

- AY Year -2 @ 15-27 months = Part 1, AY Year -2 @ 27 months ÷ Part 1, AY Year -2 @ 15 months.
- AY Year -3 @ 15-27 months = Part 1, AY Year -3 @ 27 months ÷ Part 1, AY Year -3 @ 15 months.
- AY Year -3 @ 27-39 months = Part 1, AY Year -3 @ 39 months ÷ Part 1, AY Year -3 @ 27 months.
- And so on through AY Year -8 @ 87-99 months for BI coverages and through AY Year -8 @ 39-51 months for PD and Phys Dam coverages.

For BI and PIP coverages:

- Col (A), is the straight average of all non-zero development factors, excluding the maximum and minimum for 15-27, 27-39, 39-51 and 51-63 months and the straight average of all non-zero development factors for 63-75, 75-87 and 87-99 months.
- Col (A), Tail Factor @ 99 months to ultimate factor entered in the Input Sheet, if greater than one, otherwise it is the greater of one and the square root of the product of Col (A) @ 75-87 months and Col (A) @ 87-99 months.
- Col (B) Tail Factor = Col (A), Tail Factor.
- Col (B) @ 87 months to ultimate = Col (B), Tail Factor x Col (A) @ 87-99 months.
- Col (B) @ 75 months to ultimate = Col (B) @ 87 months to ultimate x Col (A) @ 75-87 months.
- Col (B) @ 63 months to ultimate = Col (B) @ 75 months to ultimate x Col (A) @ 63-75 months.
- And so on through 15 months to ultimate.

For PD and Phys Dam coverages:

- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum.
- Col (B) @ 39 months to ultimate = Col (A) @ 39-51 months.
- Col (B) @ 27 months to ultimate = Col (B) @ 39 months to ultimate x Col (A) @ 27-39 months.
- Col (B) @ 15 months to ultimate = Col (B) @ 27 months to ultimate x Col (A) @ 15-27 months.

Part 3

Development is for AYs Year -1 through Year -7 for BI and PIP coverages and for AYs Year -1 through Year -4 for PD and Phys Dam coverages.

- Col (1), AY Year -1 = Part 1, AY Year -1 @ 15 months.
- Col (1), AY Year -2 = Part 1, AY Year -2 @ 27 months.
- And so on through AY Year -7 for BI and PIP coverages and through AY Year -4 for PD and Phys Dam coverages.
- Col (2), AY Year -1 = Part 2, Col (B) @ 15 months to ultimate.
- Col (2), AY Year -2 = Part 2, Col (B) @ 27 months to ultimate.
- And so on through AY Year -7 for BI and PIP coverages and through AY Year -4 for PD and Phys Dam coverages.
- Col (3) = Col (1) x Col (2).

EXHIBIT FOUR

Exhibit Four, Part 1 shows countrywide direct premiums and expenses from Part III of the statutory Insurance Expense Exhibit. Exhibit Four includes each of the seven years immediately preceding the year of submission.

Exhibit Four, Part 2 shows New Jersey direct premiums and expenses from statutory Page 14 for each of the seven years immediately preceding the year of submission.

- Part 1, Col (1), Items 1 through 5 are Direct Written Premium, Direct Earned Premium, Direct Other Acquisition Expense, Direct General Expense, and Direct Commission & Brokerage respectively, from the Input Sheet.
- Part 1, Col (1), Item 7 is Direct Taxes, Licenses, & Fees from the Input Sheet.
- Part 1, Col (1), Item 8 = $\frac{1}{2} \times (\text{Item 3} + \text{Item 4}) + \text{Item 6} \times (\text{Item 3} + \text{Item 4}) \div (\text{Item 3} + \text{Item 4} + \text{Item 5}) + \text{Item 5} + \text{Item 7}$.
- Part 1, Col (1), Item 9 is Net Catastrophe Reinsurance Expense from the Input Sheet.
- Part 1, Col (2), Item 3 = Col (1), Item 3 ÷ Col (1), Item 2.
- Part 1, Col (2), Item 4 = Col (1), Item 4 ÷ Col (1), Item 2.
- Part 1, Col (2), Item 5 = Col (1), Item 5 ÷ Col (1), Item 1.
- Part 1, Col (2), Item 7 = Col (1), Item 6 ÷ Col (1), Item 1.
- Part 1, Col (2), Item 8 = Col (1), Item 7 ÷ Col (1), Item 2.
- Part 1, Col (2), Item 9 = Col (1), Item 9 ÷ Col (1), Item 1.
- Part 2, Col (3), Item 1 = Exhibit 1, Col (1), Item 3—Exhibit 1, Col (1), Item 4.
- Part 2, Col (3), Item 2 = Exhibit 1, Col (2), Item 3—Exhibit 1, Col (1), Item 4.
- Part 2, Col (3), Item 3 = Col (3), Item 2 x Col (2), Item 3.
- Part 2, Col (3), Item 4 = Col (3), Item 2 x Col (2), Item 4.
- Part 2, Col (3), Item 5 is from the Input Sheet
- Part 2, Col (3), Item 6a = Part 2, Col (3), Sum of Items 3-5.
- Part 2, Col (3), Item 6b is the expense cap based on the insurer's marketing method calculated in accordance with N.J.A.C. 11:3-16 Appendix H.
- Part 2, Col (3), Item 6 = Item 6b—Item 6a if positive, and zero otherwise.
- Part 2, Col (3), Item 7 is from the Input Sheet.
- Part 2, Col (3), Item 8 = $\frac{1}{2} \times (\text{Item 3} + \text{Item 4}) + \text{Item 6} \times (\text{Item 3} + \text{Item 4}) \div (\text{Item 3} + \text{Item 4} + \text{Item 5}) + \text{Item 5} + \text{Item 7}$.
- Part 2, Col (3), Item 9 + Col (2), Item 9 x Col (1), Item 1.
- Part 2, Col (3), Item 10 is from the Input Sheet.
- Part 2, Col (4), Item 3 = Col (3), Item 3 ÷ Col (3), Item 2.
- Part 2, Col (4), Item 4 = Col (3), Item 4 ÷ Col (3), Item 2.
- Part 2, Col (4), Item 5 = Col (3), Item 5 ÷ Col (3), Item 1.
- Part 2, Col (4), Item 6 = Col (3), Item 6 ÷ Col (3), Item 1.
- Part 2, Col (4), Item 7 = Col (3), Item 7 ÷ Col (3), Item 2.
- Part 2, Col (4), Item 8 = Col (3), Item 8 ÷ Col (3), Item 2.
- Part 2, Col (4), Item 9 = Col (3), Item 9 ÷ Col (3), Item 1.

- Part 2, Col (4), Item 10 = Col (3), Item 10 ÷ Col (3), Item 1.

EXHIBIT FIVE

Exhibit Five, Part One shows actual investment income attributable to New Jersey private passenger auto for the purpose of completing excess profit reports in each of the seven calendar years covered by this report.

- Items 1 and 2 are from the Input Sheet.
- Item 3 = Item 1 ÷ Item 2, with a maximum of 1.0.
- Item 4 = Exhibit 4, Col (3), Item 7.
- Item 5 = Exhibit 4, Col (3), Item 1.
- Item 6 = Item 4 ÷ Item 5, with a maximum of 1.0.
- Item 7a for Year -1 = Exhibit 1, CY Year -2, Col (4), Item 4.
- Item 7a for Year -2 = Exhibit 1, CY Year -3, Col (4), Item 4.
- Item 7a for Year -3 = Exhibit 1, CY Year -4, Col (4), Item 4.
- Item 7b for Year -1 = Exhibit 1, CY Year -1, Col (4), Item 4.
- Item 7b for Year -2 = Exhibit 1, CY Year -2, Col (4), Item 4.
- Item 7b for Year -3 = Exhibit 1, CY Year -3, Col (4), Item 4.
- Item 7 = [Item 7a + Item 7b] / 2.
- Item 8 = Item 7 x if positive, and zero otherwise.
- Item 9a for Year [1-Item 3-Item 6] -1 = Exhibit 1, CY Year -2, Col (7), Item 4.
- Item 9a for Year -2 = Exhibit 1, CY Year -3, Col (7), Item 4.
- Item 9a for Year -3 = Exhibit 1, CY Year -4, Col (7), Item 4.
- Item 9b for Year -1 = Exhibit 1, CY Year -1, Col (7), Item 4.
- Item 9b for Year -2 = Exhibit 1, CY Year -2, Col (7), Item 4.
- Item 9b for Year -3 = Exhibit 1, CY Year -3, Col (7), Item 4.
- Item 9 = [Item 9a + Item 9b] / 2.
- Item 10a for Year -1 = Exhibit 1, CY Year -2, Col (10), Item 4.
- Item 10a for Year -2 = Exhibit 1, CY Year -3, Col (10), Item 4.
- Item 10a for Year -3 = Exhibit 1, CY Year -4, Col (10), Item 4.
- Item 10b for Year -1 = Exhibit 1, CY Year -1, Col (10), Item 4.
- Item 10b for Year -2 = Exhibit 1, CY Year -2, Col (10), Item 4.
- Item 10b for Year -3 = Exhibit 1, CY Year -3, Col (10), Item 4.
- Item 10 = [Item 10a + Item 10b] / 2.
- Item 11 = Exhibit 2, Part 3, ULAE Factor.
- Item 12 = [Item 9 + Item 10] x Item 11.
- Item 13 = Item 8 + Item 12.
- Item 14 = Part 2C, Item 8, 7 Year Total.
- Item 15 = Item 13 x Item 14.

Exhibit Five—Part Two. All data is from the countrywide statutory annual statement for investments purchased in each of the seven calendar years covered by this report.

- Part 2A, Items 1 through 2.8 are from the Input Sheet.

- Part 2A, Item 2 = the sum of Part 2A, Items 2.1 through 2.8.

- Part 2A, Item 3 = Part 2A, Item 1-Part 2A, Item 2.
- Part 2B, Items 4.1 through 4.7 are from the Input Sheet.
- Part 2B, Item 4 = the sum of Part 2B, Items 4.1 through 4.7.
- Part 2B, Item 5 = $\frac{1}{2}$ x Part 2B, Item 4.
- Part 2C, Item 6 = Part 2A, Item 3.
- Part 2C, Item 7 = Part 2B, Item 5.
- Part 2C, Item 8 = Part 2C, Item 6 ÷ Part 2C, Item 7.

EXHIBIT SIX

Exhibit Six—Part One shows the accumulated AIRE Allocation and Investment Income received by the insurer for each accident year as of the various stages of development, as derived from the Assessment Allocation column in the Statewide Company Annual Cash Settlement Report issued by ISO to AIRE member companies added to the Investment Income column in the Annual Cash Settlement True-Up Report issued by ISO to AIRE member companies. This exhibit applies only to the BI coverage.

For each Part 2 and 5, any development factor that results in a division by zero shall instead not be considered in the calculation of AIRE development factors.

Part 1

Evaluations are 15, 27, 39, 51, 63, 75 and 87 months.

All values in Part 1 is the cumulative of the Allocation and Investment Income received for the appropriate AYs.

Part 2

Evaluations are through 75-87 months.

- AY Year -2 @ 15-27 months = Part 1, AY Year -2 @ 27 months ÷ Part 1, AY Year -2 @ 15 months.
- AY Year -3 @ 15-27 months = Part 1, AY Year -3 @ 27 months ÷ Part 1, AY Year -3 @ 15 months.
- AY Year -3 @ 27-39 months = Part 1, AY Year -3 @ 39 months ÷ Part 1, AY Year -3 @ 27 months.
- And so on through AY Year -7 @ 75-87 months.
- Col (A) is the straight average of all non-zero development factors, excluding the maximum and minimum for 15-27, 27-39 and 39-51 and the straight average of all non-zero development factors for 51-63, 63-75 and 75-87 months.
- Col (B) @ 75 months to ultimate = Col (A) @ 75-87 months.
- Col (B) @ 63 months to ultimate = Col (B) @ 75 months to ultimate x Col (A) @ 63-75 months.
- And so on through 15 months to ultimate.

See: 25 N.J.R. 1829(a), 26 N.J.R. 241(a).
 Amended by R.1996 d.58, effective February 5, 1996.
 See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).
 Repeal and New Rule, R.1996 d.312, effective July 15, 1996.
 See: 28 N.J.R. 1616(a), 28 N.J.R. 3627(b).
 Administrative correction.
 See: 28 N.J.R. 3798(b).
 Amended by R.2002 d.386, effective December 2, 2002.
 See: 34 N.J.R. 1093(a), 34 N.J.R. 4053(a).
 Appendix deleted and replaced with new appendix.
 Amended by R.2004 d.97, effective March 15, 2004.
 See: 35 N.J.R. 3098(a), 36 N.J.R. 1426(a).
 Appendix deleted and replaced with new appendix.
 Amended by R.2004 d.338, effective September 7, 2004.
 See: 36 N.J.R. 1279(a), 36 N.J.R. 4147(a).
 Amended Exhibits One, Seven, Eight, and Nine.
 Amended by R.2006 d.243, effective July 3, 2006.
 See: 37 N.J.R. 4162(a), 38 N.J.R. 2828(c).
 Amended Exhibit One instructions.

SUBCHAPTER 20A. (RESERVED)

**SUBCHAPTER 21. PERSONAL INJURY PROTECTION
 COVERAGE REDUCED PIP PREMIUM CHARGE
 FOR ADDITIONAL AUTOS IN ONE-DRIVER
 HOUSEHOLDS**

11:3-21.1 Purpose

The purpose of this rule is to implement N.J.S.A. 39:6A-4.1, which provides for reduced personal injury protection premiums for additional automobiles in one-driver households.

11:3-21.2 Reduction of PIP premium

(a) In any instance where a named insured is the owner, the only designated operator of two or more automobiles insured by the same insurer under one or more policies, and the only licensed driver residing in the household, the full basic PIP rate shall be charged on one automobile, and a percentage discount shall be given on the PIP premium charge on each additional auto. For the three-year period commencing with the operative date of this rule, the premium reduction shall be at least 50 percent of the approved charge for the applicable territory of garaging for the additional automobile(s), exclusive of expense fees and policy constants or residual market equalization charges.

11:3-21.3 Automobiles eligible for premium reduction

(a) Except as provided in paragraph 1 below, the reduced premiums shall only apply to a private passenger automobile

of a private passenger or station wagon type that is owned or hired by an individual or by husband and wife who are residents of the same household and is neither used as a public or livery conveyance for passengers nor rented to others with a driver; and a motor vehicle with a pick-up body, a delivery sedan, a van, or a panel truck or a camper type vehicle used for recreational purposes owned by an individual or by husband and wife who are residents of the same household, not customarily used in the occupation, profession or business of the insured other than farming or ranching. An automobile owned by a farm family copartnership or corporation which is principally garaged on a farm or ranch and otherwise meets the definitions contained in this section, shall be considered a private passenger automobile owned by two or more relatives resident in the same household.

1. The reduced premium shall not apply to automobiles for which the basic PIP premium charge is less than \$25.00, exclusive of expense fees and policy constants or residual market equalization charges, and which are of the following types:

- i. Automobiles 10 years or older and maintained primarily for use in exhibitions, parades and club activities, or
- ii. A self-propelled vehicle with a living area that is an integral part of the chassis or a pick-up with a permanently attached camper body.

(b) A reduced premium charge for PIP coverage as specified in (a) above shall apply to all policies which are in force, issued or renewed on or after the operative date of this rule.

1. With respect to in force policies, the insurer shall calculate the reduce premium charge in (a) above, and shall issue a refund check in this amount to the insured or apply a credit in this amount to the insured's renewal policy.

- i. In the event a policy is nonrenewed or otherwise terminated prior to renewal, the insurer shall calculate a return premium in accordance with the operative date of this rule and the effective termination date of the policy. The insurer shall issue a refund check in this amount to the insured.

11:3-21.4 Filing and statistical requirements

(a) Each automobile filer shall, within 60 days of the effective date of this rule, submit to the Commissioner for approval filings of rates and manual rules for implementing the reduced PIP premium charges for additional automobiles required by this rule.

**SUBCHAPTER 29. MEDICAL FEE SCHEDULES:
AUTOMOBILE INSURANCE PERSONAL
INJURY PROTECTION AND MOTOR BUS
MEDICAL EXPENSE INSURANCE
COVERAGE**

11:3-29.1 Purpose and scope

(a) This subchapter implements the provisions of N.J.S.A. 39:6A-4.6 to establish medical fee schedules on a regional basis for the reimbursement of health care providers providing services or equipment for medical expense benefits for which payment is required to be made by automobile insurers under PIP coverage and by motor bus insurers under medical expense benefits coverage.

(b) This subchapter applies to all insurers who issue policies of automobile insurance containing PIP coverage and policies of motor bus insurance containing medical expense benefits coverage.

(c) These fee schedules do not apply to the following:

1. Other coverages contained in an automobile or motor bus insurance policy such as coverage for bodily injury liability;
2. Any other kind of insurance including health insurance, even when the health insurer may be required pursuant to its health insurance contract to pay benefits to, or on behalf of, a person who sustained bodily injury as a result of an accident while occupying, entering into, alighting from or using an automobile or motor bus, or as a pedestrian, caused by an automobile or motor bus or an object propelled by or from an automobile or motor bus; and

3. Medical services or equipment provided outside of the geographic boundaries of New Jersey except as set forth in N.J.A.C. 11:3-29.4(d)2.

Amended by R.1993 d.25, effective January 4, 1993.

See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Added motor bus insurers under medical expense benefits coverage.

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

11:3-29.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Basic Life Support” (“BLS”) means volunteer ambulance services, whose personnel are not required to be Emergency Medical Technicians, and municipal and proprietary ambulance services whose personnel are required to be Emergency Medical Technicians.

“Bilateral surgery” means identical procedures (requiring use of the same CPT code) performed on the same anatomic site but on opposite sides of the body. Furthermore, each procedure is performed through its own separate incision.

“CDT-3” means the American Dental Association’s Current Dental Terminology, Third Edition, Version 2000.

“CPT” means the American Medical Association’s Current Procedural Terminology, Fourth Edition, coding system.

“Eligible charge or expense” means the provider’s usual, customary and reasonable charge or the upper limit in the fee schedule, whichever is lower.

“Emergency care” means all medically necessary treatment of a traumatic injury or a medical condition manifesting itself by acute symptoms of sufficient severity such that

absence of immediate attention could reasonably be expected to result in: death; serious impairment to bodily functions; or serious dysfunction of a bodily organ or part. Such emergency care shall include all medically necessary care immediately following an automobile accident, including, but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician.

"Global service" means the sum of the technical and professional components.

"HCPCS" means the Federal Health Care Financing Administration's (HCFA's) Common Procedure Code System.

"Health care provider" or "provider" is as defined in N.J.A.C. 11:3-4.

"Health insurance" means a contract or agreement whereby an insurer is obligated to pay or allow a benefit of pecuniary value with respect to the bodily injury, disability, sickness, death by accident or accidental means of a human being, or because of any expense relating thereto, or because of any expense incurred in prevention of sickness, and includes every risk pertaining to any of the enumerated risks. As used in this subchapter, health insurance includes workers' compensation coverage but does not include any PIP coverage.

"Health insurer" includes any insurer issuing a policy of health insurance as defined in this subchapter.

"Medically necessary" or "medical necessity" means that:

1. The medical treatment or diagnostic test is consistent with the clinically supported symptoms, diagnosis or indications of the injured person;
2. The treatment is the most appropriate level of service that is in accordance with the standards of good practice and the provisions of N.J.A.C. 11:3-4, as applicable;
3. The treatment is not primarily for the convenience of the injured person or provider;
4. The treatment is not unnecessary; and
5. The treatment does not include unnecessary testing.

"Motor bus" means motor bus as defined in N.J.S.A. 17:28-1.5.

"Motor bus insurer" includes any insurer issuing a policy of insurance on a motor bus the owner, registered owner, or operator of which is required to maintain medical expense benefits coverage pursuant to N.J.S.A. 17:28-1.6.

"PIP coverage" means personal injury protection coverage described in N.J.S.A. 39:6A-3.1(a), 39:6A-4a and 39:6A-10 as amended.

"PIP insurer" includes any insurer issuing a policy of automobile insurance on any vehicle that contains PIP coverage.

"Three-digit zip code" refers to the first three digits of the U.S. postal code.

Amended by R.1992 d.170, effective April 6, 1992.

See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).

Definition for eligible charge added.

Amended by R.1993 d.25, effective January 4, 1993.

See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Definitions for motor bus, motor bus insurer added.

Amended by R.1993 d.395, effective August 2, 1993.

See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).

Amended by R.1994 d.564, effective November 21, 1994 (operative January 1, 1995).

See: 25 N.J.R. 4706(a), 26 N.J.R. 4616(b).

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

Added "Bilateral surgery", "Emergency care", "Health care provider", "Medically necessary" and "Three-digit zip code"; rewrote "CPT"; changed "Eligible charge" to "Eligible charge or expense"; change d"Global charge" to "Global service"; in "Health insurance", substituted "disability" for "disablement" following "the bodily injury"; in PIP coverage", amended the N.J.S.A. references; deleted "Provider".

Amended by R.2003 d.143, effective April 7, 2003.

See: 34 N.J.R. 1237(a), 35 N.J.R. 1547(b).

Added "CDT-3".

11:3-29.3 Regions

(a) Region I, as used in this subchapter, consists of the following three-digit zip codes in New Jersey: 080, 081, 082, 083 and 084.

(b) Region II, as used in this subchapter, consists of the following three-digit zip codes in New Jersey: 077, 078, 079, 085, 086, 087, 088 and 089.

(c) Region III, as used in this subchapter, consists of the following three-digit zip codes in New Jersey: 070, 071, 072, 073, 074, 075 and 076.

Amended by R.2001 d.253, effective July 16, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 2507(a).

Rewrote the section.

