

NOTE: To require an I.C.C. or P.U.C. carrier to carry such an identification card would be an unnecessary duplication. The insurance and filing requirements of the I.C.C. and the P.U.C. present a comparable safeguard to that sought by the newly required identification insurance cards.

R.1973 d.3, effective January 3, 1973.
See: 4 N.J.R. 307(a), 5 N.J.R. 47(d).

SUBCHAPTER 7. AUTOMOBILE REPARATION REFORM ACT

11:3-7.1 Purpose

This subchapter implements certain provisions of the Automobile Reparation Reform Act, N.J.S.A. 39:6A-1 et seq., including the Commissioner's authority to establish the amounts and terms of additional personal injury protection benefits which must be provided in policies covering automobiles as defined in N.J.S.A. 39:6A-2.

Case Notes

Additional personal injury protection coverage applied to all persons for whom basic coverage was provided. *Clendaniel v. New Jersey Manufacturers Insurance Co.*, 190 N.J.Super. 286, 463 A.2d 369 (App. Div.1983), affirmed in part, reversed in part 96 N.J. 361, 476 A.2d 263 (1984).

Individual held to be "surviving spouse" until conclusive determination of divorce reached. *Allstate Insurance Co. v. Skolny*, 86 N.J. 112, 429 A.2d 1045 (1981).

11:3-7.2 General requirements applicable to additional personal injury protection benefits

(a) In addition to the basic personal injury protection benefits which insurers must provide pursuant to N.J.S.A. 39:6A-4, insurers shall make available to the named insured, and, at his or her option, to any resident relatives in the named insured's household additional income continuation benefits, essential services benefits, death benefits and funeral expense benefits pursuant to N.J.S.A. 39:6A-10 and this subchapter.

(b) The additional benefit indicated in each option that an insurer may offer for income continuation benefits and essential services benefits represents the aggregate of the basic and additional personal injury protection benefits.

(c) Any additional income continuation benefits that an insurer may offer shall be limited to 75 percent of the insured's weekly income.

(d) The limits which are applicable to any additional personal injury protection benefits that an insurer may offer shall apply on a per person, per accident basis.

(e) Each insurer shall make available as an option additional income continuation benefits for as long as the disability persists.

1. Each insurer shall furnish rates for such benefits upon the request of the insured.

(f) Any additional death benefits which an insurer may offer shall be payable without regard to the period of time elapsing between the date of the accident and the date of death provided death occurs within two years of the accident and results from bodily injury from that accident.

1. The requirements of (f) above shall apply to any claim for additional death benefits where death occurs on or after April 21, 1986.

i. With respect to any claim presented on or after the effective date of this subchapter, each insurer shall disclose the availability of additional death benefits in conformance with the applicable provisions of N.J.A.C. 11:2-17.1 et seq.

ii. With respect to any claim initiated prior to the effective date of this subchapter, each insurer shall take appropriate steps to determine whether additional death benefits are payable, pursuant to (f) above. These steps shall include, but need not be limited to, review of claims closed on or after April 21, 1986 for the purpose of ascertaining the applicability of additional death benefits. Upon determining that such benefits are payable, each insurer shall provide written notice to eligible beneficiaries and process the claim in accord with N.J.S.A. 39:6A-5 and the applicable provisions of N.J.A.C. 11:2-17.1 et seq.

(g) In addition to the minimum schedule of additional personal injury protection benefits set forth at N.J.A.C. 11:3-7.4(b), any insurer may provide other additional personal injury protection benefit options subject to review and approval of its filing by the Department of Insurance. Any additional options offered by the insurer must be in compliance with the standards and requirements set forth in this subchapter.

(h) Insurers may also make available to named insureds covered under N.J.S.A. 39:6A-4, and at their option, to resident relatives in the household of the named insured or to other persons provided medical expense coverage pursuant to this statutory provision, or both, additional first party medical expense benefit coverage pursuant to N.J.S.A. 39:6A-10.

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

New (h) added enabling insurers to make available additional first party medical expense benefit coverage in excess of \$250,000 as per P.L. 1990 c.8.

Case Notes

Insurer made sufficient offer of basic income continuation benefits for as long as disability exists. *Werts v. New Jersey Mfrs. Ins. Co.*, 250 N.J.Super. 580, 595 A.2d 1110 (A.D.1991), certification denied 127 N.J. 554, 606 A.2d 366.

After death of named insured in accident, maximum scheduled income continuation and essential services benefits held payable to husband of named insured. *Muschette v. The Gateway Insurance Co.*, 149 N.J.Super. 89, 373 A.2d 406 (App.Div.1977) certification denied 75 N.J. 27, 379 A.2d 258, affirmed 76 N.J. 560, 388 A.2d 964 (1978).

11:3-7.3 Personal injury protection policy forms or endorsements

(a) All policy forms or endorsements that provide personal injury protection benefits required by N.J.S.A. 39:6A-4 shall specify that such benefits shall be afforded by the insurer of the injured person subject to any deductibles or exclusions elected by the policyholder pursuant to N.J.S.A. 39:6A-4.3. The required personal injury protection benefits are set forth below:

1. Medical expense benefits;
2. Income continuation benefits;
3. Essential services benefits;
4. Death benefits; and
5. Funeral expense benefits.

(b) Each policy form or endorsement covering an automobile as defined at N.J.S.A. 39:6A-2 shall include excess medical payments coverage, corresponding to Section II, Extended Medical Expense Benefits Coverage of the personal automobile policy. Insurers must include a minimum coverage of \$1,000 and may offer coverage of \$10,000.

(c) Each policy form or endorsement providing additional personal injury protection benefits shall specify that, pursuant to N.J.S.A. 39:6A-10, additional death benefits under the policy shall be payable without regard to the period of time elapsing between the date of the accident and the date of death provided death occurs within two years of the accident and results from bodily injury from that accident.

Amended by R.1996 d.58, effective February 5, 1996.
See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

Law Review and Journal Commentaries

Auto Insurance—PIP. Steven P. Bann, 138 N.J.L.J. No. 16, 49 (1994).

Case Notes

Extended medical-expense benefits coverage; not included within antistacking provision. *Ingersoll v. Aetna Cas. and Sur. Co.*, 138 N.J. 236, 649 A.2d 1269 (1994).

Absence of income continuation benefits covering either named insured and/or household relatives did not require reformation of policy. *Olivero by Olivero v. New Jersey Mfrs. Ins. Co.*, 227 N.J.Super. 367, 547 A.2d 710 (A.D.1988), certification denied 115 N.J. 76, 556 A.2d 1219.

Insurer of automobile in which injured party was riding had to reimburse injured party's insurer on pro rata basis for PIP benefits paid. *Colonial Penn Ins. Co. v. Allstate Ins. Co.*, 214 N.J.Super. 453, 519 A.2d 935 (App.Div.1986).

Driver who was neither a relative nor resident of named insured's household, held not entitled to coverage. *Kuzan v. Prudential Property & Casualty Insurance Co.*, 195 N.J.Super. 553, 480 A.2d 960 (Law Div.1984).

Insurer of car owned by insured's wife held entitled to contribution from insurer of car leased by insured in which insured was injured in a one-car accident. *Federal Insurance Co. v. Liberty Mutual Insurance Co.*, 190 N.J.Super. 605, 464 A.2d 1197 (App.Div.1983).

Additional coverage held but provided for all persons for whom basic coverage was provided. *Clendaniel v. New Jersey Manufacturers Insurance Co.*, 190 N.J.Super. 286, 463 A.2d 369 (App.Div.1983), affirmed in part, reversed in part 96 N.J. 361, 476 A.2d 263 (1984).

Minor passenger on moped which collided with automobile held not a "pedestrian" and, therefore, not entitled to medical benefits under automobile's personal injury protection coverage. *McKenna v. Wisniewski*, 181 N.J.Super. 482, 438 A.2d 355 (Ch.Div.1981).

Individual held to be "surviving spouse" until conclusive determination of divorce reached. *Allstate Insurance Co. v. Skolny*, 86 N.J. 112, 429 A.2d 1045 (1981).

Insurer's declaratory judgment action held not barred by pendency of New York action between parties. *Lumbermens Mutual Casualty Co. v. Carriere*, 163 N.J.Super. 7, 394 A.2d 132 (App.Div.1978) on remand 170 N.J.Super. 437, 406 A.2d 994.

11:3-7.4 Minimum schedule of additional personal injury protection coverage benefits

(a) Every rate filer's schedule of rates for additional personal injury protection benefits, other than medical expense benefits, shall provide at least the benefit schedules set forth in Table 1 in (b) below.

(b) The additional personal injury protection coverage table follows:

Table 1

Option	Income		Essential Services		Death	Funeral Expense
	Weekly	Total	Per Day	Total		
1	\$100	\$10,400	\$12	\$ 8,760	\$10,000	\$2,000
2	125	13,000	20	14,600	10,000	2,000
3	175	18,200	20	14,600	10,000	2,000
4	250	26,000	20	14,600	10,000	2,000
5	400	41,600	20	14,600	10,000	2,000
6	500	52,000	20	14,600	10,000	2,000
7	600	62,400	20	14,600	10,000	2,000
8	700	72,800	20	14,600	10,000	2,000
9	100	unlimited	12	8,760	10,000	2,000
10	125	unlimited	20	14,600	10,000	2,000
11	175	unlimited	20	14,600	10,000	2,000
12	250	unlimited	20	14,600	10,000	2,000
13	400	unlimited	20	14,600	10,000	2,000
14	500	unlimited	20	14,600	10,000	2,000
15	600	unlimited	20	14,600	10,000	2,000
16	700	unlimited	20	14,600	10,000	2,000

Amended by R.1990 d.580, effective November 19, 1990 (operative January 1, 1991).

See: 22 N.J.R. 1681(a), 22 N.J.R. 3488(b).

Changes required by "The Fair Automobile Insurance Reform Act of 1990", P.L. 1990 c.8.

**EXHIBIT B
NONRENEWAL REPORT—B
Individual Company**

Company Name: _____		NAIC Company No. _____								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
Territory	Vehicles Insured 12/31/—	Vehicles Cancelled	Vehicle N/R by Insured	Vehicles N/R for cause N.J.A.C. 11:3-8.4	Vehicles N/R 2% Rule N.J.A.C. 11:3-8.5(a)1	Vehicles N/R 2:1 Rule N.J.A.C. 11:3-8.5(a)2	*Vehicles Newly Insured	Depopulation)* *Voluntary Market*	*(JUA) Vehicles Insured Quota	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
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16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										

Totals: _____

Notes: Column (1) shall be numbered in accordance with insurer's approved rating plan.
 Column (2) shall be dated as of previous year.
 Columns (3) through (10) shall contain information as of date in column (10).
 No cancellation or nonrenewal shall be double counted by including it in more than one column.
 Column (6) cannot be greater than .02 X column (2).
 Report total only for column (9).
 Column (10) equals column (2) plus column (8) minus columns (3), (4), (5), (6) and (7).
 Columns (4), (5), (6), (7) and (8) may be reported together as a single number for each territory, but if the insurer is eligible to do 2% nonrenewals of 2:1 nonrenewals, then the single number reported cannot exceed the permissible total of 2% and 2:1 nonrenewals for that territory.

*Does not include a vehicle cancelled within the first 60 days.
 Date Submitted _____

Emergency Repeal and New Rule filed as R.1990 d.626, effective November 26, 1990, operative April 1, 1991 (expired January 25, 1991). See: 22 N.J.R. 3766(b).
 Adopted Concurrent Proposal, R.1991 d.89, effective January 25, 1991, operative April 1, 1991.

See: 22 N.J.R. 3766(b), 23 N.J.R. 507(a).
 Provisions of emergency repeal and new rule readopted without change.

SUBCHAPTER 9. RATING INFORMATION;
AUTOMOBILE INSURANCE ON PRIVATE
PASSENGER CARS

R.1975 d.130, eff. July 1, 1975.
See: 7 N.J.R. 113(a), 7 N.J.R. 276(d).

**11:3-9.1 Rating information; private passenger cars;
automobile insurance**

(a) Every automobile insurance policy subject to New Jersey rates and providing coverage for an individually owned (or jointly owned by husband and wife; or two or more relatives resident of the household) private passenger automobile and/or any motor vehicle rates as a private passenger automobile shall be accompanied by rating information applicable to the premium determination. Such information must include the criteria pertaining to any individual driver classification plan used by the company and shall recite any rules that apply to the chargeability of accidents and convictions.

(b) If the declaration page or extension certificate or similar documents to the insured identifies the insured's car by a code, or other abbreviation, the rating information may be supplied by a rating information form that interprets the code number or abbreviation.

(c) Every company shall develop a rating information format adapted to the classification system approved for and used by the company in this State. Such format shall be submitted to the Commissioner of Insurance for approval initially within 30 days of the effective date of this regulation, and subsequently within 15 days of any revision of the classification system approved for the company. Filings of the rating information format by a rating organization shall be applicable to members and subscribers of such organization unless such companies deviate from the rating organization's classification system.

(d) This regulation shall be effective August 31, 1973. Use of approved forms will be required on all new and renewal business with effective dates January 1, 1974 and thereafter.

R.1983 d.206, effective August 31, 1973.

See: 5 N.J.R. 150(b), 5 N.J.R. 282(b).

Amended by R.1991 d.45, effective February 4, 1991.

See: 22 N.J.R. 1678(a), 23 N.J.R. 306(b).

Deleted subsection (b) regarding New Jersey Automobile Insurance Plan and recodified existing (c)-(e) as (b)-(d) with no change in text.

**11:3-9.2 Private passenger automobile rating class;
revoked or suspended operator**

Within the context of any private passenger automobile classification rating system, an individual whose automobile operator's license is under revocation or suspension shall not be considered an operator of the vehicle. In the event such revocation or suspension terminates and the license is restored, premium adjustments reflecting such operator's rating criteria for the current policy period may be made on a pro rata basis.

SUBCHAPTER 10. AUTO PHYSICAL DAMAGE
CLAIMS

11:3-10.1 Scope

This subchapter applies to claims arising under motor vehicle collision and comprehensive coverages.

Amended by R.1985 d.629, effective December 16, 1985.

See: 16 N.J.R. 3170(a), 17 N.J.R. 2988(a).

Section heading was Application.

Case Notes

Insurers' activities in estimating repair costs held not an Antitrust Act violation. *Chick's Auto Body v. State Farm Mutual Automobile Insurance Co.*, 168 N.J.Super. 68, 401 A.2d 722 (Law Div.1979), affirmed per curiam 176 N.J.Super. 320, 423 A.2d 311 (App.Div.1980).

11:3-10.2 Definitions

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

"Actual cash value", unless otherwise specifically defined by law or policy, means the lesser of the amounts for which the insured or the designated representative can reasonably be expected to:

1. Repair the motor vehicle to its condition immediately prior to the loss; or
2. Replace the motor vehicle with a substantially similar vehicle. The amount shall include all moneys paid or payable as sales taxes on the motor vehicle repaired or replaced. This paragraph shall not be construed to prevent an insurer from issuing a policy where the amount of damages to be paid in the event of a total loss is a specified dollar amount.

"Agreed price" or "figure" means the amount agreed to by the insurer and the insured, or their representatives, as the reasonable cost to replace the motor vehicle or to repair damages to the motor vehicle resulting from the loss, without considering any deductible or deductions.

"Designated representative" means a person designated by the insured to represent the insured in negotiations with the insurer in an attempt to settle the claim. The designated representative may be any person authorized by the insured who may act legally in his or her behalf.

"Motor vehicle" shall have the meaning ascribed in N.J.S.A. 39:1-1.

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 the fee schedules shall be a reasonable amount considering the fee schedule 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) The following shall apply to multiple treatment procedures:

1. When multiple 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 principle 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 on the fee schedule for that particular procedure, and if performed, any additional procedures at no more than 25 percent of the upper limits on the fee schedule for those particular procedures. If the total amount resulting from application of the multiple procedures reduction formula is in excess of the total amount of the billing, the billing may be submitted and paid without change assuming it is not in excess of usual, customary and reasonable charges for the services provided. If the total amount is less than the total amount of the billing, then the total amount of the billing must be reduced accordingly. When appropriate, providers may apply this multiple procedures reduction formula in the process of preparing their billings, clearly indicating that this has been done.

2. 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 nonsurgical or physiotherapy type services provided during the same visit except as a means of describing the treatment rendered.

3. 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 which 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. 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-4 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 major or principal procedure, only the charges for the principal procedure are eligible.

(h) The insurer's limit of liability for medically necessary assisting surgeon expenses shall be 20 percent of the primary physician's allowable fee determined pursuant to the fee schedule and rules.

(i) The insurer's limit of liability for the professional component of allowable global charges for radiology services shall be 40 percent of the global charge.

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).

Case Notes

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, nor shall any person be liable to any health care provider for any amount of money which results from the charging of fees in excess of those permitted by the medical fee schedules.

11:3-29.6 Medical Fee Schedules

(a) The following is the Medical Fee Schedule for physicians' services:

STATE OF NEW JERSEY
PERSONAL AUTO INJURY FEE SCHEDULE—PHYSICIANS' SERVICES

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
10060	I&D ABSCESS, SIMPLE OR SINGLE	\$91	\$86	\$81
10061	I&D ABSCESS, COMPLICATED OR MULTIPLE	275	269	269
10120	INCIS & REMOVAL OF FOREIGN BODY, SIMPLE	99	91	86
10121	INCIS & REMOVAL, MULTIPLE OR COMPLICATED	301	301	301
10140	I&D OF HEMATOMA, SIMPLE	80	75	84
10141	I&D OF HEMATOMA, COMPLICATED	583	583	583
10160	PUNCTURE ASPIRATION OF ABSCESS	92	102	112
11000	DEBRIDEMENT OF SKIN; UP TO 10%	37	37	37
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS	52	43	48
11041	DEBRIDEMENT; SKIN, FULL THICKNESS	93	107	113
11042	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISS	188	162	140
11043	DEBRIDEMENT; SKIN, SUB-Q TISS, MUSCLE	454	454	486
11044	DEBRIDEMENT; SKIN, SUB-Q, MUSCLE, BONE	648	648	648
11730	NAIL AVULSION, SIMP, PARTIAL OR COM	61	61	50
11750	EX NAIL/MATRIX, PART/COMP, PERMANENT	346	372	377
11765	WEDGE EXC OF SKIN NAIL FOLD	146	146	146
12001	SIMPLE REPAIR, SCALP ETC; TO 2.5 CM	107	124	120
12002	SIMPLE REPAIR, SCALP ETC; 2.6-7.5 C	162	162	162
12004	SIMPLE REPAIR, SCALP ETC; 7.6-12.5 C	233	233	233
12011	SIMP REPAIR, FACE ETC; TO 2.5 CM	131	152	147
12013	SIMP REPAIR, FACE ETC; 2.6-5.0 CM	190	190	189
12031	INTER REPAIR, SCALP ETC; TO 2.5 CM	207	207	207
12032	INTER REPAIR, SCALP ETC; 2.6-7.5 C	277	277	277
12041	INTER REPAIR, NECK, ETC; TO 2.5 CM	218	218	218
12042	INTER REPAIR, NECK ETC; 2.6-7.5 CM	286	286	286
12051	INTER REPAIR, FACE ETC; TO 2.5 CM	438	394	482
12052	INTER REPAIR, FACE ETC; 2.6-5.0 CM	540	540	594
13101	COMPLEX REPAIR, TRUNK; 2.6-7.5 CM	491	491	491
13120	COMPX REPAIR, SCALP ETC; 1.1-2.5 CM	405	405	405
13121	COMPX REPAIR, SCALP ETC; 2.6-7.5 CM	637	637	637
13131	COMPX REPAIR, CHEEKS ETC; 1.1-2.5 CM	547	547	567
13132	COMPX REPAIR, CHEEKS ETC; 2.6-7.5 CM	846	846	809
13150	COMPX REPAIR, NOSE ETC; TO 1.0 CM	438	438	438
13151	COMPX REPAIR, NOSE ETC; 1.1-2.5 CM	639	639	648
13152	COMPX REPAIR, NOSE ETC; 2.6-7.5 CM	1040	1040	1040
13300	COMPLICATED REP; OVR 7.5 CM ANY AREA	1431	1431	1431

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
14000	ADJ TISS TRANSFER, TRUNK; TO 10 SQ CM	513	513	542
14001	ADJACENT TIS TRANS OR REARR, TRUNK	920	920	951
14020	ADJ TISS TRANS, SCALP ETC; TO 10 SQ CM	1096	1096	1096
14040	ADJ TISS TRANS, CHIN ETC; TO 10 SQ CM	1225	1225	1269
14060	ADJ TISS TRANS, NOSE ETC; TO 10 SQ CM	1589	1589	1589
15100	SPLIT GRAFT, TRUNK ETC; TO 100 SQ CM	1261	1261	1261
16000	INITIAL TREATMENT, FIRST DEGREE BURN	75	75	75
16020	DRESS/DEBRIDE SM BURN; NO ANESTHESIA	87	87	93
16025	DRESS/DEBRIDE MED BURN; NO ANES	124	124	124
17250	CHEMICAL CAUT OF GRANULATION TISS	57	57	54
19000	PUNCTURE ASPIRATION CYST PAST	107	118	113
20220	BIOPSY, BONE, TROCAR OR NEEDLE; SUPER	317	317	313
20550	INJ, TEND SHEATH, LIGAMENT, TRIGGER P	96	96	91
20600	ARTHROCENTESIS, ASP &/OR INJ; SM JNT	81	86	86
20605	ARTHROCEN, ASP &/OR INJ; INTER JOINT	86	92	96
20610	ARTHROCEN, ASP &/OR INJ; MAJOR JOINT	102	113	113
20670	REMOVAL OF IMPLANT; SUPERFICIAL	187	187	187
20680	REMOVAL OF IMPLANT; DEEP	806	809	864
21320	MANIP TREATMNT, NOSE FX; STABILIZATION	719	719	719
21455	CLOSE MANIP TREAT, FIXATN, MANDIB FX	2398	2398	2398
21800	RIB, FRACTURE(S), CLOSED (SIMPLE)	86	86	86
23350	INJECTION PROC, SHOULDER ARTHROGRAPH	132	132	132
23420	REPAIR SHOULDER CUFF AVULSION, CHRON	3294	3294	3294
23500	TREAT CLOSED CLAVICLE FX; NO MANIPUL	237	237	237
23505	TREAT CLOSED CLAVICLE FX; W/MANIPUL	468	468	468
23600	TREATMENT CLOSED HUMERAL FX; NO MANIP	430	430	430
23605	TREATMENT CLOSED HUMERAL FX; W/MANIP	617	617	617
23650	TREAT CLOSED SHOULDER DISLOC, W/MANIP	354	354	339
23655	TREATMENT OF CLOSED SHOULDER DISLOC	450	450	450
24640	RADIAL HEAD SUBLUXATION, CHILD, MANI	194	194	194
24650	CLOSED RADIAL HEAD/NECK FX; NO MANIP	505	505	505
25111	EXCISION GANGLION, WRIST; PRIMARY	1000	1000	1101
25500	CLOSED RADIAL SHAFT FX; NO MANIP	452	452	452
25505	CLOSED RADIAL SHAFT FX; W/MANIP	559	559	559
25560	CLSD RADIAL & ULNAR SHAFT FX; NO MANIP	728	728	728
25565	CLSD RADIAL & ULNAR SHAFT FX; W/MANIP	843	843	843
25600	C/S DIS RAD FX/EPIPHYS SEP; NO MANIP	498	486	513
25605	C/S DIS RAD FX/EPIPHYS SEP; W/MANIP	657	594	702
25610	CLSD COMPLEX, DIST RAD FX/EPIPHY SEP	719	719	719

