC	\$50,459.12	\$49,095.36
458	5.1378	Spinal Fusion Except Cervical with Spinal Curvature/Malignancy/Infection or 9+ Fusions without CC/MCC	\$38,019.72	\$36,992.16
459	6.8163	Spinal Fusion Except Cervical with MCC	\$50,440.62	\$49,077.36
460	4.0221	Spinal Fusion Except Cervical without MCC	\$29,763.54	\$28,959.12
461	5.0254	Bilateral or Multiple Major Joint Procedures of Lower Extremity with MCC	\$37,187.96	\$36,182.88

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
462	3.519	Bilateral or Multiple Major Joint Procedures of Lower Extremity without MCC	\$26,040.60	\$25,336.80
463	5.1152	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with MCC	\$37,852.48	\$36,829.44
464	3.0243	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders with CC	\$22,379.82	\$21,774.96
465	1.9199	Wound Debridement and Skin Graft Except Hand, for Musculo-Connective Tissue Disorders without CC/MCC	\$14,207.26	\$13,823.28
466	5.2748	Revision of Hip or Knee Replacement with MCC	\$39,033.52	\$37,978.56
467	3.414	Revision of Hip or Knee Replacement with CC	\$25,263.60	\$24,580.80
468	2.7624	Revision of Hip or Knee Replacement without CC/MCC	\$20,441.76	\$19,889.28
469	3.4377	Major Joint Replacement or Reattachment of Lower Extremity with MCC	\$25,438.98	\$24,751.44
470	2.1463	Major Joint Replacement or Reattachment of Lower Extremity without MCC	\$15,882.62	\$15,453.36
471	4.9444	Cervical Spinal Fusion with MCC	\$36,588.56	\$35,599.68
472	2.9288	Cervical Spinal Fusion with CC	\$21,673.12	\$21,087.36
473	2.2458	Cervical Spinal Fusion without CC/MCC	\$16,618.92	\$16,169.76
474	3.6884	Amputation for Musculoskeletal System and Connective Tissue Disorders with MCC	\$27,294.16	\$26,556.48
475	2.0488	Amputation for Musculoskeletal System and Connective Tissue Disorders with CC	\$15,161.12	\$14,751.36
476	1.0717	Amputation for Musculoskeletal System and Connective Tissue Disorders without CC/MCC	\$7,930.58	\$7,716.24

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
477	3.2827	Biopsies of Musculoskeletal System and Connective Tissue with MCC	\$24,291.98	\$23,635.44
478	2.2115	Biopsies of Musculoskeletal System and Connective Tissue with CC	\$16,365.10	\$15,922.80
479	1.734	Biopsies of Musculoskeletal System and Connective Tissue without CC/MCC	\$12,831.60	\$12,484.80
480	3.0694	Hip and Femur Procedures Except Major Joint with MCC	\$22,713.56	\$22,099.68
481	1.9721	Hip and Femur Procedures Except Major Joint with CC	\$14,593.54	\$14,199.12
482	1.6305	Hip and Femur Procedures Except Major Joint without CC/MCC	\$12,065.70	\$11,739.60
483	2.6488	Major Joint and Limb Reattachment Procedures of Upper Extremity with CC/MCC	\$19,601.12	\$19,071.36
484	2.2298	Major Joint and Limb Reattachment Procedures of Upper Extremity without CC/MCC	\$16,500.52	\$16,054.56
485	3.2719	Knee Procedures with Principal Diagnosis of Infection with MCC	\$24,212.06	\$23,557.68
486	2.0199	Knee Procedures with Principal Diagnosis of Infection with CC	\$14,947.26	\$14,543.28
487	1.5215	Knee Procedures with Principal Diagnosis of Infection without CC/MCC	\$11,259.10	\$10,954.80
488	1.7379	Knee Procedures without Principal Diagnosis of Infection with CC/MCC	\$12,860.46	\$12,512.88
489	1.2799	Knee Procedures without Principal Diagnosis of Infection without CC/MCC	\$9,471.26	\$9,215.28
490	1.8845	Back and Neck Procedures Except Spinal Fusion with CC/MCC or Disc Device/Neurostimulator	\$13,945.30	\$13,568.40
491	1.0893	Back and Neck Procedures Except Spinal Fusion without CC/MCC	\$8,060.82	\$7,842.96

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
492	3.1831	Lower Extremity and Humerus Procedures Except Hip, Foot, Femur with MCC	\$23,554.94	\$22,918.32
493	1.9971	Lower Extremity and Humerus Procedures Except Hip, Foot, Femur with CC	\$14,778.54	\$14,379.12
494	1.5073	Lower Extremity and Humerus Procedures Except Hip, Foot, Femur without CC/MCC	\$11,154.02	\$10,852.56
495	2.911	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with MCC	\$21,541.40	\$20,959.20
496	1.729	Local Excision and Removal Internal Fixation Devices Except Hip and Femur with CC	\$12,794.60	\$12,448.80
497	1.1731	Local Excision and Removal Internal Fixation Devices Except Hip and Femur without CC/MCC	\$8,680.94	\$8,446.32
498	2.1924	Local Excision and Removal Internal Fixation Devices of Hip and Femur with CC/MCC	\$16,223.76	\$15,785.28
499	0.9577	Local Excision and Removal Internal Fixation Devices of Hip and Femur without CC/MCC	\$7,086.98	\$6,895.44
500	3.0116	Soft Tissue Procedures with MCC	\$22,285.84	\$21,683.52
501	1.5804	Soft Tissue Procedures with CC	\$11,694.96	\$11,378.88
502	1.1277	Soft Tissue Procedures without CC/MCC	\$8,344.98	\$8,119.44
503	2.2584	Foot Procedures with MCC	\$16,712.16	\$16,260.48
504	1.6133	Foot Procedures with CC	\$11,938.42	\$11,615.76
505	1.2072	Foot Procedures without CC/MCC	\$8,933.28	\$8,691.84
506	1.2041	Major Thumb or Joint Procedures	\$8,910.34	\$8,669.52

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
507	1.9667	Major Shoulder or Elbow Joint Procedures with CC/MCC	\$14,553.58	\$14,160.24
508	1.319	Major Shoulder or Elbow Joint Procedures without CC/MCC	\$9,760.60	\$9,496.80
509	1.3245	Arthroscopy	\$9,801.30	\$9,536.40
510	2.2717	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with MCC	\$16,810.58	\$16,356.24
511	1.5894	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure with CC	\$11,761.56	\$11,443.68
512	1.2266	Shoulder, Elbow or Forearm Procedure, Except Major Joint Procedure without CC/MCC	\$9,076.84	\$8,831.52
513	1.4122	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures with CC/MCC	\$10,450.28	\$10,167.84
514	0.8781	Hand or Wrist Procedures, Except Major Thumb or Joint Procedures without CC/MCC	\$6,497.94	\$6,322.32
515	3.334	Other Musculoskeletal System and Connective Tissue O.R. Procedure with MCC	\$24,671.60	\$24,004.80
516	2.016	Other Musculoskeletal System and Connective Tissue O.R. Procedure with CC	\$14,918.40	\$14,515.20
517	1.6777	Other Musculoskeletal System and Connective Tissue O.R. Procedure without CC/MCC	\$12,414.98	\$12,079.44
533	1.3759	Fractures of Femur with MCC	\$10,181.66	\$9,906.48
534	0.7364	Fractures of Femur without MCC	\$5,449.36	\$5,302.08
535	1.3085	Fractures of Hip and Pelvis with MCC	\$9,682.90	\$9,421.20
536	0.7091	Fractures of Hip and Pelvis without MCC	\$5,247.34	\$5,105.52