11:3-29.4 Application of medical fee schedules

(a) Every policy of automobile insurance and motor bus insurance issued in this State shall provide that the automobile insurer's limit of liability for medically necessary expenses payable under PIP coverage, and the motor bus insurer's limit of liability for medically necessary expenses payable under medical expense benefits coverage, is the fee set forth in this subchapter. Nothing in this subchapter shall, however, compel the PIP insurer or a motor bus insurer to pay more for any service or equipment than the provider's usual, customary and reasonable fee, even if such fee is well below the automobile insurer's or motor bus insurer's limit of liability as set forth in the fee schedules. The fee schedules set forth at N.J.A.C. 11:3-29 Appendix, Exhibits 1 through 5, incorporated herein by reference, shall not apply to inpatient services provided by acute care hospitals, trauma centers, rehabilitation facilities, other specialized hospitals, residential alcohol treatment facilities and nursing homes, reimbursement of which shall be limited to the provider's usual, customary and reasonable fees. The physicians' fee schedule at subchapter Appendix, Exhibit 1 shall not apply to services provided in emergency care at Level I and Level II trauma hospitals. Insurers will not be required

to pay for services or equipment that are not medically necessary.

(b) The region used to determine the proper fee set forth in the schedules shall be determined by the region in which the services were rendered or the equipment was provided or, in the case of elective services or equipment provided to New Jersey residents outside the State, by the region in which the insured resides.

(c) The fees set forth in the schedule for durable medical equipment, subchapter Appendix, Exhibit 5, are retail prices which may include purchase prices for both new and used equipment, and/or monthly rentals. New equipment shall be distinguished with the use of modifier-NU, used equipment with modifier-UE and rental equipment with modifier-RR.

1. The insurer's total limit of liability for the rental of a single item of durable medical equipment set forth in the schedule is 15 times the monthly rental fee.

(d) The insurer's limit of liability for any medical expense benefit for service or equipment provided outside the State of New Jersey shall be as follows:

1. When the service or equipment is provided by reason of emergency or medical necessity, the reasonable and necessary costs shall not exceed fees that are usual, customary and reasonable for that provider in the geographic location where the service or equipment is provided.

2. When the service or equipment is provided by reason of the election by the insured to receive treatment outside the State of New Jersey, the reasonable and necessary costs shall not exceed fees set forth in the fee schedules for the geographic region in which the insured resides.

(e) The insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in or not covered by the fee schedules shall be a reasonable amount considering the fee schedule amount for similar services or equipment in the region where the service or equipment was provided or, in the case of elective services or equipment provided outside the State, the region in which the insured resides. Where the fee schedule does not contain a reference to similar services or equipment as set forth in the preceding sentence, the insurer's limit of liability for any medical expense benefit for any service or equipment not set forth in the fee schedules shall not exceed the usual, customary and reasonable fee.

(f) Except as provided in (m) below, the following shall apply to multiple and bilateral procedures:

1. When multiple or bilateral procedures are performed on the same patient by the same provider at the same time or during the same visit, it is virtually never appropriate for the fee to be the sum of the fees for each procedure. The primary procedure at a single session shall

be paid at 100 percent of the eligible charge, the second procedure at no more than 50 percent of the upper limit in the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits in the fee schedule for those particular procedures.

2. Procedure codes denoted as "each additional" are valued as listed and are not subject to the multiple and bilateral procedures guidelines.

3. If two or more providers in different specialties perform procedures or if one provider performs multiple procedures on different body parts or regions, each individual provider, or each individual body region or body part procedure may be reimbursed separately. For purposes of such billing, the body shall be divided into: head (including skull and brain); face; neck; chest; abdomen; back; and pelvic regions. In addition, the extremities shall be subdivided into right and left: upper arm, elbow, forearm, wrist and hand; and thigh, knee, lower leg, ankle and foot. This reference to specific body parts or regions is included as a guideline to be used in billings for operative and surgical procedures. It is not intended to apply to nor should it be used in connection with billings submitted for non-surgical services provided during the same visit except as a means of describing the treatment rendered.

4. Nothing in this subchapter shall be construed to prevent PIP insurers or motor bus insurers from paying only reasonable and appropriate fees when multiple procedures are performed at the same time or multiple services provided during the same visit.

(g) Artificially separating or partitioning what is inherently one total procedure into subparts that are integral to the whole for the purpose of increasing medical fees is prohibited. Such practice is commonly referred to as "unbundling" or "fragmented" billing. CPT 97010 (application of hot/cold packs) is bundled into the payment for other services and shall not be reimbursed separately.

(h) For surgery and many other procedures, it is established practice to include follow-up care and visits as part of the basic procedure charge. Such charges shall not be subject to additional billings. The existence of a CPT code, per se, does not imply the right to receive separate compensation for the procedure/sub-procedure so described. If a procedure is judged to be part of the primary procedure, only the charges for the primary procedure are eligible. As identified in CPT, separate procedures are commonly carried out as an integral part of another procedure. They shall not be billed in conjunction with the other procedure, but may be billed when performed independently of the other procedure.

(i) CPT codes for unlisted procedures or services (example: 97139 Unlisted therapeutic procedure) are not reimbursable without documentation describing the procedure or service performed, demonstrating its medical appropriateness and indicating why it is not duplicative of a code for a listed procedure or service.

(j) The insurer's limit of liability for medically necessary assistant surgeon expenses shall be 20 percent of the primary physician's allowable fee determined pursuant to the fee schedule and rules. Assistant surgeon expenses shall be reported using modifier -80, -81 or -82 as designated in CPT. When the assistant surgeon is someone other than a physician surgeon, the reimbursement shall not exceed 85 percent of the amount that would have been reimbursed had a physician surgeon provided the service. These services shall be reported using modifier-AS as designated in HCPCS.

(k) When two physician surgeons are required for a specific surgical procedure, the separate services claimed by each surgeon shall be reported using the modifier -62 as designated in CPT. Total eligible expense shall equal 150 percent of a single practitioner's eligible expense amount for the surgical procedure performed, to be divided equally between the two surgeons.

(l) The professional component of global service charges shall be reported using modifier -26 as designated in CPT. Services with professional component amounts of zero in the fee schedule are considered to be 100 percent technical. The technical component is the difference between the global service and the professional component amounts listed in the fee schedule.

(m) The daily maximum allowable fee shall be \$90.00 for the Physical Medicine and Rehabilitation CPT codes listed in subchapter Appendix, Exhibit 6, incorporated herein by reference, that are commonly provided together. The daily maximum applies when such services are performed for the same patient on the same date. However, an insurer is not prohibited from reimbursing providers in excess of the daily maximum where the severity or extent of the injury is such that extraordinary time and effort is needed for effective treatment. Such injuries could include, but are not limited to, severe brain injury and non-soft-tissue injuries to more than one part of the body. Treatment that the provider believes should not be subject to the daily maximum shall be billed using modifier-22 as designated in CPT for unusual procedural services. Unless already provided to the insurer as part of a decision point review or precertification request, the billing shall be accompanied by documentation of why the extraordinary time and effort for treatment was needed.

(n) Supervised modalities and those therapeutic procedures that do not list a specific time increment in their description shall be limited to one unit per day.

(o) Follow-up evaluation and management services for the re-examination of an established patient shall be reimbursed in addition to physical medicine and rehabilitation procedures only when any of the circumstances set forth in (o)1 through 4 below is present and not more than twice in any 30 day period. Modifier -25 shall be added to an evaluation and management service when a significant separately identifiable evaluation and management service is provided and documented as medically necessary as follows:

1. There is a definite measurable change in the patient's condition requiring significant change in the treatment plan;
2. The patient fails to respond to treatment, requiring a change in the treatment plan;
3. The patient's condition becomes permanent and stationary, or the patient is ready for discharge; or
4. It is medically necessary to provide evaluation services over and above those normally provided during the therapeutic services.

Amended by R.1992 d.170, effective April 6, 1992.

See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).

Billing for multiple procedures clarified in (f).

Amended by R.1993 d.25, effective January 4, 1993.

See: 24 N.J.R. 3605(a), 25 N.J.R. 140(a).

Motor bus insurers added.

Amended by R.1993 d.395, effective August 2, 1993.

See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).

Amended by R.1994 d.564, effective November 21, 1994 (operative January 1, 1995).

See: 25 N.J.R. 4706(a), 26 N.J.R. 4616(b).

Administrative Correction to (a).

See: 26 N.J.R. 5041(a).

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

Rewrote the section.

Amended by R.2001 d.253, effective July 16, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 2507(a).

Rewrote (a); in (c), rewrote the introductory paragraph and inserted "new equipment" preceding "purchase price" in 1.

Amended by R.2003 d.143, effective April 7, 2003.

See: 34 N.J.R. 1237(a), 35 N.J.R. 1547(b).

Rewrote (c), (i) and (m).

Case Notes

A medical equipment supplier was a "medical institution" which was subject to the pricing and disclosure provisions of the No Fault Act and its regulations; thus an automobile insurer need not pay more than the scheduled fees or the provider's usual, customary, and reasonable fee and was entitled to information on the cost of products. *Allstate Insurance Co. v. A & A Medical Supplies*, 330 N.J.Super. 360, 749 A.2d 890 (N.J.Super.L. 1999).

No-fault insurer should have been allowed to adjust insured's medical bills to reflect relevant medical fee schedule. *Leeman v. Eagle Ins. Co.*, 707 A.2d 1037, 309 N.J.Super. 525.

Under Commissioner of Insurance's medical fee regulations allowing physical therapists to bill personal injury protection claimants according to modality, rather than charging flat rate fee, rates charged had to be

consistent with the therapists' customary rates in order to be considered reasonable; remand. *Cobo by Hudson Physical Therapy Services v. Market Transition Facility by Material Damage Adjustment Corp.*, 293 N.J.Super. 374, 680 A.2d 1103 (A.D.1996).

Former patient failed to establish that charges reflected in bill were not usual, customary, and reasonable; hospital's witness testified that charges were in accord with other teaching institutions in area and were approved by state insurance commission, and patient's insurance company paid its full share of all charges and did not reject any by claiming that they were not usual, customary, reasonable, and/or necessary. *Hahnemann University Hosp. v. Dudnick*, 292 N.J.Super. 11, 678 A.2d 266 (A.D.1996).

Examination fees were not reasonable despite being consistent with prevailing rates. *Thermographic Diagnostics, Inc. v. Allstate Ins. Co.*, 125 N.J. 491, 593 A.2d 768 (1991).

Agency-promulgated schedule of fees was pertinent to reasonableness of fees charged. *Thermographic Diagnostics, Inc. v. Allstate Ins. Co.*, 125 N.J. 491, 593 A.2d 768 (1991).

11:3-29.5 Balance billing prohibited

No health care provider may demand or request any payment from any person in excess of those permitted by the medical fee schedules and this subchapter, nor shall any person be liable to any health care provider for any amount of money that results from the charging of fees in excess of those permitted by the medical fee schedules and this subchapter.

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

Substituted "that" for "which" following "amount of money" and inserted "and this subchapter" following "medical fee schedules" throughout.

11:3-29.6 (Reserved)

Administrative Correction.

See: 23 N.J.R. 125(a).

Administrative Correction.

See: 23 N.J.R. 861(a).

Amended by R.1992 d.170, effective April 6, 1992.

See: 23 N.J.R. 3203(a), 24 N.J.R. 1347(a).

Amended by R.1993 d.395, effective August 2, 1993.

See: 25 N.J.R. 229(b), 25 N.J.R. 3466(b).

Petition for Rulemaking.

See: 27 N.J.R. 2015(a), 27 N.J.R. 2492(a), 27 N.J.R. 3637(a).

Petition for Rulemaking.

See: 28 N.J.R. 1078(b).

Public Notice: Action on petition for rulemaking.

See: 28 N.J.R. 3018(a).

Amended by R.1996 d.388, effective August 19, 1996.

See: 28 N.J.R. 1472(a), 28 N.J.R. 3962(a).

Amended by R.1997 d.125, effective March 17, 1997.

See: 28 N.J.R. 4705(a), 29 N.J.R. 887(a).

In (d), amended schedule codes numbers and raised fees.

Petition for Rulemaking.

See: 30 N.J.R. 1438(a), 1866(a).

Amended by R.2001 d.158, effective May 21, 2001.

See: 32 N.J.R. 4322(a), 33 N.J.R. 226(a), 33 N.J.R. 1590(a).

Reserved (b).

Repealed by R.2001 d.253, effective July 16, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 2507(a).

Section was "Medical Fee Schedule".

APPENDIX

Exhibit 1

Physicians' Fee Schedule

CPT	Mod	Description	Region 1	Region 2	Region 3
20550		INJ TENDON SHEATH/LIG/TRIGGER PT/GANGLION CYST	67.00	60.42	60.00
20605		ARTHROCENTESIS/ASPIR/INJ; INTERMED JT/BURSA/CYST	67.00	60.42	60.00
70450		CAT HEAD/BRAIN; WO CONTRAST MAT	424.27	344.74	362.88
70450	26	CAT HEAD/BRAIN; WO CONTRAST MAT	106.06	86.18	90.72
71010		RAD EXAM CHEST; SNGL VIEW FRONTAL	47.61	41.40	41.40
71010	26	RAD EXAM CHEST; SNGL VIEW FRONTAL	19.03	16.55	16.55
71020		RAD EXAM CHEST 2 VIEWS FRONTAL & LAT	55.22	48.02	48.02
71020	26	RAD EXAM CHEST 2 VIEWS FRONTAL & LAT	22.08	19.20	19.20
71101		RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	72.37	62.93	62.93
71101	26	RAD EXAM RIBS UNILAT; W/PA CHEST MINI 3 VIEWS	28.93	25.16	25.16
72040		RAD EXAM SPINE CERV; ANTEROPOSTERIOR & LAT	78.20	62.21	68.50
72040	26	RAD EXAM SPINE CERV; ANTEROPOSTERIOR & LAT	31.25	24.88	27.38
72050		RAD EXAM SPINE CERV; MINI 4 VIEWS	99.52	79.17	87.18
72050	26	RAD EXAM SPINE CERV; MINI 4 VIEWS	39.77	31.67	34.85
72052		RAD EXAM SPINE CERV; COMPLT INCL OBLIQ & FLEX	118.12	93.96	103.46
72052	26	RAD EXAM SPINE CERV; COMPLT INCL OBLIQ & FLEX	47.20	37.58	41.36
72070		RAD EXAM SPINE; THORACIC ANTEROPOSTERIOR & LAT	75.46	60.03	66.10
72070	26	RAD EXAM SPINE; THORACIC ANTEROPOSTERIOR & LAT	30.15	24.01	26.43
72100		RAD EXAM SPINE LUMBOSACRAL; AP & LAT	71.09	56.55	62.27
72100	26	RAD EXAM SPINE LUMBOSACRAL; AP & LAT	28.41	22.62	24.90
72110		RAD EXAM SPINE LUMBOSACRAL; COMPLT W/OBLIQ VIEWS	103.90	82.65	91.01
72110	26	RAD EXAM SPINE LUMBOSACRAL; COMPLT W/OBLIQ VIEWS	41.52	33.06	36.39
72141		MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST	902.27	717.75	790.35
72141	26	MRI SPINAL CANAL & CONTENTS CERV; WO CONTRAST	180.26	143.55	158.40
72148		MRI SPINAL CANAL & CONTENTS LUMBAR; WO CONTRAST	935.08	743.85	819.09
72148	26	MRI SPINAL CANAL & CONTENTS LUMBAR; WO CONTRAST	186.82	148.77	164.16
72170		RAD EXAM PELVIS; ANTEROPOSTERIOR ONLY	62.34	49.59	54.61
72170	26	RAD EXAM PELVIS; ANTEROPOSTERIOR ONLY	24.91	19.84	21.83
72193		CAT PELVIS; W/CONTRAST	508.55	404.55	445.47
72193	26	CAT PELVIS; W/CONTRAST	127.27	101.37	111.60
73030		RAD EXAM SHOULDER; COMPLT MINI 2 VIEWS	65.93	55.16	57.54
73030	26	RAD EXAM SHOULDER; COMPLT MINI 2 VIEWS	26.40	22.05	23.03
73110		RAD EXAM WRIST; COMPLT MINI 3 VIEWS	48.98	40.98	42.74
73110	26	RAD EXAM WRIST; COMPLT MINI 3 VIEWS	19.62	16.38	17.11
73130		RAD EXAM HAND; MINI 3 VIEWS	48.98	40.98	42.74
73130	26	RAD EXAM HAND; MINI 3 VIEWS	19.62	16.38	17.11
73221		MRI ANY JT UPPER EXTREM	776.09	649.31	677.33
73221	26	MRI ANY JT UPPER EXTREM	155.41	130.19	135.14
73510		RAD EXAM HIP; COMPLT MINI 2 VIEWS	52.62	43.90	45.07
73510	26	RAD EXAM HIP; COMPLT MINI 2 VIEWS	21.03	17.55	18.04
73550		RAD EXAM FEMUR ANTEROPOSTERIOR & LAT VIEWS	50.92	42.48	43.62
73550	26	RAD EXAM FEMUR ANTEROPOSTERIOR & LAT VIEWS	20.36	16.98	17.46
73560		RAD EXAM KNEE; ONE/TWO VIEWS	46.68	38.94	39.99
73560	26	RAD EXAM KNEE; ONE/TWO VIEWS	18.66	15.57	16.01
73562		RAD EXAM KNEE; THREE VIEWS	55.17	46.02	47.26
73562	26	RAD EXAM KNEE; THREE VIEWS	22.06	18.40	18.92
73564		RAD EXAM KNEE; COMPLT 4/MORE VIEWS	61.95	51.68	53.07
73564	26	RAD EXAM KNEE; COMPLT 4/MORE VIEWS	24.77	20.66	21.24
73590		RAD EXAM; TIB & FIB AP & LAT VIEWS	50.92	42.48	43.62
73590	26	RAD EXAM; TIB & FIB AP & LAT VIEWS	20.36	16.98	17.46
73610		RAD EXAM ANK; COMPLT MINI 3 VIEWS	49.22	41.06	42.17
73610	26	RAD EXAM ANK; COMPLT MINI 3 VIEWS	19.68	16.41	16.88
73630		RAD EXAM FT; COMPLT MINI 3 VIEWS	49.22	41.06	42.17
73630	26	RAD EXAM FT; COMPLT MINI 3 VIEWS	19.68	16.41	16.88
73721		MRI ANY JT LOWER EXTREM	699.33	583.39	599.05
73721	26	MRI ANY JT LOWER EXTREM	140.24	117.01	119.48
74160		CAT ABD; W/CONTRAST	534.93	457.39	438.75
74160	26	CAT ABD; W/CONTRAST	134.03	114.48	109.82
85025		BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC	24.32	20.15	21.68
85025	26	BLD CT; HG/PLATELET CT AUTO & AUTO COMPLT WBC	0.00	0.00	0.00
85610		PROTHROMBIN TIME	18.40	15.25	16.41
85610	26	PROTHROMBIN TIME	0.00	0.00	0.00
90801		PSYCH DX INTERVIEW EXAM	148.17	151.30	169.07
90806		PSYCHOTHER OV/OP-BEHV MOD/SUPPT 45-50 MIN	99.02	101.12	113.00
90807		PSYCHOTHER OV/OP-BEHV MOD 45-50 MIN; W/MED E & M	114.43	116.84	130.57
93010	26	ECG-ROUTINE W/12 LEADS; INTERPT & REPORT ONLY	17.21	16.41	16.57
95831		MUSC TEST MAN (SEP PROC) W/RPT; EXTREM/TRUNK	32.97	25.16	29.07