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
25635	TREATMENT CLOSED	481	481	481	29065	CAST SHOULDER TO	216	226	216
	CARPAL BONE FX W M					HAND (LONG ARM)			
26600	TX CLOSED METACARP	323	323	346	29075	CAST ELBOW TO FIN-	188	216	205
	FX, SNG; W/O MANIP					GER (SHORT ARM)			
26605	TX CLOSED METACARP	428	428	432	29085	CAST HAND & LOWER	185	185	185
	FX, SNG; W/MANIP					FOREARM-GAUNTLET			
26720	TX CLOS PHALAN SHAFT	224	224	210	29105	SPLINT LONG ARM	137	137	137
	FX; W/O MANIP					(SHOULDER TO HAND)			
26725	TX CLOS PHALANG	344	344	344	29125	SPLINT SHORT ARM	114	135	135
	SHAFT FX, W/MANIP					(FOREARM-			
26750	TX CLOS DIST PHALANG	156	156	156		HAND(STAT))			
	FX; W/O MANIP				29130	SPLINT FINGER; STATIC	91	91	91
26755	TX CLOS DIST PHALANG	194	194	194	29240	STRAPPING; SHOULDER	89	89	89
	FX; W/MANIP				29260	STRAPPING; ELBOW OR	69	69	70
26770	TX CLOS INTERPHAL	154	154	154		WRIST			
	JNT DIS; W/O ANESTH				29280	STRAPPING; HAND OR	58	58	62
27125	PARTIAL HIP REPLACE-	4429	4429	4429		FINGER			
	MENT, PROSTHESIS				29345	CAST LONG LEG (THIGH	279	279	279
27130	ARTHROPLAS; TOT HIP	4932	4618	5185		TO TOES)			
	REPLAC W/WO GRF				29365	CAST CYLINDER (THIGH	208	208	208
27236	OPEN TX CLOSE/OPEN	3422	3422	3422		TO ANKLE)			
	FEM FX, INT FIX				29405	CAST SHORT LEG (BE-	243	269	243
27244	OPEN TX CHANTERIC	2971	2971	2971		LOW KNEE TO TOES)			
	FEM FX; W INT FIX				29425	CAST SHORT LEG;	280	291	296
27370	INJECT PROCEDURE	139	139	165		WALKING/AMBULATO-			
	KNEE ARTHROGRAPHY					RY			
27447	ARTHRO, KNEE, TOT,	5022	5022	5402	29505	SPLINT LONG LEG	67	67	67
	CNDYL&PLAT; MED &					(THIGH-ANKLE/TOES)			
	LAT				29515	SPLINT SHORT LEG	128	124	135
27506	OPEN TX CLOS/OPEN	3955	3955	3955		(CALF TO FOOT)			
	FEM SHAFT FX				29530	STRAPPING; KNEE	93	93	91
27520	PATELLA, FRACTURE,	444	444	444	29540	STRAPPING; ANKLE	75	75	75
	CLOSED (SIMPLE), WITH-				29550	STRAPPING; TOES	59	59	65
	OUT RED				29580	STRAPPING; UNNA	90	107	102
27750	TX CLOSED TIBIAL	648	648	648		BOOT			
	SHAFT FX; W/O MAN				29700	CAST REM/BIV; GAUNT-	90	90	90
27752	TIBIA, SHAFT FRAC-	817	817	817		LET/BOOT/BODY			
	TURE, CLOSED (SIMPLE)				29705	CAST REM/BIV; FULL	83	83	86
27760	TX CLOSED DISTAL TIBI-	451	451	451		ARM/FULL LEG			
	AL FX; W/O MAN				29870	ARTHROSCOPY, KNEE,	1785	1785	1785
27762	TX CLOS DIST TIBIAL	544	544	544		DIAG, W/WO SYNOV BX			
	FX; W/MANIP				29874	ARTHROSCOPY, KNEE,	2452	2452	2452
27786	TX CLOSED DISTAL FI-	521	521	518		SURG; REMOVE F-			
	BULAR FX; W/O MAN					BODY			
27788	TX CLOSED DISTAL FI-	602	602	602	29875	ARTHROSCOPY, KNEE,	2594	2594	2594
	BULAR FX; W/MAN					SURG; SYNOVECTMY,			
27802	TX CLOS TIB & FIB FX,	1046	1046	1046		LTD			
	SHAFT; W/MANIP				29876	ARTHROSCOPY, KNEE,	2798	2798	2798
27808	TX CLOS BIMALLEOLAR	648	648	648		SURG; SYNOVECT,			
	ANKL FX, W/O MAN					COMP			
27810	TX CLOS BIMALLEOLAR	803	803	803	29877	ARTHROSCOPY, KNEE,	2640	2640	2640
	ANKLE FX, W/MAN					SURG; CHONDRO-			
27814	OPEN TX CLOS/OPEN BI-	2522	2522	2522		PLASTY			
	MALL ANKLE FX				29880	ARTHRO, KNEE SRG, W/	2998	2998	2998
27818	TX CLOS TRIMALL AN-	1107	1107	1107		MENISECTOMY			
	KLE FX; W/MANIP				29881	ARTHROSCOPY, W/	2627	2700	3106
27822	OPEN TX CL/OP TRI-	3155	3155	3155		MENISCTMY MED OR			
	MALL ANKLE FX; ONLY					LAT			
28090	EXC LES TEN, SHEATH,	844	844	844	29882	ARTHROSCOP, W/MEN-	3189	3189	3189
	CAP W/SYNOV; FOOT					SCUS REP MED OR LAT			
28124	PART EX, PHALANXO	687	687	687	29888	ARTHRO, AID ANT	4567	4567	4567
	FASCIAL REL					CRUC LGMNT, RP/AG/RC			
28126	CONDYLECTOMY, PHA-	648	648	648	30200	INJECTION TURBI-	76	76	75
	LANX BASE SNG EA					NATE(S), THERAPEUTIC			
28153	RESECTION, HEAD OF	648	648	648	30300	REMOVAL FOR BODY,	96	96	96
	PHALANX					INTRANSAL; OFFICE			
28160	HEMIPHALANGECTO-	917	917	917	30420	RHINOPLASTY; INCL	4041	4041	4213
	MY/JOINT EX, SNG,					MAJOR SEPTAL REP			
	EACH				30520	SEPTOPLASTY W/WO	2479	2479	2700
28455	TRTM. OF CLOSED TAR-	347	347	366		CARTILAGE IMPLANT			
	SAL BONE FRACTURE				30901	CONTROL NASAL HEM-	104	107	102
28470	METATARSAL FX CLSD;	384	384	384		ORRHAGE, ANT SMP; U			
	W/O MANIP, EA W M				30903	CONTROL NASAL HEM-	159	143	162
28475	METATARSAL FX CLSD;	390	390	390		ORRHAGE, ANT, COMP;			
	W/MANIP, EA					U			
28490	PHALANGES FX, CLSD;	148	148	148	30905	CONTROL NASAL HEM-	405	405	405
	W/O MANIPULATION					ORRHAGE POST; INIT			
28510	PHAL NT GT TOE FX	132	132	132	31000	LAVAGE CANNULA-	113	113	124
	CLSD W/O MANIP, EA					TION; MAXIL SINUS, UNI			
28515	PHAL NT GT TOE FX	219	219	219	31201	ETHMOIDECTOMY; IN-	2714	2714	2714
	CLSD W/MANIP EA					TRANASAL, TOTAL			

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31250	NASAL ENDOSCOPY, DIAGNOSTIC	226	226	226	43246	ESOPHAGOGASTRO-DUODENOSCOPY, FOR TUBE	1093	1093	1093
31500	INTUBATION, ENDOTRACHEAL EMERGENCY	275	275	269	43247	ESOPHAGOGASTRO-DUODENOSCOPY; W/ REM FB	988	988	988
31505	LARYNGOSCOPY INDIRECT; DIAGNOSTIC	121	121	129	43255	ESOPHAGOGASTRO-DUOD; FOR HEMORRHAGE	1053	1053	1053
31515	LARYNGOSCOPY, DIRECT; FOR ASPIRATION	346	346	346	43260	ERCP W/WO BX +/SPEC COLLECTION	1000	939	1026
31525	LARYNGOSCOPY, DIR; DIAG, EXCEPT NEWBORN	421	421	421	43450	ESOPHAG, INDIRECT DILATE SOUND, INIT	152	152	152
31575	LARYNGOSCOPY, FLEX FIBERSCOPIC; DIAG	351	377	351	43451	ESOPHAG, INDIRECT DILATE SOUND, SUBS	162	162	162
31600	TRACHEOSTOMY, PLANNED	1075	1075	1075	43830	GASTROSTOMY, TEMPORARY (SEP.PROC.)	1594	1594	1594
31622	BRONCHOSCOPY, DIAG; W/WO CELL WASHNG	737	702	778	44005	ENTEROLYSIS	2485	2485	2485
31645	BRONCHOSCOPY; W/ ASP TRACH TREE INIT	756	756	756	44120	ENTERECTOMY, RES SM	2994	2994	2994
32000	THORACENTESIS, INITIAL/SUBSEQUENT	305	249	291	44140	INTES; W/ANASTOMO COLECTOMY, PARTIAL;	3102	3102	3284
32020	TUBE THORACOSTOMY W/WO WATER SEAL	806	853	804	44143	W/ANASTOMOSIS COLECTOMY, PART;	3461	3461	3461
32405	BX LUNG/MEDASTINUM; PERCUTAN NDLE	408	408	408	44145	END COLOST/CLS DIST COLECTOMY, PARTIAL;	3501	3501	3501
32480	LOBECTOMY, TOTAL OR SEGMENTAL	5660	5660	5660	44160	W/COLOPROCTOSTOMY COLECTMY W/REM	3354	3354	3354
33210	INS TEMP CARD ELECT/PACEMAKER CATH	831	831	831	45300	TERM ILEUM & ILEO-COL	129	129	124
33212	INSERT/REPLC PULSE GENERATOR/AICD	1262	1262	1262	45330	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEP)	269	254	259
35301	THROMBOENDARDEC-TOMY; CAROTID, ETC; NCK	4215	4215	4215	45355	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	354	377	335
35656	BYPASS GFT; FEMORAL-POPLITEAL	3937	3937	3937	45378	COLONOSCOPY W/SIGMOID, TRANSAB/COLOT	809	702	783
36000	INTRO NEEDLE/INTRACATHETER, VEIN; UN	118	103	124	46040	COLONOSCOPY, FIBER BEYOND SPLEN FLEX	466	466	466
36010	INTRO CATH; SUP/INF VENA CAVA, RT HRT	470	470	446	46050	I & D ISCHIORECTAL ABSCESS	155	155	155
36200	CATHETER; AORTANA CAVA, RT HRT	462	462	464	46600	I & D PERIANAL ABSCESS, SUPERFICIAL	93	114	93
36400	VENIPUNCTURE, < 3 YR; FEM JUGULAR/SAGI	50	50	50	46604	ANOSCOPY, DIAGNOSTIC (SEPARATE PROC)	124	124	124
36410	VENIPUNCTURE, > 3 YR, DIAG/THER, COMPL	41	41	43	46700	ANOSCOPY, DX W/DILATE, DIRECT, INSTRUM	1296	1296	1296
36415	ROUTINE VENIPUNCTURE 4 SPECMEN COLL	10	10	10	47000	ANOPLASTY FOR STRICTURE, ADULT	396	396	396
36425	VENIPUNCTURE, CUT-DOWN; AGE 1 OR OVER	59	59	59	47600	BIOPSY LIVER, NEEDLE, PERCUTANEOUS	1991	1991	2433
36430	TRANSFUSION, BLOOD/COMPONENTS; INDIR	153	153	162	47605	CHOLECYSTECTOMY	2183	2106	2296
36488	PLACE CENT VEN CATH; PERCUT; AGE 2 & <	156	156	156	47610	W/CHOLANGIOGRAPHY CHOLECYSTECTOMY	2686	2686	2686
36489	PLACE CENT VENOUS CAT; PERCUT, > 2	324	273	316	49000	W/EXPL COMMON DUCT	2114	2114	2204
36491	PLCMT CENT VEN CATH HYPERAL, > 2 YR	444	442	437	49080	EXPLOR LAPAR/CELIO-TOMY W/WO BX(S)	202	216	247
36600	ART PUNCTURE, WITHDRAW BLD FOR DIAG	105	102	107	49421	PERITONEOCENTESIS, ABD PARACEN; INIT	1012	1012	1012
36620	ART CATH/CANNULAT FOR SAMP; PERCUTAN	216	216	216	50230	INS INTRAPERI CANN/CATH DRAIN, PERM	3916	3916	3916
36800	INS CANNULA HEMODIALYSIS; VEIN-VEIN	571	571	571	50392	NEPHRECTOMY, RAD, W/RGNL LYMPHADEC	666	666	666
36830	ARTERIOVEN FIST, NON-AUTOGENOUS GRAFT	2833	2833	2833	50394	INTRO OF INTRACATHETER RENAL PELVIS	122	122	122
36860	CANNULA DECLOTTING; WO BALLOON CATH	73	73	73	51600	INJECT PROC FOR PYELOGRAPHY (SEPARA)	80	80	80
37609	LIGATION/BIOPSY, TEMPORAL ARTERY	584	584	584	51700	INJ PROC CYSTOGRAPHY/VOID URCYSTOG	70	65	78
37620	INTERRUPT, INFERIOR VENA CAVA BY SUT	2539	2539	2539	51725	BLAD IRRIG, SIMP, LAVAGE &/INSTILLA	166	166	166
43220	ESOPHAGOSC, RIG/FIBEROPT; W/DIR DILAT	918	918	918	51736	SIMPLE CYSTOMETROGRAMIC AGNT	86	86	86
43235	ESOPHAGOGASTRO-DUODENOSCOPY; DIAGNOST	594	541	648	51741	SIMPLE UROFLOWMETRY	178	178	178
43245	ESOPHAGOGASTRO-DUODENOSCOPY, DILATION	883	883	883	52000	ELECTRONIC UROFLOWMETRY	249	249	304
					52005	CYSTOURETHROSCOPY ETHROPX, SIMP	543	489	594
						CYSTOURETHROSC, W/URETERAL CATH			

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52204	CYSTOURETHROSC, W/BIOPSY	512	512	512	67101	REP RET DETACH, CRYOTHERAPY/DIATHERM	1646	1646	1646
52276	CYSTOURETHROSC; DIR VIS INT URTHROT	964	964	964	67105	REP RET DETACH; PHOTOCOAG, W/WO DRAIN	1635	1635	1635
52281	CYSTOURETHROSC W/DILAT URETH STR	464	432	486	67107	REP RETINAL DETACH; SCLERAL BUCKLIN	3713	3713	3713
52310	CYSTOURETHROSC; W/REM FB UR/BLAD, SIM	582	582	631	67145	PROPHY RET DETACH; PHOTOCOAGULATION	1508	1508	1508
52332	CYSTOURETHROSC; W/INS INDWELL STENT	866	866	945	67500	RETROBULBAR INJECTION; MEDICATION	126	126	126
52335	CYSTOURETHROSC; W/URETEROSC & PYELOS	934	934	934	69420	MYRING W ASPIRE &EUST TUBE INFLA	167	167	183
52500	TRNSURETH RESECT OF BLADDER NECK	1620	1620	1620	69433	MYRNG/TYMPNOSTMY, LOC/TOP ANES, TUBE	306	306	324
53600	DILAT URET STRICT, W/SOUND, MALE, IN	77	78	81	69436	MYRING/TYMPANOSTMY, GEN ANES; W TUBE	704	704	704
53601	DILAT URET STRICT, W/SOUND, MALE SU	64	64	63	70110	X-RAY MANDIBLE, COMP, MIN 4 VIEWS	65	65	65
53620	DIL UR STRIC, FILL-IFRM/FOLL, MALE, IN	132	132	132	70150	X-RAY FACIAL BONES, COMP, MIN 3 VIEWS	69	69	69
53621	DIL UR STRIC, FILL-IFRM/FOLL, MALE, SU	124	124	124	70160	X-RAY NASAL BONES, COMP, MIN 3 VIEWS	60	60	66
53660	DIL FEM UR W/SUPPOS &/INSTILL, INIT	80	75	70	70200	X-RAY ORBITS, COMP, MIN 4 VIEWS	72	72	65
53661	DIL FEM UR W/SUPPOS &/INSTILL, SU	69	65	59	70210	X-RAY SINUSES, PARTIAL, < 3 VIEWS	82	82	86
53670	CATHETERIZATION; SIMPLE	81	81	91	70220	X-RAY SINUSES, COMP, MIN 3 VIEWS	95	89	102
53675	CATHETERIZATION; COMPLICATED	155	155	155	70250	X-RAY SKULL, < 4 VIEWS, W/WO STEREO	67	67	67
54235	INJ CORPORA CAVERNOSA W/PHARM AGNTS	105	105	104	70260	X-RAY SKULL, COMP, MIN 4 VIEWS, W/WO	81	74	70
58980	LAPAROSCOPY; SURGICAL	1747	1620	1922	70330	X-RAY TMJ, OPEN/CLOSED, BILATERAL	166	166	166
59160	CURETTAGE, POSTPARTUM	848	848	848	70336	MRI, TEMPOROMANDIBULAR JOINT	875	875	875
59515	CESAREAN DELIV INC POSTPARTUM CARE	2968	2968	3187	70355	ORTHOPANTOGRAMAR JOINT	70	70	70
59812	SPONT ABORT, TRIMEST, COMPLETE SURG	773	773	809	70360	X-RAY NECK, SOFT TISSUE	45	45	43
59820	TREAT MISS ABORT, COMP SURG, 1ST TRIM	756	809	809	70450	CAT SCAN, HEAD OR BRAIN, W/O CONTRAST	453	371	432
62270	SPINAL PUNCTURE LUMBAR; DIAGNOSTIC	216	216	216	70460	CAT SCAN, HEAD OR BRAIN W/CONTRAST	517	428	458
62278	INJ ANESTH SUB; EPIDURAL/CAUDAL, SIM	388	354	388	70470	CAT SCAN, HEAD/BRN, WO CONT, FOL CONTR	612	535	535
62279	INJ ANESTH SUB; EPIDURAL/CAUDAL, CON	378	378	378	70480	CAT SCAN, ORBIT/SELLA/FOSSA, WO CONTR	536	536	539
62282	INJ NEUROLYTIC SUB; EPIDURAL/CAUDAL	486	486	486	70481	CAT SCAN, ORBIT/SELLA/FOSSA, W/CONTR	505	505	505
62284	INJ PROC MYELOGRAPHY, SPINAL/POST	535	535	589	70486	CAT SCAN, MAXILLOFACIAL, W/O CONTRAST	539	536	539
62289	INJ SUB OT THAN ANES/NEUROLYT; EP/C	420	420	432	70487	CAT SCAN, MAXILLOFACIAL, W/CONTRAST	357	357	357
63030	LAMINOTOMY; 1 INTRSP, LMBR, UNILAT	4650	4650	4861	70490	CAT SCAN, NECK, SOFT TISSUE, W/O CONTR	539	539	539
64440	INJ, ANESTH AGNT; PARAVERTEBR, NRV, SN	92	92	83	70491	CAT SCAN, NECK, SOFT TISSUE, W/CONTR	501	501	481
64445	INJ, ANESTH AGNT; SCIATIC NERV	113	113	113	70540	MRI, ORBIT, FACE AND NECK	918	918	918
64450	INJ, ANESTH AGNT; OT PERIPH NRV/BRAN	84	84	86	70551	MRI, BRAIN, W/O CONTRAST	891	891	918
64505	INJ, ANESTH AGNT; SPHENOPALATINE GAN	432	432	432	70552	MRI, BRAIN, W/CONTRAST	1096	1096	1096
64640	DESTR BY NEUROLYTIC AGNT; OT PER NRV	118	118	118	71010	X-RAY CHEST, SINGLE, FRONTAL	43	41	48
64721	NEUR &/ TP; MEDIAN NRV @ CARPAL TUN	1380	1620	1620	71020	X-RAY CHEST, 2 VIEWS, FRONTAL/LATERAL	66	57	65
65205	REM FB, EXTERN EYE; CONJUNC SUPERFI	53	53	53	71021	X-RAY CHEST, 2 VIEWS, APICAL LORDOTIC	70	70	70
65210	REM FB, EXTERN EYE; CONJUNC EMBEDDE	80	80	80	71022	X-RAY CHEST, 2 VIEWS, OBLIQUE PROJECT	80	80	80
65220	REM FB, EXTERN EYE; CORN, W/O SLIT L	103	103	103	71030	X-RAY CHEST, COMPLETE, MIN 4 VIEWS	73	77	77
65222	REM FB, EXTERN EYE; CORN W/SLIT LM	112	112	113	71035	X-RAY CHEST, SPECIAL VIEWS	15	15	15
65420	EX OR TRANSPOS PIERYGIUM; W/O GRAFT	1296	1296	1296	71100	X-RAY RIBS, UNILAT, 2 VIEWS	80	68	75
65435	REM CORNEA EPITHELIUM W/WO CHEMOCAU	156	156	156	71101	X-RAY RIBS, UNI, INCL CHEST, 3 VIEWS	81	89	91

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71110	X-RAY RIBS, BILAT, 3 VIEWS	80	80	80	73080	X-RAY ELBOW, COMPLETE, MIN 3 VIEWS	67	65	70
71111	X-RAY RIBS, BI, INCL CHEST, 4+ VIEWS	96	96	96	73090	X-RAY FOREARM, A/P & LATERAL VIEWS	63	59	59
71120	X-RAY STERNUM, MIN 2 VIEWS	70	70	70	73100	X-RAY WRIST, A/P & LATERAL VIEWS	62	62	59
71250	CAT SCAN, CHEST, W/O CONTRAST	513	467	475	73110	X-RAY WRIST, COMPLETE, MIN 3 VIEWS	70	65	70
71260	CAT SCAN, CHEST, W/CONTRAST	580	527	507	73120	X-RAY HAND, 2 VIEWS	59	54	59
71270	CAT SCAN, CHEST, WO CONT, FOL BY CONTR	476	476	476	73130	X-RAY HAND, MINIMUM 3 VIEWS	65	65	65
72010	X-RAY SPINE, ENTIRE, SURVEY, A/P & LAT	135	129	145	73140	X-RAY FINGER(S), MINIMUM 2 VIEWS	56	51	59
72020	X-RAY SPINE, SINGLE VIEW	53	53	43	73220	MRI UPPER EXTREMITY, NOT JOINT	929	929	929
72040	X-RAY CERVICAL SPINE, A/P & LATERAL	65	65	65	73221	MRI UPPER EXTREMITY JOINT	902	902	902
72050	X-RAY CERV SPINE, A/P LAT, MN 4 VIEWS	107	96	107	73500	X-RAY HIP, UNIL, 1 VIEW	63	63	65
72052	X-RAY CERV SPINE, COMP, OBLIQ/FLEX/EX	117	105	113	73510	X-RAY HIP, UNIL, COMP, MIN 2 VIEWS	81	70	75
72070	X-RAY THORACIC SPINE, A/P & LATERAL	73	71	75	73520	X-RAY HIPS, BIL, MIN 2 VIEWS EA SIDE	96	100	102
72072	X-RAY THOR SPINE, AP LAT, CERVICOTHOR	61	61	61	73540	X-RAY PELVIS & HIPS, INFNT/CHILD, MIN 2	73	73	73
72074	X-RAY THOR SPINE, COMP, INCL OBLIQUES	83	83	83	73550	X-RAY FEMUR, A/P & LATERAL VIEWS	75	70	70
72080	X-RAY THORACOLUMBAR SPINE, A/P & LAT	75	72	70	73560	X-RAY KNEE, A/P & LATERAL VIEWS	70	70	70
72090	X-RAY SPINE, SCOLIOSIS STUDY	79	79	75	73562	X-RAY KNEE, A/P & LAT, OBLIQ, MIN 3 VIEWS	75	80	80
72100	X-RAY LUMBOSACRAL SPINE, A/P & LAT	75	75	75	73564	X-RAY KNEE, COMPLETE	91	91	91
72110	X-RAY LUMBOSACRAL SPINE, COMPLETE	129	108	118	73590	X-RAY TIBIA, & FIBULA, A/P & LATERAL	65	65	75
72114	X-RAY LUMB/SAC SPINE, INCL BENDING	140	133	131	73600	X-RAY ANKLE, A/P & LATERAL	57	57	70
72120	X-RAY LUMB/SAC SPINE, BENDING ONLY	81	81	89	73610	X-RAY ANKLE, COMPLETE PROCEDURE	75	65	70
72125	CAT SCAN CERVICAL SPINE WO CONTRAST	453	453	498	73620	X-RAY FOOT, A/P & LATERAL	54	57	55
72128	CAT SCAN THORACIC SPINE WO CONTRAST	572	572	572	73630	X-RAY FOOT, COMPLETE, MIN 3 VIEWS	70	70	70
72131	CAT SCAN LUMBOSACRAL SPINE WO CONTR	550	513	577	73650	X-RAY CALCANEUS, MINIMUM 2 VIEWS	59	64	65
72141	MRI, CERVICAL SPINE, W/O CONTRAST	918	864	891	73660	X-RAY TOE(S), MINIMUM 2 VIEWS	59	56	57
72148	MRI, LUMBOSACRAL SPINE, W/O CONTRAST	914	914	918	73700	CAT SCAN LEG, W/O CONTRAST	486	486	486
72170	X-RAY PELVIS, ANTERO-POSTERIOR ONLY	66	59	63	73720	MRI LOWER EXTREMITY, NOT JOINT	891	908	918
72190	X-RAY PELVIS, COMP, 3 OR MORE VIEWS	67	67	67	73721	MRI LOWER EXTREMITY JOINT	907	896	891
72192	CAT SCAN PELVIS, W/O CONTRAST	413	413	372	74000	X-RAY ABDOMEN, SINGLE A/P VIEW	54	53	59
72193	CAT SCAN PELVIS, W/O CONTRAST	432	392	353	74010	X-RAY ABDOMEN, AP, OBLIQUE, CONE VIEWS	48	44	39
72194	CAT SCAN PELVIS, W/O CONT FOL BY CONT	550	550	550	74020	X-RAY ABDOMEN, COMP, DECUB/ERECT	46	54	54
72196	MRI, PELVIS	938	938	938	74022	X-RAY ABDOMEN, ACUTE SERIES	61	60	60
72200	X-RAY SACROILIAC JOINTS, < 3 VIEWS	77	77	77	74150	CAT SCAN ABDOMEN, W/O CONTRAST	465	423	443
72202	X-RAY SACROILIAC JOINTS, 3 OR MORE	93	93	93	74160	CAT SCAN ABDOMEN, W/ CONTRAST	575	471	513
72220	X-RAY SACRUM & COCCYX, MIN 2 VIEWS	73	73	75	74170	CAT SCAN ABD WO CONT FOLL BY CONT	624	578	583
73000	X-RAY CLAVICLE, COMPLETE	61	60	65	74181	MRI, ABDOMEN FOLL BY CONT	958	958	958
73010	X-RAY SCAPULA, COMPLETE	62	62	62	74210	X-RAY PHARYNX & /OR CERV ESOPHAGUS	108	108	108
73020	X-RAY SHOULDER, 1 VIEW	62	62	65	74220	X-RAY ESOPHAGUS ESOPHAGUS	114	112	113
73030	X-RAY SHOULDER, COMPLETE, MIN 2 VIEWS	70	70	70	74240	X-RAY UPPER GI, W/O KUB/VIDEO	159	173	178
73050	RADIOL EXAM, ACROMIOCLAVICULAR, BILAT	81	81	81	74241	X-RAY UPPER GI, W/ KUB	182	187	221
73060	RADIOLOGIC EXAMS, HUMERUS, 2+ VIEWS	73	66	66	74245	X-RAY UPPER GI, W/SM BOWEL, MULT FILM	221	220	259
73070	X-RAY ELBOW, A/P & LATERAL	65	59	65	74246	UPPER GI SERIES/BARIUM, W/O KUB	174	190	209