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
537	0.8604	Sprains, Strains, and Dislocations of Hip, Pelvis and Thigh with CC/MCC	\$6,366.96	\$6,194.88
538	0.687	Sprains, Strains, and Dislocations of Hip, Pelvis and Thigh without CC/MCC	\$5,083.80	\$4,946.40
539	1.8631	Osteomyelitis with MCC	\$13,786.94	\$13,414.32
540	1.3063	Osteomyelitis with CC	\$9,666.62	\$9,405.36
541	0.9743	Osteomyelitis without CC/MCC	\$7,209.82	\$7,014.96
542	1.9451	Pathological Fractures and Musculoskeletal and Connective Tissue Malignancy with MCC	\$14,393.74	\$14,004.72
543	1.1267	Pathological Fractures and Musculoskeletal and Connective Tissue Malignancy with CC	\$8,337.58	\$8,112.24
544	0.7736	Pathological Fractures and Musculoskeletal and Connective Tissue Malignancy without CC/MCC	\$5,724.64	\$5,569.92
545	2.4445	Connective Tissue Disorders with MCC	\$18,089.30	\$17,600.40
546	1.1711	Connective Tissue Disorders with CC	\$8,666.14	\$8,431.92
547	0.8061	Connective Tissue Disorders without CC/MCC	\$5,965.14	\$5,803.92
548	1.7811	Septic Arthritis with MCC	\$13,180.14	\$12,823.92
549	1.1101	Septic Arthritis with CC	\$8,214.74	\$7,992.72
550	0.8149	Septic Arthritis without CC/MCC	\$6,030.26	\$5,867.28
551	1.6317	Medical Back Problems with MCC	\$12,074.58	\$11,748.24

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
552	0.8467	Medical Back Problems without MCC	\$6,265.58	\$6,096.24
553	1.237	Bone Diseases and Arthropathies with MCC	\$9,153.80	\$8,906.40
554	0.7181	Bone Diseases and Arthropathies without MCC	\$5,313.94	\$5,170.32
555	1.1974	Signs and Symptoms of Musculoskeletal System and Connective Tissue with MCC	\$8,860.76	\$8,621.28
556	0.7066	Signs and Symptoms of Musculoskeletal System and Connective Tissue without MCC	\$5,228.84	\$5,087.52
557	1.4756	Tendonitis, Myositis and Bursitis with MCC	\$10,919.44	\$10,624.32
558	0.8337	Tendonitis, Myositis and Bursitis without MCC	\$6,169.38	\$6,002.64
559	1.8639	Aftercare, Musculoskeletal System and Connective Tissue with MCC	\$13,792.86	\$13,420.08
560	1.026	Aftercare, Musculoskeletal System and Connective Tissue with CC	\$7,592.40	\$7,387.20
561	0.6408	Aftercare, Musculoskeletal System and Connective Tissue without CC/MCC	\$4,741.92	\$4,613.76
562	1.3528	Fractures, Sprains, Strains and Dislocations Except Femur, Hip, Pelvis and Thigh with MCC	\$10,010.72	\$9,740.16
563	0.7535	Fractures, Sprains, Strains and Dislocations Except Femur, Hip, Pelvis and Thigh without MCC	\$5,575.90	\$5,425.20
564	1.4855	Other Musculoskeletal System and Connective Tissue Diagnoses with MCC	\$10,992.70	\$10,695.60
565	0.9281	Other Musculoskeletal System and Connective Tissue Diagnoses with CC	\$6,867.94	\$6,682.32
566	0.6642	Other Musculoskeletal System and Connective Tissue Diagnoses without CC/MCC	\$4,915.08	\$4,782.24

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
570	2.4154	Skin Debridement with MCC	\$17,873.96	\$17,390.88
571	1.4906	Skin Debridement with CC	\$11,030.44	\$10,732.32
572	1.0077	Skin Debridement without CC/MCC	\$7,456.98	\$7,255.44
573	3.4623	Skin Graft for Skin Ulcer or Cellulitis with MCC	\$25,621.02	\$24,928.56
574	2.6883	Skin Graft for Skin Ulcer or Cellulitis with CC	\$19,893.42	\$19,355.76
575	1.4376	Skin Graft for Skin Ulcer or Cellulitis without CC/MCC	\$10,638.24	\$10,350.72
576	4.2927	Skin Graft Except for Skin Ulcer or Cellulitis with MCC	\$31,765.98	\$30,907.44
577	2.0212	Skin Graft Except for Skin Ulcer or Cellulitis with CC	\$14,956.88	\$14,552.64
578	1.2617	Skin Graft Except for Skin Ulcer or Cellulitis without CC/MCC	\$9,336.58	\$9,084.24
579	2.6106	Other Skin, Subcutaneous Tissue and Breast Procedures with MCC	\$19,318.44	\$18,796.32
580	1.5398	Other Skin, Subcutaneous Tissue and Breast Procedures with CC	\$11,394.52	\$11,086.56
581	1.0605	Other Skin, Subcutaneous Tissue and Breast Procedures without CC/MCC	\$7,847.70	\$7,635.60
582	1.1913	Mastectomy for Malignancy with CC/MCC	\$8,815.62	\$8,577.36
583	0.9711	Mastectomy for Malignancy without CC/MCC	\$7,186.14	\$6,991.92
584	1.6998	Breast Biopsy, Local Excision and Other Breast Procedures with CC/MCC	\$12,578.52	\$12,238.56

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
585	1.3162	Breast Biopsy, Local Excision and Other Breast Procedures without CC/MCC	\$9,739.88	\$9,476.64
592	1.4131	Skin Ulcers with MCC	\$10,456.94	\$10,174.32
593	1.0094	Skin Ulcers with CC	\$7,469.56	\$7,267.68
594	0.6814	Skin Ulcers without CC/MCC	\$5,042.36	\$4,906.08
595	1.9464	Major Skin Disorders with MCC	\$14,403.36	\$14,014.08
596	0.9284	Major Skin Disorders without MCC	\$6,870.16	\$6,684.48
597	1.7064	Malignant Breast Disorders with MCC	\$12,627.36	\$12,286.08
598	1.0817	Malignant Breast Disorders with CC	\$8,004.58	\$7,788.24
599	0.6547	Malignant Breast Disorders without CC/MCC	\$4,844.78	\$4,713.84
600	0.9963	Nonmalignant Breast Disorders with CC/MCC	\$7,372.62	\$7,173.36
601	0.6445	Nonmalignant Breast Disorders without CC/MCC	\$4,769.30	\$4,640.40
602	1.4607	Cellulitis with MCC	\$10,809.18	\$10,517.04
603	0.8402	Cellulitis without MCC	\$6,217.48	\$6,049.44
604	1.3223	Trauma to the Skin, Subcutaneous Tissue and Breast with MCC	\$9,785.02	\$9,520.56
605	0.7372	Trauma to the Skin, Subcutaneous Tissue & Breast without MCC	\$5,455.28	\$5,307.84