CPT	Mod	Description	Region 1	Region 2	Region 3
95851		ROM MEAS-REPORT (SEP PRO); EA EXTREM/TRUNK SECT	34.59	26.40	30.50
95860		NEEDLE EMG; 1 EXTREM W/WO RELATED PARASPIN AREAS	140.53	107.25	123.89
95860	26	NEEDLE EMG; 1 EXTREM W/WO RELATED PARASPIN AREAS	112.42	85.80	99.06
95861		NEEDLE EMG; 2 EXTREM W/WO RELATED PARASPIN AREAS	182.69	139.43	161.06
95861	26	NEEDLE EMG; 2 EXTREM W/WO RELATED PARASPIN AREAS	146.15	111.54	128.78
95900		NERVE CONDUCT STUDY EA NRV; MOTOR WO F-WAVE	80.53	61.46	71.00
95900	26	NERVE CONDUCT STUDY EA NRV; MOTOR WO F-WAVE	64.42	49.17	56.77
95903		NERVE CONDUCT STUDY EA NRV; MOTOR W/F-WAVE	125.94	96.11	111.02
95903	26	NERVE CONDUCT STUDY EA NRV; MOTOR W/F-WAVE	100.75	76.89	88.77
95904		NERVE CONDUCT STUDY EA NRV; SENSORY/MIXED	80.53	61.46	71.00
95904	26	NERVE CONDUCT STUDY EA NRV; SENSORY/MIXED	64.42	49.17	56.77
95925		SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	228.63	174.49	201.56
95925	26	SOMATOSENSORY STUDY ANY/ALL NERV; UPPER LIMBS	182.91	139.59	161.16
95934		H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	90.80	69.30	80.05
95934	26	H-REFLEX AMP & LATENCY STUDY; GASTROCNEM/SOLEUS	72.65	55.44	64.01
97001		PHYS THERAP EVAL	82.27	82.27	80.02
97002		PHYS THERAP RE-EVAL	41.14	41.14	40.01
97010		APPLIC MODAL I/> AREAS; HOT/COLD L Acks	0.00	0.00	0.00
97012		APPLIC MODAL I/> AREAS; TRACTION-MECH	27.42	27.42	26.67
97014		APPLIC MODAL I/> AREAS; ELEC STIM	27.00	27.00	26.26
97018		APPLIC MODAL I/> AREAS; PARAFFIN BATH	27.42	27.42	26.67
97022		APPLIC MODAL I/> AREAS; WHIRLPOOL	26.57	26.57	25.84
97024		APPLIC MODAL I/> AREAS; DIATHERMY	27.42	27.42	26.67
97032		APPLIC MODAL I/> AREAS; ELEC STIM EA 15 MIN	24.85	24.85	24.17
97033		APPLIC MODAL I/> AREAS; IONTOPHORESIS EA 15 MIN	35.99	35.99	35.01
97035		APPLIC MODAL I/> AREAS; ULTRASOUND EA 15 MIN	24.42	24.42	23.75
97110		THERAP PROC I/> AREAS EA 15 MIN; EXERCISES	43.19	44.77	40.00
97112		THERAP PROC I/> AREAS EA 15 MIN; BALANCE/COORDIN	42.27	43.82	39.15
97113		THERAP PROC I/> AREAS EA 15 MIN; AQUATIC THERAP	47.79	49.53	44.25
97116		THERAP PROC I/> AREAS EA 15 MIN; GAIT TRAINING	38.14	39.53	35.32
97124		THERAP PROC I/> AREAS EA 15 MIN; MASSAGE	28.49	29.53	26.38
97140		MANUAL THERAP TECH-I/> REGIONS-EA 15 MIN	33.08	34.29	30.64
97530		THERAP ACTIVITIES DIRECT PT CONTACT EA 15 MIN	45.95	47.63	42.55
97535		SELF CARE/HOME MGMT TRAIN-I ON I-EA 15 MIN	36.76	38.10	34.04
97750		PHYS PERFORMANCE TEST/MEASUR W/REPORT EA 15 MIN	45.73	54.85	47.23
98925		OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED	38.58	46.28	39.85
98940		CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS	30.01	35.99	31.00
98941		CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS	38.58	46.28	39.85
98942		CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS	50.73	60.85	52.40
99203		OFFIC/OUTPT VISIT E & M NEW MODERAT SEVERITY 30 MIN	78.01	84.67	80.02
99204		OFFIC/OUTPT VISIT E & M NEW MOD-HI SEVERITY 45 MIN	111.44	120.96	114.32
99205		OFFIC/OUTPT VISIT E & M NEW MOD-HI SEVERITY 60 MIN	150.44	163.30	154.33
99211		OFFIC/OUTPT VISIT E & M ESTAB NO PHYS PRES 5 MIN	25.84	28.63	27.53
99212		OFFIC/OUTPT VISIT E & M EST SELF-LIMIT/MINOR 10 MIN	36.72	40.69	39.12
99213		OFFIC/OUTPT VISIT E & M EST LOW-MOD SEVERITY 15 MIN	46.92	51.99	49.99
99214		OFFIC/OUTPT VISIT E & M EST MOD-HI SEVERITY 25 MIN	68.00	75.35	72.45
99215		OFFIC/OUTPT VISIT E & M ESTAB MOD-HI SEVRTY 40 MIN	108.80	120.56	115.92
99223		INIT HOSP CARE-DA E & M HIGH SEVERITY 70 MIN	164.50	174.98	156.35
99231		SUBSQT HOSP CARE-DA E & M STABLE/RECOVER 15 MIN	52.45	55.79	49.85
99232		SUBSQT HOSP CARE-DA E & M MINOR COMPLIC 25 MIN	71.52	76.08	67.98
99233		SUBSQT HOSP CARE-DA E & M SIGNIFIC COMPLIC 35 MIN	105.49	112.22	100.27
99242		OFFICE CONS NEW/ESTAB LOW SEVERITY 30 MIN	105.57	101.21	101.21
99243		OFFIC CONS NEW/ESTAB MODERATE SEVERITY 40 MIN	134.55	128.99	128.99
99244		OFFIC CONS NEW/ESTAB MOD-HIGH SEVERITY 60 MIN	175.95	168.68	168.68
99245		OFFIC CONS NEW/ESTAB MOD-HIGH SEVERITY 80 MIN	222.18	213.00	213.00
99254		INIT INPT CONS NEW/ESTAB MOD-HI SEVERITY 80 MIN	193.20	185.22	185.22
99282		EMER DEPT VISIT E & M LOW-MODERATE SEVERITY	122.96	114.29	111.88
99283		EMER DEPT VISIT E & M MODERATE SEVERITY	185.02	171.98	168.35
99284		EMER DEPT VISIT E & M HIGH SEVERITY URGENT EVAL	276.36	256.89	251.46
99285		EMER DEPT E & M-HIGH SEVERITY IMMED SIGNIF THREAT	412.19	383.15	375.06
99291		CRITICAL CARE E & M-CRIT ILL/INJUR; 1ST 30-74 MIN	350.00	305.00	319.00

Exhibit 2
Dental Fee Schedule

CDT-3	Description	Region 1	Region 2	Region 3		CAL FIRST FILM			
D0120	PERIODIC ORAL EVAL	32	36	41	D0230	INTRAORAL-PERIAPI-CAL EA ADD FILM	13	15	15
D0140	LTD ORAL EVAL-PROBLEM FOCUSED	53	61	68	D0272	BITEWINGS-2 FILMS	30	32	33
D0150	COMP ORAL EVAL	55	63	71	D0321	OTH TMJ FILMS by report	157	168	179
					D0330	PANORAMIC FILM	85	92	97

D0340	CEPHALOMETRIC FILM	105	114	120	D5730	RELIN COMPLT MAXIL DENTURE (CHAIRSIDE)	233	248	292
D0460	PULP VITALITY TESTS	35	37	46	D5751	RELIN COMPLT MANDIB DENTURE (LAB)	311	331	390
D0470	DIAGNOSTIC CASTS	74	79	97	D6240	PONTIC-PORCELAIN FUSED TO HI NOBLE METAL	844	874	950
D1110	PROPHYLAXIS-ADULT	68	75	84	D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	822	852	925
D1510	SPACE MAINTAINER-FIX-UNILAT	237	296	301	D6750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	963	998	1,084
D2110	AMALGAM-1 SURFACE PRIM	82	93	100	D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	920	953	1,036
D2330	RESIN-BASED COMPOSITE-1 SURFACE ANT	108	116	128	D7110	SINGLE TOOTH (EXTRACTION)	115	114	140
D2331	RESIN-BASED COMPOSITE-2 SURFACES ANT	138	148	163	D7120	EA ADD TOOTH (EXTRACTION)	108	108	132
D2335	RESIN-BASED COMPOSITE-4/MORE SURF-INCISAL ANGLE	199	214	236	D7210	REMOV ERUPT TTH-W/MUCOPERIOSTL FLP-REMOV BNE/TTH	221	227	265
D2385	RESIN-BASED COMPOSITE-1 SURFACE POST-PERM	121	130	144	D7880	OCCLU ORTHOTIC DEVICE BR	633	650	758
D2387	RESIN-BASED COMPOSITE-3 SURFACES POST-PERM	209	224	247	D8210	REMOV APPLIANCE THERAP	589	630	674
D2750	CROWN-PORCELAIN FUSED TO HI NOBLE METAL	822	946	994	D9110	PALLIATIVE (ER) TX DENTAL PAIN-MINOR PROC	78	77	91
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	784	903	948	D9210	LOCAL ANES NOT W/OPER/SURG PROC	24	24	28
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	751	865	909	D9220	GEN ANES-FIRST 30 MIN	315	309	368
D2920	RECEMENT CROWN	79	84	99	D9221	GEN ANES-EA ADD 15 MINUTES	132	130	154
D2950	CORE BUILDUP INCL ANY PINS	206	219	257	D9230	ANALGESIA-ANXIOLYSIS-INHAL NITROUS OXIDE	43	42	50
D2952	CAST POST & CORE IN ADD TO CROWN	314	335	392	D9310	CONS (DIAG SERV BY NON TREATING PRACTITIONER)	166	162	193
D2954	PREFAB POST & CORE IN ADD TO CROWN	260	277	325	D9430	OFFIC VISIT FOR OBSRV (REG HRS-NO OTH SERV)	56	55	65
D2980	TEMPORARY CROWN (FX TOOTH)	184	196	230	D9610	THERAP DRUG INJECTION	65	72	84
D2970	CROWN REPAIR	188	216	215	D9940	OCCLU GUARD	423	485	484
D3310	ANT (EXCLD FINAL RESTORATION) (ROOT CANAL)	607	594	656	D9950	OCCLU ANALY-MOUNTED CASE	220	215	256
D3320	BICUSPID (EXCLD FINAL RESTORATION) (ROOT CANAL)	742	725	801	D9951	OCCLU ADJUSTMENT-LTD	100	98	116
D3330	MOLAR (EXCLD FINAL RESTORATION) (ROOT CANAL)	958	937	1,034	D9952	OCCLU ADJUSTMENT-COMPLT	561	550	655
D4260	OSSEOUS SURG (INCL FLAP ENTRY & CLOS)-PER QUAD	998	1,065	1,035					
D4910	PERIODONTAL MAINT PROC (FOLLOWING ACTIVE THERAP)	127	129	129					
D5110	COMPLT DENTURE-MAXIL	1,019	1,083	1,276					
D5120	COMPLT DENTURE-MANDIB	1,019	1,083	1,276					
D5211	MAXIL PART DENTURE-RESIN BASE(INCLD CLASP-RESTS)	860	914	1,077					
D5214	MANDIB PART DENTURE-CAST METAL FRAME W/RES BASE	1,126	1,196	1,410					
D5510	REPR BROKEN COMPLT DENTURE BASE	112	119	140					

Exhibit 3

Fee Schedule—Home Care Services

Service	Fee
PRIVATE NURSING CARE (PER HOUR)	
Registered nurse	55.00
Licensed practical nurse	50.00
Home health aide	16.50
Medical Social Worker	55.00
Live-in attendant (per 24-hour shift)	140.00
HOME HEALTH VISITS (PER VISIT)	
Registered nurse	85.00
Licensed practical nurse	70.00
Physical therapist	90.00

Service	Fee	HCPCS	Description	Fee	
Speech therapist	90.00	A0322	AMBUL SERV-BLS-ER-INCL SUPPLIES-MILEAGE SEPARATE	149.00	
Occupational therapist	90.00	A0340	AMBUL SERV-BLS-NON-ER-INCL MILES-DISP SUPPLY SEP	142.34	
Exhibit 4		A0342	AMBUL SERV-BLS-ER-INCL MILES-DISP SUPPLIES SEPAR	142.34	
Fee Schedule—Ambulance Services		A0360	AMBUL SERV-BLS-NON-ER-MILES & SUPPLIES SEPARATE	142.34	
HCPCS	Description	Fee	A0362	AMBUL SERV-BLS-ER-MILES & DISP SUPPLIES SEPARATE	142.34
A0300	AMBUL SERV-BLS-NON-ER TRNSPRT-ALL INCL	149.00	A0380	BLS MILEAGE PER MILE	5.72
A0302	AMBUL SERV-BLS-ER TRNSPRT-ALL INCL	149.00	A0422	AMBUL ALS/BLS O2 & O2 SUPPLIES LIFE SUSTAINING	37.07
A0320	AMBUL SERV-BLS-NON-ER-INCL SUPPLIES-MILES SEPAR	149.00	Z0224	CARDIAC MONITORING DURING AN AMBULANCE TRIP	61.78

Exhibit 5

Fee Schedule for Durable Medical Equipment & Prosthetic Devices

HCPCS	Mod	Description	Amount
A4214		STERILE SALINE/WATER 30CC VIAL	1.54
A4310		INSERT TRAY WO DRAIN BAG/CATHETER	6.81
A4311		INSERT TRAY WO DRAIN BAG W/INDWELL CATH LATEX	12.04
A4312		INSERT TRAY WO DRAIN BAG W/INDWELL CATH SILICON	14.62
A4313		INSERT TRAY WO DRAIN BAG W/3 WAY INDWELL CATH	17.31
A4314		INSERT TRAY W/DRAIN BAG & INDWELL CATH LATEX	22.90
A4315		INSERT TRAY W/DRAIN BAG & INDWELL CATH SILICONE	24.61
A4316		INSERT TRAY W/DRAIN BAG & 3/WAY INDWELL CATH	25.71
A4320		IRRIGATION TRAY W/BULB/PISTON SYRINGE	4.81
A4322		IRRIGATION SYRINGE BULB/PISTON EACH	2.81
A4323		STERILE SALINE IRRIGATION SOLUTION 1000 ML	8.37
A4326		MALE EXT CATHETER SPECIALTY TYPE EACH	10.29
A4327		FEMALE EXT URINARY COLLECT DEVICE; METAL CUP EA	40.32
A4328		FEMALE EXT URINARY COLLECT DEVICE POUCH EACH	9.97
A4329		EXT CATH STARTER SET MALE/FEMALE W/SUPPLIES 7DAY	24.30
A4330		PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH	6.82
A4338		INDW CATH FOLEY 2 WAY ATEX W/COATING EACH	10.08
A4340		INDWELL CATH SPECIALTY TYPE EACH	30.28
A4344		INDW CATH FOLEY 2 WAY SILICONE EACH	12.99
A4346		INDW CATH FOLEY 3 WAY CONT IRRIGATION EACH	16.26
A4347		MALE EXTERNAL CATH W/WO ADHESIVE/ANTIREFLUX /12	19.33
A4351		INTERMITTENT URINARY CATH STRAIGHT TIP EACH	1.66
A4352		INTERMITTENT URINARY CATH COUDE TIP EACH	6.12
A4354		INSERTION TRAY W/DRAIN BAG W/O CATH	11.16
A4355		IRRIG TUB SET CONT IRRIG VIA FOLEY EACH	8.50
A4356		EXT URETHRAL CLAMP/COMPRESS DEVICE EACH	43.52
A4357		BDSD DRBG DAY/NIGHT W/WO TUB/ANTIREFLUX EACH	8.77
A4358		URINARY LEG BAG VINYL W/WO TUB EACH	6.33
A4359		URINARY SUSPENSORY WO LEG BAG EACH	29.22
A4361		OSTOMY FACEPLATE, EACH	17.42
A4362		SKIN BARRIER SOLID 4X4/EQUIVALENT EACH	3.30
A4363		SKIN BARRIER LIQ POW/PASTE PER OZ	3.50
A4364		ADHESIVE OSTOMY/CATH LIQUID CEMENT POWDER PER OZ	2.80
A4367		OSTOMY BELT, EACH	7.01
A4397		IRRIGATION SUPPLY SLEEVE, EACH	4.57
A4398		OSTOMY IRRIGATION SUPPLY BAG-EA	13.17
A4399		OSTOMY IRRIG SUPPLY-CONE/CATHETER INCL BRUSH	11.70
A4400		OSTOMY IRRIGATION SET	46.62
A4402		LUBRICANT PER OUNCE	1.32
A4404		OSTOMY RING EACH	1.47
A4454		TAPE ALL TYPES ALL SIZES	2.17
A4455		ADHESIVE REMOVER/SOLVENT (TAPE-CEMENT) PER OUNCE	1.33
A4560		PESSARY	18.47
A4595		TENS SUPPLIES, 2 LEAD, PER MONTH	27.48
A4611	NU	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	187.38
A4611	RR	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	19.43
A4611	UE	BATTERY HEAVY DUTY REPLACEMENT PT OWN VENTILATOR	140.54

HCPCS	Mod	Description	Amount
A4612	NU	BATTERY CABLES REPLACEMENT PT OWN VENTILATOR	64.80
A4612	RR	BATTERY CABLES REPLACEMENT PT OWN VENTILATOR	6.60
A4612	UE	BATTERY CABLES REPLACEMENT PT OWN VENTILATOR	49.42
A4613	NU	BATTERY CHARGER REPLACEMENT PT OWN VENTILATOR	137.55
A4613	RR	BATTERY CHARGER REPLACEMENT PT OWN VENTILATOR	13.76
A4613	UE	BATTERY CHARGER REPLACEMENT PT OWN VENTILATOR	99.48
A4618	NU	BREATHING CIRCUITS	8.48
A4618	RR	BREATHING CIRCUITS	0.97
A4618	UE	BREATHING CIRCUITS	6.36
A4622		TRACHEOSTOMY/LARYNGECTOMY TUBE	54.63
A4623		TRACHEOSTOMY INNER CANNULA (REPLACEMENT ONLY)	6.25
A4624	NU	TRACHEAL SUCTION CATHETER ANY TYPE EACH	2.24
A4625		TRACH CARE KIT FOR NEW TRACHEOSTOMY	6.61
A4626		TRACHEOSTOMY CLEANING BRUSH EACH	3.05
A4630	NU	REPLACE BATTERY MED NECESSARY TENS PT OWN	5.43
A4631	NU	REPLACE BATTERY ELECTRONIC WHEELCHAIR PT OWN	90.88
A4631	RR	REPLACE BATTERY ELECTRONIC WHEELCHAIR PT OWN	9.08
A4631	UE	REPLACE BATTERY ELECTRONIC WHEELCHAIR PT OWN	68.17
A4635	NU	UNDERARM PAD CRUTCH REPLACEMENT EACH	4.88
A4635	RR	UNDERARM PAD CRUTCH REPLACEMENT EACH	0.66
A4635	UE	UNDERARM PAD CRUTCH REPLACEMENT EACH	3.23
A4636	NU	REPLACE HANDGRIP CANE CRUTCH WALKER EACH	3.41
A4636	RR	REPLACE HANDGRIP CANE CRUTCH WALKER EACH	0.41
A4636	UE	REPLACE HANDGRIP CANE CRUTCH WALKER EACH	2.49
A4637	NU	REPLACE TIP CANE CRUTCH WALKER EACH	2.03
A4637	RR	REPLACE TIP CANE CRUTCH WALKER EACH	0.29
A4637	UE	REPLACE TIP CANE CRUTCH WALKER EACH	1.53
A4640	NU	REPLACE PAD MED NEC ALT PRESSURE PAD PT OWN	57.04
A4640	RR	REPLACE PAD MED NEC ALT PRESSURE PAD PT OWN	5.70
A4640	UE	REPLACE PAD MED NEC ALT PRESSURE PAD PT OWN	42.79
A5051		POUCH CLOSED W/BARRIER ATTACHED (1 PIECE)	2.21
A5052		POUCH CLOSED WO/BARRIER ATTACHED (1 PIECE)	1.59
A5053		POUCH CLOSED USE FACEPLATE	1.66
A5054		POUCH CLOSED USE BARRIER W/FLANGE (2 PIECE)	1.37
A5055		STOMA CAP	1.35
A5061		POUCH DRAINABLE W/BARRIER ATTACHED (1 PIECE)	2.58
A5062		POUCH DRAINABLE WO/BARRIER ATTACHED (1 PIECE)	2.12
A5063		POUCH DRAINABLE USE BARRIER W/FLANGE (2 PIECE)	2.09
A5071		POUCH URINARY W/BARRIER ATTACHED (1 PIECE)	4.15
A5072		POUCH URINARY WO BARRIER ATTACH (1 PIECE)	3.36
A5073		POUCH URINARY USE BARRIER W/FLANGE (2 PIECE)	3.04
A5081		CONTINENT DEVICE PLUG CONTINENT STOMA	3.14
A5082		CONTINENT DEVICE CATH CONTINENT STOMA	11.34
A5093		OSTOMY ACCESSORY CONVEX INSERT	1.85
A5102		BEDSIDE DRAIN BTL RIGID/EXPAND W/WO TUBING EA	21.39
A5105		URINARY SUSPENSORY W/LEG BAG W/WO TUBE	38.88
A5112		URINARY LEG BAG LATEX	28.07
A5113		LEG STRAP LATEX REPLCE ONLY PER SET	4.48
A5114		LEG STRAP FOAM/FABRIC REPLAC ONLY PER SET	8.52
A5119		SKIN BARRIER WIPES BOX PER 50	10.35
A5121		SKIN BARRIER SOLID 6X6/EQUIVALENT EACH	6.24
A5122		SKIN BARRIER SOLID 8X8/EQUIVALENT EACH	10.42
A5123		SKIN BARRIER W/FLANGE ANY SIZE EACH	5.11
A5126		ADHES/NON-ADHES DISK/FOAM PAD	1.26
A5131		APPLIANCE CLEAN (INCONTINENCE/OSTOMY) PER 16 OZ	15.13
E0100	NU	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	17.89
E0100	RR	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	4.82
E0100	UE	CANE ALL MATERIAL ADJUSTABLE/FIXED W/TIP	13.85
E0105	NU	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	46.85
E0105	RR	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	7.18
E0105	UE	CANE QUAD/3 PRONG ALL MATERIALS ADJ/FIXED W/TIPS	34.57
E0110	NU	CRUTCHS FOREARM ALL MAT ADJ/FIXED W/TIP HANDGRP	69.22
E0110	RR	CRUTCHS FOREARM ALL MAT ADJ/FIXED W/TIP HANDGRP	12.97
E0110	UE	CRUTCHS FOREARM ALL MAT ADJ/FIXED W/TIP HANDGRP	51.91
E0111	NU	CRUTCH FOREARM VAR MAT ADJ/FIX W/TIP HANDGRIP EA	50.80
E0111	RR	CRUTCH FOREARM VAR MAT ADJ/FIX W/TIP HANDGRIP EA	7.95