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	CPT-4 Code	Description of Services	Region 1	Region 2	Region 3
74247	UPPER GI SERIES, BARIUM, W/KUB	216	223	226	78223	HEPATOBIILIARY DUCT IMAGE, INCL GALL	145	145	145
74249	UPPER GI, BARIUM, W/SM BOWEL FOLLOW	284	284	300	78300	BONE IMAGING, LIMITED AREA	193	193	193
74250	X-RAY SMALL BOWEL, INCL MULT FILMS	153	153	162	78305	BONE IMAGING, MULTIPLE AREAS	324	319	313
74270	CONTRAST X-RAY COLON, BARIUM ENEMA	167	166	199	78306	BONE IMAGING, WHOLE SKELETON	296	269	269
74280	CONTRAST X-RAY COLON, BARIUM, AIR CONT	232	222	229	78315	BONE SCAN, 3-PHASE TECHNIQUE	269	269	269
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST	104	116	127	78351	BONE DENSITY, DUAL PHOTON ABSORPT	199	199	199
74400	UROGRAPHY/PYELOGRAPHY, IV, W WO KUB	168	168	173	78460	MYOCARDIAL IMAGING, RESTING	258	258	254
74405	UROGRAPHY, IV, WHY-PERTENSIVE CONTR	210	210	210	78461	MYOCARDIAL IMAGING, EXERCISE	513	568	469
74410	UROGRAPHY, INFUSION, DRIP/BOLUS TECH	188	188	188	78464	MYOCARDIAL IMAGING, TOMOGRAM, REST	628	628	628
74415	UROGRAPHY, INF, W/NEPHROMATOGRAPHY	198	216	226	78465	MYOCARDIAL IMAGING, TOMOGR, EXERCISE	697	697	848
74420	UROGRAPHY, RETROGRADE, W WO KUB	55	55	55	78472	CARD BLD POOL, WALL MOTION, REG EJ FR	339	339	339
75754	COR ANGIO, BI, LFT VENT/SUPVALV, S/I	178	178	178	78481	CARD BLD POOL, 1ST PASS, EJ FRACTION	205	205	205
76000	FLUOROSCOPY, UP TO ONE HOUR	67	67	65	78580	PULM PERFUSION IMAGING, PARTICULATE	115	115	113
76140	CONSULT, X/RAY MADE ELSEWHERE, WRITTEN	54	53	54	78707	KIDNEY IMAGING, VASC & FUNCT STUDIES	310	310	310
76150	XERORADIOGRAPHY	24	23	26	78990	PROVISION OF DIAG RADIONUCLIDES	89	89	107
76375	CAT SCANS, OTHER PLANES	243	232	216	80002	1-2 CLINICAL CHEM TESTS	35	35	35
76506	ECHOENCEPHALOGRAPHY	101	101	101	80003	3 CLINICAL CHEMISTRY TESTS	25	25	25
76511	OPHTHALMIC ULTRASOUND, A-MODE	216	216	216	80004	4 CLINICAL CHEMISTRY TESTS	24	24	24
76512	OPHTHALMIC ULTRA, CONTACT B-SCAN	298	298	296	80006	6 CLINICAL CHEMISTRY TESTS	51	51	51
76516	OPHTHAL BIOMETRY, ULTRASOUND, A-MODE	188	196	216	80007	7 CLINICAL CHEMISTRY TESTS	26	26	26
76519	OPHTHAL BIOMETRY, W IOL POWER CALC	188	202	216	80010	10 CLINICAL CHEMISTRY TESTS	29	29	29
76536	ECHOGRAM, HEAD/NECK, B-SCAN/REAL TIME	182	182	191	80012	12 CLINICAL CHEMISTRY TESTS	37	37	37
76700	ECHOGRAM, ABDOMEN, W IMAGE DOCUMENT	226	213	221	80016	13-16 BLOOD/URINE TESTS	46	51	43
76705	ECHOGRAM, ABDOMEN, LIMITED	203	168	173	80018	17-18 BLOOD/URINE TESTS	41	37	43
76770	ECHOGRAM, RETROPERITONEAL, COMPLETE	232	221	226	80019	19 OR MORE BLOOD/URINE TESTS	37	42	37
76775	ECHOGRAM, RETROPERITONEAL, LIMITED	198	198	198	80031	DRUG MONITORING, ONE DRUG	80	80	80
76805	ECHOGRAM, PREGNANT UTERUS, COMPLETE	243	216	216	80058	HEPATIC FUNCTION PANEL	45	45	45
76815	ECHOGRAM, PREGNANT UTERUS, LIMITED	177	146	162	80059	HEPATITIS PANEL	77	77	77
76816	ECHOGRAM, PREG UTERUS, REPEAT/FOLLOWUP	132	132	119	80062	CARDIAC EVALUATION PANEL	51	51	51
76818	FETAL BIOPHYSICAL PROFILE	223	223	216	80073	RENAL PANEL	43	43	43
76830	ECHOGRAM, TRANSVAGINAL	269	269	269	81000	URINALYSIS WITH MICROSCOPY	12	12	13
76856	ECHOGRAM, PELVIC, NON-OB, COMPLETE	226	185	194	81002	URINALYSIS W/O MICROSCOPY	12	12	10
76857	ECHOGRAM, PELVIC, NON-OB, LTD/FOLLOW	147	164	180	81005	URINALYSIS, ANY # OF CONSTITUENTS	11	11	11
76870	ECHOGRAM, SCROTUM AND CONTENTS	291	291	269	81015	MICROSCOPIC EXAM OF URINE	8	8	8
76872	ECHOGRAM, PROSTATE, TRANSRECTAL	311	311	311	82150	ASSAY OF SERUM AMYLASE	18	18	16
76880	ECHOGRAM, EXTREMITY, NON-VASCULAR	246	246	246	82172	APOLIPOPROTEIN IMMUNOASSAY	18	18	18
78006	THYROID IMAGING W/UPTAKE, SINGLE	233	233	243	82250	ASSAY BLOOD BILIRUBIN	19	19	19
78007	THYROID IMAGING W/UPTAKE, MULTIPLE	171	171	171	82270	TEST FECES FOR BLOOD DIRECT	12	12	15
78215	LIVER & SPLEEN IMAGING, STATIC ONLY	164	164	164	82310	ASSAY CALCIUM IN BLOOD, CHEMICAL	16	16	16
					82372	ASSAY SERUM CARBAMAZEPINE	57	57	57
					82374	ASSAY BLOOD CARBON DIOXIDE	11	11	11
					82643	RIA ASSAY FOR DIGOXIN	49	49	49

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82660	TEST FOR DRUGS	67	67	67	84703	CHORIONIC GONADO-TROPIN ASSAY	29	29	30
82947	ASSAY BLOOD FLUID GLUCOSE	12	12	12	84999	CLINICAL CHEMISTRY TEST	90	90	90
82948	STICK ASSAY OF BLOOD GLUCOSE	12	12	12	85005	BASOPHIL BLOOD CELL COUNT	15	15	15
82950	GLUCOSE TEST	14	14	13	85007	DIFFERENTIAL WBC COUNT, W/MORPH + PLT	12	12	11
82951	GLUCOSE TOLERANCE TEST (GTT)	42	42	42	85009	DIFFERENTIAL WBC COUNT, BUFFY COAT	9	9	9
82952	GTT-ADDED SAMPLES	45	45	45	85014	HEMATOCRIT COUNT, BUFFY COAT	12	10	12
82977	ASSAY OF GGT ENZYME	15	15	15	85018	HEMOGLOBIN, COLORIMETRIC	12	10	10
83001	PITUITARY GONADOTROPIN RIA	66	66	66	85021	AUTOMATED HEMOGRAM, R/WBC, HGB, HCT, IN	17	15	16
83002	PITUITARY GONADOTROPINS RIA	59	59	59	85022	AUTOMATED HEMOGRAM, MAN DIFF, WBC	19	21	21
83020	ASSAY HEMOGLOBINS RIA	13	13	12	85023	AUTOMATED HEMOGRAM, PLAT, AUT + MAN, CBC	31	31	25
83036	GLYCOSYLATED HEMOGLOBIN TEST	38	38	39	85024	AUTOMATED HEMOGRAM, PLT, AUT + AUT PART	27	30	26
83540	ASSAY SERUM IRON	15	15	15	85025	AUTO HEMOGRAM, PLATELET, AUT + AUT COMP	18	18	18
83545	AUTO-ASSAY SERUM IRON	24	24	24	85027	AUTOMATED HEMOGRAM, HEM + PLAT COUNT	23	22	23
83550	SERUM IRON BONDING TEST	31	31	31	85029	AUTOMATED HEMOGRAM, RDW + MPV 1-3 IND	4	4	4
83555	SERUM IRON BINDING, AUTO-TEST	12	12	12	85031	MANUAL HEMOGRAM, COMPLETE CBC	21	20	21
83705	ASSAY BLOOD LIPID GROUPS	29	29	29	85044	RETICULOCYTE COUNT	15	15	15
83718	ASSAY BLOOD LIPOPROTEIN, PRECIP	17	18	15	85060	BLOOD SMEAR INTERPRETATION	37	37	37
83719	BLOOD LIPOPROTEIN ASSAY, ULTRACENT	33	33	33	85100	BONE MARROW EXAMINATION	269	269	269
83720	BLOOD LIPOPROTEIN ASSAY, FRACT CALC	16	16	16	85580	BLOOD PLATELET COUNT	15	15	15
83725	ASSAY BLOOD LITHIUM-RACT CALC	27	27	26	85595	ELECTRONIC PLATELET COUNT	14	15	14
83735	ASSAY BLOOD MAGNESIUM, CHEMICAL	25	25	25	85610	PROTHROMBIN TIME	16	15	14
84045	ASSAY PHENYTOIN	57	57	57	85650	RBC SEDIMENTATION RATE, WINTROBE	16	15	16
84065	ASSAY PROSTATE PHOSPHATASE, FRACTION	41	41	41	85651	RBC SEDIMENTATION RATE, WESTERGREN	15	15	14
84075	ASSAY ALKALINE PHOSPHATASE, BLOOD	15	15	15	85730	THROMBOPLASTIN TIME, PART, PLAS/WHOLE	23	23	22
84132	ASSAY BLOOD POTASSIUM	13	13	12	86006	ANTIBODY, QUALITATIVE, FIRST	26	26	26
84144	ASSAY PROGESTERONE	62	62	68	86008	ANTIBODY, QUANT., FIRST	54	54	54
84146	RIA ASSAY FOR PROLACTIN	79	79	80	86016	RBC SALINE ANTIBODIES, HP + ANTIHUMAN	18	18	18
84165	ASSAY SERUM PROTEINS, ELEC FRAC, QUAN	42	42	42	86038	ANTINUCLEAR ANTIBODIES, RIA	42	42	42
84180	ASSAY URINE PROTEIN FRAC, QUAN	30	30	30	86060	ANTISTREPTOLYSIN O TITER	32	32	32
84231	RADIOIMMUNOASSAY	94	94	94	86082	BLOOD TYPING, ABO & RHO(D)	23	23	20
84233	ASSAY ESTROGEN	43	43	43	86100	BLOOD TYPING, RHO(D) ONLY	6	6	6
84295	ASSAY BLOOD SODIUM	19	19	19	86128	COLLECTION, PROCESS & STORAGE BLOOD	432	432	432
84403	RIA ASSAY BLOOD TESTOSTERONE	95	95	95	86140	C-REACTIVE PROTEIN	25	25	25
84420	ASSAY THEOPHYLLINERONE	54	54	54	86244	ASSAY ALPHA-1 FETOPROTEIN	65	65	65
84435	ASSAY THYROXINE (T-4)	25	25	25	86255	FLUORESCENT ANTIBODY; SCREEN	78	78	83
84436	RIA ASSAY, TRUE THYROXINE	22	24	21	86256	FLUORESCENT ANTIBODY; TITER	68	68	68
84439	RIA ASSAY, FREE THYROXINE	53	53	50	86280	HEMAGGLUTINATION INHIBITION	30	30	30
84443	ASSAY THYROID STIM HORMONE	60	59	66	86287	HEPATITIS HAA, RIA, OR EIA	32	32	31
84450	UV-ASSAY TRANSDAMINASE (SGOT)	14	14	14					
84460	UV-ASSAY TRANSAMINASE (SGPT)	14	14	14					
84478	ASSAY BLOOD TRIGLYCERIDES	18	18	16					
84479	ASSAY TRIIODOTHYRONINE (T-3)	16	16	15					
84480	RIA ASSAY, TT-3E (T-3)	58	58	64					
84520	ASSAY BLOOD, UREA, NITROGEN	12	12	13					
84550	ASSAY BLOOD URIC ACID	19	19	19					
84702	CHORIONIC GONADOTROPIN TEST	58	58	60					

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86289	HEPATITIS BC ANTI-BODY TEST, HBCAB	49	49	49	87253	VIRUS INOCULATION FOR TEST, ADDL STD	70	70	70
86291	HEPATITIS BS ANTI-BODY TEST, HBSAB	37	37	37	87999	MICROBIOLOGY PROCEDURE	26	26	26
86296	HEPATITIS A ANTIBODY TEST, HAAB	51	51	51	88104	CYTOPATHOLOGY, W/CENTRIF, WO/CRV + VAG	73	73	71
86300	HETEROPHILE ANTI-BODY SCREEN	20	20	20	88108	CYTOPATHOLOGY, CONCENTRATION	102	102	102
86310	HETEROPHILE ANTIBODIES	35	35	35	88150	CYTOPATHOLOGY PAP SMEAR, TECH	19	21	21
86312	HIV ANTIBODY DETECTION	51	51	51	88151	CYTOPATHOLOGY INTERPRETATION, PHYS	21	21	21
86316	IMMUNOASSAY, TUMOR ANTIGEN	61	61	63	88155	CYTOPATHOLOGY, PAP SMEAR, W/HORMONAL	25	23	21
86317	IMMUNOASSAY, INFECTIOUS AGENT	67	74	60	88160	CYTOPATHOLOGY, ANY OTHER SOURCE	46	46	46
86319	IMMUNOASSAY TECHNIQUE FOR DRUGS	54	54	54	88161	CYTOPATHOLOGY, PREP, SCRIN + INTERPET	9	9	9
86329	IMMUNODIFFUSION, EACH	67	67	67	88170	FINE NEEDLE ASPIRATION, W/WO PREP	136	136	136
86357	LYMPHOCYTES, T & B DISTINCTION	178	178	178	88173	INTERPRETATION OF SMEAR	118	118	118
86403	RAPID TEST, INFECTIOUS AGENT	20	20	19	88300	SURGICAL PATHOLOGY, GROSS	28	28	26
86421	RADIOALLERGOSORBENT TESTS, 5/<	34	34	34	88302	SURGICAL PATHOLOGY, COMP, NORM TISS	48	50	48
86422	RADIOALLERGOSORBENT TESTS, 6/>	346	346	346	88304	SURGICAL PATHOLOGY, COMP, ABNORM TSS	73	80	75
86423	RADIOIMMUNOSORBENT TEST IGE, QUANT	58	58	58	88305	SURGICAL PATHOLOGY, COMP, WO/COMPLEX	124	124	129
86430	RHEUMATOID FACTOR TEST	18	18	16	88307	SURGICAL PATHOLOGY, COMP, COMPLEX	192	192	194
86580	TB INTRADERMAL TEST	15	15	15	88309	SURGICAL PATHOLOGY, COMP, COMPLX, DIS	269	269	269
86585	TB TINE TEST	14	13	15	88311	DECALCIFY TISSUE, COMPLX, DIS	21	21	21
86592	BLOOD SEROLOGY, QUALITATIVE	15	15	14	88312	SPECIAL STAINS, GROUP 1	65	65	65
86999	IMMUNOLOGY PROCEDURE	82	82	82	88313	SPECIAL STAINS, GROUP 2 + OTHERS	21	21	21
87015	SPECIMEN CONCENTRATION	32	32	32	88346	IMMUNOFLUORESCENT STUDY	42	42	42
87040	BLOOD CULTURE FOR BACTERIA	51	51	54	88399	SURGICAL PATHOLOGY PROCEDURE	43	43	43
87045	STOOL CULTURE FOR BACTERIA	45	45	45	90292	HOSPITAL DISCHARGE DAY	81	81	91
87060	NOSE/THROAT CULTURE, BACTERIA	15	15	16	90782	INJECTION SUBCU/(IM)T	27	29	26
87070	CULTURE SPECIMEN, BACTERIA	35	32	36	90801	DIAGNOSTIC INTERVIEW, PSYCH	197	197	237
87072	CULTURE OF SPECIMEN BY KIT	20	18	21	90843	INDIVIDUAL PSYCHOTHERAPY, 20-30 MIN	78	78	78
87081	BACTERIA CULTURE SCREEN	18	16	19	90844	INDIVIDUAL PSYCHOTHERAPY, 45-50 MIN	128	129	129
87082	CULTURE OF SPECIMEN BY KIT, SINGLE	19	19	19	90900	BIOFEEDBACK TRNG BY ELECTROMYOGRAM	108	110	110
87084	CULTURE OF SPECIMEN BY KIT, COL EST	19	19	19	90935	HEMODIALYSIS, SINGLE EVAL	1868	1868	1868
87085	CULTURE OF SPECIMEN BY KIT, COL CNT	15	15	15	92004	EYE EXAM & TREATMENT, NEW PT, COMP	75	75	75
87086	URINE CULTURE, COLONY COUNT	30	26	31	92012	EYE EXAM & TREATMENT, COMP	57	57	59
87087	URINE BACTERIA CULTURE, COMMERC KIT	22	22	24	92014	EYE EXAM & TREATMENT	75	75	75
87088	URINE BACTERIA CULTURE, ID + COM KIT	26	26	26	92020	GONIOSCOPY W/ EVALUATION	59	59	59
87101	SKIN FUNGUS CULTURE	25	25	25	92081	VISUAL FIELD EXAM, LIMITED	57	57	57
87102	FUNGUS ISOLATION CULTURE	38	38	38	92082	VISUAL FIELD EXAM, INTERMEDIATE	65	65	65
87106	FUNGUS IDENTIFICATION	26	26	26	92083	VISUAL FIELD EXAM, EXTENDED	89	89	89
87109	MYCOPLASMA CULTURE	74	74	74	92100	SERIAL TONOMETRY, 1 OR MORE SESSIONS	42	42	42
87110	CULTURE, CHLAMYDIA	80	80	80	92225	OPHTHALMOSCOPY, EXTENDED, INITIAL	126	126	126
87177	OVA AND PARASITES SMEARS	63	63	63	92226	OPHTHALMOSCOPY, EXTENDED, SUBSEQUENT	65	65	65
87184	ANTIBIOTIC SENSITIVITY, EACH, DISC	25	25	22	92235	OPHTHALMOSCOPY W/ ANGIOGRAPHY	287	287	287
87186	ANTIBIOTIC SENSITIVITY, MIC	16	16	16					
87205	SMEAR, STAIN & INTERPRET, ROUTINE	17	17	17					
87210	SMEAR, STAIN & INTERPRET, WET + SIMPLE	16	16	15					

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92250	OPHTHALMOSCOPY W/FUNDUS PHOTOGRAPHY	74	74	74	95021	INTRCUT TSTS, EXTRACTS, 15-20 MN:11-20	107	107	107
92551	PURE TONE AUDIOMETRY, AIR ONLY	24	24	24	95117	IMMUNOTHERAPY INJECTIONS, PROF SERV	23	23	26
92552	PURE TONE AUDIOMETRY, AIR & BONE	33	33	33	95155	SUPRV/PRV SNG/MLT ANTS, >1 MULT DOSE	133	133	133
92553	AUDIOMETRY, AIR & BONE	47	47	47	95819	EEG, STANDARD/PORTABLE, SAME FACILITY	166	162	162
92557	COMPREHENSIVE AUDIOMETRY	80	80	72	95860	ELECTROMYOGRAPHY, 1 LIMB	265	265	265
92566	IMPEDANCE HEARING TEST	30	30	32	95861	ELECTROMYOGRAPHY, 2 LIMBS	314	314	314
92567	TYMPANOMETRY	24	22	26	95869	ELECTROMYOGRAPHY, SPECIFIC MUSCLES	179	179	179
92982	PERCUT TRNSLUMINL CORN ANGIO; 1 VESL	3207	3207	3241	95900	MOTOR NERVE CONDUCTION TESTING, EACH NERVE	122	116	122
93000	ELECTROCARDIOGRAM, COMPLETE	54	54	59	95904	SENSORY NERVE CONDUCTION TESTING, EACH NERVE	116	110	122
93010	ELECTROCARDIOGRAM REPORT	38	37	43	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	21	21	21
93014	REPORT ON TRANSMITTED ECG	40	40	40	96912	PHOTOCHEMOTHERAPY: PSORALENS & PUVA	32	32	32
93015	CARDIOVASC STRESS TEST, TRAC/INTERP	291	269	296	97010	PHYS MED TRI 1 AREA HOT/COLD PACKS	31	38	34
93018	CARDIOVASC STRESS TEST, INTERP ONLY	182	182	188	97012	PHYS MED TRI 1 AREA, TRACTION MECH	35	35	35
93040	RHYTHM ECG WITH REPORT ONLY	47	47	47	97014	PHY MED TR TO ONE AREA; ELEC STIM	27	27	33
93042	RHYTHM ECG, REPORT	27	27	27	97018	PMT TO ONE AREA; PARAFFIN BATH	37	37	37
93224	24 HR ECG, SCANNER, RECORD/INTERP	322	322	322	97022	PMT TO ONE AREA; WHIRLPOOL	30	30	30
93227	24 HR ECG, SCANNER, REV/INTERP ONLY	162	162	162	97024	PMT TO ONE AREA; DIATHERMY	21	21	21
93307	ECHOCARDIOGRAPHY, REALTIME, COMPLETE	342	308	376	97110	PHYSIOTHERAPY: THERAPEUTIC EXERCISE	55	60	55
93320	DOPPLER ECHOCARDIOGRAPHY, COMPLETE	257	257	232	97118	PMT ONE AREA; INIT 30 MIN; ELEC STIM	46	46	46
93325	DOPPLER COLOR FLOW VELOCITY MAPPING	162	162	162	97124	PMT ONE AREA; INIT 30 MIN; MASSAGE	32	32	34
93501	HEART CATHETERIZATION RIGHT, ONLY	1117	1117	1117	97128	PHYSIOTHERAPY: ULTRASOUND	33	37	37
93503	HEART CATH RT; W/ SWAN-GANZ CATH	774	756	809	97145	PHYS MED TRT TO ONE AREA EA ADD'L	17	17	17
93545	INJ FOR SELECT CORONARY ANGIOGRAPHY	1242	1242	1242	97240	POOL THERAPY/HUBBARD TANK W THERAPEUTIC	37	37	37
93547	HRT CATH LFT COR ANG & VENT ANG	1583	1620	1566	97260	MANIPULATION, PERFORMED BY PHYSICIAN	45	45	45
93548	HRT CAT LFT COR ANG VENT AORT RT AO	1539	1539	1539	97530	KINETIC ACTIV INCREASE COORD, STRENGTH	65	65	72
93549	HRT CAT RT & LFT COR ANG VENT ANG	1674	1755	1993	97700	VISIT WITH ORTHOT/PROSTH/ADL CHECK, 30 MIN	60	60	56
93552	LT HRT CAT COR ANG VEN CIN; VIS BYPS	2183	2183	2183	97720	EXTREMITY TEST/STRENGTH, DEXTERITY	60	60	60
93553	LT CT COR ANG/VEN CIN; VISL; AORTGPHY	2106	2106	2106	99000	SPECIMEN HANDLING, DOC TO LAB	11	10	12
93762	PERIPHERAL THERMOGRAM, INCLUDING ANY SERIES	432	432	432	99050	AFTER HOURS, ADD TO BASIC SERVICE	54	54	54
93870	CAROTID ARTERY IMAGING	397	397	432	99054	SERV SUNDAY/HOLIDAY, ADD TO BASIC	50	54	57
93910	LOWER LIMB ARTERY STUDY	257	257	256	99058	OFFICE EMERGENCY CARE	52	52	52
93950	NONINVASIVE EXTREMITY VEIN STUDIES	171	171	171	99172	CRITICAL CARE, FOLLOW-UP, LIMITED	140	140	140
93960	QUANTITATIVE VENOUS FLOW STUDIES	269	269	269	99173	CRITICAL CARE, FOLLOW-UP, INTERMED	220	220	220
94010	SPIROMETRY	64	57	65	99201	OFF OR O/P VST NP; PROB FOCUSED	66	66	69
94060	BRONCHOSPASM EVALUATION	127	127	135	99202	OFF OR O/P VST NP; EXP PROB FOCUSED	62	62	74
94160	VITAL CAPACITY SCREENING	25	25	25	99203	OFF OR O/P VST NP; DETAILED LOW	89	89	84
94240	RESIDUAL LUNG CAPACITY	81	81	81	99204	OFF OR O/P VST NP; COMPREHENS MOD	114	102	122
94375	RESPIRATORY FLOW VOLUME LOOP	88	88	84	99205	OFF OR O/P VST NP; COMPREHENS HIGH	144	147	147
94700	BLOOD GAS ANALYSIS, REST ONLY	60	60	60					
94720	CARBON MONOXIDE DIFFUSING CAPACITY	107	107	107					
95020	INTRCUT TSTS, EXTRACTS, 15-20 MIN: <11	76	76	76					