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
606	1.3594	Minor Skin Disorders with MCC	\$10,059.56	\$9,787.68
607	0.7043	Minor Skin Disorders without MCC	\$5,211.82	\$5,070.96
614	2.5455	Adrenal and Pituitary Procedures with CC/MCC	\$18,836.70	\$18,327.60
615	1.4579	Adrenal and Pituitary Procedures without CC/MCC	\$10,788.46	\$10,496.88
616	4.0773	Amputation of Lower Limb for Endocrine, Nutritional, and Metabolic Disorders with MCC	\$30,172.02	\$29,356.56
617	2.0071	Amputation of Lower Limb for Endocrine, Nutritional, and Metabolic Disorders with CC	\$14,852.54	\$14,451.12
618	1.2489	Amputation of Lower Limb for Endocrine, Nutritional, and Metabolic Disorders without CC/MCC	\$9,241.86	\$8,992.08
619	3.62	O.R. Procedures for Obesity with MCC	\$26,788.00	\$26,064.00
620	1.9399	O.R. Procedures for Obesity with CC	\$14,355.26	\$13,967.28
621	1.5772	O.R. Procedures for Obesity without CC/MCC	\$11,671.28	\$11,355.84
622	3.3505	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with MCC	\$24,793.70	\$24,123.60
623	1.8239	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders with CC	\$13,496.86	\$13,132.08
624	0.9635	Skin Grafts and Wound Debridement for Endocrine, Nutritional and Metabolic Disorders without CC/MCC	\$7,129.90	\$6,937.20
625	2.4009	Thyroid, Parathyroid and Thyroglossal Procedures with MCC	\$17,766.66	\$17,286.48
626	1.2459	Thyroid, Parathyroid and Thyroglossal Procedures with CC	\$9,219.66	\$8,970.48

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
627	0.8458	Thyroid, Parathyroid and Thyroglossal Procedures without CC/MCC	\$6,258.92	\$6,089.76
628	3.3515	Other Endocrine, Nutritional and Metabolic O.R. Procedures with MCC	\$24,801.10	\$24,130.80
629	2.1292	Other Endocrine, Nutritional and Metabolic O.R. Procedures with CC	\$15,756.08	\$15,330.24
630	1.3444	Other Endocrine, Nutritional and Metabolic O.R. Procedures without CC/MCC	\$9,948.56	\$9,679.68
637	1.3888	Diabetes with MCC	\$10,277.12	\$9,999.36
638	0.8252	Diabetes with CC	\$6,106.48	\$5,941.44
639	0.5708	Diabetes without CC/MCC	\$4,223.92	\$4,109.76
640	1.1111	Miscellaneous Disorders of Nutrition, Metabolism, and Fluids and Electrolytes with MCC	\$8,222.14	\$7,999.92
641	0.6992	Miscellaneous Disorders of Nutrition, Metabolism, and Fluids and Electrolytes without MCC	\$5,174.08	\$5,034.24
642	1.0674	Inborn and Other Disorders of Metabolism	\$7,898.76	\$7,685.28
643	1.6693	Endocrine Disorders with MCC	\$12,352.82	\$12,018.96
644	1.0194	Endocrine Disorders with CC	\$7,543.56	\$7,339.68
645	0.7041	Endocrine Disorders without CC/MCC	\$5,210.34	\$5,069.52
652	3.153	Kidney Transplant	\$23,332.20	\$22,701.60
653	5.9558	Major Bladder Procedures with MCC	\$44,072.92	\$42,881.76

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
654	3.0944	Major Bladder Procedures with CC	\$22,898.56	\$22,279.68
655	2.1671	Major Bladder Procedures without CC/MCC	\$16,036.54	\$15,603.12
656	3.5221	Kidney and Ureter Procedures for Neoplasm with MCC	\$26,063.54	\$25,359.12
657	2.0261	Kidney and Ureter Procedures for Neoplasm with CC	\$14,993.14	\$14,587.92
658	1.5074	Kidney and Ureter Procedures for Neoplasm without CC/MCC	\$11,154.76	\$10,853.28
659	3.4051	Kidney and Ureter Procedures for Non-neoplasm with MCC	\$25,197.74	\$24,516.72
660	1.8827	Kidney and Ureter Procedures for Non-neoplasm with CC	\$13,931.98	\$13,555.44
661	1.3435	Kidney and Ureter Procedures for Non-neoplasm without CC/MCC	\$9,941.90	\$9,673.20
662	2.9801	Minor Bladder Procedures with MCC	\$22,052.74	\$21,456.72
663	1.5666	Minor Bladder Procedures with CC	\$11,592.84	\$11,279.52
664	1.2208	Minor Bladder Procedures without CC/MCC	\$9,033.92	\$8,789.76
665	3.1414	Prostatectomy with MCC	\$23,246.36	\$22,618.08
666	1.7042	Prostatectomy with CC	\$12,611.08	\$12,270.24
667	0.8949	Prostatectomy without CC/MCC	\$6,622.26	\$6,443.28
668	2.5573	Transurethral Procedures with MCC	\$18,924.02	\$18,412.56

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
669	1.2693	Transurethral Procedures with CC	\$9,392.82	\$9,138.96
670	0.8354	Transurethral Procedures without CC/MCC	\$6,181.96	\$6,014.88
671	1.5887	Urethral Procedures with CC/MCC	\$11,756.38	\$11,438.64
672	0.8835	Urethral Procedures without CC/MCC	\$6,537.90	\$6,361.20
673	3.115	Other Kidney and Urinary Tract Procedures with MCC	\$23,051.00	\$22,428.00
674	2.2378	Other Kidney and Urinary Tract Procedures with CC	\$16,559.72	\$16,112.16
675	1.3807	Other Kidney and Urinary Tract Procedures without CC/MCC	\$10,217.18	\$9,941.04
682	1.5401	Renal Failure with MCC	\$11,396.74	\$11,088.72
683	0.9655	Renal Failure with CC	\$7,144.70	\$6,951.60
684	0.6213	Renal Failure without CC/MCC	\$4,597.62	\$4,473.36
685	0.9282	Admit for Renal Dialysis	\$6,868.68	\$6,683.04
686	1.7237	Kidney and Urinary Tract Neoplasms with MCC	\$12,755.38	\$12,410.64
687	1.0441	Kidney and Urinary Tract Neoplasms with CC	\$7,726.34	\$7,517.52
688	0.6867	Kidney and Urinary Tract Neoplasms without CC/MCC	\$5,081.58	\$4,944.24
689	1.13	Kidney and Urinary Tract Infections with MCC	\$8,362.00	\$8,136.00