HPCPS	Mod	Description	Amount
E0111	UE	CRUTCH FOREARM VAR MAT ADJ/FIX W/TIP HANDGRIP EA	39.20
E0112	NU	CRUTCHS UNDERARM WOOD ADJ/FIX PAIR PAD/TIP GRIP	35.29
E0112	RR	CRUTCHS UNDERARM WOOD ADJ/FIX PAIR PAD/TIP GRIP	8.05
E0112	UE	CRUTCHS UNDERARM WOOD ADJ/FIX PAIR PAD/TIP GRIP	26.92
E0113	NU	CRUTCH UNDERARM WOOD ADJ/FIX PAD/TIP/GRIP EA	20.15
E0113	RR	CRUTCH UNDERARM WOOD ADJ/FIX PAD/TIP/GRIP EA	4.91
E0113	UE	CRUTCH UNDERARM WOOD ADJ/FIX PAD/TIP/GRIP EA	15.13
E0114	NU	CRUTCHES UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	45.01
E0114	RR	CRUTCHES UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	8.18
E0114	UE	CRUTCHES UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	34.02
E0116	NU	CRUTCH UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	22.69
E0116	RR	CRUTCH UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	5.15
E0116	UE	CRUTCH UND'ARM NOT WOOD ADJ/FIX W/PAD/TIP/GRIP	17.02
E0130	NU	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	66.85
E0130	RR	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	16.05
E0130	UE	WALKER RIGID (PICKUP) ADJUST/FIXED HEIGHT	50.09
E0135	NU	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	71.03
E0135	RR	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	16.46
E0135	UE	WALKER FOLDING (PICKUP) ADJUST/FIXED HEIGHT	52.15
E0141	NU	RIGID WALKER WHEELED WO SEAT	109.97
E0141	RR	RIGID WALKER WHEELED WO SEAT	21.33
E0141	UE	RIGID WALKER WHEELED WO SEAT	82.48
E0142	NU	RIGID WALKER WHEELED W/SEAT	164.04
E0142	RR	RIGID WALKER WHEELED W/SEAT	25.21
E0142	UE	RIGID WALKER WHEELED W/SEAT	124.93
E0143	NU	FOLDING WALKER WHEELED WO SEAT	114.68
E0143	RR	FOLDING WALKER WHEELED WO SEAT	20.60
E0143	UE	FOLDING WALKER WHEELED WO SEAT	85.82
E0145	RR	WALKER WHEELED W/SEAT & CRUTCH ATTACHMENTS	16.82
E0146	RR	FOLDING WALKER WHEELED W/SEAT	15.44
E0147	NU	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	548.27
E0147	RR	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	54.82
E0147	UE	HEAVY DUTY MULT BREAK VAR WHEEL RESIST WALKER	411.22
E0153	NU	PLATFORM ATTACHMENT FOREARM CRUTCH EA	66.18
E0153	RR	PLATFORM ATTACHMENT FOREARM CRUTCH EA	7.47
E0153	UE	PLATFORM ATTACHMENT FOREARM CRUTCH EA	49.62
E0154	NU	PLATFORM ATTACHMENT WALKER EA	67.25
E0154	RR	PLATFORM ATTACHMENT WALKER EA	8.17
E0154	UE	PLATFORM ATTACHMENT WALKER EA	51.10
E0155	NU	WHEEL ATT RIGID PICK-UP WALKER	30.11
E0155	RR	WHEEL ATT RIGID PICK-UP WALKER	3.67
E0155	UE	WHEEL ATT RIGID PICK-UP WALKER	22.94
E0156	NU	SEAT ATTACHMENT WALKER	25.21
E0156	RR	SEAT ATTACHMENT WALKER	3.22
E0156	UE	SEAT ATTACHMENT WALKER	18.93
E0157	NU	CRUTCH ATTACHMENT WALKER EA	66.42
E0157	RR	CRUTCH ATTACHMENT WALKER EA	8.57
E0157	UE	CRUTCH ATTACHMENT WALKER EA	49.82
E0158	NU	LEG EXTENSIONS WALKER PER SET OF 4	30.69
E0158	RR	LEG EXTENSIONS WALKER PER SET OF 4	3.38
E0158	UE	LEG EXTENSIONS WALKER PER SET OF 4	23.17
E0160	NU	SITZ TYPE BATH/EQUIP-PORTABLE-USE W/WO COMMODE	26.80
E0160	RR	SITZ TYPE BATH/EQUIP-PORTABLE-USE W/WO COMMODE	4.13
E0160	UE	SITZ TYPE BATH/EQUIP-PORTABLE-USE W/WO COMMODE	20.09
E0161	NU	SITZ TYP BATH-PORT-USE W/WO COMMODE-W/FAUCET ATT	25.01
E0161	RR	SITZ TYP BATH-PORT-USE W/WO COMMODE-W/FAUCET ATT	3.40
E0161	UE	SITZ TYP BATH-PORT-USE W/WO COMMODE-W/FAUCET ATT	18.74
E0163	NU	COMMODE CHAIR STATIONARY W/FIXED ARMS	105.20
E0163	RR	COMMODE CHAIR STATIONARY W/FIXED ARMS	23.30
E0163	UE	COMMODE CHAIR STATIONARY W/FIXED ARMS	73.39
E0164	NU	COMMODE CHAIR MOBILE W/FIXED ARMS	173.03
E0164	RR	COMMODE CHAIR MOBILE W/FIXED ARMS	25.21
E0164	UE	COMMODE CHAIR MOBILE W/FIXED ARMS	110.30
E0165	RR	COMMODE CHAIR STATIONARY W/DETACHABLE ARMS	17.38
E0166	RR	COMMODE CHAIR MOBILE W/DETACHABLE ARMS	25.25
E0167	NU	PAIL/PAN USE W/COMMODE CHAIR	11.45

HCPCS	Mod	Description	Amount
E0167	RR	PAIL/PAN USE W/COMMODE CHAIR	1.21
E0167	UE	PAIL/PAN USE W/COMMODE CHAIR	8.62
E0175	NU	FOOT REST USE W/COMMODE CHAIR EA	63.17
E0175	RR	FOOT REST USE W/COMMODE CHAIR EA	5.37
E0175	UE	FOOT REST USE W/COMMODE CHAIR EA	39.52
E0176	NU	AIR PRESSURE PAD CUSHION NONPOSITIONING	102.16
E0176	RR	AIR PRESSURE PAD CUSHION NONPOSITIONING	13.50
E0176	UE	AIR PRESSURE PAD CUSHION NONPOSITIONING	75.94
E0177	NU	WATER PRESSURE PAD/CUSHION NONPOSITIONING	101.24
E0177	RR	WATER PRESSURE PAD/CUSHION NONPOSITIONING	11.59
E0177	UE	WATER PRESSURE PAD/CUSHION NONPOSITIONING	75.94
E0178	NU	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	105.91
E0178	RR	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	14.32
E0178	UE	GEL/GEL LIKE PRESS PAD/CUSH NONPOSIT	79.44
E0179	NU	DRY PRESSURE PAD/CUSHION NONPOSITIONING	11.41
E0179	RR	DRY PRESSURE PAD/CUSHION NONPOSITIONING	1.19
E0179	UE	DRY PRESSURE PAD/CUSHION NONPOSITIONING	8.98
E0180	RR	PRESSURE PAD ALTERNATING W/PUMP	19.43
E0181	RR	PRESSURE PAD ALTERNATING W/PUMP HEAVY DUTY	21.55
E0182	RR	PUMP ALTERNATING PRESSURE PAD	24.98
E0184	NU	DRY PRESSURE MATTRESS	157.85
E0184	RR	DRY PRESSURE MATTRESS	23.43
E0184	UE	DRY PRESSURE MATTRESS	121.07
E0185	NU	GEL/GEL LIKE PRESS PAD STAN MATRS LENGTH/WIDTH	259.33
E0185	RR	GEL/GEL LIKE PRESS PAD STAN MATRS LENGTH/WIDTH	42.86
E0185	UE	GEL/GEL LIKE PRESS PAD STAN MATRS LENGTH/WIDTH	199.03
E0186	RR	AIR PRESSURE MATTRESS	19.36
E0187	RR	WATER PRESSURE MATTRESS	21.52
E0191	NU	HEEL/ELBOW PROTECTOR EACH	9.53
E0191	RR	HEEL/ELBOW PROTECTOR EACH	0.97
E0191	UE	HEEL/ELBOW PROTECTOR EACH	7.12
E0192	NU	LOW PRESS/POSIT EQUALIZATION W/C PAD	369.14
E0192	RR	LOW PRESS/POSIT EQUALIZATION W/C PAD	37.18
E0192	UE	LOW PRESS/POSIT EQUALIZATION W/C PAD	276.86
E0193	RR	POWERED AIR FLOTATION BED (LOW AIR LOW THERAPY)	829.27
E0194	RR	AIR FLUIDIZED BED	3,004.43
E0196	RR	GEL PRESSURE MATTRESS	26.34
E0197	NU	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	179.65
E0197	RR	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	29.16
E0197	UE	AIR PRESS PAD STAN MATRS LENGTH/WIDTH	157.80
E0198	NU	H2O PRESS PAD STAN MATRS LENGTH/WIDTH	179.65
E0198	RR	H2O PRESS PAD STAN MATRS LENGTH/WIDTH	21.89
E0198	UE	H2O PRESS PAD STAN MATRS LENGTH/WIDTH	136.32
E0199	NU	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	30.57
E0199	RR	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	3.05
E0199	UE	DRY PRESS PAD STAN MATRS LENGTH/WIDTH	22.93
E0200	NU	HEAT LAMP WO STAND INCL BULB/INFRARED ELEMENT	64.28
E0200	RR	HEAT LAMP WO STAND INCL BULB/INFRARED ELEMENT	10.26
E0200	UE	HEAT LAMP WO STAND INCL BULB/INFRARED ELEMENT	48.23
E0202	RR	PHOTOTHERAPY (BILIRUBIN) LIGHT W/PHOTOMETER	59.72
E0205	NU	HEAT LAMP W/STAND INCL BULB/INFRARED ELEMENT	157.34
E0205	RR	HEAT LAMP W/STAND INCL BULB/INFRARED ELEMENT	18.93
E0205	UE	HEAT LAMP W/STAND INCL BULB/INFRARED ELEMENT	118.00
E0210	NU	ELECTRIC HEAT PAD STANDARD	31.13
E0210	RR	ELECTRIC HEAT PAD STANDARD	2.93
E0210	UE	ELECTRIC HEAT PAD STANDARD	23.35
E0215	NU	ELECTRIC HEAT PAD MOIST	57.43
E0215	RR	ELECTRIC HEAT PAD MOIST	6.32
E0215	UE	ELECTRIC HEAT PAD MOIST	43.08
E0220	NU	HOT WATER BOTTLE	6.87
E0220	RR	HOT WATER BOTTLE	0.72
E0220	UE	HOT WATER BOTTLE	5.13
E0225	NU	HYDROCOLLATOR UNIT INCL PADS	315.10
E0225	RR	HYDROCOLLATOR UNIT INCL PADS	31.06
E0225	UE	HYDROCOLLATOR UNIT INCL PADS	236.32
E0230	NU	ICE CAP/COLLAR	6.88

HPCPS	Mod	Description	Amount
E0230	RR	ICE CAP/COLLAR	0.77
E0230	UE	ICE CAP/COLLAR	5.14
E0235	RR	PARAFFIN BATH UNIT PORTABLE	16.46
E0236	RR	PUMP WATER CIRCULATING PAD	36.51
E0238	NU	NON ELECTRIC HEAT PAD MOIST	25.79
E0238	RR	NON ELECTRIC HEAT PAD MOIST	2.59
E0238	UE	NON ELECTRIC HEAT PAD MOIST	18.96
E0239	NU	HYDROCOLLATOR UNIT PORTABLE	429.06
E0239	RR	HYDROCOLLATOR UNIT PORTABLE	42.91
E0239	UE	HYDROCOLLATOR UNIT PORTABLE	321.81
E0249	NU	PAD WATER CIRCULATING HEAT UNIT	95.00
E0249	RR	PAD WATER CIRCULATING HEAT UNIT	10.44
E0249	UE	PAD WATER CIRCULATING HEAT UNIT	71.25
E0250	RR	HOSP BED FIX HEIGHT W/ANY SIDE RAILS/MATTRESS	88.63
E0251	RR	HOSP BED FIX HEIGHT W/ANY RAILS WO MATTRESS	64.54
E0255	RR	HOSP BED VARIABLE HI-LO W/ANY RAILS W/MATTRESS	96.89
E0256	RR	HOSP BED VARIABLE HI-LO W/ANY RAILS WO MATTRESS	67.58
E0260	RR	HOSP BED SEMI-ELEC W/ANY RAILS W/MATTRESS	148.02
E0261	RR	HOSP BED SEMI-ELEC W/ANY RAILS WO MATTRESS	111.03
E0265	RR	HOSP BED TOTAL ELEC W/ANY RAILS W/MATTRESS	183.25
E0266	RR	HOSP BED TOTAL ELEC W/ANY RAILS WO MATTRESS	169.39
E0271	NU	MATTRESS INNERSPRING	201.44
E0271	RR	MATTRESS INNERSPRING	22.00
E0271	UE	MATTRESS INNERSPRING	151.06
E0272	NU	MATTRESS FOAM RUBBER	185.91
E0272	RR	MATTRESS FOAM RUBBER	20.15
E0272	UE	MATTRESS FOAM RUBBER	139.43
E0275	NU	BED PAN STANDARD METAL/PLASTIC	14.60
E0275	RR	BED PAN STANDARD METAL/PLASTIC	1.52
E0275	UE	BED PAN STANDARD METAL/PLASTIC	10.95
E0276	NU	BED PAD FRACTURE METAL/PLASTIC	12.69
E0276	RR	BED PAD FRACTURE METAL/PLASTIC	1.49
E0276	UE	BED PAD FRACTURE METAL/PLASTIC	10.04
E0277	RR	POWERED PRESS-REDUCING AIR MATRS	615.66
E0280	NU	BED CRADLE ANY TYPE	35.29
E0280	RR	BED CRADLE ANY TYPE	3.92
E0280	UE	BED CRADLE ANY TYPE	26.47
E0290	RR	HOSP BED FIX HEIGHT WO RAILS W/MATTRESS	60.60
E0291	RR	HOSP BED FIX HEIGHT WO RAILS WO MATTRESS	44.02
E0292	RR	HOSP BED VARIABLE HI-LO WO RAILS W/MATTRESS	68.14
E0293	RR	HOSP BED VARIABLE HI-LO WO RAILS WO MATTRESS	65.52
E0294	RR	HOSP BED SEMI-ELECTRIC WO RAILS W/MATTRESS	106.33
E0295	RR	HOSP BED SEMI-ELECTRIC WO RAILS WO MATTRESS	106.33
E0296	RR	HOSP BED TOTAL-ELECTRIC WO RAILS W/MATTRESS	134.45
E0297	RR	HOSP BED TOTAL-ELECTRIC WO RAILS WO MATTRESS	134.18
E0305	RR	BED SIDE RAILS HALF LENGTH	14.42
E0310	NU	BEDSIDE RAILS FULL LENGTH	185.18
E0310	RR	BEDSIDE RAILS FULL LENGTH	21.71
E0310	UE	BEDSIDE RAILS FULL LENGTH	140.13
E0325	NU	URINAL MALE JUG TYPE ANY MATERIAL	8.19
E0325	RR	URINAL MALE JUG TYPE ANY MATERIAL	1.44
E0325	UE	URINAL MALE JUG TYPE ANY MATERIAL	5.88
E0326	NU	URINAL FEMALE JUG TYPE ANY MATERIAL	10.02
E0326	RR	URINAL FEMALE JUG TYPE ANY MATERIAL	1.14
E0326	UE	URINAL FEMALE JUG TYPE ANY MATERIAL	7.50
E0424	RR	STATIONARY COMPRESSED O2 SYS RENT; INCL EQUIP	228.80
E0431	RR	PORTABLE GAS O2 SYSTEM RENTAL; INCL EQUIP	35.97
E0434	RR	PORTABLE LIQUID O2 SYSTEM RENTAL; INCL EQUIP	35.97
E0439	RR	STATIONARY LIQUID O2 SYS RENT; INCL EQUIP	228.80
E0441		O2 CONTENTS GASEOUS PER UNIT	162.98
E0442		O2 CONTENTS LIQUID PER UNIT	162.98
E0443		PORTABLE O2 CONTENTS GASEOUS PER UNIT	21.41
E0444		PORTABLE O2 CONTENTS LIQUID PER UNIT	21.41
E0450	RR	VOL VENT STAT/PORT/BACKUP RATE/INVAS INTERFACE	910.44
E0452	RR	INTERMITTENT ASSIST DEV W/CONT POS AIRWAY PRESS	208.04
E0453	RR	THERAPEUTIC VENTILATOR USE TO 12 HRS PER DAY	520.64

HCPCS	Mod	Description	Amount
E0457	RR	CHEST SHELL (CUIRASS)	58.61
E0459	RR	CHEST WRAP	48.54
E0460	RR	NEGATIVE PRESSURE VENTILATOR PORTABLE/STATIONARY	594.75
E0462	RR	ROCKING BED W/VO SIDE RAILS	277.95
E0480	RR	PERCUSSOR ELECTRIC/PNEUMATIC HOME MODEL	41.91
E0500	RR	IPPB MACHINE ALL MAN/AUTO VALVES INT/EXT POWER	104.71
E0550	RR	HUMIDIFIER DURABLE SUPPLEMENTAL W/IPPB/OXYGEN	47.81
E0560	NU	HUMIDIFIER DURABLE SUPPLEMENT W/IPPB/OXYGEN	139.06
E0560	RR	HUMIDIFIER DURABLE SUPPLEMENT W/IPPB/OXYGEN	16.29
E0560	UE	HUMIDIFIER DURABLE SUPPLEMENT W/IPPB/OXYGEN	104.30
E0565	RR	COMPRESSOR AIR POWER SOURCE EQUIPMENT	49.47
E0570	RR	NEBULIZER WITH COMPRESSOR	18.82
E0575	RR	NEBULIZER ULTRASONIC	98.03
E0585	RR	NEBULIZER W/COMPRESSOR & HEATER	33.45
E0600	RR	SUCTION PUMP HOME MODEL PORTABLE	42.00
E0601	RR	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	95.48
E0605	NU	VAPORIZER ROOM TYPE	25.21
E0605	RR	VAPORIZER ROOM TYPE	2.93
E0605	UE	VAPORIZER ROOM TYPE	20.76
E0606	RR	POSTURAL DRAINAGE BOARD	18.60
E0607	NU	HOME BLOOD GLUCOSE MONITOR	63.73
E0607	RR	HOME BLOOD GLUCOSE MONITOR	6.37
E0607	UE	HOME BLOOD GLUCOSE MONITOR	47.78
E0608	RR	APNEA MONITOR	233.91
E0609	NU	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	605.02
E0609	RR	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	60.50
E0609	UE	BLOOD GLUCOSE MONITOR W/SPECIAL FEATURES	453.78
E0610	NU	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	226.88
E0610	RR	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	23.93
E0610	UE	PACEMAKER MONITOR SELF CONTAIN W/AUD/VIS CHECK	170.18
E0615	NU	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	402.07
E0615	RR	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	55.80
E0615	UE	PACEMAKER MONITOR SELF CONTAIN W/DIG/VIS CHECK	301.56
E0621	NU	SLING/SEAT PATIENT LIFT CANVAS/NYLON	77.83
E0621	RR	SLING/SEAT PATIENT LIFT CANVAS/NYLON	8.82
E0621	UE	SLING/SEAT PATIENT LIFT CANVAS/NYLON	58.67
E0627	NU	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	315.44
E0627	RR	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	31.55
E0627	UE	SEAT LIFT INCORPORATE W/LIFT CHAIR MECHANISM	236.56
E0628	NU	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	315.44
E0628	RR	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	31.55
E0628	UE	SEP SEAT LIFT USE W/PT OWN FURNITURE ELECTRIC	236.56
E0629	NU	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	315.44
E0629	RR	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	31.55
E0629	UE	SEP SEAT LIFT USE W/PT OWN FURNITURE NON-ELEC	236.56
E0630	RR	PATIENT LIFT HYDRAULIC W/SEAT/SLING	92.36
E0635	RR	PATIENT LIFT ELECTRIC W/SEAT/SLING	99.20
E0650	NU	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	623.93
E0650	RR	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	84.76
E0650	UE	PNEUMATIC COMPRESSOR NONSEGMENTAL HOME MODEL	467.97
E0651	NU	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	876.02
E0651	RR	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	87.61
E0651	UE	PNEUMATIC COMPRESS SEGMENTAL WO GRADIENT PRESS	657.02
E0652	NU	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	4,298.17
E0652	RR	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	424.80
E0652	UE	PNEUMATIC COMPRESS SEGMENTAL W/GRADIENT PRESS	3748.29
E0655	NU	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF ARM	99.72
E0655	RR	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF ARM	12.09
E0655	UE	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF ARM	74.77
E0660	NU	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	152.37
E0660	RR	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	15.86
E0660	UE	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	105.29
E0665	NU	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	111.07
E0665	RR	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	13.42
E0665	UE	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	83.41
E0666	NU	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	131.71

HPCPS	Mod	Description	Amount
E0666	RR	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	13.58
E0666	UE	NONSEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	98.80
E0667	NU	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	308.82
E0667	RR	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	30.89
E0667	UE	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL LEG	231.61
E0668	NU	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	358.26
E0668	RR	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	35.36
E0668	UE	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR FULL ARM	268.69
E0669	NU	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	166.03
E0669	RR	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	16.61
E0669	UE	SEGMENTAL PNEUMATIC-USE W/COMPRESSOR HALF LEG	124.53
E0671	NU	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL LEG	396.17
E0671	RR	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL LEG	39.62
E0671	UE	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL LEG	297.12
E0672	NU	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	307.83
E0672	RR	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	30.79
E0672	UE	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE FULL ARM	230.89
E0673	NU	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	255.79
E0673	RR	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	25.58
E0673	UE	SEGMENT GRAD PRESS PNEUMATIC APPLIANCE HALF LEG	191.86
E0690	NU	ULTRAVIOLET CABINET APPROPRIATE HOME USE	1,104.87
E0690	RR	ULTRAVIOLET CABINET APPROPRIATE HOME USE	114.10
E0690	UE	ULTRAVIOLET CABINET APPROPRIATE HOME USE	826.70
E0720	NU	TENS 2 LEAD LOCALIZED STIMULATION	350.61
E0730	NU	TENS 4 LEAD LARGE AREA/MULTIPLE NERVE STIMULATE	353.45
E0731		FORM FIT CONDUCTIVE GARMENT TENS/NMES	340.22
E0744	RR	NEUROMUSCULAR STIMULATOR SCOLIOSIS	87.34
E0745	RR	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT	85.38
E0747	NU	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	3,242.92
E0747	RR	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	324.28
E0747	UE	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC	2,432.20
E0748	NU	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	3,342.55
E0748	RR	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	334.25
E0748	UE	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS	2,506.92
E0749	RR	OSTEOGENESIS STIM ELEC (SURGICALLY IMPLANTED)	244.30
E0776	NU	IV POLE	116.07
E0776	RR	IV POLE	17.79
E0776	UE	IV POLE	85.39
E0781	RR	AMB INFUS PUMP 1/MULTI CHAN ELEC/BATT PT WEARS	214.74
E0782	NU	INFUSION PUMP-IMPLANTABLE-NON PROGRAMMABLE	3,688.52
E0782	RR	INFUSION PUMP-IMPLANTABLE-NON PROGRAMMABLE	368.86
E0782	UE	INFUSION PUMP-IMPLANTABLE-NON PROGRAMMABLE	2,766.39
E0791	RR	PARENTERAL INFUSION PUMP STATIONARY 1/MULTICHANL	256.36
E0840	NU	TRACTION FRAME TO HEADBOARD CERV TRACTION	59.41
E0840	RR	TRACTION FRAME TO HEADBOARD CERV TRACTION	13.23
E0840	UE	TRACTION FRAME TO HEADBOARD CERV TRACTION	44.53
E0850	NU	TRACTION STAND FREESTANDING CERV TRACTION	85.18
E0850	RR	TRACTION STAND FREESTANDING CERV TRACTION	11.70
E0850	UE	TRACTION STAND FREESTANDING CERV TRACTION	63.89
E0855	NU	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	479.42
E0855	RR	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	47.94
E0855	UE	CERV TRACT EQUIP NOT REQ ADD STAND/FRAME	359.56
E0860	NU	TRACTION EQUIPMENT OVERDOOR CERV	32.47
E0860	RR	TRACTION EQUIPMENT OVERDOOR CERV	6.21
E0860	UE	TRACTION EQUIPMENT OVERDOOR CERV	24.35
E0870	NU	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	100.21
E0870	RR	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	12.61
E0870	UE	TRACTION FRAME TO FOOTBOARD EXTREMITY TRACTION	75.16
E0880	NU	TRACTION STAND FREESTANDING EXTREMITY TRACTION	101.78
E0880	RR	TRACTION STAND FREESTANDING EXTREMITY TRACTION	18.80
E0880	UE	TRACTION STAND FREESTANDING EXTREMITY TRACTION	77.04
E0890	NU	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	97.62
E0890	RR	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	31.31
E0890	UE	TRACTION FRAME TO FOOTBOARD PELVIC TRACTION	78.63
E0900	NU	TRACTION STAND FREESTANDING PELVIC TRACTION	103.88
E0900	RR	TRACTION STAND FREESTANDING PELVIC TRACTION	26.35