CPT-4 Code	Description of Services	Region 1	Region 2	Region 3	ADA Code	Description of Services	Region 1	Region 2	Region 3
99211	OFF OR O/P VST EST PT; MINIMAL	34	30	34	0130	EMERGENCY ORAL EXAM	27	27	30
99212	OFF OR O/P VST EST PT; PROBLM FOCUSED	39	42	44	0210	FULL MOUTH X-RAY SERIES	55	55	61
99213	OFF OR O/P VT EST PT; EXP PRB FOCUSED	47	45	49	0220	X-RAY, PERIAPICAL, FIRST FILM	8	10	10
99214	OFF OR O/P VST EST PT; DETAILED MOD	64	64	64	0222	X-RAY INTRA-ORAL TWO FILMS	15	15	16
99215	OFF OR O/P VST EST PT; COMPREH HIGH	99	86	99	0223	X-RAY INTRA-ORAL THREE FILMS	19	19	22
99221	INT HOSP CARE PER DAY; COMPREH LOW	148	148	148	0224	X-RAY INTRA-ORAL FOUR FILMS	24	27	27
99222	INT HOSP CARE PER DAY; COMPREH MOD	143	143	147	0225	X-RAY INTRA-ORAL FIVE FILMS	29	30	32
99223	INT HOSP CARE PER DAY; COMPREH HIGH	184	166	196	0226	X-RAY INTRA-ORAL SIX FILMS	33	32	37
99231	SUB HOSP CARE PER DAY; PROBLM FOCUSED	61	61	64	0227	X-RAY INTRA-ORAL SEVEN FILMS	42	40	43
99232	SUB HOSP CARE PER DAY; EXP PRB FOCUSED	74	64	74	0228	X-RAY INTRA-ORAL EIGHT FILMS	41	43	48
99233	SUB HOSP CARE PER DAY; DETAILED HIGH	96	96	94	0229	X-RAY INTRA-ORAL NINE FILMS	46	48	48
99241	OFF CONSULT; PROBLEM FOCUSED	78	78	78	0230	X-RAY, PERIAPICAL, ADDITIONAL FILM	5	5	6
99242	OFF CONSULT; EXP PROBLEM FOCUSED	98	98	102	0240	X-RAY, INTRAORAL OCCLUSAL FILM	18	20	21
99243	OFF CONSULT; DETAILED LOW	133	133	137	0270	X-RAY, BITEWING, SINGLE FILM	10	10	10
99244	OFF CONSULT; COMPREHENSIVE MOD	171	171	171	0272	BITEWING X-RAYS, TWO FILMS	16	16	17
99245	OFF CONSULT; COMPREHENSIVE HIGH	195	195	196	0273	BITEWING X-RAYS, THREE FILMS	18	20	22
99252	INT IP CONSULT; EXP PROBLEM FOCUSED	126	126	126	0274	BITEWING X-RAYS, FOUR FILMS	22	21	26
99253	INT IP CONSULT; DETAILED LOW	164	164	171	0280	BITEWING X-RAY, ADDITIONAL FILM	5	5	5
99254	INT IP CONSULT; COMPREHENSIVE MOD	203	182	221	0290	X-RAY POST-ANT-LAT-SKLL FCL BN SURV	54	54	54
99255	INT IP CONSULT; COMPREHENSIVE HIGH	214	214	221	0321	X-RAY TMJ SINGLE FILM	36	36	36
99261	FU IP CONSULT EST PT; PROBLEM FOCUSED	53	53	53	0330	PANORAMIC X-RAY SERIES	48	51	55
99262	FU IP CONSULT EST PT; EXP PROB FOCUS	64	64	64	0340	CEPHALOMETRIC FILM	50	53	55
99282	ER VISIT; EXP PROBLEM FOCUSED LOW	74	74	74	0410	BACTERIOLOGIC CULTURE	22	24	21
99283	ER VISIT; EXP PROBL FOC LOW-MODERATE	101	99	102	0450	HISTOPATHOLOGIC EXAMINATION	63	63	64
99284	ER VISIT; DETAILED MODERATE	160	160	167	0460	PULP VITALITY TESTS	20	21	24
99285	ER VISIT; COMPREHENSIVE HIGH	212	212	221	0470	DIAGNOSTIC CASTS	43	46	45
99291	CRITICAL CARE PROLONGED; FIRST HOUR	207	207	207	0471	DIAGNOSTIC PHOTOGRAPHS	26	26	25

DOLLAR AMOUNTS ON THE FEE SCHEDULE DEFINE THE AUTOMOBILE INSURER'S UPPER LIMIT OF LIABILITY FOR THE SERVICE PROVIDED. REIMBURSEMENT WILL BE BASED ON WHAT IS USUAL, CUSTOMARY AND REASONABLE WITHIN THE UPPER LIMIT.

(b) The following is the Medical Fee Schedule for dental services:

STATE OF NEW JERSEY
PERSONAL AUTO INJURY FEE SCHEDULE—DENTAL SERVICES

ADA Code	Description of Services	Region 1	Region 2	Region 3
0110	INITIAL ORAL EXAM	\$24	\$26	\$28
0120	PERIODIC ORAL EXAM	18	21	21
0121	RECALL EXAM-ADULT (W/ X RAYS & PROPHY)	68	70	79
0122	RECALL EXAM-CHILD (W/X RAYS, PROPHY, FLUOR)	68	65	72
0123	RECALL EXAM-CHILD W/ X-RAYS, PROPHY, FLUO	54	61	62
0124	RECALL EXAM-ADULT, W/ PROPHY	58	54	61

ADA Code	Description of Services	Region 1	Region 2	Region 3	ADA Code	Description of Services	Region 1	Region 2	Region 3
1510	SPACE MAINTAINER-FIXED UNILATERAL	168	196	188	2750	CROWN, PORCE-LAIN/HIGH NOBLE	555	605	628
1515	SPACE MAINTAINER-FIXED BILATERAL	285	306	257	2751	CROWN, PORCE-LAIN/BASE METAL	540	552	580
1550	RECEMENTATION OF SPACE MAINTAINER	33	33	33	2752	CROWN, PORCE-LAIN/NOBLE METAL	534	560	588
2110	AMALGAM, ONE SURFACE, PRIMARY TOOTH	44	43	44	2790	GOLD/HIGH NOBLE METAL	626	608	648
2120	AMALGAM, TWO SURFACES, PRIMARY TOOTH	57	64	64	2791	BASE METAL FULL CAST	474	438	482
2130	AMALGAM, THREE SURFACES, PRIMARY TOOTH	76	83	83	2792	NOBLE METAL FULL CAST	553	537	589
2131	AMALGAM, FOUR SURFACES, PRIMARY TOOTH	98	101	98	2810	CROWN, 3/4 CAST-GOLD	656	613	672
2140	AMALGAM, ONE SURFACE, PERM. TOOTH	42	45	49	2830	CROWN, STAINLESS STEEL (PREFABRICATED)	131	143	160
2150	AMALGAM, TWO SURFACES, PERM. TOOTH	57	64	65	2840	TEMPORARY CROWN-FRACTURED TOOTH	106	91	102
2160	AMALGAM, THREE SURFACES, PERM. TOOTH	74	81	86	2891	CAST POST & CORE (IN ADD'N TO CROWN)	177	201	207
2161	AMALGAM, 4 + SURFACES, PERMANENT RESTORATION	91	100	107	2892	PREFAB. POST & CORE (IN ADD'N TO CROWN)	158	170	182
2170	AMALGAM PIN RETAINED	79	79	79	2910	RE-CEMENT INLAY	39	41	45
2190	PIN RETENTION, EXCLSVE OF AMLGM, PER PIN	20	20	24	2920	RECEMENT CROWN	37	41	42
2210	SILICATE RESTORATION, ONE SURFACE	18	16	20	2930	PREFAB STAINLESS STEEL CROWN-PRI-MARY	124	133	151
2310	ACRYLIC OR PLASTIC RESTORATION	30	30	37	2932	PREFABRICATED RESIN CROWN	153	153	153
2330	COMPOSITE-ONE SURFACE	52	55	60	2940	SEDATIVE FILLING	42	43	46
2331	COMPOSITE-TWO SURFACES	71	77	83	2950	CROWN BUILDUP, PIN OR POST RETAINED	126	134	148
2332	COMPOSITE-THREE SURFACES	92	102	105	2951	PIN RETN. PER TOOTH IN ADD'N TO RESTOR.	19	19	24
2334	PIN RETENTION	22	26	26	2952	CAST POST & CORE IN ADD'N TO CROWN	187	212	212
2335	COMPOSITE INVOLVING INCISAL ANGLE	114	125	135	2954	PREFAB POST & CORE IN ADD'N TO CROWN	150	159	175
2336	LIGHT CURED COMPOSITE-INCISAL	137	151	158	2960	LABIAL VENEER (LAMINATE) CLAIRSIDE	334	314	328
2337	LIGHT CURED COMPOSITE, 1 SUR W/ ACID ETCH	59	64	70	2962	LABIAL VENEER (PORCELAIN LAMINATE) LAB.	373	425	425
2338	LIGHT CURED COMPOSITE, 2 SUR W/ ACID ETCH	81	86	97	2980	REPAIR TO CROWN	133	123	133
2339	LIGHT CURED COMPOSITE, 3 SUR W/ ACID ETCH	112	118	135	3110	PULP CAP, DIRECT-OVER PULP EXPOSURE	31	30	37
2340	ACID ETCH FOR RESTORATION	28	26	31	3120	PULP CAP, INDIRECT	25	25	30
2510	GOLD INLAY, 1 SURFACE	294	294	294	3130	RECALCIFICATION TEMPORARY PER TOOTH	40	40	40
2520	GOLD INLAY, 2 SURFACES	423	423	415	3220	VITAL PULPOTOMY	85	82	80
2525	2 SURFACE INLAY INCLUDING ONLAY	545	545	551	3310	ROOT CANAL THERAPY, ONE CANAL	340	319	327
2530	3-SURFACE GOLD FOIL	507	505	508	3315	RT CANAL THER 1 EXC RST-TRADITIONAL	324	351	351
2535	3 SURFACE INLAY INCLUDING ONLAY	649	622	643	3320	ROOT CANAL THERAPY, TWO CANALS	401	399	407
2540	ONLAY PER TOOTH (IN ADD'N TO INLAY)	481	501	505	3325	RT CANAL THER 2 EXC RST-TRADITIONAL	405	432	459
2620	INLAY, PORCELAIN/CERAMIC, TWO SURFACES	511	511	511	3330	ROOT CANAL THERAPY, THREE CANALS	501	516	521
2630	INLAY, PORCELAIN/CERAMIC, THREE SURFACES	495	495	492	3335	RT CANAL THER 3 EXC RST-TRADITIONAL	497	541	568
2710	CROWN, PLASTIC (ACRYLIC)	201	206	246	3340	ROOT CANAL THERAPY, FOUR CANALS	539	610	591
2711	CROWN, PLASTIC (ACRYLIC-PREFABRICATED)	169	186	157	3410	APICOECTOMY (AND/OR) CURETTAGE, SEP SURG PR	288	300	327
2720	CROWN, RESIN/HIGH NOBLE METAL	591	550	603	3411	APICOECTOMY PER TOOTH, EA ADD'L ROOT	186	186	186
2722	CROWN, RESIN/NOBLE METAL	518	518	518	3420	APICOECTOMY W/ ENDODONTIC PROC PER ROOT	314	318	310
2740	CROWN, PORCELAIN	567	625	605	3430	RETROGRADE FILLING (PER ROOT)	101	90	92
					3440	APICAL CURETTAGE	147	140	132
					3450	ROOT AMPUTATION (PER ROOT)	217	195	238
					3920	HEMISECTION	177	166	194
					3940	RECALCIFICATION	20	20	20
					3950	CANAL PREP & PREFITTING PREFORMED POST	56	56	52
					3960	BLEACHING DISCOLORED TOOTH	73	72	73

ADA Code	Description of Services	Region 1	Region 2	Region 3	ADA Code	Description of Services	Region 1	Region 2	Region 3
4210	GINGIVECTOMY/GINGIVOPLASTY PER QUAD	259	273	264	5261	DENT PART UPPER CHROME PLTL BAR CST	750	757	757
4211	GINGIVECTOMY/GINGIVOPLASTY SINGLE SITE	104	106	106	5281	UNILATERAL PARTIAL DENTURE	388	388	388
4212	GINGIVECTOMY PER TOOTH LESS THAN 5	71	81	81	5310	DENT PART ADDTL CLASP WITH RST EACH	81	81	81
4220	GINGIVAL CURETTAGE PER QUADRANT	102	109	104	5410	DENTURE ADJUSTMENT	36	35	38
4240	GINGIVAL FLAP PROCEDURES	309	325	371	5415	DENT ADJUST COMPL OR PART U OR L	35	35	35
4250	MUCOGINGIVAL SURGERY PER QUADRANT	330	330	330	5421	LOWER PARTIAL DENTURE ADJUSTMENT	31	31	31
4260	OSSEOUS SURGERY, PER QUADRANT	628	570	597	5510	REPAIR BROKEN COMPLETE DENTURE BASE	81	74	89
4261	OSSEOUS GRAFT, SINGLE SITE	271	244	296	5520	REPL. EA. MISS/BROKEN TOOTH COM. DEN.	61	55	68
4262	OSSEOUS GRAFT, MULTIPLE SITES	380	380	380	5610	DENTURE REPAIR	69	80	80
4263	OSSEOUS SURGERY, SINGLE SITE	398	398	425	5620	DENTURE REPAIR	83	80	87
4270	PEDICLE SOFT TISSUE GRAFTS	391	391	391	5630	DENTURE REPAIR	60	66	74
4271	FREE SOFT TISSUE GRAFTS	365	419	422	5640	DENTURE REPAIR	60	64	72
4272	APICALLY REPOSITIONING FLAP	334	334	334	5650	DENTURE REPAIR	75	80	88
4320	PROVISIONAL SPLINT, INTRACORONAL	94	100	97	5660	DENTURE REPAIR	102	103	123
4321	PROVISIONAL SPLINT, EXTRACORONAL	80	80	98	5670	DENTURE REPAIR	76	76	76
4330	OCCCLUSAL ADJUSTMENT, LIMITED	45	50	52	5680	DENTURE REPAIR	84	82	90
4331	OCCCLUSAL ADJUSTMENT, COMPLETE	199	172	176	5690	DENTURE REPLACE BROKCN CLSP EA ADDTL	80	80	80
4340	PERIO SCALING & ROOT PLANING, FULL MOUTH	112	91	105	5725	REBASE U/L DENTURE PART OR COMPLETE	190	190	171
4341	PERIO SCALING & ROOT PLANING, PER QUAD	115	108	107	5730	DENTURE RELINING: UPPER COMPLETE	142	142	145
4345	SCALING-GINGIVAL INFLAMMATION	55	55	55	5731	DENTURE RELINING: LOWER COMPLETE	150	150	150
4360	APPLIANCE TO BREAK HARMFUL HABIT	270	270	296	5735	RELINE U/L DENT PART OR COMP OFFICE	162	162	162
4361	APPLIANCE FOR BRUXISM	266	266	292	5740	DENTURE RELINE PARTIAL UPPER OFFICE	118	118	121
4910	PERIODONTAL PROPHYLAXIS	65	69	75	5741	DENTURE RELINE PARTIAL LOWER OFFICE	135	135	135
5110	COMPLETE UPPER DENTURE	630	689	739	5750	DENTURE RELINE UPPER COMPLETE LAB	195	199	209
5120	COMPLETE LOWER DENTURE	633	705	739	5751	DENTURE RELINE LOWER COMPLETE LAB	205	205	212
5130	IMMEDIATE UPPER DENTURE	694	769	796	5755	RELINE U/L DENT PART OR COMP LAB	198	242	216
5140	IMMEDIATE LOWER DENTURE	685	745	804	5760	DENTURE RELINE UPPER PARTIAL LAB	205	201	214
5211	PARTIAL DENTURE, UPPER	431	468	506	5761	DENTURE RELINE LOWER PARTIAL LAB	203	203	212
5212	PARTIAL DENTURE, LOWER	569	555	601	5820	DENTURE, TEMPORARY PARTIAL UPPER	266	270	269
5213	PARTIAL DENTURE, UPPER	872	827	871	5821	DENT TEMP PART-STAYPLATE LOWER	270	270	270
5214	LOWER PARTIAL DENTURE	723	794	830	5850	TISSUE CONDITIONING	78	71	86
5215	UPPER PARTIAL DENTURE	780	810	800	5974	ENDOSSEOUS IMPLANT (IN THE BONE)	948	948	948
5216	PARTIAL DENTURE, LOWER	745	745	781	6210	BRIDGE PONTIC CAST HIGH NOBLE METAL	594	594	606
5217	DENT PART LOWER 2 GOLD CLASPS ACR	718	718	718	6212	BRIDGE PONTIC CAST NOBLE METAL	517	517	517
5218	PARTIAL DENTURE, LOWER	796	796	847	6240	BRIDGE PONTIC PORCELAIN FUSED/HI NOBLE	579	604	629
5230	PARTIAL DENTURE-LOWER	726	726	702	6241	BRIDGE PONTIC PORCELAIN FUSED/BASE METAL	552	537	581
5231	PARTIAL DENTURE-LOWER	676	784	730	6242	BRIDGE PONTIC PORCELAIN FUSED/NOBLE	532	563	586
5240	DENT PART LWR LGL BAR 2 CLSP CST BS	750	750	750	6250	BRIDGE PONTIC RESIN/HIGH NOBLE METAL	579	579	577
5241	DENT PART LOWER CHROME LNGL BAR CST	745	757	757	6251	BRIDGE PONTIC/PRE-DOM BASE METAL	438	438	438
5250	PARTIAL DENTURE-UPPER	702	702	701	6252	BRIDGE PONTIC RESIN WITH NOBLE METAL	533	533	533
5251	PARTIAL DENTURE-UPPER	676	756	703	6530	GOLD INLAY-THREE SURFACES	552	552	552
					6545	BONDED RESIN RETAINER (MARYLAND BRIDGE)	197	224	233
					6640	REPAIRS REPL BRKN FCNG WITH ACRYLIC	102	108	102
					6710	BRIDGE ABUTMENT CROWN, PLASTIC	224	224	224

ADA Code	Description of Services	Region 1	Region 2	Region 3	ADA Code	Description of Services	Region 1	Region 2	Region 3
6720	BRIDGE ABUTMENT CROWN RESIN/HIGH NOBLE	565	565	574	7910	SUTURE OF WOUND	78	78	78
					7960	FRENECTOMY	227	222	236
					7970	SURG. REPAIR EXCISION OF HYPERPLASTIC	158	150	174
6721	BRIDGE ABUTMENT CROWN PLASTIC/NON-PREC	486	486	486	8000	ORTHODONTIC PAYMENT	638	638	638
6722	BRIDGE ABUTMENT CROWN RESIN/BASE METAL	553	553	553	8001	ORTHODONTIC-FIRST PAYMENT	1657	1657	1657
6750	BRIDGE ABUTMENT CROWN RESIN/NOBLE METAL	588	612	632	8002	ORTHODONTIC-FINAL PAYMENT	1791	1791	1791
6751	BRIDGE ABUTM CROWN PORCELAIN/NOBLE MTL	552	546	583	8010	ORTHODONTIC WORK-UP	183	188	186
6752	BRIDGE ABUTM CROWN PORCELAIN/NOBLE MTL	538	562	588	8110	TOOTH GUIDANCE APPLIANCE REMOVABLE	308	326	293
6780	BRIDGE ABUTMENT CROWN ¾ CAST NOBLE MTL	614	614	614	8120	TOOTH GUIDANCE APPLIANCE FIXED	478	515	478
6790	BRIDGE ABUTM CROWN FULL CAST HIGH NOBLE	658	592	681	8210	REMOVABLE APPLIANCE THERAPY	282	278	317
6792	BRIDGE ABUTM CROWN FULL CAST NOBLE METAL	566	566	589	8220	FIXED APPLIANCE THERAPY	357	357	357
6930	RECEMENT BRIDGE	53	55	57	8360	REMOVABLE APPLIANCE THERAPY	247	247	247
6950	PRECISION ATTACHMENT	217	219	215	8370	FIXED APPLIANCE THERAPY	397	397	397
6960	DOWEL PIN METAL	161	161	151	8460	ORTHO TREATMENT	3354	3354	3354
6970	REPAIRS TO CROWNS	125	125	135	8470	MIXED DENT CL 1 MAL	3597	3462	3516
6980	REPAIR TO FIXED BRIDGE	148	159	154	8560	MIXED DENT CL 2 MAL	3240	3340	3354
7110	EXTRACTION, SINGLE TOOTH	60	69	69	8570	ORTHOTREATMENT	3408	3354	3462
7111	TOOTH EXTRACT.W/ X-RAY & GENL ANAESTH	114	114	114	8580	ORTHOTREATMENT	3380	3380	3570
7120	SIMPLE EXTRACTION-ADDITIONAL TOOTH	56	64	65	9110	ORTHOTREATMENT	39	41	46
7130	ROOT REMOVAL-EXPOSED ROOTS	78	70	81	9210	EMERGENCY PALLIATIVE TREATMENT	27	25	30
7210	SURGICAL EXTRACTION	113	120	132	9220	LOCAL ANESTHESIA	115	99	102
7220	SURGICAL EXTRACTION-TISSUE IMPACTION	161	176	170	9230	GENERAL ANESTHESIA	25	27	30
					9240	ANALGESIA	92	88	102
					9310	INTRAVENOUS SEDATION	54	47	53
7230	SURGICAL EXTRACTION-PARTIAL IMPACTION	236	234	232	9430	CONSULTATION	36	31	37
					9610	VISITS OFFICE REG HRS-NO OPER SV	35	35	35
7235	EXTRACTION SURG PARTIAL BONY IMPACT	238	243	216	9630	DRUGS THERAPEUTIC INJECTION	18	20	21
7240	SURGICAL EXTRACTION-FULL IMPACTION	306	283	293	9910	DRUGS OTHER AND/OR MEDICAMENTS	21	22	22
7241	SURGICAL EXTR-FULL IMPACT,-DIFFICULT	332	322	336	9930	APPLICATION OF DESENSITIZING MEDICATION	41	41	41
7245	EXTRACTION SURG COMPL BONY IMPACT	324	286	324	9950	COMPLICATIONS UNUSUAL CIRCUMSTANCES	75	75	75
7250	SURGICAL REMOVAL, RESIDUAL ROOTS	110	117	124	9951	OCCLUSION ANALYSIS MOUNTED CASE	29	26	32
7270	TOOTH REIMPLANTATION	233	233	233		OCCLUSAL ADJUSTMENT			
7280	SURG. EXPOSURE OF TOOTH FOR ORTHO	272	272	296					
7281	SURG. EXPOSURE OF TOOTH TO AID ERUPTION	191	207	172					
7286	BIOPSY OF ORAL TISSUE, SOFT	124	131	115					
7310	ALVEOPLASTY-PER QUAD W/ EXTRACTIONS	137	116	138					
7320	ALVEOPLASTY-PER QUAD W/O EXTRACTIONS	189	189	177					
7425	EXCISION PERICORONAL GINGIVA	119	119	131					
7430	SURGICAL EXCISION	214	211	226					
7431	SURGICAL EXCISION	271	271	271					
7450	REMOVAL OF CYST	168	151	181					
7451	REMOVAL OF CYST	359	359	362					
7460	REMOVAL OF CYST	238	238	238					
7461	REMOVAL OF CYST	559	559	559					
7470	REMOVAL OF EXOSTOSIS	355	355	366					
7510	INCISION & DRAINAGE, INTRAORAL ABSCESS	65	70	69					

DOLLAR AMOUNTS ON THE FEE SCHEDULE DEFINE THE AUTOMOBILE INSURER'S UPPER LIMIT OF LIABILITY FOR THE SERVICE PROVIDED. REIMBURSEMENT WILL BE BASED ON WHAT IS USUAL, CUSTOMARY AND REASONABLE WITHIN THE UPPER LIMIT.