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
690	0.7693	Kidney and Urinary Tract Infections without MCC	\$5,692.82	\$5,538.96
691	1.5454	Urinary Stones with ESW Lithotripsy with CC/MCC	\$11,435.96	\$11,126.88
692	1.069	Urinary Stones with ESW Lithotripsy without CC/MCC	\$7,910.60	\$7,696.80
693	1.4186	Urinary Stones without ESW Lithotripsy with MCC	\$10,497.64	\$10,213.92
694	0.6879	Urinary Stones without ESW Lithotripsy without MCC	\$5,090.46	\$4,952.88
695	1.2773	Kidney and Urinary Tract Signs and Symptoms with MCC	\$9,452.02	\$9,196.56
696	0.6615	Kidney and Urinary Tract Signs and Symptoms without MCC	\$4,895.10	\$4,762.80
697	0.8225	Urethral Stricture	\$6,086.50	\$5,922.00
698	1.5681	Other Kidney and Urinary Tract Diagnoses with MCC	\$11,603.94	\$11,290.32
699	0.989	Other Kidney and Urinary Tract Diagnoses with CC	\$7,318.60	\$7,120.80
700	0.7026	Other Kidney and Urinary Tract Diagnoses without CC/MCC	\$5,199.24	\$5,058.72
707	1.8265	Major Male Pelvic Procedures with CC/MCC	\$13,516.10	\$13,150.80
708	1.2928	Major Male Pelvic Procedures without CC/MCC	\$9,566.72	\$9,308.16
709	2.1038	Penis Procedures with CC/MCC	\$15,568.12	\$15,147.36
710	1.3429	Penis Procedures without CC/MCC	\$9,937.46	\$9,668.88

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
711	2.0316	Testes Procedures with CC/MCC	\$15,033.84	\$14,627.52
712	0.958	Testes Procedures without CC/MCC	\$7,089.20	\$6,897.60
713	1.3814	Transurethral Prostatectomy with CC/MCC	\$10,222.36	\$9,946.08
714	0.7402	Transurethral Prostatectomy without CC/MCC	\$5,477.48	\$5,329.44
715	2.2268	Other Male Reproductive System O.R. Procedures for Malignancy with CC/MCC	\$16,478.32	\$16,032.96
716	0.9629	Other Male Reproductive System O.R. Procedures for Malignancy without CC/MCC	\$7,125.46	\$6,932.88
717	1.7495	Other Male Reproductive System O.R. Procedures Except Malignancy with CC/MCC	\$12,946.30	\$12,596.40
718	0.8786	Other Male Reproductive System O.R. Procedures Except Malignancy without CC/MCC	\$6,501.64	\$6,325.92
722	1.6031	Malignancy, Male Reproductive System with MCC	\$11,862.94	\$11,542.32
723	1.0532	Malignancy, Male Reproductive System with CC	\$7,793.68	\$7,583.04
724	0.5501	Malignancy, Male Reproductive System without CC/MCC	\$4,070.74	\$3,960.72
725	1.2644	Benign Prostatic Hypertrophy with MCC	\$9,356.56	\$9,103.68
726	0.7159	Benign Prostatic Hypertrophy without MCC	\$5,297.66	\$5,154.48
727	1.4106	Inflammation of the Male Reproductive System with MCC	\$10,438.44	\$10,156.32
728	0.7821	Inflammation of the Male Reproductive System without MCC	\$5,787.54	\$5,631.12

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
729	1.1196	Other Male Reproductive System Diagnoses with CC/MCC	\$8,285.04	\$8,061.12
730	0.6266	Other Male Reproductive System Diagnoses without CC/MCC	\$4,636.84	\$4,511.52
734	2.5547	Pelvic Evisceration, Radical Hysterectomy and Radical Vulvectomy with CC/MCC	\$18,904.78	\$18,393.84
735	1.191	Pelvic Evisceration, Radical Hysterectomy and Radical Vulvectomy without CC/MCC	\$8,813.40	\$8,575.20
736	4.2211	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy with MCC	\$31,236.14	\$30,391.92
737	2.031	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy with CC	\$15,029.40	\$14,623.20
738	1.2602	Uterine and Adnexa Procedures for Ovarian or Adnexal Malignancy without CC/MCC	\$9,325.48	\$9,073.44
739	3.1647	Uterine, Adnexa Procedures for Nonovarian/Adnexal Malignancy with MCC	\$23,418.78	\$22,785.84
740	1.5819	Uterine, Adnexa Procedures for Nonovarian/Adnexal Malignancy with CC	\$11,706.06	\$11,389.68
741	1.147	Uterine, Adnexa Procedures for Nonovarian/Adnexal Malignancy without CC/MCC	\$8,487.80	\$8,258.40
742	1.4972	Uterine and Adnexa Procedures for Nonmalignancy with CC/MCC	\$11,079.28	\$10,779.84
743	0.9903	Uterine and Adnexa Procedures for Nonmalignancy without CC/MCC	\$7,328.22	\$7,130.16
744	1.5084	D&C, Conization, Laparoscopy and Tubal Interruption with CC/MCC	\$11,162.16	\$10,860.48
745	0.8514	D&C, Conization, Laparoscopy and Tubal Interruption without CC/MCC	\$6,300.36	\$6,130.08
746	1.3694	Vagina, Cervix and Vulva Procedures with CC/MCC	\$10,133.56	\$9,859.68

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
747	0.8814	Vagina, Cervix and Vulva Procedures without CC/MCC	\$6,522.36	\$6,346.08
748	1.0096	Female Reproductive System Reconstructive Procedures	\$7,471.04	\$7,269.12
749	2.6239	Other Female Reproductive System O.R. Procedures with CC/MCC	\$19,416.86	\$18,892.08
750	1.0854	Other Female Reproductive System O.R. Procedures without CC/MCC	\$8,031.96	\$7,814.88
754	1.9784	Malignancy, Female Reproductive System with MCC	\$14,640.16	\$14,244.48
755	1.088	Malignancy, Female Reproductive System with CC	\$8,051.20	\$7,833.60
756	0.6334	Malignancy, Female Reproductive System without CC/MCC	\$4,687.16	\$4,560.48
757	1.5292	Infections, Female Reproductive System with MCC	\$11,316.08	\$11,010.24
758	1.0452	Infections, Female Reproductive System with CC	\$7,734.48	\$7,525.44
759	0.6995	Infections, Female Reproductive System without CC/MCC	\$5,176.30	\$5,036.40
760	0.8063	Menstrual and Other Female Reproductive System Disorders with CC/MCC	\$5,966.62	\$5,805.36
761	0.4904	Menstrual and Other Female Reproductive System Disorders without CC/MCC	\$3,628.96	\$3,530.88
765	1.1125	Cesarean Section with CC/MCC	\$8,232.50	\$8,010.00
766	0.7766	Cesarean Section without CC/MCC	\$5,746.84	\$5,591.52
767	0.9235	Vaginal Delivery with Sterilization and/or D&C	\$6,833.90	\$6,649.20