HCPCS	Mod	Description	Amount
E0900	UE	TRACTION STAND FREESTANDING PELVIC TRACTION	77.93
E0910	RR	TRAPEZE BARS TO BED W/GRAB BAR (PT HELPER)	18.66
E0920	RR	FRACTURE FRAME TO BED INCL WEIGHTS	37.86
E0930	RR	FRACTURE FRAME FREESTANDING W/WEIGHTS	37.86
E0935	RR	PASSIVE MOTION EXERCISE DEVICE	21.68
E0940	RR	TRAPEZE BAR FREESTANDING COMPLETE W/GRAB BAR	30.22
E0941	RR	GRAVITY ASSIST TRACTION DEVICE ANY TYPE	36.94
E0942	NU	CERVICAL HEAD HARNESS/HALTER	18.93
E0942	RR	CERVICAL HEAD HARNESS/HALTER	2.23
E0942	UE	CERVICAL HEAD HARNESS/HALTER	14.19
E0943	NU	CERVICAL PILLOW	26.39
E0943	RR	CERVICAL PILLOW	3.09
E0943	UE	CERVICAL PILLOW	19.78
E0944	NU	PELVIC BELT/HARNESS/HALTER	39.13
E0944	RR	PELVIC BELT/HARNESS/HALTER	4.39
E0944	UE	PELVIC BELT/HARNESS/HALTER	29.36
E0945	NU	EXTREMITY BELT/HARNESS	42.28
E0945	RR	EXTREMITY BELT/HARNESS	4.23
E0945	UE	EXTREMITY BELT/HARNESS	32.73
E0946	RR	FX FRAME DUAL W/CROSS BARS ATTACH BED	56.43
E0947	NU	FX FRAME ATTACH COMPLX PELVIC TRACTION	578.46
E0947	RR	FX FRAME ATTACH COMPLX PELVIC TRACTION	59.99
E0947	UE	FX FRAME ATTACH COMPLX PELVIC TRACTION	433.84
E0948	NU	FX FRAME ATTACH COMPLX CERVICAL TRACTION	559.51
E0948	RR	FX FRAME ATTACH COMPLX CERVICAL TRACTION	55.93
E0948	UE	FX FRAME ATTACH COMPLX CERVICAL TRACTION	394.60
E0950	NU	TRAY	99.15
E0950	RR	TRAY	9.93
E0950	UE	TRAY	74.37
E0951	NU	LOOP HEEL EA	17.97
E0951	RR	LOOP HEEL EA	1.80
E0951	UE	LOOP HEEL EA	13.48
E0952	NU	LOOP TOE EA	17.97
E0952	RR	LOOP TOE EA	1.80
E0952	UE	LOOP TOE EA	13.48
E0953	NU	PNEUMATIC TIRE EA	39.02
E0953	RR	PNEUMATIC TIRE EA	3.83
E0953	UE	PNEUMATIC TIRE EA	27.95
E0954	NU	SEMI PNEUMATIC CASTER EA	39.91
E0954	RR	SEMI PNEUMATIC CASTER EA	4.50
E0954	UE	SEMI PNEUMATIC CASTER EA	29.94
E0958	RR	WHEELCHAIR ATTACH CONVERT ANY TO 1 ARM DRIVE	40.45
E0959	NU	AMPUTEE ADAPTER (COMPENSATE WEIGHT TRANSFER)	84.34
E0959	RR	AMPUTEE ADAPTER (COMPENSATE WEIGHT TRANSFER)	8.47
E0959	UE	AMPUTEE ADAPTER (COMPENSATE WEIGHT TRANSFER)	63.83
E0961	NU	BRAKE EXTENSION FOR WHEELCHAIR	24.11
E0961	RR	BRAKE EXTENSION FOR WHEELCHAIR	2.52
E0961	UE	BRAKE EXTENSION FOR WHEELCHAIR	18.10
E0962	NU	1" CUSHION FOR WHEELCHAIR	56.74
E0962	RR	1" CUSHION FOR WHEELCHAIR	5.67
E0962	UE	1" CUSHION FOR WHEELCHAIR	42.55
E0963	NU	2" CUSHION FOR WHEELCHAIR	67.78
E0963	RR	2" CUSHION FOR WHEELCHAIR	6.89
E0963	UE	2" CUSHION FOR WHEELCHAIR	50.95
E0964	NU	3" CUSHION FOR WHEELCHAIR	75.62
E0964	RR	3" CUSHION FOR WHEELCHAIR	7.62
E0964	UE	3" CUSHION FOR WHEELCHAIR	56.74
E0965	NU	4" CUSHION FOR WHEELCHAIR	80.84
E0965	RR	4" CUSHION FOR WHEELCHAIR	8.09
E0965	UE	4" CUSHION FOR WHEELCHAIR	60.65
E0966	NU	HOOKE ON HEAD REST EXTENSION	61.75
E0966	RR	HOOKE ON HEAD REST EXTENSION	6.17
E0966	UE	HOOKE ON HEAD REST EXTENSION	46.31
E0967	NU	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	126.03
E0967	RR	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	12.61
E0967	UE	WHEELCHAIR HAND RIMS W/8 VERTICAL PROJECT PAIR	94.55

HCPCS	Mod	Description	Amount
E0968	RR	COMMODE SEAT WHEELCHAIR	17.10
E0969	NU	NARROWING DEVICE WHEELCHAIR	139.44
E0969	RR	NARROWING DEVICE WHEELCHAIR	13.95
E0969	UE	NARROWING DEVICE WHEELCHAIR	104.58
E0970	NU	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	45.94
E0970	RR	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	4.10
E0970	UE	#2 FOOTPLATES EXCEPT ELEVATING LEG REST	34.46
E0971	NU	ANTI TIPPING DEVICE WHEELCHAIRS	60.09
E0971	RR	ANTI TIPPING DEVICE WHEELCHAIRS	6.05
E0971	UE	ANTI TIPPING DEVICE WHEELCHAIRS	45.09
E0972	NU	TRANSFER BOARD/DEVICE	45.05
E0972	RR	TRANSFER BOARD/DEVICE	4.55
E0972	UE	TRANSFER BOARD/DEVICE	33.80
E0973	NU	ADJUST HT DETACH ARMS DESK/FULL WHEELCHAIR	109.66
E0973	RR	ADJUST HT DETACH ARMS DESK/FULL WHEELCHAIR	10.44
E0973	UE	ADJUST HT DETACH ARMS DESK/FULL WHEELCHAIR	82.25
E0974	NU	GRADE AIDE (PREVENT ROLL BACK) WHEELCHAIR	75.36
E0974	RR	GRADE AIDE (PREVENT ROLL BACK) WHEELCHAIR	7.93
E0974	UE	GRADE AIDE (PREVENT ROLL BACK) WHEELCHAIR	56.52
E0975	NU	REINFORCED SEAT UPHOLSTERY WHEELCHAIR	47.45
E0975	RR	REINFORCED SEAT UPHOLSTERY WHEELCHAIR	4.72
E0975	UE	REINFORCED SEAT UPHOLSTERY WHEELCHAIR	35.60
E0976	NU	REINFORCED BACK WHEELCHAIR UPHOLSTERY/OTHER MAT	47.90
E0976	RR	REINFORCED BACK WHEELCHAIR UPHOLSTERY/OTHER MAT	4.72
E0976	UE	REINFORCED BACK WHEELCHAIR UPHOLSTERY/OTHER MAT	35.92
E0977	NU	WEDGE CUSHION WHEELCHAIR	59.23
E0977	RR	WEDGE CUSHION WHEELCHAIR	5.93
E0977	UE	WEDGE CUSHION WHEELCHAIR	44.44
E0978	NU	BELT SAFETY W/AIRPLANE BUCKLE WHEELCHAIR	42.68
E0978	RR	BELT SAFETY W/AIRPLANE BUCKLE WHEELCHAIR	4.25
E0978	UE	BELT SAFETY W/AIRPLANE BUCKLE WHEELCHAIR	32.02
E0979	NU	BELT SAFETY W/VELCRO CLOSE WHEELCHAIR	30.98
E0979	RR	BELT SAFETY W/VELCRO CLOSE WHEELCHAIR	3.14
E0979	UE	BELT SAFETY W/VELCRO CLOSE WHEELCHAIR	24.17
E0980	NU	SAFETY VEST WHEELCHAIR	31.53
E0980	RR	SAFETY VEST WHEELCHAIR	3.14
E0980	UE	SAFETY VEST WHEELCHAIR	23.52
E0990	NU	ELEVATING LEGREST EA	95.21
E0990	RR	ELEVATING LEGREST EA	12.61
E0990	UE	ELEVATING LEGREST EA	74.38
E0991	NU	UPHOLSTERY SEAT	43.76
E0991	RR	UPHOLSTERY SEAT	4.19
E0991	UE	UPHOLSTERY SEAT	32.99
E0992	NU	SOLID SEAT INSRT	77.14
E0992	RR	SOLID SEAT INSRT	7.50
E0992	UE	SOLID SEAT INSRT	57.86
E0993	NU	BACK UPHOLSTERY	37.70
E0993	RR	BACK UPHOLSTERY	3.76
E0993	UE	BACK UPHOLSTERY	28.40
E0994	NU	ARM REST EA	16.04
E0994	RR	ARM REST EA	1.60
E0994	UE	ARM REST EA	12.03
E0995	NU	CALF REST EA	25.21
E0995	RR	CALF REST EA	2.53
E0995	UE	CALF REST EA	18.93
E0996	NU	TIRE SOLID EA	27.20
E0996	RR	TIRE SOLID EA	2.62
E0996	UE	TIRE SOLID EA	20.70
E0997	NU	CASTER W/FORK	63.44
E0997	RR	CASTER W/FORK	6.80
E0997	UE	CASTER W/FORK	47.59
E0998	NU	CASTER WO FORK	36.51
E0998	RR	CASTER WO FORK	3.78
E0998	UE	CASTER WO FORK	27.41
E0999	NU	PNEUMATIC TIRE W/WHEEL	109.66
E0999	RR	PNEUMATIC TIRE W/WHEEL	10.97

HCPCS	Mod	Description	Amount
E0999	UE	PNEUMATIC TIRE W/WHEEL	82.25
E1000	NU	TIRE PNEUMATIC CASTER	34.34
E1000	RR	TIRE PNEUMATIC CASTER	3.78
E1000	UE	TIRE PNEUMATIC CASTER	25.75
E1001	NU	WHEEL SINGLE	93.53
E1001	RR	WHEEL SINGLE	9.82
E1001	UE	WHEEL SINGLE	70.15
E1031	RR	ROLLABOUT CHAIR ALL TYPES W/CASTORS 5"/MORE	48.18
E1050	RR	FULL RECLINE WHEELCHAIR FIX ARM DETACHABLE LEGS	97.14
E1060	RR	FULL RECLINE WHEELCHIAR DETACH ARMS/LEGS	108.07
E1065	NU	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	2,773.02
E1065	RR	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	252.10
E1065	UE	POWER ATTACHMENT TO CONVERT ANY WHEELCHAIR	2,079.77
E1066	NU	BATTERY CHARGER	251.45
E1066	RR	BATTERY CHARGER	25.21
E1066	UE	BATTERY CHARGER	188.59
E1069	NU	DEEP CYCLE BATTERY	107.16
E1069	RR	DEEP CYCLE BATTERY	10.77
E1069	UE	DEEP CYCLE BATTERY	80.37
E1070	RR	FULL RECLINE WHEELCHAIR DETACH ARMS/FOOTREST	104.47
E1083	RR	HEMI WHEELCHAIR FIXED FULL ARMS DETACH LEGREST	68.83
E1084	RR	HEMI WHEELCHAIR DETACH ARMS/LEGS FOOTREST	93.57
E1085	RR	HEMI WHEELCHAIR FIXED ARMS DETACH FOOTRESTS	66.01
E1086	RR	HEMI WHEELCHAIR DETACH ARMS DESK FOOTRESTS	80.16
E1087	RR	HI STR LITE WHEELCHIAR FIX FULL ARM DET LEGS	110.65
E1088	RR	HI STR LITE WHEELCHAIR DETACH ARMS DESK LEGS	143.81
E1089	RR	HI STR LITE WHEELCHAIR FIX ARMS DETACH FOOTREST	97.45
E1090	RR	HI STR LITE WHEELCHAIR DETACH ARMS DESK FOOTREST	111.54
E1091	RR	YOUTH WHEELCHAIR ANY TYPE	79.52
E1092	RR	WIDE HEAVY DUTY WHEELCHAIR DETACH ARM DESK LEG	122.57
E1093	RR	WIDE HVY DUTY WHEELCHAIR DETACH FULL ARM DESK FT	105.42
E1100	RR	SEMI RECLINE WHEELCHAIR FIX FULL ARMS DETACH LEG	99.02
E1110	RR	SEMI RECILNE DETACH ARM (DESK FULL) ELEVATE LEG	96.96
E1130	RR	STANDARD WHEELCHAIR FIX FULL ARMS DETACH FOOT	43.40
E1140	RR	WHEELCHAIR DETACH ARMS (DESK FULL) DETACH FOOT	66.93
E1150	RR	WHEELCHAIR DETACH ARMS (DESK FULL) DETACH LEG	74.55
E1160	RR	WHEELCHAIR FIX FULL ARMS DETACH LEGRESTS	58.62
E1170	RR	AMPUTEE WHEELCHAIR FIX FULL ARM DETACH LEGRESTS	82.32
E1171	RR	AMPUTEE WHEELCHAIR FIX FULL ARM W/O FOOT/LEG	65.50
E1172	RR	AMPUTEE WHEELCHAIR DETACH ARMS WO FOOT/LEG	84.22
E1180	RR	AMPUTEE WHEELCHAIR DETACH ARMS DETACH FOOTRESTS	90.03
E1190	RR	AMPUTEE WHEELCHAIR DETACH ARMS DETACH ELEV LEG	104.02
E1195	RR	HVY DTY WHEELCHAIR FIX FULL ARMS DETACH ELEV LEG	101.86
E1200	RR	AMPUTEE WHEELCHAIR FIX FULL ARMS DETACH FOOTREST	77.46
E1210	RR	MOTOR WHEELCHAIR FIX FULL ARMS DETACH ELEV LEG	362.08
E1211	RR	MOTOR WHEELCHAIR DETACH ARMS DETACH ELEV LEG	399.19
E1212	RR	MOTOR WHEELCHAIR FIX FULL ARMS DETACH FOOTRESTS	328.86
E1213	RR	MOTOR WHEELCHAIR DETACH ARMS DETACH FOOTRESTS	353.67
E1221	RR	WHEELCHAIR W/FIX ARM FOOTRESTS	39.98
E1222	RR	WHEELCHAIR W/FIX ARM ELEVATING LEGRESTS	64.66
E1223	RR	WHEELCHAIR W/DETACH ARMS FOOTRESTS	70.60
E1224	RR	WHEELCHAIR W/DETACH ARMS ELEVATING LEGRESTS	77.41
E1225	RR	SEMI RECLINE BACK FOR CUSTOM WHEELCHAIR	43.11
E1226	NU	FULL RECLINE BACK FOR CUSTOM WHEELCHAIR	520.45
E1226	RR	FULL RECLINE BACK FOR CUSTOM WHEELCHAIR	53.57
E1226	UE	FULL RECLINE BACK FOR CUSTOM WHEELCHAIR	390.31
E1227	NU	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	264.69
E1227	RR	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	26.04
E1227	UE	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	198.54
E1228	RR	SPECIAL BACK HEIGHT FOR WHEELCHAIR	22.72
E1230	NU	POWER OP VEHICLE (3-4 WHEEL) BRAND/NAME/MODEL #	1,941.10
E1230	RR	POWER OP VEHICLE (3-4 WHEEL) BRAND/NAME/MODEL #	212.18
E1230	UE	POWER OP VEHICLE (3-4 WHEEL) BRAND/NAME/MODEL #	1,450.29
E1240	RR	LITE WHEELCHAIR DETACH ARM DETACH ELEV LEGREST	98.26
E1250	RR	LITE WHEELCHAIR FIX FULL ARMS DETACH FOOTREST	68.93
E1260	RR	LITE WHEELCHIAR DETACH ARMS DETACH FOOTREST	88.90

HPCPS	Mod	Description	Amount
E1270	RR	LITE WHEELCHAIR FIX FULL ARMS DETACH ELEV LEG	73.29
E1280	RR	HEAVY DUTY WHEELCHAIR DETACH ARMS ELEV LEGRESTS	117.15
E1285	RR	HVY DTY WHEELCHAIR FIX FULL ARMS DETACH FOOTREST	97.78
E1290	RR	HEAVY DTY WHEELCHAIR DETACH ARMS DETACH FOOTREST	119.37
E1295	RR	HEAVY DUTY WHEELCHAIR FIX FULL ARMS ELEV LEGREST	112.73
E1296	NU	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	398.62
E1296	RR	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	40.49
E1296	UE	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	298.97
E1297	NU	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	84.81
E1297	RR	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	9.42
E1297	UE	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY	63.61
E1298	NU	SPECIAL WHEELCHAIR SEAT DEPTH/WIDTH BY CONST	364.27
E1298	RR	SPECIAL WHEELCHAIR SEAT DEPTH/WIDTH BY CONST	36.43
E1298	UE	SPECIAL WHEELCHAIR SEAT DEPTH/WIDTH BY CONST	273.20
E1310	NU	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	2,048.25
E1310	RR	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	175.19
E1310	UE	WHIRLPOOL NON PORTABLE (BUILT IN TYPE)	1,536.19
E1372	NU	IMMERSION EXTERNAL HEATER FOR NEBULIZER	155.51
E1372	RR	IMMERSION EXTERNAL HEATER FOR NEBULIZER	22.59
E1372	UE	IMMERSION EXTERNAL HEATER FOR NEBULIZER	97.84
E1375	NU	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	209.73
E1375	RR	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	39.80
E1375	UE	NEBULIZER PORTABLE W/SMALL COMPRESS LIMIT FLOW	157.30
E1400	RR	OXYGEN CONCENTRATE MAX 2LITER/MIN 85% CONCENTRATE	228.80
E1401	RR	OXYGEN CONCENTRATE 2-3 LITER/MIN 85% CONCENTRATE	228.80
E1402	RR	OXYGEN CONCENTRATE 3-4 LITER/MIN 85% CONCENTRATE	228.80
E1403	RR	OXYGEN CONCENTRATE 4-5 LITER/MIN 85% CONCENTRATE	228.80
E1404	RR	OXYGEN CONCENTRATE OVER 5 LITER/MIN 85%	228.80
L0100		CERV CRANIOSTENOSIS HELMET MOLDED TO PT MODEL	480.05
L0110		CERV CRANIOSTENOSIS HELMET NON MOLDED	102.13
L0120		CERV FLEXIBLE NON ADJUSTABLE (FOAM COLLAR)	18.86
L0130		CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PT	154.64
L0140		CERV SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)	45.51
L0150		CERV SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP	87.91
L0160		CERV SEMI RIGID WIRE FRAME OCCIPITAL/MANDIBLE	119.13
L0170		CERV COLLAR MOLDED TO PT MODEL	458.46
L0172		CERV COLLAR SEMI RIGID THERMOPLASTIC 2 PIECE	104.03
L0174		CERV COLLAR SEMI RIGID THERMOPLASTIC W/THORACIC	195.29
L0180		CERV MULT POST COLLAR OCCIP/MAND SUPP ADJ	288.31
L0190		CERV MULT POST COLLAR OCCIP/MAND ADJ CERV BARS	386.17
L0200		CERV MULT POST COLLAR OCCIP/MAND ADJ CERV W/THOR	371.86
L0210		THORACIC RIB BELT	40.00
L0220		THORACIC RIB BELT CUSTOM FABRICATED	109.74
L0300		TLSO FLEXIBLE (DORSO-LUMBAR SURGICAL SUPPORT)	144.71
L0310		TLSO FLEX CUSTOM FABRICATED	312.45
L0315		TLSO FLEX ELASTIC TYPE W/RIGID POSTERIOR PANEL	239.39
L0317		TLSO FLEX HYPEREXTENSION ELASTIC W/RIGID PANEL	295.27
L0320		TLSO ANT/POST CONTROL W/APRON FRONT	265.60
L0330		TLSO ANT/POST/LAT CONTROL W/APRON FRONT	325.86
L0340		TLSO ANT/POST/LAT/ROTARY CONTROL W/APRON FRONT	464.09
L0350		TLSO ANT/POST/LAT/ROTARY CONTROL FLEXION CUSTOM	723.38
L0360		TLSO ANT/POST/LAT/ROTARY FLEX MOLD TO PT MODEL	1,072.83
L0370		TLSO ANT/POST/LAT/ROTARY HYPEREXTENSION	344.23
L0380		TLSO ANT/POST/LAT/ROTARY CONTROL W/EXTENSIONS	589.83
L0390		TLSO ANT-POST-LAT CONTRL MOLDED TO PT MODEL	1,222.19
L0400		TLSO ANT-POST-LAT CONTRL MOLDED W/INTERFACE MAT	1,362.03
L0410		TLSO ANT-POST-LAT CONTRL 2-PIECE MOLDED TO PT	1,353.14
L0420		TLSO ANT-POST-LAT CONTRL 2-PIECE W/INTERFACE	1,438.67
L0430		TLSO ANT-POST-LAT CONTRL W/INTERFACE-CUSTOM FIT	1,056.68
L0440		TLSO ANT-POST-LAT CONTRL W/FRONT SECT CUSTOM	799.50
L0500		LSO FLEXIBLE (LUMBO-SACRAL SURGICAL SUPPORT)	100.54
L0510		LSO FLEX SURG SUPPORT CUSTOM FABRICATED	231.86
L0515		LSO FLEX SURG SUPP ELASTIC TYPE W/RIGID PANEL	156.94
L0520		LSO ANT/POST/LAT CONTROL W/APRON FRONT	324.37
L0530		LSO ANT/POST CONTROL W/APRON FRONT	294.51
L0540		LSO LUMBAR FLEXION	388.91