(c) The following is the Medical Fee Schedule for nursing and allied professional health services:

STATE OF NEW JERSEY
PERSONAL AUTO INJURY FEE SCHEDULE

NURSING AND ALLIED PROFESSIONAL HEALTH SERVICES

Service	Fee
PRIVATE NURSING CARE (PER HOUR)	
Registered nurse	40.00
Licensed practical nurse	35.00
Home health aide	15.50
Live-in attendant (per 24-hour shift)	136.00
HOME HEALTH VISITS (PER VISIT)	
Registered nurse	82.00
Licensed practical nurse	58.00

Service	Fee	HCPCS Code	Description	Fee For New Equipment
Physical therapist	77.00			
Speech therapist	77.00			
Occupational therapist	77.00			
		A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	6.95
		A4358	Urinary leg bag; vinyl, with or without tube	6.94
		A4359	Urinary suspensory; without leg bag	27.63
		A4361	Ostomy faceplate	13.88
		A4362	Skin barrier; solid, 4x4 or equivalent; each	4.19
		A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.05
		A4364	Adhesive for ostomy or catheter; liquid (spray, brush, etc.) cement, powder or paste; any composition (e.g., silicone, latex, etc.); per oz.	3.83
		A4367	Ostomy belt	6.99
		A4397	Irrigation supply; sleeve	4.43
		A4398	Irrigation supply, bags	9.43
		A4399	Irrigation supply, cone/catheter	11.78
		A4400	Ostomy irrigation set	42.60
		A4402	Lubricant	1.78
		A4404	Ostomy rings	1.31
		A4454	Tape, all types, all sizes	2.03
		A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	2.41
		A4560	Pessary	22.66

(d) The following is the Medical Fee Schedule for ambulance services:

STATE OF NEW JERSEY
PERSONAL AUTO INJURY FEE SCHEDULE

AMBULANCE SERVICES

Code	Description	Fee
A0010	Ambulance service basic life support (BLS), base rate, emergency transport, one way	125.00
A0020	Ambulance service (BLS) per mile, transport, one way	5.00
A0070	Ambulance service, oxygen administration and supplies, life sustaining situation	30.00
Z0224	Cardiac monitoring during an ambulance trip	50.00
A0222	Ambulance service transport patient return trip	125.00

(e) The following is the Medical Fee Schedule for durable medical equipment and prosthetic devices:

STATE OF NEW JERSEY
PERSONAL AUTO INJURY FEE SCHEDULE
DURABLE MEDICAL EQUIPMENT AND PROSTHETIC DEVICES
CODES BEGINNING WITH "A"

HCPCS Code	Description	Fee For New Equipment	Fee If New	Fee If Used	Monthly Rental
A4214	Sterile saline or water, 30 cc vial	\$1.37			
A4310	Insertion tray without drainage bag and without catheter (accessories only)	5.56			
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastometer, or hydrophilic, etc.)	10.68			
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	12.49			
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	12.91			
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastometer, or hydrophilic, etc.)	16.19			
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	17.27			
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	19.57			
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.02			
A4322	Irrigation syringe, bulb or piston	2.60			
A4323	Sterile saline irrigation solution, 1000 ml	7.19			
A4326	Male external catheter specialty type, e.g., inflatable, faceplate, etc., each	11.02			
A4327	Female external urinary collection device, metal cup, each	25.38			
A4328	Female external urinary collection device; pouch, each	10.17			
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.) 7 day supply	30.36			
A4330	Perianal fecal collection pouch with adhesive	6.12			
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastometer or hydrophilic, etc.)	8.77			
A4340	Indwelling catheter; specialty type, (e.g., Coude, Mushroom, Wing, etc.)	14.25			
A4344	Indwelling catheter, Foley type, two-way, all silicone	12.86			
A4346	Indwelling catheter, Foley type, three-way, for continuous irrigation	18.74			
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	16.90			
A4351	Intermittent urinary catheter; straight tip	1.72			
A4352	Intermittent urinary catheter; Coude (curved) tip	5.36			
A4354	Insertion tray with drainage bag but without catheter	8.68			
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter	8.69			
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	36.53			
A4611	Battery, heavy duty; replacement for patient-owned ventilator		140.08	121.48	14.01
A4612	Battery cables; replacement for patient-owned ventilator		39.17	38.51	3.92
A4613	Battery charger; replacement for patient-owned ventilator		131.80	98.08	13.18
A4618	Breathing circuits		7.97	8.78	.80
A4622	Tracheostomy or laryngectomy tube		64.29	—	—
A4623	Tracheostomy, inner cannula (replacement only)		7.93	—	—
A4624	Tracheal suction catheter, any type, each		2.02	—	—
A4625	Tracheostomy care or cleaning starter kit		6.75	—	—
A4626	Tracheostomy cleaning brush, each		3.05	—	—
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler		18.38	13.77	1.84
A4630	Replacement batteries. Medically necessary T.E.N.S. owned by patient		8.44	—	—
A4631	Replacement batteries for medically necessary electronic wheelchair owned by patient		78.87	59.15	7.89
A4635	Underarm pad, crutch, replacement, each		6.64	4.96	.66
A4636	Replacement, handgrip, cane, crutch, or walker, each		2.93	2.19	.29
A4637	Replacement, tip, cane, crutch, walker, each		1.88	1.41	.19
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient		49.50	37.12	4.95
A5051	Pouch, closed; with barrier attached (1 piece)		2.62	—	—
A5052	Pouch, closed; without barrier attached (1 piece)		1.84	—	—
A5053	Pouch, closed; for use on faceplate		2.88	—	—
A5054	Pouch, closed; for use on barrier with flange (2 piece)		2.39	—	—
A5055	Stoma cap		1.69	—	—
A5061	Pouch, drainable; with barrier attached (1 piece)		3.78	—	—
A5062	Pouch, drainable; without barrier attached (1 piece)		3.19	—	—
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)		2.92	—	—
A5064	Pouch, drainable; with faceplate attached; plastic or rubber		7.35	—	—
A5065	Pouch, drainable; for use on faceplate; plastic or rubber		5.37	—	—
A5071	Pouch, urinary; with barrier attached (1 piece)		4.18	—	—
A5072	Pouch, urinary; without barrier attached (1 piece)		4.03	—	—

HCPCS Code	Description	Fee If New	Fee If Used	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
A5073	Pouch, urinary; for use on barrier with flange (2 piece)	3.65	—	—	E0160	Sitz type bath, portable, fits over commode seat	22.17	12.22	2.22
A5074	Pouch, urinary; with faceplate attached; plastic or rubber	7.75	—	—	E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	44.57	17.94	4.21
A5075	Pouch, urinary; for use on faceplate; plastic or rubber	3.79	—	—	E0163	Commode chair, stationary, with fixed arms	92.37	63.68	9.24
A5081	Continent device; plug for continent stoma	3.18	—	—	E0164	Commode chair, mobile, with fixed arms	167.00	86.97	16.70
A5082	Continent device; catheter for continent stoma	10.57	—	—	E0165	Commode chair, stationary with detachable arms	149.90	112.43	14.99
A5093	Ostomy accessory; convex insert	1.68	—	—	E0166	Commode chair, mobile with detachable arms	220.50	165.38	22.05
A5102	Bedside drainage bottle, rigid or expandable	26.39	—	—	E0167	Pail or pan for use with commode chair	10.30	7.93	1.03
A5105	Urinary suspensory; with leg bag, with or without tube	35.03	—	—	E0175	Foot rest, for use with commode chair, each	53.65	35.23	4.74
A5112	Urinary leg bag; latex	17.84	—	—	E0176	Air pressure pad or cushion, non-positioning	91.90	68.93	9.19
A5113	Leg strap; latex, per set	4.26	—	—	E0177	Water pressure pad or cushion, nonpositioning	91.90	68.93	9.19
A5114	Leg strap; foam or fabric, per set	9.16	—	—	E0178	Gel pressure pad or cushion, non-positioning	101.48	75.38	10.15
A5119	Skin barrier; wipes, box per 50	9.73	—	—	E0179	Dry pressure pad or cushion, non-positioning (e.g., Eggcrate)	55.54	40.26	5.55
A5121	Skin barrier; solid, 6x6 or equivalent, each	5.09	—	—	E0180	Pressure pad, alternating with pump, light duty	237.90	178.43	23.79
A5122	Skin barrier; solid, 8x8 or equivalent, each	7.86	—	—	E0181	Pressure pad, alternating with pump, heavy duty	253.90	190.43	25.39
A5123	Skin barrier; with flange (solid, flexible or accordian), any size, each	5.84	—	—	E0182	Pump for alternating pressure pad	288.50	216.38	28.85
A5126	Adhesive; disc or foam pad	1.21	—	—	E0184	Dry pressure mattress (e.g., Eggcrate)	244.03	74.85	24.40
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	15.77	—	—	E0185	Gel pressure pad for mattress	184.83	153.18	18.48
CODES BEGINNING WITH "E"					E0186	Air pressure mattress	196.20	147.15	19.62
HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	E0187	Water pressure mattress	198.20	148.65	19.82
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	16.37	12.02	1.64	E0188	Synthetic sheepskin pad	23.85	14.04	2.39
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	40.94	29.99	4.09	E0189	Lambswool sheepskin pad, any size	36.30	23.31	3.63
E0110	Crutches forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tip	60.06	45.04	6.01	E0191	Heel or elbow protector, each	10.42	6.73	1.04
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip	55.60	36.08	5.56	E0192	Low pressure and positioning pad for wheelchair	317.96	237.79	31.80
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	36.96	28.66	3.70	E0193	Powered air flotation bed (low air loss therapy)	9798.00	7348.50	979.80
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	24.69	12.67	2.47	E0194	Air fluidized bed	25429.40	19072.05	2542.94
E0114	Crutches underarm, aluminum, adjustable or fixed, pair with pads, tips and handgrips	51.53	36.28	5.15	E0196	Gel pressure mattress	221.50	166.13	22.15
E0116	Crutch underarm, aluminum, adjustable or fixed, each, with pad, tip and handgrip	22.72	14.46	2.27	E0197	Air pressure pad for mattress	119.99	102.13	12.00
E0130	Walker, rigid (pickup), adjustable or fixed height	56.05	43.47	5.61	E0198	Water pressure pad for mattress	126.16	106.76	12.62
E0135	Walker, folding (pickup), adjustable or fixed height	61.63	45.51	6.16	E0199	Dry pressure pad for mattress (e.g., Eggcrate)	54.52	53.76	5.45
E0141	Walker, wheeled, without seat	99.41	71.02	9.94	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	70.04	54.44	7.00
E0142	Rigid walker, wheeled, with seat	231.50	154.39	23.15	E0202	Phototherapy (bilirubin) light with photometer	906.50	679.88	90.65
E0143	Folding walker, wheeled, without seat	105.43	74.38	10.54	E0205	Heat lamp, with stand, includes bulb, or infrared element	110.92	63.69	11.09
E0145	Walker, wheeled, with seat and crutch attachments	180.70	135.53	18.07	E0210	Electric heat pad, standard	29.16	30.28	2.92
E0146	Walker, wheeled, with seat	116.60	87.45	11.66	E0215	Electric heat pad, moist	46.64	37.18	4.66
E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	255.83	221.57	25.58	E0220	Hot water bottle	5.51	4.16	.55
E0153	Platform attachment, forearm crutch, each	57.41	49.15	5.74	E0225	Hydrocollator unit, includes pads	177.95	172.29	16.73
E0154	Platform attachment, walker, each	64.20	53.32	6.42	E0230	Ice cap or collar	6.94	5.20	.69
E0155	Wheel attachment, rigid pick-up walker attachments	25.64	22.16	2.56	E0235	Paraffin bath unit, portable	161.20	120.90	16.12
E0156	Seat attachment, walker	21.87	14.06	2.19	E0236	Pump for water circulating pad	316.90	237.68	31.69
E0157	Crutch attachment, walker, each	57.41	44.26	5.74	E0237	Water circulating heat pad with pump	339.91	216.43	30.82
E0158	Leg extensions for a walker	26.36	21.56	2.64	E0238	Non-electric heat pad moist	29.56	13.99	2.96
					E0239	Hydrocollator unit, portable	372.28	303.77	37.23
					E0249	Pad for water circulating heat unit	73.69	96.78	7.37
					E0250	Hospital bed, fixed height, with any type side rails, with mattress	764.50	573.38	76.45
					E0251	Hospital bed, fixed height, with any type side rails, without mattress	624.40	468.30	62.44
					E0255	Hospital bed, variable height, Hi-lo, with any type side rails, with mattress	835.60	626.70	83.56
					E0256	Hospital bed, variable height, Hi-lo, with any type side rails, without mattress	608.80	456.60	60.88
					E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	1276.60	957.45	127.66

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
E0261	Hospital bed, semi-electric (head and foot adjustment), any type side rails, without mattress	927.10	695.33	92.71	E0570	Nebulizer, with compressor (e.g., DeVilbiss Pulmo-Aid)	—	—	54.62
E0265	Hospital bed, total electric (head, foot and height adjustments), any type side rails, with mattress	1580.40	1185.30	158.04	E0575	Nebulizer, self-contained, ultrasonic	—	—	95.53
E0266	Hospital bed, total electric (head, foot and height adjustments), any type side rails, without mattress	1606.30	1204.73	160.63	E0585	Nebulizer, with compressor and heater	—	—	73.03
E0271	Mattress, innerspring	171.14	131.08	17.11	E0600	Suction pump, home model, portable	—	—	66.65
E0272	Mattress, foam rubber	150.75	101.91	15.08	E0601	Nasal continuous airway pressure (CPAP) device	—	—	93.23
E0275	Bed pan, standard, metal or plastic	14.46	11.30	1.45	E0605	Vaporizer, room type	28.60	23.79	2.86
E0276	Bed pan, fracture, metal or plastic	13.07	14.14	1.31	E0606	Postural drainage board	148.00	111.00	14.80
E0277	Alternating pressure mattress	44.18	33.14	4.42	E0607	Home blood glucose monitor	162.28	131.82	16.23
E0280	Bed, cradle, any type	30.63	20.82	3.06	E0608	Apnea monitor	1455.70	1091.78	145.57
E0290	Hospital bed, fixed height, without side rails, with mattress	508.20	381.15	50.82	E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	435.50	339.64	43.55
E0291	Hospital bed, fixed height, without side rails, without mattress	363.50	272.63	36.35	E0610	Pacemaker monitor self-contained (checks battery depletion, includes audible and visible check systems)	323.85	261.66	32.39
E0292	Hospital bed, variable height, Hi-lo, without side rails, with mattress	595.30	446.47	59.53	E0615	Pacemaker monitor self-contained (checks battery depletion and other pacemaker components, includes digital/visible check systems)	357.53	170.77	35.75
E0293	Hospital bed, variable height, Hi-lo, without side rails, without mattress	565.00	423.75	56.50	E0621	Sling or seat, patient lift, canvas or nylon	65.71	65.88	6.57
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	922.60	691.95	92.26	E0627	Seat lift mechanism incorporated into a combination liftchair mechanism	273.68	205.27	27.37
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	917.00	687.75	91.70	E0628	Separate seat lift mechanism for use with patient-owned furniture; electric	273.68	205.27	27.37
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	1159.50	869.63	115.95	E0629	non-electric	273.68	205.27	27.37
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	1168.50	876.38	116.85	E0630	Patient lift, hydraulic, with seat or sling	796.40	597.30	79.64
E0305	Bed side rails, half length	124.20	93.15	12.42	E0635	Patient lift, electric with seat or sling	914.30	685.73	91.43
E0310	Bed side rails, full length	145.92	128.13	14.59	E0650	Pneumatic compressor, non-segmental home model (lymphedema pump)	541.36	406.03	54.14
E0325	Urinal; male, jug type, any material	6.95	6.92	.70	E0651	Pneumatic compressor, segmental home model (lymphedema pump) without calibrated gradient pressure	992.94	570.07	99.29
E0326	Urinal; female, jug type, any material	9.14	7.22	.91	E0652	Pneumatic compressor, segmental home model (lymphedema pump) with calibrated gradient pressure	3732.98	3235.90	355.79
E0430	Portable gaseous oxygen system, includes regulator with flow gauge, humidifier, cannula or mask and tubing	—	—	54.99	E0655	Pneumatic appliance for use with pneumatic compressor, half arm	86.50	93.74	8.65
E0435	Oxygen system, liquid, portable, includes portable container, supply reservoir, flow humidifier, cannula or masks, tubing and refill adaptor	—	—	54.99	E0660	Pneumatic appliance for use with pneumatic compressor, full leg	133.96	93.85	13.40
E0450	Volume ventilator; stationary	—	—	767.32	E0665	Pneumatic appliance for use with pneumatic compressor, full arm	94.13	69.80	9.41
E0452	Intermittent assist device with continuous positive airway pressure device (CPAP)	—	—	159.65	E0666	Pneumatic appliance for use with pneumatic compressor, half leg	113.82	96.28	11.38
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	—	—	319.30	E0667	Pneumatic appliance for use with segmental pneumatic compressor, leg	299.32	246.51	29.31
E0457	Chest shell (cuirass)	—	—	61.36	E0668	Pneumatic appliance for use with segmental pneumatic compressor, arm	309.67	260.20	29.51
E0459	Chest wrap	437.40	328.05	43.74	E0690	Ultraviolet cabinet, appropriate for home use	654.39	867.44	65.44
E0460	Negative pressure ventilator; portable (e.g., Porta-lung)	—	—	672.75	E0720	TENS, two lead, localized stimulation	447.80	—	44.78
E0462	Rocking bed with or without side rails	2454.70	1841.02	245.47	E0730	TENS, four lead, larger area/multiple nerve stimulation	453.50	—	45.35
E0480	Percussor, electric or pneumatic, home model	385.60	289.20	38.56	E0731	Form fitting conductive garment for delivery of TENS	249.32	—	24.93
E0500	IPPB machines with manual valves, external power source, includes cylinder regulator, built-in nebulization	—	—	99.23	E0744	Neuromuscular stimulator for scoliosis	854.10	640.58	85.41
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade)	498.00	373.50	49.80	E0745	Neuromuscular stimulator, electronic shock unit, non-clinical model	780.50	585.38	78.05
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.)	132.10	68.74	13.21	E0747	Osteogenesis stimulator (non-invasive)	2813.76	2058.18	281.38
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	435.30	326.48	43.53	E0749	Osteogenesis stimulator (surgically implanted)	2035.20	1526.40	203.52
					E0776	IV pole	94.41	72.32	9.44

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
E0781	Ambulatory infusion pump with administrative equipment, worn by patient	1877.90	1408.43	187.79	E0979	Belt, safety with velcro closure, wheelchair	26.88	22.84	2.69
E0782	Infusion pump, implantable	3616.95	2778.64	361.70	E0980	Safety vest, wheelchair	25.79	20.10	2.58
E0791	Parenteral infusion pump, stationary, single or multi-channel	1862.80	1397.10	186.28	E0990	Elevating legrest, each	80.00	71.93	8.00
E0840	Traction frame, attached to headboard, simple cervical traction	50.31	33.21	5.03	E0991	Upholstery seat	36.93	28.71	3.20
E0850	Traction stand, free standing, simple cervical traction	58.36	39.68	5.84	E0992	Solid seat insert	65.01	44.90	6.50
E0860	Traction equipment, overdoor, cervical	28.17	22.15	2.82	E0993	Back, upholstery	31.70	34.21	2.98
E0870	Traction frame, attached to footboard, simple extremity traction (e.g., Buck's)	86.94	52.94	8.69	E0994	Arm rest, each	14.51	10.44	1.39
E0880	Traction stand, free standing, simple extremity traction (e.g., Buck's)	90.73	53.32	9.07	E0995	Calf rest, each	23.05	20.49	2.31
E0890	Traction frame, attached to footboard, simple pelvic traction	93.73	70.17	9.37	E0996	Tire, solid, each	26.58	18.11	2.61
E0900	Traction stand, free standing, simple pelvic traction (e.g., Buck's)	93.64	75.79	9.36	E0997	Caster with a fork	58.02	44.29	5.80
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	160.90	120.68	16.09	E0998	Caster without fork	33.42	25.50	3.34
E0920	Fracture frame, attached to bed, includes weights	326.50	244.88	32.65	E0999	Pneumatic tire with wheel	91.15	79.60	9.12
E0930	Fracture frame, free standing, includes weights	340.60	255.45	34.06	E1000	Tire, pneumatic caster	46.48	24.32	4.65
E0935	Passive motion exercise device	—	—	534.50	E1001	Wheel, single	79.93	89.39	7.41
E0940	Trapeze bar, free standing, complete with grab bar	260.60	195.45	26.06	E1031	Rollabout chair, any and all types with castors 5" or greater	472.20	354.15	47.22
E0941	Gravity assisted traction device, any type	372.50	279.38	37.25	E1050	Fully-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	1062.10	796.57	106.21
E0942	Cervical head harness/halter	16.41	12.31	1.64	E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	931.90	698.93	93.19
E0943	Cervical pillow	29.95	26.52	3.00	E1065	Power attachment (to convert any wheelchair to motorized wheelchair; e.g., Solo)	2400.62	1728.00	211.01
E0944	Pelvic belt/harness/boot	33.95	23.16	3.40	E1066	Battery charger	205.17	188.65	20.52
E0945	Extremity belt/harness	35.83	28.45	3.58	E1069	Deep cycle battery	96.43	68.18	8.59
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	547.20	410.40	54.72	E1070	Fully-reclining wheelchair, detachable arms, desk or full length, swing-away detachable footrests	976.90	732.68	97.69
E0947	Fracture frame, attachments for complex pelvic traction	440.23	319.92	44.02	E1083	Hemi-wheelchair, fixed full length arms, swing-away detachable elevating legrests	593.60	445.20	59.36
E0948	Fracture frame, attachments for complex cervical traction	429.31	316.24	42.93	E1084	Hemi-wheelchair, detachable arms, desk or full length arms, swing-away detachable elevating legrests	827.80	620.85	82.78
E0950	Tray	85.65	60.78	8.57	E1085	Hemi-wheelchair, fixed full length arms, swing-away detachable footrests	587.40	440.55	58.74
E0951	Loop heel, each	13.99	11.70	1.40	E1086	Hemi-wheelchair, detachable arms, desk or full length, swing-away detachable footrests	786.30	589.73	78.63
E0952	Loop toe, each	13.44	11.70	1.34	E1087	High strength lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	954.20	715.65	95.42
E0953	Pneumatic tire, each	56.79	42.59	5.68	E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing-away detachable elevating legrests	1272.10	954.07	127.21
E0954	Semi-pneumatic caster, each	42.53	31.18	4.25	E1089	High strength lightweight wheelchair, fixed length arms, swing-away detachable footrest	805.00	603.75	80.50
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	348.70	261.53	34.87	E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing-away detachable footrests	967.80	725.85	96.78
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	70.88	57.41	7.09	E1091	Youth wheelchair, any type	854.40	640.80	85.44
E0961	Brake extension, for wheelchair	13.84	12.56	1.33	E1092	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	1120.10	840.07	112.01
E0962	1" cushion, for wheelchair	49.22	36.92	4.92	E1093	Wide heavy duty wheelchair, detachable arms, desk or full length, swing-away detachable footrests	946.20	709.65	94.62
E0963	2" cushion, for wheelchair	58.25	37.36	5.83	E1100	Semi-reclining wheelchair, fixed full length arms, swing-away detachable elevating legrests	840.30	630.23	84.03
E0964	3" cushion, for wheelchair	60.41	43.54	6.04	E1110	Semi-reclining wheelchair, detachable arms (desk or full length), elevating legrests	909.10	681.83	90.91
E0965	4" cushion, for wheelchair	67.55	57.15	6.76	E1130	Standard wheelchair, fixed full length arms, fixed or swing-away detachable footrests	374.20	280.65	37.42
E0966	Hook on head rest extension	53.59	41.97	5.36	E1140	Wheelchair, detachable arms, desk or full length, swing-away detachable footrests	577.20	432.90	57.72
E0967	Wheelchair hand rims with 8 vertical rubber tipped projection, pair	109.37	82.03	10.53					
E0968	Commode seat, wheelchair	150.10	112.58	15.01					
E0969	Narrowing device, wheelchair	118.04	90.74	11.80					
E0970	No. 2 footplates, except for elevating legrest	61.98	60.08	5.80					
E0971	Anti-tipping device wheelchairs	52.14	37.95	5.21					
E0972	Transfer board, wheelchair	39.09	28.72	3.91					
E0973	Adjustable height detachable arms, desk or full length, wheelchair	73.49	78.81	7.31					
E0974	"Grade-Aid" (device to prevent rolling back on an incline) for wheelchair	66.90	50.68	5.08					
E0975	Reinforced seat upholstery, wheelchair	47.27	33.99	4.73					
E0976	Reinforced back, wheelchair, upholstery or other material	56.29	33.99	4.81					
E0977	Wedge cushion, wheelchair	57.03	38.55	2.91					
E0978	Belt, safety with airplane buckle, wheelchair	37.08	26.99	3.39					

HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental	HCPCS Code	Description	Fee For New Eqpt	Fee For Used Eqpt	Monthly Rental
E1150	Wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	642.70	482.03	64.27	E1296	Special wheelchair seat height from floor	293.10	246.86	29.31
E1160	Wheelchair, fixed full length arms, swing-away detachable elevating legrests	505.50	379.13	50.55	E1297	Special wheelchair seat depth, by upholstery	63.84	68.92	6.38
E1170	Amputee wheelchair, fixed full length arms, swing-away detachable elevating legrests	706.60	529.95	70.66	E1298	Special wheelchair seat depth and/or width, by construction	298.89	256.55	29.89
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrests	642.50	481.88	64.25	E1310	Whirlpool, non-portable (built-in type)	3390.32	1782.23	193.11
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrests	726.30	544.73	72.63	E1372	Immersion external heater for nebulizer	147.81	83.09	14.78
E1180	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable footrests	776.40	582.30	77.64	E1375	Nebulizer portable with small compressor, with limited flow	—	—	296.10
E1190	Amputee wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	897.00	672.75	89.70	E1400	Oxygen concentrator, mfr spec max flow < = rate ≤ 2 liters/min at 85% or greater concentration	—	—	296.10
E1195	Heavy duty wheelchair, fixed full length arms, swing-away detachable elevating legrests	814.10	610.58	81.41	E1401	Oxygen concentrator, max flow rate 2-3 liters/min	—	—	296.10
E1200	Amputee wheelchair, fixed full length arms, swing-away detachable footrests	668.00	501.00	66.80	E1402	Oxygen concentrator, max flow rate 3-4 liters/min	—	—	296.10
E1210	Motorized wheelchair w/micro switch fixed full length arms, swing-away detachable elevating legrests	3122.40	2341.80	312.24	E1403	Oxygen concentrator, max flow rate 4-5 liters/min	—	—	296.10
E1211	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable elevating legrests	3359.90	2519.93	335.99	E1404	Oxygen concentrator, max flow rate >5 liters/min at > = 85% concentration	—	—	296.10
E1212	Motorized wheelchair, fixed full length arms, swing-away detachable footrests	2512.30	1884.23	251.23	CODES BEGINNING WITH "L"				
E1213	Motorized wheelchair, detachable arms, desk or full length, swing-away detachable footrests	2863.30	2147.48	286.33	HCPCS Code	Description			Fee For New Eqpt
E1221	Wheelchair with fixed arm, footrests	344.80	258.60	34.48	L0100	Cervical, craniostenosis, helmet molded to patient model			351.53
E1222	Wheelchair with fixed arm, elevating legrests	680.10	510.08	68.01	L0110	Cervical, craniostenosis, helmet, non-molded			88.13
E1223	Wheelchair with detachable arms, footrests	639.10	479.33	63.91	L0120	Cervical, flexible, non-adjustable (foam collar)			16.38
E1224	Wheelchair with detachable arms, elevating legrests	1054.40	790.80	105.44	L0130	Cervical, flexible, thermoplastic collar, molded to patient			143.00
E1225	Semi-reclining back for customized wheelchair	302.50	226.88	30.25	L0140	Cervical, semi-rigid, adjustable (plastic collar)			38.82
E1226	Full-reclining back for customized wheelchair	499.29	328.84	32.54	L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)			72.34
E1227	Special height arms for wheelchair	229.67	172.25	22.58	L0160	Cervical, semi-rigid, wire frame occipital/mandibular support			126.09
E1228	Special back height for wheelchair	167.30	125.48	16.73	L0170	Cervical, collar, molded to patient model			378.20
E1230	Power-operated vehicle (3 or 4 wheel non-highway), specify brand name & model number	1684.22	1066.31	168.42	L0172	Cervical, collar, semi-rigid, thermoplastic foam, two-piece			90.40
E1240	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable elevating legrests	848.60	636.45	84.86	L0174	Cervical, collar, semi-rigid, thermoplastic foam, two-piece with thoracic extension			156.71
E1250	Lightweight wheelchair, fixed full length arms, swing-away detachable footrests	573.70	430.28	57.37	L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable			228.01
E1260	Lightweight wheelchair, detachable arms (desk or full length), swing-away detachable footrests	809.10	606.83	80.91	L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)			325.67
E1270	Lightweight wheelchair, fixed full length arms, swing-away detachable elevating legrests	631.90	473.93	63.19	L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension			316.70
E1280	Heavy duty wheelchair, detachable arms (desk or full length), elevating legrests	1010.20	757.65	101.02	L0210	Thoracic, rib belt, custom fitted			26.15
E1285	Heavy duty wheelchair, fixed full length arms, swing-away detachable footrests	800.20	600.15	80.02	L0220	Thoracic, rib belt, custom fabricated			92.33
E1290	Heavy duty wheelchair, detachable arms (desk or full length), swing-away detachable footrests	993.00	744.75	99.30	L0300	Thoracic-lumbar-sacral-orthoses, (TLSO), flexible dorso-lumbar surgical support, custom fitted			115.80
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrests	950.70	713.03	95.07	L0310	TLSO, flexible dorso-lumbar surgical support, custom fabricated			282.69
					L0315	TLSO, flexible dorso-lumbar surgical support, elastic type, with rigid posterior panel			172.38
					L0317	TLSO, flexible dorso-lumbar surgical support, hyperextension, elastic type, with rigid posterior panel			215.10
					L0320	TLSO, anterior-posterior control (Taylor type), with apron front			328.29
					L0330	TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front			350.22
					L0340	TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front			395.88
					L0350	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted			576.00
					L0360	TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, molded to patient			1,035.62
					L0370	TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types)			322.39
					L0380	TLSO, anterior-posterior-lateral-rotary control, with extensions			406.53
					L0390	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model			1,109.97
					L0400	TLSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material			1,253.02
					L0410	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model			1,048.73

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L0420	TLSO, anterior-posterior-lateral control (body jacket), two-piece construction, molded to patient model, with interface material	1,128.02	L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	113.66
L0430	TLSO, anterior-posterior-lateral control (body jacket), with interface material, custom fitted	914.86	L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	154.66
L0440	TLSO, anterior-posterior-lateral control (body jacket), with overlapping front section, spring steel front, custom fitted	817.28	L1120	Addition to CTLSO or scoliosis orthosis, cover for up-right, each	23.76
L0500	Lumbar-sacral-orthoses, (LSO), flexible, (lumbo-sacral surgical support), custom fitted	87.07	L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	971.24
L0510	LSO, flexible (lumbo-sacral surgical support), custom fabricated	163.16	L1210	Addition to TLSO (low profile), lateral thoracic extension	205.11
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	110.30	L1220	Addition to TLSO (low profile), anterior thoracic extension	207.78
L0520	LSO, anterior-posterior-lateral control (Knight, Wilcox types), with apron front	323.18	L1230	Addition to TLSO (low profile), Milwaukee type super-structure	476.65
L0530	LSO, anterior-posterior control (Macausland type), with apron front	243.05	L1240	Addition to TLSO (low profile), lumbar derotation pad	56.37
L0540	LSO, lumbar flexion, (Williams flexion type)	309.87	L1250	Addition to TLSO (low profile), anterior asis pad	54.54
L0550	LSO, anterior-posterior-lateral control (body jacket), molded to patient model	989.91	L1260	Addition to TLSO (low profile), anterior thoracic derotation pad	54.54
L0560	LSO, anterior-posterior-lateral control (body jacket), molded to patient model, with interface material	1,135.90	L1270	Addition to TLSO (low profile), abdominal pad	55.46
L0565	LSO, anterior-posterior-lateral control (body jacket), custom fitted	667.17	L1280	Addition to TLSO (low profile), rib gusset (elastic), each	61.72
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	58.06	L1290	Addition to TLSO (low profile), lateral trochanteric pad	51.23
L0610	Sacroiliac, flexible (sacroiliac surgical support), custom fabricated	172.90	L1300	Other scoliosis procedure, body jacket molded to patient model	1,307.02
L0620	Sacroiliac, semi-rigid, (Goldthwaite, Osgood types), with apron front	360.05	L1310	Other scoliosis procedure, post-operative body jacket	1,298.69
L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model (Minerva type)	1,452.84	L1500	Thoracic-hip-knee-ankle orthoses (THKAO), mobility frame, (Newington, Parapodium types)	1,138.24
L0710	CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material, (Minerva type)	1,604.90	L1510	THKAO, standing frame	747.52
L0810	Halo procedure, cervical halo incorporated into jacket vest	1,611.09	L1520	THKAO, swivel walker	1,443.95
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	1,510.92	L1600	Hip orthosis (HO), abduction control of hip joints, flexible, frejka type with cover	73.52
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis model	1,969.94	L1610	HO, abduction control of hip joints, flexible, frejka cover only	35.79
L0860	Addition to halo procedures, magnetic resonance image compatible system	774.08	L1620	HO, abduction control of hip joints, flexible, Pavlik harness	103.18
L0900	Torso support, ptosis support, custom fitted	92.81	L1630	HO, abduction control of hip joints, semi-flexible (Von Rosen type)	103.02
L0910	Torso support, ptosis support, custom fabricated	202.24	L1640	HO, abduction control of hip joints. static pelvic band or spreader bar, thigh cuffs	286.38
L0920	Torso support, pendulous abdomen support, custom fitted	125.38	L1650	HO, abduction control of hip joints, static, adjustable, custom fitted (Ilfeld type)	159.01
L0930	Torso support, pendulous abdomen support, custom fabricated	236.90	L1660	HO, abduction control of hip joints, static, plastic, custom fitted	98.58
L0940	Torso support, post surgical support, custom fitted	118.26	L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type)	740.43
L0950	Torso support, post surgical support, custom fabricated	229.10	L1685	HO, abduction control of hip joints post-operative hip abduction type, custom fabricated	786.30
L0960	Torso support, post surgical support, pads for post surgical support	50.08	L1686	HO, abduction control of hip joints post-operative hip abduction type, custom fitted	785.25
L0970	TLSO, corset front	84.49	L1700	Legg Perthes orthosis, Toronto type	917.50
L0972	LSO, corset front	72.12	L1710	Legg Perthes orthosis, Newington type	1,066.91
L0974	TLSO, full corset	110.68	L1720	Legg Perthes orthosis, trilateral, Tachdijan type	792.45
L0976	LSO, full corset	94.41	L1730	Legg Perthes orthosis, Scottish Rite type	687.24
L0978	Axillary crutch extension	116.92	L1750	Legg Perthes orthosis, Legg Perthes sling (Sam Brown type)	157.98
L0980	Peroneal straps, pair	10.31	L1755	Legg Perthes orthosis, pattern bottom type	1,097.88
L0982	Stocking supporter grips, set of four (4)	9.78	L1800	Knee orthosis, KO, elastic with stays	38.86
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	1,445.62	L1810	KO, elastic with joints	61.52
L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) of scoliosis, axilla sling	41.21	L1815	KO, elastic with condylar pads	59.34
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	51.55	L1820	KO, elastic with condylar pads and joints	94.31
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	103.57	L1825	KO, elastic knee cap	34.34
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	37.53	L1830	KO, immobilizer, canvas longitudinal	62.17
L1040	Addition to CTLSO or scoliosis, lumbar of lumbar rib pad	45.12	L1832	KO, adjustable knee joints, positional orthosis, rigid support, custom fitted	476.27
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	57.21	L1834	KO, without knee joint, rigid, molded to patient model	521.71
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	73.37	L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated to patient model	682.12
L1070	Addition to CTLSO or scoliosis orthosis, trapeze sling	66.11	L1845	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fitted	623.14
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	37.12	L1846	KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, molded to patient model	737.98
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	110.01	L1850	KO, Swedish type	197.66
L1090	Addition to CTLSO or scoliosis or orthosis, lumbar sling	71.58	L1855	KO, molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model	834.87
			L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTL)	808.65
			L1860	KO, modification of supracondylar prosthetic socket, molded to patient model (SK)	752.94

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L1870	KO, double upright, thigh and calf lacers, molded to patient model with knee joints	684.44	L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft custom fitted	663.70
L1880	KO, double upright, non-molded thigh and calf cuffs/lacers with knee joints	491.55	L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid custom fitted	739.97
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist, calf band	161.65	L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid custom fitted	880.56
L1902	AFO, ankle gauntlet, custom fitted	64.64	L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	73.22
L1904	AFO, molded ankle gauntlet, molded to patient model	356.61	L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	62.13
L1906	AFO, multiligamentous ankle support	72.94	L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	85.93
L1910	AFO, posterior, single bar, clasp attachment to shoe counter	234.93	L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type	125.95
L1920	AFO, single upright with static or adjustable stop, (Phelps or Perlstein type)	215.09	L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	249.24
L1930	AFO, custom fitted, plastic	143.47	L2190	Addition to lower extremity fracture orthosis, waist belt	62.86
L1940	AFO, molded to patient model, plastic	435.59	L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	272.37
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction)	671.58	L2200	Addition to lower extremity, limited ankle motion, each joint	42.96
L1950	AFO, spiral, molded to patient model, (IRM type), plastic	546.81	L2210	Addition to lower extremity, dorsiflexion assist, (plantar flexion resist), each joint	53.95
L1960	AFO, posterior, solid ankle, molded to patient model, plastic	494.86	L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	71.09
L1970	AFO, plastic molded to patient model, with ankle joint	450.40	L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	68.56
L1980	AFO, single upright, free dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis)	293.83	L2240	Addition to lower extremity, round caliper and plate attachment	55.90
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis)	373.71	L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	253.37
L2000	Knee-ankle-foot-orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis)	747.92	L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	164.08
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint	676.31	L2265	Addition to lower extremity, long tongue stirrup	74.03
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis)	743.31	L2270	Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad	47.36
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint	919.05	L2280	Addition to lower extremity, molded inner boot	282.70
L2036	KAFO, full plastic, double upright, free knee, molded to patient model	1,399.25	L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	222.95
L2037	KAFO, full plastic, single upright, free, molded to patient model	1,236.66	L2310	Addition to lower extremity, abduction bar, straight	80.56
L2038	KAFO, full plastic, without knee joint, multi-axis, molded to patient model (lively orthosis or equal)	1,282.70	L2320	Addition to lower extremity, non-molded lacer	134.72
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt	137.71	L2330	Addition to lower extremity, lacer, molded to patient model	253.59
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt	290.62	L2335	Addition to lower extremity, anterior swing band	155.45
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt	349.52	L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	351.01
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt	89.24	L2350	Addition to lower extremity, prosthetic type "BK" socket, molded to patient model (used for "PTB" "AFO" orthosis)	627.52
L2080	HKAFO, torsion control, unilateral, torsion cables, hip joint, pelvic band/belt	282.87	L2360	Addition to lower extremity, extended steel shank	46.52
L2090	HKAFO, torsion control, unilateral torsion cables, ball bearing hip joint, pelvic band/belt	270.88	L2370	Addition to lower extremity, patten bottom	222.30
L2102	Ankle-foot-orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, plaster type casting material, molded to patient	280.90	L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	80.97
L2104	AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, molded to patient	300.98	L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	70.17
L2106	AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, molded to patient	420.32	L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	79.30
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, molded to patient model	765.61	L2390	Addition to lower extremity, offset knee joint, each joint	70.52
L2112	AFO, fracture orthosis, tibial fracture orthosis, soft custom fitted	334.57	L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	92.90
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid custom fitted	439.58	L2405	Addition to knee joint, drop lock, each joint	32.97
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid custom fitted	495.75	L2415	Addition to knee joint, cam lock (Swiss, French, Bail types), each joint	122.01
L2122	Knee-ankle-foot-orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, plaster type casting material, molded to patient	656.03	L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	146.57
L2124	KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, molded to patient	734.37	L2435	Addition to knee joint, polycentric joint, each joint	118.41
L2126	KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, molded to patient	902.15	L2492	Addition to knee joint, lift loop for drop lock ring	86.12
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, molded to patient model	1,209.09	L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring	186.08
			L2510	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, molded to patient model	473.01
			L2520	Addition to lower extremity, thigh/weight bearing, quadrilateral brim, custom fitted	309.95
			L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, molded to patient model	872.97
			L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	458.59
			L2530	Addition to lower extremity, thigh/weight bearing, lacer, non-molded	192.13

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	262.44	L3825	WHFO, addition to short and long opponens, M.P. extension stop	38.39
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	173.11	L3830	WHFO, addition to short and long opponens, M.P. extension assist	56.63
L2570	Addition to lower extremity, pelvic control, hip joint, clevis type, two position hip joint, each	352.15	L3835	WHFO, addition to short and long opponens, M.P. spring extension assist	60.95
L2580	Addition to lower extremity, pelvic control, pelvic sling	323.83	L3840	WHFO, addition to short and long opponens, spring swivel thumb	41.41
L2600	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, free, each	158.91	L3845	WHFO, addition to short and long opponens, thumb I.P. extension assist, with M.P. stop	47.75
L2610	Addition to lower extremity, pelvic control, hip joint, clevis type or thrust bearing, lock, each	152.57	L3850	WHFO, addition to short and long opponens, action wrist with dorsiflexion assist	99.93
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	219.37	L3855	WHFO, addition to short and long opponens, adjustable M.P. flexion control	70.27
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	210.12	L3860	WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P.	97.11
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	197.31	L3900	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven	984.26
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	1,158.68	L3901	WHFO, dynamic flexor hinge; reciprocal wrist extension/flexion, finger flexion/extension, cable driven	1,156.39
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	1,169.36	L3902	WHFO, external powered, compressed gas	1,423.90
L2630	Addition to lower extremity, pelvic control, band and belt unilateral	152.53	L3904	WHFO, external powered, electric	1,713.93
L2640	Addition to lower extremity, pelvic control, band and belt bilateral	280.63	L3906	WHFO, wrist gauntlet, molded to patient model	345.54
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	87.36	L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model	372.72
L2660	Addition to lower extremity, thoracic control, thoracic band	105.59	L3908	WHFO, wrist extension control cock-up, canvas or leather design, non-molded	47.88
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	125.23	L3910	WHFO, Swanson design	278.37
L2680	Addition to lower extremity, thoracic control, lateral support uprights	112.35	L3912	WHFO, flexion glove with elastic finger control	69.72
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	54.80	L3914	WHFO, wrist extension cock-up	57.04
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	43.74	L3916	WHFO, wrist extension cock-up, with outrigger	89.91
L2770	Addition to lower extremity orthosis, stainless steel, per bar or joint	43.46	L3918	WHFO, knuckle bender	47.31
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	39.55	L3920	WHFO, knuckle bender, with outrigger	77.23
L2785	Addition to lower extremity orthosis, drop lock retainer, each	21.95	L3922	WHFO, knuckle bender, two segment to flex joints	58.67
L2795	Addition to lower extremity orthosis, knee control, full knee cap	66.92	L3924	WHFO, Oppenheimer	75.78
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull	80.00	L3926	WHFO, Thomas suspension	71.89
L2810	Addition to lower extremity orthosis, knee control, condylar pad	57.66	L3928	WHFO, finger extension with clock spring	50.57
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	55.81	L3930	WHFO, finger extension, with wrist support	45.22
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	58.53	L3932	WHFO, safety pin, spring wire	27.49
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	35.78	L3934	WHFO, safety pin, modified	29.05
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal each	43.65	L3936	WHFO, Palmer	61.81
L3215	Orthopedic footwear, ladies shoes, oxford	79.32	L3938	WHFO, dorsal wrist	61.81
L3219	Orthopedic footwear, mens shoes, oxford	82.12	L3940	WHFO, dorsal wrist, with outrigger attachment	74.80
L3650	Shoulder orthosis (SO), figure of "8" design abduction restrainer	42.46	L3942	WHFO, reverse knuckle bender	46.28
L3660	SO, figure of "8" design abduction restrainer, canvas and webbing	76.06	L3944	WHFO, reverse knuckle bender, with outrigger	73.51
L3670	SO, acromio/clavicular (canvas and webbing type)	87.42	L3946	WHFO, composite elastic	58.39
L3700	Elbow orthosis (EO), elastic with stays	48.44	L3948	WHFO, finger knuckle bender	45.82
L3710	EO, elastic with metal joints	79.85	L3950	WHFO, combination Oppenheimer, with knuckle bender and two attachments	118.44
L3720	EO, double upright with forearm/arm cuffs, free motion	510.77	L3952	WHFO, combination Oppenheimer, with reverse knuckle bender and two attachments	119.21
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist	544.70	L3954	WHFO, spreading hand	65.20
L3740	EO, double upright with forearm/arm cuffs, adjustable position lock with active control	652.96	L3960	Shoulder-elbow-wrist-hand orthosis SEWHO, abduction positioning, airplane design	566.85
L3800	Wrist-hand-finger-orthosis (WHFO) short opponens, no attachments	112.58	L3962	SEWHO, abduction positioning, Erbs Palsey design	526.63
L3805	WHFO, long opponens, no attachment	265.19	L3963	SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint	965.08
L3810	WHFO, addition to short and long opponens, thumb abduction "C" bar	38.30	L3964	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, adjustable	517.74
L3815	WHFO, addition to short and long opponens, second M.P. abduction assist	37.53	L3965	SEWHO, radial arm support attached to wheelchair, balanced and fitted to patient, adjustable Rancho type	710.17
L3820	WHFO, addition to short and long opponens, I.P. extension assist with M.P. extension stop	74.42	L3966	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, reclining	697.49
			L3968	SEWHO, mobile arm support attached to wheelchair, balanced and fitted to patient, friction arm support, (friction dampening to proximal and distal joints)	846.68
			L3969	SEWHO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support	523.46
			L3970	SEWHO, addition to mobile arm support, elevating proximal arm	253.02
			L3972	SEWHO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	170.60
			L3974	SEWHO, addition to mobile arm support, supinator	139.07
			L3980	Upper extremity fracture orthosis, humeral	272.10
			L3982	Upper extremity fracture orthosis, radius/ulnar	255.57
			L3984	Upper extremity fracture orthosis, wrist	201.68
			L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge	486.86