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
768	1.0976	Vaginal Delivery with O.R. Procedure Except Sterilization and/or D&C	\$8,122.24	\$7,902.72
769	2.1785	Postpartum and Postabortion Diagnoses with O.R. Procedure	\$16,120.90	\$15,685.20
770	0.707	Abortion with D&C, Aspiration Curettage or Hysterotomy	\$5,231.80	\$5,090.40
774	0.7137	Vaginal Delivery with Complicating Diagnoses	\$5,281.38	\$5,138.64
775	0.5625	Vaginal Delivery without Complicating Diagnoses	\$4,162.50	\$4,050.00
776	0.7075	Postpartum and Postabortion Diagnoses without O.R. Procedure	\$5,235.50	\$5,094.00
777	0.955	Ectopic Pregnancy	\$7,067.00	\$6,876.00
778	0.5247	Threatened Abortion	\$3,882.78	\$3,777.84
779	0.4843	Abortion without D&C	\$3,583.82	\$3,486.96
780	0.2515	False Labor	\$1,861.10	\$1,810.80
781	0.7568	Other Antepartum Diagnoses with Medical Complications	\$5,600.32	\$5,448.96
782	0.4463	Other Antepartum Diagnoses without Medical Complications	\$3,302.62	\$3,213.36
789	1.5258	Neonates, Died or Transferred to Another Acute Care Facility	\$11,290.92	\$10,985.76
790	5.0315	Extreme Immaturity or Respiratory Distress Syndrome, Neonate	\$37,233.10	\$36,226.80
791	3.4363	Prematurity with Major Problems	\$25,428.62	\$24,741.36

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
792	2.0734	Prematurity without Major Problems	\$15,343.16	\$14,928.48
793	3.5299	Full Term Neonate with Major Problems	\$26,121.26	\$25,415.28
794	1.2494	Neonate with Other Significant Problems	\$9,245.56	\$8,995.68
795	0.1692	Normal Newborn	\$1,252.08	\$1,218.24
799	5.0639	Splenectomy with MCC	\$37,472.86	\$36,460.08
800	2.5234	Splenectomy with CC	\$18,673.16	\$18,168.48
801	1.598	Splenectomy without CC/MCC	\$11,825.20	\$11,505.60
802	3.1642	Other O.R. Procedures of the Blood and Blood-Forming Organs with MCC	\$23,415.08	\$22,782.24
803	1.8831	Other O.R. Procedures of the Blood and Blood-Forming Organs with CC	\$13,934.94	\$13,558.32
804	1.1558	Other O.R. Procedures of the Blood and Blood-Forming Organs without CC/MCC	\$8,552.92	\$8,321.76
808	2.2217	Major Hematologic/Immunologic Diagnoses Except Sickle Cell Crisis and Coagulation with MCC	\$16,440.58	\$15,996.24
809	1.1901	Major Hematologic/Immunologic Diagnoses Except Sickle Cell Crisis and Coagulation with CC	\$8,806.74	\$8,568.72
810	0.8226	Major Hematologic/Immunologic Diagnoses Except Sickle Cell Crisis and Coagulation without CC/MCC	\$6,087.24	\$5,922.72
811	1.2488	Red Blood Cell Disorders with MCC	\$9,241.12	\$8,991.36
812	0.7985	Red Blood Cell Disorders without MCC	\$5,908.90	\$5,749.20

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
813	1.6433	Coagulation Disorders	\$12,160.42	\$11,831.76
814	1.691	Reticuloendothelial and Immunity Disorders with MCC	\$12,513.40	\$12,175.20
815	0.9844	Reticuloendothelial and Immunity Disorders with CC	\$7,284.56	\$7,087.68
816	0.6655	Reticuloendothelial and Immunity Disorders without CC/MCC	\$4,924.70	\$4,791.60
820	5.8779	Lymphoma and Leukemia with Major O.R. Procedure with MCC	\$43,496.46	\$42,320.88
821	2.4025	Lymphoma and Leukemia with Major O.R. Procedure with CC	\$17,778.50	\$17,298.00
822	1.2336	Lymphoma and Leukemia with Major O.R. Procedure without CC/MCC	\$9,128.64	\$8,881.92
823	4.485	Lymphoma and Nonacute Leukemia with Other O.R. Procedure with MCC	\$33,189.00	\$32,292.00
824	2.1684	Lymphoma and Nonacute Leukemia with Other O.R. Procedure with CC	\$16,046.16	\$15,612.48
825	1.2935	Lymphoma and Nonacute Leukemia with Other O.R. Procedure without CC/MCC	\$9,571.90	\$9,313.20
826	4.928	Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Major O.R. Procedure with MCC	\$36,467.20	\$35,481.60
827	2.2746	Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Major O.R. Procedure with CC	\$16,832.04	\$16,377.12
828	1.3642	Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Major O.R. Procedure without CC/MCC	\$10,095.08	\$9,822.24
829	3.1769	Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Other O.R. Procedure with CC/MCC	\$23,509.06	\$22,873.68
830	1.2781	Myeloproliferative Disorders or Poorly Differentiated Neoplasms with Other O.R. Procedure without CC/MCC	\$9,457.94	\$9,202.32

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
834	5.3828	Acute Leukemia without Major O.R. Procedure with MCC	\$39,832.72	\$38,756.16
835	2.1606	Acute Leukemia without Major O.R. Procedure with CC	\$15,988.44	\$15,556.32
836	1.224	Acute Leukemia without Major O.R. Procedure without CC/MCC	\$9,057.60	\$8,812.80
837	6.0485	Chemotherapy with Acute Leukemia as Secondary Diagnosis or with High Dose Chemotherapy Agent with MCC	\$44,758.90	\$43,549.20
838	2.8181	Chemotherapy with Acute Leukemia as Secondary Diagnosis with CC or High Dose Chemotherapy Agent	\$20,853.94	\$20,290.32
839	1.3175	Chemotherapy with Acute Leukemia as Secondary Diagnosis without CC/MCC	\$9,749.50	\$9,486.00
840	3.0843	Lymphoma and Nonacute Leukemia with MCC	\$22,823.82	\$22,206.96
841	1.6167	Lymphoma and Nonacute Leukemia with CC	\$11,963.58	\$11,640.24
842	1.083	Lymphoma and Nonacute Leukemia without CC/MCC	\$8,014.20	\$7,797.60
843	1.7768	Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses with MCC	\$13,148.32	\$12,792.96
844	1.1701	Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses with CC	\$8,658.74	\$8,424.72
845	0.783	Other Myeloproliferative Disorders or Poorly Differentiated Neoplasm Diagnoses without CC/MCC	\$5,794.20	\$5,637.60
846	2.4337	Chemotherapy without Acute Leukemia as Secondary Diagnosis with MCC	\$18,009.38	\$17,522.64
847	1.1062	Chemotherapy without Acute Leukemia as Secondary Diagnosis with CC	\$8,185.88	\$7,964.64
848	0.8635	Chemotherapy without Acute Leukemia as Secondary Diagnosis without CC/MCC	\$6,389.90	\$6,217.20