HCPCS	Mod	Description	Amount
L0550		LSO ANT-POST-LAT CONTRL MOLDED TO PT MODEL	1,044.61
L0560		LSO AP-LAT CONTRL MOLDED MODEL W/INTERFACE MAT	1,048.49
L0565		LSO ANT-POST-LAT CONTRL CUSTOM FIT	797.18
L0600		SACROILIAC FLEXIBLE (SACROILIAC SURG SUPPORT)	68.78
L0610		SACROILIAC FLEXIBLE CUSTOM FABRICATED	183.65
L0620		SACROILIAC SEMI RIGID W/APRON FRONT	401.31
L0700		CTL SO ANT/POST/LAT CONTROL MOLDED TO PT MODEL	1,437.21
L0710		CTL SO ANT/POST/LAT MOLDED TO PT W/INTERFACE	1,491.92
L0810		HALO PROC CERV HALO INC INTO JACKET VEST	1,862.14
L0820		HALO PROC CERV HALO INC INTO PLASTER BODY JACKET	1,535.58
L0830		HALO PROC CERV HALO INC INTO MILWAUKEE TYPE	2,229.20
L0860		ADD TO HALO PROC MRI COMPATIBLE SYSTEM	866.03
L0900		TORSO SUPP-PTOSIS SUPP	113.82
L0910		TORSO SUPP PTOSIS CUSTOM FABRICATED	253.95
L0920		TORSO SUPP PENDULOUS ABDOMEN SUPPORT	120.65
L0930		TORSO SUPP PENDULOUS ABDOMEN CUSTOM FABRICATED	287.86
L0940		TORSO SUPPORT-POSTSURGICAL SUPPORT	112.41
L0950		TORSO SUPP POST SURGICAL CUSTOM FABRICATED	275.41
L0960		TORSO SUPP POST SURGICAL PADS FOR SUPPORT	49.11
L0970		TL SO CORSET FRONT	84.09
L0972		LSO CORSET FRONT	81.06
L0974		TL SO FULL CORSET	127.28
L0976		LSO FULL CORSET	113.67
L0978		AXILLARY CRUTCH EXTENSION	136.84
L0980		PERONEAL STRAPS PAIR	12.41
L0982		STOCKING SUPPORTER GRIPS SET OF 4	11.57
L1000		CTL SO INCL INIT ORTHOSIS INCL MODEL	1,443.28
L1010		ADD TO CTL SO SCOLIOSIS AXILLA SLING	47.71
L1020		ADD CTL SO/SCOLIOSIS ORTHOSIS KYPHOSIS PAD	61.45
L1025		ADD CTL SO/SCOLIOSIS ORTHOSIS FLOAT KYPHOSIS	118.19
L1030		ADD CTL SO SCOLIOSIS LUMBAR BOLSTER PAD	45.22
L1040		ADD CTL SO SCOLIOSIS LUMBAR/RIB PAD	55.46
L1050		ADD CTL SO SCOLIOSIS STERNAL PAD	59.19
L1060		ADD CTL SO SCOLIOSIS THORACIC PAD	67.99
L1070		ADD CTL SO SCOLIOSIS TRAPEZIUS SLING	63.97
L1080		ADD CTL SO SCOLIOSIS OUTRIGGER	39.34
L1085		ADD CTL SO SCOLIOSIS OUTRIGGER BILAT W/EXTENSION	109.43
L1090		ADD CTL SO SCOLIOSIS LUMBAR SLING	71.51
L1100		ADD CTL SO SCOLIOSIS RING FLANGE PLASTIC/LEATHER	116.07
L1110		ADD CTL SO SCOLIOSIS RING FLANGE MOLD TO PT MODEL	181.56
L1120		ADD CTL SO SCOLIOSIS EA UPRIGHT COVER	28.23
L1200		TL SO INCL FURNISH INIT ORTHOSIS ONLY	1,113.85
L1210		ADD TL SO LAT THORACIC EXTENSION	248.02
L1220		ADD TL SO ANTERIOR THORACIC EXTENSION	209.99
L1230		ADD TL SO MILWAUKEE TYPE SUPER STURCTURE	538.81
L1240		ADD TL SO LUMBAR DEROTATION PAD	55.71
L1250		ADD TL SO ANTERIOR ASIS PAD	51.36
L1260		ADD TL SO ANTERIOR/THORACIC DEROTATION PAD	53.78
L1270		ADD TL SO ABDOMINAL PAD	55.08
L1280		ADD TL SO RIB GUSSET (ELASTIC) EA	65.88
L1290		ADD TL SO LATERAL TROCHANTERIC PAD	55.87
L1300		OTHER SCOLIOSIS PROC BODY JACKET MOLDED TO MODEL	1,583.32
L1310		OTHER SCOLIOSIS PROC POST OP BODY JACKET	1,576.98
L1500		THKAO MOBILITY FRAME	1,350.32
L1510		THKAO STANDING FRAME	1,139.02
L1520		THKAO SWIVEL WALKER	2,113.12
L1600		HO ABDUCTION HIP JOINTS FLEX FREJKA W/COVER	91.61
L1610		HO ABDUCTION CONTROL FLEXIBLE FREJKA COVER ONLY	34.11
L1620		HO ABDUCTION CONTROL FELXIBLE PAVLIK HARNESS	105.41
L1630		HO ABDUCTION CONTROL SEMI FLEXIBLE	120.46
L1640		HO ABDUCTION STATIC PELVIC BAND SPREAD BAR CUFFS	383.28
L1650		HO-ABDUCT CONTRL HIP JT-STATIC-ADJUSTABLE	164.59
L1660		HO-ABDUCT CONTRL HIP JT-STATIC-PLASTIC	121.66
L1680		HO ABDUCTION DYNAMIC PELVIC/HIP CONTROL W/CUFFS	866.17
L1685		HO ABDUCTION POST OP CUSTOM FABRICATED	845.59
L1686		HO-ABDUCT CONTRL HIP JT-POST-OP HIP ABDUCT TYPE	864.63

HPCPS	Mod	Description	Amount
L1700		LEGG PERTHES ORTHOSIS TORONTO TYPE	1,085.60
L1710		LEGG PERTHES ORTHOSIS NEWINGTON TYPE	1,270.82
L1720		LEGG PERTHES ORTHOSIS TRILATERAL	936.75
L1730		LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE	826.12
L1750		LEGG PERTHES ORTHOSIS LEGG PERTHES SLING	186.49
L1755		LEGG PERTHES ORTHOSIS PATTERN BOTTOM STYLE	1,158.48
L1800		KNEE ORTHOSIS ELASTIC W/STAYS	47.29
L1810		KO ELASTIC W/JOINTS	76.36
L1815		KO ELASTIC/OTHER ELASTIC MATERIAL W/CONDYLAR PAD	68.87
L1820		KO ELASTIC W/CONDYLAR PADS & JOINTS	104.63
L1825		KO ELASTIC KNEE CAP	39.09
L1830		KO IMMOBILIZER CANVAS LONGITUDINAL	73.72
L1832		KO-ADJUST KNEE JTS-POSITION ORTHOSIS-RIGID SUPP	576.27
L1834		KO WO/ JOINT RIGID MOLDED TO PT MODEL	624.77
L1840		KO DEROTATOIN MED/LAT ANT CRUC LIG CUSTOM FAB	735.63
L1843		KO SNGL UPRT THIGH/CALF W/ADJ FLEX/JNT CUST FIT	665.82
L1844		KO 1 UPRIGHT THIGH & CALF W/ADJUST FLEX MOLDED	1,162.33
L1845		KO UPRIGHT THIGH/CALF ADJ FLEX CUSTOM FIT	730.31
L1846		KO UPRIGHT THIGH/CALF ADJ FLEX MOLD TO PT MODEL	970.03
L1850		KO SWEDISH TYPE	224.70
L1855		KO MOLD PLASTIC THIGH/CALF W/UPRIGHT JTS MOLDED	1,041.58
L1858		KO MOLD PLASTIC POLYCENTRIC JTS PNEUM KNEE PADS	932.44
L1860		KO MOD SUPRACONDYLAR PROS SOCKET MOLD TO PT	929.12
L1870		KO UPRIGHT THIGH/CALF LACERS MOLD TO PT W/JTS	916.87
L1880		KO UPRIGHT NON MOLD THIGH/CALF W/KNEE JTS	593.54
L1885		KO, SNGL/DBL UPRT, THIGH & CALF, W/FUNCT ARC	783.30
L1900		AFO SPRING WIRE DORSIFLEX ASSIST CALF BAND	191.78
L1902		AFO ANKLE GAUNTLET	74.27
L1904		AFO MOLD ANKLE GAUNTLET MOLD TO PT MODEL	345.71
L1906		AFO MULTILIGAMENTUS ANKLE SUPPORT	86.34
L1910		AFO POST 1 BAR CLASP ATTACH TO SHOE COUNTER	236.51
L1920		AFO 1 UPRIGHT W/STATIC/ADJUSTABLE STOP	265.86
L1930		AFO-PLASTIC	168.17
L1940		AFO MOLD TO PT MODEL PLASTIC	446.26
L1945		AFO MOLDED PT MODEL PLASTIC RIGID ANT/TIB SECT	658.07
L1950		AFO SPRIAL MOLD PT MODEL PLASTIC	706.01
L1960		AFO POST SOLID ANKLE MOLD TO PT MODEL PLASTIC	525.39
L1970		AFO PLASTIC MOLD TO PT MODEL W/ANKLE JOINT	670.91
L1980		AFO 1 UPRIGHT FREE PLANTAR SOLID STIRRUP	292.85
L1990		AFO 2 UPRIGHT FREE PLANTAR SOLID STIRRUP	377.90
L2000		KAFO 1 UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP	813.07
L2010		KAFO 1 UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT	876.40
L2020		KAFO UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP	901.81
L2030		KAFO UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT	924.66
L2035		KAFO FULL PLSTC STAT PREFAB PEDS SZ	130.74
L2036		KAFO FULL PLASTIC UPRIGHT FREE KNEE MOLD TO PT	1,758.58
L2037		KAFO FULL PLASTIC 1 UPRIGHT FREE KNEE MOLD TO PT	1,556.05
L2038		KAFO FULL PLASTIC W/O JOINT W/MULTI AXIS ANKLE	1,335.22
L2039		KAFO PLSTC HINGE-MED/LAT CONTRL MOLD TO PT-EA	1,649.13
L2040		HKAFO BILAT ROTATION STRAPS PELVIC BAND/BELT	126.21
L2050		HKAFO BILAT TORSION CABLES HIP JNT PELVIC BAND	347.17
L2060		HKAFO BILAT TORSION CABLE BALLBEARING HIP JNT	436.98
L2070		HKAFO UNILAT ROTATION STRAP PELVIC BAND/BELT	96.21
L2080		HKAFO UNILAT TORSION CABLE HIP JNT PELVIC BAND	271.30
L2090		HKAFO UNILAT TORSION CABLE BALLBEARING HIP JNT	311.72
L2102		AFO FRACTURE/TIBIA ORTHOSIS PLASTER MOLD TO PT	415.42
L2104		AFO FRACTURE/TIBIA ORTHOSIS SYNTHETIC MOLD TO PT	422.93
L2106		AFO FRACTURE/TIBIA ORTHOSIS THERMOPLASTIC MOLDED	620.15
L2108		AFO FRACTURE/TIBIA ORTHOSIS MOLD TO MODEL	921.83
L2112		AFO-FRACTURE/TIBIAL FX ORTHOSIS-SOFT	421.27
L2114		AFO-FRACTURE/TIBIAL FX ORTHOSIS-SEMI-RIGID	549.73
L2116		AFO-FRACTURE/TIBIA FX ORTHOSIS-RIGID	604.80
L2122		KAFO FRACTURE/FEMORAL PLASTER CAST MOLD TO PT	701.26
L2124		KAFO FRACTURE/FEMORAL SYNTHETIC CAST MOLD TO PT	782.95
L2126		KAFO FRACTURE/FEMORAL THERMOPLASTIC MOLD TO PT	1,135.02
L2128		KAFO FRACTURE/FEMORAL MOLD TO PT MODEL	1,468.58

HCPCS	Mod	Description	Amount
L2132		KAFO-FX/FEMORAL FX CAST ORTHOSIS-SOFT	764.61
L2134		KAFO-FRACTURE/FEMORAL CAST ORTHOSIS-SEMI-RIGID	916.74
L2136		KAFO-FRACTURE/FEMORAL CAST ORTHOSIS-RIGID	1,120.93
L2180		ADD LOW EXT ORTH PLASTIC SHOE INS W/ANKLE JNT	83.25
L2182		ADD LOW EXT ORTH DROP LOCK KNEE JOINT	65.16
L2184		ADD LOW EXT ORTH LIMITED MOTION KNEE JOINT	88.06
L2186		ADD LOW EXT ORTH ADJ KNEE JOINT LERMAN TYPE	117.68
L2188		ADD LOW EXT ORTH QUADRILATERAL BRIM	283.88
L2190		ADD LOW EXT ORTH WAIST BELT	66.86
L2192		ADD LOW EXT ORTH HIP JNT THIGH FLANGE PELV BELT	323.48
L2200		ADD LOW EXT LIMITED ANKLE MOTION EA JOINT	35.02
L2210		ADD LOW EXT DORSIFLEXION ASSIST EA JOINT	52.22
L2220		ADD LOW EXT DORSIFLEXION PLANTAR ASST/RESIST EA	66.04
L2230		ADD LOW EXT SPLIT FLAT CALIPER STIRRUP/PLATE	54.55
L2240		ADD LOW EXT ROUND CALIPER & PLATE ATTACH	59.45
L2250		ADD LOW EXT FOOT PLATE MOLD TO PT MODELW/STIRRUP	252.60
L2260		ADD LOW EXT REINFORCED SOLID STIRRUP	190.01
L2265		ADD LOW EXT LONG TONGUE STIRRUP	83.72
L2270		ADD LOW EXT VARUS/VALGUS CORRECT PAD/LINED PAD	39.04
L2275		ADD LOWER EXT VARUS/VULGAS CORRECT PLASTIC MODIF	89.61
L2280		ADD LOW EXT MOLDED INNER BOOT	371.14
L2300		ADD LOW EXT ABDUCTION BAR JOINTED ADJUSTABLE	255.21
L2310		ADD LOW EXT ABDUCTION BAR STRAIGHT	87.46
L2320		ADD LOW EXT NON MOLDED LACER	175.05
L2330		ADD LOW EXT LACER MOLDED TO PT MODEL	372.18
L2335		ADD LOW EXT ANTERIOR SWING BAND	161.50
L2340		ADD LOW EXT PRETIBIAL SHELL MOLD TO PT MODEL	345.33
L2350		ADD LOW EXT PROSTHETIC SOCKET MOLD TO PT MODEL	841.87
L2360		ADD LOW EXT EXTENDED STEEL SHANK	49.04
L2370		ADD LOW EXT PATTEN BOTTOM	243.32
L2375		ADD LOW EXT TORSION CONT ANKLE JNT HALF STIRRUP	80.32
L2380		ADD LOW EXT TORSION CONT STRAIGHT KNEE JOINT EA	87.52
L2385		ADD LOW EXT STRAIGHT KNEE JNT HVY DTY EA JNT	95.22
L2390		ADD LOW EXT OFFSET KNEE JNT EA JNT	82.95
L2395		ADD LOW EXT OFFSET KNEE JNT HVY DTY EA JNT	111.22
L2397		ADD LOWER EXTREM ORTHOSIS SUSPENSION SLEVE	83.91
L2405		ADD KNEE JNT DROP LOCK EA JNT	40.11
L2415		ADD KNEE JNT CAM LOCK EA JNT	130.55
L2425		ADD KNEE JNT DISC/DIAL LOCK ADJ KNEE FLEX EA JNT	155.38
L2430		KNEE JT ADD-RATCHET LOCK KNEE EXTENSION-EA JT	72.89
L2435		ADD KNEE JNT POLYCENTRIC JNT EA JNT	117.65
L2492		ADD KNEE JNT LIFT LOOP DROP LOCK RING	82.59
L2500		ADD LOW EXT THIGH/GLUTEAL/ISCHEAL WT BEAR RING	224.27
L2510		ADD LOW EXT WT BEAR QUADRILATERAL BRIM MOLD PT	601.04
L2520		ADD LOW EXT WT BEAR QUADRILATERAL BRIM CUSTOM	403.52
L2525		ADD LOW EXT ISCHIAL M-1 BRIM MOLD TO PT MODEL	997.40
L2526		ADD LOW EXT ISCHIAL M-1 BRIM CUSTOM FIT	486.92
L2530		ADD LOW EXT WT BEAR LACER NON MOLDED	217.66
L2540		ADD LOW EXT WT BEAR LACER MOLD PT MODEL	307.04
L2550		ADD LOW EXT WT BEAR HIGHROLL CUFF	248.12
L2570		ADD LOW EXT PELV HIP JNT CLEVIS TYPE 2 POS JNT	338.60
L2580		ADD LOW EXT PELV SLING	378.54
L2600		ADD LOW EXT PELV HIP JNT CLEVIS THRUST BEAR FREE	146.00
L2610		ADD LOW EXT PELV HIP JNT CLEVIS THRUST BEAR LOCK	201.47
L2620		ADD LOW EXT PELV HIP JNT HVY DTY EA	253.43
L2622		ADD LOW EXT PELV HIP JNT ADJ FLEXION EA	218.00
L2624		ADD LOW EXT PELV HIP JNT ADJ FLEX, EXTEN, ABDUCT	252.07
L2627		ADD LOW EXT PELV PLAST MOLD TO PT MODEL W/CABLE	1,482.67
L2628		ADD LOW EXT PELV METAL FRAME RECIP HIP JNT CABLE	1,530.89
L2630		ADD LOW EXT PELV BAND & BELT UNILAT	214.40
L2640		ADD LOW EXT PELV BAND & BELT BILAT	318.54
L2650		ADD LOW EXT PELV/THORAC GLUTEAL PAD EA	87.59
L2660		ADD LOW EXT THORACIC BAND	132.49
L2670		ADD LOW EXT THORACIC PARASPINAL UPRIGHTS	149.77
L2680		ADD LOW EXT THORACIC LATERAL SUPPORT UPRIGHTS	139.22
L2750		ADD LOW EXT ORTH PLATING CHROME/NICKEL PER BAR	69.93

HPCPS	Mod	Description	Amount
L2755		LOW EXTREM ADD ORTHOSIS CARBON GRAPHITE LAMINATE	96.92
L2760		ADD LOW EXT ORTH (PRE)EXTENSION PER BAR	53.13
L2770		ADD LOW EXTREM ORTHOSIS ANY MATERIAL PER BAR/JT	51.73
L2780		ADD LOW EXT ORTH NON CORROSIVE FINISH PER BAR	57.92
L2785		ADD LOW EXT ORTH DROP LOCK RETAINER EA	26.52
L2795		ADD LOW EXT ORTH KNEE CONT FULL KNEE CAP	67.88
L2800		ADD LOW EXT ORTH KNEE CONT CAP MED/LAT PULL	75.83
L2810		ADD LOW EXT ORTH KNEE CONT CONDYLAR PAD	55.52
L2820		ADD LOW EXT ORTH SOFT INTERFACE MOLD BELOW KNEE	70.91
L2830		ADD LOW EXT ORTH SOFT INTERFACE MOLD ABOVE KNEE	82.25
L2840		ADD LOW EXT ORTH TIBIAL SOCK FRACTURE/EQUAL EA	36.75
L2850		ADD LOW EXT ORTH FEMORAL SOCK FRACTURE/EQUAL EA	47.26
L3224		ORTHO FOOTWEAR-WOMAN SHOE-OXFORD-PART OF BRACE	46.04
L3225		ORTHO FOOTWEAR-MAN SHOE-OXFORD-PART OF BRACE	51.71
L3650		SO FIGURE 8 DESIGN ABDUCT RESTRAINER	47.39
L3660		SO FIGURE 8 ABDUCTION RESTRAIN CANVAS & WEBBING	73.18
L3670		SO ACROMIO/CLAVICULAR CANVAS & WEBBING	93.26
L3700		EO ELASTIC W/STAYS	56.21
L3710		EO ELASTIC W/METAL JNT	89.76
L3720		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF FREE MOTION	606.67
L3730		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF EXTEN/FLEX	817.83
L3740		EO DOUBLE UPRIGHT W/(FORE)ARM CUFF ADJ LOCK	917.18
L3800		WHFO SHORT OPPONENS NO ATTACH	139.10
L3805		WHFO LONG OPPONENS NO ATTACH	295.35
L3810		WHFO ADD THUMB ABDUCTION "C" BAR	45.08
L3815		WHFO ADD SECOND MP ABDUCTION ASSIST	43.22
L3820		WHFO ADD IP EXTEN ASSIST W/MP EXTEN STOP	71.89
L3825		WHFO ADD MP EXTEN STOP	46.64
L3830		WHFO ADD MP EXTEN ASSIST	58.89
L3835		WHFO ADD MP SPRING EXTEN ASSIST	63.85
L3840		WHFO ADD SPRING SWIVEL THUMB	43.73
L3845		WHFO THUMB IP EXTEN ASSIST W/MP STOP	56.47
L3850		WHO ADD ACTION WRIST W/DORSIFLEXION ASSIST	107.55
L3855		WHFO ADD ADJ MP FLEXION CONTROL	81.31
L3860		WHFO ADD ADJUSTABLE MP FLEXION CONTROL & IP	111.30
L3900		WHFO DYNAMIC FLEX RECIPROCAL WRIST/FINGER DRIVEN	900.13
L3901		WHFO DYNAMIC FLEX RECIPROCAL CABLE DRIVEN	1,236.79
L3902		WHFO EXTERNAL POWER COMPRESS GAS	1,694.50
L3904		WHFO EXTERNAL POWER ELECTRIC	2,037.15
L3906		WHO WRIST GAUNTLET MOLD TO PT MODEL	284.04
L3907		WHFO WRIST GAUNTLET W/THUMB SPICA MOLD TO MODEL	414.83
L3908		WHO WRIST EXTEN CONTRL COCK-UP NONMOLDED	55.57
L3910		WHFO SWANSON DESIGN	283.82
L3912		HFO FLEX GLOVE W/ELASTIC FINGER CONTROL	65.97
L3914		WHO WRIST EXTENSION COCK-UP	79.26
L3916		WHFO WRIST EXTENSION COCK-UP W/OUTRIGGER	88.35
L3918		HFO KNUCKLE BENDER	54.52
L3920		HFO KNUCKLE BENDER W/OUTRIGGER	78.70
L3922		HFO KNUCKLE BENDER 2 SEGMENT TO FLEX JOINTS	68.02
L3924		WHFO OPPENHEIMER	74.17
L3926		WHFO THOMAS SUSPENSION	72.31
L3928		HFO FINGER EXTEN W/CLOCK SPRING	48.52
L3930		WHFO FINGER EXTEN W/WRIST SUPPORT	44.71
L3932		FO SAFETY PIN SPRING WIRE	32.69
L3934		FO SAFETY PIN MODIFIED	33.52
L3936		WHFO PALMER	62.82
L3938		WHFO DORSAL WRIST	64.89
L3940		WHFO DORSAL WRIST W/OUTRIGGER ATTACH	74.78
L3942		HFO REVERSE KNUCKLE BENDER	51.72
L3944		HFO REVERSE KNUCKLE BENDER W/OUTRIGGER	68.32
L3946		HFO COMPOSITE ELASTIC	61.65
L3948		FO FINGER KNUCKLE BENDER	44.82
L3950		WHFO COMB OPPENHEIMER W/KNUCKLE BEND 2 ATTACH	104.32
L3952		WHFO COMP OPPENHEIMER W/REVERSE KNUCKLE 2 ATTACH	115.78
L3954		HFO SPREADING HAND	76.82
L3960		SEWHO ABDUCT POSITION AIRPLANE DESIGN	524.40