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L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example—Colles fracture)	368.78		pension, below knee, each additional cast change and realignment	344.27
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	21.47	L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation	986.87
L4000	Replace girdle for Milwaukee orthosis	891.37			
L4010	Replace trilateral socket brim	413.32	L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each cast change and realignment	472.21
L4020	Replace quadrilateral socket brim, molded to patient model	618.99	L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	276.28
L4030	Replace quadrilateral socket brim, custom fitted	310.53	L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	326.14
L4040	Replace molded thigh lacer	252.65	L5500	Initial, below knee "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	922.17
L4045	Replace non-molded thigh lacer	193.44	L5505	Initial, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, direct formed	1,224.84
L4050	Replace molded calf lacer	274.16	L5510	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, plaster cover, molded to model	969.62
L4055	Replace non-molded calf lacer	157.66	L5520	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,252.59
L4060	Replace high roll cuff	195.37	L5530	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,256.38
L4070	Replace proximal and distal upright for "AKO"	162.83	L5535	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated, adjustable open end socket	1,306.05
L4080	Replace metal bands "KAFO", proximal thigh	75.31	L5540	Preparatory, below knee, "PTB" type socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,269.86
L4090	Replace metal bands "KAFO-AFO", calf or distal thigh	59.44	L5560	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, plaster socket, molded to model	1,500.31
L4100	Replace leather cuff "KAFO", proximal thigh	80.40	L5570	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, direct formed	1,581.76
L4110	Replace leather cuff "KAFO-AFO", calf or distal thigh	69.59	L5580	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, thermoplastic or equal, molded to model	1,753.04
L4130	Replace pretibial shell	302.79	L5585	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, prefabricated adjustable open end socket	1,638.70
L4310	Multi-Podus or equal orthotic preparatory management system for lower extremities	275.13	L5590	Preparatory, above knee—knee disarticulation, ischial level socket, "USMC" or equal pylon, no cover, Sach foot, laminated socket, molded to model	1,608.83
L4320	Addition to AFO, Multi-Podus (or equal) orthotic preparatory management system for lower extremities, flexible foot positioner w/soft interface for AFO, with velcro closure, custom fitted	94.23	L5595	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, thermoplastic or equal, molded to patient model	2,844.43
L4350	Pneumatic ankle control splint (aircast or equal)	64.30	L5600	Preparatory, hip disarticulation—hemipelvectomy, pylon, no cover, Sach foot, laminated socket, molded to patient model	3,045.18
L4360	Pneumatic walking splint (aircast or equal)	203.25	L5610	Addition to lower extremity, above knee, hydracandence system	1,361.24
L4370	Pneumatic full leg splint (aircast or equal)	115.96	L5611	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with friction swing phase control	1,037.38
L4380	Pneumatic knee splint (aircast or equal)	76.28	L5613	Addition to lower extremity, above knee—knee disarticulation, "OHC" 4-bar linkage, with hydraulic swing phase control	1,618.35
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	310.43	L5616	Addition to lower extremity, above knee, universal multiplex system, friction swing phase control	925.39
L5010	Partial foot, molded socket, ankle height, with toe filler	939.85	L5618	Addition to lower extremity, test socket, Symes	209.39
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	1,336.23	L5620	Addition to lower extremity, test socket, below knee	193.07
L5050	Ankle Symes, molded sock, Sach foot	1,767.70	L5622	Addition to lower extremity, test socket, knee disarticulation	324.49
L5060	Ankle Symes, metal frame, molded leather socket, articulated ankle/foot	1,966.12	L5624	Addition to lower extremity, test socket, above knee	304.51
L5100	Below knee, molded socket, shin, Sach foot	1,425.79	L5626	Addition to lower extremity, test socket, hip disarticulation	371.26
L5105	Below knee, plastic socket, joints and thigh lacer, Sach foot	2,688.46	L5628	Addition to lower extremity, test socket, hemipelvectomy	381.54
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, Sach foot	3,294.44	L5629	Addition to lower extremity, below knee, acrylic socket	297.65
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, Sach foot	2,461.44	L5630	Addition to lower extremity, Symes type, expandable wall socket	355.27
L5200	Above knee, molded socket, single axis constant friction knee, shin, Sach foot	2,010.07	L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	404.25
L5210	Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each	1,938.78	L5632	Addition to lower extremity, Symes type, "PTB" brim design socket	180.23
L5220	Above knee, short prosthesis, no knee joint ("stubbies"), with articulated ankle/foot, dynamically aligned, each	2,168.99			
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, Sach foot	2,429.79			
L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, Sach foot	3,964.65			
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, Sach foot	3,329.66			
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, Sach foot	3,313.07			
L5300	Below knee, molded socket, Sach foot, endoskeletal system including soft cover and finishing	1,800.81			
L5310	Knee disarticulation (or through knee), molded socket, Sach foot endoskeletal system, including soft cover and finishing	3,522.65			
L5320	Above knee, molded socket, open end, Sach foot, endoskeletal system, single axis knee, including soft cover and finishing	2,611.90			
L5330	Hip disarticulation, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	3,729.91			
L5340	Hemipelvectomy, Canadian type; molded socket, endoskeletal system, single axis knee, hip joint, Sach foot, including soft cover and finishing	5,070.18			
L5400	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment, suspension, and one cast change, below knee	875.51			
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and sus-				

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	217.05	L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	118.09
L5636	Addition to lower extremity, Symes type, medial opening socket	166.63	L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	130.45
L5637	Addition to lower extremity, below knee, total contact	219.90	L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	147.87
L5638	Addition to lower extremity, below knee, leather socket	338.09	L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	50.65
L5639	Addition to lower extremity, below knee, wood socket	831.38	L5698	Addition to lower extremity, above knee or knee disarticulation, silesian bandage	87.99
L5640	Addition to lower extremity, knee disarticulation, leather socket	572.60	L5699	All lower extremity prosthesis, shoulder harness	117.93
L5642	Addition to lower extremity, above knee, leather socket	443.84	L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	229.69
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	1,011.85	L5711	Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material	376.27
L5644	Addition to lower extremity, above knee, wood socket	378.79	L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	304.92
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	490.59	L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	351.58
L5646	Addition to lower extremity, below knee, air cushion socket	357.30	L5716	Addition, exoskeletal knee-shin system, polycentric mechanical stance phase lock	514.95
L5647	Addition to lower extremity, below knee, suction socket	523.36	L5718	Addition, exoskeletal knee-shin system, polycentric friction swing and stance phase control	595.55
L5648	Addition to lower extremity, above knee, air cushion socket	422.90	L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	601.20
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	1,413.30	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	1,195.58
L5650	Addition to lower extremity, total contact, above knee or knee disarticulation socket	477.00	L5726	Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control	1,268.89
L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	760.91	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,980.69
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation, socket	279.79	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic hydropneumatic swing phase control	767.47
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	372.39	L5785	Addition, exoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	320.90
L5654	Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal)	218.93	L5790	Addition, exoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	451.75
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	228.29	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	642.84
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	281.78	L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	344.91
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	245.52	L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	457.76
L5660	Addition to lower extremity, socket insert, Symes, silicone gel or equal	407.19	L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	370.46
L5661	Addition to lower extremity, socket insert, multi-durometer, Symes	442.77	L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	535.54
L5662	Addition to lower extremity, socket insert, below knee, silicone gel or equal	384.40	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	715.25
L5663	Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal	497.21	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	1,358.75
L5664	Addition to lower extremity, socket insert, above knee, silicone gel or equal	497.21	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	1,006.78
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	330.99	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	1,996.04
L5666	Addition to lower extremity, below knee, cuff suspension	51.44	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic swing phase control	1,397.62
L5668	Addition to lower extremity, below knee, molded distal cushion	77.28	L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	86.19
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar)	194.85	L5910	Addition, endoskeletal system, below knee, alignable system	331.16
L5672	Addition to lower extremity, below knee, removable medial brim suspension	241.93	L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	326.39
L5674	Addition to lower extremity, below knee, latex sleeve suspension, each	43.05	L5940	Addition, endoskeletal system, below knee, ultra-light material (Titanium, carbon fiber or equal)	319.24
L5675	Addition to lower extremity, below knee, latex sleeve suspension or equal, heavy duty, each	54.04	L5950	Addition, endoskeletal system, above knee, ultra-light material (Titanium, carbon fiber or equal)	607.51
L5676	Addition to lower extremity, below knee, knee joints, single axis, pair	219.04	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (Titanium, carbon fiber or equal)	678.32
L5677	Addition to lower extremity, below knee, knee joints, polycentric, pair	309.38	L5970	All lower extremity prosthesis, foot, external keel, Sach foot	124.87
L5678	Addition to lower extremity, below knee, joint covers, pair	24.23	L5972	All lower extremity prosthesis, flexible keel foot (Safe, Sten, Bock, Dynamic or equal)	225.20
L5680	Addition to lower extremity, below knee, thigh lacer, non-molded	229.02	L5974	All lower extremity prosthesis, foot, single axis ankle/foot	149.30
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	488.16	L5976	All lower extremity prosthesis, energy storing foot (Seattle Carbon Copy II or equal)	400.31
L5684	Addition to lower extremity, below knee, fork strap	39.59	L5978	All lower extremity prosthesis, foot, multi-axial ankle/foot (Greissinger or equal)	187.15
L5686	Addition to lower extremity, below knee, back check (extension control)	44.11	L5980	All lower extremity prosthesis, flex foot system	2,828.85
L5688	Addition to lower extremity, below knee, waist belt, webbing	55.16			
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	69.30			
L5692	Addition to lower extremity, above knee, pelvic control belt, light	90.91			

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L5982	All exoskeletal lower extremity prosthesis, axial rotation unit	478.23	L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	1,297.97
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit	377.66	L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	2,189.21
L5986	All lower extremity prosthesis, multi-axial rotation unit ("MCP" or equal)	414.95	L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	2,012.22
L6000	Partial hand, Robin-Aids, thumb remaining (or equal)	881.85	L6600	Upper extremity additions, polycentric hinge, pair	140.17
L6010	Partial hand, Robin-Aids, little and/or ring finger remaining (or equal)	968.62	L6605	Upper extremity additions, single pivot hinge, pair	159.25
L6020	Partial hand, Robin-Aids, no finger remaining (or equal)	890.81	L6610	Upper extremity additions, flexible metal hinge, pair	103.86
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	1,491.49	L6615	Upper extremity addition, disconnect locking wrist unit	138.56
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	2,047.43	L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	59.40
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	1,558.79	L6620	Upper extremity addition, flexible-friction wrist unit	288.58
L6110	Below elbow, molded socket (Muenster or Northwestern suspension types)	1,928.42	L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	467.97
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	1,589.40	L6625	Upper extremity addition, rotation wrist unit with cable lock	321.96
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	1,801.47	L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	321.81
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	1,871.18	L6629	Upper extremity addition, quick disc lamin collar w/coupling piece, Otto Bock or equal	101.79
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	3,168.40	L6630	Upper extremity addition, stainless steel, any wrist	142.36
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	2,050.61	L6632	Upper extremity addition, latex suspension sleeve, each	41.94
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	2,879.35	L6635	Upper extremity addition, lift assist for elbow	153.57
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	2,377.99	L6637	Upper extremity addition, nudge control elbow lock	253.99
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	1,474.39	L6640	Upper extremity additions, shoulder abduction joint, pair	195.19
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section internal locking elbow, forearm	3,344.81	L6641	Upper extremity addition, excursion amplifier, pulley type	132.56
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	1,958.57	L6642	Upper extremity addition, excursion amplifier, lever type	190.09
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	1,876.84	L6645	Upper extremity addition, shoulder flexion-abduction joint, each	206.87
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension of components and one cast change, wrist disarticulation or below elbow	914.24	L6650	Upper extremity addition, shoulder universal joint, each	214.36
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components and one cast change, elbow disarticulation or above elbow	1,154.60	L6655	Upper extremity addition, standard control cable, extra	47.80
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components and one cast change, shoulder disarticulation	1,406.05	L6660	Upper extremity addition, heavy duty control cable	59.15
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	313.90	L6665	Upper extremity addition, teflon or equal, cable lining	32.96
L6388	Immediate post surgical or early fitting, application of rigid dressing only	273.65	L6670	Upper extremity addition, hook to hand, cable adapter	43.80
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	1,638.59	L6672	Upper extremity addition, harness, chest or shoulder, saddle type	142.05
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue	1,993.94	L6675	Upper extremity addition, harness, figure of "8" type, for single control	71.86
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,047.91	L6676	Upper extremity addition, harness, figure of "8" type, for dual control	78.27
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,487.09	L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	157.50
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	2,942.19	L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	192.76
L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	1,064.80	L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	223.60
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	914.24	L6686	Upper extremity addition, suction socket	452.96
L6584	Preparatory, elbow disarticulation or below elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	1,494.44	L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	356.55
			L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	371.44
			L6689	Upper extremity addition, frame type socket, shoulder disarticulation	482.14
			L6690	Upper extremity addition, frame type socket, interscapular thoracic	490.33
			L6691	Upper extremity addition, removable insert, each	301.77
			L6692	Upper extremity addition, silicone gel insert or equal, each	364.95
			L6700	Terminal device, hook, dorrance, or equal Model # 3	325.28
			L6705	Terminal device, hook, dorrance, or equal Model # 5	196.82
			L6710	Terminal device, hook, dorrance, or equal Model # 5X	263.89
			L6715	Terminal device, hook, dorrance, or equal Model # 5Xa	221.37
			L6720	Terminal device, hook, dorrance, or equal Model # 6	556.04
			L6725	Terminal device, hook, dorrance, or equal Model # 7	265.84
			L6730	Terminal device, hook, dorrance, or equal Model # 7L0	431.23
			L6735	Terminal device, hook, dorrance, or equal Model # 8	195.72
			L6740	Terminal device, hook, dorrance, or equal Model # 8X	247.97
			L6745	Terminal device, hook, dorrance, or equal Model # 88X	226.63
			L6750	Terminal device, hook, dorrance, or equal Model # 10P	223.39
			L6755	Terminal device, hook, dorrance, or equal Model # 10X	224.49
			L6765	Terminal device, hook, dorrance, or equal Model # 12P	233.05
			L6770	Terminal device, hook, dorrance, or equal Model # 99X	225.85

HCPCS Code	Description	Fee For New Eqpt	HCPCS Code	Description	Fee For New Eqpt
L6775	Terminal device, hook, dorrance, or equal Model # 555	273.03	L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal	9,850.27
L6780	Terminal device, hook, dorrance, or equal Model # SS555	308.63			
L6790	Terminal device, hook, "ACCU" hook or equal	372.54	L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two	10,616.81
L6795	Terminal device, hook "2" load or equal	875.24			
L6800	Terminal device, hook—APRL VC or equal	707.35			
L6805	Terminal device, modifier, wrist flexion unit	252.08	L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two	11,783.36
L6806	Terminal device, hook, TRS grip, VC	1,176.87			
L6807	Terminal device, hook, TRS adept, child, VC	895.05	L7010	Electronic hand, Otto Bock, Steeper or equal switch controlled	2,225.07
L6808	Terminal device, hook, TRS adept, infant, VC	744.49			
L6809	Terminal device, hook, TRS Super Sport, passive	284.88	L7015	Electronic hand, Systemteknik, Variety Village or equal switch controlled	4,117.35
L6810	Terminal device, hook, pincher tool, Otto Bock or equal	130.35			
L6825	Terminal device, hand, dorrance, VO	859.12	L7020	Electronic Greifer, Otto Bock or equal switch controlled	2,556.81
L6830	Terminal device, hand, APRL, VC	993.53	L7025	Electronic hand, Otto Bock or equal, myoelectronically controlled	2,507.23
L6835	Terminal device, hand, Sierra, VO	869.14	L7030	Electronic hand, Systemteknik, Variety Village or equal, myoelectronically controlled	4,255.34
L6840	Terminal device, hand, Becker Imperial	562.76	L7035	Electronic Greifer, Otto Bock or equal, myoelectronically controlled	2,468.65
L6845	Terminal device, hand, Becker Lock Grip	585.60	L7040	Prehensile actuator, Hosmer or equal, switch controlled	1,956.78
L6850	Terminal device, hand, Becker Plylite	536.26	L7045	Electronic hook, child, Michigan or equal, switch controlled	947.19
L6855	Terminal device, hand, Robin-Aids, VO	553.52	L7160	Electronic elbow, Boston or equal, switch controlled	10,781.93
L6860	Terminal device, hand, Robin-Aids, VO soft	514.41	L7165	Electronic elbow, Boston or equal, myoelectronically controlled	12,233.01
L6865	Terminal device, hand, passive hand	247.26	L7170	Electronic elbow, Hosmer or equal, switch controlled	3,893.67
L6867	Terminal device, hand, Detroit infant hand, (mechanical)	780.11	L7180	Electronic elbow, Utah or equal, myoelectronically controlled	23,158.53
L6868	Terminal device, hand, Passive infant hand, (Steeper, Hosmer or equal)	162.92	L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	4,178.52
L6870	Terminal device, hand, child mitt	221.05	L7186	Electronic elbow, child, Variety Village or equal, switch controlled	6,585.92
L6872	Terminal device, hand, NYU child hand	752.69	L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	5,747.84
L6873	Terminal device, hand, mechanical infant hand, Steeper or equal	295.27	L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	6,915.81
L6875	Terminal device, hand, Bock, VC	705.53	L7260	Electronic wrist rotator, Otto Bock or equal	1,625.89
L6880	Terminal device, hand, Bock, VO	435.00	L7261	Electronic wrist rotator, for Utah arm	2,826.48
L6890	Terminal device, glove for above hands, production glove	125.56	L7266	Servo control, Steeper or equal	618.60
L6895	Terminal device, glove for above hands, custom glove	379.27	L7272	Analogue control, UNB or equal	1,496.06
L6900	Hand restoration (cast, shading and measurements included), partial hand, with glove, thumb or one finger remaining	1,295.70	L7274	Proportional control, 12 volt, Utah or equal	4,656.89
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	1,292.16	L7360	Six volt battery, Otto Bock or equal, each	215.51
L6910	Hand restoration (cast, shading and measurements included), partial hand, with glove no fingers remaining	1,122.97	L7362	Battery charger, six volt, Otto Bock or equal	183.20
L6915	Hand restoration (shading, and measurements included), replacement glove for above	407.73	L7364	Twelve volt battery, Utah or equal, each	370.97
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	4,877.49	L7366	Battery charger, 12 volt, Utah or equal	472.71
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal	5,479.18	L8000	Breast prosthesis, mastectomy bra	23.24
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	4,499.94	L8010	Breast prosthesis, mastectomy sleeve	59.82
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	5,371.69	L8020	Breast prosthesis, mastectomy form	169.82
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch	6,343.68	L8030	Breast prosthesis, silicone or equal	200.15
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger	7,000.80	L8300	Truss, single with standard pad	58.20
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of	6,592.75	L8310	Truss, double with standard pads	119.68
L6955	Above elbow, external power, molded inner socket removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic	7,861.37	L8320	Truss, addition to standard pad, water pad	36.38
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, should bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two	8,585.21	L8330	Truss, addition to standard pad, scrotal pad	32.71
			L8400	Prosthetic sheath, below knee, each	15.37
			L8410	Prosthetic sheath, above knee, each	15.52
			L8415	Prosthetic sheath, upper limb, each	15.28
			L8420	Prosthetic sock, wool, below knee, each	17.40
			L8430	Prosthetic sock, wool, above knee, each	18.76
			L8435	Prosthetic sock, wool, upper limb, each	13.73
			L8440	Prosthetic shrinker, below knee, each	37.82
			L8460	Prosthetic shrinker, above knee, each	47.66
			L8465	Prosthetic shrinker, upper limb, each	40.26
			L8470	Stump sock, single ply, fitting, below knee, each	4.64
			L8480	Stump sock, single ply, fitting, above knee, each	5.86
			L8500	Artificial larynx, any type	596.58
			L8501	Tracheostomy speaking valve	72.92
			L8600	Implantable breast prosthesis, silicone or equal	245.90
			L8605	Other prosthetic procedures-devices: tissue expander	305.06
			L8610	OPPD: ocular	426.64
			L8613	OPPD: ossicula	222.38
			L8615	OPPD: temporomandibular joint	188.17
			L8620	OPPD: radial head	179.61
			L8622	OPPD: proximal ulna/radius	192.44
			L8623	OPPD: distal ulna	192.44
			L8624	OPPD: distal radius	205.27
			L8625	OPPD: trapezium	179.61

HCPCS Code	Description	Fee For New Eqpt
L8626	OPPD: wrist	491.80
L8627	OPPD: lunata	325.02
L8628	OPPD: carpus	179.61
L8629	OPPD: scaphoid	179.61
L8630	OPPD: metacarpophalangeal joint	192.44
L8640	OPPD: patella	102.00
L8641	OPPD: metatarsal joint	179.61
L8642	OPPD: haliux implant	179.61
L8655	OPPD: flexor tendon in hand or finger	102.64
L8656	OPPD: extensor tendon in hand or finger	102.64
L8657	OPPD: tendon other than hand or finger	102.64
L8658	OPPD: interphalangeal joint	188.17
L8690	OPPD: testicle	149.68

CODES BEGINNING WITH "Q" THRU "V"

HCPCS Code	Description	Fee For New Eqpt	Monthly Rental Fee
Q0036	Oxygen concentrator high humidity	—	296.10
Q0038	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic feet)	204.80	—
Q0039	Oxygen contents, liquid, per unit (for use with owned stationary liquid systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	204.80	—
Q0040	Portable oxygen contents, gaseous per unit (for use only with portable gaseous systems when no stationary gas system is used; 1 unit = 5 cubic ft.)	30.81	—
Q0041	Portable oxygen contents, liquid, per unit (for use with portable liquid systems when no stationary liquid system is used; 1 unit = 1 lb.)	30.81	—
Q0042	Stationary compressed gas system rental, includes contents (per unit), regulator with flow gauge, humidifier, nebulizer, cannula or mask and tubing, 1 unit = 50 cubic ft.	—	296.10
Q0043	Stationary liquid oxygen system rental, includes content (per unit), use of reservoir, contents indicator, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit of contents = 10 lbs.	—	296.10
Q0046	Portable liquid oxygen system rental, includes flowmeter, refill adapter, contents gauge, cannula and tubing	—	54.99
V2620	Prosthetic, eye, glass, stock	304.96	—
V2621	Prosthetic, eye, plastic, stock	293.40	—
V2622	Prosthetic, eye, glass, custom	671.89	—
V2623	Prosthetic, eye, plastic, custom	671.89	—

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).

Case Notes

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).

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).

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.

"Certificate" means certificate of self-insurance.

"Certificate holder" means a person who currently possesses a valid certificate of self-insurance.

"Certified public accountant" means an independent certified public accountant or accounting firm in good standing with the American Institute of Certified Public Accountants and in all states in which they are licensed to do business.

"Commissioner" means the Commissioner of Insurance.

"Motorized bicycle" means a pedal bicycle having a helper motor characterized in that either the maximum piston displacement is less than 50 cubic centimeters (cc.) or said motor is rated at no more than 1.5 brake horsepower and said bicycle is capable of a maximum speed of no more than 25 miles per hour on a flat surface.

"Motor vehicle" means all vehicles propelled otherwise than by muscular power, excepting such vehicles as run upon rails or tracks and motorized bicycles.

"Person" means a natural person, firm, co-partnership, association or corporation.

"Public entity" means this State, any political subdivision of this State or any municipality therein.

11:3-30.4 General requirements

(a) Any person in whose name more than 25 motor vehicles are registered or in whose name more than 25

motor vehicles are leased may qualify as a self-insurer by obtaining a certificate of self-insurance issued at the discretion of the Commissioner as provided in this subchapter.

(b) All filings for certificates of self-insurance, renewals, and any other filings deemed necessary by the Commissioner pursuant to this subchapter shall be sent to:

New Jersey Department of Insurance
Financial Exams Division
20 West State Street
CN 325
Trenton, New Jersey 08625
Attention: Self-insurers

11:3-30.5 Certificate of self-insurance

(a) Any person applying for a certificate of self-insurance shall submit the following to the Commissioner:

1. A completed application form on forms to be provided by the Commissioner;

2. The most current financial statement and financial statements for the two years immediately preceding the date of such current financial statement:

i. All financial statements shall be certified by a Certified Public Accountant;

ii. If the applicant is a subsidiary of a corporation, the applicant shall also submit the financial statements of the subsidiary's ultimate parent corporation;

iii. If the applicant is a corporation, the Commissioner may also include the name of any subsidiary corporation under the control of that corporation in the certificate of self-insurance if the ultimate parent corporation guarantees that it will discharge the subsidiary's liability as evidenced by the filing of an indemnity agreement. If the ultimate parent corporation does not provide such a guarantee, the subsidiary shall make a separate application and receive independent qualification as a self-insurer. If the name of the subsidiary is included in the certificate of self-insurance of the ultimate parent corporation and ownership of the ultimate parent or subsidiary corporation changes, the ultimate parent or subsidiary shall reapply for a certificate of self-insurance within 30 days of the ownership change; and

3. A \$1,000 filing fee.

(b) After the submission of an application, the Commissioner may require an additional fee to cover the costs of further examinations which may include a credit report to be prepared by a credit agency acceptable to the Commissioner.

(c) If an application is approved and the Commissioner receives notification from the Association that the applicant has paid any applicable policy constant or RMEC pursuant to N.J.S.A. 17:29A-37.1 and 17:30E-1 et seq., respectively, the Commissioner shall issue a certificate of self-insurance to the applicant.

(d) All certificates of self-insurance are valid from the date of issuance until June 30 immediately following and may be renewed thereafter, pursuant to N.J.A.C. 11:3-30.6, for a one year period beginning July 1 and ending June 30 the following year.

11:3-30.6 Renewals

(a) Any certificate holder applying for renewal shall submit the following so that it is received by the Commissioner not later than June 1 of the year of the expiration date of such certificate:

1. An accident and claim activity report on forms to be provided by the Commissioner;

2. A financial statement for the calendar year immediately preceding the expiration date of the certificate of self-insurance certified by a Certified Public Accountant;

3. An updated vehicle listing which shall include a listing of the vehicles subject to any applicable policy constant or RMEC pursuant to N.J.S.A. 17:29A-37.1 and 17:30E-1 et seq., respectively;

4. A \$1,000 renewal fee; and

5. Any other information that is substantially different from the information provided in the original application form or from the information provided in the last renewal period.