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
849	1.4239	Radiotherapy	\$10,536.86	\$10,252.08
853	5.3491	Infectious and Parasitic Diseases with O.R. Procedure with MCC	\$39,583.34	\$38,513.52
854	2.4891	Infectious and Parasitic Diseases with O.R. Procedure with CC	\$18,419.34	\$17,921.52
855	1.5849	Infectious and Parasitic Diseases with O.R. Procedure without CC/MCC	\$11,728.26	\$11,411.28
856	4.7874	Postoperative or Posttraumatic Infections with O.R. Procedure with MCC	\$35,426.76	\$34,469.28
857	2.0412	Postoperative or Posttraumatic Infections with O.R. Procedure with CC	\$15,104.88	\$14,696.64
858	1.3115	Postoperative or Posttraumatic Infections with O.R. Procedure without CC/MCC	\$9,705.10	\$9,442.80
862	1.8903	Postoperative and Posttraumatic Infections with MCC	\$13,988.22	\$13,610.16
863	0.9845	Postoperative and Posttraumatic Infections without MCC	\$7,285.30	\$7,088.40
864	0.8441	Fever	\$6,246.34	\$6,077.52
865	1.7351	Viral Illness with MCC	\$12,839.74	\$12,492.72
866	0.7855	Viral Illness without MCC	\$5,812.70	\$5,655.60
867	2.6139	Other Infectious and Parasitic Diseases Diagnoses with MCC	\$19,342.86	\$18,820.08
868	1.0775	Other Infectious and Parasitic Diseases Diagnoses with CC	\$7,973.50	\$7,758.00
869	0.7406	Other Infectious and Parasitic Diseases Diagnoses without CC/MCC	\$5,480.44	\$5,332.32

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
870	5.9187	Septicemia or Severe Sepsis with Mechanical Ventilation 96+ Hours	\$43,798.38	\$42,614.64
871	1.8527	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC	\$13,709.98	\$13,339.44
872	1.0687	Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours without MCC	\$7,908.38	\$7,694.64
876	2.8172	O.R. Procedure with Principal Diagnoses of Mental Illness	\$20,847.28	\$20,283.84
880	0.6388	Acute Adjustment Reaction and Psychosocial Dysfunction	\$4,727.12	\$4,599.36
881	0.6541	Depressive Neuroses	\$4,840.34	\$4,709.52
882	0.6953	Neuroses Except Depressive	\$5,145.22	\$5,006.16
883	1.2682	Disorders of Personality and Impulse Control	\$9,384.68	\$9,131.04
884	1.006	Organic Disturbances and Mental Retardation	\$7,444.40	\$7,243.20
885	1.0048	Psychoses	\$7,435.52	\$7,234.56
886	0.9173	Behavioral and Developmental Disorders	\$6,788.02	\$6,604.56
887	0.9795	Other Mental Disorder Diagnoses	\$7,248.30	\$7,052.40
894	0.4509	Alcohol/Drug Abuse or Dependence, Left Against Medical Advice	\$3,336.66	\$3,246.48
895	1.1939	Alcohol/Drug Abuse or Dependence with Rehabilitation Therapy	\$8,834.86	\$8,596.08
896	1.5146	Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy with MCC	\$11,208.04	\$10,905.12

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
897	0.6824	Alcohol/Drug Abuse or Dependence without Rehabilitation Therapy without MCC	\$5,049.76	\$4,913.28
901	4.0316	Wound Debridements for Injuries with MCC	\$29,833.84	\$29,027.52
902	1.7077	Wound Debridements for Injuries with CC	\$12,636.98	\$12,295.44
903	1.0527	Wound Debridements for Injuries without CC/MCC	\$7,789.98	\$7,579.44
904	3.1738	Skin Grafts for Injuries with CC/MCC	\$23,486.12	\$22,851.36
905	1.2475	Skin Grafts for Injuries without CC/MCC	\$9,231.50	\$8,982.00
906	1.2228	Hand Procedures for Injuries	\$9,048.72	\$8,804.16
907	3.9235	Other O.R. Procedures for Injuries with MCC	\$29,033.90	\$28,249.20
908	1.9485	Other O.R. Procedures for Injuries with CC	\$14,418.90	\$14,029.20
909	1.215	Other O.R. Procedures for Injuries without CC/MCC	\$8,991.00	\$8,748.00
913	1.1683	Traumatic Injury with MCC	\$8,645.42	\$8,411.76
914	0.711	Traumatic Injury without MCC	\$5,261.40	\$5,119.20
915	1.4721	Allergic Reactions with MCC	\$10,893.54	\$10,599.12
916	0.5139	Allergic Reactions without MCC	\$3,802.86	\$3,700.08
917	1.4093	Poisoning and Toxic Effects of Drugs with MCC	\$10,428.82	\$10,146.96

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
918	0.6346	Poisoning and Toxic Effects of Drugs without MCC	\$4,696.04	\$4,569.12
919	1.7206	Complications of Treatment with MCC	\$12,732.44	\$12,388.32
920	0.9779	Complications of Treatment with CC	\$7,236.46	\$7,040.88
921	0.6522	Complications of Treatment without CC/MCC	\$4,826.28	\$4,695.84
922	1.5088	Other Injury, Poisoning and Toxic Effect Diagnoses with MCC	\$11,165.12	\$10,863.36
923	0.662	Other Injury, Poisoning and Toxic Effect Diagnoses without MCC	\$4,898.80	\$4,766.40
927	16.4534	Extensive Burns or Full Thickness Burns with Mechanical Ventilation 96+ Hours with Skin Graft	\$121,755.16	\$118,464.48
928	5.7744	Full Thickness Burn with Skin Graft or Inhalation Injury with CC/MCC	\$42,730.56	\$41,575.68
929	2.209	Full Thickness Burn with Skin Graft or Inhalation Injury without CC/MCC	\$16,346.60	\$15,904.80
933	3.2785	Extensive Burns or Full Thickness Burns with Mechanical Ventilation 96+ Hours without Skin Graft	\$24,260.90	\$23,605.20
934	1.6045	Full Thickness Burn without Skin Graft or Inhalation Injury	\$11,873.30	\$11,552.40
935	1.3909	Nonextensive Burns	\$10,292.66	\$10,014.48
939	3.1182	O.R. Procedure with Diagnoses of Other Contact with Health Services with MCC	\$23,074.68	\$22,451.04
940	1.7675	O.R. Procedure with Diagnoses of Other Contact with Health Services with CC	\$13,079.50	\$12,726.00
941	1.3403	O.R. Procedure with Diagnoses of Other Contact with Health Services without CC/MCC	\$9,918.22	\$9,650.16