HCPCS	Mod	Description	Amount
L3962		SEWHO ABDUCT POSITION ERBS PALSEY DESIGN	499.12
L3963		SEWHO MOLD SHOULDER/ARM/WRIST W/ARTIC ELBOW JNT	1,266.76
L3964	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	592.43
L3964	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	59.23
L3964	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-BALANCE-ADJUST	444.29
L3965	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	945.35
L3965	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	94.55
L3965	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-ADJUST-RANCHO	709.01
L3966	NU	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	712.17
L3966	RR	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	71.22
L3966	UE	SEO-MOBILE ARM SUPPRT ATT TO WC-BAL-RECLINING	534.13
L3968	NU	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	901.23
L3968	RR	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	90.12
L3968	UE	SEO-MOBILE ARM SUPPRT ATT TO WC/FRICTION ARM	675.93
L3969	NU	SEO MOBILE ARM MONOSUSPEN/OVERHEAD/YOKE SUPP	613.21
L3969	RR	SEO MOBILE ARM MONOSUSPEN/OVERHEAD/YOKE SUPP	61.33
L3969	UE	SEO MOBILE ARM MONOSUSPEN/OVERHEAD/YOKE SUPP	459.91
L3970	NU	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	252.10
L3970	RR	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	25.21
L3970	UE	SEO ADD MOBILE ARM ELEVATING PROXIMAL ARM	189.07
L3972	NU	SEO ADD MOBILE ARM OFFSET/LAT ROCKER W/ELASTIC	160.31
L3972	RR	SEO ADD MOBILE ARM OFFSET/LAT ROCKER W/ELASTIC	16.04
L3972	UE	SEO ADD MOBILE ARM OFFSET/LAT ROCKER W/ELASTIC	120.23
L3974	NU	SEO ADD MOBILE ARM SUPP SUPINATOR	135.97
L3974	RR	SEO ADD MOBILE ARM SUPP SUPINATOR	13.61
L3974	UE	SEO ADD MOBILE ARM SUPP SUPINATOR	101.98
L3980		UP EXT FRACTURE ORTH HUMERAL	245.89
L3982		UP EXT FRACTURE ORTH RDIUS/ULNAR	346.25
L3984		UP EXT FRACTURE ORTH WRIST	256.12
L3985		UP EXT FRACTURE ORTH FOREARM HAND W/WRIST HINGE	542.12
L3986		UP EXT FRAC ORTH COMBINATION	453.71
L3995		ADD UP EXT ORTH SOCK FRACTURE OR EQUAL EA	30.33
L4000		REPLACE GIRDLE MILWAUKEE ORTH	906.42
L4010		REPLACE TRILATERAL SOCKET BRIM	562.59
L4020		REPLACE QUADRILAT SOCKET BRIM MOLD TO PT MODEL	780.90
L4030		REPLACE QUADRILAT SOCKET BRIM CUSTOM FIT	478.55
L4040		REPLACE MOLD THIGH LACER	343.12
L4045		REPLACE NON MOLDED THIGH LACER	233.19
L4050		REPLACE MOLD CALF LACER	391.32
L4055		REPLACE NON MOLD CALF LACER	190.04
L4060		REPLACE HIGH ROLL CUFF	225.92
L4070		REPLACE PROXIMAL & DISTAL UPRIGHT FOR KAFO	200.06
L4080		REPLACE METAL BANDS KAFO PROXIMAL THIGH	73.48
L4090		REPLACE METAL BAND KAFO/AFO CALF/DISTAL THIGH	76.41
L4100		REPLACE LEATHER CUFF KAFO PROXIMAL THIGH	92.12
L4110		REPLACE LEATHER CUFF KAFO/AFO CALF/DISTAL THIGH	79.47
L4130		REPLACE PRETIBIAL SHELL	352.70
L4310		MULTI PODUS ORTH PREP MANAGE SYSTEM LOW EXT	342.15
L4320		ADD AFO/MULT PODUS SYS LOW EXT/FLEX FT W/VELCRO	103.24
L4350		PNEUMATIC ANKLE CONTRL & SPLINT	63.54
L4360		PNEUMATIC WALKING SPLINT	204.20
L4370		PNEUMATIC FULL LEG SPLINT	134.20
L4380		PNEUMATIC KNEE SPLINT	94.42
L4390		REPLAC SOFT INTRAFRC MAT MULTI-PODUS TYPE SPLINT	116.79
L4392		REPLACE SOFT INTERFACE MATERIAL STATIC AFO	17.46
L4394		REPLACE SOFT INTRFC MAT FT DROP SPLINT	12.74
L4396		STATIC AFO POSIT/PRESS REDUC MAY USE MINIMAL AMB	124.52
L4398		FT DROP SPLINT-RECUMBENT POSITIONING DEVICE	57.34
L5000		PART FT SHOE INSERT W/LONGITUDINAL ARCH TOE FILL	382.66
L5010		PART FT MOLD SOCKET ANKLE HT W/TOE FILLER	1,170.47
L5020		PART FT MOLD SOCKET TUBIAL TUBERCLE HT W/TOEFILL	1,500.91
L5050		ANKLE SYMES MOLD SOCKET SACH FT	1,852.70
L5060		ANKLE SYMES METAL FRAME MOLD LEATHER SOCKET	2,789.14
L5100		BELOW KNEE MOLD SOCKET SHIN SACH FT	1,919.48
L5105		BELOW KNEE PLAST SOCKET/JNTS THIGH LACER SACH FT	3,206.51
L5150		KNEE DISARTICULAT MOLD SOCKET EXT KNEE JNT SHIN	2,954.07

HPCPS	Mod	Description	Amount
L5160		KNEE DISARTICULATE MOLD SOCKET BENT KNEE EXT JNT	2,892.83
L5200		ABOVE KNEE MOLD SOCK 1 AXIS CONSTANT FRICTION	2,503.04
L5210		ABOVE KNEE SHORT PROSTH W/O BLOCK NO ANKLE JNT	2,450.41
L5220		ABOVE KNEE SHORT PROS W/ARTIC ANKLE/FT DYNAMIC	2,236.62
L5230		ABOVE KNEE PROX FEMORAL DEFFICIENCY SACH FOOT	2,881.15
L5250		HIP DISARTIC CANADIAN TYPE MOLD SOCK HIP JNT	4,197.38
L5270		HIP DISARTIC TILT TABLE MOLD SOCK LOCK HIP JNT	3,895.21
L5280		HEMIPELVECTOMY CANADIAN TYPE MOLD SOCK HIP JNT	3,856.26
L5300		BELOW KNEE MOLD SOCK SACH FT INCL COVER & FINISH	2,137.73
L5310		KNEE DISARTIC MOLD SOCK SACH FT INC COVER/FINISH	3,311.76
L5320		ABOVE KNEE MOLD SOCK OPEN END 1 AXIS KNEE	3,192.77
L5330		HIP DISARTIC CANADIAN TYPE 1 AXIS KNEE	4,459.26
L5340		HEMIPELVECTOMY CANADIAN TYPE MOLDED INC COVER	4,891.30
L5400		POST SURG APPLY RIGID DRESS W/CHANGE BELOW KNEE	911.52
L5410		POST SURG APPLY RIGID DRESS EA ADD CAST/REALIGN	316.44
L5420		POST SURG APPLY RIGID DRESS 1 CHANGE AK KNEE	1,151.21
L5430		POST SURG APPLY RIGID DRESS AK KNEE EA ADD CAST	508.15
L5450		POST SURG APPLY NON WT BEAR RIGID BELOW KNEE	343.24
L5460		POST SURG APPLY NON WT RIGID ABOVE KNEE	412.98
L5500		INIT BK PTB SOCK NON-ALIGN DIRECT FORM	972.71
L5505		INIT AK/DISARTIC ISCHIAL LEVEL NON-ALIGN	1,317.30
L5510		PREP BK PTB NON-ALIGN MOLD TO MODEL	1,102.63
L5520		PREP BK PTB NON-ALIGN PLASTIC DIRECT FORM	1,330.63
L5530		PREP BK PTB NON-ALIGN THERMOPLASTIC MOLD-MODEL	1,308.15
L5535		PREP BK PTB PREFABRICATED ADJUS OPEN END	1,436.57
L5540		PREP BK PTB NON-ALIGN LAMINATED SOCK MOLD-MODEL	1,370.81
L5560		PREP AK/DISARTIC NON-ALIGN PLAST MOLD-MODEL	1,720.02
L5570		PREP AK/DISARTIC NON-ALIGN THERMOPLAS DIRECT	1,732.48
L5580		PREP AK/DISARTIC NON-ALIGN THERMOPLAS MOLD-MODEL	1,963.69
L5585		PREP AK/DISARTIC NON-ALIGN PREFAB ADJUS OPEN END	1,937.77
L5590		PREP AK/DISARTIC NON-ALIGN LAMINATED MOLD-MODEL	2,020.44
L5595		PREP HIP/HEMIPELVECTOMY THERMOPLASTIC MOLD MODEL	3,366.51
L5600		PREP HIP/HEMIPELVECTOMY LAMINATE MOLD MODEL	3,724.28
L5610		ADD LO EXTREM ENDO AK HYDRACADENCE SYST	1,568.04
L5611		ADD LO EXTREM ENDO AK 4-BAR W/FRICT SWING CONTRL	1,220.25
L5613		ADD LO EXTREM ENDO AK 4-BAR W/HYDRAULIC SWING	1,856.08
L5614		ADD LO EXTREM EXO AK 4-BAR W/PNEUMATIC SWING	1,254.63
L5616		ADD LO EXTREM UNI ENDO MX SYST FRICTION SWING	1,028.62
L5617		ADD LO EXTREM, QUICK CHANGE, SELF-ALIGN, AK/BK	424.36
L5618		ADD LOW EXT TEST SOCKET SYMES	224.47
L5620		ADD LOW EXT TEST SOCKET BELOW KNEE	249.12
L5622		ADD LOW EXT TEST SOCKET KNEE DISARTICULATION	366.09
L5624		ADD LOW EXT TEST SOCKET ABOVE KNEE	318.12
L5626		ADD LOW EXT TEST SOCKET HIP DISARTICULATION	361.10
L5628		ADD LOW EXT TEST SOCKET HEMIPELVECTOMY	377.56
L5629		ADD LOW EXT BELOW KNEE ACRYLIC SOCKET	320.92
L5630		ADD LOW EXT SYMES TYPE EXPANDABLE WALL SOCKET	343.36
L5631		ADD LOW EXT ABOVE KNEE/DISARTICULATION ACRYLIC	443.69
L5632		ADD LOW EXT SYMES PTB BRIM DESIGN SOCKET	183.18
L5634		ADD LOW EXT SYMES TYPE POST OPEN CANADIAN SOCKET	270.08
L5636		ADD LOW EXT SYMES TYPE MEDIAL OPENIN SOCKET	257.30
L5637		ADD LOW EXT BELOW KNEE TOTAL CONTACT	279.15
L5638		ADD LOW EXT BELOW KNEE LEATHER SOCKET	443.44
L5639		ADD LOW EXT BELOW KNEE WOOD SOCKET	1,081.76
L5640		ADD LOW EXT KNEE DISARTICULATE LEATHER SOCKET	645.72
L5642		ADD LOW EXT ABOVE KNEE LEATHER SOCKET	559.97
L5643		ADD LOW EXT HIP DISARTIC FLEX INNER EXT FRAME	1,178.80
L5644		ADD LOW EXT ABOVE KNEE WOOD SOCKET	447.33
L5645		ADD LOW EXT BELOW KNEE FLEX INNER EXT FRAME	604.29
L5646		ADD LOW EXT BELOW KNEE AIR CUSHION SOCKET	439.40
L5647		ADD LOW EXT BELOW KNEE SUCTION SOCKET	630.61
L5648		ADD LOW EXT ABOVE KNEE AIR CUSHION SOCKET	554.17
L5649		ADD LOW EXT ISCHIAL CONTAIN NARROW M-1 SOCKET	1,441.98
L5650		ADD LOW EXT TOTAL CONTACT ABOVE KNEE/DISARTIC	492.98
L5651		ADD LOW EXT ABOVE KNEE FLEX INNER EXT FRAME	909.53
L5652		ADD LOW EXT SUCTION SUSPEN ABOVE KNEE/DISARTIC	330.20

<u>HCPCS</u>	<u>Mod</u>	<u>Description</u>	<u>Amount</u>
L5653		ADD LOW EXT KNEE DISARTIC EXPANDABLE WALL SOCKET	440.78
L5654		ADD LOW EXT SOCKET INSERT SYMES	266.01
L5655		ADD LOW EXT SOCKET INSERT BELOW KNEE	258.44
L5656		ADD LOW EXT SOCKET INSERT KNEE DISARTICULATION	367.17
L5658		ADD LOW EXT SOCKET INSERT ABOVE KNEE	296.46
L5660		ADD LOW EXT SOCKET INSERT SYMES SILICONE GEL	436.63
L5661		ADD LOW EXT SOCKET INSERT MULTI-DUROMETER SYMES	462.24
L5662		ADD LOW EXT SOCKET INSERT BELOW KNEE SILICONE	400.39
L5663		ADD LOW EXT SOCKET INSERT KNEE DISARTIC SILICONE	533.60
L5664		ADD LOW EXT SOCKET INSERT ABOVE KNEE SILICONE	533.60
L5665		ADD LOW EXT SOCKET INSERT MULTI-DUROMETER BELOW	387.79
L5666		ADD LOW EXT BELOW KNEE CUFF SUSPENSION	59.55
L5667		ADD SOCKET INSRT ABOV/BELO KNEE-SUC SUSP W/LOCK	1,239.60
L5668		ADD LOW EXT BELOW KNEE MOLDED DISTAL CUSHION	79.70
L5669		ADD SOCKET INSRT ABOV/BELO KNEE-SUC SUSP WO LOCK	950.55
L5670		ADD LOW EXT BELOW KNEE MOLD SUPRACONDYLAR SUSP	212.62
L5672		ADD LOW EXT BELOW KNEE REMOVABLE MEDIAL BRIM	225.84
L5674		ADD LOW EXT BELOW KNEE LATEX SLEEVE SUSP EA	48.41
L5675		ADD LOW EXT BELOW KNEE LATEX SLEEVE HVY DTY	65.61
L5676		ADD LOW EXT BELOW KNEE KNEE JNTS 1 AXIS PAIR	274.45
L5677		ADD LOW EXT BELOW KNEE KNEE JNT POLYCENTRIC PAIR	373.42
L5678		ADD LOW EXT BELOW KNEE JOINT COVERS PAIR	30.07
L5680		ADD LOW EXT BELOW KNEE THIGH LACER NON MOLDED	295.21
L5682		ADD LOW EXT BELOW KNEE THIGH LACER GLUTEAL/ISCH	493.76
L5684		ADD LOW EXT BELOW KNEE FORK STRAP	37.43
L5686		ADD LOW EXT BELOW KNEE BACK CHECK (EXTENSION)	51.59
L5688		ADD LOW EXT BELOW KNEE WAIST BELT WEBBING	61.68
L5690		ADD LOW EXT BELOW KNEE WAIST BELT PADDED/LINED	78.41
L5692		ADD LOW EXT ABOVE KNEE PELV CONTROL BELT LIGHT	100.64
L5694		ADD LOW EXT ABOVE KNEE PELV CONT BELT PAD/LINED	137.40
L5695		ADD LOW EXT ABOVE KNEE PELV CONT NEOPRENE SLEEVE	143.65
L5696		ADD LOW EXT ABOVE KNEE/DISARTIC PELV JNT	152.22
L5697		ADD LOW EXT ABOVE KNEE/DISARTIC PELV BAND	60.80
L5698		ADD LOW EXT ABOVE KNEE/DISARTIC SILESIA BANDAGE	99.18
L5699		ALL LOW EXT PROSTHESIS SHOULDER HARNESS	144.06
L5700		REPLAC SOCKET BELOW KNEE MOLDED PT MODEL	2,112.72
L5701		REPLAC SOCKET ABOVE KNEE/DISART INCL ATTACH PLAT	2,621.01
L5702		REPLAC SOCKET HIP DISARTIC INCL HIP JT	3,303.38
L5704		REPLAC CUSTOM SHAPED COVER BELOW KNEE	430.78
L5705		REPLAC CUSTOM SHAPED COVER ABOVE KNEE	789.76
L5706		REPLAC CUSTOM SHAPED COVER KNEE DISARTIC	770.31
L5707		REPLAC CUSTOM SHAPED COVER HIP DISARTIC	1,034.92
L5710		ADD KNEE/SHIN 1 AXIS MANUAL LOCK	286.65
L5711		ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT MAT	430.40
L5712		ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE	373.00
L5714		ADD KNEE/SHIN 1 AXIS VARIABLE FRICTION SWING	328.60
L5716		ADD KNEE/SHIN POLYCENTRIC MECHANICAL STANCE LOCK	552.00
L5718		ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE	689.94
L5722		ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRIC STANCE	683.81
L5724		ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL	1,423.79
L5726		ADD KNEE/SHIN 1 AXIS EXT JNTS FLUID SWING	1,317.49
L5728		ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE	2,005.17
L5780		ADD KNEE/SHIN 1 AXIS (HYDRA)PNEUMATIC SWING CONT	867.11
L5785		ADD BELOW KNEE ULTRA LIGHT MATERIAL	393.49
L5790		ADD ABOVE KNEE ULTRA LIGHT MATERIAL	544.57
L5795		ADD HIP DISARTIC ULTRA LIGHT MATERIAL	813.18
L5810		ADD KNEE/SHIN 1 AXIS MANUAL LOCK	380.99
L5811		ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT	552.36
L5812		ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE	428.13
L5814		ADD KNEE-SHIN SYST HYDRAUL CNTRL STNC PHASE LOCK	2,761.26
L5816		ADD KNEE/SHIN POLYCENTRIC MECH STANCE PHASE CONT	644.10
L5818		ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE	779.49
L5822		ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRICTION	1,599.16
L5824		ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL	1,438.04
L5826		ADD KNEE/SHIN 1 AXIS HYDRO SWING PHASE CONTRL	2,361.38
L5828		ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE	2,613.50