(b) After the submission of an application for renewal, the Commissioner may require an additional fee to cover the costs of further examinations which may include a credit report to be prepared by a credit agency acceptable to the Commissioner.

(c) If an application for renewal is approved and the Commissioner receives notification from the Association that the certificate holder has paid any applicable policy constant or RMEC pursuant to N.J.S.A. 17:29A-37.1 and 17:30E-1 et seq., respectively, the Commissioner shall issue a new certificate of self-insurance.

11:3-30.7 Surety bond requirement

(a) The Commissioner may require the furnishing of a surety bond and/or evidence of excess insurance.

(b) If the applicant or certificate holder is required to furnish a surety bond, the surety bond shall be in an amount of not less than \$300,000, with an additional \$10,000 for each vehicle registered or leased in the applicant's or certificate holder's name over the minimum required to qualify as self-insurer under this subchapter, up to a maximum amount of \$1,000,000.

3. Involvement in an accident in connection with which neither the named insured nor any other driver insured under the policy was convicted of a moving traffic violation and the owner or operator of another vehicle involved in such accident was so convicted;

4. For physical damage losses other than collision;

5. For an accident in which the motor vehicle was struck in the rear by another vehicle and a driver insured under the policy has not been convicted of a moving violation in connection with the accident; or

6. For an accident occurring as a result of operation of any motor vehicle in response to an emergency if the operator at the time of the accident was responding to the call to duty as a paid or volunteer member of any police or fire department, first aid squad or any law enforcement agency.

“Automobile” means an automobile as defined in N.J.S.A. 39:6A-2.

“Automobile insurance” means insurance for an automobile including any or all of the following coverages: bodily injury liability, and property damage liability, comprehensive and collision coverages, uninsured and underinsured motorist coverage, personal injury protection coverage, additional personal injury protection coverage and any other automobile insurance required by law.

“Automobile insurance eligibility points” means points calculated under the schedule promulgated by the Commissioner pursuant to this subchapter.

“Commissioner” means the Commissioner of Insurance of the State of New Jersey.

“Department” means the Department of Insurance of the State of New Jersey.

“State” means the State of New Jersey.

Public Notice: Receipt of petition for rulemaking and action on petition.
See: 28 N.J.R. 1565(b).

Case Notes

Insured at-fault for automobile accident; insured could decline to renew insurance. *AMICA Mutual Insurance Co. v. Farley*, 93 N.J.A.R.2d (INS) 51.

11:3-34.4 Eligible person qualifications

(a) An “eligible person” is a person who is an owner or registrant of an automobile registered and principally garaged in this State or who is resident and holds a valid New Jersey driver’s license to operate an automobile, but does not include any person:

1. Who, during the three-year period immediately preceding application for, or renewal of, an automobile

insurance policy has been convicted pursuant to N.J.S.A. 39:4-50 or N.J.S.A. 39:4-50.4a or for an offense of a substantially similar nature committed in another jurisdiction;

2. Who has been convicted of a crime of the first, second or third degree resulting from the use of a motor vehicle; or has been convicted of theft of a motor vehicle;

3. Whose driver’s license to operate an automobile is under suspension or revocation;

4. Who has been convicted, within the five-year period immediately preceding application for or renewal of a policy of automobile insurance, of fraud or intent to defraud involving an insurance claim or an application for insurance;

5. Who has been successfully denied, within the immediately preceding five years, payment by an insurer of a claim in excess of \$1,000 under an automobile insurance policy, if there was evidence of fraud or intent to defraud involving the automobile insurance claim or application. For the purpose of this section:

i. If the claim has been subject to litigation between the insurer and the insured in which the insurer defended against payment of the claim in whole or in part on grounds of fraud, it shall be conclusively presumed that the claim was successfully denied if judgment was entered for the insurer in the litigation; and conclusively presumed that the claim was not successfully denied if judgment was entered for the insured;

ii. If the claim has not been subject to litigation between the insurer and the insured, but the insurer denied the claim without payment by reason of fraud, it shall be presumed that the claim was successfully denied. This presumption may be overcome in an administrative proceeding pursuant to N.J.A.C. 11:3-33;

iii. If the incident was not reported to the New Jersey Department of Insurance, Fraud Division pursuant to N.J.S.A. 17:33A-9 it shall be presumed that there was no evidence of fraud or intent to defraud;

6. Whose automobile insurance policy has been cancelled for nonpayment of premiums or financed premium with a lapse of coverage of at least 30 days, within the immediately preceding two-year period, unless the premium due on a policy for which application has been made is paid in full before issuance or renewal of the policy. For the purpose of this section, “paid in full” shall not include any transaction in which a lender obtains authority from an insured to cancel the policy and receive a refund from the insurer in the event the insured defaults on a loan used to pay the premium;

7. Who fails to obtain or maintain membership or qualification for membership in a club, group, or organization, if membership is a uniform requirement of the insurer as a condition of providing insurance, and if the dues or charges, if any, or other conditions for member-

ship or qualifications for membership are applied uniformly throughout this State, are not expressed as a percentage of the insurance premium, and do not vary with respect to the rating classification of the member or potential member except for the purpose of offering a membership fee to family units. Membership fees, if applicable, may vary in accordance with the amount or type of coverage if the purchase of additional coverage, either as to type or amount, is not a condition for reduction of dues or fees; or

8. Whose driving record for the three year period immediately preceding the application for or renewal of a policy of automobile insurance has an accumulation of nine or more automobile insurance eligibility points as determined in N.J.A.C. 11:3-34.5.

(b) An "eligible person" includes a person who is an owner or registrant of an automobile registered in this State or who holds a valid New Jersey driver's license to operate an automobile and is domiciled in this State who is temporarily residing out-of-State and whose car may be principally garaged in another state while the person either is a full time student or is in the military service and is stationed out-of-State.

Emergency Amendment, R.1992 d.380, effective September 4, 1992 (expires November 3, 1992).
See: 24 N.J.R. 3420(a).

Text added to (a)6 to specify a lapse of at least 30 days.
Adopted Concurrent Proposal, R.1992 d.481, effective November 2, 1992.

See: 24 N.J.R. 3420(a), 24 N.J.R. 4396(a).

Provisions of Emergency Amendment R.1992 d.380 readopted with changes effective December 7, 1992.

Emergency Amendment R.1993 d.135, effective March 1, 1993. (Operative March 8, 1993) (expires April 30, 1993.)

See: 25 N.J.R. 1290(a).

Definition of eligible person added at (b).
Adopted Concurrent Proposal, R.1993 d.238, effective April 30, 1993.
See: 25 N.J.R. 1290(a), 25 N.J.R. 2479(a).

Case Notes

Decision not to renew automobile insurance policy was improper.
Capasso v. State Farm Indemnity Company, 94 N.J.A.R.2d (INS) 59.

Eligibility points for accident prior to effective date of regulation not ex post facto violation. Selective Insurance Company v. Diana, 93 N.J.A.R.2d (INS) 58.

11:3-34.5 Automobile insurance eligibility points

(a) Automobile insurance eligibility points shall be accumulated as a result of convictions, suspensions, revocations and determinations of responsibility for civil infractions in accordance with the schedule set forth in the Appendix to this subchapter herein incorporated by reference.

(b) Automobile insurance eligibility points shall be deemed to accrue as follows:

1. Points for an at-fault accident shall accrue on the date that total payment by the insurer equals or exceeds \$500.00. An insurer may, at its option, use the date of the accident or date of first payment provided, however, that the insurer shall not underwrite or rate any policy based on the accident until total payment by the insurer equals or exceeds \$500.00; and further provided that the insurer shall use the optional date consistently in all cases.

2. Points for conviction of motor vehicle violations and other events that are set forth on an abstract of drivers license records available from the New Jersey Division of Motor Vehicles, or comparable agency of another state, shall accrue when the event is recorded in the agency's records as evidenced by an abstract.

3. Points for each full year of court-imposed driver's license suspension within the preceding three years and points for each full year within the immediately preceding three years that a person has not held a driver's license shall accrue on the date of application for insurance.

(c) Automobile insurance eligibility points are cumulative and accrue for all offenses set forth on Schedules 1 and 2, except as noted on Schedule 1.

(d) Automobile insurance eligibility points set forth on Schedule 2 of the Appendix represent motor vehicle points established by the New Jersey Division of Motor Vehicles by rule, N.J.A.C. 13:19-10.1, which is hereby incorporated by reference. Any additions, deletions or modifications to N.J.A.C. 13:19-10.1 shall likewise be incorporated as of the effective date of amendment. Schedule 2 is included in the Appendix for convenience.

Case Notes

Accident resulting in payment of \$500 or more not recouped from another tort-feasor and not specifically excepted, and driver not excused under proportionate responsibility standard, was "at-fault accident" warranting eligibility points. Amica Mutual Insurance Co. v. Kern, 93 N.J.A.R.2d (INS) 55.

Insured at-fault for automobile accident; insured could decline to renew insurance. AMICA Mutual Insurance Co. v. Farley, 93 N.J.A.R.2d (INS) 51.

APPENDIX

Schedule of Automobile Insurance Eligibility Points

Schedule 1

N.J.S.A. Section Number If applicable	Event Description	DMV Event Identifier(s) If applicable	Points
39:4-50	Operating a motor vehicle under the influence of alcohol or drugs	0450; 3261	9
39:4-50.4	Refusal to submit to a chemical test	4504	9
2C:11-2	Vehicle homicide	C115	9
39:3-40	Operating a motor vehicle while driving privilege is suspended	0340	9
39:6B-2	Operating a motor vehicle without liability insurance	06B2	9
39:6A-15	Misrepresentation of insurance coverage	6A15	9

N.J.S.A. Section Number If applicable	Event Description	DMV Event Identifier(s) If applicable	Points	N.J.S.A. Section Number	Offense	Points
	Each at fault accident		5	39:4-90.1	Failure to use proper entrances to limited access highways	2
	* For each full year of a court imposed driver's license suspension within the preceding 3 years		3	39:4-91 & 39:4-92	Failure to yield to emergency vehicles	2
	* For each full year within the immediately preceding 3 years that a person has not held a driver's license		1	39:4-96	Reckless driving	5
	Involved in a fatal accident	EFTL; NFTL	4	39:4-97	Careless driving	2
39:3-37	Obtaining a driver's license or registration through deception	0337; 0312; 05D5; 1312; MSNJ; MSOS	2	39:4-97a	Destruction of agricultural or recreational property	2
39:3-38	Make or use counterfeit plate or plates other than issued	0338	5	39:4-97.1	Slow speed blocking traffic	2
39:3-38.1	Make, alter or counterfeit driver's license or registration	3381	5	39:4-98 & 39:4-99	Exceeding maximum speed 1-14 mph over limit	2
	Failure to verify insurance involved in an automobile accident	FVIA	2		Exceeding maximum speed 15-29 mph over limit	4
					Exceeding maximum speed 30 mph or more over limit	5
				39:4-105	Failure to stop for traffic light	2
				39:4-115	Improper turn at traffic light	3
				39:4-119	Failure to stop at flashing red signal	2
				39:4-122	Failure to stop for police whistle	2
				39:4-123	Improper right or left turn	3
				39:4-124	Improper turn from approved turning course	3
				39:4-125	Improper "U" turn	3
				39:4-126	Failure to give proper signal	2
				39:4-127	Improper backing or turning in street	2
				39:4-127.1	Improper crossing of railroad grade crossing	2
				39:4-127.2	Improper crossing of bridge	2
				39:4-128	Improper crossing of railroad grade crossing by certain vehicles	2
				39:4-128.1	Improper passing of school bus	5
				39:4-128.4	Improper passing of a frozen dessert truck	4
				39:4-129	Leaving the scene of an accident	2
					No personal injury	2
					Personal injury	8
				39:4-144	Failure to observe "stop" or "yield" signs	2
				39:5D-4	Moving violation out-of-state	2

* Points for failure to hold a driver's license in the previous three years are not cumulative to points for driver's license suspension.

Schedule 2

N.J.S.A. Section Number	Offense	Points
27:23-29	Moving against traffic—New Jersey Turnpike, Garden State Parkway, and Atlantic City Expressway	2
27:23-29	Improper passing—New Jersey Turnpike, Garden State Parkway, and Atlantic City Expressway	4
27:23-29	Unlawful use of median strip—New Jersey Turnpike, Garden State Parkway, and Atlantic City Expressway	2
39:3-20	Operating constructor vehicle in excess of 30 mph	3
39:4-14.3	Operating motorized bicycle on a restricted highway	2
39:4-14.3d	More than one person on a motorized bike	2
39:4-35	Failure to yield to pedestrian in crosswalk	2
39:4-36	Failure to yield to pedestrian in crosswalk; passing a vehicle yielding to pedestrian in crosswalk	2
39:4-41	Driving through a safety zone	2
39:4-52 & 39:5C-1	Racing on highway	5
39:4-55	Improper action or omission on grades and curves	2
39:4-57	Failure to observe direction of officer	2
39:4-66	Failure to stop vehicle before crossing sidewalk	2
39:4-66.1	Failure to yield to pedestrians or vehicles while entering or leaving highway	2
39:4-71	Operating a motor vehicle on a sidewalk	2
39:4-80	Failure to obey direction of officer	2
39:4-81	Failure to observe traffic signals	2
39:4-82	Failure to keep right	2
39:4-82.1	Improper operating of vehicle on divided highway or divider	2
39:4-83	Failure to keep right at intersection	2
39:4-84	Failure to pass to right of vehicle proceeding in opposite direction	5
39:4-85	Improper passing on right or off roadway	4
39:4-85.1	Wrong way on a one-way street	2
39:4-86	Improper passing in no passing zone	4
39:4-87	Failure to yield to overtaking vehicle	2
39:4-88	Failure to observe traffic lanes	2
39:4-89	Tailgating	5
39:4-90	Failure to yield at intersection	2

Amended by R.1996 d.58, effective February 5, 1996.
See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

SUBCHAPTER 35. PRIVATE PASSENGER AUTOMOBILE INSURANCE UNDERWRITING RULES

11:3-35.1 Purpose and scope

(a) This subchapter implements N.J.S.A. 17:29A-46 which requires that personal private passenger automobile insurers file for approval their underwriting rules used to accept or reject new or renewal business or to assign risks to the standard or non-standard rate levels. Approval of underwriting rules shall serve to confirm that each insurer's business practices are consistent with law regarding the acceptance of new business, the renewal of current business and the assignment of a risk to an insurer's standard or non-standard rate level.

(b) This subchapter applies to all insurers that are licensed and authorized to transact personal private passenger automobile insurance in the voluntary market. It applies to affiliated companies which insure risks through different individual insurance companies.

11:3-35.2 Definitions

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

“Affiliated companies” means two or more individual insurance companies that are authorized to transact private passenger automobile insurance business in New Jersey and that are under both common ownership and common management.

“Automobile insurance eligibility points” means points accrued as provided in accordance with the schedule set forth in N.J.A.C. 11:3-34.

“Commissioner” means the Commissioner of Insurance of the State of New Jersey.

“Department” means the New Jersey Department of Insurance.

“Individual insurance company” means an insurance company licensed and authorized to transact private passenger automobile insurance business in New Jersey, regardless of whether it is one of a group of affiliated companies.

“Insurer” includes a group of affiliated companies.

“Renew” means to issue and deliver at the end of the policy period a policy superseding a policy previously issued and delivered, or to issue and deliver a certificate or notice extending the term of a policy beyond its policy period or term, by the same individual insurance company, or by another of a group of affiliated companies pursuant to a standard/non-standard rating plan filed and approved in accordance with N.J.A.C. 11:3-19.

11:3-35.3 General requirements and filing format

(a) All insurers which write personal private passenger automobile insurance in New Jersey shall file for approval their underwriting rules used to accept or reject new business, to renew or nonrenew current business and to assign business to the standard or non-standard rate level of an approved standard/non-standard rating plan, in accordance with N.J.S.A. 17:29A-46 and this subchapter. No insurer shall use or implement any underwriting rule not filed and approved as set forth herein.

(b) Underwriting rules shall be submitted on 8½ by 11 inch paper using one side of the page. Each page shall be consecutively numbered. The first page shall show the filer’s company name, the filer’s identifying number for this filing, National Association of Insurance Commissioners (NAIC) company number(s), and NAIC group number. The underwriting rules filing shall clearly identify the rate level to which the underwriting rules will be applied and whether the underwriting rules apply to new business, renewal business or both. All tables shall be clearly labeled.

(c) Underwriting rules shall meet the following standards:

1. No underwriting rule shall be based on the territory in which an insured resides.

2. An underwriting rule shall be based on a reasonable and demonstrable relationship between the risk characteristics of the driver(s) insured and the hazards insured against.

3. An underwriting rule shall be based on specific and verifiable measurements. No underwriting rule shall be based on subjective judgments such as “pride of ownership evident,” “poor attitude,” “unsatisfactory environment to conduct business,” etc.

4. No underwriting rule shall be based on race, color, creed, national origin or ancestry.

5. No underwriting rule shall be based on whether the applicant or insured was previously insured as a non-standard or sub-standard risk, was previously insured by a residual market mechanism, or whether another insurer declined to insure or terminated insurance.

6. No underwriting rule shall be based on whether the insured or a member of the insured’s household purchases or continues to purchase other insurance or services from the insurer or its affiliates, agents or other companies under common management or ownership, except that this provision shall not prohibit a rate discount.

7. No underwriting rule shall be based on the lawful occupation or profession of an insured, except that this provision shall not apply to any insurer which limits all its insureds to one lawful occupation or profession, or to several related lawful occupations or professions.

8. No underwriting rule shall be based on whether the insured has changed employment in the recent past, except that this provision shall not prohibit a rate discount to an insurer’s employees or agents.

9. No underwriting rule shall be based on whether the insured is impaired by physical or mental disabilities except those disabilities that impair the ability to operate an automobile safely.

11:3-35.4 Underwriting rules for eligible persons

(a) All insurers shall file for approval underwriting rules that provide that the insurer will make an offer to renew any of its insureds who is defined as an “eligible person” in N.J.A.C. 11:3-34.

(b) All insurers shall file for approval underwriting rules that provide that on or after April 1, 1992, the insurer shall not refuse to insure, refuse to renew or limit coverage available to any of its insureds, or to any applicant for insurance, which is defined as an “eligible person” in N.J.A.C. 11:3-34.

(c) An insurer may file for approval underwriting rules pursuant to which it will determine whether to insure any person not defined as an "eligible person" in N.J.A.C. 11:3-34.

(d) Underwriting rules for eligible persons applicable on and after April 1, 1992 shall not provide that coverage will be declined based on whether a member of the insured household is not an "eligible person" as defined in N.J.A.C. 11:3-34 unless the member of the insured household accounts for 10 percent or more of the use of the automobile insured or to be insured. For the purposes of this section:

1. Any driver who is the principal driver of an automobile shall be presumed not to account for 10 percent or more of the use of any other automobile in the household.
2. Except when there are more automobiles than drivers in the household, a person shall be presumed not to be the principal driver of more than one automobile.

11:3-35.5 Underwriting rules for standard/non-standard rating plans

(a) Insurers shall file underwriting rules applicable to each rate level of a standard/non-standard rating plan in accordance with N.J.A.C. 11:3-19.3(c) which filing shall be made in accordance with, and in satisfaction of, the requirements of this subchapter.

(b) Insurers shall file underwriting rules that provide that its insureds and applicants who have accrued no automobile insurance eligibility points shall be assigned to its standard rate level.

(c) An insurer may file for approval underwriting rules pursuant to which it will determine whether to insure at its standard rate level any person who has accrued one or more automobile insurance eligibility points.

(d) Underwriting rules for standard/non-standard rating plans shall provide that an automobile insured at the non-standard rate level shall be rated based upon the eligibility points of the principal driver; eligibility points of other household members or customary operators may additionally be used to rate the automobile only if not used to rate any other automobile.

Amended by R.1996 d.58, effective February 5, 1996.
See: 27 N.J.R. 3682(a), 28 N.J.R. 855(a).

11:3-35.6 Penalties

(a) An insurer which fails to file its underwriting rules for approval pursuant to N.J.S.A. 17:29A-46 and this subchapter by March 1, 1991 shall be subject to penalties as provided by N.J.S.A. 17:33-2.

(b) An insurer which knowingly fails to transact automobile insurance business consistently with its approved under-

writing rules shall be subject to a fine of not less than \$500 for each violation, pursuant to N.J.S.A. 17:29A-46a.

SUBCHAPTER 36. AUTOMOBILE PHYSICAL DAMAGE INSURANCE INSPECTION PROCEDURES

11:3-36.1 Purpose and scope

(a) The purpose of this subchapter is to provide rules for the inspection of automobiles in connection with the issuance of physical damage insurance coverage by insurers pursuant to N.J.S.A. 17:33B-33 through 17:33B-40.

(b) The provisions of this subchapter apply to all insurers which write private passenger automobile insurance in this State.

11:3-36.2 Definitions

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

"Authorized representative" means any person which is authorized by the insurer to conduct insurance inspections pursuant to this subchapter; an authorized representative may be an employee of the insurer, a producer or an inspection service other than the insured, whether located inside or outside of this State.

"Automobile physical damage insurance" means a policy providing one or more of the following insurance coverages:

1. Collision;
2. Comprehensive; and
3. Fire and theft.

"Automobile physical damage insurance inspection" means a physical examination of an automobile by an authorized representative of the insurer, in accordance with the standards set forth in N.J.A.C. 11:3-36.6.

"Book of business" means all private passenger automobile insurance written by one producer with one insurer.

"Certificate of mailing" means a receipt from the United States Postal Service that the item was received by it with the proper postage affixed for delivery.

"Commissioner" means the Commissioner of Insurance of the State of New Jersey.

"Inspection service" means any person or legal entity other than the insurer, established and operated to perform the inspections required by this subchapter.

“Insured” means the named insured (as defined in the policy) or an applicant for automobile physical damage insurance.

“Insurer” means any person authorized to write automobile insurance in New Jersey, including any residual market mechanism, and includes a group of affiliated companies.

“New automobile” means an automobile not previously titled with not more than 1,000 miles recorded on the odometer.

“Nonowned automobile” means a private passenger automobile in the possession of the insured or being operated by the insured which is neither owned by nor furnished for the regular use of either the named insured or any relative (as defined in the policy), other than a temporary substitute automobile.

“Private passenger automobile” or “automobile” means a private passenger automobile of a private passenger or station wagon type that is owned or hired 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 pickup 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.

“Renewal” means the issuance and delivery by an insurer, at the end of the policy period, of a policy superseding a policy previously issued and delivered by the same insurer, or the issuance and delivery of a certificate or notice extending the term of a policy beyond its policy period or term.

“Replacement automobile” is a vehicle acquired to replace one shown in the declarations.

“Temporary substitute automobile” means any private passenger automobile not owned by the insured, while temporarily used with the permission of the owner as a substitute for an owned automobile, when the latter is withdrawn from normal use because of breakdown, repair, servicing, loss or destruction.

Amended by R.1992 d.142, effective March 16, 1992.
See: 23 N.J.R. 1262(a), 24 N.J.R. 953(b).

Definition for authorized representative amended; nonowned and temporary substitute automobile definitions added.

11:3-36.3 Mandatory inspection requirements

(a) No insurer shall provide automobile physical damage insurance coverage prior to conducting an insurance inspection in accordance with this subchapter, under the following circumstances:

1. When a new policy or endorsement adding physical damage coverage insuring a private passenger automobile is effected; and
2. When coverage is effected for an additional or replacement private passenger automobile.

(b) An insurer may require, prior to continuing physical damage coverage on an automobile, that the insured present the automobile for inspection, under the following circumstances:

1. When the automobile insured for physical damage coverage has been in an accident or otherwise damaged; or
2. As a condition of renewal.

11:3-36.4 Waivers of mandatory inspection

(a) An insurer shall waive a mandatory inspection when a new automobile is purchased from a franchised automobile dealership and the insurer is provided with the following documents in accordance with N.J.A.C. 11:3-36.7(e):

1. A copy of the bill of sale which contains a full description of the automobile, including all options and accessories;
2. A copy of the window sticker or advanced dealer shipping notice (invoice) showing the itemized options and equipment, the total retail price of the automobile, and any dealer installed option purchased by the customer; or
3. Vehicle buyer's order (contract) and/or the dealership invoice to the buyer, including all options and accessories.

(b) An insurer may waive a mandatory inspection under any of the following circumstances:

1. When the automobile is more than seven model years old. For example: in 1991 an insurer shall inspect 1984 and newer model year vehicles and in 1992 an insurer shall inspect 1985 and newer model year vehicles;
2. When a policy is being renewed or issued by a different individual insurance company within a group of affiliated companies;
3. When the insured automobile is insured under a commercially rated policy which insures five or more automobiles;
4. When an insurance producer or insurer is transferring a book of business from one insurer to another insurer(s);