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
945	1.3804	Rehabilitation with CC/MCC	\$10,214.96	\$9,938.88
946	1.2037	Rehabilitation without CC/MCC	\$8,907.38	\$8,666.64
947	1.1324	Signs and Symptoms with MCC	\$8,379.76	\$8,153.28
948	0.6897	Signs and Symptoms without MCC	\$5,103.78	\$4,965.84
949	1.0038	Aftercare with CC/MCC	\$7,428.12	\$7,227.36
950	0.6005	Aftercare without CC/MCC	\$4,443.70	\$4,323.60
951	0.8578	Other Factors Influencing Health Status	\$6,347.72	\$6,176.16
955	5.4056	Craniotomy for Multiple Significant Trauma	\$40,001.44	\$38,920.32
956	3.8321	Limb Reattachment, Hip and Femur Procedures for Multiple Significant Trauma	\$28,357.54	\$27,591.12
957	6.7306	Other O.R. Procedures for Multiple Significant Trauma with MCC	\$49,806.44	\$48,460.32
958	3.8734	Other O.R. Procedures for Multiple Significant Trauma with CC	\$28,663.16	\$27,888.48
959	2.5391	Other O.R. Procedures for Multiple Significant Trauma without CC/MCC	\$18,789.34	\$18,281.52
963	2.6733	Other Multiple Significant Trauma with MCC	\$19,782.42	\$19,247.76
964	1.3904	Other Multiple Significant Trauma with CC	\$10,288.96	\$10,010.88
965	0.9824	Other Multiple Significant Trauma without CC/MCC	\$7,269.76	\$7,073.28

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
969	5.4896	HIV with Extensive O.R. Procedure with MCC	\$40,623.04	\$39,525.12
970	2.2785	HIV with Extensive O.R. Procedure without MCC	\$16,860.90	\$16,405.20
974	2.6335	HIV with Major Related Condition with MCC	\$19,487.90	\$18,961.20
975	1.3383	HIV with Major Related Condition with CC	\$9,903.42	\$9,635.76
976	0.8627	HIV with Major Related Condition without CC/MCC	\$6,383.98	\$6,211.44
977	1.1194	HIV with or without Other Related Condition	\$8,283.56	\$8,059.68
981	4.9319	Extensive O.R. Procedure Unrelated to Principal Diagnosis with MCC	\$36,496.06	\$35,509.68
982	2.8504	Extensive O.R. Procedure Unrelated to Principal Diagnosis with CC	\$21,092.96	\$20,522.88
983	1.7462	Extensive O.R. Procedure Unrelated to Principal Diagnosis without CC/MCC	\$12,921.88	\$12,572.64
984	3.4143	Prostatic O.R. Procedure Unrelated to Principal Diagnosis with MCC	\$25,265.82	\$24,582.96
985	1.8859	Prostatic O.R. Procedure Unrelated to Principal Diagnosis with CC	\$13,955.66	\$13,578.48
986	1.0389	Prostatic O.R. Procedure Unrelated to Principal Diagnosis without CC/MCC	\$7,687.86	\$7,480.08
987	3.3422	Nonextensive O.R. Procedure Unrelated to Principal Diagnosis with MCC	\$24,732.28	\$24,063.84
988	1.7554	Nonextensive O.R. Procedure Unrelated to Principal Diagnosis with CC	\$12,989.96	\$12,638.88
989	1.043	Nonextensive O.R. Procedure Unrelated to Principal Diagnosis without CC/MCC	\$7,718.20	\$7,509.60

HOSPITAL/INPATIENT
MS-DRG RELATIVE WEIGHT & PEER GROUP RATES

MS- DRG	REL. WEIGHT	MS-DRG DESCRIPTION	PEER GROUP 1 (\$7,400)	PEER GROUP 2 (\$7,200)
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 2014:** 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
Fort Scott
Galena
Garden City
Great Bend
Hays
Hutchison
Independence
Junction City
Leavenworth
Liberal
McPherson
Manhattan
Moundridge
Newton
Ottawa

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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 exceed \$40,000, an additional 5.0% discount is to be applied to all the charges in excess of \$40,000. Radiology, pathology, laboratory, trauma activation fees and surgical implants are paid at the Maximum Allowable Fees as reflected in this fee schedule and are subtracted from the total billed charges and not included in figuring the total billed charges for this section #3.

- 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	\$3,750.00
Level II	\$3,250.00
Level III	\$1,750.00
Level IV	\$0.00

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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 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.

AMBULATORY SURGICAL CENTER/HOSPITAL OUTPATIENT GROUND RULES AND FEES

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 **2014 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.

DURABLE MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

1. **General:** The Kansas Division of Workers Compensation references the January 2014 Centers for Medicare and Medicaid Services, CMS Common Procedures Coding System (HCPCS) for the coding of durable medical equipment and supplies. The use of appropriate HCPCS Level II modifiers may be required to more clearly define the exact nature of the service or supply. The maximum allowable payment (MAP) for the HCPCS Level II codes A, E, K, V, and L (J codes are not included in DMEPOS) shall be determined as follows:
 - (1) 140 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule.
 - (2) J codes will be reimbursed at 140 percent of the Medicare Reimbursement in the most recent CMS Drugs and Biological file. It is now required to include the metric quantity of medication used and to also include the NDC number of the drug being dispensed or the J code. If there is no NDC number assignment, the drug or biological provided shall specifically be identified on the CMS 1500 for (or an equivalent form) as being a supply. National Drug Code Directory website is: <http://www.fda.gov/drugs/informationondrugs/ucm142438.htm>.
 - (3) If no published Medicare rate, limited to the supplier's cost plus 40%. When the charge for a single item (equipment, device, or supply) or the charge for a single line item is more than \$50.00, verification of the supplier's cost must be attached to the provider's bill.
 - (4) In accordance with Kansas Law, the Kansas Department of Revenue does not collect sales tax on Durable Medical Equipment, if purchased with a prescription or written order from the physician ordering the item classified as Durable Medical Equipment. *Tax, freight and handling are not reimbursable costs for durable medical equipment. The invoice for the actual cost to the facility of durable medical equipment shall be provided to the payor by the facility as a condition of payment for the durable medical equipment.*
2. **Covered Services:** A payor shall reimburse for the purchase or rental of durable medical equipment and supplies that are medically warranted and substantiated by a written prescription or order. This section does not apply to durable medical equipment and supplies provided or administered in an in-patient hospital or ambulatory surgical center setting. This section also does not apply to CPT codes 90281 through 90399, 90476 through 90749, 95120 through 95134, and 95144 through 95170, since the maximum allowable payment for each of those codes includes the supply of materials.
3. **PRIOR AUTHORIZATION:** Prior authorization, by the employer (or insurance carrier), is required on whether to rent or purchase an item. The decision to rent or purchase shall be made by the employer, an authorized representative, or the insurance carrier, based on a cost comparison of the monthly rental fee, the prescribing health care provider's estimate of how long the item will be needed, and the purchase price.
4. **FORMS:** Items which are prescribed for work-related injuries should be billed using the CMS 1500 form.
5. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with a qualified supplier for the renting or purchasing of items that are medically necessary. Such contract, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
6. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 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