HCPCS	Mod	Description	Amount
L5830		ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING PHASE CONT	1,542.27
L5840		ADD ENDOSKEL KNEE-SHIN SYST 4-BAR LINK/MULTI	2,686.07
L5845		ADD, ENDO, KNEE-SHIN SYST, STANCE FLEX ADJUS	1,332.63
L5846		ADD, ENDO, KNEE-SHIN, MICROPRO CNTRL, SWING ONLY	4,111.16
L5850		ADD ABOVE KNEE/HIP DISARTIC KNEE EXTENSION ASST	101.52
L5855		ADD ENDOSKELETAL SYST HIP DISART MECH HIP EXTEN	233.90
L5910		ADD BELOW KNEE ALIGNABLE SYSTEM	300.07
L5920		ADD ABOVE KNEE HIP DISARTIC ALIGNABLE SYSTEM	401.85
L5925		ADD ENDOSKEL SYST AK KNEE/HIP DISARTIC MANUAL	254.48
L5930		ADD, ENDO SYSTEM, HIGH ACTIVITY KNEE CNTRL FRAM	2,552.81
L5940		ADD BELOW KNEE ULTRA LIGHT MATERIAL	412.71
L5950		ADD ABOVE KNEE ULTRA LIGHT MATERIAL	669.07
L5960		ADD HIP DISARTIC ULTRA LIGHT MATERIAL	969.24
L5962		ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER	445.17
L5964		ADD ENDOSKELETAL SYST AK FLEX PROTECTIVE COVER	772.10
L5966		ADD ENDOSKELETAL SYST HIP DISARTIC FLEX COVER	994.60
L5970		ALL LOW EXT PROS FT EXTERNAL KEEL SACH FT	153.82
L5972		ALL LOW EXT PROS FLEX KEEL FT	266.92
L5974		ALL LOW EXT PROS FT SINGLE AXIS ANKLE/FT	176.49
L5976		ALL LOW EXT PROS ENERGY STORING FT	535.20
L5978		ALL LO EXTREM PROSTH FT MULTI-AXIAL ANKLE/FT	221.02
L5979		ALL LO EXTREM PROSTH MULTI-AXAL ANKLE/FT DYNAMIC	1,728.13
L5980		ALL LOW EXT PROS FLEX FT SYSTEM	3687.48
L5981		ALL LOW EXTREM PROSTH FLEX-WALK SYST/EQUAL	2350.24
L5982		ALL EXO LOW EXT PROS AXIAL ROTATION UNIT	437.84
L5984		ALL ENDO LOW EXT PROS AXIAL ROTATION UNIT	431.45
L5985		ALL ENDO LO EXTREM PROSTH, DYN PROSTH PYLON	214.16
L5986		ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT	479.93
L5987		ALL LO EXTREM PROSTH SHANK FT SYST W/LOAD PYLON	5348.57
L6000		PARTIAL HAND ROBIN-AIDS THUMB REMAINING	1,029.21
L6010		PARTIAL HAND ROBIN-AIDS LITTLE/RING FINGER	1,175.82
L6020		PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING	1,044.08
L6050		WRIST DISARTIC MOLD SOCK FLEX ELBOW HING TRICEP	1,678.46
L6055		WRIST DISARTIC MOLD SOCK W/EXPAND INTERFACE	2,187.30
L6100		BELOW ELBOW MOLD SOCK FLEX ELBOW HINGE TRICEP	1,943.51
L6110		BELOW ELBOW MOLD SOCK (MUENSTER/NORTHWEST TYPE)	2,061.42
L6120		BELOW ELBOW MOLD DBL WALL SPLIT SOCK SETUP HINGE	2,239.43
L6130		BELOW ELBOW MOLD DBL WALL SPLIT SOCK STUMP ACT	2,423.61
L6200		ELBOW DISARTIC MOLDED OUTSIDE LOCK HINGE FOREARM	2,066.16
L6205		ELBOW DISARTIC MOLDED W/EXP INTERFACE FOREARM	3,100.78
L6250		ABOVE ELBOW MOLD DBL WALL SOCK INT LOCK FOREARM	2,143.32
L6300		SHOULDER DISARTIC MOLDED SOCKET SHOULDER DOWN	3,424.78
L6310		SHOULDER DISARTIC PASSIVE RESTORE COMPLETE PROS	2,445.42
L6320		SHOULDER DISARTIC PASSIVE RESTORE SHOULDER CAP	1,294.29
L6350		INTERSCAP/THORAC MOLDED SOCKET SHOULDER DOWN	3,955.40
L6360		INTERSCAP/THORAC PASSIVE RESTORE COMPLETE	2,412.35
L6370		INTERSCAP/THORAC PASSIVE RESTORE SHOULDER CAP	2,051.03
L6380		POST SURG APPLY RIGID DRESS WRIST DISARTIC	1,048.64
L6382		POST SURG APPLY RIGID DRESS ELBOW DISARTIC	1,495.21
L6384		POST SURG APPLY RIGID DRESS SHOULDER DISARTIC	1,925.33
L6386		POST SURG/FITTING EA ADD CAST CHANGE/REALIGNMENT	405.53
L6388		POST SURG/FITTING APPLY RIGID DRESSING ONLY	332.95
L6400		BELOW ELBOW MOLD SOCKET INCL SOFT PROSTH TISS	2,045.42
L6450		ELBOW DISARTIC MOLD SOCKET INCL SOFT PROSTH TISS	2,349.87
L6500		ABOVE ELBOW MOLD SOCK INCL SOFT PROSTH TISS	2,421.46
L6550		SHOULDER DISARTIC MOLD SOCK INCL SOFT PROSTH TIS	2,888.03
L6570		INTERSCAPULA/THORACIC MOLD SOCK INCL SOFT PROSTH	3,529.98
L6580		PREP WRIST DISARTIC 1 WALL PLASTIC MOLD TO PT	1,186.80
L6582		PREP WRIST DISARTIC 1 WALL SOCK DIRECT FORM	1,048.64
L6584		PREP ELBOW 1 WALL PLAST FAIR LEAD MOLD PT MODEL	1,591.59
L6586		PREP ELBOW 1 WALL PLAST FAIR LEAD DIRECT MOLD	1,426.44
L6588		PREP SHOULDER 1 WALL PLAST SOCK MOLD PT MODEL	2,185.19
L6590		PREP SHOULDER 1 WALL SOCK FAIR LEAD DIRECT FORM	2,035.32
L6600		UP EXT ADD POLYCENTRIC HINGE PAIR	189.42
L6605		UP EXT ADD 1 PIVOT HINGE PAIR	187.03
L6610		UP EXT ADD FLEX METAL HINGE PAIR	126.09

HPCPS	Mod	Description	Amount
L6615		UP EXT ADD DISCONNECT LOCKING WRIST UNIT	139.20
L6616		UP EXT ADD ADD DISCONNECT INSERT LOCK WRIST EA	57.28
L6620		UP EXT ADD FLEXION/FRICTION WRIST UNIT	229.64
L6623		UP EXT ADD SPRING ASSIST ROTATION WRIST W/LATCH	485.82
L6625		UP EXT ADD ROTATE WRIST UNIT W/CABLE LOCK	402.81
L6628		UP EXT ADD QUICK DISCONNECT HOOK ADAP OTTO BACK	362.81
L6629		UP EXT ADD DISCONNECT LAMINAT COLLAR W/COUPLING	132.72
L6630		UP EXT ADD STAINLESS STEEL ANY WRIST	163.23
L6632		UP EXT ADD LATEX SUSP SLEEVE EACH	49.21
L6635		UP EXT ADD LIFT ASSIST FOR ELBOW	153.05
L6637		UP EXT ADD NUDGE CONTROL ELBOW LOCK	278.10
L6640		UP EXT ADD SHOULDER ABDUCTION JNT PAIR	282.87
L6641		UP EXT ADD EXCURSION AMPLIFIER PULLEY TYPE	162.00
L6642		UP EXT ADD EXCURSION AMPLIFIER LEVER TYPE	219.58
L6645		UP EXT ADD SHOULDER FLEXION-ABDUCTION JNT EA	244.42
L6650		UP EXT ADD SHOULDER UNIVERSAL JNT EA	293.61
L6655		UP EXT ADD STANDARD CONTROL CABLE EXTRA	60.53
L6660		UP EXT ADD HVY DTY CONTROL CABLE	69.52
L6665		UP EXT ADD TEFLON OR EQUAL CABLE LINING	40.40
L6670		UP EXT ADD HOOK TO HAND CABLE ADAPTER	44.76
L6672		UP EXT ADD HARNESS CHEST/SHOULDER SADDLE TYPE	155.24
L6675		UP EXT ADD HARNESS FIGURE 8 TYPE SINGLE CONTROL	102.94
L6676		UP EXT ADD HARNESS FIGURE 8 TYPE DUAL CONTROL	110.49
L6680		UP EXT ADD TEST SOCKET WRIST DISARTIC BELOW ELB	221.45
L6682		UP EXT ADD TEST SOCKET ELBOW DISARTIC ABOVE ELB	237.49
L6684		UP EXT ADD TEST SOCKET SHOULDER DISARTIC/THORAC	337.12
L6686		UP EXT ADD SUCTION SOCKET	453.66
L6687		UP EXT ADD FRAME SOCKET BELOW ELBOW	444.60
L6688		UP EXT ADD FRAME SOCKET ABOVE ELBOW	412.84
L6689		UP EXT ADD FRAME SOCKET SHOULDER DISARTIC	680.42
L6690		UP EXT ADD FRAME SOCKET INTERSCAPULAR/THORACIC	585.25
L6691		UP EXT ADD REMOVABLE INSERT EA	279.13
L6692		UP EXT ADD SILICONE GEL INSERT/EQUAL EA	429.59
L6700		TERM DEVICE HOOK DORRANCE MODEL #3	392.87
L6705		TERM DEVICE HOOK DORRANCE MODEL #5	230.65
L6710		TERM DEVICE HOOK DORRANCE MODEL #5X	261.39
L6715		TERM DEVICE HOOK DORRANCE MODEL #5XA	259.64
L6720		TERM DEVICE HOOK DORRANCE MODEL #6	646.12
L6725		TERM DEVICE HOOK DORRANCE MODEL #7	312.81
L6730		TERM DEVICE HOOK DORRANCE MODEL #7LO	559.51
L6735		TERM DEVICE HOOK DORRANCE MODEL #8	225.67
L6740		TERM DEVICE HOOK DORRANCE MODEL #8X	294.22
L6745		TERM DEVICE HOOK DORRANCE MODEL #88X	269.21
L6750		TERM DEVICE HOOK DORRANCE MODEL #10P	266.10
L6755		TERM DEVICE HOOK DORRANCE MODEL #10X	265.34
L6765		TERM DEVICE HOOK DORRANCE MODEL #12P	277.22
L6770		TERM DEVICE HOOK DORRANCE MODEL #99X	267.24
L6775		TERM DEVICE HOOK DORRANCE MODEL #555	316.65
L6780		TERM DEVICE HOOK DORRANCE MODEL #SS555	338.47
L6790		TERM DEVICE HOOK ACCU HOOK OR EQUAL	351.18
L6795		TERM DEVICE HOOK 2 LOAD OR EQUAL	937.33
L6800		TERM DEVICE HOOK APRL VC OR EQUAL	767.37
L6805		TERM DEVICE MODIFIER WRIST FLEX UNIT	302.48
L6806		TERM DEVICE-HOOK-TRS GRIP-GRIP III-VC OR EQ	1,202.49
L6807		TERM DEVICE/HOOK/GRIP I/GRIP II VC OR EQUAL	1,157.61
L6808		TERM DEVICE-HOOK-TRS ADEPT-INFANT/CHILD-VC OR EQ	879.06
L6809		TERM DEVICE HOOK TRS SUPER SPORT PASSIVE	374.69
L6810		TERM DEVICE PINCHER TOOL OTTO BOCK OR EQUAL	141.27
L6825		TERM DEVICE HAND DORRANCE VO	833.65
L6830		TERM DEVICE HAND APRL VC	1,025.61
L6835		TERM DEVICE HAND SIERRA VO	893.41
L6840		TERM DEVICE HAND BECKER IMPERIAL	620.67
L6845		TERM DEVICE BECKER LOCK GRIP	717.56
L6850		TERM DEVICE BECKER PLYLITE	521.83
L6855		TERM DEVICE HAND ROBIN-AIDS VO	663.79
L6860		TERM DEVICE HAND ROBIN-AIDS VO SOFT	520.63

HCPCS	Mod	Description	Amount
L6865		TERM DEVICE HAND PASSIVE HAND	328.82
L6867		TERM DEVICE HAND DETROIT INFANT HAND (MECH)	811.66
L6868		TERM DEVICE HAND PASSIVE INFANT (STEEPER/HOSMER)	192.50
L6870		TERM DEVICE HAND CHILD MITT	201.80
L6872		TERM DEVICE HAND NYU CHILD HAND	862.65
L6873		TERM DEVICE HAND MECHANICAL INFANT STEEP/EQUAL	374.79
L6875		TERM DEVICE HAND BOCK VC	750.77
L6880		TERM DEVICE HAND BOCK VO	509.20
L6890		TERM DEVICE GLOVE FOR ABOVE PRODUCTION GLOVE	171.75
L6895		TERM DEVICE GLOVE FOR ABOVE CUSTOM GLOVE	422.91
L6900		HAND RESTORE PART HAND W/GLOVE THUMB/1 FINGER	1,344.30
L6905		HAND RESTORE PART HAND W/GLOVE MULT FINGERS	1,328.27
L6910		HAND RESTORE PART HAND W/GLOVE NO FINGERS	1,381.08
L6915		HAND RESTORE REPLACEMENT GLOVE FOR ABOVE	474.13
L6920		WRIST DISARTIC SWITCH CONTROL TERM DEVICE	5,054.46
L6925		WRIST DISARTIC MYOELECTRONIC CONTROL TERM DEVICE	5,835.30
L6930		BELOW ELBOW SWITCH CONTROL TERM DEVICE	5,085.80
L6935		BELOW ELBOW MYOELECTRONIC CONTROL TERM DEVICE	5,944.54
L6940		ELBOW DISARTIC SWITCH CONTROL TERM DEVICE	7,044.61
L6945		ELBOW DISARTIC MYOELECTRONIC CONTROL TERM DEVICE	7,898.19
L6950		ABOVE ELBOW SWITCH CONTROL TERM DEVICE	7,552.89
L6955		ABOVE ELBOW MYOELECTRONIC CONTROL TERM DEVICE	9,045.62
L6960		SHOULDER DISARTIC SWITCH CONTROL TERM DEVICE	9,123.19
L6965		SHOULDER DISARTIC MYOELECTRONIC TERM DEVICE	10,733.87
L6970		INTERSCAPULAR/THORACIC SWITCH CONTROL TER DEV	11,046.13
L6975		INTERSCAPULAR/THORACIC MYOELECTRONIC TERM DEV	12,103.06
L7010		ELECT HAND OTTO BOCK STEEPER/EQUAL SWITCH CONT	2,766.17
L7015		ELECT HAND TEKNIK VARIETY VILLAGE SWITCH CONT	4,474.73
L7020		ELECT GREIFER OTTO BOCK SWITCH CONTROL	2,853.93
L7025		ELECT HAND OTTO BOCK MYOELECTRONICALLY CONT	2,982.70
L7030		ELECT HAND TEKNIK VARIETY VILLAGE MYOELECTRONIC	4,730.49
L7035		ELECT GREIFER OTTO BOCK MYOELECTRONICALLY CONT	2,814.93
L7040		PREHENSILE ACTUATOR HOSMER SWITCH CONTROL	2,310.80
L7045		ELECT HOOK CHILD MICHIGAN SWITCH CONTROL	1,224.16
L7170		ELECT ELBOW HOSMER SWITCH CONTROL	4,440.82
L7180		ELEC ELBOW-BOSTON/UT/OR EQ-MYOELECTRONICAL CNTRL	27,225.59
L7185		ELECT ELBOW ADOLESCENT VARIETY VILLAGE SWITCH	5,430.84
L7186		ELECT ELBOW CHILD VARIETY VILLAGE SWITCH CONTROL	8,273.65
L7190		ELECT ELBOW ADOLESCENT VARIETY VILL MYOELECTRON	7,628.65
L7191		ELECT ELBOW CHILD VARIETY VILLAGE MYOELECTRON	8,554.18
L7260		ELECT WRIST ROTATOR OTTO BOCK/EQUAL	1,490.51
L7261		ELECT WRIST ROTATOR FOR UTAH ARM	2,713.31
L7266		SERVO CONTROL STEEPER OR EQUAL	749.85
L7272		ANALOGUE CONTROL UNB OR EQUAL	1,685.63
L7274		PROPORTIONAL CONTROL 6-12 VOLT-LIBERTY/UT OR EQ	4,754.83
L7360		SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH	229.63
L7362		BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL	211.63
L7364		TWELVE VOLT BATTERY UTAH OR EQUAL EACH	402.39
L7366		BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL	542.04
L7900		VACUUM ERECTION SYSTEM	390.66
L8300		TRUSS SINGLE W/STANDARD PAD	63.88
L8310		TRUSS DOUBLE W/STANDARD PADS	133.74
L8320		TRUSS ADDITION TO STANDARD PAD WATER PAD	40.49
L8330		TRUSS ADDITION TO STANDARD PAD SCROTAL PAD	37.39
L8400		PROSTH SHEATH BELOW KNEE EA	15.89
L8410		PROSTH SHEATH ABOVE KNEE EA	19.25
L8415		PROSTH SHEATH UPPER LIMB EA	18.21
L8417		PROSTH SHEATH SOCK INC GEL CUSH LAYER AK/BK-EA	55.83
L8420		PROSTHETIC SOCK MULT PLY BK EACH	17.06
L8430		PROSTH SOCK MULT PLY ABOVE KNEE EACH	19.73
L8435		PROSTH SOCK MULT PLY UPPER LIMB EA	16.64
L8440		PROSTH SHRINKER BELOW KNEE EA	40.98
L8460		PROSTH SHRINKER ABOVE KNEE EA	50.48
L8465		PROSTH SHRINKER UPPER LIMB EA	36.95
L8470		PROSTH SOCK SINGLE PLY FITTING BELOW KNEE EACH	5.06

HCPCS	Mod	Description	Amount
L8480		PROSTH SOCK SINGLE PLY FITTING ABOVE KNEE EACH	6.97
L8485		PROSTH SOCK SINGLE PLY FITTING UPPER LIMB EA	8.46
L8490		ADD PROSTH SHEATH/SOCK AIR SEAL SUCTION RETENT	120.95
L8500		ARTIFICIAL LARYNX ANY TYPE	575.58
L8501		TRACHEOSTOMY SPEAKING VALVE	91.49
L8603		COLLAGEN IMPLANT-URIN TRACT/2.5CC SYR-INCLU SUPP	330.74
L8610		OCULAR IMPLANT	525.03
L8612		AQUEOUS SHUNT	501.48
L8613		OSSICULA IMPLANT	253.85
L8630		METACARPOPHALANGEAL JOINT IMPLANT	255.16
L8641		METATARSAL JOINT IMPLANT	265.11
L8642		HALLUX IMPLANT	232.41
L8658		INTERPHALANGEAL JOINT IMPLANT	231.15
L8670		VASCULAR GRAFT MATERIAL-SYN-IMPLANT	421.58
V2623		PROSTHETIC EYE PLASTIC CUSTOM	877.77
V2624		POLISHING/RESURFACING OF OCULAR PROSTHESIS	46.10
V2625		ENLARGEMENT OF OCULAR PROSTHESIS	280.31
V2626		REDUCTION OF OCULAR PROSTHESIS	151.10

Exhibit 6

CPT Codes Subject to Daily Maximum

CPT	Description
97012	APPLIC MODAL 1/> AREAS; TRACTION-MECH
97014	APPLIC MODAL 1/> AREAS; ELEC STIM
97016	APPLIC MODAL 1/> AREAS; VASOPNEUMATIC DEVICES
97018	APPLIC MODAL 1/> AREAS; PARAFFIN BATH
97020	APPLIC MODAL 1/> AREAS; MICROWAVE
97022	APPLIC MODAL 1/> AREAS; WHIRLPOOL
97024	APPLIC MODAL 1/> AREAS; DIATHERMY
97026	APPLIC MODAL 1/> AREAS; INFRARED
97028	APPLIC MODAL 1/> AREAS; ULTRAVIOLET
97032	APPLIC MODAL 1/> AREAS; ELEC STIM EA 15 MIN
97033	APPLIC MODAL 1/> AREAS; IONTOPHORESIS EA 15 MIN
97034	APPLIC MODAL 1/> AREAS; CONTRAST BATHS EA 15 MIN
97035	APPLIC MODAL 1/> AREAS; ULTRASOUND EA 15 MIN
97036	APPLIC MODAL 1/> AREAS; HUBBARD TANK EA 15 MIN
97110	THERAP PROC 1/> AREAS EA 15 MIN; EXERCISES
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE
97140	MANUAL THERAP TECH-1/> REGIONS—EA 15 MIN
97150	THERAP PROC GROUP
98925*	OSTEOPATHIC MANIP TX; 1-2 BODY REGIONS INVOLVED
98926*	OSTEOPATHIC MANIP TX; 3-4 BODY REGIONS INVOLVED
98927*	OSTEOPATHIC MANIP TX; 5-6 BODY REGIONS INVOLVED
98928*	OSTEOPATHIC MANIP TX; 7-8 BODY REGIONS INVOLVED
98929*	OSTEOPATHIC MANIP TX; 9-10 BODY REGIONS INVOLVED
98940	CHIROPRACTIC MANIP TX; SPINAL 1-2 REGIONS
98941	CHIROPRACTIC MANIP TX; SPINAL 3-4 REGIONS
98942	CHIROPRACTIC MANIP TX; SPINAL 5 REGIONS

* Osteopathic Manipulative Treatment actually performed by the osteopathic physician or a medical doctor is not subject to the daily maximum.

New Rule, R.2001 d.253, effective July 16, 2001.

See: 32 N.J.R. 4332(a), 33 N.J.R. 226(a), 33 N.J.R. 2507(a).

Amended by R.2002 d.59, effective March 4, 2002.

See: 33 N.J.R. 3617(a), 34 N.J.R. 1032(a).

Inserted Exhibit 2, Dental Fee Schedule.

Amended by R.2003 d.143, effective April 7, 2003.

See: 34 N.J.R. 1237(a), 35 N.J.R. 1547(b).

Amended Exhibit 3 and inserted Exhibit 6.

Amended by R.2004 d.481, effective December 20, 2004.

See: 36 N.J.R. 2579(a), 36 N.J.R. 5912(a).

Repealed former Exhibit 2 and inserted a new Exhibit 2.

Petition for Rulemaking: Department of Banking and Insurance; Division of Insurance; Property and Casualty Division; Notice of receipt of petition for rulemaking: review of the medical fee schedule.

See: 38 N.J.R. 1880(a), 2745(c).

Petition for Rulemaking: Department of Banking and Insurance; Division of Insurance; Property and Casualty Division; Notice of action on petition for rulemaking: review of the medical fee schedule.

See: 38 N.J.R. 3681(a).

SUBCHAPTER 30. MOTOR VEHICLE SELF-INSURANCE

11:3-30.1 Purpose

This subchapter sets forth the filing requirements for motor vehicle self-insurers pursuant to N.J.S.A. 39:6-50.1, and 39:6-52 to 39:6-54.

11:3-30.2 Scope

The provisions of this subchapter apply to any person seeking to qualify as a motor vehicle self-insurer in New Jersey, except public entities pursuant to N.J.S.A. 39:6-54.

11:3-30.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Applicant” means a person applying for a certificate of self-insurance who does not currently possess a valid certificate.

“Association” means the New Jersey Automobile Full Insurance Underwriting Association created pursuant to N.J.S.A. 17:30E-1 et seq.