DURABLE MEDICAL EQUIPMENT AND SUPPLIES GROUND RULES AND FEES

standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

PRESCRIPTION SERVICES GROUND RULES AND FEES

1. **GENERAL:** Reimbursement for prescription drugs shall be limited to the amount established by the following formulas or by the pharmacist's or health care provider's usual and customary charge, whichever is less, **AND, whenever possible, it is required that a generic equivalent be substituted for a more expensive brand-name drug.** Compound drugs and physician dispensed medications shall be reimbursed the same as pharmacies based on the original manufacturer NDC and shall only be dispensed on prior approval of the employer/carrier.

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

2. **DETERMINING AWP:** The average wholesale price (AWP) for brand name and generic drugs shall be determined by using any recognized reference such as the Red Book (<http://www.redbook.com/redbook/index.html>), which makes this information available. AWP shall be based upon the date the prescription was dispensed.
3. **AUTHORIZED PRESCRIPTION NECESSARY:** Any medication, drugs, or medical supplies not specifically prescribed by a health care provider shall not be reimbursed. In the event, however, a health care provider recommends and/or prescribes any medication, drugs, or medical supplies that can be purchased over-the-counter (without a prescription), and the injured employee pays for said medication, drugs, or medical supplies directly, the injured employee is entitled to be reimbursed. The injured employee, however, must submit copies of any receipts and/or proofs of purchase to the employer (or insurance carrier) for proper reimbursement. Additionally, and as opposed to the injured employee paying for said medication, drugs, or medical supplies, the pharmacy can bill the insurer directly, for payment at the usual retail rate for said pharmacy.
4. **PRIOR AUTHORIZATION FOR MORE THAN 30-DAY SUPPLIES:** Prior authorization by the employer (or insurance carrier) is required for the dispensing of more than a 100 unit dose or 30-day supply of medication. Any refilling of this medication will also require prior authorization.
5. **ITEMIZATION:** Any bills for medication shall be itemized for proper reimbursement, except for drugs furnished by a hospital or other health care facility which include the associated charges in the inpatient hospital service charges.
6. **FORMS:** The pharmacist or health care provider shall use the CMS 1500 form (or an equivalent form) containing the same information. When using such a form, the pharmacist or health care provider shall include the metric quantity and National Drug Code (NDC) number of the drug being dispensed. Items which are prescribed for a work-related injury and do not have an NDC code shall be specifically identified as being a supply.
7. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into a contract with pharmacists or health care providers in their community to promote the continuity of care and the reduction of pharmacy costs. Such a contract shall supersede any limitation specified herein, as long as any charges are less than or equal to the formulas reflected above to determine reimbursement for prescription drugs. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.
8. **NATIONAL CORRECT CODING INITIATIVE (NCCI) EDITS:** In order to promote correct coding methodologies and to control improper coding leading to inappropriate payments, the *Kansas Division of Workers Compensation Schedule of Medical Fees* recognizes the **2014 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS) as the primary standard of reference.** The NCCI Edits are not requirements, nor are they mandates or standards; they simply provide advice for correct coding methodologies. Bills must be itemized by procedure code, date of service, and amount of charge.

VOCATIONAL REHABILITATION SERVICES GROUND RULES

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

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

3. **DEFINITIONS AND EXAMPLES:**

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

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

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

FEE STRUCTURE

	Maximum Fee/Limit
A. Professional services rendered by a qualified rehabilitation professional	\$80.85/hr
B. Nonprofessional services rendered by a qualified rehabilitation professional	\$80.85/hr
subject to a case cap of	\$1,617.00
C. Miscellaneous Expenses:	Actual expenses (not to exceed the amount incurred)
D. Total of all fees and expenses in any one claim: (A + B + C above)	\$4,620.00

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

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

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

- \$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:** Reimbursement for the reproduction of an employee's medical records (inclusive of any ancillary expenses such as postage, sales tax, and fees for notarized affidavits of records custodians, which are not to be charged as separate items) should be at the health care provider's billed charge, not to exceed the following:

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

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

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

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

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 **2014 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 (both ground and air) will be limited to the emergency medical service's billed charge, **less 10%**.
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 **2014 National Correct Coding Initiatives (NCCI) Edits** as established by the **Centers for Medicare and Medicaid Services (CMS)**. Bills must be itemized by procedure code, date of service, and amount of charge.

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

1. **GENERAL:** Reimbursement for nursing homes, intermediate care, assisted living, rehabilitation and other facilities in-state and out-of-state as defined in K.S.A. 39-923(a) (1)–(9) will be limited to their billed charge, **less 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 **2014 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 - MODIFIERS

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

- 21 Prolonged E & M Services:** When the face-to-face or floor/unit service(s) provided is prolonged or otherwise greater than that usually required for the highest level of evaluation and management (E&M) service within a given category.
- 22 Unusual Procedural Services:** When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier -22 to the usual procedure code. A report may also be appropriate.
- 23 Unusual Anesthesia:** Occasionally, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding modifier -23 to the procedure code of the basic service.
- 24 Unrelated Evaluation and Management Service by the Same Physician During a Postoperative Period:** The physician may need to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) unrelated to the original procedure. This circumstance may be reported by adding modifier -24 to the appropriate level of E/M service.
- 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service:** The physician may need to indicate that on the day a procedure or service identified by a *CPT* code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting the E/M services on the same date. This circumstance may be reported by adding modifier -25 to the appropriate level of E/M service. **Note:** This modifier is not used to report an E/M service that resulted in a decision to perform surgery. See modifier -57. **Note that this modifier has also been approved for Ambulatory Surgery Center (ASC) and Hospital Outpatient Use.**
- 26 Professional Component:** Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding modifier -26 to the usual procedure code.
- TC Technical Component:** When the professional component is reported separately, the technical component must be reported separately. The technical component will be the total value less the value for the professional component. Identify by adding modifier -TC to the usual procedure code.
- 32 Mandated Services:** Services related to *mandated* consultation and/or related services (e.g., PRO, third party payer, governmental, legislative or regulatory requirement) may be identified by adding modifier -32 to the basic procedure.
- 47 Anesthesia by Surgeon:** Regional or general anesthesia provided by the surgeon may be reported by adding modifier -47 to the basic service. (This does not include local

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anesthesia.) **Note:** Modifier -47 would not be used as a modifier for the anesthesia procedures.

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

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

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- 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.